Having True Impact on the Opioid Crisis: What Everyone Should Know

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Conflict of interest

- The speaker has no conflict of interest to disclose

Learning Objectives for Pharmacists and Technicians

- Describe the efforts that need to be made to change the current culture of prescribing opiates
- Review pain management expectations while considering ways to limit opiate prescribing
- Describe the pharmacist's and technician's role in educating patients and prescribers on the appropriate use of opiates for pain management
- Discuss how legitimate prescribing of opiates can lead to non-medical use, abuse and overdose
- Identify areas within your own health-system where improvement can be made to help combat the opioid crisis

Learning From our Success: Antimicrobial Stewardship

- CDC Summary of Core Elements
  - Leadership Commitment
  - Accountability
  - Drug Expertise
  - Action
  - Tracking
  - Reporting
  - Education

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  - **Drug Expertise**
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How can drug expertise impact the opioid crisis?

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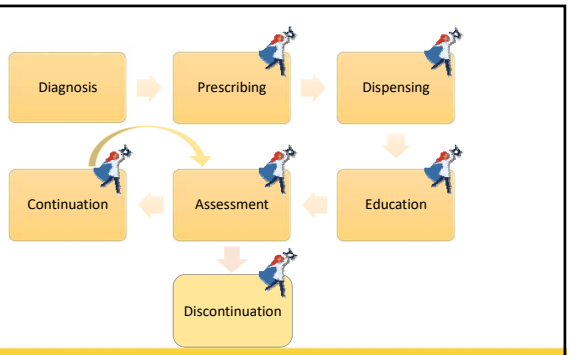

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Prescribing

- Collaborative practice/standing orders
- Multimodal drug use
- Right drug, right quantity, right duration
  - Rx control
- Align with available data
  - Research patterns and fill in the gaps!

http://www.dph.illinois.gov/naloxone This Photo by Unknown Author is licensed under CC BY-SA-NC

Dispensing

- Appropriate packaging
- Limit diversion
  - Accountability for all points in chain of command
  - Monitoring and surveillance programs
- Be critical, ask questions

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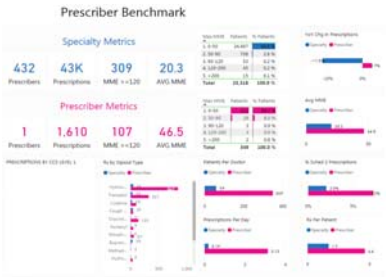
Education

- Patient education
- Provider education
  - Comparative prescribing
  - Machine learning



Assessment/Continuation

- Traditional pharmacist and technician roles assuring appropriate goals & plan

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Discontinuation

- Disposal options
  - Take Back Day--**October 26, 2019**
  - Kiosks
  - Individual disposal options
    - Mail back packets

This Photo by Unknown Author is licensed under CC BY-NC-ND https://www.deadiversion.usdoj.gov/drug_disposal/index.html

How can pharmacists and/or pharmacy technicians impact the opioid crisis?

A. Develop a process to co-prescribe naloxone when prescriptions for >50 MME are written
B. Educate patients on medication regimens including appropriate goals of therapy and storage
C. Assure thorough medication history is taken to accurately assess the care plan
D. Implement and educate on appropriate disposal options
E. All of the above

LL is a 35yo male who presents to the ED with low back pain (LBP). The physician prescribes an antispasmodic and hydrocodone/acetaminophen 10/325mg #20. The patient is reluctant to fill the prescriptions as he "doesn't like" medications but does so due to the consistency and severity of his pain.

Other than standard medication information, what would be important to discuss with LL?

A. Nothing, the prescription is appropriate and LL has legitimate pain so he is not at risk
B. Goals of therapy, non medication therapy options, storage and disposal options, how and when to use naloxone, multimodal pain options
C. Addiction treatment programs. Since he is presenting with LBP he clearly is drug seeking.
D. Why would I discuss anything with LL?

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