

Real Time Prescription Monitoring introduction: Implications and early experience in a regional/rural health service in NSW

CHARLOTTE ISMAY^{1,3}, EMMA PENNY¹, EMMA K. AUSTIN^{1,3}, MELISSA A. JACKSON^{1,2,3,4}, AMANDA L. BROWN^{1,2,3,4}, ANTHONY WINMILL¹, STACEY WEEDON¹, CRAIG SADLER^{1,5}, ADRIAN J DUNLOP^{1,2,3,4}.

¹Drug and Alcohol Clinical Services, Hunter New England Local Health District, Newcastle, Australia

² Hunter Medical Research Institute, New Lambton Heights, Australia

³ NSW Drug and Alcohol Clinical Research & Improvement Network, Surry Hills, Australia

⁴School of Medicine and Public Health, University of Newcastle, Callaghan, Australia

⁵Alcohol and Drug Services, Calvary Mater Newcastle, Waratah, Australia

Charlotte.Ismay@health.nsw.gov.au

Introduction and Aims: Drug-induced deaths in Australia are more likely to be caused by prescription than illegal drugs. In 2018, there were 1556 unintentional drug-induced deaths, 29% with pharmaceutical opioids and 42% benzodiazepines. Real Time Prescription Monitoring Systems (RTPM) are being implemented in Australia to reduce prescription drug related harms by monitoring the prescribing and dispensing of controlled substances. RTPM allows prescribers to identify patients who may have substance dependence. However problems with RTPM in the USA include inappropriate prescription refusal, unplanned/unsupported drug withdrawal, and patients shifting to 'black market' drugs. The Hunter New England (HNELHD) and Central Coast Local Health Districts will be the first sites for RTPM in NSW from August 2021.

Method / Approach: The NSW RTPM system is an opt-in, web based platform accessible by GPs and community pharmacists to identify prescriptions of strong opioids and benzodiazepines. For the current project data will be collected on: GP and patient self-referrals to pain and addiction services and drug and alcohol services (HNELHD and Calvary Mater) including outpatient assessments, withdrawal (inpatient/outpatient), opiate agonist treatment (OAT) referrals; opioid overdose presentations to hospitals, and provision of take home naloxone (THN) as RTPM is implemented. Changes in opiate overdose types (e.g. fentanyl and analogues) will be described.

Key Findings: This project will describe the impact of local pain and addiction and drug and alcohol clinical services to measure the local impact of RTPM in HNELHD.

Discussions and Conclusions: The introduction of RTPM poses implications for pain/addiction and drug and alcohol services. Primary care providers generally have limited interest in substance use treatment provision, including OAT.

Implications for Policy: Rural areas are at risk of exacerbated health disparities due to the implementation of RTPM where there is limited access to primary care providers. Harm reduction interventions including THN access will remain important.

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