

28 July 2017

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Ministry of Health
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By email: fraser_colson@moh.govt.nz

Proposed reclassification of fentanyl and the scheduling of specified precursor substances for fentanyl

Dear Fraser

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders.

We note that the Expert Advisory Committee on Drugs concluded that, given the significant rise in abuse of fentanyl internationally, it would be appropriate to reclassify fentanyl from a Class B3 to a Class B1 controlled drug under the Misuse of Drugs Act 1975, and to include the specified precursors of fentanyl in Schedule 4 of the Act. We also note that the Committee has recognised the therapeutic value of fentanyl, and has proposed that, like morphine, fentanyl could be scheduled with an exemption to the requirement for Ministerial approval before being prescribed, supplied or used.

We are fully supportive of the proposed reclassification of fentanyl to a Class B1 controlled drug as well as the proposed scheduling of specified precursor substances. We consider these to be sensible precautionary measures against the abuse of fentanyl in New Zealand. Fentanyl is, nevertheless, an effective analgesic; nasal and transdermal formulations are particularly useful for paediatric analgesia, and fentanyl is safer than other opioids in patients with renal failure. It is important, therefore, that the proposed reclassification does not make fentanyl more difficult to use therapeutically. We support an exemption to the requirement for Ministerial approval before fentanyl can be prescribed, supplied or used, to ensure that it remains accessible for therapeutic purposes.

Finally, we believe that it would be useful for all prescribers to have access to a hard copy of drug classifications, including information about the scheduling of precursor substances; this information is no longer readily available in a single repository in many consultation rooms / practice settings (eg, General Practice, emergency departments, palliative care, chronic pain clinics, maternity wards).

We hope our feedback is helpful.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K. Baddock', with a stylized flourish at the end.

Dr Kate Baddock
NZMA Chair