



January 22, 2018

**TO: Therapeutic Goods Administration (TGA)**  
**Department of Health,**  
**PO Box 100**  
**WODEN, ACT 2606**



**Street Add: TGA, '136 Nurrabandah Lane, Symmonston ACT 6009**  
**Fax: 02 62031605**  
**Email info@tga.com.au**

Dear Sir/Madam,

**RE : DEATHS FROM PRESCRIBED OPIOIDS**

I am writing to you regarding this issue which has been well advertised in the community and is now recognised that prescribed opioids are contributing to more deaths in the community than motor-vehicle accidents.

As a Pain Specialist who deals with many opioid prescriptions, I would like to make certain recommendations and point out some of the issues that I see from my public and private practice in Western Australia.

**SUMMARY OF ISSUES AT HAND:**

1. Overall, there is poor education regarding opioids amongst medical practitioners.
2. No appropriate guidelines or delineation between prescribers, i.e. all specialists are categories in the same manner despite their background training. It should be noted that there is a vast difference in training and experience between surgeons and physicians, and different sub-specialties within these categories.
3. Excessive input from industry. There is significant conflict of interest in terms of commercial push for more opioid prescribing which was spearheaded by Purdue Pharma in the early 1990's.
4. Excessive demand by the population to treat pain and over-reliance on the medication for all psychosocial issues.
5. Poor legal protection for doctors and prescribers in terms of having mechanisms of withholding prescription and not prescribing dangerous drugs.

**RECOMMENDATIONS:**

1. Increase in education amongst medical students, junior doctors and specialists. This has to be done by universities and specialist colleges including College of General Practitioners.
2. Credentialling and Certification of prescribers. It is important that all prescribers have a base knowledge of opioids, the dangers and mechanisms of prescribing, and accountability.
  - 2.1 I recommend that opioids such as OxyCodone, Hydromorphone, Pethidine and Fentanyl especially when mixed with benzodiazepines need to be done following some form of aptitude test and certification to ensure that the prescribers are familiar of the dangers. Basic pharmacodynamics and kinetics knowledge of these drugs are incredibly important and are generally lacking amongst all doctors even some of the classically trained pain specialists.
3. Real time prescribing for all medications:
  - 3.1 This will save considerable amount of money and will reduce the incidence of doctor shopping.



4. Media-based education:
- 4.1 There is numerous number of advertisements regarding drink driving, fatigue-related death and accidents regarding motor-vehicle injuries.
- 4.2 A similar campaign can be launched for prescribed drugs and use of multiple chemicals and their dangers short-term and long-term.
5. More resources for programs that emphasize resilience and rehabilitation:
- 5.1 It is sad to see that despite numerous evidence there is no specific funding model for programmes to teach individuals resilience, coping strategies, parenting and general health etiquette.
- 5.2 Most of the funding appears to be diverted into invasive interventions and funding PBS which invariably causes over-medicalization and iatrogenic issues.
- 5.3 A lot of funding is also allocated towards invasive interventions without any actual evidence or appropriate guidelines for outcome and follow-up.
6. Proper legal mechanism where practitioners are protected from bogus claims and complaints especially regarding not prescribing and not offering interventions that they deem dangerous.
7. A candid discussion and education around personality traits, personality disorders and behavioural issues that are outside the realms of psychiatric illness and mental issues (please see the Dunedin project).

Kind regards

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