



## Public Health Association of Australia:

### Policy-at-a-glance – Pharmaceutical Drug Misuse Policy

**Key message:**

1. Pharmaceutical drugs, when used as intended as part of quality medical care, make a positive contribution to the health and wellbeing of many members of the community. Strategies to reduce pharmaceutical misuse must balance the need to preserve the community benefits of these drugs against the requirement to protect the community from harm associated with misuse.
2. A public health approach to reducing pharmaceutical misuse and associated harms must be comprehensive and focus primarily on preventing or delaying the onset of drug misuse, and minimising harm associated with misuse. A combination of prevention strategies addressing the broader community, plus targeting at-risk groups and existing users is required. Policy responses to pharmaceutical misuse should emphasise alterations to the structural environment to make healthy lifestyle choices easier, rather than shifting the responsibility for behaviour change solely to the individual.

**Summary:** PHAA believes that policy and programs should be designed and implemented to: raise awareness; restrict supply; improve monitoring; reduce demand; and reduce harm. This policy seeks to outline a series of principles and tangible actions designed to achieve these goals.

**Audience:** Australian, State and Territory Governments, policy makers and program managers.

**Responsibility:** PHAA's Health Promotion Special Interest Group (SIG)

**Date policy adopted:** September 2010

**Contact:** Professor Peter Howat, Convenor, Health Promotion SIG –  
[p.howat@curtin.edu.au](mailto:p.howat@curtin.edu.au)

## Pharmaceutical Drug Misuse Policy

### ***The Public Health Association of Australia (PHAA) notes the following:***

1. Pharmaceutical drug misuse refers to any use of pharmaceutical drugs that is inconsistent with the intended use or directions [1]. This may include:
  - a. *Overuse*, where a therapeutic drug is being used at higher doses or for a longer duration than prescribed or directed.
  - b. *Intentional misuse*, where pharmaceutical drugs are used, often in large doses, for their intoxicating effects, or to enhance the intoxicating effects of other substances (also referred to as *non-medical use*).
  - c. *Diversion*, where prescribed pharmaceutical drugs are transferred from the original user to others through on-sale via illegal markets for profit.
2. Pharmaceutical drug misuse in Australia is common and ranks highly among other forms of illicit drug misuse. In 2007, 3.6% of Australians aged 14 years or older had used pharmaceuticals such as analgesics, tranquillisers or steroids for non-medical purposes in the previous 12 months [2]. Misuse of analgesics (2.5%) was the third most common form of illicit drug use, behind marijuana/cannabis (9.1%) and ecstasy (3.5%) use, and ahead of more readily identified drugs of misuse such as cocaine (1.6%) and heroin (0.2%) [3]. Misuse of tranquilisers and sleeping pills was reported by 1.4% of the population [3].
3. In the United States, the misuse of prescription drugs doubled between 1992 and 2003, and now exceeds misuse of all illicit drugs except cannabis [4]. Harm associated with pharmaceutical drug misuse is also increasing; of the 1.7 million Emergency Department (ED) visits in 2006 related to drug misuse, many (43%) related to non-medical use of pharmaceuticals [5]. In 2006, the number of unintentional poisoning deaths involving prescription opioid analgesics exceeded the combined number of deaths due to the illicit drugs cocaine and heroin [6]. This evidence of harm from misuse of pharmaceutical drugs may point to future trends in Australia.
4. Opioid analgesics and benzodiazepines are the most commonly misused classes of pharmaceutical drugs in Australia [7]. They are also among the most widely available drugs in Australia. Opioid analgesics, which are primarily indicated for the treatment of pain, are available via prescription only, except for codeine, which is available in combination with other analgesics over-the-counter from pharmacists. Benzodiazepines are used to treat stress, anxiety, insomnia and panic attacks, and although only available by prescription, are among the most commonly prescribed drugs in Australia [8].
5. The risks associated with the use and misuse of pharmaceutical drugs is poorly recognised within the community. Many people perceive opioid analgesics and benzodiazepines to be “low risk”

because they are therapeutically indicated by a health professional, “safer” than illicit drugs, and do not recognise them as drugs for potential misuse [7].

6. In many cases pharmaceutical drug misuse can lead to dependence, poisoning, serious morbidity and death. Pharmaceutical drug misusers may also experience difficulties with their relationships, poor outcomes in education or employment, and legal problems. Harms associated with pharmaceutical misuse reach beyond the individual to impact on family, workplaces and the community. Pharmaceutical misuse places a burden on the health system and is associated with both crime to obtain and traffick, and crime under the influence of drugs.
7. Pharmaceutical drug misusers are a heterogeneous population. Some may choose to misuse drugs for their intoxicating effect. Others misuse or become dependent without perceiving that they have a substance use disorder. The latter are described as a hidden population who may not recognise that they have a problem, are not easily identified by health professionals, and are not attracted into treatment settings designed for illicit drug users. Pathways to misuse of pharmaceuticals include the unwitting development of physical and psychological dependence during medical treatment; prolonged and increasing self-medication for pain, anxiety, and other disabling symptoms; and substitution for other illicit drugs.
8. Use of pharmaceuticals by injecting drug users (IDUs) is related to availability of other illicit drugs; it is likely that the decrease in availability of heroin in some areas of Australia during the early 2000s contributed to increasing pharmaceutical opioid and benzodiazepine misuse by IDUs [9]. Public health strategies to reduce pharmaceutical misuse and minimise associated harms should be complementary to broader approaches towards illicit drug misuse (refer *PHAA Illicit Drug Misuse Policy*).
9. Persons who are dependent on alcohol, have chronic pain or a mental illness are especially vulnerable to misuse of pharmaceutical drugs. Students are another segment of the population who are likely to misuse pharmaceutical drugs.
10. Since 1985, Australia’s *National Drug Strategy* has consistently advocated a harm minimisation approach which balances supply reduction, demand reduction and harm reduction strategies.
11. In late 2009, the Ministerial Council on Drug Strategy (MCDS) endorsed the development of a *National Pharmaceutical Drug Misuse Strategy*, to provide a systematic national response to pharmaceutical diversion and misuse, and address prevention, supply, harm reduction and improved access to quality treatment.

***The Public Health Association of Australia affirms the following principles:***

12. Pharmaceutical drugs, when used as intended as part of quality medical care, make a positive contribution to the health and wellbeing of many members of the community [7]. Strategies to reduce pharmaceutical misuse must balance the need to preserve the community benefits of these drugs against the requirement to protect the community from harm associated with misuse.
13. A public health approach to reducing pharmaceutical misuse and associated harms must be comprehensive and focus primarily on preventing or delaying the onset of drug misuse, and minimising harm associated with misuse. A combination of prevention strategies addressing the broader community, plus targeting at-risk groups and existing users is required. Policy responses to pharmaceutical misuse should emphasise alterations to the structural environment

to make healthy lifestyle choices easier, rather than shifting the responsibility for behaviour change solely to the individual.

***The Public Health Association of Australia believes that the following steps should be undertaken:***

14. Raise awareness:

- a. Raise awareness of the community and health professionals to the risk of dependence, other harms and potential for misuse of pharmaceutical drugs.

15. Restrict supply:

- a. Limit prescription duration and over-the-counter (OTC) packaging size for pharmaceuticals prone to misuse to short term use only, requiring patients and consumers to engage with a health professional to determine appropriateness of prolonged use.
- b. Advocate for the rescheduling of pharmaceuticals under the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) whenever it is evident that the threat to public health exceeds the benefits of less restricted community access.

16. Improve monitoring:

- a. Implement real-time electronic coordinated medication management systems to limit drug-seeking, and enable prescribers and pharmacists to make informed decisions about safe prescribing and dispensing of dangerous medications at the time of prescribing or dispensing.
- b. Include sales of OTC codeine analgesics in the coordinated medication management system to enable earlier detection of drug-seeking and limit pharmacy-shopping.
- c. Support the continued roll-out and implementation of the Pharmacy Guild of Australia's Project STOP - the decision making tool for pharmacists aimed at preventing the use of pseudoephedrine based products to manufacture methamphetamine. To participate in Project STOP, a pharmacist needs to ask for photographic identification when a pseudoephedrine-based product is requested [10].

17. Reduce demand:

- a. Reduce demand for pharmaceutical drugs by increasing health professional and consumer awareness of non-drug management options for conditions such as anxiety, insomnia and chronic pain.

18. Reduce harm:

- a. Improve access to safe facilities and affordable clean equipment for injecting through Needle and Syringe Programs.
- b. At all prescribing and dispensing occasions of pharmaceutical drugs prone to misuse inform consumers of the risks associated with non-medical use, and provide information on ways to prevent harm and access support and treatment.
- c. Ensure people who misuse pharmaceutical drugs can receive treatment and care which is appropriate, accessible, affordable and informed by evidence.

***The Public Health Association of Australia resolves to undertake the following actions:***

19. The Board, Special Interest Groups and State and Territory Branches will advocate this policy to the Ministerial Council on Drug Strategy (MCDS), all levels of government and other relevant interested parties.
20. PHAA will seek to assist in the development of the *National Pharmaceutical Drug Misuse Strategy*.

***References:***

- [1] Nielsen S, Thompson N. Prevention of pharmaceutical drug misuse. West Melbourne: Drug Info Clearinghouse December 2008.
- [2] Australian Institute of Health and Welfare. 2007 National Drug Strategy household survey: detailed findings. Canberra: AIHW 2008.
- [3] Australian Institute of Health and Welfare. 2007 National Drug Strategy Household Survey: first results. Canberra: AIHW 2008.
- [4] International Narcotics Control Board. Abuse of prescription drugs to surpass illicit drug abuse, says INCB. Annual Report Press Release no4 1 March 2007 [cited 4 May 2010]; Available from: <http://www.incb.org/pdf/e/press/2007/>
- [5] Substance Abuse and Mental Health Services Administration - Office of Applied Studies. Drug Abuse Warning Network, 2006: National Estimates of Drug-Related Emergency Department Visits. Rockville, MD; 2008
- [6] Warner M, Chen LH, Makuc D. Increase in Fatal Poisonings Involving Opioid Analgesics in the United States, 1999–2006 Hyattsville, MD: National Center for Health Statistics; 2009.
- [7] Drugs and Crime Prevention Committee. Inquiry into misuse/abuse of benzodiazepines and other pharmaceutical drugs. Melbourne: Parliament of Victoria 2007.
- [8] Australian Department of Health and Ageing. Australian Statistics on Medicines 2008. Canberra: Drug Utilisation Sub-Committee, Pharmaceutical Benefits Advisory Committee, Department of Health and Ageing, Commonwealth of Australia 2010.
- [9] Degenhardt L, Day C, Hall W. The causes, course and consequences of the heroin shortage in Australia. Sydney: National Drug and Alcohol Research Centre, University of New South Wales 2004.
- [10] The Pharmacy Guild of Australia. 2010. Project Stop website: <http://www.projectstop.com.au/>

**ADOPTED 2010**

***PHAA's Pharmaceutical Drug Misuse Policy was developed during the 2010 policy revision process and adopted at the Annual General Meeting in September 2010.***