

guideline for medical practitioners

Clients seeking to change from restricted S8 pharmacotherapy medication for opiate addiction to non-restricted S8 opiate medication for pain

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Northern Territory Law

Section 31F of the *Poisons and Dangerous Drugs Act* states that when prescribing non-restricted Schedule 8 substances “**therapeutic use does not include use for the treatment of an addiction**”.

Transfer of a client being treated for a diagnosed opiate addiction from pharmacotherapy medication to non-restricted S8 opiate medication is unusual. An example is a client being treated for addiction who develops a terminal illness requiring palliative care.

Inability to comply with the requirements of a pharmacotherapy program for behavioural or social reasons is not an indication to prescribe non-restricted S8.

A common situation

A common situation is when a client initially treated for a pain disorder, transfers to an opiate pharmacotherapy program due to the development of addictive behaviours, seeking to recommence opiates prescribed for pain.

People who have previously injected opiates are at high risk of relapse to injecting when supervision is relaxed. Risks are blood borne viral and other serious systemic infections, local infective and vascular damage, and overdose.

Return to non-restricted S8 treatment for pain should therefore be considered only after a stable period of maintenance pharmacotherapy, in conjunction with the pharmacotherapy prescriber, and with a careful management and monitoring plan in place.

Morphine remains the drug reportedly most often injected by intravenous drug users in the NT¹. Physeptone tablets are also injected. Some patients sell a proportion of their prescribed medication.

Risks

- injection of oral medication
- escalation of opiate addiction
- diversion of medication
- overdose/death of a client or other person/s.

Aim

To protect opiate addicted individuals, the public and medical practitioners.

Assessment and management

In considering a request to transfer a client with diagnosed opiate addiction, who has been managed on an opiate pharmacotherapy program, the medical practitioner **must** ensure that the client is suffering from another condition other than addiction, which **requires the person to be treated with non-restricted opiate medication.**

The medical practitioner should undertake the safety measures detailed overleaf.

¹ Illicit Drug Reporting System (IDRS), NDARC, 2006.

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The medical practitioner should:

- Obtain full details of patient history and treatment from the pharmacotherapy prescriber and from previous treating medical practitioners.
- Check the patient's S8 history with Poisons Control Branch and overall medication history with Medicare Australia.
- Consider the client's emotional stability, mental health and other medications/conditions that could impact on their social stability and safety.
- Consider other drug use by the patient, such as benzodiazepines or amphetamines.
- Develop a management and monitoring plan with the following minimum elements:
 - **Contract** between the patient, prescriber and dispensing pharmacy.
 - **Dose** of S8 medication specified, including any recommended dose reduction regime.
 - **Pick-up** of S8 medication at the **shortest possible interval** from the pharmacy or another health facility able to safely store prescription medicine on the patient's behalf. The interval should take account of advice from the pharmacotherapy prescriber about the client's takeaway regime, record on the opiate pharmacotherapy program and any use of other drugs. Intervals should be short initially (daily/second daily/twice a week), extending over time to weekly as indicated by the results of monitoring.
 - **Monitor** and review, including **urine drug screen for illicit drug use and examination for injecting sites**.
 - Address any use of **other drugs** in consultation with Alcohol and Other Drugs Services, DHCS.
 - Specific reviews as recommended or required by Pain Service, Alcohol and Other Drugs Services and the prescribing GP.
 - No doctor shopping for opiates or benzodiazepines.
- Ensure that the client continues to fulfil the conditions of the contract.

Aberrant or addictive behaviours²

Major aberrant behaviour, more predictive:

- selling prescription drugs
- prescription forgery
- stealing or borrowing drugs from others
- injecting oral formulations
- obtaining prescription drugs from non-medical sources
- concurrent abuse of alcohol or illicit drugs
- multiple non-sanctioned dose escalations
- multiple episodes of prescription loss
- repeatedly seeking prescriptions from other physicians or emergency departments without informing the prescriber or after warnings to desist
- evidence of deterioration in function, at work, in the family, or socially, that appear to be drug-related
- repeated resistance to therapy changes despite clear evidence of adverse physical or psychological effects from the drug.

Minor aberrant behaviour, less predictive:

- aggressive complaining about the need for more drug
- drug hoarding during periods of reduced symptoms
- requesting specific drugs
- openly acquiring similar drugs from other medical sources
- unsanctioned dose escalation
- unapproved use of the drug to treat other symptoms.

Need more information?

Poisons Control

Department of Health and Community Services

Phone: 08 8922 7341

Fax: 08 8922 7200

² Graziotti and Goucke: November 2002, Public Position Paper for the Directors of the Australian Pain Society, The Use Of Oral Opioids in Patients with Chronic Nonmalignant Pain: Management Strategies.