

**Guidelines for
Dispensing
and Supervised
Self Administration
of Methadone
by
Community Pharmacists**

Edition 3

Printed March 2009

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ACKNOWLEDGEMENTS

Membership of Working Group

Dr Oliver Aldridge, Consultant in Substance Misuse, DTOO
Ian Burns, Clinical Nurse Manager, CDPS
Sal Connolly, West Lothian Community Health and Care Partnership Community Pharmacist
Judie Gillies, Community Pharmacist, Taylor Pharmacy, 1 Gracemount Drive, Edinburgh
Amanda Hart, Clinical Pharmacist, CDPS
Anne Lorimer, Pharmacy Locality Group Lead Pharmacist
Rachel Magill, Dental Officer, Spittal Street Centre
Rhoda Morgan, Clinical Pharmacist, RIDU, WGH
Claire Murphy, Primary Care Contracts Support Officer
Lindsay Oliver, Community Pharmacist, Boots the Chemists, 48 Shandwick Place, Edinburgh
Elaine Rankine, Specialist Pharmacist in Substance Misuse, NHS Lothian
Dr Muriel Simmonte, GP, Primary Care Facilitator Team and Chair, Supervised Consumption of Methadone in Lothian Group
Paul Young, Community Pharmacist, Lloyds Pharmacy, 2 Ferniehill Road, Gilmerton

Authors of Previous Editions Notably

Dr Judy Bury, Primary Care Facilitator Team (Substance Misuse)
Alan Glauch, Community Pharmacist
Sheena Greig, Royal Pharmaceutical Society Inspector (East of Scotland)
Dr Jane Jay, Glasgow Drug Problem Service
Peter Jones, formerly Acting CAPO, Lothian Health Board
Catherine Kelly, Community Pharmacy Development Pharmacist, LPCO
Alison McNeillage, Contractor Support Manager, LPCO
Aileen Thomson, Clinical Governance Advisor
Glynnes Gormley, Community Pharmacist
Kay Roberts, Area Pharmacy Specialist – Drug Misuse, Glasgow

Clinical Governance Team support in preparing document

Anne Crawford, Clinical Policy Adviser

Secretarial support in preparing document

Laura Weddell, Administrator, Primary Care Facilitator Team

If you have any useful suggestions regarding the content of these guidelines, please send them to:

**Elaine Rankine, Specialist Pharmacist in Substance Misuse
or Mandy Hart, Pharmacist, Community Drug Problem Service
22-24 Spittal Street
Edinburgh EH3 9DU**

elaine.rankine@nhslothian.scot.nhs.uk amanda.j.hart@nhslothian.scot.nhs.uk

☎ 0131 537 8345

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INTRODUCTION

These guidelines are primarily for pharmacists who are part of the NHS Lothian Supervised Self Administration of Methadone (SSAM) Scheme. The guidelines are also intended to inform prescribers, who are responsible both for prescribing methadone and for requesting its supervised self administration. They will also be a useful reference source for hospital pharmacists, especially regarding liaison with community pharmacies when a patient receiving methadone is admitted to or discharged from hospital.

These guidelines are intended to provide comprehensive advice and should be read fully by pharmacists involved in this work. It is also intended that future updates and amendments will be circulated as appropriate. The Working Group considered the suggestion that they produce a summary of the guidelines: this was felt to be inappropriate in view of the complexities of the guidance required for safe practice. Instead, the detailed contents listing is intended to guide those looking for information on a specific topic.

These guidelines also refer on to other relevant documents, including Child Protection Guidelines, Managing Drug Users in General Practice and the Misuse of Drug Regulations.

1. TREATMENT OF DRUG MISUSE AND THE SSAM SCHEME

In Lothian, as in many other areas, drug misuse presents significant risks to both personal and public health. Treatment of drug misuse in Lothian has been based on a harm minimisation philosophy, which aims to reduce the health, social and economic harms to individuals, communities and society. Key interventions include the provision of clean injecting equipment and substitute prescribing.

Substitute prescribing, predominantly of methadone, forms a significant part of the treatment of opiate dependent drug users: appropriate methadone maintenance treatment is proven to reduce the risk of harm to the individual and society.

In the mid eighties, against a background of increasing fears of HIV, large numbers of drug users entered into treatment, at a time when facilities for supervised self administration of methadone were limited. As a result, most methadone prescribed in Lothian was unsupervised. In the mid nineties there was growing concern over an increase in methadone-related deaths in Lothian, and the Supervised Self Administration of Methadone (SSAM) Scheme for community pharmacists was introduced by Lothian Health in October 1997.

Initially, 58 community pharmacies agreed to be part of the scheme. Over the years the number of pharmacies joining the scheme has increased and currently 147 pharmacies are part of the SSAM Scheme. The scheme is currently managed by Lothian Primary Care Contractor Organisation on behalf of NHS Lothian. It complements other existing public health initiatives targeting drug misusers through community pharmacies, such as needle exchange and instalment dispensing of methadone and supervised self administration of buprenorphine.

The Scottish Government's national strategies recognise the contribution of pharmacists in the provision of services to substance misusers and opportunities to improve and develop these services.

In addition to dispensing of medication to drug misusers, many pharmacies are also involved in needle exchange. Most patients on a substitute programme will significantly reduce their use of illicit drugs, especially by injection. However, drug users who do continue to inject may still present to a pharmacy requesting sterile injecting equipment. While many will choose to use an alternative pharmacy to preserve their privacy, it is important that patients attending their dispensing pharmacy for needle exchange are not deterred from doing so. Discussion of the risks of overdose and the possible need for review of prescribed medication may be appropriate.

2. METHADONE PRESCRIBING IN LoTHIAN

2.1 Who prescribes methadone?

In Lothian, methadone is prescribed both by specialist drug services and by General Practitioners. The specialist services include the Community Drug Problem Service (CDPS), Locality Drug Clinics, the Harm Reduction Team (HRT), the Regional Infectious Diseases Unit (RIDU), the Drug Treatment and Testing Order (DTTO) and Help for Young People in Edinburgh (HYPE).

There is a shared care approach in Lothian whereby GPs usually take over the prescribing of methadone from specialist services after patients have been stabilised on a dose of methadone. Some patients are not able to receive ongoing care of their drug use in Primary Care, and their maintenance treatment will be managed by a Locality Drug Clinic or CDPS.

2.2 GP prescribing

In Lothian, most GPs who prescribe methadone do so as part of the national enhanced service (NES) to drug misusers, within the General Medical Services (GMS) contract. This enhanced service is monitored by the Primary Care Facilitator Team (Substance Misuse), based at the Spittal Street Centre. The Primary Care Facilitator Team (PCFT) offers support, training and advice to practices in Lothian caring for drug users under the NES. This includes practice visits and twice yearly written feedback on audit data. The PCFT also produce "Local AIDS" information sheets on drugs and blood-borne viruses and the useful reference "Managing Drug Users in General Practice".

2.3 Specialist services

Methadone is currently prescribed by the following medical practitioners within the specialist services.

Service	Prescribers
The Community Drug Problem Service (CDPS) 22-24 Spittal Street Edinburgh ☎ 0131 537 8345 / 8343	Dr Michael Orgel, Dr Fiona Watson, Dr Malcolm Bruce, Dr David Miles Dr Rebecca Lawrence, Dr Rachel Petrie, Registrars and Senior House Officers
The Harm Reduction Team 22-24 Spittal Street, Edinburgh ☎ 0131 537 8326	Dr Michael Orgel
Regional Infectious Diseases Unit (RIDU) Western General Hospital, Edinburgh ☎ 0131 537 2820 / 2823	Dr Ray Brettle, Dr David Wilks, Dr Janet Andrews, Dr Hazel Rae, Dr Mike Jones, Dr Clifford Leen
Drug Treatment and Testing Order (DTTO) 29-31 Alva Street, Edinburgh ☎ 0131 225 7788, and	Dr Oliver Aldridge
Drug Treatment and Testing Order (DTTO) Unit 1, Mitchell's Close, Haddington, East Lothian ☎ 01620 829 719	Dr Oliver Aldridge

Drug Treatment and Testing Order (DTTO) Ground Floor, Lomond House, Beveridge Square Livingston ☎ 01506 773676	Currently no permanent doctor
North East Edinburgh Locality Drug Clinic 3 Smith's Place, Leith ☎ 0131 554 7516	Dr Judith Craven
North West Locality Drug Clinic c/o Dear's Pharmacy, 645 Ferry Road, Edinburgh ☎ 0131 332 9258	Dr John Budd
South East Edinburgh Drug Assessment Clinic Gracemont Medical Centre, 24 Gracemount Drive, Edinburgh ☎ 0131 672 9544 / 9542	Dr David Miles
South West Locality Drug Clinic Sighthill Health Centre, Calder Road, Edinburgh ☎ 0131 537 7012	Dr Nigel Williams
East Lothian Locality Clinic Roodlands Hospital, Haddington, East Lothian ☎ 0131 660 3566 (admin)	Dr Muriel Simmonte
Substance Misuse Service (Midlothian) Glenesk Centre, 1/5 Duke Street, Dalkeith, Midlothian ☎ 0131 660 6822	Dr Fiona Watson
West Lothian NHS Addiction Services 2nd Floor Lomond House, Beveridge Square, Livingston ☎ 01506 773 676 / 773 683 / 773 674	Dr Karen Bett

2.4 Prescription Forms

General Practitioners use orange GP10 Forms. Specialist drug services, including locality drug clinics, use pink and blue Hospital Based Prescriptions (HBPs), with the exception of the West Lothian Drug Treatment and Testing Order (DTTO) Service which uses GP10(3) Forms. Prescriptions may be computer-generated or handwritten.

2.5 Non Medical Prescribers

Legislation relating to non medical prescribing is complex, particularly in the field of substance misuse. Supplementary prescribing, where a doctor undertakes an initial client assessment and then agrees a clinical management plan with the supplementary prescriber, is particularly appropriate for the management of long-term conditions. One of its major benefits is providing opportunities, underpinned by robust local policies and procedures, for pharmacists and nurses to jointly manage the prescribing responsibilities for patients on long-term maintenance or detoxification programmes. In practice this should improve choice, convenience and access to treatment for patients, and improve capacity and quality of services provided to patients without compromising patient safety.

Pharmacists and nurses will be able to undertake these roles once they have successfully completed the relevant training courses accredited by their respective regulatory bodies and had these qualifications noted on the professional register. Once trained, practitioners will be required to keep their skills up to date. Pharmacist and nurse

prescribers will have to work within their employer's clinical governance frameworks and they will be accountable to both their employers and their regulatory bodies for their actions.

NHS Lothian will allow nurses and pharmacists to prescribe once they are satisfied that they have appropriate registration and have all the skills and competencies relevant to the clinical area where they will be prescribing, and clinical governance systems are in place. A NHS Lothian Non Medical Prescribing Governance Framework has been developed and systems are currently being developed to implement this. This includes monitoring and review of controlled drugs prescribing, and the development of a Code of Practice between General Practice and Community Pharmacists to support implementation to concur with the new community pharmacy contract.

This section of the guidelines will be updated once clinical governance procedures have been established within the substance misuse service.

3. PRESCRIPTION REQUIREMENTS AND REGULATIONS

Methadone is a Schedule 2 controlled drug under the Misuse of Drugs Regulations.

A number of changes to the monitoring and inspection, dispensing and record keeping and destruction of controlled drugs (CDs) are being introduced as part of the ongoing programme to implement the recommendations of the Shipman Inquiry. There is a mixture of legislative and professional good practice guidance.

Some changes in legislation have already been made and further amendments to the Misuse of Drugs Regulations 2001 are expected. Refer to Royal Pharmaceutical Society of Great Britain (RPSGB) Medicines Ethics and Practice Guide and Guidance for Changes in Misuse of Drugs Regulations relating to record keeping, destruction and disposal, inspection and monitoring. The RPSGB has created a special web page to help keep community pharmacists up to date. It outlines changes, clarifies whether they are legislative or a matter of good practice and provides links to further information (see **Royal Pharmaceutical Society of Great Britain** website).

3.1 Handwriting requirements

Handwriting requirements for Schedule 2 and 3 controlled drug prescriptions have been removed. Prescribers can issue computer-generated prescriptions for all controlled drugs. Only the signature has to be in the prescriber's own handwriting.

However, the following requirements still apply:

- The prescription must be indelible.
- It must specify the prescriber's address.
- It must specify the form and strength of the preparation.
- It must specify the daily dose and instalment details.
- It must specify the total quantity in words and figures.
- The signature only needs to be handwritten by the prescriber (all other details including the date may now be computer-generated, stamped or written by another registered healthcare professional).

For further details refer to the section 'Controlled Drugs and Dependence' in the current British National Formulary (BNF).

3.2 Validity of prescription

Prescriptions for Schedule 2, 3 and 4 controlled drugs are only valid for 28 days from either the date the prescription is signed **or** from a start date specified by the prescriber (whichever is later). This is a legal requirement.

It is good practice to put a start date on prescriptions for drugs such as methadone, and this practice allows the prescriber to extend the life of the prescription, as the 28-days validity is from the start date rather than the date the prescription was signed.

Ideally a start date should always be specified on the prescription to avoid the possibility of the patient obtaining two doses of methadone for the same day from separate prescriptions i.e. the end of one and the start of the second where dates overlap.

3.3 Standardised Private Prescription Forms

Standardised private prescription forms PPCD (1) are required to be used for the private prescribing for all Schedule 2 and 3 controlled drugs. Pharmacists should submit these forms monthly to NHS National Services Scotland in order that the same monitoring requirements as NHS prescriptions apply. This is a legal requirement.

3.4 Prescriber Identification Number

Private prescriptions for all Schedule 2 and 3 controlled drugs will contain the prescriber identification number. This is a legal requirement. Community pharmacists will not be able to dispense a private prescription for Schedule 2 and 3 controlled drugs if it does not contain the prescriber identification number. The prescriber identification number is the number issued by the relevant NHS Agency for the purposes of that person's private prescribing. It is not the prescriber's professional registration number.

It is not a current requirement that NHS prescriptions for controlled drugs contain a prescriber identification number. This is expected to be a future requirement and the prescriber's identification number, for both private and NHS prescriptions, will be recorded electronically in the controlled drug register.

3.5 Patient Identifier

Prescribers should, where possible, include the patient's identifier on all controlled drug prescriptions. In Scotland this is the Community Health Index (CHI) number. This is currently recommended good practice but is likely to become a mandatory requirement in due course.

3.6 Quantity supplied

Prescriptions for Schedule 2, 3 and 4 controlled drugs should be limited to a quantity necessary for up to 30 days clinical need. This is good practice advice rather than a legal requirement.

In Lothian, a significant proportion of patients with substance misuse problems prescribed substitution therapy for maintenance, are issued prescriptions to cover a six to eight week period to be dispensed on an instalment basis. If guidance relating to 30-days supply was applied to this patient group stabilised on maintenance therapy, this would have significant capacity implications for a service that is already under pressure, which may have an adverse impact on patient care.

Therefore, local approval has been agreed in Lothian for continuing the practice of issuing prescriptions for six to eight weeks with instalment dispensing.

In general it is accepted good practice that volumes of methadone supplied in a single supply for 'take home' doses should not exceed 350mL. However, there may be exceptions to this. The PCFT routinely monitor the average volumes prescribed by GPs for 'take home' supply. If you have any concerns, please contact the prescriber in the first instance.

3.7 Methadone formulation

Pharmacists are advised to exercise caution when dispensing methadone oral solution. There is the potential for confusion to occur between different strengths and formulations. The RPSGB is aware of occasions when the wrong strength of methadone has been erroneously supplied to a patient. In general, methadone oral solution 1mg/mL will be prescribed for drug users. If other formulations or strengths are prescribed, steps must be taken to ensure that this is clinically appropriate for the individual patient and that appropriate risk management systems are in place. Pharmacists should also remember the importance of dispensing exactly what the prescription specifies. Sugar-free and colourless preparations may only be dispensed if specifically prescribed.

3.8 Instalment dispensing

For an instalment prescription for controlled drugs, where the prescription contains a direction that specified instalments may be dispensed at specified intervals, supplies must not be made otherwise than in accordance with the directions.

The Home Office has confirmed that prescribers may now use the following wording on an instalment prescription.

“If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied”.

This enables pharmacists to issue the remainder of an instalment prescription when the person has failed to collect the instalment on the specified day. If the prescription does not reflect such wording, the Regulations only permit the supply to be in accordance with the prescriber’s instalment direction. The pharmacist must still use his/her professional judgement in deciding whether making the supply would be appropriate. They must take into consideration the possibility that the patient may have used illicit substances and must decide whether it may be appropriate to contact the prescriber to ensure that they are content that the supply be made.

Pharmacists must ensure that all prescription endorsements and entries in the controlled drug register correctly record any supply made.

3.9 Pharmacy closure

To allow the pharmacist to provide supplies for those days when the pharmacy is closed e.g. Sundays and public holidays, the following wording should be added to prescriptions *‘Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure’*.

3.10 Supervision

The prescription must clearly state that supervision is required. Although the direction to supervise is not legally binding, pharmacists are expected to adhere to the prescriber’s request, e.g. if prescription states supervise on both Saturday and Sunday you should not supervise Saturday and dispense Sunday. The patient should either be directed to a pharmacy that is open on both days or a new prescription should be requested for Saturday supervision and a Sunday take-home dose.

3.11 Prescription collection

It is not recommended that 'take home' doses are given to anyone other than the patient except under exceptional circumstances. However, the Misuse of Drugs Regulations allow the possession of a controlled drug to a person engaged in conveying the drug to a person who may lawfully have that drug in his possession. In these cases, a signed letter from the patient authorising the other person to collect the methadone dose should be provided before supplies can be given. Although this is not a legal requirement it enables the pharmacist to be sure and have proof, that the patient has authorised this. A separate letter should be obtained on each occasion a supply is made to the patient's agent. Letters should be retained for an appropriate period of time in order that signatures can be compared.

If the person collecting methadone (Schedule 2 controlled drug) is the patient or the patient's representative, the pharmacist should ask for proof of identity (refer to Section 7). If the person is a healthcare professional or police officer, the pharmacist must obtain the person's name and address, and must ask for proof of identity unless the health professional or police officer is known to them. Healthcare professionals and police officers are acting as the patient's representative in this situation and should also have a signed letter from the patient authorising them to collect their methadone.

Prescription forms (private and NHS) contain a space on the back of the prescription for those collecting Schedule 2 or 3 controlled drugs to confirm that they have done so. It is not a legal requirement that the patient signs the back of the prescription to confirm that they have collected their prescription, but recommended good practice. Pharmacists have discretion whether or not to supply, if the collector does not sign the back of the prescription. Patients collecting a controlled drug in instalments are not required to sign for each instalment.

3.12 'Emergency supply' of methadone

There have been anecdotal reports of pharmacists supplying doses of methadone to regular patients in advance of receipt of a 'repeat' prescription. The Misuse of Drugs Regulations does not allow for the 'emergency supply' of Schedule 2 and 3 controlled drugs. (The only exception is for phenobarbital or phenobarbital sodium for the treatment of epilepsy). Doses of methadone should never be given in advance of the receipt of a prescription by the pharmacy. Phoned or faxed prescriptions for Schedule 2 and 3 controlled drugs are also illegal.

3.13 Technical errors

Pharmacists are able to amend a controlled drug prescription where there are minor typographical errors, spelling mistakes or where the total quantity of the controlled drug is specified in either words or figures but not both.

Pharmacists will have to exercise all due diligence and be satisfied on reasonable grounds that the prescription is genuine and that they are supplying in accordance with the instructions of the prescriber.

The pharmacist will need to amend the prescription in ink, or otherwise indelibly and initial the amendment. Pharmacists should remember that they will be responsible by law if they supply methadone against a prescription that does not comply with the Misuse of Drugs Regulations. Contact the prescriber to clarify his/her intentions if the prescription is unclear or ambiguous.

3.14 Changes to supply arrangements

A new prescription **must** always be obtained if **any** changes to the supply arrangements are to be made.

3.15 Specified pharmacy

It is good practice for the prescriber to make arrangements with the patient and pharmacist regarding dispensing of the prescription (see section 7). Some prescribers may write the specified pharmacy on the prescription. If a pharmacist is presented with a prescription with another pharmacy indicated, it is best practice to clarify the situation with the prescriber. Such a script may be dispensed if considered appropriate as the specified pharmacy is not legally binding.

3.16 Professional concerns

Situations may arise where a pharmacist has concerns regarding prescriptions issued by a particular prescriber. They should initially attempt to resolve such issues by discussion with the person concerned. If, following discussions with the individual prescriber, the pharmacist continues to have concerns regarding an individual's prescribing practices, they should contact the CDPS pharmacist on (0131) 537 8345 or the Primary Care Facilitator Team (HIV/Drugs) on (0131) 537 8300 for advice regarding prescribers within the specialist drug services and GPs respectively.

4. METHADONE TREATMENT AND SUPERVISED SELF ADMINISTRATION

Methadone is a long-acting agonist for opioid receptors: the long half life of methadone makes it suitable for once daily dosing. There is good evidence that maintenance prescribing of methadone to dependent opiate users reduces harm to the individual, especially as part of a package of “wrap around” care. It is important that the individual receives the correct dose, and this is usually titrated by the prescriber to a dose which prevents withdrawal symptoms without producing euphoria or sedation.

Supervised self administration of methadone has become a key component of any methadone maintenance programme. It has an important role in supporting patient compliance and safety, and in preventing diversion of methadone on to the black market. It is essential for patients being started on methadone and for patients whose dose is being reviewed or increased.

Supervised consumption corroborates that the prescribed dose has been taken, allows regular monitoring of the individual during titration and helps check that the dose is correct for the patient (i.e. neither too high nor too low). It also helps ensure that the prescribed methadone is not being illegally shared, swapped or sold. Although methadone has a relatively low street value, it may be tempting for the drug user to sell their methadone to pay for a more ‘exciting’ alternative.

Community pharmacists are the best placed healthcare professionals to carry out the supervision of methadone. A valuable, supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

In many cases, it is appropriate that over time the patient is allowed to take on more responsibility for the regulation of his/her methadone. A stable patient may be able to progress to non-supervised methadone and a gradual reduction in dispensing frequency, according to their circumstances and methadone dose. Daily dispensing and/or supervision, however, can be re-instated during crisis or relapse.

It should be remembered that drug misuse is a chronic relapsing condition. Patients may make several attempts over several years to become stable and ultimately ‘drug free’. Relapse should not be considered as a failure of the programme.

5. SUPERVISED SELF ADMINISTRATION OF METHADONE IN Lothian

In the early years of methadone treatment in Lothian, supervised self administration of methadone was infrequently carried out. From 1997 a greater level of supervision was introduced and the Lothian Supervised Consumption of Methadone Guidelines was drawn up. The Supervised Consumption of Methadone Group was established to oversee the arrangements for supervision of methadone and monitor the impact of these changes. This group is chaired by the Primary Care Facilitator (HIV/Drugs) and has representation from prescribers (GPs, CDPS, and Regional Infectious Diseases Unit), pharmacists, non-statutory drug agencies and Lothian Health.

The purpose of the group is to set parameters for supervised methadone consumption, monitor changes caused by supervised consumption and review guidelines. It collects and considers information about progress in implementing the supervision arrangements and makes recommendations about the level of supervision in Lothian (refer to Section 6), by considering evidence on the availability of street methadone, diversion of prescriptions, number of drug-related deaths and any changes in heroin use.

Current Lothian Guidelines are detailed in section 6. These have evolved in response to changing needs and it is acknowledged that there is little evidence base for these or any of the different supervision regimes in the UK.

The recommendations for supervised consumption during initiation and titration of methadone treatment will usually involve a period of around three months supervision, in keeping with the Drug Misuse and Dependence: UK Guidelines on Clinical Management (Department of Health, 2007).

The recommended two week period of supervised consumption per year is intended as part of a holistic review of both the methadone dose and general progress and well-being of the patient. It is incorporated into the NES contract for GPs caring for drug users in Lothian. The period of supervised consumption should be preceded by discussion of a drug amnesty (refer to section 7). Lothian guidelines allow for legitimate exceptions to this guideline, although it is important that the excepted patients are not put at more risk. Examples may include those who are ill or in full time employment and it may be appropriate for the prescriber to discuss individual cases with Specialist Services.

Alternative models have been suggested, including long term weekly dispensing with supervision on the pick up day. While this may be an appropriate option for a small number of patients, reservations have been expressed by the Supervised Consumption Group on the grounds of patient safety. If a patient is taking less than their prescribed dose on the intervening six days, loss of tolerance is likely and the intermittent consumption of a higher dose may put them at risk of overdose. In addition, this regime makes it difficult for the pharmacist to comply with the guidance in section 14 on responding to missed doses. For patients on stable maintenance prescribing, long term, once weekly supervision is also more expensive than the recommended two weeks per year - 52 days of supervision p.a. compared to 12 days p.a.

Pharmacists in Lothian are currently represented on the Supervised Consumption of Methadone Group by the Specialist Pharmacist in Substance Misuse, NHS Lothian. If community pharmacists have any issues they wish to raise about supervision of methadone, please contact the Specialist Pharmacist in Substance Misuse, NHS Lothian.

6. NHS Lothian Guidelines

There are potential benefits from daily supervised methadone self administration:

- Confirms prescribed dose is taken.
- Medicolegal protection for prescriber and pharmacist.
- Lessens opportunity for diversion for illicit sale / use.
- Allows the pharmacist to build a supportive rapport and assess the patient's progress and compliance.

However there also disadvantages to long term daily supervised self administration of methadone:

- May impede progress to normal routines, education and employment.
- Contact with other drug users may be increased.
- More difficult to maintain confidentiality especially in small communities.
- Daily travel and associated costs may be difficult for those living a distance from the pharmacy.
- Lessens the development of personal responsibility which can be associated with 'take home' privileges.
- May deter individuals from entering or continuing appropriate treatment.
- May lead to the creation of waiting lists and delays for patients ready to enter treatment.
- Workload and cost implications.

In view of these considerations, it is important that supervised self administration is used appropriately. NHS Lothian Guidelines, produced after wide-ranging consultation, recommend the following minimum levels of supervision:

- All those being started on methadone for the first time or being re-started after a break will be supervised until **at least** two weeks after they have been stabilised on a dose. This will often mean a period of supervision lasting two to three months.
- All those having an increase in their daily dose of methadone by 10mg or more will be supervised for two weeks.
- All patients on methadone should have a minimum of two weeks supervision each year as part of the review process. This two-week period is a minimum level and the prescriber is always at liberty to insist on a longer period or even long term supervision if this seems appropriate. The two weeks can be split into one week twice a year.
- It is no longer advised that patients prescribed a methadone dose greater than 100mg daily **must** remain on long term supervision, as this was found to deter some users from accepting necessary levels of treatment. However the prescriber is encouraged to arrange more frequent dispensing and specify supervision as appropriate to the individual patient.
- Supervision may be reinstated at any time by the prescriber for a patient who is felt to be chaotic, unsafe or vulnerable. The decision may be influenced by concerns that the patient is selling or diverting their medication or that they are under pressure to supply it to others.

- Supervised self administration may be appropriate if a patient cannot ensure safe storage of methadone, especially if children are present in the house.
- A period of supervision may be requested by the patient themselves.

Summary of recommended minimum methadone supervision

Starting or re-starting methadone	until dose stabilised and for further two weeks
Increase dose by 10mg or more	for two weeks
All patients on methadone	two weeks each year *
Chaotic drug users	until stable
Drug users about whom there are professional concerns	as necessary
By request from drug user	as requested

* This can be done as two separate weeks

7. GENERAL PRINCIPLES OF DISPENSING AND SUPERVISING SELF ADMINISTRATION OF METHADONE

- The pharmacist should be approachable and supportive with an understanding and professional attitude.
- Ideally, there should be close liaison between the prescriber and the pharmacist.
- Patient confidentiality must be maintained.
- The pharmacist, prescriber and key worker should acknowledge each others contribution to the methadone programme and be able to readily exchange information or concerns as appropriate in relation to individual patients.

7.1 Arrangements between Prescriber and Pharmacist

- The patient will be asked by the prescriber to nominate a pharmacy. For supervised methadone this can be taken from the list of pharmacies registered with NHS Lothian who provide a supervised self administration of methadone service.
- The prescriber should telephone the pharmacist before issuing the first prescription (refer to section 13).
- The prescriber may print the name of the community pharmacy on the prescription to encourage the patient to take the prescription to the pharmacy that was agreed with the patient. If a prescription is brought to your pharmacy that bears the name of a different pharmacy, please contact the prescriber to make them aware. If it is not possible to contact the prescriber immediately, dispensing of the prescription should not be refused simply on the basis of having a different specified pharmacy.
- Pharmacists may wish to have a written agreement with patients which outlines the responsibilities of both the patient and the pharmacist. Refer to Section 11 and Appendix 1.
- In some Health Boards a written treatment agreement between the patient, prescriber, key worker and pharmacist is a format that is used to formalise shared care. This is commonly referred to as a 'Four-Way Agreement'. The development of a written treatment agreement in Lothian requires further discussion.
- If a patient on an existing unsupervised methadone prescription is to commence taking methadone under supervision for a period of time, a Drug Amnesty Form (Appendix 2) should be discussed and completed by the patient and prescriber or pharmacist before the period of supervision. A copy should be retained by the dispensing pharmacist.
- A Drug Amnesty Form is not appropriate for patients commencing or recommencing prescribed methadone treatment, as their dose is being titrated.

7.2 Premises and facilities

Pharmacies that offer the supervised self administration of methadone service should have the following facilities:

- A patient medication records system.
- Appropriate storage conditions for volume of methadone required.
- Adequate privacy for patient self administration of methadone.
- A display area for relevant health promotion leaflets, including advice on the safe and secure storage of methadone and other medicines.

Administration should occur in a discreet area of the pharmacy to maintain the patient's dignity or the patient should attend at a quiet time agreed with the pharmacist.

7.3 Patient identification

It is important to be clear that the person presenting a prescription for methadone is the person named on the prescription.

During the initial telephone discussion made between prescriber and pharmacist to arrange the patient's attendance at the pharmacy, a method of identifying the patient should be agreed that is satisfactory to the patient, prescriber and pharmacist.

Some clinics have access to the necessary facilities to produce a form of photographic identification and some patients may have other forms of photographic identification (e.g. passport, driving license, bus pass, or leisure access card).

Many patients do not have suitable photographic identification and alternative options are:

- The prescriber may ask the patient to bring a photograph of him/her to be signed by the prescriber, and then taken to the pharmacy for patient identification purposes.
- The prescriber may ask the patient to sign a non-photographic identification card or document which is then countersigned by the prescriber to verify that this is the patient's signature. This is then produced at the pharmacy and the two signatures compared with those on the prescription (refer to Appendix 3).
- The prescriber may describe the patient's appearance to the pharmacist, including identifying features such as easily visible tattoos.
- In many cases the patient may already be known to the pharmacist or other pharmacy staff members.

Patients should be encouraged to take responsibility for taking some form of identification to the pharmacy.

Pharmacists should make every effort to confirm a patient's identity. If they have concerns they should discuss these with the prescriber. If the prescriber is not available and the pharmacist has significant concerns, they should not supply the prescription until they can confirm the patient's identity.

7.4 Help and information for patients

Pharmacists are reminded that they have a professional responsibility to ensure that patients are provided with sufficient information and advice to enable the safe and effective use of their medicines. Therefore, where a bottle of medicine contains more than one dose, the pharmacist should ensure that the patient is able to correctly measure out their required doses themselves. It may be helpful to dispense daily doses in individual bottles.

Pharmacists are also required to issue patient information leaflets (PILs) each time a medicinal product is supplied or sold, if the marketing authorisation of that medicinal product requires a patient information leaflet. This applies to methadone mixture. Pharmacists are directed to the RPSGB fact sheet which gives clear guidance on the requirements for PILs at www.rpsgb.org/pdfs/factsheet3.pdf. This fact sheet states that: "As the most important reason for supplying a leaflet is patient information and patient safety, every effort should be made to supply a leaflet. In the first instance, pharmacists should contact manufacturers directly to try and obtain additional copies of leaflets. Although not yet fully comprehensive, leaflets are available through the Electronic Medicines Compendium website: <http://www.emc.medicines.org.uk/>. These could be printed out and supplied by pharmacists with dispensed medicinal products to ensure compliance with the regulations. As a last resort, pharmacists may have to consider photocopying manufacturers' leaflets if practicable. This could breach copyright, but pharmacists may be left with no alternative. Pharmacists may therefore wish to seek independent legal advice before undertaking photocopying. In any event, copies must only be supplied with that manufacturer's product and care must be taken to ensure that only the latest version of a leaflet is copied."

8. RECOMMENDED PROCEDURE FOR SUPERVISED SELF ADMINISTRATION OF METHADONE

- 8.1** The patient's identity should be checked on each occasion (refer to Section 7).
- 8.2** In situations where a Drug Amnesty Form is appropriate (refer to Section 7); the patient should hand in a copy of the completed Drug Amnesty Form (Appendix 2), signed by the prescriber and the patient, prior to a period of supervision. If a form is not handed in, contact the prescriber to ask for a Drug Amnesty Form. If this is unsuccessful, the pharmacist can fill in a Drug Amnesty Form with the patient. The Drug Amnesty Form can be downloaded from the NHS Scotland Community Pharmacy website (Lothian section) – <http://www.communitypharmacy.scot.nhs.uk/HealthBoards/lothian.html> or supplies obtained from the CDPS pharmacist on (0131) 537 8345.
- 8.3** It may be useful for the dose to be ready in advance of the patient's arrival. This ensures that the patient can be dealt with efficiently and discreetly so as to maintain the patient's dignity and save the pharmacist's time.
- 8.4** The daily amount should be measured into a container, capped and labelled so that when the patient arrives, the measured dose may be poured into a disposable cup. Some patients may wish to use a straw. Patients should be discouraged from drinking the dose of methadone from the dispensing bottle as this sets a bad example to any children who may be accompanying the patient. However, it is recognised that some patients may prefer to do this.
- 8.5** The pharmacist must be satisfied that the dose has actually been swallowed. This can be done by giving the patient water to drink immediately after the dose, talking to the patient, or watching the movement of the patient's 'Adams Apple' during swallowing.
- Some patients may say that they prefer to use a can of soft drink to wash down their methadone. However, what they may be doing is discharging the dose of methadone into the can for sale later as 'spit-methadone'. It is preferable to encourage the patient to drink or rinse their mouth with water.
- 8.6** Refer to Appendix 4 for Dental Care Advice.
- 8.7** All 'take home' doses must be labelled and supplied in a container with a child resistant closure. The Lothian additional methadone warning label should be added to all 'take home' doses. This label is intended to warn patients about the dangers of their supply being taken by another person (especially children or other people who have acquired their methadone illicitly). Supplies of this label can be obtained by ordering them on the stationery order form.



- 8.8** Used methadone bottles should be disposed of safely. Dispensing bottles should be rinsed and labels removed before disposal. Pharmacists should also advise patients how to safely dispose of the bottles used for take home doses.
- 8.9** Patients should be reminded that it is their responsibility to store their methadone safely in the home and that children must be kept safe from methadone. Pharmacists should ensure that patients have a copy of the NHS Lothian Patient Information Leaflet 'Keep your methadone safe, keep children safe'.

The leaflet provides advice regarding safe storage of methadone:

- Keep it out of sight and out of reach, preferably locked away.
- Make sure that the pharmacist dispenses methadone into a bottle with a child resistant cap. Remember that even small children can open these.
- Importance of talking to children about the dangers of taking medicines which are not for them.
- Clear up spills properly.
- Danger for a child if they swallow methadone and action to take if you suspect someone has accidentally overdosed on methadone, including information on the recovery position.

Supplies of the leaflet have been distributed to GP practices, community pharmacies, specialist drug services and voluntary drug agencies. Further supplies are available from:

Lothian NHS Board Library and Resource Centre
Deaconess House
148 Pleasance
Edinburgh
EH8 9RS
☎ 0131 536 9451

The leaflet can be viewed on the NHS Lothian website
<http://www.nhsllothian.scot.nhs.uk/news/publications/methadone.pdf>

- 8.10** If the pharmacist thinks that it is unsafe to administer methadone because of the influence of drugs and/or alcohol, the dose should be withheld and the prescriber contacted. The pharmacist may ask the patient to return later in the day to reassess whether it is appropriate to give the patient their dose.
- 8.11** Refer to Appendix 5 for appropriate action in the event of a reported overdose.

9. HOW TO JOIN THE SUPERVISED SELF ADMINISTRATION OF METHADONE SCHEME

Contact: Contractor Support Officer (Pharmacy)
NHS Lothian Primary Care Contractor Organisation
Stevenson House
555 Gorgie Road
EDINBURGH
EH11 3LG
☎ 0131 537 8407

OR

Register by using the form 'Application to Join the Supervised Self Administration of Methadone Programme' (Appendix 6) and sending it to the Contractor Support Officer (Pharmacy) at the address shown above.

A one-off registration fee of £50 is paid upon registration and completion of training. Training involves completion of the NES (Pharmacy) distance learning package 'Pharmaceutical Care in Substance Misuse' within six months of joining the scheme. Non compliance will result in removal from the scheme. The revised pack, which incorporates previous packs relating to methadone and needle exchange, was launched early in 2007.

10. HOW TO BE PAID FOR SUPERVISION

Claims for supervision and dispensing are made on separate forms.

- Payment for each methadone dispensing is claimed by completing the PC70 (purple) form which is submitted to the PPD along with the prescription bundles.
- Payment for supervision is claimed via the METH 1 form (Appendix 7). This form should be submitted to Finance Manager, NHS Lothian Finance Department, Canaan Park, Astley Ainslie Hospital, by the 10th day of the following month to which the claim refers. Payment is made for each supervision.

The patient's initials, Community Health Index (CHI) number or date of birth and methadone dose is required, in addition to the number of supervisions. Each claim form should be filled out in full and signed and dated before it is submitted.

11. COMMUNITY PHARMACY PATIENT AGREEMENT

Pharmacists may wish to have a written agreement with patients, which outlines the responsibilities of both the patient and pharmacist. It would be best practice if the pharmacist were to discuss the content of the agreement with the patient on their first visit to the pharmacy.

If the prescriber is not the patient's own GP, it is recommended that the pharmacist keeps a record of the patient's GP. This information may be provided by the prescriber or should be requested from the patient. This is in the event that the pharmacist is unable to contact the prescriber if required e.g. in relation to child protection issues (refer to Appendix 8). In these circumstances, if the pharmacist is unable to contact the prescriber, they should contact the patient's GP. Therefore, it is recommended that the prescriber, if they are not the patient's own GP, provides the pharmacist with the details of the patient's GP, at the outset.

A Lothian-wide agreement is available (Appendix 1).

The agreement covers the following:

- Contact details for patient, pharmacist, prescriber and GP (if prescriber not patient's GP).
- Time the dose may be collected/supervised.
- Whether the patient can be accompanied or not.
- Need to have legal prescription.
- Missed doses cannot be dispensed.
- Unacceptable behaviour in the pharmacy (e.g. shoplifting, physical/verbal abuse, intoxication).

The patient should be given a practice leaflet detailing additional services offered by the pharmacy. Health promotion advice is important for this group of patients and pharmacists should use this opportunity to provide advice on diet, exercise, oral hygiene, avoiding overdose and safe storage of medicines.

12. STANDARD OPERATING PROCEDURES

It is essential that all staff, including locums, understand the procedures involved in the provision of this service. From 1 January 2005, the RPSGB require that individual pharmacies have written standard operating procedures available for the dispensing process. These guidelines are a useful tool when preparing your standard operating procedures.

Standards Operational Procedures should include:

- Procedure to be followed when a new patient attends.
- Maintenance of records including patient medication records.
- Identification of patients.
- Legality of prescription.
- Details of how to prepare daily doses.
- Discreet and efficient supervision by the pharmacist.
- Disposal of waste.
- Extemporaneous Preparation of Methadone Mixture (where relevant) and legal requirements associated with the use of this unlicensed preparation.
- How staff should deal with patients.
- Confidentiality.
- Safeguarding children living in families with substance misuse. Decisions for sharing information and reasons for them must be recorded.
- Issue of safety leaflets and additional dispensing warning labels, regarding safe and secure storage of methadone in the home.
- Recording dispensing errors and near misses.

Examples of Standard Operating Procedures for Community Pharmacy drug substitute supervised consumption services and other services for substance misusers are given in the NES (pharmacy) distance learning pack 'Pharmaceutical Care in Substance Misuse'.

13. RESPONSIBILITIES OF THE PRESCRIBER

13.1 Patients commencing / recommencing prescribed methadone treatment

- The prescriber is responsible for ensuring that the patient fully understands the implications of methadone treatment and for determining an appropriate dose.
- Discussion prior to starting treatment should include; safe use, safe storage and child safety, DVLA regulations, risks of taking additional drugs and/or alcohol.
- The prescriber should establish which pharmacy the patient wishes to use. Patients should be encouraged to use the same pharmacy with each prescription to allow a supportive relationship to develop.
- Before issuing the first prescription, the prescriber should telephone the pharmacist to ensure that they are willing and able to accept this patient for supervised methadone dispensing. If not an alternative pharmacy should be contacted.*
- If it is not possible for the prescriber to contact the pharmacy during the consultation e.g. if the telephone line is constantly engaged, the prescriber should contact the pharmacist as soon after the consultation as possible.
- The prescriber should record the name of the agreed pharmacy in the patient's notes. It may be helpful to write the name of the pharmacy on the prescription. This will alert the pharmacist if the prescription is then presented to a different pharmacy. These guidelines request that the pharmacist make the prescriber aware of this.
- Please refer to section 3, 'Prescription Requirements', for advice relating to Misuse of Drugs Regulations. The prescriber should also detail the start day when supervision is requested and dispensing arrangements.
- It is helpful to also record the date when the next prescription will be due to start in the patient's notes to avoid overlapping prescriptions.
- It is good practice to ensure that the prescriber's contact details are available to the pharmacy. Where the prescriber is not the GP, it is recommended that the pharmacy is informed of the patient's GP. This is in the event that the pharmacist has concerns, especially of a child protection nature, when the prescriber is unavailable.

*A list of participating pharmacists is supplied by NHS Lothian Primary Care Contractor Organisation. Copies can be obtained from Stevenson House on 0131 537 8407 or can be found in the NHS Lothian Manual for Community Pharmacies (distributed Feb 2006).

13.2 Information to the patient about the role of the pharmacist

When supervised self administration has been stipulated, it is good practice for the prescriber to make the patient aware that / of:

- The daily dose must be swallowed in the pharmacy.
- The importance of attending regularly; missed doses may result in the prescription being withheld or cancelled.
- The need for the pharmacist to confirm their identity each time.
- Arrangements the pharmacist may make e.g. regarding the time to attend.

13.3 Patients on existing methadone treatment

Current Lothian Guidelines advise that patients on existing methadone treatment should usually have a minimum of two weeks supervised self administration of methadone annually, as part of the review process (refer to section 5).

In addition, a period of supervised self administration will often be stipulated by the prescriber at times of dosage adjustment, if the patient is chaotic or vulnerable, at the request of the patient, or at any time when it is felt to be clinically appropriate.

If a patient has been taking less than their prescribed dose, taking a full dose under supervision may put them at risk of overdose.

For this reason, the prescriber should fully discuss this risk before a patient is to commence a period of supervised self administration of methadone that has previously been unsupervised. This should include a discussion of a 'Drug Amnesty' without prejudice for those who may have been taking less than their prescribed dose; the dose will then be adjusted to the appropriate level.

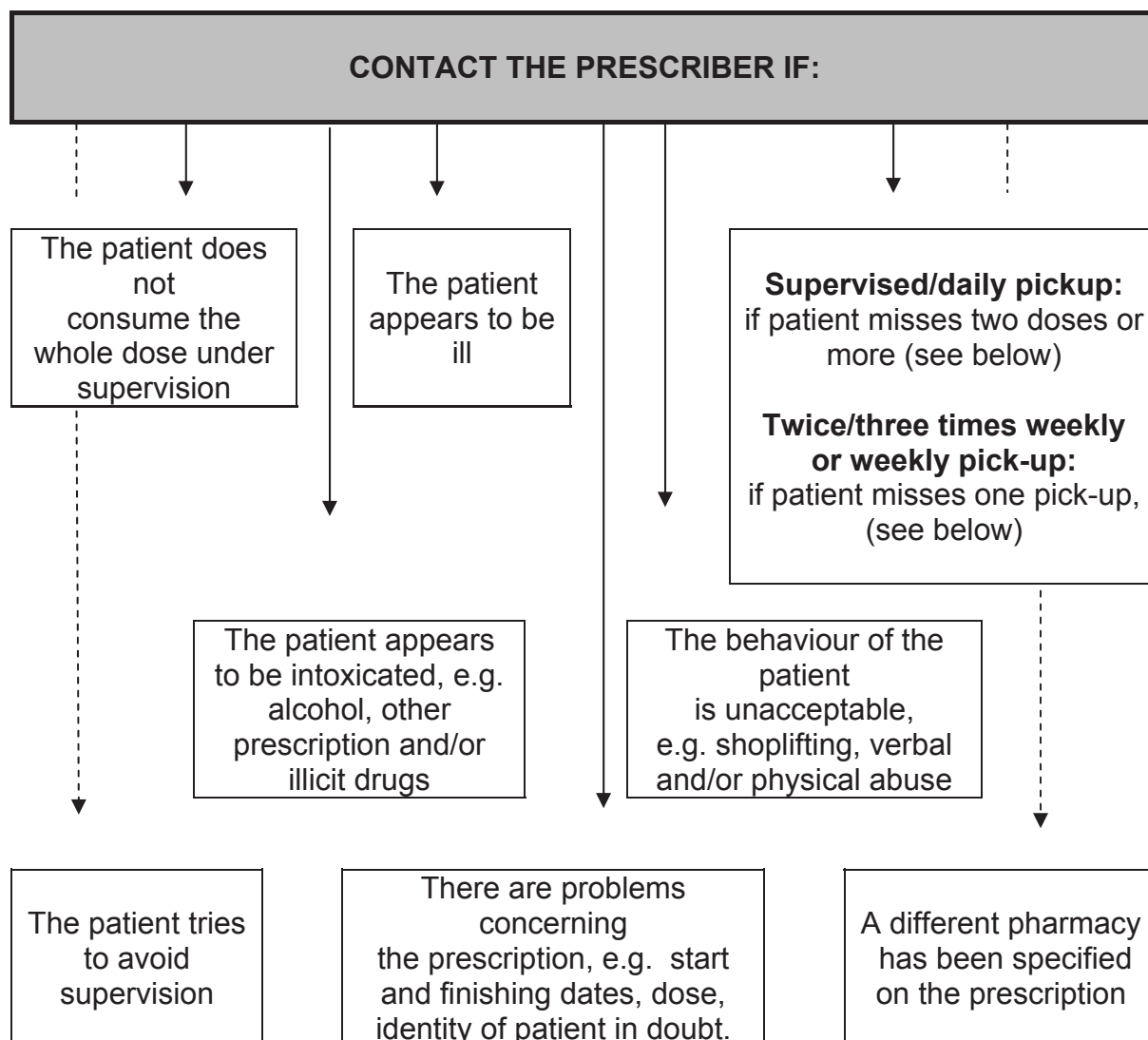
Both the prescriber and the patient should sign a Drug Amnesty Form, with a copy retained in the patient's notes and a copy taken to the pharmacy.

13.4 Patient Identification

Refer to Section 7.

The prescriber should remind the patient that their identity will need to be confirmed to the pharmacist's satisfaction.

14. WHEN TO CONTACT THE PRESCRIBER



14.1 Loss of tolerance

Initial guidance on responding to missed doses focused on patient safety.

Missing more than three consecutive doses may result in a drop in opiate tolerance so that if the patient presents again, giving the same dose may increase the risk of accidental overdose. In terms of patient safety, if the patient has missed only one or two consecutive doses, it is usually safe to give the methadone on the third day. However, if you have concerns about a particular patient, contact the prescriber.

14.2 Child protection issues

Subsequent advice has been influenced by child protection concerns, especially the recommendations from the McGarrrity report.

It is now advised that if the patient has parental responsibilities or care of a child (and the pharmacist is aware of this) and fails to present to the pharmacy for their supply, the pharmacist should contact the prescriber to highlight potential concerns for the patient's welfare and children in their care. It is also expected that pharmacists, as all professionals, would follow the Child Protection Guidelines if the observed behaviour of

the patient and/or interaction with their child(ren) causes concern. Refer to Appendix 8 for more information on child protection.

14.3 Practical points

If a patient **prescribed supervised/daily pick-up** misses two or more consecutive doses the prescriber should be notified no later than the third working day.

If a patient **prescribed twice/three times weekly or weekly pick-up** fails to pick-up on their pick-up day or by the following day, the prescriber should be notified no later than the next working day.

If the pharmacist is unable to contact the prescriber and has concerns for the welfare of the patient or children in their care, they should contact the patient's GP. If the prescriber is not the GP, it is recommended that the pharmacist is given details of the GP at the start of treatment.

It is also useful to report any trends in missed doses to the prescriber, e.g. patient always misses one day/week.

It is not recommended that 'take home' doses are given to anyone other than the patient except under exceptional circumstances. In these cases a signed letter from the patient authorising the other person to collect the methadone dose should be provided before supplies can be given (refer to section 3.11). The pharmacist should contact the prescriber in the event that the patient is regularly making use of such a "proxy" arrangement, without the prescriber's prior knowledge. This is particularly important for patients managed by the Drug Treatment and Testing Order (DTTO) Service.

- Patients stabilised on methadone should be alert and coherent.
- Only you can decide what behaviour is "unacceptable".
- The patient's confidentiality should normally be maintained. Information should be disclosed only to people directly involved in the medical care of the patient and the patient should be informed that this will happen.
- Disclosure and sharing of information without the patient's consent is acceptable only in certain circumstances e.g. if there is reasonable cause to suspect that a child may be at risk of harm.
- If the pharmacist is unable to contact the prescriber, they should aim to talk to another healthcare professional within that prescribing service. If it is outwith the normal working hours of the specialist prescribing service, the pharmacist should aim to contact the patient's GP.

15. ADMISSION TO AND DISCHARGE FROM HOSPITAL, POLICE CUSTODY AND PRISON – *SEPARATE GUIDELINES CURRENTLY UNDER DEVELOPMENT*

Good communication between hospital staff, the Forensic Medical Examiner (FME) Service, police and prison services with community pharmacists and prescribers is essential when patients on prescribed methadone are admitted to or discharged from hospital, prison or police custody. NHS Lothian guidelines are currently being developed by a multiprofessional group (Appendix 9).

Hospital staff, FME staff, police, prison staff or prescribers should liaise with the patient's community pharmacist when a patient receiving methadone is admitted to or discharged from hospital, prison or police custody.

15.1 Admission to and discharge from Hospital

15.1.1 Responsibilities of hospital staff on admission

Contact community pharmacist and prescriber to confirm the following:

- Patient is prescribed methadone.
- Current dose.
- If on supervised or daily pick-ups.
- Time last dose was dispensed / supervised.
- Number of days supply given (if not daily dispensing).

Hospital staff should advise the community pharmacist that no further supplies should be given and ask the prescriber to cancel or suspend the prescription, as appropriate. All of these details must be documented.

15.1.2 Responsibilities of hospital staff on discharge

Contact community pharmacist and prescriber prior to discharge to:

- Arrange a new methadone prescription for the patient (if required) and discuss whether a supply needs to be given from the hospital.
- Inform them both whether patient has been given his/her daily methadone dose prior to discharge.

15.1.3 Responsibilities of community pharmacist

- Liaise with hospital staff to discuss patient's methadone prescription when aware that patient is due to be admitted to hospital.
- Assist in ensuring smooth transfer of care between community and hospital and vice versa.

15.2 Liaison with prison services

Issues are similar to those for patients admitted and discharged from hospital. Contact details for the Addiction Team at HMP Saughton and HMP Cornton Vale are:

Addiction Team
Main Health Centre
HMP Edinburgh Saughton
33 Stenhouse Road
Edinburgh
☎ 0131 444 3108 / 3027

Addiction Team
Health Centre
HMP/YOI Cornton Vale
Cornton Road
Stirling
☎ 01786 832591
Fax 01786 833597

15.3 Drug users in police custody

NHS Lothian is responsible for the Forensic Medical Examiner (FME) Service to Lothian and Borders Police. Police custody suites in Lothian and Borders are located in Edinburgh City (St Leonard's), Dalkeith, Livingston and Hawick. The FME provides medical care for prisoners in custody who are unwell for any reason. The FME assesses prisoners who are experiencing drug withdrawal symptoms (nausea, sweating, agitation, diarrhoea), and may prescribe medicines, including dihydrocodeine and diazepam, to manage these symptoms.

The policy on the administration of methadone to persons in police custody differs between police forces. Lothian and Borders Police policy is that methadone will be administered only to those prisoners currently prescribed this medicine. A methadone prescription will not be initiated.

If it can be established that the prisoner has been provided with a prescription by their GP or the specialist service, methadone will be prescribed whilst the prisoner is in custody. Therefore, the FME or Custody Sergeant may contact the patient's pharmacist to confirm prescription details, dispensing frequency and supervision arrangements, and to request to collect the patient's supply from the pharmacy on behalf of the patient. This would virtually always be of benefit to the patient by helping to ensure continuity of treatment and be in line with the prescriber's intentions. For these reasons, pharmacists are encouraged to facilitate these arrangements.

Pharmacists must ensure that the confidentiality of information acquired about an individual in the course of their professional activities is respected and protected, and is disclosed only with the consent of the individual, other than in circumstances defined by the RPSGB. Circumstances include where it is necessary to prevent serious injury or damage to the health of the patient, a third party or to public health. Access to confidential information must be restricted to those who require access to that information and who are themselves subject to an obligation of confidentiality.

Pharmacists can assure themselves that they are providing information to the police, by taking telephone contact details and returning the telephone call.

When a request is made to a Community Pharmacist by a police officer on behalf of the patient to collect their methadone, the pharmacist should request a letter of authorisation from the patient. A letter of authority from the patient should be obtained on every occasion a collection is made and such letters should be kept in the CD register. When

the pharmacist has confirmed that the request is genuine and that the FME is prepared to take responsibility, the pharmacist may then supply a Controlled Drug to a police officer.

A request for supervision on a prescription is not a legal requirement and therefore, whilst it would not be unlawful to supply the Controlled Drug, the pharmacist would have to consider the professional and ethical issues of not supplying in accordance with the prescriber's wishes in relation to supervision, while also considering the best interests of the patient. The pharmacist may contact the prescriber so that he is aware the pharmacist is not supervising the consumption. The decision to prescribe opiate substitute treatment **and supervise self administration to a detainee in custody is the responsibility of the FME, even when the drug is picked up from the usual clinic or pharmacist.**

The pharmacist should not claim the supervision fee on these occasions.
For guidance from the RPSGB on these matters see:

<http://www.rpsgb.org.uk/pdfs/Ledetainees.pdf>

The police will request the minimum supply required to cover the prisoner's detention in custody, however the minimum volume the pharmacist can supply may be determined by the prescription instructions.

The Lothian and Borders Police policy is that under no circumstances will a police officer or member of support staff (custody staff) measure out doses of methadone. This means that if the community pharmacy dispenses multiple days supply into one bottle, the dose must be measured out by a member of the FMES. This is associated with practical difficulties. One potential solution would be if daily doses were dispensed in individual bottles by the community pharmacy.

16. ADVICE FOR TRAVELLERS CARRYING PRESCRIBED CONTROLLED DRUGS

Community pharmacists should be aware of the Home Office Drug Laws and Licensing requirements regarding travellers carrying controlled and prescription drugs.

With effect from 1 January 2008, only those persons travelling abroad for more than three months, and carrying controlled drugs will require a personal license, regardless of the drug and amount being carried. However, it is important that **all** travellers comply with Home Office guidance, such that the controlled drugs should be carried with a letter from the prescribing doctor or drug worker.

It remains the responsibility of the patient to ensure that they are permitted to take the controlled drug **into** the country or countries which they are visiting. They should be advised to contact the relevant embassy.

Further information, list of controlled drug limits for travellers, personal licence application form and embassy contact details, is available from the Home Office website www.drugs.gov.uk

17. TRAINING

All pharmacists, including locums who register with the Supervised Self Administration of Methadone Scheme, must have completed the NES (pharmacy) distance learning package 'Pharmaceutical Care in Substance Misuse' within six months of joining the scheme. This distance learning package was updated in 2007.

Copies can be obtained from:

NHS Education for Scotland (Pharmacy)
3rd Floor
2 Central Quay
89 Hydepark Street
Glasgow, G3 8BW
☎ 0141 223 1600

E-mail: pharmacy@nes.scot.nhs.uk
www.nes.scot.nhs.uk/pharmacy

Training courses for pharmacy staff relating to the pharmaceutical care of people with substance misuse problems are provided by NHS Lothian and NHS Education for Scotland (Pharmacy). Pharmacists are strongly encouraged to attend these training sessions in order to keep up-to-date with current developments.

Pharmacy staff are also encouraged to attend multidisciplinary training programmes.

The following training is available from the **NHS Lothian Training Department**:

- Child Protection (refer to Appendix 8)
- Management of Violence and Aggression

Other courses

STRADA (Scottish Training on Drugs and Alcohol) Course(s)
<http://www.projectstrada.org>

Royal College of General Practitioners (RCGP) Certificate in the Management of Drug Misuse (Part 2) is aimed at all practitioners with a special clinical interest in drug misuse www.rcgp.org.uk. The NES Pharmacy Distance Learning Pack 'Pharmaceutical Care in Substance Misuse' meets the requirements of the RCGP Certificate in the Management of Drug Misuse Part 1.

18. USEFUL TELEPHONE NUMBERS

**Mandy Hart
Pharmacist**

Community Drug Problem Service
22-24 Spittal Street
Edinburgh
EH3 9DU

☎ (0131) 537 8345

amanda.j.hart@nhslothian.scot.nhs.uk

Contractor Support Officer (Pharmacy)

Stevenson House
555 Gorgie Road
Edinburgh
EH11 3LG

☎ (0131) 537 8407

**Alison MacKinnon
Community Pharmacist**

MacKinnon Pharmacy
291 Calder Road
Edinburgh
EH11 4RH

☎ (0131) 455 7073

Dr Fiona Watson

Clinical Lead, Substance Misuse Services

Community Drug Problem Service
22-24 Spittal Street
Edinburgh
EH3 9DU

☎ (0131) 537 8345

Ian Burns

Clinical Nurse Manager

Community Drug Problem Service
22-24 Spittal Street
Edinburgh
EH3 9DU

☎ (0131) 537 8345

Addiction Team

Main Health Centre
HMP Edinburgh Saughton
33 Stenhouse Road
Edinburgh

☎ 0131 444 3108 / 3027

Spittal Street Dental Clinic

The Spittal Street Centre
22-24 Spittal Street, Edinburgh

☎ (0131) 537 8323

Elaine Rankine

Specialist Pharmacist in Substance Misuse

Spittal Street Centre
22-24 Spittal Street
Edinburgh, EH3 9DU

☎ (0131) 537 8345

elaine.rankine@nhslothian.scot.nhs.uk

Alison McNeillage

Contractor Support Manager

Stevenson House
555 Gorgie Road
Edinburgh
EH11 3LG

☎ (0131) 537 8422

Alan Glauch

Community Pharmacist

John A Smith Pharmacy
96 Niddrie Mains Road
Edinburgh
EH16 4DT

☎ (0131) 661 2578

Primary Care Facilitator Team

(Substance Misuse)
22-24 Spittal Street
Edinburgh
EH3 9DU

☎ (0131) 537 8373

**Integrated Pregnancy and Parenting Team
(PrePare Team)**

Stenhouse Children and Family Unit
43 Fords Road
Edinburgh

☎ (0131) 455 7936

Addiction Team

Health Centre
HMP/YOI Cornton Vale
Cornton Road
Stirling

☎ 01786 832591

Fax 01786 833597

Howden Health Centre Dental Clinic

Howden Health Centre
Livingston

☎ (01506) 418532

19. LOCAL SERVICES FOR SUBSTANCE MISUSERS

**Castle Project /
Greater Liberton Drug Project**
PO Box 922, EH16 4DU
☎ 0131 669 0068

Community Drug Problem Service
22-24 Spittal Street
Edinburgh
EH3 9DU
☎ 0131 537 8343 / 8345

**Drug Treatment and Testing Order (DTTO)
East Lothian**
Unit 1, Mitchell's Close
Haddington,
East Lothian
☎ 01620 829719

**Drug Treatment and Testing Order (DTTO)
Edinburgh and Mid Lothian**
29-31 Alva Street
Edinburgh,
EH2 4PS
☎ 0131 225 7788

**Drug Treatment Testing Order (DTTO)
West Lothian**
Ground Floor, Lomond House,
Beveridge Square, Dedridge,
Livingston,
EH54 6QF
☎ 01506 773 676

East Lothian Locality Clinic
Roodlands Hospital,
Haddington
East Lothian
☎ 0131 536 8343 or 0131 660 3566(admin)

Harm Reduction Team
Lady Lawson Street
Edinburgh
EH3 9DU
☎ 0131 537 8326

Help for Young People in Edinburgh (HYPE)
17-18 London Road,
Edinburgh
EH7 5AT
☎ 0131 466 4600

Homeless Outreach Project (HOP)
1A Grindlay Street Court
Edinburgh,
EH3 9AR
☎ 0131 221 0900

**Lothians and Edinburgh Abstinence
Programme (LEAP)**
Malta House
1 Malta Terrace
Edinburgh EH4 1HR
☎ 0131 332 3228

Links Project (Turning Point)
5 Links Place
Edinburgh
☎ 0131 555 3508

Mid & East Lothian Drugs (MELD)
6A Newmills Road
Dalkeith, Midlothian
EH22 1DU
☎ 0131 660 3566

**North East Locality Clinic - Turning Point
(Leith)**
3 Smiths Place
Edinburgh,
EH6 8NT
☎ 0131 554 7516

**North West Edinburgh Drug Advice Centre
(NEDAC)**
10 Pennywell Court
Edinburgh,
EH4 4TZ
☎ 0131 332 2314

North West Integrated Drug Service
c/o Dear's Pharmacy
645 Ferry Road
Edinburgh,
EH4 2TX
☎ 0131 332 9258

Regional Infectious Diseases Unit
Ward 41,
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU
☎ 0131 537 2820 / 2823

Simpson House Drug Counselling Service

Simpson House
52 Queen Street
Edinburgh
☎ 0131 225 6028

South East Edinburgh**Drug Assessment Clinic(SEEDAC)**

Gracemount Medical Centre
24 Gracemount Drive
Edinburgh
☎ 0131 672 9544 / 9542

South West Locality Clinic**Sighthill Health Centre**

Calder Road
Edinburgh
☎ 0131 537 7012

Substance Misuse Service (Midlothian)

Glenesk Centre
1/5 Duke Street
Dalkeith EH22 1BG
☎ 0131 660 6822

West Edinburgh Support Team (WEST)

12a Dumbryden Road
Edinburgh,
EH14 2A
☎ 0131 442 2465

West Lothian NHS Addiction Services

2nd Floor Lomond House
Beveridge Square, Dedridge,
Livingston,
EH54 6QF
☎ 01506 773676 / 4

West Lothian Drug and Alcohol Project

(Non-prescribing Service)
47-48 Adelaide Street
Craigshill
Livingston
EH54 5HQ
☎ 01506 430225

Further information regarding referral criteria for the agencies can be found in "Managing Drug Users in General Practice" or at www.scottishdrugservices.com.

Alternatively, contact the CDPS pharmacist on 0131 537 8345 for advice.

20. USEFUL REFERENCES

1. The Right Medicine: A Strategy for Pharmaceutical Care in Scotland. Scottish Executive Health Department, 2002.
2. Prevention and Treatment of Substance Misuse – Delivering the Right Medicine: A Strategy for Pharmaceutical Care in Scotland. A Report of a Joint Working Group of the National Pharmaceutical Forum / Scottish Medical and Scientific Advisory Committee. Scottish Executive, July 2005.
3. Managing Drug Users in General Practice. 4th Edition 2002. Lothian Primary Care NHS Trust.
4. The Misuse of Drugs Regulations 2001. The Stationery Office Limited. <http://www.opsi.gov.uk/si/si2001/20013998.htm#10>
5. Medicines Ethics and Practice Guide. Royal Pharmaceutical Society of Great Britain (latest edition).
6. RPSGB Law and Ethics Bulletin. Changes in the Management of CDs affecting Pharmacists (England, Scotland and Wales) Version 3, November 2006. (<http://www.rpsgb.org/pdfs/cdmanagechguid.pdf>) Please always check the RPSGB website for the latest version.
7. British National Formulary (latest edition).
8. Scottish Executive Health Department. Safer Management of Controlled Drugs (CDs): Private CD Prescriptions and Changes to NHS Prescriptions. NHS HDL (2006)27, May 2006. (http://www.show.scot.nhs.uk/sehd/mels/HDL2006_27.pdf)
9. RPSGB Law and Ethics Bulletin. Instalment Dispensing of Controlled Drugs. Pharmaceutical Journal 2006; 276: 692.
10. RPSGB Law and Ethics Bulletin. Approved wording on instalment prescriptions to cover pharmacy closures, 15 December 2006. Please always check the RPSGB website for the latest version.
11. RPSGB Law and Ethics Bulletin. Methadone Oral Solution, 17 November 2006. Please always check the RPSGB website for the latest version.
12. RPSGB Law and Ethics Bulletin. Exception to code for Extemporaneous Methadone. Pharmaceutical Journal 2006; 276: 245.
13. RPSGB Law and Ethics Bulletin. Missed doses or collections of methadone, 12 January 2007. Please always check the RPSGB website for the latest version.
14. RPSGB, Fitness to Practise and Legal Affairs Directorate Fact Sheet 12. Confidentiality, the Data Protection Act 1998 and the Disclosure of Information. Last reviewed September 2005.
15. Sheridan J, Strang J. Drug Misuse and Community Pharmacy, CRC Press, 2003.

Additional reading / Further information

NICE technology appraisal guidance 114. Methadone and buprenorphine for the management of opioid dependence. January 2007.

Newell G. Providing Methadone Services Case Studies. Pharmaceutical Journal April 21 2001, 542-546.

Department of Health (England) and the devolved administrations (2007). *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive.

The Methadone Handbook (7th Edition) 2003. Preston A. Institute for the Study of Drug Dependence, London.

Scottish Government (2008). The Road to Recovery. A New Approach to Tackling Scotland's Drug Problem

Scottish Drugs Forum www.sdf.org.uk

Information and Statistics Division <http://www.drugmisuse.isdscotland.org/>

Appendix 1

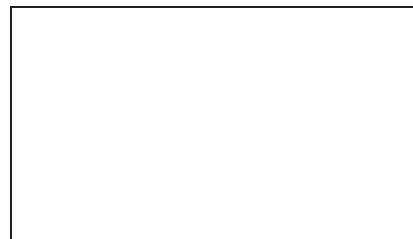
COMMUNITY PHARMACY PATIENT AGREEMENT

Patient Name: _____

Date of Birth/CHI: _____

Address: _____

Pharmacy
Stamp:



Prescriber Name: _____

Address: _____

GP Name: _____

Address: _____

☎: _____

☎: _____

In order that we can give the best possible service to **all** our clients, we now request that patients receiving medication prescribed in daily/weekly dispensings (e.g. methadone, dihydrocodeine) accept the following guidelines.

Behaviour

1. I agree to attend the pharmacy at a mutually agreed time.
2. Due to the restriction of space I agree to attend the pharmacy alone whenever possible, leave the shop when I have collected my prescription, and not obstruct other people's access.
3. I agree to collect my prescription personally. If I am unable to do so, I agree to provide a written note to the person collecting my medication each time that I ask him/her to collect for me. I understand that this should only occur under exceptional circumstances and my prescriber may be contacted. In addition, I understand that some pharmacists may require me to phone if I cannot attend the pharmacy in person.
4. I agree to behave in a manner that is acceptable to pharmacy staff and other customers and understand that the following behaviour is unacceptable.
 - Presenting in the pharmacy under the influence of drink/drugs.
 - Verbal or physical abuse of staff or customers.
 - Shoplifting.
 - Shouting.
 - Taking my medication on the premises (unless I am having my medication supervised by the pharmacist).
5. I agree to be responsible for my prescription and medication and understand that these cannot be replaced.
6. I agree that it is my responsibility to know when my prescription needs to be renewed and that it is not the responsibility of the pharmacist.

7. I understand that if I miss a collection day on my prescription I cannot collect an extra dose on the following day and may have to wait until the next specified pick up day, depending on the prescription instructions.
8. I accept that the pharmacist cannot make any alterations to the dispensing/collection arrangements for my prescription. Any request for a change to my prescription must be made to my doctor. The pharmacist cannot phone on my behalf.
9. I agree to provide suitable identification if asked.

I have read the above and understand what is expected of me. I agree to abide by this agreement and realise that if I do not, my prescriber may be informed and my prescription may be stopped.

Patient signature: _____ **Date:** _____

Pharmacist signature: _____

This form can be downloaded from the NHS Scotland Community Pharmacy website (Lothian section) –

www.communitypharmacy.scot.nhs.uk/HealthBoards/lothian.html

Appendix 2

Drug Amnesty Supervised Self Administration of Methadone

NHS Lothian has introduced supervised self administration of methadone in order to reduce the number of deaths from methadone leakage and to ensure that the methadone programme continues for those who need it.

You are required to have a period of supervised self administration. Before this starts, we offer everyone a 'Drug Amnesty' – that is, an opportunity to tell us if you have not been taking the full amount of methadone prescribed for you. The last thing we want to do is to put your life at risk by making you take more than the amount you are accustomed to taking. **50mg can kill someone not used to taking it.**

Therefore, if the dose you are prescribed is more than you have actually been taking, we want you to tell us now so that we can change the prescription to the correct dose. This will not prejudice your treatment programme: no-one else will be informed and your methadone will not be stopped, although your dose may be altered.

In addition, to make sure that no-one else gets your methadone, the pharmacist will need to confirm your identity every time you have your methadone self-administration supervised. If you have some form of photographic identification (e.g. passport, driving license, bus pass, leisure access card), it would be helpful if you could take this to the pharmacy with you.

We want you to sign this statement to say that:

- I understand the dangers involved in taking more than my usual amount of methadone.
- The dosage stated, ____mg, is the normal amount that I take to which I am tolerant and which I am prepared to take under supervision at the pharmacy.
- I understand that the pharmacist will need to confirm my identity every time I have supervised self-administration.
- I will attend the pharmacy within the times agreed between myself and the pharmacist.

Signed: _____ (patient) Date: _____

Name (printed): _____

I confirm that I have discussed this fully with the patient.

Signed: _____ Date: _____

(Doctor/nurse/key-worker/pharmacist – please circle as appropriate)

Name (printed): _____

Remember:

**Taken under medical supervision, methadone can reduce harm
BUT bought on the street methadone can kill.**

**It is dangerous to take other street drugs such as Valium®, heroin,
other opiates or alcohol along with methadone.**

This form can be downloaded from the NHS Scotland Community Pharmacy website (Lothian section) www.communitypharmacy.scot.nhs.uk/HealthBoards/lothian.html or supplies obtained from the CDPS pharmacist on (0131) 537 8345.

A copy should be filed in the patient's notes, and one forwarded to the community pharmacist

Appendix 3

Patient Identification Card

Potential difficulties can arise for a pharmacist involved in dispensing treatment for drug users in confirming a patient's identity.

Patients are encouraged to have ID to confirm their identity to a Pharmacist, especially when starting methadone or other treatment, and when on supervised consumption. Photo ID is ideal, but not all patients have a suitable item.

An alternative option relies on the patient's signature obtained by the doctor when the first prescription is issued, which the pharmacist can then compare with patient's signature when they attend. The following simple ID card was designed for patients attending the East Lothian Locality Clinic, in discussion with local pharmacists. Other services may wish to adapt this idea, incorporating relevant contact details.

Suggested ID card

<p>East Lothian Locality Clinic – ID card</p> <p>This card is to be used to help confirm your identity when your medication is dispensed at the pharmacy</p> <p>This is to confirm that I have witnessed the signature of:</p> <p>Name (print): _____</p> <p>Date of Birth: _____</p> <p>Signature: _____</p> <p>Confirmed by (print name): _____</p> <p>Signature: _____</p> <p>Issue Date: _____</p> <p>Clinic contact no: _____</p>

Appendix 4

DENTAL CARE ADVICE FOR PATIENTS PRESCRIBED METHADONE

1. Considerations

Methadone is an acidic and cariogenic (decay producing) preparation which will contribute to dental erosion and decay. Methadone also impairs salivary flow and there is evidence to show an increased craving for sugary foods in individuals on long term opiates.

It is recognised that patients on long term methadone prescriptions experience significantly more dental disease than the general population. Whilst it is recognised that the dental disease experienced in individuals on long term methadone is multifactorial and is strongly affected by their diet and oral hygiene habits, there are actions that can be taken to reduce its damaging effect on the dentition.

2. Dental care advice

For prescribers

Sugar-free methadone should be prescribed where there are no specific contraindications.

For pharmacists providing a methadone supervision service

Water should be given to patients to drink after their methadone is taken. This is for two reasons; drinking water ensures that all methadone is swallowed and also rinses any residues of methadone from the mouth, thereby reducing the erosive and cariogenic potential.

A straw can be offered for patients to sip their methadone through. This reduces the contact the methadone makes with the teeth and thereby reduces its detrimental effects on teeth.

3. General dental care advice

Tooth brushing

All dentate patients should be encouraged to brush their teeth with a fluoride toothpaste twice a day; morning and at night. Some patients may wish to brush their teeth at the time of taking their methadone. Tooth brushing should be encouraged **before** rather than directly after taking methadone. As methadone preparations are acidic, brushing directly after taking methadone should be actively discouraged as this will result in increased erosion of the dental enamel. Brushing before is useful as it removes plaque from the teeth and there will be less bacteria in the mouth to react with the methadone.

Fluoride mouthwash

Fluoride mouthwash can be advised **as an addition**, and at a different time, to tooth brushing. Rinsing with a fluoride mouthwash *directly after* taking methadone is beneficial, and can be suggested to patients as a positive action to take to help prevent dental disease.

Sugar-free chewing gum

Chewing sugar-free gum is useful as it stimulates salivary flow. Saliva buffers the acid in the mouth and helps to restore a neutral (tooth friendly) pH. Chewing sugar-free gum **after** methadone is beneficial, and can be recommended to patients as a positive action to take to help prevent dental disease.

Diet

Patients should be reminded that it is **sugar** that causes dental decay, and be advised to restrict their intake of sugary foods and drinks. Patients on methadone typically have a diet high in refined carbohydrate. Many patients drink large volumes and frequent cups of sugary tea and coffee and/or carbonated drinks and diluting juices. It should be stressed that the frequent drinking of sweet drinks results in significantly more damage to teeth than a patient's single daily dose of methadone.

Patient information leaflet

Pharmacists should make written information on dental care available to patients. A NHS Lothian Patient Information Leaflet 'Methadone and your teeth' is available. Copies are available from:

Chris Cunningham
Senior Community Dentist
Duncan Street Dental Centre
Edinburgh, EH9 1SR
☎ 0131 667 7114
chris.cunningham@nhslothian.scot.nhs.uk

4. Registration with a dentist

All patients, whether dentate or not, should be encouraged to register with a dentist.

Details of NHS dentists in Lothian taking on new patients can be accessed by calling the NHS Lothian Dental Enquiry Line ☎ 0131 537 8444.

5. Open Access and Emergency Dental Service

Dental service provision for patients on methadone or with other drug dependence:

Service	Details
Spittal Street Dental Clinic The Spittal Street Centre 22-24 Spittal Street, Edinburgh ☎ 0131 537 8323	<ul style="list-style-type: none">– Dental service for patients on methadone (or with other drug dependence)– This clinic is open most Mon, Wed and Fri.– There is an open drop-in service in the morning for new patients from 10am to 12.30pm, which will deal with emergencies– All new patients are encouraged to register at this drop-in

Howden Health Centre Dental Clinic Howden Health Centre Livingston ☎ 01506 418532	<ul style="list-style-type: none"> – Dental service for patients on methadone (or with other drug dependence) – This clinic is open most Wednesdays and Fridays – There is an open drop-in service in the afternoon for new patients from 1.30pm to 3pm, which will deal with emergencies – All new patients are encouraged to register at this drop-in
---	---

6. General emergency dental service for patients in Lothian

Patients registered with a dentist should contact their dentist to access urgent dental care, by telephoning the practice. If the practice is closed, a telephone answering service will give instructions about the practice's arrangements for accessing care.

Patients not registered with a NHS dentist and in need of urgent dental care, should be advised to contact:

Within normal working hours (Monday to Friday from 9am to 4.45pm):

Chalmers Dental Centre
 3 Chalmers Street
 Edinburgh
 ☎ 0131 536 4800

Outside normal working hours (Monday to Friday 5pm - 8am and at weekends):

The Lothian Dental Advice Line
 ☎ 0131 536 4800

West Lothian Dental Advice Line
 ☎ 01506 740 230

Appendix 5

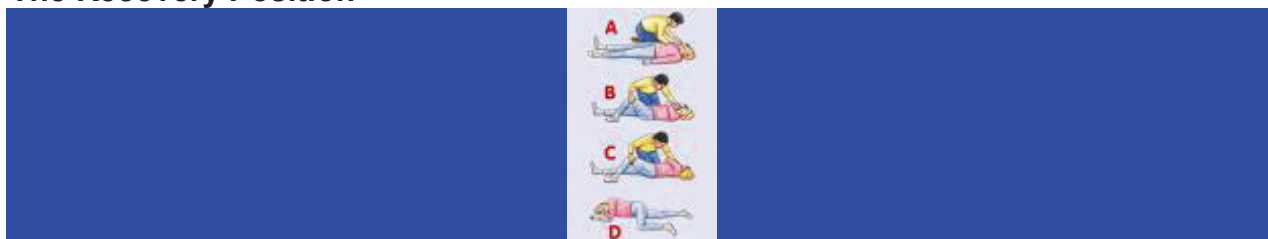
OVERDOSE

Overdose is now the largest cause of death amongst injecting heroin users. Many of these deaths happen because people who see overdoses often don't know what to do to help.

Many drug users do not realise that there is often a long time delay (often several hours) between injecting and overdose death. People who witness overdoses may wrongly assume that following survival of the initial 'hit', the risk of death reduces. Therefore, all potential witnesses to an overdose should be aware of the signs of overdose. The signs of unconsciousness they should be able to identify include:

- deep snoring
 - unable to wake
 - turning blue
 - not breathing
- If someone has overdosed, put them in the recovery position and keep watching them.
 - If you can't waken them or they are showing other signs of unconsciousness dial 999 and ask for an ambulance.
 - Stay with them until the ambulance arrives.

The Recovery Position



Pharmacists are reminded that, although the administration of parenteral medicines is restricted under the Medicines Act 1968, an exemption exists from this restriction to enable the parenteral administration of Naloxone, which is used as an antidote in opioid overdose, by anyone for the purpose of saving life in an emergency.



PRIMARY CARE CONTRACTOR ORGANISATION

**APPLICATION TO JOIN THE
SUPERVISED SELF-ADMINISTRATION METHADONE PROGRAMME**

Please return this form to: Contractor Support Officer
Primary Care Contractor Organisation
Stevenson House
555 Gorgie Road
EDINBURGH
EH11 3LG

AGREEMENT

I apply to join the supervised self-administration methadone programme, to be undertaken at the premises named below, in line with guidelines and standards as determined by NHS Lothian Primary Care Contractor Organisation, in consultation with the Area Pharmaceutical Committee. I agree to carry out the administration arrangements for the programme including the submission of the claim form on a monthly basis to the Finance Manager, NHS Lothian, Canaan Park, Astley Ainslie Hospital, 133 Grange Loan, Edinburgh, EH9 2HL.

The pharmacist(s) involved in regular supervision will be: _____

Stamp/
Name and Address

PPD Code _____

These are open for 6 / 7 days a week. Circle the correct figure.

I claim the one off registration fee of £50.00 for joining the programme and confirm attendance at initial training day (if required). I agree to undertake any further training required for the administration of the programme, as determined by NHS Lothian Primary Care Contractor Organisation.

Signature of Pharmacist: _____

Name (please print): _____

Tel. No: _____

For Board Use

Checked by: _____ Date: _____

Approved by: _____ Date: _____

Registration Fee Paid: _____ Date Paid: _____

Name (please print): _____

Name of Pharmacy: _____ PPD code: _____

Address:

Claim for month/part month of:

Patient Initials	Community Health Index (CHI) number or Date of Birth	Methadone Dose	Number of Supervisions in Claim Period
TOTAL NUMBER OF SUPERVISIONS			

I confirm that the above information is accurate and claim the appropriate fee.

Signature of Pharmacist: _____ Date: _____

Claim form to be submitted to Lothian Primary Care Contractor Organisation, Finance, Canaan Park, Astley Ainslie Hospital, 133 Grange Loan, Edinburgh EH9 2HL, by the 10th day of the following month to which the claim relates.

* Where a pharmacy changes ownership during a month, separate claims need to be submitted from each contractor for the period of participation in the programme.

For Trust Use

Checked by: _____ Date: _____

Approved by: _____ Date: _____

Sum paid: £ _____ Date paid: _____

Appendix 8

SAFEGUARDING CHILDREN LIVING IN FAMILIES WITH PROBLEM SUBSTANCE USE

Legal framework

The Children (Scotland) Act 1995 sets out the responsibilities of local authorities and other services for protecting children and promoting their welfare. The key principle of the Act is that the well being of the child is of paramount importance. Child protection legislation places a statutory duty on organisations and professionals to work together in the interests of vulnerable children.

RPSGB guidance

The RPSGB has issued guidance designed to inform pharmacists and pharmacy staff about their professional responsibilities under child protection legislation. It is recognised that pharmacists and pharmacy staff regularly come into contact with children and their families in the course of their work, and may come across families who are experiencing difficulties in looking after their children.

Protecting children living in families with problem substance use

The particular needs of children affected by parental alcohol and drug use have been highlighted in the following national documents:

- Scottish Executive (2003). 'Getting Our Priorities Right: Good Practice Guidance for working with Children and Families affected by Substance Misuse', Edinburgh.
- Advisory Council on the Misuse of Drugs (2003). 'Hidden Harm: Responding to the Needs of Children of Problem Drugs Users', London.
- Scottish Executive (2006). 'Hidden Harm Next Steps: Supporting Children – Working with Parents', Edinburgh.

Parental problem substance use can impact on children's health, development and welfare from conception onwards.

NHS Lothian guidance

NHS Lothian have made a commitment that by working together, all staff must ensure that children are protected and well cared for. The following guidance has been produced in Lothian.

- Edinburgh and Lothians Inter-agency Child Protection Procedures (June 2007).
- Edinburgh and the Lothians Child Protection Committee, Inter-agency Working Group (2005). Protecting children living in families with problem substance use, Guidelines for agencies in Edinburgh and the Lothians.

The 'Protecting children living in families with problem substance use' guidelines, state that **all staff in contact with patients with problem drug or alcohol use, or with children of substance users, have a responsibility to consider the welfare and safety of the children involved**. They are required to identify children who are 'in need' and 'at risk'.

Pharmacists are named specifically in the scope of the document, as a possible source of information and who may raise concerns about the care and welfare of children. This applies to all pharmacists, not only those registered in the supervised self-administration of methadone scheme.

Pharmacists' responsibilities include maintaining awareness and vigilance, particularly in relation to changes in behaviour, lifestyle, social circumstances, parental health and the potential implications of changes to treatment and rehabilitation regimens which may impact on the ability to parent or care for a child.

The Edinburgh and Lothians Inter-agency Child Protection Procedures set out procedures for all staff dealing with disclosure of and concerns about abuse and the routes for making and passing on Child Protection Referrals.

Information sharing

All practitioners and agencies providing services to patients with problems with substance use are required to keep information obtained during the course of their work confidential, as far as possible. Practitioners should, wherever possible, obtain informed consent before sharing information with other agencies.

Disclosure and sharing of information without the person's consent is acceptable in certain circumstances. **If there is reasonable cause to suspect or believe that a child may be at risk of harm, this will always override a professional requirement to keep information confidential**. All practitioners have a responsibility to ensure that confidentiality does not prevent sharing information, where a child is in need of protection.

The needs of each child are the primary consideration when practitioners decide how best to share information. **All decisions for sharing information and reasons for them must be recorded**.

Referral procedures

1. When to contact the Prescriber

Refer to Section 14. The pharmacist should **contact the prescriber if a patient with parental responsibilities** prescribed:

- Supervised/daily pick up – misses two doses and does not present to the pharmacy for their supply. The prescriber should be notified no later than the third working day.
- Twice/three times weekly or weekly pick up – if the patient misses one pick-up and does not present to the pharmacy for their supply. The prescriber should be notified no later than the next working day.

This would highlight potential concerns for the patient's welfare and children in their care.

If the pharmacist is unable to contact the prescriber, they should contact the patient's GP. Therefore, it is recommended that the prescriber, if they are not the patient's own GP, provides the pharmacist with the details of the patient's GP, at the outset.

2. Edinburgh and Lothian's Inter-agency Child Protection Procedures and NHS Lothian Child Protection Flow Chart.

The Edinburgh and Lothians Inter-agency Child Protection Procedures direct that **where Health staff suspect that a child is being, has been or is at risk of abuse, they must pass on these concerns to the Paediatrician On Call for Child Protection. This service is available 24 hours per day.**

This is shown below with contact details in the NHS Lothian Child Protection Flow Chart.

3. Substance misuse in pregnancy

NHS Lothian has produced a resource pack for professionals working with pregnant women affected by substance misuse. The pack aims to establish a 'framework for care' so that all women who use drugs can be offered appropriate support before, during and after the birth of their child. The framework consists of a philosophy of approach and guidelines on good practice. If a pharmacist has any concerns regarding a prescription, then they should contact the patient's prescriber. Pregnant women should not go without their methadone and if the patient misses doses then the pharmacist should contact the prescriber.

4. Training

The following Child Protection Training provided by the NHS Lothian Child Protection and Advisory Training (CPAT) Team is available to community pharmacy staff. Training follows national Scottish Guidelines.

- Basic Awareness Training (Level 1) – 3 hours duration.
- Substance Misuse Protocols (Practitioners Course) – 1 day duration.

Basic Awareness training is suitable for all staff. Substance Misuse Protocols training is important for those staff providing pharmaceutical services to patients with substance misuse problems. Staff attending Substance Misuse Protocols training would also be required to attend Basic Awareness training.

Course descriptions, training timetables and application forms are available from the Child Protection Training Assistant (contact details below).

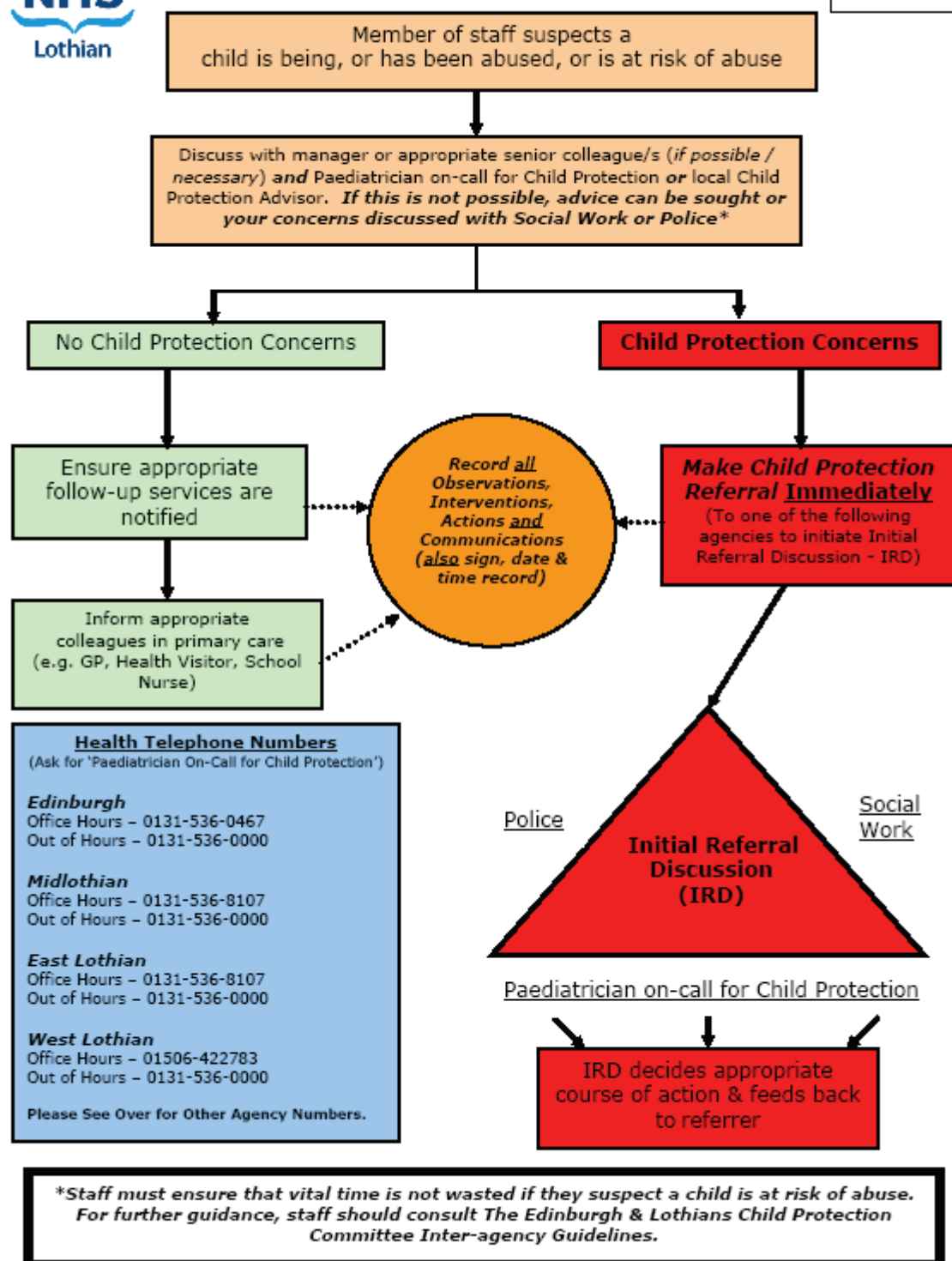
Child Protection Training Assistant
Vega Building
c/o Training and Development
Western General Hospital
Crewe Road South
Edinburgh, EH4 2XU
☎ 0131 316 6670

References

1. Guidance on Child Protection. Royal Pharmaceutical Society of Great Britain, June 2006. <http://www.rpsgb.org/pdfs/childprotectguid.pdf>
2. Edinburgh and Lothians Inter-agency Child Protection Procedures (June 2007). http://www.edinburgh.gov.uk/internet/Attachments/Internet/Council/Council_policies_and_plans/Children_and_Families/Child_Protection_Procedures.pdf
3. Protecting children living in families with substance misuse. Guidelines for agencies in Edinburgh and the Lothians, August 2005. http://download.edinburgh.gov.uk/protecting_children_report.pdf
4. NHS Lothian (2003). Substance Misuse in Pregnancy: A Resource Pack for Professional in Lothian. http://www.nhsllothian.scot.nhs.uk/news/publications/substance_misuse_pregnancy.pdf.

Child Protection Referral Flowchart

V 1.1 - 23 Mar 06
(CP Trg Office)



**Edinburgh and Lothian's Inter-agency
Child Protection Procedures
Contact Details**

EAST LoTHIAN

Social Work

Children's Services Social Work Team

Randall House,
Macmerry Business Park,
Macmerry, EH33 1RW
Tel: 01875 824 090

Adult Social Work Services

Access Team,
6-8 Lodge Street,
Haddington,
East Lothian, EH41 3DX
Tel: 0845 603 1576

Emergency Social Work Service (ESWS)

Out of hours:
Tel: 0800 731 6969

Police

Force Communication Centre (FCC)

Tel: 0131 311 3131
Out of hours ask for the Duty Inspector

Family Protection Unit

Dalkeith Police Station,
Divisional Headquarters,
Newbattle Road,
Dalkeith, EH22 1DY
Tel: 0131 654 5528

Health

Paediatrician on call for Child Protection

NHS Lothian, (contact from 9-5pm Mon-Fri)
Tel: 0131 536 8107
Out of hours: 0131 536 0000 and ask for the 'paediatrician on call'

Nurse Consultant for Vulnerable Children

NHS Lothian
Tel: 0131 316 6634

Child Protection Advisor
East Lothian CHP,
Edenhall Hospital,
Pinkieburn,
Musselburgh, EH21 7TZ
Tel: 0131 316 6674
Mobile: 07909 877 672

Scottish Children's Reporter Administration (The Children's Reporter)
East Lothian and Midlothian
Dewar House,
1 Loch Road,
Tranent, EH33 2JX
Tel: 01875 613 355
Fax: 01875 616 178

EDINBURGH

Social Work

East Neighbourhood
Craigmillar Social Work Centre,
171 Duddingston Park South,
Edinburgh, EH15 3EG
Tel: 0131 657 8500

North Neighbourhood
(Muirhouse & West Pilton),
Social Work Centre,
34 Muirhouse Crescent,
Edinburgh, EH4 4QL
Tel: 0131 343 1991

Leith Social Work Centre
St John's House,
71 Constitution Street,
Edinburgh, EH6 7AF
Tel: 0131 553 2121

South Neighbourhood
Captain's Road Social Work Centre,
40 Captains Road,
Edinburgh, EH17 8QF
Tel: 0131 529 5300

South West Neighbourhood
Oxgangs Path Social Work Centre,
4 Oxgangs Path,
Edinburgh, EH12 9LX
Tel: 0131 445 4451

West Neighbourhood

Westfield House Social Work Centre,
5 Kirk Loan,
Edinburgh, EH12 7HD
Tel: 0131 334 9933

Emergency Social Work Service (ESWS)

Out of hours:
Tel: 0800 731 6969

Police**Force Communications Centre (FCC)**

Tel: 0131 311 3131

Family Protection Unit

Amethyst Team, Vega House,
Lothian and Borders Police, Police Headquarters,
Fettes Avenue,
Edinburgh, EH4 1RB
Tel: 0131 316 6600

Health**Paediatrician on call for Child Protection**

NHS Lothian, (contact from 9-5pm Mon-Fri)
Tel: 0131 536 0467
Out of hours: 0131 536 0000 and ask for the 'paediatrician on call'.

Nurse Consultant for Vulnerable Children

NHS Lothian
Tel: 0131 316 6634

Child Protection Advisor (South)

Vega House, Clocktower Estate,
South Gyle Industrial Crescent,
Edinburgh, EH12 9LB
Tel: 0131 316 6675
Mobile: 0777 041 0739

Child Protection Advisor (North)

Vega House, Clocktower Estate,
South Gyle Industrial Crescent,
Edinburgh, EH12 9LB
Tel: 0131 316 6676
Mobile: 0797 698 9757

Child Protection Advisor

(Acute Division except for St John's Hospital),
Sick Children's Hospital,
Rillbank Terrace, Edinburgh
Tel: 0131 536 0170
Mobile: 0791 727 7415

Scottish Children's Reporter Administration (The Children's Reporter)

Edinburgh Children's Reporter

1 Fountainhall Road,

Edinburgh, EH9 2NL

Tel: 0131 667 9431

Fax: 0131 662 4640

MIDLOTHIAN

Social Work

Dalkeith

11 St Andrew Street,

Dalkeith, EH22 1AL

Tel: 0131 271 3860

Emergency Social work Service (ESWS)

Out of hours:

Tel: 0800 731 6969

Police

Force Communications Centre (FCC)

Tel: 0131 311 3131

Family Protection Unit

Divisional Headquarters,

Newbattle Road,

Dalkeith, EH22 1DY

Tel: 0131 654 5528

Health

Paediatrician on call for Child Protection Midlothian

(contact from 9-5pm Mon-Fri): 0131 536 8107

Out of hours: 0131 536 0000 and ask for the 'paediatrician on call'.

Chief Nurse

Midlothian Community Health Partnership (CHP),

Dalkeith Health Centre,

St Andrews Street,

Dalkeith, EH22 1AP

Tel: 0131 561 5564

Clinical Nurse Manager

Midlothian Community Health Partnership (CHP),

Dalkeith Health Centre,

St Andrews Street,

Dalkeith, EH22 1AP

Tel: 0131 561 5538

Child Protection Advisor
Midlothian Community Health Partnership (CHP),
Dalkeith Health Centre,
St Andrews Street,
Dalkeith, EH22 1AP
Tel: 0131 316 6673
Mobile: 0790 987 7672

Scottish Children's Reporter Administration (The Children's Reporter)
Midlothian and East Lothian
Dewar House,
1 Loch Road,
Tranent, EH33 2JX
Tel: 01875 613 355
Fax: 01875 616 178

WEST LOTHIAN

Social Work

Bathgate Children and Families Team
69 Whitburn Road,
Bathgate, EH48 1HE
Tel: 01506 776 700

Broxburn Children and Families Team
Strathbrock Partnership Centre,
189a West Main Street,
Broxburn, EH52 5LH
Tel: 01506 775 666

Livingston Children and Families Team
Cheviot House,
Owen Square,
Livingston, EH54 6PW
Tel: 01506 777 777

Social Care Emergency Team (SCET)
(out of office hours)
Tel: 01506 777 401/2

Police

Force Communications Centre (FCC)
Tel: 0131 311 3131

Family Protection Unit
Bathgate Police Station, South Bridge Street,
Bathgate, EH48 1TW
Tel: 01506 652 615

F Division HQ

Livingston Police Station, Almondvale,
Livingston, EH54 6NB
Tel: 01506 431 200

Health**Paediatrician on call for Child Protection****Community Child Health,**

St. John's Hospital,
Howden, Livingston,
West Lothian, EH54 6PP
(contact from 9-5pm Mon-Fri) Tel: 01506 422 783
Out of hours: 0131 536 0000 and ask for the 'paediatrician on call'

Nurse Consultant for Vulnerable Children

NHS Lothian
Tel: 0131 316 6634

Child Protection Advisor (West Lothian),

St John's Hospital, Howden,
Livingston, West Lothian
Tel: 01506 524 421
Mobile: 0773 439 7350

Scottish Children's Reporter Administration (The Children's Reporter)

West Lothian Children's Reporter
5 Edinburgh Road, Bathgate, EH48 1BA
Tel: 01506 632 741
Fax: 01506 631 077

Edinburgh, Lothian and Borders Child Protection Office:**Executive Officer****Continuous Improvement Officer****Training & Development Officer****Child Protection Register Checks**

1st Floor Vega House,
c/o Lothian and Borders Police, Fettes Avenue,
Edinburgh, EH4 1RB
Tel: 0131 316 6693
Fax: 0131 316 6690
e-mail: elbcpo@lbp.pnn.police.uk
website: www.elbcpo-scotland.gov.uk

Scottish Children's Reporter Administration (The Children's Reporter)

East Regional Team
11-16 Kittle Yards , Causewayside,
Edinburgh, EH9 1PJ
Tel: 0131 667 0284
Fax: 0131 667 4402

Military Welfare Services

Army Welfare Service (AWS)

Divisional Welfare Support Officer (DWSO)

HQ 2 Div, Building 37, Craigiehall,
South Queensferry, West Lothian, EH30 9TN
Tel: 0131 310 2107 /2108

Divisional Personal Support Officer (DPSO)

HQ 2 Div, Building 37, Craigiehall,
South Queensferry, West Lothian, EH30 9TN
Tel: 0131 310 2618 /2108

Personal Support Team

Building 29, Dreghorn Barracks, Redford Road,
Edinburgh, EH12 9QW
Tel: 0131 310 2845

Lowlands Welfare Support Officer

Building 29, Dreghorn Barracks, Redford Road,
Edinburgh, EH12 9QW
Tel: 0131 310 2845

Highlands Welfare Support Officer

Edinburgh and Lothian's Inter-agency Child Protection Procedures
24 Wimberley Way,
Inverness, IV2 3XX
Tel: 01463 233 132

Royal Marines

SCOTLAND Welfare Officer

RM Condor, Arbroath,
Angus, DD11 3SJ
Tel: 01241 872 201 Ext 2015/6

Team Manager Naval Personal & Family Service & Royal Marines Welfare Service

Northern Area Office, Triton House,
1 - 5 Churchill Square,
Helensburgh, G84 9HL
Tel: 01436 672 798

Royal Air Force

SSAFA Forces Help for informal discussion

RAF (UK), Social Work Service, Social Work Team,
Tel: 01334 839 471
Ext. 7444/7656

To notify SSAFA where a Child Protection plan exists in this country for a child in a service family who are to move overseas

Director of Social Work, SSAFA Forces Help,

Central Office,
19 Queen Elizabeth Street,
LONDON, SE1 2LP
Tel: 020 7403 8783
Fax: 020 7403 8815

Appendix 9

GUIDELINES ON INTERFACE ISSUES AND MANAGEMENT OF DRUG MISUSERS IN HOSPITAL, PRISON OR POLICE CUSTODY

In preparation.....

Appendix 10

QUALITY STANDARDS LOTHIAN SUPERVISED SELF ADMINISTRATION OF METHADONE SCHEME

In preparation.....