

## THE ROLE OF COMMUNITY PHARMACY IN THE ALCOHOL AND OTHER DRUG (AOD) WORKFORCE

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**Background:** The community pharmacy workforce has a long involvement in reducing AOD-related harm. Community pharmacies are a major provider of opioid dependence treatment (ODT) services and other drug and alcohol services. Therefore, pharmacists/pharmacy assistants are important contributors to the AOD workforce. The treatment and access options for AOD conditions is continually expanding but service delivery is hindered by lack of workforce.

**Description of Model of Care/Intervention:** Australia-wide shortages of AOD workforce could be addressed by pharmacists enabled to work to full scope of practice. Pharmacists have the knowledge and professional accountability to prescribe, dispense, administer and review medicines. Pharmacists could contribute to AOD patient outcomes by titrating ODT, administration and supply of long-acting injectable buprenorphine (LAIB) and naloxone.

**Effectiveness/Acceptability/Implementation:** AIHW data indicated that in 2020–21, there were 2,485 dosing point sites nationally<sup>1</sup>. There is a trend across all states and territories, indicating 9 in 10 treatment sites (89% or 2,200 sites) are located in pharmacies. (Table S17)<sup>2</sup>. In 2020, Victorian pharmacists were authorised to administer LAIB, with a small number of pharmacies providing services in collaboration with their prescriber. Given authorisation, further expansion of services would allow pharmacists to contribute optimally to the care of AOD patients. Cooleman Court Pharmacy (ACT) models this AOD workforce delivery in a community context.

**Conclusion and Next Steps:** A nationally coordinated approach to management of AOD is required. This would address workforce shortages and facilitate improved ODT outcomes as part of the patient's multidisciplinary health care team.

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<sup>1</sup> excluding Queensland

<sup>2</sup> Australian Institute of Health and Welfare (2022) National Opioid Pharmacotherapy Statistics Annual Data collection, AIHW, Australian Government, accessed 3 May 2022.