

CONSUMING PHARMACY SERVICES

**Presentation to the Pharmacy Australia Congress
Addiction and Harm Minimisation Symposium
Melbourne Convention Centre
Sunday 30th October 2005**

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I would like to begin by recognising the traditional owners of the land that this workshop is being held on and by thanking the organisers of the symposium for inviting me to speak at this important event.

As has been said, my name is Annie Madden and I am the Executive Officer of the Australian Injecting & Illicit Drug Users League (better known as AIVL). Some of you will know of AIVL already but for those who don't, AIVL is the national peak organisation representing the state and territory peer-based drug user organizations and people who use or have used illicit drugs at the national level.

Now I am very aware of how unusual AIVL must seem to those who have not heard of us before. On first hearing of us people often think "An organisation of drug users?" "How could they possibly run an organisation and won't they just take all the funding and spend it on drugs?"

Well, in reality nothing could be further from the truth. AIVL and the people involved in the organisation pride themselves on running a very professional and highly accountable organisation. AIVL is well regarded nationally and internationally and rather than considering AIVL to be an "unusual" organisation we usually say that we prefer to think of AIVL as a "unique" organisation representing an extremely important and little heard perspective in the community.

That "little heard perspective" in the context of this particular presentation is the viewpoint of consumers of pharmacotherapy and harm reduction services within pharmacy. That is, people on pharmacy-based methadone and buprenorphine programs and people who access pharmacy-based needle & syringe programs (NSPs).

One of the reasons why I think that I have something to offer on these consumer issues is because I am one of those consumers. I was a heroin injector for over 15 years and have been on the methadone program, this time, for over 10 years. I have been on the methadone program a number of times, mostly at community pharmacies, across three different states and territories. When I was using I was also a regular user of pharmacy-based NSPs.

For my presentation today I am going to draw on a combination of my personal experiences as a consumer of pharmacy services and knowledge gathered over a long career as a professional consumer advocate for current and past illicit drug users.

I have been asked today to speak on the topic of "Consuming Pharmacy Services" in relation to addiction and harm minimisation. To do this, I will begin with some background observations and data about the pharmacy/consumer relationship in this area to provide you with the context for the issues I wish to raise in the remainder of the presentation. After providing you with the context, I will attempt to outline some of the key issues for both pharmacists and consumers and then examine these issues from both perspectives to try and better understand the pharmacist/consumer relationship. Finally, I will present a framework for building better relationships between pharmacists and consumers of pharmacotherapy and NSP services.

"The Context"

a) Pharmacotherapy-based Programs:

Although the figures on the number of people involved in pharmacotherapy treatment nationally understandably change constantly, the Pharmacy Guild of Australia stated that in January 2004 there were 34, 213 people receiving pharmacotherapy-based treatment in Australia. Of this number, it was estimated that around 70% or 24,000 people were receiving their treatment through community pharmacy programs.

In Victoria it is estimated that up to 95% of pharmacotherapy consumers are attending community pharmacy programs. Victoria has also shown that over the past 4 or 5 years the pharmacotherapy program has consistently grown at a rate of 10-15% with almost all of this growth occurring in the private practitioner and community pharmacy program.

In 2003-2004 alone, the Australian Government put over \$6.75 million into the pharmacotherapy program. This figure does not include all of the additional funding contributed by states and territories for training, support and targeted pharmacotherapy fees. While it varies considerably from state to state and territory, this 70% of pharmacotherapy consumers who are accessing community pharmacy programs nationally are paying anywhere between \$2.50 and \$10 per day for methadone or buprenorphine doses.

b) Needle & Syringe Programs:

There are currently over 30 million 1ml needles and syringes distributed in Australia each year. This 30 million does not include the large volume of detachable needles in various gauges, large volume "barrels" or syringes, "butterflies" or winged infusion sets and other injecting paraphernalia used to inject an assortment of substances. Outside of the 1ml single-use syringes suitable only really for white powdered substances such as heroin, cocaine and speed, there really is no considered attempt to accurately record the 'real' picture when it comes to the distribution of injecting equipment in Australia.

While the contribution of pharmacy to the overall picture of needle and syringe distribution related to injecting drug use varies from state to state and territory, on average between 2000-2005 pharmacy-based NSP has constituted between one-third and one-quarter of the national total of over 30 million 1ml needles and syringes per year. This means that we are talking about many millions, not thousands of needles and syringes sold through pharmacies in Australia each year.

The main reason I wanted to provide this very brief summary of the context for pharmacotherapy and NSP services in pharmacies was to demonstrate for you exactly

what we are talking about, in terms of scale, when we talk about the issue of “consumers” in relation to addiction and harm reduction services in pharmacies.

We are not talking about a few hundred people with specialist needs. We are talking minimum 50,000 – 100,000 regular paying consumers of key services within pharmacies across Australia. They are people you are seeing most if not everyday of the week and you may be the only healthcare provider that they have anything approaching a good relationship with. They are seeing you for quite literally potential ‘life saving’ services and they are often some of the most marginalized people in the community. When put this way two things become very apparent to me:

1. Pharmacists are and need to be considered to be at the frontline of drug treatment and harm reduction service delivery – not ancillary to the main AOD services; and
2. There needs to be a great deal more work on and attention given to the relationship between pharmacists and this very significant group of consumers of pharmacy services. Not only for the sake and health of the consumers but also support pharmacies to fulfill their potential as one of the most critical health and support services in the community.

Key Issues for Pharmacists and Consumers

In developing this presentation I conducted my own small straw poll of both pharmacists and consumers to attempt to identify some of the key issues in the relationships between these two groups.

Now, I am not suggesting that I have undertaken a scientifically rigorous study, I only asked six pharmacists from different parts of the country and six consumers from different parts of the country to ask one simple question:

“What do you see as the 3 most important issues in relation to your pharmacotherapy and/or NSP consumers?” – for the pharmacists; and

“What do you see as the 3 most important issues in relation to the pharmacist and pharmacy where you get dosed or buy fits?” – for the consumers.

As I said, I am not claiming that this is proper research and you can dismiss the responses and what I subsequently have to say about them if you want but it won’t change the fact that this group of randomly selected pharmacists and consumers all identified different sides of the same issues when asked these questions.

Now, in some ways this may not sound all that surprising, but it is significant and one of the main reasons it is significant is that if we have at least some level of agreement or consistency on what the key issues are for pharmacists and consumers, I believe we have a very good chance of being able to resolve them. I must admit, I have braced myself for a set of completely conflicting issues from these two groups and thought that there would be little agreement on where the key issues or problems lie.

The fact that this didn’t happen means that perhaps things out in pharmacy-land are not as bad and as conflict-based as they are often made out to be between pharmacists and

consumers. After all, one of the only 'real' and substantial investigations into methadone consumer issues ever done in Australia, Turning Point's *Report on the Evaluation of Community Methadone Services in Victoria* (1996) found that:

"the majority of consumers (72%), prescribers (88%) and pharmacists (61%) were satisfied with their involvement in the Community Methadone Program (CMP)."

Although this report is getting a bit long in the tooth now being done in 1996, the issues it highlighted still hold true – which in some ways is good (such as the satisfaction rates above) and some ways is bad because it suggests that not much has changed. But... let's not go there too much. What I am trying to say is that when asked, even if this has not been very often for either pharmacists or consumers, both of these groups say that they are generally satisfied and both of these groups tend to identify similar if not the same issues that need improvement.

Let's take a look at the issues that my straw poll identified for both pharmacists and consumers. As you will see from the table, both groups identified as I put it "different sides of the same issues" – let me explain...

The responses to the key issues key question from the pharmacists in relation to their pharmacotherapy and NSP consumers was in no particular order:

- Cost issues;
- Diversion issues;
- Behaviour issues; and
- Communication and service delivery issues.

The consumer responses to the key issues question in relation to their pharmacist and pharmacy for pharmacotherapy and NSP services identified, in no particular order:

- Cost issues;
- Issues relating to takeaway doses;
- Attitude issues; and
- Communication and service delivery issues.

You will notice that all though I asked for top 3 issues I have included 4 issues in these lists. The reason for this is that 3 of the issues cost, attitudes/behaviours and communications/service delivery issues all relate to both pharmacotherapy programs and NSPs. The diversion/takeaways issue relates only to pharmacotherapy programs but it was raised by enough of the people I asked to warrant including it as an additional key issue in my opinion.

Let me take these issues one by one...

a) Costs Issues:

It is not surprising at all to me and I am sure all pharmacists in the audience with experience in pharmacotherapy programs to see cost issues at the top of both lists. This is a really good example of the "different sides of the same issue" statement I made earlier.

Pharmacists were very concerned about dispensing fees adding to the financial hardship experienced by some consumers. Pharmacists raised feeling like they are forced into the

role of debt collectors and concerns about the negative impact that having to “chase people for money” has on the quality of the therapeutic relationship with the consumer. Pharmacists also mentioned the stress of payment disputes with consumers and concerns about safety with some consumers. Pharmacists felt that the money they received for operating the program does not cover the time and expertise they put in and generally believed that governments needed to do more to address this issue.

Consumers stated that they cannot afford the cost of pharmacotherapy treatment as most are living on benefits and many are paying a large proportion of their fortnightly benefit in treatment costs. Consumers also stated that they hated having to front the pharmacist everyday when they know they owe money and that there will probably be a tense exchange about the issue every time they go in. Consumers likened it to the feeling and pressures of owing money when they were using and talked about how this “got in the way” of their relationship with the pharmacist over time and became virtually all they talked about. Consumers said that not being able to afford treatment was often seen as a sign that they were using when in fact it was just that they simply could not afford the cost of treatment when living on a benefit particularly if there are two people on the program and they have children. Consumers also talked about self-terminating their program due to payment difficulties frequently returning to illicit drug use.

Both pharmacists and consumers identified the need to develop systems and strategies to address payment difficulties and the growing number of disputes over payment within pharmacy pharmacotherapy programs. Debt repayment schemes, direct debiting and subsidies for consumers were all raised as possible options.

In relation to NSP services, some pharmacists and all consumers raised concerns about the cost of needles and syringes and the need for more pharmacies to operate “exchange” programs where consumers can bring back used syringes and exchange them for new syringes free of charge rather than only being able to purchase new syringes. Both pharmacists and consumers were concerned about the continued spread of BBVs such as hepatitis C among IDU and the lack of after-hours access to the free government NSP services in all states and territories. They identified that pharmacy could potentially play a greater role in addressing this gap if the cost barriers to accessing injecting equipment through pharmacies could be addressed.

As you can see the concerns and issues raised by the pharmacists and consumers in relation to cost or money issues are not that far removed from each other. At the end of the day, both parties are struggling with different sides of the same issue and both parties need support from government in particular if this is going to be addressed.

b) Diversion/Takeaway Issues:

Now, to begin I am sure that at least some of you are unsure why I have included diversion and takeaways issues into the same heading or as the same general issue. The reason for this is because I believe that these two are one of the best examples of “two different sides of the same issue” that you will ever find.

The pharmacists I spoke to stated that one of their key concerns was the diversion or illegal selling or trading of methadone or buprenorphine doses from their pharmacy programs. They said that they were sometimes concerned about the levels of takeaway doses for some consumers and also had to have strategies in place to make sure that consumers were not diverting their daily pharmacy-based doses as well.

Consumers on the other hand said that one of the main reasons that diversion happens is due to the inflexibility of the program particularly in relation to access to takeaway doses. Consumers linked the demand for diverted pharmacotherapies to the lack of takeaway doses and stated that many people had “given up on the formal program and simply used diverted pharmacotherapies to fashion their own more flexible approach to allow them to take work, meet family responsibilities, travel, etc.

While the diversion issue is a highly complex and highly sensitive one and is far more complex than what I have time for hear today, suffice to say for the purposes of this presentation, I wanted to at least highlight how linked the two issues of diversion and takeaways are from both the pharmacist and consumer perspective. I will return to the issue of diversion and takeaways later in the paper when I look at a possible framework for addressing these key issues more effectively but for the time being I will move on because I could easily focus this entire paper on the issue of diversion.

c) Attitudes and Behaviour Issues:

Once again I have linked these two separately identified issues together because they also reflect different perspectives on effectively the same issue.

Pharmacists stated that behaviour concerns particularly shoplifting, aggression, conflict, intoxication, disputes between clients and consumers congregating outside the pharmacy were all key issues of concern. Most of the pharmacists I spoke made a distinction between the “quiet, stable, working clients who never cause any trouble” and the “disruptive, difficult clients who are always causing problems or experiencing difficulties”. Some pharmacists mentioned not always feeling equipped to deal with all of the behavioural issues that come with difficult clients and also mentioned the stress and fears that such clients can cause for pharmacy staff particularly young female staff. Pharmacists specifically mentioned the fears of staff in relation to NSP clients particularly if they are not known or regular clients.

Consumers interesting also had concerns about ‘behaviour issues’ but labeled them as the “negative attitudes” of pharmacists and their staff towards drug users. They talked about being made to wait while all other consumers were given preferential service, not being allowed to move around the pharmacy while waiting to be served and being accused or suspected of every occasion of shoplifting or theft from the pharmacy. Consumers also mentioned being made to wait outside until the pharmacist was ready to serve them resulting in people losing their jobs because they were seen by people from work or being told that they could only enter the pharmacy alone and must leave partners and even children on the street outside.

Consumers also particularly mentioned being spoken to differently to other paying consumers in a condescending or even derogatory manner when accessing pharmacy-based NSP. They mentioned feeling fearful and apprehensive about walking into a pharmacy and asking to purchase injecting equipment for fear of the response they would get. Many referred to the palpable change in attitude from staff once they asked for injecting equipment from the normal friendly and helpful approach to one of disdain and suspicion until they left the shop. Consumers stated that despite the convenience many tried to avoid having to buy fits from pharmacies because of these issues. It should be noted however, that some consumers also mentioned the difference it made when they were treated normally when accessing pharmacy-based NSP as this opened

the door to discussion on other issues such as harm reduction education or information on drug treatment. They said some pharmacies ran high quality programs and these programs were well used and respected.

Although there are clearly cases of poor treatment and bad behaviour from both pharmacists and consumers, but in the main I believe the problems in relation to attitudes and behaviour stem back to a continuous cycle of misunderstandings and fear. The problem is that consumers are often so used to receiving poor or sub-standard treatment at the hands of the health system and society more generally that they 'expect' such treatment whenever they access a service including pharmacy services. This can result in consumers coming to the service, or in this case pharmacy, expecting poor treatment and ready for an argument. This means that the smallest thing will set them off. I am sure you know yourself – if you go somewhere defensive and looking for an argument you usually get one. I am not at all trying to justify bad behaviour, but I am trying to explain what might be going on for the consumer. Such defensive responses from the consumer can appear like an over-reaction and aggression to the pharmacist or staff member which in turn feeds all the stereotypes about aggressive, badly behaved drug users. The consumer picks up on such fears and attitudes and so the cycle continues...

I know that in some ways I have over-simplified what are in reality quite complex issues and relationships but the general principle does hold up. Let me give you a concrete example. The issue of shoplifting came up in the list of issues for both parties. Pharmacists simply identified shoplifting as one of the 'behaviour' issues they are concerned about. None of the pharmacists provided any concrete data or even statements about the frequency of the problem or how they know their pharmacotherapy or NSP clients are always responsible. Consumers stated that they were unfairly being blamed for every occasion of shoplifting or theft based on stereotypes about drug users as untrustworthy and as thieves. It seems to me that both parties are operating on assumptions about each others attitudes and behaviours which is likely to result in defensiveness and fear on both sides and they are never likely to escape this cycle.

I am not saying that consumers are just misunderstood angels that never shoplift or raise their voices in anger. But I am saying that both pharmacists and consumers need to do more work to understand the reasons behind what seems like just bad behaviour or poor attitudes and to ask: "what might be motivating this bad behaviour or poor attitude?" Some pharmacists and consumers already do this and without exception they have much better relationships with each other which in turn makes it easier for all concerned.

This leads me to the last issue I want to raise in relation to behaviour and attitude problems. As I mentioned most of the pharmacists I spoke to referred to "good, manageable clients" and the "difficult, unmanageable clients". These comments got me to thinking about the very neglected but significant problem of mental health issues and how they are managed or not managed as the case may be in AOD and harm reduction service generally and pharmacy-based NSP and pharmacotherapy services specifically. I am not a mental health expert but I do know that the increase in methamphetamine use has highlighted the chronic problems in the health system in regard to the management of comorbidity issues. I also know that many people with both mental health and illicit drug use issues are often labeled as "difficult clients", put into the too hard basket, pushed from pillar to post and are ultimately left to manage on their own. This invariably

leads to self-medication as a coping strategy which in turn exacerbates their problems and feeds the assumptions and stereotypes about them being 'difficult, unmanageable, unstable clients'.

Once again we return to the fact that assumptions, stereotypes, misunderstandings and fears can turn a reasonable and potentially stable and cooperative client into quite the opposite. I am not saying that pharmacists are to blame for the appalling gaps in service delivery for people with comorbidities in relation to drugs and mental health indeed often pharmacists are left to bear the brunt of such gaps in mainstream service delivery but I suppose that this role also makes them a critical player in getting these issues raised and addressed within the broader health system rather than investing in the good client/bad client dichotomy.

d) Communication & Service Delivery Issues:

This is the final key issue that I want to look at today. Of all of the key issues listed by both parties, this was the only one where the concerns or issues raised differed significantly between pharmacists and consumers but, even so like all the other issues, at the end of the day there are common themes that come through despite the difference in the specific issues highlighted.

For the pharmacists the main "communication and service delivery issues" that they wish to highlight related to issues such as the lack of real and co-ordinated communication between the pharmacist, the GP prescriber and the consumer. All the pharmacists that I spoke to mentioned this missed opportunity to better co-ordinate care and to support pharmacists in playing a larger, more direct role in the day to day management of their client's needs. One of the pharmacists put it very succinctly when he said:

"We need a much higher level of interaction between pharmacists, prescribers and clients. Pharmacists need to be able to provide feedback (pro-actively) to prescribers such as how the client is doing - really good or not so well. We also need a much greater level of doctors asking pharmacists for opinions such consulting us about changes to doses, providing extra or less take-aways, etc. After all we see the clients every day!"

This highlights a desire from pharmacists to play the kind of hands on role that many consumers are crying out for and currently do not receive from their prescriber. Of course it should be said that not all consumers want or need this level of intervention but there should be the capacity for such communication and involvement if it is desirable. Some of the pharmacists also identified a desire to establish a more honest communication with their clients based on trust and where clients would know that they could be honest with the pharmacist without fear that they would be punished for their honesty.

I have to say that while I was really very encouraged to hear this from some of the pharmacists (and it just served to highlight just how good some of the people are out there working in community pharmacy programs), my honest reaction was "ain't gonna happen". Not because consumers wouldn't give their right arm for a truly honest trusting relationship with a health professional but because too many consumers have learnt the hard way about what honesty gets you on the pharmacotherapy program. In short it gets you your takeaways removed, it gets you moved back to the major clinic for "problem

people" and it generally gets you permanently labeled as currently using, untrustworthy and a risk to yourself and others.

I don't want to sound cynical but it is the reality. Pharmacists are not to blame for this situation. If blame lies anywhere it is in the design of the program itself. A program that is so inflexible that it starts to work against the very principles and outcomes it was designed to achieve. It is great that there pharmacists thinking about how the program can be improved to better support real communication with consumers and ensure a higher standard of service delivery. Although there are many systemic barriers in the way of improving communications and service delivery for consumers, the more that pharmacists raise these issues the more likely it is that someone how does have the power to change things will listen.

The other major issue raised by pharmacists was the need to improve a range of service delivery issues in relation to pharmacy-based NSP. Pharmacists raised the difficulties of providing a high quality, comprehensive service in the context of a busy pharmacy. Some pharmacists expressed concerns about not being able to provide the level of information and education on issues such as BBVs and overdose prevention when there is hardly enough time to sell them the equipment. The expense of waste collection services was also raised as a barrier to more pharmacies engaging in the cost free exchange of used equipment for new equipment rather than simply selling new needles and syringes. Two pharmacists also rose what they saw as the dilemma of providing access to new injecting equipment when they are also participating in the pharmacotherapy program.

As I said at the outset, consumers raised quite different issues but all could still be broadly grouped under the headings of "communications and service delivery". The main issue raised by consumers under this heading was the lack of clear complaints mechanisms for people on community pharmacy programs. Most consumers stated the need for an accessible and responsive service complaints mechanism. They pointed to the fact that pharmacotherapy consumers are particularly vulnerable in terms of the pharmacist/consumer relationship as they are physically dependent on the treatment and therefore had a high need for a fair and accessible process to deal with service provision problems. Where complaints or grievance mechanisms exist some consumers also expressed concerns about the outcome of such processes as they were afraid that they would be punished and seen as a "trouble- maker" if they ever proceeded with a complaint.

The whole issue of complaints mechanisms was an interesting one because when I spoke to a number of the consumers in more detail what they actually said was that it wasn't so much about making formal complaints but that they wanted to know that there was a fair process in place that they could access should something really bad happen to them but perhaps more importantly, that if they were having problems there was someone they could talk to and seek advice and support from. They also mentioned the importance of not feeling judged and feeling that someone was really listening to them.

All of these comments are backed up by the sorts of comments and issues regularly raised with the Pharmacotherapies Advice & Complaints Service (PACS) here in Victoria and the Opioid Replacement Pharmacotherapies Advice & Complaints Service (ORPACS) in WA. Both of these services are peer- based and run by AIVL's member organisations in Victoria and WA. The success of these services has not been about

adversarial complaints processes but rather PACS and ORPACS providing a bridge for dialogue between service providers and consumers. Both services have found that many consumers who contact their service do not want to pursue a formal complaint, they just want to speak to someone who won't judge them, they want to be heard and they want to be believed.

The other major service delivery issue raised by consumers under this heading related to the need to improve service delivery within pharmacy-based NSP. Consumers of pharmacy NSP services stated that such services needed to expand the range of injecting equipment available so that more pharmacies provided equipment such as larger barrels, butterflies, pill filters, larger disposal containers, etc. Consumers also said that they thought more pharmacies needed to participate in the pharmacy needle & syringe program to provide more after-hours and weekend access to equipment. Like some of the pharmacists I spoke to, some consumers also raised the issue of exchange Vs selling needles and syringes and agreed that more pharmacies needed to exchange used equipment for new free of charge as many people are reusing fits because they could not afford to pay for syringes when an after-hours chemist is the only option.

Despite the fact that pharmacists and consumers raised quite different issues under this heading there are, as I mentioned when I began, a few central themes running through both sets of issues. These themes are that: nothing replaces honest, effective communication between the health provider and the consumer, that consumers need to be heard and properly supported and that pharmacy services need to be client-focused and appropriate. No surprises there I suspect.

A Framework for Building Better Relationships Between Pharmacists and Consumers

So where do all of these different and similar issues and perspectives leave us in terms of understanding the relationships between pharmacists and consumers of pharmacotherapy and harm reduction services? Well one thing that really stood out to me from all of the various responses I received was the fact that when all is said and done on the whole both pharmacists and consumers put quite a lot of effort and thought into managing their relationships with each other. And what this said to me is that there is obviously a bunch of core principles already at work and by adding a few new ones based on the issues that pharmacists and consumers raised in my straw poll, we might start to build a framework for supporting and improving relationships between these two groups.

Because I am running out of time I am going to look at these fairly quickly but some of the core principles that we all (both pharmacists and consumers) need to work on in creating better relationships with each other are:

Principles for Effective Relationships in Community Pharmacy:

Treat each other with respect and dignity (very basic but very important)

Develop practical and fair responses to problems (partic when the problems are complex such as cost issues or diversion of pharmacotherapies. Governments take a very long time to respond to anything. In the meantime you can develop practical and

fair strategies in dialogue with your clients which might not solve everything but could make a real difference for many while we wait for governments to act.)

Remember that the aim of the pharmacotherapy and needle & syringe program is harm reduction not supply reduction (this is partic important in relation to the issue of people continuing to use while on pharmacotherapies and may even wish to access your NSP. I am a firm believer that reducing someone's injecting from 3 times a day to 3 times a month is a significant and positive achievement that should be supported not crushed with heavy-handed responses. I am living proof that harm reduction approaches work – I am alive to stand here today. My journey to stop injecting was a long one but harm reduction approaches not abstinence approaches kept me alive while I made that journey.)

No-one should have to put up with aggression or violence (I said in my presentation that we need to ask 'why' and try to see what is motivating bad behaviour as a way to understand it and possible address it but this doesn't mean accepting violence or bad behaviour.)

Provide good access to information (If you run an NSP make sure clients have access to harm reduction information not just access to the equipment. For pharmacotherapy clients, they should all be provided with information on their treatment and services provided in a form they can understand. Clients should also have access to their pharmaceutical records on request.)

Support clients to participate in decisions about their healthcare

Confidentiality and privacy in service delivery (there is a great deal of discrimination in the community towards NSP and pharmacotherapy consumers. Protecting the confidentiality and privacy of clients is so important as they really are vulnerable.)

Don't operate on stereotypes (no matter how tempting that might be based on some people's behaviour. I hope I have demonstrated why this is a bad idea.)

Take responsibility for actions (This applies to everyone. When I talk about the rights of consumers I also always talk about consumer responsibilities as well. Consumers have the right to be treated properly but they also have the responsibility to behave properly – these two are inextricable linked.)

Client-focused services (too often services are based on presumed rather than actual client needs. Talk to your clients about their actual needs. Some you will be able to meet others you won't but they will be glad that you asked.)

Open communication (we have looked at this issue in the presentation. As identified there are real barriers to creating open communication with this client group but that doesn't mean that we should stop trying. The small things do count.)

Creating an environment that supports trust and honesty (as above)

Have open and fair complaints mechanism (you have nothing to fear from this. It is a standard and accepted practice in all other areas of the health system.)

Think about how you involve your consumers in your service (your clients may surprise you with their expertise and their knowledge if they are asked. A regular client survey or meeting can be a great way to stop small problems turning into big ones. Consumer representatives or liaison people can be a really effective way of encouraging better dialogue on issues and problems involving clients. A good client liaison person will make things easier not more difficult – trust me.)

Conclusion

Throughout this presentation I have tried to take you on a bit of a whirlwind tour of some of the key issues for consumers of pharmacy-based drug treatment and NSP services. But in doing this, I didn't just want to focus on the viewpoint of consumers to the exclusion of pharmacist and for this reason I tried to present both 'sides' if you will not

only for fairness but to make the point that the “us” and “them” so frequently portrayed in relation to pharmacists and consumers is much less about “us” and “them” and much more about “us together”.

I started by telling you that I have been on the methadone program in numerous states and territories and many different pharmacies over the years. And far from the conflict ridden experience often thought to exist between the pharmacist dispensing the pharmacotherapy and the client consuming it, I have had a largely positive and supportive relationship with all of the pharmacists I have dealt with. I have seen under-resourced pharmacists in very busy pharmacies doing everything they can to assist me to travel for work, transfer for holidays, liaising with my prescriber when I have to go overseas, being understanding when I am sick, helping my partner through the side-effects of hepatitis C treatment, etc, etc.

My pharmacists have had to be many different things for me over the course of my methadone treatment and this continue to this day. I appreciate the support and flexibility that my pharmacist has shown because frequently they have been the only one who was willing to be flexible and understanding. But the reason I am telling you this is not to make you all feel good (although I don't mind if it has that effect) but to highlight the fact that I am not unusual.

I can't tell you how often people say to me “Yes but you are different. You're really stable and one of those clients who are easy to manage.” I often think “how do they know what kind of client I am?” as they are almost always people who know little or nothing about me or my life. I have been on methadone a long time and I have not always been a stable client, at times I have been the absolute opposite but I generally was treated well by my pharmacists and provided with all the practical support they could provide and this really did make a difference in the end because now I can say that I am a stable client. But it didn't happen by magic. It took a great deal of hard work from me and the support of good health providers and one of the most important of these was my pharmacist.

I know that I am not telling all of you anything that you don't already know when I say that when it comes to drug treatment and NSP services, pharmacists are critical players. The quality of services out there are pretty good but like anything we can always improve what we do and if you don't know what it is that you could improve in your service you just need to ask your clients. I am sure they will be only too happy to be asked.

Thanks you for listening.