



Perceptions among Alberta Healthcare Professionals of Prescription Drug Misuse

Key Messages

The harms associated with prescription opioids, stimulants and sedative-hypnotics are significant public health and safety issues for Canadians. Healthcare professionals can play a critical role in addressing these harms, which include addiction, overdose and death. This study, the first of its kind, examined perceptions of physicians, nurses, dentists and pharmacists related to prescription drug misuse (PDM).

Of healthcare providers surveyed, only 26% felt they were adequately supported to identify, prevent or address PDM. To address the barriers to identifying, preventing and addressing PDM, healthcare providers identified the need for improved communication between healthcare professionals; improved educational offerings; increased access to supports and resources like specialists, guidelines and validated multidisciplinary screening tools; and a real-time provincial prescribing database or prescription monitoring program (PMP).

Issue

Prescription medications like opioids (e.g., oxycodone, codeine), stimulants (e.g., methylphenidate, dextroamphetamine) and sedative-hypnotics (e.g., diazepam, alprazolam, lorazepam) are important treatment options in healthcare. While these drugs have therapeutic health benefits, they are also associated with significant harms such as overdose, injury, addiction, withdrawal and death, especially when misused or used without a prescription. These harms have resulted in a significant public health and safety crisis for Canadians. With the right supports in place, healthcare professionals (HCPs) can play a more critical role in identifying, preventing and addressing PDM.

The Survey

This survey of 1,063 Albertan HCPs is a first look at the perspectives of physicians, nurses, dentists, and pharmacists on a multitude of prescription drugs. The survey gathered HCPs' perspectives on the extent and distribution of PDM, clinical presentation of PDM, risk factors for PDM, barriers to identifying PDM, communication among HCPs regarding prescriptions and strategies for preventing and addressing PDM.

Key Findings

The majority of the 1,063 survey respondents were nurses (61%), followed by pharmacists (19%), dentists (11%) and physicians (9%). Of the HCPs who responded to the survey, 26% felt they were adequately supported to identify, prevent or address PDM.

While HCPs generally reported that it was difficult to identify risk factors for PDM, they indicated that previous and current alcohol and drug use may be a stronger risk factor than patient characteristics like age and gender. HCPs perceived some behaviours to be characteristic of PDM; such as, altering the delivery method of the drug, doctor shopping, forging prescriptions, double doctoring and using medications differently than prescribed. However, they lacked access to effective screening tools.



HCPs also indicated that challenges to their ability to prevent and address PDM included a lack of effective and efficient communication amongst HCPs, lack of access to data systems, and inadequate education in addiction, substance abuse and pain management.

Conclusions

This survey found that HCPs perceive there to be a lack of effective and efficient communication between HCPs and a lack of access to data systems, education and training, and validated screening tools to help identify PDM and those at risk for it.

HCPs are relying on their perceptions, which could lack objectivity and accuracy, to identify and prevent PDM. These perceptions impact HCPs' ability to identify, prevent and reduce harms associated with prescription drug misuse and addiction, as well as their ability to optimally treat their patients.

HCPs, their associations and organizations can play a more critical role in identifying and preventing PDM when provided with the right supports. Capturing their perceptions is key to understanding and implementing changes to increase the capacity to deal with this public health and safety crisis.

A Call to Action

Professional colleges and associations are in an optimal position to develop specific training modules, continuing education resources and clinical practice guidelines to support HCPs in identifying and managing PDM, as well as safely prescribing these drugs when appropriate.

Professional associations, decision makers, and health system planners can use these findings to inform various efforts, for example, to improve communication and collaboration among HCPs, or to enhance health data systems such as electronic health records and PMPs.

Canada's 10-year strategy, *First Do No Harm: Responding to Canada's Prescription Drug Crisis* (CCSA, 2013), provides 58 recommendations, one of which calls on **provincial and territorial jurisdictions** to establish PMPs to monitor outpatient prescribing and dispensing. A recent report (Sproule, 2014) provides a recommended list of evidence-informed key features of PMPs.

This survey was a first attempt at establishing a baseline of HCPs' perspectives about PDM from one Canadian province. **Researchers** may wish to conduct similar studies in other jurisdictions.

References

- Canadian Centre on Substance Abuse (CCSA) and the National Advisory Council on Prescription Drug Misuse. (2013). *First do no harm: Responding to Canada's prescription drug crisis*. Ottawa, Ont.: CCSA.
- Porath-Waller, A., Brown, J., & Frigon, A. (2013). *Perceptions among Alberta healthcare professionals of prescription drug misuse*. Ottawa, Ont.: CCSA.
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