

From: "Government Relations" <GovernmentRelations@rtwsa.com>

To: DTF:Treasurer <treasurer.dtf@sa.gov.au>

Date: 4/06/2019 3:12:42 PM

Subject: RTWSA Briefing - Prescription Opioids - Community Awareness Campaign - June 2019

Attachments: Signed by CEO - Briefing - Prescription Opioids - Community Awareness Ca....pdf

Good afternoon Treasurer's Office

Please find attached RTWSA's briefing regarding a prescription opioids community awareness campaign led by RTWSA.

Kind regards

Stephen Pinches

Government Relations

ReturnToWorkSA

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Our reference: D19/01033690

TO: TREASURER

RE: COMMUNITY AWARENESS CAMPAIGN – PRESCRIPTION OPIOIDS

PURPOSE

To brief you on the development of a community awareness campaign, being led by ReturnToWorkSA in partnership with a range of government and not-for-profit organisations, about the harms associated with the prolonged use and misuse of prescription opioids for chronic non-cancer pain.

Although this campaign has been approved by the RTWSA Board, including funding, you will be asked to approve it by Department of Premier & Cabinet in accordance with their *Marketing Communication Guidelines*.

ISSUES

According to the Penington Institute, an Australian public health research and drug policy organisation:

The number of Australians who die from accidental drug overdose each year continues to rise ... while it is possible to overdose on many different drug types, the class of drug that contributes most to fatal overdose is opioids.

Opioids are substances that produce morphine-like effects and are primarily used for pain relief, including anaesthesia. Tolerance for opioids develops over time, lessening their effectiveness and often resulting in a person increasing their dosage beyond the initially prescribed recommendation – this may be despite an individual's desire to cut down or stop altogether, resulting in chronic relapsing and addiction. The side effects of these medications (e.g. codeine, oxycodone or fentanyl) include: nausea and vomiting, constipation, respiratory depression, development of tolerance and dependence, drowsiness, and sexual dysfunction. Because of this opioids have the potential to increase the risk of injury, and there is evidence that they adversely affect both recovery and safe return to work.

Prescription opioids are often prescribed following surgery or injury to treat moderate-to-severe pain, or for health conditions such as cancer. In recent years however, there has been a dramatic increase in the use of prescription opioids for the treatment of chronic pain conditions unrelated to cancer, despite serious risks and lack of evidence about their effectiveness when used over an extended period of time.

Although there are a number of organisations providing resources and assistance in the area of drug abuse (predominantly US based websites) there are none that specifically target the issue of opioid misuse, and no community awareness campaigns aimed at educating the public on understanding these dangers.

BACKGROUND

Prescription Opioids – The Problem

A recently released study by Lalic et al 2018 indicated 1.98 million Australian adults begin taking prescription opioids every year and according to the Penington Institute's Australia's Annual Overdose Report 2018, the number of accidental drug related deaths (including prescribed opioids) is more than double the number of those killed in car accidents (1,704 compared to 751 car deaths for 2016).

Research conducted by Australian Institute of Health and Welfare 2018 further highlights that:

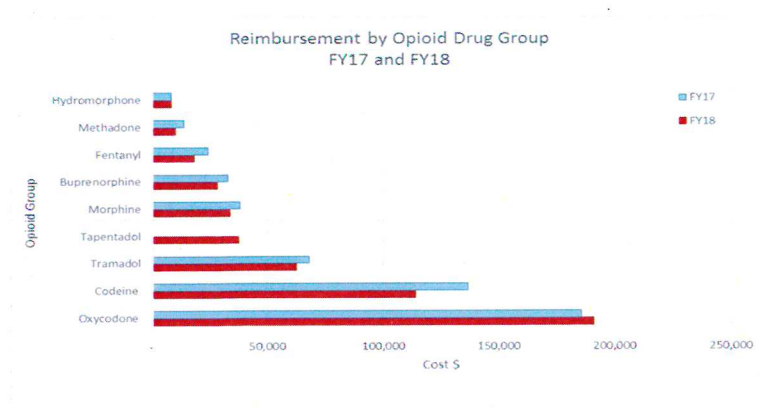
1. In Australia in 2016-17, 3.1 million people had 1 or more prescriptions dispensed for opioids (most commonly for oxycodone) and approximately 715,000 use pain killers/analgesics and pharmaceutical opioids for illicit or non-medical purposes.
2. Opioid related deaths and poisoning hospitalisations have increased in the last ten years – Every day in Australia, nearly 150 hospitalisations and 14 Emergency Department presentations involve opioid misuse, and 3 people die from drug-induced deaths involving opioid use.
3. Pharmaceutical opioids are responsible for more opioid deaths and poisoning hospitalisations than heroin. In 2016 the rate of hospitalisation where a principal diagnosis was opioid poisoning was more than twice as high for those admitted for heroin overdose.

In South Australia, according to the Penington Institute's Annual Overdose Report 2018, accidental deaths due to pharmaceutical opioids for the period 2012 to 2016 was 136, almost double that for the period 2002 to 2006 and more than double the deaths for heroin (59).

From a prescribing perspective, according to the Australian Commission on Safety and Quality in Healthcare 2018, South Australia has the second highest opioid dispensing rate of any statistical area in Australia, second only to Tasmania, with Playford, Onkaparinga and Salisbury regions particular focal points. Clearly, there is an imperative for South Australia to take action and be at the forefront of dealing with this national problem.

The Return to Work Scheme Context

In 2017-18 the Return to Work Scheme spent approximately \$2m on all medications, and approximately 25% of these costs (\$500,000) are associated with opioids. There is a similar trend in 2018-19. The graph below highlights expenditure across the most common opioids reimbursed in the Scheme for 2016-17 and 2017-18, with Oxycodone the most prevalent.



Note the emergence of Tapentadol in 2017-18. Tapentadol is marketed as a new and improved version of Tramadol.

Scheme data indicates that work injured patients are often prescribed several opioids concurrently along with other medication for compensable and possibly non-compensable conditions. ReturnToWorkSA acknowledges that opioid prescribing and use is an issue for the Scheme and the community more broadly.

Over the last 2 years ReturnToWorkSA has implemented a number of initiatives to manage this issue, with the aim of supporting better use of prescription opioids and thereby reducing the risk of injury and optimising injured worker recovery and safe return to work. Those initiatives include information and resources on the RTWSA website on opioids for workers, employers and health providers, providing support, information and education to health providers, implementing services for medical practitioners e.g. Second Opinion Pharmacy and Second Opinion Medicine and raising awareness of and supporting non pharmaceutical treatments for pain.

ReturnToWorkSA has continued to partner with ScriptWise (a non-profit organisation dedicated to reducing the number of deaths in Australia from prescription medication use), providing support for and participating in their round table discussions in South Australia, which are attended by SA Health regulators, pharmacists, pain management specialists, the Drug and Therapeutics Information Service and Adelaide and Country Primary Health Networks. Roundtable activities have been captured in the ScriptWise South Australia Roundtable Report (2018), which provides recommendations including the need for a community awareness campaign.

Since June 2018 ReturnToWorkSA has also formed partnerships with the following organisations and will continue to share resources and collaborate where possible:

- Drug and Therapeutics Information Service (DATIS, SA Health)
- Australian and New Zealand Society of Occupational Medicine
- National Central of Education and Training on Addiction
- Faculty of Pain Medicine, Australian New Zealand College of Anaesthetists
- Royal Australian and New Zealand College of Psychiatry, SA Branch
- Pharmaceutical Society of Australia
- NPS MedicineWise
- University of South Australia (School of Pharmacy)

Alignment with RTWSA purpose and function

It is clear that opioid misuse is a risk to the Scheme, both in relation to increasing the risk of injuries/claims, and through adverse impacts on recovery and return to work. It affects the entire community, including as a growing problem in aged care. Education and support for medical and allied health practitioners is slow to effect change, and needs to be complemented by increased community awareness.

Whilst several community campaigns launched in the United States support the recently declared national Public Health Emergency for Americans, there are no easily accessible online resources directly related to the risks of misusing prescription opioids and drugs of dependence for Australian consumers. This was acknowledged by the NSW Deputy State Coroner, Harriet Grahame, in her recent report on 6 opioid related deaths:

“While we recognise the trend, we appear to have few coordinated strategies to address this problem. This is particularly frustrating when one examines the positive effect of coordinated, whole of government approaches in other policy areas. Any examination of road death statistics, for example, will show how effective a coordinated approach can be at reducing

harm and death. And yet, in relation to opioid overdose, creative thinking at a government level appears to have stalled. (March 2019)”

ReturnToWorkSA has the capacity to develop and fund a campaign to raise awareness of this important issue, whereas the other organisations working in this space are government or not for profit organisations with limited and overstretched resources.

The *Return to Work Act (2014)* includes in its Objects (section 3) the following objectives:

- (2)(d) to reduce the overall social and economic cost of work injuries to the State and to the community; and*
- (e) to support activities that are aimed at reducing the incidence of work injuries*

The *Return to Work Corporation of South Australia Act (1994)* includes in the Functions of the Corporation (section 13) the following:

- (b) to provide resources to support or facilitate the formulation of standards, policies and strategies that promote work health, safety or welfare; and*
- (c) to promote the recovery of persons who suffer injuries arising from employment and to facilitate their early return to work; and*
- (k) to initiate, carry out, support or promote research, projects, courses, programs, activities or other initiatives relating to—*
 - (i) work health, safety or welfare; or*
 - (ii) work-related injuries; or*
 - (iii) workers recovery and return to work in cases involving work related injuries; or*
 - (iv) workers compensation; and*
- (ka) to support activities and other initiatives relating to work health, safety or welfare.*

It is evident that the governing legislation supports ReturnToWorkSA’s involvement in programs to reduce the cost and incidence of work injuries and improve work health, safety and welfare. The campaign approved by the RTWSA Board meets these criteria.

Community Awareness Campaign

ReturnToWorkSA has led the development of a broad-based community awareness campaign called “Reach for the Facts” to commence in July 2019 to educate the South Australian public about the risks of prescription opioid misuse. We have been working with the partners listed in Attachment A, via a Steering Committee to ensure that the campaign resources and messaging are factually correct and will raise awareness, not cause fear.

The intended impacts include better informed consumers seeking more information about opioids and alternatives, increased awareness of the effects of opioids, more people seeking support to cease or reduce opioid use (where medically appropriate), a change in prescribing behaviours, and a shift to alternate options for safe and effective pain management.

It is important to note that neither the campaign nor the website will be branded as ReturnToWorkSA. All campaign assets will feature all of the brands of the organisations RTWSA is partnering with. All of these organisations have professional expertise in relation to prescription opioids and bring credibility to the campaign. Attachment A provides a snapshot of how the various logos may appear. It is likely that further organisations will join the campaign, subject to the agreement of the current Steering Committee members.

Over the course of 2019-20, the campaign will include: a television commercial, radio, social media, posters, outdoor static media, television material and brochures for medical clinics and a comprehensive website for consumers, friends and family who may be concerned, as well as

health professionals. The website will have useful, easy to read information and tools as well as testimonials from South Australians who have had direct experience with the harms associated with prescription opioids. The website, unlike other sites currently available which are mainly US based, provides a “one stop shop” of information and tools for the target groups, all contextualized to the Australian situation.

Market research focusing on both potential consumers and health professionals will be conducted prior to and during the campaign. This will provide data on how the campaign achieves its intended impacts.

A detailed presentation on the campaign was provided to the RTWSA Board at their meeting on 9 April 2019, including the creative concepts. The Board has approved the campaign.

RTWSA will solely fund and manage the campaign with the assistance of creative and media agencies who have been appointed via a procurement process in accordance with the DPC *Marketing Communications Guidelines*. The campaign costs for 2019-20 will be approximately \$400,000 and are included in the RTWSA budget approved by the Board on 27 May 2019.

Further updates can be provided regarding campaign progress and impacts as required.

RECOMMENDATION

It is recommended that you note this briefing, and provide your approval when requested by Department of Premier and Cabinet.



Rob Cordiner
Chief Executive Officer

4 June 2019

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NOTED

Treasurer

Attachment A: Steering Committee Members
Attachment B: References

Attachment A – Steering Committee Members

1. Scriptwise
2. Faculty of Pain Medicine ANZCA
3. Drug and Therapeutic Information Service, SA Health
4. Adelaide Primary Health Network
5. Pharmaceutical Society of Australia
6. Australian New Zealand Society Occupational Medicine
7. Pain Australia
8. RUM Project, Return Unwanted Medicines
9. South Australian Medication Safety Advisory Group (SA Health)
10. Society of Hospital Pharmacists of Australia
11. Australasian Faculty of Occupational and Environmental Medicine
12. Royal Australasian College of Physicians
13. Australian Dental Association SA
14. National Centre for Education and Training on Addiction



Attachment B – References

Australian Commission on Safety and Quality in Health Care (2018) '*Opioid Medicines Dispensing 2016-2017*' in Australian Atlas of Healthcare Variation. Accessed from

<https://www.safetyandquality.gov.au/atlas/the-third-australian-atlas-of-healthcare-variation-2018/5-repeat-analyses-2/>

Australian Institute of Health and Welfare (2018) '*Opioid harm in Australia and comparisons between Australia and Canada*', Accessed from

<https://www.aihw.gov.au/getmedia/605a6cf8-6e53-488e-ac6e-925e9086df33/aihw-hse-210.pdf.aspx?inline=true>

Lalic, S, Gisev, N, Bell, S, Korhonen, M, Ilomaki, J. (2018). '*Prevalence and incidence of prescription opioid analgesic use in Australia*' in *British Journal of Clinical Pharmacology* 85:202-215.

Penington Institute, '*Australia's Annual Overdose Report 2018*'. Accessed from

<http://www.penington.org.au/australias-annual-overdose-report-2018/>

ScriptWise, (2018), "ScriptWise South Australia Roundtable – Addressing the harms associated with prescription medications in South Australia". Accessed from

<http://www.scriptwise.org.au/wp-content/uploads/2018/07/ScriptWise-SA-Roundtable-Addressing-the-harms-associated-with-prescription-medications-in-South-Australia.pdf>





ReturnToWorkSA. *ReachForTheFacts Research.*



Full report
13 May 2020



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Executive summary.

Summary on a page.



Positive improvements between the pre and post campaign survey waves were observed across numerous key measures.

		Pre wave (June 2019)	Post wave (March/April 2020)
REACH Did campaign awareness increase?	Prompted awareness	21%	34% ↑
	Unprompted awareness	NA	33%
MESSAGE TAKE OUT Was the desired message conveyed?	Tagline recall (Do you need it?, What are you reaching for? ReachForTheFacts)	NA	22%
	Message awareness (addiction, monitor use, think twice, drug use is harmful, dependency, stop use, overuse/misuse, seek help, use responsibly)	NA	90%
IMPACT Did the desired impact on knowledge and attitudes occur?	Heard the term 'opioid'?	66%	85% ↑
	Greater unprompted awareness of dependence as a risk	44%	57% ↑
	Greater prompted awareness of physical dependence and addiction as a risk	69%	79% ↑
	Greater prompted awareness of dangerous reactions with alcohol and other drugs	63%	74% ↑
RESPONSE Did the desired impact on behaviour occur?	Comfort talking to others about pain management – Patients?	70%	95% ↑
	Comfort talking to others about pain management – Doctor or GP?	80%	88% ↑
	Comfort talking to others about pain management – Specialist?	74%	80% ↑
	Comfort talking to others about pain management – Anaesthetist?	68%	76% ↑

»»» Key findings from the survey.



Positive shifts across most measures, some of which are significant, suggest the campaign is having an impact on awareness and understanding across the community and the intended audiences.

Research approach.

The pre campaign online survey was undertaken between 12 and 20 of June 2019 with a representative sample of n=460 South Australian residents, including a targeted boost sample of health professionals and opioid users. This was then followed by a post wave online survey, undertaken between 30 March and 9 April, during which time a comparable sample of n=468 people completed the survey. To add further insight, qualitative in-depth interviews were undertaken with n=30 medical professionals between 23 March and 8 April, the findings from these discussions can be viewed in the qualitative section of this report.

How pain is managed?

Results were largely unchanged in relation to managing pain, with 8 in 10 people surveyed having taken some form of pain relief within the past 12 months. Most frequently, relief was sought from headaches or general aches and back pain.

The most common form of pain medication used was paracetamol (78%) followed by ibuprofen (54%), with the most common form of opioid medication being paracetamol and codeine (27%). These results were consistent across the pre and post waves.

Higher awareness and less uncertainty.

Awareness of opioids increased significantly (by 19%) from two out of three participants (66%) to more than four out of five (85%↑) having heard of the term 'opioid'. Awareness also increased across all of the sub-groups of interest:

 Medical professionals	95% (5% increase)	Non-medical professionals	84%↑ (20% increase)
 Opioid users	93%↑ (15% increase)	Non-users	81%↑ (22% increase)

There was significantly less uncertainty around what people understand opioids to be (25% in the pre compared to 14%↓ in the post) and how they feel about them (42% in the pre compared to 28%↓ in the post) with significantly more people understanding opioids to be a form of **pain relief** (45%↑), a **drug** (27%↑) and **addictive** (20%↑). This suggests the campaign has had an effect on awareness and understanding.

An improved understanding of what it **is** and **isn't** an opioid was seen across all tested medications in the post wave. In fact, significantly more of the post wave sample correctly identified 5 of the 8 opioids, which is a positive result.



Possible harms?

A slightly higher proportion of participants in the post wave (71%, 6% increase) indicated that they are confident or very confident in their understanding of the harm that opioids can cause.

Without prompting, the most frequent themes relating to potential side effects of opioid use included:

- o **Dependency**, which was mentioned in 57%↑ of the responses (13% higher than in the pre wave);
- o **Gastrointestinal side effects**, including nausea and constipation (18%); and
- o **Sleep problems** (14%).

Once again, there was less uncertainty around side effects, with a quarter (25%↓) in the post wave, rather than a third of participants (38%) in the pre wave, unsure of the potential side effects of opioids can cause. This once again suggests higher levels of understanding.

When prompted, higher levels of awareness were seen across all opioid related side effects in the post wave. The highest levels of awareness related to **physical dependence and addiction** (79% ↑, 10% increase), **dangerous reactions with alcohol and drugs** (74% ↑, 9% increase), **drowsiness** (70%, 4% increase) and **tolerance** (69% ↑, 10% increase).

Over half of the post wave participants (60%) were aware that **1 in 10 people who misuse opioids will become addicted**, with medical professionals and opioid users being significantly more likely to be aware of this. This is a small increase compared to the pre wave (6%).

What are they used for?

There was consistency across the pre and post wave responses when asked about the main reasons people take opioids; to **manage their pain** (75%), **after surgery** (32%), because they were **prescribed by a health professional** (24%) or for a **long term injury** (22%).

How long they should be taken?

Results were again consistent across the pre and post waves with almost half (47%) of the sample stating that the length of time opioids should be used for depends on medical advice. The key difference once again, was that significantly less people weren't sure (15% ↓, 9% decrease).



Treatment approaches.

There were no significant differences in the way people manage their pain between the pre and post waves with the majority of the sample (71%) using over the counter medication that they already have at home to treat the pain they experience.

In the post wave, medical professionals were significantly more likely to use over the counter pain relief they had at home and less likely to visit a doctor or pharmacy to seek advice. This could be related to the effect of COVID-19.

Information sources.

Over half (57%↑, 12% increase) of the post wave participants who took opioids within the past year received information regarding the risks or side effects of using the medication. More also received information on how long opioids should be taken (57%) and how the medical will help (53%).

This information was mainly provided by Doctors or GPs (69%) or from a pharmacy (43%), consistent with the pre wave.

Level of comfort talking about opioids.

The level of comfort associated with discussing pain management increased slightly across all groups between the pre and post waves.

The majority of participants reported feeling comfortable or very comfortable discussing pain management with the various medical professionals. They were most comfortable having this conversation with their doctor (88%) and specialists (83%).

They were slightly less comfortable speaking to family or friends (64%) and were the least comfortable speaking to workplace managers/human resource (30%).

The biggest increase between waves related to almost all medical professionals reporting feeling comfortable or very comfortable speaking to patients regarding pain management (95%↑, 25% increase). This suggests that the campaign is helping to initiate opioid related conversations.

»»» Key findings from the survey.



What has been seen or heard?



In the pre wave, without prompting, 1 in 5 participants (21%) had seen or heard advertising or media coverage regarding opioids, this increased to 1 in 3 (34%↑) in the post wave. The content of what was seen or heard related mostly to opioid addiction (45%) and general opioid awareness (19%) and information was most likely to be seen on TV (61%).

In the post wave, when shown the campaign poster, a **third of the sample** (33%) reported having seen it, which is consistent with the unprompted recall. Almost all of those who had seen the campaign did so on the TV (92%).

A variety of taglines were reported, including **addiction** (15%), **think twice** (11%) and **what are you reaching for** (10%). The most closely related taglines (*Do you need it?*, *What are you reaching for?*, *ReachForTheFacts*) were given by just under a quarter of those who had seen or heard something. Only a small proportion of the sample (1%) gave the '**ReachForTheFacts**' tagline unprompted.

The perceived message was similar with the top responses including; **addiction awareness** (35%), **monitor use** (17%), **think twice** (13%) and **harm** (13%).

Campaign effect.

Unprompted, the majority (89%) of those who had seen or heard the advertising didn't do anything based on the exposure, however given less than a third of the total sample have used opioids in the last 12 months, and the limited interaction most have had with people who are known to use opioids (between 8% and 35%), this isn't surprising.

Despite this, when asked specifically about the effect it had, just **over a third** of medical professionals (38%) reported that it **encouraged them to speak to their patients** about opioid use and just **over a third** of the wider sample (35%) communicated that it made them **think about their future opioid use** and made them **want to understand more** about opioids (28%), which is a positive result.

Less than 1 in 10 of those who had seen the advertising **went online** to find out more (9%), or in the case of medical professionals, had **patients speak to them about the advertising** (8%).

ReachForTheFacts website.

Half of those who said they went online to find out more about opioids went to the ReachForTheFacts website. Their feedback on the website was largely positive, however the results should be treated with caution given the very small base size (n=7).



Background.



A grim picture.

The recent report from the Australian Institute of Health and Welfare (AIHW), has outlined the bleak picture of the rapid growth of opioid overdoses and misuse in Australia and globally. In Australia, the number of deaths involving opioid use has almost doubled from 591 in 2016 to 1119 in 2018. Hospitalisations for opioid poisoning have also increased by 25 percent.

A PhD student from Monash University has analysed the dispensing of opioids through the Pharmaceutical Benefits Scheme (PBS) between 2013 and 2017 (1). The research found that while opioids have an important role in managing chronic pain (particularly cancer and acute non-cancer pain), other treatment options could provide safer and more effective results. For example, there is evidence to suggest that a combination of therapies such as exercise, physiotherapy and non-opioid painkillers can have similar, if not better, outcomes compared to opioid painkillers.

Overall, the findings from the research suggests a need for the medical community to change the culture of prescribing opioids and educating the public on the associated risks. It is understood that this is where RTWSA's 'ReachForTheFacts' campaign will play an active role.

“Locally and internationally, the rising use of opioids is a cause for concern.

All opioids – including codeine – can be addictive and their general use can result in dependence, accidental overdose, hospitalisation or death.” Australian Institute of Health and Welfare (2)

¹ Lalic et al., (2018), “Predictors of persistent prescription opioid analgesic use amongst people without cancer in Australia”, *British Journal of Clinical Pharmacology*, 84 (6), pp. 1267-1278.

¹² AIHW (2018), Opioid Harm in Australia: and comparisons between Australia and Canada, accessed 26/04/2019 at: <https://www.aihw.gov.au/getmedia/605a6cf8-6e53-488e-ac6e-925e9086df33/aihw-hse-210.pdf.aspx?inline=true>

ReachForTheFacts.

The 'ReachForTheFacts' community awareness campaign was launched in July 2019.

The objectives of the campaign include:

- Raising awareness within SA of the dangers of long term use and addiction to prescription opioids;
- Increasing the number of individuals who choose options other than opioids for safe and effective pain management; and
- Reducing the use of opioids for non-medical reasons (recreationally).

The call(s) to action for the campaign will be to visit the website for additional information and to get in touch with health professionals if people have any questions. The audience of the campaign includes all adults aged 25-54 years. Notably, the target groups of interest are the consumer, family and friends of the consumer, and health professionals.

The aim of the campaign is to make more people aware of the risks so that they can make informed decisions about their treatment options, and also to increase community knowledge of the issues and support options available so that they can be promoted to those in need.





Research objectives.

The aim of the research is to provide RTWSA with a better **understanding of the issues surrounding prescription drug use.**

Further it will assist in obtaining a **benchmark and comparison measure of awareness and behaviours** pertaining to opioid drug use prior to the release of the 'ReachForTheFacts' campaign and then during the campaign, to understand the effectiveness.

Further, this research will assist with:

- ⇒ The development and refinement of website content; and
- ❖ Understanding future direction for engagement with health professionals.

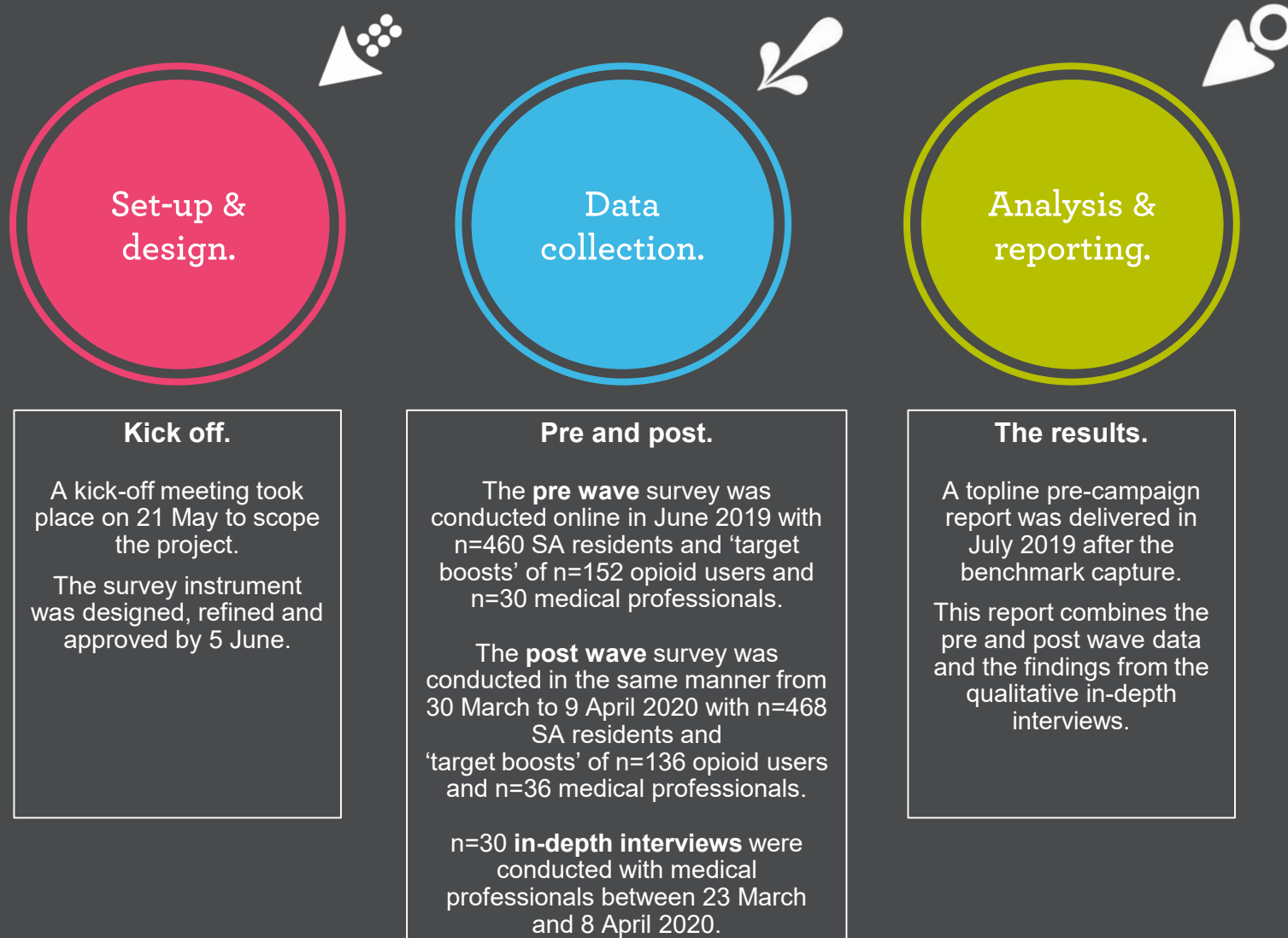
The 'post wave' was conducted towards the end of the campaign period, which is due to end in June 2020.





Methodology.

Approach.





An online survey of n=460 in the pre wave and n=468 in the post wave was used to capture a broad range of opinions and experiences in relation to pain management, as well as opioid awareness and usage. The survey targeted South Australian residents aged 18 years and over. Quotas were used to ensure a representative sample of age, gender and location was achieved in line with the Australia Bureau of Statistics estimated residential population proportions for SA. The survey was approximately 10 minutes in length.

It is worth noting that the post wave data collection period coincided with the **COVID-19** virus outbreak and results may have been influenced by the isolation restrictions and health concerns associated with this pandemic.

Pre wave

The pre wave survey took place between 12 and 20 June 2019 and achieved a sample size of n=460 which included a boost sample of n=30 medical professionals and n=152 opioid users (with the last 12 months). This survey was designed to capture a baseline measure of pain management approaches, opioid awareness and use and opioid advertising and media awareness prior to the campaign entering the market in July 2019.

Post wave

The post wave survey was conducted between 30 March and 9 April 2020 with a sample of n=468 South Australians, including a boost sample of n=36 medical professionals and n=136 opioid users. While the campaign is planned to run until June 2020, this collection was designed to measure current changes in opioid awareness and use and assess campaign awareness and effectiveness.

This report focuses on the shifts between the pre and post campaign waves, with changes which are statistically significant noted using '↓↑' throughout.



In-depth interviews were conducted with n=30 medical professionals across Adelaide between 23 March and 8 April. The interviews took up to an hour and were carried out over the telephone to remove the risks associated with COVID-19 and to aid convenience.

Participants were recruited via contacts provided by ReturnToWorkSA and contacts from within Colmar Brunton and the field team assisting with the research.

All participants were thanked for their time with an incentive in the form of an EFTPOS card (\$100 for pharmacists, \$200 for doctors, dentists and nurse practitioners, \$300 for surgeons, anaesthetists, pain specialists and occupational physicians).

Medical professionals from across the following groups took part:

Profession		Number of participants
	Anaesthetists	2
	Dentists	3
	Doctors (ED and GP doctors)	11
	Nurse Practitioners	3
	Occupational Physicians	2
	Pain Specialists	1
	Pharmacists	6
	Surgeons	2





Quantitative
findings.

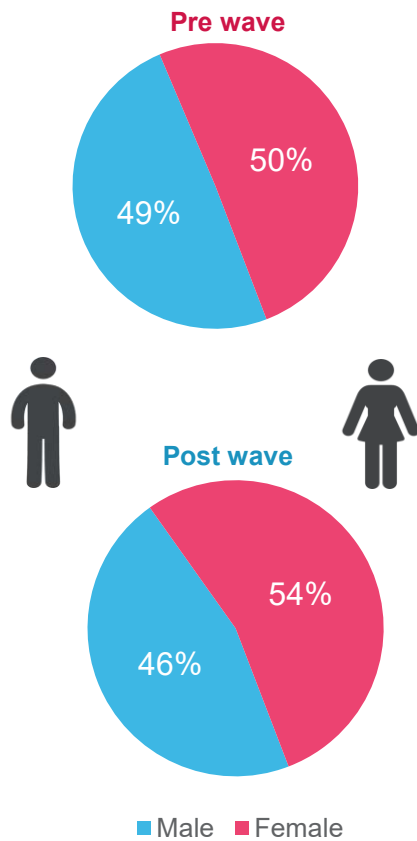


*Profile of
quantitative survey
participants.*

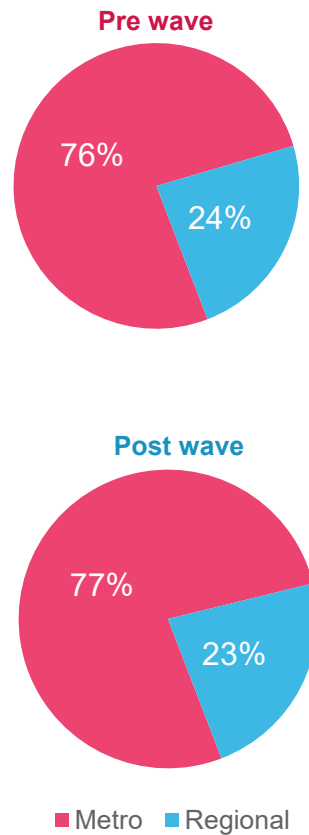
Quotas were set to ensure the survey sample represented the South Australian population based on age, gender and metropolitan and regional location.

The demographic characteristics were consistent between the pre and post wave data with all measures within 4% of each other.

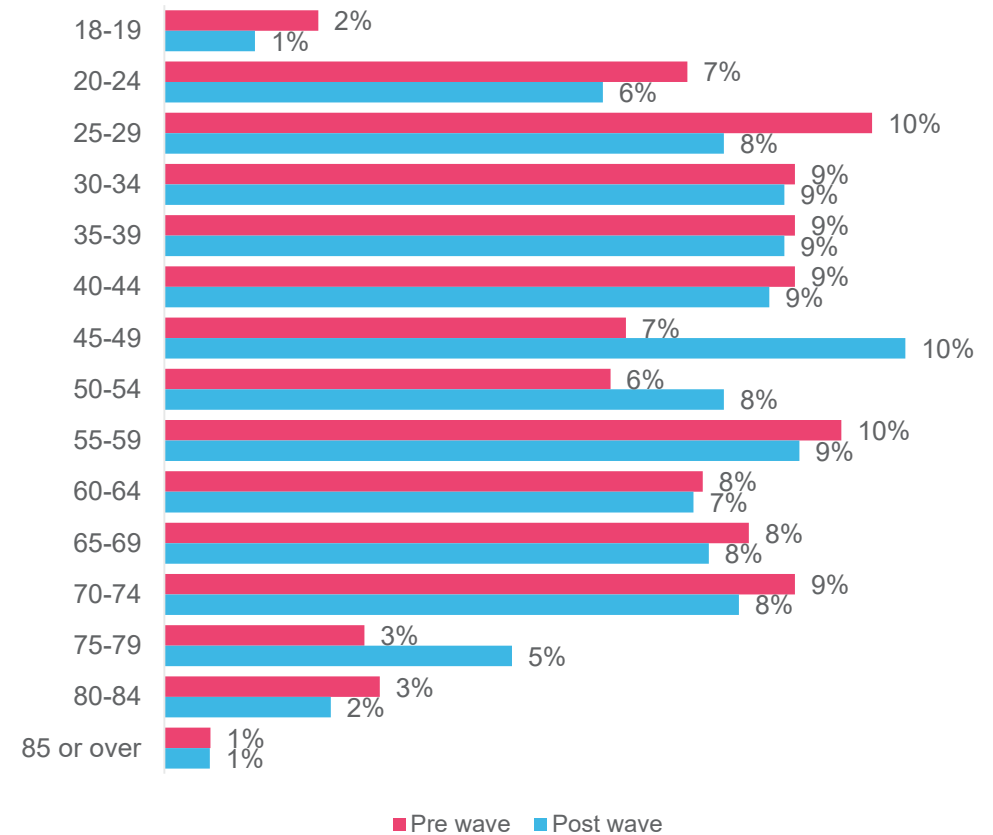
Gender.



Location.



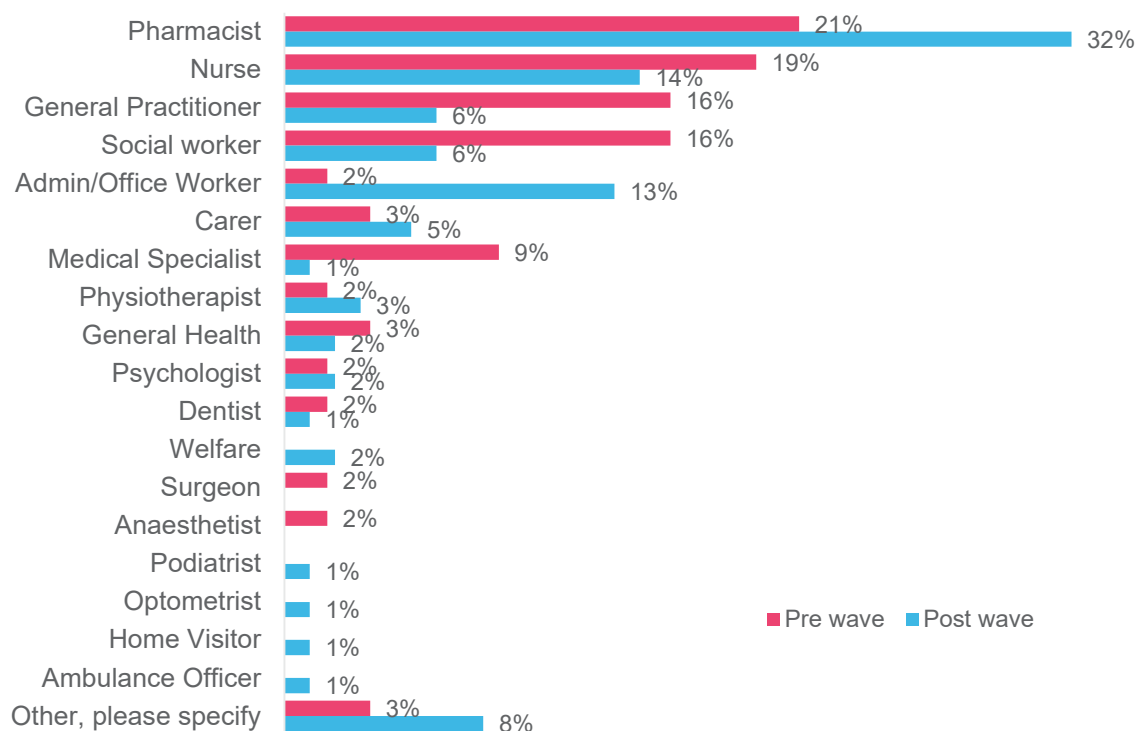
Age.





13% of the pre wave sample and 21% of the post wave sample work in health care or social assistance.

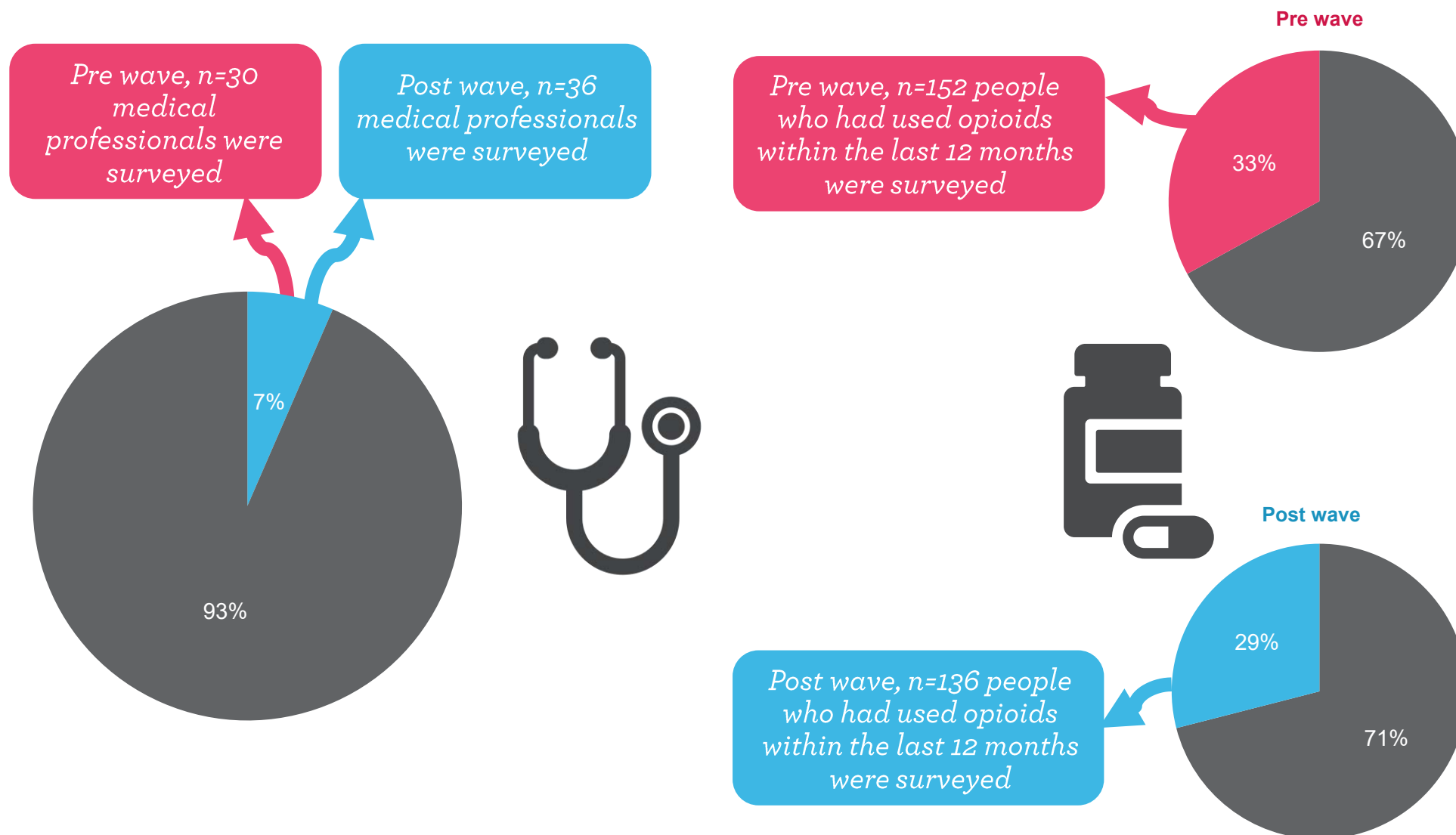
Spread across the following roles:



100% of respondents with a medical degree in the pre wave and 83% in the post wave gained their qualification in Australia.



The proportion of medical professionals completing the survey in the pre and post waves was the same (7%) and the proportion of opioid users was also very similar (4% less in the post wave).

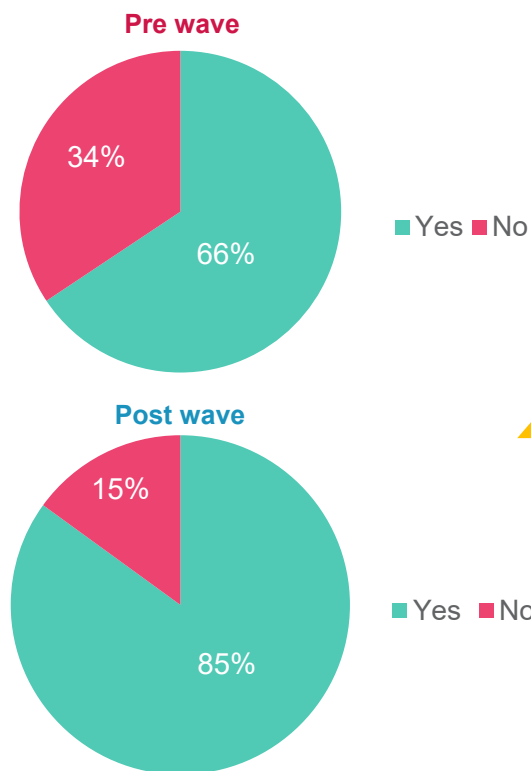




*Opioid awareness
and pain relief.*

In total, 85% of the sample had heard of the term opioid before commencing the survey in the post wave. This is a significant increase of 19% from the pre wave and suggests the campaign had an impact.

Have you heard of the term 'opioid' before today?

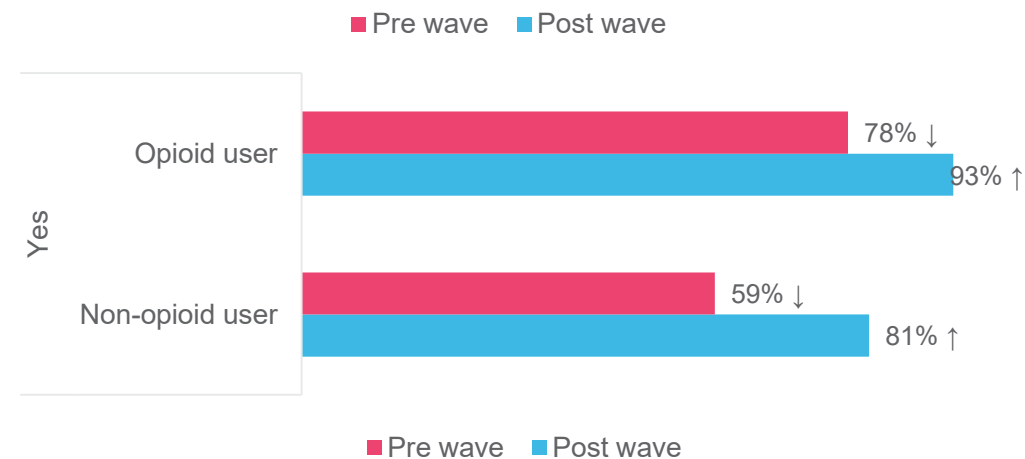
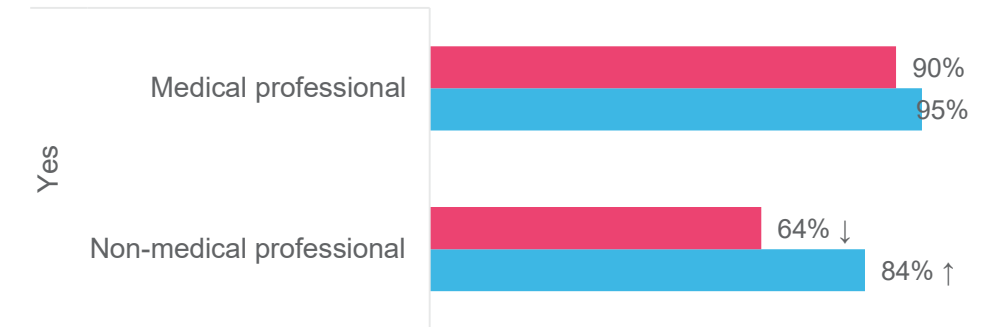


*Significantly more
in the post wave –
19% increase.*

*Significant post wave differences
included:*

More non-medical professionals (84%) had
heard the term.

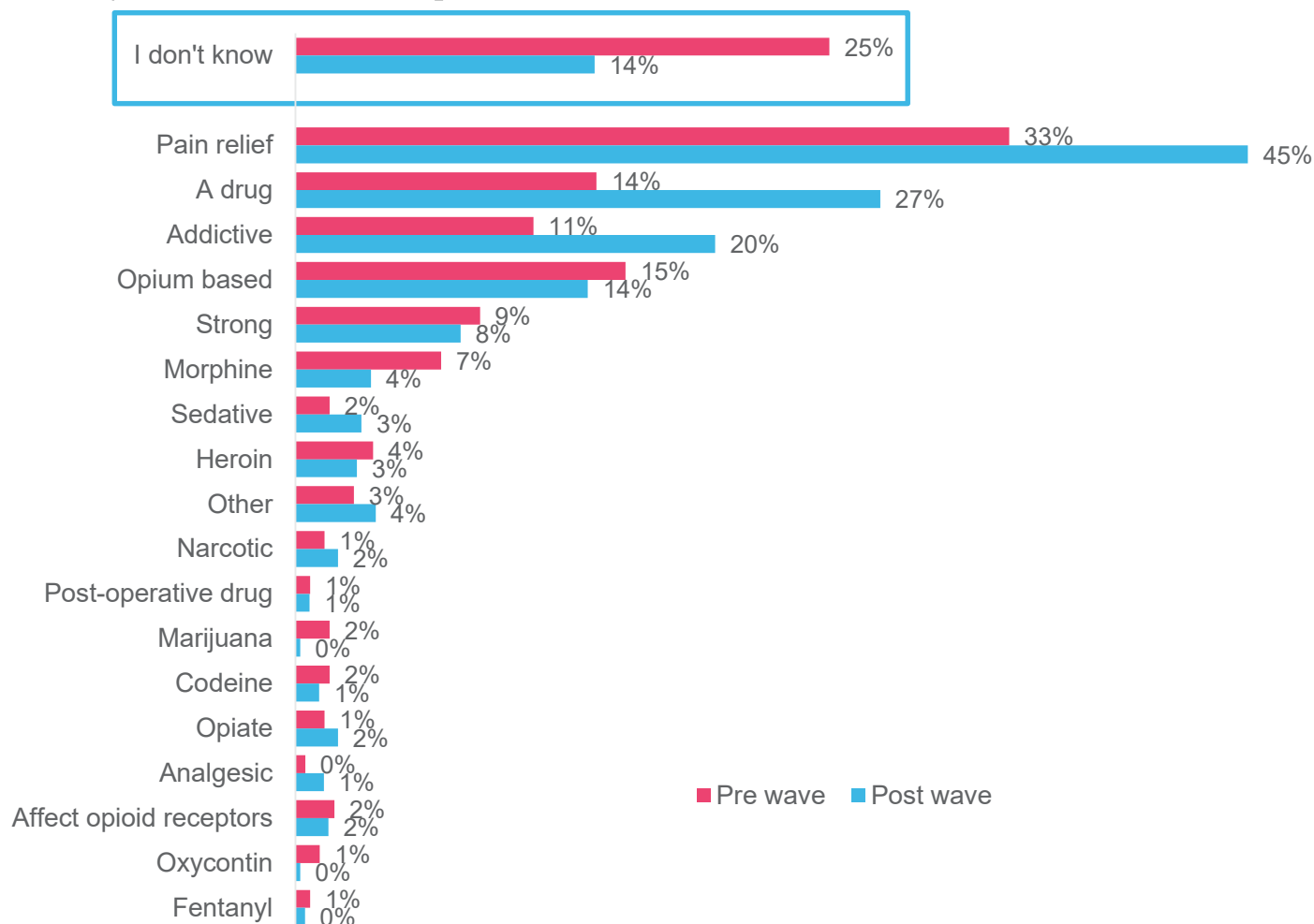
Awareness of this term increased
significantly across both the opioid user
(93%) and non-user (81%) groups.



There was a drop (11%) in the proportion of the sample answering 'I don't know' when asked what they understood an opioid to be, which is a good indicator of education levels increasing.

In the post wave, the most common responses included opioids are pain relievers (45%), addictive (20%) and opium based (14%). Many of the other responses related to various narcotics and other drugs.

What do you understand on opioid to be?



Significant post wave differences included:

Less people (14%) **don't know** what an opioid is.

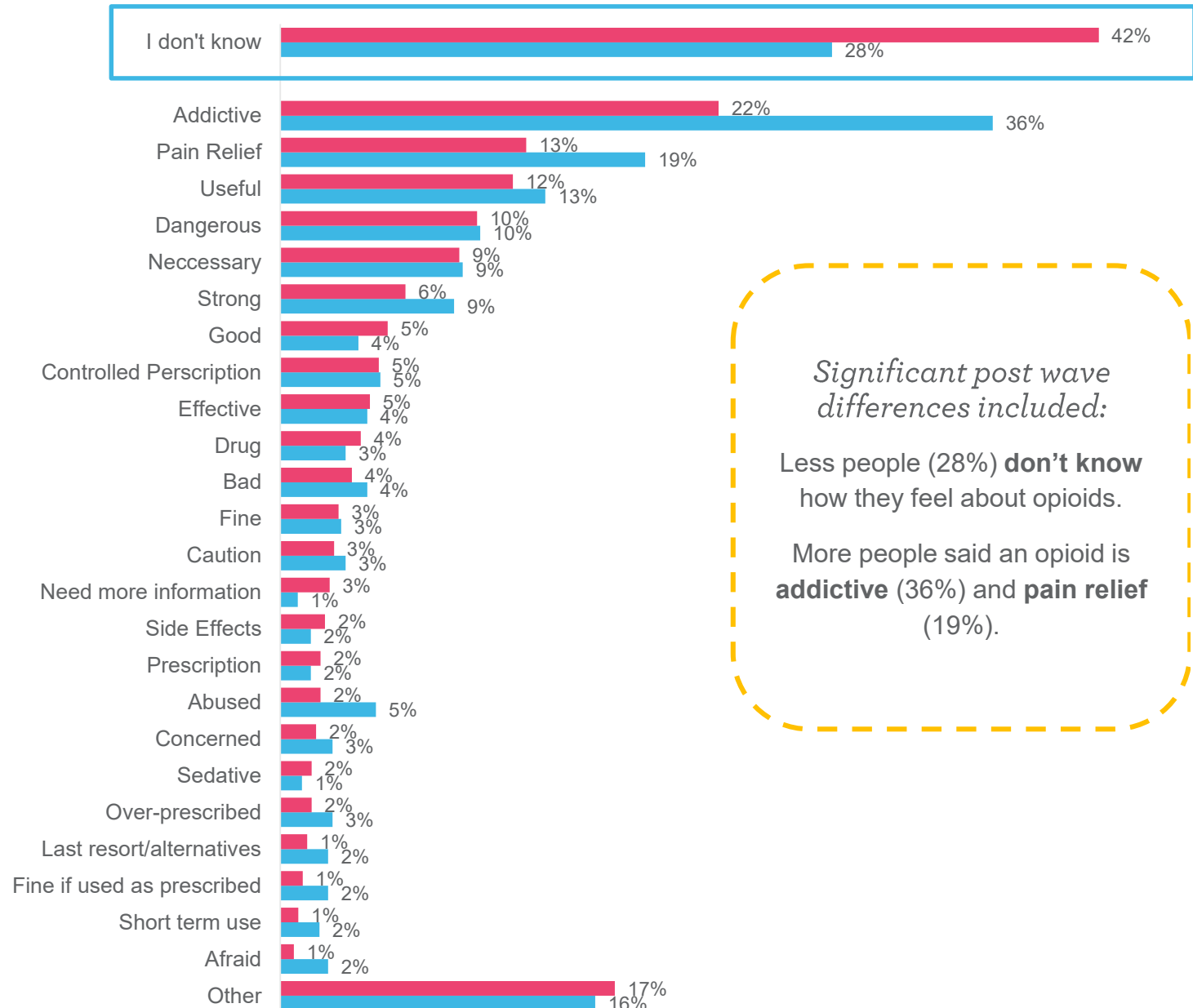
More people said an opioid is **pain relief** (45%), a **drug** (27%) and **addictive** (20%).



What words would you use to describe how you feel about opioids?

Similarly, there was a drop (14%) in the proportion of the sample answering 'I don't know' when asked how they feel about opioids, which again is a good indicator of education levels increasing.

In the post wave, the most common responses included opioids are addictive (36%), pain relief (19%), useful (13%), dangerous (10%), necessary (9%) and strong (9%).



Significant post wave differences included:

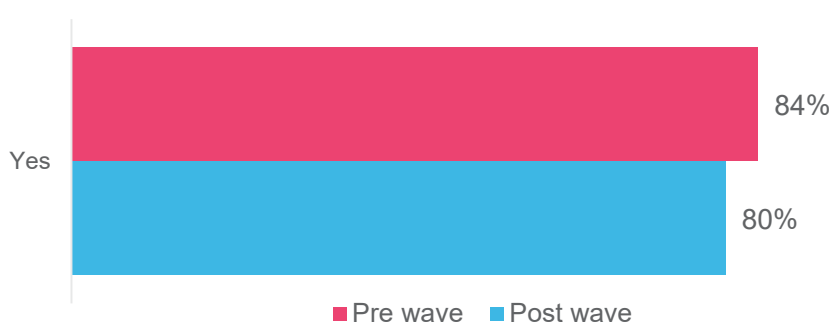
Less people (28%) **don't know** how they feel about opioids.

More people said an opioid is **addictive** (36%) and **pain relief** (19%).



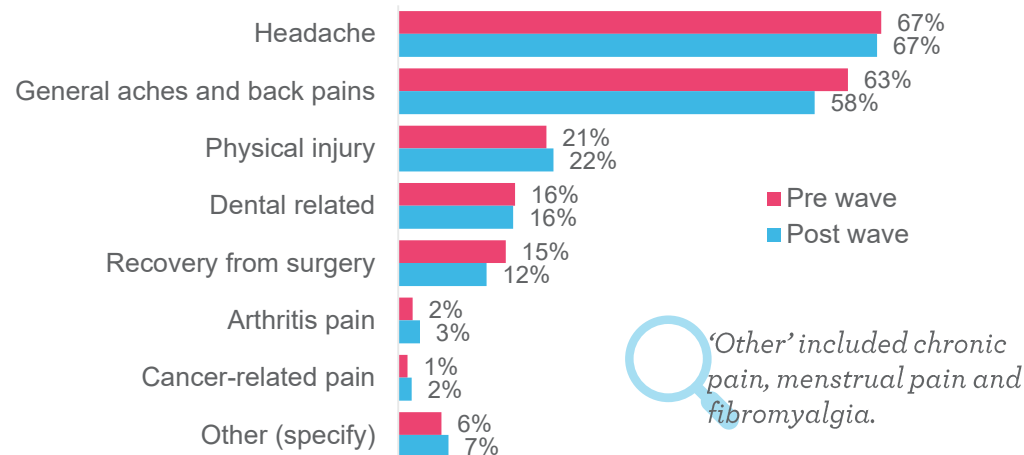
Approximately 8 in 10 people surveyed in the pre and post waves had taken a form of pain relief within the past 12 months. Most frequently, these were taken for headaches or general aches and back pain. The most common form of medication used was paracetamol, and the most common form of opioid medication was paracetamol and codeine. Combined opioid use decreased slightly in the post wave (pre wave 39%, post wave 36%).

Have you taken pain relief in the last 12 months?

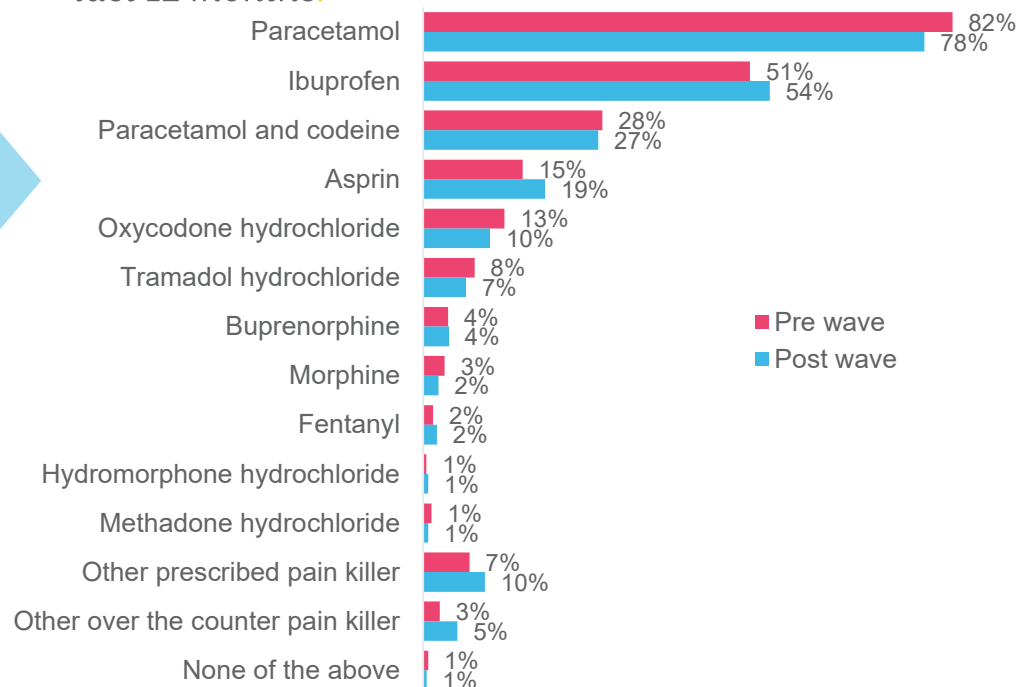


Yes

What have you taken pain medication for?



What type(s) of pain medication have you taken in the last 12 months?



Q10. Have you taken pain relief in the last 12 months?; Pre Wave Base; n=460, Post Wave Base; n=468

Q11 What have you taken pain medication for? (MR); Pre Wave Base, n=388, Post Wave Base; n=375 [if yes to Q10]

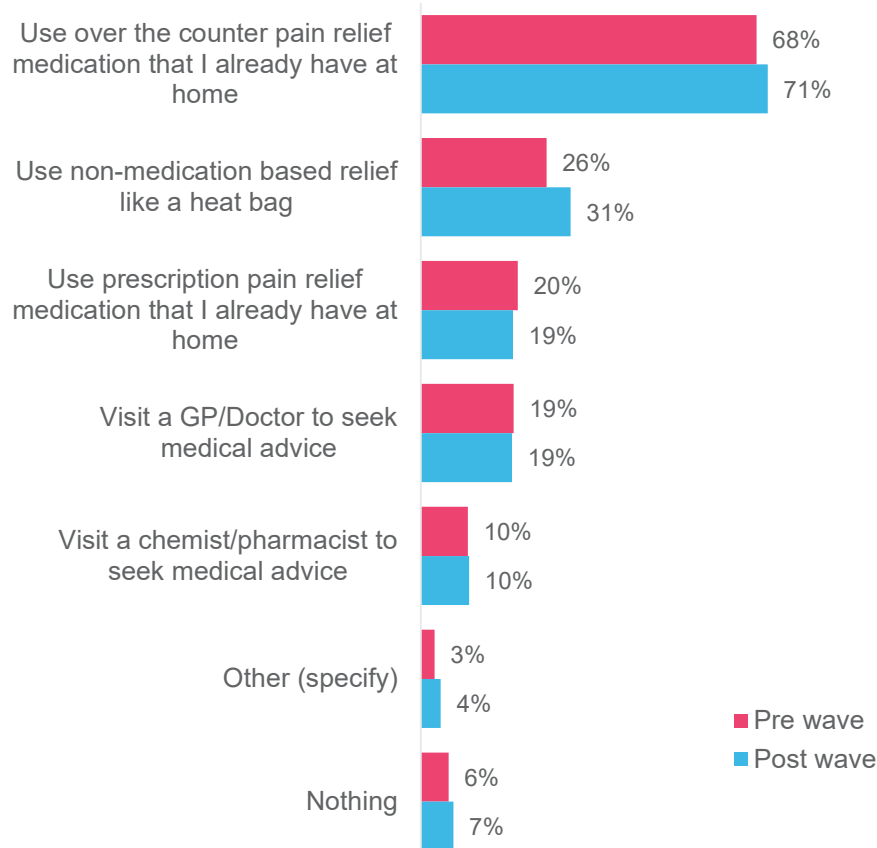
Q12. What type(s) of pain medication have you taken in the last 12 months?; Pre Wave Base, n=388, Post Wave Base; n=375 [if yes to Q10]

When asked how people normally treat pain, there were no significant differences between the pre and post wave data at an overall level.

The majority of the sample use over the counter medication that they already have at home to treat the pain they experience.

In the post wave, medical professionals were significantly more likely to use over the counter pain relief they had at home and less likely to visit a doctor or pharmacy to seek advice. This could be related to the effect of COVID-19.

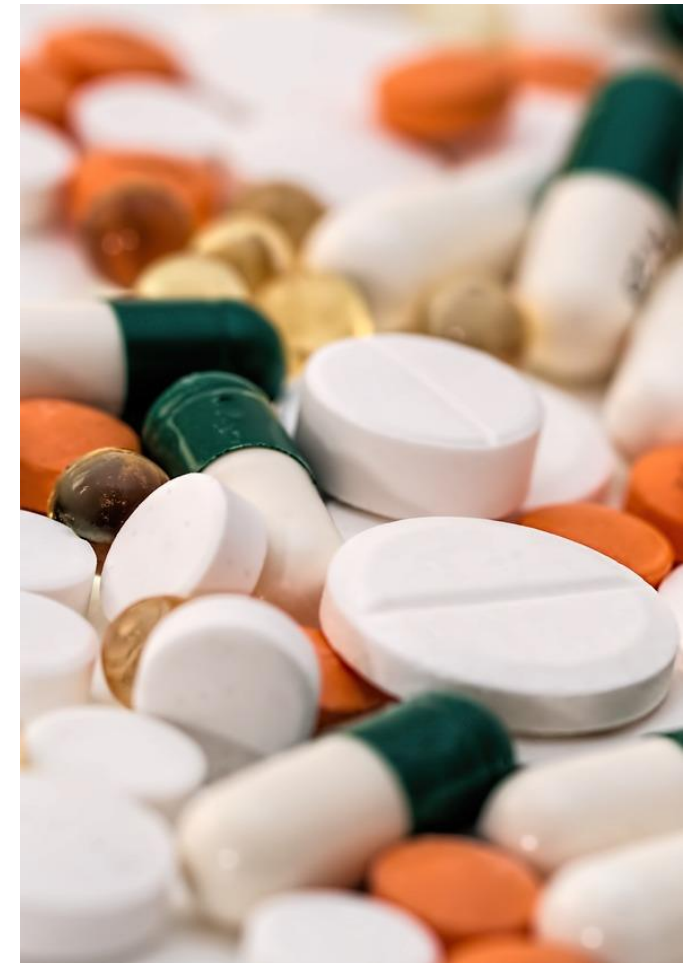
If you are in pain, what would you normally do to help treat the pain?



Significant post wave differences for medical professionals included:

More use of over the counter pain relief at home (84%).

Less visiting a GP/doctor to seek advice (3%), visiting a chemist/pharmacist to seek advice (3%).



Which pain relief medications are opioids?



Greater understanding

Improved knowledge of what it **is** and **isn't** an opioid was seen across all medications in the post wave. In fact, significantly more of the post wave sample correctly identified 5 of the 8 opioids, which is positive.

Between two-thirds and three-quarters of the sample correctly identified the non-opioids, with only a small proportion (5% to 11%) incorrect, and the remainder unsure.

There was more uncertainty around the classification of the opioids, particularly buprenorphine, tramadol and hydromorphone.

Unsurprisingly, medical professionals were more likely to correctly identify the medications compared to non-medical professionals, as was the case with opioid users versus non-users.

Which of these is an opioid?	Pre	Post	Pre	Post	Pre	Post
	Yes		No		Don't know	
Ibuprofen	9%	11%	58%	64%	33%	25%↓
Paracetamol	7%	7%	65%	74%	29%	19%↓
Aspirin	7%	5%	63%	73%	30%	22%↓
Morphine	63%	72%↑	3%	4%	34%	24%↓
Oxycodone hydrochloride	58%	65%↑	7%	6%	35%	29%
Methadone hydrochloride	47%	54%↑	4%	9%↑	49%	38%↓
Fentanyl	43%	51%	8%	9%	49%	40%↓
Paracetamol and codeine	35%	39%	28%	36%↑	37%	25%↓
Hydromorphone hydrochloride	28%	37%↑	9%	11%	63%	52%↓
Tramadol hydrochloride	36%	36%	9%	17%↑	55%	47%↓
Buprenorphine	21%	33%↑	27%	17%↓	53%	50%

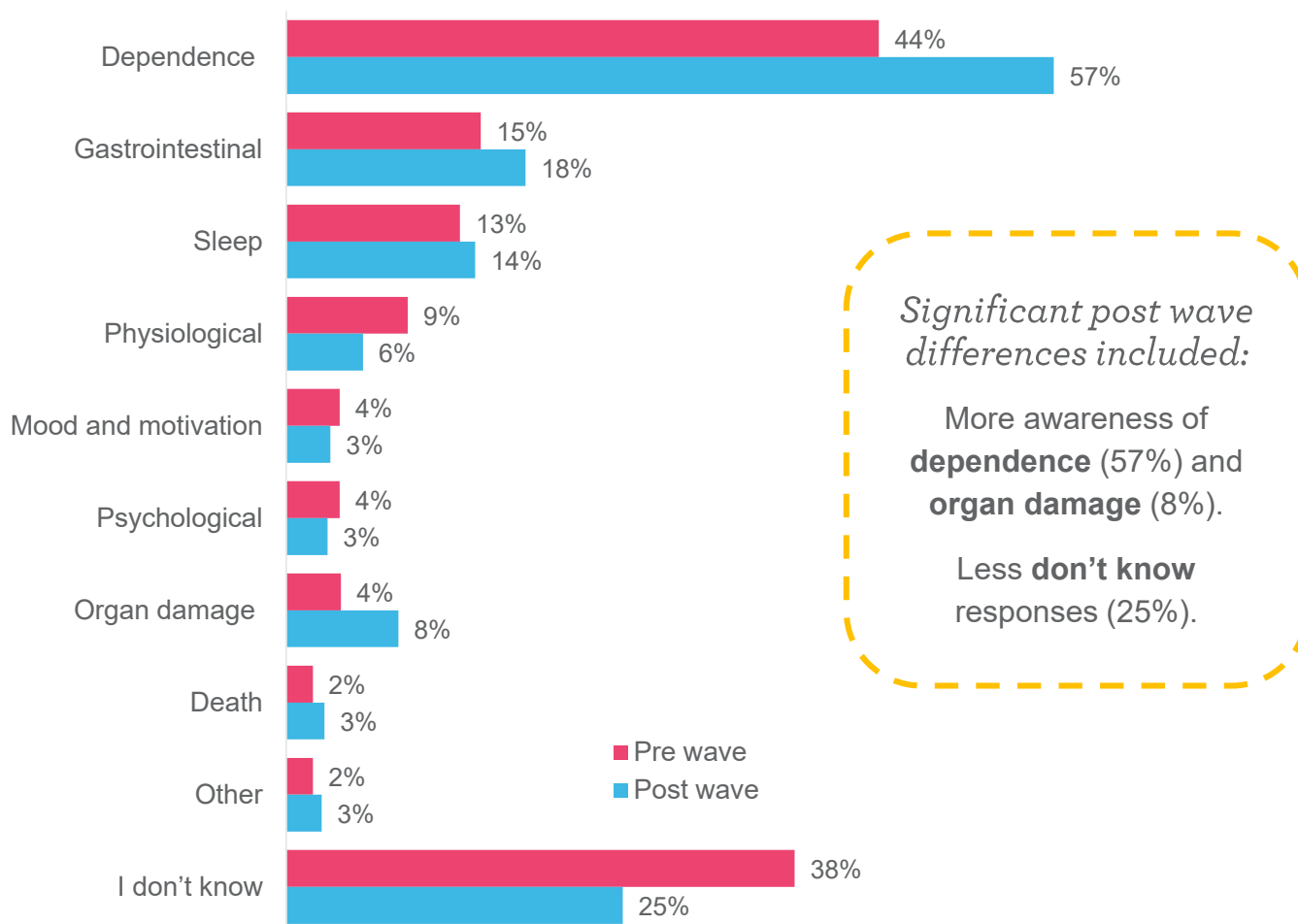
Non-opioids

Opioids

There was less uncertainty in the post wave and higher awareness of dependence and organ damage as side effects.

The most frequent unprompted awareness theme relates to dependency including 'addiction' which was mentioned in 56% of responses. Gastrointestinal side effects was the second most frequently mentioned side effect and these responses included nausea and constipation.

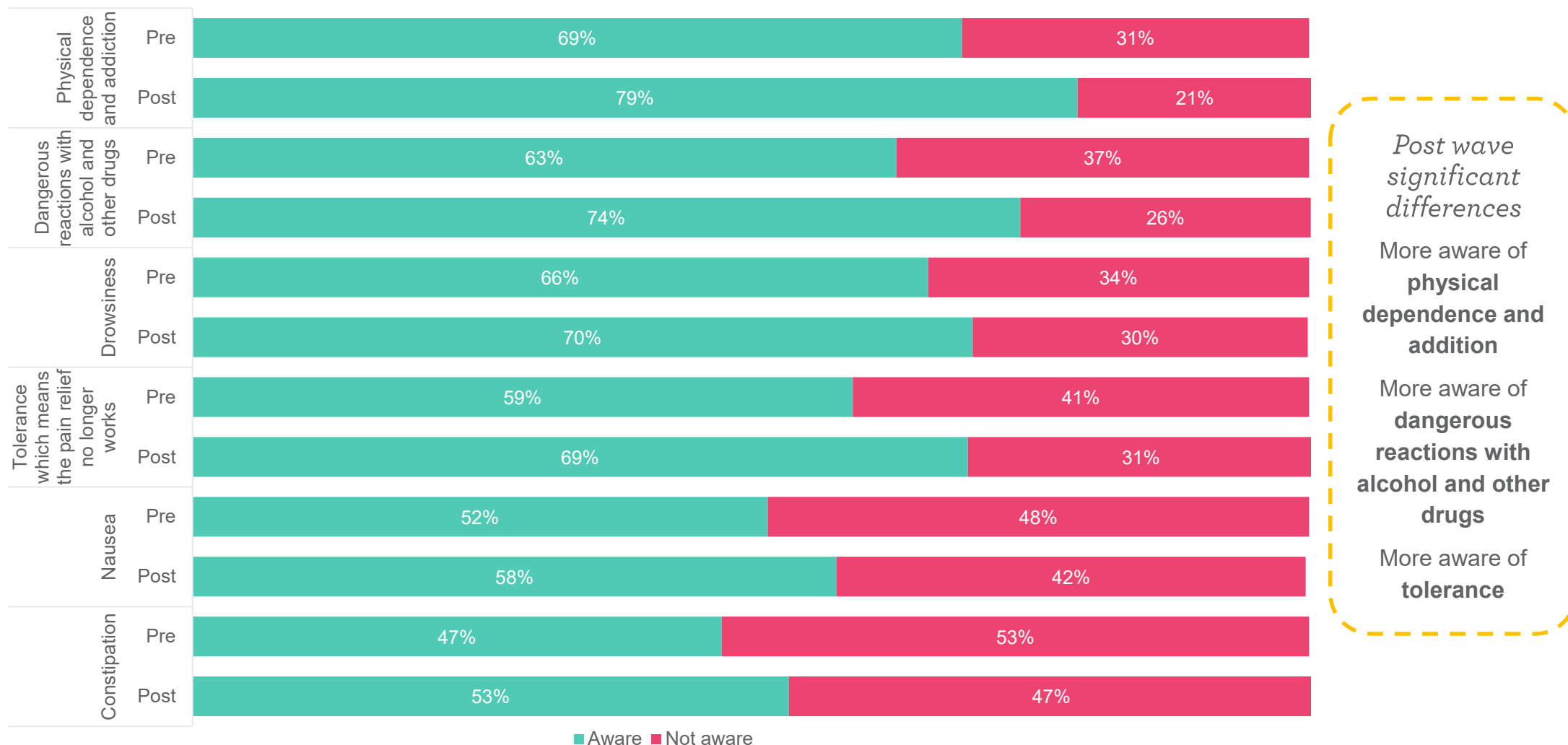
Do you know any potential side effects of using opioids?



Were you aware of these potential side effects before today?

Higher levels of awareness can be seen across all opioid related side effects in the post wave survey other than an increased risk of infection which remained unchanged (on the next page).

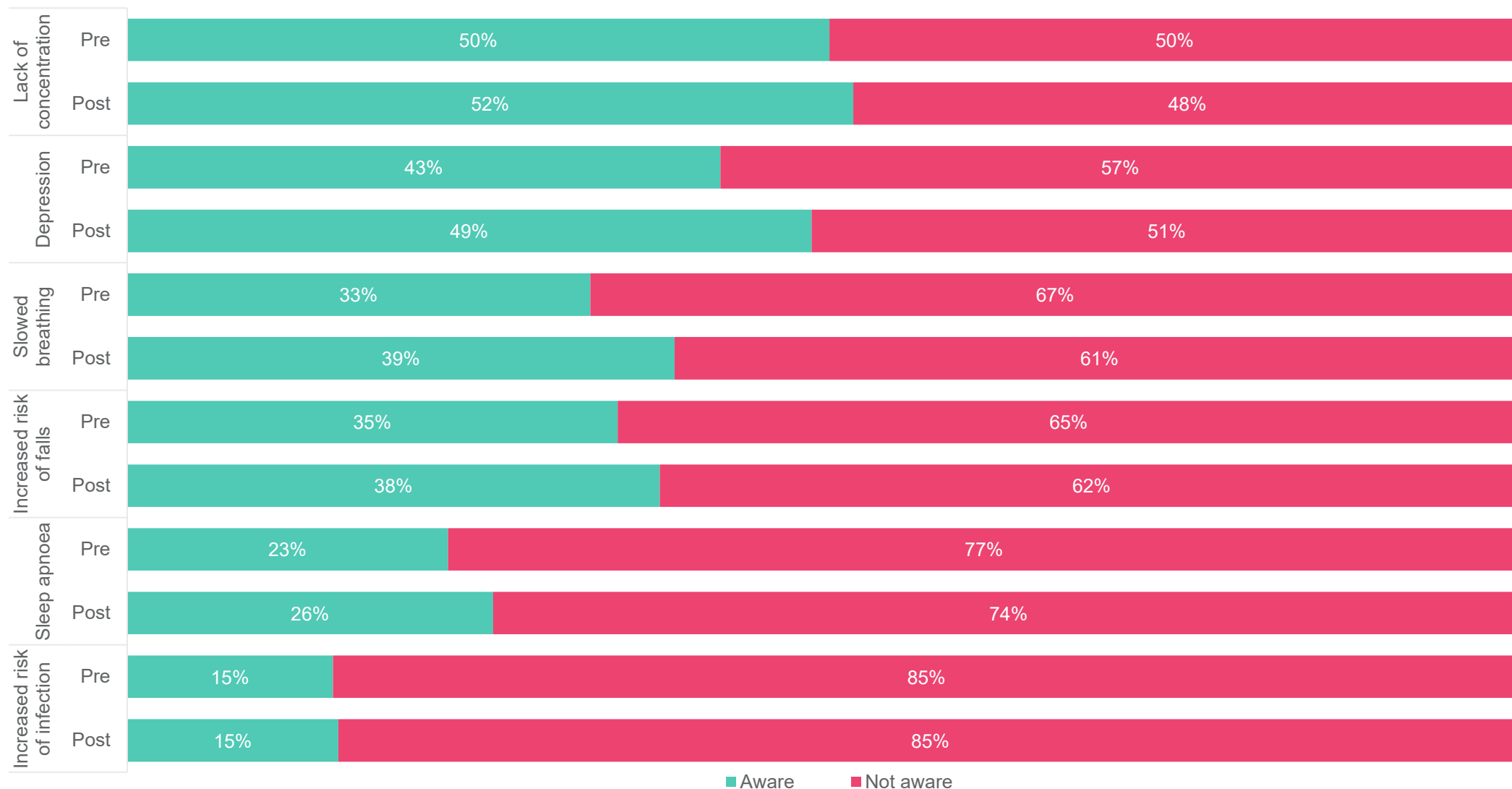
When prompted, the highest levels of awareness relating to side effects were associated with physical dependence and addiction, dangerous reactions with alcohol and drugs and drowsiness.





Were you aware of these potential side effects before today?

The lowest levels of awareness relating to side effects of opioids were associated with increased risk of infection, sleep apnoea and increased risk of falls.



Q17. Some of the potential side effects of using opioids are listed below. Please select whether you were aware of this before today or not aware. Pre Wave Base; n=460, Post Wave Base n=468.



Unsurprisingly, medical professionals are more aware of each of the listed potential side effects compared with non-medical professionals, however only approximately one in three medical professionals are aware that an increased risk of infection is a potential side effect.

Awareness increased across almost all of the measures for both groups with the exception of **depression** (7% lower), **sleep apnoea** (3% lower) and **increased risk of infection** (7% lower), which were all slightly lower in the post wave for medical professionals.

Non-medical professionals increased their awareness across all potential side effects.



Aware	Medical professionals		Non-medical professionals	
	Pre wave	Post wave	Pre wave	Post wave
Physical dependence and addiction	97%	97%	67%	78%↑
Dangerous reactions with alcohol and other drugs	93%	100%	61%	72%↑
Drowsiness	93%	100%	64%	67%
Tolerance which means the pain relief no longer works	83%	97%↑	57%	67%↑
Nausea	90%	100%↑	49%	54%
Constipation	87%	100%	45%	49%
Lack of concentration	83%	95%	48%	48%
Depression	83%	76%	40%	47%
Slowed breathing	73%	97%↑	30%	34%
Increased risk of falls	87%	100%↑	32%	33%
Sleep apnoea	60%	57%	20%	24%
Increased risk of infection	37%	30%	13%	14%

*Post wave
significant
differences*

Medical professionals were more aware of **tolerance** (97%), **nausea** (100%), **slowed breathing** (97%) and **increased risk of falls** (100%).

Non-medical professionals were more of **dependence** (78%), **dangerous reactions** (72%) and **tolerance** (67%).



As you would suspect, opioid users are more aware of each of the listed potential side effects than non-users, however less than one in three are aware of sleep apnoea as a potential side effect and less than one in five opioid users are aware of increased risk of infection.

Awareness increased across all potential side effects for non-users in the post wave survey and most potential side effects for opioid users, other than very small reductions in lack of concentration (1% lower) and increased risk of falls (2% lower).



Aware	Opioid user		Non-user	
	Pre wave	Post wave	Pre wave	Post wave
Physical dependence and addiction	80%	88%↑	64%	76%↑
Dangerous reactions with alcohol and other drugs	76%	86%↑	57%	69%↑
Drowsiness	80%	82%	59%	65%
Tolerance which means the pain relief no longer works	65%	82%↑	56%	64%↑
Nausea	57%	71%↑	49%	52%
Constipation	64%	68%	39%	47%↑
Lack of concentration	61%	60%	45%	49%
Depression	47%	54%	41%	47%
Slowed breathing	41%	46%	30%	37%
Increased risk of falls	42%	40%	32%	37%
Sleep apnoea	27%	31%	21%	24%
Increased risk of infection	14%	15%	15%	15%

Post wave significant differences

Opioid users were more of **dependence** (88%), **dangerous reactions** (86%), **tolerance** (82%) and **nausea** (71%).

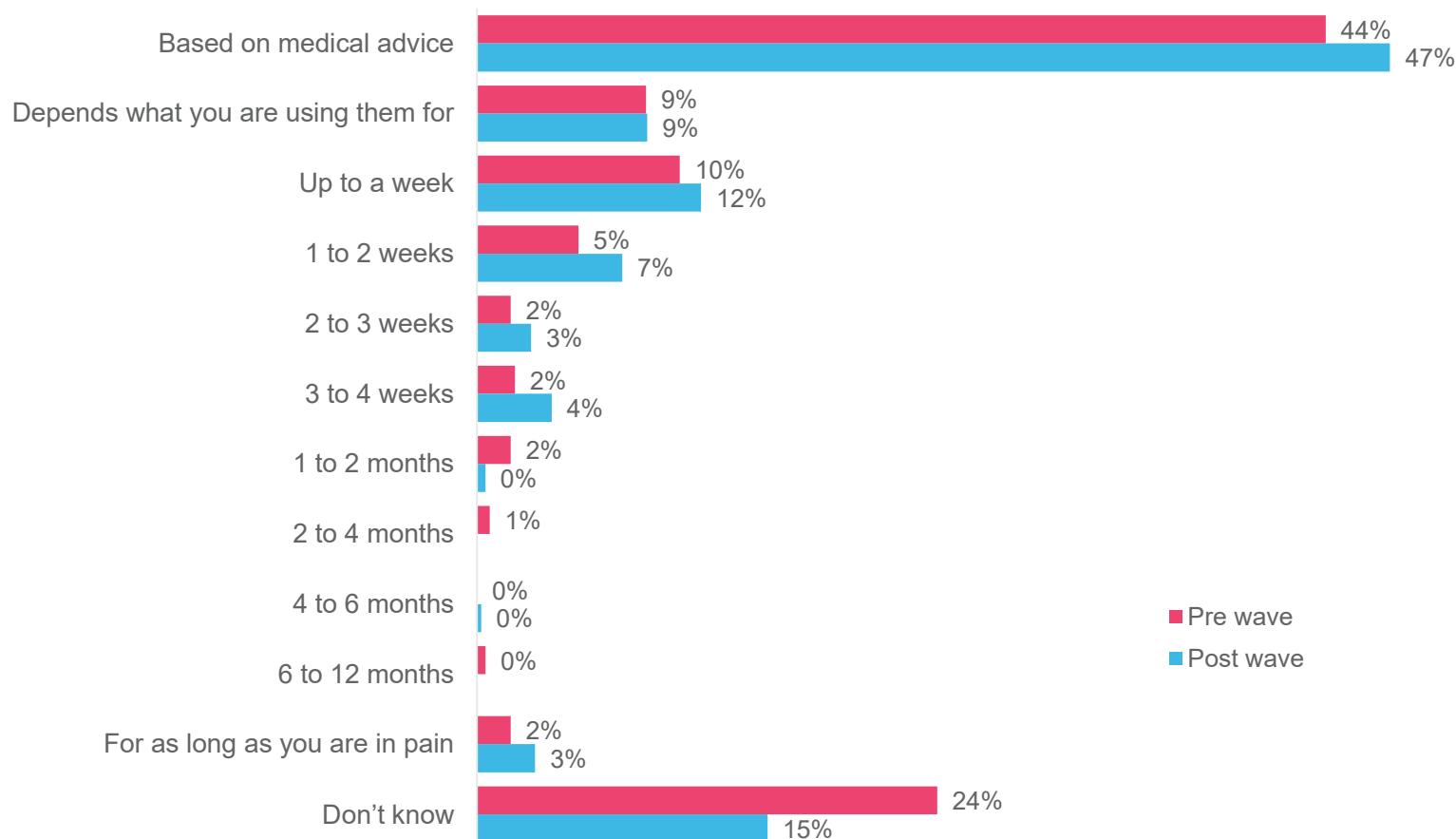
Non-users were more of **dependence** (76%), **dangerous reactions** (69%), **tolerance** (64%) and **constipation** (47%).



Results were mostly consistent across the pre and post wave surveys, other than significantly less 'don't know' responses in the post wave (9% lower), which is positive.

Almost half of the sample stated that the length of time opioids should be used for depends on medical advice.

How long should you use opioids for the treatment of pain?



Post wave significant differences

Less **don't know** responses (9% decrease)

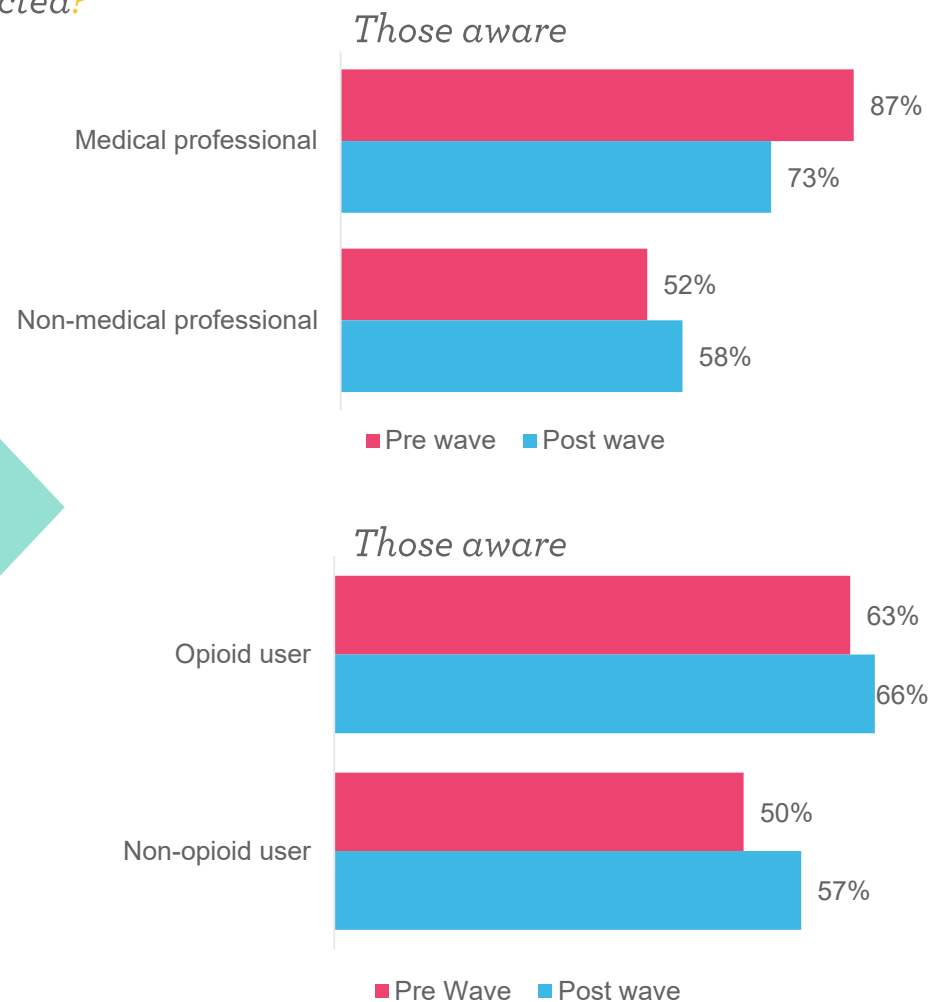
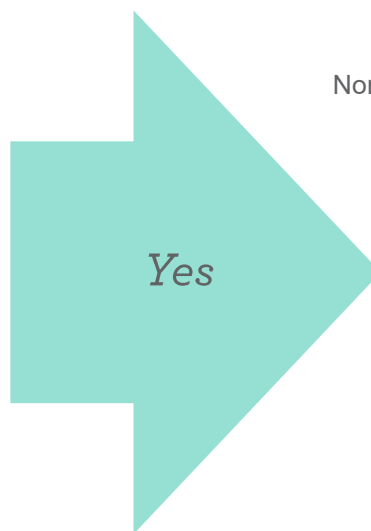
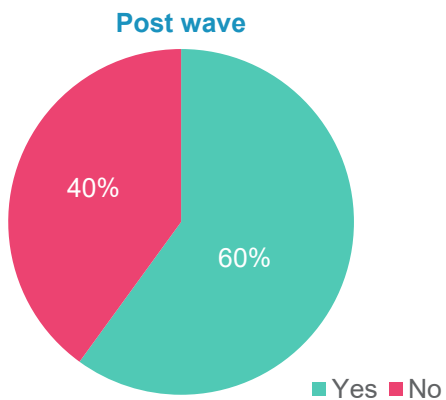
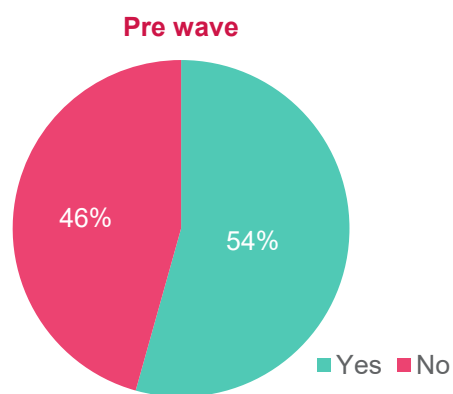
Less **don't know** responses from non-medical professionals (9% decrease)

Less **don't know** responses from non-users (12% decrease)

There was a small, but not significant increase in the proportion of people who were aware of the stated statistic, with three out of five respondents agreeing.

Awareness of this fact increased slightly within all of the boost sample sub-groups with the exception of medical professionals, which went down.

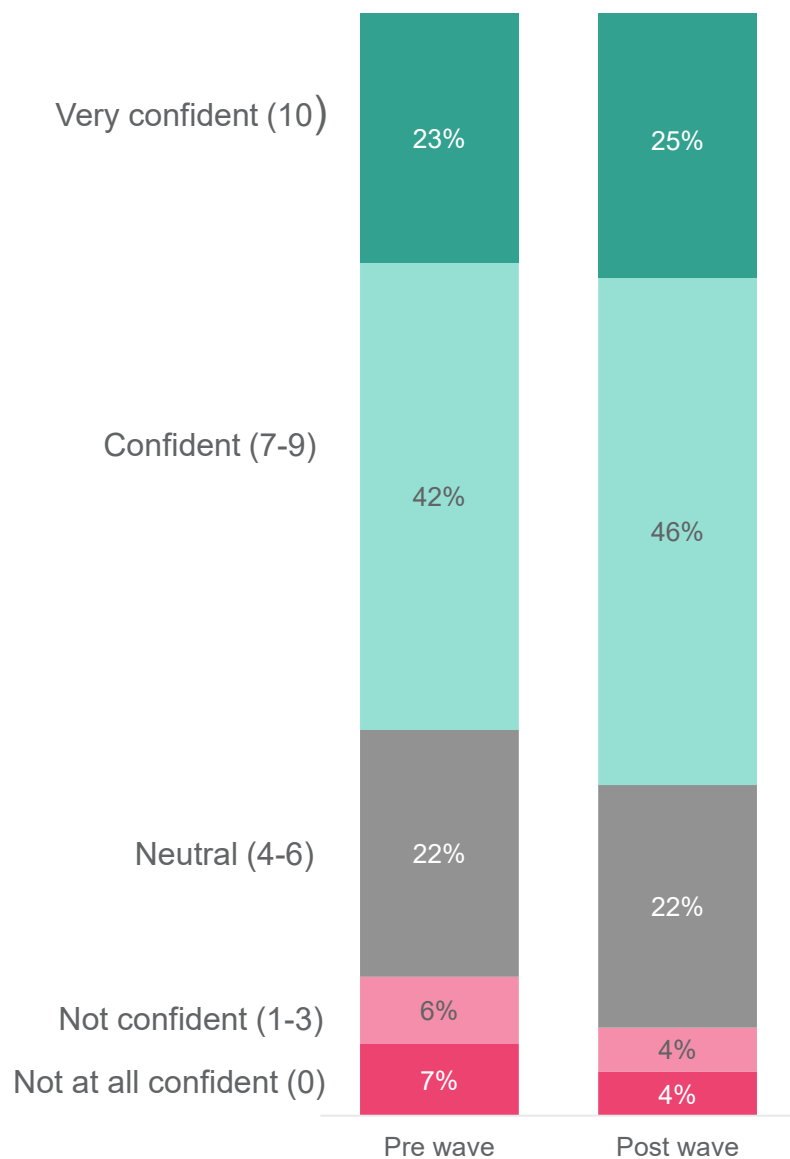
Aware that 1 in 10 people who misuse opioids will become addicted?



» Understand the potential harm of opioids.



How confident are you in understanding the harm that opioid use can cause?



The proportion of the sample who are very confident or confident that they understand the harm that opioids can cause increased from 65% to 71% in the post wave survey.

Post wave significant differences

Medical professionals were more likely to be very confident (27%).



Q24. How confident are you in understanding the harm that opioids use can cause? Please use a scale where 0=not at all confident and 10 is very confident. Pre Wave Base; n=460, Post Wave Base; n=468

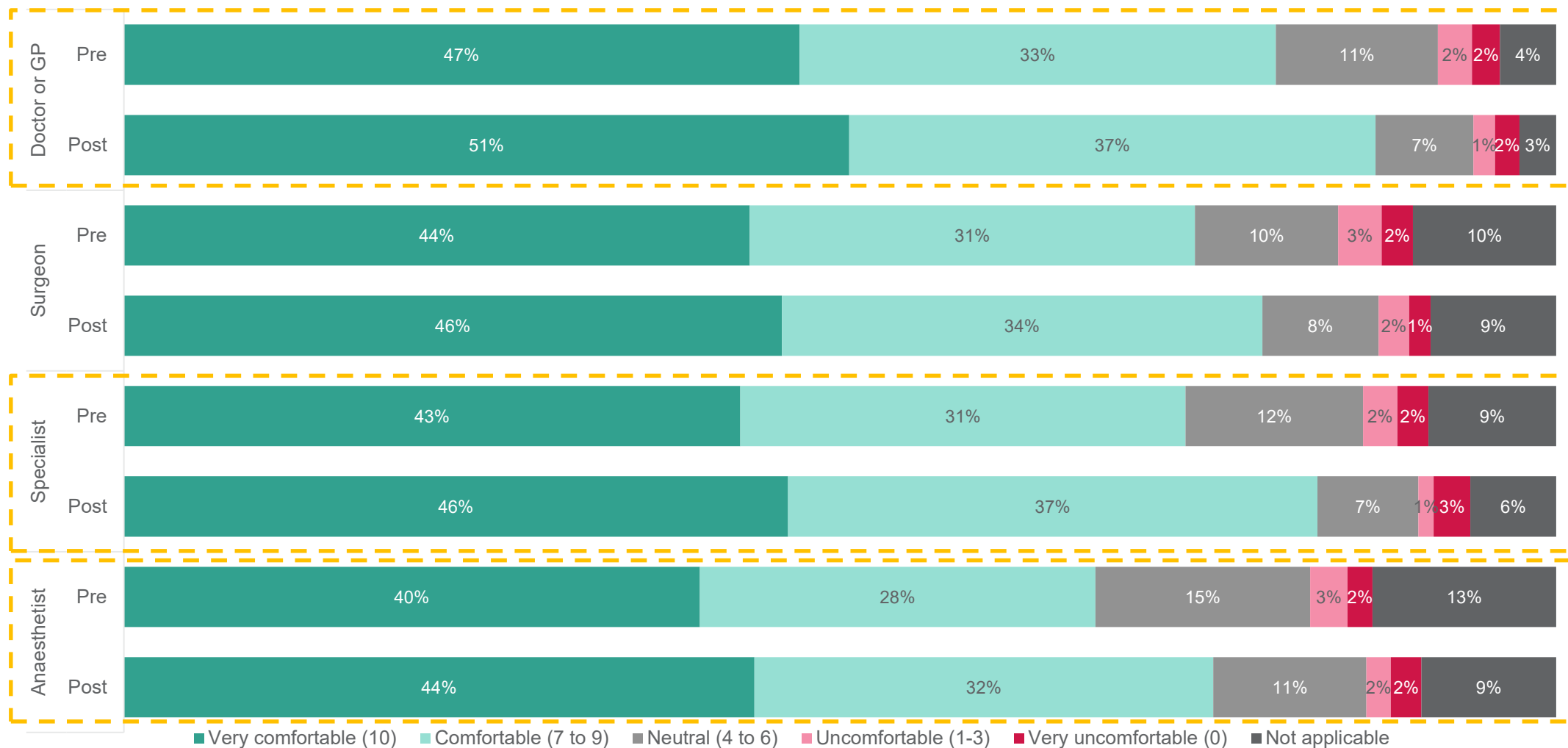
Comfortable talking about pain management.



Comfort associated with discussing pain management increased slightly across all groups between the pre and post waves.

The majority of participants feel comfortable or very comfortable discussing pain management with the various medical professionals.

They are most comfortable having this conversation with their doctor (88%), specialists (83%) and anaesthetist (76%), all of which increased significantly between waves.



Q19. How comfortable do you feel talking to others about pain management? Please use a scale where 0=very uncomfortable and 10= very comfortable.
Pre Wave Base; n=460, Post Wave Base; n=468

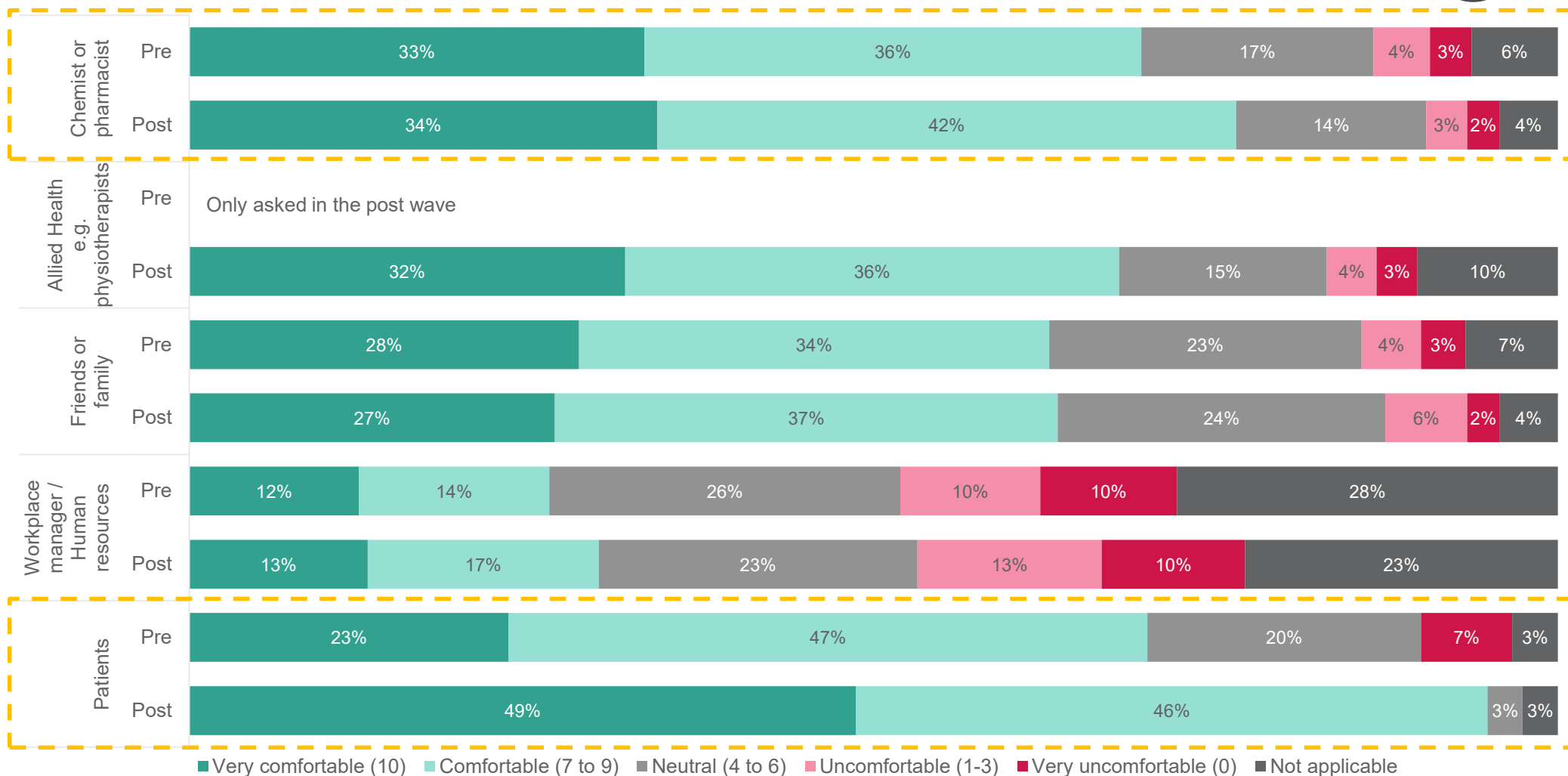
➡ Comfortable talking about pain management - continued...



The post wave sample was slightly less comfortable speaking to family or friends and were the least comfortable speaking to workplace managers/human resources about pain management.

Significantly more of the sample were comfortable discussing pain management with their chemist or pharmacist.

Interestingly, there was a significant increase in the level of comfort medical professionals expressed (25% increase, from 70% to 95%) with discussing pain management with patients.



Q19. How comfortable do you feel talking to others about pain management? Please use a scale where 0=very uncomfortable and 10= very comfortable.

Pre Wave Base; n=460, Post Wave Base; n=468

Patients Pre Wave Base; n=30, Post Wave Base; n=39 [Medical professionals]

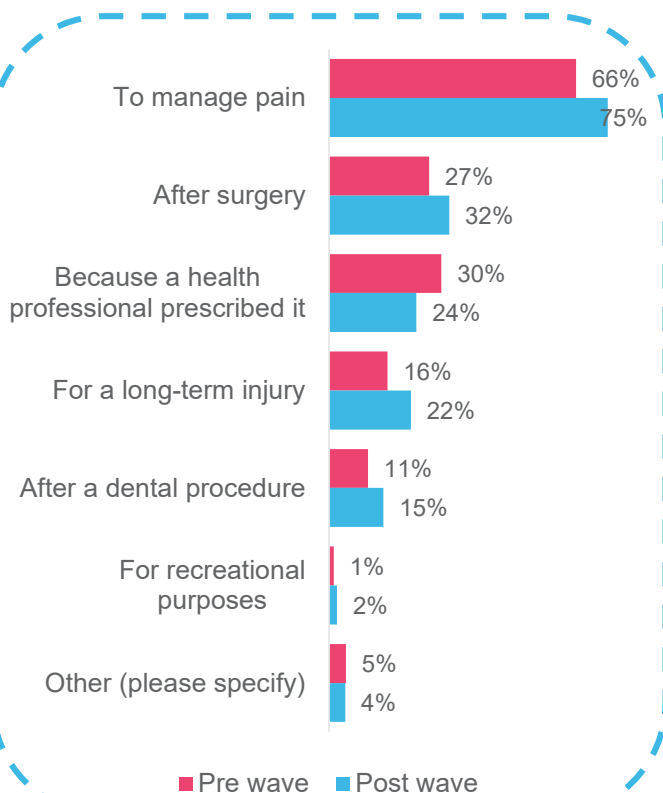
The main reason that people took opioids within the past year was to manage their pain, followed by after surgery and because it was prescribed to them by a health professional. Only 2% of people took opioids for recreational purposes.

More than half of the post wave sample who took opioids within the past year received information regarding the risks or possible side effects of opioids, the duration the opioids should be taken for and how opioids will help. The proportion who didn't receive any information decreased slightly in the post wave.

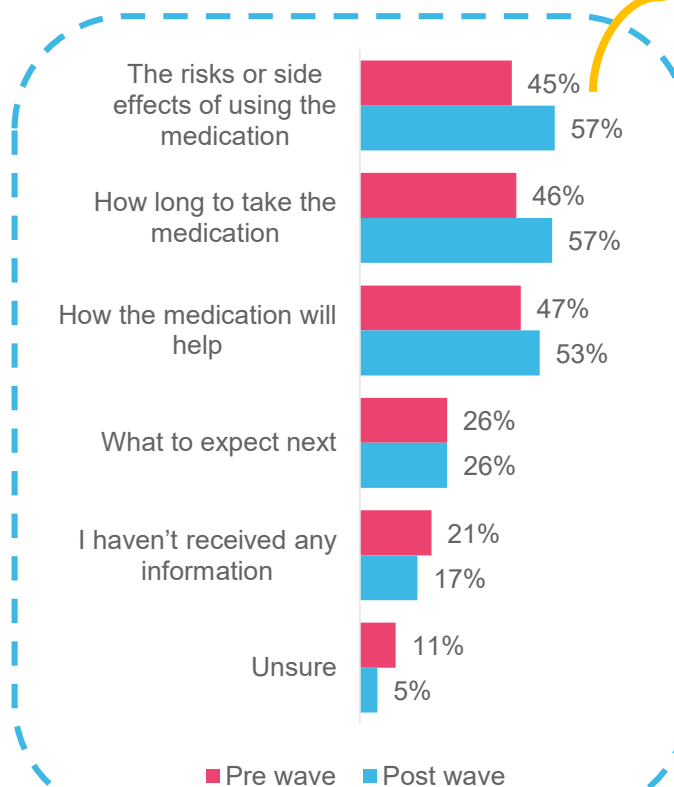
This information was mainly provided by Doctors or GPs or pharmacists.

Significantly more opioid users in the post wave received information on the risks or side effects (12% increase).

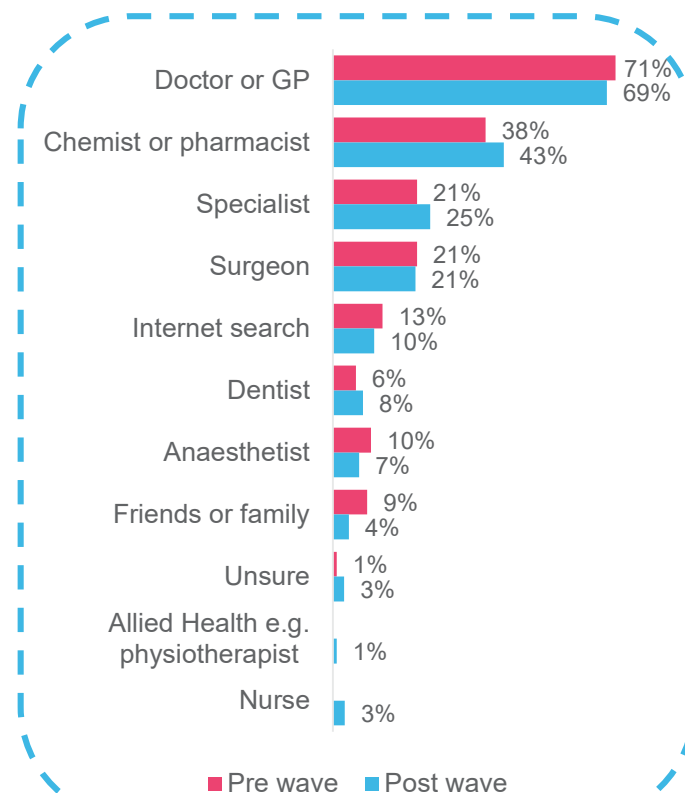
Reason for taking opioids.



Information received about opioids.



Where the information was received.



Q20. What information did you receive about taking these opioids at the time? MR. Pre Wave Base; n=152, Post Wave Base; n=136

Q21. Where did you receive this information from? MR. Pre Wave Base; n=152, Post Wave Base; n=136

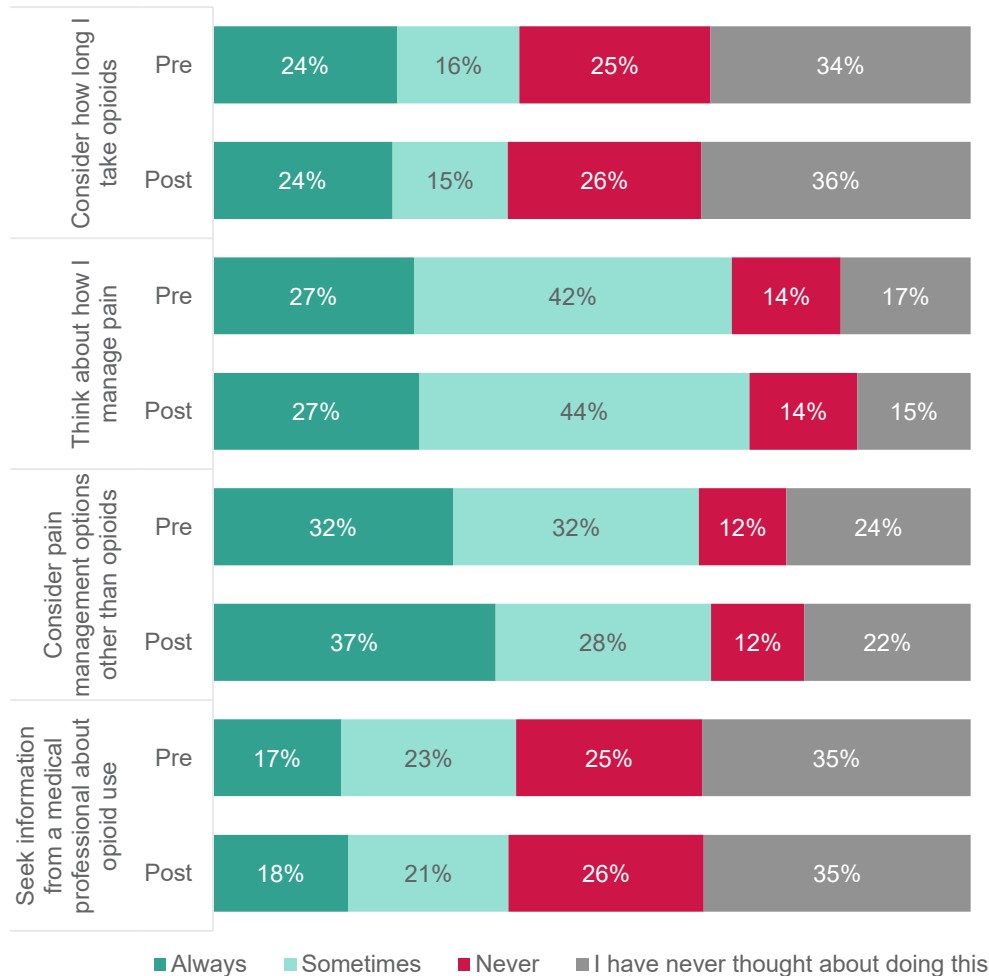
Q22. What is/was your reason for taking opioids? MR. Pre Wave Base; n=152, Post Wave Base; n=136

Results were largely consistent between the pre and post waves in relation to current and intended future behaviour.

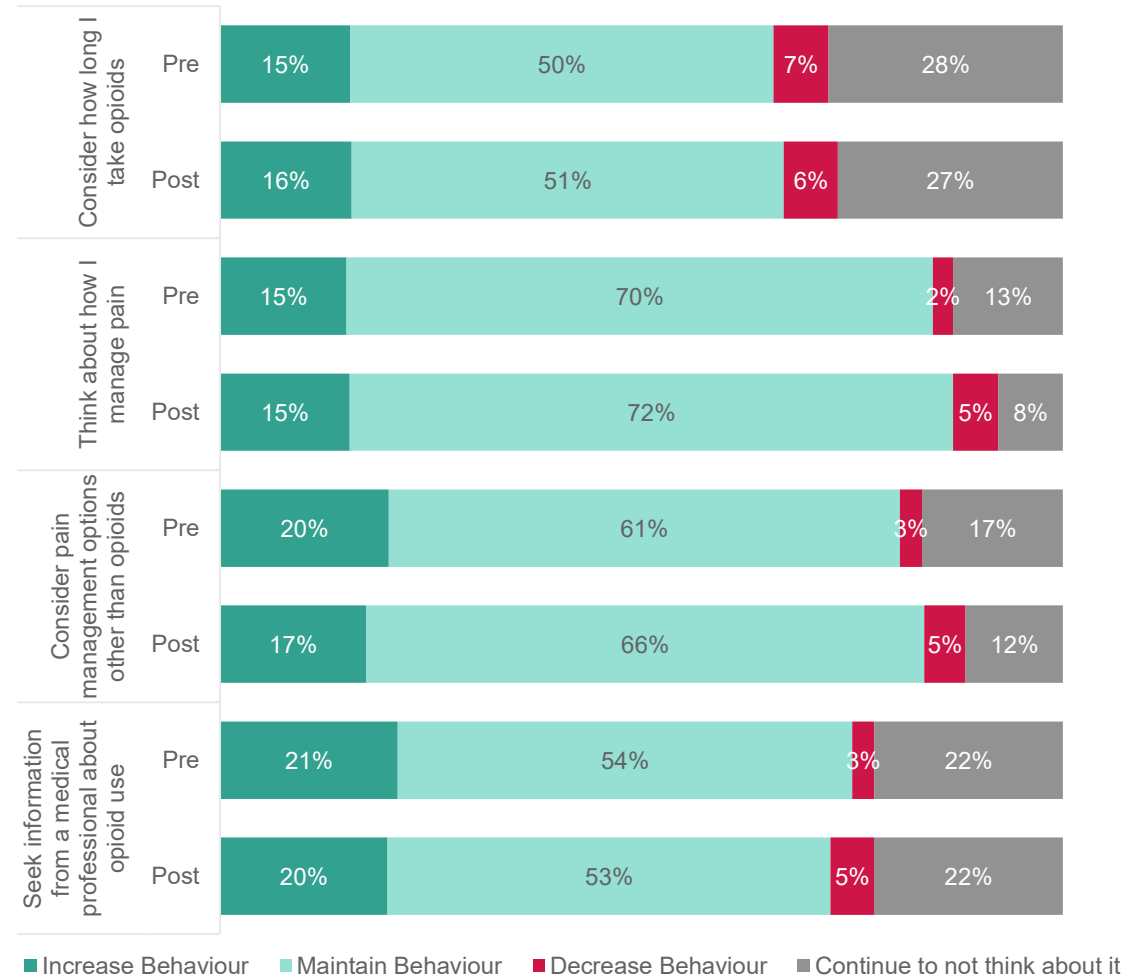
Approximately 3 in 10 people currently always consider options other than opioids to manage their pain (32% in the pre and 37% in the post), approximately 1 in 4 always think about how they manage their pain (27%) and consider how long they will take opioids (24%).

Most people stated that they would maintain their current behaviours for all the listed behaviours.

Current Behaviour



Future Behaviour

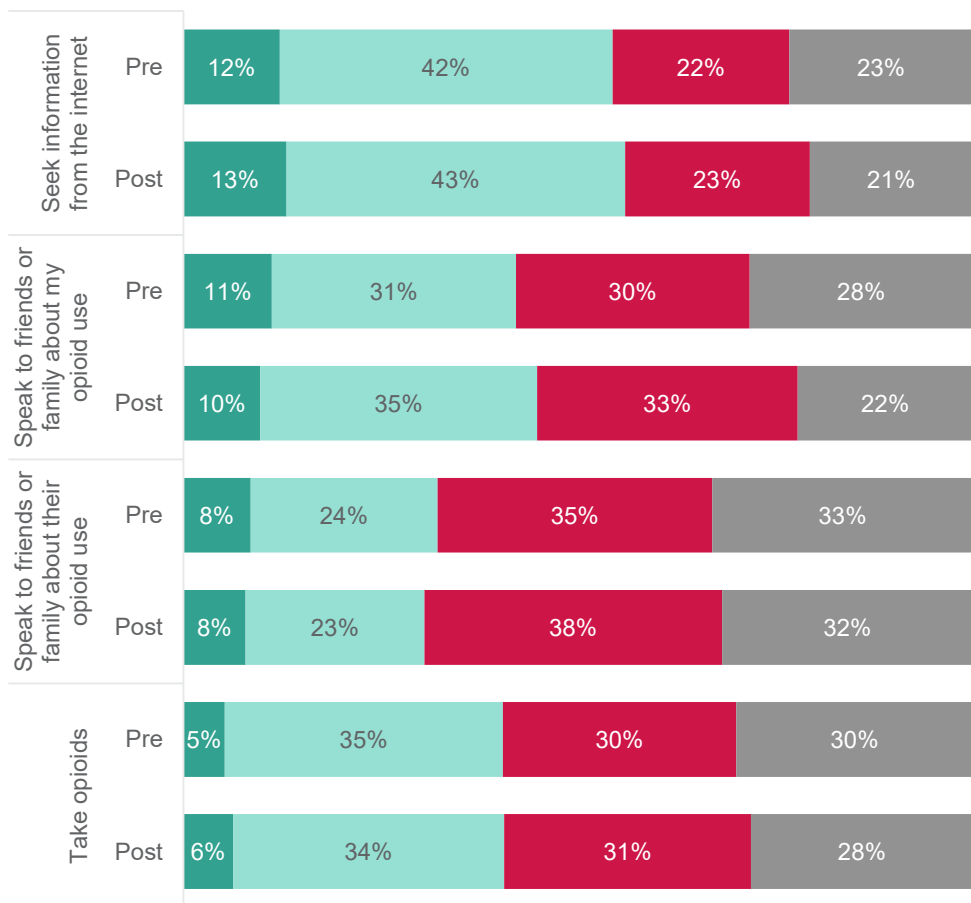




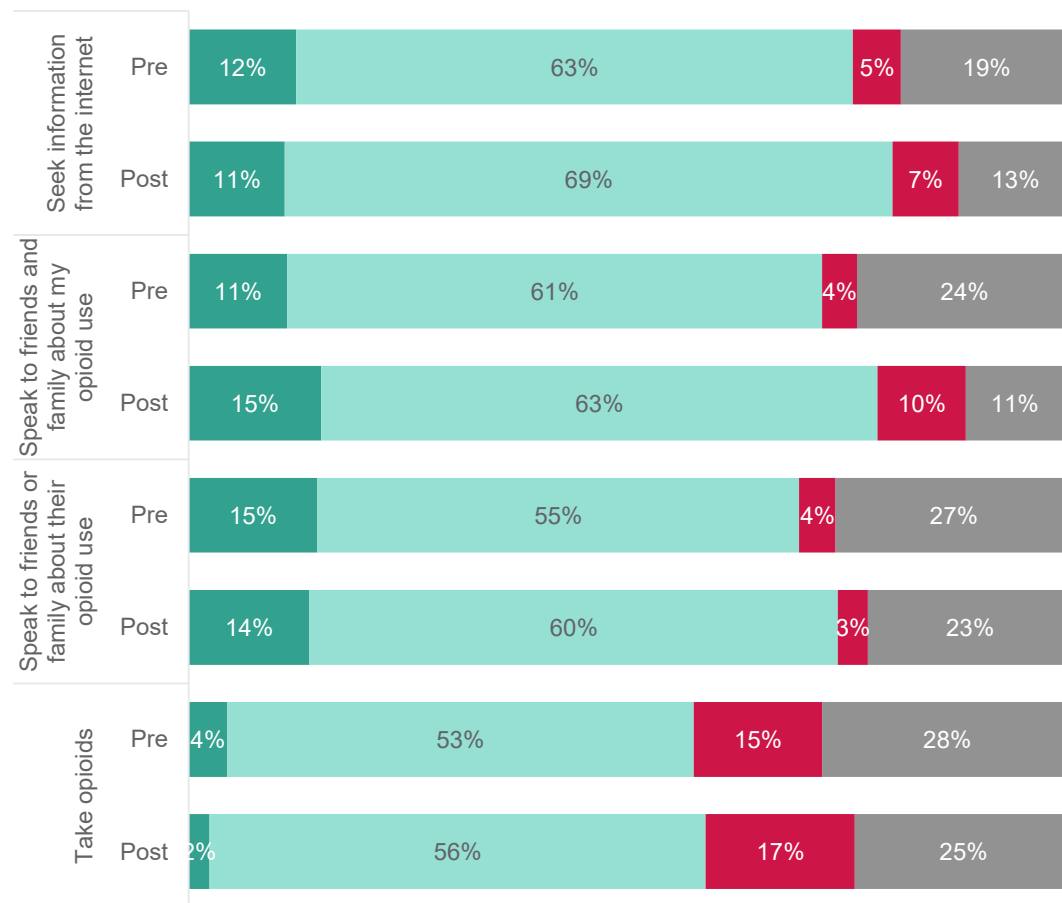
Approximately a third of the same reported that would never speak to family or friends about their own or their family or friends opioid use. Only a small proportion reported that they currently take opioids (5% in the pre and 6% in the post).

Once again, most people stated that they would maintain their current behaviours for all the listed behaviours.

Current Behaviour



Future Behaviour



■ Always ■ Sometimes ■ Never ■ I have never thought about doing this

■ Increase Behaviour ■ Maintain Behaviour ■ Decrease Behaviour ■ Continue to not think about it

Q23 How often do you [insert statement]? Base n=460, Base for 'speak to friend or family about my opioid use' Pre Wave n=152, Post Wave; n=136.

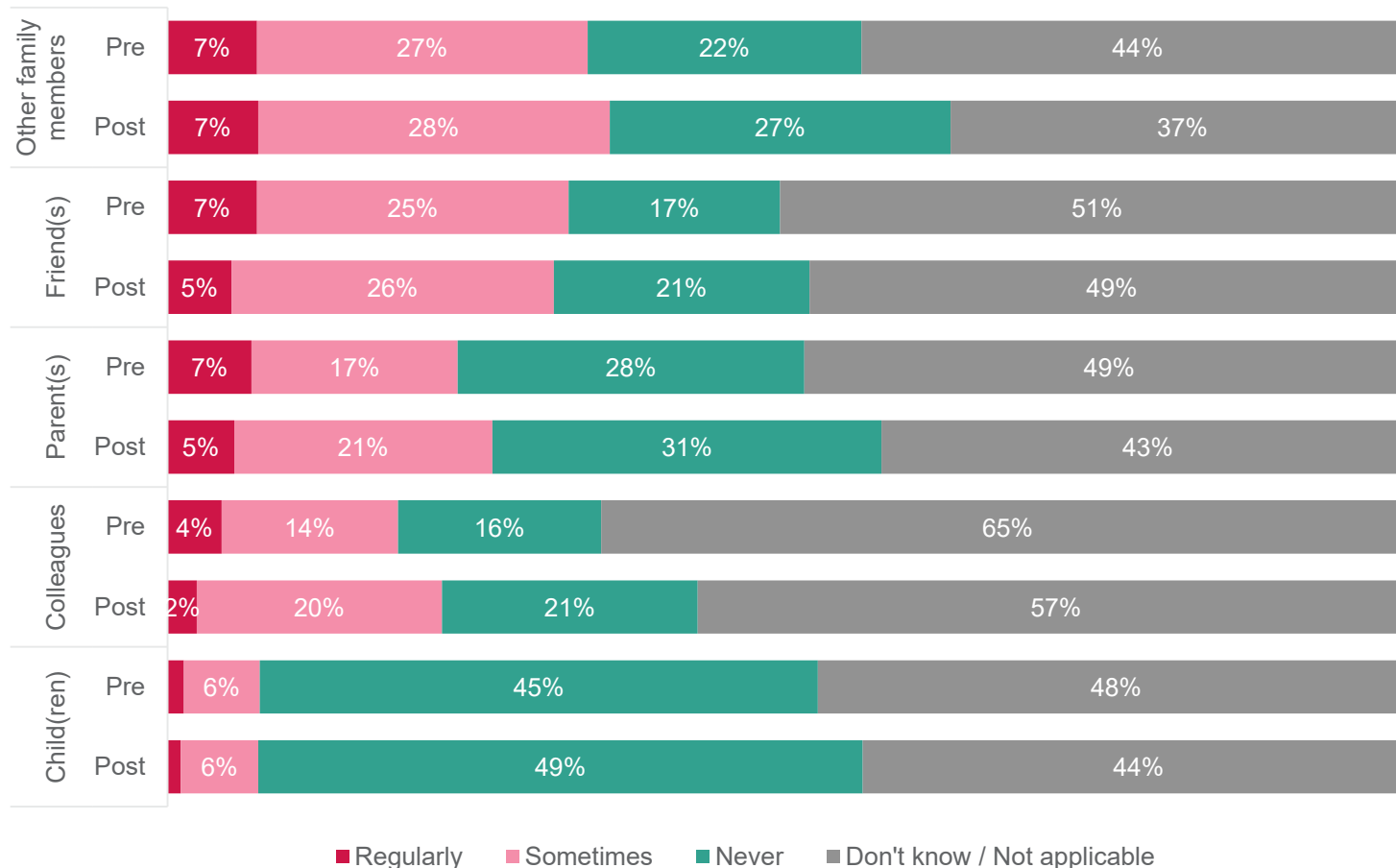
Q23x And in the future.... Base n=460, Base for 'speak to friend or family about my opioid use' Pre Wave n=152, Post Wave; n=136.

Results were once again very similar between the pre and post waves in relation to opioid use across family members and friends.

The largest proportion of people (approximately half the sample) weren't sure if their family or friends take opioids, or the question wasn't applicable to them. Family members other than children and parents (35% in the post wave) and friends (31% in the post wave) were the most likely to be using opioids regularly or sometimes.

Only 6% of the sample stated that their child(ren) use opioids sometimes.

Does/has anyone you know use opioids?





The results were quite consistent across the pre and post waves when looking at medical versus non-medical sample.

Significant differences

Medical professionals responded 'sometimes' for **parents, other family members and colleagues** in the pre and post waves and **friends** in the pre wave more than non-medical professionals.

They responded to 'never' for **parent(s)** and **child(ren)** more than non-medical professionals in the pre and post waves.

Medical professionals responded to 'Don't know/Not applicable' less than non-medical professionals in all cases.



Pre and post wave comparisons		Regularly		Sometimes		Never		Don't know / Not applicable	
		Medical professional	Non-medical professional	Medical professional	Non-medical professional	Medical professional	Non-medical professional	Medical professional	Non-medical professional
Parent(s)	Pre	3%	7%	33% ↑	15% ↓	47%	27%	17% ↓	51% ↑
	Post	5%	5%	30% ↑	20% ↓	57% ↑	29% ↓	8% ↓	46% ↑
Child(ren)	Pre	0%	1%	17%	5%	63% ↑	43% ↓	20% ↓	50% ↑
	Post	0%	1%	5%	6%	76% ↑	46% ↓	19% ↓	46% ↑
Other family members	Pre	10%	7%	47% ↑	25% ↓	27%	22%	17% ↓	46% ↑
	Post	3%	8%	49% ↑	26% ↓	41%	26%	8% ↓	40% ↑
Friend(s)	Pre	13%	7%	43% ↑	24% ↓	13%	17%	30% ↓	52% ↑
	Post	8%	5%	41%	25%	32%	19%	19% ↓	51% ↑
Colleagues	Pre	10%	4%	33% ↑	13% ↓	13%	17%	43% ↓	67% ↑
	Post	0%	3%	46% ↑	17% ↓	32%	19%	22% ↓	61% ↑

Once again, the results were quite consistent across the pre and post waves when looking at the opioid user versus non-user sample.

Significant differences

Opioid users responded 'regularly' for **parents** in the pre and post waves more than non-users.

They also responded 'sometimes' for **parents, other family members and friends** in the pre and post waves and **colleagues** in post wave more than non-users.

They responded to 'never' for **parents** in the post wave and **other family members, friends and colleagues** in the pre and post waves less than non-users.

Opioid users responded to 'Don't know/Not applicable' less than non-users for **other family members** in the post wave and **friends** in the pre wave.

Pre and post wave comparisons		Regularly		Sometimes		Never		Don't know / Not applicable	
		Opioid user	Non-user	Opioid user	Non-user	Opioid user	Non-user	Opioid user	Non-user
Parent(s)	Pre	12% ↑	4% ↓	23% ↑	13% ↓	21% ↓	31% ↑	44%	51%
	Post	10% ↑	4% ↓	27% ↑	18% ↓	19% ↓	36% ↑	44%	42%
Child(ren)	Pre	1%	1%	7%	6%	46%	44%	45%	49%
	Post	1%	1%	9%	5%	42%	51%	48%	43%
Other family members	Pre	11%	6%	39% ↑	20% ↓	12% ↓	27% ↑	39%	47%
	Post	11%	6%	44% ↑	22% ↓	15% ↓	32% ↑	29% ↓	40% ↑
Friend(s)	Pre	9%	6%	39% ↑	18% ↓	9% ↓	21% ↑	43% ↓	55% ↑
	Post	10%	3%	35% ↑	22% ↓	10% ↓	25% ↑	46%	50%
Colleagues	Pre	7%	3%	19%	12%	11% ↓	19% ↑	63%	67%
	Post	5%	1%	28% ↑	16% ↓	13% ↓	24% ↑	54%	59%

Q25. Does/has anyone else you know use(d) opioids? MR. Pre Wave Base; n=460, Post Wave Base; n=468



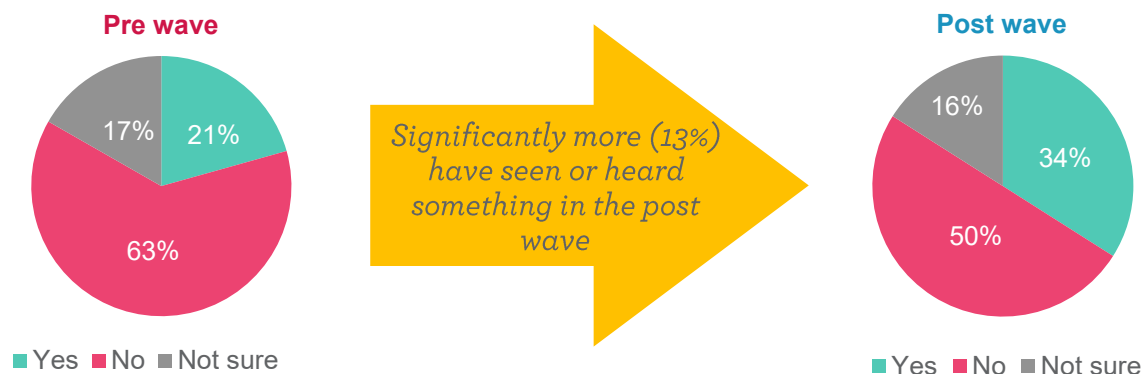
*ReachForTheFacts
campaign awareness
and perceptions.*

Opium advertising and media coverage.



Over a third of people had seen or heard opioid related information in the post wave. This was mostly likely to be about opioid addiction (45%) and general awareness (19%) and was sourced through the TV (61%).

Have you seen or heard any advertising relating to opioid use?

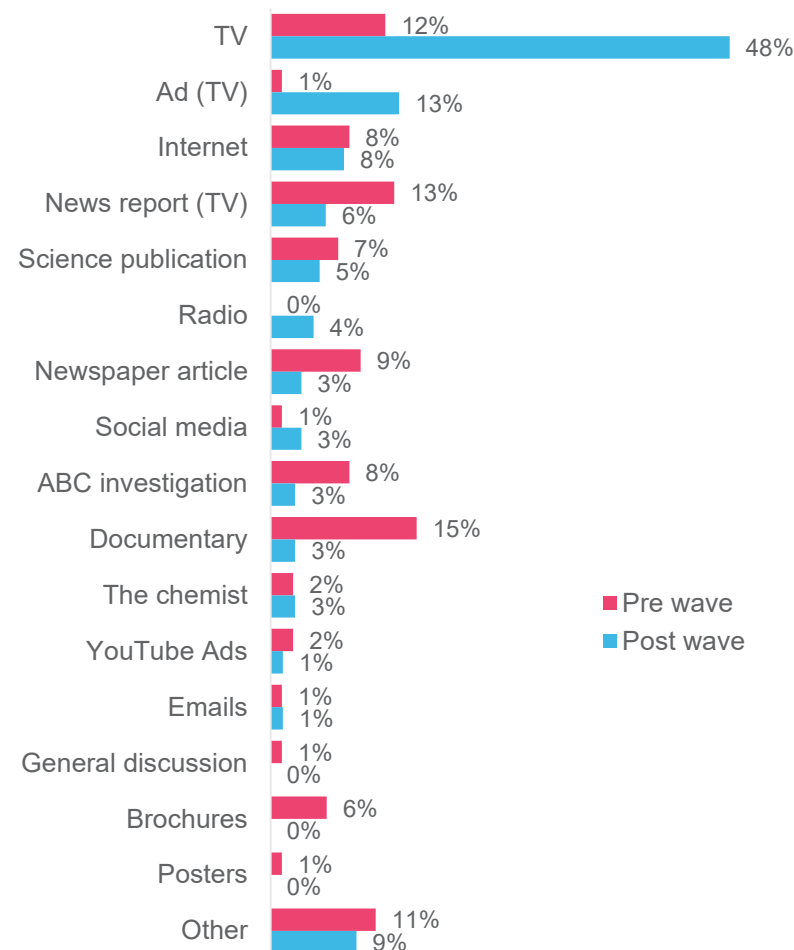


Significant post wave differences

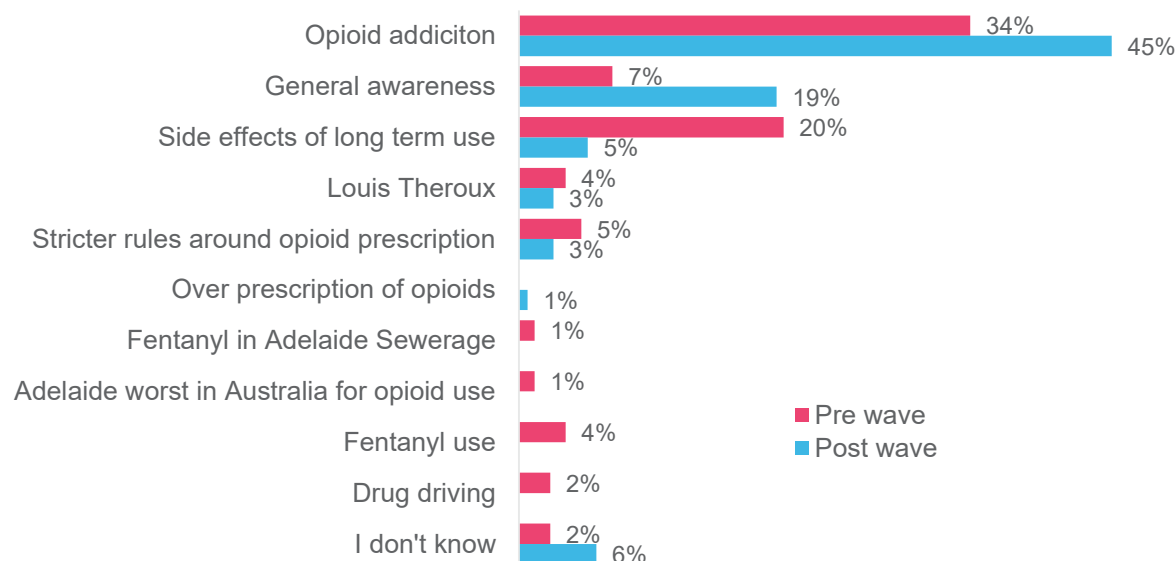
Content was more likely to be **general** and less likely to be about the **side effects of long term use**.

The information was more likely to be seen on the **TV**.

Medium.



Content of the coverage.

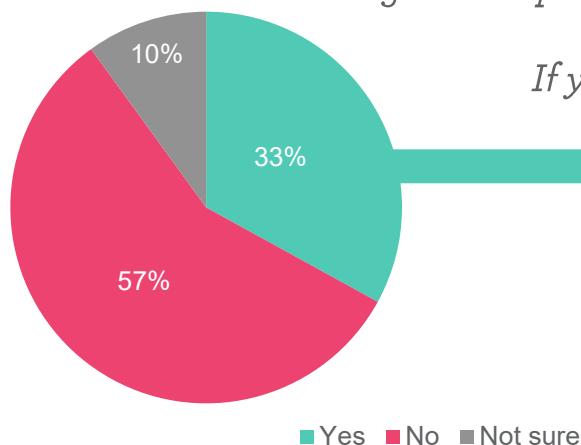


Q26. Have you seen any advertising, or media coverage like documentaries or articles relating to opioid use? Pre Wave Base; n=460, Post Wave Base; n=468

Q27. Please describe what you have seen? Where did you see this? Please be as descriptive as you can. Base n= 95 [if yes at Q26]

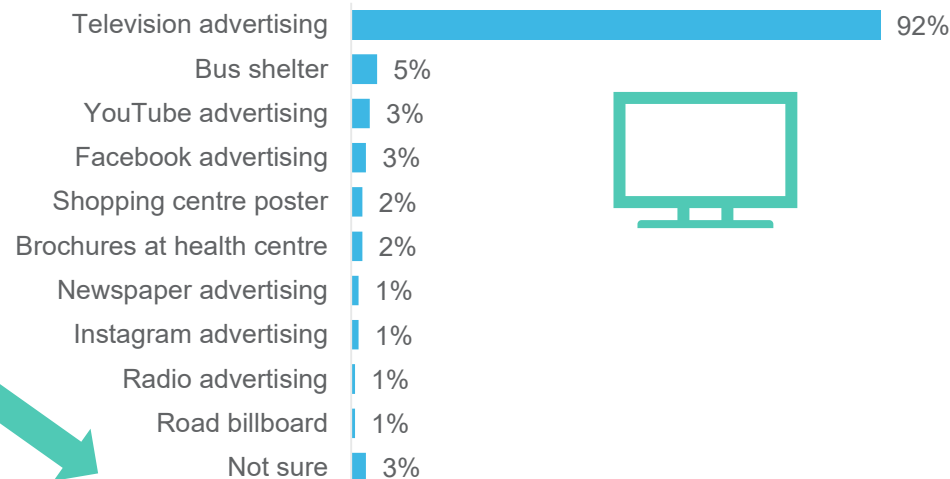
When shown the campaign poster, a third of the sample reported having seen it, which is consistent with the unprompted recall. Almost all of those who had seen the campaign did so on the TV (92%). A variety of taglines were reported, including addiction (15%), think twice (11%) and what are you reaching for (10%), however only 1% successfully recalled the 'reach for the facts' line. The perceived message was similar with addiction awareness (35%), monitor use (17%), think twice (13%) and harm (13%) reported by the highest proportion of the sample.

Have you seen this advertising about opioids?

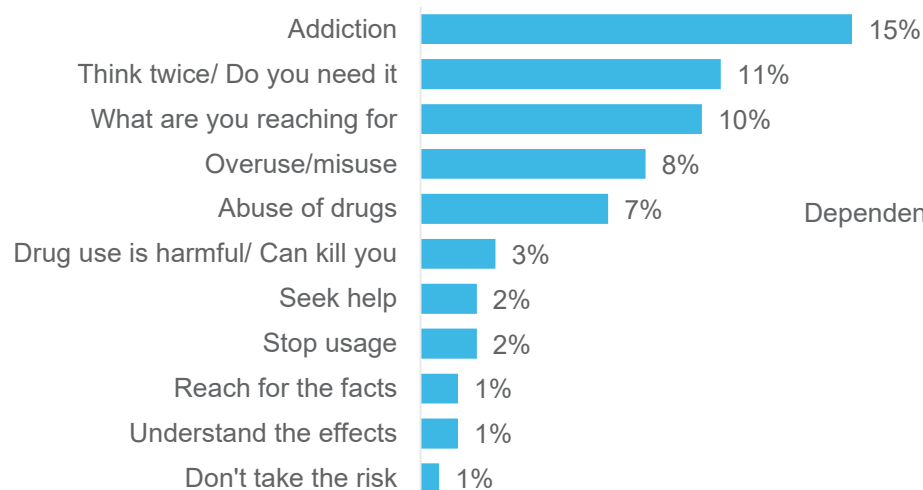


If yes...

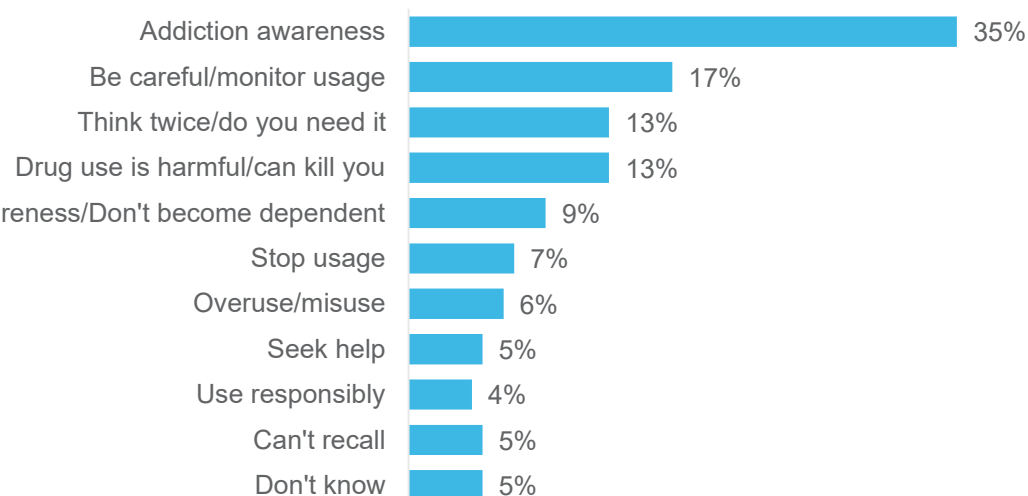
Where did you see it?



What was the tagline?



What was the message?



Q29. Have you seen this advertising about opioids? SR Post Wave Base; n=468

Q30. What was the tagline? OE Post Wave Base; n=150 [If yes at Q29]

Q31. What was the message behind the advertising? OE Post Wave Base; n=150 [If yes at Q29]

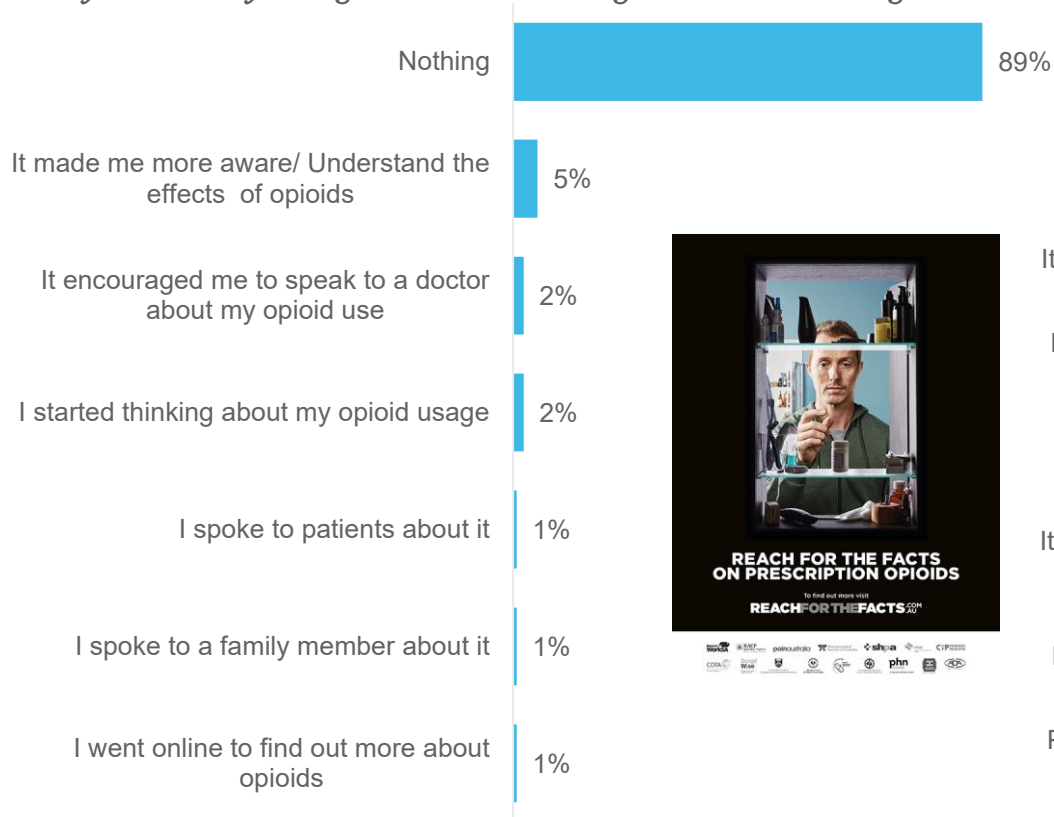
Q32. Where did you see this advertising? MR Post Wave Base; n=150 [If yes at Q29]

The majority (89%) of those who had seen or heard the advertising didn't do anything based on the exposure. A small proportion (5%) reported it making them more aware of the effects of opioids.

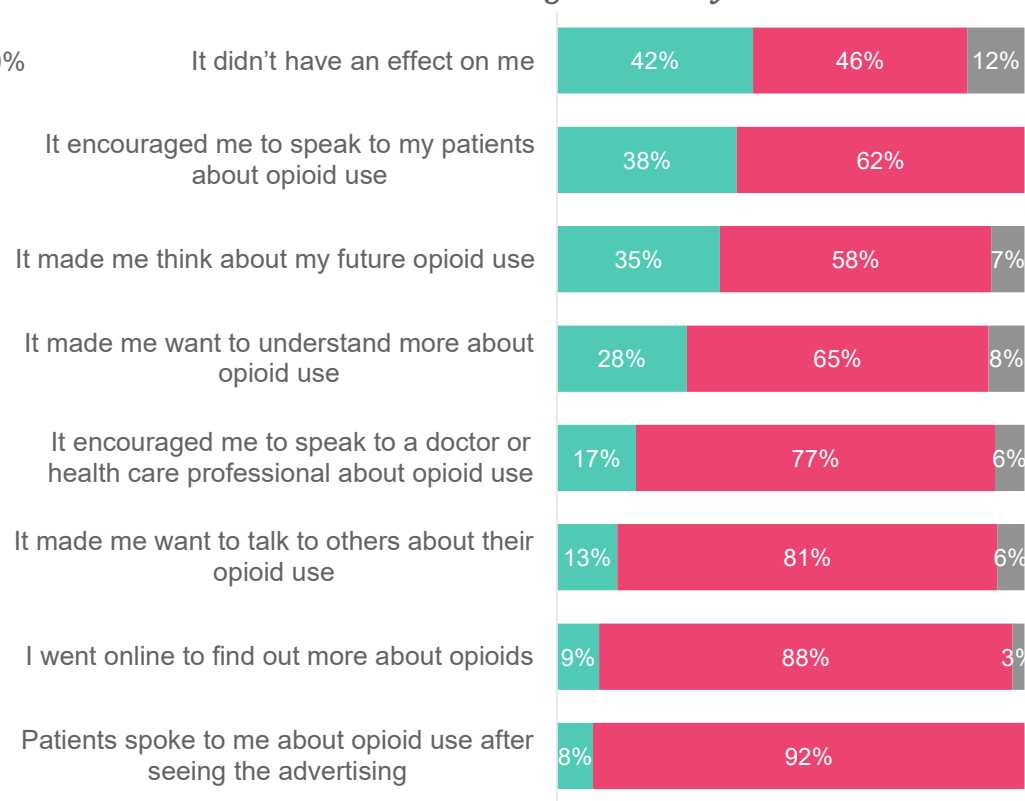
When asked specifically about the effect it had, just under half the sample (42%) said it didn't have any, followed by just over a third (38%) of medical professionals reporting that it encouraged them to speak to their patients about opioid use and roughly a third of the wider sample (35%) communicated that it made them think about their future opioid use and made them want to understand more about opioids (28%).

Less than 1 in 10 of those who had seen the advertising went online to find out more (9%), or in the case of medical professionals, had patients speak to them about the advertising (8%).

Did you do anything based on seeing this advertising?



What effect did the advertising have on you?



■ Yes
 ■ No
 ■ Not sure

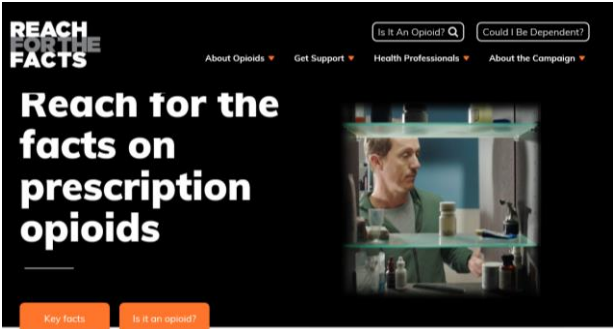
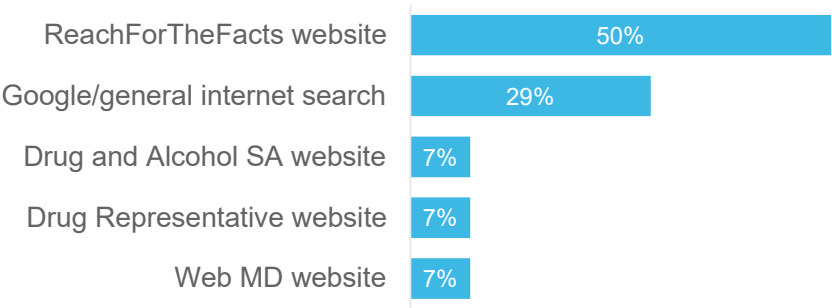
Q33. Did you do anything based on seeing this advertising? OE Post Wave Base; n=150 [If yes at Q29]

Q34. What effect did the advertising you saw have on you? MR Post Wave Base; n=150 [If yes at Q29]



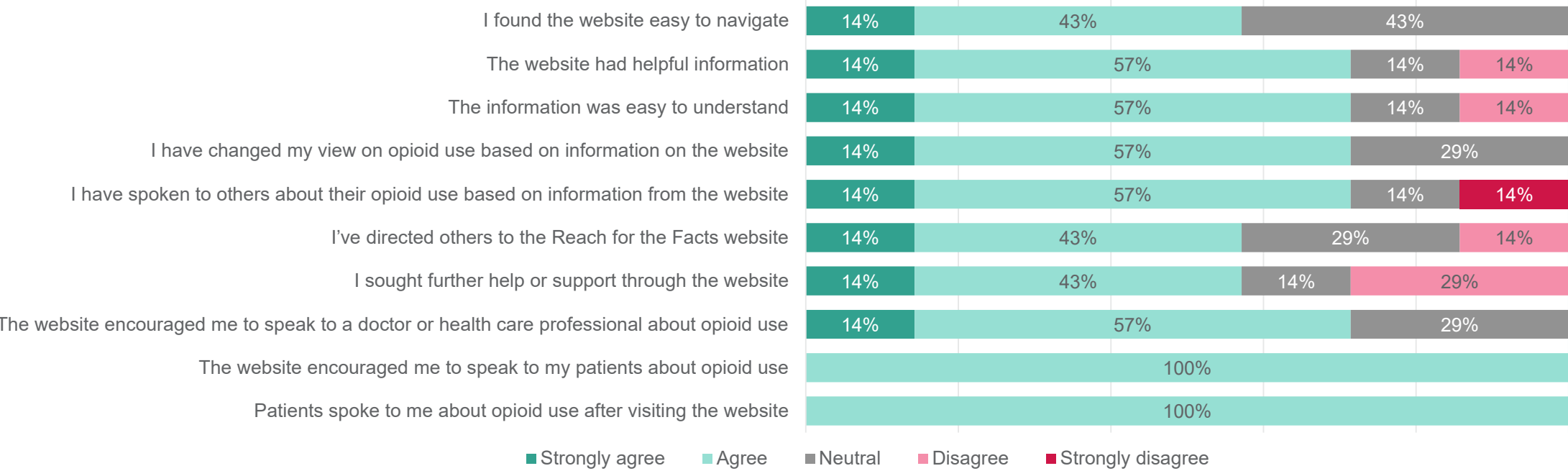
Half of those who said they went online to find out more about opioids went to the ReachForTheFacts website. Their feedback on the website was largely positive, however the results should be treated with caution given the small base size (n=7).

Which website did you go to?



Warning:
These questions have very small base sizes and should be treated with caution

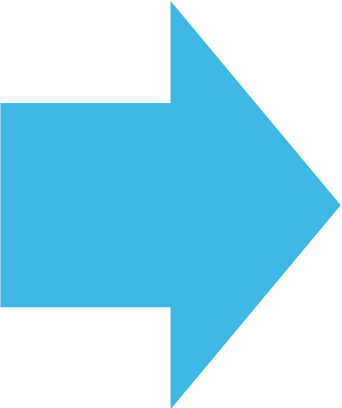
What was your experience using the website?





*Recommendations
based on the
quantitative survey.*

Where to from here?



Consistent positive increases in levels of awareness of opioids and understanding associated with their uses and risks, as well as the level of comfort discussing pain management, were observed between the pre and post survey results. Some were only small, however others were larger and statistically significant. This suggests that the campaign is having an affect on the key measures, despite only being recalled by a third of the post wave sample.

- **Increasing the reach of the campaign**, including extending the duration and widening the channels, would help to further increase awareness levels and understanding. This was echoed by the medical professionals, who were supportive of the message delivered through the campaign material and the resources available through the website and saw benefit in increasing exposure to this information. This was seen to be particularly important in light of COVID-19, while access to medical procedures and services may be reduced and therefore opioid use could increase.



Qualitative
findings.



*Summary of qualitative
insights.*



Pain and the role of opioids.

- The discussions with medical professionals highlighted that managing pain effectively is a **complex** undertaking, with the most appropriate treatment varying based on the **individual** (biopsychosocial factors), **type of pain** (acute versus chronic) and **setting** (intra operative, post operative and ongoing).
- The treatment types discussed included non-pharmacological and analgesia (including opioids), with the best results often said to be achieved using a **multi-disciplinary approach** focused on treating the underlying cause of the pain, rather than just the symptoms.
- Most saw opioids as having an **important but limited** role in the management of pain, with their effectiveness focused on the short term management of acute pain in a controlled environment, for example, an Emergency Department.
- Many practitioners were of the opinion that the benefits associated with opioid use are well and truly outweighed by the long list of side effects and risks, with some avoiding them completely.

The role of medical professionals when it comes to opioids.

- On a practical level, when prescribing or dispensing opioids, most practitioners discussed the importance of providing **verbal advice** on when and how long to take them, the dose, potential side effects (most commonly nausea and constipation) and next steps. This was sometimes backed-up with written information where there were communication issues. In some cases, shortcomings in how information is provided were discussed, with an **opioid facts sheet** mentioned as a useful resource, particularly in an ED setting.
- On a wider level, patient and practitioner awareness of the risks associated with opioids was seen to be increasing, resulting in lower prescribing levels. Most viewed patient misuse of opioids as unintentional, with almost all who are dependent originally prescribed opioids by a medical professional – hence the need to **review prescribing behaviour**.
- Despite this, practitioners expressed concern over the amount of misuse and dependence, particularly within South Australia, and the need to intervene to prevent Australia from reaching the levels seen in the United States of America.
- They saw the primary role of medical professionals as:
 - o Taking greater responsibility over the when and how long opioids are prescribed, following up with patients, and limiting re-prescribing wherever possible; and
 - o Educating the public on the safe use, side effects and risks of opioids.



Campaign awareness and effectiveness.

Some of the medical professionals had seen or heard the ReachForTheFacts campaign prior to the discussions, either through mainstream channels like TV, radio, billboards or posters, or via industry channels like magazines, conferences, talks or through colleagues.

When all had been exposed to the poster and TVC, the feedback was generally very positive with the key strengths being:

- How the message is **relatable** to 'ever day normal people', some of whom might not be aware that they have a problem, in a non-judgmental way; and
- The potential to encourage self reflection, question the use of opioids and get the conversation started.

The campaign material was seen to useful in raising awareness amongst those who haven't used opioids before, those who are using them and may be concerned and family members and friends who are concerned about someone using opioids. It was also seen to be a helpful reminder to medical professionals in relation to prescribing habits.

Website effectiveness.

Very few of the practitioners we spoke with were aware of the ReachForTheFacts website prior to their involvement in the research, however once directed to it, the site was very well received and perceived to be useful for practitioners and the public alike. The information was comprehensive, relevant, credible, easy to navigate and relatable. Practitioners particularly liked the resources and links, the calculator tool and the testimonials. The main improvement was to provide information on alternative treatment options. Most said it would be something they would use and direct patients to.

The idea of having a downloadable and printable opioid facts sheet was discussed as a useful addition to the ReachForTheFacts website. It would ideally include general points to be aware of and potential side effects, as well as space for prescribers to note patient specific information e.g. dose, frequency, duration, when to take, next steps etc.

What else can be done?

A long list of suggestions were provided on what else can be done to reduce problems associated with opioid use. The key suggestions included;

- Tighter control and more guidance in relation to prescribing and dispensing opioids (reducing pack sizes, warnings on packs, including the ReachForTheFacts website on packs, real time alerts for dispensing, more follow-up and guidelines on length of use and pre-prescribing);
- Encouraging a multidisciplinary approach, particularly for chronic pain; and
- The potential to extend the campaign to increase the reach and duration and maximise awareness of the issue.

*Profile of qualitative
participants.*

A range of medical professionals were consulted during the research process. Below is a summary of their background and role in pain management.

	Profession	#	Background
	Anaesthetists	2	• Very experienced, 30+ years. • Public and private metropolitan hospitals. • Manage procedural pain (including chronic back pain and spinal surgery) using opioids. • Prescribe post operative pain relief, including opioids.
	Surgeons	2	• 10 to 30+ years experience. • Public and private hospitals. • Orthopaedic surgeon and obstetrician/gynaecologist. • Post operative pain management includes opioids.
	Occupational Physicians and Pain Specialist	3	• Very experienced, 20+ years. • Private practice. • Background in workplace injury. • Pain management is a large part of workplace injury, mostly chronic pain. • More likely to use a multi-disciplinary approach.
	Dentists	3	• 3 to 10 years experience. • Mostly private practice, some public experience. • Large amount of role is focused on pain management. • Avoid opioid use wherever possible, aim to treat the cause of the issue rather than the pain, only use opioids for acute pain in the lead up to a procedure or immediately after.



	Profession	#	Background
	Doctors	11	• Between 2 and 35 years experience. • Emergency Department Doctors in public and private hospitals (Royal Adelaide Hospital, Noarlunga Hospital, Flinders Hospital, Queen Elizabeth Hospital, Women's & Children's Hospital, Calvary). ◦ Significant time spent on pain management, regularly use opioids for acute pain. • General Practitioners in private practices. ◦ Less about pain management compared to hospital and ED settings, avoid opioid use where possible, more focused on reducing dependence on opioids. • Includes views of a Senior Medical Educator and a GP who specialises in opioid addiction. • Australian (WA, NSW) and overseas (UK, India) experience. • Mostly metropolitan Adelaide, one GP Consultant who visits rural areas.
	Nurse Practitioners	3	• Between 5 and 20+ years experience. • Emergency Departments in public and private hospitals. • Australian and overseas experience. • Pain management makes up a significant part of their daily role, including use of opioids. • Largely muscular skeletal pain relief.
	Pharmacists	6	• Between 7 and 18 years experience. • Community, aged care, hospital, clinical, multi-disciplinary, compounding, public and private pharmacies. • Dispense medication for hospital inpatients, upon discharge and outside of the hospital setting. • Pain management makes up more than 50% of consultations, dispense opioids to varying degrees.



*Pain management and
opioids.*



Pain management is a complex process.

Practitioners discussed the fact that pain **tolerance** varies enormously based on a multitude of factors, including the cause and duration of the pain, environmental influences and comorbidities. This makes it complex to manage.

Medical professionals often give patients the 'benefit of the doubt', as pain is experienced subjectively. It's difficult to argue with someone who says their in pain and refuse to prescribe medication to provide relief, even if they are suspected of overexaggerating their pain. Conversely, some patients may under-report pain which should be managed with stronger medication than they are currently prescribed. This requires health professionals to rely on their experience and intuition when assessing patients, which can be subjective, but is necessary.

Practitioners believe that in an ideal situation, a **multi-disciplinary** approach which takes into consideration **biopsychosocial** factors, and is aimed at **treating the cause**, is the best way to manage pain.

The type of pain guides the best form of treatment:

- **Acute pain:** is best managed using a multi-form analgesic approach spread over different classes of drugs to maximise effectiveness while minimising side effects and the required dose, e.g. paracetamol, anti-inflammatory and potentially opioids; and
- **Chronic pain:** can be more challenging to manage, requiring a holistic approach (physio, psychological, occupational therapy, exercise, massage etc.), with little evidence supporting the effectiveness of ongoing opioid use.

Pain management also differs based on the setting:

- **Intra operative analgesia:** is essential to manage pain while patients are sedated;
- **Post operative analgesia:** is designed to be short term and allows patients to rest and heal; and
- **Ongoing:** when further pain relief is sought and opioids are potentially re-prescribed without proper consultation, and the problem of dependence and tolerance can begin.

Specialists discussed that in the case of long term chronic pain, when the brain has been in a continual mode of protection, the brain needs to re-learn that it can do small things without anticipating pain and trying to protect itself.

“

“Pain is a very depressing thing.” General Practitioner

“It seems like opioids are increasing - we have three safes in the pharmacy for opioids (used to have one)- this could be to do with more diagnosis.” Pharmacist

“We live in a culture that has been seriously trained to believe that medication is a wonderful thing, but when it comes to chronic pain management there's not really much place for it.” Occupational Physician

“Some people's brains get over protective. Need to give the brain the opportunity to relearn that the world isn't as bad as it thinks it is.” Surgeon

”



The aim is to alleviate pain without causing harm.

Medical professionals discussed a widely used tiered pain management protocol, which varies to some degree but typically includes the following steps:

1. Non-pharmacological based:

- Including the use of ice, heat, immobilisation, stretching, massage, exercise, physiotherapy and acupuncture. The aim is to avoid the use of medication, particularly narcotics.



2. Analgesia based:

- Where medication is required, the first step includes the use of paracetamol and ibuprofen (non-steroidal anti-inflammatory), which are often used in parallel for best results;
- Opioids tend to be the next option when earlier approaches don't suffice or when immediate strong pain relief is required. They are often used in parallel with first step medications; and
- Then other medications including antidepressants (tricyclics), anaesthetics, non-narcotics like anticholinergic (Buscopan) and Gabapentin are used.

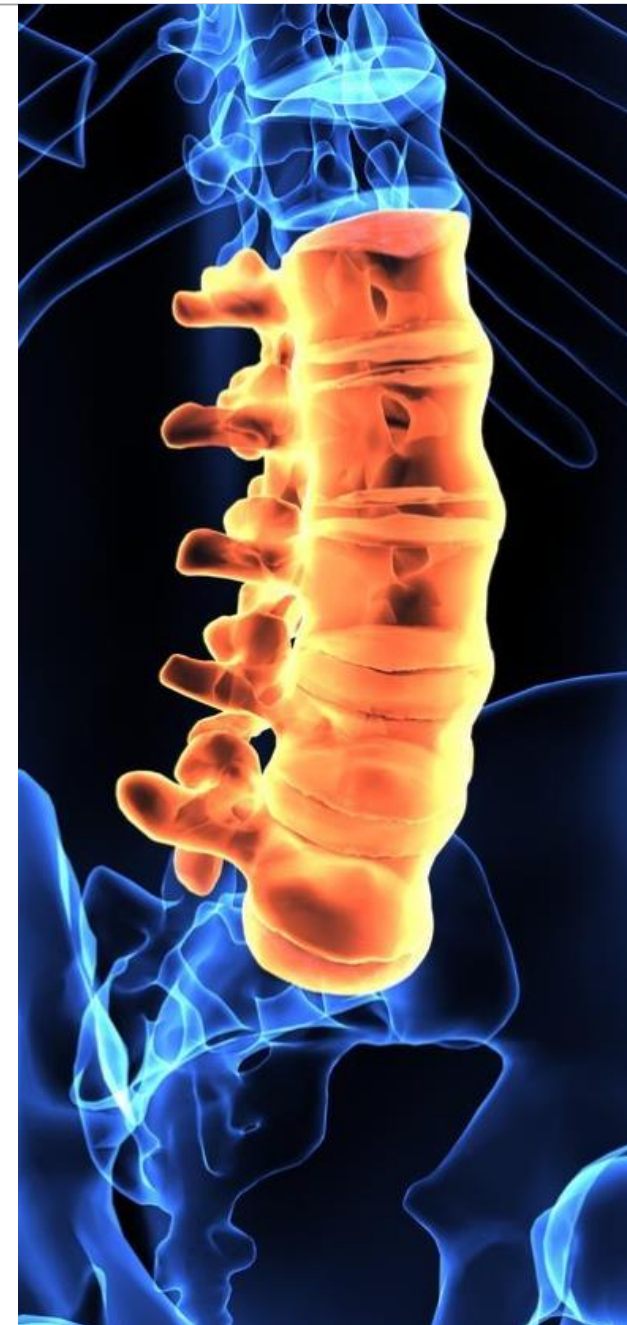


“

“One of the things that I believe really strongly is in exercise and physical activity. One of the advantages of giving someone an opioid is that often it will get them through that time when they can then resume exercise or physiotherapy and become more active. Giving someone pain medication for a purpose.” General Practitioner

“It seems like opioids are increasing - we have three safes in the pharmacy for opioids (used to have one)- this could be to do with more diagnosis.” Pharmacist

”





Limited role in modern medicine.

Practitioners discussed that historically, opioids have been **over-prescribed** based on political and business influences which go back a long way.

Today, health professionals see the role of opioids to be limited to **short term management of acute pain**. Most avoid their use completely where possible. There is a belief that outside of emergency situations, if you get the pain diagnosis right, there is no need for opioids.

Some practitioners spoke of situations when opioids are used for ongoing pain management when **access to treatment is a barrier** e.g. cost, availability or situations like the current COVID-19 pandemic. This is seen to be a risky option which needs to be avoided wherever possible, or in the case when it is unavoidable, managed carefully.

General Practitioners (GPs), Occupational Physicians and Pain Specialists are more focused on **stopping rather than starting opioids nowadays**. Many discussed the ongoing process of withdrawing opioids that other medics have prescribed, which can be a slow and challenging process.

When opioids are used, they are most commonly used to treat the following sources of pain:

Orthopaedic surgery, fractures, breaks	Dental pain e.g. wisdom teeth	Skin related injuries e.g. burns, abysses	Endometriosis
Gout	Back pain	Child birth	Migraines
Heart attack	Hysterectomies	Arthritis	Diabetes
Laparostomies	Cancer related pain	Infections	Eye complaints



"Big pharma have driven the use of opioids."
Pain Specialist

"Opioids work for acute pain, operations and major trauma. They aren't good for permanent treatment." Occupational Physician

"I stop more opioids that I start. There is limited evidence that opioids actually work."
Occupational Physician

"Not used routinely given the delayed healing response, only used to reduce acute pain that isn't responding to anything else to assist with comfort and rest." Dentist

"Use for acute pain, not chronic pain. Try to get people off opioids as quickly as possible."
Surgeon

"It is hard to justify opioid use for dentistry use."
Dentist

"There is no place for opioids in chronic muscular skeletal pain management."
Occupational Physician





Very valuable weapon for combating acute pain in a controlled environment.

While most spoke of trying to avoid or reduce the use of opioids, they were still viewed as serving an important purpose, particularly in an emergency setting where acute pain requires immediate relief and medication can be tightly controlled.

Benefits
• Rapid onset and offset.
• Suited to short term use.
• Alternative when other less powerful options aren't providing relief.
• Psychological relief e.g. relaxes, calms, helps to alleviate stress.
• In an ED setting, it allows the medical team to take control of the situation when a patient is experience significant pain and anxiety.
• Safer than paracetamol if there is a history of bleeding and ulcers.
• Helps with immediate quality of life, allows patients to get rest.
• End of stage palliative care.
• Oxycodone tablet is easy to administer and provides immediate relief.
• Easy to convert and provides multiple administering methods e.g. patch, IV, tablet.
• Safe in an acute setting like an ED.
• Useful to get patients mobile, particularly those with arthritis.

“

“There is no question that an opioid is the best pain reliever known to man. It is far and away the best pain killer we have.”

Anaesthetist.

“Getting rapid control of pain allows them to relax and calm down and you can find out what's going on and get control of the situation a lot more quickly than you would otherwise. You alleviate the stress for patients and staff.” ED Doctor

“When nothing else works and the pain is interfering significantly with their quality of life and functioning.” General Practitioner

“Don't want to take it off the list or arsenal. It's really useful in an ED setting.” ED Doctor

”



There are lots of reasons why medical professionals are wary of opioid use.

Down sides

Side effects:

- Nausea.
- Constipation.
- Urinary retention.
- Sedation, drowsiness.
- Respiratory depression.
- Addiction when used medium to long term.
- Falls, particularly in the elderly.
- Tolerance requiring larger future doses.
- Behavioural issues.
- Hyperalgesia causing increased sensitivity to pain.
- Sleep disturbance.

Issues and risks:

- Limited evidence that opioids work long term.
- Sometimes patients continue using without review.
- Often dispensed in large quantities which aren't needed.
- Sold illegally.
- Can react with other medications.

“

*“People will put up with pain over nausea.”
Anaesthetist*

““Oxycodone is one of the most addictive substances known to man.” Dentist

*“Opioids don't have a place in dentistry anymore. The risks outweigh the benefits.”
Dentist*

*“System issues – it takes 10 seconds to say ‘yes’ and 30 minutes to say ‘no’.”
Occupational Physician*

“Often their pain isn't well controlled when they are on them, so you're just left with all the side effects.” General Practitioner

“I tell them the hyperalgesia story. I tell them the story of tolerance – how drugs get less and less useful over time. Overtime opioids are worse, not better.” Occupational Physician

“In reality, what you see is everyone with tolerance and in pain. As we learn, we are doing better at not starting those medications and trying to wean people as much as we can.” General Practitioner

”

»»» Which prescription opioids are used?



Wide variety of opioids available with varying strengths.

A range of opioids were discussed as being used to varying degrees. Practitioners spoke of Panadeine Forte being a commonly used low level opioid, whereas Oxycodone was the preference for more acute pain relief. Fentanyl and Morphine are used at the higher end of the pain spectrum.

The opioids used included:

- Codeine
- Panadeine Forte
- Oxycodone/Endone/Targin
- Tramadol
- Tapentadol/Polexia
- Fentanyl
- Capentadol
- Morphine
- Pethidine



»»» What advice is provided on opioids?



Verbal advice, backed-up with written information where necessary.

Most medical professionals provide **verbal information** when prescribing opioids, with written information generally only provided when there are communication issues.

There was a feeling that the process of prescribing and administering opioids could be improved, particularly in an ED setting where time constraints are at play and patients may be distressed and less capable of absorbing important information. In fact, asking about this in the interviews gave some practitioners the idea of providing printed information (this wasn't the way things were done and they hadn't considered it before).

When written information is provided, it generally consists of **fact sheets** based on **Consumer Medicine Information**. The most common information provided includes:

- Dose;
- Frequency;
- How long it should be taken for (short term – no more than 3 days);
- When to take the medication e.g. only if paracetamol &/or ibuprofen aren't providing relief;
- Potential side effects and risks; and
- Next steps, and what to do if pain persists.

The **ReachForTheFacts** website was mentioned as an independent, unbiased and useful source of information by some. Others mentioned referring patients to other web-based resources like **YouTube videos** for further information, including Professor Lorimer Moseley.

The idea of having a downloadable and printable **opioid facts sheet** was discussed as a useful addition to the ReachForTheFacts website. It would ideally include general points to be aware of and potential side effects, as well as space for prescribers to note patient specific information as above (e.g. dose, frequency, duration, when to take, next steps etc). The website could be included as an additional source of information. The level of detail and tone would need to balance the need to inform patients in a non-judgement and non-threatening manner.

“

“Sometimes it can be a little bit overwhelming, there's a lot of information to take in and generally they are in pain already, so their ability to absorb information is compromised.” Dentist

“Could be done better in an ED setting, we should give a handout but often we don't due to time pressure We rely on pharmacists to provide the information.” Nurse Practitioner

“I try to look at patients as a whole and give them other options. They might not take it on, but they could come around.” Pharmacist

“Don't ask about pain, I ask about how well people are functioning.” General Practitioner

”

»»» Is opioid use a problem?



Yes, but to varying degrees based on the setting.

Opioid misuse is seen to be a huge problem in **America** and to a lesser extent, the **United Kingdom**.

On a domestic level, **drug seeking** was said to exist in every community to some extent, with opioid misuse believed to be **worst in South Australia**. There was also a belief that the 'problem areas' were far more likely to be lower socioeconomic areas in metropolitan South Australia, including Playford. Misuse in **rural areas** was described as less of an issue. It was believed that farmers are more likely to put up with pain and avoid situations where they are affected by opioids which could impair their use of machinery.

Opioid misuse was viewed as **less of a problem in hospitals** given the controlled environment. Dentists also didn't see opioid misuse as a big problem based on their limited use.

While viewed as a problem by most, **growing awareness** of the risks and side effects means that **opioids are being used less**.

On a patient level, misuse was seen to largely be **unintentional**. Some expressed that nowadays patients are more wary about taking opioids due to the side effects and potential risks, rather than over-using or misusing.

Specific situations when opioids are avoided.

- | | |
|---|--|
| • Elderly patients at higher risk of falls. | • If already on other opioids, less effective. |
| • Those with a history of addiction and drug seekers. | • Women who are pregnant or breastfeeding. |
| • Lower doses for very lean people. | • Based on allergies. |

“

“Based on medical journals, in Western countries yes, 30-40% of patients still on opioids three months after surgery.” Surgeon

“There's a drug issue wherever you go, prescribed and non-prescribed. There's a huge drug issue. SA seems to be the drug capital of Australia for some reason, we have a lot of it.” General Practitioner

“You don't become addicted to an opioid if you're using it for pain. This is something that people don't quite realise. You become addicted when you continue to use it and you start to say 'that makes me feel good', the euphoric affects.” Anaesthetist

“There are drug seekers in every community. When you're the new Doctor in town they send someone in to test you out.” General Practitioner

”



Varying approaches, but all aimed at harm minimisation.

The approach varied based on the setting and role in pain management.



Hospital medics

- Suspected drug seekers can be difficult to manage in an ED setting as it is important to **fully assess** potentially critical cases.
- Involves careful **review of history**, sometimes suspect patients will have an **alert** against them.
- Practitioners are wary when a patient requests a **specific drug**, even more so if a **specific dose** of that medication is requested.
- Their GP, or other hospitals, are contacted to check suspected drug seeking cases before prescribing.
- Patients are typically discharged from hospital with a **very limited supply of opioids**, even more so if they are suspected drug seekers (24 hours worth), and are referred back to their GP for follow-up.



Pharmacists

- Pharmacists spoke of not dispensing opioids on an **early supply** or if the prescription looks **forged**.
- If they are concerned, they are able to consult a **prescription shopping register**.
- Patients are referred back to their **GP** if the risk is deemed to be too high.
- In cases where the patient is clearly misusing opioids or wanting extensive quantities, some pharmacists delay or reduce the amount they dispense by making up stories about stock shortages. However, this was rare.
- This is a delicate situation, the aim isn't to undermine the GP's decision.



"I'm cautious of using opioids and drug seeking behaviour, but don't want to miss something legitimate, especially in ED setting with high stress." ED Doctor

"GPs don't need to get a special number for prescribing opioids for longer than 3 months like they used to and pharmacies can't follow up with every patient." Pharmacist

"I tell patients they will have to miss a dose if they take too much." Pharmacist

"GPs don't particularly like being questioned but you have to cover your arse. Maybe it helps them reflect on their practices." Nurse Practitioner





General Practitioners & Occupational Physicians

- Some GPs discussed taking a very hard line approach with drug seekers, either refusing an appointment with them or refusing to prescribe opioids.
- Others discussed taking a more gentle and gradual approach to reducing opioid misuse and dependence which is focused on achieving realistic targets that both parties agree to.
- In problem cases, the aim is to wean patients off opioids completely, which is successful in most cases, but not all.
- Some GPs use other medication to help wean patients off the problematic opioid e.g. Suboxone.
- Specialists spoke about following a more detailed holistic approach which involves looking at their complete patient history, including psychological conditions and other substances used, including:
 - o Working through how effective they believe the opioids are;
 - o Discussing problems they are experiencing;
 - o Understanding their day to day function and quality of life;
 - o Making them aware of the risk factors; and
 - o Looking at non-pharmaceutical and withdrawal treatments.

Patient response to intervention can be extreme.

Practitioners discussed having frank conversations, which some patients don't like, and in some cases, these patients don't return. Some patients become frustrated and aggressive and even go to the length of making threats and complaints. However, the majority of patients are understanding, want help, and are willing to take the advice of medical professionals.

“

“If they aren't an ongoing patient of mine, and they request opioids, I won't see them.” General Practitioner

“You have to play the long game - gradual reduction. There are lots of side effects if opioids are stopped abruptly after long term use. You have to be flexible and patient, set realistic expectation. It's all about harm minimisation.” General Practitioner

“Some people can be very challenging. I've had patients basically threaten suicide if their drug is taken away, or threaten to go to the black market if they can't get access to it.” Occupational Physician

“Try to set-up opioid contracts, if that makes sense, where we have a written plan of what we are going to do and how we are going to reduce the dose over time and get everyone on the same page.” General Practitioner

“There will be a sub-set that won't be able to be weaned completely off. In those cases we take a harm minimisation approach which would normally mean the lowest dose that is effective.” Occupational Physician

”



Across the discussions, there was a widely held view that medical professionals have an important role to play when it comes to opioid use.

Primary role is to do no harm.

The overarching role of health professionals is to alleviate pain by assessing what's causing it, the severity and how best to manage it. They then aim for the **safest and lowest effective dose** of medication possible.

Narcotic stewardship.

The view was that all health professionals need to administer, prescribe and dispense opioids in a **responsible and careful manner**.

Some believed that in an ideal situation, **no one would be on narcotics**. The aim should be to try and cease use completely for the majority of cases. They should only be used as the **exception, not the rule**.

Many spoke about the need for pharmacists to have access to **real time dispensing records** which are coordinated between private and public systems across Australia. This would provide alerts when patients are requesting medication early or are mis-using.

Patient education

All spoke about the need for medical professionals to take responsibility when it comes to **educating patients on the correct uses and risks** associated with opioids.

They should ensure patients know **when it is needed, how long to take it** and explain that it probably doesn't need to be taken for as long as people think.

“

*“I think that most importantly it is listening to the patient
- asking the right questions of pain and diagnosis.
Getting the full picture of what is going on and how you
can help.” Dentist*

*“We should be able to assess how bad the pain is,
what the cause of it is and how best to manage it.”
Anaesthetist*

*“Making sure the patient is on a safe dose and the
lowest effective dose.” Pharmacist*

*“The default should be that no one has narcotics, as
opposed to ‘oh yeah, I’ll give you something to help
you’.” General Practitioner*

*“We are the gateway to accessing opioids. Need to
educate prescribers, patients and the wider
community.” Pain Specialist*

”



Change prescribing behaviour in Australia.

While there was acknowledgement that it is difficult to see someone in pain and deny of them of an opioid which they believe has been helping them, this is when **repeat prescriptions** occur and **when the risk of addiction can start**.

Some believe opioids should **never be re-prescribed**. This is easy to say, but much harder to work through in reality and requires a **holistic approach** to ongoing pain management.

GPs particularly believe that when opioids are prescribed, it is important that they are **followed-up**. If patients have been prescribed an opioid, and are still in pain after the course ends, they should go back to the surgeon or specialist to assess the reason for the pain, rather than the GP re-prescribing. However, **time, cost and availability doesn't always allow for this**.

While surgeons, anaesthetists and ED doctors may be the ones who prescribe an opioid in the first instance to manage short term acute pain, many believe it is **ultimately the GP's responsibility** to manage the patient and their pain on an ongoing basis. In saying this, GPs expressed frustration at having to deal with the after affects of opioids prescribed by other medical professionals.

Some discussed the privilege that is being able to prescribe medication and the need for medical professionals to know that they can have their **registration suspended or taken away** if they are found to be abusing prescribing privileges.

“

“We have an important role. The privilege of prescribing as a health care professional is not something you should take for granted or abuse because it can be taken away from you.” Dentist

“Pharmacists should have a system where there is real time dispensing records. Private scripts need to mirror public scripts.” Occupational Physician

“Never ever give a repeat script.” Anaesthetist

“Pharmacy is still very much a business, and driven by sales, so it is hard for people to stop prescriptions”

“We’ve got a big role in this. As a GP I get a bit frustrated at times because people start them and then get told to go and see your GP and we’re left with this mess.”

General Practitioner

“Prescribers should take more responsibility on what they are prescribing. Opioids should be prescribed by one type of medical professional (GP), with a plan – an agreement between them and the patient and then refer to pain management clinics for additional support.” Nurse Practitioner

”



*ReachForTheFacts
campaign awareness
and perceptions.*



Limited exposure to the campaign.

Overall, awareness of the campaign was low amongst the practitioners we interviewed.

Some health professionals mentioned having seen or heard the ReachForTheFacts campaign material through **main stream channels** including:

- TV;
- Bus shelters;
- Radio; and
- Billboards.

Others were aware of it through industry channels, including:

- The Australian Dental Association;
- Information provided by RTWSA through the GP College;
- The campaign with SA Health when the codeine guidelines changed;
- A NPS talk;
- Advertisements in the Australian Doctor, Medical Observer publication which lead to one practitioner using the RFTF website;
- Posters in practices and pharmacies; and
- Colleagues talking about it, including mentions of the website.

A small number were involved in the early stages of campaign development in an **advisory capacity**.

Very few practitioners said **patients** had spoken to them about the campaign. However, when this was the case, the response was positive with the patient wanting to come off opioids based on exposure to the message.

“

*“I think it was great at starting the conversation – making people aware.”
Occupational Physician*

“I wish some of my patients were watching it.” General Practitioner

*“It’s done wonders. On a day to day basis in workers comp. land, some patients are saying they want to come off their opioids.”
Occupational Physician*

“Teaching about the long term dangers of opioids and misusing opioids. Teach people that it’s not as great as they think it is.” General Practitioner

“You can see the deterioration of the person.” ED Doctor

“I think the message is ‘before you just take the medication you’ve been prescribed check it out and see if you really need it and look at the safety issues.’ General Practitioner

”



The reactions to the RFTF campaign were very positive.

- The campaign material was seen to be well designed, clean, simple and attention grabbing;
- The idea of telling the story through the perspective of the medicine cabinet was liked, as was the associated play on words;
- The presence of the child in the background was seen to be a useful inclusion;
- The **non-judgemental tone** was liked given the aim is not to shame or alienate people;
- The use of a **normal person** in an **every day situation** made it easily **relatable**;
- Similarities were drawn with the quit smoking campaign which was viewed to be effective; and
- Early involvement of stakeholders was seen to be important to build credibility.

It was viewed to have the potential to:

- **Increase awareness** of the problem and start the **conversation**;
- Get people **thinking** and question the use of opioids - do they really need it?
- Trigger action given the message that hasn't been out there before.

The campaign was seen to be useful for:

- Those who **haven't used opioids before**, to make them more aware of the risks;
- Those who are already **concerned that they may be addicted**, but haven't taken any action;
- **GPs**, to make them think about their prescribing habits; and
- **Family and friends** of those who they suspect may have an issue with opioids.

“

“I really like the video. It makes you think twice about why you are using your medication.”

Pharmacist

“It definitely drives the point home in a concise way.”

Dentist

“I think it was great at starting the conversation – making people aware.”

Occupational Physician

“Increasing the knowledge of the harms of opioids is helpful.”

General Practitioner

“Asking people to think – is it for pain or something else?”

Surgeon

“I think it would make GPs think about their prescribing habits.”

Pharmacist

“I like the fact that it's non-judgemental. Often people who end up with an opioid problem have been prescribed that by a doctor and have followed medical advice. It's good that they're not painting it as a drug seeker sort of thing.”

General Practitioner

“Most patients taking narcotics don't actually want to take them, but there's nothing else and they think it works, so they take it – so they've got that psychological as well as physical dependency.”

General Practitioner

”



Several suggested improvements were made.

- Provide more information on **alternatives to opioids**;
- Greater reach across a mix of channels would help to spread this important message;
- Emphasise that it **can happen to anyone**;
- Show the effect opioids can have on day to day activities using with different target audiences e.g. driving a car, at work;
- Showing the side effects and withdrawal symptoms could make more of an impact;
- The message could be clearer with a voice over providing more information;
- It could be more relatable if the Australian format of dispensing opioid medication was used e.g. a pill box with a warning on it, rather than an orange container, which was seen to be too American; and
- Add the question at the end, "Do I really need this?".

Further feedback.

- Some thought that only those with an opioid problem, or those who know someone with a problem, will understand the message;
- Those with a problem may be less receptive; and
- Some felt the focus should be on influencing the behaviour of the doctor, rather than educating the broader community and that the intervention needs to happen at the prescription stage.

“

"Lots of people stuck in destructive behaviour. They know it is harmful but they have their own excuses and reasons why they don't stop." Dentist

"Probably gets people's attention - but I think what holds people back from stopping is that the Dr is prescribing it. People trust GPs and so patients think that it can't be that dangerous because the doctor is prescribing it." Pharmacist

*"Have to have some insight or desire to make a change – already on the road of thinking about possible addiction."
Nurse Practitioner*

*"Need to show the number of people dependent on opioids and the death rate to shock people e.g. the aids Grim Reaper scare campaign from 1987."
Surgeon*

"Could be clearer with a voice over, bit vague." General Practitioner

”



Despite relatively low awareness, the medical professionals were impressed with the range of channels already being used to spread the word.

Their mainstream suggestions on how best to spread the word further included:

- TV, invest more to extend the timeframe and therefore potential reach;
- Social media;
- Radio (ABC for the older demographic); and
- YouTube ads

Other industry specific suggestions included:

- | | |
|--|--------------------------|
| • Posters and pamphlets in hospital, practice and pharmacy waiting rooms/areas. | • Medical journals. |
| • Through Pain Specialists. | • Professional colleges. |
| • Education from a young age through schools. | • Conferences. |
| • Through groups who help vulnerable people e.g. AA. | • Academic detailing. |
| • Letter box drops to help reach those in known high risk areas, including the older generation. | • Dental health week. |
| • Look at allied health as an opportunity to share this info (physio, psychology). | • NPS education events. |

“

“Giving out leaflets in the pharmacy would be great.” Pharmacist

“Letter drops for older people in hot spots.” Nurse Practitioner

“I would play the advertising and case study videos in my waiting room on repeat.” General Practitioner

”



Well received resource for the public and practitioners alike.

The website received a **very positive response** across all the discussions. It was seen to be/contain:

- Comprehensive and informative, covering the key questions, while not being overwhelming;
- Well laid out, nice design, modern;
- A credible, independent, reputable (logos) and evidence based source of information and references;
- Relevant and useful links;
- Powerful statistics which are really useful and shocking in some cases e.g. 'dependence within 5 days';
- Helpful for everyone - patients, carers and health professionals;
- Very powerful, relevant and inspiring testimonials;
- An easy to use online tool to check dependency;
- A useful medicine checker and opioid dose calculator;
- Great professional development resources;
- Helpful health pathways, particularly for Nurse Practitioners;
- Useful pain management referrals – some had already signed up;
- Important yellow flags and risks associated with mental health; and
- Helpful for people to know they aren't alone.

All could **see themselves using the site** and **directing patients** who are new to opioids, need extra information or are struggling to the site.

“

“Now that I'm aware of it, I definitely would [direct patients to the site]. If I was to get the vibe that someone I'm seeing is perhaps addicted, or might show signs that they are struggling with pain relief, I might direct them to this site.” Dentist

“The patient stories connect really well.” Occupational Physician

“Very comprehensive, don't need any other website.” General Practitioner

“I thought about how I need to come back and read more information, the links are great! I have learnt so much from it!” Pharmacist

“If someone was coming back 2 to 3 months down the line – having a website I can easily get to, to show them an opioid dependent story would be useful.” Surgeon

“I would recommend that my registrars have a look at this.” General Practitioner

“I'm a big fan of the testimonials. Telling a story is very powerful, that's what hits home. Empower patients to self-manage their situation.” Occupational Physician

“The videos made me cry.” Nurse Practitioner

“This website has got a link for everyone. The patients, the carers, the health professionals. You're not alone.” General Practitioner

“I found the website easy to understand and it comes from some authorities that I do respect myself, so I say to patients 'hey have a look at this website'. Much easier to direct them to a website.” General Practitioner

”

Little need for improvement.

In the cases where practitioners saw an opportunity to improve the website, the key feedback included:

- Providing **recommended alternatives**. The site could benefit from other non-medicine based options for managing pain. This was seen to be particularly important from an allied health perspective;
- Providing a clear direction for **next steps** e.g. adding a section ‘What should I do if I think I’m dependent?’, including example reduction plans;
- A need to **boost awareness** of the site to maximise impact. This includes working with Google to position it higher in the search results in relation to opioids (currently the site isn’t found within the first 5 pages when searching for information on opioids);
- Inclusion of **more testimonials** with people from different ages and backgrounds;
- The Pain Wise tool was seen to be a useful inclusion, also the PHN living well with pain solution could be added;
- Adding the College of GPs and Pharmacy Guild to supporters (logos) and getting them to distribute information and direct people to the site; and
- Potentially changing the dependence questionnaire to something like the ‘CAGE’ questionnaire for alcohol abuse which was believed to be more accurate with a strong evidence base.

“

“Good to get the College of GPs onboard as a supporter.” General Practitioner

“What would happen if I tried to reduce my opioids and how would I go about it and examples of reduction plans.” General Practitioner

”



A **wealth of valuable suggestions** were provided, some of which have already been highlighted in earlier sections and some of which may be outside the direct role of ReturnToWorkSA. Practitioners suggested;

Further education.

- More education on the risks, including educating aged care workers on the risks of opioids for the elderly;
- Getting conversations happening at home at the family level and reach out to young people in the school environment and community events;
- Providing more relevant data and facts e.g. the amount of opioids in the sewerage;
- Continued use of the **NPS letter** with individual prescribing statistics against the wider cohort and suggestions on proven alternative medicines or approaches;
- Pharmacists providing more advice and education in an ED setting on alternative options;
- More professional development videos and webinars (that count towards PD points), delivered through an independent and unbiased speaker, to learn more about opioids. Involvement from the Pharmacy Society; and
- A dedicated practitioner website that gives them a reason to revisit.
<https://www.choosingwisely.org.au/> was mentioned as an example of credible website as it provided up-to-date, evidence based recommendations for best practice.

Easily accessible patient information.

- Developing an opioid facts sheet which can be downloaded from the RFTF website (as previously mentioned);
- This could be provided when opioids are dispensed or when practitioners are having conversations about the side effects and risks of opioids; and
- Place the RFTF website on opioid medication boxes as a source of information.

“

“This has been a glaring gap – this issue, so I think it’s really good it’s being tackled.”

General Practitioner

“Personalised prescribing facts e.g. you’ve prescribed to n= patients and used x, y, z medicine, your colleagues used x, y, z. Did you know about x medication?” ED Doctor

“If people come back for more opioids, a poster could act as a reminder to the pharmacist to review their notes and flag the request with their GP.” Pharmacist

“What I find the most helpful is when I hear the data about opioid usage in the sewerage, I find that really interesting. Also quite useful looking at the NPS dataset, when they send you the letters out to see where you are against your cohort. Helpful for GPs.” General Practitioner

”



Tighter control over opioid prescription.

Practitioners expressed a need to **change the cycle at the point of prescription**. They discussed;

- **Real time alert for opioid dispensing**, like Script Wise in Victoria. This allows medical professionals to see what's been prescribed and dispensed (schedule 8 in particular) and helps clinicians make informed decisions. This would also help with drug seeking behaviour. This would require a well connected central platform which spans the private and public systems.;
- Changing the **prescribing laws** so opioids can only be prescribed for up to six weeks, then input from a pain specialist is required;
- More prescribing regulation e.g. Panadeine Forte was seen as being too easy to prescribe, this should have tighter regulation.
- The DASSA circular alert on drug seeking patients across the public system and the potential re-introduction of this;
- Pharmacists spending more time explaining the risks and use at the point when opioids are dispensed;
- Placing a big warning sticker on the pack and only dispensing a small amount of tablets (1 to 3 days worth) at a time;
- Reducing the number of tablets in a pack in general;
- More follow-up of patients to make sure they are ok;
- Encouraging doctors to only prescribe opioids for their own patients to reduce Dr shopping; and
- Leveraging the insights and influence of WorkCover case managers to encourage responsible prescribing of opioids.



"Legislate that one doctor can only prescribe this class of drugs for 6 weeks, then further to that, need input from a pain management specialist."
Surgeon

"Have to intervene where the rubber hits the road for behaviour change." Occupation Physician

"The default dispensing amount is too high. Better it was 10, then you have to justify why you need 20 or 30." ED Doctor

"ID checks to help pharmacists stop drug seeking/shopping. Allow you to see history of use, frequency, last scripts, access to prescription history, particularly in rural settings. They are doing this in other states, SA just lags behind."
General Practitioner

"If all doctors have a blanket rule to only prescribe opioids for their patients, then there would be less misuse and less doctor shopping. I will not prescribe an opiate, especially a chronic user, that I've never seen before. Less unofficial opiates floating around and everybody would be just a little bit safer." General Practitioner





Promote a multidisciplinary approach.

- There was acknowledgment across the discussions that pain, especially long term chronic pain, is best managed using an allied health approach;
- GPs spoke about the need for **pain specialists** to be more accessible (reduced cost and wait times);
- The potential to utilise WorkCover case managers to recognise when too many opioids are being prescribed was also discussed. This would be a useful way to get a second opinion e.g. pharmacist of pain specialist; and
- Practitioners highlighted that most of those dependent on opioids were originally prescribed them by a medical professional and therefore they have essentially been let down by the system. A clinic(s) for prescription drug assistance was suggested, ideally providing free counselling.

Balanced messaging.

- While most practitioners are very cautious of opioids, they acknowledge that opioids serve a purpose in specific cases (e.g. acute pain and trauma, cancer and palliative care) and it is important that patients taking them for these reasons don't feel alarmed or ashamed, and that they don't stop using opioids based on stigmatising messaging.

Campaign extension.

- There is support for the campaign timeframe and channels to be extended to increase the reach and potential impact, particularly while the COVID-19 pandemic is having an affect on access to health and medical treatment.



"There should be a cautionary message - there is a very small group of people that do get benefits from opioids (e.g. people with bone cancer), we don't want them to feel guilty or stop using opioids. It is important we get the messaging right." Occupational Physician

"Workcover have the perfect opportunity to make a change by influencing GPs." Occupational Physician

"Where do people go to get help? It's almost impossible to get into a pain specialist – shortages, cost, wait times." Surgeon

"They don't see themselves as a drug addict. Even though they know they are tolerant and addicted, they don't see it as an addiction because it was prescribed." General Practitioner

"The problem that I have is that my patients don't want to go to a public addiction clinic. If they have got addicted to over the counter codeine, they don't think they've got a problem like the people who would go to an addiction specialist, so they will not go public and private is cost prohibitive, \$420 for an appointment with a private pain specialist – my patients can't afford that, but don't think they have a big enough problem to go to a public clinic." General Practitioner

"If possible, extend the campaign timeframe. What I expect is with what's happening with the pandemic is that we will potentially be looking at a slight increase, a temporary increase in the use of opioids. Because what's happening is gyms are closing, pools are closing, physios, psychologists, medical are only doing tele-health and patients are having their surgeries cancelled with the ban on elective surgery, so a lot of non-pharmacological treatments are being restricted, and that, along with the uncertainty and social distancing restrictions, everyone's anxiety levels are going through the roof." Occupational Physician





*Recommendations
based on the
qualitative discussions.*

Taking a multidisciplinary approach to pain management and to reversing opioid dependence, was widely discussed and recommended by medical professionals. Access to allied health services, and pain specialists in particular, was seen as a barrier (cost and availability) to effective treatment in the case of numerous chronic pain and opioid dependent cases. Further to this, information on accessing these services was seen to be lacking, or missing, from the ReachForTheFacts website.

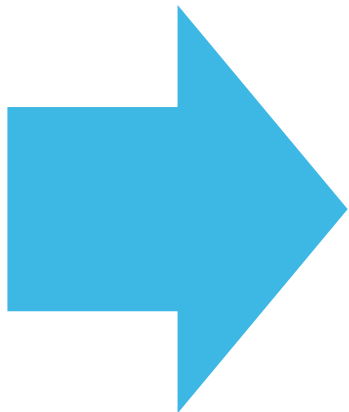
- Greater promotion of and access to a **multidisciplinary approach to pain management** should be a priority to help those with chronic pain and to help reduce and then avoid future opioid dependence.

One of the key responsibilities of medical professionals was seen to be educating the public, and specifically their patients, on how to safely use opioids and the associated side effects and risks. While the campaign material and website is focused on this, there is more than can be done on a prescribing and dispensing level.

- Developing an **opioid facts sheet** which can be downloaded in a printable brochure format from the website and includes the key opioid side effects and risks (in a non-threatening manner) and the ReachForTheFacts website as a source of further information, as well as space for patient specific information like when to take, dose, length of course and next steps, would be a useful addition to the campaign material. This would then need to be promoted throughout the industry to ensure uptake.

The other key responsibility discussed was around responsible prescribing and dispensing of opioids. While many of the suggestions in this area may be outside of the direct remit of ReturnToWorkSA, some may be possible from an advocacy perspective.

- Access to **real-time medical and dispensing** records across the public and private systems at a national level would help manage drug seeking and doctor shopping behaviour. This would allow practitioners to check a patient's medical and medication history quickly, which is key in a high pressure situations, particularly when patients becomes emotional.
- **More control over prescribing**, including less medicine in a pack, shorter prescriptions, more patient follow-up, referral to pain specialists and allied health services when pain persists and only providing opioids to known patients.





Appendix.



Quantitative
instrument.



QMS QUANT ONLINE FIELD REQUIREMENTS

[FIELD BRIEFING NOTES & QUESTIONNAIRE]

Project No.: RTWSA001	Project Name: Reach for the facts research – post-campaign survey
Client Service Project Leader: Naomi Downer	
Other Client Service Team Members: Ben Nitschke, Bri Le Busque, Phil Detoya	
Issue Date: 30 March 2020	

QMS ONLINE FIELD BRIEFING NOTES

1. Background Information

Return to Work SA is about to undertake a community awareness campaign to inform the public about the dangers of misusing prescription opioids, "reachforthefacts". The campaign's aim is to raise awareness of the dangers of long-term use and addiction to prescription opioids, increase the number of individuals who choose options other than opioids for safe and effective pain management and to reduce the use of opioids for non-medical reasons (recreationally).

The audience for the research can be divided into three key groups; the consumer, family and friends of the consumer and health professionals. Target audience for the awareness campaign is all adults 25-54 years old.

2. Schedule/Timing

Draft questionnaire sent to client: 13 February 2020

Final questionnaire approved: 16 March 2020

Programming and testing: 17 to 23 March

Survey live: 30 March to 9 April

Pilot data check: 31 March

Final data provided: Tuesday 13 April

3. Sample Size

Total sample of n=400

Boost 1: Minimum of n=30 health professionals (GPs, pharmacists, specialists, surgeons, anaesthetists).

Boost 2: Minimum of n=30 opioid users (have used an opioid in the last 12 months).

4. Sample/Recruiting Specification

To capture a broad range of feedback and opinions we are using a general population sample representative based on age (18+ years), gender and spread of metro/rural across South Australia.

5. Quota Instructions/Codes

Representative based on age (Q3) and gender (Q2) in metro/rural (Q1):

Location	Gender	18-29	30-39	40-49	50-59	60-69	70+	Total
Metro	Male	8%	7%	6%	6%	5%	5%	38%
	Female	8%	7%	6%	6%	6%	7%	40%
Regional	Male	2%	2%	2%	2%	2%	2%	11%
	Female	2%	2%	2%	2%	2%	2%	11%
Total	Male	10%	8%	8%	8%	7%	7%	49%
	Female	10%	8%	8%	8%	7%	9%	51%
Combined Total		20%	16%	16%	17%	15%	16%	100%

Boost 1: Minimum of n=30 health professionals (GPs, pharmacists, specialists, surgeons, anaesthetists, dentists) Q5 code 1-5 & 9.

Boost 2: Minimum of n=30 opioid users (have used an opioid in the last 12 months) Q12 code 2, 4, 6, 7, 8, 9, 10, 11.

**6. Incidence Rate/s**

Close to 90% incidence. All in SA aged 18+.

Incidence on boosts will be lower.

7. Survey Length

10 minutes.

8. Incentive/Thank-You

Standard panel incentive.

9. Other Specific Fieldwork Instructions

None.

QMS ONLINE QUESTIONNAIRE

SECTION A: INDIVIDUAL PROJECT REQUIREMENTS

SURVEY INTRODUCTION

Thank you for agreeing to take part in this research! The survey should only take approximately 10 minutes to complete.

ASK ALL**LOCATION**

1. What postcode do you live in? **SR**

Code	Response	
1	Allow entry of SA postcodes _____	CONTINUE AND ALLOCATE TO METRO/RURAL, TERMINATE OUTSIDE OF SA

ASK ALL**AGE**

2. Which of the following age groups do you fall into? Please select one response. **SR**

Code	Response	
1	Under 18	TERMINATE
2	18-19	
3	20-24	
4	25-29	
5	30-34	
6	35-39	
7	40-44	
8	45-49	
9	50-54	
10	55-59	
11	60-64	
12	65-69	
13	70-74	
14	75-79	
15	80-84	
16	85 or over	

ASK ALL**GENDER**

3. What gender do you identify with? Please select one response. **SR**

Code	Response	
1	Male	CONTINUE
2	Female	
3	Transgender	
4	Other, please specify _____	



Quantitative survey instrument.



ASK ALL

MEDICAL INDUSTRY

4. Do you work in health care or social assistance? Please select one response. **SR**

Code	Response	
1	Yes	GO TO Q5
2	No	GO TO Q7

ASK IF CODE 1 AT Q4

HEALTH PROFESSIONAL

5. What is your occupation? Please select one response. **SR**

Code	Response	
1	General Practitioner	BOOST 1
2	Medical Specialist	BOOST 1
3	Surgeon	BOOST 1
4	Anaesthetist	BOOST 1
5	Pharmacist	BOOST 1
6	Nurse	CONTINUE
7	Physiotherapist	CONTINUE
8	Psychologist	CONTINUE
9	Dentist	BOOST 1
10	Other, please specify	CONTINUE

ASK IF CODE 1 AT Q5

HEALTH PROFESSIONAL

6. Did you gain your medical qualification within Australia or overseas? Please select one response. **SR**

Code	Response	
1	Within Australian	CONTINUE
2	Overseas	
3	A combination of both	

ASK ALL

HEARD TERM OPIOID

7. Have you heard of the term 'opioid' before today? Please select one response. **SR**

Code	Response	
1	Yes	CONTINUE
2	No	

ASK ALL

OPIOID UNPROMPTED UNDERSTANDING

8. What do you understand an opioid to be? Please enter your response below.

5 RTWSA_RFTF Opioid Research_Online survey_V10_20.03.30



ASK ALL

DESCRIBE OPIOIDS

9. What words would you use to describe how you feel about opioids? Please specify up to 3 words below or write 'don't know' if you are not sure.

3 SEPARATE TEXT BOXES, FORCE RESPONSE FOR FIRST BOX ONLY

ASK ALL

PAIN MEDICATION

10. Have you taken pain relief in the last 12 months? Please select one response. **SR**

Code	Response	
1	Yes	GO TO Q11
2	No	GO TO Q13

ASK IF CODE 1 AT Q10

REASONS FOR TAKING

11. What have you taken pain medication for? Please select as many responses as apply. **MR**

Code	Response	
1	General aches and back pains	GO TO Q12
2	Headache	
3	Physical injury	
4	Dental related	
5	Recovery from surgery	
6	Cancer-related pain	
7	Other, please specify	

ASK IF CODE 1 AT Q10

TYPE PAIN MEDICATION

12. What type(s) of pain medication have you taken in the last 12 months? Please select as many responses as apply. **Display in alphabetic order as per below. MR**

Code	Response	
3	Aspirin	CONTINUE
2	Buprenorphine e.g. Buprenex, Norspan	BOOST 2
6	Fentanyl e.g. Duran, Denpax, Fentanyl	BOOST 2
8	Hydromorphone hydrochloride e.g. Dilaudid, Jurnista	BOOST 2
5	Ibuprofen e.g. Nurofen	CONTINUE
9	Methadone hydrochloride e.g. Physeptone	BOOST 2
10	Morphine e.g. Ordine, Anamorph, Sevredol	BOOST 2
12	Other prescribed pain killer, please specify	CONTINUE
13	Other over the counter pain killer, please specify	CONTINUE
4	Oxycodone hydrochloride e.g. Endone, Novacodone	BOOST 2
1	Paracetamol e.g. Panadol	CONTINUE
7	Paracetamol and codeine e.g. Panadeine Forte, Codalgin Forte	BOOST 2
11	Tramadol hydrochloride e.g. Tramadol, Tramal	BOOST 2
98	None of the above	CONTINUE
99	Don't know	CONTINUE

6 RTWSA_RFTF Opioid Research_Online survey_V10_20.03.30





Quantitative survey instrument.



ASK ALL

PAIN ACTION

13. If you are in pain, for example you have a headache, stomach cramps, muscle, joint or back pain, what would you normally do to help treat the pain? Please select as many responses as apply. **MR, RANDOMISE CODES 1-5**

Code	Response	
1	Visit a GP/Doctor to seek medical advice	CONTINUE
2	Visit a chemist/pharmacist to seek medical advice	
3	Use over the counter pain relief medication that I already have at home	
4	Use prescription pain relief medication that I already have at home	
5	Use non-medication based relief like a heat bag	
7	Other, please specify _____	
8	Nothing	

ASK ALL

OPIOID PROMPTED AWARENESS

14. Which of the following pain relief medications do you think are opioids? **Display in alphabetic order as per below. SR per row**

Code	Response	Opioid	Not an opioid	Don't know
3	Aspirin	1	2	3
2	Buprenorphine e.g. Bupredermal, Norspan	1	2	3
6	Fentanyl e.g. Dutran, Denpax, Fenpatch	1	2	3
8	Hydromorphone hydrochloride e.g. Dilaudid, Jurnista	1	2	3
5	Ibuprofen e.g. Nurofen	1	2	3
9	Methadone hydrochloride e.g. Physeptone	1	2	3
10	Morphine e.g. Ordine, Anamorph, Sevredol	1	2	3
4	Oxycodone hydrochloride e.g. Endone, Novacodone	1	2	3
1	Paracetamol e.g. Panadol	1	2	3
7	Paracetamol and codeine e.g. Panadeine Forte, Codalgin Forte	1	2	3
11	Tramadol hydrochloride e.g. Tramadol, Tramal	1	2	3

ASK ALL

UNPROMPTED OPIOID EFFECTS

15. Do you know any potential side effects of using opioids? Please enter your response below.

ASK ALL

OPIOID LENGTH

16. How long should you use opioids for the treatment of pain? Please select one response. **SR**

Code	Response	
1	Up to a week	CONTINUE
2	1 to 2 weeks	
3	2 to 3 weeks	
4	3 to 4 weeks	
5	1 to 2 months	
6	2 to 4 months	
7	4 to 6 months	

8	6 to 12 months	
9	For as long as you are in pain	
10	Based on medical advice	
11	Depends what you are using them for	
12	Don't know	

ASK ALL

17. Some of the potential side effects of using opioids are listed below. Please select whether you were aware of this before today or not aware. **SR per row**

Code	Response	Yes	No
1	Constipation	1	2
2	Lack of concentration	1	2
3	Drowsiness	1	2
4	Nausea	1	2
5	Slowed breathing	1	2
6	Sleep apnoea	1	2
7	Physical dependence and addiction	1	2
8	Increased risk of infection	1	2
9	Depression	1	2
10	Increased risk of falls	1	2
11	Tolerance which means the pain relief no longer works	1	2
11	Dangerous reactions with alcohol and other drugs	1	2

ASK ALL

18. 1 in 10 people that misuse opioids will become addicted. Were you aware of this before today? Please select one response. **SR**

Code	Response	
1	Yes	CONTINUE
2	No	

ASK ALL

COMFORT SEEKING HELP

19. How comfortable do you feel talking to others about pain management? Please use a scale where 0 = very uncomfortable and 10 = very comfortable. Please select a response for each row below. **SR per row, RANDOMISE**

Code		0 - very uncomfortable	1	2	3	4	5	6	7	8	9	10 - very comfortable	Not applicable
1	Doctor or GP	0	1	2	3	4	5	6	7	8	9	10	99
2	Chemist or pharmacist	0	1	2	3	4	5	6	7	8	9	10	99
3	Specialist	0	1	2	3	4	5	6	7	8	9	10	99
4	Surgeon	0	1	2	3	4	5	6	7	8	9	10	99
5	Anaesthetist	0	1	2	3	4	5	6	7	8	9	10	99
6	Friends or family	0	1	2	3	4	5	6	7	8	9	10	99
7	Workplace manager / Human resources	0	1	2	3	4	5	6	7	8	9	10	99
8	ASK BOOST 1 CODE 1 TO 5 AT Q5: Patients	0	1	2	3	4	5	6	7	8	9	10	99
9	Allied Health e.g. physiotherapists	0	1	2	3	4	5	6	7	8	9	10	99



ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11

WHAT INFORMATION

20. You mentioned previously that you have taken medication for pain relief which included opioids. Just to clarify, of the medications you selected, these are the opioids:

INSERT CODE 2, 4, 6, 7, 8, 9, 10, 11 SELECTED AT Q9

What information did you receive about taking these opioids at the time? Please select as many options as apply. **MR, RANDOMISE CODES 1-4**

Code	Response	
1	How long to take the medication	GO TO Q21
2	How the medication will help	
3	The risks or side effects of using the medication	
4	What to expect next	
5	Other, please specify _____	GO TO Q22
6	I haven't received any information	
7	Unsure	GO TO Q22

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11 AND CODE 1 TO 5 AT Q20

INFORMATION SOURCE

21. Where did you receive the information from? Please select as many options as apply. **MR, RANDOMISE CODES 1-7 and 11**

Code	Response	
1	Doctor or GP	GO TO Q22
2	Chemist or pharmacist	
3	Specialist	
4	Surgeon	
5	Anaesthetist	
6	Dentist	
7	Friends or family	
8	Internet search	
11	Allied Health e.g. physiotherapist	
9	Other, please specify _____	
10	Unsure	

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11

REASON FOR OPIOID USE

22. What is/was your reason for taking opioids? Please select all that apply. **MR, RANDOMISE**

Code	Response	
1	To manage pain	GO TO Q19
2	After surgery	
3	For a long-term injury	
4	For recreational purposes	
5	Because a health professional prescribed it	
6	After a dental procedure	
7	Other, please specify _____	

ASK ALL

BEHAVIOUR CHANGE

23. How often do you [INSERT STATEMENT]? Do you do this always, sometimes or never? You can also respond with "I have never thought about doing this".

Q23b: And in future...

IF CODE 1: And do you intend to do this the same or less often?

IF CODE 2: And do you intend to do this more, the same or less?

IF CODE 3: And do you intend to do this the same or more often?

IF CODE 4: And do you intend to continue to never do this, or do it more?

		Q23a CURRENT BEHAVIOUR				Q23b FUTURE BEHAVIOUR		
		Always	Sometimes	Never	I have never thought about doing this	More	The same	Less
1	Seek information from a health professional about opioid use	1	2	3	4	1	2	3
2	Think about how I manage pain	1	2	3	4	1	2	3
3	Consider how long I take opioids	1	2	3	4	1	2	3
4	Seek information from the internet	1	2	3	4	1	2	3
5	Consider pain management options other than opioids	1	2	3	4	1	2	3
6	ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11 Speak to friends or family about my opioid use	1	2	3	4	1	2	3
7	Speak to friends or family about their opioid use	1	2	3	4	1	2	3
8	Take opioids	1	2	3	4	1	2	3

ASK ALL

OPIOID HARM

24. How confident are you in understanding the harm that opioids use can cause? Please use a scale where 0 = not at all confident and 10 is very confident. **SR**

Code		0 = not at all confident	1	2	3	4	5	6	7	8	9	10 = very confident
------	--	--------------------------	---	---	---	---	---	---	---	---	---	---------------------

ASK ALL

OTHERS OPIOID USE

25. Does/has anyone else you know use(d) opioids? Please select as many responses as apply.

MR, RANDOMISE

Code	Response	Never	Sometimes	Regularly	Don't know/ Not applicable
1	Parent(s)	1	2	3	4
2	Child(ren)	1	2	3	4
3	Other family members	1	2	3	4
4	Friend(s)	1	2	3	4
5	Colleagues	1	2	3	4
6	Other, specify _____	1	2	3	4



ASK ALL

OPIOID ADVERTISING

26. Have you seen or heard any advertising, or media cover like documentaries or articles, relating to opioid use? Please select one response. **SR**

Code	Response	
1	Yes	GO TO Q27
2	No	GO TO Q29
3	Not sure	GO TO Q29

POST WAVE VERSION

ASK IF CODE 1 AT Q26

OPIOID COVERAGE DESCRIPTION

27. Please describe what you have seen or heard? Please be as descriptive as you can. Please enter your response below.

POST WAVE VERSION

ASK IF CODE 1 AT Q26

OPIOID COVERAGE SOURCE

28. Where did you see or hear this? Please be as descriptive as you can. Please enter your response below.

POST WAVE

SHOW STIMULUS 1



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ASK ALL

PROMPTED OPIOID ADVERTISING

29. Have you seen this advertising about opioids? Please select one response. **SR**

Code	Response	
1	Yes	GO TO Q30
2	No	GO TO END
3	Not sure	GO TO END

POST WAVE

SHOW STIMULUS 1

ASK IF CODE 1 AT Q29

PROMPTED OPIOID ADVERTISING MESSAGE

30. What was the tagline of the advertising? Please enter your response below.

POST WAVE

SHOW STIMULUS 1

ASK IF CODE 1 AT Q29

PROMPTED OPIOID ADVERTISING MESSAGE

31. What was the message behind the advertising? Please be as descriptive as you can. Please enter your response below.

POST WAVE

SHOW STIMULUS 2



ASK IF CODE 1 AT Q29

PROMPTED OPIOID ADVERTISING SOURCE

32. Where did you see this advertising? Please select as many options as apply. **MR**

Code	Response	
1	Television advertising	CONTINUE
2	Newspaper advertising	

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3	YouTube advertising	
4	Facebook advertising	
5	Radio advertising	
6	Instagram advertising	
7	Bus shelter	
8	Road billboard	
9	Shopping centre poster	
10	Brochures at health centre	
11	Other, please specify _____	
12	Not sure	

POST WAVE

SHOW STIMULUS 2

ASK IF CODE 1 AT Q29

PROMPTED OPIOID ADVERTISING EFFECT OPEN

33. Did you do anything based on seeing this advertising? Please be as descriptive as you can.
Please enter your response below.

POST WAVE

SHOW STIMULUS 2

ASK IF CODE 1 AT Q29

OPIOID ADVERTISING EFFECT CLOSED

34. What effect did the advertising you saw have on you? Please select a response per row. **MR,**
RANDOMISE

Code	Response	Yes	No	Not sure
1	It made me think about my future opioid use	1	2	3
2	It made me want to talk to others about their opioid use	1	2	3
3	It didn't have an effect on me	1	2	3
4	It made me want to understand more about opioid use	1	2	3
5	I went online to find out more about opioids	1	2	3
6	ASK IF NOT BOOST 1 CODE 1 TO 5 AT Q5: It encouraged me to speak to a doctor or health care professional about opioid use	1	2	3
7	ASK BOOST 1 CODE 1 TO 5 AT Q5: It encouraged me to speak to my patients about opioid use	1	2	3
8	ASK BOOST 1 CODE 1 TO 5 AT Q5: Patients spoke to me about opioid use after seeing the advertising	1	2	3

POST WAVE

SHOW STIMULUS 2

ASK IF STATEMENT 5, CODE 1 AT Q34

WEBSITE VISITS

35. Which website did you go to? Please select as many options as apply. **MR**

Code	Response	
1	ReachForTheFacts website	GO TO Q37
2	Other, please specify _____	GO TO END

POST WAVE

ASK IF CODE 1 AT 35

WEBSITE VISITS

36. What was your experience using the ReachForTheFacts website? Please select one response. **SR**

Code	Response	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	I found the website easy to navigate	1	2	3	4	5
2	The website had helpful information	1	2	3	4	5
3	The information was easy to understand	1	2	3	4	5
4	I have changed my view on opioid use based on information on the website	1	2	3	4	5
5	I have spoken to others about their opioid use based on information from the website	1	2	3	4	5
6	I've directed others to the Reach for the Facts website	1	2	3	4	5
7	I sought further help or support through the website	1	2	3	4	5
8	ASK IF NOT BOOST 1 CODE 1 TO 5 AT Q5: The website encouraged me to speak to a doctor or health care professional about opioid use	1	2	3	4	5
9	ASK BOOST 1 CODE 1 TO 5 AT Q5: The website encouraged me to speak to my patients about opioid use	1	2	3	4	5
10	ASK BOOST 1 CODE 1 TO 5 AT Q5: Patients spoke to me about opioid use after visiting the website	1	2	3	4	5



Quantitative survey instrument.



POST WAVE

ASK BOOST 1 CODE 1 TO 5 AT Q5 AND Q35 CODE 1

WEBSITE FEEDBACK

37. Do you have any feedback on the ReachForTheFacts website? This could include parts of the website that are helpful, suggestions for additional support through the website, or areas which could be improved. Please be as descriptive as you can. Please enter your response below.

SECTION C: MANDATORY QMS REQUIREMENTS

CONCLUSION

That's the end of the survey. Thank you so much for your time, it has been greatly appreciated!

As this is market research, it is carried out in compliance with the Privacy Act and the information you provided will be used only for research purposes.

If you have any queries about the Market Research Industry as a whole, you can call the Market and Social Research Society's Survey Line on 1300 384 830.

Please click "SUBMIT" to send your responses.

QMS LOG OF CHANGES

Section	Details of Change/s	Date DD/MM/YY	By Whom
Q23b	Added intro text 'And in future...'	11/06/19	ND
Q23b, IF CODE 4 AT Q23	Added 'And do you intend to continue to never do this, or do it more?'	11/06/19	ND
Post-campaign updates and additions	Updated Q27 to Q37	18/02/20	ND
Post-campaign updates and additions	Added Q28 to Q37	18/02/20	ND
Q5	Added 'Dentist'	24/02/20	ND
Q12 & Q14	Changed to alphabetical order	24/02/20	ND
Q19 & Q21	Added 'Allied Health e.g. physiotherapist'	24/02/20	ND
Q23, code 1	Changed 'medical professional' to 'health professional'	24/02/20	ND
Q26	Change to 'Have you seen or heard'	24/02/20	ND
Q27	Change to 'Please describe what you have seen or heard'	24/02/20	ND
Q5, code 6	Added 'Dentist' to Boost 1 group	30/03/20	ND



Qualitative
instrument.



QMS QUAL MODERATOR DISCUSSION GUIDE - Others	
Project No.: RWSACC0120	Project Name: ReachForTheFacts opioid research
Main Client Service Contact: Naomi Downer	
Client Service Project Leader: Naomi Downer	
Other Client Service Team Members: Bri Le Busque and Ben Nitschke	
Issue Date: 17 March 2020	Interview Type: IDI with health professionals

Participant details

Name:	Interview date:
Type of health professional:	

Background

This research is being conducted on behalf of ReturnToWorkSA to help inform the evaluation of the ReachForTheFacts prescription opioid awareness campaign. A pre campaign survey was carried out in June 2019 and a post campaign survey is planned to take place during March and April 2020 to measure the effectiveness of the campaign over time.

A total of n=30 qualitative in-depth interviews (IDIs) are being conducted with health professions who prescribe, administer or dispense prescription opioids in order to understand their perspective on the campaign and the effect it has had on their practices and patients, as well as gathering feedback on additional education and support they believe would be beneficial when it comes to prescription opioid use. The IDIs are being conducted between 23 March and 9 April.

Material

- Sign in sheet
- Stimulus
- Incentive \$200 for GPs, Dentists, Nurse Practitioners, \$300 for surgeons, anaesthetists, pain specialists, physicians)

RWSACC0120_RFTF Opioid Research_Discussion Guide_Other_V3_20.03.23



DISCUSSION GUIDE					
PROJECT AND PARTICIPANT INTRODUCTION (5 MINS)					
We are conducting research on behalf of ReturnToWorkSA in relation to the current ReachForTheFacts campaign on prescription opioid use. We are interviewing a range of health professionals across Adelaide who prescribe, administer or dispense prescription opioids in order to understand their perspective on the campaign and the effect it has had on their practices and patients, as well as gathering feedback on additional education and support they believe would be beneficial when it comes to prescription opioid use for non-cancer pain. Colmar Brunton operates under the Australian Market & Social Research Society (AMSRS) Professional Code of Behaviour and the Market & Social Research Privacy Principles administered by the Association of Market & Social Research (AMSRO) Secretariat. Please be assured that the research is carried out in compliance with the Privacy Act and the information provided will be used only for research purposes. No one will be identified in the research report. • There are no right or wrong answers; we just want to know your thoughts and experiences. • The interview will go for an hour. • We will thank you for your time with a <\$200/\$300> incentive. • Capture best address to mail the incentive to: <table border="1"> <tr> <td>Street:</td> <td>Suburb:</td> <td>Postcode:</td> </tr> </table> Respondent introduction: • Role? • How long have you been in this role? • Do you work in private, public or both?			Street:	Suburb:	Postcode:
Street:	Suburb:	Postcode:			
PAIN MANAGEMENT AND OPIOID USE (25 MINS)					
1. How much of your role is focused on pain management? 2. What types of pain medication do you typically prescribe or administer to manage symptoms? - o Why is that? 3. How often do you prescribe or administer prescription opioids? 4. What types of prescription opioids do you prescribe or administer most often? 5. In your experience, what types of injuries or health conditions are prescription opioids mostly commonly used for? 6. What are the benefits of prescription opioids when it comes to pain management? 7. And what are the negatives associated with prescription opioids in pain management? 8. Do you provide information when prescription opioids are prescribed to a patient? 9. What's nature of the information you provide to the patient about those prescription opioids? 10. What do you see as the role of health professionals when it comes to prescription opioid use, prescription or dispense?					

RWSACC0120_RFTF Opioid Research_Discussion Guide_Other_V3_20.03.23





11. Based on your experiences as a health professional, how much of a problem is prescription opioid misuse and dependence? 12. Are there situations when you avoid administering or prescribing prescription opioids? PROBE: patient characteristics or history, type of injury or health condition. - o Why is that? 13. Have you ever witnessed or been concerned about a patient becoming dependent on, overusing or misusing a prescription opioid? - o What made you aware of this situation? - o What was your concern? - o What helped you address the concern? - o How did the patient react? - o Do you think the patient followed your advice? ▪ Why/Why not?
REACHFORTHEFACTS CAMPAIGN AWARENESS (15 MINS) 14. Have you seen or heard the ReachForTheFacts campaign? IF YES: - o Where have you seen or heard it? - o What do you remember about it? - o How effective do you think it would be at raising awareness of the risks associated with prescription opioid misuse and dependence? - o Have any of your patients mentioned the ReachForTheFacts campaign to you? IF YES: ▪ What did they say? ▪ Where they concerned about their own prescription opioid use, or about someone else's use? Here is some of the campaign material, take a minute to have a look through everything. SHOW STIMULUS – TVC AD AND POSTER 15. Do you recall seeing or hearing any of this information anywhere? IF YES: - o Where did you see or hear it? - o Did it catch your attention at the time? 16. Do you think this information is useful for people using prescription opioids? 17. Is there anything that could make it more effective? 18. So far, the information has been shared through TV, newspapers, radio, online (YouTube, Facebook, Instagram), bus shelters, posters and billboards and brochures at health clinics, can you think of any other ways to help share this information? 19. What else do you think could be done to help make people more aware of the risks of prescription opioid use?

WEBSITE REVIEW (10 MINS) I'd now like to get your thoughts on the ReachForTheFacts website which has been developed to help support the campaign. Can you take a few minutes to have a quick look at the website and keep and eye out for you think works well and what might be missing, or could be improved (https://reachforthe facts.com.au/) 20. What are your first impressions of the site? 21. What did you like about the website? 22. What do you think could be improved or added to the site to make it more useful? 23. In what situations do you think the website would be useful? PROBE: for the community to gain more information on prescription opioid use, for health professionals to direct patients to, for health professionals to gain more information. 24. IF NOT PREVIOUSLY STATED: Would you use or direct patients to the website? IF NO: What would need to change to make it more useful in your opinion?
CONCLUSION (5 MINS) 25. Thank you for all of your input so far. Do you have any final suggestions that could help address the issue of prescription opioid overuse, misuse and dependence in South Australia? This could be anything. On behalf of Colmar Brunton, thank you very much for your time and input. Do you have any final questions before we finish? Finalisation of interview including reminder of privacy / confidentiality / sign sheet and distribute incentive.



From: DTF:Treasurer <treasurer.dtf@sa.gov.au>

To: "Government Relations" <GovernmentRelations@rtwsa.com>

Date: 11/06/2019 12:49:56 PM

Subject: Signed by Treasurer - TRS19D1308 - Final - Community Awareness Campaign - Prescription Opioids - June 2019

Attachments: TRS19D1308 - Final.pdf

Good afternoon

Please find attached TRS19D1308 signed minute from the Treasurer.

Kind Regards

Toni Fletcher

Correspondence Officer to the
Hon Rob Lucas MLC
Treasurer

Phone: 8226 1866
Department of Treasury & Finance
Level 8, 200 Victoria Square | ADELAIDE SA 5000



SOUTH
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MINISTER'S OFFICE	
Rec'd	4/6/19.
File No	719/067
Physicist No	TRS19D1308
For Official Use Only	



Our reference: D19/01033690

TO: TREASURER

RE: COMMUNITY AWARENESS CAMPAIGN – PRESCRIPTION OPIOIDS

PURPOSE

To brief you on the development of a community awareness campaign, being led by ReturnToWorkSA in partnership with a range of government and not-for-profit organisations, about the harms associated with the prolonged use and misuse of prescription opioids for chronic non-cancer pain.

Although this campaign has been approved by the RTWSA Board, including funding, you will be asked to approve it by Department of Premier & Cabinet in accordance with their *Marketing Communication Guidelines*.

ISSUES

According to the Penington Institute, an Australian public health research and drug policy organisation:

The number of Australians who die from accidental drug overdose each year continues to rise ... while it is possible to overdose on many different drug types, the class of drug that contributes most to fatal overdose is opioids.

Opioids are substances that produce morphine-like effects and are primarily used for pain relief, including anaesthesia. Tolerance for opioids develops over time, lessening their effectiveness and often resulting in a person increasing their dosage beyond the initially prescribed recommendation – this may be despite an individual's desire to cut down or stop altogether, resulting in chronic relapsing and addiction. The side effects of these medications (e.g. codeine, oxycodone or fentanyl) include: nausea and vomiting, constipation, respiratory depression, development of tolerance and dependence, drowsiness, and sexual dysfunction. Because of this opioids have the potential to increase the risk of injury, and there is evidence that they adversely affect both recovery and safe return to work.

Prescription opioids are often prescribed following surgery or injury to treat moderate-to-severe pain, or for health conditions such as cancer. In recent years however, there has been a dramatic increase in the use of prescription opioids for the treatment of chronic pain conditions unrelated to cancer, despite serious risks and lack of evidence about their effectiveness when used over an extended period of time.

Although there are a number of organisations providing resources and assistance in the area of drug abuse (predominantly US based websites) there are none that specifically target the issue of opioid misuse, and no community awareness campaigns aimed at educating the public on understanding these dangers.

BACKGROUND

Prescription Opioids – The Problem

A recently released study by Lalic et al 2018 indicated 1.98 million Australian adults begin taking prescription opioids every year and according to the Penington Institute's Australia's Annual Overdose Report 2018, the number of accidental drug related deaths (including prescribed opioids) is more than double the number of those killed in car accidents (1,704 compared to 751 car deaths for 2016).

Research conducted by Australian Institute of Health and Welfare 2018 further highlights that:

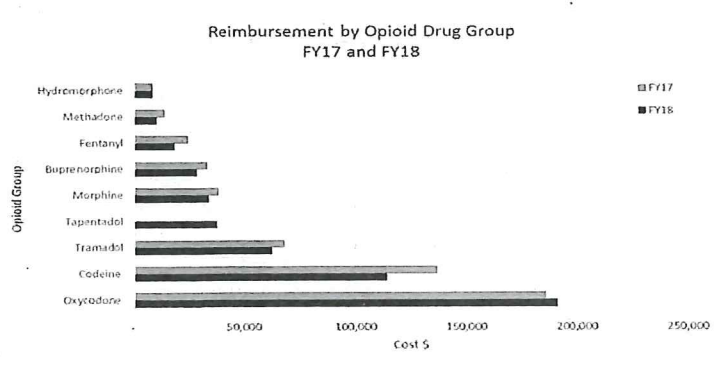
1. In Australia in 2016-17, 3.1 million people had 1 or more prescriptions dispensed for opioids (most commonly for oxycodone) and approximately 715,000 use pain killers/analgesics and pharmaceutical opioids for illicit or non-medical purposes.
2. Opioid related deaths and poisoning hospitalisations have increased in the last ten years – Every day in Australia, nearly 150 hospitalisations and 14 Emergency Department presentations involve opioid misuse, and 3 people die from drug-induced deaths involving opioid use.
3. Pharmaceutical opioids are responsible for more opioid deaths and poisoning hospitalisations than heroin. In 2016 the rate of hospitalisation where a principal diagnosis was opioid poisoning was more than twice as high for those admitted for heroin overdose.

In South Australia, according to the Penington Institute's Annual Overdose Report 2018, accidental deaths due to pharmaceutical opioids for the period 2012 to 2016 was 136, almost double that for the period 2002 to 2006 and more than double the deaths for heroin (59).

From a prescribing perspective, according to the Australian Commission on Safety and Quality in Healthcare 2018, South Australia has the second highest opioid dispensing rate of any statistical area in Australia, second only to Tasmania, with Playford, Onkaparinga and Salisbury regions particular focal points. Clearly, there is an imperative for South Australia to take action and be at the forefront of dealing with this national problem.

The Return to Work Scheme Context

In 2017-18 the Return to Work Scheme spent approximately \$2m on all medications, and approximately 25% of these costs (\$500,000) are associated with opioids. There is a similar trend in 2018-19. The graph below highlights expenditure across the most common opioids reimbursed in the Scheme for 2016-17 and 2017-18, with Oxycodone the most prevalent.



Note the emergence of Tapentadol in 2017-18. Tapentadol is marketed as a new and improved version of Tramadol.

Scheme data indicates that work injured patients are often prescribed several opioids concurrently along with other medication for compensable and possibly non-compensable conditions. ReturnToWorkSA acknowledges that opioid prescribing and use is an issue for the Scheme and the community more broadly.

Over the last 2 years ReturnToWorkSA has implemented a number of initiatives to manage this issue, with the aim of supporting better use of prescription opioids and thereby reducing the risk of injury and optimising injured worker recovery and safe return to work. Those initiatives include information and resources on the RTWSA website on opioids for workers, employers and health providers, providing support, information and education to health providers, implementing services for medical practitioners e.g. Second Opinion Pharmacy and Second Opinion Medicine and raising awareness of and supporting non pharmaceutical treatments for pain.

ReturnToWorkSA has continued to partner with ScriptWise (a non-profit organisation dedicated to reducing the number of deaths in Australia from prescription medication use), providing support for and participating in their round table discussions in South Australia, which are attended by SA Health regulators, pharmacists, pain management specialists, the Drug and Therapeutics Information Service and Adelaide and Country Primary Health Networks. Roundtable activities have been captured in the ScriptWise South Australia Roundtable Report (2018), which provides recommendations including the need for a community awareness campaign.

Since June 2018 ReturnToWorkSA has also formed partnerships with the following organisations and will continue to share resources and collaborate where possible:

- Drug and Therapeutics Information Service (DATIS, SA Health)
- Australian and New Zealand Society of Occupational Medicine
- National Central of Education and Training on Addiction
- Faculty of Pain Medicine, Australian New Zealand College of Anaesthetists
- Royal Australian and New Zealand College of Psychiatry, SA Branch
- Pharmaceutical Society of Australia
- NPS MedicineWise
- University of South Australia (School of Pharmacy)

Alignment with RTWSA purpose and function

It is clear that opioid misuse is a risk to the Scheme, both in relation to increasing the risk of injuries/claims, and through adverse impacts on recovery and return to work. It affects the entire community, including as a growing problem in aged care. Education and support for medical and allied health practitioners is slow to effect change, and needs to be complemented by increased community awareness.

Whilst several community campaigns launched in the United States support the recently declared national Public Health Emergency for Americans, there are no easily accessible online resources directly related to the risks of misusing prescription opioids and drugs of dependence for Australian consumers. This was acknowledged by the NSW Deputy State Coroner, Harriet Grahame, in her recent report on 6 opioid related deaths:

“While we recognise the trend, we appear to have few coordinated strategies to address this problem. This is particularly frustrating when one examines the positive effect of coordinated, whole of government approaches in other policy areas. Any examination of road death statistics, for example, will show how effective a coordinated approach can be at reducing

harm and death. And yet, in relation to opioid overdose, creative thinking at a government level appears to have stalled. (March 2019)”

ReturnToWorkSA has the capacity to develop and fund a campaign to raise awareness of this important issue, whereas the other organisations working in this space are government or not for profit organisations with limited and overstretched resources.

The *Return to Work Act (2014)* includes in its Objects (section 3) the following objectives:

- (2)(d) to reduce the overall social and economic cost of work injuries to the State and to the community; and*
- (e) to support activities that are aimed at reducing the incidence of work injuries*

The *Return to Work Corporation of South Australia Act (1994)* includes in the Functions of the Corporation (section 13) the following:

- (b) to provide resources to support or facilitate the formulation of standards, policies and strategies that promote work health, safety or welfare; and*
- (c) to promote the recovery of persons who suffer injuries arising from employment and to facilitate their early return to work; and*
- (k) to initiate, carry out, support or promote research, projects, courses, programs, activities or other initiatives relating to—*
 - (i) work health, safety or welfare; or*
 - (ii) work-related injuries; or*
 - (iii) workers recovery and return to work in cases involving work related injuries; or*
 - (iv) workers compensation; and*
- (ka) to support activities and other initiatives relating to work health, safety or welfare.*

It is evident that the governing legislation supports ReturnToWorkSA’s involvement in programs to reduce the cost and incidence of work injuries and improve work health, safety and welfare. The campaign approved by the RTWSA Board meets these criteria.

Community Awareness Campaign

ReturnToWorkSA has led the development of a broad-based community awareness campaign called “Reach for the Facts” to commence in July 2019 to educate the South Australian public about the risks of prescription opioid misuse. We have been working with the partners listed in Attachment A, via a Steering Committee to ensure that the campaign resources and messaging are factually correct and will raise awareness, not cause fear.

The intended impacts include better informed consumers seeking more information about opioids and alternatives, increased awareness of the effects of opioids, more people seeking support to cease or reduce opioid use (where medically appropriate), a change in prescribing behaviours, and a shift to alternate options for safe and effective pain management.

It is important to note that neither the campaign nor the website will be branded as ReturnToWorkSA. All campaign assets will feature all of the brands of the organisations RTWSA is partnering with. All of these organisations have professional expertise in relation to prescription opioids and bring credibility to the campaign. Attachment A provides a snapshot of how the various logos may appear. It is likely that further organisations will join the campaign, subject to the agreement of the current Steering Committee members.

Over the course of 2019-20, the campaign will include: a television commercial, radio, social media, posters, outdoor static media, television material and brochures for medical clinics and a comprehensive website for consumers, friends and family who may be concerned, as well as

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health professionals. The website will have useful, easy to read information and tools as well as testimonials from South Australians who have had direct experience with the harms associated with prescription opioids. The website, unlike other sites currently available which are mainly US based, provides a “one stop shop” of information and tools for the target groups, all contextualized to the Australian situation.

Market research focusing on both potential consumers and health professionals will be conducted prior to and during the campaign. This will provide data on how the campaign achieves its intended impacts.

A detailed presentation on the campaign was provided to the RTWSA Board at their meeting on 9 April 2019, including the creative concepts. The Board has approved the campaign.

RTWSA will solely fund and manage the campaign with the assistance of creative and media agencies who have been appointed via a procurement process in accordance with the DPC *Marketing Communications Guidelines*. The campaign costs for 2019-20 will be approximately \$400,000 and are included in the RTWSA budget approved by the Board on 27 May 2019.

Further updates can be provided regarding campaign progress and impacts as required.

RECOMMENDATION

It is recommended that you note this briefing, and provide your approval when requested by Department of Premier and Cabinet.

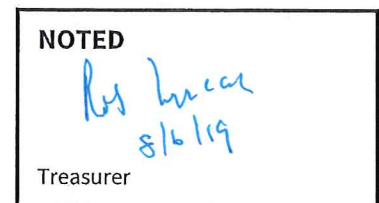


Rob Cordiner
Chief Executive Officer

4 June 2019

Contact Person: Julia Oakley, Executive General Manager
8233 2475 Julia.Oakley@rtwsa.com

Attachment A: Steering Committee Members
Attachment B: References



Attachment A – Steering Committee Members

1. Scriptwise
2. Faculty of Pain Medicine ANZCA
3. Drug and Therapeutic Information Service, SA Health
4. Adelaide Primary Health Network
5. Pharmaceutical Society of Australia
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13. Australian Dental Association SA
14. National Centre for Education and Training on Addiction

ScriptWise
Preventing prescription medication misuse



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

painaustralia



**Pharmaceutical
Society of Australia**

phn
ADELAIDE
An Australian Government Initiative

+ shpa

TO THE BOARD FOR INFORMATION

REACHFORTHEFACTS CAMPAIGN – PHASE ONE OUTCOMES AND PHASE TWO CONCEPTS

1. AIM

For the Board to note the outcomes of Phase One of the ReachForTheFacts campaign regarding the potential risks of prescription opioids, and endorse the creative concepts proposed for Phase Two. A presentation will be provided at the Board meeting with more detail.

2. BACKGROUND

ReturnToWorkSA acknowledges prescription opioids continue to be a significant health and safety concern both within our work injury scheme and in the South Australian community. In early 2019 ReturnToWorkSA developed a community awareness campaign designed primarily to raise awareness of harms associated with prescription opioids, which aligned with the Objects of the Return to Work Act (2014) to reduce social and economic cost in the State and reduce the incidence of work injuries. In April 2019 the Board approved Phase One of the campaign, which comprised a dedicated website, and comprehensive media campaign including television, newspapers, radio, billboards, and social and digital media.

3. DISCUSSION

3.1 Phase One

This first phase aimed to raise the awareness of the potential risks associated with long term use or misuse of prescription opioids. The intended impacts included raising consumer awareness of the dangers of long-term use and misuse of prescription opioids, and encouraging enquiry into more information about opioids as well as alternatives for safe and effective pain management. The campaign sought to achieve this through the messages “What are you are reaching for?” and “Is it pain relief or is it something else?” and encouraging the audience to “Reach for the facts on prescription opioids”. The media campaign promoted our dedicated website, www.reachforthefacts.com.au.

RTWSA put together a coalition of respected and relevant health and community organisations to support and guide the campaign. Our 13 initial partners included the AMA, Pharmaceutical Society of Australia, AFOEM (Occupational Physicians), Australian Faculty of Pain Medicine, and RACP (physicians). Due to the success of the campaign, we now have 17 partners, including the Royal Australian College of Surgeons and the Australian Pain Society.

The Regulation Team has actively supported the campaign over the last 12 months, including through active promotion at national conferences held in Adelaide, launching “Opioids and Your Patient”, an online accredited module for medical practitioners, as well as embedding ReachForTheFacts messaging within our education program for health providers and employers. Additionally, we have launched the Post-Surgical Support Program, which has seen 75% of participating injured workers cease their post-operative opioids at the conclusion of the program and the remainder reducing their opioid intake.

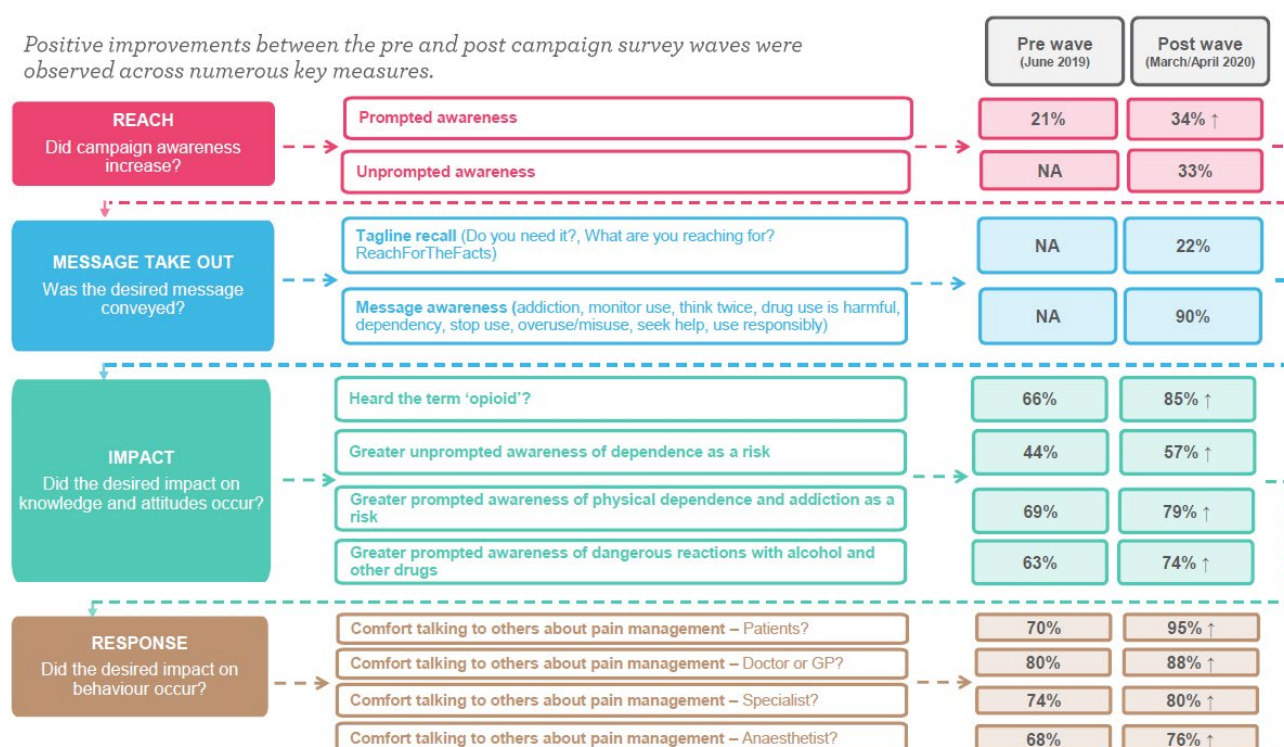
Of note is the recognition the campaign and its resources, particularly the ReachForTheFacts website, has obtained. The Therapeutic Goods Administration (TGA) has the website as a consumer resource within their prescription opioids hub and pain management units at SA Hospitals are using resources from the website with their patients.

3.2 Market Research

It was essential to ensure that RTWSA's investment in this campaign delivered measurable outcomes. Therefore, market research was conducted by an external market research agency both before the campaign launched (June 2019) and close to the completion of Phase One (March – April 2020) to measure the impact on awareness and views of prescription opioids and pain management in the SA community.

The first wave of market research in June 2019 (pre-campaign) involved 460 South Australian residents, including a sample of 30 health professionals and 152 prescription opioid users, (with $n=400$ statistically significant for South Australia). The high level findings revealed an awareness of the term "opioid" but more than a third of respondents weren't aware of the potential side effects of opioids.

The second wave of market research in March - April 2020 (9 months into the campaign) involved 468 South Australian residents and also included a sample of 36 health professionals and 136 opioid users. The diagram below is a summary of both waves, and demonstrates the extent to which the campaign objectives were achieved:



Statistically significant findings included:

- an increase in awareness of opioids within the community
- increased awareness of side effects such as physical dependence and addiction
- an increased level of comfort talking to medical professionals about pain management

- an increase in all medical professionals reporting feeling comfortable or very comfortable speaking to patients regarding pain management.
- The highest recall was for the television advertisement.

The survey findings suggest the campaign has had a very positive impact in raising awareness of what an opioid is, as well as the potential risks and side effects associated with taking opioids. This finding is aligned with the original intent of the campaign.

3.3 Creative Concepts for Phase Two

Concepts for Phase Two of the campaign have been developed in conjunction with our creative agency, ShowPony, and will be presented at the Board meeting. Those concepts, whilst maintaining key resources such as the ReachForTheFacts website, further develop and extend the Phase One messaging. Phase Two of the campaign explores in more depth the risks associated with prescription opioid use, raising awareness of side effects including psychosocial related impacts. The campaign aims to achieve this through a new television commercial and refreshed print and digital media. A media plan has been developed that acknowledges the effectiveness of television, so features more bursts of the television commercial and now includes cinema advertising. Additionally, clinical resources aimed at assisting health professionals in educating consumers on side effects will be developed, addressing a gap identified during the market research.

The ReachForTheFacts Steering Committee have been presented with results of the market research and high level concepts for Phase Two of the campaign.

4. BUDGET

Funding for Phase Two of the campaign of \$526,000 is included in the RTWSA budget for 2020-21.

5. NEXT STEPS

Development of new creative assets will commence, and we will seek approval for Phase Two of the campaign from the Treasurer in accordance with the SA Government Marketing Communication Guidelines.

6. RECOMMENDATION

That the Board notes the update on Phase One outcomes and endorse the creative concepts for Phase Two of the ReachForTheFacts campaign.

Endorsed:

Julia Oakley
Executive General Manager

Approved:

Michael Francis
Chief Executive Officer
14 August 2020

From: "Pinches, Stephen" <Stephen.Pinches@rtwsa.com>

To: DTF:Treasurer <treasurer.dtf@sa.gov.au>

Date: 15/09/2020 4:53:15 PM

Subject: RTWSA Briefing - TRS19D1308 - Update on Prescription Opioid Community Awareness Campaign - Reach for the Facts - 14 September 2020

Attachments: Signed by CEO - Briefing - TRS19D1308 - ~n Opioid Community Awareness Campaign - Reach for the Facts - 14 September 2020.pdf
Attachment - June 2019 Briefing - TRS19D1308 - Prescription Opioids - Community Awareness Campaign - September 2020.pdf

Good afternoon Treasurer's Office

Please find attached RTWSA's briefing - TRS19D1308 - providing an update on its Prescription Opioid Community Awareness Campaign - Reach for the Facts.

Kind regards

Stephen Pinches

Government Relations

ReturnToWorkSA

400 King William Street Adelaide SA 5000

08 8233 2098 | 0419 861 177



Our reference: D20/2135921

Your reference: TRS19D1308

TO: TREASURER

**RE: UPDATE ON PRESCRIPTION OPIOID COMMUNITY AWARENESS CAMPAIGN
'REACH FOR THE FACTS'**

PURPOSE

To provide an update on the outcomes of Phase One of ReturnToWorkSA's (RTWSA) prescription opioids community awareness campaign 'ReachForTheFacts' and to present high level concepts for Phase Two of the campaign.

BACKGROUND

In June 2019 we briefed you about RTWSA's plan to commence a community awareness campaign about the risks of misusing prescription opioids (your reference TRS19D1308, attached). Misuse of prescription opioids is a serious issue for the Return to Work Scheme and the South Australian community, and RTWSA identified a gap in that there were no resources or campaigns tailored to South Australian community needs.

RTWSA partnered with 13 health and not for profit organisations to form a Steering Committee to guide the campaign, which was funded by RTWSA after approval by the Board. This campaign was approved through by the Government Communications Advisory Committee in accordance with the *Marketing Communications Guidelines*, and in addition Minister Wade and SA Health were briefed on the campaign, and expressed support. RTWSA is very appreciative of your support for the campaign.

Phase One of the campaign ran from July 2019 to June 2020, and included creation of the ReachForTheFacts website, an extensive media campaign, and market research before and after the campaign to measure outcomes. RTWSA has now provided an Evaluation Report on Phase One of the campaign to the Government Communications Advisory Committee as required.

ISSUES

Phase One

This first phase aimed to raise the awareness of the potential risks associated with long term use or misuse of prescription opioids, including raising consumer awareness of the dangers of long-term use and misuse of prescription opioids, and encouraging enquiry into more information about opioids as well as alternatives for safe and effective pain management. The campaign sought to achieve this through the messages "What are you reaching for?" and "Is it pain relief or is it something else?" and encouraging the audience to "Reach for the facts on prescription opioids". The media campaign promoted our dedicated website, www.reachforthefacts.com.au.

At the beginning of the campaign RTWSA created a coalition of respected and relevant health and community organisations to support and guide the campaign. Our 13 initial partners included the AMA (SA), Pharmaceutical Society of Australia, AFOEM (Occupational Physicians), Australian Faculty of Pain Medicine, and RACP (physicians). Due to the success of the campaign, we now have 17 partners, including the Royal Australian College of Surgeons and the Australian Pain Society, who form the ReachFortheFacts Steering Committee.

Of note is the recognition the campaign and its resources, particularly the ReachForTheFacts website, has obtained. The Commonwealth Therapeutic Goods Administration (TGA) has the website as a consumer resource within its prescription opioids hub and pain management units at SA Hospitals are using resources from the website with their patients.

Market Research

Market research was conducted by an external market research agency both before the campaign launched (June 2019) and close to the completion of phase one (March – April 2020) to measure the impact on awareness and perception of prescription opioids and pain management in the South Australian community.

The first wave of market research in June 2019 (pre-campaign) involved 460 South Australian residents, including a sample of 30 health professionals and 152 prescription opioid users. The high level findings revealed an awareness of the term “opioid” but more than a third of respondents were not aware of the potential side effects of opioids.

The second wave of market research in March - April 2020 (9 months into the campaign) involved 468 South Australian residents and also included a sample of 36 health professionals and 136 opioid users. The diagram below is a summary of both waves, and demonstrates the extent to which the campaign objectives were achieved.

Positive improvements between the pre and post campaign survey waves were observed across numerous key measures.

		Pre wave (June 2019)	Post wave (March/April 2020)
REACH Did campaign awareness increase?	Prompted awareness	21%	34% ↑
	Unprompted awareness	NA	33%
MESSAGE TAKE OUT Was the desired message conveyed?	Tagline recall (Do you need it?, What are you reaching for? ReachForTheFacts)	NA	22%
	Message awareness (addiction, monitor use, think twice, drug use is harmful, dependency, stop use, overuse/misuse, seek help, use responsibly)	NA	90%
IMPACT Did the desired impact on knowledge and attitudes occur?	Heard the term 'opioid'?	66%	85% ↑
	Greater unprompted awareness of dependence as a risk	44%	57% ↑
	Greater prompted awareness of physical dependence and addiction as a risk	69%	79% ↑
	Greater prompted awareness of dangerous reactions with alcohol and other drugs	63%	74% ↑
RESPONSE Did the desired impact on behaviour occur?	Comfort talking to others about pain management – Patients?	70%	95% ↑
	Comfort talking to others about pain management – Doctor or GP?	80%	88% ↑
	Comfort talking to others about pain management – Specialist?	74%	80% ↑
	Comfort talking to others about pain management – Anaesthetist?	68%	76% ↑

Key findings include:

- increase in awareness of opioids within the community
- increased awareness of side effects such as physical dependence and addiction
- increased level of comfort talking to medical professionals about pain management
- increase in all medical professionals reporting feeling comfortable or very comfortable speaking to patients about pain management
- the highest recall was for the television advertisement.

The survey findings suggest the campaign had a very positive impact in raising awareness of what an opioid is, as well as the potential risks and side effects associated with taking opioids. This finding aligns with the original intent of the campaign.

Whilst Phase One of the campaign successfully raised awareness, improved understanding, and increased the comfort of both doctors and patients to talk openly about opioids and pain management alternatives, there remains a need to change behaviour regarding the consumption of opioids. Overall spending on opioids in the Return to Work Scheme remains consistent at approximately \$500,000 per year over the last three years (excluding self-insurer spend). We have seen some reduction in usage of the strongest opioids (measured as Oral Morphine Equivalent) over this period, but significant change is still needed.

Phase Two

Initial creative concepts for Phase Two of the campaign have been developed in conjunction with our creative agency, Showpony, and were endorsed by the ReachForTheFacts Steering Committee on 23 July 2020 and by the RTWSA Board on 21 August 2020. These concepts, whilst maintaining key resources such as the ReachForTheFacts website, further develop and extend the Phase One messaging. Phase Two of the campaign explores in more depth the risks associated with prescription opioid use, raising awareness of side effects including employment and psychosocial related impacts. The campaign aims to achieve this through a new television commercial and refreshed print and digital media. Additionally, clinical resources aimed at assisting health professionals in educating consumers on side effects will be developed, addressing a gap identified during the market research.

RTWSA will continue to fund and manage the campaign, with costs for 2020-21 of approximately \$526,000 included in the RTWSA budget.

RTWSA will prepare a submission for media buy, in accordance with the *Marketing Communication Guidelines*, for approval by the Government Communications Advisory Committee.

RECOMMENDATION

It is recommended that you:

1. note the update provided on the outcomes of Phase One of the ReachForTheFacts campaign; and
2. note the high level concepts for Phase Two of the campaign, which will come to you for approval via the Government Communications Advisory Committee.



Michael Francis
Chief Executive Officer

15 September 2020

Contact Person: Julia Oakley, Executive Leader Regulation
8233 2475 Julia.Oakley@rtwsa.com

Attachment: *Community Awareness Campaign – Prescription Opioids - 4 June 2019*

NOTED

Treasurer

Our reference: D19/01033690

TO: TREASURER

RE: COMMUNITY AWARENESS CAMPAIGN – PRESCRIPTION OPIOIDS

PURPOSE

To brief you on the development of a community awareness campaign, being led by ReturnToWorkSA in partnership with a range of government and not-for-profit organisations, about the harms associated with the prolonged use and misuse of prescription opioids for chronic non-cancer pain.

Although this campaign has been approved by the RTWSA Board, including funding, you will be asked to approve it by Department of Premier & Cabinet in accordance with their *Marketing Communication Guidelines*.

ISSUES

According to the Penington Institute, an Australian public health research and drug policy organisation:

The number of Australians who die from accidental drug overdose each year continues to rise ... while it is possible to overdose on many different drug types, the class of drug that contributes most to fatal overdose is opioids.

Opioids are substances that produce morphine-like effects and are primarily used for pain relief, including anaesthesia. Tolerance for opioids develops over time, lessening their effectiveness and often resulting in a person increasing their dosage beyond the initially prescribed recommendation – this may be despite an individual's desire to cut down or stop altogether, resulting in chronic relapsing and addiction. The side effects of these medications (e.g. codeine, oxycodone or fentanyl) include: nausea and vomiting, constipation, respiratory depression, development of tolerance and dependence, drowsiness, and sexual dysfunction. Because of this opioids have the potential to increase the risk of injury, and there is evidence that they adversely affect both recovery and safe return to work.

Prescription opioids are often prescribed following surgery or injury to treat moderate-to-severe pain, or for health conditions such as cancer. In recent years however, there has been a dramatic increase in the use of prescription opioids for the treatment of chronic pain conditions unrelated to cancer, despite serious risks and lack of evidence about their effectiveness when used over an extended period of time.

Although there are a number of organisations providing resources and assistance in the area of drug abuse (predominantly US based websites) there are none that specifically target the issue of opioid misuse, and no community awareness campaigns aimed at educating the public on understanding these dangers.

BACKGROUND

Prescription Opioids – The Problem

A recently released study by Lalic et al 2018 indicated 1.98 million Australian adults begin taking prescription opioids every year and according to the Penington Institute's Australia's Annual Overdose Report 2018, the number of accidental drug related deaths (including prescribed opioids) is more than double the number of those killed in car accidents (1,704 compared to 751 car deaths for 2016).

Research conducted by Australian Institute of Health and Welfare 2018 further highlights that:

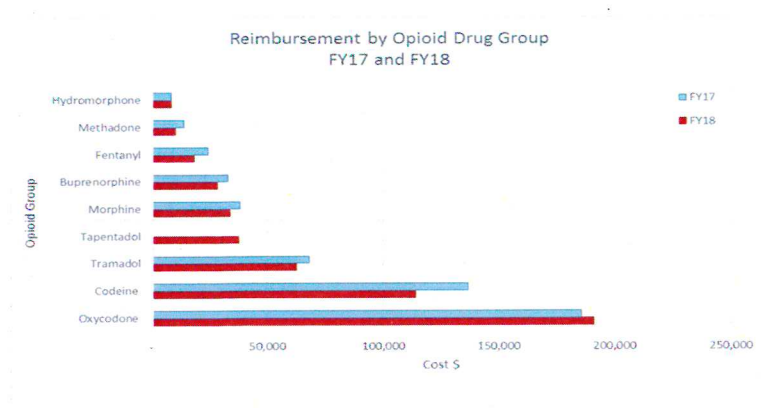
1. In Australia in 2016-17, 3.1 million people had 1 or more prescriptions dispensed for opioids (most commonly for oxycodone) and approximately 715,000 use pain killers/analgesics and pharmaceutical opioids for illicit or non-medical purposes.
2. Opioid related deaths and poisoning hospitalisations have increased in the last ten years – Every day in Australia, nearly 150 hospitalisations and 14 Emergency Department presentations involve opioid misuse, and 3 people die from drug-induced deaths involving opioid use.
3. Pharmaceutical opioids are responsible for more opioid deaths and poisoning hospitalisations than heroin. In 2016 the rate of hospitalisation where a principal diagnosis was opioid poisoning was more than twice as high for those admitted for heroin overdose.

In South Australia, according to the Penington Institute's Annual Overdose Report 2018, accidental deaths due to pharmaceutical opioids for the period 2012 to 2016 was 136, almost double that for the period 2002 to 2006 and more than double the deaths for heroin (59).

From a prescribing perspective, according to the Australian Commission on Safety and Quality in Healthcare 2018, South Australia has the second highest opioid dispensing rate of any statistical area in Australia, second only to Tasmania, with Playford, Onkaparinga and Salisbury regions particular focal points. Clearly, there is an imperative for South Australia to take action and be at the forefront of dealing with this national problem.

The Return to Work Scheme Context

In 2017-18 the Return to Work Scheme spent approximately \$2m on all medications, and approximately 25% of these costs (\$500,000) are associated with opioids. There is a similar trend in 2018-19. The graph below highlights expenditure across the most common opioids reimbursed in the Scheme for 2016-17 and 2017-18, with Oxycodone the most prevalent.



Note the emergence of Tapentadol in 2017-18. Tapentadol is marketed as a new and improved version of Tramadol.

Scheme data indicates that work injured patients are often prescribed several opioids concurrently along with other medication for compensable and possibly non-compensable conditions. ReturnToWorkSA acknowledges that opioid prescribing and use is an issue for the Scheme and the community more broadly.

Over the last 2 years ReturnToWorkSA has implemented a number of initiatives to manage this issue, with the aim of supporting better use of prescription opioids and thereby reducing the risk of injury and optimising injured worker recovery and safe return to work. Those initiatives include information and resources on the RTWSA website on opioids for workers, employers and health providers, providing support, information and education to health providers, implementing services for medical practitioners e.g. Second Opinion Pharmacy and Second Opinion Medicine and raising awareness of and supporting non pharmaceutical treatments for pain.

ReturnToWorkSA has continued to partner with ScriptWise (a non-profit organisation dedicated to reducing the number of deaths in Australia from prescription medication use), providing support for and participating in their round table discussions in South Australia, which are attended by SA Health regulators, pharmacists, pain management specialists, the Drug and Therapeutics Information Service and Adelaide and Country Primary Health Networks. Roundtable activities have been captured in the ScriptWise South Australia Roundtable Report (2018), which provides recommendations including the need for a community awareness campaign.

Since June 2018 ReturnToWorkSA has also formed partnerships with the following organisations and will continue to share resources and collaborate where possible:

- Drug and Therapeutics Information Service (DATIS, SA Health)
- Australian and New Zealand Society of Occupational Medicine
- National Central of Education and Training on Addiction
- Faculty of Pain Medicine, Australian New Zealand College of Anaesthetists
- Royal Australian and New Zealand College of Psychiatry, SA Branch
- Pharmaceutical Society of Australia
- NPS MedicineWise
- University of South Australia (School of Pharmacy)

Alignment with RTWSA purpose and function

It is clear that opioid misuse is a risk to the Scheme, both in relation to increasing the risk of injuries/claims, and through adverse impacts on recovery and return to work. It affects the entire community, including as a growing problem in aged care. Education and support for medical and allied health practitioners is slow to effect change, and needs to be complemented by increased community awareness.

Whilst several community campaigns launched in the United States support the recently declared national Public Health Emergency for Americans, there are no easily accessible online resources directly related to the risks of misusing prescription opioids and drugs of dependence for Australian consumers. This was acknowledged by the NSW Deputy State Coroner, Harriet Grahame, in her recent report on 6 opioid related deaths:

“While we recognise the trend, we appear to have few coordinated strategies to address this problem. This is particularly frustrating when one examines the positive effect of coordinated, whole of government approaches in other policy areas. Any examination of road death statistics, for example, will show how effective a coordinated approach can be at reducing

harm and death. And yet, in relation to opioid overdose, creative thinking at a government level appears to have stalled. (March 2019)”

ReturnToWorkSA has the capacity to develop and fund a campaign to raise awareness of this important issue, whereas the other organisations working in this space are government or not for profit organisations with limited and overstretched resources.

The *Return to Work Act (2014)* includes in its Objects (section 3) the following objectives:

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The *Return to Work Corporation of South Australia Act (1994)* includes in the Functions of the Corporation (section 13) the following:

- (b) to provide resources to support or facilitate the formulation of standards, policies and strategies that promote work health, safety or welfare; and*
- (c) to promote the recovery of persons who suffer injuries arising from employment and to facilitate their early return to work; and*
- (k) to initiate, carry out, support or promote research, projects, courses, programs, activities or other initiatives relating to—*
 - (i) work health, safety or welfare; or*
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 - (iii) workers recovery and return to work in cases involving work related injuries; or*
 - (iv) workers compensation; and*
- (ka) to support activities and other initiatives relating to work health, safety or welfare.*

It is evident that the governing legislation supports ReturnToWorkSA’s involvement in programs to reduce the cost and incidence of work injuries and improve work health, safety and welfare. The campaign approved by the RTWSA Board meets these criteria.

Community Awareness Campaign

ReturnToWorkSA has led the development of a broad-based community awareness campaign called “Reach for the Facts” to commence in July 2019 to educate the South Australian public about the risks of prescription opioid misuse. We have been working with the partners listed in Attachment A, via a Steering Committee to ensure that the campaign resources and messaging are factually correct and will raise awareness, not cause fear.

The intended impacts include better informed consumers seeking more information about opioids and alternatives, increased awareness of the effects of opioids, more people seeking support to cease or reduce opioid use (where medically appropriate), a change in prescribing behaviours, and a shift to alternate options for safe and effective pain management.

It is important to note that neither the campaign nor the website will be branded as ReturnToWorkSA. All campaign assets will feature all of the brands of the organisations RTWSA is partnering with. All of these organisations have professional expertise in relation to prescription opioids and bring credibility to the campaign. Attachment A provides a snapshot of how the various logos may appear. It is likely that further organisations will join the campaign, subject to the agreement of the current Steering Committee members.

Over the course of 2019-20, the campaign will include: a television commercial, radio, social media, posters, outdoor static media, television material and brochures for medical clinics and a comprehensive website for consumers, friends and family who may be concerned, as well as

health professionals. The website will have useful, easy to read information and tools as well as testimonials from South Australians who have had direct experience with the harms associated with prescription opioids. The website, unlike other sites currently available which are mainly US based, provides a “one stop shop” of information and tools for the target groups, all contextualized to the Australian situation.

Market research focusing on both potential consumers and health professionals will be conducted prior to and during the campaign. This will provide data on how the campaign achieves its intended impacts.

A detailed presentation on the campaign was provided to the RTWSA Board at their meeting on 9 April 2019, including the creative concepts. The Board has approved the campaign.

RTWSA will solely fund and manage the campaign with the assistance of creative and media agencies who have been appointed via a procurement process in accordance with the DPC *Marketing Communications Guidelines*. The campaign costs for 2019-20 will be approximately \$400,000 and are included in the RTWSA budget approved by the Board on 27 May 2019.

Further updates can be provided regarding campaign progress and impacts as required.

RECOMMENDATION

It is recommended that you note this briefing, and provide your approval when requested by Department of Premier and Cabinet.



Rob Cordiner
Chief Executive Officer

4 June 2019

Contact Person: Julia Oakley, Executive General Manager
8233 2475 Julia.Oakley@rtwsa.com

NOTED

Treasurer

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12. Royal Australasian College of Physicians
13. Australian Dental Association SA
14. National Centre for Education and Training on Addiction



Attachment B – References

Australian Commission on Safety and Quality in Health Care (2018) '*Opioid Medicines Dispensing 2016-2017*' in Australian Atlas of Healthcare Variation. Accessed from

<https://www.safetyandquality.gov.au/atlas/the-third-australian-atlas-of-healthcare-variation-2018/5-repeat-analyses-2/>

Australian Institute of Health and Welfare (2018) '*Opioid harm in Australia and comparisons between Australia and Canada*', Accessed from

<https://www.aihw.gov.au/getmedia/605a6cf8-6e53-488e-ac6e-925e9086df33/aihw-hse-210.pdf.aspx?inline=true>

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Penington Institute, '*Australia's Annual Overdose Report 2018*'. Accessed from

<http://www.penington.org.au/australias-annual-overdose-report-2018/>

ScriptWise, (2018), "ScriptWise South Australia Roundtable – Addressing the harms associated with prescription medications in South Australia". Accessed from

<http://www.scriptwise.org.au/wp-content/uploads/2018/07/ScriptWise-SA-Roundtable-Addressing-the-harms-associated-with-prescription-medications-in-South-Australia.pdf>

From: "Pinches, Stephen" <Stephen.Pinches@rtwsa.com>

To: DTF:Treasurer <treasurer.dtf@sa.gov.au>

Date: 15/09/2020 4:53:15 PM

Subject: RTWSA Briefing - TRS19D1308 - Update on Prescription Opioid Community Awareness Campaign - Reach for the Facts - 14 September 2020

Attachments: Signed by CEO - Briefing - TRS19D1308 - ~n Opioid Community Awareness Campaign - Reach for the Facts - 14 September 2020.pdf
Attachment - June 2019 Briefing - TRS19D1308 - Prescription Opioids - Community Awareness Campaign - September 2020.pdf

Good afternoon Treasurer's Office

Please find attached RTWSA's briefing - TRS19D1308 - providing an update on its Prescription Opioid Community Awareness Campaign - Reach for the Facts.

Kind regards

Stephen Pinches

Government Relations

ReturnToWorkSA

400 King William Street Adelaide SA 5000

08 8233 2098 | 0419 861 177



Our reference: D20/2135921

Your reference: TRS19D1308

TO: TREASURER

**RE: UPDATE ON PRESCRIPTION OPIOID COMMUNITY AWARENESS CAMPAIGN
 ‘REACH FOR THE FACTS’**

PURPOSE

To provide an update on the outcomes of Phase One of ReturnToWorkSA's (RTWSA) prescription opioids community awareness campaign 'ReachForTheFacts' and to present high level concepts for Phase Two of the campaign.

BACKGROUND

In June 2019 we briefed you about RTWSA's plan to commence a community awareness campaign about the risks of misusing prescription opioids (your reference TRS19D1308, attached). Misuse of prescription opioids is a serious issue for the Return to Work Scheme and the South Australian community, and RTWSA identified a gap in that there were no resources or campaigns tailored to South Australian community needs.

RTWSA partnered with 13 health and not for profit organisations to form a Steering Committee to guide the campaign, which was funded by RTWSA after approval by the Board. This campaign was approved through by the Government Communications Advisory Committee in accordance with the *Marketing Communications Guidelines*, and in addition Minister Wade and SA Health were briefed on the campaign, and expressed support. RTWSA is very appreciative of your support for the campaign.

Phase One of the campaign ran from July 2019 to June 2020, and included creation of the ReachForTheFacts website, an extensive media campaign, and market research before and after the campaign to measure outcomes. RTWSA has now provided an Evaluation Report on Phase One of the campaign to the Government Communications Advisory Committee as required.

ISSUES

Phase One

This first phase aimed to raise the awareness of the potential risks associated with long term use or misuse of prescription opioids, including raising consumer awareness of the dangers of long-term use and misuse of prescription opioids, and encouraging enquiry into more information about opioids as well as alternatives for safe and effective pain management. The campaign sought to achieve this through the messages "What are you reaching for?" and "Is it pain relief or is it something else?" and encouraging the audience to "Reach for the facts on prescription opioids". The media campaign promoted our dedicated website, www.reachforthefacts.com.au.

At the beginning of the campaign RTWSA created a coalition of respected and relevant health and community organisations to support and guide the campaign. Our 13 initial partners included the AMA (SA), Pharmaceutical Society of Australia, AFOEM (Occupational Physicians), Australian Faculty of Pain Medicine, and RACP (physicians). Due to the success of the campaign, we now have 17 partners, including the Royal Australian College of Surgeons and the Australian Pain Society, who form the ReachFortheFacts Steering Committee.

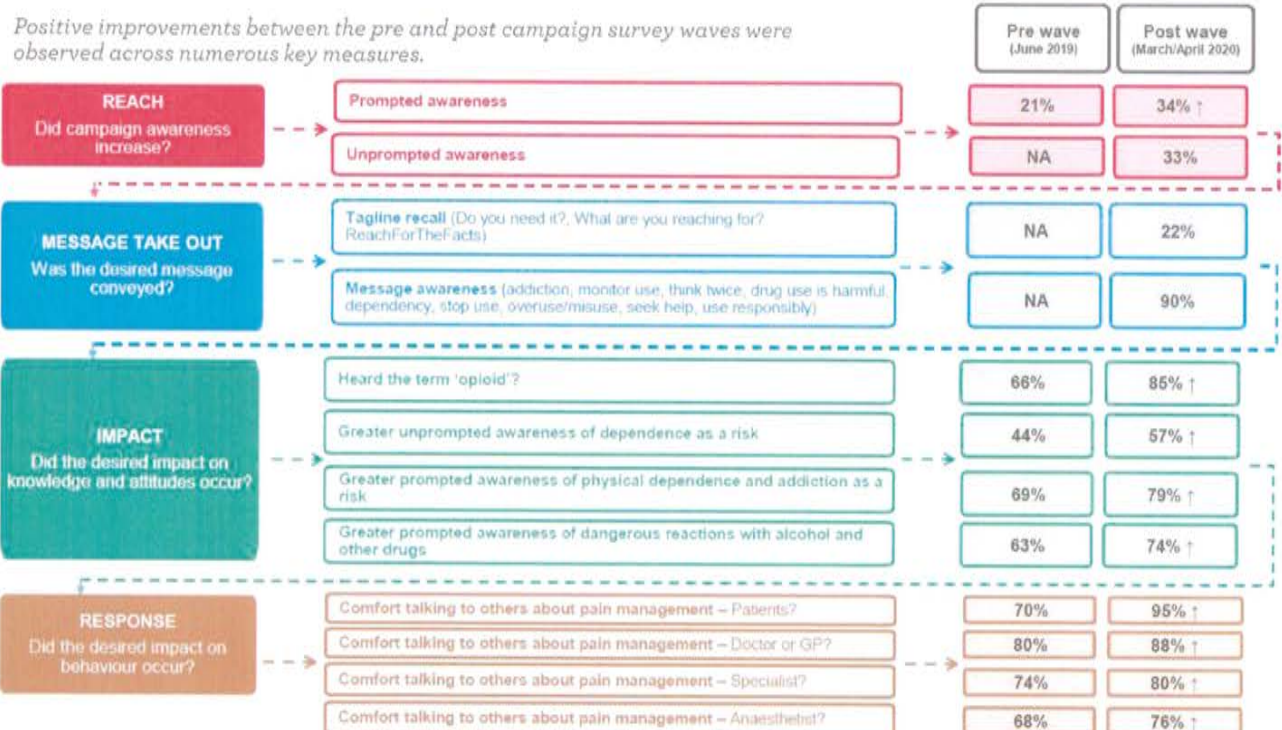
Of note is the recognition the campaign and its resources, particularly the ReachForTheFacts website, has obtained. The Commonwealth Therapeutic Goods Administration (TGA) has the website as a consumer resource within its prescription opioids hub and pain management units at SA Hospitals are using resources from the website with their patients.

Market Research

Market research was conducted by an external market research agency both before the campaign launched (June 2019) and close to the completion of phase one (March – April 2020) to measure the impact on awareness and perception of prescription opioids and pain management in the South Australian community.

The first wave of market research in June 2019 (pre-campaign) involved 460 South Australian residents, including a sample of 30 health professionals and 152 prescription opioid users. The high level findings revealed an awareness of the term “opioid” but more than a third of respondents were not aware of the potential side effects of opioids.

The second wave of market research in March - April 2020 (9 months into the campaign) involved 468 South Australian residents and also included a sample of 36 health professionals and 136 opioid users. The diagram below is a summary of both waves, and demonstrates the extent to which the campaign objectives were achieved.



Key findings include:

- increase in awareness of opioids within the community
- increased awareness of side effects such as physical dependence and addiction
- increased level of comfort talking to medical professionals about pain management
- increase in all medical professionals reporting feeling comfortable or very comfortable speaking to patients about pain management
- the highest recall was for the television advertisement.

The survey findings suggest the campaign had a very positive impact in raising awareness of what an opioid is, as well as the potential risks and side effects associated with taking opioids. This finding aligns with the original intent of the campaign.

Whilst Phase One of the campaign successfully raised awareness, improved understanding, and increased the comfort of both doctors and patients to talk openly about opioids and pain management alternatives, there remains a need to change behaviour regarding the consumption of opioids. Overall spending on opioids in the Return to Work Scheme remains consistent at approximately \$500,000 per year over the last three years (excluding self-insurer spend). We have seen some reduction in usage of the strongest opioids (measured as Oral Morphine Equivalent) over this period, but significant change is still needed.

Phase Two

Initial creative concepts for Phase Two of the campaign have been developed in conjunction with our creative agency, Showpony, and were endorsed by the ReachForTheFacts Steering Committee on 23 July 2020 and by the RTWSA Board on 21 August 2020. These concepts, whilst maintaining key resources such as the ReachForTheFacts website, further develop and extend the Phase One messaging. Phase Two of the campaign explores in more depth the risks associated with prescription opioid use, raising awareness of side effects including employment and psychosocial related impacts. The campaign aims to achieve this through a new television commercial and refreshed print and digital media. Additionally, clinical resources aimed at assisting health professionals in educating consumers on side effects will be developed, addressing a gap identified during the market research.

RTWSA will continue to fund and manage the campaign, with costs for 2020-21 of approximately \$526,000 included in the RTWSA budget.

RTWSA will prepare a submission for media buy, in accordance with the *Marketing Communication Guidelines*, for approval by the Government Communications Advisory Committee.

RECOMMENDATION

It is recommended that you:

1. note the update provided on the outcomes of Phase One of the ReachForTheFacts campaign; and
2. note the high level concepts for Phase Two of the campaign, which will come to you for approval via the Government Communications Advisory Committee.



Michael Francis
Chief Executive Officer

15 September 2020

Contact Person: Julia Oakley, Executive Leader Regulation
8233 2475 Julia.Oakley@rtwsa.com

Attachment: *Community Awareness Campaign – Prescription Opioids - 4 June 2019*

NOTED

Treasurer

Our reference: D19/01033690

TO: TREASURER

RE: COMMUNITY AWARENESS CAMPAIGN – PRESCRIPTION OPIOIDS

PURPOSE

To brief you on the development of a community awareness campaign, being led by ReturnToWorkSA in partnership with a range of government and not-for-profit organisations, about the harms associated with the prolonged use and misuse of prescription opioids for chronic non-cancer pain.

Although this campaign has been approved by the RTWSA Board, including funding, you will be asked to approve it by Department of Premier & Cabinet in accordance with their *Marketing Communication Guidelines*.

ISSUES

According to the Penington Institute, an Australian public health research and drug policy organisation:

The number of Australians who die from accidental drug overdose each year continues to rise ... while it is possible to overdose on many different drug types, the class of drug that contributes most to fatal overdose is opioids.

Opioids are substances that produce morphine-like effects and are primarily used for pain relief, including anaesthesia. Tolerance for opioids develops over time, lessening their effectiveness and often resulting in a person increasing their dosage beyond the initially prescribed recommendation – this may be despite an individual's desire to cut down or stop altogether, resulting in chronic relapsing and addiction. The side effects of these medications (e.g. codeine, oxycodone or fentanyl) include: nausea and vomiting, constipation, respiratory depression, development of tolerance and dependence, drowsiness, and sexual dysfunction. Because of this opioids have the potential to increase the risk of injury, and there is evidence that they adversely affect both recovery and safe return to work.

Prescription opioids are often prescribed following surgery or injury to treat moderate-to-severe pain, or for health conditions such as cancer. In recent years however, there has been a dramatic increase in the use of prescription opioids for the treatment of chronic pain conditions unrelated to cancer, despite serious risks and lack of evidence about their effectiveness when used over an extended period of time.

Although there are a number of organisations providing resources and assistance in the area of drug abuse (predominantly US based websites) there are none that specifically target the issue of opioid misuse, and no community awareness campaigns aimed at educating the public on understanding these dangers.

BACKGROUND

Prescription Opioids – The Problem

A recently released study by Lalic et al 2018 indicated 1.98 million Australian adults begin taking prescription opioids every year and according to the Penington Institute's Australia's Annual Overdose Report 2018, the number of accidental drug related deaths (including prescribed opioids) is more than double the number of those killed in car accidents (1,704 compared to 751 car deaths for 2016).

Research conducted by Australian Institute of Health and Welfare 2018 further highlights that:

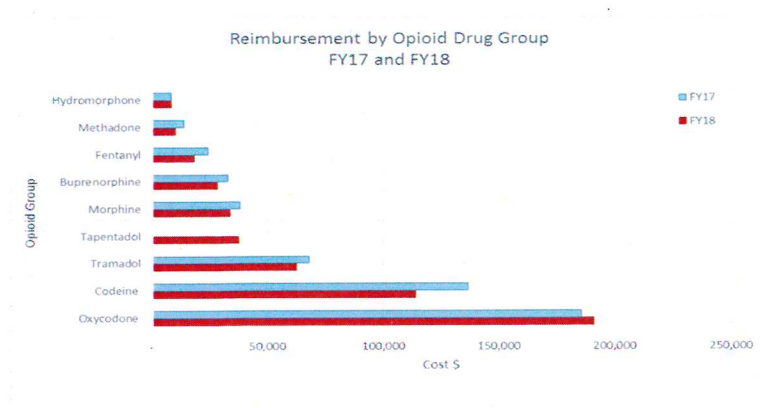
1. In Australia in 2016-17, 3.1 million people had 1 or more prescriptions dispensed for opioids (most commonly for oxycodone) and approximately 715,000 use pain killers/analgesics and pharmaceutical opioids for illicit or non-medical purposes.
2. Opioid related deaths and poisoning hospitalisations have increased in the last ten years – Every day in Australia, nearly 150 hospitalisations and 14 Emergency Department presentations involve opioid misuse, and 3 people die from drug-induced deaths involving opioid use.
3. Pharmaceutical opioids are responsible for more opioid deaths and poisoning hospitalisations than heroin. In 2016 the rate of hospitalisation where a principal diagnosis was opioid poisoning was more than twice as high for those admitted for heroin overdose.

In South Australia, according to the Penington Institute's Annual Overdose Report 2018, accidental deaths due to pharmaceutical opioids for the period 2012 to 2016 was 136, almost double that for the period 2002 to 2006 and more than double the deaths for heroin (59).

From a prescribing perspective, according to the Australian Commission on Safety and Quality in Healthcare 2018, South Australia has the second highest opioid dispensing rate of any statistical area in Australia, second only to Tasmania, with Playford, Onkaparinga and Salisbury regions particular focal points. Clearly, there is an imperative for South Australia to take action and be at the forefront of dealing with this national problem.

The Return to Work Scheme Context

In 2017-18 the Return to Work Scheme spent approximately \$2m on all medications, and approximately 25% of these costs (\$500,000) are associated with opioids. There is a similar trend in 2018-19. The graph below highlights expenditure across the most common opioids reimbursed in the Scheme for 2016-17 and 2017-18, with Oxycodone the most prevalent.



Note the emergence of Tapentadol in 2017-18. Tapentadol is marketed as a new and improved version of Tramadol.

Scheme data indicates that work injured patients are often prescribed several opioids concurrently along with other medication for compensable and possibly non-compensable conditions. ReturnToWorkSA acknowledges that opioid prescribing and use is an issue for the Scheme and the community more broadly.

Over the last 2 years ReturnToWorkSA has implemented a number of initiatives to manage this issue, with the aim of supporting better use of prescription opioids and thereby reducing the risk of injury and optimising injured worker recovery and safe return to work. Those initiatives include information and resources on the RTWSA website on opioids for workers, employers and health providers, providing support, information and education to health providers, implementing services for medical practitioners e.g. Second Opinion Pharmacy and Second Opinion Medicine and raising awareness of and supporting non pharmaceutical treatments for pain.

ReturnToWorkSA has continued to partner with ScriptWise (a non-profit organisation dedicated to reducing the number of deaths in Australia from prescription medication use), providing support for and participating in their round table discussions in South Australia, which are attended by SA Health regulators, pharmacists, pain management specialists, the Drug and Therapeutics Information Service and Adelaide and Country Primary Health Networks. Roundtable activities have been captured in the ScriptWise South Australia Roundtable Report (2018), which provides recommendations including the need for a community awareness campaign.

Since June 2018 ReturnToWorkSA has also formed partnerships with the following organisations and will continue to share resources and collaborate where possible:

- Drug and Therapeutics Information Service (DATIS, SA Health)
- Australian and New Zealand Society of Occupational Medicine
- National Central of Education and Training on Addiction
- Faculty of Pain Medicine, Australian New Zealand College of Anaesthetists
- Royal Australian and New Zealand College of Psychiatry, SA Branch
- Pharmaceutical Society of Australia
- NPS MedicineWise
- University of South Australia (School of Pharmacy)

Alignment with RTWSA purpose and function

It is clear that opioid misuse is a risk to the Scheme, both in relation to increasing the risk of injuries/claims, and through adverse impacts on recovery and return to work. It affects the entire community, including as a growing problem in aged care. Education and support for medical and allied health practitioners is slow to effect change, and needs to be complemented by increased community awareness.

Whilst several community campaigns launched in the United States support the recently declared national Public Health Emergency for Americans, there are no easily accessible online resources directly related to the risks of misusing prescription opioids and drugs of dependence for Australian consumers. This was acknowledged by the NSW Deputy State Coroner, Harriet Grahame, in her recent report on 6 opioid related deaths:

“While we recognise the trend, we appear to have few coordinated strategies to address this problem. This is particularly frustrating when one examines the positive effect of coordinated, whole of government approaches in other policy areas. Any examination of road death statistics, for example, will show how effective a coordinated approach can be at reducing

harm and death. And yet, in relation to opioid overdose, creative thinking at a government level appears to have stalled. (March 2019)”

ReturnToWorkSA has the capacity to develop and fund a campaign to raise awareness of this important issue, whereas the other organisations working in this space are government or not for profit organisations with limited and overstretched resources.

The *Return to Work Act (2014)* includes in its Objects (section 3) the following objectives:

- (2)(d) to reduce the overall social and economic cost of work injuries to the State and to the community; and*
- (e) to support activities that are aimed at reducing the incidence of work injuries*

The *Return to Work Corporation of South Australia Act (1994)* includes in the Functions of the Corporation (section 13) the following:

- (b) to provide resources to support or facilitate the formulation of standards, policies and strategies that promote work health, safety or welfare; and*
- (c) to promote the recovery of persons who suffer injuries arising from employment and to facilitate their early return to work; and*
- (k) to initiate, carry out, support or promote research, projects, courses, programs, activities or other initiatives relating to—*
 - (i) work health, safety or welfare; or*
 - (ii) work-related injuries; or*
 - (iii) workers recovery and return to work in cases involving work related injuries; or*
 - (iv) workers compensation; and*
- (ka) to support activities and other initiatives relating to work health, safety or welfare.*

It is evident that the governing legislation supports ReturnToWorkSA’s involvement in programs to reduce the cost and incidence of work injuries and improve work health, safety and welfare. The campaign approved by the RTWSA Board meets these criteria.

Community Awareness Campaign

ReturnToWorkSA has led the development of a broad-based community awareness campaign called “Reach for the Facts” to commence in July 2019 to educate the South Australian public about the risks of prescription opioid misuse. We have been working with the partners listed in Attachment A, via a Steering Committee to ensure that the campaign resources and messaging are factually correct and will raise awareness, not cause fear.

The intended impacts include better informed consumers seeking more information about opioids and alternatives, increased awareness of the effects of opioids, more people seeking support to cease or reduce opioid use (where medically appropriate), a change in prescribing behaviours, and a shift to alternate options for safe and effective pain management.

It is important to note that neither the campaign nor the website will be branded as ReturnToWorkSA. All campaign assets will feature all of the brands of the organisations RTWSA is partnering with. All of these organisations have professional expertise in relation to prescription opioids and bring credibility to the campaign. Attachment A provides a snapshot of how the various logos may appear. It is likely that further organisations will join the campaign, subject to the agreement of the current Steering Committee members.

Over the course of 2019-20, the campaign will include: a television commercial, radio, social media, posters, outdoor static media, television material and brochures for medical clinics and a comprehensive website for consumers, friends and family who may be concerned, as well as

health professionals. The website will have useful, easy to read information and tools as well as testimonials from South Australians who have had direct experience with the harms associated with prescription opioids. The website, unlike other sites currently available which are mainly US based, provides a “one stop shop” of information and tools for the target groups, all contextualized to the Australian situation.

Market research focusing on both potential consumers and health professionals will be conducted prior to and during the campaign. This will provide data on how the campaign achieves its intended impacts.

A detailed presentation on the campaign was provided to the RTWSA Board at their meeting on 9 April 2019, including the creative concepts. The Board has approved the campaign.

RTWSA will solely fund and manage the campaign with the assistance of creative and media agencies who have been appointed via a procurement process in accordance with the DPC *Marketing Communications Guidelines*. The campaign costs for 2019-20 will be approximately \$400,000 and are included in the RTWSA budget approved by the Board on 27 May 2019.

Further updates can be provided regarding campaign progress and impacts as required.

RECOMMENDATION

It is recommended that you note this briefing, and provide your approval when requested by Department of Premier and Cabinet.



Rob Cordiner
Chief Executive Officer

4 June 2019

Contact Person: Julia Oakley, Executive General Manager
8233 2475 Julia.Oakley@rtwsa.com

NOTED

Treasurer

Attachment A: Steering Committee Members
Attachment B: References

Attachment A – Steering Committee Members

1. Scriptwise
2. Faculty of Pain Medicine ANZCA
3. Drug and Therapeutic Information Service, SA Health
4. Adelaide Primary Health Network
5. Pharmaceutical Society of Australia
6. Australian New Zealand Society Occupational Medicine
7. Pain Australia
8. RUM Project, Return Unwanted Medicines
9. South Australian Medication Safety Advisory Group (SA Health)
10. Society of Hospital Pharmacists of Australia
11. Australasian Faculty of Occupational and Environmental Medicine
12. Royal Australasian College of Physicians
13. Australian Dental Association SA
14. National Centre for Education and Training on Addiction



Attachment B – References

Australian Commission on Safety and Quality in Health Care (2018) '*Opioid Medicines Dispensing 2016-2017*' in Australian Atlas of Healthcare Variation. Accessed from

<https://www.safetyandquality.gov.au/atlas/the-third-australian-atlas-of-healthcare-variation-2018/5-repeat-analyses-2/>

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From: DTF:Treasurer <treasurer.dtf@sa.gov.au>

To: "Government Relations" <GovernmentRelations@rtwsa.com>

Date: 17/09/2020 1:04:50 PM

Subject: TRS19D1308 - Final

Attachments: TRS19D1308 - Final.pdf

Good afternoon

Please find attached TRS19D1308 final signed minute from the Treasurer.

Kind regards,

Naveena Tanuku

Correspondence Officer to the
Hon Rob Lucas MLC
Treasurer

Ph: 822 61890
Reception: 822 61866
Department of Treasury & Finance
Level 8, 200 Victoria Square | ADELAIDE SA 5000

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Government of South Australia
Department of Treasury
and Finance

Our reference: D20/2135921
Your reference: TRS19D1308



TO: TREASURER

**RE: UPDATE ON PRESCRIPTION OPIOID COMMUNITY AWARENESS CAMPAIGN
'REACH FOR THE FACTS'**

PURPOSE

To provide an update on the outcomes of Phase One of ReturnToWorkSA's (RTWSA) prescription opioids community awareness campaign 'ReachForTheFacts' and to present high level concepts for Phase Two of the campaign.

BACKGROUND

In June 2019 we briefed you about RTWSA's plan to commence a community awareness campaign about the risks of misusing prescription opioids (your reference TRS19D1308, attached). Misuse of prescription opioids is a serious issue for the Return to Work Scheme and the South Australian community, and RTWSA identified a gap in that there were no resources or campaigns tailored to South Australian community needs.

RTWSA partnered with 13 health and not for profit organisations to form a Steering Committee to guide the campaign, which was funded by RTWSA after approval by the Board. This campaign was approved through by the Government Communications Advisory Committee in accordance with the *Marketing Communications Guidelines*, and in addition Minister Wade and SA Health were briefed on the campaign, and expressed support. RTWSA is very appreciative of your support for the campaign.

Phase One of the campaign ran from July 2019 to June 2020, and included creation of the ReachForTheFacts website, an extensive media campaign, and market research before and after the campaign to measure outcomes. RTWSA has now provided an Evaluation Report on Phase One of the campaign to the Government Communications Advisory Committee as required.

ISSUES

Phase One

This first phase aimed to raise the awareness of the potential risks associated with long term use or misuse of prescription opioids, including raising consumer awareness of the dangers of long-term use and misuse of prescription opioids, and encouraging enquiry into more information about opioids as well as alternatives for safe and effective pain management. The campaign sought to achieve this through the messages "What are you reaching for?" and "Is it pain relief or is it something else?" and encouraging the audience to "Reach for the facts on prescription opioids". The media campaign promoted our dedicated website, www.reachforthefacts.com.au.

At the beginning of the campaign RTWSA created a coalition of respected and relevant health and community organisations to support and guide the campaign. Our 13 initial partners included the AMA (SA), Pharmaceutical Society of Australia, AFOEM (Occupational Physicians), Australian Faculty of Pain Medicine, and RACP (physicians). Due to the success of the campaign, we now have 17 partners, including the Royal Australian College of Surgeons and the Australian Pain Society, who form the ReachForTheFacts Steering Committee.

ReturnToWorkSA

400 King William Street Adelaide SA 5000 • GPO Box 2668 Adelaide SA 5001 • ABN 83 687 563 395

General Enquiries 13 18 55 • www.rtwsa.com

Of note is the recognition the campaign and its resources, particularly the ReachForTheFacts website, has obtained. The Commonwealth Therapeutic Goods Administration (TGA) has the website as a consumer resource within its prescription opioids hub and pain management units at SA Hospitals are using resources from the website with their patients.

Market Research

Market research was conducted by an external market research agency both before the campaign launched (June 2019) and close to the completion of phase one (March – April 2020) to measure the impact on awareness and perception of prescription opioids and pain management in the South Australian community.

The first wave of market research in June 2019 (pre-campaign) involved 460 South Australian residents, including a sample of 30 health professionals and 152 prescription opioid users. The high level findings revealed an awareness of the term “opioid” but more than a third of respondents were not aware of the potential side effects of opioids.

The second wave of market research in March - April 2020 (9 months into the campaign) involved 468 South Australian residents and also included a sample of 36 health professionals and 136 opioid users. The diagram below is a summary of both waves, and demonstrates the extent to which the campaign objectives were achieved.

Positive improvements between the pre and post campaign survey waves were observed across numerous key measures.

		Pre wave (June 2019)	Post wave (March/April 2020)
REACH Did campaign awareness increase?	Prompted awareness	21%	34% ↑
	Unprompted awareness	NA	33%
MESSAGE TAKE OUT Was the desired message conveyed?	Tagline recall (Do you need it? What are you reaching for? ReachForTheFacts)	NA	22%
	Message awareness (addiction, monitor use, think twice, drug use is harmful, dependency, stop use, overuse/misuse, seek help, use responsibly)	NA	90%
IMPACT Did the desired impact on knowledge and attitudes occur?	Heard the term 'opioid'?	66%	85% ↑
	Greater unprompted awareness of dependence as a risk	44%	57% ↑
	Greater prompted awareness of physical dependence and addiction as a risk	69%	79% ↑
	Greater prompted awareness of dangerous reactions with alcohol and other drugs	63%	74% ↑
RESPONSE Did the desired impact on behaviour occur?	Comfort talking to others about pain management – Patients?	70%	95% ↑
	Comfort talking to others about pain management – Doctor or GP?	80%	88% ↑
	Comfort talking to others about pain management – Specialist?	74%	80% ↑
	Comfort talking to others about pain management – Anaesthetist?	68%	76% ↑

Key findings include:

- increase in awareness of opioids within the community
- increased awareness of side effects such as physical dependence and addiction
- increased level of comfort talking to medical professionals about pain management
- increase in all medical professionals reporting feeling comfortable or very comfortable speaking to patients about pain management
- the highest recall was for the television advertisement.

The survey findings suggest the campaign had a very positive impact in raising awareness of what an opioid is, as well as the potential risks and side effects associated with taking opioids. This finding aligns with the original intent of the campaign.

Whilst Phase One of the campaign successfully raised awareness, improved understanding, and increased the comfort of both doctors and patients to talk openly about opioids and pain management alternatives, there remains a need to change behaviour regarding the consumption of opioids. Overall spending on opioids in the Return to Work Scheme remains consistent at approximately \$500,000 per year over the last three years (excluding self-insurer spend). We have seen some reduction in usage of the strongest opioids (measured as Oral Morphine Equivalent) over this period, but significant change is still needed.

Phase Two

Initial creative concepts for Phase Two of the campaign have been developed in conjunction with our creative agency, Showpony, and were endorsed by the ReachForTheFacts Steering Committee on 23 July 2020 and by the RTWSA Board on 21 August 2020. These concepts, whilst maintaining key resources such as the ReachForTheFacts website, further develop and extend the Phase One messaging. Phase Two of the campaign explores in more depth the risks associated with prescription opioid use, raising awareness of side effects including employment and psychosocial related impacts. The campaign aims to achieve this through a new television commercial and refreshed print and digital media. Additionally, clinical resources aimed at assisting health professionals in educating consumers on side effects will be developed, addressing a gap identified during the market research.

RTWSA will continue to fund and manage the campaign, with costs for 2020-21 of approximately \$526,000 included in the RTWSA budget.

RTWSA will prepare a submission for media buy, in accordance with the *Marketing Communication Guidelines*, for approval by the Government Communications Advisory Committee.

RECOMMENDATION

It is recommended that you:

1. note the update provided on the outcomes of Phase One of the ReachForTheFacts campaign; and
2. note the high level concepts for Phase Two of the campaign, which will come to you for approval via the Government Communications Advisory Committee.



Michael Francis
Chief Executive Officer

15 September 2020

Contact Person: Julia Oakley, Executive Leader Regulation
8233 2475 Julia.Oakley@rtwsa.com

Attachment: *Community Awareness Campaign – Prescription Opioids - 4 June 2019*

NOTED

Roy Lucas
16/9/20.

Treasurer





ReturnToWorkSA. ReachForTheFacts Research.

Executive summary
22 May 2020



Executive summary.



Summary on a page.



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	Comfort talking to others about pain management – Specialist?	74%	80% ↑
	Comfort talking to others about pain management – Anaesthetist?	68%	76% ↑

Key findings from the survey.



Positive shifts across most measures, some of which are significant, suggest the campaign is having an impact on awareness and understanding across the community and the intended audiences.

Research approach.

The pre campaign online survey was undertaken between 12 and 20 of June 2019 with a representative sample of n=460 South Australian residents, including a targeted boost sample of health professionals and opioid users. This was then followed by a post wave online survey, undertaken between 30 March and 9 April, during which time a comparable sample of n=468 people completed the survey. To add further insight, qualitative in-depth interviews were undertaken with n=30 medical professionals between 23 March and 8 April, the findings from these discussions can be viewed in the qualitative section of this report.

How pain is managed?

Results were largely unchanged in relation to managing pain, with 8 in 10 people surveyed having taken some form of pain relief within the past 12 months. Most frequently, relief was sought from headaches or general aches and back pain.

The most common form of pain medication used was paracetamol (78%) followed by ibuprofen (54%), with the most common form of opioid medication being paracetamol and codeine (27%). These results were consistent across the pre and post waves.

Higher awareness and less uncertainty.

Awareness of opioids increased significantly (by 19%) from two out of three participants (66%) to more than four out of five (85%↑) having heard of the term 'opioid'. Awareness also increased across all of the sub-groups of interest:

 Medical professionals	95% (5% increase)	Non-medical professionals	84%↑ (20% increase)
 Opioid users	93%↑ (15% increase)	Non-users	81%↑ (22% increase)

There was significantly less uncertainty around what people understand opioids to be (25% in the pre compared to 14%↓ in the post) and how they feel about them (42% in the pre compared to 28%↓ in the post) with significantly more people understanding opioids to be a form of **pain relief** (45%↑), a **drug** (27%↑) and **addictive** (20%↑). This suggests the campaign has had an effect on awareness and understanding.

An improved understanding of what it **is** and **isn't** an opioid was seen across all tested medications in the post wave. In fact, significantly more of the post wave sample correctly identified 5 of the 8 opioids, which is a positive result.



Possible harms?

A slightly higher proportion of participants in the post wave (71%, 6% increase) indicated that they are confident or very confident in their understanding of the harm that opioids can cause.

Without prompting, the most frequent themes relating to potential side effects of opioid use included:

- o **Dependency**, which was mentioned in 57%↑ of the responses (13% higher than in the pre wave);
- o **Gastrointestinal side effects**, including nausea and constipation (18%); and
- o **Sleep problems** (14%).

Once again, there was less uncertainty around side effects, with a quarter (25%↓) in the post wave, rather than a third of participants (38%) in the pre wave, unsure of the potential side effects of opioids can cause. This once again suggests higher levels of understanding.

When prompted, higher levels of awareness were seen across all opioid related side effects in the post wave. The highest levels of awareness related to **physical dependence and addiction** (79% ↑, 10% increase), **dangerous reactions with alcohol and drugs** (74% ↑, 9% increase), **drowsiness** (70%, 4% increase) and **tolerance** (69% ↑, 10% increase).

Over half of the post wave participants (60%) were aware that **1 in 10 people who misuse opioids will become addicted**, with medical professionals and opioid users being significantly more likely to be aware of this. This is a small increase compared to the pre wave (6%).

What are they used for?

There was consistency across the pre and post wave responses when asked about the main reasons people take opioids; to **manage their pain** (75%), **after surgery** (32%), because they were **prescribed by a health professional** (24%) or for a **long term injury** (22%).

How long they should be taken?

Results were again consistent across the pre and post waves with almost half (47%) of the sample stating that the length of time opioids should be used for depends on medical advice. The key difference once again, was that significantly less people weren't sure (15% ↓, 9% decrease).



Treatment approaches.

There were no significant differences in the way people manage their pain between the pre and post waves with the majority of the sample (71%) using over the counter medication that they already have at home to treat the pain they experience.

In the post wave, medical professionals were significantly more likely to use over the counter pain relief they had at home and less likely to visit a doctor or pharmacy to seek advice. This could be related to the effect of COVID-19.

Information sources.

Over half (57%↑, 12% increase) of the post wave participants who took opioids within the past year received information regarding the risks or side effects of using the medication. More also received information on how long opioids should be taken (57%) and how the medical will help (53%).

This information was mainly provided by Doctors or GPs (69%) or from a pharmacy (43%), consistent with the pre wave.

Level of comfort talking about opioids.

The level of comfort associated with discussing pain management increased slightly across all groups between the pre and post waves.

The majority of participants reported feeling comfortable or very comfortable discussing pain management with the various medical professionals. They were most comfortable having this conversation with their doctor (88%) and specialists (83%).

They were slightly less comfortable speaking to family or friends (64%) and were the least comfortable speaking to workplace managers/human resource (30%).

The biggest increase between waves related to almost all medical professionals reporting feeling comfortable or very comfortable speaking to patients regarding pain management (95%↑, 25% increase). This suggests that the campaign is helping to initiate opioid related conversations.

»»» Key findings from the survey.



What has been seen or heard?



In the pre wave, without prompting, 1 in 5 participants (21%) had seen or heard advertising or media coverage regarding opioids, this increased to 1 in 3 (34%↑) in the post wave. The content of what was seen or heard related mostly to opioid addiction (45%) and general opioid awareness (19%) and information was most likely to be seen on TV (61%).

In the post wave, when shown the campaign poster, a **third of the sample** (33%) reported having seen it, which is consistent with the unprompted recall. Almost all of those who had seen the campaign did so on the TV (92%).

A variety of taglines were reported, including **addiction** (15%), **think twice** (11%) and **what are you reaching for** (10%). The most closely related taglines (*Do you need it?*, *What are you reaching for?*, *ReachForTheFacts*) were given by just under a quarter of those who had seen or heard something. Only a small proportion of the sample (1%) gave the '**ReachForTheFacts**' tagline unprompted.

The perceived message was similar with the top responses including; **addiction awareness** (35%), **monitor use** (17%), **think twice** (13%) and **harm** (13%).

Campaign effect.

Unprompted, the majority (89%) of those who had seen or heard the advertising didn't do anything based on the exposure, however given less than a third of the total sample have used opioids in the last 12 months, and the limited interaction most have had with people who are known to use opioids (between 8% and 35%), this isn't surprising.

Despite this, when asked specifically about the effect it had, just **over a third** of medical professionals (38%) reported that it **encouraged them to speak to their patients** about opioid use and just **over a third** of the wider sample (35%) communicated that it made them **think about their future opioid use** and made them **want to understand more** about opioids (28%), which is a positive result.

Less than 1 in 10 of those who had seen the advertising **went online** to find out more (9%), or in the case of medical professionals, had **patients speak to them about the advertising** (8%).

ReachForTheFacts website.

Half of those who said they went online to find out more about opioids went to the ReachForTheFacts website. Their feedback on the website was largely positive, however the results should be treated with caution given the very small base size (n=7).



From: "Flower, Julianne" <Julianne.Flower@rtwsa.com>

To: "Scanlon, Anne" <Anne.Scanlon@rtwsa.com>

Date: 28/05/2021 7:16:23 AM

Subject: FOI request

Attachments: RTWSA_RFTF Research_Pre campaign topline report_Final_19.07.25.pdf

Good morning Anne, as discussed, attached is the pre campaign market research report. You should now have the full set – pre campaign, post campaign and an executive summary.

The budget is the following:

Year 2019 – \$122,263

Year 2020 – \$588,023

Year 2021 - \$473,815

Grand total = \$1,184,101

Broken down by expenditure type

Media = \$1,108,178

Printing and promotional material = \$17,023

Research = \$58,900

Thanks

JF

Julianne Flower

Leader, Scheme Support

Scheme Support

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ReturnToWorkSA.

Reach for the facts Research.



Pre-campaign topline report
25 July 2019



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Executive Summary.

What we found before the campaign...

An online survey was undertaken over 2 weeks, during which n=460 completed the survey.

The state of play.

- Over 8 in 10 people (84%) surveyed had taken some form of pain relief within the past 12 months. Most frequently these were taken for headaches (67%) or general aches and back pain (63%).
- The most common form of pain medication used was paracetamol (82%), and the most common form of opioid medication was Paracetamol and Codeine (28%).

Community awareness.

- Awareness of opioids is quite high, with two out of three participants (66%) having heard of the term 'opioid' and almost all medical professionals (90%) and a large proportion of opioid users (78%) being aware of the term.

Understanding of opioids.

- When participants were asked what they understood an 'opioid' to be the most common responses included opioids being pain relievers (33%), being opium based (15%), are a drug (14%), and are addictive (11%). In total, over a quarter (26%) of the sample answered 'I don't know' to this question.



What we found before the campaign...

Possible harms.

- In total, 65% of participants indicated that they are confident or very confident that they understand the harm that opioids can cause.
- When asked about the potential side effects of opioid use, the most frequent theme related to dependency including addiction which was mentioned in 44% of the responses. Gastrointestinal side effects, including nausea and constipation was the second most frequently mentioned side effect (14%), followed by sleep problems (13%). More than a third of participants (38%) didn't know what the potential side effects of opioids could be, which indicates a strong need for education.
- When prompted, the highest levels of awareness relating to side effects were associated with physical dependence and addiction (69%), drowsiness (66%) and dangerous reactions with alcohol and drugs (63%). Only 15% of the sample were aware that opioids increase the risk of infection.
- Over half of participants (54%) were aware that 1 in 10 people who misuse opioids will become addicted, with medical professionals and opioid users being significantly more likely to be aware of this.

What are they used for?

- The main reason that people took opioids was to manage their pain (69%) and because it was prescribed to them by a health professional (30%). Only 1% of people took opioids for recreational purposes.

How long they should be taken?

- Almost half (44%) of the sample stated that the length of time opioids should be used for depends on medical advice, while a quarter (24%) of the sample didn't know and 1 in 10 said up to a week (10%).

What we found before the campaign...

How pain is managed.

- The majority of the sample (68%) use over the counter medication that they already have at home to treat pain they experience.
- There were significant differences between opioid users and non-users, with people who had used opioids in the last year using prescription medication they already have at home more than non users.
- Medical professionals also visited a GP and chemist more than non-medical professionals.

Information sources.

- Almost half of the participants who took opioids within the past year received information regarding how opioids will help, the duration the opioids should be taken for, and the risks or possible side effects of opioids.
- This information was mainly provided by Doctors or GPs (71%) or from a pharmacy (38%).

Level of comfort speaking to people.

- The majority of participants (between 80% and 69%) feel comfortable or very comfortable discussing pain management with the various medical professionals listed. They were slightly less comfortable speaking to family or friends (62%) and were the least comfortable speaking to workplace managers/human resource (26%).
- The majority (70%) of medical professionals were comfortable or very comfortable speaking to patients regarding pain management.

What has been seen?

- 1 in 5 participants (21%) recall seeing advertising or media coverage regarding opioids. Medical professionals had seen opioid media coverage and advertisements more than non-medical professionals. The majority of the coverage related to opioid addiction (36%) and the side effects of long term use (19%) and was watched on News or Current Affair (32%) or documentary (17%) television programs.



Background.



A grim picture.

The recent report from the Australian Institute of Health and Welfare (AIHW), has outlined the bleak picture of the rapid growth of opioid overdoses and misuse in Australia and globally. In Australia, the number of deaths involving opioid use has almost doubled from 591 in 2016 to 1119 in 2018. Hospitalisations for opioid poisoning have also increased by 25 percent.

A PhD student from Monash University has analysed the dispensing of opioids through the Pharmaceutical Benefits Scheme (PBS) between 2013 and 2017 (1). The research found that while opioids have an important role in managing chronic pain (particularly cancer and acute non-cancer pain), other treatment options could provide safer and more effective results. For example, there is evidence to suggest that a combination of therapies such as exercise, physiotherapy and non-opioid painkillers can have similar, if not better, outcomes compared to opioid painkillers.

Overall, the findings from the research suggests a need for the medical community to change the culture of prescribing opioids and educating the public on the associated risks. It is understood that this is where RTWSA's 'ReachForTheFacts' campaign will play an active role.

“Locally and internationally, the rising use of opioids is a cause for concern.

All opioids – including codeine – can be addictive and their general use can result in dependence, accidental overdose, hospitalisation or death.”

Australian Institute of Health and Welfare (2)

1 Lalic et al., (2018), “Predictors of persistent prescription opioid analgesic use amongst people without cancer in Australia”, *British Journal of Clinical Pharmacology*, 84 (6), pp. 1267-1278.

2 AIHW (2018), Opioid Harm in Australia: and comparisons between Australia and Canada, accessed 26/04/2019 at: <https://www.aihw.gov.au/getmedia/605a6cf8-6e53-488e-ac6e-925e9086df33/aihw-hse-210.pdf.aspx?inline=true>



ReachForTheFacts.

We understand that the 'ReachForTheFacts' community awareness campaign is planned to be launched in July 2019.

The objectives of the campaign include:

- To raise awareness within SA of the dangers of long term use and addiction to prescription opioids;
- To increase the number of individuals who choose options other than opioids for safe and effective pain management; and
- To reduce the use of opioids for non-medical reasons (recreationally).

The call(s) to action for the campaign will be to visit the website for additional information and to get in touch with health professionals if people have any questions. The audience of the campaign includes all adults aged 25-54 years. Notably, the target groups of interest are the consumer, family and friends of the consumer, and health professionals.

The aim of the campaign is to make more people aware of the risks so that they can make informed decisions about their treatment options, and also to increase community knowledge of the issues and support options available so that they can be promoted to those in need.





Research objectives.

We understand that this research seeks to provide RTWSA with a better **understanding of the issues surrounding prescription drug use**. Further it will assist in obtaining a **benchmark measure of awareness and behaviours** pertaining to opioid drug use prior to the release of the 'reachforthefacts' campaign that can then be compared post-campaign to understand effectiveness of the campaign.

Further, this research will assist with:

- ⇒ The development and refinement of website content; and
- ❖ Understanding future direction for engagement with health professionals.

To meet these objectives, we provided our recommended research approach (on the following slide).

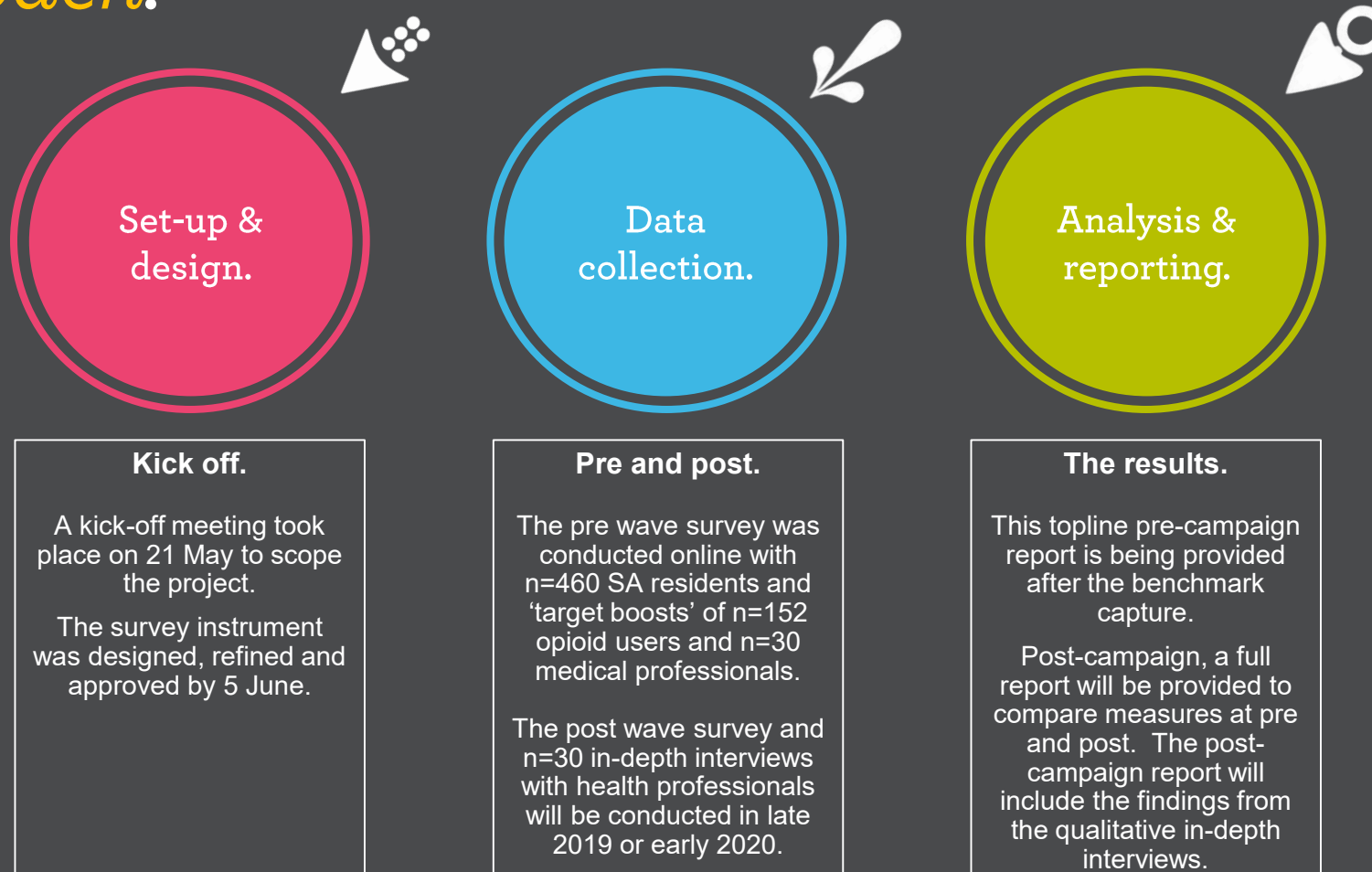




Methodology.



Approach.





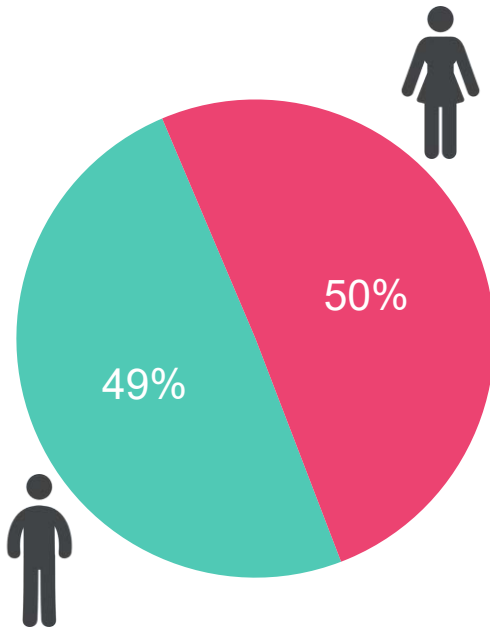
Findings.

Who we surveyed...

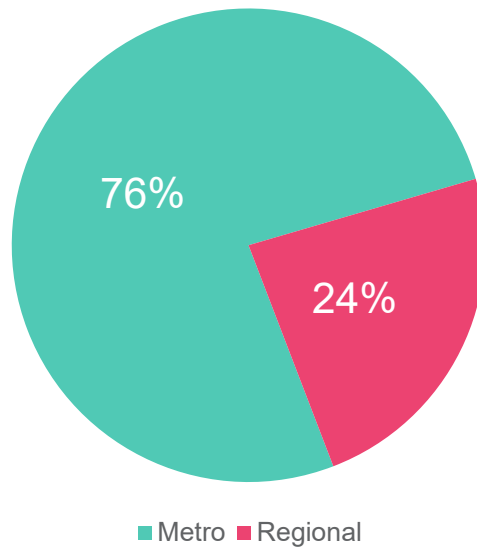
Quotas were set to ensure the survey sample represented the South Australian population based on age, gender and metropolitan and regional location.

A good spread of gender and age was achieved and a quarter of the sample lives in regional South Australia.

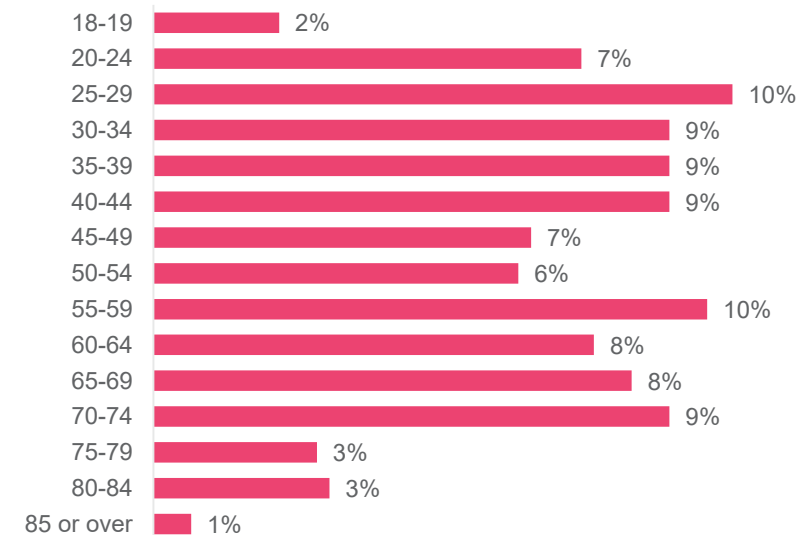
Gender.



Location.

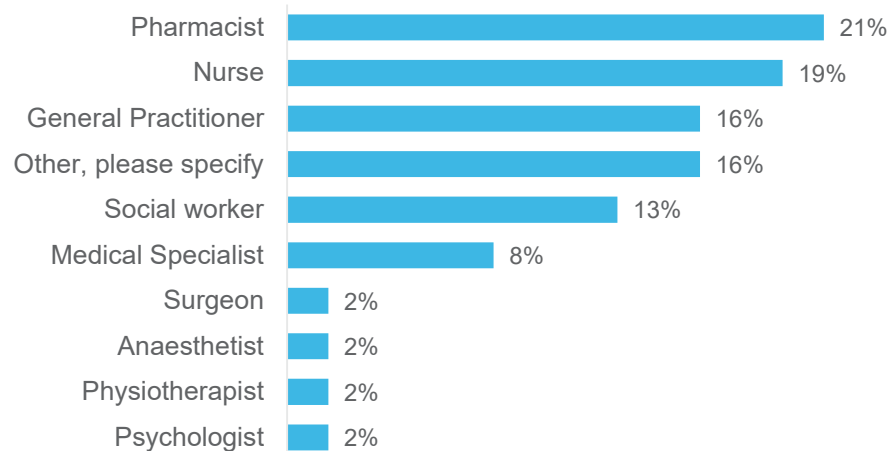


Age.



Who we surveyed...

13% of the sample work in health care or social assistance



100% of people with a medical degree gained their qualification in Australia

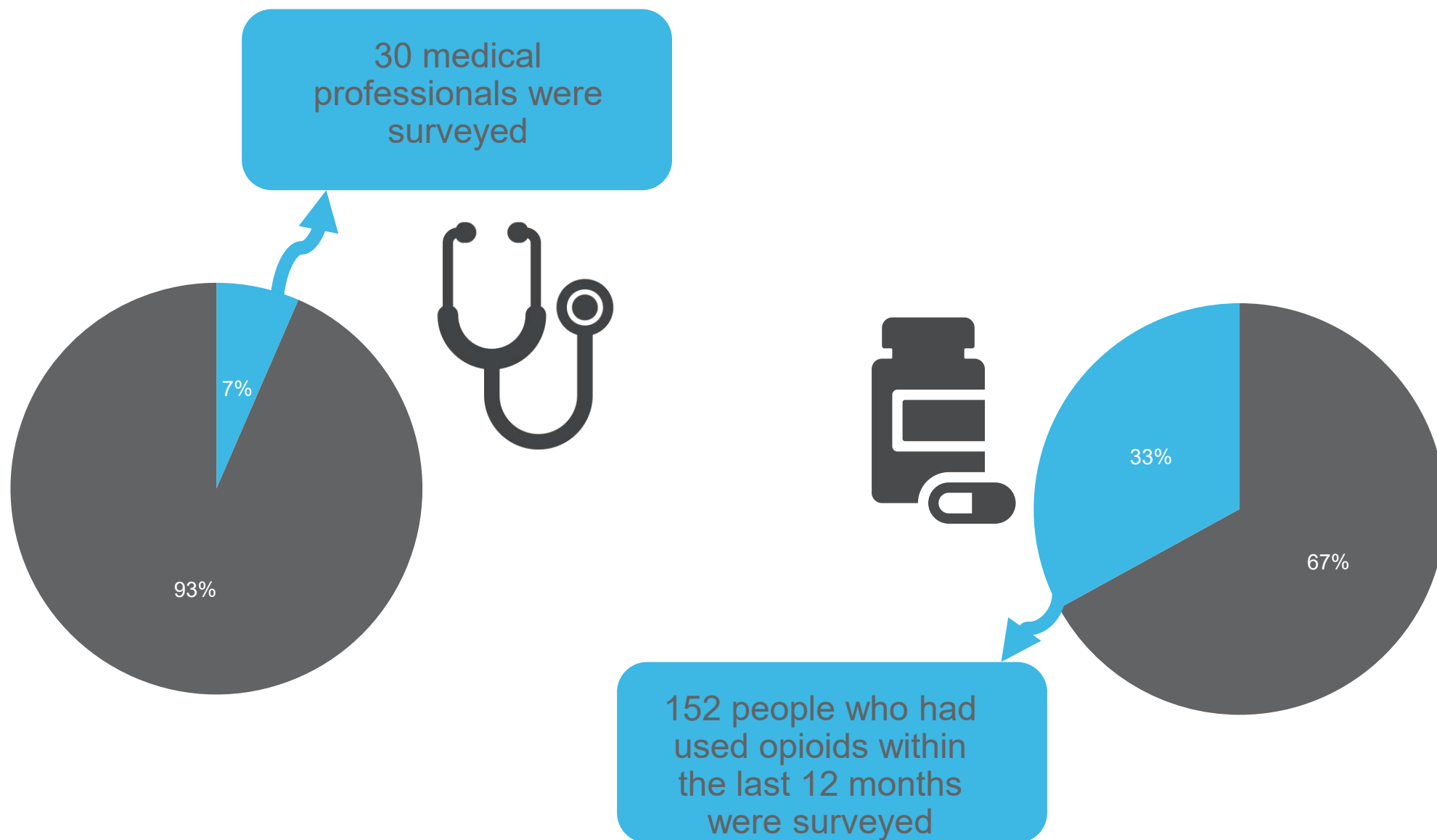


Q4: Do you work in health care or social assistance? Base n=460

Q5: What is your occupation? Base n=62 [if yes at Q4]

Q6: Did you gain your medical qualification within Australia or overseas? Base n=10

Target 'boost' samples...



Q5: What is your occupation? Base; n=30 [if selected GP, medial specialist, surgeon, anaesthetist, and pharmacist]
Q12: What type(s) of pain medication have you taken in the last 12 months? MR; Base; n=152 [if selected an opioid]

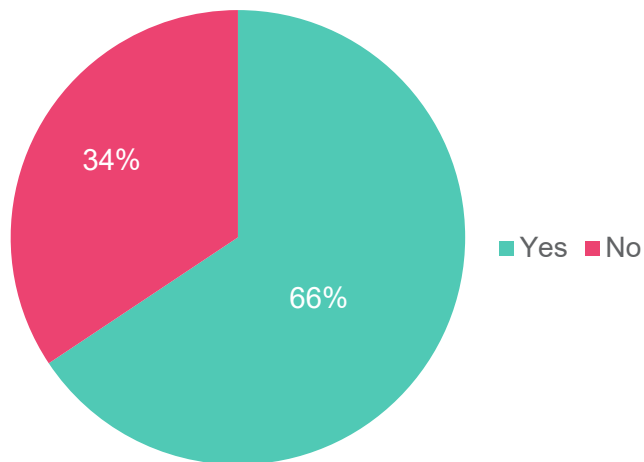
»»» Heard of opioids.

In total, 66% of the sample had heard of the term opioid before commencing the survey.

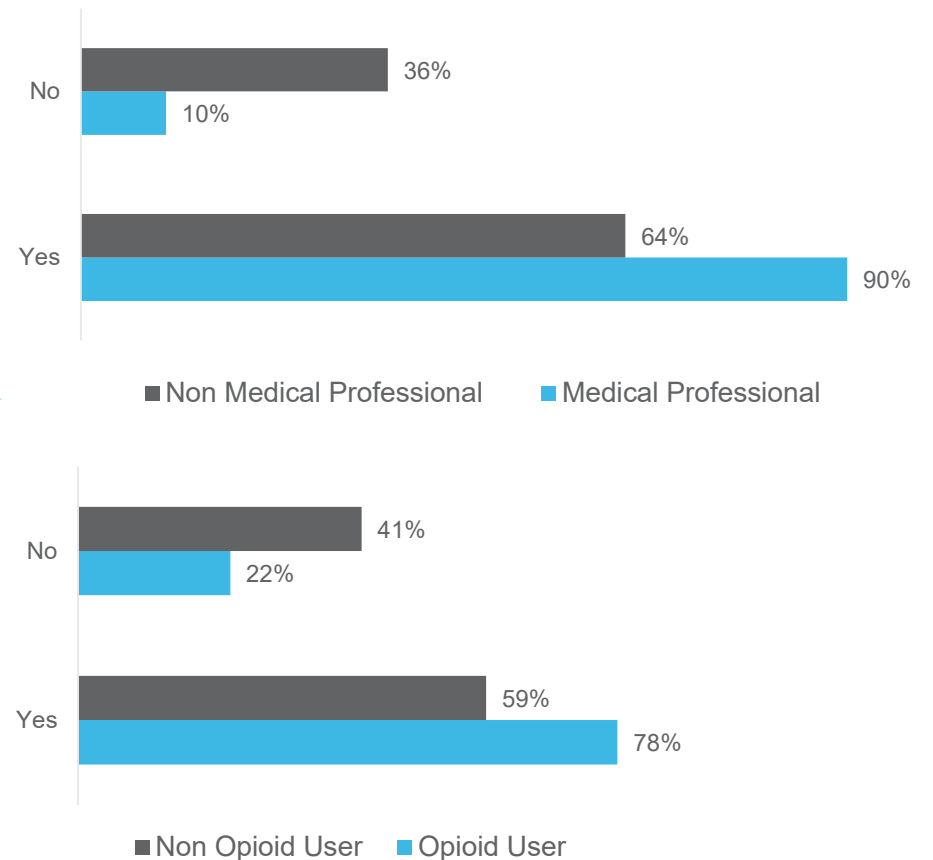
Unsurprisingly, significantly more of the medical professionals had heard of opioids.

Significantly more people who had used opioids in the past year had heard of opioids, however 22% had not heard of the term 'opioids' despite using them.

Have you heard of the term 'opioid' before today?



Significant differences



Q7: Have you heard of the term 'opioid' before today?

Base, n=460

Base, n= 30 medical professionals

Base, n=152 opioid users

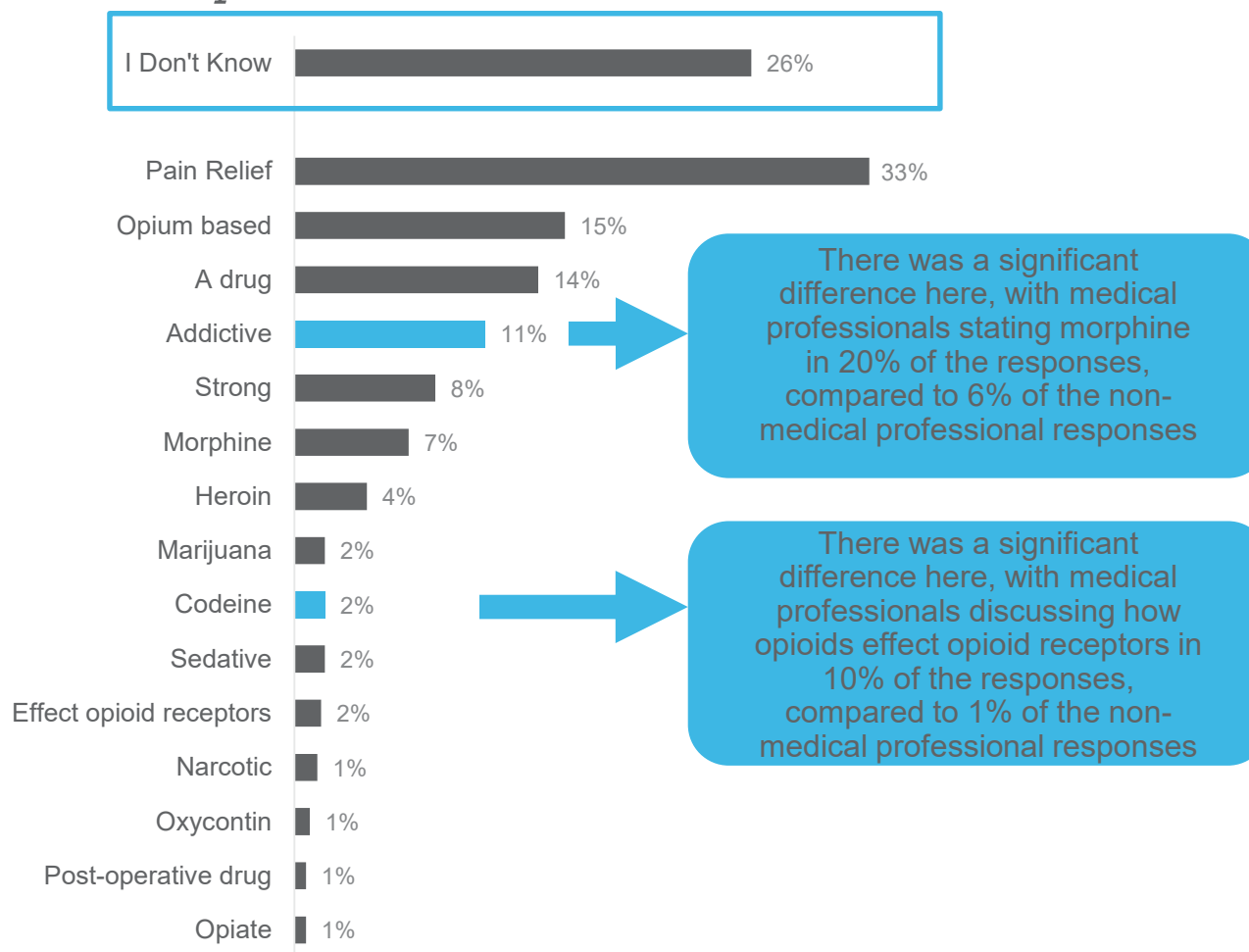
»»» Understand an opioid to be...

In total, 26% of the sample answered 'I don't know' when asked what they understood an opioid to be.

33% of the responses discussed how opioids are pain relievers, followed by discussing that opioids are opium based. Many of the other responses related to various licit drugs (e.g. Morphine & Codeine) and illicit drugs (e.g. Heroin & Marijuana).

There were no differences in the responses depending on whether people had taken opioids in the last year or not.

What do you understand on opioid to be?

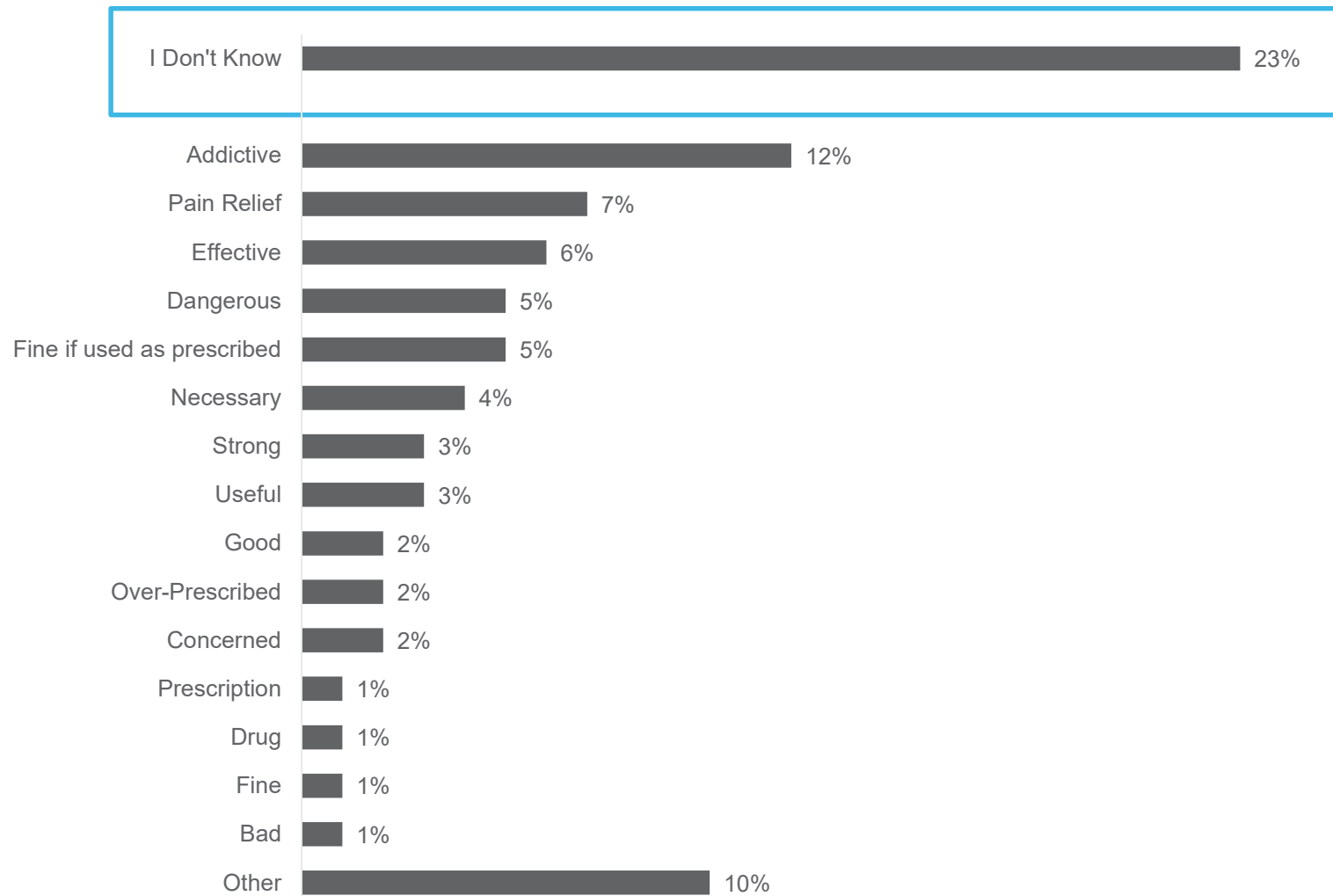


»»» Word Associations!

Again, approximately a quarter of the sample (23%) responded 'I don't know' when asked what words they would use to describe how they feel about opioids.

The most frequent theme related to 'addiction', followed by 'pain relief', and 'effective'.

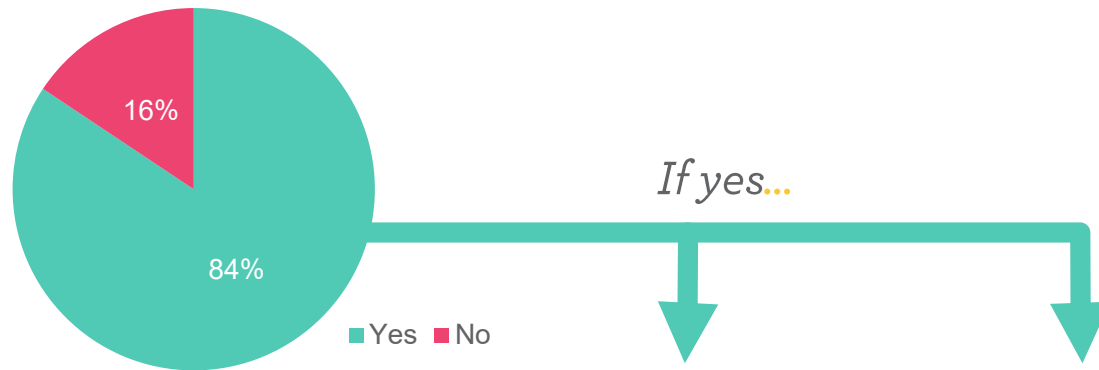
What words would you use to describe how you feel about opioids?



Q9: What words would you use to describe how you feel about opioids? Please specify up to 3 words below or write 'I don't know' if you are not sure
Base, n=460

»»» Pain relief use.

Have you taken pain relief in the last 12 months?



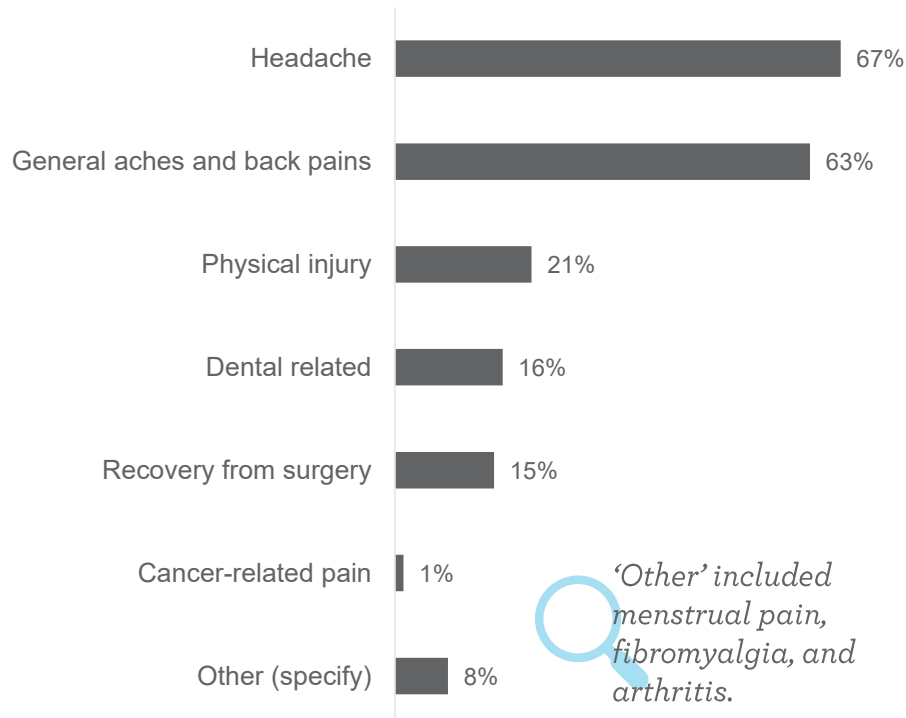
Over 8 in 10 people surveyed had taken a form of pain relief within the past 12 months.

Most frequently, these were taken for headaches (67%) or general aches and back pain (63%).

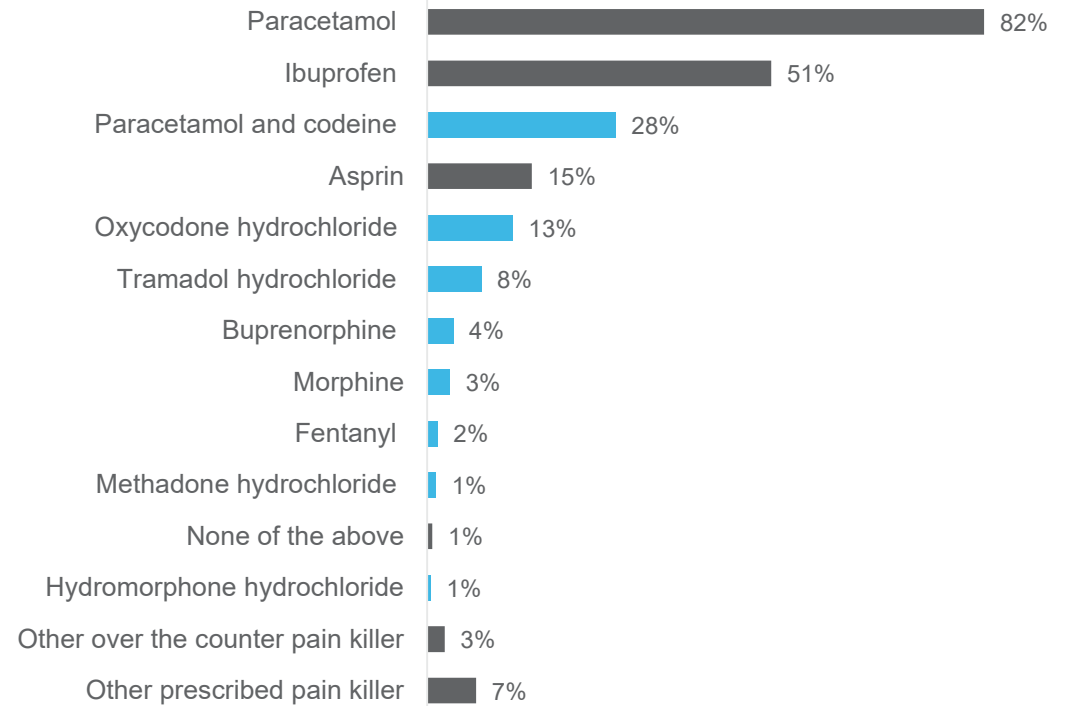
The most common form of medication used was paracetamol (82%), and the most common form of opioid medication was Paracetamol and Codeine (28%).

If yes...

What have you taken pain medication for?



What type(s) of pain medication have you taken in the last 12 months?



Q10. Have you taken pain relief in the last 12 months?; Base, n=460

Q11 What have you taken pain medication for? (MR); Base, n=388 [if yes to Q10]

Q12. What type(s) of pain medication have you taken in the last 12 months?; Base, n=388 [if yes to Q10]

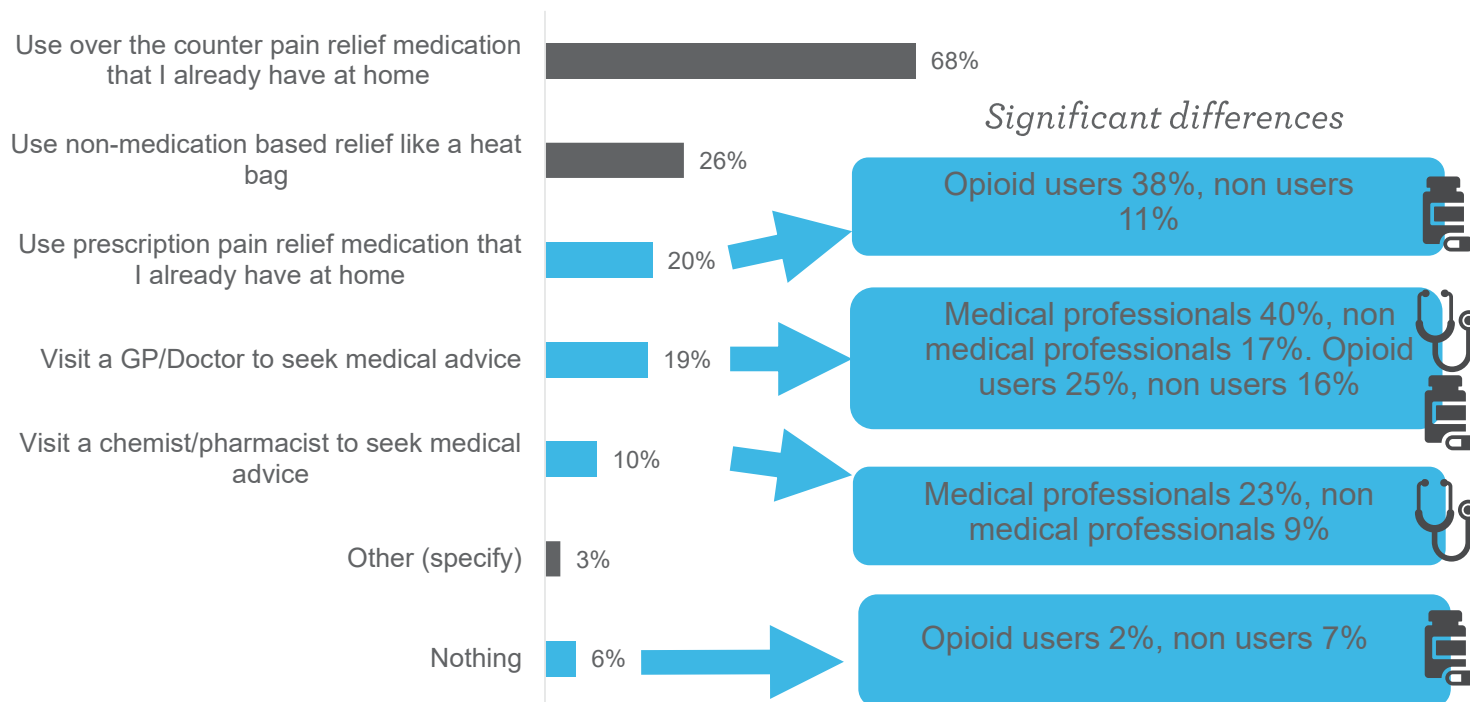
»»» Pain relief treatment.

The majority of the sample (68%) use over the counter medication that they already have at home to treat pain they experience.

There were significant differences between opioid users and non-users, with people who had used opioids in the last year more likely to be using prescription medication they already have at home.

Medical professionals also visited a GP and chemist more than non-medical professionals.

If you are in pain, what would you normally do to help treat the pain?

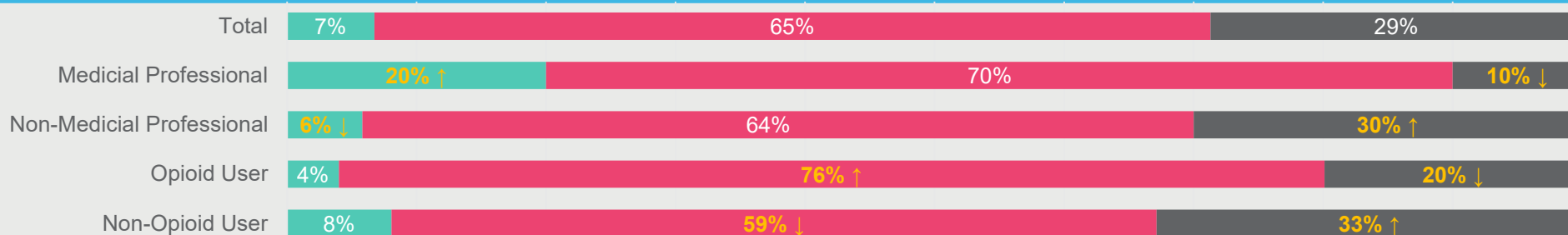


Which of the following pain relief medications do you think are opioids?

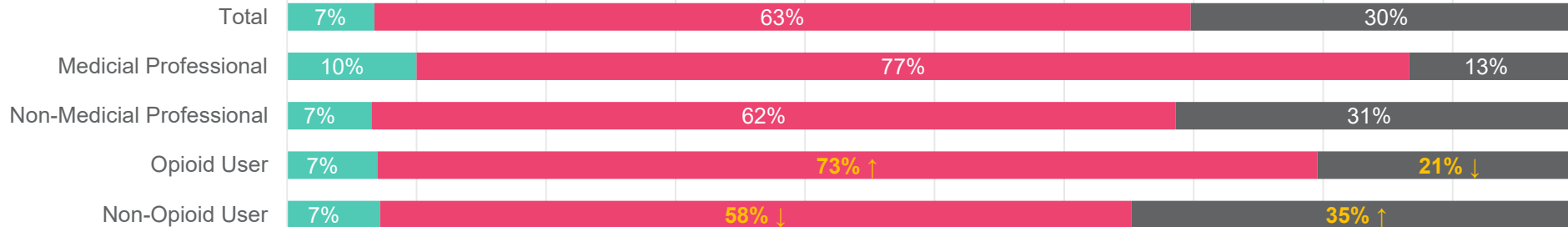
Non-Opioids.

Over half of the total sample and each target sample correctly identified that paracetamol, aspirin, and ibuprofen are not opioids. Interestingly, medical professionals incorrectly stated that paracetamol was an opioid more than non-medical professionals. Opioid users correctly identified that paracetamol, aspirin, and ibuprofen were not opioids more than non-opioid users.

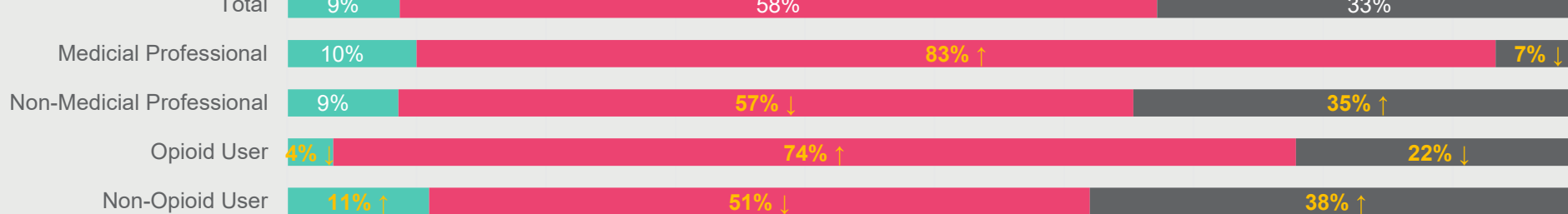
Paracetamol



Aspirin



Ibuprofen



■ Opioid ■ Not an Opioid ■ Don't know

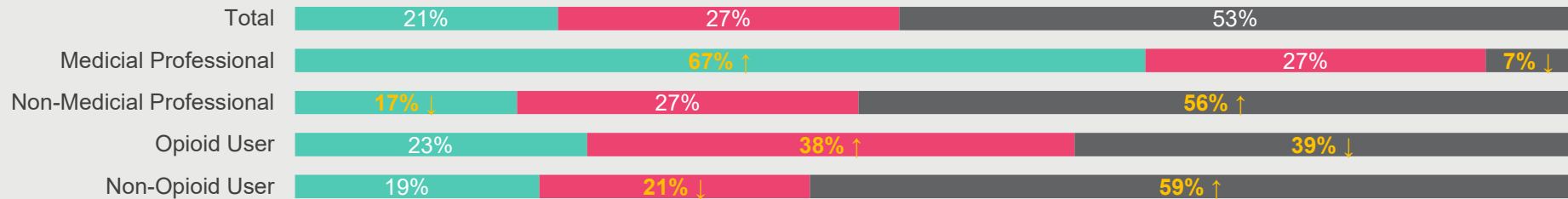
Which of the following pain relief medications do you think are opioids?

Opioids.

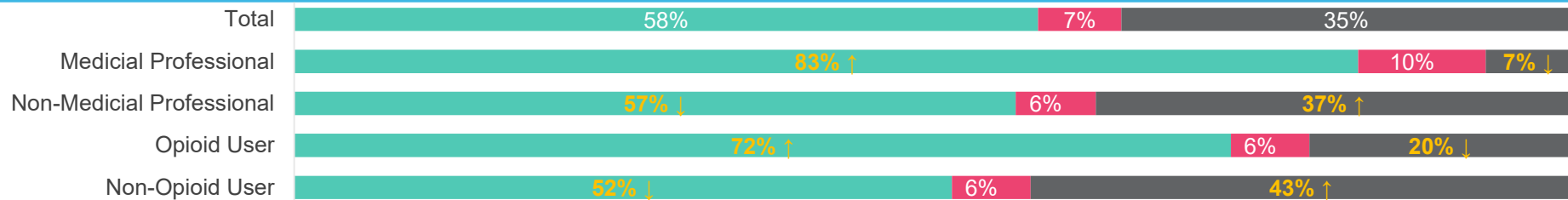
Medical professionals correctly identified that Buprenorphine, Oxycodone hydrochloride, Fentanyl, and Paracetamol & Codeine were opioids more than non-medical professionals.

Opioid users correctly identified that Oxycodone hydrochloride & Fentanyl are opioids more than non-users.

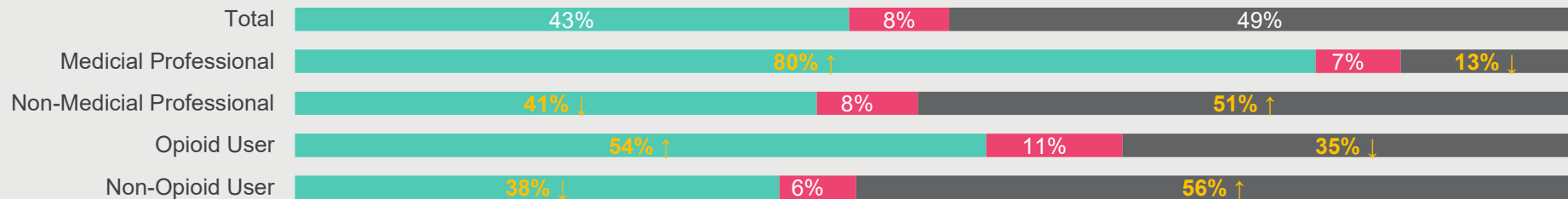
Buprenorphine



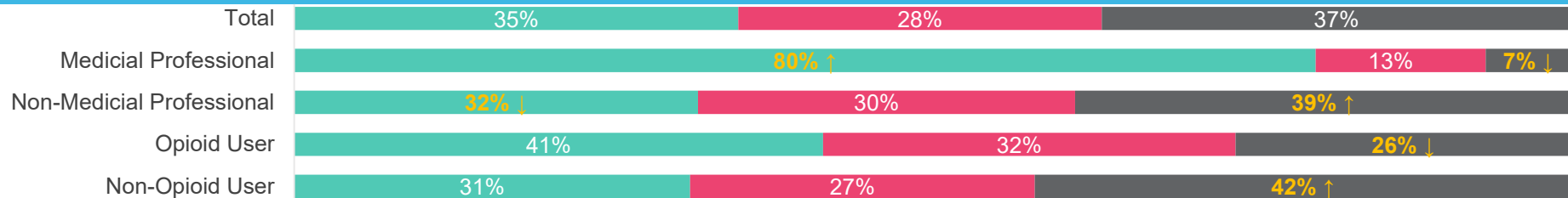
Oxycodone hydrochloride



Fentanyl



Paracetamol & Codeine



■ Opioid ■ Not an Opioid ■ Don't know

Q14: Which of the following pain relief medications do you think are opioids?
Base, n=460

Which of the following pain relief medications do you think are opioids?

Opioids.

Medical professionals correctly identified that Hydromorphone hydrochloride, Methadone hydrochloride, Morphine, and Tramadol hydrochloride were opioids more than non-medical professionals.

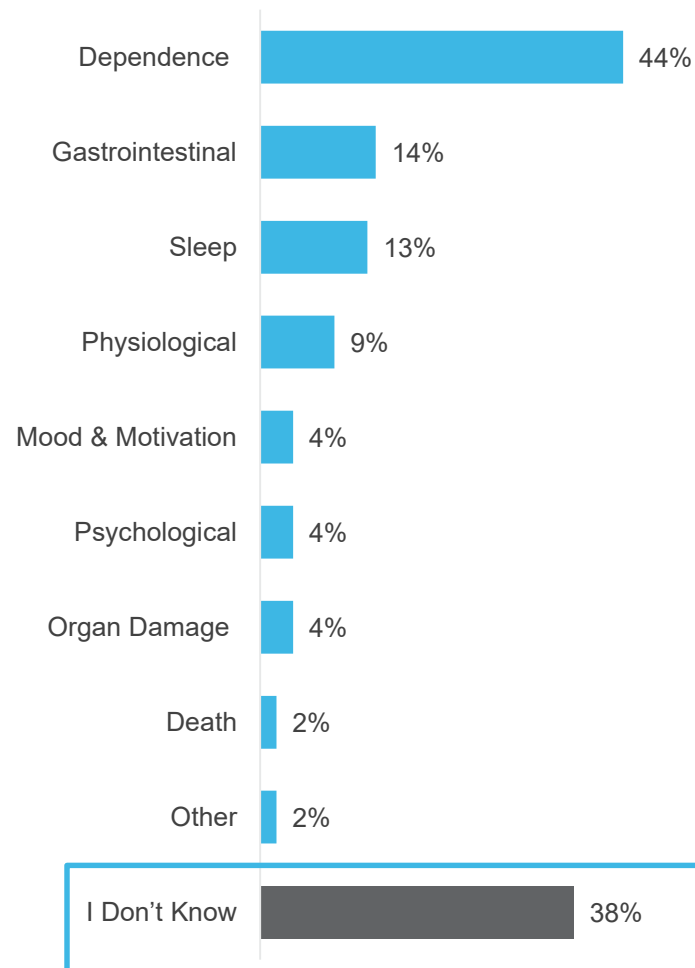
Opioid users correctly identified that Morphine & Tramadol hydrochloride are opioids more than non-users.



»»» Unprompted side effect awareness.

The most frequent unprompted awareness theme relates to dependency including 'addiction' which was mentioned in 43% of responses. Gastrointestinal side effects was the second most frequently mentioned side effect and these responses included nausea and constipation. There were no differences between opioid users and non-opioid users.

Do you know any potential side effects of using opioids?



13% of medical professional responses fell into 'I don't know', compared to 40% of non-medical professional responses.

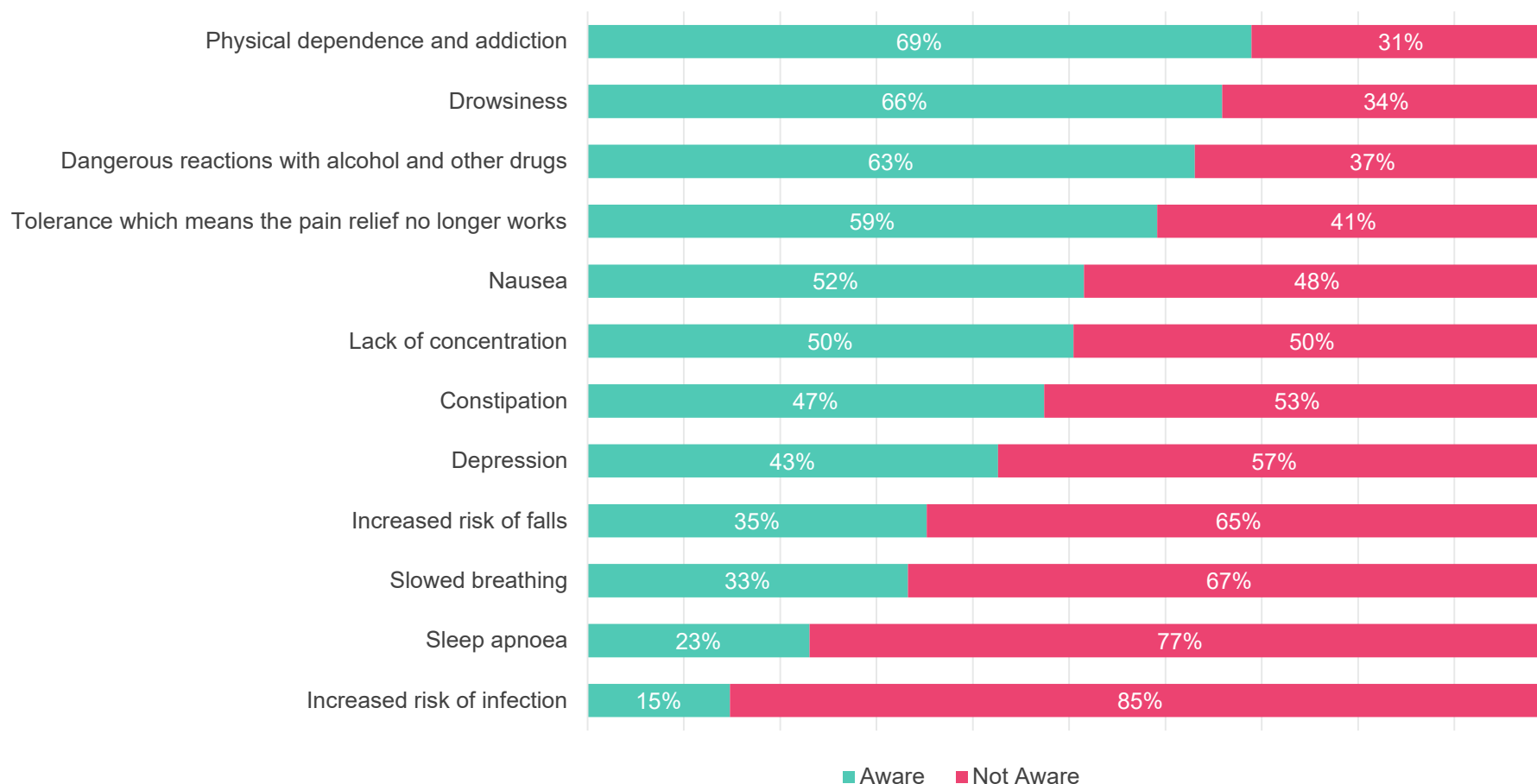
Medical professionals listed side effects that fell into gastrointestinal, sleep, mood & motivation, and physiological more than non-medical professionals.



»»» Prompted side effect awareness.

Were you aware of these potential side effects before today.

When prompted, the highest levels of awareness relating to side effects were associated with physical dependence and addiction (69%), drowsiness (66%), dangerous reactions with alcohol and drugs (63%). Only 15% of the sample were aware that opioids increase the risk of infection.



➡ Prompted side effect awareness (differences).

Unsurprisingly, medical professionals were more aware of each of the listed side effects more than non-medical professionals, however still only 37% of medical professionals were aware that increased risk of infection was a potential side effect. Opioid users were more aware of six of the listed side effects than non-users.



	Aware		Not Aware	
	Medical Professional	Non-Medical Professional	Medical Professional	Non-Medical Professional
Physical dependence and addiction	97% ↑	67% ↓	3% ↓	33% ↑
Drowsiness	93% ↑	64% ↓	7% ↓	36% ↑
Dangerous reactions with alcohol and other drugs	93% ↑	61% ↓	7% ↓	39% ↑
Nausea	90% ↑	49% ↓	10% ↓	51% ↑
Constipation	87% ↑	45% ↓	13% ↓	55% ↑
Increased risk of falls	87% ↑	32% ↓	13% ↓	68% ↑
Lack of concentration	83% ↑	48% ↓	17% ↓	52% ↑
Depression	83% ↑	40% ↓	17% ↓	60% ↑
Tolerance which means the pain relief no longer works	83% ↑	57% ↓	17% ↓	43% ↑
Slowed breathing	73% ↑	30% ↓	27% ↓	70% ↑
Sleep apnoea	60% ↑	20% ↓	40% ↓	80% ↑
Increased risk of infection	37% ↑	13% ↓	63% ↓	87% ↑



	Aware		Not Aware	
	User	Non-Opioid User	User	Non-Opioid User
Drowsiness	80% ↑	59% ↓	20% ↓	41% ↑
Physical dependence and addiction	80% ↑	64% ↓	20% ↓	36% ↑
Dangerous reactions with alcohol and other drugs	76% ↑	57% ↓	24% ↓	43% ↑
Tolerance which means the pain relief no longer works	65%	56%	35%	44%
Constipation	64% ↑	39% ↓	36% ↓	61% ↑
Lack of concentration	61% ↑	45% ↓	39% ↓	55% ↑
Nausea	57%	49%	43%	51%
Depression	47%	41%	53%	59%
Increased risk of falls	42%	32%	58%	68%
Slowed breathing	41% ↑	30% ↓	59% ↓	70% ↑
Sleep apnoea	27%	21%	73%	79%
Increased risk of infection	14%	15%	86%	85%

Q17. Some of the potential side effects of using opioids are listed below. Please select whether you were aware of this before today or not aware. Base; n=460.

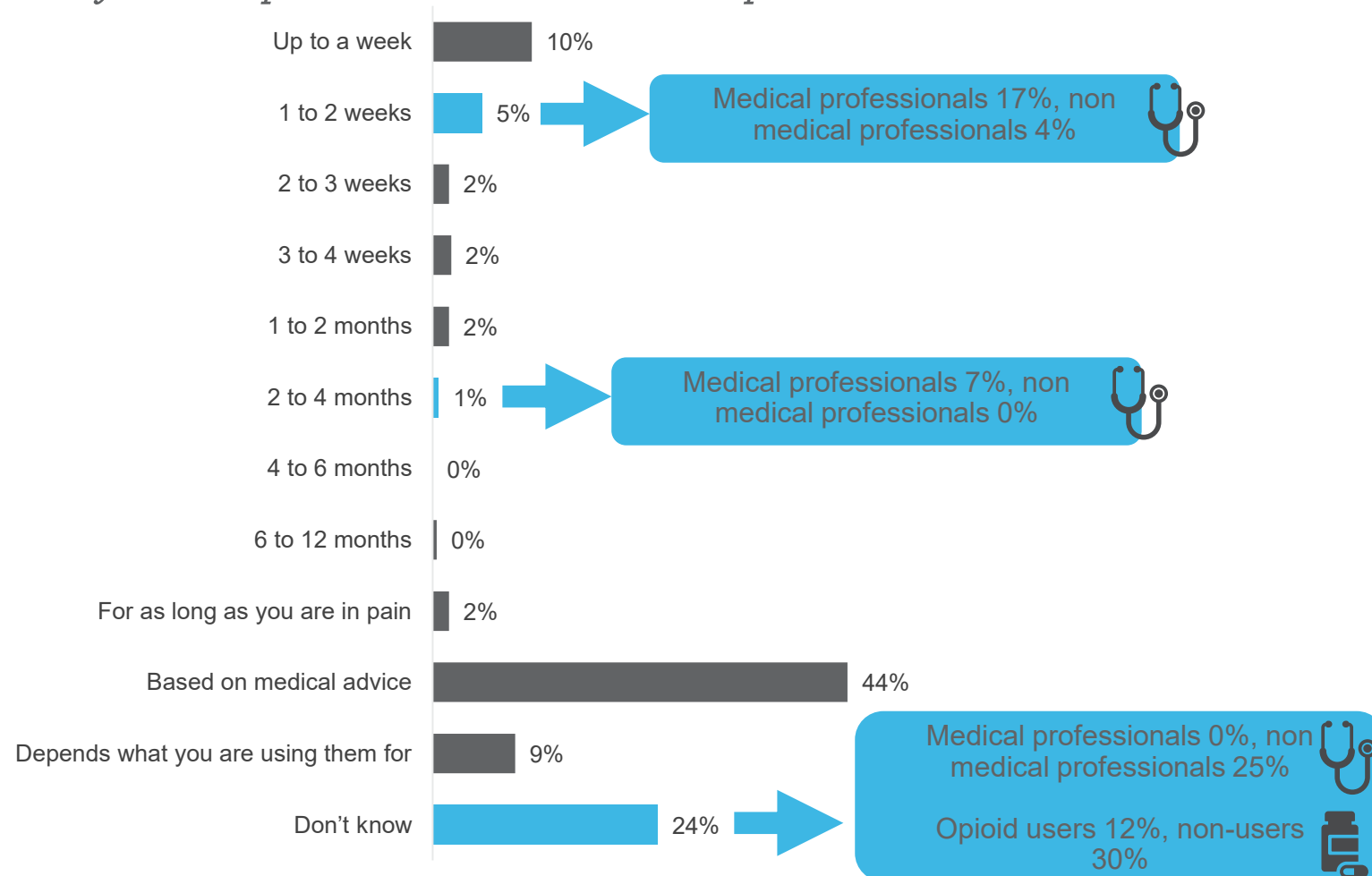
»»» How long to take opioids.

Almost half of the sample stated that the length of time opioids should be used for depends on medical advice, while a quarter of the sample did not know.

Medical professionals selected '1-2 weeks' and '2-4 months' more than non-medical professionals, while 0% of medical professionals selected 'I don't know'.

Opioid users selected 'I don't know' less than non-users.

How long should you use opioids for the treatment of pain?

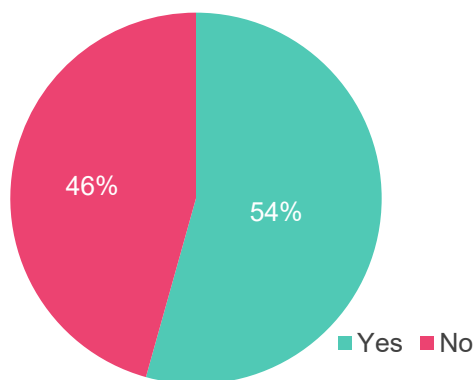


Q16. How long should you use opioids for the treatment of pain? Base; n=460.

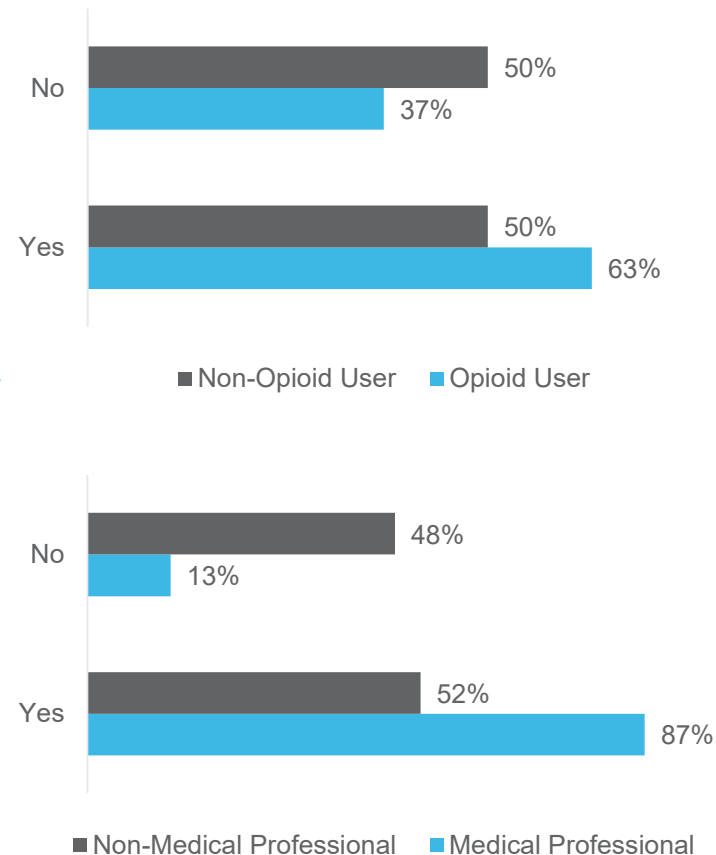
Just over half the total sample were aware of the stated statistic.

There were significant differences between both medical professionals and non-medical professionals and opioid users and non-users. More medical professionals and more opioid users were aware that 1 in 10 people who misuse opioids will become addicted.

Aware that 1 in 10 people who misuse opioids will become addicted?

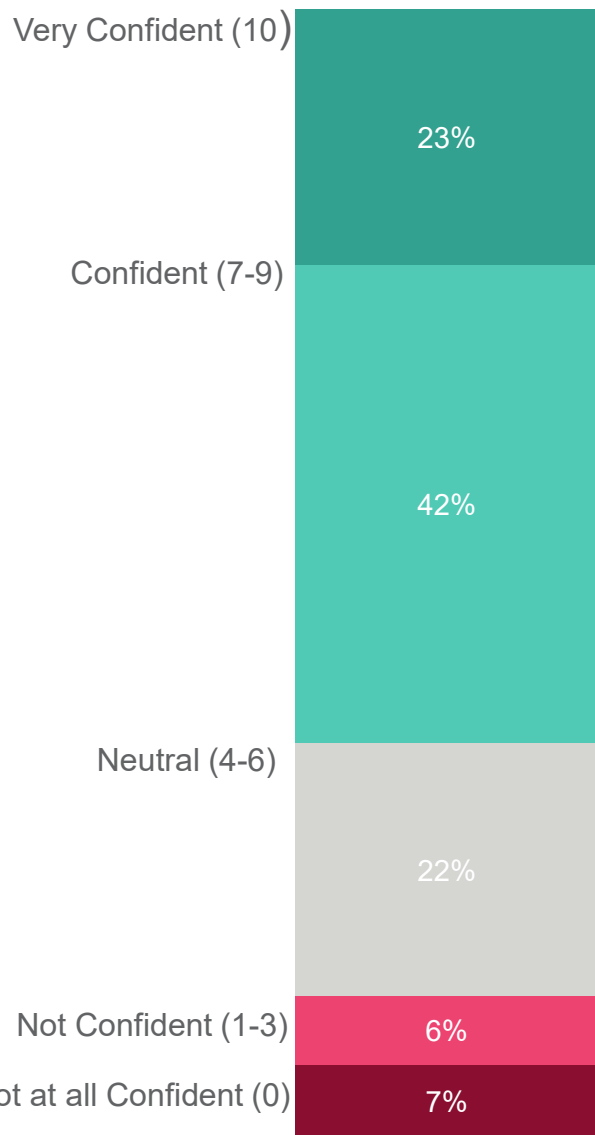


Significant differences



Understand the potential harm of opioids.

How confident are you in understanding the harm that opioid use can cause?



In total, 65% of the sample are confident or very confident that they understand the harm that opioids can cause.

There were no differences between medical professionals and non-professionals.

There was a significant difference between opioid users and non-users with only 2% of opioid users selecting 'not at all confident' compared to 9% of non-users.



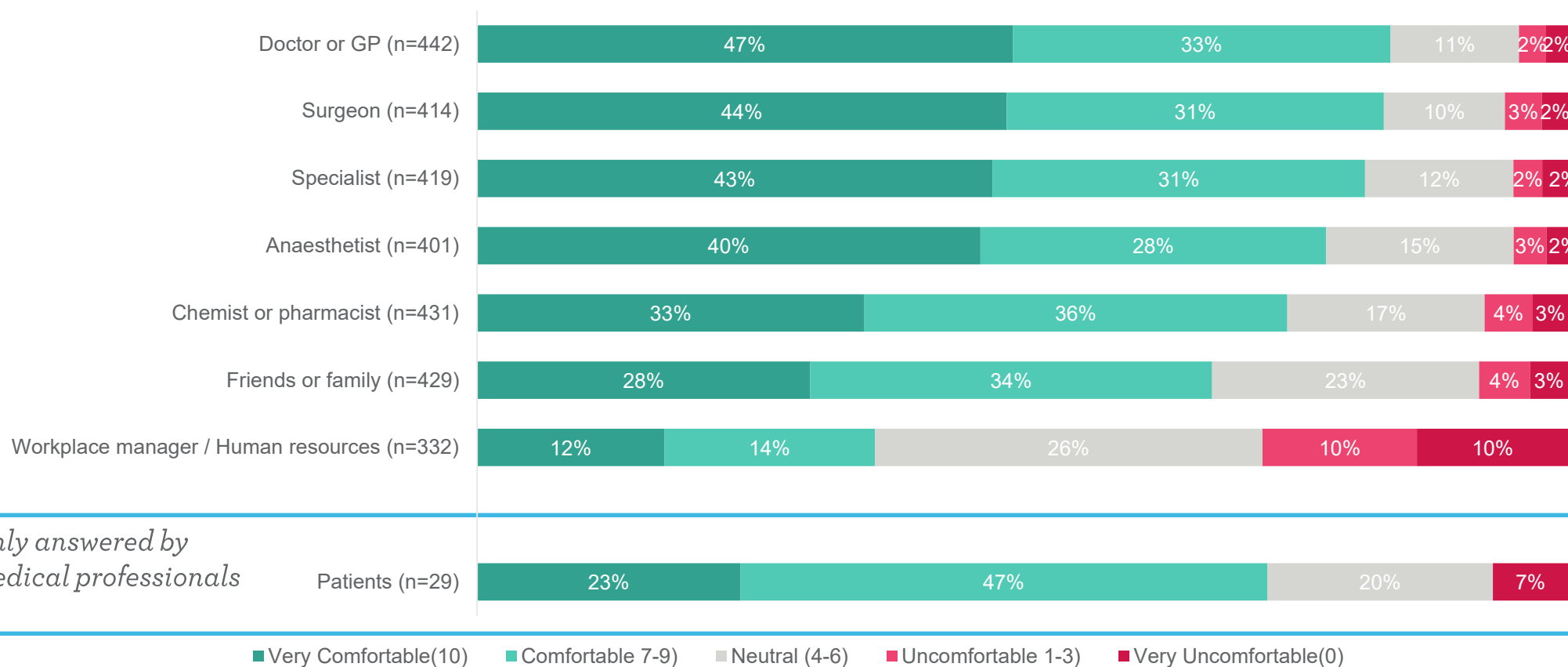
➡ Comfortable talking about pain management.

How comfortable do you feel talking about pain management with...

The majority of participants feel comfortable or very comfortable discussing pain management with the various medical professionals. They were slightly less comfortable speaking to family or friends and were the least comfortable speaking to workplace managers/human resource.

The majority of medical professionals feel comfortable discussing pain management with patients.

There were no differences between medical professionals and non-medical professionals, or opioid users and non-users.



Opioid Users.

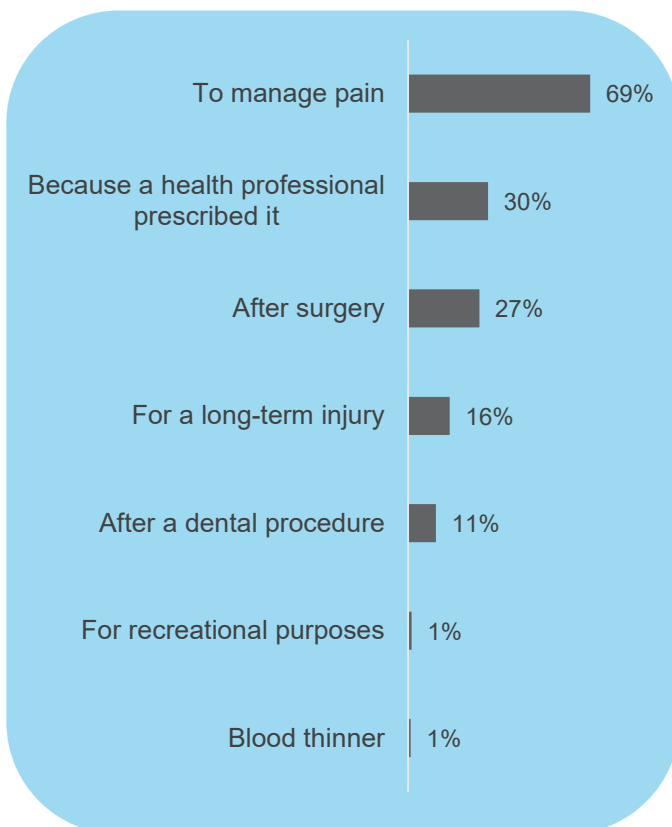
The main reason that people took opioids within the past year was to manage their pain (69%), followed by because it was prescribed to them by a health professional (30%).

Only 1% of people took opioids for recreational purposes.

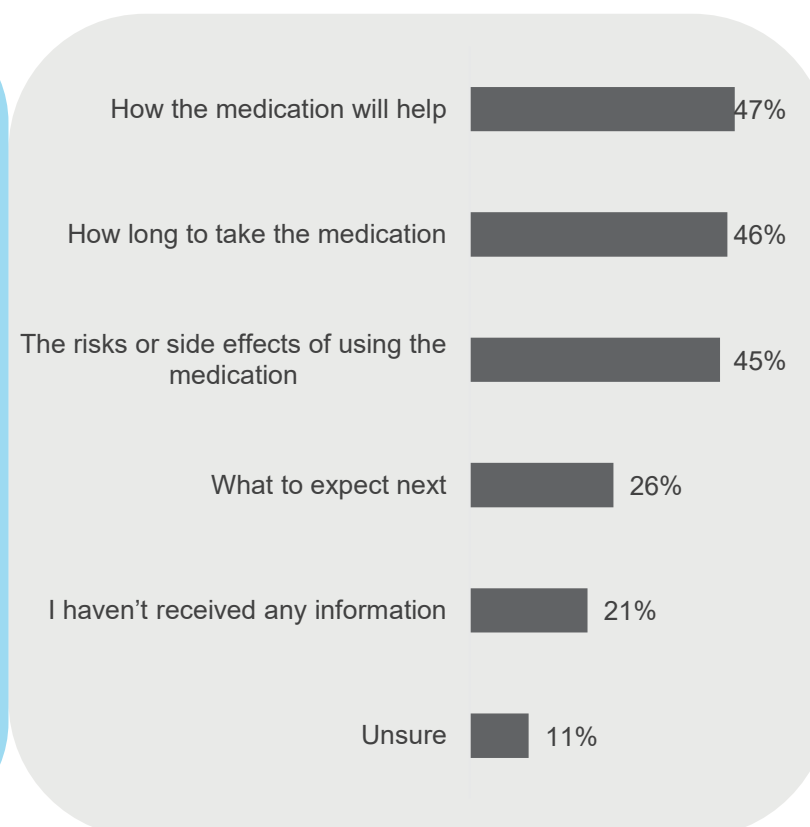
Almost half of the people who took opioids within the past year received information regarding how opioids will help, the duration the opioids should be taken for, and the risks or possible side effects of opioids.

This information was mainly provided by Doctors or GPs (71%) or from a pharmacy (38%).

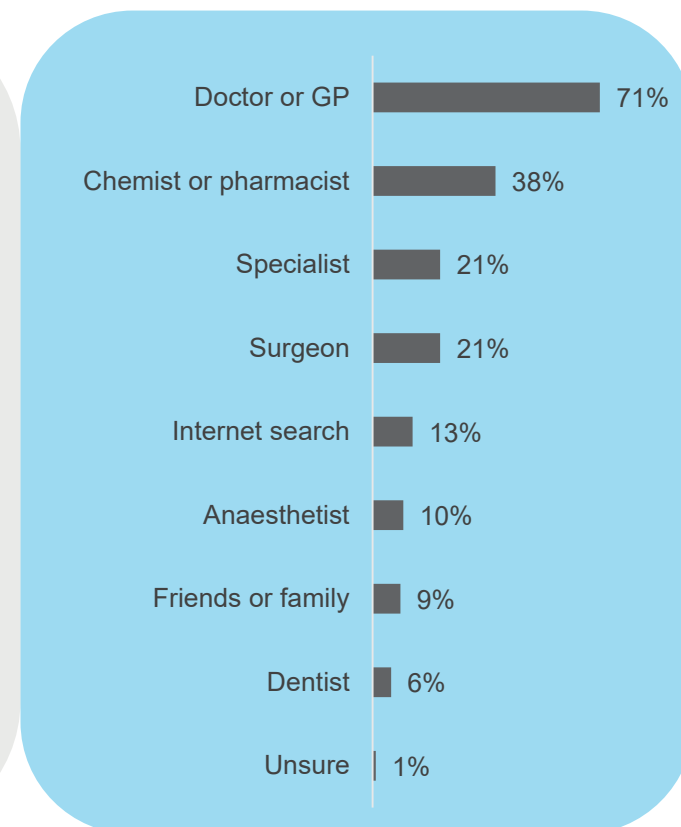
Reason for taking opioids.



Information received about opioids.



Where received information.



Q20. What information did you receive about taking these opioids at the time? MR. Base, n=152

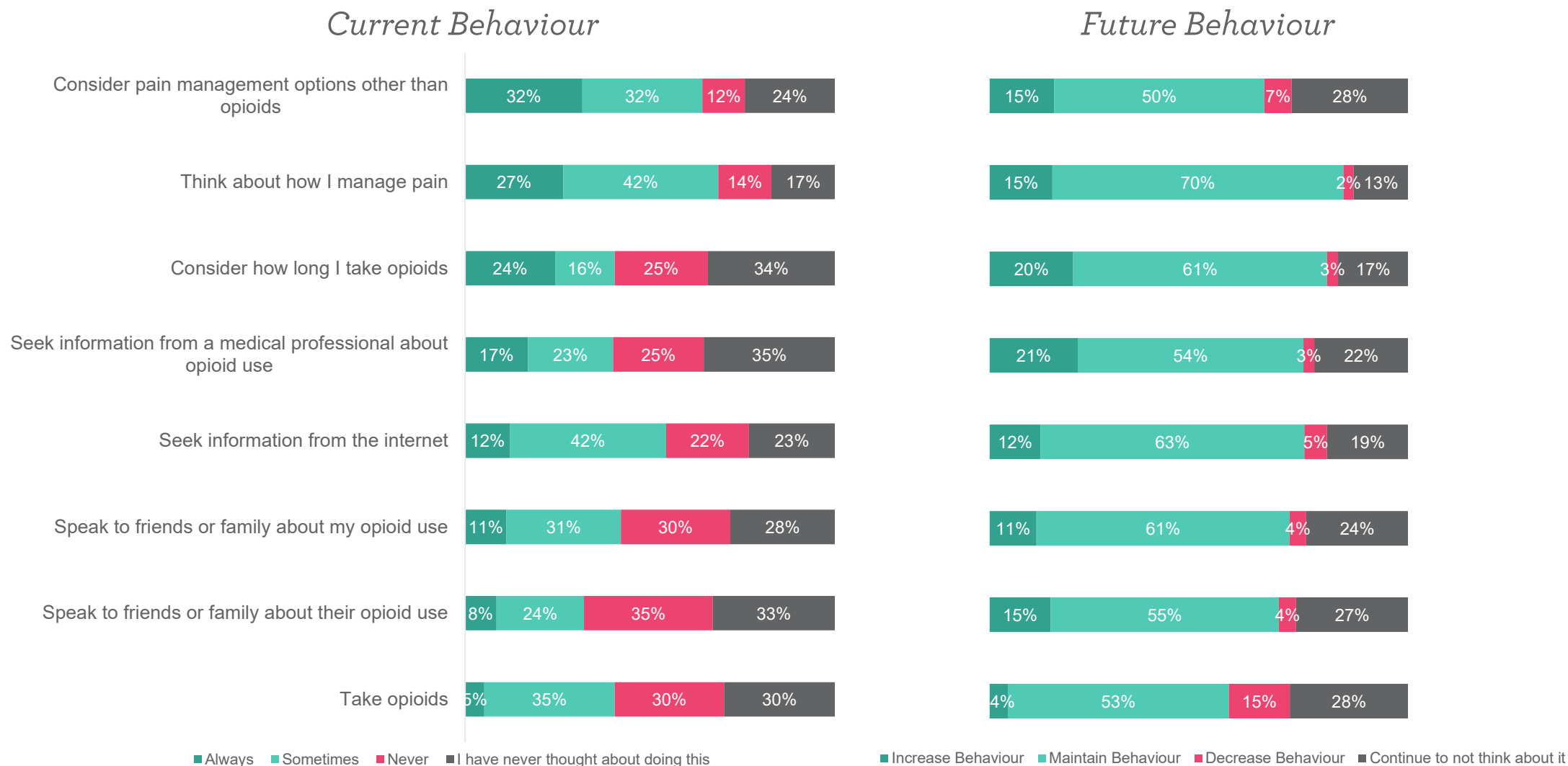
Q21. Where did you receive this information from? MR. Base, n=152

Q22. What is/was your reason for taking opioids? MR. Base, n=152

➤➤➤ Current & Future Behaviours.

Approximately 3 in 10 people currently always consider options other than opioids to manage their pain (32%) and always think about how they manage their pain (27%). While 5% of people currently always take opioids.

Most people stated that they would maintain their current behaviours for all the listed behaviours, but 1 in 5 said they plan to consider how long they take opioids for more and plan seek information from a medical professional regarding opioid use more.



Q23 How often do you [insert statement]? Base n=460, Base for 'speak to friend or family about my opioid use' n=152.
Q23x And in the future.... Base for 'speak to friend or family about my opioid use' n=152.

➡ Current & Future Behaviours (differences).

There were no differences between medical professionals and non-medical professionals on the current or future behaviours.

There were various differences between opioid users and non-users with opioid users currently performing all of the listed behaviours always or sometimes more than non-users.

A quarter (26%) of opioid users stated that they will decrease their opioid use.

Current Behaviour

Future Behaviour

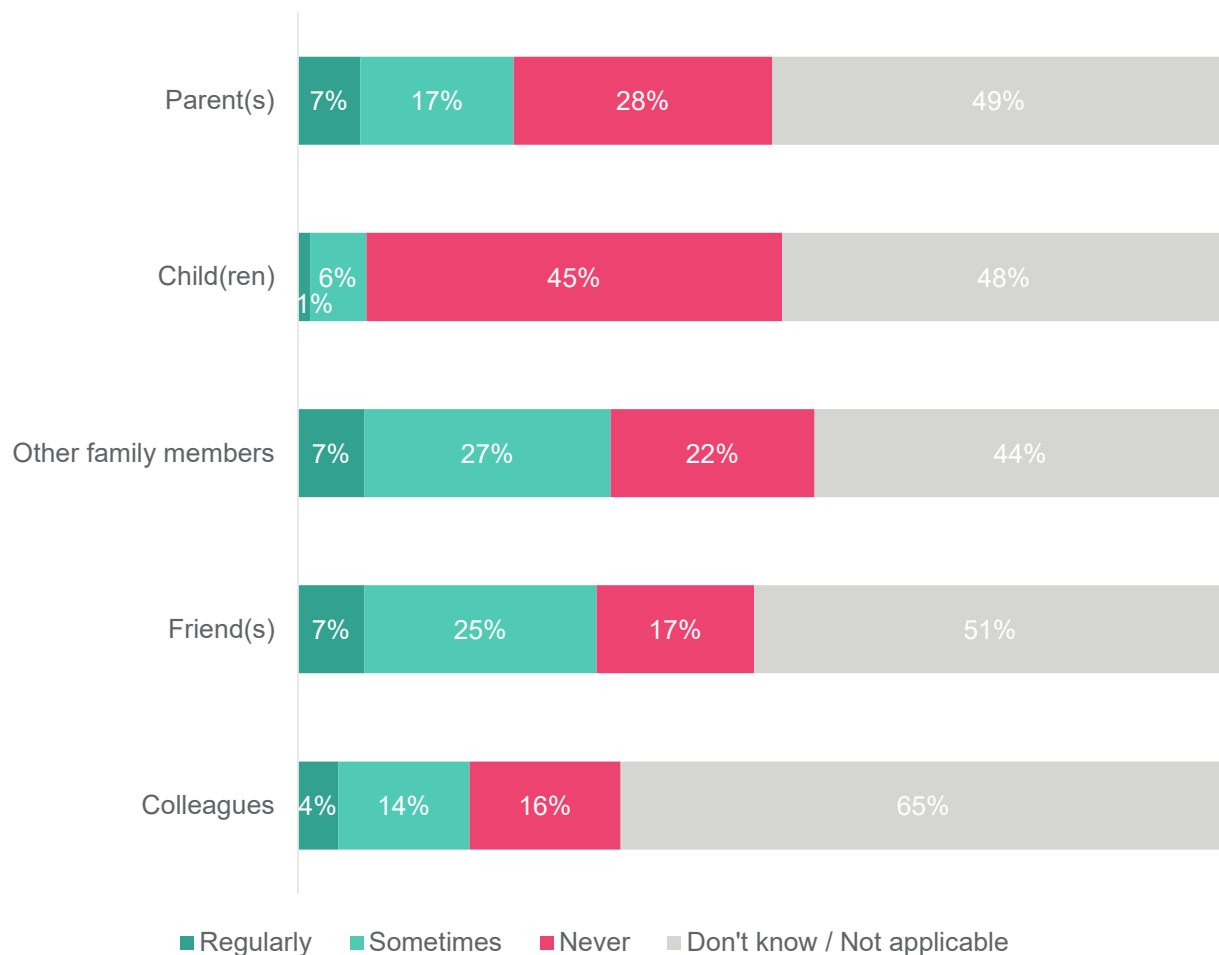
	Always		Sometimes		Never		Never thought about doing this		Increase Behaviour		Maintain Behaviour		Decrease Behaviour		Continue to not think about it	
	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User
Consider how long I take opioids	25% ↑	13% ↓	32% ↑	19% ↓	17% ↓	28% ↑	26% ↓	40% ↑	18%	14%	57%	47%	11%	5%	15% ↓	34% ↑
Think about how I manage pain	41% ↑	19% ↓	40%	43%	9% ↓	17% ↑	10% ↓	21% ↑	16%	14%	74%	68%	5%	1%	5% ↓	17% ↑
Consider pain management options other than opioids	36%	11%	51% ↑	38% ↓	18%	24%	17% ↓	26% ↑	21%	19%	67%	57%	3%	2%	9% ↓	21% ↑
Seek information from a medical professional about opioid use	25% ↑	13% ↓	32% ↑	19% ↓	17% ↓	28% ↑	26% ↓	40% ↑	25%	19%	63% ↑	49% ↓	1%	3%	11% ↓	28% ↑
Seek information from the internet	14%	11%	51% ↑	38% ↓	18%	24%	17% ↓	26% ↑	11%	13%	68%	61%	8%	4%	14%	22%
Speak to friends or family about their opioid use	13% ↑	6% ↓	25%	23%	36%	34%	27%	36%	16%	14%	61%	52%	4%	4%	20%	30%
Take opioids	12% ↑	2% ↓	70% ↑	18% ↓	6% ↓	41% ↑	13% ↓	39% ↑	2%	6%	60%	49%	26% ↑	9% ↓	12% ↓	36% ↑

Q23 How often do you [insert statement]? Base n=460, Base for 'speak to friend or family about my opioid use' n=152.

Q23x And in the future.... Base for 'speak to friend or family about my opioid use' n=152.

Does/has anyone you know use opioids?

Approximately a quarter of participants know friends or family members that regularly or sometimes take opioids. Only 6% of the sample stated that their child(ren) use opioids sometimes, and 1% stated they use opioids regularly.



»»» Opioid Users (differences).

Medical professionals responded 'sometimes' for all the groups more than non-medical professionals, including 17% for children.

Medical professionals responded to 'never' for parent(s) more than non-medical professionals and responded 'I don't know' less for all the groups.

Opioid users responded with 'regularly' for parent(s) and 'sometimes' for parent(s), other family members, and friend(s) more than non-users.

Opioid users also selected 'never' less for other family members and friend(s) than non-users.



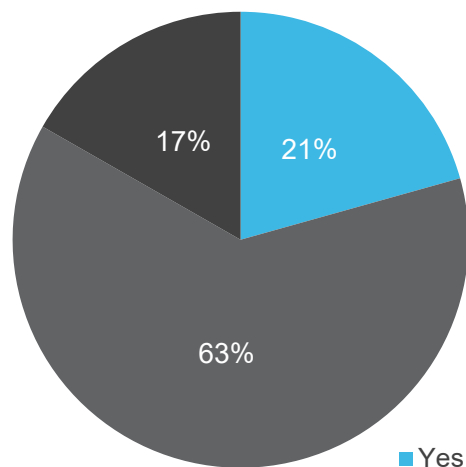
	Regularly		Sometimes		Never		Don't know / Not applicable	
	Medical Professionals	Non-Medical Professional	Medical Professionals	Non-Medical Professional	Medical Professionals	Non-Medical Professional	Medical Professionals	Non-Medical Professional
Parent(s)	3%	7%	33% ↑	15% ↓	47% ↑	27% ↓	17% ↓	51% ↑
Child(ren)	0%	1%	17% ↑	5% ↓	63%	43%	20% ↓	50% ↑
Other family members	10%	7%	47% ↑	25% ↓	27%	22%	17% ↓	46% ↑
Friend(s)	13%	7%	43% ↑	24% ↓	13%	17%	30% ↓	52% ↑
Colleagues	10%	4%	33% ↑	13% ↓	13%	17%	43% ↓	67% ↑



	Regularly		Sometimes		Never		Don't know / Not applicable	
	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User
Parent(s)	12% ↑	4% ↓	23% ↑	13% ↓	21%	31%	44%	51%
Child(ren)	1%	1%	7%	6%	46%	44%	45%	49%
Other family members	11%	6%	39% ↑	20% ↓	12% ↓	27% ↑	39%	47%
Friend(s)	9%	6%	39% ↑	18% ↓	9% ↓	21% ↑	43%	55%
Colleagues	7%	3%	19%	12%	11%	19%	63%	67%

»»» Opioid advertising and media coverage.

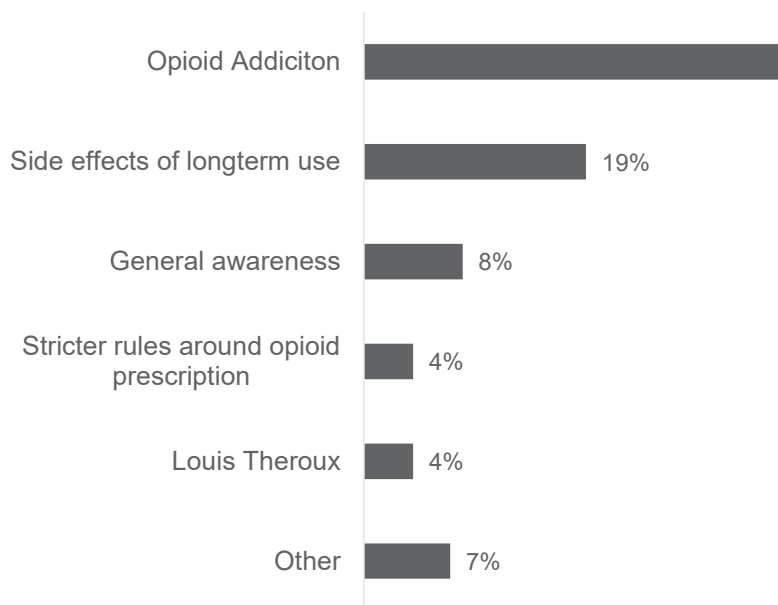
Have you seen any advertising, or media cover relating to opioid use?



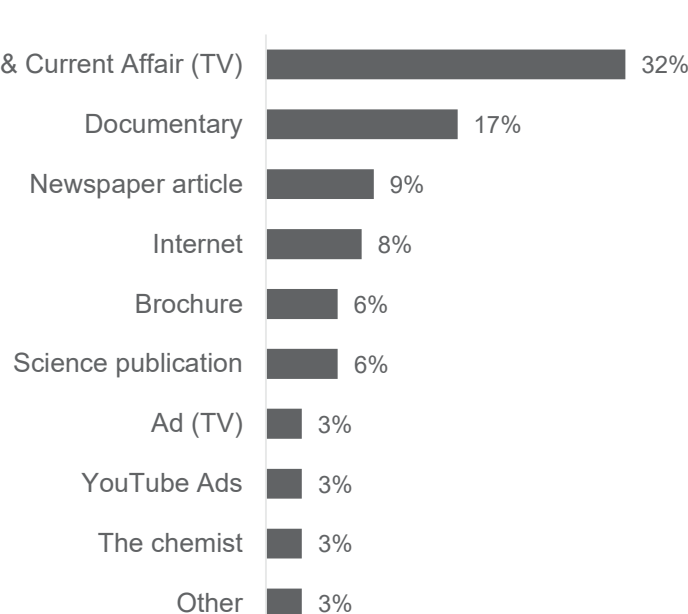
50% of medical professionals have seen media coverage, compared to 19% of non-medical professionals.



Content of the coverage.



Medium.



1 in 5 participants had seen advertising or media coverage regarding opioids.

Medical professionals had seen opioid media coverage and advertisements more than non-medical professionals.

There were no differences between opioid users and non-users.

The majority of the coverage relates to opioid addiction and is watched on News or Current Affair television programs.

Q26. Have you seen any advertising, or media cover like documentaries or articles relating to opioid use? Base n=460

Q27. Please describe what you have seen? Where did you see this? Please be as descriptive as you can. Base n= 95 [if yes at Q26]



What Next?

Post campaign

The schedule for the post campaign survey and qualitative in-depth interviews will be confirmed when the media plan has been finalised.

At this point in time, the plan is to undertake the post campaign research activity late in 2019 or early in 2020.





Appendix.

QMS QUANT ONLINE FIELD REQUIREMENTS [FIELD BRIEFING NOTES & QUESTIONNAIRE]

Project No.: RTWSA001	Project Name: Reach for the facts research – pre-campaign survey
Client Service Project Leader: Naomi Downer	
Other Client Service Team Members: Ben Nitschke	
Issue Date: 11 June 2019	

QMS ONLINE FIELD BRIEFING NOTES

1. Background Information

Return to Work SA is about to undertake a community awareness campaign to inform the public about the dangers of misusing prescription opioids, "reachforthefacts". The campaign's aim is to raise awareness of the dangers of long-term use and addiction to prescription opioids, increase the number of individuals who choose options other than opioids for safe and effective pain management and to reduce the use of opioids for non-medical reasons (recreationally).

The audience for the research can be divided into three key groups; the consumer, family and friends of the consumer and health professionals. Target audience for the awareness campaign is all adults 25-54 years old.

2. Schedule/Timing

Draft questionnaire sent to client: 03-06-19

Final questionnaire approved: 05-06-19

Programming and testing: 06-06-19 to 07-06-19

Survey live: 11-06-19 to 23-06-19

Pilot data check: 12-06-19

Final data provided: 24-06-19

Post survey content and timings will be confirmed after the pre-wave.

3. Sample Size

Total sample of n=400

Boost 1: Minimum of n=30 health professionals (GPs, pharmacists, specialists, surgeons, anaesthetists).

Boost 2: Minimum of n=30 opioid users (have used an opioid in the last 12 months).

4. Sample/Recruiting Specification

To capture a broad range of feedback and opinions we are using a general population sample representative based on age (18+ years), gender and spread of metro/rural across South Adelaide.

5. Quota Instructions/Codes

Representative based on age (Q3) and gender (Q2) in metro/rural (Q1):

Location	Gender	18-29	30-39	40-49	50-59	60-69	70+	Total
Metro	Male	8%	7%	6%	6%	5%	5%	38%
	Female	8%	7%	6%	6%	6%	7%	40%
Regional	Male	2%	2%	2%	2%	2%	2%	11%
	Female	2%	2%	2%	2%	2%	2%	11%
Total	Male	10%	8%	8%	8%	7%	7%	49%
	Female	10%	8%	8%	8%	7%	9%	51%
Combined Total		20%	16%	16%	17%	15%	16%	100%

Boost 1: Minimum of n=30 health professionals (GPs, pharmacists, specialists, surgeons, anaesthetists,) Q5 code 1-5.

Boost 2: Minimum of n=30 opioid users (have used an opioid in the last 12 months) Q12 code 2, 4, 6, 7, 8, 9, 10, 11.

6. Incidence Rate/s

Close to 90% incidence. All in SA aged 18+.

Incidence on boosts will be lower.

7. Survey Length

10 minutes.

8. Incentive/Thank-You

Standard panel incentive.

9. Other Specific Fieldwork Instructions

None.

QMS ONLINE QUESTIONNAIRE
SECTION A: INDIVIDUAL PROJECT REQUIREMENTS
SURVEY INTRODUCTION

Thank you for agreeing to take part in this research! The survey should only take approximately 10 minutes to complete.

ASK ALL
LOCATION

1. What postcode do you live in? SR

Code	Response	
1	Allow entry of SA postcodes _____	CONTINUE AND ALLOCATE TO METRO/RURAL, TERMINATE OUTSIDE OF SA

ASK ALL
AGE

2. Which of the following age groups do you fall into? Please select one response. SR

Code	Response	
1	Under 18	TERMINATE
2	18-19	CONTINUE
3	20-24	
4	25-29	
5	30-34	
6	35-39	
7	40-44	
8	45-49	
9	50-54	
10	55-59	
11	60-64	
12	65-69	
13	70-74	
14	75-79	
15	80-84	
16	85 or over	

ASK ALL
GENDER

3. What gender do you identify with? Please select one response. SR

Code	Response	
1	Male	CONTINUE
2	Female	
3	Transgender	
4	Other, please specify _____	

ASK ALL

MEDICAL INDUSTRY

4. Do you work in health care or social assistance? Please select one response. **SR**

Code	Response	
1	Yes	GO TO Q5
2	No	GO TO Q7

ASK IF CODE 1 AT Q4

HEALTH PROFESSIONAL

5. What is your occupation? Please select one response. **SR**

Code	Response	
1	General Practitioner	BOOST 1
2	Medical Specialist	BOOST 1
3	Surgeon	BOOST 1
4	Anaesthetist	BOOST 1
5	Pharmacist	BOOST 1
6	Nurse	CONTINUE
7	Physiotherapist	CONTINUE
8	Psychologist	CONTINUE
9	Social worker	CONTINUE
10	Other, please specify	CONTINUE

ASK IF CODE 1 AT Q5

HEALTH PROFESSIONAL

6. Did you gain your medical qualification within Australia or overseas? Please select one response. **SR**

Code	Response	
1	Within Australian	CONTINUE
2	Overseas	
3	A combination of both	

ASK ALL

HEARD TERM OPIOID

7. Have you heard of the term 'opioid' before today? Please select one response. **SR**

Code	Response	
1	Yes	CONTINUE
2	No	

ASK ALL

OPIOID UNPROMPTED UNDERSTANDING

8. What do you understand an opioid to be? Please enter your response below.

ASK ALL

DESCRIBE OPIOIDS

9. What words would you use to describe how you feel about opioids? Please specify up to 3 words below or write 'don't know' if you are not sure.

3 SEPARATE TEXT BOXES, FORCE RESPONSE FOR FIRST BOX ONLY

ASK ALL

PAIN MEDICATION

10. Have you taken pain relief in the last 12 months? Please select one response. **SR**

Code	Response	
1	Yes	GO TO Q11
2	No	GO TO Q13

ASK IF CODE 1 AT Q10

REASONS FOR TAKING

11. What have you taken pain medication for? Please select as many responses as apply. **MR**

Code	Response	
1	General aches and back pains	GO TO Q12
2	Headache	
3	Physical injury	
4	Dental related	
5	Recovery from surgery	
6	Cancer-related pain	
7	Other, please specify	

ASK IF CODE 1 AT Q10

TYPE PAIN MEDICATION

12. What type(s) of pain medication have you taken in the last 12 months? Please select as many responses as apply. **MR**

Code	Response	
1	Paracetamol e.g. Panadol	CONTINUE
2	Buprenorphine e.g. Bupredermal, Norspan	BOOST 2
3	Aspirin	CONTINUE
4	Oxycodone hydrochloride e.g. Endone, Novacodone	BOOST 2
5	Ibuprofen e.g. Nurofen	CONTINUE
6	Fentanyl e.g. Dutran, Denpax, Fenpatch	BOOST 2
7	Paracetamol and codeine e.g. Panadeine Forte, Codalgin Forte	BOOST 2
8	Hydromorphone hydrochloride e.g. Dilaudid, Jumista	BOOST 2
9	Methadone hydrochloride e.g. Physeptone	BOOST 2
10	Morphine e.g. Ordine, Anamorph, Sevredol	BOOST 2
11	Tramadol hydrochloride e.g. Tramadol, Tramal	BOOST 2
12	Other prescribed pain killer, please specify	CONTINUE
13	Other over the counter pain killer, please specify	CONTINUE
98	None of the above	CONTINUE
99	Don't know	CONTINUE

ASK ALL

PAIN ACTION

13. If you are in pain, for example you have a headache, stomach cramps, muscle, joint or back pain, what would you normally do to help treat the pain? Please select as many responses as apply. **MR, RANDOMISE CODES 1-5**

Code	Response	
1	Visit a GP/Doctor to seek medical advice	CONTINUE
2	Visit a chemist/pharmacist to seek medical advice	
3	Use over the counter pain relief medication that I already have at home	
4	Use prescription pain relief medication that I already have at home	
5	Use non-medication based relief like a heat bag	
7	Other, please specify _____	
8	Nothing	

ASK ALL

OPIOID PROMPTED AWARENESS

14. Which of the following pain relief medications do you think are opioids? **SR per row**

Code	Response	Opioid	Not an opioid	Don't know
1	Paracetamol e.g. Panadol	1	2	3
2	Buprenorphine e.g. Buprenex, Norspan	1	2	3
3	Aspirin	1	2	3
4	Oxycodone hydrochloride e.g. Endone, Novacodone	1	2	3
5	Ibuprofen e.g. Nurofen	1	2	3
6	Fentanyl e.g. Duran, Denpax, Fenpatch	1	2	3
7	Paracetamol and codeine e.g. Panadeine Forte, Codalgin Forte	1	2	3
8	Hydromorphone hydrochloride e.g. Dilaudid, Jurnista	1	2	3
9	Methadone hydrochloride e.g. Physeptone	1	2	3
10	Morphine e.g. Ordine, Anamorph, Sevredol	1	2	3
11	Tramadol hydrochloride e.g. Tramadol, Tramal	1	2	3

ASK ALL

UNPROMPTED OPIOID EFFECTS

15. Do you know any potential side effects of using opioids? Please enter your response below.

ASK ALL

OPIOID LENGTH

16. How long should you use opioids for the treatment of pain? Please select one response. **SR**

Code	Response	
1	Up to a week	CONTINUE
2	1 to 2 weeks	
3	2 to 3 weeks	
4	3 to 4 weeks	
5	1 to 2 months	
6	2 to 4 months	

7	4 to 6 months	
8	6 to 12 months	
9	For as long as you are in pain	
10	Based on medical advice	
11	Depends what you are using them for	
12	Don't know	

ASK ALL

17. Some of the potential side effects of using opioids are listed below. Please select whether you were aware of this before today or not aware. **SR per row**

Code	Response	Yes	No
1	Constipation	1	2
2	Lack of concentration	1	2
3	Drowsiness	1	2
4	Nausea	1	2
5	Slowed breathing	1	2
6	Sleep apnoea	1	2
7	Physical dependence and addiction	1	2
8	Increased risk of infection	1	2
9	Depression	1	2
10	Increased risk of falls	1	2
11	Tolerance which means the pain relief no longer works	1	2
11	Dangerous reactions with alcohol and other drugs	1	2

ASK ALL

18. 1 in 10 people that misuse opioids will become addicted. Were you aware of this before today? Please select one response. **SR**

Code	Response	
1	Yes	CONTINUE
2	No	

ASK ALL

COMFORT SEEKING HELP

19. How comfortable do you feel talking to others about pain management? Please use a scale where 0 = very uncomfortable and 10 is very comfortable. Please select a response for each row below. **SR per row, RANDOMISE**

Code		0 = very uncomfortable	1	2	3	4	5	6	7	8	9	10 = very comfortable	Not applicable
1	Doctor or GP	0	1	2	3	4	5	6	7	8	9	10	99
2	Chemist or pharmacist	0	1	2	3	4	5	6	7	8	9	10	99
3	Specialist	0	1	2	3	4	5	6	7	8	9	10	99
4	Surgeon	0	1	2	3	4	5	6	7	8	9	10	99
5	Anaesthetist	0	1	2	3	4	5	6	7	8	9	10	99
6	Friends or family	0	1	2	3	4	5	6	7	8	9	10	99
7	Workplace manager / Human resources	0	1	2	3	4	5	6	7	8	9	10	99
8	ASK BOOST 1 CODE 1 TO 5 AT Q5: Patients	0	1	2	3	4	5	6	7	8	9	10	99

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11

WHAT INFORMATION

20. You mentioned previously that you have taken medication for pain relief which included opioids. Just to clarify, of the medications you selected, these are the opioids:

INSERT CODE 2, 4, 6, 7, 8, 9, 10, 11 SELECTED AT Q9

What information did you receive about taking these opioids at the time? Please select as many options as apply. **MR, RANDOMISE CODES 1-4**

Code	Response	
1	How long to take the medication	GO TO Q21
2	How the medication will help	
3	The risks or side effects of using the medication	
4	What to expect next	
5	Other, please specify _____	GO TO Q22
6	I haven't received any information	
7	Unsure	GO TO Q22

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11 AND CODE 1 TO 5 AT Q20
INFORMATION SOURCE

21. Where did you receive the information from? Please select as many options as apply. **MR, RANDOMISE CODES 1-7**

Code	Response	
1	Doctor or GP	GO TO Q22
2	Chemist or pharmacist	
3	Specialist	
4	Surgeon	
5	Anaesthetist	
6	Dentist	
7	Friends or family	
8	Internet search	
9	Other, please specify _____	
10	Unsure	

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11

REASON FOR OPIOID USE

22. What is/was your reason for taking opioids? Please select all that apply. **MR, RANDOMISE**

Code	Response	
1	To manage pain	GO TO Q19
2	After surgery	
3	For a long-term injury	
4	For recreational purposes	
5	Because a health professional prescribed it	
6	After a dental procedure	
7	Other, please specify _____	

ASK ALL

BEHAVIOUR CHANGE

23. How often do you [INSERT STATEMENT]? Do you do this always, sometimes or never? You can also respond with "I have never thought about doing this".

Q23b: And in future...

IF CODE 1: And do you intend to do this the same or less often?

IF CODE 2: And do you intend to do this more, the same or less?

IF CODE 3: And do you intend to do this the same or more often?

IF CODE 4: And do you intend to continue to never do this, or do it more?

		Q23a CURRENT BEHAVIOUR				Q23b FUTURE BEHAVIOUR		
		Always	Sometimes	Never	I have never thought about doing this	More	The same	Less
1	Seek information from a medical professional about opioid use	1	2	3	4	1	2	3
2	Think about how I manage pain	1	2	3	4	1	2	3
3	Consider how long I take opioids	1	2	3	4	1	2	3
4	Seek information from the internet	1	2	3	4	1	2	3
5	Consider pain management options other than opioids	1	2	3	4	1	2	3
6	ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11 Speak to friends or family about my opioid use	1	2	3	4	1	2	3
7	Speak to friends or family about their opioid use	1	2	3	4	1	2	3
8	Take opioids	1	2	3	4	1	2	3

ASK ALL

OPIOID HARM

24. How confident are you in understanding the harm that opioids use can cause? Please use a scale where 0 = not at all confident and 10 is very confident. **SR**

Code		0 = not at all confident	1	2	3	4	5	6	7	8	9	10 = very confident
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ASK ALL

OTHERS OPIOID USE

25. Does/has anyone else you know use(d) opioids? Please select as many responses as apply.

MR, RANDOMISE

Code	Response	Never	Sometimes	Regularly	Don't know/ Not applicable
1	Parent(s)	1	2	3	4
2	Child(ren)	1	2	3	4
3	Other family members	1	2	3	4
4	Friend(s)	1	2	3	4
5	Colleagues	1	2	3	4
6	Other, specify _____	1	2	3	4

ASK ALL
OPIOID ADVERTISING

26. Have you seen any advertising, or media cover like documentaries or articles, relating to opioid use? Please select one response. SR

Code	Response	
1	Yes	GO TO Q27
2	No	GO TO END
3	Not sure	GO TO END

ASK IF CODE 1 AT Q26
OPIOID COVERAGE DESCRIPTION

27. Please describe what you have seen? Where did you see this? Please be as descriptive as you can. Please enter your response below.

SECTION C: MANDATORY QMS REQUIREMENTS
CONCLUSION

That's the end of the survey. Thank you so much for your time, it has been greatly appreciated!

As this is market research, it is carried out in compliance with the Privacy Act and the information you provided will be used only for research purposes.

If you have any queries about the Market Research Industry as a whole, you can call the Market and Social Research Society's Survey Line on 1300 364 830.

Please click "SUBMIT" to send your responses.

QMS LOG OF CHANGES

Section	Details of Change/s	Date DD/MM/YY	By Whom
Q23b	Added intro text 'And in future...'	11/06/19	ND
Q23b, IF CODE 4 AT Q23	Added 'And do you intend to continue to never do this, or do it more?'	11/06/19	ND







ReturnToWorkSA.

Reach for the facts Research.

Pre-campaign topline report
25 July 2019



Contents.

Executive summary.	4
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Executive Summary.

What we found before the campaign...

An online survey was undertaken over 2 weeks, during which n=460 completed the survey.

The state of play.

- Over 8 in 10 people (84%) surveyed had taken some form of pain relief within the past 12 months. Most frequently these were taken for headaches (67%) or general aches and back pain (63%).
- The most common form of pain medication used was paracetamol (82%), and the most common form of opioid medication was Paracetamol and Codeine (28%).

Community awareness.

- Awareness of opioids is quite high, with two out of three participants (66%) having heard of the term 'opioid' and almost all medical professionals (90%) and a large proportion of opioid users (78%) being aware of the term.

Understanding of opioids.

- When participants were asked what they understood an 'opioid' to be the most common responses included opioids being pain relievers (33%), being opium based (15%), are a drug (14%), and are addictive (11%). In total, over a quarter (26%) of the sample answered 'I don't know' to this question.



What we found before the campaign...

Possible harms.

- In total, 65% of participants indicated that they are confident or very confident that they understand the harm that opioids can cause.
- When asked about the potential side effects of opioid use, the most frequent theme related to dependency including addiction which was mentioned in 44% of the responses. Gastrointestinal side effects, including nausea and constipation was the second most frequently mentioned side effect (14%), followed by sleep problems (13%). More than a third of participants (38%) didn't know what the potential side effects of opioids could be, which indicates a strong need for education.
- When prompted, the highest levels of awareness relating to side effects were associated with physical dependence and addiction (69%), drowsiness (66%) and dangerous reactions with alcohol and drugs (63%). Only 15% of the sample were aware that opioids increase the risk of infection.
- Over half of participants (54%) were aware that 1 in 10 people who misuse opioids will become addicted, with medical professionals and opioid users being significantly more likely to be aware of this.

What are they used for?

- The main reason that people took opioids was to manage their pain (69%) and because it was prescribed to them by a health professional (30%). Only 1% of people took opioids for recreational purposes.

How long they should be taken?

- Almost half (44%) of the sample stated that the length of time opioids should be used for depends on medical advice, while a quarter (24%) of the sample didn't know and 1 in 10 said up to a week (10%).



What we found before the campaign...

How pain is managed.

- The majority of the sample (68%) use over the counter medication that they already have at home to treat pain they experience.
- There were significant differences between opioid users and non-users, with people who had used opioids in the last year using prescription medication they already have at home more than non users.
- Medical professionals also visited a GP and chemist more than non-medical professionals.

Information sources.

- Almost half of the participants who took opioids within the past year received information regarding how opioids will help, the duration the opioids should be taken for, and the risks or possible side effects of opioids.
- This information was mainly provided by Doctors or GPs (71%) or from a pharmacy (38%).

Level of comfort speaking to people.

- The majority of participants (between 80% and 69%) feel comfortable or very comfortable discussing pain management with the various medical professionals listed. They were slightly less comfortable speaking to family or friends (62%) and were the least comfortable speaking to workplace managers/human resource (26%).
- The majority (70%) of medical professionals were comfortable or very comfortable speaking to patients regarding pain management.

What has been seen?

- 1 in 5 participants (21%) recall seeing advertising or media coverage regarding opioids. Medical professionals had seen opioid media coverage and advertisements more than non-medical professionals. The majority of the coverage related to opioid addiction (36%) and the side effects of long term use (19%) and was watched on News or Current Affair (32%) or documentary (17%) television programs.



Background.



A grim picture.

The recent report from the Australian Institute of Health and Welfare (AIHW), has outlined the bleak picture of the rapid growth of opioid overdoses and misuse in Australia and globally. In Australia, the number of deaths involving opioid use has almost doubled from 591 in 2016 to 1119 in 2018. Hospitalisations for opioid poisoning have also increased by 25 percent.

A PhD student from Monash University has analysed the dispensing of opioids through the Pharmaceutical Benefits Scheme (PBS) between 2013 and 2017 (1). The research found that while opioids have an important role in managing chronic pain (particularly cancer and acute non-cancer pain), other treatment options could provide safer and more effective results. For example, there is evidence to suggest that a combination of therapies such as exercise, physiotherapy and non-opioid painkillers can have similar, if not better, outcomes compared to opioid painkillers.

Overall, the findings from the research suggests a need for the medical community to change the culture of prescribing opioids and educating the public on the associated risks. It is understood that this is where RTWSA's 'ReachForTheFacts' campaign will play an active role.

“Locally and internationally, the rising use of opioids is a cause for concern.

All opioids – including codeine – can be addictive and their general use can result in dependence, accidental overdose, hospitalisation or death.”

Australian Institute of Health and Welfare (2)

1 Lalic et al., (2018), “Predictors of persistent prescription opioid analgesic use amongst people without cancer in Australia”, *British Journal of Clinical Pharmacology*, 84 (6), pp. 1267-1278.

9 2 AIHW (2018), Opioid Harm in Australia: and comparisons between Australia and Canada, accessed 26/04/2019 at: <https://www.aihw.gov.au/getmedia/605a6cf8-6e53-488e-ac6e-925e9086df33/aihw-hse-210.pdf.aspx?inline=true>



ReachForTheFacts.

We understand that the 'ReachForTheFacts' community awareness campaign is planned to be launched in July 2019.

The objectives of the campaign include:

- To raise awareness within SA of the dangers of long term use and addiction to prescription opioids;
- To increase the number of individuals who choose options other than opioids for safe and effective pain management; and
- To reduce the use of opioids for non-medical reasons (recreationally).

The call(s) to action for the campaign will be to visit the website for additional information and to get in touch with health professionals if people have any questions. The audience of the campaign includes all adults aged 25-54 years. Notably, the target groups of interest are the consumer, family and friends of the consumer, and health professionals.

The aim of the campaign is to make more people aware of the risks so that they can make informed decisions about their treatment options, and also to increase community knowledge of the issues and support options available so that they can be promoted to those in need.





Research objectives.

We understand that this research seeks to provide RTWSA with a better **understanding of the issues surrounding prescription drug use**. Further it will assist in obtaining a **benchmark measure of awareness and behaviours** pertaining to opioid drug use prior to the release of the 'reachforthefacts' campaign that can then be compared post-campaign to understand effectiveness of the campaign.

Further, this research will assist with:

- ⇒ The development and refinement of website content; and
- ❖ Understanding future direction for engagement with health professionals.

To meet these objectives, we provided our recommended research approach (on the following slide).

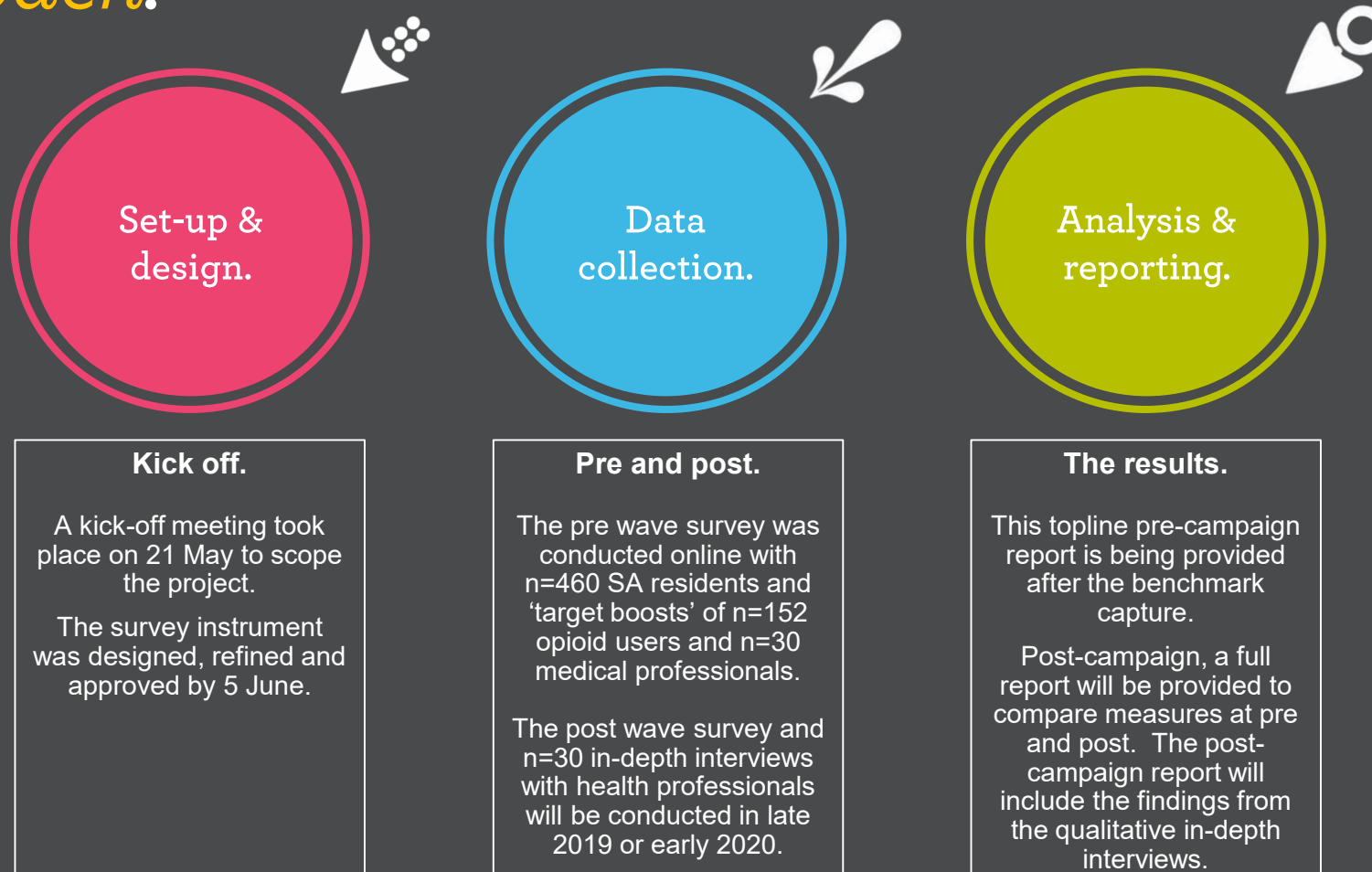




Methodology.



Approach.





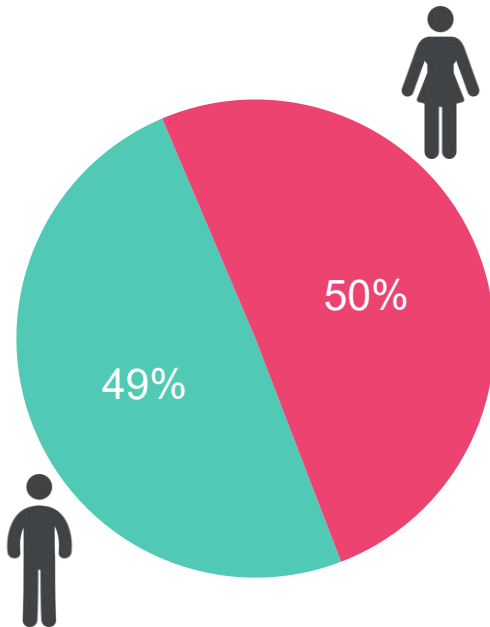
Findings.

Who we surveyed...

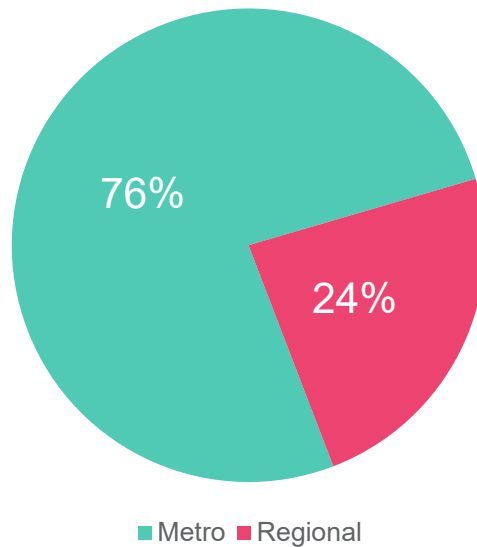
Quotas were set to ensure the survey sample represented the South Australian population based on age, gender and metropolitan and regional location.

A good spread of gender and age was achieved and a quarter of the sample lives in regional South Australia.

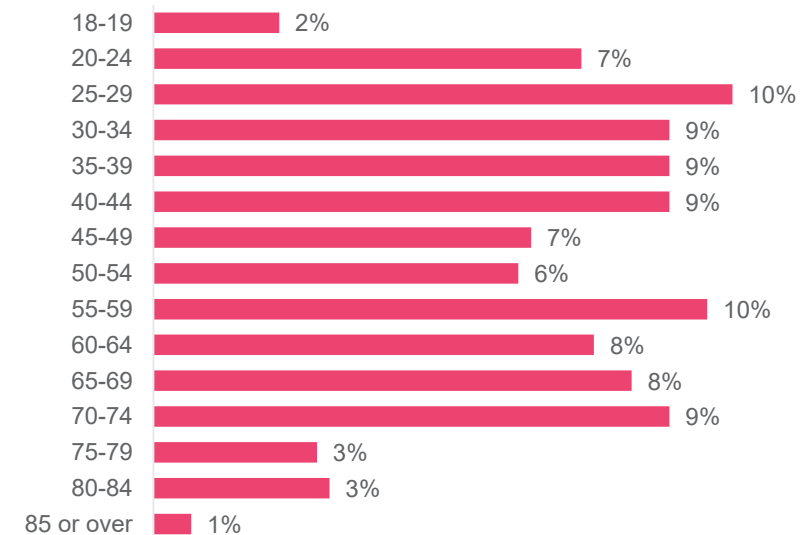
Gender.



Location.

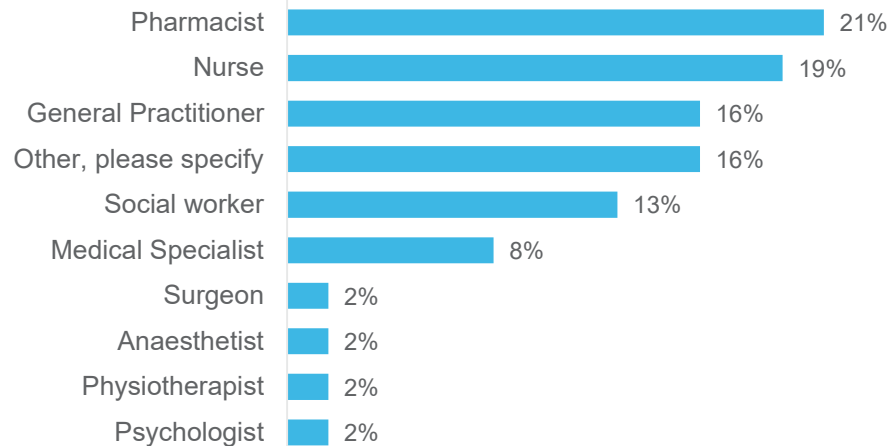


Age.



Who we surveyed...

13% of the sample work in health care or social assistance



100% of people with a medical degree gained their qualification in Australia

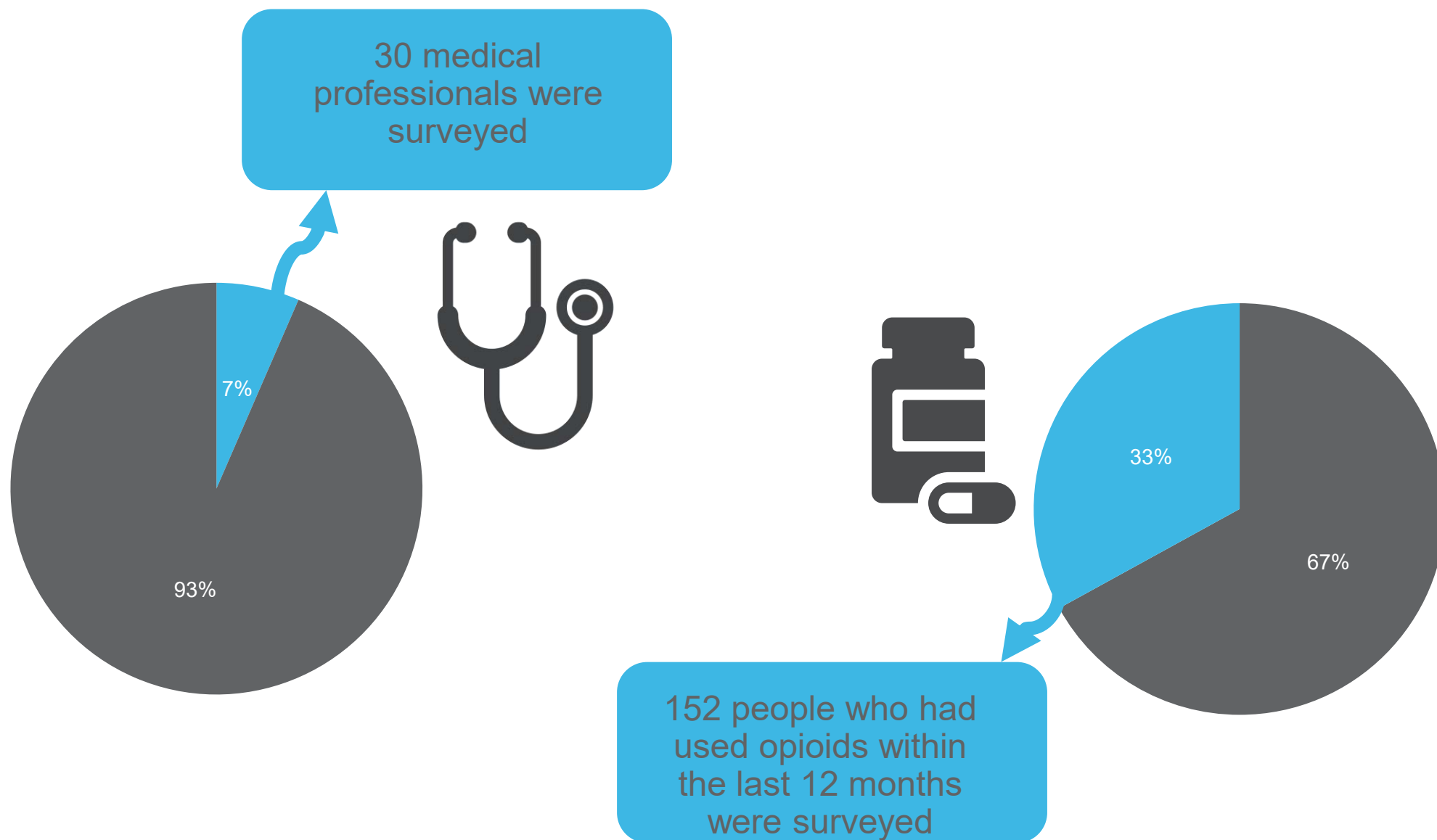


Q4: Do you work in health care or social assistance? Base n=460

Q5: What is your occupation? Base n=62 [if yes at Q4]

Q6: Did you gain your medical qualification within Australia or overseas? Base n=10

Target 'boost' samples...



Q5: What is your occupation? Base; n=30 [if selected GP, medial specialist, surgeon, anaesthetist, and pharmacist]
Q12: What type(s) of pain medication have you taken in the last 12 months? MR; Base; n=152 [if selected an opioid]

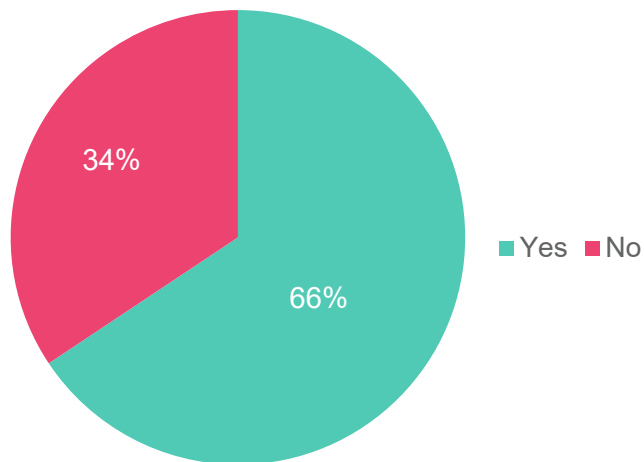
»»» Heard of opioids.

In total, 66% of the sample had heard of the term opioid before commencing the survey.

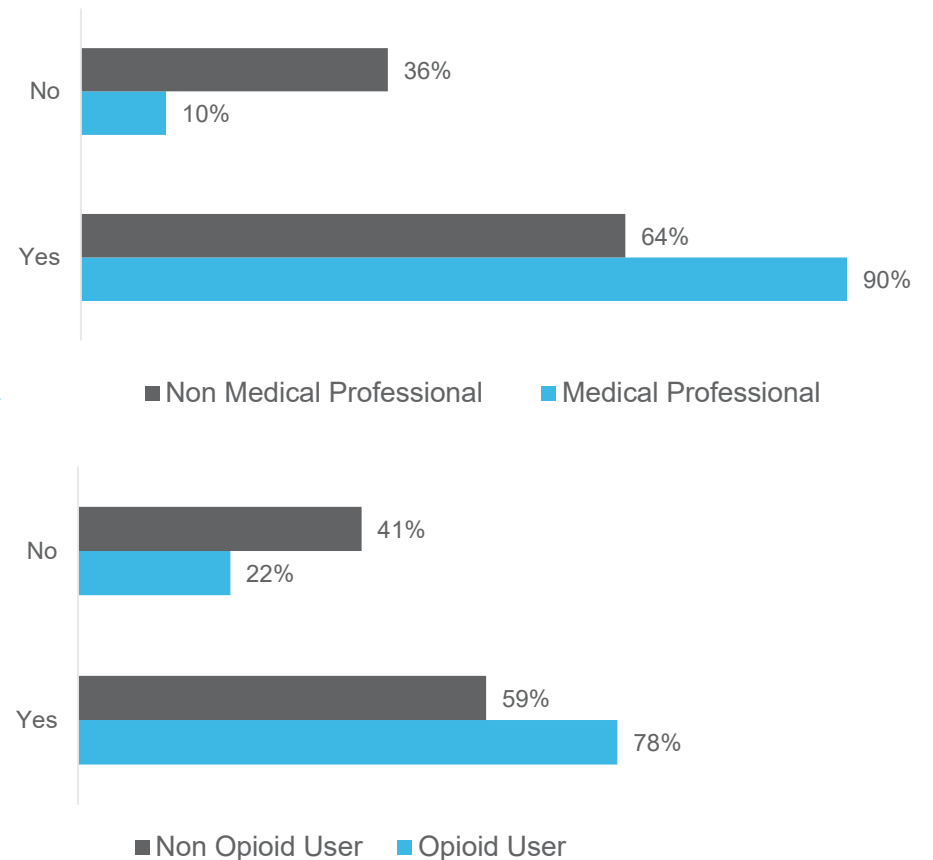
Unsurprisingly, significantly more of the medical professionals had heard of opioids.

Significantly more people who had used opioids in the past year had heard of opioids, however 22% had not heard of the term 'opioids' despite using them.

Have you heard of the term 'opioid' before today?



Significant differences



Q7: Have you heard of the term 'opioid' before today?

Base, n=460

Base, n= 30 medical professionals

Base, n=152 opioid users

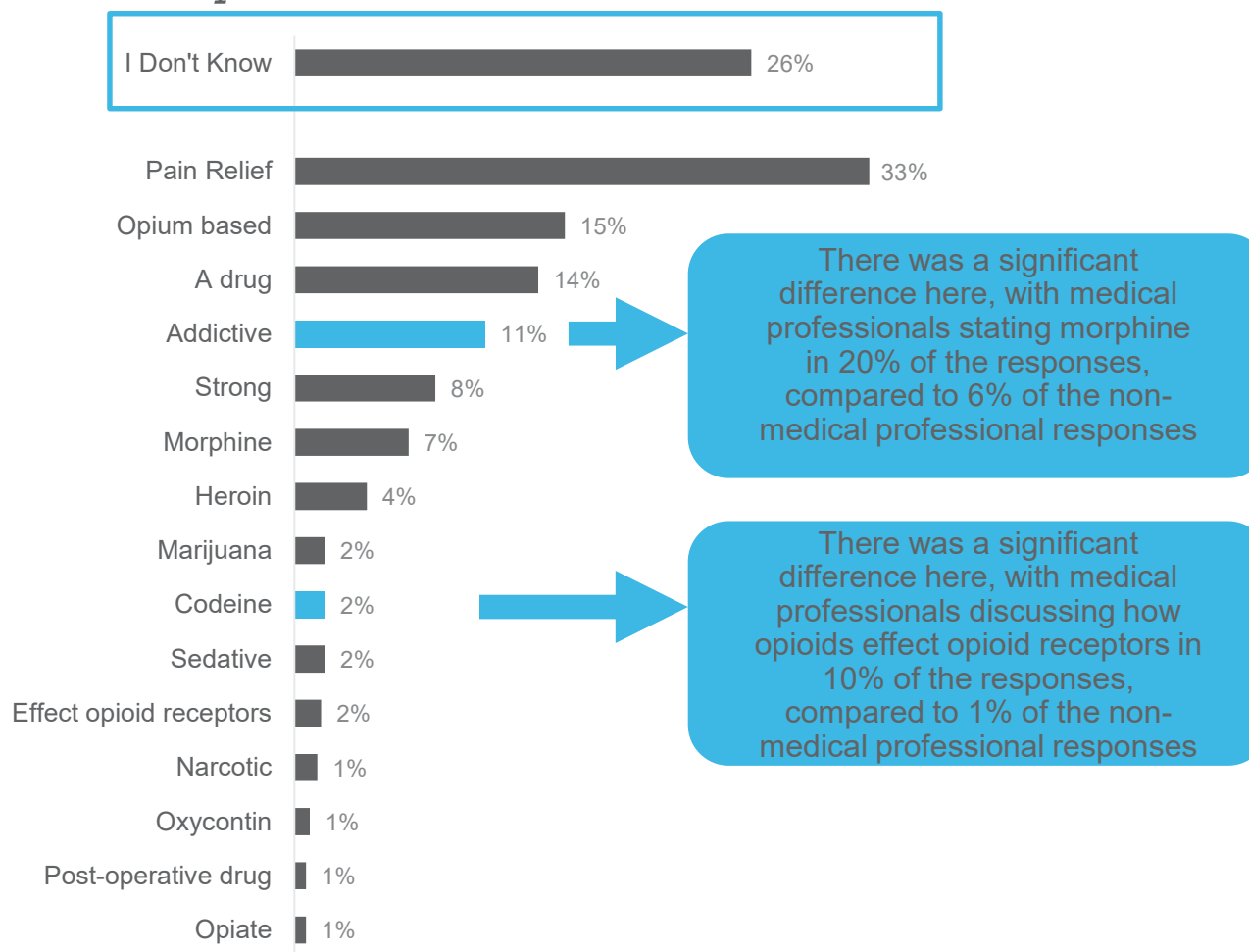
»»» Understand an opioid to be...

In total, 26% of the sample answered 'I don't know' when asked what they understood an opioid to be.

33% of the responses discussed how opioids are pain relievers, followed by discussing that opioids are opium based. Many of the other responses related to various licit drugs (e.g. Morphine & Codeine) and illicit drugs (e.g. Heroin & Marijuana).

There were no differences in the responses depending on whether people had taken opioids in the last year or not.

What do you understand on opioid to be?

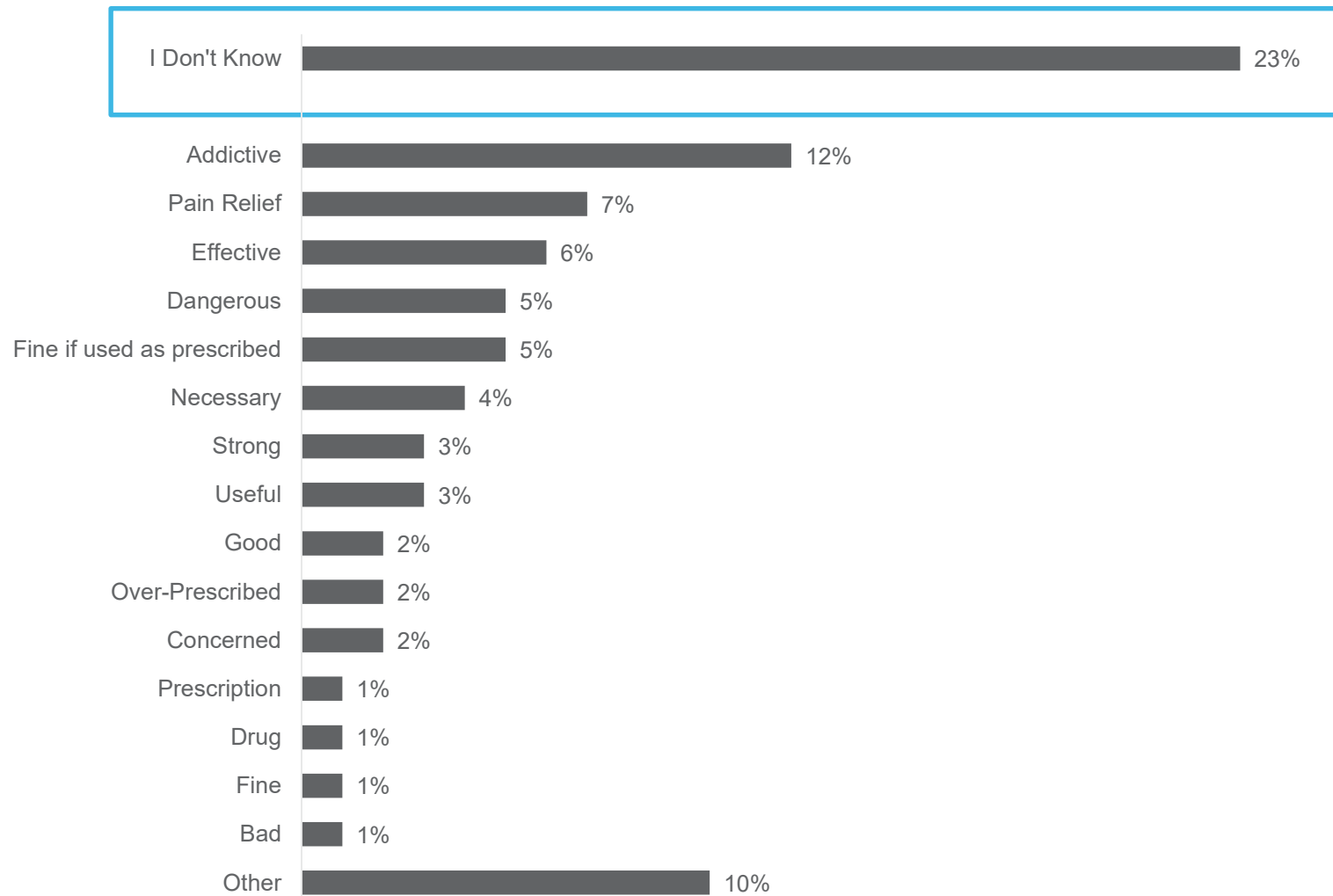


»»» Word Associations!

Again, approximately a quarter of the sample (23%) responded 'I don't know' when asked what words they would use to describe how they feel about opioids.

The most frequent theme related to 'addiction', followed by 'pain relief', and 'effective'.

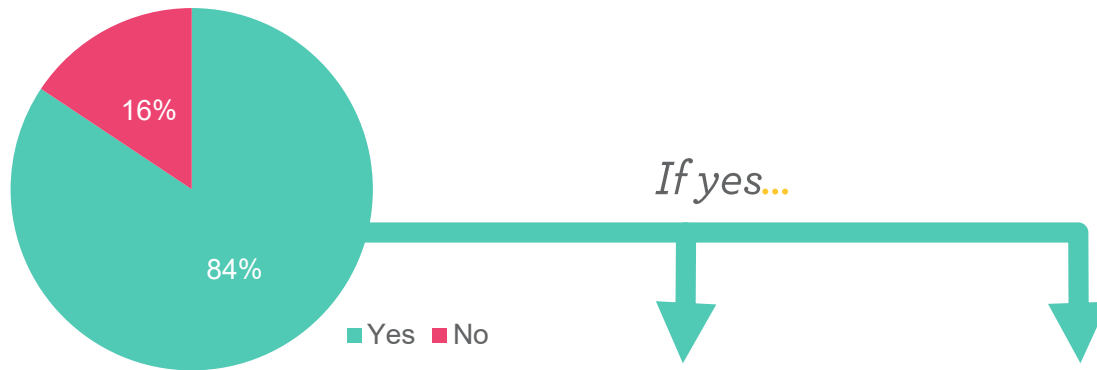
What words would you use to describe how you feel about opioids?



Q9: What words would you use to describe how you feel about opioids? Please specify up to 3 words below or write 'I don't know' if you are not sure
Base, n=460

»»» Pain relief use.

Have you taken pain relief in the last 12 months?



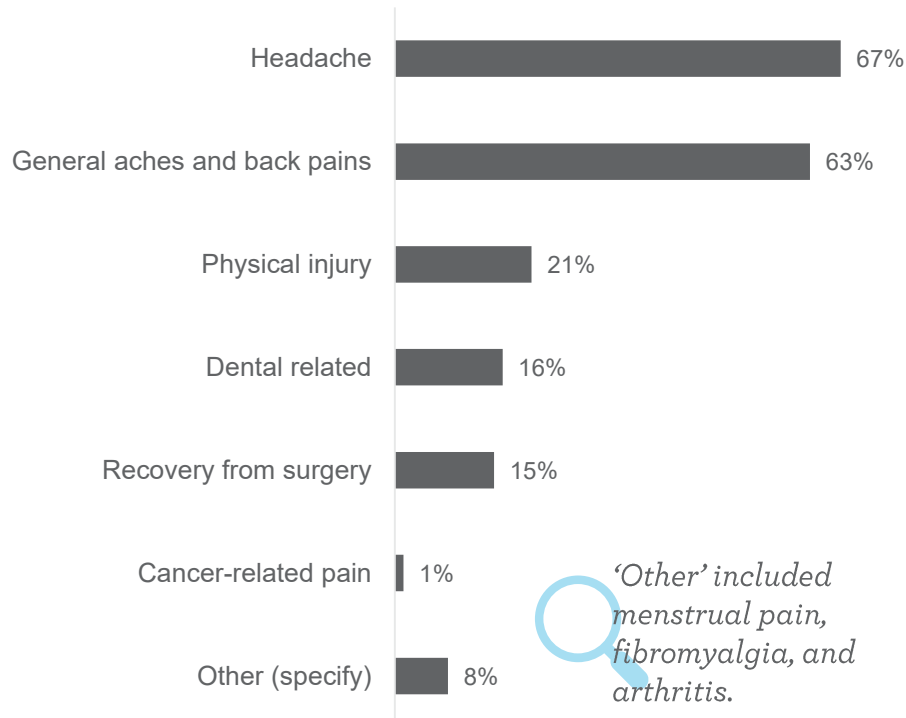
Over 8 in 10 people surveyed had taken a form of pain relief within the past 12 months.

Most frequently, these were taken for headaches (67%) or general aches and back pain (63%).

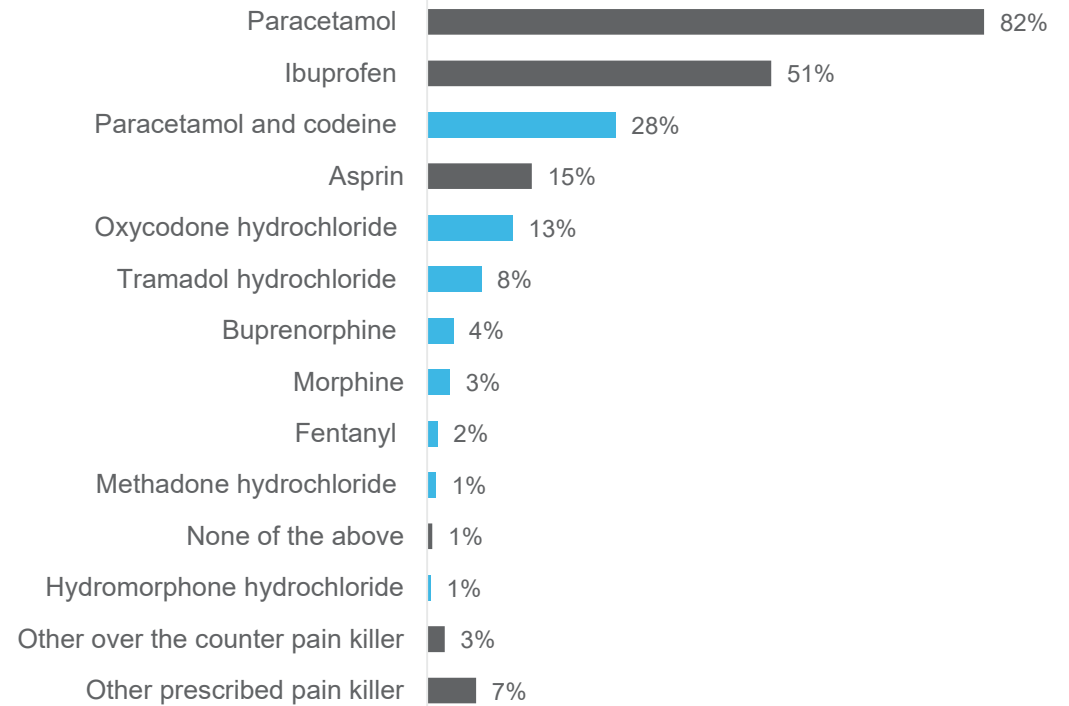
The most common form of medication used was paracetamol (82%), and the most common form of opioid medication was Paracetamol and Codeine (28%).

If yes...

What have you taken pain medication for?



What type(s) of pain medication have you taken in the last 12 months?



Q10. Have you taken pain relief in the last 12 months?; Base, n=460

Q11 What have you taken pain medication for? (MR); Base, n=388 [if yes to Q10]

Q12. What type(s) of pain medication have you taken in the last 12 months?; Base, n=388 [if yes to Q10]

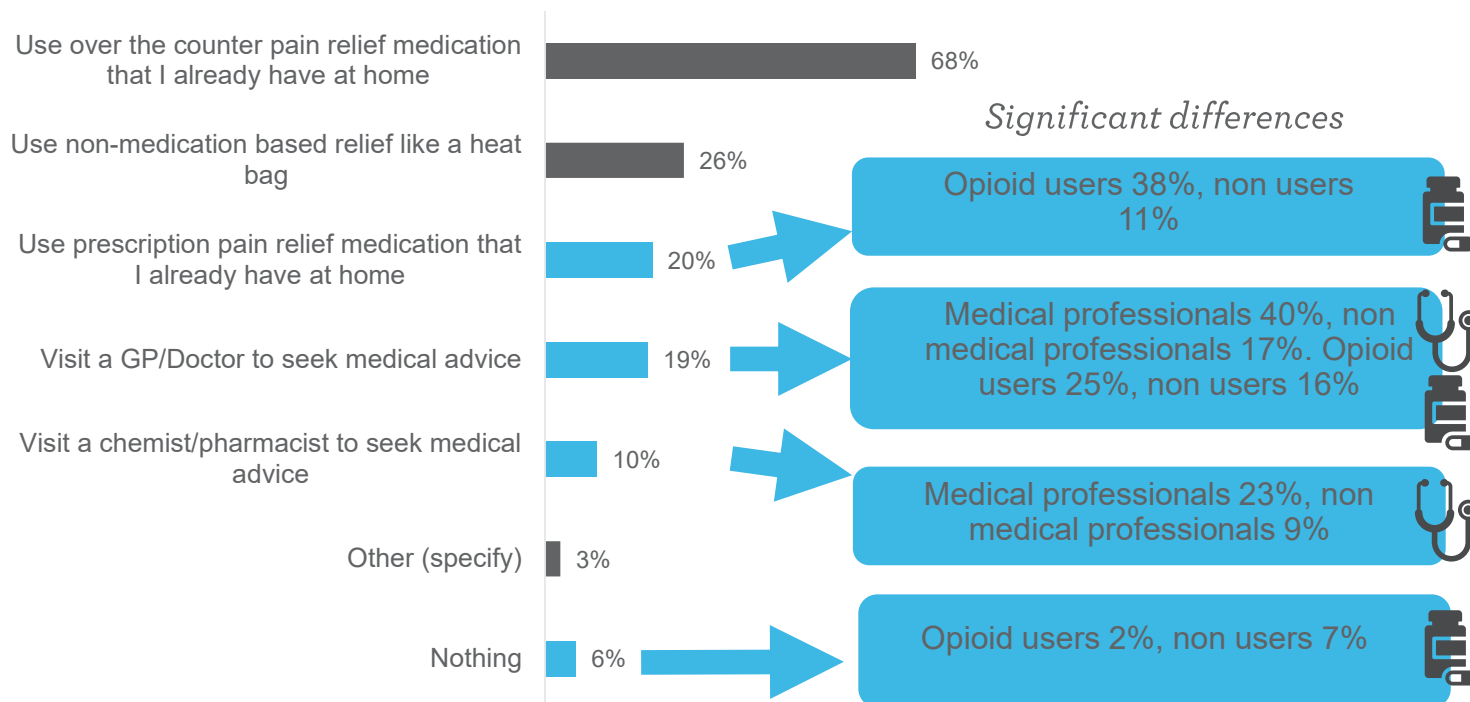
»»» Pain relief treatment.

The majority of the sample (68%) use over the counter medication that they already have at home to treat pain they experience.

There were significant differences between opioid users and non-users, with people who had used opioids in the last year more likely to be using prescription medication they already have at home.

Medical professionals also visited a GP and chemist more than non-medical professionals.

If you are in pain, what would you normally do to help treat the pain?

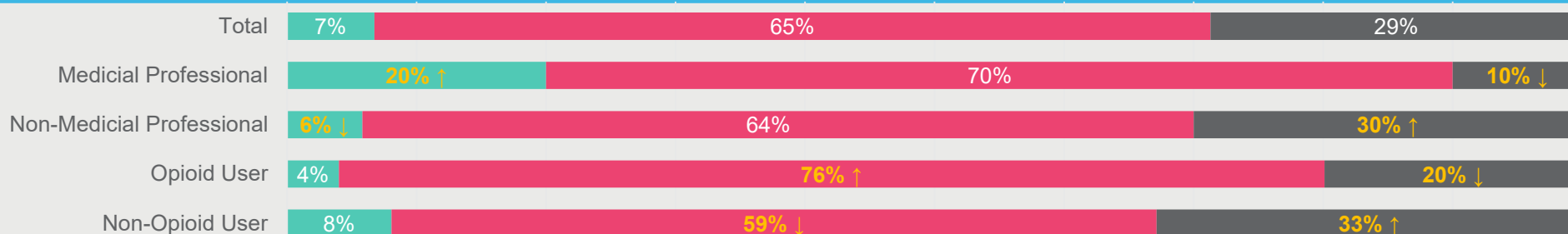


Which of the following pain relief medications do you think are opioids?

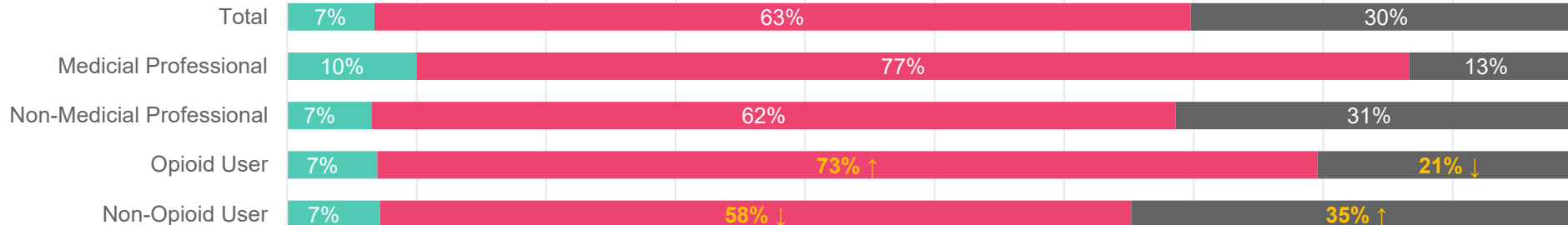
Non-Opioids.

Over half of the total sample and each target sample correctly identified that paracetamol, aspirin, and ibuprofen are not opioids. Interestingly, medical professionals incorrectly stated that paracetamol was an opioid more than non-medical professionals. Opioid users correctly identified that paracetamol, aspirin, and ibuprofen were not opioids more than non-opioid users.

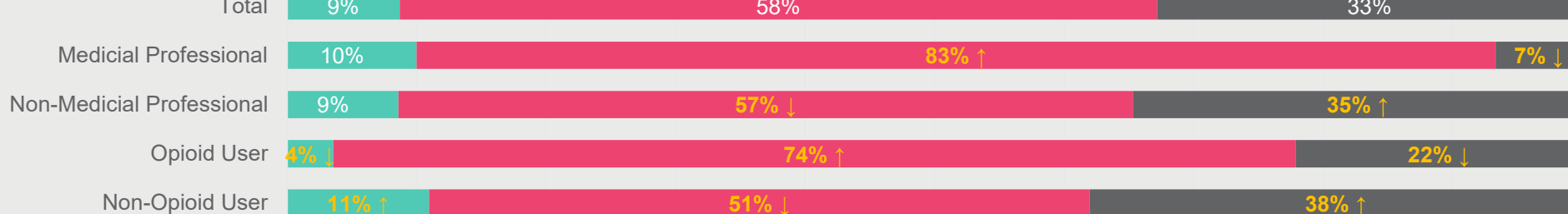
Paracetamol



Aspirin



Ibuprofen



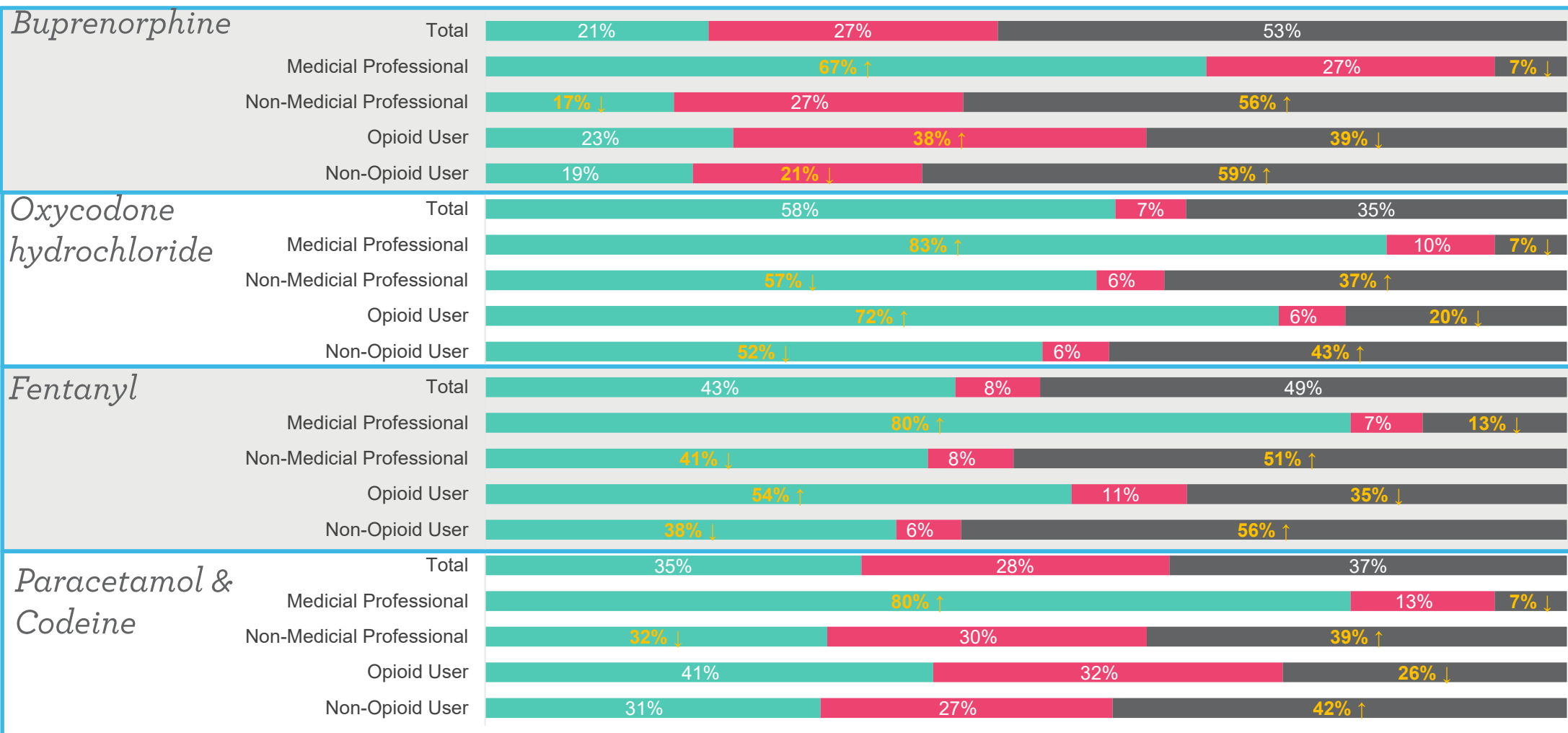
■ Opioid ■ Not an Opioid ■ Don't know

Which of the following pain relief medications do you think are opioids?

Opioids.

Medical professionals correctly identified that Buprenorphine, Oxycodone hydrochloride, Fentanyl, and Paracetamol & Codeine were opioids more than non-medical professionals.

Opioid users correctly identified that Oxycodone hydrochloride & Fentanyl are opioids more than non-users.



■ Opioid ■ Not an Opioid ■ Don't know

Q14: Which of the following pain relief medications do you think are opioids?
Base, n=460

Which of the following pain relief medications do you think are opioids?

Opioids.

Medical professionals correctly identified that Hydromorphone hydrochloride, Methadone hydrochloride, Morphine, and Tramadol hydrochloride were opioids more than non-medical professionals.

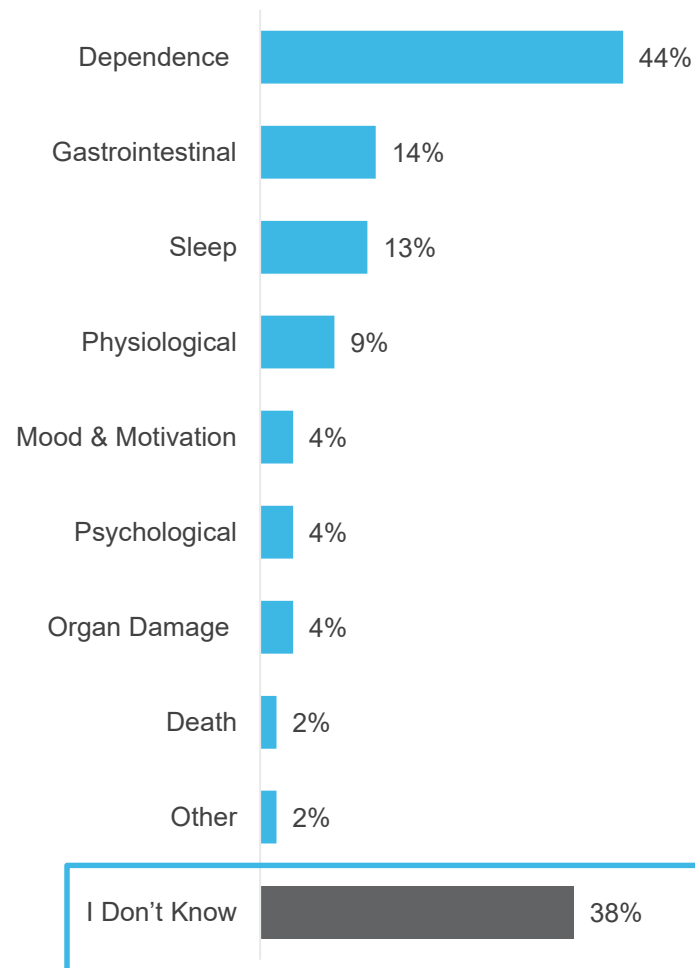
Opioid users correctly identified that Morphine & Tramadol hydrochloride are opioids more than non-users.



»»» Unprompted side effect awareness.

The most frequent unprompted awareness theme relates to dependency including 'addiction' which was mentioned in 43% of responses. Gastrointestinal side effects was the second most frequently mentioned side effect and these responses included nausea and constipation. There were no differences between opioid users and non-opioid users.

Do you know any potential side effects of using opioids?



13% of medical professional responses fell into 'I don't know', compared to 40% of non-medical professional responses.

Medical professionals listed side effects that fell into gastrointestinal, sleep, mood & motivation, and physiological more than non-medical professionals.

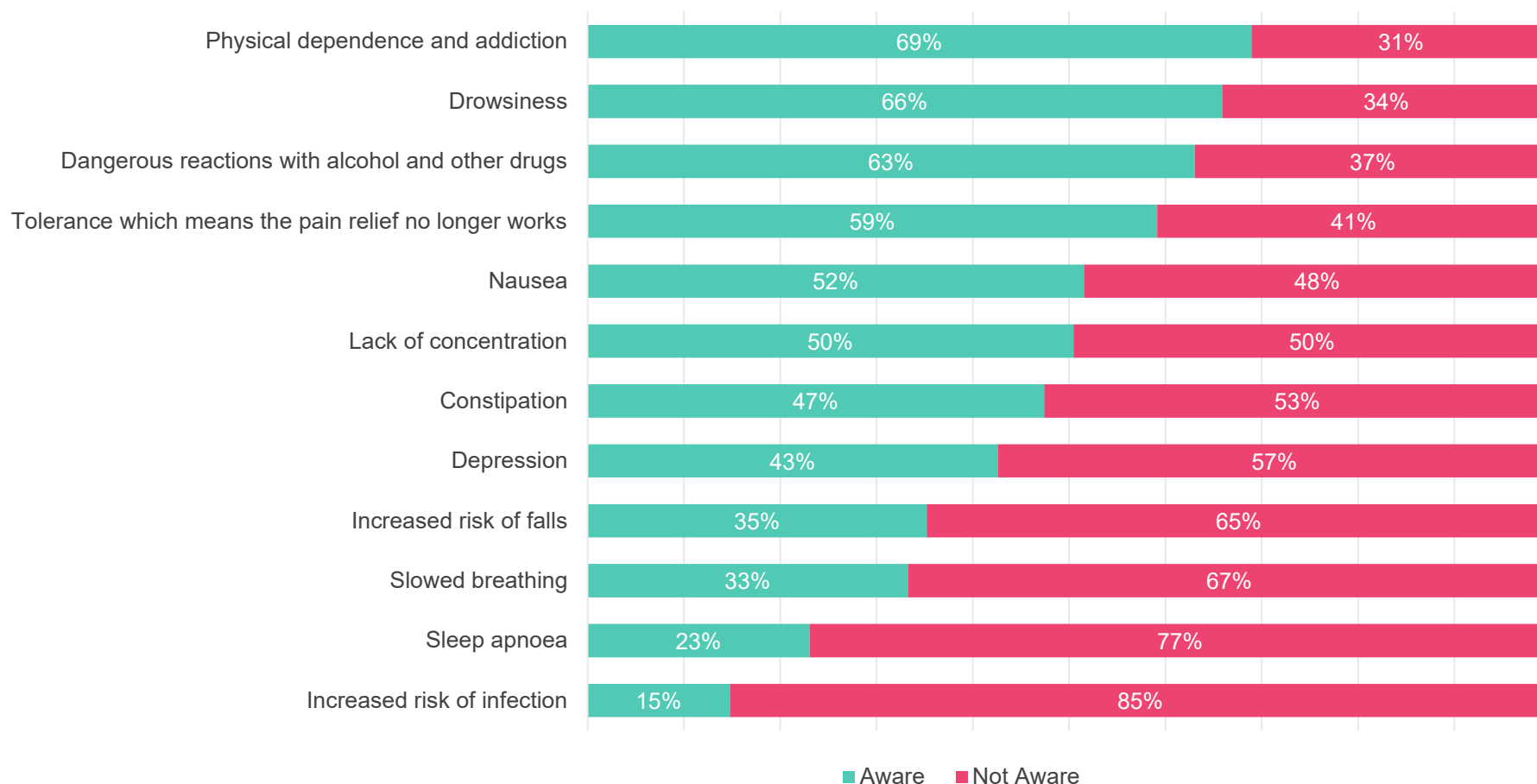


Q15. Do you know any potential side effects of using opioids? Base; n=460.

»»» Prompted side effect awareness.

Were you aware of these potential side effects before today.

When prompted, the highest levels of awareness relating to side effects were associated with physical dependence and addiction (69%), drowsiness (66%), dangerous reactions with alcohol and drugs (63%). Only 15% of the sample were aware that opioids increase the risk of infection.



➡ Prompted side effect awareness (differences).

Unsurprisingly, medical professionals were more aware of each of the listed side effects more than non-medical professionals, however still only 37% of medical professionals were aware that increased risk of infection was a potential side effect. Opioid users were more aware of six of the listed side effects than non-users.



	Aware		Not Aware	
	Medical Professional	Non-Medical Professional	Medical Professional	Non-Medical Professional
Physical dependence and addiction	97% ↑	67% ↓	3% ↓	33% ↑
Drowsiness	93% ↑	64% ↓	7% ↓	36% ↑
Dangerous reactions with alcohol and other drugs	93% ↑	61% ↓	7% ↓	39% ↑
Nausea	90% ↑	49% ↓	10% ↓	51% ↑
Constipation	87% ↑	45% ↓	13% ↓	55% ↑
Increased risk of falls	87% ↑	32% ↓	13% ↓	68% ↑
Lack of concentration	83% ↑	48% ↓	17% ↓	52% ↑
Depression	83% ↑	40% ↓	17% ↓	60% ↑
Tolerance which means the pain relief no longer works	83% ↑	57% ↓	17% ↓	43% ↑
Slowed breathing	73% ↑	30% ↓	27% ↓	70% ↑
Sleep apnoea	60% ↑	20% ↓	40% ↓	80% ↑
Increased risk of infection	37% ↑	13% ↓	63% ↓	87% ↑



	Aware		Not Aware	
	User	Non-Opioid User	User	Non-Opioid User
Drowsiness	80% ↑	59% ↓	20% ↓	41% ↑
Physical dependence and addiction	80% ↑	64% ↓	20% ↓	36% ↑
Dangerous reactions with alcohol and other drugs	76% ↑	57% ↓	24% ↓	43% ↑
Tolerance which means the pain relief no longer works	65%	56%	35%	44%
Constipation	64% ↑	39% ↓	36% ↓	61% ↑
Lack of concentration	61% ↑	45% ↓	39% ↓	55% ↑
Nausea	57%	49%	43%	51%
Depression	47%	41%	53%	59%
Increased risk of falls	42%	32%	58%	68%
Slowed breathing	41% ↑	30% ↓	59% ↓	70% ↑
Sleep apnoea	27%	21%	73%	79%
Increased risk of infection	14%	15%	86%	85%

Q17. Some of the potential side effects of using opioids are listed below. Please select whether you were aware of this before today or not aware. Base; n=460.

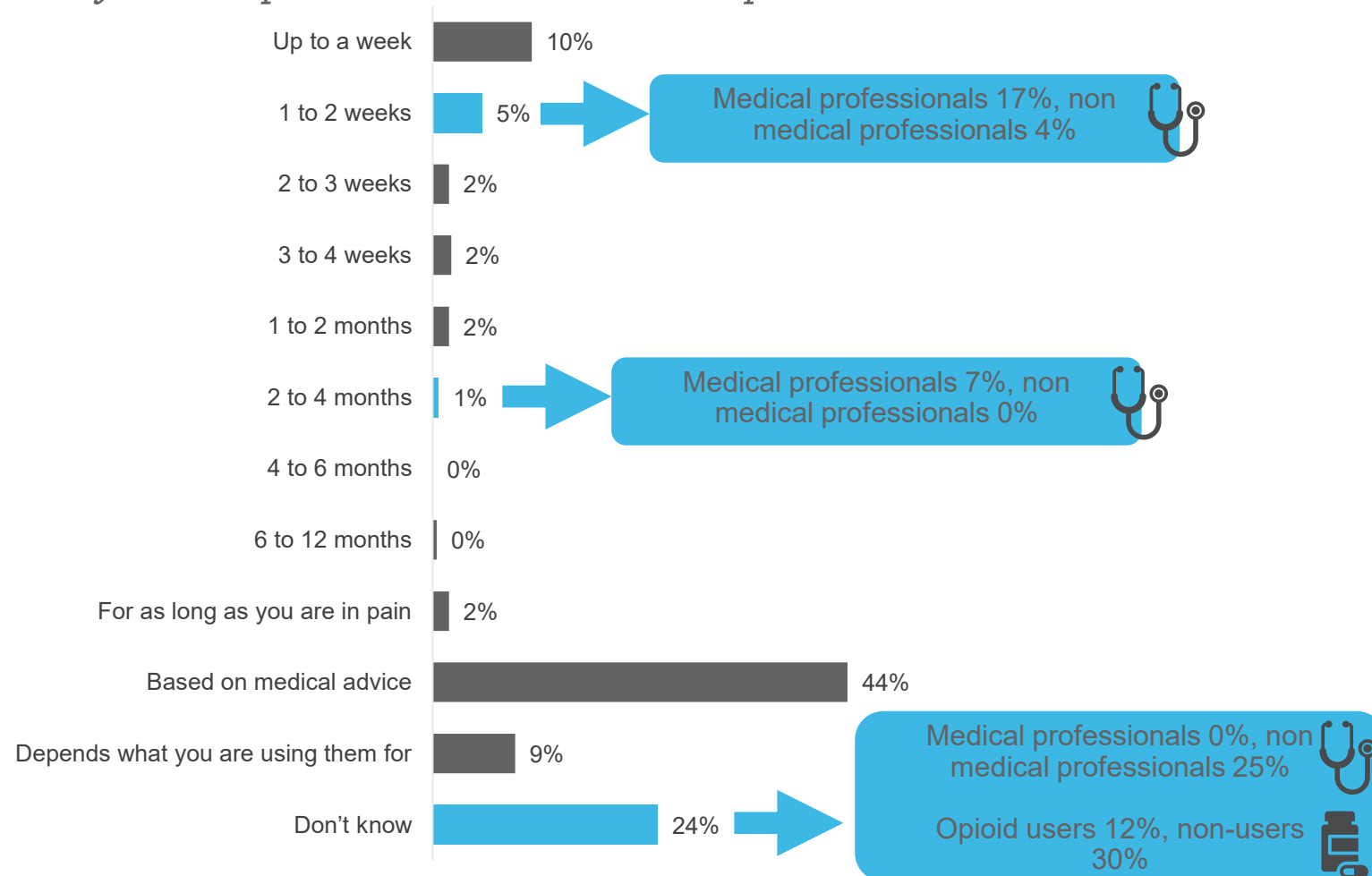
»»» How long to take opioids.

Almost half of the sample stated that the length of time opioids should be used for depends on medical advice, while a quarter of the sample did not know.

Medical professionals selected '1-2 weeks' and '2-4 months' more than non-medical professionals, while 0% of medical professionals selected 'I don't know'.

Opioid users selected 'I don't know' less than non-users.

How long should you use opioids for the treatment of pain?

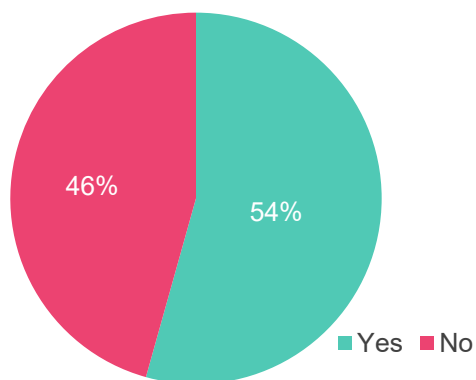


Q16. How long should you use opioids for the treatment of pain? Base; n=460.

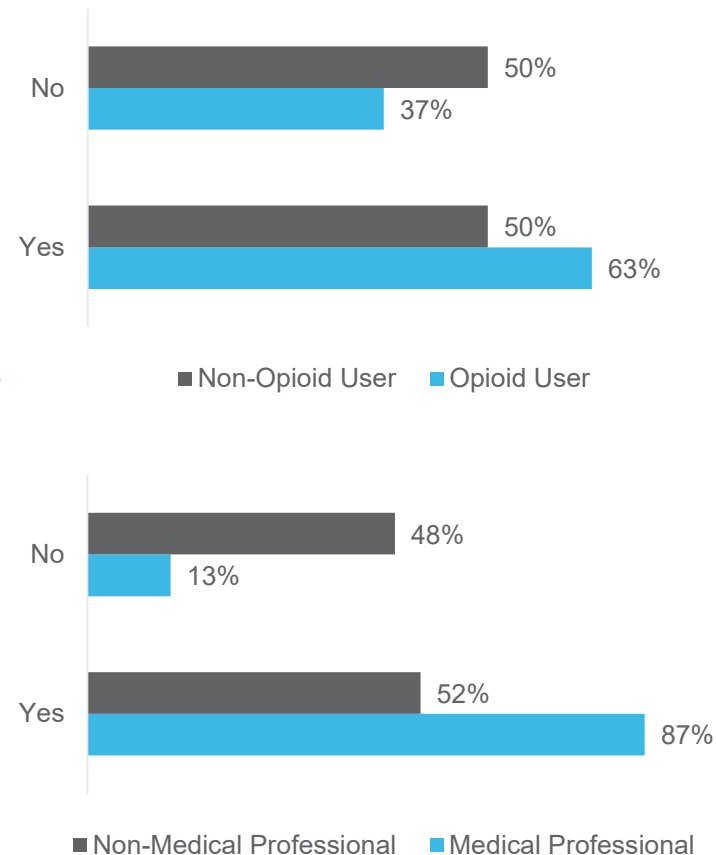
Just over half the total sample were aware of the stated statistic.

There were significant differences between both medical professionals and non-medical professionals and opioid users and non-users. More medical professionals and more opioid users were aware that 1 in 10 people who misuse opioids will become addicted.

Aware that 1 in 10 people who misuse opioids will become addicted?

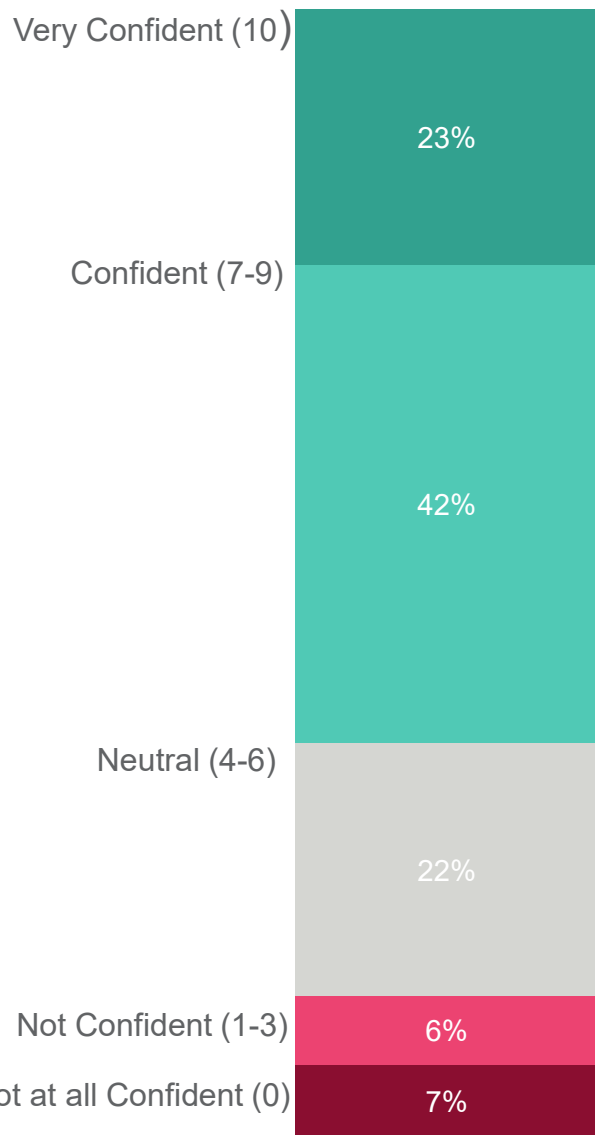


Significant differences



»»» Understand the potential harm of opioids.

How confident are you in understanding the harm that opioid use can cause?



In total, 65% of the sample are confident or very confident that they understand the harm that opioids can cause.

There were no differences between medical professionals and non-professionals.

There was a significant difference between opioid users and non-users with only 2% of opioid users selecting 'not at all confident' compared to 9% of non-users.



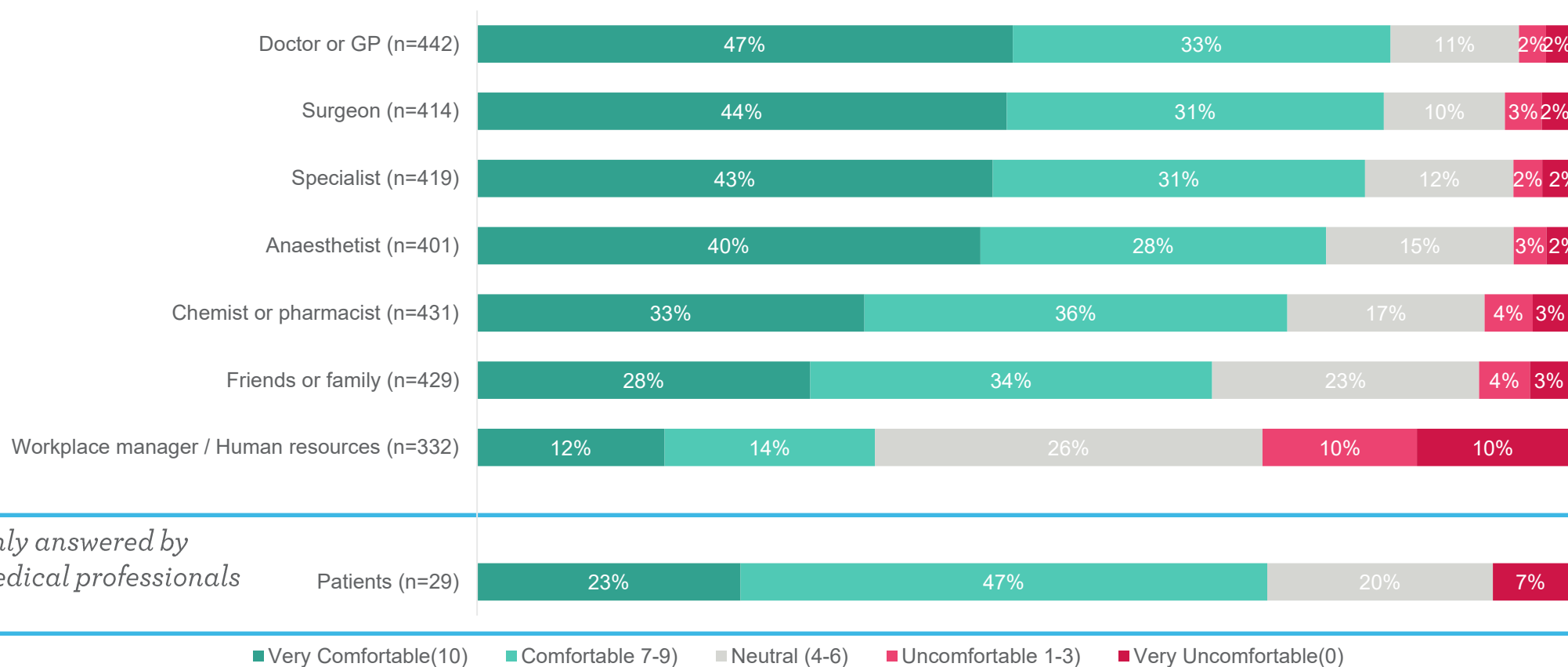
➡ Comfortable talking about pain management.

How comfortable do you feel talking about pain management with...

The majority of participants feel comfortable or very comfortable discussing pain management with the various medical professionals. They were slightly less comfortable speaking to family or friends and were the least comfortable speaking to workplace managers/human resource.

The majority of medical professionals feel comfortable discussing pain management with patients.

There were no differences between medical professionals and non-medical professionals, or opioid users and non-users.



Opioid Users.

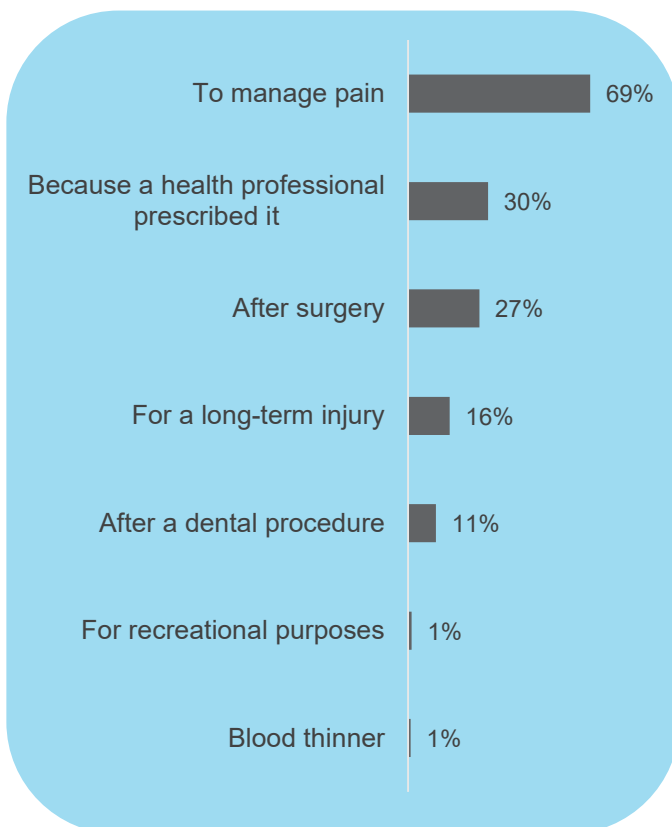
The main reason that people took opioids within the past year was to manage their pain (69%), followed by because it was prescribed to them by a health professional (30%).

Only 1% of people took opioids for recreational purposes.

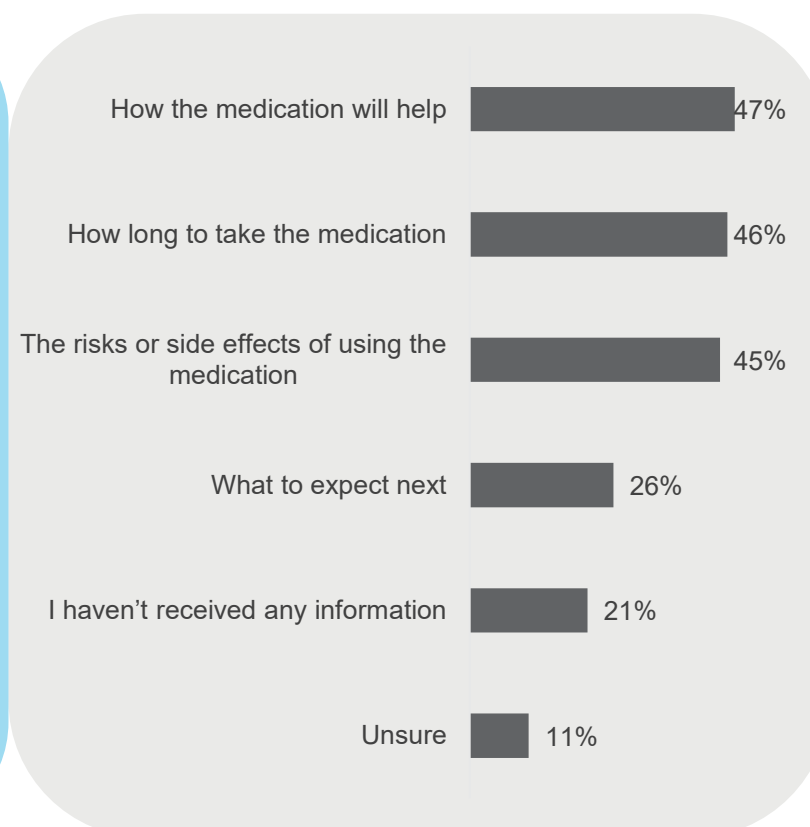
Almost half of the people who took opioids within the past year received information regarding how opioids will help, the duration the opioids should be taken for, and the risks or possible side effects of opioids.

This information was mainly provided by Doctors or GPs (71%) or from a pharmacy (38%).

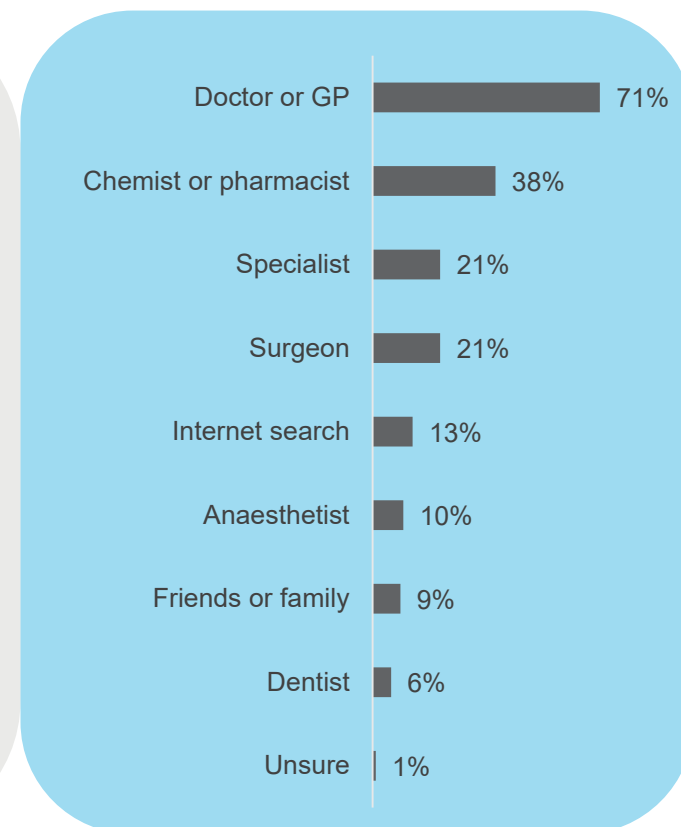
Reason for taking opioids.



Information received about opioids.



Where received information.



Q20. What information did you receive about taking these opioids at the time? MR. Base, n=152

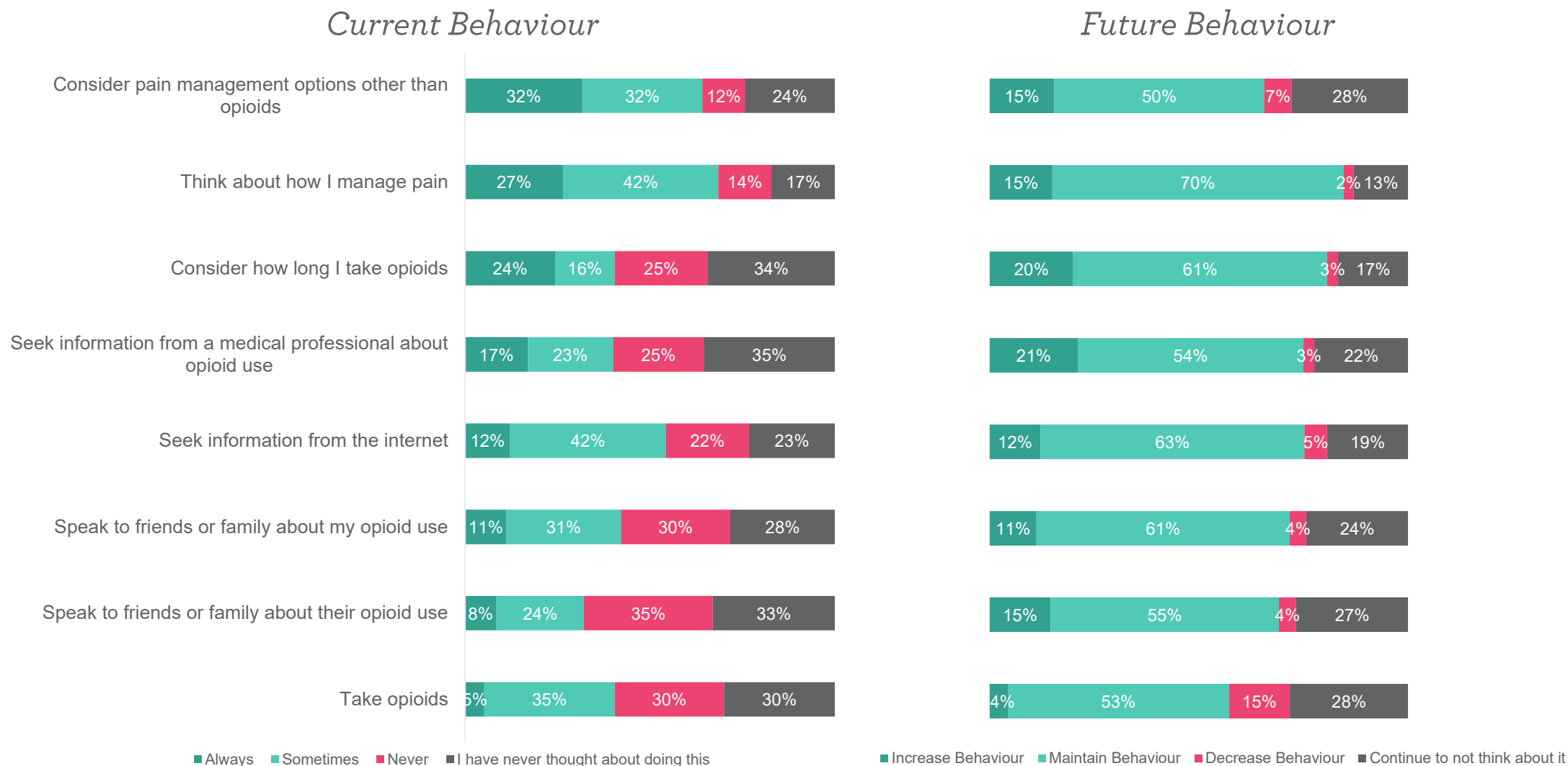
Q21. Where did you receive this information from? MR. Base, n=152

Q22. What is/was your reason for taking opioids? MR. Base, n=152

➤➤➤ Current & Future Behaviours.

Approximately 3 in 10 people currently always consider options other than opioids to manage their pain (32%) and always think about how they manage their pain (27%). While 5% of people currently always take opioids.

Most people stated that they would maintain their current behaviours for all the listed behaviours, but 1 in 5 said they plan to consider how long they take opioids for more and plan seek information from a medical professional regarding opioid use more.



Q23 How often do you [insert statement]? Base n=460, Base for 'speak to friend or family about my opioid use' n=152.
Q23x And in the future.... Base for 'speak to friend or family about my opioid use' n=152.

➡ Current & Future Behaviours (differences).

There were no differences between medical professionals and non-medical professionals on the current or future behaviours.

There were various differences between opioid users and non-users with opioid users currently performing all of the listed behaviours always or sometimes more than non-users.

A quarter (26%) of opioid users stated that they will decrease their opioid use.

Current Behaviour

Future Behaviour

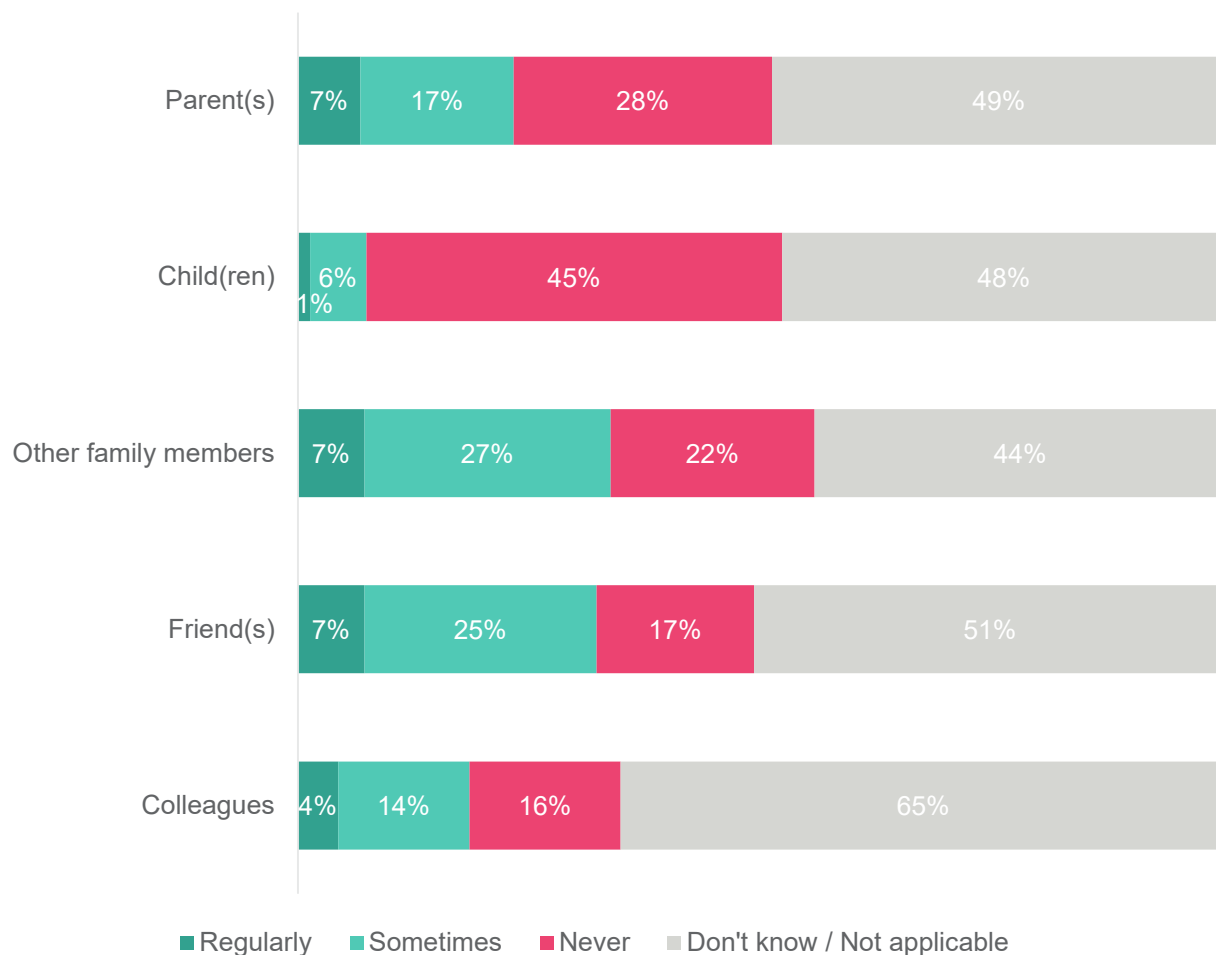
	Always		Sometimes		Never		Never thought about doing this		Increase Behaviour		Maintain Behaviour		Decrease Behaviour		Continue to not think about it	
	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User
Consider how long I take opioids	25% ↑	13% ↓	32% ↑	19% ↓	17% ↓	28% ↑	26% ↓	40% ↑	18%	14%	57%	47%	11%	5%	15% ↓	34% ↑
Think about how I manage pain	41% ↑	19% ↓	40%	43%	9% ↓	17% ↑	10% ↓	21% ↑	16%	14%	74%	68%	5%	1%	5% ↓	17% ↑
Consider pain management options other than opioids	36%	11%	51% ↑	38% ↓	18%	24%	17% ↓	26% ↑	21%	19%	67%	57%	3%	2%	9% ↓	21% ↑
Seek information from a medical professional about opioid use	25% ↑	13% ↓	32% ↑	19% ↓	17% ↓	28% ↑	26% ↓	40% ↑	25%	19%	63% ↑	49% ↓	1%	3%	11% ↓	28% ↑
Seek information from the internet	14%	11%	51% ↑	38% ↓	18%	24%	17% ↓	26% ↑	11%	13%	68%	61%	8%	4%	14%	22%
Speak to friends or family about their opioid use	13% ↑	6% ↓	25%	23%	36%	34%	27%	36%	16%	14%	61%	52%	4%	4%	20%	30%
Take opioids	12% ↑	2% ↓	70% ↑	18% ↓	6% ↓	41% ↑	13% ↓	39% ↑	2%	6%	60%	49%	26% ↑	9% ↓	12% ↓	36% ↑

Q23 How often do you [insert statement]? Base n=460, Base for 'speak to friend or family about my opioid use' n=152.

Q23x And in the future.... Base for 'speak to friend or family about my opioid use' n=152.

Does/has anyone you know use opioids?

Approximately a quarter of participants know friends or family members that regularly or sometimes take opioids. Only 6% of the sample stated that their child(ren) use opioids sometimes, and 1% stated they use opioids regularly.



»»» Opioid Users (differences).

Medical professionals responded 'sometimes' for all the groups more than non-medical professionals, including 17% for children.

Medical professionals responded to 'never' for parent(s) more than non-medical professionals and responded 'I don't know' less for all the groups.

Opioid users responded with 'regularly' for parent(s) and 'sometimes' for parent(s), other family members, and friend(s) more than non-users.

Opioid users also selected 'never' less for other family members and friend(s) than non-users.



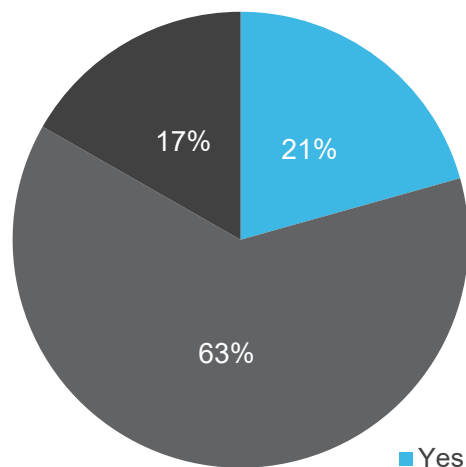
	Regularly		Sometimes		Never		Don't know / Not applicable	
	Medical Professionals	Non-Medical Professional	Medical Professionals	Non-Medical Professional	Medical Professionals	Non-Medical Professional	Medical Professionals	Non-Medical Professional
Parent(s)	3%	7%	33% ↑	15% ↓	47% ↑	27% ↓	17% ↓	51% ↑
Child(ren)	0%	1%	17% ↑	5% ↓	63%	43%	20% ↓	50% ↑
Other family members	10%	7%	47% ↑	25% ↓	27%	22%	17% ↓	46% ↑
Friend(s)	13%	7%	43% ↑	24% ↓	13%	17%	30% ↓	52% ↑
Colleagues	10%	4%	33% ↑	13% ↓	13%	17%	43% ↓	67% ↑



	Regularly		Sometimes		Never		Don't know / Not applicable	
	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User	Opioid User	Non-Opioid User
Parent(s)	12% ↑	4% ↓	23% ↑	13% ↓	21%	31%	44%	51%
Child(ren)	1%	1%	7%	6%	46%	44%	45%	49%
Other family members	11%	6%	39% ↑	20% ↓	12% ↓	27% ↑	39%	47%
Friend(s)	9%	6%	39% ↑	18% ↓	9% ↓	21% ↑	43%	55%
Colleagues	7%	3%	19%	12%	11%	19%	63%	67%

↳ Opioid advertising and media coverage.

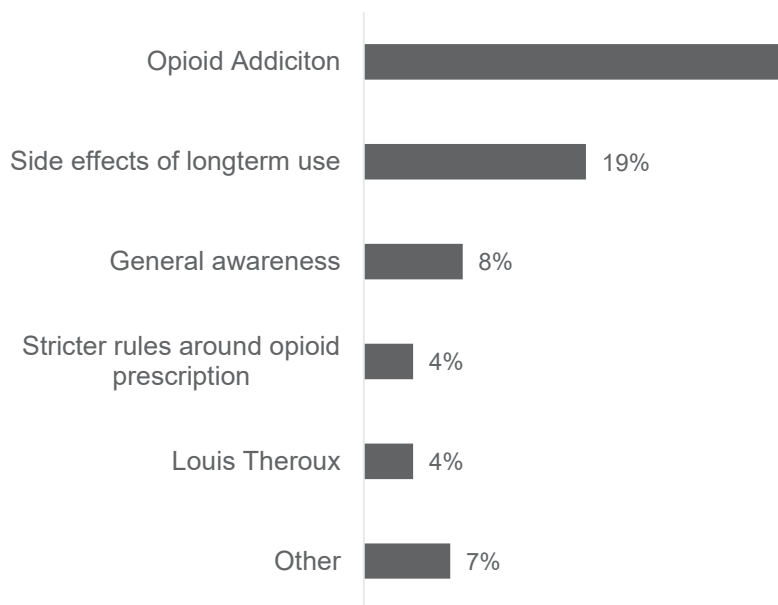
Have you seen any advertising, or media cover relating to opioid use?



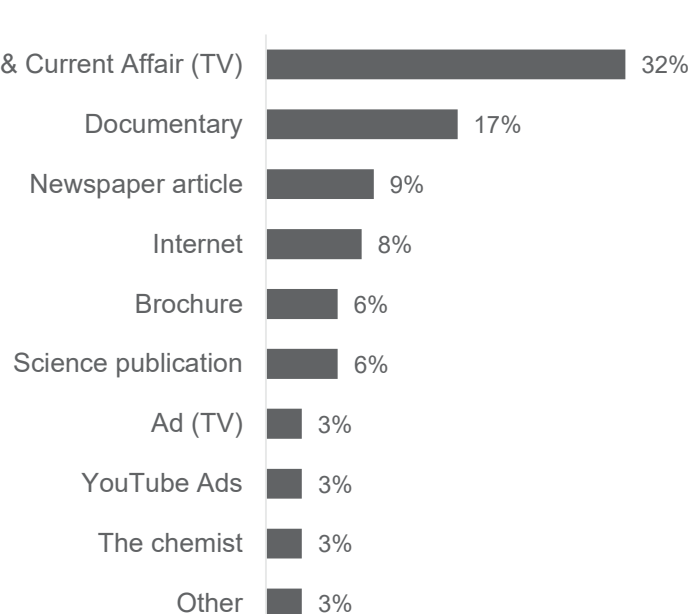
50% of medical professionals have seen media coverage, compared to 19% of non-medical professionals.



Content of the coverage.



Medium .



1 in 5 participants had seen advertising or media coverage regarding opioids.

Medical professionals had seen opioid media coverage and advertisements more than non-medical professionals.

There were no differences between opioid users and non-users.

The majority of the coverage relates to opioid addiction and is watched on News or Current Affair television programs.

Q26. Have you seen any advertising, or media cover like documentaries or articles relating to opioid use? Base n=460

Q27. Please describe what you have seen? Where did you see this? Please be as descriptive as you can. Base n= 95 [if yes at Q26]



What Next?

Post campaign

The schedule for the post campaign survey and qualitative in-depth interviews will be confirmed when the media plan has been finalised.

At this point in time, the plan is to undertake the post campaign research activity late in 2019 or early in 2020.





Appendix.

QMS QUANT ONLINE FIELD REQUIREMENTS [FIELD BRIEFING NOTES & QUESTIONNAIRE]

Project No.: RTWSA001	Project Name: Reach for the facts research – pre-campaign survey
Client Service Project Leader: Naomi Downer	
Other Client Service Team Members: Ben Nitschke	
Issue Date: 11 June 2019	

QMS ONLINE FIELD BRIEFING NOTES

1. Background Information

Return to Work SA is about to undertake a community awareness campaign to inform the public about the dangers of misusing prescription opioids, "reachforthefacts". The campaign's aim is to raise awareness of the dangers of long-term use and addiction to prescription opioids, increase the number of individuals who choose options other than opioids for safe and effective pain management and to reduce the use of opioids for non-medical reasons (recreationally).

The audience for the research can be divided into three key groups; the consumer, family and friends of the consumer and health professionals. Target audience for the awareness campaign is all adults 25-54 years old.

2. Schedule/Timing

Draft questionnaire sent to client: 03-06-19

Final questionnaire approved: 05-06-19

Programming and testing: 06-06-19 to 07-06-19

Survey live: 11-06-19 to 23-06-19

Pilot data check: 12-06-19

Final data provided: 24-06-19

Post survey content and timings will be confirmed after the pre-wave.

3. Sample Size

Total sample of n=400

Boost 1: Minimum of n=30 health professionals (GPs, pharmacists, specialists, surgeons, anaesthetists).

Boost 2: Minimum of n=30 opioid users (have used an opioid in the last 12 months).

4. Sample/Recruiting Specification

To capture a broad range of feedback and opinions we are using a general population sample representative based on age (18+ years), gender and spread of metro/rural across South Adelaide.

5. Quota Instructions/Codes

Representative based on age (Q3) and gender (Q2) in metro/rural (Q1):

Location	Gender	18-29	30-39	40-49	50-59	60-69	70+	Total
Metro	Male	8%	7%	6%	6%	5%	5%	38%
	Female	8%	7%	6%	6%	6%	7%	40%
Regional	Male	2%	2%	2%	2%	2%	2%	11%
	Female	2%	2%	2%	2%	2%	2%	11%
Total	Male	10%	8%	8%	8%	7%	7%	49%
	Female	10%	8%	8%	8%	7%	9%	51%
Combined Total		20%	16%	16%	17%	15%	16%	100%

Boost 1: Minimum of n=30 health professionals (GPs, pharmacists, specialists, surgeons, anaesthetists,) Q5 code 1-5.

Boost 2: Minimum of n=30 opioid users (have used an opioid in the last 12 months) Q12 code 2, 4, 6, 7, 8, 9, 10, 11.

6. Incidence Rate/s

Close to 90% incidence. All in SA aged 18+.

Incidence on boosts will be lower.

7. Survey Length

10 minutes.

8. Incentive/Thank-You

Standard panel incentive.

9. Other Specific Fieldwork Instructions

None.

QMS ONLINE QUESTIONNAIRE
SECTION A: INDIVIDUAL PROJECT REQUIREMENTS
SURVEY INTRODUCTION

Thank you for agreeing to take part in this research! The survey should only take approximately 10 minutes to complete.

ASK ALL
LOCATION

1. What postcode do you live in? SR

Code	Response	
1	Allow entry of SA postcodes _____	CONTINUE AND ALLOCATE TO METRO/RURAL, TERMINATE OUTSIDE OF SA

ASK ALL
AGE

2. Which of the following age groups do you fall into? Please select one response. SR

Code	Response	
1	Under 18	TERMINATE
2	18-19	CONTINUE
3	20-24	
4	25-29	
5	30-34	
6	35-39	
7	40-44	
8	45-49	
9	50-54	
10	55-59	
11	60-64	
12	65-69	
13	70-74	
14	75-79	
15	80-84	
16	85 or over	

ASK ALL
GENDER

3. What gender do you identify with? Please select one response. SR

Code	Response	
1	Male	CONTINUE
2	Female	
3	Transgender	
4	Other, please specify _____	

ASK ALL

MEDICAL INDUSTRY

4. Do you work in health care or social assistance? Please select one response. SR

Code	Response	
1	Yes	GO TO Q5
2	No	GO TO Q7

ASK IF CODE 1 AT Q4

HEALTH PROFESSIONAL

5. What is your occupation? Please select one response. SR

Code	Response	
1	General Practitioner	BOOST 1
2	Medical Specialist	BOOST 1
3	Surgeon	BOOST 1
4	Anaesthetist	BOOST 1
5	Pharmacist	BOOST 1
6	Nurse	CONTINUE
7	Physiotherapist	CONTINUE
8	Psychologist	CONTINUE
9	Social worker	CONTINUE
10	Other, please specify	CONTINUE

ASK IF CODE 1 AT Q5

HEALTH PROFESSIONAL

6. Did you gain your medical qualification within Australia or overseas? Please select one response. SR

Code	Response	
1	Within Australian	CONTINUE
2	Overseas	
3	A combination of both	

ASK ALL

HEARD TERM OPIOID

7. Have you heard of the term 'opioid' before today? Please select one response. SR

Code	Response	
1	Yes	CONTINUE
2	No	

ASK ALL

OPIOID UNPROMPTED UNDERSTANDING

8. What do you understand an opioid to be? Please enter your response below.

ASK ALL

DESCRIBE OPIOIDS

9. What words would you use to describe how you feel about opioids? Please specify up to 3 words below or write 'don't know' if you are not sure.

3 SEPARATE TEXT BOXES, FORCE RESPONSE FOR FIRST BOX ONLY

ASK ALL

PAIN MEDICATION

10. Have you taken pain relief in the last 12 months? Please select one response. SR

Code	Response	
1	Yes	GO TO Q11
2	No	GO TO Q13

ASK IF CODE 1 AT Q10

REASONS FOR TAKING

11. What have you taken pain medication for? Please select as many responses as apply. MR

Code	Response	
1	General aches and back pains	GO TO Q12
2	Headache	
3	Physical injury	
4	Dental related	
5	Recovery from surgery	
6	Cancer-related pain	
7	Other, please specify	

ASK IF CODE 1 AT Q10

TYPE PAIN MEDICATION

12. What type(s) of pain medication have you taken in the last 12 months? Please select as many responses as apply. MR

Code	Response	
1	Paracetamol e.g. Panadol	CONTINUE
2	Buprenorphine e.g. Bupredermal, Norspan	BOOST 2
3	Aspirin	CONTINUE
4	Oxycodone hydrochloride e.g. Endone, Novacodone	BOOST 2
5	Ibuprofen e.g. Nurofen	CONTINUE
6	Fentanyl e.g. Dutran, Denpax, Fenpatch	BOOST 2
7	Paracetamol and codeine e.g. Panadeine Forte, Codalgin Forte	BOOST 2
8	Hydromorphone hydrochloride e.g. Dilaudid, Jumista	BOOST 2
9	Methadone hydrochloride e.g. Physeptone	BOOST 2
10	Morphine e.g. Ordine, Anamorph, Sevredol	BOOST 2
11	Tramadol hydrochloride e.g. Tramadol, Tramal	BOOST 2
12	Other prescribed pain killer, please specify	CONTINUE
13	Other over the counter pain killer, please specify	CONTINUE
98	None of the above	CONTINUE
99	Don't know	CONTINUE

ASK ALL

PAIN ACTION

13. If you are in pain, for example you have a headache, stomach cramps, muscle, joint or back pain, what would you normally do to help treat the pain? Please select as many responses as apply. **MR, RANDOMISE CODES 1-5**

Code	Response	
1	Visit a GP/Doctor to seek medical advice	CONTINUE
2	Visit a chemist/pharmacist to seek medical advice	
3	Use over the counter pain relief medication that I already have at home	
4	Use prescription pain relief medication that I already have at home	
5	Use non-medication based relief like a heat bag	
7	Other, please specify _____	
8	Nothing	

ASK ALL

OPIOID PROMPTED AWARENESS

14. Which of the following pain relief medications do you think are opioids? **SR per row**

Code	Response	Opioid	Not an opioid	Don't know
1	Paracetamol e.g. Panadol	1	2	3
2	Buprenorphine e.g. Buprenex, Norspan	1	2	3
3	Aspirin	1	2	3
4	Oxycodone hydrochloride e.g. Endone, Novacodone	1	2	3
5	Ibuprofen e.g. Nurofen	1	2	3
6	Fentanyl e.g. Duran, Denpax, Fenpatch	1	2	3
7	Paracetamol and codeine e.g. Panadeine Forte, Codalgin Forte	1	2	3
8	Hydromorphone hydrochloride e.g. Dilaudid, Jurnista	1	2	3
9	Methadone hydrochloride e.g. Physeptone	1	2	3
10	Morphine e.g. Ordine, Anamorph, Sevredol	1	2	3
11	Tramadol hydrochloride e.g. Tramadol, Tramal	1	2	3

ASK ALL

UNPROMPTED OPIOID EFFECTS

15. Do you know any potential side effects of using opioids? Please enter your response below.

ASK ALL

OPIOID LENGTH

16. How long should you use opioids for the treatment of pain? Please select one response. **SR**

Code	Response	
1	Up to a week	CONTINUE
2	1 to 2 weeks	
3	2 to 3 weeks	
4	3 to 4 weeks	
5	1 to 2 months	
6	2 to 4 months	

7	4 to 6 months	
8	6 to 12 months	
9	For as long as you are in pain	
10	Based on medical advice	
11	Depends what you are using them for	
12	Don't know	

ASK ALL

17. Some of the potential side effects of using opioids are listed below. Please select whether you were aware of this before today or not aware. **SR per row**

Code	Response	Yes	No
1	Constipation	1	2
2	Lack of concentration	1	2
3	Drowsiness	1	2
4	Nausea	1	2
5	Slowed breathing	1	2
6	Sleep apnoea	1	2
7	Physical dependence and addiction	1	2
8	Increased risk of infection	1	2
9	Depression	1	2
10	Increased risk of falls	1	2
11	Tolerance which means the pain relief no longer works	1	2
11	Dangerous reactions with alcohol and other drugs	1	2

ASK ALL

18. 1 in 10 people that misuse opioids will become addicted. Were you aware of this before today? Please select one response. **SR**

Code	Response	
1	Yes	CONTINUE
2	No	

ASK ALL

COMFORT SEEKING HELP

19. How comfortable do you feel talking to others about pain management? Please use a scale where 0 = very uncomfortable and 10 is very comfortable. Please select a response for each row below. **SR per row, RANDOMISE**

Code		0 = very uncomfortable	1	2	3	4	5	6	7	8	9	10 = very comfortable	Not applicable
1	Doctor or GP	0	1	2	3	4	5	6	7	8	9	10	99
2	Chemist or pharmacist	0	1	2	3	4	5	6	7	8	9	10	99
3	Specialist	0	1	2	3	4	5	6	7	8	9	10	99
4	Surgeon	0	1	2	3	4	5	6	7	8	9	10	99
5	Anaesthetist	0	1	2	3	4	5	6	7	8	9	10	99
6	Friends or family	0	1	2	3	4	5	6	7	8	9	10	99
7	Workplace manager / Human resources	0	1	2	3	4	5	6	7	8	9	10	99
8	ASK BOOST 1 CODE 1 TO 5 AT Q5: Patients	0	1	2	3	4	5	6	7	8	9	10	99

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11

WHAT INFORMATION

20. You mentioned previously that you have taken medication for pain relief which included opioids. Just to clarify, of the medications you selected, these are the opioids:

INSERT CODE 2, 4, 6, 7, 8, 9, 10, 11 SELECTED AT Q9

What information did you receive about taking these opioids at the time? Please select as many options as apply. **MR, RANDOMISE CODES 1-4**

Code	Response	
1	How long to take the medication	GO TO Q21
2	How the medication will help	
3	The risks or side effects of using the medication	
4	What to expect next	
5	Other, please specify _____	GO TO Q22
6	I haven't received any information	
7	Unsure	GO TO Q22

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11 AND CODE 1 TO 5 AT Q20
INFORMATION SOURCE

21. Where did you receive the information from? Please select as many options as apply. **MR, RANDOMISE CODES 1-7**

Code	Response	
1	Doctor or GP	GO TO Q22
2	Chemist or pharmacist	
3	Specialist	
4	Surgeon	
5	Anaesthetist	
6	Dentist	
7	Friends or family	
8	Internet search	
9	Other, please specify _____	
10	Unsure	

ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11

REASON FOR OPIOID USE

22. What is/was your reason for taking opioids? Please select all that apply. **MR, RANDOMISE**

Code	Response	
1	To manage pain	GO TO Q19
2	After surgery	
3	For a long-term injury	
4	For recreational purposes	
5	Because a health professional prescribed it	
6	After a dental procedure	
7	Other, please specify _____	

ASK ALL

BEHAVIOUR CHANGE

23. How often do you [INSERT STATEMENT]? Do you do this always, sometimes or never? You can also respond with "I have never thought about doing this".

Q23b: And in future...

IF CODE 1: And do you intend to do this the same or less often?

IF CODE 2: And do you intend to do this more, the same or less?

IF CODE 3: And do you intend to do this the same or more often?

IF CODE 4: And do you intend to continue to never do this, or do it more?

		Q23a CURRENT BEHAVIOUR				Q23b FUTURE BEHAVIOUR		
		Always	Sometimes	Never	I have never thought about doing this	More	The same	Less
1	Seek information from a medical professional about opioid use	1	2	3	4	1	2	3
2	Think about how I manage pain	1	2	3	4	1	2	3
3	Consider how long I take opioids	1	2	3	4	1	2	3
4	Seek information from the internet	1	2	3	4	1	2	3
5	Consider pain management options other than opioids	1	2	3	4	1	2	3
6	ASK IF Q12 CODE 2, 4, 6, 7, 8, 9, 10, 11 Speak to friends or family about my opioid use	1	2	3	4	1	2	3
7	Speak to friends or family about their opioid use	1	2	3	4	1	2	3
8	Take opioids	1	2	3	4	1	2	3

ASK ALL

OPIOID HARM

24. How confident are you in understanding the harm that opioids use can cause? Please use a scale where 0 = not at all confident and 10 is very confident. **SR**

Code		0 = not at all confident	1	2	3	4	5	6	7	8	9	10 = very confident
------	--	--------------------------	---	---	---	---	---	---	---	---	---	---------------------

ASK ALL

OTHERS OPIOID USE

25. Does/has anyone else you know use(d) opioids? Please select as many responses as apply.

MR, RANDOMISE

Code	Response	Never	Sometimes	Regularly	Don't know/ Not applicable
1	Parent(s)	1	2	3	4
2	Child(ren)	1	2	3	4
3	Other family members	1	2	3	4
4	Friend(s)	1	2	3	4
5	Colleagues	1	2	3	4
6	Other, specify _____	1	2	3	4

ASK ALL
OPIOID ADVERTISING

26. Have you seen any advertising, or media cover like documentaries or articles, relating to opioid use? Please select one response. SR

Code	Response	
1	Yes	GO TO Q27
2	No	GO TO END
3	Not sure	GO TO END

ASK IF CODE 1 AT Q26
OPIOID COVERAGE DESCRIPTION

27. Please describe what you have seen? Where did you see this? Please be as descriptive as you can. Please enter your response below.

SECTION C: MANDATORY QMS REQUIREMENTS
CONCLUSION

That's the end of the survey. Thank you so much for your time, it has been greatly appreciated!

As this is market research, it is carried out in compliance with the Privacy Act and the information you provided will be used only for research purposes.

If you have any queries about the Market Research Industry as a whole, you can call the Market and Social Research Society's Survey Line on 1300 364 830.

Please click "SUBMIT" to send your responses.

QMS LOG OF CHANGES

Section	Details of Change/s	Date DD/MM/YY	By Whom
Q23b	Added intro text 'And in future...'	11/06/19	ND
Q23b, IF CODE 4 AT Q23	Added 'And do you intend to continue to never do this, or do it more?'	11/06/19	ND



From: DTF:Treasurer <treasurer.dtf@sa.gov.au>

To: "Government Relations" <GovernmentRelations@rtwsa.com>

Date: 28/06/2019 9:37:55 AM

Subject: Signed by Treasurer - TRS19D1308 - Final - Briefing on Green Slip- Opioid Awareness Campaign- Reach for the Facts - July 2019

Attachments: TRS19D1308 - Final.pdf

Good morning

Please find attached TRS19D1308 signed minute and ministerial approval form from the Treasurer.

Please note this has been sent to the Premier's Delegate and will be returned to your office once the ministerial approval form has been signed.

Kind Regards

Toni Fletcher

Correspondence Officer to the
Hon Rob Lucas MLC
Treasurer

Phone: 8226 1866
Department of Treasury & Finance
Level 8, 200 Victoria Square | ADELAIDE SA 5000

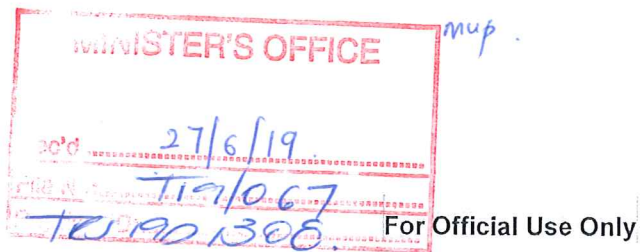


SOUTH
AUSTRALIA



Government of
South Australia

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Our reference: D19/1167640
Your reference: TRS19D1308

TO: TREASURER

**RE: URGENT - APPROVAL FOR OPIOIDS COMMUNITY AWARENESS CAMPAIGN
'REACH FOR THE FACTS'**

PURPOSE

To seek your approval for ReturnToWorkSA's prescription opioids community awareness campaign 'Reach for the facts' - to satisfy the Department of Premier & Cabinet (DPC) *Marketing Communication Guidelines*, as discussed with you at our meeting on 21 June 2019.

ISSUES

We ask that you indicate your approval by signing the attached form as a matter of priority, as advertisements have been booked from 1 July 2019 onwards.

Please refer to my briefing to you dated 4 June 2019 (your ref TRS19D1308) on this campaign that is a partnership with a wide range of community organisations.

This campaign has now been approved through DPC's process. DPC has requested you indicate your approval of the campaign on the attached form.

RECOMMENDATION

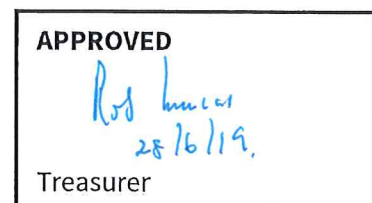
It is recommended that:

1. you sign the attached DPC communications approval form; and
2. your office forward on the form for the Premier's delegate's for signature at the earliest convenience to enable roll-out from 1 July 2019.

Rob Cordiner
Chief Executive Officer

27 June 2019

Contact Person: Julia Oakley, Executive General Manager
8233 2475 Julia.Oakley@rtwsa.com



Attachment: DPC Communications approval form

ReturnToWorkSA

400 King William Street Adelaide SA 5000 • GPO Box 2668 Adelaide SA 5001 • ABN 83 687 563 395

General Enquiries 13 18 55 • www.rtwsa.com



MINISTERIAL APPROVAL



Government
of South Australia

To: Treasurer

Campaign:	Reachforthefacts
Department:	ReturnToWorkSA
Campaign ID:	19-206
Responsible Officers:	Matthew Magarey, Matthew Magarey
Campaign Total Value:	\$496,411
Campaign Start:	01 July 2019
Campaign Completion:	30 June 2019
Evaluation Due:	01 July 2020
HoP Approval Date:	27 June 2019

Head of Profession Comments / Recommendations:

Return to Work SA (RTWSA) wish to conduct a campaign to promote the dangers of overuse and misuse of prescription opioid medication.

It is accepted that the side effects of these medications have the potential to increase the risk of injury or death, and adversely affect both recovery from injury and a safe return to work.

In South Australia, an official 2018 Report revealed accidental deaths due to pharmaceutical opioids for the period 2012 to 2016 was 136, almost double that for the period 2002 to 2006 and more than double the number of deaths attributed to heroin abuse.

It is my view that this public education campaign should be undertaken by SA Health. Nevertheless, RTWSA considers it suitable given its responsibilities under the Act. Upon my request, SA Health and the Minister for Health and Wellbeing have been made aware of RTWSA's intention to undertake this campaign. RTWSA has established a formal Steering Committee, whose membership has assisted in ensuring the communications convey accurate information. Despite my request to undertake an orthodox, and best practice process in developing government communications, RTWSA has elected to not attain community feedback on the proposed communications, and therefore, I do not endorse the concepts presented.

The final communications materials must be Noted on the CAP, and if requested, viewed by the Minister and Premier's Delegate prior to implementation.

Any increase in the total campaign budget, and / or significant deviations from the creative communications presented, will require further approval. An interim evaluation is due on or before 1 January 2020. A final evaluation is due on or before 1 July 2020.

IMPORTANT

This form must accompany the campaign materials required for Ministerial approval. Once approved by the Minister and noted by the Premier's Delegate, upload this form into the Communications Approval Portal. Enquiries: govcommunications@sa.gov.au

MINISTER'S APPROVAL

Approved ☒

Not Approved ☐

Name: Rob Lucas

Signed: Rob Lucas Date: 28/6/19

NOTED BY THE PREMIER'S DELEGATE

Name: _____

Signed: _____ Date: ____/____/____

TO THE BOARD FOR INFORMATION

OPIOID INITIATIVES

1. AIM

To provide the Board with background information about opioid related activities to date.

2. BACKGROUND

According to the Pennington Institute, an Australian public health research and drug policy organisation:

The number of Australians who die from accidental drug overdose each year continues to rise ... while it is possible to overdose on many different drug types, the class of drug that contributes most to fatal overdose is opioids.

Opioids are substances that produce morphine-like effects and are primarily used for pain relief, including anaesthesia. Tolerance for opioids develops over time, lessening their effectiveness and often resulting in a person increasing their dosage beyond the initially prescribed recommendation – this may be despite an individual's desire to cut down or stop altogether, resulting in chronic relapsing and addiction. The side effects of these medications (e.g. codeine, oxycodone or fentanyl) include: nausea and vomiting, constipation, respiratory depression, development of tolerance and dependence, drowsiness, and sexual dysfunction. Because of this opioids have the potential to increase the risk of injury, and adversely affect both recovery and safe return to work.

In 2017-18 the Scheme spent approximately \$2m on all medications, and approximately 25% of these costs are associated with opioids. There is a similar trend in 2018-19 as demonstrated by Table One below. Table Two highlights expenditure across the most common opioids reimbursed in the Scheme for 2016-17 and 2017-18, with Oxycodone the most prevalent.

Table One

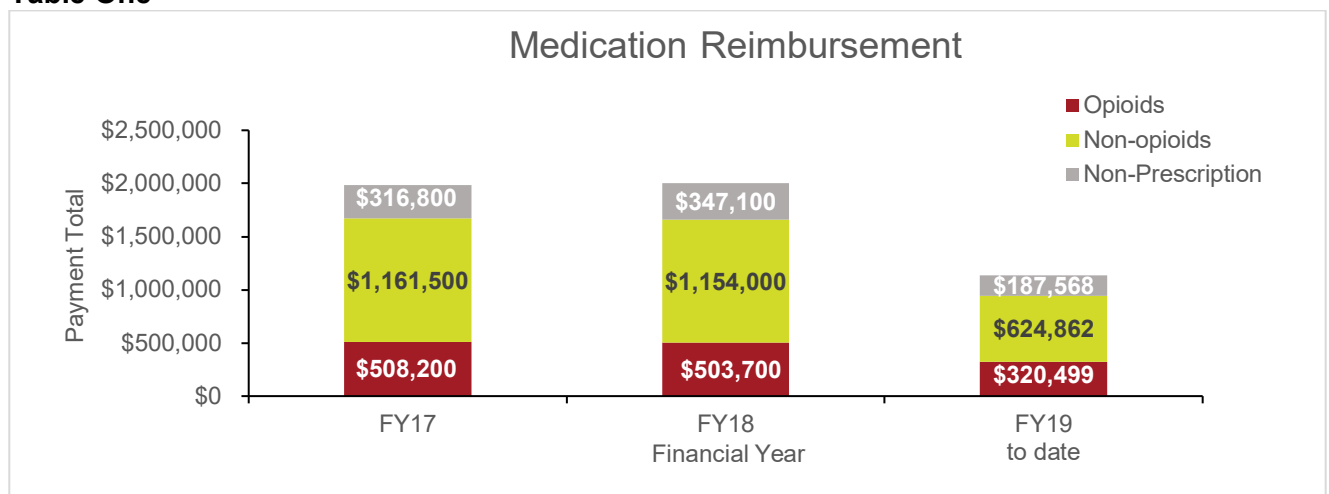
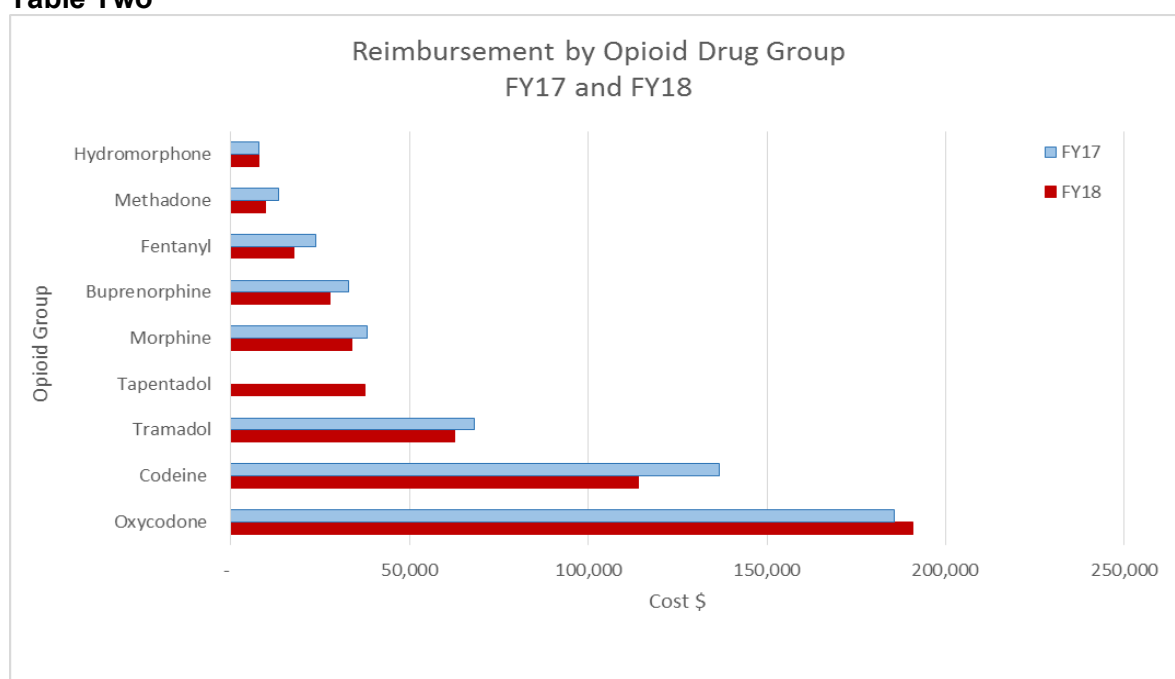


Table Two



Note the emergence of Tapentadol in 2017-18. Tapentadol is marketed as a new and improved version of Tramadol.

Our data indicates that work injured patients are often prescribed several opioids concurrently along with other medication for compensable and possibly non-compensable conditions. RTWSA acknowledges that opioid prescribing and use is an issue for the Scheme and the community more broadly.

3. CURRENT INITIATIVES

Over the last 2 years Regulation has implemented a number of initiatives to manage this issue, with the aim of supporting better use of prescription opioids and thereby reducing the risk of injury and optimising injured worker recovery and safe return to work. Those initiatives include:

- maintaining information and resources on the RTWSA website on opioids for workers, employers and health providers
- providing support, information and education to health providers through forums, accredited and non-accredited training sessions and clinic visits
- providing innovative and useful services for medical practitioners e.g. Second Opinion Pharmacy and Second Opinion Medicine and an accredited learning session on deprescribing with a pain specialist
- raising awareness of the impacts of sustained opioid use amongst injured workers
- raising awareness of and supporting non pharmaceutical treatments for pain.

3.1 Second Opinion Pharmacy

The Second Opinion Pharmacy (SOP) service was introduced in February 2018 to support treating medical practitioners to better manage the prescription and use of all medications for their work

injured patients. The service began with clinical pharmacists from SA Health's Drug and Therapeutics Information Service (DATIS) delivering the service and is now expanded to include two more service providers, one of whom is dedicated to providing support to medical specialists.

The SOP service consists of three essential services:

- In clinic information and advice to treating medical practitioners
- Telephone information and advice to treating medical practitioners
- In clinic patient medication reviews and advice

To increase accessibility, the service has now been expanded to include home based medicine reviews and a desk top medicine review for the treating medical practitioner. To date there have been 122 SOP services delivered.

3.2 Second Opinion Medicine Expansion

Second Opinion Medicine (SOM) is a well-established, non-medico-legal service for treating medical practitioners to obtain a rapid opinion from a specialist in relation to any aspect of diagnosis and treatment of their patient. There are currently nine providers who deliver this service covering the specialities such as occupational medicine, orthopaedics, psychiatry, pain medicine, rheumatology, neurology, and neurosurgery. In February 2018 we added addiction medicine to the SOM service to support GPs who may want assistance in this area. There have been no SOM referrals to addiction medicine to date.

3.3 Education and Support

Since our previous briefing to the Board in June 2018, Regulation has delivered webinars, workshops and clinic visits to raise awareness and support medical and allied health practitioners, practice managers and practice nurses to manage patients with pain and who may already be taking opioids. In order to raise awareness in the workplace RTWSA has extended this education to Return to Work Coordinators through the skill building program.

Specific initiatives include: a mail out to over 900 practice managers to highlight resources and support for medical practitioners, followed by a mail out to over 300 medical practitioners offering specialist support, clinic visits and a free and CPD accredited deprescribing workshop with a multi-disciplinary panel discussion. We also wrote to over 50 psychiatrists who regularly treat work injured patients, offering SOP services and an information session on the topic of interactions between psychotropic drugs and opioids. This session was held in early December and was well received by the 10 psychiatrists who attended.

RTWSA recognises work injured are often prescribed opioids post-operatively by their surgeon or specialist, which subsequently presents a challenge for their General Practitioner to manage. A

collaboration with SportsMed and Orthopaedics SA to raise awareness amongst surgeons of this issue has continued to develop. Through face to face sessions with clinic staff and surgeons the Regulation team (and the RTWSA Medical Advisor, Dr Chris Bollen) have not only been able to highlight the harms of opioid prescription for non-acute pain management but also offer strategies to better manage their patients. It is our understanding that SportsMed have undertaken a review of their post-surgical pain management protocol, specifically opioid prescription upon discharge, as a result of our presentation to them. We continue to strengthen these relationships by offering information and specialist/technical support where required, for example through our SOP program.

3.4 Partnerships and Collaborations

RTWSA has continued to partner with ScriptWise, providing support for and participating in their round table discussions in South Australia, which are attended by SA Health regulators, pharmacists, pain management specialists, RTWSA representatives, DATIS, Adelaide and Country Primary Health Networks.

RTWSA also partnered with the Country SA Primary Health Network to deliver a one day intensive program on pain management for health professionals in regional areas including presenters from pharmacy, psychology and physiotherapy disciplines. To date this program has been held in Mount Gambier, Port Lincoln and the Riverland. The program will conclude with sessions in Murray Bridge and the Barossa. These sessions have been well attended and received positive feedback.

Since June 2018 RTWSA has also formed partnerships with the following organisations and will continue to share resources and collaborate where possible:

- Drug and Therapeutics Information Service (SA Health)
- Australian and New Zealand Society of Occupational Medicine
- National Central of Education and Training on Addiction
- Faculty of Pain Medicine, Australian New Zealand College of Anaesthetists
- Royal Australian and New Zealand College of Psychiatry, SA Branch
- Pharmaceutical Society of Australia
- NPS MedicineWise
- University of South Australia (School of Pharmacy)

4. PROPOSED INITIATIVES

4.1 Role of RTWSA

It is clear that opioid misuse is a risk to the Scheme, both in relation to increasing the risk of injuries/claims, and through adverse impacts on recovery and return to work. It affects the entire community, including as a growing problem in aged care. Education and support for medical and

allied health practitioners is slow to effect change, and needs to be complemented by increased community awareness. RTWSA has the capacity to fund such a campaign, whereas the other organisations working in this space are government or not for profit organisations with limited and overstretched resources.

The *Return to Work Act (2014)* includes in its Objects (section 3) the following objectives:

- (2)(d) to reduce the overall social and economic cost of work injuries to the State and to the community; and
- (e) to support activities that are aimed at reducing the incidence of work injuries

The *Return to Work Corporation of South Australia Act (1994)* includes in the Functions of the Corporation (section 13) the following:

- (b) to provide resources to support or facilitate the formulation of standards, policies and strategies that promote work health, safety or welfare; and
- (c) to promote the recovery of persons who suffer injuries arising from employment and to facilitate their early return to work; and
- (k) to initiate, carry out, support or promote research, projects, courses, programs, activities or other initiatives relating to—
 - (i) work health, safety or welfare; or
 - (ii) work-related injuries; or
 - (iii) workers recovery and return to work in cases involving work-related injuries; or
 - (iv) workers compensation; and
- (ka) to support activities and other initiatives relating to work health, safety or welfare.

It is evident that the governing legislation supports RTWSA's potential involvement in programs to reduce the cost and incidence of work injuries and improve work health, safety and welfare. The campaign we are proposing meets these criteria.

4.2 Proposed Community Campaign

Despite our efforts, and those of the organisations listed above, raising awareness and changing behaviour in relation to opioids is a slow and difficult task. Whilst several community campaigns launched in the United States support the recently declared national Public Health Emergency for Americans, there are no easily accessible online resources directly related to the risks of misusing prescription opioids and drugs of dependence for Australian consumers. This was acknowledged by the NSW Deputy State Coroner, Harriet Grahame, in her recent report on 6 opioid related deaths:

2. New South Wales has a significant and growing problem with opiate and opioid overdose. While figures are notoriously difficult to interpret, it is clear that the number of deaths is continuing to increase. 2016 recorded the highest number of drug deaths in twenty years. Many of these deaths were caused by a combination of drugs, including prescribed opioids, heroin and benzodiazepines.

3. *If the death rate continues to trend upwards, as it has in the United States, the annual death toll could reach many thousands over the next five years.*
4. *While we recognise the trend, we appear to have few coordinated strategies to address this problem. This is particularly frustrating when one examines the positive effect of coordinated, whole of government approaches in other policy areas. Any examination of road death statistics, for example, will show how effective a coordinated approach can be at reducing harm and death. And yet, in relation to opioid overdose, creative thinking at a government level appears to have stalled. (March 2019)*

To address this gap, RTWSA has been working with the partners listed above to develop a broad based community campaign that aims to raise the awareness of the risks associated with the long-term use of prescription opioids. The intended impacts include better informed consumers seeking more information about opioids and alternatives, increased awareness of the effects of opioids, more people seeking support to cease or reduce opioid use (where medically appropriate), a change in prescribing behaviours, and a shift to alternate options for safe and effective pain management.

A detailed presentation on the proposed campaign will be provided at the Strategic Planning Day on 9 April, including the creative concepts for the campaign that have been developed in conjunction with ShowPony Advertising.

5. BUDGET IMPACT

Estimated campaign costs for 2019-20 are approximately \$400,000, subject to Board approval. This has been included in the draft 2019-20 budget and within targeted Claims Handling Expense.

6. RECOMMENDATION

That the Board note this report and consider the presentation that will be provided on 9 April.

Endorsed:

Julia Oakley
Executive General Manager

Approved:

Rob Cordiner
Chief Executive Officer
9 April 2019

TO THE BOARD FOR INFORMATION

OPIOID INITIATIVES – AUTHORITY FOR RTWSA FUNDING

1. AIM

To provide the Board with a summary of the justification for RTWSA funding a community awareness campaign about the risks of prescription opioids.

2. BACKGROUND

At the Strategic Planning Day on 9 April 2019 there was endorsement for RTWSA's involvement in a multi-agency community awareness campaign aimed at minimising the harm from misuse of opioids. It was agreed that the justification for RTWSA funding an opioid community awareness campaign would be summarised in a document for the Board.

3. DISCUSSION

It is clear that opioid misuse is a risk to the Scheme, both in relation to increasing the risk of injuries/claims, and through adverse impacts on recovery and return to work. Opioids are associated with the 8% of injured workers who have not been able to recover and return to work after one year of financial support on the scheme. These 8% of injured people are also the cohort with the highest cost claims in the short term scheme.

The impact of opioids affects the entire community, including as a growing problem in aged care. Education and support for medical and allied health practitioners is slow to effect change, and needs to be complemented by increased community awareness. RTWSA has the capacity to fund such a campaign, whereas the other organisations working in this space are government or not for profit organisations with limited and overstretched resources.

The authority for RTWSA to engage in this campaign is contained in the two acts of Parliament that govern our operations.

The ***Return to Work Act (2014)*** includes in its Objects (section 3) the following objectives:

- (2)(d) to reduce the overall social and economic cost of work injuries to the State and to the community; and
- (e) to support activities that are aimed at reducing the incidence of work injuries

The ***Return to Work Corporation of South Australia Act (1994)*** includes in the Functions of the Corporation (section 13) the following:

- (b) to provide resources to support or facilitate the formulation of standards, policies and strategies that promote work health, safety or welfare; and

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- (c) to promote the recovery of persons who suffer injuries arising from employment and to facilitate their early return to work; and
- (k) to initiate, carry out, support or promote research, projects, courses, programs, activities or other initiatives relating to—
 - (i) work health, safety or welfare; or
 - (ii) work-related injuries; or
 - (iii) workers recovery and return to work in cases involving work-related injuries; or
 - (iv) workers compensation; and
- (ka) to support activities and other initiatives relating to work health, safety or welfare.

The *Return to Work Act* (s135) provides that the Compensation Fund will be applied towards-

- (d) the costs incurred by the Corporation in performing its functions or discharging any liability under this Act.

It is evident that the governing legislation supports RTWSA's potential involvement in programs to reduce the cost and incidence of work injuries and improve work health, safety and welfare. The campaign we are proposing meets these criteria. The cost of approximately \$400,000 for 2019-20 has been included in the draft budget and is a proper use of the Compensation Fund in accordance with section 135 of the Act.

Endorsed:

Julia Oakley
Executive General Manager

Approved:

Rob Cordiner
Chief Executive Officer
29 April 2019

What can we do to address the unmanaged,
chronic use of Prescription Opioids?

How can we educate on the
dangers of Prescription Opioids?



www.getclear.com

Title 1

Title 2

Title 3

Title 4

In 1815, the prisoners work at hard labour ("Work Song"). After 19 years in prison (five for stealing bread for his starving sister's son and her family, and the rest for trying to escape), Jean Valjean, "prisoner 24601", is released on parole by the policeman Javert. By law, Valjean must display a yellow ticket-of-leave, which identifies him as an ex-convict ("On Parole").

TITLE 1

In 1815, the prisoners work at hard labour ("Work Song"). After 19 years in prison (five for stealing bread for his starving sister's son and her family, and the rest for trying to escape), Jean Valjean, "prisoner 24601", is released on parole by the policeman Javert. By law, Valjean must display a yellow ticket-of-leave, which identifies him as an ex-convict ("On Parole").

TITLE 2

In 1815, the prisoners work at hard labour ("Work Song"). After 19 years in prison (five for stealing bread for his starving sister's son and her family, and the rest for trying to escape), Jean Valjean, "prisoner 24601", is released on parole by the policeman Javert. By law, Valjean must display a yellow ticket-of-leave, which identifies him as an ex-convict ("On Parole").

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SA Health

Return to Work SA

AMA
SOUTH AUSTRALIA

RACGP
Royal Australian College of General Practitioners

- "Did you know"
- Stats and data
- "What do Opioids do"
- "Where can I turn?"
- Support for non-users

- "Need Immediate Help"

- Resources/Education Pieces

- Alternative pain management options

- Worried about friend/family

- Testimonials

- Screening/Qualifiers

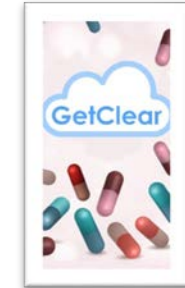
- Withdrawal advice

- Goal Setting / Strategies

- How do I have the conversation?
- Resources and contacts
- Where to for further support



www.getclear.com



Phone App.



- Goal Setting
- Motivational Notifications
- "Crisis Control"
- Resource Contacts



Title 1

Title 2

Title 3

Title 4

In 1815, the prisoners work at hard labour ("Work Song"). After 19 years in prison (five for stealing bread for his starving sister's son and her family, and the rest for trying to escape), Jean Valjean, "prisoner 24601", is released on parole by the policeman Javert. By law, Valjean must display a yellow ticket-of-leave, which identifies him as an ex-convict ("On Parole").

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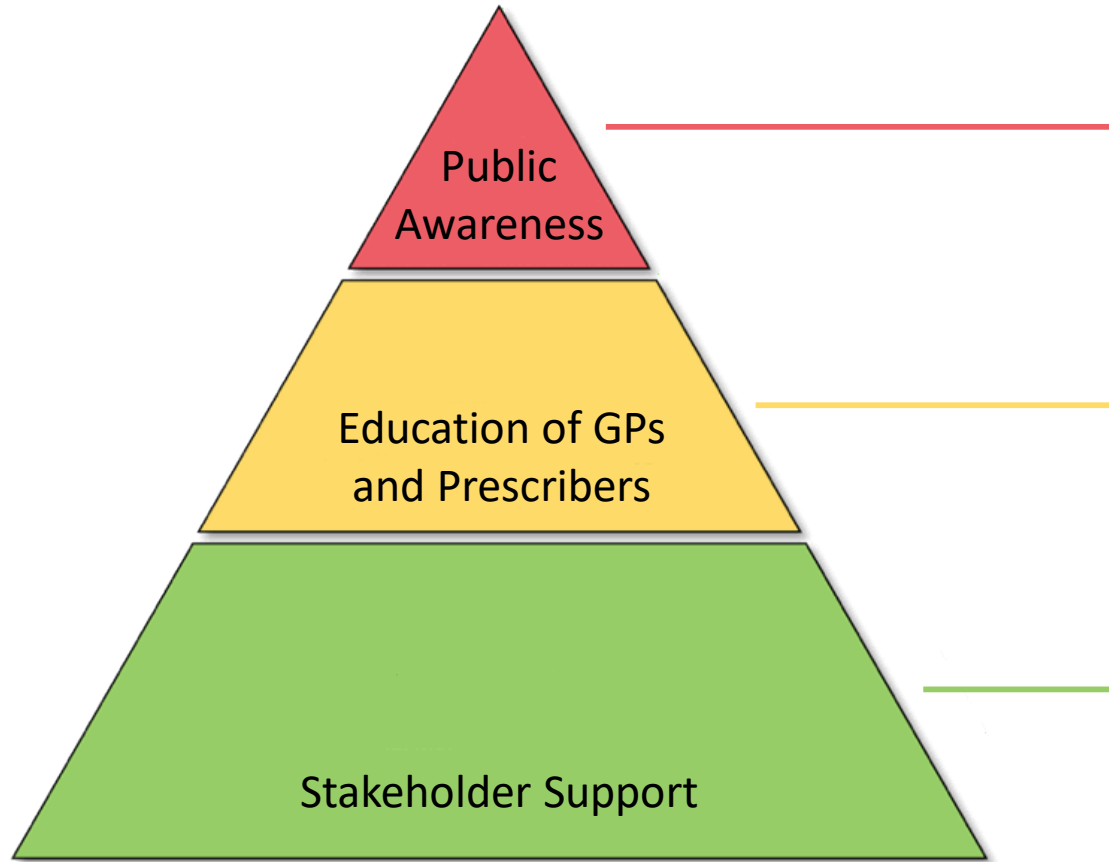
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Dangers of Prescription Opioid Use – Campaign Summary



- Increase the awareness of the risks of taking prescription opioids.
 - Call to action; Speak to your GP about options
-
- Increase the GPs (and other prescribers) understanding of the risks of prescription opioids
-
- Develop support for the campaign across stakeholders (Minister, CEO/ELT, SA Health/DASC, RACGP ScriptWise, Dental association etc)

	Public	Prescribers	Stakeholders
Objective	To raise the awareness of the dangers of long term use and addiction to prescription opioids.	Increase the level of prescribers understanding of the risks of prescription opioids.	Raise the awareness of the importance of educating the public and health system about the dangers of prescription opioids and its cost to the community to develop a level of support for the campaign.
Target audience	25-54 year olds	GPs & other prescribers	Minister, CEO/ELT, SA Health, RACGP, ScriptWise
Strategy summary	Work with a creative agency to develop a campaign to air on mass and targeted media/social to raise awareness of the dangers of prescription opioids. Provide second level of information on the internet.	Educate GPs/prescribers about the dangers of opioid prescription and available options for patients. Inform this group that we are providing information to the public and suggesting they talk to their GPs. Direct mail/email and education online and face to face.	Engage with stakeholders to seek their assistance and support with the development, approval and implementation of the campaign.
Call to action	Talk to you GP about options	Look for options when managing patient's long term pain.	Support the campaign and assist in its facilitation.
Channels	Mass media, social media, contextual media and internet.	Direct mail/email and education online and face to face.	Briefings, face to face meetings
Evaluation	Number of visits to web support pages. Social media measures.	Number of GPs that attend face to face education sessions and online education sessions.	Support and collaboration provided.



BLACKSHEEP



Your life is riding on this

When you're driving there's only the equivalent of one handprint of tread connecting each of your tyres to the road. Think about that, your family, your lives, all literally riding on that single palm print. So when it comes to choosing tyres for your car, put yourself in safe hands.



come and see our baby lions.



Waiting is not an emergency.

Let us treat the people who need it most, first.



Reach **25 Million**

Views **14 Million**

Interactions **500K +**

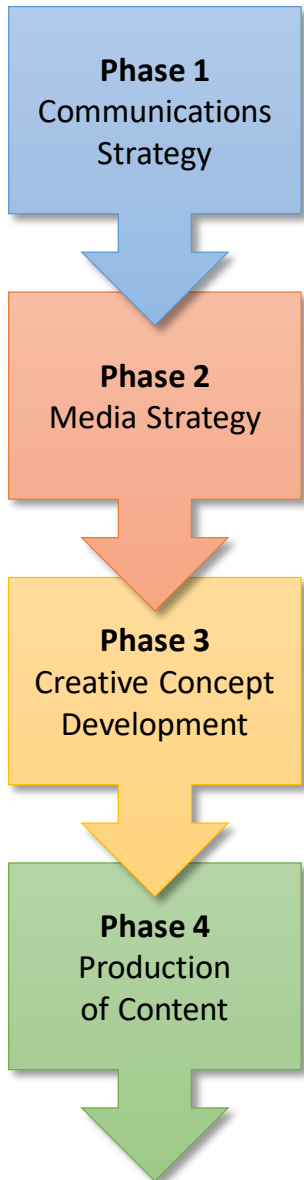
Shares **120K**

Comments **50k**

National Media coverage



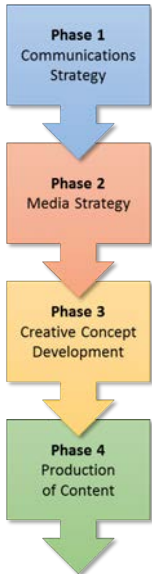
Experience in behavioural change campaigns...



- **How do we appeal to our target audiences to raise awareness**
Understand the problem within the minds of our target audiences.
How can we influence this?
- **Determining Media/Channels to convey the right message at the right time**
How do we leverage from the audiences needs, habits, values
and the role of media plays in their world
- **Developing the creative hooks/ideas to make our message stick**
Build tone and personality – How does the brand engage with the audience?
Frame distinctive benefits – How does the brand highlight its features?
Apply consistent hallmarks – How does the brand remain familiar?
- **Creating assets to support and deliver the brand and message**
Creation and production of key assets based on creative concept.



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ADVERTISING EST. 1996



Questions?

From: "Oakley, Julia" <Julia.Oakley@rtwsa.com>
To: "Scanlon, Anne" <Anne.Scanlon@rtwsa.com>
Date: 31/05/2021 3:07:47 PM
Subject: FW: GCAC Response to Submission - Reach for the Facts

Julia Oakley

Executive Leader Regulation
ReturntoWorkSA
400 King William Street Adelaide SA 5000
Phone: 08 8233 2475
Mobile: 0407 662 196
www.rtwsa.com | julia.oakley@rtwsa.com

From: Mackie, Lauren (DPC)
Sent: Monday, 2 November 2020 2:02 PM
To: Oakley, Julia ; Penley, Joshua ; Flower, Julianne
Subject: RE: GCAC Response to Submission - Reach for the Facts

Hi Julia

Below is the words from the 'green' approval slip on the CAP.

Regards
Lauren

“Communications / Activation Plan: GCAC approved the communications plan to be activated.

Creative: GCAC approved the creative concepts to move to production.

Media Plan: GCAC approved the media plan to be implemented.

Final creative for all phases is to be uploaded and approved on the CAP ahead of implementation.
Any increase in the total campaign budget, and / or significant deviations to what was presented to GCAC, will require further approvals via the CAP.

A final campaign evaluation is due on or before 14 January 2022.”

From: Oakley, Julia <Julia.Oakley@rtwsa.com>
Sent: Monday, 2 November 2020 1:58 PM
To: Mackie, Lauren (DPC) <Lauren.Mackie@sa.gov.au>; Penley, Joshua <Joshua.Penley@rtwsa.com>; Flower, Julianne <Julianne.Flower@rtwsa.com>
Subject: RE: GCAC Response to Submission - Reach for the Facts

Thank you Lauren

Josh and Julianne are both on leave and I don't have access to the CAP – can you please confirm this means our submission is approved?

cheers

Julia Oakley

Executive General Manager
ReturntoWorkSA

400 King William Street Adelaide SA 5000
Phone: 08 8233 2475
Mobile: 0407 662 196
www.rtwsa.com | julia.oakley@rtwsa.com

From: Mackie, Lauren (DPC) <Lauren.Mackie@sa.gov.au>
Sent: Monday, 2 November 2020 1:54 PM
To: Penley, Joshua <Joshua.Penley@rtwsa.com>; Flower, Julianne <Julianne.Flower@rtwsa.com>; Oakley, Julia <Julia.Oakley@rtwsa.com>
Subject: GCAC Response to Submission - Reach for the Facts

Good afternoon Julia, Julianne and Josh
Thank you for the presentation to GCAC on 23 October 2020 on the Reach for the Facts campaign and for providing additional information to the Committee.
You may now access your response to submission that outlines your approval from the [CAP](#).

A gentle reminder that your final assets must be uploaded onto the CAP with sufficient time for consideration by the Chair Delegate, prior to the activity entering the public domain.
Kind regards
Lauren

Lauren Mackie
Manager, Whole of Government Operations
Government Communications
Department of the Premier and Cabinet

☎ (08) 8429 5036

✉ lauren.mackie@sa.gov.au dpc.sa.gov.au

📍 Level 12, State Administration Centre, 200 Victoria Square (Tarntanyangga),
ADELAIDE SA 5000

GPO Box 2343, ADELAIDE SA 5001

DX 56201

(I do not work on Wednesdays)



The Department of the Premier and Cabinet acknowledges and respects Aboriginal people as the State's first people and nations, and recognises Aboriginal people as traditional owners and occupants of South Australian land and waters



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