A Daily Dose of Pharmacy Intervention

- Dr Carole Hunter
  - Lead Pharmacist, Alcohol and Drug Recovery Services
  - NHS Greater Glasgow and Clyde
  - Carole.hunter@ggc.scot.nhs.uk

- Jean B Logan
  - Associate Director of Pharmacy Community Services
  - NHS Forth Valley
  - Jean.logan@nhs.net
- Pharmacy Background
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Pharmacy Facts and Figures
Scotland

- 1250 Community Pharmacies
- 4,300 Pharmacists
- 650,000+ people visit a community pharmacy every day
The Changing Face of Pharmacy in Scotland.

Pharmacists have taken on new areas of service provision that have improved patient care and radically altered the perception of pharmacists as being purely dispensers of prescriptions to being providers of healthcare.
These include:

- Taking on the powers to prescribe
- Treating minor ailments
- Treating frail and elderly people, people with mental health issues, those who need palliative care, or with long term conditions.
- Pharmacists are also working to promote public health, providing advice on healthy living, sexual health, smoking cessation and harm reduction for substance misusers.
“Patients, regardless of their age and setting of care, will receive high quality pharmaceutical care using the clinical skills of the pharmacist to their full potential.......recognises the continuing and important role of pharmacists located in our communities and high streets across Scotland, and considers their future relationship with other local healthcare provision....crucial for future service planning....in our most deprived communities”

“Pharmaceutical care focuses the knowledge, responsibilities and skills of the pharmacist on the provision of drug therapy with the goal of achieving definite therapeutic outcomes toward patient health and quality of life”
"Our focus is on achieving excellence in NHS pharmaceutical care provision to ensure safe, effective and person-centred care." .......patients of drug treatment services are entitled to expect the same level of person-centred pharmaceutical care as other NHS patients.
“Supervised consumption should be viewed as a situation where therapeutic relationships can be built with patients. The principal reason for using supervision is to ensure the safety of the patient and to minimise the risk of toxicity. It should not be used or viewed as a punishment”. 
The RtR recognised that .... “Pharmacists have the highest number of contacts with people with problem drug use, often seeing them and their families on a daily basis” (p29).
The role of pharmacists in the community is “central to the delivery of high quality ORT” (p45)

There was a “need to endorse further the notion of pharmacists as an integral part of the care team” and to “look at joint training and better integration within the broader addiction services in a locality” (p 46).
Community pharmacy-based opiate substitution treatment and related health services: a study of 508 patients and 111 pharmacies

Amanda Laird \(^1\) • Carole Hunter \(^1\) • Colette Montgomery Sardar \(^2\) • Niamh M. Fitzgerald \(^3\) • Richard Lowrie \(^2\)

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Abstract

Background and aims Community pharmacies have a central role in the provision of opiate substitution therapy (OST) for drug misusers, offering accessible, additional health services within recovery-oriented systems of care. However, little is known about the patients receiving OST, availability and uptake of related services and associated pharmacy characteristics.

Private by 96% of patients. Positive staff attitudes, privacy and the provision of additional health services were key factors influencing choice of pharmacy. Additional health services were offered to 75% of patients and included information provision (43%), signposting to other healthcare providers (72%) and a Scottish service offering free advice and medicines for minor ailments (74%).
- A door on the area which my methadone is dispensed, there is always a stigma attached to methadone and privacy is paramount

- “I have not got the time to write a book how to improve the service. Better seating, sore arse sitting on the ones in the waiting room”

- “Pharmacist to put a smile on her face”

- I am very happy with the level of service I receive at present. I am diabetic, epileptic and require a lot of prescriptions. Staff look after me very well to ensure I am never left without anything

- The pharmacist and staff are great. Also they don’t judge you on why or what you are there for. I have never been treated differently from anyone else using the pharmacy.”

- “Travel specifically to attend this pharmacy as service is excellent, really discreet”
Results

- 81% waited less than 5 mins for Rx
- 96% who received a supervised Rx stated that the place of supervision was suitable
- 70% were registered for MAS

Range of pharmacy services accessed

- 50% purchased OTCs
- 30% used a Rx ordering and collection service
- 24% used the Stop Smoking service
When asked why they chose a particular pharmacy?

- 82% said positive staff attitude
- 70% level of privacy
- 66% near home
- 58% waiting times
“Drug related deaths in Scotland can be reduced and change is possible”

Aim to “stimulate actions......by encouraging a wider and more holistic view of drug related deaths”
Key Findings

- KF 2. Being in treatment is a protective factor against death
- KF3. ORT is a protective factor and Low Threshold services decrease mortality
- KF6. Injecting drugs can result in a range of injecting health related problems
- KF7 Blood Borne Virus testing and treatment should be increased
Key Findings

- KF8. Naloxone is an effective intervention in preventing Opioid Overdose death
- KF10. Ageing drug users bring new challenges to services
- KF14. Prescription drugs and non-opiate illicit substances
Investigated the needs of people with drug problems aged over 35 years, with an increasing number in their 50s and 60s. People with drug problems in this age group experience many significant health issues usually associated with an older age group, as a result of their drug use, and the effects of premature ageing.
Older People with Drug Problems in Scotland; A Mixed Methods Study Exploring Health and Social Support Needs

- Recommendations and observations relevant to pharmacy.

- MAS - help manage co-morbidity symptoms.

- Need to screen for chronic respiratory disease - general practice, specialist drug services and community pharmacies ...
How can pharmacists help address the needs of older drug users?

The SDF report would indicate that the majority of older drug users are already attending a pharmacy for a range of reasons and that there is scope to help improve their health by identifying needs and working with partners to promote and provide access to the full range of pharmacy services.
Drug-related deaths in Scotland 2017: How can pharmacy help?

The Scottish Pharmacists in Substance Misuse group urge pharmacy staff across Scotland to think about the contact that they have with people who use drugs.
Summary

“Pharmacists are the most accessible healthcare professionals and see the greatest number of patients without an appointment on a daily basis. Pharmacists, located in almost every local community, are ideally placed to promote public health and facilitate a reduction in health inequalities”

**Specialist Pharmacists across Scotland**

- NHS health boards

- Ayrshire and Arran, Borders, Forth Valley, Fife, Grampian, Greater Glasgow and Clyde, Lanarkshire, Lothian, Tayside.

- With links to Dumfries and Galloway and Highland.
"I can't believe I have won this award. I honestly don't think I did anything special. I just treat people as people."

Carole Frew (left), Boots, Central Station, Glasgow.

Winner Pharmacy Support Worker of the Year, Scottish Pharmacy Awards, 2014
“Having Naloxone available within our pharmacy saved a life!

It has empowered our team even further to stand up and take action in dealing with opioid overdose. We feel every pharmacy should have Naloxone available for use to promote within the community and to save lives”

Natalie Taylor, Pharmacist, Lloyds, Tannahill, Paisley