Daniel James HALL

The Prescription Shopping coronial inquest included the review of the deaths of three men: Shayne Andrew Berry, Daniel James Hall and Adrian Marcus Westlund. Each death occurred in circumstances of the deceaseds' drug seeking behaviours.

The Department of Health's Coronial Review Committee reviewed these findings and directed the recommendations to the appropriate stakeholders for review and response.

The Chief Pharmacist has submitted a proposal relating to the upgrade of existing databases that will collect dispensing data from pharmacies including: the medication that was supplied; the quantities supplied; the date and time of supply; whether the person is a registered drug addict (drug dependent); and, whether prescribing to an individual is restricted as a result of their registered drug addict status. The system will enable information about reportable Schedule 4 drugs; however, decisions about which Schedule 4 drugs will be made reportable are still to be made. Changes have or will be made to policies and procedures for the Community Program for Opioid Pharmacotherapy (CPOP) regarding application forms; provision of advice about safe or reasonable dosage of benzodiazepines; and, provision of information about a person's prior CPOP programs to prescribers.

Of the 13 recommendations made by the coroner, three have been duly considered and deemed completed or closed; two have been deemed to be out of scope for WA Health; and, eight are ongoing at the time of this report. Progress will be updated in the next report.