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ADDICTIVE BEHAVIORS

Use of pharmacotherapies for the management of addictive behaviours in Australian clinical practice ☆

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Abstract

Aims: To collect data on the behaviours associated with the prescription of pharmacotherapies (bupropion, acamprosate and naltrexone) for nicotine and alcohol dependence in Australian clinical practice.
Design: Self-administered questionnaire.
Setting: Australian clinical practice.
Participants: Three specialties, psychiatrists, gastroenterologists and general practitioners (GPs) were defined by the Health Insurance Commission's derived major specialty classification codes and stratified by state (and territory) as well as rural and remote metropolitan area classification. A total of 2680 surveys were sent (670 psychiatrists, 82 gastroenterologists and 1928 GPs) with 1291 surveys used in the final analysis (329 psychiatrists, 37 gastroenterologists and 925 GPs).
Interventions: A 10-page, 46-item survey was distributed by the HIC. The initial survey was sent in March 2003 and sent a subsequent two times to non-responding physicians.
Measurements: Characteristics of physicians and their therapeutic preferences in managing patients with nicotine or alcohol dependence.
Findings: The majority of physicians identified and provided advice to patients who smoked and consumed alcohol at levels harmful to health. Fourteen percent used a formal alcohol-screening instrument, 4% were familiar with the 5 As' of a smoking cessation strategy and less than a third had undertaken any formal training in

☆ NB: each institution had responsibility for specific aspects of research.

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providing brief advice. The majority of physicians perceived pharmacotherapies to be an effective treatment strategy and indicated adjuncts improved likelihood of behaviour modification. Predictors of pharmacotherapy prescribing included working in a large clinical practice, having an additional mental health qualification and training in provision of brief advice.
Conclusions: Physicians are in a strong position, and are encouraged to, manage additive disorders. Scope exists to improve prescribing of pharmacotherapies for nicotine and alcohol dependence by enhancing appropriate counselling skills and making explicit the nature of a comprehensive treatment regime as an adjunct to medicines.

Keywords: Pharmacotherapy; Nicotine; Alcohol; Dependence; Australian general practice

1. Introduction

Tobacco and alcohol use are the two main causes of premature and preventable death and disease in Australia. In 1998, an estimated 185,557 hospital separations and 21,084 deaths were attributable to tobacco and alcohol related illness in Australia (Ridolfo & Stevenson, 2001). The total social costs of these substance use are approximately $AUD28.6 million of which 47% are potentially avoidable (Collins & Lapsley, 2002). The magnitude of death and disability from alcohol and tobacco is a reflection of the prevalence of tobacco and alcohol use within the Australian population, particularly in the past. Recent data on Australians aged 14 years and older, suggest that 23% smoke with 19.5% smoking daily, 34.4% put themselves at risk of alcohol-related harm in the short-term on at least one drinking occasion over a 12 month period and 7% place themselves at risk for health problems (risky and high risk) in the short term at least weekly (Australian Institute of Health and Welfare, 2002).

As key providers of primary medical care in Australia, general physicians are in a strong position to offer advice and management options for addictive behaviours such as tobacco and alcohol use. Such a position is supported by recently developed guidelines for preventive activities in Australian clinical practice (National Preventive and Community Medicine Committee of The Royal Australian College of General Practitioners, 2002). The guidelines suggest physicians assess smoking status and alcohol intake for every patient over the age of 10 and 14 years, respectively. Patients that smoke, regardless of the amount that they smoke, should be offered, at a minimum, brief advice to stop smoking. Patients with potentially hazardous levels of drinking, should be offered, at a minimum, a brief intervention to highlight the dangers of excessive drinking and advice to reduce alcohol consumption (National Preventive and Community Medicine Committee of The Royal Australian College of General Practitioners, 2002).

Of the range of smoking cessation strategies available to the physician, nicotine replacement therapies (NRT) and bupropion hydrochloride (referred to as bupropion) are considered to be the most effective (Johnson, Lucas, & Uchishiba, 2001; Jorenby, 2001). These strategies either replace the nicotine delivered by cigarettes (NRT) or act on central nervous system site to reduce the withdrawal symptoms (bupropion) during smoking cessation (Gold, Rubey, & Harvey, 2002; Tønnesen et al., 2003). Bupropion is listed on the Australian Pharmaceutical Benefits Scheme (PBS), a scheme that subsidises the cost of medicines, for use within a comprehensive treatment program. An authority to prescribe bupropion is required under the PBS with supply limited to one-authority prescriptions per year with no