

Attention: Pharmaceutical Drug Misuse Strategy

National Centre for Education and Training on Addiction (NCETA)
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Dear Sir/Madam

Thank you for providing the National Medicines Policy Committee (the Committee) with the opportunity to comment on the development of the National Pharmaceutical Drug Misuse Strategy. We commend the consortium on its work to date, and offer some comments which we hope will strengthen the development of the strategy.

The Committee considers that the Discussion paper is comprehensive and covers the major issues relevant to the development of the National Pharmaceutical Drug Misuse Strategy. In particular, the Committee applauds the identification of the quality use of medicines approach and the principles of the National Medicines Policy as an informed and appropriate framework for considering the challenges of the misuse of medicines.

For your information, one of the Committee's current priority areas is *Evidence into practice and policy*, which includes a focus on the role of opioid analgesics in managing chronic non-malignant pain (refer: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-committee-meeting-outcomes-statement-march-11>).

The Committee identified a number of possible solutions worthy of consideration as outlined below:

- Better communication between all of the regulatory arms – police, health professional registration boards and agencies that hold information (such as Medicare and private practitioners) is necessary;
- Medicare Professional Service reviews of prescribing would benefit from including a QUM focus;
- Identifying that this is also a health capability and cultural expectation problem;
- Enhanced promotion of non-medicine options as a first-line treatment;
- Monitoring medicine and health messages to ensure consumers can be informed and active in their health choices, but primarily to avoid the expectation that medicines are always first line therapy; and
- There is a need to strengthen healthcare professional education in relation to how to individualise medicines, and associated education and information, to achieve optimal outcomes in those people most at risk of medicine misuse, in particular people living with chronic non-malignant pain.

The following specific comments are also provided in response to a number of the questions raised in the discussion paper, and are framed in the context of:

- significant gaps;
- accuracy;
- stakeholders' interests and concerns; and
- potential responses that are consistent with stakeholders' perspectives.

An Australian Government Department of Health and Ageing Ministerial Advisory Committee

Question 5: How do the current operations of the PBS contribute to, or reduce, the misuse of pharmaceutical drugs?

The Committee noted that data from the PBS does not currently capture information about all medicines that are relevant to this problem. However, as agreed under the Fifth Community Pharmacy Agreement, from April 2012 onwards data on under-copayment prescriptions (ie those where the Commonwealth does not pay a benefit because the medicine costs less than a patient's PBS copayment) will be collected by Medicare Australia. The inclusion of this under-copayment data will provide a more complete dataset with which to assess medicines utilisation.

Members of the Committee noted the ability of some consumers to “doctor shop” since prescriptions are not centralised or tracked. The need for an appropriate real-time monitoring system is clear. In this context, the Electronic Recording and Reporting of Controlled Drugs (ERRCD) initiative will be implemented under the Fifth Community Pharmacy Agreement to support the development of a system to collect and report data relating to controlled drugs, to address the problems of forgery, abuse, and doctor shopping. The proposed system will interface with existing dispensing software to enable real-time reporting of controlled drugs within jurisdictions.

The Committee also noted the comments regarding internet shopping which presents an issue for identifying the size and nature of the problem of the misuse of medicines.

Lastly, the Committee was of the view that developments in e-Health represent an important opportunity to capture real time data on prescription medicines use and abuse. However, the plan for an opt-in approach to the personally controlled electronic health record (PCEHR) may limit the utility of this initiative.

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?

Access to high quality, safe, effective and affordable medicines is a key focus of the National Medicines Policy and the principles of the quality use of medicines embedded within this policy. An over-riding concern is the need to ensure that any strategy design to limit the misuse of medicines does not actively work against the quality use of medicines or indeed appropriate access to medicines where there is a real clinical need.

The Committee identified some possible consequences of changing access to selected medicines, these include:

- Hoarding of opioid analgesics and the possible use of these medicines beyond their expiry date. This could have significant consequences for patient safety. A range of strategies could be employed to limit this practice.
- Increased utilisation of alternative analgesics and reduced consumer confidence in the health system to appropriately deal with pain.
- Possible re-emergence of the predominance of illegal opioids and growth in local illegal manufacture and importation.
- A possible positive implication is the shift towards the use of non-pharmacological strategies for pain management. This could be facilitated by an education campaign regarding the access to and effectiveness of these strategies.

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?

The Committee felt there was a clear and compelling need for a rural and remote awareness campaign related to the misuse of medicines in this context. Furthermore, that the overuse of some medicines in these populations was at least in part contributed by the difficulty of accessing alternative therapies in regional, rural, remote and low SES populations, therefore increasing access to other services may assist (as has been identified in the Discussion Paper).

Thank you again for the opportunity to provide comment and the Committee looks forward to providing further input as the Strategy is developed.