

TGA Submission 26/1/18

As a pain medicine specialist, I have concerns about the prescription of all full agonist opiates for the management of persistent non-cancer pain.

Full agonist opiates in my experience are not useful in the long term to manage chronic pain. These include Tapentadol and Tramadol. The majority of those patients managed on full agonist opiates have a physical and a psychological dependency to the medication. This is a medically sanctioned problem. It is well described that analgesia and activities of daily living are not enhanced by chronic administration of opiate medications.

Tolerance to these medications rapidly develops due to multiple mechanisms. For example, activation of Toll-like receptor activity and the development of a pain 'memory' by these medications is pathway for the persistence of pain.

The use of partial agonist analgesics for example, Buprenorphine is a useful tool to block this pathway and 'turn off' the memory of pain. Then the patient can be weaned from this medication or transferred to the care of Drug Health Services.

I feel uncomfortable in the role of a pain specialist trying to manage physical dependency to prescribed full agonist opiate medications. This is an increasing problem and occupies much of my working life.

As a pain medicine specialist I would like to be offered the tools to manage opiate dependency such as a simpler pathway to prescribe Suboxone or easier access to Drug Health specialists. Suboxone a very helpful medication to manage drug dependence, should be the same cost to a patient as Methadone and this would improve accessibility.

Patients who have a medically sanctioned dependence to opiates should be treated with respect. They should be treated in a different and less pejorative way to those patients who have aberrant behaviors. For example, offering patients treatment in separate clinics specially designed to manage medically prescribed opiates would be helpful.

The accessibility of full agonist opiates to manage pain should be changed. Most of the patients who I treat do not want to take medications in the long term. They want to take charge of their health. This is reflected in the rapidly increasing use of alternative medications.

A change in the availability of opiate medications would encourage prescribing doctors to look beyond their script pads to the wider needs of patients who present with persistent non-cancer pain.