

THE TENSION

— THAT COMES WITH —

PAIN



## Increased controls over opioid use have created a few headaches in community pharmacy.

By Nerine Zoio.

**P**ainaustralia CEO Carol Bennett has drawn attention to the problems that have emerged in pain management following tighter regulation of opioid use in Australia.

“It’s not the reforms that are problematic, and in fact they’re necessary in many instances given the level of harm, but rather the interpretation of them by health practitioners who may decide that a rapid reduction is warranted, causing more harm,” she told *Retail Pharmacy*.

The opioid codeine was available over the counter until being restricted to prescription-only in 2018 as a result of the ever-increasing rates of harm and death related to its use as an OTC product.

This up-scheduling, strongly supported by Painaustralia, was followed by the TGA implementing more stringent opioid controls, including restricting the use of fentanyl patches to patients with cancer in palliative care or under “exceptional circumstances” in August 2019.

Painaustralia also supports the latest round of reforms, aimed at the most harmful use of opioids, Ms Bennett says.

“Our concern is more about the impact of the reform agenda if it doesn’t go hand in hand with consumer and health professional awareness, as well as the availability of support and services to replace opioid treatments,” she said.

Ms Bennett emphasises that not all opioids affect people in the same way, with differences apparent between efficacy, adverse effects and toxicity as well as risk of dependence.

“There’s no evidence that atypical opioids are more effective – yet,” she said. “Individuals respond differently to different medications, including different types and strengths of opioids. The evidence is still not clear that certain types of opioids, such as atypical opioids, are more effective, have fewer adverse effects and reduce toxicity. More definitive research would be required to prove this.”

Better pain management awareness, she adds, could help avoid some negative consequences of opioid use for chronic pain conditions, keeping in mind that, overall, opioids play a much smaller role in the management of chronic

non-cancer pain than they do in severe acute pain and cancer pain.

“Regardless of differences, there’s a bit of a general feeling that we’ve gone too far in the direction of opioid regulation, and this has consequences for people in pain, from injuries to post-surgery acute pain, who are missing out when it comes to pain management,” Ms Bennett said.

“There’s also a group of people in chronic pain who’ve been on opioids for a long time and who’ve been suddenly told they must come off them, in some instances in a tapered way, which should happen, and in some instances in an abrupt way, which can be traumatic.”

Ms Bennett says she believes the regulations are appropriate in targeting use of high-strength medications such as fentanyl, and that it’s also appropriate for government to carefully consider smaller pack sizes for people leaving hospital who aren’t opioid dependent.

“There’s a bit of a general feeling that we’ve gone too far in the direction of opioid regulation, and this has consequences for people in pain.”

Overall, she stresses, it’s not the regulations that are inappropriate, but rather the “overreach” response from some health professionals when restrictions are applied to specific medications.

“It can become a knee-jerk reaction where a health professional becomes so concerned with their role as a drug prescriber that when they encounter restrictions or regulations they pull back or feel they need to be more cautious, without really being sure of the reasons why or how to manage pain per se,” Ms Bennett said.

“So, it’s not about the appropriateness of the regulations, but more about the responses to the regulations and what support services are available in the instances where people don’t get appropriate pain management. Those are the issues.”

### The cost of pain

The Deloitte Access Economics report, ‘The cost of pain in Australia’, launched by Health Minister Greg Hunt last year, highlighted many key findings, such as:

- 3.24 million Australians lived with chronic pain in 2018 (53.8 per cent women and 68.3 per cent of working age).
- Pain restricts the activities that most (56 per cent) Australians can undertake.
- The total financial cost of chronic pain in Australia in 2018 was estimated to be \$73.2 billion, comprising \$12.2 billion in health system costs, \$48.3 billion in productivity losses, and \$12.7 billion in other financial costs, such as informal care, aids and modifications, and deadweight losses.

Ms Bennett says the report also shows that people with chronic pain experience a substantial reduction in their quality of life, with the cost estimated at an additional \$66.1 billion, and that the costs of chronic pain are expected to increase from \$139.3 billion in 2018 to \$215.6 billion by 2050 (in 2017-18 dollars).

Chronic pain conditions range from back pain, musculoskeletal headaches and migraines, to endometriosis and difficult and tricky conditions such as complex regional pain syndrome (CRPS), fibromyalgia, nephritis, or certain injuries.

“Conditions like migraines, endometriosis, joint and hip and musculoskeletal pain are widespread and constitute a high burden on society,” Ms Bennett said, “while others like CRPS, nerve pain, pelvic pain, abdominal pain, facial pain and persistent post-surgical pain are debilitating and require a high level of skill to manage but don’t affect that many people.”

In Australia, she adds, a condition that especially stands out is back pain, which mainly affects the middle aged, especially women, in the workforce, causing huge productivity losses and worker compensation claims.

“Pain can be the cause of some of the conditions or it can be a condition in its own right, with people having diverse pain conditions and differing responses to conditions and treatment,” Ms Bennett said.

“The biopsychosocial conditions around pain are incredibly complex, making biomedical interventions alone unlikely to be useful, and it often requires a long time to diagnose pain, then treatments can be difficult to target and get right, to help patients to function.”

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Also, she points out, the longer pain remains untreated, the greater the risk of the body becoming sensitised to pain, and the pain becoming chronic, so timely and effective treatment of acute pain is essential to prevent transition to chronic pain.

The statistics show that referrals to pain specialists occur in less than 15 per cent of GP consultations where pain is managed, and that is significant, Ms Bennett underscores.

These facts have resulted in “quite an issue” around the need to support people experiencing acute and chronic pain.

“However, often patients find supports on the ground aren’t good enough to enable them to manage their pain, resulting in many tests that are unnecessary, which at times extends to surgery,” Ms Bennett said.

“They then turn to opioids, which are probably not that useful and, as we well know, can cause other problems. Yet despite all the negatives, people still turn to them, instead of taking a more proactive approach.”

“It’s generally well known now that medication in fact plays a limited role in managing acute and certainly chronic pain.”

Such an approach, she says, focuses on active pain management, exercise, a nutritious diet and mental health support or other support as required from health professionals.

“It’s generally well known now that medication in fact plays a limited role in managing acute and certainly chronic pain,” Ms Bennett said.

#### **Pain management during the COVID-19 crisis**

People in chronic pain should take heed of the government’s call that, during the COVID-19 pandemic, they should continue seeing their GP or specialist about the management of their conditions, Ms Bennett says.

She adds that this continued care is facilitated by expanded Medicare-subsidised telehealth services for all Australians and the extra incentives

provided to GPs and other health professionals to maintain support for access to essential primary health services.

As to treating the pain of COVID-19, many health experts have warned that taking anti-inflammatory drugs such as ibuprofen could be a factor in aggravating the virus infection, advising that paracetamol should be taken instead. This is because anti-inflammatory drugs, including aspirin, could lessen the immune response to the virus and thereby slow recovery and compound pneumonia symptoms, whereas paracetamol can reduce fever without counterattacking inflammation.

But Ms Bennett highlights that this advice has been recently overturned.

“Ibuprofen was previously reported to heighten the risk of contracting the virus and developing a severe form of illness,” she said. These previous reports were based on animal studies rather than direct reports from the clinical outcomes within the pandemic. Stopping its use for pain isn’t recommended and caution remains about its use to control fever, although there’s little basis for this in current evidence.

“So, pharmacists keeping abreast of information and advising patients appropriately at the primary healthcare level can make a big difference to prevent burdening secondary care.”

Painaustralia has created a COVID-19 hub on its website to assist the many consumers searching for clear information about how they can best manage their chronic pain.

The organisation has also developed the National Strategic Action Plan for Pain Management, funded by the federal government.

The plan comprises about 50 fundamental actions and eight goals for addressing the complexities of pain management in Australia: [pinaustralia.org.au/static/uploads/files/national-action-plan-final-19-06-2019-fvfkwmwihfzxv.pdf](https://pinaustralia.org.au/static/uploads/files/national-action-plan-final-19-06-2019-fvfkwmwihfzxv.pdf)

### Pharmacists major players on the ground

Ms Bennett says pharmacists should never underestimate how much they can help manage the complexities of pain management, given their:

- Ability to correctly approach patients in pain.
- Good handle on medication management.
- Knowledge of best practice approaches, including being part of a multidisciplinary primary healthcare team and local healthcare services.
- Ability to navigate available drugs, including negative drug interactions



and other tools that work, such as heat packs.

- Role in medication reviews. Such qualities were referenced in the presentation she prepared for TerryWhite Chemmart recently, where she recounted how a Painaustralia consumer advisory group member, living on compensation with a neck injury, recalled how a pharmacist became the most critical person in assisting her to identify and overcome her opioid dependence.

“The pharmacist really helped her to see that she was taking large and dangerous doses of codeine medication as a result of her dependence on the drug,” Ms Bennett said.

“But the important point is the pharmacist didn’t just point it out, but made herself available day and night to advise and support her through her addiction.”

Alvin Narsey, owner of Priceline Pharmacy West Brunswick in Melbourne, says the pharmacy takes a holistic approach to patients in pain.

This approach involves first gaining information about a patient’s history, symptoms, medical conditions, and medications taken.

From there, the pharmacist formulates a plan as to the best treatment for a specific patient.

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