

Preventative Agenda - Substance Misuse

The Royal Pharmaceutical Society in Scotland (RPS) welcomes the opportunity to respond to the Health & Sport Committee's inquiry into: 'Preventative Agenda – Substance Misuse'. Our submission, noted below and written jointly with Dr Carole Hunter who will be giving evidence at the session on 30 January, focuses on the role of the pharmacy profession and how pharmacists and their staff teams can continue to support and enhance the pharmacy role in supporting people who use drugs in Scotland to minimise harm to individuals and local communities.

1. To what extent do you believe the Scottish Government's national drugs strategy, The Road to Recovery, and the approach by Integration Authorities and NHS Boards are preventative?

We fully support the principles of the Road to Recovery (RtR) where each person using drugs should be treated "*on their own terms*" and care centred around "*the person, not the addiction*". We also strongly support the principle that prevention is better than cure. Further work is required to continue to address the problem of drug use as it is clear that this problem continues to have adverse effects on individuals and communities. It is acknowledged that there are many underlying health and wider social causes of drug use and it is therefore inevitable that prevention will be more effective when approached in an integrated way.

Moving forward, greater emphasis is required around preventing the harms associated with drug use. Harm reduction strategies serve to protect the health of the individual and thereby enable people to proceed on a recovery journey with maximum potential health capital.

The pharmacy profession has a significant role to play in delivering harm reduction strategies and we strongly support an enhanced role for the pharmacy profession in this aspect of prevention.

The International Pharmaceutical Federation, of which we are members, published their "Reducing harm associated with drugs of abuse – the role of pharmacists"¹ in 2017 and this report may be of particular interest also to the committee as part of this inquiry. In it they advocate a human rights approach to drug policy and summarise the benefits of a harm reduction approach as follows:

- Individual benefits
 - Prevention of infection by HIV, hepatitis C and other blood-borne pathogens
 - Increased capacity for self-care

¹ International Pharmaceutical Federation (2017): "[Reducing harm associated with drugs of abuse – the role of pharmacists](#)", accessed 10 January 2018.

- Reduced chaos associated with drug use through a methadone maintenance programme
- Fewer overdoses
- Increased sense of control
- Options to a person who may not have perceived any choices
- Opportunities to link with sources of support
- Community benefits
 - Decreased incidence of HIV, hepatitis C and other blood-borne pathogens in the whole community
 - Decreased number of discarded used needles in the community
 - Reduced negative consequences of drug use, such as drug-related criminal activity, and reduced prostitution
 - Fewer overdoses and deaths
 - Reduced strain on social, health income and employment services
 - Increased number of people who use drugs and feel less marginalised
 - Cost savings.

2. Is the approach adequate or is more action needed?

There is no specific mention of the pharmacy profession in Chapter 2 on *“Preventing Drug Misuse”* but we believe that the profession could play a wider role and contribute positively in this area, particularly in the *“provision of factual information on drugs to the public, including families”*.

The pharmacy profession has a strong history of disseminating public health messages and participating in public health initiatives, including:

- Smoking cessation
- Sexual health
- Preventing antibiotic resistance; and
- Supporting national campaigns on priority areas such as, cancer, coronary heart disease, diabetes, meningitis, mental health and physical activity amongst others.

In our 2016 Manifesto *“Right Medicine, Better Health, Fitter Future”*², we advocated *“Promoting health literacy from an early age as part of general education within Curriculum for Excellence to gain an understanding of our healthcare system, to encourage self-care and to know where to go for help when required.”* In this context, we would recommend utilising the pharmacy profession’s expertise to support delivery of Curriculum for Excellence in relation to controlled drugs, safe use of medicines, alcohol and tobacco.

It is important that a refreshed national Drug Strategy also reflects and incorporates the current aims for the development of the pharmacy profession in Scotland. This is particularly relevant when considering the ageing population of people who use drugs, which will inevitably require a more co-ordinated approach with general health services to impact on morbidity and mortality. Clearly, pharmacy clearly has an increasing role to play here and this should be recognised in the national drug strategy, mirroring the Scottish Government’s aims in *“Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland”* to transform

² Royal Pharmaceutical Society in Scotland (2016): [“Right Medicine, Better Health, Fitter Future”](#), accessed 09/01/18.

the “*role of pharmacy across all areas of pharmacy practice, increase capacity and offer best person centred care*”³.

“Achieving Excellence in Pharmaceutical Care” describes how pharmaceutical care will evolve in Scotland and the crucial contribution of pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population and impact on health outcomes, especially for those with multiple long term and complex conditions. The strategy has been aligned with the Scottish Government’s strategic approach for pharmacy set out in the Health and Social Care Delivery Plan, the National Clinical Strategy, Pulling Together, the Modern Outpatient Collaborative, Realistic Medicine, the Mental Health Strategy and the six essential actions to improve unscheduled care.

It is essential that any refresh of the RtR drug strategy also aligns with the national pharmacy strategy to ensure that services and service users can benefit from advances in pharmaceutical care. *“Pharmaceutical care focuses the knowledge, responsibilities and skills of the pharmacist on the provision of drug therapy with the goal of achieving definite therapeutic outcomes toward patient health and quality of life”* (p, 1).

There is a very brief one sentence mention of the role of pharmacist prescribers in the RtR (p.45). Although there are local examples of excellent practice where this is working well, developing this role further is one where more action is needed.

In 2016 the RPS published a “Competency Framework for All Prescribers”⁴. This was published in collaboration with NICE and all of the prescribing professions and regulators in the UK. We recommend this should form the basis of all non-medical prescribing developments within a national drug strategy and enable Drug Treatment Services in Scotland to develop local operational policies.

In order to incorporate and achieve full benefit from pharmacist prescribers within drug treatment services it is urgent that the issue of access to patient records is addressed. We have addressed the Health & Sport Committee on this point in a previous submission to its Technology in the NHS Inquiry⁵. In addition we have also, through our Primary Care Clinical Professions Group Collaboration, responded collectively to the same inquiry; between us representing more than 60,000 front line primary care clinicians working across the length and breadth of Scotland⁶. We would promote a four way shared care approach (GP, client, Alcohol and Drug Action Team and pharmacy), enabling the pharmacist to feed into a review on someone on opioid replacement therapy. Sharing of information and coordination of care is key to supporting someone recovering from substance misuse.

The community pharmacy network in Scotland plays a key role in Harm Reduction Services, including Injecting Equipment Provision, naloxone supply and in new initiatives including Blood Borne Virus testing. Pharmacists are often the only health care professional that homeless or chaotic drug users may have contact with. This contact can serve as a key entry point into treatment and recovery services. The RtR recognised that *“Pharmacists have the highest number of contacts with people with problem drug use, often seeing them and their families on a daily basis”* (p29). Despite this level of contact and service provision

³ Scottish Government (2017): [“Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland”](#), accessed 09/01/18.

⁴ Royal Pharmaceutical Society (2016): [“A Competency Framework for All Prescribers”](#), accessed 09/01/18.

⁵ Royal Pharmaceutical Society in Scotland (2016): [Response to Health & Sport Committee Inquiry into Technology and Innovation in the NHS](#), accessed 09/01/18.

⁶ Primary Care Clinical Professions Group (2016): [Response to Health & Sport Committee Inquiry into Technology and Innovation in the NHS](#), accessed 09/01/18.

there is no formal role for the pharmacy profession within the Alcohol and Drug Partnership (ADP) structures. The RPS would recommend the inclusion of local specialist pharmacists as core members of ADPs to help to fully involve the profession in an integrated approach.

3. What evaluation has been done of interventions?

The Action Plan in RtR has no national evaluation framework although we understand that individual developments, including the naloxone programme, have been subject to a formal evaluation with agreed local individual improvement targets.

In 2012, the then Chief Medical Officer for Scotland, Sir Harry Burns, commissioned a review of Opioid Replacement Therapies (ORT) to *“Ensure that these interventions are being used appropriately and in line with the international evidence base as part of a person-centred recovery focused approach”* and to *“Consider where further improvement may be made to contribute to the quality emphasis of Phase Three of RtR strategy delivery Programme”*⁷.

The Review concluded, amongst other recommendations, that the role of pharmacists in the community is *“central to the delivery of high quality ORT”* and highlighted areas where the pharmacy role should be extended to impact positively on the care received by an individual (p 45). It referred to the increase in range and quality of pharmacy services and premises and the benefits of contribution that is increasingly being incorporated into wider NHS developments to contribute to better health outcomes (p46). The Review stated that there was a *“need to endorse further the notion of pharmacists as an integral part of the care team”* and to *“look at joint training and better integration within the broader addiction services in a locality”* (p 46). The RPS recommends further involvement and development of the pharmacy role. It is important that the national strategy documents mentioned above promote the role that pharmacists can play in community based multidisciplinary drug treatment services.

As the Review stated, it is important to recognise and make maximum use of the fact that *“Pharmacies are much more likely to be present in areas of high deprivation than any other health care provider”* (p 46). This is in line with research in England which demonstrated that 99.8% of the population in areas of highest deprivation had access to a community pharmacy within a 20 minute walk⁸.

4. Are the services and national drugs strategy being measured and evaluated in terms of cost and benefit?

The RPS is not aware of any recent cost benefit evaluation but this is something that we would strongly support. In 2009, the report on “Assessing the scale and impact of illicit drug markets in Scotland” was published⁹. Although published in 2009 this report provided estimates of the size and value of the illicit drugs market and estimates of the economic and social cost of illicit drug use in Scotland based on data from 2006. The report illustrates the

⁷ Scottish Drug Strategy Delivery Commission (2013), [“Independent Expert Review of Opioid Replacement Therapies in Scotland. Delivering Recovery”](#), accessed 09/01/18.

⁸ Todd, Copeland et al, (2014): [“The Positive Pharmacy Care Law: An Area-level Analysis of the Relationship Between Community Pharmacy Distribution, Urbanity and Social Deprivation in England”](#), *BMJ Open* 2014, Vol 4, Issue 8, accessed 09/01/18.

⁹ Casey, Hay et al, (2009), Scottish Government Social Research, [“Assessing the scale and impact of illicit drug markets in Scotland”](#), accessed 09/01/18.

costs associated with health care, criminal justice, social care, economic costs and wider societal costs. This analysis clearly demonstrates the significant savings that accrue to the public purse as a result of the provision of drug treatment and recovery services.

Updated figures would now also need to reflect new developments in preventative treatments and additional significant taxpayer costs in treating recent outbreaks linked to illicit drug use such as Anthrax, Botulism and HIV.

Summary

Since the introduction of the RtR in 2008 there have been significant advances in the Scottish Pharmacy contract and development of a new Scottish pharmacy strategy to maximise the contribution of pharmacists and pharmacy technicians to provide evidence based patient centred care. It is important that these advances are also reflected in drug treatment services to enable all patients, including those with drug and alcohol problems to benefit from improved pharmaceutical care. It should be recognised that these services are often delivered against a background of stigma which needs to be addressed. This was illustrated by the recent enforced closure of the pharmacy based Injecting Equipment Provision in Glasgow Central rail station despite this being an essential professional service delivered in an exemplary fashion by the pharmacy staff.