

## **Capturing key regulatory activities targeting pharmaceutical opioids in Australia: What has the last decade of policy looked like?**

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### **Introduction:**

Within the last decade, Australia observed marked increases in pharmaceutical opioid harms, including mortality. In response, regulatory measures have been implemented to restrict prescribing, availability and use of these medicines. We aimed to identify regulatory activities intended to restrict pharmaceutical opioid use between 2010-2021. Given that recent codeine regulation has been well-publicised in Australia, we present codeine as a case study.

### **Method:**

Australian government and non-government websites were searched to identify regulatory activities to restrict pharmaceutical opioid availability and use between 2010-2021. A literature review was conducted to investigate the impacts of codeine restrictions on supply, use, and harms.

### **Key Findings:**

Peer-reviewed and grey literature searches identified 235 sources relating to pharmaceutical opioid dispensing in Australia between 2010-2021. Sources described 152 regulatory and policy activities, with 77 either directly or indirectly targeting codeine use and harms. Fourteen activities were directly related to the 2018 over-the-counter codeine up-scheduling to prescription only medicine. Overall, up-scheduling appears to have decreased the use of codeine and associated harms related to extra-medical use.

### **Discussions and Conclusions:**

From our literature review, it appears that regulatory action has led to decreased codeine use and related harms. Alongside changes in codeine regulation, a large public consultation related to other Schedule 8 pharmaceutical opioids (including fentanyl and oxycodone) occurred and has resulted in myriad other legislative changes, including changes to pack sizes, prescription monitoring, and clinical guidelines. Further analyses will investigate changes across other pharmaceutical opioids, and the impact on use and harms recorded in Australia.

### **Disclosure of Interest Statement:**

The authors declare no competing interests.