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Dear Mr Colson

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

**Proposed scheduling of flubromazolam as a class C1 controlled drug**

Thank you for the opportunity to provide feedback on the Ministry of Health's proposed reclassification of fentanyl and the scheduling of specified fentanyl precursor substances, and proposed scheduling of flubromazolam as a class C1 controlled drug under the Misuse of Drugs Act 1975 (the Act).

***Introduction to general practice and the College***

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.

- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

### ***The Ministry of Health's proposal***

The College notes the Expert Advisory Committee on Drugs (the Committee) considered that it would be appropriate to schedule fentanyl as a Class B1 controlled drug. The Committee acknowledged the significant rise in fentanyl abuse internationally, but that fentanyl abuse has rarely been seen in New Zealand. Nevertheless, the Committee agreed that fentanyl poses a high risk of harm. Reclassifying fentanyl to Class B1 would lead to tighter controls on import and manufacturing, and warrantless search powers for Police for suspected illicit manufacturing activity. In addition, scheduling seven named substances (precursor substances) in Schedule 4 of the Act would give the New Zealand Customs Service greater search powers.

In relation to flubromazolam, the Medicines Classification Committee (the MCC) referred the medicine to the Committee, recommending that flubromazolam be scheduled with a more restrictive classification. The Committee acknowledged that flubromazolam poses a risk of dependency, misuse or illicit use and that a more restrictive classification would be appropriate.

### ***Submission***

Given the short timeframe to respond, the College was unable to seek comments from members. However, the College provides the following view.

The College agrees that fentanyl is “a medicine valued for its therapeutic properties”. We consider that fentanyl is particularly useful in patch form for analgesia, especially in palliative care.

The College also agrees with taking steps to curb the abuse and misuse of fentanyl and we consider the proposed scheduling of fentanyl is appropriate. However, the proposed changes may have an impact on general practice. Therefore, it is critical that fentanyl has an exemption so that GPs are able to prescribe fentanyl without the need to obtain ministerial approval. We note the Committee proposed that it would be appropriate to align fentanyl with morphine, which is scheduled as a Class B1 controlled drug and used in a similar way to fentanyl, and that fentanyl could be scheduled with a similar exemption to morphine under regulation 22 of the Misuse of Drugs Regulations 1977. The College is in strong agreement with the proposal of scheduling fentanyl with a similar exemption.

The College considers the proposed scheduling of flubromazolam as a Class C1 controlled drug is appropriate and that there would be little impact of this change to general practice. In particular, we note that flubromazolam was produced as a research chemical and there are no known therapeutic products. However, flubromazolam poses significant risks of harm because of its high potency, long lasting effects and ability to cause strong sedation and amnesia at low doses.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at [policy@rnzccgp.org.nz](mailto:policy@rnzccgp.org.nz).

Yours sincerely

A handwritten signature in blue ink, consisting of a large, stylized 'M' followed by a horizontal line that curves upwards at the end.

**Michael Thorn**  
Manager – Strategic Policy