

“We didn’t cause the opioid epidemic”

The experiences of Australians prescribed opioids for chronic non-cancer pain at a time of increasing restrictions

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UNSW
NDARC
National
Drug & Alcohol
Research Centre

Acknowledgement of Country

I live and work on the unceded lands of the Bedegal people, and I also extend my respects to the Ngunnawal people, and Traditional Owners of lands across Australia.

Disclosures

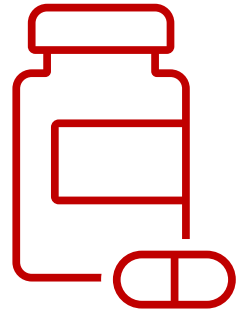
- NHMRC Postgrad Scholarship
- NDARC HDR Scholarship
- NDARC is funded by the Aust Govt under the Drug and Alcohol program



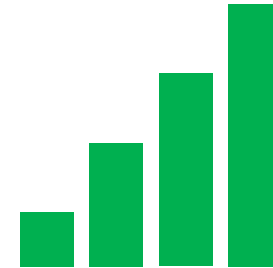
Opioids and chronic pain



1/5 Australians
experiences chronic
pain



1/3 people with chronic
pain will be prescribed
opioids



As prescribing of opioids
has increased, so have
population-level harms

Australian measures to reduce opioid prescribing and harms

2018: Codeine rescheduling

2018: Chief Medical Officer letters to prescribers

2020: PBS restrictions on pack sizes, long-term use

Ongoing: Real-time prescription monitoring, guidelines, education

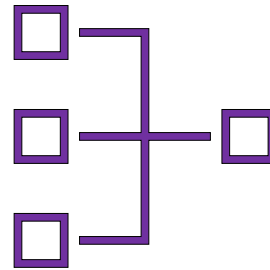
The concern: People with chronic pain may be adversely affected by opioid policies and restrictions

Methods

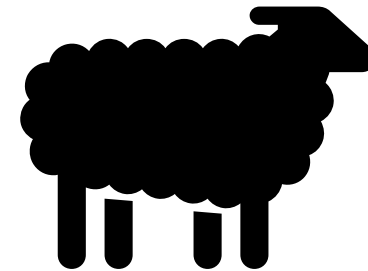
- Aim: To explore the experiences of people with chronic pain who are prescribed opioid medicines



Semi-structured
telephone interviews
Oct 2020-Mar 2021



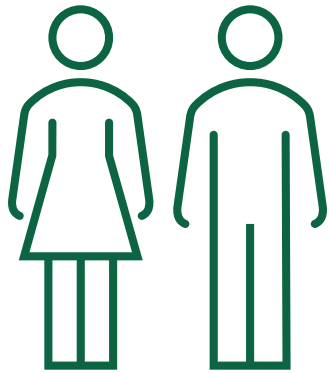
Thematic analysis
(Braun and Clarke)



Informed by stigma
theories (Goffman,
Link and Phelan)

Participants

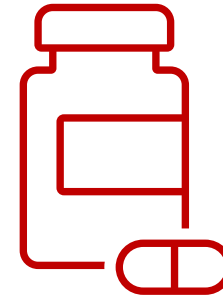
- 14 people reporting current prescribed opioid use for a chronic non-cancer pain condition



10 women, 4 men
Aged 24-65 years



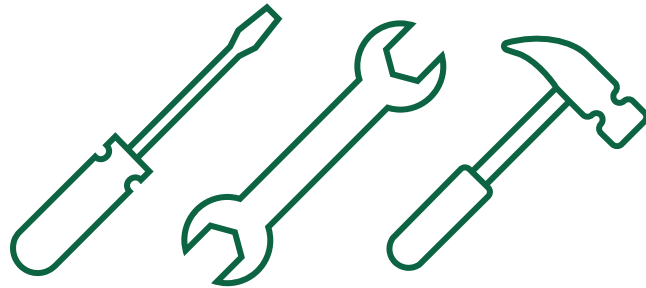
Living with pain 3-36 years
Commonly: Spine/disc
damage, arthritis, complex
regional pain syndrome



Most common opioids:
Codeine
Oxycodone
Tramadol

Theme 1: The role of opioids

“If you're a pain patient who has gone through and seen your psychologist, your OT, your PT, you've tried everything. If you are then prescribed opioids, you're on them for a reason. By that time that you're on opioids, you've basically run out of other medical options.”



Theme 1: The role of opioids

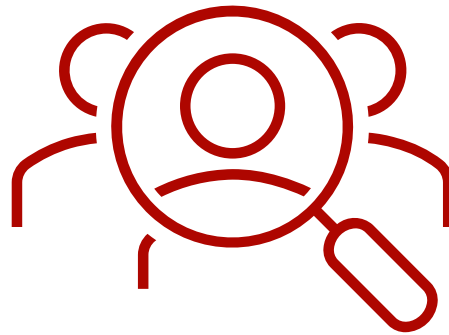


“You don’t want to [take opioids], but you do it, because it gets to a certain point ... when it’s there and it’s in your face and you can’t do anything else about it.

You just want pain relief.”

Theme 2: Becoming problematic

“Every time you are at the doctor to get your tablets every month, the painkillers, they look at you like you’re evil, a drug addict.”



Theme 2: Becoming problematic

"I was declined by five [GP] clinics. Saying, "The case is too complicated", "No, we don't want to take you on because you take opioid pain relief"."



"You start being a different person around doctors because you're paranoid they're gonna think you're a drug addict."

Theme 3: Making sense of the ‘opioid epidemic’

3.1 This isn't our fault

“And since when were we America?”

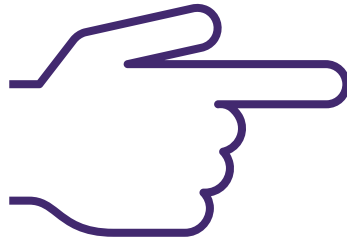
We're all paying the price: the consumer, which is the patient, is paying the price for Americans being addicted to fentanyl.”



Theme 3: Making sense of the 'opioid epidemic'

3.1 *This isn't our fault*

"Don't forget chronic pain patients were not the cause. We didn't cause the opioid epidemic. It's the other people using it recreationally."

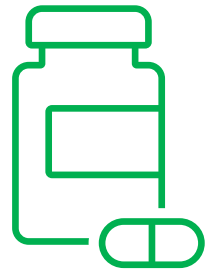


"I guess there are people out there looking for a fix. But I'm willing to bet it's only, like, 1% of the people dealing with chronic pain, but that's who they target."

Theme 3: Making sense of the 'opioid epidemic'

3.2 Legitimate vs illegitimate, dependence vs addiction

"It should be separated from the legitimate people who are using it the way it was created."



vs

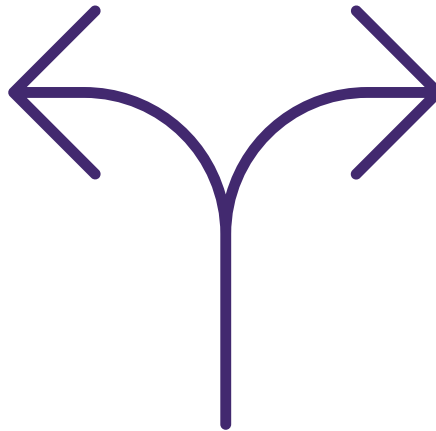


"There's a big difference between people who are addicted to opioids... to those who need it physically, who are dependent on it."

Theme 3: Making sense of the 'opioid epidemic'

3.3 Ambivalence and sympathy

"I can see why they're doing it but they're not making considerations for people with some chronic pain."



Theme 3: Making sense of the 'opioid epidemic'

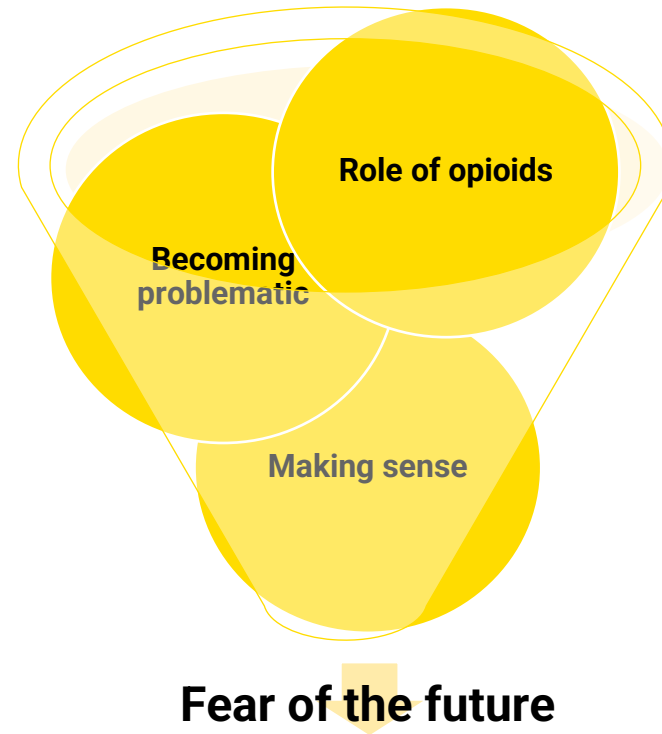
3.3 Ambivalence and sympathy

"The government's clamping down on doctors. They're writing to people that prescribe a lot of pain medication and saying, "You've got to cut back.""



"He [doctor] said that his hands are forced"

Theme 4: Fear of the future



"Where do we go from here? We've done that. We've done this. We've used all the avenues. We're at a wall now. What direction do you want me to go?"

Theme 4: Fear of the future

“What happens if the government makes this worse? That crossed my mind. What can they do next to make it hard for me to get treatment?”

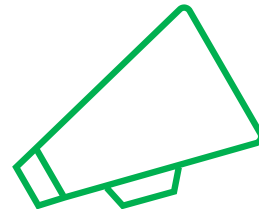


“Look, I tried growing opium at home. That’s how bad it was!”

In summary

Participants described their experiences in terms of stigma, misplaced blame, and fear of the future

There is a need to balance risks of opioid harms against need for pain management and risk of harms arising from stigmatisation and opioid policies.



There is a need to listen to the voices of people with chronic pain when developing and evaluating measures to reduce opioid use and harms.

