

PHARMACY

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WORD ON THE STREET: HOMELESSNESS AND PHARMACISTS



Imagine a world where you have nowhere to rest, wash, or eat. Where you have lost touch with the people you love, and have no idea where you'll sleep that night. It's a frightening, lonely, unhealthy existence – but for many people, it's a reality. An increasing number of people are becoming homeless because of rising rents, redundancies, or benefit changes.

Government statistics show that last year:

- 59,250 people or households were accepted as homeless in England
- 18,628 people presented themselves as homeless in Northern Ireland
- 34,662 people made homelessness applications in Scotland
- 7,128 households were assessed as 'threatened with homelessness' in Wales

Some will be sleeping on the streets, and many more will be 'hidden homeless': sleeping on a friend's sofa, on buses, moving between night shelters, or exchanging sex for somewhere to sleep.

Most have physical or mental health problems or a dependency on drugs or alcohol, often those who do not will develop problems when faced with life on the streets.

Our home is important to our sense of safety. People without a home are nine times more likely to take their own life, and have high rates of depression and anxiety. Homelessness is also bad for physical health, and homeless

people are more likely to have asthma, heart disease, hepatitis C, or tuberculosis.

PRESCRIBING HELP

Healthcare and prescribing may seem a world away from the person sleeping under a blanket in the doorway, or a family crammed into a bed and breakfast room; but you can play a key role in helping homeless people recover.

In England, patients (including some on benefits) are charged for medication. A three-month prescription may reduce costs, but patients may struggle to store medication or keep it dry. Some hostels restrict medications for legal reasons or because they fear it may be stolen to sell (and this is not always the most obvious drugs).

Free prescriptions in Scotland, Northern Ireland and Wales have radically changed the prescribing landscape.

Dr Richard Lowrie, Pharmacist at the homeless health service in Glasgow, explained, 'Depending on the medicine, I write a month-long prescription to be dispensed weekly. It reduces the amount that is lost or wasted, and it means that I can monitor patients as they adapt to new medicines. It helps the patient to build trust through regular engagement with the community pharmacist.'

'Conversely, some patients engage better if given the whole month supply – it shows that we trust them to manage.'

TAKE TIME TO EXPLAIN

A St Mungo's report found that over 50 per cent of homeless people have literacy problems, so it's vital that verbal information is given as well as leaflets.

Take time to explain things and work with the patient. Not everyone can predict when they will have access to food, so 'take it before breakfast' might not be helpful. Ask what is routine for that person – would arriving at a day centre be a better reminder?

Kate Robinson, a Drug and Alcohol Nurse at a central London teaching hospital, believes that educating patients improves concordance, saying, 'Patients who are withdrawing from heroin often don't understand the reasons for Methadone dose titration. I explain the long half-life of Methadone, and that an effective dose will be achieved over time.'

'Unless the patient knows that they are being heard, there is a risk that they'll self-discharge to seek heroin, abandoning vital medical treatment. It's much harder for us to get back in touch with a homeless patient.'

A few words of explanation from a pharmacist could literally be the difference between life and death.

THINK METHOD

The method of medication delivery is also important.

Specialist Nurse, Sam Dorney-Smith, describes great results through breath-activated inhalers for those with co-ordination

problems and advises checking whether patients can open bottles, or dispense from blister packs.

Dosetting is seen as an expensive last resort, but it can increase concordance in patients who are struggling, potentially avoiding a costly inpatient stay. Alternatively, slow release, once-a-day versions of medications may help.

Sam also talks passionately about the need for patients being prescribed injectables to be assessed, urging professionals not to assume that patients who have injected street drugs, can safely inject insulin or Clexane for example. Pharmacies offering on-site dispensing may wish to consider linking with needle exchange services.

Even 'safe' methods of delivery might not be so safe. One hospital pharmacy was asked not to dispense certain brands of a painkilling patch after finding out the active ingredient could be removed and injected. Drug dealers were targeting patients, leaving them without medication.

Local knowledge is invaluable, so talk to patients and local teams.

BUILD RELATIONSHIPS

Homeless people on the street are often ignored. One man described feeling 'invisible, less than human'. Then, suddenly, patients beginning to engage with services are bombarded with an overwhelming number of staff as they move between night shelters, hostels, temporary accommodation, and flats.

Last year 7,128 households were assessed as 'threatened with homelessness' in Wales. But with the role of the pharmacist extending to much more than just raising awareness about this segment of the population, they can help reset the reality of sufferers – through methods such as regular engagement, medication delivery, and more. Cat Whitehouse, of the leading homeless healthcare charity, Pathway, sheds light.

A constant relationship with a healthcare worker, within professional boundaries, can help to counter those changes, take time to chat if you can.

Your work will be most successful if you ask your patient's permission to work with everyone involved in their care. That might mean letting support workers know about potential side-effects or notifying prescribers if a person stops collecting medication (especially if this is a warning sign that a mental health problem or substance misuse issue may have recurred). Support workers can also work alongside pharmacists to help patients move from dosetting to self-administration.

THE WIDER HOMELESS COMMUNITY

Medication storage and management is a huge problem for many homeless hostels, and many patients haven't had medication reviews. Getting to know local hostel workers can reap considerable rewards.

Pharmacies can help by carrying leaflets for local housing support services to help patients. These also signal that you will not act pejoratively towards homeless patients.

WHAT YOU CAN DO AS A...

COMMUNITY PHARMACIST

Community pharmacists dispensing medicines to aid in the treatment of opiate addiction have a unique opportunity to have daily contact with these

patients, and an opportunity to build a relationship. This provides a chance for ongoing monitoring of mood and health conditions, and a potential avenue into health screenings.

Successful trials of pharmacy-based hepatitis / HIV screening have identified that many 'at-risk' patients prefer walk-in services and feel more comfortable being screened and receiving anti-retrovirals at a pharmacy.

Specialist Homelessness Nurse, Sam Dorney-Smith, says that pharmacists can really help with smoking cessation, commenting, 'This aspect of care is often wrongly ignored for homeless patients, but with incredibly high levels of COPD among the target population, it's vital that support is offered.'

HOSPITAL PHARMACIST

Timely TTAs can make the difference between a person getting housing, or sleeping on the street after leaving hospital. How?

Approaching a local council for housing often means queuing early in the morning, as many use a 'first come, first served' system.

Having TTAs ready first thing in the morning helps workers ensure a patient will be seen. Most homeless patients don't have the money to come back to hospital later, so it's vital that they're ready.

If patients with opiate dependency are being released on a Friday consider whether you can offer a weekend methadone prescription. Your short-term support could be the difference between a person engaging with support services or reverting to

using street drugs because they cannot cope with the impact of hospital release, opiate withdrawal and housing relocation all in one day.

OUT THERE AND DOING IT

Alison Hair and Richard Lowrie began working in homelessness after realising there were gaps in mainstream NHS pharmaceutical services. Today, they are based at Hunter Street Homeless Service, Parkhead Health Centre and hostels across Glasgow, providing weekly sessions in a multidisciplinary team. Half-day clinics usually involve five or six patients, focussing on the management of chronic diseases.

Independent prescribing has improved the efficiency of the clinics, and the pharmacists work closely with other specialists in the team.

Kate Robinson is a Drug and Alcohol Nurse at a central London teaching hospital. She provides assessment and treatment planning for patients with drug and alcohol issues, patient advocacy, liaison with existing treatment providers, and referral to follow-up care.

Many of her patients are homeless, or at risk of losing their homes. In addition to her patient work she gives guidance to clinicians on prescribing and management for patients using drugs or alcohol, through formal training and point-of-care advice.

Samantha Dorney-Smith is a Pathway Nursing Fellow. She is a Nurse Prescriber and previously

managed a specialist community nursing team, providing outreach to homeless hostels and day centres in London. She is the founder of the UK's largest and busiest homeless health team, Pathway King's Health Partners, and a member of the Faculty of Homeless and Inclusion Health working group, examining safe medication dispensing in homeless hostels.

ABOUT PATHWAY

Pathway is a charity dedicated to homelessness and health. It works in the NHS to create teams of doctors, nurses and housing specialists in hospitals to help patients access accommodation and support.

The charity is home to the Faculty of Homeless and Inclusion Health – a free network of 900 professionals working with patients facing barriers to healthcare, such as:

- Homeless people
- Vulnerable migrants
- People from gypsy and traveller communities
- People involved in the sex industry

The network brings together researchers, commissioners, consultants, doctors, nurses, housing workers and pharmacists and others through regional and national updates and events. The Scottish Faculty is particularly active, often running training in the region.

For more information, visit www.pathway.org.uk.