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EXPERIENCE

Indian Health Service pharmacists engaged in opioid safety initiatives and expanding access to naloxone

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ABSTRACT

Objective: To develop effective pharmacy-based interventions to mitigate harm from opioid use disorders. Programs include responsible opioid prescribing, expanded access to medication-assisted treatment (MAT), naloxone, and community interventions.

Setting: Clinical pharmacists practicing at Indian Health Service (IHS) locations in the Southwest, Midwest, and Great Lakes regions. These pharmacists serve culturally diverse American Indian populations throughout the United States and interface with tribal and federal programs to impact the opioid epidemic in Indian Country.

Practice description: Pharmacists have reduced barriers to care by expanding clinical practices to include novel approaches in pain management clinics and MAT programs.

Practice innovation: As part of a multidisciplinary team, IHS pharmacists provide comprehensive patient care while focusing on the prevention of opioid dependence and opioid overdose death.

Evaluation: Pharmacists have also expanded professional competencies to include coprescribing naloxone and training first responders on naloxone use.

Results: Pharmacists within IHS have proactively completed advanced training on responsible opioid prescribing, augmented services to increase access to MAT for American Indians and Alaska Natives, and increased access to naloxone for opioid overdose reversal. Pharmacists have also developed a comprehensive training program and program measurement tools for law enforcement officers serving in tribal communities. These materials were used to train 350 officers in 6 districts and conduct a mass naloxone dispensing initiative across Indian Country. Pharmacists have consequently developed successful community coalitions that are focused on saving lives.

Conclusions: Pharmacist involvement in key initiatives including responsible opioid prescribing, expanded access to MAT, and expanded access to naloxone for trained first responders, coupled with an emphasis on enhanced education, illustrates pharmacists' impact with the opioid epidemic.

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The United States is in the midst of an opioid abuse and overdose epidemic.¹ In 2014, almost 19,000 deaths involved prescription opioids, equivalent to approximately 52 deaths per day.^{2,3} Deaths from prescription opioid overdoses among American Indians and Alaska Natives (AI/ANs) have increased nearly 4-fold from 1.3 per 100,000 in 1999 to 5.1 per 100,000

in 2013.⁴ Evidence has shown that AI/AN people are considered a high-risk group for prescription opioid overdose.⁵ The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that, when comparing racial groups, the highest rate of drug-induced deaths is among AI/AN people, at 17.1% in 2010.⁶ Furthermore, SAMHSA's 2013 National Survey on Drug Use and Health found that AI/ANs 12 years of age or older used illicit drugs at a rate of 12.3%, the second highest rate by race.⁷ The Indian Health Service (IHS) has responded to these data by creating the Prescription Drug Abuse (PDA) Workgroup, charged with developing a series of policies and programs to prevent overdose deaths and reduce morbidity and mortality associated with opioid use disorders. These

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Key Points**Background:**

- In 2014, almost 19,000 deaths involved prescription opioids, equivalent to approximately 52 deaths per day.
- Deaths from prescription opioid overdoses among American Indians and Alaska Natives have increased nearly 4-fold from 1.3 per 100,000 in 1999 to 5.1 per 100,000 in 2013.
- Evidence has shown that American Indians and Alaska Natives are considered a high-risk group for prescription opioid overdose.

Findings:

- The Indian Health Service has responded to these data by creating the Prescription Drug Abuse Workgroup, charged with developing a series of policies and programs to prevent overdose deaths and reduce morbidity and mortality associated with opioid use disorders.
- These strategies include encouraging responsible prescribing of opioids in the management of pain, increasing access to naloxone, and increasing access to medication-assisted treatment for opioid use disorders.
- Pharmacists have increased access to naloxone through identifying high-risk patients and coprescribing naloxone, developing programs and training first responders, and performing community outreach.
- The workgroup developed the Opioid Dependence Management website at <http://www.ihs.gov/odm>.
- Pharmacists have pledged to follow the Surgeon General's Turn the Tide Rx campaign that upholds best practices surrounding safe prescribing, diligent patient screening for opioid use disorders, and reduction of negative stigma.
- Pharmacists have become part of the solution by advocating for the Four Major Pillars of the DHHS's Prescription Drug Abuse Prevention Plan: 1) following opioid prescribing guidelines and best practices, 2) participation with prescription drug monitoring programs, 3) expanding use and distribution of naloxone, and 4) expansion of medication-assisted treatment to reduce opioid use disorders and overdose.
- The Indian Health Service almost tripled the purchasing of naloxone in the first half of 2016 and significantly increased access to naloxone through direct patient and first responder initiatives.

strategies include encouraging responsible prescribing of opioids in the management of pain, increasing access to naloxone, and increasing access to medication-assisted treatment (MAT) for opioid use disorders. This methodology is in alignment with the Surgeon General's National Prevention Strategy for Preventing Drug Abuse and Excessive Alcohol

Use,⁸ which includes recommendations for reducing inappropriate prescribing and use of prescription drugs and to increase screening for opioid use disorders with the use of validated tools.

The essential outputs of the PDA Workgroup concern prescriber support resources, including the development of the Opioid Dependence Management website at www.ihs.gov/odm. The website hosts tools and promising practices regarding patient assessment and appropriate monitoring, responsible drug disposal, naloxone programs, and screening tools for opioid use disorders, including the Screening Brief Intervention and Referral to Treatment–like model and the Brief Risk Interview (Figure 1). Figure 2 provides an example of one such tool, known as the Opioid Risk Tool, which can be used to assess the risk of opioid abuse in patients prior to beginning opioid therapy.⁹

Pharmacists throughout the IHS also understand the importance of unified messaging from health care providers of all backgrounds. That is why many have taken the pledge to end the opioid crisis through the Surgeon General's Turn the Tide Rx campaign.¹⁰ In it, the Surgeon General encourages health care professionals to uphold best practices regarding safe prescribing, diligent patient screening for opioid use disorders, and reduction of negative stigma. IHS pharmacists involved in multidisciplinary care teams have advocated for prescribers to take the pledge and have implemented components of this strategy in local practice guidelines.

Best practices implemented by health care providers across the IHS have also been developed to promote the Department of Health and Human Services and the White House Office of National Drug Control Policy "Prescription Drug Abuse Prevention Plan" by advocating for the Four Major Pillars: 1) following opioid prescribing guidelines and best practices; 2) participation with prescription drug monitoring programs (PDMPs); 3) expanding use and distribution of naloxone; and 4) expansion of MAT to reduce opioid use disorders and overdose.¹¹ The IHS published the "Chronic Non-cancer Pain Policy" (Indian Health Manual, chapter 30) in June 2014.¹² This policy provided the framework to support responsible opioid prescribing practices. This policy was augmented with the release of the Centers for Disease Control and Prevention (CDC) "Guideline for Prescribing Opioids for Chronic Pain" in March 2016.¹³ IHS pharmacists have blended the best practices from these guidelines to direct the selection of safe and effective treatment regimens to improve patient outcomes. Pharmacists have recognized the value in providing the clinical expertise and critical leadership support necessary to implement a comprehensive approach to opioid safety throughout Indian Country.

Responsible prescribing and expanding access to MAT programs

Pharmacists practicing within the IHS have transcended traditional dispensing roles by augmenting services in the management of primary care patients with pain and opioid use disorders. Novel approaches include patient consultation and education from within the pharmacy, patient management in chronic non-cancer pain clinics, and care coordination through MAT programs. Pharmacists in some facilities are fully

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