Addressing Opioid Abuse and Addiction: 
Tools to Help Pharmacists Deliver Solutions

Presented by: Pennsylvania Pharmacists Association
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Disclosure

- Speakers have nothing to disclose
Objectives:

1. Describe the role of PPA in the development of the AOAA Committee and its Subcommittees
2. Explore the work of each subcommittee and how they are developing practice resources for pharmacists
3. List the current Guidelines available from various allied healthcare provider organizations; with emphasis on the Opioid Dispensing Guidelines for Pharmacists
4. Utilize a prepared teaching tool (PowerPoint) to inform fellow pharmacists about the Guidelines
The Pennsylvania Pharmacists Association noted the need for a committee specifically designed to address the opioid crisis.

AOAA - Addressing Opioid Addiction and Abuse - was developed in summer 2016.

AOAA has subcommittees:
- Treatment Options
- Dispensing Guidelines
- Naloxone
- PDMP

Development of AOAA
Development of AOAA

- Since July 2016, AOAA and the subcommittees have been meeting to discuss which areas may have overlap, and which areas may act independently.

- Huge undertaking to breakdown such a large topic area, development of subcommittees with focus on each area is a large project.

- Groups have met via phone conference, with discussions leading to in-person meetings.

- Largest amount of committee members for any committee in PPA.
Treatment Options

- Education - how to provide?
- Webinars
- Live Education
- Preparation of modules for education
  - Overview of addiction
  - Behavioral therapies
  - Follow up/monitoring
Dispensing Guidelines

- Review and discussion of various dispensing guidelines - geriatric, dental, obstetrics/gynecology, etc.
- Dissemination and awareness of guidelines
- Venues for this action
  - Payers
  - PPA Pharmacists
  - Public and interprofessional - example, dental/medical
Subcommittee has been discussing/working on the following areas:

- Understanding of why some pharmacies do not carry naloxone
- Pharmacist’s role in treatment availability
- Promotion of committee in general
- Development of web page to address areas as to why pharmacies will not carry naloxone
  - Pharmacist testimonials with their best practices regarding naloxone
PDMP

- PDMP will be exhibited at conference
- PDMP advisory committee is attended by PPA member serving on this committee
- Prior to implementation, review of set up and going live
- Reminders to pharmacies/pharmacists to register
- Further discussion to occur once PDMP has been utilized and further questions arise
Addressing Drug Diversion and Appropriate Opioid Use

The Problem:
Drug diversion and prescription drug abuse have created a crisis across the United States. Pennsylvania has the 14th highest drug overdose mortality rate in the country. This corresponds to 15.3 per 100,000 people suffering drug overdose fatalities. The number of overdose deaths, a majority from prescription drugs, in Pennsylvania has increased nearly 90% over the last 15 years. These troubling statistics plague our

Pharmacists Opioid Dispensing Guidelines
Opioid Dispensing Guidelines - These Guidelines developed by the Pennsylvania Pharmacists Association in conjunction with the Commonwealth of Pennsylvania Department of Health, in order to provide assistance and guidance to pharmacists on addressing diversion issues. The Guidelines are a complement to the Prescribing ones that appear below.

Pharmacy Podcast interviews Thomas Franko, Chair of PPA's Opioid Dispensing Guidelines task force. To listen to the podcast, click here.

Prescribing Guidelines
The following Guidelines have been endorsed and promoted by the PA Departments of Drug and Alcohol Programs (DDAP) and Health:

- Opioid Prescribing Guidelines - voluntary guidelines were adopted by the Pennsylvania Medical Society and state and endorsed by PPA
PA DOH

► OPIOID Abuse
  ► Standing Order DOH-002-2016 Naloxone
  ► Training
  ► Opioid Overdose Prevention Toolkit
  ► PA Department of Drug and Alcohol Programs
  ► Prescribing Guidelines
Highlights

- Section 1: General Overview on Pain Therapy
  - Assessing and Treating Pain
- Section 2: Checklists for Pharmacists
  - Verifying legitimacy of patient, provider, and prescription
  - What are the pharmacist’s responsibilities
- Section 3: Available Resources
  - SBIRT: Screening, Brief Intervention, and Referral to Treatment
  - Online Resources
Physicians
Commonwealth of Pennsylvania and The Pennsylvania Medical Society

Pennsylvania Guidelines
on the Use of Opioids to Treat Chronic Noncancer Pain
Highlights

- Chronic Pain
  - Thorough history and physical exam
  - Opioids should rarely be used as sole treatment modality
  - Discuss risks and potential benefits. Set reasonable goals and expectations.
  - Initial treatment should be considered a therapeutic TRIAL
  - Opioid selection should be individualized
  - Appropriate caution should be exercised concerning concomitant use of benzodiazepines and in the presence of other medications and/or health conditions
Emergency Department

Commonwealth of Pennsylvania and The Pennsylvania Medical Society and
The Pennsylvania Chapter of the American College of Emergency Physicians

Pennsylvania Guidelines

Emergency Department (ED)

Pain Treatment Guidelines
Treatment of Non-Cancer Pain

- Discharge Rx should be limited and not typically exceed 7 days
- Consider non-opioid medications for pain control
- Should lowest potency opioid necessary to relieve patient’s pain
- Dispense only enough opioid to enable patient to access a pharmacy

- Do not prescribe long-acting opioids unless coordinated with outpatient provider
- Patient should not receive opioid Rxs from multiple providers
- Access the PDMP
- Do not replace lost or stolen Rxs
- Do not fill Rxs for patients who have “run out” of pain medications
- Behavior that signals addiction should be addressed by referral to detoxification assistance
Chronic pain is biopsychosocial syndrome

Limited evidence of safety and long term efficacy for opioids

Low-dose, PRN opioids may be reasonable option

Discuss risks and benefits and set reasonable goals and expectations

Opioid adverse effects may impair physical and mental functioning

Opioids are not first line therapy for neuropathic pain

Pill box organizers are recommended

When opioid therapy indicated it should be started at 25 to 50% of usual adult dose and titrated slowly. START LOW AND GO SLOW

Up to 80% of individuals experience adverse effects

- CONSTIPATION!!!
- Cognitive impairment
- Falls
OB-GYN
Commonwealth of Pennsylvania and The Pennsylvania Medical Society

Prescribing Guidelines for Pennsylvania

OBSTETRICS & GYNECOLOGY
PAIN TREATMENT

Revised: January 14, 2016
Highlights

- Patient screening for substance abuse disorder
- Use of opioids for treatment of pain in women of childbearing age
- Use of opioids for the treatment of pain during pregnancy
- Use of opioids for the treatment of pain during and following delivery
- Use of opioids for the treatment of pain in women who are breastfeeding
- Treatment of pain during pregnancy, labor, delivery and postpartum in patients receiving opioid substance use disorder treatment
Dental Practice
Commonwealth of Pennsylvania and The Pennsylvania Dental Association

Pennsylvania Guidelines
on the use of
Opioids in
Dental Practice
Before initiating pain therapy

- Conduct and document medical and dental history, verify current medications, and physical exam
- NSAIDs are first-line analgesic therapy unless contraindicated
- Acetaminophen has been shown to be synergistic with NSAIDs with the efficacy of low dose opioids
- Consider local anesthetic techniques
- If opioids are to be used, the dose and duration of therapy should be for a short period of time and with the lowest potency opioid necessary to relieve pain
- Long-acting opioids are contraindicated for treatment of acute procedural pain
- Do not use opioids in combination with benzodiazepines or other centrally acting sedating medications
Dental Highlights (cont.)

“Extreme caution should be exercised when responding to requests for opioid analgesics, especially from patients who are new to the practice or who have not been recently seen and evaluated. In general, it is not proper to prescribe opioids absent a face-to-face patient evaluation.”
Special Free CE Series!

Sign up for “Addressing Pennsylvania’s Opioid Crisis: What the Health Care Team Needs to Know”

On-Demand Continuing Education Series

These continuing education programs are a collaboration between numerous groups including the Pennsylvania Pharmacists Association, the Pennsylvania Medical Society, the Pennsylvania State Nurses Association, the Pennsylvania Department of Health, and others. Each session consists of four, 15-minute modules. The program covers a variety of topics and resources for prescribers and dispensers to better address opioid addiction with their patients.

Provide the information requested below to access the modules.

There is no cost to access.

First Name *
Last Name *
Email Address *

Provider *
Company/employer *

CPE Member ID:
Coming Soon!

- PowerPoint on Opioid Guidelines for pharmacists to use in:
  - Presenting to their local pharmacist associations
  - Presenting to pharmacist colleagues and co-workers in any setting
  - Approved for 0.5 hours of CE credit

- PowerPoint on the Appropriate and Safe Use of Opioids in the Elderly
  - Excellent opportunity to reach out to senior groups in your community
Questions?

Pharmacists Delivering Solutions

2017 Mid-Year Conference  •  January 27 - 29, 2017  •  Eden Resorts and Suites, Lancaster, PA