

## Background

- Lethal means restriction is the most effective method of suicide prevention.
- Common means of intentional overdose include anti-glycemics, analgesics, antidepressants, and sedative-hypnotics.
- Pharmacists have identified technologies they might repurpose for lethal means management (LMM).

## Objective

To identify implementation barriers and facilitators to lethal means management of prescription medications and firearms in rural retail pharmacies.

## Methods

**Sample:** A convenience sample of 19 pharmacist store owners in North Carolina, South Carolina, Georgia, Alabama, Tennessee, Arkansas, and Mississippi.

**Study design:** Pre-implementation qualitative study

**Measures:** The Consolidated Framework for Implementation Research was used to develop semi-structured interviews exploring LMM strategies. CFIR Domains and Constructs: Innovation Domain (Relative Advantage, Cost), Inner Setting Domain (Compatibility, Funding), Individuals Domain (Deliverers, Capability, Recipients).

**Data Collection:** In April-July 2023, structured interviews elicited pharmacists' perceptions of which LMM interventions fit their stores' specific workflow, current technology (e.g., blister packaging tools and materials, pharmacy electronic record), and could be financially supported (i.e., reimbursable through insurance, paid for by patients or provided without reimbursement). The relative confidence of staff to provide the product or service and any training needs were explored, as were perceived patient and provider demand. Probing questions elicited details and clarified respondents' perceptions of each LMM innovation as doable, appropriate and/or feasible

**Human Subjects Approval:** This research was reviewed and approved by the VISN2 Human Subjects Review Board.

**COI:** The authors have no conflicts of interest to report.

## Results

Barriers and facilitators to lethal means management innovations by CFIR constructs

CFIR Domain/Construct (2022)	Facilitators	Barriers
Domain 2: Outer setting (local conditions, compatibility, funding)	<ul style="list-style-type: none"> <li>• <b>Medication therapy management (MTM)</b> has its own reimbursement model in Medicare Part D that could be expanded to an indication of <b>MTM-suicide prevention (MTM-SP)</b>.</li> <li>• Many pharmacies and grocery stores do not sell alcohol by state or local law.</li> </ul>	<ul style="list-style-type: none"> <li>• MTM-SP needs to be defined and endorsed for reimbursement by CMS for Medicare Part D and by commercial insurers.</li> <li>• Some states limit Medicaid prescription fills (e.g., 3 per patient per month) which may make 7-d supplies impossible.</li> <li>• Narrow managed care organization pharmacy networks mean that pharmacies are competing, mostly on cost, and may be unwilling to restrict services or products (e.g., moving behind the counter, stocking smaller package sizes.)</li> <li>• Blister/compliance packaging is not typically covered by insurance.</li> </ul>
Domain 3: Inner setting (information technology infrastructure, relational connections, compatibility, available resources)	<ul style="list-style-type: none"> <li>• Most respondents were from independents or small independent chains with strong relational connections and can implement change with few internal barriers.</li> <li>• Existing pharmacy infrastructure and workflows are a good fit for innovations including MTM-SP, blister/compliance packaging, monitoring of delivery/pick-up and refills.</li> <li>• In areas that permit alcohol sales in grocery stores, some chains do not permit alcohol sales at the pharmacy counter.</li> <li>• Bag stuffers with suicide prevention information are essentially no-cost and fit pharmacy workflows.</li> </ul>	<ul style="list-style-type: none"> <li>• A new MTM indication of suicide prevention would have to be adopted by CMS (Medicare) and/or commercial plans for reimbursement.</li> <li>• Pharmacy electronic medical records do not have fields for suicide risk or related interventions but these could be added in existing systems.</li> <li>• Limited space behind the pharmacy counter limits PharmD direct control of nonprescription products used as suicide means.</li> </ul>

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## Results

- Of the 19 pharmacist/owners, most were White (89.5%), male (57.9%) and ages 30–40 (47.3%).
- All (100%) correctly answered: (1) The great majority of people who think about suicide and want to kill themselves cannot be stopped (No); and (2) Suicide is among the top 11 causes of death in the US (Yes).
- 36.8% had previously completed suicide prevention training. None (0%) had trained in lethal means safety.
- Two (10.5%) had identified a patient in their store as having warning signs of suicide and referred them for suicide prevention.

## Conclusions

Support was strongest for:

- Distribution of #988, monitoring patients at risk counselling about medications labelled for suicide risk.
- MTM for SBD and blister packaging were unanimously supported if reimbursed.
- Sites were identified a pilot study.

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