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 approach, and impoor 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.2
- 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'), 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 tri-state area (Pennsylvania, Ohio and West Virginia). Initial data for the 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 were included in the survey.

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 extended 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 toward negative attitudes related to dispensing needles to SUD patients.

REFERENCES


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