

Questions for Dan Burkybile, Pharmacy Director Kirby RX

What are you seeing in regards to opioid misuse from your professional stance?

Out of the 2% of Hydrocodone scripts provided to patients, only 1% of those are of a quantity 30 or more. I am able to track physicians within 3 days or less to make sure that scripts aren't being misused and to ensure that patients are tampering with paper scripts. The nice thing now is that almost all scripts are electronic. The population of 50 years and up are more at risk of misusing pain management medication.

Can we get NARCAN to go out with Opioid/Pain management scripts? If not, how can we make this a thing?

To have NARCAN go out with every Opioid/Pain management script would not be cost effective as NARCAN is extremely expensive to purchase.

If you had a DOPP, Drug Overdose Prevention Program, that could supply your NARCAN free of charge, would you be interested?

It would be something I would be willing to discuss and entertain.

According to IDPH website, pharmacists have a "Signed Naloxone Standing Order" which allows them to give Naloxone or NARCAN to those who **request** it OR those who are **at risk**. Why does it have to be only to those who request it? How does one tell if a person is at risk for an overdose?

Again, this goes back to being cost effective. People that enjoy engaging in risky behavior, crave adrenaline rushes, and/or are anxious, jumpy, and eager to fill their script early are signs that Dan and other pharmacists look for.

You mentioned that a quantity of #20 Norco written from the ED or Surgery in correspondence with me. Norco is essentially made up of hydrocodone (an opioid) and acetaminophen. What is the likelihood of someone accidentally overdosing on Norco compared to any other opioid used for pain management?

The likelihood of someone overdosing on a 5/325 Norco is not as likely as a patient with a prescription for 10/325. You see a lot in older folks who need joint replacements, knees, hips, etc., who aren't able to get the surgery right away and are dealing with a lot of pain. So, they take an extra pain pill (or two or three) and then they have accidentally overdosed.

Is there a possibility to get the ED or Surgical department to hand out NARCAN with these scripts?

Getting the nursing staff up to optimal level is a struggle. At this point, I don't see the ED or Surgical Departments wanting to take on the extra work load of passing out NARCAN as well.

Question from Kari Sealander

If people are hesitant to use prescription disposal boxes to dispose of unused, expired, or unwanted medication, can a pharmacy help them dispose of meds?

They can call the pharmacy who can give those instructions over the phone on how to dispose of unwanted, unused, or expired medication. Most likely the pharmacist is going to suggest using coffee grounds, kitty litter, or anything else that is not attractive to animals.

I currently live in Tennessee, and a policy was passed where providers must offer Narcan with every opioid prescription. However, I have observed that pharmacists aren't familiar with Narcan, and don't always have references or resources to explain how to use it properly. Is there an organization or recommendation that you have for an effective training method for a large number of pharmacists in an area that is spread out?

I suggest googling "Pharmacy Groups per State" and looking for the APHA, pharmacy board, on getting in contact with them. Pharmacies have more of a corporate structure and those would be who you would want to contact.

Questions from Tony Kirkman

Looking at the demographic, there has been lots of focus on the 18 to 35 year old population in regards to prevention, should we be targeting the 50+ age group?

I would need more data but I also feel that suicide attempts with overdosing intentionally is very under reported. Again, going back to the older population you see a lot in older folks who need joint replacements, knees, hips, etc., who aren't able to get the surgery right away and are dealing with a lot of pain. So, they take an extra pain pill (or two or three) and then they have accidentally overdosed.

How do you manage the 50+ age group in regards to pain management?

It goes back to the Johann Hari quote about addiction being a disease of loneliness. As a provider you want to make sure you are taking care of and treating your patient because that is your job. There also needs to be the question in the mind though, "are we treating the pain or are we treating the loneliness?"