

## **PRESCRIPTION OPIOID SUPPLY AND THE ROLE OF PRESCRIPTION DRUG MONITORING PROGRAMS: AN OVERVIEW OF RESEARCH FROM THE VICTORIAN IMPLEMENTATION**

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**Symposium aim:** The symposium aims to provide an overview of experiences and perceptions of GPs, pharmacists, and consumers on the implementation of real-time prescription monitoring in Victoria. The discussant will explore considerations relating to prescription monitoring and how it may impact on both healthcare professionals and patients, and facilitate a discussion on considerations for national implementation of prescription monitoring in Australia.

## **PRESENTATION 1: Australian general practitioner attitudes and experiences with RTPM programs; outcomes of mixed methods study**

### **Presenting Author:**

PALLAVI PRATHIVADI

**Introduction:** As general practitioners (GPs) prescribe about half of the country's opioids, real-time prescription monitoring (RTPM) is largely intended to support GP prescribing. Negative perceptions about lack of usefulness and relevancy are known barriers to GP engagement with prescribing interventions. Exploring Victorian and interstate GP experiences with RTPM may help identify prescriber attitudes and improve prescriber engagement in the future.

**Methods:** We conducted semi-structured deidentified interviews with Victorian GPs and GP registrars in 2018 and 2019 to explore opioid prescribing practices. Data underwent reflexive thematic analysis. A deidentified postal survey was sent to 4000 Australian GPs in 2019 and 2020 to triangulate the qualitative findings. Descriptive statistical analysis and logistical regression was used.

**Results:** Interviews: Victorian GPs were generally receptive of RTPM and reported changing prescribing practices as a result of RTPM use. GPs also supported the identification of individual GPs' prescribing practices through SafeScript patient prescribing histories. Survey: Only 24.6% of GPs reported using RTPM always or frequently. Victorian GPs were significantly more likely to use RTPM ( $p < 0.001$ ) (95% CI 0.157 to 9.397)). Nationally, 27.9% participants reported they would be unlikely or would not change their opioid prescribing practices despite mandatory use of RTPM.

**Discussion:** GPs report mixed attitudes towards RTPM. Victorian GPs reported positive attitudes and higher use of the mandatory RTPM. Experience and use of RTPM may result in more positive perceptions of the initiative.

**Implications for Practice or Policy:** Despite strong advocacy for RTPM, Victoria remains the only state with a mandatory RTPM program. Our research shows increased use of RTPM by Victorian GPs, as well as more positive perceptions compared to average nationwide GP attitudes. Victorian GP experiences should encourage federal and interstate introduction of RTPM.

## **PRESENTATION 2: What factors influence pharmacists' decision to dispense opioid prescriptions? Results from a factorial survey.**

### **Presenting Author:**

LOUISA PICCO

**Introduction:** Prescription drug monitoring programs (PDMPs) collect and monitor patient-level prescription information for 'high-risk' medications. Understanding what factors influence pharmacists' decisions to dispense monitored medications is vital to PDMPs' optimal utilisation. This study aimed to determine the pharmacist and vignette related characteristics which influence decisions to dispense opioids, using a factorial design.

**Methods:** Victorian community pharmacists were invited to participate in an online survey which comprised demographic questions and hypothetical patient vignettes. Pharmacists

were asked to rank the likelihood of dispensing an opioid prescription, with varying risk factors and prescription alerts. Linear mixed-effects models were used to examine the association between the vignette and pharmacist characteristics and the likelihood to dispense.

**Results:** 241 pharmacists were included in this analysis, representing data from 1353 vignettes. There was a small (0.33 unit) decrease in the likelihood to dispense for vignettes with Chronic Obstructive Pulmonary Disease ( $p=0.027$ ), compared to those with no chronic conditions. A PDMP alert for high dose (exceeding 100mg MED daily in the last 90 days) or multiple prescribers ( $\geq 4$  prescribers in the last 90 days) predicted a significantly reduced likelihood to dispense the prescribed opioids, with a 2.73- and 4.1-unit decrease, respectively ( $p<0.001$ ).

**Discussion:** PDMP alerts were the most significant predictor of likelihood to dispense, while other well-established risk factors such as high dose and risky drug combinations did not reduce the likelihood to dispense, in the absence of an alert. PDMPs that use algorithms to generate automations or alert messages, must assist and enhance rather than replace pharmacists' clinical decision-making.

**Implications for practice:** It is imperative that there is not an over-reliance on, nor greater importance attributed to alerts compared to other possible risk factors. This may result in failing to act when PDMP alerts do not explicitly prompt pharmacists, and is a limitation of algorithm-based clinical interventions.

### **PRESENTATION 3: Consumer experience of Prescription Drug Monitoring Programs (PDMP) in Victoria: Perspectives from people who use opioids to manage chronic pain.**

**Presenting Author:**  
SARAH HAINES

**Introduction and Aims:** PDMP use in the United States have led to unintended harms, including stigma toward people who use opioid pain medications to manage chronic pain, reduced patient engagement with health care systems, untreated pain, and patient suicide. We aimed to understand the impact of SafeScript's implementation on people who use opioid painkillers to manage chronic pain.

**Approach:** We conducted thirty semi-structured interviews with people who live with chronic pain and used prescription opioids. Thematic analysis was used to identify common themes within the data.

**Key Findings:** Participants reported experiences of stigma, including: not being believed, denial of access to opioids, and accusations of addiction. Participants identified as 'high-risk' reported a negative impact on their emotional wellbeing. Over half of participants identified as 'high risk' were not offered alternative pain treatments and only 15% were offer a referral for a psychologist. There was a sense of empathy for health care providers and acknowledgment that knowing when to prescribe opioids and to whom was difficult. All participants understood the risks of long-term opioid use, and that they are not overly effective for pain. However, many felt that opioids reduced their pain enough to give them quality of life. Continuity of care was identified as a solution to reduce stigma, increase mutual trust and improve problem solving between consumers and health care providers.

**Discussion and Conclusions:** PDMP has the potential to cause harm for people who use prescription opioids to manage chronic pain. Continuing to engage consumers in health care will be critical to minimising harms and reducing experiences of stigma.

**Implications for Practice or Policy:** These findings highlight the need to offer ongoing care when deprescribing opioids to people with chronic pain conditions. This includes referrals to accessible pain management alternatives and mental health support.

**Discussion Section:** The discussant will briefly summarise key themes across the three presentations, and highlight likely implications for national implementation of prescription monitoring. An interactive discussion will then follow providing an opportunity to consider (i) how what we have learned so far might inform future research, policy and practice (ii), what activities may be needed to support better clinical outcomes through the use of prescription monitoring, and (iii) experiences from audience attendees from different jurisdictions who are at different stages of prescription monitoring implementation.

**Discussant:** Associate Professor Suzanne Nielsen, Monash Addiction Research Centre, Monash University, Melbourne, Australia.

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