

Pharmaceutical Drug Misuse

Policy Position Statement

Key messages:	PHAA believes that policy and programs should be designed and implemented to raise awareness, restrict supply, improve monitoring, reduce demand, and reduce harm from pharmaceutical drug misuse. This policy seeks to outline a series of principles and tangible actions designed to achieve these goals.
Key policy positions:	<ol style="list-style-type: none">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 Ministerial Drug and Alcohol Forum, all levels of government and other relevant interested parties.3. Seek to assist in the development of the National Pharmaceutical Drug Misuse Framework.
Audience:	Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
Responsibility:	PHAA's Health Promotion Special Interest Group (SIG)
Date adopted:	September 2024
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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. 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.

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, potential for deliberate self-harm with the intention of harm or death and diversion to unintended users.¹
5. Pharmaceutical drug misuse is common in Australia. The 2022-23 National Drug Strategy Household Survey (NDSHS) found that 1 in 20 (5.3%) Australians aged 14 or older had misused a pharmaceutical drug in the previous 12 months, which was an increase from 4.8% in 2016.²
 - a. Pharmaceutical pain-killers/pain-relievers and opioids (excluding over-the-counter) were the most common pharmaceuticals used for non-medical purposes (2.2%), followed by pharmaceutical stimulants (2.1%) and sedatives/sleeping pills (1.6%).³
 - b. Use of pain-relievers for non-medical purposes decreased between 2019 (2.7%) and 2022-23 (2.2%). This reduction was primarily due to the decrease use amongst males (3% in 2019 to 2.1% in 2022-23). Females had similar rates of use (2.2%) in the NDSHS survey.³
 - c. New data obtained from the 2022-23 NDSHS found that around 400,000 people (2.1% of the population) had used pharmaceutical stimulants such as dexamphetamine and methylphenidate (for example, Ritalin, Concerta) for non-medical purposes in the previous 12 months. Stimulant use wasn't previously analysed in older surveys such as the 2019 NDSHS. Recent use of pharmaceutical stimulants was higher among people aged 20-29 years (4.8%) compared to people over 50 years (0.6%).³
 - d. In 2022-23, approval for the regular adult non-medical use of prescription analgesics/pain-killers/pain-relievers (13%) and sedatives/sleeping pills (9.5%) was higher than for all other illicit drugs, except cannabis (23%).³

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.⁴
7. Pharmaceutical drug misuse can lead to dependence, poisoning, serious morbidity and deaths. In 2022, there was a report of 1,693 drug-induced deaths, a quarter of those deaths (27%) was due to heroin. Opioids were the most common drug class identified in toxicology for drug-induced deaths.⁵
8. In 2022, multiple drugs (excluding alcohol) were involved in at least half of ambulance attendances related to benzodiazepines and opioid analgesics.³ For benzodiazepines, this ranged from 68% of attendances in New South Wales to 76% of attendances in the Australian Capital Territory; for opioid analgesics the range was from 71% in New South Wales to 83% in Tasmania. Unlike most other drug types, most attendances were for females, 3 in 5 (59%) of total attendances. The highest rates of attendances were in people aged 15–24. For benzodiazepines – 54% were female and for opioids – 55% were female. Between 2021-22 rates of any pharmaceutical-related ambulance attendances have decreased across all jurisdictions, with the exception of Tasmania.³
9. People living in remote and very remote areas were about 1.2 times as likely as those from major cities to have recently used pain-killers/pain-relievers and opioids for non-medical purposes in 2022–2023 (2.7% compared with 2.2%), which was a reduction from 2019 (1.5 times). People living in the most disadvantaged socioeconomic areas were 1.6 times as likely as those from the most advantaged socioeconomic areas to have used pain-relievers/opioids for non-medical purposes (2.8% compared with 1.7%). Conversely, people living in the most advantaged areas were 2.7 times as likely as those from the most disadvantaged socioeconomic areas to have recently used pharmaceutical stimulants for non-medical purposes (3.5% compared with 1.3%).³
10. Data from a 2023 report by the National Wastewater Drug Monitoring Program (NWDMP) indicate that nationally, oxycodone consumption increased in both capital city and regional sites. In August 2023, oxycodone and fentanyl population-weighted average consumption was higher in regional areas compared to capital cities.³
11. 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.⁶
12. Factors associated with prescribing high-dose opioids include co-prescription of benzodiazepines, male gender, emergency department visit, unemployment and depression, indicating careful consideration during prescription at primary care settings.⁷
13. Previous changes to prescribing rules of codeine, making it a prescription-only medicine, have shown to reduce pharmaceutical drug misuse.¹ In 2020, prescribing restrictions for Pharmaceutical Benefits Scheme (PBS)-subsidised opioid medicines were tightened and reduced product sizes formulations introduced. This was followed by reduced dispensing of PBS-subsidised opioids, which consequently contributed to declined opioid medicine use in Australia.⁸

14. Implementing this policy would contribute towards achievement of UN Sustainable Development [Goal 3: Good Health and Wellbeing](#).

PHAA seeks the following actions:

15. 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.⁹
- Awareness could be raised through social and web-based supports along with strategies adopted to improve the management and prevention of pain, stress and mental health to reduce misuse.¹⁰
- Awareness targeted at a growing area of concern – young people aged 14-19.
- Awareness that non-medicinal use of pharmaceuticals versus illicit drugs should not be normalised simply because pharmaceuticals are legal.¹¹

16. 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.⁸
- In a general practice setting, the use of evidence-based guidelines can help with managing inappropriate requests for drugs of dependence.⁹ Mental health should be assessed when opioids are prescribed to identify risk factors for dependence and prevent potential adverse health outcomes.
- There should be a robust guideline for prescribing drugs at risk of misuse and timely specialist referral pathways for general practitioners and patients.

17. Improve monitoring:

- Implement with regular monitoring of real-time electronic coordinated medication management systems (linking jurisdictional based systems into a national system) 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.

18. Reduce demand:

- Increase health professional and consumer awareness and use of non-drug management options for conditions such as anxiety, insomnia and chronic pain. State and Federal Governments should increase resources for early intervention services.
- 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.¹²

19. Reduce harm:

PHAA Position Statement on Pharmaceutical Drug Misuse

- 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, such as prominent warning labels on packaging.
- Ensure people who use and misuse pharmaceutical drugs can receive treatment and care that is appropriate, accessible, affordable and informed by evidence.
- Inform the public and patients using pharmaceutical drugs prone to misuse and educate prescribers in methods for deprescribing medications with misuse potential to as low a dose as practicable (recognising long term users may not be able to completely stop).^{13,14}

20. 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:

21. The Board, Special Interest Groups and State and Territory Branches will advocate this policy to the Ministerial Drug and Alcohol Forum all levels of government and other relevant interested parties.
22. Commonwealth of Australia has already developed National Drug Strategy 2017-26. PHAA will seek to assist in the subsequent updating and implementing of the National Pharmaceutical Drug Misuse Framework for Action.

(Adopted 2013, revised 2018, 2021 and 2024)

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