

## **Consultation Questions**

### **National Pharmaceutical Drug Misuse Strategy**

Read these questions in conjunction with the Discussion Paper from which they are derived. Select and address only the items of relevance. Retain numbering as shown below.

#### **Question 1**

Are there any other key stakeholders of relevance to the development of the NPDMS?  
Emergency department medical staff  
Residential Aged Care Facilities

#### **Question 2**

Are there any other significant gaps in our knowledge?

#### **Question 3**

How do factors impacting on the social determinants of health impact on the misuse of pharmaceuticals?  
Social determinants have a significant impact on misuse of pharmaceuticals. Lower socioeconomic classes are often less informed and have a lower health literacy. People are forced to move to rural areas due to rising cost of living in major cities, where often access to a regular GP and other services is limited. In many cases medication is more readily available and more affordable than services such as pain clinics, psychologists, dietitians, exercise physiologists etc. Also patients require a degree of self motivation to participate in pain management programs etc, which often comes with a greater understanding of their disease states, education and access to support organisations.

#### **Question 4**

How do these agendas and strategies impact on Australia's responses to pharmaceutical drug misuse?  
The National E-Health Strategy will greatly enhance the ability of GPs and pharmacists to identify and track fraudulent prescriptions, and also assist in identifying those people who visit a number of GPs or "doctor shop"  
A review of the National Pain Strategy is required to change the approach to management of chronic non malignant pain, focussing on a wholistic approach rather than a management by pharmacological means. GPs struggle with the management of CNMP, they feel there is little support, no local specialists and the waiting time to get a patient into pain clinics is currently up to 18 months.  
The use of opioids on hospital discharge and emergency departments is causing concern for GPs, as there is little information given to patients on the use of these medications and potent opioids at times appear to be prescribed for minor conditions. Access to Mental Healthcare professionals is limited for many Australians especially those in rural areas, those on welfare and especially those in Aged Care.  
A recent Drug use evaluation of The use of Antipsychotics in Dementia in local aged care facilities indicated that once patients are commenced on these medications they are often not reviewed for long periods of time. Again there are longer than ideal waiting times to have patients reviewed by specialists and Aged Care staff generally have limited knowledge of the effects, adverse effects and interactions of these medications.  
A Drug Use Evaluation of the use of Benzodiazepines for insomnia in local aged care facilities indicated that while the majority of agents used were short acting agents, there was some use of long acting agents, use of more than one benzodiazepine concurrently and most had been used for many months, or even years.



**Question 5**

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

The affordability of medications often makes it easier and cheaper for patients to use medication rather than visit allied health professionals such as physiotherapists, psychologists, exercise physiologists etc for conditions such as chronic pain or insomnia. Patients often do not wish to cease these medications, as they consider them effective and affordable. With regard to the use of short acting, weaker opioids in chronic non-malignant pain, for which the NPS recommends there is limited place, some GPs continue the use of maximal doses of Panadeine Forte, as unlike other opioids, it can be prescribed long term without requiring a permit.

At times other medications such as Gabapentin or pregabalin would be more effective for chronic pain with a neuropathic basis, however these are in most cases unaffordable to the patient so the GP is forced to prescribe an opioid.

The use of SSRI antidepressants in place of benzodiazepines for anxiety is underutilised.

**Question 6**

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

**Question 7**

To what extent are pharmaceutical drug misuse problems impacting on policing agencies in different jurisdictions?

**Question 8**

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

**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?

If access to medications such as opioid analgesics were to be reduced there is the very real possibility that patients that have genuine need for them would be denied, GPs would be more reluctant to prescribe, and there would be greater scrutiny of their prescribing habits.

GPs could be encouraged to use Pain management plans focusing on a holistic approach to chronic pain management, and receive incentives for this.

Use of strategies such as an Opioid Risk tool to aid in predicting which patients are more likely to develop aberrant behaviours with the use of opioids, and patients to sign a "Treatment Agreement" when commencing a trial of opioid therapy.

Those patients whose doses are found to be escalating must be referred to a specialist.

GPs involved in Opioid replacement therapy feel that the approval of Targin (oxycodone/naloxone) for the PBS would be a significant benefit.

### Question 10

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

There appears to be a certain lack of knowledge and confidence among GPs in prescribing opioids, including when to commence therapy and which agent to use, long term adverse effects, and the place of weak opioids.

Formal opioid risk assessment tools, or pain management plans are seldom used.

Most GPs do not have easy access to specialist advice with regard to using opioids or patient review

### 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?

There are a number of concerns with regard to the use of benzodiazepines, particularly in the elderly, where it is not uncommon to see patients taking 2 or in some cases 3 benzodiazepines. - where they say they use one for their "Nerves" and one to help them sleep. On discussion of discontinuation, most say they can't do without them and are unwilling to try having become dependant over a number of years.

GPs need to be encouraged to regularly review the use of benzodiazepine and attempt discontinuation, even in those patients who claim not to be experiencing any adverse effects for as patients age there is an increased risk of falls, short term memory loss and cognitive impairment associated with the use of benzodiazepine.

While the use of nitrazepam has decreased markedly, there is still use among the aged and frail. It has a very long half life, up to 48 hours and longer in the elderly, debilitated patient. The use of this agent needs review.

A recent NPS Drug use evaluation of Benzodiazepines in insomnia in a local aged care facility, indicated that 48% of residents are taking hypnotics for insomnia, the majority have been taking them for longer than 6 months and 8% are taking more than one hypnotic medication.

The use of SSRI anti depressants in anxiety disorders appears greatly under-utilized, while there are still issues associated with adverse effects and falls risk, there is no risk of abuse or dependence.

### Question 12

Is there other evidence of harms stemming from pharmaceutical misuse?

### Question 13

Certain groups in the community (such as those living in rural areas and those experiencing social disadvantage) appear to be disproportionately affected by levels of harm associated with pharmaceutical drug-related problems. What could be done to address this in a targeted way?

There needs to be easier and more affordable access to the relevant health professionals, such as pain specialists and psychologists, and a reduction in waiting times to attend the relevant specialist or clinic.

An area of significant concern in rural areas is access to GPs involved in opioid substitution therapy. A dedicated clinic either at a community health centre or public health service would assist in better supporting patients in access to GPs and supply of their medication while minimising the stigma many experience while on the program.

In one instance patients are required to attend a dedicated window at a pharmacy and obtain their daily dose of methadone or Subutex without entering the main body of the

pharmacy and are requested to obtain any other medication at another pharmacy. GPs prescribing opioid substitution therapy are of the opinion that allowing the combination product Targin (oxycontin/naloxone) to be listed on the PBS would be significant benefit to many of their patients.

#### **Question 14**

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

It is felt that this program has limited impact on the misuse of pharmaceuticals as the parameters are too broad, and the information available to prescribers is of little benefit. The threshold for the prescription shopping criteria should be tightened, in particular where a number of different clinics are attended rather than the instance where GPs from the one clinic are covering each others patients.

Pharmacists cannot access the program at all and have no way of establishing whether patients have visited a number of different pharmacies.

#### **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?

#### **Question 16**

What are the key issues that arise concerning the balance between measures which are intended to enhance the quality use of medicines (such as a CMMS) and the needs to protect the privacy of patient information?

#### **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?

#### **Question 18**

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

Management of conditions such as anxiety, insomnia and chronic non malignant pain require considerable input of time and effort from GPs in the form of non pharmacological methods such as cognitive behavioural therapies, ongoing counseling, and patient education. GPs often have limited time to spend on these therapies due to pressures of the number of patients they are required to see, and most feel pressured by patient to prescribe medication. Many GPs feel there is insufficient incentive and support to manage these conditions successfully with some feeling inadequately prepared and of the opinion that subsidised training should be available.

#### **Question 19**

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

The number of prescribers involved in the OST program is grossly inadequate, resulting in patients having to travel considerable distances to access a GP and GPs feeling overwhelmed with the number of patients they are asked to see.

Again there is no incentive for GPs to attend these patients and many are of the opinion that it may attract the "wrong" sort of patients.

As the dispensing fee is not subsidised the cost to the patient varies from pharmacy to pharmacy, with some charging no fee at all, some a daily attendance fee and others a weekly fee.

In one instance the OST patients are required to obtain their daily dose at a designated window of the pharmacy without coming into the main body of the building and requested to obtain their other prescription items at an alternative pharmacy. There is a requirement for a dedicated OST clinic in either a community health centre or public health service where patients could both attend a prescriber and obtain their medication.

### **Question 20**

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

There are many cases where adjuvant medications such as anti epileptics or SNRIs would be of considerable benefit in persistent pain particularly those with a neuropathic component. They could be used in place of opioids, or in addition to an opioid allowing for a decreased dose of opioid.

GPs often trial these medications with significant results but the patient finds the financial cost too great.

As these medications are not available on the PBS for management of pain, and the unsubsidised cost of agents such as gabapentin, pregabalin, venlafaxine or duloxetine is prohibitive for the majority of patients, GPs have little choice but to manage the pain with the use of opioids.

### **Question 21**

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

In the Ballarat Division servicing a population of over 120,000 there is only one public pain clinic with a visiting specialist available one day a fortnight which has a current waiting list of over 12 months, the alternative is a clinic an hour away in Geelong which has a waiting time of 18 months, or to travel to Melbourne.

The private pain clinic runs a 10 week multidisciplinary clinic which is generally used by patients on workcover, TAC or those with health insurance.

This generally leaves GPs to manage chronic pain conditions to the best of their ability, utilising other health professional where appropriate and ultimately having to prescribe opioids

### **Question 22**

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

The lack of communication on hospital to community transition is a significant issue, not only in the use of psychotropic and opioid medications but medication and patient information in general. This is a particular problem in the elderly who often have a number of new or altered medications in hospital and are confused about what they should be taking.

It seems that patients are routinely written up for benzodiazepine and opioids while in hospital which then continue on after discharge with limited information given to the patient about how long they should continue and GPs are then left to manage these patients.

Also it has been noted among GPs that there is significant increase in the use of Endone (oxycodone) in patients attending emergency departments and on discharge. In many cases GPs have considered the use of Endone to be inappropriate.

A medication review (HMR) by a pharmacist a few days after discharge for selected patients would be of significant benefit in minimising drug misuse

**Question 23**

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

**Question 24**

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

**Question 25**

Are there any other gaps in the research?

**Question 26**

What other clinical responses are required?  
Review and developing guideline for the use of psychotropic and hypnotic medications in Aged Care facilities

**Question 27**

What other workforce development responses are required?  
Education of aged care staff in the use of psychotropic drugs and non pharmacological therapies.  
Development of referrals system for hospital outreach pharmacists to conduct medication reviews a few days after hospital discharge.

**Question 28**

What other consumer-oriented responses are required?

**Question 29**

Are there any other potential contributions that technology could make?

**Question 30**

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

**Other issues:**

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