

GP Prescribing

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- Very brief look at two recent incidents involving clients prescribed methadone for pain. What do we think? What could we do?
- One more in depth presentation regarding client referral to OST due to GP concerns.

Client 1

- Crisis assessment ICU - 36 year old man. Self presented to ED following an overdose of Methadone 100mg. He took the OD and then began to feel unwell. Walked to ED
- Usual dose 5 mg tabs TDS
- Prescribed by GP for abdominal nerve pain following an operation 2008.
- Pick up from pharmacy twice a week.
- No history with CMH or AOD
- Black power member
- Relationship issues
- Not working due to pain and sedation
- Awaiting sentencing for drug related charges. Selling cannabis
- Smokes marijuana 15 joints per day or two caps of oil. (medicinal he states)

What did we do?

- Re assessed the following day
- Referred to AOD services for further assessment and input.
- Possible referral to psychology for past trauma and also adjustment.
- Letter sent to GP informing him of the crisis and follow up.

Client 2

- 56 year old man. Probation referral to AOD not OST. Alcohol use. Abstinent!! at the moment.
- Significant history of alcohol misuse dating back to pre 2006
- A number of imprisonments drug related and EBA charges
- Back pain following a fall so on ACC.
- Prescribed Methadone by GP 100mg per day. Weekly dispensing so 700 mls per week take home.
- Anonymously reported by reliable source selling methadone in the local pub.

So what did and do we do?

- Case manager contacted GP to inform of selling.
- Reply was – will look at daily COP.
- Team leader contacted GP surgery reiterating concerns. Spoke to practice nurse.
- Informed of risks relating to COP should client not have been taking full dose.
- Recommended UDS. Told by practice nurse they didn't do that!!
- Offered support from BOPAS even though client disengaged from AOD service. Available for discussion.
- Letter written to GP to reiterate concerns and offer assistance.

Any suggestions? What would you do?

- Should we contact medical counsel re concerns if GP does not contact?
- Do we continue to check dispensing?
- How much of this is our responsibility?
- How many other GPs' are prescribing huge amounts of methadone with excessive takeaway regimes to individuals with AOD issues and legal issues which are related to drug use?
- What do we do if GPs' refer for us to assist?