

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy

3.0 Guideline development: before consultation

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The following groups were identified as important to consider: (See section 1.2)

- People with cognitive impairment.
- People with a current or past history of substance misuse.
- People with a current or past mental health diagnoses.
- People prescribed these medicines in secure settings (prisons and immigration removal centres).
- Black and minority ethnic groups: there is potential for communication challenges arising from possible language barriers.
- People with multimorbidity and frailty
- The homeless
- People with learning disabilities

Consistent with expectations at scoping, these groups were not excluded from the population, but in general separate recommendations were not made as it was agreed that guidance should differ for these groups as safe prescribing and management principles should remain the same.

Evidence reviewed in the guideline did identify that a mental health disorder diagnosis and a history of substance misuse can lead to an increased risk of problems associated with dependence on prescribed medicines. This was reflected in a recommendation (1.2.2). However, the committee highlighted in the rationale and discussion of the evidence that these should not be barriers to prescribing, and a shared decision on the use of medicines should be based on full consideration of the balance of risks and benefits.

The committee noted that there are some circumstances where different prescribing practices may be required (recommendation 1.3.6), and they agreed that secure settings were one example where this may be true. They also agreed that it was important to include a cross-reference to the NICE guideline for the Physical health of people in prison, NG57, within the recommendation. It was agreed there are also exceptional circumstances where medicinal use is particularly hazardous and a shared decision to withdraw cannot be reached, which may also be particularly relevant to people in secure settings (recommendation 1.5.20). In both cases the committee agreed this was related to the person's individual circumstances, rather than applying to all people in secure settings, and this was only provided as an example where these recommendations may be particularly relevant.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Further issues identified during the scope consultation included: (See section 2.1) Issues relating to medication in pregnancy, particularly in relation to withdrawal symptoms in new-born babies was raised. However, the management of withdrawal in new-born babies is outside the scope of the guideline.

As agreed at scoping, it was agreed that recommendations in this guideline should equally apply to people who are pregnant. However, it was highlighted in recommendation 1.3.1 that when starting treatment, the information given should include the implications of pregnancy or planning pregnancy, if appropriate.

Older people were suggested as a group requiring special consideration, particularly those with frailty who are likely to be prescribed multiple medications. This had already been noted prior to consultation within people with multimorbidity or frailty.

The committee agreed that recommendations in this guideline should equally apply to this group.

It was suggested that people with dementia were also listed as a group requiring special consideration. This group was already considered prior to consultation, within people with cognitive impairment.

The committee agreed that recommendations in this guideline should equally apply to people with dementia or other cognitive impairment.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

- Socio-economic factors

The committee agreed that there was an indication from the evidence and their experience that some socio-economic factors can lead to an increased risk of people developing problems associated with dependence, however, this was insufficient to inform a recommendation. They included a research recommendation to explore this further.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Equality issues relating to people with a mental health diagnosis and previous substance misuse have been discussed in the rationale for Making decisions about prescribing and taking medicines and in the discussion of the evidence in evidence review E: Risk factors.

Issues that may be particularly relevant to people in secure settings have been discussed in the rationales for Starting medicines and Withdrawing medicines and in the discussion of the evidence for evidence review B Prescribing strategies and evidence review C Safe withdrawal.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

None identified

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

N/A

Completed by Developer: Serena Carville

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Approved by NICE quality assurance lead: Kay Nolan

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