



# IMO Submission to the Department of Health on the Draft Misuse of Drugs (Amendment) Regulations 2013

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## IMO Submission to the Department of Health on the Draft Misuse of Drugs (Amendment) Regulations 2013

The Irish Medical Organisation (IMO) is the representative body for all doctors in Ireland and welcomes the opportunity to comment on the Draft Misuse of Drugs (Amendment) Regulations 2013. The IMO supports the tightening of regulations in relation to supply of controlled drugs and would like to make the following comments in relation to the prescribing of benzodiazepines and z-drugs and the dispensing of methadone.

Regulations relating to the Prescribing of Benzodiazepines and Z-drugs.

IMO doctors are aware of the dangers related to the prescribing of benzodiazepines and z-drugs as well as their potential for abuse. Seizures of controlled drugs by the Organised Crime Unit of the Garda Síochána highlights the growing problem of illicit trade and supply of benzodiazepine and z-drugs in Ireland and the IMO welcomes the tightening of legislation in regard to the import and provision of these listed drugs.

Under draft Regulation 10 there is some confusion as to the requirements relating to the prescribing of benzodiazepines and z-drugs. Following discussion with officials at the Dept. of Health on August 23<sup>rd</sup> the IMO understand that there is no requirement in the draft regulations to handwrite prescriptions of benzodiazepines and z-drugs. The principle changes to the prescribing of benzodiazepines and z-drugs are that prescriptions will only be valid for a period of up to 2 months and only up to 3 months of treatment may be prescribed. If a patient requires a prescription for up to 6 months this must be indicated in hand-writing on the prescription.

The IMO insist that the hand-writing of prescriptions is an out-of-date system that is neither safe nor efficient. In addition hand-written prescriptions are easier to alter than printed prescriptions. In order to avoid further confusion over this issue, it must be clearly stated in the regulations that there is no requirement to hand-write prescriptions of Benzodiazepines and Z-drugs

The IMO is concerned that Electronic Prescribing has not been considered as a mechanism of improving the security and quality of prescriptions. The IMO is aware that Electronic Prescribing systems exist in other jurisdictions which can improve security and quality in prescribing.

The IMO requests that the Department of Health consider investing in the development of a package for Electronic Prescribing similar to the electronic Acute Medication Service (eAMS) which prevails in the NHS in Scotland.

The electronic Acute Medication Service (eAMS) allows for prescriptions to be uploaded by individual GPs to a central server. The paper prescription signed by the GP and issued to the patient is a duplicate copy that contains a bar code which the pharmacist scans. The prescription can only be issued once by the pharmacist having downloaded and confirmed the GP prescription from the central server.

Under draft Regulation 13 both public and private prescribing of controlled drugs including benzodiazepines and z-drugs are to be notified to the HSE (or other body designated by the Minister). Prescribing and usage trends are to be compared with weighted average prescribing rates, thus allowing prescribers to review their prescribing practice. Data must be available in real time both to prescribing GPs and the PCRS to enable monitoring of "Doctor shopping" by recidivist offenders. Doctors whose prescribing rates are found to be above average must be provided with advice and support in addressing prescribing rates. Community mental health services must be adequately resourced to ensure evidence-based therapies are available to patients as an alternative to benzodiazepines and z-drugs.

### Regulations relating to the Dispensing of Methadone to Opiate Dependent Patients

There is a problem in the system of dispensing Methadone to opiate dependent patients that is putting patients, pharmacists and prescribing doctors at risk. The deficiency in the system is becoming more obvious as pharmacy regulations are being more stringently enforced through more frequent and robust inspections.

Under present regulations pharmacists cannot dispense methadone unless they are in possession of a valid, up to date prescription. Telephone instructions from a doctor or faxed copies of the prescription are not acceptable. The patients normally attend their designated doctor once weekly to obtain their prescription. However, if for some reason the patient misses an appointment they may not get their medication for a few days if the pharmacist follows the present regulations strictly.

In the past most pharmacists, believing they had an ethical duty to continue care to their patients would dispense for a few days on the instruction of a doctor or receipt of a fax. Increasingly pharmacists are refusing to dispense in this situation and anecdotally there are recent reports of pharmacists being cautioned by inspectors for continuing to do so.

For patients who are addicted to opiates the risks of this situation are obvious. Return to illicit drug use with all the attendant negative consequences up to and including increased risk of death is not uncommon. Pharmacists and to a lesser extent doctors are also at risk if these patients become agitated when they are refused medication.

The IMO propose that, while waiting for a prescription, pharmacists are permitted to continue methadone dispensing to patients who have been in continuous treatment for at least one month, for three days after the date of their last prescription, on the instruction (by phone or fax) of the designated treating doctor.

### Summary of Recommendations

#### Regulations relating to the Prescribing of Benzodiazepines and Z-drugs.

- The hand-writing of prescriptions is neither safe nor efficient. In order to avoid further confusion over this issue, it must be clearly stated in the regulations that there is no requirement to hand-write prescriptions of Benzodiazepines and Z-drugs;
- The IMO requests that the Department of Health consider investing in the development of a package for Electronic Prescribing similar to the electronic Acute Medication Service (eAMS) which prevails in the NHS in Scotland;

- Data must be available in real time both to prescribing GPs and the PCRS to enable monitoring of “Doctor shopping” by recidivist offenders;
- Doctors whose prescribing rates are found to be above average must be provided with advice and support in addressing prescribing rates;
- Community mental health services must be adequately resourced to ensure evidence-based therapies are available to patients as an alternative to benzodiazepines and z-drugs.

#### Regulations relating to the Dispensing of Methadone to Opiate Dependent Patients

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