

Prescription and over-the-counter medicines misuse and dependence

A series of factsheets for primary and community care practitioners

The Royal College of General Practitioners (RCGP) is committed to providing a primary care work force with the knowledge, skills and training to ensure we avoid problems with taking medicines, and acknowledges that some patients have developed problems with medications as a result of harmful prescribing.

In January 2013, the RCGP launched the Addiction to Medicines consensus statement,¹ which strongly advocates care in the initiation of any drug that can lead to dependence.

This is the third in a series of factsheets designed to improve the effectiveness and safety of prescribing decisions and the importance of complying with regular medication reviews where the prescriber assesses the need and risk. The factsheets are also intended to support the identification and management of patients at risk.

Factsheet 3 *Identification*

How are patients who are misusing or dependent on prescription-only or over-the-counter medicines identified?

Patients may present to their GP requesting help but healthcare professionals also need to be aware of the signs that suggest an individual may be misusing or dependent on prescription-only (POM) or over-the-counter (OTC) medicines. Non-specific signs include:

- taking higher doses than prescribed or running out of prescribed medication before expected
- continually 'losing' medication so more prescriptions have to be written
- seeking prescriptions from more than one healthcare professional, e.g., doctor, nurse, non-medical prescriber or from more than one practice
- requesting a specific drug claiming that other medications 'don't work' or that (s)he is allergic to them
- stealing, forging or diverting prescriptions
- appearing to be intoxicated, sedated or experiencing withdrawal
- excessive mood swings or hostility
- increase or decrease in sleep
- evidence of craving or other signs of dependence.*

Healthcare professionals should also be alert to the consequences of more serious problem drug use, e.g. engaging in risky behaviours because of poor judgements, falls, getting into debt, motor vehicle accidents, decreased academic or work performance and troubled relationships. In a small number of cases, prescribed medication misuse[†] and dependence can lead to involvement with illegal drugs and associated criminal activity.

Specific signs and symptoms that a patient may be misusing their medicines overlap with side effects and toxicities of the medicine and can include the following:

- Opioids^{1,4}
 - Constipation
 - Depression
 - Low blood pressure
 - Confusion
 - Sweating
- Hypnotics and anxiolytics^{5,6}
 - Drowsiness
 - Confusion
 - Unsteady walking
 - Visual disturbances
 - Dizziness
- Stimulants⁷
 - Weight loss
 - Irritability
 - High blood pressure
 - Palpitations
 - Restlessness
 - Obsessive-compulsive behaviour

Factors that place individuals at increased risk of misusing drugs have been identified. The presence of these risk factors should make healthcare professionals more alert to the potential for individuals to misuse drugs.

Early interventions are important so that drug misuse and dependence may be tackled early on before more serious problems develop.

It is vitally important to identify problematic drug use as soon as possible, as it is easier to tackle early on before more serious problems develop. Healthcare professionals might wish to consider the following early interventions:

- Initiating more frequent and structured medicine reviews.
- Offering an individual more time in consultations.
- Providing supplementary information for patients to read and reflect on between consultations, e.g. patient information leaflets, recommended websites.
- Engaging with expert peer support/experts by experience.
- Issuing drug diaries to help patients keep track of their use.
- Referral to specialist substance misuse agencies for psychosocial support and assistance with assessment.

Initiating difficult conversations

Opening up conversations with patients you suspect to be misusing or to have developed a dependency to POMs or OTC medications can be difficult.

Prescriber training often provides little guidance on how to say 'no', or to set limits with patients in distress or where there is pressure to prescribe. Fear and avoidance of confrontation play into the hands of dependent patients who have a stronger relationship with the prescription than they do with the physician/prescriber.

Below are some questions and statements that could be used to expose or better understand the nature or extent of a problem.

'I'm feeling pushed by you to write a prescription today that is not medically indicated and therefore I'm concerned about you, and we need to talk about your use of [name of drug].'

'Have you ever felt the need to cut down on your use of prescription or OTC drugs?'

'Have you ever felt annoyed by remarks your friends or loved ones made about your use of prescription drugs?'

'Have you ever felt guilty or remorseful about your use of prescription drugs?'

'Have you ever used prescription drugs as a way to 'get going' or to 'calm down'?''

* Dependence is 'a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, increased tolerance, and sometimes a physical withdrawal state'.

† Misuse refers to the use of a medication for a purpose that is not in agreement with legal or medical guidelines and includes taking medication where there is no recognised medical need, taking non-prescribed medication, excessive dosing or using an unintended route of administration.

How is inadequate symptom control distinguished from drug misuse?

Individuals who are misusing analgesics in particular need to be distinguished from those who are using higher or more frequent doses because their symptoms are not being adequately treated. It is vitally important that any individual, whose condition warrants an increase in pain relief, is reassessed and subsequently receives the appropriate evidence-based prescribing.

Generalists are responsible for ongoing assessment of pain and symptom control in accordance with the working diagnosis. Where clinically indicated, generalists should refer the patient on to a specialist to ensure he or she is properly diagnosed and is therefore being adequately treated within the evidence base of the confirmed condition.

Through careful and regular review, GPs will be able to assure themselves that any individual displaying 'suspicious' behaviours (such as drug hoarding, attempts to obtain extra supplies or requesting early prescriptions/increased doses) is doing so because they are misusing their medication, and not because their pain relief is being inadequately treated.

Misuse may be distinguished from inadequate pain control by eliciting the patient's feedback at each consultation. This should cover their experience of pain mapped to their mobility and function, and by establishing their pattern of use. It is also important to regularly examine your patient to monitor physical symptoms and signs. If analgesics are being used to regulate mood, rather than control pain, this may indicate an established or developing problem.¹

Please see the other factsheets in the series for further information:

Factsheet 1

Prescription and over-the-counter medicines misuse and dependence.

Factsheet 2

Steps to avoid misuse of and dependence on prescription-only and over-the-counter medicines.

Factsheet 4

How are the patients who misuse* and/or become dependent on prescription-only or over-the-counter medicines treated?

References

1. The British Pain Society. Last accessed 13 November 2012. Opioids for persistent pain: Good practice. Available at www.britishpainsociety.org.
2. Mayo Clinic. Last accessed 24 July 2013. Prescription drug abuse: risk factors. Available at <http://www.mayoclinic.com/health/prescription-drug-abuse/DS01079/DSECTION=risk-factors>.
3. The American College of Preventive Medicine. Last accessed 24 July. Use, Abuse, Misuse & Disposal of Prescription Pain Medication. Available at <http://www.acpm.org/?UseAbuseRxClinRef>.
4. BMJ Group and Pharmaceutical Press. Last accessed 30 July 2013. BNF July 2013: 4.7.2 Opioid analgesics. Available at <http://www.medicinescomplete.com/mc/bnf/current/PHP2667-opioid-analgesics.htm>.
5. BMJ Group and Pharmaceutical Press. Last accessed 30 July. BNF July 2013: 4.1.2 Diazepam. Available at <http://www.medicinescomplete.com/mc/bnf/current/PHP2159-diazepam.htm>.
6. BMJ Group and Pharmaceutical Press. Last accessed 30 July. BNF July 2013: 4.1.1 Zaleplon. Available at <http://www.medicinescomplete.com/mc/bnf/current/PHP2119-zaleplon.htm>.
7. BMJ Group and Pharmaceutical Press. Last accessed 30 July 2013. BNF July 2013: 4.4 Dexamphetamine sulfate. Available at <http://www.medicinescomplete.com/mc/bnf/current/PHP2475-dexamphetamine-sulfate.htm>.

Glossary

OTC: over-the-counter
POM: prescription-only medicine
WHO: World Health Organization

Resources

Patients

Battle Against Tranquillisers – www.bataid.org
Benzo.org.uk – www.benzo.org.uk
CodeineFree – www.codeinefree.me.uk
Over-Count Drugs Information Agency – <http://over-count.weebly.com/index.html>

Healthcare professionals

British National Formulary – www.bnf.org
Cooper R, 2011. 'Respectable Addiction' - A qualitative study of over the counter medicine abuse in the UK – www.pharmacyresearchuk.org
National Institute for Health and Clinical Excellence, 2007. Methadone and buprenorphine for the management of opioid dependence – www.nice.org.uk/TA114
PHE Alcohol & Drugs (formerly National Treatment Agency for Substance Misuse) – www.nta.nhs.uk
World Health Organization. Pain ladder – www.who.int

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