

1. EXECUTIVE SUMMARY	2
2. RECOMMENDATIONS.....	2
3. BACKGROUND TO AND TERMS OF REFERENCE OF INQUIRY	5
4. PROFILE OF THE GUILD.....	6
5. OVERVIEW OF COMMUNITY PHARMACY	7
5.1. NUMBERS AND LOCATION OF COMMUNITY PHARMACIES	7
5.2. CHANGING ROLE OF COMMUNITY PHARMACY	7
6. CURRENT PHARMACY-BASED PROGRAMS IN DRUG MANAGEMENT	8
6.1. METHADONE MAINTENANCE PROGRAMS	8
6.2. CLEAN NEEDLE SUPPLY.....	11
6.3. FITPACK STUDY	11
6.4. SAFE DISPOSAL OF SYRINGES AND SHARPS	12
6.5. CANNABIS FOR MEDICINAL PURPOSES	13
6.6. DRUG AWARE PROGRAM.....	14
6.7. DRUG SUPPORT GROUPS.....	14
6.8. HEPATITIS C SUPPORT	14
6.9. PHARMACY FOUNDATION	14
6.10. AMPHETAMINE PRODUCTION.....	15
7. PHARMACIST TRAINING.....	15
7.1. EXISTING PHARMACIST TRAINING	16
7.2. IDENTIFIED TRAINING NEEDS	16
8. PHARMACY ENVIRONMENT	16
8.1. WHAT ARE THE LEGAL IMPLICATIONS FOR COMMUNITY PHARMACY?	16
8.2. INFORMATION TECHNOLOGY STRATEGY	16
9. SUMMARY	17
10. SUPPORTING DOCUMENTATION	18
11. REFERENCES	19
11.1. CONTACT DETAILS	19

1. Executive Summary

Australians are justifiably concerned about the widespread misuse of drugs in the community. Given the magnitude of alcohol and other drug issues that now confront us, a national coordinated approach to the management and treatment of these substances is required.

The expertise of pharmacy lies in the composition, storage and delivery of prescription and dangerous drugs in addition to the provision of information and educational material to the community. For many years the pharmacy profession in Australia has worked in partnership with state and federal governments, industry and community groups to reduce the harm associated with illicit drug use. Pharmacists hold a unique position in the community, being the most accessible of health professionals and often providing the first point of call for health care advice.

The Pharmacy Guild of Australia is firmly committed to reducing the social and economic costs of drug abuse in Australia. This submission will demonstrate the drug management and education initiatives currently being undertaken by the Guild through community pharmacy and provide recommendations to the Standing Committee of Health and Aged Care.

Historically pharmacy has adopted a cooperative approach to assist the Federal Government and the community with the difficulties associated with illicit drug use and its often-tragic consequences. Pharmacists are ideally placed to assist in this area due to their extensive clinical knowledge of drugs and their effects. In addition, the placement of community pharmacists within society provides them with the greatest public contact of any health professional. This accessibility means that community pharmacy is the ideal adjunct to any community-based public awareness campaign.

Community pharmacy is a valuable resource that may be better utilised by Government to assist in addressing problems associated with illicit drug use in Australia.

2. Recommendations

The Pharmacy Guild of Australia has determined the following recommendations:

Recommendation 1

That the high regard and evidence of effectiveness for methadone maintenance programs provided through community pharmacy identifies this as a suitable model for Australia which should be encouraged

Recommendation 2

That the Australian Association of Consultant Pharmacy (AACP) and the Quality Care Pharmacy Program establish a program, which accredits pharmacists and pharmacies for the provision of MMPs, the administrative costs of which should be supported by Government, and that suitable education and training be available to ensure competency for this role.

Recommendation 3

That in order to increase participation rates of community pharmacies and improve retention of patients, the Commonwealth subsidise dispensing of methadone syrup prescribed by registered methadone prescribers and dispensed daily by accredited methadone pharmacists to registered opioid-dependent people, as a Pharmaceutical Benefits Scheme item and that a capitation payment for the supervised administration of methadone also be provided to enable pharmacists to deliver a quality service to methadone patients.

Recommendation 4

That the major emphasis in recruiting and maintaining community pharmacies in methadone maintenance programs be on having a larger number of pharmacies with a smaller number of clients (10-30), rather than the development of a smaller number of pharmacies with large client bases.

Recommendation 5

That appropriate information systems be developed to manage the specific requirements of methadone maintenance programs, in order to streamline reporting of data and analysis of patient outcomes and to ensure that dosage details are rapidly retrievable, essential patient details are accessible and that potential interactions and misuse are highlighted. These systems need to enable links between individual patient methadone prescribing and dispensing information and a number of other sources of information including:

- *patient's medication histories*
- *relevant health department records*
- *health Insurance Commissions' 'doctor shopper' program*

Recommendation 6

That when pharmacists provide services for methadone patients who are in the induction and stabilisation periods, they receive specific education programs which cover patient issues, methadone side-effects, effects of polydrug, alcohol and other opioid use, which greatly increase risks for patients in these phases of treatment.

Recommendation 7

That for safety reasons, with reference to talk-away doses, pharmacists and prescribers should be encouraged to liaise as to the suitability and appropriateness of numbers of take-away doses. Pharmacists should ensure that take-away doses are diluted, appropriately labelled and in a container with a child-resistant closure.

Recommendation 8

That in order to minimise the risks of morbidity and mortality and improve the retention of patients, especially during the induction phase of methadone treatment, pharmacists and doctors have regular case discussions, together with area health service case managers, regarding individual patients.

Recommendation 9

That pharmacy organisations commence regular discussions with the Health Insurance Commission, Health Departments and other relevant groups on patterns of diversion of prescribed opioid drugs such as sustained release morphine products and methadone

tablets, with a view to improving controls on the dispensing of opioids and the minimisation of opioid-related morbidity and mortality.

Recommendation 10

That a system be established which facilitates six-monthly meetings between pharmacy and medical organisation and Health Departments to refine roles, policies and procedures in conducting methadone treatment programs

Recommendation 11

That acknowledgment is given to those pharmacies which, with the support of the Pharmaceutical Council, The Pharmacy Guild and Departments of Health, sell needles to drug injectors

Recommendation 12

That as a part of ongoing professional education, all members of the pharmacy profession be given the opportunity through Government funded training programs to consider drug issues, their attitudes to the sale of needles and the scientific evidence for needle provision as a way of reducing the spread of blood borne infection

Recommendation 13

That the Commonwealth Government provide additional funding to support the various state governments needle exchange programs through community pharmacy with a view to expanding these programs throughout all states and territories in Australia

Recommendation 14

That pharmacies are acknowledged for their ability to reach group of injecting users who have little or no contact with regular drug treatment agencies

Recommendation 15

That pharmacies are acknowledged for providing a major contribution in the prevention of blood-borne diseases among injecting drug users and the wider community

Recommendation 16

That pharmacies are acknowledged for their potential to assist in public awareness or community campaigns that targeting illicit drug use

Recommendation 17

That pharmacy is involved in the development of community-based protocols for the safe disposal of syringes, in particular those used by people with diabetes

Recommendation 18

That cannabis should not be considered for medicinal purposes unless rigorous clinical trials are conducted which demonstrate its superior efficacy over other more established and conventional treatments

Recommendation 19

That any model for the delivery of cannabis sativa contain appropriate prescription, dispensing and monitoring by qualified health professionals such as doctors and pharmacists

Recommendation 20

That the potential for national expansion of the Drug Aware Program of Western Australia be examined

Recommendation 21

That pharmacy be utilised in the development of community-based support initiatives and resources on illicit drugs and harm minimisation

Recommendation 22

That the unique position of pharmacy be recognised by Government in the development of resources and support mechanisms for people with Hepatitis C

Recommendation 23

That the Pharmacy Foundation initiative of Western Australia be examined for its national significance

Recommendation 24

That the St John Ambulance/Fitpack initiative be assessed as a national program

Recommendation 25

That a national code of practice be developed between the pharmaceutical industry, police and community groups to curb the diversion of amphetamines into the illicit market

Recommendation 26

That the national code of practice for amphetamine use include:

- *Agreed ceiling orders for retailers*
- *Agreed limitations of replacement by wholesalers*
- *Close liaison between the police and pharmaceutical industry over high-use customers*

3. Background to and Terms of Reference of Inquiry

The House of Representative Standing Committee on Family and Community Affairs has responsibility for monitoring portfolio areas of health and family services, immigration and multi-cultural affairs, social security and veterans' and youth affairs. As part of this responsibility, members of the committee have determined that the issue of Drug Abuse in the Australian community is one that requires more public discussion and a closer examination of the issues concerned.

In view of the level of community concern about the abuse of licit drugs such as alcohol and tobacco, over-the-counter and prescription medications and illicit drugs like marijuana and

heroin, the Committee has been asked by the Minister of Health and Aged Care the Hon Dr Michael Wooldridge, MP, to report and recommend on:

The social and economic costs of substance abuse, with particular regard to:

- family relationships
- crime, violence (including domestic violence), and law enforcement
- road trauma
- workplace safety and productivity, and
- health care costs

4. Profile of the Guild

The Pharmacy Guild of Australia was established in 1928 and brought together several state retail pharmacy organisations. The Guild is registered under the Federal Workplace Relations Act (1996) as an employer organisation. Its members are owners of almost 5000 pharmacies throughout Australia. The Guild is a national employer's organisation that functions as a single entity rather than as a federation. A major Guild activity at all levels is close liaison and negotiations with governments, manufacturers, wholesalers and other organisations in or around the health care delivery system.

The Guild is an employer organisation servicing the needs of proprietors of independent community pharmacies. It exists for the protection and betterment of its members and to maintain community pharmacies as the most appropriate primary providers of health care in the community through the optimum therapeutic use of drugs, drug management and related services. This is achieved by:

- Operating in an efficient and effective manner and by preserving and maintaining the resources of its members
- Providing for the membership strong leadership, effective communication and a high level of representation on all matters in the best interest of members
- Monitoring changes in the marketplace in order to advise members how to maintain or improve business profitability and their professional standing in the community
- Promoting to the government, industry and the community the value of community pharmacy in the HealthCare system

5. Overview of community pharmacy

Community pharmacists are held in high regard as one of the most honest and ethical health professionals in Australia. They provide the country's most easily accessible and cost-effective professional health care directly to the community. In Australia there is approximately one pharmacy for each 3500 people, that is almost 5000 pharmacies. On average, every man women and child in Australia will visit their local community pharmacy fourteen times every year.

5.1. NUMBERS AND LOCATION OF COMMUNITY PHARMACIES

State	Pharmacies (incl. Friendly Societies)	Estimated Population (000)
NSW	1724	6,384.3
VIC	1169	4,689.8
QLD	959	3,485.2
SA	386	1,490.4
WA	477	1,847.8
TAS	140	471.1
NT	28	191.4
ACT	59	308.7
Total	4942	18,871.8

Community pharmacists perform a variety of activities that benefit the public, including drug information services, clinical interventions, medication management, preventative care services, and providing information and advice on minor ailments and over-the-counter medicines.

Community pharmacist services lie at the frontline of health care. The health care system in Australia can benefit greatly from professional pharmacist services because such services lead to improved patient compliance, reduced inappropriate medications use, fewer preventable adverse drug effects and interactions, reduced hospitalisation, reduced GP visitation and ultimately a better quality of life for the Australian community.

Australia's National Health Strategy has identified the vital role community pharmacists play in health care provision through reducing medication costs and increasing the health outcomes of patients, in particular those with complex needs. This role is supported by international literature, which shows that the dollar savings due to the provision of pharmacist services is immense with services such as pharmacist interventions, medications reviews and disease state management, providing huge savings to the health care system and enormous benefits to the consumer.

5.2. CHANGING ROLE OF COMMUNITY PHARMACY

The role of community pharmacists has been changing in recent years. The movement towards the provision of professional pharmacy services such as medication reviews and preventative care services require pharmacists to orient themselves more than ever towards meeting consumers' needs and expectations. Pharmacists need to take an active role in developing and maintaining a high quality service for consumers. Programs such as the Pharmacy Guild's Quality Care Standards program will help to ensure that community pharmacies will consistently provide a high quality, efficient and cost effective health service for all the community.

6. Current Pharmacy-based Programs in Drug Management

Current Guild initiatives to mitigate the impact of illicit drugs include:

6.1. METHADONE MAINTENANCE PROGRAMS

There is a growing acceptance and implementation of harm minimisation activities for the prevention and treatment of drug misuse, by community pharmacists. Methadone Maintenance Programs (MMPs) are the dominant forms of treatment of opiate dependence in Australia and most developed countries. Australia's pharmacists have since 1969 in community settings and 1972 in health institutions, dispensed and supervised daily, individualised doses of methadone syrup to patients diagnosed with opioid dependence. (Berbatis 1998)

Methadone is an integral component in minimising the risks of illicit drug use. Pharmacists nationwide dispense the majority of methadone syrup, provide over half the sterile needles and syringes, sell over 30% of condoms and distribute extensive information on the misuse of drugs. (Berbatis 1999)

The Australian Association of Consultant Pharmacy (AACP) has recently published their final report into *The Role of Community Pharmacy in Methadone Maintenance Treatment*. Research into the report was conducted by the School of Pharmacy at Curtin University of Technology and aimed to:

- identify the current and potential roles and contribution of community pharmacy in methadone maintenance treatment in a variety of service delivery models
- assess the relative contribution of community pharmacy, and to
- develop recommendations and best practice guidelines to inform the development of a national approach to the training and accreditation of pharmacists.

The AACP report found that over 30% of Australia's community pharmacies are approved to participate in methadone maintenance programs, signifying a 50% growth from the less than 20% participation rate by community pharmacies in 1996. Methadone maintenance treatment is the largest specialty practice in pharmacy.

Research from the AACP report revealed the client retention in community pharmacy-based methadone maintenance programs was higher than in clinic-based programs. In addition, costs of both private and public clinic-based methadone services are higher than community pharmacy-based programs.

Expansion of methadone patients through community pharmacies is a major but necessary challenge to the profession. Methadone pharmacies in all locations understand the need to expand the number of methadone prescribers and pharmacies. They have strongly rejected suggestions that:

- Nothing can be done
- Other health workers such as doctors' assistants, nurses or pharmacy assistants dispense methadone; and
- The Australian Medical Association or the Pharmacy Guild set up methadone prescribing or dispensing sites

Rather they favoured:

- Recruitment
- Reactivating past prescribers and dispensers; and
- And evaluation of the current situation and the barriers involved.

The Pharmacy Guild of Australia recognises that value-added professional services are the way of the future for community pharmacy. Methadone Maintenance Programs through community pharmacies are important models in demonstrating the benefits of collaboration between Government and community pharmacies for the treatment and harm minimisation of drug misuse in the community.

The following recommendations have been adopted from Australian College of Pharmacy Practice report into *The Role of Community Pharmacy in Methadone Maintenance Treatment*.

The role of community pharmacy in methadone maintenance programs

Recommendation 1

- *That the high regard and evidence of effectiveness for methadone maintenance programs provided through community pharmacy identifies this as a suitable model for Australia which should be encouraged*

Essential requirements to enable this role

In order to ensure quality and best practice in delivery of these programs, it is clear that methadone pharmacists should be trained and accredited, the pharmacy environment should also meet quality standards and in order to ensure participation levels are adequate, that specific incentives adequately cover both dispensing and service delivery costs.

Recommendation 2

That the Australian Association of Consultant Pharmacy (AACP) and the Quality Care Pharmacy Program establish a program, which accredits pharmacists and pharmacies for the provision of MMPs, the administrative costs of which should be supported by Government, and that suitable education and training be available to ensure competency for this role.

Recommendation 3

That in order to increase participation rates of community pharmacies and improve retention of patients, the Commonwealth subsidise dispensing of methadone syrup prescribed by registered methadone prescribers and dispensed daily by accredited methadone pharmacists to registered opioid-dependent people, as a Pharmaceutical Benefits Scheme item and that a capitation payment for the supervised administration of methadone also be provided to enable pharmacists to deliver a quality service to methadone patients.

Recommendation 4

That the major emphasis in recruiting and maintaining community pharmacies in methadone maintenance programs be on having a larger number of pharmacies with a smaller number of clients (10-30), rather than the development of a smaller number of pharmacies with large client bases.

Policies and actions to allow maximum beneficial outcomes

A number of measures would improve communication and safety, ensuring that outcomes from these programs are maximised.

Information Systems

Recommendation 5

That appropriate information systems be developed to manage the specific requirements of methadone maintenance programs, in order to streamline reporting of data and analysis of patient outcomes and to ensure that dosage details are rapidly retrievable, essential patient details are accessible and that potential interactions and misuse are highlighted. These systems need to enable links between individual patient methadone prescribing and dispensing information and a number of other sources of information including:

- *patient's medication histories*
- *relevant health department records*
- *health Insurance Commissions' 'doctor shopper' program*

Recommendation 6

That when pharmacists provide services for methadone patients who are in the induction and stabilisation periods, they receive specific education programs which cover patient issues, methadone side-effects, effects of polydrug, alcohol and other opioid use, which greatly increase risks for patients in these phases of treatment.

Recommendation 7

That for safety reasons, with reference to talk-away doses, pharmacists and prescribers should be encouraged to liaise as to the suitability and appropriateness of numbers of take-away doses. Pharmacists should ensure that take-away doses are diluted, appropriately labelled and in a container with a child-resistant closure.

Recommendation 8

That in order to minimise the risks of morbidity and mortality and improve the retention of patients, especially during the induction phase of methadone treatment, pharmacists and doctors have regular case discussions, together with area health service case managers, regarding individual patients.

Improved Communication

Recommendation 9

That pharmacy organisations commence regular discussions with the Health Insurance Commission, Health Departments and other relevant groups on patterns of diversion of prescribed opioid drugs such as sustained release morphine products and methadone tablets, with a view to improving controls on the dispensing of opioids and the minimisation of opioid-related morbidity and mortality.

Recommendation 10

That a system be established which facilitates six-monthly meetings between pharmacy and medical organisation and Health Departments to refine roles, policies and procedures in conducting methadone treatment programs

6.2. CLEAN NEEDLE SUPPLY

Australia adopted a harm-reduction approach to injecting drug use as part of its 1985 drug strategy. While the Pharmacy Guild of Australia in no way condones the use of illicit drugs, it is a proven fact that the re-use and sharing of syringes can result in the spread of infectious diseases including HIV, Aids and Hepatitis. The larger the number of people carrying these diseases among the injecting drug community, the greater the risk of transmission to the general population. Any barrier, including cost or convenience, which make it more difficult for illicit drug users to obtain syringes, increases the likelihood of re-using and sharing contaminated syringes by this segment of the community. In this, the Pharmacy Guild of Australia is proud of its commitment to limiting the spread of such infectious diseases to the general community.

In the financial year 94-95 around 10 million syringes were distributed nationally, 40% of which were through pharmacy (Wodak 1996). This initiative, along with methadone maintenance and peer-based education are determinants behind the low prevalence of HIV infection among Australia's injecting drug community.

Many community pharmacists in Australia supply Fitpacks containing needles and syringes as part of an arrangement between pharmacists and the state Governments. This has had a marked effect on controlling the spread of infections such as HIV and Aids and the various strains of Hepatitis. It also allows for interventions between drug users and health professionals and allows the transmission of health-related information and advice.

6.3. FITPACK STUDY

The National Centre for Research into the Prevention of Drug Abuse at the Curtin University of Technology has conducted a survey to determine the "hidden" segment of drug injectors in the injecting drug community. (The Fitpack Study 1997)

The Fitpack study attempted to access these "hidden" intravenous drug users, those with little or no history of drug injection. The study demonstrated that there are many drug injectors who do not fit general stereotypes that are held by some members in the community. Limiting the marginalisation or stigma associated with intravenous drug use can assist in preventing the spread of blood bourn viruses (HIV, Aids, Hepatitis B and C) in the general community.

The Fitpack study has acknowledged the suggestion that pharmacies are best able to reach this group of injectors who have little or no contact with other drug treatment agencies. In undertaking this challenging role, pharmacies have made a major contribution in preventing the spread of blood-bourn viruses among drug injectors and the wider non-injecting community. Acknowledgment has been that pharmacists who undertake this sometimes demanding roles, are providing a major contribution in preventing the spread of blood bourn viruses among drug injectors and the wider community.

Recommendations adopted from the Fitpack study have determined:

Recommendation 11

That acknowledgment is given to those pharmacies which, with the support of the Pharmaceutical Council, The Pharmacy Guild and Departments of Health, sell needles to drug injectors

Recommendation 12

That as a part of ongoing professional education, all members of the pharmacy profession be given the opportunity through Government funded training programs to consider drug issues, their attitudes to the sale of needles and the scientific evidence for needle provision as a way of reducing the spread of blood borne infection

Recommendation 13

That the Commonwealth Government provide additional funding to support the various state governments needle exchange programs through community pharmacy with a view to expanding these programs throughout all states and territories in Australia

6.4. SAFE DISPOSAL OF SYRINGES AND SHARPS

The safe disposal of syringes and sharps is of great concern to the community and to Australia's pharmacists.

In 1996 four programs (Melbourne Inner City AIDS Prevention Centre, Doutta Galla CHS: Kensington CHC, North Yarra CHS - Collingwood site and North Yarra CHS - Fitzroy site) provided needle exchange clients and local communities with a disposal chute situated outside the premises for after hours disposal of needles and syringes. The use of such chutes has increased dramatically: in 1994, 8,900 needles and syringes (from 2 programs), in 1995, 16,800 needles and syringes (from 2 programs) and in 1996, 28,700 needles and syringes were deposited in chutes (from 4 programs). Disposal chutes increase the options available to intravenous drug users and the general public for the safe disposal of needles and syringes and will continue to be installed in more exchanges.

The NSW Government has established a special 2-year project to examine the issue of the safe disposal of hazardous waste in the community. The ultimate responsibility for such disposal will reside with local councils, although the State will supply advice and possibly the set-up costs for any new administration. This project is in response to new environment protection legislation and will include input from Local Government Associations, community organisations, the waste control industry and the Environmental Protection Agency itself.

A critical issue identified by The Guild is the safe disposal of diabetic syringes. There are an estimated 900,000 people with diabetes in Australia, with prevalence rates expected to climb even further. How the community responds to the associated medical waste generated for the essential treatment of this group will be critical.

Australia's network of community pharmacies is ideally represented across the country in rural, remote and metropolitan areas. The unique position of pharmacy within the community would allow almost 5000 pharmacies to service the needs of the community in assisting with the safe disposal of sharps and syringes.

Recommendation 14

That pharmacies are acknowledged for their ability to reach group of injecting users who have little or no contact with regular drug treatment agencies

Recommendation 15

That pharmacies are acknowledged for providing a major contribution in the prevention of blood-borne diseases among injecting drug users and the wider community

Recommendation 16

That pharmacies are acknowledged for their potential to assist in public awareness or community campaigns that targeting illicit drug use

Recommendation 17

That pharmacy is involved in the development of community-based protocols for the safe disposal of syringes, in particular those used by people with diabetes

6.5. CANNABIS FOR MEDICINAL PURPOSES

In October 1999 the NSW Premier announced the formation of a Working Party to inquire into the potential uses of cannabis for medicinal purposes. The Pharmacy Guild of NSW provided a submission to this Working Party, which addressed two specific areas:

1. Specific medicinal uses of the plant cannabis sativa or cannabinoid substances, including citation of key evidence
2. Ways in which cannabis products or cannabinoid substances could be provided to those who may benefit from them

The submission found that there was no place in modern medicine for cannabis sativa to be regulated as a medicinal product which can uphold the requirements set out in the Therapeutic Goods Act. There did appear to be some potential for the use of synthetic cannabinoids for patients who are seriously ill. The research to date indicates that there is some potential for the synthetic cannabinoids but further research should only be undertaken in patients who have documented evidence of a failure to respond to conventional treatment.

From our professional perspective, the Guild has serious concerns that the dispensing of crude cannabis sativa is a retrograde step in our scientific endeavours to ensure that patients receive a standardised product with a known dose/therapeutic responsive effect.

The Guild strongly urged the NSW Working Party to reject any method of delivery of cannabis sativa, which was not appropriately prescribed, dispensed and monitored by professionally trained personnel. The Guild also opposed any proposal for the approval of cannabis sativa as a medicinal product if it was determined that patients should be allowed to grow their own plants and consume un-supervised quantities of this restricted substance.

Recommendation 18

That cannabis should not be considered for medicinal purposes unless rigorous clinical trials are conducted which demonstrate its superior efficacy over other more established and conventional treatments

Recommendation 19

That any model for the delivery of cannabis sativa contain appropriate prescription, dispensing and monitoring by qualified health professionals such as doctors and pharmacists

6.6. DRUG AWARE PROGRAM

The Western Australian Drug Abuse Strategy Office and the Guild continue to make in-roads into demystifying both legal and illegal drugs and in assisting both parents and children to increase their awareness of the dangers of drug abuse. The Drug Aware Pharmacy Program of Western Australia involves over 300 community pharmacists disseminating written information through their pharmacies. The re-stocking rate for this literature that is on display in all participating pharmacies indicates that the community is making good use of this free education program.

Recommendation 20

That the potential for national expansion of the Drug Aware Program of Western Australia be examined

6.7. DRUG SUPPORT GROUPS

The Guild is involved in a number of community activities and has representation on a number of local committees whose aim is developing and conducting programs aimed at educating the public about drugs or mitigating the effects of drug abuse. Committees such as the Opiate Overdose Strategy Group and the Community Based Methadone Working Group include active Guild membership.

Recommendation 21

That pharmacy be utilised in the development of community-based support initiatives and resources on illicit drugs and harm minimisation

6.8. HEPATITIS C SUPPORT

The Western Australian Guild has been involved in collaborative activities with the Hepatitis C Council in developing resources and support mechanisms designed to raise awareness of this disease. It has jointly developed an educational module for pharmacy assistants on the dangers of blood-borne viruses and will be jointly involved in an education program for pharmacists on drug diversion strategies.

Recommendation 22

That the unique position of pharmacy be recognised by Government in the development of resources and support mechanisms for people with Hepatitis C

6.9. PHARMACY FOUNDATION

The Pharmacy Guild of Western Australia has developed and launched the Pharmacy Foundation, an initiative funded by pharmacists and designed to use the community pharmacy network to initiate practical, community projects. These projects are aimed at reducing the misuse of drugs, educating the public about the potentially harmful effects of drugs and minimising fatalities resulting from the misuse of drugs.

A recent partnership involving the St John Ambulance society has seen the development of an insurance scheme, which in the event of a drug overdose will cover the costs of ambulance charges for the patient. The aim of the project is to reduce the incidence of opiate-related deaths and is voluntarily funded by the Pharmacy Foundation through a voluntary donation by pharmacists based upon the sale of syringe Fitpacks.

Recommendation 23

That the Pharmacy Foundation initiative of Western Australia be examined for its national significance

Recommendation 24

That the St John Ambulance/Fitpack initiative be assessed as a national program

6.10. AMPHETAMINE PRODUCTION

Amphetamine production is of great concern to the Pharmacy Guild of Australia. Domestic amphetamine production is the major source of amphetamines traded illicitly on the Australian market. Over the counter medications are either purchased or stolen by criminals who then extract the pseudoephedrine from which the dangerous methyl-amphetamine is made.

Pharmaceutical company Warner Lambert opted to change several aspects of its *Codral Cold and Flu* product, when informed that the tablets were being targeted by criminals for amphetamine production. The product itself was voluntarily re-formulated by Warner Lambert, at a cost of \$2 million, to make the methyl-amphetamine extraction more difficult. In addition, the large 90-tablet packet line - a frequent target for ram-raids and theft from pharmacies - was discontinued. Also Warner Lambert has worked with the pharmaceutical industry to develop a code of practice regarding the ordering, storage and placement of such stock, including:

- Agreed ceiling orders for retailers
- Agreed limitations of replacement by wholesalers
- Close liaison between the police and pharmaceutical industry over high-use customers

When examining the issue of amphetamine production, it is important to focus on the benefits of cooperation and to bring together law enforcement agencies with chemical technicians and health professionals including pharmacists.

Recommendation 25

That a national code of practice be developed between the pharmaceutical industry, police and community groups to curb the diversion of amphetamines into the illicit market

Recommendation 26

That the national code of practice for amphetamine use include:

- *Agreed ceiling orders for retailers*
- *Agreed limitations of replacement by wholesalers*
- *Close liaison between the police and pharmaceutical industry over high-use customers*

7. Pharmacist Training

7.1. EXISTING PHARMACIST TRAINING

The emphasis in the past has been in training pharmacists to be drug aware; this is not enough. The pharmacist must also be illicit drug aware. At both undergraduate and “in-service” level, information is predominantly restricted to the areas of pharmacological, administrative and legal aspects of drug dispensing – with little regard to the broader more practical issues: family relationships, crime, community and domestic violence, workplace safety and productivity, health care costs.

The Pharmacy Guild of Australia and Pharmaceutical Society of Australia have developed a tender proposal under the National Illicit Drug Strategy Training for Frontline Workers Initiative and Prevention of Blood Bourn Viruses Pharmacy Needle and Syringe Program. This proposal highlights the major areas where pharmacy can have an impact, including the:

- Provision of drug-related specific services such as needle and syringe exchange and methadone programs
- Provision of information and advice regarding general physical and mental health
- Provision of information regarding drug-related conditions (Hepatitis C, HIC/AIDS etc)
- Provision of information to parents and friends of drug users
- Provision of medications reviews

A full copy of this submission is available from David Pearson at the Pharmacy Guild of Australia, 02 6270 1888.

7.2. IDENTIFIED TRAINING NEEDS

As part of on-going professional education, the Guild believes that all pharmacists should be given the opportunity to consider drug use issues, and the impact that their participation may make in harm minimisation and in preventing the spread of infectious diseases. At the same time, it must be remembered that community pharmacy operates in a competitive commercial environment and that some reimbursement is necessary to encourage more pharmacies to participate in programs aimed at addressing these problems.

Pharmacists need to be armed with information on illicit drug using practices and procedures such as: the types of substances and methods of use; use of various paraphernalia; potential problems and strategies to minimise the potential for harm associated with drug using practices. This is relevant not only for the harm reduction and risk-minimisation of the drug user, but may also reduce the potential of the pharmacist’s possible culpability.

8. Pharmacy Environment

8.1. WHAT ARE THE LEGAL IMPLICATIONS FOR COMMUNITY PHARMACY?

In addition to their general duty of care to the public, the Guild works with community pharmacists to make them aware of the particular significance of dispensing legally scripted medication to patients who also use other drugs illegally. We are also conscious of the need for pharmacists and their staff to be made aware that the use of illicit drugs is not restricted to illegal substances, but also the illegal use of licit drugs.

8.2. INFORMATION TECHNOLOGY STRATEGY

The Commonwealth and the Guild both recognise the enormous potential for using Information Technology to maximise the effectiveness of prescribing and medication management systems. To reflect this potential the Commonwealth Government has recently

allocated \$10 million towards the development of the necessary pharmacy-based planning, training and change management programs.

Scope now exists for consumers, medical practitioners, approved pharmacists and governments to work together to build processes and systems to combine and share relevant patient data. While ensuring patient consent and that appropriate privacy and confidentiality controls are implemented, these linked systems can improve the safe use of licit drugs, while discouraging their diversion to illicit use. Currently the Guild is discussing a data-exchange initiative with the AMA, Local GPs Commonwealth Department of Health and Police. The potential linking of the pharmacy dispensary computers with these other agencies will enable so called “doctor shoppers” and “pharmacy shoppers” to be more easily identified.

9. Summary

The Pharmacy Guild of Australia remains ready and willing to assist Government in any initiatives where the special skills and unique community profile of pharmacists can be used in achieving the reduction of drug-use and the minimisation of harm to the community. The Guild has demonstrated that it is willing to use its special and trusted role which pharmacists have in the community, to further many health initiatives and will continue to do so in the future. Community pharmacists perform a variety of activities that benefit patient health and advance the quality and delivery of health services across Australia.

Community pharmacist services lie at the very front line of health care savings. The health care system in Australia can benefit greatly from the professional services provided by pharmacists, through improved patient compliance, reduced inappropriate medication use, fewer preventable adverse drug reactions, reduced hospitalisation and reduced GP visitation.

The Pharmacy Guild of Australia is firmly committed to reducing the social and economic costs of drug abuse in Australia. In local communities the pharmacist has the respected role of a drug expert and this position should be utilised to its fullest.

10.Supporting Documentation

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4. Pharmacy Guild Bulletin 6 August 1999, *Pharmacy Services for Methadone Patients: Australia-wide Study*
5. National Illicit Drugs Strategy – Training of Frontline Workers Initiative, *development of training and education programs for pharmacists in illicit drug areas* - Pharmacy Guild of Australia – Western Australia Branch
6. Pharmacy Guild of Australia (South Australian Branch) *Application for funding under the National Illicit Drugs Strategy – Training of Frontline Workers*
7. Survey of the South Australian Community – *Drug Substitution (Methadone) 1999*
8. Pharmacy Guild of Australia – NSW Branch, *submission to COAG Needle and Syringe Committee*
9. *Dispensing Methadone Maintenance – A manual for participating pharmacists*, Pharmaceutical Society of Australia
10. Letter to the Prime Minister in response to the National Illicit Drugs Strategy, Tough on Drugs
11. *Evaluation of Methadone Dispensing in Community Pharmacies in Victoria*, Australian Pharmacists supplement, Volume 17, Number 8 September 1998
12. Response to the *Alcohol and other Drugs Council of Australia (ADCA)* discussion paper, September 1998
13. Report of the *Working Party of Pharmaceutical Services for Drug Misusers*, United Kingdom, 1998
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17. Pharmacy Guild of Australia (NSW Branch) *National Illicit Drug Strategy*, January 1998
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19. Pharmacy Guild of Australia (Vic Branch) Guild News March 1998 *Committed to Caring*
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