

Controlled Substances:

A survey of tools and
resources requested by
hospital pharmacists



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About the survey

CSHP members were invited to participate in the survey from November 1 to 27, 2017: 323 responses were received.



The Short and Snappy

Responses to the survey suggest that a majority of them care for patients at least monthly, who have, or are at risk of, a substance use problem. About half of the respondents are uncertain about how to approach a patient situation involving an opioid. And, just under half of respondents have a difficult conversation with a healthcare professional about the appropriate management of opioid therapy, at least monthly. The majority of respondents indicate that they rarely or never avoid having a difficult conversation with healthcare professionals about how to address the situation.

Respondents turn to a variety of resources for assistance, but most of them turn to their colleagues for advice. There are gaps in knowledge and practice that need to be closed.

Respondents told CSHP that they want to learn more about the following topics:

- Pain management
- Addiction
- Communication tools
- Preventing and detecting diversion
- Encouraging and sustaining a culture of shared responsibility
- Role of the pharmacist in pain management, addiction, preventing and detecting drug diversion

What CSHP heard from respondents

Respondents' practice

Patients: Most (182 of 296) of the respondents work in a practice in which more than 50% of the patients in their care are seniors.

Roughly 40% of respondents have management duties or project work, a third provide only clinical work, about a quarter have a mix of clinical and dispensary work. Only 5.6% (18 of 323) of respondents work solely in the dispensary.

Situations in practice

- The majority of respondents care for people, over the course of a month, who are:
 - using a prescription opioid inappropriately
 - using another controlled substance inappropriately (including benzodiazepines, stimulants, cannabis, alcohol, street drugs, or any other controlled substance)
 - taking opioid antagonist therapy (e.g., methadone, Suboxone®)
- Just under 50% of respondents indicate that they feel uncertain of how to approach a therapeutic problem relating to opioids or how to approach a patient issue relating to opioids
- The majority of respondents rarely or never are unsure of how to have a conversation with health professionals, however about 43% of respondents reported having difficulty in conversations with health professionals about appropriate management of a patient's opioid therapy, at least monthly.
- Respondents identified additional challenging situations such as identifying patients who are using controlled substances inappropriately, addressing reluctance to prescribe opioids for particular patient populations
 - How to manage the lack of collaboration in the healthcare team
 - Reluctance to prescribe opioids for certain patient populations
 - Managing a patient who is addicted, managing opioid withdrawal and initiating opioid antagonist treatment
 - Discussing the balance of potential problems with opioids and the treatment of pain, in post-operative situations

5 Streams of Action

Prevention

Just over half of respondents reported having between a very poor to fair level of comfort in preventing the inappropriate use of controlled substances either in their care or during transitions in care

Suggested topics:

- Alternative agents
- Tools to shorten duration of controlled substances
- Guidelines on post-operative pain management
- Managing transition from managing the conversion of acute pain to chronic pain
- Diversion
- Transitions in care
- Areas of practice where controlled substances are introduced into care (e.g., order sets, protocols, quantities dispensed)
- Pain management in patients with mental health comorbidities
- Step-down treatment (e.g., IV to oral conversion)
- Deterring double doctoring

Education

About a third of respondents reported having between a very poor to fair level of comfort in educating patients or healthcare professionals in appropriate use of controlled substances

Suggested topics:

- Tapering or changing opioids
- Street drugs: names, toxidromes
- How to handle challenging conversations, use motivational interviewing - for all populations
- Managing expectations (no quick fix for pain relief, use of conservative therapies, etc.)
- Pain syndromes
- Cannabis
- Risk assessment tools
- Medical assisted treatment of addiction
- Mental health

Treatment

A large majority of respondents reported having between a very poor to fair level of comfort in treating addiction or resolving problematic use of controlled substances. However, almost three-quarters of respondents reported having at least a good to very good level of comfort in treating acute pain; this compares to about 52% of respondents who reported feeling³ the same way about treating chronic pain. Suggested topics:

- Advocacy for harm reduction
- Advocacy for pharmacist prescribing of opioids
- How to deal with inappropriate prescribing
- Treating addiction: basics of buprenorphine-naloxone and titration versus methadone
- Facilities available for patient treatment
- Role of the pharmacist in treatment of addiction
- Mental health and addiction
- How to avoid dose escalation
- Treating withdrawal

Monitoring

The majority of respondents reported having between a very poor to fair level of comfort in monitoring patients who take controlled substances. A very large majority of respondents have a very poor to fair level of comfort in recognizing problematic use of controlled substances in their colleagues. Almost six-tenths of respondents reported a comfort level of very poor to fair in recognizing problematic use of controlled substances in their patients.

Suggested topics:

- Assessing pain (other than the 10-point pain scale)
- Audit tools, parameters, methods
- Success stories
- Diversion: detection, deterrents, role of technology
- Implementing patch-4-patch program in hospitals
- Identifying signals of a problem or issue that needs addressing
- Strategies to identify high-risk patients
- Clear instructions on what is required by regulators

Enforcement

About 60% of respondents reported having a very poor to fair level of comfort in surveillance and enforcement of controlled substances.

Suggested topics:

- Narcotic inspections
- Addiction versus discipline
- Accountability (e.g., for care provided, handling controlled substances)
- How to have a discussion with a prescriber about inappropriate prescribing
- Multidisciplinary approach to planning, reporting, and enforcement
- Guidance on cannabinoids
- Problematic use, urine drug screens
- Education on the value of enforcement
- Standard policies and procedures

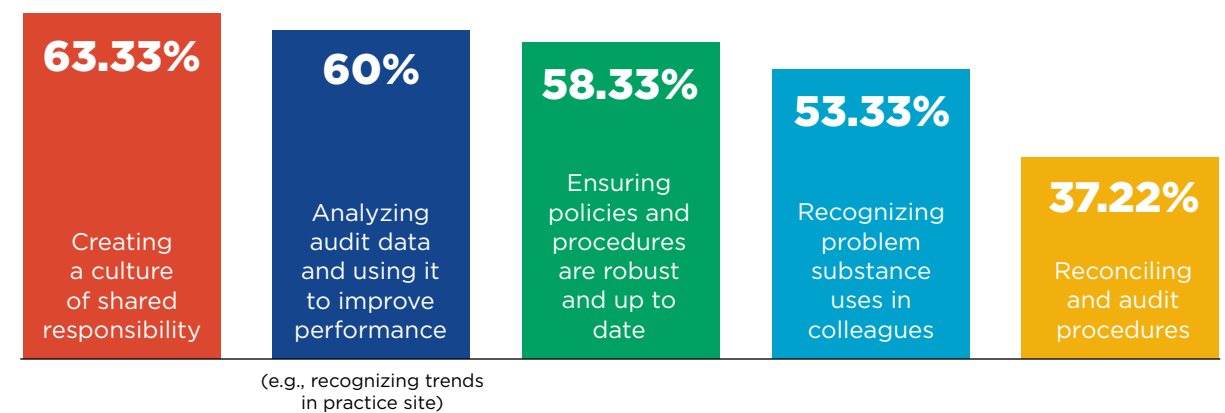
Gaps in resources

- How to develop interprofessional goals and a shared understanding of how to manage controlled substances
- Audit tools
- How to improve prescribing
- Managing chronic pain, particularly in patients with comorbidities (e.g., anxiety, PTSD)
- Use of cannabis
- How to manage controlled substances in hospitals (versus community) – storage, “the count”, destruction, record-keeping, inventory management, witness
- Communication strategies
- Drug diversion

- Business case for creating a drug diversion team (for preventing, detecting, and responding to diversion)
- How to help a patient when the length of stay is so brief
- Knowledge of alternative treatments for chronic pain
- Identifying, treating, and managing addiction in youth, persons with dementia, the critically ill, mentally ill, and other patient populations
- Multidisciplinary pain management programs
- Transitions in care from/to hospital and community
- Initiating step-down in patients who are taking controlled substances
- Not moving fast enough to change practice
- Balancing how to manage controlled substances against “the rights of workers” (surveillance, privacy, future risk of offending, addiction is a disease and not a crime)
- Differences in policies of funding agencies e.g., NIHB

Topics for Guidance and Tools

Top 5 chosen from a list (180 respondents):

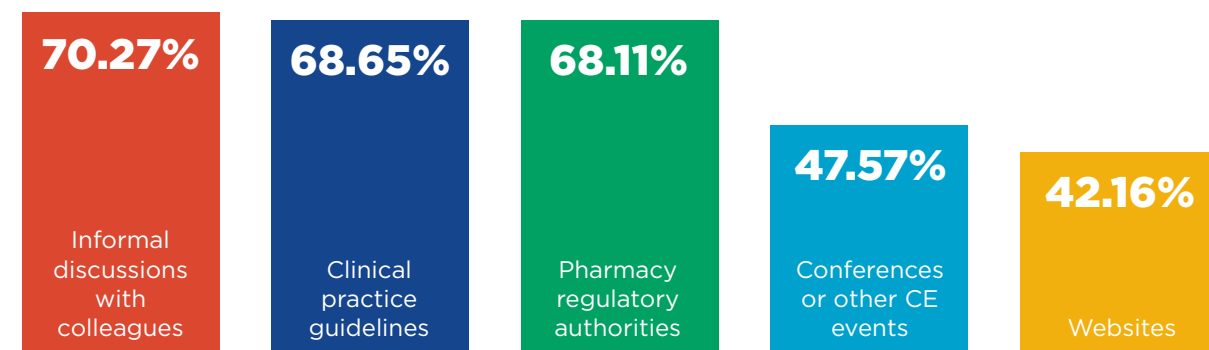


Other topics suggested:

- Clinical management of patients on controlled substances, preventing addiction
- Managing cannabis use in hospital
- Accountability in patient care areas (including operating rooms)
- Having conversations with patients and providers (sample phrases, conversations)
- Handling returns from patients
- Shared responsibility and cooperation (physicians, nurses, and pharmacists)
- Opioid conversion table (nationwide)
- Role of the hospital pharmacist
- Managing controlled substances in remote areas
- Requirements for automated dispensing devices
- Differences in documentation (from automated dispensing devices, paper-based systems, or bar-coded systems)

Resources currently used by respondents

Top 5 chosen from list (185 respondents)



Resources respondents turn to

- ASHP guidelines on preventing diversion of controlled substances
- BC Centre for Addictions
- CAMH website
- Care Beyond Cure
- ECHO chronic pain
- ISMP
- Health Canada
- McMaster pain guidelines
- RxFiles
- Canadian Pharmacists Letter
- Centre for Disease Control
- WHO recommendation on pain treatment
- Canadian Society of Addiction Medicine

What CSHP will do with the information

- Address concerns related to diversion through a variety of means, such as the following:
 - Diversion guidelines (under development)
 - Presentation(s) during CSHP's Professional Practice Conference
- Develop a Canadian Medication Optimization Briefing about care in transition for patients prescribed an opioid
- Develop a Canadian Medication Optimization Briefing about cannabis for medical purposes
- Post resources about managing addictions on Pharmacy 365 (a section of CSHP's website)

APPENDIX A

Situations

Situation	Respondents who reported daily, weekly, or monthly occurrence of the situation
Caring for a patient who is	
■ using a prescription opioid inappropriately	79.28% (153/193)
■ using another controlled substance inappropriately (including benzodiazepines, stimulants, cannabis, alcohol, street drugs, or any other controlled substance)	84.74% (161/190)
■ taking opioid antagonist therapy (e.g., methadone, Suboxone®)	61.26% (117/191)
Feeling uncertain of how to	
■ approach a therapeutic problem relating to opioids (e.g., tapering doses, switching between agents, monitoring adverse effects)	42.86% (81/189)
■ approach a patient issue relating to opioids (e.g., having a difficult conversation with a patient, helping a patient recognize problematic opioid use)	49.73 (95/191)
Difficulty in conversations with a physician or other health professional	
■ regarding appropriate management of patient's opioid therapy	42.93% (82/191)
■ because I am unsure of how to approach the situation	17.80% (34/191)

Comfort level

Streams of Action	Respondents who reported fair, poor or very poor comfort level
Prevention	
■ preventing the inappropriate use of controlled substances in patients under my care	58.73% (111/189)
■ preventing the inappropriate use of controlled substances during transitions in care (e.g., post-op, at discharge)	56.68 (106/187)

Streams of Action	Respondents who reported fair, poor or very poor comfort level
Education	
■ educating patients on appropriate use of controlled substances	38.62% (73/189)
■ educating other health professionals on appropriate use of controlled substances	33.68% (64/190)
Treatment	
■ treating acute pain	25.93% (49/189)
■ treating chronic pain	48.42% (92/190)
■ treating addiction	84.21% (160/190)
■ working to resolve problematic use of controlled substances in my patients	77.54% (145/187)
Monitoring	
■ monitoring patients who are taking controlled substances	58.20% (110/189)
■ recognizing problematic use of controlled substances in my patients	61.11% (110/180)
■ recognizing problematic use of controlled substances in my colleagues	88.30% (166/188)
■ reporting problematic use of controlled substances in my colleagues	80.85% (152/188)
Surveillance and Enforcement	
■ surveillance and enforcement (e.g., inventory management, diversion prevention)	60% (111/185)

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Canadian Society of
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