

Submission on Misuse of Drugs (Pseudoephedrine) Amendment Bill

Thank you for the opportunity to provide a written submission on the Misuse of Drugs (Pseudoephedrine) Amendment Bill.

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 2,000 pharmacists, from all sectors of pharmacy practice. We provide to pharmacist's professional support and representation, training for continuing professional development, and assistance to enable them to deliver to all New Zealanders the best pharmaceutical practice and professional services in relation to medicines. The Society focuses on the important role pharmacists have in medicines management, the safe and quality use of medicines and supporting access to medicines in both primary and secondary care.

The Society are supportive of the policy intent to enable patients to access products containing pseudoephedrine, for the management of cold and flu symptoms after a consultation with a pharmacist. The proposed amendments to the Misuse of Drugs Legislation and Medicines Regulations will enable this to occur.

Concerns have been raised around the increased risk to pharmacists from ram raids and aggravated robberies, as a result of pharmacies choosing to stock pseudoephedrine products for their patient populations. This is still an ongoing concern from the profession.

Ministry of Health officials have suggested risk mitigations including access to the New Zealand Police's Retail Crime Prevention Programme, which requires an actual crime to have occurred before funding can be accessed. Alternatively pharmacies can utilise the MBIE's Fog Cannon Subsidy Scheme. The Society would like to suggest that, if the Select Committee choose to progress this legislation, Ministry of Health officials clearly communicate how pharmacies can access these schemes if they are required.

We would also appreciate if the Select Committee could consider that, any future pseudoephedrine related ram raids or aggravated robberies, documented by the police, are summarised and reported back to the Select Committee after a defined period of time. This will help the Committee and wider public understand if there have been any unintended consequences from introducing this legislative change, and the associated effects it may have had on the health and wellbeing of pharmacists.

With the reclassification of the medicine to a Class C3 (partially exempt) restricted medicine, all patients will be expected to undergo a consultation with a pharmacist to purchase. However, there is still a risk of inappropriate use and patients accessing additional supplies by visiting multiple pharmacies.

To mitigate these risks, the Society would like the Ministry of Health and Te Whatu Ora to establish a national real time monitoring system. This would assist with inter-professional communication for all health practitioners caring for these patients and will also allow patient's access to pseudoephedrine to be monitored.

Evidence for and the benefits of a real time monitoring have already been demonstrated in Australia.^{1,2,3}

We are aware that Te Whatu Ora are currently exploring the development of My Health Record which may eventually include restricted medicines provide by pharmacists to patients. However, currently this system is only designed to include immunisation records and COVID-19 related health information.

If the Select Committee choose to progress this legislation, please can they strongly encourage Te Whatu Ora officials to progress the My Health Record portal at pace, to capture both prescription medicines as restricted medicines, so all medicine related health information, is in one place.

We hope our written submission provides useful information for the Select Committee to consider, as they review the proposed legislation. We also look forward to the opportunity to provide an additional oral submission in due course.

¹ Brookfield et al. The Impact of pseudoephedrine regulation at Australian pharmacies through Project Stop: A narrative review. *Drug and Alcohol Review*. 2024;**43(1)**:325-342. [cited 22/2/24].

² Hattingh et al. Evaluation of pseudoephedrine pharmacy sales before and after mandatory recording requirements in Western Australia: a case study. Substance Abuse Treatment, Prevention and Policy;2016;**11(30)**:1-9 [cited 22/2/24].

³ Ferris J et al. Accessing the utility of Project STOP in reducing pseudoephedrine diversion to clandestine laboratories. Australian Government. Trends and issues in crime and criminal justice:2016;**509** [cited 22/2/24].