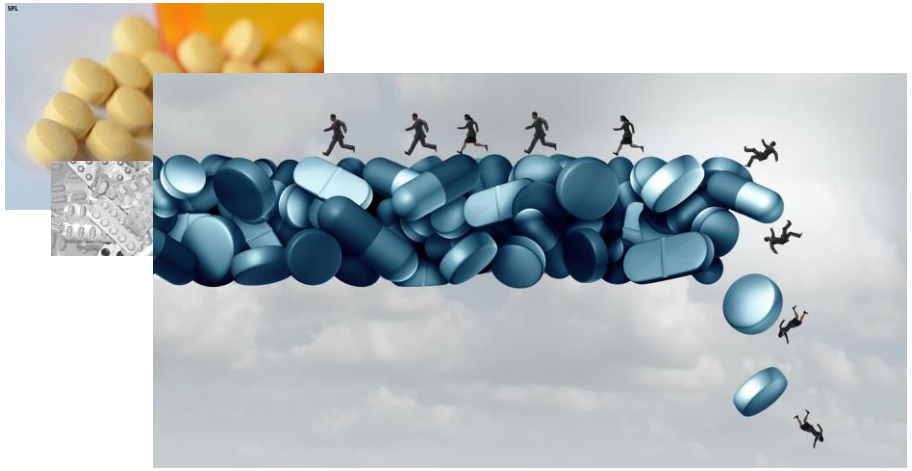
Lancashire & South Cumbria
PRIMARY CARE TRAINING HUB

NMP Lunch & Learn Training Session

Drug misuse and safe prescribing

16th June 2026



Dr Muhammad Akhtar
GP
Bay Medical Group
Director
Morecambe Bay Primary Care Collaborative

Welcome & Housekeeping

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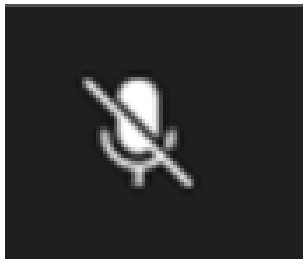
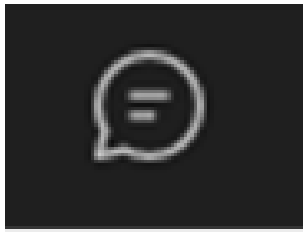
Thank you for joining us today!

- ✓ The session is for 45-minutes (30-minute presentation and 15-minute Q&A session).
- ✓ Please switch off your cameras and put yourselves on mute.
- ✓ Please use the chat function if you want to ask a question or for comments.
- ✓ Please respect others' views and opinions. (We have prescribers from across the system on the call – primary, secondary care and community).
- ✓ Please use the chat function to network with your peers and share ideas.
- ✓ At the end of the session there will be a short online feedback form (live!).





Please note the 30-minute presentation will be recorded, and the slides and the recording will

Disclaimer

- If you do access the slides and recordings to the bitesize sessions using the following link: Independent Prescribing – Lancashire and South Cumbria Training Hub, please be aware that the sessions were intended to support Non-Medical Prescribers in their development and understanding of the subject area, however these sessions should not be considered the sole source of your learning. Please ensure that you also refer to your Trust/Employer guidance, up-to-date national guidance e.g. NICE guidance and professional body standards alongside these bitesize sessions.
- The information in the sessions are current and accurate at the time of creation.

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Current challenges

- Substance Misuse Management in Primary Care
- Prescribed/ non prescribed medications misuse management .

Numbers!

- UK has among the highest rates of illegal drug misuse in the western world
- Estimated 346,000 problem heroin / cocaine users
- Marked increase in drug treatment in primary care over the last few years
- Increase in poly drug use means treatment is more complex
- People who use drugs often have a range of health and social care problems
- Significant impact of drug misuse on children, families and communities

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Trends in treatment numbers

- 289,215-number of adults in contact with Drug and Alcohol services between April 2021 to March 2022
- 49% - issues with opioid addiction
- 29% - 2nd largest group – Alcohol! ; 10% increase over the previous year*
- CC with opiates – slight fall
- CC alone – slight fall in numbers, PC= 11% increase
- Cannabis 4% ^
- Benzo 11% fall*
- Ketamine- marked ^

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DSM-V-TR


Criteria for Substance Abuse Disorders
Cravings to use the substance
Wanting to cut down or stop but not managing to
Taking the substance in larger amounts or for longer than you're meant to
TIME FOR WORK
Neglecting other parts of your life because of substance use
Continuing to use, even when it causes problems in relationships
Using substances even when it puts you in danger
verywell

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What Are Substance Use Disorders?

The DSM-5-TR recognizes substance-related disorders resulting from the use of 10 separate classes of drugs:

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- Sedatives
- Hypnotics, or anxiolytics
- Stimulants (including amphetamine-type substances, cocaine, and other stimulants)
- Tobacco


NITAZENES ARE
IN THE DRUG SUPPLY


> Synthetic cannabinoid receptor agonists (SCRAs)
Spice
> WHAT IT IS
> HOW IT MAKES YOU FEEL
> THE RISKS AND HOW TO REDUCE THEM

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- Codeine
- Tramadol
- Morphine
- Mirtazapine
- Quetiapine
- Olanzapine
- Loperamide with Omeprazole
- Cyclizine

Benzos!

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- One of the main calming systems in the brain is **GABA**(gamma-aminobutyric acid; primary inhibitory neurotransmitter)
- Benzodiazepines like diazepam, lorazepam, alprazolam make this brake system work more strongly.
- So the brain slows down, leading to:less anxiety muscle
- relaxation,sleepiness ,reduced panic and reduced seizures

Gabapentinoids

- **Gabapentin** and **Pregabalin** do **not** directly boost GABA, even though the name sounds like it!
- They reduce the release of “excitatory” nerve chemicals*
- Gabapentinoids turn the volume down on those overactive signals.
- That is why they can help with:nerve pain epilepsy/seizures ***sometimes*** anxiety restless/overactive nerve symptoms

Abuse Potential

- They reduce anxiety and emotional distress
- They can cause a “floaty” or euphoric feeling especially Pregabalin
- They enhance other sedatives
- People may combine gabapentinoids with:opioids,alcohol,benzodiazepines and sleeping tablets

Why dangerous?

- This can intensify sedation or euphoria, but it also increases the risk of respiratory depression and overdose. The MHRA has warned about abuse/dependence risk and gabapentin/pregabalin were made Class C controlled drugs in UK from 1 April 2019

What can we do ?

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- Regular Medication Reviews
- Weekly scripts
- Swap from Pregabalin to Gabapentin where possible
- Do not initiate if at all possible
- Amitriptyline /Nortriptyline
- Duloxetine?
- Patient Expectations Vs Clinicians Responsibility
- Coroner!!!


PRESENTED TO THE SHIRE HALL, ON THE OCCASION
OF THE CLOSURE OF HMP LANCASTER CASTLE
31ST MARCH 2011
FROM THE GOVERNOR AND STAFF OF OF
HMP LANCASTER CASTLE

Thank you for listening

Please complete our short online poll!

Next session: 21st July 2026

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Question and Answer

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