

SUBMISSION CONCERNING OPTIONS RE: OPIOID PRESCRIBING

I am a GP in a rural area with 30 years' experience.

I believe there are many GPs who can support patients with chronic pain, use a step-down approach to opioids as well as a multidisciplinary team approach.

In my experience accessing pain clinics in a timely manner is very difficult & consequently, a patient may stay on opioids for an inappropriately extended period. Conversely many patients have access to illicit drugs & denying access to stronger opioids may lead to other more difficult drug & alcohol problems.

A personal unsubstantiated observation from my many years managing chronic pain patients is that it is **very uncommon** for patients to have a reduced dose of medication having attended a pain clinic. There are many more patients with chronic pain than capacity to manage by Specialised Pain centres & any restrictions to prescribing would produce a tsunami of patients being referred to these specialised centres.

Just like other areas of General Practice, it is reasonable to require specific training in prescribing & re-credentialing for GPs to allow them to prescribe more safely. This will also develop a craft group that can support communities, especially those at a great distance from a specialised pain service.

There is a long history of procedural GPs who are financially supported to maintain their skills for the benefit of rural communities. An area such as **chronic pain management** should be identified as a desirable skill especially for GPs in rural areas & financially supported so they can provide high quality care. This would require financial support from Government as well as collegial support from those pain specialists working in the larger centres.

Excluding GPs from prescribing strong opioids will further fragment patients care & disadvantage the most vulnerable who would be unlikely to travel to a distant centre for more specialised services.

At a time when there is an emphasis on Patient Centre Medical Homes, & the proven benefit of primary health care. Pushing a significant number of patients back to tertiary centres where there are pain specialists will increase costs & there is no evidence of improved patient outcomes.

In summary:

1. GPs are capable of prescribing strong opioids & can be supported to do this more effectively.
2. Financial & collegial support for GPs to prescribe is more likely to maintain continuity of care for a patient.
3. It is unclear what the consequences of restricting prescribing to Specialised Pain services & there is the potential of a "knock-on effect" particularly in rural areas where drug usage is already high.
4. Primary health care is proven to be more cost effective & to achieve better outcomes for patients.