Illicit use of fentanyl patches in rural Australia: challenges of harm reduction

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Background: Fentanyl is a synthetic opiate with powerful pain-killing and tranquillising properties. Fentanyl transdermal patches are used for the management of chronic pain. Australia has seen a steady increase in the prescribing and non-medical use of prescription opioids (Rintoul, Dobbin, Drummer & Ozanne-Smith 2010), most recently fentanyl in the form of long-acting patches. From 2000 onwards, the deaths in Australia associated with fentanyl have increased (Roxburgh et al. 2013). Additionally, these deaths appear to be over-represented in rural areas (Roxburgh et al. 2013).

Non-medical use of fentanyl can involve high risk preparation and administration methods. Further, no rural Australian drug user-focused research has been published to date, and the drug and alcohol workforce is without adequate resources to assist them to discuss risk reduction options with fentanyl-injecting clients. There is an urgent need to increase the capacity of frontline workers and policy makers to understand fentanyl and its use by illicit drug users so that they can more effectively reduce associated harms.

Aim: The study aimed to investigate how and why people use fentanyl for non-medical reasons in rural NSW, Australia and; to identify strategies that may mitigate risks and associated harms.

Method: Semi-structured interviews exploring rural fentanyl users’ (n = 14) experiences of obtaining, preparing and using fentanyl were conducted. A narrative analysis identified key points around participant’s harm reduction practices, perceptions and experiences with using fentanyl.

Results: Themes relating to participants’ accounts of learning to use fentanyl, experiences of harms and benefits, sources of information about harm reduction and strategies for controlling or stopping use are described. Peer networks were identified as key channels of information but rarely included internet user groups or sharing of formal information.

Conclusion: In rural communities, beliefs and practices about obtaining and using fentanyl are transmitted and reproduced across groups of illicit drug users, amplifying and distorting information about methods and harms of fentanyl use. Peer networks are critical sites of harm reduction action that are challenging to infiltrate in the rural context where dispersed populations, distance and risks associated with disclosing illicit drug use are significant barriers to disseminating harm reduction information.

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