RESULTS
● 109 community pharmacists answered the questionnaire
● 32% (n=35) of community pharmacists were willing to dispense methadone
● 41% (n=45) of community pharmacists were willing to dispense methadone if they were provided with appropriate education and support
● 29% (n=32) of community pharmacists were prepared to supervise the consumption of methadone
● 73% (n=80) of community pharmacists were willing to take part in a training programme on MMT
● A p-value of 0.024 was obtained for mean rating scores provided to the statements “Level of knowledge on the effectiveness of Methadone in treating drug misusers” and “Level of knowledge about the clinical application of methadone”, indicating that mean rating scores for these two statements vary significantly

INTRODUCTION
Methadone maintenance treatment (MMT) was introduced in Malta in 1987 and is provided by the Substance Misuse Outpatient Unit (SMOPU). The mode of administration is a centralised one, implying that opioid dependent patients visit the SMOPU where they take their prescribed methadone medication. In 2005, the Government announced the formation of a take-home methadone prescription programme. In 2013, 976 patients were receiving methadone.1

AIM
To determine whether pharmacists in Malta would be willing to dispense methadone

METHOD
A cross-sectional study was performed to quantitatively analyse whether community pharmacists in Malta would be willing to dispense methadone if a new methadone dispensing service was to be implemented within community pharmacies. A self-administered questionnaire was used to carry out this study.

The questionnaire consisted of 19 questions divided into 3 sections, with each section assessing a particular aspect of community pharmacists’ attitudes towards methadone dispensing. Each section of the questionnaire was adapted from a research paper that presented a similar investigation that was carried out in another country.2,3,4

An online format of the questionnaire was circulated to 311 community pharmacists, of which 59 responses were collected. Community pharmacies were chosen via a systematic sampling procedure to increase the response rate. A hard copy of the questionnaire, addressed to the managing pharmacist, along with a covering letter, instructions on how the questionnaire was to be returned, and a pre-paid self-addressed envelope was distributed via traditional post to 103 community pharmacies. Fifty questionnaires were returned. Hence, a total of 109 responses were collected.

Data obtained was analysed using SPSS® version 21.

CONCLUSION
Findings obtained from the questionnaire indicated that community pharmacists in Malta are open to participating in decentralising methadone dispensing to community pharmacies.

References