



Community Outreach to Fight the Opioid Epidemic: Highlighting Rutgers Toolkit

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Disclosure

All planners, presenters, and reviewers of this session report no financial relationships relevant to this activity.

The Opioid Abuse Toolkit contains which of the following resources?

- A. Community organizations (churches, community centers, libraries, etc.)
- B. Prescribers in the emergency department, inpatient, and outpatient settings
- C. Middle/High Schools and University students
- D. All of the above

Which of the following is true regarding the Opioid Abuse Toolkit?

- A. It is free to use
- B. The resources can be individualized to meet specific community needs
- C. The materials were developed with input from community partners, prescribers, and students
- D. All of the above

Agenda

- Scope of the Opioid Crisis
- Overview of the Opioid Abuse Toolkit
 - Resources for Communities
 - Resources for Prescribers
 - Launch of the Toolkit in the Community

Ecosystem of Healthcare



Scope of the Opioid Crisis

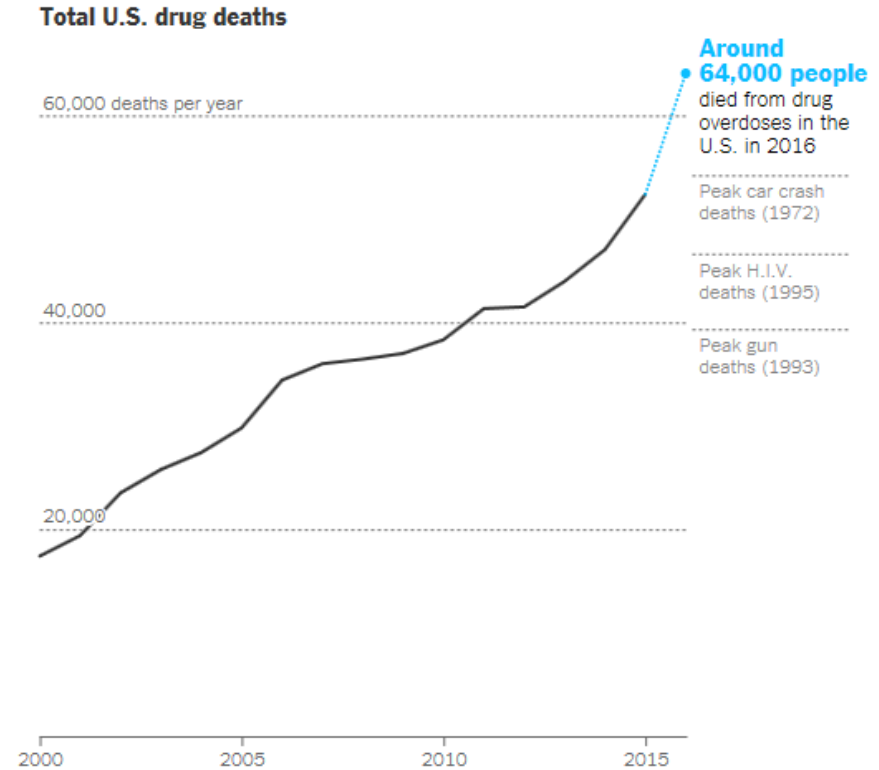
- Opioid pain medication use can present serious risks including misuse, abuse, opioid use disorder, and overdose.
- As many as 1 in 4 people who receive prescription opioids long-term for non-cancer pain struggle with addiction.¹



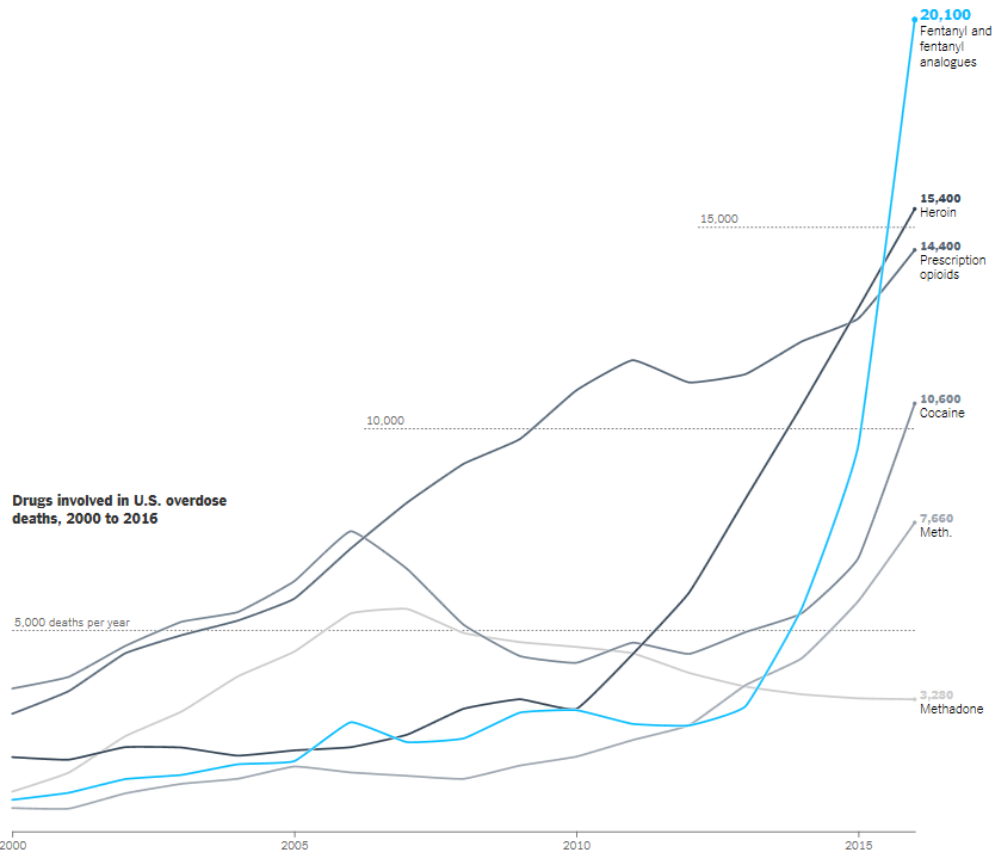
- 20% of patients presenting to physician offices with non-cancer pain receives an opioid.²

1. Prescription Opioid Overdose Data. Centers for Disease Control and Prevention. Available at: www.cdc.gov/drugoverdose/data/overdose.html.
2. Daubresse M, Chang HY, Yu Y, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000–2010. *Med Care* 2013;51:870–8. <http://dx.doi.org/10.1097/MLR.0b013e3182a95d86>.

- Prescription opioids and heroin have become the main source of drug overdose deaths in the U.S.
- The CDC estimates there were 33,091 deaths due to opioid overdoses in 2015.



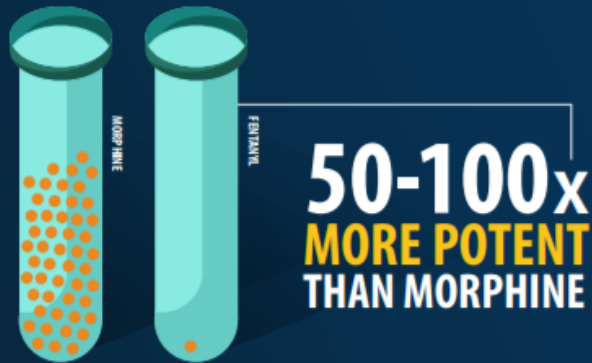
Fentanyl Deaths are on the Rise



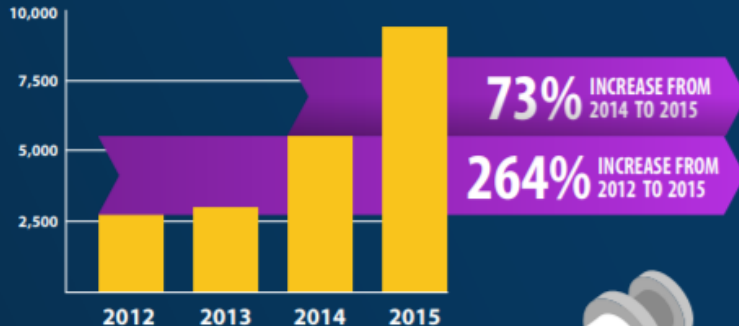
The First Count of Fentanyl Deaths in 2016: Up 540% in 3 Years. The New York Times [Online]. September 2017. Available at: <https://www.nytimes.com/>

FENTANYL: Overdoses On The Rise

Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

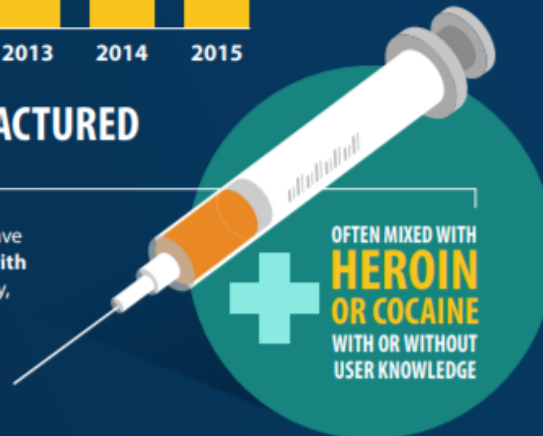


Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl

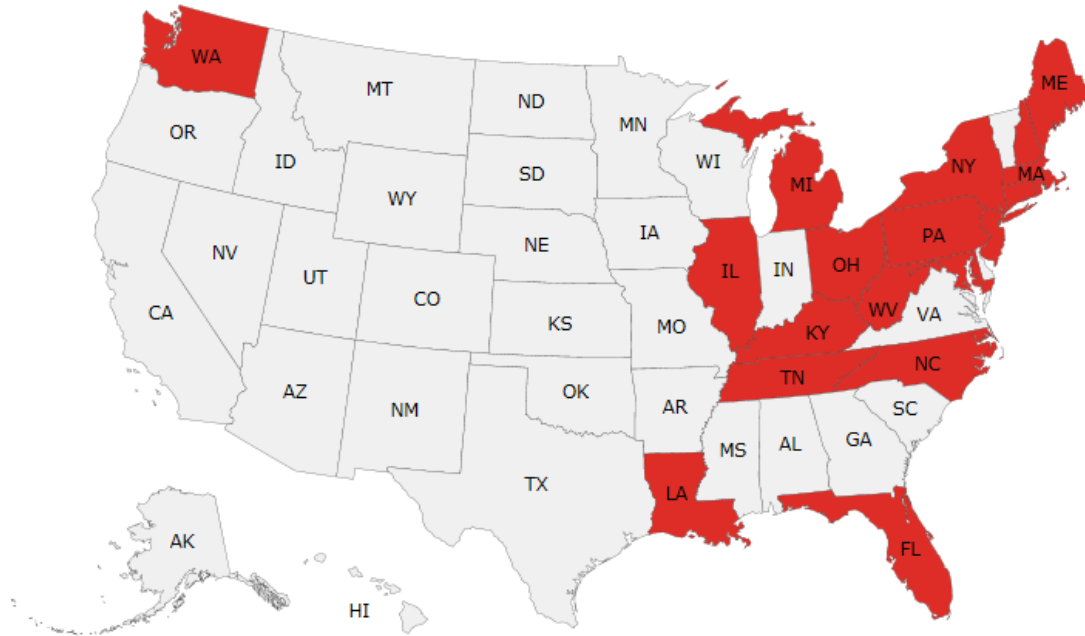


ILLICITLY MANUFACTURED FENTANYL

Although **prescription rates** have fallen, **overdoses associated with fentanyl** have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.

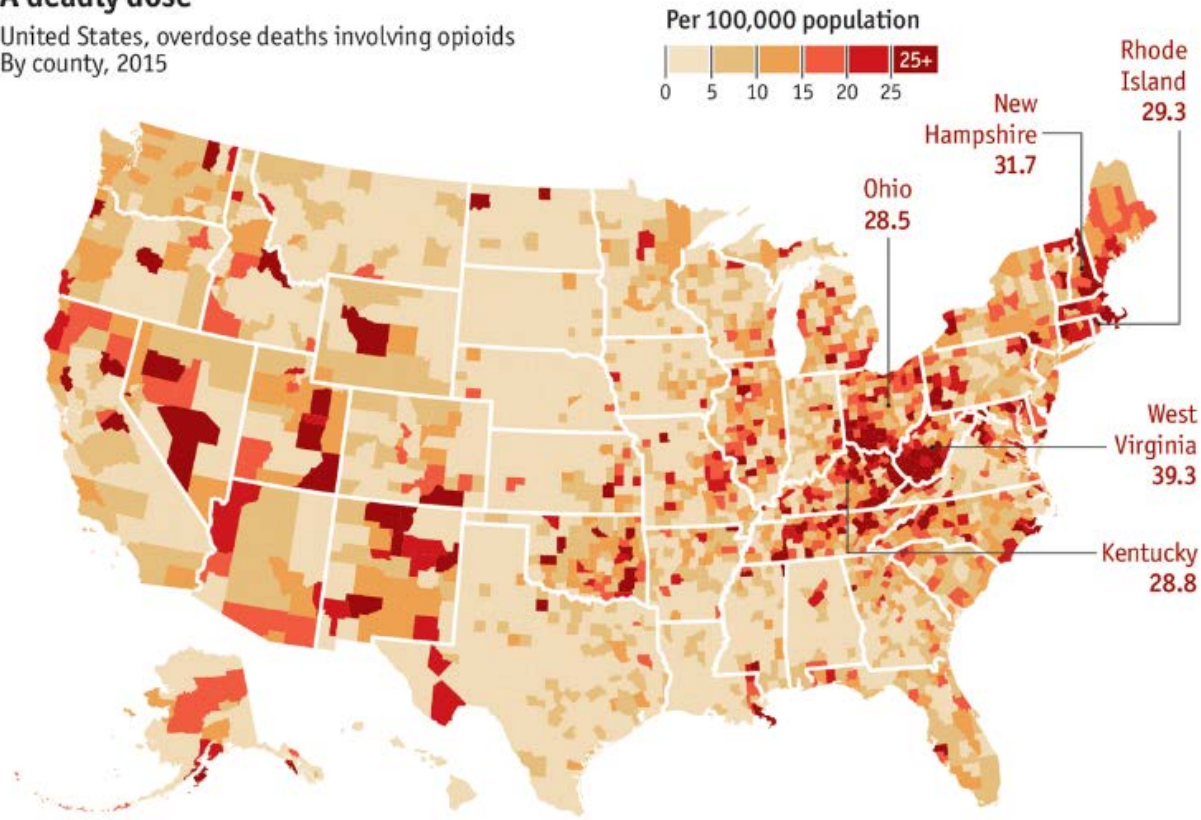


Statistically significant drug overdose death rate increase from 2014 to 2015, US states



A deadly dose

United States, overdose deaths involving opioids
By county, 2015



Source: Centres for Disease Control and Prevention

Continued Opioid Use from Initial Prescription

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015

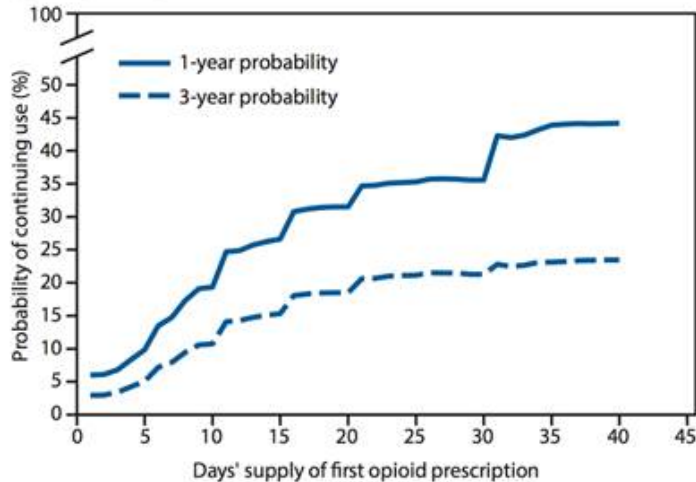
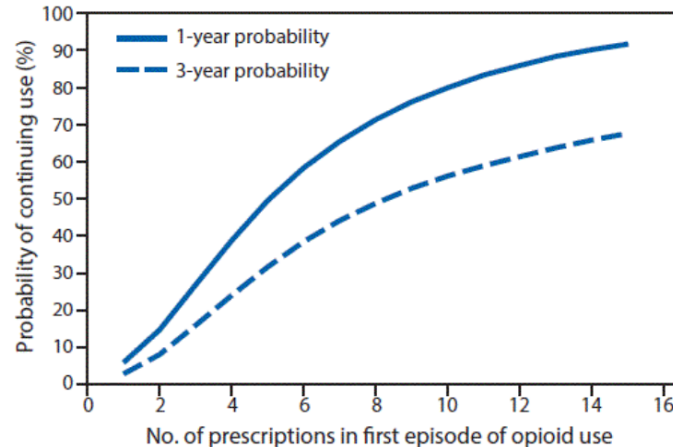


FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015



Misuse of Buprenorphine

- Using retrospective IMS™ pharmacy claims data:
 - Approximately two-fifths (43%) of buprenorphine recipients filled an opioid prescription during the treatment episode



- Two-thirds (67%) filled an opioid prescription following treatment.



Opioid Abuse Toolkit

Opioid Abuse Toolkit

Resources for New Jersey Communities

2017



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Opioid Abuse Toolkit

Resources for New Jersey Prescribers

2017



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Community Toolkit

Community Toolkit

- Event Planning Overview
- Build Your Team: Volunteer Recruitment
- Community Outreach Initiatives
- Drug Overdose Prevention and Resources for Treating Addiction
- Drug Take-back Initiatives
- Middle/High School Outreach Initiatives
- University Outreach Initiatives

Supplementary Materials

- **Presentation Templates**
 - Orientation/Overview of Opioid Abuse Epidemic
 - Securing Prescription Opioids
 - Naloxone Training
 - Drug-Free Parent Presentation
 - Middle/High School Presentations
- **Posters, Flyers, and Awareness**
 - Social Media Outreach Flyer
 - Opioid Overdose Poster
 - Naloxone Administration Poster
 - Drug Abuse Awareness
 - Parent Fact Sheet Flyer

What to do in the case of an **OPIOID OVERDOSE**

1 Call 911.

2 Check for signs of an opioid overdose.

3 If ventilation is unavailable, perform rescue breaths.

- SIGNS**
- Face is pale or clammy
 - Body is limp
 - Fingernails or lips are blue
 - Patient is vomiting or gurgling
 - Patient cannot be awakened or cannot speak
 - Breathing is very slow
 - Heartbeat is slow or stopped

4 Administer naloxone and continue rescue breaths until consciousness is gained.

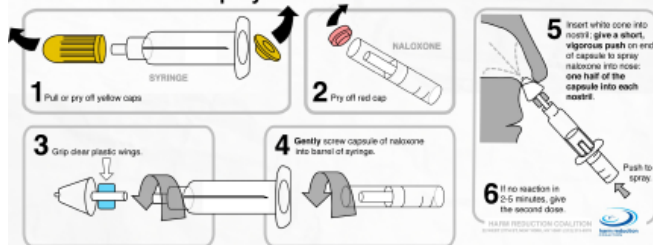
5 Monitor the patient's response until help arrives.

in the event of opioid induced overdose

How to Administer Naloxone

Every minute someone spends overdosed on opioids is a minute their brain is without precious oxygen. Every second counts for a possible recovery.

How to Give Nasal Spray Naloxone



Opioids produce their effects by acting on opioid receptors in the brain and nervous system. Naloxone works by blocking these opioid receptors, thus stopping opioids from acting on them. This reverses the effects of the opioid.

Act fast, and most importantly

Call 911

Naloxone is now available without a prescription in all NJ CVS and Walgreens stores. Please ask your local pharmacist for more information. Additional resources as well as training centers in NJ are available on getnaloxonenow.org.

drug abuse is **PREVENTABLE.**
drug addiction is **TREATABLE.**



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HOW ABUSE STARTS

what you need to know about prescription drug addiction

The opioid abuse epidemic is at an all-time high in New Jersey. Opioids are a variety of pain medication such as morphine, oxycodone and codeine. They are often prescribed in result of an injury and are perceived as harmless. Because of this, they are also easy to access and pass along to a friend. However, the effects of these medications are very powerful and often change the way the body and brain process. This can lead to abuse and addiction. The addiction to legal opioids can lead to use of heroin, a cheap and illegal opioid. It is important to secure your child at the first step of use during this epidemic.

DID YOU KNOW?

Most high school students start abuse from medications obtained from friends or family. 73% of teens feel it is easy to obtain medications from family

- "street drugs" and prescription drugs have the same addictive property. However, if Rx drugs are taken as directed, abuse and addiction may be avoided.
- Drugs do not discriminate! They affect people from all races, ethnicities and socioeconomic classes.
- Prescription drug overdose related deaths outnumber that of heroin.



After marijuana and alcohol, prescription drugs are the most commonly abused substances by Americans age 14 and older.



COMMON SIGNS OF DRUG ABUSE

- a change in peer group or dropping longtime friends
- carelessness with grooming or change in appearance
- negative decline in academic performance
- missing classes or skipping school
- loss of interest in usual activities
- trouble in school or with the law
- changes in eating or sleeping habits
- deteriorating relationships with family members and friends



WHAT YOU CAN DO RIGHT NOW

HAVE AN OPEN DISCUSSION

- 1 Keep an open mind by engaging in one-on-one about the use of opioid in your child's school. You may not always get the response you would like but be patient and have a continuing conversation. Teens who have a better communication and bond with family are less likely to abuse drugs.
- 2 Provide your children with escape routes. Discuss with them what is the best approach for them to say no and refuse the situation.
- 3 Monitor your children for any changes in behavior. Growing up is a critical time and they will go through natural changes socially. However, if there are any extraordinary changes, it is important to note them.

MANAGE YOUR CHILDREN'S MEDICATION

- Prevention is key in opioid abuse. Make sure to check your medication cabinet for outdated and unfinished medication to properly dispose.
- Alert nurses and coaches if your child is on prescription painkillers

NEXT STEPS: WHERE TO GET HELP

SAMHSA's National Helpline

1-800-662-HELP (4357)

1-800-487-4889 (TDD)

CALL

Free and confidential information in English and Spanish for individuals and family members facing substance abuse and mental health issues. 24 hours a day, 7 days a week.

PARENT SUPPORT GROUPS

Narc-Anon of NJ: fellowship of those who are affected by the disease of addiction in a relative or friend.

Sources:
What to Do if Your Teen or Young Adult Has a Problem with Drugs. National Institute on Drug Abuse (NIDA). Updated January 2015. Available at: <http://www.drugabuse.gov>

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Prescription Drug Take Back Day



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Turn in your unused or expired medication for safe disposal

Where:

When:

Bring: Prescription and over-the-counter medications, patches, creams, ointments, vials, and pet medications

Do Not Bring: Illegal drugs, needles, syringes, aerosol cans, bio-hazardous material, and thermometers

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Say "NO" to Opioids



4 in 5 new heroin users started out abusing prescription painkillers

Opioid-related deaths in Americans under 24



36,000,000

people abuse opioids worldwide

4x

the population of

NEW YORK CITY

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COMMUNITY
IN CRISIS

CELEBRATING **P 75** YEARS

OUR BRAIN AND BODY

ON OPIOIDS



Discovery
EDUCATION

OPERATION
PREVENTION

Pop positivity, not pills.



PEER_x

ashp 75
CELEBRATING YEARS

Prescriber Toolkit

Prescriber Toolkit

- Inpatient and Emergency Department Prescribing
- Outpatient Resources for Prescribers
- Overdose-related Services for Prescribers/How to Treat Addiction

Supplementary Materials

- Treatment of Chronic Pain Flyer
- Pain Management Contracts
- Protocols for Prescribing Opioids
- MAT Implementation Checklist
- CRAFFT 2.0 Questionnaire
- Opioid Risk Tool
- Clinical Opiate Withdrawal Scale (COWS)
- NIDA – Seeking Drug Abuse Treatment

CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Promoting Patient Care and Safety

THE US OPIOID OVERDOSE EPIDEMIC

The United States is in the midst of an epidemic of prescription opioid overdoses. The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported by Americans hasn't changed. This epidemic is devastating American lives, families, and communities.



40

More than 40 people die every day from overdoses involving prescription opioids.¹



165K

Since 1999, there have been over 165,000 deaths from overdose related to prescription opioids.¹



4.3M

4.3 million Americans engaged in non-medical use of prescription opioids in the last month.²

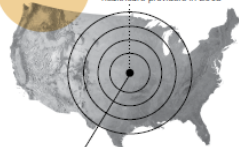
PRESCRIPTION OPIOIDS HAVE BENEFITS AND RISKS

Many Americans suffer from chronic pain. These patients deserve safe and effective pain management. Prescription opioids can help manage some types of pain in the short term. However, we don't have enough information about the benefits of opioids long term, and we know that there are serious risks of opioid use disorder and overdose—particularly with high dosages and long-term use.

Rx

249M

prescriptions for opioid pain medication were written by healthcare providers in 2013



enough prescriptions were written for every American adult to have a bottle of pills

¹Includes overdose deaths related to methadone but does not include overdose deaths related to other synthetic prescription opioids such as buprenorphine.
²National Survey on Drug Use and Health (NSDUH), 2014



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Chronic Pain Management Contract

Patient Name: _____

1. You have been prescribed _____ (include name of medication, dosage and route) to treat _____ (condition) as part of your treatment plan. Other elements of your treatment plan include: _____ (e.g. physical therapy, NSAIDs, steroid injections, acupuncture, etc.).
2. The goals of my treatment plan include:
 - o Improving my ability to work and function at home without causing dangerous side effects.
 - o Other _____
3. We will review your treatment plan periodically to determine your progress toward your goals.

While taking this medication, I agree to the following:

1. I will store my medication safely, so that others cannot access my medication, including children
2. I will not share, sell or trade my medicine.
3. I will not take anyone else's medicine. I will not take any illicit "street drugs" while on this medication
4. I will not increase my medication dosage until I speak with my doctor or nurse.
5. If I need to stop this medication, I must do it slowly or I may get very sick. I will not stop taking this medication as prescribed without informing my physician
6. I will keep all appointments set up by my physician (i.e. primary care, specialist, physical therapy, mental health, substance abuse treatment, pain management).
7. I will bring the pill bottles with any remaining pills of this medicine to each clinic visit. I will not throw out any remaining medication without consulting with my physician first.
8. I agree to give a blood or urine sample, if asked, to test for drug use.
9. If I see another physician (for example, a dentist, Emergency Room visit, etc.) who gives me a prescription for a controlled substance medication (i.e. opioids, pain medication) I must bring this medication to my next physician appointment in the original bottle, even if there are no pills left.

In order to get my prescription refilled, I agree to follow the refill policy:

1. No early or emergency refills may be made.
2. Refills will be made only during regular office hours.
3. No refills on nights, holidays, or weekends.
4. I must call at least three working days ahead (Monday – Friday) to ask for a refill of my medicine. It is important that my physician has the opportunity to assess my response to the medication. **No exceptions will be made.**
5. My medicine may not be replaced if it is lost, stolen or used up sooner than prescribed.
6. I will not come to pick up my refill prescription until I am called by my physician's office notifying me that it is available.
7. I will only use one pharmacy to get my medicine. My pharmacy is _____ (include location).

Prescribing Opioid Medication for Acute Pain
Flowchart in compliance with:

[NJ ADC 13:35-7.6 Limitations on prescribing, administering, or dispensing of controlled dangerous substances: special requirements for management of acute and chronic pain](#)

And

New Jersey Register Emergency Rules:

<http://www.njconsumeraffairs.gov/bme/Documents/BME-Rule-Text.pdf>

First Prescription

If patient has never received a prescription for an opioid or if it has been greater than 1 year since last use/administration, proceed to Section I.

If it has been less than a year since the patient's last opioid prescription, proceed to Section II.

Section I.

Step 1.

Task (please check off the following once documented in the patient's chart)	Yes
1.1 Verify that prescription is an initial prescription <ul style="list-style-type: none"> ___ As per patient ___ As per NJ Prescription Monitoring Program (last opioid fill and abuse potential) ___ As per available medical records 	
1.2 Medical History, including patient's experience using: <ul style="list-style-type: none"> ___ Non-opioid medication ___ Non-pharmacological pain management approaches ___ Substance abuse history ___ Nature, frequency, and severity of any pain 	
1.3 Physical Exam, psychological evaluation, and evaluation of comorbidities	
1.4 Develop a treatment plan; particular attention on determining the cause of the patient's pain (specialist consultation, imaging studies, physical therapy, and/or other interventions), objectives by which treatment success is to be evaluated	
1.5 Check NJ Prescription Monitoring Program (PMP) https://newjersey.pmpaware.net	
1.6 Prescription information: complete name of controlled substance, dosage, strength, quantity, and instructions for use	

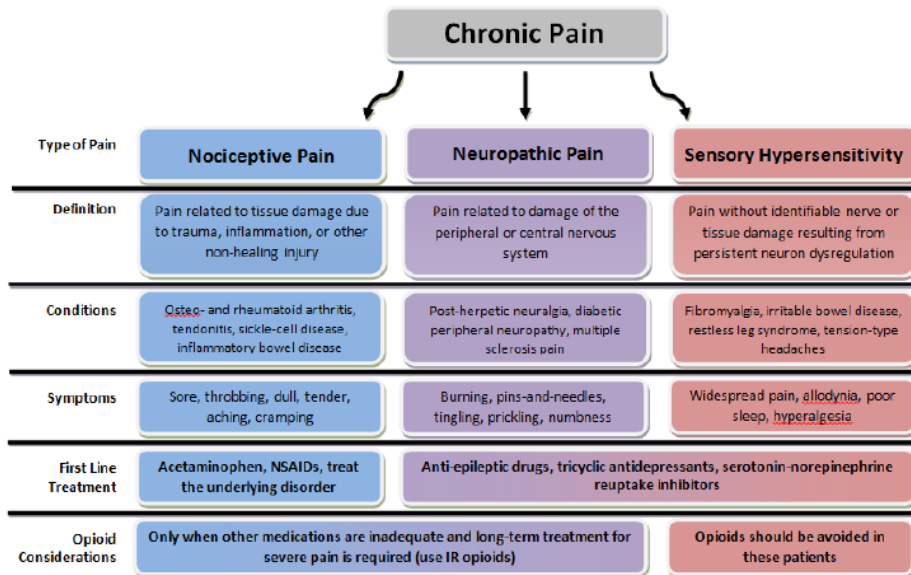
Step 2: Prior to issuing initial prescription, you must discuss with the patient, patient's parent or legal guardian if the patient is under 18 years of age and is not an emancipated minor, the risks of the medications being prescribed including but not limited to:

Task (Please check off once completed)	Yes
1.8 The risks of addiction and overdose associated with opioids including dangers of taking with alcohol, benzodiazepines and other CNS depressants	
1.9 Reasons why prescription is necessary	
1.10 Alternative treatments that may be available	
1.11 Risks associated with use of developing a physical or psychological dependence	

****A note must be included in the patient's medical record, acknowledging the information discussed****

Step 3: Prescription must be written for the lowest effective dose of an immediate release opioid. Limit supply to no more than 5 days as determined by dose and frequency. Must indicate on prescription that it is an "Initial prescription for treatment of acute pain."

The Pathophysiology and Treatment of Chronic Pain



References:

1. Slatco S, Szosky M, Agoff C, et al. Rethinking chronic pain in a primary care setting. *Postgrad Med* 2016; 128(5): SCD-15
2. Dovel D, Hegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain – United States, 2016. *MMWR Recomm Rep* 2016; 65: 17-22

Launch of the Toolkit in the Community

Outreaches Completed

Title	Audience
East Brunswick Public Library	Middle/High School students, Parents
Rutgers Busch Campus	University Students
Secaucus Middle School	Middle School Students in 8 th Grade
Chinese Christian Church in Somerset	High School Students
Rutgers Day Opioid Abuse Tabling	University Students, Parents, New Brunswick Community
CVS East Brunswick Tabling	Adults
YMCA	Parents, High School and Middle School Students at various locations

Title	Audience
North Bergen High School	High School Summer School Students
Opioid Presentation for EMTs	EMTs, Police, First Responders
Biotechnology Training Program Lecture	University Students
Rutgers Physician Assistant and Nursing School	Students enrolled in PA or Nursing School at Rutgers
Covenant House	Homeless 18-21 year olds in Newark, NJ
Mayors Wellness Campaign	Jersey City Department of Health, Hospitals, Public Health Organizations
Charter Schools in Newark	Christ the King School, KIPP NJ High School, Arts High, Park Elementary School





Key Takeaways

- Key Takeaway #1
 - The Opioid Abuse Toolkit contains resources and supplementary materials for communities and prescribers.
- Key Takeaway #2
 - The materials in the Toolkit can be individualized to meet specific community needs.
- Key Takeaway #3
 - The resources are free, ready to use, and are updated frequently.

References

1. Prescription Opioid Overdose Data. Centers for Disease Control and Prevention. Available at: www.cdc.gov/drugoverdose/data/overdose.html.
2. Daubresse M, Chang HY, Yu Y, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000–2010. *Med Care* 2013;51:870–8. <http://dx.doi.org/10.1097/MLR.0b013e3182a95d86>.
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4. The First Count of Fentanyl Deaths in 2016: Up 540% in 3 Years. The New York Times [Online]. September 2017. Available at: <https://www.nytimes.com/>
5. America's Opioid Epidemic is Worsening. The Economist [Online]. March 2017. Available at: <http://www.economist.com/blogs/graphicdetail/2017/03/daily-chart-3>
6. Daubresse M, et al. Non-buprenorphine opioid utilization among patients using buprenorphine. *Addiction*. 2017 Jan 20.