



Alistair Dunn has been a GP at Bush Rd Med Centre in Kamo for many years, but some of you may not know he also works for the DHB as an Addiction Medicine Specialist. Here is an update from Alistair in his role in the Community Mental Health & Addictions Service, (now also located at Three Mile Bush Rd, Kamo, formerly in Norfolk Street).

**Oxycodone:** I have continued the “Oxycodone Crusade” with a presentation at the RNZCGP conference in Auckland . The campaign to reduce Oxycodone prescribing in Northland has been very successful, with reductions in prescribing achieved both in primary care and in the hospital – long may it continue! . These results contrast sharply with the continued rise seen elsewhere in the country.

**Controlled Drugs:** A new project has now been undertaken to reduce the overall prescribing of controlled drugs in our region. The PHO has developed an audit tool that allows GPs to audit their prescribing and review the management of patients receiving opiates or benzodiazepines. This audit has been registered with the RNZCGP and is recognized as a CQI activity for MOPS purposes (my grateful thanks to Linda Holman). If any GP or practice is interested in this Audit please contact me directly.



**Healthpoint:** I am delighted to announce that the NDHB Addiction service is now found in Healthpoint! Community alcohol and other drug detox guidelines, screening tools and referral information have been posted up. There is also a table to help you to match your patient’s level of need with alcohol and drug services in your area. This site is still in its infancy and we are revising and updating it, so feedback is welcomed regarding what you want on the site. My thanks to Helen Davis, Win Bennet, Jenny Freedman Hague and Brian Vickers for all their hard work on this project. We can be found under [Alcohol and Drugs](#) or via a link through [Mental Health and Addictions](#).

**Buprenorphine:** New patients requiring Opiate Substitution Treatment (OST) will now usually be prescribed Buprenorphine/Naloxone (“Suboxone”) in preference to methadone in the first instance. This medication has already been well established as the preferred treatment for managing opiate withdrawals, and we look forward now to broadening its use in maintenance therapy. Buprenorphine appears to have a superior side-effect profile than methadone, causing less sedation and sweats. Buprenorphine is safer in overdose and appears to have a superior side-effect profile than methadone, causing less sedation and sweats. Furthermore, unlike methadone, it does not prolong the QT interval.