



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

FPM
Faculty of Pain Medicine
ANZCA



12 December 2022

Hon Andrew Little
Minister of Health
Parliament
Private Bag 18888
Parliament Buildings
WELLINGTON 6160

By email: andrew.little@parliament.govt.nz

Tēnā koe Minister

We are writing on behalf of The Royal New Zealand College of General Practitioners, Faculty of Pain Medicine and the New Zealand Pain Society to raise concerns over the proposal that would allow class B medications to be prescribed for a three-month period instead of the current one month, with 10-day dispensing, when an electronic prescription is issued. This is about to be put through as a regulatory change and PHARMAC is now consulting to change the dispensing rules as a result of these regulatory changes.

We note that following controlled drugs have been included in the list for three-month prescriptions; Dexamfetamine sulphate, Fentanyl, Methadone hydrochloride, Methylphenidate hydrochloride, Morphine hydrochloride, Morphine sulphate, Oxycodone hydrochloride and Pethidine hydrochloride.

Of the medications listed above, all are opioids except for Methylphenidate hydrochloride and Dexamfetamine sulphate, which are used in treating attention deficit disorder.

Our concerns centre on the potential opioid overuse especially in the treatment of non-cancer acute or chronic pain. We believe increasing of prescription length increases the potential for opioid diversion, unintended harm and an increase in addiction issues. In fact, there is strong evidence that larger opioid prescription size substantially increases the risk of people becoming new persistent opioid users after surgery and other medical procedures.

From the early 2000s to now, opioid use has become a significant problem in OECD countries. The availability of opioid has grown by almost 110 percent. Opioid related deaths have increased by 20% percent since 2011. In the USA alone, 400,000 people died from an opioid overdose between 1999 and 2017, and opioids were involved in 68,630 overdose deaths in 2020 (74.8 percent of all drug overdose deaths).

In Australia, there are nearly 150 hospitalisations and 14 emergency department admissions involving opioid harm and three people dying from drug-induced deaths involving opioid use per day. The Australian TGA has recommended that opioids be used only for short-term management of severe pain.

Around the world, governments are working to restrict access to opioids, in direct contrast to the proposed regulatory change. For example, the Victorian government in Australia has initiated an opioid stewardship programme and Safe Script Programme. The Safe Script Programme is a -time prescription monitoring service that enables the doctors and the pharmacist to access accurate information regarding a patient's medication history.

In New Zealand the rate of prescribed opiates is 37.5/1000 between the ages of 65 to 79 years, 13.5/1000 between the ages of 25 and 64 years, and 1.9/1000 up to 24 years of age.

We have, up until this point, been relatively spared from significant opiate diversion issues, although it is an issue which needs active monitoring. We would note opioids are not recommended for treatment of chronic non-cancer pain which is a group to whom maximum numbers of opioids are prescribed over the world.

Our concerns are that increasing the prescription duration to three months presents a significantly increased risk of patients developing opioid addiction problems in New Zealand, which could lead to significant harm. This will likely disproportionately affect those with high needs, Māori and Pasifika populations.

We are in favour of rationalising prescribing through the use of electronic prescribing, however this should not be used as a rationale for increasing the script duration of opioids for the treatment of non-cancer pain.

We are also concerned that there was no consultation with medical experts or peak medical bodies when the proposal for the regulatory changes were considered, which was highly unusual for such a sensitive area. We have had no indication that there was an adequate risk assessment done of the potential for increasing opioid addiction, diversion or other opioid related harms in New Zealand, or adequate examination of ways to mitigate the risk of this happening.

We ask that urgent consideration be given to stopping the increase in opioid script prescriptions for non-cancer pain treatment from one months to three months.

We urgently request a meeting with you to discuss the proposed changes further.

You can contact us via email on bryan.betty@rnzcgp.org.nz.

Nāku noa, nā



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