Involuntary dependence to prescription medications – call for evidence
Royal Pharmaceutical Society response

This response is being submitted on behalf of the Royal Pharmaceutical Society (RPS).

We have circulated this call for evidence to our members and partner groups and encouraged them to respond directly. Therefore, our response will not be going into the detail of the questions but provides a brief summary of where we consider pharmacists can support this work in practice.

Pharmacists are experts in medicines and their use and have a key role in supporting patients to get the most from their medicines. Pharmacists will see patients regularly as they come into the pharmacy to pick up their prescriptions. They can often spot signs of dependence such as patients requesting repeat supplies early or patients who doses or quantities keep increasing. However, pharmacists may not feel comfortable challenging patients who may be taking painkillers for reasons other than they are intended (e.g. because they improve sleep or mood without any pain relief and functional improvement) and there may be training and education issues that need to be addressed.

Pharmacists are often the first point of call for patients who are worried about dependency and come to the pharmacist for advice and support. In addition pharmacists can signpost to other sources of help and advice for those who have acquired a dependency to their prescription medicine.

We believe that when patients move between care settings, such as from hospital to home, it is critical that information about their medicines is transferred with them. This would include information on the reasons for starting, stopping or altering medicines as well as information on how long a medicine is expected to be taken for. It is often at this point of transfer when a medicine is started and then the patient is continually prescribed it where this was not the initial intention. Likewise when a patient is admitted into hospital there may need to be consideration of their medicines where there is little clinical evidence as to why a prescription was started or should continue for medicine, for example benzodiazepines. Please see www.rpharms.com/toc

We believe that in order to reduce dependence on prescription medicines there needs to be systems in place where patients are reviewed regularly and this would apply across all therapeutic areas. Pharmacists would be key to the review of a patient’s medicines.

We are also aware that the Faculty of Pain Medicine, in collaboration with RCGP and Faculty of Addictions RCPsych, the British Pain Society and other stakeholders propose to develop a
central opioid prescribing resource, based on the evidence, regarding the harms and benefits of opioids which prescribers can then draw on to make a good clinical decision for an individual patient, influenced of course by the individual’s clinical presentation, co-morbidities and circumstances. This key resource can then be drawn on to produce a suite of documents and educational materials in different formats for a variety of audiences including patients. The RPS is a stakeholder in this work.

We agree to abide by the code of conduct set out in the ‘Agreement for collaborative working

Signed:

David Branford, Chair English Pharmacy Board
John Cromarty, Chair Scottish Pharmacy Board
Jocelyn Parkes, Director for Wales

For further information or any queries you may have on our consultation response please contact Heidi Wright at heidi.wright@rpharms.com or 0207 572 2602.

About us

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors and specialisms of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession to deliver excellence of care and service to patients and the public. This includes the advancement of science, practice,
education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence. In addition, it promotes the profession’s policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

**Leadership, representation and advocacy:** Ensuring the expertise of the pharmacist is heard by governments, the media and the public.

**Professional development, education and support:** helping pharmacists deliver excellent care and also to advance their careers through professional advancement, career advice and guidance on good practice.

**Professional networking and publications:** hosting and facilitating a series of communication channels to enable pharmacists to discuss areas of common interest, develop and learn.