



# DISCLOSURE

I have no actual or potential conflict of interest to disclose

# LEARNING OBJECTIVES

List ways to enhance communication with patients of varying backgrounds

Recall important opioid warnings

Explain treatment agreements and their place in community pharmacy practice

Discuss how pharmacists can play a key role in the patient's pain management team

# PHARMACIST/PATIENT COMMUNICATION

## Establish Trust

Introduce yourself

Be friendly

Make them feel comfortable

Demonstrate a genuine interest

# PHARMACIST/PATIENT COMMUNICATION

Communicate Verbally

Encourage dialogue

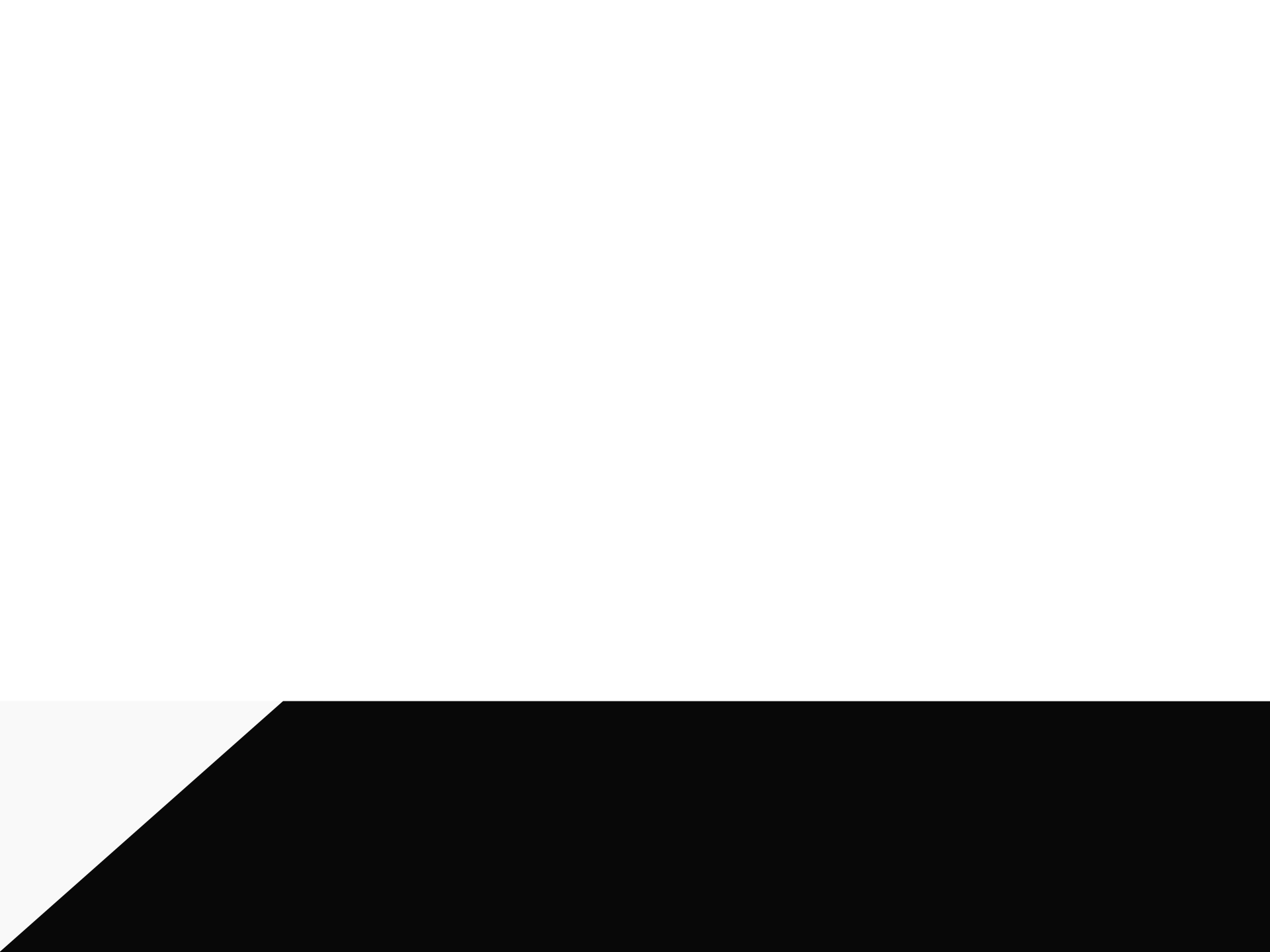
# PHARMACIST/PATIENT COMMUNICATION

## Communicate Non-verbally

Eye contact

Facial expression

Tone of voice



# PHARMACIST/PATIENT COMMUNICATION

## Ask Questions

Open-ended

What

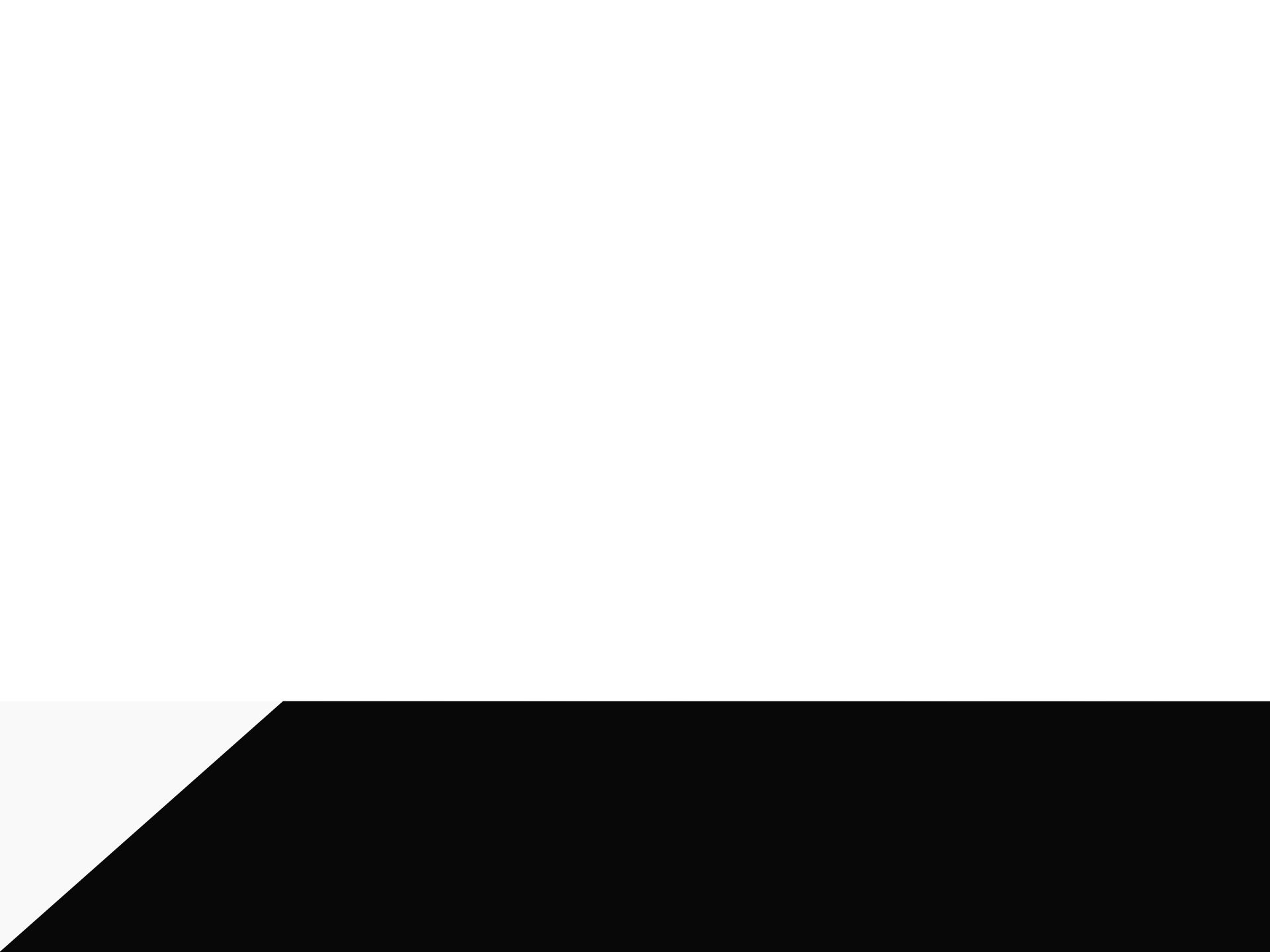
Why

How

Give reasons for asking

Helps avoid offending the patient





# PHARMACIST/PATIENT COMMUNICATION

Show Empathy and Encouragement

Make the patient feel comfortable

# PHARMACIST/PATIENT COMMUNICATION

## Motivate Patients

Try to be positive

Try to find ways to get through

Inspire patients to invest in their treatment plan

# STIGMA

Not everyone has Opioid Use Disorder

## Symptoms

Desire

Lack of control

Use despite interference

Larger amounts

Tolerance

Time

Withdrawal

# BOUNDARIES

## Provide Privacy and Confidentiality

What is said in the pharmacy stays in the pharmacy

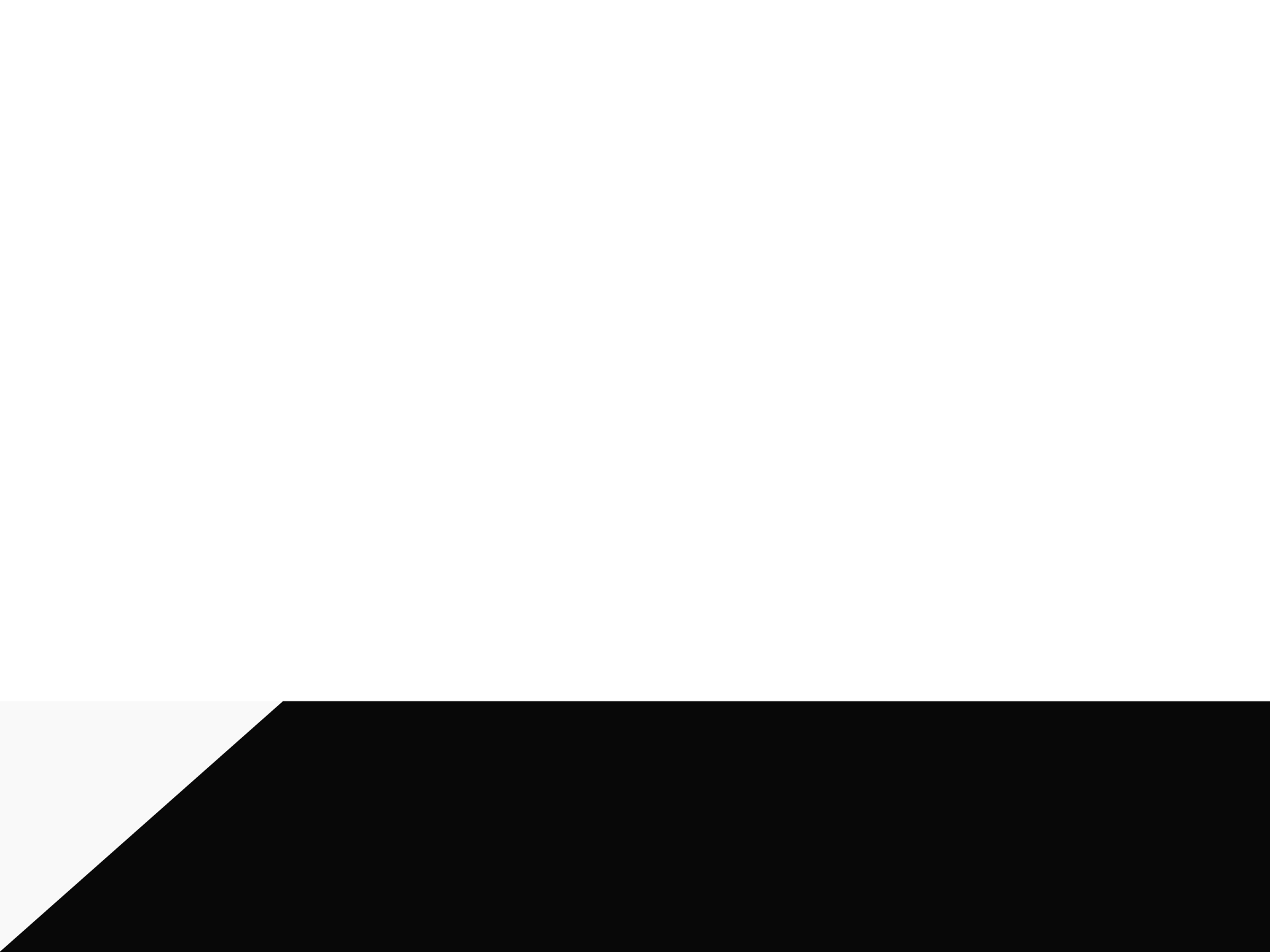
Substance Abuse and Mental Health Services (SAMHS) not covered by HIPAA, but other confidentiality laws apply.

## PMP database

- Private and secure

- Limited access

- No patient permission required



# OVERALL

## Tailor Counseling to Meet Patients Needs

Know/Get to know the patient's backgrounds

- Acute vs. Chronic condition

- New start

- Dose change

- Substance use history

Choose which skills will benefit your patient

- Verbal

- Visual

Demonstrate technique of devices

- Naloxone!

# WARNINGS

Dependence and tolerance

Long-term efficacy evidence

Analgesic efficacy maintenance

Dose escalation/Adverse effects

**Significant risks**

  OUD

  Misuse

  Black Box warnings







# TREATMENT AGREEMENTS

## Different Agreements

Long-term treatment with opioid analgesics

Other controlled substances

Facilitate communication between patients and providers

Address questions/concerns before therapy

## Patients' understanding

Role

Responsibilities

Informed consent

# ELEMENTS TO AN OPIOID AGREEMENT

Non-confrontational

Lay language

Comprehensive pain management plan

Responsibilities

Protection

Unacceptable behaviors

Consequences

Timeframe

Goals

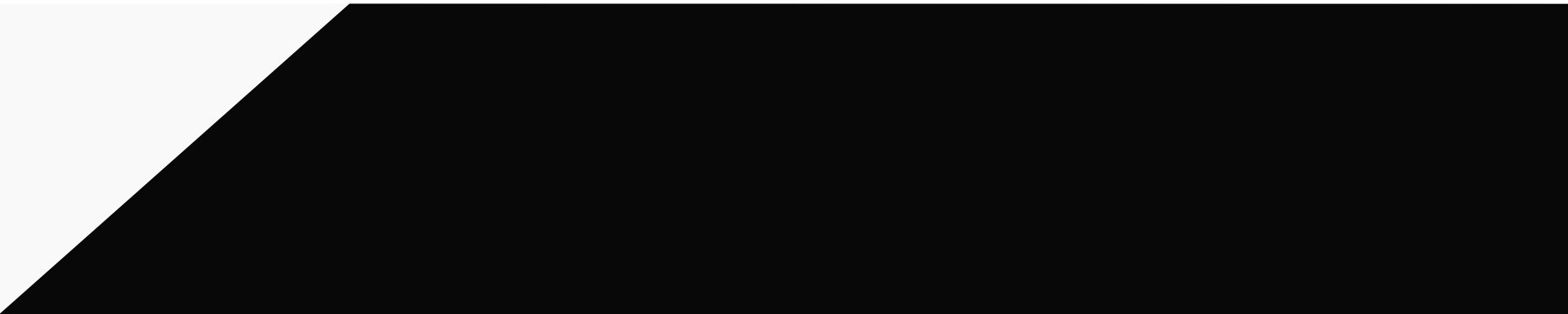
Risks and benefits

Informed consent

# EXAMPLE 1



# EXAMPLE 2



# COUNSELING ON ALTERNATE THERAPIES

OA - NSAIDs

Low Back Pain - NSAIDs or acetaminophen

Musculoskeletal

# COUNSELING ON OPIOID CO-THERAPIES

Naloxone

Stool softeners & laxatives

Conversation starters?



# COUNSELING LOVED ONES

Spouses

Parents

# COUNSELING LOVED ONES

Signs of drug misuse progression:

- a. Using drugs alone
- b. Stockpiling drugs
- c. Changing friends
- d. Willingness to take increasing risks to use drugs
- e. Using drugs at inappropriate times
- f. Becoming defensive when asked about drugs or drug use practices
- g. Carrying drugs

# COUNSELING LOVED ONES

## CRAFFT

Have you ever ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?

Do you ever use alcohol or drugs to Relax, feel better about yourself?

Do you ever use alcohol or drugs while you are by yourself (Alone)?

Do you ever Forget things you did while using alcohol or drugs?

Do your Family or Friends ever tell you that you should cut down on your drinking or drug use?

Have you ever gotten into Trouble while you were using alcohol or drugs?

WHAT CAN WE DO NOW?



# STARTER LIST OF RESOURCES

1. SAMHSA behaviors health treatment services locator (which includes substance use disorder treatment):  
National Helpline 1-800-662-HELP (4357), <https://findtreatment.samhsa.gov/>
2. SAMHSA opioid treatment program directory: <http://dpt2.samhsa.gov/treatment/directory.aspx>
3. National Institute on Drug Abuse <http://www.nida.nih.gov>
4. Risk assessment tools <http://www.opioidrisk.com/node/774>

QUESTIONS?



# QUESTION 1

When counseling a patient, a pharmacist should

- a. Build trust with the patient
- b. Listen to the patient
- c. Tailor the session for the patient
- d. Remain objective to the patient's situation
- e. All of the above

## QUESTION 2

What analgesic therapy could a pharmacist recommend for neuropathic pain before a patient tries an opioid?

- a. Ibuprofen
- b. Acetaminophen
- c. Duloxetine
- d. Naproxen



## QUESTION 3

Which of the following is a potentially fatal adverse effect of opioid use that patients should be counseled on?

- a. Accidental overdose
- b. Euphoric feeling
- c. Diarrhea
- d. Pain relief

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