

# Community pharmacy support staff and their opinions on services for problem drug users in inner London

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**AIM** • To obtain the views of pharmacy staff on providing services for problem drug users and on whether such services should be provided from pharmacies.

**DESIGN** • Self-completion questionnaire by postal survey to pharmacists to distribute to pharmacy staff.

**SUBJECTS AND SETTING** • Community pharmacy staff (excluding pharmacists) working in dispensaries or on health care counters.

**OUTCOME MEASURES** • Attitudes towards drug users, attitudes towards service provision, involvement in services provision.

**RESULTS** • There were high levels of involvement in service provision, and just over half of all staff reported that they were happy to be involved in service provision and two thirds believed that the pharmacy was an appropriate place for providing these services.

Positive attitudes were associated with service provision. 28% reported having experienced verbal abuse or violence from known or suspected drug users. Over one third of respondents indicated that they would like to have more training, mainly in managing aggressive behaviour.

**CONCLUSION** • Where staff are involved in providing services, they should receive appropriate training and support. Their role in facilitating service provision to this sometimes difficult client group needs to be recognised.

Inner London is an area with a high prevalence of drug misuse. Figures from 1 April 2000 to 30 September 2000 indicate that of the 33,093 individuals who started agency or treatment episodes in England, 6,626 (20 per cent) were in the London regions.<sup>1</sup> Many of these clients will access their prescribed medication from community pharmacies and will also use their services for obtaining clean injecting equipment. In a national survey in 1995, 50 per cent of pharmacies in England and Wales were dispensing drugs such as methadone on prescriptions for the management of drug misuse and 19 per cent were involved in needle exchange schemes.<sup>2</sup> In a more recent survey of pharmacies in the south east of England (which includes inner London), 55 per cent were dispensing prescriptions for the management of drug misuse, 47 per cent were selling needles and syringes to known or suspected injecting drug users and 16 per cent were offering a needle exchange service.<sup>3</sup>

It is the responsibility of community pharmacists to ensure that services for problem drug users are provided in a professional, ethical and safe manner, but it is often other members of pharmacy staff who are the first point of contact for problem drug users. Furthermore, many pharmacy staff conduct needle exchange transactions. In a study of pharmacies offering needle exchange services in South East England, 71.6 per cent of pharmacists indicated that staff other than the pharmacist also participated in the provision of needle exchange

services. However, 40.1 per cent (139/347) reported that their staff had received no training in respect of needle exchange.<sup>4</sup>

As retail outlets, pharmacies are at risk of threats of violence and actual violence by members of the public.<sup>5,6</sup> A proportion of the perpetrators will be problem drug users. Needle exchange pharmacies report high levels of shoplifting, although violent incidents are rare.<sup>4</sup> The Royal Pharmaceutical Society has recognised the increased security risk to pharmacists and their staff when providing services for drug users.<sup>7</sup> In a study of pharmacies providing needle exchange in Leicestershire, Copeland *et al*<sup>8</sup> reported that 43 per cent of pharmacy staff found the idea of interacting with drug users threatening and 21 per cent thought injecting drug users had a negative effect on the pharmacy business, although 93 per cent had experienced no undesirable incidents in the pharmacy with needle exchange clients. The majority of respondents (90 per cent) believed that injecting drug users should have easy access to clean injecting equipment in order to prevent the spread of HIV. It is of note that nearly half the respondents had received training in working with needle exchange clients.

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Although the views and practises of pharmacists in the UK on service provision for drug users has been widely studied,<sup>2,9-16</sup> and the views of clients have also been researched,<sup>17-21</sup> little research has been carried out on the views and experiences of pharmacy staff, with the exception of the previously mentioned study in Leicestershire.<sup>8</sup> It is the pharmacist who decides which services to provide for problem drug users; however, staff may not have been consulted about such a decision and may be unhappy about becoming involved.

This study sought to obtain the views of pharmacy staff on providing services for problem drug users and their views on whether such services should be provided from pharmacies. In particular, the views of staff at service-providing pharmacies were of interest because their attitudes and behaviour towards drug-misusing clients is likely to have an impact on the quality of services provided.

## METHOD

Permission to conduct the study was sought and obtained from Lambeth, Southwark and Lewisham and Kensington, Chelsea and Westminster Health Authorities, which provided the mailing list of community pharmacies, and also from the respective local pharmaceutical committees.

Self-completion questionnaires for pharmacy staff were mailed to community pharmacies in Lambeth, Southwark and Lewisham Health Authority (n=174) and

Kensington, Chelsea and Westminster Health Authority (n=153).

The questionnaire was developed for pharmacy staff, and was intended to investigate the following domains:

- 1 The pharmacy's involvement in service provision for drug users
- 1 Brief demographics (age, gender, time working at the pharmacy)
- 1 Description of staff member's role and responsibility
- 1 Staff involvement in service provision at the pharmacy
- 1 Staff views on service provision
- 1 Staff views on drug users in the pharmacy
- 1 Participation in training
- 1 Further training needs

Items relating to pharmacy activity were based on those used in community pharmacy surveys, adapted for support staff. Items relating to attitude were based on open comments received by pharmacy support staff on pharmacy staff training evaluations questionnaires. The questionnaire was piloted on four staff members from pharmacies in other locations. The questionnaire was also reviewed by a number of pharmacists. Test-retest reliability was not undertaken due to the potential problems of recruiting a cohort of staff from outside the two localities who would be willing to complete the questionnaire twice. Furthermore, due to the changing nature of the environment (often daily) within which staff work, it would be difficult to exclude any confounding issues such as client behaviour within pharmacies.

The use of a telephone interview, or face-to-face completion of questionnaire by interviewer were ruled out due to time and funding constraints.

Five copies of the questionnaire, each with a Freepost envelope, were sent with a covering letter explaining the study to the pharmacist in charge of each pharmacy. The letter instructed the pharmacist to distribute the questionnaire to "any member of staff who works on the chemist counter, in the dispensary or has any involvement in the sale of health care products such as OTCs, vitamins etc". Pharmacists were instructed not to complete the questionnaire themselves. They were also asked not to coerce staff into taking part in the survey, to allow staff to complete the questionnaire in private, and only to provide information about services provided by the pharmacy if the staff member requested it. Pharmacists were asked to photocopy further questionnaires if necessary (on which there was a copy of the Freepost envelope address if there were not enough preprinted envelopes). Alternatively pharmacists could telephone the researchers to obtain further copies of the questionnaire. Pharmacists and staff were informed that the study had the health authority approval and that all information would be treated in confidence. The questionnaire for staff also contained information about the confidential manner in which the information they provided would be treated and

**TABLE 1: PHARMACY INVOLVEMENT IN SERVICE PROVISION IN KENSINGTON, CHELSEA AND WESTMINSTER (KCW) AND LAMBETH, LEWISHAM AND SOUTHWARK (LSL) HEALTH AUTHORITIES (N=101)**

Service provided	KCW		LSL		All	
	N	%	N	%	N	%
Dispense methadone	24	55.8	42	72.4	66	65.3
*Supervise methadone consumption	2	4.6	3	5.5	5	5.0
Sell needles and syringes	17	39.5	21	36.2	38	37.6
Provide free needle exchange scheme	8	†18.6	7	‡12.1	15	14.9

\*As percentage of those dispensing methadone

†Proportion involved in needle exchange in KCW = 9.7 per cent

‡Proportion involved in needle exchange in LSL = 5.6 per cent

**TABLE 2: STAFF INVOLVEMENT IN SERVICE PROVISION AT SERVICE-PROVIDING PHARMACIES**

Service provided	Yes, regularly		Yes, when no one else is available		No, because I don't want to		No, the pharmacist always does this	
	N	%	N	%	N	%	N	%
Do you hand out methadone to patients? (n=113; MV=2)	49	43.0	13	11.4	0	0	49	43.0
Do you personally get involved in selling needles and syringes to injecting drug users? (n=56; MV=2)	23	40.4	18	31.6	2	3.5	11	19.3
Do you personally conduct needle exchange transactions? (n=30; MV=1)	23	74.2	2	6.5	2	6.5	2	6.5

provided a contact telephone number for the researchers if they required any further information. Staff were not asked for their names and addresses in order that respondents could be assured anonymity.

After four weeks, a second mailshot was sent to pharmacies from which no responses had been obtained, on this occasion containing three copies of the questionnaire (few responding pharmacies had needed more than three copies in the first mailshot). On this occasion, a letter was also included from the local pharmaceutical committee supporting the study and encouraging pharmacists to distribute the questionnaire. However, it was recognised that the methodology for dissemination and completion of the self-completion questionnaire was likely to lead to under-representation of the population as a whole.

**Generalisability** It is not possible to calculate the response rate for members of staff as there are no data available on staffing numbers in pharmacies. It is, however, possible to look at the response rate per pharmacy contacted. A response would be indicated by at least one questionnaire being returned from a pharmacy.

**RESULTS**

Responses were received from 229 members of staff. However, of these 25 identified themselves as community pharmacists and 21 did not provide details of their role. These have been excluded from the final analysis, leaving a sample size of 183, representing 102 pharmacies overall (31.2 per cent). The data represented 58 pharmacies from Lambeth, Southwark and Lewisham

and 43 from Kensington, Chelsea and Westminster (data missing on one case), giving pharmacy-based response rates of 33.3 per cent (58/174) and 28.1 per cent (43/153), respectively.

There was a mean of 1.96 respondents per responding pharmacy (range 1-5). For Lambeth, Southwark and Lewisham this was 1.84 (range 1-5) and for Kensington, Chelsea and Westminster 1.74 (range 1-4).

**Demographic data** Respondents had been working at the pharmacy for a mean of 50.3 months (sd 57.4; median 27.5, range 1-336; data missing on 15 cases). Eighty per cent (n=146) were female, 16.9 per cent (n=31) were male (data missing on six cases). The majority of respondents were aged between 22 and 40 years (98; 53.6 per cent).

Sixty-six per cent (120) described themselves as counter assistants, health care assistants or sales assistants, 23 per cent (43) were dispensers (pharmacy technicians), 3.3 per cent (6) were store managers and 3.8 per cent (7) were preregistration trainees. Five per cent of respondents stated that one member of staff (not including the pharmacist) worked on the chemist counter selling medicines or worked in the dispensary, 25.1 per cent stated two, 21.3 per cent stated three, 16.9 per cent stated four and 30.6 per cent stated more than four (data missing on two cases). There was no difference between the two health authorities ( $\chi^2=7.05$ ;  $df=4$ ;  $P=0.13$ ).

**Pharmacy and staff involvement in service provision at the pharmacy** Staff were asked to provide information on whether the pharmacy provided certain key services for drug users (Table 1). Two thirds of

**TABLE 2: STAFF ATTITUDES TOWARDS INVOLVEMENT IN SERVICE PROVISION (ALL PHARMACIES)**

Attitude	Agree		Don't know		Disagree		χ <sup>2</sup> and P for "agree" v others*	
	N	%	N	%	N	%	χ <sup>2</sup>	P
Drug misusers are just like any of our other customers when it comes to behaviour (MV=4)	55	30.1	14	7.7	110	60.1	8.23	*0.004
Drug misusers in the pharmacy make me feel uneasy (MV=4)	81	44.3	12	6.6	86	47.0	11.57	*0.001
I would like to know more about why pharmacists get involved in providing services such as needle exchange to drug misusers (MV=14)	73	39.9	39	21.3	57	31.1	0.46	0.496
I don't think pharmacy staff (excluding the pharmacist) should have to get involved in serving drug misusers (MV=2)	54	29.5	22	12.0	105	57.4	8.00	†0.005
I am happy to provide services to drug-using customers (MV=3)	104	56.8	21	11.5	55	30.1	11.57	†0.001
The pharmacy is an appropriate place for drug users to get their methadone prescriptions dispensed (MV=8)	114	62.3	14	7.7	47	25.7	19.01	†0.000
I don't think pharmacies should supply needles and syringes to injecting drug users (MV=4)	68	37.2	28	15.3	83	45.4	0.59	0.444

\*Analysed by "dispensing methadone or not"

†Significant at the 0.005 level

all responding pharmacies dispensed methadone prescriptions, which is higher than nationally reported averages.<sup>2</sup> Almost 15 per cent sold needles and syringes. In Kensington, Chelsea and Westminster, nine of the responding pharmacies (18.6 per cent) provided needle exchange which is twice the overall proportion in the health authority (9.7 per cent, information provided by the health authority). In Lambeth, Southwark and Lewisham, seven of the responding pharmacies (12.1 per cent) provided needle exchange, which again is twice the overall proportion in the health authority (5.7 per cent, information provided by the health authority). This suggests that there was an over-representation of needle exchange pharmacies in the responding group.

Data were analysed for staff involvement in service provision at service-providing pharmacies (Table 2). Two-fifths of staff regularly handed out methadone and a further 11.4 per cent did so when no one else was available. Two-fifths regularly sold needles and syringes to patients with a further 31.6 per cent doing so if necessary. Three-quarters were involved regularly in conducting needle exchange, with a further 6.5 per cent doing so if necessary. Where respondents were not involved in providing services, it was mainly because the pharmacist took sole responsibility.

**Staff views on service provision and drug users in the pharmacy** Staff were asked to indicate their views on a number of issues by ticking a box on a five-point Likert scale

ranging from "strongly agree" to "strongly disagree". For analysis, "strongly agree" and "agree" have been combined into "agree" and "strongly disagree" and "disagree" have been combined into "disagree". The results are shown in Table 3. Overall, responses indicate that the majority of staff are happy to provide services to drug users, and that they believed the pharmacy to be an appropriate place for such services to be provided. Chi-squared analyses of attitudes by service provision (dispensing methadone or not) were carried out. Responses were regrouped into two groups: "agree" and "others", where "others" = "don't know" and "disagree".

A significant association was noted between service provision and attitude. In all cases which reached significance, more positive (or less negative) attitudes were associated with working in a pharmacy which provided a methadone dispensing service.

**Participation in training** Only 10 staff (5.5 per cent) had attended training events on providing services for problem drug users (data missing on one case). In the main, this training seemed to focus on the law around dispensing Controlled Drugs (under the Misuse of Drugs Regulations 1986) (n=3) and general training around substance misuse (n=4). Two staff members mentioned training on needle exchange. Of the 10 who had attended training, two were pre-registration trainees, four were dispensers, three were counter assistants and one was a store manager, indicating that little off-site

**TABLE 4 PROBLEMS ENCOUNTERED BY STAFF (N=53)**

Problem	N	%
Theft and shoplifting	16	30.1
Prescription-related (incorrectly written, uncollected instalments, forgeries)	11	20.8
Refusal to sell injecting equipment, citric acid	8	15.1
Impatience, being made to wait too long	7	13.2
Intoxication	4	7.5
Refusal to take on any new patients	2	3.7
Not enough money for private prescription	1	1.8
Armed robbery	1	1.8
Miscellaneous	8	15.1

Percentages add up to more than 100 per cent because some respondents included more than one description

training was available for counter assistants.

**Further training needs** Over one third of respondents indicated that they would like to have more training (67, 37.7 per cent) (data missing on five cases). In the main, their self-identified training needs focused on: managing difficult situation and aggressive behaviour (n=10); "anything on drug misuse" (n=10); what drugs are misused, how they are used, signs and symptoms of drug misuse (n=9); treatment and assessment of drug misuse (n=7); methadone (n=1); needle exchange (n=3); health and safety (n=1); policy and protocols (n=1); and legal matters (n=3).

**Problems encountered by staff** Thirty per cent of staff (n=54) reported that they had experienced problems such as verbal abuse, threats of violence or violence from drug users. Of these, 52 (98.1 per cent) gave written descriptions of the problems, some of which are transcribed below.

The most commonly reported problem resulting in violence or aggressive behaviour by clients was theft or shoplifting:

*"Biggest problem is stealing, verbal abuse when you watch them."*

*"I stopped an addict who was stealing. They spat at me and swore at me."*

The next most frequently recorded problems related to prescriptions, either (i) when the prescription was incorrectly written (requiring the client to return to the doctor), (ii) when there were problems with clients and their instalments or (iii) when the pharmacist was not available to hand out the medicine:

*"Mainly due to missing daily pick-up scripts and wanting them the next day. Also in correcting written prescriptions being sent back to hospital."*

*"An addict came in when the pharmacist was not around and asked for his 70ml of methadone. It was already done and in the cabinet, but I couldn't give it to him as pharmacist wasn't*

*around. Before I could explain he started raining insults on me."*

A number of problems were reported with regard to sales of injecting equipment and other paraphernalia. Pharmacists are not required to sell needles and syringes and many choose not to do so, and instruct their staff to abide by this decision. Furthermore, the Misuse of Drugs Regulations section 9(a) prohibits the sale of other paraphernalia such as citric acid, used to make street heroin soluble, when preparing an injection:

*"Called names for not selling insulin needles, citric acid, ascorbic acid."*

*"Refusal to resupply needles for free without exchange to a customer caused verbal abuse."*

Staff also noted that many clients were impatient when attending for their methadone or injecting equipment and became abusive when made to wait:

*"Several incidents of theft, verbal abuse when approached, noisy and demanding. Often abusive to other customers. Very impatient."*

*"Try to jump the queue. When brought to order he turned violent."*

Staff also noted that clients caused problems when intoxicated:

*"Man walked in and started abusing me for no apparent reason. Could see he was high on drugs and going on about 'don't drink the water'. I was very upset and scared."*

General comments about violence and threats were also made:

*"Verbal abuse, cause havoc in pharmacy. Been threatened. Have had objects thrown at me."*

*"Verbal abuse, smelly customers, got followed on way home, fears for my safety."*

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*"They come into our pharmacy and nick our stock and then we try and confront them we get a load of abuse — 'You're only saying that because I am a junkie' — then they get very nasty. This puts us in a very difficult situation as we never know whether or not to approach them when this happens."*

Further analysis of attitudes of staff showed that those who had encountered problems were significantly more likely to believe that drug users' behaviour was not the same as that of other customers (Mann-Whitney U = 2,623.5;  $P < 0.05$ ) and were more likely to feel uneasy with drug users in the pharmacy (Mann-Whitney U = 2,553;  $P < 0.05$ ). However, no significant difference was noted for attitudes concerning willingness to provide services or the appropriateness of such services.

#### DISCUSSION

Responses were obtained from 183 members of staff, representing 93 community pharmacies. Their roles ranged from pharmacy shop assistant through dispenser to preregistration trainee. As previously stated, there is no way of obtaining a denominator for staff numbers and therefore one has to look at other ways of analysing whether the responses can be generalised first, to the two health authorities and second, to community pharmacy in England as a whole.

The first item of note is the low response rate from pharmacies (31.2 per cent). This may be due to the failure of the pharmacist to pass on questionnaires, or (less likely) due to failure of any staff to respond. Secondly, the responding pharmacies were over-representative of those providing needle exchange (possibly introducing a bias in attitudes among respondents). Regardless of the above, this is one of the first published study of staff views, experiences of problems and training needs in this area of pharmaceutical service provision. Although not generalisable to all community pharmacy staff, it is probable that views and experiences of respondents are likely to be similar to those of other pharmacy staff in the localities studied, and the data presented may be of use to those involved in recruiting and retaining staff.

One possible bias is that respondents may be predominantly those who are directly involved with service provision within each service-providing pharmacy, those not involved being less likely to have an interest in completing the questionnaire. A non-responder bias has been noted among community pharmacists in a national survey of community pharmacy services for drug users.<sup>22</sup> However, since there was no database of staff available for sampling, it has not been possible to conduct a reliable non-responder bias survey.

The data indicate that there was a high level of involvement in service provision. In service-providing pharmacies, staff were involved directly in providing services; if they were not involved, this was mainly due to the pharmacist or someone else providing the service and not to their lack of willing-

ness to be involved. However, a proportion of those who reported that the pharmacist provided the service may have been unwilling to become personally involved in service provision should the pharmacist's role change. Furthermore, it is not possible to surmise the responses of the non-responders, who may have comprised a significantly less involved group.

In addition to high levels of involvement in service provision, just over half of all staff reported that they were happy to be involved in service provision and two thirds believed that the pharmacy was an appropriate place for providing these services. However, when these data were analysed according to involvement in service provision, respondents working in service-providing pharmacies were more likely to hold positive attitudes towards drug users. In all but two cases, those working in service-providing pharmacies held more positive (or less negative) views about the appropriateness of such services. Similar findings have been noted for pharmacists.<sup>10,12</sup> However, it is not possible from these data to infer cause and effect.

Of major importance, with regard to both staff welfare and treatment outcome, is the self-reported incidence of verbal abuse or violence encountered by staff at the pharmacy in which they currently worked. Thirty per cent reported having experienced such events. Staff with previous negative experiences of drug users in the pharmacy may be less approachable, or more stigmatising in their dealings with drug-using patients. Staff are often the first point of contact for drug users and staff attitudes may have a considerable impact on the outcome of service provision. Pharmacists who provide services for drug users should ensure that their staff are protected in terms of security and knowledge of security procedures. Pharmacists should make certain that any difficult situations are followed up with an appropriate recognition of the potential impact of such incidences on the individual and with support, including counselling where necessary.

Training for staff with regard to working with drug users would seem to be a basic necessity for the provision of a sympathetic and professional service. One of the main issues on which staff wanted training was managing the behaviour of drug users. It is essential that staff are confident in managing such situations with appropriate back-up, especially since aggressive behaviour by customers can occur in any retail environment and the perpetrators are not necessarily drug users.<sup>5,6</sup> The role of pharmacy staff needs to be recognised and acknowledged as a key part of service provision for problem drug users because, in addition to supporting pharmacists, they are often the first person seen by customers and as such can have a major impact on services.

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## Corrections

Table 2 (p887) is in fact Table 3 and in Table 4, n=23 not 53.