

Letters

Chronic pain, opioids and opioid dependence: The patient experience and our responsibility

The paper 'A qualitative analysis of a nationally representative survey of the state of chronic non-cancer pain management in Australia' by Bindicsova et al (*AJGP* Sept 2025), well describes the issues people face with chronic pain management. Participants raised concerns about being labelled 'drug seeking' and 'addicts'. These labels are associated with adverse experiences accessing care. Indeed, people with inadequately treated chronic pain will seek assistance, including medication. Are they 'drug seeking'? The term 'drug seeking' implies deceit and manipulation, and this is associated with addiction, an umbrella term that is better clinically described in the ICD-11 (International Classification of Diseases 11th Revision) as opioid dependence.¹

Unfortunately, the development of opioid dependence is a common side effect of long-term prescribed opioids, and left undiagnosed and untreated, can cause significant morbidity and mortality.² It can occur in people both with and without a history of opioid dependence. The prevailing dichotomous approach of a genuine pain patient versus a drug seeking patient is unhelpful. We need to listen to our patients and hear their concerns, and we must also ensure that they receive accurate diagnoses. This requires honest and curious conversations, as well as ongoing assessments, to ensure that the medicines we prescribe are not causing harm. It is clear these conversations are difficult for both patients and doctors.³ The development of opioid dependence is not a weakness or a personal attribute; it is a chronic medical condition. Fortunately, we have excellent opioid dependence treatment options with methadone and buprenorphine. While there are jurisdictional differences, these Pharmaceutical Benefits Scheme (PBS)

medicines can be prescribed by general practitioners throughout Australia.⁴ We need to assess and manage dependence for our patients who develop this if we are to ensure that people with chronic pain who are prescribed opioids do not come to harm.⁵ In addition, we need to ensure that non-pharmacological options for the treatment of chronic pain are accessible both financially and geographically for our patients.

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