

INTERVENTION TO INCREASE NALOXONE ENGAGEMENT IN COMMUNITY PHARMACIES:

A FOCUS GROUP INVESTIGATION

Daniel Ventricelli, PharmD, MPH¹ • Mary Gray, PhD² • Jesse Boggis, MPH³ • Jef Bratberg, PharmD⁴ • Adriane Irwin, PharmD⁵ • Caleb Banta-Green, PhD⁶ • Gillian Leichtling, BA² • Anthony Floyd, PhD⁶ • Dan Hartung, PharmD, MPH⁵ • Traci C. Green, PhD, MSc³

¹University of the Sciences ²Comagine Health ³Heller School for Social Policy & Management at Brandeis University ⁴University of Rhode Island College of Pharmacy⁵ Oregon State University College of Pharmacy ⁶University of Washington

Background

Community-based pharmacies play a pivotal role towards improving opioid safety by dispensing naloxone, medications for opioid use disorder and selling nonprescription syringes for safe injection.

The **RESPOND TO PREVENT** program provides training, resources, and tools to improve the quality and success rate of naloxone offers by community pharmacies in four states: MA, NH, OR, and WA.



Research Objective

This study explored: Pharmacist attitudes, knowledge, and experience in dispensing naloxone, providing buprenorphine and selling nonprescription syringes.

- Acceptability of the pharmacy-based intervention and training program, entitled RESPOND TO PREVENT.

The goal of the study is to improve access to naloxone, medications for opioid use disorder, and syringes to reduce opioid-related harms through intervention.

Methods

Methods. Two online, asynchronous focus groups were conducted with community-based chain pharmacists (n = 32) across Massachusetts (19%), New Hampshire (28%), Oregon (25%), and Washington (28%) state.

- Each pharmacist participated anonymously for approximately 30 minutes across a 52-60 hour window. Questions focused on prescriber support; policy impacts at the store, state, and federal levels; experiences with pharmacy-based naloxone; and intervention implementation barriers and facilitators.

Analysis. Qualitative data analysis was conducted by a multidisciplinary team using an immersion-crystallization approach.

- Data were coded in NVIVO independently by two researchers. Overall, the Kappa Coefficients (63% within moderate to substantial agreement) and percent agreements (96.75% - 99.99%) were high.

- Themes were identified through the coding and analytic process.

Sample. Eligible participants were those pharmacists who had completed the baseline assessment and online course.

- Participants identified as White (53%), Asian (28%), or Black or African American (6%). Over half were female (56%) and the majority non-Hispanic (91%).

Training, resources, and intervention materials increased community pharmacist self-efficacy to engage a broader patient population about naloxone and fostered positive attitudes regarding their role as community caretakers.



Supported by the National Institute on Drug Abuse (R01DA045745-01)

Results

Five major themes associated with the **RESPOND TO PREVENT** program were identified:

1. Filled gaps in pharmacist and broader pharmacy team **knowledge** of opioid use disorder (OUD), pharmacy-based naloxone, buprenorphine and syringe safety and sales

“The course helped me to look at each of my patients in a more human aspect, rather than generalizing them as opioid users. It also has helped me to further my understanding on the medications these patients are taking to manage their disease”

–Washington Pharmacist

2. Shifted **self-efficacy** to initiate “tough” conversations with patients and counseling about naloxone using intervention materials

“For me, personally, I have a hard time approaching patients to offer naloxone because I don't want to offend them. The courses helped me open up conversations with facts and information that I think most patients haven't heard before.

–Massachusetts Pharmacist

3. **Attitude** changes regarding the pharmacist's role as community caretaker

“This gives us all much more understanding and knowledge in how we can further aid our community and provide better healthcare to patients in need.”

–Washington Pharmacist

4. **Practice** changes to increase provision of naloxone and syringe sales

“Since taking the course, we have had an uptick in offering naloxone. I feel it has benefited customers by making them more aware of the issue, too...”

–Oregon Pharmacist

5. Reduced **stigma** associated with syringe sales

“Early on, my staff was not totally on board with offering syringes. They felt it would attract the wrong people in the store... I used the materials provided... to educate and remind them we are a healthcare facility. Patients seeking syringes may be diabetic, or they may have an OUD. Failing to provide syringes to either is not good for their health and the healthcare system as a whole.”

–New Hampshire Pharmacist

Conclusion. Pharmacist focus groups across four states identified important knowledge, training, and stigma-related gaps. Results reflect rich and positive experiences of community-based pharmacists participating in the educational intervention and provide face validity for module content and intervention materials to address identified gaps.