

**VCOSS submission to the Real-time Prescription Monitoring Regulatory Impact Statement**

**March 2018**

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## Introduction

VCOSS welcomes the opportunity to provide feedback on the Regulatory Impact Statement – Proposed Drugs, Poisons and Controlled Substances Amendment (real-time Prescription Monitoring) Regulations 2018 (the RIS).

VCOSS is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

The harm from misuse of pharmaceutical medicines is significant. More than 370 Victorians died from overdose of pharmaceutical medicines in 2016, up from 295 in 2009.[[1]](#footnote-1) Since 2012 the number of deaths involving pharmaceutical medicines each year has surpassed the road toll.

The Victorian Government has committed to implementing a real-time prescription monitoring system, to be known as SafeScript. SafeScript will use computer software to enable patient prescription and pharmacy dispensing records for certain medicines to be transferred in real-time to a centralised database, which can be access by doctors and pharmacists during a consultation.

VCOSS has long supported the implementation of a real-time prescription monitoring system to help stop people misusing pharmaceutical medicines and help identify problematic prescribing. VCOSS supports the objectives of SafeScript to:

* Promote safe supply, prescription and dispensing practices
* Reduce harm from monitored poisons and other high-risk medication
* Facilitate evaluation and research into the use of high-risk medicines in the community.[[2]](#footnote-2)

However, VCOSS is concerned that the RIS fails to take into account the true costs of SafeScript to the broader service system, including the alcohol and drug treatment sector.

## Support the alcohol and drug treatment sector to respond to demand

The alcohol and drug treatment sector is already experiencing significant underfunding and is unable to meet demand. Wait times for residential rehabilitation services can be up to six months long, especially in regional Victoria. There is a need for additional treatment services across the state.

The RIS does not adequately consider the increased demand the alcohol and drug treatment sector will experience as a result of people being identified by SafeScript. The RIS refers only to ‘minor enhancements to counselling and treatment services for patients who are identified as misusing prescription medicines.’ We are concerned ‘minor enhancements’ will fall well short of meeting the need generated by SafeScript.

Alcohol and drug treatment agencies also advise that responding to pharmaceutical dependence can be extremely complex, especially where a person experiences co-occurring mental illness or chronic pain. Specialist training and expertise is likely to be required. VCOSS members advised there is only about one EFT of state-funded capacity to respond to benzodiazepine dependence issues at the moment.

Significant additional funding and capacity is needed to enable to alcohol and drug sector to respond appropriately to people referred through the SafeScript system.

## Review the assumptions about reductions in drug related harm

The RIS sets out a generous return on investment for the implementation of SafeScript, including through reduced hospital admissions, reduced emergency department presentations and ‘the social benefit of lives saved.’ However, we are concerned about the assumptions it makes in relation to availability of services and reductions in harm.

It estimates that three-quarters of people identified by SafeScript will receive treatment from a GP, via an extended consultation. The rest will ‘receive treatment through AOD services.’ There is no consideration around demand for these services, possible wait times for help and the potential for harm while waiting for an available service.

The RIS appears to assume that reducing supply (through reducing episodes of multiple prescribing) will automatically translate into a significant reduction in harmful drug use. The cost-benefit analysis seems based on this assumption.

This fails to recognise the complexities of addiction, mental illness and pain management.

It is quite likely that reducing supply of pharmaceutical medicines will have unintended consequences, including people switching to illicit substances or procuring their preferred medicine through alternative channels. These actions can result in significant harms to the person, including the risk of overdose or harm associated with procuring drugs illegally.

VCOSS suggests the cost-benefit analysis and assumptions about reductions in AOD related harms be reviewed.

## Reconsider the implementation timeframes

VCOSS supports the call of other community organisations, including the Victorian Alcohol and Drug Association to fast track the implementation of SafeScript.

The timeframes proposed in the RIS include an 18 month voluntary period leading up to full rollout in April 2020. VCOSS is concerned that the RIS fails to identify the risks for vulnerable people during this period, including potentially hoarding large quantities of substances.

With approximately one person per day dying (in 2016) as a result of misuse of pharmaceutical medicine, we expect many deaths could be avoided if the SafeScript system were to be rolled out more quickly, with support provided to health services to incorporate it into their clinical practice.

## Conclusion

VCOSS looks forward to the implementation of the SafeScript real-time prescription monitoring service.

If it is accompanied by the required investment in the service system, it has the potential to reduce harm, enhance community health and wellbeing and save many lives.

1. Coroners Prevention Unit, *Submission to the Inquiry into Drug Law Reform,* 2017, p 31. [↑](#footnote-ref-1)
2. Regulatory Impact Statement, p 3. [↑](#footnote-ref-2)