

OPIOID PRESCRIBING CHANGES - IMPROVING SAFETY, REDUCING HARM

Living with pain can be challenging, whether it is short-term (also called acute) or an ongoing condition (also called chronic). Everyone experiences pain in a unique way. That means there is no one-size-fits-all approach to managing pain.

Managing pain

If you are experiencing pain, different options can help you manage it. Some of these can be done without medical advice; for others you may need to speak with a health professional, because they involve medicines or referrals to other health professionals.

Treatments fall into different categories:

- ▶ self-management, such as using a heat or cold pack
- ▶ physical, such as specific exercises, massage or therapist manipulation (eg, physiotherapy, chiropractic, osteopathy)
- ▶ medicine-based, such as taking over-the-counter medicines like paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs, like ibuprofen or diclofenac), or taking prescription medicines like opioids
- ▶ psychological, such as cognitive behavioural therapy (CBT) or cognitive behavioural-based interventions, hypnosis, relaxation, meditation, mindfulness, acceptance and commitment therapies, psychoanalytic and psychodynamic therapies

- ▶ interventions or procedures, such as nerve blocks (a pain reliever medicine injected towards a nerve), radiofrequency neurotomy (using an electrical current to generate heat to damage a nerve).

In many cases, especially if the pain is ongoing, management will focus on a combination of treatments (including non-medicine treatments). This can help improve how you function on a day-to-day basis, rather than focusing only on reducing the pain. For some people, treatment may include taking opioids for a period of time.

Find out more about how pain works:

www.nps.org.au/consumers/pain-what-is-going-on

Which pain medicines are classified as opioids?

Opioid medicines are divided into two groups:

- ▶ opiates, produced from the opium poppy plant, (including the illegal opioid heroin), and
- ▶ man-made substances, synthesised in a laboratory.

Opioids work on the central nervous system to slow down nerve signals between the brain and the body. This can reduce feelings of pain, but it can also produce adverse effects, ranging from constipation to dangerous slowing down of a person's breathing.

Opioid medicines can be used to reduce some types of pain, such as acute pain and ongoing pain caused by cancer. However, their role in the management of chronic non-cancer pain is limited.

Commonly used opioid medicines contain active ingredients such as buprenorphine, codeine, fentanyl, hydromorphone, methadone, morphine, oxycodone, tapentadol and tramadol.

These medicines can be taken in many different ways, including as tablets, capsules, injections or patches on the skin.

Find out more about opioid medicines and chronic non-cancer pain: www.nps.org.au/consumers/opioid-medicines

What is changing about the way opioids are prescribed for pain?

The changes have been made to support best practice care for people with severe pain and reduce the risk of harm from opioid medicines, while keeping them available for those who need them.

The main changes are:

- ▶ smaller pack sizes for immediate-release opioids that provide short-term pain relief
- ▶ no repeats or increases to the number of tablets/capsules supplied for small packs of immediate-release opioids

- ▶ an update to the clinical criteria that must be met before an opioid can be prescribed
- ▶ referral to another prescriber or pain specialist for review of the situation may be required if prescription opioid use to manage severe pain is likely to be for 12 months or longer.

Do the changes affect all opioid medicines?

Prescription opioid medicines containing one of the following active ingredients have had changes made to their PBS listings or criteria:

- ▶ buprenorphine
- ▶ codeine
- ▶ fentanyl
- ▶ hydromorphone

- ▶ methadone
- ▶ morphine
- ▶ oxycodone
- ▶ tapentadol
- ▶ tramadol

You can learn more about these active ingredients by using our **Medicine Finder** at www.nps.org.au/medicine-finder

I take an opioid medicine: what do the changes mean for me?

If you take prescription opioid medicine to help manage short-term pain, then your medicine will probably come in smaller pack sizes. If you continue to experience pain after you have completed the prescribed course, make sure to see your doctor to reassess your pain and the way it might need to be managed.

If you take opioid medicines to help manage long-term pain related to cancer or a terminal illness, you are likely to receive the same opioid medicine and pack size.

If you are prescribed an opioid to help manage long-term non-cancer pain, the changes may prompt you and your doctor to reassess the treatment options available. For some people opioids will continue to be a clinically effective part of their pain management plan.

How do I manage my pain now?

Work with your healthcare professional to understand more about your pain. A correct diagnosis is important to make sure you get the best possible pain relief.

For relief of mild or moderate short-term pain (eg, a headache or pain from an injury), there are effective over-the-counter pain relievers still available. There are also non-medicine treatments (eg, heat packs, rest). Your doctor, nurse or pharmacist can provide advice that is specific to your needs. For pain that is severe, regular or long-lasting, see your doctor for an examination to help find the cause and treatment options.

Find out more about different pain medicines: www.nps.org.au/consumers/medicines-for-pain-relief-what-are-the-options

If you have ongoing severe pain that is currently being treated with opioids, you and your health care professional may need to arrange for a referral to another medical practitioner to confirm that opioids are continuing to provide clinically effective treatment for you without additional harms.

Use this referral as an opportunity to discuss other treatments that might also be helpful, even while you continue to take opioids.

Read more about low back pain: www.nps.org.au/consumers/10-things-you-need-to-know-about-low-back-pain

Read more about managing osteoarthritis pain: www.nps.org.au/consumers/managing-osteoarthritis

I have chronic non-cancer pain. What should I do?

People with chronic pain should talk to their doctor or healthcare provider about non-opioid treatment options. These may include:

- ▶ alternative over-the-counter (OTC) or prescription medicines
- ▶ non-medicine therapies from an allied health professional, such as a physiotherapist or psychologist
- ▶ self-management tools such as exercise or relaxation
- ▶ referral to a pain specialist or pain management clinic.

Ask your doctor about a Medicare-funded care plan, which will give you access to a rebate (a partial refund) for the cost of treatment by an allied health professional.

For more information see the Chronic Disease Management Patient Information: [Planning your health care, Patient Information Sheet](#) (Department of Health).

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdisease-pdf-infosheet>

If your doctor does not bulk bill for these services, you may be required to pay a gap payment.

Read more about chronic non-cancer pain and how to manage it: www.nps.org.au/consumers/chronic-pain-explained

I have an old repeat script for an opioid (eg, Panadeine Forte, OxyNorm). Can I still get it filled?

Valid prescriptions for opioid medicines written and dated before 1 June 2020 may still be dispensed by pharmacists. If the prescription does not meet the updated PBS requirement for subsidy, it may still be dispensed but may cost more.

Your pharmacist will tell you if your opioid prescription does not

meet the updated requirements (for example, does not have the appropriate authority or has more repeats or quantity than the PBS allows for reimbursement). The pharmacist may also be able to contact your doctor to explain what is required.

Are we all being penalised for a small minority who misuse these medicines?

These changes are not a penalty. They come from lots of evidence and information that has been building up over time to reveal a bigger picture about harms caused or related to the use of opioids.

Every day in Australia, nearly 150 hospitalisations and 14 emergency department admissions involve issues relating to opioid use, and an average of three people die from opioid-related harms.

Many people who have become dependent on an opioid medicine started taking it for pain relief, but became tolerant to the effects and then required higher and higher doses to get relief.

What if I can't afford to see a doctor when I need something stronger than paracetamol?

For short-term acute pain such as period pain, a headache or a sports injury, there are many non-opioid medicines and non-medicine options that you can try. Speak with your pharmacist about what treatments are available without a doctor's prescription.

Find out more about managing:

- ▶ **Period pain:** www.nps.org.au/consumers/managing-period-pain
- ▶ **Headache:** www.nps.org.au/consumers/headaches-and-how-to-treat-them
- ▶ **Migraine:** www.nps.org.au/consumers/managing-migraine

- ▶ **Low back pain:** www.nps.org.au/consumers/10-things-you-need-to-know-about-low-back-pain
- ▶ **Chronic pain:** www.nps.org.au/consumers/chronic-pain-explained
- ▶ **Nerve pain:** www.nps.org.au/consumers/nerve-pain-explained
- ▶ **Osteoarthritis:** www.nps.org.au/consumers/osteoarthritis-explained
- ▶ **Arthritis:** www.nps.org.au/consumers/arthritis-explained

Learning more about your medicines

Talk to your health professionals about pain relief. They can help you decide on the best pain medicine for your situation, and also explain:

- ▶ the brand name and active ingredients
- ▶ how to take the medicine
- ▶ the expected benefits and possible side effects of the medicine
- ▶ other treatment options.

The Consumer Medicine Information (CMI), often found inside the medicine packet or box, is designed to inform you about prescription and pharmacist-only medicines. You can also ask your pharmacist or doctor to print it for you, or find it using our Medicine Finder at www.nps.org.au/medicine-finder

For questions about your medicines, call Medicines Line on **1300 MEDICINE (1300 633 424)**, Mon-Fri, 9 am-5 pm AEST.

Find out more

Therapeutic Goods Administration: Prescription opioids: www.tga.gov.au/hubs/prescription-opioids

Painaustralia: Role of medication: www.painaustralia.org.au/getting-help/right-care/role-of-medication

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