

HEALTH AND WELLBEING BOARD

8 December 2015

Title:	Addictions to Medicine
Report of the Substance Misuse Strategy Board	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Jill Williams, Shared Care Coordinator, Substance Misuse Strategy Team	Contact Details: Tel: 020 8227 2857 E-mail: Jill.williams@lbbd.gov.uk
Sponsor: Anne Bristow, Strategic Director for Service Development and Integration	
Summary: This report introduces addictions to medicine (ATM) and the treatment pathway available in Barking and Dagenham to support residents with ATM to find the help they need. ATM is a complex issue whereby people develop a dependence on prescription and/or over-the-counter drugs, which can impact on individual health (increased risk of side-effects and overdose) and community safety (driving while drowsy). The extent of the problem, in terms of data is, however, not fully understood either nationally or locally. As part of the addictions to medicines pathway in Barking and Dagenham, the Prescribing Service will collect local data in respect of the numbers utilising the service for ATM and also collate data from the GP Advisory line. Barking and Dagenham is one of Public Health England's (PHE) pilot sites for addressing the issue of addiction to medicine and the aim within this context is to monitor the effectiveness of the treatment pathway, scope the potential extent of the problem within Barking and Dagenham, increase knowledge of this issue within primary care and to deliver better support to health professionals encountering this issue in their patients.	
Recommendation(s) (i) To note the contents of this report. (ii) To receive a report in early 2017 on the outcome of the Public Health England pilot.	
Reason(s) The information in this report builds on the objectives of the Council's Encouraging Civic Pride and Enabling Social Responsibility priorities, specifically to: <ul style="list-style-type: none">• promote a welcoming, safe, and resilient community; and• protect the most vulnerable, keeping adults and children healthy and safe.	

1. Introduction and Background

- 1.1 Addiction to medicine (ATM) refers to dependence on prescription and/or over-the-counter (OTC) medicines, capable of producing physical and or psychological dependence leading to the misuse of medicines which can lead to increased risk of side effects and overdose. Such medicines can include opioid based medicines

such as co codamol (typically used to manage pain) and non opioid medicines such as benzodiazepines, stimulants and z-drugs such as zopiclone used to treat a number of conditions. This is not an exhaustive list, most drug agencies, for example, would add pregabalin (brand name Lyrica), used to treat nerve pain and certain types of epilepsy, because of its increasing currency within the drug using community. Pregabalin increases the effect of opioids and alcohol, leading to increased risk of intoxication and overdose. It is important to note that these medicines may be prescribed appropriately for specified conditions.

- 1.2 As a general rule, such medicines are obtained legally either by prescription or purchased over-the-counter from community pharmacies¹. The extent of ATM is not fully understood nationally or locally. In Barking and Dagenham 67 out of 441 people engaging in treatment, with prescribing services, cited prescription medication as a problem (NDTMS 2014-15). However, no data is available for those who do not access specialist drug services and hence, at present, there is no clarity as to the full extent of the issue locally.
- 1.3 Anecdotal concerns regarding the issue of ATM are expressed by GPs, pharmacists and specialist drug services in Barking and Dagenham and more widely. The Royal College of GPs, for example, has issued guidance notes regarding the management of patients suspected of ATM.
- 1.4 An addiction to medicines pathway was set out in the specification of the recently retendered specialist drug services (Recovery Management and Prescribing Services) which started 1 July 2015. Having commissioned the ATM pathway, Barking and Dagenham became Public Health England's London site for its addictions to medicines pilot. Given the complexity of the issue the study will be of at least a year; this will enable specialist drug services to roll out their consultancy service and treatment options for those with opioid painkiller problems.
- 1.5 The new ATM pathway consists of an advisory line for GPs, run by the Prescribing Service, offering advice and information regarding the management of patients with addiction to non-opioid based medicines. While the patient remains under the care of the GP the patient can now also access psychosocial interventions, such as counselling, from the drug treatment system to support treatment.
- 1.6 In addition, patients addicted to opioid based medicines (prescribed or over-the-counter) are offered referral, assessment and if necessary treatment, at the Prescribing Service, which was not available in the past.
- 1.7 The aims of the ATM pathway in Barking and Dagenham are to
 - support GPs in managing addiction to medicine patients within primary care wherever possible;
 - develop a flexible and proportionate treatment response, as described in 1.5 and 1.6 above whilst remaining within current resources in line with local priorities regarding substance misuse;
 - monitor demand for ATM treatment services;

¹ Under the Medicines Act 1968 most drugs should be sold or supplied by pharmacies under the supervision of a pharmacy. Under some circumstances it is legal to sale some medications in other premises such as supermarkets. It is illegal, for example, to sell medicines from market stalls and vehicles.

- develop data collection to support understanding of the extent of the issue locally to inform future assessments of need.

2. Proposal and Issues

- 2.1 A full evaluation report detailing the findings of the pilot will be completed early 2017 and presented to the Health and Wellbeing Board.

3. Key Issues

- 3.1 Since the ATM pathway has been established, there have been very few. However, one individual who was dependant on opioid based pain killers and has since successfully withdrawn from using them.
- 3.2 It is recognised that the numbers are low but with ongoing work with GPs this number is expected to rise.
- 3.3 In November, an awareness event was held at the Protected Time Initiative for local GPs where the ATM pathway was discussed. In addition some points were highlighted to GPs regarding signs of potential ATM and highlight the need for review. These include:
- Prescriptions running out before their time, lost prescriptions, A&E attendance to get medication;
 - Asking for particular medicines by name, refusal to consider alternatives;
 - History of addiction;
 - Length of time on drug;
 - Coming with “unrelated problems” e.g. abdominal pain where it may subsequently come to light that the patient was misusing OTC codeine and ibuprofen.
 - Anger, tears, fear at mention of reduction of prescribed medication

3.4 The table below highlights the estimated number of people in Barking and Dagenham who are using prescribed opiate medication compared with neighbouring boroughs.

Estimated Number of Opioid Patients at High Risk of Opioid Dependency				
	Barking & Dagenham	Havering	Redbridge	Newham
Registered Population ²	209,806	268,127	296,599	371,966
Estimated population using opioids for pain that persists beyond normal tissue healing time (assumed to be 3 months) ³	5071 (2.42%)	7449 (2.78%)	4563 (1.54%)	8050 (2.16%)
Estimated population at high risk of Chronic Opioid dependency (estimated between 8-12%) ⁴	507	745	456	805

3.5 As can be seen from the table, Barking and Dagenham has the second highest percentage of people on prescribed opiates for longer than the normal tissue healing time. However, there are fewer numbers of people who could be classed as high risk of dependency compared with Havering and Newham.

3.6 The table below highlights the cost per registered patient in Barking and Dagenham compared with neighbouring boroughs. The National Ingredient Cost (NIC) is the basic price of the drug. For example, the drug tramadol costs 0.69 pence (the NIC divided by the number of registered patients in Barking and Dagenham prescribed the drug tramadol - an opioid painkiller). The NIC for Barking and Dagenham is higher than for Havering, Redbridge and Newham but lower than the national average of 0.83 pence

² Health & Social Care Information Centre (HSCIC) website

³ Health & Social Care Information Centre (HSCIC) website

⁴ Vowles KE, McEntee, Julnes PS, et al (2015) Rates of Opioid Misuse, Abuse and Addiction in Chronic Pain – a systematic review and data synthesis

3.7 The next stage will be to analyse prescribing data from the Health and Social Care Centre to find out the actual numbers prescribed the drugs listed below. However, this represents a blunt form of analysis because it cannot tell us if there is a problem with ATM, only numbers prescribed a particular drug. This highlights the difficulties with trying to unpick ATM from data sources and why to collection of local data is important.

National Ingredient Cost Spent per registered patient (£)					
Drug	Barking & Dagenham	Havering	Redbridge	Newham	English Median
Oxycodone	0.67	0.61	0.49	0.32	0.97
Tramadol	0.69	0.63	0.48	0.43	0.83
Morphine	0.19	0.41	0.15	0.10	0.42
Fentanyl	0.48	1.42	0.70	0.46	0.36
Codeine & Paracetamol	0.92	1.37	0.60	0.75	0.31
Dihydrocodeine & Paracetamol	0.24	0.28	0.26	0.16	0.19
Oxycodone & Naloxone	0.14	0.15	0.11	0.12	0.07
Codeine	0.05	0.08	0.06	0.09	0.05
Dihydrocodeine	0.04	0.04	0.03	0.03	0.03

3.8 Tramadol and Codeine and Paracetamol (mixture) are highlighted in the table as the most commonly prescribed. Identifying the individuals that are being prescribed these medications would be useful in order to offer support and advice if they were concerned about their dependency.

3.9 The Prescribing service will collect local data from their GP advisory line regarding type of drugs (including non opioids such as benzodiazepines) and demographic information as part of the consultation process with local GPs.

3.10 In addition to working with the GPs, further work needs to be carried out with the pharmacists on the borough. The pharmacists will be able to scope the number of individuals purchasing stronger medicines over the counter (OTC) and what those medicines are.

4 Consultation

The contents of this report have been circulated to members of the Substance Misuse Strategy Board.

5 Mandatory Implications

5.1 Joint Strategic Needs Assessment

The report complements the identification of need and the priorities for future action described in the JSNA, specifically section 7.12 Substance Misuse.

5.2 Health and Wellbeing Strategy

The report supports and furthers priorities from the Health and Wellbeing Strategy by proposing work which will cause fewer adults to problematically use substances.

5.3 Integration

The report outlines a need for further analysis in to the local context and therefore it is too early to define implications on the area of integration.

5.4 Financial Implications

None.

5.5 Legal Implications

None.

5.6 Risk Management

The report outlines a need for further analysis in to the local context and therefore it is too early to define implications on the area of risk management.

5.7 Patient/Service User Impact

The report outlines a need for further analysis in to the local context and therefore it is too early to define implications on the area of patient / service user impact.

6. Non-mandatory Implications

6.1 Crime and Disorder

The North Review of the Drink and Driving Laws⁵ notes that while cannabis is the drug most associated with driving impairment the medicines “most frequently implicated” are benzodiazepines, sedative hypnotics (e.g. z-drugs like zopiclone), first generation antidepressants, antihistamines, muscle relaxants and narcotic analgesics e.g. codeine, tramadol, methadone and morphine.

According to the North Review increased impairment cannot be directly linked to increased crash risk because of the lack of reliable research studies in this area. However, the Crime and Courts Act 2013⁶ introduces the new offence of driving while over a prescribed drug limit.

Advice on the Gov.uk website⁷ states: “it is illegal to drive with legal drugs in your blood if it impairs your driving” going on to advise speaking with your doctor if you

⁵ Report of the Review of Drink and Drug Driving Law by Sir Peter North accessed on 26/10/2015 at <http://webarchive.nationalarchives.gov.uk/20100921035225/http://northreview.independent.gov.uk/docs/NorthReview-Report.pdf>

⁶ Came into force 2 March 2015

⁷ Gov.uk, Drugs and driving: the law accessed on 26/10/15 at <https://www.gov.uk/drug-driving-law>

are prescribed the specified benzodiazepines and opiate and opioid based drugs listed.

A person can drive after taking the specified medicines providing they have been prescribed them and following advice on how to take them by a healthcare professional and they are not causing them to be unfit to drive even if they are above the specified limits. This means raising a medical defence if you are stopped and screened and found over the limit.

6.2 Safeguarding

Substance misuse of any kind including ATM has an impact on safeguarding and the Substance Misuse Strategy Board will include all relevant safeguarding tools in to local strategies.

6.3 Property/Assets

None

6.4 Customer Impact

None

6.5 Contractual Issues

None

6.6 Staffing issues

None

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

None