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## Welcome to our first edition

With many years of substance misuse nursing behind me and almost thirteen years as a Nurse Prescriber I have always relied heavily on the professional support of the National Substance Misuse NMP Forum to provide me with a source of information, support, and inspiration.

My earliest record of attendance dates to a meeting on November 9th, 2012, with a topic titled Clinical governance requirements to enable safe and effective non-medical prescribing. Safe and effective non-medical prescribing remains our core practice. It is the overarching message of the [Royal Pharmaceutical Society A Competency Framework for All Prescribers \(2022\)](#). The competency framework provides a clear structure on what good prescribing looks like and reminds us of the importance to always consider both non-pharmacological and pharmacological treatment approaches in clinical practice.

Without a doubt navigating clinical practice often involves confronting dilemmas and uncertainties. I was therefore thrilled to read the evaluation forms from our last educational meeting on April 26th, 2024, with a determined request from many respondents for a return to Prescribing Dilemmas – they were usually scenarios presented ahead of educational meetings for group discussion. I hoped that in addition to this we would also use the Newsletter to share clinical dilemmas and case studies. Therefore, allow me the opportunity to welcome you to our 1st edition.

I aim to have the Newsletter published soon after every educational meeting with a summary of the content that took place, links to further information, prescribing dilemmas, and case scenarios, the latter only possible with your contribution which no doubt will be forthcoming!

**Anna Marie Felice RGN, RMN, NMP**

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## Chair's Comment

The National Substance Misuse Non-Medical Prescriber Forum was established in 2006 with the aim of providing a peer support network and learning opportunities for NMPs who had chosen to specialise in substance misuse. After a break due to the pandemic, we were able to re-launch ourselves and get back to free educational meetings. This has been possible with the help of Addiction Professionals and sponsorship from Camurus and Ethypharm and support from Accord who have been exhibitors at our meetings

**We want to reassure all our members that whilst we rely on pharmaceutical and related industry sponsorship, we do not let this influence our educational agenda. Only in this way can we maintain a free membership to all our Non-medical Prescribers.**

I am very pleased to add that the National Substance Misuse Non-Medical Prescriber Forum continues to grow in numbers. To date we have over 800 members representing a wealth of experience from all sectors, including, but not limited to, the NHS, specialist third sector providers, secure environments, research, and academia. This diverse mix of

prescribers allows for the sharing of best practice and new ideas at educational meetings making our educational forums more interesting and diverse.

Welcome to our 1st edition!

**Kevin Ratcliffe**  
**Chair of the NSMNMPF**

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## NSMNMPF EDUCATIONAL MEETING, FRIDAY 26TH APRIL 2024



Our last educational meeting was held on Friday April 26th, 2024, at Mary Ward House, Tavistock Place, London. You may be hard-pressed to spot yourself in this photograph that was taken immediately after lunch, but those of you who were able to attend may know where you are in the picture! The event was fully booked but some people were unable to attend on the day making it difficult for us to give their place to delegates on the waiting list. We ask please, if for any reason you are unable to make future events, do let us know well in advance wherever possible, so that your place can be offered to someone else.

[View the day's agenda](#)

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**Drug-related Deaths, Nitazenes and WEDINOS – Professor Rick Lanes, Head of Substance Misuse & Vulnerable Populations, Public Health Wales and Dr Judith Yates, Advocate for evidence-based drug policies.**

The educational forum was very fortunate to have Professor Rick Lanes to talk about [WEDINOS](#). This is a harm reduction project, providing an anonymous testing service and in so doing can reflect trends in substance use. Samples are submitted with a completed 'Effects Record' including a postcode for information. WEDINOS has been in operation since 2013 which is when they received their first sample – an unknown white powder from Newport submitted via Kaleidoscope. The sample was identified as para-

chloroamphetamine, amphetamine, benzocaine and N-ethylnorketamine. This was the start to a drug checking programme unlike any other in the UK. Eight years later, in 2021 WEDINOS received a sample of an unknown white powder from Wakefield, England. Following analysis, the sample was identified as containing metonitazene. Since then, WEDINOS has (so far) identified nitazene(s) in 186 samples from across the United Kingdom.

Professor Rick Lanes's presentation is [available here](#) and can be contacted via email on [rick.lines@wales.nhs.uk](mailto:rick.lines@wales.nhs.uk)

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Those of us who have heard Dr Judith Yates speak before, know full well of her passion and commitment to reduce drug related deaths. Judith is a retired GP from Birmingham and represents Doctors for Drug Policy Reform. At the start of every talk, she would challenge delegates by asking "Who amongst you carry a Naloxone Kit?", whilst waving her own kit in full view. Her message is simple and brief "If you're on opioid substitution treatment, you are less likely to overdose, and if you overdose, you are less likely to die".

Judith gave an overview on drug related deaths in Birmingham between 2009 and 2023. Despite a drop in 2020, numbers have continued to rise. Every statistic tells us a story of those who have died from drug related deaths. Between 2021 and 2022 three men aged 19, 20 and 27 died in Birmingham after separately buying pills thinking they were oxycodone. They were not people who used heroin. Toxicology reports identified n-pyrrolidino etonitazene toxicity, a synthetic opioid.

Judith's presentation is [available here](#) and gives a concerning look at the current state of drug use trends today.

Dr Judith Yates can be contacted via X (formerly Twitter) on @judithyates1

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### **Collaborative care for people who use drugs – what can we do to better the treatment of patients.**

We welcomed Shayla Schlossenberg, Drug Services Co-ordinator at Release. The session was sponsored by Ethypharm.

[Release](#) was founded in 1967 as an independent registered charity providing a free advice and information service to the public and professionals alike on issues related to drug use and drug laws. The organisation campaigns directly on issues that impact our clients – "it is their experiences that drive the policy work Release does and why we advocate for evidence-based drug policies founded on principles of public health rather than a criminal justice approach".

Shayla spoke passionately about the needs of clients, involving for example, those who are vulnerable and fall off treatment due to the financial burden of making it daily to the pharmacy for supervised consumption of Opiate Substitution Treatment (OST), those dependent on illicit benzodiazepines still not being offered prescribing support and remain at increased risk of overdose and those on 'off licence' forms of OST who feel that their prescriptions are in jeopardy.

Delegates were presented with a case study involving a 22-year-old autistic man. Here is his story which has been edited to reflect on how your service might respond to a similar scenario.

### **What would you do in this situation? What risks do you foresee impacting this man?**

A 22-year-old autistic man is employed and not looking after any children but does reside with his mother he cares for, as she is very sick. He is using illicit oxycodone, 250mgs per day, and would like support in safely reducing his use and detoxing – he is

happy to get this support from either his GP or a drug treatment service. His use began with an oxycodone prescription he took for pain management following an accident many years ago.

A previous GP, now retired, helped him with a tapering prescription for oxycodone, which was successfully managed down to abstinence. He remained abstinent for more than one year. At that time, he was on 160mgs of extended release (XR) OxyContin. His previous GP drew up a reduction plan at the total dose of 130mgs of oxycodone (change to immediate release capsules). This was reduced every two weeks by 10% until any significant withdrawal comfort was felt. The 10% reduction per every 2 weeks went on successfully until it reached 50mgs at which point the plan was adjusted so that he was taking home smaller dose tablets, which resulted in him reducing a little less than 10% every fortnight. From this point onwards, the dosage was further reduced on this schedule until detox.

The patient recalls he was given a small course of Diazepam either at the final 5mgs or at the conclusion of the oxycodone prescription.

Finally, he mentions he was previously hospitalised for seizures from oxycodone withdrawal.

Fast forward one month, his new GP will not issue a tapering script as they say it is the duty of the commissioned drug treatment service to deal with the patient's issue. The drug service, however, says that they only help opioid- dependent people who use heroin, which he does not. Now he does not know what to do.

### Shayla Schlossenberg's presentation

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#### **Peripartum Substance Use: PrePare - a service to support women and their families - Caitlin Palmer, Nurse Team Leader**

We were delighted to welcome Caitlin Palmer, PrePare Nurse Team Leader, NMP from Edinburgh. The session was sponsored by Camurus.

PrePare is a multi-agency service based in Edinburgh. It was launched in 2006 following the tragic death and subsequent inquiry of Celeb Ness, tragically killed by his dad at 11 weeks in 2001. The team is made up of a specialised midwife and health visitor, substance use nurses, consultant psychiatrist, family practitioners and a team manager. The service offers same day prescribing treatment where needed and support to women who are pregnant aged 16 and above and chaotically using substances. The service also extends to their partners. Their works extends throughout their pregnancy and up to 2 years post-partum utilising an outreach style of care based on the whole family approach. Between 2019 and 2021 PrePare supported 48 women, 45 live births, 40 of which required child protection procedures. Of note, there was a 75% reduction in criminal behaviour where this was identified at the point of referral. PrePare medication assisted treatment is in line with the [NHS Lothian Pregnancy Guidelines](#). This includes methadone and buprenorphine (Espranor, generic buprenorphine and Buvidal) for opiate dependence as well as alcohol detox and diazepam prescriptions where appropriate.

Caitlin Palmer's presentation is [available here](#) and she can be contacted on [Caitlin.Palmer@nhs.Scot](mailto:Caitlin.Palmer@nhs.Scot)

#### **Long-acting injectable buprenorphine - lessons learnt from the Welsh pandemic success story - Professor Jan Melichar, Consultant Addiction Psychiatrist & Medical Lead, Buvidal Psychological Support Service, NHS Wales**

This session was brought in specifically in response to the many requests we received for more information on the practical aspects on prescribing and administering Buvidal. We were therefore grateful to welcome Professor Jan Melichar to our educational forum. With a diverse career behind him, Jan Melichar started looking at how to improve opioid addiction and treatments for those suffering with depression, anxiety, and chronic pain. His early work included buprenorphine/naloxone (Suboxone™) and lofexidine (Britlofex™) with colleagues in Bristol. With other colleagues, he looked at buprenorphine patches for depression (Bath University), 6-monthly naloxone implants (Perth, Australia) and, for the past 5 years, long acting injectable/implantable buprenorphine (Buvidal™, Sublocade™ and Sixmo™).

At the start of the pandemic in 2020, Jan was successful in securing a bid from the Welsh Government to fund a nationwide use of the only UK licensed long- acting injectable buprenorphine (LAB)- the weekly and monthly Buvidal™. The programme was rolled out across Wales with overwhelmingly clear benefits. The Welsh Government secured further funding enabling Jan to provide more research on treatment outcomes.

Jan describes long- acting injectable buprenorphine as a ‘game-changer’ that is helping people to turn their lives around and achieve unexpectedly positive outcomes. Its long-acting, injectable formulation means that it can be administered to patients monthly rather than daily, which other forms of OST (such as methadone) require.

A report from Professor Jan Melichar’s work is [available here](#).

Professor Jan Melichar can be contacted on [jan.melichar@wales.nhs.uk](mailto:jan.melichar@wales.nhs.uk)

### **Understanding ‘alcohol use disorder’: assessing language and stigma to reduce harm - Dr James Morris, Research Fellow for the Centre for Addictive Behaviours, London South Bank University**

Dr James Morris was able to home in the message that stigma on alcohol related problems remains a barrier to problem recognition and seeking help. His research has explored harmful drinkers as a unique group in terms of low problem recognition, and the influence of stigma and problem framing.

Harmful drinkers remain an important but under-recognised alcohol use disorder (AUD) group characterised by low problem recognition and low treatment engagement. This is usually attributed to binary conceptualisations in which only the ‘alcoholic other’ are seen as ‘problem drinkers. In contrast, he argues that continuum models of alcohol use and harms may be beneficial to problem recognition and help-seeking.

His research results have demonstrated that alcohol problem framing, and related language can have important implications for problem recognition and behaviour change amongst harmful drinkers. Stigmatising labels such as ‘alcoholic’ should be avoided (unless self-labelling). However, promoting a continuum model of alcohol use and harms may be beneficial for problem recognition and help-seeking, potentially by reducing the threat and implications posed by binary stigmatising labels.

Dr James Morris can be contacted by email on [morrrij24@lsbu.ac.uk](mailto:morrrij24@lsbu.ac.uk) and via X (formerly Twitter) on @jamesmorris24 His presentation is [available here](#).

James also hosts **“The alcohol "problem" podcast”** where James explores the nature of problem drinking with a range of guests.

### **Save the Date**

Our next Educational Forum is planned for November 8th, 2024, in Manchester.  
This is subject to confirmation.

**From the NSMNMPF Team**



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