



APSU: Summary of Safe Scripts & Codeine legislation changes forum

1.1 Summary of forum content and discussion

Last week on Wednesday the 29th of November APSU held a forum for consumers around the legislation changes to Codeine and Real Time Prescription Monitoring (Safe Script) which generated great discussion around pharmaceutical addiction, the details of the initiative, potential impacts and consumer concerns on making the initiative as safe and effective as possible. This summary report aims to briefly detail these discussions.

The conference begun with an overview of the Safe Script initiative from Malcolm Dobbin whom is a senior medical advisor from the Department of Health and Human Services, Safe Script team. Malcolm highlighted that they wanted to change the culture around dangerous prescribing of pharmaceutical drugs, that they aim to draw more doctors to consider pharmacotherapy for long term pain management and that the computer monitoring system is just a tool for professionals to use however the effectiveness of the initiative is dependent upon wider supports.

Dr. David Jacka, Addiction Medicine Specialist at Monash Health then presented at the forum on pharmaceutical addiction and the treatment option of Opioid Replacement Therapy (pharmacotherapy). Some key points of his presentation were the many examples he has witnessed of patient's health being severely affected by Codeine misuse, the fact that patients face additional stigma of drug dependence when in hospital and that he advises his student doctors that 'everything they will learn about drugs they will learn from their patients'. Dr. Jacka also talked at length about the need for quality care at the beginning with patients on pharmacotherapy, to look at addicted patients' lives holistically and the importance of tackling the stigma associated with pharmacotherapy.

Two of APSU's members and trained speakers Dave and Brian then bravely and eloquently presented on their lived experience of pharmaceutical addiction and discussed the potential impacts of the legislation on consumers. Dave talked about his experience with chronic pain and highlighted that many individuals will not be willing to seek treatment for pharmaceutical dependence and will potentially turn to the black market or to illicit alternatives if they are denied their usual medications which could result in more harm. Brian talked about his experience with trauma and addiction and highlighted the complexities of pharmaceutical addiction overlapping with illicit substance use and dual diagnosis. Brian emphasized that the treatment sector already struggled to cope with the demands and his concern of directing a large number of individuals with codeine and other pharmaceutical substance use issues into the sector.

Other services and supports may develop as the initiative is rolled out. Amy Lopes spoke briefly at the Forum to represent her service AOD@ The GP in the Eastern PHN and explained how the service is beneficial to mediate between individuals and health professionals working through pharmaceutical dependence issues. The forum then covered a range of potential supports which individuals can utilize if they are affected or will be affected by the legislation changes. These currently existing supports can be found on the APSU webpage or Facebook page.



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1.2 Questions and answers that resulted from the Forum discussion

Malcolm and his colleague Melissa from the Safe Script Department of Health and Human Services Team generously stayed back to answer consumer questions about the initiative. Some of the key questions asked were:

Q. What other supports will be implemented alongside the initiative?

A. A public media campaign will be carried out to raise awareness and combat stigma of pharmaceutical drug dependence, training will be offered to doctors and pharmacists as well as a potential peer support program for doctors and enhanced referral pathways which may include a dedicated pharmaceutical hotline. Other supports that may be required are still in discussion.

Q. There has been a rise in heroin addiction in the Unites States and evidence reflects that a large number of these people began taking pharmaceutical opioids and moved to illicit substances once the pharmaceutical drugs became difficult to access, do you think the initiate could create similar impacts here in Australia?

A. The issues that are occurring in the U.S are due to other complicating factors with illicit drug supply and trafficking and we have found evidence that suggest it actually a very small number of people that turn to illicit substances therefore we do not think that a similar opioid crisis will occur in Australia as a result of these legislation changes

Q. Will there be training for pharmacists on how to discuss these sensitive topics with consumers and will the training for doctors and pharmacists be mandatory?

A. There will be generalized training offered to doctors and pharmacists online and face to face in limited areas which will cover responding to pharmaceutical dependence and stigma. This training will not be mandatory due to legislation not allowing for this, however there will be incentives to complete the training and the training will be made more accessible in high risk areas such as rural areas.

Q. When will the Safe Script initiative be rolled out and how will you be able to monitor the impacts on consumers?

A. It will be rolled out during 2018 in phases with the first phase being in a more concentrated area to better monitor and respond to potential impacts. The department is also conducting research currently to estimate the number of people potentially affected by the legislation changes.

Q. Will there be more incentives for pharmacotherapy prescribers?

A. No, however the doctors and pharmacist training will cover pharmacotherapy including the benefits of this option and will attempt to make pharmacotherapy less intimidating to doctors who are not familiar with this area.

1.3 Additional concerns of the potential impacts from the initiative





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In APSU's preparation for the Forum the team discussed concerns with the legislation changes and gained input from several consumers. Other concerns that were raised through this process include:

- The potential for the initiative to become simply a policing tool that pushes vulnerable individuals into illicit alternatives if appropriate supports, training and resources are not implemented alongside.
- Individual medicine records potentially being retained and visible on the computer system for unnecessary amounts of time resulting in privacy issues and consumers being stigmatized for past pharmaceutical use which does not reflect their current situation.
- A lack of standardized processes for when an individual is flagged in the system or through face to face training for doctors and pharmacists could result in some individuals being turned away from their doctor and cut off their medication suddenly with limited options for safe withdrawal or ongoing pain management
- Individuals that are not provided quality care or are stigmatized could also be at a high risk of seeking illicit or black market alternatives, resulting in increased harm.
- Several concerns have been raised that primary care is not equipped to deal with this specialized area and that many pharmacies/ doctors do not have the basic resources needed to provide necessary and effective care after an individual is flagged in the system. This would be mediated by a dedicated pharmaceutical hotline however would also require broader solutions to flaws in the system. For example low socio-economic areas could be unequally affected by the inability to provide quality care at busy rural bulk billing clinics and pharmacies that have no physical space to have a confidential conversation.

There are also several potential issues with pharmacotherapy being exacerbated if pharmacotherapy is used as a primary alternative to Codeine, OxyContin etc. dependence and not managed effectively or without specialized training for the health professionals being mandatory. The key concerns with pharmacotherapy are:

- The current lack of prescribers in particular in rural areas which creates a lack of choice and empowerment for consumers.
- The existing stigma around pharmacotherapy and discriminatory treatment that many pharmacotherapy consumers receive could be intensified by treatment from doctors or pharmacists whom are not well trained in this area and do not opt to do the training modules.
- Again, without specialized training doctors could place individuals on pharmacotherapy unnecessarily which would result in them having a more significant medical dependence or individuals being placed on pharmacotherapy when it is not in their long term best interests
- Doctors may also place individuals on pharmacotherapy without providing quality care at the beginning of their journey and planning for them to avoid long term medication dependence.

The list of potential supports for consumers can be found at: <u>http://www.sharc.org.au/wp-content/uploads/2017/12/APSU-Safe-Script-Forum-Supports-Handout-2017.pdf</u>