



Media Release

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For immediate release

Reform in opioid regulation should not be at the expense of palliative care patients.

Palliative Care Australia (PCA), the nation's peak body for palliative care, has today reiterated its support for reform of opioid regulation in Australia, but restated its position that any changes must not impact access to appropriate opioids for palliative care patients.

The call comes in response to today's release by the Department of Health of the [Opioid Prescribing Practices Project](#) which reports a four per cent reduction in opioid prescribing by GPs who received a letter from the Chief Health Officer in July 2018 alerting them to the fact that they were in the top 20 per cent of opioid prescribers compared to a control with the same level of prescribing.

PCA has previously noted that this study was not able to evaluate the contribution of prescribing of opioids for people with palliative care needs; neither to the prescribing rate threshold for inclusion in this study (for example general practitioners with a predominant palliative care population), nor the harms from the intervention due to the inadvertent reduction in clinically appropriate prescribing.

PCA is calling for national data to identify accurately palliative care opioid prescriptions to fully inform research and regulation in the quality use of opioids, and studies to evaluate interventions to modify opioid prescribing must consider the palliative care population in their design and outcomes.

PCA Chair, Professor Meera Agar says Australia also needs to implement strategies which improve quality use of opioids and appropriate opioid stewardship through mandatory 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, continued into continuous professional development.

"Palliative Care Australia strongly supports the need for reform in opioid regulation in Australia and that that access should mirror contemporary evidence and minimise harms, but it is critically important that it does not come at the expense of access to appropriate opioids for palliative care patients," Professor Agar said.

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