For Immediate Release

Area pharmacist works on the front lines as he helps those with substance use disorder

MORGANTOWN, WV (Nov. 21, 2019) — Michael LeMasters, Pharm.D. and leader of the team at Pierpont Landing Pharmacy in Morgantown, remembers the incident that motivated him to make sure he was doing whatever he could to help patients with substance use disorder.

“The event that jump-started my interest in this disease was one of my very first patients with it – one who doesn’t fit the typical public stereotype of a patient who suffers from this disease,” LeMasters said. “Opioid use disorder can affect anybody from any realm of life.”

Mineral County native LeMasters is a member of Monongalia County Health Department’s Quick Response Team (QRT), which works to alleviate the opioid crisis in the area. Members who also include MCHD employees, peer recovery coaches, first responders, law enforcement and other interested community stakeholders meet weekly to discuss overdoses and ways to tackle the drug crisis.

The QRT, funded by a $230,000 grant from the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health, works like this: Overdose reports are sent to a secure Dropbox, and peer recovery coaches make contact with individuals who overdosed within 24 to 72 hours to offer social services; perhaps naloxone, which reverses the effects of an opioid overdose; and to try to get them into treatment.

As a pharmacist helping to combat substance use disorder, LeMasters has a few different ways he can help his clients, including by having naloxone on hand for clients who want to purchase it, either for themselves or for a family member or friend. Anyone can get naloxone, thanks to a standing order from state health officer Dr. Catherine Slemp.

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“We always encourage any individual or patient to let others know that you can walk into any pharmacy and ask to get help with naloxone,” LeMasters said. “Individuals should be encouraged to go to a local pharmacy to be able to use the standing order to obtain naloxone medication.”

Brittany Irick, coordinator of the MCHD QRT, noted that LeMasters’ understanding of the health care system and how prescribing medications works has been helpful to the team.

“Michael also interacts with a portion of the population that we don’t always see,” she added. “He sees individuals who haven’t necessarily overdosed but who are high risk and who come into the pharmacy specifically for naloxone, and that is valuable information for us.”

LeMasters, a 2006 doctoral graduate of the WVU School of Pharmacy, opened Pierpont Landing Pharmacy in 2010. About five years later, he had his first two patients who were prescribed buprenorphine-based medications to help alleviate substance use disorder. In addition to naloxone, buprenorphine-based medications, which alleviates withdrawal symptoms and cravings, are another component of fighting substance use disorder.

“I would say that around 2016-2017, I really saw it take off, a rapid expansion of treatment,” he said.

LeMasters also spreads the word to other pharmacists to help educate them on this topic and let them know they can send any customers to him for help.

Going above and beyond is second nature to LeMasters. In addition to his participation in the QRT and working to ensure that his clients feel comfortable talking to him, he also works with the West Virginia Pharmacists Association and the National Association of Drug Diversion Investigators (NADDI).

In October, he was given the Rx Champion Award by the West Virginia Pharmacists Association for his efforts to create diversion tactics that prevent drug abuse and misuse. He developed West Virginia’s guidelines for pharmacists providing pharmaceutical care to patients with opioid use disorders. These guidelines were adopted by the West Virginia Board of Pharmacy and are utilized by pharmacists statewide.

And as a member of the West Virginia chapter of NADDI, LeMasters takes live and online trainings conducted by “all facets of law enforcement” as well as pharmaceutical manufacturers on methods of detecting and deterring the diversion of medications.
“That taught me to think like a diversion investigator, like law enforcement, in terms of how to safely take care of patients while deterring diversion,” LeMasters said.

“Being a member of NADDI is an eye-opener. You can start to see how the other professions look at the pharmaceutical supply chain, pharmaceutical distribution throughout the system and start to see ways they focus and look for diversion within that entire system.”

One of the primary messages LeMasters wants the general public to understand is that substance use disorder is treatable in similar ways to other chronic conditions.

“Our team is taking the charge in steering the profession toward reducing stigma and treating patients that have opioid use disorder as you would treat a patient who has any other disease, such as diabetes or high cholesterol,” he said.

“It’s a disease state that has to be handled with medication and cognitive-behavioral therapy, just like patients with diabetes manages it with medication and their diet. There are multiple facets to managing a disease state.”

LeMasters takes his job as a pharmacist and the need to be compassionate toward patients very seriously in the fight against substance use disorder, and he works to create what he calls a “stigma-free environment.”

“As one of the most accessible health care providers in the community, pharmacists have the opportunity to be the first contact for someone with opiate use disorder looking for help,” LeMasters said. “And if during the first time, you treat that person without dignity and respect, you may lose your opportunity to help that individual.”

In fact, he uses an old motto to guide how he treats patients.

“‘To the world, you may be one person, but to one person, you may be the world,’” he said. “I live by that quote, especially with patients with this disease. You might be the only person who says, ‘Hi, may I help you?’ to them. It takes one hello to start the domino effect of what could be a huge, positive reaction.”

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