Secretary
Department of Health & Human Services



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Cheryl Vella
Coroners Registrar
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Dear Ms Vella

**Investigation into the death of James S Dougan (Court ref: COR 2010 004459)**

I am writing in response to your letter of 29 July 2015 relating to Coroner John Olle's recommendations to the now Department of Health & Human Services in his finding into the death without inquest of Mr James Dougan.

I note that the finding was originally delivered on 18 February 2015 and was set aside in June 2015 to consider new facts and circumstances from the Royal Australian College of General Practitioners.

The department's response to the Coroner's updated recommendations follows:

**Recommendation 1:**

*In line with the recent recommendation published by State Coroner Ian Gray in Finding with Inquest into the death of Anne Brain (COR 2011 4797), I recommend that the Victorian Department of Health progress the implementation of a Victorian-based real-time prescription monitoring system as a matter of urgency to prevent ongoing harms and deaths associated with pharmaceutical drug misuse and inappropriate prescribing and dispensing of pharmaceutical drugs.*

**The department's response:**

The Victorian Government is committed to ensuring that all Victorians receive the best health care and treatment possible. This includes ensuring effective communication channels between health professionals.

Earlier this year, the Minister for Health signed a Deed Agreement with the Commonwealth to gain access to the Electronic Recording and Reporting of Controlled Drugs software. This software will contribute to a nationally consistent system that allows prescribers and pharmacists to have access in real-time to the patient's relevant medication history during a consultation.

In the May 2015 Budget, the Government committed $300,000 to evaluate and plan for the implementation of a real-time prescription monitoring system.

The department is currently commissioning consultancy work to plan for the IT requirements, workforce planning and development and other change management issues necessary for successful implementation of a real-time prescription monitoring system. The work will also include an evaluation of the Electronic Recording and Reporting of Controlled Drugs software to ensure its suitability to Victoria's requirements.

This implementation planning work will ensure that Victoria implements this important and potentially lifesaving system in the most effective way.

**Recommendation 2:**

*While the Victorian Department of Health continues with its efforts to implement a real-time prescription monitoring program for Schedule 8 drug dispensing, it also identifies the legislative and regulatory barriers that might prevent drugs listed in other schedules (particularly Schedule 4) from being monitored within the scope of the program. If any such barriers are identified, I recommend that the department considers what reforms are necessary so that in due course its real-time prescription monitoring program can be expanded beyond Schedule 8 drugs. This will enhance clinicians' ability to make appropriate clinical decisions about patients.*

**The department's response:**

The department has noted with concern the Coroners Prevention Unit data showing the number of deaths by overdose that have involved Schedule 8 and Schedule 4 medicines in combination. Given that these medicines used together can have a potentiating effect, the department agrees in principle that it may be useful to ensure that a real-time prescription monitoring system can also include a record of patients' usage of Schedule 4 medicines which may potentiate the effects of Schedule 8 medicines. This may assist prescribers to make better informed decisions on whether to prescribe a Schedule 8 medicine, additionally, in such circumstances. Accordingly, the department will explore how Schedule 4 medicines which may potentiate the effects of Schedule 8 medicines might be incorporated into a real-time prescription monitoring system, within the context of the implementation planning work.

It is important to note that it is generally considered standard, good medical practice, when prescribing Schedule 8 opioids, to take account of whether the patient is already consuming other sedating substances such as benzodiazepines or alcohol. Accordingly, if it is found not to be a viable option to expand a real-time system to include Schedule 4 medicines, it may still be possible to deal with the issue by emphasising it within the context of training and resources for prescribers, when developing the new real-time prescription monitoring system, and by updating relevant clinical guidelines.

In addition, if evidence emerges to suggest that any particular Schedule 4 medicine does pose a special level of risk in combination with Schedule 8 drugs, it is possible to initiate a process to have that medication re-scheduled. As a recent example, the benzodiazepine alprazolam was rescheduled from Schedule 4 to Schedule 8 when its risk profile developed to that which was clearly more appropriately regulated by the stricter controls placed on Schedule 8 medicines.

If you require further information, please contact Matthew McCrone, Director, Medicinal Cannabis & RTPM Project Taskforces on 9096 5066 or via email matthew.mccrone@dhhs.vic.gov.au.

Yours sincerely

**Kym Peake**
Acting Secretary
23/9/2015