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# North Midlands Controlled Drugs Newsletter

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**This newsletter contains local and national CD information to support safe use and handling of controlled drugs. You can use the dedicated e-mail to contact us:**

Shropshire & Staffordshire e-mail: [england.shropshire-staffs-cd@nhs.net](mailto:england.shropshire-staffs-cd@nhs.net)

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## Opioid Medication to Carry Clear Warnings on Labels

On the 27th April 2019 the Department of Health and Social Care announced that all opioid medications must carry clear warnings on labels highlighting the dangers of addiction and the risks of over-use.

This is the result of the recommendations of the Commission on Human Medicines' Opioid Expert Working Group. The recommendations were informed by the views expressed at the opioids stakeholder meeting, held at the MHRA in March 2019. It represents an important first step to help minimise the risks of addiction associated with opioid medicines, while supporting patients to get the right information at the right time to support their care.

All opioids will need to carry prominent addiction warnings to protect patients and under the Government's plans the MHRA will have the power to insist that opioids carry warnings.



Data on the number of opioids prescribed has revealed a 60% rise in prescriptions for opioid drugs over the past 10 years. The number of opioid medicines dispensed in the community (excluding hospital settings) has risen from more than 14 million in 2008 to 23 million in 2018.

## Private Requisitioning of Controlled Drugs

All Community Pharmacies are reminded that when a healthcare professional presents an FP10CDF to privately requisition a Controlled Drug, the completed requisition form **must** include their six digit private PIN number that starts with a 6 e.g. 612345.



If the requisition does **not** contain a private CD PIN number, supply of the controlled drugs must **not** be made.

## Dependence Forming Medications

The Royal College of General Practitioners published in February 2019 [top ten tips in relation to dependence forming medications \(DFMs\)](#). The number of people prescribed DFMs has almost doubled since 2000 with 9% of the population now on one or more of these medications.

Drug	Percentage of population in 2000	Percentage of population in 2015
Overall DFMs	6%	9%
Gaba drugs	0.2%	2.1%
Benzos	3.5%	2.5%
Z drugs	1%	1.8%
Opioids	2.5%	5%

The guidance encourages prescribers to reflect upon their prescribing by considering; am I doing harm?; is the prescribing of a DFM safe for the patient, household or community: will this patient take the medication as prescribed discussed and agreed? As the GMC states that 'you are responsible for any prescription you sign' prescribers are advised to think about what ground rules around prescribing and reviews they wish to set.

The tips go on to look at what should make a prescriber concerned, how they can support patients on DFMs and what is good clinical practice. There is also advice on managing chronic pain and raising concerns with your CDAO.

**CQC Report: The State of Care in Independent Ambulance Services**

The CQC have recently published a report into [The state of care in independent ambulance services](#) which provides an analysis of the findings from the comprehensive inspection programme of independent ambulance services in England.

The report highlighted a number of key findings including details on the standards of medicines management within the independent ambulances which was variable within the providers.

Re-inspections have shown that there is a willingness to adapt and improve.



Full details on the CQC's finding is available via the CQC website.

**County Lines Drugs Supply, Vulnerability and Harm 2018**

In January 2019 the National Crime Agency issued their latest intelligence assessment in relation to county lines. The supply of Class A drugs through the county lines model is viewed as a significant, national threat.

Law enforcement activity has resulted in hundreds of arrests in the past year, and collaboration across multiple agencies and police forces has mitigated the threat posed to the public by the groups that orchestrate this crime type.

The full intelligence assessment can be accessed on the [National Crime Agency Website](#)

**Pregabalin and Gabapentin Becomes a Schedule 3 (Class C) Controlled Drug**

From the 1st April 2019 Pregabalin and Gabapentin became Schedule 3 Controlled Drugs.

The change came after concerns over medicinal misuse, illegal diversion of the drugs, addiction and experts highlighting rising numbers of fatalities linked to the drugs.

Over the past few years there has been an increase in the number of deaths in which either Pregabalin or Gabapentin have been recorded on the Death Certificate (136 deaths in 2017).

In response to the scheduling of these two items guidance has been issued to GP practice prescribers on prescribing safely and how to recognise patients who may have problems.

This guidance is available on line at [www.cdreporting.co.uk](#) under the Newsletter section of the website.

**Guidance on Controlled Drugs for GP Practices**

Following the submission of the CD annual self-declaration, the CD team at NHS England North Midlands has issued some additional guidance on the management of controlled drugs.

This information can be accessed on-line at [www.cdreporting.co.uk](#) under the Newsletter section of the website.

**Opioids Learning Module**

An e-learning programme has been developed by the MHRA to support anyone who prescribes, dispenses or administers opioids to patients. It identifies the hazards of commonly used opioids such as fentanyl and tramadol and advises on the actions that health professionals should take to anticipate, minimise and manage the clinical risks to patients.

The module can be accessed via the CPPE website under - Pain - Core and Foundation Learning <https://www.cppe.ac.uk/gateway/pain>

**Notices**

The MHRA currently has an [online questionnaire](#) (for completion by Friday 24th May) which seeks information about your organisation's audiences and available resources on opioids.

**Occurrence Reports Submission Dates 2019/2020:**

Quarter	Report Submission Date
<b>Quarter One</b> April—June 2019	31st July 2019
<b>Quarter Two</b> July—September 2019	31st October 2019

Quarter	Report Submission Date
<b>Quarter Three</b> October—December 2019	31st January 2020
<b>Quarter Four</b> January—March 2020	30th April 2020