

SECTION 4

GOOD PRACTICE GUIDELINES FOR SERVICE TO DRUG USERS

1. INTRODUCTION

- 1.1 Drug misuse is a serious public health problem, often characterised by drug injecting and polydrug use. A harm minimisation strategy has been widely adopted to reduce the harm inflicted on the individual and to minimise the consequences of drug misuse on the user's family and the public at large.
- 1.2 Two approaches to the reduction of drug related harm, in which pharmacists have an important role to play are needle and syringe exchange schemes and the dispensing of substitute medications, such as methadone, to those who are willing to reduce or cease injecting of illicit drugs.
- 1.3 The spread of HIV, hepatitis B and C, and other blood-borne diseases as a consequence of the sharing of needles and syringes amongst injecting drug users is seen as a major threat to the health of the population. The primary objectives of a needle and syringe exchange scheme are to limit this threat by providing injecting drug users with a supply of sterile equipment and to provide safe arrangements for the disposal of dirty injecting materials.
- 1.4 Methadone is normally prescribed as a mixture containing 1mgm per ml in a formulation that is unlikely to be injected. The half-life of methadone is approximately 1-2 days. This makes it particularly suitable for once daily dosing. Supervision of the self-administration of methadone on a daily basis to patients is emerging as a key component of methadone programmes. Patients given their medication to take away may not always be relied upon to consume their prescribed doses themselves. Doses may be shared or sold on the black-market.
- 1.5 Standards of service for pharmacy-based needle exchange schemes and for supervised self-administration of methadone are presented. These should, however, be considered as part of a range of services provided to drug users which will be based on a multi-disciplinary and multi-agency, collaborative approach. Shared-care schemes for methadone prescribing and supporting drug users should be encouraged.
- 1.6 The provision of both of these services through community pharmacies has been endorsed by the RPSGB Code of Ethics and the recent report of the Council of RPSGB Working Party on the prevention of HIV/AIDS, hepatitis B and C and sexually transmitted diseases. Together with related health promotion advice they are approved as an appropriate professional role for the community pharmacist

- 1.7 Remuneration for both needle and syringe exchange and the dispensing of substitute methadone has previously been specified in the Scottish Drug Tariff but is now included in the list of services to be locally negotiated. There is no current national approach to remuneration for supervision of consumption of substitute drugs, although it is anticipated that due to the essential requirement for this service, appropriate remuneration is likely to be introduced through additional local arrangements.

SECTION 4.1

NEEDLE AND SYRINGE EXCHANGE SERVICE

1. INTRODUCTION

- 1.1 Guidance regarding the provision of injecting systems free of charge to drug misusers is presented in NHS Circular 1992(PCS)3 and NHS MEL(1994)113. Guidance is also provided in the RPSGB Code of Ethics (3.7.6.). Since 1992 needle exchange schemes have been in operation in all Health Boards and service standards have been developed, building on 1992(PCS)3 guidance and individual Board's experiences.

2. HEALTH PROMOTION

- 2.1 The needle and syringe exchange logo approved by the Health Board is prominently displayed in the window or door.
- 2.2 Written guidance on the needle and syringe exchange scheme is readily accessible in the pharmacy (e.g. the latest edition of Health Board guidance and RPSGB guidance to pharmacists in needle and syringe exchange schemes)
- 2.3 The pharmacist should provide suitable advice and written information and relevant leaflets on the scheme, drug related topics and other services (e.g. information on safer injecting, hepatitis etc.)

3. HEALTH AND SAFETY

- 3.1 The pharmacy business is covered by appropriate insurance cover.
- 3.2 Pharmacists must have themselves and their staff vaccinated against Hepatitis B in accordance with local policy, unless there are specific contra-indications. .
- 3.3 Relevant Health and Safety and COSHH regulations must be complied with.
- 3.4 A written Code of Practice must be in place outlining steps to be taken to minimise any risks to employees and members of public.
- 3.5 There is a policy/procedure in place for preventing and dealing with needlestick injuries.
- 3.6 A written procedure is available for dealing with spillage or contamination with potentially infected blood or body fluids. Appropriate materials are available to deal with spillages and discarded needles and syringes.

4. STORAGE OF EQUIPMENT

- 4.1 Safe storage procedures should be in place e.g. in a secure, discreet area to ensure quick and efficient disposal of returned needles and syringes.

5. EXCHANGE PROCESS/HANDLING

- 5.1 All needle and syringe exchange transactions should be supervised by the pharmacist.
- 5.2 Used needles and syringes should be accepted for disposal, preferably in an approved sharps container.
- 5.3 No one should handle returns other than the person wishing to dispose of them. Clients must be directed to place their returned needles and syringes in the sharps bin themselves.
- 5.4 Clients should be encouraged to indicate number of returned needles and syringes.

6. DISPOSAL

- 6.1 Suitable arrangements are made for the disposal of full sharps bins.
- 6.2 Sharps bins should be stored in a suitably secure and safe, designated area until uplifted by an appropriate agency.

7 CONFIDENTIALITY

- 7.1 All staff must exercise strict confidentiality in all matters relating to clients using a needle and syringe exchange scheme.

8. RECORDS

- 8.1 The following records will be kept as a minimum:
- Number of individual clients using the scheme;
 - Number of individual transactions;
 - Number of needles and syringes issued;
 - An estimate of the number of used needles and syringes received for disposal;
 - Details of training course and dates attended by pharmacist and staff;
- 8.2 Details of the above will be supplied to the Health Board on request

9. STAFF TRAINING

9.1 The following training requirements will be observed:

- Written guidance is in place informing all staff and locum tenens pharmacists about the operation of the scheme;
- The pharmacist has completed the relevant SCPPE learning package;
- The pharmacist has attended local training sessions as stipulated by the Health Board;
- Dispensary and counter staff should be encouraged to attend appropriate training courses.

10. QUALITY ASSURANCE

10.1 The contractor will undertake an audit of the service, using these standards, at least once a year. The results are available for inspection by the Health Board

10.2 A Health Board representative will have access at any time to the following records held by the contractor:

- Details of training undertaken by the pharmacist and staff;
- Number of individual clients using the scheme;
- Number of individual transactions;
- Number of needles and syringes issued;
- An estimate of the number of used needles and syringes received for disposal.

SECTION 4.2

METHADONE DISPENSING

1. INTRODUCTION

- 1.1 The increasing use of prescribed substitute drugs has wide implications for community pharmacists and local need will be of particular relevance in defining the exact service required. For the programme to achieve its objectives of harm minimisation without concurrent disadvantages it is essential that the pharmacist develops shared care arrangements with the prescriber and is closely involved with other service providers.
- 1.2 Although a range of different drugs are used in substitute prescribing (for example methadone, benzodiazepines, dihydrocodeine), these good practice guidelines are specifically focused on methadone prescribing.

2. HEALTH PROMOTION

- 2.1 ~~The pharmacist will be registered with the Health Board to dispense methadone according to conditions as specified in the local contract.~~
- 2.2 The pharmacist will comply with the guidance issued by the Board.
- 2.3 The pharmacist will make available leaflets promoting safe drug use.
- 2.4 The pharmacist will counsel clients on safe drug use as appropriate.

3. CONTROLLED DRUGS REGULATIONS

- 3.1 The pharmacy will operate a safe system for the dispensing of methadone mixture
 - 3.1.1 The prescription must be written in accordance with Misuse of Drugs Regulations
 - 3.1.2 Pre-preparation of doses is in accordance with the Medicines Act
- 3.2 Methadone mixture is stored in compliance with Misuse of Drugs (Safe Storage) Regulations.
 - 3.2.1 Pre-packing of doses is in line with a written procedure and is undertaken in line with Guidance for Good Manufacturing practice
 - 3.2.2 Storage of pre-packed doses is in accordance with the Misuse of Drugs (Safe Storage) Regulations.

4. SHARED CARE ¹

- 4.1 Pharmacists should develop and maintain close links with the prescriber
- 4.1.1 The pharmacist should receive notification from the prescriber in advance of a new patient presenting a prescription
- 4.1.2 Where the prescriber has failed to contact the pharmacist in advance, the pharmacist will contact the prescriber to confirm arrangements
- 4.1.3 Patient confidentiality will be respected at all times
- 4.1.4 The decision to discuss a patient with the prescriber is a professional one that should be made after considering the risk to patient of non-disclosure and the damage that could be done to the supportive relationship between the pharmacist and the patient
- 4.2 The pharmacist should develop a patient contract that outlines in detail the procedures for dispensing of methadone and expected behaviour
- 4.2.1 The contract may be written, and signed by patient and pharmacist, or verbal.
- 4.2.2 Contracts can be tailored to the individual pharmacy's requirements
- 4.2.3 Ideally a patient contract should include the following:
- time the dose may be collected
 - arrangements for when the pharmacy is closed
 - missed doses will be forfeited
 - acceptable behaviour
- 4.2.4 Ideally a copy of the contract should be given to the patient to take home
- 4.3 In addition the patient could be given a practice leaflet detailing additional services available from the pharmacy

5. RECORDS

- 5.1 Appropriate records are kept of the controlled drug dispensed in the Controlled Drug Register.
- 5.2 The Controlled Drug register must be completed within the stipulated time as required by the current regulations (i.e. on the day of transaction or the next day following).

¹ See Appendix 2 for sample of a shared care protocol

5.3 Additional records of the service as specified by the Health Board will be completed and retained by the contractor and will include:

- date of transaction,
- number of dispensings,
- number of supervisions,²
- number not supervised,²
- number counselled,
- number referred to local drug problem service/team,
- name of pharmacist undertaking supervision.²

5.4 All staff must exercise strict confidentiality in all matters relating to clients receiving prescriptions for methadone.

6. TRAINING

6.1 Pharmacists routinely involved in the provision of this service should undergo appropriate education and training.

6.1.1 Participating pharmacists should complete the SCPPE distance learning package "Pharmaceutical Aspects of Methadone Prescribing".

6.1.2 The SCPPE package "Scotland's Health: the Challenge for Pharmacy" contains a chapter on Drug misuse that complements the methadone package.

6.1.3 Pharmacists should attend training programmes as specified by the Health Board, when and where available. They should ideally be multidisciplinary and include general practitioners and the Drug Problem Service

7. QUALITY ASSURANCE

7.1 The contractor will undertake an audit of the service at least once a year, using these standards. The results will be made available for inspection by the Health Board.

² see Appendix 1

7.2 A Health Board representative has access at any time to the following records held by the contractor:

- details of training undertaken by the pharmacist and staff,
- number of individual clients using the scheme,
- number of supervisions,
- number not supervised,
- number counselled,
- number referred to local drug problem service/team,
- name of pharmacist undertaking supervision.

3.1.4 The protocol will detail procedures to be followed when a patient returns for follow up.

4 SUPERVISED CONSUMPTION

4.1 The following specific guidelines should be followed when supervising the actual consumption

4.1.1 Supervision of the consumption of the dose must be carried out by the pharmacist.

4.1.2 Supervision of consumption should be done as discreetly as possible.

This will:

- minimise embarrassment to other customers
- protect the confidentiality of the patient
- avoid discomforting the patient
- encourage the patient to comply with the prescription

4.2 A protocol to ensure consumption is complete should be followed, and should include:

- encouraging the patient to talk after administration
- administering a follow-up drink of water
- observing behaviour as the client leaves the pharmacy

4.3 The pharmacist should additionally be alert to indications that the user may attempt to sell the dose, such as requests for a free measure.