




Turning Point
Alcohol & Drug Centre



The new face of opioid dependence: Recent studies on pharmaceutical misuse

Suzi Nielsen and Belinda Lloyd

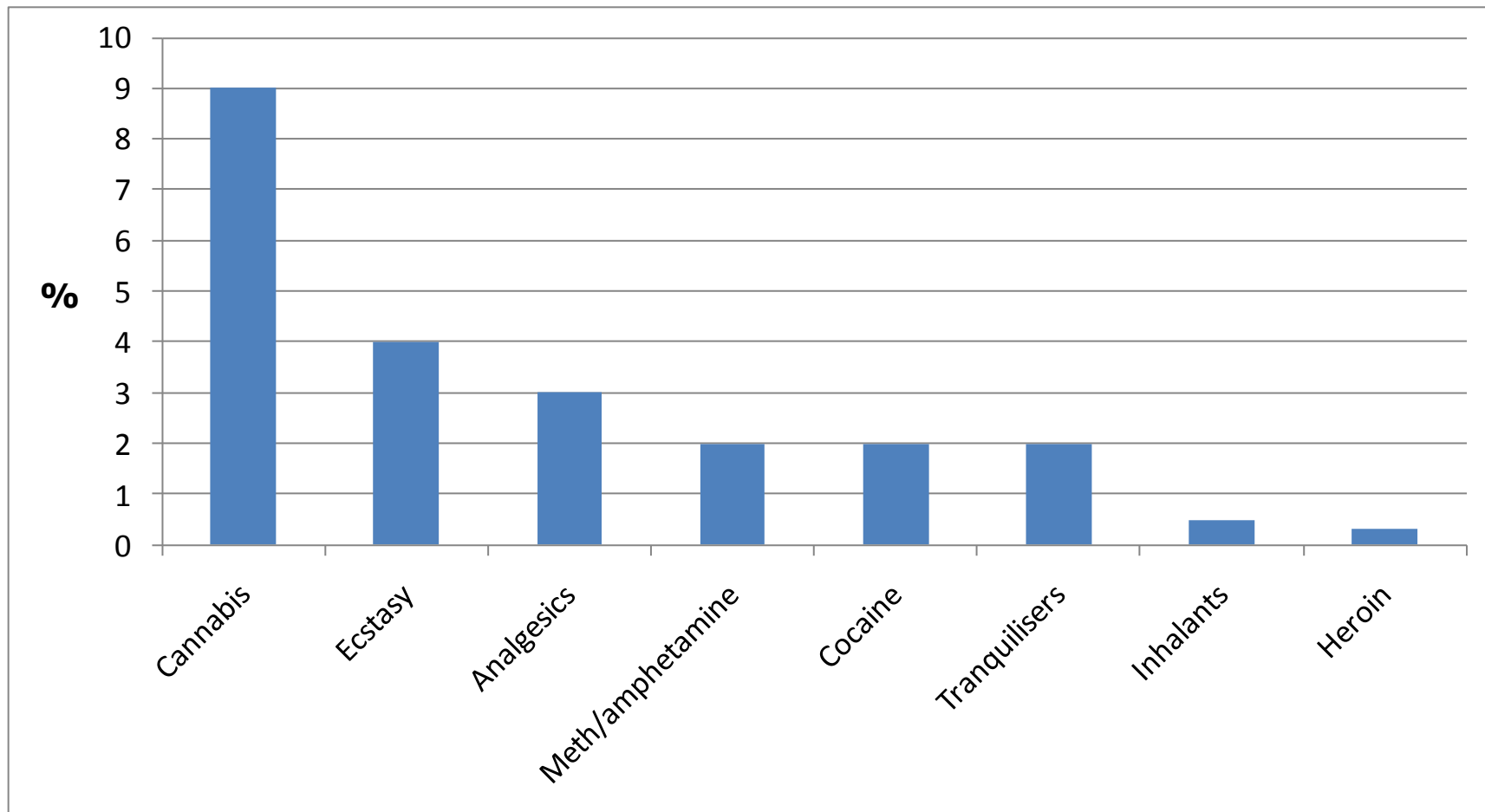


What do we know about pharmaceutical misuse?

- Internationally, increasing evidence has supported growing concerns regarding pharmaceutical misuse and related harms.
- In Australia, anecdotal reports of pharmaceutical opioid diversion, risky use and associated harms and the emerging data supporting such reports have been reflected in community, policy and media interest.

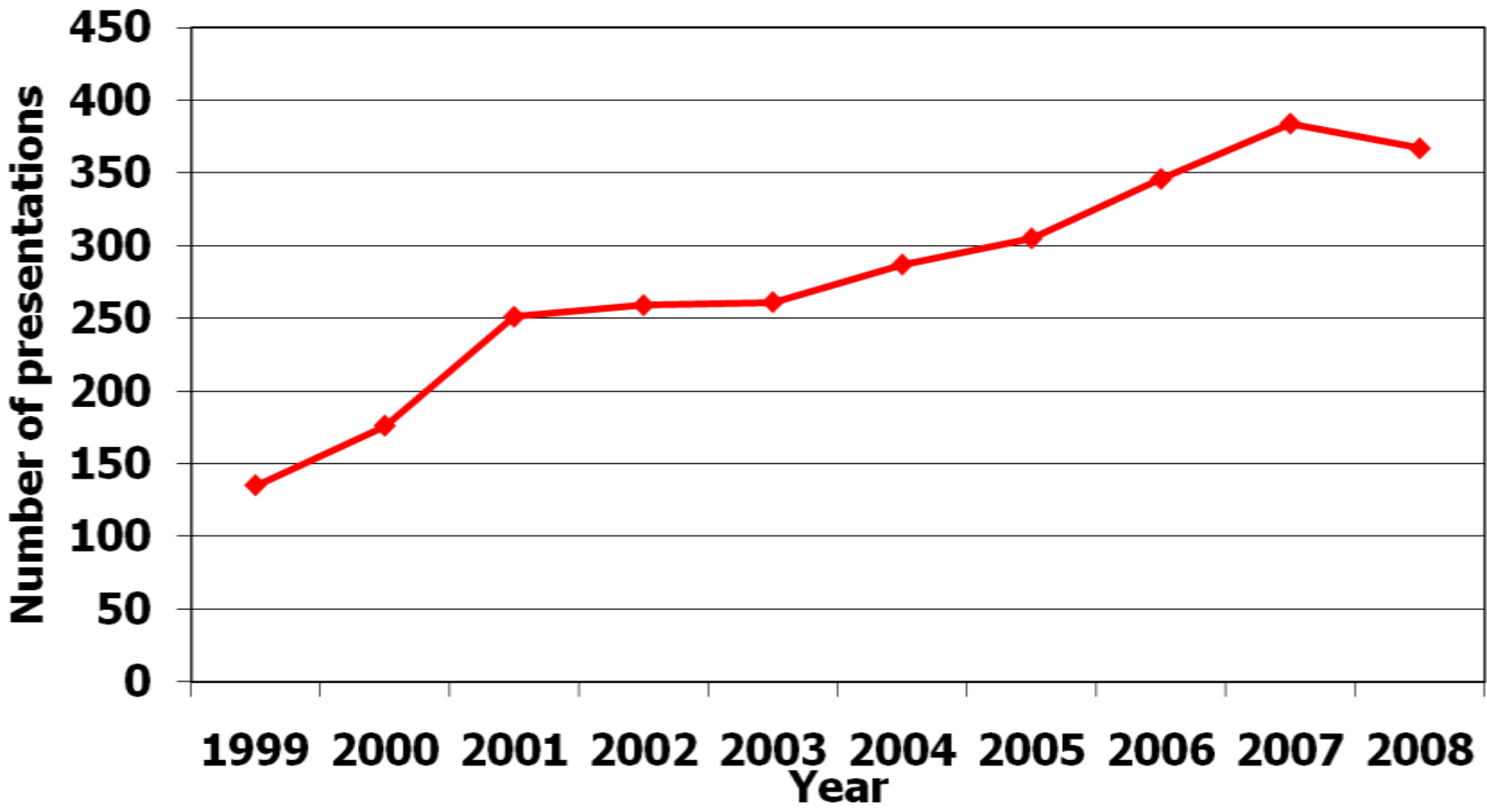


Prevalence of recent drug use in the general population (past 12 months)



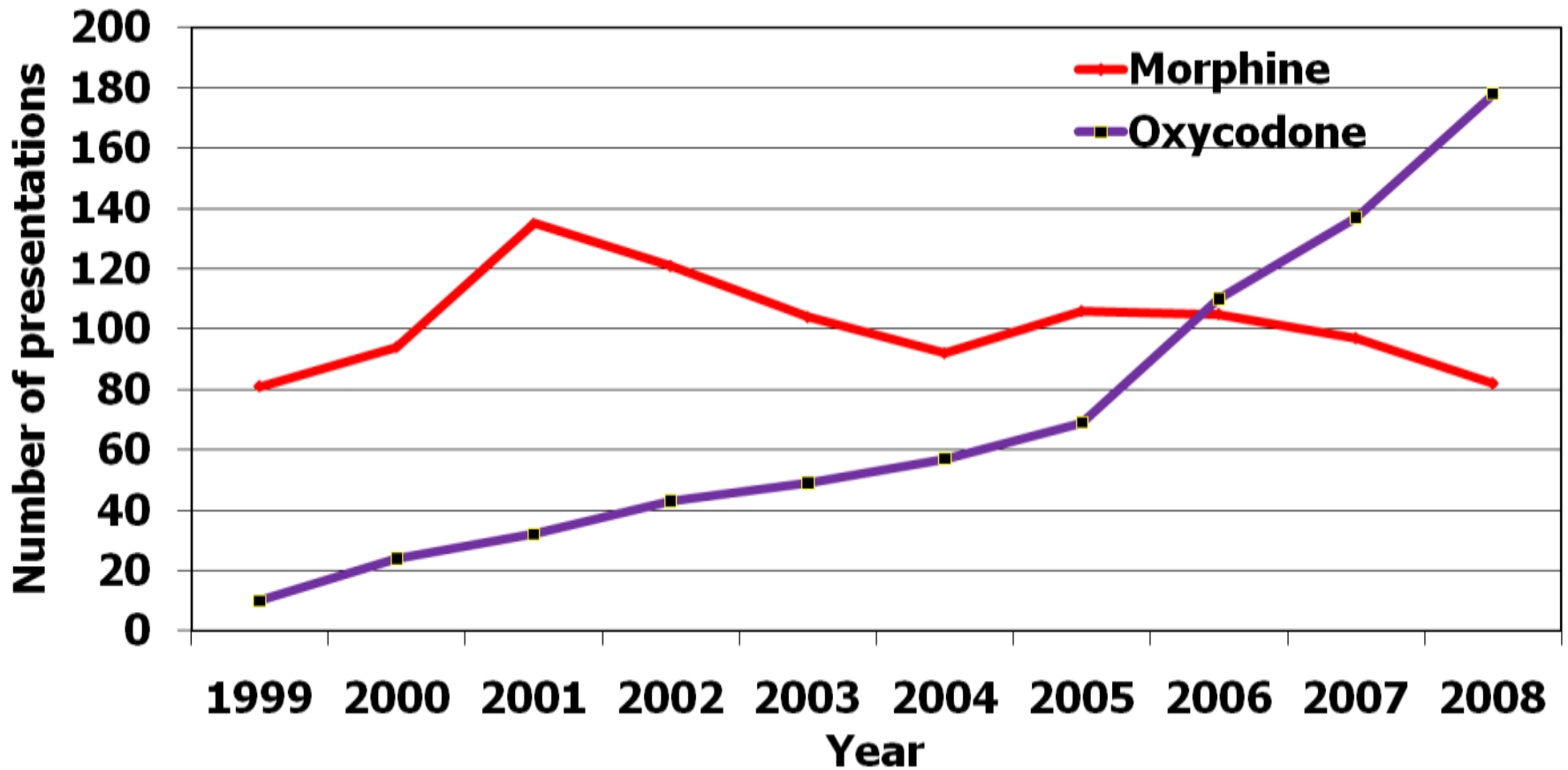


Pharmaceutical opioid-related ambulance attendances 1999-2008



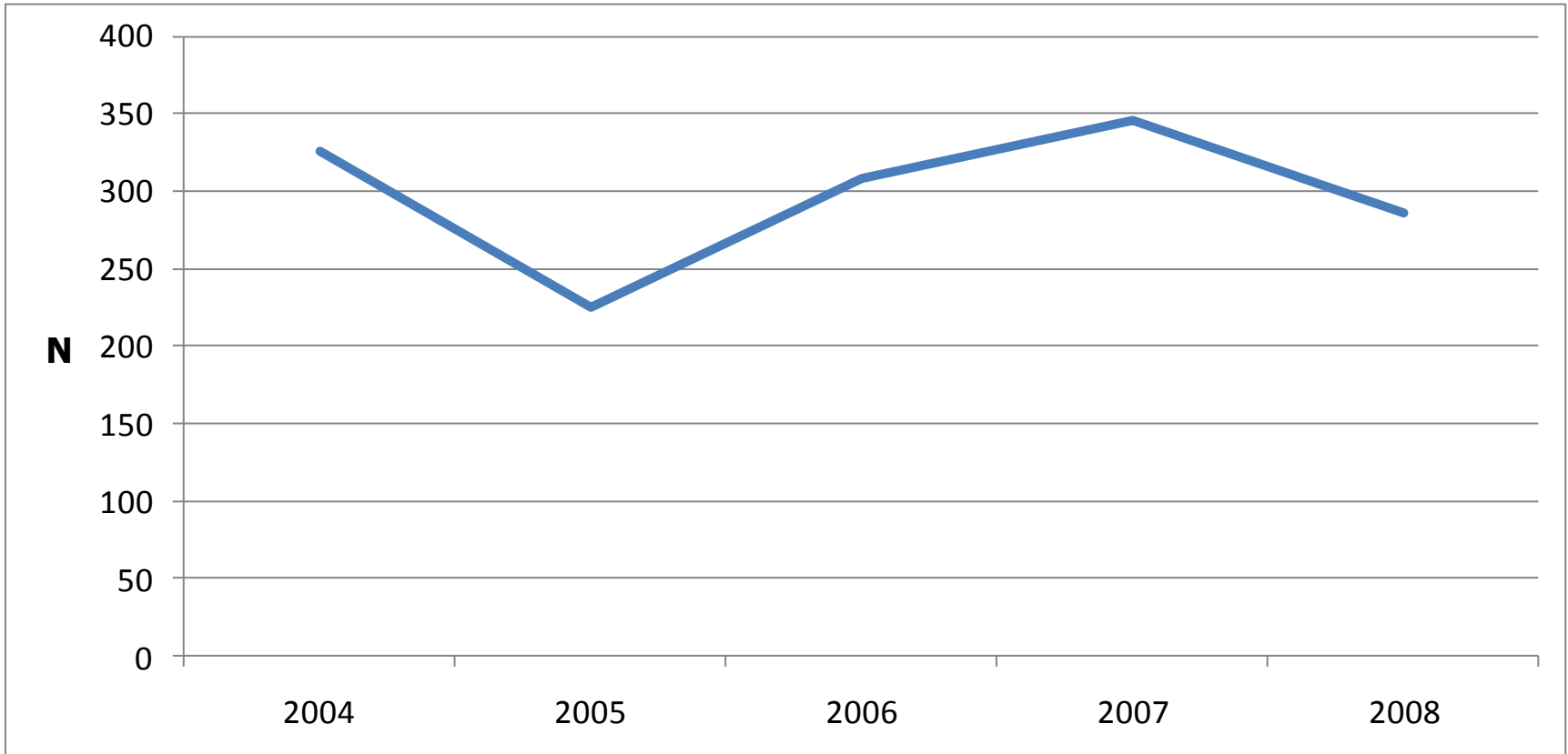


Pharmaceutical opioid-related ambulance attendances 1999-2008 – morphine and oxycodone





Directline calls regarding narcotic analgesics as drug of concern





So what do we know?

- Available evidence supports perceptions that pharmaceutical opioid misuse is increasing, along with associated harms.
- Significant gaps exist in the evidence base required for the development of appropriate policy, clinical and community responses to pharmaceutical misuse and related harms.
- There is a clear need for a research agenda to address these gaps as a top priority.



Turning Point
Alcohol & Drug Centre



New research at Turning Point: Over the counter codeine dependence



What is 'over the counter'

- 'Over the counter' (or OTC) – available from pharmacies without a script.
- Many strong pain relievers (eg Mersyndol, Panadeine, Nurofen Plus) contain codeine and are available OTC in Australia.
- Codeine not available without a script in many countries.



Research design

- Two phases
 - Web based survey, data collection complete (N = 909)
 - Qualitative component (in progress)
 - People who are dependent on codeine
 - Key experts who have experience working with codeine dependent people

What constitutes problematic OTC codeine use?

- Using doses higher than recommended?
- Unable to stop?
- Using codeine for reasons other than directed?
- Experiencing problems because of use - particularly where pain exists and there is a grey area between use and dependence



Are these even drugs?

"...there was this one little shopfront ... I think it must have been a drug counselling shop and it had a huge poster of this ... you know, the stereotypical drug user, this girl who was really emaciated with dark eyes and you know ... and I was thinking "oh my god, how could anyone ever do that to themselves?" ... it's that lay perception of "I'm not a drug addict, there is no way, things you buy in the chemist aren't drugs."



How does it start?

“I took it as directed, and no more than 6 in 24 hours and 2 every few hours, that is the recommended dosage ... after a while my teeth were hurting even more. Instead of going to the dentist I found that I could relieve my pain just as effectively by popping more tablets.”



What happens next?

"I then probably went over my recommended dosage by quite a lot at this stage, so it was probably at between 12 and 15 tablets a day of Nurofen Plus and found that it was managing my pain quite effectively. I ... was just popping them by habit at this stage and I wasn't probably counting them, "oh just take them as needed".



The beginning of the end

“Between 20 and 24 tablets a day I started getting a little bit of euphoria and a little bit of “gee this is alright, this is feeling good” ... it wasn’t until probably in the 40s [tablets per day] that I started getting the nods, as to what they now term as the nods, I didn’t even know the term back then, I had no idea and I loved it, I just absolutely loved it at that stage, and there was no going back.”

Who has problems with OTC codeine? Results from web survey

Characteristic	Non-dependent codeine use (n = 676)	Dependent codeine user* (n = 146)
Age in years (SD)	41 (12)	37 (13) *
Male (%)	34	28
Age in years of first use	23 (10)	23 (10)
Mean no. tablets on last dose	2.9 (7)	10 (14) *
Maximum tablets last dose	120	78
K10 (Psychological distress)	16	25*
Ever used illicit drugs	57%	62%
Level of education Y12+ (Tertiary)	92% (63%)	75% (38%) *
Employed/full time student	89%	73%*

* SDS score of 5 or more classified as dependent



Summary

- Some differences between those scoring higher on dependency scores than others.
- Identified a population of largely well educated, employed people taking higher than recommended doses over long periods of time (different to traditional samples of opioid users seen in research eg IDRS, ATOS).
- Majority (75%) had not previously sought help for OTC codeine dependence.



Other research in development at Turning Point



- Surveillance and general population studies to better understand patterns of use and harms.
- Evaluating treatments and treatment outcomes for pharmaceutical users.





Acknowledgements

- Participants (web-based survey, interviews and key experts)
- Victorian Department of Human Services
- Helen Macpherson-Smith Trust
- Eastern Health Alcohol and Drugs Service
 - Dr Matthew Frei
 - Debbie Becker
- Dr Malcolm Dobbin



Pharmaceuticals research team

Epidemiology

- Dr Belinda Lloyd
- Ms Shelley Cogger
- Ms Annie Haines
- Mr Paul McElwee
- Ms Heidi Strickland

Clinical Research

- Dr Suzanne Nielsen
- Dr Madonna Devaney
- Ms Jacqui Cameron
- Ms Sanja Pahoki
- A Prof. Nicole Lee

- Email addresses:

suzi.nielsen@turningpoint.org.au

belinda.lloyd@turningpoint.org.au