# British Pharmacological Society's response to APoSM's review of tramadol/prescription only medicines

The British Pharmacological Society (BPS) welcomes the opportunity to contribute comments to the Advisory Panel on Substance Misuse's call for evidence. Our members are clinical pharmacologists, with research expertise and clinical practice experience, which ensures they are well placed to offer expert input.

**Q.1 In your view, is there a problem of inappropriate use of:**

**a) Tramadol**

**b) Any other medicines used for pain relief**

**Please expand on your comments:**

In the view of the British Pharmacological Society there is inappropriate use of both tramadol and other medicines used for pain relief, although there is limited data available from the UK.

In 2013, members of BPS were involved in an internet survey looking at prescription opioids (including tramadol) misuse in the UK. Currently this is only available in abstract form and is appended to this response. The survey was completed by 1500 individuals, of which 39 individuals reported misuse of tramadol. This study suggested that there is potentially significant misuse of opioid containing OTC and prescription medications in the UK. [1]

Furthermore, there is an indication in the Drug Scope 2011 Street Drug Trends Survey of a rise in the misuse of tramadol: *Diazepam, along with similar substances such as Tramadol and phenazepam, reported a rise in use in the last year in 16 of the 20 areas investigated.* [2]

[1] Paul I Dargan, Jody L Green, Marie-Claire Le Lait, David M Wood, Misuse of opioid containing prescription and over the counter medications in the United Kingdom, *XXXIII International Congress of the EAPCCT*

[2] Drug Scope 2011 Street Drug Trends Survey, http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Publications/KZone.pdf

**Q.2 In your view, is there a problem of dependence on:**

**a) Tramadol**

**b) Any other medicines used for pain relief**

**Please expand on your comments:**

The consensus is that there is a problem of dependence on both tramadol and other medications used for pain relief; however, we are not aware of published data to substantiate this. This is based on reports such as individual treatment agencies and the National Treatment Agency reporting increasing presentations to services, and anecdotal evidence from our members.

**Q.3 Do you know of medicine diversion and illicit supply, and if so where are supplies coming from with regard to?**

**a) Tramadol**

**b) Any other medicines used for pain relief**

**Please expand on your comments:**

Although we are not aware of any data regarding the diversion and illicit supply of such medicines we have received anecdotal evidence, as BPS reported to the ACMD's recent inquiry. [3] Members highlighted acquisition via the internet or trade between individuals as the source of supplies.

[3] British Pharmacological Society's response to ACMD Diversion and Illicit Supply of Medicines Inquiry.

**Q4 Are you aware of any measures to address any issues highlighted in questions 1 to 3 with regard to:**

**a) Tramadol**

**b) Any other medicines used for pain relief**

**Please expand on your comments:**

The measures highlighted include the rescheduling of tramadol to Schedule III and prescriber education via ADTC (Area Drug & Therapeutic Committees).

**Q.5 If you answered "yes" to Question 4, please could you describe these initiatives and your views on their possible impact in regard to:**

**a) Tramadol**

**b) Other medicines used for pain relief**

**Please expand on your comments:**

No comments

**Q.6 What further action should the healthcare and other relevant sectors take to resolve any concerns you may have relating to:**

**a) Tramadol**

**b) Other medicines used for pain relief**

**Please expand on your comments:**

Prior to further action to address the issue of prescription opioid misuse in the UK more research needs to be undertaken to understand this issue. Potential areas for further investigation include:

a) Prevalence and demographics of misuse
b) Routes to misuse and association with analgesics prescription, non-prescription medicine misuse
c) Source of the drugs being misused
d) Diversion
e) Dependence

This would allow any interventions around the issues to be designed in an evidence based manner.

## About the British Pharmacological Society (BPS)

BPS is the primary UK learned society concerned with research into drugs and the way they work. Our members work in academia, industry, and the health services, and many are medically qualified. The Society covers the whole spectrum of pharmacology, including laboratory, clinical, toxicological and regulatory aspects.

Clinical pharmacology is the medical speciality dedicated to promoting safe and effective use of medicines for patient benefit. Clinical pharmacologists work as consultants in the NHS and many hold prominent positions in UK Universities.

**Table 1** Frequency of detection of potential novel psychoactive substances from the two urinals within the festival.

| Compound detected | Urinal 1 | Urinal 2 |
|---|---|---|
| 1,4 methoxy phenyl piperazine | Detected | Detected |
| 1,4-trifluoromethylphenylpiperazine | Detected | Detected |
| 4-ethylmethcathinone | Detected | Detected |
| 4-methylmethcathinone | Detected | Detected |
| 4-fluoroephedrine | Detected | Detected |
| 4-fluorononephedrine | Detected | Not detected |
| 5-(2-aminopropyl)benzofuran (5-APB) | Detected | Detected |
| Hordenine | Detected | Detected |
| Methiopropamine | Detected | Detected |
| Methylhexanamine | Not detected | Detected |

**Objective:** The pattern of use of novel psychoactive substances (NPS) in the night-time economy differs from that at music festivals. Previous studies analysing anonymous pooled urine have used city-centre street "pissoirs" (urinals) to detect NPS. We used the same methodology to analyse samples from urinals at a festival in the North West of England, described as offering "pioneering contemporary music and art alongside traditional rural entertainment."
**Methods:** Anonymous pooled urine samples were collected from two stand-alone urinals from different locations within the festival in July 2012. Samples were subsequently analysed using full-scan accurate mass high resolution liquid-chromatography coupled to tandem mass-spectrometry, processed against compound databases containing >1700 drug compounds/metabolites.
**Results:** A total of ten possible NPS were detected in the urine samples; the NPS detected in the urinals and their frequency of detection is shown in Table 1. The hordenine detected may relate to use of psychedelic cacti, however it is more likely that it is due to the ingestion of beer, since no mescaline was detected.
**Conclusion:** This study shows it is possible to extend the use of analysis of anonymous pooled urine samples to music festivals and confirms use of a range of NPS at this festival. There is the potential to compare the pattern of detection of NPS over time and across different festival events, to determine whether there are trends associated with the type of festival and/or musical genre at the festival. This will allow more accurate characterisation of NPS actually being used in these environments.

## 199. Misuse of opioid containing prescription and over the counter medications in the United Kingdom

Paul I Dargan[1,2], Jody L Green[3], Marie-Claire Le Lait[3], David M Wood[1,2]

[1]*Clinical Toxicology, Guy's and St Thomas' NHS Foundation Trust, London, UK;* [2]*King's College London, UK;* [3]*Denver Health Rocky Mountain Poison and Drug Center, Denver, Colorado, USA*

**Background:** There is increasing evidence of misuse of prescription and over-the-counter (OTC) opioid containing products in the USA. Currently there is no data on the frequency and pattern of opioid misuse in the UK.
**Methods:** We undertook an Internet questionnaire survey using an existing market research consumer survey panel; only those aged 16–59 were asked to participate so that data could be compared to recreational drug use prevalence in the British Crime Survey. Basic demographic data (age and sex) were collected together with data on the prevalence of misuse of opioids available in the UK. For those individuals who indicated that they had misused opioids, data was collected on the reasons for this using pre-defined criteria (they were able to state more than one reason where appropriate).
**Results:** The survey was completed by 1,500 individuals, of whom 737 (49.1%) were male and 763 (50.9%) female. 9.1%, 40.5%, 21.1% and 29.3% were aged 16–20, 21–39, 40–49 and 50–59 respectively. The life-time prevalence of misuse of each group of opioid containing medications and the reasons for misuse is shown in Table 1. Life-time prevalence of use of recreational drugs was comparable to national data from the 2011/12 British Crime Survey (8.1%-vs-9.5% for cocaine, 8.2%-vs-8.6% for MDMA and 1.7%-vs-0.8% for heroin).
**Conclusion:** This study suggests that there is potentially significant misuse of opioid containing OTC and prescription medications in the UK. Further studies are needed to further explore this issue to inform the design of appropriate primary and secondary prevention initiatives.

**Table 1.** The life-time prevalence of misuse of each group of opioid containing medications and the reasons for misuse.

| | Opioid containing medication group | | | | | |
|---|---|---|---|---|---|---|
| | Codeine, codeine - paracetamol | Dihydrocodeine - paracetamol | Dihydrocodeine | Oxycodone | Morphine | Tramadol |
| Lifetime prevalence of misuse (% of total survey population) | 157 (10.5%) | 38 (2.5%) | 28 (1.9%) | 21 (1.4%) | 14 (0.9%) | 39 (2.6%) |
| Reasons for misuse (% of those who reported misuse) | | | | | | |
| For enjoyment / to get high | 7 (4.5%) | 5 (13.2%) | 7 (25.0%) | 4 (19.0%) | 4 (28.5%) | 7 (17.9%) |
| For social reasons / to fit in | 3 (1.9%) | 3 (7.9%) | 8 (28.6%) | 4 (19.0%) | 4 (28.5%) | 4 (10.3%) |
| Out of curiosity | 8 (5.1%) | 2 (5.3%) | 4 (14.3%) | 2 (9.5%) | 0 (0%) | 4 (10.3%) |
| Safer than street/illegal drugs | 5 (3.2%) | 2 (5.3%) | 1 (3.6%) | 2 (9.5%) | 3 (21.4%) | 5 (12.8%) |
| Help with come-down of other drugs | 2 (1.3%) | 1 (2.6%) | 0 (0%) | 1 (4.8%) | 2 (9.5%) | 3 (7.7%) |
| Help me cope with stress | 17 (10.8%) | 6 (15.8%) | 4 (14.3%) | 3 (14.3%) | 4 (28.6%) | 13 (33.3%) |