



Original Research

Developing a framework of care for opioid medication misuse in community pharmacy

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Abstract

Background: Prescription opioid misuse is a major public health concern in the US. Few resources exist to support community pharmacists engaging patients who misuse or are at risk for misuse.

Objectives: This report describes the results of the execution of the ADAPT-ITT model (a model for modifying evidence-based behavioral interventions to new populations and service settings) to guide the development of a behavioral health framework for opioid medication misuse in the community pharmacy setting.

Methods: Pharmacy, addiction, intervention, and treatment experts were convened to attend a one-day meeting to review the empirical knowledgebase and discuss adapting the screening, brief intervention, and referral to treatment (SBIRT) protocol for addressing opioid medication misuse in community pharmacy. Qualitative data gathered from the meeting were analyzed by 2 independent coders in a 2-cycle process using objective coding schemes. Percentage of agreement and Cohen's Kappa were calculated to assess coder agreement.

Results: First-cycle coding identified 4 distinct themes, with coder percentage of agreement ranging from 93.5 to 99.6% and with Kappa values between 0.81 and 0.93. Second-cycle coding identified 10 sub-themes, with coder percentage of agreement ranging from 83 to 99.8% and with Kappa values between 0.58 and

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0.93. Identified themes and sub-themes encompassed patient identification, intervention, prevention, and referral to treatment.

Conclusions: Focus of screening efforts in the emerging model should capitalize on pharmacists' knowledge of medication management. Screening likewise should be multidimensional in order to facilitate patient-centered interventions that activate additional disciplines able to interface with patients at risk or involved in medication misuse.

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Introduction

The misuse of prescription opioids has reached epidemic proportions in the US and is a major concern for public health.^{1,2} Opioid medication misuse involves diverse behaviors, including taking more medication than prescribed, doctor shopping, early refills, use for psychoactive effects, and/or use to relieve distress besides pain.³ These behaviors have been documented in clinical settings³ and health insurance claims.⁴ Regular opioid medication consumers who have mental, behavioral, and pain conditions have a heightened-risk for engaging in opioid medication misuse behaviors.⁴

The community pharmacy, a primary location for distribution of opioid medications,^{5,6} is one potentially effective location to address misuse. The feasibility of this resource is supported by their ubiquitous presence throughout communities, and pharmacists are one of the most prevalent advanced-degreed health professionals in the nation.⁷ Notably, pharmacists are consistently ranked among the most trusted professionals.⁸ Furthermore, patients are receptive to receiving behavioral health information from pharmacists,⁹ who in turn have positive attitudes and motivation to deliver care to those who misuse opioid medications.¹⁰

The busy community pharmacy workflow may be especially adaptable to addressing opioid medication misuse by employing the well-established *Screening, Brief Intervention, and Referral to Treatment* (SBIRT) protocol.^{11–17} SBIRT integrates screening patients for substance use, with 1 or 2 30-min sessions to explore the patient's motivation for change followed, if necessary, by referral to more intensive care. Studies in medical settings have shown that brief interventions can reduce prescription medication misuse, including opioid medication misuse.^{18,19} Considering that screening and brief counseling about medications are routine activities within community pharmacy, the SBIRT

protocol could be a valuable yet untapped possibility for addressing misuse of opioid medications.²⁰

This potential opportunity is, however, beset by specific challenges, including identification/operationalization of opioid misuse behaviors,^{21,22} co-occurring serious health risks such as overdose risk,^{23,24} physical dependence,²⁵ and legitimate pain management needs.^{4,26–29} Thus, SBIRT models developed for other substances, such as alcohol and tobacco, cannot be simply applied in the community pharmacy setting for addressing opioid medication misuse. Skepticism is reinforced by emerging literature showing that brief motivational interventions for drug use in primary care settings has inconsistent impact on outcomes.^{17,30–32} Accordingly, it is timely to modify SBIRT so as to be congruent with the spectrum and severity of problems associated with opioid medication misuse and its management in the community pharmacy setting.

Toward this goal, this report describes the results of a meeting of an interdisciplinary panel of experts employing ADAPT-ITT (Assessment, Decision, Administration, Production, Topical Experts, Integration, Training, and Testing³³) to guide modifications of SBIRT for opioid medication misuse in the community pharmacy setting. ADAPT-ITT was designed to serve as a framework for adapting evidence-based HIV interventions. Similar to other initiatives used to modify brief intervention models,^{34–37} ADAPT-ITT is a framework for modifying evidence-based behavioral interventions to new populations or service delivery settings.³³ We describe herein results of the utilization of the “ADAPT” portion of the model to modify SBIRT for the community pharmacy setting to address opioid medication misuse. In addition, the results are synthesized into a conceptual framework (Fig. 1) that is applicable for integrating patient identification, intervention, prevention, and referral to care for patients in the

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