PHARMACY’S LITTLE HELPER

ALL YOU NEED TO KNOW ABOUT HARM REDUCTION SERVICES

WITH UPDATED INFORMATION AND EXPANDED OPIOID TREATMENT SECTION
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Disclaimer
This manual has been developed as a source of information to assist pharmacists and staff.

The Pharmacy Guild of Australia, Queensland Branch has made every effort to ensure that, at the time of publication, this manual is free from errors and that advice and information drawn upon has been provided in good faith.

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In 1985 Australia adopted a harm minimisation approach as part of the National Campaign Against Drug Abuse, later known as the National Drug Strategy. This policy:

• Targets all individuals: those who choose not to use drugs, those who choose to maintain or reduce use, as well as those who choose to stop use completely;
• Includes strategies to achieve net reduction of drug related harms to the individual and the community; and
• Is neutral regarding legislation or decriminalisation. (Lenton & Single, 1998)

Harm minimisation incorporates a number of core strategies including harm reduction.
WHAT IS HARM REDUCTION?
Harm reduction refers to the policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community (International Harm Reduction Association, 2010).

The defining feature of harm reduction is the focus on the prevention of harm, rather than the prevention of drug use. Harm reduction complements other approaches that aim to prevent or reduce drug use. Harm reduction recognises that many people who use drugs are unable or unwilling to stop at any given time.

While harm reduction is no way intended to condone or promote the use of drugs, the strategy is designed to recognise that drug use does occur and provides services and support that aim to reduce the harm that can be associated with its use.

WHAT IS THE AIM OF THIS RESOURCE?
This manual aims to provide information that may assist in dispelling concerns around harm reduction services and act as a reliable source of information for pharmacists and pharmacy staff to draw upon.

The manual will inform pharmacists and pharmacy staff about the rationale, role and responsibilities of delivering harm reduction services in a pharmacy and will provide a resource to assist in delivering effective harm reduction services and responding to common queries.

WHO IS THIS RESOURCE FOR?
This information manual has been developed with the following audiences in mind:
• Pharmacists
• Pharmacy staff
• Pharmacy university students
• Health workers and other relevant stakeholders

HOW TO NAVIGATE THIS BOOKLET
The two significant harm reduction programs are the Needle and Syringe Program (NSP) and the Opioid Treatment Program (OTP).

This book will be divided into three parts. The first part will focus on the background to harm reduction; the second will focus on Needle and Syringe Programs and the third Opioid Treatment Programs.
A blood-borne virus (BBV) is one which is transmitted through infected blood and which makes direct contact with an individual’s bloodstream. This is commonly referred to as blood-to-blood contact. Some examples of BBVs include HIV/AIDS and hepatitis B (HBV) and hepatitis C (HCV).
PRINCIPLES OF TRANSMISSION

The principles of transmission describe step by step what is necessary for a blood-borne virus to travel from one individual to another.

The virus must:
• exit the body of an infected source;
• contain sufficient quantities of the virus to successfully transmit;
• survive in the environment; and
• enter the bloodstream of another person.

HIV/AIDS

Human Immunodeficiency Virus (HIV) is the virus that can lead to AIDS. People who are infected with the virus are said to be HIV positive. Over time (usually many years), HIV affects a person’s immune system, which means the body is less able to protect itself from disease. When the immune system has been badly damaged people can get sick from infections or cancers. At this stage of HIV infection a person is said to have Acquired Immune Deficiency Syndrome or AIDS.

There is no vaccination for HIV.

Transmission

HIV may be transmitted:
• when blood, semen or vaginal fluid from an infected person enters the body of another person (this can happen through unsafe sex – rectal, oral and vaginal – and through sharing needles and injecting equipment contaminated with blood);
• to the babies of mothers who are HIV positive during a vaginal birth or when breast-feeding;
• through donated blood and blood products.*

*Please note that all blood, organs, tissues and semen donated in Australia is screened for HIV. The risk of getting HIV from these products in Australia is extremely low.

WHAT IS HEPATITIS

Hepatitis means inflammation of the liver. Inflammation is the body’s natural reaction to injury. The liver has a number of functions within the body. Perhaps one if its most vital roles is fighting infections. If the liver becomes severely damaged, the ability for it to fight infections is compromised.
HEPATITIS B
Hepatitis B is transmitted through blood, semen, vaginal secretions, breast milk and saliva. Of these, blood is by far the most infectious. Sweat and tears are not infectious. Urine and faeces are also not infectious unless they contain blood. There is a vaccine available to prevent the spread of hepatitis B.

Transmission
Hepatitis B is not spread by:
• sneezing or coughing;
• holding or shaking hands;
• kissing on the cheek, or dry lip kissing;
• eating food prepared by a carrier;
• working with a carrier;
• playing with a child who is a carrier; or
• sweat.

(Queensland Health, 2001)

HEPATITIS C
Hepatitis C was first identified in 1989. Before then it was referred to as non-A, non-B hepatitis, or post-transfusion hepatitis. Hepatitis C affects millions of people around the world. It is a slow-acting virus and for the majority of people infection with hepatitis C will not result in serious disease or death.

There is no vaccination for hepatitis C.

Transmission
• Currently in Australia the greatest risk for transmission of hepatitis C is through blood-to-blood contact associated with the sharing or re-using of needles and syringes.
• Based on reported cases, hepatitis C transmission in Australia occurs predominantly among people with a recent history of injecting drug use.

(National Centre in HIV Epidemiology and Clinical Research, 2010)
• Hepatitis C has been found in bodily fluids other than blood but the viral load is thought to be too low for transmission to occur.
This section aims to provide information about commonly used illicit drugs in Australia. For the purpose of this manual, illicit drugs refer to illegal drugs and certain legal drugs that can be misused. The following information is to be used as a guide only. Drug use and effects are different for everyone - the individual, the environment and the drug all having an impact.

This section also aims to provide information regarding methods of administration or in simpler terms, how people take drugs. Injecting, snorting, swallowing, smoking and shafting will all be considered.
WHO USES DRUGS?
We all do! Doctors prescribe drugs, pharmacies dispense them and many of us enjoy an occasional alcoholic drink. Cigarettes are commonly smoked and while being harmful to our health, are socially acceptable. While tea and coffee are not necessarily considered in the same league as cannabis and heroin, these too are drugs. You may think of drugs as just being ‘illegal’ substances but it is important also to consider the legally available substances.

WHY DO PEOPLE USE DRUGS?
Drugs can be used for many different reasons including enhancing the way we feel, avoiding the way we feel or because a drug is a natural part of the environment. When we consider the reasons why people use drugs we have to keep in mind that drug use can be a different experience for everyone. Consider one person who has an alcoholic drink after work to relax compared with another who has an alcoholic drink after work to enhance a good feeling.

The next few pages consider a range of drugs, where they come from, how they are used and their effects, withdrawal and overdose reactions.
AMPHETAMINE

Class
Amphetamines are a central nervous system stimulant.

Street Names
Speed, Goey, Uppers, Meth, Whiz, Go, Fast, Lift, Ice, Crystal, Zoom, Wake up, Buzz.

Origins
Amphetamines are a group of synthetic products formulated to produce similar effects to adrenaline, dopamine and noradrenaline. They are easily manufactured and most commonly produced in clandestine laboratories, using over-the-counter preparations as precursor drugs.

Administration
Amphetamines can be snorted through the nose or injected. They may also be dissolved in liquid and taken orally, smoked, or shafted (inserted in the rectum).

Desired Effects May Include:
• feelings of increased energy;
• heightened concentration;
• improved confidence;
• suppression of appetite; and
• reduced need for sleep.

Adverse Effects May Include:
• dry mouth;
• fatigue;
• depression;
• appetite and weight loss;
• elevated blood pressure; and
• diarrhoea.

Severe Adverse Effects May Include:
• amphetamine-induced psychosis, which may include auditory and visual hallucinations, compulsive behaviour, panic states and paranoia; and
• increased risk of stroke.
Withdrawal Effects May Include:

- panic attacks;
- nausea;
- agitation;
- insomnia; and
- depression.

Overdose Information:
Fatal overdose from amphetamine use is rare. Overdose is commonly related to poly drug use (a combination of drugs, e.g. amphetamines and alcohol).

Signs Of Overdose:
The following signs may identify amphetamine overdose, which is quite rare:

- no urine output;
- nausea and vomiting;
- breathing difficulty;
- chills, fever, sweating; or
- blue lips and fingernails.

Example of Amphetamines

Example of Meth Crystals
ANABOLIC STEROIDS

Class
Anabolic steroids are classed as performance-enhancing drugs.

Street Names
Roids, Gear, Juice, Product.

Origins
Anabolic steroids are synthetic drugs produced to imitate some natural types of hormones produced within the body.

Administration
Steroids can be taken orally in the form of tablets or capsules but are more commonly injected into muscles.

 Desired Effects May Include:
•  increase in muscle growth;
•  increase in body bulk;
•  greater stamina; and
•  increased recovery rates.

 Adverse Effects May Include:
•  mood swings;
•  aggression;
•  irritability;
•  shrinking of the testicles;
•  development of breasts in males;
•  uncontrollable erections;
•  impotence;
•  damage to foetal development; and
•  irreversible enlargement of the clitoris.

 Severe Adverse Effects May Include:
•  high blood pressure;
•  heart disease;
•  bone growth irregularities;
•  liver and kidney dysfunction; and
•  liver and kidney cancers.
Withdrawal Effects May Include:
- mood changes;
- extreme irritability; and
- some users experiencing an horrific collapse of muscle strength and stamina.

Overdose Information:
Overdose from steroids may lead to collapse, coma, convulsions and death.

Signs Of Overdose:
Heavy doses of steroids may cause dangerous increases in body temperature and blood pressure, and may increase the incidence of heart failure and stroke. Extreme overdose (although rare) can lead to convulsions, collapse, coma and sudden death.
CANNABIS

Class
Cannabis is a central nervous system depressant and hallucinogen.

Street Names
Cannabis, Marijuana, Pot, Dope, Grass, Weed, Ganja, Hash, Hash Oil, Hooch, Yarni.

Origins
Cannabis is the generic term used to describe a variety of drug preparations taken from the Indian herb plant cannabis sativa. Marijuana is made by drying the leaves and flowers of the cannabis plant. Cannabis resin or hash is made by extracting oil from the plant by using a solvent such as acetone or methanol.

Administration
Marijuana is usually smoked by using water pipes called bongs or in a joint (hand rolled cigarette). Hash and hash oil is also usually smoked.

Desired Effects May Include:
• relaxation; and
• increased concentration or thoughts.

Adverse Effects May Include:
• loss of energy;
• reduced memory;
• reduced concentration; and
• reduced libido.

Severe Adverse Effects May Include:
• increased risk of respiratory illness.

Withdrawal Effects May Include:
• insomnia;
• anxiety;
• cravings for the drug; and
• sweating.

Overdose Information:
It is not possible to overdose on cannabis.

 Signs Of Overdose:
There are no recorded cases of death from the biological effects of cannabis consumption.

(Campbell, 2001)
COCAINEx

Class
Cocaine is classed as a central nervous system stimulant.

Street Names
Coke, C, Charlie, Crack, Snow, Nose Candy, Toot, Blow.

Origins
Cocaine is derived from the leaf of the coca bush, coca erythroxylon. The leaf is processed using various chemicals to form cocaine hydrochloride. The hydrochloride content is sometimes removed to form alkaloidal or freebase cocaine (‘crack’).

Administration
Cocaine powder may be dissolved in water and injected or taken orally. It is also snorted through the nose. Freebase cocaine is usually smoked through pipes. It may also be added to hand-rolled cigarettes.

Desired Effects May Include:
• talkativeness;
• feelings of energy;
• feelings of strength;
• exhilaration; and
• feelings of well-being.

Adverse Effects May Include:
• agitation;
• panic;
• feelings of persecution;
• exhaustion; and
• weight loss.

Severe Adverse Effects May Include:
• violent behaviour; and
• damage to nasal passages.

Withdrawal Effects May Include:
• anxiety;
• depression;
• panic; and
• severe cravings for the drug.
**Overdose Information:**
Risk of fatal overdose.

**Signs Of Overdose:**
Sensitisation may occur with the use of cocaine, whereby a previously safe dose can cause an overdose reaction.
ECSTASY

Class
Ecstasy is a central nervous system stimulant.

Street Names
E, XTC, Es, Eckie, Vitamin E.

Origins
Ecstasy is a synthetic drug, manufactured in clandestine laboratories. Over-the-counter medicines containing ephedrine or other precursor materials are used in manufacture.

Administration
Ecstasy is usually taken orally.

Desired Effects May Include:
• feelings of well being;
• feelings of love;
• feelings of contentment;
• feelings of empathy with others; and
• energy.

Adverse Effects May Include:
• dehydration (linked to energy expenditure);
• overheating (linked to energy expenditure);
• dry mouth;
• disturbance of sleep patterns;
• loss of appetite (consequent weight loss); and
• hypothermia.

Severe Adverse Effects May Include:
• increased blood pressure;
• increased body temperature; and
• heart failure and death.

Withdrawal Effects May Include:
• agitation;
• depression; and
• cravings for the drug.
(In some cases, may be similar to amphetamine withdrawal.)
**Overdose Information:**
Overdose from ecstasy can occur. It is usually characterised by very high body temperature and blood pressure.

**Signs Of Overdose:**
Ecstasy toxicity is characterised by:
- convulsions;
- acute liver failure;
- hyperstimulation (heart attack, brain haemorrhage);
- sudden hyperthermia; and
- hypertensive crisis possibly leading to stroke.
HEROIN

Class
Heroin is a central nervous system depressant.

Street Names
Smack, Hammer, Horse, Harry, Slow, Gear, China White, Junk, Rocks, Dragon, Slow Boat.

Origins
Heroin is an opiate. The production of heroin begins with the extraction of opium from the opium poppy.

Administration
Heroin is commonly injected. It may also be taken orally or smoked.

Desired Effects May Include:
• sedated states (nodding off);
• dream like states; and
• pain relief (dependent users).

Adverse Effects May Include:
• slurred speech;
• drowsiness;
• vomiting;
• nausea; and
• constipation.

Severe Adverse Effects May Include:
• chronic constipation; and
• deep depression.

Withdrawal Effects May Include:
Withdrawal effects are determined by drug history, dependence, frequency of use and dose. Some symptoms may include:
• nausea;
• vomiting;
• muscle aches;
• sweating;
• insomnia; and
• diarrhoea.
**Overdose Information:**
Heroin overdose (fatal and non-fatal) is often related to poly drug use (particularly using alcohol and/or benzodiazepines in conjunction with heroin) or related to a break in use and as a result a reduction in tolerance.

**Signs Of Overdose:**
The overdose state may develop as follows:
- reduced level of consciousness;
- dilation of pupils;
- decreased respiratory rate;
- darkening (blue) of lips, fingernails and toenails;
- fall in body temperature; and
- no response.

Unless medical assistance is sought, breathing will continue to slow. It is often difficult to assess whether a person is ‘nodding off’ or has lost consciousness.
PHARMACEUTICALS USED FOR NON MEDICAL PURPOSES
Pharmaceutical drug use for non medical purposes may refer to the use of analgesics, tranquilisers and benzodiazepenes, whether obtained through prescription or over the counter. In 2005, over 1.2 million people had ever used a pharmaceutical drug for a non medical purpose (AIHW, 2007).

PHARMACEUTICAL OPIOIDS
Pharmaceutical opioids may include prescription drugs such as opioid analgesics of which morphine and oxycodone are the most commonly prescribed in Australia (AIHW, 2007). Over the counter codeine based pain relievers such as Panadeine, Nurofen/Panafen Plus are also considered.

Street Names
Morph, Miss Morph, Grey Nurse, Pensioners, Oxy, 100s, Downers, Tranks, Vallies, Benzo.

Administration
Pharmaceutical drugs are commonly injected or taken orally.

Desired Effects May Include:
• sedated states (nodding off);
• euphoria; and
• pain relief.

Adverse Effects May Include:
• drowsiness;
• slurred speech; and
• physical dependence.

Long Term Use Side Effects May Include:
• constipation;
• sexual dysfunction;
• sleep disorders; and
• lowered blood pressure or pulse rate.

Adverse side effects can also occur as a result of other medications in combination preparations such as non steroidal anti inflammatory drugs (NSAIDs) or paracetamol. Peptic ulcers and renal failure have been reported following high dose use of preparations containing codeine and Ibuprofen (MJA, 2008, p.56 – 57).
Withdrawal Effects May Include:
Withdrawal effects are determined by drug history, dependence, frequency of use and dose. Some symptoms may include:
• muscle aches and pains
• sweating;
• anxiety and restlessness;
• insomnia;
• diarrhoea;
• nausea and vomiting; and
• chills.

Overdose Information:
Overuse of opioids can result in overdose, usually in combination with other sedating drugs such as benzodiazepines or alcohol.

Signs Of Overdose:
The overdose state may develop as follows:
• reduced level of consciousness;
• dilation of pupils;
• decreased respiratory rate;
• darkening (blue) of lips, fingernails and toenails;
• fall in body temperature; and
• no response.

Unless medical assistance is sought, breathing will continue to slow. It is often difficult to assess whether a person is ‘nodding off’ or has lost consciousness.
Injecting is only one way to get drugs into the body. The route of administration will partly be determined by the physical make-up of the drug being used, the individual’s choice and the environment in which the drug use occurs.
INJECTING
Injecting is a direct route for drugs to enter the bloodstream.

Significant adverse health outcomes are attributed to injecting drug use. Injecting is a high risk activity for blood-borne virus transmission such as HIV and hepatitis through the sharing of injecting equipment, as well as a precursor for a number of serious vein care issues including abscesses, endocarditis and septicaemia (bacteria in the bloodstream).

Powdered drugs such as heroin and amphetamines are often injected.

SAFER INJECTING PRACTICES
Safer injecting practices are very much determined by context. The different circumstances and environments in which people find themselves will impact on their capacity to inject safely, hygienically and with the minimum amount of blood-borne virus transmission potential. A person who may – through necessity or otherwise – choose to inject in a toilet or car is potentially at greater risk of compromising his/her health than someone who is able to inject in a well-lit, hygienic environment with access to sterile, single-use equipment.

It is important for the person to inject the drug as safely and as carefully as he/she can. Careless or unsafe injecting practices place a person at risk, not only of contracting HIV, hepatitis B or C, but also of bruising, vein damage, blood poisoning, abscesses and other infections resulting from poor injecting practices.

WHAT ARE SAFER INJECTING PRACTICES?
Safer injecting practices include:
- using sterile injecting equipment for every instance of injecting drug use;
- cleaning the surface of the area where preparation for injecting is likely to occur;
- washing hands before and after injecting; and
- the safe disposal of injecting equipment.
DISCUSSING TIPS FOR HEALTHIER VEINS WITH INJECTORS

Vein care is the practice of keeping veins in a healthy condition. If people who inject are to minimise health problems that can arise from injecting drug use, it is critical that they have access to vein care information.

The following suggestions are examples of brief awareness-raising opportunities that could be provided to injectors:

- Find a place with good lighting
- Take your time
- Wash hands and arm before injecting
- Use a new needle every time
- Rotate injecting sites and try to use a different vein each time
- Wipe spoons, bags and other mixing equipment with a fresh swab before injecting to avoid infections
- Do not use an alcohol swab after injecting
- Inject very slowly
- Do not inject areas that are already bruised, swollen or infected
- Learn to inject using both hands
- Remove all rings and tight bracelets before injecting (in case of swelling)
- Consider resting veins by taking drugs in other ways (ie smoking, snorting, swallowing, shafting)

NIROA (NON-INJECTING ROUTES OF ADMINISTRATION)

It was estimated that in 2006, 271,000 people living in Australia had been exposed to the hepatitis C virus. The number of new infections per year is estimated to be 9,700 (Commonwealth of Australia, 2008).

Safer ways for individuals to take drugs - other than injecting - have been researched as a result of the spread of blood-borne viruses such as hepatitis C.

NIROA is a term used to describe non-injecting administration for drug use. While other routes of administration such as swallowing, smoking and shafting may have adverse effects on the individual’s health, these administration routes are deemed to be less risky than injecting and the possible risk of transmission of blood-borne viruses through injecting drug use.
SNORTING
Snorting is the process of ‘sniffing’ drugs into the nose. This process introduces drugs to the mucous linings of the nose where they are absorbed into the bloodstream.

Snorting may also have adverse effects. Snorting drugs may destroy the tissue in the nose. Another side-effect of snorting drugs is sniffing. The body tends to react by creating excess mucous to protect the nose lining and in response the user will snivel or sniff.

Powdered drugs such as amphetamines and cocaine are commonly snorted.

SWALLOWING
Many drugs can be swallowed. The stomach and intestine are used as a way of getting substances into the body.

Drugs are absorbed slowly through the gut and therefore the effects of the drugs tend to be less extreme.

Drugs such as ecstasy, benzodiazepines and amphetamines (mixed in fluid) are often swallowed.

SMOKING
Some drugs are smoked. When this occurs the drugs are absorbed into the bloodstream through the lungs.

Drugs such as tobacco and cannabis are commonly smoked. Variants of heroin and cocaine are available which allow them to be smoked although this is not as common within Australia.

Smoking drugs can have a negative effect on the health of an individual. Smoking can lead to chest and bronchial infections caused by the tar and other substances being smoked.

SHAFTING
Some drugs are placed into the rectum although this is fairly uncommon. These drugs are absorbed into the mucous membranes and absorbed into the bloodstream.

There are some risks in using drugs this way. The mucous membranes can be very fragile and drugs that are very acidic tend to burn the tissue and may cause damage.

People who do shaft drugs tend to roll the drugs in a cigarette paper, apply lubricant to the anus and insert them into the rectum.
Needle and syringe programs are a public health measure to reduce the potential transmission of blood-borne viruses which may occur through the sharing of injecting equipment. Studies suggest that where needle and syringe programs are not easily accessible, HIV prevalence tends to be substantially greater than in those locations where needle and syringe programs are available (National Centre in HIV Epidemiological and Clinical Research, 2009).
NEEDLE AND SYRINGE PROGRAMS
The first Australian Needle and Syringe Program was piloted in Darlinghurst in 1986. In the following year concerns about HIV amongst injecting drug users (IDU) and its subsequent spread within the general population led to NSPs becoming part of the New South Wales Government’s policy response. Other States and Territories soon followed. (Pharmaceutical Society of Australia, 2002)

It is estimated that there are now over 3000 NSP outlets in Australia (ANCAHRD 2000c). There are a variety of outlets that act as sites for needle and syringe programs.

TYPES OF NEEDLE AND SYRINGE PROGRAMS

Primary programs are designed and established as needle and syringe programs. Secondary programs provide a needle and syringe program within an existing service, such as a hospital or pharmacy. Needle dispensing machines are a valuable adjunct to the existing network of needle and syringe programs. Outreach programs are services provided by a team of workers, sometimes from a vehicle or via ‘foot patrols’. They are usually provided after hours and can respond by attending certain locations.

The first and foremost aim of NSPs is to prevent the transmission of blood-borne viruses to individuals and the broader community. Increasing the availability and accessibility of sterile injecting and disposal equipment in compliance with public health principles does this.

The blood-borne viruses of primary concern to injecting drug users are:
- HIV/AIDS
- Hepatitis B; and
- Hepatitis C.

Major risk behaviours for the transmission of these viruses are the sharing of injecting equipment.

NEEDLE AND SYRINGE PROGRAMS IN PHARMACY

The benefits of pharmacies supplying sterile injecting and disposal equipment are:
- the reduction in the transmission of blood-borne viruses through the provision of sterile injecting equipment;
- improved individual and community health and well-being; and
- the establishment of contact between health and welfare workers and injecting drug users.
Supplying sterile injecting and disposal equipment through community pharmacy increases the amount of access people have to injecting equipment. By increasing access, people are more likely to use sterile injecting equipment for every injection.

**NSPs PROVIDE MORE THAN JUST ACCESS TO STERILE INJECTING EQUIPMENT. THESE SERVICES CAN BE THE FIRST POINT OF CONTACT SOME PEOPLE MAY HAVE WITH A HEALTH SERVICE.**

**CONTROVERSIAL SCENARIOS**

The following topics are listed under controversial scenarios because they have been mentioned as some of the major challenges faced by pharmacists and pharmacy staff when it comes to selling injecting equipment. While these may be morally challenging scenarios for some, it is important to read the paragraphs in this section and understand the rationale behind making injecting equipment available to all individuals.

**Sales to minors**

One of the biggest concerns pharmacists and pharmacy staff have in relation to providing needles and syringes within a pharmacy-based program is the sale of injecting equipment to minors. *Young people need the same protection from blood-borne viruses as adults.*

A few pharmacy programs refuse the sale of injecting equipment to someone they consider young or inexperienced. Some pharmacists feel that by refusing a sale the young person is likely to be prevented from injecting drugs. It is highly unlikely that a young person who is intent on accessing needles and syringes will be deterred from using drugs after being refused sale. What may occur is that the young person may seek alternative options of accessing injecting equipment, such as sharing or reusing another person’s needle or syringe. By sharing or reusing someone else’s injecting equipment these young people are putting themselves at high risk of contracting blood-borne viruses such as HIV, hepatitis B or hepatitis C.

Arrangements for dealing with minors seeking injecting equipment differ among States and Territories. In Queensland, there is no law that denies the sale of injecting equipment to minors.
Drug use and pregnancy

Some people may feel morally challenged when providing injecting equipment to pregnant women, but there are important reasons why these services must be provided.

1. HIV and hepatitis C can both be spread through vertical transmission. Vertical transmission is the transmission of an infectious organism from mother to baby during pregnancy, delivery or breastfeeding. Continuing to provide sterile injecting equipment assists in avoiding the transmission of these viruses to the mother and therefore reduces the likelihood of transmission to the baby.

2. All women - whether using drugs or not - have mixed reactions to an expected child. It is important to remember that the management of the woman and the baby is a health care issue and not a moral one.

3. These services could facilitate contact with a health care provider who may have information relating to pregnancy.

Injecting drug users and children

Concern about the welfare and development of children who access a pharmacy with parents who purchase injecting equipment is not always warranted. There is little research about children of drug users and therefore little is known about their needs.

In most cases parents will ‘hide’ from their children the fact that they are purchasing injecting equipment in order to avoid tricky questions. It is important that pharmacy staff do their best to accommodate the confidentiality of the parent in all cases, including when children are concerned.

Ensuring that parents have access to sharps disposal units is something to be considered on every occasion. By providing access to such disposal containers you are doing your best to prevent unsafe disposal and accidental injury caused from a needlestick.

Building rapport and keeping the lines of communication open for injecting drug user parents is important. This client group needs to be aware that they too can access suitable support and referral options through a pharmacy program.
Sale of single syringes

While it is not illegal to sell single needles and syringes (without a disposal container) there is concern that by not providing a safe disposal unit with every needle and syringe the opportunity to encourage safe disposal may be lost.

Whether the pharmacy considers the customer to be a ‘responsible’ needle user or not, the fact remains that without a safe disposal container people are provided with fewer options to dispose of injecting equipment in a safe manner.

The Environmental Protection (Waste Management) Regulation 2000 states:

The person must –
(a) place the needle or sharp in a rigid-walled, puncture-resistant container; and
(b) seal or securely close the container.

Amendments introduced to the Drugs Misuse Act in 1986 as part of a strategy to prevent the spread of HIV through the sharing of contaminated needles state:

(a) Unsafe disposal of needles and syringes is illegal. The Drugs Misuse Act and the Health Act requires that needles and syringes be disposed of in a rigid-walled puncture-resistant, sealed container.

Through the sale of ‘packs’ rather than single needles and syringes pharmacists can support the reduction of unsafe disposal within the community and throughout the domestic waste stream.

In Australia most needles and syringes are disposed of appropriately. However there are some occasions when they are not and these occasions cause concern for the public. By ensuring that a safe disposal container is included with every needle and syringe supplied, pharmacists and pharmacy staff can rest assured that they are making a positive contribution to the safe disposal of used injecting equipment.
It is important for individuals to inject as safely and as carefully as possible. Careless or unsafe injecting practices places a person at risk, not only of contracting blood-borne viruses, but also of bruising, vein damage, blood poisoning, abscesses and other infections resulting from poor injecting practices.
INJECTING DRUG USERS
There is a tendency to stereotype injecting drug users. Many people comment that they know which people are collecting equipment for the purpose of illicit drug use, simply by the way they look. It is important to remember that not everyone fits the same mould.

Even if people are correct in their assumptions about “who” is collecting injecting equipment, this simple recognition may mean that you are automatically displaying body language or verbal clues.

In terms of opening channels of communication, providing support and understanding in relation to injecting drug use, it is important that you treat each customer the same.

WORKING WITH INJECTORS
Providing quality pharmacy services to injecting drug users is an essential harm reduction component. Some tips for pharmacy staff when working with people accessing sterile injecting equipment include:

• Smiling and making eye contact. This could be the first smile someone has had all day.
• Avoiding making judgements. This kind of activity will show in your body language and in your attitude towards the customer.
• Engage with the customer in the same way you would anyone else who comes into the pharmacy.
• Try to learn all you can about the reasons behind selling injecting equipment.
• Use as many resources available to you as possible for referral, conversation starters and simply as a rapport building exercise.
• Ensure all customers have sharps disposal containers.
• Provide access to targeted health information resources.
• Do not be afraid to discuss drug use issues with the customer.

These are issues around health and you would discuss them with other customers in the pharmacy environment. Do the same in this situation.

INJECTING EQUIPMENT AND DRUG USING PARAPHERNALIA
The primary aim of needle and syringe programs is to prevent the shared use of injecting equipment, in order to reduce the transmission of blood-borne infections. Early implementation of needle and syringe programs in Australia has achieved this but, by selling a limited variety of needles and syringes, we address the needs of only one segment of the community.

Many pharmacies are becoming involved in selling a variety of needle and syringes to ensure that all members of the community have access to a range of products.
Many pharmacies are involved in selling a variety of needles and syringes to address the needs of the entire community.
INJECTING RELATED INJURY AND DISEASE
Injecting can present a wide range of physical problems in addition to the risk of transmission of blood-borne viruses. The term, Injecting Related Injury and Disease (IRID) is used to describe the many infections and injury that may result as a consequence of injecting. These IRIDs may be caused by a range of factors including: non sterile injecting practices; contaminants in the substance being injected; additives used to help dissolve drugs (e.g. lemon juice); and the drugs themselves.

Injecting Related Injury and Disease may be classified as non serious, potentially serious and serious.

Non serious IRIDs may include transient redness, transient swelling, hives, numbness and collapsed or blocked veins.

Potentially serious IRIDs may include abcesses, cellutitis, thrombophlebitis (vein inflammation related to a blood clot), oedema and puffy hands syndrome.

Serious IRIDs may include systemic infections, deep vein thrombosis, gangrene and venous ulcers.

IRIDs may be localised or systemic. Some may be easily treated but then become life threatening or result in limb loss.

RETRACTABLE NEEDLE AND SYRINGE TECHNOLOGY
The Guild advises members to exercise caution with the provision of retractable syringe technology through community pharmacies for injecting drug users.

Evidence-based trials of retractable syringe technology were conducted in Australia in 2004[1]. The trials were designed to assess the suitability and acceptability of retractable syringes to injecting drug users. The results indicated a number of technical limitations and an overall lack of suitability of this technology for intravenous drug use. For this reason, the Guild is concerned that challenges could be faced by people who inject drugs should this technology become the only available source of injecting equipment in community pharmacy.

The Guild recognises the importance of continued research into retractable syringe technology. Issues that must be considered when exploring the benefits of retractable syringes include the public health benefits, acceptance of different technology by injecting drug users and cost effectiveness. The Guild also acknowledges the experience of and information held by the State and Territory authorities regarding retractable syringe technology.
Providing safe and effective methods to accommodate syringe disposal is a priority. Many members of the community require the use of injecting equipment and therefore options for its disposal must be maintained.
DISPOSAL
Unsafe disposal of injecting equipment causes great concern in the community.

NSPs are more than just a site for the distribution of sterile injecting equipment. They are also a site for the collection of used injecting equipment.

There are a number of options available for the safe disposal of injecting equipment within Queensland.

A large number of community pharmacies provide options for the disposal of used injecting equipment. These innovative strategies are often implemented in conjunction with local councils and Government bodies.

In essence there are many options for the safe disposal of used injecting equipment in Queensland.

THE NEEDLE AND SYRINGE PROGRAM MANAGEMENT UNIT, IN COLLABORATION WITH THE ALCOHOL & DRUG INFORMATION SERVICE (ADIS), OPERATES A STATEWIDE CLEAN NEEDLE HELPLINE (1800 NEEDLE OR 1800 633 353).

The Clean Needle Helpline, which operates 24 hours a day, every day of the year, and has a Freecall number, provides:

• information and advice regarding a range of safe disposal issues, including needlestick injury management, and how to safely dispose of used needles and syringes;
• referral to appropriate clean up services where applicable; and
• referral to appropriate counselling services if required.

The Clean Needle Helpline is targeted at the general public, business owners and operators, and health and welfare agencies.

Information and advice regarding safe disposal issues and needlestick injury management supplied to Helpline callers is complemented by a range of resource materials offering appropriate, basic information, including posters, information cards and fridge magnets.

These resources are available to the public directly from ADIS, by calling the 1800 633 353 number. Members of the public should be encouraged by NSP staff to direct their enquiries about sharps disposal and needlestick injury to the Helpline number.
SAFE DISPOSAL

Just as the vast majority of people do not litter, most people who inject drugs dispose of used syringes safely. However some drug users inject in public places such as toilets because they are young, homeless or are dependent on drugs and may inject immediately after buying them.

DISPOSAL SITES

NSPs encourage the safe disposal of used needles and syringes and reduce the number of improperly discarded needles and syringes by providing information to clients about safe disposal, access to safe disposal facilities and by cleaning up discarded equipment on a regular basis.

The Queensland Government has developed a set of resources that provide information on local disposal sites in the Southern, Central and Northern zones of Queensland.

These resources can be used as a referral guide for staff distributing injecting equipment or for relevant access information.

For further information on disposal of used syringes, contact the Clean Needle Helpline on 1800 NEEDLE (1800 633 353).

DISPOSAL IN PHARMACY

Disposal options in Queensland pharmacies are becoming more common. A large proportion of pharmacies offer options for safe disposal within the store.

A common disposal method for injecting equipment is into the rigid-walled puncture proof container supplied with the injecting equipment and then into a domestic waste bin. While some councils encourage this as a disposal option for injecting equipment, guidelines and legislation often differ between towns and cities.

Many pharmacies in Queensland have taken steps towards reducing the number of unsafely and inappropriately discarded needles and syringes by providing a disposal unit within the pharmacy or in the immediate area of the pharmacy site, such as the car park.

In many cases, these initiatives are a collaborative project between government bodies, local councils and pharmacies. These partnerships between the council and the pharmacy provide a dual purpose in that the bin not only provides a disposal option at the point of sale but is accessible to all members of the community who use injecting equipment,
thereby reducing the incidence of unsafe disposal of used syringes in public places.

These initiatives are seen as a worthwhile project that supports the correct disposal of used injecting equipment.

**WHAT TO DO IF YOU FIND A USED SYRINGE**

Finding a used needle or syringe and determining whether or not you feel confident enough to pick it up and dispose of it can be challenging. If you do feel comfortable disposing of the syringe, follow the steps below.

1. Do not attempt to recap the needle.
2. Find a rigid-walled, puncture-resistant sealable container.
3. Find and put on latex/rubber gloves if possible (in the event that there is a possible bodily fluid in the needle or syringe – this will help protect against the possible transmission of blood-borne viruses).
4. Bring the container to the needle/syringe.
5. Place the container on the ground beside the needle/syringe.
6. Do not hold the container upright in your hands as you are disposing of the needle/syringe.
7. Pick up the needle/syringe by the middle of the barrel.
8. Keep the sharp end of the needle/syringe facing away from you at all times.
9. Place the needle/syringe in the container sharp end first.
10. Securely place the lid on the container, holding the container at the top.
11. Remove gloves (if appropriate) and wash hands with running water and soap.
12. Return the container to your nearest Needle and Syringe Program for disposal as medical waste or contact 1800 NEEDLE (1800 633 353) for further information on disposal options.
14. Advise children to inform an adult if they find unsafely disposed of needles/syringes.
MANAGING A NEEDLE STICK INJURY
There have been no reported cases of non-occupational needle stick injury resulting in HIV.

While the above mentioned information is comforting, needle stick injuries in community settings have occurred. It is important to know this information, regardless of whether you come into contact with needles and syringes regularly or not.

Read the section below to find out how to manage a needle stick injury.
• Stay calm.
• Wash the area with cold running water and soap (if available).
• Apply an antiseptic and band-aid.
• As soon as possible contact your:
  - Supervisor
  - Local doctor
  - Hospital
  - Sexual health clinic, or
  - Community health centre for advice on the need for HIV or hepatitis B/C testing, counselling and possible hepatitis inoculation.

Applying an antiseptic.
Under the Workplace Health and Safety Act 1995 (Queensland) employers are obliged to ensure their own health and safety, the health and safety of their workers, and the health and safety of other people is not adversely affected by the way the employer conducts their business and work activities in the workplace.
WORKPLACE HEALTH AND SAFETY
While studies have shown, the risk of becoming infected with HIV or other blood-borne viruses following an injury from a used needle and syringe in a public place is extremely low, employers have an obligation to ensure the workplace health and safety of their staff and customers.

There are six basic steps that can be taken to assist employers to identify hazards in their workplace and manage exposure to the risks associated with these hazards.

1. IDENTIFY HAZARDS
Identify skin-penetrating injury hazards in the workplace. Consult with staff and determine whether there are any locations, tasks or activities where this hazard is present, eg public toilets, garbage bins.

2. ASSESS RISKS THAT MAY RESULT BECAUSE OF THE HAZARDS
Assess the risks. This includes determining the likelihood and consequences of a skin-penetrating injury occurring. Consideration should be given to issues such as:
• how often discarded sharps are found in the workplace;
• how many sharps are found at the workplace;
• how many staff come into contact with sharps;
• adequate lighting and housekeeping of the area where sharps are found discarded;
• the availability of appropriate equipment for the safe collection and disposal of sharps; and
• staff training on infectious disease risk and safe work practices.

3. DECIDE ON CONTROL MEASURES TO PREVENT OR MINIMISE THE RISK
Elimination
Involves eliminating the hazard. It may not be possible to eliminate discarded sharps from the workplace; however it may be possible to discontinue a work practice that exposes staff to risk, eg installing locks on toilet doors for staff use only.
Substitution
Involves replacing the hazard with one that presents a lower or more manageable risk, eg arranging to place disposal units within toilet areas that are identified as high-risk locations.

Redesign
Involves changing the designs of a workplace, equipment or work process, eg ensuring adequate lighting so that discarded sharps can be readily detected.

Isolation
Involves isolating the sharp in a rigid-walled, puncture-resistant sharps container, eg ensuring a sharps container is present within your workplace for the safe disposal of discarded sharps.

Administrative Controls
- Procedures
Minimise the risk through procedures or instructions, by developing and implementing safe work practices on the correct method of the handling and disposal of sharps when a discarded sharp has been discovered. Each pharmacy should endeavour to have a sharps disposal kit which includes a sharps handling device such as gloves and a sharps container. Staff should be instructed in its use.

- Training
Provide induction and ongoing training to staff about skin-penetrating hazards and risks. This should include information about infectious diseases, safe work practices to prevent injury, safe handling and disposal of sharps and managing accidental blood exposures. For more information regarding training, please contact the Pharmacy Guild of Australia (Queensland Branch) on (07) 3831 3788.

- Housekeeping
Ensure areas are kept tidy to prevent sharps concealment.

- Surveillance
Implement surveillance systems. An example is implementing regular inspection and needle sweeps of high-risk areas to ensure the prompt detection and disposal of discarded sharps.
- **Sharps Reporting**
  Maintain a register of needle collections so that high-risk areas can be identified. This ensures all staff are aware of new ‘hot spots’ that may arise.

- **Drug and Alcohol Policy**
  Implement a drug and alcohol policy to deter drug use in the workplace.

- **Managing accidental blood and bodily fluid exposures and skin-penetrating injuries.**
  Implement systems to manage accidental blood and bodily fluid exposures and skin-penetrating injuries. This should include instructions for first aid, prompt medical referral and counselling.

### 4. IMPLEMENT CONTROL MEASURES

This involves:
- communicating changes to staff;
- providing instructions and training in the changes;
- supervision to ensure new control measures are being followed; and
- maintenance of new controls.

### 5. MONITOR AND REVIEW THE EFFECTIVENESS OF MEASURES

The final step is to monitor and review the effectiveness of the control measures. Ask yourself and your staff:
- Have the measures been implemented as planned?
- Are they working?
- Are there any new problems?

### 6. DOCUMENTATION

All steps of the risk management process should be documented. The Risk Management Code of Practice 2007 provides sample risk management forms.

OPIOID TREATMENT

Opioid treatment aims to decrease the risks associated with drug use for individuals and the community. It is a specific treatment for people with problems related to dependence on opioids, particularly heroin.
TYPES OF OPIOID TREATMENT PROGRAMS

DETOXIFICATION PROGRAMS

Research indicates that while a range of positive health benefits can be obtained from detoxification, there is little evidence to suggest long term abstinence following detoxification in the majority of people. However, this may be an appealing option for many people wishing to cease drug use and may attract people to consider treatment.

It is important that detoxification be considered a starting point for treatment and that individuals are linked with post withdrawal services such as counselling, self help programs, residential therapeutic communities and opioid maintenance treatment.

MAINTENANCE PROGRAMS

Maintenance programs have no fixed duration. There is evidence which suggests retention in maintenance programs means individuals are less likely to inject opioids, to engage in criminal activities and to be infected with HIV. The positive changes while individuals are in treatment provide good rationale for withdrawal from methadone or buprenorphine only at a time when the individual and clinician agree that the individual is ready.

DRUG TREATMENT OPTIONS

Opioid treatment is a specific treatment modality for people with problems related to dependence on opioids, in particular heroin. It is a means of keeping people safer legally and physically while they work on the appropriate areas of their lives (no longer injecting, no longer committing crime). The broad aim of treatments for opioid dependence is to reduce the health, social and economic harm to individuals and the community. Specifically, opioid treatment is provided to:

- bring to an end or significantly reduce the individual’s illicit opioid use;
- reduce the risk of overdose;
- reduce the transmission of blood-borne diseases, such as HIV, Hepatitis B and Hepatitis C; and
- improve general health and social functioning including a reduction in crime.

There are two preparations available in Australia for opioid maintenance; Methadone Hydrochloride (Methadone Syrup® and Biodone Forte®) and Buprenorphine (Subutex® and Suboxone®).
METHADONE HYDROCHLORIDE
The methadone program was introduced in Australia in 1970 in NSW, other states and territories soon followed. Methadone Hydrochloride has a longer life in the body compared to other opioids, therefore decreasing withdrawal like symptoms. Methadone Hydrochloride syrup is taken as an oral dose every day usually at the same time.

Methadone Hydrochloride is a synthetic opioid and is one of the most effective types of therapy for opioid dependence. Methadone’s action, like morphine, binds itself to the opioid receptors.

Methadone® is bright amber coloured syrup. It contains Methadone Hydrochloride, alcohol, sorbitol, glycerol, caramel and water.

Biodone Forte® liquid is not as thick as methadone syrup. It is a bright red coloured liquid and contains Methadone Hydrochloride, red colouring and water.

BUPRENORPHINE
Subutex was introduced in Australia in 2002. Subutex is a sublingual tablet taken every 1-3 days. It is crushed to the size of coffee like granules and dissolved under the tongue. Crushing buprenorphine allows it to dissolve faster for the person. Individuals can single, double or triple dose with Subutex.

Suboxone was registered in Australia in 2005. Suboxone is the combination of buprenorphine and naloxone. With this ingredient in Suboxone, it is less likely to be diverted because when it is injected instead of taken orally the naloxone effect takes place and the user can go into withdrawal.

Suboxone is a film that can also be taken every 1-3 days depending on the individual. It is placed under the tongue and dissolves.
Patients may be dosed with methadone or buprenorphine at an opioid treatment clinic, community pharmacy or hospital pharmacy. Individuals may commence at a clinic and be moved into a community pharmacy once they become stabilised on the treatment.
DOSING LOCATIONS

A significant proportion of opioid treatment is dispensed to individuals within community pharmacies. Community pharmacies are ideally placed to offer treatment services due to the extensive number of community pharmacy locations, the extended hours of operation and the professional services available from pharmacists as qualified health professionals. The vast number of community pharmacies also allows people to dose near to where they live or work.

Evidence shows that dosing in community pharmacy positively impacts on the individual’s lifestyle in the long term.

PATIENT REVIEWS

Frequent reviews by a prescriber are required in the first few weeks of treatment. This provides opportunities for the prescriber to:

• determine the optimal dose for the individual;
• to comprehensively assess the patient; and
• to discuss treatment plans further.

As the treatment progresses, the prescriber should review the patient 2-3 times per week until the patient has stabilised.

Monthly reviews follow, with a possibility for three month reviews for patients who are very stable.

All patients should be reviewed every three months. Patients who are displaying signs of instability, continuing high risk drug use, psychiatric or social problems will require more regular reviews.

THE ROLE OF THE PHARMACIST

Many individuals develop healthy relationships with the pharmacist and staff where they dose. Often opioid treatment requires frequent visits to the pharmacy, so there is a good opportunity for the pharmacist and staff to offer support and encouragement.

The pharmacists’ role generally involves:

• monitoring the daily level of intoxication;
• dispensing the dose;
• talking to the individual to ensure the dose has been swallowed/absorbed;
• encouraging consistent dosing times each day; and
• keeping close contact with the prescriber.
PATIENT BEHAVIOUR

Pharmacy involvement in opioid treatment dispensing is of upmost importance. The continuing success of these Programs is partly dependent on the acceptance of these Programs by local surrounding communities.

In situations where patient behaviour is inappropriate, patients must be reminded that this is unacceptable and will not be tolerated.

Behaviour that is out of character can be an indicator that there may be some disruptions and instability occurring in a person’s life. This is a good time for the pharmacist to recommend a review with their prescriber. The review may provide an opportunity for referral to allied health support such as counselling.

CLINICAL GUIDELINES

The Queensland Opioid Treatment Program Clinical Guidelines is a comprehensive manual which covers aspects of opioid treatment. Pharmacies which commence with dispensing opioid treatment will be provided with a copy of the clinical guidelines.

The guidelines contain a section specifically related to pharmacists in the supply and administration of methadone and buprenorphine to patients on the Queensland Opioid Treatment Program.

To obtain copies of the Queensland Opioid Treatment Program Clinical Guidelines contact the Medicines, Regulation & Quality Team on 3328 9890. Copies are also available on the Queensland Health website.
Every individual will experience opioid treatment in their own way. Often people have attempted treatment in the past, not achieving the outcomes they desire. Pharmacists and staff can make a significant impact on this success through good communication and understanding of the challenges faced by people who are drug dependent.
I think my OTP customer is continuing to use other drugs while being treated with methadone or buprenorphine.

Drug use is a chronic reoccurring condition. Many attempts are often required before individuals are able to commit solely to opioid treatment. Additional drug use can be a sign of instability in a person’s life. In a pharmacy environment, this can be an opportunity for opening lines of communication. If you feel concerned for the individual discuss the other support options with their prescriber or clinic.

A person may not appear intoxicated whilst using additional drugs. However, if there are signs of intoxication following a brief assessment, pharmacists should contact the prescriber for instructions prior to dosing.

My OTP customer is getting behind in payments and its costing my business.

Dosing in community pharmacies provides individuals with a normality that is considered part of the success of the Program. It is important that this principle extends to payments. Request payments frequently as allowing people to fall into debt for treatment is not helpful.

My OTP customer is purchasing injecting equipment while on the OTP.

The philosophy of harm reduction is based on reducing drug related harm to the individual and broader community. One defining feature of harm reduction is the focus on the prevention of harm rather than the prevention of drug use.

The provision of needles and syringes is well documented to prevent the possible transmission of blood-borne viruses in individuals and the broader community. While harm reduction is not intended to condone or promote the use of drugs, it recognises that drug use does occur and provides services and support that aim to reduce the harm that can be associated with its use.

Some people seem to stay on the OTP for a very long time, when will they stop?

There is no set time for a person to be on the Program. An individual chooses when and if they want to reduce treatment in consultation with their prescriber. Research shows people are more successful the longer they remain on the Program.
USEFUL CONTACTS AND POINTS OF REFERRAL

ALCOHOL AND DRUG INFORMATION SERVICE
Roma St, Brisbane City
Free call: 1800 177 833

BIALA GROUND FLOOR
Roma St, Brisbane City
Phone: 07 3837 5600

BRISBANE YOUTH SERVICES (BYS)
Berwick St, Fortitude Valley
Phone: 07 3252 3750
www.brisyouth.org

CLEAN NEEDLE HELPLINE
1800NEEDLE
1800 633 353

HEPATITIS COUNCIL OF QUEENSLAND
Cordelia St, South Brisbane
Phone: 1800 648 491
www.hepqld.asn.au

MEDICINES, REGULATION & QUALITY TEAM
Locked Bag 21,
Fortitude Valley, BC 4006
Phone: 07 3328 9890

QUEENSLAND AMBULANCE SERVICE
QAS Community Services Unit
Phone: 07 3247 8321
http://www.ambulance.qld.gov.au

QUEENSLAND ASSOCIATION FOR
HEALTHY COMMUNITIES (QAHC)
30 Helen Street, Teneriffe
Phone: 07 3017 1777
www.qahc.org.au
QUEENSLAND INJECTORS
HEALTH NETWORK (QUIHN)
Gipps St, Fortitude Valley
Phone: 07 3620 8111
Outside Brisbane 1800 172 076
www.quihn.org

ST JOHNS AMBULANCE
St Pauls Terrace Fortitude Valley
Phone: 07 3253 0500
Nationwide- 1300 360 455

WEBSITES

QUEENSLAND HEALTH
(ALCOHOL TOBACCO AND OTHER DRUGS)

THE ALCOHOL AND DRUG FOUNDATION
www.adf.org.au

THE ALCOHOL AND OTHER DRUGS
COUNCIL OF AUSTRALIA
www.adca.org.au

THE AUSTRALIAN FEDERATION
OF AIDS ORGANISATIONS
www.afao.org.au

THE AUSTRALIAN HEPATITIS COUNCIL
www.hepatitisaustralia.com

THE PHARMACY GUILD OF AUSTRALIA
www.guild.org.au