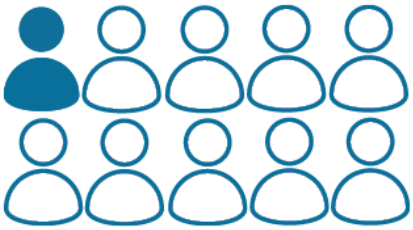
Understanding prescription access among a sample of people who inject illicit drugs after the introduction of the real time prescription monitoring system in Melbourne

Authors: Joanna Wilson[1], Paul Dietze[1,2], Bianca Whiteside[1], Jennifer McLachlan[1], Dylan Vella-Horne[1] and Peter Higgs[1]
[1]Burnet Institute
[2]National Drug Research Institute and enAble Institute

Key findings

Of IDRS participants in Melbourne:

Victoria IDRS



One in ten (11%) of participants reported that they had been refused a prescription for a medicine monitored on SafeScript by a doctor in the last six months.

Those currently in drug treatment were more likely to be refused a prescription.

Benzodiazepines were most commonly cited as the drug refused by the doctor, and 'risky combination' was the main reason for being refused a prescription (74% and 56%, respectively).

Introduction

The Real Time Prescription Monitoring (RTPM) system known as SafeScript was introduced in Victoria in 2019. It is a tool that provides prescribers and pharmacists access to a patient's prescription history for high-risk medicines to reduce the possibility of people being dispensed these medicines multiple times from multiple providers. In so doing, the aim of the system is to reduce the incidence of harm, such as fatal and non-fatal overdose, from the use of individual pharmaceuticals or combinations. SafeScript involves monitoring opioids, benzodiazepines, pharmaceutical stimulants, z-drugs (e.g., zopiclone), ketamine, and quetiapine. Pharmacists are alerted to patients with multiple provider episodes (4 or more prescribers in the last 90 days), high-risk drug combinations (e.g., opioids and benzodiazepines), and prescriptions over the opioid dose threshold.

Although intended to reduce harms associated with pharmaceutical drug use, unintended consequences have been associated with real time prescription monitoring systems. For example, studies in the US have shown increases in overdose mortality have been linked with restrictions to prescribed medications, thought to arise from the transition to non-prescribed and/or illicit drug use, although review of evidence of impacts of RTPM on mortality was considered largely insufficient to draw firm conclusions (1).

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Early analyses of SafeScript impacts indicate that a third of a group of people who inject drugs were refused a prescription they requested for anxiety, but the majority of this group reported moderate to severe anxiety or severe depression suggesting these medicines may have been inappropriately withheld (2). These unmet treatment needs in patients denied prescriptions suggest that careful implementation of RTPM is required, particularly for people who inject drugs with concurrent mental illnesses. In this bulletin, we examine prescription refusal in the 2021 Melbourne IDRS sample, examining the characteristics of those who were refused a prescription compared to those who were not.

Method

Data were drawn from a cross-sectional sentinel survey of people who inject illicit drugs conducted as part of the Illicit Drug Reporting System (IDRS) in 2021. Annually, approximately 150-180 people who report regularly injecting illicit drugs are recruited in Melbourne, through services such as needle and syringe programs as well as peer-referral. Structured questionnaires are administered to these participants in face-to-face and phone interviews due to the COVID-19 pandemic, covering a broad range of domains including socio-demographic characteristics, drug use patterns, drug markets and use of health and harm reduction services. Details on the overall methods of the IDRS can be found elsewhere (3).

For this Bulletin, we examined questions included in relation to prescription access in the past 6 months asked of Melbourne participants in 2021 (n=152). Descriptive statistics of socio-demographic and drug use characteristics are presented, comparing those who were refused a prescription for strong medicines (i.e., those monitored by SafeScript) against the rest of the sample, including those who reported not requesting a script from their doctor in the past 6 months. Significant differences in these factors according to whether people were refused a prescription compared to those who were not were examined using chi-square tests.

Results

Prescription refusal rates

One-quarter (24%, n=36) of the 2021 Melbourne IDRS sample reported requesting a prescription for medicines monitored by SafeScript from a doctor in the previous 6 months. Table 1 shows that slightly less than half (n=16, 44% of those who had requested, 11% of the total sample) had been refused a prescription.

Table 1 also shows the socio-demographic and drug use characteristics of those who were refused a prescription, compared to those who were not. There were few statistically significant variations in reported prescription refusal across the variables included in Table 1, reflecting relatively small numbers of participants being refused a prescription. Those who were refused a script were aged over 30, and the majority were in unstable accommodation, earning less than $1000 per fortnight and reporting heroin as their drug of choice, although these differences were not statistically significant. Those who reported being refused a script were significantly more likely to be in drug treatment than those who were not refused a script.

Table 1: Sociodemographic and drug use characteristics of participants who reported being refused a prescription by a doctor in the past 6 months, Melbourne, 2021

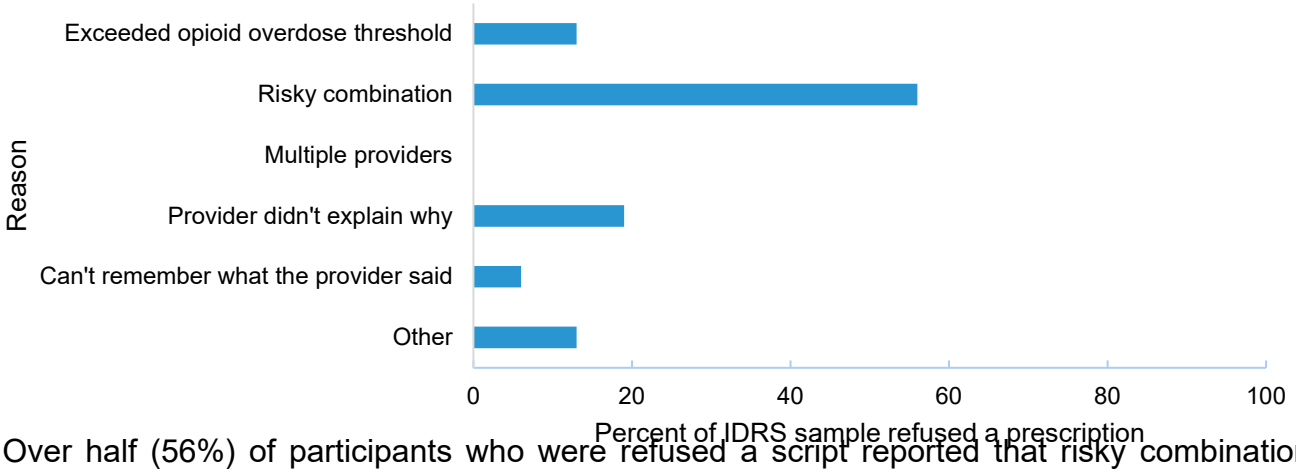
Characteristics	Refused a prescription	
	No, n= 132 (89%)	Yes, n= 16 (11%)
Male#	95 (72%)	12 (75%)
Age group		
18-30	9 (7%)	0
31+	123 (93%)	16 (100%)
Aboriginal and/or Torres Strait Islander	33 (25%)	6 (38%)
Completed any courses after school	52 (39%)	10 (63%)
Average fortnightly income in $AUD		
0-399	≤5	≤5
400-999	106 (80%)	13 (81%)
1000-1999	23 (17%)	≤5
2000+	≤5	0
Current unstable accommodation^	101 (77%)	14 (88%)
Main drug of choice		
Heroin	68 (52%)	12 (75%)
Other drug	64 (48%)	≤5
Current drug treatment~	49 (37%)	12 (75%)*
Heroin overdose in the last 12 months	23 (17%)	≤5

Note. # Sex assigned at birth, relative to female. ^ Unstable housing is defined as currently living in public housing, boarding house or hostel, shelter or refuge, couch surfing, or rough sleeping and squatting. ~ Current drug treatment includes opioid agonist treatment (e.g., methadone), detoxification, rehab, drug counselling, and self-help groups (e.g., Narcotics Anonymous). *$p<0.05$ for those refused a prescription compared against those who were not refused a prescription. ≤5 means that the value is suppressed due to small cell size (less than 5 but not equal to 0).

Reasons given for prescription refusal

Distributions of the reported reasons for being refused a prescription from a doctor are shown in Figure 1.

Figure 1: Distributions of the reasons for being refused a prescription requested from a doctor in the past six months, Melbourne, 2021 (n=16)



Over half (56%) of participants who were refused a script reported that risky combination was the main reason given for being refused. Small numbers reported being refused due to exceeding the opioid dose threshold or were not informed of the reason for the refusal. Other reasons for being refused included the doctor not prescribing the requested medication and refusing to prescribe a drug of dependence that was involved.

Drugs involved in prescription refusal

Benzodiazepines were most commonly cited as the drug refused by a prescriber, reported by approximately three-quarters (74%) of participants. This was followed by opioids (26%). No other drugs were reported.

Refused dispensing of a prescription from a pharmacist

Nineteen per cent (n=29) of participants reported trying to fill a prescription for medicines monitored by SafeScript in the last 6 months. Low numbers (≤5) reported being refused the dispensing of a prescription by a pharmacist, and so these numbers are suppressed.

Conclusions

Analyses show that 11% of the Melbourne IDRS sample of people who inject illicit drugs were refused a prescription that they had requested from their doctor in the past 6 months. Participants indicated that prescribers were refusing prescriptions most often due to citing issues with risky drug combinations, and benzodiazepines were the most commonly refused drug. Additionally, those currently on drug treatment were more likely to be refused a prescription compared to those who were not. As people on drug treatment were more likely to be refused a prescription, these individuals may turn to non-prescribed or illicit drug use, although this requires evaluating. It should be noted that these data are early findings based on self-report by the client only and from a small sample. Future research should be conducted on this topic, including investigating whether people being refused a prescription are turning to non-prescribed/illicit substances and the associated harms.

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Participating Researchers and Research Centres

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