THE JOINT STANDING COMMITTEE ON SUBORDINATE LEGISLATION MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON FRIDAY 5 JUNE 2020.

INQUIRY INTO NOTICE UNDER SECTION 16 OF THE COVID-19 DISEASE EMERGENCY (MISCELLANEOUS PROVISIONS) ACT 2020 (POISONS ACT 1971)

Ms KATHRINE MORGAN-WICKS, SECRETARY, DEPARTMENT OF HEALTH, **Mr SAM HALLIDAY,** CHIEF PHARMACIST, DEPARTMENT OF HEALTH AND **Ms MEGAN SPERRING,** GENERAL MANAGER, LEGAL SERVICES, DEPARTMENT OF HEALTH WERE CALLED VIA WEBEX, MADE THE STATUTORY DECLARATION AND WERE EXAMINED. **THE HON. SARAH COURTNEY, MP**, MINISTER FOR HEALTH, WAS CALLED VIA WEBEX AND EXAMINED

CHAIR (Ms Rattray) - Thank you. Welcome to the hearing. All evidence at these hearings is protected by parliamentary privilege. I remind you that any comments you make outside the hearing may not be afforded such privilege. As soon as the evidence that is being recorded is available, the *Hansard* version will be published on the committee website and become available. Always the offer is if there is anything that you would like to share with the committee but you feel it needs to be taken in camera, then please make that request and the committee will consider that. Thank you very much.

Minister, we invite you to make an opening statement in regard to this particular notice under the COVID-19 Disease Emergency. Thank you.

Ms COURTNEY - Thank you, I appreciate that. Through my opening statement I touch on some of the areas that I know are of particular interest to the committee. Thank you for inviting us along today to this hearing. I appreciate the opportunity to address the committee on the Government's efforts to support the continuity of primary care and government services in the face of COVID-19.

As members of the committee will be aware, coronavirus was declared a notifiable disease three months ago. The Government's focus since then has been to ensure the health and wellbeing of Tasmanians, while continuing -

CHAIR - One moment, minister, we are having slight trouble hearing you. Do you have some more volume?

Ms STANDEN - Sorry, Chair, I think it is ours.

CHAIR - We apologise, it may well have been at our end, minister.

Ms COURTNEY - Is that better?

CHAIR - No, we have ours at maximum. Do you have any volume that you can increase at your end?

Ms COURTNEY - No, the only thing I can do is try to speak -

Ms FORREST - Do you have a headset?

Ms COURTNEY - I will go and grab one, I will not be a moment.

Committee suspended at 11.05 a.m.
Committee resumed at 11.07 a.m.

CHAIR - We will invite the Secretary of the Department of Health, Kathrine Morgan-Wicks, to read the statement on behalf of the minister. Thank you.

Ms MORGAN-WICKS - Thank you, Chair, thank you, minister, and thank you for the invitation to attend today's hearing. I appreciate the opportunity to address the committee on behalf of the minister, on the Government's efforts to support continuity of primary care and government services in the face of COVID-19.

As members of the committee will be aware, coronavirus was declared to be a notifiable disease three months ago. The Government's focus since then has been to ensure the health and wellbeing of Tasmanians, while continuing to support business, jobs, families and the community through a period of significant social and economic upheaval.

The COVID act was introduced to facilitate a range of measures to reduce the risk to the state and to the community as a result of the spread of coronavirus in our state. The ability for the Premier to make declarations by public notice to adjust the operation of statutory requirements in legislation, is one of these measures. The notice that we are talking about today, is consistent with the COVID act. It was issued by the Premier with approval of the emergency manager, and following an assessment by the Premier that it was necessary or desirable to issue the notice because of a reduction in the number of persons available to carry out particular activities because of the risk of the spread of COVID-19 amongst people in Tasmania.

The Premier's notice that we are here to discuss today, is an example of action taken by the Government to support the continuity of primary care and government services, and to reduce hardships to the community resulting from COVID-19.

Section 59E of the Poisons Act regulates the circumstances in which a prescriber may make a narcotic substance, or specified substance, available to a person. The process set out in section 59E of the Poisons Act anticipates the secretary issuing an authority on receipt of a written application to do so. Almost all applications are made by medical practitioners and relate to narcotic substances. As committee members may know, a narcotic substance is a substance that is specified in Schedule 8 of the poisons list. This includes strong opioid pain medication and psychostimulants. The section 59E process imposes a considerable workload burden on applicants, predominantly general practitioners, and on pharmacists working in the state's Pharmaceutical Services Branch, who act as delegates of the secretary when considering applications, issuing, advising and monitoring supplies and risks in relation to those substances.

To be considered, applications need to confirm whether the person for whom the authority is sought is drug dependent, or is exhibiting drug-seeking behaviour. Applications also need to say whether the person has a history of obtaining a notifiable restricted substance, a narcotic substance or a prohibited substance for a non-medical purpose, or of unlawful possession or unlawful supply of a notifiable restricted substance, narcotic substance or prohibited substance.

This is important because of the nature of the drugs for which authorities are usually issued. Applications are carefully assessed by experienced pharmacists within the pharmaceutical services

branch and consideration is given to the risks and benefits of authorising a doctor to prescribe the relevant substance for the specific patient. In complex cases, the advice of relevant specialist medical practitioners, including pain medicine specialists, addiction medicine specialists and psychiatrists, is also sought.

For patients at high risk of harm based on objective documented evidence, authorities are generally issued for six months or less. Authorities of six months duration or more are generally only issued when the risk of harm to the patient from the proposed regimen is lower. The notice relates to this group of authorities. We know that as the dose of opioids increases, so does the risk of harm. Tasmania's clinical regulatory approach to the regulation of high-risk medicines has contributed to a demonstrable reduction in the average daily dose of opioids per patient prescribed for persistent pain in Tasmania.

This has been achieved through a multi-disciplinary collaboration between our addiction medicine doctors, our pain medicine doctors, GPs and regulatory pharmacists. The Penington Institute's annual overdose report 2019 for Australia showed that unintentional drug overdose deaths significantly increased across Australia between 2001 and 2017. Tasmania, however, experienced a much lower percentage increase in unintentional drug-induced deaths compared with the rest of Australia between 2001 and 2017.

Approximately 13 500 authorities were issued under section 59E of the Poisons Act during 2019. Around 9000 of these relate to lower risk authorities with around half of these due to expire in the period May to October 2020. This equates to potentially more than 4000 authorities that would otherwise need to be applied for and issued in a six-month period. The notice itself was progressed for two main reasons. The first reason was to enable resources that would otherwise be focused on renewing these lower-risk authorities to instead focus on responding to COVID-19. The second reason was to mitigate the risk of reduced general practitioner and/or departmental availability due to widespread COVID-19 transmission.

A very similar approach has been taken in Victoria, which is the only other jurisdiction to require the use of a real-time prescription monitoring system. The situation as it relates to COVID-19 in Tasmania has changed significantly since mid-April 2020 when the notice was first initiated. Fortunately, the number of people testing positive in Tasmania to COVID-19 has decreased and the need for pharmacists acting as delegates for the secretary to divert from their usual roles to assist with the Government's response to COVID-19 has not been as significant as initially anticipated.

Authorities may be varied or revoked by delegates under section 59E of the Poisons Act at any time without an application, regardless of whether an application has been received. While the notice enables authorities to be extended beyond their expiry automatically, the practice of the Pharmaceutical Services Branch since the notice took effect has to be vary authorisations to extend the period during which they are to remain in force without the requirement for application, taking into account the risk of harm to the particular patient.

While this approach does require input from Pharmaceutical Services Branch, it has removed a burden on GPs who are no longer required to complete an application during the period of notice. This has only been possible because of the Tasmanian Government's successful approach to flattening the curve with respect to COVID-19 infection. The situation as it relates to COVID-19 in Tasmania may change rapidly at any time. Should this occur, the ability to rely on the notice as a means of enabling ongoing authority for medical practitioners and others to make a narcotic

substance or specified substance available automatically in relevant circumstances, will be invaluable.

Thank you for the opportunity to provide this statement on behalf of the minister.

CHAIR - Thank you very much for the very detailed explanatory statement, and very much appreciated. I will open it up to questions.

Ms FORREST - Minister, if you want the secretary to answer, I will leave that to you, of course. One of the reasons we needed a little bit more detail around this has been that a lot of it has been answering that statement that has been provided. I had some concerns about if there was almost like a blanket extension for, what I understand to be, up to 9000 lower risk applications here. The people who those authorisations were subject to, may just then not necessarily be followed up and checked. The positive action that Tasmania has seen in a reduction of accidental overdose is significant and to be commended.

I want some clarity around, I guess, that they are still being followed up. I note the comment you made that authorisations can be revoked at any time by the secretary, I believe it is, under the act. If you could just talk about the ongoing management of these people who are requiring opioids and other restricted substances to manage their medical conditions.

CHAIR - Minister, if you want to delegate that question, that would be fine.

Ms COURTNEY - I am very happy for Sam Halliday to talk about the background in terms of the decision-making around the provision, just making sure that we stay within the boundaries. That is something I am conscious of as well. I am more than happy, through the secretary, to see if there are further comments Sam might like to make on that.

Mr HALLIDAY - Irrespective of section 59E, the nature of narcotic substances and the requirements around prescriptions, particularly pertaining to federal funding requirements, is that patients need to be reviewed by the medical practitioner or prescriber, at a frequency that is greater than six months. Patients in this cohort will still be reviewed by their medical practitioner at a higher frequency than these lower risk authorities anyway.

Ms FORREST - The notice doesn't override any of those changes, any of those requirements - is what I believe you are saying? Is that correct?

Mr HALLIDAY - Yes, correct. The onus is still very heavily on the prescriber to build their clinical due diligence when managing these patients as well.

Ms WEBB - That picked up on the direction I was going to take with my question also. So, I am not sure that I have a further question to that at this time. I also appreciate the comprehensive opening statement that was made based on the indicated areas we sent through that we were interested in. It covered a lot of good information that we were seeking as extra detail, so thank you for that, minister.

Has there been input then from GPs around this, or did the initial proposal to make this notice include a request from GPs?

Mr HALLIDAY - Primarily consultation occurred with members of the RACGP and Australian Medical Association (Tasmania) branch, particularly our clinical advisers, internal and external to the department. They indicated that this was an extremely proactive move in lower risk scenarios to enable continuity of care.

Ms FORREST - I know, obviously, a little bit about this area. I was unaware of the level of consultation that goes on behind the scenes. It was interesting and informative to hear, minister, about the consultation with pain specialists and psychiatrists and other specialists in making these authorities. During this period, if the GPs are still to meet their obligations to the patient, as the chief pharmacist mentioned, does this then mean that they still may need to speak to these other specialists in meeting that obligation? The load on these other specialists would not completely disappear in this period.

Ms COURTNEY - That is my understanding. I am happy for Sam to elaborate further.

Mr HALLIDAY - Correct. The notice does not apply to higher risk or more complex clinical scenarios. Where applications are received, or patients are receiving treatment with narcotic substances and there is complexity or documented risk around that patient's care, they are still being actively assessed by the department.

Ms FORREST - Who assesses that level of risk? Is it the GP, or is there another assessment process around that?

Mr HALLIDAY - Our pharmacists are at the first level of assessment. Their triage, in some ways, was mentioned through the opening statement. Where complexity exists outside of a regulatory pharmacist's scope of practice, where they get an application and see that it may be a bit beyond their level of expertise, we refer it to a consultant medical officer. They will come in at a frequency often of weekly, sometimes a little bit more frequent, to review those triaged cases. That consultant medical officer may be an addiction medicine specialist or a general practitioner. Where they see there is complexity or require further input, there is an expert advisory panel, which consists of an addiction medicine specialist, a general practitioner and a pain medicine specialist. They provide advice to the delegate in higher risk scenarios about what would be good treatment recommendations for the general practitioner or caring practitioner to follow.

Ms FORREST - Through you, Chair, the risk is assessed when the first authorisation is sought, if I am correct. Once a patient is considered to be in the low-risk category, less complicated - I think most patients are a little bit complicated - it is up to the GP then to assess any emerging aspects of risk, if they start displaying drug-seeking behaviour, for example, or something like that? Is that how it works? During this period of the notice, I mean.

Ms MORGAN-WICKS - You are referring to a scan and your answer in relation to this notice and the types, it is applying notifications that are already in existence in terms of the extension. Sam, perhaps if you could touch on the process.

Mr HALLIDAY - Unfortunately the nature of treatment with these drugs is that people are often suffering from persistent pain and opioids may be an effective component of a multi-disciplinary pain management approach. For patients who are initiated on treatment, that assessment would form an initial or a new assessment once the authority application is received. In ongoing authorisation, as this notice applies to in the lower risk and longer term authorities, there is still active assessment occurring via pharmaceutical services branch regarding dispensing events.

We are very fortunate in that we have had a real-time prescription monitoring system for the last 10 years, and we have pharmacists monitoring dispensing events. Based on internal business rules, if you like, around the authority parameters, they trigger alerts. Where a patient, for example, might visit two or three doctors, then visit different pharmacies, there is an inbuilt alert within our system that tells the pharmacist that it is happening.

Ms FORREST - I am aware of that. Regardless of whether a new authorisation or one that was required to be extended or reassessed and is now being extended under this period, that process does not change.

Mr HALLIDAY - Our process does not, no. Our surveillance, if you like, does not either.

CHAIR - I have just gone around the room and there are no further questions. I think that that is probably reflected by the questions that have been asked, but certainly the detailed explanatory statement that was made at the beginning. It is very helpful information. It is useful to have it on the public record in relation to this. We thank you very much for your time this morning.

We remind those who took the statutory declaration that privilege is not afforded outside this committee hearing. We very much thank you, minister, and your team for your time this morning.

Ms COURTNEY - Thank you, Chair. Although you might not be able to hear me very well, I was happy to put on the record my thanks to the team. Obviously Kathrine Morgan-Wicks has worked incredibly hard over the last few months with regards to COVID-19. Sam and Megan have put in extraordinary strong efforts in making sure that we were as prepared as possible. Megan has been very busy working on many of the directions. I put on the record my thanks to them.

CHAIR - Thank you very much. We will make sure that that is reflected in the *Hansard* when it comes through for the draft. Thank you very much. If you can get to the shack, or get to your garden, or look at those weeds or whatever, please do so.

THE WITNESSES WITHDREW