



# Consultation on the new National Drugs Strategy

Pharmaceutical Society of Ireland (PSI), the pharmacy regulator

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Pharmaceutical Society of Ireland

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The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established by the Pharmacy Act 2007. It is charged with, and is accountable for, the effective regulation of pharmacy services in Ireland, including responsibility for supervising compliance with the Act. It works for the public interest to protect the health and safety of the public by regulating the pharmacy profession and pharmacies.

The PSI welcomes this opportunity to make a submission to the Department of Health's public consultation on the new National Drugs Strategy. The launch of a new National Drugs Strategy provides the opportunity to review what worked well in the previous strategy, what could have worked better and what is needed going forward to deal with the changing needs of society and service users.

The PSI acknowledge that drug addiction and alcohol abuse are multi-faceted problems that need to be dealt with in multiple ways at various levels and in diverse environments, in order to meet the needs of all those affected. In our submission the PSI will focus on the medicines and pharmacy related aspects and where we consider pharmacy could contribute to the national drugs strategy and the prevention, availability and treatment of drug use in our society. Pharmacy have a fundamental role in our society in managing the safe supply and rational use of medicines by patients and members of the public including acting a society custodian for legal drugs. Pharmacy are a key contributor to drug treatment services and needle exchange programs, and are often a source of information and advice on medicines and drugs for the public including being a readily accessible healthcare professional to support and improve the health and wellbeing of patients and members of the public.

We have structured our response under the pillars of the existing National Drugs Strategy of 2009-2016 as set in the public consultation questionnaire.

### Supply Reduction

Pharmacists play a role in reducing the inappropriate supply of prescription-only medicines by being vigilant to patterns of inappropriate prescribing and supply of medicines subject to abuse and/or misuse, as well as inappropriate requests for non-prescription (i.e. Over the Counter) medicines, for example those containing codeine. Pharmacists are also vigilant to forged prescriptions, this role may be further enabled by the introduction of a structured national reporting and alert system to integrate pharmacy into national communication structures when matters of concern of this nature arise, for example where a prescription pad has been stolen from a hospital.

It is well established that certain prescription-only medicines have the potential for abuse, most notably benzodiazepines, opioids and 'Z-drugs'<sup>1</sup>. The PSI is supportive of the new Misuse of Drugs legislation, in particular with regard to updating the controls governing the benzodiazepines and Z-drugs. In 2013 the DoH published a consultation on the misuse of drugs regulations. The PSI are supportive of the comprehensive regime of control as outlined in that proposal for benzodiazepines and the Z-Drugs and consider that these proposals should be further progressed at a date in the near future. Specifically, the introduction of a standard form by the Minister for the writing of controlled drugs and the monthly reporting system as

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<sup>1</sup> The term 'Z-drugs' commonly refers to the medicines zaleplon, zolpidem and zopiclone.

envisaged in that consultation would greatly enhance the control of controlled drugs and in particular benzodiazepines, system wide The PSI is also supportive of national prescribing guidelines that assist prescribers and support pharmacists in the safe supply of these medicines within strict protocols with an emphasis on short-term use.

## Prevention

Pharmacists are the healthcare professional with the widest knowledge of medicines, therefore pharmacy as a profession has a critical role to play within the health system to ensure the rational use of medicines by maximising the benefits and minimising the potential for patient harm. The professional role of a pharmacist in the pharmaceutical and therapeutic review of a patient's prescription and providing advice, is enshrined in legislation in Regulation 9 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. 488 of 2008), which provides for 'the review of medicine therapy and counselling of patients in the supply of medicines on foot of a prescription'. Part of this review is to screen for potential clinical abuse and/or misuse. Where abuse or misuse of a medicine is suspected the pharmacist should raise their concerns with the patient and the patient's doctor, as appropriate. The pharmacist is also required to counsel the patient to ensure they know how to take their medicine correctly and in so doing decrease the chances of unintentional misuse of a medicine. The PSI consider there are further opportunities to reduce the level of unintentional misuse of prescription-only medicines through the introduction of prescribing guidelines and supports for patients and healthcare professionals to prevent and treat those with addiction to prescription-only medicines.

Regarding non-prescription medicines, under Regulation 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 pharmacists are required to ensure that patients are appropriately counselled prior to the supply of all non-prescription medicines in order to be satisfied that the patient is aware of the appropriate use of the medicine, that it is being sought for that purpose and that the product is not intended for abuse and/or misuse. In particular, the abuse and misuse of non-prescription medicines containing codeine remains a concern and the lack of specific treatment for this type of addiction that often requires different intervention and support. In order to support pharmacists in making safe and appropriate supplies of codeine containing medicines, the PSI have published [guidance for pharmacists on the safe supply of non-prescription medicinal products containing codeine](#) which sets out criteria that pharmacists should adhere to before making a supply of these types of medicines. The lack of supports for referring patient presenting with a problem remains of concern to pharmacists managing this in the community. Of concern also is that some non-prescription medicines containing codeine also contain other pain killers, for example ibuprofen or paracetamol, which are harmful when used above the recommended dose which is often the case when addiction to these products occurs.

This issue has been highlighted in recent research carried out in the [CODEMISUSED Project](#) which is an EU funded project that looked at codeine use, misuse and dependence in Ireland, the UK and South Africa. The PSI assisted with this work by supporting pharmacist engagement in this project. Currently the treatment of codeine addiction is managed through mainstream drug treatment facilities. This project is a good further source of information on codeine addiction and has suggested strategies for preventing and treating codeine addiction. The PSI believes that primary care, including the community pharmacy, could be a key point of contact to identify these patients, who tend to be from a wide range of social classes and age groups,

and provide appropriate treatment in the community or direct referral to specific treatment programmes.

Public health including health promotion is a key competency for pharmacists within the PSI's Core Competency Framework, and one that should be harnessed further. We would highlight the importance of continued and co-ordinated expansion of national information and awareness campaigns that utilise the skills of pharmacists and accessibility of pharmacies. In particular, pharmacists, in collaboration with other healthcare professions, can provide information and education to patients on the potential for addiction and harm when prescription and non-prescription medicines are abused or misused, and signpost those in need to relevant treatment options and support services that are available. The desired result is to increasingly empower patients through knowledge and support to look after their own health and wellbeing and for those that are abusing or misusing medicines or drugs to avail of treatment.

A recent report carried out by the PSI called 'Future Pharmacy Practice in Ireland- Meeting Patients' Needs'<sup>2</sup> highlights that pharmacists are the most accessible health practitioner in Ireland, with approximately 2 million people, both healthy and ill, visiting a pharmacy every month. Pharmacists are therefore ideally placed in the community to help educate the public and patients on the potential dangers of inappropriately using medicines, illicit drugs and alcohol, and to encourage and empower them to protect and improve their health and wellbeing. Currently pharmacies provide many services on a local or independent basis aimed at promoting healthier lifestyle choices, for example weight management clinics and smoking cessation support services. In 2016 one pharmacy chain ran an alcohol awareness campaign, to provide brief intervention with those identified as being 'risky drinkers'; brief interventions has been shown to be effective at reducing alcohol consumption. Over an eight-week period 5,707 health promotion conversations were conducted across 78 pharmacies<sup>3</sup>.

Community pharmacies are also one of the key partners, alongside the HSE and Department of Health, in the promotion of national health campaigns, supporting people to give up smoking ([www.quit.ie](http://www.quit.ie)), to lose weight (Operation Transformation), supporting the Safefood folic acid campaign, and for information and advice about looking after their mental health ([www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)). We would encourage the national provision of services in community pharmacy that encourages healthy living, so people in all parts of the country can avail of these services on an equal and ongoing basis.

## Treatment

It is necessary to provide treatment services that are accessible and flexible so that people across the country from all parts of society can easily access appropriate services to meet their needs. While residential, institutional, hospital and clinic care will provide ongoing crucial

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<sup>2</sup> This PSI report 'Future Pharmacy Practice in Ireland- Meeting Patients' Needs' is due to be published at the end of November 2016 and will be available to view at [www.psi.ie](http://www.psi.ie). This report is fundamentally about patients, and how the pharmacy sector can continue to contribute to public and patient care. It aims to build on the existing good practice and patient trust currently in place, to develop new practices to meet the evolving needs of the patient and the health system of the future.

<sup>3</sup> Submitted as part of the 'Innovation Portal' for the Future Pharmacy Practice in Ireland - Meeting Patients' Needs Report, 2016.

support for those wishing to access treatment the importance of primary care should not be overlooked.

GPs and pharmacies are essential components of primary care and are uniquely positioned to provide support and treatment for patients. The desired result is to enable people to avail of treatment as close to their own home as possible and in the lowest cost setting for the health system. Enhancing the frontline professional services in primary care including pharmacies would further support home care and cost-effective care within the community.

Currently community pharmacy is one of the key partners in the harm reduction services in the health system for those with addictions, providing methadone replacement therapy and needle exchange programs. The Methadone Treatment Scheme has been very successful in supporting patients with opioid addiction in the local community. Having methadone dispensed by community pharmacies provides more flexibility for service users and provides regular interaction with the pharmacist who can provide counselling and support to these patients including other healthcare needs.

It is our understanding that currently needle exchange programs provided through pharmacies is only available outside Dublin. It may be worthwhile to consider the expansion of this service to pharmacies within the Dublin region, in light of the accessibility of pharmacies and the lengthy opening hours which provide maximum accessibility for those needing the service and increase access to those people not normally in contact with treatment services. Such an expansion of needle exchange may have positive effects on drug litter issues which have recently been reported as a worrying issue around Dublin and help those engaged in drug use to make contact with the health services via sign posting available at a pharmacy

It is worth noting that in October 2015 legislation was amended to authorise trained pharmacists to administer naloxone injection in an emergency to treat a suspected opioid overdose; training for this service is now available for pharmacists through the [Irish Institute of Pharmacy \(IOP\)](#). This further serves to highlight pharmacists as a point of contact for help and advice for those dealing with friends and loved ones that may be at risk of opioid overdose.

The evaluation report for the [HSE Naloxone Demonstration Project](#), which provided training on how to use naloxone to reverse a suspected opioid overdose to service users, service providers, family members and front line workers showed that this initiative enabled the administration of naloxone on five occasions, resulting in the prevention of five potentially fatal overdoses. This provides evidence for the wider dissemination of this type of service. Pharmacists in the community could play a key role in identifying those who could benefit from this service, acting as an important link for people who could otherwise have been missed. Pharmacists could also be included as trainers if this service was to be rolled out on a national level.

Pharmacists provide a key point of contact for providing drug related information with regard to harm reduction and to encourage engagement with services. Therefore it is important that pharmacists are actively made aware of all services and supports available across the health and social care system so that they can signpost patients and members of the public, and effectively contribute to national strategy.

## Rehabilitation

PSI would see the increased value of a collaborative approach to address social issues alongside the medical issues that people dealing with drug abuse and misuse issues may have.

With regard to the Methadone Treatment Scheme, it may be useful to consider whether a structured protocol could be put in place, to support both doctors working in this area and patients, to encourage and enable detox where appropriate. This approach could be effectively supported by community pharmacy providing these services.

We believe that it would be worthwhile exploring alternatives to methadone for the treatment of opioid addiction, such as treatment with suboxone, with the aim of a permanent detox rather than long term maintenance which could also be administered in the community where appropriate. Such services have been successfully rolled out in countries such as Australia.

## Research

We would suggest that more research and data capture is needed with regard to prescribing and dispensing patterns for prescription-only medicines liable to abuse and misuse, in particular for benzodiazepines and 'Z-drugs', to ensure that these medicines are being used in line with National and International Guidelines. This information could then be used to identify where additional supports may be needed for prescribers and patients.

It would also be useful to have a robust means of capturing the reason for those admitted to drug rehabilitation centres by having clearer data on the exact drug or drugs, (prescription-only medicines, over the counter medicines, illicit drugs or alcohol) that people are abusing along with their age, ethnicity and social class so that potential trends could be identified. This would allow for more effective targeting and specialization of resources to meet specific needs of patients.

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