



# 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

## Safety concerns re opioid use in long term pain

Several safety concerns have been highlighted at a national level regarding the use of strong analgesics such as opioids to manage long-term (chronic) pain.

The Office for National Statistics has shown that the North East has the highest mortality from drug misuse (i.e. 77.4 deaths per 1million population, with the lowest in the country being 29.1 deaths per 1million population).

Deaths from morphine have doubled since 2012 and increased significantly for fentanyl and oxycodone. There have also been a number of high profile deaths that have highlighted the potential dangers of opioid prescribing and the prescribing rates of opioid analgesics is four times higher in Cumbria & North East than in London.

The Regional Drug and Therapeutics Centre report that between April 2015 and March 2018 all Area Teams in the north are prescribing higher volumes of opioid analgesics than the England average. The levels for our region (historically Cumbria Northumberland, Tyne & Wear, and Durham Darlington & Tees) are more than double the national average.

The CD Team is including additional information in the CCG quarterly report to inform and support CCGs to review and challenge areas of high prescribing, with a view to reducing prescribing levels.

## Gabapentin/pregabalin: drug related deaths

Official figures show a steep rise in the proportion of drug-related deaths in Scotland in patients who had gabapentin or pregabalin prescribed in the 90 days before death. The Scottish Information Services Division (ISD) reported that the presence of the drugs at post-mortem, or their implication in the death, had increased from 4% in 2009 to 21% of drug-related deaths in 2016 — the latest figures available.

In 2016, gabapentin and pregabalin were implicated in 15% and 8% of deaths respectively, compared with 1% and 0% respectively in 2011.

The ISD Scotland report said that the rise may be related to their use to enhance the effects of opioids. The [Home Office consultation](#) on options for reclassifying gabapentin and pregabalin, owing to safety concerns because of their implication in a number of deaths, closed in January 2018; however, the proposals are still under consideration.

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

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

### Do not use IV syringe to measure oramorph...

We have received a report of a hospital incident whereby Oramorph has been measured using an IV syringe (because as the nurses said they could 'see the markings a lot better than on a 5ml oral syringe'). The dose was then given **subcutaneously in error** to the palliative care patient who was being fed by PEG tube.

This **Never Event** can occur when an oral liquid is prepared or dispensed in an IV syringe. Due to a break in mental concentration, or a lack of knowledge about oral and IV syringes, the medication may then be inadvertently administered intravenously.

The key message is: **Do not measure non-injectable liquids in syringes which are used for injections**

### CQC Controlled Drugs Annual Report published

The CQC have published their 2017 Controlled Drugs Annual Report and Stakeholder annex at [https://www.cqc.org.uk/sites/default/files/20180718\\_controlleddrugs2017\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20180718_controlleddrugs2017_report.pdf)

They recommend that:

- ◆ prescribers should ask patients about their existing prescriptions and current medicines when prescribing controlled drugs. Where possible, prescribers should also inform the patient's GP to make them aware of treatment to minimise the risk of overprescribing that could lead to harm.
- ◆ healthcare professionals should keep their personal identification badges and passwords secure and report any losses as soon as possible to enable organisations to take the necessary action. This follows a rise in personal identity theft, sometimes to fraudulently obtain controlled drugs.

### Lost prescriptions

In recent years, the police service have stopped taking reports of lost property entirely, and no longer issue any reference numbers. We would therefore encourage practices to no longer require patients to report lost prescriptions. There are alternative commercial reporting mechanisms via services like [www.reportmyloss.com](http://www.reportmyloss.com), however, there is a fee for using this service.

Please note some medicines clearly can be dangerous, so if the lost item is a controlled drug or known drug of abuse, we would still encourage the public to inform the police immediately.

### Annual CD Declaration

**Please remember to complete your annual CD declaration - this has been sent via email to practice managers.** Details of where to return the completed form are on the bottom of page 2 of the declaration. All practices need to complete this as it covers prescribing of CDs as well as storage and supply. If you need help, please contact us. Our contact details are shown below:

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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