Question 1

Are there any other key stakeholders of relevance to the development of the NPDMS?

Key stakeholders not included are those involved with the early education and primary prevention of drug misuse.

These include:

- Parents and primary caregivers who are instrumental in forming early attitudes and behaviours in the use of medications.
- Family health and parenting professionals who inform, guide and educate parents and children on the responsible use of medication
- School and community based educators who deliver drug education and drug prevention programs and initiatives
- Community drug information providers: the government departments and non-government organisations which supply information resources and/or services. Information is delivered via telephone services, websites, printed resources, media campaigns, social media, peer education etc. The Australian Drug Foundation provides information related to pharmaceutical drug use via its Resource Centre; DrugInfo, ADIN & Somazone websites; publications and other resources. See www.adf.org.au

Achieving a cultural change around the use of pharmaceutical drugs must involve these sectors.

Question 2

Are there any other significant gaps in our knowledge?

In addition to the gaps identified in relation to the misuse of prescription drugs, there is very little known about the level and pattern of use of over the counter (OTC) drugs. This is significant given that OTC drug use is often the first sanctioned drug use by young people.

Question 3

How do factors impacting on the social determinants of health impact on the misuse of pharmaceuticals?

The link between social disadvantage, chronic illness mental illness and drug use (licit as well as illicit) is an important point to make. The link between lower socioeconomic status and lower education outcomes, unemployment and/or less meaningful work, and social disengagement contributes to the misuse of drugs (including pharmaceuticals). More research is needed to fully understand the link between these factors and pharmaceutical drug misuse, so that any prevention and education initiatives can be appropriately tailored.

Question 4

How do these agendas and strategies impact on Australia's responses to pharmaceutical drug misuse?

The National Drug Strategy is based on the three pillars of harm minimisation: supply, demand reduction and harm reduction. The emphasis of the NPDMS and the questions raised in the discussion paper appear to be focused mainly on the supply reduction aspect. The ADF recommends that demand and harm reduction measures be given equal emphasis.

The National Preventative Health Strategy should also be included given its focus on

promoting the health of all Australians and its focus on reducing chronic illness.

The National Health Reform Agenda is particularly relevant given its focus on: problem prevention and early intervention; promoting the use of non-pharmacological interventions; and improved use of E-Health information and technology.

Question 5

What can we learn from other countries' experiences with problems with, and responses to, pharmaceutical drug misuse?

The experience from overseas of increased prescription drug use and growing prevalence of pharmaceutical drug misuse is important to look at, both for reasons why and the impact of measures taken to address it. However care must be taken to factor in the different policy, regulatory and legislative contexts between countries.

Question 6

What, if any, unintended consequences might be expected in Australia if levels of access to medications such as opioid analgesics were to be reduced? What strategies could be put in place to avoid these unintended consequences?

Some unintended consequences:

- Those genuinely requiring medications having difficulty getting access to them
- Community communications accompanying any changes could inadvertently persuade patients to stop using essential medicines
- Any moves to reduce or limit access to drugs (licit or illicit) increase the risk that people who need or want that drug will resort to less reliable sources. Any tightening of a drug market (legal or illegal) will result in an expansion of another drug market. Information and education with illicit drug users on the potential harms of street drugs and accessibility to treatment and OST programs will be essential.

Question 7

Is there other evidence of harms stemming from pharmaceutical misuse?
The harms listed are extensive, covering physical, mental and social harms.

An unexplored area is how prescribed medications for conditions such as depression and anxiety (including benzodiazepines etc and some OTC drugs) are taken by sportspeople and athletes without knowledge of drug testing and banned substances. Warning on OTC and prescription drugs are insufficient and people are unaware of the risks involved, not only health wise, but the legal ramifications for athletes.

Pharmaceutical drug use by older people and the impact on road safety is a significant harm to be addressed, especially given the ageing Australian population. Factors including the level of medications; the mix of medications; the interaction between prescription drugs and other drug use such as alcohol and cannabis,

reduced or compromised driving skills due to age and/or ill health all contribute to harm. A recent (Mar 2010) Prevention Research Quarterly (1) published by the *DrugInfo* Clearinghouse and an accompanying seminar (2) covered this topic. See http://www.druginfo.adf.org.au/reports/prq-drugs-and-driving

Question 8

To what extent is OST accessibility and dispensing fees impacting on patterns of pharmaceutical drug misuse?

Access to OST programs and the dispensing costs involved can be significant barriers to treatment for opioid dependent individuals, socially those who are marginalised. Not only is there a need for more OST programs but they need to operate in ways which make them accessible and appropriate Privacy and confidentiality are also important factors, especially in rural and regional towns.

Question 9

How could Australia's data collection and sharing processes in this area be enhanced?

As suggested, the ability to share data among relevant bodies and organisations is essential.

The data and information provided by needle syringe programs and from the Sydney Medically Supervised Injecting Centre has been a valuable contribution to this process, demonstrating the value of harm reduction orientated services in accessing and studying hard to reach user groups.

Question 10

Are there any other gaps in the research?

An understanding of the cultural attitude to use of pharmaceuticals, both prescribed and over the counter, is needed to ensure appropriate development and delivery of public education and information campaigns

Question 11

What other workforce development responses are required?

It is the Australian Drug Foundation's experience that there is a great need for, and interest in, information and resources tailored for use by workers in the AOD, health and welfare sectors, especially on issues of emerging importance like this one.

The ADF publishes the quarterly *DrugInfo Prevention Research Quarterly,*

1 http://www.druginfo.adf.org.au/reports/prq-drugs-and-driving
2 http://www.druginfo.adf.org.au/druginfo-seminars/drugs-and-driving

*(*incorporating a research review, newsletter and factsheets) targeted at those workers engaged on alcohol and other drug issues. An issue on heroin and other opioids is under preparation, to be released in the second half of 2011. Topics to be covered will include the emergence of prescription opioid use among non-injecting populations.

Question 12

What other consumer-oriented responses are required?

The need for basic consumer education on the safe and responsible use of OTC medications, as well as prescription medicines, requires a well resourced, sustained, community education campaign.

Question 13

Are there any other potential contributions that technology could make?

The use of social media and digital technology to reach people, especially young people, was an important theme of the recent 6th International Conference on Drugs and Young People. Effective use of new technologies should be central to any public information campaign.

Question 14

To what extent is Australia's current self-regulatory approach to the marketing of pharmaceuticals effective?

The role of self-regulatory approach to the marketing of products which pose serious potential health risks while delivering major profits for the producers is something which must be addressed. Similar to the position of alcohol marketing, there are serious doubts as to how effective self-regulation is in the public interest.

Other issues:

If you wish to address issues not covered in the above questions, please do so at the end of your submission.

The Community's need for information

Data from the Australian Drug Foundation's Information Services indicate that there is a growing need for information in the community on pharmaceutical drug use. Most of the calls received concerning pharmaceuticals are from concerned friends or family. Other calls are from people concerned about the effects of prescription medication which are referred to Medicines Line, but there is no way of knowing whether the callers have been prescribed the medications or have gained them through non-medical means.

Some examples:

- A caller worried about a friend taking all her benzodiazepines (90 tablets) at once
- People who had started off taking the recommended dose of medication but slowly worked up to higher and higher amounts (one caller claimed to be taking 80-90 Nurofen Plus tablets a day).
- A distressed mother concerned about the amount of anti-inflammatory pills her son was taking for non-medical reasons.
- Callers asking how their pharmaceuticals will interact with other substances, including illicit substances e.g. antidepressants and LSD.
- Callers applying pharmaceuticals in incorrect ways - e.g. injecting oxycontin, smoking suboxone

In the last quarter, calls to the *DrugInfo* Line, had the following profile

Alcohol:	52% of calls
Cannabis:	13.8%
Benzodiazepines	1.2%
Methadone:	2.4%
Pharmacotherapies,(other)	0.8%
Prescribed and OTC medications	**38.3%**

3[2] Excludes benzodiazepines, amphetamines and related medications and pharmacotherapies