Preparing Pharmacists to Treat Addiction

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August 22-24 // Lawrence, KS

Disclosures

Faculty

Dr. Elizabeth Ablah, faculty for this activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Planners

None of the planners for this activity have any relevant financial relationships with ineligible companies to disclose.

Learning Objectives

Pharmacists

1. Describe how stigma can impact the health and healthcare of individuals with substance use disorder.
2. Identify potential strategies that healthcare providers can implement to improve access to care for individuals with substance use disorder.
3. Explain the campaign used to frame the role healthcare professionals can have in caring for individuals with substance use disorder.

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Learning Objectives

Pharmacy Technicians

1. Identify medically appropriate terminology to reduce substance use disorder stigma.
2. Locate substance use disorder resources designed for this initiative.

Pre-test

1. Stigma affects access to healthcare for those with substance use disorder?
2. Identify potential strategies that healthcare providers can implement to improve access to care for individuals with substance use disorder.
3. Which campaign was developed specifically to frame the role healthcare professionals can have in caring for individuals with substance use disorder.
4. Which two phrases include medically appropriate terminology to use to help reduce substance use disorder stigma?
5. Where can substance use disorder resources designed for this initiative be accessed?

Preparing Physicians to Treat Addiction (PPTA)

- Awarded funding by the Sunflower Foundation's Kansas Fights Addiction program
- University of Kansas School of Medicine-Wichita
  - Department of Psychiatry and Behavioral Sciences
  - Department of Population Health
- The purpose of PPTA was to **improve access to SUD care** in Sedgwick County, Kansas

The Problem

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The Problem

- Consider that 46.3 million (16.5%) Americans meet the criteria for having SUD, yet 94% of them receive no treatment (Han et al., 2021).
- Those with SUD are largely unable to access treatment from healthcare professionals.
- There are multiple reasons preventing various healthcare professionals from serving this population, including bias and prejudice regarding race, class, and willpower (McGinty, & Barry, 2020).

The Problem

- The attitudes and biases that healthcare professionals have toward people with SUD are directly associated with their poor access to treatment (Khenti et al., 2017) and poor outcomes (van Boekel et al., 2013; Couto et al., 2018).
- Stigma isolates individuals with SUD who need treatment and prevents them from getting the care they need.
- The barriers preventing healthcare professionals in Kansas from serving this population were not understood.

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Goals

1. Assess barriers to intervening with individuals with SUD

2. Implement a series of interventions to address immediate needs

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Methods for Data Collection

Literature review

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Literature review

Script for interviews with the KS Board of Pharmacy network

Results

Nineteen pharmacists, nurse practitioners, clinic directors, or pharmacy students across Kansas participated in an interview

Participants represented a variety of: years in practice, fields of medicine, ages, genders, and races

Demographics

	%	n
Years in Practice		
<5 years	21%	4
5 to 9 years	26%	5
10 to 14 years	11%	2
15 to 19 years	16%	3
20 or more years	26%	5
Primary Organizational Affiliation		
Community Pharmacy	63%	12
Hospital	21%	4
Outpatient clinic/ rural health clinic	11%	2
Behavioral Health Clinic	5%	1
Role		
Dispenser	74%	14
Prescriber	5%	1
Social Worker	-	0
Other	21%	4
Monthly Average of Patients Seen with SUD		
0	-	0
1 to 10	37%	7
>10	63%	12

Demographics

	%	n
Age in Years		
<35	47%	9
35 to 44	21%	4
45 to 54	16%	3
55 to 64	11%	2
65+	5%	1
Gender		
Female	79%	15
Male	21%	4
Race		
White/Caucasian	95%	18
Black or African American	5%	1
American Indian or Alaska Native	-	0
Asian American or Pacific Islander	-	0
Hispanic, Latino, or Spanish origin		
Yes	-	0
No	100%	19

Purpose of Data Collection

Determine if People with SUD Experience Bias

Understand Barriers to Provide Care for those with SUD

Identify Strategies to Address Barriers

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Under What Circumstances Do People with Substance Use Disorder Experience Bias?

Widespread SUD-related Stigma, Especially in Employment, Housing, and Law Enforcement

- *"…in relation to finding employment, there's a lot of bias [and] within their family that they have to overcome people not understanding, being judgmental…And then, just society, there's a lot of stigma attached."*
- *"…a lot of people don't associate with them anymore… they may be ostracized a bit more or not trusted as much. And certainly, when it comes to employment, that's really, really hard for them to get a regular job… law enforcement knows who they are. And sometimes they may be a little more strict with them, or follow them around, or pay more attention to them."*

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Under What Circumstances Do People with Substance Use Disorder Experience Bias?

Stereotyping, Often Causing Individuals to Hide Their SUD out of Fear of Judgment

- *"…once you get…labeled with something, it kind of sticks with you. No matter…if you're in recovery or not, you're going to always be labeled in a certain situation, and I think that could be something that lingers with them."*
- *"…patients on medication-assisted therapy…there's already a negative connotation, I feel like, in bias from anybody that knows they're on those therapies, and they make assumptions automatically. And then, honestly, too, with a record, even if they're in active recovery, just having to disclose that they have had a past issue with substance use disorders, or maybe they're in recovery, I feel like there's already bias right out the gate, even if they're living very well in recovery."*

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Under What Circumstances Do People with Substance Use Disorder Experience Bias?

Healthcare Providers Unfamiliar with SUD

- *"…they probably get treated as drug-seeking probably… People probably don't understand how to treat it, in general."*
- *"…they're less likely to be taken seriously, especially when they say they're in pain or something because…and that can be even if they are in recovery or if they're actively going through that…they would experience bias at a doctor's appointment, you know, at the pharmacy…I feel like their treatment is just less likely to be taken seriously."*

Do You Believe People with SUD are Responsible for their Disorder?

Initial Use May Involve Choice, Nearly All Participants Reported that SUD is More Nuanced

- *"…there's genetic factors, but life experiences can take you down a lot of paths…I don't think anyone wants to be in that situation…it's, like, a brain chemistry thing…It's a disease. It's not something someone chooses to do."*
- *"I wouldn't say that they're wholly responsible. I mean, obviously they are an individual who makes decisions and can potentially know right from wrong. But I feel like the systems in place probably aren't very helpful to them either. So…I also think that it's kind of on the system as a whole, too."*

Do You Think People with SUD are Weak Willed?

Participants Described SUD as a Disease

- *"I think substance use disorder is a disease. It's something, just like any other medical condition, a lot of times, you can't just decide you're better. Like, it takes intervention to actually achieve sobriety or to go into recovery. So, I don't think they're weak-willed. I think it's truly a challenge."*
- *"I see it more as a mental health issue than a weak-willed issue… it's probably more of an addiction mental health issue."*
- *"It's…that chemical imbalance in their brain that keeps them going for more, despite the consequences."*

Purpose of Data Collection

Determine if People with SUD Experience Bias

Understand Barriers to Provide Care for those with SUD

Identify Strategies to Address Barriers

Why Do You *Not* Conduct SUD-Related Services?

(Screening, brief interventions, MAT, naloxone, referrals)

Patient Willingness

- *…[I'm] not being recognized as a provider to be able to give that care…it would not only be a barrier for me to offer, but…a barrier for acceptance by the individual."*
- *"…addressing it at the pharmacy is hard…a lot of patients…think… 'you're a pharmacist. you're just here to give me my pills. so, why are you trying to get into my business?'…chat[ting] with the provider is a lot easier than actually chatting with the patients themselves."*

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Why Do You *Not* Conduct SUD-Related Services?

(Screening, brief interventions, MAT, naloxone, referrals)

Time Constraints

- *"Time is the biggest one. Pharmacies are busy. [Screening is] easily… driven out of your priority list, unfortunately."*
- *"…a busy pharmacy…sometimes it doesn't even stop to…make you think [to intervene] whenever you're up there at that counsel window with those few minutes that you have with the patient."*

Why Do You *Not* Conduct SUD-Related Services?

(Screening, brief interventions, MAT, naloxone, referrals)

Availability and Accessibility of Resources

- *"I don't feel like we have the resources…I don't know where to refer them to."*
- *"…there's not enough [treatment facilities] …most of the [referred]…patients have to go two-plus hours away."*
- *"…it's…an access thing. If I could find a grant or some way to have naloxone available… I can't always ensure that…"*

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Why Do You *Not* Conduct SUD-Related Services?

(Screening, brief interventions, MAT, naloxone, referrals)

Coordination and Procedural Challenges

- *"I don't know that there's a really good way for us to do [referrals]…but we do tell the PCP just concerning behaviors. But… what they do from there, we… don't follow up on it, really."*
- *"… if we had the tools and really knew if we screen somebody…we could call a direct provider to get them in, or if we had a better relationship with the PCP."*
- *"I just don't know that our healthcare system is set up for me to do a straight referral for a substance use disorder."*

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Facilitators to Conducting SUD-Related Services

(Screening, brief interventions, MAT, naloxone, referrals)

Standardized Tools and Protocols

- *"I think if [brief interventions] were required… with every script… it would help."*
- *"Streamlining how to do that. Setting a standard of care of how to refer someone."*
- *"I don't know that there's a really good system for us to do it… we would need a policy or a procedure that we would just screen everybody. So, it doesn't look like we're singling people out and then referring them."*

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Facilitators to Conducting SUD-Related Services

(Screening, brief interventions, MAT, naloxone, referrals)

Training and Comfort Level

- *"…if we saw statistics on how much it helps in other places…and then obviously we need some real training and guidance on how and when to do that."*
- *"…a lot of education on…what resources are available, having screening tools available to us that would be quick and easy to use, and…maybe giving a narrative of the best way to refer somebody…"*

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Barriers to Offering MAT

Limited Access to Local MAT Resources

- *"…price is always a factor. If someone's far into… an addiction path, I would assume they don't really have insurance, and Medicaid is tricky. … sometimes people pick and choose which medications to pick up based on cost and, like, if they think they really need it. So, I would just say cost is a factor."*
- *"We don't have any ability to dispense without a prescription, so they do have to be with a provider who is willing to write those prescriptions for them."*

Barriers to Offering MAT

Lack of Knowledge about MAT

- *"I don't honestly know much about how it's like actually physically carried out. I might know the medications they're on, but I don't know a lot about the therapy side of things or anything like that."*

Facilitators to Offering MAT

Access to Low-cost or Free MAT

- *"I wish there was a way to maybe assist people without being tied to a treatment facility, whether that was a grant, a coupon, or some way to maybe lower the copay on some of those medications, especially if they don't have insurance."*
- *"And I know that there are some providers here. Like, at my pharmacy, we just had some discussion with a Suboxone provider for a patient who's in recovery at this point. I wish I…knew a little bit more about those providers…and how exactly they work, and how these patients get referred to them. And how many providers there are in the city, especially, would be good information to know."*

Purpose of Data Collection

Determine if People with SUD Experience Bias

Understand Barriers and Facilitators to Provide Care for those with SUD

Identify Strategies to Address Barriers

What Are the Best Ways Non-Addiction Medicine Providers Can Help Someone with a SUD?

Supporting Patients with Unbiased Care

- *"I think it's support and not becoming a roadblock. I think it's being part of that task force and offering support and encouragement for more information to become available…Probably one of the things I could do is encourage our providers to… start dispensing that type of medication."*
- *"Trying to stay non-biased with those patients. And again, just like providing them with the same compassion that I would provide to somebody who's dealing with cancer or something of that nature…. And just being there for them and making sure that we're giving them the medication whenever they need to. I know that… keeping my medications like Suboxone in stock is a really big thing."*

How Do We Reduce Stigma among Local Pharmacists Regarding People with SUD?

Training

- *"First off, what we have to do is eliminate the stigma. And I think doing that is through training, and maybe some of that training is through continuing education to healthcare providers."*
- *"…education all around. Practicing…the correct language to use. That way, you're not pushing patients away, but making a more trusting relationship."*
- *"… it's education, and it's finding ways to make providers more empathetic. And maybe it's working side by side with someone who has been through it. I think sometimes providers don't quite understand the disease as well."*

How Do We Improve Access to SUD Care in Kansas?

Reimbursement

- *"…proper reimbursement always triggers healthcare providers into being a little bit more aggressive in this fashion. And I think we would drive up success rates if healthcare providers were given the opportunity."*
- *"I feel like places are less likely to focus on it when there's not significant reimbursement for the company. I know, like, community pharmacies, we work on vaccines because it's a big profit. It not only protects our patients and could potentially decrease, you know, future healthcare costs by them not getting it, but giving the vaccine as well is profitable to the company."*

How Do We Improve Access to SUD Care in Kansas?

Increasing the Number of Providers

- *"For us, a lot of it is just funding to get these specific positions…. So, a combination of push for education for the providers themselves and then increase in resources to hire people."*

How Do We Improve Access to SUD Care in Kansas?

Prevent SUD

- *"I think for providers to reduce the amount of prescriptions that are addictive that they prescribe to patients…Not to prescribe a medication if it's not necessary, especially if you know it's addictive. And also, it's a pharmacist's responsibility to make sure, we learned this in school, that there are signs to watch out for when a patient's coming to pick up medication to make sure that it's genuine, that they genuinely need the medication."*
- *"…from a pharmacist standpoint prescribers who have no clue about PDMP, and who are writing without checking it… that's probably…the biggest thing…. It's just, you know, if everybody took the time to check that, I think that there would be fewer scripts and a little bit less of an issue than what we can currently see."*

How Do We Improve Access to SUD Care in Kansas?

Increased Funding for Treatment and Harm Reduction

- *"…creating enough resources that makes them affordable…[or] available for free…if we have enough resources and they're proven effective and there's not a cost barrier, then I think we'll have huge uptake in the general public."*
- *"One would be financial assistance to the treatment facilities, so grant money to help patients pay for their medication. That's a huge one."*
- *"I would say with naloxone. It seems like a lot of insurance companies don't pay near as well… people are hesitant to spend, say, $50 at the pharmacy to get the naloxone, when in reality, it could help save them from a dire situation…."*

How Do We Improve Access to SUD Care in Kansas?

Policies and Protocols

- *"A training on how to…handle that kind of conversation with a [SUD] patient, just because we have many policies on…appropriate ways to, like, interact with customers. And [policies] about having that kind of conversation I think would help, making…pharmacists more comfortable with initiating it."*
- *"…we could…put it out there as…an algorithm-type thing. If you have a patient who's scoring this number to this number on whatever scale…[or] we are suspecting substance use disorder…I feel like if there's a policy in place, you could be protected as a provider, to be like, 'Look, I'm just following the policy that the state has in place to help you out.' And even if those patients aren't technically abusing, or using substances, we could still at least provide that education to those patients."*

How Do We Improve Access to SUD Care in Kansas?

Policies and Protocols

- *"I think it should be mandatory to use K-TRACS, especially on the provider's side. I think, I can't speak for, like, independent pharmacies, but I think giant retail pharmacies, like, we're required to do it. So, I think it should be mandatory… anybody who is prescribing, they should have to check K-TRACS prior to prescribing any type of controlled substances."*

How Do We Improve Access to SUD Care in Kansas?

Policies and Protocols

- *"…if we were going to refer someone, where we would refer them, and put that into a policy. And then probably implementing, you know, if they ask for early refills or if you notice an issue of multiple pharmacies or doctors who, you know, shopping that we implement a procedure for referral."*
- *"I think that we could consider automatic consults for our behavioral health team if a patient does flag to have some sort of substance abuse issue on their admission intake screening. Again, whether that's alcohol, opioids, other substances, and that could help because sometimes you may not identify it as the provider when you're seeing the patient… they may benefit from receiving those resources even if it's not actively harming their health at this minute."*

How Do We Improve Access to SUD Care in Kansas?

Policies and Protocols

- *"…we automatically print REMS guides, all sorts of stuff that go out with medicine. I think anybody with chronic usage… our system could easily just auto print a document on education and resources and such. We also do outreach calls daily at our pharmacy about various things… our system would target those people, and we would call and give them education, provide them options…. To some extent, that is already there in the MTM platform of pharmacy, it's just not to a level it could be."*
- *"I guess if we had some sort of way to identify people who want and need help and have an easy way for them to get started in the process, like, here's a card…scan this QR code and you're in the system or someone will pick you up and bring you along. I guess an easy portal, an easy entry that we can share with them."*

How Do We Improve Access to SUD Care in Kansas?

Standardized Screening

- *"I think maybe a standardized screening that just goes out to anybody that prescribes it, or dispenses it, or even…picks it up… some required documentation there… .I think maybe a policy on a screening would be great."*
- *"Maybe an annual screening with their provider or an annual screening to be able to qualify for Medicaid….I think you can make that a state policy like, 'In order to qualify for Medicaid, you have to complete these required screenings,' and it's just part of their yearly paperwork."*

How Do We Improve Access to SUD Care in Kansas?

Increase Availability of Harm Reduction

- *"I would say if there was a way to get naloxone…and I know a lot of places are able to hand out naloxone for free, but if there was a way that we could get that even more readily available"*
- *"… having like it be a rule that we have naloxone in the first aid kits for, you know, whatever reason, or having the backup stock, just like how we have to have the AED or like the EpiPen in our own first aid kit, like we have to have the naloxone."*
- *"…over a certain MME prescription, it's an automatic requirement that you have to offer Narcan."*

How Do We Improve Access to SUD Care in Kansas?

Treat Rather than Punish

- *"…if you are a user and get caught, essentially, instead of facing charges, you can do the whole drug court program, which includes treatment as well."*
- *"I feel like that should be legally on the books. Like, if you actively seek care for a substance use disorder, it cannot be reported to, I don't know, the driver's license bureau or any government organization, any employer. Just some sort of reassurance, legally, that these patients could seek treatment because that's what they need to function in society and get better and not have the worry that by seeking treatment for the disorder, they're going to out themselves as having that disorder and risk employment."*

Methods for Data Collection

Literature review

Script for interviews with the KS Board of Pharmacy network

Survey of the Kansas Board of Pharmacy network

Results

238 Kansas Board of Pharmacy network members completed the survey

Participants represented a variety of years in practice, ages, genders, and races

Demographics

	Frequency	Percent
Years in Practice		
<5 years	23	10%
5–9 years	46	20%
10–14 years	36	15%
15–19 years	18	8%
20 or more years	112	48%
Primary Organizational Affiliation		
Hospital	45	20%
Community Pharmacy	150	68%
Outpatient clinic/ rural health clinic	21	10%
Behavioral Health Clinic	6	3%
Role		
Prescriber	11	5%
Dispenser	191	83%
Social Worker	0	-
Other	28	12%
Monthly Average of Patients Seen with SUD		
0	26	11%
1 to 10	106	46%
>10	97	42%

	Frequency	Percent
Age		
<35	58	25%
35-44	53	23%
45-54	41	17%
55-64	39	17%
65+	31	13%
Prefer not to answer	13	6%
Gender		
Male	4	21%
Female	15	79%
Gender non-binary	1	<1%
Prefer not to answer	15	79%
Race		
White/Caucasian	207	88%
Black or African American	2	1%
American Indian or Alaska Native	0	-
Asian American or Pacific Islander	6	3%
Other	2	1%
Prefer not to answer	19	8%
Hispanic, Latino, or Spanish origin		
Yes	5	2%
No	215	91%
Prefer not to answer	16	7%

Purpose of Data Collection

Determine if People with SUD Experience Bias

Understand Barriers to Provide Care for those with SUD

Identify Strategies to Address Barriers

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Respondents' Medical Condition Regard Scale (MCRS) Descriptive Statistics

	N	Min	Max	Mean	Std. Deviation
Medical Condition Regard Scale	234	27	55	35	4.21

Respondents' Subscale Results

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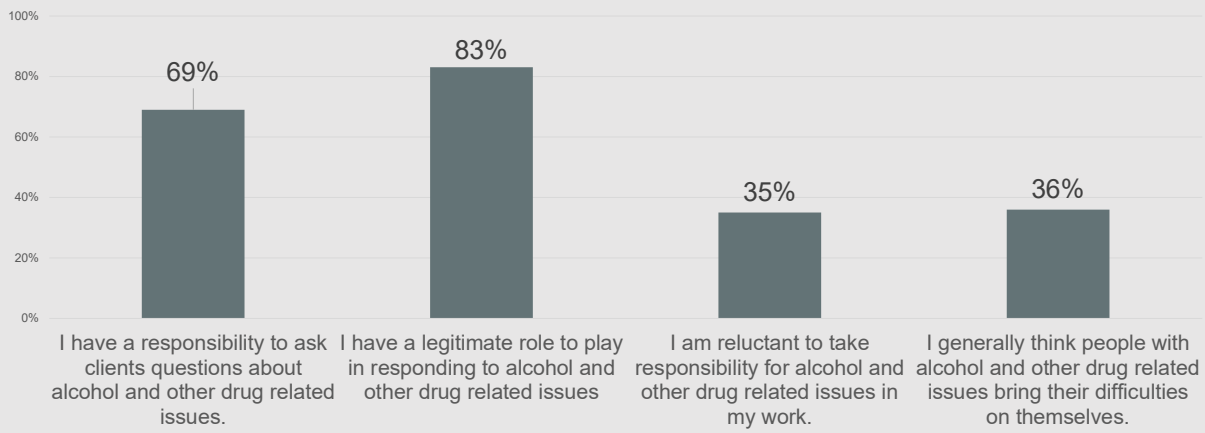
Subscales	Items	KBOP network	Practitioners across the US
Desire to work with population	Working with this population is satisfying	31.6%*	45.7%
	I feel especially compassionate toward patients like this	39.4%*	62.0%
	I enjoy giving extra time to patients like this	33.4%	41.4%
	Patients like this irritate me	6.6%	12.9%
	I prefer not to work with patients like this	9.1%	16.0%
Treatability of individuals with SUDs	I can usually find something that helps patients like this feel better	18%*	59.3%
	There is little I can do to help patients like this	11.2%	9.5%
	Patients like this are particularly difficult for me to work with	12.5%*	22.4%
Worthiness of medical resources	Insurance plans should cover patients like this to the same degree that they cover patients with other conditions	69.4%	72.4%
	I wouldn't mind giving extra time or effort to care for patients like this	17.5%*	29.3%
	Treating patients like this is a waste of medical dollars	3.3%	2.6%

Work Practice Questionnaire (WPQ) Responses



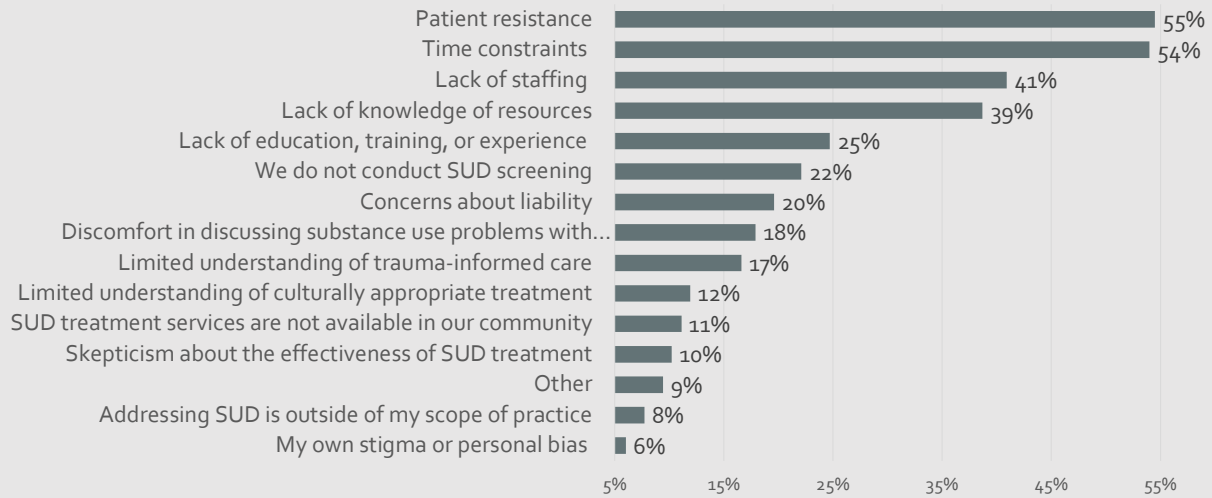
Purpose of Data Collection

Determine if People with SUD Experience Bias

Understand Barriers to Provide Care for those with SUD

Identify Strategies to Address Barriers

Barriers to Working with Patients to Address Their SUD



Purpose of Data Collection

Determine if People with SUD Experience Bias

Understand Barriers to Provide Care for those with SUD

Identify Strategies to Address Barriers

Resources that Would Help Respondents Address Patients' SUDs

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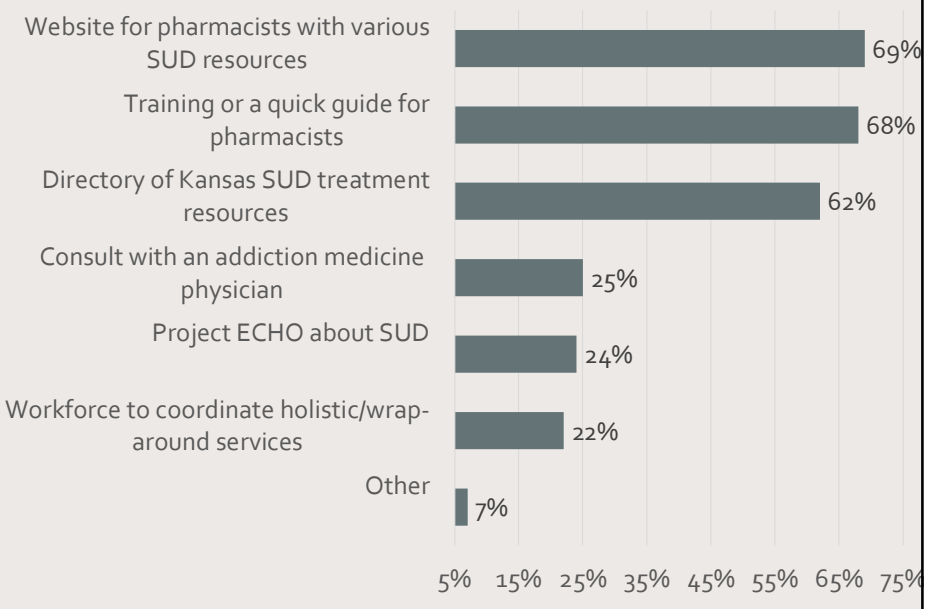

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Helpful Training or Brief Guide Topics

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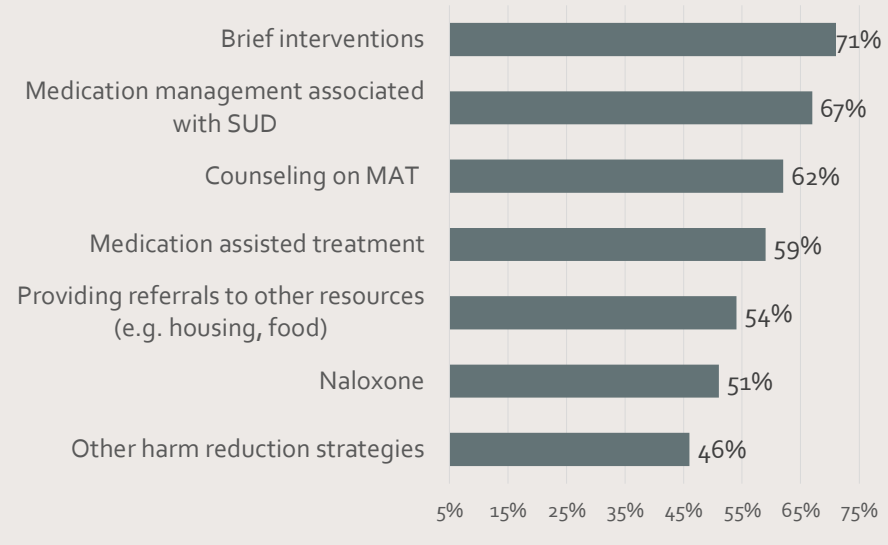

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Goals

1. Assess barriers to intervening with individuals with SUD

2. Implement a series of interventions to address immediate needs

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THE PPTA CAMPAIGN

Campaign Background

- One barrier relates to the stigma associated with substance use disorders
- Health care professionals have stigma and manifest it in their clinical practice, resulting in poor outcomes for SUD patients.
- There have been few studies, let alone established, evidence-based strategies, that have addressed healthcare professionals' stigma and biases about caring for patients with SUD (Livingstone et al., 2012; Brener et al., 2017).

Campaign Purpose

We developed a research-informed campaign designed to:

1. reduce stigma and prompt attitude and behavior change regarding SUD in Sedgwick County.
2. increase awareness of resources associated with SUD.
3. encourage physicians provide evidence-based care for patients with SUDs, including understanding the indications for and offering MAT to patients with SUD (National Academies of Sciences, Engineering, and Medicine (2016).

Be the LIGHT

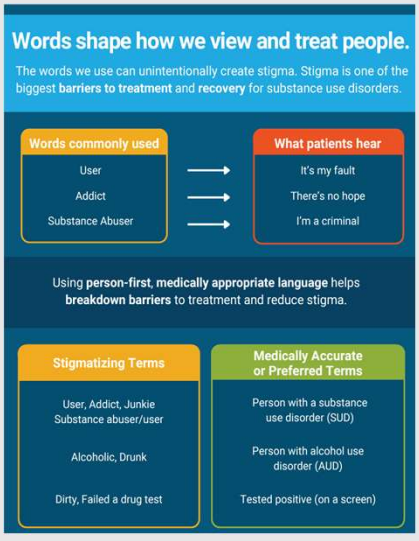
Please scan the QR code and complete a short survey about the Be the LIGHT campaign video

Be the LIGHT

Language
I ntervene
G uide
H elp
T reatment

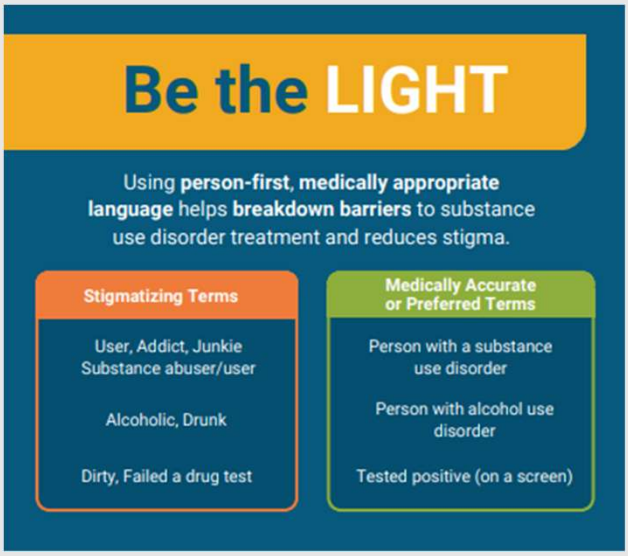
Be the LIGHT Posters

Language
Intervene
Guide
Help
Treatment



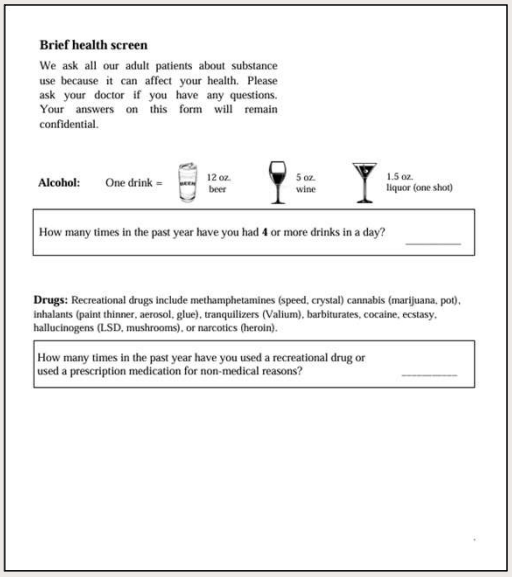
Be the LIGHT Magnet

Language
Intervene
Guide
Help
Treatment



Validated Screening Tools

Language
Intervene
Guide
Help
Treatment



Brief health screen

We ask all our adult patients about substance use because it can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Alcohol: One drink = 12 oz. beer; 5 oz. wine; 1.5 oz. liquor (one shot)

How many times in the past year have you had **4** or more drinks in a day? _____

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? _____

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Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

_____
_____

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for alcohol use? ☐ Never ☐ Currently ☐ In the past

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W, GM, ≥65:	0-3	4-12	13-19	20+

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Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

_____
_____

☐ methamphetamines (speed, crystal)
☐ cannabis (marijuana, pot)
☐ inhalants (paint thinner, aerosol, glue)
☐ tranquilizers (valium)
☐ cocaine
☐ narcotics (heroin, oxycodone, methadone, etc.)
☐ hallucinogens (LSD, mushrooms)
☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you always able to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I	II	III	IV
0	1-2	3-5	6+

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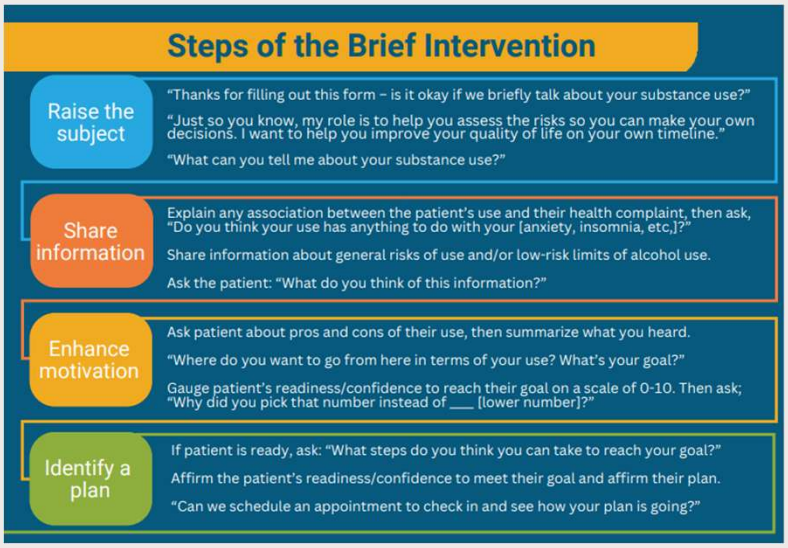
Brief Intervention Quick Reference Guide



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Video – Early Interventions

Chad Harmon (CEO, Substance Abuse Center of Kansas) discusses screening and early inventions for substance use disorder. Someone with lived experience describes the importance of such an intervention.

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Motivational Interviewing Quick Reference Guide

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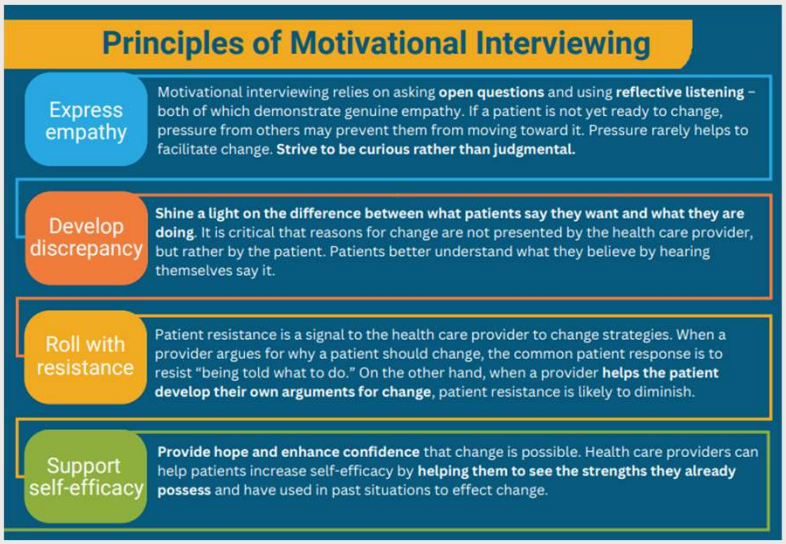

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Video – Motivational Interviewing

Dr. Mary Koehn describes theory and evidence associated with motivational interviewing and explains communication strategies to promote behavioral change.

Buprenorphine Quick Start Guide

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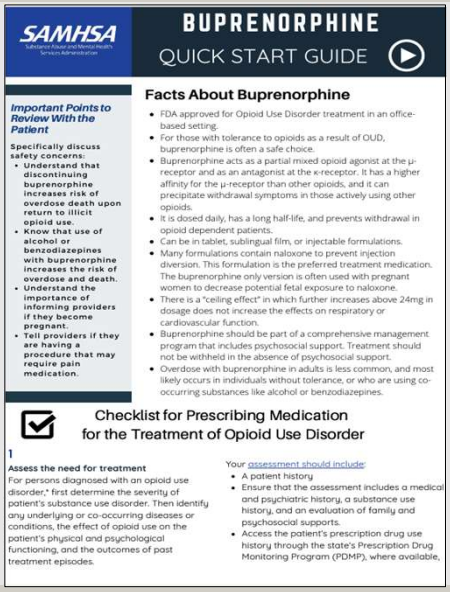

SAMHSA

BUPRENORPHINE
QUICK START GUIDE

Important Points to Review With the Patient

Specifically discuss safety concerns:

- Understand that discontinuing buprenorphine increases risk of overdose death upon return to illicit opioid use.
- Know that use of alcohol or benzodiazepines with buprenorphine increases the risk of overdose and death.
- Understand the importance of informing providers if they become pregnant.
- Tell providers if they are having a procedure that may require pain medication.

Facts About Buprenorphine

- FDA approved for Opioid Use Disorder treatment in an office-based setting.
- For those with tolerance to opioids as a result of OUD, buprenorphine is often a safe choice.
- Buprenorphine acts as a partial mixed opioid agonist at the μ-receptor and as an antagonist at the κ-receptor. It has a higher affinity for the μ-receptor than other opioids, and it can precipitate withdrawal symptoms in those actively using other opioids.
- It is dosed daily, has a long half-life, and prevents withdrawal in opioid dependent patients.
- Can be in tablet, sublingual film, or injectable formulations.
- Many formulations contain naloxone to prevent injection diversion. This formulation is the preferred treatment medication. The buprenorphine only version is often used with pregnant women to decrease potential fetal exposure to naloxone.
- There is a "ceiling effect" in which further increases above 24mg in dosage does not increase the effects on respiratory or cardiovascular function.
- Buprenorphine should be part of a comprehensive management program that includes psychosocial support. Treatment should not be withheld in the absence of psychosocial support.
- Overdose with buprenorphine in adults is less common, and most likely occurs in individuals without tolerance, or who are using co-occurring substances like alcohol or benzodiazepines.

Checklist for Prescribing Medication for the Treatment of Opioid Use Disorder

1

Assess the need for treatment

For persons diagnosed with an opioid use disorder,* first determine the severity of patient's substance use disorder. Then identify any underlying or co-occurring diseases or conditions, the effect of opioid use on the patient's physical and psychological functioning, and the outcomes of past treatment episodes.

Your assessment should include:

- A patient history
- Ensure that the assessment includes a medical and psychiatric history, a substance use history, and an evaluation of family and psychosocial supports.
- Access the patient's prescription drug use history through the state's Prescription Drug Monitoring Program (PDMP), where available,

Naltrexone Quick Start Guide

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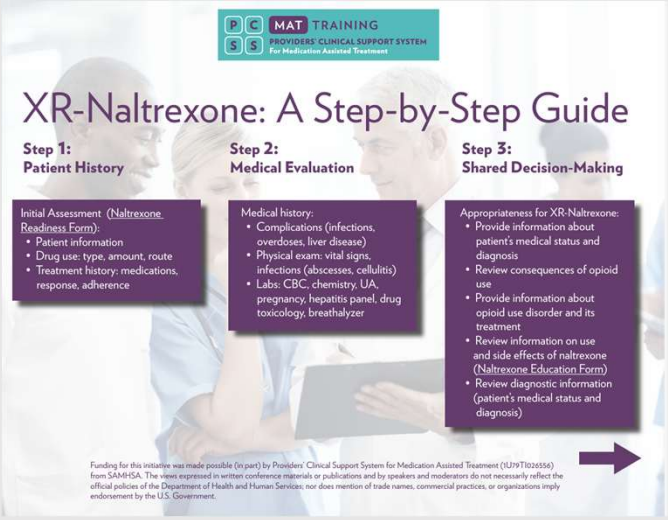

Medication Assisted Treatment (MAT) Video

We partnered with Dr. Tim Scanlan to describe **what patients can expect** when they begin medication assisted treatment (MAT)

Continuing Education Training

Strategies to Communicate with Patients with SUD to Reduce Risk

Jennifer Brady, LAC, KCPM
Substance Abuse Center of Kansas (SACK)

List of DEA-Eligible Trainings

Training Meeting DEA Requirements

As of June 27, 2023, in order to prescribe controlled substances under a DEA registration, practitioners are required to complete a one-time, eight-hour training on the treatment and management of patients with opioid or other substance use disorders. Below are some courses that will meet the DEA requirement.

SPONSORING ORGANIZATION	COST	COURSE TITLE	HRS	LINK
SAMHSA Providers Clinical Support System	Free	8 Hour MOUD Training	8.5	https://pcssnow.org/medications-for-opioid-use-disorder/buprenorphine-training-for-physicians/
		MSUD: Medications for Substance and Opioid Use Disorders - 2023 (APRNs)	8	https://e-learning.apna.org/products/msud-medications-for-substance-and-opioid-use-disorders-2023#tab-product_tab_overview
		16 Hour MOUD Training	16.75	https://education.sudtraining.org/Public/Catalog/Details.aspx?id=oylGAoTfx0mg0SPF6aZCcw%3d%3d
		Medical Student 8 Hour Buprenorphine Training	8	https://education.sudtraining.org/Public/Catalog/Details.aspx?id=PseLqOPrAbFh%2fGDQ7xJJDg%3d%3d
American Society of Addiction Medicine	Free	Buprenorphine Mini Course: Building on Federal Prescribing Guidance	1	https://elearning.asam.org/products/buprenorphine-mini-course-building-on-federal-prescribing-guidance-2

Last Updated: 8/15/2024

***If you are seeking continuing education credits, please be sure to check course listings for special instructions.*

KU SCHOOL OF MEDICINE WICHITA
The University of Kansas

Currently Available Resources

Website: https://kumc.edu/ppta

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2. McGinty, E. E., & Barry, C. L. (2020). Stigma reduction to combat the addiction crisis—developing an evidence base. New England Journal of Medicine, 382(14), 1291-1292.
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4. Van Boekel, L. C., Brouwers, E. P., Van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. Drug and alcohol dependence, 131(1-2), 23-35.

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5. Couto E Cruz, C., Salom, C., Maravilla, J., & Alati, R. (2018). Mental and physical health correlates of discrimination against people who inject drugs: a systematic review. Journal of Studies on Alcohol and Drugs, 79(3), 350-360.
6. Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. Addiction, 107(1), 39-50.
7. Brener, L., Cama, E., Hull, P., & Treloar, C. (2017). Evaluation of an online injecting drug use stigma intervention targeted at health providers in New South Wales, Australia. Health Psychology Open, 4(1), 2055102917707180.
8. National Academies of Sciences, Division of Behavioral, Social Sciences, Board on Behavioral, Sensory Sciences, & Committee on the Science of Changing Behavioral Health Social Norms. (2016). Ending discrimination against people with mental and substance use disorders: The evidence for stigma change. National Academies Press.

POST-TEST

1. Stigma affects access to healthcare for those with substance use disorder.

- True
- False

POST-TEST

2. The following are strategies healthcare providers can implement to improve access to care for individuals with substance use disorder:

- Use medically appropriate, person-first language
- Use validated screening tools and conduct a brief intervention to intervene
- Guide or refer patients to treatment
- Offer to help individuals with substance use disorder, without conveying judgement
- Provide medication assisted treatment and connect patients with substance use disorder counselors

- True
- False

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POST-TEST

3. Which campaign was developed specifically to frame the role healthcare professionals can have in caring for individuals with substance use disorder.

- One Pill Can Kill
- Be the LIGHT
- Stop the Stigma
- Just Say No

Kansas Pharmacists Association // 2025
Annual Meeting & Trade Show

POST-TEST

4. Which two phrases include medically appropriate terminology to use to help reduce substance use disorder stigma?

- User/Drunk
- Junkie/Person with a substance use disorder
- Person with a substance use disorder/Person with alcohol use disorder
- Person with alcohol use disorder/Addict

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POST-TEST

5. Where can substance use disorder resources designed for this initiative be accessed?

- The PPTA website: kumc.edu/ppta
- The One Pill Can Kill website: https://www.dea.gov/onepill
- The Centers for Disease Control and Prevention website: cdc.gov
- The Substance Abuse and Mental Health Services Administration website: samhsa.gov

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THANK YOU!

Questions?

Elizabeth Ablah, PhD, MPH, CPH
eablah@kumc.edu

Collect Your CE

The Lecture Panda code for this session is:
{code here}

All course credits from this conference must be submitted by Oct. 15, 2025.