



Response

Home Affairs Committee, Call for evidence: Drugs

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Home Affairs Committee, Call for evidence: Drugs

The Home Affairs Committee announced an inquiry to examine illegal drug use in the UK and its effect on society. The call for evidence is open until 24th March and submissions do not need to address every question.

Who we are

Established in 1898, the Company Chemists' Association (CCA) is the trade association for large pharmacy operators in England, Scotland, and Wales. The CCA membership includes ASDA, Boots, Lloyds Pharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 5,500 pharmacies, which represents nearly half of the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients, and the public.

Executive summary

The CCA welcomes the opportunity to respond to this important and timely call for evidence.

Drug misuse and dependence is a complex and nuanced issue and should be treated as a significant public health concern.

Whilst this consultation focuses on the use of illegal drugs, we are aware that there is often an overlap between the use/misuse of illicit, prescribed and/or over-the-counter drugs which is often driven by dependence. This means issues and challenges cannot be considered in isolation.

Community pharmacies are well placed, at the heart of communities, to support individuals. Pharmacists, as accessible medicine experts, have an important role in reducing harm and preventing death in people who use misuse drugs. Whilst teams already play a key role in supporting individuals, in our view there is more that could be done to reduce harm to support those misusing drugs.

How effective is the UK drug framework in today's society?

- This may consider its effectiveness in dealing with drug use and addiction; its effectiveness in preventing drug related deaths; its effectiveness in deterring drug related offending; drugs classification under the Misuse of Drugs Act 1971; and what (if any) impact the Psychoactive Substances Act 2016 has had since it came into force.

Suggest no response

Does the current framework, or a particular aspect of the framework, need to be reformed?

- If so, how?
- Could reform align with the UK's international obligations under the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988?
- Should a 'right to recovery' (the right of a person dependent on drugs to seek drug treatment and services) be legally enshrined in UK law?

Suggest no response

What are the trends and patterns in drug use across the four UK nations? Responses to this may speak to some or all of the nations.

In 2020 there were 4,561 registered drug poisoning deaths in England and Wales, two thirds of which were related to drug misuse. Rates of death as a result have consistently increased from 15.7 per million people in 1994 to 52.3 per million people in 2020.ⁱ

Whilst there are clear differences between illicit drug use and dependence on prescription only medication, we are increasingly concerned about dependence on and abuse of prescription only medication and the impact that this has on individuals and society. We are also aware that this is often linked with use of illegal drugs.

It is alarming that between 2002 and 2020 deaths related to codeine, rose almost 5-fold among males in England and Wales from 1 per million people to 4.7 per million people.ⁱⁱ Between 2019 and 2020 deaths also rose for the following prescription only medication:

- Benzodiazepines: deaths rose by 19.3% between 2019 and 2020
- Pregabalin: deaths rose by 41% between 2019 and 2020.
- Zopiclone: death rose by 4.3% between 2019 and 2020.

Evidence shows that these deaths are often linked to other drugs. This includes heroin/morphine which may to enhance the effect, but they may increase the risk of overdose.

In 2019 Public Health published a review of dependence and withdrawal associated with some prescribed medicines found that between 2017 and 2018 over a quarter of adults in England were prescribed one or more medications in scope for the review.^{iii,iv} It was also noted that prescribing rates for opioid pain medicines and gabapentinoid are higher in areas of greater deprivation.

It is important that the recommendations outlined in the report are implemented without further delay.

As well as high numbers of prescriptions, we are also aware of instances in which patients have been able to access medications online or from several different sources. This may be to supplement a dependence on illicit substances or prescription only medications being misused. Tragically some of these have resulted in the death of patients.^{v,vi} Whilst the GPhC has set out safeguards for medicines which are liable to abuse, overuse or misuse, or when there is a risk of addiction, we are concerned that this guidance is not always implemented.^{vii}

We are also aware of an increase in sales of certain OTC products, including pain relief. Whilst pharmacies already limit the number of packs sold to individuals, we are aware of reports of some people buying multiple packs from pharmacies in the same locality, allowing them to circumnavigate best practice guidance. Whilst preventing purchases may drive individuals to purchase medications from unregulated sources online, it is important that pharmacy colleagues take a patient centred approach, which avoids stigmatising language and signposts patients to additional support, as appropriate.

The community pharmacy sector recognises shortcoming and has proactively worked with the Centre for Postgraduate Pharmacy Education (CPPE) to develop a module, which was launched in January 2022, to upskill pharmacists on the signs of dependence, having personalised conversations, and handling other issues related to drug stewardship (e.g., divergence of drugs within the store, by members of the public or colleagues.)

Having said this, in our there is more that could be done within community pharmacy to support those experiencing drug dependence or addiction. For example, community pharmacy could be commissioned to deliver Structured Medicines Review (SMRs) or a service akin to SMRs to support patients taking medications which present risk of dependence or abuse. A medium- and longer-term approach which considers counselling skills, psycho-social support, and knowledge of withdrawal and tapering to patients' needs is also important.

What is your view on the UK Government's 10-Year Drug Strategy for England and Wales, which was published in December 2021?

Whilst the wider strategy is outside the scope of the CCA's area of expertise, we are aware of some positive steps including the commitment to increase funding for addiction services. We would expect to see a strong focus on a harm reduction and support for especially hard to reach groups.

We particularly welcome the commitment to review legislation to make naloxone more easily available and community pharmacies are well positioned to support this.

Whilst drug users often fall into hard-to-reach categories, pharmacy teams are likely to already have professional relationships with drug users who attend the pharmacy as part of a supervised consumption service. It is not uncommon for community pharmacists to be the only health care professional a patient has seen for many months, making them well known and trusted. Our members report they are likely to stock naloxone if changes are made to the regulations and appropriate reimbursement/funding is provided and training made available.

Are there particular policies at national or local level across the four UK nations that have been effective in reducing drug use, drug related deaths, and/or drug related offending?

CCA members see the benefits of effective harm reduction strategies on a daily basis. Community pharmacies already play a crucial in supporting individuals through the delivery of services such as needle and syringe replacement services and supervised consumption (which are both commissioned across 120+ localities)^{viii} and are effective methods for reducing harm.

We note that during the pandemic many patients on opiate replacement treatment (methadone) were moved off short-term (daily or tri-weekly) prescription collections to longer-term ones. This is reflected in the NHS data. Between 2019 and 2021, for example, the number of supervised items in Scotland decreased from 3,135,511 to 1,200,966.^{ix} Whilst changes to the frequency of methadone collections as a result of the pandemic has been beneficial for some improving quality of life and reduces the need to visit the pharmacy helping them to better manage their lives, there are inherent risks for others. Many of these individuals benefit from the regular support offered by pharmacy teams, through both relationships and ad-hoc intervention and advice. It is important that patients are considered individually and the support (i.e., collection frequency) they need is provided (and contracted where appropriate). This often means appropriate collect rates.

More generally we recommend needle exchange and supervised consumption programmes are aligned with holistic care packages which consider the individual needs and circumstances of the patient. This includes supporting the overall health of individuals (from dental and nutrition support to more practical interventions such as smoking cessation or medicines advice).

As well as ensuring holistic care and signposting where patients are utilising existing services, there are opportunities to enhance the impact of community pharmacy by:

- Increasing access to naloxone (please see below for more details)

- Smoking cessation services
- Utilising existing public health campaigns
- Immunisation programmes (e.g., Hep B)
- Point of Care Testing
- Formalised referral routes into additional care

Naloxone

Naloxone reverse the effects opioid overdoses and there is good evidence of the efficacy of take-home programmes in preventing opioid related fatalities. In 2011 Scotland was the first country to introduce a national naloxone programme to reverse the effects of opiates. In 2015 legislation was passed to allow the supply of Naloxone, a Prescription Only Medicine (POM), without the need for a prescription or Patient Group Direction and naloxone is currently available free of charge at pharmacies across Scotland.

Across other parts of the UK access to naloxone in community pharmacies is varied and limited, this is undoubtedly impacted by the current regulations which mean naloxone can only be made available in community pharmacies, where a commissioned drug treatment service is in place or when a where a Patient Group Direction is in place. Even where pharmacies are commissioned to provide a drug treatment service, provision of naloxone is not a pre-requisite to delivering the service, rather it depends on local arrangements.

In 2021 the Home Office consulted on proposals to expand access to naloxone. The Community Pharmacy Patient Safety Group, a cross sector forum made up of representatives from the largest community pharmacy businesses as well as groups to represent independent pharmacies and small multiples, supported these proposals.

Community pharmacies do not comply with usual “inverse care law”. Rather, there is a greater concentration of community pharmacies in areas of deprivation – this is particularly important given opioid induced deaths are significantly higher in areas of higher deprivation.^x As such we recommend that with the appropriate safeguards, training, and funding, expanded access to Naloxone is rolled out without delay.

Having said this, CCA members see the benefits of effective harm reduction strategies on a daily basis. Community pharmacies already play a crucial in supporting individuals through the delivery of services such as needle and syringe replacement services and supervised consumption (which are both commissioned across 120+ localities).^{xi}

What is the impact of drug use? In particular, on: drug users and their loved ones; local communities and wider society; the economy.

As providers of front-line care to often hard to reach groups, CCA members are aware of the devastating impact drug use can have on individuals and communities.

We are also aware of the effect this can have on the behaviour of patients and customers. Evidence provided by a CCA member to the Home Affairs Committee on violence and abuse towards retail workers, highlighted the requirement for retail to regularly deal with drug users.^{xii} Members are also cognisant to the risk of theft or diversion of controlled drugs, which do occur on occasions.

Are there laws, policies or approaches adopted in other countries that have been effective in reducing drug use, drug related deaths, and/or drug related offending? If so, could they reasonably be expected to work in the UK?

Suggest no response.

ⁱ ONS, [Deaths related to drug poisoning in England and Wales: 2020 registrations](#) (Figure 2)

ⁱⁱ ONS, [Deaths related to drug poisoning in England and Wales: 2020 registrations](#) (Figure 6)

ⁱⁱⁱ PHE, [Dependence and withdrawal associated with some prescribed medicines](#), 2019

^{iv} Review considered benzodiazepines (mostly prescribed for anxiety) • z-drugs (sleeping tablets with effects similar to benzodiazepines) • gabapentin and pregabalin (used to treat epilepsy, neuropathic pain and, in the case of pregabalin, anxiety) • opioids for chronic non-cancer pain • antidepressants

^v REGULATION 28: REPORT TO PREVENT FUTURE DEATHS. <https://www.judiciary.uk/wp-content/uploads/2021/02/Katie-Corrigan-2021-0045-Redacted.pdf>

^{vi} REGULATION 28: REPORT TO PREVENT FUTURE DEATHS. <https://www.judiciary.uk/wp-content/uploads/2021/05/Parys-Lapper-2021-0148-Redacted.pdf>

^{vii} GPhC, [Guidance for registered pharmacies providing pharmacy services at a distance](#), including on the Internet, April 2019

^{viii} PSNC, [Services Database](#), January 2022

^{ix} Public Health Scotland, [Community pharmacy contractor activity](#), 2021

^x ONS, [Deaths related to drug poisoning in England and Wales: 2019 registrations](#), 2020

^{xi} PSNC, [Services Database](#), January 2022

^{xii} House of Commons Home Affairs Committee, Violence and abuse towards retail workers. Evidence submitted by [Morrisons](#)