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RACP Submission

Changes to allow Tasmanian pharmacists to
dispense prescriptions issued interstate

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 23,000 physicians and 8,000 trainee physicians, across Australia and Aotearoa New Zealand, including 411 physicians and 122 trainees in Tasmania. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide feedback on the Tasmanian Government's proposed changes to the *Poisons Act 1971* ('the Act') and the *Poisons Regulations 2018* ('the Regulations') to allow Tasmanian pharmacists to dispense interstate-issued prescriptions, to increase access to certain medicines ('proposed reforms').

The RACP acknowledges that the proposed reforms are intended to address ongoing challenges in healthcare access, including prescription medicines, throughout Tasmania – and especially in certain parts of the state. Much of this inequitable access is driven by a shortage of health professionals, particularly physicians and paediatricians, in both hospital and community settings.

The RACP broadly supports efforts to increase accessibility to quality healthcare and medicines, and regulatory reform to such ends. However, we note that the proposed prescribing/dispensing reforms raise several important considerations. Our support is therefore contingent on appropriate safeguards, resource allocation, and policy frameworks being developed to manage the potential risks associated with the reform.

We outline our key observations and recommendations below. In addition, we strongly urge the Tasmanian Government to ensure that any reforms are accompanied by targeted investments in the healthcare workforce and infrastructure.

Telehealth

- It is likely that most prescriptions written outside of Tasmania for dispensing in Tasmania will be on the basis of telehealth-facilitated consultations. The RACP is strongly supportive of increased telehealth specialist services on the grounds of access and equity, whenever they are safe and effective¹.
- The proposed reforms are likely to improve access for Tasmanian patients to physicians outside of the state. However, it is essential to have effective referral and follow-up systems in place to support these. The Tasmanian Government should design and implement strategies to ensure these systems are properly developed and maintained in consultation with key stakeholders, including the RACP.
- Private specialist telehealth comes with often substantial out of pocket costs, and public specialist telehealth is limited by resourcing constraints and funding models. To maximise the benefits of the proposed reform to Tasmanian patients, we urge the Tasmanian Government to support the RACP's call for the Commonwealth Government to implement recommendations 2b and 10a of the *Medicare Review Advisory Committee: Telehealth Post-Implementation Review Final Report*:
 - a. Reintroduce physician follow-up Medicare telephone item
 - b. Reintroduce GP patient-end support for telehealth with a physician².

¹ The Royal Australasian College of Physicians. RACP welcomes positive signs on protecting telehealth access to specialists, but there is more to do [Internet]. 2024 [cited 2025 Apr 24]. Available from: <https://www.racp.edu.au/news-and-events/media-releases/racp-welcomes-positive-signs-on-protecting-telehealth-access-to-specialists-but-there-is-more-to-do>

² The Royal Australasian College of Physicians. The roadmap for the healthcare Australians need - Royal Australasian College of Physicians Election Statement [Internet]. 2025 [cited 2025 Apr 24]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/2025-federal-election-statement-the-healthcare-australians-need.pdf?sfvrsn=3bcba41a_4p.7

Public support by the Tasmanian Government for these Commonwealth measures, made in advance of the Bill's introduction in the Tasmanian Parliament, would be a powerful demonstration of the intergovernmental policy coordination needed to make out of state prescribing reform work.

Opioids and benzodiazepines

- The RACP and its Australasian Chapter of Addiction Medicine (AChAM) have long supported Real-Time Prescription Monitoring (RTPM) for targeted high-risk medications as a way of reducing harm from prescription medicines.³ The RACP has also raised concerns about the potential unintended consequences associated with RTPM, as highlighted in the [RACP Submission to the NSW Government on RTPM](#) (p.5).
- One key concern is that the effectiveness of RTPM relies on wider service planning and resourcing. For example, the availability of, and access to, specialist multidisciplinary pain clinics and addiction medicine services is essential to ensure effective support for patients. Without these supports in place, RTPM could lead to unintended consequences, such as unfairly stigmatising patients with substance use.
- Similar concerns exist about prescriptions for controlled medicines issued outside Tasmania. Patients who gain better access to pain medicine physicians or addiction medicine physicians via telehealth facilitated by the proposed reforms will likely need to access greater levels of related services inside Tasmania. These needs should be carefully assessed, planned for, and appropriately resourced, including the recruitment of necessary staff.
- Potential under-treatment of opioid dependence in Tasmania is a key concern for AChAM and the RACP. The most recent national data shows that only 14 patients per 10,000 in Tasmania receive pharmacotherapy treatment on a snapshot day – a rate that has remained largely unchanged for around 14 years.⁴ This is compared to the national average of 21 per 10,000, and significantly lower than New South Wales, where the rate is 29 per 10,000 – more than twice that of Tasmania. The proposed reforms could help increase access to treatment for opioid dependence in Tasmania, but this will not happen automatically. Without significant policy development, service redesign, and resource allocation, there are clear risks associated with the proposed reform.
- Additionally, the RACP is concerned that interstate prescribers will fail to understand the Tasmanian context for prescribing and may not be fully equipped to make informed decisions about treatment options, potentially leading to suboptimal care or misunderstandings about patient needs.

The drug market in Tasmania for opioids is predominately prescription drugs, with reduced accessibility to heroin compared to mainland states. The Modified Monash Model (MMA) 2023 classifies Tasmania as consisting largely of remote communities, small rural towns, and medium rural towns – Hobart and Launceston

³ The Royal Australasian College of Physicians. Submission NSW Government's Regulation to support Real Time Prescription Monitoring (RTPM) consultation paper [Internet]. 2021 Mar [cited 2025 Apr 24]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nsw-government-s-regulation-to-support-real-time-prescription-monitoring-consultation-paper.pdf?sfvrsn=81e4fc1a_16

⁴ Australian Institute of Health and Welfare. National Opioid Pharmacotherapy Statistics Annual Data collection [Internet]. 2025 [cited 2025 Apr 24]. Available from: <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics/contents/nopsad-data/opioid-pharmacotherapy-clients>, Figure 1

have the highest classification, and still they are classified as “regional centres.” Residents of rural and regional parts of Australia are over-represented in overdose deaths.⁵ There is concern that interstate prescribers will not understand the landscape of the Tasmanian health system, nor the accessibility issues that many Tasmanians face.

Tranquillisers/sleeping pills and pain-relievers and opioids remain in the top five illicit drugs used in Tasmania in 2022-2023.⁶ Dissimilarly to some other Australian states and territories, Tasmania has a higher rate of problematic use of non-medical opioids than illicit opioids. An increase in the availability of Schedule 8 (S8) and Declared Schedule 4 (S4D) medications, made available by interstate prescribers because of the proposed reforms, is likely to have a downstream effect on service providers.

The increased risks associated with polypharmacy use are well documented, and the increase in availability of benzodiazepines and other sedating medications when used for non-medical purposes may lead to increased fatal and non-fatal overdose. This will likely have a flow on effect for emergency response and hospital services, along with the other direct tangible (e.g. reduced productivity, crime, road traffic accidents) and intangible (e.g. premature death) costs.⁷

If the proposed reforms proceed, Tasmanian physicians strongly advocate for increased resources to addiction medicine service providers, particularly those providing opioid pharmacotherapy and other evidence-based treatments for opioid and other prescription medication use.

- Tasmania has worked hard over time to reduce the prescription opioid overdose rate from approximately 30% above the national average to approximately 27% below the national average over a ten-year period (between 2002-2006 and 2012-2016).⁸ This reduction in the prescription overdose rate occurred despite a significant increase (1600 in 2002 to 6400 in 2016) in the number of patients prescribed Schedule 8 (S8) opioids for non-malignant pain.

The implementation of systemic controls (e.g. the Drugs and Poisons Information Systems Online Remote Access [DORA], now TasScript) contributed in part to the downtrend, along with an increase in rigour and effectiveness of expert clinician-led, clinical governance regulatory activities (e.g. the implementation of the Tasmanian Opioid Pharmacotherapy Program: Policy and Clinical Practice Standards [TOPP] in 2012⁹).

We urge clarification regarding the specific obligations of interstate prescribers to safely monitor and review the patients under their care, and how interstate

⁵ Pennington Institute. Australia's Annual Overdose Report [Internet]. 2024 [cited 2025 Apr 24]. Available from: https://www.pennington.org.au/wp-content/uploads/2024/08/PEN_Annual-Overdose-Report-2024.pdf Figure 10 p.36.

⁶ Australian Institute of Health and Welfare. National drug strategy household survey 2022–2023 [Internet]. Australian Institute of Health and Welfare. 2024 [cited 2025 Apr 24]. Available from: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/about>

⁷ National Drug Research Institute, Curtin University. Quantifying the Social Costs of Pharmaceutical Opioid Misuse & Illicit Opioid Use to Australia in 2015/16 [Internet]. 2020 [cited 2025 Apr 24]. Available from: <https://ndri.curtin.edu.au/NDRI/media/documents/publications/T277.pdf>

⁸ Boyles P. Real-time prescription monitoring: lessons from Tasmania. 2019 Apr [cited 2025 Apr 24]; Available from: <https://australianprescriber.tg.org.au/articles/real-time-prescription-monitoring-lessons-from-tasmania.html>

⁹ Alcohol and Drug Services, Department of Health and Human Services. Tasmanian Opioid Pharmacotherapy Program Policy and Clinical Practice Standards [Internet]. 2012 [cited 2025 Apr 24]. Available from: https://www.health.tas.gov.au/sites/default/files/2021-11/TOPP_Policy_Clinical_Practice_Standards_DoHTasmania2012.pdf

prescribers are expected to ensure that they abide by the real-time monitoring requirements of TasScript as required by all other Tasmanian prescribers.

Whilst the proposed amendment to s38G of the Act requires interstate prescribers to check the monitored medicines database prior to issuing a prescription for a monitored medicine, Tasmanian physicians report concerns about how this will be monitored and enforced. The messaging in TasScript to dispensing pharmacists is regarded by some as not definitive enough, e.g. allowing discretion outside of the TOPP (in the instance of opioid pharmacotherapy). If the amendments to the Act are made, we urge additional resourcing and a clear framework for proactively monitoring, and enforcing, the Act and the Regulations and more definitive instructions in TasScript that align with endorsed policy and legislation.

- Overall, the proposed amendments to the Act and the Regulations do not appear to reference local policy and guidelines for prescribing. It should be explicit that interstate prescribers must prescribe opioid pharmacotherapy within the TOPP. Further to this, the TOPP requires significant revision to contemporise: its current version is significantly different to other state and territory guidelines and is highly likely to cause issues if interstate prescribers are prescribing opioid pharmacotherapy for clients in Tasmania.

Stimulants

- Access to medical care for conditions where clinically indicated stimulants are best practice is currently inequitable in Tasmania. This is especially the case in North West Tasmania where there are very lengthy wait times to see a paediatrician or child and adolescent psychiatrist. Even in metropolitan Hobart there are long waiting times for public services, and private services come at significant out of pocket cost. However, the issue is not simply one of prescription and dispensing medicine. The RACP has concerns that a proposed policy remedy focussed only on improving access to medicine will fail to provide the coordinated and specialist care required for accurate diagnosis, and for safe and effective pharmacological intervention.
- The Chair and members of the RACP's Tasmanian Committee recently met with the Minister for Health, Jacquie Petrusma MP, and subsequently wrote to her about the assessment and diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). It is the RACP's view that assessment and diagnosis of ADHD should remain the responsibility of paediatricians (and other specifically trained specialists such as psychiatrists), supported by appropriate models of care to facilitate appropriate assessments.

The RACP therefore has concerns about expanding the role of General Practitioners with Special Interest (GPSI) in ADHD diagnosis. Increased access to paediatric telehealth from outside Tasmania presents opportunities worth exploring, such as improving service availability without reliance on GPs.

Paediatric ADHD is complex and requires specialised knowledge and training for both the assessment of ADHD and medication management. Improper prescribing could potentially harm a child's development.

ADHD is a common diagnosis that frequently coexists with other developmental and mental health disorders including depression, anxiety, trauma, learning difficulty and language impairment. It is often associated with, or substantially

shares symptoms with, trauma, Autism Spectrum Disorder, and Fetal Alcohol Syndrome Disorder. Individuals with ADHD may also have heightened risk of substance use disorder, obesity, asthma, diabetes, epilepsy, and sleep disorders.

Without a full and thorough understanding of comorbidities and contributing factors, there are significant risks of compromised assessments, particularly if certain relevant assessments are not undertaken, learning ability is not comprehensively assessed, or alternative issues are not considered. These children also require frequent re-assessment for emerging comorbidities and for monitoring of treatment, which can often be complex and variable. Substantial training is required to support clinicians managing these children.

Best practice for patients and the community would involve shared cared arrangements whereby:

- paediatricians diagnose ADHD and initiate treatment for patients, and
 - GPSIs or general practitioners (GPs) take on the role of transitioning stable patients back to the community and primary health care (with adequate education and support from paediatricians and psychiatrists).
- As a class of drugs, commonly known harms related to stimulant use include psychosis, dependence, and other social impacts (e.g. increased propensity for violence [including family violence], driving under the influence). In 2022-2023, 2.1% of Australians reported having used a pharmaceutical stimulant for non-medical purposes recently (in the past 12 months). This rate was higher than the rates of reported recent use of inhalants, ketamine, or methamphetamine and amphetamine.¹⁰ A recent study into the prevalence of prescription stimulant use, misuse and prescription stimulant use disorder (PSUD) found that of the study cohort, 25.3% reported misusing prescription stimulants, and 9% had PSUD.¹¹ The authors of the study recommended that regardless of prescription stimulant misuse status, screening and treatment PSUD are required for consumers prescribed stimulant medication. While the degree of transferability of the study results to the Tasmanian context is unknown, again this highlights the potential for impact downstream and the need to consider increased resourcing for alcohol, tobacco, and other drug (ATOD) service providers should the proposed reforms come into effect.

Proposed reforms in the context of severe physician workforce shortages

- Tasmanian physicians are aware of challenges caused by the current system, including:
 - Reduced access to medicines caused by limited access to physicians and other medical practitioners, reflecting chronic medical workforce shortages in Tasmania.
 - Tasmanian doctors being asked to write duplicate local scripts for medicines prescribed by non-Tasmanian doctors.

¹⁰ Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022–2023: Non-medical use of pharmaceutical stimulants in the NDSHS [Internet]. Australian Institute of Health and Welfare. 2024 [cited 2025 Apr 24]. Available from: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/non-medical-stimulants>

¹¹ Han B, Jones CM, Volkow ND, Rikard SM, Dowell D, Einstein EB, et al. Prescription Stimulant Use, Misuse, and Use Disorder Among US Adults Aged 18 to 64 Years. JAMA Psychiatry [Internet]. 2025; Available from: https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2831638?questAccessKey=33abeac9-4ad8-4e29-a5dd-a7426f6275a3&utm_source=for_the_media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfi&utm_term=031925%5C

- Over and above the anticipated accessibility/equity benefits of the proposed reforms, Tasmanian physicians have also flagged some specific beneficiaries. An example would be transplant and complex oncology patients, who would be able to get prescriptions directly from mainland transplant/cancer centres under the proposed reforms. There would be other groups of patients expected to experience similar benefits, reductions in currently duplicated appointments, and related efficiencies.
- Some Tasmanian physicians have flagged concerns that the anticipated accessibility/equity benefits may not only prove less equitable than hoped, in that they are likely to benefit only private telehealth patients, but that they may induce an additional demand on public services that are not equipped or resourced to meet it.

For example, to take just one physician speciality (noting the RACP has 33 different physician/paediatrician training pathways¹²), the Hobart public rheumatology service is working at capacity and has difficulty servicing the north and northwest of Tasmania. Remote prescribing from out of state will not change the fact that the Hobart rheumatology service cannot follow up additional patients on biologicals. So, patients unable to afford recurring episodic private consultations for this monitoring (required by good clinical care and/or Commonwealth prescribing conditions) will constitute a new demand on the Tasmanian public rheumatology service. To greater or lesser degrees, this will also apply to other physician specialities as well.

The RACP urges the Tasmanian Government to consider these impacts and ensure that the necessary resources and infrastructure are in place to support the reforms equitably for all Tasmanians.

Conclusion

The RACP has previously called for measures to boost the physician workforce in Tasmania¹³, along with measures to bolster the sustainability of physician training in Tasmania. We also support – with the caveats and concerns outlined above – legislative and regulatory reform that allows pharmacists to dispense medication prescribed outside Tasmania.

However, the proposed reforms should be understood as a policy reform made possible by national registration and the proliferation of telehealth – not as a remedy for workforce shortages in and of itself; not as a workaround or substitute for the heavy lifting required for Tasmania to attract and retain physicians and trainee physicians; nor for the increased investment in Tasmanian public specialist models of care needed to meet current and future demand.

If you require further information or detail, please contact Samuel Dettmann, Senior Policy Officer, via the RACP Policy and Advocacy unit policy@racp.edu.au.

¹² The Royal Australasian College of Physicians. The Royal Australasian College of Physicians - Training Pathways [Internet]. www.racp.edu.au. The Royal Australasian College of Physicians; [cited 2025 Apr 24]. Available from: <https://www.racp.edu.au/become-a-physician/training-pathways>

¹³ The Royal Australasian College of Physicians. Prioritising Health 2024 Tasmanian Election Statement [Internet]. 2024 [cited 2025 Apr 24]. Available from: <https://www.racp.edu.au/docs/default-source/advocacy-library/prioritising-health-tasmanian-election-statement-2024.pdf>