Pharmacists' critical role in controlling the opioid crisis

Hena Arif

Many years ago, pharmaceutical companies declared that using opioids for pain would not lead to addiction. Following that, the prescriptions for these opioids greatly increased. Opioid usage then became very widespread throughout North America. Soon after, patients started misusing opioids and becoming addicted. In 2015 alone, an estimated 2,000 Canadians passed away due to opioid overdosing.[1] The opioid crisis has massively affected the health of not just people in Canada, but all of North America. This is a very key issue because it is life-threatening and affects a great amount of people. The economic burden due to opioid misuse is also very high. The cost is $78.5 billion a year, just in the US alone.[2] Finding a solution for this opioid overdose issue should be prioritized in order to stop wasting government money and use it towards something that could benefit all citizens instead.

One way the opioid crisis is being addressed is through the help of pharmacists. They are front-line health care professionals who deal with this issue every day. The APhA states that pharmacists should use their judgment and assess patient conditions to monitor use and misuse of substances.[3] They have the scope of practice and training required to deal with this issue immediately. All in all, pharmacists are the most critical defense in tackling the opioid crisis and should actively engage in treatment and prevention. One reason why pharmacists are so critical in this issue is that they are one of the first easily accessible trained healthcare professionals who can help the addicts. They can monitor for symptoms of addiction during regular visits before the addiction becomes severe. In British Columbia, pharmacists are frontline in managing methadone maintenance and other opioid antagonist treatments.[4] The BC Pharmacy has even had discussions with many groups such as the BC Substance Use advocating how community

pharmacists have an important role in the opioid crisis.[4] This is because pharmacists can provide support right away, especially community pharmacists whom you can talk to at any pharmacy. Patients don't have to make appointments. They can visit pharmacies anytime or also instantly receive help by calling a pharmacy. Christine Hrudka, CPhA Chair says her son was helped by a frontline pharmacist.[5] The pharmacist was the reason why his son kept coming back to therapy and improved his response to the therapy.[5] Even though her son died, Christine still applauds the pharmacist's role in the recovery process.[5] Pharmacists usually have good relationships with their patients due to frequent contact.[3] Patients seem to approach pharmacists with their concerns because they don't have to go through secretaries or other hospital staff to get help in crucial times. Due to their easy access and training, pharmacists are coming out to be a crucial weapon in controlling the opioid crisis.

Another reason why pharmacists are also very critical in solving this issue is because they have increased responsibility and training regarding naloxone. In North Carolina and in various other parts in North America, pharmacists can dispense naloxone without a prescription.[4] This helps cut wait times to treatment. Pharmacists can decide who meets the standing order for naloxone and who does not. They receive advanced training in their pharmacies so they can deal with addicts more effectively.[6] Pharmacies are also much more accessible places to receive naloxone rather than going to hospitals or doctor clinics which have much longer wait times. Pharmacists can inject naloxone to patients and monitor their conditions.[6] Pharmacists all over North America are given a lot of training with naloxone. They are expected to use that knowledge and training to treat opioid overdose. If they were to use all these skills and resources provided to them more actively, pharmacists can help treat millions of addicts.

Besides treating addiction, pharmacists also have a key role in preventing addiction which is much more beneficial to the patient and can eliminate the opioid overdose issue at its roots. Pharmacists have the job of checking prescriptions and making sure that the patient gets what they need and help counsel on the proper use of those medications.[7] They can actively help control possible addiction by making sure doses are correct. A study in John Hopkins hospital in Baltimore, Maryland revealed 1 error in 42% of prescriptions.[8] Pharmacists are the ones that can catch these errors. In opioid prescriptions, errors are much more life-threatening. Pharmacists can reduce opioid overdosing through constant monitoring. They have a key role in identifying any patients who may be misusing their opioid medication. By Ontario law and in most other regions, pharmacists are required to monitor drug therapy problems and possible use disorders and relay this to physicians. Physicians can modify prescriptions according to pharmacist recommendations. Pharmacists also teach patients how to properly dispose of their expired and unused opioids. This is very important so that friends and family members cannot use them for non-medical reasons causing possible addiction. Pharmacists reduce opioid misuse and promote safe usage. Overall, pharmacists' active engagement is key in preventing misuse of opioids.

Pharmacists have many key responsibilities, one of which is treating addiction. They possess advanced skills and knowledge to help tackle the opioid crisis. If pharmacists actively engage and take up responsibility, treatment and prevention of opioid overdose can be greatly increased. They can serve to greatly assist doctors and nurses in combatting this crisis by providing them with patient medications updates. They have a huge role from auditing prescriptions and being accessible, to giving naloxone to patients in need. They have the power to change the fate of millions of people struggling through opioid overdose, and ultimately improve the conditions of the North American community. Pharmacists are one of the most

central healthcare professionals in tackling the opioid crisis through treatment and prevention and they need to actively engage in doing so. The increased role of pharmacists in the opioid crisis will reduce wasteful government spending on this matter and allocate it towards other areas.

References

1. Canada needs national plan to combat opioid epidemic [Internet]. CAMH. [cited 2019Nov3]. Available from: https://www.camh.ca/en/camh-news-and-stories/canada-needs-national-plan-to-combat-opioid-epidemic

2. National Institute on Drug Abuse. Opioid Overdose Crisis [Internet]. NIDA. 2019 [cited 2019Nov3]. Available from: https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis

3. Reynolds V, Causey H, Mckee J, Reinstein V, Muzyk A. The Role of Pharmacists in the Opioid Epidemic. North Carolina Medical Journal [Internet]. 2017 [cited 2019Nov3];78(3):202–5. Available from: http://www.ncmedicaljournal.com/content/78/3/202.full

4. Overdose crisis: Pharmacists' role in combating opioid addiction [Internet]. BC Pharmacy Association. [cited 2019Nov3]. Available from: https://www.bcpharmacy.ca/news/overdose-crisis-pharmacists-role-combating-opioid-addiction

5. Opioid Crisis [Internet]. Canadian Pharmacists Association. [cited 2019Nov3]. Available from: https://www.pharmacists.ca/advocacy/opioid-crisis/

6. Grindrod K, Beazely M. Fitting naloxone into community pharmacy practice. Canadian Pharmacists Journal / Revue des Pharmaciens du Canada [Internet]. 2016Jul [cited 2019Nov3];149(6):329–31. Available from: https://journals.sagepub.com/doi/full/10.1177/1715163516671968

7. Prevention of Opioid Abuse and Addiction [Internet]. Opioid Help. [cited 2019Nov3]. Available from: https://www.opioidhelp.com/epidemic/prevention-opioid-abuse-addiction/

8. Bicket MMC, Kattail MD, Yaster MM, Wu MCL, Phd PPM. An analysis of errors, discrepancies, and variation in opioid prescriptions for adult outpatients at a teaching hospital. Journal of Opioid Management [Internet]. 2017Jan [cited 2019Nov3];13(1):51. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5697796/