Harm Reduction Australia and ScriptWise Victorian Stakeholder Engagement Day

June 2017

HARM REDUCTION AUSTRALIA

ScriptWise Preventing prescription medication misuse.

Introduction:

Recently, the Department of Health, through the Therapeutic Goods Administration (TGA) announced its decision that over the counter (OTC) medicines containing codeine will become prescription only from the 1st of February 2018.

In addition, the Victorian Government will commence the implementation of a real time prescription monitoring system ahead of all other jurisdictions, with an expected starting date in 2018/19. Victoria will also become the first jurisdiction in Australia to have a system that will allow both general practitioners (GPs) and pharmacists to make informed decisions around the prescribing and dispensing of medications at risk of misuse and/or dependence.

To assist the numerous stakeholders directly affected by these significant changes, both Harm Reduction Australia and Scriptwise (Appendix A) sought and received support from Indivior (Appendix A) to convene and host a stakeholder engagement day in Victoria.

The purpose of this stakeholder engagement day was to discuss these changes within the broader issue of opioid dependency; and to facilitate better collaboration and coordination between key stakeholders addressing this issue and that of prescription medication dependency in Victoria.

A key element of the day was involving pharmacotherapy networks, drug and alcohol organisations, consumer representatives, as well as representatives from key medical bodies, pharmacies and government in the discussion. All participants also agreed to the Chatham House Rule (Appendix B).

An agenda of the day is provided at Appendix C.

A copy of the Case Studies utilized to facilitate discussion is provided at Appendix D.

Copies of the Background Papers provided to participants are provided at Appendix E.

Background:

Prescription medications provide a number of benefits, and are essential to improving the quality of life for millions of Australians living with acute or chronic pain. While medicines play an important role in the treatment of a range of conditions, there is also a need to fundamentally challenge the ways in which many Australians perceive the role of medications in responding to physical and psychological problems.[1]

It has been estimated that 30% of the Australian population will experience chronic pain in their lifetime. This, coupled with an ageing population, is contributing to increases in the use of opioid painkillers.[2] Prescription medication misuse, dependency, and overdose (especially opioids and benzodiazepines), is a serious public health problem in Australia; evidenced by hospital admission data, ambulance responses and overdose fatalities.[3]

With the implementation of Real Time Prescription Monitoring (RTPM) in Victoria and the rescheduling of codeine in February 2018, there is an opportunity for practice improvement; behavioural change by prescribing doctors of pharmacological treatments; enhancing measures for prescribers to prevent misuse; and more importantly, enhancing public awareness to ensure that all patients understand that the quality use of medicines plays a central role in the safe and effective use of any medications they are taking.

[1] National Pharmaceutical Drug Misuse Framework for Action, pg. 40
[2] Australian Private Hospitals Association, "Opioid Addiction" pg. 23, - http://www.apha.org.au/wp-content/uploads/2014/11/PH1014_Spring.pdf
[3] Ibid, pg. 23

Alignment with Government priorities

One of the pillars of the National Drug Strategy (2016-2025), is *"to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs, reduce the misuse of other drugs in the community, as well as to support people to recover from dependency and reintegrate with the community."*[4]

Accordingly, 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. Earlier use of prescription medications (e.g. opioid painkillers and benzodiazepines) is also associated with greater risk of harm, impacting on mental and physical health, and increasing the risk of dependency.

Overview of Key Issues & Recommendations:

Outlined below is a brief summary of the key issues identified and the recommendations made by the government and non-government representatives participating in the Victorian Stakeholder Engagement Day. These issues and recommendations are listed in no specific order of priority.

Leadership

- The need for strong leadership and co-ordination on both the rescheduling of codeine and the implementation of RTPM in Victoria.

- Concerns were raised on the capacity of the TGA to effectively lead a diverse range of groups and provide the necessary forward-thinking that will be necessary to successfully implement these significant changes within the alcohol and other drug (AOD) sector and broader health care system.

- The need for co-ordination of activities and sharing of resources across sectors and organisations on the upcoming changes and the concern that various stakeholders are currently working in isolation.

Awareness

- Concerns were expressed about the limited information available and the number of people unaware of the upcoming changes within the broader AOD and health sectors, and particularly the general community.

- The need to ensure information disseminated across all groups including health professionals, consumers and the general community is consistent and specifically addresses potential myths and misinformation.

- Concerns were expressed about the limited general community awareness in relation to even the most basic information and education about codeine, such as what is codeine, which medications contain codeine and how much each medication actually contains.

Consumer Education & Support

- The need for much greater levels of communication for and by consumers, including better information and education – it was noted that an increasing number of consumers with little information, many questions and often distressed about the potentially negative impact of the upcoming changes on their lives and health are contacting phone lines such as those provided by the Pharmacotherapy Advocacy, Mediation & Support (PAMS) Service.

[4] National Drug Strategy 2016-2025, pg. 3

- There was acknowledgement that even with the best possible community and consumer awareness campaign, there will always be people who won't know about the changes when they occur – nonetheless it was agreed that engagement with and education for those affected or potentially affected must be a key priority.

- Due to the nature of the issues involved including drug dependency, the need for timely information, support and action was identified, including the need to provide options for people experiencing problems gaining access to medication within a 24-hour period.

System Developments & Sector Resourcing

- It was acknowledged that modelling and treatment needs assessments are currently being undertaken to support the development of appropriate access points and service models but there is still much work to be done to prepare for the upcoming changes.

- There was acknowledgement on the need for greater funding for organisations to be able to respond to both the needs of health professionals and the community as the changes come into force (and beyond).

- A phased implementation of RTPM was recommended by attendees (i.e. by geographical area) to be able to monitor the situation closely, disseminate available resources effectively and make changes within the system as required.

GP Readiness & Training

- The need for immediate clinical advice for GPs, including the availability of a senior clinician to respond in a timely way to questions from clinicians – this was a role identified potentially for the Drug and Alcohol Clinical Advisory Service (DACAS).

- The need for GPs to be able to get immediate assistance particularly when dealing with difficult situations and/or patients with multiple or complex needs.

- A number of other needs for GPs were identified including, developing a system to readily identify doctors who are MATOD prescribers, promoting greater use of mental health care plans among GPs, developing good clinical practice in relation to prescribing opioid medications and addressing fears associated with the potential for prosecution of prescribers in relation to RTPM.

- The need to better promote key aspects of high quality practices, that is, those practices that are addressing the changes and issues associated with the codeine rescheduling and RTPM very well; as opposed to the reporting of the exceptions who are struggling with adapting to the changes – the importance of promoting the alternative 'positive narrative' among general practice was highlighted.

- The importance of training, support and capacity development to ensure GPs are undertaking succession/retirement planning particularly for high caseload medically assisted treatment of opioid dependence (MATOD) prescribers and other GPs with large patient loads – an issue the RACGP has already identified and has commenced working on.

- Acknowledgement that working with patients with opioid dependence issues can be rewarding on many levels and should be more actively promoted as a positive choice and area of focus and business development for general practice.

- It was highlighted that some GPs might be fearful of prosecution for being seen to 'overprescribe' and therefore, it is crucial for the Victorian Government to ensure promotion of RTPM is focused on its role as an 'enabler' rather than as a tool for monitoring GPs.

- The importance of encouraging GPs to view RTPM as a way to support them to make informed decisions around better prescribing and early intervention for patients at risk of opioid and/or benzodiazepine dependency.

- The need to address the issues for prescribers and other health services that are currently not utilizing computer technology. In particular, how some older prescribers who have high patient caseloads but are still reliant on paper-based record systems will be incorporated into the RTPM system.

Readiness of Pharmacists

- Concern was raised about the extent to which pharmacists might bear the brunt of consumer frustrations and fears over the upcoming changes to codeine rescheduling and the implementation of RTPM, particularly if the consumers affected or potentially affected were not adequately informed and educated about the changes in advance.

- The need for a specific campaign to educate pharmacists, and to recognise the unique role that they can play around the rescheduling of codeine and the RTPM. A well as, assisting pharmacist to educate and support as many consumers as possible prior to codeine-containing medication becoming prescription only and the implementation of the RTPM system.

- While pharmacists that provide MATOD charge a dispensing fee, the need for pharmacists to be better supported financially to allow them to have sufficient time with patients and have the opportunity to follow up treatment progress and pain management, particularly in the context of the upcoming changes was highlighted.

Increasing GP Prescribers

- There was acknowledgement that many GPs are reluctant to treat patients with opioid pharmaceutical dependence issues due to the stigma and discrimination associated with illicit drug use and/or opioid dependence.

- There was discussion on the 3 distinct barriers in terms of the 'life-cycle of prescribing' including; the gaining the initial agreement to become a prescriber; accepting up to 20 patients due to concerns about the perceived impact on 'other patients'; and increasing the number of patients due to concerns and perceptions about changing the 'nature' of their practice.

- It was acknowledged that improving the understanding among GPs about the real and potential rewards associated with taking on MATOD patients could be effective.

Consumer Advocates

- The important and unique role of consumer advocates and consumer/peer-based organisations in supporting and managing the upcoming changes to codeine rescheduling and the implementation of the RTPM System was highlighted.

- The need for far greater consumer consultation in the current process was also highlighted.

- It was also acknowledged that, like all other stakeholders in the process, consumer advocates and organisations need appropriate support and resourcing to undertake their roles effectively.

- It was agreed that single consumer advocates often find it difficult to be the only person 'at the table' and for this reason, ideally there would be at least two or three people involved in the decision-making process, not just one advocate on behalf of all consumers. It was further acknowledged that consumers have very unique and diverse views, making it difficult for one person to represent this range of experiences and viewpoints.

- It was further acknowledged that having multiple consumer advocates is particularly important given the issues under discussion and how difficult it can be to represent such a stigmatized group within the community when those issues also direct affect your own life.

Planning for Increased Demand for Addiction Specialists

- It was agreed that DACAS was the best primary consultation option as they can provide the necessary preliminary advice. However, there needed to be resourcing to ensure this advice can be provided in a timely manner once the demand for such specialist support increases due to the upcoming changes.

- It was agreed that any secondary consultation could be done effectively via the Primary Health Networks (PHNs) given their connection to GPs in the community.

- It was also agreed that the expertise and limited availability of Addiction Specialists should be reserved for patients with more complex issues and circumstances rather than with patients with more straightforward needs.

Alcohol & Other Drug Services Preparedness

- There was concern expressed on the lack of forecasting data available for AOD services to plan for, and meet the demand, that will be created by the upcoming changes.

- It was highlighted that there is a need for greater understanding on the range of people that will be presenting to AOD services with different needs and perceptions, as well as the lack of capacity in AOD treatment services to manage the increase in demand. Better engagement needs to be done with the AOD sector in Victoria around the issue of prescription medication misuse and dependency.

- There was concern on how AOD services would be able to prepare and manage the potential influx of people requiring assessment and treatment, particularly for benzodiazepine treatment, including appropriate referral and treatment options.

Triage Lines

- There was discussion about how the key telephone based support services in Victoria (Directline and PAMS) will cope with the expected influx of calls once the changes take place. Direct questions were raised about the preparedness and capacity of the services (both of which are believed to be unable to meet current demand) to accept potential volume of calls and the work associated with individual support and referral.

- The general public needs to be more aware of 'first point of call' when they feel that they, or a family member, is at risk of developing or has developed an opioid and/or benzodiazepine dependency. The main triage service in Victoria is DirectLine, and participants felt that better engagement with the service is required in relation to understanding referral pathways for patients and their families in this situation.

- It was acknowledged that PAMS is this service already experiencing an increase in the numbers of people contacting them with codeine and other pharmaceutical opioid dependencies.

- Lifeline and other 24-hour telephone support services (such as Family Drug Support) were also identified as potentially another point of service that patients at risk or recognising opioid and/or benzodiazepine dependency may contact and require appropriate training.

- There was discussion that DirectLine may not have the current capacity to expand its engagement in this area, but there is an opportunity to better engage PHNs in supporting patients and providing funding for such engagement.

Patient Privacy

- Concerns were raised about the potentially negative impact on privacy for MATOD consumers given that they will be monitored under the RTPM system and the way that the new requirements for disclosure may impact on the confidentiality of many consumers, particularly in regional areas.

- The privacy implications for the shared care model - from AOD to community GP – were also discussed as some patients may not want their GP to know the information they may have shared with other service providers about their illicit drug use history.

- The need for consumers to be provided with specifically tailored information and education developed with consumers on the upcoming changes, and the implications that may have for access to, and the use of their medical records.

- The need to better promote the availability and role of the Pharmacotherapy Area-Based Networks (PABNs) to the general public across Victoria in the context of the upcoming changes.

- The opportunity to use the data from triage lines to better understand those affected and to identify gaps and address needs, issues and problems as they arise, particularly in the first six months of implementation of RTPM and codeine rescheduling.

Unintended Consequences

- Concerns were expressed about the displacement of people currently using codeine or other opioid painkillers from the mainstream health system into the illicit drugs market. In particular, people who might not have otherwise done so, accessing the illicit drugs market to obtain the substances they require and potentially leading to increased harms including drug-related overdoses.

- There was acknowledgement of the different impact that the upcoming changes will have in regional areas, including the potential for increases in the numbers of people using illicit opioids specifically heroin (as was seen with the recent reformulation of oxycodone).

- It was acknowledged that there is a spectrum of people who are potentially affected by the upcoming changes, including people who have past and/or current experience with the illicit drugs market and those who do not.

- There was discussion about the increasing role of prescription opioids and other prescription medications in overdose deaths in Victoria and the importance of closely monitoring this situation as the upcoming changes are implemented.

- The need to take into consideration how patients with chronic pain issues may feel that their information on their use of medications is being questioned and how this may lead to unintended negative consequences for the individuals concerned including in relation to their ongoing mental and physical health and wellbeing.

- Concerns were also raised about the potential for unintended consequences for Victorian border towns from the earlier introduction of RTPM in Victoria compared to other jurisdictions, and the potential for people to travel interstate if, under the new arrangements they cannot get the prescription they are seeking in Victoria.

Recommendations:

The Victorian Stakeholder Day was designed to provide a much-needed opportunity for relevant stakeholders to gain and share information and to identify some of the broad issues and priority areas for action in relation to the rescheduling of codeine and the implementation of the RTPM System in Victoria.

The format of the day was not designed to result in a comprehensive list of recommended actions and for this reason, the recommendations outlined below do not represent a full and complete response to either the issues outlined above, or to all the issues discussed across the day. Rather, they should be viewed as a summary of those recommended actions that could be reasonably described as having gained broad consensus from the participants on the day.

1. Implementation of Real Time Prescription Monitoring (RTPM) in Victoria:

1.1 Leadership & Co-ordination

The Victorian Stakeholder Day provided an opportunity for government and non-government representatives to share information about preparations and activities that are already underway and/or are in the planning stages in relation to the implementation of RTPM. While this information sharing was invaluable, it was agreed that more needs to be done in the lead up to these significant changes within the system.

It was recommended that:

- **There is a need for a greater level of strategic leadership and co-ordination in relation to the implementation of the RTPM system in Victoria including the development and communication of an overarching implementation plan across all stakeholders.**

1.2 GP Workforce Development

Stakeholders agreed that the introduction of a mandatory RTPM system in Victoria provides a unique opportunity to encourage and support GPs to gain a better understand the role and benefits of opioid substitute treatment. Further, it was also noted that the implementation of the RTPM would provide an opportunity for GPs to provide information around opioid dependency and/or benzodiazepine dependency, at the point of care and that this should also be a focus of any workforce development initiatives.

It was recommended that:

- **Training for the implementation of the RTPM system should be designed to ensure that all GPs in Victoria are better informed and trained in opioid substitute treatment and issues relating to the prescription of opioid pharmaceuticals and other prescription medications such as benzodiazepines.**

- **It was also recommended that such GP training could assist in providing better measures around early intervention and better access to treatment in areas of metropolitan and regional Victoria with high rates of illicit and/or prescription opioid use and high overdose rates.**

1.3 Preparedness of Pharmacists

Participants recognised the role that pharmacists can play in ensuring that consumers are adequately informed and educated about the changes in advance but it was also noted that pharmacists are not necessarily resourced to undertake such community awareness raising activities.

It was recommended that:

- **There is a need for education and training for pharmacists in relation to RTPM to support them in ensuring consumers are appropriately informed prior to the implementation of the RTPM system and reduce the potential for conflict with consumers.**

1.4 Access and Availability of Benzodiazepine Dependency Treatment Services

Currently in Victoria, there is only one key service provider providing treatment and support for benzodiazepine dependency. It was suggested that the decision to include Schedule 4 medications (i.e. benzodiazepines) in RTMP system highlights the need to address this deficiency within the Victorian AOD system.

It was recommended that:

- **The Pharmacotherapy Area Based Networks (PABNs) receive funding and support to offer increased benzodiazepine dependency treatment and support services within their areas as a key component of the implementation of the RTPM system.**

1.5 Pharmacotherapy Area Based Networks and Mental Health Services

Stakeholders identified that in the context of the upcoming changes there needs to be better linkages between the PABNs and mental health services within Victoria. There is strong evidence of psycho-social support needs amongst patients with chronic pain and/or opioid prescription dependency (OPD). Accordingly, GPs need to be supported to address psycho-social factors around the use of opioid medications and/or benzodiazepines, and explore holistic approaches in assisting the patient in their treatment choices and journey.

It was recommended that:

- **Any GP Workforce Development Initiatives developed alongside the implementation of the RTPM system should also include training and education on the psycho-social support needs of people with chronic pain and/or OPD.**

- **Psychiatrists, mental health workers and counselors be made aware of the implementation of RTPM in Victoria, as well as being provided with appropriate information and education to increase understanding of the issues surrounding the use of opioid pharmaceuticals among people with acute and chronic pain needs and in relation to benzodiazepine dependency.**

1.6 Impact of RTPM on Patients/Consumers (i.e. across various groups, such as chronic pain patients, MATOD consumers, etc.)

It was acknowledged that the impact of the RTPM system on patients and consumers could be significant and that consumers will have specific education and information needs associated with the upcoming changes. It was also noted that as a result of the implementation of the RTPM system, GPs may discover that some of their patients on opioid pharmaceutical medications for chronic pain may be developing and/or be at risk of developing OPD, and initiating discussions with some patients may be complex.

It was recommended that:

- **Resourcing should be provided to organisations representing and working with people who have prescription-based opioid dependency issues, MATOD consumers, etc., to allow them to develop peer-based education and information on the implementation of the RTPM system.**

- **Training for GPs should not just include familiarization with the RTPM software, but also in mechanisms and tools for health professionals to assist patients who may be at risk of OPD, due to various reasons. This training should include consumer perspectives to encourage greater understanding of the issues for patients.**

1.7 RTPM Integration with Existing Clinician Software

Attendees identified that it was important to ensure that the software system is integrated into existing medical software for GPs (i.e. Best Practice, Medical Software). With reference to concerns about the Electronic Recording and Reporting of Controlled Drugs (ERCCD), attendees unanimously agreed that the Department needs to ensure that the RTPM is not a system for which GPs need to sign in into a separate portal.

It was recommended that:

- **The RTPM System is based on a platform that is integrated within the current system software and workflow for GPs and allows for references notes within the software.**

1.8 Community Awareness

Appropriate statewide community awareness around pharmaceutical opioids is required to support the effective implementation of RTPM in Victoria. Participants specifically identified the need to ensure those regional areas that evidence shows are more affected by the use of pharmaceutical opioids are adequately included in any community awareness raising activities.

It was recommended that:

- **Resourcing should be provided to support the development of state-wide consumer awareness activities including targeted and tailored campaigns for specific geographical areas prior to the implementation of the RTPM system in Victoria.**

1.9 Patient/Consumer Privacy

Attendees raised concerns about the implications of the RTPM system for MATOD consumers, as an individual's GP may not be aware that their patient is on other medications. People frequently choose to have different doctors for different purposes without necessarily wanting to disclose everything to each clinician.

It was recommended that:

- **The relevant authorities must ensure that appropriate privacy protections are embedded within the implementation and ongoing operation of the RTPM system.**

- **Consumers need to be provided with specifically tailored information and education developed by and for consumers on the upcoming changes and the implications they may have for access to and use of their medical records and the impact of this on their confidentiality and privacy.**

1.10 Triage Lines

The triage telephone lines (including Directline & PAMS) are often the 'first point of call' for individuals and family members in relation to issues associated with existing and developing opioid and/or benzodiazepine dependency. Participants felt there needs to be greater awareness of these referral pathways for patients and their families and increased resourcing to support these services to respond to the higher demand that will be associated with the implementation of RTPM in Victoria.

It was recommended that:

- **The 'first point of call' triage lines are adequately resourced to respond to the increased demand associated with the upcoming changes.**

- **The availability and role of the Pharmacotherapy Area-Based Networks (PABNs) are promoted to the general public across Victoria as part of the upcoming changes.**

2. The Impact of Codeine Rescheduling on Healthcare System in Victoria

2.1 GP Workforce Development

The rescheduling of codeine provides an opportunity to expand education and training for GPs on a broad range of issues in relation to the prescription of opioid pharmaceuticals and OPD. While the decision by the TGA to reschedule codeine to be available only on prescription raises concerns about the system's capacity to cope with the associated changes (due to the availability of prescribers and very limited access to addiction/pain specialists), more needs to be done to ensure prescribers and addiction and pain specialists are prepared and fully informed of the upcoming changes to codeine rescheduling and its potential implications at the patient level.

It is recommended that:

- **Training is conducted to ensure that all GPs across Victoria are properly informed on the rescheduling of codeine containing medications and have a better understanding of the prescription of opioid pharmaceuticals and issues relating to OPD.**

2.2 Pharmacist Education

The group discussed how pharmacists are in a unique position to assist patients and raise awareness among consumer of the changes to scheduling of codeine. There needs to be better utilization of the MedsAssist tool to ensure that referral processes and linkages to appropriate services are in place as part of this monitoring tool.

It is recommended that:

- **The TGA do more to assist pharmacists to communicate with consumers on the rescheduling of codeine from S3 to S4, and to ensure that information leaflets are handed out with each codeine product being dispensed (up to 1 February, and beyond).**

2.3 Community Awareness

There is a need for better awareness in relation to the use of opioid pharmaceuticals for chronic pain management especially in regional areas. More also needs to be done to raise awareness among the general community about the upcoming changes and about the need to commence seeking alternative pain management strategies if they are currently on codeine-containing medications. Once again, the group highlighted the importance of consumers being appropriately supported through the rescheduling of these medications.

It was recommended that:

- **Resourcing should be provided to support the development of state-wide consumer awareness activities including targeted and tailored campaigns for specific geographical areas prior to the rescheduling of codeine.**

Postscript: *A survey of participants after the Stakeholder Engagement Day revealed that all found the discussion and exchange of information exceptionally valuable; and most requested ongoing consultation and discussion in the lead up to the changes, as well as after the changes are in place.*

Appendix A

Harm Reduction Australia (HRA) is a national organisation for individuals across Australia to join together in their commitment to reducing the health, social and economic harms potentially associated with drug use. Making your voice heard is crucial if we are to achieve more humane, effective and balanced drug policies in Australia and beyond.

ScriptWise is a not for profit organisation raising awareness about the issue of prescription medication misuse and overdose in Australia. Our primary objective is to educate all Australians around the safe and effective use of their medications, to ensure that primary prevention and early intervention to treatment are in place to prevent addiction and/or overdose at an early stage.

Indivior is the world leader in addiction treatment with 20 years of experience and a unique, patient-focused approach.

Appendix B

	Name:	Role:	Organisation:
1.	Emma Vagg	Statewide Pharmacotherapy Officer	Western Vic PHN
2.	Pene Wood	Pharmacotherapy Coordinator (Area 1)	Western Vic PHN
3.	Jacqueline Keevins	Pharmacotherapy Manager (Area 2)	Orticare Network
4.	Tim Griffiths	Pharmacotherapy Coordinator (Area 3)	Hume Area Pharmacotherapy Network
5.	Sean Taylor-Lyons	Pharmacotherapy Coordinator	Latrobe Community Health Services
6.	Bernadette Lane	Pharmacotherapy Coordinator (Area 4)	South Eastern Melbourne PHN
7.	Jacqueline Apostolopoulos	Pharmacotherapy Coordinator	South Eastern Melbourne PHN
8.	Andrea Calleja	Pharmacotherapy Manager (Area 5)	NW Melbourne/cohealth
9.	Greg Denham	Executive Officer	Yarra Drug & Health Forum/cohealth
10.	David Taylor	Policy Officer	VAADA
12.	Sarah Lord	PAMS Program Manager	Harm Reduction VIC
13.	Charles Henderson	Acting EO	Harm Reduction VIC
14.	Christian Smyth	Manager	Turning Point
15.	Jackson Wood	Communications Manager	Australian Drug Foundation
16.	Kayta Hackman	Marketing Advisor	Australian Drug Foundation
17.	Dr. Cameron Loy	Chair	RACGP VIC
18.	Maryan Valverde	Education Program Coordinator	RACGP
19.	Stan Goma	Manager Professional Services	Pharmacy Guild VIC
20.	Dr. Martyn Llyod-Jones	GP/Addiction specialist	St Vincents Hospital
21.	Emma Abate	Program Pharmacist	Pharmaceutical Society of Australia VIC
22.	Shelley Crowther	Manager – Practice Innovation	Pharmaceutical Society of Australia VIC
23.	Dr. Malcolm Dobbin	Senior Medical Advisor	RTPM Taskforce (DHHS)
24.	Maureen Chesler	Pharmacotherapy Development Officer	DHHS
25.	Mark Anns	Clinical and Scientific Affairs Manager	Indivior
26.	Tariqe Amiri	Health Policy Liaison	Indivior

Chatham Hose Rule: *When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.*

Appendix C

Harm Reduction Australia (HRA) and ScriptWise Victorian Stakeholder Engagement Day		
Thursday 22 June 2017		
Time	**Item**	**Presenter**
9.30am	**Arrival of attendees Tea & Coffee Provided**	
10.00am	**Welcome and introduction**	**Annie Madden, Gino Vumbaca, Bee Ismail**
10.15am	**Presentation 1: Real Time Prescription Monitoring (RTPM) in Victoria**	**Dr. Malcolm Dobbin (DHHS)**
10.30am	**Discussion 3 Small Groups**	
11.15am	**Presentation 2: Codeine Rescheduling**	**Dr. Martyn Llyod Jones (St Vincent's Hospital)**
11.30am	**Discussion 3 Small groups**	
12:00pm	**Presentation 3: Ageing Prescribers & Pain Management**	**Mark Anns (Indivior)**
12.15pm	**Presentation 4: Consumer Perspective**	**Sarah Lord (Harm Reduction Victoria)**
12.30pm	**Lunch break**	
1.15pm	**Discussion**	
2:45pm	**Closing Comments & Thanks**	**Annie Madden, Gino Vumbaca, Bee Ismail**
3:00pm	**Close**	

Appendix D

Case Study 1: Simone

Simone is a 33-year-old recently divorced, single parent with 2 children under 10 years old. She works part time and lives in an outer Melbourne suburb. Simone is currently on methadone. She has been on the program for approximately 5 years and receives 4 take away doses per week as she is considered very stable. Her methadone is prescribed by a GP who is an addiction medicine specialist and she is dosed at a pharmacy a few suburbs from where she lives – a choice she has made largely for confidentiality reasons. Simone also has a female GP at a family-based practice close to where she lives who she prefers to see for general and women health issues. Her children also see a GP at the same practice. Prior to going on methadone, Simone has been prescribed Valium for short periods of time to help with anxiety and depression. Last year, Simone's youngest child was diagnosed with ADHD and is currently prescribed a stimulant medication as part of a management plan for this condition. Both children are included on Simone's Medicare Card. Simone is very concerned about the potential impact of the RTPM system on her confidentiality, ability to manage both her own and her child's ongoing prescription medication needs and whether her medication history will automatically 'flag' her as 'someone to watch' and, if she was 'flagged' would that be permanently on her medication history and would she even know if this occurred? How would you assess Simone's situation under the proposed RTPM system?

Case Study 2: Malik

Malik is 39 years old and is on a Disability Support Pension. Five years ago, Malik had a serious car accident which required multiple surgeries and resulted in an Acquired Brain Injury (ABI) and ongoing chronic pain issues. Malik has experienced a great deal of difficulty in dealing with the emotional and practical challenges in his life following his accident and coping with change is very difficult for him. He regularly sees a GP as well as neurological and pain specialists to assist him in his ongoing rehabilitation and management of his conditions. He is on an ongoing prescription of slow-release oral morphine for pain management and anti-psychotics and anti-depressants for mood stabilisation and managing symptoms associated with his ABI including agitation and aggression. Although Malik does not have a history of problematic AOD use, his doctors are becoming concerned he may be developing problems because he has asked for his prescription renewal earlier than scheduled. What is the potential impact of the proposed RTPM on Malik's situation and what type of support might he need to manage any potential changes? What training & support might be needed for clinicians who are working with Malik and/or what additional AOD services might be required?

Case Study 3: Andi

Andi is 56 years old, works full time in an executive role for a large company. She has a diagnosed mental health condition for which she takes regular prescription medication. A few months ago she developed a bad cold and serious chest infection and self-treated it with the strongest codeine-based OTC product she could purchase. In addition to supressing her cough, Andi noticed the OTC preparation gave her an improved sense of wellbeing and helped her to sleep. For these reasons, she continued taking the OTC codeine-based preparation, along with her other prescribed medication, but recently her local pharmacy said they could not provide anymore and she would need a doctor's prescription for them to dispense further opioid medication. She has found she has not been feeling well since she has reduced the OTC medication and decided to speak with her regular GP about a regular opioid prescription. Her GP said he could not prescribe a regular opioid medication for her. As Andi regularly travels to branch offices in other capital cities as part of her role, she has made an appointment with another doctor interstate to see if she can get a prescription of opioid medication that way. What is the potential impact of the proposed RTPM on Andi's situation? Is she likely to be 'flagged' under the RTPM for 'doctor shopping'? What implications could this have, if any, for her ongoing medication needs? What sort of support and/or additional AOD services might be required for people in Andi's situation due to the combination of the codeine rescheduling and RTPM?

Appendix E

Real Time Prescription Monitoring – Victorian Government

https://www2.health.vic.gov.au/public-health/drugs-and-poisons/real-time-prescription-monitoring

Codeine Rescheduling – TGA

https://www.tga.gov.au/media-release/update-proposal-rescheduling-codeine-products

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