Welcome and intro

## Welcome!

As part of the MDHHS Michigan Overdose Data to Action program, the Calvin University Center for Social Research is conducting an evaluation of Michigan's statewide naloxone standing order. We have partnered with Wayne State University and the Michigan Center for Clinical Systems Improvement to design this survey of pharmacists.

## What is the purpose of this survey?

The purpose of this survey is to better understand what pharmacists know and think about opioids, naloxone, and Michigan's naloxone standing order.

### What will I be asked to do?

You are invited to take a 10-15 minute online survey.

## How will my identity be protected?

Your answers are confidential and will not be linked to you. Your identity will be protected by using assigned code numbers to track your responses. The code list will be destroyed at the conclusion of this project. You get to choose how much information about yourself you want to provide.

#### What are the benefits?

Your answers will inform an evaluation of Michigan's naloxone standing order and identify opportunities for improvement.

## What are the risks?

Taking the survey has minimal risk.

## Is my participation voluntary?

Yes, your participation is voluntary, and you may skip questions.

#### Whom can I contact with questions?

You can send questions about this survey to Dr. Laura Luchies, Associate Director of the Calvin University Center for Social Research, at laura.luchies@calvin.edu or 616-526-7799. You can send questions about your rights as a research subject to Calvin University's Committee for the Protection of Human Subjects in Research at irb@calvin.edu.

Do you consent to participate in this survey?

- Yes, I consent to participate
- No, I rather not participate

This survey has been adapted in part from:

- Wayne State University Center for Urban Studies (n.d.). 2021 Pharmacist Survey on Buprenorphine for Opioid Use Disorder (OUD).
- Wayne State University Center for Urban Studies (n.d.). Pharmacist Survey on Overdose Prevention and Naloxone.
- Meyerson B.E., Agley J.D., Jayawardene W., Eldridge L.A., Arora P., Smith C., Vadiei N., Kennedy A., Moehling T., and the PharmNet Research
- Team. (2020). Feasibility and acceptability of a proposed pharmacy-based harm reduction intervention to reduce opioid overdose, HIV and hepatitis

C. Research in Social and Administrative Pharmacy, 16(5), 699-709. doi: 10.1016/j.sapharm.2019.08.026

## Pharmacist background

# You and Your Pharmacy Practice

Throughout this survey, the term "**community-based pharmacy**" will be used to refer to any pharmacy setting that is best described as a community, retail, or outpatient pharmacy that dispenses medications to patients in the community. This may include, but is not limited to, hospital outpatient pharmacies and independent or chain retail pharmacies.

Are any pharmacy settings where you practice best described as a community, retail, or outpatient pharmacy that dispenses medications to patients in the community?

| () Yes |
|--------|
|--------|

🔿 No

In what type of pharmacy setting(s) do you practice? *Select all that apply.* 

Chain Retail Pharmacy

Grocery Pharmacy

Independent Pharmacy

] Hospital Outpatient Pharmacy

Other

What is the 5-digit ZIP code of the Michigan community-based pharmacy where you practice most often?

*If your response is not accepted, please make sure there are no spaces before or after the 5-digit ZIP code.* 

How many years have you been practicing as a licensed pharmacist?

O Less than 3 years

- 3-10 years
- 11-20 years
- O 21-30 years
- O More than 30 years

Which of the following degrees have you completed? *Select all that apply.* 

] BS Pharm

| Doctor of Pharmacy | (Pharm.D.) |
|--------------------|------------|
|--------------------|------------|

Have you completed any of the following post-graduate training? *Select all that apply.* 

Residency

Fellowship

BPS board certificate

| What | is | your | gender? |
|------|----|------|---------|
|------|----|------|---------|

Male

(

O Female

Prefer to self-describe

O Prefer not to answer

Which of the following best describes you? *Select all that apply.* 

African American or Black

| 🗌 Ame | erican | Indian | or | Alaska | Native |
|-------|--------|--------|----|--------|--------|
|-------|--------|--------|----|--------|--------|

- Asian or Asian American
- Hispanic or Latinx
- Middle Easter or North African
- Native Hawaiian or Pacific Islander
- White

Not listed here or prefer to self-describe

Prefer not to answer

What is your age?

- 0 18-29
- 0 30-39
- 0 40-49
- 0 50-59
- 0 60-69
- 70 or older
- O Prefer not to answer

pharmacist knowledge

# **Naloxone Training and Dispensing**

In the past 5 years, have you had any specific training on naloxone? *Select all that apply.* 

| School-based | training |
|--------------|----------|
|--------------|----------|

- U Workplace-based training
- Accredited Continuing Education (CE)
- Interprofessional conference

| 🗌 Webinar                   |                                 |
|-----------------------------|---------------------------------|
| Personal research           |                                 |
| Community-based training    |                                 |
|                             | Other                           |
|                             |                                 |
| I have not had any training | on naloxone in the past 5 years |

Prior to taking this survey, did you know that Michigan implemented a **naloxone standing order (SO)** to allow pharmacists to dispense naloxone to individuals without a patient-specific prescription?

- O Yes, and I have reviewed the SO policy
- O Yes, but I have not reviewed the SO policy
- O No, I wasn't aware of the SO

In your opinion, how important is Michigan's statewide naloxone standing order (SO)?

- O Not at all important
- O Slightly important
- O Moderately important
- O Very important
- O Extremely important

Indicate whether the following statements about Michigan's statewide naloxone standing order (SO) are true or false.

|   | True | False |
|---|------|-------|
| Pharmacists are<br>required to provide one-<br>on-one naloxone<br>administration training to<br>people who receive<br>naloxone through the<br>SO. | 0    | 0     |

|   | True | False |
|---|------|-------|
| Naloxone dispensed<br>through the SO must be<br>accompanied by a list of<br>substance use disorder<br>services.                                       | 0    | 0     |
| Pharmacists dispensing<br>naloxone under the SO<br>order have liability for<br>damages from its use in<br>an opioid overdose.                         | 0    | 0     |
| Under the SO,<br>individuals may request<br>naloxone at participating<br>pharmacies, but<br>pharmacists may not<br>recommend naloxone to<br>patients. | 0    | 0     |

How difficult was it for you to understand...

|  | Very | Somewhat   | Not at all |
|--|------|------------|------------|
| the SO requirements?   | 0    | $\bigcirc$ | $\bigcirc$ |
| the pharmacist's role in<br>dispensing naloxone<br>under the SO?                     | 0    | 0          | 0          |
| the pharmacist's role in<br>counseling and<br>education of patients<br>under the SO? | 0    | 0          | 0          |

Does your community-based pharmacy use any standing orders for naloxone? Select all that apply.

|           | Yes, | th | e stat | ewic | le N | lichig | jan | sta | nding | g orde | r    |      |
|-----------|------|----|--------|------|------|--------|-----|-----|-------|--------|------|------|
| $\square$ | Yes. | a  | nalox  | one  | star | ndinc  | or  | der | from  | some   | othe | er r |

| Yes, a naloxone standing order fro | m some other prescriber |
|------------------------------------|-------------------------|
|------------------------------------|-------------------------|

] No

Not sure

Is there signage to communicate the availability of naloxone at your pharmacy?

◯ Yes

O No

O Not sure

Have you dispensed naloxone in your pharmacy? *Select all that apply.* 

Yes, under the Michigan standing order

- Yes, under a different standing order
- Yes, under a patient-specific prescription

🗌 No

### In the past year, how often...

|   | About once a week or more | About once a month | Just a few times | Never |
|---|---------------------------|--------------------|------------------|-------|
| Have you recommended<br>naloxone to a patient<br>who is filling an opioid<br>prescription?    | 0                         | 0                  | 0                | 0     |
| Have you recommended<br>naloxone to a patient<br>who may be using illegal<br>opioids?         | 0                         | 0                  | 0                | 0     |
| Has a patient asked<br>about purchasing<br>naloxone?  | 0                         | 0                  | $\bigcirc$       | 0     |
| Has a patient asked<br>about getting naloxone<br>for free?                                    | 0                         | $\bigcirc$         | 0                | 0     |
| Have you contacted a<br>prescriber to obtain a<br>prescription for naloxone<br>for a patient? | 0                         | 0                  | 0                | 0     |

Other than through the standing order (SO), how/where can people in your community get naloxone?

knowledge, stigma, ability

# Knowledge and Opinions about Naloxone

Please indicate the extent to which you agree or disagree with the following statements.

|  | Strongly disagree | Disagree   | Neutral | Agree      | Strongly<br>agree |
|--|-------------------|------------|---------|------------|-------------------|
| The amount of<br>pharmacist time required<br>to dispense naloxone<br>and provide appropriate<br>counseling fits into the<br>pharmacy workflow. | 0                 | $\bigcirc$ | 0       | 0          | 0                 |
| When dispensing<br>naloxone, I regularly<br>inform the patient about<br>what to do during an<br>overdose.                                      | 0                 | $\bigcirc$ | 0       | $\bigcirc$ | 0                 |
| l support the provision of<br>naloxone to individuals<br>without a patient-specific<br>prescription via the<br>Michigan standing order.        | 0                 | $\bigcirc$ | 0       | 0          | 0                 |
| l would rather not have<br>to care for individuals<br>with opioid use disorder<br>in my pharmacy<br>practice.                                  | 0                 | $\bigcirc$ | 0       | $\bigcirc$ | 0                 |
| Increasing community<br>access to naloxone<br>would decrease deaths<br>from opioid overdose.   | 0                 | 0          | 0       | 0          | 0                 |

|   | Strongly disagree | Disagree   | Neutral    | Agree      | Strongly agree    |
|---|-------------------|------------|------------|------------|-------------------|
| The patients served by<br>my community<br>pharmacy are aware of<br>the availability of<br>naloxone through the<br>standing order.         | $\bigcirc$        | 0          | 0          | 0          | 0                 |
| The availability of<br>naloxone enables illicit<br>drug use.  | 0                 | 0          | 0          | 0          | 0                 |
|   | Strongly disagree | Disagree   | Neutral    | Agree      | Strongly agree    |
| People who use illicit opioids take more from society than they give.   | 0                 | 0          | 0          | $\bigcirc$ | 0                 |
| Tolerating risky or illegal<br>behavior sends a<br>message to the<br>community that these<br>behaviors are<br>acceptable.                 | 0                 | 0          | 0          | $\bigcirc$ | 0                 |
| Opioid overdose is a serious problem in my community.   | 0                 | 0          | 0          | 0          | 0                 |
| I can identify factors that<br>place individuals at risk<br>for opioid overdose.  | $\bigcirc$        | $\bigcirc$ | 0          | 0          | 0                 |
| l can recognize physical signs of an opioid overdose.   | $\bigcirc$        | $\bigcirc$ | $\bigcirc$ | 0          | 0                 |
| l can confidently<br>administer naloxone in<br>an opioid overdose<br>situation.   | 0                 | 0          | 0          | 0          | 0                 |
| I am confident educating<br>individuals and their<br>support persons about<br>risk factors for opioid<br>overdose.                        | $\bigcirc$        | 0          | 0          | 0          | 0                 |
|   | Strongly disagree | Disagree   | Neutral    | Agree      | Strongly<br>agree |
| I am confident educating<br>individuals and their<br>support persons about<br>naloxone and how to<br>administer naloxone.                 | 0                 | 0          | 0          | 0          | 0                 |
| I am confident<br>counseling individuals<br>and their support<br>persons about available<br>treatment options for<br>opioid use disorder. | 0                 | 0          | 0          | 0          | 0                 |

|  | Strongly disagree | Disagree | Neutral | Agree | Strongly<br>agree |
|--|-------------------|----------|---------|-------|-------------------|
| The pharmacy<br>technicians I work with<br>treat patients requesting<br>naloxone with dignity<br>and respect.                                  | 0                 | 0        | 0       | 0     | 0                 |
| The requirement to<br>provide educational<br>information when<br>dispensing naloxone<br>ensures patients can<br>administer naloxone<br>safely. | 0                 | 0        | 0       | 0     | 0                 |
| l keep naloxone on hand<br>in my everyday life.  | $\bigcirc$        | 0        | 0       | 0     | 0                 |

End Block

# Almost Done...

Thank you! Please click **SUBMIT** to record your answers or click **BACK** to review your answers.

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