

**From:** Visser, Eric  
**To:** Committee, Education & Health Standing;  
**cc:**   
**Subject:** Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia  
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**Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia**

Honourable Committee members,

I am Dr Eric Visser, Chair of the Western Australian Regional Committee of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists. We represent multidisciplinary medical practitioners such as pain specialists, psychiatrists, surgeons and physicians who treat patients in pain.

A major area of relevance to this inquiry is the prescription of opioid analgesics (pain killers) such as morphine, oxycodone, methadone or patches for the treatment of chronic non-cancer pain.

- A certain proportion of patients prescribed these drugs may mis-use them; something in the order of a 5-15% addiction risk.
- Medically prescribed opioids such as morphine tablets or oxycodone not infrequently end up being used or sold illicitly, so-called opioid diversion.
- There is increasing evidence in the medical literature that long term prescription of opioids may not always be appropriate or effective in improving pain, function or quality of life in some patients with chronic pain and so use for this reason should be carefully monitored.
- As pain specialists, we are intimately involved with other medical and allied health practitioners, including Drug and Alcohol services in dealing with the shared problem of mis-use of medically prescribed opioids (pain killers) which may end up causing addiction or be diverted for sale on the illicit market. It is an increasing problem in Australian society.

Also, many of our chronic pain patients have co-existing drug and alcohol problems which complicate their pain management.

Any inquiry into the issue of drug and alcohol abuse, especially the illicit use of prescribed opioid medications would likely benefit from our input and I would be most happy to provide relevant information on this topic if required.

Specifically, control of the increasing problem of illicit use of medically prescribed pain killers involves appropriate and evidence-based patient selection and monitoring which is the province of our medical specialty, in combination with colleagues in Drug and Alcohol services.

The Faculty of pain medicine has position statements on this topic and has recently been involved in promulgating a national review of illicit opioid use in Australia.

The other organization of relevance in this field is the Australian Pain Society. The WA regional Director is Dr Stephanie Davies who I am sure would be most willing to be of help in this enquiry if required.

Thank you for the opportunity to contribute in this important endeavour.

I am happy to be contacted as follows if required.

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And

Chair  
WA Regional Committee of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists

