



REFERRAL OF PROPOSED AMENDMENT TO THE CURRENT POISONS STANDARD TO THE MEETING ON ACMS, MARCH 2019

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with regard for healthcare consumer affairs. It works in the public interest to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

Issues

CHF is committed to the National Medicines Policy and in ensuring that all Australians have access to high quality, safe medicines and that all medicines should be used in line with the principles of the quality use of medicines.

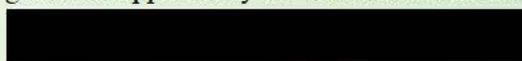
CHF is keen to ensure the scheduling process is used to protect consumers by restricting access based on possibility of harm. Considerations of harm need to include potential for overdose, either accidental or deliberate and put in place processes that reduce the opportunities for both.

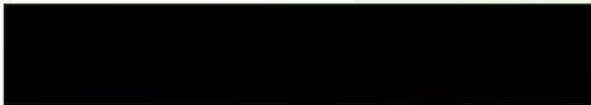
There is considerable evidence that slow release paracetamol has a higher risk of accidental overdose than ordinary paracetamol and that it is more difficult to treat an overdose with this form than the standard. There is also the capacity for greater consequences of deliberate overdosing with the modified form, particularly as at present it is able to be purchased in large amounts i.e. boxes of 96 tablets.

There is also a growing understanding that paracetamol is not a good form of pain relief and many people would do better with a different approach. We do note that when the recent rescheduling of codeine was implemented people were urged to use other forms of pain relief and paracetamol was often cited as an alternative. Consumers may get very confused now to be told paracetamol doesn't work for them so the messaging around the change will need to be carefully constructed. As with codeine there will be consumers who believe the medicine works for them in terms of pain relief and who will want to continue to use, particularly in the absence of any real alternative.

We note that the National Action Plan for Pain has been commissioned by the Federal Minister for Health and hopefully it will be implemented which will give people access to a broader range of pain management options.

Given the risks identified with modified release paracetamol and the limited benefits CHF supports restricting access through moving it from S2 to S3. The need for a consultation with a pharmacist gives the opportunity for a discussion about the use of the medicines; not only about how to take it,





doses etc but also potentially a discussion about other approaches to pain relief. On its own this measure is seen as benefitting consumers in itself this rescheduling should not increase the cost of the medicines for those who want to keep using them. We do have some concerns around the cost impact of moving to smaller packages as the 96 tablet packet is abolished under this proposal. Currently the smaller packets are more expensive on a per dose basis.

Consumers who use this form of paracetamol regularly will be inconvenienced by having to shop more often which does reduce effective access to pain relief. This is particularly true for people with mobility problems when going pay more often. It may also encourage people to shop around across a number of pharmacies. The pricing of the smaller packs will need to be monitored to see what the impact is for people using them. However, the impact in terms of risk reduction for overdose and misuse is seen to outweigh the cost implications.

Whilst we accept the term “modified release’ is the correct terminology for how the product works we suggest that this will not actually mean very much to many consumers. In some way the term slow release helps consumers understand that it stays in their bodies longer and so could be seen as encouraging more appropriate use i.e. not taking doses too close together. There will need to be broad consumer education around the term modified so that people understand it and to reinforce that modified or slow release can be more suitable to manage pain for people with certain conditions such as osteoarthritis. This should be an important component of the discussion pharmacists have with consumers before dispensing it.

Recommendation

CHF supports the recommendation to reschedule slow release paracetamol from S2-pharmacy only to S3-pharmacists only.

CHF supports amending the terminology in the Poisons Standard from “slow release” to “modified release” noting that consumers will need to be made aware of what modified release means.

CHF supports limitations on pack size but notes the possible adverse impact on consumers in terms of affordability.

