# Use of non-prescribed, non-illicit substances by hospital inpatients

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### Background

During the admission process, service users are routinely asked about use of alcohol, tobacco and/or nicotine products, and illicit substances.

A portion of the population use easily available but nonprescribed products such as Cannabidiol (CBD), workout supplements, and herbal remedies.

Some of these substances have psychoactive effects, and may cause interactions with prescribed medications<sup>1</sup>, but these effects and interactions are often poorly understood<sup>2</sup>. It is not clear what proportion of psychiatric inpatients use these substances, or whether this is being identified on admission

### Results

#### Notes review

No notes included any mention of of these substances, other than notes like "x had a cup of coffee and appeared relaxed".

#### Survey

7 inpatients reported recent use of one of these substances (in addition to caffeine) and an additional 4 reported historic use



#### clerking.

In addition, 90% of adults across the world consume caffeine daily<sup>3</sup>. It has significant psychoactive effects and side effects including anxiety, irritability and insomnia. Discussion of caffeine consumption does not form part of the routine admission process, but these side effects are common complaints amongst inpatients, and may be treated with additional "PRN" medication.

# Aims

- To assess the effectiveness of the clerking process at identifying service users who use non-prescribed, non-illicit substances
- To assess the prevalence of use of such substances in the inpatient sample
- To make changes based on these findings

# Methodology

## Substances included/excluded:

Substances included were caffeine, CBD, herbal remedies, over-the-counter (OTC) vitamins/minerals, workout supplements (not including protein shakes) and any others taken which are not covered by these categories
Substances not included were alcohol, tobacco and/or nicotine products, or illicit substances, because these are routinely assessed during both the medical and nursing admission process, and are referenced on clerking document

Substances used included CBD capsules, oils and vapes, valerian root, creatine and multiple "not sure" or "something from Holland and Barrett" replies.



n.b British Dietetic Association advise <300mg caffeine daily

## **Project methodology:**

- Searched notes for all current working age inpatients for the following terms:
  - "caff", "vit", "suppl", "CBD", "herb", "OTC", "remedy", "vape", oil", "subst"
- Also manually searched admission and MDT documents for any mention of non-prescribed substance use
- Carried out an anonymous survey with hospital inpatients on current and previous use
- Compared the results of the survey with results of notes review

Declarations of interest: none Approved as a service evaluation by Quality Improvement and Assurance Team, Kendray Hospital, SWYFT With thanks to: Dr Srinivas Bayya (Project Supervisor)

# Discussion

- No use of these substances was identified during clerking or in other notes
- Caffeine use is near-ubiquitous (16/17 responders), and often exceeding the BDA limit of 300mg daily
- Significant subset of patients (7/17) use other substances which may interact with prescribed medications
- Several patients unaware of what supplements they were taking

# **Changes to practice**

- Prompts added to electronic medicines reconciliation form
- 2 slides added to junior doctor pharmacy induction
- Results and prompts added to trust medicines reconciliation guideline

References: 1: Izzo, A.A., Ernst, E. Interactions Between Herbal Medicines and Prescribed Drugs. Drugs 61, 2163–2175 (2001). <a href="https://doi.org/10.2165/00003495-200161150-00002">https://doi.org/10.2165/00003495-200161150-00002</a> 2: Balachandran, P. Elsohly, M. & Hill, K.P. Cannabidiol Interactions with Medications, Illicit Substances, and Alcohol: a Comprehensive Review. J GEN INTERN MED 36, 2074–2084 (2021). <a href="https://doi.org/10.1007/sill606-020-06504-8">https://doi.org/10.1007/sill606-020-06504-8</a> 3: Bordeaux B, Lieberman HR. Benefits and risks of caffeine and caffeinated beverages. In: Seres D, ed. *UpToDate*. 2022.