

Opioid prescribing

Findings

Claims and complaints about opioid prescribing cover a range of issues from overprescribing to refusing to prescribe and self-prescribing. Overprescribing was the main issue in more than half the claims and complaints involving opioid prescribing.

Nearly all practitioners who had a claim or complaint for cessation, deprescribing or refusal to prescribe, were found to have met the expected standard of care.

Conversely, most practitioners who had a claim or complaint about overprescribing or prescribing without an authority were found to have not met the standard of care.

Practice points

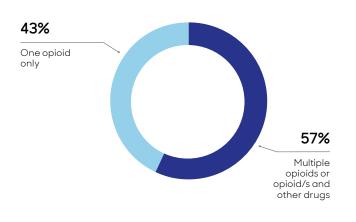
- Care is required when treating patients for pain which is neither acute nor cancer-related. Consider exploring other treatment options.
- Know and comply with legislation in your state or territory prescribing without checking real time prescription monitoring or without an authority could lead to regulatory action.
- Be confident about clinically appropriate refusal or deprescribing.
- Never prescribe opioids for yourself, family, friends or those you work with.

All data is from Avant claims and complaints closed from 1 July 2017 to 30 June 2022.

1 in 17 claims and complaints involved opioid prescribing practices

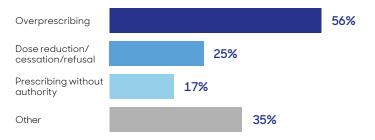
Benzodiazepines were prescribed with opioids in six out of 10 cases involving `multiple opioids or opioids with other medications'.

Claims and complaints involving opioid prescribing issues



Overprescribing was the main issue with opioids reportedly prescribed for too long or at too high a dose.

Opioid prescribing issues (some cases had more than one issue)



Other issues (less than 10% each) included failure to comply with legislative requirements and reporting, prescriptions that were not clinically indicated, and self-prescribing.

Nearly all practitioners were found to have met the standard of care regarding a claim or complaint about dose reduction, cessation or refusal.

More than half were found not to meet the standard of care regarding overprescribing and more than three-quarters did not meet the standard of care for prescribing without authority.

Assessment of claims and complaints involving opioid prescribing issues



 $^{\prime}$ Unknown' is used when the standard was not assessed or the final assessment report was unavailable.

Most common diagnoses involved in opioid prescribing issues

	chronic pain/pain (includes abdominal, pelvic, headache, chestpain and unclassified)	30%
(7).z	diseases of the musculoskeletal system and connective tissue (e.g. dorsalgia)	23%
	mental and behavioural disorders (e.g. due to opioid dependence, anxiety disorders, depressive episodes)	13%
LC3	diseases of the nervous system (e.g. migraine)	5%

About the analysis

This report is based on our analysis of the underlying themes in more than 15,000 claims for Avant member doctors from all specialties, including complaints to regulators and compensation claims finalised between 1 July 2017 and 30 June 2022.

Claims involving opioid prescribing practices were classified as those for which an issue with prescribing a medication containing an opioid was known to be the main or a contributing factor.

More resources



For articles, factsheets, case studies and other resources on a range of topics, visit the Avant Learning Centre, **avant.org.au/avant-learning-centre**

For any queries on this analysis, please contact **research@avant.org.au**



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IMPORTANT: Avant routinely codes information collected in the course of assisting member doctors in medico-legal matters into a standardised, deidentified dataset. This retrospective analysis was conducted using this dataset. The findings represent the experience of these doctors in the period of time specified, which may not reflect the experience of all doctors in Australia. This publication is not comprehensive and does not constitute legal or medical advice. You should seek legal or other professional advice before relying on any content, and practise proper clinical decision-making with regard to the individual circumstances. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular practice. Compliance with any recommendations will not in any way guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional or practice. Avant is not responsible to you or anyone else for any loss suffered in connection with the use of this information. Information is only current at the date initially published [September 2023]. © Avant Mutual Group Limited 2023. MJN-1405 05/24 (DT-3433)