A survey of community pharmacists’ training needs in the management of opioid dependent clients in Grampian, Scotland

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Abstract

Aims
To explore community pharmacists’ training needs for the provision of services to drug misusers.

Design
Cross-sectional survey.

Subjects and setting
Pharmacy managers of all registered community pharmacies in NHS Grampian, Scotland (n = 120).

Method
Administration of a self-completed postal questionnaire based on a previously validated measure. Two reminders were sent out. Questions included previous training in drug misuse, attitudes to developing motivational interviewing skills and perceived training needs.

Results
99 pharmacists (82.5%) completed the questionnaire. 79 (80.6%) had experience of dispensing methadone. Interest in learning motivational interviewing skills was indicated by 67 pharmacists (67.7%). 53 pharmacists (53.5%) had received previous professional training on the management of drug misuse; 70 (73.7%) wanted further professional training on drug misuse.

Conclusions
Pharmacists’ interest in learning motivational interviewing techniques indicated that the feasibility of such training should be explored. Despite a high proportion of respondents dispensing methadone, almost half had not received professional training on the management of drug misuse. Community pharmacists are interested in receiving more training on this topic and local provision of specialist training should be considered.

In the past decade, the role of community pharmacists in the treatment of drug misusers in the UK has developed rapidly. Many pharmacists now have considerable experience of service delivery and working with this client group.1,2 Currently, there are 1,162 community pharmacies in Scotland of which 71 per cent dispense drugs for drug misusers; specifically 69 per cent dispense methadone for over 9,000 patients. Sixty-five per cent of these patients consume their methadone under pharmacist supervision in the pharmacy.1

Drug misusers receiving methadone under supervised self-administration visit the pharmacy daily for their methadone dose. In a study of drug misusers’ views of pharmacy services it was clear that a good relationship, built on friendly exchanges with the pharmacist and other staff, was extremely important in how drug misusers feel about themselves and behave in the pharmacy.2,3 It is recognised in the literature that pharmacists see methadone patients more often than any other health or social professional.2 It has also been suggested at a strategic level that pharmacists could have a wider role in the management of drug misusers.1

In conducting previous research in this field, pharmacists have commented that they could “do something” constructive while a drug misuser takes his or her supervised methadone.4 For example, they could provide counselling specifically related to opiate dependence.

Before developing this concept further, we undertook a training needs assessment of community pharmacists based in the NHS Grampian area of Scotland, for developing specific counselling skills geared to drug misusers. Previous research indicates that 66.5 per cent of community pharmacists in Scotland have received training in drug misuse.5 In Grampian specifically, the proportion was 71.4 per cent. Enhancement of community pharmacists’ skills in the management of drug misusers is particularly relevant at this time.

A new community pharmacy contract is currently being developed in Scotland6 and services for the management of drug misusers are likely to be delivered under locally negotiated contracts. Service specifications for those are likely to be developed nationally, and training and demonstration of new competences such as motivational interviewing might be relevant to include. In England and Wales, the new contract is already in operation with drug misuse services classified as an advanced service. A national survey of pharmacies in England and Wales is ongoing (personal communication, Victoria Manning, King’s College London).

Methods
All 123 community pharmacies currently operating in NHS Grampian in December 2004 were identified from the NHS Grampian General Pharmaceutical Services list.

A brief questionnaire was developed based on a validated questionnaire used previously.7 Topics covered included demographics, services to drug misusers and training in drug misuse with additional new sections on training in health behavioural change techniques. This paper presents the data in training on drug misuse and health behavioural change.

The questionnaire and a reply-paid envelope were posted to the responsible community pharmacist in each pharmacy at the beginning of December 2004 (120 in total, since three pharmacists each had responsibility for two part-time pharmacies). Where necessary, up to two reminders were sent during January 2005. Data were entered into an ACCESS database and exported into SPSS for analyses. Descriptive statistics were produced.

The manager and scientific adviser of Grampian Research Ethics Committee advised that this project did not require ethical review under the terms of the governance arrangements for research ethics committees in the UK.

Results
Response rate and demography
Ninety-nine pharmacists (82.5 per cent) completed and returned the questionnaire. Table 1 shows sample characteristics of participants. Seventy-nine participants (80.6 per cent) had experience of dispensing methadone to persons being prescribed it for drug misuse. The median number of current methadone clients was 8 (interquartile range 3, 20). Of those dispensing methadone, 75 (94.9 per cent) supervised consumption in the pharmacy with the median number of clients supervised being 6 (interquartile range 2, 14). Participants were asked if they offered...
clients face-to-face advice on the management of drug misuse. Seventeen (17.5 per cent) indicated they always did, 63 (65 per cent) indicated they sometimes did and 17 (17.5 per cent) indicated they never did.

Training on drug misuse Just over half of participants indicated they had received professional training on the management of drug misuse (Table 2). Most commonly this was through locally held events organised either by the Scottish Centre for Post-Qualification Pharmaceutical Education (SCPPE) — now NHS Education Scotland (NES) Pharmacy — N HS Grampian or by a local voluntary agency, or through distance learning coordinated by the SCCPPE. Almost three-quarters of participants (73.7 per cent) indicated they would like to receive further professional training on drug misuse.

Training on health behavioural change methods Two-thirds of participants (67.3 per cent) had received training in health behavioural change counselling methods (Table 2). With the exception of one respondent, the training attended had been related to smoking cessation, mostly provided contact details for the purpose of participation in research on the value of training in specific counselling skills for use in managing opioid dependent clients.

Perceived training needs In response to an open question 35 pharmacists (35.4 per cent) identified areas where they wanted further training in managing drug misuse. These are categorised in Table 3. Most motivational and counselling skills were specified most frequently, followed by management of drug misuse generally and management of withdrawal specifically.

Table 2: Training on drug misuse already undertaken

- **Training** | **Number** | **%**
- Received professional training on the management of drug misuse (n=99) | 53 | 53.5
- Undergraduate course | 15 | 15.2
- SCPPE (NES)* local seminar | 25 | 25.3
- Other local seminar (eg NHS Board, voluntary agency) | 22 | 22.2
- SCPPE (NES) national training day | 4 | 4.0
- SCPPE (NES) distance learning | 18 | 18.2
- Pharmaceutical care for the drug misuser | 20 | 20.2
- Pharmaceutical aspects of methadone prescribing | 20 | 20.2
- Would like to receive further professional training on drug misuse (n=95) | 70 | 73.7
- Received professional training in health behavioural change counselling methods, eg, for smoking cessation (n=98) | 66 | 67.3
- Grampian Accredited Smoking Advice Service course | 58 | 58.6
- SCPPE (NES) pack | 15 | 15.2
- Any other smoking cessation training† | 8 | 8.1
- Any other behavioural change counselling training† | 1 | 1.0

Table 1 Sample characteristics (n=99)

- **Age (years)** | 35 (IQR* 28, 44)
- **Female** | 56 (57.1%)
- **Years registered** | 11 (IQR 5, 21)
- **Type of business**
  - Single outlet | 27 (27.6%)
  - Small multiple (2–9 branches) | 37 (37.9%)
  - Large multiple (> 9 branches) | 33 (33.7%)
  - Health centre | 1 (1%)

Table 3: Pharmacists’ self identified training needs relating to drug misuse (n=35)

- **Training need** | **Number**
- Motivational/counselling skills | 11
- Management of drug misuse generally | 7
- Aspects relating to the management of withdrawal | 7
- Knowledge of drug misuse patterns and behaviour | 5
- Aspects relating to dose | 4
- Dealing with health and social complications related to drug misuse | 4
- Harm reduction | 2
- Dealing with difficult/aggressive clients | 2
- Better understanding of partnership services’ roles | 2
- Managing intoxication | 2

Some pharmacists identified more than one training need.

A greater proportion of community pharmacists had taken part in training related to health behavioural change methods with a specific emphasis on smoking cessation. Given the established evidence base that counselling provided by community pharmacists can improve smokers’ quitting rates, it is encouraging that two-thirds of participants who do not dispense methadone were represented to a greater extent among the non-responders.
and we are in the process of developing and evaluating a novel training package of motivational interviewing skills for community pharmacists for use in the management of drug misuse.

The future Since conducting this survey, we have secured funding from the Chief Scientist’s Office of the Scottish Executive and the European Commission for further research into the experiences of community pharmacists in dealing with drug misusers.

References

Final Report, Chief Scientist Office, Scottish Executive, 2004 (Ref CZG/4/2/7).

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial, regulatory and technical pharmacists, for hospital pharmacists and for pharmacy academic staff. The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society’s Council on specialist matters. Details of the groups can be obtained from the Society. Contact details are given below.

Community Pharmacists Group The Community Pharmacists Group, formed at the beginning of 1994, is open to all pharmacists engaged in the practice of community pharmacy. The group committee has the discretion to grant membership to pharmacists who are not engaged in community pharmacy practice but who have a direct involvement or demonstrable interest in that aspect of pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Veterinary Pharmacists Group The Veterinary Pharmacists Group is open to all pharmacists who are engaged in, or actively considering engaging in, the preparation or supply of agricultural chemicals, veterinary medicines and allied products. Other pharmacists may be granted membership at the discretion of the group committee. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Industrial Pharmacists Group The Industrial Pharmacists Group is for pharmacists who are engaged in industrial practice, those who act as consultants to industry, those whose work is concerned substantially with questions of industrial pharmaceutical practice and those whose work concerns, or who have an interest in, industrial, regulatory or technical matters affecting pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Hospital Pharmacists Group The Hospital Pharmacists Group is for pharmacists who work in NHS, private or armed forces hospitals and those employed by, or acting as consultants to, NHS health authorities, health boards and trusts. Also eligible are pharmacists working in the prison service, community pharmacists seconded to provide a service within a private hospital and other pharmacists whose work is significantly concerned with matters relating to the practice of hospital pharmacy. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Academic Pharmacy Group The Academic Pharmacy Group is open to pharmacists and other academic staff who make a significant contribution to pharmacy teaching and research in a UK school of pharmacy or a recognised pharmacy academic practice unit. Contact: Damian Day, education and registration directorate (tel 020 7572 2215; e-mail damian.day@rpsgb.org).