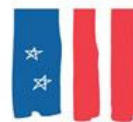


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NJCARES
New Jersey Coordinator for Addiction Responses and Enforcement Strategies



Pharmacists: On the Front Line of the Opioid Crisis During the COVID Pandemic

November 19, 2020



Felita Medina

Manager, Benefit Coding
& Testing

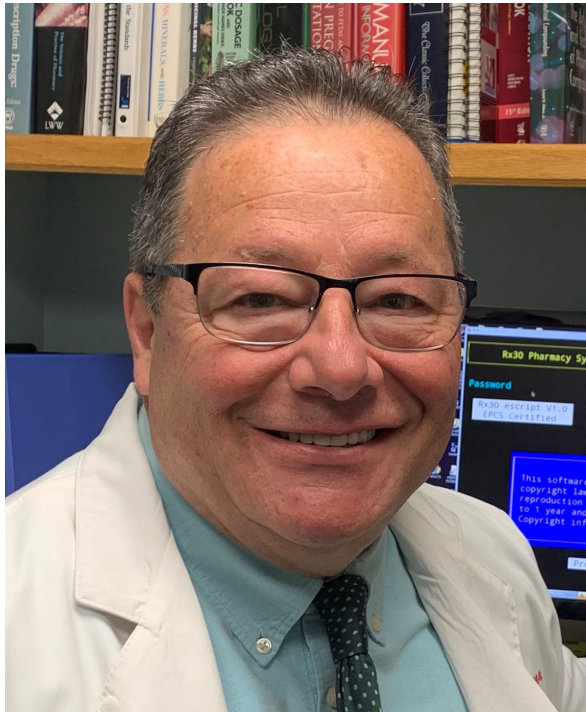
Horizon Blue Cross Blue
Shield of New Jersey





Brian Oliveira, PharmD
Executive Director
Garden State Pharmacy
Owners, Inc.





John Power, PharmD

Power's Pharmacy

Featured Panelists



Anthony Rubinaccio, RPh
Executive Director
New Jersey Board of Pharmacy

Anthony Rubinaccio joined the New Jersey Department of Law and Public Safety, Division of Consumer Affairs, as Executive Director of the State Board of Pharmacy in 2011. Mr. Rubinaccio began his career as a pharmacist in northern New Jersey in 1977, including a five-year period in which he owned and operated a pharmacy in Bloomfield. A New Jersey native, Mr. Rubinaccio earned a bachelor's degree at Rutgers College of Pharmacy and a master's degree in Management Information Systems from Stevens Institute of Technology.



Saira Jan, M.S., Pharm.D.
Vice President, Chief Pharmacy Officer
Horizon Blue Cross Blue Shield of New Jersey

Dr. Saira Jan is the Vice President and Chief Pharmacy Officer at Horizon Blue Cross Blue Shield of New Jersey. Dr. Jan oversees Horizon's pharmacy and medical integration initiatives for commercial, Medicaid, and Medicare lines of business. In more than 25 years of experience in health care management, research and academics, she has worked closely with business units, clinical quality groups and medical management teams to deliver integrated and comprehensive services for over 3.5 million lives. Dr. Jan has a master's degree in pharmacology from St. John's University and a doctorate in pharmacy from Rutgers University.



Michael J. Avaltroni, Ph.D., Dean,
School of Pharmacy and Health Sciences
Fairleigh Dickinson University

Dr. Michael J. Avaltroni is a 1999 graduate of Fairleigh Dickinson University and holds a master's degree in chemistry and a Ph.D. in chemistry, both earned at Princeton University. His area of research interest is in the area of surface science, specifically focused on biomedical devices. Since joining the university in 2003, Dr. Avaltroni has worked in a number of different capacities, and he was instrumental in the process to create the School of Pharmacy and Health Sciences. He took over as Interim Dean in 2012 and was appointed permanently to the position in Spring 2013.



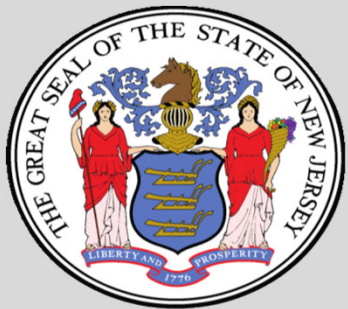
NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Anthony Rubinaccio, RPh
Executive Director
New Jersey Board of Pharmacy



New Jersey Board of Pharmacy

Anthony Rubinaccio, RPh
Executive Director





Agenda

- Discuss (current and emergency) dispensing rules for Schedule II medications
- Federal and State temporary rules due to COVID
- PMP Information
- Co-prescribing of Narcan with Opioids





Regulations pharmacists are familiar with related to Schedule II prescriptions

- *Pharmacists may dispense up to a 30 day supply of Schedule II medications with a valid prescription (note: no limit of 120 dosage units within that 30 days).*
- The partial filling of a prescription for a controlled dangerous substance (CDS) listed in Schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription and he or she makes a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription).
- The remaining portion of the prescription may be filled within 72 hours of the first partial filling; however, if the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond 72 hours without a new prescription.





Regulations pharmacists are familiar with related to Schedule II prescriptions continued...

- *Pharmacists may dispense up to a 72 hour emergency supply of schedule II medications*
- CDS biennial inventories must be taken every two years, or whenever a change of RPIC occurs.
 - It should be taken as of the opening or close of business on the inventory date
 - The inventory records must indicate whether the inventory was taken as of the opening or as of the close of business and the date the inventory was taken.





Regulations pharmacists are familiar with related to Schedule II prescriptions continued...

- When up to three separate prescriptions for a total of up to a 90-day supply of a Schedule II controlled dangerous substance are issued to a patient; a pharmacist shall fill such prescriptions:
 - The first prescription shall be filled no later than 30 days after the date of issuance
 - The second and third prescriptions shall be filled no later than 30 days after the date indicated on the prescription as the earliest date on which the prescription may be filled.
 - A patient shall not be provided with more than a 30-day supply of a Schedule II medication at one time





Temporary modification of the Emergency Dispensing Rule

- On September 1, 2020 DCA Administrative Order No. 2020-18 and DCA Waiver No. W-2020-16 became effective and modified N.J.A.C. 13:45H-7.8, (concerning the oral emergency dispensing of schedule II controlled dangerous substances, which currently allows emergency dispensing of a 72-hour supply upon oral authorization) to the following:





Temporary modification of the Emergency Dispensing Rule continued...

- Pharmacists may dispense up to a 30-day supply of a Schedule II controlled dangerous substance upon the oral authorization of the prescriber if, in the pharmacist's professional judgment, failure to fill would endanger the health or welfare of the patient.
- The pharmacist should only dispense the amount adequate to treat the patient during the emergency period.
- In addition, consistent with waivers issued by the United States Drug Enforcement Administration, follow-up paper prescriptions may be submitted within 15 days, and may be submitted via facsimile.
- ***This waiver does NOT apply to "initial" opioid prescriptions for pain; it is only applicable for patients being treated for "chronic" pain***





NJPMP: Pharmacists' Requirements

- Pharmacists are **encouraged** to access the NJPMP prior to every dispensation for a controlled dangerous substance to review a patient's prescription history and risk alerts.
- Pharmacists are **required** to access the NJPMP if they have a reasonable belief that the patient may be seeking a controlled dangerous substance, in whole or in part, for any purpose other than the treatment of an existing medical condition, such as for purposes of misuse, abuse, or diversion





NJPMP: Prescribers' Requirements

- Prescribers are **encouraged** to access the NJPMP prior to prescribing any controlled dangerous substance to review a patient's prescription history and risk alerts.
- Prescribers are **required** to access the NJPMP for a patient:
 - The **first time** that they prescribe: any Schedule II medication or opioid for acute or chronic pain or a Schedule III or IV benzodiazepine; and
 - Every **3 months** thereafter, if continuing to prescribe one of the above; and
 - **Any time** the patient appears to be seeking CDS for any purpose other than the treatment of an existing medical condition (misuse, abuse, or diversion).





Acute vs. Chronic Pain

- **"Acute pain"** means pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time.
 - **"Acute pain"** does not include chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or pain being treated as part of palliative care.
- **"Chronic pain"** means pain that persists for three or more consecutive months and after reasonable medical efforts have been made to relieve the pain or its cause, it continues, either continuously or episodically.





Prescribing Opioids in NJ

- **Initial Prescription for Opioids:**

- For patients suffering from ***acute pain*** who have not been prescribed an opioid, or its pharmaceutical equivalent within the last year, prescriptions are limited to:
 - **No more than a 5-day supply;**
 - **At the lowest effective dose of an immediate-release formulation.**
- When a practitioner issues an initial prescription for an opioid drug for the treatment of acute pain, the practitioner shall so indicate it on the prescription

- **After the initial 5-day prescription, subsequent prescriptions can be issued:**

- No earlier than the 4th day after the first prescription;
- Only after a consultation, in-person or by telephone with the prescriber, that determines that an additional supply is necessary and does not present a risk of abuse, addiction, or diversion; and
- For no more than a 30-day supply (if Schedule II).

Additional NJ opioid regulations may be found at: <https://www.njconsumeraffairs.gov/regulations/Chapter-35-State-Board-of-Medical-Examiners.pdf>





Prescribing Opioids in NJ continued...

- **For the treatment of chronic pain (beyond 3 months):**
 - The patient and prescriber must enter into a pain management agreement;
 - The prescriber must reassess treatment every 3 months; and
 - Periodic efforts must be made to reduce or stop the use of controlled dangerous substances to reduce the risk of dependence.
- *These limitations do not apply with regard to patients in active treatment for cancer, those in a hospice program or long-term care facility, or those in treatment for substance use disorder.*

Additional NJ opioid regulations may be found at: <https://www.njconsumeraffairs.gov/regulations/Chapter-35-State-Board-of-Medical-Examiners.pdf>





Since Implementation of 5-day rule for initial opioid prescriptions ...

- NJPMP data supports the effectiveness of the Division's March 1, 2017 emergency rule limiting the initial prescription of opioids to 5-days or less for the treatment of acute pain:
- The number of Non-MAT Opioid Prescriptions Processed decreased by 29% as of **September 2020** (393,000 vs **280,000** prescriptions).
- The number of Non-MAT Opioid Dosage Units Dispensed decreased by 41% as of **September 2020** (29,000,000 vs. **17,000,000** dosage units).

**Note: data represents rounded monthly quantities comparing February 2017 data to September 2020 data*





Naloxone Prescribing by Health Care Practitioners - DCA Administrative Order No. 2020-08 (May 21, 2020)

- When controlled dangerous substances are continuously prescribed for management of chronic pain, a practitioner of medicine, dentistry, optometry, or nursing (by an Advanced Practice Nurse) shall provide a prescription for an opioid antidote if the patient has one or more prescriptions totaling 90 morphine milligram equivalents or more per day, or is concurrently obtaining an opioid and a benzodiazepine, and document within the patient record the action taken.





Co-Prescribing of Naloxone continued...

- Prescribers include: Physicians, Podiatrists, Physician Assistants, Certified Nurse Midwives, Dentists, Advanced Practice Nurses, and Optometrists.
- The rule applies only to patients who are continuously prescribed controlled dangerous substances for the management of chronic pain. “Chronic pain” is defined as pain that persists or recurs for more than three months.
- <https://www.njconsumeraffairs.gov/COVID19/Documents/Co-Prescribing-Naloxone-to-Patients-with-Heightened-Risk-of-Opioid-Overdose-FAQ-Prescribers.pdf>





Co-Prescribing of Naloxone continued...

Extracts from Prescriber FAQs

- Prescribers do not need to co-prescribe an opioid antidote to a patient who is currently:
 - actively being treated for cancer,
 - receiving hospice care from a licensed hospice,
 - receiving palliative care, or
 - residing in a long-term care facility.
- Additionally, prescribers do not need to co-prescribe an opioid antidote when prescribing medication for treatment of substance abuse or opioid dependence, and the requirement does not apply to medications being administered pursuant to medication orders in in-patient facilities





Co-Prescribing of Naloxone continued...

Extracts from Pharmacist FAQs

- The emergency rule applies to all opioid medications, regardless of Schedule, that are continuously prescribed for management of chronic pain.
- The emergency rule applies only to prescribers and does not apply to pharmacists.
- The emergency rule does not impose any new obligations upon pharmacists.
- However, pharmacists must continue to comply with the requirements of the Overdose Prevention Act when dispensing an opioid antidote, including providing information on the proper use and administration of opioid antidotes. Pharmacists may choose to provide patients with a link to the Department of Health webpage which contains instructions regarding the administration of opioid antidotes, as well as training videos.





Co-Prescribing of Naloxone continued...

Extracts from Pharmacist FAQs

- Pharmacists must note in the patient profile that the required information was provided with the dispensation.
- In addition, in accordance with Board of Pharmacy rule N.J.A.C. 13:39-7.13, pharmacists must continue to exercise professional judgment in filling prescriptions.
- The patient is not required to present or fill a co-prescription for an opioid antidote at the time the opioid or the opioid and benzodiazepine are dispensed, or at any other time.





Co-Prescribing of Naloxone continued...

Extracts from Pharmacist FAQs

- It is the prescriber's obligation to determine whether a patient meets the conditions that trigger the requirement to co-prescribe an opioid antidote. However, the pharmacist may utilize the patient profile information and the PMP to assess whether the conditions for issuing a co-prescription under the Administrative Order have been met, and exercise their professional judgment as to whether it is appropriate to contact the prescriber to ask about the co-prescription.
- The pharmacist is not required to train the patient in the administration of an opioid antidote. There is a presumption that the individual is capable of administering the opioid antidote. However, if the pharmacist is counseling the patient, and the patient asks questions about the proper administration of an opioid antidote, the pharmacist should provide such instructions.
- <https://www.njconsumeraffairs.gov/COVID19/Documents/FAQ-Pharmacist-Co-Prescribing092420.pdf>





Questions?

Anthony Rubinaccio

Email: rubinaccioa@dca.njoag.gov

Phone: 973-424-8182





Saira Jan, M.S., Pharm.D.
Vice President, Chief Pharmacy Officer
Horizon Blue Cross Blue Shield of New Jersey

Horizon Blue Cross Blue Shield of New Jersey

Saira A. Jan, M.S., Pharm.D.

Vice-President & Chief Pharmacy Officer

Horizon Blue Cross Blue Shield of New Jersey

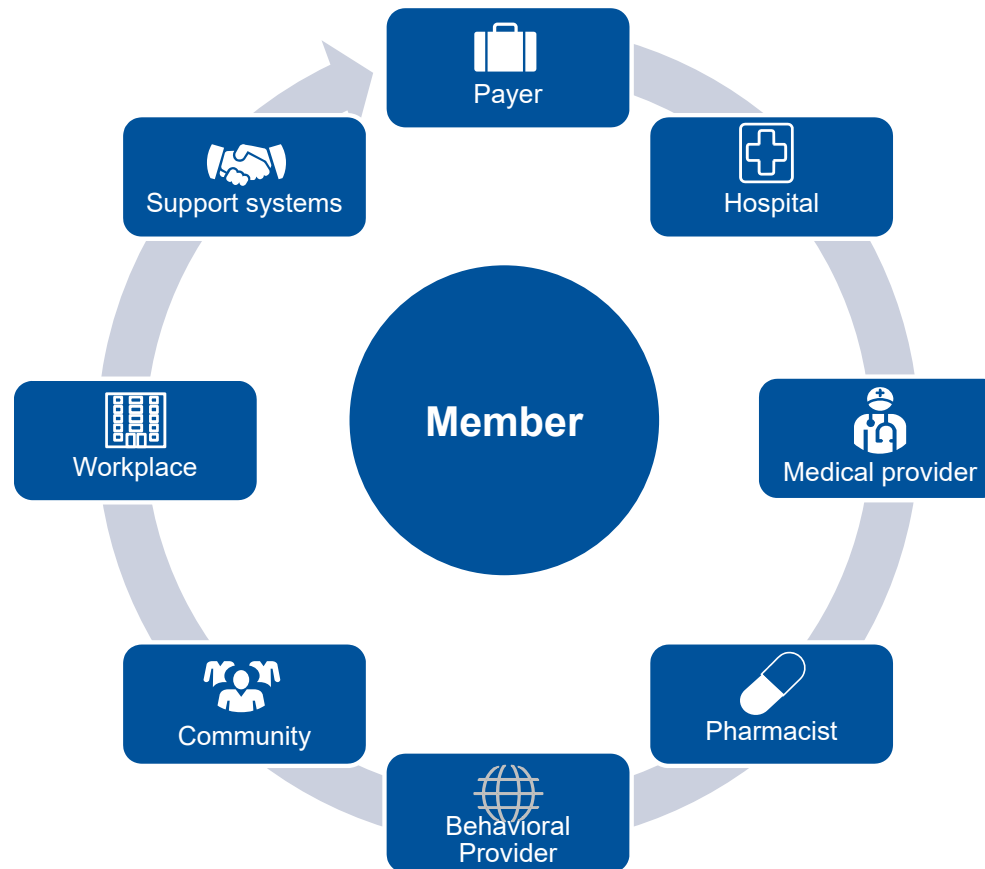
November 2020



Horizon Blue Cross Blue Shield of New Jersey

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An Ecosystem of Health: the Integrated Care Team for the Member



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COVID Impact on Opioid Use

- During the pandemic, the opioid epidemic continues to affect the lives of thousands of people
 - Attributed to economic stress, doctor office closures, and social isolation¹
 - During the lockdown in mid-March through May, nationally suspected drug overdoses rose 18% compared to previous years.²
- The DEA New Jersey Division **has not witnessed any significant decrease in the illicit drug market** during the pandemic
 - When comparing their Significant Activity Reporting for the same time period (February – July) from 2019 to 2020, there are several more events this year
 - Mostly attributed to growing street use of fentanyl laced products as well as counterfeit prescription pill
 - However, **overall data continues to indicate a decrease of legitimate prescription pills** that are diverted to the street for sale and use.
 - Horizon has also seen a steady decrease in members filling opioid prescriptions throughout the year with the percent of opioid utilizing members continuing to decrease during the pandemic
- New Jersey implemented an Administrative Order (AO) effective on May 21, 2020
 - Required co-prescribing of naloxone to high-risk patients qualifying with either a daily MME of ≥ 90 or if opioids and benzodiazepines were coprescribed.³
 - Horizon saw a 8 time increase in the number of naloxone prescriptions during the onset of the AO (peaked in June) but then saw a steady decline
 - Current trends have plateaued to a steady state with a higher trend than prior to the AO due to new prescribers

References:

1. Nagelhout GE, Hummel K, de Goeij MCM, de Vries H, Kaner E, Lemmens P. How economic recessions and unemployment affect illegal drug use: A systematic realist literature review. *Int J Drug Policy*. 2017;44:69-83. doi:10.1016/j.drugpo.2017.03.013
2. Stacy Weiner. COVID-19 and the opioid crisis: When a pandemic and an epidemic collide | AAMC. AAMC. July 2020. <https://www.aamc.org/news-insights/covid-19-and-opioid-crisis-when-pandemic-and-epidemic-collide>. Accessed October 9, 2020.
3. STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF CONSUMER AFFAIRS ADMINISTRATIVE ORDER AND NOTICE OF RULE ADOPTION PURSUANT TO P.L. 2020, c. 18 NALOXONE PRESCRIBING BY HEALTH CARE PRACTITIONERS.

Horizon BCBSNJ's Opioid Strategy Includes Three Pillars



Education and
Prevention



Treatment and Recovery



Community Outreach



Education and Prevention

Goal

Leverage best-practice education and preventive interventions targeting at-risk populations and providers

Response initiatives



Tools and Analytics

- **Prescriber-focused risk identification program** identifying combinations of prescribers, patients, and pharmacies, at risk for opioid misuse
- Development of a **Prescriber Toolkit** to support opioid best practices
- Member Communication plan
- **Drug Utilization Review retrospectively** identifies outlier members and prescribers



Pharmacy

- **Predictive modeling** for members trending to be high risk for opioid misuse and **Pharmacy lock-in Program**.
- **Utilization management**– Prior authorization for all long-acting opioids and for initial opioid prescriptions over the 5-day limit
- **DEA 360** strategy responds to the heroin and prescription opioid crisis by coordinating with Law enforcement, drug manufacturers, and Community outreach



Medical Management

- **Provider protocols and checklists** (MAT best practices, PDMP checking)
- Promoting **awareness of community resources** to support clinical services
- **Integration** with behavioral health , case management and social determinants

Prescriber-Focused Programs

Prescriber-Focused Programs	
High Risk Provider Intervention Program	Identification and reporting provided to high risk providers.
5-Day Limit Letter	Identifies prescribers who are writing for opioids above the five day limit for initial scripts (quarterly)
Prescriber Medication Assisted Treatment Survey	Increase number of prescribers with ability to prescribe MAT and use provider surveys to increase knowledge of barriers to MAT prescribing and identify potential best practices.
PDMP Letter	Identification of prescribers who are writing opioids for members who are also going to 5 or more practices for opioids.
Prescriber Newsletters	Provider newsletters sent on a quarterly basis around opioid management and programs
Fraud, Waste, and Abuse	Pharmacy-related subject matter issues are reviewed in collaboration with the Special Investigations Unit in monthly interdisciplinary meetings to discuss high risk high profile cases.
Stimulants and Opioids with SUD Diagnosis	Identification of members with a substance use disorder (SUD) diagnosis and a opioids and stimulant medication claims.

Member-Focused Programs

Member-Focused Programs	
Concurrent Drug Utilization Review (cDUR)	<p>Screens prescriptions at the point of service to provide opportunities to improve patient safety and quality of care.</p> <ul style="list-style-type: none"> –Duplicate fills/refills –Comparing the dosage on the claim to recommended dosage –Monitoring for acetaminophen toxicity (>3g/day) –Calculating cumulative daily morphine equivalent dose (MED) to identify apparent drug abuse or misuse
Utilization Management (UM)	<p>Prior authorization (PA), quantity limits (QL):</p> <ul style="list-style-type: none"> –Prior authorization (e.g. transmucosal immediate release fentanyl, extended-release (ER) opioids, and PA > 5 days for acute opioid scripts) –Quantity limits (e.g. buprenorphine and buprenorphine/ naloxone products as well as all IR and ER opioids, all initial opioid prescriptions limited to ≤5 days) –No prior authorization for all medication assisted treatment (MAT), including medical drugs –Review of complex cases of members who are on high doses of opioids
Pharmacy Lock-in Program	<p>High-risk members are identified monthly through a predictive model, retrospective drug utilization reviews, and opioid/MAT overlap, for clinical pharmacist review. Members identified for pharmacy lock-in are reviewed in a monthly interdisciplinary meeting with clinical pharmacists, behavioral health representatives, medical directors, and the special investigation unit.</p>
Opioid Case Management	<p>Pharmacist-led case management style program for opioids involving intensive prescriber and member outreach/intervention.</p> <p>We review Retrospective Drug Utilization Review such as Triple Therapy, Double Therapy, Opioid Alert, MAT and Opioid Overlap, Multiple Naloxone fills, Duplicate Short Acting/Long Acting Opioid Use, Prenatal Vitamin and Opioid Use, Opioid + BZD use, etc.</p>



Education and Prevention

Partnership between Horizon and DEA360



- DEA's 360 Strategy responds to the heroin and prescription opioid pill crisis utilizing a three-pronged approach to combating heroin/opioid use
 - Coordinated Law Enforcement actions against drug cartels and heroin traffickers in specific communities
 - Diversion Control enforcement actions against DEA registrants operating outside the law and long-term engagement with pharmaceutical drug manufacturers, wholesalers, pharmacies, and practitioners
 - Community Outreach through local partnerships that empower communities to take back affected neighborhoods after enforcement actions and prevent the same problems from cropping up again
- Horizon & The Milken Institute have partnered with the DEA to address the Opioid Crisis with an interactive workplace education pilot program as well as ongoing community based collaboration to build initiatives furthering proper drug disposal and educational awareness programs targeting teens



Education and Prevention

Opioid Abuse Toolkit



- A Community toolkit (Horizon and Rutgers collaboration) which is a compilation of best practices to plan and execute various community initiatives and provide resources for those struggling with opioid addiction -directly or indirectly.
 - **Link:** <https://pharmacy.rutgers.edu/info-for/opioid-abuse-toolkit/>
- Over **8,147** students have been trained since the introduction of the toolkit including educational sessions on vaping, prescription and illicit drug usage
- Trained EMT and Police Officers on how to avoid overdose with fentanyl and carfentanyl through accidental exposure
- Expanded our supply of resources to include presentations, flyers, and information for middle and high school students in Spanish.
- Horizon sponsored 21 Town Halls across the state with Partnership for a Drug Free NJ



Treatment and Recovery

Goal

Provide best-practice clinical management and monitoring to opioid-dependent population

Response initiatives



Access

- Increase access to **Medication Assisted Treatment (MAT)** along with provision of supportive therapies and support in dealing with social determinants that may impact patient's road to recovery
- **Telepsychiatry** / teletherapy
- **Urgent access** to BH services to reduce hospitalizations and ED visits
- **MAP Health Management** – Technology enabled peer support model providing 24/7 access to the patients and to their families



Pharmacy

- **Intensive pharmacy case management** for high-risk members
- **Opioid Case Management** - clinical pharmacist dedicated to intensive prescriber and member outreach/intervention
- **Drug Deactivation** Supply packets that deactivate medications to Horizon BCBSNJ Employees, Horizon Members identified with Acute Opioid Claims, and Community Stakeholders



Medical management

- **Recovery Support Services** to identify, Engage, and create a Support plan for the patients under the influence of drugs and/or SUD
- **Value-based care** models for Substance Use Disorder (e.g., Episode of Care)
- **Integration** of behavioral health and primary care

Key highlights

- Established **innovative Episode of Care program** for Substance User Disorder
- Distributed **Drug Deactivation** packets in 2019 through community outreach efforts, Horizon employees and mailers to commercial, Medicare and Medicaid Horizon members.

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Community Engagement

Goal

Create meaningful engagements among members, providers, and communities to combat opioid crisis

Response initiatives

The Horizon Foundation has contributed over \$1.8 million to community-based organizations since 2017.



Partnerships

- Conducting Phase 2 of the **Knock Out Opioid Abuse Town Hall Series**, in collaboration with the Partnership for a Drug-Free NJ, (2019-2020) hosting 9 town halls and ten webinars to date, with over 13,500 participants. Objective is to raise opioid epidemic awareness, reduce stigma, and promote best practices.
- Supporting the Partnership for a Drug-Free NJ's **American Medicine Chest Challenge**, a community based public health initiative, with law enforcement partnership, designed to raise awareness about the dangers of prescription drug abuse and provide a nationwide day of disposal.



Grants

- **George Street Playhouse** touring a musical, *Anytown*, that explores the impact of the opioid crisis. *Anytown* has been performed for 25,000 students at 77 schools since 2018.
- **Children's Aid and Family Services** providing support for a Family Support Specialist, who provides education, support and guidance to family members and/or caregivers of opioid overdose survivors.
- **Community in Crisis** providing community-level opioid prevention education programming as well as recovery support and referral services.
- **Center for Family Services** providing a program through AmeriCorps to train volunteers as Peer Specialists for their Opioid Recovery Program.

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Awareness

Collaborated with The Partnership for a Drug-Free New Jersey on the following:

- A **Knock Out Opioid Abuse Awareness Campaign** through outdoor and transit advertising with 16,073,874 impressions to date.
- The **NJ Safe Rx Webinar** designed to satisfy the New Jersey one hour continuing education requirement concerning prescription opioids for healthcare professionals. Over 515 prescribers have participated to date.
- The **5th Grade Parent Alert**, which is a resource guide provided to 35,000 parents of fifth grade students in every New Jersey school. A companion website and dedicated social media campaign were designed to promote the initiative and the Knock Out Opioid Abuse microsite.

Questions?



Michael J. Avaltroni, Ph.D., Dean,
School of Pharmacy and Health Sciences
Fairleigh Dickinson University



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School of Pharmacy & Health Sciences

Expanding the Pharmacist's Role in Managing Opioid Misuse

How Do We Rethink The Roles Pharmacists Play?

***Michael J. Avaltroni, Ph.D., Dean,
School of Pharmacy and Health Sciences
Fairleigh Dickinson University***

The Pharmacist as Community Health Liaison

How Do We Embrace This Role and Prepare Future Practitioners For It?

- ***The statistics show that 94% of people live within five miles of a pharmacy. As medical practices continue to close in significant number, the access to care and wellness runs through the pharmacist.***
- ***Pharmacists are the only professionals within the healthcare landscape that provide walk-in, unscheduled access to medical advice, patient counseling and point-of-care services***
- ***Can we leverage this access to provide community-wide education on the warning signs, risk factors and concerns with opioid abuse and misuse?***

Some Key First Steps:

What is being done, and what more can be added?

- ***Narcan (naloxone) distribution, education and training as a key step to provide a key tool into the hands of the community***
 - ***Distribution events within communities have been largely successful to date, but more needs to be done to increase awareness***
- ***Prescription monitoring systems to shut down access to opioids and control safe distribution***
- ***Mental Health First Aid Training - can this be incorporated as a part of the pharmacist's training, and as a means to triage potential warning signs prior to the point of crisis***

What Else Can We Add?

Other key education pieces can make an impact

- ***Pharmacists can also provide community education, through literature distribution, patient education days and other key community events***
- ***Can we deploy pharmacists (or even pharmacy technicians, pharmacy students or others) into the community to hold educational events, such as medication take-back days, events geared toward student athletes, senior centers, middle and high schools, PTOs and other groups?***
- ***How do we embrace the role of the pharmacist as a medication expert to get information in the appropriate hands about the risk factors, safe use, warning signs and concerns involving opioid use and abuse?***

COVID, Lockdowns and Impact on Mental Health, Addiction and Abuse

Alarming statistics point to a crisis out of control...

- ***Statistics on mental health challenges over the past 9 months point to terribly concerning trends; 26% of young people have contemplated suicide, many have foregone treatment due to lack of access, and rates of depression and anxiety have skyrocketed.***
- ***The AMA reports that over 40 states have shown marked increases in the number of opioid overdoses during the last 6 months, and the warning signs of opioid abuse and misuse have been hidden amidst the reality that many people are now working from home, attending school from home, not engaged in socialization and are “hiding” from being seen, and in many cases, having these warning signs noticed.***
- ***A lack of services for people struggling with abuse and misuse has become a new aspect of the collateral damage realized by lockdowns, where access to medical care has been significantly reduced due to closures, reductions in service, and the fear of seeking care due to potential COVID exposure***

The Post COVID Normal

Can we leverage the cultural shift since COVID to impact the opioid crisis?

- ***Amidst every crisis, an opportunity unfolds...can this opportunity serve to impact the opioid epidemic in a positive way by forcing us to rethink access to care, tools to combat and ways to diagnose and treat?***
- ***Can pharmacists be a part of this role? The interesting mindset change that has occurred over the past several months has led people to realize that pharmacists have remained “open for business” amidst the current pandemic landscape? Can we leverage that to provide greater access to care around opioid abuse, and mental health challenges overall?***
- ***Can we use some of the positive views of pharmacists as integral to public health that is now being seen amidst strategies for immunization, and open up new opportunities for impact in this area of such great need?***

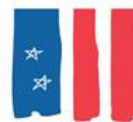
Building for our Future

How do we get there from here?

- ***A few keys are necessary to make some of these evolutionary changes a reality:***
 - ***First, begin preparing future pharmacists for these roles as community health leaders (education and training needs to change and evolve)***
 - ***Second, advocate for pharmacists to be given these responsibilities and the appropriate tools (including time, a means for compensation and the appropriate responsibilities)***
 - ***Third, begin changing the mindset on what pharmacists should be linked to: not to the product, but rather to the patient***
 - ***Finally, realize that it takes a team, all fighting for the patient with the patient at the center, and that team should include physicians, PAs, pharmacists, nurses, social workers, therapists, family members and everyone involved in making an impact on the life and health of the individual***

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Pharmacists: On the Front Line of the Opioid Crisis During the COVID Pandemic

Email coordinator@drugfreenj.org to request your pharmacy continuing education certificate or a certificate of attendance.