20 March 2017

Executive Officer
Law Reform, Road and Community Safety Committee

Via online submission and email: lrrcsc@parliament.vic.gov.au

MIGA submission – Parliament of Victoria – Inquiry into Drug Law Reform

MIGA appreciates the opportunity to make a submission on issues relating to the misuse of prescription medication in the context of the Committee’s Inquiry into Drug Law Reform.

A copy of MIGA’s submission is enclosed.

MIGA is a medical defence organisation and medical indemnity insurer advising, assisting and educating medical practitioners, medical students, health care organisations and privately practising midwives throughout Australia. Further details about its interest and involvement in prescription medication issues and the provision of health care more generally are set out in its submission.

Please contact me by telephone 1800 839 280 or email [REDACTED] if you have any questions about MIGA’s submission.

Yours sincerely

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MIGA submission

Parliament of Victoria

Inquiry into Drug Law Reform

Issues relating to misuse of prescription medication

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MIGA submission

Parliament of Victoria - Inquiry into Drug Law Reform

Issues relating to misuse of prescription medication

Executive summary

1. MIGA’s submission addresses the effectiveness of Victorian laws, procedures and regulations relating to the misuse of prescription medications in minimising drug-related health, social and economic harm.

2. Its submission reflects medico-legal issues it has encountered in advising and assisting its members in relation to prescription medication, which have contributed to its advocacy and education activities on this issue.

3. In summary, MIGA supports:

   • the Victorian Government’s work towards a real-time prescription monitoring system, preferably as part of a national system or at a minimum involving a system which shares information between different Australian states and territories – this is a significant part of addressing issues around the misuse of prescription medication

   • examining how to enhance the capabilities of the Medicare Prescription Shopping Program as a source of information for medical practitioners where possible prescription medication misuse by patients is suspected

   • concerted and targeted education and training efforts to ensure Victorian medical practitioners are aware of each of:

     o regulatory requirements around the prescribing of potentially addictive medications

     o patient presentations which may raise issues of possible prescription medication misuse

     o services which can be consulted, including the Victorian Drugs and Poisons Regulation Unit or other specialist health services, if potential prescription medication misuse is suspected

     o available material, through both the Victorian Department of Health and Human Services (DHHS) and elsewhere, around issues of both prescribing potentially addictive medications and prescription medication misuse

   • consideration of initiatives to improve the access to pain management services, both on an outpatient and doctor-to-doctor liaison basis
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- wherever possible and practical, harmonisation of regulatory regimes around the prescribing of Schedule 8 medications, which are those which are potentially addictive, throughout Australia

MIGA’s interest

4. MIGA is a medical defence organisation and medical indemnity insurer with a national footprint which has represented the medical profession for over 115 years.

5. Its members and policy holders including significant numbers of medical practitioners, medical students, health care organisations and privately practising midwives working throughout Australia in a variety of settings, including general and specialist practice, both in the community and in public and private hospitals.

6. MIGA’s lawyers provide advice and assistance to its members on medico-legal issues arising out of prescription medication, which can include:
   - understanding Schedule 8 medication prescription requirements
   - managing aggressive or complex patients
   - suspected “doctor shopping” or medication-seeking behaviour
   - stolen prescription pads
   - difficulties in accessing specialist services, particularly in pain management

   This can involve advice to practitioners as well as assisting them with complaints and claims made against them.

7. Over the last year, MIGA has been involved in the parliamentary and state government consultations on the introduction of medicinal cannabis regimes in both South Australia and Queensland. Its contributions includes both detailed submissions on draft versions of what has become the Public Health (Medicinal Cannabis) Act 2016 (Qld) and various options for a South Australian regime utilising Schedule 8 prescribing frameworks, and giving evidence at a Queensland parliamentary inquiry on issues arising out of that state’s proposed regime.

8. Through its Risk Management Program, MIGA provides a variety of education and resources, including materials specifically directed to medication issues and dealing with challenging and complex patient presentations. It has produced educational materials on controlled drugs, handling drugs of dependence, drug-seeking patients and stolen prescription pads.¹ MIGA has also developed an interactive workshop on medication management and prescribing practices entitled “Medication – difficult scenarios” that has been running since 2012.

9. MIGA is developing a new interactive hypothetical session entitled “Who dunnit? – A Poison Pill”. The hypothetical, based on real case scenarios, will be presented as a mock coronial inquest that

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explores the prescribing challenges faced by health practitioners and the risk of harm from prescription drug toxicity. The session will cover issues such as the potential for medication misuse, addictive medications and complex patient presentations.

Real-time prescription monitoring

10. MIGA supports introduction of a real time prescribing system accessible by medical practitioners during consultations with their patients.

11. Multiple coronial inquests throughout Australia have identified such a system would be a significant initiative in trying to reduce “doctor shopping” and over-prescribing of particular medications, potentially saving lives and improving health and well-being of patients more generally.

12. MIGA has already emphasised the importance of such a system in its recent submission to the Australian Digital Health Agency’s National Digital Health Strategy consultation.

13. MIGA would like to see such a system introduced as soon as practical in Victoria, and preferably throughout Australia. Ideally, this would be as part of the national system already adopted in Tasmania.

14. It is imperative that real time prescribing systems throughout Australia can share information with each other. In MIGA’s experience, the misuse of prescription medication by one or more patients can cross different states and territories.

15. The system should include all prescription medications with a high risk of potential misuse, including both Schedule 8 medications and other medications. This could include certain benzodiazepines, which are not classed as Schedule 8 medications. However, MIGA defers to peak professional colleges and associations on particular medications which are not classed Schedule 8 medications that should be included in such a system.

16. As the DHHS has recognised, considerable education and training initiatives will be required with the roll-out of such a system, including targeted training programs and detailed professional guidelines. Such programs and guidelines should be developed in consultation with key stakeholders, including organisations such as MIGA and peak professional bodies.

17. MIGA supports the DHHS’ intention to review the regime for Schedule 8 medication prescription as part of introducing real time prescription monitoring. It would welcome the opportunity to be part of stakeholder consultation around these issues, particularly given its recent involvement in a review of similar issues in South Australia.

18. The DHHS appears to contemplate introduction of regulations requiring medical practitioners to check a patient’s history when considering the prescription of a medication monitored by a real time prescribing system. This impacts on the duties and other obligations owed by medical practitioners. In those circumstances, it is imperative that professional stakeholders, such as MIGA, be consulted on the proposed regulations once drafted.
Medicare Prescription Shopping Program

19. The Medicare Prescription Shopping Program is a useful service for medical practitioners to assess whether a patient could be misusing prescription medication.

20. If a patient is on the program, a medical practitioner can be provided with:

- the number of individual prescribers for PBS medicines supplied by pharmacies during a certain period
- PBS medicines supplied to the patient, including the total number prescribed and the pack size

21. Clearly this is a useful program for medication practitioners. However, the program has its limits.

22. The program defines a prescription shopper as a person who, within a three month period, has received prescription medications from six or more different prescribers, or been supplied 25 or more target, or 50 or more of any, pharmaceutical benefits.

23. This program would not identify all patients who may be misusing prescription medication. In MIGA’s experience, its members who have suspected prescription medication misuse in patients have not necessarily found them on the program.

24. The criteria of six or more prescribers, or prescription of certain amounts of medication, are relatively arbitrary.

25. The program does not identify medications prescribed outside the Pharmaceutical Benefits Scheme (PBS), i.e. on a ‘private’ basis.

26. There can be delays associated with relevant information being ‘loaded’ onto the program.

27. MIGA supports a review of how the program could usefully and practically evolve to better identify the range of patients who may be potentially misusing prescription medication, taking into account developing understandings around clinical and community issues involving these medications.

Education and training of the medical profession

28. MIGA has seen, and continues to see, a significant number of medico-legal matters, including disciplinary cases and coronial inquests, arising in relation to the prescription of medications with the potential for misuse.

29. MIGA is concerned that the relatively complex requirements of regulatory regimes for the prescription of these medications are not well understood amongst the medical profession.

30. The variety of relevant professional guidance addressing issues of potential prescription medication misuse are not necessarily widely known amongst the medical profession.
31. For those practitioners who are not prescribing medications with a potential for misuse on a regular basis, knowing and understanding these regulatory regimes and guidance can be challenging.

32. In MIGA’s experience:

- medical practitioners, particularly general practitioners who have more limited experience in managing chronic pain presentations, can find it difficult to deal with drug dependency in patients who are medication-seekers or who could be described as “doctor shoppers”

- these practitioners are also not necessarily knowledgeable or confident in managing complex pain presentations with alternative approaches to prescribing high risk medication such as Schedule 8 medications or combinations of medications

- issues around access to appropriate specialist services can sometimes leave general practitioners having to deal with complex pain presentations even though specialist input would be sought promptly if available

33. Both in Victoria and in other Australian states and territories, there are significant numbers of disciplinary cases involving inappropriate prescribing practices involving Schedule 8 medications. Commonly, these cases lead to orders for practitioners to be monitored in their medication prescription and undergo mentoring / supervision and / or education in relation to these issues.

34. An example of education a practitioner may be required to undergo by a disciplinary body is the Monash University post-graduate course, Issues in general practice prescribing. This course deals with broader medication prescription issues, such as pressures that may influence prescribing patterns, patient factors that may influence prescription and other influences.²

35. MIGA believes that these disciplinary cases, and other matters it has encountered which have not involved disciplinary action, reveal the need for better and targeted education and training in prescribing generally and high risk medications in particular. This continuing education pathway should start in medical school and be refreshed at relevant stages throughout a practitioner’s career. It is particularly important that such training be easily available as part of a practitioner’s continuing professional education program.

36. The existence of the Monash course, its use by experienced medical practitioners who have encountered medication prescribing issues, and more generally, of itself raises issues about the adequacy of undergraduate teaching and clinical training around medication prescription.

37. MIGA notes the DHHS promotion of courses offered by Networking Health Victoria on safer opioid prescribing and pharmacotherapy training. It believes this is a helpful initiative for the medical profession.

² A summary of the course is available at www.monash.edu.au/pubs/handbooks/units/MCM5606.html
38. Resources provided by the Victorian Department of Health and Human Services on the safer use of opioids\(^3\) are helpful, but not necessarily well-known amongst the profession.

39. MIGA acknowledges the significant efforts made by bodies such as the Royal Australian College of General Practitioners\(^4\), the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine\(^5\) and National Prescribing Service MedicineWise around the issue of prescribing medications with the potential for misuse.

40. The multiplicity and volume of guidance from various sources needs to advertised more widely, and reduced to a more digestible and synthesised form, particularly for practitioners who do not specialise in pain management, or do not see large numbers of patients who are on medications with a potential for misuse.

41. Wherever possible, education and other resources should be available in a variety of platforms, including Apps, and in a variety of formats, particularly those offering clinical decision-making tools and examples.

**Initiatives to improve access**

42. MIGA has seen the challenges which its members and policy holders have faced in managing patients requiring or seeking medications with a potential for misuse in a context where there is limited access to appropriate specialist services.

43. Consistently, recent Victorian coronial findings indicated “...there are a certain number of systemic issues that inhibit general practitioners’ ability to appropriately prescribe benzodiazepines.”\(^6\) In that coronial investigation, a general practitioner involved in the care of the deceased indicated that “greater access to specialised clinics dealing with substance abuse might help better manage these patients.”\(^7\)

44. The inevitable realities of limited resources in providing appropriate specialist services are acknowledged.

45. MIGA believes there is scope for careful consideration of practical initiatives to improve access to pain management services and other relevant specialist services, both on an outpatient and doctor-to-doctor liaison basis, in areas where they are most needed. The availability of appropriate specialists for other medical practitioners to consult when facing challenges in this area could be very helpful in reducing potential prescription medication misuse.

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\(^5\) See [fpm.anzca.edu.au/resources/professional-documents](http://fpm.anzca.edu.au/resources/professional-documents)


\(^7\) Above note 6, p20
Harmonisation of Schedule 8 prescribing regimes

46. MIGA supports, wherever possible and practical, harmonisation of regulatory regimes around the prescribing of Schedule 8 medications throughout Australia.

47. A paper published in the Medical Journal of Australia in July 2015 by Hua, Shen and Ge of the Australian National University Medical School, "State-based legal requirements for Schedule 8 prescriptions: why so complicated?" provides a helpful summary of the varying requirements of Schedule 8 medication prescription throughout Australia.\(^8\)

48. Medical practitioners can manage patients who are prescribed a Schedule 8 medication elsewhere in Australia, and varying requirements can lead to confusion and patient dissatisfaction.

49. MIGA sees considerable merit in taking steps towards harmonisation of Australian Schedule 8 medication regimes.