



Quality use of medicines

Prescription medicines with risk of dependence – regulation and resources

Quality use of medicines requires professional knowledge and skills around diagnosis of symptoms, choice of management options including medicines and other alternatives, appropriate monitoring of treatment, all underpinned by good communication with patients to allow shared decision making to occur.

Some of the common areas for concern in prescribing are opioid prescribing for non-cancer pain, benzodiazepine prescribing, and providing pharmacotherapy for opioid addiction. Some of these medications have additional requirements for prescribing relating to Victorian legislation. This document aims to summarise and link to some of the resources available to support quality prescribing of medications, and avoid prescription medications being misused – see Australian Prescriber article, [Pharmaceutical drug misuse in Australia](#), for a summary of the issue.

Opioid prescribing for non-cancer pain

There is limited evidence on the effectiveness of opioid medication for non-cancer chronic pain. Useful information on cautious opioid prescribing or using alternative approaches in this circumstance and the risk of dependence and misuse are available from:

- NPS article [Opioids - a planned approach to prescribing opioids for persistent non-cancer pain](#)
- Australian Family Physician articles - [Opioid use in chronic non-cancer pain Part 1](#) and [Part 2 Prescribing issues and alternatives](#)
- Victorian Department of Health advice on [Assessing patients when considering treatment with opioids including an opioid risk tool](#) – for high risk patients, advice should be sought from a pain specialist, for medium or high risk patients, further information can be sought from the [Prescription Shopping Service](#) and [Victorian Drugs and Poisons Regulation](#) (see below)
- [Hunter Integrated Pain Service](#) – Practice Guidelines
- NPS [Pain management plan](#) may be useful to set treatment goals

Benzodiazepines, zolpidem and zopiclone

Benzodiazepines, zolpidem and zopiclone should generally be used only for a few days, with an alternative management plan in place if the problem persists – they pose a high risk of dependence, especially if used for more than a month or at high doses. Patients who have been on long term benzodiazepines should be encouraged to reduce and cease their use, see the Therapeutic Guidelines section below for more information on this.

- From the Therapeutic Guidelines, accessible on the VIC Department of Health website - [Benzodiazepines, zolpidem and zopiclone: problem use](#). Staff at Victorian ACCHSs can also access the Therapeutic Guidelines online for further guidance on management of anxiety, depression and insomnia by registration through the [Clinicians Health Channel](#).
- Soon: RACGP Good Practice Guide: Drugs of Dependence in General Practice – due for updated version release Oct 2014
- See Victorian Drugs and Poisons Regulation (below) - two benzodiazepines (alprazolam, flunitrazepam) are S8 Poisons in Victoria

“Doctor shopping” - Prescription Shopping Program

The service managed by the Australian Government Department of Human Services allows prescribers to register to obtain information on patients who may have been prescribed and dispensed medications in excess of their medical need, including information on the medications dispensed and number of prescribers visited. Visit the [website](#) or call **1800631181** for details.

Victoria’s Drugs and Poisons Regulation

In Victoria there are particular regulations for prescribing S8 Poisons (controlled drugs), requiring a **permit** for prescribing in many circumstances. This includes most opioid analgesics including those used for treating opioid addiction, stimulant medications (eg. used for ADHD), two benzodiazepines (alprazolam, flunitrazepam). Certain S4 Poisons (prescription only medications) also require particular warrant to prescribe including certain retinoids, ovulation stimulants, thalidomide. See the [Victorian Department of Health](#) website for more details, including a section specifically for medical practitioners. Prescribers may



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contact Drugs and Poisons Regulation (tel: 1300 364 545 or email: dpcs@health.vic.gov.au) for history of permits issued or notifications of drug dependency or other aberrant drug-related behaviours received in relation to patients they intend to treat.

Pharmacotherapy for opioid addiction – Opioid replacement therapy (ORT) & training

Opioid replacement therapy can be prescribed as a replacement for and to aid in the reduction of use of heroin and prescription opioid medications. In Victoria, medical practitioners can prescribe [Suboxone® film](#) (buprenorphine/naloxone) for up to 5 patients without undertaking an ORT training course, although advice from a specialist in this area is recommended – see DACAS below. Prescribing this for >5 people, or prescribing methadone or buprenorphine (Subutex®) requires undertaking an ORT course – information on opioid replacement therapy [Department of Health policy](#) is available, and [training in Opioid Replacement Therapy](#) is available through Networking Health Victoria.

[Permits](#) for S8 Poisons are required prior to prescribing, as is [notification](#) that there is reason to believe that the person is drug-dependent. There may be charges to your patient for accessing ORT – check with the dispensing pharmacy for information. Consider other services that may be useful, such as drug and alcohol withdrawal or rehabilitation services, counselling, etc.

Victorian Drug and Alcohol Clinical Advisory Service (DACAS)

DACAS provides online [clinical resources](#) on the management and withdrawal from alcohol, drugs and medications. To obtain clinical advice from specialist consultants, health professionals (only) may phone the Drug and Alcohol Clinical Advisory Service (DACAS) on 1800 812 804.

National Prescribing Service (NPS) – information and CPD

The NPS provides information about medicines, quality prescribing and diagnostic testing for health professionals and consumers. It has several options for [accredited CPD for GPs](#), nurses and pharmacists, including educational visits to your practice which can be one-on-one or for small groups, or online resources such as case studies and e-audits of patient records. Current topics for GPs include asthma control, fatigue, medicines in older people, type 2 diabetes and managing specific respiratory infections (new RTI e-audit starting 2015).

Medicines information

- **Australian Medicines Handbook** and electronic **Therapeutic Guidelines** – available online to staff working at Victorian ACCHS by free registration through [Clinicians Health Channel](#).
- NPS – see above

Medicare - PIP – Quality Prescribing Incentive Guidelines

There are financial incentives for practices to participate in activities related to quality prescribing through the Practice Incentives Program – see [here](#) for the guidelines. Most activities are run by the NPS, and are eligible for CPD points for participants.

Medicare: PBS Copayment for Aboriginal People

Aboriginal patients with or at risk of chronic disease may register for the [PBS co-payment](#) to reduce or remove the cost of PBS medication. Although financial barriers may be an issue involved in reducing the quality use of medicines when medications are unaffordable, subsidies also unfortunately make access to clinically unnecessary prescription medications easier.