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## Sharing prescription opioids with others is risky, patients warned

Too many patients are prepared to share leftover opioid pain relievers with friends and family members who might be vulnerable to the drugs' side-effects, a pain specialist warned today.

“They might give oxycodone to their grandmother who is 85 and has a pain in her back – and she goes into respiratory arrest,” warns Professor Stephan Schug. “Instead, they should be saying to their grandmother, ‘This is a dangerous drug with serious side-effects and I can’t share it with you.’”

Professor Schug, a Fellow of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists, will speak on the topic at a meeting of anaesthetists in Melbourne tomorrow (Saturday, July 30).

He warns that more patients are receiving opioids to take home when they leave hospital, as modern medicine discharges many patients soon after surgery while they still have significant pain. Research shows that only around 60 per cent of such tablets are taken; that 90 per cent of patients keep their left-over prescription opioids; and that in Australia, around half of those who obtain morphine and oxycodone for non-medical use get those drugs from friends.

Professor Schug warns that people at particular risk from unprescribed opioids include those with obesity and/or chronic sleep apnoea, as the drugs can suppress their breathing; those also taking benzodiazepene tranquillisers, as the drugs interact; and those unused to opioids who continue to drive, as their judgement might be impaired.

Last year, a young Queensland man, Michael Clayton, died after using a patch containing the drug fentanyl – a drug similar to morphine and often used during the palliative care of cancer patients – which was given to him by a personal trainer to ease muscle pain.

Professor Schug says hospitals are changing their practices to minimise the dangers. They should:

- Prescribe a mixture of drugs for pain relief rather than relying purely on opioids.
- Use opioids with a lower risk of addiction (because they do not provide a “high”).
- Reduce the amount of opioids being prescribed and ask patients to return unused drugs to a pharmacy instead of keeping them at home.

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