NHS FORTH VALLEY

Community Pharmacy guideline for dispensing and supervision of Opiate Replacement Therapy

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1. Introduction

Drug misuse is a significant problem to the health of individuals and to the health, safety and security of the rest of the community. The Scottish Government's strategy outlined in 'The Road to Recovery' aims to tackle problem substance use with services that have an emphasis on recovery. Opiate Replacement Therapy (ORT) will continue to be a key treatment option (1).

The Scottish Government recognises the important contribution pharmacists make to the provision of services and have sought to encourage pharmacists to engage in a proactive approach to health promotion, health education and harm reduction and to engage more fully in the planning, delivery and extension of services for substance misusers.

This guideline offers guidance for pharmacists who dispense and supervise ORT as part of of Recovery Focussed Pharmaceutical Care (see Scottish Community Pharmacy webpage). Information will also be useful to those prescribing opiate substitutes and other agencies involved in providing services.

2. Prescribing and prescriptions

2.1. Communication

Best Practice Recommendation

Each pharmacy should have a standard operating procedure for the storage and governance of prescriptions, including communication relating to them.

2.2. Prescription requirements

Prescriptions for methadone and buprenorphine must comply with the legal requirements for a Controlled Drug prescription before they are dispensed. Refer to the current version of the BNF section on *Controlled Drugs and drug dependence* for details on legal requirements.

In addition, in order to ensure that the prescription is dispensed according to the wishes of the prescriber, additional wording is desirable. Refer either to the current Medicines, Ethics and Practice Guide on *Supply of Controlled Drugs to Substance Misusers* (2), *Circular 027/2015* or *Appendix 1* for details.

2.3. Prescriptions originating from out-with the health board area

Prescriptions originating from out-with the health board area should always be checked for authenticity. Payment claims for dispensing and supervision of instalment prescriptions are discussed in Appendix 2.

3. Good Dispensing Practice

3.1. Dispensing Standard Operating Procedures (SOP)

An SOP for dispensing should be available in each pharmacy to ensure consistency of practice; example in appendix 3.

The pharmacist should contact the prescriber to clarify his/her intentions if the prescription is unclear or ambiguous.

3.2. What to dispense

Dispense exactly what the prescription specifies. Sugar free and colourless preparations of methadone may only be dispensed if specifically prescribed as they have a greater potential for abuse than syrup based and/or coloured products.

In general, methadone oral solution 1 mg/mL will be prescribed for opiate users. If other formulations or strengths are prescribed you are advised to confirm with the prescriber that this is intended and appropriate for the patient. There have been occasions when the wrong strength of methadone oral solution has been supplied to a patient causing serious harm. Refer also to section 6.4, Controlled Drug error reporting.

3.3. Differences between formulations

There are differences in the formulation of methadone oral solution 1mg/mL between manufacturers. These are likely to affect the taste and viscosity of the product.

3.4. The daily dose

Prepare daily doses in advance. This saves time and avoids delays when the patient comes into the pharmacy. Daily methadone doses should be packed in a standard dispensing bottle, labelled and stored in the Controlled Drugs cabinet.

Pharmacies using automated dispensing systems (e.g. Methasoft or Methameasure) may measure a daily dose for supervised consumption into a **labelled** cup. Take away doses should be pumped into individual, labelled dispensing bottles.

Daily buprenorphine doses should be packed in a box, labelled and stored in the Controlled Drugs cabinet. Alternatively the tablets may be popped out into a labelled cup if the dose is to be supervised.

Prepacked containers should be labelled in accordance with the Medicines, Ethics and Practice Guide, ‘Labelling of assembled (pre-packed) medicines’.

Dispensing from bulk supply straight into unlabelled containers and presenting to the patient is contrary to the Medicines Act 1968.

3.5. 'Take home' doses

Patients must be made aware of the risks of their medication. The importance of safe storage and protecting children and vulnerable adults from accidental ingestion must be emphasised. Child resistant closures should be used on all 'take home' doses.

Reinforce the safe storage message by supplying locally available leaflets and container stickers. Child resistant medicine storage boxes are also available (please contact Forth Valley Alcohol & Drug Partnership, tel**:** 01786 454787, or **e-mail** FV-UHB.FVADP@nhs.net for more details).

Best Practice Recommendation

Multiple doses should be dispensed in individual containers for the following reasons:

- The entire supply is not lost if one bottle breaks.
- The patient is more likely to take an accurate dose.
- Individual bottles minimise the potential for accidental child overdose.

If individual containers are not used then an appropriate means of measuring a dose accurately should be supplied.

Patients should be reminded to remove patient identifiable labels and rinse out bottles to remove any remaining methadone solution, before disposing of safely.

4. Controlled Drug Collection

The Misuse of Drugs Regulations allow for the possession of a Controlled Drug by a person engaged in conveying the drug to a person who may lawfully have that drug in their possession. 'Take home' doses however should only be given to the patient. Occasionally a representative may be nominated on the prescription. Under exceptional circumstances, such as illness, the patient may request collection by a representative. In such cases:

- The patient should contact the prescriber and request that a representative may collect the dose. The prescriber should then contact the pharmacy if permission has or has not been given.
- The patient should provide a **signed and dated** letter authorising a named representative to collect the dose.
- A separate letter should be obtained on every occasion a supply is made to the representative.
- Letters should be retained in the pharmacy until the prescription has been completed.

In all cases where a representative is collecting the medication:

- The representative should have proof of identity with them unless they are known to pharmacy staff.
- If the representative is a healthcare professional, the pharmacist must obtain that person's name and address and, unless the healthcare professional is known to the pharmacy staff, must request evidence of identity.

- It is good practice for the collector to sign the back of the prescription to confirm that they have collected the prescription.

See also Medicines, Ethics and Practice guide by the Royal Pharmaceutical Society (2).

The pharmacist has the discretion to:

- Decide whether to ask for identification from a non-healthcare professional representative.
- Refuse or allow the supply if the collector does not have any identification with them.
- Refuse or allow the supply if the collector refuses to sign the back of the prescription.
- Refuse or allow the supply if they are not satisfied as to the healthcare professional's identity.

EMERGENCY SUPPLY OF SCHEDULE 2 AND 3 CONTROLLED DRUGS IS NOT ALLOWED.

It is a legal requirement to be in possession of a Controlled Drug prescription before a supply is made. In certain extenuating circumstances there may be occasions when requests will be made by prescribers for Controlled Drugs to be dispensed before it is possible for the pharmacist to receive the original prescription.

Pharmacists are reminded of GPhC Standard 1, 'Make patients your first concern'. In circumstances where the pharmacist feels that it is appropriate to respond to such requests, for example in the case of urgent patient need, a phone call from the prescriber or the specialist pharmacist, together with receipt of a secure faxed/emailed prescription from a confirmed source will provide an assurance that the request is genuine and that a prescription has been written.

This advice is not intended to set a precedent and is only considered appropriate in exceptional circumstances on a case by case basis.

Please check the latest edition of the Medicines, Ethics and Practice guide by the Royal Pharmaceutical Society for updates in recommendations.

4.1. Completion of PC70

It is a legal requirement for the date to be marked on the prescription at the time of supply of a Schedule 2 or 3 Controlled Drug. The PC70 is linked to the prescription by the prescription's serial number and allows multiple supplies to be annotated. On completion of the prescription the PC70 should be submitted to Practitioner Services.

5. Dispensing and Supervised Self-administration of Medication (SSAM)

Suggested procedure for processing of prescriptions:

1. On **receipt of prescription** for SSAM, contact the prescriber/key worker if:
    - client unknown
    - no previous contact from key-worker
    - partnership agreement not signed
2. **Prepare doses** as per Appendix 3.
3. On **presentation of the patient**, contact the key-worker/prescriber, if
    - in doubt about the identity of the patient,
    - the patient has missed two or more prior, consecutive doses, or
    - appears intoxicated.
    - See also *Forth Valley Substance Misuse Services Communication Guideline* when to contact the prescribing service (unfortunately no link can be given here as they are changed frequently).
4. **Supervise administration** as per Appendix 4;
    - Please contact the prescriber if the client fails to administer the full dose (e.g. dose not swallowed).
    - Please ensure the CD register is completed.

There is no legal requirement for a pharmacist to supervise medication even if stated on the prescription, **however** to supply a 'take-home' dose instead would be unethical. If supervision is requested, the pharmacist must either supervise or refer the patient to another pharmacy that will supervise.

5.1. Rationale for supervision

Supervised self administration is a key component of a patient's treatment plan. It

- allows the daily monitoring of the patient's condition and wellbeing,
- ensures the patient takes the correct dose,
- prevents deaths resulting from accidental ingestion of the prescribed medication, and
- prevents diversion and misuse by others.

Daily take-home doses should not be prescribed where

- the patient has not reached a stable dose,
- the patient continues an unstable pattern of substance misuse,
- the patient has significant unstable mental illness,.
- there is continuing concern about compliance/diversion, or where
- there are other relevant concerns regarding the protection of children or vulnerable adults.

5.2. Length of supervision period

New patients should normally have their daily doses supervised for a minimum of three months, subject to assessment of the patient's compliance and individual circumstances.

Supervised consumption can often allow a therapeutic relationship to develop with the patient and should not be viewed as a punishment.

When a patient restarts methadone or buprenorphine after a treatment break, or receives a significant increase in dose, daily dispensing, ideally with supervised consumption, should be reinstated for a period of time.

Supervision should be reinstated at any time for a patient who is felt to be chaotic, unsafe or vulnerable. This should not be considered a failure of the programme or patient. Substance misuse is a chronic relapsing condition and a patient may require several attempts before becoming stable and ultimately opiate free.

Relaxation of supervision and daily instalments should be a stepped process as part of the recovery journey. Refer to the current UK guidelines on clinical management of drug misuse and dependence by the Department of Health.

Please also refer to further resources about Opiate Replacement Therapy for community pharmacies in Scotland.

5.3. Patient Identification

The pharmacist must be able to identify the patient. It is important to be certain that the person receiving the dose of medication is the person named on the prescription.

Usually the patient is introduced in person to the pharmacist by the key-worker. The patient should be encouraged to take some form of identification to the pharmacy, ideally photographic identification such as a passport or driving licence. Some patients will not be able to provide this.

If the pharmacist has any concerns over the patient's identity they should discuss these with the prescriber. If the prescriber is not available the pharmacist should not supply the prescription until the patient's identity is confirmed. Please refer to procedure for processing prescriptions above.

5.4. Supervision procedure

Best Practice Recommendation

Each pharmacy should have a standard operating procedure for the supervised supply of medicine in the pharmacy

Refer to standard operating procedure example (Appendix 4).

6. When to contact the prescriber and/or withhold a dose.

A treatment agreement is useful to clarify for the patient when doses will be withheld and under what circumstances the prescriber will be contacted (see Appendix 5).

6.1. Contact the prescriber/ key worker when

- the patient has **missed TWO consecutive doses**,
- the patient misses single doses on a regular basis,
- the patient appears intoxicated,
- the patient's health and wellbeing deteriorates,
- the patient tries to avoid supervision or does not consume the whole dose under supervision, or,
- the patient is abusive, threatening or caught shoplifting.

Patients on ORT may also use a needle exchange service. The prescriber/key worker should regularly test patients for illicit drug use. Unless you have the agreement of the patient you should not contact the prescriber under these circumstances as this would be a breach of confidentiality.

It is the patient's responsibility to contact the prescriber if they want an alteration to the collection arrangements, e.g. away for the weekend.

6.2. WITHHOLD THE DOSE IF ...

- **... THREE or more doses are missed. The prescriber must be contacted before giving a further dose.** Tolerance can be lost quite quickly and the prescriber may wish to reassess the patient before continuing with the treatment.
- **... The patient appears intoxicated.** It may be appropriate to ask the patient to return after 3 or 4 hours or miss the dose and return first thing the following morning, provided nothing further is taken. **The prescriber should be contacted**.

6.3. Withhold the dose until the prescriber has been contacted when

- the patient requests someone to collect a takeaway dose on their behalf,
- the prescription is ambiguous or incorrectly written,
- the identity of the patient is in doubt,
- a prescription is presented for a new patient and prior contact has not been made by the prescriber, or if
- a prescription is presented that bears the name and address of another pharmacy.

6.4. Controlled Drug error reporting

Methadone dispensed in excess of that prescribed can lead to toxicity. The risk of overdose is particularly high during induction therefore extreme caution is required in the early stages of treatment. If an amount greater than the normal prescribed dose is dispensed and given to the client, either as supervised or 'take home', the pharmacist must

- advise the client of mistake and explain possible seriousness of consequences, and
- inform the client of signs/symptoms of toxicity as well as advise hospital attendance if they develop.
- It is recommended that the client should remain in the company of others during the subsequent few hours.

- If the client has left before a mistake is realised, every attempt must be made to contact the client.
- Contact the prescriber immediately regarding the error. If unavailable contact the key worker.
- If the incident occurs out with service hours the local Out of Hours Hub or NHS24 should be contacted for advice.
- If the prescriber decides that the client requires hospitalisation, it is important that they are accompanied to ensure correct handover of information to receiving staff and support patient safety. Examples where hospitalisation would be advised include:
    - Patient has taken two doses of prescribed daily dose on the same day.
    - Patient has taken more than prescribed dose in addition to alcohol and/or other substances.
- If the client cannot be contacted it may be appropriate to request the assistance of the local police in locating the person should this be deemed necessary to ensure the persons safety.
- Record the details of the incident and report to the Accountable Officer and Lead Pharmacist in Substance Misuse (tel.: 07920 711 033) as soon as possible.

Buprenorphine is a partial opiate agonist and can therefore be safer in overdose than full agonists such as methadone. It can be given in a three times per week dosing regimen, and as such giving even twice the usual dose can be regarded as within the therapeutic window. Caution should always be exercised.

7. Pharmaceutical Care Planning

As outlined on the Forth Valley Community Pharmacy website, community pharmacies are expected to develop a care record for each patient on methadone or buprenorphine.

Please refer to the service aim and use the available aide memoires for methadone and buprenorphine to familiarise yourself with potential pharmaceutical care problems that might arise.

Most relevant issues worth recording in a care record would include

- missed doses,
- changes in the patient's presentation (e.g. intoxication, withdrawal, use of additional illicit drugs),
- overdose awareness advice and naloxone provision;
- communications with the key worker, prescriber, hospital staff, and other professionals that are legitimately involved in the patient's care, as well as
- advice and equipment provided (e.g. safe storage and disposal of medicines, harm reduction, smoking cessation as in service aim).

These records should help document the care provided for the patient, co-ordination of staff within the community pharmacy (such as locum and regular pharmacists) and provide an audit trail when actual practice is reviewed. They

can be kept on the pharmaceutical care record system used by most community pharmacies or on a paper based system.

Please check the Forth Valley Community Pharmacy website for upcoming suggestions and guidance on keeping care records.

8. Arrangements for Patients in Police Custody

Each health board area has different arrangements for patients in police custody. For individual health board arrangements, refer to appendix 6. An example letter permitting a police representative to collect medication on a patient's behalf can also be found in appendix 6.

9. Child Protection

The Forth Valley Alcohol & Drug Partnership recently issued guidance to support healthcare professionals, including community pharmacists, in ensuring that children are protected and their welfare safeguarded: Getting Our Priorities Right for Children and Families affected by Parental Problematic Alcohol and Drug Use.

NHS Education for Scotland also offers a Child Protection learning resource on Turas Learn: Child protection: It's everyone's job to make sure I'm alright (please contact NHS Education for Scotland if you require a password)

It is recommended that you familiarise yourself with these guidelines. If you have concerns that a child may be at risk of harm of significant harm, please note that disclosing confidential information without the individual's consent can be necessary or desirable where it can be demonstrated that

- it is needed to prevent, detect, or prosecute serious crime,
- there is a risk of death or serious harm, and/or
- it is in the interests of the person concerned.

If advice is needed regarding a particular Child Protection concern, call the Social Services Out of Hours emergency number for Forth Valley (tel.: 01786 470500), the NHS FV Child Protection Nurse Advisors (tel.: 01786 477420) or other appropriate numbers in appendix 4 of the Forth Valley Alcohol & Drug Partnership guideline above. It is likely that the key-worker or prescriber of the patient in question can also provide support in this context.

8. References and Further Reading

1. **The Scottish Government.** gov.scot. *The Road to Recovery - A new approach to tackling Scotland's drug problem.* [Online] May 2008. [Cited: 13 April 2017.] http://www.gov.scot/Resource/Doc/224480/0060586.pdf.
2. **Royal Pharmaceutical Society of Great Britain.** *Medicines, Ethics and Practice.* London : Royal Pharmaceutical Society of Great Britain, 2017 . ISBN 978-0-85711-297-2.
3. **Department of Health.** Controlled Drugs (Supervision of managment and use) Regulations 2013 - Informations about the Regulations. *GOV.UK.* [Online] February 2013. [Cited: 13 April 2017.] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf.

4. **NHS Education for Scotland.** NES. *Pharmaceutical Care in Substance Misuse.* [Online] 2007. [Cited: 13 April 2017.] http://www.nes.scot.nhs.uk/media/347905/12694_20substance_20misuse_20final_20-_20low_20res.pdf.

Examples of legal Prescriptions: buprenorphine prescription supervised

Pharmacy Stamp *Please don't stamp over age box*	Age 45yrs 1mth D. o. B. 2/5/1972	Title, Forename, Surname & Address SMITH John 24 Fantasy Street Anytown KB1 5SX
Number of days' treatment N.B. Ensure dose is stated	28	
Endorsements	Buprenorphine Sublingual 8 mg Tablets 8mg (1 x 8mg Tablet) Daily Total Quantity: 28 (Twenty Eight) Tablets of 8mg Dispense 8mg daily from 5/6/2017. Dispense 2 x 8mg (16mg) on Saturday. **Supervise consumption please.** **Dispense only to patient or as advised by keyworker.** *Supervise consumption on collection days. Please dispense instalments due on pharmacy closed days on a prior suitable day. Consult the prescriber if 3 or more consecutive days of a prescription have been missed. Dispense daily doses in separate containers.* *If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.*	
Signature of Prescriber J King		Date 02/06/2017
For dispenser No. of Prescrns. on form	Community Alcohol & Drug Service Falkirk Community Hospital Majors Loan Falkirk FK1 5QE	

Examples of legal prescriptions: methadone prescription, not supervised, to be dispensed twice weekly:

Pharmacy Stamp *Please don't stamp over age box*	Age 45yrs 1mth D. o. B. 2/5/1972	Title, Forename, Surname & Address SMITH John 24 Fantasy Street Anytown KB1 5SX
Number of days' treatment N.B. Ensure dose is stated	28	
Endorsements	Methadone (1 mg/ml) Oral Soln 80ml (eighty ml) Daily. Total Dose: 2240ml (Two Thousand Two Hundred and Forty ml) Dispense 4x80ml (320ml) Monday, 3x80ml (240ml) Friday from 05/06/2017. **Dispense only to patient or as advised by keyworker.** *Please dispense instalments due on pharmacy closed days on a prior suitable day. Consult the prescriber if 3 or more consecutive days of a prescription have been missed. Dispense daily doses in separate containers.* *If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.*	
Signature of Prescriber J King		Date 02/06/2017
For dispenser No. of Prescrns. on form	Community Alcohol & Drug Service Falkirk Community Hospital Majors Loan Falkirk FK1 5QE	

GUIDANCE ON PAYMENT FOR METHADONE INSTALMENT PRESCRIPTIONS

Prescriptions originating from out–with the health board area should always be checked for authenticity.

Claims for Dispensing and Supervision of Scottish Instalment Prescriptions in England and Wales

1. Scottish prescription forms (GP10 and HBP) can legally be dispensed in England and Wales.

2. English/Welsh prescription forms only allow instalment dispensing for a maximum of 14 days. Scottish forms allow dispensing for longer periods and for any medicine (not just methadone).

   When a Scottish prescription form is presented to a pharmacy in England or Wales it should be dispensed as it is prescribed (i.e. if it is for 28 days daily dispense, 28 days of instalments will be allowed).

3. A purple PC70 form should be supplied with prescriptions that are sent to England/Wales. This allows pharmacists to record details of each individual dispensing and supervision to send with the prescription to their PPA.

4. Pharmacists in England and Wales will be paid for instalment dispensing of Scottish instalment prescriptions. The English/Welsh Prescription Pricing Authority (PPA) do not pay for supervision of methadone automatically.

   In order to claim payment, the prescription and completed purple PC70 form should be sent to the pharmacy's usual Prescription Pricing Authority (PPA). The PPA will activate a 'cross border pick up' procedure and the pharmacist will be paid directly with costs allocated by the PPA to the relevant NHS Scotland Health Board.

Claims for Dispensing and Supervision of English/Welsh Instalment Prescriptions in Scotland

1. Pharmacists in Scotland will be paid for both dispensing and supervision of English/Welsh instalment prescriptions (FP10MDA and WP10MDA). Endorse the prescription in the usual way.

2. The fee is charged to the health board where the prescription was dispensed.

Claims for Dispensing and Supervision of Scottish Instalment Prescriptions from other Scottish Health Board areas

1. Endorse the prescription in the usual way. The fee is charged to the health board where the prescription was dispensed.

Prepared by the Scottish Specialist Pharmacists in Substance Misuse group in consultation with Community Pharmacy Scotland and Practitioner Services, Edinburgh

Procedure for Dispensing Opiate Substitute Medication

Objective:

To ensure a consistency of service, operating within legal requirements and provided in a professional manner.

Scope:

The procedure applies to all pharmacists and support staff operating the service within …… pharmacy.

Process:

1. On presentation of prescription for a new patient ensure notification has been received from the prescriber giving patient details and brief description. If referral was not received from the prescriber then contact him/her to confirm validity of the prescription.
2. Check that patient has signed a pharmacy/patient agreement or is part of a four-way agreement scheme. Complete new agreement if necessary.
3. Ensure the prescription complies with the Medicines Act 1968 and the Misuse of Drugs Act 1971 and subsequent Regulations.
4. Check prescription for instructions on supervision requirement, instalment intervals and start date.
5. Dispense dose (pre-packing in advance where possible and storing in the Controlled Drugs cabinet). All measurements and/or quantities should be double checked.
6. Unless previously agreed with prescriber or prescription is annotated, daily doses must only be issued to the patient.
7. Confirm patient's identity on **every occasion** a dose is issued using name, address, date of birth, and photographic ID if available.
8. Ask the patient what dose they usually take and check this with the dispensed dose in the container and the prescription.
9. If the patient appears intoxicated the dose should be withheld and the patient advised to come back after a suitable length of time or the next morning. Contact the prescriber.
10. If the patient's behaviour is unacceptable the prescriber should be contacted. If appropriate the dose should be withheld.
11. If the patient has missed three or more consecutive doses the dose must be withheld and the prescriber contacted.
12. If the patient misses a single dose on a number of occasions, or misses two consecutive doses, the prescriber must be contacted.
13. The instalment form should be annotated at the time of supply.
14. The patient's PMR must be updated to indicate a missed dose if applicable.
15. An entry must be made in the Controlled Drugs register before the end of the day.

Date……. Review date…….

Procedure for the Supervised Self-administration of Opiate Substitute Medication

Objective:

To ensure a consistency of service, operated within legal requirements and provided in a discreet and professional manner.

Scope:

The procedure applies to all pharmacists and support staff operating the service within …….pharmacy.

Process:

1. Supervision should take place in a consultation or quiet, private area of the pharmacy.
2. The patient must be treated with courtesy and respect, in a friendly and non-judgemental manner.
3. The patient's identity using name, address, date of birth and photographic ID (if available) must be confirmed.
4. The patient should be asked what dose they usually take and this should be checked against the dispensed dose in the container and the prescription before the dose is issued.

Methadone Oral Solution:

4. The patient should check the name, quantity and dose on the label, then pour the daily dose into a disposable plastic cup before self-administration. If the patient prefers they may take the daily dose straight from the labelled bottle.
5. The pharmacist must be satisfied that the dose has been swallowed by offering a drink of water after the dose or engaging the patient in conversation that requires a spoken answer.

Buprenorphine:

6. The patient should remove any chewing gum from their mouth and dispose of it in a waste bin.
7. Offer the patient a drink of water in a disposable plastic cup, before administration to moisten the mouth and speed up dissolution of the tablet(s).
8. The pharmacist should pop the tablets out into a clean, dry medicine cup and hand this to the patient. This helps to ensure tablets are not diverted by slight of hand.
9. Without touching the tablets the patient should tip the tablets under the tongue. They should not be swallowed. Patients should be advised to swallow as little saliva as possible whilst the tablet(s) dissolve. Patients on high doses may need to split the dose to take a few tablets at a time.
10. The patient should be observed for at least 2 – 3 minutes. During this time the tablets will have started to dissolve making diversion difficult.
11. It is not necessary to watch the patient continuously after this initial period. The patient should remain in the pharmacy until the pharmacist is satisfied that all that is left under the tongue is a chalky residue. This should usually be achieved in 5 minutes but occasionally may take up to 10 minutes.

12. Offer the patient a drink of water or engage in conversation to ensure they have not concealed the tablets in their mouth.

Methadone and Buprenorphine:

13. The plastic cup should be disposed of by the patient into a bin.

14. Patient identifiable labels should be removed from containers before disposal. Stock and patient bottles should also be rinsed out to remove any remaining methadone solution.

Do not dispense the dose if:

- The patient appears intoxicated
- The patient has missed three or more consecutive doses.

Beware:

Methadone Oral Solution

- If the patient is reluctant to speak before taking the dose they may have cotton wool or absorbent material in their mouth to absorb the methadone. A normal greeting or asking for address and date of birth can help detect this.
- Some patients may say they prefer to use a can of soft drink to wash down their methadone. However they may discharge the dose of methadone into the can for sale later. Make sure they have swallowed the dose first before drinking from the can.
- Methadone can be transferred to another person by “kissing”.

Buprenorphine

- Some patients may attempt to divert their tablets by slight of hand. Try to ensure they do not handle the tablets.
- Some patients may attempt to spit out and reclaim the tablets. Observation for the first two to three minutes should reduce this risk.
- It is not normally possible to talk whilst the tablets are dissolving!

As long as the patient is in full view and on their own in the private area, and the above procedures are followed, the risk of diversion is minimized.

Date…… Review date…….

Forth Valley Integrated Recovery Services

Partnership agreement between clients and recovery service workers within Forth Valley

As a recovery service worker I agree to:

- Treat all clients and fellow recovery workers with respect.
- Work in a professional and ethical manner in the best interest of the client.
- Explain clearly the aims, remit, limitations and responsibilities of client and recovery service.
- Meet with the client regularly to implement and support the work identified in their recovery care plan and review regularly to monitor progress.
- Endeavour to reach an agreement with the client regarding any changes to their recovery care plan.
- Refer to relevant services as appropriate for the needs of the client and their family.
- Ensure that client confidentiality and information sharing are clearly explained.
- Share relevant information with partner services involved with the client's treatment.
- Share relevant information with appropriate agencies about children and vulnerable adults who may be at risk.

As a recovery service client I agree to:

- Treat all workers and other clients with respect.
- Keep my appointments promptly and attend on time.
- Work towards the goals identified and agreed by me in my recovery care plan and participate in reviews.
- Enable family and designated others to contribute to my recovery.
- Ensure that my prescription and any medication prescribed for me is not made available to anyone other than myself.
- Allow sharing of relevant information between partner services involved in my treatment.
- Allow sharing of relevant information with appropriate agencies about children and vulnerable adults who may be at risk.

It is understood by all parties:

- Mutual respect will be maintained and there will be zero tolerance of disruptive and criminal behaviour.
- Recovery service workers have the right to refuse to see clients under the influence of alcohol or drugs.
- Prescribed medication may be withheld or stopped for safety reasons.
- That they have a responsibility to work towards achieving agreed and realistic goals to achieve recovery.
- That this partnership agreement is updated regularly as part of the review process

Please complete agreement partners table overleaf

	Name	Signature	Recovery Service	Date	Contact No.
Client					
Date of Birth					
Medical Prescriber					
Non-Medical Prescriber					
Keyworker					
Pharmacist					
Social Worker					
Psychologist					
Community Rehab Worker					
Counsellor					

Arrangements for Patients in Police Custody – local policy

Best Practice

It has been discussed with Police Scotland and agreed with the Forensic Medical Examiners that if a client is detained in custody who is engaged in a methadone (or buprenorphine) treatment programme there is a duty of care to continue that treatment. Contact with the community pharmacy should be made to verify the methadone (or buprenorphine) dose. Where possible a client representative should take a written request to obtain the supply, signed by the client (see overleaf).

It is acknowledged that difficulties may arise if the pharmacy is closed for more than two days, for example during public holidays. Similarly the complexity of getting a client representative to act on their behalf is recognised. Additionally Police Scotland may not have adequate staff resource to facilitate collecting the methadone supply.

Recommendation

If a detained client is engaged in a methadone treatment programme then best practice should be followed: the client's own supply of methadone should be obtained from the community pharmacy. This will ensure continuity of supply of the prescribed dose for the individual client and reduce the risk of double dosing.

Example letter for authorisation of pick-up of methadone (or buprenorphine) from community pharmacy by the police:

POLICE
SCOTLAND

Forth Valley Division
Falkirk Police Station
West Bridge Street
Falkirk
FK1 5AP

call 101 to contact this Police office

Thom McLoughlin
Chief Superintendent

Date:

Dear Sir/Madam,

I ……. authorise PC/PCSO

…… to collect my daily prescribed Methadone/Suboxone.

It will be administered to me by the Duty Forensic Physician

Dr …… at …….
Police Station.

Patient Signature: ……..

Date: ……

Doctor Signature: ……..

Date: ……

Opioid Overdose and the National Naloxone Programme

Overdose

Overdose is now the largest cause of death amongst injecting heroin users. Many of the deaths occur as a result of using heroin with alcohol and/or benzodiazepines or as a result of reduced tolerance after a period of abstinence (e.g. prison sentence, hospital admission).

Many substance misusers do not realise that there is often a long time delay (often several hours) between injecting and overdose death. The assumption is that, following survival of the initial 'hit', the risk of death reduces. All potential witnesses to an overdose should be aware of the signs and symptoms of opioid overdose.

These include:

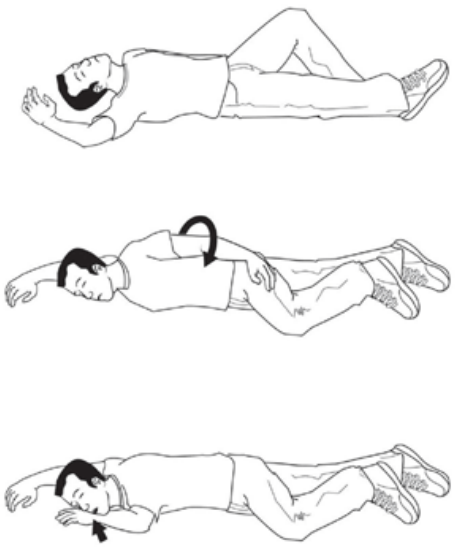
- Appearing to be asleep
- Failing to respond to calling or shaking (unrousable)
- Pinpoint pupils
- Shallow, slow, rasping breathing or snoring
- Lips and fingernails turning blue; pale skin
- Loss of consciousness
- Nausea or vomiting

People who witness overdoses often do not know what to do to help.

If someone has overdosed:

- Dial 999 and ask for an ambulance
- Put them in the recovery position and keep watching them, or
- Give CPR if not breathing
- Stay with them until the ambulance arrives

Recovery Position



National Naloxone Programme

The Take Home Naloxone (THN) programme is aimed to reduce the incidence of drug related deaths due to accidental opioid overdose by people who are identified as being at risk. Friends, family members, carers and members of staff are all encouraged to be involved.

By raising awareness of overdose prevention and providing education on the signs and symptoms of overdose, calling an ambulance, basic life support and the administration of naloxone, it is hoped to reduce the number of fatal opioid overdoses.

The Scottish Government recognises the part that take home naloxone can play in achieving this and is supporting the role out of the programme in Scotland.

What is naloxone?

Naloxone is a medicine used to reverse the effects of heroin and other opioids. It can reverse the effects of an overdose if used within a short period of time. Naloxone is short-acting and its effects can wear off after about 20 minutes. Since its effects do not last as long as many opioids, a person may return to an overdose state. **It is vitally important that an ambulance is called so that the person receives necessary treatment.**

Who can administer naloxone?

Although the administration of parenteral medicines is restricted under the Medicines Act 1968, an exemption exists to enable the parenteral administration of naloxone by anyone present at the scene of a suspected opioid overdose with the intent of saving a life.

How is naloxone administered?

Naloxone is injected into the outer thigh muscle. Clothing need not be removed before injecting. A dose of 0.4ml (0.4mg) is injected initially. If there is no response, this dose may be repeated at two to three minute intervals. Where the person is not breathing, basic life support must also be given until the ambulance arrives.

Publications in Alternative Formats

NHS Forth Valley is happy to consider requests for publications in other language or formats such as large print.

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