

# In a glimpse

JULY 2023

## Prescribing practices and use of opioid analgesics: a sociological analysis

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The study on the use of analgesic opioid medicines (EMOA) by the French Monitoring Centre for Drugs and Drug Addiction (OFDT) examines their prescription in general practice and the experiences of who consider themselves to be having difficulty with them in the treatment of chronic pain unrelated to cancer in France. Based mainly on in-depth interviews with 23 general practitioners (GPs) and 25 patients, it analyses, on the one hand, prescribing practices, by examining the decision to prescribe (and deprescribe) opioid analgesics and, on the other hand, patients' medication pathways, by examining the place of these drugs in their life and health trajectories. This research analyses the difficulties encountered by doctors in the prescribing process (particularly in stopping or continuing prescriptions when they are not responsible for initiating them), and those associated with prolonged, regular, or recurrent use by patients.

In the first part, the study analyses the existence of three attitudes adopted by GPs with regard to the management of situations involving an analgesic opioid that they identify as problematic. These attitudes are closely linked to the organisational context in which doctors practice:

- Firstly, an “internalisation” of problems with analgesic opioid drugs, when professionals are involved in interdisciplinary teams and can mobilise the resources and means to deal with them on the spot (particularly in multi-professional healthcare centres).
- Secondly, there is a tendency to “externalise” problems with opioid analgesics, when patients are referred to colleagues deemed to be more competent (a position generally adopted by professionals working in private practice in isolation).
- Finally, a “minimisation” of problems with opioid analgesics (and in particular of their seriousness), when cases of dependence or addiction (two terms they use indiscriminately) are referred exclusively to pain specialists (a position which includes young graduates practising in health centres and professionals at the end of their careers who have practised mainly in private practice).

In the second part, the study examines patients' medication pathways, focusing on two of their particular demands: on the one hand, a need to relieve the suffering that accompanies the pain; and on the other hand, an increased need for coordinated care. If an opioid analgesic is initially introduced to relieve pain, it is most often continued because it allows patients to continue to fulfil their professional and family roles and requirements. These patients with treatment difficulties are often women with complex cases of chronic pain (as part of co-morbidities), living in rural and semi-rural areas - described as “medical deserts” - where they experience a distant relationship with their GPs, characterised by a lack of exchange, assessment, or therapeutic monitoring.

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The study shows that the difficulties associated with prescribing practices can be explained by taking into account GPs' involvement of the drug dependency or addiction. Above all, it shows that the main difficulty encountered by GPs is due to the sharing of responsibilities with other healthcare providers in the treatment process. Difficulties in cooperation between healthcare providers in the healthcare system also have the effect of fragmenting patients' life and health paths.

### Further reading (in French)

The report [Pratiques de prescription et d'usage d'antalgiques opioïdes : une analyse sociologique](#), 104 p.

*Tendances* no.156, [Pratiques de prescription d'antalgiques opioïdes en médecine générale](#), 8 p.  
[Summary in English available in the form of *In a glimpse: Prescribing opioid analgesics in general practice: results of the Study on the use of analgesic opioid medicines (EMOA)*, 2 p.]

The OFDT webinar – [Opioïdes : état des lieux des usages et mésusages en France et au Québec](#) [Opioids: an overview of use and misuse in France and Quebec] (video)