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Prescription strong (schedule 8) opioid use and misuse in Australia – options for a regulatory response

We are writing in response to the above consultation paper as peak body for the AOD sector in Victoria.

We note the prolific and increasing harms associated with pharmaceutical opioids and commend governments for increasing focus on this issue. We note that the National Pharmaceutical Drug Misuse Framework for Action expired three years ago and therefore there is no current strategic oversight guiding the response to these issues.

We note by way of general observation that recent pharmaceutical related policy and reforms, including the rescheduling of codeine and Victoria's pending real time prescription monitoring system have not broadly considered the potential impact on a range of sectors, including the alcohol and other drug (AOD) treatment sector. While this element is not within the scope of the consultation paper, it provides context to potentially unforeseen circumstances which may arise following regulatory change.

In enacting any changes in broader AOD policy, there is a need to consider the downstream impacts, and the prevailing notion that the illicit substance market adapts accordingly to meet demand.

We note that many of the options relate not only to reducing access in cases where there may be overuse, but also seek to prevent overuse of pharmaceutical opioids in the first instance. While these options may reduce the overall harms, for maximum benefit, greater coordination between government, departments and other bodies needs to occur. A collaborative focus, planned across these areas, needs to be prioritised to minimise the risk of adverse unforeseen outcomes from pulling various policy levers. Greater attention needs to be focussed on developing and maintaining the necessary partnership related to reducing overall pharmaceutical related harm. For instance, the TGA should be aligning its activity in reducing opioid related harm with current policy trends (rescheduling of codeine) and, within Victoria, the pending real time prescription monitoring system.

Broadly, reducing opioid related harm entails comprehensive reflection on how chronic pain is managed across the range of related service sectors responding to this issue, as well as the associated sectors which provide support for the associated secondary conditions, for example, those that are associated with dependence or mental illness as well as the broader array of social services, such as employment services.

Enabling clear clinical oversight for prescribed opioids is necessary in reducing associated harm. An example of this would be to minimise the quantity of pharmaceutical opioids dispensed from a hospital setting upon discharge (for instance, up to three days' supply) and ensure that support within primary health is rapidly enabled within that period.

While VAADA will not be commenting on the various proposals listed within the consultation paper, we would advise that the responses need to impact upon prescribing practices relating to chronic pain as well

as issues associated with anxiety and insomnia, and a clear awareness of the associated risks of dependence which may emerge through extended prescription of various substances.

We note that policy should engender greater adherence to best practice pain management and that this should be supported by the various systems associated with primary health care. A greater emphasis should be placed on the need for primary health care practitioners to practice opioid replacement therapy, which, at least in Victoria, is already overburdened, and will likely attract greater demand as the various pharmaceutical related reforms evolve.

Generating greater capacity for opioid replacement therapy also necessitates the removal of the dispensing fee which currently acts as a disincentive for retention in the program.

Currently, there are significant data gaps related to the size and demographics of the cohort currently experiencing high levels of pharmaceutical opioid related harm. There is also a need to establish robust data on harms, building the evidence base on the level of risk associated with prescription opioids, the more intensely effected cohorts and mapping the pathways to the risk of serious harm. The increased detail and specificity within the data would provide greater clarity as to the specific reforms, not just as they relate to the TGA, but also wider policy arenas.

The role of the TGA should necessitate a higher level of detail with regard to opioid related harms data, including dependence, poor pain management, the broad social impacts of poor pain management, prescribing practices, at risk communities and long term harms and associated costs of these limitations.

We note the array of international examples in harms, regulation and system failure and encourage earnest reflection on these data by way of preventing increasing opioid related harm within Australia.

Sincerely,

[redacted]
Executive Officer
Victorian Alcohol and Drug Association