



ST VINCENT'S
HEALTH AUSTRALIA

Reducing risk of opioid use disorder

Victorian Opioid Management ECHO
Department of Addiction Medicine
St Vincent's Hospital Melbourne 2019

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Opioid use disorder - DSM

- 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.
- **Craving opioids**.
- **Failing to carry out important roles**.
- **Continuing to use** despite relationship or social problems because of use.
- 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

- Friends/Family/Others using takeaway doses
- Selling dose for \$ - ?for more illicit substance to use

Overdose

- Intentional or accidental
- Others in the home accidentally taking (or unintentionally taking)

Dose escalation

- Ongoing prescription beyond the natural time course for an acute need
- Patient misuse

Iatrogenic dependence

- **No exit strategy to cease opiates**
- Continuing prescriptions without review of need

What are the risks?

Side effects

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

Tolerance

Dependence

- **iatrogenic**

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

Patients at increased risk

- How trauma memory is stored in the brain
- Safety & Stabilisation

- Vicarious/secondary trauma – self care
- Family
- Support networks
- Integrated care with other services – MHCP



Patients at increased risk

- **Adherence to treatment**
 - Skipped or missed doses
 - Scripts “running out” or “being stolen”
 - Attendance at other therapies
 - Physiotherapist
 - Psychologist
 - Alternate administration routes – IV, etc.
 - Monitoring – UDS, etc.
- **Chaotic social situation**
- **Use of other substances**
 - Alcohol, Tobacco, THC, Methamphetamine, etc
- **Financial difficulties**

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.”

