

The patient as drug seeker The doctor as pill pusher

(some hard facts and their problematic interpretation)

Jørgen G. Bramness

Professor, MD, PhD

Director of research **Norwegian Centre for Addiction Research**,
University of Oslo

Senior researcher **Department of Pharmacoepidemiology**,
Norwegian Institute of Public Health

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The three partners in prescription drug abuse



850 000
Norwegians

Where are the problems?

Number of persons	Least amount prescribed
850000	1
500000	25
250000	130
100000	400
50000	595
10000	1350
1000	3350
100	7550
10	14600
1	36840

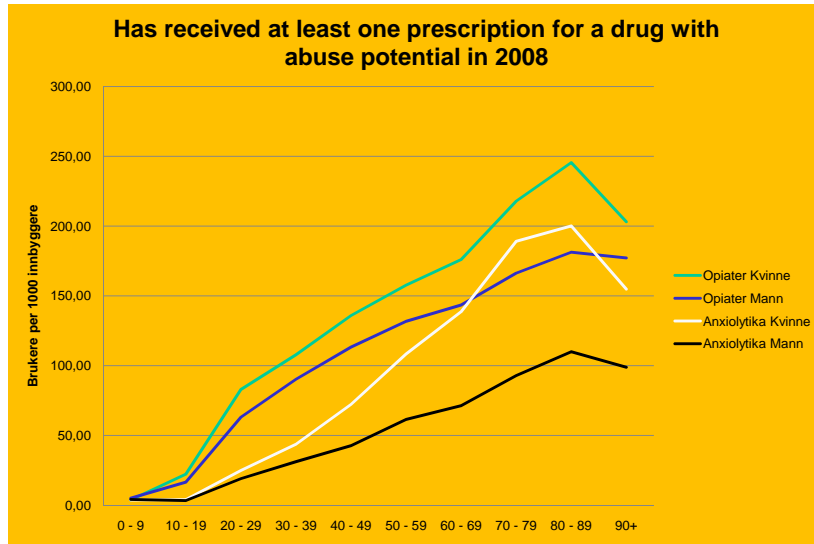
The patient



- Dopet ned på sykehjem

På Majorstutunet sykehjem måtte Reldun Niassa (94) ta så mange beroligende piller at hun sov seg innennom det tre måneder lenge nabolaget





842 664 Norwegians at least one prescription for these drugs in 2008

**25 000
Norwegian
doctors**

The doctor?



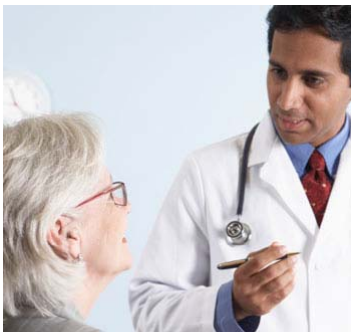
Where to draw the line?

Number of doctors	Least amount prescribed
25000	1
20000	30
15000	150
10000	550
5000	3800
2500	18500
1000	38000
500	52000
100	90000
50	104000
10	155000
1	225000

Drivenes 2001

25 000
Norwegian
doctors to
850 000
Norwegians

The doctor?



Where to draw the line?

Number of doctors	Least number of patients
25000	1
20000	2
15000	7
10000	20
5000	83
1000	275
500	330
100	445
50	500
10	680
5	800
1	1292

Kasus

- Woman, 65 years of age. Many years of social anxiety disorder. She doesn't want to drink for these problems. 15 years of diazepam for her anxiety, often from many doctors, because her regular physician doesn't want to refill her prescriptions
- Use one to two tablets per week. Feels secure just to have them with her
- This helps her manage her job as a medical secretary, a job that demands a lot of contact with people
- During the last year an increase in the use of diazepam has occurred. Her mother has become ill and the patient need to help her a lot, a job she cannot face without having taken 5 mg diazepam a couple of hours before.
- As a doctor you try to address that this use may even cause anxiety, something she is totally estranged to
- Abuse, dependence?
- Pseudo-therapeutic long term use?

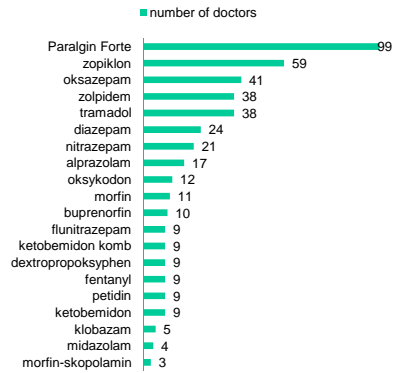


Some parameters can imply abuse potential

Lorenz 1 % curve for prescription drugs



Doctor shopping?



Prevention strategies

Patient level

- Commit to limitations
- Make plans for controlled withdrawal

Doctor level

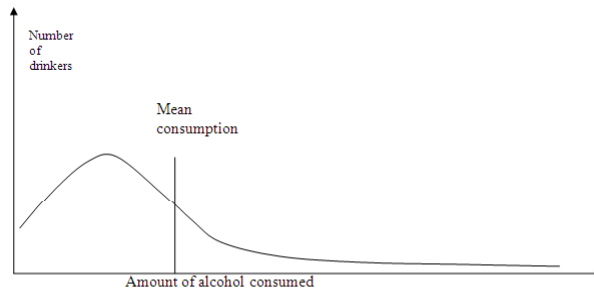
- Educate the doctor
- Control of the doctor?

Community level

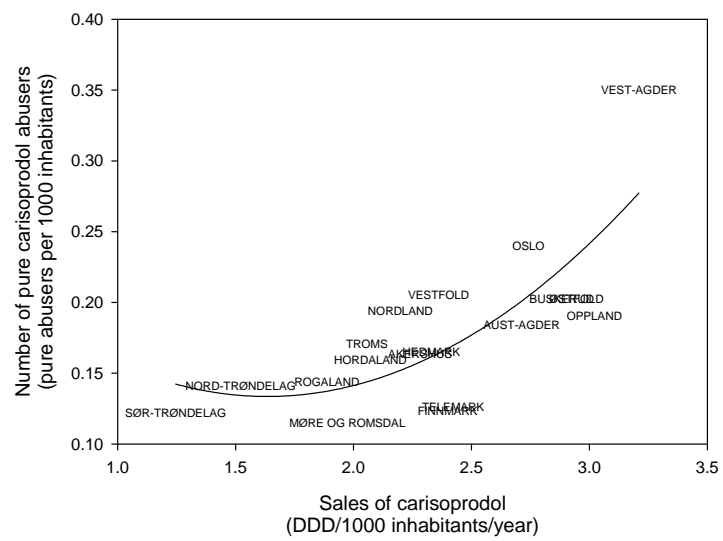
- Regulatory action
- Information

Total consumption model

one parameter predicts number of heavy consumers of alcohol!



Bramness and Rossow 2009. Drugs education, policy and prevention



Where are the problems?

Number of persons	Least amount prescribed	How much to this group?
850000	1	4550000
500000	25	19375000
250000	130	39750000
100000	400	24875000
50000	595	38900000
10000	1350	21150000
1000	3350	4905000
100	7550	996750
10	14600	231480
1	36840	36840

Scheduled drug are not for wimps! (-neither doctors nor patients)

- It should be just as natural to stop prescribing scheduled drugs as to start them
 - In principle the patient is not finished with the treatment until the drugs are stopped
- The doctors should not avoid addressing the problems in relationship to scheduled drugs
 - Renewing the prescription should be linked to a consultation addressing these problems

Nessa J, Tidsskr Nor Lægeforen 2004

- 20 % reduction of the use of benzoos and z-hypnotics in DK from this intervention alone!

Kampmann JP, 2009

Summing up

- Many people use these drugs
- A minority with problems
- There is an illegal market
- Some doctors are too liberal
- Some patients utilize this
 - And other strategies
- Some interventions are quite simple