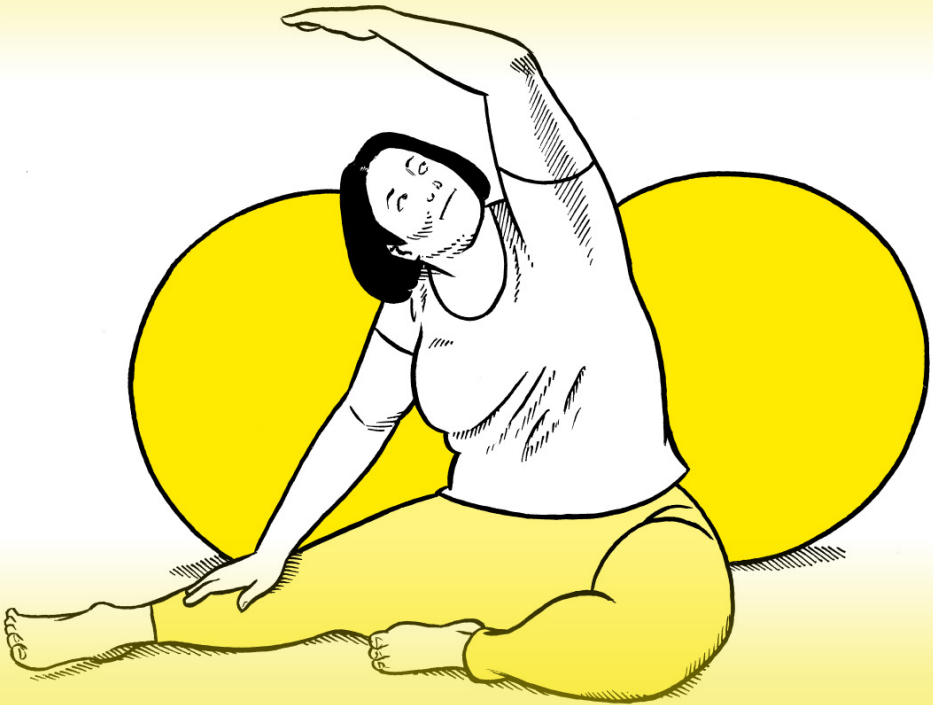


# Consumers' Guide to the Opioid Treatment Program: Pain Management and OTP

6



*Opening the Doors  
on Opioid Treatment*



# ACKNOWLEDGMENTS

'Consumer's Guide to the OTP: Pain Management on the OTP'. *1st edition, 2019*

**Editor:** Leah McLeod

**Content:** Thomas Capell-Hattam

**Illustrations:** Ben Hutchings

**Layout Design:** Thomas Capell-Hattam

The OTP Consumer Guidelines series was produced by the NSW Users and AIDS Association (NUAA). NUAA is governed, staffed and led by people with lived experience of drug use. Since 1989, we have provided innovative harm reduction services, advancing the rights, health and dignity of people who use drugs illicitly in NSW. This includes supporting and advocating for people on the Opioid Treatment Program. This resource has been reviewed and approved by the NSW Ministry of Health (MoH). The MoH provides NUAA with the funding to do this work. Special thanks to all our wonderful peers who helped create this resource.

**Distribution:** The OTP Consumer Guidelines series is a targeted resource for people who use opioids and are thinking about starting, or are currently on, an Opioid Treatment Program in NSW. The OTP Consumer Guidelines series is distributed to Harm Reduction organisations and Alcohol and Other Drug services throughout NSW and is not intended for general distribution. Hard copies of all the booklets in this series are available. To receive your copy, email [MOH-PopulationHealthResources@health.nsw.gov.au](mailto:MOH-PopulationHealthResources@health.nsw.gov.au), or contact NUAA.

*NUAA would like to acknowledge and show respect to the Gadigal people of the Eora Nation as the traditional owners of the land on which we work. We extend this respect to all First Nations groups upon whose land this resource is distributed.*

## **OTP Consumer Guidelines Series Steering Committee:**

### **Ministry of Health:**

Tanya Bosch  
Lexi Buckfield  
Eleen Chiu  
Phillipa Jenkins  
Debbie Kaplan

### **NSW OTP Managers:**

Lucinda Castaldi  
(*United Gardens*)  
Julie Dyer  
(*Rankin Court*)  
Carolyn Stublely  
(*We Help Ourselves*)

### **NUAA:**

Hope Everingham  
Dr Mary Ellen Harrod  
Lucy Pepolim

### **Consumer Representatives:**

Mel Archer, Rod Warne

## **Medical professionals:**

Dr David Baker (GP), David Bryant (Pharmacy Guild), Dr Apo Demirkol (S.E. Sydney LHD), Cojoint Prof Adrian Dunlop (Hunter/New England LHD), Dr Robert Graham (Western Sydney LHD), Prof Paul Haber (Sydney LHD)

# TABLE OF CONTENTS

About this resource	4
Opioids for pain management	7
Stigma and discrimination	11
Pain relief and opioid tolerance	14
Increasing your dose to help with pain	20
Combining prescriptions with other drugs	24
Specific risks with buprenorphine	26
Medicinal cannabis	28
Tips for the best results with health care workers supervising your pain management	30

# ABOUT THIS RESOURCE

The *NSW Clinical Guidelines: Treatment of Opioid Dependence - 2018* were written by clinicians and policymakers with input from NUAA and other stakeholders. They exist to give prescribers and dosers the who, what, where, how and why of the Opioid Treatment Program so that they are up to date with what is expected of them.

Anyone can look at the Clinical Guidelines (just search the title online), but they are written for doctors, not consumers. That's why NUAA has put together this set of resources for us - the *Consumer's Guide to the Opioid Treatment Program: Opening the Doors on Opioid Treatment*.

Our version is written by people who use drugs for people who use drugs. To make sure the info we gave you was correct, up to date and relevant, we got together a great Steering Committee, starting with consumers and including doctors, clinic managers, pharmacists and experts from the Ministry of Health. We asked heaps of people on the program what they wanted to know.

These guides tell you what you can expect on the OTP and what is expected of you. We give you the rules and facts as well as some useful tips and advice from peers. No matter where you are in your treatment journey, you should find information in these booklets to help you make decisions and get where you want to be with your drug use.

There is a larger document that includes a big range of info about the program called the *Consumer's Guide to the NSW Opioid Treatment Program*. There are also a set of bite-sized booklets that focus on particular situations or stages of life on the OTP.

This booklet, *Pain Management and the Opioid Treatment Program*, talks about some of the issues you might run into if you need to manage pain while on the OTP. It can be a bit tricky if you need pain relief, because you are already being prescribed your OTP medication which acts as a strong painkiller. This booklet will explain how to manage these issues and more.

# OTP CONSUMER GUIDELINES SERIES

- **The Consumer's Guide to the NSW Opioid Treatment Program**
- **Standalone Guide 1: Introduction to the Opioid Treatment Program**
- **Standalone Guide 2: Maintenance on the OTP**
- **Standalone Guide 3: Your Rights and Responsibilities on the Opioid Treatment Program**
- **Standalone Guide 4: Pregnancy and Parenting on the Opioid Treatment Program**
- **Standalone Guide 5: Opioid Treatment Program in Regional and Rural Areas**
- **Standalone Guide 6: Pain Management and the Opioid Treatment Program**
- **Standalone Guide 7: Exiting the Opioid Treatment Program**
- **Standalone Guide 8: Depot Buprenorphine Starters' Guide**



# OPIOIDS FOR PAIN MANAGEMENT

Opioids are effective painkillers, but these days doctors are advised against prescribing them for chronic (ongoing) pain conditions. This is because of concerns around dependency, overdose and diversion (people selling their meds on the black market), and also because there are other less risky ways of dealing with pain. However, they are still commonly prescribed for acute (short-term) pain, such as surgery.

Opioids are highly addictive. Many people become dependent on them through prescription medication and develop a tolerance to them. If you are on OTP, you already have a tolerance to opioids – not only to your prescribed methadone or buprenorphine but other opioids too. Having a tolerance to opioid painkillers means that your treatment needs will be more complicated.

If you are prescribed opioids for pain management, it's important to take your medication exactly as instructed. If the medication is not helping enough with your pain, talk to your prescriber about your options.

You know how opioids work for you and may find particular drug types, doses, or timing more effective. This conversation should be had with your health care provider before they write your script so they may take it into account.

## **Methadone for Pain Management**

Methadone is regularly used as an effective pain medication by specialist pain doctors to treat certain chronic pain conditions.

When prescribed for pain, it will most commonly be in the form of Physeptone tablets. These are taken orally and contain 10mg of methadone each, so 1 tablet is about equal to 2mLs of methadone syrup.

## **Buprenorphine for Pain Management**

Buprenorphine can be prescribed for short-term relief of moderate to severe pain, including post-operative, end-of-life, and chronic pain. In this form (Temgesic), it can come as either a sublingual tablet or as ampoules for injecting into the muscle (IM injection). The ampoules are only used in hospitals.

The most commonly used form of buprenorphine in pain is low-dose patches (Norspan) which slowly and consistently release the medication. The patches last 7 days and come in various strengths.

Suboxone can be effective at treating pain for people who are opioid dependent. However, it doesn't work as well for patients who don't have experience with opioids.



# Acute Pain vs Chronic Pain

Acute pain is pain that comes on suddenly, and usually has a clear cause, such as an injury or surgery. It generally doesn't last more than a few weeks or months and goes away as you heal.

People experiencing acute pain, (e.g. after an accident or surgery) will need pain relief, and more often than not are given opioids. If you are on OTP or regularly using opioids, you will most likely need a larger dose of painkillers than other people. You may also be given non-opioid painkillers to take as well as opioids or instead of them.

In comparison, chronic pain is pain that lasts for a long time (months or years) and is usually related to another underlying condition, such as arthritis, fibromyalgia, or long-term physical strain.

Chronic pain is very different from acute pain. Medications rarely help with chronic pain in the long-term. Pain management strategies such as physiotherapy and pain psychology are thought to be better for treating chronic pain than being on painkillers long-term. These strategies work to improve your quality of life, as chronic pain can not be cured, only managed. Taking larger amounts of medications - opioid or non-opioid - will only increase the side effects and can lead to even more troubles.



# STIGMA & DISCRIMINATION

Being on the OTP carries a lot of stigma, which can affect how you are treated by doctors, nurses, and other healthcare providers. Some doctors might not want to prescribe you pain medication, or they might not understand that you need additional painkillers on top of your OTP medication after an accident or following an operation.

Unfortunately, there is not a lot you can do to change this. Some people have pre-formed beliefs about what people on OTP are like. If they have no experience with drug and alcohol treatment, they are often misinformed about what they should do when treating opioid-dependent people.

One of the hardest myths to shift is “drug-seeking behaviour” - the idea that people with a history of drug use only go to hospital to get drugs or that we pretend we are in more pain than we are so we can get stronger drugs. Sadly, people die because medical investigations are not thorough enough due to this false belief. Stigma kills.

The best option is to be honest about how you're feeling and describe your level and type of pain. Bring them back to the issue at hand: "I understand you have your personal beliefs about people who use drugs, but that is not important here. Can we agree on what you can clearly see evidence for? It is obvious that I have broken my leg. Can we agree that is a painful thing? If someone came into your service who had broken their leg and wasn't a drug user, what would you do for them?"

You can also remind them that people on OTP may require more analgesia (pain relief) after an accident or surgery because we have a high tolerance to opioids. You should also suggest they call the hospital's Drug and Alcohol Service for further advice on pain relief as they will be your best advocate and will explain your drug needs. If you are in a country hospital, let them know they can call the Drug and Alcohol Specialist Advisory Service (DASAS) on 1800 023 687 to speak to an addiction medicine specialist.

If you feel that you are being discriminated against or being treated unfairly by a doctor or nurse, you have the right to make a complaint and have it followed up. Most healthcare services have an internal complaints process. Ask an admin staff person to help you find out more.

You can also contact the Opioid Treatment Line (OTL). OTL responds to complaints and can provide advice to OTP patients and their family members. OTL operates Mon-Fri, 9.30 AM to 5:00 PM. Phone: 1800 642 428.

Alternatively, the NSW User's and AIDS Association (NUAA) can assist and provide support in making and managing a complaint. NUAA is open Monday to Friday, 9:00 AM to 5:00 PM. Phone: 8354 7300, or toll-free on 1800 644 413.



# **PAIN RELIEF AND OPIOID TOLERANCE**

If you are on OTP or are physically dependent on other opioids, you will need to have those opioid needs met in addition to your needs for pain management. That means that the usual doses prescribed for pain will not be as effective for you because of your tolerance to opioids.

Doctors or nurses who are treating you for pain relief need to know if you take prescribed opioids or use illicit (street) opioids. That way, they can give you the best possible treatment that is tailored to suit your needs. Once the doctor knows your situation, they may refer you to a specialist in pain medicine or drug and alcohol treatment.

If your healthcare staff don't know about your opioid use, they won't be able to treat your pain properly. You might be prescribed painkillers that won't work, or not enough of them, and you could end up in a lot of pain.



Remember you have the right to have someone with you (an advocate) in the hospital to help you. You can use someone you know or use the hospital Consumer Representative.

If you don't want to talk about your drug use to the staff treating you, ask for someone from the drug and alcohol team to come and speak to you. You will usually find they are sympathetic and will work out how to support you.

If you have surgery or an accident and are tolerant to opioids, there are several options that the physician treating you could try:

- a local anaesthetic
- additional non-opioid painkillers such as ketamine
- other opioids
- a combination of these options



If you are on methadone, you will probably continue the same dose in the case of post-surgery pain. This may mean having to split your dose into two or three smaller doses for you to take throughout the day.

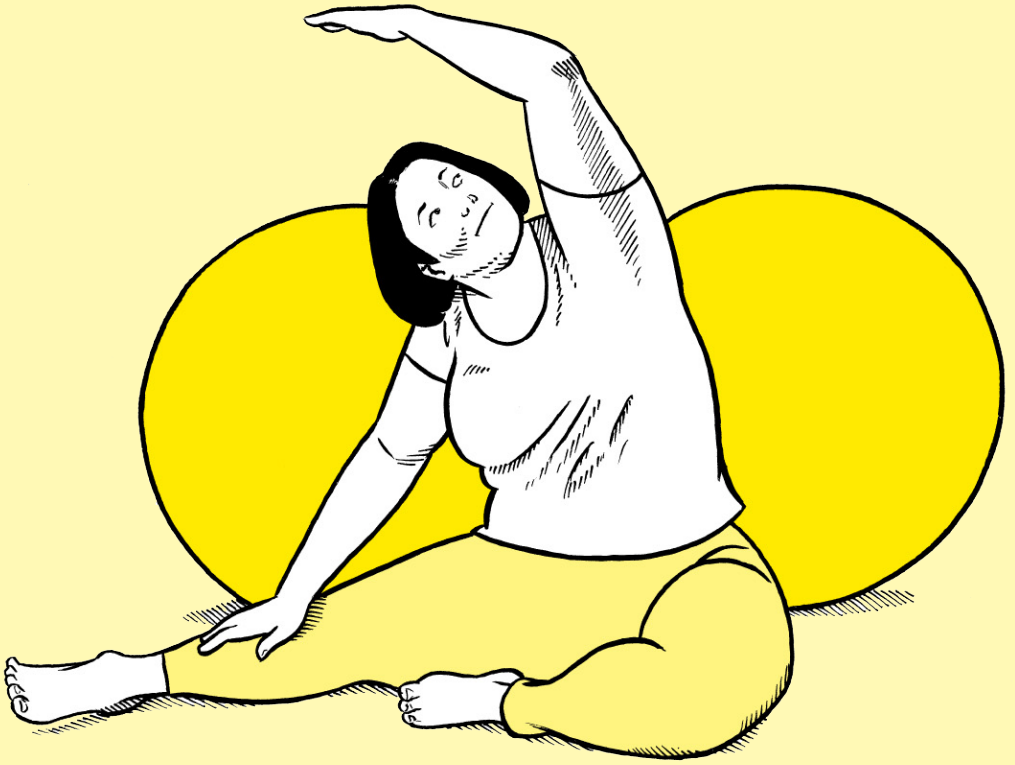
If they do propose to split your dose, don't worry about hanging out. Methadone and buprenorphine are long-acting medications - as far as stopping withdrawal symptoms, what matters is the total dose in 24 hours. As long as you get your standard dose over the course of the day, you won't have any withdrawal symptoms.

The reason they split the dose is that while both methadone and buprenorphine are useful pain medications, you need to be dosed every 8 hours to be the best possible pain relief.

Your doctor may decide to prescribe you non-opioid painkillers as well. If you are on buprenorphine, you will most likely continue the same dose, as well as be prescribed another opioid painkiller.

Alternatively, you might transfer to methadone or another full agonist opioid (such as oxycodone, hydrocodone, morphine) due to their stronger pain-killing effects.

It is also important to talk with your doctor about alternative pain relief strategies that don't rely on medication. Your doctor may be able to refer you to other health professionals who can offer a range of physical and psychological treatment options.

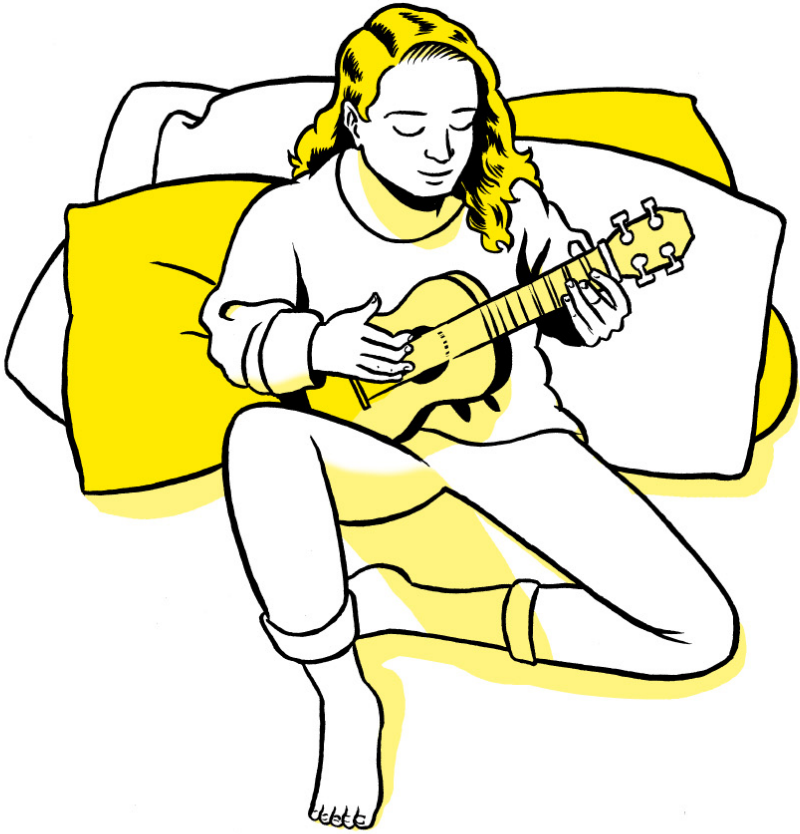


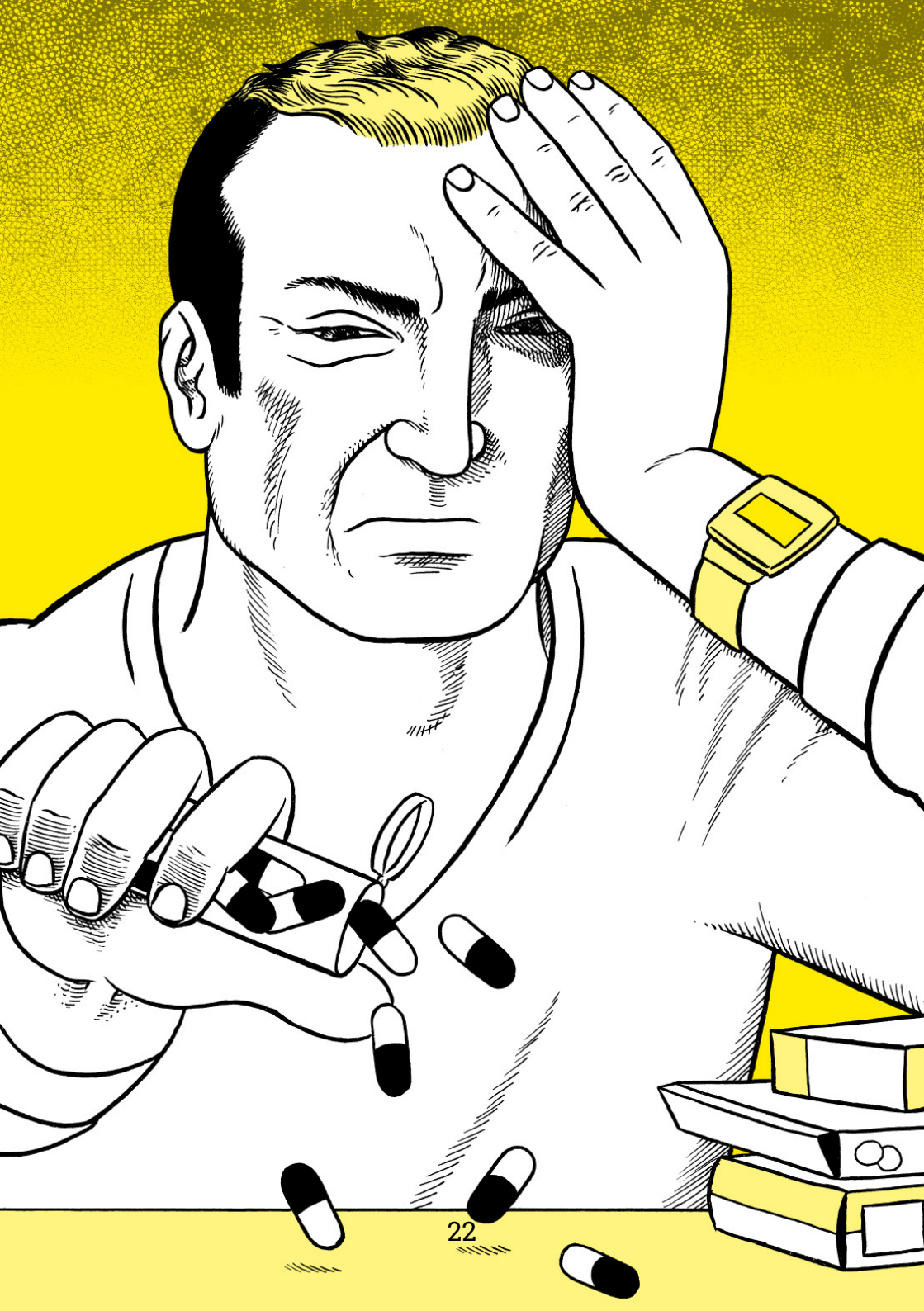
# INCREASING YOUR DOSE TO HELP WITH PAIN

If you develop a painful condition and are already on the OTP, your prescriber may choose to increase your dose rather than prescribe additional opioids. This can be effective in some circumstances.

If you find after trialling an increase that it is not working, talk to your prescriber about a change in medication. Keep a diary showing when you dose and when you experience pain (rate it out of 10) so your doctor can see the relationship between your medication and your pain.

If your dose isn't effectively treating your pain, you should talk to your prescriber as soon as possible, because you deserve to be comfortable and pain-free.





---

If you find yourself taking more than your prescribed daily dose or using illicit opioids or benzos to cope with your pain, your prescriber cannot help you unless you let them know what is going on.

It is safest to avoid using illicit or non-prescribed opioids or benzodiazepines for pain management. There are risks with overdose. In addition, you need to be supervised when you stop taking benzos. Detoxing from benzos “cold turkey”, without reducing down, can cause fitting and may be fatal.

---

# COMBINING PRESCRIPTIONS WITH OTHER DRUGS





There are several reasons people might decide to use other drugs while also taking prescribed medications for pain management. They may feel that their prescription is not treating their pain effectively, for example. They may be dependent on other drugs. They may use opioids recreationally but find that they are no longer satisfying. Whatever the reason, it's important to think about the risks that come with combining prescribed opioids and other drugs.

Opioids are depressants, which means that they slow down your central nervous system (i.e. your breathing, your consciousness and your heartbeat). Combining prescribed opioids with other depressants (including alcohol) can have serious consequences and greatly increases your risk of overdose.

This combination is especially dangerous as it increases your risk of drowsiness or overdose, can impact your ability to drive safely, and increases the likelihood of having a driving accident.

Mixing opioids together can also reduce their effectiveness as pain-killers in the long term due to increased tolerance.

You'll get the best coverage by letting your prescribing doctor know you are in pain and check what drugs you should take. Sometimes an over-the-counter medication can be very effective. For example, taking paracetamol boosts the pain relief effect of opioids.

# **SPECIFIC RISKS WITH BUPRENORPHINE**

## **If you are on bupe and have an accident**

If you are on bupe, you may not receive pain relief from opioids. If you are conscious, let the ambulance officers and other medical staff know you are on bupe.

You might want to consider making a card to put in your wallet saying that you are on buprenorphine and what form you are taking (e.g. Suboxone, Subutex, depot buprenorphine). That way, if you are found unconscious, medical staff will be better able to treat you.

Don't worry that you will be left in pain. There are several ways to treat severe pain if you are on bupe. For example, you may be given local anaesthetic or a ketamine infusion. In addition, you may stop taking buprenorphine for a while and instead be prescribed morphine, fentanyl or similar.

## **If you are on bupe and are being admitted for surgery**

It is important that the doctor, surgeon and anaesthetist who are treating you know you are taking buprenorphine.

Before your surgery, you must discuss pain management options for after your operation. If possible, get the hospital's drug and alcohol service involved.

If you are dosed at a public clinic attached to the hospital where you will have your operation, let them know what is going on so they can link up with your surgical team.

# MEDICAL CANNABIS?

Some patients on OTP use cannabis to assist with pain management. There is evidence that cannabinoids help with some conditions and medical researchers are currently studying to see how well they work with chronic pain.



Cannabis remains an illicit drug in Australia. However, cannabinoid products can be prescribed under very specific circumstances for 15 medical conditions, including cancer, Crohn's disease and Multiple Sclerosis. The process of approval is complex.

For more information, talk to your doctor or Google "cannabinoids for pain in Australia". The federal Department of Health's Therapeutic Goods Administration (TGA), which is responsible for approving medications in Australia, has published a guide called "Guidance for the use of medicinal cannabis in the treatment of chronic non-cancer pain in Australia". This guide is available from the TGA website ([www.tga.gov.au](http://www.tga.gov.au)) or by calling 1800 020 653.

## Tips for the best results with health care workers supervising your pain management

- Explain you have a high tolerance to opioids and that this can lead to opioid-induced hyperalgesia (oversensitivity to pain). Regardless, your tolerance means that you need a much higher dose of painkillers than opioid-naïve patients.
- Explain that you understand they may not approve of your history of drug use; however, you hope they will focus on your medical issues and give you the same professional support as any other patient.
- Suggest they get support from a Drug and Alcohol Specialist. Ask them to ring your prescriber.
- Be calm, courteous and patient, even when things aren't going your way. Be respectful with your manner and language. Show them you don't fit whatever stereotype of a drug user that they have. Losing your cool will only set you back. Don't take your frustrations out on the wrong people.
- Be on time, listen to their suggestions and concerns about your treatment and be open to following their advice.

- Let your health workers know you better by telling them your story. Talk about your family, your job, your hobbies. The better they know you, the more supportive they are likely to be.
- Use a support person (advocate) to help you to put your points across.
- Reassure them that it is a myth that people who use drugs don't care about their health, that you certainly do and are keen to work with them to get better.
- If you are upset by someone's behaviour or words, let them know in a calm voice that their behaviour is hurtful. Explain that while you understand they may have had a negative experience with someone who uses drugs, they should realise that (like all groups of people) not all people who take drugs are the same.
- Mend any disagreements that do happen quickly by owning your bit and apologising for it.
- Remember to thank your service providers for the services they perform for you.

# Looking to find out more about the Opioid Treatment Program?

## Look no further!

In your hands right now is the Consumer's Guide to the Opioid Treatment Program (OTP) - written by people who use drugs, for people who use drugs! This booklet focuses on managing acute or chronic pain while on the OTP. Whether you're just starting to think about treatment or have been on the program for years, there's something in this series for everyone!

### OTP Consumer Guidelines Series:

- Opioid Treatment Program Consumer Guidelines – Full resource
- Standalone Guide 1 – Introduction to the Opioid Treatment Program
- Standalone Guide 2 – Maintenance on the Opioid Treatment Program
- Standalone Guide 3 – Your Rights and Responsibilities on the Opioid Treatment Program
- Standalone Guide 4 – Pregnancy and Parenting on the Opioid Treatment Program
- Standalone Guide 5 – Opioid Treatment Program in Regional and Rural Areas
- Standalone Guide 6 – Pain Management and the Opioid Treatment Program
- Standalone Guide 7 – Exiting the Opioid Treatment Program
- Standalone Guide 8 – Depot Buprenorphine Starter's Guide

Proudly funded by

