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Original Research

Contested space in the pharmacy: Public attitudes to pharmacy harm reduction services in the West of Scotland

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Abstract

Background: Internationally, community pharmacies have become increasingly involved in providing harm reduction services and health advice to people who use illicit drugs.

Objective: This paper considers public opinion of community pharmacy services. It discusses attitudes to harm reduction services in the context of stigmatization of addiction and people who use drugs.

Methods: This exploratory study involved twenty-six purposively sampled members of the public, from the West of Scotland, participating in one of 5 focus groups. The groups were composed to represent known groups of users and non-users of community pharmacy, none of whom were problem drug users.

Results: Three thematic categories were identified: methadone service users in community pharmacies; attitudes to harm reduction policies; contested space. Harm reduction service expansion has resulted in a high volume of drug users in and around some Scottish pharmacies. Even if harm reduction services are provided discretely users' behavior can differentiate them from other pharmacy users. Drug users' behavior in this setting is commonly perceived to be unacceptable and can deter other consumers from using pharmacy services. The results of this study infer that negative public opinion is highly suggestive of stereotyping and stigmatization of people who use drugs. Participants considered that (1) community pharmacies were unsuitable environments for harm reduction service provision, as they are used by older people and those with children; (2) current drug policy is perceived as ineffective, as abstinence is seldom achieved and methadone was reported to be re-sold; (3) people who use drugs were avoided where possible in community pharmacies.

Conclusions: Community pharmacy harm reduction services increasingly bring together the public and drug users. Study participants were reluctant to share pharmacy facilities with drug users. This paper concludes by suggesting mechanisms to minimize stigmatization.

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Keywords: Addiction; Community pharmacy; Substance abuse; Harm reduction; Stigma

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Introduction

Nearly all forms of drug use have the capacity to be damaging to individuals and society. Depending on the drug in question, and the way in which it is used, sold and acquired, illicit drug use in particular can be linked to elevated levels of disease, crime and disorder and other risky behaviors.¹ The majority of drug use-related morbidity and mortality is associated with heroin.² The prevalence of heroin use is difficult to assess. It is estimated that there are 15–39 million problem users of opioids worldwide.³ Injecting opioids, in particular, is one of the main determinants of serious health problems among problem drug users, including HIV/AIDS, hepatitis C and overdose.² When referring to problem drug users or people who use drugs (PUDs), this paper is referring to illicit opioid users, as this paper has a focus on community pharmacy harm reduction services for this group.

In the UK, as in other high-income countries, problem drug use has been recognized to have a significant impact on population health outcomes,^{3,4} and along with punitive measures to prevent and reduce drug use policies have been developed which aim to prevent or reduce harm associated with illicit drug use. International drug policies tackling problem drug use vary, but can be broadly divided into 5 categories; supply control, criminal sanctions, controls on prescription drugs, preventing addiction and health and social services for drug users.⁵ The evidence base supporting approaches other than health and social services interventions is limited, but what evidence exists suggests that treatment is more efficacious than punishment.¹ In this line of thought, the World Health Organization advocates a harm reduction approach as being beneficial for people who use drugs, their families and society.⁶ Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.⁷ There is a mounting evidence that harm reduction services, which typically include needle and syringe programs (NSP); opioid substitution therapy (OST) and psychosocial care are effective in reducing the morbidity and mortality associated with problem drug use.^{1,8–10} The method of delivery however is critical. If the method of delivery prevents access, or deters health seeking behavior, the benefits to individuals and society cannot be

realized.^{1,5} PUDs are more likely to use a service that meets their needs and is sensitive to their situation. Not surprisingly, engagement and retention rates tend to correlate strongly with user satisfaction with a specific harm reduction service.^{11,12}

PUDs can be a difficult group to reach with health interventions because illicit drug use can result in a secretive and chaotic life style, and these persons can be reluctant to use mainstream services that expose them to public scrutiny.^{13,14} Internationally the approach to harm reduction service delivery varies. Delivery mechanisms include specialist clinics, community pharmacy services, biometric methadone dispensing machines, syringe vending machines, safer injecting facilities and outreach services in mobile facilities.¹⁴ Few of these delivery methods have been rigorously evaluated, and data linking delivery mechanisms to outcomes are scarce. Internationally community pharmacies have become increasingly involved in providing OST, NSP and health advice to PUDs.^{15–19} Community pharmacies are, in theory, well suited for this purpose because they are widely distributed, open for long hours, and offer no appointment necessary services.

Scottish drug policy supports the expansion of accessible harm reduction services for PUDs.²⁰ Successive surveys demonstrate that community pharmacy involvement in harm reduction service provision has risen dramatically in Scotland since 1993 following initiatives and policies that promoted General Practice and community pharmacy as frontline harm reduction delivery sites.²¹ As a result of service expansion public exposure to harm reduction services and PUDs has increased in community pharmacies. In general the public can have mixed but often negative attitudes to harm reduction services and those who use them.^{13,22–24} Relatively few studies have specifically considered public attitudes to harm reduction services in community pharmacies,²⁴ and surveys of pharmacy workers suggest that the public often oppose such services.²⁵ One study (Lawrie et al, 2004) found that customers' views could be supportive, and their experiences were often unaffected by them. Some research has suggested that harm reduction service users can feel stigmatized in community pharmacies by community pharmacy workers and members of the public and that this prevents or slows down engagement with these services.^{13,26} Negative attitudes to harm reduction services may also undermine government efforts to introduce these services²² and there

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