

BUSINESS AND PEOPLE BUILDERS

The business case for opioid substitution services: two sides of the coin

1 CPD CREDIT

Around 40 per cent of pharmacies in Australia operate an opioid substitution service¹. These range from dedicated clinics, where opioid substitution is the primary or only service delivered, to those who provide this service to only one or two regular clients. This is an increase from about 30 per cent of pharmacies in 2000, when Methadone Maintenance Treatment was considered to be the largest specialty practice in pharmacy in Australia². Despite this growth, still around 60 per cent of pharmacies don't offer the service.



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Pharmacist attitudes to operating an opioid substitution service are polarised. There are those who see it as an essential platform in harm minimisation and a core role of a professional pharmacy service, while there are others who refuse to provide this service because of perceived negative impacts. In a study published in *Australian Pharmacist* in 2012, some pharmacists reported positive relationships with the clients who use their opioid substitution service³. They described these patients as tending to be loyal to the pharmacy that they visit daily, to the point where they may even be protective of the pharmacist with whom they have developed a good rapport. On the other side of the coin, pharmacists also report instances of clients of this service “being disruptive, causing a scene and alarming other customers”⁴. However, pharmacists would quite likely recognise that these types of incidents can happen with a variety of patient types and not only with those who use an opioid substitution service. The Pharmacy Guild of NSW encourages pharmacy owners to

Learning objectives:

- Discuss the basic landscape of pharmacy opioid substitution services in Australia.
- Consider the business case for implementing an opioid substitution service with respect to risk management.

Pharmacist competencies addressed: 1.2, 1.3, 1.4, 2.2, 3.1, 3.3, 3.4, 7.3

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provide opioid substitution services, stating that “methadone has a long proven record for successfully treating heroin dependence, and that Methadone Maintenance Treatment dramatically reduces crime and deaths from overdose, as well as reducing risk of HIV infection”⁵. While the community as a whole and pharmacists as health professionals primarily support a harm-minimisation approach, there are still those who will take a view of ‘not in my backyard’. A dedicated opioid substitution clinic on Brisbane's north side has attracted negative community comment and unwanted media attention since its inception, despite the majority of the

community being in favour of these services being available. A petition with 258 signatures was presented to the Queensland Parliament in an attempt to prevent the opening of the clinic in 2002⁶. Concerns were also raised in the federal Parliament through the local member⁷. However, after more than 10 years of the clinic's operation, newspaper reports suggest that there have been no real community issues arising from its presence⁸. Even among health professionals, stereotypes established decades ago continue to shape perceptions of “the drug problem”⁹. However, “effective interventions properly deployed reduce the consequences of addiction for the individual and for society”¹⁰.

Developing a business case

As pharmacists, we are trained to take an evidence-based approach to clinical decision-making. When recommending medicines or providing advice to patients we base our advice on the evidence, taking into account the patient's individual circumstances and specific health needs. Through our experience and training, we are able to tailor our advice to suit each person. We want to achieve

“ The essence of a business case is that you will weigh up the evidence for and against taking a particular course of action. ”



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▶ the best overall outcome for that person's health. When it comes to making business decisions, how often do you take a similar, evidence-based approach? The essence of a business case is that you will weigh up the evidence for and against taking a particular course of action. It is unlikely that you would consider a decision if you didn't believe there would be some beneficial outcome. However, just as every treatment has potential side-effects, every revenue-generating activity has costs and risks associated with it. Taking a formal approach to assessing these costs and risks provides the basis for your business case and can reduce bias

in decision-making. An important aspect of decision-making for a new product or service is the concept of strategic fit. Is this the right choice for your business? Research in organisation performance demonstrates that strategic fit is a multi-dimensional and dynamic phenomenon¹¹. Strategic fit incorporates the parameters of both time and organisation. Just as a prescription is, by definition, written for a particular patient at a particular time, so decisions regarding strategic fit need to be based on what is the right fit for your specific business at the time, rather than taking a generic approach and following what

Table 1: Example table for defining likelihood

Almost certain	A daily occurrence
Likely	Three or four times a month
Possible	A few times a year
Unlikely	Once a year
Rare	Less than once a year

'everyone else is doing'. Making a decision that incorporates strategic fit means taking into account factors such as your existing customer base and community expectations, your areas of specialty practice and your best performing market segments.

A risk-based approach

In the case of opioid substitution services, major

barriers preventing pharmacists from implementing this service are perceptions of risk, or past negative experiences. Just one unpleasant incident can be enough to cloud future decisions. Therefore, taking a risk-based approach through a formal risk-assessment process can assist in making a more objective decision. According to the Australian/ New Zealand Standard on Risk

Figure1: Example risk matrix

RISK MATRIX		CONSEQUENCES				
		Marginal	Minor	Moderate	Major	Severe
LIKELIHOOD	Almost certain	Medium	High	High	Critical	Critical
	Likely	Medium	Medium	High	High	Critical
	Possible	Low	Medium	Medium	High	Critical
	Unlikely	Low	Medium	Medium	Medium	High
	Rare	Low	Low	Medium	Medium	High



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Table 2: Example table for defining consequence*:

Marginal	Single disgruntled customer	No physical injury
Minor	High number of disgruntled customers	Simple first aid treatment and immediate return to work
Moderate	Loss of a high number of regular customers	Time off work
Major	Sustained drop in revenues	Hospitalisation
Severe	Closure of the business	Death or permanent injury

*Other consequence categories include reputational (level of media exposure), financial (in dollar terms) and legal (complaint through to legal case). These can be added depending on where they are relevant.

Management, risk assessment is the overall process of risk identification, risk analysis and risk evaluation¹².

A risk matrix is a simple tool for analysing both the likelihood and the consequence of a given risk (see Figure 1). The classification of both likelihood and consequence will depend on the nature of your business and the given circumstances. Examples are given in Table 1 and Table 2.

Having identified important risks, controls to address these risks can then be considered. Residual risk is what remains after the inherent risk has been

minimised. Each individual and each business will have a different risk appetite. As a business owner or manager, it is up to you to determine what level of resources you are willing to invest to minimise particular risks and how much residual risk is acceptable for you. See Table 3 for an example risk assessment tool.

Steps for a simple risk assessment

1. Identify the key risks and list these.
2. Ask how likely you think it is that an identified risk will occur.
3. Ask what the consequence will be

4. Consider what measures can be taken to minimise this risk.
 5. Evaluate whether the residual risk is acceptable.
- In the case of opioid substitution services, many of the risks you identify may not be significantly different to those risks associated with providing other pharmacy services. On examining the risks, it is likely that many of the risk-minimisation measures may already be in place. Pharmacy professional bodies and government agencies provide various guidelines and resources to assist pharmacists in reducing


risks and operating a best practice opioid substitution service. Weighing up the evidence in this case may lead to a conclusion different from what your original instincts may have suggested, or it may confirm them. What’s important is to make the decision based on what’s best for your business at this time, rather than on what works or doesn’t work for others, or on what you have or haven’t done in the past. ^{RP}

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Table 3: Example risk assessment tool

Risk identification	Risk analysis		Overall risk	How will the risk be minimised?
	Likelihood	Consequence		
An opioid substitution client becomes aggressive and assaults a staff member. [Safety risk]	Unlikely	Moderate	Medium	<ul style="list-style-type: none"> • Ensure that at least two staff members are present when opioid substitution services are provided. • Install surveillance cameras as a deterrent to unwanted behaviour.
The behaviour of an opioid substitution client leads one customer to cease doing business with your pharmacy. (Reputational risk)	Possible	Marginal	Low	<ul style="list-style-type: none"> • Carry out opioid substitution services in a private area. • Establish expected behaviours from clients through a signed agreement before they commence using the service.

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PHARMACY AT THE COALFACE

The patient-centred approach to pain management: OTC analgesics

Accreditation number: A1403RP0 **1** Credit



This activity has been accredited for 0.5 hr of Group One CPD (0.5 CPD Credit) that may be converted to 1 Group Two CPD Credit upon successful completion of the below assessment for inclusion on an individual pharmacist's CPD Record.

Mrs LP (59) presents to the pharmacy and requests “something strong” for her pain. You ask her to describe her pain symptoms, which you summarise as moderate and episodic aches in both ankles, accompanied by minor swelling and redness. She attributes the pain to being on her feet all day at work. You recommend an analgesic for her, but she immediately responds, “Tried it – doesn’t work”, providing similar responses to your next couple of recommendations. Mrs LP says she needs “something strong”, but doesn’t want to go to the GP because “he’ll just give me a script for pills that I’ll have to take every day – I don’t want to become an addict”. How do you respond?

1. Persons who experience mild to moderate persistent pain:

- A) Are generally managed in the primary care setting.
- B) Are often reliant on OTC analgesics to manage their pain.
- C) Tend to self-medicate using home remedies or products bought in supermarkets and online stores.
- D) All of the above are true.

2. Which of the following is NOT an element of patient-centred approaches to pain management:

- A) Communicating with patients to clarify their expectations of treatment for pain.
- B) Establishing partnerships between patients and health professionals to facilitate an agreed pain management plan.
- C) Giving patients complete autonomy to manage their pain without intervention from a health professional.
- D) Providing comprehensive and relevant information to patients about their pain and the role of pharmacotherapy.

3. proper pain assessment in the context of using OTC analgesics is important because it:

- A) Allows the patient to accurately describe their pain.
- B) Helps to communicate important elements of the pain so that it can be related to treatment options.
- C) Instils confidence in the patient that the chosen OTC treatment has been individualised to their needs.
- D) All of the above are true.

4. Common challenges in the use of OTC analgesics include:

- A) Fears by patients that the ongoing use of OTC analgesics may lead to addiction.
- B) Fears by some health professionals that the ongoing use of OTC analgesics may lead to addiction in their patients.
- C) Only A is true.
- D) Both A and B are true.

5. OTC analgesics should only ever be used short-term within the treatment plan for patients with chronic or persistent pain.

- A) True.
- B) False.

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Around 40 per cent of pharmacies in Australia operate an opioid substitution service¹. These range from dedicated clinics, where opioid substitution is the primary or only service delivered, to those who provide this service to only one or two regular clients. This is an increase from about 30 per cent of pharmacies in 2000, when Methadone Maintenance Treatment was considered to be the largest specialty practice in pharmacy in Australia². Despite this growth, still around 60 per cent of pharmacies don't offer the service.

1. Residual risk is defined as:

- A) The level of risk you are prepared to accept.
- B) The risk remaining after minimisation measures have been implemented.
- C) The risk of injury from drug residues on the dispensary floor.
- D) The steps taken to minimise risk.

2. The proportion of pharmacies in Australia that operate an opioid substitution service is approximately:

- A) 14 per cent.
- B) 64 per cent.
- C) 40 per cent.
- D) 84 per cent.

3. According to the Australian/New Zealand Standard on Risk Management, the three key elements of a risk assessment are:

- A) Identification, analysis, evaluation.
- B) Identification, analysis, elimination.
- C) Identification, intervention, evaluation.
- D) Intervention, analysis, evaluation.

4. The positive impacts of opioid substitution services include:

- A) Reduced rates of drug-related crime.
- B) Reduced spread of HIV infection.
- C) Reduced deaths from overdose.
- D) All of the above.

5. Strategic fit is characterised as being:

- A) Multi-dimensional and dynamic.
- B) Multi-dimensional and static.
- C) Uni-dimensional and static.
- D) Uni-dimensional and dynamic.

ENJOYED THIS TOPIC?

Additional resources for healthcare professionals can be found at:

- The Australian pain management association has resources on their website at www.painmanagement.org.au.
- ‘Back pain choices’ is a tool to provide guidance for the management of lower back pain at www.nps.org.au for health professionals.

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