



PHARMACEUTICAL SERVICES (SCOTLAND)

ADDITIONAL SERVICES

DISPENSING AND SUPERVISED CONSUMPTION OF BUPRENORPHINE CONTAINING PRODUCTS.

1. Service aim

- 1.1. To dispense and supervise the self-administration of buprenorphine-containing products in a community pharmacy setting.

2. Service outline and standards

- 2.1. The service is available to any individual who presents a valid prescription for buprenorphine-containing products that specifies supervised administration.
- 2.2. Community pharmacy contractors will hold stocks of buprenorphine-containing products and will dispense and supervise the self-administration of buprenorphine-containing products on receipt of an appropriately endorsed prescription.
- 2.3. Buprenorphine-containing products are sublingual tablets and this should be explained to the client at the onset of treatment. The dispensing and supervision procedure is as follows :
 - Confirm identity of client.
 - The daily dose should be dispensed and labelled appropriately for each client. If possible this should be prepared in advance of client's arrival.
 - Offering and encouraging the client to take a drink of water before supplying the tablets, will moisten the mouth and help the tablets to dissolve.
 - Remember to ask client not to chew gum or have a sweet in their mouth during this time.
 - The tablets should be popped into a plastic cup before being tipped under tongue, without handling.
 - Remind the client not to chew or swallow the tablets.
 - Remind the client that by not swallowing saliva while the tablets are under the tongue the tablets will dissolve more easily.
 - The client should be observed for 4-5 minutes. (The tablet begins to dissolve after 2-3 minutes and is harder to divert after this time.)
 - The pharmacist should satisfy him/herself that the tablets have dissolved.
 - The client may be offered another drink of water, after it has been established that the tablets have dissolved, since the tablets may leave an unpleasant taste or sensation in the mouth.
 - Finally, engaging the client in conversation may also help to establish that the tablets have not been retained in the mouth.

- 2.4. Community pharmacy contractors will ensure pharmacists and staff offer a user-friendly, non-judgemental, client-centred and confidential service.
- 2.5. The service should be operated from premises that can provide an acceptable level of confidentiality.
- 2.6. The community pharmacy contractor will ensure the pharmacist develops and maintains a close working relationship with the staff of Addiction Services (or equivalent). This should include a process to allow information sharing where there are concerns for the client.
- 2.7. Prescriptions for buprenorphine-containing product supervision will be dispensed where the client is known to the pharmacist. Services will notify pharmacies of new clients requiring buprenorphine-containing product supervision prior to them presenting the prescription.
- 2.8. The community pharmacy contractor will ensure the pharmacist, where appropriate, counsels the client on safe drug use and other related topics. They should also have available printed information on such topics.
- 2.9. The community pharmacy contractor has a duty to ensure that pharmacists and all staff involved in the provision of the service understand and operate within the constraints laid down in both the local protocols and legislation concerning vulnerable people.

The Protecting Vulnerable Groups Scheme (PVG Scheme), which delivers on the provisions outlined in the Protection of Vulnerable Groups (PVG) (Scotland) Act 2007 will:

- help to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour,
- be quick and easy to use, reducing the need for PVG Scheme members to complete a detailed application form every time a disclosure check is required,
- strike a balance between proportionate protection and robust regulation and make it easier for employers to determine who they should check to protect their client group.

"Adults at risk" are defined in the Adult Support and Protection (Scotland) Act 2007 as aged 16 years or over whom:

- are unable to safeguard their own well being, property, rights or other interests
- are at risk of harm, and
- because they are affected by disability, mental disorder (mental illness, learning disability, personality disorder), illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected

If staff know or believe that a person is an "Adult at Risk" (as defined in all three points above) there is a legal duty and professional

responsibility to report the facts and circumstances of the person's case to the social work department under section 5 (3) of the Adult Support and Protection (Scotland) Act 2007 and Adult Protection procedures should be followed. The Adult Protection Unit team are available to provide professional advice during office hours on 01896 664580 and out of hours professional advice can be sought from Emergency Duty Team 01896 752111.

3 Training

- 3.1 It is desirable that the community pharmacy contractor and pharmacists involved in the provision of the service should undertake the NES distance learning package "Pharmaceutical Care in Substance Misuse".
- 3.2 It is desirable that the community pharmacy contractor and staff should participate in any local training initiatives identified by NHS Borders.
- 3.3 The community pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local guidelines.

4 Payment

- 4.1 A fee will be paid for each supervision of a buprenorphine-containing product dose in the community pharmacy. A maximum of one supervision fee each day may be claimed for a patient. This will include the provision of written and verbal advice to clients where necessary.
- 4.2 Payment for service provision shall be made in accordance with the procedure in place in NHS Borders. Prescriptions should be endorsed in the usual way to ensure payment.

5 Monitoring and evaluation

- 5.1 It is a requirement of the service that appropriate records, including patient medication record, are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements, and provide information to NHS Borders for internal and external audit and evaluation purposes.
- 5.2 A standard operating procedure should be in place in the pharmacy and cover all aspects of service provision.

Background Information – not part of the service specification

RPSGB Medicines, Ethics and Practice (current version)

RPSGB Advice on crushing buprenorphine tablets

National Pharmacy Association – Advice on crushing buprenorphine tablets

NES Child Protection Distance Learning Resource Pack

Useful references

AMASS, L., LING, W., FREESE, T. et al. 2004. Bringing buprenorphine-naloxone detoxification to community treatment providers. *The American Journal on Addictions*, 13:S42–S66

AURIACOMBE, M., FATSEAS, M., DUBERNET, J. et al. 2004. *The American Journal on Addictions*, 13:S17–S28

LING,W. and WESSON, D. 2003. Clinical efficacy of buprenorphine: comparisons to methadone and placebo. *Drug and Alcohol Dependence*, 70(2) Supp.1:S49-S57

CAMERON I, MATHESON C., BOND C.M. et al. 2006. Pilot randomised controlled trial of community pharmacy administration of buprenorphine versus methadone *Int J Pharm Practice*;14:243-248.

VERTHEIN, U., PRINZLEVE, M., FARNBACHER, G. et al. 2004. Treatment of opiate addicts with buprenorphine. *Addictive Disorders and Their Treatment*, 3(2)

Scottish Borders Child protection procedures

<http://www.online-procedures.co.uk/scottishborders/>

Scottish Borders Adult Support and Protection Procedures

http://www.scotborders.gov.uk/info/1432/adults/266/adult_support_and_protection

Disclosure Scotland

<http://www.disclosurescotland.co.uk/>