



ScriptCheckWA

Purpose

The introduction of ScriptCheckWA by the State Government is intended to help reduce the incidence of overdose in the Community. To achieve this, ScriptCheckWA is operating a real-time database for doctors, pharmacists and others who can prescribe monitored medicines, that lists a consumers prescriptions that are issued and dispensed and can raise alerts about 'high-risk' criteria.

The Issue

While WA has long had monitoring systems for some prescribed medicines, the development of ScriptCheckWA raises serious digital privacy concerns for mental health consumers whose medication will soon be included in the list of monitored medicines. ScriptCheckWA will soon be expanded to include 'Section 4 (restricted)' medicines, which include a variety of prescription medicines used by mental health consumers in WA. Although it is important to acknowledge that non-intentional deaths from this Section 4 (restricted) medicines have risen, they still represent a comparatively small percentage of the overall overdose statistics.¹ The key issue is whether the adoption of this real time monitoring of section 4 medicine by doctors and pharmacists may lead to unintended consequences, specifically by creating a surveillance around treatment adherence that might dissuade some consumers with negative lived experiences of medical effects from seeking help.

Background

Prior to the introduction of ScriptCheckWA on the 28th of March 2023, WA used the 'Prescription Monitoring Program' (PMP) to collect information on the use of Schedule 8 medicines. These medicines included opioids, benzodiazepine, stimulants and cannabis medicines.² The PMP collected data from pharmacists to monitor the amount of these medicines that consumers were receiving, with the intention of preventing the possible harm stemming from overuse, as well as preventing the misuse or potential selling of this kind of medicine.

ScriptCheckWA is part of a growing trend in Australia towards real time prescription monitoring that began over a decade ago. In 2009, Tasmania introduced a system to track the prescription and dispensing of monitored medicines in real time, the 'Drugs and Poisons Information System Online Remote Access' (DORA). Victoria established its own real time monitoring system in 2018 called SafeScript, which also facilitated the monitoring of some

¹ Penington Institute. 2022. *Australia's Annual Overdose Report 2022*. Melbourne: Penington Institute

² Government of Western Australia Department of Health. 'Opioids, benzodiazepines and other Schedule 8 medicines' https://www.health.wa.gov.au/Articles/N_R/Opioids-benzodiazepines-and-other-S8-medicines

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class 4 prescription medications. In 2019, the ACT also started to make DORA available to pharmacists and doctors.³

In 2022, the Medicine and Poison regulation Branch of the WA Department of Health proposed amendments to the Medicines and Poisons Regulations 2016 and Schedule 8 Medicines Prescribing Code. These changes included the first steps towards monitoring class 4 (restricted) medication and were designed to facilitate the introduction of ScriptCheckWa in March 2023.

Response to date

Some severe problems involved in the introduction of real time prescription monitoring have emerged in research conducted in 2020 by the Burnet Institute. This research discovered that, in the context of Victoria's SafeScript system, twenty percent of the participants of their study had been refused prescription or dispensing of a restricted medicine. Of those participants who were refused, 80% or more suffered from anxiety or depression, and a third of those refused monitored medicines indicated they would no longer seek out treatment.⁴ Real time monitoring accordingly led to consumers suffering from mental health concerns turning away from important treatment after being denied medication. Furthermore, the potential exists for those people denied medication to self-medicate out of desperation through more dangerous substances.

A specific cause for concern emerges in relation to the possibility for real time medication monitoring to be used by doctors to track consumer adherence. Though the description of ScriptCheckWA makes no mention of use for doctors to monitor consumer adherence to medicines, this is a clear possibility: Victoria's SafeScript program, for example, was developed by Fred IT Group, the owner of the ePrescription service 'eRx Script Exchange'. On the 'real time prescription monitoring' section of eRx's website, a testimonial from a pharmacist notes that 'Doctors can trace adherence too!'⁵ If consumers know that treatment will be surveilled digitally, this may pose an obstacle to convincing the most distressed and vulnerable from pursuing treatment.

CoMHWA's Position

- CoMHWA supports the WA Government in their goal of reducing overdose deaths in Western Australia, but advocates for the careful management of privacy to protect and reassure consumers that ScriptCheckWA will not put their personal information at risk.
- CoMHWA believes measures should be immediately developed to prevent consumers suffering from complex mental health issues from disengaging with sanctioned treatment in the event of denied prescriptions or dispensing of monitored medicines.
- CoMHWA is concerned that the adoption of ScriptCheckWA, particularly in relation to Class 4 (restricted) medicines, may produce unexpected consequences for the treatment of mental health consumers. The actual and perceived potential for ScriptCheckWA to surveil medication adherence may

³ Barbeler, David. 2018. 'Keeping watch: models of prescription monitoring' <https://www.australianpharmacist.com.au/keeping-watch-australian-prescription-monitoring-approaches/>

⁴ Woodley, Matt. 2020. 'SafeScript reduces some harms, but exacerbates others: Researchers' <https://www1.racgp.org.au/newsgp/clinical/safescript-reduces-some-harms-but-exacerbates-oth>

⁵ eRx Script Exchange. 2022. 'David Hawoth testimonial' under *Real time prescription monitoring*. <https://www.erx.com.au/practitioners/real-time-prescription-monitoring/>

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lead to consumers disengaging with treatment, especially if there is a lack of trust between consumers and their doctors or when medication has strong side effects. Consumers may experience a diminishment of their autonomy if their adherence to medication is monitored in this way.

Have your say:

CoMHWA is dedicated to representing your views on this issue. To have your say, please get in touch with our Systemic Advocacy Team at sysadvocacy@comhwa.org.au.

