

Pharmacists and methadone

This briefing seeks to explain the important role pharmacists play in providing support for recovering drug misusers. The paper specifically deals with aspects of methadone supply and highlights examples of current best practice for consideration by NHS Boards in reviewing their methadone administration policies.

Methadone is particularly effective in managing symptoms experienced in withdrawal from heroin misuse. It is classed as a long acting partial agonist for opioid receptors. One oral dose of this medicine per day can control opiate withdrawal symptoms and minimise the craving for illicit drug misuse. The use of methadone as part of a structured drug treatment and rehabilitation programme helps patients to lead less chaotic lives away from the need to commit crimes to feed a habit, keeps families together and improves the chances of employment. This is widely accepted and supported by robust research findings. It also improves the general health of patients and reduces the chances of contracting and spreading blood borne viruses such as HIV and Hepatitis by eliminating the need for injecting.

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The community pharmacist's role

The majority of the 1,200 community pharmacies in Scotland play an active role in the provision of drug treatment and rehabilitation services. These include methadone supply and needle exchange facilities. Regarding the former, approximately 390,000 prescriptions were dispensed by pharmacists in the year to 31st March 2004. Pharmacists receive local support and training, which is often integrated with medical, nursing and social care colleagues.

Recent research conducted in Scotland demonstrates that despite some concerns about the impact on local communities, the public are generally supportive of this role for pharmacy. There are three main reasons why community pharmacists are best placed to dispense and supervise administration of methadone to patients.

- Pharmacists have the appropriate skills, training and expertise to undertake this role.
- The 800 community pharmacies engaged in the administration of methadone provide ready access to a diverse network and prevent the creation pockets of high intensity.
- Finally, it is important to recognise that methadone patients have the same rights to appropriate services as others accessing health services.

The process

Pharmacists have an important role in ensuring that the prescribed dose is consumed by the patient. This requires the quantity to be consumed within the pharmacy, supervised by the pharmacist premises. This procedure ensures that the product is not diverted onto the black market and is taken by the intended recipient. This procedure occurs in a discrete or quiet area of the pharmacy to ensure a degree of patient confidentiality. Pharmacists can also assess compliance with treatment, check general health, and promote safer lifestyle practices. Patients are generally provided with a written contract, which explains the procedures operating within that pharmacy and may cover aspects of behaviour and attendance.

As part of the procedure, patients are given a drink of water afterwards to ensure the quantity has been swallowed. This also helps to dilute the acidic nature of the mixture and rinse the mouth of the high sugar content, both of which can be detrimental to oral health. The prescriber may also be contacted if the pharmacist has a concern over the patient's behaviour, e.g. attending highly intoxicated, which may result in a supply being

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withheld. As part of the care planning process, a patient, once stabilised on this therapy, normally after three to six months supervision, may be given greater responsibility for managing their condition by the introduction of "take home privileges", e.g. increasing dispensing intervals from daily to twice weekly and thence to weekly. Supervision can be reinstated in times of crisis or relapse. This recognises drug misuse as a chronic relapsing condition and should not be viewed as a failure of the programme or the patient. In tackling addiction, it may require several attempts before the patient becomes fully stable and ultimately drug free. Changes in the supervision process and frequency of attendance are discussed and directed by the prescriber in close liaison with the pharmacist, social worker and patient as part of the care planning process to support their respective inputs.

Improving services

Most NHS Boards have effective arrangements for supervised administration of methadone whilst others are still developing them. As a result, arrangements are variable across the country. The Society recommends that all NHS Boards review their arrangements to ensure that best practice is being adopted throughout Scotland. This review should consider protocols, supervision, and arrangements for integrated care with patients, prescribers, pharmacists, social workers, and other treatment and rehabilitation services.