GUIDELINES FOR LOCUM STAFF WORKING AT THE PRIMARY CARE CENTRE FOR HOMELESS PEOPLE

1 Previously one of the problem areas at the Centre was the volume of demand from heroin addicts for Methadone maintenance treatment. Currently we have between thirty and forty addicts registered, the vast majority of these are stabilized on Methadone *and,* therefore, requests (demands!) to have their dose of Methadone increased should be resisted.

2 Occasionally a new patient presents at the *Centre* each week requesting to start a Methadone programme. **Under no circumstances** should these patients be started on a programme. If they are registered in a homeless hostel then the patient should be referred to Luke Turnbull who is the Addiction Therapist working at the Leeds Addiction Unit. He does sessions twice a week at our practice and does all *first assessments on opiate* dependent patients prior to them being started on any medication.

For patients who are just giving a vague history of nfa (no fixed abode), they should be reminded that we are only taking on. patients who are resident in homeless hostels and and they should be directed to the Leeds Addiction Unit. Occasionally I agree to provide symptomatic relief medication for, patients who are undergoing, opiate withdrawal prior to their assessment by the drugs worker. This takes the form of up to a maximum thioridazine 50mg tds and 2 node, and buscopan 10mg tablets 2 tds. Obviously all of this medication is non-addictive

3 Patients on a blue script often *request* Methadone on a white script with reasons that they are going away or working away. Because this can so easily *lead* to *abuse* of Methadone, I tend not to agree to provide Methadone for more than five days on a *white* script. Remember to cancel the blue script outstanding by telephoning the relevant *pharmacist.* Check with the pharmacist to see *if* ***the*** patient has had a dose that *day and, if so,* make sure that you *don't* double the dose by prescribing on the white script for that day.

4 For patients who present with a history of Benzodiazepine and/or Amphetamine addiction, emphasize that a urine sample, passed on the premises, must be obtained prior to providing prescription. Also, before being given a prescription, they must provide the phone number of the last doctor who prescribed medication in order that medication, dosage etc can be checked prior to issue of prescription.

5 For stories about lost/stolen- scripts etc, it should **be** explained to the patient that the practice now operates a policy of not replacing scripts and that they will have to wait until their next prescription is due. In reality, *the patients know* that they will be able to buy opiates and benzodiazepines on the black market.

5 For patients who. attend the clinic to restart an opiate programme, if there has been a gap in the prescribing ten resist restarting *the* prescription, It could be that they have previously been removed from the *bat* or been in prison, therefore, they will require a *full* assessment by myself prior to restarting treatment.