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RACP submission

NSW Government's *Regulation to support Real Time Prescription Monitoring (RTPM)* consultation paper

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About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,860 physicians and 8,830 trainee physicians, across Australia and New Zealand. 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, clinical pharmacology, 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.

RACP submission

The Royal Australasian College of Physicians (RACP) and its Australasian Chapter of Addiction Medicine (AChAM) welcome this opportunity to provide feedback to the New South Wales Government's Ministry of Health on its consultation paper titled *Regulation to support Real Time Prescription Monitoring (RTPM).*

This submission has been led by the RACP's AChAM with input from the RACP-affiliated Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT).

Executive summary

We welcome the Commonwealth Government and the NSW Government's actions towards implementing Real Time Prescription Monitoring (RTPM) of targeted high-risk medications as a way of reducing harm from prescription medicines. We regard the roll-out of RTMP as a rational response to consistent evidence of growing harms associated with certain prescription medications, particularly prescription opioids.

We support the proposed amendments to the legislation as set out in the NSW Ministry of Health's Consultation Paper. We recommend that the NSW Ministry of Health and the NSW Government:

1. Implement wider service planning focused on improving availability and access to multidisciplinary teams of qualified health professionals with expertise in addiction medicine and pain management; increasing funding for addiction medicine and other evidence-based alcohol and drug treatment services more broadly, and training GPs in managing patients with prescription drug and other substance use disorders.
2. Ensure that prescribers are well informed about RTPM and how to support patients identified by the system through the development of the proposed training for all prescribers (i.e. both specialist physicians and GPs in addition to pharmacists) with expert input from addiction medicine specialists.
3. Develop clinical guidelines aimed at all prescribers to complement this training. These guidelines need to cover issues such as what actions prescribers should take when a patient is identified through RTPM, how prescribers should communicate with each other regarding notifications about an individual patient in their care and where prescribers should direct patients identified as having a substance use disorder for support and assistance.
4. Ensure that clear evidence-based guidance on safe and effective opioid tapering are made available to all prescribers.
5. Invest in research, evaluation and service models that combine pain and addiction medicine to build the evidence-base on how best to treat complex patients with concurrent chronic pain and substance use disorders.
6. Implement ongoing monitoring and evaluation of RTPM to ensure the system can be improved to best serve the health needs of patients and the broader community.

Sustained, long-term funding to increase the capacity of drug and alcohol services to meet the demand for treatment, combined with real and persistent efforts to reduce disadvantage and inequities within society, is the only real solution to reducing substance dependency. Access to quality treatment, delivered by a suitably trained workforce, is fundamental for anyone struggling with addiction, and this should be the main priority for policy development and investment in this area.

Thank you again for this opportunity to provide feedback on RTPM Consultation Paper. We would greatly appreciate the opportunity to meet with you to discuss the practical steps the NSW Government could take to address these broader issues in order to fully realise the potential benefits of the implementation of RTPM across your state. To arrange this meeting or for further information about this correspondence, please contact Ms Claire Celia, Senior Policy & Advocacy Officer on Policy@racp.edu.au.

Submission

The RACP and its AChAM welcome the Commonwealth Government and the NSW Government's actions towards implementing Real Time Prescription Monitoring (RTPM) of targeted high-risk medications as a way of reducing harm from prescription medicines. In the same vein, we were strong supporters of the up-scheduling of codeine products by the Therapeutic Goods Administration (TGA) from Schedule 2/3 to Schedule 4 which came into effect on 1 February 2018 as an important measure to reduce harm from prescription opioids.[1]

Prescription opioids, often combined with benzodiazepines, contribute to more deaths than illicit drugs in Australia. The latest figures from the Australian Bureau of Statistics (ABS)[2] on opioid-induced deaths in Australia show that opioids accounted for just over 3 deaths per day in 2018, the majority of which were unintentional overdoses in middle aged males involving the use of pharmaceutical opioids, often in the presence of other substances. ABS data also show that prescription opioids were identified in over 70% of these deaths with the natural and semi-synthetic opioids, including codeine, oxycodone and morphine being the most common prescription opioids present, followed by synthetic opioids.[2]

RTPM can reduce the harm from overuse or inappropriate use of prescription medicines in two ways:

(1) as a means to prevent more than one doctor from prescribing sedating medication to one patient at the same time
(2) by assisting in the identification of people who are most probably prescription drug dependent and for whom unsupervised sedative medication presents a particularly high risk. For opioid-dependent patients, supervised dosing for (for example with methadone or buprenorphine) may be the most appropriate course of action.

Proposed amendments to the legislation

We support the proposed amendments to the legislation as set out in the NSW Ministry of Health's Consultation Paper. We regard the roll-out of RTPM as a rational response to consistent evidence of growing harms associated with certain prescription medications, particularly prescription opioids.

Prescription monitoring systems alert a prescriber considering issuing a prescription for a Schedule 8 or Schedule 4 medication to previous and/or current excessive and/or inappropriate prescribing or use. The timely availability of such information is an important component of good, safe and ethical clinical practice. The Federal Prescription Shopping Information Service (PSIS) is very helpful but is restricted by the criteria (number of doctors, number of prescriptions) under which it operates. RTPM is a tool that can assist in addressing overprescribing and overuse of high-risk prescription medicines such as opioids and benzodiazepines.

We note and welcome that the proposed legislative amendments will exempt "particular types of prescribers in some settings such as palliative care where some of these monitored medicines are routinely used for pain and symptom relief" as outlined in the Consultation Paper. It is essential to ensure the sustainable access to prescription opioids for use in palliative care as outlined in the *Position Statement from Palliative Care Australia* which has been endorsed by the RACP. This statement emphasises that "regulations regarding the availability or accessibility of opioids that may inadvertently lead to limitations on palliative care must be carefully considered" and that "research demonstrates opioids as a safe, effective medication for patients with distressing symptoms related to life-limiting illness, when prescribed in conjunction with clinical practice guidelines."

The RACP-affiliated Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT), has advised that it welcomes any recommendation to implement an RTPM solution within NSW that can harmonise with other RTPMs nationally. To achieve this harmonisation, ASCEPT strongly recommends:

1) a multi-partisan approach across states and territories to ensure legislation is in place that allows access to RTPM information across all jurisdictions, and

[1] RACP (2018), Media Release, *RACP supports changes to codeine scheduling.* Available online: https://www.racp.edu.au/news-and-events/media-releases/racp-supports-changes-to-codeine-scheduling [last accessed 23/02/2021]
[2] ABS (2019), Opioid-induced deaths in Australia. Available online: https://www.abs.gov.au/articles/opioid-induced-deaths-australia [last accessed 23/02/2021]

2) that all prescribing and dispensing software companies work collectively for a solution that works for all platforms to enable the legislation.

In addition, ASCEPT highlights that the RPTM system should be consistent with the National Medicines Policy. In particular, RTPM should not limit access to medicines for people who require ongoing use and ensuring access to other treatments such as Opioid Agonist Treatment when RTPM indicates inappropriate use of medicines. RTPM should be subject to robust evaluation of both benefits and harms to consumers, prescribers and pharmacists.

Potential unintended consequences of RTPM

RTPM's effectiveness relies on wider service planning and resourcing. We know that the real harms associated with prescription medications are compounded by multiple factors including:

- limited availability and access to specialist multidisciplinary pain clinics and addiction medicine services and
- a primary care system where GPs often need to manage complex patients without the assistance or access to specialist services in addiction medicine and pain medicine and/or access to multidisciplinary pain teams.

RTPM could lead to unintended consequences, such as unfairly stigmatising patients with substance use disorders the diversion of patients away from prescription medicines toward illicit drugs and access barriers for those patients with medical needs, in particular, patients with opioid dependence[3], if these wider systemic issues are not addressed.[4] Sudden discontinuation of opioid therapy has also been associated with increased drug-related deaths.[5,6]

A recent article published in Australian Prescriber titled *Real-time prescription monitoring: helping people at risk of harm*, [7] provides a useful overview of the unintended effects that can result from RTPM if it is not supported by the right clinical approach including the many factors that "may delay appropriate management or result in the patient being discharged from care" including "subconscious negative stereotyping, a focus on 'preventing 'doctor shoppers' diverting psychoactive medicines, and a fear of sanctions from regulators." It highlights the "need to avoid unfairly stigmatising these patients and to act to provide potentially life-saving treatment" and stresses that, as per the Medical Board of Australia's guidance about good medical practice, "patients should be treated with respect, free from bias and discrimination, and without prejudicing care because of the belief that their behaviour has contributed to their problems".

Managing complex patients with substance use disorders needs to be led by medically qualified health professionals and specialist physicians, noting that in rural and remote areas, generalist health service providers may need to be up-skilled to provide AOD services in addition to improving access to specialist addiction physician advice.

Our members have also expressed concerns that the introduction of RTPM without substantial investment in evidence-based alcohol and other drug (AOD) services and particularly increased funding of addiction medicine specialist services and pain medicine management services could lead to unintended consequences such as:

- Resource implications for our already stretched opioid therapy programs and other AOD services
- The impact on doctors' wellbeing and safety of managing upset and distressed patients identified through RTPM.
- The impact on patients who are distressed and may not be able to seek treatment in a timely fashion and the potential for these patients to end up accessing care from emergency departments.

[3] Barnett, M. L. (2020). Opioid prescribing in the midst of crisis-Myths and realities. The New England journal of medicine, 382(12), 1086-1088.
[4] Pitt, A. L., Humphreys, K., & Brandeau, M. L. (2018). Modeling health benefits and harms of public policy responses to the US opioid epidemic. *American journal of public health*, *108*(10), 1394-1400.
[5] James, J. R., Scott, J. M., Klein, J. W., Jackson, S., McKinney, C., Novack, M., ... & Merrill, J. O. (2019). Mortality after discontinuation of primary care–based chronic opioid therapy for pain: a retrospective cohort study. *Journal of general internal medicine*, *34*(12), 2749-2755.
[6] Dowell, D., Compton, W. M., & Giroir, B. P. (2019). Patient-centered reduction or discontinuation of long-term opioid analgesics: the HHS guide for clinicians. Jama, 322(19), 1855-1856.
[7] Dobbin, M., & Liew, D. F. (2020). Real-time prescription monitoring: helping people at risk of harm. *Australian Prescriber*, *43*(5), 164.

To avoid the unintended consequences of RTMP, it needs to be delivered within a broader framework that anticipates and mitigates against inadvertent consequences. This requires resourcing a multipronged and sustainable suite of strategies - such as improving availability and access to multidisciplinary teams of qualified health professionals with expertise in addiction medicine and pain management; increased funding for addiction medicine and other evidence-based alcohol and drug treatment services more broadly, and training of GPs in managing patients with prescription drug and other substance use disorders.

Ensuring prescribers are well informed about RTPM and how to support patients identified through the system.

We note that, as outlined in the Consultation Paper, the NSW Ministry of Health will provide "comprehensive training to doctors and pharmacists on how to use the system to ensure safer prescribing and dispensing as well as how to support the needs of patients" to give "doctors and pharmacists the confidence and skills to continue to provide patients with the safest and most appropriate advice and ongoing care."
We welcome this training and stress that it should be developed with expert input from addiction medicine specialists and that it should include training for both specialist physicians and GPs in addition to pharmacists. We also strongly recommend that to complement this training, the NSW Ministry of Health develops clinical guidelines aimed at all prescribers to cover issues such as what actions prescribers should take when a patient is identified through RTPM, how prescribers should communicate with each other regarding notifications about an individual patient in their care and where prescribers should direct patients identified as having a substance use disorder for support and assistance. Additionally, it is essential that clear evidence-based guidance on safe and effective opioid tapering be made available to all prescribers.[8,9]
These resources need to be developed in close consultation with expert medical practitioners including addiction medicine physicians, general practitioners, psychiatrists, clinical pharmacologists, nurse practitioners and pharmacists.

In addition to training GPs and specialists and developing clinical guidelines, it is important to note that the treatment of patients with concurrent chronic pain and substance use disorders needs to be substantially improved as there are currently few services which provide access to both addiction and pain specialists. The evidence about how best to treat these patients is also unclear so we recommend the NSW Government invests in research, evaluation and service models that combine pain and addiction medicine to build the evidence-base on how best to treat these complex patients. This should be done in close consultation and collaboration with addiction medicine specialists and pain specialists.

Increased resources for Addiction Medicine and other alcohol and other drug services are needed to ensure the effectiveness of RTPM

RTPM is being introduced in a context where alcohol and other drug treatment services in Australia including in NSW are chronically underfunded and overstretched, despite compelling evidence of their cost effectiveness. The funding currently provided for alcohol and other drug treatment services is not commensurate with the needs of the population. A review in 2014 found that alcohol and other drug treatment services in Australia met the need of fewer than half of those seeking the treatment.[10]

Over many years, the RACP and the AChAM have repeatedly identified the underfunding of drug and alcohol treatment services as a matter requiring the urgent attention of successive governments. Sustained, long-term funding to increase the capacity of drug and alcohol services to meet the demand for treatment, combined with real and persistent efforts to reduce disadvantage and inequities within society, is the only real solution to reducing substance dependency. Access to quality treatment, delivered by a suitably trained workforce, is fundamental for anyone struggling with addiction, and this should be the main priority for policy development and investment in this area.

At present, there is a shortage of addiction medicine specialists across Australia and this is felt most acutely in regional and rural Australia. In NSW, addiction medicine specialist positions are very difficult to fill outside the Sydney metropolitan area and there is currently no state or national approach to addressing these key

[8] Dowell, D., Compton, W. M., & Giroir, B. P. (2019). Patient-centered reduction or discontinuation of long-term opioid analgesics: the HHS guide for clinicians. *Jama*, *322*(19), 1855-1856.
[9] US Department of Health and Human Services. (2019). HHS guide for clinicians on the appropriate dosage reduction or discontinuation of long-term opioid analgesics. *Washington, DC: US Department of Health and Human Services*.
[10] Ritter, Alison, and Mark Stoove. "Alcohol and other drug treatment policy in Australia." Med J Aust 2016; 204 (4): 138.

workforce shortages. It is also common for rural areas to struggle to recruit nursing and allied health professionals for drug and alcohol services.

In addition to increased resources for evidence-based AOD services, additional measures and models of care could be considered in consultation with expert medical practitioners including addiction medicine physicians, pain medicine specialists, general practitioners, psychiatrists, clinical pharmacologists, nurse practitioners and pharmacists. These could include:

- Expansion of funding for public sector AOD services to provide treatment for patients with opioid dependence.
- Expansion of the NSW specialist advisory service telephone line to provide advice to medical practitioners responding to patients who have been identified as high-level prescribed drug users.
- Assessment of the current capacity of the public sector pain management programs and alcohol and drug services and what capacity for service expansion.
- Resourcing the establishment of specialist addiction and pain management combined services within the public system.
- Identifying the capacity of the private health sector including private hospitals in managing patients with chronic pain and known or suspected opioid dependence.

Ongoing monitoring and evaluation of RTPM to ensure the system can be improved to best serve the health needs of patients and the broader community

Ongoing monitoring and evaluation of the RTPM in NSW and across all jurisdictions implementing it will be essential to understand what happens to patients who are identified through RTPM including what care and services they are able to access and whether it is appropriate to their specific needs to ensure the system can be improved to best serve the health needs of patients and the broader community.
For this purpose, we recommend that the NSW Government puts in place the following measures:

- Monitor the extent to which patients who are likely to be drug dependent are identified by RTPM.
- Identify which proportion of likely dependent patients has their medication abruptly ceased compared to the proportion of patients assessed by a specialist or transferred to supervised dosing.
- Estimate the potential negative consequences of sudden cessation of medications by monitoring prescription non-fatal and fatal opioid overdoses in NSW .
- Ensure education for primary care practitioners to prescribe and/or encourage access to take-home naloxone for all patients at risk of opioid overdose, including those at risk due to opioid dose prescription, co-prescription of other sedatives or other risk factors, and for those being de-prescribed opioids.
- Monitor the proportion of people using illicit opioids, who commenced illicit opioid use as a result of sudden cessation of prescription opioids.
- Monitor the availability of support for GPs who identify a person who may be dependent through RTPM.
- Ensure that adequate specialist support is available to GPs who identify patients likely to be dependent through RTPM.
- Ensure that adequate options for supervised prescribing and dosing are available.

Thank you again for this opportunity to provide feedback on RTPM Consultation Paper. We would greatly appreciate the opportunity to meet with you to discuss the practical steps the NSW Government could take to address these broader issues in order to fully realise the potential benefits of the implementation of RTPM across your state. To arrange this meeting or for further information about this correspondence, please contact Ms Claire Celia, Senior Policy & Advocacy Officer on Policy@racp.edu.au.