

EDITORIAL

SUSTAINABLE RESPONSE TO PRESCRIBED OPIOID MISUSE

It is indisputable that Australia is caught in an epidemic of prescribed opioid misuse, yet this issue is only now making it onto the political agenda. It is also indisputable that nearly all opioid prescribing has its origins in efforts to manage acute or chronic pain, yet the public discussion about how we could manage pain better and more safely is in its infancy.

Pain has a huge, but little recognised, effect in our communities. New research indicates that 3.24 million Australians today live with chronic pain (i.e. persistent or recurrent pain that lasts for 3 months or longer) (Painaustralia, unpubl. data, 2019). Pain can have a defining effect on people's quality of life and participation in community, work and education. It also represents a significant burden to the economy, and a major pressure on our healthcare system.

Many Australians living with pain are currently unable to access best-practice pain assessment and management. Pain specialists are well equipped to deal with chronic pain, but are few in number, with just over 300 specialists across the country.¹ Consequently, the vast majority of people with pain are supported through primary care. Although better access to pain clinics and specialists is important, appropriate pain assessment and care at the primary level is critical.

People experiencing pain need access to multidisciplinary teams involving a wide range of health professionals (specialists where needed, but also general practitioners, primary care nurses, pharmacists, clinical psychologists, psychiatrists, physiotherapists and other allied health practitioners) who are well trained and supported to deliver evidence based pain assessment and management.

However, evidence suggests clinicians' practice in responding to common pain conditions, like low back pain, is outdated,² and that many clinicians would benefit from targeted training to deliver better assessment and care for people with pain (Painaustralia, unpubl. data, 2019).

Currently, there is heavy reliance on pharmaceuticals for pain management, with over 68% of GP attendances for pain resulting in a prescription (Painaustralia, unpubl. data, 2019). Overreliance on opioids to manage pain is a particular concern that is most likely to occur when GPs are unfamiliar with alternative care pathways or because GPs know that, in cities, access to pain centres can take years and that outside of cities pain centres are simply unavailable (Painaustralia, unpubl. data, 2019).

Opioid prescribing in Australia increased by 30% between 2009 and 2014,³ and opioids have been prescribed in some regional areas at 10 times the rate of metropolitan areas.⁴ Given that opioid-induced deaths nearly doubled between 2007 and 2016,⁵ and that in 2016 opioid deaths accounted for 62% of all drug-induced deaths,⁵ ensuring safe and effective use of these medications must be a high priority (Painaustralia, unpubl. data, 2018). It is estimated that more than 47 lives could be saved each year from a nationwide GP education program addressing chronic pain and opioids, delivering a benefit : cost ratio of more than 4.6:1. (Painaustralia, unpubl. data, 2019).

Problems with opioid misuse need to be considered in the broader context of pain management. A comprehensive and evidence-based blueprint to address chronic pain is now available, in the form of Australia's first ever National Strategic Action Plan for Pain Management (Painaustralia, unpubl. data, 2018). This Action Plan has been developed with extensive consultation with health and medical practitioners and consumers, and aims to improve the quality of life of people living with pain, and to minimise the pain burden for individuals and the community.

The Action Plan identifies that GPs, pharmacists and other healthcare professionals need improved education and training, as well as better decision support systems and tools, to equip them to deliver improved pain management (Painaustralia, unpubl. data, 2018). The Action Plan also points to the need to provide consumers with timely access to specialist pain services and to inform, support and empower consumers to understand and manage pain better themselves (Painaustralia, unpubl. data, 2018). Substantial evidence shows that people with chronic pain who are engaged in active approaches to managing their pain have less disability than those who rely on medication or surgery.⁶ Challenging beliefs about pain treatment, including beliefs about the need for opioids, scans and surgery, helps build consumer resilience and produce better health outcomes.⁷

In primary care, developments like real-time prescription-monitoring systems have a role to play in reducing the number of overdose-related deaths. Similarly, the Pain MedsCheck program (<http://6cpa.com.au/pharmacy-trial-program/chronic-pain-medscheck-trial/>, accessed 14 December 2018) opens a dialogue between pharmacist and consumer. However, these initiatives can only be effective if they are underpinned by better awareness about holistic pain management treatment, specific

health professional education and training about alternatives to opioid prescriptions and effective and accessible pain management treatment alternatives.

Chronic pain is a pervasive, complex condition. An overreliance on opioid medications combined with a lack of access to treatment and/or knowledge of pain management is preventing Australians from getting the best possible care and most effectively reducing their pain. This is a condition that needs leadership and investment if we are to avoid a US-style opioid crisis in Australia.

Conflicts of interest statement

The author declares no conflicts of interest.

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