

Key Findings: A large minority (coincidentally around 40%) of OST clients were using BZD at assessments, and at program reviews, and in urine drug screens and BZD were involved in a similar significant proportion of unplanned treatment events. These are not however all the same clients. It appears that around 30% of clients either stop or start BZD use within treatment.

Interventions were developed regarding:

- provision of treatment for BZD dependence;
- risk management for BZD misuse; and
- environmental safety work and response to aggression.

Implications: BZD misuse is not inevitable in OTP clinics despite easy availability. Clear structures and clinical responses to BZD use can reduce some of the more negative aspects of clinic based drug treatment and enable clients to use treatment more effectively.

Conclusion: BZD use is widespread within OST but can be more effectively managed by developing staff skills and confidence to reduce overt indications to a tolerable level.

Theme: Group 6 Benzodiazepines.

Paper 79

INAPPROPRIATE OPIOID PRESCRIBING

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The last two decades has seen an expansion of prescribed opioids for patients with chronic pain. Practitioners face the dilemma of prescribing opioids to relieve pain for selected patients while avoiding misuse or diversion. Some practitioners lack the knowledge and training to fully assess patients with complex chronic pain syndromes or to rationally prescribe opioids. Others fail to recognise and adequately treat, or know when to refer, patients with mental health disorders that often accompany chronic pain. Psychological drivers of inappropriate opioid prescribing include relief of life stressors, difficult temperament and personality traits, unrecognised and untreated depression, somatising and/or hypochondriacal features, malingering behaviour, psychosomatic disorders, moderate to severe anxiety, and intruding negative cognitions. Other drivers include immediate-release opioids prescribed on an 'as-required' basis, problematic opioid withdrawal, loss of analgesic efficacy, and unrecognised medical conditions. Practitioners are sometimes 'forced' to continue inappropriate prescribing of opioids due to difficulties obtaining consultative assistance. Opioid compliance is often the only method for judging patient trustworthiness, especially as self-reporting (testimony), and the reason for seeking opioids (motive), cannot be measured. Aggressive behaviours may coerce the practitioner to continue inappropriate prescribing of opioids. There exists a subset of individuals (criminals) who use the guise of a 'chronic pain illness' to obtain prescription opioids with the intention of selling for profit. Practitioners who fail to recognise the warning features of addiction run the risk of prescribing opioids to addicts.

Paper 80

CANNABIS WITHDRAWAL AMONG INDIGENOUS DETAINEES AND INMATES

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Introduction and Aims: 'Cannabis Withdrawal Syndrome' is proposed in the Diagnostic and Statistical Manual of Mental

Disorders (DSM-5) due for release May 2013. Problematic cannabis use among remote Indigenous communities has been reported in Northern Territory and Queensland studies. When cannabis use is curtailed, many suffer symptoms which can lead to violence, threats, intimidation, sleep disturbances and heightened risk factors of self-harm. Sudden cessation of cannabis use by detainees and inmates could further increase risk. Despite patterns of high cannabis use, dependence and demonstrated risk factors, whether Indigenous detainees/inmates experience withdrawal differently has not been considered.

Design and Methods: Dependent cannabis users who identify as Indigenous (Aboriginal and/or Torres Strait Island) aged between 18–40 years will be recruited from far north Queensland police watch houses/Correctional Centres. Interviews with new detainees/inmates will occur on eight different occasions over 28 days. Assessments validated with biological markers, will examine onset and severity of cannabis withdrawal and psychological distress.

Results: Retrospective pilot data interviews will be presented along with preliminary findings of the current study. Pilot data revealed 70% (n = 70) of male inmates used cannabis before incarceration with 63% (n = 44) meeting dependence. The average number symptoms using DSM-5 criteria was 2.9 and included irritability/anger/aggression, nervousness/anxiety, sleep difficulties, depression and physical symptoms.

Discussion and Conclusions: To improve assessment and timely treatment of cannabis withdrawal within custodial settings, studies are needed to document onset and severity of symptoms and to devise culturally-acceptable resources and support to assist new inmates/detainees to manage withdrawal. Findings from this study will inform the DSM-5, for cultural variations and considerations to the proposed criteria.

Paper 82

THE INFLUENCES OF MANDATED TRAINING ON PHARMACIST'S CLINICAL PRACTICE IN THE PROVISION OF OPIOID DEPENDENCE TREATMENT

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Issue: In January 2010 the ACT Government legislated that all pharmacists providing opioid dependence treatment (ODT) services undertake training to ensure the safety and efficacy of their practice. This was a significant change in practice with some risk of the increased legislative burden being poorly received by pharmacists. An ongoing quality assurance program is used to ensure that the training meets legislative and professional requirements.

Approach: Pharmacists and other health professionals who attend ODT training conducted by the ACT Health Alcohol and Drug Services Senior Pharmacist are invited to complete an anonymous survey several months after training. A 5 point Likert scale with free text option is used to assess the influence of the training on pharmacists practice since completing the training. They are also asked to provide examples of practice changes that they have made, and whether they support the legislated training requirement.

Key Findings: Since October 2011, 151 surveys have been sent to pharmacists who have completed ODT training, with 94 returned (response rate = 62%). Key results are:

- 89% agreed that their confidence in providing ODT had increased
- 70% reported that providing ODT had become more professionally rewarding
- 84% felt that they were providing a better and safer ODT service
- 96% supported legislated training.