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Atlas reveals socioeconomic status and postcode are key factors in opioid use

A new analysis of PBS data exposes one of Australia's major health issues – that people in areas of lower socio-economic status and some geographic areas are being prescribed opioid pain-relieving medication at rates up to ten times higher than other sections of the population.

The Australian Atlas of Health Care Variation, produced by the Australian Commission on Safety and Quality in Health Care, details the number of PBS prescriptions dispensed for opioid medicines per 100,000 people in 2013-14, according to local area.

For example, residents in parts of western New South Wales, western Victoria, rural areas of South Australia, some coastal regions of Queensland and the central highlands of Tasmania, were being prescribed opioids at rates of between 78,731 to 110,172 per 100,000 people.

In contrast, prescribing rates in areas of higher socioeconomic status and in major cities, including Sydney's north shore and Melbourne's eastern suburbs, were much lower at 10,945 to 34,416 per 100,000 people.

The revelations contained in the Atlas coincide with growing concern among policy makers about excessive reliance on opioids for management of chronic non-cancer pain and the potential for misuse and addiction.

While the reasons for variation are not fully understood, the report identifies concerns about the knowledge and prescribing practices of general practitioners and lack of access to pain management specialists in outer urban and rural areas.

Painaustralia director and pain medicine clinician Associate Professor Malcolm Hogg says the association of opioid use with lower socioeconomic status is not surprising.

"Chronic pain has a significant impact on employment, with some 40% of forced workplace retirements linked to chronic pain. The concentration of opioid users in outer urban areas and regional cities reflects the socioeconomic drift of people living with pain to these areas. This is placing enormous strain on primary health services in these locations."

"Clearly we need to do a great deal more to help people with chronic pain. Currently Medicare does not support best practice chronic pain management. Simply writing a prescription may not be sufficient and may indeed be adding to the problem" says Associate Professor Hogg.

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"What is needed is training for doctors and access to a Medicare-funded care plan for chronic pain which enables GPs to work collaboratively with appropriately trained allied health professionals to manage people suffering with chronic pain in a more holistic way.

"Sadly, best-practice multidisciplinary pain programs are currently accessible to only a small proportion of people. These programs include physical therapies, psychological treatments such as Cognitive Behavioural Therapy, and self-management strategies."

Associate Professor Hogg says the data highlights the need for the federal government to implement the National Pain Strategy*, which calls for access to multidisciplinary pain management services for all Australians, irrespective of where they live.

*National Pain Strategy, 2010

Further information in Chapter 5 Opioid Medicines - Australian Atlas of Healthcare Variation

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About Painaustralia
Painaustralia is a national not for profit body formed in 2011 to facilitate implementation of the National Pain Strategy by working with government health professionals, consumers and other stakeholders.

The National Pain Strategy provides a framework for development and delivery of access to best practice multidisciplinary pain services for all Australians. Visit Painaustralia