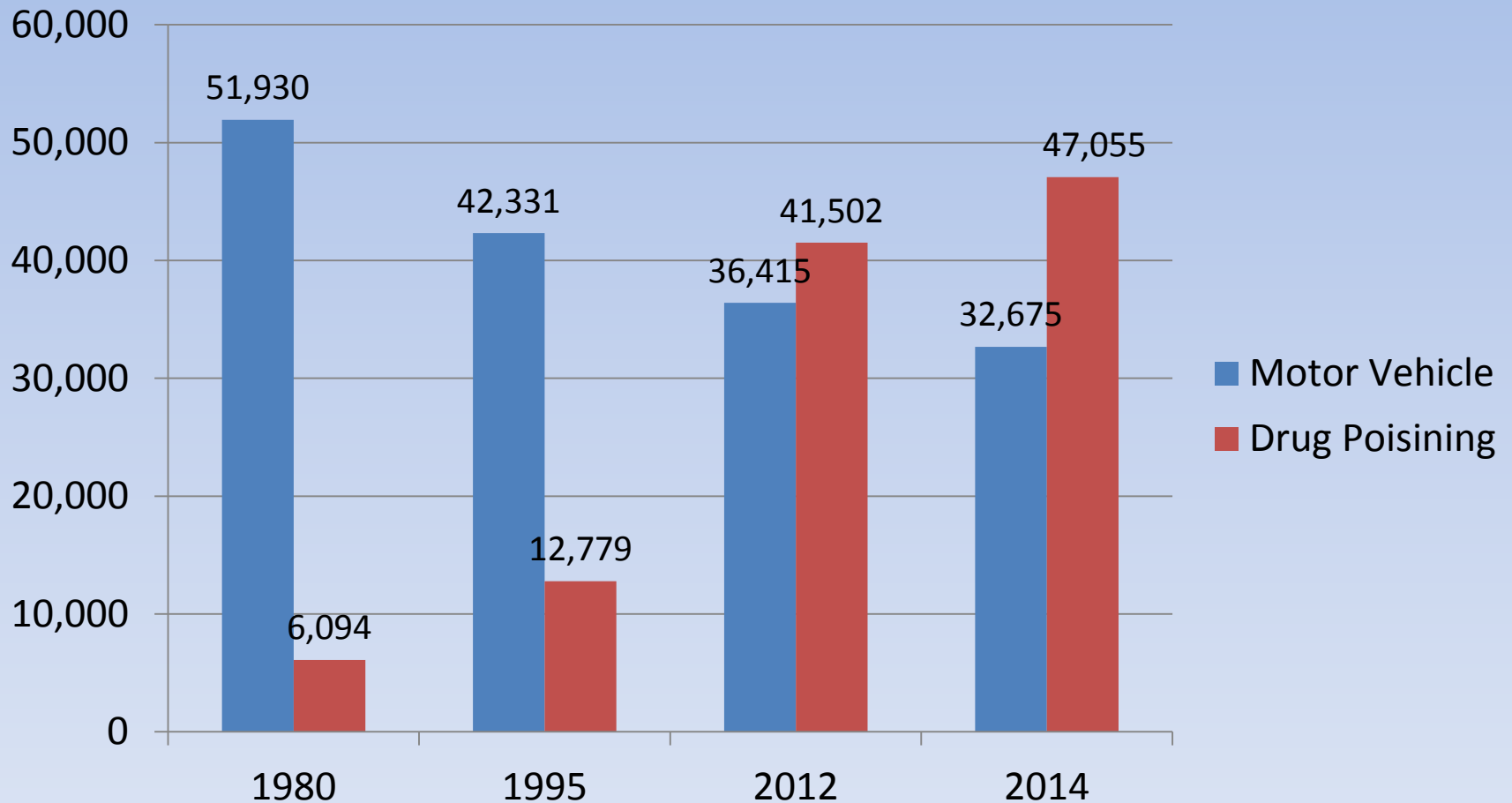


Opioid Overdose Trends and the Role of Community Pharmacists

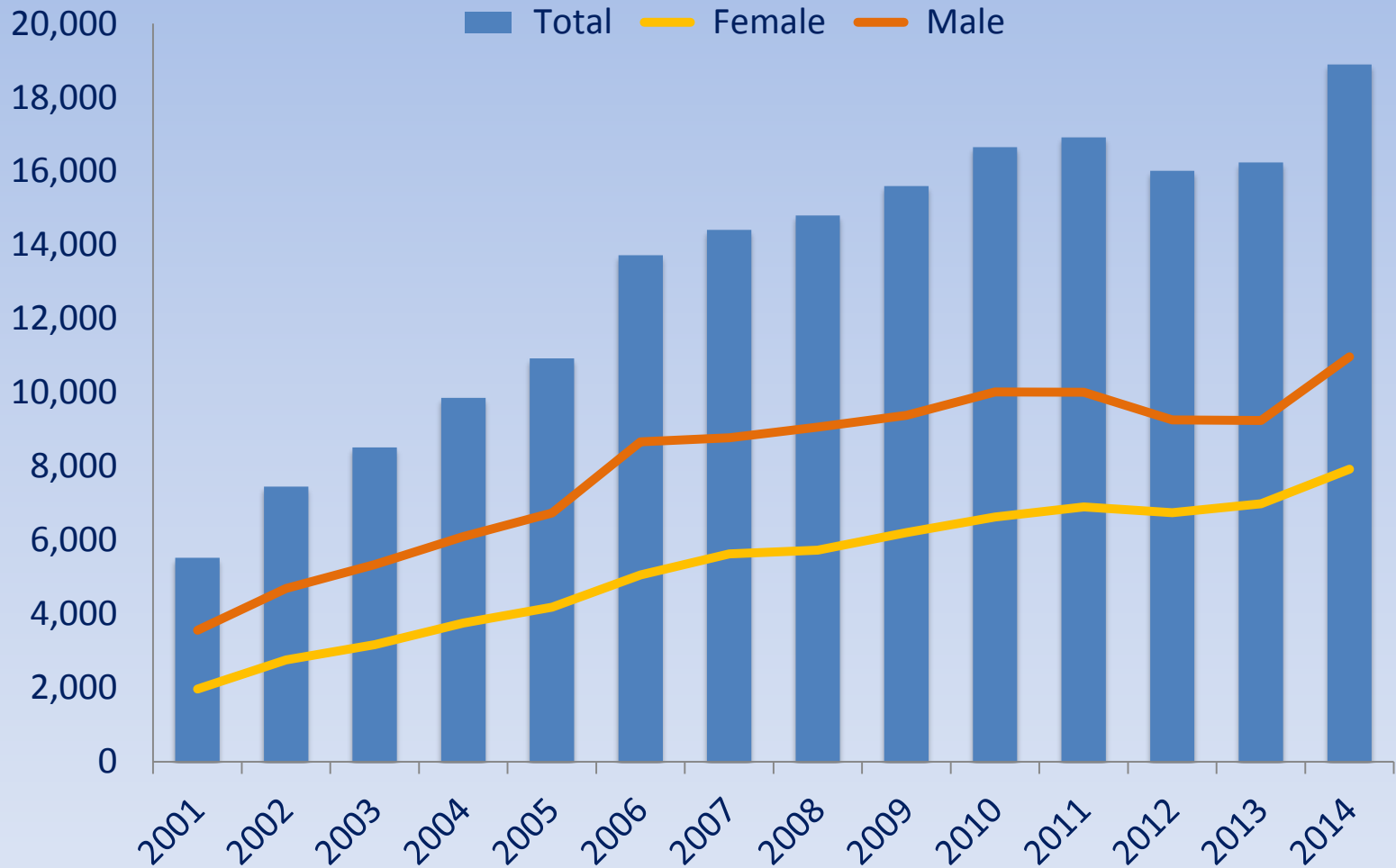
James J. Gasper, PharmD, BCPP
Pharmacy Benefits Division
Department of Health Care Services
james.gasper@dhcs.ca.gov

Drug Overdose Deaths in the U.S.



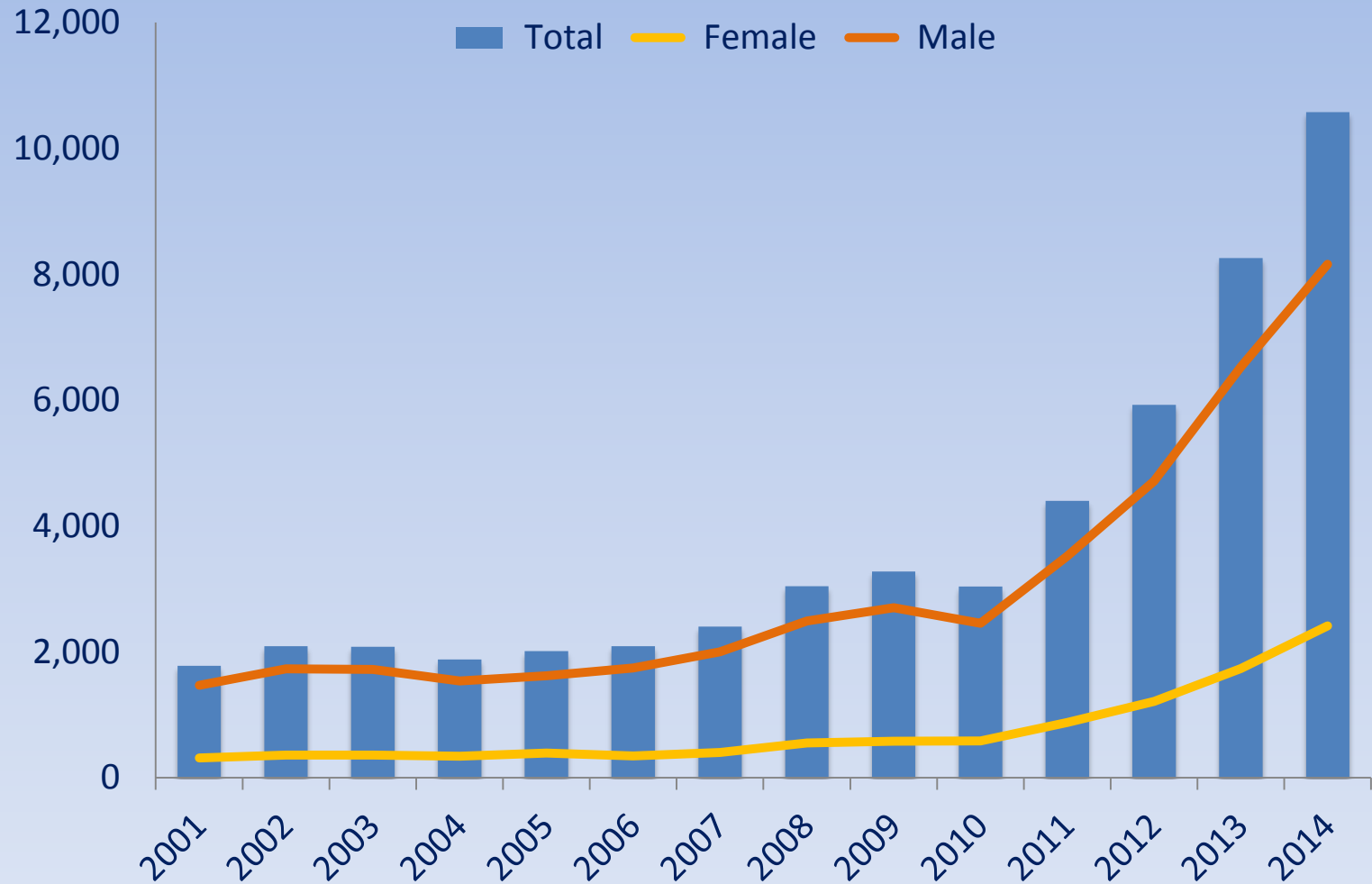
Warner M, et al. Drug Poisoning Deaths in the United States 1980-2008. National Center for Health Statistics 2011;81:1-8. Jones CM. Prescription Drug Abuse and Overdose in the United States. Presented at Third Party Payer and PDMP Meeting 2012. MMWR January 1, 2016.

Overdose Deaths: Prescription Opioids



Source: National Center for Health Statistics, CDC Wonder

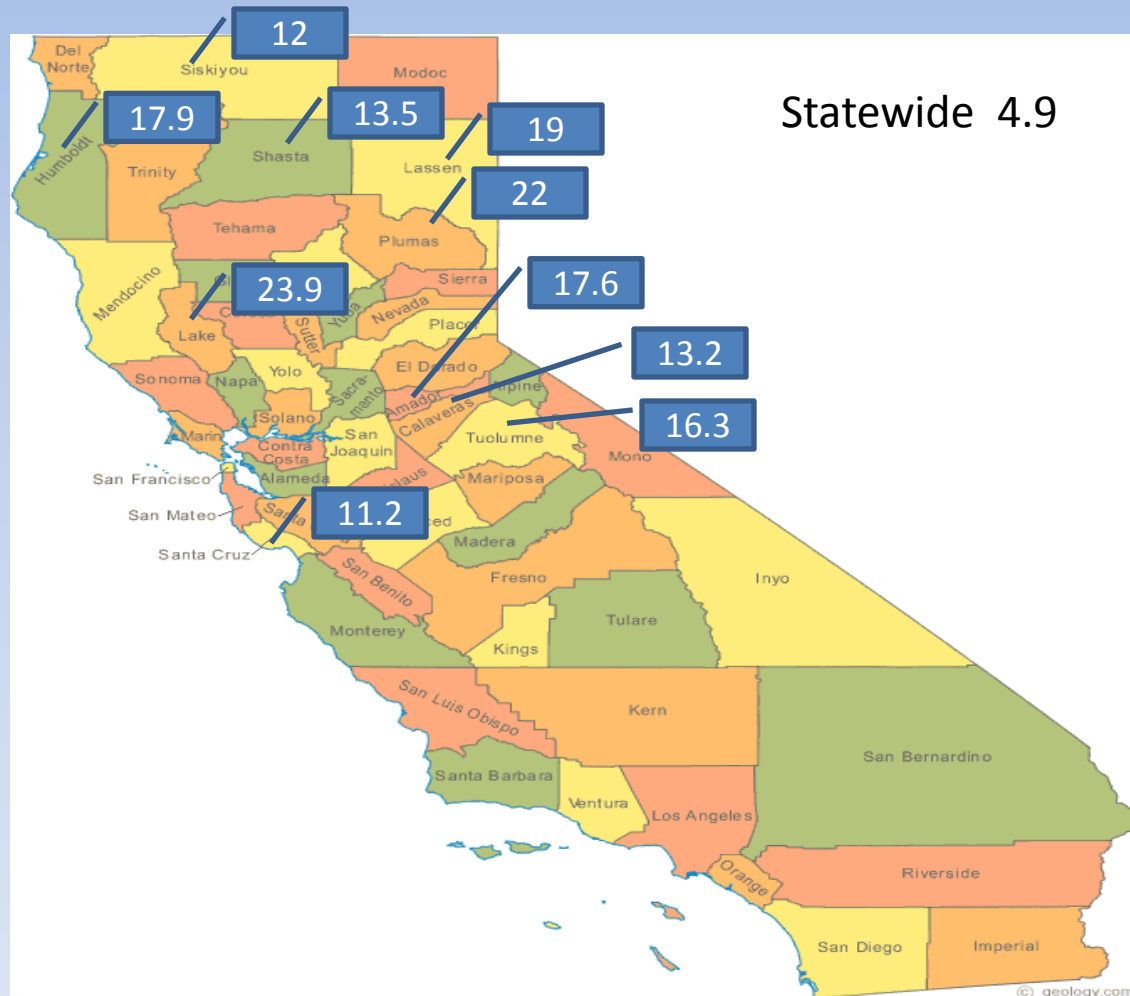
Overdose Deaths: Heroin



Source: National Center for Health Statistics, CDC Wonder

Overdose Deaths in California

5 year totals: 2008-2012 (All opioids, All intents) rate per 100,000

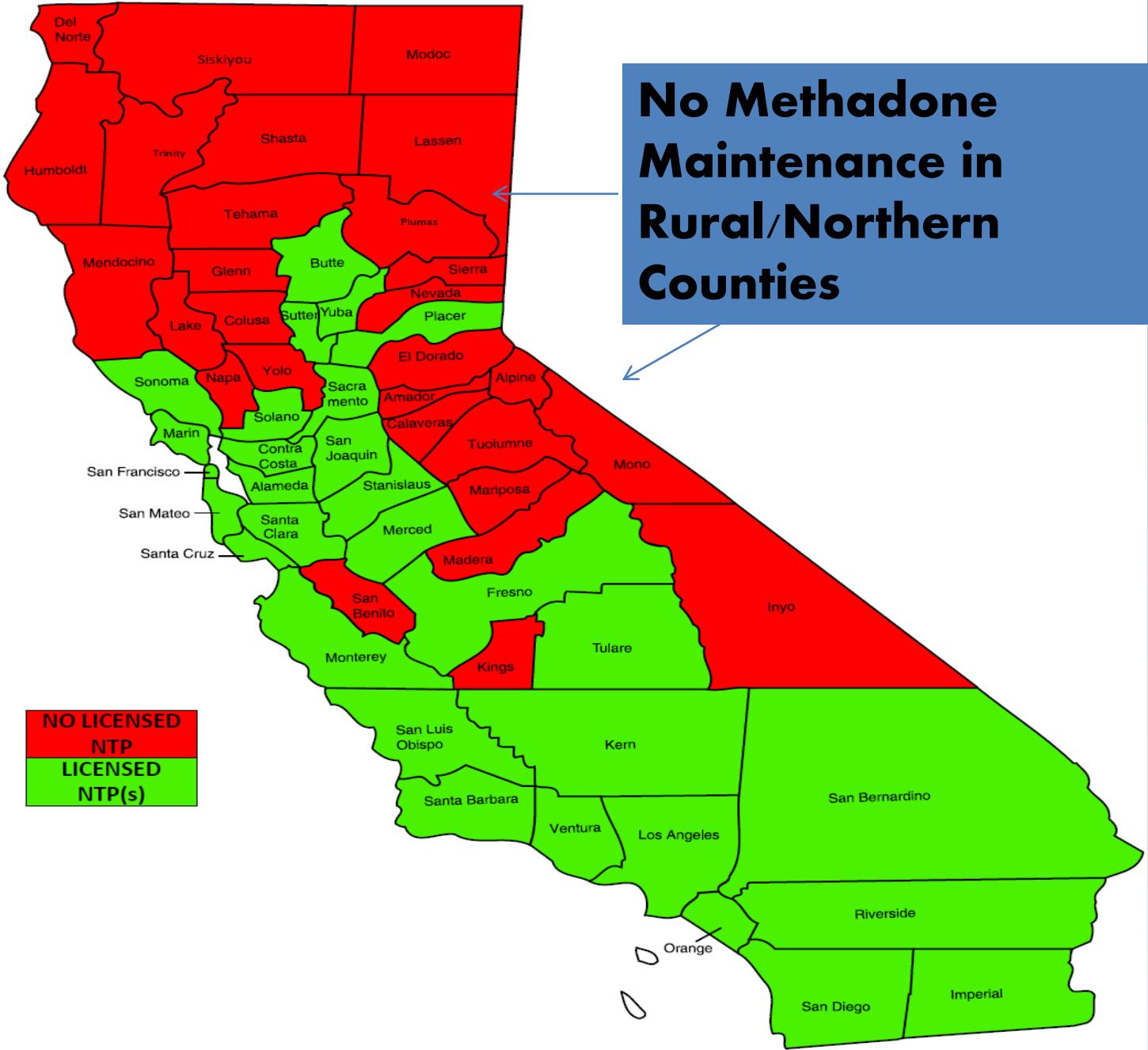


Source: CDPH Vital Statistics Death Statistical Master File

Prepared by CDPH, Safe and Active Communities Branch

Report generated from <http://epicenter.cdph.ca.gov> on Dec 19, 2014

No Methadone Maintenance in Rural/Northern Counties



NO LICENSED NTP
LICENSED NTP(s)

California's Gap in Treatment Access

Rate per 1000 residents

Past Year Opioid Abuse or
Dependence

7.6

Buprenorphine Capacity

3.4

Methadone Capacity

1.3

Gap = 2.9 per 1,000 or >100,000

Treatment Saves Lives

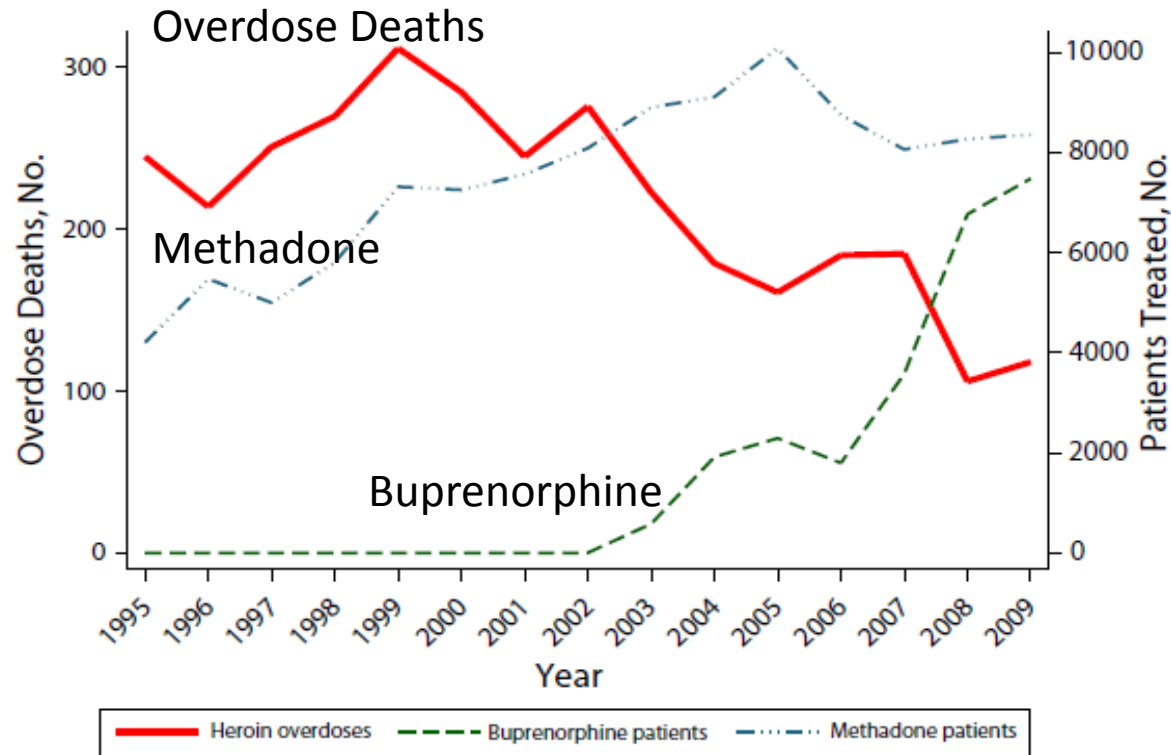


FIGURE 1—Heroin overdose deaths and opioid agonist treatment: Baltimore, MD, 1995–2009.

The Solutions

- Safe prescribing practices
- Naloxone distribution
- Access to treatment for opioid addiction

Naloxone Pharmacy Access Timeline

September 2014	AB 1535 signed
January 2015	4052.01 implemented
April 2015	emergency regulations

Making Naloxone Happen

- Training availability
- Pharmacy adoption of policies and marketing of naloxone access
- Proactive patient selection by pharmacists

Making Naloxone Happen

- Affordable commercial naloxone product
- Clarity on who is the “prescriber on record”
- Third party reimbursement for pharmacist NPI’s

Increasing Access to Treatment

- Active participation in buprenorphine treatment by pharmacists
- Need to partner with local prescribers for collaborative care of buprenorphine patients

Increasing Access to Treatment

- Willingness of pharmacies and pharmacists to become remote methadone dispensaries for OBOT methadone programs
- Particularly needed in rural areas where methadone clinics do not exist