

UNCLASSIFIED



AUSTRALIAN  
**CRIMINAL  
INTELLIGENCE  
COMMISSION**

**CHIEF EXECUTIVE OFFICER**

GPO Box 1936

Canberra City ACT 2601

Phone: +61 2 6268 7715

Email: [officeofthecio@acic.gov.au](mailto:officeofthecio@acic.gov.au)

[www.acic.gov.au](http://www.acic.gov.au)

TRIM Ref#: 18/104207

9 March 2018

Technical and Safety Improvement Section  
Pharmacovigilance and Special Access Branch  
Therapeutic Goods Administration  
PO Box 100  
WODEN ACT 2606

Dear Technical and Safety Improvement Section

**ACIC submission regarding *Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response***

The Australian Criminal Intelligence Commission (ACIC) welcomes the opportunity to comment on the consultation paper, *Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response*. The contents of this letter are unclassified and suitable for public release. The ACIC is Australia's national criminal intelligence agency, uniquely equipped with intelligence, investigative and information sharing functions. The ACIC's mission is to make Australia safer through an improved national ability to discover, understand and respond to current and emerging crime threats and criminal justice issues, including the ability to connect police and law enforcement to essential policing knowledge and information.

The ACIC's High Risk and Emerging Drugs (HRED) Determination works to develop a comprehensive understanding of all illicit drug markets, both domestically and internationally. This is achieved by leveraging the agency's unique mix of powers, knowledge and capabilities to better understand the markets, and by informing our partners of new and emerging trends. HRED also proactively develops and informs appropriate operational, legal and policy responses.

HRED produces the annual strategic intelligence product, the Illicit Drug Data Report (IDDR), which informs Australia's understanding of the illicit drug threat. It focuses collective efforts by bringing together data from a wide range of sources into the one unique report. The purpose of this report is to provide statistics and analysis to assist decision-makers in developing illicit drug supply and harm reduction strategies. The data also assists the Australian Government to meet national and international reporting obligations.

Further, in 2016 the ACIC received \$3.6 million in funding under the *Proceeds of Crime Act 2002* to deliver the National Wastewater Drug Monitoring Program (NWDMP) over three years. The program provides a measure, rather than an estimate, of the use of 14 illicit and licit substances including two pharmaceutical opioids, oxycodone and fentanyl. Reports are released three times per year and

UNCLASSIFIED

UNCLASSIFIED

provide valuable insights into the trends and emerging issues of drug consumption across Australia. The latest NWDMP report released in November 2017, revealed oxycodone and fentanyl, which both have abuse potential through diversion, had elevated consumption levels at several regional sites. Recorded usage is predominantly derived from prescription of the substances. Further, regional areas had average oxycodone use well above capital city sites in many states. Given these findings and other indicators of opioid misuse causing harms, the ACIC is supportive of measures to reduce the harms associated with the misuse of opioids.

As noted in the consultation paper, the Australian Government has recently extended funding to implement a national real-time prescription solution using the Electronic Recording and Reporting of Controlled Drugs (ERRCD) system for reportable S8 (and selected S4) medicines. The ACIC supports implementation of this system. Further, the ACIC suggests that law enforcement agencies should have access to this system to enable them to identify misuse and exploitation of the prescription system. At present, ACIC intelligence indicates that traditional organised crime groups have only a limited presence in the illicit pharmaceutical opioids market. The market is most commonly supplied by criminal entrepreneurs or motivated individuals, including persons who are long term users of various opioids. Some doctors and pharmacists are complicit in the supply of pharmaceutical opioids to the illicit market. Law enforcement access to the ERRCD would permit agencies to identify individuals who are obtaining an unusually high number of prescription opioids.

The ACIC is also supportive of the proposal at Option 3 to consider whether the highest dose products should remain on the market, or be restricted to specialist/authority prescribing. Requiring high dose products to be prescribed by specialists only would likely reduce the amount of opioids being prescribed and reduce the potential for them to be diverted for non-medical use. The experience of North American countries, where the illicit market for prescription opioids is a far more significant problem than in Australia, is that the first indicator of an evolving illicit market is rapidly increasing legitimate prescribing. A proportion of the market is diverted to non-medical use, so the larger the market, the larger the level of diversion. Non-medical use of prescription opioids in Australia is predominantly supplied by diversion.

In the context of Options 6 and 8, the ACIC notes that contemporary medical literature includes differing expert medical opinion as to the long term efficacy of using pharmaceutical opioids to treat various types of pain. While the ACIC cannot comment on the medical opinions, we note that almost invariably non-medical users and suppliers of fentanyl and carfentanil who have come to the attention of the ACIC describe a progression from an initial relatively low level exposure to heroin or a pharmaceutical opioid to alternative opioids, higher and more regular doses of opioids, poly-drug use (often involving multiple opioids) and use of increasingly potent opioids. These people often suggest to the ACIC that their addiction to opioids and the side-effects generally outweigh the debilitating effects of their source of pain.

Should your office require further information please have them contact [REDACTED] or via email to [REDACTED]

Yours sincerely

[REDACTED]  
**Michael Phelan APM**  
Chief Executive Officer