

Newsletter for community pharmacies providing substance use services

March 2025

Missed doses communication

To enable our services to effectively support and conduct welfare checks for people on Oral Substitution Treatment, it is crucial that we are notified immediately when a dose is missed.

You should usually inform the prescriber within one working day if you have concerns about:

- a person's missed attendance
- changes in a person's presentation (such as intoxication)
- any safeguarding issues

Missed attendance includes:

- missed doses during a titration period
- missing 3 consecutive doses of opioid substitute medication¹
- sporadic attendance
- unusual non-attendance²



Management of missed doses

If a person misses 3 consecutive doses (or any doses during titration) for an opioid substitute, the pharmacist should put the prescription 'on hold'. The pharmacist (or another designated pharmacy staff member) should then contact the prescriber to discuss if it's suitable to continue to supply the opioid substitute.

If they cannot contact the prescriber (for example when working out of hours), the person may be refused one or more doses. The pharmacist should record all refusals (with associated rationale) on the person's PMR and on the prescription, and they should tell the prescriber as soon as possible.¹

¹ Some service specifications require reporting 2 missed doses, please refer to your local Service Level Agreements for more information

² Guidance Community Pharmacy: delivering substance misuse services, published 24 January 2024



scan for more info

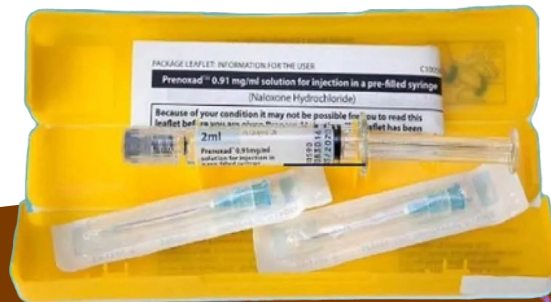
Naloxone

Legislation enabling pharmacy professionals to supply Take Home Naloxone (THN) comes into force

Pharmacists and Pharmacy Technicians can now supply Take Home Naloxone kits without a prescription, after amendments to the legislation, which came into force on 02 December 2024.

It is important to note that these new powers are enabling, and not mandatory. The intention of these changes is to provide an opportunity for provision, based on local need. Whether services take up this new power will be subject to local decisions and funding.

Services and organisations in scope should establish their position on naloxone provision and, where necessary, purchase supplies of naloxone and ensure staff have undertaken the appropriate training.



Guidance on oral methadone and buprenorphine

Recommendations, published 27 December 2024. New guidance making recommendations for prescribing methadone and buprenorphine to people in treatment for opioid dependence was published at the end of 2024. It covers the choice between oral methadone and buprenorphine, and their supervised consumption. Further guidance, later this year, will cover buprenorphine long-acting injection.

The guidance's recommendations are supported by evidence in the following areas:

- Difference in fatal overdose risk between methadone and buprenorphine
- Differences in pharmacology between methadone and buprenorphine
- Risks of non-prescribed use
- International experience
- The need to increasing the numbers in treatment
- Retention in treatment
- Therapeutic doses of methadone and buprenorphine
- Buprenorphine induction dose and speed



scan for more info

Incidents and learning

Incident: A person, who is pregnant went off script. They contacted the service themselves a few days later and informed us they were off script because they had been held by a perpetrator of domestic abuse. Had the keyworker been made aware, they would have completed safety checks.

Learning: Management of missed doses as per Guidance 'Community pharmacy: delivering substance misuse services', published 24 January 2024

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The pharmacist should record all refusals (with associated rationale) on the person's PMR and on the prescription, and they should tell the prescriber as soon as possible.

Good practices/ feedback

Thank you to all community pharmacies supporting our people and cooperating with our services to offer the best possible care.

The pharmacy colleague, who supports the person with Supervised Consumption, noticed a trend of missed collections (tendency of missing a dose on particular day of the week). This was reported to the local substance use service, which allowed to have a discussion with the person and adjust the treatment schedule to person's capabilities for collection. Great example of person-centred care.

Thank you
to all community
pharmacies supporting our
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our services to offer the best
possible care.

Did you know?

How do I manage a person with prescribed Opioid Substitution Treatment (OST) that presents “intoxicated”?

To dispense or not to dispense?

Medication should not be dispensed in instances when the Pharmacist considers the person to be **significantly intoxicated** due to drug or alcohol use.

How to approach?

- When the person presents in this manner the Pharmacist should firstly try to establish if the presentation is as a result of alcohol or drug use through “concerned enquiries” with the person. Some medical conditions may present in a similar manner to drug and/or alcohol intoxication e.g. mental health crisis or acute Urinary Tract Infection.
- This approach will mirror the relationship and rapport the Pharmacist has with the person.

What ‘significant intoxication’ means?

- People, who are still being stabilised on their medication are likely to use additional drugs.
- “significant intoxication” is demonstrated by the person’s inability to function e.g.:
 - has slurred or incoherent speech,
 - may appear sleepy or over-agitated,
 - smell excessively of alcohol,

walking or standing is affected,
their eyes show evidence of intoxication (e.g. pinpoint pupils,

- Pharmacy colleagues should be aware that as many of the above symptoms could be attributed to other health problems, assumptions can never be made.

Concerned enquiries

- “I notice (specific behaviour) – how are you feeling today?”
- Think about the non-verbal messages you may be sending, considering:
 - **Non-threatening positioning:** check that you’re not creating a physical threat, for example standing over the person, blocking exits, getting too close, cornering.
 - **Open positioning:** check that you’re not suggesting conflict or discomfort, for example crossed arms, hands on hips, head shaking, leaning back.
 - **Gestures:** check that you’re not using your hands or arms to express judgement, for example finger wagging, raised hands, pointing.
 - **Expression:** check that you’re not expressing judgement, for example frowning, sucking teeth, raised eyebrows.
 - **Treat people with dignity** and listen to them
 - **Communicate courteously:** your tone of voice can significantly impact how people receive and react to messages.

Who can support?

- If significant intoxication due to alcohol or drugs is suspected, the Pharmacist should telephone their local Waythrough service to seek advice from the prescriber or care co-ordinator before the medication is dispensed.
- In instances of possible intoxication, where supervision is not undertaken by a Pharmacist, and there are concerns that the person is intoxicated due to drug or alcohol use, the pharmacy colleague responsible for supervision must never proceed with supervision. In all instances refer the matter to the Pharmacist, who is responsible for making a clinical judgement as to the person's suitability to take their medication.
- In instances when the person presents as significantly intoxicated and the prescriber or care co-ordinator cannot be contacted then the following courses of action will be taken:

End of a working day

Scenario: the person presents as significantly intoxicated at the end of a working day when the local Waythrough service is closed:

- The Pharmacist must withhold the person's daily dose and ensure that the matter is discussed with the care co-ordinator or prescriber the following working morning.
- (Pharmacists handing over to locums/other Pharmacists must ensure that the matter is communicated to them).
- The person should be given an explanation as to why their dose is being withheld and if possible, advice given

regarding the risks of overdose.

Weekends and/or Bank Holidays

Scenario: the person presents as significantly intoxicated on a Saturday or a long bank holiday period when the local Waythrough service is closed:

- The Pharmacist should decline to dispense the person's medication and ask them to return for their medication later in the day when the person's suitability to have their medication can be re-assessed.
- The Pharmacist should explain to the person that if they are still intoxicated when they return, both their daily dose, and any take home/Sunday dose will be withheld.
- If possible, give advice regarding the risks of overdose (Take Home Naloxone kit should be offered if your pharmacy offers this service).
- The Pharmacist must ensure that the local Waythrough service is contacted and informed at the beginning of the next working day.

This document provides guidance for pharmacies only. Pharmacies should always refer to their own SOPs when managing incidents in their pharmacies

In all instances where medication is withheld due to the person being significantly intoxicated, the Pharmacist must ensure that the local Waythrough service prescriber or care co-ordinator are informed at the earliest opportunity.

Remember!

People who are intoxicated or distressed have a narrow window of tolerance. This means that they may become hyper-aroused (e.g. angry or agitated) or hypo-aroused (e.g. withdrawn or hopeless) more easily. **Nobody can process new information rationally or learn when outside their window of tolerance.**

If facing concerning or aggressive behaviour, always remember the **first principle of practice – safety**. Keep yourself, the person, and anyone else affected as safe as possible.

Your organisation may have specific training, policies, and site management systems to help keep everyone safe at work, be familiar with these so you can follow the appropriate steps.

It may be necessary to ask the person to leave the premises so that everyone is able to reduce their agitation. If possible,

offer a time for the person to be seen later that day to provide reassurance they will be listened to, and **the request to leave is a protective measure not a sanction.**

In exceptional circumstances, if the person declines to leave and behaves in a seriously concerning manner (e.g. possession/brandishing of a weapon, breaking equipment, furniture, windows etc, making threats of violence or physical assault) an action to call the police should be considered/initiated.

If an action is taken to call the police it is likely a Prevention of Breach of the Peace will be put in place, that means the person is not allowed back to the premises for 24 hours or they will be



Service updates



Contact Details

Tel: **01226 779066**

5-6 Burleigh Ct, Burleigh St, Barnsley S70 1XY

Satellite Hub: Dearne Enterprise Centre, 1

Bamburgh Lane, Goldthorpe, S63 9PG

Satellite Hub: McLintocks Building, Crookes Street,
Barnsley S70 6BX



Contact Details

Tel: **01274 296023**

10 Curren St, Bradford BD1 5BA

info@newvisionbradford.org.uk

Local Update

For prescriptions/people we support related queries please contact the service on the number: **07793 246455**

Did you know? You can also use Missed dose notification form on PharmOutcomes to inform Barnsley Recovery Steps of any missed doses.

Naloxone services from community pharmacies

Waythrough (formerly Humankind) would like to offer Naloxone services to community pharmacies in Barnsley.

Pharmacies to deliver the following two services:

1. Take-Home Naloxone (THN) Programme.
 2. Emergency Naloxone Administration Programme (ENAP).
- You can find more information on PharmOutcomes (messages section) and via Community Pharmacy South Yorkshire.



Contact Details

Tel: **020 8800 6999**

590 Seven Sisters Rd, London N15 6HR

Service updates



Contact Details
Tel: **01422 415550**
Basement House, 10 Carlton St, Halifax HX1 2AL

Local Update

If a pharmacy is struggling to get through they can email our dispensing team: pharmacy@calderdalerecoverysteps.org.uk



Contact Details
Tel: **0191 917 1160**
Unit 19, Cookson House, B1344, South Shields
NE33 1TL



Contact Details
Tel: **01946 350020**
21b Lowther St, Whitehaven CA28 7DG

1st Floor Stocklund House, Castle Street, Carlisle
CA3 8SY

92-96 Duke Street, Barrow-in-Furness, Cumbria
LA14 1RD

6 Finkle Street, Workington, Cumbria CA14 2AY



Contact Details
Tel: **07394 563555**
Armley Court 3 Armley Court Armley Road LS12 2LB

Tel: **07394 563556**
Kirkgate 74 Kirkgate, Leeds LS2 7DJ

Tel: **07974 429844**
Irford House Seacroft Crescent, Leeds LS14 6PA

Naloxone services from community pharmacies.

Waythrough (formerly Humankind) would like to offer Naloxone services to community pharmacies in Leeds.

Pharmacies to deliver the following two services:

1. Take-Home Naloxone (THN) Programme.
 2. Emergency Naloxone Administration Programme (ENAP).
- You can find more information on PharmOutcomes (messages section) and via Community Pharmacy West Yorkshire.

Service updates



Contact Details
Tel: **0800 233 5444**

Exeter, East & Mid Devon
Magdalene House, Grendon Road, Exeter, EX1
2NJ

South Devon

Templer House, Scott Close, Newton Abbot, TQ12 1GJ

North Devon

Riverside Court, Units 3, 4 & 6, Castle St, Barnstaple, EX31 1DR

Longbridge House, Bideford Medical Centre Abbotsham Road,
Bideford, Devon, EX39 3AF



Contact Details
Tel: **08000 14 14 80**

5 The Applegarth, Northallerton, DL7 8NT



Contact Details
Tel: **03000 266 666**

81 – 88 Whinney Hill, Durham, DH1 3BQ

Service updates



Contact Details
Tel: **0114 321 4652**
Portland House, 243 Shalesmoor, Moorfields,
Sheffield S3 8UG

Local Update

Naloxone services from community pharmacies training update

Waythrough is providing evening webinar training sessions throughout March 2025. Please refer to information shared on PharmOutcomes (messages section), via Community Pharmacy South Yorkshire and email.

If your pharmacy provides Supervised Consumption service you should receive Missed dose of instalment prescription poster. This will guide you why, what and how to report missed doses and any other concerns. Refer to PharmOutcomes messages section for a copy.

Wicker Pharmacy saved 4 people from overdosing since joining Emergency Naloxone Administration Programme (ENAP) in April 2024.

This is total of 6 people kept alive by using Naloxone since first training. Naloxone saves lives.

Thank you to all community pharmacies providing Naloxone services whether administering Naloxone or distributing Naloxone kits to people, who may benefit from it.



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