

Prescription and over-the-counter medicines misuse and dependence

A series of factsheets for primary and community care practitioners

The Royal College of General Practitioners (RCGP) is committed to providing a primary care work force with the knowledge, skills and training to ensure we avoid problems with taking medicines, and acknowledges that some patients have developed problems with medications as a result of harmful prescribing.

In January 2013, the RCGP launched the Addiction to Medicines consensus statement,¹ which strongly advocates care in the initiation of any drug that can lead to dependence.

This is the first in a series of factsheets designed to improve the effectiveness and safety of prescribing decisions and the importance of complying with regular medication reviews where the prescriber assesses the need and risk. The factsheets are also intended to support the identification and management of patients at risk.

The aims of this series of factsheets are to:

- increase awareness among healthcare professionals of the potential for misuse* of and dependence on certain classes of prescription and over-the-counter (OTC) medicines
- identify risk factors that may be associated with a greater risk of misuse or dependence
- explain how individuals who have developed problems with prescription and OTC medicines may be identified
- guide the treatment of individuals who misuse or become dependent on prescription or OTC medicines
- provide practical advice to prescribers to decrease the risk of patients becoming dependent on or misusing prescription and OTC medicines.

The factsheets contain links to further information and sources of advice for individuals affected by prescription and OTC medicines and their carers and cover the following areas:

1. The problem
2. Prevention
3. Identification
4. Treatment

Which medications may be used problematically or lead to dependence?

While we acknowledge that a wide range of medicines can be misused by the public and lead to some form of dependence – including painkillers, sedatives, anti-anxiety medications, antidepressants and laxatives – for the purpose of these factsheets we will be focussing on those most commonly associated with problematic use today:

- Opioids used to treat pain, such as tramadol, oxycodone and dihydrocodeine.
- Sedatives (or hypnotics) and anti-anxiety medications (anxiolytics), including benzodiazepines and Z-drugs (zaleplon, zolpidem and zopiclone).
- Stimulants, such as methylphenidate used to treat attention deficit hyperactivity disorder (ADHD) and certain sleep disorders.
- Anticonvulsants and mood stabilising drugs, such as gabapentin and pregabalin.

Problematic use of prescription-only (POM) and over-the-counter (OTC) medicines covers a range of presentations, including individuals who become dependent inadvertently. The risk and consequences vary widely and can lead to physical, psychological and social consequences for individuals, family members and local communities, affecting all age groups.

* Misuse refers to the use of a medication for a purpose that is not in agreement with legal or medical guidelines and includes taking medication where there is no recognised medical need, taking non-prescribed medication, excessive dosing or using via an unintended route of administration.

In this, the first of a series of factsheets from the RCGP, we:

- describe the extent of the problem in the UK
- identify those patients who are at particular risk of problematically using or becoming inadvertently dependent to medicines, where more caution and monitoring is therefore warranted with regards to prescribing and accessing over-the-counter medicines with a risk of misuse and dependence
- consider the definitions in common use in relation to medicines misuse and iatrogenic dependence.

What is the prevalence of POM and OTC drug misuse and associated dependence?

The extent of problematic use of POM and OTC drugs in the UK is unknown.² The limited information we have comes from prescribing data from GP surgeries and that collated from drug and alcohol treatment services. Latest data from the Health & Social Care Information Centre indicate that:

- Between 2004 and 2012, the number of opioid prescriptions in England has more than doubled.³
 - It should be noted that the OTC availability of opioids in the UK means that there is greater potential for misuse and dependence than indicated by prescription data alone.
- However, the number of prescriptions for hypnotics and anxiolytics (regularly misused) has decreased slightly during this time, despite an increase in the total number of prescriptions in England.³
 - This may in part be attributed to proactive medicines management of these particular drugs in primary care, ensuring safe and evidence-based prescribing.

Public Health England collates data from drug and alcohol treatment services and reports through the National Drug Treatment Monitoring System. The data set includes information reported on the extent of misuse of OTCs or POMs among those seeking treatment:

- 12% (n=9920) of new clients reporting to drug treatment services in 2009–2010 reported problems in relation to POMs or OTC drugs; 17% of these individuals (n=1691) reported problems in relation to POMs or OTC drugs alone.²

The data are likely to significantly underestimate the problem because:

- individuals who misuse medicines may be more likely to seek help from their GP and not access specialist substance misuse centres.

Who is particularly at risk of misusing and dependence to POMs or OTC drugs?

A number of factors are associated with an increased risk:^{4–6}

- Personal or family history of substance abuse.
- Age 16–45 years.
- Older people with complex physical and psychological needs complicated by pain.
- History of pre-adolescent sexual abuse.
- Certain psychological diseases (ADHD, obsessive–compulsive disorder, bipolar disorder, schizophrenia, depression).
- Exposure to peer pressure or a social environment where there is drug abuse.
- Easier access to prescription drugs, such as working in a healthcare setting.
- Lack of knowledge or understanding about POMs or OTC drugs by the prescriber.

Problematic use of prescription drugs in older adults is also a growing problem.³ Drug misuse in older adults is of particular concern because they are often taking multiple medications, putting them at risk of drug interactions.⁴ In addition, frailty, fluctuating health and long-term conditions also increase the risk of complications of drug misuse such as falls, overdose and toxicity.^{5–6}

It is vitally important to identify drug misuse as soon as possible as it is easier to tackle early on before dependence and more serious associated problems develop. The other factsheets in this series provide further information on how to prevent, identify and treat POM and OTC drug misuse and dependence.

Definitions

Here we use the International Classification of Diseases (ICD) definitions⁷ of the various types of drug misuse and dependence. For all these forms of problem drug use, the drug may be a POM or (OTC) medicine.

Dependence

Dependence is 'a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, increased tolerance, and sometimes a physical withdrawal state'.⁷ Individuals may be dependent on a specific psychoactive substance (e.g., diazepam), a class of substances (e.g. opioid drugs), or a wider range of pharmacologically different psychoactive substances.⁷

Harmful use

Harmful is defined as use causing damage to health. The damage may be physical (e.g., liver toxicity from ingesting excessive quantities of combination analgesics, or oversedation as a result of misuse of hypnotics, or other psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of hypnotics).⁷

Iatrogenic dependence

Iatrogenic dependence can occur when patients inadvertently become dependent as a result of taking medically prescribed drugs for an existing condition.⁸ It is important to distinguish between patients who are misusing drugs from those whose underlying condition is not being adequately treated and who are thus seeking better symptom control.⁹ These challenges are examined further in Factsheet 2.

Please see the other factsheets in the series for further information:

Factsheet 2

Steps to avoid misuse of and dependence on prescription-only and over-the-counter medicines.

Factsheet 3

How are patients who are misusing or dependent on prescription-only or over-the-counter medicines identified?

Factsheet 4

How are the patients who misuse* and/or become dependent on prescription-only or over-the-counter medicines treated?

References

1. The Royal College of General Practitioners (RCGP) and the Royal College of Psychiatrists (RCPsych). Last accessed 24 July 2003. Addiction to Medicines Consensus Statement. Available at <http://www.rcgp.org.uk/news/2013/january/~media/Files/News/RCGP-Addiction-to-Medicine-consensus-statement.ashx>.
2. National Treatment Agency for Substance Misuse. Last accessed 13 November 2012. Addiction to Medicine. Available at www.nta.nhs.uk.
3. Health & Social Care Information Centre. Last accessed 23 September 2013. Prescription cost analysis 2004–2012. Available at www.hscic.gov.uk.
4. Kenna GA, Lewis DC. Risk factors for alcohol and other drug use by healthcare professionals. *Subst Abuse Treat Prev Policy* 2008; 3:3.
5. Mayo Clinic. Last accessed 24 July 2013. Prescription drug abuse: risk factors. Available at <http://www.mayoclinic.com/health/prescription-drug-abuse/DS01079/DSECTION=risk-factors>.
6. Webster LR, Webster RM. Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. *Pain Med* 2005; 6: 432–42.
7. World Health Organization. Last accessed 24 July 2013. International Statistical Classification of Diseases and Related Health Problems 10th Revision. Available at <http://apps.who.int/classifications/icd10/browse/2010/en>.
8. First MB, Tasman A. Clinical Guide to the Diagnosis and Treatment of Mental Disorders. London: Wiley; 2013. 235–244.

Glossary

ADHD: attention deficit hyperactivity disorder
CSM: Committee on Safety of Medicines
ICD: International Classification of Diseases
OTC: over-the-counter
POM: prescription-only medicine

Resources

Patients

Battle Against Tranquillisers – www.bataid.org
Benzo.org.uk – www.benzo.org.uk
CodeineFree – www.codeinefree.me.uk
Over-Count Drugs Information Agency – <http://over-count.weebly.com>

Healthcare professionals

British National Formulary – www.bnf.org
Cooper R. 'Respectable Addiction' – A qualitative study of over the counter medicine abuse in the UK – www.pprt.org.uk
National Institute for Health and Clinical Excellence. Methadone and buprenorphine for the management of opioid dependence – www.nice.org.uk/ta114
Physicians For Responsible Opioid Prescribing – www.supportprop.org/educational/index.html
World Health Organization. Pain ladder – www.who.int

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