



# **THE PHARMACIST: A VITAL PARTNER IN THE CARE OF DRUG USERS**

Janie Sheridan PhD MRPharmS, Associate Professor of  
Pharmacy Practice, The University of Auckland

Suzanne Byrne, Senior Nurse Specialist, Maudsley Hospital,  
London



# Harm reduction/minimisation

In the UK, drug treatment is based on the philosophy of “harm reduction”.

Recognises that many people are unwilling or unable to quit using drugs.

Includes:

- maintenance treatment with substitute drug e.g. methadone, buprenorphine
- needle exchange
- counselling and advice
- other health issues?



# **The role of the community pharmacist**

- Dispensing controlled drugs
- Safe prescribed drug use
- Compliance
- Supplying clean injecting equipment
- Providing advice
- Referring to appropriate services
- Communicating/liaising with other health professionals
- Over the counter medicines
- General health



# Complications may be divided by association with:

- **Route**
- **Type of drug**
- **Lifestyle**



# Intranasal

Includes:

- Rhinitis
- Nose bleeds
- Ulceration
- Septal perforation
- Viral transmission through straws



# Inhalation

Includes:

- Peri-oral dermatitis
- Aspiration
- Asphyxiation



# Smoking

Includes:

■ Cough

■ Cancer



# Intramuscular

Includes:

- Scarring
- Vessel damage
- Pain
- Haematoma at injection site
- BBV



# Subcutaneous

Includes:

- Scarring

- Risk of infection-viral



# Intravenous - infection:

Includes:

- septicaemia
- endocarditis
- viral transmission - Hep B+C (chronic liver disease), HIV,
- abscesses
- cellulitis



# IV - vessel damage

Includes:

- Thrombophlebitis
- Venous thrombosis
- DVT
- Arterial occlusion
- Venous ulcers
- Collapsed veins
- Acute vascular damage may resolve, but may leave residual vascular damage



## IV - other

Includes:

- Adulterant-related problems
- Direct trauma - pneumothorax, nerve damage
- Pulmonary embolism (needle embolism has been reported)
- Intra-arterial injection



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# Amphetamines

Includes:

- large volume multiple 'hits' a day,
- 5% purity
- motor agitation
- psychosis
- violence
- cardiac problems
- overheating



# Opiates

## **Heroin**

Includes:

- overdose
- aspiration
- rhabdomyolysis

## **Methadone**

Includes:

- overdose
- dental health



# Cocaine

Includes:

- Cocaine-injecting associated with higher rates of HIV than opiates.
- Short duration of action -multiple hits
- Irritant effect
- Local anaesthetic - inadvertent injury
- Local vasoconstriction - delayed healing, cardiac and cerebrovascular



# Benzodiazepines

Includes:

- Overdose especially with other sedating agents
- Respiratory depression
- Poor co-ordination and confusion
- Thrombosis - congealing if cooling gel used
- Seizures if suddenly quit from high doses (rare)



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# Lifestyle

Includes effects related to:

- Lack of expendable income
- Poor self esteem
- Eating
- Drinking
- Smoking

A decorative graphic consisting of several colored squares arranged in a grid-like pattern. The colors include dark blue, light blue, yellow, orange, red, green, and purple. The squares are arranged in a way that they appear to be floating or overlapping, creating a dynamic and colorful composition.

# **What can pharmacists do in primary care?**



# Focus on what we do well:

- Respond to symptoms
- Provide OTC treatments
- Provide advice
- Refer
- Follow-up

And what we sometimes do less well:

- Be proactive!
- Work in collaboration with other health professionals



# Drug users are people!

## Remember:

- Drug users may have all the same problems as other patients, plus more
- Many do not pay attention to general health
- Many will not be in contact with other health professionals
- Many have been subjected to stigmatisation by health professionals



# What can community pharmacists do?

- The following are a few areas of health where pharmacists might make a contribution



# Constipation

- Side effect of opiates
- Tolerance does not generally occur
- Compounded by poor diet
- Is common among methadone patients
- Advice on diet, fibre and fluid intake and exercise



# Smoking cigarettes

- Majority of methadone patients believed to smoke
- Opiates cause respiratory depression
- Should we be encouraging drug users to try and quit?
- Pharmacists ideally placed to intervene



# Sleep problems

- Sleep problems commonly reported by drug users
- Stimulants reduce need to sleep
- Many methadone patients report sleep problems
- Sleep is a common problem for detoxing patients
- Sleep deprivation and disturbance common cause of relapse
- Advice on herbal remedies, sleep diaries, referrals etc



# Nutrition

- In study of London methadone patients<sup>1</sup>:
  - 3% reported no “eating events” in previous 3 days
  - 97% reported eating a mean of 4.7 times in 3 days
  - 27% had had no cooked meals
  - drinkers ate less and smoked more
- Stimulant users – appetite suppression
- Need to provide advice on diet, vitamin supplements

<sup>1</sup>Best D, Gossop M, Lehmann P, Marsden J, Farrell M, Strang J. (1998) Eating too little, smoking and drinking too much: Wider lifestyle problems among methadone maintenance patients. *Addiction Research*, 6, 489-498.



# Eye problems

- Injecting opiates prepared with lemon juice can result in candida infection of eye
- Pharmacists need to be alert to signs of this – immediate referral needed



# Pregnancy

- Is client registered with a GP?
- Ensuring antenatal care is being accessed
- Liaison
- Methadone
- Advice
- Usual ante and post natal support
- Non-judgmental



# Overdose

- Often, but not always fatal
- Common cause of death in opiate users
- Associated with poly drug and alcohol use
- Is preventable
- Pharmacists can intervene with advice



# Dental health promotion

- Drug users shown to have poorer dental health than general population
- Less likely to have seen a dentist
- Have more problems getting treatment
- Pharmacists can intervene with advice and referrals



# Hepatitis B

- Is a preventable condition
- Study showed only 27% agencies tested routinely and only 21% vaccinated routinely<sup>1</sup>
- Pharmacists can provide information and referral

<sup>1</sup> Winstock A, Sheridan J, Lovell S, Farrell M, Strang J. (2000) A national survey of hepatitis testing and vaccination provision by drug services in England and Wales. *European Journal of Clinical Microbiology and Infectious Diseases*, 19, 823-828.



# How can pharmacists become more proactive?

- Pharmacists in service development and practice research
- Pharmacists as members of the primary care team
- Pharmacists as policy makers
- Pharmacists in shared care
- Communication
- Training