

# MOVING OPIOID MISUSE PREVENTION UPSTREAM: OPPORTUNITIES FOR PHARMACISTS

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## LEARNING OBJECTIVES

Upon completion of this session, learners will be able to:

- Describe a causal pathway from opioid prescribing to opioid misuse disorder
- Compare and contrast upstream disease prevention with downstream disease treatment
- Explain the role of the pharmacist in disease prevention and health promotion

## BACKGROUND

- According to the CDC, opioids (including prescription opioids and heroin) killed more than 33,000 people in 2015, more than any year on record.
- In most countries, the use of opioid prescriptions is limited to acute hospitalization and trauma, such as burns, surgery, childbirth and end-of-life care, including patients with cancer and terminal illnesses (CDC).
- As many as 1 in 4 patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction, so it is important that opioid misuse prevention be moved upstream to the initial patient encounter.

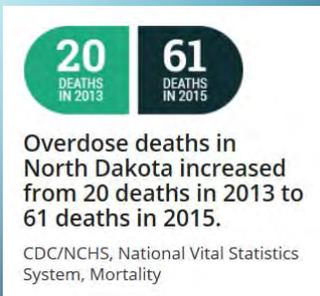
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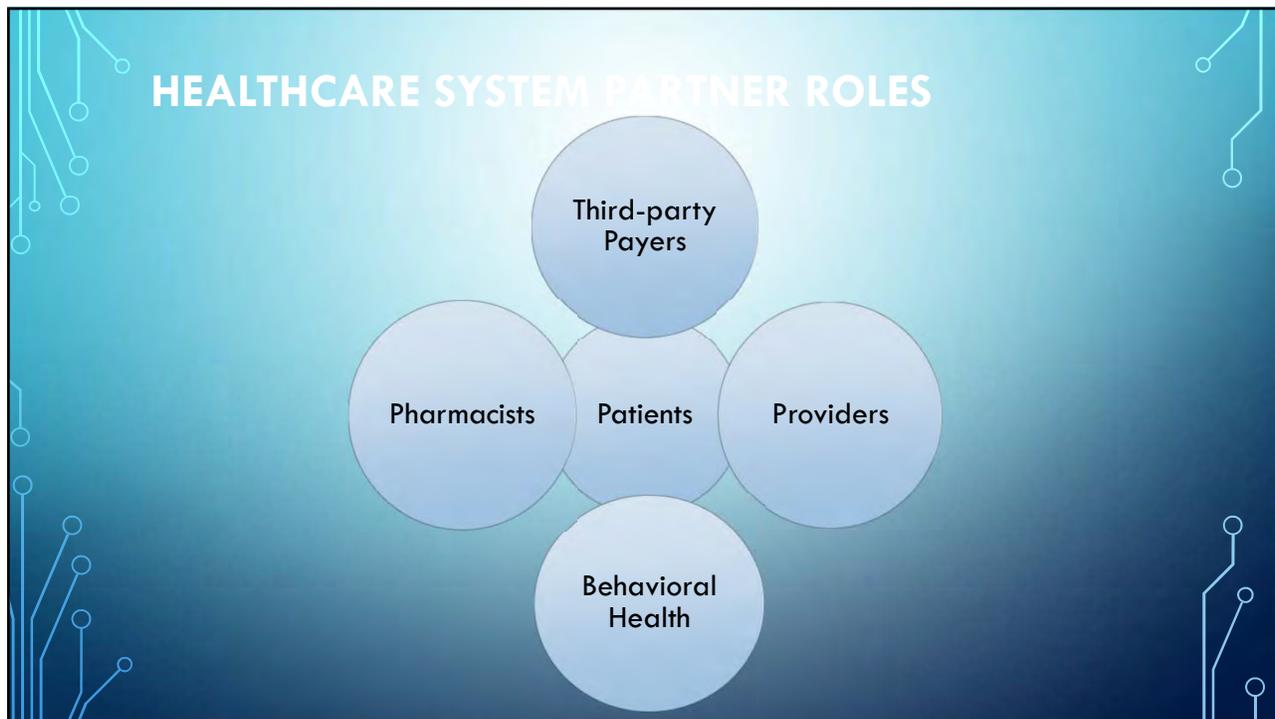
Boscarino et al. Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system. *Addiction* 2010;105:1776–82.

Fleming et al. Substance use disorders in a primary care sample receiving daily opioid therapy. *J Pain* 2007;8:573–82.

## LOCAL LEVEL

- FM Ambulance administered naloxone 99 times in 2016
- In Cass County, ND, there were 31 deaths due to opioid overdose in 2016
- As of July 2017, Cass County has seen 14 deaths due to opioid overdose





## PHARMACY AND THE OPIOID EPIDEMIC

- Nearly half of all opioid overdose deaths involve a prescription opioid (CDC).
- There was a nearly 60% increase in the number of controlled substance prescriptions dispensed in North Dakota between 2008 (935,201) to 2015 (1,493,847).
- Many of those abusing prescription opioids or even heroin had a prescription medication as their entry point, and many patients did not perceive these medication as unsafe.
- Among post-op patients, 92% received an opioid prescription, but 63% of the pills went unused, and 1/3 of patients used none of the pills.

Compton et al. Prescription opioid abuse: problems and responses. *Prev Med.* 2015;80:5-9.  
 Cicero et al. The changing face of heroin use in the United States. *JAMA Psychiat.* 2014;71(7):821-826.  
 Daniulaityte et al. "I'm not afraid of those ones just 'cause they've been prescribed": perceptions of risk among illicit users of pharmaceutical opioids. *Int J Drug Policy.* 2012;23(5):374-384.  
 Harringa, Mayo News Network, April 19, 2018. <https://newsnetwork.mayoclinic.org/discussion/almost-1-in-3-patients-used-no-opioids-prescribed-after-surgery-mayo-clinic-survey-finds/>

## PHARMACY ROLE HAS BEEN DEFENSIVE

- Pharmacy's current approach has been more defensive than pro-active.
  - PDMP
  - Refusal to fill
  - Drug take-back programs
- But pharmacist have a key role to play in disease prevention and health promotion.

Compton et al. Prescription opioid abuse: problems and responses. *Prev Med.* 2015;80:5-9.

Cicero et al. The changing face of heroin use in the United States. *JAMA Psychiat.* 2014;71(7):821-826.

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## PROGRESS

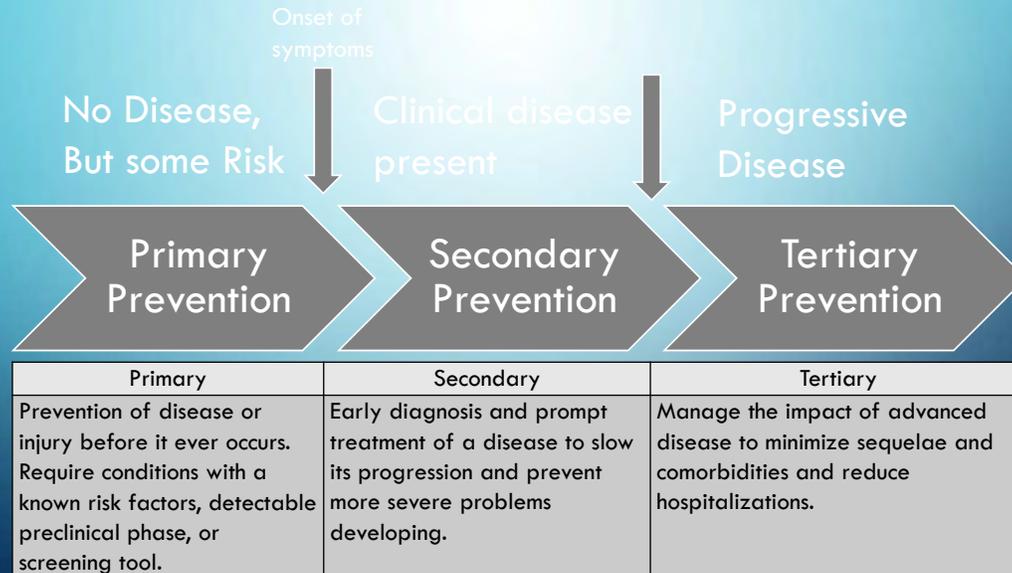
- The number of opioids dispensed in North Dakota declined 22.5% from early 2015 to the fall of 2017.
- Opioid prescriptions per Medicaid recipient decreased 72 percent from 2012 to 2017, measured as morphine equivalent doses.
- New evidence has shown that non-opioid medications are just as effective for pain management as opioids.

Springer P. North Dakota sees steep drop in opioid painkiller prescriptions. *InForum on-line.* December 29, 2017.

<http://www.inforum.com/lifestyle/health/4380376-north-dakota-sees-steep-drop-opioid-painkiller-prescriptions>. Accessed January 12, 2018.

Krebs et al. Effect of opioid vs Nonopioid Medications. *JAMA.* 2018;319(9):872-882.

## PUBLIC HEALTH FOCUS ON PREVENTION



## PUBLIC HEALTH PREVENTIVE SERVICES MODEL

	Levels of Prevention		
	Primary	Secondary	Tertiary
<b>Application to opioid use disorder</b>	Opioid risk tool (ORT) available for screening, offers identification of high risk individuals, risk factor reduction	Early diagnosis and treatment, case-finding, referral, patient education; treatment and counseling opportunities	Patients with advanced disease. Harm reduction strategies, preparedness at ER, law enforcement, etc., managing relapse
<b>ORT Screening</b>	X	X	X
<b>Red flags</b>	X	X	X
<b>Patient Counseling</b>	X	X	X
<b>Drug take-back</b>	X	X	X
<b>PDMP</b>		X	X
<b>Naloxone</b>		X	X
<b>Medication-assisted treatment</b>			X
<b>Cessation</b>		X	X

## OPIOID RISK TOOL

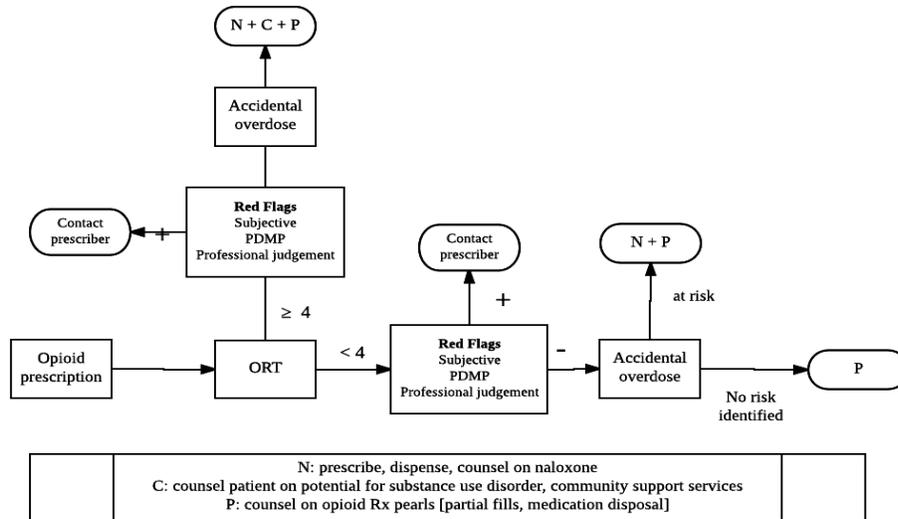
	Yes
<b>Family history of substance abuse</b>	
Alcohol	
Illegal drugs	
Prescription medication misuse	
<b>Personal history of substance abuse</b>	
Alcohol	
Illegal drugs	
Prescription medication misuse	
<b>Age and history of sexual abuse</b>	
Age between 16 - 45 years	
History of preadolescent sexual abuse	
<b>Psychological disease</b>	
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia	
Depression	

Webster and Webster. Predicting aberrant behaviors in Opioid-treated patients. Pain Med. 2005;6(6):432.  
 MD Calc <https://www.mdcalc.com/opioid-risk-tool-ort-narcotic-abuse>

## PILOT PROJECT

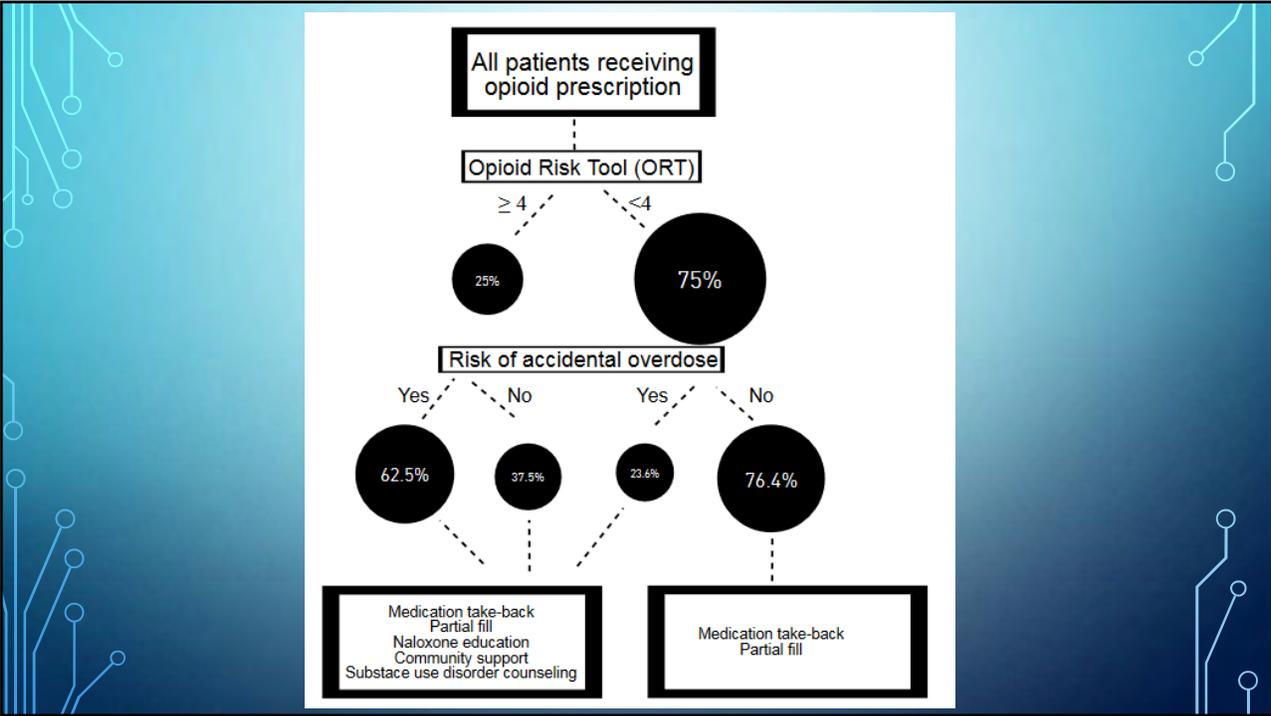
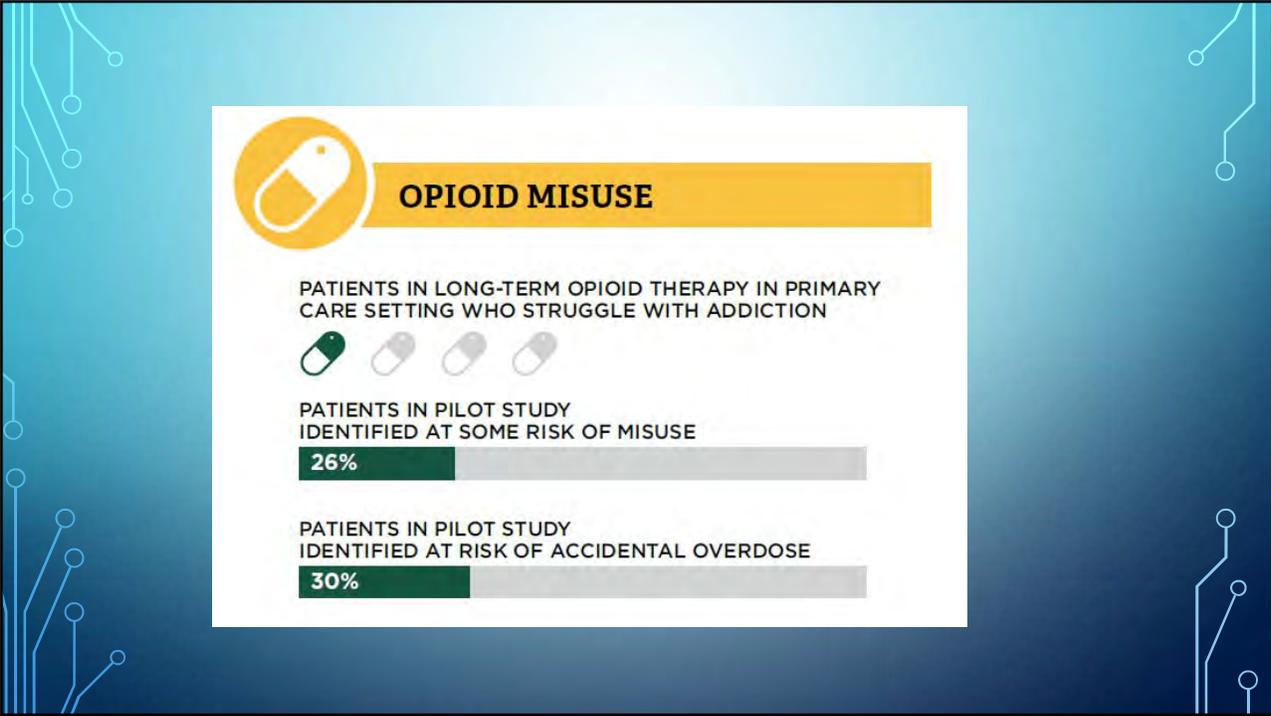
- The first objective of the project was to determine the feasibility of using the ORT with all patients receiving opioids prescriptions. This objective was evaluated by pharmacist report.
- The second objective was to determine the prevalence of ORT  $\geq 4$ . This objective was evaluated by patient records submitted by the participating pharmacists.

## TRIAGE TOOL



## RESULTS

Demographic information of patients receiving opioid prescriptions	
	Proportion of patients (n=107)
<b>Gender</b>	
Male	43.0%
Female	47.7%
Unreported	9.3%
<b>Age (years)</b>	
<25	4.7%
25-44	32.0%
45-64	49.0%
65+	14.0%
Unreported	1.0%



<b>Services offered to patients receiving opioids</b>	
<b>Service provided</b>	<b>Number of patients (n=107)</b>
<b>Introduced medication take-back program</b>	71
<b>Explained the benefits of naloxone</b>	43
<b>Provided community support services information</b>	17
<b>Prescribed naloxone</b>	5
<b>Contacted the patient's provider</b>	4
<b>Prescription partial fill</b>	3
<b>Dispensed naloxone (nasal spray, based on insurance coverage)</b>	3

## **NEXT STEPS**

- Statewide upscaling
- Feasibility study with providers
- Invite pharmacists to join coalitions and community working groups

## ACKNOWLEDGEMENTS

- This project was funded by the FM Area Foundation and the North Dakota Board of Pharmacy.



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