

Thank you.
Consultation Questions
National Pharmaceutical Drug Misuse Strategy

Question 1

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

Pharmacy assistants
Past misusers
Educators (tertiary institution academics, school teachers)

Question 5

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

As the PBS is one mechanism that make medicines affordable, for some people, this may mean more medicines can be consumed, both appropriately and inappropriately. The PBS Safety Net may further encourage use of medicines as consumers know once they reach the threshold, the cost of the medicine can drop considerably.

The lack of real-time dispensing history makes it difficult for pharmacists to monitor use (and to potentially pick up on misuse).

While Medicare Australia's Prescription Shopping Program is a useful initiative, PSA believes optimal outcomes are not being realised because it remains a voluntary program that prescribers must register for. In addition, useful information arising from the Prescription Shopping Information Service is not available to pharmacists.

The National Pain Strategy aims to improve the use of evidence based responses. While the PBS provides access to appropriate medicines, there is a greater need to embrace a more structured approach to pain management (eg. better dissemination/uptake of treatment protocols for short- and long-acting opioids; agreed management plans between prescribers and patients; regular reviews).

We also advocate for approvals of authorities for increased PBS quantities/repeats for opioid medicines to have a greater evidence-base, for example, in terms of duration of treatment allowed, or type of pain being treated.

Question 6

What role do police agencies and other law enforcement agencies have in responding to problems of pharmaceutical drug misuse?

PSA would welcome opportunities to work more closely with these agencies. From a professional education perspective, the experience of these agencies are useful and informative and can impact on how pharmacists practice and their role in intervening in cases of misuse or diversion. A good example is the community pharmacy education initiative on pseudoephedrine diversion produced by PSA in partnership with the Australian Government Attorney-General's Department in 2006.

Question 9

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?

Pharmacists often observe that if the availability of one medicine is reduced or removed,

misusers move into different areas (eg. different medicines, different methods of supply). Therefore any proposed reduction in access to particular medicines must be considered holistically and the broader impact examined.

From a quality use of medicines perspective, reduced access does not necessarily lead to unintended or negative consequences. For example, a review of long-term and/or high-dose opioid treatment of chronic non-malignant pain may identify a reduction in dose or alternative pain management strategies as being necessary for better health outcomes.

Question 10

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

Pharmacists have a primary role in monitoring the use of opioids and therefore their expertise and network should be better utilised.

Question 11

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

Pharmacists have a primary role in monitoring the use of benzodiazepines and therefore their expertise and network should be better utilised.

A program which is working well in the ACT is the Voluntary Undertaking Scheme which covers patients who voluntarily agree to a contract to have their benzodiazepine medication prescribed by one GP and dispensed at one pharmacy.

Pharmacists also implement staged supply arrangements (to dispense daily or weekly quantities on a single prescription covering a month's supply) at the request of GPs.

Question 14

To what extent is Australia's Prescription Shopping Program able to impact on the misuse of pharmaceuticals?

As per our response under Question 5, PSA believes there is scope for the Prescription Shopping Program to deliver greater benefits by allowing pharmacists to access information at the point of dispensing.

There are other limitations to the Program such as the 4–6 week lag in data availability, and the set of criteria which triggers the identification of a person (eg. prescription from six or more prescribers in a three month period, or supply of 50 or more PBS items in that period).

Question 15

How effective is Australia's current approach to the regulation and monitoring of these medications and how could the current approach be improved?

PSA firmly believes the lack of uniformity in the regulation of drugs and poisons across Australia means that the management of pharmaceutical drug misuse by regulators and health professionals is not as efficient or effective. One example is the need for prescribers to have separate state/territory government approvals for cross-border patients which is confusing and creates additional administration requirements for the prescriber. This also often has flow-on consequences when the patient who presents a prescription without the correct prescriber authorisation

cannot understand why the pharmacist is unable to dispense it.

With the July 2010 implementation of national registration of health practitioners, PSA believes the lack of uniformity in the regulation of drugs and poisons is even more apparent and unnecessary.

Question 17

Are there any measures that could be introduced in the short term that would enhance our ability to monitor the prescription and dispensing of these medications?

One example is to implement real-time reporting by pharmacists of the dispensing and supply of certain medicines. For example, the Pharmaceutical Services Branch of the Tasmanian Department of Health and Human Services has been piloting a real-time reporting system of the dispensing of Controlled Drugs and alprazolam from all Tasmanian pharmacies.

Real-time reporting gives the capacity to:

- (a) monitor the prescribing of identified medicines;
- (b) identify potential problems in a timely manner;
- (c) make clinically significant interventions to promote best practice; and
- (d) to improve patient health and public health outcomes.

PSA understands this pilot has been working well and that other jurisdictions have expressed interest in the model. An advantage of this model is that it is not difficult to add (or delete) other substances as identified.

PSA is aware of some successful programs and incentives, for example, the post-prison release support payment for OST for juveniles through the Victorian Justice Department. We believe consideration should be given to extending these as national programs.

Question 19

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

The dispensing fee not being subsidised is certainly a barrier to uptake by some pharmacists.

Pharmacists report to PSA that a significant issue for many consumers is that OST does not contribute to the Safety Net because it is not on the PBS. As OST can be regarded as chronic therapy, this can create a significant disadvantage for consumers requiring OST.

The lack of Safety Net contributions also compounds the significant cost barrier for many consumers. Cost has been reported by pharmacists to be the single reason why many people never commence on OST, or drop off after commencing.

Pharmacists are also observing a relatively new cohort of misusers who have become dependent on prescription opioids, benzodiazepines and codeine-containing analgesics. Many of these people start out with conditions requiring genuine therapy with these medicines but become dependent over time and rapidly increase consumption. Pharmacists experience a major challenge with

these people who do not regard themselves as 'addicts' and therefore do not feel the need to participate in OST programs which they label as programs "for junkies". PSA would suggest that novel ways to meet the needs of these cohort of misusers must be developed.

Question 22

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

Pharmacists see the hospital to community transition as a hotspot for problems particularly for patients who are discharged on short- and/or long-acting opioids. There is generally poor communication between health professionals in the two settings and patients generally do not have adequate information regarding dose reduction or continuation/cessation of their discharge medicines.

Question 23

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

Implementation of a Coordinated Medication Management System (CMMS) would be supported by pharmacists based on its focus to enhance quality use of medicines. However, effective implementation of such a system would be dependent on the inclusion of a comprehensive plan in the NPDMS for the education and training of doctors, pharmacists and other health practitioners on its use.

Any plans for a CMMS would also have to take into consideration other potential systems such real-time reporting and electronic health records.

We also agree with the cautionary note in the discussion paper that such a system will not address all of the problems or difficulties associated with the misuse of pharmaceutical drugs.

Question 27

What other workforce development responses are required?

PSA has observed that many more pharmacists are keen to become involved if there are more education and training opportunities. This includes, as mentioned in the discussion paper, initiatives such as a mentoring program to provide ongoing professional support and networking.

Interprofessional programs would also be useful to enhance the working relationship and arrangements between prescribers and dispensers.

PSA would be pleased to utilise its expertise and state/territory Branch network and work with other stakeholders in developing and delivering intraprofessional and appropriate interprofessional education and training to meet the objectives of the NPDMS.