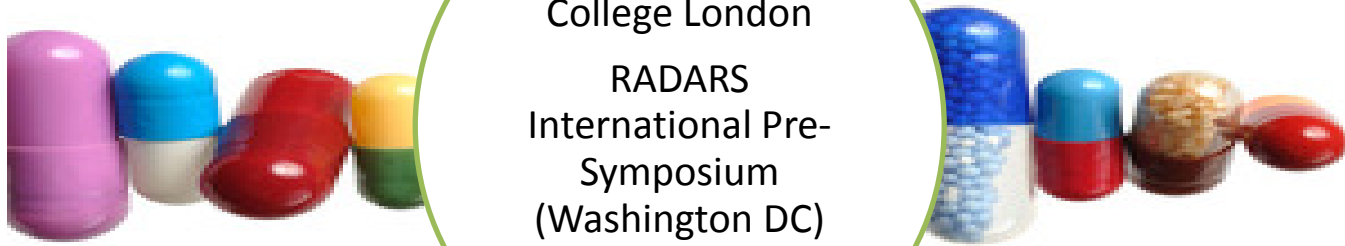


Misuse of medicines in the UK and related ACMD activities



Prof RG Hill, Imperial
College London

RADARS
International Pre-
Symposium
(Washington DC)

5th May 2016

What we do

The Advisory Council on the Misuse of Drugs makes recommendations to government on the control of dangerous or otherwise harmful drugs, including classification and scheduling under the Misuse of Drugs Act 1971 and its regulations.

We consider any substance which is being or appears to be misused and which is having or appears to be capable of having harmful effects sufficient to cause a social problem.

We are an independent expert **body that advises** government on drug-related issues in the UK. The ACMD was established under the Misuse of Drugs Act 1971.

We also carry out in-depth inquiries into aspects of drug use that are causing particular concern in the UK

Make recommendations to government on the control of dangerous or otherwise harmful drugs

If requested advise Ministers on psychoactive substances under the Psychoactive Substances Act 2016

ACMD Structure

Home Secretary



Advisory Council on the Misuse of Drugs (ACMD)



Standing Committees



Technical
Committee



Novel
Psychoactive
Substances



Recovery
Committee

Working Groups



Diversion
& Illicit
Supply of
Medicines



PSA
Technical
Working
Group



Mephedrone
Panel



Poly-
Substance
Misuse



Older
Drug
Users

DISM Inquiry Scope

- **Commissioned by the Home Secretary in September 2013 to:**

- explore the potential for medical and social harms arising from illicit supply of medicines – predominantly controlled drugs.
- assess whether illicit supply displaces the misuse of 'classic drugs' such as heroin and cocaine.
- determine the prevalence of illicit supply of medicines.

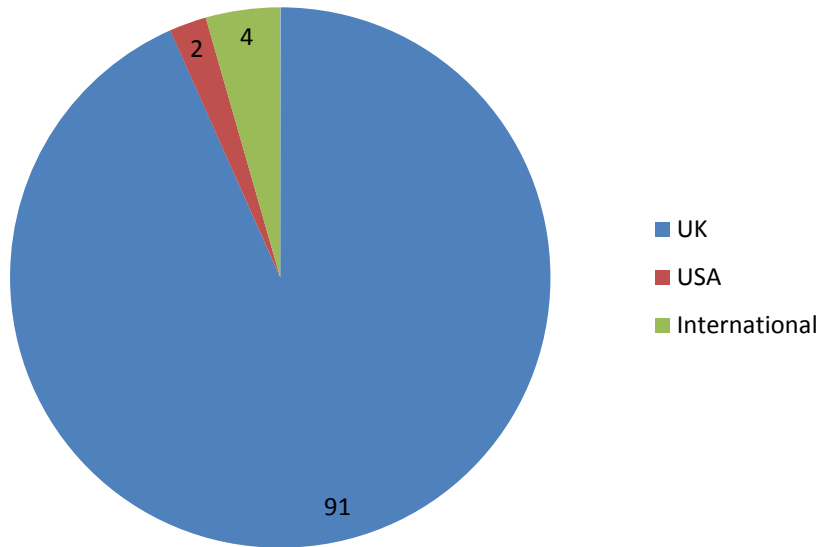
DISM Inquiry - methodology

- **Working Group assembled from membership of ACMD and co-opted external experts**
- Expertise included pharmacology, clinical toxicology, psychiatry, pharmacy, pain treatment.
- Survey questionnaire sent to professional bodies including healthcare authorities, medical Royal Colleges, regulatory authorities, prison and criminal justice bodies and addiction treatment stakeholders.
- Most bodies (35) replied with written information but some preferred to make oral presentations.
- Meetings held to discuss information received including three meetings for receiving oral evidence.

Issues encountered

- **Most of the information received was anecdotal and not suitable for quantitative analysis**
- Therefore relied heavily on survey data and published statistics from ONS, police, coroners etc so decided to extend the term of the review to include more than one year of data
- Consulted additional stakeholders (NICE, MHRA, CQC) to strengthen data.
- Conducted reality check with draft report and key stakeholders.

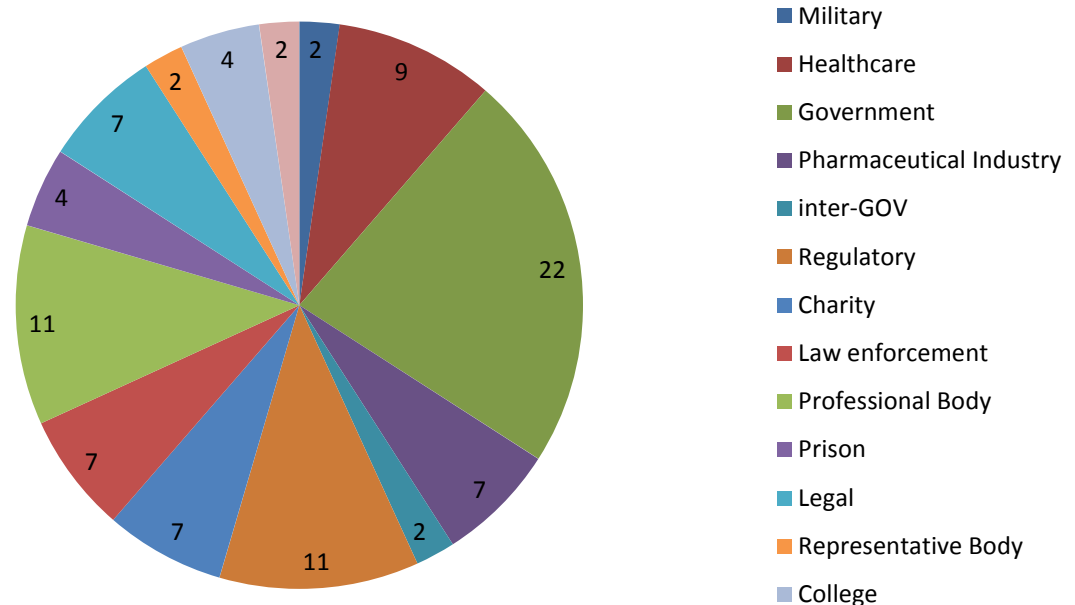
Geographical distribution of responders (%)



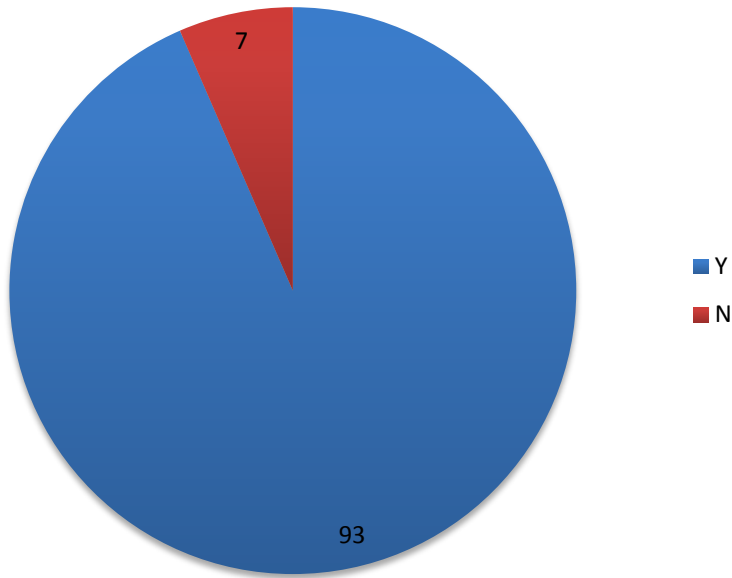
The majority of organisations responding to the call for evidence were UK based (92%)

Organisations that responded to the call for evidence represented a diverse range of stakeholders. Given the topic, a strong response from governmental, professional, representative and healthcare organisation was both expected and seen.

Responder demographic (%)



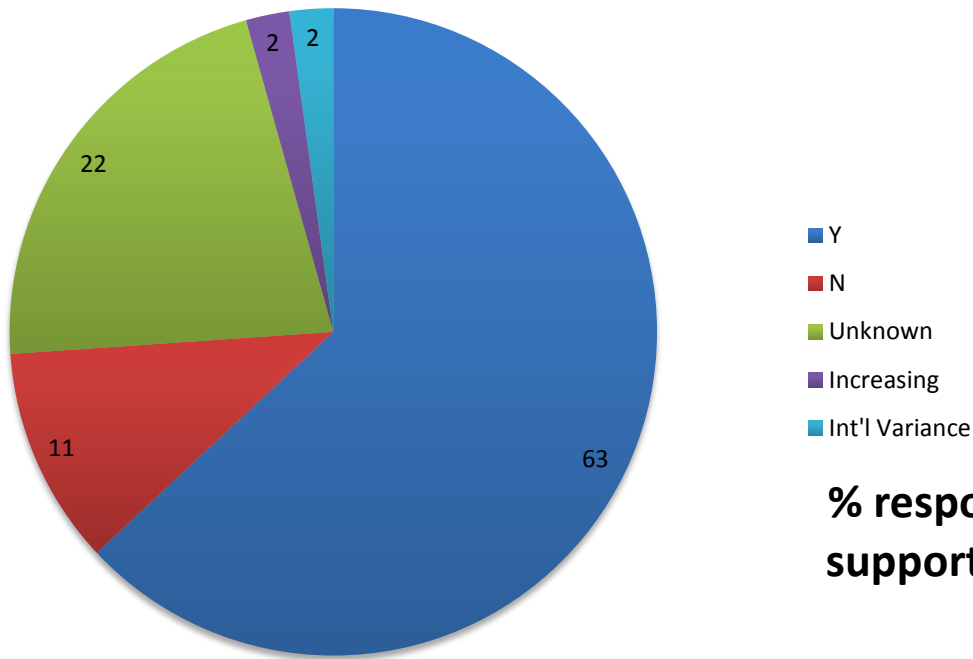
% responders correctly identifying DIS



When objective evidence for a perceived problem is sparse and recommendations are required on the basis of opinion, it is vital that we have confidence in our responders' understanding of the issue at hand.

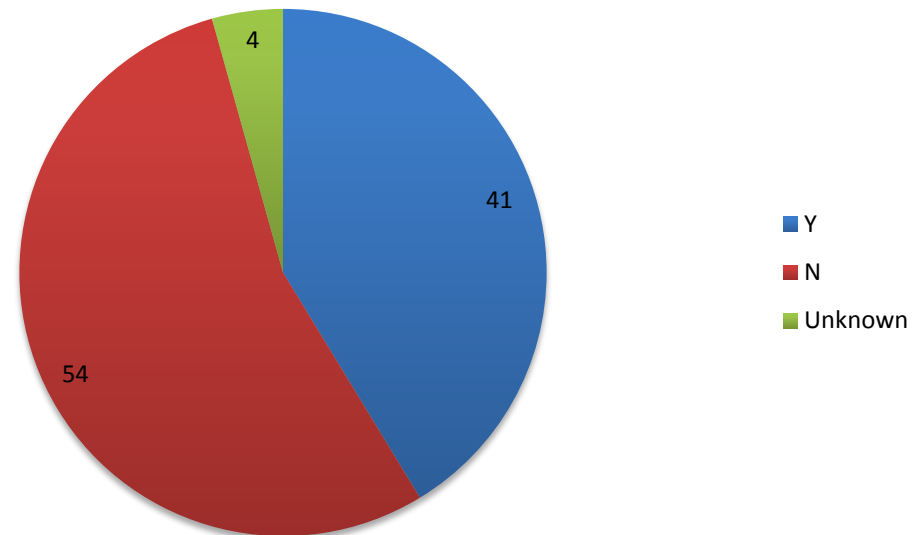
The majority of responders correctly identified Diversion and Illicit Supply in the evidence submitted.

% responders who consider DIS to be a problem



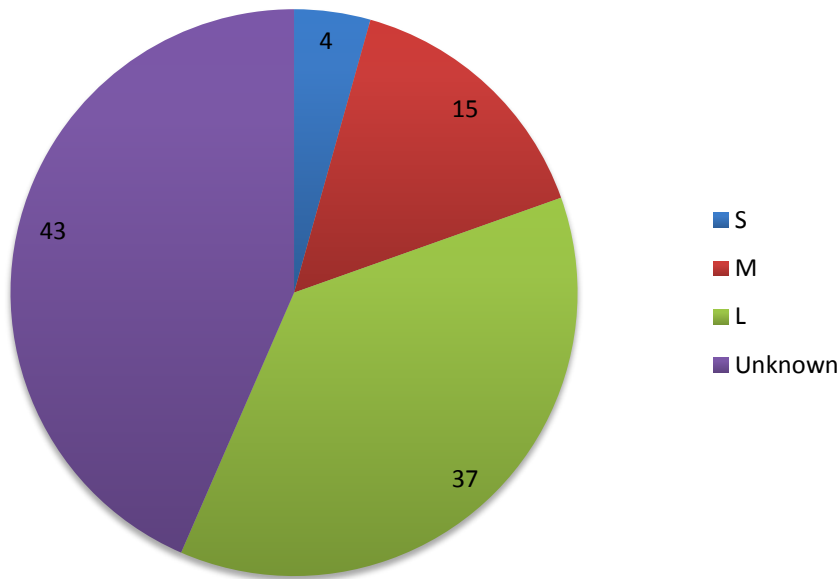
The majority (63%) of responders considered DIS to be a current problem.

% responders who provided evidence to support whether or not DIS is a problem



However, the majority of responders were unable to provide objective evidence to support this assertion. ~50% of those who asserted that DIS was a problem were able to provide evidence to support this claim

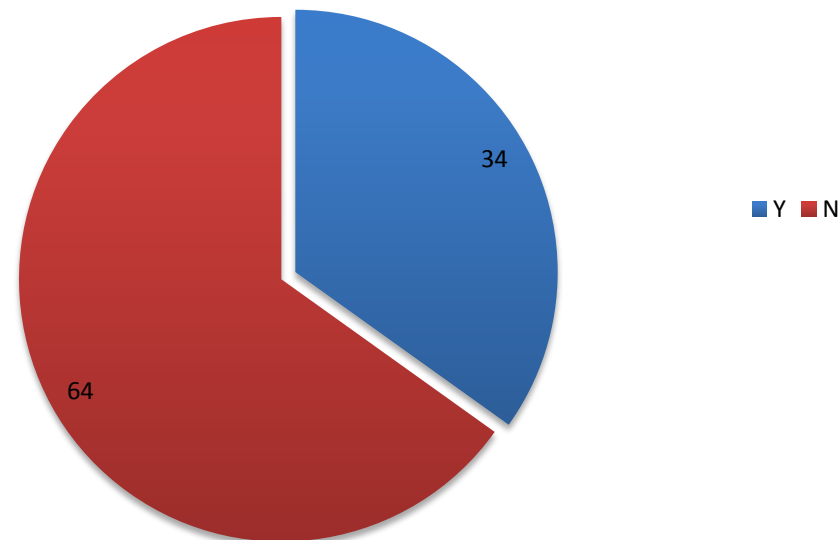
% responders by perceived extent of DIS



>50% of responders felt that the extent of DIS was either 'medium' or 'large' whilst ~40% felt the extent was unknown.

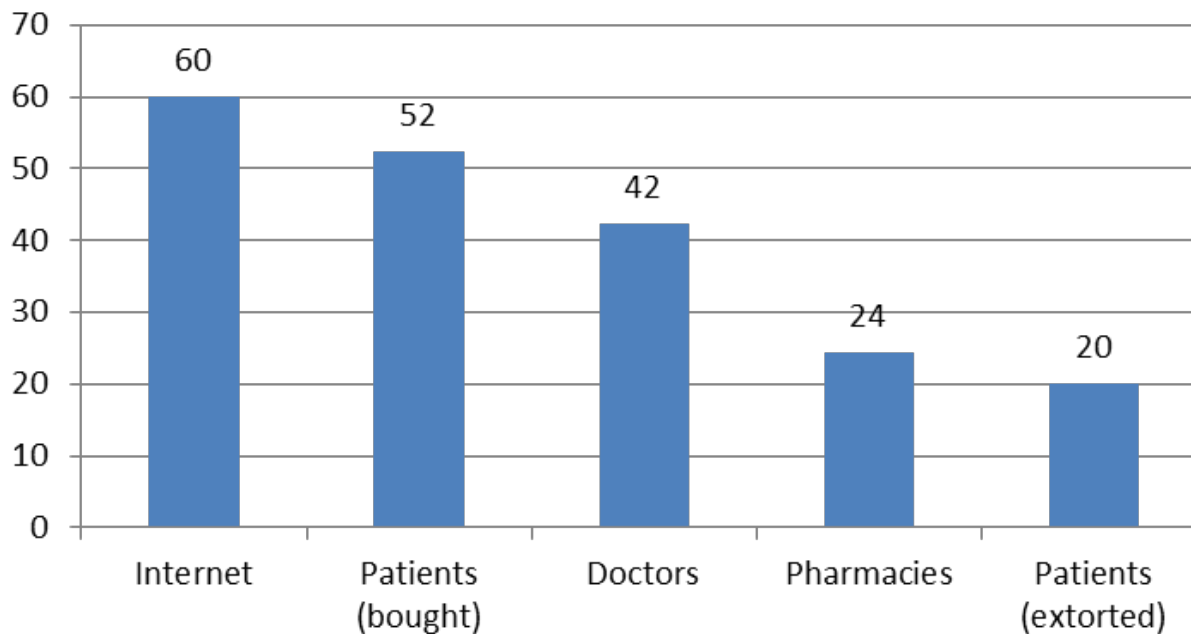
>60% of responders were unable to provide evidence for their assessment of the extent of DIS.
>50% of responders who felt the extent of DIS was either 'medium' or 'large' could not provide evidence for this assertion.

% responders providing objective evidence for perceived extent of DIS

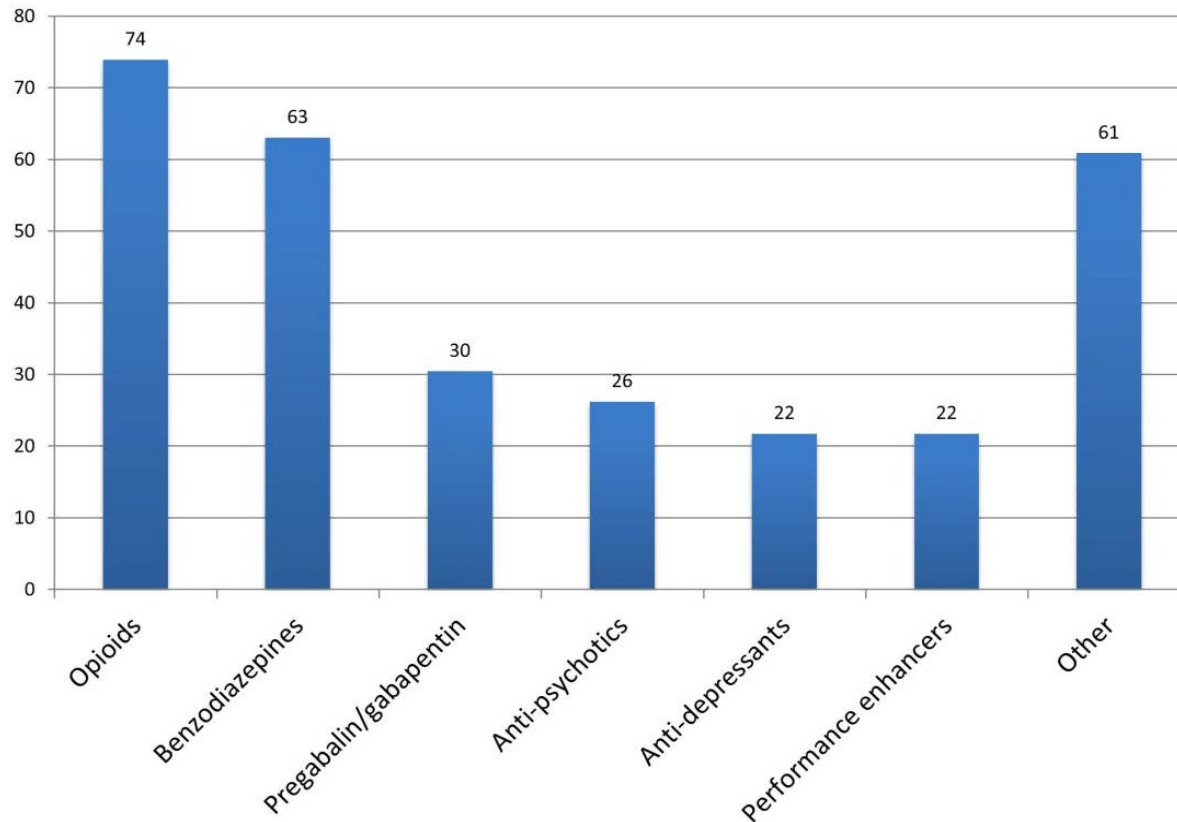


Findings cont...(stakeholder consultation)

% responders who identified a given source of DIS medicines



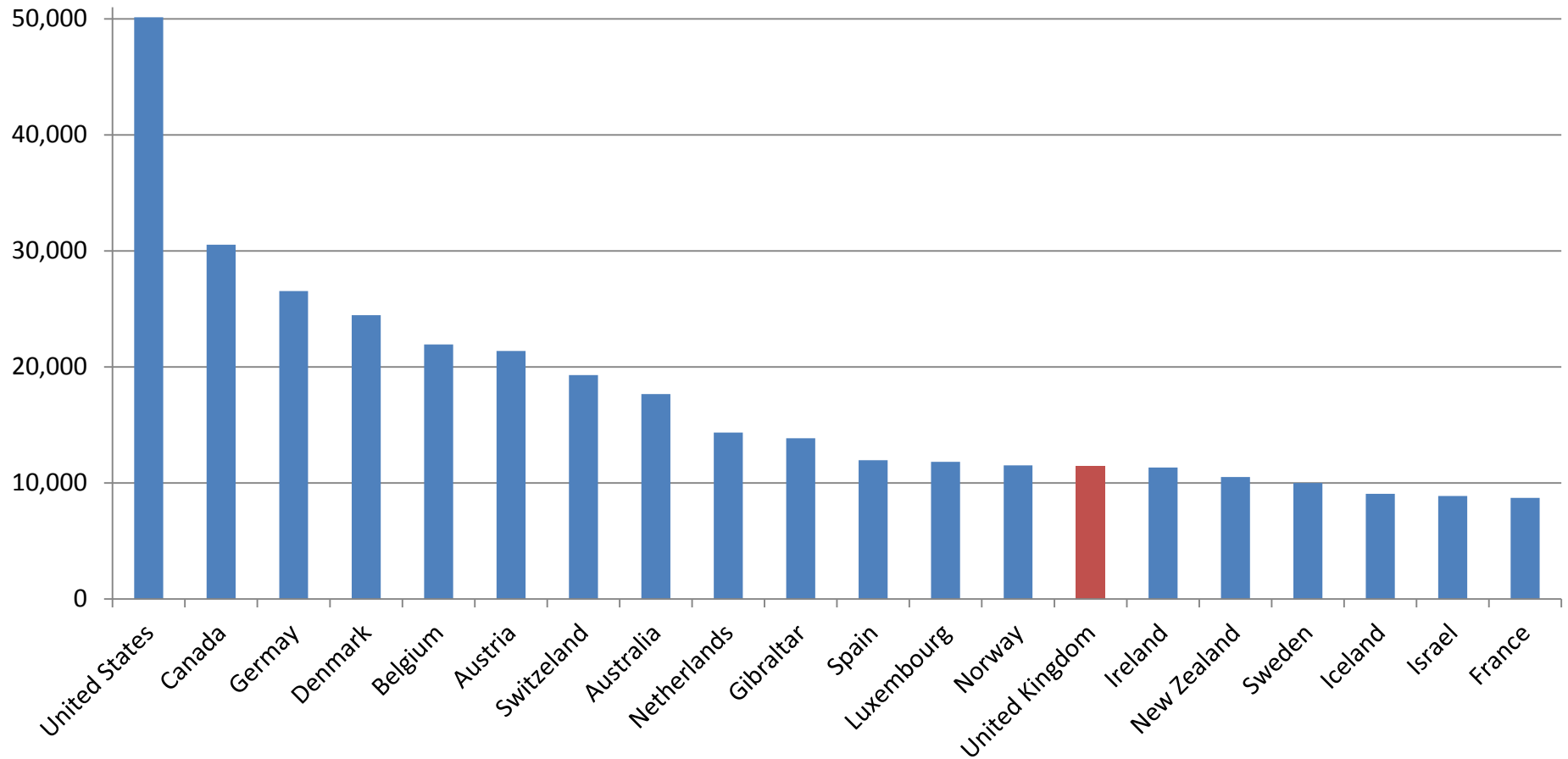
Findings cont...(stakeholder consultation)



INCB trends – UK v USA

(INCB (2016) Estimated World Requirements for 2016 - Statistics for 2014)

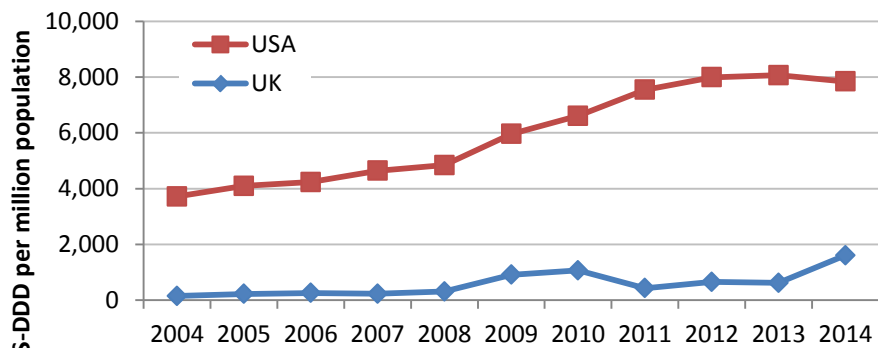
Top 20 countries, levels of consumption of narcotic drugs, S-DDD per million inhabitants per day, 2012-14, (source INCB)



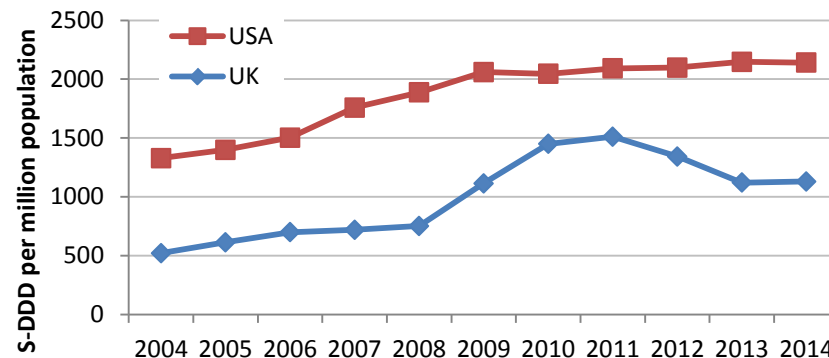
Differences in prescribing of opioids expressed per capita of population between UK and US

(NCB (2016) Estimated World Requirements for 2016 - Statistics for 2014
NICE (2012) [CG140] Palliative care for adults: strong opioids for pain relief)

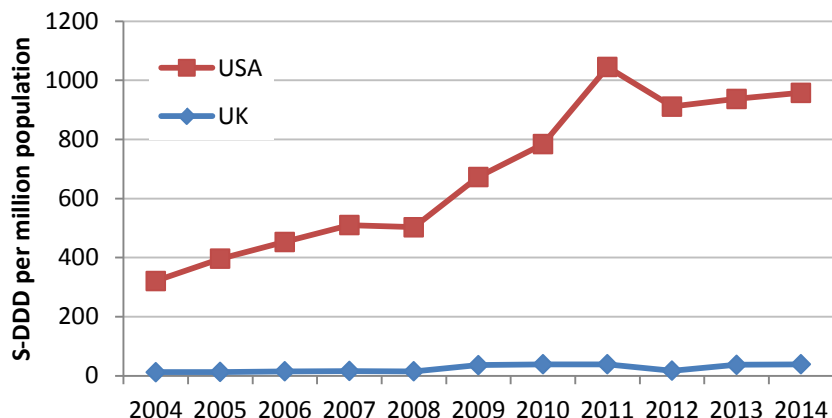
Oxycodone



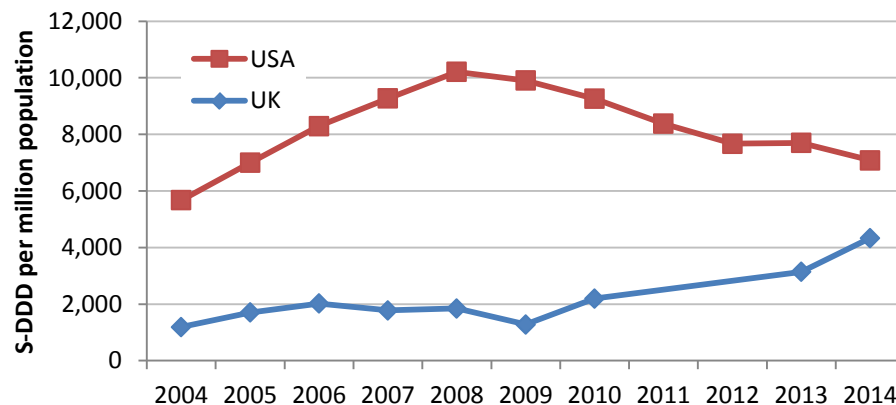
Morphine



Hydromorphone



Fentanyl



Findings

- Medicines are being diverted and supplied illicitly in the UK but quantities involved are currently modest compared with those of known illicit drugs such as cannabis, cocaine and heroin.
- There is no evidence at present that diverted prescription drugs are replacing traditional street drugs of abuse and the latest seizure figures reveal that cannabis is still the most common drug supplied on the street followed by heroin and cocaine

Findings – difficult to differentiate diversion

- Ketamine was first abused as a result of diversion but now supplied via the internet / street supply.
- Street seizures of purported diazepam tablets consist of some of pharmaceutical grade and likely to be diverted, some with excess diazepam and probably counterfeit and some looking like diazepam tabs but containing other more potent benzodiazepines.

Findings – unlikely that prescription drugs replacing typical drugs of abuse

- Recent FEWs (2015) study of drug use at a music festival
- Expected drugs such as cocaine, MDMA and a variety of Novel Psychoactive Substances were detected
- None of the drugs suggested as being diverted by our inquiry were detected
- Prescription drugs such as propranolol, oxytetracycline, sildenafil and a number of others were detected in the samples taken

Findings cont...

- It is important to contextualise the situations in the US and the UK. The differences in the UK's culture and healthcare system as compared to the US are likely to be protective in relation to the diversion and illicit supply of medicines.
- Wholesale stock levels have little impact on prescribing, diversion and misuse of medicines in the UK.
- The internet is an important source of misused medicines but this probably should not be classed as diversion as no link to prescriptions or medical practitioners in most instances

Conclusions Snapshot

- The 2014/15 Crime Survey for England and Wales found that 5.4% of the 16 – 59 age group and 7.2% of the 16 – 24 age group had misused a prescription painkiller in the past 12 months
- The rise in prescribing of opioid medication in the UK is almost wholly attributable to increased prescribing for chronic pain
 - New guidelines advise against this practise for most patients
- More than 30% of drug related deaths across the UK involve ingestion of more than one substance including ethanol

Status of the published report

- Report not yet published so this presentation should be viewed under Chatham House rules and is a superficial snapshot only.
- Report will be a citeable publication containing all the data collected and will be published on the **ACMD website** (www.gov.uk/government/organisations/advisory-council-on-the-misuse-of-drugs) **in 2Q16 following:**
 - final revision and peer review
 - obtaining permissions for publication of all the submitted data from our survey respondents

Acknowledgements

- Mohammed Ali and other members of ACMD Secretariat
- Members of the DISM Working Group especially Ben Whalley and Roger Brimblecombe
- Co-opted experts especially Cathy Stannard