



The Honourable Mark Butler, MP
Minister for Health and Aged Care
Parliament House
Canberra
Australia

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www.isdbweb.org

Subject: International Concern Regarding Quality Use of Medicines Policy

The Committee

Paris, 28 November 2022

Dear Mr Butler,

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The International Society of Independent Drug Bulletins (ISDB) is a global network of bulletins and journals about drugs and therapeutics that are financially and intellectually independent of the pharmaceutical industry. Health professionals and consumers need unbiased, accurate and up-to-date information on medicines to make informed treatment decisions. One of the founders of ISDB in 1986 was *Australian Prescriber*, published by the Commonwealth Department of Health.

As a network, we are writing to express our deepest concerns about the decision to stop funding NPS MedicineWise, the current publisher of *Australian Prescriber*, and to put the journal out to tender. We are surprised at this decision given Australia's internationally admired policy on the quality use of medicines.

Doctors, other health professionals, and consumers need evidence-based, accurate and independent information to make shared choices about medical treatments. This includes knowing when a treatment is or is not needed, whether a medicine or a non-drug option is the best choice, how to maximise the benefits of medicines and to prevent harm.

During the pandemic, we learned more than ever how important it is to access accurate health information and how misinformation can contribute to unnecessary suffering and deaths.

The key focus of NPS MedicineWise's work is to support better quality medicine use. NPS MedicineWise has been a key pillar of Australia's National Medicines Policy for nearly 25 years, providing information and education to help doctors and consumers to use medicines appropriately.

Australia identified medicine safety as a national health priority in 2019. The Pharmaceutical Society of Australia estimates that 250,000 people per year are admitted to hospital due to medication-related problems at a cost of around \$1.4 billion. Over half of this harm is potentially preventable.

Australia has been a leader internationally in providing programs to support safe and appropriate medicine use. With approximately \$1.1 billion saved over 20 years, NPS MedicineWise's work is estimated to have led to a net savings in drug, medical services and hospitalisation. This is not considering the benefit of

preventing the suffering of patients and their families from harmful medicine use. To us, these savings outweigh the cost of NPS MedicineWise. Investing to produce savings through the quality use of medicines is a good policy when government expenditure on pharmaceuticals is increasing around the world.

Australian Prescriber has been part of NPS MedicineWise for 20 years. The journal now has over 100,000 subscribers and an even larger global audience, so it is very influential. It is recognised both in Australia and internationally as a high quality and independent source of information and advice on medicines. We know that some of our members use information from *Australian Prescriber* in their own bulletins.

The journal's independence from the pharmaceutical industry is key to the quality of information provided and the clinical community's trust in that information. We are therefore especially concerned about the decision to put *Australian Prescriber* out to commercial tender with the potential loss of independence, quality, and role as a trusted information source. We ask you to ensure both that the *Australian Prescriber's* editorial independence is safeguarded and that adequate resources are provided for evidence-based reviews and editorial oversight to maintain the journal's current high standards.

In addition, we understand that the plan is for some of NPS MedicineWise's functions to go to the Australian Commission on Safety and Quality in Healthcare ("the Commission"), some to go out to tender, and others to be dropped. The Commission does excellent work setting guidelines for care in Australian public hospitals but may have less expertise in primary care, or with the type of evidence-based behaviour change strategies NPS MedicineWise has perfected. It also lacks the strong network of trust among primary care practitioners that NPS MedicineWise has built up over the years.

Changes to educational activities for doctors and consumers are especially of concern. The current synergies of working together within a single agency with a dedicated mandate will be lost. A tender system also makes it much harder to tackle the difficult issues that require longer-term repeated interventions to be effective. These include core current problems in Australia such as over-medication of older Australians, overprescribing of opioids and gabapentinoids for conditions for which they are ineffective such as low back pain, overuse of antibiotics and overprescribing of psychiatric drugs, including unapproved uses for which they are not effective.

In summary, we are joining the voices of health professional and consumer organisations in Australia to ask you to reconsider the decision and reinstate the funding of NPS MedicineWise, including the funding dedicated to *Australian Prescriber*. We believe that national facilitation and co-ordination, as provided by NPS MedicineWise, is essential to support Australia's quality use of medicines policy.

Yours sincerely,



Rita Kessler
ISDB President