



The Opioid Epidemic: Prescribing, Dispensing & Consulting

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A Pharmacist Focused On YOU™



SCRIPTS & BEYOND
Medication Management Services

Review

Recommend

Reach

All services are provided by a pharmacist

Specialize in providing private and personalized one-on-one medication therapy management services

Review the current medication regimen, **Recommend** medication alternatives and lifestyle changes, and create a plan to **Reach** optimal health outcomes

www.scriptsandbeyond.com

GOAL

To identify tools and resources available for healthcare professionals to ensure legitimate medical use of controlled substances and patient safety

What are opioids?

A term used to describe any substance that acts on opioid receptors in the body and produces morphine-like effects (reduce pain and induce sleep)

Opioid receptors are distributed widely in the brain, digestive tract, spinal cord and on peripheral neurons.

Names of Common Opioid Drugs

- Hydromorphone
- Buprenorphine
- Hydrocodone
- Methadone
- Oxycodone
- Meperidine
- Morphine
- Fentanyl
- Codeine



What is the Opioid Epidemic?

Access

Addiction

Death

What is the Opioid Epidemic?

ACCESS

In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to opioid pain relievers and healthcare providers began to prescribe them for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks and the lack of evidence about their long-term effectiveness.

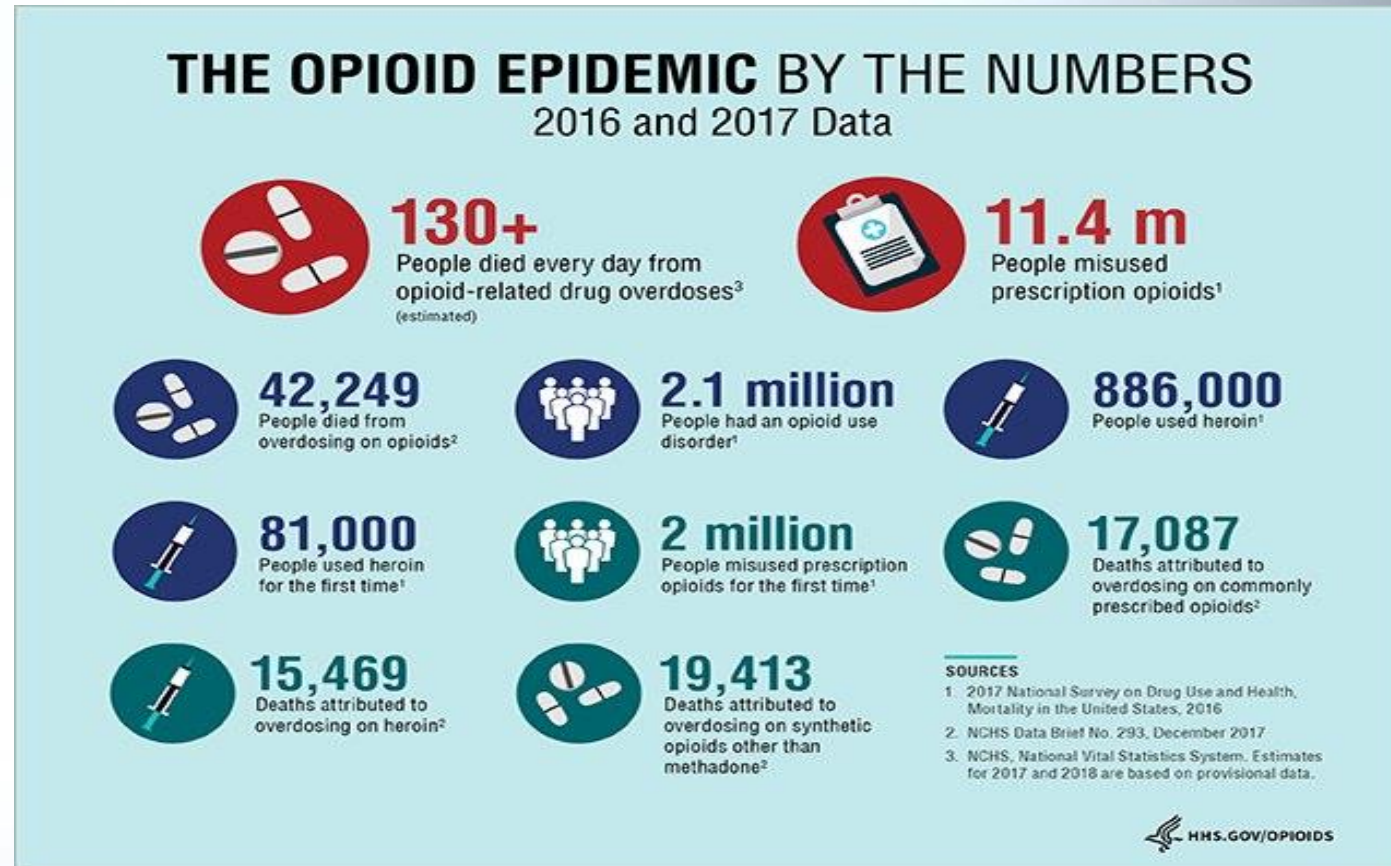
ADDICTION

Increased use of prescription opioid medications led to widespread abuse/misuse of both prescription and non-prescription opioids before it became clear that these medications were highly addictive.

DEATH

The number of opioid-induced drug overdose deaths continues to increase each year.

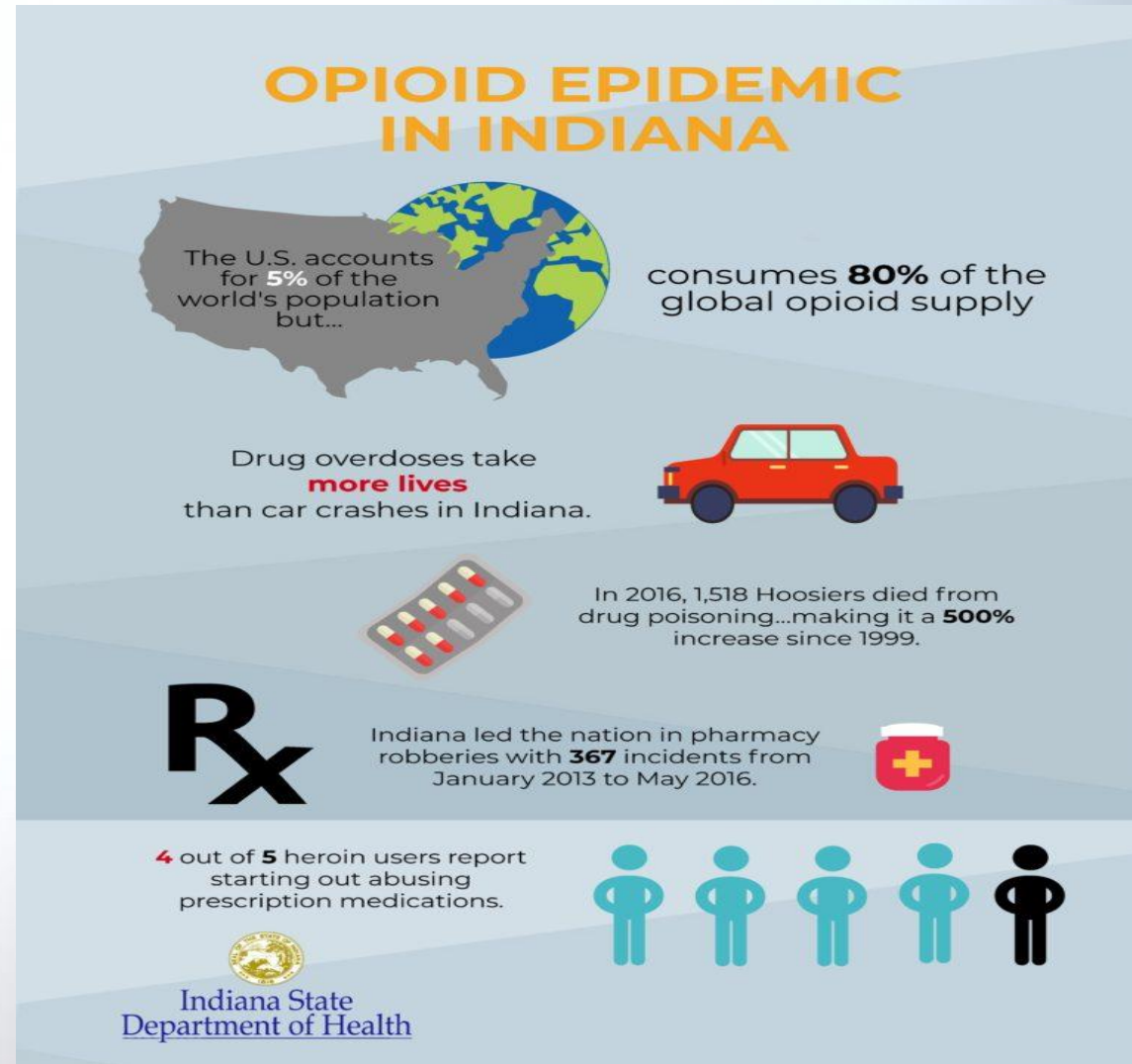
Statistics



****More than 191 million opioid prescriptions were dispensed to American patients in 2017***

•Content source: Centers for Disease Control and Prevention

Statistics



Who's Responsible?



- **Drug Manufacturers**
- **Prescribing Physicians**
- **Pharmacists**
- **Patient**

CDC Guidelines & State Laws

U.S. Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain - released March 2016.

The CDC Guideline found that opioid therapy for nontraumatic, nonsurgical acute pain is rarely needed for more than seven days.

CDC Guidelines & State Laws

Effective July 1, 2017

Indiana Governor Eric Holcomb signed into law **Senate Enrolled Act 226** (SEA 226), which places limits on the opioid quantities that may be prescribed by state-licensed practitioners.

The new law will also require Indiana's prescribers and pharmacists to honor any patient requests to prescribe or dispense a lesser amount of an opioid-containing medication.

Changes in Prescribing

The Guideline for Prescribing Opioids for Chronic Pain is intended to improve communication about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment and reduce the risks associated with long-term opioid therapy, between providers and patients.

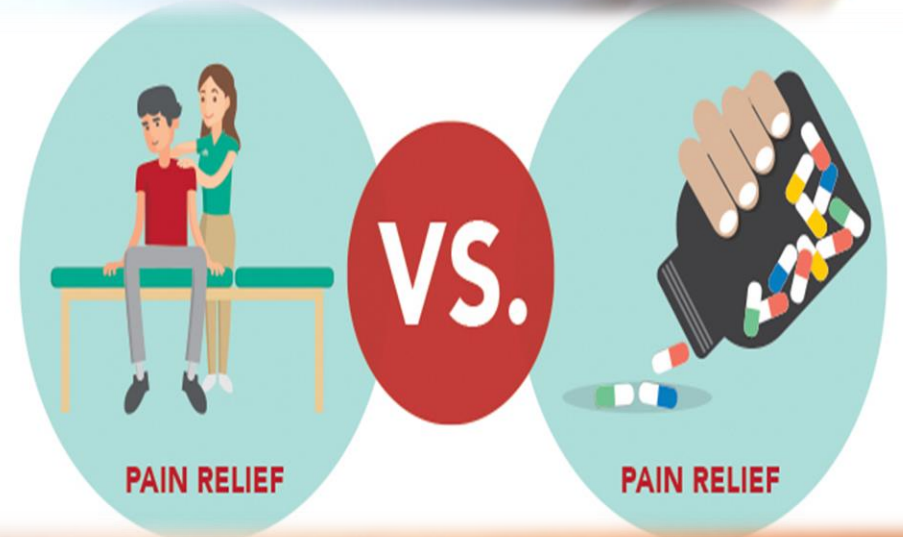
Changes in Prescribing

Higher Dose = Higher Risk

Start Low...Go Slow

Suggest Non-medicinal therapies

7-Day supply with up to a 50 morphine milligram equivalent (MME) maximum per day



Changes in Prescribing

The Prescription Painkiller Epidemic

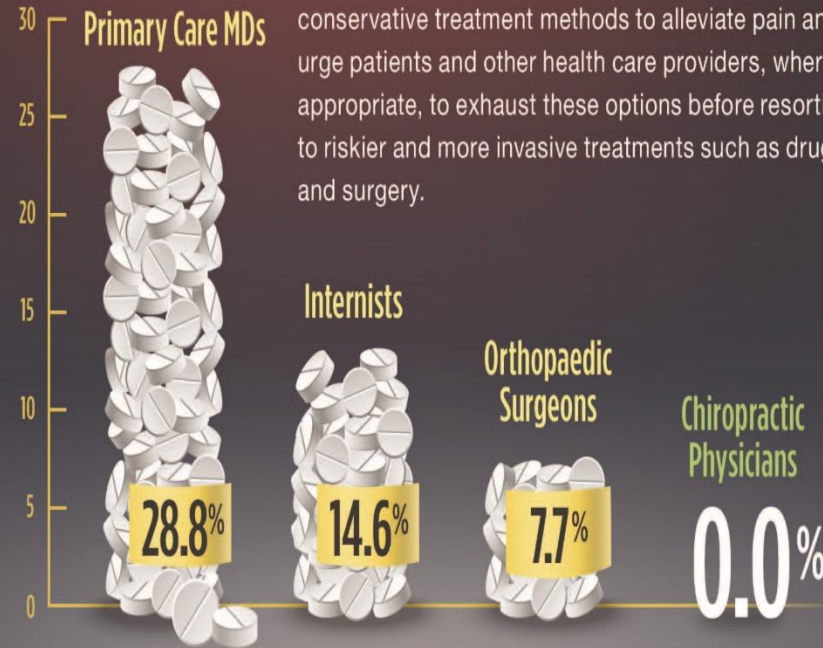
Opioid painkiller drugs mask pain. They do not cure it. Prescription drugs that numb pain in some cases may convince a patient that a musculoskeletal condition is less severe than it is, or that it has healed. This misunderstanding can lead to over-exertion and a delay in the healing process, or even to permanent injury.

www.acatoday.org/nchmtoolkit

#painfreenation

Prescribers of Opioid Painkillers in the United States

Chiropractic physicians are skilled in the most conservative treatment methods to alleviate pain and urge patients and other health care providers, where appropriate, to exhaust these options before resorting to riskier and more invasive treatments such as drugs and surgery.



© American Chiropractic Association

Source: Practice Analysis of Chiropractic 2015. NBCE. www.nbce.org/practiceanalysis.

J. Morris, H. R. Mir. The Opioid Epidemic: Impact on Orthopaedic Surgery. *Journal of the American Academy of Orthopaedic Surgeons*, 2015; 23 (5): 267 DOI: 10.5435/JAAOS-D-14-00163

Changes in Dispensing

Acute vs. Chronic Condition

Appropriate Prescriber/Patient Relationship

Prescription Monitoring Program (INSPECT + AWA_Rx_E)

Opioid + Benzodiazepines + Muscle Relaxants + Sleep Aids

7-Day supply with up to a 50 morphine milligram equivalent (MME) maximum per day for initial fill for acute condition

Changes in Consulting (Patient)

- Understand side effects, risks, what to expect
- Treatment options
- Proper disposal of any unused medication
ie. DisposeRx
- Naloxone

Changes in Consulting (Patient)

Naloxone is a prescription medication used to rapidly reverse the effects of opioid drugs and to treat a known or suspected overdose.

How to use naloxone to reverse a drug overdose

- 1 Call 911 if person isn't breathing
- 2 Give 1 breath every 5 secs until breathing starts
- 3 Put on gloves & shake vial to make sure medication is at the bottom
- 4 Snap open vial & remove needle cap
- 5 Keep vial upright (don't tip) & poke needle into vial. Pull plunger up to fill to 1 mL line.
- 6 Poke needle into muscle of upper arm, thigh or butt and press plunger
- 7 If no reaction within 3 mins, give second dose of 1 mL. Repeat every 3 mins if no reaction.
- 8 Continue giving breaths until breathing starts



www.vch.ca/overdose Vancouver Coastal Health

Save a Life!

How You Can Stop an Opioid Overdose: A Step-by-Step Guide to Using Naloxone

Administering Nasal Naloxone (Narcan®)

- 1 First, do rescue breathing. tilt the person's head back, remove anything that might be in their mouth, plug their nose with one hand, and give them 1 breath every 5 seconds.
- 2 Pull yellow cap from nasal syringe and red/purple cap of naloxone.
- 3 Attach the soft white piece (nasal adaptor) to the nasal syringe and screw naloxone capsule into base of syringe.
- 4 Tilt the person's head back, insert the white cone into their nostril, and spray approximately half the naloxone into each nostril.
- 5 If the person isn't breathing, continue to perform rescue breathing until the naloxone takes effect.
- 6 Wait for 3 minutes. If there is no change, give the person another dose of naloxone and continue to do rescue breathing.

NOTES

- If there is still no change after the second dose, it could mean the person has accidentally gulped and requires more naloxone. It could also mean it's been too long since their last opioid, there are no opioids in their system, or that opioids aren't the primary cause of overdose.
- Naloxone has no psychoactive or adverse physical effects.





ANSWERS

QUESTIONS