



# Controlled Drugs: Learning from Incidents

North of England  
Commissioning Support

Partners in improving local health

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NECS supports the NHS England Area Team Controlled Drugs Accountable Officer in ensuring the safe management and use of controlled drugs within the North East & Cumbria region. Based on the commonly reported incidents and the lessons learned, we aim to share good practice across the region



## Consultation on gabapentin and pregabalin

The Home Office are seeking views on options whether, and how, to schedule pregabalin and gabapentin, following the recommendations by the Advisory Council on the Misuse of Drugs (ACMD) that these two drugs should become Schedule 3 controlled drugs.

Both pregabalin and gabapentin are increasingly being reported as having a potential for misuse. When used in combination with other depressants, they can cause drowsiness, sedation, respiratory failure and death. In the UK, pregabalin and gabapentin prescribing has increased by 350% and 150 % respectively, in just 5 years. Growing concern around the misuse of pregabalin and gabapentin has led to some organisations, including Public Health England and NHS England, writing to prescribers highlighting the potential misuse, diversion and dependence issues.

The ACMD echoed the Public Health England guidance and recommended that pregabalin and gabapentin be scheduled under the Misuse of Drugs Regulations 2001 as Schedule 3.

**The Home Office has responded to the ACMD advice by issuing a consultation seeking views from members of the public, healthcare professionals and community pharmacies, (among others), on options how to schedule pregabalin and gabapentin. The consultation opened on 13th November 2017 and runs until 22 January 2018.**

There are three options — categorise pregabalin and gabapentin as either:

- Option 1:** schedule 3 controlled drugs:  
safe custody requirements, handwriting requirements, maximum 30 days supply
- Option 2:** schedule 3 controlled drugs:  
as above, but exclude safe custody requirements
- Option 3:** schedule 4 part 1 controlled drugs:  
no safe custody requirements, no handwriting requirements, no maximum supply



The consultation documents are here:

<https://www.gov.uk/government/consultations/pregabalin-and-gabapentin-proposal-to-schedule-under-the-misuse-of-drugs-regulations-2001>

The consultation questionnaire is here:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/658685/Consultation\\_document\\_pregabalin\\_and\\_gabapentin.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/658685/Consultation_document_pregabalin_and_gabapentin.pdf)

To respond online, the online questionnaire is here:

<http://www.homeofficesurveys.homeoffice.gov.uk/s/4WEQO/>

**Please send in your views.**

**Have you seen the NECS Medicines Optimisation website?**

<http://medicines.necsu.nhs.uk/controlled-drugs/>

### Some common CD prescribing and dispensing incidents

#### Morphine capsules prescribed but tablets dispensed, and vice-versa:

The most common errors are seen with the modified release preparations MST tablets and Zomorph capsules

#### Methadone errors, sugar free vs standard preparation:

Most prescriptions are for sugar-free methadone. Prescriptions for the sugared preparation are sometimes mistakenly dispensed as sugar-free. Pharmacies are now highlighting prescriptions for the sugared preparation as they enter the dispensing process and segregating the two preparations in the CD cabinet.



#### CD prescriptions which have expired still being dispensed:

Prescriptions for Schedule 2, 3 and 4 CDs need to include the date of signing. Controlled Drugs prescriptions are valid for 28 days after the appropriate date on the prescription. The appropriate date is either the signature date or any other date indicated on the prescription (by the prescriber) as a date before which the drugs should not be supplied – whichever is later.

In terms of quantity of supply, there is a good practice requirement that the quantity of Schedule 2, 3 and 4 CDs be limited to a quantity for up to 30 days treatment. In cases where the prescriber believes that a prescription should be issued for a longer period (s)he may do so but will need to be able to justify that there is a clinical need and that it would not cause an unacceptable risk to patient safety. Pharmacists are able to dispense Schedule 2, 3 and 4 CD prescriptions ordering a supply of more than 30 days supply.

#### Midazolam for palliative care **Prescribe 10mg in 2ml NOT 1mg in 1ml or 10mg in 5ml**

Community nurses in both South Tyneside and Sunderland are continuing to report some prescribing of the wrong strength of midazolam by GPs, which is then being dispensed in the community without being challenged. The 10mg in 2ml is used as it is given subcutaneously, hence a smaller volume is required.

Instead of prescribing the 10mg in 2ml as recommended in palliative patients, they are prescribing the 1mg in 1ml preparation, or the 10mg in 5ml. Following one error, a patient had the incorrect dose administered.

**Only the 10mg in 2ml midazolam should be used for palliative patients**

### Recent burglaries to pharmacies, CDs stolen



Recently, there have been a number of burglaries to pharmacy premises across the area. It is not believed that these are linked, however, on occasions the hidden CD cabinet key has been found by those responsible. Favourite hiding places include a medicine pot on the dispensary shelf and the empty cash till. Pharmacists should ensure that the CD keys are not accessible and should not be 'hidden' on the premises overnight. CD cabinets have on occasion been removed from the wall and stolen. It is suggested that in addition to the expected security of premises, stock is kept to a minimum and the function of CCTV systems, where available, is checked. Any suspicious activity should be reported to the police. Advice is also available by contacting the team on the numbers below.

#### Future articles / contact us:

If you need advice, or have an idea for an article to be included in a future issue, please contact one of the Controlled Drugs Team Senior Medicines Optimisation Technicians or the CD Liaison Officer:

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