



The Role of Pharmacists in Screening and Caring for Patients with Substance Use Disorders

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INTRODUCTION

Pharmacists are uniquely equipped to provide an important role in caring for the patient with suspected or diagnosed substance use disorders (SUDs). Pharmacists possess specialized knowledge, skills, and training to assume a front-line role in preventing harmful substance use and education of patients and the community about the dangers of prescription drug misuse. With proximity and access to patients in many healthcare settings, pharmacists can serve as key agents for assistance and referral for treatment for patients with suspected SUDs. Pharmacists should be knowledgeable about the processes of screening for SUDs as the first step in assessing a patient presenting with risk factors. Once a patient is diagnosed with an SUD, the pharmacist plays an important role in concert with the prescriber and patient to monitor and provide care for the patient to help facilitate long-term recovery.

SCREENING FOR SUDs

Pharmacists are in a unique position to help patients identify unhealthy use of alcohol and drugs and to address these issues before the patient begins engaging in harmful or dependent patterns of use. Pharmacists are also well-positioned to talk with patients about their alcohol or drug use because this is an inherent component of patient education about appropriate use of prescription medications, especially controlled substances. Peer-reviewed articles demonstrate screening is feasible by community pharmacists and acceptable by patients for problematic alcohol and opioid use.¹⁻⁴ When healthcare professionals do not screen for substance misuse, key opportunities are missed to intervene and refer patients for appropriate treatment.

Screening, Brief Intervention, Referral for Treatment

Pharmacy professionals are situated to integrate the screening, brief intervention, and referral to treatment (SBIRT) process into daily practice. *SBIRT* is an evidence-based practice used to identify, reduce, and prevent problematic use, misuse, and dependence on alcohol and illicit drugs.⁵ *SBIRT* leads to better outcomes for patients

by helping to minimize drug and alcohol-induced adverse events and reducing the frequency of such events.⁶ Moreover, SBIRT has been shown to decrease costs for both the patient and healthcare system as well as subsequent strain on health resources by reducing the number of emergency visits and hospital days related to SUDs and their complications.⁷ In pharmacy, monitoring for potential drug-drug interactions is required. If you do not screen for alcohol and other drug use with SBIRT, it could interfere with other over-the-counter (OTC)/prescription medications that could lead to serious consequences. SBIRT is cost-effective and provides cost savings of \$43,000 in future healthcare costs for every \$10,000 invested in early intervention.⁸ A single question screening test may be the most efficient, and has been shown to work in primary care settings.⁹ A survey of pharmacists in Ohio showed that the majority of respondents were unaware of common screening tools; one-quarter of respondents were comfortable with referring a patient with an SUD to treatment; and only one-third of respondents were comfortable counselling patients with an SUD.¹⁰

Commonly used screening instruments can be downloaded at: <http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs> and include:

- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Drug Abuse Screening Test (DAST)

*The following is an overview of the SBIRT process.*⁵

- **Screening process**—The pharmacist assesses a patient for harmful substance use behaviors using standardized screening tools.
- **Brief intervention**—The pharmacist engages a patient showing harmful substance use behaviors in a short conversation, and provides feedback and advice. The session(s) of motivational discussion are focused on increasing insight and awareness regarding substance use and motivation toward changing behavior. Intervention can be used as a stand-alone treatment for those at risk, as well as a vehicle for engaging those in need of higher levels of care.
- **Referral to treatment**—The pharmacist provides a referral for further assessment or additional treatment to patients who need additional SUD services.

Brief treatment is provided to those seeking or already engaged in treatment who acknowledge problems related to substance use. It consists of a limited number of highly focused and structured clinical sessions with the purpose of eliminating hazardous or harmful substance use.

Referral to specialized treatment is provided to those identified as needing more extensive treatment than offered by the screening, brief intervention and referral to treatment program.

When the SBIRT process is used in primary care provider offices, it is billable under most insurance plans. In community pharmacy settings, however, reimbursement for an SBIRT procedure is not common, resulting in a barrier to integrating the