SUBMISSION ON SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES

Summary

Introduction

The Pharmacists Branch of APESMA represents employee community pharmacists practising in all States & Territories across Australia. These community based pharmacists are in an ideal situation to report their observations of drug abuse in Australia.

Over the Counter medicines

The main groups of Over the Counter (OTC) products that may be abused by consumers include cough mixtures that contain dihyrdocodeine, analgesics that contain codeine, products containing pseudoephedrine, beta2-agonists (e.g. salbutamol inhalers) and OTC products that contain sedating antihistamines.

It is important that the Schedules for these medicines remain, so that pharmacists can continue to monitor them to limit misuse/abuse by consumers and counsel patients to maximise the effect of the medication.

The medication management model of healthcare may assist in confirming the OTC (and prescription) medicines people consume. Under this system, a pharmacist and general practitioner periodically review a patient's medication. Problems that arise from the review can be addressed collaboratively by the pharmacist and general practitioner.

Prescription medicines

The groups of drugs likely to be abused are anti-anxiety medications such as benzodiazepines, anti-depressants, and drugs of addiction including codeine, pethidine and morphine. To a lesser degree anabolic steroids and anti-obesity drugs may be abused.

The inappropriate use of benzodiazepines, particularly in nursing homes needs attention. Regular medication reviews by pharmacists should uncover the inappropriate use of drugs in this vulnerable group of people.

Pharmacists often have forged prescriptions presented to them for benzodiazepines or drugs of addiction. Threatening behaviour on the part of the person presenting the prescription puts a great deal on a pharmacist and their staff.

The Third Community Pharmacy Agreement between the Commonwealth of Australia and the Pharmacy Guild of Australia contains details of money available for a Medication Management Program and a Pharmacy Development Program. It is surprising the Agreement does NOT contain provisions to evaluate the outcomes of

these initiatives as it is important these programs are properly evaluated and open to public scrutiny.

Methadone programs

People are on this program for years. If unemployed, paying for their daily methadone dose may cause financial hardship and discourage them from participating in the program. The government should consider methadone on the PBS for concession/pension cardholders.

The Pharmacists Branch of APESMA supports the harm minimisation approach to reducing the dependence on heroin and other illicit drugs.

Illicit drugs

The Pharmacists Branch would like to encourage open public debate on issues such as supervised injecting facilities and heroin trials. More funding on education and public health strategies is required rather than focusing massive funding into a failed law enforcement strategy.

Conclusions

1. It is difficult to quantify the number of drug “abusers” in the community and therefore the impact of their health related costs to society.

2.Funding should be available to conduct an economic evaluation of the costs of drug abuse to our society.

3.Pharmacists and general practitioners are the gatekeepers in the health system to detect and direct patients who are drug “abusers”. Programs for the health practitioners and for the patients are needed to help with the treatment of these people.

4.Medication reviews by pharmacists will identify and alter misuse/misprescribing of drugs that occur. Education and training of pharmacists to undertake these reviews will contribute to better patient management. Programs should be evaluated and the results open to public scrutiny.

Submission

Introduction

The Pharmacists Branch of the Association of Professional Engineers, Scientists and Managers, Australia (APESMA) represents employee community pharmacists practising in all States and Territories of Australia. APESMA is Australia's largest industrial association representing professional employees including pharmacists, engineers, scientists, veterinarians, surveyors, architects and information technology professionals and senior managers. APESMA has approximately 24,000 members.

The Pharmacists Branch of APESMA welcomes the opportunity to make some comments and observations about substance abuse in Australian communities. Our members are employed in community pharmacies across Australia and as such are in contact with many consumers of health care. They are in an ideal situation to report their observations of drug abuse in our community.

This submission is divided into five sections; Definition of substance abuse, Over-the-counter (OTC) medicines, prescription medicines, methadone programs and lastly, illicit drugs.

Definition of substance abuse

There is no precise or generally agreed definition of substance abuse. From a pharmacist's point of view the word abuse includes overprescribing of medications, overuse of a medication by a consumer and misuse of medications.

Consumers are often unaware they have fallen into this category of misusers/abusers and a greater emphasis on consumer information regarding medication effects may assist.

Over-the-counter (OTC) medicines

The main groups of products that may be abused by consumers include cough mixtures that contain dihyrdocodeine, analgesics that contain codeine, products containing pseudoephedrine, beta2-agonists (e.g. salbutamol inhalers) and OTC products that contain sedating antihistamines.

These medications have some legislative controls on their sales through the Schedules in the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP). When medications are classified as "Pharmacist Only" medications, pharmacists have legislative and professional obligations to monitor, restrict and even refuse supply of medicines in cases where the pharmacist believes the product is not being used for its intended use in a bona fide patient. It is important that the scheduling system remains in place, so that pharmacists can continue to monitor these medications that may be misused.

At various times, warnings have circulated through the profession to be aware of organised groups of people purchasing large quantities of analgesics containing

codeine that may be used to manufacture heroin and pseudoephedrine in large sized packs were being purchased to manufacture illicit amphetamines.

There appears to be an efficient notification system within the pharmacy profession of such major and organised abuses and it is expected that individual pharmacists would question the purchase of a large quantity or frequent purchasing of these products that may be used to manufacture illicit drugs.

At the individual patient level, it is difficult to quantify the extent of abuse of these substances, as no recording by the pharmacist in the patient medication record is usually required. However, in Victoria if misuse/overuse is suspected, the pharmacist should counsel the patient and record the medication supply. With the development of electronic health records (EHR), that included each person, it may be possible for these purchases to be recorded in the health record so that usage and frequency of use could be monitored. The further advancement of the EHR would deter pharmacy drug shoppers because the present system does not prevent a drug shopper from visiting a number of pharmacies, as each pharmacy will not be aware of what a consumer has purchased from other pharmacies. The success of this system will depend on it being widely accepted by people if it can be shown to be beneficial and secure.

The implementation of the medication management model of healthcare may assist in confirming the OTC medications that people consume and highlight potential problems in their use. Under this system, a pharmacist, in consultation with the general practitioner, will periodically review a patients medications (which will include prescription and OTC medicines) to ascertain appropriate choice of treatment options, effectiveness and safety of medications prescribed and whether the patient is managing their medication. Problems that arise from this review are then addressed collaboratively by the pharmacist or medical practitioner.

The value of pharmacists providing services to assist people manage their medications has been demonstrated (1. The Community Pharmacy Model Practices Project by the Pharmacy Practice Research Group. School of Pharmacy & Medical Sciences, University of South Australia, October 1997 and 2. March G., Gilbert A., Roughead E., and Quintrell L., Developing and Evaluating a Model for Pharmaceutical Care in Australian Community Pharmacies. International Journal of Pharmacy Practice: 1999: 7(4); 220-229). This model would also help identify people who have a dependence on prescription drugs described in the next section.

Prescription medications

The groups of drugs likely to be abused are anti-anxiety medications such as benzodiazepines, anti-depressants, and drugs of addiction including codeine, pethidine and morphine. To a lesser degree anabolic steroids and anti-obesity drugs may be abused.

The inappropriate use of benzodiazepines, whether through poor prescribing or deliberate misuse by a person may lead to dependence. (Mant A., Benzodiazepine Dependence. Current therapeutics 1996: 37(2); 61-65).

The use of benzodiazepine medications in nursing homes has been questioned, especially concerning their use as chemical restraints. We are aware that this type of drug abuse may be inflicted upon the residents of some aged care nursing homes, so as to keep the residents quiet and compliant. (Snowden J., Vaughan R., et al. Psychotrophic Drug Use in Sydney Nursing Homes. Medical Journal of Australia 1995: 163; 70-72 and NSW Health. Report of the NSW Ministerial Taskforce on Psychotrophic medication use in Nursing Homes. NSW Health, May 1997). The use of these medications may be inappropriate for many residents. There is a need for alternative programs to address issues of resident's lifestyle and quality of life.

We have some concerns that given the lack of government monitoring of nursing homes that residents are vulnerable to becoming dependent on medications by those who are caring/prescribing for them, using medications inappropriately. This can occur because of a lack of review for the therapeutic need or even to keep the residents subdued. For example the use of hypnotics, on a regular basis rather than "when required" seems to be common practice. Pharmacists conducting medication reviews in these facilities should be questioning this practice.

Community pharmacists often face situations where people present forged prescriptions for a benzodiazepine or drug of addiction. Such situations put a great deal of stress on pharmacists and their staff and may be associated with threatening behaviour on behalf of the person presenting the forged prescription. These incidents should be reported to the respective State & Territory Health Departments.

A number of consumers have multiple drug problems that may include using heroin and benzodiazepines and amphetamines. State & Territory Drugs & Poisons legislation usually provide a mechanism for permits to be issued to drug dependent people for some groups of drugs. The State Health Departments would be able to estimate the number of drug dependent people in their respective States and the drugs being used by them.

The Third Community Pharmacy Agreement between the Commonwealth of Australia and The Pharmacy Guild of Australia contains details of money available for the Medication Management Program and a Pharmacy Development Program to improve quality initiatives, consumer medication information and research to develop community pharmacy initiatives. It is surprising that the Agreement does not contain any provision to evaluate the outcomes of these initiatives as it is important that these programs are properly evaluated and open to public scrutiny.

Methadone programs

Methadone programs operate in most States so that ex-heroin dependent people have an opportunity to improve their health and try to address some of the problems in their lives. It appears this program is suitable for some people, but realistically people are on the methadone program for many years. This is fine if they have a regular income to pay for the administration of the methadone, otherwise they get into financial debt with their methadone-administering pharmacist and there may be threats to force them off the program unless they meet their financial obligation. This may cause them to resort to crime to pay the pharmacist or they will drift away from the methadone program. Perhaps the government could consider subsidising methadone as part of the

Pharmaceutical Benefits Scheme for those eligible for concession/pensioner benefits, to reduce the cost to this group of methadone clients.

This group of people consumes a large amount of healthcare resources as a result of being on the methadone program and also due to the chronic degenerative effects on their bodies and psychological effects of consuming illicit drugs. The Pharmacists Branch supports the harm minimisation approach to reducing dependence on heroin. Pharmacists and medical practitioners should continue to be encouraged to attend the specialist courses/seminars organised by professional societies to train and update them in treating this group of patients.

Illicit drugs

It appears that the standard approach to dealing with the prevention of illicit drugs (fighting the drug war) is not working. While it is necessary to have an enforcement component of the overall drug strategy, it is also important to keep an open mind to other strategies. The Pharmacists Branch would like to encourage open public debate on issues such as supervised injecting facilities as well as heroin trials to see if they impact on the social and economic costs of drug abuse in Australia.
Rather than ignoring this problem, education about illicit drugs and how users can minimise harm from their use is an important part of any drug abuse strategy. More funding is required for education and public health strategies rather than the current focus of massive funding for a failed law enforcement strategy.

Conclusions

1. It is difficult to quantify the number of people who are drug “abusers” in the drug groups discussed in the submission and therefore the impact on the costs to the healthcare system.

2. Funding for research should be available to conduct an economic evaluation of the healthcare costs of drug abuse.

3. Pharmacists and general practitioners are important gatekeepers in the health system to detect and direct patients who are drug “abusers”. Programs that facilitate improved collaboration between pharmacists and general practitioners in managing people with addictions are required. Funding for adequate resources to help people address their physical and psychological needs to overcome drug abuse are required, but it is acknowledged that the demand will never be satisfied.

4. Medication reviews by pharmacists in nursing homes should be able to identify and alter the misuse/misprescribing of drugs (particularly benzodiazepines). But the outcomes need to be evaluated to ensure that funding is well spent.

5. Medication reviews by pharmacists for other vulnerable groups of patients should detect abuse of prescription and possible OTC medications. However, education for pharmacists about this problem, improved training associated with medication reviews and the adoption of associated quality assurance programs may all contribute to better management. Programs should be evaluated and the results open to public scrutiny.