

Real Time Prescription Monitoring in NSW

*A response by Chronic Pain
Australia to the NSW RTPM
Consultation Paper released by
NSW Ministry for Health*



About Chronic Pain Australia

Chronic Pain Australia is a non-profit, non-government, registered systemic health promotion organisation founded in 2001 by a group of committed volunteers seeking better health outcomes for people living with long-term pain.

Our mission is to reduce the unnecessary suffering and isolation caused by chronic pain in the Australian community. We believe that no Australian living with persistent pain should suffer alone or without access to resources and information which help them effectively manage their pain in a manner promoting dignity and self-respect, regardless of age, gender, sexual and identity preferences, culture, belief, socio-economic or compensation status. We are committed to ensuring the voices of people living with chronic pain are acknowledged and amplified, as we work towards greater community understanding, acceptance, treatment and services for people living with chronic pain.

Since 2006 we have been *the Voice* for tens of thousands of Australians living with chronic pain. We have undertaken annual snapshot research to understand the experiences of people living with chronic pain in Australia, including how they manage it. We engage through social media, having built a community of 9.5K people. We run a 24/7 online forum with over 3000 users. We reduce stigma and increase awareness through our National Pain Week campaign each year in July.

This document has been prepared on behalf of the chronic pain community by Gayle McNaught with contribution from Fiona Hodson and Jarrod McMaugh.

For more information about Chronic Pain Australia, please go to <http://chronicpinaustralia.org.au>



Introduction

Thank you for the opportunity to respond to this consultation paper regarding the implementation of a Real Time Prescription Monitoring program and associated adaptations to the NSW Poisons and Therapeutic Goods Regulation 2008.

As the voice for Australians living with persistent pain, Chronic Pain Australia supports the implementation of evidence-based public health programs that aim to improve health outcomes and minimize the risk of harm.

We acknowledge that the introduction of a Real Time Prescription Monitoring (RTPM) system in NSW will provide benefit to the population by enabling the rapid identification of patients at risk of harm due to drug interaction or dependence and minimizing illegal and off-label use of prescription medications.

However, the RTPM may also result in vulnerable people having reduced access to useful pain management tools or experiencing significant discrimination. We are also concerned that the fragmented implementation of RTPM across the States may result in inconsistencies and a lack of patient-centred strategies.

There are a number of critical issues impacting the viability, safety and success of this program. These issues have been raised by both the CPA clinical and lived experience community, and we strongly urge the NSW Government to take heed to ensure the RTPM system delivers on its objectives to improve the health of NSW residents.

These issues are outlined in detail below, with recommendations for activities provided. We are happy to provide more information if required and open to further discussion.

Critical Issues

1. Ensure access to essential medications is not reduced

It is essential that the RTPM does not result in reduced access to pain management medications, and vital that we avoid a climate of enforcement or policing of supply instead of identifying patients at risk and in need of treatment.

Prescription opioids and benzodiazepines are useful medicines that can offer a range of benefits, and the evidence shows that most people who use these medicines are using them appropriately.ⁱ Our own CPA research reinforces that for many, low dose opioids do work in increasing function and decreasing disability and suffering.ⁱⁱ

The reduction of substance abuse and the promotion of effective pain management are both equally important objectives, and the literature shows that prescription monitoring programmes can reduce access to pain medication for patients with genuine needs.ⁱⁱⁱ



This reduction may be driven by clinicians lessening their prescription of controlled substances due to a fear of professional repercussions. This leaves a strong risk of clinicians prescribing too little to be effective, or prescribing substitute medications with reduced efficacy or greater side effects.^{iv}

There is evidence that some GPs may indiscriminately discharge patients with problems identified by prescription monitoring from their practice, or be reluctant to take on new patients requiring treatment with opioids.^v

Alternatively, patients may feel that they may be labeled a “drug user” if they request repeat prescriptions from their doctor. Abrupt cessation of many pain management medications can have serious adverse effects, and there is evidence to show that some patients will turn to the illicit drug market for supply.^{vi}

Thousands of CPA members and supporters confirm that opioid analgesics are often used when pain is refractory to other treatments. Judicious prescribing for some patients with chronic non-cancer pain is an appropriate option that allows people to remain in paid employment and participate in family and social life. This needs to be reflected in any decisions made about opioid regulations that will affect Australians in chronic pain.

2. Support RTPM with evidence-based and accessible pain management support services.

Chronic pain afflicts one in five Australians over the age of 45 and is estimated to cost the Australian economy \$139 billion per annum.^{vii} It can affect use of healthcare and ability to work, exercise and socialize. People with chronic pain are more likely to experience mental health conditions including depression, anxiety, sleep disturbance and fatigue.^{viii}

There is a critical need to increase access to, and the capacity of, evidence-based pain management services. As the implementation of the RTPM will likely identify higher numbers of patients needing to withdraw from medications, it is essential that access to treatment and harm reduction services is also increased.

The Waiting in Pain project showed that services are unable to meet current demand let alone any increase in need that may result from shifting health policy. Waiting times are excessive, and service provision is scarce. This is particularly the case for rural areas, where chronic pain prevalence and prescription drug misuse is often higher.^{ix}

There seems to be an assumption that there are well-resourced alternatives available across Australia that are affordable and that work. The results of CPA research and community engagement activities show that this is not the case.

Given that excessive waiting in pain is associated with worsening health, and that early access to pain management improves outcomes, there is consensus amongst CPA clinical and consumer audiences that the provision of a single RTPM helpline for patients and clinicians needing pain management support is insufficient.



We strongly recommend that implementation of the RTPM is aligned with boosting access to clinical pain management services across the State, as well as increased government investment into the development of new evidence-based pain management programmes. These should include both face-to-face and telehealth options, and be affordable, accessible and tailored to the community.

In particular, we call for funding for local, accessible, multi-disciplinary approaches within a public health framework for people no matter where they live. This model has demonstrated benefits at low cost to deliver accessible, affordable and effective non-pharmaceutical options for people living with chronic pain.

3. Nothing about us without us – including the voices of lived experience

Whilst this consultation paper mentioned an “expert panel of researchers and clinical advisors”, it does not make mention of consumer participation or lived experience. This is a critical omission and we strongly urge the NSW Government to embed the voices of lived experience by convening a representative consumer advisory group.

This group can provide vital grassroots information for planning, implementing, monitoring and evaluating to ensure optimization of RTPM for the NSW community. It will also provide vital information and feedback for any associated RTPM communication and education programs. Such pathways have proven essential to community engagement in other areas of healthcare.

We recommend that a broad cross-section of the community be involved in this group, with a focus placed on consumers impacted by the implementation of the RTPM system.

In particular, we strongly urge the NSW Government to include the voices of NSW residents who live with disabling chronic pain and for whom solutions to assist them manage their pain are scarce, inaccessible and unaffordable.

CPA can facilitate access to informed and motivated members of the chronic pain community for this purpose.

4. Language matters- reducing stigma and maximizing mental wellbeing

It is likely that many people living with chronic pain will be identified as being at risk by the RTPM and this may result in subconscious bias, discrimination and stigma. Australians living with chronic pain are highly stigmatised already, dealing with a widespread societal attitude that chronic pain is somehow linked to human weakness or that the person in pain is to blame.

The recent up-scheduling of codeine and the push for further limitation of other pain medicines is creating an unprecedented sense of despair, hopelessness and social isolation. Feedback from consumers shows that they feel excluded, embarrassed and abandoned, and this can lead to serious mental health issues and sadly, an increased risk of suicide.



There is a need for all of our health systems to destigmatise the reality of living with chronic pain, and the first step to this is by ensuring that any language used around the RTPM programme is non-stigmatising.

We recommend that care and caution be taken when referring to the consumers who take these medications, and avoid inflammatory and unnecessary words such as crisis, addict or epidemic. CPA is available to review content and provide expert advice to minimize the risk of stigma and maximize health outcomes.

5. Educate both clinical and consumer audiences

Whilst emphasis is often placed on patient behaviour when discussing the use of controlled substances, the prescribers of these substances are a key part of this process.

Given the large-scale impact of these drugs, it is imperative that both clinicians and consumer communities are aware of the risks and benefits of controlled medications. In fact, we believe that equipping clinicians on the frontline with up-to-date information about pain and pain management practices is more important than educating the community.

Whilst the RTPM can identify risky patient behaviours, it is up to the health-care professional to decide whether it is safe for a patient to access controlled pain medication or whether they could benefit from alternative pain management strategies. The health-care professional also need to identify and support patients who need treatment for substance use disorders.

General practitioners and pharmacists are often not confident talking about sensitive topics like substance use. A USA-based study showed that over 40% of primary care clinicians reported difficulty in discussing the possibility of prescription medication abuse with patients and over 90% fail to detect symptoms of substance abuse.^x Australian research shows pharmacists experience gaps in knowledge and insufficient education and training on drug misuse-related topics.^{xi}

Despite these statistics, it is widely accepted that the reduction in opioid poisonings seen in Tasmania following the introduction of the RTPM programme DORA were, in part, a result of improvements in GP and pharmacist awareness.^{xii}

For this reason, we strongly recommend that NSW follow in the footsteps of Victoria and Tasmania and introduce comprehensive and compulsory training modules for clinicians who prescribe or dispense controlled medications being monitored by the RTPM. We also advise that educational modules be developed to support clinicians to educate their patients in the appropriate use of controlled medications.

Furthermore, all educational activities MUST include consumers within the training - to put a face to the recipient and to reduce stigma unwittingly applied by health professionals. In the delivery of any patient education initiative, an essential additional topic is the inclusion of "Patient Centred approaches to delivering pain care". This would teach health professionals about the unintentional



attachment of stigma to people living with chronic pain, the effect of language in the therapeutic encounter, and the meaning of person-centred care.

Summary of recommendations

1. Formally acknowledge that judicious prescribing of controlled substances is appropriate for some people.
2. Embed ongoing and regular evaluation points to ensure that patients are benefitting (and more importantly not suffering) due to the RTPM.
3. Ensure that implementation of the RTPM is aligned with improved access and increased investment into non-pharmaceutical pain management services across the State.
4. Convene a NSW RTPM representative consumer advisory group to embed the voices of lived experience across all aspects of the program.
5. Take care to avoid inflammatory language in all communication and education materials, and utilise lived experience consumer review to minimize stigma and maximize health outcomes.
6. Introduce patient-centric comprehensive and compulsory training modules for clinicians and dispensers that cover both safe use of controlled medications and support for educating patients.

References

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