



UNIVERSITY OF SASKATCHEWAN

College of Pharmacy
and Nutrition

USASK.CA/PHARMACY-NUTRITION



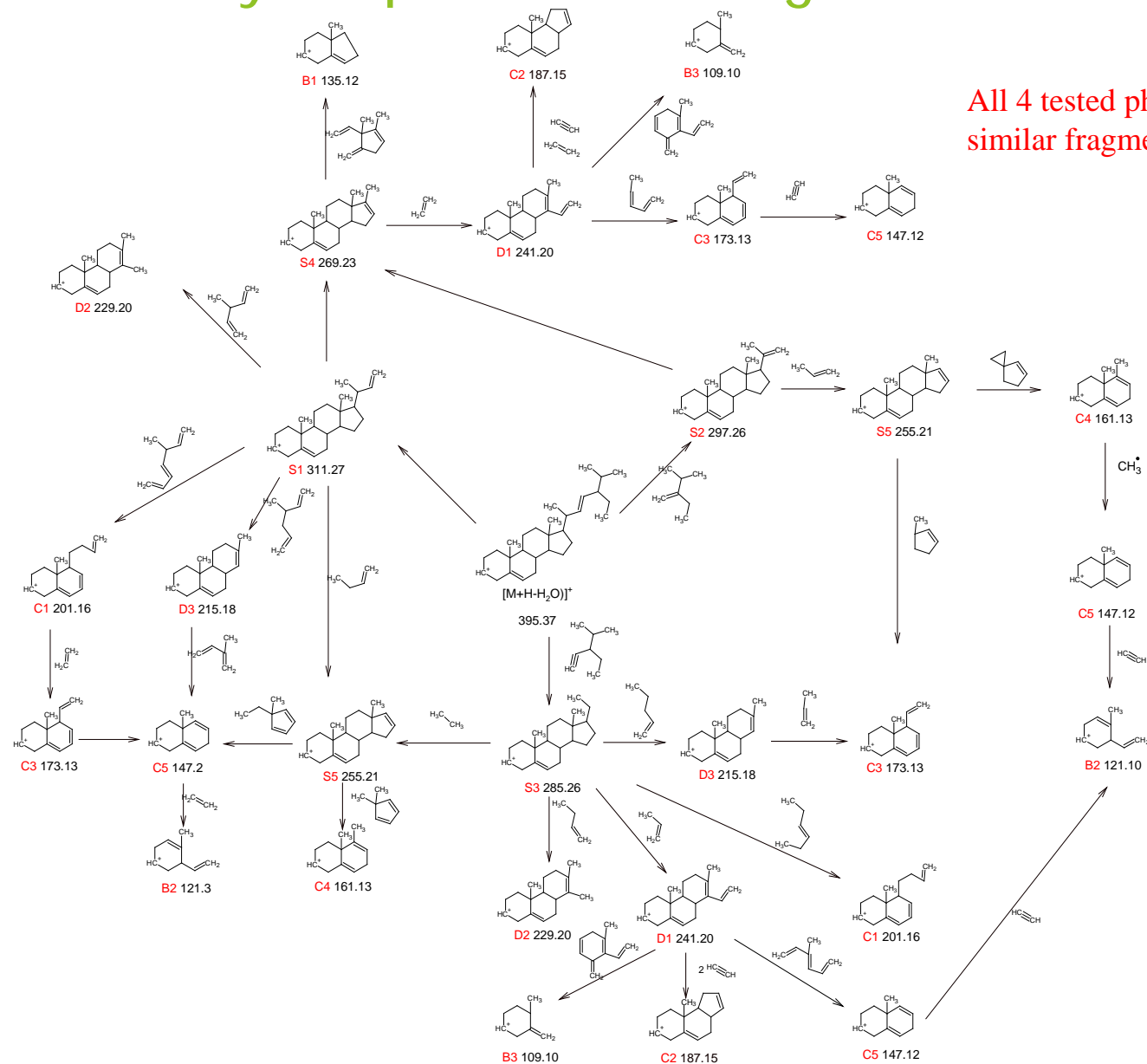
Barriers to Accessing Care and the Potential Role of Community Pharmacists

Sarah Fatani & Anas El-Aneed

www.usask.ca/pharmacy-nutrition



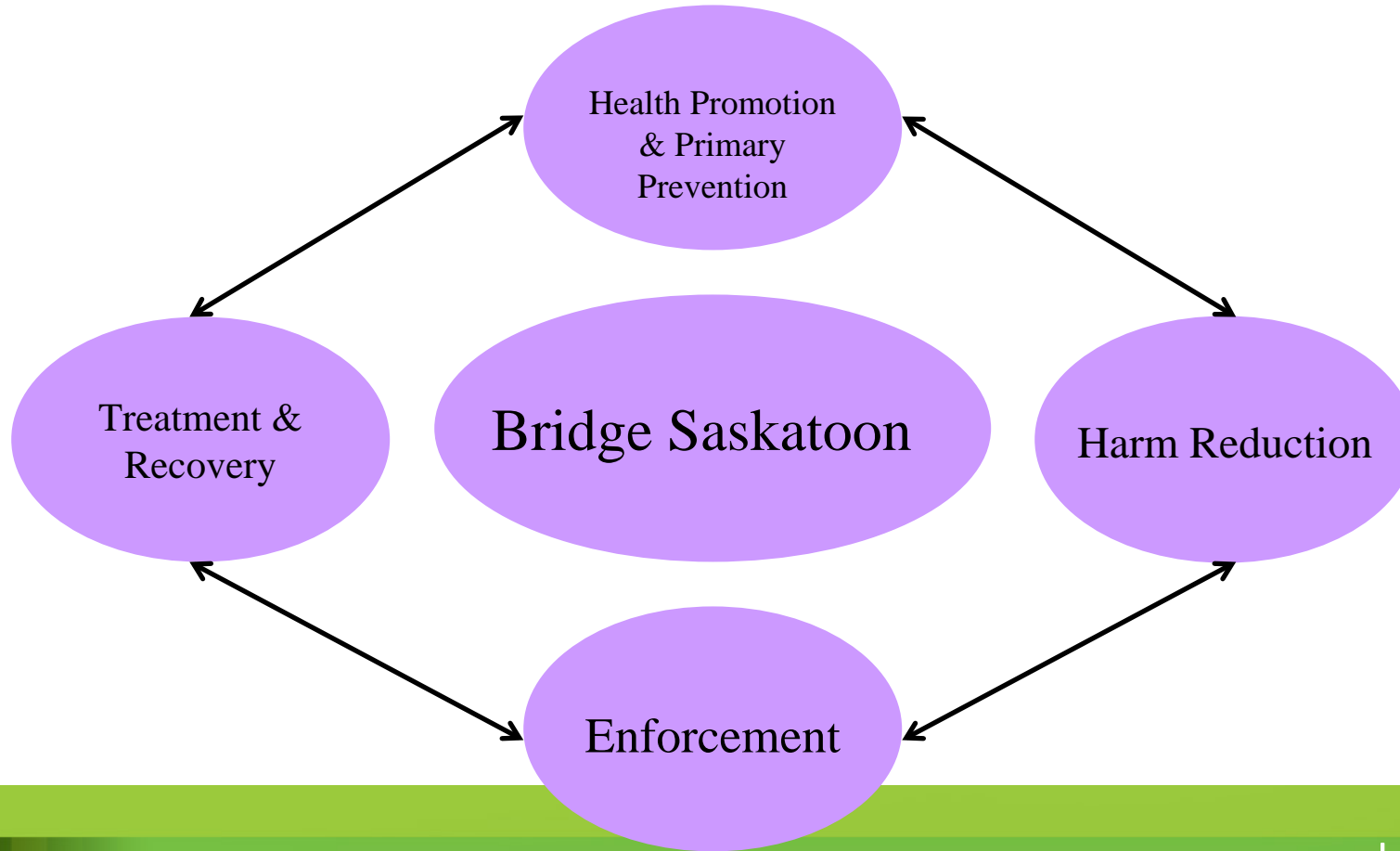
Stigmasterol Primary Proposed MS² Fragmentation Pathway



The beginning 2008-2013

BRIDGE Saskatoon

Building Relationships with Injection Drug Users for Greater Engagement



BRIDGE Saskatoon- Treatment and Recovery Pillar

Develop a communication strategy among current services so that injection drug users can receive the best services available during a crisis

- Identifying barriers to accessing health services in Saskatoon

Approach

- Focus groups with patients and health providers
- Interviews with youth patients
 - ❑ Experience when trying to get help- navigate the system
 - ❑ Interaction between IDU/health providers vs regular patients/health providers
 - ❑ Education of service providers

Major Themes

- Injection Drug Users
 - ❑ **Lack of System Resources and Restrictive Policy**
 - ❑ Insufficient Financial Resources
 - ❑ **Discrimination**
 - ❑ Social support; Friends and Family
 - ❑ Poor Communication
- Service Providers
 - ❑ **Inefficient use of resources**
 - ❑ **Discrimination**
 - ❑ Inadequate Education
 - ❑ Working with unique and Demanding Population

Discrimination (perceived or real)

“They [hospital doctors] obviously thought I was a junkie, or you know, out, a piece of shit . . . like, what did I do wrong, I’m a human being . . . His job is to take care of people. Regardless of anything.”




http://lazerbrody.typepad.com/photos/uncategorized/stop_discrimination.jpg

BRIDGE Saskatoon- Treatment and Recovery Pillar

- Lang K, Neil J, Wright J, Dell CA, Berenbaum S, and El-Aneed A. Qualitative investigation of barriers to accessing care by people who inject drugs in Saskatoon, Canada: perspectives of service providers. Substance Abuse Treatment, Prevention, and Policy. 2013. 8 :35 (1 October 2013)
- Lang K, El-Aneed A, Berenbaum S, Dell CA, Wright J, Teed McKay Z. Qualitative Assessment of Crisis Services among Persons using Injection Drugs in the City of Saskatoon. Journal of Substance Use. 18, (1) 2013: 3-11.

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Community Pharmacists

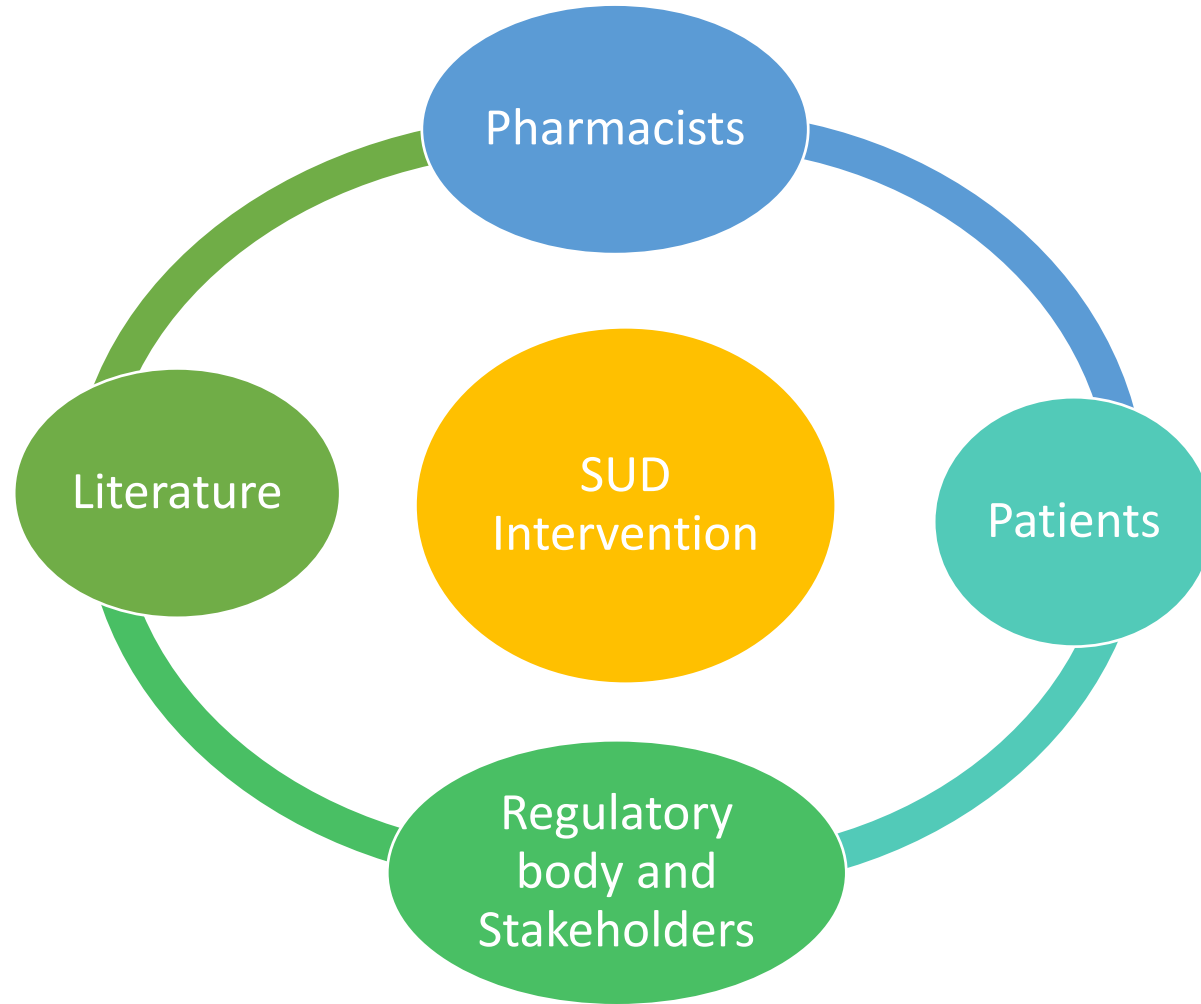
- Position and privileges.
 - Closing the gap between patients and health system
 - FIP/WHO reports “in the community setting, pharmacists should be acknowledged as health-care professionals whom patients can consult for health-related problems”.
- Endeavor to promote for public health.
 - Blood pressure control and management.
 - Smoke cessation.
- Expected role with drug addicts.



Barriers for Community Pharmacists

- General Barriers
 - E.g. time, proper compensation, fear of losing other clients.
- Educational Barriers
 - Limited or absence in the educational hours concerning addiction.
 - Lack of confidence when dealing with drug addicts.

Who Should be Consulted?



Methodology

- **Universities Surveys**

- The focus of the addiction related educational material.

- **Recruiting Surveys**

- Recruiting research sample.
- Provide general understanding about addiction.

- **One-to-one Interviews**

- Allow focus, conversational two-way communication.
- Comfortable setting to share personal experiences.

Results: University Survey



- Newly implemented programs.
- **Education concerning addiction focus on pharmacological and law enforcement aspects of the disease.**
- Good Example,
 - Addiction is a chronic disease with different level manifestation.
 - How to assess patients with drug addiction.
 - How and where to refer drug addicts.
 - Motivational Interviewing and Wheel of Changes.

Results: Recruiting Survey

(40.97% response rate, n=118)

Likert scale	Addiction is a serious disease in Canada	Addiction is a prevalent in my working area	There is a need to emphasize on addiction in the undergraduate education	I would benefit from more educational hours about addiction through CE
Strongly agree	50.4%	11.1%	22.2%	28.2%
Agree	45.3%	17.1%	71.8%	69.2%
Disagree	3.4%	55.6%	6%	2.6%
Strongly disagree	0.9%	16.2%	0%	0%

Number of encounters/month	Percentage
None	4.2
1-2 times	28
3-4 times	18.6
5 times or more	49.2

Number of educational hours received	Undergraduate education	CE hours
5 hours or more	7.1%	21.4%
4 hours	14.2%	12%
2 hours or less	51.3%	40.2%
Noun	27.4%	26.5%

Results: one-to-one interview

Fatani S, Dobson R, El-Aneed A. Qualitative Exploration of the Education and Skill Needs of Community Pharmacists in Saskatoon Concerning Substance Use Disorder. In press, Accepted July **2018**, Canadian Pharmacists Journal.

Themes	Subthemes
1. Work Environment	Red Flags
	Demographic and Location
2. Lack of Knowledge	Addiction
	Social Services and Disease Management
	Harm Reduction
3. Health System	Referring and Resources
	Promotion for Pharmacists Role
	Lack of Management Protocol
4. Educational and Training Needs	Training
	Recognizing the Social Aspects
	Directive and Interactive Education

Results

Patient Perspective

- Between July 2016 and August 2016, four focus groups with 20 participants in total were conducted and audio taped.
- Themes:
 - 1) Experiences with community pharmacists.
 - 2) Patients needs from community pharmacists.
 - 3) Community Pharmacy sitting.
 - 4) Harm reduction services.

Follow up study- what do patients need?

High level of agreement was observed between pharmacists and patients on the need for education concerning the social element of SUD and training on proper communication skills.

Recommendations

- **Undergraduate Level:**

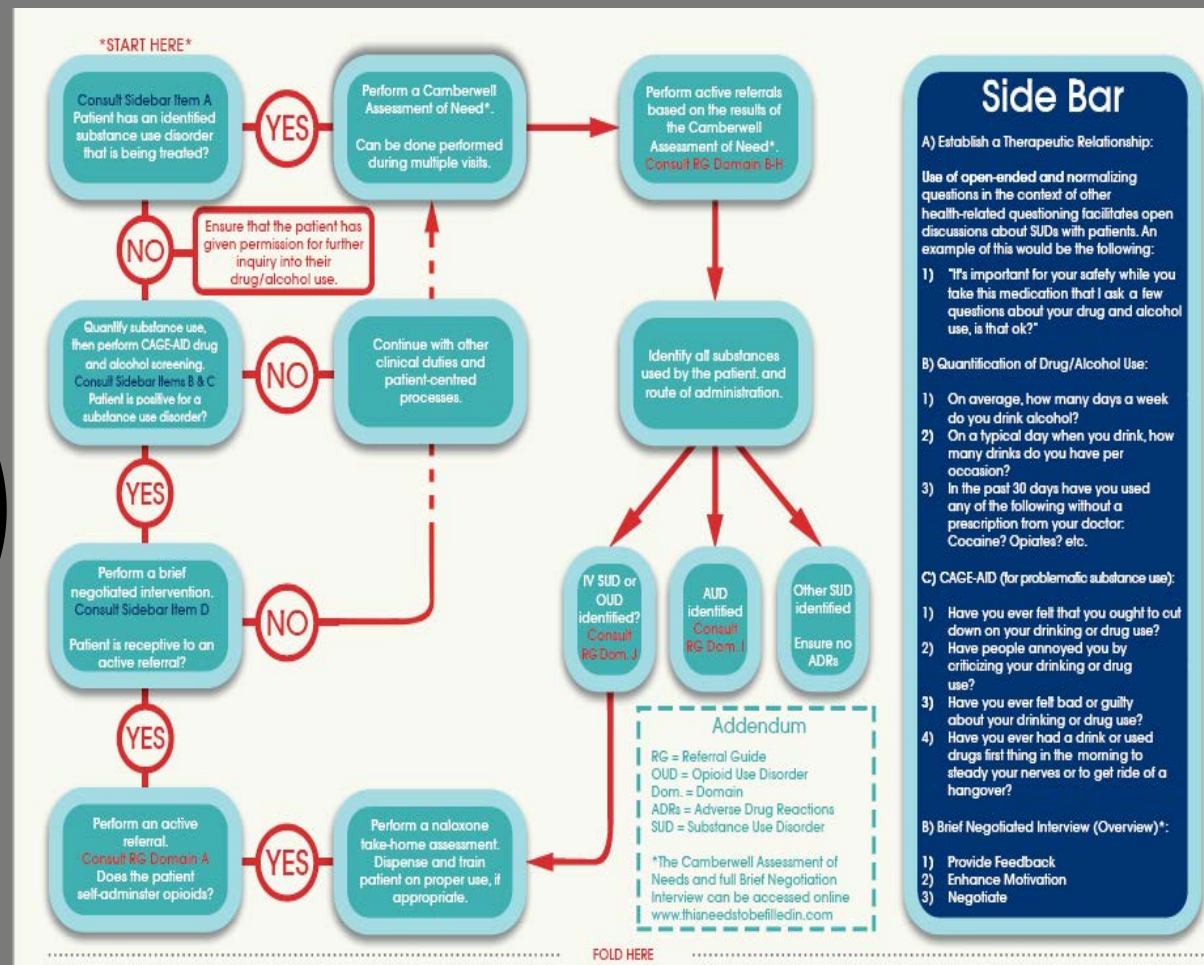
- Addressing addiction as a chronic disease with multifactorial nature (Physical & Social).
- Training on effective strategies for encounters with drug addiction e.g. motivational interviews, wheel of change, and how and where to refer when needed.

- **Continuous Education and Practice Level**

- Implementation of protocol to guide pharmacists through their encounter with drug addicts.
- Design referral guide with the available services and accessibilities.
- Interactive continuous education session with other health care providers.

Ongoing work

Results 2) Encounter Protocol



Results

2) Referral Guide

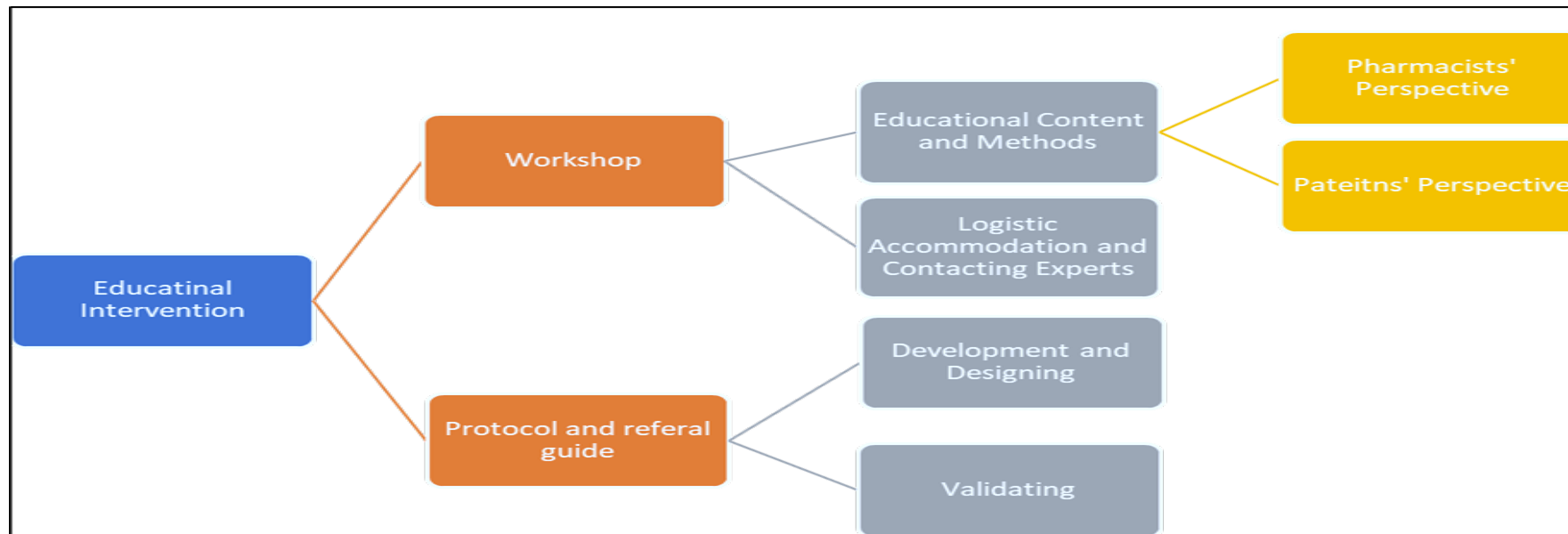
Substance Use Disorder Screening, Intervention and Active Referral Protocol and Referral Guide for Pharmacists

Instructions: Patient domains of unmet needs are first identified using the Comprehensive Assessment of Need Short Appraisal Schedule (CANSAAS). Once identified, a practitioner can search within the Referral Guide to make an active referral for a patient to meet a need that has been identified. Additionally, the Referral Guide can be used informally when patient needs are identified through standard patient interactions, counseling and consultations.

Domain	Referral Contact Information						
A Treatment Initiation	<table> <tr> <th>Service/Organization</th><th>Description</th><th>Primary Contact</th></tr> <tr> <td>Mental Health and Addiction Services Mobile Crisis Intervention Service Addictions Council of SK</td><td>Active treatment planning, brief and brief crisis, recovery planning and referral Crisis intervention and education, and case management Inpatient addictions treatment with holistic and cultural programming</td><td>800.368.2115 800.885.2025 800.368.2991</td></tr> </table>	Service/Organization	Description	Primary Contact	Mental Health and Addiction Services Mobile Crisis Intervention Service Addictions Council of SK	Active treatment planning, brief and brief crisis, recovery planning and referral Crisis intervention and education, and case management Inpatient addictions treatment with holistic and cultural programming	800.368.2115 800.885.2025 800.368.2991
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Ongoing work

- Validating SUD encounter protocol and referral guide (Delphi).
- Working on the workshop and finishing the evaluation plan.



Acknowledgment

- **Ms. Sarah Fatani**
- **Ms. Katherine Lang**
- **Ms. Jaycie Neil**
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- Dr. Colleen Dell
- Dr. Roy Dobson
-

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