

Australian Government Department of Health – Therapeutic Goods Administration

Key findings from tracking research relating to opioid
regulatory reforms and communications

Prescribers

Report

7 March 2022

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Research objectives & methodology

Project objectives

Understand the **impact of the communication activities in relation to opioid regulations** and **track changes in target audiences' awareness, knowledge, perceptions and behaviours** compared to the developmental research



Measure and track target audiences' awareness, knowledge, perceptions and understanding in relation to pharmaceutical opioid prescription and use.



Measure and track target audiences' current behaviours in relation to opioids.







Measure target audiences' exposure to communications activities in relation to opioid regulations and safe opioid usage more broadly.



Understand the effectiveness of communications activities.

Research methodology

The research comprised a national online survey with four main target audience groups

	Target audience	Target quota	Sample achieved
	Current opioid consumers Currently prescribed or been prescribed in the last six months	n=500	n=519
	Potential opioid consumers Those who currently have a pain condition but are not currently using opioids	n=300	n=314
	General population Adults who do not prescribe opioids, have not been prescribed opioids and are not likely to be prescribed opioids	n=300	n=313
	Opioid prescribers Professionals who can prescribe medicine including GPs, specialists, other doctors (e.g. registrars and residents), dentists and nurse practitioners	n=250	n=250

The prescriber survey data was **weighted** at the data processing stage to balance obtained samples against known population characteristics. Data was weighted to population proportions by role, using the latest figures published by the Australian Health Practitioner Regulation Agency (AHPRA) in September 2021. Weighting was not undertaken for the consumer sample as population proportions are unknown, however loose quotas were applied in order to provide coverage by State / Territory to be broadly in line with that of the Australian population.

Research methodology

Presentation of results

Percentages from the quantitative survey presented in the report are based on the total number of valid responses made to the question being reported on. In most cases, results reflect those respondents who had a view and for whom the questions were applicable. 'Don't know / not sure' responses have only been presented where this aids in the interpretation of the results.

Results presented in the figures and tables throughout this report are all:

- Weighted results for prescribers unless otherwise stated, whilst sample sizes are all unweighted; and
- Unweighted results for consumers.

For stacked bar charts, numeric labels for categories that are less than three percent of the total proportion have been removed from the chart for clarity, and percentage results throughout the report may not sum to 100% due to rounding.

Base sizes may vary for questions asked of the same respondents due to respondents being able to select 'Prefer not to say' (or similar) throughout the survey (these responses were treated as missing in most cases – i.e. were removed from the valid response base).

Throughout this report, icons will be used to represent the key audience groups.



Current consumers



General population



Potential consumers



Prescribers

Quality assurance

This project was conducted in accordance with the international quality standard ISO 20252, the international information security standard ISO 27001, as well as the Australian Privacy Principles contained in the Privacy Act 1988 (Cth). ORIMA Research also adheres to the Privacy (Market and Social Research) Code 2021 administered by the Australian Data and Insights Association (ADIA).



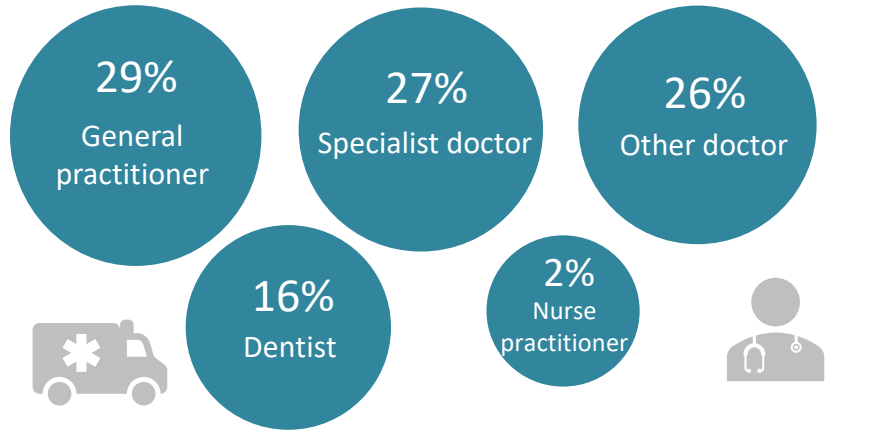
Green and red arrows have been used throughout this report to denote results that are significantly higher/ lower compared to the previous year or subgroup at the 95% confidence level.

Respondent profile

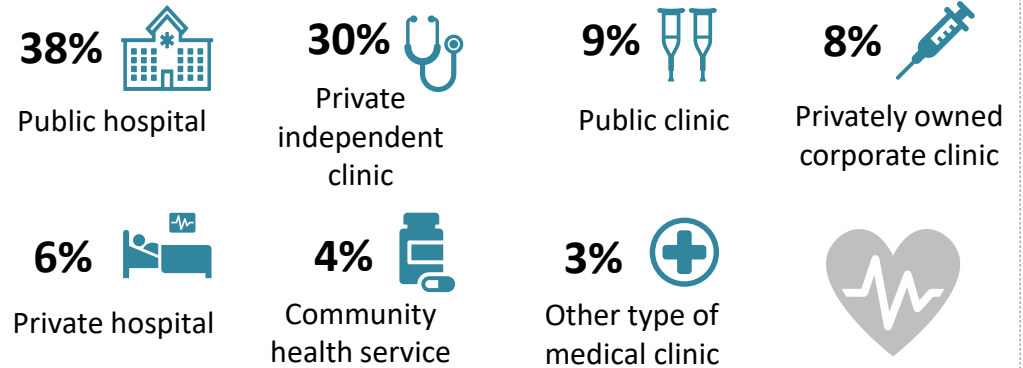


Prescriber demographic profile

Role



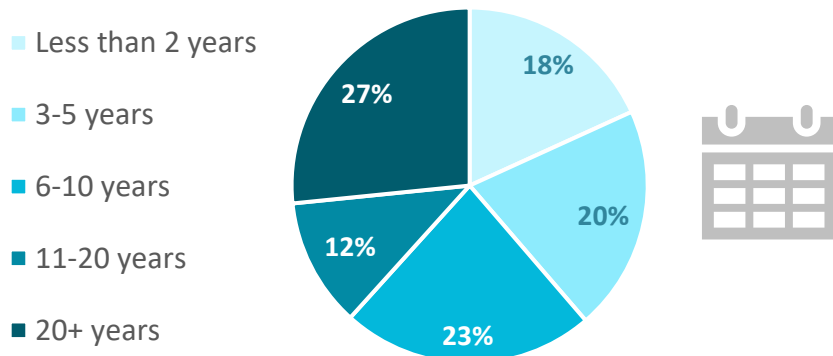
Type of practice



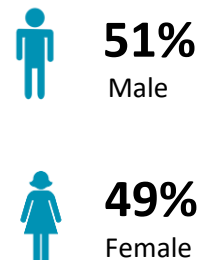
Country of training



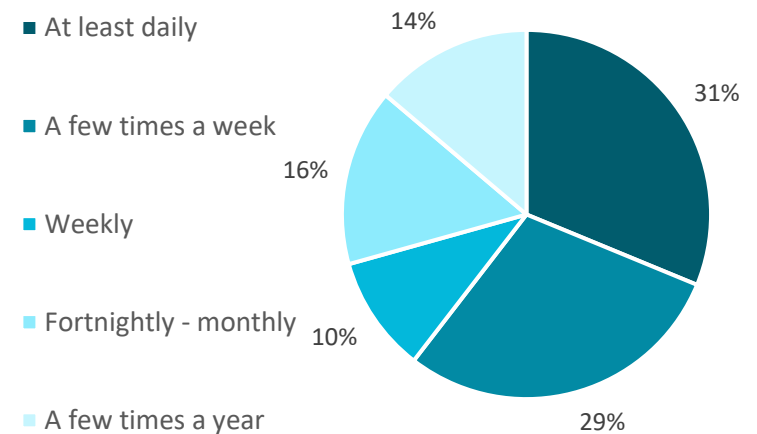
Time prescribing medications



Gender



Frequency of opioid prescription or dispensing



Percentages are based on the total number of valid responses made to the question being reported on. All results are weighted. Percentages may not sum to 100% due to rounding.

Campaign diagnostics



Exposure to information about opioid safety and alternatives

Most prescribers had seen or heard some information about opioid safety and alternatives to opioids in the last 12 months. Prompted awareness was much higher than unprompted awareness. Those who reported unprompted awareness most commonly recalled seeing / hearing about alternative pain treatments and conditions for prescribing opioids, rather than specific information about the importance of their role in educating patients about opioid usage.

Overall, **88%** of prescribers had seen or heard some information about opioid safety or alternatives to opioids in the last 12 months

23% Unprompted awareness Base: All prescribers (n=250)

Those who had seen / heard information most commonly reported seeing / hearing about:

- 14% Alternative non-opioid medication to treat pain
- 14% Alternative non-medication treatment for pain
- 14% Tighter conditions for prescribing opioids
- 13% Information about safe usage / risks of using opioids
- 10% Avoid prescribing opioids
- 10% Information about specific opioid medications
- 10% Alternative treatments for pain (in general)

87% Prompted awareness Base: All prescribers (n=250)

Seen or heard anything in the last 12 months that:

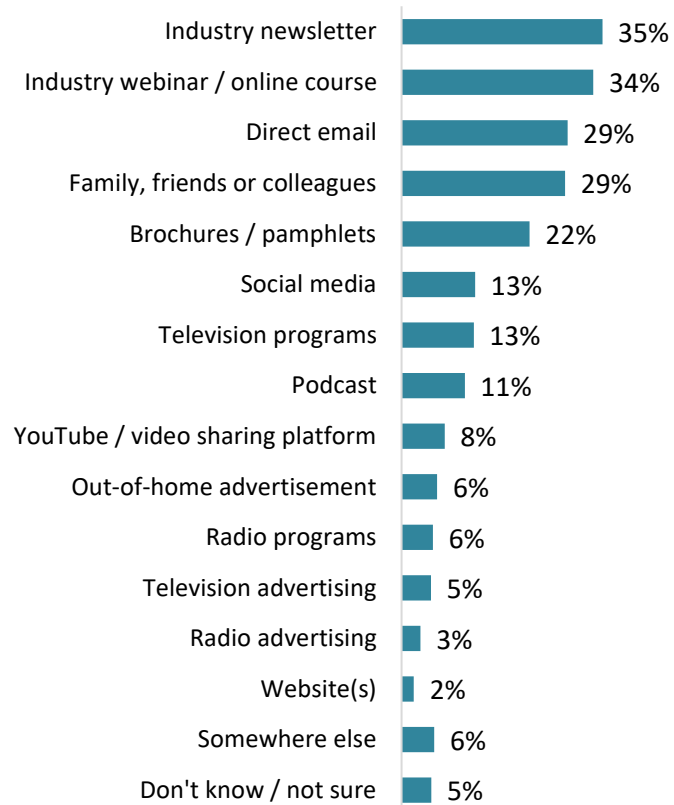
- 62% Opioid misuse is a significant and rising problem in Australia
- 57% It is important to keep up-to-date with best practice pain treatments
- 55% It is important to proactively speak with my patients about safe and effective opioid use
- 55% I have a significant role to play in educating my patients about other pain treatments instead of opioids as a first line of treatment
- 54% I should inform my patients that there are significant side effects and risks associated with opioid use, even when used as directed
- 48% It is important to help my patients understand the types of medicines that are categorised as opioids

Channel and source of information

Prescribers who had seen or heard information about opioids were most likely to have been exposed to this information through industry channels, such as industry newsletters, webinars or online courses. Those exposed were most likely to recall the source of information as TGA, NPS MedicineWise or the Australian Government.

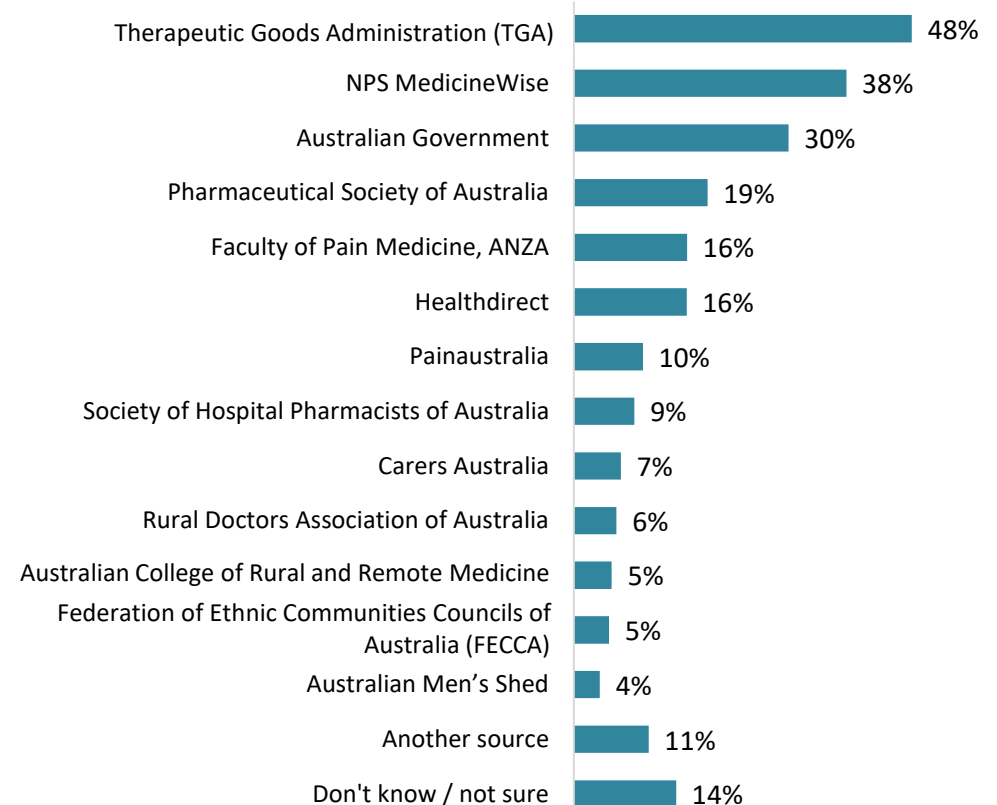
Channels of information

Base: Prescribers exposed to information about opioids (n=221)



Sources of information

Base: Prescribers exposed to information about opioids (n=221)



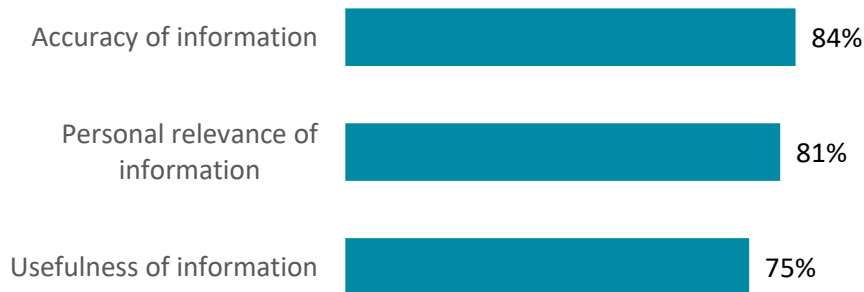
Perceptions of information

Those exposed to information about opioids generally reported positive perceptions of the information they had seen or heard, with most indicating the information was *highly* accurate and relevant to them. A somewhat lower proportion felt the information was highly useful.

Those who had seen / heard information from TGA provided more positive ratings for the relevance and usefulness of information. On balance, equal proportions of prescribers felt the information made them feel more positive or more negative about prescribing opioids.

Perceptions of information (% rated highly)

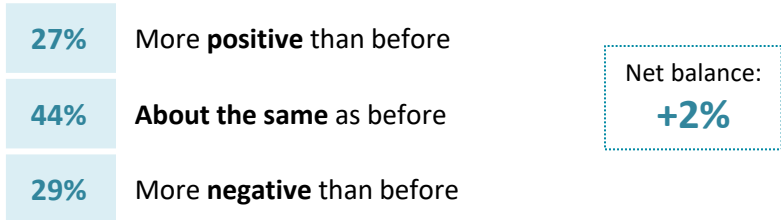
Base: Prescribers exposed to information about opioids (n=217-218)



Impact of information

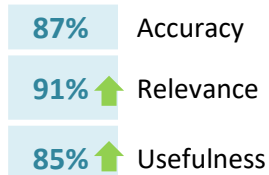
Base: Prescribers exposed to information about opioids (n=216)

How did the information you've seen / heard about using opioids safely or alternatives to opioids make you feel about prescribing opioids?

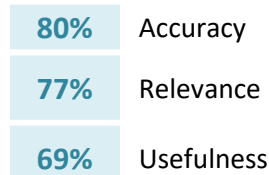


Those exposed to information from TGA (as at least one source) provided higher ratings for the **relevance** and **usefulness** of information

Had seen / heard information from TGA (n=100)



Had seen / heard information from other sources only (n=90)



  Statistically significantly higher / lower compared to other subgroups

Actions taken

Nearly nine in ten (89%) prescribers reported having taking action with regards to opioids and pain management in the past twelve months. Exposure analysis found that those exposed to information about opioids were more likely to have taken at least one action, most likely looking for more information about pain management and suggesting chronic pain patients stop or reduce their opioid usage.

Behaviours taken in the last 12 months

Overall (n=250)	Exposed (n=221)	Not exposed (n=29)	
52%	54%	41%	Reviewed how safe and effective the current opioid treatment plans are for my existing patients
52%	55% ↑	28%	Looked for more information about pain management, including other ways to treat pain (instead of opioids)
48%	50% ↑	30%	Suggested that my current chronic pain patients stop or reduce their opioid usage
42%	44%	28%	Looked for general information about opioids
19%	20%	14%	Looked for more information about the opioid regulatory changes
18%	19%	15%	Spoke to my patients about how the regulatory changes may affect them
11%	7% ↓	37%	None of the above

↑ ↓ Statistically significantly higher / lower compared to other subgroups

The background features a faint, light blue world map on the left side. On the right side, there are several concentric, semi-circular lines in a light blue color, resembling a stylized globe or a series of waves. The text "Awareness and knowledge" is centered in the middle of the page.

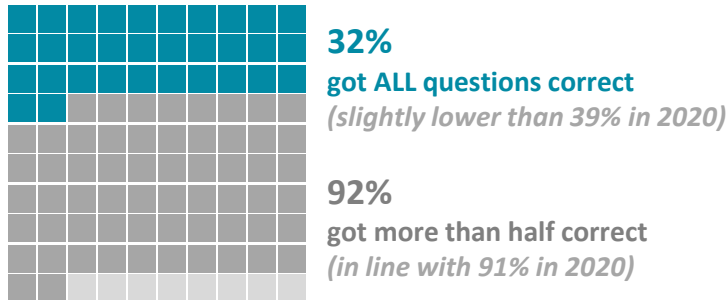
Awareness and knowledge

Overall opioid literacy

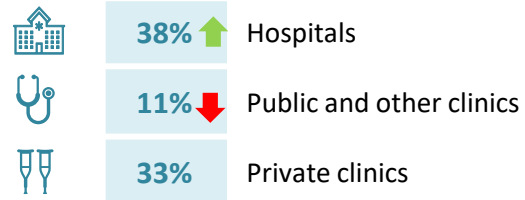
Based on a battery of knowledge and attitudinal questions, overall opioid literacy was broadly in line with 2020. Prescribers working in hospitals recorded greater knowledge about opioids compared to those in public / other clinics. Those exposed to information about opioids recorded similar opioid literacy as those not exposed.

Overall opioid literacy (total correct)

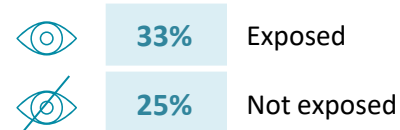
Base: All prescribers



Differences by workplace (% got all questions correct)



Differences by exposure to information about opioids (% got all questions correct)



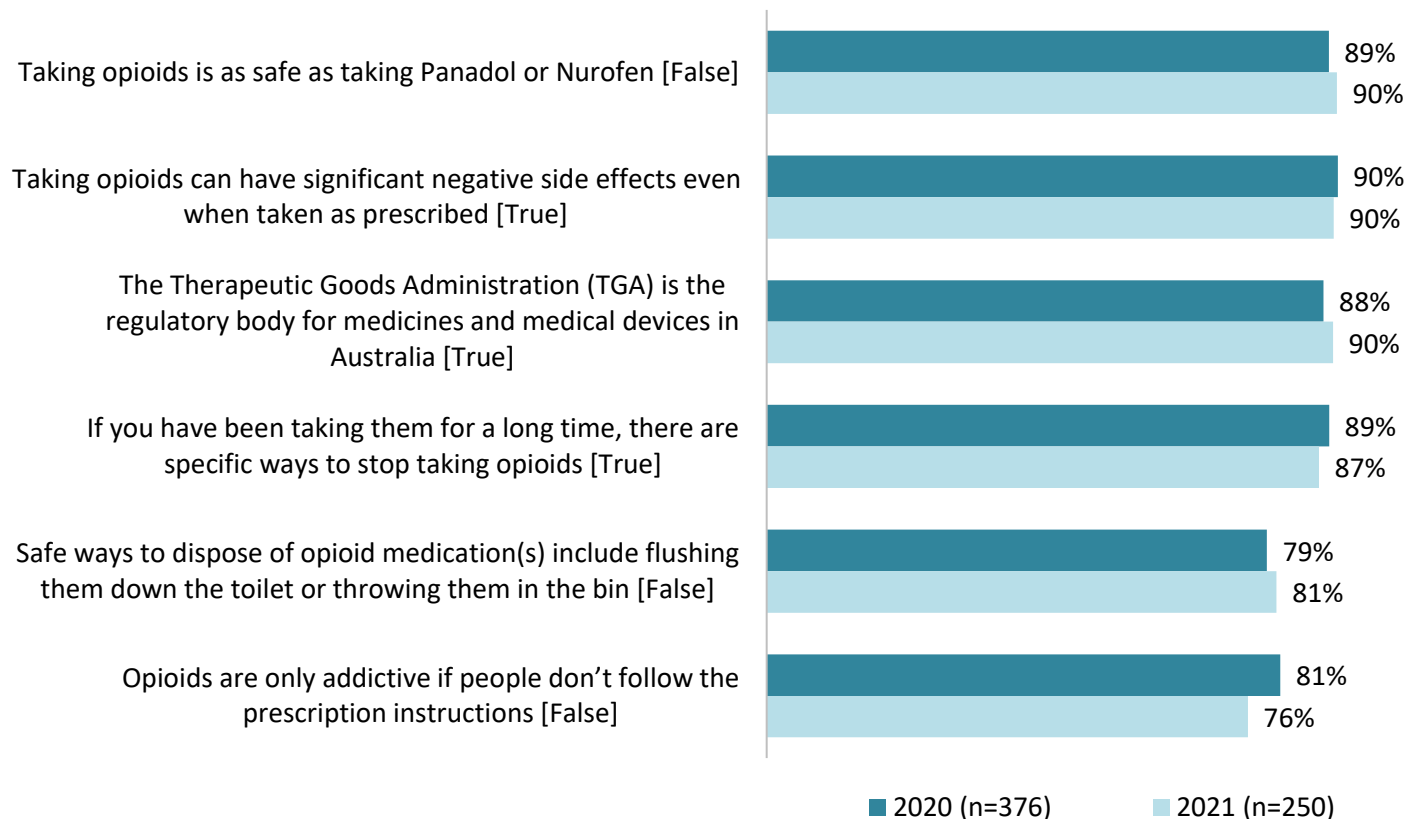
Statistically significant increase / decrease compared to 2020 or higher / lower than other subgroups

Awareness and knowledge about opioids

Awareness and knowledge about opioids was high and broadly in line with 2020. As in 2020, prescriber respondents had relatively lower awareness about safe disposal methods for opioids and how opioid dependency develops. There were no differences in awareness of each statement by exposure to information about opioids.

Awareness and knowledge about opioids (% correct)

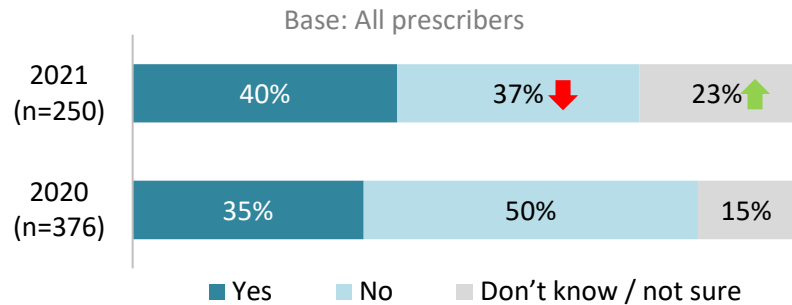
Base: All prescribers



Awareness of changes to opioid regulations

Unprompted awareness of changes to opioid regulations in the last two years was fairly low (40%, in line with 35% in 2020). However, a greater proportion indicated they were ‘unsure’, suggesting prescribers may have heard something but were unsure if changes applied to the last two years. In addition, a notable proportion of those who had heard about changes were unsure what the source of information was. Prescribers working at public / other clinics were *least likely* to have heard about the changes.

Unprompted awareness of changes to opioid regulations in last two years



Awareness by workplace

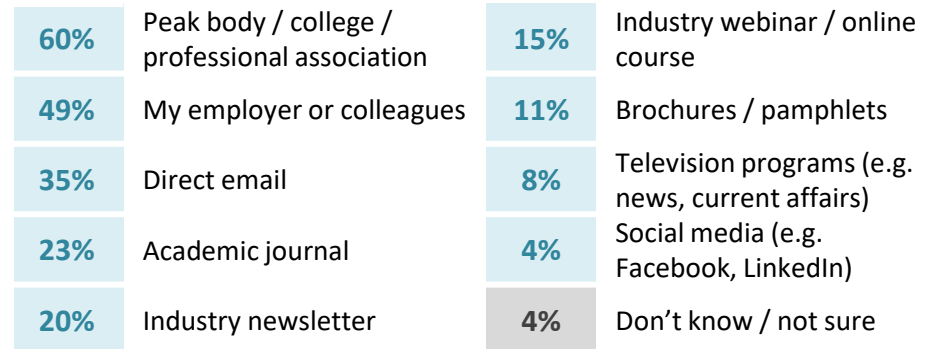


Among those aware of changes to opioid regulations in 2021, prescribers most commonly reported the following changes:

- 26% SafeScript / Qscript / database recording patients' scripts
- 26% Tighter conditions for prescribing opioids
- 22% Smaller pack sizes / reduced quantities / fewer repeats
- 19% Increased monitoring of patients / independent review by another medical practitioner each year

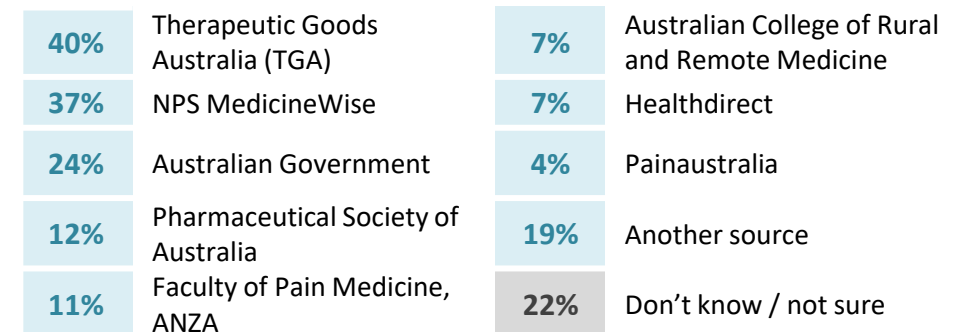
Channels of information (Top 10)

Base: Prescribers aware of changes to opioid regulations



Sources of information (Top 10)

Base: Prescribers aware of changes to opioid regulations



↑ ↓ Statistically significant increase / decrease compared to 2020 or higher / lower compared to other subgroups

Awareness of key messages

Positively, awareness of nearly all key messages increased compared to pre-campaign levels. Exposure analysis suggests that this increase is in part attributable to campaign activities, as those exposed to information about opioids in the last 12 months reported greater awareness of key messages.

	2020 (n=376)	2021 (n=250)	Key messages
	56%	66% ↑	People will still have access to opioids where it's medically necessary and clinically appropriate
	39%	52% ↑	The Australian Government introduced additional smaller pack sizes for people who only need short-term pain relief
	38%	48% ↑	The Australian Government introduced tighter indications for opioids, including for immediate release and modified release products
	27%	43% ↑	Modified release products should only be used where the pain is opioid-responsive and the patient requires daily, continuous, long-term treatment
	35%	39%	As a result of reforms, health care professionals should: Have active conversations with patients about using and disposing of opioids, avoid using opioids as a first-line treatment and keep up-to-date with best practice treatments
	28%	37% ↑	The Australian Government introduced improved information about the risks and warnings of opioid usage to patients, doctors and other prescribers
	25%	30%	Fentanyl patches should only be used to treat pain in patients with cancer, in palliative care, or with exceptional circumstances
	18%	26% ↑	Over 150 people are admitted to hospitals and emergency departments every day in Australia due to harm from opioids, with two-thirds of these due to prescription opioids

↑ ↓ Statistically significant increase / decrease compared to 2020 or higher / lower than other subgroups

Exposure analysis

Base: All prescribers in 2021

Average number of statements 'fully aware' of

3.5 ↑	Exposed to information about opioids
2.6	Not exposed to information about opioids

Those exposed to information about opioids were more likely to be 'fully' aware that:

- People will still have access to opioids where it's medically necessary and clinically appropriate (68%, compared to 48% of those not exposed); and
- The Australian Government introduced additional smaller pack sizes for people who only need short-term pain relief (56%, compared to 24%).

In addition, those not exposed were more likely to be 'not at all' aware of all statements.

Attitudes and Behaviours

A decorative graphic on the right side of the slide consists of several concentric, overlapping circles in a light blue-grey color. The circles are centered vertically and extend from the middle of the slide towards the right edge, creating a sense of depth and movement.

Key attitudes and behaviours

Overall, the proportion of prescribers undertaking best practice behaviours remained in line with 2020. However, concern about opioid harm / risk increased in aggregate. To have the most positive impact on the attitudinal and behavioural profile of prescribers, future messaging could be focused on encouraging best practice behaviour among prescribers.

Best practice behaviour

Base: All prescribers



2020
(n=376)

34%

2021
(n=250)

34%

Discussed other pain treatment options + provided information about opioids with new and existing patients all / most of the time

Concern about opioid harm / risk (% agree)

Base: All prescribers



2020
(n=368)

46%

2021
(n=246)

58% ↑

If even one of my patients became dependent on opioids, I would feel personally responsible

Other changes in prescribers' attitudes

Prescribers' attitudes remained largely consistent with 2020, however some less positive changes were observed – possibly reflecting cumulative challenges faced by health professionals in dealing with the COVID-19 pandemic – these are highlighted below.

2020
(n=369)

2021
(n=249)

Lower agreement:

77%

70% ↓

My decisions about prescribing opioids are based on guidelines and regulations set by my workplace and / or professional bodies

2020
(n=370-372)

2021
(n=247-250)

Lower **disagreement** (desirable for these statements):

49%

40% ↓

Sometimes its easier to just prescribe opioids than to recommend other pain treatment options

55%

47% ↓

I find it hard to say no to patients who put pressure on me to prescribe opioids

20%

14% ↓

As a prescriber, I can only do so much to ensure safe and effective opioid use – the rest is up to my patients

↑ ↓ Statistically significantly higher / lower compared to 2020

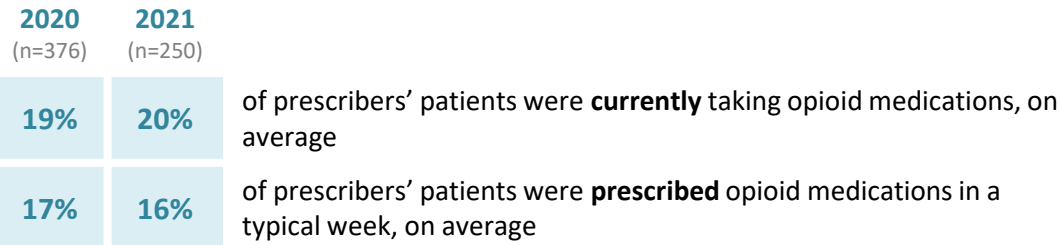
Current opioid prescribing



Proportion of patients taking opioid medications

Base: All prescribers

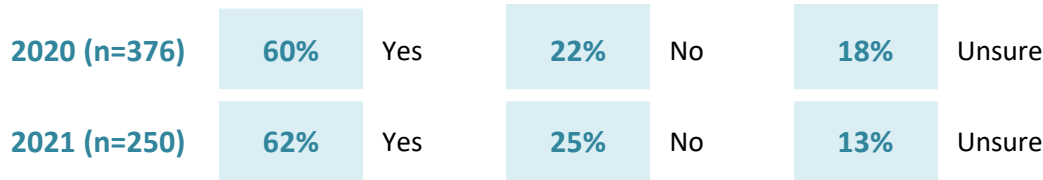
The proportion of patients currently taking or prescribed opioid medications in a typical week were **similar** to 2020



Do prescribers have formal policies or guidelines in relation to prescribing opioid medication at their workplace?

Base: All prescribers

As in 2020, around two thirds of prescribers indicated their workplace had **formal policies or guidelines** for prescribing opioid medication



Statistically significant increase compared to 2020

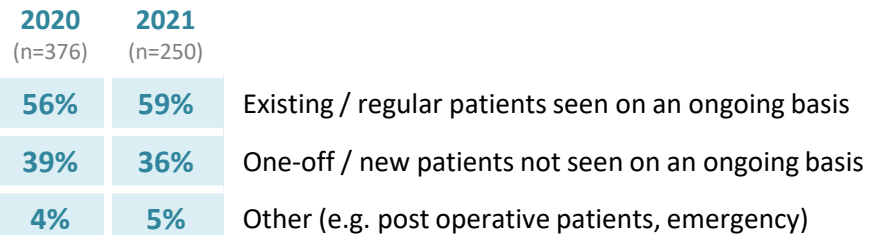
Percentages are based on the total number of valid responses made to the question being reported on. Percentages may not sum to 100% due to rounding.



Type of patients prescribed opioid medication

Base: All prescribers

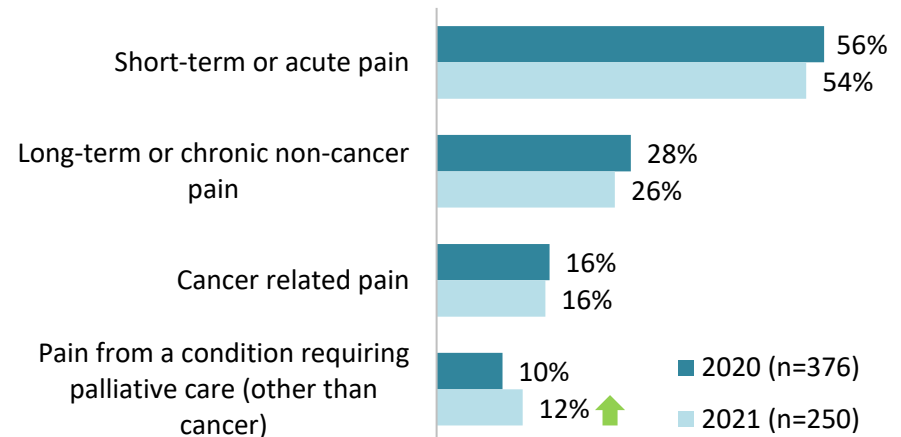
The majority of opioids prescribed on average were to **existing / regular patients** (particularly among GPs, 85% existing and only 15% one-off) – with the share slightly higher than in 2020



Conditions prescribed opioid medications for

Base: All prescribers

Conditions opioid medications were prescribed to treat were similar to 2020, though there was an increase in the proportion prescribed to treat **pain from conditions (other than cancer) requiring palliative care**

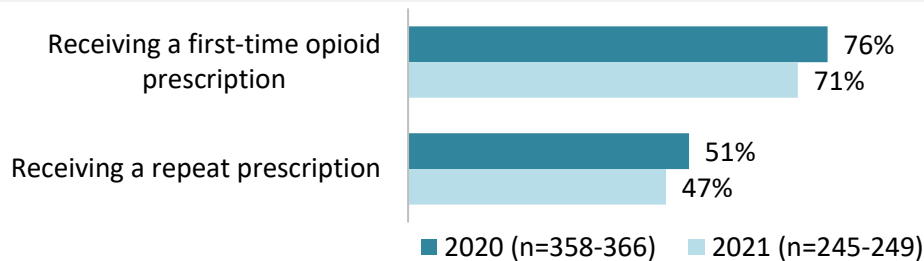


Information provision about opioids

Provision of information (% all or most of the time)

Base: All prescribers

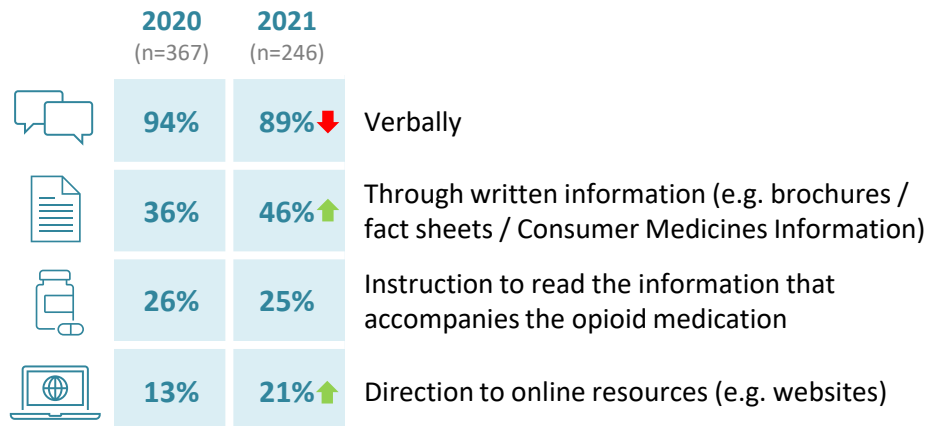
Only around three quarters of prescribers provided information about opioids to their patients *all or most of the time* - prescribers were more likely to provide information to patients receiving a **first-time opioid prescription** than those receiving a **repeat prescription**



Channel of information

Base: Prescribers who provided information at least 'rarely'

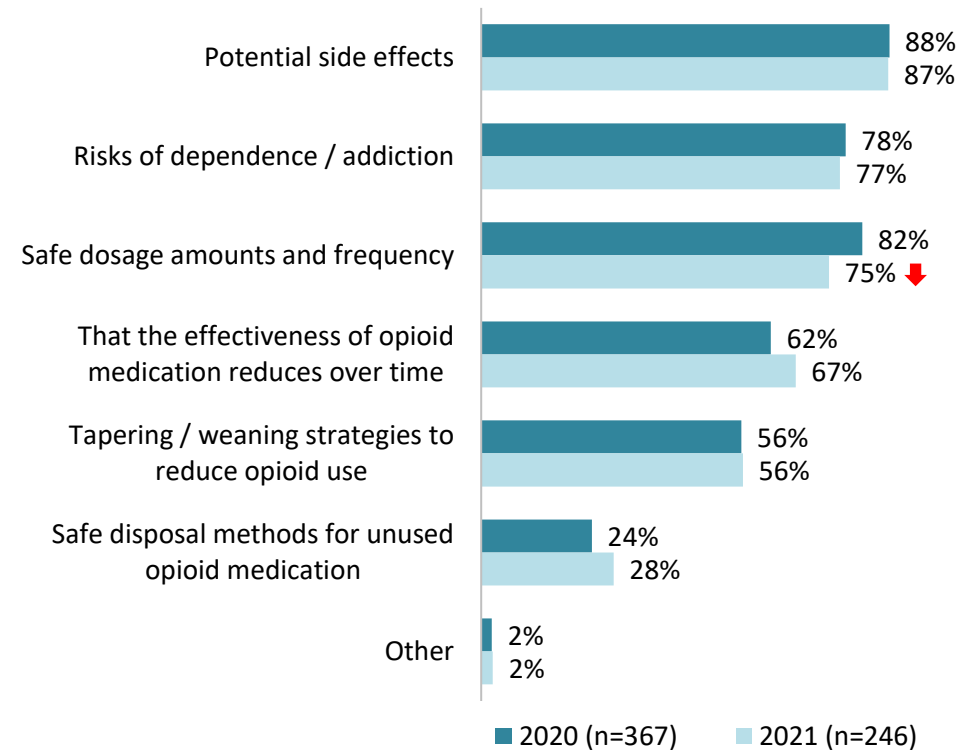
Compared to 2020, prescribers were more likely to provide **written information** or direct patients to **online resources**



Nature of information provided

Base: Prescribers who provided information at least 'rarely'

As in 2020, prescribers most commonly provided information about **potential side effects, risk of dependence / addiction** and **safe dosage amounts and frequency** – however, prescribers were less likely to provide information about safe dosage amounts and frequency compared to 2020



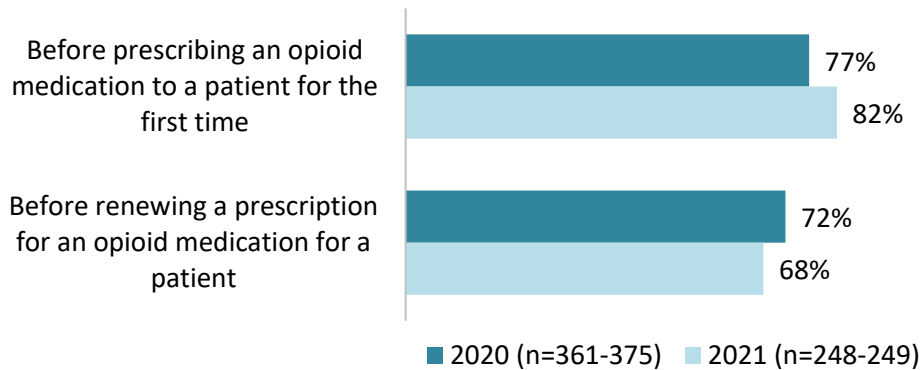
↑ ↓ Statistically significant increase / decrease compared to 2020

Percentages are based on the total number of valid responses made to the question being reported on. Percentages may not sum to 100% due to rounding.

Alternate pain management treatments

Discussion of alternative pain treatment options (% all or most of the time) Base: All prescribers

Prescribers were slightly more likely to discuss alternative pain treatment options with patients before prescribing an opioid medication for the first time, however this difference was not statistically significant



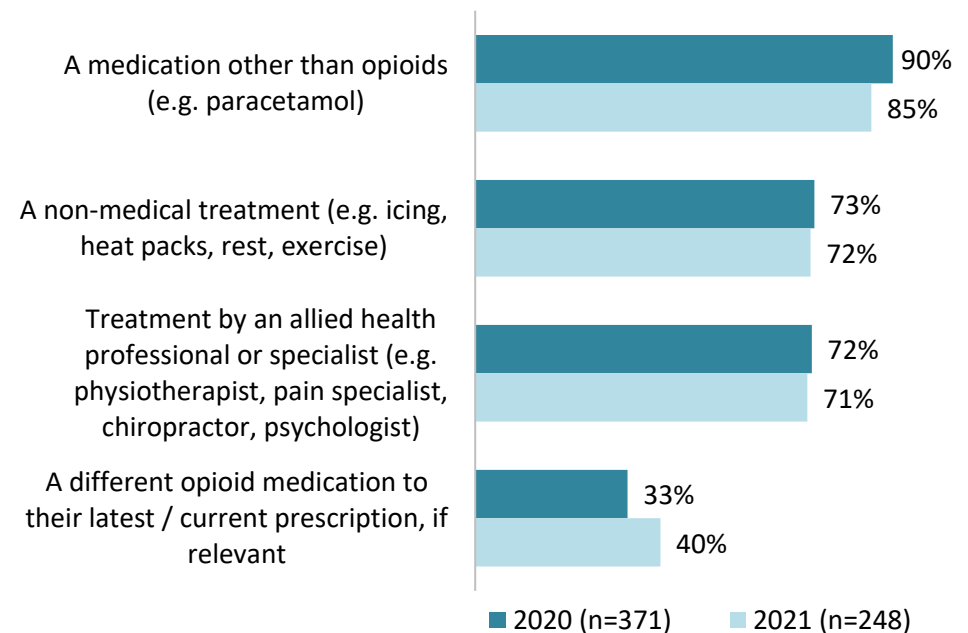
Number of pain treatments offered / suggested

Base: Prescribers who offered alternative treatments at least 'rarely'

	2020 (n=371)	2021 (n=248)	
Among prescribers who offered alternative treatments, most (78%) offered more than one – in line with 2020 (82%)	18%	22%	One
	21%	17%	Two
	36%	32%	Three
	24%	29%	Four or more

Other types of pain treatments offered / suggested Base: Prescribers who offered alternative treatments at least 'rarely'

Alternative pain treatments offered / suggested were similar to 2020 – prescribers most commonly offered **medication other than opioids**



Percentages are based on the total number of valid responses made to the question being reported on. Percentages may not sum to 100% due to rounding.

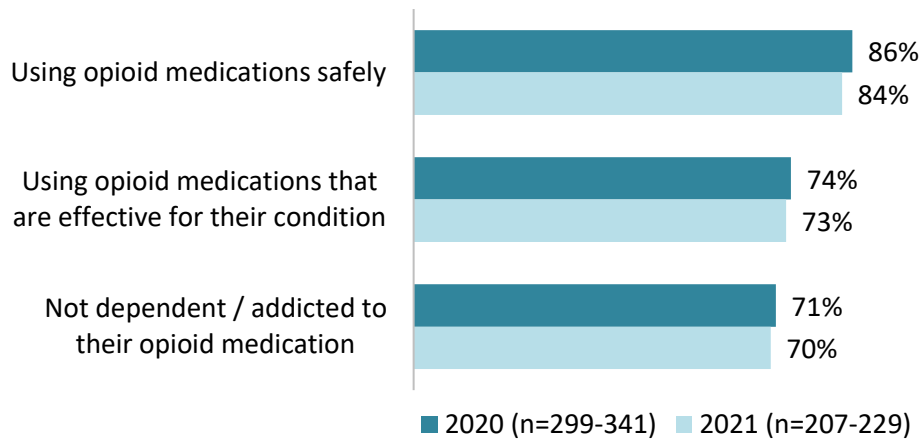
Prescription monitoring



Perceptions of patients' opioid usage

Base: Prescribers aware of patients' opioid usage

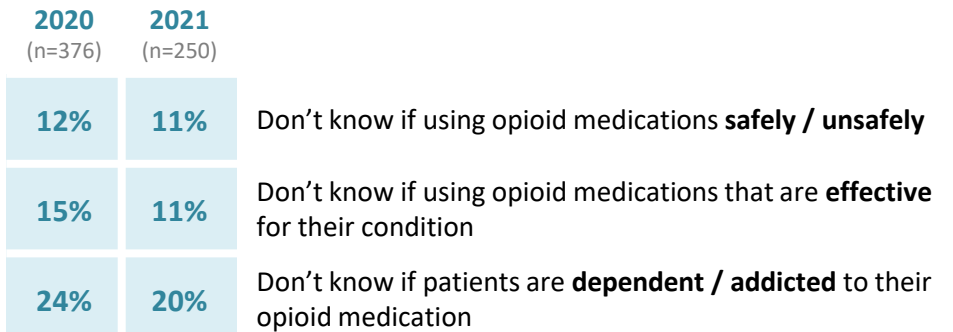
Perceptions of patients' usage of opioid medications were similar to 2020



Unsure about patients' opioid usage

Base: All prescribers

The proportion of prescribers who did not know whether opioid medications were **effective for their patients** or if their patients were **dependent** on opioid medications decreased slightly compared to 2020, however these differences were not statistically significant



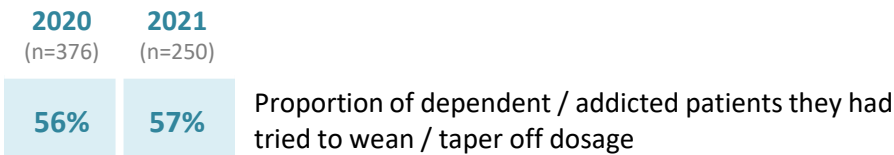
Percentages are based on the total number of valid responses made to the question being reported on. Percentages may not sum to 100% due to rounding.



Weaning and tapering

Base: Prescribers with patients dependent / addicted to opioids

Prescribers did not commonly encourage their patients to wean or taper off opioid medications, as observed in 2020



Key insights



Key insights

01 Most prescribers had seen or heard information about opioid safety or alternatives to opioids in the last 12 months

TGA, the Australian Government and other partner industry organisations (primarily NPS MedicineWise and Pharmaceutical Society of Australia) were the main sources of information cited for all prescriber types

02 Prescribers primarily saw / heard about changes to opioid regulations and information about opioid safety from industry sources

The most common channels for this information were peak bodies / colleges / professional associations, their employer or colleagues, direct email, industry newsletter and industry webinars / online courses

03 Perceptions of information seen / heard were generally positive

Prescribers who had seen / heard information from TGA as at least one of the sources provided more positive ratings for the usefulness and relevance of information than those exposed to information from other sources only

04 Awareness across nearly all key campaign messages improved compared to pre-campaign levels

Awareness was highest in relation to regulatory change and small pack introduction messages

05 Concern about opioid harm / risk in their patients increased

Consequently, to have the most positive impact on the attitudinal and behavioural profile of prescribers, future messaging could be focused on encouraging best practice behaviour among prescribers

06 Nearly nine in ten (89%) prescribers reported having taking action with regards to opioids and pain management in the past twelve months

Those exposed to information about opioids were more likely to have taken at least one action, most commonly looking for more information about pain management and suggesting chronic pain patients stop or reduce their opioid usage

This project was conducted in accordance with international quality standard ISO 20252 and the Australian Privacy Principles contained in the Privacy Act 1988.

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