# Indispensable

Since the 1970s, the potential for pharmacists to make a contribution to drug treatment services has grown significantly. And Scotland is leading the way, writes **Kay Roberts**.

Historically, pharmacists were only good for one thing when it came to dealing with drug users – doling out the methadone. But times have changed. Now almost one in six provides needle exchange services. Many community pharmacies have decided to help drug users with a range of health matters because they will often see clients more regularly than any other professional involved in that person's care. Despite this, many prescribers, drug workers and patients remain unaware of the modern pharmacist's levels of knowledge and expertise in the field of substance misuse.

In Scotland, new contracts between community pharmacists and primary care trusts have consolidated the pharmacist's role as a diagnostician, prescriber and manager of long-term chronic conditions. Under the new arrangements, pharmacists are able to train and specialise in providing services to drug users.

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In addition, the new contract has also helped to shift the management of minor ailments from GPs to pharmacies – a move which has benefited drug users. In the past, patients on a methadone programme may have been refused access by GPs to medication for common illnesses, because it was assumed that their requests for anti-histamines, decongestants or analgesics were not genuine. Now it has been recognised that drug-using patients are not immune to coughs, colds and headaches, and that it is advantageous for one person, the pharmacist, to judge whether or not a client genuinely needs medicine.

And pharmacists can play an important role in harm reduction. Again in Scotland, pharmacists attend compulsory one day needle exchange training sessions and supply dressings to drug users. Pharmacists can also reinforce messages on what to do if somebody overdoses. In Glasgow a pilot is currently underway, whereby pharmacists can supply take-home doses of the overdose antidote Naloxone in pre-filled syringes to vulnerable drug users and family members. This supply is coupled with training in overdose awareness and practical training in life saving.

Pharmacists are in a prime position to refer patients, as necessary, to a GP, A&E or drug service, although the extent to which pharmacists can effectively intervene in patient care is currently limited by a lack of access to the patient's medical records.

The success of extending the role of pharmacists will depend on them becoming more proactive and innovative. An increasing number of pharmacists across the board now have additional qualifications, such as the Royal College of General Practitioners (RCGP) Certificate in the Management of Drug Misuse Part 2, and are registered as supplementary or independent prescribers.

The last 30 years has seen an immense change in the involvement of pharmacists – community pharmacists in particular – in the care and treatment of drug users. There may still be a lack of recognition of the pharmacist's levels of knowledge and competence in this field of practice, but there is no doubt that pharmacists themselves have demonstrated their interest, commitment and enthusiasm to be integrated members of the care fraternity.

**Kay Roberts** is chairman of the Pharmacy Misuse Advisory Group

Made for measure: a pharmacist dispensing methadone

## THE PUNTER'S VIEW

Most users will have developed a close affinity with pharmacies, pharmacists, the stock behind the counter and, naturally, the contents of the dangerous drugs box. We get to know all of it pretty well.

There's the queue in the morning waiting for the chemist to open, the local gossip, the supervised consuming of linctus, "here you go, swallow that!", the syringe bag exchange – "a blue and a red pack please" – or the staring eyes of customers as you return a months supply of used works back into the chemists bin.

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But pharmacists can be a funny crowd. The interest in drugs, doses, concoctions, and interactions for both parties involved, generally means an intimate relationship – even if it is frosty. They know your illnesses and infections, your hospital admissions and your partners. They see you on the rails and off them, injecting more or sometimes less.

Judgmental attitudes, smarmy looks, making you wait till last, or repeatedly opening up the shop late is not what you want. If, as a user, you feel you are getting a raw deal from your chemist, find another one or get a recommendation. They should be there when you need them and their advice can be invaluable. My chemist is sheer class and professionalism. A good pharmacist, is worth their weight in gold.

**Erin O'Mara** is editor of *Black Poppy* magazine

## CHANGING ROOMS: WHAT ARE PHARMACIES DOING TO BECOME MORE USER-FRIENDLY FOR THEIR DRUG DEPENDENT CUSTOMERS?

Pharmacies that already have a strong substance misuse client base usually take this customer group into account when planning refits. Contractual obligations now demand the inclusion of consultation rooms. Some pharmacies have built hatches between these rooms and the dispensary to ensure safety for staff and privacy for the client. Pharmacies that offer needle exchange services have constructed screened areas and have bins built into the counter top allowing clients to drop their used needles into the bin safely.

Some pharmacies have created a second entrance for their substance misuse clients, although this can have its problems. Apart from the obvious segregation, this can create difficulties at the end of the working day. Often these entrances are closed early, and latecomers are forced through the main entrance.

Behavioural contracts or service agreements are generally seen as positive and stipulate what is being provided or expected and gives boundaries to all. They help to show all elements are collaborating – client, key worker, prescriber and pharmacy – and to maintain a consistent approach. While talking about such contracts, one pharmacist I spoke to said helping those with addictions was the most challenging, but rewarding, part of his job.

New technology is coming in to support the pharmacist in their dispensing of methadone, and is likely to be more popular in stores where they dispense for a large population. I have recently seen an automated programme for methadone dispensing called MethaMeasure. Originally designed for use in Scotland, the system works through biometric scanning of the client's fingerprint, which automatically uploads their photo (taken on their first visit) and their dosage details. Clicking OK automatically dispenses their prescribed dose of methadone.

It is often difficult for pharmacies to build in privacy to their service for drug users, as space is often limited. One pharmacist said most of his clients were not bothered about swallowing methadone in the pharmacy surrounded by onlookers because the staff make the process as "casual and normal as possible".

Training is critical. But research conducted by Bath and Liverpool John Moores Universities revealed that over three-quarters of pharmacy assistants working in pharmacies supplying substance misuse services had received no training in dealing with drug users. Those who had received training have a more positive attitude to the service, while many respondents expressed a desire for training around drugs.

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