Australian Pain Society

POSITION STATEMENT

The Role of the Pharmacist in the Management of Pain

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Executive Summary

Pain is a complex and prevalent health issue in Australia, and pharmacists are uniquely positioned to contribute to its management through their expertise in medication therapy, accessibility, and collaborative practice. This position statement defines and advocates for the pharmacist's role in pain management across all levels of care including primary, secondary, tertiary, and governance. This role diversity emphasises pharmacist's impact on patient outcomes, medication safety, and system-wide improvements.

Pharmacists support pain management by initiating and optimising medication regimens, conducting medication reviews, managing transitions of care, and safely deprescribing or tapering analgesics. Pharmacist involvement is particularly valuable in complex scenarios, such as chronic pain, polypharmacy, and comorbid conditions, where they help reduce medication-related harm and improve quality of life. Pharmacists also play a key role in patient education, counselling, and promoting multimodal and non-pharmacological approaches to pain, ensuring care is person-centred and culturally appropriate.

WHY ARE PHARMACISTS INVOLVED IN PAIN MANAGEMENT?

- Pharmacists support pain care through medication review, optimisation of therapy, deprescribing, and patient education.
- They contribute to both pharmacological and non-pharmacological strategies, including multimodal and biopsychosocial approaches.
- Their involvement improves pain control, reduces medication-related harm, and enhances patient quality of life.

WHAT DOES A PHARMACIST DO IN PAIN MANAGEMENT?

- Pain assessment, medication counselling, and monitoring of therapy effectiveness and safety.
- Assess analgesics and optimisation of therapy alongside clinicians and patient.
- Support during transitions of care to reduce medication errors and ensure continuity.
- Leadership in analgesic stewardship programs and opioid safety initiatives.

WHICH SETTINGS ARE PHARMACISTS INVOLVED IN PAIN MANAGEMENT?

- Pharmacists are involved in pain management across primary (e.g. community pharmacy, general practice, community health), secondary (e.g. outpatient clinics), and tertiary care (e.g. hospitals).
- They also contribute to clinical services in residential aged care, Aboriginal Community Controlled Health Organisations (ACCHOs), and through home medicines reviews.
- Their roles extend to research, policy, and governance.

HOW SHOULD A PHARMACIST BE PROVIDING SERVICES FOR PAIN MANAGEMENT?

- Pharmacists educate patients, carers, and other healthcare professionals on safe and effective pain management.
- They collaborate within interdisciplinary teams to deliver coordinated, patient-centred care.
- Pharmacists advocate for improvements in policies and procedures, contribute to national guidelines, and lead research to improve pain services.

WHO SHOULD BE PROVIDING PHARMACY SERVICES FOR PAIN MANAGEMENT?

- All pharmacists can be equipped to provide basic pain management services.
- Advanced or specialised roles may have additional training, credentialing, and clinical supervision.

Introduction

"There is a reliance on pain medications... Rising numbers of Australians are dying from accidentally overdosing on a prescription drug... there is more that can be done" - National Strategic Action Plan for Pain Management 2021[1]

Pharmacists are uniquely positioned to contribute to pain management due to their expertise in medication therapy. They are well positioned to contribute to interdisciplinary pain management practice and communicate with patients and their families/carers to improve medication management and reduce medication-related harms (e.g. opioids, gabapentinoids, sedatives). However, their role often lacks formal recognition and standardisation within pain management frameworks. The complexity of pain management, involving various medicines and potential for misuse, requires a coordinated approach to ensure safe and effective patient care.

The quality use of medicines and medication safety is considered the 10th National Health Priority in Australia due to rising accidental harms from medicines.1 There has been an increasing focus on optimising analgesic use, while minimising harm, as reflected in the development of national policies and standards, such as the Australian Commission on Safety and Quality in Health Care in Acute Pain Clinical Care Standard.2 As a profession, pharmacists are one of the most accessible healthcare professionals in Australia, including in regional and rural areas.3 Pharmacists' expertise in medicines and focus on quality use of medicines has been shown to improve patients' use of medicines and prevent medication-related harms.4 Hence, pharmacists bring a unique perspective to the understanding of pain management, providing services to consumers on an individual basis as well as via interdisciplinary pain management teams. They also make important contributions to program development, research, and advocacy across the pain sector.

THIS POSITION PAPER WILL PROVIDE AN OVERVIEW OF THE KEY ROLE OF PHARMACISTS BY ANSWERING THE FOLLOWING QUESTIONS:

- Why are pharmacists involved in pain management?
- What does a pharmacist do in pain management?
- Which settings are pharmacists involved in pain management?
- How should a pharmacist be providing services for pain management?
- Who should be providing pharmacy services for pain management?

Why are Pharmacists Involved in Pain Management?

Pharmacists, as medicine experts, play a critical role in pain management by ensuring that both pharmacological and non-pharmacological treatments are used safely and effectively. With rising rates of polypharmacy (taking 5 medicines or more) in Australia[5], pharmacists involvement helps to improve the responsible use of medicines, limit unintended consequences of medicines, optimise therapy, improve pain control and enhance overall patient functioning and quality of life. Research has shown that pharmacist-led interventions (e.g. medication review, education) are associated with improved clinical outcomes, such as reduced pain intensity, enhanced medication safety, and better quality of life for patients. An umbrella review of systematic reviews showed pharmacist-led interventions reduced pain intensity in both acute and chronic pain settings, demonstrating standardised mean differences (SMDs) ranging from -0.76 to -0.22, and improved physical functioning (SMDs from -0.38 to −0.06)4. In addition, positive benefits were reported, including enhanced healthcare provider confidence, increased patient satisfaction, and improved quality of life (SMDs from 0.29 to 1.03)[4]. Hence, pharmacists are able to enhance pain outcomes in both acute and chronic pain patients.

What does a Pharmacist Do in Pain Management?

Patient Services

ASSESSMENT, MANAGEMENT AND MONITORING

Pain management is an essential component of patient care across diverse healthcare settings, and pharmacists play an integral role in optimising pain relief, ensuring safe and appropriate use of medicines and improving patient outcomes. As such, pharmacists have a multifaceted role across the three steps or core domains of pain care including pain assessment, management and monitoring.

PAIN ASSESSMENT

Pharmacists contribute significantly to the initial assessment of pain, particularly in community and hospital settings. They assess the type, severity and nature of pain, identify red flags that may require referral to other healthcare professionals and gather detailed information on all or current past medicines (prescription, over the counter (OTC), complementary), and patient experience with substance use (e.g., tobacco, cannabis, alcohol, opioids).[3],[6] In hospital and perioperative settings, clinical pharmacists collaborate with multidisciplinary teams that include medical specialists and allied health professionals to evaluate pain levels.

PAIN MANAGEMENT

Pharmacists are central to the development and implementation of individualised pain management plans.[7] Pharmacists' expertise in pharmacology allows for the selection of appropriate analgesics, including non-steroidal anti-inflammatory drugs (NSAIDs), paracetamol, opioids and adjuvant therapies, tailored to the patient's specific needs and comorbidities.6 Their involvement in multidisciplinary teams ensures that pain management is evidence-based, patient-centred and aligned with local and national regulatory requirements, such as hospital guidelines, Pharmaceutical Benefits Scheme (PBS) requirements and the Poison Act, respectively.[8]

MONITORING

Pharmacists play a vital role in monitoring medication therapy to ensure safe, effective, and individualised pain management. They assess the appropriateness of medicines by considering patient-specific factors such as age, comorbidities, renal and hepatic function, and potential drug interactions. Pharmacists routinely evaluate patients' responses to analgesics, including pain relief, quality of life improvements, and the emergence of adverse effects.[7] They also monitor dispensing data and real time prescription monitoring data to identify patterns of potentially inappropriate use of medicines or possible diversion risk such as early refill requests, multiple prescribers, or signs of non-adherence.[6] These insights allow pharmacists to counsel patients on alternative pain management strategies or recommend changes to therapy, including dose adjustments, switching medications, tapering or deprescribing.

Supply of Medicines

The supply of medicines is a fundamental responsibility of pharmacists, with its clinical importance lying in ensuring patients receive the correct medicine, in the appropriate dose and quantities, and with proper education. This is particularly critical during initiation, changes to medicines, and at transitions of care, when lapses in supply or communication can lead to missed doses, duplication, or inappropriate continuation of therapy. In the current climate of medicine shortages, product discontinuations, and discrepancies between privately purchased and PBS-subsidised medicines, ensuring seamless supply has become increasingly complex. Shortages not only disrupt treatment but have been linked to increased out-of-pocket costs, higher rates of medication errors, adverse events, lack of adherence and even mortality.9 In response, some jurisdictions permit pharmacists to make therapeutic substitutions to maintain continuity of therapy.[10] Pharmacists play a pivotal role in sourcing suitable alternatives, assessing therapeutic equivalence, preventing interruptions in treatment, and advocating for equitable access to appropriate analgesia.

Transitions of Care

Transitions of care, including hospital admission, internal transfers, discharge to the community, and movement between services, are high-risk periods for medication-related harm, particularly in pain management where regimens are often complex and evolving.11 Pharmacists play a vital role in maintaining continuity, safety, and quality of analgesics and other medicines.[12] Pharmacists conduct medication reconciliation to ensure accurate medicines are prescribed on hospital admission and discharge, with their role expanding in many jurisdictions to include partnered pharmacist medication charting and prescribing to reduce medication errors at transitions of care.[12-15] In addition, pharmacists are often the last clinician a patient sees before discharge and the first they encounter on returning to the community. Evidence shows their involvement can reduce unnecessary medicines, support deprescribing, and lower the risk of adverse effects such as constipation, dependence, and toxicity.8,16 Their effective communication with general practitioners, residential aged care homes, hospital teams, community pharmacists, pain clinics, addiction medicine services, and carers directly impacts patient outcomes. By reducing information gaps that can lead to duplicated therapy, missed doses, or misaligned care plans, pharmacists help optimise analgesic use and contribute to safer, more coordinated care.

Education and Counselling

Pharmacists are well positioned to provide patient-centred education tailored to individual health literacy, ensuring information is understood and applied in daily life. Education is provided using verbal and written formats and adapted for special populations through collaboration with interpreters, cultural support workers, or other specialists. Pharmacist-led education focuses on the safe and optimal use of analgesics, explaining each medicine's role, benefits, risks and supporting evidence to enable informed decision-making. This includes guidance on deprescribing, opioid tapering, withdrawal symptom management, and the role of naloxone in overdose prevention with education provided not only to patients, their families and carers, but also to other healthcare professionals.[17] Education also supports multimodal pain management through pain science education and evidence-based self-management strategies that integrate pharmacological and non-pharmacological approaches and address biomedical, psychological, and social factors such as social connection, emotional wellbeing, physical activity, nutrition, and sleep.[18] Collaborative goal setting with patients and relevant healthcare professionals helps to establish realistic expectations, support adherence and facilitate referrals as required. Evidence shows that pharmacist-led interventions reduce medication-related adverse effects, improve patient satisfaction, and significantly increase adherence (Risk Ratio [RR] 1.09 95%CI 1.06-1.13), contributing to improved clinical outcomes, potential cost savings, and reduced hospitalisations.[19,20]

Organisation, Profession and the Public

Analgesic Stewardship and Optimisation

The Analgesic Stewardship Programs within health services (hospital, residential home, community health, outpatient clinics etc) aims to provide guidance for clinicians on the appropriate use of analgesics for patients within their care. Pharmacists often lead/co-lead analgesic stewardship programs that encompass a multidisciplinary team approach. The roles and responsibilities of an Analgesic Stewardship Pharmacist include developing and implementing pain management protocols, overseeing analgesic use, monitoring and ensuring compliance with regulatory frameworks and evidence-based practices.[8] Pharmacists also play a key role in identifying patterns of misuse, conducting quality improvement initiatives, advocating and evaluating policy changes that support safer analgesic practices. They provide training to healthcare professionals on analgesic safety, support safe prescribing, tapering and deprescribing of analgesia, and facilitate transitions of care to reduce the risk of long-term dependence. Their expertise in pharmacology enables them to assess medication safety, recommend alternative therapies, and contribute to data collection for ongoing monitoring and evaluation. Appendix 1 contains resources to support the implementation of analgesic and opioid stewardship programs.

Interdisciplinary Collaboration

Pharmacists serve within interdisciplinary pain management teams, leveraging their comprehensive understanding of pharmacology, pharmacokinetics, and patient-specific factors to optimise therapeutic outcomes. They collaborate closely with physicians, nurses, physiotherapists, psychologists and other allied health practitioners to develop and implement individualised pain management plans that balance efficacy, safety, and patient preferences. Their expertise is particularly valuable in complex cases involving polypharmacy, deprescribing, or multimodal analgesia.[21] As a result, pharmacists often contribute to the development and refinement of institutional pain management policies and clinical guidelines, ensuring that best practices are consistently applied across care settings.

Pharmacists facilitate interdisciplinary communication by preparing detailed medication review reports and clinical letters to general practitioners and specialists. These communications often include recommendations for therapy adjustments, deprescribing, or monitoring plans, helping to ensure continuity of care and alignment across providers. Their proactive involvement strengthens team-based care and supports safer, more effective pain management for patients.

Professional Development and Mentorship

Medicine advances rapidly, and pharmacists are required to maintain their knowledge through ongoing continuing professional development. Pharmacists already working in the pain field can act as mentors for pharmacists wishing to expand their scope of practice to this area. Therefore, it is important for pharmacists working in pain who play a mentoring role, to maintain a good program of professional development themselves. In addition to mentorship, pharmacists involved in pain management may also participate in clinical supervision. Distinct from mentorship, clinical supervision provides a structured, confidential space for reflection, skill development, and emotional support to navigate the complexities and high emotional burden of their role. Regardless of experience level, all pain management pharmacists should engage in regular clinical supervision, and those with appropriate training may also support their peers by providing supervision themselves.

Research, Policy and Advocacy

Pharmacists contribute to pain management through research, policy, and advocacy. They engage in research to evaluate and improve pharmacist-led pain management interventions, generating evidence to support safe, effective and accessible care. This includes leading and participating in clinical trials, quality improvement projects, and identifying areas to inform best practice. Numerous systematic reviews conducted by pharmacists have demonstrated effective strategies to improve patients' pain management, reduce associated harms from analgesics, and have been instrumental in the development and implementation of new services to improve the use of medicines, such as analgesic stewardship programs, national roll out of take-home naloxone and prescription drug monitoring programs. In policy and advocacy, pharmacists work to shape health policy, secure funding for pharmacist-led services across healthcare settings and promote safe and equitable access to pain management.[22] They contribute their expertise to the development of national and international pain management guidelines, ensuring that medicines are optimised and their use is aligned with contemporary evidence and standards of care.[23]

Which Settings are Pharmacists Involved in Pain Management?

Pharmacists play a key role in pain management across a wide range of settings including acute, subacute, and chronic or persistent pain. In primary care, they are often the first point of contact for patients presenting with new or undiagnosed pain or pain related symptoms. They can assess and triage these cases by managing mild presentations with simple analgesia and non-pharmacological strategies, while referring more complex or concerning presentations to appropriate medical care. Pharmacists can be involved with pain management in a number of settings shown in table 1. Further information about the role of pharmacists within these settings can be found in Appendix 2.

Table 1 Summary of settings in which pharmacists are involved with pain management

Primary health care	Secondary health care	Tertiary hospitals	Research and governance
• Community pharmacies • Residential homes (e.g. Aged care on-site pharmacist) • General Practice • Community Health • Aboriginal Community Controlled Health Organisations (ACCHOs) • Home medicines reviews/Residential Medication Management Review	• Community outpatient clinics • Multi/ interdisciplinary pain clinic/service • Community palliative care	• Hospital pharmacies servicing both adult and paediatric patients (e.g. ward/clinical pharmacists, analgesic stewardship pharmacist) • Transitions of care and discharge services (remote and home visits) • Hospital outpatient clinics • Transition of Pain Clinics • Persistent Pain Management Clinics	• Academia • Primary Health Networks • Government agencies

How Should a Pharmacist be Providing Services for Pain Management?

Pain management pharmacists are embedded within interdisciplinary teams, working closely with general practitioners, pain specialists, and allied health professionals to support cohesive, evidence-based care. Their input strengthens medication safety and ensures consistency in messaging, particularly when supporting patients with complex needs across primary and specialist care settings. These services are patient-centred and can be delivered independently of the supply of medicines, with pharmacists providing clinical consultation, education, and risk assessment even when no dispensing occurs. Service delivery is flexible, encompassing in-person consultations, telehealth appointments, and group formats such as education sessions. Across all settings, pharmacists advocate for appropriate non-pharmacological strategies where appropriate, and lead efforts in medication risk assessment and harm minimisation where medicines are used, underpinning safe prescribing, optimal therapeutic outcomes, and consistent, evidence-informed care throughout the patient journey.

Who Should be Providing Pharmacy Services for Pain Management?

While all pharmacists have a responsibility to provide medication-related advice and support the safe and effective use of analgesics, some have additional training and expertise in pain management. All pharmacists should be able to assess pain, recommend appropriate pharmacological and non-pharmacological options, outline monitoring requirements, and refer patients to medical or specialist care when needed. Pharmacists practising in advanced pain management roles possess specialised knowledge beyond general training, including pain pathophysiology, multimodal treatment approaches, and the complex risks associated with analgesic use. This advanced capability is supported by additional education, supervised clinical training, and formal recognition processes such as Fellowship of the Australian and New Zealand College of Advanced Pharmacy (FANZCAP). Pharmacists conducting Home Medicines Reviews (HMRs) or Residential Medication Management Reviews (RMMRs) must hold specific credentialing, with details available through the Pharmaceutical Society of Australia's Credentialed Pharmacist Directory (Appendix 3).[24] Advanced pain management pharmacist expertise can be accessed through interdisciplinary pain teams, credentialed consultant pharmacists, tertiary pain services, and public listings such as the Australian Pain Society (APS) website.[25]

Summary

This position statement outlines the critical and evolving role of pharmacists in pain management across diverse healthcare settings in Australia. It highlights pharmacists' contributions to safe and effective medication use, patient education, interdisciplinary collaboration, and system-level initiatives such as analgesic stewardship. The document emphasises pharmacists' unique accessibility and expertise in pharmacotherapy, their involvement in both pharmacological and non-pharmacological strategies, and their capacity to improve patient outcomes through tailored, evidence-based care. It also advocates for formal recognition, advanced training, and integration of pharmacists into interdisciplinary pain teams to enhance the quality and safety of pain management services.

Contributors

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Appendix

Appendix 1: Analgesic and Opioid Stewardship Resources

Resource or standard	Organisation
Opioids Analgesic Stewardship in Acute Pain Clinical Care Standard[2]	The Australian Commission on Safety and Quality in Healthcare
High Risk Medicines Education Opioid Analgesics in Acute Settings[26]	The Australian Commission on Safety and Quality in Healthcare
Analgesic Stewardship Toolkit for Health Services[27]	Safer Care Victoria
Resources for Opioid Stewardship Implementation (ROSI)[28]	Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine.
Opioid Prescribing Toolkit[29]	State of Queensland
Opioid Resources[30]	Therapeutic Goods Administration (TGA)
Real Time Prescription Monitoring Program	For state-specific information, refer to • Australian Capital Territory[31] • New South Wales[32] • Northern Territory[33] • Queensland[34] • South Australia[35] • Tasmania[36] • Victoria[37] • Western Australia[38]

Appendix 2: Summary of Pharmacist Roles in Pain Management

Setting/Location	Pharmacist position	Description of role
Primary health care	Community pharmacies	Provide accessible advice and education on pain management, support safe use of over-the-counter and prescription analgesics and adjuvants, identify potential medication-related problems, and refer patients to other healthcare providers when needed.
	Residential homes (e.g. aged care on-site pharmacist)	Review pain management regimens for older adults, monitor for adverse effects and drug interactions, support deprescribing where appropriate, and collaborate with aged care staff to optimise pain relief while minimising harm.
	General Practice	Support GPs and other clinic staff in pain management particularly from a pharmacological perspective, including medication review and support with all aspects of prescribing medication used to aid pain management. Provide education to the broader clinical team on safe and effective prescribing for pain management and advances in medicines used to manage pain, including providing quality use of medicine activities to implement changes on a practice level. Provide education to people using medications to help manage pain.
	Community Health	Working within an interdisciplinary team to support the safe and effective use of medication in the management of pain through medication review and collaborative treatment planning, monitoring and patient education. Identify and manage medications and/or comorbidities that can cause or contribute to pain.
	Aboriginal Community Controlled Health Organisations (ACCHOs)	Work in partnership with Aboriginal and Torres Strait Islander communities to provide culturally safe pain management, support medication reviews, promote quality use of medicines, and deliver education tailored to community needs.

	Home medicines reviews/Residential Medication Management Review	Conduct in-home reviews of analgesics, assess effectiveness and safety, identify adherence issues, and provide recommendations to GPs to optimise pain management in the patient's home environment.
Secondary health care	Community outpatient clinics	Support complex pain management through medication review, patient counselling, and collaboration with pain specialists. Contribute to opioid stewardship initiatives and educate patients on multimodal pain strategies.
	Multi/interdisciplinary pain clinic/service	Contribute pharmacological expertise within a team of health professionals, optimise medication regimens, support patient self-management, and participate in shared decision-making for complex pain cases.
	Community palliative care	Ensure appropriate and compassionate use of analgesics at end of life, support carers and patients with medication management, and liaise with prescribers to adjust regimens based on changing needs.
Tertiary health care	Hospital pharmacies servicing both adult and paediatric patients (e.g. ward/ clinical pharmacists, analgesic stewardship pharmacist)	Ensures the safe, effective, and appropriate use of analgesics within hospitals through clinical review, supply of medicines, patient education and collaboration with the healthcare team.
	Transitions of care and discharge services (remote and home visits)	Provide medication reconciliation, patient education, and support for safe, effective therapy, often through remote consultations or home visits, to reduce readmissions and improve continuity of care.
	Hospital outpatient clinics	Support chronic disease management, optimize medication therapy, and provide patient education—helping improve outcomes and reduce hospital readmissions through collaborative care.
Research and governance	Academia	Advance pain management through research and teaching, develop evidence-based resources and educational materials, and support the integration of best practices into clinical guidelines and policy.

	Primary Health Networks (independent organisations funded by the government to coordinate health care within different regions)[39]	Develop and implement pain management programs, support quality use of medicines initiatives, contribute to policy and guideline development, and provide education and resources to healthcare providers.
	Government agencies	Contribute to policy development, regulatory oversight, and public health initiatives, ensuring safe medication use and advancing system-wide improvements in healthcare delivery.

Appendix 3: Types of Training and Recognition of Pharmacists in Pain Management

Training Type	Description	Examples
Formal Postgraduate Education	Advanced academic qualifications focused on pain management or clinical pharmacy	Graduate Certificate/Diploma in Pain Management, Masters in Clinical Pharmacy, Master of Science in Medicine (Pain Management)
Accredited Credentialing Programs	Structured, recognised training programs with certification	Home Medicine Review Training Course, Pharmacist Partnered Medication Charting Credentialling, Aged Care Onsite Pharmacist Credentialling, ANZCAP recognition[40]
Continuing Professional Development	Ongoing education through seminars, webinars, or workshops	PainWISE Training,[41] Noigroup Training Courses,[42] Faculty of Pain Medicine ANZCA Better Pain Management,[43] Monash University Pain Medicine Short Course, NPS MedicineWise Pain management hub,44 Online Pain Education Network[45]
Cultural Competency Training	Education focused on culturally safe pain care, especially for Aboriginal and Torres Strait Islander peoples	ACCHO-led training, cultural safety workshops, Deadly pharmacists foundation training course[46]

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