

Appendix 1 PDAA Survey

Appendix to: Necyk C et al. An evaluation of Alberta pharmacists' practices, views and confidence regarding prescription drug abuse and addiction within their practice setting. Can Pharm J (Ott) 2019;152(6). DOI: 10.1177/1715163519865914.

Start of Block: Introduction

The purpose of this study is to collect information on pharmacists' practices, views, and confidence regarding prescription drug abuse or addiction (PDAA) within Alberta. Your participation in the survey is anonymous and confidential.

For the purpose of this study, please consider PDAA as using a prescription drug in a different way than as prescribed (abuse), for the feelings associated with use of the medication (abuse) or compulsive seeking and use of medications regardless of possible negative consequences of such behaviour (addiction). Examples of medications to consider are benzodiazepines, narcotics, sedatives and stimulants. For the purposes of this survey, please only consider Schedule 1 prescription drugs and not those available over-the-counter from a pharmacist.

End of Block: Introduction

Start of Block: Part 1 - About your practice setting

Q1 How prevalent do you feel PDAA is within your practice setting?

- Not at all prevalent
 - Only somewhat prevalent
 - Moderately prevalent
 - Fairly prevalent
 - Very prevalent
-

Q2 List any factors that may be contributing to this high level of PDAA in your practice setting in the box below.

Q3 Approximately how many patients do you encounter with known or suspected PDAA in a typical month?

- None
- 1 to 5
- 6 to 10
- 11 to 15
- Greater than 15

Q4 Of the patients that you encounter with suspected or known PDAA, how often do you discuss it with them?

- Never
- Less than half of the time
- Half of the time
- More than half of the time
- Always

Q5 Of the patients that you encounter with suspected or known PDAA, how often do you discuss treatment options for PDAA with them?

- Never
 - Less than half of the time
 - Half of the time
 - More than half of the time
 - Always
-

Q6 Of the patients that you encounter with suspected or known PDAA, how often do you discuss your concerns with the patient's primary care provider?

- Never
- Less than half of the time
- Half of the time
- More than half of the time
- Always

End of Block: Part 1 - About your practice setting

Start of Block: Part 2 - Behaviours

Q7 Please indicate your level of confidence for each of the follow activities:

	Not at all Confident	Only Somewhat Confident	Moderately Confident	Mostly Confident	Very Confident
Identifying patients with potential PDAA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing PDAA with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing treatment options for PDAA with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing PDAA treatment facilities with patients, when applicable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing opioid dependency programs with patients, when applicable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating and collaborating with addiction treatment facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating and collaborating with opioid dependency programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Communicating
and
collaborating
with a mutual
patient's
primary
physician
regarding
PDAA
concerns.



Q8 Please indicate how strongly you agree or disagree with each of the following statements:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
As a pharmacist, I have an ethical responsibility to identify patients living with PDAA.	<input type="radio"/>					
As a pharmacist, I have an ethical responsibility to treat patients living with PDAA.	<input type="radio"/>					
Physicians are more responsible than pharmacists for initiating discussions about PDAA with patients.	<input type="radio"/>					
It is the responsibility of the patient living with PDAA to seek help for their illness.	<input type="radio"/>					
I spend adequate time discussing PDAA with patients.	<input type="radio"/>					

Pharmacists
spend
adequate
time
discussing
PDAA with
patients.



End of Block: Part 2 - Behaviours

Start of Block: Part 2 - Barriers

Q9 Please indicate how each of the following potential barriers has impacted, or could impact, your ability to discuss PDAA in your practice:

	No impact	Slight impact	Moderate impact	Significant impact	Very significant impact
Safety concerns for self.	<input type="radio"/>				
Concern regarding a negative patient response.	<input type="radio"/>				
Patient has previously disregarded your concerns and refused discussion.	<input type="radio"/>				
There are other healthcare professionals better equipped to initiate discussions about PDAA.	<input type="radio"/>				
Concern that attempted discussion with patient could damage the patient-pharmacist relationship.	<input type="radio"/>				

Concern that discussion with physician regarding a patient's suspected PDAA could damage physician-pharmacist relationship.

Unsure of how to initiate conversation or how to effectively communicate with patients about PDAA.

Unsure of how to initiate conversation or how to effectively communicate with physicians about PDAA

Work load, resources or time pressures.

Lack of training or knowledge in PDAA.

Lack of experience and encounters with patients with PDAA.

Other (please specify):

End of Block: Part 2 - Barriers

Start of Block: Part 2 - Attitudes

Start of Block: Part 2 - Further information

Q10 Please indicate how strongly you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Somewhat Disagreed	Somewhat Agree	Agree	Strongly Agree
The amount of education about how to discuss PDAA with patients in my undergraduate pharmacy degree was adequate.	<input type="radio"/>					
The amount of education about how to discuss PDAA with physicians in my undergraduate pharmacy degree was adequate.	<input type="radio"/>					
There are adequate continuing education programs available to increase my confidence in PDAA management.	<input type="radio"/>					
There are adequate resources and tools available to develop my ability to manage PDAA.	<input type="radio"/>					

Q11 Please indicate which of the following have further informed your ability to manage PDAA (select all that apply).

- Personal or family experience
 - Volunteer work
 - Employment experiences due to collaborative opportunities within practice setting
 - Employment experiences due to patient population you typically provide care for
 - Professional development offered by employer
 - Professional development offered by an external source
 - The 2013 Alberta College Of Pharmacists' Addiction Symposium
 - Post-graduate education (eg. residency, graduate training)
 - Other (please specify): _____
 - None
-

Q12 Please rank your choices you indicated from most important to least important by how well they informed your ability to manage PDAA. Drag and drop the options into the appropriate order (1=has informed your ability the most).

- _____ Personal or family experience
 - _____ Volunteer work
 - _____ Employment experiences due to collaborative opportunities within practice setting
 - _____ Employment experiences due to patient population you typically provide care for
 - _____ Professional development offered by employer
 - _____ Professional development offered by an external source
 - _____ The 2013 Alberta College Of Pharmacists' Addiction Symposium
 - _____ Post-graduate education (eg. residency, graduate training)
 - _____ Other (please specify): _____
 - _____ None
-

Q13 How many hours you have spent on accredited and non-accredited PDAA learning within the past two years?

- None
- 1 to 3 hours
- 4 to 6 hours
- 7 to 10 hours
- More than 10 hours

End of Block: Part 2 - Further information

Start of Block: Part 4 - About yourself

Q14 Please indicate your sex.

- Male
 - Female
-

Q15 Please indicate your age.

Q16 How many years you have been practicing pharmacy?

- Less than 5 years
 - 5 to 10 years
 - 11 to 15 years
 - 16 to 20 years
 - More than 20 years
-

Q17 Where did you complete your undergraduate pharmacy training?

- University of Alberta
 - University of British Columbia
 - Dalhousie University
 - Universite Laval
 - University of Manitoba
 - Memorial University of Newfoundland
 - Universite de Montreal
 - University of Saskatchewan
 - University of Toronto
 - University of Waterloo
 - Other (please specify): _____
-

Q18 Please indicate the highest level of education you have completed:

- Bachelor's degree
- Master's degree
- PhD
- Entry Level PharmD
- Post-Baccalaureate PharmD
- Hospital residency
- Other (please specify): _____

Q19 Do you have Additional Prescribing Authorization (APA)?

- Yes
 - No
-

Q20 Please indicate the number of hours per week you work providing direct patient care:

- 8 hours or less
 - Between 8 and 16 hours
 - Between 17 and 24 hours
 - Between 25 and 32 hours
 - More than 32 hours
-

Q21 Please indicate where your practice setting is located:

- Rural Area
 - Small Population Centre (population: 1,000 - 29,999)
 - Medium Population Centre (population: 30,000 - 99,999)
 - Large Urban Population Centre (population: 100,000 or more, not including Calgary or Edmonton)
 - Metropolitan Calgary
 - Metropolitan Edmonton
-

Q22 Please indicate the geographical area of Alberta your practice setting is located:

- Northern Alberta
 - Edmonton
 - Central Alberta
 - Calgary
 - Southern Alberta
-

Q23 Please indicate the area of pharmacy practice you spend the majority of your time in:

- Community pharmacy (retail, primary care network, etc)
 - Institutional pharmacy
 - Ambulatory care
 - Compounding pharmacy
 - Academia
 - Government
 - Other (please specify): _____
-

Q24 I am a community pharmacist in the following setting:

- Franchise or chain
 - Grocery or department
 - Independent
 - Primary care network
 - Other (please specify): _____
-

Q25 I am a hospital/ institutional pharmacist in the following setting:

- In-patient
- Out-patient
- Continuing or long-term care
- Other (please specify): _____

End of Block: Part 4 - About yourself

Start of Block: Further Comments

Q26 Please take the opportunity to provide any professional concerns or comments regarding this topic that you may have in the box below:

End of Block: Further Comments
