



Substance Use Disorder – The Role of the Pharmacist

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Background

In 2018, retail pharmacies in the United States dispensed 169 million opioid prescriptions.^[1] As the last healthcare professionals' patients encounter before receiving their medication, pharmacists must educate patients about their medications to ensure that these substances are being used safely and appropriately. Many of these medications are highly addictive and can come with lasting consequences if used incorrectly. In rural settings, where accessibility to treatment programs may be limited, the pharmacists' role in caring for patients with substance use disorders is even more crucial.^[1] To protect patients, it is important that pharmacists continue to play an active role in prevention and harm reduction.

Methods

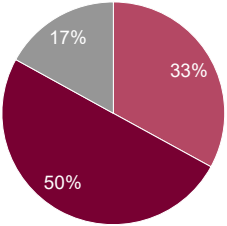
To explore the pharmacist's role in addressing substance use disorder, we conducted a comprehensive literature review where we utilized electronic databases such as PubMed. Manual searches were also performed in relevant journals and conference proceedings. Inclusion criteria focused on studies and reviews concerning pharmacists' involvement in substance use disorder prevention, intervention, or management. This systematic review provides a concise overview of the current state of knowledge, aiming to identify gaps for future research in this domain.

Strategies in Community Pharmacy

Education on Proper Storage and Disposal

Pharmacists are instrumental in preventing prescription drug diversion by providing patients with guidance on proper storage and disposal. However, it's notable that nearly half of patients receiving prescription opioids do not receive disposal information. Additionally, among those who do, only one-third receive this guidance from pharmacists.^[2]

Sources of Opioid Misuse



- Their own prescriptions
- Family/Friends prescriptions
- Other

This chart shows that approximately one-third of individuals obtain opioids from their own prescriptions, while over 50 percent acquire them from family and friends.^[1]

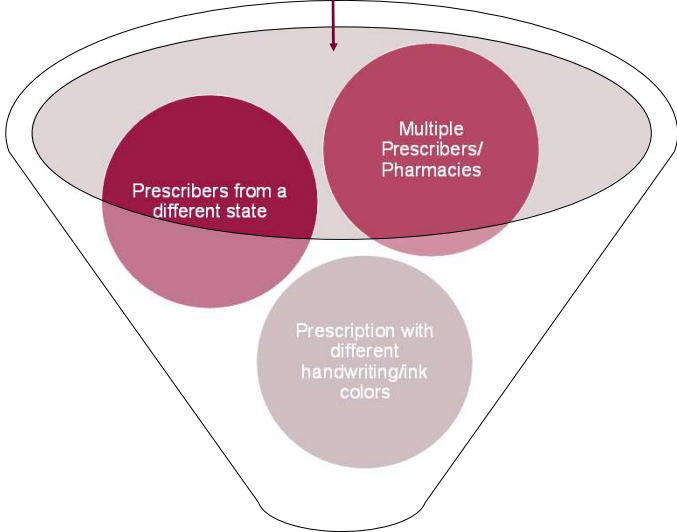
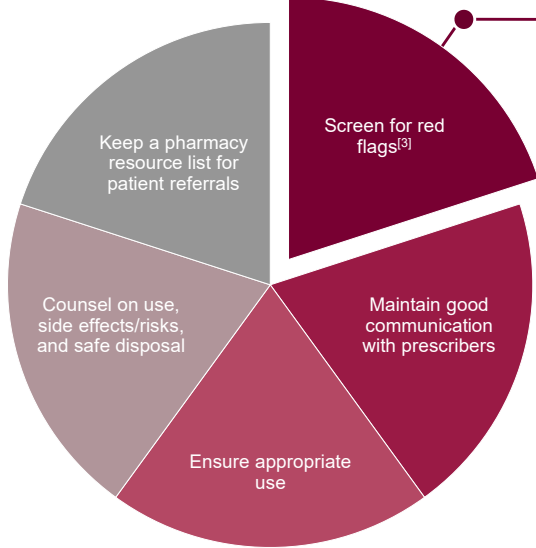
Barriers faced by Pharmacists

- Lack of info and clinical connection with other healthcare professionals^[2]
- Limited access to medical records^[2]

Roles in Combatting SUD

- Correct dosing and follow-up with patients^[2]
- Recommending tapering timelines for medications^[2]

Community Pharmacists Role in Prevention



Red Flags for SUD^[3]

Strategies in Inpatient Pharmacy

Implementing Clinical Pharmacist Practitioners (CPPs)

Introduction of CPPs to inpatient addiction triage teams has shown statistically and clinically significant improvements in initiation rates of Medication for Opioid Use Disorder (MOUD) before patient discharge.^[4]

Addressing Psychiatric Shortages with CPPs

By 2030, there is an expected 32% shortage of psychiatrists.^[4] Given their clinical expertise and adaptability, CPPs can serve as valuable resources in filling future gaps in psychiatric care.^[4]

Optimizing Opioid Withdrawal Management

Utilizing buprenorphine to reduce the duration of opioid withdrawal management can lead to meaningful enhancements in patient outcomes.^[5] This approach helps prevent premature discharges and ensures the implementation of evidence-based Opioid Use Disorder (OUD) treatment plans.^[5]

CIWA

The Clinical Institute Withdrawal Assessment (CIWA) helps healthcare professionals assess the severity of withdrawal symptoms, guide treatment options, and monitor patient progress during alcohol detoxification.^[6]

Discussion

Substance use disorder is a large problem in Utah and pharmacists as one of the healthcare professionals who has the most face-to-face interaction with patients can help lead the charge to help people struggling with substance use disorder. By implementing better strategies for counselling patients on opioids and other highly addictive medications, pharmacists can work to decrease the risk of SUD and overdose. Pharmacists in various settings all have a responsibility to balance disease state management and protect patients from developing substance use disorders.

References

