

SERVICE SPECIFICATION

Service Specification No.	LOT 7
Service	Supervised Consumption Service
Authority Lead	Public Health, Derby City Council
Period	1 st April 2022 – 31 st March 2027 (option to extend 1+1)
Date of Review	N/A
Supporting/Additional Documentation	Appendix 1. Dispensing & Supervised Consumption of substance misuse medication Appendix A. Community Pharmacy Service User Agreement Appendix B. Dental care advice for Service Users prescribed methadone

1 Purpose**1.1 Introduction**

Pharmacists play an important role in the clinical care of Patients prescribed opiate substitution therapy. Current clinical guidelines for the management of drug dependence¹ recommend that patients starting methadone or buprenorphine for the first time should take their daily dose of medication under the supervision of a professional (usually a Pharmacist) for a period of around three months. Daily supervised consumption is also recommended for those patients who are re-starting a prescription of methadone or buprenorphine after a break or who have a significant increase in their dose.

1.2 Aim

The Drug and Alcohol Recovery system in Derby discharges the following for Derby City Council:

- Statutory Service delivery in line with the conditions of Public Health Grant allocation in respect of substance misuse (section 31(4) of the Local Government Act 2003)
- The duty to improve public health and address inequalities (steps considered appropriate for improving the health of the people in its area) (Health & Social Care Act 2012, s.12)
- Deliver drug and alcohol treatment as a statutory requirement under the Crime and Disorder Act 1998 (un-repealed) in accordance with the Council's Constitution.

The Supervised Consumption Service is part of this system. Through supervising the consumption of methadone or buprenorphine, Pharmacies are instrumental in supporting patient's compliance to medical assisted recovery – thus promoting recovery from drug dependence and assisting reintegration into the community.

The Service will form part of Derby's Drug and Alcohol Recovery System which aims to:

- Deliver high quality and safe care which is Service User centred, offering personalised opportunities for those using drugs and/or alcohol to move towards sustained recovery.
- Provide non-judgmental Services that are fair and equitable providing good access to all and delivering a range of interventions which are evidence based, cost-effective and are responsive to Service User need.

¹ Department of Health and Social Care (2017) *Drug Misuse and Dependence: UK Guidelines on Clinical Management*.

- Deliver a recovery focused Service which assists Service Users to attain a good standard of health and wellbeing and achieve a drug free life and/or achieve abstinence from alcohol or controlled drinking.
- Reduce the level of harm caused to individuals, families and the wider community as a result of drug and alcohol misuse.

1.3 Objectives

The Service will be provided on the presentation of a script to the named Pharmacy by the Service User - who requires an element of supervision for their methadone or buprenorphine medication. The objectives of the supervised consumption Service are:

To ensure compliance with the agreed treatment plan by:

- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly consumed by the patient for whom it was intended
- Encourage uptake of vaccines and testing for Blood Borne Virus'
- Operate as part of the integrated drug and alcohol system by liaising with the clinician and key workers at Derby Drug and Alcohol recovery Service.

To reduce the risk to local communities arising from:

- Over usage or under usage of medicines
- Diversion of prescribed medicines onto the illicit drugs market and accidental exposure to the supervised medicines

To provide Service Users with regular contact with a healthcare professional and help them access further advice or assistant.

1.4 Background

The requirement to provide adult drug and alcohol treatment Services is a statutory responsibility within the Crime and Disorder Reduction Act (1998). Individuals requiring support from substance misuse Services often represent some of the most deprived groups in the city who experience a range of health inequalities and poor health outcomes. For a number of years the treatment system in Derby has become increasingly recovery focused with the aim of supporting people to achieve good health and well-being and build personal and social capital which enables people to achieve a lifestyle that is free from drug and alcohol dependence. An accessible supervised consumption Service is a crucial part of the system to provide effective evidence-based treatment interventions that support the individual to stabilise their drug and/or alcohol misuse and embark upon their recovery journey.

1.5 Local context

Currently there are 40 community Pharmacies accredited to provide supervised consumption in Derby City. There are approximately 760 Service Users receiving prescribed drug treatment at any one time and around 740 that require supervision. This figure has remained fairly static for a number of years and is not expected to increase.

2 Evidence Base

In delivering this Service the Service Provider will demonstrate compliance with all relevant national standards for Service quality and clinical governance including but not limited to:

- Best Practice Guidance for Commissioners and Service Providers of Pharmaceutical Services for Drug Users (National Treatment Agency, 2006)
- Clinical guideline 51: Drug misuse – psychosocial interventions. (Nice, 2007)
- Clinical guideline 52: Drug misuse – opioid detoxification (Nice, 2007)
- Technology appraisal guidance 114: Methadone and buprenorphine for the management of opioid dependence (Nice, 2007)
- Reducing opioid-related deaths in the UK (Advisory Council on the Misuse of Drugs 2016)
- Medicines, ethics and practice; a guide for Pharmacists (RPSGB, Latest Edition)
- Controlled drugs: safe use and management. (NICE NG46, 2016)
- Drug misuse and dependence: UK guidelines on clinical management (Department of Health, 2017)
- National Drug Strategy (HM Government, 2017)
- NHS Community Pharmacy Contractual Framework 2019-2024

This is not an exhaustive list and Pharmacies are expected to keep up to date on all local and national guidance relating to dispensing of controlled drugs and supervision of medication.

3. Service Location and Eligibility

The Service Provider will be located within the city boundary as defined by Derby City Council. The supervised consumption Service will be delivered to Service Users aged 18 years or over who are residents in Derby and present with a script requiring supervision at the named Pharmacy. In the event the Service Provider is not the Pharmacy named on the script, the Pharmacy will notify Derby Drug and Alcohol Recovery Service at St Andrews House via the Pharmacy telephone number 01332 268460 that they are holding the prescription on behalf of the Service User concerned. The Service must be provided throughout contracted Pharmacy hours and in a way which maintains the confidentiality of the patient.

4. Scope

4.1 Service Description

The Service will operate as part of the wider Drug and Alcohol Recovery Service currently operated from St Andrews House by Derbyshire Healthcare NHS Foundation Trust. Supervision of prescribed medication (methadone and buprenorphine) is essential in ensuring the efficacy of prescribed drug treatment - and in ensuring the appropriate safeguarding and risk management of those individuals. On accessing drug treatment, the prescribed medication forms part of a wider treatment plan.

The Service Provider will support the delivery of the Service User's drug treatment plan by –

- Assessing the Service User prior to dispensing prescribed medication to ensure they will not be put at risk of overdose (for example due to intoxication) by taking the medication
- Dispensing prescribed medication in the specified instalments
- Ensuring each supervised dose is correctly administered to the Service User for whom it was intended

- Monitoring the Service Users' response to prescribed treatment and reporting any concerns to the Drug and Alcohol Recovery Service.
- Monitoring the Service User's attendance at appointments and reporting any concerns to the Drug and Alcohol Recovery Service.
- Liaison with others directly involved in care of the Service User (where the Service User has given their written consent)
- Identifying and reporting any child or vulnerable adult safeguarding concerns
- Reducing the risk of diversion of prescribed medicines onto the illicit drugs market
- Avoiding accidental exposure of unused or unwanted medication.

4.2 Operational Delivery

The following good practice guidance has been written by the Drug and Alcohol Recovery Service in order to clarify the expectations and standards of reporting required by Pharmacies in relation to concerns about Service User care. All Pharmacies delivering the Supervised Consumption Service agree as part of this contract to operate in accordance with this guidance which describes how the Service provided is expected to interface with the Drug and Alcohol Recovery Service.

Please read in conjunction with the Supervised Consumption protocol attached at Appendix 1.

Seven/ fourteen day supervision

This level is only used for certain Service Users, with particular risk factors:

- Chaotic patients including those that have No Fixed Abode
- High risk IV injectors
- Safeguarding/social care involvement
- Co-morbidity with physical and/or mental health issues

For these Service Users, Pharmacies must report **1, 2 or 3 consecutive day misses** to the Drug and Alcohol Recovery Service to support on-going risk management of the Service User and treatment efficacy.

Updating of standard operating procedures (SOP)

Please ensure the SOP for supervised consumption is regularly updated and readily available within the Pharmacy. There are frequent local safeguarding updates in the city which should be included. These can be found on both the Derby Safeguarding Adults Board and Derby and Derbyshire Safeguarding Children Partnership websites.

Reporting 3 day misses

Pharmacies must have robust processes in place to record missed doses. Missed doses reduce the tolerance of the individual and increase the risk of overdose, particularly where Service Users are continuing to use illicit drugs and alcohol. Do you know what they have taken prior to dispensing and supervising prescribed medication? Please record all missed supervisions on Pharmoutcomes and report all **3 day misses**.

General validation – named Pharmacy

1. The prescriber should telephone the Pharmacist before issuing the first prescription.
2. If prescription states "All Day Supervision (7 Days)" i.e. supervision to include both Saturday

and Sunday - the Pharmacist should not supervise Saturday and dispense Sunday if the Pharmacy is open only six days a week. The Service User should either be referred to the Pharmacy that is named on the script or directed to a Pharmacy that is open on all 7 days (if the Pharmacy name is not entered on the script). The prescriber will discuss with the Service User and will nominate a Pharmacy. For supervised medication this can be taken from the list of Pharmacies registered in Derby who provide a supervised self-administration of medication Service.

3. The prescriber will print the name of the community Pharmacy on the prescription to reflect the Named Pharmacy selected to take the prescription to the Pharmacy that was agreed with the Service User.
4. If a prescription is brought to your Pharmacy that bears the name of a different Pharmacy, please contact the prescriber to make them aware and discuss an action plan before dispensing OR (see 5. below)
5. If it is not possible to contact the prescriber immediately, dispensing of the prescription should not be refused simply on the basis of having a different specified Pharmacy and it conforms to bullet point 2 as mentioned above.
6. A "Named Pharmacy Only" prescription generally reflects the supervision requirements of the Service User. This process is a pivotal decision made by the prescriber, Service User and keyworker.
7. Please ensure that prescriptions are addressed to the correct Pharmacy. Any changes to the Pharmacy delivering the supervision should be reported to the Drug and Alcohol Recovery Service.
8. If a 6 day Pharmacy is unable to provide 7 day supervision - then they should follow bullet point 2.
9. If a Service User switches Pharmacy but is 'named Pharmacy' the new Pharmacist must check with the old Pharmacy and verify the last 3 supervisions to ensure that the Service User is not on a 'miss' and inform St. Andrews - as long as it conforms to bullet point 2 as mentioned above.

Prescribers and Pharmacist should have an open professional and joint-working relationship. In the event of any emergency amendments to the Service User's prescription or management, both healthcare professionals should agree to resolve any aspects to continue care for the Service User. This may involve prescriptions being amended by prescribers once all healthcare professionals have agreed an outcome for the Service User in the emergency event.

Use of clinical judgement

Use of sound clinical judgement should be exercised and due diligence is considered essential. If in doubt further guidance should be sought from your Pharmacy Superintendent.

Please also report any clinically significant intervention by the Pharmacist to the Drug and Alcohol Recovery Service i.e. if you have declined supervision due to the Service User being intoxicated. Information on potential overdose risk is essential in the overall clinical management of individuals who are supervised.

Please note - any Service User issue can be highlighted to the prescriber where you have concerns regarding continuity of care.

Drug and Alcohol Recovery Service, St Andrews House

There is a dedicated Pharmacy telephone number for you to use. If you don't get a reply please leave a message and someone will get back to you if required. Drug and Alcohol Recovery Service dedicated Pharmacy line **01332 268460**

4.3 Staff training/skills

All Pharmacists delivering the Service will have undertaken a relevant CPPE Substance Misuse workshop or distance learning module. The Service Provider will ensure that all Clinicians are competent to deliver the Service and update the declaration of competence for all staff delivering the Supervised Consumption Service on the PharmOutcomes site.

4.4 Confidentiality

The Service Provider must make every effort to ensure that such privacy in the Service exists so that Service Users are not readily identified to other customers as drug users.

Some Service Providers may deliver both Supervised Consumption Service and also the Needle Exchange Service from the same location. Individuals who use the Supervised Consumption Service should not be excluded from using the Needle Exchange Service and they are not mutually exclusive. While Service Users are using both, they should be considered as separate. Although communication with prescribers regarding supervised consumption is encouraged, this does not extend to communicating information regarding access to the needle and syringe programmes and communication of this information without Service User consent will be considered a breach of confidentiality.

5. Service Quality

Clinical and Cost Effectiveness

Service Providers will

- Satisfactorily comply with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS Pharmacists) in respect of the provision of Essential Services and an acceptable system of clinical governance.
- Demonstrate the principle of 'best value' through continuous improvement taking into account a combination of effectiveness (successful outcomes), efficiency (high productivity) and economy (costs).
- Ensure there are designated clinical leadership and accountability, and clear clinical protocols for effective clinical governance.
- Ensure staff are appropriately supported and supervised, including clinical supervision for clinical staff.

Clinical audit

Service Providers will

- Ensure the implementation of a clinical audit process to review performance and provide a framework to enable improvements to be made.
- Allow Derby City Public Health or their nominated representatives' access to their premises in order to facilitate a clinical audit or inspection of the Service being provided.

Governance

Service Provider governance arrangements will include the following –

- Education and training
 - Ensure staff providing the Service are suitably qualified and competent and that there are appropriate arrangements in place for maintaining and updating relevant skills and knowledge (see section 4)
- Information management –
 - Ensure the Service adheres to national and local rules on confidentiality, the Data Protection Act 2018 (DPA 2018) and the UK General Data Protection Regulation (UK GDPR)
 - Ensure that Information sharing protocols are consistent with guidance from the local Caldecott guardian
 - Ensure everyone in the Service understands the importance of information rights, and their own responsibility for delivering them
 - have a clear confidentiality/data handling policy, which is understood by all staff handling personal and sensitive information
 - ensure that all data collected is accurate, reliable and able to support performance management arrangements
 - Keep all records relating to the delivery of this contract for 7 years.
 - Regularly review and assess your Services data security arrangements
- Staff management
 - Ensure staff and management working within the Service work as an efficient team within a well-supported environment.
 - Ensuring that a process is in place for any member of their business to raise concerns in a confidential and structured way

Care Environment and Amenities

Service Providers will

- Ensure that all premises and equipment used for the provision of the Service are at all times suitable for the delivery of those Services and sufficient to meet the reasonable needs of Service Users or Service Users.

Risk Management

Service Providers will

- Ensure there are robust processes, working practices and systematic activities that prevent or reduce the risk of harm to Service Users
- Ensure there are robust processes in place to support the reporting and review of all untoward incidents at the earliest opportunity. This will include the documentation, investigation and follow up with appropriate action of all untoward incidents (see link to NHS Patient Safety Incident Response Framework below)
- Ensure this learning is disseminated across the organisation and shared with the commissioners
- Ensure that an effective complaints procedure for Service Users is in place, in line with the current NHS Complaints Procedure guidance, to deal with any complaints in relation to the provision of the Service, which is available for audit
- Ensure that a process is in place for any member of the professional team to raise concerns

in a confidential and structured way

- Ensure the Service has a nominated lead for safeguarding issues and adheres to the Derby and Derbyshire Safeguarding policies and procedures.
- Ensure that all staff engaged in the provision of this Service are vaccinated against Hepatitis B; the Council accepts no liability whatsoever howsoever arising in the event that Service Provider staff contract Hepatitis B as a result of their involvement in the provision of this Service.

Service User and Carer experience and involvement

Service Providers will

- Ensure that Service Users have the opportunity to make informed decisions about their treatment and care in partnership with healthcare professionals. If Service Users do not have the capacity to make decisions staff should follow the DOH advice on consent and the code of practice that accompanies the Mental Capacity Act.
- Provide opportunities for Service Users to give feedback to staff/Service on their health care or treatment
- Ensure that treatment, care and information provided is evidence based culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.
- Reviewing the findings of any Service User satisfaction surveys and implementing any recommendations as a result
- Ensuring that an effective complaints procedure for the Pharmacies is in place, to deal with any complaints in relation to the provision of the goods

Derby City Council reserves the right to

- Utilise 'mystery shoppers' as part of their quality assurance framework.
- Consult with Service Users regarding satisfaction with the Service provided on a regular basis and the Pharmacy will permit Public Health or their nominated representatives on to their site in order to consult with Service Users accessing the Service.
- Undertake clinical audits of the Supervised Consumption Service within the Pharmacy using nominated 3rd party clinical representatives.

Accessible and Responsive Care

Service Providers will

- Ensure the Service offers equitable access to treatment and care within agreed timescales
- Ensure the Service takes account of race, disability, gender, sexual orientation in the planning and delivery of treatment and care

Safeguarding

The Service Provider must ensure that they adhere to applicable local standards including but not exclusively:

- The Derby and Derbyshire Safeguarding Children Procedures
<https://www.derby.gov.uk/health-and-social-care/safeguarding-children/>

https://derbyshirescbs.proceduresonline.com/register_updates.html

- Derby and Derbyshire Adults Protection Policy and Procedures
<http://www.derby.gov.uk/health-and-social-care/safeguarding-adults-at-risk/safeguarding-vulnerable-adults>

<https://www.derbysab.org.uk/>

<https://www.ddscp.org.uk/>

<https://www.derbysab.org.uk/media/derby-sab/content-assets/documents/Joint-Derby-and-Derbyshire-SAB-Policy--Procedures-December-2019.pdf>

This should include understanding safeguarding referral procedures and referral pathways to social care.

Service Providers must notify the Public Health team at Derby City Council of any breaches of Applicable National Standards.

The Service Provider must understand the safeguarding referral procedures and referral pathways to social care and ensure that staff have undertaken safeguarding training appropriate for their professional role. All staff operating the Service will have an up to date Disclosure and Barring Service check.

Serious Incident Reporting

All serious incidents will be reported in accordance with the NHS Patient Safety Incident Response Framework

<https://www.england.nhs.uk/patient-safety/serious-incident-framework/>

6 Contract management

6.1 Claims

£1.73 per Service User dose will be paid for each methadone transaction and £2.88 per Service User dose will be paid for each buprenorphine transaction.

All invoices will be automatically generated by PharmOutcomes at 12.01am on 3rd of each month and are directly related to the individual Service User records kept on PharmOutcomes. All claims are to be submitted via PharmOutcomes **within 1 month** of the transaction taking place.

Any claims submitted 1 month after the prescription start date will not be paid.

Derby City Council reserves the right to annually review the cost of the Supervised Consumption Service during the lifetime of the contract.

7. Performance

Performance will be managed using data primarily from electronic sources. However, any concerns in respect of the Service being delivered will be raised directly with the Pharmacy. This may take the form of commissioner site visits or requests for the Pharmacist/ superintendent to attend formal

meetings. Findings from audits, mystery shopping or patient surveys will be managed in the same way. The Pharmacy is expected to comply with any reasonable performance management arrangements requested by Derby City Council.

Outcome	Output	Measure	Frequency
Increased engagement of Service Users in drug treatment	Number of individuals receiving the supervision consumption Service	PharmOutcomes data	Monthly
Improved treatment outcomes of those engaging in drug treatment	Successful exits from drug treatment	DOMES/PHOF reports	Quarterly
	Mystery shopper activities	Report	As required
Satisfaction of the Service provided to Service Users	Customer satisfaction survey (carried out by 3 rd party on behalf of DCC)	100% of those surveyed satisfied with Service	Annually
	Mystery shopper activities	Report	As required
	Clinical audit	Report	As required

7.2 Use of PharmOutcomes

The PharmOutcomes system is a web based portal which allows Pharmacies to record Service User data and daily supervisions. The system is an 'end to end' solution in that it also automatically uploads those supervisions as an invoice to Derby City Council at the end of each month.

Pharmacies under this contract are required to

- Have access to the web based portal - PharmOutcomes on-site
- Register all Service Users on first presentation at the Pharmacy on the PharmOutcomes system
- Record all Service delivery to Service Users in 'real time' - at the same Pharmacy using the PharmOutcomes system.

The system also allows both Pharmacy and commissioners to review an individual's history and to identify if there are any trends or patterns of irregular or missed doses. For example employment may be preventing pick up on certain days.

PharmOutcomes also allows external auditing of data records uploaded for payment. Regular checks will be undertaken that cross reference claims made against known supervisions, missed doses or script cancellations. Derby City Council reserves the right to clinically audit all claims made by Pharmacies under this contract. Pharmacies by accepting this contract agree to comply with all aspects of any future clinical audit that may take place during the lifetime of this contract.

8. Sub-contractors

No sub-contractors will provide any element of this contract unless agreed in writing by the

Commissioner prior to the sub-contractor starting work.

9. Suspected or material breach of contract

All suspected breaches of contract will be dealt with initially by way of a suspension of the contract to deliver the Service pending further investigation. Please refer to the Terms and Conditions for further information.

Derby City Council works in partnership with NHS England and routinely shares relevant information in relation to contracted Pharmacy Services. All suspected or confirmed breaches of this contract will be reported to NHSE.

APPENDIX 1

**DISPENSING AND SUPERVISED CONSUMPTION OF SUBSTANCE
MISUSE MEDICATION**

Amended and adapted for local use on 3/5/16:

Dr Mahalingham and Kuldip Rangi BPharm GPhC SP IP

On behalf of Derby City Council Public Health and Derbyshire Healthcare Foundation Trust

Acknowledgement:

NHS Lothian Supervised Dispensing Guidelines

1. SUBSTANCE MISUSE PRESCRIBING IN DERBY

Please read this in conjunction with the Supervised Consumption Specification - Section 4.2

In Derby, substance misuse medications are prescribed by specialist drug Services. The specialist Services include the Derby Substance Misuse Service and Breakout Young Persons Service. Substitute opioid or symptomatic medications are currently prescribed by the following medical practitioners within the specialist Services.

Service	Prescribers
Derby Drug and Alcohol Recovery Service St Andrews House 201 London Road Derby DE1 2TZ ① Direct Contact Number 01332 268460	Dr Senthil Mahalingam, Hassan Hajat ^{NMP} Maddy Willett ^{NMP} Kuldip Rangi ^{NMP} Sarah Barton-Black Tim Potter

1.1 NON MEDICAL PRESCRIBERS

Supplementary prescribing (SP) (where a doctor undertakes an initial assessment and then agrees a clinical management plan with the supplementary prescriber) has operated successfully in Derby for a number of years.

One of the major benefits is providing opportunities - underpinned by robust local policies and procedures for Pharmacists and nurses to jointly manage the prescribing responsibilities for Service Users on treatment programmes. Pharmacists and nurses are able to undertake these roles once they have successfully completed the relevant training courses accredited by their respective regulatory bodies and had these qualifications noted on the professional register. Once trained, practitioners are required to keep their skills up to date.

Pharmacist and nurse prescribers must work within their employer's clinical governance frameworks and are accountable to both their employers and their regulatory bodies for their actions. Most SP will become independent prescribers and emerge from using clinical management plans to managing Service Users independently.

1.2 PRESCRIPTION FORMS

Prescribers use green FP10, blue FP10MDA or ETP FP10 Forms. Prescriptions will always be computer-generated or very occasionally handwritten (during times when IT system is not working).

2. PRESCRIPTION REQUIREMENTS AND REGULATIONS

Methadone is a Schedule 2 controlled drug under the Misuse of Drugs Regulations. A number of changes to the monitoring and inspection, dispensing and record keeping and destruction of controlled drugs (CDs) are being introduced as part of the ongoing programme to implement the recommendations of the Shipman Inquiry. There is a mixture of legislative and professional good practice guidance. Some changes in legislation have already been made and further amendments to the Misuse of Drugs Regulations 2001 are expected.

Refer to the Royal Pharmaceutical Society of Great Britain (RPSGB) Medicines Ethics and Practice Guide and Guidance for Changes in Misuse of Drugs Regulations relating to record keeping, destruction and disposal, inspection and monitoring. The RPSGB has created a special web page to help keep community Pharmacists up to date. It outlines changes, clarifies whether they are legislative or a matter of good practice and provides links to further information (see Royal Pharmaceutical Society of Great Britain website www.rpharms.com).

2.1 HANDWRITING REQUIREMENTS

Handwriting requirements for Schedule 2 and 3 controlled drug prescriptions have been removed. Prescribers can issue computer-generated prescriptions for all controlled drugs. Only the signature has to be in the prescriber's own handwriting. However, the following requirements still apply:

- The prescription must be indelible.
- It must specify the prescriber's address.
- It must specify the form and strength of the preparation.
- It must specify the daily dose and instalment details.
- It must specify the total quantity in words and figures.
- The signature only needs to be handwritten by the prescriber (all other details including the date may now be computer-generated, stamped or written by another registered healthcare professional).

For further details refer to the section 'Controlled Drugs and Dependence' in the current British National Formulary (BNF).

2.2 VALIDITY OF PRESCRIPTION

Prescriptions for Schedule 2, 3 and 4 controlled drugs are only valid for 28 days from either the date the prescription is signed **or** from a start date specified by the prescriber (whichever is later). This is a legal requirement.

It is good practice to put a start date on prescriptions for drugs such as methadone and this practice allows the prescriber to extend the life of the prescription - as the 14-days validity for FP10 MDA is from the start date rather than the date the prescription was signed.

Ideally a start date should always be specified on the prescription to avoid the possibility of the Service User obtaining two doses of methadone for the same day from separate prescriptions i.e. the end of one and the start of the second where dates overlap.

2.3 METHADONE FORMULATION

Pharmacists are advised to exercise caution when dispensing methadone oral solution. There is the potential for confusion to occur between different strengths and formulations. Local instances have occurred when the wrong strength of methadone has been erroneously supplied to a Service User.

In general, methadone oral solution 1mg/1mL will be prescribed for drug users. If other formulations or strengths are prescribed, steps must be taken to ensure that this is clinically appropriate for the individual Service User and that appropriate risk management systems are in place. Pharmacists

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should also remember the importance of dispensing exactly what the prescription specifies. Sugar-free and colourless preparations may only be dispensed if specifically prescribed.

2.4 INSTALMENT DISPENSING

For an instalment prescription for controlled drugs, where the prescription contains direction that specified instalments may be dispensed at specified intervals, supplies must not be made otherwise than in accordance with the directions. The Home Office has confirmed that prescribers may now use the following wording on an instalment prescription.

'If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied'.

This enables Pharmacists to issue the remainder of an instalment prescription when the person has failed to collect the instalment on the specified day. If the prescription does not reflect such wording, the Regulations only permit the supply to be in accordance with the prescriber's instalment direction. The Pharmacist must still use his/her professional judgement in deciding whether making the supply would be appropriate however any previous uncollected medications should not be issued due to the risk of this being diverted or the potential for an excessive consumption of previous uncollected dose. They must take into consideration the possibility that the Service User may have used illicit substances and must decide whether it may be appropriate to contact the prescriber to ensure that they are content that the supply be made.

Pharmacists must ensure that all prescription endorsements and entries in the controlled drug register correctly record any supply made.

2.5 PHARMACY CLOSURE

To allow the Pharmacist to provide supplies for those days when the Pharmacy is closed the following wording should be added to prescriptions: (ideally notification of closure is required)

'Instalments due on days when the Pharmacy is closed should be dispensed on the day immediately prior to closure'.

2.6 SUPERVISION

The prescription must clearly state that supervision is required. Although the direction to supervise is not legally binding, however if this is not happening, ***it is the duty of the Pharmacist*** to inform the prescriber as to why this is not happening. Pharmacists are expected to adhere to the prescriber's request.

If the prescription states "All Day Supervision (7 Days)" i.e. supervision to include both Saturday and Sunday - the Pharmacist should not supervise Saturday and dispense Sunday if the Pharmacy is open only six days a week. The Service User should either be referred to the Pharmacy that is named in the script or directed to a Pharmacy that is open on all days (if the Pharmacy name is not entered in the script).

2.7 PRESCRIPTION COLLECTION

It is not recommended that 'take home' doses are given to anyone other than the Service User except under exceptional circumstances. However, the Misuse of Drugs Regulations allow the possession of a controlled drug to a person engaged in conveying the drug to a person who may lawfully have that drug in his possession. In these cases, a signed letter from the Service User authorising the other person to collect the methadone dose should be provided before supplies can be given. Although this is not a legal requirement it enables the Pharmacist to be sure and have proof, that the Service User has authorised this. A **separate letter** should be obtained on each occasion a supply is made to the Service User's agent. Letters should be retained for an appropriate period of time in order that signatures can be compared.

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If the person collecting methadone (Schedule 2 controlled drug) is the Service User or the Service User's representative, the Pharmacist should ask for proof of identity. If the person is a healthcare professional or police officer, the Pharmacist must obtain the person's name and address, and must ask for proof of identity unless the health professional or police officer is known to them. Healthcare professionals and police officers are acting as the Service User's representative in this situation and should also have a signed letter from the Service User authorising them to collect their methadone. Prescription forms (private and NHS) contain a space on the back of the prescription for those collecting Schedule 2 or 3 controlled drugs to confirm that they have done so. It is not a legal requirement that the Service User signs the back of the prescription to confirm that they have collected their prescription - but recommended good practice. Pharmacists have discretion whether or not to supply, if the collector does not sign the back of the prescription. Service Users collecting a controlled drug in instalments are not required to sign for each instalment.

2.7 'EMERGENCY SUPPLY' OF METHADONE

There have been local anecdotal reports of Pharmacists supplying doses of methadone to regular Service Users in derby, in advance of receipt of a 'repeat' prescription. The Misuse of Drugs Regulations does not allow for the 'emergency supply' of Schedule 2 and 3 controlled drugs. (The only exception is for phenobarbital or phenobarbital sodium for the treatment of epilepsy). Doses of methadone should never be given in advance of the receipt of a prescription by the Pharmacy. **Phoned or faxed prescriptions for Schedule 2 and 3 controlled drugs are also illegal.**

Where there are immediate changes to prescribing that need actioning, electronic prescribing will be used to do one off prescriptions.

2.8 TECHNICAL ERRORS

Pharmacists are able to amend a controlled drug prescription where there are minor typographical errors, spelling mistakes or where the total quantity of the controlled drug is specified in either words or figures but not both.

Pharmacists will have to exercise all due diligence and be satisfied on reasonable grounds that the prescription is genuine and that they are supplying in accordance with the instructions of the prescriber.

The Pharmacist will need to amend the prescription in ink, or otherwise indelibly and initial the amendment. Pharmacists should remember that they will be responsible by law if they supply methadone against a prescription that does not comply with the Misuse of Drugs Regulations. Contact the prescriber to clarify his/her intentions if the prescription is unclear or ambiguous.

3. SUPERVISED SELF ADMINISTRATION

Supervised self-administration of substance misuse medication has become a key component of treatment programmes. It has an important role in supporting Service User compliance and safety; and in preventing diversion of medication on to the black market. It is essential for Service Users being started on substitute medication and for Service Users whose dose is being reviewed or increased.

Supervised consumption corroborates that the prescribed dose has been taken, allows regular monitoring of the individual during titration and helps check that the dose is correct for the Service User (i.e. neither too high nor too low). It also helps ensure that the prescribed medication is not being illegally shared, swapped or sold. Although medication may have a relatively low street value, it may be tempting for the drug user to sell their medication to pay for a more 'exciting' alternative.

Community Pharmacists are the best placed healthcare professionals to carry out the supervision of substitute medication. A valuable, supportive relationship can develop between the community Pharmacist and the Service User. Daily contact allows the Pharmacist to monitor Service User compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the

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Pharmacist to provide health promotion advice. In many cases, it is appropriate that over time - the Service User is allowed to take on more responsibility for the regulation of his/her medication. A stable Service User may be able to progress to non-supervised medication and a gradual reduction in dispensing frequency, according to their circumstances and medication dose. Daily dispensing and/or supervision, however, can be re-instated during crisis or relapse.

It should be remembered that drug misuse is a chronic relapsing condition. Service Users may make several attempts over several years to become stable and ultimately 'drug free'. Relapse should not be considered as a failure of the programme.

3.1. DERBY SUPERVISED CONSUMPTION GUIDELINES

Within Derby we recommend the following minimum levels of supervision:

- All Day Supervision (7 Days) will be introduced to
 - o Chaotic Service Users including those that have No Fixed Abode
 - o High risk IV injectors
 - o Safeguarding/Social care involvement
 - o Co-morbidity with physical and/or mental health issues
- Service Users prescribed a methadone dose greater than 100mg daily **must** remain on long term supervision, as this was found to deter some users or at the discretion of the prescriber or according to the prescribing organisation's protocol.
- The decision may be influenced by concerns that the Service User is selling or diverting their medication or that they are under pressure to supply it to others.
- Supervised self-administration may be appropriate if a Service User cannot ensure safe storage of methadone, especially if children are present in the house.
- A period of supervision may be requested by the Service User themselves.

The prescribers will be using their clinical judgement utilising the orange guidelines and also Derbyshire Healthcare Foundation Trust prescribing protocol - which is pivotal to supervision control.

Supervision can be a reflection of the Service User journey. All clinical matters can be discussed if needed by the Pharmacist with prescribers if any concerns need to be raised.

4. GENERAL PRINCIPLES OF DISPENSING AND SUPERVISING SELFADMINISTRATION OF METHADONE

- The Pharmacist should be approachable and supportive with an understanding and professional attitude who treats the Service User with dignity.
- Ideally, there should be close liaison between the prescriber and the Pharmacist.
- Service User confidentiality must be maintained.
- The Pharmacist, prescriber and key worker should acknowledge each other's contribution to the methadone programme and be able to readily exchange information or concerns as appropriate in relation to individual Service Users.

4.1 ARRANGEMENTS BETWEEN PRESCRIBER AND PHARMACIST

1. The prescriber will discuss with the Service User and will nominate a Pharmacy. For supervised medication this can be taken from the list of Pharmacies registered with Derby who provide a supervised self-administration of medication Service. The prescriber should telephone the Pharmacist before issuing the first prescription

2. The prescriber will print the name of the community Pharmacy on the prescription to reflect the Named Pharmacy Selected to take the prescription to the Pharmacy that was agreed with the Service User.
3. If a prescription is brought to your Pharmacy that bears the name of a different Pharmacy, please contact the prescriber to make them aware and discuss an action plan before dispensing.
4. If a prescription is brought to your Pharmacy that bears the name of a different Pharmacy, please contact the prescriber to make them aware and discuss an action plan before dispensing.
5. A “Named Pharmacy Only” prescription generally reflects the supervision requirements of the Service User.
6. This process is a pivotal decision made by the prescriber, Service User and keyworker.
7. Please ensure that prescriptions are addressed to the correct Pharmacy. Any changes to the Pharmacy delivering the supervision should be reported to Derby Drug and Alcohol Recovery Service.
8. If a 6 day Pharmacy is unable to provide 7 day supervision and is not the named Pharmacy, please follow guidelines as per section 2.6.
9. If a Service User switches Pharmacy but is the ‘named Pharmacy’ the new Pharmacist must check with the old Pharmacy and verify the last 3 supervisions to ensure that the Service User is not on a ‘miss’ and inform Derby Drug and Alcohol Recovery Service as long as it conforms to section 2.6.
10. Pharmacists may wish to have a written agreement with Service Users which outlines the responsibilities of both the Service User and the Pharmacist. Refer to Appendix A on this document.

4.2 PREMISES AND FACILITIES

Pharmacies that offer the supervised self-administration of methadone Service should have the following facilities:

- A Service User medication records system.
- Appropriate storage conditions for volume of methadone required.
- Adequate privacy for Service User self-administration of methadone.
- A display area for relevant health promotion leaflets, including advice on the safe and secure storage of methadone and other medicines.
- Administration should occur in a discreet area of the Pharmacy to maintain the Service User’s dignity or the Service User should attend at a quiet time agreed with the Pharmacist.

4.3 SERVICE USER IDENTIFICATION

It is important to be clear that the person presenting a prescription for methadone is the person named on the prescription.

During the initial telephone discussion made between prescriber and Pharmacist to arrange the Service User’s attendance at the Pharmacy, a method of identifying the Service User should be agreed that is satisfactory to the Service User, prescriber and Pharmacist. Some clinics have access to the necessary facilities to produce a form of photographic identification and some Service Users may have other forms of photographic identification (e.g. passport, driving license, bus pass, or leisure access card).

Many Service Users do not have suitable photographic identification and alternative options are:

- The prescriber may ask the Service User to bring a photograph of him/her to be signed by the prescriber, and then taken to the Pharmacy for Service User identification purposes.

- The prescriber may ask the Service User to sign a non-photographic identification card or document which is then countersigned by the prescriber to verify that this is the Service User's signature. This is then produced at the Pharmacy and the two signatures compared with those on the prescription.
- The prescriber may describe the Service User's appearance to the Pharmacist, including identifying features such as easily visible tattoos.
- In many cases the Service User may already be known to the Pharmacist or other Pharmacy staff members.

Service Users should be encouraged to take responsibility for taking some form of identification to the Pharmacy.

Pharmacists should make every effort to confirm a Service User's identity. If they have concerns they should discuss these with the prescriber. If the prescriber is not available and the Pharmacist has significant concerns, they should not supply the prescription until they can confirm the Service User's identity.

5. RECOMMENDED PROCEDURE FOR SUPERVISED SELF ADMINISTRATION OF MEDICATION

5.1 METHADONE

1. The Service User's identity should be checked on each occasion
2. It may be useful for the dose to be ready in advance of the Service User's arrival. This ensures that the Service User can be dealt with efficiently and discreetly so as to maintain the Service User's dignity and save the Pharmacist's time.
3. The daily amount should be measured into a container, capped and labelled so that when the Service User arrives, the measured dose may be poured into a disposable cup. Some Service Users may wish to use a straw. **Service Users should be discouraged from drinking the dose of methadone from the dispensing bottle** as this sets a bad example to any children who may be accompanying the Service User. However, it is recognised that some Service Users may prefer to do this.
4. The Pharmacist must be satisfied that the dose has actually been swallowed. This can be done by giving the Service User water to drink immediately after the dose, talking to the Service User, or watching the movement of the Service User's 'Adams Apple' during swallowing.
5. Some Service Users may say that they prefer to use a can of soft drink to wash down their methadone. However, what they may be doing is discharging the dose of methadone into the can for sale later as 'spit-methadone'. It is preferable to encourage the Service User to drink or rinse their mouth with water.
6. Refer to Appendix B for Dental Care Advice.
7. All 'take home' doses must be labelled and supplied in a container with a child resistant closure.
8. Used methadone bottles should be disposed of safely. Dispensing bottles should be rinsed and labels removed before disposal. Pharmacists should also advise Service Users how to safely dispose of the bottles used for take home doses.
9. Service Users should be reminded that it is their responsibility to store their methadone safely in the home and that children must be kept safe from methadone.

Further supplies are available from:

Derby Drug and Alcohol Recovery Service

St Andrews House

201 London Road

Derby , DE1 2TZ

☎01332 268460 (Dedicated Pharmacy only line).

10. If the Pharmacist thinks that it is unsafe to administer methadone because of the influence of drugs and/or alcohol, the dose should be withheld and the prescriber contacted. The Pharmacist may ask the Service User to return later in the day to reassess whether it is appropriate to give the Service User their dose.

5.2 BUPRENORPHINE, BENZODIAZEPINES & OTHER TABLETS

1. The Service User's identity should be checked on each occasion.
2. It may be useful for the dose to be ready in advance of the Service User's arrival. This ensures that the Service User can be dealt with efficiently and discreetly so as to maintain the Service User's dignity and save the Pharmacist's time.
3. The daily amount should be labelled so that when the Service User arrives, Service Users should be discouraged from drinking immediately prior to dispensing.
4. For benzodiazepines and other tablets: The Pharmacist must be satisfied that the dose has actually been swallowed. This can be done by giving the Service User water to drink immediately after the dose, talking to the Service User, or watching the movement of the Service User's 'Adams Apple' during swallowing.

For buprenorphine: It might be useful to re-iterate to the Service Users that if they are able to keep it sublingually for a longer period of time, the better the absorption will be. Therefore, as an advisory, the Pharmacist could increase supervision for a five-minute period. The Pharmacist must be satisfied that the dose has been taken sublingually. This can be done by requesting the Service User open their mouth and raise their tongue to ensure the tablet has not been stored within the mouth.

5. All 'take home' doses must be labelled and supplied in a container with a child resistant closure.
6. If the Pharmacist thinks that it is unsafe to administer medication because of the influence of drugs and/or alcohol, the dose should be withheld and the prescriber contacted. The Pharmacist may ask the Service User to return later in the day to reassess whether it is appropriate to give the Service User their dose.

6. STANDARD OPERATING PROCEDURES

It is essential that all staff, including locums, understand the procedures involved in the provision of this Service. All individual Pharmacies are expected to have written standard operating procedures available for the dispensing process. These guidelines are a useful tool when preparing your standard operating procedures.

Standards Operational Procedures should include:

- Procedure to be followed when a new Service User attends.
- Maintenance of records including Service User medication records.
- Identification of Service Users.
- Legality of prescription.
- Details of how to prepare daily doses.
- Discreet and efficient supervision by the Pharmacist.
- Disposal of waste.
- Extemporaneous Preparation of Methadone Mixture (where relevant) and legal requirements associated with the use of this unlicensed preparation.
- How staff should deal with Service Users.
- Confidentiality.
- Safeguarding children living in families with substance misuse. Decisions for sharing information and reasons for them must be recorded.

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- Issue of safety leaflets and additional dispensing warning labels, regarding safe and secure storage of methadone in the home.
- Recording dispensing errors and near misses.

7. RESPONSIBILITIES OF THE PRESCRIBER

7.1 SERVICE USERS COMMENCING / RECOMMENCING TREATMENT

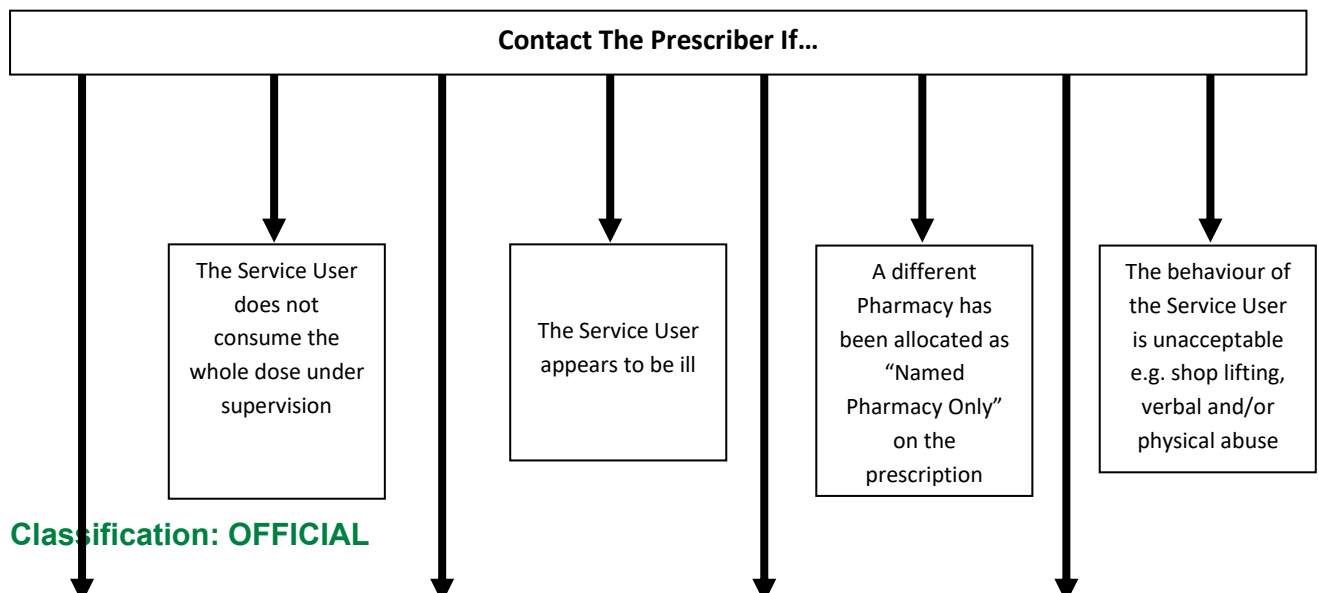
- The prescriber is responsible for ensuring that the Service User fully understands the implications of substitute opioid or symptomatic treatment and for determining an appropriate dose.
- Discussion prior to starting treatment should include; safe use, safe storage and child safety, DVLA regulations, risks of taking additional drugs and/or alcohol.
- The prescriber should establish which Pharmacy the Service User wishes to use. Service Users should be encouraged to use the **same Pharmacy** with each prescription to allow a supportive relationship to develop.
- Before issuing the first prescription, the prescriber should telephone the Pharmacist to ensure that they are willing and able to accept this Service User for supervised medication dispensing. If not an alternative Pharmacy should be contacted.
- If it is not possible for the prescriber to contact the Pharmacy during the consultation e.g. if the telephone line is constantly engaged, the prescriber should contact the Pharmacist as soon after the consultation as possible.
- The prescriber should record the name of the agreed Pharmacy in the Service User's notes. It may be helpful to write the name of the Pharmacy on the prescription. This will alert the Pharmacist if the prescription is then presented to a different Pharmacy.
- These guidelines request that the Pharmacist make the prescriber aware of this.

7.2 INFORMATION TO THE SERVICE USER ABOUT THE ROLE OF THE PHARMACIST

When supervised self-administration has been stipulated, it is good practice for the prescriber to make the Service User aware that / of:

- The daily dose must be swallowed in the Pharmacy.
- The importance of attending regularly; missed doses may result in the prescription being withheld or cancelled.
- The need for the Pharmacist to confirm their identity each time.
- Arrangements the Pharmacist may make e.g. regarding the time to attend.

8. WHEN TO CONTACT THE PRESCRIBER



The Service User tries to avoid supervision	The Service User appears intoxicated e.g. alcohol or other prescription and or illicit drugs	There are problems concerning the prescription e.g. start/end date, dose or Service User identity	Any regular missed doses, frequent misses and all three consecutive missed doses must be report to the prescriber.
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8.1 LOSS OF TOLERANCE

Initial guidance on responding to missed doses focused on Service User safety. Missing more than three consecutive doses may result in a drop in opiate tolerance so that if the Service User presents again, giving the same dose may increase the risk of accidental overdose. In terms of Service User safety, if the Service User has missed only one or two consecutive doses, it is usually safe to give the methadone on the third day. However, if you have concerns about a particular Service User, contact the prescriber.

8.2 CHILD PROTECTION ISSUES

Subsequent advice has been influenced by child protection concerns. It is now advised that if the Service User has parental responsibilities or care of a child (and the Pharmacist is aware of this) and fails to present to the Pharmacy for their supply, the Pharmacist should contact the prescriber to highlight potential concerns for the Service User's welfare and children in their care. It is also expected that Pharmacists, as all professionals, would follow the Child Protection Guidelines if the observed behaviour of the Service User and/or interaction with their child(ren) causes concern.

8.3 PRACTICAL POINTS

- If a Service User **prescribed supervised/daily pick-up** misses two or more consecutive doses the prescriber should be notified no later than the third working day.
- Three consecutive day misses should be informed immediately to the prescriber.
- **Any regular, frequent or patterned missed doses must be notified to the prescriber.**
- If the Pharmacist is unable to contact the prescriber and has concerns for the welfare of the Service User or children in their care, they should contact the Service User's GP. If the prescriber is not the GP, it is recommended that the Pharmacist is given details of the GP at the start of treatment.
- It is also useful to report **any trends** in missed doses to the prescriber, e.g. Service User always misses one day/week.
- It is not recommended that 'take home' doses are given to anyone other than the Service User except under exceptional circumstances. In these cases, a signed letter from the Service User authorising the other person to collect the medication should be provided before supplies can be given. The Pharmacist should contact the prescriber in the event that the Service User is regularly making use of such a "proxy" arrangement, without the prescriber's prior knowledge.
- Service Users stabilised on methadone should be alert and coherent.
- Only you can decide what behaviour is "unacceptable".
- The Service User's confidentiality should normally be maintained. Information should be disclosed only to people directly involved in the medical care of the Service User and the Service User should be informed that this will happen.
- Disclosure and sharing of information without the Service User's consent is acceptable only in certain circumstances e.g. if there is reasonable cause to suspect that a child may be at risk of harm.

- If the Pharmacist is unable to contact the prescriber, they should aim to talk to another healthcare professional within that prescribing Service. If it is out with the normal working hours of the specialist prescribing Service, the Pharmacist should aim to contact the Service User's GP.

8.4 HELP AND INFORMATION FOR SERVICE USERS

Pharmacists are reminded that they have a professional responsibility to ensure that Service Users are provided with sufficient information and advice to enable the safe and effective use of their medicines. Therefore, where a bottle of medicine contains more than one dose, the Pharmacist should ensure that the Service User is able to correctly measure out their required doses themselves. It may be helpful to dispense daily doses in individual bottles.

Pharmacists are also required to issue Service User information leaflets (PILs) each time a medicinal product is supplied or sold, if the marketing authorisation of that medicinal product requires a Service User information leaflet. This applies to methadone mixture. In the first instance, Pharmacists should contact manufacturers directly to try and obtain additional copies of leaflets. Although not yet fully comprehensive, leaflets are available through the Electronic Medicines Compendium website: <http://www.medicines.org.uk>. These could be printed out and supplied by Pharmacists with dispensed medicinal products to ensure compliance with the regulations. As a last resort, Pharmacists may have to consider photocopying manufacturers' leaflets if practicable. This could breach copyright but Pharmacists may be left with no alternative. Pharmacists may therefore wish to seek independent legal advice before undertaking photocopying. In any event, copies must only be supplied with that manufacturer's product and care must be taken to ensure that only the latest version of a leaflet is copied."

APPENDIX A

COMMUNITY PHARMACY SERVICE USER AGREEMENT

Service User Information	
Service User Name:	
Date of Birth:	
Address:	
Mobile:	
Prescriber Information	
Prescriber Name:	
Address:	
Telephone:	

Pharmacy Stamp:	
GP Information	
GP Name:	
Address:	
Telephone:	

In order that we can give the best possible Service to **all** our Service Users, we now request that Service Users receiving substance misuse medication accept the following guidelines.

Behaviour

1. I agree to attend the Pharmacy at a mutually agreed time.
2. Due to the restriction of space I agree to attend the Pharmacy alone whenever possible, leave the shop when I have collected my prescription, and not obstruct other people's access.
3. I agree to collect my prescription personally. If I am unable to do so, I agree to provide a written note to the person collecting my medication each time that I ask him/her to collect for me. I understand that this should only occur under exceptional circumstances and my prescriber may be contacted. In addition, I understand that some Pharmacists may require me to phone if I cannot attend the Pharmacy in person.
4. I agree to behave in a manner that is acceptable to Pharmacy staff and other customers and understand that the following behaviour is unacceptable.
 - Presenting in the Pharmacy under the influence of drink/drugs.
 - Verbal or physical abuse of staff or customers.
 - Shoplifting.

- Shouting.
 - Taking my medication on the premises (unless I am having my medication supervised by the Pharmacist).
5. I agree to be responsible for my prescription and medication and understand that these cannot be replaced.
 6. I agree that it is my responsibility to know when my prescription needs to be renewed and that it is not the responsibility of the Pharmacist.
 7. I understand that if I miss a collection day on my prescription, I cannot collect an extra dose on the following day and may have to wait until the next specified pick up day, depending on the prescription instructions.
 8. I accept that the Pharmacist cannot make any alterations to the dispensing/collection arrangements for my prescription. Any request for a change to my prescription must be made to my doctor. The Pharmacist cannot phone on my behalf.
 9. I agree to provide suitable identification if asked.
 10. I have read the above and understand what is expected of me. I agree to abide by this agreement and realise that if I do not, my prescriber may be informed and my prescription may be stopped.

Service User signature: _____ **Date:** _____

Pharmacist signature: _____

APPENDIX B

DENTAL CARE ADVICE FOR SERVICE USERS PRESCRIBED METHADONE

1. CONSIDERATIONS

Methadone is an acidic and cariogenic (decay producing) preparation which will contribute to dental erosion and decay. Methadone also impairs salivary flow and there is evidence to show an increased craving for sugary foods in individuals on long term opiates.

It is recognised that Service Users on long term methadone prescriptions experience significantly more dental disease than the general population. Whilst it is recognised that the dental disease experienced in individuals on long term methadone is multifactorial and is strongly affected by their diet and oral hygiene habits, there are actions that can be taken to reduce its damaging effect on the dentition.

2. DENTAL CARE ADVICE

For prescribers

Sugar-free methadone should be prescribed where there are no specific contraindications.

For Pharmacists providing a methadone supervision Service

Water should be given to Service Users to drink *after* their methadone is taken. This is for two reasons; drinking water ensures that all methadone is swallowed and also rinses any residues of methadone from the mouth, thereby reducing the erosive and cariogenic potential.

A straw can be offered for Service Users to sip their methadone through. This reduces the contact the methadone makes with the teeth and thereby reduces its detrimental effects on teeth.

3. GENERAL DENTAL CARE ADVICE

Tooth brushing

All dentate Service Users should be encouraged to brush their teeth with fluoride toothpaste twice a day; morning and at night. Some Service Users may wish to brush their teeth at the time of taking their methadone. Tooth brushing should be encouraged ***before*** rather than directly after taking methadone. As methadone preparations are acidic, brushing directly after taking methadone should be actively discouraged as this will result in increased erosion of the dental enamel. Brushing before is useful as it removes plaque from the teeth and there will be less bacteria in the mouth to react with the methadone.

Fluoride mouthwash

Fluoride mouthwash can be advised ***as an addition***, and at a different time, to tooth brushing. Rinsing with a fluoride mouthwash *directly after* taking methadone is beneficial, and can be suggested to Service Users as a positive action to take to help prevent dental disease.

Sugar-free chewing gum

Chewing sugar-free gum is useful as it stimulates salivary flow. Saliva buffers the acid in the mouth and helps to restore a neutral (tooth friendly) pH. Chewing sugar-free gum ***after*** methadone is beneficial and can be recommended to Service Users as a positive action to take to help prevent dental disease.

Diet

Service Users should be reminded that it is **sugar** that causes dental decay and be advised to restrict their intake of sugary foods and drinks. Service Users on methadone typically have a diet high in refined carbohydrate. Many Service Users drink large volumes and frequent cups of sugary tea and coffee and/or carbonated drinks and diluting juices. It should be stressed that the frequent drinking

of sweet drinks results in significantly more damage to teeth than a Service User's single daily dose of methadone.

4. REGISTRATION WITH A DENTIST

All Service Users, whether dentate or not, should be encouraged to register with a dentist. Details of NHS dentists in Derby taking on new Service Users can be accessed by calling the NHS PALS Service.