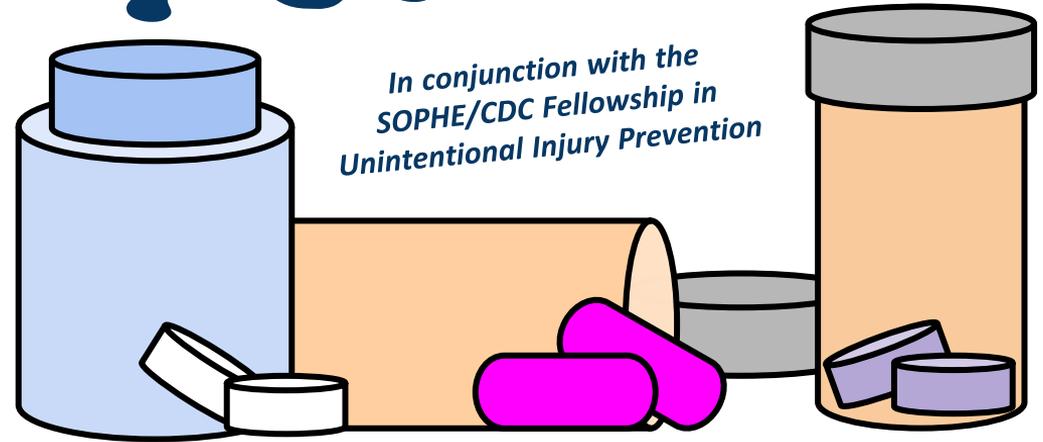




POPPED!



*In conjunction with the
SOPHE/CDC Fellowship in
Unintentional Injury Prevention*

Prescription Opioid Prevention Through Pre-Professional Education & Discussion

Credits

This pilot presentation is a deliverable under the SOPHE/CDC 2017-18 Unintentional Injury Prevention Fellowship program awarded by the Society for Public Health Education (SOPHE) to Brandon Horvath, MPH(c), Thomas Jefferson University College of Population Health. SOPHE is funded by CDC's National Center for Injury Prevention and Control under CDC Purchase Order #200-2017-M-93452. The views expressed herein do not necessarily reflect the official policies of SOPHE or the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or SOPHE.



Prescription **O**verdose **P**revention through **P**re-Professional **E**ducation & **D**iscussion

Learning Objectives

- Describe the magnitude and scope of the opioid epidemic as a public health problem.
- Cite general information about opioids and the opioid epidemic
- Discuss national, state and local priorities for addressing the opioid crisis.
- Describe promising public health approaches being used to prevent, treat and control the opioid problem
- Differentiate the roles of various allied health and medical providers in addressing the opioid epidemic.
- Identify local Philadelphia opportunities for obtaining more information or working with other stakeholders on the opioid crisis.



Competencies



Council on Linkages Between Academia and Public Health Practice:

- 2A. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community

National Commission for Health Education Credentialing, Inc. (NCHEC):

- 2.2.5 Develop specific, measurable, attainable, realistic, and time-sensitive objectives
- 3.2.7 Implement training
- 3.3.6 Deliver health education/promotion as designed
- 5.3.2. Facilitate discussions with partners and other stakeholders regarding program resource needs
- 7.1.1 Identify current and emerging issues that may influence health and health education.
- 7.1.7 Deliver messages using media and communication strategies
- 7.2.1 Identify current and emerging issues requiring advocacy

NCHEC: These competencies fall within the Seven Areas of Responsibility and were verified in 2015 as a part of the Health Education Specialist Practice Analysis (HESPA) Project. Each is meant to add clarity to the scope of the Health Education Specialist role and place focus on both health education and health promotion. Additional information can be found at:

<https://www.nchech.org/responsibilities-and-competencies>



Defining Key Terms

Opioids - powerful medications prescribed to alleviate moderate to severe chronic pain (SAMHSA, 2017).

Abuse - “the intentional, non-therapeutic use of a drug product or substance, even once, to achieve a desired psychological or physiological effect” (Food & Drug Administration [FDA], 2017).

Misuse - “the intentional therapeutic use of a drug product in an inappropriate way” (FDA, 2017).

Harm Reduction - a range of public health policies and approaches meant to minimize the risks and consequences associated with participation in a specific health behavior

Advocacy - public support for or recommendation of a specific policy or cause (e.g., contact a state representative to express concerns about a bill or law)

Opioids: The Basics



Opioids are powerful medications prescribed to alleviate moderate to severe pain. Commonly prescribed opioid medications include hydrocodone, oxycodone, morphine, and codeine.

In recent years, the improper use of opioids and other painkillers has increased rapidly.

Roughly **50%** of opioid-related deaths occur when improperly using a prescription opioid. Majority of these deaths involve one of the following medications:

- Methadone
- Oxycodone (such as OxyContin®)
- Hydrocodone (such as Vicodin®)



¹ Substance Abuse & Mental Health Services Administration (SAMHSA). (2017). Alcohol, Tobacco & Other Drugs: Opioids. Accessed November 15, 2017 from <https://www.samhsa.gov/atod/opioids>



Opioids: The Basics

Of the opioid overdoses and deaths that do not occur when using an opioid prescription, two opioid pain relievers have been found to be particularly concerning: **fantanyl and heroin**.

Fentanyl	Heroin
<ul style="list-style-type: none">● Synthetic opioid pain reliever typically prescribed for patients with advanced cancers.● 50-100x stronger than morphine● Made and sold illegally for its similarity to heroin	<ul style="list-style-type: none">● Illegal opioid pain reliever that's injected, smoked or snorted● White or brown powder often diluted with other medications or household ingredients● Increased risk for viral infection transmission (HIV, HepB, HepC)

¹ Substance Abuse & Mental Health Services Administration (SAMHSA). (2017). Alcohol, Tobacco & Other Drugs: Opioids. Accessed November 15, 2017 from <https://www.samhsa.gov/atod/opioids>

Opioid Overdose



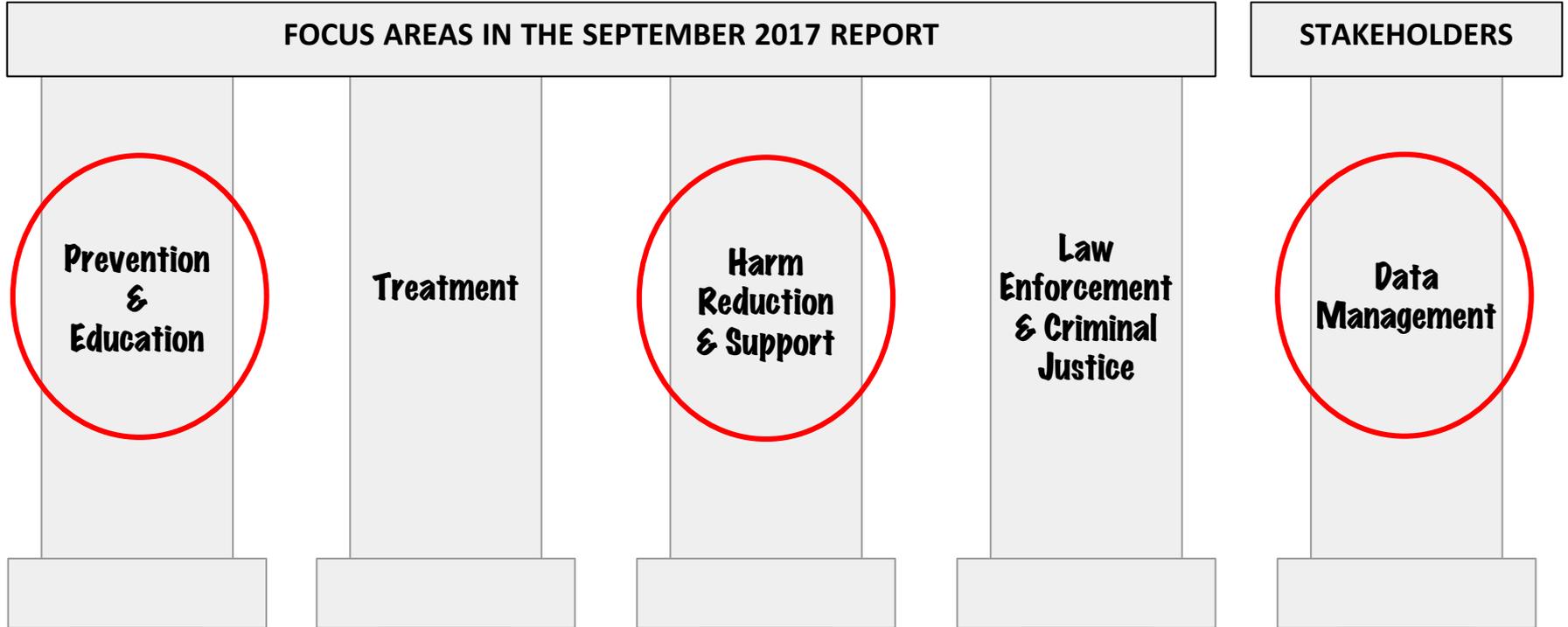
An opioid overdose is life-threatening and calls for immediate medical attention.

Opioid overdoses can occur as a result of accidental or intentional medication nonadherence or in cases when opioids are prescribed to family or mixed with other OTC medications and alcohol.





What's Being Done in Philadelphia...





Prevention & Education

<u>Don't Take The Risk</u>
Implementation

Data Management

<u>Statistics (2013-2016)</u>
Implementation

Harm Reduction & Support

<u>"Outbreaks"</u>
Planning

<u>Homelessness</u>
Implementation

<u>Naloxone/Narcan</u>
Implementation

To explore these focus areas in Philadelphia, please click on each of the links above. Clicking on the red arrow () at the end of each section will return this main menu.

 NEXT SECTION

Prevention & Education: Don't Take the Risk



Don't Take the Risk provides facts about the impacts of the opioid epidemic in Philadelphia, personal stories and testimonies about opioid use and misuse, and contact information based for individuals with each insurance type.

Education about the stigma associated with addiction, access to treatment and the importance of prevention have also been incorporated into the Don't Take the Risk campaign.

"Sales of prescription opioids nearly quadrupled in the United States between 1999 and 2010."

"People who have taken opioids can suffer a fatal overdose from just a few pills."

"There are millions of us addicts disguised as regular people," she says. "I'm a stay-at-home mom, and I'm an addict."



Homelessness

- The Housing First model has been implemented across the U.S. and Canada to address concerns related to homelessness.
- Pathways to Housing PA has embodied this approach and created an opioid-specific housing program ([Team 7](#)) that provides services and access to housing for 75 people.
 - Enrollees are provided with housing first (without the requirement of sobriety, psychiatric treatment, etc.) under the conditions that they allow for visits from program staff twice per month and provide 30% of their income for rent and utilities.

Additional efforts to connect homeless opioid users with access to these programs and medical care remain a priority within the most recent Mayor's Task Force to Combat the Opioid Epidemic report.

⁵ National Coalition for the Homeless. (2009). Substance Abuse and Homelessness. Accessed November 16, 2017 from <http://www.nationalhomeless.org/factsheets/addiction.pdf>

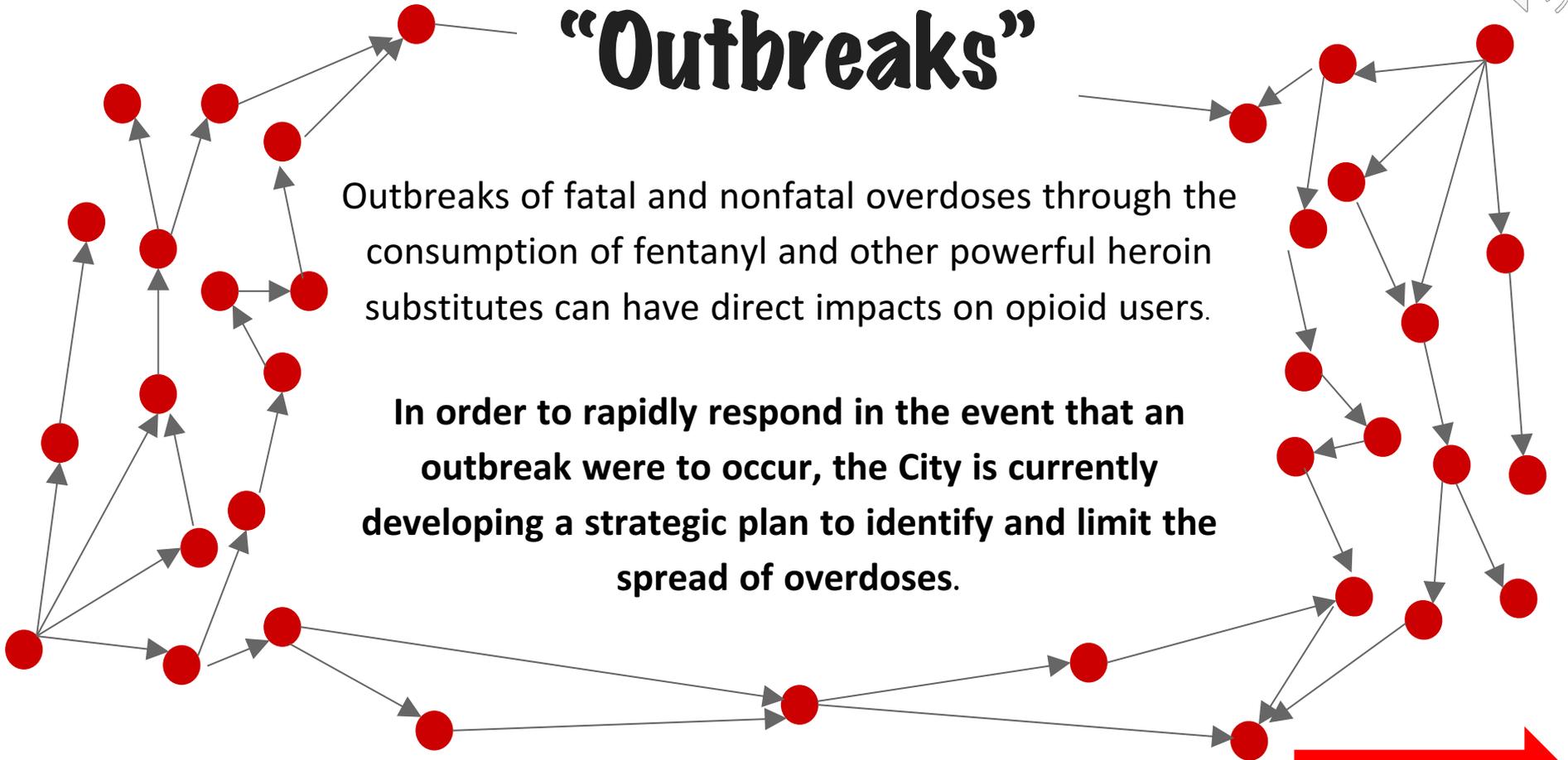
⁶ Sapatkin, D. (2017, September). In Philly, finding a place for the homeless on opioids. The Philadelphia Inquirer. Accessed November 16, 2017 from <http://www.philly.com/philly/health/addiction/housing-first-treatment-second-philadelphia-pathways-for-homeless-opioid-users-20170929.html>



“Outbreaks”

Outbreaks of fatal and nonfatal overdoses through the consumption of fentanyl and other powerful heroin substitutes can have direct impacts on opioid users.

In order to rapidly respond in the event that an outbreak were to occur, the City is currently developing a strategic plan to identify and limit the spread of overdoses.





Naloxone/Narcan

Naloxone (NARCAN[®]) is a FDA-approved medication used to prevent an opioid overdose by blocking opioid receptor sites.

Naloxone can be delivered in four ways via:

1. Intranasal spray
2. Intravenous injection
3. Intramuscular injection (into the muscle)
4. Subcutaneous injection (under the skin)



Naloxone/Narcan



Naloxone is typically prescribed for patients undergoing medication-assisted treatment (MAT). Other types of medication-assisted treatment for opioid users include methadone, naltrexone, and buprenorphine.

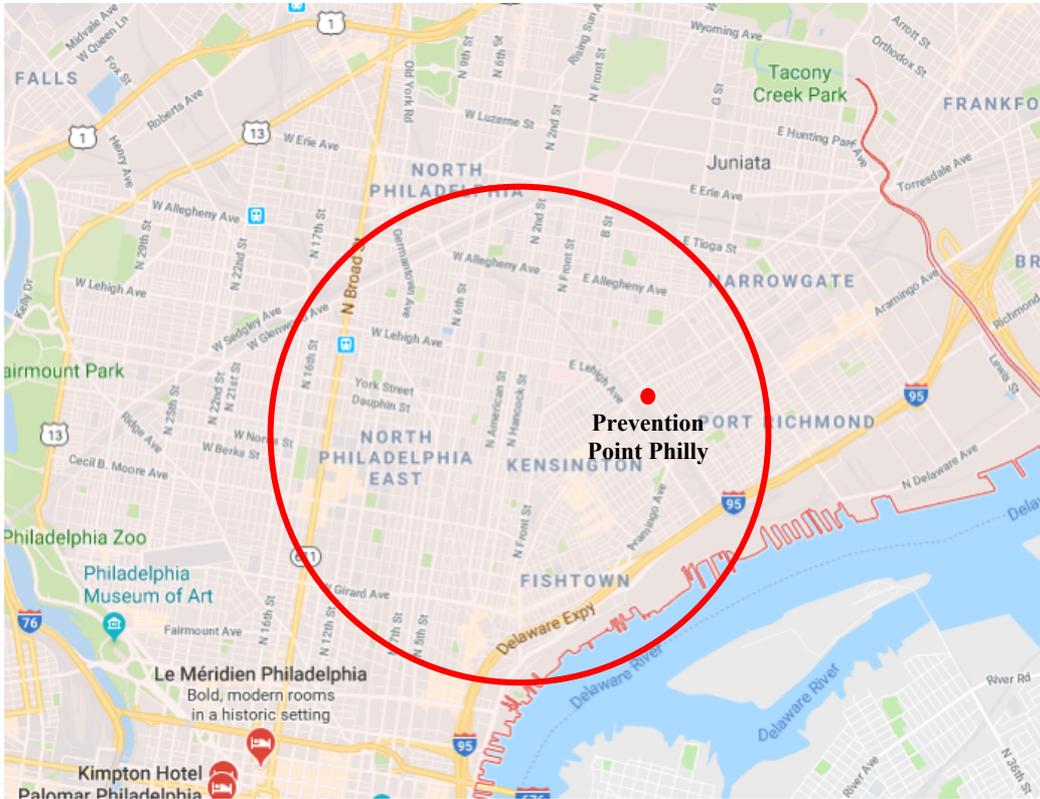
Naloxone candidates tend to be taking high doses of opioid medications for chronic pain, have enrolled in opioid abstinence programs, or have been discharged following an opioid poisoning.

The City's plans include increasing the availability of naloxone to lay persons, as well as for first responders (e.g., fire, police and homeless outreach) and enrollees in harm-reduction and take-home programs.

² SAMHSA. (2017). Medication and Counseling Treatment: Naloxone. Accessed November 15, 2017 from <https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>

³ Philadelphia Department of Public Health. (2017). The Opioid Epidemic in Philadelphia: Implementation of the Mayor's Task Force Recommendations. Accessed November 15, 2017 from http://dbhids.org/wp-content/uploads/2017/04/OTF_StatusReport-1.pdf

Where are the numbers **HIGHEST** in Philadelphia?



The greatest number of fatal overdoses in 2015-2016 took place within the neighborhoods of Kensington and North Philadelphia East.

Prevention Point Philly, an organization offering opioid dependency treatment, case management and a space dedicated to recovery and harm reduction, is located directly within this area of concern.

⁷ Philadelphia Department of Public Health. (2016, June). CHART: The Epidemic of Overdoses from Opioids in Philadelphia. Accessed November 19, 2017 from <http://www.phila.gov/health/pdfs/chartv1e1.pdf>

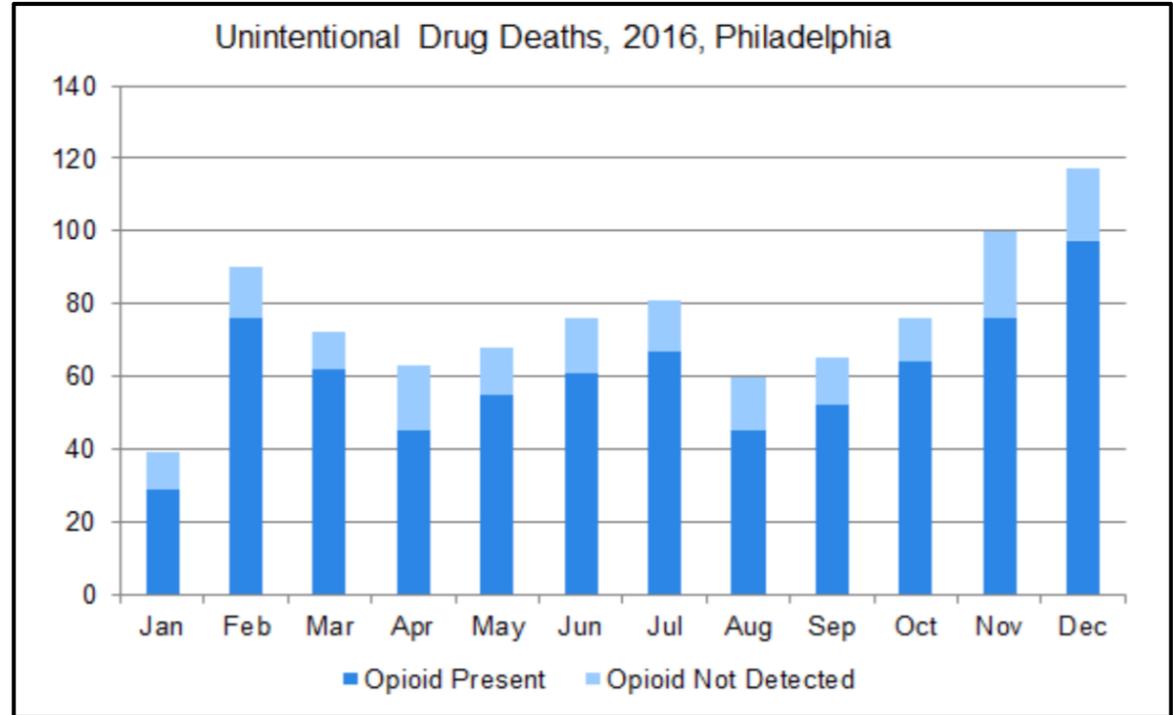


The Opioid Epidemic in Philadelphia



In 2016, **907** opioid overdoses took place within the city of Philadelphia.

Roughly **80%** of all drug-related deaths involved opioids.

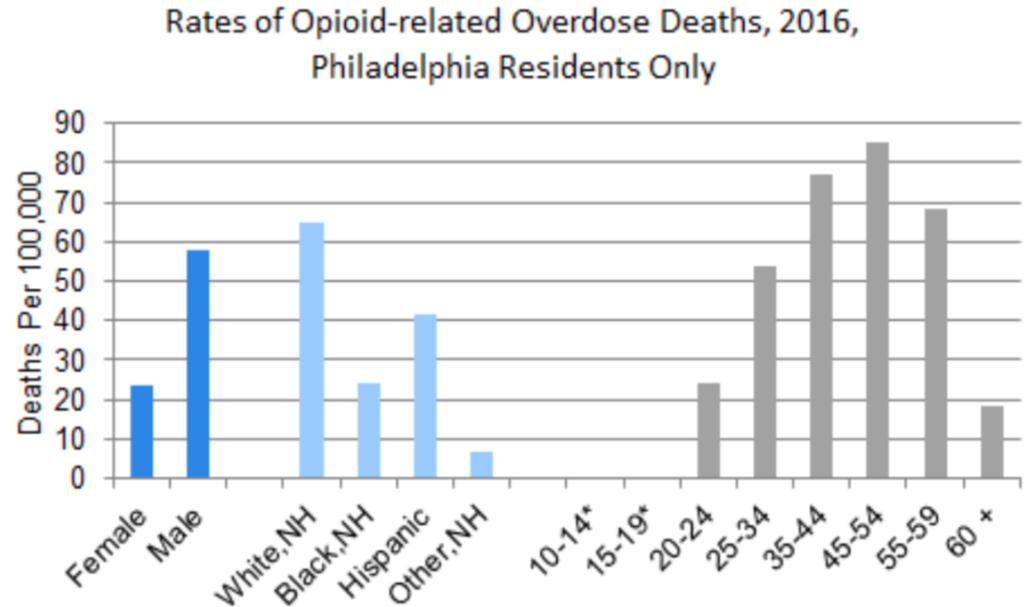


The Opioid Epidemic in Philadelphia



Overdose deaths in Philadelphia were most common among **white, non-Hispanic males between the ages of 45-54 years of age.**

Additionally, **95%** of all overdose deaths in Philadelphia occurred were residents of the city.



⁷ Philadelphia Department of Public Health. (2016, June). CHART: The Epidemic of Overdoses from Opioids in Philadelphia. Accessed November 19, 2017 from <http://www.phila.gov/health/pdfs/chartv1e1.pdf>





What's Being Done in Pennsylvania...

**Standing Order DOH-002-2016:
Naloxone Prescription for Overdose Prevention**

Community-Based Education and Narcan Training

**The Good Samaritan Drug Overdose Law
(April 2014)**

**Where are prescribing rates HIGHEST in
Pennsylvania?**



Standing Order DOH-002-2016: **Naloxone Prescription for Overdose Prevention**

Standing Order DOH-002-2016 guarantees that **Pennsylvania residents at risk of experiencing an opioid-related overdose**, as well as their family members, friends and those in a position to assist during an overdose, **are able to access naloxone**.

The Standing Order alone can suffice as a prescription or third-party prescription for naloxone at a pharmacy when a prescription cannot be obtained from a primary care provider.

Eligible parties are encouraged to engage in a training program before accessing and administering naloxone.



Knowing the Signs



Common signs and symptoms of an opioid overdose include:

- A history of or current narcotic and opioid use
- Fentanyl patches on skin or a needle in the body
- Lack of consciousness
- Slow/shallow respirations
- Gurgling sounds (due to obstructed airways)
- Blue lips and nail beds
- Clammy and pale skin



Note: Many of these signs are similar, if not identical, to an individual under cardiac arrest. If the individual has no pulse, he/she is in cardiac arrest and requires CPR.

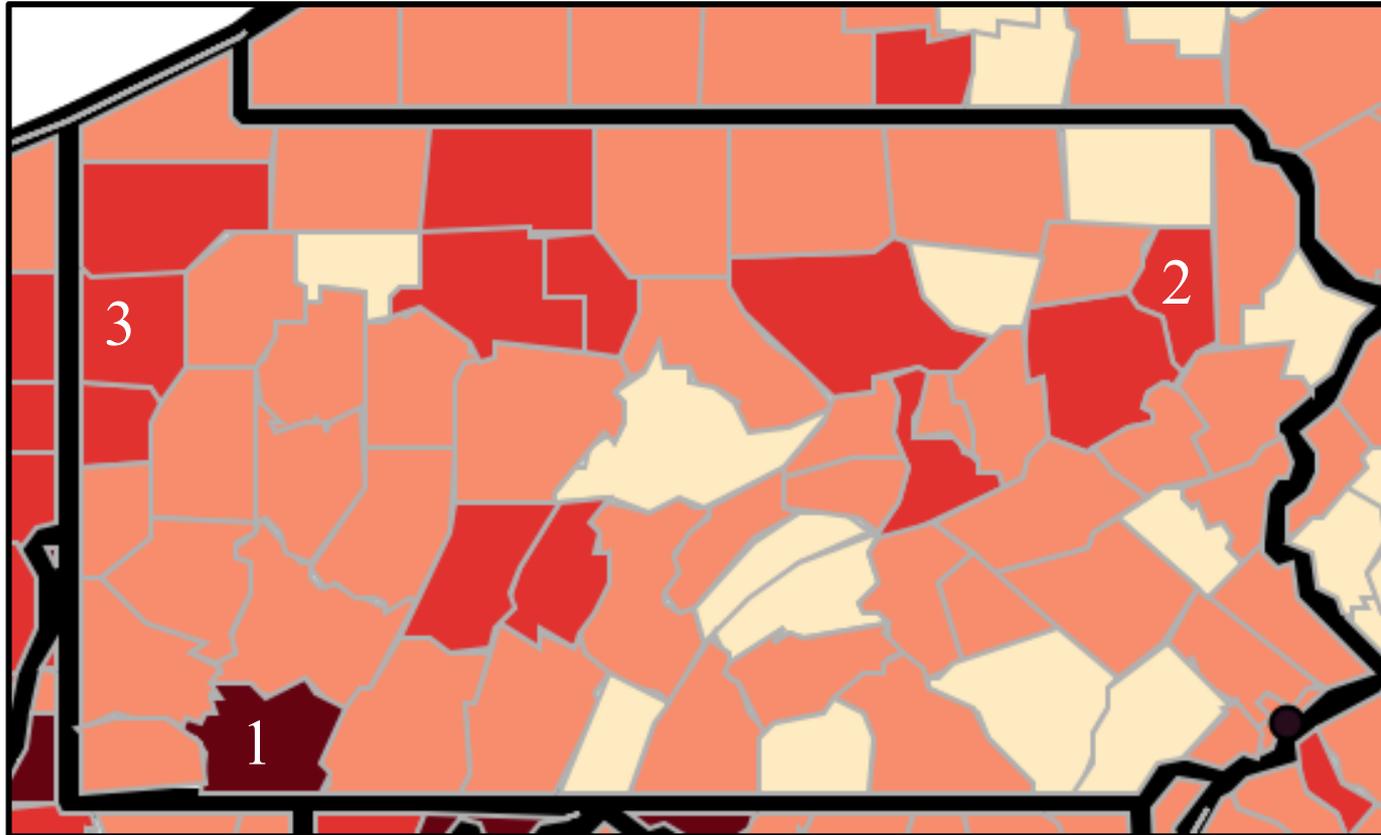
The Good Samaritan Drug Overdose Law (April 2014)

The Good Samaritan Drug Overdose Law is a provision of Act 139 that ensures immunity to those who act in good faith to obtain and administer naloxone to an individual whom they fear is experiencing an overdose and to individuals who report/witness an overdose.

- To administer naloxone, an individual should participate in the approved training from the Department of Health.
- In order to maintain immunity, the caller must provide their name to the authorities, cooperate upon their arrival, and remain with the individual experiencing the overdose until emergency medical services arrive.
- Immunity is NOT guaranteed for the individual who provided the opioids that caused the overdose.



Where are prescribing rates **HIGHEST** in Pennsylvania?



Fayette County

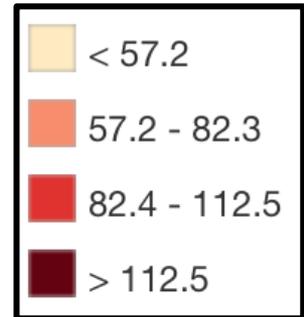
128.8

**Lackawanna
County**

112.1

Mercer County

109.2

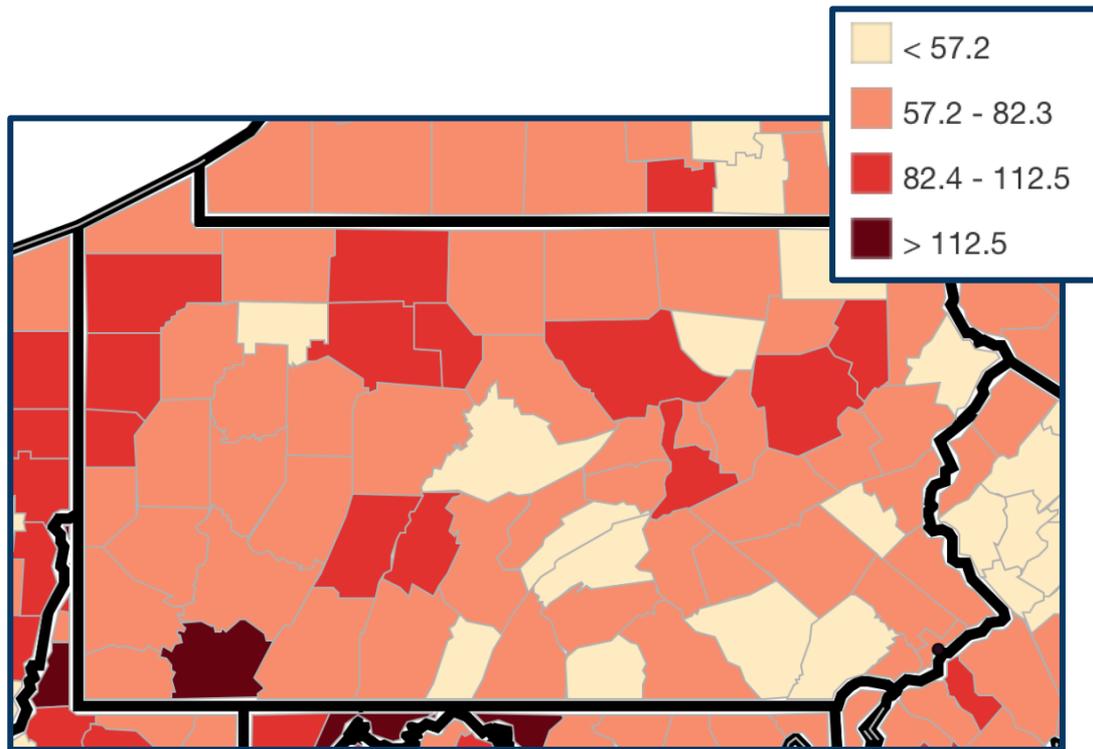




The Prescription Opioid Epidemic in Pennsylvania

Philadelphia County had a lower prescribing rate than **40** other counties in Pennsylvania in 2016.

The average prescribing rate across Pennsylvania was **69.5 per 100 persons** and ranked **28th** of the 50 states and Washington, D.C.





POP QUIZ: Ups & Downs



Q1: How many states experienced a decrease in the number of overdose-related deaths between 2014-2015?

Less than 10

~~10-20~~

~~More than 20~~

A total of **NINE** states experienced a decrease in the number of overdose deaths in 2014.

(Oregon, Alaska, New Mexico, Missouri, Nebraska, Wyoming, Colorado, Texas, Oklahoma)

Q2: How many states experienced a significant increase in the number of overdose-related deaths between 2014-2015?

~~Less than 10~~

10-20

~~More than 20~~

NINETEEN states experienced a significant increase in the number of fatalities in 2014.

What's Being Done in the United States?



Centers for Disease Control & Prevention	<ul style="list-style-type: none">● Release of CDC Guidelines for Prescribing Opioids for Chronic Pain, 2016● Support for the development of PDMPs within states & opioid surveillance	
---	---	--

Substance Abuse & Mental Health Services Administration	<ul style="list-style-type: none">● Pilot implementation of health information exchanges (HIEs) to ensure continuity of care among patients prescribed opioids● Development and release of an Opioid Overdose Prevention Toolkit	
--	---	--

Food & Drug Administration	<ul style="list-style-type: none">● Enhanced labeling for immediate-release opioid pain medications● Development of and improved access to abuse-deterrent opioids	
---------------------------------------	---	--

Drug Enforcement Agency	<p>The three organizations and federal entities we will be discussing within this module are:</p> <ul style="list-style-type: none">● Researching for reclassification of key opioid medications	
--------------------------------	--	--

Department of Health & Human Services	<ul style="list-style-type: none">● The Substance Abuse & Mental Health Services Administration (SAMHSA), and● The Food & Drug Administration (FDA) <p>Example 2020: Increasing the Safe and Effective Treatment of Pain</p> <ul style="list-style-type: none">● Grant Funding for Syringe Service Programs (SSPs)	
--	---	--

Each will be discussed to reflect on the many initiatives and programs being designed and implemented at the federal level.

Opioids at the Centers for Disease Control & Prevention



Guidelines for Prescribing Opioids for Chronic Pain (2016)

The Centers for Disease Control & Prevention emphasize three key focus areas for physicians and health professionals when writing and receiving opioid scripts for chronic pain.

Initiation and Continuation of Opioid Use

Opioid Selection, Dosage, Follow-Up & Discontinuation

Risk Assessment and Addressing Harms

When determining whether to begin an opioid-based therapy, one should:

- Consider non-pharmacological therapies
 - Establish clear goals for treatment, and
 - Discuss the risks and benefits with the patient before prescribing opioids.
- Intermediate-release vs. extended-release opioids, for opioid-related harms to minimize risk and view BDM data, consider questionable prescriptions and refer to potential treatments for patients exhibiting signs of opioid use disorder.

¹¹ Dowell, D., Haegerich, T.M., Chou, R. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016, 65(1): 1–49. DOI:

<http://dx.doi.org/10.15585/mmwr.r6501e1>



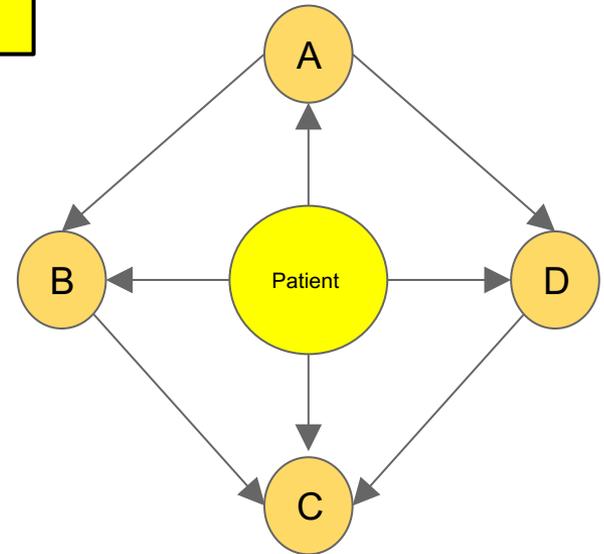
Opioids at the Substance Abuse & Mental Health Services Administration (SAMHSA)

Health Information Exchanges for Continuity of Care

Similar to the use of PDMPs to identify prescribing patterns, health information exchanges (HIEs) between hospitals and pharmacies have been found to be a valid approach for ensuring appropriate prescribing methods and identifying needs specific to each patient.

SAMHSA Opioid Overdose Prevention Toolkit

SAMHSA has been proactive in providing prescribers, patients and community members with up-to-date information about opioid overdose treatment and prevention. This 2016 toolkit is one of its many publications to explore.



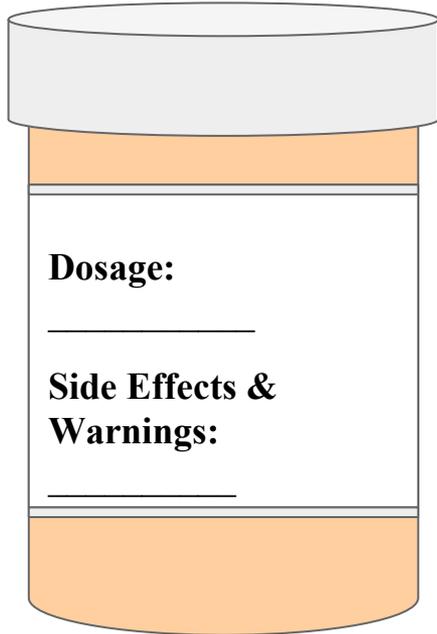
¹¹ Campopiano, M. (2015). Pilot Launched for Opioid Treatment Program Service Opportunity. Accessed November 20, 2017 from <https://blog.samhsa.gov/2015/05/14/pilot-launched-for-opioid-treatment-program-service-continuity/#.WjX5WmVYZoY>

¹² HealthIT. (2017). Health Information Exchange (HIE). Accessed November 20, 2017 from <https://www.healthit.gov/HIE>

Opioids at the Food & Drug Administration (FDA)



Enhancing Label Practices for Opioid Medications



Recently, the FDA has released new policies to ensure that all opioid medications have enhanced labels for dosage and potential side effects.

The FDA now requires:

- **warning labels for prescribers about opioid risks**
- **distinction between dosages and duration of medications**

Misuse of opioids and the pairing of opioids with other medications can lead to drug interactions that cause:

- **Serotonin syndrome**
- **Adrenal insufficiency**
- **Infertility and reduced sexual interest**

¹³ Peddicord, S. (2016, March). FDA announces enhanced warnings for immediate-release opioid pain medications related to risks of misuse, abuse, addiction, overdose and death. Food & Drug Administration. Accessed November 22, 2017 from <https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739.htm>

¹⁴ Food & Drug Administration (FDA). (2016, March). FDA Drug Safety Communication: FDA warns about several safety issues with opioid pain medicines; requires label changes. Accessed November 22, 2017 from <https://www.fda.gov/Drugs/DrugSafety/ucm489676.htm>

Opioids at the Food & Drug Administration (FDA)



Development of Abuse-Deterrent Opioids

Abuse deterrence can be accomplished through a number of ways including the development of capsules and tablets that are more difficult to or cannot be crushed or dissolved for snorting or injection purposes.

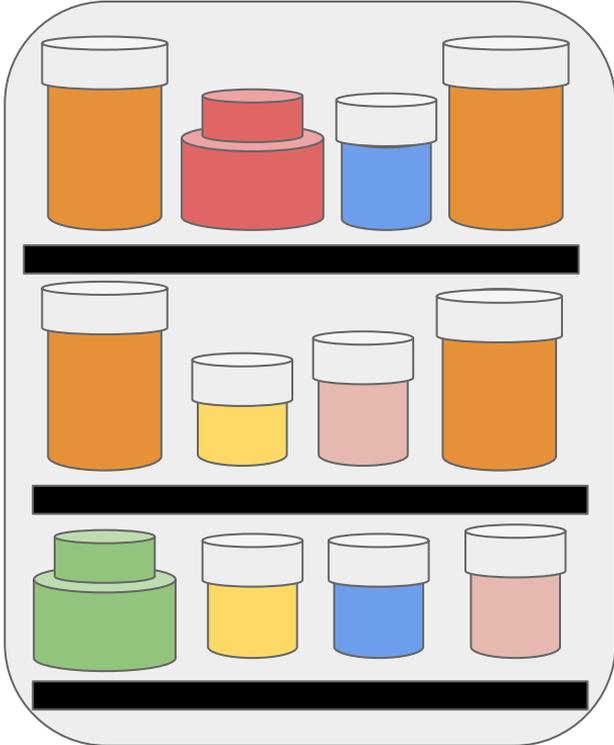
In providing these recommendations to industry partners and pharmaceutical companies, it is of the utmost importance to ensure that:

- Generic forms of opioids are developed to **still possess the same level of abuse-deterrent properties** as their brand name counterparts.
- Generic forms of opioid medications are produced to **increase access for patients** that need the medications and prescriptions most.

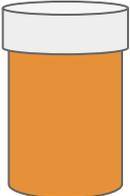
¹⁵ Peddicord, S. (2016, March). FDA takes important step to increase the development of, and access to, abuse-deterrent opioids. Food & Drug Administration. Accessed November 22, 2017 from <https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm492237.htm>

¹⁶ Center for Drug Evaluation & Research (CDER). General Principles for Evaluating the Abuse Deterrence of Generic Solid Oral Opioid Drug Products: Guidance for Industry. FDA. Accessed November 22, 2017 from <https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM492172.pdf>

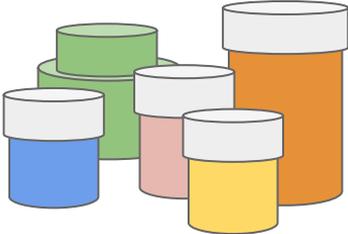
How Did We Get Here?



Prescription Drug Use in the Last Month



At Least One Prescription
1988-1994: 39.1%
2013-2014: 47.3%



Five or More Prescriptions
1988-1994: 4.0%
2013-2014: 10.1%

¹⁷ Centers for Disease Control & Prevention (CDC). Prescription drug use in the past 30 days, by sex, race and Hispanic origin, and age: United States, selected years 1988–1994 through 2009–2012 (NHANES). Accessed November 15, 2017 from <https://www.cdc.gov/nchs/data/hus/2015/079.pdf>

The Prescription Opioid Epidemic in the U.S.

In 2016, a total of **214,881,622** prescriptions were dispensed.

Although the prescribing rate is at its lowest overall in more than a decade, some cities and counties are still more than **seven times** greater than the average.

Martinsville, VA: **399.9** per 100 persons

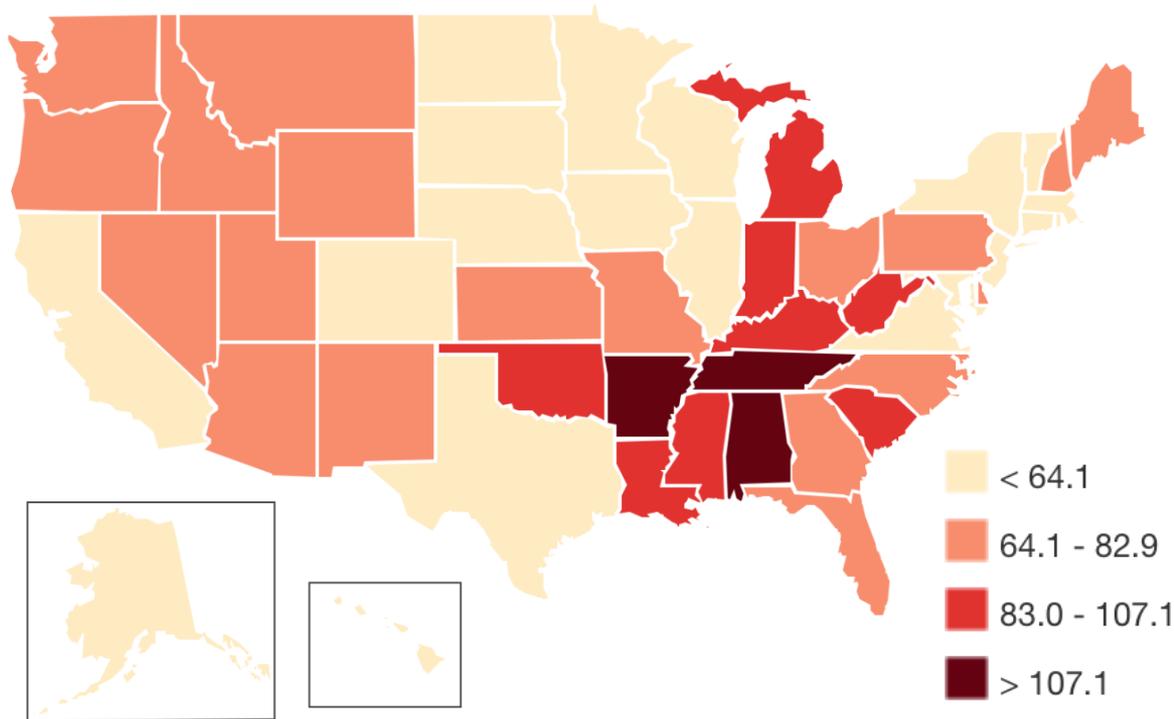
Bennett, SD: **0.1** per 100 persons

Table 1. Total number and rate of opioid prescriptions dispensed, United States, 2006–2016

Year	Total Number of Prescriptions	Prescribing Rate Per 100 Persons
2006	215,917,663	72.4
2007	228,543,773	75.9
2008	237,860,213	78.2
2009	243,738,090	79.5
2010	251,088,904	81.2
2011	252,167,963	80.9
2012	255,207,954	81.3
2013	247,090,443	78.1
2014	240,993,021	75.6
2015	226,819,924	70.6
2016	214,881,622	66.5



Where are prescribing rates **HIGHEST** in the U.S.?



Prescribing rates are **more than 1 opioid prescription per person** in the following 4 states:

- 1) **Arkansas**
- 2) **Mississippi**
- 3) **Alabama**
- 4) **Tennessee**

Four additional states close to 1 prescription per person include:

- 1) **Kentucky**
- 2) **West Virginia**
- 3) **Oklahoma**
- 4) **Louisiana**





What's in the Literature:

The Opioid Epidemic: From Evidence to Impact (October 2017)

A recent report released by Johns Hopkins Bloomberg College of Public Health, the Clinton Foundation and Clinton Health Matters Initiative identified 10 key recommendations for addressing the opioid epidemic, including:

Improving the Safe Use of Prescription Opioids

- Optimizing Prescription Drug Monitoring Programs
- Standardizing Clinical Guidelines
- Engaging Pharmacy Benefits Managers and Pharmacies
- Implementing Innovative Engineering Strategies
- Engaging Patients and the General Public

- Improving Surveillance
- Treating Opioid-Use Disorders
- Improving Naloxone Access and Use
- Expanding Harm Reduction Strategies
- Combating Stigma

Treating People with Opioid-Use Disorders

Bringing Theory to Life: Opioids

The Social-Ecological Model

The Social-Ecological Model demonstrates the interwoven nature of individual, relationship, community and societal level behaviors that serve as **risk factors** for a given disease or public health concern and how **behavior change can lead to prevention** of the concern in question.

Three Potential Focus Areas:

Education

Stigma

Behavior

Societal

Community

Relationship

Individual



Bringing Theory to Life: Opioids

The Social-Ecological Model

Individual Level Changes

Education

Increased Knowledge ➔ Increased Preparedness to Intervene

Stigma

Unbiased Approaches ➔ Positive Patient Interactions

Behavior

Education & Training ➔ More Effective Prescribing Strategies

Individual

What can I do?



Bringing Theory to Life: Opioids

The Social-Ecological Model



Relationship Level Changes

Education

Encouragement of Others → Increased Understanding

Stigma

Educational Discussions → Destigmatization of Addiction

Behavior

Individual Changes → Group-Level Changes



Relationship

Individual

Bringing Theory to Life: Opioids

The Social-Ecological Model

Community Level Changes

Education

Community Level Interventions → **Increased Number of Discussions & Referrals**

Stigma/Behavior

Increased Knowledge about Addiction → **Increased Number of Individual Level Interventions**

Community

Relationship

Individual



Bringing Theory to Life: Opioids

The Social-Ecological Model

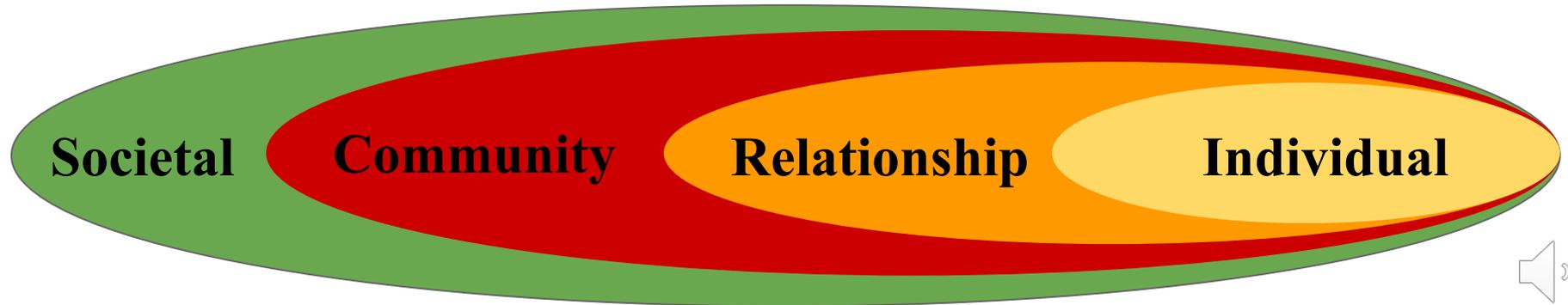
Societal Level Changes

Education/Behavior

Standardized Guidelines → Lower Prescribing Rates + Increased Number of Referrals

Stigma

Increased Levels of Acceptance → Success in Referrals + Decreased Number of Fatalities





The Prescription Process

1. Patient Evaluation & Diagnosis

2. Defining Therapeutic Goals

3. Identifying Appropriate Drug Therapies

4. Prescription Drug Monitoring Systems

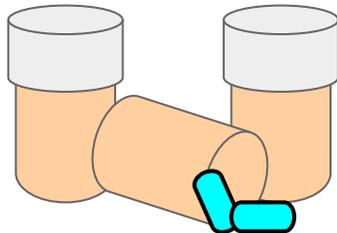
5. Patient Consultation & Prescription

6. Pharmacy Translation/Prescription

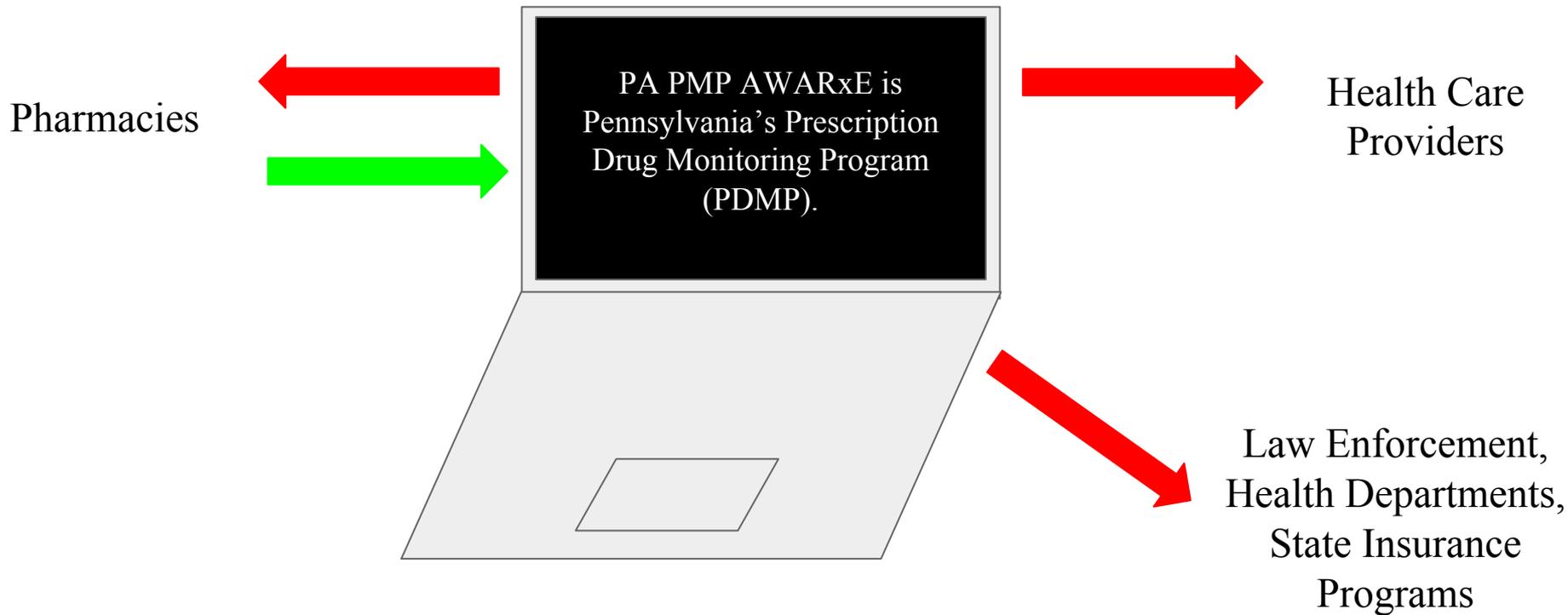
7. Patient-Pharmacist Consultation

8. Initiation of Therapy

9. Evaluation of Therapy



Prescription Drug Monitoring Programs (PDMPs)





Where Do We Fit In?

To begin this portion of the module, please select your discipline or profession.

Public Health

Medicine

Physical Therapy

Nursing

Occupational Therapy

Pharmacy

Physician Assistant

If you'd like to learn more about the roles within each discipline, proceed through the slides as normal and do not select the red arrow and the bottom of each slide.

Disclaimer: Each health profession/discipline can play a number of different roles when combating against the opioid epidemic. The slides included in this module will reflect briefly on a small set of potential roles/tasks that students can implement when entering their respective field(s).

NEXT SECTION 



Where Do I Fit In: Public Health

As public health professionals, it is important that we:

EDUCATE

- Educate and raise awareness among at-risk populations, close friends and family about resources for recovery, access to naloxone and other evidence-based treatments, etc.

ADVOCATE

- Advocate for change in the prescribing process and improved patient-provider interactions within the healthcare field

INNOVATE

- Develop innovative interventions that seek to influence behavior change, increase access to healthcare services for opioid users, and improve knowledge about opioid overdose and the opioid epidemic among members of the general public.

[MAIN MENU](#)



Where Do I Fit In: Medicine

Physicians often diagnose and write prescriptions to patients suffering from chronic pain.

When defining treatment goals and options with patients, physicians should consider applying the recommendations outlined in the CDC Guidelines and publications released by other state and federal entities.

Best practices might include:

- **Using prescription drug monitoring systems and health information exchanges**
- **Participating in continuing medical education opportunities**
- **Serving as role models for reducing the number of opioids prescribed locally**
- **Incorporating patient education about opioids into regular check-ups and hospital visits**



[MAIN MENU](#)

Where Do I Fit In: Pharmacy



Patient consultations occur with both the pharmacist and physician, but a pharmacist is likely the last health professional to interact with patients before engaging in opioid-related therapies.

Prior to a patient consultation, pharmacists can refer back to Prescription Drug Monitoring Systems (PDMS) to ensure that patients do not receive multiple opioid prescriptions within a given time.

During pharmacist-patient interactions, pharmacists can:

- Ensure patients understand dosage and medication use
- Provide education to patients about opioids and proper disposal of medications that go unused





Where Do I Fit In: Physical Therapy

Physical therapy provides an outlet through which pain can be managed and the risks and side effects of opioids can be avoided.

Physical therapists play a valuable role in patient education - setting achievable and realistic goals for patients with and without opioids.

- The development of **SMART** goals or objectives that are specific, **m**easured, **a**ttainable, **r**ealistic, and **t**ime-phased has been seen as a best practice for interventions aimed at changing health behaviors and improving health outcomes.

#ChoosePT

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Where Do I Fit In: Nursing



Nurses play an essential role in reducing the number of opioid-related deaths through patient assessment and monitoring.

Continuing education about opioids and key signs of prescription misuse may allow for nurses to appropriately intervene and become aware of changing guidelines.

In addition, nurses should be sure to document all patient communications, referrals and education that took place during the routine or hospital visit.



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Where Do I Fit In: Occupational Therapy

Occupational therapists commonly interact with patients suffering from chronic conditions that require long-term rehabilitation.

Occupational therapists can:

- **Use assistive technology to identify patient goals and supplemental exercises that align well with the patient's well being and increase their independence to participate in daily activities.**
- **Encourage patients to implement pain management strategies into their care plans that are proactive and refrain from use of opioid-related therapies.**



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Where Do I Fit In: Physician Assistant

Physician assistants, along with physicians, actively prescribe opioids and other medications for patients with chronic pain.

Physician assistants collaborate with supervising physicians and members of the healthcare team when determining the most effective treatment options.



Some important factors for PAs to consider include:

- **Substitution of opioid medications with comparable forms of non-opioid therapy**
- **Discussion of risks and benefits of each therapy during the patient consultation**

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PRACTICE: Setting Goals Within Your Role

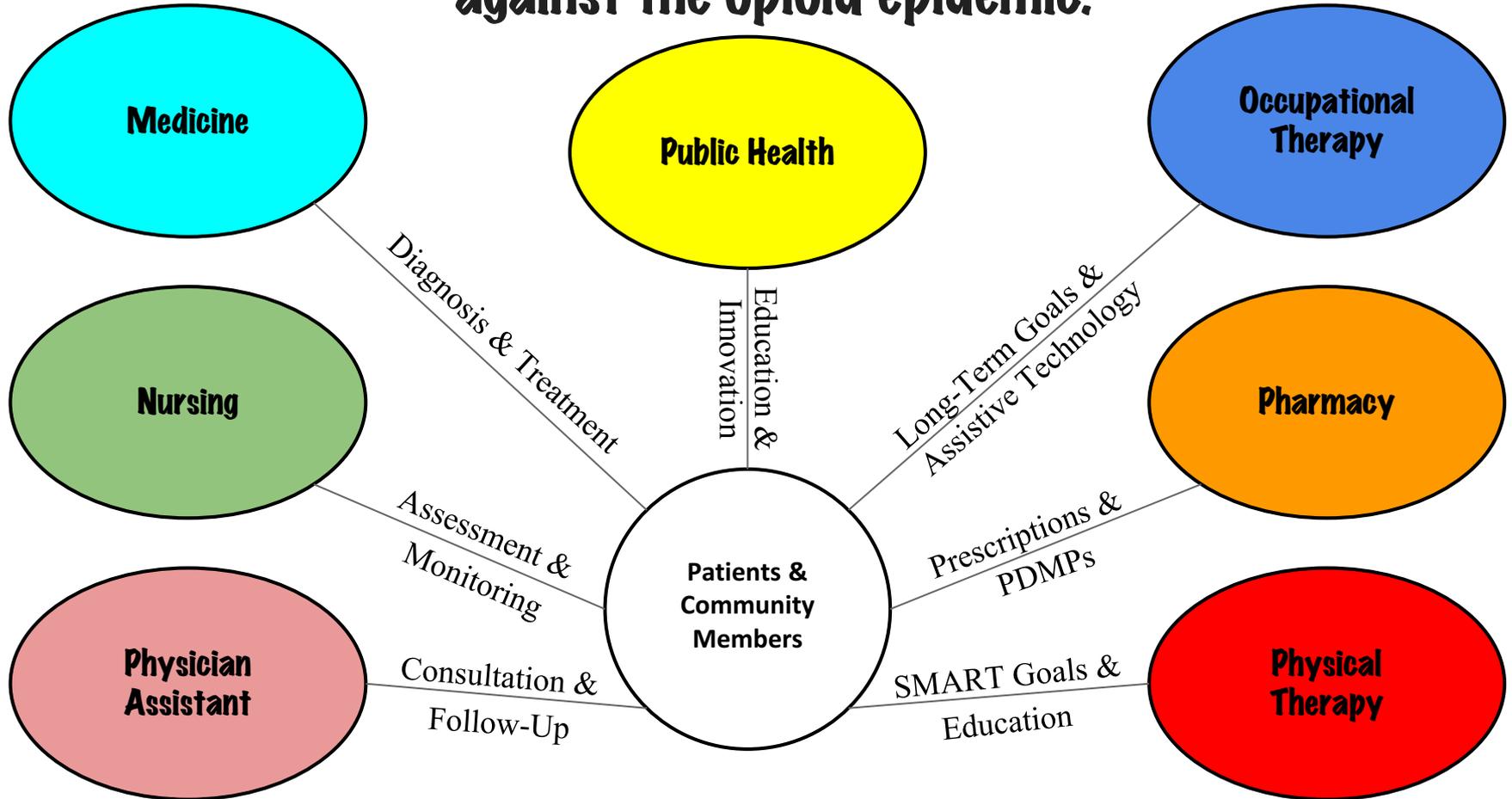
When setting goals within your profession, **SMART** objectives should be:

- **S**pecific - What is your goal? How often? When will it take place?
- **M**easurable - How will you measure the goal?
- **A**chievable - Are the goals challenging yet attainable?
- **R**ealistic - Is the time frame realistic when considering the goal?
- **T**ime-Phased - What is the time frame? Is it long enough?

Example: Within the **next three months**, (Patient) will have **stopped using opioids** and replaced the pain management with pain-reducing exercises following their recent back surgery.



A collaborative approach may also be essential for combating against the opioid epidemic.



Important Resources



What if I, a family member or someone I know is struggling with opioid use?

There are a number of resources available for you. The links below will provide you with access to a list of opioid dependency treatment programs, information from local and federal organizations and the PA-approved naloxone training.

Opioid Treatment Program Directory

<http://dpt2.samhsa.gov/treatment/directory.aspx>

Prevention Point Philly

<http://ppponline.org/>

SAMHSA Opioid Overdose Prevention Toolkit

<http://store.samhsa.org/>

Get Naloxone Now Training

<http://www.getnaloxonenow.org/signup.aspx>



Volunteer & Advocacy Opportunities

What if I am interested in becoming a volunteer or advocate locally?

Volunteer Opportunities Related to Homelessness and Opioids

Serve Philadelphia

<https://www.serve.phila.gov>

Building Stronger Communities One Volunteer at a Time.

Serve Philadelphia is a portal updated in real-time with opportunities to volunteer and serve for a little as one day and as long as one year within the community.

Mental Health Crisis Line: 215-685-6440

Prevention Point Philly

<http://ppponline.org/>

Prevention Point offers opportunities for student and community involvement. In addition, students interested in volunteering, completing an [internship](#) or participating in an Overdose Reversal Training at PPP are encouraged to visit the link above.

Homeless Outreach: 215-232-1984



Volunteer & Advocacy Opportunities

What if I am interested in becoming a volunteer or advocate locally?

Advocacy Opportunities & Ways to Engage

[Advocacy 101: Advocating for Change](#)

Community Tool Box provides a detailed breakdown of the steps associated with becoming an impactful advocate as well as examples of campaigns that have been successful.

Advocacy for the Continued Funding of the Comprehensive Addiction & Recovery Act (CARA)

The Comprehensive Addiction & Recovery Act (CARA) is an annually funded legislation that target key pillars associated with the opioid epidemic. Advocacy efforts might include contacting state representatives and officials to ensure that annual funding is maintained.

NARCAN® Training

<https://www.pavtn.net/act-139-training>

<http://www.getnaloxonenow.org/signup.aspx>

As laypersons and healthcare professionals, education and training about the opioid epidemic and the associated treatments is important in order to be prepared for potential bystander intervention as well as for cases experienced in the clinical setting.

Additional Materials



Below, you will find five legislative documents and publications used in the development of this module. Each provides additional information about local, state and federal initiatives related to the opioid epidemic.

#1: [CDC Guidelines for Prescribing Opioids for Chronic Pain, 2016](#)

#2: [Standing Order DOH-002-2016:
Naloxone Prescription for Overdose Prevention](#)

#3: [The Opioid Epidemic: From Evidence to Impact \(October 2017\)](#)

#4: [Mayor's Task Force Report \(September 2017\)](#)

#5: [CDC Vital Signs: Opioid Prescribing \(July 2017\)](#)

FRESH OFF THE PRESS: #6: [Mayor's Task Force Report \(December 2017\)](#)



Let's Talk About This Further...

Communication with colleagues and friends can be just one of the many ways to proactively combat against the opioid epidemic. Having these discussions and continuing to spread and exchange both knowledge and information about the opioid epidemic and opportunities for change will help to decrease stigma, increase awareness and, hopefully, save lives.

Before you go: Please remember to take the post-test.

[Take Me to the Post-Test](#)

Your participation in the post-test will help in evaluating the effectiveness of the POPPED Curriculum.

Thank you for participating in the Prescription Overdose Prevention through Pre-Professional Education & Discussion (POPPED) Curriculum!

POPPED – Prescription Opioid Prevention Through Pre-Professional Education & Discussion

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