

# Non medical use of prescription medicines – existing WHO advice

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Vienna, June 2010

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# Medical and Pharmaceutical role

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- Recommendations in WHO guidelines and publications on the medical use of psychoactive medication
  - opioid dependence
  - benzodiazepine dependence
  - anxiety
  - ADHD
  - pain
- What are some of the options for supervision of patients, dispensing and dosing and dosing?
- Some examples



# Recommendations in WHO guidelines and publications on the medical use of psychoactive medication

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- opioid dependence
  - methadone maintenance or detoxification
  - buprenorphine maintenance or detoxification
- benzodiazepine dependence
  - gradual detoxification (DRAFT)
- anxiety
  - short term (weeks) use of benzodiazepines (DRAFT)
- ADHD
  - stimulants (DRAFT)
- chronic non malignant pain
  - currently no guidance



# Opioid dependence

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# Guidelines for health systems (selected)

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- treatment of opioid dependence should be provided in the health care system
- there should be a treatment strategy
- psychosocially assisted pharmacological treatment should not be compulsory
- treatment should be accessible to all those in need, including those in prison and other closed settings
- essential pharmacological treatment consists of opioid agonist maintenance treatment and services for the management of opioid withdrawal



# Guidelines for Programmes (selected)

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- patients must give informed consent for treatment
- treatment should be carried out by adequately trained health care personnel
- treatment should be provided in the health care system
- treatment services should address comorbidities
  - psychiatric
  - medical - TB/HIV/hepatitis, STIs etc
- there should be a process of clinical governance to ensure quality
- patients should be offered psychosocial support



# Main recommendations – 1

## Which treatment approach?

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- Evidence

- Good evidence of significant reductions in mortality, HIV, drug use and crime with opioid agonist maintenance treatment compared to detoxification alone
- Weak evidence of less opioid use and crime with opioid detoxification and naltrexone compared to opioid detoxification alone

- Recommendation

- Offer:
  - opioid agonist maintenance treatment
  - opioid withdrawal
  - relapse prevention with naltrexone
- Advise:
  - **opioid agonist maintenance treatment**
  - Quality of evidence LOW-MODERATE



# High dose versus low dose

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- Recommendations
  - methadone 60-120mg
    - evidence LOW
  - buprenorphine at least 8mg per day
    - evidence VERY LOW





# What systems are necessary to make methadone or buprenorphine work?

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- What level of psychosocial support?
- Supervision
- Inclusion criteria
- Duration of treatment
- Mechanics of treatment



# What degree of supervision for methadone and buprenorphine maintenance treatment?

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- Evidence

- Diverted medication can be abused and injected and can result in fatal overdoses
- supervised systems (with some take home medication determined on an individual basis) do not result in worse outcomes to the patient in treatment, and can improve outcomes, when take home doses are used for good responses to treatment

- Recommendation

- methadone and buprenorphine should be directly supervised in the early phase of treatment
- take-away doses may be provided for patients when the benefits of reduced frequency of attendance are considered to outweigh the risk of diversion, subject to regular review.
- programmes should monitor the extent of diversion of prescribed medications



# Other opioid agonist treatment recommendations

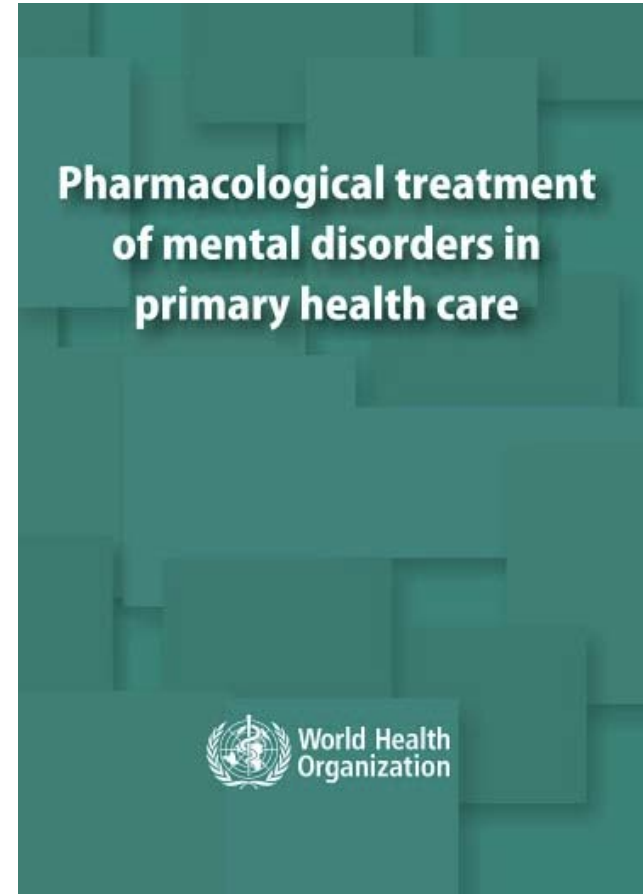
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- Treatment initiation
  - know the identity of the patient
  - assess the level of neuroadaptation to opioids (tolerance) before prescribing the first dose
  - conduct a urine drug screen
  - use a low dose if the level of neuroadaptation is low or uncertain, and review the patient several hours after the first dose
  - until the dose is stable, the patient should be briefly assessed before each dose



# Anxiety

- WHO list of essential medicines
  - benzodiazepines
- short term use in managing anxiety and sleep disorders
  - up to 4 weeks
  - short (but not ultra-short) duration drugs preferable



# mhGAP Intervention Guide

for Mental, Neurological and Substance Use  
Disorders in Non-specialized Health Settings

Mental Health Gap Action Programme (mhGAP)

**World Health Organization**



# ADHD – DRAFT DOCUMENT

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- Methylphenidate
- DO NOT use medication in primary care without consulting a specialist.
- Use of stimulant medication must always be part of a comprehensive treatment plan that includes psychological, behavioural and educational interventions
- » DO NOT prescribe without supervision of specialist.



# Opioids for chronic non malignant pain

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- WHO

- currently no recommendations
- plans to develop guidelines

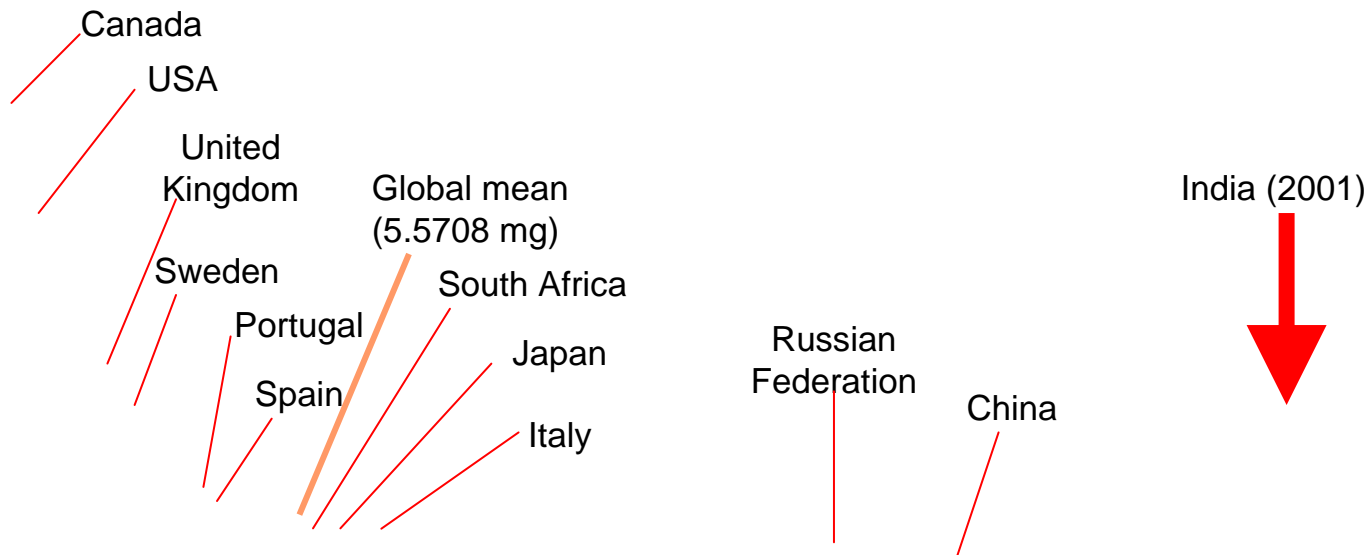
- Lack of data

- all clinical trials looking at short term outcomes (weeks)
  - short term benefits
  - uncertain long term benefits
  - risk of harm



# Global Consumption of Morphine per capita, 2005

Mg/capita



Sources: International Narcotics Control Board; United Nations population data; CIA World Factbook  
By: Pain and Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2007



World Health Organization



# Morphine consumption per capita

