

As a natural practitioner and counsellor I see in a professional capacity quite a few people addicted to opioids. This ranges from simple addiction of a packet or so to a number of or multiple packets of painkillers per day. The worst perhaps I have had over my years is one girl who freely admitted to taking over 10 boxes of Panadol a day. Every day. Needless to say she also had a number of physical health conditions as well as the addiction.

People are unaware often that these drugs turn off their natural pain receptors. They are often also unaware that some of the drugs they take will clash with others and can cause serious illness or death.

For these reasons I suggest the following:

- **Option 1:** The pack sizes for strong (S8) opioids no more than a pack of 10, reasonably priced but of this size so doctor monitoring is easier.
- **Option 2:** A review of the indications for strong (S8) opioids because often doctors just continue in a current script without enough questioning. Doctors should check with a national register if their clients are 'doctor shopping' for prescriptions as it happens a lot. They should not be permitted to prescribe serious pain killers for more than a few months without another solution being sought to educate the patient in other means and to give in house hospital treatment to remedy the causes.
- **Option 3:** Consider whether the highest dose products should remain on the market, or be restricted to specialist/ authority prescribing – highest doses need to be monitored stringently and only in extreme circumstances, after all natural and other alternatives have been tried should they be prescribed.
- **Option 4:** Strengthening of the Risk Management Plans for opioid products – there needs to be research how these can be made stronger.
- **Option 5:** Review of label warnings and revision to Consumer Medicines Information – painkillers should have a warning on them that they can kill if taken for a prolonged period of time or in excess. I don't think it is clear enough to the public how serious it can be and it needs to be written in big writing and put very simply.
- **Option 6:** Consider incentives for expedited TGA review of improved products for pain relief and opioid antidotes – the TGA should review the registers and how these are being dispersed. Offenders who overuse should come before a special body for assistance and further medical treatments.
- **Option 7:** Potential changes to use of appendices in the Poisons Standard to provide additional regulatory controls for strong S8 opioids (this could potentially include controls of prescribing for particular populations or classes of medical practitioners, additional safety directions or label warning statements, specific dispensing labels). There should be a new, high category for these painkillers and they should only be handed to the public sparingly.
- **Option 8:** Increase health professional awareness of alternatives to opioids (both S4 and S8 opioids) in the management of chronic pain. This should occur via blogs and newsletters on a regular basis – like every month or two months.