The Psychiatrist as accidental drug dealer

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Addiction Psychiatrist
Disclosures / Disclaimer

• Speaker fees or conference support
  • Indivior, Janssen-Cilag, Lundbeck, Servier

• Pharmaceutical trials
  • Pfizer
  • Organon / Schering-Plough

• The opinions expressed in this talk are my own and do not reflect the views of my employers nor any pharmaceutical companies.

• Some of the medication uses and doses may be outside of licenced indications. Please check the Product Information.
PBS + Private Prescriptions per year

- **2013**
- **2014**
- **2015**
AMERICA'S MOST PRESCRIBED PSYCHIATRIC DRUGS

<table>
<thead>
<tr>
<th>DRUG</th>
<th>Xanax</th>
<th>Lexapro</th>
<th>Ativan</th>
<th>Zoloft</th>
<th>Prozac</th>
<th>Desyrel</th>
<th>Cymbalta</th>
<th>Seroquel</th>
<th>Effexor XR</th>
<th>Valium</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMPTOMS</td>
<td>A</td>
<td>AD</td>
<td>AP</td>
<td>ADOT</td>
<td>AD</td>
<td>AD</td>
<td>ADF</td>
<td>BD</td>
<td>ADP</td>
<td>AP</td>
</tr>
<tr>
<td>ONE PILL</td>
<td>44</td>
<td>27.7</td>
<td>25.9</td>
<td>19.5</td>
<td>19.5</td>
<td>18.9</td>
<td>16.6</td>
<td>15.8</td>
<td>15</td>
<td>14</td>
</tr>
</tbody>
</table>

ONE PILL = ONE MILLION PRESCRIPTIONS

$4.5 BILLION
TOTAL DOLLARS SPENT ON PHARMACEUTICAL ADS IN 2009

CHANGE IN RANK FOR TOTAL FILLED U.S. PRESCRIPTIONS

2009
1
2
3
4
5
6
7
8
9
10

2008
1
3
5
2
4
NA
16
13
6
9

A collaboration between GOOD and Stanford Kay

SOURCE: IMS Health
The Australian Top 10 Prescribed Psychotropics

2015 ASM data
Melbourne Ambulance attendances - Pharmaceuticals
Victoria Overdose Deaths (2009-15)

Benzodiazepines: 51%
Opioid analgesics: 48%
Illegal drugs: 43%
Antidepressants: 34%
Alcohol: 24%
Antipsychotics: 19%
Non-benzo anxiolytics: 11%
Non-opioid analgesics: 10%
Anticonvulsants: 7%

(Victoria) Coroners Prevention Unit 2015
Drug-related deaths in Australia

Australia’s Annual Overdose Report 2016 – The Pennington Institute
Drug-related deaths in Australia

Australia’s Annual Overdose Report 2016 – The Pennington Institute
Accidental drug-related deaths in Australia

Australia’s Annual Overdose Report 2017 – The Pennington Institute
Codeine deaths

Roxburgh et al 2015 MJA
Per capita accidental death rates in Qld

Australia’s Annual Overdose Report 2017 – The Pennington Institute
Iatrogenic benzodiazepine dependence?

• Prevalence estimates (past year)
  • ICD-10 criteria for dependence
  • 272 people prescribed benzodiazepines
  • 40% of (115) GP patients
  • 63% of (124) psychiatry outpatients
  • Mean duration of use
    • 40 months in Psych OPD
    • 88 months in GP patients
  (Kan et al 1997)

• For elderly people being admitted to hospital is a risk factor for chronic benzodiazepine use (~1.5%)
  • Biggest risk > 10 days admission
    (Bell et al 2007)
Iatrogenic benzodiazepine dependence?

- Australian GP trainees benzo prescribing:
  - 2.1% of consultations
  - 2.2% of all prescriptions
  - Pre-existing problem
    - ~22% anxiety & ~28% insomnia
    - i.e. 50% “other” indications
  - 70% pre-existing prescription

- New patients (to them but not to the practice)
- Older patients
- ATSI patients
- 6% co-prescribed opioids at same consult
- Significant regional variation

(Holliday et al 2017)
Prescription trends (2009-15)

ASM 2015 data
Melbourne Ambulance Attendances / 100,000 population

Heilbronn et al 2013
Should we be worried about the gabapentinoids?

Should we be worried about the gabapentinoids?

UK gabapentinoid prescriptions and deaths

User descriptions
• “pregabalin enhances the feeling from heroin”
• “Heroin helps the pregabalin work faster”
• “You want more pregabs”
• “I had blackouts”
• “Takes a while to kick in, and by then I’ve thought I’ll have a shot” -> overdose

Pregabalin reversal of morphine tolerance (in mice)

Pregabalin reversal of morphine tolerance (in mice)

Is prison any different?

• Psychotropic prescribing rates in UK prisons

• Prevalence 48% ♀, 17% ♂
• Peak 25-55 age range
• Prevalence ratio: ♀ 6, ♂ 4 (age-adjusted)
• 68% prescriptions for antidepressants (esp. mirtazapine)
• (Significant levels of stimulant prescribing in YOI)

Hassan et al 2016
Is prison any different?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Prison %</th>
<th>Drug</th>
<th>Community %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirtazapine</td>
<td>35%</td>
<td>Citalopram</td>
<td>27%</td>
</tr>
<tr>
<td>Citalopram</td>
<td>18%</td>
<td>Amitriptyline</td>
<td>17%</td>
</tr>
<tr>
<td>Sertraline</td>
<td>13%</td>
<td>Zopiclone</td>
<td>15%</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>11%</td>
<td>Fluoxetine</td>
<td>13%</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>10%</td>
<td>Diazepam</td>
<td>10%</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>9%</td>
<td>Carbamazepine</td>
<td>10%</td>
</tr>
<tr>
<td>Amitriptyline</td>
<td>9%</td>
<td>Mirtazapine</td>
<td>8%</td>
</tr>
<tr>
<td>Diazepam</td>
<td>6%</td>
<td>Sertraline</td>
<td>7%</td>
</tr>
<tr>
<td>Risperidone</td>
<td>3%</td>
<td>Olanzapine</td>
<td>7%</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>3%</td>
<td>Quetiapine</td>
<td>6%</td>
</tr>
</tbody>
</table>

Hassan et al 2016
<table>
<thead>
<tr>
<th>BNF chapter</th>
<th>Prison</th>
<th>Community (ref.)</th>
<th>PR (95 % CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypnotics and anxiolytics</td>
<td>1.0</td>
<td>62</td>
<td>1.4</td>
</tr>
<tr>
<td>Antipsychotics and antimanics</td>
<td>4.3</td>
<td>258</td>
<td>1.1</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>13.2</td>
<td>801</td>
<td>4.6</td>
</tr>
<tr>
<td>CNS stimulants</td>
<td>0.7</td>
<td>44</td>
<td>0.0</td>
</tr>
<tr>
<td>Any</td>
<td>16.9</td>
<td>1024</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypnotics and anxiolytics</td>
<td>7.9</td>
<td>62</td>
<td>2.5</td>
</tr>
<tr>
<td>Antipsychotics and antimanics</td>
<td>11.7</td>
<td>92</td>
<td>1.6</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>41.1</td>
<td>323</td>
<td>10.0</td>
</tr>
<tr>
<td>CNS stimulants</td>
<td>0.5</td>
<td>&lt;5(^a)</td>
<td>0.0</td>
</tr>
<tr>
<td>Any</td>
<td>47.9</td>
<td>376</td>
<td>11.8</td>
</tr>
</tbody>
</table>
So what does that mean in practice?
Some considerations

• What’s your exit strategy?
  • Is there is a clear end-point?
  • If this is a “trial”, what is the criterion for success / failure?
  • Discuss signs of a problem
  • Be clear about grounds for stopping prescribing

• Are you the only prescriber?

• Would you do this for other patients or is this a special case?
A Few Useful First Steps

• Instalment dispensing

• Conditional prescribing
  • I can’t keep prescribing benzos if you continue to see other Doctors / won’t attend an appointment for a second opinion / keep missing appointments with me / etc.

• No replacements for “lost” prescriptions

• I won’t increase your dose today, let me discuss this with the team and we can make a plan next appointment
Soma:
"All the advantages of Christianity and alcohol; none of their defects."

Aldous Huxley, Brave New World. 1931
<table>
<thead>
<tr>
<th>Dealer</th>
<th>Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open all hours</td>
<td>Office hours only</td>
</tr>
<tr>
<td>No appointment needed</td>
<td>Appointment required</td>
</tr>
<tr>
<td>Delivery service</td>
<td></td>
</tr>
<tr>
<td>No bullshit – just ask for what you want</td>
<td>May require acting &amp; bullshit</td>
</tr>
<tr>
<td></td>
<td>Expect a lecture &amp; possibly a physical exam</td>
</tr>
<tr>
<td>Wide stock – licit and illicit</td>
<td>Wide stock – opioids, benzos, pregabalin, quetiapine</td>
</tr>
<tr>
<td>Buy &amp; take away immediately or use on site (but</td>
<td>Have to go somewhere else for the drugs</td>
</tr>
<tr>
<td>you may have to share some)</td>
<td>• not available immediately</td>
</tr>
<tr>
<td></td>
<td>• pay them as well</td>
</tr>
<tr>
<td>Drug may not be what you think it is</td>
<td>What’s on the label is what you get (unless it’s diazepam)</td>
</tr>
<tr>
<td>Might get ripped off / robbed</td>
<td>Low risk of being robbed – but you may to pay a gap fee</td>
</tr>
<tr>
<td>Expensive drugs</td>
<td>Usually cheap drugs (govt subsidised)</td>
</tr>
</tbody>
</table>
Available today for only $6.30 on a DSP

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Medicine</th>
<th>Quantity</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>OxyContin 200mg</td>
<td>1</td>
<td>OxyContin 60mg</td>
</tr>
<tr>
<td>50</td>
<td>Diazepam 5mg</td>
<td>1-3</td>
<td>Diazepam 5mg</td>
</tr>
<tr>
<td>30</td>
<td>Targin 80mg</td>
<td>1</td>
<td>joint THC ($25/eighth)</td>
</tr>
<tr>
<td>100</td>
<td>Dexamphetamine 5mg</td>
<td>2L</td>
<td>cask wine</td>
</tr>
<tr>
<td>10</td>
<td>Alprazolam 1mg</td>
<td></td>
<td>Ice ($50/point)</td>
</tr>
<tr>
<td>60</td>
<td>Quetiapine XR 400mg</td>
<td>1</td>
<td>Heroin ($50/point)</td>
</tr>
<tr>
<td>60</td>
<td>Quetiapine 300mg</td>
<td>½</td>
<td>Suboxone 2mg film</td>
</tr>
<tr>
<td>5</td>
<td>Fentanyl patches</td>
<td>12mg</td>
<td>Methadone (spat out)</td>
</tr>
<tr>
<td>56</td>
<td>Pregabalin 300mg</td>
<td>1</td>
<td>Pregabalin (unknown strength)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>cigarettes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5</td>
<td>coffees</td>
</tr>
</tbody>
</table>