NHS England - Midlands Controlled Drugs Newsletter

Local and national CD information to support safe use and handling of controlled drugs

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Drug misuse and dependence: UK guidelines on clinical management

Often called the Orange Book, this is guidance for clinicians treating people with drug problems.
This 2017 version offers guidelines on:

- prison-based treatment
- new psychoactive substances and club drugs
- mental health co-morbidity
- misuse of prescribed and over-the-counter medicines
- stopping smoking
- preventing drug-related deaths, including naloxone provision

The guidelines also have a stronger emphasis on recovery and a holistic approach to the interventions that can support recovery.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

Cannabis-based products for medicinal use: patient registry

For the attention of Acute and Mental Health Trust CDAOs and Chief Pharmacists

From April 1st 2022 there has been a mandatory reporting requirement to complete the patient registry for people prescribed licensed or unlicensed cannabis-based products for medicinal use. Trusts should ensure that:

- clinicians and controlled drugs accountable officers are aware of the requirement
- lead clinicians seek necessary training and technical support on using the registry
- all prescribers make relevant register entries and keep them up to date

Please click on the following link for further information: trust medical directors and chief pharmacists

Topical testosterone (Testogel - schedule 4 CD): risk of harm to children following accidental exposure

The MHRA received a report of a child who was repeatedly accidentally exposed to the topical testosterone product that their parent was using, resulting in increased growth and genital enlargement. Clinical investigations confirmed that the child had increased testosterone in their blood, and that the topical testosterone product was seen to be the source. There are also literature reports and non-UK reports of premature puberty and genital enlargement in children who were repeatedly accidentally exposed to a topical testosterone product via transfer from an adult with whom they were in close contact.

More information and advice on reducing risks can be found here:
Drug Safety Update newsletter from MHRA and its independent advisor, the Commission on Human Medicines - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1131520/Jan-2023-DSU-PDF.pdf

Drug and Alcohol services

- We have had incidents reported by Drug and Alcohol services where unauthorised third-party collection of instalment items has occurred. Most DAAT services will agree a third-party collection with the service user and inform the pharmacy of their decision. If such an arrangement is in place, the pharmacy must ensure such records are made clearly on the patient's PMR. If no agreement is in place and a third-party request is made, please discuss with the DAAT service provider as soon as possible.

- Titration doses on instalment prescriptions are where a service user's dose is titrated up steadily over a period of three or more days. In this scenario if a patient misses one day, the DAAT team ***should be notified immediately***. The three-day rule does not apply here. The patient must collect all their instalments when on titration.

NHS to offer licensed cannabis-based medicine for rare genetic condition

The NHS will be able to prescribe cannabidiol to patients with a rare, seizure-causing genetic disorder from 01.02.23 after NICE issued final guidance recommending its use.

Around one in 6,000 people suffer from tuberous sclerosis complex (TCS) that causes seizures which severely affect their quality of life from a young age, as well as their families and carers. Patients will have needed to have had limited or no success with two other anti-seizure medications to be eligible for cannabidiol, before specialist consultants will decide if it is clinically appropriate to be prescribed to a patient

It will become the fifth indication for which a cannabis treatment approved by regulators is offered to NHS patients in England, alongside treatments for people with multiple sclerosis, severe epilepsies know as Dravet and Lennox-Gastaut Syndrome, and for adults experiencing nausea caused by chemotherapy.

The Care Quality Commission provide helpful advice and guidance around the safe management and handling of controlled drugs for GP Services on this site: CQC Mythbusters - https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters

We would recommend the following as of particular use to GP Practices:
GP mythbuster 28: Management of controlled drugs - Care Quality Commission (cqc.org.uk)
GP mythbuster 23: Security of blank prescription forms - Care Quality Commission (cqc.org.uk)

Espranor and Subutex incidents – these are not interchangeable

Espranor (buprenorphine oral Lyophilisate), is specifically designed to rapidly disperse **on the tongue**- usually within 15 seconds. The median time for complete disintegration of espranor is 2.0 minutes.
Subutex (buprenorphine **sublingual** tablet), usually dissolves within 5-15 minutes.

While the ingredient in both products is the same, ie buprenorphine which is a partial opioid agonist, there are differences between them as explained above (the way they are designed, how they are used- on the tongue and under the tongue) and therefore, they are not interchangeable.

Useful resource:
Microsoft Word - Guidance for health professionals and patients on Espranor 20200311 (hscni.net)

Controlled Drugs Reporting Portal

REMINDER

The update of www.cdreporting.co.uk went live on December 1st 2022. The update makes it a requirement for all organisations to re-register when they first use the portal.
Changes of significance:

- You may now receive an email directly from the portal asking for clarification or further information with regard to an incident or concern. Please log into the portal and respond to these emails in a timely fashion.
- The categories of incident are more detailed to enable more precision of reporting. Please look through the whole list to find the most appropriate category, bearing in mind that administration is where a drug is actually being administered to the patient in your care, it is not an administrative error such as record keeping

Prescribing and dispensing information for buprenorphine transdermal patches

In November, the BNF indications and dosing for buprenorphine transdermal patches were fully reviewed and updated following input from specialist clinical advisors and the governance committee of the BNF, the Joint Formulary Committee.
We would like to remind you that buprenorphine transdermal patches are available in strengths of 5, 10, 15 and 20 micrograms/hour as 7-day formulations; and 35, 52.5 and 70 micrograms/hour as 4-day or 3-day formulations. Prescribers and dispensers must ensure that the correct preparation is prescribed and dispensed with the correct frequency. The BNF recommends prescriptions to be issued by a brand name to reduce the risk of confusion and errors.
Examples of preparations -

- **3 days (72 hours)** - Hapoctasin®
- **4 days (96 hours)** - Bupeaze®, Carlosafine®, Relevtec®, Transtec®
- **7 days** - Bunov®, Bupramyl®, Butec®, BuTrans®, Panitaz®, Rebrikel®, Reletrans®, Sevodyne®

And finally . . .

Please remember that you must always manage and dispose of out of date or obsolete stock Controlled Drugs safely. If your organisation does not have a CDAO or an Authorised Superintendent, please complete a Destruction request on-line at www.cdreporting.co.uk. The Midlands NHS England CD Team will then arrange for an Authorised Witness to visit to witness the destruction of your Schedule 2 controlled drugs