**Interdisciplinary Approaches to Combating the Opioid Use Disorder Epidemic: Lessons Learned From Howard University**


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**Background**

Opioid use disorder (OUD) is defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V) as “a problematic pattern of opioid use leading to clinically significant impairment or distress” characterized by the presence of at least two criteria, such as use in a situation where physical or mental health is at risk, impaired control over use, or continued use despite adverse effects. An estimated 2.1 million people in the United States suffered from substance use disorders (SUDs) related to prescription opioids in 2017, and an estimated 467,000 suffered from heroin dependence. The 2014 National Survey on Drug Use and Health (NSDUH) revealed a worsening epidemic, with 4.3 million Americans engaged in nonmedical use of prescription painkillers in the last month while 14 million people used prescription painkillers non-medically for the first time in the past year. OUD increases the risk of early deaths, primarily from an accidental overdose, trauma, suicide, or an infectious disease, such as HIV or hepatitis C, by a factor of 8. Legal problems associated with criminality and high impulsivity are also prevalent.

**Methods**

We assembled the deans of the various schools and colleges (Pharmacy, Medicine, Dentistry, Nursing and Allied Health, Business, Law, Social Work, and Divinity) and engaged in a detailed discussion regarding how to approach the opioid epidemic from their particular schools' perspective. We used the key elements of the discussion to frame the policy symposium. We assembled expert panels in six areas: regulatory/policy, treatment, innovation, law enforcement, clergy, and education. We gleaned recommendations from the panels and compared them to the current White House recommendations for addressing the opioid epidemic released the morning of the symposium (11/2/2017).

**Discussion/Conclusion**

The recommendations generated from the panels illustrated the need for a multifaceted approach to addressing the opioid crisis. The White House Office of National Drug Control Policy (ONDCP) established the President’s Commission on Combating Drug Addiction and the Opioid Crisis. This Commission drafted 56 recommendations to combat the opioid crisis by way of federal funding and programs, opioid addiction prevention, prescribing guidelines, regulations, and education, PDMP enhancements, supply reduction and enforcement strategies, opioid addiction treatment, overdose reversal, and recovery, and research and development. When comparing the recommendations from the Commission to those of the policy symposium, there are several similarities. We support the Commission recommendations and would like to propose additional recommendations, such as (1) granting pharmacists provider status, (2) enhancing the role of health care practitioners in the medical home while establishing specific goals for their involvement, and (3) address disparities in OUD treatment outcomes based on ethnicity and socioeconomic status underpinned by genomics.

**Results: Problems and Recommendations**

**Session 1: The Role of the Health Care Provider in the OUD Crisis: A View From The Legislature**

**Problem(s) Presented During Panel**

- High opioid prescribing because prescribers are incentivized to address pain as “fifth vital sign”
- Although every state has a prescribing, there is a disparity in the number of prescriber (in particular) that do e-prescribing of controlled substances (EPCS)
- People with OUD may seek to obtain opioids via an emergency room visit
- Patients may not be fully aware of risks associated with opioid use or alternatives (non-opioid pain mitigation approaches)
- Prescribed opioids lead to more overdoses than illegal drugs and 1 in 5 patients become long-term users with a 10 day supply of opioids

**Potential Solution(s) Presented During Panel**

- De-incentivize giving opioids as the sole pain mitigation strategy
- Mandatory EPCS
- Have opioid-free emergency rooms
- Specialized pharmacist outreach to educate patients AND culturally competent approach
- Send 44 cent letters to educate patients on opioids

**Session 2: Precision Medicine, Treatment, and Regulatory Prescriptions for OUD**

**Problem(s) Presented**

- There is little time allocated to pain management and substance use disorder management in clinical training
- The pain scale is subjective and may not provide an accurate sense of the pain a person is experiencing
- There is a paucity in the availability of opioids that do not cause untoward effects (sufentanil, respiratory depression, constipation)
- ERA/LA formulations were initially believed to be have lower abuse potential compared to the IR formulations but tangible data is not available
- Little is known about when and how patients taking opioids become addicted
- No REMS for IR formulations
- Disparity in naloxone availability

**Potential Recommendation(s)**

- Increase the number of hours allocated to pain/SUD management in health care provider curricula
- Develop clinical tools to enhance pain assessment
- Develop medications that produce analgesia without untoward effects
- Support pain/addiction research (HHS) Fast track meds that achieve this successfully
- Strengthen requirements for drug companies to generate post-market surveillance data
- Conduct prospective studies to determine risk factors for developing OUD
- Need REMS program for IR formulations (which are more commonly used than the ERA/LA formulations)
- Increase access to naloxone OTC/RFC

**Session 3: Health Care Practitioner Panel**

**Problem(s) Presented**

- Only 8% of people who need MAT for OUD receive it
- Patients may not partake in OUD treatment programs due to stigma
- OUD causes increases in criminal activity, medical costs, and social costs
- Different states have different dosing standards for buprenorphine
- Naloxone is needed but cost prohibitive

**Potential Recommendation(s)**

- Increase access to MAT
- Use telemedicine to increase access to patient/curriculum
- Make MAT available PROMPTLY
- Use a multifaceted approach
- Use MAT as a cost-mitigation strategy
- Need national standard of care for buprenorphine dosing AND use genomics to optimize dosing

**Session 4: Innovation and Enforcement Strategies: A Changing Approach to the OUD Crisis**

**Problem(s) Presented During Panel**

- People come to the pharmacy to obtain opioids with intent to divert, etc.
- Pharmacists face threats and robbery attempts
- Drug diversion
- Fake prescriptions
- Patients unaware of risk of taking opioids
- OUD patients often commit petty crimes in effort to obtain opioids
- PDMP info fragmented and incomplete, reporting latency, undetected cash payments of opioids, limited EMR integration

**Potential Recommendation(s)**

- Pharmacists exercise corresponding responsibility and spot "red flags"
- In-house security
- Referral to drug court
- Limit days supply of initial opioid fill to 7 days. Crack down on illegal drug sellers (brick and mortar, internet). Crack down on rogue pain clinics, Nationwide PDMP.
- National drug take back from DEA
- Mandatory e-prescribing for Schedule II for Medicare Part D
- Drug court, Crisis intervention team mode, Pre-booking intervention
- Interstate and intrastate adjudication in real time at the point of care

**Session 5: Social Justice – The Community, Clergy, and OUD**

**Problem(s) Presented During Panel**

- There is a stigma associated with addiction as opposed to other problems that one may come to the church with. OUD patients are told to pray in religious centers but feel they need more support.
- The disappearance of “it takes a village” approach to problem solving.
- Differences in denominational doctrine can complicate the development of global policies surrounding OUD

**Potential Recommendation(s)**

- Train clergy to find signs of addiction and to assist with counseling (attendance meetings, listen to needs, take constructive criticism)
- Connect people to services, such as 12-step programs
- Reentry programs to curb recidivism
- Address the whole person, create interfah approaches for lasting solutions