

# Reducing opioid-related harm: A hospital pharmacy landscape paper

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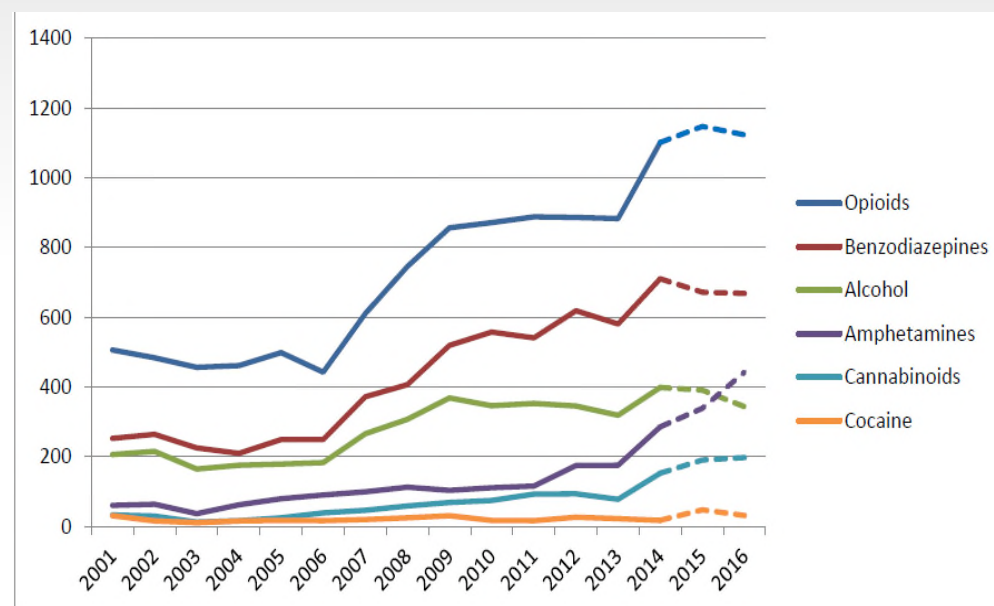
# Introducing SHPA

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional membership organisation for more than 5000 pharmacists, technicians and pharmacy assistants working across Australia's health system.

Established in 1941, SHPA provides a range of education, advocacy and policy services including a structured two-year residency program for post internship pharmacists and 26 specialty practice streams for members.

# Opioid use in Australia

- In 2016–17, 15.4 million opioid prescriptions were dispensed under the PBS
- Oxycodone was the most commonly dispensed prescription opioid in 2016–17, with 5.7 million prescriptions dispensed to 1.3 million people
- From 2007–08 to 2016–17, the rate of hospitalisations per 100,000 population with a principal diagnosis of opioid poisoning increased by 25%
- Misuse of opioids is now the greatest cause of drug-related death in Australia



*Accidental drug-related death by drug class 2001-2016, number of deaths*

# Opioid use in Victoria

- Between 2006 - 2013, the annual number of PBS prescription opioids dispensed in Victoria more than doubled, from 1.64 million to 3.32 million.
- During this period, prescription opioid-related hospital admissions in Victoria increased by 6.8% per year
- Drug-related deaths due to pharmaceutical opioids have increased from 41 in 2001 to 203 in 2016 in Victoria annually

# Role of hospital initiation in driving opioid misuse

- International evidence indicates that 70% of opioid prescribing is initiated in the hospital setting
- Opioid misuse after surgery is not significantly different between minor and major surgical procedures but rather associated with patient-level risk factors
- Supply of opioids at discharge has been identified as a risk factor for long-term use with each refill or additional week of opioid use being associated with an increase in the rate of misuse of 44.0% and 19.9% respectively
- 10.5% of opioid-naive patients use opioid analgesics longer than 90 days after surgery
- 2.3 million people undergo elective surgery in Australia annually

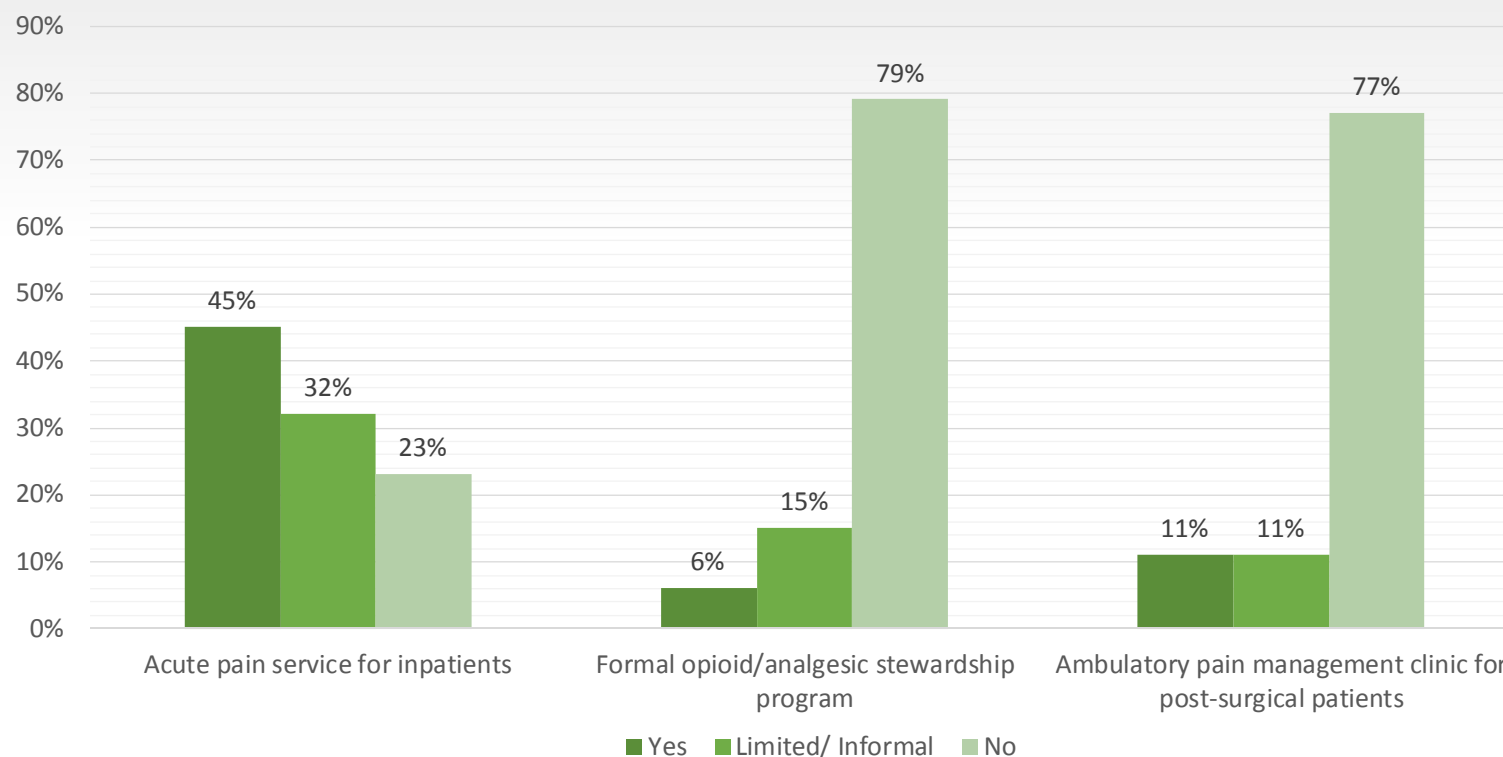
# Aim of study

- Identify positive innovations in service delivery
- Get a better sense of pharmacist involvement in services
- Identify occurrence of pharmacist interventions which reduce medicines management harm
- Consider prescribing patterns for sustained release opioids vs immediate release opioids
- Identify appropriate next steps for policy and practice

# Methodology

- 36-question online survey distributed to all Directors of Pharmacy nationally and their delegates
- Respondents were advised to fill in a separate survey entry for each hospital site that performed surgery in their networks, as service provision between individual sites can vary significantly
- A total of 170 responses were received.
- To control for bias, survey responses were anonymous so that hospitals could not be identified.

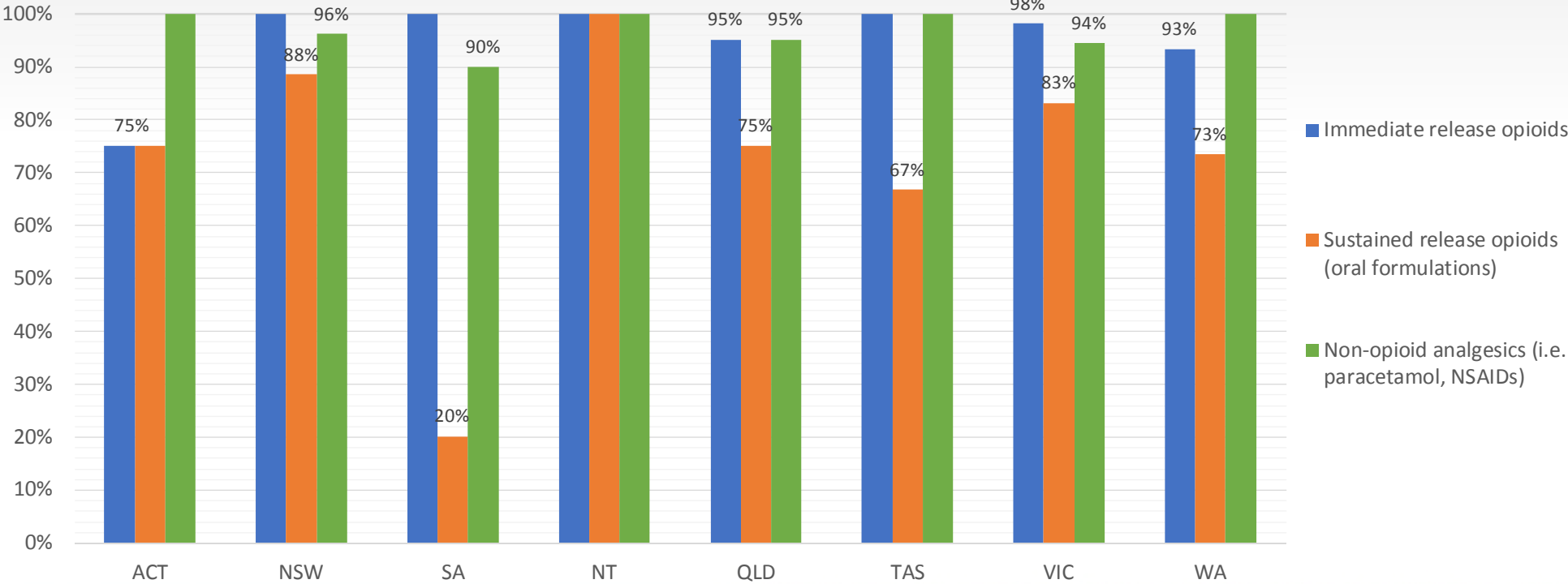
# Provision of formal pain management services (Victoria)





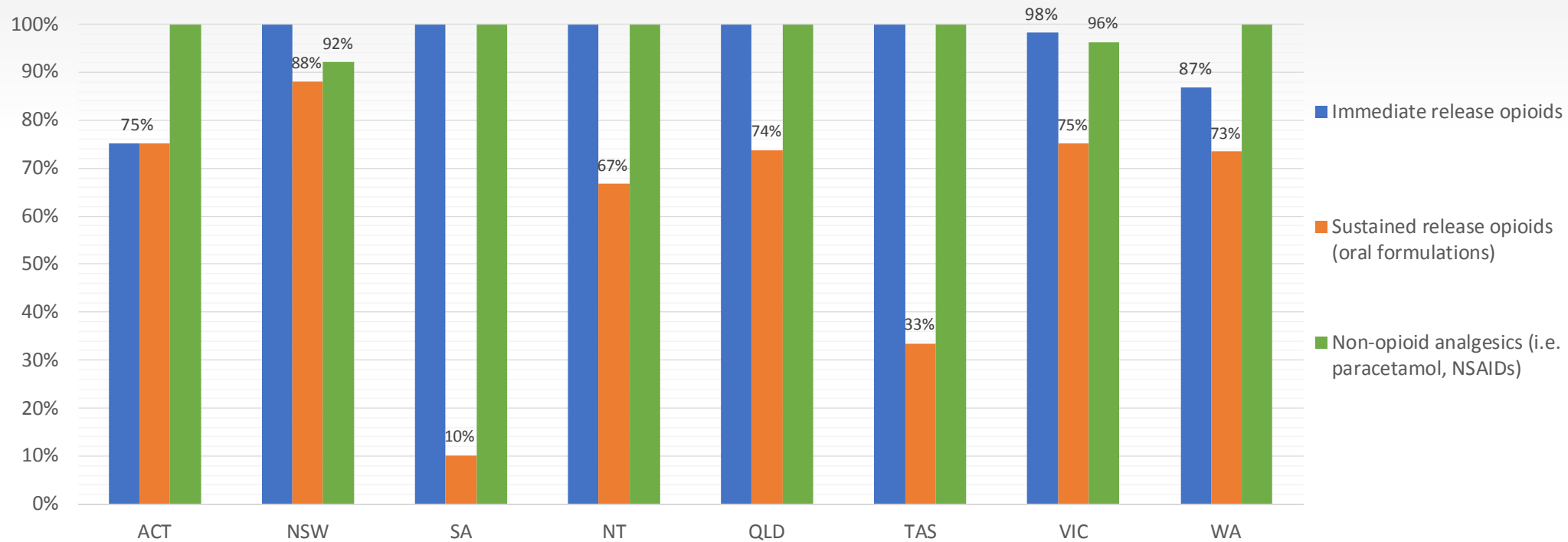
# Prescribing opioids for inpatients (national)

When treating acute pain in opioid naive patients, what treatments does your hospital site commonly prescribe, administer or utilise for inpatients?



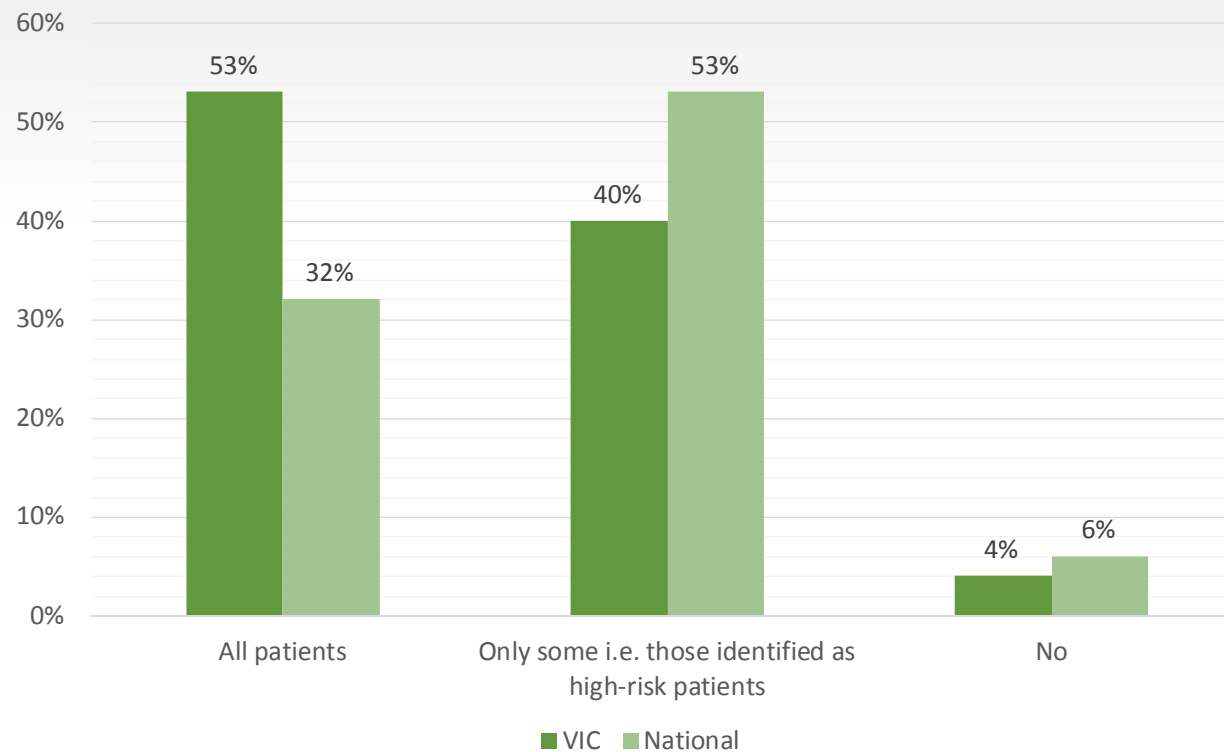
# Prescribing opioids at discharge post-surgery (national)

When opioid naive patients with acute pain are discharged post-surgery, which treatments are commonly prescribed?

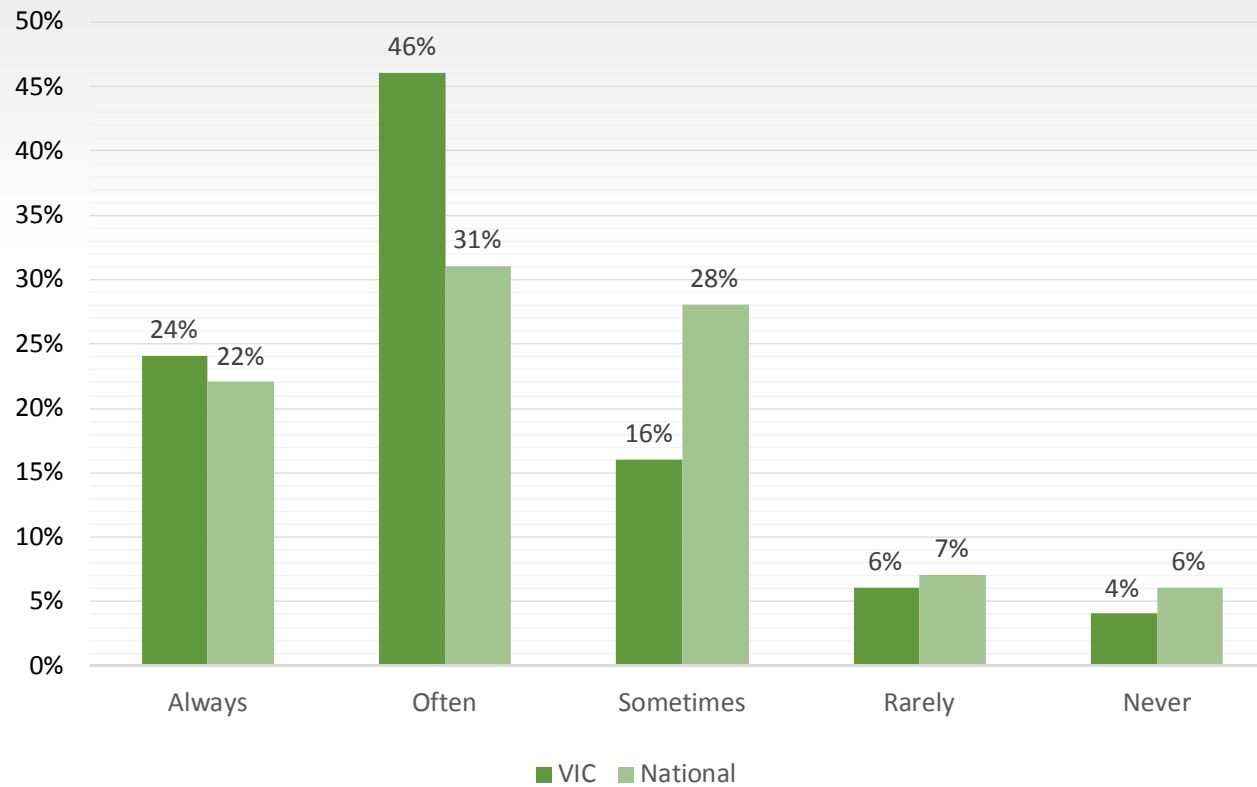


# Access to clinical pharmacy services

Do ward/medical unit pharmacists routinely give advice to patients about appropriate pain management and analgesic use?

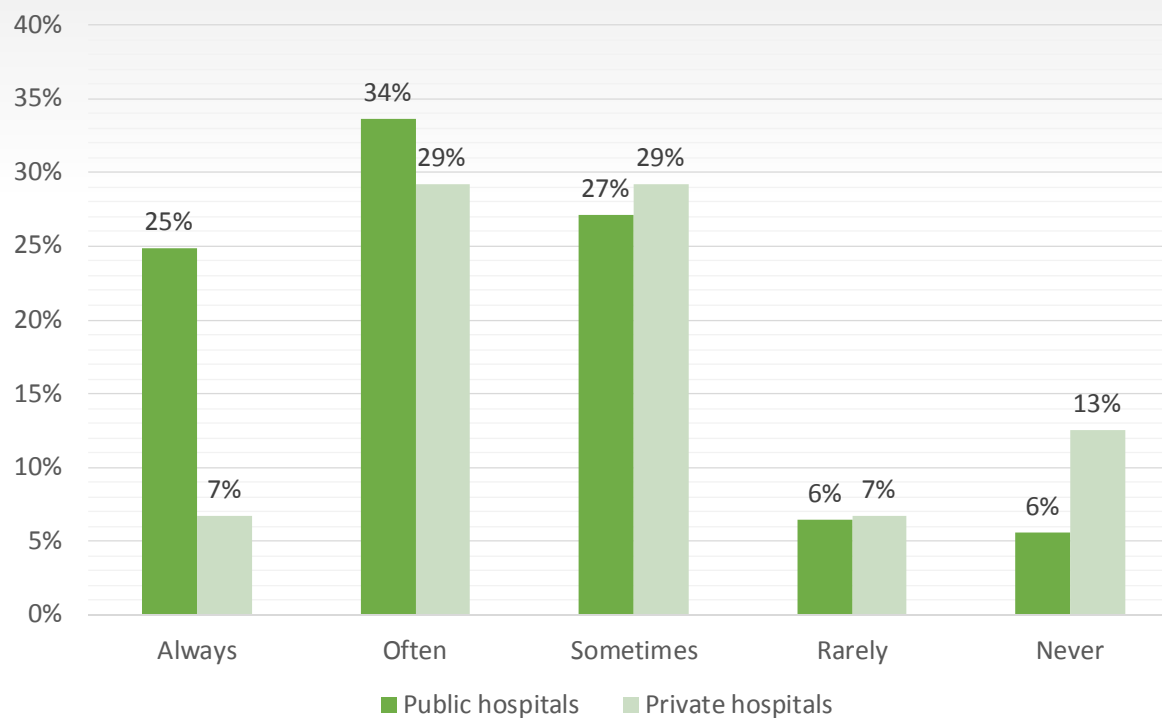


Do ward/medical unit pharmacists review the last 48 hours of analgesic use to determine appropriate prescription of analgesic medicines and quantity upon discharge?

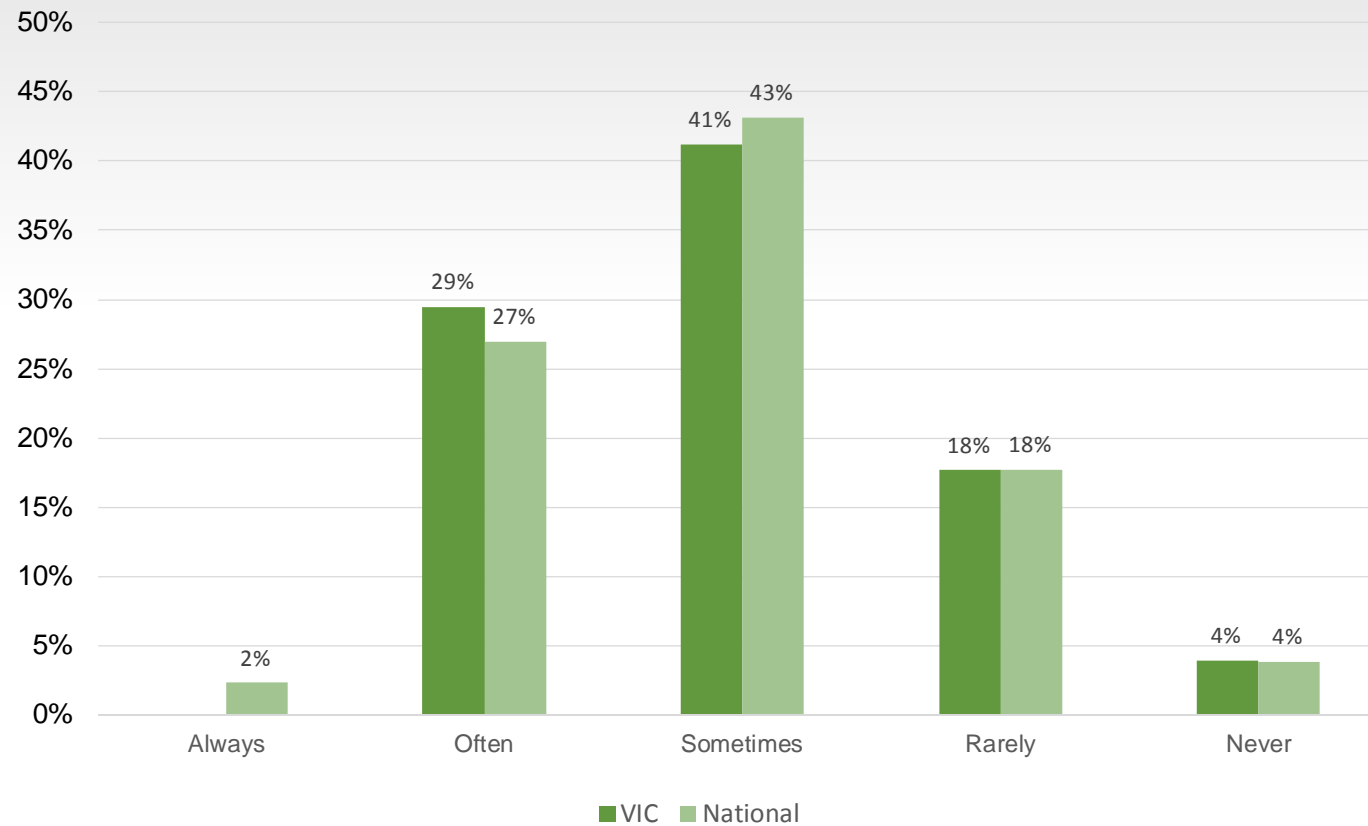


# Private vs. Public hospitals

Do ward/medical unit pharmacists review the last 48 hours of analgesic use to determine appropriate prescription of analgesic medicines and quantity upon discharge?

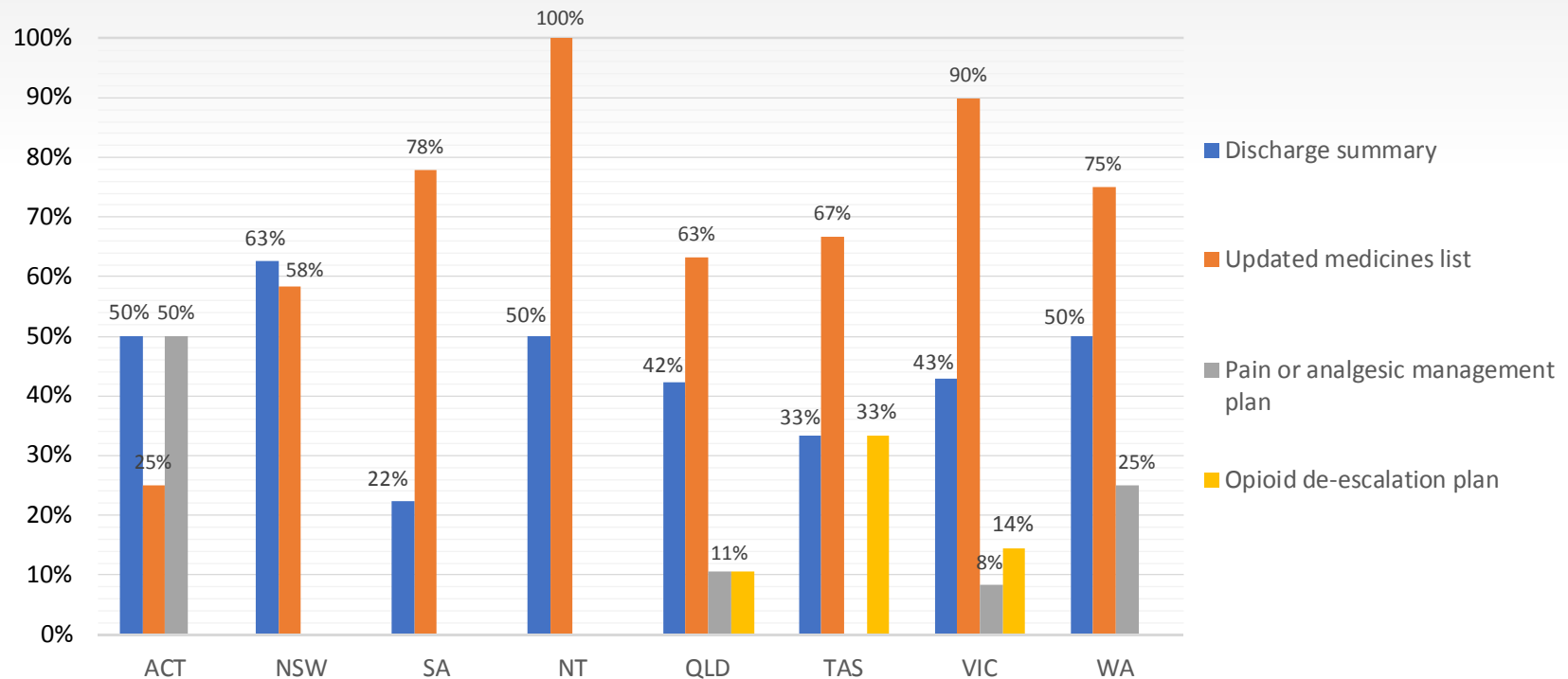


If opioid analgesics were not administered in the 48 hours prior to discharge, are opioid analgesics supplied on discharge just in case patients might require them?



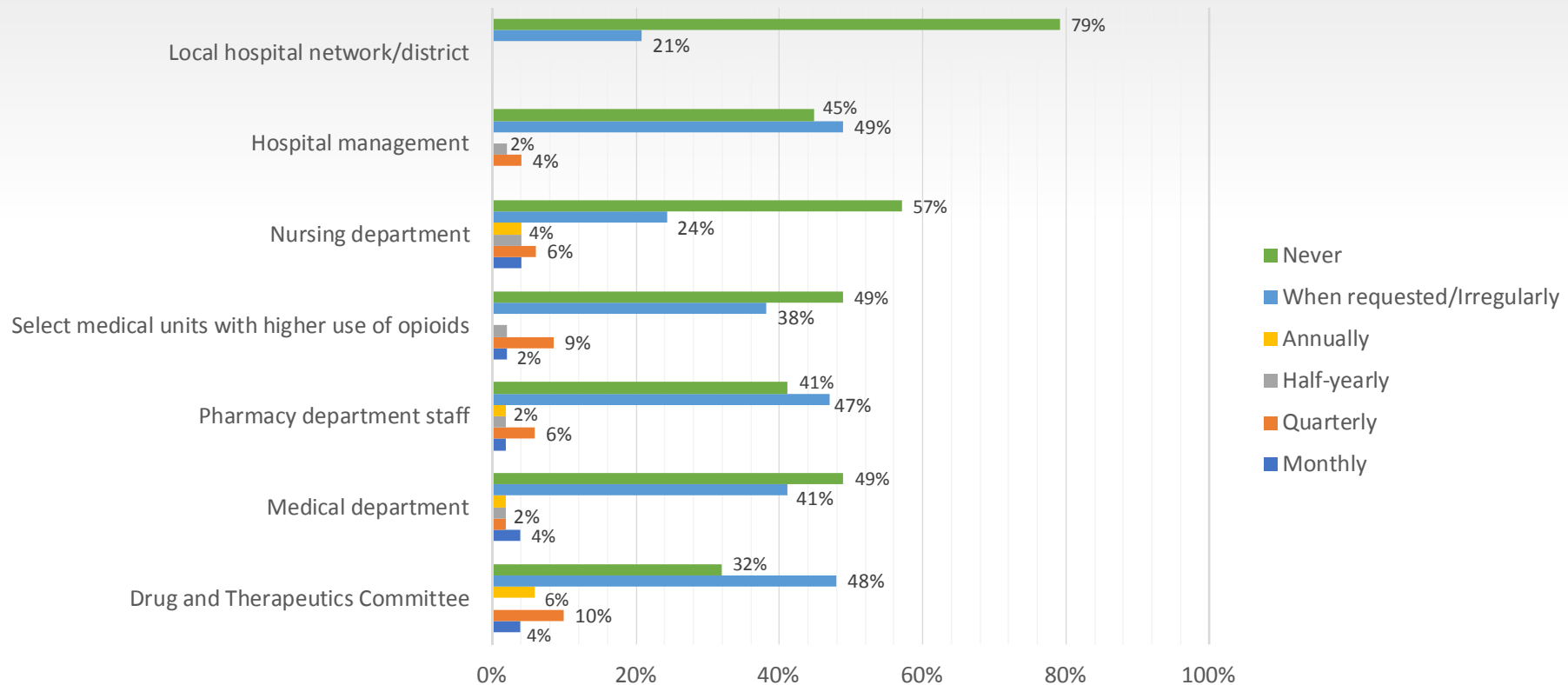
# Hospital pharmacy and the transition of care for patients taking opioids

Does the ward/medical unit pharmacist provide any of these documents to the patient's community care providers (i.e. GP, community pharmacy, care facility, carer)?



# Pharmacy reporting

How often and to whom does the pharmacy department provide information/feedback regarding opioid prescribing and supply?





# Key findings of opioid-related harm landscape paper

- Provision of acute pain services, pain management clinics and opioid stewardship services is varied.
- Extremely high use of sustained-release opioids in treatment of acute pain is common.
- Risk factors for opioid harms are not prioritised by contemporary clinical pharmacy assessment.
- Information provided at hospital discharge is inconsistent.
- Opioids are commonly provided at discharge even when unnecessary.

# Recommendations for reducing opioid harm in Victoria

1. Establish opioid stewardship services in all Victorian principal referral hospitals
2. Investigate options which could reduce opioid prescribing of sustained-release opioids such as a review of hospital formularies or development of a centralised governance framework
3. Encourage Victorian hospitals to revise systems to enable upload of discharge summaries and medication lists to My Health Record as a priority
4. Support greater pharmacist participation in clinical review and pharmacy counselling at discharge to reduce the risk of opioid harm
5. Consider the specific needs of surgical patients for clinical pharmacy services

# Thank you

Report is available at [www.shpa.org.au/advocacy](http://www.shpa.org.au/advocacy)

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