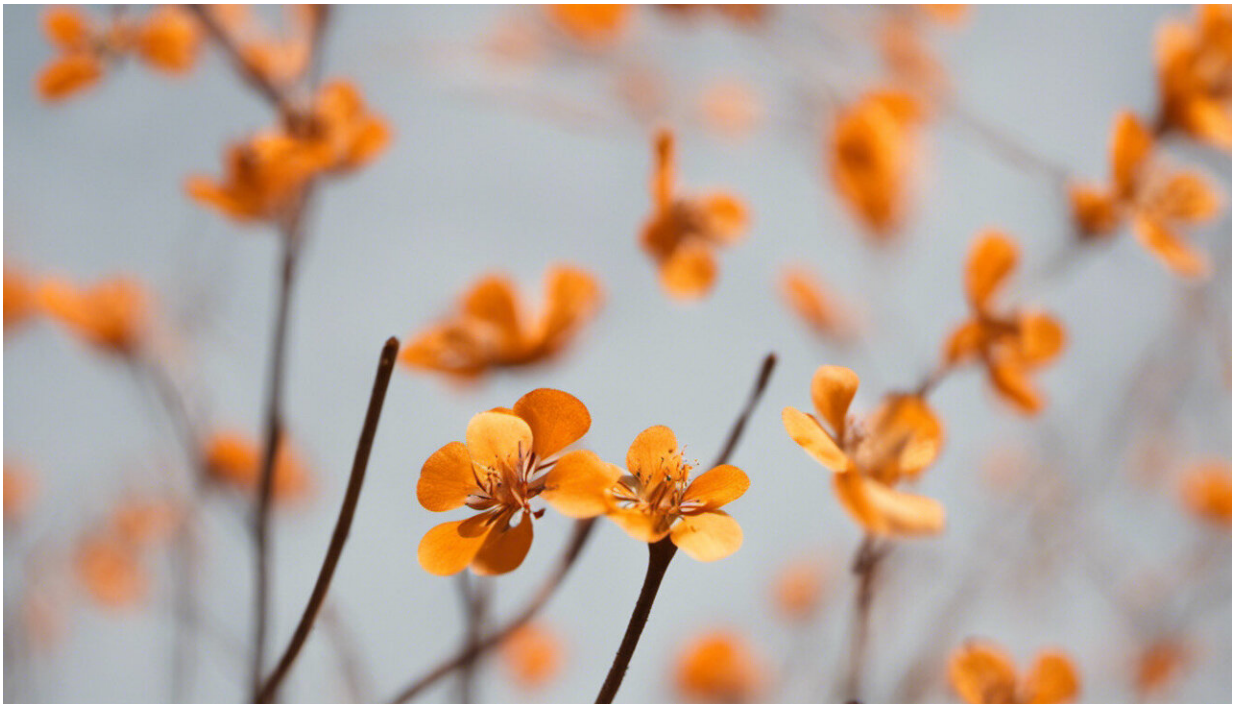


# Reducing dependency on opioid painkillers in rural and regional Australia

August 10 2017, by Ben O'mara

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Credit: AI-generated image ([disclaimer](#))

Between 2008 and 2011, the rate of people treated for dependency on morphine in rural and regional Australia was [roughly double that of their major city counterparts](#).

Dependency on morphine, codeine, oxycodone and other opioid

painkillers reflects what we already know about life in the small towns of Australia. Outside major cities, people tend to have poorer health and reduced life expectancy.

Long [travel times to health services](#), [small health facilities](#) and greater demand for doctors makes accessing support for improved health difficult.

But living in country Australia doesn't have to be a prescription for poor health.

## **Why opioid risk is greater outside the cities**

There are [less jobs, infrastructure, family support services and recreational opportunities](#) outside the major cities of Australia. Many people leave rural and regional areas for work elsewhere. Health services tend to be basic when they cater for a smaller population.

People who stay may not be inclined to seek help for managing pain. Some [choose to endure pain without complaint](#), preferring to remain pragmatic and get on with their jobs and family life.

A stoic way of life, combined with low access to [health services](#), makes it harder to manage pain effectively - particularly chronic pain.

Chronic pain is a common condition. Migraines, arthritis, nerve damage and other forms of chronic pain are often treated with opioid painkillers, an approach that contributes to increased consumption of the drugs.

The problem is, opioid painkillers are [often not effective for chronic pain](#). And there are many side effects and risks including dependency, depression, poisoning and even death. In Victoria, [deaths associated with oxycodone in rural and regional areas were greater](#) than with the general

population.

Less engagement with [health professionals](#), and little discussion in communities about managing pain, means patients may not be aware of potential problems in using opioid painkillers. Or of other [more effective options for treating chronic pain](#).

## **Managing chronic pain**

The good news is people are willing to try [innovative, effective approaches that use technology](#) for managing chronic pain.

Health agencies and patients are already using the internet and other technology to help improve access to health care. Patients can stay in their own home and use [online video consultations](#), [phone support](#) and other kinds of "telehealth" for advice, assessment, treatment and support.

Last year, the Children's Hospital and the Orange Hospital in NSW provided patients who lived in rural and remote areas with access to help for managing chronic pain.

Using internet-based video calls in the home and at work, patients spoke with health professionals for a combination of assessments (physiotherapy, psychological and medical), education, follow up consultations and medication reviews. Most of the [32 sessions led to positive health outcomes](#).

Other similar initiatives such as [painHealth in Western Australia](#) and the [Manage Your Pain TeleHealth group](#) in Queensland exist too.

Telehealth chronic pain initiatives offer an opportunity to review opioid [painkiller](#) use, and to try to manage pain differently.

Reviewing the use of medications with a [health](#) professional can [help patients to develop a plan for their use](#), and discuss ways of dealing with drowsiness, dizziness, headaches and other side effects. Patients can avoid taking too much of the drug as well.

Taking too much of an [opioid painkiller](#) is [unlikely to relieve pain](#), and increases the risk of overdose and death.

Psychological therapies are important, too. Treatments like cognitive behavioural therapy, relaxation exercises, mindfulness-based techniques and biofeedback [can reduce pain intensity](#).

A better understanding of pain combined with non-drug based treatment may help to remove the need for opioid painkillers entirely.

## **What else can we do?**

Not everyone can easily [access telehealth](#). Many people are not aware it exists, and [more initiatives are needed](#). A lack of equipment and skill in using video communication and other technology are issues.

But other steps can be taken now to help rural and regional Australians better manage pain and the use of opioid painkillers.

Health professionals can access [education and training](#) on topics like pain management, yoga for pain practice and chronic [pain management](#) in general practice.

Specialised [pain management clinics](#) may be an option for people able to travel to urban areas - but waiting lists are long. Greater investment in [statewide pain management programs](#) could help.

The Alcohol and Drug Foundation's [Things To Ask Your GP](#) is an easy-

to-use resource for patients to help them talk with their doctors about [opioid](#) drug side effects and non-drug based alternatives. [Painbytes](#) provides information about [chronic pain](#) and how to manage it.

More use of existing tools and telehealth will only further strengthen the resilience and creativity of people living outside [major cities](#) seeking to manage [pain](#) better - and hopefully remove a need for [the quick and risky fix of an opioid painkiller](#).

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