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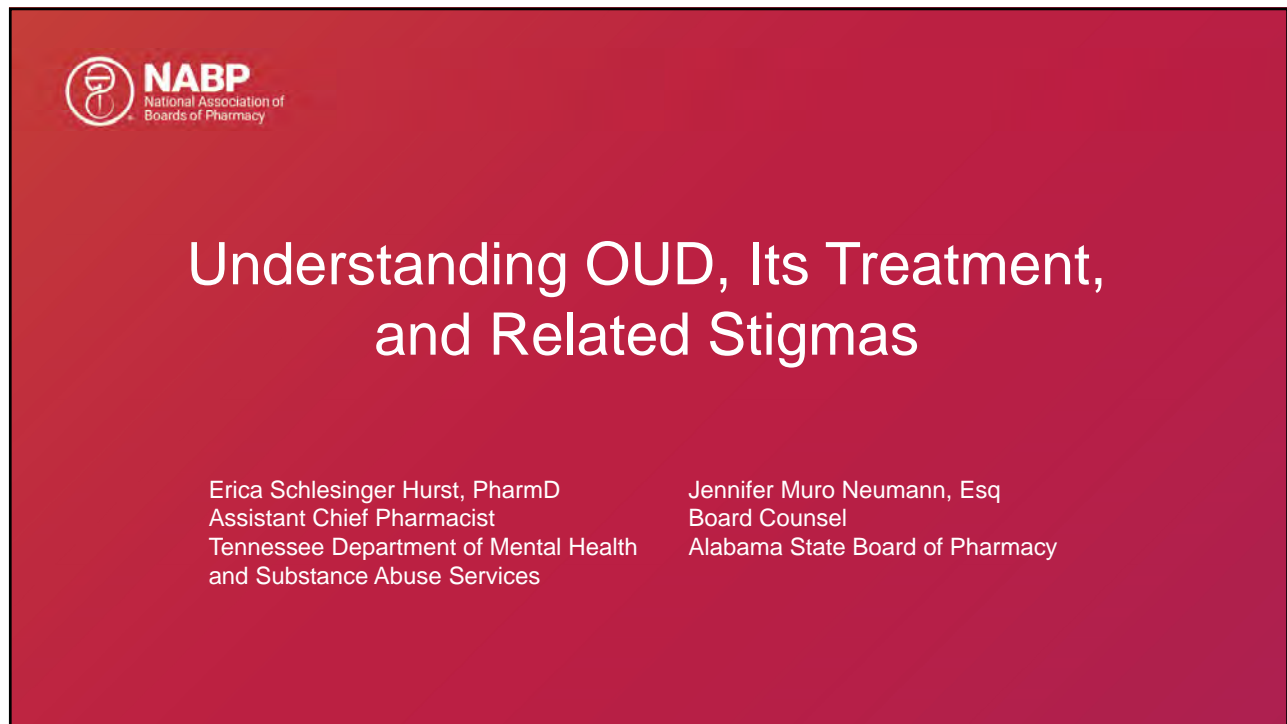
Our speakers Erica Schlesinger Hurst and Jennifer Muro Neumann declare that they do not have a current affiliation or financial arrangement with any ineligible companies that may have a direct interest in the subject matter of this continuing pharmacy education (CPE) activity within the past 24 months.

Additionally, NABP staff involved in the planning of this activity do not have a current affiliation or financial arrangement with any ineligible companies that may have a direct interest in the subject matter of NABP's CPE Program within the past 24 months.

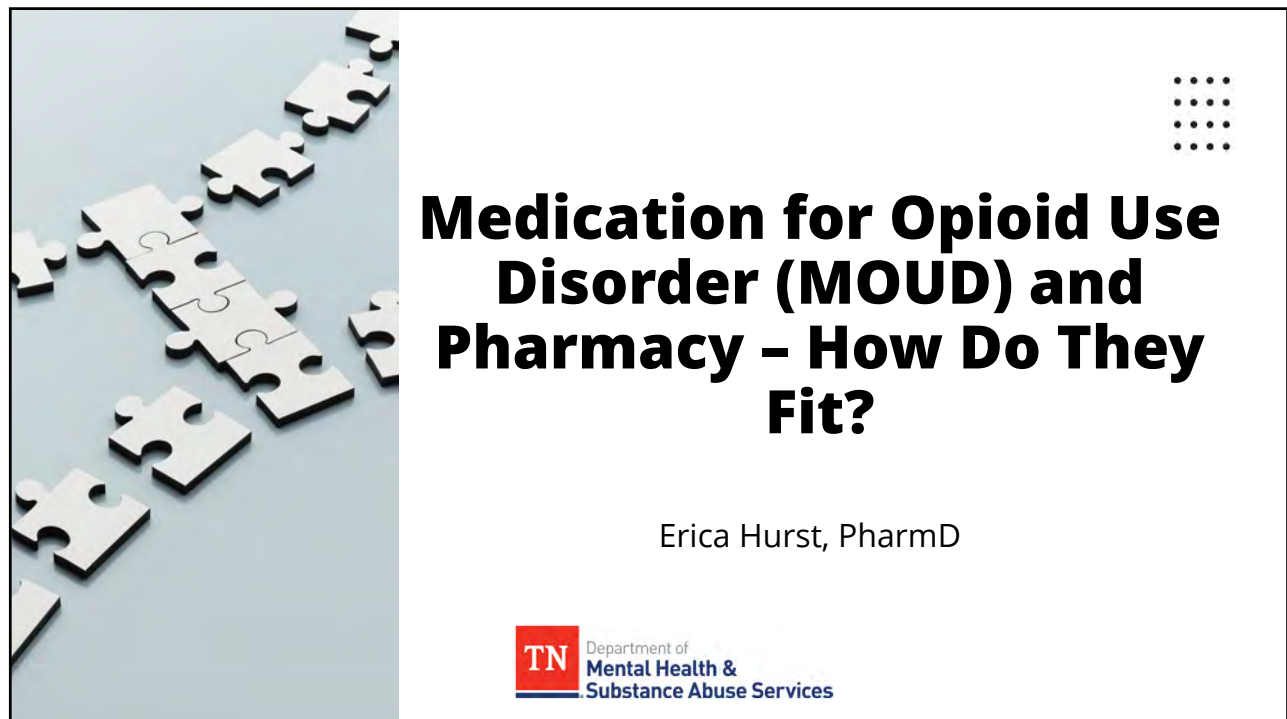
All relevant financial relationships have been mitigated.

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Learning Objectives



1. Explain the pathophysiology of substance use disorder (SUD).
2. Identify the medications used to treat opioid use disorder (OUD).
3. Describe ways that pharmacy professionals can take part in combating the opioid epidemic.
4. Identify ways to combat stigma in the community.

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Self-Assessment Questions



1. What is the brain chemical responsible for the pathophysiologic changes to the brain in SUD?
 - a. Subphysiologic levels of dopamine
 - b. Physiologic levels of dopamine
 - c. Superphysiologic levels of dopamine
2. Which medication is NOT used to treat OUD?
 - a. Methadone
 - b. Naloxone
 - c. Buprenorphine
 - d. Naltrexone

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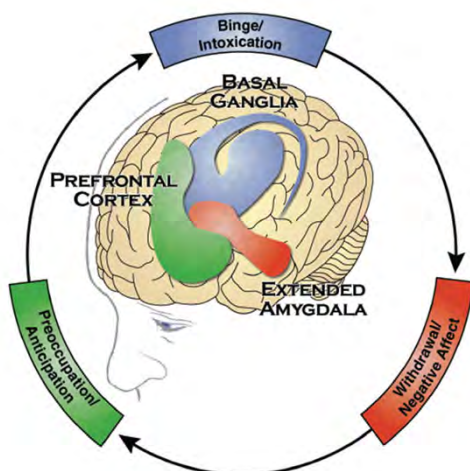
Self-Assessment Questions



3. What skills can pharmacy professionals utilize when engaging patients with OUD or potential OUD?
 - a. Motivational interviewing
 - b. Identifying risk factors
 - c. Providing appropriate referrals
 - d. All of the above
4. What ways can pharmacy staff combat stigma?
 - a. Use person-first language
 - b. Avoid stereotyping patients
 - c. Treat each person with compassion
 - d. All of the above

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Pathophysiology - Cycle of Substance Use Disorder




Basal Ganglia - Reward - involved in coordination and learning routine behaviors and forming habits

- Nucleus Accumbens - involved in motivation and the experience of reward
- Dorsal Striatum - forming habits and other routine behaviors

Extended Amygdala - Withdrawal - regulates the brain's reactions to stress-including behavioral responses like "fight or flight" and negative emotions like unease, anxiety, and irritability

Prefrontal Cortex - Anticipation/Preoccupation - Responsible for executive functions, such as organize thoughts and activities, prioritize tasks, manage time, make decisions, and regulate one's actions, emotions, and impulses

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Medication Management


Why do we use medications?

- Allow reestablishment of homeostasis of the reward pathways in the brain away from substances
- Control symptoms of opioid withdrawal
- Suppress opioid cravings

Methadone – full agonist
Buprenorphine – partial agonist/antagonist
Naltrexone – full antagonist

Goals for MOUD usage for OUD

- Reduce mortality
- Reduce associated morbidity
- Improve general health and well-being



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Pharmacy Team Engagement & Involvement

<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders>



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What Can We Do?



- Trauma-informed care – we need more pharmacy CE and training in this area
- Use skills we already have!
 - Motivational interviewing
 - Identifying risk factors
 - Providing appropriate referrals
 - Provide wrap-around care – eg, vaccines, BP checks, POC testing



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Trauma → Adverse Childhood Events (ACEs) → Trauma-Informed Care



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ACEs

- ACEs impact health and opportunities for an individual beyond childhood.
- ACEs are preventable

The Pair of ACEs

Adverse Childhood Experiences

- Maternal Depression
- Emotional & Sexual Abuse
- Substance Abuse
- Domestic Violence
- Physical & Emotional Neglect
- Divorce
- Mental Illness
- Incarceration
- Homelessness

Adverse Community Environments

- Poverty
- Discrimination
- Community Disruption
- Lack of Opportunity, Economic Mobility & Social Capital
- Poor Housing Quality & Affordability
- Violence

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TN Department of Mental Health & Substance Abuse Services

<https://vetoviolence.cdc.gov/apps/aces-infographic/home>

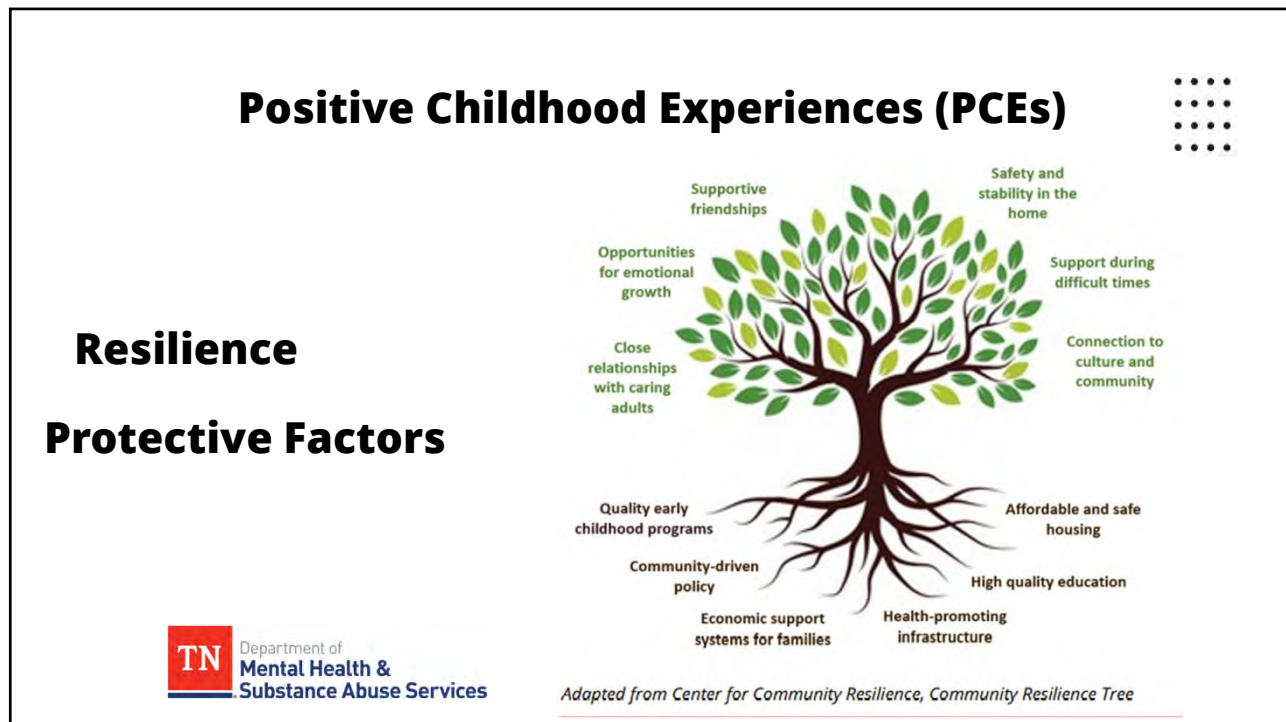
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Effects of ACEs Beyond Childhood

- Toxic stress → releases flight or fight hormones (ex: cortisol) → increases heart rate and blood pressure, damages immune system and digestive system → overall disruption of organ, tissue, and brain development, limiting an individual's ability to process information, make decisions, regulate emotions, and form relationships
- Can increase risk for poor social outcomes, disease, and death
 - Chronic health conditions
 - Health risk behaviors
 - Social outcomes
 - Mental health conditions

TN Department of Mental Health & Substance Abuse Services

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Principles for Clinicians

- Use as a guide when caring for patients
 - Establish safety
 - Build trust
 - Recognize trauma exposure
 - Patient-centered, evidence-based care
 - Collaboration
 - Be sensitive toward racial, ethnic, and cultural backgrounds, as well as gender identity

TN Department of Mental Health & Substance Abuse Services

<https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/>

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Stigma



- Involves inaccurate and baseless beliefs – coming from society – including people like health care professionals and individuals within the justice system
 - Ex: patients are incapable of managing treatment, at fault for their condition
- People experiencing stigma may internalize these feelings – leading to low self worth and/or low self esteem
- National Institute of Health has found that language around addiction and mental illness can decrease stigma and improve treatment



Priester MA, Browne T, Iachini A, Clone S, DeHart D, Seay KD. Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders: An Integrative Literature Review. *J Subst Abuse Treat.* 2016;61:47-59. doi:10.1016/j.jsat.2015.09.006

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Combating Stigma



- Language matters!
- Stay up to date on evidence.
- Engage in honest self-reflection concerning personal views and attitudes.
 - Talk to coworkers, friends, family, etc, to foster self-awareness and behavioral change.
- Stereotyping can be dangerous.
- All people, no matter the diagnosis, deserve the best care.
- Always patient-centered approach!

Instead of :	Use:
Addict	A person with a substance use disorder
User	An individual who uses a substance
Alcoholic	A person with an alcohol use disorder
Former addict	A person in long term recovery
Abuse	Use or misuse



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Provider Training



- Lack of sufficient training on SUDs and mental health for health care providers
- Lack of knowledge on SUD and mental health referral sources in the community
- Need for proper training of clinicians



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The Power of PEER SUPPORT

How Tennesseans are using their lived experience of behavioral health challenges to help others.



If you've ever heard the expression "Walk a mile in my shoes," you know the essence of peer support services. Peer support empowers people living with behavioral health challenges to receive help from someone who's "been there." By sharing their experiences, strengths, knowledge, and hope, Certified Peer Recovery Specialists deliver this evidence-based practice in a method that conveys mutual respect and personal responsibility.

CERTIFIED PEER RECOVERY SPECIALISTS ARE

System Navigators Recovery Role Models Listeners
Recovery Skills Teachers Support Group Leaders
Personal Story Sharers Advocates and Educators



TENNESSEE'S CERTIFIED PEER RECOVERY SPECIALIST PROGRAM ENSURES
CONSISTENCY, QUALITY, AND PROFESSIONALISM IN PEER SUPPORT SERVICES.

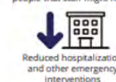
Certified Peer Recovery Specialists have

- Lived experience of mental illness, substance use disorder, or co-occurring disorder
- A minimum of 2 years of recovery
- A willingness to share their personal recovery story
- Completed an intensive, 40-hour training
- Promised to abide by the CPRS Code of Ethics
- Committed to 10 hours of continuing education each year
- Access to on-going supervision



Why are peer support services important?

Research shows that peer specialists excel at engaging others into the recovery process. With their living example that recovery is real, they can often connect with people that staff might have found to be unreachable.



Reduced hospitalization and other emergency interventions

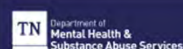


Medicaid-reimbursable when provided by a CPRS

Putting Peers to Work in Tennessee

CPRS work in Peer Support Centers, Crisis Stabilization Units, Psychiatric Hospitals, Community Mental Health and Substance Use Treatment Agencies, Recovery Courts, Substance Abuse Prevention Coalitions, and Managed Care Organizations just to name a few!

1,264
Currently Certified (June 2023)

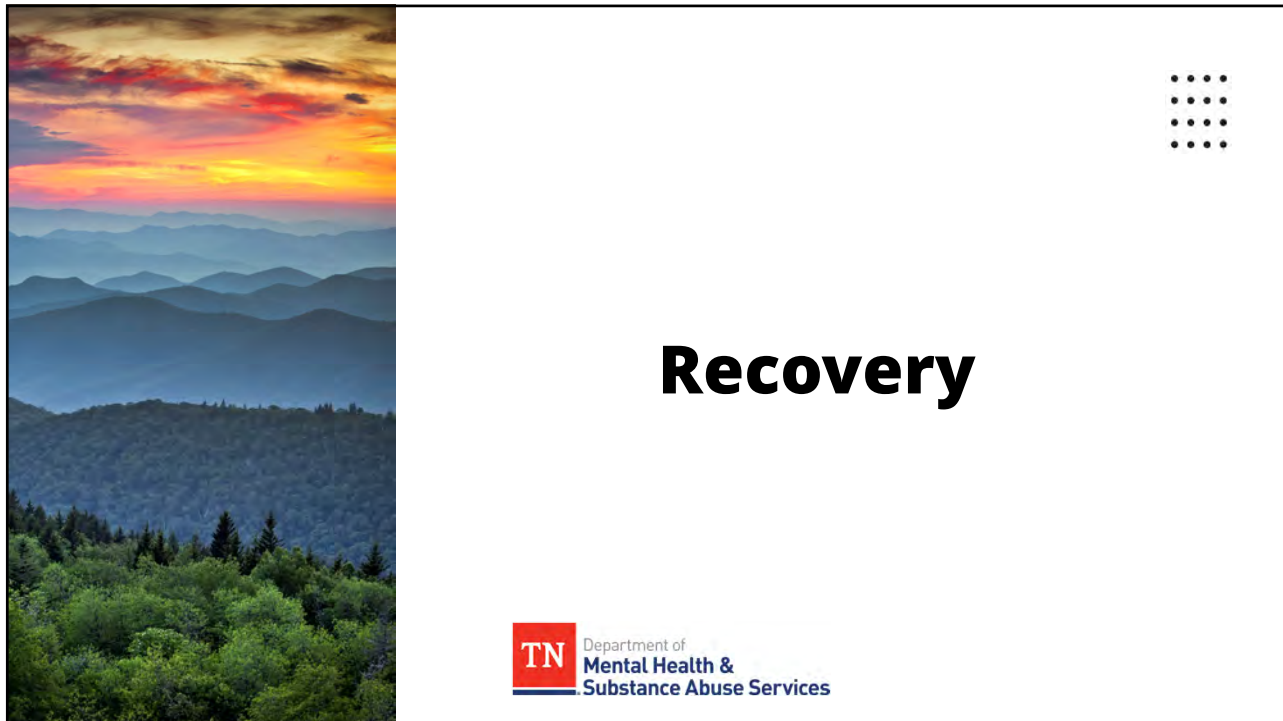


Office of Consumer Affairs
and Peer Recovery Services
615-628-2517 | CPRS@tnhsa.gov
TN.gov/tnhsa/healthinfo

Lisa Ragan, Director
615-628-3450 | Lisa.Ragan@tnhsa.gov
Michelle Webster, Peer Recovery Coordinator
615-947-8262 | Michelle.Webster@tnhsa.gov




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What Does Recovery Mean?


- Recovery is when patients can pursue personally meaningful lives and move beyond their illness. It encourages patients to define their goals and fulfill their plans.
- What could recovery look like?
 - Obtaining employment
 - Learning new skills
 - Developing new values
 - Strengthening old relationships and building new ones



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Questions?

- Erica.B.Hurst@tn.gov



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Self-Assessment Questions

1. What is the brain chemical responsible for the pathophysiologic changes to the brain in SUD?
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Self-Assessment Questions



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Self-Assessment Questions



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Self-Assessment Questions



4. What ways can pharmacy staff combat stigma?
- a. Use person-first language
 - b. Avoid stereotyping patients
 - c. Treat each person with compassion
 - d. All of the above

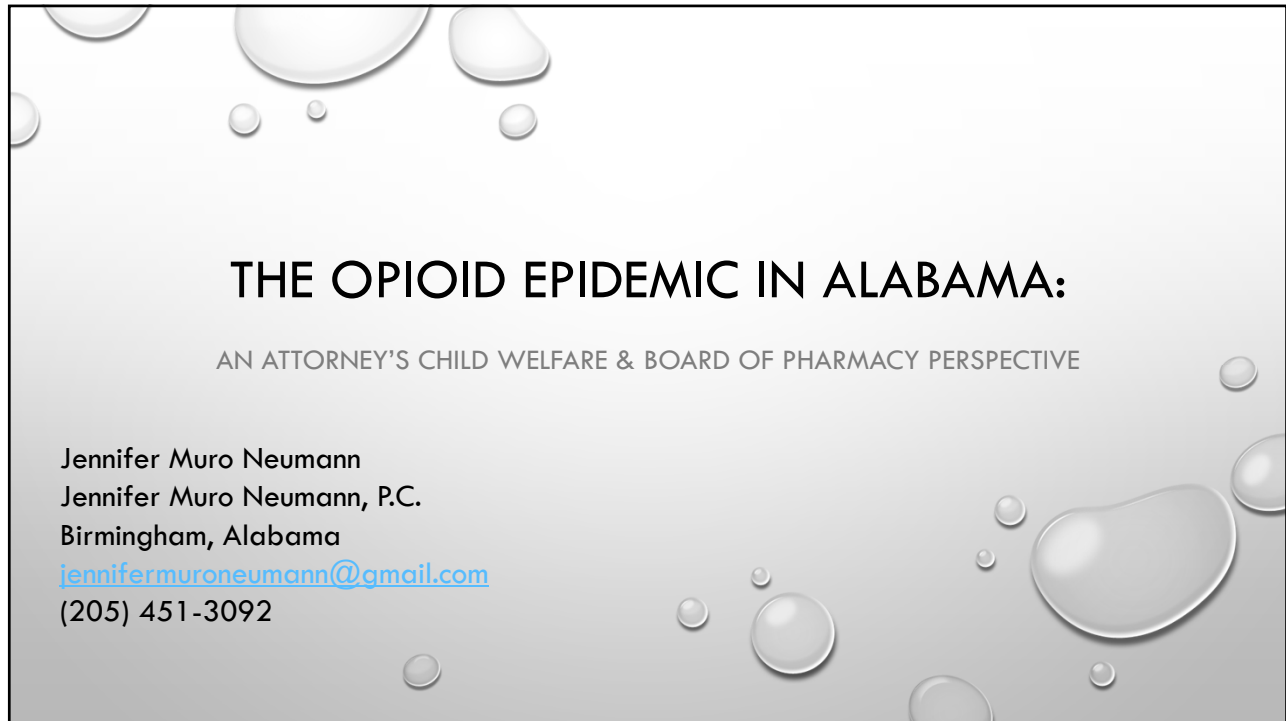
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Questions?

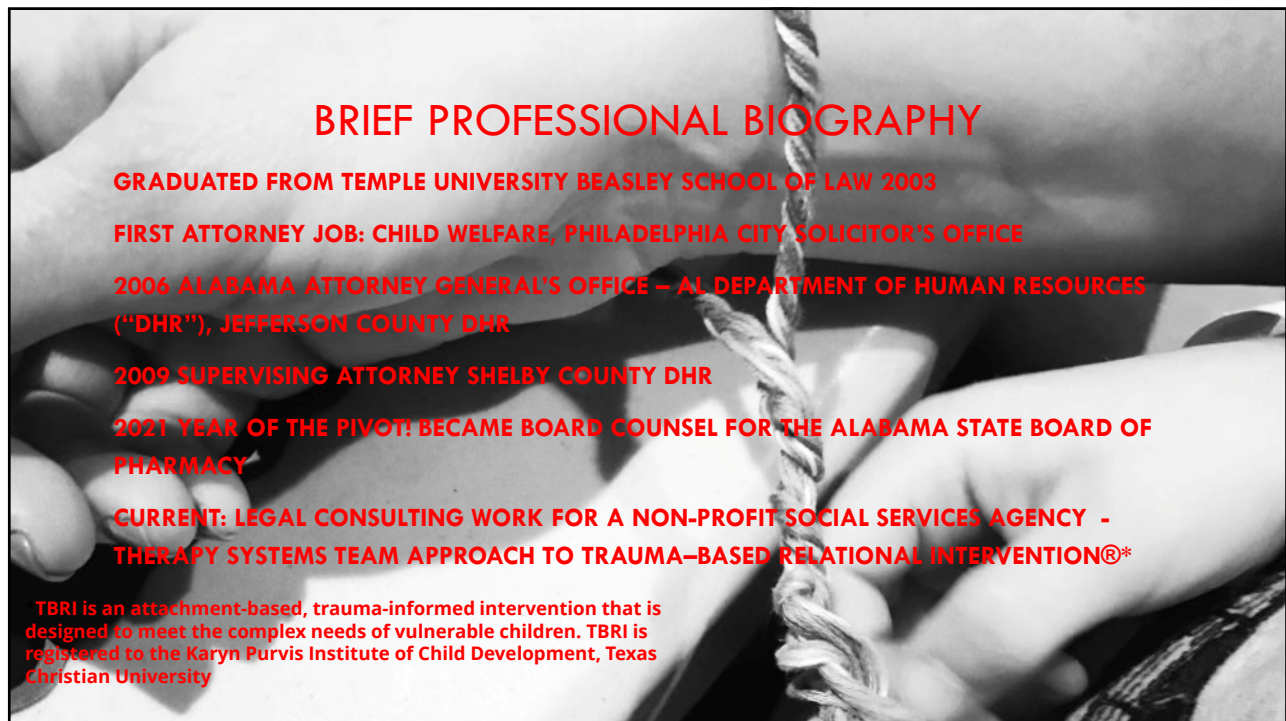
- Erica.B.Hurst@tn.gov



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LEARNING OBJECTIVES

1. IDENTIFY THE EFFECTS OF THE OPIOID EPIDEMIC ON SOCIETY, PARTICULARLY CHILDREN AND FAMILIES.
2. RECOGNIZE PHARMACY PROFESSIONALS' ROLE IN COMBATING THE OPIOID EPIDEMIC.

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SELF-ASSESSMENT QUESTIONS

1. WHICH OF THE FOLLOWING IS TRUE ABOUT THE OPIOID EPIDEMIC'S IMPACT ON CHILDREN AND FAMILIES?
 - a. MORE CHILDREN ARE ENTERING FOSTER CARE
 - b. PARENTAL SUBSTANCE ABUSE INCREASES RISK OF CHILD REMOVAL
 - c. MODELING FROM PARENTS INFLUENCES SUBSTANCE USE OF CHILDREN
 - d. ALL OF THE ABOVE

2. PHARMACY PROFESSIONALS CAN ONLY CURB THE EFFECTS OF THE OPIOID EPIDEMIC BY GETTING LAW ENFORCEMENT INVOLVED.
 - a. TRUE
 - b. FALSE

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SOME ALABAMA CHILD WELFARE FACTS



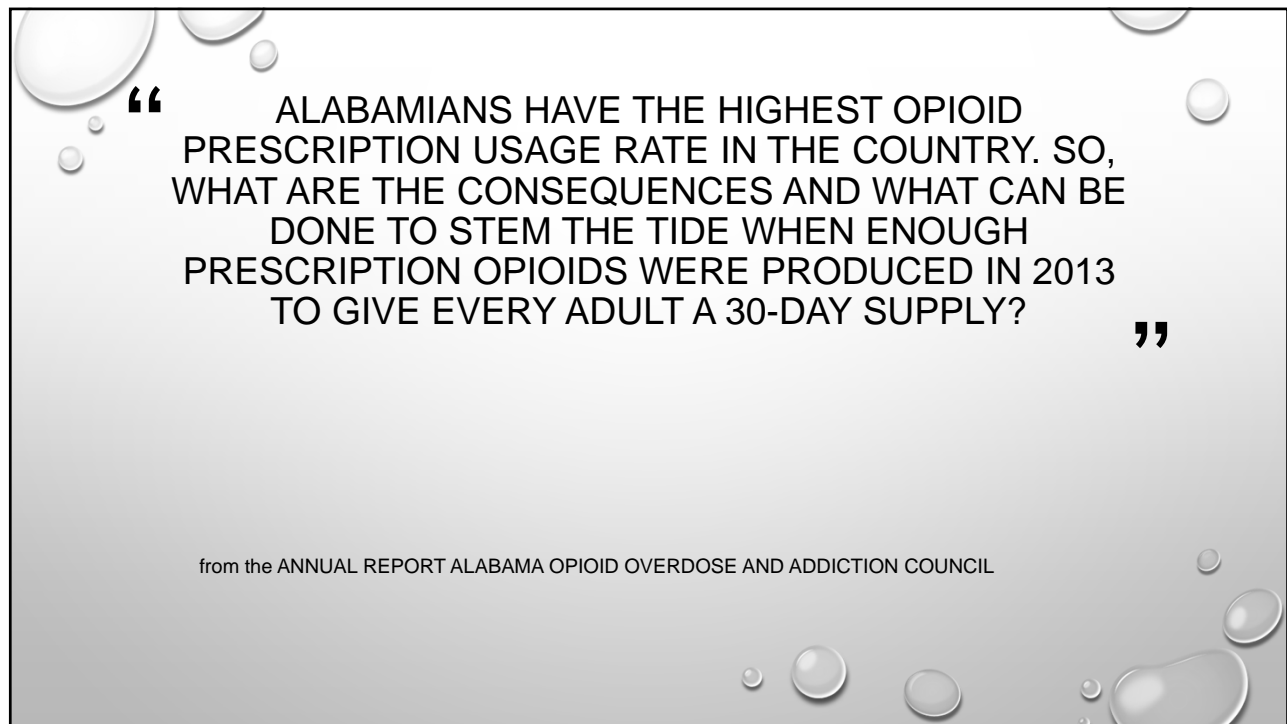
* 25% INCREASE IN THE NUMBER OF CHILDREN IN FOSTER CARE SINCE 2012.

* THIS ONLY INCLUDES THE CASES OF ABUSE AND NEGLECT THAT ARE "CAUGHT," THAT ARE DEEMED SUFFICIENT TO REQUIRE REMOVAL FROM THE HOME, AND THAT COULDN'T BE PLACED WITH FAMILY MEMBERS. SO, CONSIDERING THIS, ONE CAN ONLY IMAGINE THE NUMBER OF CHILDREN WE COULD SAFELY SAY HAVE BEEN NEGATIVELY IMPACTED RE: THEIR SAFETY AND WELFARE BY THE OPIOID EPIDEMIC.

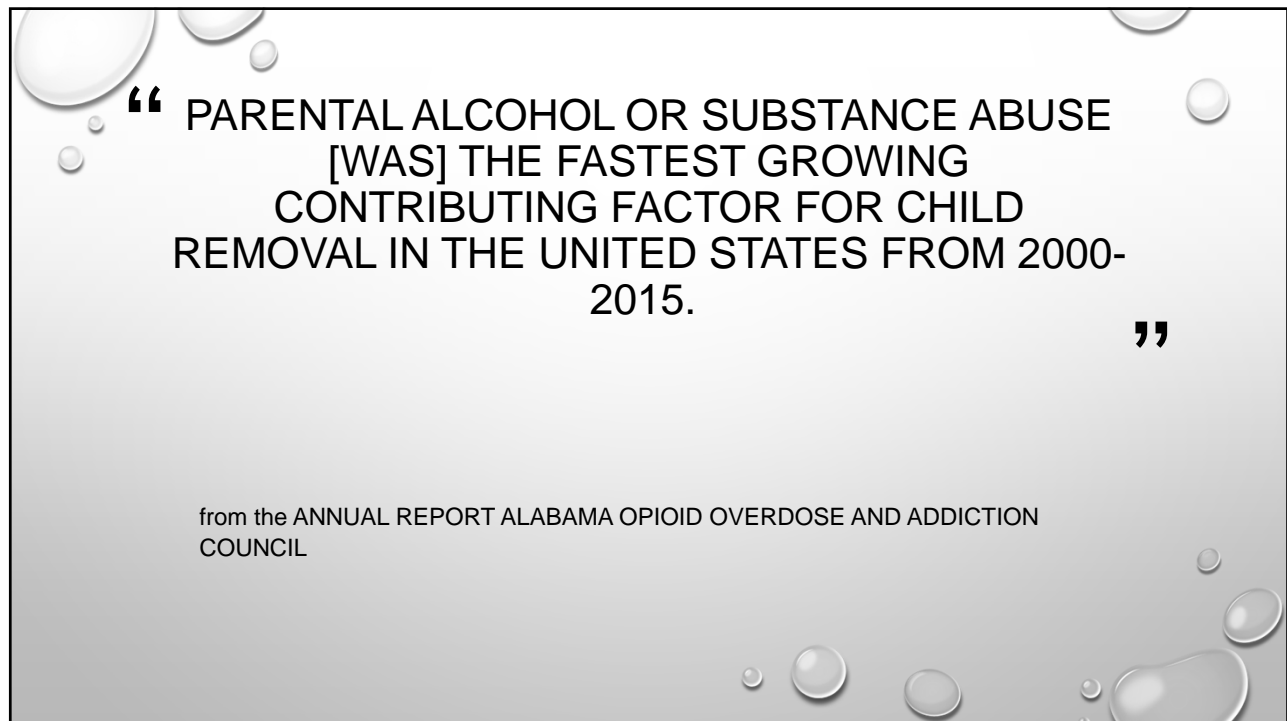
* 2012 – APPROX. 4500 CHILDREN IN FOSTER CARE IN ALABAMA

* 2023 – APPROX. 6000 CHILDREN IN FOSTER CARE IN ALABAMA

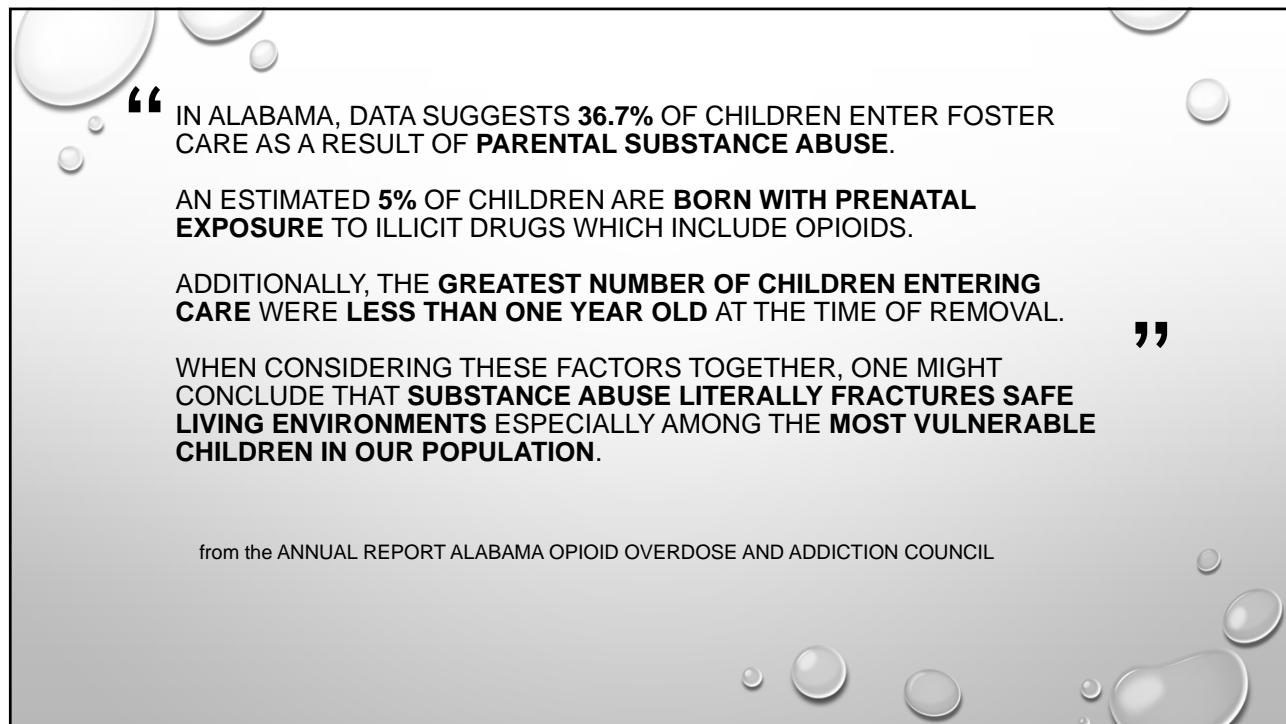
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“ IN ALABAMA, DATA SUGGESTS **36.7%** OF CHILDREN ENTER FOSTER CARE AS A RESULT OF **PARENTAL SUBSTANCE ABUSE**.

AN ESTIMATED **5%** OF CHILDREN ARE **BORN WITH PRENATAL EXPOSURE** TO ILLICIT DRUGS WHICH INCLUDE OPIOIDS.

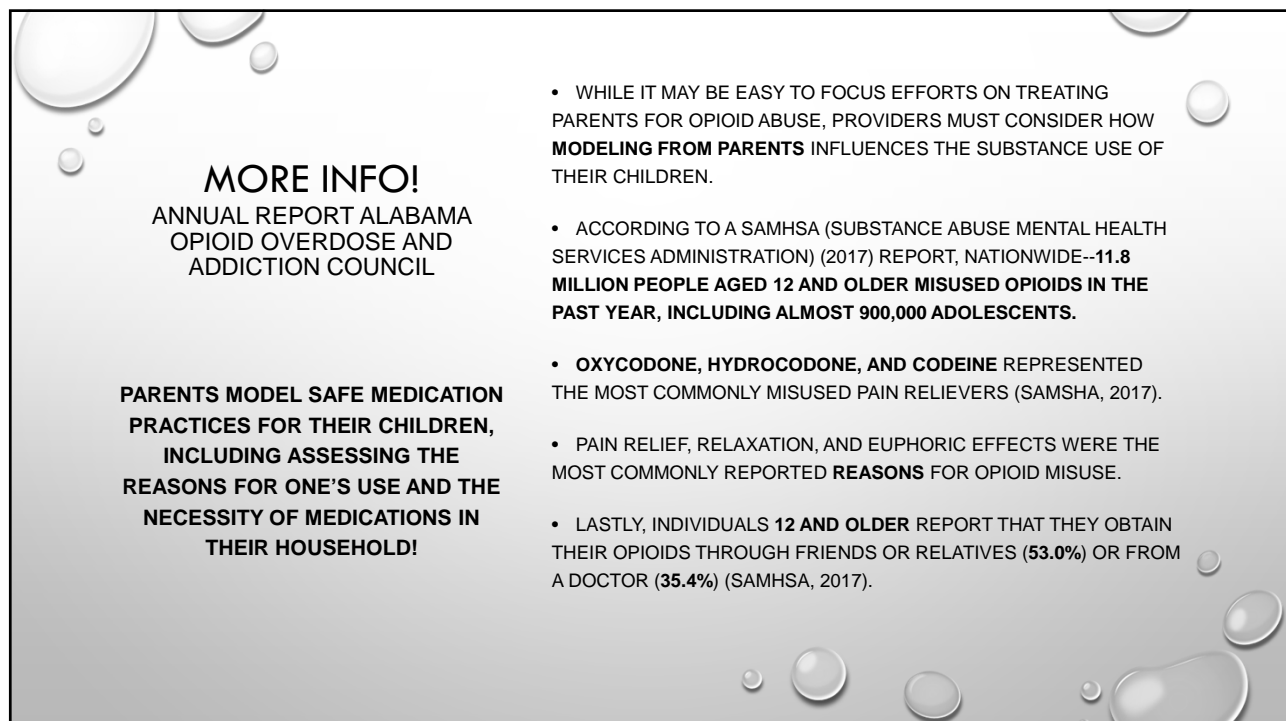
ADDITIONALLY, THE **GREATEST NUMBER OF CHILDREN ENTERING CARE** WERE **LESS THAN ONE YEAR OLD** AT THE TIME OF REMOVAL.

”

WHEN CONSIDERING THESE FACTORS TOGETHER, ONE MIGHT CONCLUDE THAT **SUBSTANCE ABUSE LITERALLY FRACTURES SAFE LIVING ENVIRONMENTS** ESPECIALLY AMONG THE **MOST VULNERABLE CHILDREN IN OUR POPULATION**.

from the ANNUAL REPORT ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL

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MORE INFO!
ANNUAL REPORT ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL

PARENTS MODEL SAFE MEDICATION PRACTICES FOR THEIR CHILDREN, INCLUDING ASSESSING THE REASONS FOR ONE’S USE AND THE NECESSITY OF MEDICATIONS IN THEIR HOUSEHOLD!

- WHILE IT MAY BE EASY TO FOCUS EFFORTS ON TREATING PARENTS FOR OPIOID ABUSE, PROVIDERS MUST CONSIDER HOW **MODELING FROM PARENTS** INFLUENCES THE SUBSTANCE USE OF THEIR CHILDREN.
- ACCORDING TO A SAMHSA (SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION) (2017) REPORT, NATIONWIDE--**11.8 MILLION PEOPLE AGED 12 AND OLDER MISUSED OPIOIDS IN THE PAST YEAR, INCLUDING ALMOST 900,000 ADOLESCENTS**.
- **OXYCODONE, HYDROCODONE, AND CODEINE** REPRESENTED THE MOST COMMONLY MISUSED PAIN RELIEVERS (SAMSHA, 2017).
- PAIN RELIEF, RELAXATION, AND EUPHORIC EFFECTS WERE THE MOST COMMONLY REPORTED **REASONS** FOR OPIOID MISUSE.
- LASTLY, INDIVIDUALS **12 AND OLDER** REPORT THAT THEY OBTAIN THEIR OPIOIDS THROUGH FRIENDS OR RELATIVES (**53.0%**) OR FROM A DOCTOR (**35.4%**) (SAMHSA, 2017).

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BRIEF OVERVIEW OF WHAT ALABAMA HAS DONE TO COMBAT OPIOID CRISIS AS IT RELATES TO BOARD OF PHARMACY INVOLVEMENT

IN 2022, THE PRESCRIBERS AND DISPENSERS SUB-COMMITTEE CONTINUED WORK ON THE PAIN AND SUBSTANCE USE CURRICULUM, ALAHOPE: ALABAMA HEALTH PROFESSIONALS OPIOID AND PAIN MANAGEMENT EDUCATION COURSE TO BE USED FOR MULTIDISCIPLINARY CONTINUING EDUCATION CREDIT AND IN ADDITION WILL BE AVAILABLE FOR THE CURRICULUM AS TO PAIN MANAGEMENT FOR ALL HEALTH PROFESSION TRAINING PROGRAMS IN ALABAMA.

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CURRENT STATUS/CHALLENGES FACING THE DISPENSING AND STOCKING IN ALABAMA

IN ALABAMA, ANY LICENSED PRACTITIONER OF THE HEALING ARTS IS ALLOWED TO PERSONALLY COMPOUND, DISPENSE, ADMINISTER, OR SUPPLY TO HIS OR HER PATIENT DRUGS AND MEDICINES FOR THEIR USE. BECAUSE OF THIS, ALABAMA'S BOARD OF MEDICAL EXAMINERS HAS TAKEN PRIMARY CONTROL OF STOCK AND DISPENSE RULES AND REGULATIONS AS TO BUPRENORPHINE.

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CURRENT STATUS/CHALLENGES FACING THE DISPENSING AND STOCKING IN ALABAMA

BME'S RULES WENT WITH A STRAIGHT REPEAL WITH NO REPLACE. THE MAT ACT OF 2019 WAS REPEALED IN 2023. BME HAD NEVER REACHED THE POINT OF PROMULGATING RULES PURSUANT TO THAT ACT. FOR NOW, PHYSICIANS SHOULD FOLLOW THE FEDERAL LAWS REGARDING BUPRENORPHINE FOR OUD AND ANY/ALL OF OUR RULES REGARDING PRESCRIBING CONTROLLED SUBSTANCES, TELEHEALTH, MEDICAL RECORDS, ETC, THAT APPLY.

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CURRENT STATUS/CHALLENGES FACING THE DISPENSING AND STOCKING IN ALABAMA

ALBOP DOESN'T HAVE ANY SPECIFICS FOR BUPRENORPHINE / ARE NOT AWARE OF ANY CHALLENGES RE: DISPENSING OR STOCKING, SO WE CONTINUE TO FOCUS ON BME'S REGULATION AND POTENTIAL CHANGES ONCE THEY BEGIN THE RULE MAKING PROCESS.

THE GOOD NEWS! ALBME AND ALBOP ENJOY A GOOD WORKING RELATIONSHIP AND MEET IN JOINT COMMITTEE REGULARLY, SO I ANTICIPATE ALBOP TO HAVE SOME INPUT.

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CURRENT STATUS/CHALLENGES FACING THE DISPENSING AND STOCKING IN ALABAMA

INTERESTINGLY, AS IT RELATES TO POSSIBLE STOCKING AND DISPENSING BY PHARMACIES: ONE THING THAT DOES COME UP WITH DISPENSING OF BUPRENORPHINE IS PHARMACY OWNERS SOMETIMES CHOOSE NOT TO STOCK BUPRENORPHINE IN ORDER TO NOT HAVE “THOSE PATIENTS” COMING TO THEIR PHARMACY BECAUSE THE OWNER IS CONCERNED THEIR REGULAR CUSTOMERS WOULD NOT LIKE IT. AT A RECENT OPIOID RESPONSE NETWORK SUMMIT, PARTICIPANTS DISCUSSED WORKING TO IDENTIFY WAYS TO IMPROVE THE ACCESS TO BUPRENORPHINE. **A WORK IN PROGRESS!**

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SELF-ASSESSMENT QUESTIONS

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SELF-ASSESSMENT QUESTIONS

2. PHARMACY PROFESSIONALS CAN ONLY CURB THE EFFECTS OF THE OPIOID EPIDEMIC BY GETTING LAW ENFORCEMENT INVOLVED.
- a. TRUE
 - b. FALSE

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Q&A

You may use the Questions tool on your screen to submit questions to the presenter.

Our host will read the questions out loud in the order they are received.

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<https://nabp.pharmacy/claimcpe> (case-sensitive)
If you do not have a login for NABP's CPE submission site, you will need to create an account.
2. Click on the "Live CPE" tab
3. Select the webinar from the Live Meetings and Conferences list
4. Enter the session code provided at the end of the webinar
5. Complete the course and speaker evaluations
6. Select the appropriate credit (pharmacist or pharmacy technician)
7. Enter your NABP e-Profile ID and date of birth and certify that the information is correct
8. Click the claim button

Claims must be submitted by noon on March 18, 2024.

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www.nabp.pharmacy/webinar

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