



Controlled Drugs: Learning from Incidents

Controlled Copy
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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

Diversion of Prescription Medicines

Practices and community pharmacies need to be mindful of the possibility that prescribed medicines (controlled and non-controlled drugs) may be abused or diverted to others. Commonly misused medicines with potential for diversion are:

- ◆ Opioids e.g. codeine, tramadol, dihydro-codeine, oxycodone, Oramorph, buprenorphine, Subutex
- ◆ Pregabalin, gabapentin
- ◆ Benzodiazepines e.g. diazepam, lorazepam, temazepam, clonazepam,
- ◆ Z-drugs e.g. zopiclone, zolpidem
- ◆ Amitriptyline, mirtazepine

Risks associated with these medicines include dose escalation beyond recommended levels, consequences of intoxication, over-dosage, acute or chronic adverse effects and diversion to black markets, including those in prisons, or to vulnerable adults and children. Street values can vary considerably. Pregabalin 300mg can sell for £1-£3 per capsule, or up to £100 per capsule in prisons.

Possible Warning Signs - GP Practices

- ◆ Patients requesting prescriptions in advance of when they should be due or extra quantities e.g. because they claim to be going away for an extended period.
- ◆ Claims that prescriptions have been lost or stolen and need re-issue.
- ◆ Claims that the pharmacy has not dispensed all of the quantity/items prescribed and requesting another prescription to cover this.
- ◆ Over-ordering of medicine is being flagged by the computer system.
- ◆ There are concerns that other family members may abuse the medicines prescribed.
- ◆ Patients previously unknown to the practice registering as temporary patients or requesting immediately necessary treatment and requesting prescriptions for drugs that may be abused.

Possible Warning Signs - Community Pharmacies

- ◆ Prescriptions for more than 30 days supply of controlled drugs.
- ◆ Frequent presentation of a prescription – may indicate reprints are being issued by surgery.
- ◆ Presentation of prescriptions where the quantity requested exceeds that required to enable the patient to take the prescribed dose.
- ◆ Patients presenting prescriptions from ‘out of area’.
- ◆ Prescriptions presented in the pharmacy that have no specific directions (particularly prescriptions for controlled drugs).

Have you seen the NECS Medicines Optimisation Website?

<http://medicines.necsu.nhs.uk/>

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Possible Actions to Help Manage Individual Patients Successfully - GP Practices

- ◆ Consider drawing up an Acceptable Behaviour Contract, between the patient and the practice, specifying how the patient will be managed and is expected to behave.
- ◆ If there is a contract in place, ensure that the nominated pharmacy is aware of this and aware of the contact details for the named GP(s) responsible for the management of this patient.
- ◆ Have a named doctor deal with this patient. If there are times that the named doctor is not available, ensure that this responsibility is transferred to another doctor, who should be fully briefed on the management of the patient concerned.
- ◆ If patients present in the surgery and claim they have lost their prescription **DO NOT re-print** it. If it is absolutely essential to supply another prescription, always **re-issue** (rather than re-print) so that it is recorded that two prescriptions have been issued.

Possible Actions to Help Manage Individual Patients Successfully - Community Pharmacies

- ◆ If there are concerns over the quantity prescribed, or the directions on the prescription, contact the patient's GP to clarify. Do not supply anything until you clarify the intentions of the prescriber.
- ◆ Be aware of patients who continually attempt to get supplies early, before their prescription should be needed. These concerns should be discussed with the GP.
- ◆ If you have some concerns that a member of the patient's family may be abusing medicines prescribed for the patient, contact the GP.
- ◆ If a patient presents a prescription for a supply of controlled drugs that exceeds 30 days, this should **always** be queried with the prescribing GP.

Report Illicit Drug Reactions, RIDR, launched for new psychoactive substances

Public Health
England

Public Health England (PHE) is piloting a new national system for reporting the effects of new psychoactive substances (NPS) and other drugs, in a similar way to how adverse effects of pharmaceutical drugs are reported to the MHRA's Yellow Card scheme. The RIDR form enables health professionals to report the effects of NPS encountered when people have developed acute or chronic problems with NPS. PHE hope to gain a greater understanding about the effects of these drugs, many of which are not well known or understood. Currently we do not have established methods for treating the reactions and problems which can develop from using these drugs. RIDR can be found at:

<https://report-illicit-drug-reaction.phe.gov.uk/>

To request an authorised witness for the destruction of stock schedule 2 controlled drugs, or if you need advice, contact a member of the Controlled Drugs Team:

Newcastle Tyne & Wear	Emma Post	0191 2172983	emma.post@nhs.net
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