Improving the mental health of communities
Royal Australian and New Zealand College of Psychiatrists submission
Public consultation on proposed amendments to the Poisons Standard (paracetamol)

About the consultation
On 14 September 2022, the poisons scheduling team at the Australian Government Therapeutic Goods Administration (TGA) informed the College of the publication of the independent expert report on the risks of intentional self-poisoning with paracetamol commissioned by the TGA.

The TGA invited the College to respond to their consultation on possible amendments to the Poisons Standard.

The method of submission was completion of an online survey.

Survey
Indicate your support for the options of possible amendments to the Poisons Standard below:

Option 1A – Solid dose paracetamol (tablets/capsules) should only be available in blister packs for general sale preparations.
- Support
- Partially support
- Do not support
- No comment

Option 1B – Solid dose paracetamol (tablets/capsules) should only be available in blister packs for general sale and in pharmacies.
- Support
- Partially support
- Do not support
- No comment

Option 1C – Solid dose paracetamol (tablets/capsules) should only be available in blister packs from all points of purchase.
- Support
- Partially support
- Do not support
- No comment

Option 1D - All solid dose preparations of paracetamol, including prescription and non-prescription preparations.
- Support
- Partially support
- Do not support
- No comment

Option 2A – The maximum paracetamol pack size should be reduced to 10 x 500 mg tablets/capsules or 5 individually sachets for general sale preparations.
Royal Australian and New Zealand College of Psychiatrists submission
Public consultation on proposed amendments to the Poisons Standard (paracetamol)

☐ Support
☐ Partially support
☒ Do not support
☐ No comment

Option 2B – The maximum paracetamol pack size should be reduced to 32 x 500 mg tablets/capsules or 16 individually wrapped sachets for pharmacy only preparations.

☐ Support
☐ Partially support
☒ Do not support
☐ No comment

Option 3A - Allow only one pack to be purchased at a time without a prescription in pharmacies and for general sale.

☐ Support
☒ Partially support
☐ Do not support
☐ No comment

Option 3B - Allow only one pack to be purchased at a time without a prescription in preparations for general sale.

☐ Support
☒ Partially support
☐ Do not support
☐ No comment

Option 4 - Prevent display and self-selection of paracetamol from non-pharmacy outlets - i.e. require paracetamol to be purchased from behind the counter.

☒ Support
☐ Partially support
☐ Do not support
☐ No comment

Option 5A - Restrict minimum age of purchase to those 18 years and over in pharmacies and for general sale.

☐ Support
☐ Partially support
☒ Do not support
☐ No comment

Option 5B - Restrict minimum age of purchase to those 18 years and over in preparations for general sale.

Page 3 of 5
Option 6 - All modified release paracetamol should be rescheduled from Schedule 3 to Schedule 4 (prescription only), without change to maximum pack size.

☑ Support
☐ Partially support
☒ Do not support
☐ No comment

Supporting comments
Option 1A – Solid dose paracetamol (tablets/capsules) should only be available in blister packs for general sale preparations.

AND

Option 1B – Solid dose paracetamol (tablets/capsules) should only be available in blister packs for general sale and in pharmacies.

AND

Option 1C – Solid dose paracetamol (tablets/capsules) should only be available in blister packs from all points of purchase.

AND

Option 1D - All solid dose preparations of paracetamol, including prescription and non-prescription preparations.

The RANZCP appreciates that having blister packs limits accessibility to overdose. For most people, the use of blister packs is a reasonable precaution. The RANZCP highlights that some older people have difficulty opening blister packs due to health conditions such as arthritis and this must be considered in the options available to them.

Option 2A – The maximum paracetamol pack size should be reduced to 10 x 500 mg tablets/capsules or 5 individually sachets for general sale preparations.

AND

Option 2B – The maximum paracetamol pack size should be reduced to 32 x 500 mg tablets/capsules or 16 individually wrapped sachets for pharmacy only preparations.

While reducing pack sizes is a sensible idea to reduce overdose in theory, the RANZCP highlights concerns regarding the potential of an increase in pricing for vulnerable groups on a lower income, such as people with an intellectual disability and older people. Restricting purchases at lower priced locations, such as supermarkets, where people on low incomes including the Age Pension and the Disability Support Pensions are likely to buy paracetamol. Larger pack sizes tend to be available for discounted rates.

RANZCP members have also expressed concern that measures reducing supply may make it challenging for people with limited mobility or chronic pain conditions who require more significant supplies.
Option 3A - Allow only one pack to be purchased at a time without a prescription in pharmacies and for general sale.

AND

Option 3B - Allow only one pack to be purchased at a time without a prescription in preparations for general sale.

The RANZCP acknowledges the importance of making paracetamol less available to reduce the harm caused by overdose. If the number of packets available for purchase without prescription is unlimited, this decreases the efficacy of any efforts to reduce the pack size.

RANZCP members have also expressed concern that measures reducing the number of packets available for purchase may be too limiting unless the pack size was large. Making additional trips from home may make it challenging for people with limited mobility or chronic pain conditions who require more significant supplies due to reliance on paracetamol to manage pain. The needs of these groups need to be considered in any accessibility changes that are made.

Option 4 - Prevent display and self-selection of paracetamol from non-pharmacy outlets - i.e. require paracetamol to be purchased from behind the counter.

The RANZCP supports this measure, and highlights that if this measure were to be implemented, there may need to be supports in place for people with intellectual disabilities to adjust to the new process to ensure access.

Option 5A - Restrict minimum age of purchase to those 18 years and over in pharmacies and for general sale.

AND

Option 5B - Restrict minimum age of purchase to those 18 years and over in preparations for general sale.

RANZCP members have expressed concern that young people also experience pain, and these measures would mean that they depend on those over 18 to gain access to pain treatments, which does not respect their autonomy. Members have also highlighted the difficulties of monitoring this in practice.

Option 6 - All modified release paracetamol should be rescheduled from Schedule 3 to Schedule 4 (prescription only), without change to maximum pack size.

The RANZCP emphasises that this measure has the potential to disadvantage vulnerable people, such as people with intellectual disabilities, due to the added costs of GP appointments for prescriptions.

RANZCP members have suggested education about dangers of overdose to be clearly stated on paracetamol packets in easy English.