



ST VINCENT'S
HEALTH AUSTRALIA

Risk assessment in opioid use disorder

Victorian Opioid Management ECHO
Department of Addiction Medicine
St Vincent's Hospital Melbourne 2018

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Opioid use disorder

- Taking **more than intended**
- Wanting or trying to control opioid drug use **without success**.
- **Spending a lot of time** obtaining, taking, or recovering from the effects of opioid drugs.
- **Cravings opioids**.
- **Failing to carry out important roles**.
- **Continuing to use** despite relationship or social problems.
- Giving up or **reducing other activities**
- Using when it is **physically unsafe**.
- Knowing that opioid use is causing a **physical or psychological problems**
- Developing **tolerance**
- **Withdrawal** symptoms when opioids are not taken.

What are the risks?

Diversion

Overdose

Dose escalation

Iatrogenic dependence

What are the risks?

Side effects

- Gastrointestinal
 - Nausea and vomiting.
 - Abdominal distention and bloating.
 - Constipation.
 - Liver damage
- Overdose
 - Hypoxia
 - **DEATH**

Tolerance

Dependence

Victorian Coroner

12 Victorians under 18 died from methadone overdose 2000 - 2013

In the inquest into the death of Helen Maree Stagoll in 2013 Coroner Heffey recommended that:

"That the Victorian Department of Health urgently review its policy with respect to the takeaway dosing component of the Opioid Replacement Therapy programme, taking into account the number of deaths that have occurred due to the widespread availability of methadone in the community and the lack of any real safeguards to protect vulnerable third parties from the risks associated therewith."

Victorian Coroner

In the inquest into the death of Hannah Rachel Charles in 2015 her father, Anthony Charles, submitted:

‘In my opinion the take away methadone program has been fatally corrupted by a lack of regulatory oversight and what appears a process of negligent and potentially wilful expediency by some prescribing physicians and pharmacists who place treatment and practice convenience ahead of community safeguards. As a result many, many Victorians are dead and families devastated. The program must be effectively regulated and enforced or it must be ceased. I am aware that the Court has made clear recommendations with respect to the takeaway methadone program in 2010, 2011 and 2013 and in each case these recommendations appear to have been ignored which I find as upsetting as it is outrageous.’

Opioid Risk Tool

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

RISK ASSESSMENT

≤ 3 = low

4 – 7 = moderate

≥ 8 = high

Webster LR, Webster R. Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. Pain Medicine, 2005;6(6):432

Patients at increased risk of overdose

- **Medical comorbidities**

- Sleep apnoea
- Lung disease
- Heart failure

- **Drug interactions**

- Benzodiazepines
- Sedative-hypnotics
- Major tranquilisers
- Alcohol

- **Psychiatric comorbidities**

- Depression
- Anxiety
- Post traumatic stress disorder

In opioid use disorder

- Identify the risks
- Consider mitigation strategies
 - Lock and key security
 - Consider your takeaway policy
 - Involve responsible others
 - Take home naloxone
- Document your thinking

