

Opioid overdose prevention

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APhA–APPM

Pharmacists have essential role in opioid overdose prevention

Nearly one-half of opioid painkiller users are unaware that these drugs are as addictive as heroin.¹ In 2013, 10.8% of men and 5.8% of women aged 12 years or older reported substance dependence or abuse in the past year, with 1.5 million people misusing pain relievers.²



Bratberg

Most prescription drug misusers obtain prescription opioids from a friend or family member, and those friends or family members most often have their opioids prescribed by one health care provider.² Almost 250 million prescriptions for opioids were written in 2012, and opioid overdose was a leading cause of unintentional injury death in 2013.³ Fatal and nonfatal opioid overdose incidence increases parallel the trend in prescription opioid prescribing.⁴

Meanwhile, heroin use and related deaths have skyrocketed, with the greatest risk for individuals using heroin along with prescribed prescription opioids.⁵ People who die from prescription opioid or heroin overdose are more likely to have another drug in their system, most often a benzodiazepine.^{6–9} The majority of opioid overdoses are preventable via naloxone administration, as most overdoses are witnessed by another person.^{10,11}

Pharmacists perform critical, life-saving public health interventions every day, such as dispensing prescriptions for buprenorphine/naloxone and epinephrine auto injectors, recommending nonprescription medications and products, and administering various immunizations throughout the year.¹² In gen-

eral, pharmacists advocate for overdose education and opioid safety¹³ and nonprescription syringe sales,¹⁴ and some provide a broader array of addiction services and education in community pharmacies.¹⁵

Pharmacists are ideally positioned to contribute to the following U.S. Department of Health & Human Services priorities to address opioid overdose, death, and dependence: improving prescribing practices, identifying high-risk individuals, ensuring access to medication-assisted therapy (buprenorphine and methadone), and expanding use of naloxone.¹⁶

Pharmacists can incorporate risk-stratified, patient-centered opioid screening and education into existing workflows without compromising efficiency by integrating overdose risk assessment and recommending and/or initiating naloxone during prescription processing.^{17–20} Pharmacists can focus their interventions on patients at the highest risk of overdose. These high-

risk patients include those covered by Medicaid,^{7,21} prescribed high doses of opioids,²² with chronic pain,^{23,24} using long-acting opioids,²⁵ using methadone,²⁶ recently incarcerated,^{27,28} with a history of overdose,²⁹ and filling buprenorphine prescriptions for medication-assisted therapy.³⁰

Another method pharmacists can use to identify individuals at high risk of misuse, dependence, overdose, and death is the prescription drug monitoring program (PMP). In 49 states, PMPs help prescribers and pharmacists identify patients who use prescription opioids prescribed by multiple prescribers and review controlled substance prescriptions filled at multiple pharmacies.³¹ Using PMPs, pharmacists can initiate discussions about overdose prevention and may be able to more accurately identify high-risk combinations of opioids and benzodiazepines. However, more research is required to determine the effectiveness of PMPs in reducing fatal and nonfatal opioid overdoses.^{32,33}

Once patients are identified, pharmacists play an important role



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