



Ensuring the effective implementation of Real Time Prescription Monitoring (RTPM) in Australia to reduce harm requires wider service planning and resourcing.



The **misuse of controlled medicines** is a growing concern in Australia.

Prescription opioids, often combined with benzodiazepines, contribute to more deaths than illicit drugs in Australia.

RTPM can reduce the growing harms linked with certain prescription medications, particularly prescription opioids if it is effectively implemented.

Source: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/health-impacts>

RTPM aims to provide **information to doctors** (prescribers) **and pharmacists** (dispensers) about **a patient's history** and **use of controlled medicines** when they are considering prescribing or dispensing these medicines.

The Commonwealth, state and territory agencies are working together to implement the RTPM system. However, each state or territory remains responsible for the management of controlled medicines in its jurisdiction.

How RTPM can reduce harm

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

- 1** Prevent more than one doctor from prescribing sedating medication to one patient at the same time.
- 2** Assist in the identification of people who are most probably prescription drug dependent, and for whom unsupervised sedative medication presents a particularly high risk.

How to ensure the success of RTPM

RTPM's effectiveness relies on wider service planning and resourcing, such as the availability and access to specialist multidisciplinary pain clinics and addiction medicine services.

If wider service planning and resourcing are not implemented, 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 patients with medical needs such as palliative care patients. Sudden discontinuation of opioid therapy has also been associated with increased drug-related deaths.

In addition to ensuring wider service planning and resourcing, Governments should:



Ensure prescribers are well informed on RTPM and how to support patients identified through the system, including the development of clinical guidelines.



Ensure that clear evidence-based guidance on safe and effective opioid tapering are made available to all prescribers.



Invest in research, evaluation and service models that combine pain and addiction medicine to build the evidence-base on how best to treat concurrent chronic pain and substance use disorders



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.

“ *Increased resources for addiction medicine and other alcohol and other drug services are needed to ensure the effectiveness of RTPM. 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.* ”

Source: RACP submission to NSW Government's Regulation to support Real Time Prescription Monitoring (RTPM) consultation paper (March 2021)

For more information on the roll out of RTPM in Australia, visit the Australian Government Department of Health website and your local state and territory Health Departments.

For more information about the RACP's position on RTPM, please search 'RTPM' at www.racp.edu.au. #EffectiveRTPM