



**PHARMACEUTICAL SERVICES (SCOTLAND)
ADDITIONAL SERVICES SYRINGE
AND NEEDLE EXCHANGE IN THE SCOTTISH BORDERS**

1. Service aims

- 1.1. Individual and public health is protected by reducing the incidence of blood-borne infection and drug-related deaths amongst service users by :
- Sterile injecting equipment and related paraphernalia is accessible as required for injecting drug users (IDUs).
 - the rate of sharing and other high-risk injecting behaviours is reduced.
 - IDUs use safer injecting practices.
 - There is a reduction in risky behaviours that may result in infections (including blood-borne viruses), unsafe sex and unplanned pregnancies, accidental overdoses and drug-related deaths.
 - IDUs are routinely offered information and support to access BBV testing and immunisation, drug treatment, and general health services
- 1.2. To protect the health of local communities by preventing the spread of blood-borne infections by providing safe disposal facilities for used injecting equipment.

2. Service outline and standards

- 2.1 The NHS Board will provide clean injecting equipment as agreed locally and a safe disposal system for the return of used injecting equipment.
- 2.2 The community pharmacy contractor will be responsible for providing information in a variety of formats on blood-borne viruses, safer injecting techniques, wound management, overdose prevention and access to Take-Home Naloxone.
- 2.3 The community pharmacy contractor will be responsible for providing information on local treatment and care services, including referral routes for blood-borne virus testing.
- 2.4 The community pharmacy contractor will be responsible for offering a user-friendly, non-judgemental, client-centred, confidential service.

- 2.5 The community pharmacy contractor will provide support and advice to service users, including referral to other health and social care services and specialist drug and alcohol treatment services as appropriate.
- 2.6 NEX services should continue to encourage clients to return used needles, and individual safe disposal bins should be provided for this purpose. However, the provision of sterile needles should **not** be dependent on the return of used needles. Services should aim at all times to ensure that all clients have a sterile needle for every injection and encourage clients to take sufficient numbers of needles. Furthermore, individuals can be prosecuted if they are found disposing of used injecting equipment in a way that could put members of the public at risk.
- 2.7 Only in exceptional circumstances should a supply be refused. Professional judgement should be used, for example if the client is clearly intoxicated by either drugs or alcohol.
- 2.8 Data collection procedures should be recorded in accordance with local protocols. Confidentiality should be maintained.
- 2.9 The premises should provide an acceptable level of confidentiality and safety as agreed on a local basis. This should reflect the needs of the client and other members of the public.
- 2.10 NHS Board will provide pharmacies operating a syringe and needle exchange scheme with appropriate “special waste” containers and regular uplifts.
- 2.11 The NHS Board will provide local guidelines on the management of needlestick injuries.
- 2.12 All staff working on the premises should be aware that a needle exchange scheme is being operated and those directly involved offered Hepatitis B immunisation by NHS Borders.
- 2.13 Clients must place used syringes and needles directly into the sharps bin provided. Pharmacy staff should never handle loose returned injecting equipment.
- 2.14 The NHS Board should ensure effective monitoring and audit of schemes.
- 2.15 The community pharmacy contractor will be responsible for developing and maintaining a close working relationship with the staff of Addiction Services (or equivalent). This should include a process to allow information sharing where required.

3 Child and Adult Protection

3.1 Child Protection issues

The following principles shall apply within the Community Pharmacy needle exchange service, in relation to young people under 16 years old accessing the service. This should automatically be considered a child protection issue due to the significant risks injecting poses (infections and accidental overdoses).

If an adult accessing needles exchange services is accompanied by a child or young person, this may also be considered a child protection issue and will need to be discussed as part of the assessment e.g. what provision is to be made for the child's care and supervision whilst the individual is using, and safe storage of equipment and drugs.

- Only fully trained pharmacy staff will be involved in the work of the needle exchange and in giving information to any service user who is or appears to be under 16 years of age. All other personnel must pass contact with under 16's on to the qualified person and consult in all cases if doubt or on issues requiring clarification.
- A full assessment must be undertaken by the qualified person involved and all relevant details must be fully documented. Particular attention should be given to the young persons injecting behaviour/history-how long/where injecting etc? It is appropriate to request a physical examination of injecting sites.
- It may be appropriate to dissuade the young person from injecting, particularly if they are a first-time injector or have recently started injecting. In all cases, full advice on blood borne viruses and safer drug use routes should be emphasised, together with information on accessing help and support from health and social care services.
- There may be other sensitive social and medical issues which come to light during the assessment and these should also be given due consideration.
- The primary assessment is also a risk assessment and should seek to determine:
 - The age of the young person
 - Have they 'run-away'
 - Are they using drugs/alcohol in a chaotic un-informed way or has their pattern of use changed?
 - Are they physically ill, depressed, suicidal and/or self-harming?
 - Are they involved in prostitution?
 - Have they disengaged from other services?

- Details of other non-statutory agencies that may be of assistance should be offered to the young person (e.g. Face2Face)
- In all cases if the young person under 16 years still requests to access the service they should only be issued with a 5-Pack and clear communication given on returns policy.
- All interactions with young people under 16 years old accessing the service should be reported to the Pharmacy contractor with the task of liaison with the relevant authorities (NHS Borders & Child Protection Service).

3.2 Adults at risk

"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.

The following principles shall apply within the Community Pharmacy needle exchange service, in relation to adults accessing the service who appear to be at risk.

- Only fully trained pharmacy staff will be involved in the work of the needle exchange and in giving information to any service user who is or appears to be at risk e.g. has a learning disability or severe and enduring mental illness. All other personnel must pass contact with such individuals on to the qualified person and consult in all cases if doubt or on issues requiring clarification.
- A full assessment must be undertaken by the qualified person involved and all relevant details must be fully documented. Particular attention should be given to the individuals injecting behaviour/history-how long/where injecting etc? It is appropriate to request a physical examination of injecting sites.
- The primary assessment is also a risk assessment and should seek to determine:

- Are they normally are in touch with other services e.g. statutory mental health services?
 - Have they have disengaged with these services?
 - Do they have any other medical issues that might pose added risks?
 - Are they new to injecting and accompanied by other adults who may pose added risks e.g. known drug users
- Details of other non-statutory agencies that may be of assistance should be offered to the individual (e.g. SAMH)
 - In all cases if the person still requests to access the service they should only be issued with a 5-Pack and clear communication given on returns policy.
 - All interactions with a vulnerable adult accessing the service should be reported to the Pharmacy contractor with the task of liaison with the relevant authorities (NHS Borders & Adult Protection Service).

4 Training

- 4.1 It is desirable that the community pharmacy contractor and pharmacy staff providing this service undertake the NES distance learning package "Pharmaceutical Care in Substance Misuse".
- 4.2 It is desirable that the community pharmacy contractor and staff participate in any local training initiatives identified by NHS Borders.
- 4.3 The community pharmacy contractor will ensure that pharmacists and staff involved in the provision of the service have up-to-date knowledge, are aware of local arrangements and are appropriately trained in the operation of the service.

5 Payment

- 5.1 A fee will be paid for providing this service. This will include the provision of written and verbal advice to clients.
- 5.2 Payment for service provision shall be made in accordance with the procedure in place in NHS Borders. Information on the return is also used for audit and evaluation purposes and must be completed accurately before any payment is made by NHS Borders.

6 Monitoring and evaluation

- 6.1 It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements, and to provide information to NHS Borders for internal and external audit and evaluation purposes including contribution to the Scottish Injecting Equipment Provision Database.

- 6.2 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 Guide (current edition)
NES Child Protection Distance Learning Resource Pack

Useful references

Guidelines For Services Providing Injecting Equipment
<http://www.scotland.gov.uk/Publications/2010/03/29165055/0>

Lord Advocate's guidance on needle exchange
<http://www.scotland.gov.uk/Publications/2010/03/29165055/7>

National quality standards for drug misuse services
<http://www.scotland.gov.uk/resource/Doc/149486/0039796.pdf>

National Treatment Agency: best practice guidance for commissioners and providers of pharmaceutical services for drug users
http://www.nta.nhs.uk/publications/Prescribing/Pharmaceutical_services_for_drug_users.pdf

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/>

Useful contact numbers:

Child and Adult Protection Unit: 01896 664580
Drug and alcohol services
Big River Project: 01896 759740
NHS Borders Addictions Service: 01896 664430
SAMH 01896 759746
Face2face: 01896 668811