Community Pharmacist and Substance Use Disorders: Attitudes, Knowledge and Practices

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BACKGROUND

- Negative attitudes like stigmatization towards patients with substance use disorders (SUD) are known to lead to poor communication between healthcare professional and patient, diminished therapeutic alliance, and improper screening.[1]
- Limited literature is available assessing pharmacist knowledge, opinions, and attitudes regarding patients with SUD, despite increasing prevalence of SUD in the community.
- Emphasis has been put upon the role of pharmacists in SUD screening. An increasing number of states have provided opportunity for dispensing of naloxone by pharmacists.
- Additional understanding is needed regarding community pharmacists' role in these dispensing programs, the existing barriers to establishing the practice and how they can be overcome.

OBJECTIVES

- To assess community pharmacist practices, attitudes (stigma) and knowledge about patients with SUD.
- To identify the relationship between knowledge, attitudes and stigma with offering of clinical pharmacy services for patients with SUD.

METHODS

- A systematic literature review was conducted using PRISMA guidelines in PubMed, Scopus and Psychinfo, with select MeSH terms ('attitudes', 'drug abuse screening', 'stigma') up to November 2017.
- A cross-sectional descriptive study utilizing survey methodology will be performed using a non-probability sample of n=1000 community pharmacists from Giant Eagle Pharmacy in the regional tristate area (Pennsylvania, Ohio and West Virginia). Initial data for this poster was collected from a sample of community pharmacists not in the original Giant Eagle database.
- Email invitation will be issued to participate in the survey, administered utilizing Qualtrics® software (Provo, UT).
- Both investigator-designed items as well as items adapted from an open-access standardized instrument measuring generalized stigma associated with SUD were included.
- The investigator-designed portion of the survey included items regarding pharmacist knowledge and practices for the assessment of prescription drug abuse as well as provision of medication therapy management for SUD.
- Items assessing attitudes on other pharmacist practices, such as allowing purchase of sterile needles and dispensing of naloxone was included.
- Open-ended questions designed to collect information on pharmacist views regarding the current opioid epidemic was included in the survey.

TABLE: RESULTS

Demographics (Select descriptive statistics; n=41)	**Frequency**	**Percentage**
Gender: Female / Male	25 /14	61% / 34.1%
Race: Caucasian / Other	34 / 7	82.9% / 17.1%
Degree Obtained: PharmD/ B.S. Pharmacy	28 / 10	68.3% / 24.4%
Age (Years)	**Mean:** 36.8	**Standard Deviation:** 11.2
Practice Characteristics (Select practice characteristics; n=41)	**Frequency**	**Percentage**
Work experience (Years)	**Mean:**12.45	**Standard Deviation:** 10.24
No. of Hours per Week	**Mean:**37.15	**Standard Deviation:** 9.94
No. of pharmacists per shift	**Mean:**3.38	**Standard Deviation:** 5.54
No. of prescriptions filled per Week	**Mean:**2366.13	**Standard Deviation:** 1882.96
Practice site location: Sub-urban / Urban	17 / 11	41.5% / 26.8%
Patient socioeconomic class: Middle / Low / Impoverished	14 /10 / 4	34.1% / 24.4% / 9.8%
SUD dispensing frequency: Rarely / Sometimes / Frequently	5 / 9 / 15	12.2% / 22% / 36.6%
Education in SUD (Select educational characteristics; n=41)	**Frequency**	**Percentage**
SUD Education: Yes / No	18 / 15	43.9% / 36.6%
Adequate education: Disagree / Agree	7 / 9	17.1% / 22.0%
Continuous education: SUD	21	51.2%
Continuous education: Naloxone	26	63.4%
Personal experience: Yes / No	10 / 21	24.4% / 51.2%
Knowledge Statements; n=41	**Correct: Frequency**	**Incorrect: Frequency**
_____ is a Schedule III controlled substance.	31 (75.6%)	10 (24.4%)
Opioid administration to a patient on naltrexone is an effective pain management strategy.	30 (73.2%)	10 (24.4%)
_____ is the drug of choice for emergency treatment of opioid overdose.	29 (70.7%)	12 (29.3%)
Is prescription required for dispensing naloxone in your state?	24 (58.5%)	16 (39%)
Naloxone can be administered orally.	24 (58.5%)	16 (39%)
_____ is an opioid receptor antagonist and can reduce tolerance to opioids.	20 (48.8%)	11 (26.8%)
Naltrexone can be started within 7 days of last opioid use.	8 (19.5%)	19 (46.4%)
Buprenorphine can be used to potentiate opioids.	6 (14.6%)	27 (65.9%)
Practice with SUD; n = 41	**Frequency**	**Percentage**
Dispensing medications	17	41.5%
Counseling patients	15	36.6%
Provision of private space	12	29.3%
Patient monitoring or assisting	4	9.8%
Side effect counseling	12	29.3%
Advocating therapy changes	10	24.4%
Referring patients to practitioners	4	9.8%
MTM Services: Never / Frequently	9 / 9	22% / 22%
Screening Practices; n = 41 (1:Not important; 2:Somewhat important; 3: Very important; 4: Extremely important)	**Mean**	**Standard Deviation**
Repeatedly receiving "cocktailed" prescriptions (e.g. medications used in combination to enhance physical effects such as a "high")	3.6	0.62
Failure of prescribers to individualize dosing strategies for patients	3.17	0.71
Receiving multiple prescriptions for the strongest/most addiction-prone formulations	3.57	0.56
Requests for early refills from patients	3.57	0.56
Prescribers located far away from pharmacy sending prescription requests	3.47	0.68
Receiving a large volume of prescriptions for controlled substances by one particular physician	3.4	0.72
Patients travelling in groups to the pharmacy to pick up controlled substances	3.55	0.68
Stigma scale; n=41 (1:Strongly disagree; 2: Disagree; 3: Agree; 4: Strongly agree)	**Mean**	**Standard Deviation**
Most pharmacists would willingly accept someone who has been treated for substance use as a close friend.	2.4	0.62
Most pharmacists believe that someone who has been treated for substance use is just as trustworthy as the average citizen.	2.24	0.51
Most pharmacists would accept someone who has been treated for substance use as a teacher of young children in a public school.	2.24	0.43
Most pharmacists would hire someone who has been treated for substance use to take care of their children.	1.83	0.54
Most pharmacists would be willing to date someone who has been treated for substance use.	2.24	0.57
Most pharmacists think less of a person who has been in treatment for substance use.	2.45	0.63
Attitudes towards SUD; n=41 (1: Strongly disagree; 2:Disagree; 3:Agree; 4: Strongly Agree)	**Mean**	**Standard Deviation**
Pharmacists dispensing needles without prescriptions (or a demonstrated legitimate medical need) leads to an increase in frequency of substance abuse.	2.38	0.90
Pharmacists dispensing naloxone acts as a safety net leading to an increase (or encouragement) in substance abuse.	1.97	0.73
Dispensing buprenorphine/naloxone (Suboxone®) is an effective way for pharmacists to assist in the overall treatment of SUD.	2.86	0.64
Pharmacists dispensing oral/long acting naltrexone is an effective method to treat SUD.	2.79	0.62
Pharmacists dispensing needles without prescriptions (or a demonstrated legitimate medical need) leads to an increase in frequency of substance abuse.	2.38	0.90
Pharmacists dispensing naloxone acts as a safety net leading to an increase (or encouragement) in substance abuse.	1.97	0.73
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DISCUSSION & LIMITATIONS

- Reliability of Stigma Scale: Cronbach's alpha: 0.7
- Non-parametric statistical analysis results:
  - Pharmacy Services Scale and Screening Scale: not significantly associated with degree obtained, substance abuse education, personal experience, stigma or attitude.
  - Knowledge Scale: not significantly associated with degree obtained, substance abuse education and personal experience.
- Three regression models to be built to assess pharmacy services, screening and knowledge based on above factors as predictors along with demographics and practice characteristics.
- Limitations:
  - Preliminary data with small sample size : Less statistical power.
  - Results of correlations may vary with larger sample sizes. (Larger sample of pharmacists is currently being collected which will allow for more extensive statistical analysis).
  - Self-reported data is liable to social desirability bias.
  - Data cannot be generalized to national population.

CONCLUSION

- First extensive survey assessing knowledge, attitudes and practices of community pharmacists in SUD.
- Slightly more than one-third of the pharmacists reported lack of SUD specific education.
- Scheduling of drugs, pain management therapy and naltrexone and naloxone use were questions with highest correct answers while drug interactions of naltrexone and buprenorphine (concurrent opioid use) were questions with least correct answers.
- About 60% of pharmacists reported not delivering pharmacy services related to SUD management. 22% of pharmacists reported never performing and 22% reported frequently performing MTM services.
- Initial data indicated pharmacist stigmatization of SUD patients. General attitudes appeared to be neutral with a slight tendency towards negative attitudes related to dispensing needles to SUD patients.

REFERENCES

1. Van Boekel, L. C., Brouwers, E. P., Van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. Drug & Alcohol Dependence, 131(1), 23-35.

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