CCG education event
Managing Controlled Drugs in General Practice, taking the pain out of CDs
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Mark Summerfield
Deputy Services Manager
CGL Aspire drug & alcohol recovery service (Peterborough)

Which medications are we talking about?

- These would include painkillers, sedatives, anti-anxiety medications, antidepressants, and laxatives.

- The most common medications currently associated with problematic misuse are:

  Opioids for pain relief (Tramadol, Oxycodone, dihydrocodeine).

  Sedatives and anti-anxiety medications (benzodiazepines, Zaleplon, Zolpidem, Zopiclone).

  Stimulants to treat Attention Deficit Hyperactivity Disorder (Methylphenidate) and certain sleep disorders .

  Anticonvulsants and mood stabilising drugs (Gabapentin and Pregablin).

Behaviours identifying patients misusing POM and OTC medicines

- Taking a higher dose than recommended and/or running out of medication before prescription ends.
- Presenting as intoxicated, sedated, or in withdrawal; or experiencing ‘cravings’.
- Patients ‘doing the rounds’ and frequently accessing different hospitals and pharmacies, or registering with more than one surgery.
- Seeking specific medicines claiming that others “don’t work!”
- Repeatedly losing medication.
- Stealing , forging and diverting prescriptions.
- Excessive mood swings or hostility.
- Sleep problems.

RCGP guidance for how to treat POM and OTC dependent patients

To have a treatment pathway for patients who are misusing or dependent on POM or OTC medicines using a stepped-care approach to assessment and care planning.

Patients misusing medicines will often prefer to be treated in a primary care setting to avoid the stigma of attending an addiction service which are often associated with problematic illicit substance misuse. These patients can be safely managed by their GP in conjunction with specialist substance misuse services (in Peterborough this is the **Aspire Recovery Service,** in Cambridgeshire this is **CGL Cambridgeshire)** using a *'shared care***'** approach.

The new *'shared care'* approach involves the patient being managed by a GP working closely with a trained and experienced substance misuse recovery worker in the surgery. The patient would undergo a full assessment, risk assessment and participate in care planning their treatment with the recovery worker and the GP.

For patients with significant physical, psychological and/or social functioning needs, a multi-disciplinary team (MDT) approach may be warranted. In this instance the recovery worker or a named member of the practice should be assigned to co-ordinate regular case conferences. Patients identified as 'high risk' should be offered more regular medication reviews in conjunction with a more holistic treatment approach. This could include psychosocial (brief therapy) interventions, rehabilitation, and family support. All this can be provided by the recovery worker assigned to the GP practice.

Public Health England (PHE) has launched guidance for the NHS and local commissioning teams outlining best practice in services.

Best practice for POM/OTC opioids

- Opioid substitution can be used in instances of dependency upon prescribed opiates (ie. opiate-based pain killers). Initiation of an OST medication (eg. Buprenorphine) can be undertaken by GPs, nurses and psychiatrists with an interest in substance misuse and addiction, and who are trained in the initiation and prescribing of OST (RCGP level 1 cert.).

- CGL's Clinical Psychiatrist, doctors, and nurses are available to consult and give guidance on OST matters.

- CGL's recovery coordinators are available to help care plan the client's treatment in conjunction with the doctor and patient. To recommend reduction plans, drug test, and support the client with appropriate psychosocial interventions, and sign post/refer onto other supporting groups internal and external to the service.

Practice led shared-care approach to managing POM/OTC dependence

- The aim of shared-care for patients misusing POM/OTC medications is to stabilise the patient through planned medication reduction programmes in conjunction with supportive psychosocial interventions and regular reviews.
- GP practice to audit patients on repeat prescriptions for opiate medications.
- GP practice to identify patients presenting with illicit substance misuse issues, reluctant to engage with mainstream addiction services.
- Patients to be informed of new rationale for reviewing the prescribing processes around medications at risk of abuse or dependency, and invited in to see GP or lead clinical champion for a medicines review
- At the first review appointment, GP to assess the patient confirming original diagnosis, symptom review, physical examination and functional assessment; with a detailed explanation of the risks associated with long-term continued prescribing. If patient originally or currently prescribed for pain, please refer to the Pain Clinic for a review.

- If non pain related dependency/addiction identified, referral to CGL recovery service (book into ‘shared care clinic’ if CGL already established within the surgery, referral to local CGL service if not).
- CGL recovery coordinator to assess patient, discuss reasons for the referral, identify patient’s goals.
- CGL clinical team may review GP patient summary looking at current health issues, prescribed medications, and recommend reduction/detox programme. Prescribing remains with the GP.
- A treatment care plan / recovery plan in then proposed and agreed between the patient, GP and recovery worker. Additional interventions and resources which may be available (via the recovery coordinator) could include: Enhanced Brief Interventions (psychosocial programmes which can be delivered 1-2-1 or in pods), motivational interviewing, CBT, Solution Focussed Therapy, contingency management techniques, sleep hygiene information, access to peer support and mutual aid groups, self-help guides and information, complimentary therapies (depending upon local availability).
- When the patient successfully completes a detoxification, then the patient can be stepped back to the normal and full care of the GP, with a supporting recovery plan to minimise the risk of and give guidance to prevent relapse.

***<u>NB Differences between Peterborough and Cambridgeshire commissioned services</u>**

- Peterborough do not operate under the same contract as Cambridge and therefore the models will have their differences. Cambridge are commissioned to have shared care where as Peterborough are not. We do not ask any GP's to prescribe OST for us or provide alcohol detoxification medication, but following a successful detox with the service or via inpatient detox a patient may require the prescribing of relapse prevention medications (ie. naltrexone or acamprosate).

- Peterborough operate EBI clinics at 6 surgeries where the GP's have allowed us to have a room. In these clinics they refer patients of the GP practice where they have concerns about dependency of prescribed medications, do not take their medication as prescribed or low level brief alcohol interventions or non-opiate interventions. If we assess a patient as requiring specialist medical intervention due to Heroin use or Alcohol Dependency then the worker will refer the patient to Aspire. If it is around prescribed medication then the first thing we do is explore why someone is prescribed pain relief, sometimes it is a case of supporting the GP with a referral to the pain management clinic. What we will do if someone is taking too much medication then we deliver the psychosocial intervention and support the GP to put a reduction plan in place.

Key CGL clinical contacts

CGL Cambridgeshire

Dr Mohammad Faizal

Consultant Psychiatrist

Mobile: 07773 961304

Email: Mohammad.Faizal@cgl.org.uk

CGL Aspire (Peterborough)

Dr Vito Di Fabio

Consultant Psychiatrist

Mobile: 07867 153911

Email: Vito.DiFabio@cgl.org.uk

CGL services - Peterborough & Cambridgeshire

Peterborough

Aspire

102-104 Bridge Street, Peterborough, PE1 1DY

Tel: 01733 895624

Fax: 01733 349221

General email: peterborough@cgl.org.uk

Cambridgeshire

351 Mill Road in Cambridge

Tel: 0300 555 0101

General email: Cambridge1@cgl.cjsm.net

7-8 Market Hill, Huntingdon

Tel: 0300 555 0101

General email: Ely@cgl.cjsm.net

Inspiration House, Church Terrace, Wisbech

Tel: 0300 555 0101

General email: Wisbech@cgl.cjsm.net