

Community Pharmacy: at the heart of public health

Harm reduction programmes, Drugs and Hepatitis

About a third of the population admits to taking illicit drugs at some stage in their lives (1).

Patterns of drug misuse are changing. In England there has been a small reduction in the number of heroin users and the heroin using population is ageing, with fewer young people becoming dependent upon the drug. Those aged 40 and above now make up the largest proportion of those newly presenting for treatment. Illicit drug use is associated with a cost to society in terms of crime and, although the number of people using heroin or crack is in decline, there remains an estimated societal cost of drug-fuelled crime of £13.9 billion a year (2).

Drug treatment can be very effective in preventing wider damage to the community such as high volume acquisitive crime, and together with initiatives like needle exchange schemes, can reduce the harm caused by dependence, such as the spread of blood-borne viruses like HIV and Hepatitis C (2).

Generally Hepatitis B and C infection rates are rising and prevalence is strongly linked to liver disease (1). Often asymptomatic, the disease may not be noticed until complications develop. Hepatitis B can be prevented by vaccination, and simple precautions reduce infection from both viruses. With more than half a million people in the UK estimated to be living with undiagnosed hepatitis B and C, the introduction of testing services in pharmacies could potentially save thousands of lives whilst providing value and cost-effectiveness for commissioners (3).

Infections are common among injecting drug users with around one-half of injecting drug users have been infected with hepatitis C and one-sixth with hepatitis B (4). Traditionally there is poor engagement between providers of fragmented services and communities at

risk of hepatitis B or C and as a result, opportunities for education, prevention, detection, and treatment are missed (5). In England, Hepatitis B vaccine is offered to selected high risk population groups only. Vaccination uptake in some of these groups is poor and transmission of hepatitis B remains a problem, and this has remained the case for over a decade (6).

Of the estimated 142,000 people aged 15-59 years who are chronically infected with hepatitis C in England, only about half are aware of their condition. Hepatitis C is almost always spread via blood-to-blood transmission and more than 90% of known cases in which there is information on risk factors are associated with injecting drug use (1). A viral hepatitis testing pilot carried out in 19 pharmacies found a hepatitis B or C positive patient in every six tests conducted. Of the tests conducted, 15% were diagnosed with Hepatitis C and 2% with Hepatitis B. The proportion of hepatitis C-positive diagnoses was higher than those found in GP surgeries, where 4% of tests found positive hepatitis C patients and the hepatitis B diagnoses were the same at 2% (3).

Polysubstance abuse is increasingly the norm amongst substance misusers and this dependence commonly involves alcohol as well as drugs (2). The Government is now aligning funding streams on drug and alcohol treatment services across the community and in criminal justice settings and funding will incentivise recovery outcomes while maintaining key public health measures such as needle exchange schemes (7).

Public health professionals will need to work together locally to prevent people from taking harmful drugs, to reduce the drug use of those already taking drugs, and to help people to be drug free, recover fully and contribute to society (2). Pharmacies already provide drug misuse services, including supervised supervision of daily doses of substitute medication to prevent illegal sale prescription medicines on the streets, needle exchange schemes, alcohol interventions and vaccination and screening services and are



Community Pharmacy: at the heart of public health

therefore ideally placed to continue to provide these services and to be integral in the development of new drug treatment and of alcohol services in line with the key target of recovery. These services may be cross cutting and commissioned with other relevant services, as the following examples show.

The Isle of Wight PCT extended their supervised consumption services to drug misusers by trialling a hepatitis screening and vaccination service, in conjunction with the Hepatitis C Trust targeting potentially high risk individuals such as injecting drug users and their partners or domestic contacts aged over 18. Registered patients currently on methadone or undergoing alcohol detoxification therapy, who felt they may have been at risk of contracting Hepatitis B or C were also included.

The screening service requires a simple blood spot test which can be carried out by trained staff at pharmacies participating in the scheme. A separate vaccination service for Hepatitis B (including a 12 month booster) is also offered where the pharmacy is actively engaged with a needle exchange programme and supervised consumption of methadone service. This service led to further developments including HIV and syphilis testing. As a result of the programme's success, community pharmacists have become part of a collaborative effort in two further vaccination programmes - seasonal flu and the H1N1 vaccination for the under 5 age group during the winter of 2009/10. There is also potential for this model to be extended to integrate pharmacists into the childhood vaccination programme.

The service was part of the 'Pharmacy Fix' application which won the silver medal at the CMO's Public Health Awards 2010 (8).

In Manchester, pharmacies provide access to sterile needles and syringes, and sharps containers for return of used equipment through a user-friendly, non-judgemental, client-centred and confidential service.

Used equipment is normally returned by the service user for safe disposal and this is promoted by the pharmacy. However failure to return used equipment does not stop pharmacies issuing new supplies.

The pharmacy provides support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

The pharmacy provides the service user with appropriate health promotion materials and promotes safe practice including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation (9).

References

- 1) Our Health and wellbeing today. Department of Health (2010)
- 2) Drug Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life. HM Government (2010)
- 3) Delivering Enhanced Pharmacy Services in a Modern NHS: Improving Outcomes in Public Health and Long-Term Conditions. The Bow Group (2010)
- 4) Shooting Up - Infections among injecting drug users in the United Kingdom 2009. An update. Health Protection Agency (2010)
- 5) Rethinking strategies to control hepatitis B and hepatitis C. *The Lancet* Vol 375, Issue 9710 172 (2010)
- 6) Goldberg D, McMenamin J. *The United Kingdom's hepatitis B immunisation strategy - where now?* Communicable

Community Pharmacy: at the heart of public health

Disease and Public Health Vol 1: 79-83
(1998)

- 7) Healthy Lives, Healthy People - our strategy for public health in England. Department of Health (2010)
- 8) Winners of the Chief Medical Officer's Public Health Awards. Department of Health (2010)
- 9) Information from the PSNC Community Pharmacy Services database
www.psnc.org.uk

