PROVIDING METHADONE SERVICES — CASE STUDIES

By Glynnes Newell, BSc, MRPharmS

The following case studies, about provision of methadone services in the community, were used by the author as part of a Scottish Centre for Post Qualification Pharmaceutical Education (SCPPE) training event

The following case studies outline some of the situations that might occur while providing a methadone service to drug misusers. Drug misusers can be a difficult client group and the suggested answers in the case studies include legal and practical advice.

CASE 1: ROB

Rob collects his methadone on a daily basis. His daily dose is 50mg. He has been coming to your pharmacy for years and has a good rapport with the pharmacy staff.

Rob brings in a new prescription and he asks you to supply the sugar-free brand of methadone. Can you substitute sugar-free?

Methadone is a schedule 2 Controlled Drug (CD) so the pharmacist cannot deviate from the prescriber's instructions (Misuse of Drugs Act 1971 and Medicines Act 1968). Therefore, the pharmacist cannot substitute sugar-free methadone when it is not prescribed. If the patient insists on sugar-free, a new prescription must be obtained before supplying.

Rob might have asked for sugar-free methadone because sugar-containing solutions can corrode the teeth. However, the pH of both preparations is between 3.5 and 5 and it is likely that the acid content of the methadone is more detrimental than the sugar content of the syrup. Advise him to consume his methadone through a straw and, after consuming the methadone, to chew sugar-free gum for 10 minutes or rinse the mouth with water.

Alternatively, Rob might have asked for sugar-free methadone because it is more injectable than regular methadone. This is because sugar-free methadone does not contain chloroform.

A potential side effect of sugar-free methadone is that the artificial sweeteners in some preparations can cause diarrhoea.

Rob tells you he is going to a funeral on Wednesday and asks you for two days' supply on the Tuesday. Would you give it to him?

Again, the pharmacist is unable to deviate from the CD prescription (Misuse of Drugs Act 1971).

To maintain the good relationship you have with Rob, tell him that you are not being awkward but that you are not allowed to give extra supplies. Explain to him that he must visit his doctor to obtain a replacement prescription before a supply can be made.

Rob says that he does not have time to contact his doctor to arrange this. He asks you to telephone his doctor. Are you happy to do this?

No — if you telephone once, then you will find yourself frequently being asked. However, you may want to telephone the doctor after Rob has left to inform him that Rob is on his way and to explain the reason why. Close liaison with doctors is advised and encouraged.

The doctor telephones on Tuesday and asks you to supply Wednesday's dose a day early. Do you oblige?

If the doctor wants to give Rob his methadone early, he must cancel the prescription for that day and issue a new prescription. The doctor can cancel the Wednesday dose by telephone which should be marked "not collected" on the instalment form. However, the pharmacist cannot make the extra supply until he has a new prescription. To make a CD supply in advance of a prescription constitutes an offence under the Misuse of Drugs Act 1971, for which the pharmacist could be prosecuted. Prescriptions for CDs cannot be changed or advanced by telephone or fax.

It is Saturday at 12.55pm. Your pharmacy has a half-day today. Rob telephones to say he will be at the pharmacy in 10 minutes. He asks you to wait for him. What do you tell him?

Only stay open until your normal time. It is the patient's responsibility to arrive at the pharmacy on time. Tell your patient (politely) to "hurry up". It may be worth checking that the patient is sure of the opening times when you see him on Monday. Any uncollected methadone from Saturday cannot be collected on the following Monday.

That afternoon you are out shopping with your mother. You see Rob. Do you say hello? What do you say to your mother?

When a patient comes in regularly you get to know them well. A rapport is often enjoyed. In this situation, take the lead from Rob. If he ignores you, do not be offended. If he comes over for a chat, introduce him to your mother. Tell her that he is a customer in your pharmacy but do not break confidentiality and tell your mother he is on methadone.

Rob tells you he suffers from travel sickness and the only thing he can use is cyclizine (Valoid) tablets. He asks you to order him a supply. Do you oblige?

Glynnes Newell is a community pharmacist in Edinburgh. Until recently, she worked for the Community Drug Problem Service, Lothian Primary Care NHS Trust, Edinburgh.

Some patients abuse cyclizine because it can cause a "buzz" if taken with methadone. The cyclizine is injected and, when taken with methadone, can be fatal. Do not order in a supply for him and advise him to speak to his doctor. The pharmacist has the responsibility to ensure that any over-the-counter (OTC) medicine sold is not being used inappropriately (Code of Ethics, Principle 1, Obligation 1.7).

It is 10am on Tuesday morning. Rob arrives and you tell him that today is his last supply on his current prescription. He has an appointment with his doctor at 3pm. At 4pm Rob returns with a new prescription. It is dated with today's date and Rob asks for another supply. What do you do?

The prescriber should date the prescription the day it is written. If the methadone instalments are not to start immediately, the doctor should ideally indicate on the prescription that it is not to be dispensed before a specific starting date. If you have a good rapport with your patient, you could remark that it was a "nice try" but the prescription will carry on from the previous prescription. The patient may ask for the prescription back if you do not make an extra supply. Retain the prescription if possible. If you were to supply two doses in one day the patient could consume a fatal dose. Therefore, to retain the prescription is acting for the good of the patient. If the patient insists you give the prescription back, stamp the prescription before handing it back to the patient to alert other pharmacists of a potential problem.

An instalment prescription, which identifies no specific date for the start of the supply, is valid for 13 weeks from the date on which it is signed and can be commenced at any time within that period of validity.

The next week Rob tells you he is being hassled by his girlfriend and he wants to consume his methadone in the pharmacy. Do you let him?

You have some options here. You might offend other customers if you allow your patient to consume the methadone in the pharmacy, especially if you cannot offer privacy. However, some patients on methadone are hassled for their supply either outside the pharmacy or at home and supervision in these cases may be preferred. If the patient would like to be supervised every day, he must speak to his doctor to obtain a prescription for instalment dispensing. To maintain patient confidentiality, after consumption score the patient's name from the label or remove the label before rinsing and discarding the bottle.

Rob's new prescription is for 14 days' supervised consumption. Your pharmacy does not normally supervise methadone. Do you agree to do it? If you do agree to do it, will the health authority automatically pay for your service?

Check with your employer as a company decision might have been made not to enter the supervised consumption scheme. The pharmacy must register with local health board or health authority schemes in order to be paid for providing the service.

Case 2: Paul

Paul collects his methadone twice weekly. He is an irregular customer and you know he uses other pharmacies. His daily dose of methadone is 60mg and he also receives 20mg of diazepam.

You have not seen Paul for a while and his new prescription states "dispense on a Monday and Thursday". He says that his last pharmacist gave it to him on a Tuesday and Friday because those days suit him better. What do you do?

When making a supply against an instalment prescription, the pharmacist must not deviate from the prescriber's instructions. Therefore, you can only make a supply on Monday and Thursday. Ask Paul to return to his doctor if he wishes to make alternative arrangements.

On Thursday, Paul comes in and tells you that the methadone you gave him on Monday was 10ml short. Do you give him the extra 10ml today?

It is good practice when measuring the volume of methadone for it to be checked by two individuals, one of whom must be a pharmacist. When checking the quantity you may wish to add your initials against the quantity on the label. Good dispensing practices will minimise any errors. Paul may have an inaccurate measure. Many patients ask for "spillage" to be included in the volume when they collect more than one day at a time. The pharmacist can only supply the volume requested by the prescriber. It is worth noting that some brands of methadone mixture 1mg/1ml may have approximately 10–15ml spillage per 500ml bottle.

You give Paul his four-day supply on Thursday. He comes back into the pharmacy 15 minutes later and tells you that he has dropped his bottle and it has smashed. He wants you to give him a replacement. What do you do?

You have already made a supply for that day and a replacement cannot be made without a replacement prescription. Suggest to Paul that he contact the prescriber. The prescriber might ask to see Paul approximately two hours after the incident. If he has consumed a day's dose, the effects of the methadone will be apparent after two hours. The prescriber might wish to verify the situation with you before proceeding and you might wish to contact the prescriber in advance. Only after reviewing the patient will the doctor issue a replacement prescription.

Paul's latest prescription has finished but he arrives on the Monday, expecting a supply. You inform him that his last supply was on the previous Thursday. He gets annoyed and says that he had not been told. What do you tell him?

The patient is responsible for his own prescription. However, it may be useful for the pharmacist to write "last supply" on the methadone label when the last supply of a prescriptions dispensed and also to tell the patient. Advise Paul to return to his prescriber. The finishing date of the previous prescription should be entered in the patient's notes.

Paul comes back later in the day and says that his doctor posted you the prescription and that he is due his dose. He is very annoyed and asks you to telephone his doctor and says he will not leave until you do. You feel frightened. What do you do?

As the effects of opiate withdrawal increase, the patient may feel increasingly agitated. If you feel frightened and the patient is being abusive, you might wish to call the police and have him removed. Explain to the patient that you cannot supply any methadone until the prescription is at the pharmacy and advise him to contact the prescriber to obtain a prescription.

When the patient leaves, you might wish to contact the doctor and explain that you have not received the prescription. The doctor might attempt to authorise the pharmacist to make a supply with a promise of a prescription to follow. The pharmacist cannot supply in advance of a prescription, even if the doctor requests the supply by telephone, fax or letter. Methadone is not covered by the emergency supply regulations. To make a supply in advance of a prescription would constitute an offence under the Misuse of Drugs Act 1971, for which the pharmacist could be prosecuted.

Paul eventually gets his prescription. He comes back at 5.30pm. He is annoyed, abusive and is swearing at you. What are your options and what is the best way to deal with the situation?

Paul may be feeling the effects of opiate withdrawal as well as being annoyed. The best option is to prepare his prescription as soon as possible so that he can leave quickly. The next time he is in the pharmacy you might want to have a quiet word with him. Explain that you understand he was agitated but you cannot tolerate swearing in your pharmacy. Remind him that it is up to him to make sure he knows when his prescription is due. He might also want to check the address of the pharmacy with his doctor if any future prescriptions are to be posted. If the patient continues to be abusive, you may wish to have him removed from the pharmacy, either by a capable member of staff, security guard or the police. Pharmacists are required to dispense any drug on an NHS prescription under the terms of their dispensing contract; however, do not put yourself at risk. You might also wish to ban the patient for a peri-

A summary of drugs of misuse

HEROIN ("SMACK")

Heroin has sedative properties and makes the user calm. At high doses, it can cause the user to fall asleep and breathing to stop. Tolerance to heroin can develop and the user needs larger doses to gain the same effect. Withdrawal symptoms include sweating, chills, running nose and cramps. In order to prepare heroin for injecting, it is mixed with water and citric acid (or sometimes lemon juice) to acidify it. It is then heated on a spoon so that the mixture becomes a brown liquid which is then drawn into a syringe through a filter and injected beneath the skin ("skin popping") or directly into a muscle or vein. Heroin can also be smoked. It is placed on tin foil and heated forming an oil and a black residue. As the residue evaporates the resultant smoke is inhaled ("chasing the dragon"). Injecting is the more dangerous method of using heroin.

LSD ("ACID")

LSD, lysergic acid diethylamide, causes hallucinations ("trip"). Initially, it causes colours to become sharp, followed by visions of repeated patterns of objects and visual distortions. At the peak of the drug's effect, users feel as if they are in a different world which can be profound for some and frightening for others. LSD is almost always swallowed and can come on a sugar cube, in gelatin sheets, tablets or capsules. The most common preparation is on blotting paper cut into 5mm squares with printed images. LSD might trigger underlying mental illness and produce paranoia, delusions, extreme anxiety, panic attacks and schizophrenia.

AMPHETAMINE ("SPEED", "WHIZZ")

Amphetamine is a stimulant drug that causes increased alertness, confidence, feeling of well-being and energy. It also lessens the desire to eat and sleep. Regular use can produce powerful cravings and a need to increase the dose. The "comedown" from amphetamine can be unpleasant — lethargy, tiredness and depression. Long-term use might be associated with psychiatric problems. Amphetamine can be swallowed, sniffed, smoked or injected. Most amphetamine comes as a grey, pink or white powder. A prescribed amphetamine is Dexedrine.

COCAINE ("CHARLIE", "COKE") AND CRACK

Cocaine is derived from the coca plant and can be chemically altered to form crack crystals ("rocks"). Cocaine is used as a stimulant (like amphetamine) and it causes an increase in heart rate, breathing, alertness, confidence and feeling of well being. High doses can cause epileptic fit, stroke or heart attack. The effects are quick to wear off and this often leads to compulsive use. After-effects include depression, anxiety, paranoia. Cocaine can be "snorted", smoked (as crack) or injected into a vein. The effects are similar but more intense if smoked.

ECSTASY

Ecstasy, 3,4-methylenedioxymethamphetamine (MDMA), causes a relaxed euphoric state without hallucinations. Sensations are enhanced, music sounds better and users feel less inhibited. Exhilaration and nausea can be felt 20 to 40 minutes after taking ecstasy with a peak effect at 60 minutes. Ecstasy is thought to cause a rush of serotonin followed by a depletion of serotonin a few days later (and a resulting "down" feeling). It causes an increase in body temperature and this can result in death from dehydration or from drinking too much water to "compensate". Ecstasy comes as tablets that are swallowed. Police report that many tablets sold as ecstasy contain LSD, ketamine, caffeine and sometimes no ecstasy at all.

KETAMINE

Ketamine is an anaesthetic that makes the body numb. Users of ketamine report that it separates mind from body, removing the user from reality. Body parts may feel distorted to the user. Other effects include nausea, lack of co-ordination, hallucinations, tunnel vision and feelings of imminent death. Long-term use can cause memory loss and flashbacks.

CANNABIS ("HASH", "BLOW", "GRASS")

Cannabis causes feelings of relaxation, loss of inhibition and slower reflexes. Cannabis comes from the hemp plant and is available in resin or herbal forms. Cannabis resin is a brown block which is heated, crumbled and then smoked in a pipe or mixed with tobacco in a "joint" or "spliff". Herbal cannabis (marijuana, "grass", "weed", "pot") is the leaves and flowers from a mature female cannabis plant. "Skunk" is a much stronger form of marijuana. Cannabis can be eaten but is most commonly smoked.

PSILOCYBIN ("MAGIC MUSHROOMS")

Psilocybin is a psychedelic drug with similar effects to LSD at high doses and cannabis-type effects at low doses. It can also cause panic attacks, nausea and "bad trips". Psilocybin is contained in the liberty cap mushroom. It grows in the autumn in shady areas. The mushrooms can be eaten raw, made into tea, used in food, or dried. The size, age and freshness of the mushrooms determine their effects. A problem with magic mushrooms is collecting the wrong variety and accidentally consuming poisonous mushrooms.

od, eg, six months. Do this by letter after an initial verbal warning. Ensure you have your employer's backing and send a copy of the letter to the health board or health authority.

The next week Paul brings in a prescription for cimetidine. He says that he has never taken it before. Are you happy to supply it?

Cimetidine inhibits hepatic enzymes involved in methadone metabolism. This may lead to increased levels and effects of methadone. Discuss this with the prescriber. Ranitidine may be a preferred choice.

Paul says that ascorbic acid stops him getting the cold. He says he cannot swallow the tablets and asks you to order some ascorbic acid powder. Do you order it for him?

Before heroin can be injected, it must be mixed with an acid such as citric or ascorbic acid. Lemon juice is sometimes used by drug users but this can cause fungal infections at the injection site. There are legal and ethical issues here. It has been argued that the supply of ascorbic acid, citric acid, glucose (used to "cut" heroin), swabs, filters and water for injections to drug misusers could reduce harm. However, all of these products are covered by module 9A of the Misuse of Drug Act 1971 and they should not be supplied in the knowledge that they are going to be used for the use or preparation of CDs. However, some safe injecting guides suggest supply of citric acid or ascorbic acid could be used to reduce harm.

Paul misses his Thursday pick-up and arrives early on Friday morning. He knows that you are unable to give him Thursday's dose but he would like to collect the Friday, Saturday and Sunday doses. What do you do?

If a prescriber authorises supplies for Monday and Thursday and the patient fails to turn up on the Thursday, it would be unlawful for the pharmacist to make a supply on the Friday morning for the Friday, Saturday and Sunday doses. Again, the patient should be directed back to the doctor to obtain a prescription for Friday, Saturday and Sunday. You might wish to contact the doctor responsible in advance.

You remember that Paul was abusive and rude at times. Do you consider a patient contract? When would be the best time to discuss it with him?

You might wish to set down some ground rules with Paul verbally or using a patient contract. Agree the times that Paul is able to attend the pharmacy and explain that abusive behaviour or stealing will result in a ban from the premises and that his GP will be contacted. Agree that you will have his dose ready for collection as directed by his GP. Talk to Paul on a day the pharmacy is quiet and he is not misbehaving.

CASE 3: DEBBIE

Debbie collects her methadone on a daily basis. She has a two-year old son called Cal. She has an on/off relationship with Kevin who is also taking methadone although he does not bring his prescription to your pharmacy. Debbie's daily dose is 30mg of methadone.

Debbie often asks for a measure. Are you happy to give her one?

Methadone is a long-acting drug and is usually taken once daily. It is absorbed after 30 minutes with a peak effect at four hours. Some patients do "split" their methadone throughout the day as they feel it "lasts longer". There is no need to give a measure with daily pick-up of methadone, particularly if the weekend doses are supplied in two bottles — one for Saturday and one for Sunday.

There is some concern that issuing a measure will encourage the selling on of methadone. However, if the patient requires a measure and you are unable to supply, then the patient might be forced to use a far-from-ideal measure, eg, a baby's bottle. Extra caution should be exercised when requests for measures are made by patients who are unknown to the pharmacy.

Debbie says that sometimes she will not be able to come in for her prescription and she asks you to give it to Kevin. Are you happy with this arrangement?

It is the pharmacist's responsibility to ensure that the patient receives the correct drug. Some pharmacies only supply methadone to the patient or insist that they see the patient on a regular basis, eg, once a week. The Misuse of Drugs Regulations 1985 permit the possession of a CD by a person who is conveying it to someone else authorised to possess it (ie, the patient). The pharmacist must ensure the letter of authority is genuine and a separate letter should be obtained on each occasion a supply is made to an agent. A sample signature of the patient should be taken.

The next day Kevin comes in with a note from Debbie. You look at the signature and it does not match Debbie's signature on the prescription. Do you give Debbie's methadone to Kevin?

No.

The note you get the following day is from Debbie. The note says: "Please give Kevin my prescription each day for the next two weeks." Are you happy to do this?

No. A separate letter must be obtained each time a supply is made. There have been occasions when the patient is in prison or abroad and the methadone has been supplied daily to his or her partner for a number of days. This is clearly unacceptable.

Debbie has been no bother for a number of weeks. One of your customers tells you that she has frequently seen Debbie shoplifting. What are your options?

If you have not witnessed the theft then your only option is to be vigilant. Inform all members of staff. If a patient is caught shoplifting, you might want to consider banning the patient from the premises and informing the prescriber and the health board or health authority.

Debbie arrives very early one Thursday morning. She looks unwell, pale and agitated. She did not collect Wednesday's supply. She asks you to give her two days' supply. When you refuse, she tells you she had to use Kevin's methadone on Wednesday. She says she needs Wednesday's dose to repay Kevin and claims Kevin will "beat her up" if you do not help her. What do you do?

Debbie has missed the Wednesday's dose and, therefore, must forfeit it. Sympathetically let her know that you are unable to give the previous day's supply. In the days following, it might be useful to outline what is involved in the provision of daily methadone either verbally or by written contract. An example of a patient contract is outlined in the SCPPE distance learning package "Pharmaceutical aspects of methadone prescribing". This contract is not bound by copyright and may be reproduced.

Debbie misses a day's dose now and again. Would you consider contacting the doctor to let him know?

Discretion should be exercised in reporting occasional missed doses to the prescriber and must not compromise the patient/pharmacist relationship. However, report instances of missed doses to the prescriber if there is good cause for concern.

You suspect that Debbie is giving or selling her methadone to Kevin. You are not sure, but you have had reports of dealing outside your shop. What do you do?

If you suspect that Debbie is not taking the full dose, then your first option is to talk to her. You could open up the conversation by asking her how she is coping with her methadone or by letting her know that you are not just there to supply her with methadone but also for support and advice. If you are very concerned, it might be worth contacting the doctor to discuss the patient. If you witness any dealing in or around the pharmacy, call the police.

You know Debbie's doctor well. You receive a call from someone who claims to be a locum, filling in for Debbie's regular doctor. He asks you details of Debbie's prescription and dose. Are you happy to tell him?

If you do not recognise the doctor, say you will need to check the details and telephone back. This will allow you time to confirm the doctor's identity.

Debbie asks for advice on treating period pains. Which OTC preparation can you recommend?

Simple analgesics, such as paracetamol, ibuprofen or aspirin, can be recommended. Avoid using analgesics with codeine or dihydrocodeine.

Case 4: John

John is on supervised consumption of methadone. You do not know him well as he is quiet and has only had a prescription at your pharmacy for three weeks. His daily dose is 140mg.

It is Tuesday morning. John arrives and you take him to the private area at the back of your pharmacy to give him his methadone. You notice a can of cola in his hand. Are you happy that he takes a drink from the can after he has taken his methadone?

The pharmacist must be satisfied that the dose of methadone has been swallowed. This can be achieved by talking to the patient and giving him a glass of water to drink after he has taken the dose. There have been reports of patients spitting their methadone into a drink can, presumably to be sold on.

John tells you that he is going away for a long weekend. He says that he is thinking about asking his doctor for methadone tablets to take on his holiday. What do you tell him?

The "Drug Misuse and Dependence — Guidelines on Clinical Management 1999" advise that tablets are likely to be crushed and injected so should not be prescribed. Explain to John that, unfortunately, some people have abused methadone tablets in the past and that they are not routinely prescribed. Advise him to see his doctor, who will possibly give him a prescription to take on holiday for daily pick-up.

He asks you if the doctor would give him 14ml of methadone concentrate (10mg/ml) for a holiday. What is your reply?

The British National Formulary (March 2001) recommends that Methadose oral concentrate (10 and 20mg/ml) should only be dispensed after dilution with Methadose diluent. Care is required in prescribing and dispensing the correct strength since any confusion could lead to an overdose. The final strength of the methadone mixture to be dispensed to the patient must be specified on the prescription, eg, 18ml Methadose 10mg/ml cannot be dispensed against a prescription that states "methadone mixture 1mg/ml, 180mg daily". Explain to the patient that it is not normally dispensed in its concentrated form because it is so concentrated that one teaspoon of Methadose could kill someone with no tolerance. There have been reports of people injecting concentrated Methadose because it does not contain chloroform or syrup.

John moans that he does not like the methadone you supply and wants the clear methadone because it is tartrazine-free. What do you tell him?

The pharmacist must supply green methadone rather than clear unless specified on the prescription. The green is more readily identifiable as methadone if found in unlabelled bottles. Ensure that you order a methadone mixture which is tartrazine-free for John and explain to him that the new methadone is also green but is free of tartrazine. Of the green methadones, tartrazine (or E102) is only present in a few preparations.

The following Monday, John comes to consume his methadone. He looks unsteady on his feet and you can smell alcohol on his breath. Are you happy to give him his dose?

Alcohol and methadone can be a fatal combination. If the smell of alcohol is fresh, ask John if he has been drinking. Explain that drinking alcohol on top of methadone is very dangerous and advise him to come back for his methadone later in the day. Tell him you are not trying to be awkward but that you are unhappy about giving him methadone when he has consumed alcohol. Contact the prescriber who may ask you to send the patient to the surgery so an alcohol reading can be performed. If you suspect the patient is under the influence of alcohol, withhold the methadone and contact the prescriber.

If you smell stale alcohol from John but he is obviously not under the influence, take the time to explain the dangers of alcohol and methadone in combination.

You do not see John for three days and then he comes in on Friday for his methadone. Are you happy to give it to him?

An individual's tolerance can drop rapidly, even in just three days. Withhold the dose and contact the prescriber. Talk to John and find out the reason for his absence. Ask him if he has taken any drugs during this time. Explain to him that his tolerance could have dropped and his previous dose might now be a lethal one. You might have to be firm with the prescriber as some GPs do not realise the significance of loss of tolerance. If the patient has missed one or more days of supervised methadone, withhold the dose and contact the prescriber.

One Wednesday, John comes in much later than normal. You notice his pupils are smaller than normal and his eyes are glassy. Do you supply his methadone?

If you suspect that the patient is under the influence of other drugs, generally looks unwell or "not his usual self" consider two things — the patient and yourself. First, talk to John in private. Explain to him that you are not trying to be awkward or deprive him of his dose, but you are worried about him. Explain that taking other drugs on top of the prescribed methadone can lead to overdose and may kill him. Ask him if something has happened. Explain that, in the interests of safety, you need to know if he has taken any other drugs on top of his methadone.

The pharmacist must consider the consequences of administering a dose of methadone when he suspects that the patient is using other drugs or alcohol. The pharmacist has a duty of care to the patient. If the patient was to suffer an overdose, it is arguable that the pharmacist could be accused of negligence. Always err on the side of caution. Doses should be withheld if the patient appears intoxicated, and the prescriber should be contacted.

John is only sipping his methadone and seems reluctant to finish his dose. Do you force him to drink the full amount?

Do not force John to drink the whole dose. Talk to John and ask him why he is unhappy about finishing the dose. It might be that he has been taking other drugs on the side (see previous answer). It is worth noting that if the doctor writes "please supervise consumption" it is not legally binding. You must not force the patient to consume the dose. Remember: it is supervision of self-administration of methadone. If the patient is avoiding supervised consumption or does not finish the full dose, contact the prescriber.

John turns away and is immediately sick. What do you do?

You are unable to replace the dose. Inform the prescriber what has happened. If the patient has made himself sick intentionally, then the pharmacist must talk to the patient to find out why he has done so. The patient may have genuinely vomited.

There have been reports of people selling vomited methadone which is known as "sickmeth".

You are going to be off for a week's holiday the following month. The locum who is covering your holiday has never worked in a pharmacy that is part of the supervised administration of methadone scheme. What training do you recommend they complete?

Recommend the SCPPE packages "Pharmaceutical care of the drug misuser" and "Pharmaceutical aspects of methadone prescribing".

In addition, the Centre for Postgraduate Education (CPPE) produces a package "Drug use and misuse".