

Electronic Recording and Reporting of Controlled Drugs

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Overview

Controlled drugs are those drugs listed in ‘Schedule 8’ of the *Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)* of the *Therapeutic Goods Act 1989*.

Schedule 8 contains a list of those substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

State and Territory legislation also requires that Controlled Drugs Registers (Dangerous Drugs Registers or “DD Books”) are kept and maintained for the receipt and supply of Controlled Drugs (Schedule 8). Currently, these registers are manually recorded and maintained within the pharmacy and, in most jurisdictions; copies of the prescriptions are sent to State and Territory Health Departments at regular intervals. The registers must be available for inspection by State and Territory Health Departments and the police.

A system will be implemented to collect and report data relating to Controlled Drugs to help address problems of forgery, abuse and Doctor shopping. Initially, the system will be designed for State and Territory monitoring purposes only, with the capacity for utilising the data collected for intervention purposes in the future.

The integrity of the system is vital to ensure it does not present a barrier to access, and balances the needs of legitimate users of Controlled Drugs. In latter stages of the initiative, access to the database could potentially be widened to include prescribers and pharmacists. Consumer consent, privacy concerns and links to electronic health records will be important considerations for any program development.

SARRAH supports this initiative as long as it does not present barriers of access to legitimate users of Controlled Drugs, and make the process more onerous for prescribers and pharmacists. The numerous pieces of State and Territory Health Department legislation make the prescribing and dispensing of Controlled Drugs very confusing. SARRAH supports a system controlled by national legislation.

Issues in Rural and Remote Australia

Before prescribing a drug of dependence, a prescriber must take all reasonable steps to ensure a therapeutic need exists and to ascertain the identity of a patient. This may be difficult to achieve in the case of a visiting clinician. An electronic register would overcome this problem.

Opioids play a significant role in pain relief. Continuity of care with opioids and other Schedule 8 medications is difficult to achieve where there is lack of continuity or scarcity of medical practitioners or pharmacists. It is often difficult for sole medical practitioners to justify ongoing long term therapy to the PBS where State/Territory legislation requires the patient to attend a pain clinic or General Practitioner and have documents then countersigned by a colleague which can result in expired authorisations. The authorisation process needs to be reviewed in some jurisdictions. A key issue is how will a register differentiate long term legitimate users with expired authorisations from abusers?

In many jurisdictions pharmacists must verify the authenticity of the prescription before dispensing the prescription. This may require personal contact with the prescribing doctor if the pharmacist does not recognise the prescriber's handwriting. This is very difficult to achieve in locations that have fly in-fly out doctors. If the national register can verify that a registered prescriber prescribed the Controlled Drug then the pharmacist should have this as sufficient proof for dispensing.

In many jurisdictions repeat prescriptions for Schedule 8 medications MUST be retained by the pharmacy where the original prescription was dispensed. This causes great difficulty for Aboriginal and Torres Strait Islander peoples who are very mobile due to family and community responsibilities. If there is a national monitoring system it should be used to facilitate the dispensing of Controlled Drugs in places other than the original pharmacy. That is the monitoring system could be used to verify the prescription status. All pharmacists, prescribers and health professionals should be able to access the information recorded, whatever the jurisdiction.

Where Controlled Drugs are shipped across jurisdictional borders for example from Alice Springs pharmacy to an Aboriginal Health Service in the desert in Western Australia, there is confusion as to compliance with a range of legal requirements.

State and Territory Health Department legislation over the handling, prescribing and dispensing of Controlled Drugs must be aligned preferably under national legislation.

Pharmacists, like medical practitioners, are clinicians and should not be required to inform on patients to police, customs or the Department of Health and Ageing.