



## **DANA Response**

# **Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response 2018**

The Drug and Alcohol Nurses of Australasia (DANA) is the peak nursing organisation in Australasia providing leadership to nurses and midwives with a professional interest in drug and alcohol issues.

DANA aims for excellence and the ongoing improvement of quality care in nursing in all practice contexts. DANA promotes practice based on the best available evidence, and promotes active involvement in research, and other issues relevant to the drug and alcohol field.

DANA welcomes the opportunity to make a submission in support of the Therapeutic Goods Association proposed Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response, 2018.

Nurses who are DANA Members are employed across Australia; in cities, regional districts and in remote communities. As frontline workers, DANA is concerned at the level of prescription drug misuse related harm evident across our various and diverse communities. However, DANA members are also well positioned to contribute to a reduction in this harm.

Regulatory options for consideration:

### **Option 1: Consider the pack size for S8 opioids**

DANA agrees

For the skilled GP who has knowledge in this area, this will help them develop an appropriate management plan for the use of these medications and an exit plan for the cessation of opioid use.

However, we are concerned that this will not stop “doctor shopping” practices from people who are opioid dependant and seeking higher quantities either for their own use or misuse, or diversion in the community. This would then put an increased demand on GP appointments from this cohort of people who are either misusing or selling prescription opioids.

ERRCD is still some time away, so in the interim we need to consider the best alternative practices to prevent or reduce doctor-shopping activity and ultimately harm reduction from the use of prescription opioids.

### **Option 2: Consider a review of the indications for strong opioids**

DANA agrees

We believe this will help inappropriate prescribing of high dose opioids for reasons that are inappropriate, for example high dose opioids for generalised lower back pain. This may have initially started as a low dose, but over time tolerance has developed and the dosage has increased, no improvement in the condition has occurred and an iatrogenic dependency has occurred. It will also help when doctors are selecting an appropriate medicine for use and prevent inappropriate prescribing of opioids.

Part of the indications should include a check to see if the person has an opioid dependency history and previous registration on an opioid treatment program.

DANA believes that this strategy will require an effort to provide comprehensive education to modify these prescribing behaviours for clinicians with providing rights, but also for nurses in all settings to recognise and respond to the outcomes of inappropriate prescribing of strong opioid medication.

**Option 3: Consider whether the highest dose products should remain on the market, or be restricted to specialist / authority prescribing**

DANA agrees

There are a lot of people that misuse high dose opioids that present to any GP and request the medication that they prefer, either because they cannot access the amounts that they personally want or they are diverting the drugs directly into the community. This would certainly reduce access to that cohort of misusers, and those with a genuine need for these medications would be able to access.

We do need to consider access to these medications for those with genuine pain issues that do not have the funds to attend specialist prescribers, or who may live in areas with difficulty to access specialist health care. Likewise, many specialist pain practitioners hold lengthy waiting lists with long delays between referral and initial assessment. This could be addressed by developing clinical pathways for those that have reduced access.

All hydromorphone and fentanyl products should have restrictions placed on their prescribing. These drugs have utility when clinically indicated, however they are extremely easy to access by those who might plan to misuse/divert them and there is an increased risk due to the increased morphine equivalent of these medicines.

**Option 4: Strengthening risk management plans for opioid products**

DANA agrees

NPS MedicinesWise educational packages should be better promoted. There are a lot of prescribers who would be open to doing this training but awareness of the training appears to be low. Is this the only education available to those prescribers who are directed by the medical board to do mandatory training for opioid prescribing?

DANA would encourage the idea of mandatory CME on appropriate opioid prescribing on a regular basis (such as every 2 years). The development of the RACGP Guidelines on prescribing drugs of dependence in primary care are excellent, however, in our experience there are still many prescribers out there who are not aware of the existence of these guidelines, let alone referring to them for guidance in their professional practice.

**Option 5: Review of label warnings and revision to the Consumer Medicines Information**

DANA agrees

We acknowledge this recommendation and believe that the potential for tolerance and addiction to these medications should be clearly indicated on label warnings and in the Consumer Medicines Information statement.

**Option 6: Consider incentives for expedited TGA review of improved products for pain relief and opioid antidotes**

DANA agrees

We believe these strategies are fundamental in reducing the harm associated with opioid dependency and misuse. Likewise, the success with opioid antidotes has been well documented in a variety of settings. DANA would also recommend that antidote availability and training is available to nurses in all settings to provide to individuals who are at risk of opioid overdose.

**Option 7: Potential changes to use of appendicitis in the Poisons Standard to provide additional regulatory controls for strong opioids**

DANA agrees

**Option 8: Increase health care professional awareness of alternatives to opioids (both schedule 4 and Schedule 8) in the management of chronic pain**

DANA agrees

However, where the document has mentioned that the Medical Board sometimes requires medical practitioners to access mandatory education for prescribing controlled substances, we are concerned that there is poor availability of education around the topic of opioid prescribing and misuse. The regulators are not the appropriate area to provide this sort of education, as it is a professional practice issue. Many prescribers approach the regulators seeking education of this nature, and in our experience, it is difficult to locate adequate education on this topic for appropriate referral.

Better education is required at undergraduate and postgraduate levels of medical training about the appropriate use of opioids. Likewise, we believe that assessment and awareness of the adverse effects of prescription opioid medication should be provided in both undergraduate and postgraduate nursing programs to enhance awareness of the issue.

Better education is required for overseas trained doctors who may not be aware of the abuse potential of these medicines – perhaps RACGP or ACCRM would be better suited to provide online educational packages of this nature.

Possible role of PBS prescribing controls:

DANA agrees

This will certainly have an impact on the amount of prescriptions written for Schedule 8 and Schedule 4 opioids. It will cause the prescriber to reflect on the choice of medicine before prescribing and would then hopefully have an impact on unsanctioned strong opioid use.

The overall benefits that DANA members would expect to see with more controls over the prescription of opioid medicines is less presentation of people with prescription opioid misuse issues to treatment services in the community. However, we are aware that the problem will not simply go away, and may likely be displaced into another format of drug seeking and misuse issues.

Overall, DANA supports this initiative and the harm reduction that will be incurred by more consideration of regulatory controls over the prescription of S8 opioid medicines.