



*Submission to the Intergovernmental Committee
on Drugs on the National Drugs Strategy 2016 -
2025*

27 October 2015

The Royal Australian College of General Practitioners

RACGP Submission to Intergovernmental Committee on Drugs

Introduction

The Royal Australian College of General Practitioners (RACGP) is acutely aware of the problems associated with alcohol, tobacco and other drug use and misuse. The RACGP takes an active role in addressing these issues, particularly through the development and provision of evidence based guidelines and education in these areas.

Harm from alcohol and other drugs is an issue GPs face on a daily basis. These issues are complex and require a coordinated effort to resolve effectively.

Our concerns about mortality and morbidity in this area are echoed by the broader health sector, health authorities and consumer groups. Unfortunately, appropriate primary and secondary services are often not given high enough priority by society or governments in addressing the gaps and failings.

Whilst the RACGP is active in the area of alcohol and tobacco, this submission focusses on prescription drug misuse.

Our submission outlines:

The role of the RACGP in addressing the issues of prescription drug misuse, and identifies four key areas we recommend the Intergovernmental Committee on Drugs should address in its National Drug Strategy 2016 – 2025, namely:

1. Acknowledgement of the role of general practice
2. Infrastructure and support at the general practice clinical governance level
3. Training and implementation of tools to assist appropriate prescribing of drugs of dependence
4. Medicare patient rebate for clinical review of opioids

1. The role of RACGP in addressing prescription misuse

Guidelines

The provision of evidence-based guidelines is an important part of the solution to dealing with the harms of drugs and the RACGP has developed several resources. Two key resources are our SNAP guide and a guide on Prescribing drugs of dependence.

The [SNAP guide](#) has been designed to assist general practitioners and their practice team to work with patients on the lifestyle risk factors of smoking, obesity, nutrition, alcohol and physical activity (SNAP). It covers how to assess whether a patient is ready to make lifestyle changes, a five-step model for detection, assessment and management and effective key clinical strategies for managing lifestyle risk factors.

The RACGP recently developed a guide on [Prescribing drugs of dependence](#). This included a [clinical governance framework for general practice](#) and a guide on prescribing [Benzodiazepines](#). We are also currently developing a guide on prescribing Opioids.

The [guide for Prescribing drugs of dependence](#) encourages GPs and general practices to be part of the solution to problematic drug use by helping to reduce prescription drug misuse. Our guide articulates how legislative controls at each state level, clinical governance at a practice level and accountable prescribing at the GP level can support individual GPs to prescribe drugs safely and appropriately.

The guide also provides a practical toolkit for developing a comprehensive practice policy and a unified approach to drugs of dependence. As part of Prescribing Drugs of dependency guide, the RACGP has developed and collated a number of resources and tools into a [toolkit](#). This toolkit helps practices:

- ensure safer prescribing and non-prescribing
- understand legal requirements
- recognise and address higher risk situations
- assess more complex patients
- communicate effectively with other health providers and respond to patient requests.

As part of this toolkit, the RACGP has developed a policy that details a protocol for making an informed evaluation of long-term opioid therapy.

Education

The RACGP supports GPs by providing a number of education activities such as face-to-face workshops, online training and webinars covering information, skills and resources required to address drug misuse and reduce harm.

GP advocacy

Our advocacy in this area has included calls for the rollout of real time prescription drug monitoring to reduce the alarming number of people dying from prescription drug related overdoses.

2. Recommended areas of action

The RACGP would be happy to assist and engage in state or commonwealth initiatives that aim to support the role of the GP in dealing with prescription misuse. The following areas are those we recommend as key areas for the Intergovernmental Committee on Drugs to include in the National Drug Strategy 2016 – 2025.

2.1 Acknowledgement of the role of GPs

The draft National Drug Strategy 2016 – 2025 insufficiently acknowledges the role general practice does and can play in managing patients at risk of, or suffering from alcohol, tobacco and other drug related morbidity.

The RACGP proposes that the Intergovernmental Committee on Drugs acknowledge general practice as an integral part of the collaborative efforts required to minimise harm in the following areas:

- managing specific population groups such as those with mental illness and the elderly
- strategies in preventing inappropriate prescribing
- responding to patients presenting with high risk or drug seeking behaviours
- referral and access to pharmacotherapy for reducing drug dependence
- gaps and strategies in relation to the implementation of Electronic Recording and Reporting of Controlled Drugs.

2.2 Infrastructure and support at the clinical governance level

The RACGP proposes a need for better infrastructure and support at the clinical governance level.

Clinical governance, a system for quality improvement and maintaining high standards of care, should ensure patient care is accessible, approachable and responsible. It involves a number of interlinked structures and activities designed to ensure that managers, clinicians, pharmacists and those who govern health services are aware of their roles and responsibilities, and have the appropriate arrangements and processes in place to effect robust governance.

The RACGP's [clinical governance guide on prescribing drugs of dependence](#) includes template policies and procedures that can be tailored to suit the individual general practices. For example, the guide includes a [checklist](#) for examining the quality management of drugs of dependence. This checklist also supports and encourages effective coordination with other healthcare services such as pharmacies and alcohol and drug services. This guidance was developed to align with local and national health policy including the previous National Drug Strategy 2010–2015.

The National Drug Strategy should reference and make a commitment to support infrastructure for these types of clinical governance strategies. Support at this level would go a long way in backing GPs in their role of preventing and reducing misuse and its associated harms.

2.3 Training and implementation of tools to assist appropriate prescribing of drugs of dependence

Funding is needed to implement education and training for improving prescribing at the practice level. For example - prescribing and management of opioid therapy beyond 12 months. If opioid therapy is required for longer than 12 months, the Pharmaceutical Benefits Scheme (PBS) requires clinical review of the case and support by a second medical practitioner. The standards required for evaluation for the PBS review have not been documented.

The RACGP has developed a tool to guide GPs in evaluating long-term opioid therapy. This includes a template to assist GP-patient communication and management of opioid therapy. However, funding is needed to educate GPs about long-term prescribing (including both the legislative and clinical aspects) and in implementing strategies such as RACGP's [One year review of opioid prescribing](#) tool.

Funding is also needed to conduct studies that can assess and review the effectiveness of tools such as these.

3.4 Medicare patient rebate for clinical review of opioids

The RACGP proposes that the introduction of Medicare patient rebates for a 12 month review of opioid prescribing at 3, 6 and 12 months would ensure regular clinical review. This would also guarantee GPs meet PBS requirements. Medicare funding in this way would help to support a national approach to tackling prescription misuse.