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%
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

- 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!
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.

<table>
<thead>
<tr>
<th>Frequency Prescribed</th>
<th>Number of Supervised Prisoners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>31</td>
</tr>
<tr>
<td>Twice Daily</td>
<td>626</td>
</tr>
<tr>
<td>Three Times a Day</td>
<td>309</td>
</tr>
<tr>
<td>Four Times a Day</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prison type</th>
<th>% not allowing IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>72.5%</td>
</tr>
<tr>
<td>Trainer</td>
<td>36.3%</td>
</tr>
<tr>
<td>YOI</td>
<td>45.4%</td>
</tr>
<tr>
<td>IRC</td>
<td>0%</td>
</tr>
</tbody>
</table>

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!!!
56% of prisoners audited have 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!