

PDA written evidence to the Public Account Inquiry - Reducing the harm from illegal drugs

The PDA welcomes the opportunity to provide written evidence to the Public Accounts Committee in the Inquiry - Reducing the harm from illegal drugs.

As the largest representative organisation of individual pharmacists in the UK, the PDA represents over 37,000 members, working across all areas of practice. Our experience of dealing with over 5,000 cases each year on professional, regulatory and employment matters provide a unique insight into the issues that matter to pharmacists and where opportunities and risks arise.

We are happy to provide any further information to the Committee upon request.

The reason for this PDA Response

The call for evidence states:

The Committee will also hear from senior officials at the Home Office and the Department of Health and Social Care, with likely topics including:

- Progress on disrupting drugs supply
- Reducing long-term demand for drugs
- Any barriers to accessing treatment and supporting recovery
- Certainty of government funding.

If you have evidence on these issues please submit it here.

In this response we outline our concern for patients that cannot access treatment supporting their recovery from the use of illegal drugs. Specifically, we provide evidence around the impact of temporary pharmacy closures and the failure by the health departments in all the devolved nations to address the issue of temporary pharmacy closures.

A temporary closure is where the pharmacy business, despite being contracted to the NHS to be open and to provide services to the public decides instead to close the pharmacy for partial days or one or more consecutive full days, thus removing the patients access to that pharmacy at times it should be open.

The role of pharmacists in helping patients undergoing treatment

Pharmacists are highly skilled healthcare professionals and within community pharmacy settings they ensure the safe and consistent supply of controlled drugs to patients in support of patients being treated for addiction to illegal substances.

The critical role of pharmacists and community pharmacies in supporting the recovery of patients from illegal drug use is noted in the Clinical Guidelines around drug misuse and dependence.1

Community pharmacies, located at the heart of communities, and especially in deprived areas where the need for addiction services is highest, provide an essential service in the supply of methadone. The supply of methadone from pharmacies, which is personally supervised by a pharmacist, ensures that these vulnerable patients have

¹ Drug misuse and dependence | UK guidelines on clinical management https://assets.publishing.service.gov.uk/media/5a821e3340f0b62305b92945/clinical_guidelines_2017.pdf

access to safe and legal medicines as a substitute to illegally obtained opioids.

The supply of methadone from a pharmacy may also involve a pharmacist supervising the consumption of that methadone by the patient on the pharmacy premises (supervised consumption). This is often a requirement to prevent the methadone being sold on the illicit market after it has been collected from the pharmacy.

The special legal requirements relating to the supply of controlled drugs such as methadone

Medicines are highly regulated across the world. The manufacture, distribution, prescribing and the supply all have specific rules which are dependent upon the nature of the medicine.

Controlled drugs such as methadone have even stricter rules, tighter record keeping and enhanced secure storage requirements for their distribution, prescribing and supply. 2 Community pharmacies can order methadone from licensed wholesalers and a special register, with running totals for the receipt and supply, must be kept by any pharmacy that is in possession of methadone.

Similarly, prescriptions for methadone must be written with specific detailed information (otherwise they are invalid). 3 Community pharmacies are also required to store methadone in special secure cabinets. Due to the onerous requirements surrounding the receipt, supply and recording of information (including details about every supply made in a special register which contains information about the patient, the quantity supplied etc), not all pharmacies provide this service.

The sheer scale of temporary closures increases across Great Britain

In the recent past, the issue around what is termed 'temporary' pharmacy closures has escalated into a significant and substantial issue. An article in Chemist and Druggist 4 magazine noted the impact of these 'temporary' pharmacy closures.

The scale of the issue (temporary pharmacy closures) is not small. Data released to Chemist and Druggist 5 under a freedom of information request showed that in a 12-month period there were in excess of 20,000 such "temporary" closures in England.

It is interesting to note that the data released by NHS England to Chemist and Druggist was published on the 16th November 2022. In January 2023, the Information

² Controlled Drug Regulations https://cpe.org.uk/quality-and-regulations/pharmacy-regulations/

³ Dispensing prescriptions for Controlled Drugs https://cpe.org.uk/wp-content/uploads/2021/03/CPN 0221 Dispensing-Factsheet-Dispensing-prescriptionsfor-Controlled-Drugs.pdf

⁴ Temporary pharmacy closures: Addiction charities warn of 'massive' user impact https://www.chemistanddruggist.co.uk/CD136451/Temporary-pharmacy-closures-Addiction-charities-warnof-massive-user-impact

⁵ Which major pharmacy groups reported the biggest number of temporary closures? https://www.chemistanddruggist.co.uk/CD136546/Which-major-pharmacy-groups-reported-the-biggestnumber- of-temporary-closures

Commissioners Office published 6 its decision upholding the refusal of NHS England to supply the PDA with the same information that was readily supplied to Chemist and Druggist.

Analysis of the published C&D data clearly shows that around 85% of the closures can be attributed to the larger pharmacy operators, members of the Company Chemists Association.

Freedom of information data released to the PDA from health boards in Scotland and Wales 7 showed a similar pattern of closures with large corporate chains responsible for the bulk of closures.

The scale of the problem is probably larger than the data indicates as many pharmacy owners have not reported closures. This problem was noted by NHS Midlothian which had to remind pharmacy owners of their obligations when they closed their pharmacy at short notice. 8

It is beyond the terms of reference for this call of evidence for the PDA to detail its evidence around the reasons for closures and for a fuller discussion on the matter. However, it is important to understand that the scale is substantial and across the whole of GB.

The impact of when a pharmacy (providing substance misuse services) closes temporarily

The role of the community pharmacist and community pharmacies is crucial, and this was clear in the UK Clinical Guidelines published in 2017. 9

In context of when pharmacies close temporarily, the impact has been noted by several charities. An article in C&D noted the significant concerns of 2 charities. 10 The real and impactful problems, including the impact on service users, caused by temporary closures are noted in the article.

6 Freedom of Information Act 2000 (FOIA) | Decision notice | 24 January 2023 https://ico.org.uk/media/action-weve-taken/decision-notices/2023/4023797/ic-182288t5y4.pdf

7 Ratio of temporary closures by CCA members compared to non-CCA members in Wales even greater than in Scotland https://www.the-pda.org/ratio-of-temporary-closures-by-cca-members-compared-to-non-cca-members-inwales-even-greater-than-in-scotland/

8 NHS blasts pharmacies over 'escalating' closures https://www.pharmacynetworknews.com/business/781632-nhs-blasts-pharmacies-over-escalating-closures

9 Drug misuse and dependence | UK guidelines on clinical management https://assets.publishing.service.gov.uk/media/5a821e3340f0b62305b92945/clinical_guidelines_2017.pdf

10 Temporary pharmacy closures: Addiction charities warn of 'massive' user impact https://www.chemistanddruggist.co.uk/CD136451/Temporary-pharmacy-closures-Addiction-charities-warnof-massive-user-impact

There are also significant concerns around homeless people who are at even greater risk when a pharmacy closes temporarily. A report published in 2018 by Groundswell charity contained a passage which showed what can happen when a homeless person cannot access a methadone service.

"Because I wasn't injecting and I wasn't stealing and I wasn't at risk because I was halfway through my methadone reduction, they didn't want to know. It is easier to buy drugs on the street than methadone, so I was back to square one." 11

A seemingly small temporary disruption to the access to methadone can have a hugely profound impact on a vulnerable homeless person.

However, it is not just methadone patients that could be impacted. Users of illegal drugs who nevertheless need supplies of clean needles (to reduce the risk of acquiring other blood borne diseases which have huge, longer term knock-on effect on the NHS) can be impacted even by a one temporary closure. One published example of the life changing impact can be read about here. 12

Summary

The issue of temporary pharmacy closures and the wider issue of permanent pharmacy closures must be considered in context of when patients are being supported to withdraw from buying drugs on the illegal market. Even the smallest disruption can mean that a patient who was stabilised on the legally obtained controlled drugs is forced to turn to the illegal market to get that one days supply with all the consequential risks.

¹¹ Listening to Homeless People: Involving Homeless People in Evaluating Health Services https://groundswell.org.uk/wp-content/uploads/2018/10/Groundswell-Health-Link-Listening to Homeless People.pdf

¹² Former addict who had Hepatitis C warns pharmacy closures putting users at greater risk of virus https://www.itv.com/news/wales/2023-05-25/ex-addict-warns-pharmacy-closures-putting-drug-users-atgreater-risk