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The Royal Australasian College of Physicians' submission to Pharmac

Proposal to amend Pharmaceutical Schedule Rules on the prescribing and dispensing of Class B controlled drugs

Hakihea 2022

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on Pharmac's Proposal to amend Pharmaceutical Schedule Rules on the prescribing and dispensing of Class B controlled drugs**.**

The RACP works across 33 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

The RACP has drawn on consultation with our broader membership to inform this submission, including paediatricians, addiction medicine and palliative care specialists.

Background

Under the current Pharmac Schedule Rules on the prescribing and dispensing of Class B controlled drugs, people generally have Class B controlled drugs dispensed at ten-day intervals, with the exception of methylphenidate and dexamfetamine, which may be dispensed in a single monthly lot. Pharmac's proposal would enable electronic funded prescriptions for Class B controlled drugs to be written for up to 3 months instead of the current 1 month and allow the collection of controlled drugs from pharmacies in monthly lots (instead of 10 day lots) when an electronic prescription is used (or as a single monthly lot on a paper prescription), unless the prescriber directs dispensing in smaller quantities.

Note the RACP is currently developing a Drug Policy Statement to consider non-medical use of prescription medication and illicit drugs, with advice and expertise provided by the Australasian Chapter of Addiction Medicine and the Australasian Faculty of Public Health Medicine members. This work is still developing and will not be completed within the timeframe of the consultation phase.

Overall position on the proposal

There are diverse opinions among the members of the RACP who responded on Pharmac's proposal. Perspectives on the perceived risks and benefits of proposed changes to prescribing intervals differed according to speciality group and the population groups being served.

The RACP notes that there is significant concern among addiction medicine specialists that the proposed changes to prescribing intervals will carry unintended consequences and may increase the potential for disordered use. The proposal will not address the urgent priority need for consistent treatment support structures for those seeking pain relief prescriptions and professionals and others carrying the consequences of disordered use. The RACP has a position on the need to reduce availability of codeine and prescription opioids (note this in the Australian context)[1].

Palliative care specialists, however, note that the positive impacts of changing prescribing intervals and assert this would be beneficial for **both prescribers** as well as patients and their whānau. The

[1] Royal Australasian College of Physicians (RACP). Submission to the Therapeutic Goods Administration (TGA) – Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response, May 2018 [Internet]. Available from: Consultation submission: Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response (tga.gov.au) Downloaded on 13 December 2022.

College has a position on the duty of physicians and society to provide high quality end of life care to patients and their families and carers and this incudes symptom management[2].

The RACP therefore advocates that:

- caution is exercised and no relaxation of restrictions is made for Class B controlled drug availability for the majority of patients
  but
- exemptions be made for prescribers where these monitored medicines are routinely used for pain and symptom relief in palliative care settings.

Key points

Proposal may carry the unintended consequence of increased disordered use

Addiction medicine specialists have raised concerns about the unintended consequences of this proposal. Based on their observations in practice, these specialists maintain that the changes to prescribing intervals may increase the potential for disordered use of the medications listed in the proposal. This would happen in an addiction treatment sector which is already under-funded, under-recognised and not keeping pace with the extent of substance use disorders. Members note that the clients of addiction services describe serious dependence on diverted prescribed methylphenidate hydrochloride which is injected to a similar effect to methamphetamine. Members also wish to draw Pharmac's attention to the incidence of Fentanyl overdoses in the Wairarapa earlier in 2022 when 12 people were hospitalised. One RACP member noted that it is remarkable that Fentanyl is a class B drug available on prescription whereas the much safer buprenorphine is not available.

The RACP has strongly advocated for reduced availability of controlled drugs in Australia, including codeine and prescription opioids. The RACP supported changes to codeine scheduling in Australia to make codeine-based medications available only with a prescription. This came into effect on 1 February 2018 and resulted in a significant decrease in the amount of codeine supplied to Australians. Aotearoa New Zealand followed suit and all codeine-containing products were re-classified as prescription only medicines in November 2020. The Australian Government also recently made regulatory changes to the prescribing of prescription opioids to minimise the harms cause by opioid prescription medicines. These included smaller pack sizes for immediate-release opioids that provide short-term pain release and additional warning statements which came into effect from 2020. The College made a submission to inform these decisions.

Recent research in the Aotearoa New Zealand reinforces the significance of member concerns. The New Zealand Drug Foundation's 2022 State of the Nation Report found opioids are currently responsible for the deaths of around 46 people from accidental overdoses each year, a tragic situation that is potentially avoidable. The report shows the approach to drugs is leading to inequitable outcomes for Māori, including the Māori death rate from drug-related deaths which is three times the rate for non-Māori[3]. Research also shows a steady annual increase in opioid prescriptions and indicates a rise in deaths in Aotearoa NZ is largely associated with increased

[2] The Royal Australasian College of Physicians. Improving Care at the End of Life: Our Roles and Responsibilities. May 2016 [Internet]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/pa-pos-end-of-life-position-statement.pdf. Accessed on 12 December 2022.
[3] New Zealand Drug Foundation. Te Tūāpapa Tarukino o Aotearoa. State of the Nation 2022. [Internet]. Wellington: NZ Drug Foundation, February 2022. Available from: State-of-the-Nation-2022-web.pdf (drugfoundation.org.nz) Downloaded on 12 December 2022.

prescribing[4]. The Drug Foundation reports that Aotearoa New Zealand is "grossly underprepared" should we follow in the footsteps of North America where opioid misuse has resulted in a public health crisis and tens of thousands of deaths[5].

Prioritise improved treatment support structures

Addiction medicine specialists contend that rather than improving access to medications, improvements to ensure consistent treatment support structures for both clients seeking prescriptions and those carrying the unintended consequences of disordered use should be prioritised . Key areas for improvement include robust clinical care, quality assurance, support and guidance. Members advocate for structured, consistent monitoring, deprescribing and adequate access to non-pharmacological management. Clients are typically disadvantaged and report being angry that prescription medicines are being obtained and sold without apparent monitoring by the prescriber, sometimes despite complaints to the prescriber.

Disordered use of controlled medications is carried inequitably into the community. Addiction support is often only available for those who enter the criminal justice system. For those clients dependent on diverted pharmaceuticals, there is harmful criminalisation and inadequate access to addiction treatment. Māori are vastly over-represented in these treatment services[6].

The RACP has previously called on the New Zealand Government to support health-centred drug policy that focuses on increasing the resources available to the addiction treatment and services sector[7]. The extent to which services are struggling to meet the unmet need in this sector can be seen in the findings of the Government Inquiry into Mental Health and Addiction, which called for investment in addiction services and emphasised the importance of providing interventions earlier, before an individual starts to experience serious problems[6].

RACP members call for actions to address the social determinants of drug use/misuse as well as actions to improve healthy communities including:

- equitable and improved access to primary care for all New Zealanders and
- an electronic prescribing system which is fully integrated across the entire health system, accessible by all prescribers and pharmacists, with automated flags and reminders for review processes.

In Australia, where real-time prescription monitoring (RTPM) systems are being rolled out, RACP has flagged that this needs to happen alongside wider service planning. Recommendations are made for plans to ensure:

- nurse prescribers are well informed on RTPM and how to support patients identified through the system, including the development of clinical guidelines

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[4] Shipton E, Shipton A, Williman J, Shipton E. Deaths from opioid overdosing: implications of coroners' inquest reports 2008–2012 and annual rise in opioid prescription rates: a population-based cohort study. Pain Ther. [Internet]. 2017; 6: 203-215. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5693811/pdf/40122_2017_Article_80.pdf Downloaded on 12 December 2022.

[5] New Zealand Drug Foundation. Grossly underprepared – NZ'S naloxone mess, 30 August 2021 [Internet]. Available from: 'Grossly underprepared' - NZ's naloxone mess | NZ Drug Foundation - At the heart of the matter Donwloaded on 13 December 2022.

[6] Government Inquiry into Mental Health and Addiction. He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. Wellington: Government Inquiry into Mental Health and Addiction; 2018. Available from https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/..

[7] Royal Australasian College of Physicians (RACP). Submission to Health Select Committee on Misuse of Drugs Amendment Bill [Internet].. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-health-quality-and-safety-commission-misuse-of-drugs-amendment.pdf?sfvrsn=e5a1181a_6 Downloaded on 13 December 2022.

- nurse prescribers are well informed on RTPM and how to support patients identified through the system, including the development of clinical guidelines
- invest in research, evaluation and service models that combine pain and addiction medicine to build the evidence-base on how best to treat concurrent chronic pain and substance use disorders
- implement ongoing monitoring and evaluation of RTPM to ensure the system can be improved to best serve the health needs of patients and the broader community.

Exemptions recommended for palliative care

The medications specified in this proposal are essential for a range of symptom management, including pain relief in palliative care. The RACP suggests that Pharmac make exemptions to allow the proposed new regulatory settings for prescribing where these monitored medicines are routinely used for pain and symptom relief in palliative care.

Palliative care medicine specialists advocate that the changes proposed would be hugely beneficial for both patients and prescribers. Provisions to allow a two-week holiday for patients reduces the stress of getting GPs to email prescriptions to pharmacies in their destination of choice and the worry that this process might not work out. The proposal also reduces the number of visits to pharmacies and the significant time, travel and financial costs involved in reaching a pharmacy. From the point of view of the prescriber, this proposal reduces the need to write repeated controlled drug scripts.

The stance of RACP palliative care medicine specialists is reflected in the RACP position statement Improving Care at the End of Life: Our Roles and Responsibilities[2] which recognises that physicians and society have a duty to provide high quality end of life care to patients and their families and carers and this incudes symptom management. Palliative Care Australia's position statement Sustainable access to prescription opioids for use in palliative care outlines it is essential to ensure the sustainable access to prescription opioids for use in palliative care and emphasises that "regulations regarding the availability or accessibility of opioids that may inadvertently lead to limitations on palliative care must be carefully considered" and was endorsed by RACP. The statement recognises that "research demonstrates opioids as a safe, effective medication for patients with distressing symptoms related to life-limiting illness, when prescribed in conjunction with clinical practice guidelines".

The RACP thanks Pharmac for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa nā

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