

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.

Page 3. Key Stakeholders.

Add "all consumers living with pain" One in Five people will suffer chronic pain in their lifetime (Blyth et al 2001.)

Question 1

Are there any other key stakeholders of relevance to the development of the NPDMS? Alternative and complementary medicine practitioners need to be added to the stakeholder list.

The Industry body for these people is Australian Self Medication Industry (ASMI) plus the various practice associations

Practice nurses who are situated in GP surgeries need to be added to the GP stakeholder square

The square listed as "Advocacy groups" does not cover the chronic disease spectrum.

There are a range of chronic disease groups who are not active in advocacy but who have members who manage all forms of pain often from comorbidities

The square representing Pharmaceutical companies has to have two sections because a company can have one section which deals with prescription medicines and a separate entity within the company that deals with Over the Counter medicines. Stop the separation and ensure both prescription and OTC medicines are represented as stakeholders.

The Pharmaceutical Industry is mentioned but the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia are not. They represent the Industry but they have a major role that is separate in terms of Research & Development and implementing the 5th Pharmacy agreement for the Guild and a Training program for pharmacy staff development and implementation for the Society.

Question 2

Are there any other significant gaps in our knowledge?

4.1 The gaps outlined are the gaps health professionals perceive and know about.

What about the huge gaps in consumer's knowledge of these medicines and their effects and how to take them safely.

Question 3

How do factors impacting on the social determinants of health impact on the misuse of pharmaceuticals?

The most important of the social determinants is the ability of people especially low SES, disadvantaged and minority groups to access health services and health knowledge alongside being able to receive equitable services. All of these factors have to have a major affect on the misuse of pharmaceuticals. Increasing consumer relevant knowledge will assist the program.

Cost is the other major factor that influences the misuse for these groups

Question 4

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

There will need to be high level coordination nationally of all proposed activities to join up all these agendas and strategies to achieve positive outcomes and the balance that is described.

Question 5

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

The PBS could institute eligible criteria for some of the priority drugs that are misused which prescribers would need to adhere to. This already happens for some medicines such as the Biologics where the criteria have to be signed off by a Specialist before it is subsidized. This is done to keep the costs down but the same method could be used to decrease misuse of drugs.

Question 6

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

More could be done to empower the community by raising awareness to report drug misuse but this will only be possible if the police are able to take action.

Question 7

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

A national approach would ensure some consistency and outcomes. Consumers need consistent messages.

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?

The unintended consequence would be that people who have chronic pain would endure more stigmatization than they already do so this would need to be managed. Again community awareness needs to be increased of both the action and the consequences with alternative treatments and managements offered preferably multi disciplinary to assist positive change to happen and consumer expectations are kept realistic.

Question 10

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

There is a huge gap in consumer awareness of opioids and consumers require information and knowledge to make informed choices about their medicines. They also need skills to enable them to change any negative behaviour they have in relation to taking these medicines. There is no clear plan of management for people to go on or come off these medicines for short term management or to come off the medicine after long term use. The use of patches as a method of delivering the medicine has become very large amongst consumers and presumably prescribers.

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?

Further research is needed because these medicines may have decreased but others have taken their place e.g. anti depressant medicines for anxiety management. There is not a commitment by either consumers or professionals to a multi disciplinary approach to the management of these conditions and that is the approach that consumers will benefit most from.

Question 12

Is there other evidence of harms stemming from pharmaceutical misuse?

The Arthritis NSW 2007 SURVEY OF AUSTRALIANS LIVING WITH ARTHRITIS with 4911 completed survey indicated that pain medicines ranged from OTC to Prescription codeine combinations were being taken continuously for up to 20 years. **Pain**

Management

- Of the total sample almost everyone (97.6%) answered the question about the use of painkillers.
- Of these, 67.1 % said they regularly use painkillers to control pain associated with arthritis.
- The regular use of painkillers was significantly higher among females (71%) compared with only 52% of males. The incidence also increased with age.
- 16.5 % of people have used pain medicines for more than 20 years.
- More than 50% of people (68.2%) have used pain medicines between 3 and 20 years.

Again multidisciplinary management is not seen as best practice with adequate review of the usage of pain medicines is not a priority or even understood by these consumers.

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?

Further research is required on what the actual misuse is in these areas. Some research is carried out by NPS but more is needed to understand the issues especially concerning difficult access.

Question 14

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

I think it is limited in its scope to make a difference. The difference in pharmacies has to come from the pharmacist and the assistants being given increased training and resources to manage the drug misuse more effectively.

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?

I think The guidelines mentioned are for the management of acute pain. There is an urgent need to develop comprehensive guidelines for the management of chronic pain by all practitioners.

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?

12.4 The development of clinical guidelines.

The guidelines mentioned are for the management of acute pain. There is an urgent need to develop comprehensive guidelines for the management of chronic pain by all practitioners.

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?

Consumers have to go on long waiting lists and whilst waiting rely on their GP or OTC medicines where there is inconsistent management of chronic pain and the medicine use as outlined in the arthritis survey quoted above. Much has to be done to improve GP and Allied health professional management of chronic pain by training curriculums being developed and more emphasis on the multi disciplinary management of the condition.

Question 22

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

There are gaps between medicines prescribed in hospital and the medicines a person has at home on discharge. In the elderly this is where misuse and confusion occurs and people are readmitted to hospital. The hospital setting needs attention because that is where some of the drugs that are being misused are prescribed initially and then there is no knowledge by the patient about when to discontinue the short term management or how to do that on discharge.

So the NSW TAG and the local hospital drug committees are where action is needed.

Question 23

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

Protection for consumers from stigma or privacy concerns is required.

Subsidise psychology counseling and multi disciplinary services to assist consumers to make appropriate changes when discontinuing this medicines.

Question 24

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

Do something about identifying the data sets that exist separately and coordinate and join them up as well as improve them to supply adequate data. Join up hospital and community data sets.

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?

Question 28

What other consumer-oriented responses are required?

The use of pharmacies by people living in regional and rural/remote areas is different to urban and needs to be taken into account when developing programs.

Question 29

Are there any other potential contributions that technology could make?

Getting consumers to be aware of and to consent to the Ehealth initiatives will assist this program in that the more consumers comply the easier it will be to identify the ones who are misusing medicines.

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.

For me the discussion paper outlined the situation from a health professional perspective really well but it did not have enough outline of what the consumer issues are and what solutions the consumers may communicate are needed to improve the drug misuse situation.

I was also surprised that the Hospital setting did not seem to be included. Perhaps it was implied but as a consumer the joining up of hospital medicine action and what happens for me the consumer in primary care are not always joined up.

I have recently been aware of multiple patients being sent home from hospital on moderate to heavy doses of pain medicines with no agreed plan for when to have them reviewed or how to wean themselves off these medicines. So they come home and keep taking them.