

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? Medicare Locals should be included as relevant stakeholders.

Medicare Locals will operate as meso-level organisations monitoring the needs of their communities, planning and designing new models of care, and purchasing or directly delivering primary health care services. Other key functions will include workforce planning, development and support and population health and community development.

The National Pharmaceutical Drug Misuse Strategy should take account of these new structures and their potential to build and promote links between different primary health care providers and community supports such as NGOs, housing and employment services.

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?

A person's socioeconomic status and their associated level of education has the potential to have a direct impact on their potential to misuse pharmaceuticals. Limited education may limit a patient's ability to understand how to correctly use their medications (including the ability to read a prescriber or dispenser's instructions), which in turn may lead to an inadvertent misuse of pharmaceuticals.

Lower socioeconomic status also, by definition, places financial pressures on patients who may in turn not have their medication dispensed as often as medically prescribed because they are unable to afford it. They may also see resale of their medications as a way of earning much needed additional income.

Question 4

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

In shifting the focus of Australia's health system towards prevention and primary care, there will be even greater emphasis on the role of medicines as a preventative measure and their ability to help keep people out of hospitals and functioning well in the community. In this context, it is vital that misuse of these essential medicines is minimised.

The National E-Health Strategy is also extremely timely in the context of addressing pharmaceutical misuse as it will provide prescribers and pharmacists with potential access to more patient information (via the Personally Controlled Electronic Health Record) at the time they are making the decision to prescribe/dispense medicines.

It will also offer law enforcement agencies greater opportunity more accurately monitor the use of pharmaceuticals that have greater potential to be misused.

Question 5

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

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?

Possible unintended side effects include:

- people turning to illicit/illegal drugs; and
- increased hospitalisations for pain related conditions.

Question 10

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

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?

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?

Question 14

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

The current Prescription Shopping Program is limited in its ability to impact on the misuse of pharmaceuticals. This is primarily due to the lack of timeliness in data being received by Medicare Australia, analysed, and a determination being made that the patient in question is prescription shopping.

It is also limited in that data is only available on those medical consultations and prescriptions for which there is a medical benefit or pharmaceutical benefit paid by the Government.

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?

To be truly effective, a CMMS (or similar real time system) cannot be an 'opt in' system at the patient level. Therefore, there will naturally be privacy concerns on the part of some patients. However, these concerns need to be balanced against the benefits to the patient's health that would arise from preventing misuse of medicines. It would also need to be balanced against the fact that misuse of medicines is illegal and the Privacy Act is not in place to protect people who may be participating in illegal activity and/or putting other people at risk.

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?

Real time connectivity between GPs, specialisists and pharmacists and Medicare Australia would allow the prescriber/dispenser to be notified if their patient has already received a prescription for the same medicine within a specified period of time.

Question 18

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

Question 19

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

Question 20

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

Question 21

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

Question 22

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

Question 23

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

A CMMS would provide a prescriber with more timely and complete information with regards to a patient's recent medication history which would enhance their ability to make appropriate, safe and effective decisions in terms of prescribing additional medicines. As a result a CMMS has the potential to dramatically reduce 'prescription shopping' and, therefore, reduce the risk of inappropriate prescribing and dispensing and the incidence of drug misuse.

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?

Question 27

What other workforce development responses are required?

General practice is an essential area for further investment in relation to reducing harm from drugs. Actions that will strengthen the support provided by general practice and other primary health care providers, as well as enhance the linkage between them include:

1. Education and training about substance misuse problems, with particular attention on presentations with co-morbid mental health problems. A useful example of such an approach, implemented through the Network in 2007 is The 'Can Do' Initiative: Managing Mental Health and Substance Use in General Practice.
2. Improving linkages between general practices, allied health providers and drug and alcohol services through building a shared understanding and approaches to care, strengthening referral pathways and identifying and addressing service gaps.
3. Promotion of non-pharmaceutical therapy alternatives

Question 28

What other consumer-oriented responses are required?

Education and awareness programs aimed at improving the health/medicine literacy of patients (such as MedicineWise) are extremely valuable in helping patients use their medicines correctly and can help reduce inadvertent misuse.

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.