



CASE STUDY 8:

HealthPathways and alcohol and other drugs management

The GP first meets Tony, a 53-year-old man, when he presents at the clinic with back pain. The GP is concerned that he may in fact be seeking drugs of dependence, as he exhibits some behaviours of concern:

Behaviours of concern

- Exhibits unusual behaviour in the waiting room. Can be assertive, demanding immediate attention and action.
- Unusual appearance e.g., extremes of overdressing or untidiness.
- Gives evasive or vague answers to history questions.
- Reluctant or unwilling to provide information.

The GP consults the [Approach to Patients Seeking Drugs of Dependence](#) page for how best to approach the situation, and offers to provide further support. Tony re-presents a few weeks later and the GP uses the opportunity to explore his history, and assess more broadly for problem or risky substance use with the [ASSIST tool](#).

He tells his GP that he was initially prescribed opiates in the setting of acute pain, but his use escalated over time, and he now fulfils criteria for [dependence](#).

The GP uses the [Opioid Use and Dependence](#) page to further assess Tony's current and past use, and the effects of this use. The GP explores Tony's psychosocial history further and assesses his readiness to change.

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Given that Tony is motivated to change his use, the GP considers whether he would benefit from [Medication Assisted Treatment of Opioid Dependence \(MATOD\)](#), or whether slow reduction would be appropriate.

The GP makes a plan with Tony, and they reach an agreement to become Tony's [MATOD](#) prescriber. As the GP is new to prescribing, he seeks further support.

Advice and support

- Contact [DACAS](#) if clinical advice is required.
- For advice around MATOD prescribing, contact [Pharmacotherapy Network](#).
- Inform patient of patient-accessed advice services – [Pharmacotherapy Advoc](#)

The GP uses the [MATOD](#) page to step through the process of prescribing, including information on obtaining a permit, how to choose the best medication for Tony's needs, and how to initiate treatment. You commence Tony on Suboxone using the information from the [MATOD](#) page:

Commence treatment

Commence treatment if [physical signs of withdrawal](#) are observed.

- Onset of withdrawal is usually 8 to 12 hours after the last use of a short-acting opioid.
- Once in withdrawal, start with 4 mg buprenorphine (2 x 2 mg films) on the first day after 1 to 2 hours if necessary and if the first dose did not precipitate withdrawal. If severe precipitated withdrawal occurs, reduce the dose and repeat after 1 to 2 hours.

The GP continues to see Tony regularly during the initial commencement phase, and thereafter for ongoing follow-up. After several weeks of stability, the GP uses the [Checklist](#) to assess if he is appropriate for take-away doses.

Alongside prescribing Tony Suboxone, the GP explores his significant history of trauma, and offer him further support to manage his comorbid mental health history.

The GP also discusses further supports Tony may wish to access in the community, from the [Alcohol and Drug Treatment Assessment](#) page:

Online, self-directed resources for patients ^

Contact a service.

[Alcoholics Anonymous](#)

[Counselling Online](#)

[E-mental health.](#)

[Direct Line](#)

[MindSpot](#)

[E-mental health.](#)

[OnTrack](#)

[ReachOut](#)

Helps under 25s with everyday questions through to tough ...

[Ready2Change](#)

[Smart Recovery Australia](#)

[YoDAA \(Youth Drug and Alcohol Advice\)](#)

[Victoria's Youth Drug and Alcohol Advice service](#)

Tony continues to see the GP regularly and is appreciative of the engagement with him.

Do you have a case study?

If you would like to be involved, submit a case study, or for more information email info@healthpathwaysmelbourne.org.au