

A BITTER PILL:

General Practitioner & Pharmacist guide



Background and research

There is an increasing amount of data and research about the harms that prescription medication misuse is causing. In the 2012-2013 period, there were over 7000 presentations to Victorian Emergency Departments due to prescription medication and over 12 000 ambulance call outs across Victoria due to the misuse of prescription medication; almost double that of ambulance call outs as a result of illicit substance use (Turning Point 2014). More people died in 2012 of a drug overdose than in the road toll and 83% of these deaths involved prescription medications (Coroners Court of Victoria 2014).

Why the resource has been developed

Due to the high levels of harm related to prescription drug misuse in the community and the prevalence of this problem across all age groups (including young people and the elderly), we felt it was important to respond. This resource has been developed with the following aims:

- * to provide factual and easy to understand information about the intended therapeutic use of opiates and benzodiazepines
- * to give consumers an opportunity to identify signs of misuse or dependence
- * to promote harm reduction messages for patients who continue to use medications of dependence
- * to provide education on assessing and responding to overdose
- * to provide referral options for people who identify concerns regarding their prescription medication misuse

How to use this resource

Provide a Bitter Pill consumer brochure with any new or repeat prescription for opiates or benzodiazepines. Reduce patient anxiety or stigma by ensuring them that this brochure is provided to all patients you see. Give patients time to ask questions about the medication you are prescribing or dispensing, and consider the questions below to prompt further discussion.

Benzodiazepine and opiate dependence

Signs to look out for:

- * Patients using benzodiazepines on a regular basis for longer than 3 months
- * Patients feeling unable to cope without their pills
- * Patients express feeling unwell, anxious or experiencing poor sleep if you have tried to cut down or stop their medication
- * Patients expressing that their current dose is no longer working as well as it used to
- * Patients report the use of more pills than prescribed during stressful times
- * Patients seeking a higher dose than they were first prescribed
- * A reported increase in alcohol use
- * A reported increased in life stressors including difficulties at work, conflict with family and friends, poor memory and concentration
- * Patients carrying medication with them 'in case of an emergency'

Questions to ask and advice to reduce risks:

- * "Do you drink alcohol?" If yes, advise of risks associated with mixing multiple CNS depressant substances on heart rate, breathing and potential for overdose.
- * "Are you taking any other medication at the moment?" If yes, review all medications being taken (including over the counter medications and herbal remedies) and discuss potential risks of interactions, particularly other CNS depressant medications.
- * "Are you seeing any other doctors or health professionals at the moment?" If yes, encourage consent to share and receive information with other providers so everyone is aware of each other and can contribute to a collaborative treatment plan.
- * "Have you had a recent pharmacy review/Medscheck?" If suitable, refer to an eligible Medscheck pharmacist for review and education.

Referral information:

FOR HEALTH PROFESSIONALS:

Drug and Alcohol Clinical Advisory Line (DACAS): 1800 812 804

Provides 24 hour secondary consultation with an Addiction Medicine Specialist

FOR PATIENTS:

Directline: 1800 888 236

Provides 24 hour statewide drug and alcohol information, advice and referral

This resource was developed in partnership between:

