

Heroin treatments falling

Mark Gertsakis

HEROIN has continued its decline as the main drug of addiction for people seeking treatment, according to a new report into drug services released today.

The Australian Institute of Health and Welfare (AIHW) analysis found that 10.5 per cent of Australians in 2007-08 sought treatment for heroin as their "principal drug of concern", marking a decline from 18.4 per cent in 2002-03.

"Treatment for heroin use declined over the five years between 2002-03 and 2007-08, but there was a slight rise in the number of treatment episodes last year, from 14,870 in 2006-07 to 15,571 in 2007-08," Amber Jefferson from AIHW's Drug

Surveys and Services Unit said.

Two out of three people wanting help with heroin addiction were men and their average age was 31 years.

Treatment for methadone addiction also saw a fall from 2.3 per cent in 2001-02 to 1.6 per cent six years later, while other opioids saw a rise from 1.8 per cent in 2002-03 to 2.4 per cent in 2007-08.

Alcohol continues to be the number one drug of concern and the number of drug treatments dealing with alcoholism is rising.

It was the main drug of addiction for 44.5 per cent of treatment clients in 2007-08, up from 42.3 per cent the previous year and 37 per cent in 2001-02.

"Over 154,000 alcohol treatment episodes were provided in 2007-08, which is 7,000 more than the

year before," Ms Jefferson said.

Men represented 69 per cent of all alcohol addiction cases, with the average age being 36 years.

Treatment for cannabis and amphetamines, the second and third most common drugs, has remained largely stable with 21.6 per cent and 11.2 per cent respectively.

The vast majority of episodes involved clients seeking treatment for their own alcohol or other drug use, but a small percentage were for people seeking treatment related to someone else's drug or alcohol use.

Counselling was the most common form of treatment followed by withdrawal management.

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Preventive health agency one step closer

PHARMACISTS' peak professional body has welcomed the endorsement of Australia's first preventive health agency by MPs in Canberra.

The House of Representatives yesterday passed a key piece of legislation that will facilitate the establishment of the National Preventive Health Agency and it is now up to the Senate to approve it.

"It is essential that this Bill be passed without delay so that the agency can commence work on 1 January, 2010," Federal Health Minister Nicola Roxon said.

"The agency will guide health ministers in their task of curbing the growth of lifestyle risks driving chronic disease.

"The agency will bring together the best expertise in the country and play a key role in gathering, analysing and disseminating the best available evidence and evidence-based programs."

Pharmaceutical Society of Australia (PSA) president Warwick Plunkett said the establishment of the agency was long overdue.

"PSA has focused considerable activity over the past 20 years in providing resources and training to enable pharmacists and pharmacy assistants to deliver effective preventive health care services for patients," Mr Plunkett said.

"Pharmacists are the most

accessible and one of the most trusted health professionals and are very well placed to work with the new agency in delivering new and enhanced preventive health care programs.

"Through its Professional Development, Practice Support and Pharmacy Self Care programs, PSA has national infrastructure in place and a considerable body of expertise that can be utilised to develop and deliver cost-effective, evidence-based preventive health programs across the country."

If established, the agency would receive \$133 million over four years from the Government.

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Pharmacists should focus on drug expertise not role expansion



I was interested to read in recent editions of *Pharmacy eNews* of the call for pharmacists to become involved in **vaccination** and **chlamydia testing**. This raises a number of challenges for pharmacists employed in community pharmacies in Australia.

As background, almost all states in the USA allow pharmacists to give vaccinations, and there are moves within several NHS Trusts in the UK to involve community pharmacists in an effort to make

access to vaccinations easier.

While this has the potential to raising vaccination rates across Australia by utilising the community pharmacy network, it is symptomatic of the ad hoc approach to planning pharmacy services that is currently in vogue. There have been a range of new services trialled or proposed for community pharmacy, but there is yet the appreciation of the fundamental structural changes that need to be undertaken in community pharmacy for these services, firstly, to be accessible to the public in appropriate circumstances and, secondly, for pharmacists to be able to provide these in a sustainable way (and not just another short term attempt at improving profits).

The current myopic drug supply model advocated by the Guild leadership simply doesn't fit with the patient care model that services such as immunisation require. You simply can't have pharmacists wandering back

to dispensing half way through providing any patient care service "because people are waiting and it's our core function".

Having said that, perhaps a better approach for community pharmacy at the moment is to develop its role around its own area of expertise – medications. Pharmacists are trained as drug experts who, if the structures allowed, could ensure patients receive the most appropriate, effective and safe drug to treat their condition, and monitor patient progress to allow early intervention if their condition becomes unstable.

Indeed, even with the one patient care service for which pharmacists get paid – home medicine reviews (HMRs) – there are significant barriers to the provision of good care and the current HMR model needs to be addressed. In addition, thought should be given to introducing a pharmacy-based medications review service. This would involve

getting away from this myopic role of being a drug supplier and now, with Mirixa, the enforcer of compliance, into one that not only provides medications but has the structure to allow pharmacists to work with patients to help them get the best from their medications.

This is no short term process, and it is necessary for the Government and the profession as a whole (not just a privileged few) to work together to achieve this shift. Get the environment right first, and then we can talk about other sustainable and remunerated collaborative primary and public health initiatives.

Focusing on the preventative health and primary health care is the logical step in developing pharmacy's contribution to the health care of all Australians, but it must involve significant restructuring and a change in philosophy from some sections of the profession.

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ASMI wants more prescription drugs to be sold OTC

MORE drugs need to be downscheduled so that they can be sold at pharmacies without prescriptions, according to the over-the-counter drugs industry.

The Australian Self Medication Industry (ASMI) has released a paper calling for cholesterol, obesity, asthma, diabetes, migraine and oral contraception drugs to be sold over-the-counter.

"There also needs to be some fresh thinking in regard to the regulation of medicines, to enable consumers to have easy and affordable access to medicines and treatments for some of the most common health conditions," the paper said.

"Inevitably, this means consideration to rescheduling some prescription medicines that

have proven safe and effective over a long period of time so that they are available over-the-counter through pharmacy.

"The wider availability of safe, proven and affordable medicines has the potential to make a profound impact on public health. It opens the way for consumers to better play their part in the self care environment through access to information and therapeutic products to treat illness and maintain good health."

ASMI also called for the role of the pharmacist to be expanded in order to increase patients' access to medicines.

"The professional role of pharmacists needs to be expanded to include involvement in the treatment of conditions traditionally seen as the preserve



of the prescriber," the report said.

"It may be possible that after initial diagnosis and prescription, the GP can delegate control to the pharmacist for further management, including medication management, while retaining an advisory role such as in the case of diabetes and asthma."

ASMI also announced that its national conference in Sydney next month will feature addresses


from Federal Health Minister Nicola Roxon and Parliamentary Health Secretary Mark Butler.

"Self care is an important part of the drive to create a better health system," ASMI executive director, Juliet Seifert said.

"It involves greater personal responsibility on the part of consumers, leading to improved health outcomes and an easing of pressure on health budgets."

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