

Submission re: National Pharmaceutical Drug Misuse Strategy

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 2,800 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is the only professional pharmacy organisation with a core base of members practising in public and private hospitals and other health service facilities. These pharmacists work within healthcare teams with a focus on supporting the safe and effective use of medicines as their core business.

SHPA offers the following comments on the questions listed in the *Background discussion paper to support the development of the National Pharmaceutical Drug Misuse Strategy* (NPDMS).

Q2. Are there any other significant gaps in our knowledge?

No data are available about the OTC supply of codeine containing medicines

Q5. How do the current operations of the PBS contribute to, or reduce, the misuse of pharmaceutical drugs?

The indications and pack sizes of targeted medicines available through the PBS do not reflect evidence based practice nor support appropriate use of these medicines.

The current PBS restricts prescribers to designated pack sizes that may not be appropriate for many patients. SHPA recommends that a 'starter pack' of 3-5 days of targeted medicines such as benzodiazepines and oxycodone be listed and available through the PBS.

The availability of a starter pack would mean that if targeted medicine was requested by a patient unknown to the prescriber (including prescription shoppers), required for a limited period, or provided on discharge from hospital a small supply could be provided.

The provision of a starter pack would limit the volume of the targeted medicines supplied but would not restrict access to patients with legitimate requirements.

Consideration should also be given to making it harder to prescribe targeted medicines for patients unknown to the prescriber. For example changing the PBS listing and electronic prescribing of targeted medicines to include the need to complete an electronic questionnaire for new patients (decision tree based on Therapeutic Guidelines) re appropriateness of use / indication before electronic prescribing can occur. Large supplies of these medicines could be limited using a similar mechanism.

Finally there is a need to capture data on the supply of targeted medicines irrespective of the schedule, dose, funder or reimbursement / claiming system.

Q10. To what extent is there a current evidence / practice gap in Australia concerning the use of opioids for CNMP?

The gap is in practice rather than evidence. In many instances the pack sizes of opioids available through the PBS do not reflect evidence based practice nor support appropriate use of these medicines. The rules governing the PBS do not always support the appropriate use of these medicines.

The Society of Hospital Pharmacists of Australia

Q11. To what extent is there a current evidence / practice gap in Australia concerning the use of benzodiazepines for conditions such as anxiety and insomnia?

The gap is in practice rather than evidence. The listed indications and pack sizes of benzodiazepines available through the PBS do not reflect evidence based practice nor support appropriate use of these medicines. The rules governing the PBS do not always support the appropriate use of these medicines.

Q14. To what extent is Australia's prescription shopping program able to impact on the misuse of pharmaceuticals?

The current program is limited by the data available to be investigated. There is a need to capture data on the supply of targeted medicines irrespective of the schedule, dose, funder or reimbursement / claiming system. .

As noted earlier SHPA recommends that a 'starter pack' of 3-5 days of targeted medicines such as benzodiazepines and oxycodone be listed and available through the PBS. This means that a prescription shopper would need to access a greater number of prescriptions to obtain the same number of tablets.

Rather than limiting access of these medicines to legitimate users the threshold for triggers identifying potential prescription shoppers needs to be lowered and include all prescriptions (PBS and private prescriptions) and the dispensing of these prescriptions. Although this may result in legitimate users being investigated it would improve the ability of bodies such as Medicare Australia, TAC, DVA in identifying rogue practitioners and excessive claims.

Q17. Are there any measures that could be introduced in the short term that would enhance our ability to monitor the prescriptions and dispensing of these medicines?

SHPA believes that in the short term a third generation PMP where there is electronic transmission of prescription information (not necessarily in real time) is achievable and would have an immediate impact. As noted earlier there is a need to capture data on the supply of targeted medicines irrespective of the schedule, dose, funder or reimbursement / claiming system.

The longer term objective should be the implementation of a CMMS. However SHPA notes that to be effective a CMMS would need to link information from all prescribers and suppliers and that all of this information would need to be available at the time of prescribing and dispensing. A comprehensive CMMS would be heavily dependent on the development and introduction several e-health and IT initiatives, it should be seen as a long term goal.

Q18. How are the current prescriber remuneration patterns impacting on patterns of pharmaceutical drug misuse?

SHPA notes that changes to the marketing of medicines over the past decade, in particular direct advertising to the general public, has shifted the public's expectation that a medicine is needed and what medicine is 'appropriate'. Messages such as 'strong pain needs strong pain relief' have an impact on a patient's expectation that a doctor will prescribe a medicine for their pain and that that medicine prescribed will be 'strong' enough to tackle their pain.

The prescribing of a medicine is less time consuming than working through a detailed clinical assessment. Anecdotally few patients have a full clinical assessment of their pain, such as that described in the Analgesic Therapeutic Guidelines, outside specialised pain clinics.

Health professionals are hampered in their efforts to reduce the inappropriate use of these medicines by lack of information about the current use of medicines by the individual and other prescribers that may be treating the individual.

Rather than change the rates of remuneration there is a need to increase the time available for prescribers to undertake a full clinical assessment of the patient's pain, improve the

information available at the time of prescribing (concurrent medicines, recent supply of medicines) and make the prescribing of these targeted medicines more onerous and time consuming for patients unknown to the prescriber.

Q19. To what extent is OST accessibility and dispensing fees impacting on patterns of pharmaceutical drug misuse?

SHPA supports the concept of OST and believes that a subsidised dispensing fee would assist with improving access to OST programs.

Q20. To what extent are the current patterns of availability of adjuvant drugs impacting on patterns of pharmaceutical drug misuse?

Anecdotally the availability of adjuvant medicines through the PBS is driving the use of opioids to some extent. SHPA believes that indications listed in the PBS for adjuvant medicines such as should mirror Australia's Therapeutic Guidelines, for example the use of gabapentin in neuropathic pain.

Q21. To what extent are these difficulties impacting on patterns of pharmaceutical drug misuse?

The prescribing of a medicine is less time consuming than working through a detailed clinical assessment. Anecdotally few patients have a full clinical assessment of their pain, such as that described in the Analgesic Therapeutic Guidelines, outside specialised pain clinics. Improved and timely access to specialised pain clinics could reduce the reliance on opioids, increase the use of non-pharmacological pain management techniques and importantly provide better patient care and outcomes.

Q22. To what extent are the problems with hospital to community transitions impacting on patterns of pharmaceutical drug misuse?

SHPA acknowledges that the use of some medicines is inadvertently continued on discharge from hospitals. This is why SHPA strongly advocates the need for a pharmacist to clinically review the medicines prescribed on discharge before dispensing (and ideally before prescribing) to ensure that each medicine is clinically required, is appropriate for that patient given their clinical status and needs and that short term medicines are discontinued or supplied to complete the course of treatment (such as antibiotics). During such a process the pharmacist may discuss with the prescriber the deletion of some medicines.

Access to PBS listed medicines through public hospitals frequently results in patients receiving larger quantities of some medicines than they would have received under previous supply arrangements. SHPA recommends that a 'starter pack' of 3-5 days of targeted medicines such as benzodiazepines be listed and available through the PBS. This pack would be able to be provided on discharge from hospital.

Q23. To what extent would a CMMS enhance the QUM in Australia?

The longer term objective should be the implementation of a CMMS. However SHPA notes that to be effective a CMMS would need to link information from all prescribers and suppliers and that all of this information would need to be available at the time of prescribing and dispensing. A comprehensive CMMS would be heavily dependent on the development and introduction several e-health and IT initiatives, it should be seen as a long term goal.

Q26. What other clinical responses are required?

Health professionals are hampered in their efforts to reduce the inappropriate use of these medicines by lack of information about the current use of medicines by the individual and other prescribers that may be treating the individual.

Q30. To what extent is Australia's current self regulatory approach to the marketing of pharmaceuticals effective?

Australia's current self regulatory approach to the marketing of pharmaceuticals does not always support the quality use of medicines nor the appropriate use of medicines.

SHPA notes that changes to the marketing of medicines over the past decade, in particular direct advertising to the general public, has shifted the public's expectation that a medicine is needed and what medicine is 'appropriate'. Messages such as 'strong pain needs strong pain relief' have an impact on a patient's expectation that a doctor will prescribe a medicine for their pain and that that medicine prescribed will be 'strong' enough to tackle their pain.