

## Pharmacist Prescribing

It's time for pharmacist prescribing. It needs to be implemented in a considered and structured way with a small pilot project in a well supported area. If the pilot is considered a success on review, a roll out of pharmacist prescribing should be considered. Opioid Replacement Therapy (ORT) is an ideal sector for this trial.

The criteria for pharmacist prescribing in this area are many and compelling. The first is the lack of general practitioners (GPs) willing to treat opioid dependent people. We also have an ageing workforce of prescribing GPs and they already have large caseloads. Often there is a lack of engagement with the GP, difficulty travelling to the limited number of surgeries and few clinics remaining that bulk bill.

There are a number of pharmacists who have wide experience in dealing with ORT patients and there are only two drugs available for ORT- methadone and buprenorphine. Pharmacists already make professional judgements about the appropriateness of dosing on any given day and also adjust doses within a range when indicated.

Turning Point Alcohol and Drug Centre have the contract to train GPs to prescribe ORT for opioid (heroin) dependent people. I am one of three pharmacists who have attended the workshop and completed the multi choice questionnaire that doctors are asked to complete. We were all successful in passing the questionnaire and have many years' experience dispensing methadone and buprenorphine to patients in community pharmacies.

On the date I attended the workshop, there were ten GPs present. One was already prescribing ORT and the others made it clear that they were there to earn Continuing Professional Development points and were not intending to treat opioid dependent patients. Three pharmacists now have a certificate of attendance, we have ticked all the boxes, but we are revving in neutral while clients are unable to access prescribers and become frustrated and go back to using heroin.

In some parts of regional Victoria the problem is worse. A ripple can cause a tidal wave when absolute prescribing numbers are very small. The director of Western Regional Alcohol and Drug Centre in Warrnambool has decided for economic reasons that the doctors who work there are no longer to prescribe ORT. As a consequence the two trained doctors can no longer service the 58 clients they were seeing out of some 100 in the whole Warrnambool area. In Colac the refusal of one prescriber to see 18 clients in the area has led to the necessity for DHS to pay a doctor from Geelong to attend there once a month.

If the small number of practitioners is not going to be replenished even with the huge input from DHS encouraging participation then we have to look elsewhere. Doctors should not be negative or protective of prescribing rights if they continue to marginalise this group and refuse to work with ORT patients. It has become a human rights issue.

In Victoria 1 in 3 pharmacies participate in ORT and this is not enough. However there are about 280 doctors actively prescribing from a pool of about 5000. In other states the numbers are even more disturbing. In Britain, the shortage of ORT prescribers has been tackled by the training of pharmacist and nurse prescribers. Any pharmacist who dispenses ORT is aware of the risks of overdose and withdrawal and it would be feasible to further train them to prescribe rather than only dispense methadone and buprenorphine.

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