Te Kaunihera o Ngā Kāreti Rata o Aotearoa
COUNCIL OF MEDICAL COLLEGES
NEW ZEALAND

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20 January 2023

Sarah Fitt
Chief Executive Pharmac
Level 9, 40 Mercer Street
Wellington

By email to: consult@pharmac.govt.nz

Tēnā koe Sarah,

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

Thank you for the opportunity to provide feedback on the above proposal. The Council of Medical Colleges is the collective voice for seventeen medical colleges in Aotearoa New Zealand, and through its members aims to improve, protect and promote public health via a well-trained medical workforce providing high-quality medical care. Our member colleges provide support to over 9000 specialist medical practitioners working in a range of disciplines in the Aotearoa New Zealand health system. All colleges have an interest in decisions that impact the wellbeing of patients, whānau and communities throughout Aotearoa New Zealand – making this proposal of significant interest.

Overall, the CMC is very concerned by the proposal. While some Physicians are unlikely to prescribe long-term controlled drugs, all manage the impacts and treat patients who have been harmed by controlled drugs. Aside from alcohol, methamphetamine and cannabis, most of the illicit drug use in NZ comes from diverted pharmaceuticals – and as such tight controls are required. Around the world, governments are working to restrict access to opioids. This proposal has the potential to increase the supply of Class B controlled drugs to the community by 300 per cent, significantly increasing the risk of harm in Aotearoa New Zealand's most vulnerable communities. We note that New Zealand has, up until this point, been relatively spared from significant opiate diversion issues, we fear this proposal puts this at risk.

In particular, the CMC is concerned that:

- Increased prescription duration to three months significantly increases the potential risk of harm for those with, or at risk of, developing opioid addiction problems in New Zealand. This will likely disproportionally affect those with high needs, Māori and Pasifika populations.
- Increased supply dispensed to the community increases the risk of diversion.
- Reducing the frequency of dispensing removes the beneficial regular interactions between patients and their healthcare team - pharmacist, prescriber, medical centre - which provide opportunities for informal checkpoints as part of continued care.
- There are four very distinct clinical situations in which the Class B Drugs are used, and this is not differentiated in the consultation document. We consider this an obvious flaw in the consultation.
  Where medications such as *Methylphenidate* and *Dexamfetamine* are used in a stable long term treatment regime with continuity of prescriber, there may be a benefit to three-monthly prescription with

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monthly dispensing. Likewise there may be a benefit for three monthly scripts for patients is in a structured pharmacy dispensing relationship who are prescribed *Methadone hydrochloride* in an opiate substitution programme.

Fentanyl, Methadone hydrochloride, Morphine hydrochloride, Morphine sulphate, Oxycodone hydrochloride or *Pethidine hydrochloride* are prescribed for both cancer and non-cancer pain. It is using these drugs for non-cancer pain management where the main diversion risk lies, and increased potential for addiction, and this scenario should not move away from monthly scripts with 10-day dispensing.

- Sufficient safeguards, or a clear timeline for review, are not in place. Safeguards may look like a review of pharmacy systems for storing and dispensing controlled drugs, or a review of the register for people on restricted supply.

All Physicians are aware of drug-seeking behaviour. The CMC supports efforts to concentrate prescribing long-term controlled drugs under the support and oversight of a single physician – such as a specialist general practitioner - or in clearly defined teams such as chronic pain teams, anesthetists, medical oncology or palliative care. There are some instances where patients are out of town longer than anticipated or have difficulty accessing their usual doctor, and they seek prescriptions from alternative physicians. In this situation, some members of CMC consider that it would be helpful to have additional restrictions on prescribing controlled drugs/opiates - such as a five-day limit. We note that no new restrictions should be placed on urgent care clinics being able to stock controlled drugs within the clinic to dispense in acute situations. However, if patients are discharged from emergency medicine, urgent, or intensive care with strong opiates for short-term pain, then some members consider a five-day limit to be sufficient, or at least encourages review or follow up. A five-day limit would allow all patients to access alternative arrangements through their General Practitioner or usual doctor, even during a long weekend.

The CMC considers the risk of significant harm to patients through overdose and to other members of the community – such as unintentional paediatric ingestion as well as diversion to other individuals – must be balanced with the benefits of less frequent dispensing visits for patient convenience, and supported by safe and robust systems and processes to identify and manage the risks of harm to both physician and patient. We are in favour of rationalising prescribing through use of electronic prescribing; however, this should not be used as a rationale for increasing the script duration of opioids for the treatment of non-cancer pain. We urge caution before regulatory changes are made which could lead to significant – and likely irrevocable – opioid harm in the community.

Nāku noa, nā

Dr Samantha Murton
Chair

Australasian College for Emergency Medicine (ACEM)
Australian and New Zealand College of Anaesthetists (ANZCA)
Australasian College of Sport and Exercise Physicians (ACSEP)
College of Intensive Care Medicine of Australia and New Zealand (CICM)
The New Zealand Association of Musculoskeletal Medicine (NZAMM)
New Zealand College of Public Health Medicine (NZCPHM)
New Zealand College of Sexual and Reproductive Health (NZCSRH)
Royal Australasian College of Medical Administrators (RACMA)
The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
Royal Australasian College of Surgeons (RACS)
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
The Royal Australasian College of Physicians (RACP)
The Royal Australian and New Zealand College of Radiologists (RANZCR)
The Royal College of Pathologists of Australasia (RCPA)
Royal New Zealand College of Urgent Care (RNZCUC)
The Royal New Zealand College of General Practitioners (RNZCGP)