



Australasian College for Emergency Medicine

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Submission to the Controlled Substances (Poisons) Regulations 2011 Consultation – October 2021

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide this submission to the ScriptCheckSA Project Team on the proposed changes to the Controlled Substances (Poisons) Regulations 2011.

ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring that the highest standards of medical care are provided for all patients presenting to an emergency department (ED).

ACEM recognises that EDs play a critical role in both prescribing controlled substances appropriately for acute pain as well as stemming their supply and overprescribing, given that they are often prescribed on discharge from the ED. Of particular concern is the role that controlled substances, particularly opioids, play in the management of pain and the associated risks with their use.

Regulatory changes were implemented by the Therapeutic Goods Administration (TGA) in 2020 to prompt prescribers to reflect on their opioid prescribing practice and ensure that prior to initiating or continuing to prescribe an opioid, they consider whether patients will benefit from opioid treatment and how to manage risks and harms.¹ Specific to the ED context, ACEM recommends that timely and accessible referral pathways to chronic pain services should also be available to refer patients for comprehensive pain management in patients with ongoing complex pain management issues.²

ACEM is supportive of proposals that put the health and wellbeing of the Australian population first, so is supportive of the proposed legislative changes. More effective monitoring of controlled substances will enable prescribers and dispensers to undertake higher quality risk assessments, which in turn will reduce the risk of harm to and substance abuse by the population. Mandating the use of ScriptCheckSA in South Australia is an effective way to achieve to this.

While the proposed legislative changes put patients first, the College recognises that there are a number of barriers and challenges that currently exist in EDs that may prevent the ambitions of the changes to be achieved in full. Predominantly these can be summed up as the under-resourcing of EDs, both in terms of staffing and functionality.

The College does not seek to derail or detract from the work of the Project Team by highlighting where barriers and challenges to the successful implementation of the proposed legislative changes exist, but instead to engage and collaborate with all relevant stakeholders to provide better and safer care nationwide.

As identified on the consultation webpage, prescribers may not have the ability to use ScriptCheckSA. ACEM is supportive of the language used, which states that prescribers and dispensers will only be mandated to use ScriptCheckSA where they have the capability to connect to a Prescription Exchange Service. Currently, neither Sunrise nor iPharmacy are connected which will severely limit the applicability of the new regulation.

Currently many EDs, particularly in rural and remote areas, do not have the functionality or resources to document electronically the duration of therapy and the review and referral plan when a patient is prescribed a controlled substance. While many EDs want to be able to prescribe electronically, prescriptions are still written by hand. Documenting treatment in this way in the ED would require a fundamental change in the way in which prescriptions are issued.

In order to continue to ensure these requirements are adhered to, system improvements such as a pop up alert in electronic prescribing systems when one of the included medicines is prescribed are also required.

This may require additional staff employed in the ED specifically to document prescriptions, or it may be a task that ED-based pharmacists could assist with, rather than the responsibility lying solely with clinicians. Greater numbers of pharmacists based in EDs will enable better shared decision-making across a range of medication-related issues and free up time for ED clinicians.

ACEM agrees that the prescription of Schedule 8 drugs should be monitored electronically. This is the appropriate level for determining prescribing Schedule 8 drugs, which carry a significant amount of risk, as opposed to lower-scheduled drugs, which are far less risky to prescribe. In many situations, these may be prescribed by letter or oral instruction. Introducing a requirement to electronically document these types of lower risk prescriptions would be an unnecessary and overly cumbersome means of tackling the problem of opioid abuse.

Thank you again for the opportunity to provide feedback to this consultation. If you require any further information about any of the above issues or if you have any questions about ACEM or our work, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement (jesse.dean@acem.org.au; +61 3 9320 0444).

Yours sincerely,



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¹ Therapeutic Goods Association (TGA). Prescription opioids: information for health professionals. Department of Health; 2020. Available from: <https://www.tga.gov.au/prescription-opioids-information-health-professionals>

² Australasian College for Emergency Medicine (ACEM). Position Statement: Harm Minimisation Related to Drug Use [online]. ACEM, Melbourne: 2020 [accessed 8 September 2021]. Available from: https://acem.org.au/getmedia/b59faddc-5185-465d-b598-b3a6ea3bc7c9/S769_Statement_HarmMinimisation