

Drugs of dependence: Responding to requests

Fact sheet



This fact sheet is a brief guide to identifying and responding to requests for drugs of dependence that might be inappropriate.

Drugs of dependence, defined as prescription medicines that have a recognised therapeutic need but also a higher potential for misuse, abuse and dependence,¹ can make a valuable contribution to patient care. However, problematic or risky use of these medicines, along with harmful outcomes, is now more prevalent,² and general practitioners (GPs) are likely to be exposed to increased requests for prescriptions.

The drugs of dependence that are associated with the most problematic use include opioids, benzodiazepines and steroids.² Additionally, the rise in prescribing rates of gabapentinoids (gabapentin and pregabalin) for neuropathic pain treatment has seen an increase in the risky use of these medicines.³

Patients may knowingly or unknowingly use these drugs of dependence in problematic or risky ways for a variety of reasons, including:

- a legitimate medical need for these medicines but in inappropriate dosages, for inappropriate uses, or where the person is at higher risk due to other morbidities
- a lack of awareness of non-pharmacological alternatives
- the belief that the medicine is the only solution
- stockpiling them for later use out of fear of access restrictions or for recreational use
- where the person has developed a substance use disorder
- selling medicines for financial or other reward
- giving medicines to friends and family due to a desire to alleviate others' distress.

Behaviours suggesting problematic or risky use of these medicines

There is no single profile for people who develop problematic or risky use of drugs of dependence. The following behaviours may be demonstrated across all ages, cultural and educational groups.

Typical requests and complaints

- Aggressively complaining about the need for a particular medicine
- Asking for specific medicines by name
- Asking for non-generic medicines
- Requesting to have medicine doses increased
- Demonstrating a pattern of lost or stolen prescriptions
- Claiming multiple pain medicine allergies
- Displaying anger or irritability when questioned closely about pain

Inappropriate self-medicating

- Escalating doses – self-initiated and unauthorised
- Hoarding medicines
- Using medicine for non-prescribed purposes (eg to enhance mood, aid sleep)

Inappropriate use of general practice services

- Visiting multiple doctors for drugs of dependence
- Frequently calling the practice
- Frequently making unscheduled practice visits for early refills
- Consistently displaying disruptive behavior at the practice
- Consistently calling outside practice hours or when a particular GP is on call who prescribes controlled substances

Resistant behaviours

- Being unwilling to consider other medicines or non-pharmacological treatments
- Being unwilling to sign a drugs of dependence agreement
- Refusing diagnostic assessment or consultation

Other behaviours

- Being more concerned about the medicines than the medical problem
- Displaying deterioration at home or work, or reducing social activities because of medicine side effects

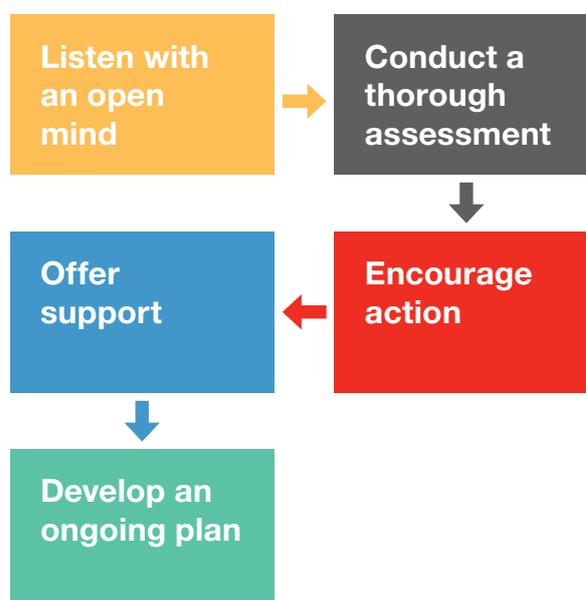
Responding to requests for drugs of dependence

Responding to requests for drugs of dependence requires a nuanced approach for each patient. The lived experience of patients prescribed these medicines is often complex and should be acknowledged. It is important to acknowledge that many people are initially prescribed these medicines for legitimate reasons, such as for treatment of acute pain, and their addictive properties may then lead to problematic use.

In order to protect patients from the harms associated with inappropriate use of these medicines, an assessment needs to be made as to the appropriateness of each request.

Consider:

- Why was the medicine originally prescribed?
- How long has the patient been taking the medicine?
- Who originally prescribed the medicine and for what reason?
- What is the patient's prescription history? (Refer to section below)
- What is the ongoing medical need for the medicine?
- How does the patient perceive their medicine use?
- What is the patient's understanding of the benefits and harms of the medicine?
- What alternative strategies have been implemented/attempted?
- Is the patient known to you or your practice?



Considering these factors, you may respond with a variety of approaches, including:

- prescribing the medicine
- prescribing a reduced dose of the medicine with a plan to taper
- implementing arrangements for staged supply and/or supervised dosing at a pharmacy
- enrolling the patient in an opioid substitution/treatment program
- prescribing only a few doses of the medicine
- liaising with the initial prescriber to source further clinical information
- declining to prescribe but offering non-pharmacological alternatives
- referring to a colleague with more expertise/interest/experience.

Saying ‘no’ can sometimes feel difficult. Engaging empathetically to offer alternative solutions to their problem, or to explore options to manage the underlying issue, provides an opportunity for health improvement in the long term. Conversations should be framed as protecting the patient from medicine-related harm and should avoid stigmatising language (refer to the ‘Resources’ section of this document). Being upfront about your decision will help to identify patients who are open to this approach.

Some responses may include:

- ‘I don’t prescribe these medicines; however, I’d like to know more about why you are on them and the best way to manage this. Can we talk about how you came to be on them?’
- ‘Sleeping tablets have been used in the past to help people sleep; however, they have risks and side effects, so we rarely prescribe them now.’
- ‘Doctors in this practice have very strict criteria for prescribing these medicines and insist on continual monitoring of patients they prescribe them to.’
- ‘The rules around these medicines have changed due to the range of serious harms they were causing. We now encourage patients to ...’
- ‘I am concerned that sometimes a request of this nature is a sign that someone may have developed a dependence for, or is at risk of harm from, the medicine. Can we talk about how much you are using?’
- ‘Unfortunately taking tablets may just be treating a symptom. I’d like to get to the cause and help you with this problem’

Checking a patient’s prescription history for drugs of dependence

The **Medicare Prescription Shopping Programme** can provide registered prescribers with the prescription histories of patients who meet certain criteria. This information may assist in identifying if a patient is receiving more medicines than is appropriate.

A patient will meet criteria if, within any three-month period, they have been supplied with:

- any Pharmaceutical Benefits Scheme (PBS) items prescribed by six or more different prescribers, and/or
- a total of 25 or more PBS target items, and/or
- a total of 50 or more items – this includes target and non-target PBS items supplied to the patient.

Note: Information from private scripts is not included in this service.

Some states and territories have local real-time prescription-monitoring services, while a number of others are working towards such. Those currently available include:

- Australian Capital Territory – **Drugs and Poisons Information System Online Remote Access (DORA)**
- Tasmania – **Drugs and Poisons Information System Online Remote Access (DORA)**
- Victoria – **SafeScript**

Viewing a patient’s **My Health Record** may also provide information on a patient’s prescription history for medicines not covered under the above systems.

Resources

- *Prescribing drugs of dependence in general practice* (www.racgp.org.au/drugsofdependence)
- *Standards for general practices* (5th edition) (www.racgp.org.au/standards5th)
- *General practice – A safe place: A guide for the prevention and management of patient-initiated violence* (www.racgp.org.au/asafeplace)
- NPS MedicineWise – Opioid medicines and chronic non-cancer pain (www.nps.org.au/consumers/opioid-medicines)
- Drug and Alcohol Foundation – *The power of words* (<https://adf.org.au/resources/power-words>)

Practice-wide approaches to managing requests for drugs of dependence

Practice policies

Robust and enforced 'whole of practice' policies for prescribing drugs of dependence, which give GPs and practice staff permission to say 'no', can assist in managing inappropriate requests.

A practice may consider instituting policies, including:

- first presentations of new patients requesting drugs of dependence
- a standard approach/management of patients making inappropriate requests for medicines
- conditions for registrars prescribing drugs of dependence.

Practices may choose to flag some of these policies to patients via a sign in the waiting room.

Further suggested policies and policy templates are available in The Royal Australian College of General Practitioners (RACGP) resource *Prescribing drugs of dependence in general practice, Part A – Clinical governance framework* (3.7 Practice policies) (www.racgp.org.au/drugsofdependence).

Induction

GPs and practice team members should be inducted to all practice policies to ensure consistent understanding and implementation.

Documentation

The quality of patient health records is an important factor in continuity of care and the prescribing of drugs of dependence. Practices should have a mechanism to inform the practice team of patients who demonstrate behaviour consistent with inappropriate use of these medicines and how this is being managed.

Documentation within medical records should be in line with the RACGP resources *Improving health record quality in general practice*

(www.racgp.org.au/healthrecordquality) and *Standards for general practices* (5th edition) (www.racgp.org.au/standards5th). The chosen mechanism (ie placing an asterisk beside certain data in a record) should be documented in a local policy and communicated to all practice members and be clearly visible when a record is opened.

Clinical meetings

Practices should consider discussing these complex presentations at practice clinical review meetings to ensure a practice-wide approach and ongoing education is achieved.

Responding to patient aggression

While it is not typical for a patient to become aggressive, if you or your team feel threatened at any stage, you may consider giving the patient what they want and asking them to leave immediately to avoid an escalation in aggression. Do not confront the patient. In this situation, call the police and your state/territory drugs and poisons unit.

Practices should consider installing a duress alarm system in the practice, for the safety of the practice team and patients.

Refer to *General practice – A safe place: A guide for the prevention and management of patient-initiated violence* (www.racgp.org.au/asafeplace) for further information, response strategies and templates for communicating with, and discontinuing care for, aggressive patients.

References

1. Government of South Australia, SA Health. Drugs of dependence. Adelaide: SA Health. Available at www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/medicines+and+drugs/drugs+of+dependence [Accessed 1 October 2019].
2. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2016 – Key findings. Cat. no. WEB 180. Canberra: AIHW, 2017.
3. Evoy K, Morrison, M, Saklad S. Abuse and misuse of pregabalin and gabapentin. *Drugs* 2017;77(4):403–26.

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