

6 June 2019

Mr Chris Whiting MP
Committee Secretary
State Development, Natural Resources and Agricultural Industry Development Committee
Parliament House
George Street
Brisbane QLD 4000

sdnraidc@parliament.qld.gov.au

Dear Mr Whiting

Re: Medicines and Poisons Bill 2019

The Royal Australian and New Zealand College of Psychiatrists Queensland Branch (RANZCP QLD Branch) appreciates the opportunity to comment on the *Medicines and Poisons Bill 2019*. We support the introduction of real-time prescription monitoring for dependence-forming medicines in Queensland, operating within the national framework.

Pharmaceutical drugs are the most frequent contributing drugs to overdose deaths each year, and the proposed *monitored medicines database* has the potential to assist doctors when prescribing dependence-forming medicines to minimise over-prescription, and the associated risks to patients. We are pleased to see the inclusion of the Schedule 4 medications known to be misused, for example pregabalin and quetiapine. We also agree that it is important for Queensland to be able to access the data of other jurisdictions, particularly for the populations living near the border between Queensland and New South Wales. The reduction in duplication of prescribing approvals between the Commonwealth and Queensland governments seems sensible, including the streamlining of requirements for prescribing medicinal cannabis.

The proposed *monitored medicines database* has implications for all psychiatrists, and our members are interested in understanding its applications as a clinical tool. Clear guidelines on how the scheme operates and the steps to be taken once a patient is identified as having a problem with prescription medication will be of central importance for health professionals involved in prescribing and dispensing medications. We would welcome the opportunity to be involved in the development of the scheme and supporting clinical guidelines. Our Victorian RANZCP colleagues have been involved in the development of *SafeScript* as part of an Expert Advisory Group.

There are some issues that we would like to clarify or further explore prior to the implementation of the new scheme:

- Current drug and alcohol treatment services are stretched, and it is likely that the proposed system will lead to the identification of more patients who require assistance from these services. Existing services include the Alcohol and Drug



Clinical Advisory Service, which provides telephone support to health professionals regarding the management of patients with alcohol and other drug concerns. Patient services include the Queensland Opioid Treatment program, the Alcohol and Other Drugs Service and chronic pain clinics. Members have reported that in the USA, a significant subset of people turned to illicit sources of opioids when their doctors suddenly refused to prescribe any more. To avoid such unintended consequences in Queensland, it is essential that the Queensland Government ensure that there are adequate addiction treatment services to support patients, and to support their prescribing doctors, prior to the introduction of the new scheme.

- Our members would like clarification regarding the approval requirements under the new scheme for long term opioid use and long-term use of psychostimulant medication.
- The proposed scheme raises a number of privacy concerns that will need to be addressed. The privacy of patients must be protected, and steps taken to ensure there is transparency between prescribers and patients regarding the use of the database. The database should only be accessed when the prescriber is making a prescription for their patient, and preferably in the presence of the patient. Prescribers should not be able to access information on patients who are not in their care, and should not be able to access information for any purpose other than prescribing. In particular, access for a third party, such as Workcover or insurance companies, must be excluded.
- It is unclear if or how health professionals involved in a patient's care will communicate with each other regarding concerns that arise as a result of the database. For example, will health professionals be able to record concerns or other actions on the database?
- Consideration will need to be given to how prescribers access the database. For example, the RANZCP Victorian Branch found that many psychiatrists still handwrite prescriptions and some may not have or may not wish to access a computer during a consultation. Therefore, being able to access the database on a mobile device (smart phone or tablet) would enable our members to use the database more effectively and efficiently, with less disruption to the therapeutic relationship during a consultation.

We note that many of these issues are likely to be clarified as other jurisdictions implement their corresponding schemes, and we will observe their implementation with interest.

If you have any queries about the submission or require any further information please do not hesitate to contact me via Bianca Phelan, Queensland Branch Policy Officer on (07) 3852 2977 or qldpolicy@ranzcp.org.

Yours sincerely



Professor Brett Emmerson AM
Chair, RANZCP QLD Branch