

TAKE HOME OPIATE SUBSTITUTE THERAPIES (OST) ADVOCACY BRIEF



Introduction: COVID19 and picking up your script

During the lockdown that followed the arrival of COVID 19, many local drug services closed their doors to clients, contacting them instead by internet or telephone. Alongside this, People Who Use Drugs who had attended pharmacies to collect their prescriptions were permitted to cut visits to the pharmacy and being observed by the pharmacist or staff, they visited on a weekly or two-weekly basis. The reduction in attendance at the pharmacy has proved to be useful for drug users, offering a more humane, dignified and therapeutic arrangement.

This fits in with the overall goals of good drug Opioid Substitution Therapy, which should involve a therapeutic partnership between drugs services and those who use them. Therapeutic arrangements should be negotiated and agreed upon, not forced upon clients by the drug service.

Senior policy makers and managers and professional leaders in OST have acknowledged that people on OST in the UK have responded overwhelmingly with responsibility to the opportunity of take-home doses. EuroNPUD has been assured that OST services will focus on reaching the 50% of people with opioid dependence who are not currently accessing OST rather than reintroducing take home dispensing.

This Advocacy Brief is designed to help people on OST defend or advocate for take home doses of methadone and buprenorphine with drug services.

"I hated going to the pharmacy every day...being looked at by people....judged..."

Drug users' experience

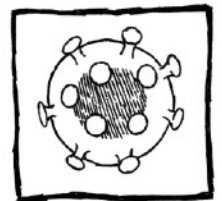
Recent research carried out in Scotland showed that 70 per cent of clients interviewed said that they did not wish to return to the overly frequent pickups and supervised consumption characteristic of the pre-COVID situation. To quote the opinion of one person who used drugs, 'I hated going to the pharmacy every day...being looked at by people....judged...'

Evidence of compliance

Little has been seen in the way of diversion, methadone overdose, lost or spilled medication, etc.

The European Monitoring Centre for Drugs and Drug Addiction has observed that, during the pandemic of COVID 19, there has been general 'good behaviour' by drug users.

"People are now managing their own dose meaning that they are sometimes choosing to reduce their drug use".



A number of drug users were interviewed by the University of Bristol and reported that the reduction in pharmacy visits was a positive thing as it reduces embarrassment owing to the stigma surrounding drug use. In addition, taking one's medication at home enhances the sense of autonomy and responsibility. 'People are now managing their own dose meaning that they are sometimes choosing to reduce their drug use'.

The case for take-home doses

Medical confidentiality is a basic human right and is difficult to achieve in public pharmacies where local people and neighbours may observe drug users under circumstances of supervised consumption or daily pickup.

“Daily pickup often increases contact with other drug users, providing a continuous trigger to use illicit drugs.”

The stigma surrounding drug use is increased in this context, further demoralising people often living at the social margins. This can lead to further illicit drug use.

Daily pickup often increases contact with other drug users, providing a continuous trigger to use illicit drugs.

Weekly or bi-weekly pickup further a sense of autonomy, which sometimes leads to reduction in drug use and increased responsibility for one's own healthcare.

There is a gender dimension to these issues, since women are the primary caregivers for children. Enforced daily pickup may be associated with increased travel-costs and a much greater amount of time spent obtaining medication. These issues are especially acute in rural settings, where public transport is often extremely limited.

Overall, daily pickup, is useful primarily for those who need it for protection from threats and violence, and who form what is probably a small minority. It should be reviewed regularly, and clear pathways should be elaborated by means of which drug users who are stable can be moved to take-home doses.

Supervised consumption is a dehumanising and stigmatising set of practices, which puts some people who use drugs off seeking access to Opioid Substitution Therapy altogether, negating all of the claims made for its effectiveness. Sometimes such compulsion can work against those with jobs, young children, and general stability in life. Its use should be kept to a minimum and restricted to those who need it for specific reasons.

Forced to attend daily pick-up?

If you find yourself compelled against your will to return to daily or overly frequent visits to the pharmacy to pick up your script, the first thing to do is to ask your services, if possible at manager level, why they are forcing you to return to daily pick-ups. A letter you can use for this purpose is included in this package. This is a first letter to the drug service, and if they do not respond satisfactorily, we can assist you in taking the matter further (see letter at end).

If you are stable on your dose, there is no need for them to do this. Ask them on what evidence or guidelines they are compelling you to attend your pharmacy so regularly? If you can make an argument that you are stable and do not require daily attendance, it should be possible for them to reduce your pharmacy visits to lockdown levels once more. It will be more difficult if you are regularly using street heroin on top of your prescribed medication, or if you cannot demonstrate that you can store your take home doses safely (away from the reach of children, etc).

Evidence and Guidelines

This is a quote from the Public Health England's Guidance updated in July 2020, which can be used in support of your case.

"In the initial phase of responding to the pandemic, services transferred most patients from supervised consumption to take-home doses of OST medicines. These arrangements should now be reviewed, and future arrangements should be based on repeat individual assessments that include how patients responded to any relaxation in pick-up and supervision requirements."

In other words, services will review pick-up and supervision arrangements but if you have functioned OK during the lockdown this should be taken into account, and there should be no automatic return to daily pick-ups.

The International Treatment Standards of the United Nations Office on Drugs and Crime and the World Health Organization state that:

"Take-away doses may be provided for patients when the benefits of reduced frequency of attendance are considered to outweigh the risk of diversion, subject to regular review."

Advocacy

If your local service refuses to explain its decision to resume daily pharmacy visits and supervised consumption, or will not relax the demands it makes on you, or you think that the evidence or guidelines are weak and do not apply to you, you can call on an advocacy organisation such as Release or EuroNPUD who have legal and other forms of expertise and will fight the case on your behalf. They may be able to get the service's decisions and practices changed. Being in drug treatment should not mean that you lose your human rights or your dignity.

If you were receiving take home doses of methadone or buprenorphine during the COVID-19 pandemic but your prescriber is now withdrawing this flexibility then this advocacy brief is here to help you.

The next two pages help you advocate for :

- An Advocacy Consent Form - gives an advocate permission to advocate with your prescriber
- Advocacy Request Letter - template letter for you to fill in to ask your prescriber to explain their reasons.

You can receive advocacy support from:

- Your local drug user group
- Release Helpline - 02073242989 or ask@release.org.uk
- EuroNPUD - www.euronpud.net/ost FAQ section on OST advocacy

If you have never received Take Home Doses then this Advocacy Brief and the EuroNPUD website can help you lobby for more accessible and fair OST.

(Clinic's Address)

--- / --- / ---
(Date)

Dear -----
(To the clinical team, local drug service)

I give my permission to ----- (advocates name) to
advocate on my behalf to support my advocacy with -----
(my prescribing doctor or service) around my access to take home doses of
methadone /buprenorphine and the quality of my opioid substitution therapy
service.

You can reach my advocate and talk to them about my care package on:

Email -----

Mobile / WhatsApp -----

Yours sincerely,

----- / --- / --- (Date of birth)

(Your Address)

Copy to Advocate

Advocacy Request Letter

(Clinic's Address)

--- / --- / ---
(Date)

Dear -----

(To the clinical team, local drug service)

I have recently been made by the drug service to return to daily pickup. This is despite the fact that on my previous weekly/two weekly pickup during the COVID 19 Lockdowns I felt that I benefitted from not having to attend the pharmacy every day. My drug use remained stable, and I have managed my medication without problems.

I would like to know, consequently, what is the reason for enforcing a return to daily pickups and/or supervised consumption. This has not been explained to me, so I would be grateful if your service could provide me with the factors that have led you to make this decision regarding my treatment.

Yours sincerely,

----- / --- / --- (Date of birth)

(Your Address)