Northern Territory Government

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Submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviors.

Relevant Terms of Reference:

Effective strategies for coordination across treatment facilities to also provide for addictive behaviours more broadly.

Key Messages:

The development and implementation of real time prescription monitoring (RTPM) is needed to ensure coordinated cross sector response to minimize the harms related to prescription opioid use in the Northern Territory.

Thank you for the opportunity to make a submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviour.

The focus of this submission is on the emerging harm from the misuse of prescription opiates throughout Australia and the importance of supporting the development and implementation of a real-time prescription monitoring system in the Northern Territory.

Between 1990 and 2014 there has been a fourfold increase in the prescription of opioids for medical purposes in Australia. This has largely been for the treatment of chronic non cancer pain. (Karanges, 2016) This has resulted in two problems, firstly there is significant leakage and diversion of pharmaceutical opiates such a morphine, Endone and fentanyl in to the illicit drug market. There are also a number of patients who are prescribed opiates for pain who will develop physiological dependence which may then flow on to the development of problematic behaviours such as see multiple prescribers at one time, taking higher doses than prescribed or mixing their medications with other sedating substances such as alcohol or benzodiazepines. Both groups are at risk of overdose however the second group are unlikely to see themselves as “addicts” and will not readily access traditional drug and alcohol services.

The number of Australians dying from opioid overdoses has nearly doubled in the last decade, with the majority of deaths attributable to pharmaceutical opiates. (National Drug & Alcohol Research Centre.)

It is difficult to determine how many of these deaths are directly attributable to opioids which were legitimately prescribed for that individual however we know that in the National Drug Strategy Household Survey in 2016, 4.8% of Australians had used pharmaceuticals, especially prescription opioids, for non-medicinal purposes in the 12mths before the survey.

In the Northern Territory, deaths from overdose are rare however we have a significant problem with misuse of pharmaceutical opioids and in 2015- 16 the vast majority of calls to Alcohol and Other Drugs information services in the NT relating to opiates were for patients misusing pharmaceutical opiates rather than heroin. (DASSA Statistical Bulletin - Number 14, 2018)

A 2013 survey of people who inject drugs in the Northern Territory showed that Morphine was the most commonly injected drug with MS Contin being the most frequent formulation purchased. One third of participants surveyed stated that MS Contin was easy to obtain. (IDRS)

In the Northern Territory, oversight of Schedule 8 medications such as MS Contin, is provided by NT Medicines and Poisons Control within the Department of Health. They are responsible for ensuring that practitioners comply with the Medicines and Poisons Therapeutic Goods Act and the Code of Practice that flows from this.

Practically, in the Northern Territory, under current legislation this means that prescribers are limited in the number of patients that they may prescribe unrestricted S8s for as well as having obligations to notify Medicine and Poisons Control under certain conditions such as where the intended long term duration of supply or intention to supply very high doses.

It is my clinical impression that doctors in the Northern Territory often have difficulty understanding their obligations under the law, that the paperwork can be onerous and the ability of the NT Medicines and Poisons branch to monitoring practitioners compliance with the Code has limitations sue to a lack of resources and inadequate and antiquated computer and data base.

One part of the solution is to enhance the ability for pharmacists, GP, Medical specialists and regulatory bodied to share and communicate information about prescriptions of certain medications at the point of care.

RTPM is generally focused around the development of computer software which would enable patient prescription and pharmacy dispensing records for certain medicines to be transferred in real-time to a centralized database, which can be accessed by doctors and pharmacists during a consultation. The aims of this system would be to promote the safe supply, prescription and dispensing practices as well as to reduce the harm from monitored poisons and other high risk medications such as benzodiazepines and opioids.

Medications included in this system should include those which are causing the greatest harm to the community and are likely to include all Schedule 8 medications such as morphine, MS Contin, oxycodone and all benzodiazepines.

At a National level the Federal Government has given strong support for real time prescription monitoring scheme with all States and Territories giving in principal support for this project.

In 2012 the Federal Government purchased and developed a software package which had been used in Tasmania and made it available for use in all jurisdictions. This system, known as ERRCD, (Electronic Reporting and Recording of Controlled Drugs System) still requires that each jurisdiction evaluate its suitability for local needs, and make the adaptions for local conditions.

To date only Victoria and Tasmania have functional systems real time prescription monitoring systems in place with Victoria implementing their own customized system known as Safe script in

October 2018. I note that Safe script includes provision for monitoring of benzodiazepines which is likely to be of relevance to the NT.

An appropriately adapted local system would ideally function as a key component to enhance communication between multiple care providers in the health sector including pharmacists, chronic pain services, the hospitals, General Practitioners, Addiction Specialists, Alcohol and Other Drug services and Medicines and Poisons Control.

I would stress that the development of RTPM would be aimed at decreasing the paperwork required by prescribers, allow prescribers to more easily comply with current legislations and open the opportunity to more readily direct patients who are developing problematic behaviours around prescription medications in to treatment services earlier rather than later. It is not an application or appeal for more regulation but simply to allow better compliance and implementation of current regulations.

Flow on effects from the effective rollout of real time prescription monitoring may result in an increase in patients requiring multidiscipline treatment for chronic pain. I would encourage the government to look towards the work already being done in this area in the NGO sector such as the Arthritis Foundation who run short courses for patients living with chronic pain.

I would encourage the Select Committee to ensure that the current NT government prioritize this project and allow adequate resources to ensure the development, adaptation and rollout of real time prescription monitoring in Northern Territory.

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