

06 April 2023

Safe Access to Opioids  
Manatū Hauora | Ministry of Health  
133 Molesworth Street  
Thorndon  
Wellington, 6011  
Aotearoa New Zealand

By email to: [safeopioiduse@health.govt.nz](mailto:safeopioiduse@health.govt.nz)

Tēnā koe,

## **Re: Safe Access to Opioids Consultation**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) and Tu Te Akaaka Roa, the New Zealand National Committee, would like to thank you for the opportunity to submit feedback on the Safe Access to Opioids Consultation. This mahi is of great interest to us and the psychiatrists who have contributed their experiences and concerns to shape this response. We have taken the time to consider the Safe Access to Opioids Engagement document alongside member's feedback and present our position in the submission below.

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people experiencing mental health conditions, and advises governments on mental health care. The RANZCP is guided on policy matters by a range of expert committees, including Tu Te Akaaka Roa, the New Zealand National Committee, and the Aotearoa New Zealand Faculty of Addiction Psychiatry (NZ-FADDP), who wish to express their perspectives related to extended supplies of opioid medication.

The views of a wide range of individuals and organisations should be considered before any opioid related regulatory policy is enacted, as the impacts of change to opioid access have the potential to be significant and far-reaching. These groups may include pain specialists, prescribers, pharmacists, nurses, psychologists, support and care workers, tāngata whai ora with lived experience of addiction issues and addiction treatment and rehabilitation providers.

The RANZCP acknowledges the significance of this review, alongside the proposed Therapeutic Products Bill, currently before the Health Select Committee, intended to replace the Medicines Act 1981 and the Dietary Supplements Regulations 1985. Tu Te Akaaka Roa strongly supports Manatū Hauora's consideration of the complex and cross-jurisdictional implications of reform to opioid related regulatory policy, particularly pertaining to the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Substance Addiction (Compulsory Assessment and Treatment) Act 2017. During Manatū Hauora's web hui on Tuesday 28 March, it was proposed that amendments following this consultation process may be re-addressed, following the national election. The RANZCP affirm the

need for a more exhaustive consultation and engagement process in the near future and wish to remain involved in these ongoing discussions. As the proposed amendments stand, Tu Te Akaaka Roa believe Option 3: strengthened guidance and change regulations, allows for the highest level of patient safety during this interim period. The RANZCP are of the view that Option 1 and Option 2 do not adequately balance the risk of inappropriate prescribing and risk of harm against the need for equitable access to medication.

It is important to acknowledge the harm that opioids can have on the communities of Aotearoa. According to the New Zealand Drug Foundation's State of the Nation Report (2022), the coroner recorded 62 deaths in New Zealand where opioid toxicity was the primary cause of death during 2018. Furthermore, cited within the same report, Manatū Hauora recorded 46 accidental opioid overdoses each year (five-year average from 2014-2018). Diversion of prescribed opioids is common and remains the main source of illicit opioid use in Aotearoa. Internationally, the opioid crisis in The United States of America, where over 1,000,000 people have died over the last decade, provides a striking example of the risks of poor regulatory oversight of opioid prescribing. The RANZCP are of the belief that increasing access to opioid medication must be accompanied by increased access to, and resourcing of, specialist pain clinics, addiction rehabilitation treatment, acute opioid overdose medication (naloxone hydrochloride), and needle exchange programmes.

Limited dispensing frequencies and prescription durations promote regular interactions between patients and their healthcare team (pharmacist, prescriber, and/or medical centre) and provide opportunities for informal checkpoints as part of continued and collaborative health care. Loss of these regular interactions may weaken patient-provider relationships leading to poorer outcomes and greater risk of uncontrolled and unsupported use of Class B controlled drugs. The RANZCP does not support the removal of ten-day (or similar) dispensing frequencies, unless exceptional circumstances require such as end-of-life travel, rural location, or significant mobility issues. This provision facilitates the safe and appropriate use of controlled medication and may reduce the risk of overdose, diversion, and community harm. Currently, the Pharmaceutical Schedule allows for individual patient exemptions to the 10 day rule, enabling access and flexibility in complex situations, such as during palliative care. The RANZCP is concerned that if such measures are to be removed from the Pharmaceutical Schedule and subsequently enforced under the Misuse of Drugs Regulations, the ability to make these context and patient specific exceptions would be lost. The RANZCP support proposed exemptions for cancer patients and those in palliative care, to a maximum of one month supply on a patient-by-patient basis.

The range of medications, and their respective indications for treatment, within the Class B Controlled Drug classification is vast and should not be considered as equivalent in terms of potentials of addiction, overdose, and other deleterious outcomes. The RANZCP suggest that the subclassifications within the Class B schedule be demarcated to reflect such variations. From a regulatory point of view, this will facilitate appropriate clinical practice and allow for context and patient specific variation, such as three month prescriptions for patients with stable dosages and well-maintained ADHD.

Simply recording prescribing trends is insufficient to assess the safety and efficiency of these reforms. The RANZCP wishes to highlight the need for a detailed approach towards integrated monitoring and stewardship processes, to ensure these regulatory policies are practiced in manner that is consistent, well informed and up to date with good clinical practice. Furthermore, systems should support comprehensive gathering and evaluation of data across the various interactions and stages of a patient's journey (both spatially and temporally), via auditing or other means. Focus should be addressed towards appropriately resourcing data collection and evaluation to better understand the situation of opioid use and harm, and inform future improvements.

Following the enactment of the Misuse of Drugs Amendment Regulations 2022 (the amendments), prescribers and dispensers nationwide reported unclear, delayed, inconsistent information from authorities such as Manatū Hauora and Pharmac. Health professionals and the public encountered conflicting and contradicting advice, and at times were unable to contact Manatū Hauora for any comment whatsoever. These authorities should be trusted to provide timely and reliable guidance during situations such as policy or legal reform, to support the application of current law, best clinical practice and prevent avoidable harm. Tu Te Akaaka Roa suggest that any subsequent changes to law, policy and practice are accompanied by a comprehensive communication plan across relevant sector organisations. A comprehensive communication plan would facilitate certainty and transparency to those who intersect with the legislation. Updates should be prompt, concise and consistent, incorporating domains such as Manatū Hauora, Te Whatu Ora, Pharmac, Medsafe, Te Hiringa Hauora – Health Promotion Agency, the Health Quality & Safety Commission, and relevant health professional registration boards and/or councils.

We appreciate the opportunity to contribute to this consultation and are interested in hearing the outcome of the consultation on this work when it becomes available. If you have any questions regarding this letter, or require additional information, please contact Dr Daisy Brooke, Executive General Manager – Bi-national Offices and Professional Practice. Daisy can be contacted at [daisy.brooke@ranzcp.org](mailto:daisy.brooke@ranzcp.org), or by phone at (+61) 3 9236 9126.

Naku noa, nā



Dr Alison Masters on behalf of Professor Susanna Every-Palmer FRANZCP  
**Chair, Tu Te Akaaka Roa – New Zealand National Committee**

**Reference:**

The New Zealand Drug Foundation (2022) *State of the Nation: A stocktake of how New Zealand is dealing with drug use and drug harm*. Wellington New Zealand: The New Zealand Drug Foundation. Accessed 27 March:  
<https://www.drugfoundation.org.nz/assets/uploads/2022-uploads/State-of-the-Nation-2022/State-of-the-Nation-2022-web.pdf>