

B2 Prescription statistics

Key Points

Overview of methadone prescription statistics

Methadone Hydrochloride (methadone mixture) is the most commonly used pharmacological treatment for opioid dependence in Scotland. It is used primarily for the treatment of drug addiction.

- In 2003/04, there was an average of 76 prescriptions of methadone mixture per 1 000 population in Scotland. (Table B2.1)
- The cost of dispensing methadone mixture (dispensing fees and ingredients) was £2 309 per 1 000 population. (Table B2.4)
- Across Scotland, pharmacist fees make up nearly 60 per cent of the cost of providing and dispensing methadone (NB. the cost of medical consultations/assessments are not included in these estimates). (Table B2.4)
- Eighty-six per cent of methadone prescriptions were dispensed in instalments in 2003/04 (see background notes for definition of instalments). (Table B2.5)

5 year trends – 1999/00 to 2003/04

- The methadone prescribing rate has risen by nearly 60 percent over the last five years, from 48 prescriptions per 1 000 population in 1999/00 to 76 prescriptions per 1 000 population in 2003/04. Note that more prescriptions do not necessarily mean more people: each individual could be getting more prescriptions. (Table B2.2)

Geographical profile

- Prescription rates vary widely across Scotland, from 155 and 124 prescriptions per 1 000 population for Greater Glasgow and Ayrshire and Arran respectively, to 11 per 1 000 population for the Borders. (Table B2.1)
- Prescription rates have increased in most areas. There is spatial variation in the increase in rate of prescribing too, most significantly in Forth Valley (by 167 per cent from 1999/00 to 2003/04) and Ayrshire and Arran (by 82 per cent from 1999/00 to 2003/04). (Table B2.3)
- Dispensing fees as a percentage of total prescribing cost varies by area: In Forth Valley, 74 per cent of total costs were fees, compared with 52 per cent in Lothian and 21 per cent in Argyll and Clyde. (Table B2.4) Fees for methadone dispensing and supervision are negotiated locally, at health board level.
- Ninety-one per cent of dispensing was by instalment in both Greater Glasgow and Argyll and Clyde. This contrasts with 67 per cent in Lanarkshire. (Table B2.5)
- In 2003/04, the average quantity per dispensing across Scotland was 72 mg. This changes with local policy and practice: in Lothian, the quantity per dispensing was 116 mg compared with 48 mg in Forth Valley. (Table B2.5)

Other prescription statistics

Table B2.1 and Table B2.2 list other drugs that are sometimes used for the treatment of opioid dependence. In 2003/04, diazepam, temazepam and dihydrocodeine were prescribed at, respectively, rates of 154, 82 and 86 per 1 000 population. (Table B2.1)

- The rate of prescribing diazepam has increased steadily over the five year period (133 to 154 per 1 000 people); conversely, temazepam prescribing rates have decreased (101 to 82 prescriptions per 1 000 people). Dihydrocodeine prescription rates remain static. (Table B2.2)

Background information

Prescribing medication is an important element of many drug treatment programmes. Methadone mixture for the treatment of opioid dependence comprises the majority of methadone prescribing. Other formulations of methadone are used in the treatment of severe pain and palliative care. For example, methadone may also be prescribed as linctus to control distressful cough in terminal illness, and as tablets and injections to control severe pain in terminal illness.

Temazepam and Diazepam are prescribed to sedate, induce sleep, and relieve severe anxiety as well as a substitute medication for problem drug users. Dihydrocodeine and Buprenorphine are used for the relief of moderate to severe pain and also for the management of opiate dependence. Some of these drugs are commonly prescribed for non-drug using patients and so is not possible to assess precisely what proportion of these prescriptions is for the treatment of drug dependence.

Defined Daily Doses

Defined Daily Doses (DDD) cited in the following data are considered to be a more accurate index of prescribing volume than the number of items prescribed alone. A DDD is defined by the World Health Organisation (WHO) as the typical adult daily maintenance dose of a drug¹.

Although DDDs are considered to be superior to number of items as a unit of comparative analysis, difficulties may arise when they are used in estimating disease prevalence, because they correspond to a drug's principal indication².

Defined Daily Doses used in the production of the following data are based on the WHO Definitions:

Methadone mixture 25mg; insofar as methadone mixture is concerned, it is useful to bear in mind that Department of Health Guidelines (1999)³ suggest that while 25-40 mg of methadone mixture is an appropriate *initial* daily dosage (during assessment), the stabilization dosage offered on a longer term basis should be 60-100 mg/day.

Dihydrocodeine 120mg;

Buprenorphine 1.2mg;

Diazepam 10mg;

Temazepam 20mg.

Instalment dispensings

Single dispensing occurs where the whole of an item is dispensed on one occasion (e.g. multiple doses are dispensed and taken home by patient). Instalment dispensing occurs where a proportion of the prescription item is dispensed on multiple occasions (e.g. a single daily dose is dispensed each day for seven days).

Where items are dispensed in instalments, the number of dispensings exceeds the number of items, but where items are dispensed singly, the number of dispensings will equal the number of items. For many instalment prescriptions the quantity per dispensing is equivalent to the daily dose of methadone requested. However, it should be noted that for a significant proportion of prescription items, there will be a discrepancy between the prescribed daily dose and the amount dispensed by instalment. This is because pharmacies often dispense a double dose of methadone mixture on Saturdays, to cover Sunday's instalment; additional doses will also be added to an instalment to cover public holidays.

Note

Figures for Orkney, Shetland and Western Isles NHS boards should be viewed with caution, due to the very small numbers involved.

References

- 1 World Health Organisation (WHO) (1991). Guidelines for defined daily doses. WHO Collaborating for Drug Statistics Methodology. Oslo.
- 2 Frischer M, Chapman S (1998). Issues and directions in prescribing analysis. In: Medicines Management. Eds. Panton R, Chapman S. 82-84 BMJ and Ph.Press. London.
- 3 Department of Health (1999). Drug misuse and dependence – guidelines on clinical management. The Scottish Office Department of Health, the Welsh Office and the Department of Health and Social Services, Northern Ireland. London: Stationery Office.