



COMMUNITY PHARMACY GUIDANCE FOR THE PROVISION OF SUBSTANCE MISUSE SERVICES

Author (s): Chris Miller

Version: 1.1

Status: Approved

Date of Authorisation: 1st August 2018

Authorised by: SMS Quality Prescribing Group

Review Date: August 2020

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1. Introduction

This document is intended to be an information and support tool for community pharmacies contracted to provide substance misuse services. It contains specific sections to aid the completion of Patient Care Records, in addition to legislative guidance and advice on the dispensing and supervision of associated medicines. It aims to support community pharmacies in fulfilling their role as part of the multi-disciplinary, integrated team involved in the care of substance misuse patients.

Acknowledgement is given to the work conducted in NHS Grampian, NHS Lanarkshire and NHS Forth Valley which has allowed this service to be developed, evaluated and provided the basis for the documentation used here.

2. Background

In Lothian, as in many other areas, drug misuse presents significant risks to both personal and public health.

Community pharmacists have an important role to play in:

- Providing a supportive and non-judgemental role to aid in patients recovery journeys
- Dispensing and supervising substitute drugs, such as methadone and buprenorphine for opioid dependence and providing appropriate associated clinical interventions
- Providing patients with factual advice on risks of overdose and how to minimise these
- Signposting patients to naloxone training
- Providing patients with factual advice and information on Public Health issues including sexual health and reducing the risk of acquiring blood borne viruses
- Provide basic advice on safer injecting and signpost clients to the nearest available pharmacy or specialist needle exchange service where not available onsite
- Providing general health advice and treatment via pharmacy core national and local services as appropriate
- Provide Injecting Equipment Provision (IEP) services through designated sites

3. Requirements for delivering the service

In order for the pharmacy to deliver an effective service they should ensure that appropriate facilities are available to provide a private area for the consultation of patients. Patients undergoing treatment for substance misuse issues are often stigmatised within communities and can be affected by multiple stressors including histories of abuse, breakdown of family relationships, practical issues such as housing, income and employment and often have low self esteem and self worth. Pharmacies should endeavour to provide an environment where patients

are respected, their potential problems given due consideration and are supported towards recovery.

Contractors participating in the delivery of the Community Pharmacy Substance Misuse services are responsible for ensuring pharmacy staff are sufficiently competent in delivering the service. Pharmacists must have completed NHS Education Scotland training packs/online resources “Pharmaceutical Care in Substance Misuse” and “Child Protection.” They should be familiar with current UK clinical guidance. Of specific note is “Drug Misuse and Dependence: UK guidelines on clinical management” (link in Section 10). Chapter 5 contains specific information on pharmacological interventions however the resource provides information on many issues which may arise including pregnant patients, blood borne viruses and driving considerations. Pharmacy support staff should be encouraged and supported to undertake NES training modules described.

4. What does the service entail?

4.1. The Information Sharing Form (Prescriber/CPN to Pharmacist) (Appendix 2) is available to assist communication of relevant care information for new patients. This will contain a brief outline of the proposed treatment plan and any key issues of note to assist pharmacists and pharmacy staff in the management of patients. The sharing of information will be new to both pharmacists and clinicians and whilst not mandatory, will improve patient care. Pharmacists and local prescribers should agree their favoured method of communication, using the forms in electronic format if appropriate. Email between NHS accounts provides a secure mode of transfer and allows provision of an audit trail and should be used where possible. Telephone contact may be required for urgent queries requiring rapid resolution.

4.2. An example **Pharmacy Treatment Agreement** is provided in Appendix 3 which can be used if required, with a copy supplied to the patient. Pharmacies may either use the agreement in the current format or adapt to suit their service. Completing the agreement is not a contractual necessity and Pharmacists should be careful not to stigmatise this group of patients, however it can be used as a prompt for discussion around expected behaviours/conduct. Remember also that not all patients will have good literacy skills so the content may need to be delivered verbally.

4.3. Maintaining a written record of interventions and patient care issues patients can improve the quality of pharmaceutical care and enhance the role of the Pharmacist within patient care. The **Patient Care Record (PCR)** system is already used as part of the Chronic Medication Service and can be used to create a care record for substance misuse patients whether they are new to the pharmacy or an existing patient (Appendix 4). The record is a brief note of any key interventions, issues or discussions that take place. This will ensure that patient care can be continued in the absence of the regular pharmacist. It will be informed by the **Patient Checklist** (Appendix 5) and can be completed for both “supervised” and “take home” patients. The Patient Care Record will form the basis of feedback on patient progress to the prescriber or addiction worker if 2-way communication has been established and the **Information Sharing Form (Pharmacist to Prescriber/CPN)** (Appendix 6) exists to facilitate feedback.

4.4. The **Patient Checklist** is a list of key interventions that should be covered during the course of every patient’s treatment. The priorities of each section will vary at different stages of treatment, e.g. Section D is unlikely to be covered in the first three months, while Section B consists of points which should be covered during the early attendances of a patient when they are new to a pharmacy. Points 1 and 2 of Section B need only be completed for patients who are

completely new to your service or who are returning after a break in treatment. When the patient checklist highlights that an intervention is required, the intervention and resolution or outcome should be recorded in the pharmacy Patient Care Record.

Key interventions, outcomes and progress updates which occur in the course of patient interaction should be added as separate Care Issues and can be added to over the course of the patient's recovery. **Information need not be recorded on a daily basis, rather when there is something of note to record.**

5. Information to accompany the Patient Checklist and inform the Patient Care Record

5.1. Information to be covered during treatment

The following information expands on some points from the checklist which may require clarification. Please remember that patients may have literacy problems; printed materials such as Patient Information Leaflets and key messages should be reinforced verbally.

- **Discuss content of Treatment Agreement and sign (if being used)**

See also section 4.2. Due to the nature of patients, particularly in the early stages of treatment, pharmacies are discouraged from stipulating times during which the patient must attend for ORT. Pharmacists should also be aware that as a core component of the NHS contract, dispensing services must be provided for the duration of opening hours. To assist in workload management the pharmacist and patient may discuss hours which may be better to avoid e.g. particularly busy times but these should not be restrictive to the patient accessing their medication.

- **Provide Patient Information Leaflet for the drug(s) they are receiving**

Each patient should be provided with relevant patient information leaflet for the drug(s) they are receiving (www.patient.co.uk is a useful reference for information when a leaflet cannot be provided). Patients should be provided with appropriate verbal advice and information on the medications they are taking. This should be reinforced with written materials. Employing both methods will increase the likelihood of patients understanding their medication.

- **Advise patient to take dose(s) at approximately the same time each day**

This may help reduce fluctuation in blood levels of the prescribed drug especially in initial stages of treatment. It also helps to reduce adverse events such as over-sedation at high doses and withdrawal at lower doses

- **Discuss signs and symptoms of overdose**

The signs and symptoms of overdose should be covered early in treatment. Titration using methadone carries an increased risk of overdose due to its long acting nature. There is also the potential for patients to "top up" with illicit opioids where they are not yet stabilised on a sufficient dose to counter symptoms of withdrawal. Due to its partial antagonistic effects, buprenorphine products may not carry as high a risk of overdose as methadone, although illicit opioids, benzodiazepines and alcohol can increase the risk of overdose when used in combination.

Key signs and symptoms of overdose to discuss are:

- Person cannot be roused on firm shoulder shake and shouting their name.
- Presence of a rasping/snoring sound. This is quite distinct from regular snoring but a key sign that the patient is in respiratory distress. This sign has been mistaken as the patient “sleeping it off” and a failure to respond appropriately has resulted in fatalities.
- Pinpoint pupils
- Slow/absent breathing
- Lips blue

Note pinpoint pupils, slow breathing and blue lips are likely to be present to some extent in all patients who have taken opioid drugs whether illicit or prescribed and in isolation are not a sign of overdose. Difficulty in rousing the person and unusual rasping/snoring are clearer indicators of opioid overdose requiring attention.

There are specific times at which the risk of overdose is higher. Pharmacists should reinforce overdose awareness and naloxone administration training at these high risk times.

High risk times include:

- Immediately following opioid detoxification
- Reduced tolerance e.g. following a series of missed doses or during titration
- On release from prison
- During times of emotional stress e.g. breakdown of relationships
- Holidays e.g. Christmas when many support services are closed
- Injecting alone

Take Home Naloxone training is currently available from drop in centres across NHS Lothian (Appendix 12). Up to date advice on Naloxone services in NHS Lothian can be accessed via the SHOW website

Further information can be found at www.naloxone.org.uk.

- **Advice on safe storage of take away doses**

As with all medicines patients should be advised to keep medicines out of reach of children and any medication dispensed into child proof containers should remain in these containers.

- **Dental health advice**

Advice should be given on:

- Drinking water after consuming methadone or rinsing the mouth,
- Chewing gum to return mouth pH to normal
- Not brushing the teeth for at least 30 minutes after methadone consumption

Patients should be reminded to register with a dentist and attend regularly for check ups and treatment as required.

5.2 Information on prescribing/dispensing opioid replacement therapies (ORT)

The following is not intended as a comprehensive guide to prescribing/dispensing ORT but aims to provide information to assist in the clinical assessment of ORT prescriptions. Where there are concerns regarding the content of a prescription, the prescriber/CPN should be contacted. Drug Misuse and Dependence: UK guidelines on clinical management (Orange Guidelines) contain additional information on pharmacological management of opioid dependence.

For patients who are new to methadone or who have returned after a break in treatment the following points must be taken into consideration:

- Most commonly, starting doses will range from 10 - 30ml but can be up to 40ml if patient has a heavy dependency. As a general rule of thumb, advice to prescribers is to “start low and go slow.” Dose increases should be no greater than 5-10mls in any 24 hours and no greater than 30ml in a week. The prescriber usually reviews the patient between dose increases.
- The average dose range for a stable patient will generally range between 60mg and 120mg but higher doses may be necessary e.g. when patient has a heavy opioid dependency or when co-prescribed an enzyme inducing medication (e.g. rifampicin).

For patients who are new to buprenorphine or who have returned after a break in treatment the following points must be taken into consideration:

- As with methadone most dosing regimens involve starting with a low dose of around 4 – 8mg. Doses of buprenorphine can then be rapidly increased but the patient should be monitored for signs of precipitated withdrawal.
- The average dose for a stable patient will be in the range of 12 – 16mg, with some needing doses of up to 32mg.

Supervised consumption of both methadone and buprenorphine is recommended at the start of treatment after which time dispensing arrangements may be reviewed on an individual basis as per NHS Lothian guidelines. Clinical guidelines no longer state an arbitrary timescale for supervision, each patient is treated based on individual need following a risk assessment.

5.2. Advice and Action to be Taken for Missed doses:

Missing doses can reduce tolerance to opioid substitute therapies and increase the risk of overdose if further doses are administered. The following advice is relevant for both methadone and buprenorphine containing products.

The information sharing form (Appendix 6) should routinely be used to create an audit trail however common sense should determine whether a phone call is also necessary e.g. where the patient is waiting in the pharmacy for a response. When information has been shared via telephone, it is advisable to record the contact as a care issue of the Patient Care Record.

- One of the first signs that a patient may be struggling is the variability of the time of attendance at the pharmacy each day. E.g. where a patient always attended in the morning but is now attending at various times of the day. The patient’s appearance, mood and engagement with

staff may also deteriorate. Where this raises concern pharmacy staff should engage with the patient to offer support and contact the prescriber or addiction worker.

- If a patient who is new to methadone misses a collection in the first week of dispensing, the prescriber should be contacted for advice.
- If a stabilised patient misses one dose then presents at the pharmacy on the following day, the usual daily dose may be given.
- If two doses are missed the third dose may be supplied, although the pharmacist may consider contacting the prescriber or addiction worker if they have concerns.
- Where a patient has missed a day or two immediately prior to the weekend the prescriber should be contacted to agree pre-emptive action.
- If a patient misses 3 or more consecutive days of opioid replacement therapy the dose should be withheld and the prescriber/CPN should be contacted for advice. The pharmacist should explain to the patient that the dose is being withheld for safety reasons. The prescriber may decide to reduce the dose of ORT as the patient's tolerance may have decreased
- Non-attendance to collect medication is sometimes the first indicator a serious problem and by reporting, the patient may be contacted by the prescriber or police service to check the patient's wellbeing.
- If a patient regularly or routinely misses single doses the prescriber should be informed. This may be a sign that the patient is becoming less stable or can be suggestive of difficulties associated with pharmacy attendance.
- Never supply any missed daily dose to a patient on a subsequent day.

5.3. Patient attends under the influence of other drugs and/or alcohol

Where a patient attends the pharmacy and is suspected to be under the influence of other drugs and/or alcohol there is an increased risk of overdose. The patient should be advised that their opiate treatment cannot safely be dispensed to them. If there is sufficient time for the patient to be asked to come back later in the day this should be advised. If there is not adequate time for return, or the patient remains intoxicated on their return the dose should be withheld and the prescriber or addiction worker contacted. It is safer to withhold the dose than risk a potential overdose. A decision to do this is often difficult and it is advisable that it is fully documented and discussed with the prescriber as soon as possible.

5.4. Moving between "Supervised" and "Take Home" dispensing

Clinical guidance recommends that patients are supervised for a period at the start of treatment, before a move to take home doses can be considered. After this time, the decision to change dispensing instruction should be made on an individual patient basis. The pharmacist may be contacted by the prescriber or addiction worker prior to changing to "take home" dispensing to

consider their opinion and ensure that key concerns have not been overlooked. In the early stages of treatment the patient will attend their pharmacy on a daily basis whilst receiving supervised doses of medication which allows the pharmacist to pick up on concerns regarding the patient's wellbeing more rapidly than the prescriber who will generally only see the patient once a fortnight or month. This information is crucial to the prescriber in helping them to make an informed decision. In later stages of treatment where patients are receiving "take home doses" they will be seen less frequently by all members of the multi-disciplinary team. The pharmacist will remain the most frequently contacted professional and should utilise these attendances to assess the patient's progress.

Concerns to feedback to prescriber include: -

- attending intoxicated (drug or alcohol)
- missing doses
- concerns of doses being sold (personal diversion or coercion) or stolen
- safety of medicines stored in the home
- child protection concerns
- adult support concerns
- mental health concerns

Historically, guidelines in NHS Lothian recommended a two week period of supervised consumption per year but this is now not common practice across the health board as it is no longer incorporated into the Enhanced Service contract for GPs caring for drug users. Some prescribers may continue to do this as part of a review of both the ORT dose and general progress and well-being of the patient. If taking place, the period of supervised consumption should be preceded by discussion of a drug amnesty which provides the patient with an opportunity to inform the prescriber if they have not been consuming their full prescribed dose of medication. .

5.5. Additional Practical Dispensing Points

- It is recommended that patients on take away prescriptions should collect their dose of opioid substitute personally unless another named patient representative has been agreed between patient, prescriber and pharmacist. Ideally, to allow monitoring of the patient by the pharmacist, this should be reserved for cases where not attending the pharmacy may hinder progress e.g. working during pharmacy opening hours or for a limited period of time where a physical issue prevents attendance.
- If a patient is unable to collect in person, they may arrange for a representative to collect it. In this case the pharmacist may request a letter from the patient, stating that a named person is authorised to collect the medicine on their behalf. This should not routinely take place and pharmacists should consider contacting the prescriber if the patient regularly sends a representative. It is at the pharmacist's discretion whether to supply to another person if for any reason the pharmacist is concerned the request is not genuine.
- Supervised doses of methadone should be followed by a drink of water/chat to ensure that the full dose has been consumed. This time can be used to check how the patient is doing.
- CD SOPs for dispensing should be in place and followed to ensure legal requirements of dispensing and record keeping are met.

5.6. Controlled drug prescription requirements and Home Office Wording

The validity of a controlled drug prescription should be checked against the current requirements for legality and accuracy. Errors in prescribing most commonly occur around inclusion of the instalment amount and approved Home Office wording. Both a dose amount and instalment amount must be stated and are legal requirements.

Inclusion of Home Office wording is good practice but not a legal requirement. Where it is not included, instalment amounts for days of closure must be stated. Where Home Office Wording is used to allow for pharmacy closures or missed instalment doses (weekly, twice weekly etc dosing) the following wording must be included in full.

Supervised dose prescriptions

- Please dispense instalments due on pharmacy closed days on a prior suitable day.
- Supervise consumption on collection days.
- If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.

Unsupervised dose prescriptions

- Please dispense instalments due on pharmacy closed days on a prior suitable day.
- If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.

Examples of prescriptions are provided in Appendix 8 of this document.

6. Drug Interactions

Pharmacists should monitor for potential drug interactions in this patient group as they would for any prescribed medication. Patients may be at increased risk of overdose if co-prescribed medications that affect the serum levels of methadone. Equally some prescriptions may increase the metabolism of methadone leading to symptoms of withdrawal. The dose of methadone needs to be adjusted accordingly and the prescriber should be contacted to discuss any concerns.

Some common drugs which may affect methadone metabolism are:

Clarithromycin, erythromycin, fluconazole, cimetidine, diltiazem, verapamil (Inhibit metabolism)
Carbamazepine, phenobarbital, phenytoin, pioglitazone, St. John's Wort (Induce metabolism)

It is important to note that this list is not exhaustive and the current BNF or product literature should be consulted for information on interactions.

Methadone can prolong the QT interval leading to a rare but potentially fatal condition called Torsades de Pointes. Pharmacists should be aware of the risk of interactions between methadone and other drugs which possess QT interval-prolonging properties such as antipsychotics (all), citalopram/escitalopram, amitriptyline, domperidone, chloroquine and several antimicrobials. Again, this list is not exhaustive.

Pharmacists should also consider that patients may also be prescribed medications for BBVs such as Hepatitis C and HIV through acute services and may be unaware of these. These may impact on ORT and it is worthwhile discussing with patients if they are prescribed any other medication. The University of Liverpool has developed a useful Hepatitis Drug Interaction Tool which can be found at: <https://www.hep-druginteractions.org/>

The use of computerised methadone dispensing systems may mean that the pharmacy PMR system does not hold methadone dispensing records. Care should be taken to ensure interactions are checked as the systems may not share information. It is good practice to enter methadone prescription data onto the pharmacy PMR system as well as the stand-alone methadone system.

7. Co-existing Medical Conditions/Ageing Population

Pharmacists should consider the impact of co-existing medical conditions on patient care. An emerging issue is the ageing population of opioid dependent patients who will generally have worse physical functioning and more medical morbidity than both age and sex matched norms and younger opioid dependent patients. Pharmacists should be vigilant in considering drug interactions and potential issues with current treatment which may require more frequent review. The metabolism of drugs, both prescribed and illicit may be affected and lead to an increase in side effects including sedation and toxicity.

8. Blood Borne Virus and Safer Injecting Advice

In the initial stages of treatment with an opioid replacement therapy people may continue to “top up” with illicit opioids until they have reached a sufficient dose to manage symptoms of withdrawal. This may also occur after the patient has been stabilised e.g. during a stressful life event, due to relapse etc. This is not a reason to discharge patients from treatment services as evidence demonstrates that patients are at lower risk of harm where there remains a level of engagement with services.

As well as the risks of overdose due to decreased tolerance, the patient is also at risk of harm from injecting such as injecting site injuries and acquiring blood borne viruses e.g. Hepatitis C. Pharmacists should be confident in delivering basic harm reduction advice as follows:

- Directing to the nearest specialist or pharmacy needle exchange where not available onsite
- Emphasising the importance of using sterile injecting equipment.
- Encouraging use of a new set of injecting equipment for every injecting episode
- Discouraging sharing of needles with others, including sexual partners
- Rotating site of injection

9 Child Protection

It should be noted that Child Protection procedures apply to any child at risk and is not limited to children of parents who use drugs. This section is included to highlight local processes and information available to pharmacists. It is advised that all pharmacists complete the NES Child Protection training pack (available as an online e-learning resource www.nes.scot.nhs.uk).

The National Guidance for Child Protection in Scotland 2014 states that “All agencies, professional bodies and services that deliver adult and/or child services and work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. They are expected to identify and consider the child’s needs, share information and concerns with other agencies and work collaboratively with other services (as well as the child and family) to improve outcomes for the child.”

Pharmacy staff fall within these parameters and as such should be mindful of their responsibility in helping to protect children from harm. The Treatment Agreement outlines the role of the pharmacy with regards child safety. The requirement to share relevant information is clearly stated which may help alleviate any concerns a pharmacist may have over protecting patient confidentiality. The agreement makes it clear to patients that pharmacy staff are obliged to put the safety of children first.

Local guidance is available via the link

<https://www.nhslothian.scot.nhs.uk/Services/Pharmacies/CommunityPharmacy/Pages/Useful-Resources-and-Links.aspx>

This contains the NHS Lothian Child Protection Flowchart and A Practitioner Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People’s Wellbeing

With specific regard to children of parents who use drugs, the pharmacist should be made aware of any patients who have children living with them by the prescriber or patient. This does not indicate that there are child protection issues, but provides the pharmacy team with additional information that may assist if concerns are raised during attendances at the pharmacy.

Where patients are identified as having a dependent child/children, the pharmacy team should endeavour to support attendance of the child/children and make them feel welcome in the pharmacy. The patient and child/children should be treated with respect and stigmatisation avoided. Wherever possible the patient should be given choices in their treatment e.g. ask patient if they would rather take their methadone in private or with their child/children present. Try to facilitate and accommodate these wishes. Attendance of children within the pharmacy allows opportunity for assessment of welfare and is one of few regular places this could be done. Gaining the trust of the patient and child/children will allow better assessment of current status.

8.1 Action to be taken where child protection concerns are identified:

In an emergency situation where a child is felt to be in immediate danger the pharmacy team should contact the Police.

Where child protection concerns have been raised, but there is no immediate risk to the child, the Child Protection Referral Flowchart should be followed.

For more information on the needs of children affected by parental alcohol and drug use see 'Getting Our Priorities Right' (Scottish Executive) and 'Hidden Harm' (Advisory Council on the Misuse of Drugs). The National guidance has a section under special circumstances that provide additional information.

9. Communication with the multi-disciplinary team

Best practice for routine communication between the prescriber or addiction worker and pharmacist will utilise the appropriate Information Sharing Form via email. This will form the basis of a written audit trail thus improving clinical governance procedures. Agreement with local prescribers should be sought as to the best method of communication. For specialist teams, the contact list and details can be found in appendix 10.

Urgent communication should continue to be undertaken by phone in the first instance e.g. where patient safety is at risk because of a wrong dose or prescription not allowing a dose to be dispensed or where the patient would be unfairly inconvenienced. It is recommended that information shared via phone is recorded using the Patient Care Record to provide an audit trail.

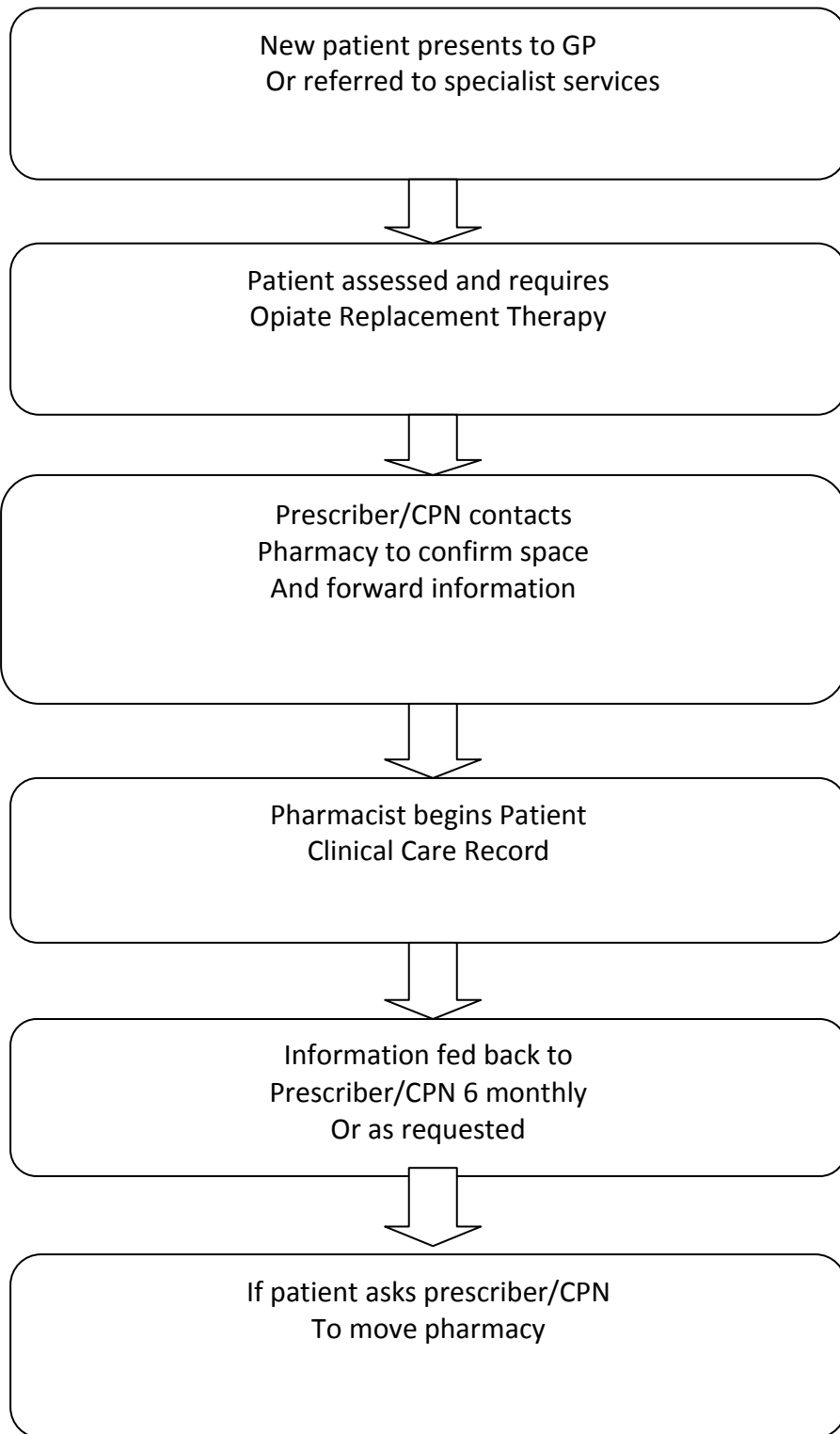
10. Reference Sources and Resources

The links below provide access to current available UK and local guidance. They can be used as reference sources to ensure appropriate prescribing.

- Drug Misuse and Dependence: UK guidelines on clinical management
<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>
- RCGP guidance for opioid substitution therapies
<http://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/substance-misuse-resources-for-gps.aspx>
Lothian Joint Formulary 4.10 Drugs Used in Substance Dependence
<http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/4.0/4.10/Pages/default.aspx>
- "The Ashton Manual" www.benzo.org.uk
- National Child Protection Guidance
<http://www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf>
NHS Lothian Child Protection Guidance
http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Lothian/child_protection.html

The following information and associated checklists are designed as tools to inform pharmacy specific SOPs for substance misuse services.

Patient Pathway in NHS Lothian



INFORMATION SHARING FORM
(Prescriber/CPN to Pharmacist)

Patient Name	
CHI or D.O.B	
Doctor/CPN Name	
Practice/Clinic Name	
Telephone and email contact details	
Other relevant professionals	
Stage of Treatment	Initiation <input type="checkbox"/> Increasing <input type="checkbox"/> Maintenance <input type="checkbox"/> Reducing <input type="checkbox"/>
Co-existing medical conditions	
Number and age of children with regular contact	

Brief Outline of Current Treatment Plan
Additional Relevant Information
Pharmacy Name and Details

PHARMACY TREATMENT AGREEMENT

- 1) We want you to get the best out of your treatment and will do our utmost to provide a supportive and non-judgemental environment to help you in your recovery. Pharmacy staff and patients will treat each other with mutual respect. Verbal or physical abuse will not be tolerated from either party.
- 2) In the course of your treatment it may be necessary to share and discuss information with other professionals involved in your care. This may include your prescriber, social worker or support worker if appropriate. Every 6 months (or as appropriate) we will provide your prescriber or addiction worker with an update on your progress. Progress may be recorded in the pharmacy on a "Patient Care Record".
- 3) As a Health Professional we must consider the safety of children and if any concerns are raised we are obliged to address these through the most appropriate channels.
- 4) We will give you plenty of notice on any changes to our pharmacy opening hours for example at Christmas or on public holidays. Our regular pharmacy opening hours are:
 Monday -
 Tuesday -
 Wednesday -
 Thursday -
 Friday -
 Saturday -
 Sunday –

We will endeavour to dispense your prescription as quickly as possible however during particularly busy hours it may take us longer to dispense your prescription.

- 5) We may ask for identification to help pharmacy staff ensure that the correct patient receives the correct medication.
- 6) We will ask for a current contact telephone number for you, in case we need to contact you urgently. You are asked to let the pharmacy know if this changes and provide a new contact number.
- 7) If you come into the pharmacy under the influence of drugs or alcohol and we feel it would be dangerous to give you your medication we will withhold medication until it is safe to give it and take advice from your prescriber or addiction worker where appropriate.
- 8) If you miss more than two doses of medication we may have to withhold the dose as it could be dangerous to give it to you. We will discuss with your prescriber or CPN to agree a safe plan of action. In some cases you will have to return to your prescriber for assessment before further doses are given.

Signed:

Patient:		Date:	
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Pharmacist:		Date:	
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Patient Care Record Examples

Pharmaceutical Care Risk Assessment

Review date	Review user	Care issues?	
14-Oct-2015	Loth2	No	View

[Add](#)

Care Issues

Care issue	Care issue type	Earliest review by	Last modified on	
> Ongoing Interventions	Standard	30-Nov-2015	14-Oct-2015	View
> Initial Interventions	Standard		14-Oct-2015	View

[2 of 2] [Review](#)

Medication

Name	Last dispensed on	Service	Indication	Modified date	Modified by	Imported	
> Methadone mixt 1mg/ml, 60ml daily, supervised		AMS	Opioid substitution	16-Oct-2015	Loth2	False	View

[1 of 1] [Review](#)

Care Issue

Description	Initial Interventions	
Modified	14-Oct-2015 by Loth2	
		Edit

Care Issue Outcome

Desired outcome	Action	Action by	Response	Status	Review by	Modified on	Modified by	
Treatment Agreement discussed and signed	Go through agreement with patient and sign off	Pharmacist	Done	Complete		14-Oct-2015	Loth2	Edit
Note child contacts	Check if patient has contact with children	Pharmacist	Patient has 7 year old son at home	Complete		14-Oct-2015	Loth2	Edit
Information Sharing Form received and PCR record populated	Check form received. Go through Patient Profile and Paharmaceutical Care Risk Assessment with patient.	Pharmacist	Form received from GP and saved to computer. Patient Profile and Pharmaceutical Care Risk Assessment complete.	Complete		14-Oct-2015	Loth2	Edit

[Loth2](#)

[Add](#)

[return to Care Issues Page](#)
[return to Patient Home Page](#)

Care Issue

Description Ongoing Interventions
 Modified 14-Oct-2015 by Loth2

[Edit](#)

Care Issue Outcome

Desired outcome	Action	Action by	Response	Status	Review by	Modified on	Modified by
Naloxone kit issued	Patient signposted to Harm Reduction services for Naloxone training and supply	Pharmacist	Patient has shown interest but has not yet attended for training	Open	30-Nov-2015	14-Oct-2015	Loth2 Edit
Patient attends as expected for each dose	Discuss increasing number of missed doses with patient	Pharmacist	Patient has indicated that he sometime uses heroin on top of script and does not attend the pharmacy when he does. Patient has been advised to contact his GP for dose review and an Information Sharing Form has been sent to his GP with details of this intervention	Complete		14-Oct-2015	Loth2 Edit

[Add](#)

[return to Care Issues Page](#)

[return to Patient Home Page](#)

Care Issue Outcome

* Means a field requires data

Desired Outcome *

Action

Action By

Response

Status Note: Setting the status to Complete will clear the Review By date when saved.

Review By

e.g: 31-07-2015 for the 31st of July 2015

Care Issue

Care issue	Care issue type	Earliest review by	Last modified on	
▼ Ongoing Interventions	Standard	30-Nov-2015	14-Oct-2015	View
Desired outcome	Action	Action by	Response	Status
Naloxone kit issued	Patient signposted to Harm Reduction services for Naloxone training and supply	Pharmacist	Patient has shown interest but has not yet attended for training	Open
Patient attends as expected for each dose	Discuss increasing number of missed doses with patient	Pharmacist	Patient has indicated that he sometime uses heroin on top of script and does not attend the pharmacy when he does. Patient has been advised to contact his GP for dose review and an Information Sharing Form has been sent to his GP with details of this intervention	Complete
				14-Oct-2015

PATIENT CHECKLIST

Section A: For every prescription

- 1) Is the prescription legally correct?
- 2) If present, is the Home Office wording correct?
- 3) Are doses of prescribed medication appropriate?
- 4) Are any dose increments appropriate?
- 5) Are dispensing instructions appropriate (e.g. take away amounts)?
- 6) Are there any drug interactions of clinical significance?
- 7) Advise on safe storage of “take home” doses.
- 8) If a designated Community Pharmacy is stated on the prescription, is this the correct pharmacy? If not, confirm with prescriber or previous pharmacy that it is safe to dispense.
[Contact service to update their records.](#)

Section B: For patients who are new to Opioid Substitute Therapy (methadone/ Suboxone[®] etc), returning after a break in treatment or new to pharmacy

- 1) Is starting dose appropriate?
- 2) Have you received an Information Sharing Form from the prescriber / addiction worker?
- 3) Discuss content of the Treatment Agreement and sign
- 4) Discuss the opening hours of the pharmacy
- 5) Provide Patient Information Leaflet for the drug(s) they are receiving
- 6) Advise patients to take dose at roughly the same time each day
- 7) Discuss dangers of missing doses
- 8) Discuss key signs and symptoms of overdose, risks of overdose and issue naloxone leaflet/signpost for naloxone training.
 - a) Mixing multiple drugs and alcohol
 - b) Decreased tolerance (new batches, recently detoxed, abstinent etc)
 - c) Using drugs alone
- 9) Discuss safe storage of take home doses

Section C: Routine Patient Safety/Monitoring Checks

- 1) Is it safe for patient to receive dose?
 - a) Does patient appear to be intoxicated through alcohol and/or drug use? [Withhold dose and contact prescriber as appropriate.](#)
 - b) Does patient appear drowsy or over sedated? [Withhold dose and contact prescriber as appropriate.](#)
 - c) Has patient missed doses?
 - i) Missed any doses first week of treatment? [Contact prescriber.](#)
 - ii) One off missed dose? [No action required unless other co-existing issues present.](#)
 - iii) A few single missed doses? [Discuss dangers with patient \(reduced tolerance, risk of overdose if using illicit substances etc\). Encourage to discuss with prescriber.](#)
 - iv) Regular single missed doses? [Contact prescriber.](#)
 - v) 3 or more consecutive missed days? [Contact prescriber.](#)
- 2) Are times of attendance becoming less regular? (e.g. used to attend like clockwork at 10am – now time varies daily) [Potential sign that patient isn't coping with treatment.](#)

- 3) Is patient's physical appearance causing concern? [Potential sign that patient isn't coping with treatment.](#)

Section D: Change of dispensing arrangements (supervised to take away dose or vice versa)

The prescriber should contact the pharmacist to discuss the patient's attendance in the pharmacy to provide insight into how well the patient appears to be managing treatment. Pharmacists should consider the following points and report fairly and equally on positive progress as well as concerns.

- 1) Has prescriber contacted you to discuss plan to change? [If "no" and you have valid concerns about this change contact prescriber.](#)
- 2) Are there signs of positive progress? [Report on positives as well as concerns.](#)
- 3) Does the patient continue to attend under the influence of drugs or alcohol?
- 4) Does the patient regularly miss doses?
- 5) Concerns of diversion or coercion of medicines?
- 6) Does the patient have children? Will the patient be able to store methadone, buprenorphine and other medications safely and securely?
- 7) Is the patient currently displaying mental health symptoms of concern?
- 8) Has the patient been supervised for 3 months or more?
- 9) Is the quantity/volume of methadone/other medicines appropriate to take home?

Section E: Ongoing Treatment Checks

- 1) Provide positive feedback on achievements, build rapport, encourage discussion
- 2) Ensure patient has been issued with appropriate PIL(s) for prescribed medication NB: methadone where leaflet not routinely available. www.patient.co.uk
- 3) Re-iterate importance of taking dose at roughly the same time each day
- 4) Re-iterate dangers of missing doses

Section F: Patient Health

The pharmacists should comment and report any adverse changes / concerns to the patient with respect of

- 1) General health
- 2) Physical appearance
- 3) Skin Care
- 4) Injecting injury
- 5) Weight loss
- 6) Mental health
- 7) Diet and Nutrition
- 8) Dental Health

Section F: Harm Reduction

- 1) Check that patient has had overdose awareness and naloxone training / issue with naloxone leaflet.
- 2) Confirm patient can recall the risks of overdose, key signs and symptoms. Routinely re-iterate (at least once a year minimum).
- 3) Provide harm reduction advice and information and signpost as appropriate. This may include:

- i) Provide sterile injecting equipment/signpost to nearest Injecting Equipment Provider.
 - ii) Provide basic safer injecting advice and information.(utilise “A guide to safer injecting” leaflet to give out and aide in discussion)
 - iii) Advise of reducing risk of acquiring blood borne viruses if injecting e.g. use new set of injecting equipment for each injecting episode, do not share equipment
 - iv) Reduce risk of injecting site injuries by rotating site.
 - v) Encourage testing for Blood Borne Viruses (Should be tested annually so may require repeat testing)
- 4) Check the patient is not drinking excessively or more frequently than previous.

Section G: Child Protection

- 1) Check if patient cares for children or have children living with them?
- 2) See service specification for advice on dealing with child protection concerns

Insert hyperlink

INFORMATION SHARING FORM
 (Pharmacist to Prescriber/CPN or
 other relevant professional)

Date	
Prescriber/CPN/other name	
Practice/clinic name	
Patient name	
Patient CHI or D.O.B	

I wish to provide feedback on the following area(s)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Positive progress | <input type="checkbox"/> | Missed Doses | <input type="checkbox"/> |
| Method of administration | <input type="checkbox"/> | Attending intoxicated | <input type="checkbox"/> |
| Mental Health concerns | <input type="checkbox"/> | Dental Heath | <input type="checkbox"/> |
| General Health concerns | <input type="checkbox"/> | Child Protection concern | <input type="checkbox"/> |
| Alcohol Use | <input type="checkbox"/> | Adult Protection concern | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Brief description of issue or feedback
Pharmacist name, Address, Contact Details

SUPERVISION PROCEDURE FOR OPIOID SUBSTITUTE THERAPIES (METHADONE AND BUPRENORPHINE CONTAINING PRODUCTS)

Advice for Community Pharmacists

NB: Pharmacies are responsible for maintaining appropriate SOPs outlining the agreed procedures of each individual pharmacy. Recommended supervision procedures are as follows:

THE SUPERVISED CONSUMPTION PROCEDURE

It is important that all supervised medication is correctly supervised within the pharmacy. There are obvious differences between the possible drugs used and supervision requirements differ. The best procedures are outlined below.

Methadone Oral solutions

- Have made up prior to collection
- Check patient details, against prescription and medicine
- Hand to patient in a suitable labelled cup
- Provide water after to rinse container and mouth then swallow (soft drinks cans should be avoided as they offer a receptacle if the solution has not been swallowed fully)
- Talking to the patient after also help to confirm the dose has been swallowed completely

Buprenorphine (Suboxone/Subutex) preparations

- Have made up prior to collection
- Check patient details, against prescription and medicine
- Provide water to patient in advance of the tablets and encourage patient to drink to ensure the mouth is moist (speeds up dissolution of sub lingual tablet)
- Hand medication to patient in a suitable labelled container
- Watch patient place tablet(s) under the tongue
- Allow patient to stand quietly until tablets fully dissolved (talking to the patient may result in more medication being swallowed)
- Check under tongue for residue (may be some small amount of chalky residue left)
- Talking to the patient after also help to confirm the dose has been taken completely.

Consider Contacting the Prescriber if:

1. The patient does not consume the whole dose under supervision.
2. The patient tries to avoid supervision.
3. The patient appears to be intoxicated with alcohol, prescribed medicines or illicit drugs.
4. The patient appears to be unwell in relation to their opioid substitution (will they phone us when our patients have the cold?!).
5. The patient misses doses (see section 4.2).
6. The patient's behaviour is unacceptable (e.g. shoplifting, verbal/physical abuse).
7. There are problems concerning the prescription e.g. ambiguity of dates, identity of patient in doubt.

Remember:

1. Missing doses may result in a drop in opiate tolerance with an increased risk of accidental overdose.
2. Patients stabilised on methadone should be alert and coherent.
3. As you get to know the patient you may be in a position to notice deterioration in their health.
4. Only you can decide what behaviour is unacceptable (discuss with all new patients).
5. The patient's confidentiality should be maintained.
6. Information should not be disclosed to anyone without the consent of the patient unless a matter of child protection, adult support and protection or serious criminal matter. (as covered by patient confidentiality laws).

Legal Requirements on a Schedule 2/3 Controlled Drug prescription

GP10(SS)5 NATIONAL HEALTH SERVICE (SCOTLAND)

Name: A B Dean
Address: 1 Masters Street, Anytown
Postcode: AT1 2ZT
CHI No: 010119801234
No. of Days Treatment: 14

Methadone Oral Solution 1mg/1ml
Send 1400ml (One thousand four hundred millilitres)
100ml daily
Consume on the premises 100ml daily
From 22/12/2014 to 4/1/2015
Dispense 100ml on Sat for Sun 25/12/14 and 26/12/14
Dispense 200ml on 31/12/14 for 1/1/15 and 2/1/15
CPN - J Smith
Pharmacy - AN Other Pharmacy

Signature: Dr No
Date: 01/12/2014

NXXXX
The surgery
Anystreet
Anytown

34371601476 00830083

Annotations:

- Patient name and address
- Drug name, form and strength
- Instalment amount
- Date of signing
- Surgery/Clinic address
- Total quantity in words and figures
- Daily dose
- Instalment amount(s) for closures where HO wording is not used
- Doctor's signature

Good practice points

(not legally required but inclusion assists process)

GP10(SS)5 NATIONAL HEALTH SERVICE (SCOTLAND)

Name: A B Dean
Address: 1 Masters Street, Anytown
Postcode: AT1 2ZT
CHI No: 010119801234
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CPN - J Smith
Pharmacy - AN Other Pharmacy

Signature: Dr No
Date: 01/12/2014

NXXXX
The surgery
Anystreet
Anytown

34371601476 00830083

Annotations:

- Number of days treatment and CHI
- "From" "to" dates (From date becomes the "appropriate date" where included)
- CPN name (assists pharmacy in contacting appropriate clinician)
- Pharmacy Name (reduces risk of duplicate doses being collected by patient)

Home Office wording

Inclusion of the Home Office (HO) wording is NOT a legal requirement.

NB: variations on the HO wording are not allowed however there are more than one version of each. See Medicines, Ethics and Practice for full details.

HO wording to cover closures

All legal prescription requirements remain as before except that the inclusion of the appropriate HO wording allows the pharmacy to calculate the volume or quantity of instalment amounts for the days when the pharmacy will be closed (e.g. Sundays and Bank Holidays). It allows instalments to be dispensed on the last working day before the closure

NB: instalment amounts are still a legal requirement when HO wording is included

HO wording to cover missed doses

Inclusion of the statements regarding missed collection of an instalment dose allows for the remainder of the dose to be dispensed without contacting the prescriber.

Using this prescription, if the patient missed collection on Monday but came in on Tuesday, the remaining 200ml may be dispensed. Pharmacists should ensure that it is safe to do so, that the patient is not attending intoxicated or in withdrawal and if there are any concerns, the prescriber should be contacted to discuss. Likewise if the patient has missed 3 doses or more, no supply should be given and the prescriber should be contacted to discuss.

“Appropriate date”

There remains confusion with some pharmacists over what constitutes the “appropriate date” on a controlled drug prescription.

All schedule 2 and 3 controlled drugs prescriptions are valid for 28 days from the appropriate date.

Where the signed date is the only date on the prescription this is also the appropriate date.

With another date e.g. “from” “to” dates are included, the “from” date becomes the appropriate date.

However must also be clinically appropriate to do this.

Pharmacists should refer to Medicines, Ethics and Practice for full information.

Appropriate date

Signed date

USEFUL CONTACT NUMBERS

Chris Miller

Tel: 0131 537 8300

Lead Pharmacist for Substance

Misuse

Mandy Hart

Tel: 0131 537 8300

Pharmacist – Spittal St. Centre

Controlled Drug Governance Team

Tel: 0131 465 7833

Contractor Support Officer (Pharmacy)

Tel: 0131 537 8427

Primary Care Facilitation Team (GP Support)

Tel: 0131 446 4420

Harm Reduction (IEP/Naloxone)

Tel: 0131 537 8300

Prison Addiction Teams

HMP Addiewell

Tel: 01506 874 500

HMP Edinburgh

Tel: 0131 444 3067

Appendix 10

Services for Substance Misusers

<p>Adolescent Substance Use Service (ASUS) and Young People's Substance Use Service (YPSUS) City Chambers, Level 10, 329 High Street, Edinburgh, EH1 1YJ Tel: 0131 529 6700</p>	<p>Drug Treatment and Testing Order (DTTO) 29-31 Alva Street, Edinburgh, EH2 4PS Tel: 0131 225 7788</p>
<p>DTTO II 53 Blackfriars Street, Edinburgh, EH1 1NB Tel: 0131 557 5385</p>	<p>East Lothian Substance Misuse Service The Esk Centre, Ladywell Way, Musselburgh, EH 21 6AB Tel: 0131 446 4853</p>
<p>Lothians and Edinburgh Abstinence Programme (LEAP) Woodlands House, Astley Ainslie Hospital, 74 Canaan Lane, Edinburgh, EH9 2TB Tel: 0131 446 4400</p>	<p>Midlothian Substance Misuse Service Glenesk Centre, 1/5 Duke Street, Dalkeith, EH22 1BG Tel: 0131 660 6822</p>
<p>North East Recovery Hub 5 Links Place, Edinburgh, EH6 7EZ Tel: 0131 554 7516</p>	<p>North West Recovery Hub Craigroyston Health Clinic, 1b Pennywell Road, Edinburgh, EH4 4PH Tel: 0131 315 2121</p>
<p>PrePare (Pregnancy/Neonatal) Wester Hailes Healthy Living Centre, 30 Harvesters Way, Edinburgh, EH14 3JF Tel: 0131 453 9208</p>	<p>Spittal Street Centre (Harm Reduction Services) 22-24 Spittal Street, Edinburgh, EH3 9DU Tel: 0131 537 8300</p>
<p>Regional Infectious Diseases Unit (RIDU) Ward 41, Western General Hospital, Edinburgh, EH4 2XU Tel: 0131 537 2820</p>	<p>Ritson Clinic Royal Edinburgh Hospital, 1st Floor, Andrew Duncan Building, Morningside Terrace, Edinburgh, EH10 5HF Tel: 0131 537 6444</p>
<p>South East Recovery Hub Gracemount Medical Centre, 24 Gracemount Road Edinburgh, EH16 6RN Tel: 0131 672 9544</p>	<p>South West Recovery Hub Wester Hailes Healthy Living Centre, 30 Harvesters Way, Edinburgh, EH14 3JF Tel: 0131 453 9448</p>
<p>West Lothian NHS Addictions Service 1st Floor, Civic Centre, Howden Road South, Livingston, EH54 6FF Tel: 01506 282 845</p>	

Injecting Equipment Provision in Edinburgh and Lothian

Range of Injecting Equipment Providers		
Spittal Street: The central needle exchange with specialist health services for injectors at 22-24 Spittal Street, Edinburgh, EH9 3DU <ul style="list-style-type: none"> • Take Home Naloxone • BBV Vaccination and testing • Injecting wounds/leg care • Dentist • Women's clinic, inc. midwifery • ROAM clinic (for men) • C: Card scheme Tue and Fri 12:30-4:30pm Mon and Thu 10am-4:30pm	NEON The specialist outreach needle exchange service (see below).	Pharmacies Give limited advice on injecting, dealing with wounds and finding health and drug services. Provide a full range of equipment Drug Agencies: All the above and provide more in depth advice and referrals as well as providing the C: Card scheme

Drug Agency IEP in Edinburgh			
EH4	NEDAC 10 Pennywell Court	Mon, Wed, Thu Tue Fri	9am-4:30pm 1-4:30pm 9am-4pm
EH6	Turning Point 5 Links Place, Leith	Mon, Wed Thu, Tue Fri	9am-5pm 9am-8pm 9am-4:15pm
EH14	CHAI 1 Murrayburn Gate	Mon-Fri	1pm-4pm
EH16	The Castle Project 2 Craigmillar Castle	Mon-Thu Fri	9am-4:30pm 9am-4pm

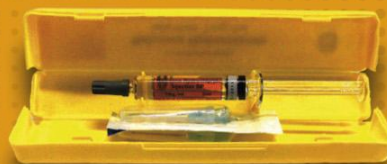
Mid and East Lothian IEP			
The NEON bus comes to 2 places in Mid and East Lothian: Musselburgh in the car park with the bandstand on Olive Bank Road Tuesday 12pm-3pm Gorebridge , in the car park behind Newbyres Medical Centre, Hunterfield Road. Tuesday 4pm-6pm MELD (Mid and East Lothian Drugs) in Dalkeith at 6a New Mills Road- 0131 660 3566			
P= Private area available on request		Mon-Fri	Sat
EH20	Rowlands Pharmacy P 55 Clerk Street, Loanhead	8:45am-6pm	9am-5pm
EH26	Rowlands Pharmacy P 22 Edinburgh Road, Penicuik	9am-6pm	9am-5pm
EH32	Bankton Pharmacy P, Hawthorn Road, Prestonpans	9am-1pm, 2pm-6pm	9am-1pm
EH41	Right Medicine Pharmacy P, 10 High Street, Haddington	9am-5:30pm	9am-5:30pm

Pharmacy IEP in Edinburgh			
P= Private area available on request		Mon-Fri	Sat
EH2	Boots P, 48 Shandwick Place	7:30am-8pm	9am-6pm (Sun 10:30am-5pm)
EH5	Lindsay And Gilmour P, 242 Crewe Road North	8:45am-5:45pm	8:45am-5pm
EH6	Lindsay and Gilmour P, 257a Leith Walk	9am-6pm	9am-5:30pm
EH8	Newington Pharmacy P, 46-50 Clerk Street	8:30am-6:30pm	9am-6pm
EH11	Mackinnon Pharmacy P, 291 Calder Road	9am-5:30pm	9am-5pm
EH11	Omnicare Pharmacy P, 3 Ardmillan Terrace	9am-6pm	Closed
EH14	Lloyds Pharmacy P, 26 Wester Hailes Centre	9am-6pm	9am-5:30pm
EH16	Gordons P, 1 Gracemount Drive	9am-5:30pm	9am-5:30pm
EH17	Lloyds Pharmacy P 2 Fernie hill Road	8:30am-6pm	9am-1pm

West Lothian IEP			
The NEON bus visits 3 places in West Lothian: Howden/Livingston outside Howden Health Centre, St Johns Hospital- Wednesday 1pm-3pm Whitburn off West Main Street opposite Ireland Avenue, Murraysgate Industrial Estate- Wednesday 3:30pm-5:30pm Armadale , in the car park of the Armadale Group Practice, 18 North Street- Wednesday 6pm- 7:30pm			
P= Private area available on request		Mon-Fri	Sat
EH48	Dunamis Pharmacy, 27 Elizabeth Drive, Boghall	9am-6pm	9am-1pm
EH49	Lloyds Pharmacy P, 286 High Street, Linlithgow	8:30am-6pm	8:30am-5pm
EH54	Deans Omnicare Pharmacy P, 6 Main Street, Livingston	9am-6pm	9am-12:30pm
EH54	Lloyds Pharmacy, Howden HC P, Howden Road West	8:30am-6pm	Closed
EH55	Lindsay and Gilmour P, 65 West End, West Calder	9am-6pm	9am-1pm

For More information contact the Harm Reduction Team on: 0131 537 8300

TAKE HOME NALOXONE PROGRAMME



Drop-in Centres

There are now drop-in centres in Edinburgh for anyone interested in finding out more about the life-saving drug Naloxone. You can be trained and have your own supply of Naloxone, which reverses the effects of an opiate overdose.

The Exchange

Spittal Street Centre, Lady Lawson Street
0131 537 8300

Monday, Tuesday and Friday 12.30- 4.30pm

Thursday 10.00-12.30pm

The Access Practice

Cowgate Clinic, 20 Cowgate
0131 240 2810

Monday and Thursday 9 -12 noon

North East Recovery Hub

5 Links Place
0131 5547516

Monday 10-4pm, Tuesday 10-7pm, Wednesday 12.30-4pm
Thursday 10-4pm and 9pm -1am (women only) Friday 10-1pm

Craigmillar East Neighbourhood Centre, 10 Niddrie Mains Road
Craigmillar Pharmacy, 58-60 Niddrie Mains Road
Mountcastle Health Centre, 132 Mountcastle Drive

Monday 10-3pm
Friday 9.30-12.30pm
Thursday 1-4pm

South East Recovery Hub

Spittal Street Centre
South neighbourhood office, Captains Road

Monday 1 -4pm Wednesday 9-12noon
Tuesday and Thursday 1-4pm

North West Recovery Hub

North West Locality Office
West Pilton Gardens
South Queensferry Medical Practice

Monday, Wednesday, Friday 1-4pm
Friday 9-1pm

South West Recovery Hub

Wester Hailes Healthy Living Centre
30 Harvesters Way, Edinburgh
0131 453 9448
CHAI
555 Gorgie Road

Tuesday, Wednesday Thursday 12-4pm

Monday and Friday 12 – 4pm

TAKE HOME NALOXONE PROGRAMME



Drop-in Centres

East, Mid and West Lothian

In addition to WLDAS, MELD and Cyrenians services, Take Home Naloxone is available by dropping into the NEON where you can be trained to use, and supplied with naloxone. Look out for white bus with blue NHS Lothian logo.



East and Midlothian

MELD

6a Newmills Road, Dalkeith 0131 660 3566

Monday and Friday 1-4.30pm

Musselburgh, East Lothian

(In car park, opposite TESCO's, Olive Bank Road)

Tuesday.....12noon - 3.30pm

Mayfield, Midlothian

(In the car park of Newbattle Medical practice, off Blackcot Drive)

Tuesday.....4.30pm - 6pm

West Lothian

Howden Health Centre, West Lothian

(In car park outside Howden Health Centre, near St John's Hospital)

Wednesday.....1pm - 3.30pm

Whitburn, West Lothian

(Off West Main Street, opposite Ireland Avenue)

Wednesday.....4pm - 5.30pm

Armadale, West Lothian

(In car park behind Armadale Group Practice, in North Street)

Wednesday.....6pm - 7.15pm

Bathgate Cyrenians 19b Bridge Street

Monday to Friday.....9am-4.30pm

WLDAS 01506 430225. Call for appointment