Opioid Misuse: The Evolution of an Epidemic
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The speaker has no actual or potential conflict of interest in relation to this presentation.

Learning Objectives
• Explain the scope and impact of the U.S. opioid epidemic.
• Outline state and federal efforts to support safe and effective treatment of pain while reducing opioid use disorders.
• Describe how pharmacists and pharmacy technicians can be involved in curbing the opioid epidemic.
• List resources for pharmacists, technicians, and patients for pain management and opioid abuse.

Meet Cassy

Definitions
• Aberrant drug taking behavior
• Misuse
• Abuse
• Diversion
• Opioid use disorder
• Dependence
• Addiction

A 50 year old male patient is currently taking oxycodone ER 20mg PO Q 8 hours and oxycodone IR 5mg q 4 hour prn back pain. He fills his prescriptions a few days early each month. His physician has tried to decrease his dose but the pain is uncontrolled at lower doses. His wife states that he doesn’t seem like himself at home and is constantly talking about when his next dose of pain medication is due. He keeps missing work due to fatigue.

How would you best describe this patient’s condition?

a. opioid use disorder
b. diversion
c. abuse
d. withdrawal

The scope and impact of the U.S. opioid epidemic

Chicago ranked first in the nation for the number of ER mentions of heroin
In 3 years, Illinois had 900 heroin overdose deaths
In 2012, 400 Illinois residents died of prescription drug overdoses, 81% involving opioid pain killers like oxycocin and hydrocodone
Which of the following medications most commonly causes drug overdose?

A. alprazolam  
B. morphine IR  
C. methadone  
D. sertraline

Overdose Deaths Involving Only a Single Drug Class, 2010

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Psychotropic</td>
<td>24</td>
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<tr>
<td>Antipsychotic, Neuroleptic</td>
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<td>Antidepressants</td>
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</tr>
<tr>
<td>Opioid Analgesics</td>
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</tbody>
</table>

Deaths  

Age-adjusted rate of drug overdose deaths and drug overdose deaths involving opioids, US, 2000-2014

- 249 million prescriptions for opioids were written by healthcare providers in 2013

Reduce overdose. Prescribe responsibly.

Overprescribing leads to more abuse and more overdose deaths.

4x increase in sales of prescription opioids since 2000.

165,000 people have died from overdose related to prescription opioids.

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

People who are addicted to...
Why Can’t We Stop this Epidemic?

- Lack of coordination of approaches and resources
- Lack of effective implementation of promising practices
- Failure to engage with local communities and across multiple stakeholders
- Failure to spread promising practices
- Direct and indirect counter-forces by the pharmaceutical industry
- Lack of awareness among patients and consumers of the danger of prescription opioids


Federal Funding $1.1 Billion for Prescription Opioid Abuse and Heroin Use Epidemic

46% 2% 2%
- Support States to expand access to medication-assisted programs
- National Health Service Corps funding to expand access to substance use treatment providers
- Evaluate medication-assisted treatment

Botticelli, Michael. Addressing the Epidemic of Prescription Opioid Abuse and Heroin Use. 2/21/2016. https://www.whitehouse.gov/blog/2016/02/01

FDA Opioids Action Plan

- Expand advisory committees
- Develop warnings and safety information for immediate-release (IR) opioid labeling
- Strengthen post-market requirements
- Update Risk Evaluation and Mitigation Strategy (REMS) program
- Expand access to abuse-deterrent formulations (ADF) to discourage abuse
- Reassess the risk-benefit approval framework for opioid use
- Support better treatment


Guideline for Prescribing Opioids for Chronic Pain in the US, 2016

- Primary care clinicians
- Team-based care
- Treatment for patients ≥18 with chronic non-cancer pain
- Lack of long term studies using opioids ≥ 1 year or longer

Guideline for Prescribing Opioids for Chronic Pain Methods

GRADE methodology
- Type 1-4:
  Does not imply the strength of the recommendation
- Category A or B

1 = RCT or overwhelming evidence from OS
2 = RCT with important limitations, or strong evidence from OS
3 = OS or RCT with notable limitations
4 = Experience, OS, RCT

Guideline for Prescribing Opioids for Chronic Pain in the US, 2016
- 1-3
  Determining when to initiate or continue opioids for chronic pain
- 4-7
  Opioid selection, dosage, duration, follow-up, and discontinuation
- 8-12
  Assessing risks and addressing harms of opioid use

Determining when to initiate or continue opioids for chronic pain
1. Use nonpharmacologic and nonopioid therapy first
2. Before starting opioids, discuss treatment goals with patients
   - functional status
   - pain control
3. Discuss risks and benefits with patients at start and periodically

Opioid selection, dosage, duration, follow-up, and discontinuation
4. Use immediate release opioids instead of ER/LA opioids
5. Prescribe lowest effective dosage.
   - Caution when increasing dose to ≥50 morphine milligram equivalents (MME)/day
   - Avoid increasing dosage to 90 MME/day

Opioid selection, dosage, duration, follow-up, and discontinuation
6. Prescribe 3 days of opioid therapy for acute pain, more than 7 days is rarely needed
7. Monitor benefits and harms within 1-4 weeks and then every 3 months

Assessing risks and addressing harms of opioid use
8. Mitigate risk and consider offering naloxone:
   - history of overdose
   - history of substance use disorder
   - higher opioid dosages (≥ 50MME/day)
   - Concurrent benzodiazepine use
9. Review Prescription Drug Monitoring Program (PDMP)
Assessing risks and addressing harms of opioid use

10. Urine drug testing prior to starting opioid therapy and at least annually*

11. Avoid concurrent benzodiazepines with chronic opioid therapy.

12. Offer and arrange medication-assisted treatment for opioid use disorder

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Based on the CDC Guidelines for Prescribing Opioids for Chronic Pain, which of the following statements is true?

a. There are several long term studies that prove opioids can provide benefit for patients
b. Benzodiazepines are safe to use with high dose opioids
c. Reviewing the Prescription Monitoring Program is required before filling prescriptions
d. Patients taking morphine ER 50mg PO BID should be offered a prescription and training for naloxone

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How can pharmacists and technicians help?

1-3 Determining when to initiate or continue opioids for chronic pain

4-7 Opioid selection, dosage, duration, follow-up, and discontinuation

8-12 Assessing risks and addressing harms of opioid use

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U.S. Department of Health and Human Services
National Pain Strategy (NPS)

Purpose: Build off Institute of Medicine 2011 Report to “increase recognition of pain as a significant health problem in the U.S.”

Develop a Federal Pain Research Strategy to complement the NPS

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Key Areas Addressed in the National Pain Strategy

• Population research
• Prevention and care
• Disparities
• Service delivery and payment
• Professional education and training
• Public education and communication

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Key Areas in the National Pain Strategy where Pharmacists can Help

• Research
• Develop nationwide team-based pain self-management programs
• Pharmacists can help educate:
  – Patients
    • More clinician time with patients and less prescription opioid use
  – Health care providers
    • Training on safe opioid prescribing practices
    • Risks associated with prescription analgesics
    • Tapering opioid therapy
    • Alternative options for pain control
  – Students

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Working Groups

- Problem
- Objective
- Short term, medium term, and long-term strategies and deliverables
- Federal stakeholders
- Collaborators

HCAHPS Pain Management Score

- Proposed removal of pain from scoring formula used by Hospital Value-Based Purchasing Program for FY 2018

Resources for pharmacists, technicians, and patients for management and opioid abuse

- Stop Overdose IL
  www.stopoverdoseil.org
- ASHP Foundation Principles of Pain and Pain Management
  http://www.ashpfoundation.org/painmanagement
- Prescribe to Prevent: Prescribe Naloxone, Save a life
  www.prescribetoprevent.org
- Medicare Part D Opioid Drug Mapping Tool

Lali’s Law: PA99-0480 Heroin and Opioid Overdose Prevention

- Dispensing of naloxone by pharmacists to first responders and other non-health care providers
- Approved training programs must be established and conducted prior to naloxone being dispensed or acquired
- You and overdose victim are covered by the Good Samaritan Law

Signs of an Opioid Overdose

- Slow or shallow breathing
- Gasping for air
- Pale or bluish skin
- Person is unresponsive

Dispensing Naloxone

Illinois State Opioid Antagonist Training Program

Presented by: Kelly Gable, PharmD, BCPP, Chris Herndon, PharmD, BCPS, Jessica Kerr, PharmD, CDE, & Garth Reynolds, BSpPharm, RPh

Illinois Pharmacists Association: Illinois State Opioid Antagonist Training
http://www.ipha.org/isoatp-registration
A pharmacist completes an approved training program for dispensing naloxone. A patient that you dispensed naloxone for dies from a drug overdose. What happens to the pharmacist?

a. Criminal prosecution for dispensing naloxone to a layperson
b. License Termination
c. No prosecution due to the Good Samaritan Law and Pharmacy Practice Act

Where can pharmacists review comprehensive controlled substance prescription information for a specific patient?

a. Primary care physicians’ office
b. Center for Medicare and Medicaid Services (CMS)
c. Illinois Prescription Monitoring Program (ILPMP)
d. Community Pharmacy

Illinois Prescription Monitoring Program

What can we do?

- Retrain providers
- Consider all providers
- Identify alternative treatment options for pain management
- Create a role for pharmacists and retail pharmacy “corresponding responsibility”
- Engage in public messaging
- “Flood the zone”
- Recognize geography is important
- Include law enforcement

Describe how pharmacists and pharmacy technicians can be involved with curbing the opioid epidemic.

- Write down one thing that you can do to help prevent another opioid overdose.