The Opioid Epidemic—a Doctor caused Crisis?

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As an Adjunct Associate Professor in the Faculty of Medicine, School of Medical Sciences, UNSW, he was from 1995-2012, Convenor of the Law & Ethics courses in the Post-Graduate Studies Program in Pharmaceutical Medicine & Drug Development. From 1984 to 2009 he was the (Honorary) Legal Member of the Human Research Ethics Committee, St. Vincent's Hospital, Sydney. He holds from UNSW, a Master's degree in Science & Society which included a chosen research project entitled 'Scientific Fraud & Misconduct—Is Trust alone, enough?'

Introduction

Although having studied Pharmacy at the University of Sydney and been registered as a pharmacist in New South Wales in 1960 and having practised thereafter locally and in the United Kingdom, I am not registered as a pharmacist; and having been involved for many years until 2009, in the teaching of legal and ethical subjects in the University of NSW Postgraduate Studies Program in *Pharmaceutical Medicine & Drug Development*, I must emphasise that I do not and do not intend, in any way to give medication-related advice during my presentation; nor do I provide or intend to provide, by this paper and presentation, a fully comprehensive account of or advice concerning, all statutory requirements governing the issue of prescriptions for *Opioids* or any other drugs in New South Wales or elsewhere in Australia. References listed below can assist anyone interested, to seek further information elsewhere.

It can be inferred from the title of this evening's *Scientific Meeting* that there is in fact, an '*Opioid Epidemic'* and the question for discussion is whether this is a *crisis* caused by prescribing doctors. Unless obtained illegally by manufacture or other means, *opioid* class drugs (and all other members of the group known uniformly as '*Schedule 8*' including '*drugs of addiction'* as described in NSW) their prescribing is limited to that by registered medical practitioners, dentists and certain nurse practitioners, for their patients.

Professor Milton Cohen is well known and experienced in these areas of clinical practice and well placed to address the above question as to *causation* of any *crisis*. I will endeavour to address some issues relevant to drug control legislation in NSW and elsewhere in Australia; and include some other observations based on my experience over many years in the practice of Pharmacy; at the Bar; and in my continuing, statutory tribunal, role in conducting inquiries into complaints against registered health professionals including those with a drug-abuse element.

Opioids

An *opioid* is any psychoactive chemical that resembles morphine or other '*opiates*' in its pharmacological effects; bodily receptors to which *opioids* bind, mediate their beneficial effects and side effects. Although the term '*opiate*' appears to be used often as a synonym for '*opioid*' the former is properly limited, as I understand it, to the natural alkaloids found in the resin of the Opium Poppy (*papaver somniferens*); while *opioid* refers to both *opiates* and synthetic substances and to *opioid peptides*.

Opioids are amongst the world's oldest drugs with the therapeutic use of Opium reportedly, predating recorded history. They are well known for their addictive properties. 'Natural' *opiates* are alkaloids contained in the resin of the Opium Poppy, including Morphine and Codeine. Opium is the *latex* obtained from incision of the unripe capsules of the Poppy. There are also, *esters* of morphine *opiates* including *diacetylmorphine* known also, as *heroin*; semi-synthetic *opioids* include *hydrocodone*, *oxycodone* (known in the illicit, 'street market' apparently, as *'hillbilly heroin*'); and fully synthetic *opioids* including (importantly for the topic of tonight's meeting) *fentanyl*; and *pethidine*, *methadone*, *tramadol*; and *dextropropoxyphene* (the subject of a recent appeal by manufacturers against a restriction reducing its availability).

As long ago as 2007, the United Nations *Office on Drugs and Crime* ("ODC") described the most urgent challenge in tackling the global drug problem as the (then) recent boom in *Opium Poppy* cultivation in Afghanistan where approximately 90 per cent of the world's *Opium* was then produced. It also observed at that time, that the once infamous *Golden Triangle*—Laos, Myanmar and Thailand—was practically *opium*-free. In its publication, ODC described that at that time, most of the 10 million heroin abusers worldwide, live in Asia, primarily in the countries around Afghanistan and Myanmar. Its publication included disturbing photographs one of which showed an Afghan poppy farmer blowing smoke into his hungry child's face "...*to pacify him*." [i]

Pharmacognosy

Pharmacognosy "...may be defined as that science which deals with the investigation of crude drugs and other raw materials of vegetable and animal origin." (*A Textbook of Pharmacognosy,* G.E.Trease, Balliere, Tindall & Cox, London, 1949). My first encounter with *Opium* was in a pharmacognosy practical class at the Old Medical School's Blackburn Building at Sydney University in 1959. We were able to closely examine a one-pound, single mass of raw *Opium* together with some old, used, empty capsules of the Poppy, one of which I was able to retain. Surprisingly to me, *pharmacognosy* is no longer taught to Pharmacy undergraduates.

Pharmacology

Pharmacology is the study or science of the actions of drugs on the body. For many years I have been attracted to the life and achievements of Sir John Gaddum, born in about 1900, a professor of pharmacology at Edinburgh University. It has been said that he was the '*father'* of the modern discipline of Clinical Pharmacology. I have used his words many times in various situations—in courts, tribunal inquiries and in my academic activities *viz*. "...*each administration of every drug should be regarded as an experiment*" as no drug can be declared absolutely safe. I have often added to these words my own "...*in fact every drug is inherently unsafe*..." unless accompanied by the proper assessment and guidance of those called '*learned intermediaries*' such as medical practitioners and pharmacists, to achieve safe and efficacious treatment.

Gaddum's 1940 textbook *Pharmacology* ran to five editions in several languages.[ii] I am fortunate to have a copy of the original textbook, a gift from a dear friend and colleague, Professor John Hilton, Forensic Pathologist, of Scottish origin, aware of my interest in Gaddum and his achievements. The above expression—*learned intermediaries*—originating in the United States, was included in the *Explanatory Memorandum* accompanying introduction to the Commonwealth Parliament, of the *Trade Practices Amendment Bill 1992* addressing *defective products*, in the context of pharmaceuticals.

Drug Control legislation & Complaints against registered health practitioners

" *In all jurisdictions the regulation of drugs is dynamic and complicated...Protecting the public from the ill effects of drugs and minimising crime, are the traditional reasons for controlling their manufacture, supply, labeling and advertising...*[iii]

Drug regulation can be viewed from three standpoints. The first is to control the supply of drugs which are prone to abuse by creating offences for unauthorised manufacture, trafficking, supply and possession. The second is to regulate the introduction of substances for therapeutic use by requiring governmental approval to place products containing the substance on the

market after an evaluation...(of adequate quality, safety and efficacy pursuant to the Commonwealth *Therapeutic Goods Act 1989*)...*The third form of regulation relates to the inclusion of a product on government-sponsored schemes. In many cases access to a drug will be affected by all three regulatory forces. In general, the first is administered by police and the second and third are administered by health authorities.*" [iv]

An interesting NSW *Court of Criminal Appeal* case in 1971, relevant to the then NSW *Poisons Act*, emphasises the protective purpose of drug regulation; the responsibilities of those involved in their possession and supply; and the *strict liability* of relevant offences.[v] In NSW the police were responsible for the controls over the then category "*dangerous drugs*" –known to professional practitioners as "*DDs*"—with the then NSW *Pharmacy Board* responsible under then relevant legislation, until enactment of the NSW *Poisons & Therapeutic Goods Act 1966* ("PTG Act") for other 'scheduled substances'. My first ever experience long ago, of police officers arriving unannounced to 'do a check' of all stocks was interesting.

Under the PTG Act, administration of and compliance with, the legislation and its accompanying *Regulation*, was undertaken by the department of NSW Health which is now known as *Pharmaceutical Services* ("PS"), NSW Health, whose qualified pharmacist-inspectors, assumed responsibility for visiting pharmacists and medical practitioners on a regular basis and when a relevant concern was apparent or reported to it.

Health practitioners can contact PS with any concerns about prescriptions presented for scheduled substances including *Schedule 8* ("S8") *drugs of addiction* such as *opioids* / *opiates* where there may be concerns about abuse, delinquent practitioners or other related matters such as prescription forging, a not infrequent activity; or so-called '*doctor shopping*".

The NSW *Health Care Complaints Commission* ("HCCC") may refer received information or complaints, to PS for its expert investigation; which not infrequently leads to a formal *complaint* against a pharmacist, medical practitioner, nurse /midwife or other registered health practitioner by the HCCC and / or the Pharmaceutical Council of NSW ("the Pharmacy Council") or other relevant health professional Council pursuant to the *Health Practitioner Regulation National Law NSW 86a* ("the National law"). If such a complaint was proven, it could expose the registered health practitioner, to suspension or cancellation of their registration; and accordingly, such complaint must now be referred to the *New South Civil & Administrative Tribunal* (NCAT) which commenced on 1 January 2014; replacing traditional, individual health professional disciplinary tribunals such as the NSW *Pharmacy Tribunal* and the NSW *Medical Tribunal*.

Pursuant to the PTG Act and its *Regulation*, PS might pursue a health practitioner for an offence by way of criminal offences. If proven, a *complaint* may be taken by the HCCC and / or Pharmacy Council pursuant to the National Law based on the fact of conviction. No element of *double jeopardy* is involved given the respective objectives of the relevant statutory provisions.

A *complaint* of personal, drug abuse by a registered health practitioner including pharmacists, medical practitioners or nurses, may be brought to the Tribunal for inquiry. Such cases not infrequently include not only deliberate breach of the PTG Act / regulation but a *complaint* of *impairment* against the practitioner. Such cases are very sad and can lead to cancellation or suspension of registration and loss of livelihood in exercise of the Tribunal's exclusively *protective* jurisdiction. Some involve practitioners illegally obtaining and using, *opioids* / *opiates*; or less than an adequate level of care by prescribers and pharmacists[vi]

The PS pharmacist-inspectors provide reports of their investigations upon which a *complaint* is based and usually give evidence and are available for cross-examination at a Tribunal Inquiry.

Supply of drugs—Government intervention: some historical aspects

There is a long history of government intervention in the supply of drugs both State and Territory and Commonwealth, dependent upon their Constitutional responsibilities, from time to time.[vii] References will be given during this presentation especially to recent governmental measures addressing controlled drugs including *opioids*; and that activity known as '*doctor shopping*' undertaken to obtain scheduled substances—relevant to this evening's presentation.

Drug control legislation in the sense of restricting supply goes back a long way; for example in 8th Century Egypt, laws were introduced prohibiting the use of *cannabis*—the punishment was novel: tooth extraction. In *Romeo and Juliet* Shakespeare identifies the illegal supply of poisons and its punishment when the old apothecary says to *Romeo* who wants buy poison, "*Such mortal drugs I have; but Mantua's law is death to any he that utters them*.[viii] Drug abuse features in many operatic and other musical shows for example *Porgy and Bess* and the use of '*happy dust*' meaning *Cocaine.* Crime fiction abounds in drug caused deaths. Agatha Christie's personal experience relevant to the dispensing of pharmaceutical preparations, clearly provided her with an interest in significant pharmacological / toxicological material for her many works of fiction.

The *Narcotic Drugs Act 1967* ("Narcotic Drugs Act") *implements* Australia's national obligations in relation to the importation and exportation of *narcotic drugs* (including *opioids* / *Opiates*) pursuant to the *Single Convention on Narcotic Drugs* ("the Single Convention").[ix] Within the Single Convention, relevantly, "production" is defined as "...*the separation of Opium, Coca leaves, cannabis and cannabis resin from the plants from which they are obtained*."

I acted as Crown Prosecutor in a prosecution some years ago—which someone had told me was the first of its kind under the Narcotic Drugs Act—which was almost a crime novel in itself, given the quite fascinating genesis and illicit manufacture of *heroin* undertaken by a chemistry student, achieving a considerable level of purity of the finished 'product'. Evidence at the

Committal proceedings included a vast amount of chemical reagents and equipment used for the illicit manufacture.

NSW legislation—some relevant aspects

Time permits only a bare outline of the relevant statutory provisions. There is in NSW the *Poisons List*, proclaimed under *Schedule 8* of the *Standard for the Uniform Scheduling of Medicines & Poisons* ("SUSMP") as in force at the time, except for a small number of variations. Uniformity of classification by *scheduling* was the reason for these changes. Further information about the history and content of the SUSMP can be obtained from TLA and also by accessing the NSW Health website: www.healthnsw.gov.au/pharmaceutical

In NSW, *opioids* and *opiates* amongst other drugs are included in *Schedule 8* of the uniform scheduling system as *Drugs of Addiction*. In other States they are described differently. In NSW there are Type A, Type B and Type C *Drugs of Addiction*. [x]

Prescribing of Drugs of Addiction—some aspects

The requirements for prescriptions written for S8 medications are similar in each Australian jurisdiction. In NSW such prescriptions must include:

- Prescriber's name, address and telephone number;
- Patient's name and address;
- Name of drug, strength, dose, quantity and directions for use;
- Quantity of prescribed to be expressed in numerals and words;
- Number of repeats and intervals for repeats to be specified and expressed in numerals or words;
- Underlining and initialing of high or unusual doses;
- Prescriptions can be computer or type-written, subject to certain criteria;
- Prescription period of validity is two (2) months;
- Prescription to be signed and dated. [xi]

Some NSW *Drugs of Addiction* attract extra prescribing restrictions including those relevant to *Opioids* / *opiates*.[xii]

Should a prescriber believe a patient to be *drug dependent*, the practitioner is obliged to obtain approval of the State or Territory health authority if the practitioner intends to treat such patient with S8 medications, including with *opioids / opiates*.[xiii] In NSW a *drug dependent person* is defined as a person who has acquired—as a *result* of *repeated administration* of a *dug of addiction* or of a *prohibited drug* within the meaning of the *Drug Misuse and Trafficking Act 1985*—an *overpowering desire for the continued administration of such a drug*. [xiv]

There are also, restrictions on a medical or nurse, practitioner prescribing *without the proper authority* certain *drugs of addiction* for *continuous therapeutic use by a person for a period exceeding 2 months.*[xv] The *proper*

authority is defined to mean an authority to allow the relevant medical or nurse, practitioner for the person concerned.[xvi] The NSW Director-General of Health may, on the recommendation of the *Medical Committee*, approve a medical practitioner as a *prescriber of drugs of addiction*.[xvii] The Director-General may authorise prescriptions or supply of *drugs of addiction* and the authority may specify the *maximum quantity* of a *drug of addiction* so prescribed or supplied by the practitioner; the period for any such prescribing or supply; conditions on such as the Director-General thinks fit; and in a form approved by the Director-General. [xviii]

The *Medical Committee* is to consist of a medical practitioner nominated by the *Australian Medical Association* (NSW); another nominated by the *Royal Australasian College of Physicians* (NSW State Committee); and another nominated by the Minister. I believe Professor Milton is a Member of such Committee.

The Committee in conducting its review and preparing its report and recommendation, may require information to be provided to it, by the HCCC, the NSW Medical Council, the Medical Board of Australia, the NSW Nursing & Midwifery Council, or the Nursing & Midwifery Board of Australia. [xix]

Clearly, prescribers are bound *ethically*; by the respective *statutory limitations*; and in accordance with their legal *duty of care*, to ensure and be satisfied, that their prescribing of *opioids*—indeed, as with medications—is properly indicated; and such as to promote the patient's health and welfare; being aware at all times of the potential dangers of such medications especially as with *opioids / opiates* and many others, to be abused and / or to create dependence or addiction; or indeed to be passed on to others or sold, for gain.

Dispensing of drugs of addiction & other aspects of storage, supply & recording

The word "*dispense*" is not statutorily defined in most Australian jurisdictions including NSW although at Common Law it has been interpreted as "...*the making up of something that has been prescribed and selling it with directions as to how it is to be used*."[xx]

A pharmacist's dispensing of prescribed medication is far more than mere supply; and includes whether the medication is apt for the patient and safe; including consideration of the patient's medication history and the consequences of adverse outcomes from any interactions between medications whether prescribed by one or more treating medical practitioners consulted by a patient; or indeed whether the patient is or has been taking, any other medication available without a prescription (so-called *over-the-counter* or OTC medications). This protective process has been described as the concept of *Pharmaceutical Care.* [xxi]

As with prescribers, the pharmacist must comply with all statutory and requirements relevant to *drugs of addiction* including possession, storage,

dispensing and recording of prescriptions for such medications; and the retention of prescriptions. Pharmacists are also bound ethically and legally by their *duty of care*, to be alert to any potential dangers to patients by inappropriate prescribing and supply of *drugs of addiction*; and to take prompt action when necessary by contact with a prescriber and /or relevant statutory authority.

In NSW, before dispensing S8 medications (including *opioids / opiates*), a pharmacist must be familiar with the prescriber's handwriting or know the patient or verify the prescription with the prescriber.[xxii]

The *opioid* analgesic, *methadone* (in liquid form) has long been used for detoxification and long-term treatment of addicts, taken daily under the supervision of a pharmacist at a relevantly approved pharmacy; although if appropriate, a limited number of 'take-away' doses may be issued. *Buprenorphine* is another synthetic *opioid* able to be prescribed in table form intended to be dissolved in the mouth under supervision. [xxiii]

In December 2012 the *Australian Medical Association* adopted a Policy Position concerning the availability of *naloxone,* a drug which can reverse *opioid* overdose; it has been described as *"...a life saving drug which should be available to all who are at risk, including people on extended opioid pain management regimes, people released from prisons, those starting methadone, as well as those who take illicit drugs*." [xxiv]

There is also a new formulation of *suboxone* (containing *buprenorphine* and *naloxone*) in the form of a *sublingual film* proposed to make supervised dosing easier by reducing the time required for effective supervision. [xxv]

Pharmacists are regularly reminded about their professional responsibilities concerning the use of *opioid* analgesics for the treatment of persistent pain including the need to work with general medical practitioners to support patients taking such analgesic medication. [xxvi]

In health professional disciplinary proceedings it can sometimes appear that some pharmacists in effect wrongly accept, that the prescriber's prescription is absolute and unchallengeable thereby ignoring their legal and ethical obligations as custodians of drugs in fulfillment of the *protective* function inherent in the *privilege* of registration
(applicable to all registered health professionals). Some prescribers—albeit, like pharmacists, in the minority—fail to adequately comply with necessary precautions in prescribing and / or continuing unnecessarily, *opioid / opiate* medication for patients.

Australian Coroners' concern—fentanyl deaths and abuse

The *National Coronial Information System* (NCIS) revealed in a report, the extent of fatal overdosage of *fentanyl*—since 2010 (as at December 2012) this medication has been a factor in at least 50 deaths, with a peak of 26 deaths in 2011.[xxvii] Prescriptions for *fentanyl* had "soared" by more than 50 times in a

decade.[xxviii]It was reported that clinical professor of medicine at the University of Sydney, Bob Batey, described new statistics from the Coroner's courts as "...shocking..." and was further evidence that *fentanyl* a drug 100 times stronger than *morphine*, was being overprescribed; and a spokesman for the Victorian drug agency was reported as stating that the above data (NCIS) "...*supported claims*...(that)...*older pensioners legitimately prescribed*...(*fentanyl*)...*were selling it to younger users or dealers*." [xxix]

Some recent developments in surveillance—"doctor-shopping"

The Australian Department of Health and Human Services' ("DHS") *prescription shopping program* has been available for some time and offers a *Prescription Shopping Information Service* ("PSIS") to prescribers. This allows registered prescribers to query the PBS prescription history of their patients thereby assisting concerns about "*doctor shopping*" by their own patients. It is available 24 hours daily, seven days a week and "...*provides real-time data on PBS history*." Information can be provided over the phone or the prescriber can request a patient summary to be sent to them.[xxx]

Electronic Recording & Reporting of Controlled Drugs ("ERRCD") initiative: an outline

The ERRCD system, "...*modelled in Tasmania*..." is "...*aimed at speeding up the collection of information from pharmacists under the*...(SUSMP); and covers S8 drugs such as *opioids / opiates.* The system relates to the dispensing of S8 drugs which must be registered on dangerous drugs registers known as " DD Books" and manually recorded. These registers must be available for inspection by relevant health departments. Such a manual system obviously, has limitations on the rapid availability of relevant information if needed.[xxxi]

The new (ERRCD) system "...*will allow alerts to be sent in real time to pharmacists and will allow GPs and pharmacists to check up on a particular patient's prescribing history. It will also automatically collect details of all Schedule 8 prescriptions and send them to state health departments in real time.*" [xxxii]

The Federal Government reportedly, purchased in February 2012, a licence for the ERRCD; it was apparently made available to each state and territory jurisdiction in July 2012. According to a statement made in 2012, on behalf of the then Federal Minister for Health "...*it is now up to each jurisdiction to implement it*." [xxxiii]

A spokesperson for NSW Health is reported as saying "...*ERRCD had not been implemented by NSW or universally rolled out throughout Australia*...(and that)...*NSW is currently undertaking an assessment of the system and what would be required to adapt it for the NSW regulatory framework*...*NSW has a state-based regulatory system which allows for*

investigation of Schedule 8 drug prescription supplies...The ERRCD system would enhance the existing systems." [xxxiv]

The NSW Ministry of Health prepared a response in relation to the IPART Issues Paper *Reforming Licensing in NSW* issued on 21 December 2012, by the Director, Strategic relations and Communications which included a section headed " *Authority to prescribe drug of addiction*". This section included the following:

"*The proposed implementation of a new national system to capture community pharmacy dispensed prescriptions of* (sic) *controlled drugs (ERRCD) may reduce or eliminate current requirements for authorised practitioners to report their prescribing of psychostimulants to the NSW Ministry of Health on a monthly basis."*

Hopefully, when introduced in NSW and across Australia, any *opioid epidemic / crisis* will be reduced by ERRCD. Anecdotally, it appears that the system is not yet operating in NSW.

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[i] *Perspectives*, UN *Office on Drugs and Crime* , Issue 3, April-June 2007, entitled "Afghanistan—Behind the opium tragedy";

[ii] C/F Millennium Essay *The Man who knew doses*, NATURE, Vol 406/ 24 August 2000 p 831: www.nature.com

[iii] *The Laws of Australia* Thomson Reuters, Chapter 20.11, *Regulation of Drugs*: 2014 Edition Subtitle Author: Dr. Annegret Kampf; Joint, Original and Updating, Subtitle Authors: Peter Dwyer & David B. Newgreen; (will be further cited in this paper as "TLA" followed by the relevant Chapter number / reference);

[iv] TLA [20.11.10],

[v] *R. v McGrath* [1971] 2 NSWLR 181 (CCA);

[vi] C/F for example, cases decided by NSW Pharmacy Tribunal; NSW Medical Tribunal and NCAT, readily available at www.austlii.edu.au; including: *HCCC v Cahill* [2013] NSWPHT 4, (27 May 2013); *HCCC v Larden* [2009] NSWPHT 1 (25 May 20090; *HCCC v Dhall* [2012] NSWPHT 2 (20 November 2012;

[vii] C/F TLA [20.11.20] and following sub-chapters;

[viii] Paper, David B. Newgreen (Victoria): '*Drug Control and Regulation'*: prepared as a lecture, delivered to B.Sc. students;

[ix](1961) 520 UNTS 151; [1967] ATS 31

[x] C/F NSW Health, Pharmaceutical Services website; and TLA;

[xi] C/F TLA [20.11.1050]

[xii] C/F TLA [20.11.1070]

[xiii] NSW PTGA *Division 2, Restrictions on prescribing drugs of addiction:* ss. 27-30B.

[xiv] NSW PTGA *Division 2*, Ibid., s. 27

[xv] NSW PTGA *Division 2*, Ibid. s. 28

[xvi] Ibid. s. 28(4)

[xvii] Ibid. s. 28A (1)

[xviii]Ibid. s. 29

[xix] Ibid. s 30 & s 30AA

[xx] *Berry v Henderson* (1870) LR 5 QB 296, per *Lush* J. at 304; C/F also, TLA [20.11.1130]

[xxi] For a discussion on many (legal) aspects of Pharmacy practice C/F: Dwyer, P. *Pharmacy Practice Today: An increased exposure to Legal Liability?* UNSW Law Journal (1997) Vol 20 (3).

[xxii] C/F TLA [20.11.1150]

[xxiii] C/F TLA [20.11.1080]

[xxiv] *Lifesavers: naloxone reverses opioid overdose*: Guild Bulletin, November 2013 (Pharmacy Guild of Australia), p 16;

[xxv] *Information for staff dispensing or administering Suboxone Sublingual Film*: Guild Bulletin, December 2013 (Pharmacy Guild of Australia) p 18;

[xxvi] For example, *Use opioid analgesics appropriately for the treatment of persistent pain:* Pharmaceutical Society of Australia, *Tool: targeted intervention*. February, 2010.

[xxvii] "*Spike in deaths from fentanyl overdoses*" Sydney Morning Herald, (SMH) December 13, 2012;

[xxviii] SMH, Ibid.

[xxix] SMH, Ibid.

[xxx] "*Doctor-shopping service not new: DHS*": PULSE+IT magazine: 3 September 2012; available at www.pulseitmagazine.com.au

[xxxi] Ibid.

[xxxii] Ibid.

[xxxiii] Ibid.

[xxxiv] Ibid. C/F also, "*Real-time Schedule 8 monitoring stalls*" MJA *InSight* 4 February 2013: www.mja.com.au/insight/2013