31 March 2023

New Zealand SOCIETY OF Anaesthetists

Safe Access to Opioids
Manatū Hauora - Ministry of Health
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Submitted via online form

Kia Ora,

Thank you for the opportunity to provide feedback as part of your process to ensure safe access to opioids for those who need them.

The New Zealand Society of Anaesthetists (NZSA) is in support of *Option 3 - strengthen guidance and change regulations* of those listed in your proposal paper. We support this option for its inclusion of both limited prescribing and improving guidance.

To answer your specific questions included within the consultation document:

1. **Briefly, what is your interest in this topic? Are you a prescriber, service user, practitioner etc?**

   The New Zealand Society of Anaesthetists (NZSA) is a professional medical society which represents over 800 Anaesthetists and Specialist Pain Medicine Physicians (SPMP) in Aotearoa New Zealand. Our members include Specialist and Trainee Anaesthetists and SPMPs in public and private practice. Our key roles are advocacy, facilitating and promoting education, and strengthening networks of anaesthetists nationwide.

   Our members are prescribers and practitioners involved in post-operative pain relief and acute or chronic pain management.

2. **Is option 1 (no regulatory change) sufficient for balancing access to opioids with potential risk of harm?**

   We do not support this option.

   Prolonged opioid use increases risks and provides diminishing benefits. Close supervision is required to manage the associated health risks and long-term outcomes for the patient. The current focus on opioid prescribing represents an

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opportunity to improve how we regulate opioid prescribing in the context of escalating opioid use in Aotearoa New Zealand.

3. **Is strengthened clinical guidance required and would it adequately address the risks of inappropriate prescribing (option 2)?**

   Increased clinical guidance would be of benefit. However, we do not support option 2 for the same reasons as above, if the 10-day default dispensing limit may be removed.

4. **Do you agree with the proposed regulatory changes (option 3)? Why or why not?**

   We support option 3 to ensure close supervision to manage the associated health risks and long-term outcomes for the patient.

   - **Should opioid prescribing be limited to 1 month's supply?**

     Yes, in the majority of circumstances prescribing should be limited to one month.

   - **Should there be an exemption for cancer patients and those in palliative care? How would this impact the ability of prescribers to care for their patients?**

     Yes, for those on a stable regime who are under specialist care.

   - **Would a peer review process for repeat opioid prescriptions reduce the risk of inappropriate prescribing? Would implementing this create a significant barrier to access? Are there implementation issues with this proposal?**

     This would be the preferred option, but the feasibility of this would need to be assessed so it did not become a barrier to appropriate pain management.

   - **Should we align the prescribing restrictions for all opioid prescribers? Should some prescribers have lower limits for prescribing opioids? Should there be different limits for different groups of prescribers?**

     Strategies for improving the management of chronic non-malignant pain (CNMP) must recognise the essential role of general practitioners, facilitate the provision of multidisciplinary services at the primary care level, and enhance access to specialist pain and addiction medicine services.

     Multidisciplinary models of care, both in primary and specialist settings are essential to optimise pharmacological and non-pharmacological management of CNMP. There is a substantial unmet need in the population with CNMP for services specialising in pain medicine and addiction medicine.

     There should be a separation of opioid prescribing restrictions from other controlled drugs, such as CNS stimulants, to better categorise the differences in use, purpose and risks.

Yes, there should be some prescribers who have lower limits. Prescription of opioids on discharge from the hospital following surgical procedures, for example, should only prescribe a limited supply.

- **Should opioids have dispensing limits of less than 1 month? Is the 10-day default dispensing limit appropriate?**

  Yes, the 10-day limit is appropriate in the majority of cases of chronic non-malignant pain.

Additional questions:

5. **What do you think are the main risks or gaps in opioid regulation that need to be addressed? Are there specific issues you are aware of?**

   It is not currently possible to accurately quantify the extent of, and adequately deal with, problematic prescription opioid use in New Zealand, because:

   - existing monitoring systems cannot identify and track opioid prescriptions at the individual patient level;
   - inadequate monitoring systems make it difficult to identify and respond to a fraudulent presentation for opioid prescriptions in health settings (e.g. in general practice, community pharmacies and emergency departments);
   - the internet is further weakening regulatory controls of prescription opioids and other medications; and
   - research into these matters in Australia and Aotearoa New Zealand has been very limited.

6. **If you are a prescriber, what do you need to ensure you can continue to provide safe access to opioids to service users?**

   - Improved and integrated primary care and specialist services for managing pain, especially chronic non-malignant pain (CNMP).
   - Clinical guidelines for managing CNMP in individuals with problem drug use and/or aberrant drug behaviours.
   - Universal precautions in opioid prescribing.
   - Improved systems for the collection of complete data regarding prescriptions and the use of opioids. A prescription monitoring programme is needed. This may be addressed by the utilisation of the Medicines Data Repository (MDR) which will be utilised by Medsafe (the medicines regulator), but we are not sure of the extent of the monitoring provided by this system (e.g. does it extend to an individual patient level?)

7. **Do you have any comments on the long-term proposal to explore how prescribing and dispensing rules could be incorporated into the Therapeutics Products regulatory regime?**

If this improves the timeliness of responding to change when needed, then NZSA would support this proposal.

8. Is there anything else you would like us to consider?

The role of pharmacists. Pharmacists, like doctors, have among their professional responsibilities an important role in monitoring and questioning the use of prescription opioids and advising patients on the most effective and safe way to take their medications. Therefore there should be an emphasis on increasing pharmacists' ownership of issues related to opioid control and improving pharmacists' screening of prescriptions and patients.

Pharmacists should be recognised as key stakeholders in a multidisciplinary group to implement and evaluate policy.

Internationally, we have seen the negative impact that relaxed regulations have on society and healthcare systems.

The NZSA supports *Option 3 - strengthen guidance and change regulations*, for its continuation of the 10-day dispensing limit to manage the associated health risks and long-term outcomes for the patient, in addition to increasing clinical management.

The current attention on opioid prescribing represents an opportunity to improve services, guidelines, and systems to address the substantial unmet need in our population with chronic non-malignant pain and to improve how we regulate opioid prescribing in Aotearoa New Zealand.

Ngā mihi,

Morgan Edwards
President, New Zealand Society of Anaesthetists