At a glance

In 2013–14, nearly 14 million prescriptions were dispensed through the Pharmaceutical Benefits Scheme (PBS) for opioids — medicines that relieve moderate to severe pain. These medicines are very effective in relieving acute pain and cancer pain, and in palliative care. However, studies have shown they are also being prescribed for chronic non-cancer pain. Current evidence does not support the long-term efficacy and safety of opioid therapy for chronic non-cancer pain.

The number of prescriptions dispensed was more than 10 times higher in the area with the highest rate compared to the area with the lowest rate. However, even when the areas with the lowest and highest rates were excluded considerable variation was still seen in prescribing (2.9 times more in the areas with the highest rates than in the areas with lowest rates). No apparent explanation is available for this, although differences in access to alternative pain management options may be a factor.

Recommendations

5a. The Australian Government Department of Health reviews the level of Medicare support available for effective multidisciplinary non-pharmacological treatment options and opioid dependency services, in particular for opioid prescribing for chronic non-cancer pain.

5b. State and territory health departments work with primary health networks to address the barriers in access to non-pharmacological treatments for people with chronic pain who are socioeconomically disadvantaged and those who live in rural and regional settings.

5c. State and territory health departments support Telehealth to enhance rural and remote consultations for assessment and management of chronic pain.

5d. Primary health networks and the Australian Government Department of Health progress implementation of information systems for real-time monitoring of opioid dispensing.

5e. National boards and the Australian Health Practitioner Regulation Agency consider what actions could be taken to ensure relevant registered health practitioners have up-to-date knowledge of prescribing guidelines for opioid medicines.
Opioid medicines

Background

Pain is a very common condition. It is estimated that one in five Australians suffers chronic pain – pain that continues for more than three months.1 Pain affects people’s quality of life and productivity.

Acute pain, which occurs after surgery, trauma or other medical conditions, lasts a short time.1 Chronic pain is persistent, lasting beyond the time expected for healing after surgery or trauma or other conditions.1

Evidence supports the use of opioids to relieve moderate to severe pain, particularly acute and cancer pain.2 Evidence does not support using opioid therapy for chronic pain. However, the prescribing of opioids for chronic pain is increasing and evidence is growing of the adverse effects of their long-term use.3,4,5

Chapter overview

This chapter includes the following data item:

• opioid medicines dispensing.

International comparisons

Dispensing of ‘strong’ and ‘weak’ opioids is reported in the New Zealand Atlas of Healthcare Variation.6 A ‘strong’ opioid is classed at step 3 of the World Health Organisation analgesic ladder and includes fentanyl, methadone, morphine, oxycodone and pethidine. The New Zealand results for strong opioid use show that:

• excluding people receiving methadone for opioid substitution treatment, in 2013 an average of 17 out of every 1,000 people in New Zealand received a strong opioid
• a greater than three-fold variation was noted in dispensing between district health boards
• 14 per cent of people who were given a strong opioid took it for six or more weeks.

Australian initiatives

Pain Australia has developed a National Pain Strategy, which takes an integrated approach to improving acute, chronic and cancer-related pain.1 Access to chronic pain prevention and early intervention programs are important.3

About the data

PBS data used in this item could potentially underestimate the use of opioid medicines as it does not capture over-the-counter medicines from pharmacies.