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THE LEGISLATIVE ASSEMBLY FOR THE

AUSTRALIAN CAPITAL TERRITORY

ACT GOVERNMENT RESPONSE TO CORONIAL RECOMMENDATIONS FROM THE INQUEST INTO THE DEATH OF JOANNE LEA LOVELOCK

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ACT Government Response to Coronial recommendations from the *Inquest into the Death of Joanne Lea Lovelock*

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Executive Summary

On 24 February 2020, ACT Acting Chief Coroner Theakston delivered their report on the Inquest into the death of Joanne Lea Lovelock.

The Acting Chief Coroner found that Ms Lovelock died on 25 December 2015, caused by the combined effects of alcohol, amitryptyline and methadone. They deemed the death to be the result of accident or misadventure.

Coroner's recommendations and key issues

The *Coroners Act 1997*[1] *(ACT)* requires a coroner to comment upon any matter of public safety that arises in connection with an inquest.

Acting Chief Coroner Theakston found that there was a matter of public safety in connection with the inquest, being the easy access to prescription medications by drug dependent persons. They found that there was no matter of public safety in respect of the treatment of Ms Lovelock by individual doctors.

Acting Chief Coroner Theakston recommended that a national, real time prescription monitoring system be instituted, with such system to include a proactive auditing and identification function to identify drug dependent persons.

The Acting Chief Coroner noted that, while the ACT Drugs and Poisons Information System (DAPIS) On-line Remote Access (DORA) system does potentially include proactive auditing functionality, it does not do so for as wide a target list as does the Australian Government's Prescription Shopping Program (PSP).

ACT Government response to the recommendations and key issues

The ACT Government supports Acting Chief Coroner Theakston's recommendations and notes that they will be addressed by work that is already underway.

The Government has already committed to adopting the national Real Time Prescription Monitoring (RTPM) system by June 2021.

The Government has also committed to commence monitoring of tramadol, diazepam and other Schedule 4 medicines with known harms due to abuse and misuse, by June 2021.

[1] *Coroners Act 1997* (ACT), s.52(4)

The ACT Health Directorate (ACTHD) will consult with stakeholders during 2020 on which medicines to monitor when national RTPM is implemented in the ACT.

Background

Medicines Scheduling

The Poisons Standard, as made under the *Therapeutic Goods Act 1989 (Cth)*[2], lists medicines in schedules according to their risk to public health. The ACT adopts the Poisons Standard under the *Medicines, Poisons and Therapeutic Goods Act 2008*[3] (MPTG Act). The MPTG Act establishes local controls on the sale, supply, administration, use and prescribing of scheduled medicines.

A description of the four medicines schedules is as follows.

Schedule 2	**Pharmacy only medicines** that may require advice from a pharmacist to be used safely and are only available from a pharmacy.
Schedule 3	**Pharmacist only medicines** that require advice from a pharmacist to be used safely and are available without a prescription.
Schedule 4	**Prescription only medicines** that are available from a pharmacy on prescription.
Schedule 8	**Controlled medicines** that have additional restrictions on their prescribing and supply to reduce abuse, misuse or dependence.

Controlled Medicines

Controlled medicines are those which are associated with an increased risk of abuse, misuse, dependency or diversion. Examples include morphine and oxycodone for the treatment of pain, methadone or buprenorphine for the treatment of drug-dependency, or amphetamines for the treatment of Attention Deficit Hyperactivity Disorder.

Under the MPTG Act, prescribers must apply to the Chief Health Officer (CHO) for approval to prescribe a controlled medicine for a patient in circumstances of chronic or continuing treatment or where the patient is drug dependent. Approval applications are processed by delegates of the CHO in the ACTHD.

[2] *Therapeutic Goods Act 1989 (Cth)*, s52D(2)(b); Poisons Standard 2019 (Cth). Federal Register of Legislation.
[3] *Medicines, Poisons and Therapeutic Goods Act 2008* (ACT), s.15.

Pharmacies are also required to report all supplies of controlled medicines made to patients to the Chief Health Officer, which are then recorded in DAPIS (discussed below).

Evidence of harm – misuse of prescription medicines

There is growing concern nationally over harms from the abuse and misuse of prescription (including controlled) medicines.

Over the past decade, drug-induced deaths were more likely due to prescription drugs than illicit drugs. The number of drug-induced deaths involving opioids more than trebled nationally over a ten-year period, as reported in 2019[4]. In 2016, nationally there were 663 drug-induced deaths where benzodiazepines were present, and 550 where 'other opioids' (scheduled analgesic medicines such as oxycodone, morphine and codeine) were present[5].

The ACT Government recognises that the growing harms call for a co-ordinated response and actions by the Australian Government, states and territories.

Monitored medicines database

The ACT Government has had a strong focus on prescription monitoring systems since 2014, when changes to the MPTG Act established the ACT's monitored medicines database - DAPIS.

DAPIS is an important public health and regulatory tool. It is used to collect and record information about controlled medicine approvals issued by the ACTHD and prescriptions dispensed in pharmacies. DAPIS analyses approvals and dispensing information to generate alerts, so the ACTHD can detect unauthorised supplies, excessive supplies and 'doctor shopping' events.

In March 2019, the DORA platform was launched by the ACT Government. It is a secure online real time prescription monitoring system that is an extension of DAPIS.

DORA was introduced to reduce the growing harms in the community associated with pharmaceutical abuse and misuse. It allows prescribers and pharmacists to access information about controlled medicines approved and dispensed for ACT patients, so they can better identify and manage patients who may be exhibiting signs of drug dependency or drug seeking behaviours, such as 'doctor shopping'. DORA is not intended to disadvantage

[4] Penington Institute. Australia's Annual Overdose Report 2019. Melbourne: Penington Institute, 2019.
[5] Australian Institute of Health and Welfare 2017. Non-medical use of pharmaceuticals: trends, harms and treatment, 2006-07 to 2015-16. Drug treatment series no.30. Cat. no. HSE 195. Canberra: AIHW.

patients where there is a legitimate clinical need for a medicine and where a prescriber is approved to prescribe it for a person.

DORA was launched partly in response to an ACT Coroner's recommendation in 2017 that the Government implement DAPIS and adopt the real time monitoring system known as DORA. The recommendation was made from the *Inquest into the Death of Paul Fennessy*, who died in 2010 after ingesting an unknown quantity of prescription and/or illicit drugs, which were partly obtained through doctor shopping activities.

Under the MPTG Act, 'monitored medicines' are defined to be all controlled medicines and any other medicine that the Minister for Health declares to be a monitored medicine. As of August 2020, no other medicines have been declared to be a monitored medicine.

Next steps: Adoption of National Real Time Prescription Monitoring (RTPM)

The ACT Government has committed $2.114 million over two years through the 2019-20 Budget to adopting the national RTPM system by June 2021.

Adoption of national RTPM is consistent with the Council of Australian Governments Health Council agreement in April 2018 to progress national RTPM.

States and territories are at different stages of introducing national RTPM. At the end of May 2020, Victoria, South Australia and Queensland had also given formal commitments to adopting national RTPM.

Discussion

Implementation of national real time prescription monitoring

In response to the Inquest into the death of Joanne Lea Lovelock, Acting Chief Coroner Theakston recommended that a national, real time prescription monitoring system be instituted with such system to include a proactive auditing and identification function to identify drug dependent persons.

National RTPM will benefit medicine monitoring by enabling health practitioners and regulators from across Australia to access a common prescription monitoring platform and facilitating data sharing between jurisdictions.

The ACT's national RTPM project includes replacement of DAPIS and DORA and adoption of national RTPM features. This will include a new health practitioner portal and improved alert functionality and user experience.

Proactive auditing and identification of drug dependent persons

The ACT Government supports the Acting Chief Coroner's recommendation that a national RTPM system should have a proactive auditing and identification function to identify drug dependent persons.

The current DORA system can highlight to health practitioners where a drug dependent patient is approved to receive Opioid Maintenance Treatment or is known to be exhibiting drug-seeking behaviour. Additional alert functionality will be achieved through the ACT's adoption of the national RTPM system. This will include clinician facing alerts that are integrated with medical and pharmacy practice systems and via a new health practitioner portal.

Expansion of the ACT's monitored medicines list

In the Inquest report, Acting Chief Coroner Theakston noted that, while the ACT DORA system does potentially include proactive auditing functionality, it does not do so for as wide a list of target medicines as the PSP.

States and territories are responsible for the regulation of scheduled medicines and each jurisdiction has discretion as to which medicines they will monitor.

On 11 February 2020, the Government tabled a response to Coronial recommendations from the Inquest into the death of Lauren Maree Johnstone. As part of the response, the Government committed to commence monitoring some Schedule 4 medicines when the national RTPM system is implemented.

The Government committed to begin monitoring tramadol and diazepam and will undertake consultation in 2020 to determine the range of other medicines to be monitored through national RTPM in the ACT.

Expanding the scope of monitored medicines may deliver public health benefits by providing health practitioners with more information to aid clinical decision-making.

Conclusion

The Government acknowledges the tragic death of Joanne Lea Lovelock in December 2015 and the effect that this loss has had on her family and friends.

The Government recognises the importance of the issues raised by Acting Chief Coroner Theakston in relation to the inquest reinforcing similar recommendations previously handed down.

The Government notes that the recommendations will be addressed by work that is being undertaken by the ACTHD. The adoption of national RTPM and a broader range of monitored medicines in the ACT will improve medicine monitoring and facilitate more informed prescribing and dispensing of medicines.