

# Sustainable access to prescription opioids for use in palliative care

There is increasing focus at a government and regulatory level in Australia regarding opioid prescribing for chronic non-cancer pain. In an effort to reduce inappropriate prescribing that can lead to harm from misuse and abuse of opioids, palliative care patients are being placed at risk of unintended harm through reduced or ceased opioid prescribing. All Australians receiving palliative care must be able to access necessary opioids to manage and prevent suffering from uncontrolled pain and other symptoms. Therefore, there is a need to increase the understanding of appropriate use of opioids within the Australian palliative care context and provide leadership and guidance in resultant regulatory processes for the community and prescribers.

Opioids are an essential part of the pharmacological options needed to help relieve the pain and/or breathlessness that may be experienced by someone living with a life-limiting illness. Evidence shows that up to 25% of palliative care patients report severe pain<sup>1</sup> in advanced disease states with up to 60% experiencing pain that causes them distress in the last 4 months of life.<sup>2</sup> Chronic breathlessness is also a recognised distressing symptom in advanced disease, with reports of prevalence up to 70% in advanced cancer and 60-100% in non-malignant life-limiting illness.<sup>3,4</sup>

Australia, as a member state of the World Health Assembly, is part of the resolution of 2014 committing to improve access to palliative care as a human right and concurrently “ensure adequate availability of pain relief. This includes removing unnecessary regulations that restrict availability and access to essential medications like oral morphine”.<sup>5</sup> Furthermore, there is international consensus classifying opioids as an essential medication class that should be available for palliative patients throughout the world.<sup>6,7</sup> Opioids are widely used to treat strong pain particularly in malignant disease, supported at Step III of the World Health Organisation (WHO) analgesic ladder.<sup>8,9</sup> Recent consultation by the Therapeutic Goods Administration (TGA) on this issue highlighted that “any regulatory response must not unduly restrict informed, rational prescribing of opioids”.<sup>10</sup>

PCA, with endorsement from the identified organisations,\* are highlighting that research demonstrates opioids as a safe, effective medication for patients with distressing symptoms related to life-limiting illness, when prescribed in conjunction with clinical practice guidelines. Accordingly, our organisations emphasise that regulations regarding the availability or accessibility of opioids that may inadvertently lead to limitations on palliative care provision must be carefully considered. By working to reduce suffering through adequate symptom control, people receiving palliative care through their primary and/or specialist practitioner, are supported to remain in the setting of their choice, such as home or in residential aged care.<sup>11</sup>



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### Our organisations affirm the need to future proof sustainable opioid management in Australia, through the following eight recommendations:

1. All prescribers are enabled to access appropriate opioids (oral and parenteral) consistently for pain and breathlessness management for people living with life-limiting illnesses, without the burden of unnecessary regulatory barriers.
2. Compulsory palliative care and opioid management education for all medical, nursing, allied health and pharmacists to be built into undergraduate curriculum to ensure a consistent baseline competency in pain and symptom management.
3. Ensure an adequate supply and stock (impres) of minimum levels of opioids commonly used in palliative care including parenteral formulations in acute facilities, community pharmacies and out of home settings such as residential aged care facilities and prisons, with processes in place to manage planned or emergency shortages.
4. Nationally consistent and streamlined prescribing approval policies for opioids that promotes pain and addiction specialists working closely with palliative care. This will ensure patients with opioid dependency are recognised as a group of patients with increased complexity in pain and symptom management in the setting of a life-limiting illness.
5. The introduction of national real time monitoring for all opioid prescriptions with software that is enabled to identify palliative care prescriptions at point of care across acute, sub-acute, aged care and primary care sectors. This will improve patient safety championing the quality use of medicines framework and improved data collection to further inform research and regulation.
6. Palliative care teams to work with acute services to develop opioid stewardship policies informing clinical plans to ensure appropriate prescribing, de-prescribing, and dispensing of opioids with rapid communication to the primary care team and community pharmacy to reduce risk of forced tapering of appropriate opioid management.
7. The Australian Government to re-form the Palliative Care Medications Working Group to review the Palliative Care Schedule of the Pharmaceutical Benefit Scheme (PBS). This Schedule must meet current, evidence-based practice guidelines and an improved awareness to prescribers.
8. A review of the Medicare Benefits Schedule (MBS) specific to palliative care by way of item numbers and explanatory notes to facilitate consultation in primary and specialist practice. This will recognise the complex, multidisciplinary nature of symptom management plans and goals of care/advance care planning discussions, and the different requirements of providing palliative care across all settings including home visits, after-hours support and within aged care services.

\*Australian College of Nurses (ACN), Australian College of Nurse Practitioners (ACNP), Australian College of Rural and Remote Medicine (ACCRM), Australian Healthcare and Hospital Association (AHHA), Australian and New Zealand Society of Palliative Medicine (ANZSPM), Australian Pain Society (APS), PainAustralia, Paediatric Palliative Care Australia and New Zealand (PAPCANZ), Palliative Care Nurses Association (PCNA), The Pharmacy Guild of Australia, Royal Australasian College of Physicians (RACP), and Society of Hospital Pharmacists of Australia (SHPA).

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**Palliative Care Australia** is the national peak body for palliative care in Australia. PCA provides leadership on palliative care policy and community engagement. Working closely with consumers, its Member Organisations and the palliative care and broader health workforce, PCA aims to improve the quality of life and death for people with a life-limiting illness, their families and carers.

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