



# **PRESCRIBING FOR ADDICTION TREATMENT AT THE HOMELESS HEALTH SERVICES**

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## Prescribing for addiction at HHS

As of 20th October 2025, addiction treatment at Homeless Health Services (HHS) will be relocated to Brunswick Square under the Horizons team, including patients currently seen at One25 for addictions.

HHS will continue to support all patients with addictions and provide ongoing medical and mental health care.

In exceptional circumstances, HHS may offer Diazepam prescriptions for patients presenting with Diazepam addiction, as outlined later in the document. Patients with alcohol dependence will be encouraged to use wet clinic services and the Horizons team, while still receiving support from HHS.

## Opiate Substitution Therapy

As of 20th October 2025, OST initiation and prescribing will no longer be carried out at HHS and will instead be managed by the Horizons team. HHS will continue to support patients who are struggling with addictions and who are already on OST prescriptions. With patient consent, high-risk cases will be discussed with Horizons to ensure safe and best-practice medical care.

## Blood Borne Viruses

Patients will continue to be offered blood tests, including screening for blood-borne viruses (BBVs). Those who test negative for Hepatitis A or B and have no history of immunisation should be booked with the nursing team for vaccination.

## Naloxone for overdose intervention

HHS will continue to stock and provide injectable and nasal Naloxone. Patients should be taught how to recognise an overdose and instructed on how to use the specific form of Naloxone supplied. A record of all Naloxone issued must be maintained, and patients should be encouraged to request a replacement if they have used the supply provided.

## ECG Monitoring

ECG monitoring for patients on an OST script will be carried out by Horizons. However, for patients on OST who are seen at HHS for other medical reasons and are prescribed medications that may prolong the QTc interval, an initial ECG should be performed, followed by six-monthly monitoring. Any concerns regarding patients prescribed OST by Horizons should be discussed directly with the Horizons team.

## Alcohol

Support will be offered for the safe reduction of alcohol as well as medications to manage systemic effects of alcohol use. Thiamine tablets will be prescribed for all patients who are alcohol dependent, and Omeprazole for those presenting with alcohol-induced gastrointestinal disturbances. Pabrinex should be offered opportunistically at any patient appointment, using the Pabrinex scoring system where appropriate. Patients will be encouraged to access wet clinic services and the Horizons team for alcohol dependence treatment (see separate Wet Clinic SOP). Horizons will coordinate alcohol detoxes, with Acamprosate generally prescribed following successful detoxification. Naltrexone may also be used to aid relapse prevention after detox, but cannot be prescribed if a patient is on any opiate medication. Some patients may choose Disulfiram as a deterrent to future alcohol misuse.

## Prescribing for Diazepam addiction at HHS

The majority of patients presenting at HHS for benzodiazepine addiction are often poly-drug users, including substances such as heroin, crack, alcohol, spice, or other prescription medications. This increases overall risk, making Diazepam prescribing a high-risk intervention. Diazepam will only be initiated following a team discussion and only for patients who are already being prescribed it by another GP practice, not for those obtaining benzodiazepines illicitly. A urine drug screen must be performed to confirm evidence of benzodiazepine use. Patients may need to be discussed with Horizons if they are concurrently receiving OST. If prescribing is agreed, it should be time-limited, with a clearly defined starting dose, strict tapering schedule, and expected treatment exit, documented in a written agreement signed before any prescription is issued. Prescribing should be discontinued if there is evidence of diversion, ongoing illicit benzodiazepine use, or lack of engagement with treatment.

## Prescribing of Pregabalin and Gabapentinoids

HHS will not initiate prescribing of pregabalin or gabapentin. Patients who present already on these medications will be reviewed on a case-by-case basis to decide whether to continue prescribing. If prescribing is continued, a strict reduction plan must be in place. However, if there is clear evidence of polydrug use involving street drugs, HHS will not continue prescribing gabapentinoids, even if the patient was previously prescribed them by another practice, due to the increased risk of death.

## Collaborative working with other services

HHS works collaboratively with other sectors and organisations to support patient care. Patients must provide consent for their information to be shared and inform staff of any aspects of their addiction treatment that they do not wish to be shared (see Registration SOP).

## Version Control

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