

### Introduction

Prescription opioid misuse has been increasing in Australia in recent years, following similar trends in the United States of America and New Zealand. Prescription pain medication, in tandem with the public perception that they are safe to use, has contributed to this increase, the impact being a resultant growth in treatment for addiction to prescription drugs [1]. Improved support for patients with an addiction to prescription medication and training medical staff to better understand the issues of abuse and misuse of these drugs are needed. In particular, doctors and psychiatrists need strengthened training in responsible prescribing and handling of medications with abuse potential. To support positive change, clear policy guidelines need to be implemented, together with competencies related to drug dispensing. This must include dedicated funding for addiction specialist training positions in public and private settings. The draft Pharmaceutical Drug Misuse Strategy Submission offers the opportunity to make constructive improvements to dealing with this important issue.

This submission will address the issue of prescription drug misuse, such as benzodiazepines or opioids, as distinguished from an addiction to other legal or illicit substances.

### Framework for submission

Prescription drug misuse can be caused by multiple factors, including genetic vulnerability, abuse or trauma during childhood, or untreated or poorly treated mental illness or chronic pain [2]. Psychiatry, as a profession, is a leader in the management of addiction and chronic non-malignant pain and advocates strongly for a greater focus on supporting psychiatrists to assist in the management of prescription drug misuse.

### Patient advocacy

Prescription drug misuse can occur through the inappropriate use of a restricted medication, used to alleviate pain or address psychological distress or disorder. While tighter regulatory controls may be necessary to manage the issue of drug diversion, such measures must not impede the right of patients to receive medication to treat their condition. There must be a balance between doctors having the right to prescribe drugs without impediment so that they can best help address the needs of the patient, and ensuring that such prescribing practice is appropriate and limits diversion or misuse of drugs. Likewise, any monitoring and dispensing system has to limit opportunities for patient diversion or misuse of prescription drugs.

### Better systems to record and monitor drug dispensing

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

One of the issues for dealing with patients who misuse or abuse medication is to know what medication has been prescribed or how often it is dispensed to individual patients. A Government prescription hotline was established in 2005 with a Prescription Shopping Information Service hotline to allow doctors to investigate patient prescription records (AMA, 2005). However this service does have limitations as, due to privacy reasons, it is not possible to determine which doctors patients have been to for a prescription, and there is no ability for pharmacists to know whether it's been dispensed.

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

A recent report by The Royal Australasian College of Physicians noted that there needs to be better process for monitoring opioid prescribing [5]. RACP suggest a similar system to that used in New Zealand where a 'Restricted Persons Register' operates to identify individuals who doctor shop, gain multiple prescriptions in a short period of time for the one medication, thus restrict their access to specific classes of drugs. The register uses the National Health Index number that most New Zealanders are issued with for health care subsidies. RACP note that there is resistance to such a system being implemented in Australia due to privacy concerns.

## **Are there any other potential contributions that technology could make?**

A new online 'real time' register was set up in Tasmania in December 2010 to allow 24 hour access to information that is completely up to date. Before the online system was implemented, doctors needed to telephone the Tasmania Health Department during business hours to request information on a patient's prescription history. This information was not accurate and could be more than a month out of date. Such a system could be broadened to other states and territories but ideally there would be a national rollout of such a register to allow better monitoring of a patient's medication history [6]. RANZCP would be willing to contribute to the development of an electronic national drug monitoring system.

## **A lack of addiction psychiatry training positions and specialist consultant positions**

### **What other workforce development responses are required?**

Psychiatrists are specialists who deal with managing addiction and chronic pain. However in Australia, there is a dearth of funded training positions in addiction psychiatry resulting in few qualified consultants working within the addiction field, and limited opportunities for other psychiatrists to gain competence and experience. Without sufficient state and federal government funding there is a barrier to training provision for addiction specialists, an area where there is a shortage of staff.

Australia needs dedicated professionals with specialist knowledge to work with and treat patients addicted to or abusing prescription drugs. Compounding the lack of addiction psychiatry training positions is the limited number of addiction consultant specialists in Australia. There are few addiction psychiatry consultants across Australia and few trainee positions. Without specialist consultants to best respond to and treat drug addicted patients, their needs will not be adequately met. It is necessary to build an expert knowledge base and a dedicated workforce to handle the demands of this population.

Information from those working in the addiction sector shows a consistent lack of addiction psychiatry training positions for senior registrars in Australia, despite there being steady interest from psychiatric registrars. This contrasts with the situation in New Zealand where there is no shortage of training positions and those wanting to become addiction psychiatrists can be accommodated. More recently training positions have been developed in New South Wales and Queensland with an estimated six senior registrars undertaking their addiction training. In comparison to other specialist areas, for example child psychiatry or advanced forensics, this is a paltry number. Currently addiction psychiatry is woefully unprepared to meet the needs of the identified population of iatrogenic opiate dependence. RANZCP would recommend that a minimum of five advanced training positions per state is required to meet the requests of senior registrars wishing to complete training and to counter the pending addiction crisis.

The lack of specialist addiction psychiatry positions is of great concern to the RANZCP and requires significant additional funding to make improvements in this area. Without this investment it will not be

possible to meet demand in metropolitan areas and those living in rural and remote communities will be even more adversely affected. Whilst the introduction of initiatives such as telehealth are welcome to address some of the issues associated with access in rural and remote areas, the fundamental problem is the lack of appropriately trained professionals more broadly.

## The need for guidelines, education, and awareness

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

Doctors and psychiatrists need strengthened training in responsible prescribing and handling of restricted medication. The RANZCP training program allows for the training of members in addiction psychiatry, leading to basic competencies in the management of substance use disorders. However, in regard to the misuse of prescription drugs, there needs to be clear policy guidelines and competencies developed on drug dispensing and patient management. Inappropriate use of drugs, including patient diversion of drugs for resale, is significant although not an area which the majority of psychiatrists would necessarily be familiar with. Efforts should be made to increase awareness in this area, and improve clinician competencies in dealing with this issue.

## Recommendations

RANZCP recognises that prescription drug misuse needs to be addressed and there needs to be reform on the monitoring and dispensing of restricted prescription drugs. The College supports the draft National Pharmaceutical Drug Misuse strategy and would make the following recommendations to address shortfalls in the current system:

- Introduce and nationally roll-out an electronic real time system to monitor the prescribing and dispensing of restricted medications in order to prevent or reduce abuse and misuse
- Better training for Physicians and Psychiatrists in responsible prescribing and handling of restricted medication.
- Increased funding for dedicated addiction specialist training positions in public and private settings
- Better support patients with an addiction to prescription medication and train medical staff to better understand the issues of abuse and misuse of these drugs
- Development of clear policy guidelines to develop clinician competencies on drug dispensing and patient management for drug use

## References

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6. Medical Observer. Real-time prescription monitoring will combat abuse, 2010.