

The Experience of Methadone Users in Community Pharmacy

A qualitative study to define the important attributes when designing a Hepatitis C Virus Testing and Treatment Pathway

Introduction

Opioid replacement therapy (ORT) through community pharmacies is a public health service delivering important and beneficial health outcomes. These patients have the highest rates of hepatitis C infection (HCV), contribute to the spread of HCV and are the easiest to reach (i.e. they fetch their methadone every day from the pharmacy). However, these patients also seem to have the least interest in testing for HCV. Hence, a program that substantially improves timely testing and uptake of treatment is likely to have a major impact on patient health and well-being, substantially reduce the spread of HCV, and be highly cost-effective at a societal level.

Service user perspectives are an important factor in enhancing value and utilisation. This study sought to explore the experiences and perceptions of service users of community pharmacies, with regard to the provision of supervised self-administration of ORT and also about their understanding of how they would obtain testing and treatment for hepatitis C.

Methods

A focus group methodology was chosen as an open, exploratory approach to identify the range of experiences and perceptions of service users. A topic guide was developed from evidence syntheses and refined as the study progressed. Individuals were eligible for inclusion if they were in receipt of ORT from a community pharmacy or were the carer of someone who was prescribed ORT. The study used a purposive sampling strategy in order to ensure that a diversity of likely views were identified. Recruitment therefore focussed on addressing a series of variables:

- Place of Residence large urban / other urban / accessible small town
- Service Users Subject to Detention by the Criminal Justice System
- Perspectives of female service users

All focus groups were digitally recorded and anonymised at transcription. Analysis drew on the constant comparison method within a general thematic approach. AR and KM developed a coding framework on the basis of the topic guide and initial analysis of transcripts. Following this, a summative analysis was undertaken and key findings identified and communicated.

Results

A pilot focus group and further 6 focus groups were undertaken, with a total of 41 participants drawing from the perspectives of different groups of service users, with input from a small number of carers.

Recurrent themes were identified of the experiences of service users: Issue of long waiting times; experiences of stigma; experiences of discrimination; issue of compromised confidentiality; experiences of good quality care provision; service users' explanations for their experiences.

Service Users' understanding of HCV infection was based around: Perception of the disease; perception of the burden of treatment; preferences for obtaining treatment.

The Organisation of Pharmacy Methadone Services



Experience of Stigma

And I was on the bus the other day and it was an old couple were like "yeah all they junkies hanging about the chemist and it's the ones who've got kids going in to that bit that I feel sorry for" now they obviously didn't know that they were talking to like a methadone user. I felt like shit to be honest with you. (Participant 18, 20 April)
What's the difference between an addict and somebody that's say self inflicted a lot of heart disease is self inflicted, there's loads of things that are self inflicted so why dae they single out addicts or alcoholics. (Participant , 5 March)

The Issue of Discrimination

You are not allowed any more than two people in the pharmacy at the same time. It doesn't matter if its rain, sleet or snow, you stand outside. (Participant 8, 12 February)

what I mean because it is embarrassing ken you're standing there buzzing this buzzer and you've got to wait until they decide to pick up that phone and let you in so then there could be loads of people walking past you there ken they could clearly a' ken that you're going awa' in there for that. Know what I mean. (Participant 20, 20 April)

The Issue of Time

It's only half an 'oor, well the chemist I'm it you've got to go in after half 9 in the morning right, you can go in at any time during the day. But it's other chemists, you go in, you've got to be in the 2 'oors and if you're no there for 5 o'clock well in the efernane if you're no there til 5 past 4 and you're meant to be there by 4 you dinna get yir methadone. That's wrang. (Participant 40, 30 March)

and some days I'd wait, wait, waiting, wait some mare. I'd be waiting 15 minutes, 20 minutes, 25 minutes in some cases until one day I got pig sick fed up o it coz I would see folk walking in from the doctors surgery and walking out before them walking in after them. (Participant 23, 5 March)

The Issue of Confidentiality

I went in the chemist was busy and the lady came over and she was like "could I help you" and I said yeah has a prescription come up from the DPC and she was like "what, for methadone?" (Participant 18, 20 April)

Positive Experiences of care

I got bloods ta'en and they think I've got pregnancy diabetes so I went in and was telling the woman that just through conversation and she said maybe it was just something that I ate that day and I said nah a' I had was, I had my methadone then I went right to the doctors to get the blood ta'en and she went well that could be what it was 'cause methadone's got that much sugar. (Participant 20, 20 April)



Conclusion

The eradication of HCV infection with the new highly effective oral agents will require that substantially greater numbers of patients access testing and enter treatment. Community pharmacies offer the prospect of a hosting testing and treatment in a highly accessible and local facility. In designing such a pathway it will be important to address the patients' perceived obstacles to entering treatment