Health
Western NSW
Local Health District

Consultation submission **28 February 2018**

A submission on Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response

This submission is presented on behalf of the Palliative and End of Life Care Clinical Stream of the Western NSW Local Health District (LHD), after the TGA consultation paper was tabled at the February meeting of the Stream. The Stream consists of front-line clinical staff, and managerial staff involved in the delivery of palliative and end of life care within the boundaries of Western NSW LHD; and is responsible for strategic service planning on behalf of the LHD.

Western NSW LHD services the north-western region of NSW, including a population 271,000 people across 250,000 sq km. The following points in relation to LHD service delivery are of relevance to the submission:

Facilities:

- Three main hospitals with medical specialist services (Bathurst, Dubbo and Orange)
- Four district hospitals run by general practitioners (Cowra, Forbes-Parkes, Mudgee)
- Thirty MPS and community hospitals, some with intermittent medical staffing. Securing a stable GP workforce in our small regional centres is a major strategy within the current LHD strategic plan.

Specific Palliative Care or Chronic Pain specialist services.

- Minimal access to chronic pain and / or palliative care specialists:
    - Chronic pain specialist in Bathurst (private practice)
    - Chronic pain clinic in Orange (currently booked 8 – 12 months in advance)
    - Chronic pain specialist in Orange (private practice)
    - Palliative Care in the southern sector of the LHD (Bathurst / Orange) is provided by general practitioners (including a 0.9 FTE medical appointment to the LHD), providing service to a population of 160,000.
    - Palliative Care in the northern sector of the LHD (Dubbo) is provided by the RPAH palliative care service, performing a monthly fly-in fly-out clinic with one day of consulting, and providing service to a population of 110,000.
- Approximately 3,000 deaths within the LHD annually, of which over 2,000 each year are provided with some level of palliative care (usually GP-led) in the end-stage of their illness.

Members of the clinical Stream understand the need to maintain appropriate controls around access to opioid medications, and the need to ensure that prescribed analgesia is not diverted for recreational use or abuse. The Stream membership is supportive of the broad intent of the document (the reduction of harm from opioid abuse).

The clinicians on the Stream hold significant concerns about the implementation of a regulation to use the appendices in the Poisons Standard to impose additional controls on the prescription

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of strong opioids, particularly restricting prescription of these opioids to defined specialist medical practitioners (as proposed in Option 7).

As noted in the text box above, the population within the LHD has very limited access to medical practitioners who are recognised Palliative Care or Chronic Pain Specialists. The only AHPRA-recognised palliative care specialists working within the region provide a fly-in, fly-out clinic in Dubbo which provides one day of clinical consulting each month. The Palliative Care Services operate a consulting model of service, and are only involved in assisting management of the most complex patients requiring palliation. Most patients will not see any palliative care doctor (recognised specialist or palliative care service doctor) during their terminal illness. The recognised Chronic Pain specialists tend to see patients with chronic, non-malignant pain and do not have the service capacity to review all patients being managed with palliative intent within the LHD. The only formal Chronic Pain clinic within the LHD (at Orange) is regularly booked out 8 – 12 months in advance, and has limited ability to provide for the rapidly-changing issues often seen in malignant disease and palliative care.

In New South Wales, NSW Health Pharmaceutical Services provides oversight of long-term opioid prescribing by general practitioners. This program has been in place for many years. The level of reporting, and the information required to obtain prescribing approval was refined and tightened in mid-2016. Further restriction on the duration of prescribing, or the imposition of ceiling doses, beyond the restrictions currently in place in NSW could significantly impede the provision of effective pain relief to patients suffering terminal illness.

The Stream membership are concerned that further restriction as described in Option 7 could have the unexpected consequence of increasing demand for illicit opioids, and increasing the demand for euthanasia, whilst preventing our clinical staff from adequately providing palliative and end of life care within our community.

The Stream membership note that The World Health Organisation maintains that morphine and other strong opioids are appropriate for the management of pain in malignant disease. In its report on the "preventable pain pandemic" (http://www.who.int/ncds/management/palliative-care/preventable_pain/en/), the WHO notes:

> *States have a dual obligation to ensure that opioid medicines are available for medical use and also to protect populations against abuse of and dependence on them. Many countries place disproportionate emphasis on the latter, at the expense of the former. As a result of such unbalanced policies, many patients cannot access essential medicines like oral morphine and other effective analgesics. They may be inappropriately classified*

as ineligible, may need an appointment with a specialist, and even once they have a prescription, may be allowed to receive only a few days' worth of morphine

The Stream membership are concerned to ensure that the efforts to reduce harm from opioid misuse do not inadvertently cause harm to people in rural communities at a time of particular vulnerability through inhibiting access to appropriate pain relief and symptom control.

On behalf of the Palliative and End of Life Care Clinical Stream,

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