COLLABORATIVE PRESCRIBING WITHIN THE OPIOID SUBSTITUTION TREATMENT PROGRAM IN SOUTH AUSTRALIA

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I dedicate this thesis to my Father

Ly Luan Le

You dedicated your life to your family and community

You succeeded despite hardship and taught me to succeed despite hardship

You had the potential and the dream to pursue your PhD,

but never the opportunity

I share your love of knowledge and have fulfilled your dream now.

Statement

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Glossary

Term	Definition
Community pharmacy	A community pharmacy deals directly with consumers in their local area. It has responsibilities including the checking, dispensing and supply of medicines in accordance with the prescription or, when legally permitted, the sale of medicines without a prescription. Other professional activities include patient counselling and compounding of medications. There is a legal requirement for a registered pharmacist to be on site.
Consumer	Any member of the public who uses, has used or is a potential user of a health service.
Dependent prescriber	Dependent prescribers do not establish the patient's diagnosis, but they carry out ongoing patient care roles. Under this arrangement, the doctor (independent prescriber) diagnoses; then the dependent prescriber monitors and continues the patient's treatment.
Detoxification/ withdrawal program	A process which involves the transfer of patients from an opioid to a drug-free state through the provision of reduced doses of buprenorphine/naloxone over a period of days.
Drug and Alcohol Services South Australia (DASSA)	Drug and Alcohol Services South Australia (DASSA) is a statewide health service and is responsible to the Minister for Mental Health and Substance Abuse. It is governed by the South Australian Department for Health and Ageing and addresses alcohol, tobacco, and pharmaceutical and illicit drug issues across the state. The DASSA pharmacy is a specialist clinic pharmacy and is not defined as either a community or hospital pharmacy.
Drugs of Dependence Unit (DDU)	The Drugs of Dependence Unit (DDU) is a regulatory body responsible for administering those parts of the *Controlled Substances Act 1984* relating to drugs of dependence.
Independent prescriber	Independent prescribers have sole responsibility for the patient's assessment, diagnosis and clinical management.
Medicare	Medicare is Australia's universal public health system. Australian citizens and permanent residents have access to free treatment in public hospitals. They can also receive subsidised treatment from medical practitioners, eligible midwives, nurse practitioners and allied health professionals who have an allocated Medicare provider number.

Non-medical practitioner/prescriber	Prescribing of medication by specially trained health professionals, other than doctors and dentists, working within their clinical competence as either independent and/or dependent prescribers.
OST	Opioid substitution treatment. Refers to methadone, buprenorphine or buprenorphine/naloxone treatment for opioid-dependent patients
Patient	Registered user of the health care service provider.
Pharmaceutical Benefits Scheme (PBS)	The Pharmaceutical Benefits Scheme (PBS) provides Australian citizens and permanent residents with access to affordable and timely prescription medications. The PBS subsidises the cost of listed prescription medicines, making access to medications more affordable for all Australians.
Scope of practice	The area and extent of practice for a health professional with consideration of their education, experience, expertise and demonstrated competency.
Take-away dose	A dose that is consumed by an opioid substitution treatment (OST) patient without supervision by a health professional. Take-away doses require specific preparation to ensure that the dose is administered correctly and safely without supervision.

Abstract

In Australia, the demand for prescribers to service opioid substitution treatment (OST) patients exceeds the interest of general practitioners in fulfilling this prescribing role. One response to meet unmet prescribing demands which has been introduced internationally is the use of pharmacist prescribing for a range of chronic medical conditions, including for OST.

In this thesis, I explore a policy proposal for pharmacists to prescribe OST collaboratively (co-prescribing) with doctors. To examine this policy and its implications, I collected data from three sources: face-to-face interviews with 14 OST patients, three focus group interviews with 18 South Australian pharmacists and a study tour of pharmacist prescribing in Alberta, Canada and California, USA. A total of 28 key informants were met with during the study tour. This included people based in a range of research/academic units (5), policy/governance bodies (3), clinical sites where pharmacist prescribing was practised (12) and sites which provided an understanding of the health care system (8).

My key findings are as follows.

First, OST patients had varied experiences with the existing model of care. They reported varying levels of treatment access, varied degrees of pharmacist supervision and a lack of continuity of care from clinic doctors. They also displayed a range of attitudes toward the need for privacy. Although most patients valued privacy to some degree, not all did: indeed, the same layout was experienced and perceived differently by different patients.

Second, the current model of OST care draws on a prescription approach to pharmacy practice, whereas co-prescribing is more aligned with patient-centred care. Under the current model of care, pharmacists are limited in their ability to actively respond to OST patient needs because their activities are primarily focused on the prescription directions. In contrast, pharmacist co-prescribing can deliver aspects of patient-centred care that cannot be provided as effectively through conventional care. It offers flexibility for the pharmacist to respond to the patient's needs. This includes enhanced patient participation in treatment decisions, access to treatment and respect/privacy. Co-prescribing also offers

continuity of treatment care due to the therapeutic relationship which already exists between a pharmacist and a patient from supervised dosing.

Third, the experience of Albertan and Californian pharmacist prescribers suggests that it should be possible for Australian pharmacists to pursue similar responsibilities. These roles are possible in both hospital and community pharmacy settings, provided key facilitators are addressed.

My research acknowledges that there are various challenges for pharmacist prescribing. However, the perspectives of the patients and pharmacists in my study, in conjunction with insights from Alberta and California, can be used to formulate a strategy for collaborative prescribing for OST patients in South Australia.

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