



## Department of Health

Secretary

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Ms Emma Lindsey  
Coroners Registrar  
Coroners Court of Victoria  
Level 11 / 222 Exhibition Street  
MELBOURNE VIC 3000



Dear Ms Lindsey

**Court Reference: 2009/4088 Daniel Anderson**

I am writing in response to your letter dated 20 February 2014 in relation to Coroner Heather Spooner's recommendations directed to the Department of Health (the Department) in the finding into the death of Daniel Anderson. I received this letter on 25 February 2014.

While the finding makes reference to Schedule 8 permits issued to Mr Anderson's doctor, I would like to briefly provide some background on why the legislative provisions for permits are in place.

The purpose of the permit system is to co-ordinate the prescribing of Schedule 8 poisons to prevent a person from obtaining Schedule 8 poisons from multiple doctors (prescription shopping), and where a permit is issued, to limit the quantity or frequency of prescribing to minimise the risk of addiction to these substances. The permit system is not intended to monitor the appropriateness of particular drug treatments for particular conditions.

The Department's *Policy for issuing Schedule 8 permits* outlines the matters the Department considers when assessing permit applications. The policy advises doctors to take a universal precautions approach when considering an opioid, and to observe for signs of aberrant drug-related or drug-seeking behaviours. The policy describes specific circumstances where permit applications may be refused - for instance, where applications for injectable opioids are not supported by specialist opinion or where applications to treat drug-dependent persons with a Schedule 8 poison are not supported by specialist opinion.

As outlined in the finding into the death of Mr Anderson, the Department had refused a permit application from his treating doctor for pethidine injections, whereas subsequent applications for oxycodone were approved. This decision was consistent with guidelines from clinical references on chronic pain, which advise the risk of addiction from any injectable opioid is far greater than its therapeutic benefit. That is to say, permit applications for oxycodone were approved not solely because it was a drug other than pethidine, but also because it was an oral formulation.

It is important to note that before writing any prescription, doctors are required to take all reasonable steps to ensure that a therapeutic need exists for that medication. The issuing of a permit by the Department is not an endorsement of a doctor's treatment, but rather it allows ongoing prescribing to that patient by only that doctor and by no-one else.

The Department's responses to the Coroner's recommendations are as follows:

**Recommendation 1:**

*That the Victorian Department of Health consult with relevant peak medical bodies such as the Australian and New Zealand College of Anaesthetists' Faculty of Pain Medicine and the Royal Australasian College of Physicians' Australasian Chapter of Addiction Medicine to obtain expert advice on the clinical appropriateness of (1) short-term opioid prescribing to treat migraine, and (2) long-term (greater than eight weeks) continuous opioid prescribing to treat migraine.*

**Department response:**

As stated above, the Department's role is in co-ordinating the prescribing of Schedule 8 drugs. The Department does not have a role in making judgements about, or recommending the most appropriate clinical treatments. The appropriateness of oxycodone as a treatment for migraine is clearly a clinical matter. Accordingly, the Department will refer your recommendation to the relevant specialist colleges of medicine for consideration, in order to allow them to update their practice guidelines as appropriate. The Department will refer any future permit applications regarding oxycodone treatment for migraine to the appropriate specialist clinical guidelines.

**Recommendation 2:**

*That, having obtained expert advice on use of opioids to treat migraine, Drugs and Poisons Regulation review its procedures to ensure any application nominating migraine (intermittent as otherwise) as the clinical diagnosis for prescribing a Schedule 8 opioid, is evaluated consistently with the expert advice.*

**Department response:**

While this recommendation will be considered by the Department after expert advice has been obtained, I reiterate that the permit system is not intended to monitor the appropriateness of particular drug treatments for particular conditions.

**Recommendation 3:**

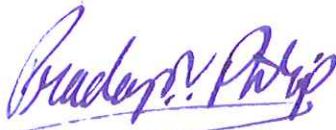
*That, having obtained expert advice on use of opioids to treat migraine, Drugs and Poisons Regulation review all current valid permits nominating migraine (intermittent as otherwise) as the clinic diagnosis for prescribing a Schedule 8 opioid, and assess whether each permit was issued consistently with the expert advice. Drugs and Poisons Regulation should take appropriate steps to notify prescribers and if necessary cancel permits that were not issued for appropriate clinical diagnoses.*

**Department response:**

While this recommendation will be considered by the Department after expert advice has been obtained, I reiterate that the permit system is not intended to monitor the appropriateness of particular drug treatments for particular conditions.

If you require further information, please contact Matthew McCrone, Chief Officer, Drugs and Poisons Regulation on 9096 5066 or email [matthew.mccrone@health.vic.gov.au](mailto:matthew.mccrone@health.vic.gov.au).

Yours sincerely



**Dr Pradeep Philip**  
Secretary