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# Exploring the opinions of community pharmacists on the implementation of satellite methadone clinics in Malta: a small island state.

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2020

# Exploring the opinions of community pharmacists on the implementation of satellite methadone clinics in Malta: A small island state

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## Background:

- ❖ Methadone maintenance treatment (MMT) was introduced in Malta in 1987 and is provided by the Substance Misuse Outpatient Unit (SMOPU)
- ❖ Malta's national drug policy encourages healthcare professionals and service providers to work synergistically at a centralised level which allows healthcare professionals to refer opioid dependent users to SMOPU and receive their prescribed methadone dose from this facility
- ❖ MMT is available free of charge solely from SMOPU and is currently not available from community pharmacies in Malta (1)

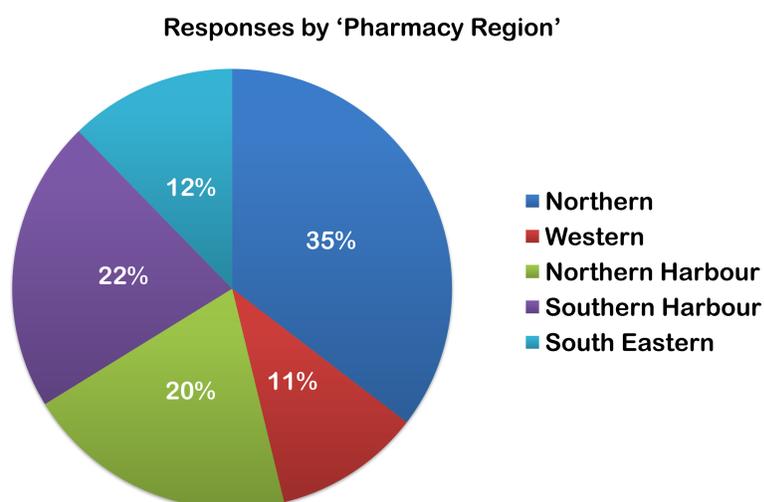
## Aim:

To assess the attitudes, perspectives and knowledge of community pharmacists in Malta on the implementation of methadone dispensing within the community setting

## Method:

- ❖ A cross-sectional survey using a questionnaire developed using various resources and piloted
- ❖ This comprised demographics; eagerness of community pharmacists to dispense methadone; knowledge and understanding of MMT; factors influencing methadone dispensing; the role of community pharmacists in in MMT programmes; cost-effectiveness of service provision
- ❖ Question types: mix of closed ended, open ended and 5-point Likert scales
- ❖ All responses were anonymous and returned electronically
- ❖ Relevant ethics approval was in place prior to data collection
- ❖ SPSS version 21 was used for data handling

## RESULTS



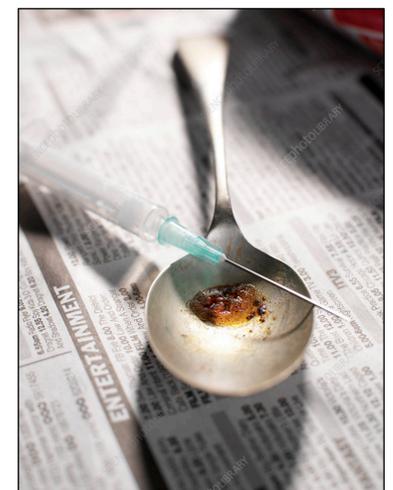
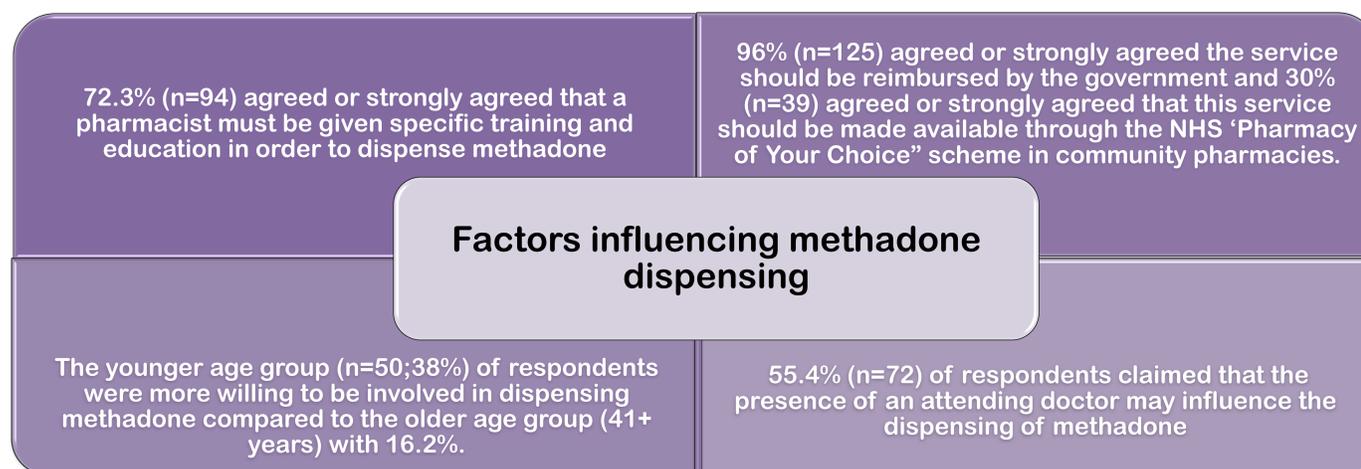
- 130 responses out of 215 questionnaires distributed



43% Males      67% Females

62.3% Age 25-40 years  
37.7% Age >41 years

- The majority of respondents were more willing to dispense buprenorphine (an alternative to MMT) rather than methadone with 48.5% (n=63) of pharmacists willing to dispense buprenorphine
- Pharmacists interested in dispensing methadone within the community setting was 33.1% (n=43)



## Conclusion

Community pharmacists in Malta appeared hesitant to supply MMT within the community setting as a result of lack of training and education. More commitment to harm reduction, proper education and training may result in an increase in professional confidence as well as an improved attitude and patient service. (2)

The study was performed within a limited time frame, limiting the amount of information that could be obtained from the data collection tool as compared to the studies carried out in other European countries. Possible follow up to the study include the assessment on the need and implementation of MMT in health centres and development of training courses on drug misuse management and harm-reduction.

## References:

1. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Country Drug Report 2018: Malta. Lisbon: EMCDDA; 2018. Available from: [http://www.emcdda.europa.eu/countries/drug-reports/2017/malta/treatment\\_en](http://www.emcdda.europa.eu/countries/drug-reports/2017/malta/treatment_en)
2. Sheridan J, Manning V, Ridge G, Mayet S and Strang J. Community pharmacies and the provision of opioid substitution services for drug misusers: Changes in activity and attitudes of community pharmacists across England 1995-2005. *Addiction Journal*. 2007;102:1824-1830.

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