



Providers
Clinical Support
System

Building Bridges: How Pharmacists & Social Workers Can Partner to Address Opioid Use Disorder

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Housekeeping

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- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

Funding for this initiative was made possible by cooperative agreement no. 1H79TI086770 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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All disclosures have been reviewed, and there are no relevant financial relationships with ineligible companies to disclose.

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Educational Objectives

At the conclusion of this activity participants should be able to:

- 1 Describe specific, evidence-based pharmacy roles in caring for patients with OUD.
- 2 Recognize structural and regulatory barriers, including pharmacy deserts, dispensing restrictions, stigma.
- 3 Explore and build collaborative pathways between social work and pharmacy.
- 4 Propose actionable strategies for community-based, integrated OUD care.

Background



Why This Matters

- ▶ OUD remains a leading cause of preventable death
 - ~ 80,000 deaths every year from opioid overdose
 - ~9M people misuse opioids annually

- ▶ Many individuals with OUD face structural barriers to care
 - Stigma
 - Legal restrictions for medication treatment
 - Inadequate training
 - Lack of knowledge

- ▶ Pharmacies are highly accessible healthcare sites

- ▶ Interprofessional collaborative care expands reach across many settings

Interprofessional Practice is Essential and Required by Accrediting Bodies in Health Professions Education

Discipline	Accreditation Body	Accreditation Standard(s)
Social Work	CSWE (2015)	Competency 1, 6, 7, 8
Pharmacy	ACPE (2016)	Standard 11, Key Elements: 11.1, 11.2, 11.3
Medicine	LCME (2020)	Standard 6.4, 7.9 AOA 2014
Nursing	ACEN (2019)	Standard 4.6
Occupational Therapy	ACOTE (2013)	Standard B.5.21
Physical Therapy	CAPTE (2016)	6F, 6L3, 7D7, 7D12, 7D13, 7D34, 7D39
Speech-Language Pathology	ASHA/CAA (2019)	Standard 1 (1.1, 1.2, 1.3)

Overview of Role of Interprofessional Team Members in OUD

Profession	Role
Social workers	Prevention, screening, assessment, diagnosis, counseling, crisis intervention
Pharmacists	Assist in medication selection, dispense medication, dose adjustment, monitor efficacy, adverse effect management
Licensed physicians	Examine patients, complete a medical history, order tests, diagnose conditions, provide treatments and medical counseling, prescribe medication
Nurses	Assessment which includes physical exam and review of symptoms and concerns; referral; education; provide treatments and medications; advocacy
Occupational therapists (OTs)	Prevent or adapt to injury, illness, or disability; help adapt environments, conserve energy, and decrease pain; promote engagement in meaningful life activities
Physical therapists (PTs)	Restore function and reduce reoccurrence of pain through exercise, manual therapy, patient education, and stress management
Speech-language pathologists (SLPs)	Work with infants with neonatal abstinence syndrome on feeding difficulties and later possible deficits in language and/or literacy; Provide therapies to improve cognition, speech, language, and swallowing for overdose survivors with brain injuries

Overview of Social Worker's Role in SUD

- ▶ Prevention (child, family, and community)
- ▶ Screening and assessment
- ▶ Diagnosis and treatment of substance use disorders
- ▶ Case management
- ▶ Facilitate intake, develop treatment plans, educate patients and their families
- ▶ Individual and group counseling
- ▶ Collaborate to determine the appropriate level of care
- ▶ Crisis planning, crisis intervention



Pharmacy Prevention & Treatment Interventions

Preventive Approaches to Opioid Use Disorder

- ▶ Proactive and thorough pain management
 - Formal prescription guidelines and schedules
 - Tracking opioid treatment and therapy
 - Prescription drug monitoring programs (PDMPs)
- ▶ Screen for opioid misuse
- ▶ Provide education about safe practices
- ▶ Increased efforts to train pharmacists and pharmacy technicians in OUD by employers and schools/colleges of pharmacy

Overview of Pharmacists' Role in OUD

- ▶ Provide education to patients, care takers, and healthcare providers
- ▶ Refer to resources and treatment services
- ▶ Clinical management of medications for OUD
- ▶ Dispense medications for OUD
- ▶ Provide access to and education about naloxone
- ▶ Facilitate transitions of care between settings
- ▶ Advocate for process and legislative changes that reduce barriers to access treatment services

Medications for Opioid Use Disorder (MOUD)

- ▶ Methadone
 - Full opioid agonist: suppresses opioid withdrawal symptoms & controls cravings
 - Controlled substance; patient must meet federal opioid treatment program standards, physically attend clinic to receive medication
- ▶ Buprenorphine
 - Partial opioid agonist: suppresses opioid withdrawal symptoms
 - Blocks intoxicating effects of opioids
 - Sometimes combined with naloxone
 - Controlled substance; can be prescribed by clinician with current DEA
 - Healthcare settings & pharmacies must be certified
- ▶ Naltrexone
 - Opioid antagonist: blocks the effects of opioid agonists
 - Not a controlled substance, requires a prescription
 - 7 day abstinence period before initiation
- ▶ Naloxone
 - Opioid antagonist: used to reverse opioid overdose
 - Can be administered safely by anyone

Pharmacist Role in Buprenorphine Management

- ▶ Collaborative practice models in health departments, VA clinics, primary care clinics, telemedicine
 - Pharmacist and prescriber collaborators

- ▶ Pharmacist role may include:
 - Provide patient and prescriber education
 - Community education/reduce stigma
 - Conduct initial and follow up visits
 - Interpreting urine drug screening tests
 - Provide adherence monitoring
 - Dispensing buprenorphine
 - Adjust buprenorphine dosing (where permitted by law)
 - Verification of prescription drug monitoring program findings

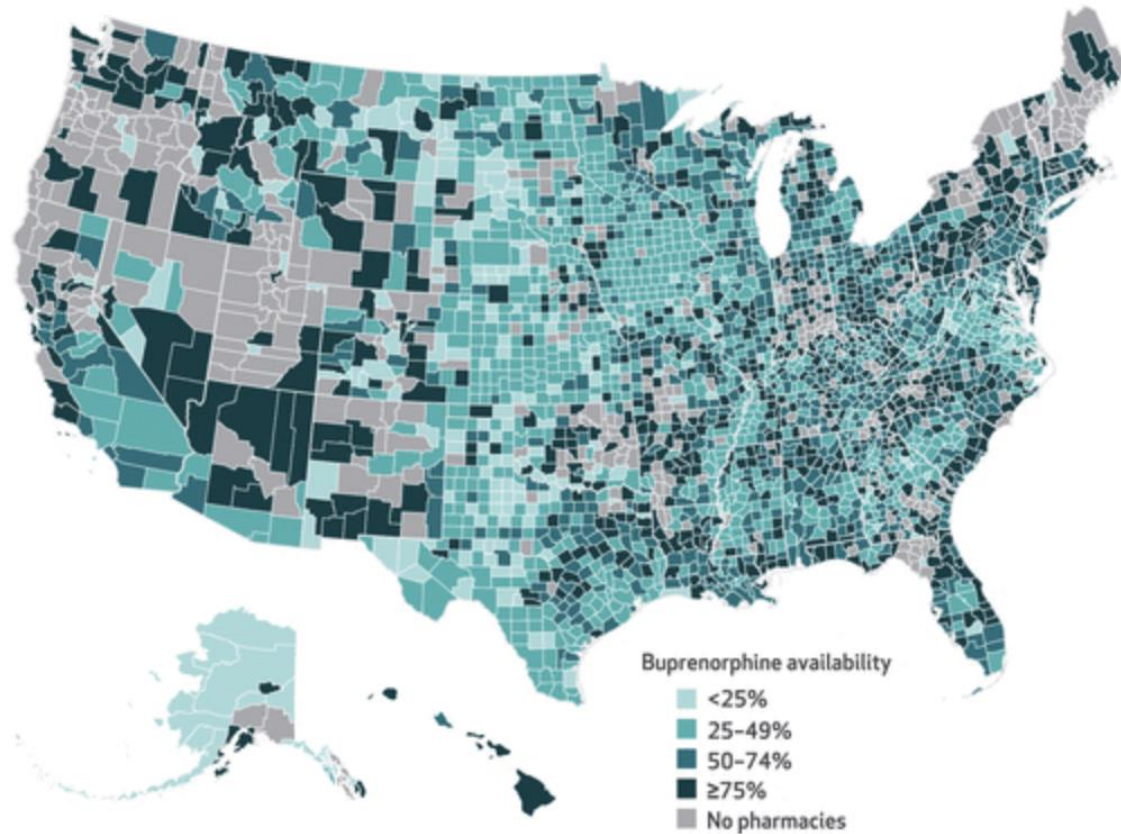
- ▶ Improved treatment retention and adherence, relapse and/or overdose events, patient and prescriber satisfaction

- ▶ Pharmacists are well positioned to serve in an expanded role to improve further access

Community Pharmacy Role in Buprenorphine Management

- ▶ Pharmacists are legally required to ensure a legitimate medical purpose for prescribed medication
- ▶ Pharmacists are required to be vigilant for behavior suggesting diversion
 - Multiple pharmacies, cash payment, multiple prescribers
- ▶ Community pharmacists are interested and positioned to assist patients with OUD
- ▶ Access to prescription drug monitoring programs
- ▶ Medication Therapy Management (MTM) framework
- ▶ Patient screening and education
- ▶ Naloxone availability

Availability of Buprenorphine at US Community Pharmacies in 2023



2017: 33%

2023: 39%

Naloxone Distribution

- ▶ March 2023: FDA approval of OTC naloxone nasal spray
- ▶ Surveyed community pharmacists recognize opioid use in their community and legal changes that support an expanded role for pharmacists
- ▶ Acknowledged need for additional efforts to provide education to pharmacy team about OUD management and to reduce stigma

Case Example - Overdose Reversal Medication Program

During a routine visit to a hospital outpatient pharmacy, Maria, a pharmacist, identifies Mr. Johnson, a new patient receiving buprenorphine, as being at elevated risk for opioid overdose and invites Sally, the clinic's social worker to join the encounter. Mrs. Johnson, the patient's wife, is also present.

How can the pharmacist and social worker collaborate in the moment to reduce overdose risk, and what brief education and resources should be prioritized for the patient?

Multidisciplinary Approach to Enhancing Patient Outcomes

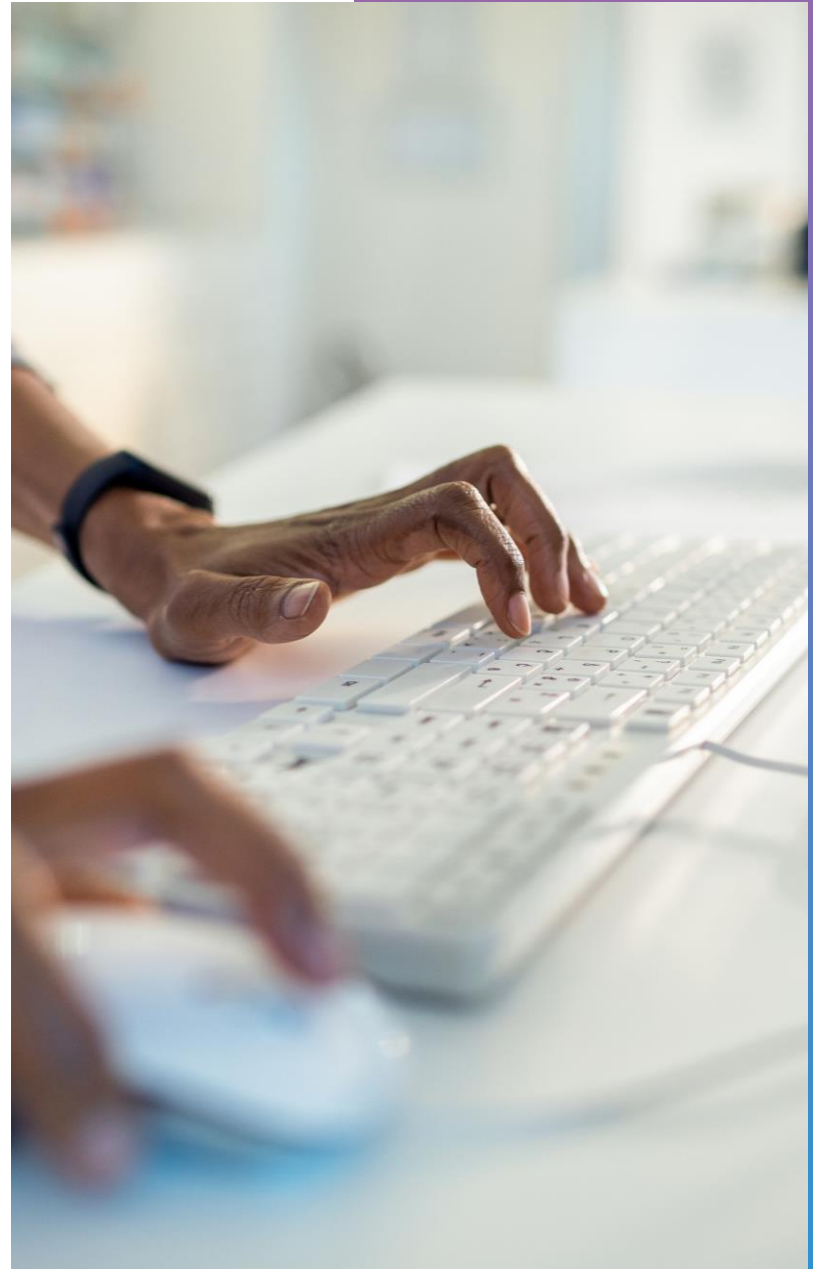
- ▶ Established treatment program within a tertiary hospital
- ▶ Collaboration between social workers and pharmacists to care for patients resulted in:
 - Higher medication adherence rates (85%)
 - Lower relapse rates (10%)
 - Higher treatment retention (75%)
- ▶ Study participants indicated that this approach helped them meet their medical and social needs
- ▶ Healthcare professionals identified:
 - Improved communication between health professions
 - Team-based problem solving
- ▶ Challenges identified:
 - Time constraints
 - Limited resources

Medication Disposal

- ▶ Medication take-back kiosks
- ▶ Deactivation packets provided at dispensing
- ▶ Community disposal events

- ▶ DEA National Take Back Day – April & October
 - <https://www.dea.gov/takebackday>
 - Year-round disposal locations
 - <https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>
- ▶ Law enforcement agencies that would like to host a collection site
 - https://www.deadiversion.usdoj.gov/drug_disposal/takeback/poc.html

Pharmacy Challenges



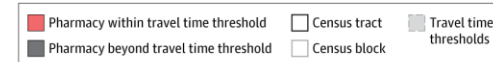
Pharmacy Challenges

- ▶ Differences in pharmacy inventory/stocking patterns
- ▶ Increasing number of pharmacy deserts and keystone pharmacies
- ▶ Broadband/telehealth connectivity access
- ▶ Regulatory restrictions complicate dispensing
- ▶ Stigma impacts patient care
- ▶ Workflow and time constraints within community pharmacies

Pharmacy Deserts & Keystone Pharmacies

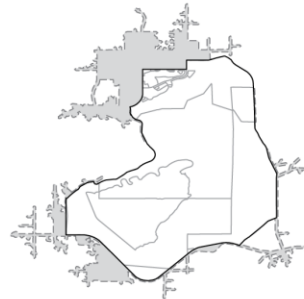
Pharmacy desert:
no pharmacies within the
travel time threshold

Keystone pharmacy:
only 1 pharmacy within the
travel time threshold



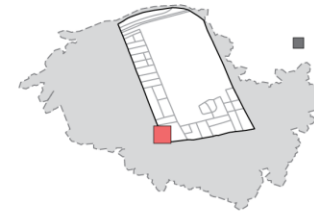
A Example of pharmacy desert (index = 0)

Census tract 426.23
Riverside County, California



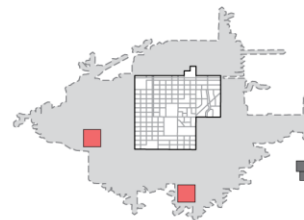
B Example of tract relying on keystone pharmacies (index = 1)

Census tract 208.06
Richmond County, New York



C Example of tract with 2 pharmacies accessible (index = 2)

Census tract 2.01
Lancaster County, Nebraska

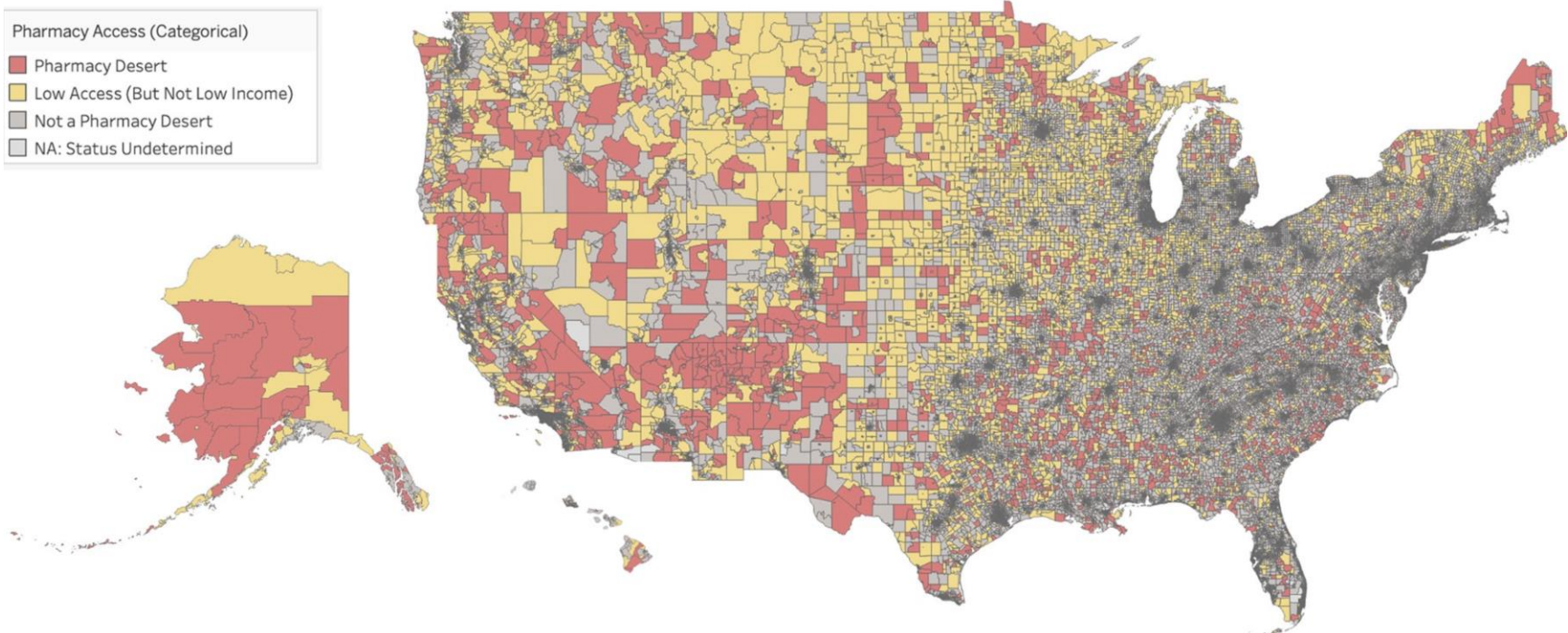


D Example of tract with 3 pharmacies accessible (index = 3)

Census tract 44.06
Lane County, Oregon



Map of Pharmacy Deserts and Pharmacy Access



Mapping US Pharmacy Closures (Jan 2014 – Mar 2024)



Creating Interprofessional Solutions



Collaboration Model A

- ▶ Pharmacist-prescriber collaborative agreement provides MOUD dispensing, monitoring and medication counseling
- ▶ Social worker provides individualized wraparound support
- ▶ Enhances collaborative interprofessional, holistic support
- ▶ Shared communication improves patient safety

Interprofessional Collaborations

- ▶ Support Hospital Opioid Use Disorder Treatment (SHOUT) Program
 - Launched in response to underutilization of OUD treatments
 - Based on a model implemented at another hospital in Texas
- ▶ Focus on creating interprofessional teams to implement and evaluate the SHOUT program
- ▶ Results:
 - Expanded program to 3 additional hospitals
 - Screened 7,149 patients for OUD, 3,065 (42%) started buprenorphine
 - Discharged 795 (26%) of patients with coordinated outpatient care
 - Trained 2,515 interprofessional clinicians across participating hospitals

Collaboration Model B

- ▶ Pharmacies create mobile or telepharmacy services in pharmacy deserts
- ▶ Social workers identify clients with limited access to broadband/technology to facilitate connectivity
- ▶ Collaboratively pursue distributive and regulatory changes that would facilitate remote/delivery of MOUD to pharmacy deserts

UM Telemedicine Buprenorphine Jail Program

- Maryland law (2023): jails must provide all FDA-approved MOUD
- Implemented telemedicine-based buprenorphine in 7 rural jails

Scope (Nov 2024, H.A. submission):

- 750 patients treated
- 59% new initiates
- 94% retained during jail stay



Slide shared with permission from Eric Weintraub, MD.

Health Affairs Presentation, September 3, 2025

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.00339>

Case Example – Create Treatment Hubs

In a medically underserved community, Alex, a community pharmacist, and Evan, a social worker, support Pat, an individual with opioid use disorder who wants treatment but lacks transportation, insurance stability, and access to an addiction specialist.

How can the interprofessional team leverage medications for opioid use disorder, social support and technology to create a reliable point of access and continuity of care for Pat?

Collaboration Model C

- ▶ Pharmacists and social workers in local communities begin building personal and professional relationships to identify needs and potential solutions for their community.
- ▶ A pilot project is launched where social workers accompany clients through the local process of their health care experience, documenting the steps and challenges along the way.
- ▶ This project can help to build trust and engagement with high-risk individuals, while also providing real time data on the complexity of navigating care.
- ▶ Interprofessional teams within the community come together to review the data from the pilot project and begin identifying ways to improve care locally, while also engaging professional organizations to advocate for local, state, and federal policy changes that reduce barriers to effective and efficient care.

Scholarly Ways to Collaborate Across Professions

- ▶ Pursue resources locally or nationally to support projects that meet community needs
 - Community organizations
 - National organizations
 - Health systems
 - Professional organizations
 - Local and state government

- ▶ Explore grant funded initiatives that align with local community needs

- ▶ Bring students from multiple health professions together during their training to learn with, from and about other health profession students. Consider projects and assignments that challenge them to propose new models of care.

Call to Action: Social Workers

- ▶ Build relationships with local pharmacists and pharmacies
- ▶ Identify clients needing pharmacy-based OUD care
- ▶ Support telehealth readiness for clients
- ▶ Identify challenges and solutions impacting treatment

Call to Action: Pharmacists & Pharmacy Profession

- ▶ Build collaborations with social workers to enhance coordinated support and care for the local community
- ▶ Stock overdose reversal medication and MOUD reliably
- ▶ Provide private counseling spaces to licensed clinical social workers
- ▶ Train staff on best practices and stigma reduction
- ▶ Engage in community outreach events
- ▶ Engage in advocacy to reduce barriers to MOUD

Interprofessional Collaborative Strategies

- ▶ Advocate for MOUD access and collaborative interprofessional solutions
- ▶ Identify clients needing MOUD care and facilitate access
- ▶ Support telehealth access and reliability
- ▶ Continue facilitating, identifying and removing systemic barriers impacting treatment

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References

All references/links verified on 12/14/2025

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Disclosure

OpenAI. (2025). *ChatGPT* GPT-4 November 2025, [Large language model]. OpenAI.
<https://chat.openai.com/>

This presentation was created in collaboration with Generative Artificial Intelligence. CHAT GPT was utilized to generate ideas, develop the initial outline, and draft some speaker notes used in this presentation. All content was verified before the information was presented.

Thank you for attending!

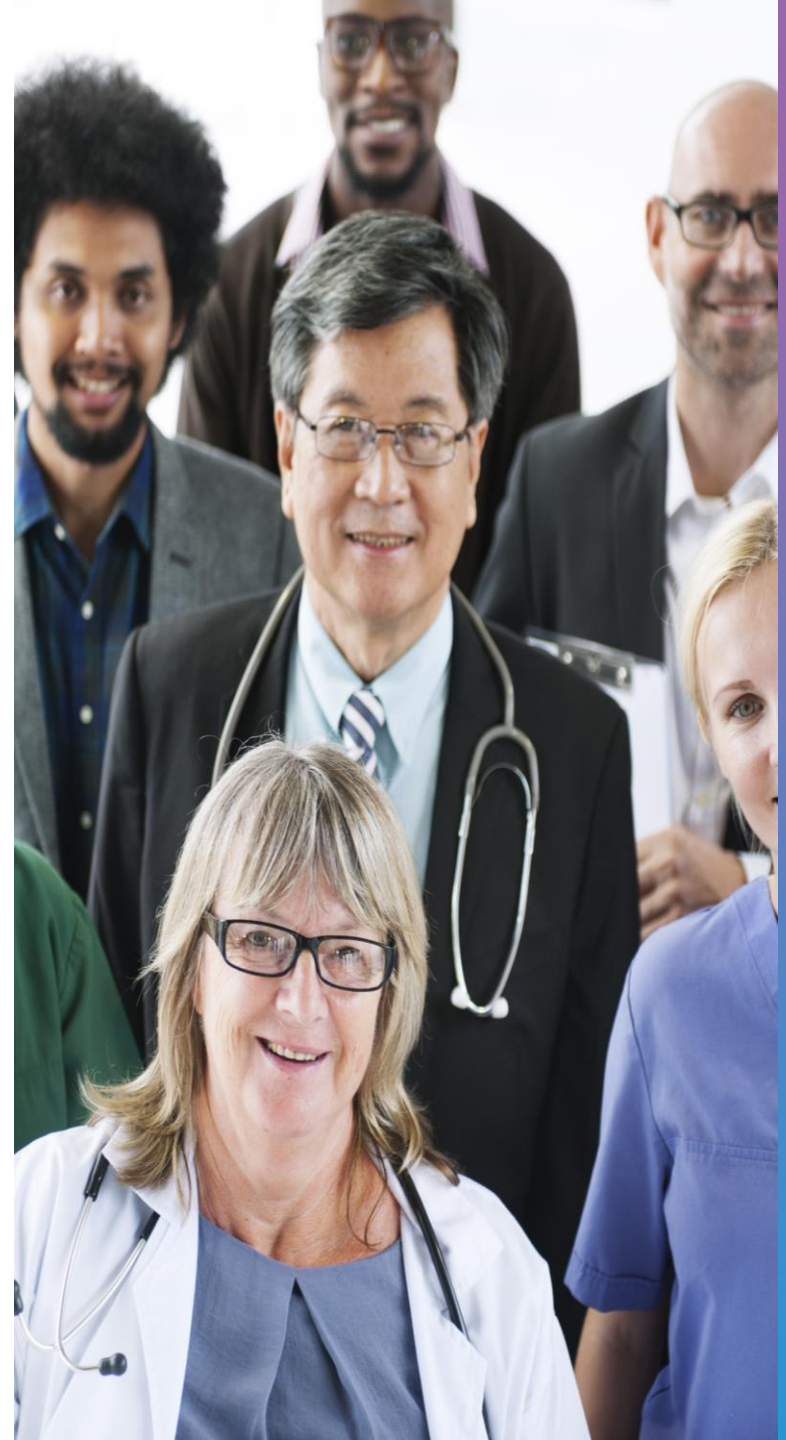
Share your questions

PCSS-MOUD Steering Committee

- ▶ PCSS-MOUD is led by the American Academy of Addiction Psychiatry (AAAP), in collaboration with a coalition of national professional and healthcare organizations.



Learn more about the Steering Committee and its partner organizations:
<https://pcssnow.org/about/steering-committee/>



PCSS-MOUD Mentoring Program

- ▶ Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder (MOUD).
- ▶ Supported by a national network of providers with expertise in addictions, pain, and evidence-based treatment, including MOUD.
- ▶ Three mentoring options are available to meet your needs.
- ▶ No cost to participate.



For more information visit:
<https://pcssNOW.org/mentoring/>

1: Discussion Forum

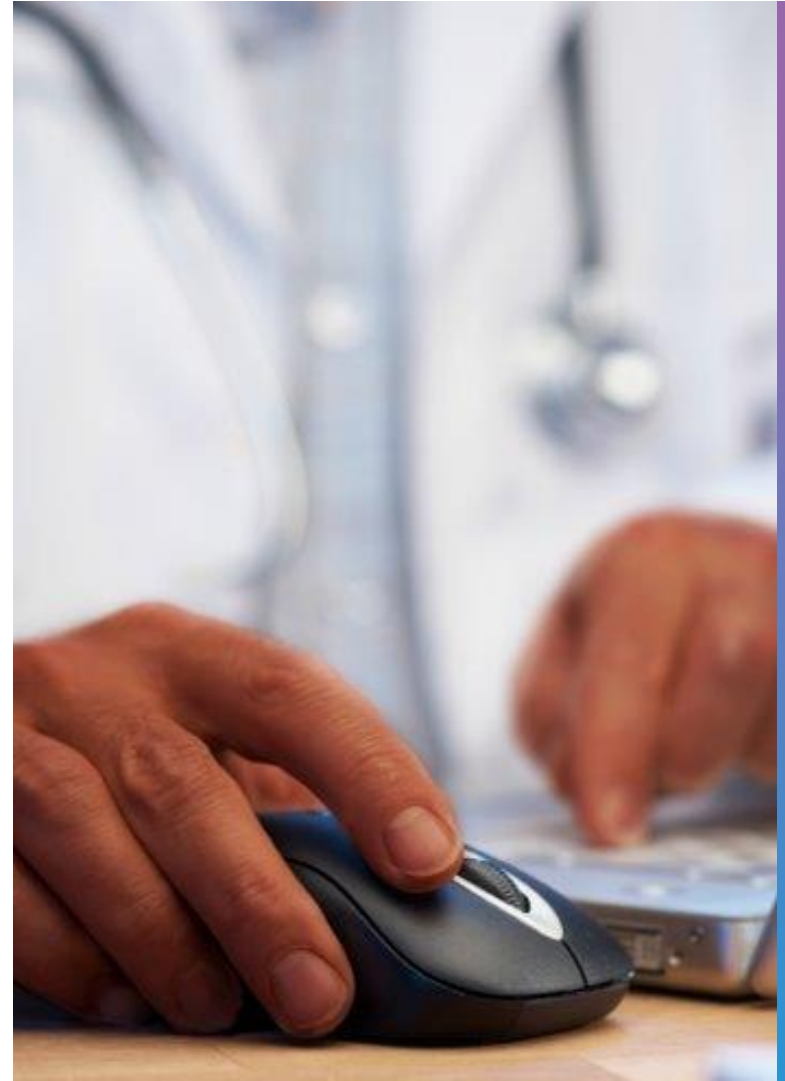
- ▶ An online discussion forum moderated by addiction specialists where health professionals can post questions and receive answers from clinical experts and other colleagues.



[Register here at no cost!](#)



For more information visit:
<https://pcssNOW.org/mentoring/>



2: Ask a Clinical Question

- ▶ A simple and direct way to receive an answer related to Substance Use Disorder, Opioid Use Disorder, and other related topics. Designed to provide a prompt response to clinical questions via email.



[Submit your clinical question](#)



For more information visit:
<https://pcssNOW.org/mentoring/>



3: One-on-One Mentoring

- ▶ Provides individualized, one-on-one guidance via email, phone, or in-person (if feasible), to discuss specific clinical issues. Members are “matched up” with one of our mentors in their region. This is the most in-depth of the three PCSS-MOUD mentoring tools. Please contact pcssmentoring@aaap.org to receive a mentor request form.



[Browse our Mentors](#)



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<https://pcssNOW.org/mentoring/>



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