

Real-time recording and reporting of drugs of dependence

Position statement

MAY 2016

Purpose

In Australia, the incidence of death and harm resulting from the inappropriate use of both prescription and over the counter (OTC) medicines has increased significantly.

For several years, calls for a real-time recording system for drugs of dependence have been made, not only by pharmacists, but by coroners, medical practitioners and consumers.

This document outlines the position of the Pharmaceutical Society of Australia (PSA) on the electronic real-time recording and reporting of drugs of dependence.

About PSA

PSA is the peak national professional pharmacy organisation representing Australia's approximately 29,000 pharmacists' working in all sectors and locations.

PSA's core functions relevant to pharmacists include:

- providing high quality continuing professional development, education and practice support to pharmacists;

- developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and
- representing pharmacists' role as frontline health professionals.

Summary of PSA's Position

PSA calls for the immediate implementation of a national real-time recording and reporting system to address the increase of harm resulting from the inappropriate use of both prescription and over the counter (OTC) medicines.

PSA believes that real-time reporting should not be a barrier to the legitimate use of analgesics by consumers with severe disabling pain or those receiving palliative care.

To be an effective monitoring tool, PSA believes the proposed Electronic Recording and Reporting of Controlled Drugs (ERRCD) system must be:

- a compulsory system, used for all drugs with the potential for addiction – not just prescription medicines
- supported by the adoption of nationally uniform regulatory controls for poisons

- appropriately integrated with prescribing and dispensing systems to ensure seamless use by prescribers and pharmacists
- functional for real-time use, so that a prescriber or pharmacist concerned about a consumer's use can access accurate, up to date data
- supported by a robust implementation plan and appropriate workforce training.

PSA believes that Project Stop is not an appropriate program for the real-time monitoring of the prescribing and dispensing of substances with a potential for addiction due to both the labour-intensive process for pharmacists to use the system, and the program not being able to integrate with prescribing and dispensing software.

PSA believes that the adoption of nationally uniform regulatory controls for poisons will significantly enhance the efficiency and operation of a real-time reporting and recording system and urge regulators to give this due consideration.



Background

Prevalence of use and dependence

Research suggests that there has been a significant increase in the prescribing and use of opioid analgesics in Australia, and that this resulted in a commensurate increase in opioid-related deaths.²⁻⁴

The last National Drugs Strategy Household Survey (NDSHS) was conducted in 2013 and the results were analysed by the Australian Institute of Health and Welfare. One of the key findings was that the misuse of pharmaceuticals has increased from 3.7% of the Australian population in 2007 to 4.7% in 2013. About 75% of people who misused analgesics had misused OTC analgesics and 50% had misused prescription analgesics.⁵

Coronial reports

Coronial reports have repeatedly called for real-time monitoring of the prescribing and dispensing of drugs of dependence through the implementation of the ERRCD system.⁶ The aim is to reduce the harms and deaths associated with longstanding systemic health issues including poor coordination of care and inappropriate prescribing and dispensing. The ERRCD system is currently operational in Tasmania, but has yet to be implemented in other states and territories.⁷

A study of data from the National Coronial Information System showed there were 806 oxycodone related deaths from 2001 to 2011, increasing from 21 in 2001 to 139 in 2011. Most deaths (63.4%) were caused by combined drug toxicity and the majority (56.4%) of deaths were accidental.⁸

Electronic Recording and Reporting of Controlled Drugs

The Australian Government has developed the ERRCD system which has the ability to integrate with both prescribing and dispensing software thus allowing prescribers and pharmacists to access real-time data relating to the patient or consumer, drug dispensed and any previous dispensing history.⁹

PSA understands that the \$5 million funding under the 5th Community Pharmacy Agreement (5CPA) provided for software development for the ERRCD system, and that each state and territory will require further investment of resources to implement the ERRCD system. Amendments to legislation may be required in some jurisdictions to allow prescribers and dispensers to access information.

For the developed ERRCD system to be an effective monitoring tool, PSA believes that the system must be:

- a compulsory system, used for all drugs with the potential for addiction
 - not just prescription medicines
- supported by the adoption of nationally uniform regulatory controls for poisons
- appropriately integrated with prescribing and dispensing systems to ensure seamless use by prescribers and pharmacists
- functional for real-time use, so that a prescriber or pharmacist concerned about a consumer's use can access accurate, up to date data
- supported by a robust implementation plan and appropriate workforce training.

Existing Monitoring Systems

Prescription Shopping Information Service

Currently prescribers can access the Prescription Shopping Information Service (PSIS) provided by the Department of Human Services 24 hours a day, seven days a week. Prescribers must register to use the PSIS, and apply for a Public Key Infrastructure (PKI) certificate to enable online access to the patient summary report. This report shows all Pharmaceutical Benefits Scheme (PBS) medicines supplied to the patient over the previous three months.

There are several limitations to the PSIS. Firstly, it is not integrated into prescribing or dispensing software and requires the practitioner to phone the PSIS. Secondly, it only includes prescriptions dispensed under PBS. It excludes private prescriptions, Repatriation Pharmaceutical Benefits Scheme prescriptions, Section 100 medicines (including opiate dependence treatment), samples supplied by prescribers and any OTC medicines used. The information provided is based on PBS data sent in by PBS approved pharmacies and is accurate up to the last 24 hours.¹⁰ The main strength of the PSIS is that it allows access to national data.

DrShop

The electronic prescription exchange service provider, MediSecure, has developed an optional real-time prescription monitoring tool called DrShop which alerts the prescriber if a medicine with the potential for addiction (both S4 and S8) has been prescribed in the past 90 days. The obvious limitation to this system is that prescribers can only access information from practices with the MediSecure network. There is no connection with eRx, the alternative electronic prescription exchange service, and DrShop cannot capture any other prescriptions, whether hand-written or computer generated.¹¹

Project Stop

Project Stop is a real-time online recording tool used by pharmacists to prevent diversion of pseudoephedrine for the illicit production of methamphetamine. PSA is aware that some have advocated for the scope of Project Stop to be extended to enable the use of OTC codeine analgesics to be recorded and monitored. The use of Project Stop for codeine medicines is not supported by PSA.

PSA believes that Project Stop is not an appropriate program for the real-time monitoring of the prescribing and dispensing of substances with a potential for addiction due to both the labour-intensive process for pharmacists to use of the system, and the program not being able to integrate with prescribing and dispensing software.

MedsASSIST

MedsASSIST¹² is a newly developed tool to record and monitor the supply of OTC medicines containing codeine through community pharmacies. The system includes the capability to record the pharmacist's assessment of therapeutic need and provides information on pain management options and referral pathways.

PSA acknowledges that MedsASSIST may provide additional information to facilitate clinical decision making by pharmacists. PSA notes however, that the MedsASSIST system is not integrated with dispensing or prescribing software and therefore the process is not streamlined and, further, the use of the system by pharmacists is currently not mandatory.

Additionally, research indicates that the significant majority of codeine-related deaths in Australia are as a result of multiple drug toxicity.¹³ Since the MedASSIST system captures data only on the supply of OTC medicines containing codeine, it does not provide a holistic overview of a person's pain management and importantly, significant opportunity for harm remains from other medicines such as prescription codeine and opioid medicines.

For these reasons, PSA does not believe that MedsASSIST provides a comprehensive solution to the problem of codeine- and opioid-related harm in Australia, and redoubles its calls for the implementation of an effective national real-time recording and reporting initiative.

Conclusion

PSA supports a national real-time recording and reporting initiative of the prescribing, dispensing and supply of particular substances and medicines in accordance with relevant State and Territory legislation. This could be achieved through the implementation and evaluation of the ERRCD system across all jurisdictions and for the system to be expanded to include all drugs of dependence, including OTC analgesics.

References

1. Pharmacy Board of Australia. Pharmacy registrant data: September 2015. PBA: 2015, November. At: <http://www.pharmacyboard.gov.au/About/Statistics.aspx>
2. Roxburgh A, Bruno R, Larance B, Burns L. Prescription of opioid analgesics and related harms in Australia. *Med J Aust* 2011; 195: 280-284.
3. Roxburgh A, Burns L, Drummer OH, et al. Trends in fentanyl prescriptions and fentanyl-related mortality in Australia. *Drug Alcohol Rev* 2013; 32:269-275.
4. Rintoul AC, Dobbin MD, Drummer OH, Ozanne-Smith J. Increasing deaths involving oxycodone, Victoria, Australia, 2000-09. *Inj Prev* 2011; 17: 254-259.
5. Australian Institute of Health and Welfare: Illicit use of drugs (NDSHS 2013 key findings) At: <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/2013/illicit-drug-use/>
6. Coroners Court of Victoria. 2014. Inquest into death. At: http://www.coronerscourt.vic.gov.au/resources/64bb3f4c-b6f1-44c6-aaa7-7211897e5e29/georgiasancheal_460306.pdf
7. McDonald K. 2014. Renewed calls for real-time prescription drug monitoring system. *Pulse+IT Magazine*. At: http://www.pulseitmagazine.com.au/index.php?option=com_content&view=article&id=1828:renewed-calls-for-real-time-prescription-drug-monitoring-system&catid=16:australian-ehealth&Itemid=328
8. Pilgrim JL, Yafistham SP, Gaya S, et al. An update on oxycodone: lessons for death investigators in Australia. *Forensic Sci Med Pathol* 2014. At: <http://www.ncbi.nlm.nih.gov/pubmed/25403552>
9. Australian Government, Department of Health and Aging. 2012. Electronic Recording and Reporting of Controlled Drugs. At: [http://www.health.gov.au/internet/main/publishing.nsf/Content/7A1C6A6DESD4EA5ECA257BF0001959F3/\\$File/UPDATED%20ERRCD%205CPA%20FACT%20SHEET%20-%20FINAL%20-%2014%20June%2012.doc.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/7A1C6A6DESD4EA5ECA257BF0001959F3/$File/UPDATED%20ERRCD%205CPA%20FACT%20SHEET%20-%20FINAL%20-%2014%20June%2012.doc.pdf)
10. Australian Government, Department of Human Services. 2015 Prescription Shopping Programme. At: http://www.humanservices.gov.au/health-professionals/services/prescription-shopping-information-service/?utm_id=9#N1005B
11. DrShop Frequently asked questions. 2015 At: <http://www.drshop.com.au/faqs/>
12. The Pharmacy Guild of Australia. MedsASSIST. 2016. At: <https://www.guild.org.au/services-programs/medsassist>
13. Roxburgh A, Hall W, Burns L. 2015. Trends and characteristics of accidental and intentional codeine overdose deaths in Australia. *Med J Aust* 2015; 203:299e1-7

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