



## **NATIONAL PHARMACEUTICAL DRUG 'MISUSE' STRATEGY**

### **JOINT AIVL, NUAA & CAHMA SUBMISSION**

#### **Introduction:**

The Australian Injecting & Illicit Drug Users League (AIVL) and our member organisations (NUAA and CAHMA) welcome the opportunity to provide a submission to the National Pharmaceutical Drug 'Misuse' Strategy development process. AIVL is the national organisation representing people with a history of injecting/illicit drug use including people who are current drug users and people in opioid pharmacotherapy and other drug treatment programs. As a peak organisation AIVL has member organisations in each state and territory. AIVL is a peer-based organisation which means we are run *by* and *for* people with a history of injecting and illicit drug use. This submission is separated into two sections with the first section focusing on a number of general or overarching principles that AIVL believes must be considered across the Strategy and/or act as an underpinning framework to inform responses to key priority issues. The second and final section provides more detailed comments on a range of specific issues for people with a history of injecting/illicit drug use that we believe need to be addressed within the Strategy. AIVL has sought to provide brief comments across a broad range of issues but we are happy to provide further information and comments on any of the issues we have identified.

As mentioned above, AIVL has taken a broad approach to adequately address the range of issues we have identified, however we have sought to address the below questions throughout the submission.

*Q3) How do factors impacting on the social determinants of health impact on the misuse of pharmaceuticals?*

*Q19) To what extent is OST options, accessibility and dispensing fees impacting on patterns of pharmaceutical drug misuse?*

*Q25) Are there any other gaps in the research?*

*Q28) What other consumer-oriented responses are required?*

#### **General/Overarching Issues and Principles:**

##### ***The Impact of Attitudes to Drug Use and Drug Users:***

AIVL believes that in developing a new national strategy on the use of pharmaceutical drugs, it is essential to acknowledge and take account of the negative impacts associated with current attitudes within the health sector and general community towards people with a history of injecting/illicit drug use. In particular the levels of stigma, discrimination and marginalisation for people who use opioid pharmaceuticals either illicitly or through pharmacotherapy programs needs to be addressed. Although chronically under-documented in research, there is now a growing body of evidence showing the unacceptable impact of judgemental attitudes and entrenched moralism about injecting/illicit drug use on people's access to services and on their general health and wellbeing. For example it is now acknowledged that people on opioid pharmacotherapies are routinely denied

access to pain management and are accused of ‘drug seeking behaviour’<sup>1</sup>. These issues are critical in a Strategy such as this one that is seeking to regulate access to pharmaceuticals (in particular pharmaceutical opioids) through concepts such as “genuine need”. Who defines and decides which individuals are “in genuine need” as opposed to engaged “in drug seeking behaviour” in a context where there is documented evidence of entrenched judgemental attitudes and structural discrimination against those being assessed, especially when medical practitioners have such enormous discretionary power to withhold essential medication. AIVL believes it is essential to acknowledge both prevailing attitudes to people with a history of injecting/illicit drug use and the highly subjective nature of concepts such as “being in genuine need” when it comes to developing a Strategy that will regulate people’s access to pharmaceutical drugs. By taking such issues into account, the Strategy can remove this seeming indifference to the health and suffering of people with a history of drug use and replace it with approaches that are humane, compassionate and responsive.

***The Role of Law & Regulations:***

While AIVL acknowledges the role of legal and regulatory processes in managing and monitoring access to pharmaceutical drugs within the Australian community, we also believe it is extremely important to understand and acknowledge the way that an excessive legal/regulatory framework can act (even unintentionally) to disrupt and diminish access to essential medications particularly for some of the more marginalised groups within our community. As the organisation representing the needs and interests of people with a history of injecting/illicit drug use AIVL is very concerned about the potential for the implementation of a system that is so tightly regulated that those who most need access to pharmaceutical medications and specialist care cannot get that access. In this regard, AIVL welcomes the title: “A Matter of Balance” but remains concerned about how the appropriate ‘balance’ is defined and who will make this determination. Rather than viewing the perceived ‘misuse’ of pharmaceuticals as something that is ‘abhorrent’ and somehow separate to the system, AIVL believes it is important to understand that such ‘misuse’ is frequently *created* by the legal/regulatory system. That is, a system where the very laws and regulations that are designed to manage and monitor access to pharmaceuticals *create* the circumstances whereby people are unable to get their legitimate needs for pharmaceutical medications met or met adequately, and consequently are forced to resort to self-fashioned treatment programs, self-medication, off-label use, illicit supplies, etc. In short, an increasing number of people end up using pharmaceutical opioids illicitly and/or being labelled as “misusing” pharmaceutical drugs largely because the system is not flexible, responsive or “balanced” enough to meet their “genuine needs”. This situation needs to be addressed proactively within the Strategy rather than simply seeking to blame, label and ostracise those who are, through lack of ‘legitimate’ choices forced outside the system.

***The Importance of Harm Reduction Approaches & Human Rights-Based Frameworks:***

***Harm Reduction Approaches:***

AIVL believes that harm reduction and human rights need to act as the principle frameworks underpinning the entire Strategy. An overwhelming focus on supply reduction alone would not only be inconsistent with the recently released National Drug Strategy 2010-2015 but would also be counter to the well documented evidence on the success and efficacy of harm reduction approaches. There is increasing evidence on the use of opioid pharmaceuticals in the Australian community that will not be addressed by simply seeking to ignore, deny or criminalise this reality. In this context, AIVL believes there is an ethical responsibility on policy makers to ensure that any strategies aimed at reducing the illicit use of opioid pharmaceuticals has an equal and concomitant

focus on strategies to reduce potential harms associated with the continued use of these substances. (Specific harm reduction recommendations are addressed on page 6 of this submission.)

### ***Enshrining a Human Rights-Based Framework:***

The Ottawa Charter emphasises that social justice and equity are fundamental prerequisites for health<sup>2</sup>. In this context, AIVL believes our approach to addressing the health needs of people with a history of injecting/illicit drug use should be underpinned at a strategic level by the principles and practices of human rights. Taking a human rights approach to these issues would mean creating a supportive social, policy and legal environment where human rights are respected and protected, and ‘the equitable right to health’ is not just an ideal articulated in international conventions such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) but an outcome that is both achieved and measured. Three general human rights principles are seen as key to characterising ‘the equitable right to health’ namely non-discrimination, participation and accountability. A national strategy focused on the ‘use’ of pharmaceutical drugs with a genuine human rights based approach *should not* use terms that are inherently negative and stigmatising for certain groups in the community such as “misuse”, “abuse”, “addiction”, etc., and *should* provide appropriate, responsive and equitable access to pharmaceutical medications for all Australians regardless of whether they have a history of injecting/illicit drug use, or not.

### **Specific Issues for People with a History of Injecting & Illicit Drug Use:**

#### ***Access to pain management for People with a history of drug use:***

There is a need to adequately address pain management in the National Pharmaceutical Drug Misuse Strategy (NPDMS) for the general population, however it is crucial that the needs of people with a history of injecting/illicit drug use and people on opioid treatment programs who require pain management are adequately addressed and not hindered further. Research undertaken by AIVL on older opioid users<sup>3</sup> showed that a majority of respondents in the sample group (41 people) identified pain management as a major concern. This was expanded upon by some who reported horror stories about unfortunate friends and associates who had been denied pain relief when in genuine need and/or distress.

Further to this, the international body of evidence<sup>4,5,6</sup> that shows people with a long term dependence on opioids, such as pharmacotherapy treatment, experience hyperalgesia. This indicates that those affected may in fact require either higher doses of opioids, or a complex (and often misunderstood) combination of drugs to effectively address the pain they are experiencing. Unfortunately, at the present time neither of these occurs very often due to fear of diversion or “misuse”. The existence of opioid induced hyperalgesia is a very complex and little understood area which AIVL believes needs further targeted research to identify the implications of this on long term opioid dependant people (such as those on opioid dependence treatment) and ways of better managing pain when hyperalgesia exists, without necessarily removing opioids all together.

AIVL’s experience shows it is often the case that if people are identified or perceived to have a history of injecting/illicit drug use they often receive less than adequate amounts of pain relief or no pain relief or assistance in addressing this issue. This often leads to people self-medicating to treat their pain with other drugs such as alcohol, benzodiazepines and illicit opioids. This has inherent problems and increased associated harms and AIVL believes is one of the key factors fuelling the demand for illicit pain management medications in Australia.

As mentioned in the discussion paper for the NPDMS - Pg. 16, AIVL agrees that there is a requirement for comprehensive consultation and assessment processes to be in place when any

patient presents to a medical service expressing a pain issue. In any case the fixation on current or past injecting/illicit drug use to detect a potentially non-compliant patient is putting in place a practice where this group is being unfairly singled out, stereotyped and discriminated against. This therefor lends itself to physicians believing these 'types' of patients are in the 'very hard basket' to treat and either refuse to treat them, or if they do treat them will often place unfair and unreasonable restrictions on them such as; having less than adequate doses prescribed, being over supervised (such as daily or weekly pick up), frequent random urine toxicology's or inappropriately medicated by being placed on methadone or buprenorphine for a pain management issue.

The reverse of this is that with such a heavy focus on past injecting drug use as an indicator for prescription opioid 'misuse', this then allows for people without such a history to fall thru the gaps and fail to be identified as potentially misusing prescription opioids. This is of particular importance when considering that US and UK evidence has shown people with no history of injecting drug use often misuse prescription opioids more frequently.<sup>7, 8</sup>

AIVL believes it is essential to treat each consumer as an individual with differing needs and requiring individual levels of follow up and supervision. It is crucial that this strategy emphasises the importance of individual and tailored care for anyone in need of pain management.

#### ***Opioid Substitution Therapy (OST):***

While consulting with AIVL staff and member organisations on AIVL's submission to the NPDMS, it was pharmacotherapies or the need for change that appeared as a constant theme throughout these discussions, more so than the illicit and/or off label use of other opioid medications. Many with-in the AIVL network who are current illicit opioid users believe the current hype and focus on pharmaceutical drug 'misuse' is being over stated, especially with-in the media. While most acknowledged there were some use of prescription opioids with-in their peer networks, they stated it is not at the epidemic proportion that is being portrayed. This also goes against the findings in the IDRS 2010 and Australian NSP Survey 2010 which states it is heroin that is the drug of choice and most often used amongst regular opioid users<sup>9, 10</sup>. Most within the AIVL network stated that pharmacotherapies were a major issue which needed to be addressed if the government is ever to properly address the off label use of pharmaceuticals.

While Australia has had a somewhat successful program for treating heroin and other opioid dependence using oral Methadone for over 30 years and Buprenorphine for the past 10 years these medications are often not meeting the needs of all people with an opioid dependence. AIVL believes it is this expectation from government and the AOD sector that one size fits all is a key factor in the emerging illicit market for opioid pharmaceuticals.

Of relevance is the 2010 IDRS which states when participants who had recently used methadone, Morphine or Oxycodone were asked about the reasons for using them illicitly, close to half (45%, 47% and 36% respectively) stated they did so to self-treat dependence.<sup>11</sup> AIVL has received similar anecdotal evidence from peers showing many people who do acquire illicit opioid medications were doing so because the current opioid treatment options weren't suitable for them and they had more stability and control over their lives by purchasing these drugs illicitly. This seems contrary to the purpose of pharmacotherapies, which are often promoted as being crucial to 'stabilising' injecting/illicit drug users' health and lifestyle.

AIVL believes it is crucial for this strategy to address the need for Australia to further investigate alternatives to the standard opioid treatment prescribing practices currently utilised in Australia. We

believe this is of particular relevance to injectable formulations that are currently unavailable in Australia. The practice of consumers fashioning their own treatment (or diversion and 'misuse' as it is often referred to), by injecting their prescribed licit oral opioid medications, is mainly caused by the inflexibility of the current Australian opioid treatment program. AIVL feels that this is an indication that an injectable opioid program would be hugely beneficial, not only in attracting more opioid dependant people who inject into treatment, but reducing the huge costs to the health care system by reducing the very real dangers associated with injecting formulations that are for oral consumption only.<sup>12, 13</sup>

The Royal College of physicians in the United Kingdom has recently released a document entitled "Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care"<sup>14</sup> and mentions the use of dihydrocodeine, slow release oral morphine and injectable methadone and diamorphine (heroin). While these are indicated for use only by specialists and in certain cases, the evidence exists that for many consumers, these other forms can mean the difference between remaining in or accessing treatment, gaining improved mental health, reducing illicit drug use and involvement in criminal activity, and improving quality of life.<sup>15, 16, 17, 18</sup>

This is shown further by the quotes below which AIVL received while researching information for this submission. Both of these peers reside in the United Kingdom and receive individualised treatment which involves injectable formulations.

*"Giving a heroin user methadone is like giving cigarette smokers a cigar to smoke instead - they may both contain nicotine but they are 2 very different experiences for the user. For years I took methadone but still had the same desire and craving for heroin. After all, it was heroin I became dependant on, it was heroin that my body required. Methadone was a blunt instrument in the treatment toolbox, when I was given pharmaceutical heroin on prescription it was so obvious what happened next! I stopped using adulterated street heroin, stopped buying it, moved away from the black market, and my life improved in quality and options. Heroin for heroin dependence, no substitute will do the job. Why are we wasting billions on drug treatment that isn't individualized?"*

Erin O'Mara - UK

*"Some 6 years ago, the Doctor at my old drug 'treatment' clinic recommended me for diamorphine - I was sent for external assessment to two very senior doctors/psychiatrists in the field, both of whom agreed with my Doctor. I was so miserable on methadone - chronically depressed, drinking enormously, and using both crack and street heroin. Notably, prior to being prescribed methadone, I had neither drunk nor used crack (at least not problematically, nor to the extent that I was using whilst on methadone). Research shows that I am not alone in this. The day that I started on a mix of injectable morphine sulphate and slow release oral morphine, I stopped drinking and my crack use quickly tailed off to nothing."*

Eliot Albert - UK

This strategy needs to take the lead on providing a means for the Australian Government to instigate an evaluation and evidenced based overhaul of the current Australian opioid treatment system to meet the needs of all people who are dependent on opioids. We believe that this is crucial if Australia is ever going to reach a place where anyone seeking treatment for an opioid dependence can do so, and be appropriately matched to a treatment that suits all of their needs at that time in their lives.

### ***Older Injecting Drug Users and Pharmaceutical Drug Use:***

While the issue of ageing is relevant to many areas of health and social welfare in Australia, AIVL believes that ageing has a particular relevance when we are talking about pharmaceutical use or 'misuse' due to the ever increasing number of long term opioid and other drug dependant people who are reaching older age. This has come up as a major area of concern with in AIVL's constituency in recent years which drove AIVL to conduct peer driven research and from this research, writing a discussion paper entitled "Double Jeopardy: Older Injecting Opioid Users in Australia"<sup>19</sup>

While the Australian government has adopted a proactive approach to ageing and promotes the concept of 'positive ageing', part of this approach has been to fund a number of population based studies to track cohorts of ageing Australians (such as gay, lesbian and sexually diverse communities) into older age with a broad focus on health and wellbeing. None of these studies, however, examines pharmaceutical use or 'misuse' and the real experience of ageing Australians who continue to engage in the use of pharmaceutical drugs, whether prescribed or obtained outside the regulated system. This we believe is a major knowledge gap that must be prioritised within this strategy and would assist many in the AOD, Health and other sectors to better meet and address the needs of older opioid and other drug users.

Recent surveys of injecting drug users in Australia record a marked increase in the use of legal pharmaceuticals in lieu of heroin. The IDRS (2009) noted that morphine and other prescription opioids increased from 8% in 2004 to 15% in 2008 as the last drug injected and represented the 3<sup>rd</sup> most commonly injected drug in 2008.<sup>20</sup> There is some speculation that older opioid users are more likely to turn to pharmaceuticals due to their cheaper price and easy availability, although there is currently no research evidence to support this. Opioid pharmaceuticals are regularly prescribed to the elderly and to the severely and/or terminally ill and it stands to reason that older opioid users are more likely to come into contact with other older patients receiving these sorts of medications. This can then become an access point to non-legitimate supply sources, recognised as a common origin for illicit opioid pharmaceuticals.

AIVL has also discovered that the use of prescribed pharmaceuticals can be seen to legitimise or normalise opioid use, which may be particularly appealing for older opioid users, and hence AIVL's belief that this strategy needs to address the lack of options available for opioid dependency treatment as well as increase the variety of methods for administration of these medications such as injectable and smokeable options for people who find the current pharmacotherapies (Methadone and Buprenorphine/Naloxone) are not meeting their needs. This, AIVL believes, would go a long way to addressing the off label use or 'misuse' of prescription opioids that this strategy is aiming to address.

Although it can be argued that pharmaceuticals are safer than black market heroin, there are still a number of potential dangers when these substances are used contrary to prescription. This is an area which AIVL believes needs to be urgently addressed to ensure that older people who do continue to engage in the off label use of pharmaceuticals are no longer put at increased and unnecessary risk of overdose and/or injecting related harm. The evidence exists that show very cheap and effective safer injecting items such as Syringe Driven Filters, Winged infusions and larger bore barrels can dramatically reduce the harms, such as embolisms, endocarditis, abscesses and vein damage, associated with off label use of pharmaceutical opioids and other drugs<sup>21, 22</sup>, especially in older people. AIVL is amazed that such initiatives have not been supported to expand and roll out further than they currently are. These initiatives and many others can have a massive impact at

minimal cost on the individual's health as well as the cost to the health care system by reducing the frequency of hospitalisations and operations all of which are preventable.

A number of respondents in the AIVL Study were prescribed morphine and/or oxycodone for legitimate ailments common to older patients, while other respondents complained about the exorbitant price of illicit opiates and that the large amounts of money required became increasingly difficult to find, the older they become. Economics, then, appeared to be a key factor in the purchasing patterns of older opioid users and their preference for pharmaceuticals as a cheaper alternative to black market powders. It is unfortunate that this trend, if it is in fact a trend, is unlawful under current legislation in Australia, which vetoes the prescription of opiates to maintain dependence as this could perhaps provide an entry point and an opportunity for medical practitioners to engage with older opioid users and to provide them with legitimate pharmaceutical alternatives. Again, research is required to determine the extent to which the use of pharmaceuticals is a pertinent issue for older opioid users.

AIVL believes that as more and more people reach old age while continuing to engage in the use of illicit drugs, particularly illicitly obtained pharmaceutical drugs that we will continue to see more harm and therefore more related health costs. It is crucial that the government acknowledges older opioid users as a key priority population of this strategy and that relevant research is identified and prioritised.

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- <sup>3</sup> Australian Injecting & Illicit Drug Users League - AIVL (2011) Double Jeopardy: Older Injecting Opioid Users in Australia. AIVL Discussion Paper, AIVL, Canberra
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- <sup>10</sup> Stafford J and Burns L. (2011) Findings from the Illicit Drug Reporting System (IDRS) *Australian Drug Trends Series No. 55*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales
- <sup>11</sup> ibid
- <sup>12</sup> Degenhardt L, Black E, Breen C, Bruno R, Kinner S, Roxburgh A, Fry C, Jenkinson R, Ward J, Fetherston J, Weekley J, Fischer J. (2006) Trends in morphine prescriptions, illicit morphine use and associated harms among regular injecting drug users in Australia. *Drug Alcohol Review* 25:403 – 412
- <sup>13</sup> Jenkinson A, Clark N, Fry C, Dobbin M. (2005) Buprenorphine diversion and injection in Melbourne, Australia: An emerging issue? *Addiction* 100, 197-205
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