

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

Volume 17 Issue 6 June 2026

'Know your units' Community Pharmacy Campaign

The 'Know Your Units' campaign is being rolled out in over 500 community pharmacies across NI during June and July 2026 as part of the *Living Well* service. The campaign aims to increase awareness of low-risk drinking guidelines and the health risks of drinking alcohol in excess of these.

The UK Chief Medical Officers (CMOs) have advised that it is safest not to drink more than 14 units per week. The 'Know Your Units' campaign supports awareness and education around these guidelines, helping people understand what counts as a unit and how much they are drinking.

Community pharmacies throughout Northern Ireland will be offering a free 'Focus on Alcohol' information leaflet along with a unit calculator wheel. Patients can be signposted to their local pharmacy to pick up these free resources. Visit [Living Well](#) to find out more and for evaluation reports for previous campaigns.

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Get to know your units

To reduce health risks from alcohol, drink no more than 14 units a week.



Increase in Drug-related Deaths

The latest Northern Ireland Statistics and Research Agency ([NISRA](#)) 2024 data reports 251 drug-related deaths in NI, the highest recorded to date, with over 70% occurring in men. The number of drug misuse deaths has risen from a three-year average of 81.3 deaths per year in 2012-14 to 164.7 deaths per year in 2022-24.

Pregabalin was implicated in 40% of cases in 2024 – see table. Multi-drug deaths have also increased, those involving five or more drugs rising from 12.7% (2014) to 21.9% (2024).

GP practices and community pharmacies play a vital role in identifying risk, optimising medicines, and intervening early to prevent avoidable deaths.

Actions for GP Practices and Community Pharmacies

- Review high-risk prescribing, prioritising the following patients:
 - ⇒ High dose opioids (>50mg oral morphine equivalent)
 - ⇒ High gabapentinoid doses e.g. 600mg pregabalin daily
 - ⇒ Opioid, benzodiazepines/zs and gabapentinoid combinations (see [EMIS searches](#), [Opioid Supplement](#) and [MHRA warning](#))
 - ⇒ Recent opioid or gabapentinoid medication changes, or missed reviews
- Review high-risk patients e.g. opioid prescribing and co-existing mental health condition, history of alcohol/substance misuse, or previous overdose
- Advise on dangers of mixing different drugs and mixing drugs with alcohol
- Facilitate access to addiction services
- Increase naloxone awareness as appropriate – see list of [providers](#)

Table 1

Drug Recorded on Death Certificate	Frequency
Opioids	52.5%
Benzodiazepines	51%
Pregabalin	40.2%

NICE Guidance Recently published:

[NICE TA1146](#)
[NICE TA1153](#)

Managed Entry decisions:

Seladelpar (Livdelzi®)
Ruxolitinib (Opzelura®)
Bevacizumab (originator and biosimilars)
Pembrolizumab (Keytruda®)
Isatuximab (Sarclisa®)
OmaVELOXOLONE (Skyclarys®)
Pembrolizumab (Keytruda®)
Sacituzumab govitecan (Trodelvy®)
Vorarsidenib (Voranigo®)
Ripretinib (Qinlock®)
Natalizumab (subcutaneous originator or intravenous biosimilar)
Durvalumab (Imfinzi®)
Zilucoplan (Zilbrysq®)

Finasteride and Dutasteride MHRA Warning

Finasteride and Dutasteride have recently been included in an [MHRA safety warning](#), in relation to psychiatric side effects and sexual dysfunction. Healthcare professionals should advise patients that finasteride is associated with low mood, depression, suicidal thoughts and sexual dysfunction and encourage patients on either of these medications to:

- Inform their doctor of any history of depression or suicidal thoughts
- Read the relevant patient information leaflet before taking the medication (also [Finasteride patient cards](#) for patients on this drug)
- Contact emergency services immediately if they feel that they are at risk of serious harm
- Contact their doctor immediately if they develop depression or suicidal thoughts
- Contact their GP if they experience any issues with sexual dysfunction

Suspected adverse drug reactions should be reported using the Yellow Card scheme either via the [Yellow Card website](#) or the Yellow Card app, providing as much information as possible, including details of medical history, any concomitant medication, onset timing, and treatment dates.



See the recent [DoH letter MHRA Update Finasteride and Dutasteride](#), for additional information.

Vitamin Additions to Limited Evidence List

Additional vitamins have been added to the vitamin section of the [Limited Evidence List](#):

- Riboflavin (Vitamin B2)
- Niacin (Vitamin B3)
- Pyridoxine (Vitamin B6)

Whilst these vitamins are often recommended by secondary care for a variety of indications e.g. B2 for migraine, B3 to lower triglycerides, B6 for peripheral neuropathy, current evidence supporting their clinical efficacy outside of established deficiency states is limited.

In the absence of an indication for treatment or prevention of a clinically diagnosed deficiency, patients should be advised that if they wish to try these vitamins for general wellbeing or non-ACBS* indications, then they should purchase a dietary supplement over the counter.



Prescribing Recommendations

- These vitamins should not be routinely prescribed where there is no ACBS-approved* indication.
- Requests for ongoing prescribing should be reviewed against [Limited Evidence List](#) criteria and discontinued if not appropriate.
- Clinical need and evidence of deficiency remain key factors in determining appropriateness of prescribing.

Further information is available in the [vitamin section](#) of the primary care intranet.

*Advisory Committee on Borderline Substances

This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#). Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. Throughout the newsletter, external links are provided to other sites. These links are provided to improve access to information and exist only for the convenience of readers of the Newsletter; SPPG cannot accept responsibility for their content. The SPPG does not necessarily endorse the views expressed within these external websites. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages. This newsletter is not to be used for commercial purposes.