

Utilising community pharmacists for optimising opioid therapy in people with chronic pain; challenges and opportunities using the Social Ecological Model

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Background Opioid optimisation is a global issue in Chronic Non-malignant Pain (CNMP) management. The role of community pharmacists (CPs) is essential in ensuring opioid safety. Currently, CPs are an underutilised health resource in Lower- and Middle-Income Countries (LMICs). The development of CP services, for optimisation of opioid therapy in Pakistan has not been explored.

Purpose To assess current CP services for optimising opioid therapy in Pakistan and to explore perceptions of stakeholders about the feasibility of developing roles for CPs.

Method This study was designed using qualitative methodology. The data collection involved, 6 weeks of non-participant observational case studies in 5 community pharmacies as well as a semi-structured interview guide was used to explore stakeholders perception using 5 focus groups with CP (n=38) and 5 focus groups with doctors (n=30). Additionally, interviews were conducted with relevant policy makers (n=10) and people suffering from CNMP (n=12). The study was conducted between December 2019 and November 2020. Data was analysed using NVivo 12, using inductive thematic analysis (TA). The findings of TA were mapped to the Social Ecological Model (SEM). Ethical approval and individual informed consents were obtained.

Findings The stakeholders provided a positive perception about improved patient outcomes, socio-economic benefits and a current need to develop CP services in optimising opioid therapy. However, mapping the SEM model on the findings of TA and case study reports shows many levels of influences, which might affect the CP services. SEM shows, that individual factors (lack of; motivation, confidence, training, education, legal protection, individual attitudes, time, payment, appreciation), interpersonal relationships (workload, unity, relationship with pharmacy technicians), community factors (visibility, public awareness, cultural influence and context, sources of medicine information, self-medication practices, poverty, availability of medicine, willingness and trust of public) as well as organisational barriers (lack of: job description, remuneration, privately owned business, pharmacist availability, infrastructure, support, pharmacovigilance systems, unrestricted sale) might affect the pharmacists in delivering services. Additionally, system barriers (lack of: National guidelines, policies, funds, regulation, inadequate implementation, expanded scope of pharmacy practice, representation of pharmacist voice, integrated E-Systems, health care team communication, patient records and medicine incentivization) might influence the service quality as well.

Conclusion The study identifies a multi-layer complexity for developing CP services for achieving optimised opioid therapy in CNMP management in Pakistan. The study findings imply that policy makers need to tackle the multidimensional barriers with a broad integrated approach for developing future CP services in order to improve patient outcomes.