



Pharmacy scheme reduces drugs deaths

Martin Bennett, pharmacist and managing director, Associated Chemists (Wicker) Ltd, Sheffield

METHADONE AND NEEDLE EXCHANGE SERVICES, SHEFFIELD

Sheffield pharmacies have a long history of involvement in the treatment of drug users, but in 1998 there was plenty of room for improvement as 38 young people died from drug overdoses in the city, there were long waiting lists for treatment for drug addiction and a high level of drug-related crime. GPs were reluctant to prescribe methadone to addicts and only six pharmacies provided a service at that time.

NEW SERVICE NEEDED

To find a solution to the drug problem in Sheffield, the local health authority piloted a supervised methadone consumption service through pharmacies and put the service out to tender, to begin operating in January 2000.

Associated Chemists (Wicker) Ltd won the contract. The scheme they proposed was a 'shared care' model open to all the city's pharmacies. To encourage participation in the service,

Associated Chemists agreed to undertake daily supervised supply of medication during the patient's initial stabilisation period, after which they would be transferred to a participating pharmacy of their choice. The support has enabled 83 out of Sheffield's 113 pharmacies to become involved in the methadone service, while 12 participate in the needle exchange service.

"We now have 1,850 patients in treatment, are able to refer people for treatment within days and have more than halved the drug-related deaths in the city with almost none involving prescribed methadone," says Martin Bennett, managing director of Associated Chemists. There has also been a 70 per cent reduction in drug-related crime for those on the drug maintenance programme.

HOW THE SERVICE WORKS

Patients register with a participating pharmacy, then receive their prescribed medication (methadone or buprenorphine) either as a supervised dose (60 per cent of those registered do this) which means they take their medication in the

presence of the pharmacist, or by taking home a one to three day supply.

"A recent study carried out at Bordeaux University in France found that addicts who visited their pharmacy for daily supervised methadone had a better outcome than those given their supply to take home. It's much safer for all concerned – the normal dose is enough to kill a non-addict – so it needs to be treated with respect," says Martin.

"Even when patients are prescribed take-home medication, supervising the dose on the day of collection ensures that the prescribed dose can still be tolerated and, for a patient collecting three times a week, reduces the volume taken into the community by 42 per cent, thus reducing the risk of selling-on or accidental ingestion."

The service also includes needle exchange, but the success of the methadone programme has seen the need for this service decline over the last four years. "We've seen needle usage drop by a third and also the users have become older and are not



being replaced by the under 20s as you'd expect – most are aged 25-40," says Martin. Despite the reduction, the pharmacy-based needle exchange service still undertakes around 2,500 transactions per month. Patients are also issued with free condoms. The service runs 365 days a year and is open until 10pm every evening.

HOW SUCCESSFUL IS THE SERVICE?

The scheme began with 10 pharmacies and today 83 are involved. The number of patients being treated for addiction via this scheme continues to increase – from 250 in 1998 to 1,750 last year and 1,850 in 2008. In addition, around 1,200 people use the needle exchange service, where the pharmacy is often their first contact with a healthcare professional extolling a harm minimisation message. The service has exceeded the National Treatment Agency's (NTA) target of 75 per cent of the PCT's pharmacies offering supervised methadone supply.

"The programme has helped to reduce injection – of our 1,850 patients now involved in maintenance treatment, most would have been injecting three times a day before using the service," says Martin. "That's an estimated combined £92,000 per day to support

their habit – over £33m a year that went into the black economy and almost all of this money would have come from crime and prostitution. The service has helped to put many of these patients back in work and this has a positive impact on their families too. It's about harm minimisation, and it works."

SERVICE WELCOMED BY PATIENTS

In a recent survey carried out by Associated Chemists to see how satisfied patients were with the supervised methadone scheme, 98 per cent said they were treated with dignity at the pharmacy and around 80 per cent said they thought the level of privacy they received was appropriate. "We moved premises and refitted the shop four years ago. Our drug addiction patients were surprised that we'd fitted out their area to the same standard as the rest of the shop – it made them feel valued," says Martin.

PRAISE FOR THE SCHEME

"There has been lots of positive feedback from the PCT and the Department of Health. We were recently quoted as a model for Pharmacists with Special Interests to follow," says Martin. The IT staff have used the locally produced 'Harm

Reduction Toolkit' to create an ongoing PowerPoint presentation aimed at those using the drug treatment room, which the NTA has flagged as an example of good practice. Martin was also commissioned to write a Continuing Professional Development module about supervised consumption of methadone in pharmacies.

BREAKING BOUNDARIES

"What the service has done is to place pharmacists firmly in the treatment team, which we weren't before. It's given us a more clinical role than we had – we no longer just dish out the methadone to the patients and receive payment per swallow," says Martin.

The service was recently expanded to include a nurse-led clinic within the pharmacy for wound management, vaccinations and other drug-related health problems. For the near future, Martin has plans for their prescribing pharmacists to prescribe to patients undertaking treatment for opiate addictions.

For more information

www.wicker.co.uk/pharmacy/cpsdu.htm

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