

Self-reported difficulties obtaining ongoing prescription opioids among Australians with chronic non-cancer pain

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Background

Policies to address opioid-related harms include strategies to reduce opioid prescribing for new and ongoing treatment of pain, including:

- Restricted Pharmaceutical Benefits Scheme (PBS) prescribing indications
- Restricted PBS prescribing quantities
- Codeine restricted to prescription only
- Prescribers required to obtain approval for long-term opioid treatment
- Real-time prescription drug monitoring
- Australia's Chief Medical Officer writing to the top 20% of opioid prescribers to encourage reduced prescribing

There is concern that people with chronic non-cancer pain (CNCP) may be adversely affected by opioid restrictions and policies.^{1,2}

In addition, involuntary opioid tapering and cessation may be associated with adverse events including overdose and mental health crises.³⁻⁵

Aims

- Describe difficulties obtaining opioid prescriptions among people prescribed opioids long-term for CNCP
- Explore associations between these difficulties and participant and treatment characteristics.

Have you had any of the following difficulties obtaining your opioid medication?	N=861
Participants reporting ≥1 difficulty of any kind	31%
Participants reporting ≥1 prescriber access-related difficulty	21%
Had trouble obtaining medications as you did not have access to your regular doctor	17%
Dealt with a new doctor, or locum, and were refused medication prescribed by a previous doctor	8%
Had trouble obtaining your medication as you do not have a regular doctor in your local area	5%
Participants reporting ≥1 aspect of involuntary tapering or cessation	9%
Doctor decided to reduce opioid dose when you did not want to	8%
Doctor decided to stop opioid medication and you did not want to	3%
Participants reporting other difficulties obtaining ongoing opioid prescriptions	
Suffered or were sick because you could not get your medication while travelling	8%
Had difficulties getting further medication because it was lost or stolen	4%
Went to an emergency department and were refused medication	2%
You were not prescribed or were under-prescribed medication due to a history of drug use	1%
Have you had any other difficulties obtaining your medication?	7%

Factors associated with reporting a prescriber access-related difficulty	Adjusted odds ratio (95% confidence interval)
Age, years	0.94 (0.93-0.96)
ICD-10 pharmaceutical opioid dependence [‡] in past 12-months	2.25 (1.33-3.80)
Factors associated with reporting involuntary opioid tapering or cessation	Adjusted odds ratio (95% confidence interval)
Ever diagnosed with ICD-10 substance use disorder [‡]	2.15 (1.15-3.90)
Opioid dose, as OME mg/day [†]	
0-50	1
51-89	1.01 (0.41-2.30)
90-199	1.94 (1.05-3.65)
≥200	2.41 (1.18-4.88)

[‡] International Classification of Diseases, Tenth Revision; identified using the World Health Organization Composite International Diagnostic Interview for the following: benzodiazepines, cannabis, cocaine, ecstasy, hallucinogens, heroin, inhalants, methamphetamine, pharmaceutical opioids.

[†] Average oral morphine equivalent milligrams per day.

One-third of participants using opioids for CNCP reported experiencing difficulties obtaining ongoing opioid prescriptions. Risk of opioid-related harms must be balanced against clinical need and risk of adverse outcomes associated with tapering. Policy-makers must consider both intentional and unintentional policy impacts on people prescribed opioids for chronic pain.

Methods

1,514 Australians prescribed opioids for CNCP were interviewed annually for the Pain and Opioids IN Treatment (POINT) study.

In 2018 (Year-5 interviews), participants reporting past 12-month opioid use were asked about difficulties obtaining opioid prescriptions (n=861).

Logistic regression was used to assess associations between difficulties and:

- Age
- Gender
- Area socioeconomic index
- Duration of opioid use
- Lifetime substance use disorder
- Past 7-day average daily opioid dose
- Past year pharmaceutical opioid dependence
- Past year overdose
- Past 3-month extra-medical opioid use

Results

861 participants were included (mean age 56 ± 13 years; 42.7% male).

Prescriber access-related difficulties were reported by 177 participants. Involuntary opioid tapering or cessation was reported by 73 participants.

References

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