Consultation paper on opioid use and regulatory options

Question: are patients using slow release at more risk than those using immediate release?

Comments: I believe the two most important factors are :

1.Prescribing behaviour

2. Patient expectation

For opioids, I believe there needs to be a uniformity of approach to prescribing by pain specialists **and by all other specialists who prescribe opioids**. Eg, rheumatologists, neurologists, rehabilitation specialists, surgeons-this is not an exhaustive list

I do not include cancer specialists in this comment.

All prescribing for chronic non-cancer pain (CNCP) should be done by **general practitioners (GPs)** in collaboration with specialists

General practice training must incorporate specific training on opioid prescribing, again so that uniformity prevails.

There needs to be a nation- wide uniformity on opioid prescribing for **hospital discharge**

It should be **mandatory** that the GP is contacted by a doctor from the inpatient team regarding ongoing prescription of opioids. This may involve consultation with the hospital pain service.

Options

1. Pack size-3-5 days depending on context for acute pain.

14-28 days for CNCP

2. I believe the indication for opioids ("Chronic severe disabling pain unresponsive to non-narcotic analgesia") needs a review. Especially the concept of non-narcotic analgesia. It reads as though failure of non-narcotic analgesia opens the the door of expectation that strong opioids will inevitably be prescribed.
3. I think the advent of higher dose products in the CNCP context is problematic.
4. An RMP should form a part of GP and specialist education

I have no other specific comments