**Community Pharmacy**

**Protocols for Supervised Consumption of Methadone and Buprenorphine in Hertfordshire**

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**Revised February 2013**

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| **CRI HERTFORDHSHIRE DRUG AND ALCOHOL SERVICES****& HERTFORDSHIRE LOCAL PHARMACEUTICAL COMMITTEE** |

Protocols for Supervised Consumption of Methadone and Buprenorphine on Community Pharmacy Premises

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This document outlines the procedures and responsibilities of the prescribing/drug service, the community pharmacist and the client for the supervised consumption of methadone and buprenorphine (generic or Subutex) in Hertfordshire.

Specialist services for Substance Misuse are provided by Hertfordshire Drug and Alcohol Services (HDARS). Each client will have a doctor and also a Key Worker. Prescriptions may be written by Consultants, Doctors or by Non- Medical prescriber within the HDARS teams. There is also a Shared Care Scheme whereby GPs with Specialist Interest in Addictions undertake substitute prescribing for selected clients.

1. **Prescriber and Clinic Multidisciplinary Team Responsibilities**
	1. The prescriber must reach an understanding with the client that methadone/ buprenorphine will be dispensed at a designated community pharmacy where the administration and consumption of the methadone or buprenorphine will be supervised by the pharmacist.
	2. All new clients should be put on supervised consumption of methadone/ buprenorphine unless the clinic multidisciplinary team agrees circumstances exist that do not require it. The period of supervised consumption is usually three months but is at the discretion of the prescriber/care team (HDARS or GP – shared care). A full review of the on-going need for supervised consumption is undertaken and documented by the prescribing team and any changes would be communicated to the pharmacist accordingly.
	3. The prescriber must negotiate with the client the most suitable and convenient **accredited** pharmacy for the client to attend. The pharmacy must be contacted in advance by a representative of the clinic to discuss the shared care dispensing arrangements for the client. It is the prescribers’ responsibility to ensure the proposed pharmacy employs a pharmacist accredited under this scheme. HDARS holds the lists of Accredited Pharmacists.
	4. The prescriber must notify the pharmacist by telephone the details of the client and the arrangements agreed with the client including those which will be discussed and agreed with the client.
	5. If the pharmacy accepts the client, the prescribing team must inform the pharmacy of the name and address of the client, methadone or buprenorphine dose, and both the start and the expiry date of the prescription.
	6. The maximum number of clients referred to any one pharmacy at any one time should be at the discretion of the pharmacist. This is important to provide a safe and manageable workload for the pharmacy.
	7. The prescriber / keyworker must discuss the Substitute Prescribing Treatment Agreement (see Appendix 1) with the client and if understood and accepted then both should sign duplicate copies for the client to present one to the pharmacist on their initial visit. The pharmacist should not dispense the prescription unless this signed contract is received.
2. **Pharmacist Responsibilities and Procedures**

When the client arrives, the pharmacist must check the details of the introductory letter.

* 1. All clients who are to receive supervised methadone/ buprenorphine should have agreed and signed a Substitute Prescribing Treatment Agreement. The client should come to the pharmacy with a fully signed (signed by client plus prescriber/key worker) copy of the Substitute Prescribing Treatment Agreement (see Appendix 1) The pharmacist should give an information sheet ( Appendix 2) to the client and explain the pharmacy specific details of the agreement stressing the following:
	+ Time of day for supervision and any times to be avoided
	+ Missed doses cannot be dispensed at a later date
	+ Methadone or buprenorphine will not be dispensed if the client has missed three or more instalments. (client will be referred back to clinic for assessment)
	+ Methadone or buprenorphine will not be dispensed if the pharmacist suspects there is evidence of drug and/or alcohol intoxication (client will be referred back to clinic for assessment)
	+ Client should attend the pharmacy alone
	+ Acceptable behaviour

If a signed Substitute Prescribing Treatment Agreement is not presented to the pharmacist they should telephone HDARS or GP surgery to ascertain whether the client has signed one. No prescription for supervised methadone or buprenorphine should be dispensed unless the pharmacist has a copy of a signed agreement. With assurance from HDARS/GP that an agreement has been signed and will be forwarded within 48hours the Pharmacist may provide the service according to the first prescription. In these circumstances the Client Information Leaflet (Appendix 2) should be signed by the Pharmacist and the client before supplying medication under supervision. A second prescription should not be dispensed/supplied until the copy of the Substitute Prescribing Treatment Agreement signed by the prescriber/keyworker and the client has been received. In cases where client is sent to the pharmacy for supervised consumption without a Substitute Prescribing Treatment Agreement, this should be reported to the local Team Leader (Appendix 4).

* 1. The pharmacist should give the client a Practice leaflet indicating opening times and advises the client of any regularly busy times when the client may find they need to wait, so this can be avoided wherever possible. The pharmacist should introduce the client to key members of the pharmacy multidisciplinary team. In cases where pharmacies are closed on Sundays, the pharmacist must ensure the client understands that methadone or buprenorphine will be supervised six days a week i.e. a takeaway dose will be given on Saturday to cover Sunday. The pharmacy will not be kept open or reopen under any circumstances.
	2. When a prescription is presented it should be checked for legality and to ensure the quantities and patient details are correct for that client. Any discrepancies should be rectified prior to dispensing.
	3. Supervision should never take place in the dispensary. A designated area offering suitable privacy eg Consultation room will be selected in each pharmacy for this purpose.
	4. **When you should not dispense/supply Medication**

Methadone or buprenorphine should not be dispensed to clients who are heavily intoxicated with drugs and/or alcohol. Dispensing of methadone and buprenorphine in these circumstances can increase the risk of overdose.

If a pharmacist suspects that a client is heavily intoxicated there are a number of possible options for them to pursue. These might include:

* + Contacting the prescribing team to inform them of the incident and get guidance on how to proceed.
	+ If there is sufficient time available ask the client to return to the community pharmacist later in the day in a less intoxicated state.
	+ Refuse to dispense and refer back to the prescribing service. It is accepted that this is a difficult option and consideration would need to be given to the relative risks of both dispensing and not dispensing.

The professional judgement of the Pharmacist in these circumstances is paramount

 The above issues will be particularly relevant if dispensing on a Saturday when the client will normally receive two doses.

#  Please note

 Precipitated withdrawal occurs in the context of the first dose of buprenorphine being administered whilst the patient is still experiencing the effects of full opiate agonists. Therefore patients are advised to wait at least 8 hours after last using heroin and at least 24-36 hours after last using methadone.

* 1. **Responding to Missed Doses**

If a client has missed three consecutive doses, methadone or buprenorphine must not be dispensed in these circumstances. The client must be referred back to the clinic for assessment as tolerance to methadone may have fallen and they may be at risk of overdose if the usual dose is taken. Sudden cessation of buprenorphine will not cause such serious adverse effects due to its slow receptor dissociation. However, clients who repeatedly miss doses should have their prescription reviewed. **It is important that you telephone the Prescriber in all these situations.**

***If a client misses two consecutive doses and the third dose is due on a day the prescribing service is closed i.e. Saturday, then you should contact the prescriber after the second missed dose and agree action if the third dose is also missed. This will minimize you having to deal with difficult situations when the prescriber is unavailable.***

* 1. Where the dispensing service has been terminated for a client for whatever reason, the pharmacist should indicate “not dispensed” for any remaining days on the current prescription. Any prescriptions not yet started should be returned to the clinic.

Where a daily dose of methadone or buprenorphine has not been dispensed by the pharmacist, the pharmacist must indicate on the prescription as “not dispensed” next to the relevant date. Entries should be made on the client record form.

**Dispensing Procedures**

* 1. Doses of methadone should be prepared in advance each day, (assuming the pharmacist is in possession of a current prescription). Methadone should be dispensed into an appropriate child resistant container (in accordance with the current legal requirements of the Medicines Act) and must be stored in the controlled drugs cabinet until the client arrives in the pharmacy.
	2. The daily dose of buprenorphine should be dispensed appropriately before the client arrives (when a prescription is current). Sometimes this may involve a mixture of strengths which must be separately dispensed in accordance with standard ‘best practice’ procedures. (Re-imbursement fees for Supervision are payable per day per client supervision and multiple fees are not due where different strengths of buprenorphine are necessary)
	3. Buprenorphine is a Schedule 3 drug and legally it does not require entry into the controlled drug register but it is good practice to make a record and to keep a running total of supplies made. It is subject to prescription writing and safe custody requirements for controlled drugs. However, Buprenorphine dispensed under this scheme is expected to be recorded in the Controlled Drugs register for monitoring purposes.

**Administration Procedure**

* 1. When the client arrives, the pharmacist must ensure that the client is correctly identified. The methadone or buprenorphine should now be taken from the Controlled Drugs Cupboard. The Pharmacist must ensure the client receives his/her dose of methadone or buprenorphine, unless the client is intoxicated (see 2.6) or has missed 3 consecutive doses (see 2.7).

**Methadone**

* 1. Methadone may be consumed directly from the individual’s dispensed bottle or may be poured into a cup, as agreed by the pharmacist and client.
	2. The pharmacist must observe the consumption of methadone by the client and should offer a glass of water for the client to drink (this also helps prevent tooth decay) and engage in conversation with the client. This is to ensure that the methadone is swallowed.

**Buprenorphine**

* 1. Clients on buprenorphine should be given a drink of water **before** taking the tablet(s). This helps to moisten the mouth and helps to speed up the dissolution of the tablets. Clients should not be allowed to bring opened containers of drinks into the pharmacy.
	2. The pharmacist should pop the tablets out of the blister pack, into a clean, dry small disposable cup or pot and give this to the client.
	3. The client should tip the tablet(s) directly under their tongue, without handling, and leave to dissolve. Tablets should not be chewed or swallowed. Advise the client to swallow as little saliva as possible. The active ingredient passes through the buccal mucosa and produces its effect.
	4. It is the Pharmacists responsibility to observe the client for 3-4 minutes. This may, at the pharmacist’s discretion, be delegated to a trained member of staff but responsibility for adequate supervision to avoid diversion cannot be delegated.

The length of time the tablets take to dissolve will vary from client to client. In general longer times are required where higher doses are used. In practice, supervision of the client is most important for the first 2-3 minutes after administration, during which time the tablets have started to dissolve, and their value for diversion will be reduced.

* 1. Neither Methadone nor buprenorphine may be given to the client’s representative unless the client has previously given their consent to the pharmacist for that named individual to collect, in writing and this is authorized in writing or by telephone by a member of the prescribing team.

**After Administration**

* 1. All labels must be removed from the clients’ dispensed containers before shredding or similar and throwing away securely to maintain client confidentiality.
	2. After each dispensing/supervision the pharmacist must complete the client record form provided with the SLA, as well as making the appropriate entries in the Controlled Drugs register and on the prescription.
	3. ***Where an incident or a near miss has occurred the pharmacist must complete the local pharmacy incident form at the time of the incident and send a copy to the prescriber. Any errors involving discrepancy of Controlled Drugs must also be reported to the NHS Hertfordshire Accountable Officer by email to hertfordshire.ao@nhs.net***

**General Notes**

* 1. If the client breaks the agreement in any way the pharmacist can use their discretion to terminate their contract. This must only be done following liaison with the prescribing service to ensure minimal disruption to the client’s care programme.
	2. All information and data collected must be treated as confidential and only passed to authorized personnel.
	3. The file containing all the data collection forms, operational procedures and contact numbers etc must be kept in a secure place for five years. It must not be passed to anyone not authorized to see the information.
	4. Locum pharmacists must be made aware of this service and the procedures IN ADVANCE of their providing locum cover. A copy of this protocol booklet must be kept available in the dispensary at all times It is essential that the service runs smoothly and that all records are kept up to date. Accredited Pharmacists must operate the service for at least 60% of the stores opening hours.

*Regular locums and part-time pharmacists should be encouraged to undertake accreditation training within six to twelve months of starting employment in a pharmacy currently offering this service.*

* 1. If supply problems occur with methadone or buprenorphine then every effort should be made to ensure continuity of client treatment. This may involve using alternative wholesalers to normal company policy, buying direct from manufacturers or even sourcing from other local pharmacies. It may be necessary to consider alternative brands or alternative strength products and in this case to contact the prescriber for the appropriate alternative prescription.
	2. Pharmacists should ensure that they have adequate insurance cover prior to commencing the service.
	3. Pharmacists should make arrangements for themselves and their multidisciplinary team to have access to advice regarding, and, where appropriate, vaccination for Hepatitis B vaccination.

**3 Client Responsibilities**

* 1. Clients should sign the Substitute Prescribing Treatment Agreement with their prescriber and take this with them to their chosen accredited pharmacy. The Pharmacist will clarify the behaviour necessary to receive the supervised consumption service and give the client an information sheet.

Clients must conduct themselves in accordance with the details of these documents.

If The Pharmacist has not yet been given a copy of a signed Treatment Agreement they should obtain the client s signature on a copy of Client Information Sheet and keep on file.

* 1. Clients should arrive at the pharmacy for their daily dose of methadone or buprenorphine between the hours agreed with the dispensing pharmacists. Clients should avoid presenting to the pharmacy for their daily dose of methadone or buprenorphine within the first and last half hour of business.
	2. Clients may choose to change their pharmacy but they must discuss and agree this with their prescriber and a signed Treatment Agreement must be taken to the new pharmacy. A change should usually only take place if the client moves location or travels to a new area for work or training etc.

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| **HERTFORDSHRE DRUG AND ALCOHOL RECOVERY SERVICES ,****HERTFORDSHIRE DRUG ACTION TEAM****& HERTFORDSHIRE LOCAL PHARMACEUTICAL COMMITTEE** |

FURTHER INFORMATION ON THE USE OF BUPRENORPHINE FOR SUBSTITUTION TREATMENT IN OPIOID DRUG DEPENDENCE

Buprenorphine is defined by the Misuse of Drugs Act 1971 as a Class C Drug and is classified as Schedule 3 (CD No Register) according to the Misuse of Drugs Regulations 2001. Since April 2001 it has been possible to write instalment prescriptions for buprenorphine using FP10MDA (- issued by general practitioners, NHS hospitals and out-patient substance misuse clinics) prescription forms in England.

Buprenorphine sublingual tablets contain buprenorphine hydrochloride, equivalent to either 400 microgram, 2 milligram (mg) or 8 milligram buprenorphine base and are indicated as substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. Licensed in the UK in 1999, buprenorphine is a partial agonist/antagonist. It has a low intrinsic agonist activity, which only partially activates µ opioid receptors. As a result high doses of buprenorphine produce a milder, less euphoric effect and less sedating effect than full agonists (e.g. diamorphine, methadone). Buprenorphine also has a higher affinity for µ receptors than full agonists and as a result reduces the impact of additional opioid use on top.

Low dose buprenorphine (Temgesic) is licensed for pain relief only and is available as sublingual tablets in two strengths – 200 microgram and 400 microgram. **Where opioid dependence is being treated buprenorphine should be dispensed as either generic buprenorphine or Subutex according to the prescription (strengths 400microgram, 2mg or 8mg).**

Buprenorphine has an effective duration of at least 24 hours with a half-life of 20-25 hours. Tablets need to be taken in one single daily dose. Any missed doses should not be replaced as buprenorphine is a long acting partial agonist, therefore patients should not experience withdrawal symptoms if a day’s dose is missed.

Sudden cessation of buprenorphine will not cause adverse effects, as with methadone, due to its slow receptor disassociation.

Buprenorphine can be used for stabilization or detoxification stage. The most usual dose for stabilisation is between 12 – 16 milligrams per day, although some clients will be stabilized on lower doses and some on higher – the maximum daily dose is 32 milligrams. The recommended titration of dose to the stabilization dose would be 4 milligram on day one, 8 milligram on day two – increase as necessary until stable, i.e. dose is sufficient to prevent opioid withdrawal symptoms without causing side effects. Due to the safety profile it is possible to increase the dose rapidly over the first few days to reach the stabilization dose.

Buprenorphine should be used cautiously together with benzodiazepines and other central nervous system depressants as the combination increases central nervous system depression. Caution should also be exercised with monoamine oxidase inhibitors due to a possible exaggeration of the opioid effects.

There is currently insufficient data to evaluate potential malformative or foetotoxic effects of buprenorphine when administered during pregnancy. Consequently the use of buprenorphine is not recommended during pregnancy. As buprenorphine passes into the mother’s milk, breast-feeding is contraindicated. If necessary seek further advice if a pregnant buprenorphine client presents at the pharmacy.

The onset of side effects depends on the client’s tolerance threshold, which is higher in those addicted to opiates than in the general population. The symptoms most frequently observed with buprenorphine administration are constipation, headaches, insomnia, asthenia, drowsiness, nausea and vomiting, fainting and dizziness, orthostatic hypotension and sweating. Further information on these points can be found in the Summary of Product Characteristics.

Buprenorphine may cause drowsiness, particularly when taken together with alcohol or central nervous system depressants. Therefore, clients should be warned against driving or operating machinery.

MANAGING DRUG MISUSE IN GENERAL PRACTICE
WRITING A PRESCRIPTION FOR METHADONE

* Methadone is classified a schedule 2 controlled drug under The Misuse of Drugs Act 2001. It is subject to the prescription requirements below;-

### Prescription requirements

Prescriptions for Controlled Drugs that are subject to prescription requirements, must be indelible, and must be *signed* by the prescriber, *be dated,* and specify the prescriber’s *address*. The prescription must always state:

* the name and address of the patient;
* in the case of a preparation, the form and where appropriate the strength of the preparation;
* either the total quantity (in both words and figures) of the preparation, or the number (in both words and figures) of dosage units, as appropriate, to be supplied; in any other case, the total quantity (in both words and figures) of the Controlled Drug to be supplied;
* the dose;

A pharmacist is **not** allowed to dispense a Controlled Drug unless all the information required by law is given on the prescription. In the case of a prescription for a Controlled Drug in Schedule 2, i.e. Methadone or Schedule 3, i.e. buprenorphine, a pharmacist can amend the prescription if it specifies the total quantity only in words **or** in figures or if it contains minor typographical errors, provided that such amendments are indelible and clearly attributable to the pharmacist making them.

* The Shared Care Scheme recommends that all new patients entering a methadone treatment programme be commenced on a daily pick-up instalment. In addition the Department of Health Guidelines recommends supervised consumption of medication for some patients for a minimum of three months, as good practice for new prescriptions, those restarted after a break in treatment, and vulnerable patients.
* Instalment prescriptions for multiple collections of methadone for a drug addict must be written on a blue/green FP10 (MDA). These can be obtained from the Health Authority.
* The prescription must be indelible, preferably computer generated or in the doctor’s own handwriting. It must specify
* The number of instalments
* The intervals between the instalments and if necessary give instruction for weekends and bank holidays.
* The quantity to be supplied in each instalment
* The total quantity to be supplied in WORDS AND FIGURES

It must be dated specify the date the prescription is to start and be signed in the doctors normal signature.

* In general practice a methadone prescription with a single collection date should be written on a standard green FP10 form.
* **All prescriptions should have the patients NHS number and the prescriber registration no. , they should have the prescriber’s full name, address, telephone number and PCT.**

Example One – Daily Pick-up, two days on Saturday

|  |  |
| --- | --- |
|  Client name Methadone Mixture1mg/ml.40mls dailyTotal: 280mlsTwo hundred and eighty mls only. Please dispense daily from dd/mm/yyyy – dd/mm/yyyy except dd/mm/yyyy, dispense 2 days.*Signature DATE*Dr A.N. Other,Hertfordshire. Client address  | Record of the date of each supply, the item and quantity supplied and pharmacist’s initials. |
| Date | Item | Quantity Supplied | Pharmacists’ Initial |
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The prescription should be worded as follows:

Number of days, Drug name, Drug Form and Drug Strength, (Methadone Mixture 1mg/ml) Daily dose, Total amount in numbers, Total Amount in words, How to dispense, number of instalments, e.g. two days on Saturday (with Date).

Approved wording for when pharmacy is closed:

“Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure”.

NB: If the prescriber selects instalment intervals that take bank holidays or other closure dates into account, it may not be necessary to include this wording.

**Appendix 1**

HERTFORDSHIRE DRUG AND ALCOHOL RECOVERY SERVICES

CLIENT/PHARMACIST/KEYWORKER/PRESCRIBER

**FOUR WAY AGREEMENT**

**CLIENT NAME: DOB:**

**This is a formal agreement between the client, prescriber, keyworker and pharmacy.**

1. My prescription will be decided by my prescribing doctor, my key worker and me.

2. When attending the pharmacy:

* I will be expected to show some form of identification.
* If my prescription is for ‘supervised consumption’ I will be asked where in the pharmacy I would like to consume my medication.

3. I will attend the named pharmacy in person, at the time arranged by the

pharmacist and myself.

4. The pharmacist, prescribing service and key worker have the right to refuse to

see me if they believe I am intoxicated.

5. All parties involved in this treatment plan will be treated with respect and dignity

at all times.

6. I understand that I can only obtain prescriptions for my medication from the

Prescribing Service named in this contract. I cannot have my prescriptions

dispensed by another pharmacy without negotiating this with my key worker.

Any changes required due to work or holiday arrangements will need to be

negotiated with my key worker, with a least 14 days’ notice of changes

required.

7. I am responsible for all drugs prescribed to me and, if I should lose them or

take them other than as directed, they may not be replaced.

8. I understand that I must collect my prescription on the specified days. If I am

unable to collect my prescription at all I need to notify my key worker who will

advise the pharmacy. I understand that no-one else can collect my medication

unless pre-arranged with key-worker.

9. I understand that if I do not collect my prescription for:

* **three or more consecutive days** if I am on daily pick-up or
* if a missed pick-up results in **three missed doses**

the pharmacy will not dispense my medication until my treatment has been reassessed.

If this happens the pharmacist will contact my keyworker and I will

need to contact my key worker to have my treatment reviewed.

The pharmacist will also advise my key worker on each occasion I miss my collection.

10. All persons involved in my treatment are expected to provide this service as

discreetly as possible.

12. I understand that information will need to be shared between all those involved

in my treatment as outlined below:

**CRI key worker**

**My Prescribing Doctor**

**Pharmacist**.

My contract will commence on: ………………………………………………..

[CRI to enter start date]

* I will attend the pharmacy named below, at a pre-arranged time if appropriate.

(Pharmacist to state appropriate time) ………………………………………………

* I have read, and agree to this contract.

**CLIENT**

**NAME:**

**ADDRESS:**

**PHONE NUMBER:**

**SIGNATURE &**

**DATE**

**KEYWORKER**

**NAME:**

**ADDRESS:**

**PHONE NUMBER**

**PHARMACIST**

**NAME:**

**ADDRESS:**

**PHONE NUMBER**

Key worker to ensure that signed copies by all parties go to:

o Pharmacy

o Client (if requested)

o G.P. [If client is shared care]

Original to be filed in the client’s case notes.

**Appendix 2**

# Client Information Sheet - Supervised Consumption of Medication

1. Your doctor has requested that your prescription is supervised and each daily dose must be taken in the Pharmacy under the supervision of the Pharmacist. Information about services and opening times are in the Pharmacy practice leaflet, which will be given to you when you first attend the pharmacy.
2. You may come to take your dose at any time during normal working hours as agreed with your particular pharmacist. It is recommended that you do not come until 30minutes after opening and 30minutes before closing. If the pharmacy is closed for lunch you must not come between those times. If there are any other times you may not come your Pharmacist will advise you of this. Once closed, the Pharmacist will not reopen under any circumstances.
3. All doses of methadone or buprenorphine will be dispensed daily unless the pharmacy is closed on Sundays. In this case 2 doses will be dispensed on Saturdays. Saturday’s dose will be supervised and Sunday’s dose will be taken away.
4. If a day is missed you cannot collect an extra dose on the following day. If you take Sundays dose when given to you on Saturday it cannot be replaced.

If more than 3 consecutive days are missed, you will be referred back to the clinic as your tolerance may have changed.

Doses will not be given if you arrive intoxicated with drugs or alcohol. The clinic will be informed.

1. When you come to collect your prescription, please do so on your own. Let one of the Pharmacy assistants know you are there and you will be dealt with promptly as soon as the Pharmacist is free. Hopefully you will not need to wait in a queue every day as you will be expected.
2. You will be given your daily dose in a private or ‘quiet’ area of the Pharmacy. This should be the consulting room/area unless you specifically request otherwise and the pharmacist agrees.
3. **Methadone**. Your methadone will be prepared in a closed bottle with your name and dose clearly marked for you to check. The dose can be poured into a cup or taken from the bottle. - agree which is preferred with your pharmacists. The Pharmacist will then ask you to drink a glass of water. The empty cup must be handed back to the Pharmacist and you will need to speak to the Pharmacist before leaving.
4. **Buprenorphine.** You will be given a drink of water before being given your buprenorphine tablet/s. When you are given your tablets you should place them under the tongue and you should NOT chew or swallow them. You will be observed for 3-4 minutes and you must speak to the pharmacist before leaving.
5. Any behavioural problems whilst in the Pharmacy may result in termination of the service and no further prescriptions will be dispensed. Your doctor and keyworker will be informed of such behaviour immediately. Examples of unacceptable behaviour include:
* Continuing to come to the Pharmacy under the influence of alcohol and/or drugs
* Not respecting the interest of others
* Verbally or physically abusing staff or customers
* Shoplifting

**NB**

*If your Pharmacist does not have a copy of the Substitute Prescribing Treatment Agreement signed by yourself and your prescriber they will ask you to sign below before your first dose is given.*

**I have read and fully understand the above and wish the pharmacist to supervise my medication at …………………………………………(enter Pharmacy name)**

Signature………………………………… (Client) Date……………

Signature………………………………… (Pharmacist) Date……………

**Appendix 3**

**Further sources of information:**

**Drug Misuse and Dependence – UK Guidelines on Clinical Management**

“The Orange Guidelines”

Department of Health, Sept 2007

This is the main reference source for prescribers.

**Substance Use and Misuse – delivering Pharmacy Services Distance Learning Pack** an open learning course for pharmacists. CPPE (Centre for Pharmacy Postgraduate Education), University of Manchester. Tel: 0161 7784024 automatic booking line – Main number: 0161 7784000

**The Methadone Handbook –** Preston A.

Sixth edition 2002

Available from Drugscope Publications Tel: 01235 465500

http://www.exchangesupplies.org/publications/methadonebk/methintro.html

**Medicines, Ethics and Practice Guide**

The Royal Pharmaceutical Society of Great Britain

Tel: 020 7735 9141 enquiries@rpsgb.org

www.rpsgb.org

**National Pharmaceutical Association Standard Operating Procedure packs.**

“Standard Operating Procedure for Dispensing Schedule 2 and 3 Controlled Drugs in Instalments to Substance Misusers” and

 “Standard Operating Procedure for the Provision of Injecting Equipment and Paraphernalia to Drug Users”

Tel: 01727 832161

**National Pharmaceutical Association – Information Leaflet.**

“Controlled Drugs and Community Pharmacy”, available from NPA Sales 01727 832161

**Care of drug users in general practice, a harm reduction approach**

2004 Berry Beaumont ISBN 10: 85775 624 X

**Useful resources on websites for good practice guidance on CDs:**

**A guide to good practice in the management of CDs in Primary Care (England)**

Provides useful good practice guidance on record-keeping.

Available from web link www.npc.co.uk/background for cd.htm

**Safer Management of Controlled Drugs (CDs): Changes to Record Keeping Requirements**

Interim Guidance (For England only)

Department of Health 2007

http://www.dh.gov.uk/publications electronic PDF format only

**Changes to the management of controlled drugs affecting pharmacists (England, Scotland and Wales)** RPSGB guidance, available from web link: www.rpsgb.org.uk/pdfs/cdmanagechguid.pdf

**BNF,** www.bnf.org

**Useful websites for treatment guidance;**

**National Treatment Agency for Substance Misuse** www.nta.nhs.uk

**RCGP Resources:**

**Guidance for the use of methadone for the treatment of opioid dependence in primary care**

RCGP Substance Misuse Unit 2005

**Guidance for the use of buprenorphine for the treatment of opioid dependence in primary care**

RCGP Substance Misuse Unit 2004

Contact details: RCGP Substance Misuse Unit, RCGP, Suite 314, Frazer House, 32-38 Leman St London E1 8EW

Drugmisuse-enquiries@rcgp.org.uk 0207 173 6090

Web site; http://www.rcgp.org.uk/substancemisuse

**Further education:**

**Certificate in the Management of Drug Misuse, Part 1 RCGP**

**Certificate in the Management of Drug Misuse, Part 2 RCGP**

RCGP contact details as above

**APPENDIX 4 - DRUG AND ALCOHOL COMMUNUNITY SERVICE PROVISION IN HERTFORDSHIRE**

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| **Contact details for Hertfordshire Drug and Alcohol Recovery Service (HDARS)** |
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| Martin Holmes – Team Leader**Broxbourne / Waltham Cross***Premises still to be confirmed and service****currently operating from Hertford****.* *Service user and carer travel costs will be reimbursed*Tel: 01992 538 023**martin.holmes**@cri.org.uk  | **Central Management Team Contacts:**James Linden – County Services Manager james.linden@cri.org.uk Shannon Peacock – Deputy Service Manager (North and East Herts)Shannon.peacock@cri.org.uk Glenda Lee – Deputy Service Manager (South and West Herts)Glenda.lee@cri.org.uk  |