**The Royal Pharmaceutical Society response to the Home Affairs Committee inquiry into illegal drug use in the UK**

**Who we are**

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacists working in all sectors. We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

**Our submission**

The RPS felt it was important to respond to this inquiry to highlight the valuable role pharmacy have in the success of any drug strategy, particularly when discussing treatment. Our submission does not specifically answer the posed questions in the inquiry, but instead relates mainly to the UK Governments 10-year drug strategy and the areas of this that pharmacy have an input and where that input could be enhanced to impact on drug deaths.

Pharmacists, and pharmacy teams, already play a significant role in supporting and providing treatment to people who use drugs, as well as offering harm reduction services and advice, such as injecting equipment provision and naloxone.

Pharmacy teams can do even more to reduce harm from drugs and improve the health of people who use drugs. This would require the right support, funding and training for pharmacy teams. By enabling pharmacists, and pharmacy teams, to do even more to help reduce harm from drugs, we can improve the effectiveness of the UK drug framework and help achieve its goals of reducing drug deaths and the harm experienced from drug use.

**World class treatment and recovery system**

One of the strategic priorities of the framework is to deliver a world class treatment and recovery system with increased capacity, quality, and outcomes. This is an area where pharmacy teams can have a major impact and our submission highlights areas of potential development or improvement which tie into the main priorities of the framework.

**Improve quality, capacity, and outcomes**

To achieve this, we need to improve on the systems we have in place now and enhance the input from those currently underutilised. National schemes which use the pharmacy workforce improve consistency of service standards and delivery for patients.

Shared patient records

We need a shared patient record where every healthcare professional involved in the patient’s care can have appropriate read/write access. This would allow pharmacists and their teams to increase their clinical role, improving capacity and the quality of the patient’s pharmaceutical care. It would mean independent prescribing clinics would be possible in all settings, administration of long-acting preparations of opioid substitution therapy (OST) could be provided in the community as communication and reporting would be improved. Most importantly, shared patient records would facilitate the sharing of relevant information more quickly, easily, and accurately relevant and potentially lifesaving information with other healthcare providers. For example, for patients receiving OST, this improved infrastructure would allow reporting of missed or refused doses. This helps identify patterns of attendance which may give cause for concern. People who use drugs can interact with multiple agencies, with very limited joined up working. This is particularly evident in cases of non-fatal overdose where the patient’s prescriber, or community pharmacist, may not even be aware of the event. Knowledge of events such as these can mean earlier intervention and heightened awareness which can reduce the risk of a future fatal overdose. A shared patient record would allow a truly holistic approach to be taken to their care without the need to remove any of the support network that is in place. It is also important to ensure good communication and engagement between the pharmacy, prescriber and support workers involved in a patients care.

Community hubs

**Utilise community pharmacies as hubs where people who use drugs can access services from other agencies, available for all but particularly to reach those not currently engaged with services.** Some community pharmacies could become primary care public health and holistic care hubs if resourced accordingly. They could improve access, engagement, and onward referral to other NHS and third sector services. The availability of community pharmacy situated hubs, and the services they would offer, would be based on local need but could improve capacity, and access for those most at risk. Community Pharmacies are often embedded in some of the most deprived and challenging communities, providing daily contact for individuals who may not, or cannot, access conventional NHS services, and offering *ad hoc* and unplanned health advice. The flexible and informal environment of the CP setting is an added benefit that people value.

Multidisciplinary team

**As part of the multidisciplinary team (MDT) and when appropriate for patients, pharmacists could undertake polypharmacy reviews and carry out health checks to improve patients’ health and wellbeing.** Polypharmacy is a key challenge in complex health care situations, and pharmacists in all settings are ideally placed to undertake polypharmacy reviews. This could directly target patients who are most at risk of health harms, but who are least likely to engage, at a time which is appropriate for the patient. Reviews could be carried out at locations to suit the patient.

It is vital this is done as part of the patient’s MDT and with the necessary IT infrastructure in place to ensure the patient’s medical history is available. This would also ensure any interventions can be recorded and reported back to the wider team, as well as the patient’s GP or GP teams working with the homeless. There must also be in place referral pathways to enable the team to refer on if further care or assessment is needed, e.g., mental health assessment.

Pharmacists could offer physical health monitoring, support, structured medication reviews and reviews of other long-term conditions. The Scottish Government ‘Keep well’ programme was rolled out in 2006 and used pharmacy teams to help to tackle health inequalities. One of the major actions was the anticipatory care model, which targeted areas of greatest need in the hope of identifying health issues before they became problematic. This would work to reduce harms in people who use drugs by engaging them in a setting they are already comfortable in. It would give them access to basic health checks they miss out on and identify issues.

**Rebuilding the professional workforce**

Pharmacists, and pharmacy teams, already play a large and vital role in the care of people who use drugs. To build on this, access to more education and training to strengthen the skills of those involved in caring for people who use drugs, including pharmacists, is needed. This should be available at every level to get that expert workforce to help treat patients and deliver a quality service for patients. Access to training will also deliver a highly trained and motivated pharmacy workforce able to offer a full range of evidence-based interventions.

Education

We need to enhance the teaching at undergraduate level for pharmacists to include all aspects of addiction. The learning and teaching at this level should be comparable in scope and depth to other clinical areas, teaching the basics of addiction, harm reduction and provide extensive training on pharmacological and non-pharmacological treatment options.

Training

Pharmacy teams should undertake mandatory basic training on addiction and harm reduction, plus further training if offering enhances services in response to local need.

Pharmacists already practicing and caring for people who use drugs should be given access to training to enhance the service they provide. This should include training on psychologically informed care, this would make accessing pharmacy services for those who have experienced trauma easier. It would also allow pharmacy teams to identify and change areas of their practice to reduce stigma on this patient group. Pharmacy teams should have training and tools to help them prevent and identify drug dependence.

**Improving outcomes**

Alternative preparations

The framework mentions the importance of access to a full range of evidence-based interventions. It also mentions new mechanisms of delivering existing medication, such as via depot injection. These treatment options can help people recovering from addiction find and sustain employment as the dosing schedule is flexible. Exploring options for community pharmacy-based delivery programmes would mean patients can access care where and when they need it and maintains that contact with professional support in the community.

Naloxone

Investment in evidence-based interventions to reduce drug deaths must include increased access to naloxone for the prevention of overdose. This life-saving drug should be available from every community pharmacy for supply to people who use drugs, family, healthcare professionals, and carers. It should also be kept in first aid boxes for emergency use in any clinical setting, and staff trained to use it, where people who use drugs attend.

**Keeping prisoners engaged in treatment after release**

Referral pathways

One of the areas of focus in the framework is to keep prisoners engaged in treatment after release and looking at better continuity of care into the community. Due to restrictions on the current model this can be difficult as some of these events can be unplanned, such as release from prison, leaving a hospital or a rehabilitation facility. This can lead to a breakdown in the normal throughcare pathways that are followed, leaving people vulnerable. Robust referral pathways are essential. A new **structured service**with clear referral pathways should be established to enable prisons and hospitals to refer to an appropriately trained and resourced community or primary care based pharmacist, people who are at risk and require medication at a time when addiction services are not available. These new pathways would reduce drug deaths and improve the referral process from police, courts, and probation into treatment, meaning better retention.

**International comparisons**

**Supervised drug consumption rooms**

As we consider new ways of engaging with patients in a bid to reduce drug deaths, we need to consider approaches which have proved very successful in other countries. There are now around 100 supervised drug consumption facilities across the world, primarily in Europe, which have provided over thirty years of evidence of their effectiveness.

The RPS, as the leader in safe and effective use of medicines, supports the establishment of regulated drug consumption facilities, and the necessary changes in legislation to enable this, as part of a focus on reducing drug deaths. Pharmacist and pharmacy teams are ideally placed to advise on the appropriate governance structures required to operate a regulated facility of this nature.

Providing a clean, safe place for injecting users brings them closer to mainstream health and addiction support services. It provides the opportunity for health professionals to engage in treatment and prevention. These facilities also provide an opportunity for outreach work to be carried out by pharmacy teams, and for health and medication checks to be undertaken in a population who may not be engaged with services.