

# **Social Justice and Regeneration Committee**

## **Substance Misuse**

### **Submission by Lloydspharmacy**

**TO: Roger Chaffey**  
**Social Justice and Regeneration Committee**

**FROM: Andy Murdock**  
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**SUBJECT: Substance Misuse**

#### **1. Introduction**

1. Lloydspharmacy is the UK's largest community pharmacy chain with over 1360 pharmacies. Within Wales we operate 79 community pharmacies offering widespread access to healthcare services and advice. Over 2 million people visit Lloydspharmacy each week and 90% of our business is directly related to healthcare.
2. Our pharmacists and healthcare assistants are committed to delivering a professional service and working as an integral part of the primary care team. Lloydspharmacy believes that more can be done to utilise the skills of our staff and our pharmacies to aid and improve the care and service drug users receive.
3. Community pharmacy already plays a pivotal role in aiding drug users to receive help by providing needle exchange schemes and supervised substitute consumption to clients. Lloydspharmacy are actively involved in the delivery of these services with 36% of our pharmacies offering supervised consumption and 15% offering needle and syringe exchange services within Wales. We would advocate that these services should be more widely available and we would be keen to work with the various bodies involved in the care of this client group to further enhance access.
4. Within Wales the latest statistics available on those presenting at drug agencies are for 2001. This is a worrying indication of the lack of reliable information available on the severity of the drug problem in Wales. While the moves taken by the Welsh Assembly Government to address the current situation are very much welcomed, it is hoped that

there is recognition of the significant resources that are essential in order to make practical inroads into tackling substance misuse. Lloydspharmacy would encourage the Assembly Government to set out a commitment to establish strong evidence, and maintain up to date statistics not only on those presenting for treatment, waiting lists and drug deaths but also accurate figures on all drug users.

## 2. Prevention

1. Injecting illegal drugs carries a significant risk to health, especially when paraphernalia are shared or insufficiently cleaned and can lead to the spread of infections such as HIV and Hepatitis. Harm minimisation (also known as 'harm reduction') is a concept that substance misuse is a continuum of behaviours from excess, to moderation to abstinence. If it is not possible to achieve abstinence from drug misuse, we should at least minimise the harm that is being done to the clients, their families, friends and local community. It is hoped that in the longer term, clients may kick the habit with minimal harm from drug misuse. Needle and syringe exchange has had a crucial role in keeping rates of HIV low across the UK. While considering prevention programmes we would encourage the Social Justice and Regeneration Committee to consider widening the availability of pharmacy-based needle and syringe exchange schemes to help achieve these goals.
2. Lloydspharmacy has widespread experience of delivering these schemes, and as stated above, 15% of our pharmacies within Wales are currently involved in the service. We feel this service could be developed further and we would welcome the opportunity to expand and grow this service across Wales to reach a wide and yet un-served audience. Across the UK we currently have 223 pharmacies involved in these schemes.
3. Lloydspharmacy understands the importance of delivering this service to a high and consistent standard if maximum benefits are to be realised. To help achieve this Lloydspharmacy has developed a complete needle and syringe exchange service that includes a training programme - '*Harm Minimisation for Injecting Drug Users*', and a standard operating procedure for all staff within the pharmacy to follow. Various issues are covered within the training including safe injecting practice, the type of equipment used and health and safety issues. This pack also covers the supply of additional paraphernalia and items such as condoms to prevent the spread of sexually transmitted diseases.
4. We believe that if staff are trained correctly and engage the client in a professional and caring manner there is an increased potential for used needles to be returned to the pharmacy for safe disposal.
5. Along with ensuring the use of clean injecting equipment and a reduction in the spread of infection, this service also offers the advantage of regular contact between the drug user and a healthcare professional and for many drug users community pharmacy may be their only contact into the health system. This provides an opportunity for the community pharmacist to deliver healthy lifestyle messages. In some instances needle and syringe exchange schemes can reduce drug use in the long term through effective referral to drug treatment and counselling agencies. Lloydspharmacy would welcome the opportunity to

explore how this contact could be best utilised to help the client.

6. Our experience within this field is not limited to participation. The North Staffordshire Community Pharmacy Needle Exchange Scheme is run by Lloydspharmacy. Within this we provide a full purchase, supply, audit and management service. Again we would welcome the opportunity to discuss how this service is run and the benefits that it can provide.
7. Lloydspharmacy would hope that the Social Justice and Regeneration Committee recognises the contribution of community pharmacy and will further consider how this can be developed as part of an integrated drug treatment system.

### 3. Treatment – *The role of primary care professionals in delivering treatment*

1. Many community pharmacists regularly supply drug substitutes such as methadone and buprenorphine to stabilise drug use and relieve withdrawal symptoms.
2. Department of Health clinical guidelines recommend that all new clients should be supervised for at least the first three months with supervision continuing beyond this depending on compliance. As the professional responsible for dispensing most of the substitutes, community pharmacists are ideally placed to carry out the supervision and many community pharmacists are now involved in providing supervised consumption services.
3. This service offers a number of advantages including: -
  - improved compliance
  - reduced diversion of drug onto illicit market
  - reduced deaths from accidental ingestion.
1. As stated earlier, 36% of our pharmacies are involved in the delivery of this service within Wales and we would advocate the extension of this service across all areas. Lloydspharmacy again has a great deal of experience in supervised consumption and as an example 72% of our pharmacies in Scotland are currently involved in the provision of this service.
2. While many pharmacists supervise the consumption of drug substitutes some pharmacists have expressed their concern over their lack of training with regards to dealing with difficult situations such as security issues. In some areas of the country community pharmacists and their staff are among NHS workers who are in line for **conflict resolution** training to be organised by the NHS Security Management Service (SMS). We would encourage this approach and hope Assembly Government will provide adequate funds to help support protected time to allow for the correct training of the pharmacists and staff.
3. While some staff may be uncomfortable with the delivery of the service conversely some clients may not be comfortable with receiving supervision for a variety of reasons, including concerns about confidentiality and being identified as drug users, fears of the unknown and doubts about the trust they may have in their pharmacist.

4. To minimise the risks to the staff within the pharmacy and to ensure the service is delivered in a professional manner it is vitally important that all clients are treated with respect. The supervision procedure should be discreet and efficient and the pharmacist and assistants should be mindful of the clients' dignity. The procedure and the aims should be explained to the clients prior to the commencement of the service.
5. To help achieve this Lloydspharmacy has developed a training pack, '*Drug Substitutes in the Management of Opioid Dependence*' and standard operating procedure for community pharmacy supervised consumption service. We would be interested in sharing these with the relevant drug teams across Wales to explore the benefits of their use.
6. When considering confidentiality one area of concern is lack of privacy during consumption. Creating the right environment is important to deliver services effectively. Lloydspharmacy have recognised this and during 2003 we have made a substantial investment to install consultation areas in our pharmacies. Within Wales 82% of our pharmacies have these areas.
7. The consultation areas provide a private area, out of public view, to allow for the delivery of a range of services including supervised consumption. They can also be used by the client to gain information about their health in private without the concern of other customers within the pharmacy overhearing the conversation.
8. One disadvantage of supervised consumption services is that it requires clients to travel to a particular place on a daily basis. This may impact on the client's lifestyle e.g. work, study travel and holiday plans etc. Community pharmacy is easily accessible and this should provide some advantage and allow the client to accommodate the daily visit into their hectic lives.
9. The development of shared care schemes which include the community pharmacist would maximise the benefits that can be achieved with drug treatment. One mechanism that can prove beneficial within these schemes is the provision of a three way contract between the client, GP and the pharmacist, thereby ensuring that everyone has agreed to the treatment protocol.
10. An aspect that could further develop this service would be the addition of active health promotion. Topics such as dental health and healthy eating could be covered. Notification to the prescriber could also be made in instances when the client does not attend.
11. Lloydspharmacy has a strong commitment to social pharmacy, supporting people to manage their health and wellbeing. We recognise the wider determinants of health and the impact that social and environmental factors have on people's health. This understanding underpins our social pharmacy strategy on reinforcing health messages delivered by our healthcare partners, whilst also signposting towards additional social information and support. We therefore feel that the opportunity exists for community pharmacy to provide information on other services that will aid client's rehabilitation and we would hope and recommend that the Social Justice and Regeneration Committee consider this strategy and give it their support.
12. We view partnership working as the key to success in the delivery of services. Lloydspharmacy regularly liaise with the Community Safety Partnerships and SMATs to facilitate better working practices. We are also currently working with charitable agencies

involved in substance misuse treatment and we provide dispensing services to the client group. We will continue to promote this partnership approach and we would encourage the Social Justice and Regeneration Committee to support this.

13. Community based drug treatment services are likely to move beyond the current offering. The Home Affairs Select Committee has recommended a pilot programme of safe-injecting rooms in order to get chronic heroin users off the street and into a more orderly environment. This would require amendments to the Misuse of Drugs Act 1971 allowing drugs agencies to work with users and to allow pharmacists to supply drug users with goods that reduce risk. Also the European Centre for Drugs and Drug Addiction recently published a report examining the benefits of consumption rooms. Lloydspharmacy would be willing to explore the benefits that would arise from the development of these centres if the Assembly Government chooses to act on the recommendations.

## **1. Funding**

1. Whilst Lloydspharmacy is committed to improving services as a result of any changes in relation to the review of drug treatment and rehabilitation services, and being proactive to the changing face of pharmacy with the new contracts on the horizon, we would expect that adequate funding be provided for these services.
2. We believe there should be separate funding for the provision of these schemes, such as needle and syringe exchange, supervised consumption, health promotion and signposting and this should reflect the importance of the provision of these services to the clients.
3. Funding should also be available to provide pharmacists and healthcare assistants with the training and materials needed to deliver these services to a high standard.
4. Lloydspharmacy also believes funding should be available for consultation areas, an integral part of delivering services to this client group to ensure privacy.

## **2. Conclusion**

1. Lloydspharmacy welcomes this opportunity to participate in this consultation on substance misuse. Services for the treatment of drug misuse are a key part of our offering as community pharmacists. Through this submission we hope we are able to demonstrate and share our experience of providing such services.
2. Lloydspharmacy would be keen to meet with the Social Justice and Regeneration Committee to discuss and contribute to the findings of this consultation and explore new models of working.