Royal Pharmaceutical Society of Great Britain

UPDATE ON

1997 Report of the Working Party on the prevention of HIV/AIDS, hepatitis B and C and sexually transmitted diseases

During 1996 a RPSGB working party examined the place of pharmacists in the fight against human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis B and C, and sexually transmitted diseases. The report (1) made 10 main recommendations for action by the profession. In January 1997 the Council of the Society approved publication of the working party's report and agreed to consider the recommendations at future meetings and, where possible, look at possible ways of implementing them.

At its meeting of May 2006, the RPSGB Practice Committee agreed with a submission from the RPSGB/NTA Substance Misuse Working Group that, as a result of developments which had taken place since 1997, there was a need to review the document. The Practice Committee subsequently tasked the Substance Misuse Working Group to **review the recommendations** in the 1997 report and to recommend any changes necessary in the light of developments since its publication. However, when we actually came to undertake the task we found that there had been so many developments that it was exceedingly difficult to restrict our deliberations solely to the 1997 Report's recommendations. In particular, we found that although the title of the 1997 report refers to sexually transmitted diseases in practice, apart from HIV, there was no reference to these in the body of the 1997 report or its recommendations. In the light of this finding we have made a number of additional recommendations at the end of this document that relate to this omission.

It should be noted that the recommendations in the 1997 report applied solely to pharmacists. The revised recommendations should be taken to apply equally to pharmacists and registered pharmacy technicians.

One major development since 1997 is the publication of the joint National Treatment Agency, Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee and PharMAG "Best practice guidance for commissioners and providers of pharmaceutical services for drug users" (2), which contains valuable information on the provision of pharmaceutical services to substance misusers in line with the community pharmacy contract and the development of criteria and standards that apply to enhanced services for the supervised consumption of medicines (EN1) (3) and pharmacy based needle exchange (EN2) (4). It also highlights the important roles that pharmacists and technicians have in secondary care services.

Another development is the increased recognition of the important public health role that pharmacists and pharmacy technicians are capable of undertaking. This development is particularly pertinent to the existing and future roles that they can perform in relation to NHS sexual health initiatives (5) (6).

1. Main Recommendations of 1997 Report

1.1 All community pharmacists should display a selection of suitable leaflets and act as a source of information about the prevention of HIV/AIDS, hepatitis B/C and sexually transmitted diseases.

Updated recommendation 2007:

Pharmacies that provide services to substance misusers should display information on diseases and injuries which injecting drug users have increased susceptibility to such as:-

- Hepatitis A
- Hepatitis B and C
- Tetanus
- Septicaemia
- Clostridium Novyi
- Botulinum
- Occlusive disease -> gangrene
- Deep vein thrombosis
- Other BBVs
- Injection site injuries

Pharmacies should display information to raise awareness of the transmission of sexually transmitted diseases such as:-

- Chlamydia
- Gonorrhoea
- Syphilis
- Trichomonas

Pharmacies should be able to signpost clients/customers as part of their ease of access within the NHS which may be embedded in community pharmacy contractual arrangements. This could include referral to:-

- Local sexual health (Genito-Urinary Medicine [GUM]) and substance misuse services
- Local Addictions Services teams or equivalent, e.g. Community Addiction Teams
- Written and web-based local and national information e.g. from Health Protection Agency (England), Public Health Service for Wales, and Health Protection Scotland.

Pharmacists should be encouraged to complete appropriate training courses such as the recently published NHS Education for Scotland (NES) Pharmacy distance learning pack on Sexual Health

1.2 The Royal Pharmaceutical Society should review its current advice relating to the supply of clean syringes and needles to those who are less than 16 years of age; it should also set a minimum standard of services for pharmacists who offer a clean needles and syringes exchange scheme (PNEX).

Updated recommendation 2007:

The Society should clarify and re-publish guidance on the supply of injecting equipment by pharmacy needle exchanges to those who are less than 16 years of age.

RPSGB members (pharmacists and pharmacy technicians) that provide PNEX services from a pharmacy should adopt locally agreed specifications relating to Additional and or Essential Services. The PSNC EN2 specifications are one example of good practice and should be regarded as minimum requirements. Any additions or amendments should be agreed between local commissioners and pharmacies providing services and in line with the "Best practice guidance" (2).

Commissioners of PNEX should take cognisance of the NTA/RPSGB et al joint guidance to commissioners on the provision of pharmaceutical services to substance misusers (2). This guidance should also be considered by practitioners in Scotland as an example of good practice in addition to the guidance available from Scottish Government. Guidance is also available from Pharmaceutical Advisers, Specialists in Pharmaceutical Public Health and Addiction Teams within each respective Health Board area.

RPSGB should promote/encourage that a standard approach is taken in the development of PNEX service to ensure a uniform consistency of provision is available.

1.3 Problems related to the supply of water for injection by pharmacists should be discussed as a matter of urgency with the appropriate authorities including the Department of Health, the Home Office and the Medicines Control Agency.

We are pleased to note that there has been some movement on this matter. Water for injection can now be supplied by "persons employed or engaged in the process of lawful drug treatment services" providing ampoules of sterile water for injection containing not more than 2ml water for injection (Statutory Instrument 2005 No. 1507). However, there is, as yet, no plastic 2ml vial of water commercially available in the UK.

Updated recommendation 2007:

RPSGB should continue to liaise with the appropriate authorities to ensure an early resolution of this problem. Glass vials of water for injection can be an unnecessary hazard in the substance misuse environment.

The more standard the contents of NEX packs are (based on best practice), the less migration there will be from one area to another as NEX clients access what they consider to be the best 'value' to them.

1.4 The Society should set a minimum standard for the provision of a service to supervise self-administration of methadone in pharmacies.

This recommendation has been overtaken by events. Supervised consumption of methadone and buprenorphine in community pharmacies is now widespread. EN1 (3), to support the community pharmacy contract in England, and the joint "Best practice guidance" (2) provide suitable standards. As with NEX, the EN1

specifications should be regarded as minimum requirements and any additions or amendments should be agreed between local commissioners and pharmacies providing services.

1.5 Greater emphasis should be placed at all levels of pharmacists' education and training on the social skills needed to handle different types of people and to help them become more confident about when to be proactive; they should also be given a basic knowledge of drugs used non-medically.

Recent NTA, Scottish Executive and Welsh Substance Misuse Policy Development Team surveys of needle exchange clients (7, 8, 9) highlighted that the quality of information provided by community pharmacists, is, very limited, although exceptions of good practice exist; for example, Sheffield. It is recognised that injecting drug users may often access a pharmacy needle exchange scheme earlier in their injecting career and so it is crucial that pharmacists and their staff are actively providing information and health promotion literature to clients.

Updated recommendation 2007:

This recommendation applies equally to pharmacists and pharmacy technicians. It is as important in 2007 as it was in back in 1997. In addition it echoes the recommendation of the Advisory Council on the Misuse of Drugs and the Shipman Working Group that is being taken forward in England by the Department of Health and the Scottish Executive Health Department in Scotland.

Pharmacists and Pharmacy Technicians should be encouraged to ensure that their Continuing Professional Development addresses recommendation 1.5.

The Centre for Pharmacy Post Graduate Education in England has recently published open learning packages for both pharmacists and pharmacy technicians. In addition the Royal College of General Practitioners' Part 1 and Part 2 Certificates in the treatment of substance misuse are now accessible to both pharmacists and pharmacy technicians. Pharmacists in Scotland have access to the newly published NHS Education Scotland (NES) Open learning package 'Pharmaceutical Care in Substance Misuse' and various Scottish Training in Alcohol and Drug Abuse (STRADA) training events as well as Part 2 of the RCGP Certificate. In addition, most if not all, pharmacy undergraduate courses include substance misuse in the curriculum and this should be continued and supported.

1.6 The Pharmaceutical Services Negotiating Committee and *Community Pharmacy Scotland (CPS)* should be asked to alert local pharmaceutical committee (LPC) and Area Pharmaceutical Committee (APC), *Area Pharmacy Contractor's Committees (APCC)* to their role in facilitating pharmacists' involvement in the prevention of HIV/AIDS and other related conditions.

Updated recommendation 2007:
This recommendation should continue. In addition, the percentage of community pharmacy contractors providing EN1 and EN2 services should be closely monitored to ensure the percentage of community pharmacies involved increases year on year to at least the proportion recommended in the "Best practice guidance" (2).

There was anecdotal evidence that in the 10 years since 1997, pharmacists, pharmacy technicians and pharmacy staff had become increasingly reluctant to participate in the provision of needle exchange services. Yet the need for such provision is perhaps greater in 2007 than it was in 1997. The increasing prevalence of Hepatitis C amongst the drug injecting population is a major concern to those working with drug misusers and all three GB Departments of Health. It may well be that the new community pharmacy contract and the introduction of EN2 in England and a public health component in Scotland may be a positive catalyst for change. In England, the impact of EN2 on the provision of NEX services and EN1 on the provision of supervised consumption from pharmacies should be monitored closely. (The provision of supervised consumption is of relevance as the lack of availability of community pharmacies willing or able to provide this service will result in clients being denied access to treatment and may force them to continue high risk behaviours such as continuing to inject).

At 31st March 2006 it was reported (10) that:
In England

- 1201 (11%) community pharmacy contractors were providing needle exchange under a Local Enhanced Service (LES) at 31st March 2006
- 2741 (26%) were providing supervised consumption.

In Scotland

- 132 (11.5%) of community pharmacy contractors were providing needle exchange facilities as part of Additional, or locally negotiated, Services
- 792 (77%) were providing supervised methadone consumption

The “Best practice guidance” (2) suggests a target of 75% of community pharmacies providing supervised consumption and 25% proving needle exchange.

Primary care organisations should be encouraged to retain (with regular reviews) a list of pharmacies offering NEX and supervised consumption services, along with any specialist higher tiered service. This information should be made available to the local Drug Action Teams (DATs)/Drug and Alcohol action teams (DAATs)/Substance Misuse Action Teams (SMATs), Community Addictions Teams (CATs) to medical colleagues and to the general public.

1.7 Ways should be found of creating better liaison and more frequent information exchanges between prescribers and community pharmacists at a local level. A Newsletter and the appointment of a drug liaison pharmacist to the local team might be a possible method of achieving this.

Updated recommendation 2007

Whilst there have been improvements since 1997 the appointment of ‘drug liaison’ pharmacists is not comprehensive. Better links should be forged between community pharmacists and local drug services, especially DAATs and providers of Drug Intervention Programmes (DIPs)

The multidisciplinary training provided by the Royal College of General Practitioners’ Certificate in the Management of Drug Misusers in Primary Care has been beneficial in creating local learning sets and encouraging multidisciplinary working relationships.

The development of the Integrated Drug Treatment System (IDTS) across the Criminal Justice System (CJS) in England and Wales (including prisons), requires more formal links between the profession and prescribers, substance misuse providers across the health economy, service users and commissioners. This is a revised clinical and psychosocial care pathway for substance misusers within the English and Welsh CJS (11). More formal links have been established in Scotland between the Criminal Justice System and the healthcare system to support the rehabilitation of those who persistently offend because of drug misuse addiction.

We recommend that the RPSGB, PSNC/CPS/Community Pharmacy Wales should encourage LPCs, APCCs and community pharmacists/technicians to develop these formal links with commissioners in order to ensure the public health and service needs of this client group are met. We recommend greater efforts should be made in encouraging contact with service users to ascertain their views about local service provision.

1.8 The PSNC/*CPS* should encourage LPCs and APC/*APCCs*, via health authorities and health boards, to seek invitations for a seat on the health promotion alliance in their local areas.

Updated recommendation 2007

We suggest that this recommendation is amended to reflect current structures. Pharmacy representation on Drug and Alcohol Action Teams in England and Scotland and the Welsh Substance Misuse Action Teams could have more impact in highlighting the important roles that pharmacists and pharmacy technicians are undertaking in the prevention of HIV/AIDS, hepatitis B&C and STD prevention.

1.9 The Society should discuss at its meeting with pharmaceutical advisers what action should be take place to encourage community pharmacists to become more involved in the prevention of HIV/AIDS and other related conditions.

Updated recommendation 2007

Although many of the titles and NHS structures have changed since 1997, this recommendation is as valid today as it was in 2007. Since the publication of the working party report it has become increasingly evident that drug injecting is a major vector for the transmission of Hepatitis C. There continues to be a major shortfall between the estimated number of sets of injecting equipment required to prevent the re-use or sharing of equipment and the number of clean sets distributed via needle syringe schemes. The Society should make strenuous efforts to encourage community pharmacists to become involved in programmes to prevent the spread of HIV/AIDS and other blood borne viruses such as Hepatitis B and C. The Society should become increasingly involved in the planning of service provision for drug misusers with respective agencies, possibly through use of the Memorandum of Understanding that already exists with the National Treatment Agency in England for example.

The Department of Health (for England) has produced a ten year programme (12) which states;

- Pharmacy-based needle and syringe exchange schemes offer health protection for the individual and the local population. The rapport that pharmacists develop during their frequent contact with substance misusers enables them to promote safer sex, better general health and reduced dependency on drugs in the medium to longer term.
- Pharmacy-based needle and syringe exchange schemes and supervised consumption schemes are making a real difference in their communities.
- PCOs who have not yet set up such schemes should consider, in their assessment of local priorities, whether substance misuse services could be improved through pharmacies
- We would like to see more pharmacists involved in shared care schemes in collaboration with other stakeholders such as drug team workers, GPs, users and others

1.10 The Society should promulgate data about pharmacists' involvement in this field to the relevant agencies and actively encourage research projects which might show the benefits of pharmacists' involvement. It should explore possible sources of funding for such research.

Updated recommendation

The recommendation remains valid in 2007 and applies equally to pharmacists and pharmacy technicians. However, there is more data available on the involvement of GB pharmacists in needle exchange via the recent publication of research findings by the NTA and the Scottish Executive.

2. Additional Recommendations

We also suggest that any future updated version of this report should include recommendations around:

- Confidentiality and sharing of information about patients/clients
- Impact of Shipman 4 on sharing of information and the requirements of the accountable officer
- Conformity rather than conflict – confidentiality/privacy/security of staff etc/safety of staff etc. The planning, posting and complying with a local in-pharmacy standard operating procedure is essential to successful substance misuse working. Non-cooperative staff should be released from participating. Co-operative staff should be encouraged and trained (for multiples, area pharmacist/training officer to hold in-store training sessions for example)
- Managing problems concerning Waste legislation.
- The role of community pharmacies in preventing drug related deaths from overdoses.
- Advice on safe injecting techniques
- Availability of Hepatitis B vaccinations for pharmacy staff
- Availability of an appropriate antibiotic through a Patient Group Direction (PGD) to treat wound infections
- Minor Ailment Schemes (MAS) – promote the availability and ensure that targeting includes substance misusers particularly rough sleepers and the homeless. In Scotland, the MAS is a core pharmacy service required to be provided by each community pharmacy
- Availability of naloxone injection under PGD to reduce the risk of deaths

- Awareness of chemical reagents that might be misused in the manufacture of illegal drugs, e.g. household ammonia, bleach and assessment of need for a referral pathway to report increased demand

References

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2) Best practice guidance for commissioners and providers of pharmaceutical services to drug users. National Treatment Agency / Royal Pharmaceutical Society of Great Britain / Pharmaceutical Services negotiating Committee / PharMAG – February 2006.

3) The NHS Community pharmacy contractual framework in England; enhanced service – supervised administration (consumption of prescribed medication) service specification EN1

4) The NHS Community pharmacy contractual framework in England; enhanced service – needle and syringe exchange EN2

5) The national strategy for sexual health and HIV (DH, July 2001)

6) Health Economics of Sexual Health: A guide for commissioning and planning. Nick Payne, Sexual Health team and Rachel O'Brien, Analytical team, DH September 2005

7) Findings of a survey of needle exchanges in England, National Treatment Agency, May 2006

8) Needle exchange provision in Scotland: A report of the National Needle Exchange Survey. Griesbach & Associates / National Treatment Agency / Scottish Executive, June 2006

9) Findings of a survey of needle exchange services in Wales. National Treatment Agency / Welsh Substance Misuse Development Team (Welsh Assembly Government) – unpublished.

10) General pharmaceutical services in England and Wales 1996-97 to 2005-06 by the Information Centre for Health and Social care reports (for England and Wales)

11) Clinical management of drug dependence in the adult prison setting, Department of Health July 2006

12) Choosing Health Through Pharmacy, Department of Health, April 2005