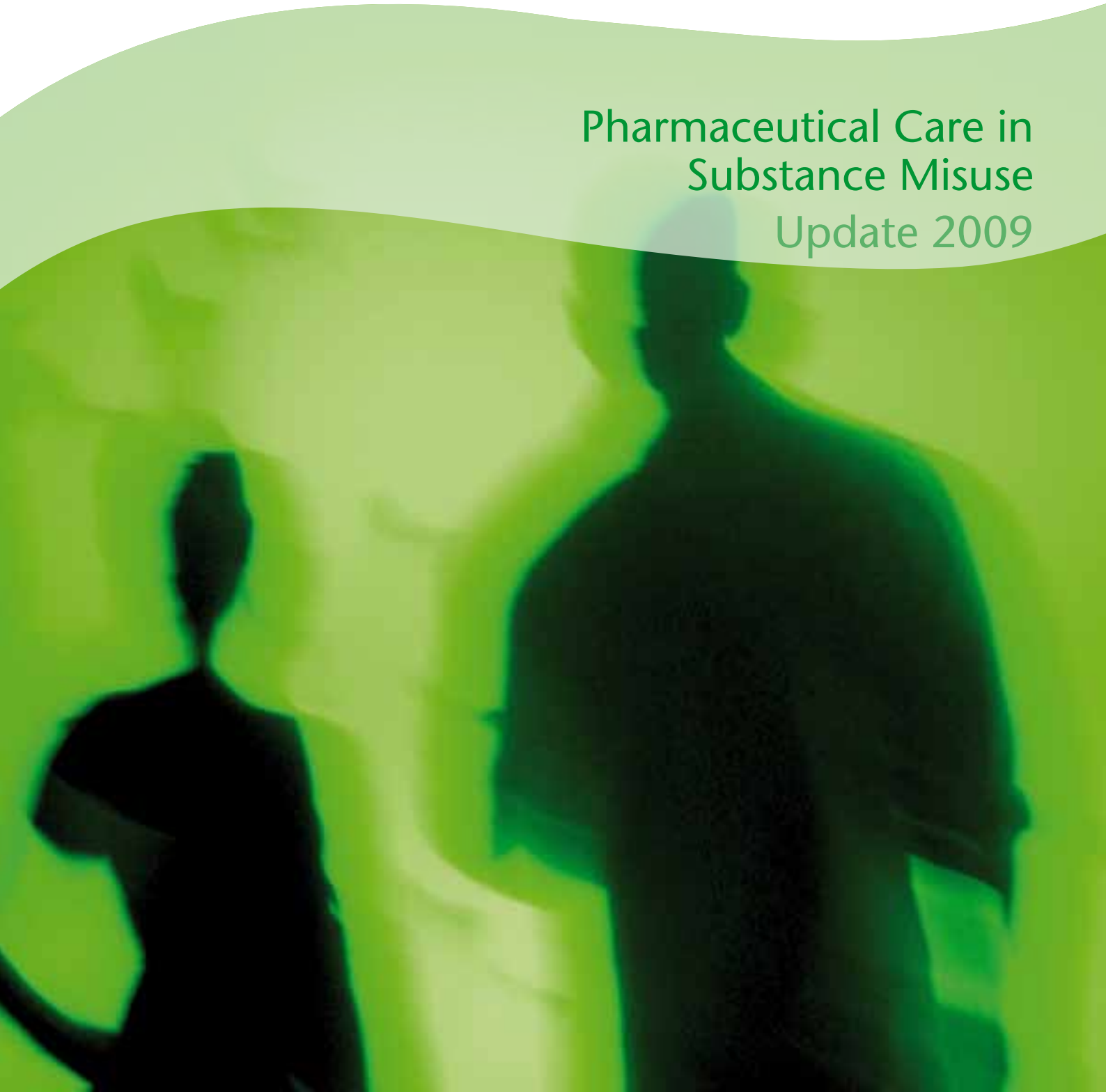
NHS Education for Scotland

Pharmacy

Pharmaceutical Care in Substance Misuse

Update 2009



This insert provides new evidence and legislation that has been published since this pack was produced in 2007.

Key changes to the original document will be highlighted page by page. It is recommended that you work with the insert and the original pack side by side to ensure that you do not miss any key points.

CHAPTER 1

Page 11

Updated figures available from "Drug Misuse Statistics Scotland 2008"

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss.pdf

Page 12 *Para1*

There has been a delay in publishing the new 2009 prevalence figures. The latest figures for 2008 are available at

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss.pdf

You should however check **www.drugmisuse.isdscotland.org** for the most up to date figures.

Page 12 *Box 1.2 SDMD 2004-2005*

Data to update Box 1.2. Available on P 5 / 6 of 2008 "Drug Misuse Statistics Scotland 2008"

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss.pdf

Page 13

Additional reference to be reviewed - "Road to Recovery" the Scottish Government's new national drugs strategy published May 2008 that *"focuses on recovery but also looks at prevention, treatment and rehabilitation, education, enforcement and protection of children".* Available at

http://www.scotland.gov.uk/Publications/2008/05/22161610/0

Page 15

Cannabis reclassified as Class B in Jan 2009. The UK Govt stated that…

" Classing cannabis in Class B reflects the fact that skunk, a much stronger version of the drug, now dominates in the UK. Skunk has swept many less potent forms of cannabis off the market, and now accounts for more than 80% of cannabis available on our streets, compared to just 30% in 2002"

http://www.homeoffice.gov.uk/drugs/drugs-law/cannabis-reclassification

Page 15

Add reference to RPSGB Guidance on the changes in management of Controlled Drugs.

http://www.rpsgb.org.uk/pdfs/cdmanagechguid.pdf

Page 22 *Deaths associated with drug misuse*

Updated Figures :

455 drug – related deaths in 2007. Two hundred and ninety nine (299) were regarded as related to misuse rather than other causes. Both these figures are increases from the figures in 2006.

The Register General data also show that:

Of the 455 deaths in 2007, heroin/morphine was involved in 289 (63%) compared to 280 deaths (67%) in 2006.

Diazepam was involved in 79 (17%) deaths, deaths involving diazepam peaked in 2002 and have decreased markedly since then.

Methadone was involved in 114(25%) of deaths, slightly more than 2006 (97 deaths).

Deaths involving cocaine increased from 33 in 2006 to 47 in 2007.

The number of deaths involving ecstasy marginally decreased from 13 to 11 in the same period.

Just over one third of deaths (157) were in the Greater Glasgow and Clyde NHS Board area, with 54 in Lothian and 48 in Lanarkshire.

Deaths in Ayrshire and Arran NHS Board increased by 11 compared to 2006 but there were reductions of 6 in Tayside NHS Board Area.

86% of those who died were under 45.

Under 25s accounted for 21% of the deaths—up from 16% in 2006.

Over four fifths of those who died (86%) were men and the number of deaths in women fell from 87 in 2006 to 62.

Page 24

Update figures from most recent SALSUS report from 2008 (published June 2009).

http://www.isdscotland.org/isd/5955.html

Page 26

Add Suboxone® as another prescribed substitute for heroin misusers.

Page 27

Add reference to Getting it right for every child (GIRFEC).

……"Getting it right for every child is the foundation for work with all children and young people, including adult services where parents are involved. It builds on universal health and education services…"

"The aspiration is to ensure that all those working with children, young people and families develop the Getting it right for every child approach in their own organisations, regions and sectors to reflect local circumstances and needs in partnership with others and most importantly, adaptable to the needs of each and every family, child and young person"

http://www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec

Page 27

Add reference to Chapter 5 "Getting it Right for Children in Substance Misusing Families" of the Road to Recovery Strategy document mentioned previously.

http://www.scotland.gov.uk/Publications/2008/05/22161610/0

Page 28

Remove reference to CRAG as the document is no longer readily available.

Refer now to *"Prevention and Treatment of Substance Misuse . Delivering the Right Medicine: A Strategy for Pharmaceutical Care in Scotland"* 2005. Chapter 3 provides a summary of existing services provided by pharmacists for the treatment and care of substance misusers and Page 27 makes direct reference to the CRAG quote.

Page 31 *Staff Training*

Add

"Multi-disciplinary and multi-agency training opportunities are now increasingly available to pharmacists and support staff. If this is available in your area , staff should be encouraged to attend as these joint sessions provide an ideal opportunity to develop mutually beneficial links to local drug treatment and harm reduction services"

Page 33 *Appendix 1*

Update Injecting Figures can be found in Appendix from tables in links below:

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss-004.htm
Table A1.20

http://www.drugmisuse.isdscotland.org/publications/07dmss/07dmss-044.htm
Table B1.21

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss-029.htm
Table A1.25

Page 34 *References*

Add ACMD Reports

Pathways to Problems
http://drugs.homeoffice.gov.uk/publication-search/acmd/pathways-to-problems/

Road to Recovery
http://www.scotland.gov.uk/Publications/2008/05/22161610/0

Hidden Harm Three years On: Realities, Challenges and Opportunities.
http://drugs.homeoffice.gov.uk/publication-search/acmd/HiddenHarm20071.pdf

ACMD Technical Committee: Report on Ketamine 2004.
http://drugs.homeoffice.gov.uk/publication-search/acmd/ketamine-report.pdf?view=Binary

MDMA ("ecstasy"): A Review of its Harms and Classfication under the Misuse of Drugs Act, 1971. Advisory Council on the Misuse of Drugs. 2008.
http://drugs.homeoffice.gov.uk/publication-search/acmd/mdma-report?view=Binary

CHAPTER 2

Page 37

Replace term "Anabolic Steroids" with "Performance and Image Enhancing Drugs" (PIEDs)

Page 41 *Cannabis*

Cannabis Reclassification, effective Jan 2009.

2008 Statutory Instrument Number 3130,

http://www.opsi.gov.uk/si/si2008/uksi_20083130_en_1

Page 41 *Cocaine*

Updated figures from:

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss.pdf

There has been an increase in the number of new clients reporting cocaine as **main** drug 510 (2006/7) and 625 (2007/8) compared with 6636 for heroin.

Page 46, 47

Latest Alcohol figures published 24.2.09 to update the figures in this section. Available at:

http://www.isdscotland.org/isd/5905.html

Page 46

Reference to new government publication in March 2009 "Changing Scotland's Relationship with Alcohol: A Framework for Action"

http://www.scotland.gov.uk/Publications/2009/03/04144703/3

Page 50

Suggest that this section is changed to make reference to the FAST screening tool and that reference is made to brief interventions in pharmacy settings.

Reference to June 2008 document published by RPSGB " Community Pharmacy and Alcohol-Misuse Services: A Review of Policy and Practice"

http://www.rpsgb.org.uk/pdfs/commpharmalcmisuseservices.pdf

Page 51

Under "Preventing Relapse" add:

> Since 2007, community pharmacists in NHS Greater Glasgow and Clyde have been successfully providing a Disulfiram supervision service for patients where supervision within their home environment is not possible.

Page 52

Refer to:

- "Scotland's "Plan for action on Alcohol problems : Update "

http://www.scotland.gov.uk/Resource/Doc/166474/0045367.pdf

http://www.healthscotland.com/scotlands-health/evaluation/hi-performancemanagement-nhs.aspx

- "Better Health , Better Care : Action Plan" Dec 2007
- HEAT Targets for Alcohol Brief Interventions.

Page 53, 54

Change term "Anabolic Steroids" to "Performance and Image Enhancing Drugs" (PIEDs).

Suggested addition:

Other hormones and related substances are also used by sports people, body builders and others. These include Human Growth Hormone (HGH) and Insulin which are used in an attempt to harness the metabolic effect to increase muscle mass and strength. Human Chorionic Gonadotrophin (HCG) is also injected to try to stimulate the release of endogenous testosterone. It is clear that those using pharmacy needle exchanges that are injecting steroids or other performance or image enhancing drugs need specific tailored information that is different from those injecting other illicit drugs.

In 2006, a survey into the abuse of prescription drugs by gym users found that *"Around 7% of gym members questioned were women, who admitted taking steroids "for cosmetic purposes"…… these were women "attending everyday gyms, some of them in exclusive hotels, who wanted to lose body fat and tone up" and it was also reported that "We have heard about steroids being sold at school gates. Around half of all GPs in some areas of the UK have seen steroid takers in their surgeries. There's no typical pattern for use: 14 to 60 year-olds will take them. It's a huge problem"*

From the same study there were reports that *"Statistics from UK needle-exchange centres indicate increasing numbers of steroid users among young professionals"*. Pharmacists need to be aware of emerging trends within needle exchanges and be able to respond to identified patient needs.

Baker et al, 2006, Journal of the Royal Society of Medicine; 99:331-332.

Page 56 , 57, 58

Reference needs to be made to the introduction and the impact of the national smoking ban in public places – Scotland (2006) AND Wales, Northern Ireland and England (2007).

Page 61 *References*

Update with reference to the latest figures from

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss.pdf

CHAPTER 3

Review of Chapter 3 blood borne viruses

Page 64

Hep G is blood-borne as well as water-borne

P65 *Hepatitis A (need to update the figures)*

There were 396 diagnoses of Hep A in England and Wales in 2006. Down from 1357 in 2002. Refer to the website

www.hpa.org.uk

Page 66

HBV immunisation recommended for people who are HIV positive because they are more at risk of becoming chronic Hep B carriers if they become newly infected. Refer to

www.Aidsmap.org

Page 66

In Scotland in 2006,375 cases of HBV infection were reported and of these 3% cited injecting drug use as the main risk factor.

Page 66 *Treatment*

Refer to the most recent edition of the BNF - add in Telbivudine (Sebivo®) to the list of treatment options

Page 67 *Who should be immunised against HBV*

Add

- Patients with chronic renal failure including those on haemodialysis
- Chronic liver disease patients
- Lab staff coming into contact with the virus
- Foster carers and their families

Page 68

Update with figures from

Hepatitis C Action Plan for Scotland: Phase II: May 2008-March 2011

http://cci.scot.nhs.uk/Publications/2008/05/13103055/0

Page 68-71 *Treatment of Hepatitis C*

Take out info on interferon alfa and replace with

- Combined pegylated interferon and ribavirin can successfully clear the virus in 45% of patients with hepatitis C genotype 1 and up to 80% of patients with genotype 2&3.
- Take out info about complementary therapy and replace with more detail about standard treatment
- Treatment consists of a once weekly subcutaneous injection of pegylated interferon and daily ribavirin. The length of therapy depends on the genotype being treated 6 months for type 2 or 3 and 12 months for type 1.
- Side effects include fatigue, nausea, headaches and depression.

Reference for above

www.nhs.uk/livewell/hepatitis

Page 71 *HIV*

Take out the section about one IVDU in the quarter from April to June and replace with `In Scotland in 2006 there were 16 reports of new diagnoses of HIV infection through injecting drug use`.

Table 3.1 from **www.avert.org/worldstats.htm**

UK statistics: 77400 people in the UK with HIV at the end of 2007. Of these 28% were unaware of their infection.

Worldwide HIV/AIDs statistics 2007

Number of people worldwide living with HIV/AIDs in 2007

- Total 33million
- Adults 30.8 million
- Women 15.5 million
- Children 2 million

People newly infected with HIV in 2007

- Total 2.7 million
- Children 0.3 million
- AIDS deaths in 2007
- Total 2 million
- Children 0.27million

Page 74 *(Box 3.1)*

Vertical transmission of HIV mother to baby.

HIV infected mothers should not breastfeed should be removed and replace with `Specialist guidance should be sought`

Without treatment about 25% of babies born to HIV positive mothers will be born HIV positive. Giving antiretroviral therapy to pregnant HIV positive women and their new born babies can decrease this to almost zero.

The risk of transmission is greatest in mothers with low CD4 counts and high viral loads but even in those with high CD4 and low viral loads therapy decreases transmission. If the mother is not already on treatment she will be offered treatment starting from the

second trimester (20-28 weeks) and then stop after delivery. If the mother is already on therapy the regimen may have to be changed as some antiretrovirals are not recommended in pregnancy.

The baby is usually given the antiretroviral zidovudine for 4-6 weeks after birth.

Page 75 *Activity 3.6*

Go to **www.roche-hiv.com** then select animation

Page 75

Add:

Integrase inhibitors inhibit integrase a catalytic enzyme which is required for viral replication.

Page 76 *(Table 3.2)*

In list of protease inhibitors add Daruvavir (Prezista)

Add column for integrase inhibitors Raltegravir (Isentress)

Add Chemokine receptor antagonist Maraviroc (celsentri) at bottom of the table

Combination drugs add Atripla (Efavirenz and Emtricitabine and Tenofovir)

Page 78 *Complimentary and Alternative medicines*

Each may increase or decrease levels of one another. Increased levels may cause toxicity and decreased levels of antiretroviral medication may cause treatment failure and possibly even emergence of resistant virus. Developing resistance can be particularly problematic for the patient as it limits treatment options.

CHAPTER 4

Chapter 4 *Needle Exchange*

The National Hep C Action Plan: Phase II Appendix 7, gives details of a number of Actions for all Health Boards in Scotland.

There are 2 specifically relevant to the provision of Needle Exchanges. Firstly Action 14, which states…. *"National guidelines for services providing injection equipment to Intravenous Drug Users (IDUs) will be developed. A Guideline Development Group will be established"*. These national guidelines for all Injecting Equipment Providers (IEP) are due to be published in June 2009 and will be of relevance to all pharmacy based needle exchanges.

Action 15 which states that *"Services providing injection equipment (needles/syringes and other injection paraphernalia) will be improved in accordance with guidelines (see action 14). Improvements will be made in terms of the, i) quantity (increasing access and uptake of equipment through innovative, including outreach, approaches), ii) quality (e.g. the colour coding of equipment to avoid sharing) and iii) nature (e.g. provision of equipment other than needles/syringes), of provision"*.

Both of these actions are likely to have an impact on the types of equipment supplied from community pharmacies, methods of data collection and will have implications for staff training.

Page 97

Refer to proposed new national guidance, as referred to previously, as well as specific local health board guidance for practical details of each scheme and information on local treatment services.

Page 97

Pharmacy based Needle Exchanges. Information from Scottish Specialist Pharmacists in Substance Misuse, March 2008.

A/A	8
Borders	6
D/G	8
Fife	18
FV	11
Gramp	15
Greater G & Clyde	44 (64 due to be operational by June 2009)
Highl	9
Lanark	18
Loth	21
Ork	2
Shet	1
Tayside	11
West	0
Total	172.

Figures due to be updated by publication in June 2009 from ISD on "Provision of Injecting Equipment in Scotland, 2007/2008".

Page 99

Refer to the national Injecting Equipment Providers (IEP) guidance due to be published in summer 2009 (not published yet as still some minor debates with the Lord Advocate's Office).However these guidelines are being produced as a direct response to Action 14 of the Hepatitis C Action Plan for Scotland Phase 2: May 2008-March 2011.

Action 14 states that "National Guidelines for services providing injection equipment to IDUs will be developed". The section on Supplies of Equipment (p99) should direct pharmacists to refer to this document when published as it will give guidance for all IEP including pharmacies. In the delay with the IEP guidance publication the reference should be to Action 14 of the HEP C Action Plan.

Page 106

New service specifications for NEX and substitute prescribing supervision have been written but not yet published. (Dates not known, need to check progress with Chief Pharmacists office or the relevant Director of Pharmacy for your own individual NHS Board).

P109 *Activity 4.6*

Replace "dispense" with "supply"

Page 122 *Point 13*

Add:

Users of PIEDs will require specific verbal and written harm reduction information that is different from that provided for those injecting opiates or stimulants.

CHAPTER 5

Page 128

Add details on Suboxone® below:

Suboxone is a new product that combines buprenorphine and the opioid antagonist, naloxone, in a ratio of 4:1. It is a sublingual tablet and the aim of the product combination is to provide the same therapeutic benefit while preventing or reducing the liability for diversion and illicit use."The rationale is that , when taken sublingually as intended, the naloxone has very low bioavailability and does not diminish the therapeutic effect of the buprenorphine. However, if injected, the naloxone has high bioavailability and is liable to precipitate withdrawal in an opiate-dependent patient" Ref: Department of Health (England) and the Devolved Administrations (2007). Drug Misuse and Dependence: UK Guidelines on Clinical Management. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive.

Page 130

Refer to guidance in latest version of the Medicines, Ethics and Practice (MEP) from the RPSGB.

Page 132

Use new version of "Orange guidelines" published in 2007 to update all details on prescribing and dispensing of methadone and buprenorphine.

http://www.nta.nhs.uk/publications/documents/clinical_guidelines_2007.pdf

Page 137

Last sentence… Suboxone®, now licensed for use.

Page 140

Remove reference to SEHD guidance and refer to RPSGB guidance on changes in the management of Controlled Drugs.

http://www.rpsgb.org.uk/worldofpharmacy/useofmedicines/controlleddrugs.html

Page 141

Add:

Scotland's new strategy document the "Road to Recovery" uses the 4-Way Treatment Agreement used in Greater Glasgow and Clyde as an illustrative example of a good practice agreement for service-user, doctor, addiction worker/nurse and pharmacist.

Page 142

Add section on Independent prescribing. MEP guidance on professional standards for Independent Prescribers (IPs).

Appropriately qualified pharmacists are now able to function as Independent Prescribers and are able to prescribe for a number of substance misuse related conditions including symptomatic relief of withdrawal symptoms and management of injecting related wounds. Guidance is available at **www.dh.gov.uk**. Pharmacists are currently not able to prescribe Controlled Drugs as Independent Prescribers, however pharmacist supplementary prescribers can prescribe all medicines, including Controlled Drugs if included in the agreed patient specific Clinical Management Plan. Guidance on prescribing governance and professional standards is published by the Society. **www.rpsgb.org**

Page 145

Musculoskeletal pain.

Second sentence needs clarified: -

> `Methadone is effective in reducing withdrawals over a 24 hour period however the analgesic effect only lasts for 4 or 5 hours`

Page 146

Expand section to include Changes to Medicines Act and more detail on Risk factors for overdose:

"The following are risk factors for a heroin overdose..

- *Lowered tolerance through either involuntary or voluntary abstinence (planned or unplanned detox)*
- *Route of administration (injecting rather than smoking or snorting heroin)*
- *Consumption of alcohol*
- *Poly-drug use*
- *Allergic reactions*
- *Using alone*
- *Inappropriate resuscitation techniques*
- *Users unaware of changes in heroin purity*
- *Using in unfamiliar surroundings (individuals experience higher than normal stress levels)"*

OldhamN, & Wright N 2003, *A UK Policy on "Take Home Naloxone" for Opiate Users. A Strategy or Stalemate? Drugs: Education, Prevention and Policy. Vol 10, No2, 105-119*

Legislative changes were made in June 2005, where Article 7 of the Prescriptions Only Medicines Order was amended to include naloxone in the list of drugs that can be administered parentally by anyone in an emergency situation. This means that naloxone can be administered by any member of the public to a person suspected of suffering from an opioid overdose and this opened the way for pilot studies of "take-home" naloxone to take place. Both Glasgow and Lanarkshire have made supplies of naloxone available to those at risk of overdose and to family members. Supplies are made by nurses and pharmacists through use of a PGD.

On 29th May 2008 the Scottish Government published their response to the National Forum on Drug-Related Deaths: Annual Report 2007. Recommendation 3 of the report advocated "Providing Naloxone in Order to Save Life". The Government's response made reference to the work of the Glasgow Naloxone Pilot and stated that before there was any national roll out of Naloxone provision that …. *" thorough training would have to be in place that covered the use of naloxone and overdose awareness, such as the training programme devised for the Glasgow pilot. Naloxone should not be distributed without such a training programme being in place first"*

Pharmacists are ideally placed to contribute to support the development of take-home naloxone schemes through providing patients and others with information on training programmes, risk factors of overdose and contributing to the development and supply of medicines through local PGDs.

The Scottish Government has produced a leaflet entitled "Overdose: Bereavement, What happens now?" This booklet is aimed at family and friends of an individual who has died of a suspected overdose. Pharmacists should consider having copies available for friends and family members.

http://www.scotland.gov.uk/Publications/2009/01/30140842/1

Page 149

Add Suboxone® as an option for substitute prescribing.

Page 155 *3.1*

It is the employers' responsibility to make Hepatitis B vaccination and any other relevant occupational health vaccinations available free of charge to employees.

Page 155-160

Suggest that the word "client" should be replaced by "patient" as this section relates to prescriptions and pharmacist /patient therapeutic relationships.

Page 161 *Appendix 2/3*

Remove Appendix 2 and 3. Replace this agreement with the updated Glasgow 4 way agreement only (This was used as an example of good practice in the Government's strategy document " Road to Recovery")

http://openscotland.gov.uk/Publications/2008/05/22161610/0

Page 164 *References*

Ref 4. Update with 2008 report.

http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmss.pdf

Ref 6.

Drug Misuse and Dependence.UK Guidelines on Clinical Management. London: 2007. Departments of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive.

http://www.nta.nhs.uk/publications/documents/clinical_guidelines_2007.pdf

Ref 11.

Current Edition of BNF.

CHAPTER 6

Page 173

Suboxone® / Subutex® are not licensed for use in pregnancy.

CHAPTER 7

Page 191

Suboxone® is now available. The Scottish Medicines Consortium advised in February 2007 that Suboxone® should be restricted for use in patients in whom methadone is not suitable.

Only naltrexone tablets are licensed for use although implants are available in some private clinics.

Page 194

In relation to the Community Pharmacy Contract in Scotland update – AMS came into action in 2008, with the plan to introduce the CMS part of the contract in 2009/10.

Supervision of opiate substitute therapies (methadone, Subutex and Suboxone) and Injecting Equipment Provision (IEP) services are included in the additional services element of the community pharmacy contract in Scotland.

You should contact your local NHS Board and substance misuse specialist pharmacist for details of local service provision. The specialist pharmacist will be able to provide additional support and advice for pharmacists providing these services.

Pharmacists should consider utilising eMAS to provide symptomatic relief for patients receiving substitute prescriptions and for those undergoing detox.

Current figures for uptake of service should be available to illustrate.

Page 196 *Wound Care*

Antibiotic prescribing using PGD.

Page 198

Section on Destruction needs updated.

Witnesses for CD destruction can be authorised by the Accountable Officer appointed in each NHS Board.

Updated guidance on CD destruction available from RPSGB at

http://www.rpsgb.org.uk/pdfs/restooldestrcd.pdf

Page 199

Example of a Clinical Management Plan (CMP) used by supplementary prescribers currently prescribing for patients with drug problems can be seen in Appendix 1.

Page 200

Update Key Points Box as follows:-

"Methadone dispensing pumps are now commonplace and automated pumps are being introduced in a number of areas"

"Pharmacists are involved in increasingly broad areas of health care under the Scottish Pharmacy Contract"

"The Scottish Community Pharmacy Contract enables pharmacies to develop their role in supporting people with long term conditions"

P202 *Point 7*

Replace with: Contact the Health Board Accountable Officer.

Appendix 1 - Glasgow Addiction Service Clinical Management Plan

Patient: Chi No: PIMS: Carefirst:	Supplementary Prescriber (SP):	Independent Prescriber (IP)

The Supplementary Prescriber may prescribe medicines for the listed conditions in accordance with the guidelines and protocols listed below:

Aim Of Treatment

Conditions (Please tick conditions identified to be addressed)

- ☐ Alcohol dependence, related conditions and associated risk behaviours
- ☐ Opiate dependence, related conditions and associated risk behaviours
- ☐ Benzodiazepine dependence, related conditions and associated risk behaviours

Medicines:
All strengths and formulations of medicines listed in the current edition of GGNHS formulary can be prescribed in accordance with the dosing regimes, cautions and contra-indications listed in the corresponding sections of the current edition of BNF. All prescribing must be in accordance with the guidelines and protocols listed below.

Medicine/sensitivities/allergies including food:
As recorded in the shared addiction record.

Referral back to IP: The Supplementary Prescriber will refer back to Independent Prescriber in cases of Adverse Drug Reactions and where appropriate report in accordance with the yellow card scheme. Supplementary Prescriber will refer patients back to the Independent Prescriber based on clinical judgement.

Guidelines/Protocols (please delete guidelines/protocol not to be used)

1. Protocol for initiation and review of Supplementary Prescribing of methadone.
2. Drug Misuse and Dependence - Guidelines on Clinical Management (orange guidelines).
3. Home supported alcohol detox guidelines.
4. Sign guideline 74 –The Management of harmful drinking and alcohol dependence in primary care.
5. Glasgow Addiction Services Methadone Prescribing Guidelines
6. Glasgow Addiction Services Shared Care Programme Practice Standards

Clinical case note records to be used and held within Community Addiction Team

Frequency of review by SP: Ongoing	**Frequency of review by IP:** As per protocol: should be reviewed three monthly and bi-annually thereafter

Agreed by IP Signature:	Date:	Agreed by SP Signature:	Date:	Date agreed with patient

Expiry date of clinical management plan:

Acknowledgements

NES Pharmacy would like to acknowledge several of the original writers of the pack for contributing their time and efforts to update the pack. Kay Roberts and Carole Hunter were involved in updating Chapters 1,2,4 and 5-7, while Ysobel Gourlay was responsible for the updates to Chapter 3.

Disclaimer

While every precaution has been taken in the preparation of these update materials, neither NHS Education for Scotland (NES) nor the external contributors shall have any liability to any person or entity with respect to liability, loss or damage caused or alleged to be caused directly or indirectly by the information therein. The material included in this update is up to date at the time of printing.

September 2009.

NHS Education for Scotland (Pharmacy)
3rd floor, 2 Central Quay
89 Hydepark Street
Glasgow
G3 8BW
Telephone 0141 223 1600
Fax 0141 223 1651
Email pharmacy@nes.scot.nhs.uk

www.nes.scot.nhs.uk/pharmacy

NHS
Education
for
Scotland