

Exploring the experiences of people with pharmaceutical opioid dependence: Rationale for a longitudinal qualitative study

Carina Walters

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Opioid dependent treatment populations have changed:

- North America:

6 fold increase in PO dependence presentations (CDC 2011)

- Australia:

20% of all treatment episodes related to PO in 2010-11 (from 7% in 2002-3)

(Nielsen 2015)

- South Africa:

5% to 8% of treatment presentations associated with OTC opioid dependence (Weich 2008)

- New Zealand:

8% of Auckland detox clinic admissions over 3/12 in 2010 were OTC dependent (McAvoy 2011)

Differences in Heroin vs Pharmaceutical Opioid dependent populations

- Prescription opioid dependent more likely to be:

 - Female, younger, married, higher functioning (Banta-Green 2009)

 - Younger, less likely to use other substances or inject (Potter 2013)

 - QoL similar in PO and Heroin groups (Potter 2013)

- Primary OTC use compared to Prescription Opioid dependent

 - (Nielsen 2015)

 - More likely to be female (66% vs 37%), use only one pharmaceutical opioid (91% vs 49%), be employed (43% vs 22%)

 - Generally less severe presentation (less pain, less depression)

Treatment for PO dependence remains largely unchanged

Article

August 23, 1965

A Medical Treatment for Diacetylmorphine (Heroin) Addiction

A Clinical Trial With Methadone Hydrochloride

Vincent P. Dole, MD; Marie Nyswander, MD

» [Author Affiliations](#)

JAMA. 1965;193(8):646-650. doi:10.1001/jama.1965.03090080008002

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Opioid Substitution Treatment for Pharmaceutical Opioid dependence:

- Evidence base for OST

Outcomes measured: Injecting behaviour & HIV seroconversion, **Illicit opioid use**, **Retention in Tx**, Mortality

Participants = injecting Heroin

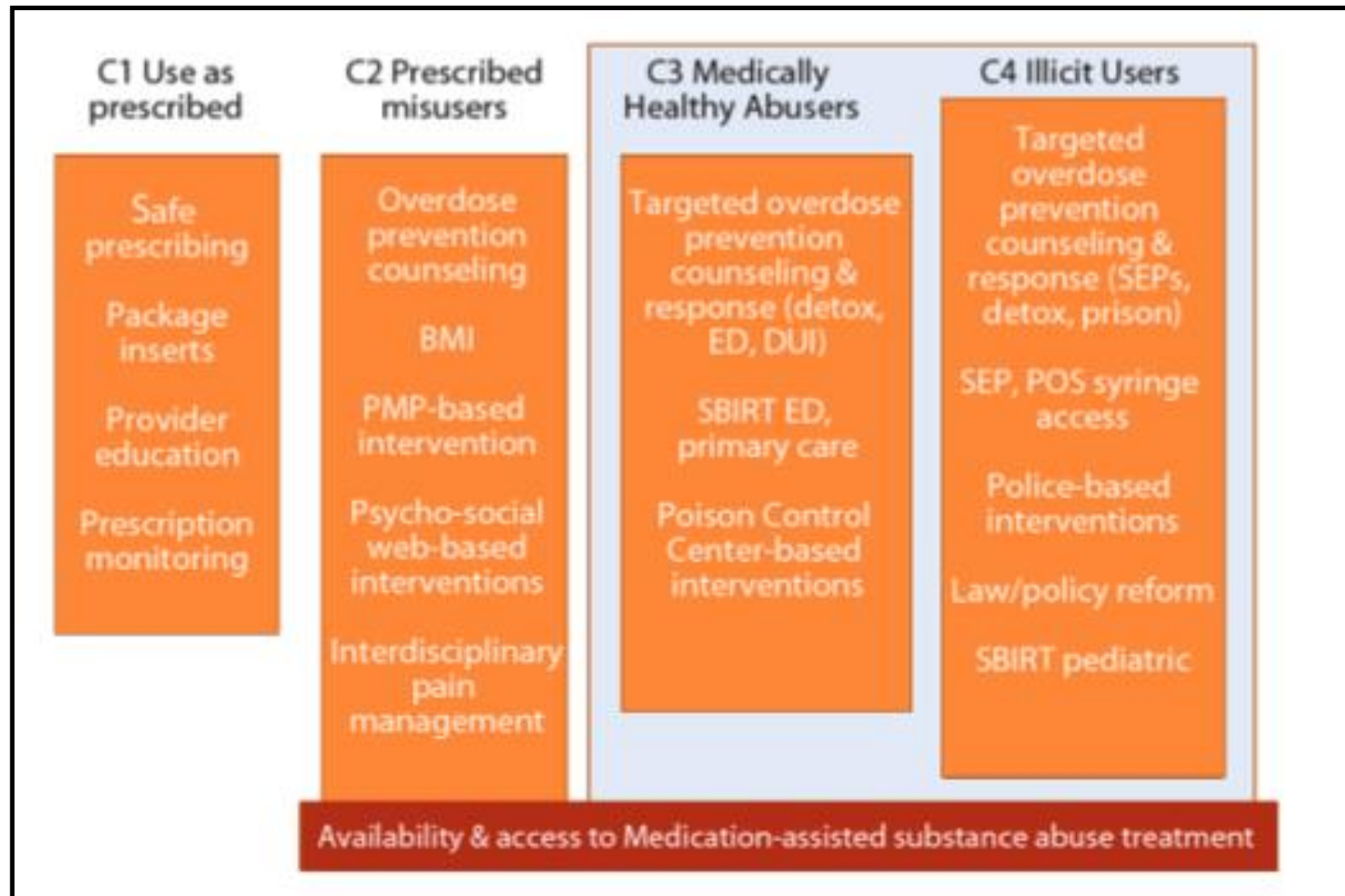
- Outcomes not all relevant for those with dependence developed through legitimate use?

QoL, psychological functioning and pain measures more appropriate?

Concerns raised regarding the use of OST in PO dependent population (Fischer 2016)

- Proliferation as a de facto first line treatment in the absence of other options
(NZ: opioids for dependence must be authorised by gazetted service)
- Large increases in treatment enrolments – resulting cost of service provision
- Long-term (often lifelong) nature of maintenance treatment in addiction settings
 - what is the impact of this approach on those who are socially integrated & higher functioning ?

Presentations to treatment for dependence: PO consumers



A large sample of people accessing treatment for substance abuse found four classes of opioid use, with different treatment needs (Green 2015)

What do consumers with PO dependence think?



- May have a different perspective if their dependence has developed via non-illicit pathways.
- Is the current treatment appropriate and accessible?

The research: A Longitudinal Qualitative Study

Relatively new methodology in healthcare research

- Can describe processes and timing as well as antecedents and consequences of change
- Describe context in which change occurs and explore participants own perception of causality

Interviews will be conducted with the same people, three times over six months

Analysis - within and between **2** groups of participants:

(in treatment and out of treatment)

Thank you

cj.walters@auckland.ac.nz