

# Pharmaceutical Drug Misuse Policy

## Policy Position Statement

**Key messages:** PHAA will :

1. Support strategies focused primarily on preventing or delaying the onset of drug misuse, and minimising harm associated with misuse.
2. Advocate this policy to the Ministerial Council on Drug Strategy (MCDS), all levels of government and other relevant interested parties.
3. Seek to assist in the development of the National Pharmaceutical Drug Misuse Framework.

**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:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

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

**Date policy adopted:** 23 September 2021

# Pharmaceutical Drug Misuse

## Policy Position Statement

### PHAA affirms the following principles:

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.<sup>4</sup> 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 reduce pharmaceutical misuse and associated harms must be comprehensive and focus primarily on preventing or delaying the onset of drug misuse, and minimise harm associated with misuse. A combination of prevention strategies addressing the broader community, plus targeting at-risk groups and existing users is required.
3. Policy responses to pharmaceutical misuse should ensure that pharmaceutical medications with dependence liability are only prescribed where there is evidence that they are the most effective treatment, and where safeguards such as ongoing monitoring of effectiveness and for evidence of adverse effects are in place to minimise harms.<sup>8</sup>

### PHAA notes that the following evidence:

4. Pharmaceutical drug misuse refers to any use of pharmaceutical drugs that is inconsistent with the intended use or directions, which includes overuse, intentional misuse and diversion to unintended users.<sup>1</sup>
5. Pharmaceutical drug misuse is common in Australia. The 2019 National Drug Strategy Household Survey found that 1 in 25 (4.2%) Australians aged 14 or older had misused a pharmaceutical in the previous 12 months, which was a decline from 4.8% in 2016.<sup>2</sup>
  - a. Pharmaceutical pain-killers/pain-relievers and opioids (excluding over-the-counter) were the most common pharmaceuticals used for non-medical purposes (2.7%), followed by tranquilisers/sleeping pills (1.8%).<sup>3</sup>
  - b. Non-medical use was still highest among people aged 20–29 at 3.8%, but use among older age groups ranged from 2.4% to 3.2%.<sup>2</sup>
  - c. In 2019, the decline was primarily due to reduction of non-medical use of pain-killers and opioids from 3.6% in 2016 to 2.7% in 2019. In 2018, codeine was made a prescription-only medication, which impacted on reduction of codeine use for non-medical reasons, from 3.0% in 2016 to 1.5% in 2019.<sup>2</sup>

- d. People who used pain-killers and opioids for non-medical purposes also used them less frequently, with the proportion using them at least weekly declining from 29% in 2016 to 19.5% in 2019.<sup>2</sup>
- e. In 2019, approval for the regular adult non-medical use of prescription pain-killers/pain-relievers (12.4%) and tranquilisers/sleeping pills (9.3%) was higher than for all other illicit drugs, except cannabis (19.6%).<sup>3</sup>
6. 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.<sup>4</sup>
7. Pharmaceutical drug misuse can lead to dependence, poisoning, serious morbidity and deaths. Between 2014–15 and 2018–19, benzodiazepines and other sedatives and hypnotics (excluding alcohol) continued to result in more drug-related hospital separations than opioids. Between 2010 and 2019, the number of deaths, where benzodiazepines were present, rose by 46%.<sup>3</sup> In 2018, amongst all the 1,740 registered drug-induced deaths, opioids were present in two-third of deaths (1,123, 65%).<sup>5</sup>
8. 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 divert, and crime under the influence of drugs.<sup>6</sup>
9. Factors associated with prescribing high-dose opioids include co-prescription of benzodiazepines, male gender and depression, indicating careful consideration during prescription at primary care settings.<sup>7</sup>
10. Implementing this policy would contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Wellbeing.

### PHAA seeks the following actions:

11. Raise awareness:
  - Raise awareness of the community and health professionals to the risk of dependence, other harms and potential for misuse of pharmaceutical drugs.
  - Patients need to be aware of possible fatal complications of mixing opioids, benzodiazepines and/or alcohol.<sup>9</sup>
  - Awareness could be raised through social and web-based supports along with strategies adopted to improve the management of pain, stress and mental health to reduce misuse.<sup>10</sup>
12. Restrict supply:

- 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.
- In a general practice setting, the use of evidence-based guidelines can help with managing inappropriate requests for drugs of dependence.<sup>9</sup>

13. Improve monitoring:

- Implement with regular monitoring of real-time electronic coordinated medication management systems to limit drug-seeking and enable prescribers, dispensers and regulators to make informed and timely decisions about safe supply of schedule 8, prescription opioids and any other pharmaceutical drugs prone to misuse at the time of prescribing or dispensing.

14. Reduce demand:

- Increase health professional and consumer awareness and use of non-drug management options for conditions such as anxiety, insomnia and chronic pain.
- General practices can promote competency development for prescribing drugs of dependence, use of non-pharmacological interventions, focus on maximizing health outcomes and social functioning while minimising drug misuse, adopt secondary prevention strategies.<sup>11</sup>

15. Reduce harm:

- At prescribing and dispensing occasions of pharmaceutical drugs prone to misuse, inform consumers of the risks associated with use, non-medical use, and provide information on ways to prevent harm and access support and treatment.
- Ensure people who use and misuse pharmaceutical drugs can receive treatment and care that is appropriate, accessible, affordable and informed by evidence.

16. Consistency across all states and territories in Australia

- It is important to have consistent laws and regulatory definitions of drugs of dependence across all jurisdictions, so that surveillance and monitoring are improved.

**PHAA resolves to:**

17. 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.
18. Commonwealth of Australia has already developed National Drug Strategy 2017-26.9 PHAA will seek to assist in the subsequent updates and development of the National Pharmaceutical Drug Misuse Framework.

**ADOPTED 2013, revised 2018 and 2021**

## References

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