


Substance use disorder theme: Unintentional misuse of prescription medicines

Peer Group Discussion for Pharmacists

The following questions can be used as discussion points for peer groups or self-reflection. The questions for this peer group discussion relate to medicine misuse, a topic within the “Substance use disorder” theme. It is strongly recommended that the linked article is read before considering the questions. .

 “Unintentional misuse of prescription medicines”, bpac^{nz}, Oct, 2018. www.bpac.org.nz/2018/misuse.aspx

Medicine misuse is generally described as: “using a medicine in a manner or dose other than prescribed”. This definition encompasses people who obtain medicines for the sole purpose of gaining a “high” (i.e. without a legitimate indication for the medicine) or for diversion (i.e. selling to others). However, the more common scenario in a primary care setting is a person who is using a medicine for the purpose it was prescribed, but at a higher dose, increased frequency or for a longer duration than indicated.

Medicines with a higher potential for misuse include opioids (e.g. oxycodone, morphine, tramadol and codeine), sedatives and hypnotics (e.g. benzodiazepines and zopiclone), other CNS depressants (e.g. gabapentin, pregabalin) and stimulants (e.g. methylphenidate). However, almost all medicines have potential for misuse.

The reasons why people misuse prescription medicines are multi-factorial and complex, including psychological and biological factors, coping mechanisms for pain and other symptoms, lack of family and social support, adverse living circumstances and challenging or traumatic life events.

When any medicine is prescribed, especially those that have the potential for misuse, the responsibility lies with the prescriber to set the boundaries for use by ensuring that the patient understands why, how and when to use it and for how long.

Pharmacists also have an opportunity to educate patients about strategies to avoid losing control of their use of a medicine. Pharmacists can reinforce the messages of responsible medicine use that were originally outlined by the prescriber. There are also a number of strategies specific to

pharmacy practice aimed at reducing the misuse of medicines, e.g. training staff to recognise potential medicines misuse and having set protocols in place, restriction maximum quantities for sale to individual customers, referring certain requests to the senior pharmacist and liaising with other pharmacies and general practices in the area. The patient-pharmacist interaction can strongly influence decision-making in terms of what over-the-counter medicines are purchased and how they are used, e.g. considering the accurateness of the patient’s self-diagnosis and direct-to-consumer advertising resulting in inappropriate product selection and discussing misconceptions or a lack of information about risk.

Questions for discussion

1. What strategies have you found work well in your pharmacy to help avoid unintentional misuse of medicines? What are the areas of improvement that you could work on?
2. In your experience are there particular situations or characteristics of interactions with patients that might make you more cautious when dispensing or selling some medicines to some patients? If so, how do you respond in these kinds of situations?
3. How easy is it to liaise with prescribers and/or other pharmacies if there are concerns about prescription medicine misuse?
4. Medicines Control (Ministry of Health) can provide advice about the legislative requirements under the Misuse of Drugs Act 1975 and the Medicines Act 1981. A restriction notice can also be issued through Medicines Control. Have you ever needed to contact Medicines Control? Or had experience with patients under a restriction notice? Do you think these measures help patients, prescribers and pharmacists to address prescription medicine misuse?
5. Overall, how effective do you feel in being able to help prevent prescription and over-the-counter medicine misuse? Has reading this article made you feel more confident in identifying and managing medicine misuse?

This Peer Group Discussion is intended for **pharmacists**.

If you are a prescriber see: www.bpac.org.nz/PeerGroupDiscussions/substance-use-theme-pharmacists.aspx