



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

[Via electronic submission to uspreventiveservicestaskforce.org/comment](https://www.uspreventiveservicestaskforce.org/comment)

September 9, 2019

USPSTF Coordinator
c/o USPSTF
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

Support for Draft Recommendation
Illicit Drug Use, Including Nonmedical Use of Prescription Drugs: Screening

Dear USPSTF Coordinator:

The National Association of Chain Drugs Stores (NACDS) thanks the US Preventive Services Task Force (USPSTF) for the opportunity to comment and provide support for the recently proposed [draft recommendation](#) re: screening for illicit drug use in adults age 18 years or older when services for accurate diagnosis, effective treatment and appropriate care can be offered or referred. NACDS strongly supports USPSTF's assessment specifically with respect to the net benefits of screening, especially given the downstream benefits of early detection, intervention, and linkage to treatment for inappropriate drug use, including improper use of prescriptions. On behalf of chain community pharmacy, NACDS strongly supports the approval of this important recommendation.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Our members operate 40,000 pharmacies and include regional chains with as few as four stores as well as national companies. Chain pharmacies employ more than 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

As documented in USPSTF's systematic review, supporting the draft recommendation, drug use is among the most common causes of preventable death in the US. It also is a leading cause of years lived in disability, and a growing harm to families and communities across the country.¹ Startlingly, 130 Americans die of an opioid overdose every day,² and it was estimated that approximately 30.5 million people aged 12 or older have used an illicit drug and about 1 in 4 young adults aged 18 to 25 are "current" illicit drug users.³ The urgency and widespread nature of this epidemic requires innovative solutions, leveraging the expertise and access of the entire healthcare continuum - especially those on the frontlines of care. Community pharmacies serve as important access points to care for communities across the country. Over 90% of Americans live within 5 miles of a pharmacy and evidence shows that patients visit pharmacies far more often than they interact with

¹ AHRQ Publication No. 19-05255-EF-1. Screening for Illicit Drug Use, Including Nonmedical Use of Prescription Drugs: An Updated Systematic Review for the U.S. Preventive Services Task Force. August 2019.

<https://www.uspreventiveservicestaskforce.org/Home/GetFile/1/17049/drug-use-screening-draft-evidence-review/pdf>

² <https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html>

³ SAMHSA. Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. September 2018.

<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>

other members of the healthcare team.^{4,5} As the most accessible healthcare professional, community pharmacists continue to be on the frontlines of the opioid epidemic. Every day, pharmacists face a moment of truth when presented with a prescription for a controlled substance, making decisions as both a provider of patient care and as part of the solution to the opioid-abuse epidemic.

Based on first-hand experience and our commitment to the patients and communities we serve, NACDS remains steadfast in our efforts to partner with policymakers and others to work on viable strategies to ensure legitimate patient access to controlled substance medications while also preventing, treating, and mitigating the serious harms caused by drug abuse and diversion. As a part of this strategy, **we encourage USPSTF to finalize this important public health recommendation, which promotes widespread screening for drug use in adults.** This effort will help start discussions with those who may be suffering and link patients with the resources and treatment they may need. And as part of the broader strategy, NACDS advocates for reforms in health-plan design to help identify and treat patients with substance use disorders, improve coverage for pain-management treatments other than opioids, enable access to naloxone, refine prescription drug monitoring programs, limit initial supply of opioids for acute pain, mandatory electronic prescribing to prevent fraud and abuse, and flexible drug disposal opportunities.

Based on opinion research commissioned by NACDS, conducted by Morning Consult in January 2019, voters agree that pharmacies are part of the solution to the opioid epidemic.⁶ Pharmacies across the country provide a wide range of services geared toward preventing, identifying, and managing drug misuse and abuse.⁷ Specifically, pharmacists collaborate with other members of the healthcare team to ensure the legitimacy of all prescriptions and proper and safe use of controlled substances; and pharmacists prescribe and dispense naloxone to increase access and prevent fatal overdoses.⁸ Pharmacists also provide counseling and patient education including safe opioid disposal⁹ and leverage tools such as prescription drug monitoring programs to screen patients for dangerous drug use and intervene where possible, while balancing their responsibility as a provider of patient care.¹⁰ In some states, such as Ohio and Colorado, pharmacists can administer naltrexone as part of a Medication Assisted Treatment plan for patients.¹¹ And what's more, given the strong ties of community pharmacies in neighborhoods across the country, work is underway to implement collaborative, community-based SBIRT (Screening – Brief Intervention – Referral to Treatment) models where patients are first screened in the comfort and convenience of their local

⁴ National Association of Chain Drug Stores. 2019. <https://accessagenda.nacds.org/>

⁵ Moose J, Branham A. Pharmacists as Influencers of Patient Adherence. Pharmacy Times. August 2014. <https://www.pharmacytimes.com/publications/directions-in-pharmacy/2014/august2014/pharmacists-as-influencers-of-patient-adherence->

⁶ NACDS. Public Opinion Dashboard. 2019. <https://nacds.morningconsultintelligence.com/>

⁷ Reynolds V, et al. The Role of Pharmacists in the Opioid Epidemic: An Examination of Pharmacist-Focused Initiatives Across the United States and North Carolina. North Carolina Medical Journal. May-June 2017 vol. 78 no. 3 202-205. <http://www.ncmedicaljournal.com/content/78/3/202.full>

⁸ <https://naspa.us/resource/naloxone-access-community-pharmacies/>

⁹ Winstanley, Erin L. et al. The development and feasibility of a pharmacy-delivered opioid intervention in the emergency department. Journal of the American Pharmacists Association, Volume 57, Issue 2, S87 - S91. [https://www.japha.org/article/S1544-3191\(17\)30023-7/fulltext](https://www.japha.org/article/S1544-3191(17)30023-7/fulltext)

¹⁰ Riley TB, Alemagno S. Pharmacist utilization of prescription opioid misuse interventions: Acceptability among pharmacists and patients. Research in Social and Administrative Pharmacy. Volume 15, Issue 8, August 2019, Pages 986-991. <https://www.sciencedirect.com/science/article/abs/pii/S1551741118301451?via%3Dihub>

¹¹ https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/MAT%20Provider%20Capacity.pdf
https://www.ohiopharmacists.org/aws/OPA/pt/sd/news_article/175648/PARENT/layout_interior_details/false

community pharmacies and receive intervention and linkage to care from the pharmacists they know and trust.

While the systematic review conducted by USPSTF mentioned there is insufficient evidence on the impact of brief interventions, an increasing body of research points toward the promise of SBIRT to reduce illicit drug use and prescription drug misuse and abuse, thereby improving population health outcomes and reducing downstream risk.^{12,13,14} SBIRT is an evidence-based community health practice designed to identify, reduce and prevent problematic substance use. Specifically, pharmacists and other healthcare providers assess a patient for risky substance use behaviors using standardized screening tools in a variety of care settings. If the patient demonstrates risky substance use behavior, the healthcare provider engages in a short conversation, providing feedback, advice and as appropriate, provides referral for follow up care.¹⁵

Recent evidence has demonstrated that pharmacies can successfully implement an SBIRT model of care to increase access to screening for opioid misuse and connect patients in the community with the treatment they need through partnerships with public health. In one example, pharmacists in Blair County Pennsylvania, through collaboration with a local behavioral health program, universally screen patients with controlled substance prescriptions, providing education, referral and linkage to care when appropriate.¹⁶ In another example, the feasibility and utility of screening for opioid misuse risk was demonstrated at the community pharmacy level with 26% of individuals being identified at some risk of misuse and 30% identified at risk of accidental overdose.¹⁷ Also promising, the opportunity for community pharmacies to help scale and sustain collaborative SBIRT models of care is growing. For instance, the Commonwealth of Virginia includes SBIRT services provided in pharmacies within their "Addiction and Recovery Treatment Services (ARTS)" benefit, with similar opportunities underway in Pennsylvania and Ohio.¹⁸ Additionally, SBIRT training for a wide range of healthcare professionals has been developed through a grant provided by SAMHSA, which has trained a variety of health professions, including pharmacists, physical therapists and physicians, to meaningfully provide SBIRT for their patients.¹⁹

Based on such evidence and the opportunity for healthcare professionals to start broader discussions around illicit drug use, namely through proactive counseling and dissemination of resources, NACDS encourages the USPSTF to finalize this important public health recommendation. More widespread and frequent screening may help destigmatize such conversations, facilitating strong and transparent relationships between patients and healthcare providers, especially around sensitive topics, ultimately improving patient-centered care. NACDS

¹² Babor TF, et al. Screening, Brief Intervention, and Referral to Treatment (SBIRT). Sept 2008. https://doi.org/10.1300/J465v28n03_03

¹³ Aldridge A, et al. Substance use outcomes of patients served by a large US implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT). January 2017. <https://doi.org/10.1111/add.13651>

¹⁴ Madras BK, et al. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months <https://www.ncbi.nlm.nih.gov/pubmed/18929451?dopt=Abstract>

¹⁵ <https://www.integration.samhsa.gov/resource/sbirt-resource-page>

¹⁶ Pharmacists Intervening in the Opioid Crisis. U.S. Pharmacist. Sept 2018.

<https://www.uspharmacist.com/article/pharmacists-intervening-in-the-opioid-crisis>

¹⁷ Strand MA, Eukel H, Burck S. Moving opioid misuse prevention upstream: A pilot study of community pharmacists screening for opioid misuse risk. Research in Social and Administrative Pharmacy. Volume 15, Issue 8, August 2019, Pages 1032-1036. <https://www.sciencedirect.com/science/article/abs/pii/S1551741118302195?via%3Dihub>

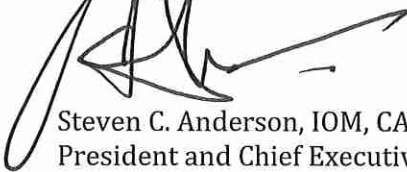
¹⁸ <https://www.finance.senate.gov/download/virginia-department-of-medical-assistance-services>

¹⁹ <https://www.sbirt.pitt.edu/>

agrees with USPSTF that “drug screening is clinically justified to ensure the quality and safety of healthcare,” and that it may be useful to understand patients’ drug use status and the specific types of drugs being used to inform medication safety, adherence, and overall health-related quality of life.^{20,21} **While the proposed recommendation is specific to the primary care setting, benefits of screening for illicit drug use are extremely relevant to the goals of patient care provided at pharmacies, which include optimizing medication safety, adherence, and overall health and wellbeing. Further, screening for illicit drug use in adults at community pharmacies is already underway as one prong of our broader strategy to mitigate harms related to drug abuse.**

As the entire healthcare community, including pharmacy, continues to explore strategies to prevent and mitigate opioid and other drug harms, this vital public health recommendation is essential to building preventive care interventions that facilitate important and timely conversations. We strongly encourage USPSTF to finalize this key recommendation to encourage widespread screening for illicit drug use in adults, thereby strengthening preventive care across the nation.

Sincerely,



Steven C. Anderson, IOM, CAE
President and Chief Executive Officer

²⁰ USPSTF Bulletin – U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Illicit Drug Use, Including Nonmedical Use of Prescription Drugs. August 2019.

<https://www.uspreventiveservicestaskforce.org/Home/GetFile/6/250/illicit-drug-use-screening-interventions-bulletin/pdf>

²¹ AHRQ Publication No. 19-05255-EF-1. Screening for Illicit Drug Use, Including Nonmedical Use of Prescription Drugs: An Updated Systematic Review for the U.S. Preventive Services Task Force. August 2019.

<https://www.uspreventiveservicestaskforce.org/Home/GetFile/1/17049/drug-use-screening-draft-evidence-review/pdf>