



# **ScriptWise South Australia Roundtable**

*Addressing the harms associated with  
prescription medications in South Australia*

*4 April 2018*

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The information in this report was prepared by ScriptWise. It represents the discussions that took place at the SA roundtable and has been reviewed by participants.

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## Introduction

On April 4 2018, ScriptWise hosted a state-wide roundtable in Adelaide to address the harms associated with prescription medication use and misuse in South Australia. The roundtable sought to discuss ways to address this issue, and to facilitate better collaboration and coordination between stakeholders.

The roundtable brought together a wide range of representatives from key organisations in South Australia (a list of participants is provided in Appendix A). Participants expressed enthusiasm for continuing to discuss this issue through a permanent working group, with expanded membership. All participants also agreed to the Chatham House Rule.

## About ScriptWise

ScriptWise is a non-profit organisation dedicated to preventing harms associated with prescription medication use and misuse. ScriptWise was formed in 2014 to amplify the voices of the alarming number of families and individuals affected by prescription medication overdose. The organisation's vision is: 'Towards zero fatalities caused by prescription medication misuse.'

ScriptWise works with its partners, and those personally affected, to address the root causes of this complex and multifaceted issue through primary preventions such as:

- engaging and educating local communities on harms associated with prescription medication use and misuse;
- collaborating to identify and promote preventative initiatives within communities;
- advocating to shape policy solutions that prevents misuse and overdose fatalities relating to prescription medications; and
- promoting research to better understand this issue.

## Background

Harms related to prescription medication use, misuse, dependence and overdose (fatal and non-fatal) are growing public health problems in Australia. In 2016, Australia recorded the highest number of drug-induced deaths since the heroin epidemic of the 1990s, largely due to prescription medications.

South Australia is not immune from this increasingly dangerous trend. In just one decade, accidental overdose deaths related to oxycodone, morphine or codeine increased by 57 percent (from 127 to 184 deaths) in South Australia alone. South Australia also has the [second-highest level of pharmaceutical use for non-medical purposes](#) (5.5 percent) in Australia, following closely behind Tasmania (5.6 percent). It is clear that more needs to be done across the state to prevent further overdose fatalities.

### Alignment with newly elected South Australian Government priorities

In January 2018, Premier Steven Marshall announced a [\\$7 million election commitment](#) for the roll-out of real-time prescription medication monitoring (RTPM) across the State to address this issue.

RTPM was first recommended in Australia in 1980 and has long been advocated for by peak medical bodies such as the Australian Medical Association (AMA), Royal Australian College of General Practitioners (RACGP), Pharmacy Guild of Australia (PGA), Pharmaceutical Society of Australia (PSA), state coroners, many health professionals and consumer organisations such as ScriptWise. A national mandatory RTPM will allow health practitioners to make informed clinical decisions when prescribing medications such as prescription opioids and benzodiazepines, and provide opportunities for early intervention and/or referral to treatment.

The current state-based approach towards implementing a national RTPM risks result of a number of RTPM systems existing without the ability to integrate and share information. This is problematic given evidence that people with dependency issues living close to state borders would simply cross them to seek more medications. It is therefore essential that all state-based systems are interoperable. South Australia has a unique opportunity to address cross-border issues with the implementation of SafeScript in Victoria (to be launched in October 2018).

Strategies that focus on primary prevention and early intervention to prevent prescription medication misuse are considered to be more cost-effective than treating established problems. Long-term use of prescription medications such as opioids and benzodiazepines is also associated with greater risk of harm, impacts on mental and physical health, and increased the risk of dependency.

## Overview of Key Barriers and Opportunities

It is evident that addressing the harms associated with prescription medication use and misuse is highly complex. A variety of different stakeholders were represented at the roundtable, and most identified similar barriers preventing positive change in this area.

Outlined below is a brief summary of the key issues and the potential opportunities identified by representatives participating in the roundtable. They are listed in no specific order of priority.

### 1. Stakeholder perspectives

Participants were initially given the opportunity to share their experiences working within their area of expertise to ensure the group received insight into a diverse range of perspectives.

#### 1.1 Primary care setting: barriers and opportunities in general practice

- The lack of information for GPs to make informed clinical decisions around whether to prescribe for a patient, and whether the patient may be consulting multiple GPs, was identified as a significant barrier. It was highlighted that GPs need to be able to access data when prescribing medications such as prescription opioids and benzodiazepines, to provide the opportunity to discuss early intervention strategies with patients.
- GPs discussed the need for better training, support and capacity development to ensure that they are better supported to treat patients managing long-term dependency issues. One example suggested was for nurses in primary care to be trained to assist in managing these issues. Another suggestion was the need for the creation of 'toolkits' for GPs to gain understanding and skills around how to have conversations with their patients and recognise relevant patient pathways.
- Lack of remuneration for GPs to ensure that patients are able to receive longer consultations to manage complex issues with pain and/or prescription medication dependency was raised as a significant issue.
- GPs also identified the need for a multi-disciplinary approach within general practice to promote an 'alternative positive narrative' to avoid using prescription opioids as the first option to treat pain and to encourage use of alternative treatments. A lack of coordination and integration between GPs and AOD workers to ensure that patients are referred to the appropriate treatment was identified as a compounding factor.
- The stigma that exists around prescription medication dependency, and the need to treat pain instantly, were recognised as barriers GPs face when speaking to patients who are susceptible to, or already dependent on, prescription medications due to the long-term use. Participants highlighted that this is exacerbated by the lack of

accessibility to services (i.e. pain clinics) and prescribers of opioid replacement therapy.

### 1.2 Primary care setting: barriers and opportunities in pharmacy

- Pharmacists face difficulties in dealing with consumer expectations that their medications will be dispensed. This provides challenges for pharmacists to have conversations with consumers around the harms associated with long-term use of their prescription medications.
- Lack of connection and integration with GPs to ensure that coordinated care is promoted for the patient, and clear health pathways, were also identified as key concerns. Lack of visibility (i.e. data to understanding prescribing and dispensing patterns) makes it difficult for pharmacists to understand if patients are using their medications safely and appropriately.
- Pharmacists also said it was difficult to shift conversations and consumer expectations from reducing pain to improving functionality. This may have implications for policy and regulations (e.g. in the aged-care accreditation process and hospital emergency room procedure where some key performance indicators are around reducing pain within 30 minutes).
- Lack of toolkits available for health professionals, including information on what to do once a patient is identified as having a dependency issue and how to speak with patients about further treatment. A lack of consistent messaging and communications around pain were also of key concern.

### 1.3 Barriers and opportunities - Primary Health Networks (Adelaide PHN/Country SA PHN)

- Better promotion of HealthPathways by PHNs and ensuring the creation of both toolkits and specified patient pathways were utilised by health professionals. Additionally, education for GPs, pharmacists, allied health and the community is needed on pain management. PHNs are also limited in ensuring patients are educated and able to set goals for themselves.
- There was also an identified need to build capacity and connection between health professionals in primary care settings and alcohol and drug experts. This may be creating barriers for patients to receive appropriate care and/or treatment early.
- Better awareness around opioid replacement therapy was also recognised as important to increase its accessibility for patients. There is a need to also ensure that consumers are aware of available treatment and that they feel comfortable entering treatment.
- An identified lack of resources and sustainable funding of projects by both State and Federal governments may also have a significant negative impact on promoting patient safety in the treatment of chronic pain.

#### 1.4 Barriers and opportunities - pain specialists and other stakeholders

- A lack of evidence around the effectiveness of prescription opioids in treating chronic pain, and the lack of consistent communication and messaging to ensure that health professionals are providing alternative treatments in primary care settings, were seen as major barriers. It was also raised that the fastest growing use of these medications is with older people, leading to a need to focus on the impact and effectiveness of using anti-psychotics within this group and an increasing focus on improving functionality (instead of 'stopping all pain').
- Lack of funding and resources to facilitate better integrated care between GPs and pain specialists was also identified as a significant issue. Better resources can help to ensure that pain specialists are able to provide GPs with the opportunity to treat chronic pain patients effectively in primary care settings.
- Improvements in the effective delivery and accessibility of opioid replacement therapy were also seen as an important opportunity. The State Government needs to consider strategies to address the current lack of prescribers and pharmacists providing pharmacotherapy. There also needs to be a way to encourage and improve training and accreditation to GPs and pharmacists.
- It was recognised that there remains a barrier around ensuring patients continue to see their pain specialist.
- The prescription of opioids and benzodiazepines can have a negative impact on work injured individuals and the wider working community; this is seen in both injured workers presenting with significant physical side effects as a result of prescribed medications, and by the negative impact these drugs can have on functional capacity (i.e. safe use of heavy machinery).
- A lack of resources available to help educate and guide community members, health professionals, those with prescription medication dependency, and those who care for them (i.e. family members, carers) was also identified. The availability of information could help to curb the high rate of health problems and harms associated with these medications, and ensure that those who are susceptible to dependency receive early intervention and treatment. Solutions should be focused on prevention, such as promoting well-being measures (as opposed to pain measures) to manage expectations around pain (acute, short-term or chronic).
- Stigma within the healthcare system about the issue of prescription opioid and benzodiazepine dependency needs to be addressed; and non-addictive alternatives to treat chronic pain need to be promoted.

It is evident that there needs to be a more coordinated and collaborative approach, which recognises the breadth, willingness and capacity of interested parties, to ensure that better integrated care is promoted and patient safety prioritised.

Solutions can be divided into two categories:

- preventing further opioid problems (iatrogenic), and
- improving awareness and accessibility for early intervention and treatment for people with opioid and/or benzodiazepine dependency issues.

## 2. Summary of commonalities around barriers and opportunities

- The lack of available data around prescribing and dispensing makes it difficult for health professionals in the primary care setting to make informed decisions, and to assist patients at risk of prescription medication dependency.
- The stigma that exists around identifying and understanding prescription medication dependency may prevent health professionals from intervening at an early stage and prevent patients from receiving appropriate treatment. This is further aggravated by the lack of availability and accessibility to opioid replacement therapy (in particular buprenorphine) due to the lack of prescribers and pharmacists willing to provide treatment.
- The lack of education and awareness of treatment of pain and understanding of prescription medication dependency needs to be addressed. More initiatives and programs that focus on prevention are required. This is further exacerbated by the capacity of health professionals to manage patient expectations around pain.
- A multi-disciplinary approach to pain management and education around the risks associated with prescription medications such as opioids and benzodiazepines is needed for health professionals and individuals. There was recognition that opportunities exist to provide training through more comprehensive “toolkits” and increased understanding of patient “pathways”.

## Recommendations

The roundtable was designed to provide a much-needed opportunity for stakeholders to come together to share information and identify priority areas for action to address the increasing harms associated with prescription medication use and misuse in South Australia.

The recommendations outlined below do not represent a full and complete response to the barriers outlined above, or to all of the issues discussed on the day. Instead, these recommendations should be viewed as a summary of those actions that could be reasonably described as having gained broad consensus from participating stakeholders.

### Recommendation 1:

***That a real-time prescription monitoring system is implemented in South Australia, as suggested:***

- ***integrated into existing medical software for GPs and pharmacists;***
- ***interoperable nationally, and***
- ***includes both Schedule 8 prescription opioids and also some Schedule 4 medications such as benzodiazepines.***

### Recommendation 2:

***That better education, training and support are provided for health professionals around the appropriate prescribing and supply of highly addictive medications. Further to this, it was suggested:***

- ***more support be made available for GPs to have longer consultation to ensure that patients receive appropriate treatment; and***
- ***increase in Medicare rebates for twice-yearly GP consultations for patients with complex health and pain issues.***

### Recommendation 3:

***That local initiatives, evidence-based programs and information to identify preventative strategies to prevent harms associated with prescription use and misuse are supported. Better data is also needed to understand and identify communities most affected by this issue.***

### Recommendation 4:

***That the SA Government consider funding a public awareness campaign to educate South Australians about the risks associated with using highly addictive medications and to inform communities about treatment options available to manage dependency.***

### Recommendation 5:

***That current MATOD program guidelines in South Australia are modernised and improve patient accessibility by:***

- *developing an alternative funding model that reduces the costs for patients accessing MATOD*
- *modernising current MATOD take-away policies and treatment delivery options for MATOD clients with consideration of interstate/international treatment guidelines*
- *developing MATOD collaborative prescribing models which involve doctors, pharmacists and patients.*

**Recommendation 6:**

*That more funding and resources are allocated to pain specialists to ensure they can work closely with GPs. It was suggested GPs need access to a 'telephone hotline', and to be in contact with pain clinics, or even for pain specialists to have frequent visits to clinics.*

**Recommendation 7:**

*That access to, and the affordability of, allied health services for patients with chronic pain is improved. Health outcomes for patients with chronic pain can be improved by allied health professionals working collaboratively with and supporting deprescribing strategies for patients with complex health conditions and chronic pain medication use.*

**Recommendation 8:**

*That guidelines and procedures for patient discharge from hospital with highly addictive prescription medication (especially prescription opioids) are reviewed and updated. It was recognised that hospital pharmacists are well-placed to reduce the number of prescriptions written for opioids, both upon admission and discharge.*

## The way forward

The roundtable closed with a discussion about how to address this issue in a way that is both achievable and has a good return on investment. Stakeholders involved in ScriptWise's roundtable discussion suggested the following short-term next steps:

- formalise a Working Group in South Australia to create and maintain momentum around addressing this issue and work together to support better local initiatives and strategies to prevent further harms
- invite other stakeholders who were not present in the initial roundtable discussion held in early April to join the Working Group  
commit to holding a Working Group meeting every 8 weeks where clear action items are created during each meeting
- develop a position statement to encourage the newly elected Health Minister to commit to the state-wide rollout of real-time prescription monitoring system
- request a meeting with the Health Minister to offer the expertise of the Working Group and ask that it be formalised as an External Advisory Committee to work closely with the Department to address this issue
- lobby for the re-prioritisation of current funding to address this issue. The Working Group will advocate for funding to be allocated appropriately to implement the recommendations of this report

## Conclusion

It is clear that potential partnerships and continued collaboration between key stakeholders in South Australia will be beneficial in addressing this complex and multi-faceted issue.

The roundtable also highlighted the many barriers and opportunities that exist in regard to addressing the complexity of this issue in South Australia. The resulting recommendations provide great insight into a variety of solutions in response to this, particularly in regard to providing the necessary training and resources for both health professionals and consumers.

The resulting next steps outlined in this report also demonstrate the capacity of participating representatives to form a strong Working Group to work with and engage the Minister for Health and Wellbeing on progressing the recommendations provided in this report. It is clear that with effective collaboration, better strategies can be developed and implemented to prevent further overdose fatalities linked to prescription medications in South Australia.

## APPENDIX A

### LIST OF PARTICIPANTS

<b>Name:</b>	<b>Role:</b>	<b>Organisation:</b>
Jane Goode	Innovation Officer	Adelaide Primary Health Network
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Dr Bruce Rounsefell	Chairperson	Faculty of Pain Medicine South Australian Regional Committee
Dr Meredith Craigie	Dean	Faculty of Pain Medicine (ANZCA)
Nick Panayiaris	President	Pharmacy Guild SA Branch
Julia Oakley	General Manager	ReturnToWorkSA
Julianne Flower	Leader, Scheme Support	ReturnToWorkSA
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