

Pharmaceutical misuse: issues and perspectives

Free interactive seminar and forum held from 10.00 am to 12.30 pm on Wednesday 25 February 2009, William Angliss Conference Centre, William Angliss Institute of TAFE, Level 5, 555 La Trobe Street, Melbourne.

Prevention of pharmaceutical misuse

Suzanne Nielsen,

Senior Research Fellow/Senior Pharmacist, Turning Point Alcohol & Drug Centre

This presentation was an overview of the issues paper, "Prevention of pharmaceutical drug misuse" Suzanne Nielsen co-authored with Nicola Thompson, Research Fellow, Turning Point Alcohol & Drug Centre, published by the DrugInfo Clearinghouse in December 2008.

There appears to be an increasing trend in the non-medical use of pharmaceuticals and their related harms. This misuse can be overuse of the drug through taking higher doses, taking it more frequently, or over a longer period than the prescriber intended. These drugs can also be intentionally misused to support an addiction, and may cause a different range of problems to those faced by illicit drug users.

Opioids

Many over-the-counter pain relievers combine an anti-inflammatory with codeine. A dependence on codeine leads to an associated increase in the dose of anti-inflammatory taken which can, in turn, result in stomach bleeds.

Misuse of opioid drugs can result in:

- › dependence
- › harm caused by injecting an oral drug
- › overdose
- › stomach irritation
- › opiophobia (where practitioners fear prescribing the opioids, resulting in undertreatment of pain).

Benzodiazepines

Benzodiazepines are commonly used to treat sleep problems and anxiety. Even low doses can cause problems, so it is preferable to use non-drug treatments such as cognitive behavioural therapy.

Misuse of benzodiazepines can result in:

- › tolerance and dependence occurring within weeks of commencement of taking the drug
- › injection injuries
- › road accidents
- › cognitive impairment
- › depression
- › crime.

Extent of the problem

The 2007 National Drug Strategy Household Survey showed that in 2007, 3.6 per cent of Australians over the age of 14 years had used pharmaceutical drugs for non-medical purposes within the previous 12 months.

These figures include those who have developed dependence as a result of medical treatment, chronic pain patients, those with unmet mental health needs and substance users, either trying to withdraw or using the drug to enhance the effect of, or substitute for, another drug.

It is estimated that prescriber/pharmacy shopping may cost the Pharmaceutical Benefits Scheme up to \$30 million per year.

Pharmaceutical misuse differs from illicit drug use because the drug is sanctioned by a prescriber, legally available, perceived to be safer and clients do not identify with traditional alcohol and other drug treatment services that have been developed to treat people who use illicit drugs.

Primary prevention

Primary prevention aims to prevent individuals commencing misuse of the drug, and could include:

- › public education and media campaigns
- › information about evidence-based non-drug treatments as first line of treatment
- › guidelines for general practitioners
- › prescription or pharmacy monitoring systems.

Secondary prevention

Secondary prevention aims to prevent pharmaceutical drug misusers from coming to harm and can include:

- › peer interventions
- › safe drug use information.

There may be a hidden population of pharmaceutical misusers and these will need to be identified and understood so that appropriate interventions can be planned.

Tertiary prevention

Tertiary prevention involves treating people who are already experiencing problems from pharmaceutical drug misuse.

- › These individuals are not usually attracted to traditional drug treatment services, yet there are few treatment interventions specifically for pharmaceutical misusers.
- › Installment dispensing involving “one doctor-one pharmacy” arrangements.
- › Treatment contracts.
- › Strict monitoring of pharmaceutical use during treatment.

Seeking help or seeking drugs?

Dr Benny Monheit,

Medical Director, Southcity Clinic

Drug and Alcohol Consultant, Alfred Hospital

Honorary Senior Lecturer, Monash University

Doctors are in a difficult position when dealing with clients seeking prescriptions for opioids. In refusing these clients they risk their safety, the safety of their staff and the efficient operation of their clinic.

Opioids

A case study described a woman who was receiving treatment for serious burns who was later discovered to also be doctor shopping for oxycodone. The decision of whether/how to treat strong pain, and how to deal with the client was considered. A major difficulty being that doctors really have little control over what the patient does. If the doctor refuses to supply a prescription it could contribute to distress and the risk of suicide.

A further difficulty being that state and federal governments each hold particular information on patients and prescriptions, but they do not communicate with one another.

Doctors are concerned about the misuse of oxycodone and feel that they need support to refuse patients suspected of doctor shopping.

Benzodiazepines

Benzodiazepines are often used by methadone patients to reduce anxiety, treat sleep disorders, increase the

effects of other drugs, to calm down after stimulant use or to support dependence.

This has been linked to needle sharing, polydrug use, psychopathology, criminal activity, poor health and poor social functioning.¹

In an audit of his own patients, Dr Monheit discovered that some of his patients had been taking benzodiazepines even though he hadn't prescribed them, which may be evidence of doctor shopping or illegal acquisition.

There are many guidelines covering benzodiazepines, including those published by the World Health Organization, The Royal College of Psychiatrists and the Royal Australian College of General Practitioners, but none of these specifically cover polydrug users with mental health issues. Prescribers need guidance in this area.

Selective serotonin reuptake inhibitors (SSRIs) can be used as an alternative to benzodiazepines, but clients are often reluctant to make the change claiming that the side effects are worse early in treatment, there is no quick relief and they may not wish to take “psych” drugs.

Treating pharmaceutical drug misusers

Pharmaceutical drug users are different to illicit drug users because they are generally more integrated into society, don't often inject and may be chronic pain sufferers.

Pharmaceutical Benefits Scheme data show that there has been a 134 per cent increase in oxycodone prescription in the past five years. This may be due to better treatment of chronic pain, marketing or perhaps abuse of the drug.

It can be risky for doctors to treat this group as there is little support from authorities and the risk of coming to the attention of authorities increases.

Doctors want an online, up-to-date, confidential list of registered drug users and doctor shoppers. They also need mentoring and support, training in dealing with these patients and developing a clinic strategy, and trials of flexible treatment options such as hospital pain medication clinics.

A pharmacist's perspective

Irvine Newton

Chair, Pharmaceutical Society of Australia Harm Minimisation Committee

Community Pharmacist

Misuse of pharmaceuticals implies that the drugs are being used outside the purpose for which they were intended.

¹ Shane Dark “Moderators of treatment outcome” in Ward J, Mattick R & Hall W 1998 *Methadone maintenance and other opioid replacement therapies*, Amsterdam: Harwood Academic Publishers.

More information

For more information on drugs and drug prevention contact the DrugInfo Clearinghouse on tel. 1300 8585 84, email druginfo@adf.org.au, or see our website www.druginfo.adf.org.au

The role of the pharmacist is to provide medicines for their intended purpose, and to help make people well. They have a moral and ethical obligation to try to help their clients.

Pharmacists are particularly concerned about inappropriate use of pharmaceuticals. This includes:

- › medications taken in doses larger than prescribed, taken too often, or for too long
- › medications taken for an effect other than the purpose for which they were prescribed
- › medications used by a different route than intended, for example, injection of tablets
- › use to support dependence
- › medications sold on to others for illicit purposes.

Apart from benzodiazepines and codeine-containing pain relievers, pharmacists are also particularly concerned about pseudoephedrine-containing cold remedies. These products are often directly diverted into the illicit amphetamine market. Pharmacists have played a significant role in reducing this practice, but are concerned that the drug should still be available to those needing relief from cold symptoms.

An effective auditing system, such as a pharmacy intranet, alongside effective community education campaigns, could help to further reduce doctor shopping and pharmaceutical drug misuse.

Reconnexion

Gwenda Cannard

Chief Executive Officer, Reconnexion Inc.

Gwenda spoke about the symptoms and treatment of benzodiazepine dependency.

Dependency on benzodiazepines can result from continuous daily use, even in low, prescribed doses. Benzodiazepine use can result in dependency for 50–80 per cent of people taking them continuously for more than six months.

Withdrawal can be very distressing, and there is no way of knowing which individuals are likely to have a difficult time, and which will have few symptoms at all.

Common symptoms of withdrawal can mimic the condition for which the benzodiazepines were prescribed in the first place, so the client may continue or increase the dose. These symptoms include:

- › anxiety and panic attacks
- › insomnia
- › heightened sensitivity of the senses
- › muscle twitching and spasm
- › pins and needles
- › nausea
- › dizziness
- › depression

- › memory loss
- › loss of appetite
- › hallucinations.

Benzodiazepines are appropriate for use in the short term, until other therapies, such as cognitive behavioural therapy or long-term medications are in place.

For example, benzodiazepines are often used as a treatment for sleep problems. They should be used for only a limited time to reduce the risk of developing a dependency. After around two weeks they will lose their therapeutic effect and long-term users have worse sleep than their non-drug using counterparts because they have reduced deep sleep and wake more frequently.

It is more beneficial to use behavioural strategies for long-term treatment.

Patients over 65 years old who take benzodiazepines are prone to over sedation, falls, impaired blood pressure regulation, cognitive impairment, nocturnal urinary incontinence, depression, worsening sleep and respiratory problems.

Polydrug users who are taking benzodiazepines face the specific risks of:

- › increased risk of overdose
- › increased risk-taking behaviour
- › disinhibition
- › increased offending
- › harms related to intravenous use of benzodiazepines.

Research shows a link between long-term benzodiazepine use and cognitive impairment.²

It is safe and appropriate to use benzodiazepines in the short term, intermittently or for normal medical uses, for example, anaesthesia.

For more information about Reconnexion visit www.reconnexion.org.au.

2 Barker M, Jackson M, Greenwood K & Crowe S, LaTrobe University 2003 "Cognitive Effects of Benzodiazepine Use: A Review", *Australian Psychologist* 38,3 pp. 202–213

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