## Understand pain to prevent Aussie opioid crisis

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The recent reporting in this newspaper about the use of painkillers highlights the challenge of managing increasing rates of opioid prescription and misuse in Australia.

No one wants to wait until we need desperate measures as in the US where there are more than 70 opioid related deaths each day.

In the words of Health Minister Greg Hunt: 'I want to make sure that it's not the opioid crisis that has had such a devastating effect in the US and elsewhere.'

There is no doubt that Australia is facing a skyrocketing opioid problem. Prescribing of opioids rose 24 per cent between 2010-11 and 2014-15 from 369 to 456 per 1000 population. Opioids are now the cause of 70 per cent of overdoses in Australia (2145 in the four-year period) more than twice that of heroin deaths.

But this is not really a story about drugs. It is a story about pain. We have a growing epidemic of people with pain in Australia. Pain is the number-one reason people visit a GP. Pain is the number-one reason an opioid is prescribed.

Opioids can be a very useful medication for managing short-term acute pain.

The problem is that opioids are now being prescribed as a first line treatment for managing all pain conditions, including chronic, ongoing pain.

Opioids are often not the most effective treatment for chronic pain. In many cases opioids can exacerbate the symptoms and create dependency.

There is a particular problem in rural and regional Australia where doctors have limited options for referral and treatment beyond offering an opioid to people in chronic pain.

Unmanaged pain has a devastating effect on individuals, their families and society as whole. Yet pain is not well understood or

managed in Australia. It remains one of the most neglected and misunderstood areas of healthcare. With greater awareness and better management of the condition, this could be a very different situation.

To avoid an opioid crisis, we need a revolution in awareness of pain and its management.

When people better understand how they can live with and manage their pain, they are often able to take control of their lives and feel less overwhelmed.

Our GPs also need better training and education on pain management as well as expanding treatment and support options so GPs can refer people with pain to services such as pain clinics, physiotherapists and psychologists. Opioids should not be the first line of treatment for chronic pain.

If we can more effectively tackle pain, we can make a big impact on the lives of people with pain as well as associated disability, anxiety and depression, which is so often part of the condition.

Having our Health Minister send letters to high prescribing doctors is a useful step, but the lasting solutions lie in better managing our pain.

We can and must do better if we do not want to end up with a US style opioid crisis.

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