# Controlled Drugs newsletter
# July 2023

NHS Dorset

## Reporting incidents and concerns to your local CDAO

Remember that **ALL** incidents or concerns involving CDs, including errors, excessive or inappropriate prescribing, loss, theft, diversion or misuse need to be reported to the local Controlled Drug Accountable Officer (CDAO) via the web-based CD reporting tool at: www.cdreporting.co.uk.

Please remember to select the correct area team (South West). For the incident to be reviewed, it is also important that as much information as possible is included in the report. Please also use the reporting tool if you wish to request a CD destruction. The local CDAO for this area is Jon Hayhurst.

If you need urgent advice regarding a controlled drug concern, email: ENGLAND.southwestcontrolleddrugs@nhs.net.

## CQC safer management of controlled drugs update

The CQC have published their annual controlled drugs update, based on their inspections and activity during 2022. They have made several key recommendations:

- **Make sure your governance processes are up-to-date and fit for purpose.** In the last 2 years the CQC have made recommendations around the importance of governance in the context of controlled drugs. This is particularly the case where there are complex commissioning arrangements for services. For example, where several providers are involved in delivering a person's care, it's important to have clear roles and responsibilities in relation to controlled drugs, such as reporting incidents.

  Additionally, in 2021, updated its prescribing guidance from the General Medical Council clarified that, unless in exceptional circumstances, doctors must have access to relevant information from the patient's medical records. If they do not, they cannot prescribe controlled drugs or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction and monitoring is important.

- **Make sure prescribing at transfer of care is completed safely.** Clinicians must have the relevant medical and medication history before prescribing controlled drugs to patients. Private prescribing services should request these details from a person's NHS GP before issuing prescriptions, and NHS GP services should supply these details in an appropriate way when asked. See prescribing guidance from the General Medical Council.

- **Know the identity of your local controlled drugs accountable officer (CDAO) and police controlled drug liaison officer CLDO**. Any organisation with a responsibility around controlled drugs must have these details and know how to report controlled drugs incidents. CDAOs and CDLOs are important partners and can provide help, support and advice on a wide range of controlled drugs issues.
  The Association of Police Controlled Drug Liaison Officers the website enables you to check the up-to-date contact details for your local CDLO. Refer to top section of this newsletter for the CDAO details.

- **Work collaboratively to improve the prescribing, managing and monitoring of controlled drugs.** The CQC have already seen examples of how better collaboration and partnership working as part of a local system can result in improved safety and better outcomes for people.

- **Make sure you have a valid Home Office controlled drugs licence if you are required to have one.** This involves forward planning to check when licences are due to expire, or when a new licence is needed. You must allocate enough time to complete this process, otherwise it will affect your ability to provide care. The Home Office provides further advice.

The full report, describing the range of themes of issues identified, is available to read on the CQC website. It is suggested that practices review the CQC's controlled drug self-assessment tools for primary care organisations, to assess governance and areas for improvement. A short SPS commentary of the notable trends in prescribing is also available.

## Quick bites

- Reminder: local and national guidance recommends strongly that prescriptions for all schedule 2 and schedule 3 controlled drugs should be restricted to a maximum of 30 days supply. If in exceptional circumstances a larger quantity is required, please document the reasons for this in the patient's medical record.
- High dose opioids remain a focus, hence the Dorset medicines management audit on identifying patients currently prescribed high dose opioids. The network directed enhanced specification (DES) also highlights patients "using potentially addictive pain management medication" as a target for a structured medication review (SMR).
- NICE have published a patient decision aid and a 1-page summary on withdrawal symptoms and dependence on sleeping medications. It aims to guide discussions between clinicians and patients who have been prescribed benzodiazepines or z-drugs (zolpidem or zopiclone). Our clear and easy to use interactive guide helps people understand the benefits and risks of staying on their current dose, reducing their dose, or stopping taking the drugs altogether.
- Reminder: premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine. To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child.Refer to the MHRA Drug Safety Update on this topic for more information.

## MHRA consultation on reclassification of codeine linctus to prescription only

Recent safety information has revealed use of codeine linctus in the UK is an ingredient of a recreational drink ("purple drank"). This carries a risk of addiction and overdose which can be fatal. The MHRA have also received reports of criminal activity in association with the diversion of codeine linctus which is then used to produce the recreational drinks. In addition, over the past 10 years, the number of fatalities from codeine only medicines have also risen.

Due to multiple reports that codeine linctus is being used recreationally for its opioid effects, rather than for its intended use as a cough suppressant, the MHRA have opened a consultation on whether codeine linctus should be reclassified from a pharmacy (P) medicine to prescription only (POM). The consultation closes on 15/08/23.

## Patients requesting scripts be transferred to another pharmacy on the spine

A Controlled drugs team in another geographical area has highlighted a new type of drug seeking behaviour where a person registers as a temporary patient and requests medication (usually controlled drugs) to be sent by EPS to a local pharmacy. They then contact the pharmacy and request transfer of the prescription to another pharmacy out of the area and the medicines are then sold on.

We would advise that temporary patients requesting such medication are referred back to their regular prescriber, who can prescribe via EPS to a pharmacy in a convenient location for the patient, in situations where the request is legitimate (e.g. patient is on holiday).

## Potent Synthetic Opioids Implicated in Heroin Overdoses and Death

A National Patient Safety Alert has highlighted that in the past 8 weeks there has been an elevated number of overdoses (with some deaths) in people who use drugs, primarily heroin, in many parts of the country (reports are geographically widespread, with most regions affected but only a few cities or towns in each region). Testing in some of these cases has found nitazenes, a group of potent synthetic opioids. Nitazenes have been identified previously in this country, but their use has been more common in the USA. Their potency and toxicity are uncertain but perhaps similar to, or more than fentanyl, which is about 100x morphine. The National Patient Safety Alert provides further information.

## Non-Medical Prescribing and Controlled Drugs

Routine review of prescribing data has highlighted that a number of Paramedics and Physiotherapists locally are prescribing controlled drugs outside of those currently permitted in legislation.

It is important to ensure that practice and PCN non-medical prescribers are prescribing within their area of scope and in line with the legal framework.

Please refer to the table below for the controlled drugs items permitted to be prescribed by different types of non-medical prescribers.

| **Type of independent prescriber** | **Permitted / non-permitted controlled drugs according to legislation** |
|---|---|
| Nurse independent prescriber | Permitted to prescribe any Schedule 2, 3, 4 or 5 Controlled Drug (**except** diamorphine, dipipanone or cocaine for the treatment of addiction). |
| Pharmacist independent prescriber | Permitted to prescribe any Schedule 2, 3, 4 or 5 Controlled Drug (**except** diamorphine, dipipanone or cocaine for the treatment of addiction). |
| Physiotherapist independent* prescriber<br><br>Refer to Practice Guidance for Physiotherapist Supplementary and/or Independent Prescribers. | Permitted to prescribed for the treatment of organic disease or injury (not addiction), providing it is the following drugs and administration routes only:<br>• Diazepam – oral<br>• Dihydrocodeine – oral<br>• Lorazepam – oral<br>• Morphine – oral and injectable<br>• Oxycodone – oral<br>• Temazepam – oral<br>• Fentanyl – transdermal |
| Paramedic independent prescriber | At the time of writing, paramedics are not permitted to prescribe controlled drugs. The Advisory Committee for the Misuse of Drugs (ACMD) has recommended that Paramedics are able to prescribe a specific set of controlled drugs, however whilst this has been accepted by the Government, it is yet to be reflected in legislation.<br><br>**NB** this does not affect the Human Medicines Act 2012 exemption for paramedics to supply and/or administer morphine sulphate – but the exemption does not cover prescribing. |
| Optometrist independent prescriber | At the time of writing, optometrists are not permitted to prescribe controlled drugs |

* *Physiotherapist Supplementary prescribers can prescribe a wider range of CDs within the limits of a clinical management plan.*

For more information, please refer to Medicines, Ethics and Practice via the Royal Pharmaceutical Society (subscription needed). Also refer to the Medicines Entitlements of HCPC registered professions.

Newsletter produced by Dorset ICB Medicines Optimisation Team.
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