

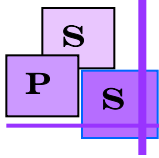
Gabapentin and Pregabalin use in HM Prisons

A collaborative audit just in the
nick of time

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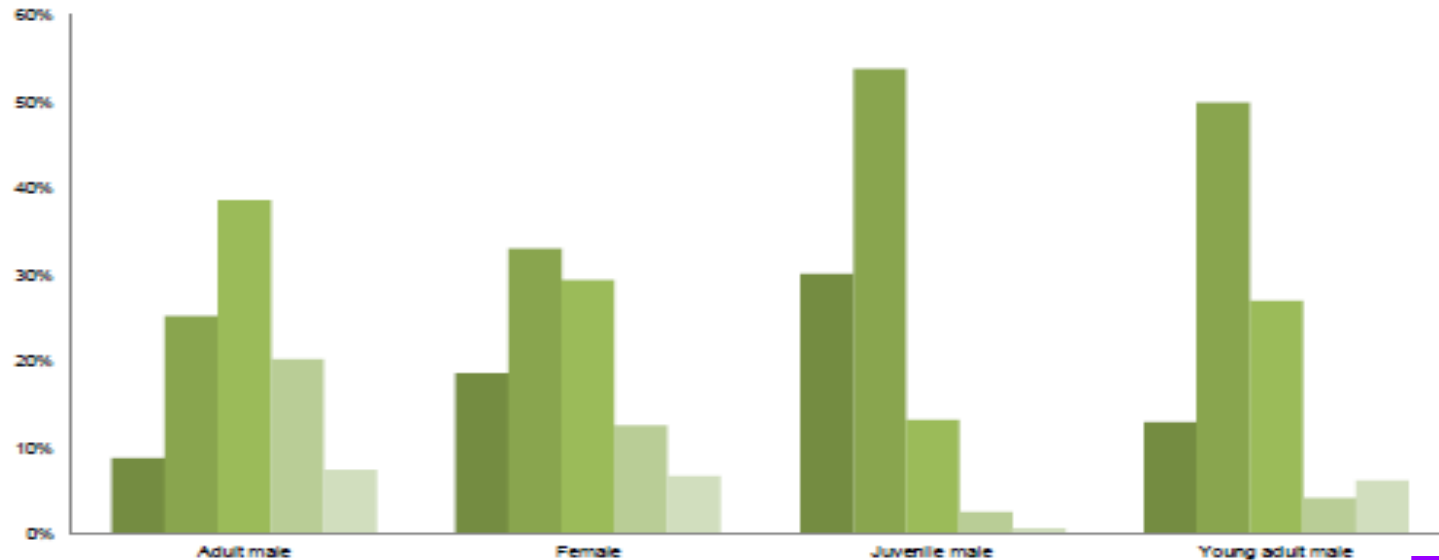


Facts and Figures

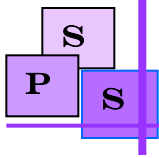
- Population of 15+ years old in England and Wales: 47 million
- Prison population: 83,800 (3800 females) in about 120 prisons: 11,000 unsentenced; 72,800 sentenced
- Prisoner turnover over 12 months: 140,000 went in and 106,000 were released
- Average sentence length is 18mths and usually complete about 50%

Chart 4 - Sentenced population by length of sentence and type of prisoner, June 2013

■ Less than one year ■ Between 1 and 4 years ■ Over 4 years determinate ■ Indeterminate sentence ■ Recall

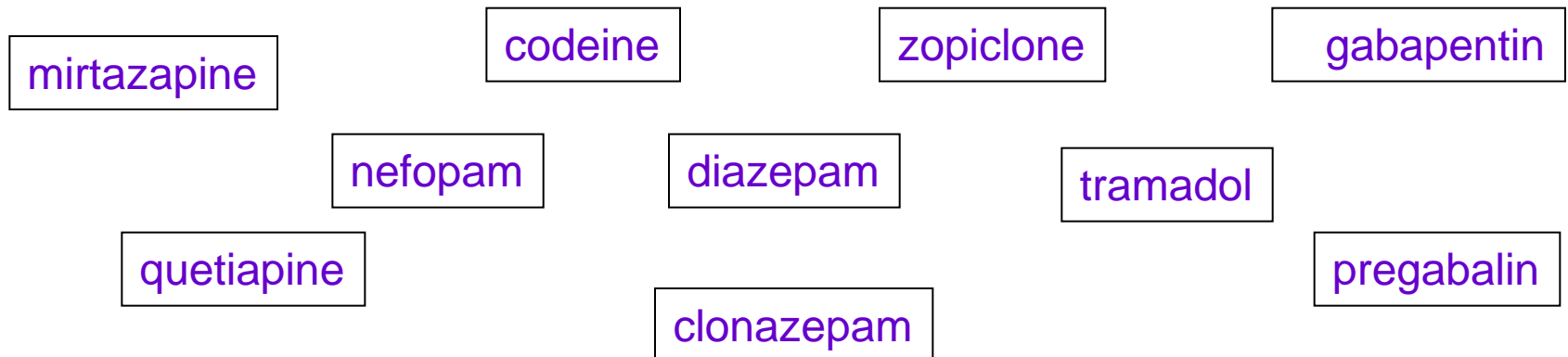


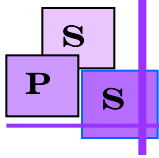
Source: Offender Management Statistics Quarterly Bulletin, MoJ



Prescribing patterns

- Contributing factors:
 - High proportion of mental health and substance misuse
 - High level of cunning demand to access tradable medicines for diversion or for sleep/euphoria!
 - Aging population creating increased burden of LTCs
 - Unknown prevalence of genuine pain indications

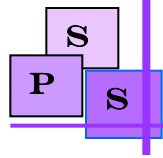




Who else should care?

- CCGs and GPs will inherit prescribing patterns arising from custodial healthcare (i.e. within 9 months!)
- Hospital stays and outpatient/A&E visits have key impact on post-discharge prescribing of tradable medicines
- Post-release: Offenders may try to access (via A&E and GP) pre-admission medicines they had stopped during custody
- Initiating or re-starting tradable medicines creates a repetitive “on/off” prescribing pattern for re-offenders
- Prison abuse is a marker for wider abuse in the community



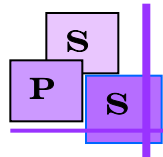


The Audit [\(Link to Report\)](#)

Medicines Use and Safety

- 94/120 prisons took part
- 1819 patients audited
- Web-base survey + audit sheet completion
- Outcomes:
 - Amount and cost of Rx
 - Formulary and handling
 - Indication of use
 - Place of initiation
 - History of substance misuse
 - Co-prescribing of opioids
 - Medication and prison incidents reported

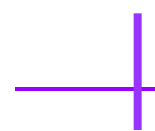
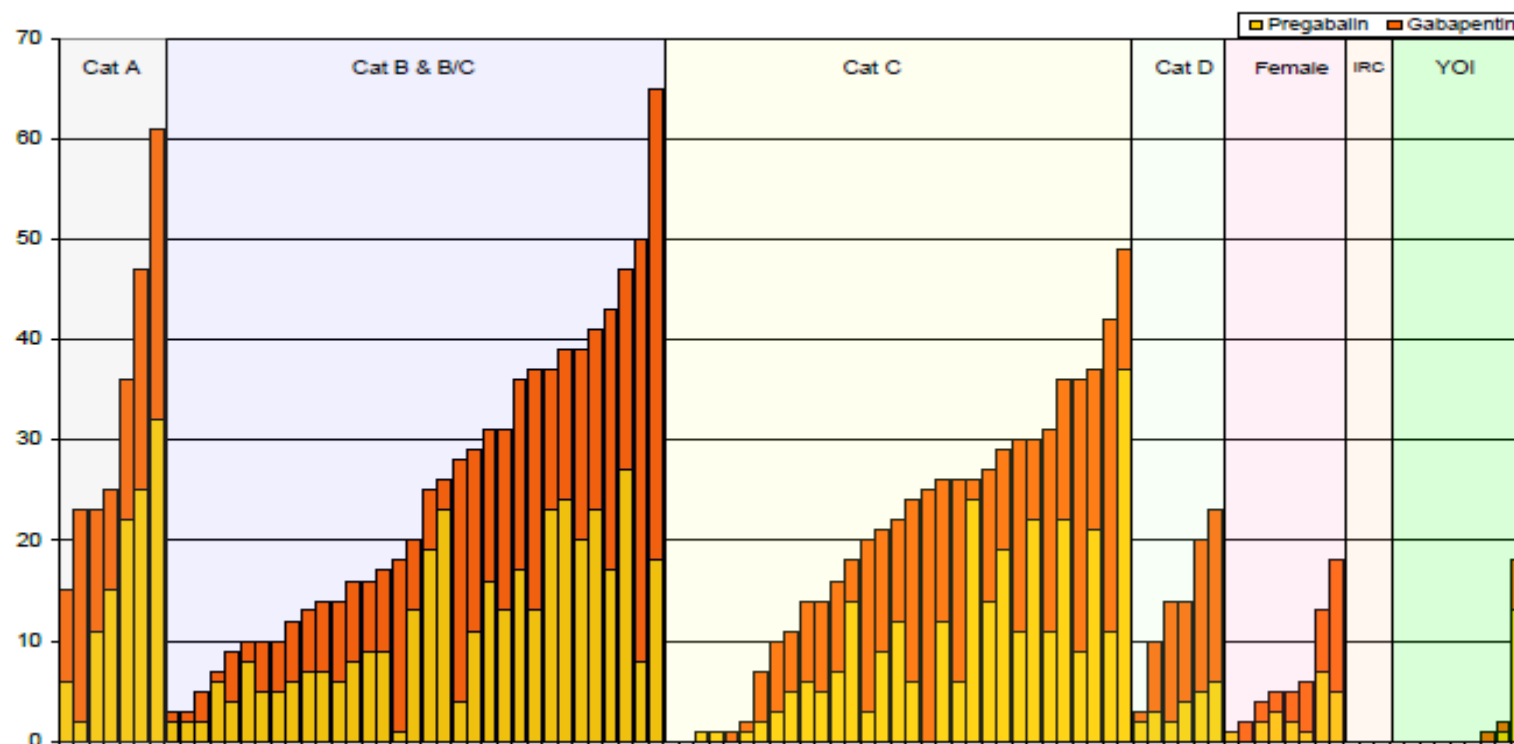


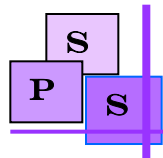


Amount and cost of prescribing

- Rate of Rx was 2.8%: Double that in primary care
- Rates were higher in training prisons vs local prisons with lowest rates in Young Offenders (15-21yrs)
- Costs about £1.4m per year with significant scope for savings!

Figure 2 Number of patients prescribed gabapentin/pregabalin in each prison/IRC by category





Formulary and Handling

- 74 (75%) prisons used a local formulary or guideline to define their place in therapy: 1 in 5 sites appeared not to adhere to their formularies
- 23 sites used gabapentin (16) or pregabalin (7) as first line (against recent guidance)
- Only 9 prisons (12%) appeared to follow their policy on place in therapy
- In-possession vs supervised dosing is variable but NIP creates operational burden: 53% have to attend at least once a day for supervised doses:

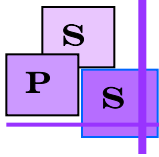
Frequency Prescribed	Number of Supervised Prisoners
Daily	31
Twice Daily	626
Three Times a Day	309
Four Times a Day	13
Other	2

Table 8: % of prisons not allowing possession of gabapentin or pregabalin

Prison type	% not allowing IP
Local	72.5%
Trainer	36.3%
YOI	45.4%
IRC	0%

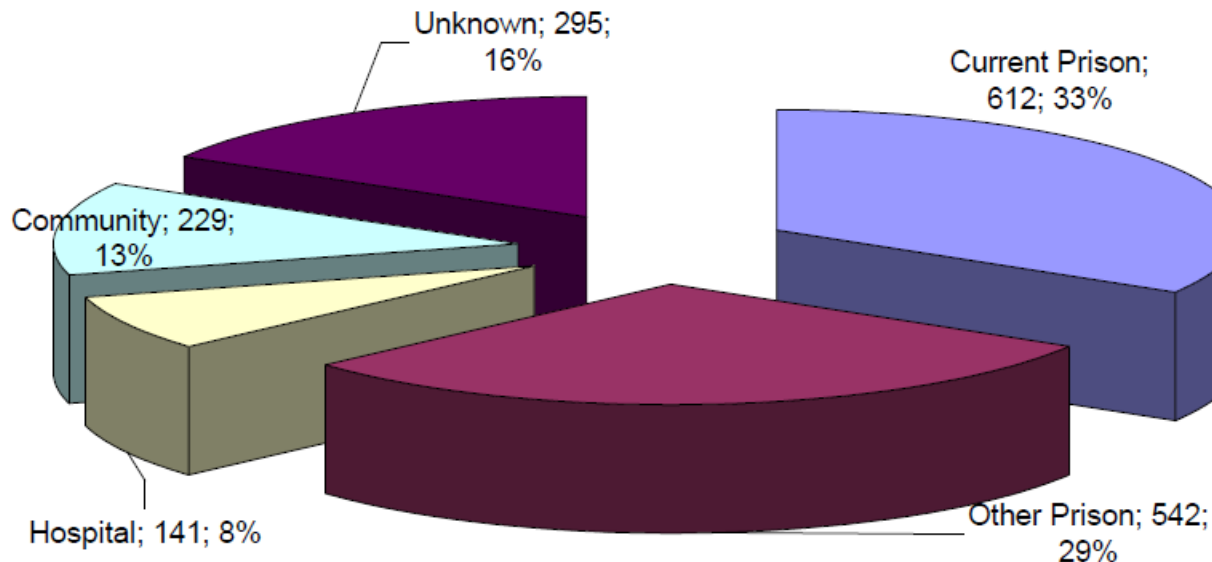
Gaba/Pregaba alone add an average of 30 minutes to treatment sessions

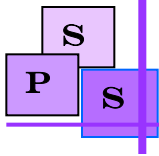




Indications & Initiation

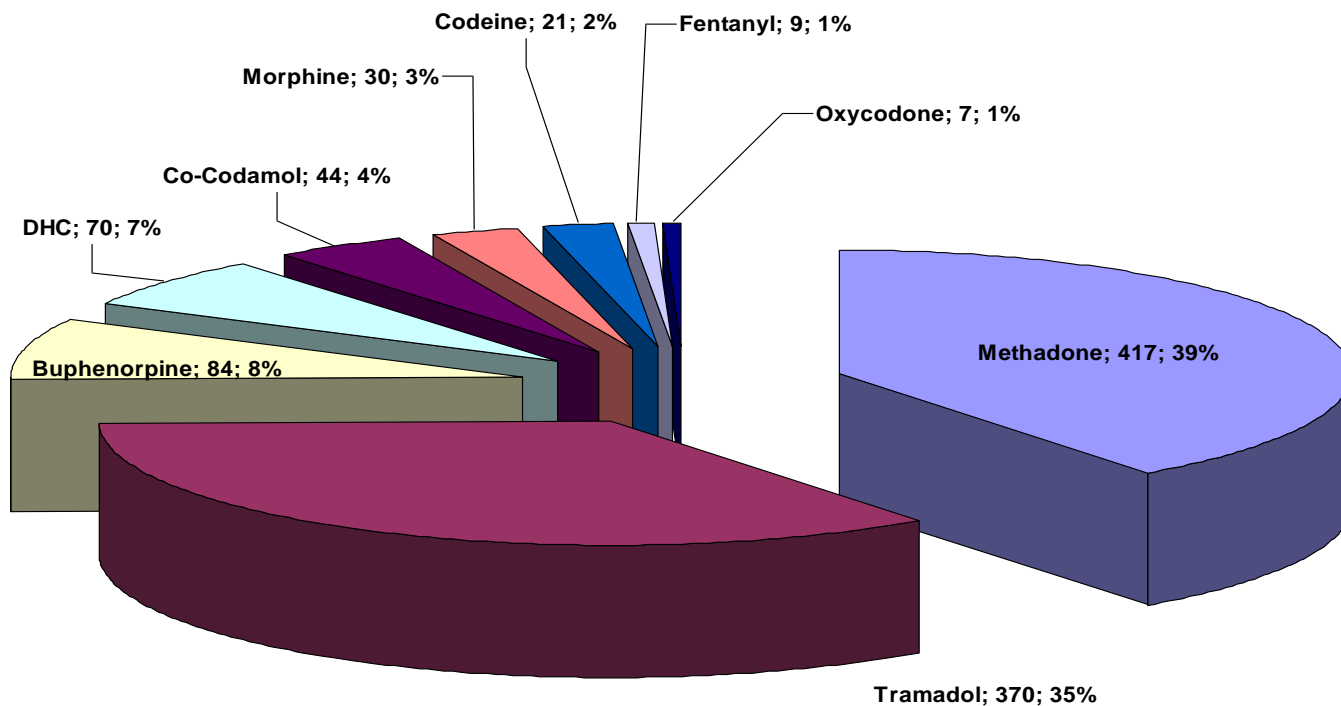
- 16% had no documented indication.
- 55% is prescribed for neuropathic pain
- 22% for unlicensed uses :
 - Back pain (20%)
 - Other pain: Migraine, sciatica & arthritis
 - Odd: Diabetes, methadone reduction and selling to other prisoners on the wing!!!

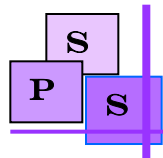




Hx of Substance Misuse & Opioids

- 56% of prisoners audited has a History of substance misuse
- 49% were also taking an opioid with 5% taking more than one
- Methadone, buprenorphine and tramadol were the most common
- Known risks associated with respiratory depression: Deaths in Custody!

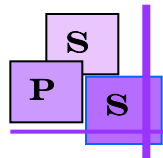




Medication Safety

- Gabapentin and pregabalin medication safety incidents occur at a rate of one incident for every 17 prisoners prescribed them.
- Half of these healthcare based incidents are security related
- 28% happen at the point of administration or supply to the prisoner.
- Medication Security Incident Reports (SIRs) occur at a rate of one SIR for every 25 prisoners but 1 in 4 prisons reported zero medication SIRs so this figure is likely to be an under-estimate.
- There is wide variation in the reporting of healthcare and SIR medication incidents.
- Sharing of SIR data with healthcare was reported as problematic for one in seven participants

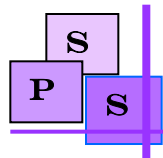




What actions can we take?

- Successful comparison of prescribing picture across prison estate: How can this data be acquired more easily.....?
- Requires actions by commissioners, healthcare provider and prison teams
- CCGs need to take account of abuse potential of gaba/pregaba and consider risks of initiation/re-initiation in known offenders and substance misusers
- Hospitals can agree interface arrangements for gaba/pregaba use by working with prisons:
 - To agree formulary choices for prisoners
 - Raise awareness of abuse potential with A&E and pain clinicians
 - Clarity of information showing indication and duration/review of therapy at discharge, outpatients and A&E





What actions can we take?

- Widen the debate and evidence/incident sharing for the abuse of gabapentin and pregabalin across the healthcare and criminal justice system
- Consider developing a national prison formulary for pain management based on the recent secure environment guidance?
- Pro-active sharing of pain care pathways and actions taken when diversion, abuse and non-adherence is identified
- Improved incident reporting including sharing of medication SIRs



Never mind: My GP will let me have it when I get out next month

?

This medicine really helps my pain: Shame I have to sell it



My hospital appointment has been delayed again: Another week before I can get some "useful" painkillers

The treatment queue was so long I missed my lunch!

