Combating the Opioid Crisis
Improving Access to Medication-Assisted Treatment Through Pharmacies
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Financial Disclosure

I declare that neither I nor any immediate family member have a current affiliation or financial arrangement with any potential sponsor and/or organization(s) that may have a direct interest in the subject matter this continuing pharmacy education program within the past 12 months.
Opioid-Related Overdose Deaths Are Alarmingly Common

- Overdoses involving opioids killed nearly 47,000 people in the United States in 2018, and 32% of those deaths involved prescription opioids.*
- 46 Americans die every day from overdoses involving prescription opioids.*
- From 1999 to 2018, more than 232,000 people died in the US from overdoses involving prescription opioids – more than four times higher in 2018 than in 1999.*
- These drugs are highly addictive and can be deadly when used without a doctor’s supervision.**

* Centers for Disease Control and Prevention
** Food and Drug Administration

Overdose Death Rates Involving Opioids, by Type, US, 2000-2017

Medication-Assisted Treatment: Overcoming Barriers to Improve Access for Patients

THE OPIOID EPIDEMIC BY THE NUMBERS

- **130+** People died every day from opioid-related drug overdoses\(^1\)
- **10.3 m** People misused prescription opioids in 2018\(^2\)
- **47,600** People died from overdosing on opioids\(^3\)
- **2.0 million** People had an opioid use disorder in 2018\(^4\)
- **81,000** People used heroin for the first time\(^5\)
- **808,000** People used heroin in 2018\(^6\)
- **2 million** People misused prescription opioids for the first time\(^7\)
- **32,656** Deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending February 2019)\(^8\)
- **15,349** Deaths attributed to overdosing on heroin (in 12-month period ending February 2019)\(^9\)

**SOURCES**

1. 2019 National Survey on Drug Use and Health: Mortality in the United States, 2018
2. NCHS Data Brief No. 298, November 2018

Source: US Department of Health and Human Services

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Medication-Assisted Treatment
MAT Widely Accepted as Effective Against Opioid Use Disorder

- To promote public health and combat the opioid epidemic, patients in need must have access to medication-assisted treatment (MAT), and providers must be empowered to offer MAT services.
- MAT combines medication treatment and behavioral counseling.
- Prescription medications, including controlled substances, are used for initial detoxification and in long-term follow-up to suppress withdrawal symptoms and reduce cravings.
- It is intended to help patients re-establish normal brain function and prevent relapse, complementing and facilitating behavioral therapy.

Access to Treatment Found Lacking

- Only a fraction of those needing opioid use disorder (OUD) treatment appear to be receiving it.
- 21.2 million people aged 12 or older needed treatment for substance use in 2018; only 17.5% of them received any treatment that year.*
- In 2017, 1.7 million Americans in need of MAT were unable to access treatment.

Federal Restrictions Create Barriers to MAT

- We know the opioid epidemic has been exacerbated by COVID-19, and access to treatment is lacking.
- Although the federal government has prioritized expanding access to MAT to reduce OUDs and overdoses, barriers remain:
  - rigid requirements for the provision of MAT
  - exclusion of providers, such as pharmacists
  - burdens on eligible practitioners
- To prescribe MAT drugs as part of an office-based treatment program, providers must obtain a DATA 2000 waiver (named after the Drug Addiction Treatment Act of 2000 that established it).
- It is estimated that fewer than 3% of eligible providers have the DATA 2000 waiver.

What Is a DATA 2000 Waiver?

- The waiver allows providers to treat opioid dependency outside of a formal opioid treatment program with medications approved for the treatment of OUD.
- Carries its own requirements and limitations:
  - completion of additional training
  - cap on the number of patients a provider can treat with MAT

* US Substance Abuse and Mental Health Services Administration
Allowing Pharmacists to Treat OUD Patients Would Expand Access

- Pharmacists are well positioned to help eliminate barriers to MAT and allow more patients with OUD access to treatment they need.
- Currently, pharmacists largely play a dispensing role in the provision of MAT; however, given their accessibility and expertise, pharmacists can easily take on the role of prescribing MAT.
- In almost every state, pharmacists may enter into collaborative practice agreements with physicians to prescribe certain medications, and in eight states, expanded scope of practice laws allow pharmacists to prescribe controlled substances used for MAT.
- Pharmacists could facilitate counseling and support services.
- Whether urban or rural, patients generally live within a few miles of a pharmacy, whereas provider locations are not as accessible.

State Control Would Build on Progress of Boards of Pharmacy

- Congress should pass legislation that would remove the DATA 2000 waiver process altogether, allowing states to decide what providers can offer MAT within their communities.
- NABP actively supports the Mainstreaming Addiction Treatment Act (S. 2074), which calls for the elimination of the DATA 2000 waiver. This would reduce barriers to care and improve access to MAT.
- Allowing pharmacist-provided MAT for patients diagnosed with OUD and allowing control at the state level would build on recent efforts of the state boards of pharmacy to combat the opioid crisis.
- State boards of pharmacy have been instrumental in expanding the use of prescription monitoring programs and helping limit overdose deaths by advocating and facilitating easier access to naloxone.
Naloxone Use in Overdose Reversal

Opioid Overdose Reversal With Naloxone

- Naloxone is an opioid antagonist – it binds to opioid receptors and can reverse and block the effects of other opioids.
- It can quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of a heroin or prescription opioid overdose.
- From 1996 to 2014, at least 26,000 opioid overdoses were reversed with naloxone provided by community-based organizations.
- Naloxone access laws correlate with a 9% to 11% reduction in opioid-related deaths.
- State-approved naloxone programs prepare laypersons and emergency responders to administer naloxone to individuals who are experiencing an overdose.

Three FDA-Approved Formulations of Naloxone Are Available:

- Injectable (commonly used by paramedics, emergency room doctors, and other specially trained first responders)
- Auto-injectable (a prefilled device that makes it easy for families or emergency personnel to inject naloxone quickly into the outer thigh)
- Prepackaged nasal spray (a prefilled, needle-free device that is sprayed into one nostril while patients lie on their back.)
State Laws Increase Access to Naloxone Through Pharmacies

- All 50 states allow for naloxone access in community pharmacies. This is generally accomplished through laws or rules that allow pharmacist prescribing or establish a statewide prescribing protocol or standing order.*
- While naloxone dispensing has increased in recent years, not everyone who may need naloxone receives it.**
- Prescribing and dispensing vary widely across the US despite consistent state laws and recommendations.**
- Dispensing naloxone in areas hardest hit by the opioid epidemic can increase the number of overdose reversals and the opportunity to link overdose survivors into treatment.**

* National Alliance of State Pharmacy Associations
** Centers for Disease Control and Prevention

Boards Encourage Dispensing Naloxone With High-Dose Opioids

- Many state boards of pharmacy have encouraged pharmacies to dispense naloxone with high-dose opioid prescriptions and advise on how to recognize an overdose and administer naloxone.
- Particularly important with high-dose opioid prescriptions. Patients or caretakers can accidentally take or administer the wrong dose or wrong medication.
- While naloxone dispensing by pharmacies increased from 2012 to 2018, only one naloxone prescription was dispensed for every 69 high-dose opioid prescriptions in 2018.
- The lowest rates of naloxone dispensing were observed in the most rural counties.
Steps to Prevent Overdoses and Increase Naloxone Access Locally

- Dispense naloxone with high-dose opioid prescriptions.
- Counsel patients and caregivers on how to use naloxone.
- Learn the naloxone access laws in your state.
- Spread the word about community groups and harm reduction organizations that provide free naloxone kits and training.
- Encourage legislators or regulators to allow for pharmacist prescribing or collaborative practice agreements.
- Work with the state department of public health to expand naloxone delivery through statewide protocols.
- Advocate for increasing awareness and putting naloxone boxes in public places.
- Recommend that anyone who is using opioids or who knows someone using opioids carry naloxone.

Self-Assessment Questions

Currently, the main driver of drug overdose deaths is/are:

a. Heroin
b. Methadone
c. Synthetic opioids other than methadone (such as fentanyl and tramadol)
d. Natural and semisynthetic opioids (such as morphine, codeine, and oxycodone)
Self-Assessment Questions

The Drug Addiction Recovery Act of 2000 (DATA 2000) has significantly increased MAT access in rural areas.

a. True
b. False

Thank you!
Financial Disclosure

- None to disclose
Objectives

◦ Summarize newest legislative changes in Tennessee

◦ Identify the pressing issues Tennessee is facing in treating substance use disorder (SUD)

Self-Assessment Question #1

Tennessee has seen ____________ in patients seeking methadone treatment.

a. An increase
b. A decrease
c. No change
Self-Assessment Question #2

Tennessee has ____ licensed office-based opioid treatment (OBOT) facilities with dispensing authority.

a. 9  
b. 80  
c. 0  
d. 137

Tennessee Update Summary

◦ Introduction of OBOT with dispensing authority  
  ◦ aka OBOT Plus

◦ Medicaid coverage of methadone treatment for SUD

◦ Nurse practitioner (NP) and physician assistant (PA) prescribing of buprenorphine

◦ Increasing stigma leading to a new pharmacy practice model
OBOT Plus

- Tasked by the Tennessee legislature to create an avenue for patients and prescribers to ensure that patients can get their SUD medications without having to deal with the stigma being experienced at pharmacies in certain areas of the state

- Currently, zero are licensed

NP and PA Prescribing

- Now allow NPs and PAs to prescribe buprenorphine!

- Even with the ability to prescribe, we do have prescribing restrictions in place.
Methadone

- Medicaid coverage
  - Began in June 2020
- Substantial increase in census and applications

Stigma

- Opening the door for new pharmacy practice models in Tennessee
Self-Assessment Question #1

Tennessee has seen __________ in patients seeking methadone treatment.

a. An increase
b. A decrease
c. No change

Self-Assessment Question #2

Tennessee has _____ licensed OBOTs with dispensing authority.

a. 9
b. 80
c. 0
d. 137
QUESTIONS?

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Objectives

At the conclusion of this presentation, participants will be able to:

1. List traits commonly encountered in pharmacists suffering from substance use disorder (SUD)

2. Summarize the primary issues preventing pharmacists from seeking treatment for SUD
Early Life

- Grew up in Natick, MA
- Very large family
  - Substantial history of behavioral health issues on both sides
  - Substance use and SUD prevalent on father’s side
- No history of physical or emotional abuse
- Performed well academically
- First exposure to drugs/alcohol at age 12

Pharmacy School

- Entered MCPHS University – Boston in fall 1994
  - First tried stimulants in November 1994
  - Opioids and benzodiazepines were close behind
- Started exhibiting “isolation” patterns in 1995
  - 2-3 times per school year
- Graduated cum laude in May 2000
Professional Years (2000-2010)

• Drug use began to escalate around 2002
  – Friends/family members
  – Doctor shopping
  – Internet
  – Pain clinics
  – Fake prescriptions
• Tardiness/absenteeism
• Sleeping while at work
• Relationships strained
• Financial destruction

The Reckoning

• April 1, 2010
  – It was discovered that I was diverting controlled substances from my workplace as well as importing them into the United States from other countries
  – Voluntarily surrendered pharmacy license and signed consent agreement
  – Investigation commenced that included both state and local police as well as DEA

• Treatment
  – Detox
  – Intensive outpatient program
  – Medication-assisted treatment
  – Massachusetts Professional Recovery Service (MPRS)
Recovery

- July 26, 2010
  - Formally entered recovery
  - Entered MPRS the following week
- Legal Issues
  - 513 felony charges
  - 3 years in and out of courthouses
  - Result was a “continuance without a finding”; all cases eventually dismissed
- Board of Pharmacy Proceedings
  - Delayed due to ongoing legal proceedings as well as NECC event
  - License fully reinstated without restrictions in July 2015 with a 4-year probationary period

Recovery Reflections

- Genetics and family history
- Pharmacist identity
  - Don’t know how to say “no”
  - Feel responsible for everything
  - Can be obsessive and driven for perfection
  - Personal needs are always secondary
  - No one is doing it right
  - Derives satisfaction in performing for others
- Lack of understanding of addiction as a chronic disease
- Unwillingness of those around me to confront
Self-Assessment Questions

1. Which of the following are traits commonly exhibited by pharmacists with SUD?
   a. Insecurity
   b. Lack of attention to detail
   c. Personal needs secondary
   d. Ability to say “no” when necessary

2. Which of the following are the primary reasons why pharmacists don’t typically seek treatment for substance use issues?
   a. Lack of recognition of issue
   b. Inability to access treatment
   c. Stigma and fear of judgment
   d. They don’t really want to stop
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