RCGP Substance Misuse and Associated Health

Prescription and over-the-counter medicines misuse and dependence

Royal College of General Practitioners

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 second 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.

Factsheet 2
Prevention

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

Education

- Prescribers should ensure that they are aware of:
  - the risk factors for prescription-only (POM) and over-the-counter (OTC) medicine misuse and dependence
  - measures that can be taken to avoid problematic drug use occurring
  - the signs indicating a patient may be misusing or becoming dependent.†
- Training courses that may be of use include the Introductory Course in the Management of Drug Misuse from the RCGP and the Centre for Pharmacy Postgraduate Education www.cppe.ac.uk/dependencyonmedicines.
- Patients and their family and friends should also be made aware of the risk factors for and the signs of drug misuse and dependence when patients are prescribed POMs or buy OTC drugs with a potential for problem drug use (see ‘Discussions with patients’, below).
- Pharmacists and medicine-counter assistants have an important role to play in helping to identify individuals who are misusing POMs or OTC drugs and should be alert to the signs and trained in how to respond.

* 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.

† See later in this factsheet as well as ‘Who is particularly at risk of misusing POMs or OTC drugs?’ in Factsheet 1 and ‘How are patients who are misusing prescription-only medicines or over-the-counter drugs identified?’ in Factsheet 3.

Public Health England

SMMGP SUBSTANCE MISUSE MANAGEMENT IN GENERAL PRACTICE

Prescribing

- Only prescribe as part of a management plan, having established and documented a clear diagnosis and then carefully selected the most suitable drug(s) for management of the condition (e.g. using a stepped-care approach such as the World Health Organization (WHO) pain ladder).[3]
- Follow national guidelines where available; e.g. for benzodiazepines, guidelines recommend short prescribing periods (no more than 2-4 weeks) and regular review.[1,2]
- Concerns around POM or OTC opioid use need to be balanced carefully with the need for adequate pain relief in accordance with need; the WHO states that patients with moderate-to-severe pain are often under-treated because of the stringent controls in place with regards to the use of opioids.[4]
- Consider risk factors making individuals more likely to misuse drugs when making prescribing choices.
- When a decision is taken to begin treatment with a medication with potential for misuse or dependence, all patients should be properly assessed and informed of the risks and benefits.

Monitoring treatment

- Patients should receive medication as part of a wider holistic package of care that includes:
  - assessment and management of any associated psychosocial problems
  - ongoing review of the underlying medical condition
  - advice on lifestyle issue.
- Consider adjunctive non-drug treatment (e.g. acupuncture for pain, psychological approaches for anxiety, sleep-hygiene and relaxation techniques for those with sleep difficulties and insomnia).
- Prescribe in the context of engagement with and regular attendance at medications review meetings.
- Document clearly discussions that have taken place with the patient, both on initiation of treatment with 'at risk' medications and at regular intervals during medicine reviews.
- Patients who are identified as high risk should be offered more regular medication reviews, supplemented, where needed, with more stringent controls on the length of a prescription and the use of supervision in a pharmacy or by a carer.
- Where possible provide monitoring, with a consistent practitioner.
- For high-dose/long-term patients, a practice audit and review could be considered with criteria set to establish the following standards are being met:
  - Confirmed diagnosis.
  - Medication reviews instigated and recorded as having taken place.
  - Evidence of holistic and stepped-care approach.
  - Evidence that on initiation of an 'at risk' drug the patient has had explained to them:
    1. the risks of dependence
    2. signs to look out for so that if they display concerning behaviours then help can be sought as soon as possible.
- *Physicians For Responsible Opioid Prescribing* produces a useful guide including dos and don'ts for pain management (see Resources).

Discussions with patients

- Discuss realistic goals of treatment with patients at the start of treatment in order to set appropriate expectations (e.g. reduction of pain rather than complete relief).
- When 'at risk' drugs are first prescribed, highlight the potential for dependence and agree what will happen if the patient misuses their medicine.
- At the start of treatment, explain the approach that will be followed, managing expectations about what will happen if symptom relief is unsatisfactory, e.g. whether or not dose escalation will be used or the treatment will be stopped and an alternative tried instead.
- Make patients aware of the external support agencies, voluntary organisations and self-help materials that can provide help and support to them should they need it (see Resources).
- Patients may feel embarrassed to talk to their own doctor or local pharmacist if they think they have a problem with POMs or OTC drugs. Therefore, they should be reminded at every opportunity that medical professionals are trained to help and do not judge their patients.

Summary

- Frequent reviews of treatment should be conducted to assess symptom control and detect signs of misuse or dependence:
  - Review of patients on long-term drug treatment is important, and should be regularly implemented according to clinical needs, but is often inadequately done.[5] There is an increasing body of evidence for the effectiveness of medication review as a route to optimising therapy, improving health outcomes, reducing the likelihood of medicine-related problems and cutting waste.[6]
  - The risks of unreviewed repeat prescription, including misuse and dependence, could be avoided by practices putting in place robust protocols for periodic monitoring of repeat prescriptions.
- Patients should be reminded of external support agencies, voluntary organisations and self-help materials (leaflets, telephone helplines and the internet) that can provide help and support should they need it (see Resources).

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

Factsheet 1

Prescription and over-the-counter medicines misuse and dependence.

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. Committee on Safety of Medicines. Last accessed 31 July 2013. Current problems: benzodiazepines, dependence and withdrawal syndromes. Available at http://www.mhra.gov.uk/home/groups/plp/documents/websiteresources/con2024428.pdf.
2. National Institute for Clinical Excellence. Last accessed 31 July 2013. TA 77: Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia. Available at http://www.nice.org.uk/nicemedia/live/11530/32845/32845.pdf.
3. World Health Organization. Last accessed 31 July 2013. Pain ladder. Available at http://www.who.int/cancer/palliative/painladder/en/.
4. Kumar N. Last accessed 31 July 2013. WHO normative guidelines on pain management. Report of a Delphi Study to determine the need for guidelines and to identify the number and topics of guidelines that should be developed by WHO. Available at www.who.int/medicines/areas/quality_safety/delphi_study_pain_guidelines.pdf.
5. Zermansky AG, Petty DR, Raynor DK et al. Randomised controlled trial of clinical medication review by a pharmacist of elderly patients receiving repeat prescriptions in general practice. BMJ 2001; 323: 1–5.
6. Room for Review. Last accessed January 2004. A guide to medication review: the agenda for patients, practitioners and managers. London: Medicines Partnership; 2002 www.medicines-partnership.org/medication-review.

Glossary

OTC: over-the-counter

POM: prescription-only medicine

WHO: World Health Organization

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/index.html

Healthcare professionals

British National Formulary – www.bnf.org

Cooper R, 2011. 'Respectable Addiction' - A qualitative study of over the counter medicine abuse in the UK – www.pharmacyresearchuk.org

National Institute for Health and Clinical Excellence, 2007. Methadone and buprenorphine for the management of opioid dependence – www.nice.org.uk/TA114

PHE Alcohol & Drugs (formerly National Treatment Agency for Substance Misuse) – www.nta.nhs.uk

World Health Organization. Pain ladder – www.who.int

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Public Health England (PHE)

Substance Misuse Management in General Practice (SMMGP)

Battle Against Tranquillisers (BAT)

Real Science Communications provided editorial assistance for these factsheets, which was funded by RB Pharmaceuticals Ltd. The RCGP steering committee retained complete editorial control.