

Annual Symposium of the Society for the Study of Addiction 2007

DIVERTED MEDICATIONS AND SUBSTANCE MISUSE SERVICE USER LED RESEARCH

The results of a service user led research project into the attitudes and issues related to diverted medication in a cohort of service users accessing treatment through the Wakefield Integrated Substance Misuse Service (WISMS)

Aim

Commissioned by the Wakefield Community Safety Partnership to explore the scale patterns and methods of diversion of prescribed and non prescribed medications and the impact diversion has on service users' drug taking repertoires, treatment effectiveness and harm reduction interventions.

Methodology

Volunteer researchers from the WISMS service user forum, supported by the Turning Point Structured Day Programme conducted the study using the principles of Privileged Access Interviewing (PAIs). A questionnaire, devised by the service users was the primary tool for evidence gathering and service users currently accessing community drug treatment settings (DRR, and three tier three community drugs agencies provided by Turning Point and PCT) volunteered to take part. A small voucher incentive (£3 shopping voucher) was offered to those who consented to participate in the study and complete a questionnaire. However, in practice recipients were willing to be involved without these incentives.

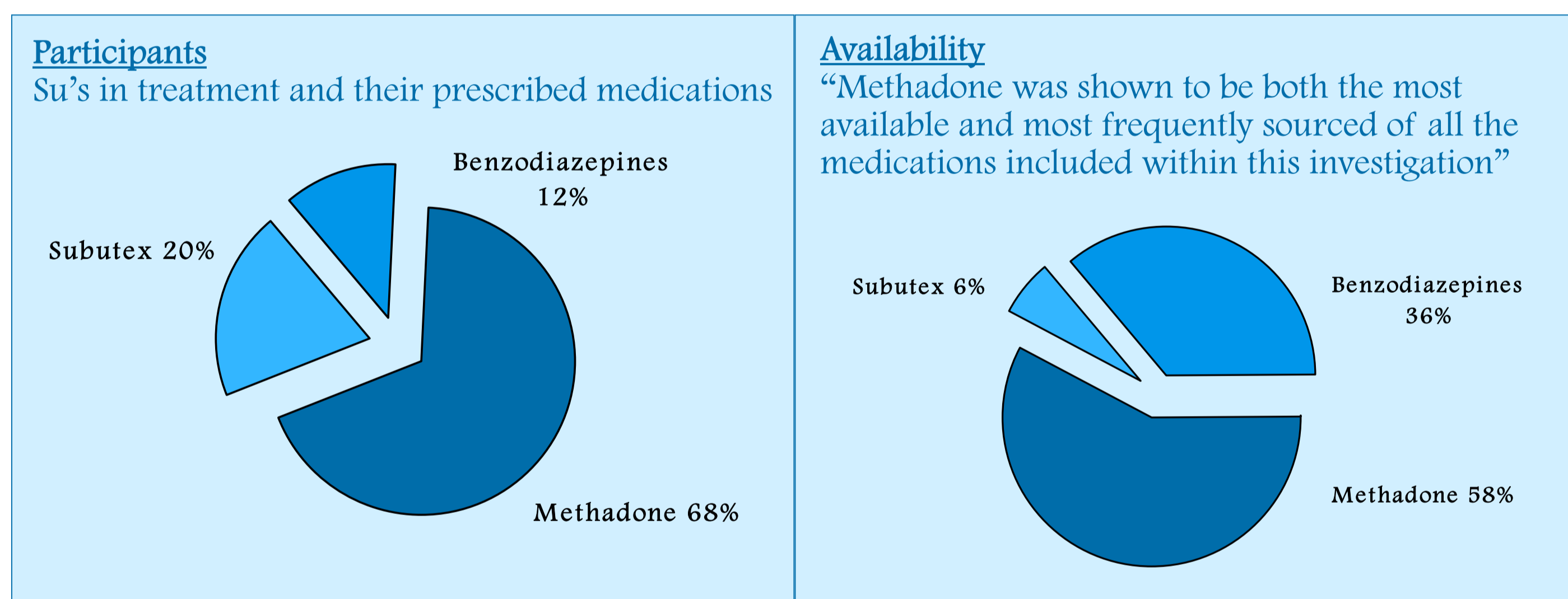
Purpose

This project proved not only to be of interest to both service users, front line staff and those involved in both commissioning and policy making, but also proved to be a worthy addition to the body of needs assessment data within the district.

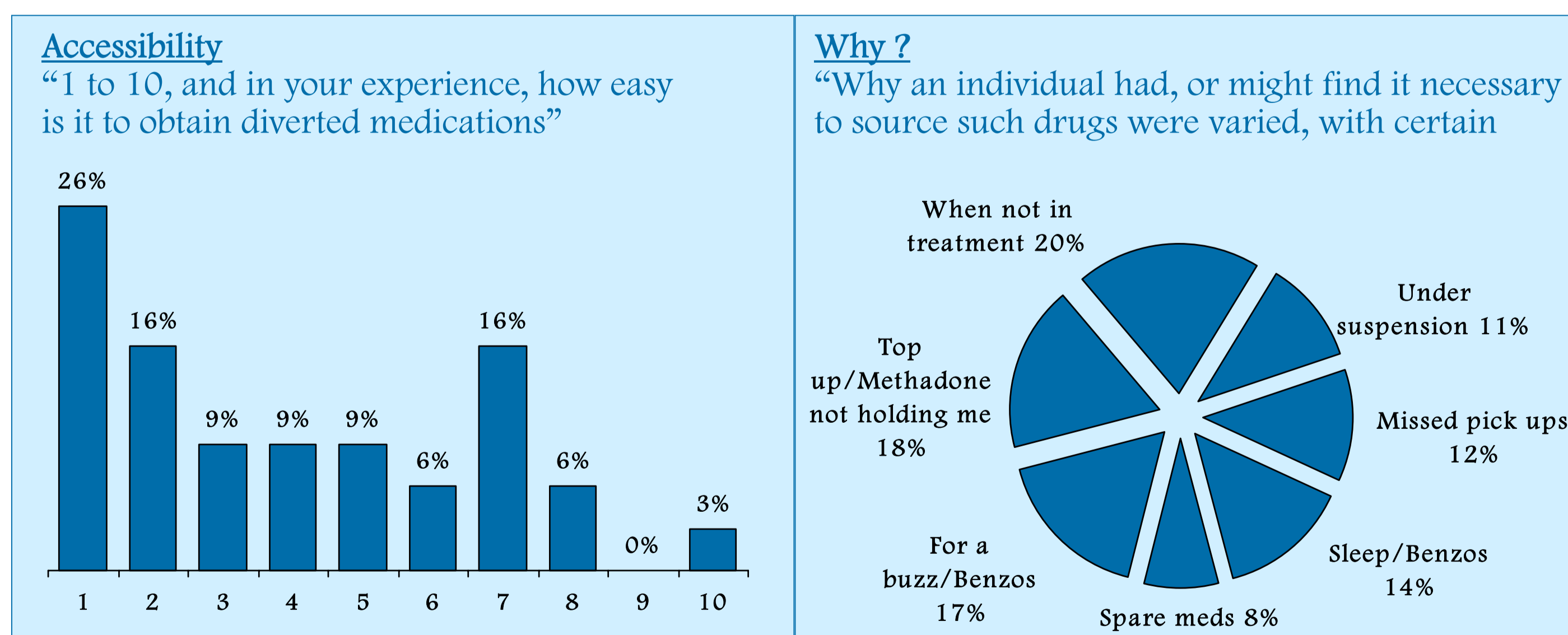
It is hoped that any knowledge gained might be used to influence and inform the decision making process, but more importantly to devise ways to decrease the levels of prescription medication finding its way illicitly onto the streets, reducing the amount of harm such practice can and frequently does cause.

Results

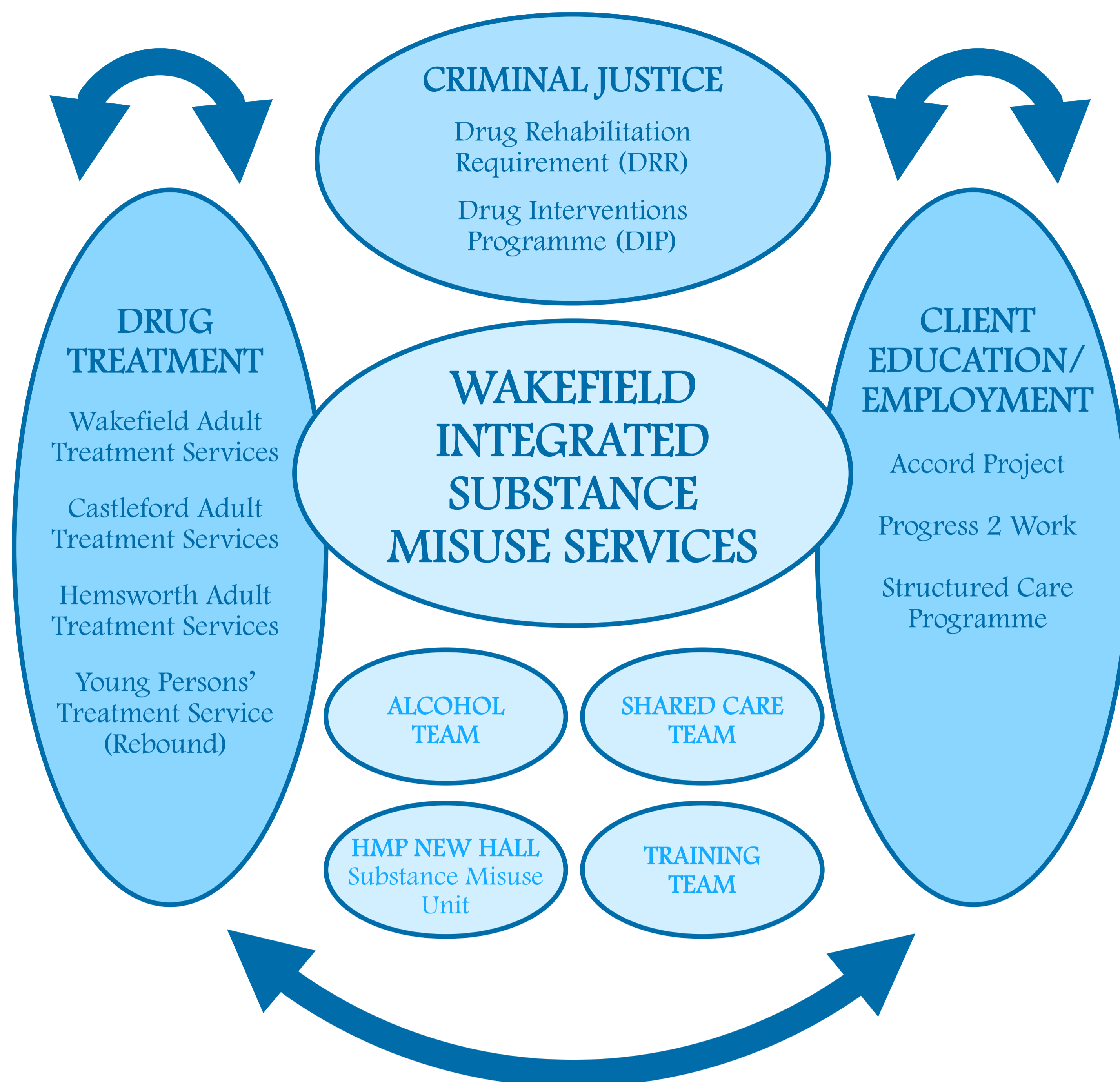
93 anonymised questionnaires, (69M, 24F) revealed an almost universal knowledge of availability of diverted medications and a consistency of cost per medication across the district. Over 60% of participants admitted to a willingness to access diverted medication and self reported doing so in the past rising to 90% in Wakefield City.



The majority of respondents stated they were aware of the risks and potential harms involved with their main reported fears being deliberate contamination, being sold "bogus" medication and overdose though ignorance of polydrug use. However there were some "positive" elements to being able to access diverted medication to plug a gap in treatment or when treatment was deemed insufficient to meet needs. Methadone, benzodiazepines and Subutex were all reported as "easy" to obtain with the majority of patients reporting being able to buy "as much as I needed". In some areas of the district illicit Benzodiazepines were more popular than illicit methadone. There was less reported use of antidepressants.



The most common reasons cited for accessing diverted medications were treatment suspension, being 'out of treatment' or missed pick ups with a few reported "to take into prison" 15% of those questioned would consider selling their own medication citing cashflow, money for drugs and helping friends as the main reasons.



The most commonly cited root of diversion was theft from chemists with theft from service users also a major factor. There have been no reported increases in theft from pharmacies in the district.

Each district quoted broadly the same range of pricing for each category of medication included in this study.

| | |
|-----------------------------------|---|
| Methadone | 100ml: £ 5/10 200ml: £ 15/£ 20 500ml: £ 30/£ 40 |
| Benzodiazepines | 5/10 mg: 50p/ £ 1 |
| Nitrazepam/ Temazepam/Diazepam | 10/20 mg: £ 1/£ 2.50 |
| Subutex | 2mg: 50p/£ 1 8 mg: £ 1.50/£ 2.50 |

It is interesting to note that when asked if they were aware of the legal implications of buying and selling illicit pharmaceuticals, the majority said yes (between 75 and 90% across the demographic). However, when pushed for further explanation, it became obvious that this was not the case and detailed explanations had to be given.

Possession of a prescription medication (Those listed as dangerous drugs): *Up to 7 years imprisonment.*

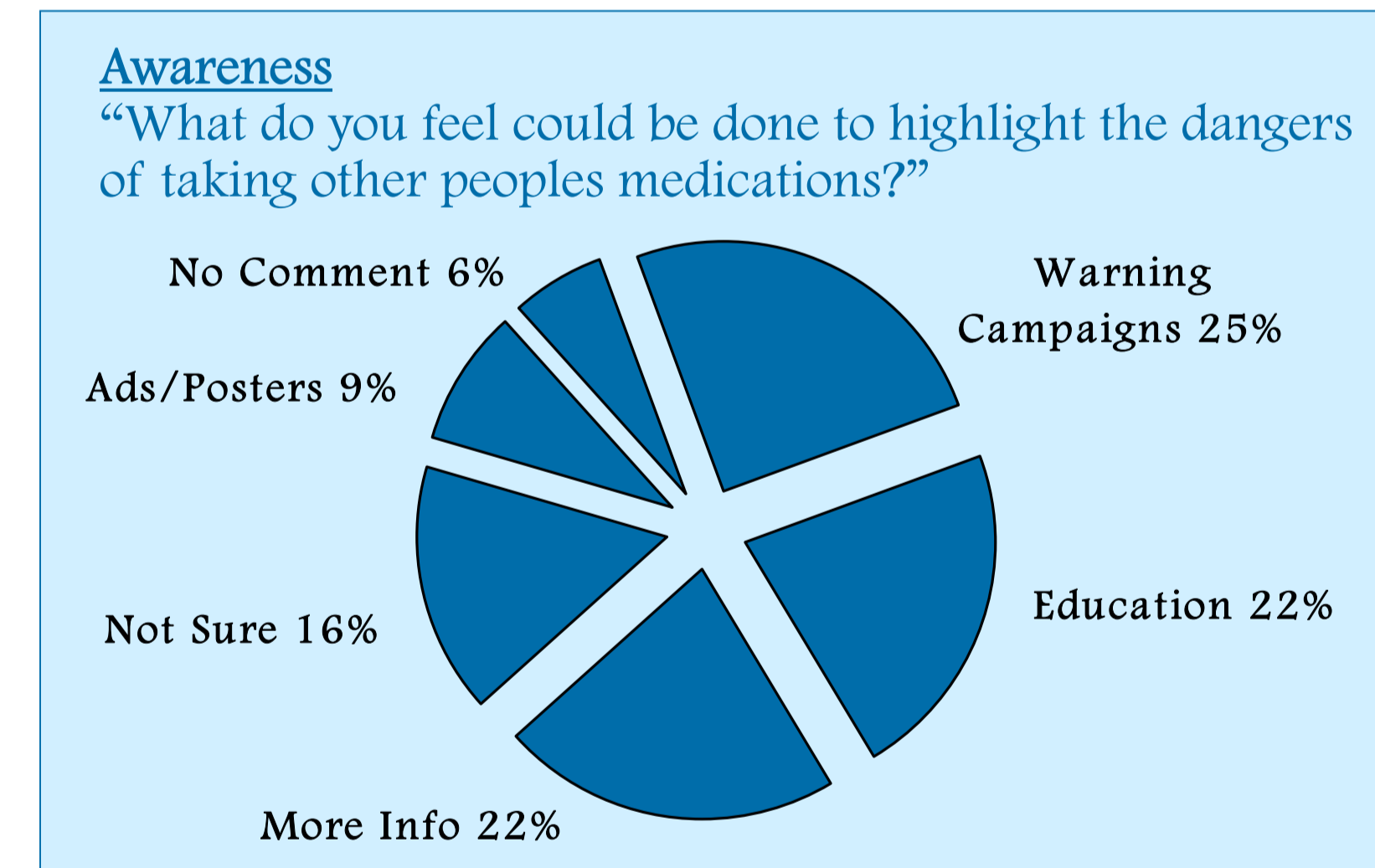
Dealing in illicit prescription medications: *Up to a life term of imprisonment*

Conclusion:

Diversion is a common and pervasive activity amongst service users which can both negatively and positively influence treatment. The methodology facilitated open discussion amongst service users of the issues and risks involved and offered an opportunity to educate those participating in relation to overdose prevention and harm reduction.

Further research is needed to determine the influence vouchers have on the degree of honest participation by service users, the degree to which service user led qualitative research influences the validity of the results and the skills, competencies and support needed to equip service users to conduct studies of this nature.

The report findings and its recommendations are being fed into the District wide harm reduction strategic action planning and needs assessment and treatment planning processes.



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