

The background of the slide is a dark, blurred image of a mortar and pestle. In the foreground, there are several pills: a prominent red one, a white one, and a white one with a red band. To the left, a piece of white paper has the letters 'RX' written in black ink in a large, stylized font.

# Role of the Pharmacist in MOUD and Pain Management

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# Stigma

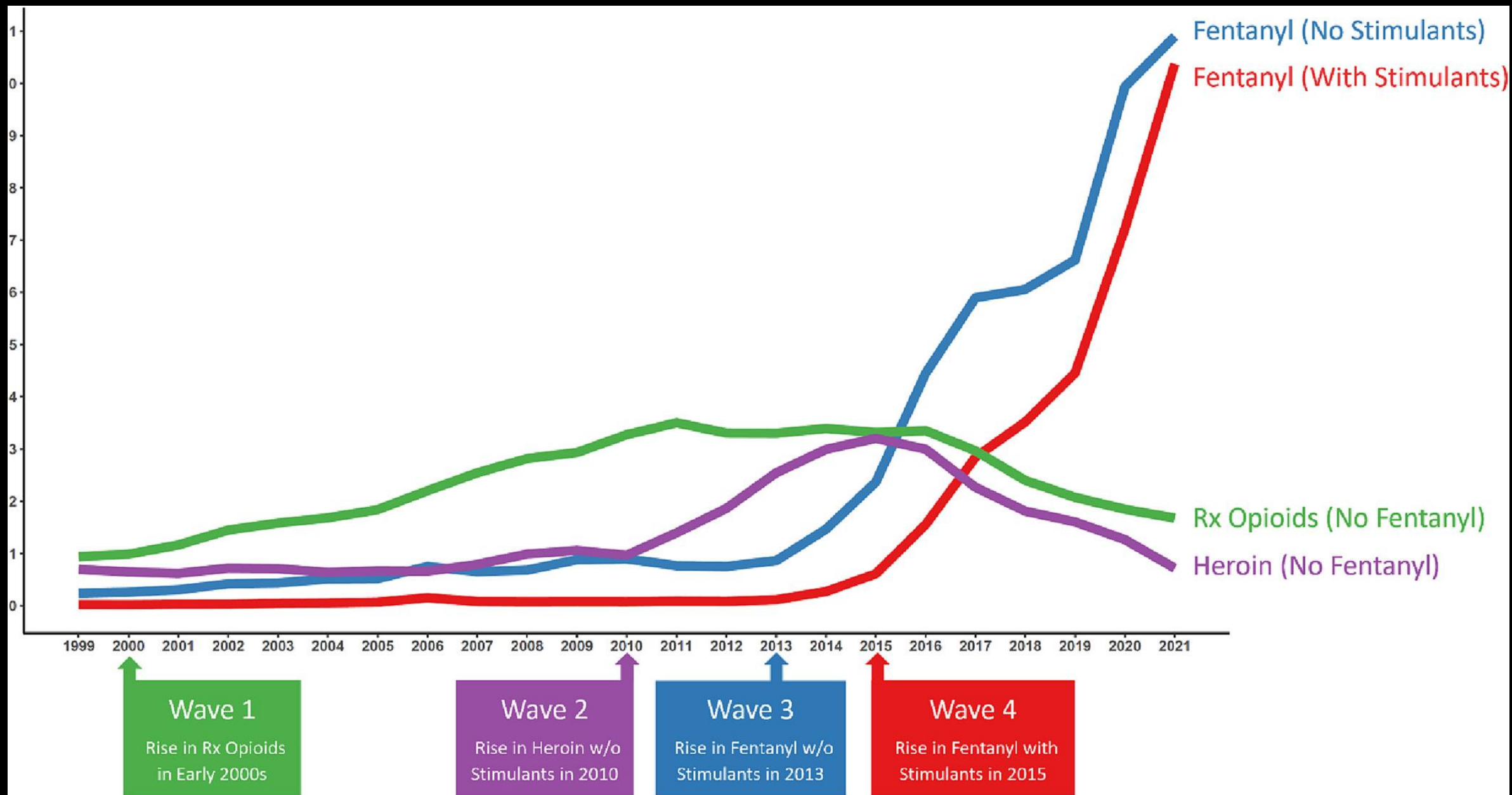


**LIES ... LIES ...**



**IT'S ALL LIES**





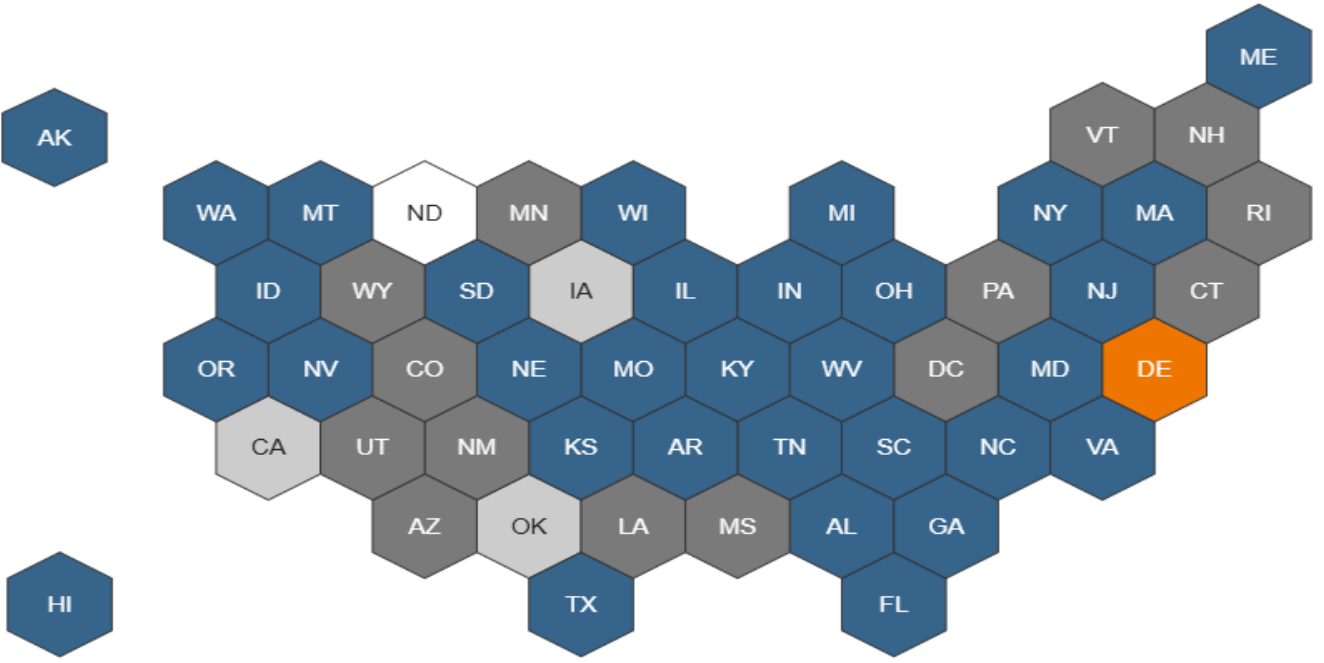
Select a drug syndrome: **All Drug** | Select a State: **United States** | Compare January 2025 with the previous: **Year**

Timeline: January 2019, 2020, 2021, 2022, 2023, 2024, 2025 (Jan. 2025 compared to Jan. 2024)

- 14%** Annual Percent Change<sup>†</sup> in US Suspected All Drug Overdose
- 1** States Number with a Significant Increase
- 47** States Participating Funded States with Reported Data

### Annual percent change in ED visit rates<sup>†</sup> of suspected All Drug overdoses

Click on a state to see more.



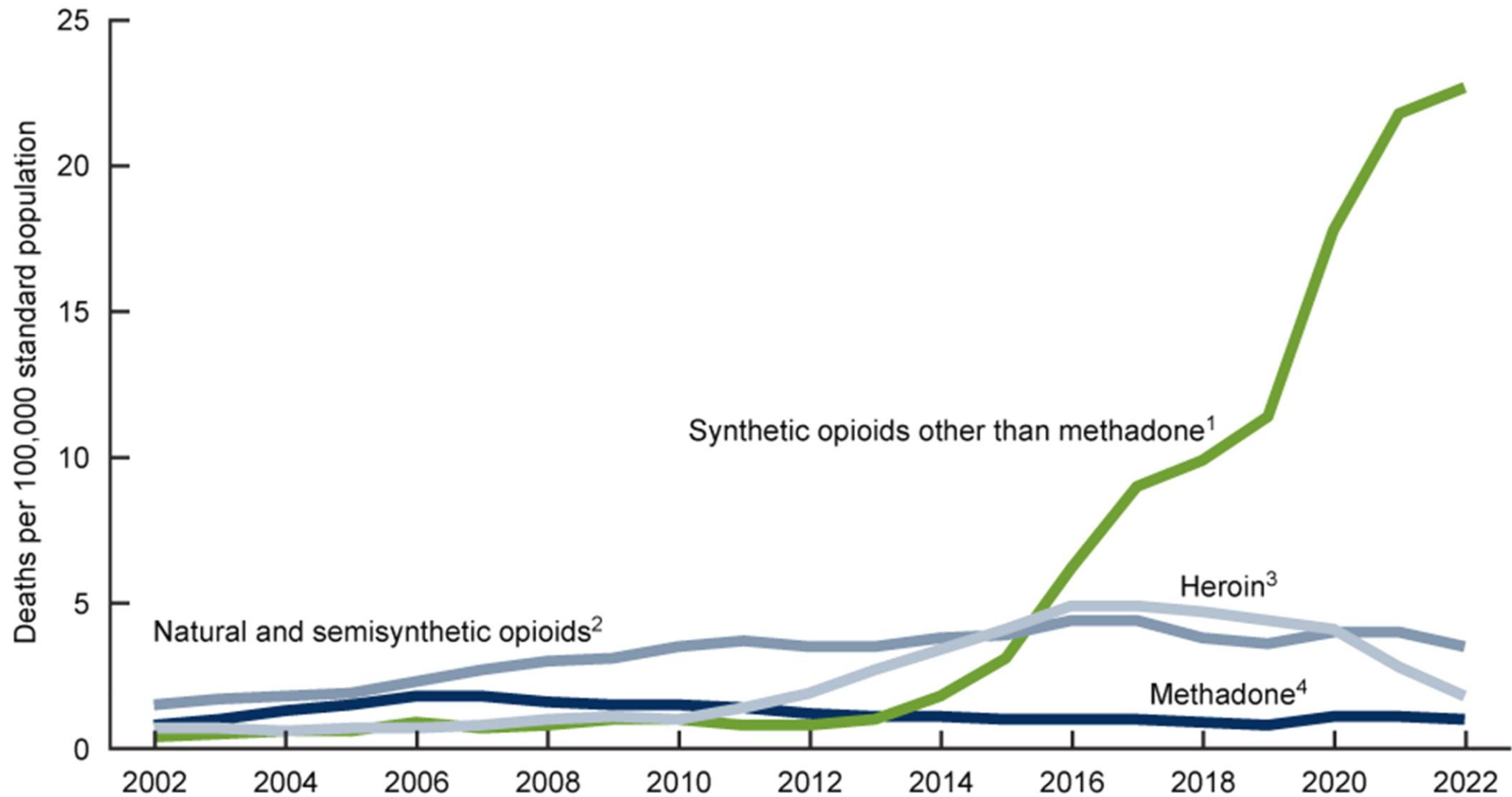
#### Color Legend

- Significant Increase
- Significant Decrease
- No Significant Change
- Data Not Available/Not Reported
- Unfunded State
- Suppressed Data

CDC's Drug Overdose Surveillance and Epidemiology (DOSE) System  
[Data Considerations](#)



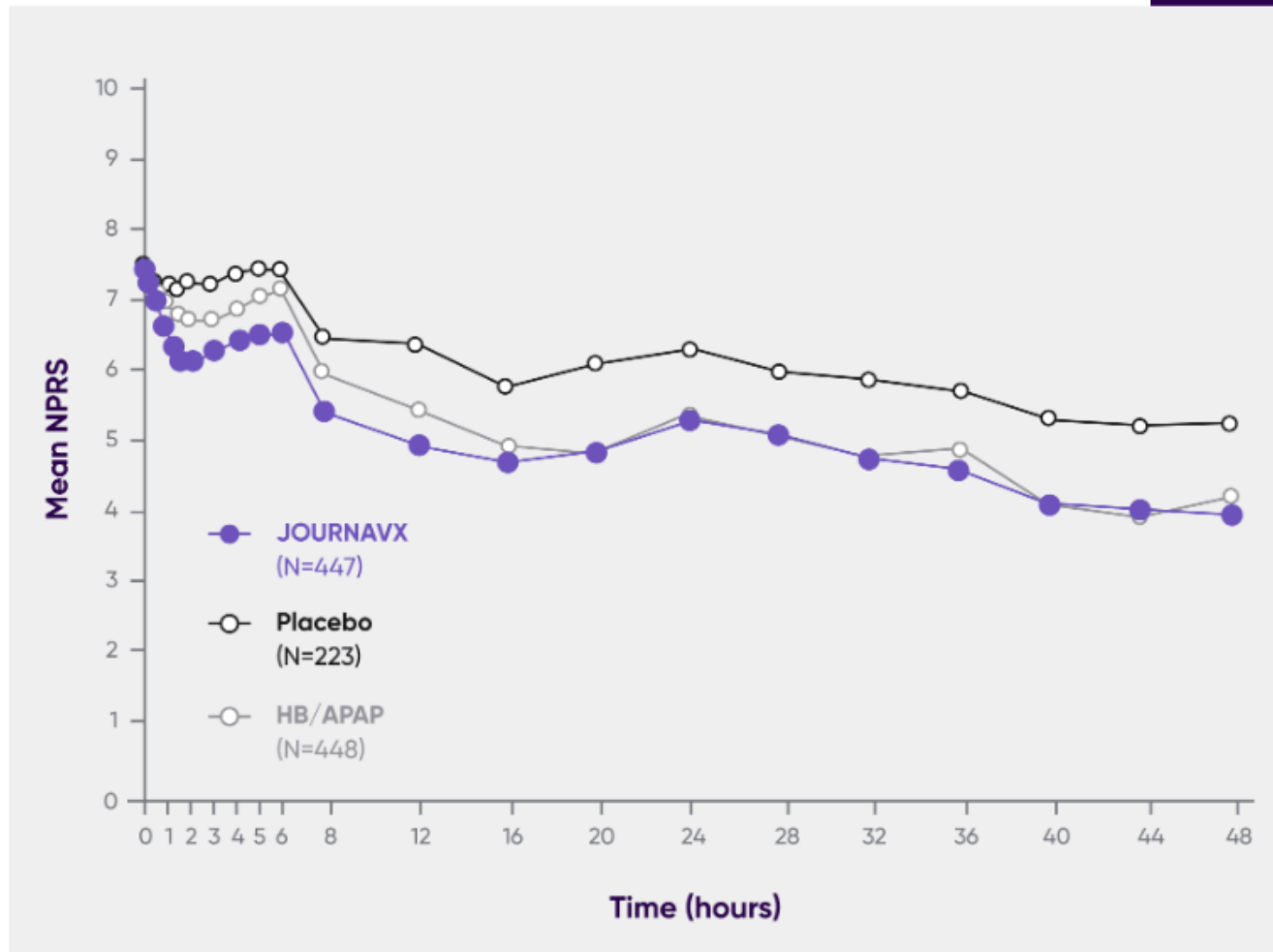
Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2002–2022





Pain

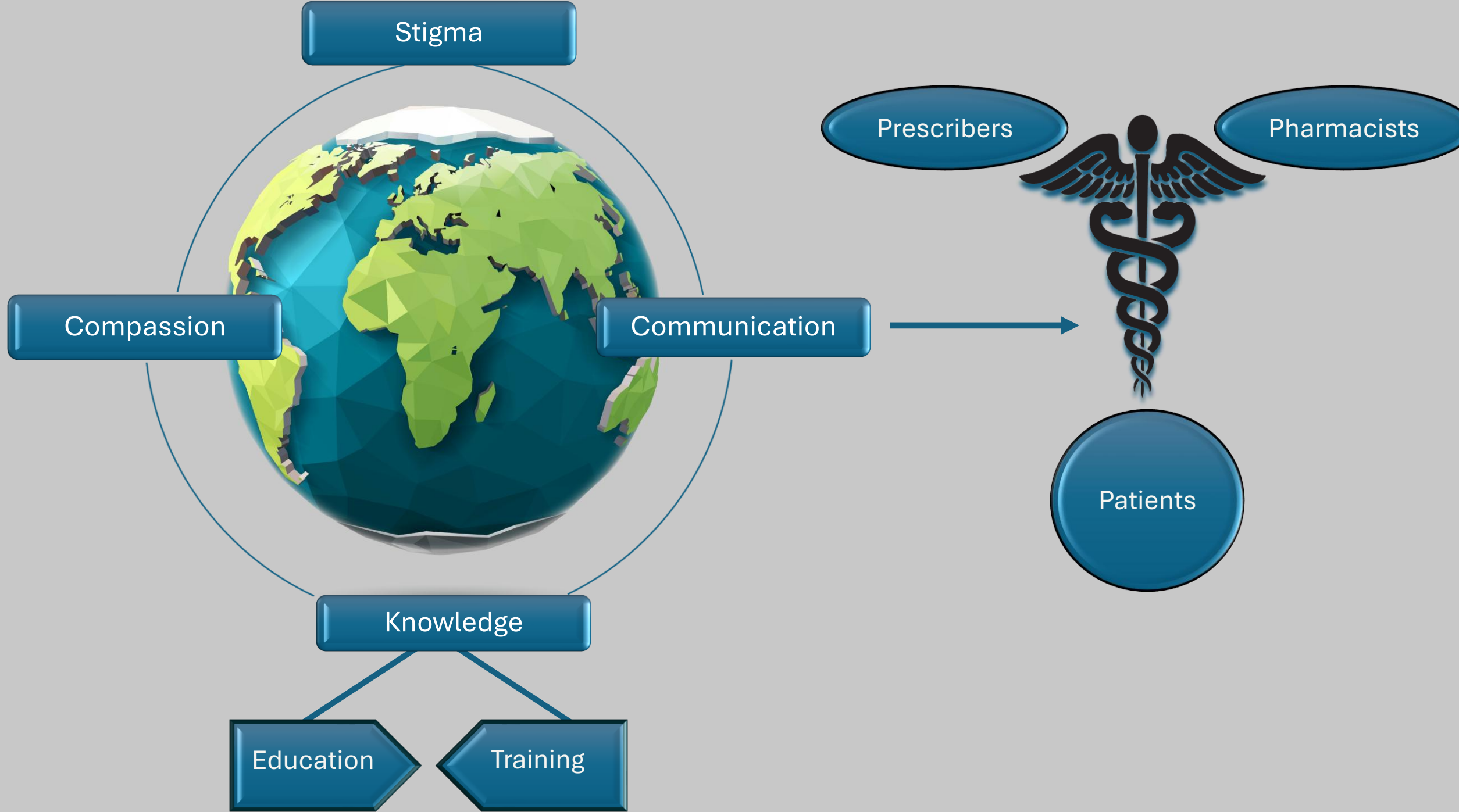
## Mean pain intensity over time<sup>1,9</sup>



The NPRS vs time analysis was not a prespecified study objective. It is not intended to convey a measure of efficacy.

<sup>9</sup> 400 mg of ibuprofen every 6 hours, as needed for pain relief, was permitted as a rescue medication across all treatment groups. Pre-rescue pain scores were carried forward for 6 hours following the use of rescue medication.<sup>1</sup>







Which one has dreams of being an “addict” when they grow up?

One of these children, regardless of background, will be diagnosed with Substance Use Disorder in their lifetime.

# Resources

## **Providers Clinical Support System (PCSS)**

- American Academy of Addiction Psychiatry (AAAP) – Substance Abuse and Mental Health Services Administration (SAMHSA) grants
- <https://pcssnow.org/>
  - PCSS-MOUD
  - PCSS-MAUD
  - Pain Core Curriculum

## **Opioid Response Network**

- <https://opioidresponsenetwork.org/>
- Also AAAP+SAMHSA plus State and Tribal Opioid Response

## **Montana Primary Care Association**

- <https://www.mtpca.org/>
  - MAT CHAT- [https://www.mtpca.org/events/mat-chat-10/?event\\_rdate=20250514080000,20250514090000](https://www.mtpca.org/events/mat-chat-10/?event_rdate=20250514080000,20250514090000)
  - Addiction Medicine Network and Pain Conference
  - <https://www.mtpca.org/events/addiction-medicine-network/>

## **Bridge to Treatment**

- <https://bridgetotreatment.org/>
- Started as the California Bridge Project to promote 24/7 emergency care availability

## **National Drug Early Warning System**

- <https://ndews.org/>
- National Institute on Drug Abuse (NIDA) and the University of Florida provide information on emerging substance use trends.

## **Montana Substance Use Disorder Task Force**

- <https://dphhs.mt.gov/opioid/>
- 2024-2028 Strategic Plan <https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/SUDsStrategicPlan2024.pdf>

# Sources:

1. Four waves of overdose mortality. A simplified schema of the four waves of the United States overdose mortality crisis. Waves 1 and 2 are represented by deaths involving commonly prescribed opioids and heroin, respectively, but excluding fentanyl co-involved deaths. Fentanyl-co-involved deaths are excluded for illustrative purposes here because the precipitous rise of fentanyl-involved deaths starting in 2013 has had the effect of raising deaths rates for a whole host of other substances used together with fentanyl, despite fentanyl representing the key driving factor in wave 3 and 4. Here, we can observe that prescription opioid- and heroin-driven waves reach inflection points and begin to decline in 2010 and 2015 respectively, after removing the inflating effects from fentanyl co-involvement. Wave 3 and wave 4 are separated by showing fentanyl deaths not involving, and involving, stimulants respectively as distinct trends, revealing the short ~2-year lag between the two waves. Data were obtained from Centers for Disease Control and Prevention's Wide-Ranging
  - Online Database for Epidemiologic Research. *Addiction*, Volume: 118, Issue: 12, Pages: 2477-2485, First published: 13 September 2023, DOI: (10.1111/add.16318)
2. Centers for Disease Control and Prevention. Drug Overdose Surveillance and Epidemiology (DOSE) System. Atlanta, GA: US Department of Health and Human Services, CDC; March 19, 2025. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/dose-dashboard-nonfatal-surveillance-data.html>
3. <sup>1</sup>Stable trend from 2002 to 2013, then increasing trend from 2013 to 2022, with different rates of change over time,  $p < 0.05$ .  
<sup>2</sup>Significant increasing trend from 2002 to 2016, then stable trend from 2016 to 2022, with different rates of change over time,  $p < 0.05$ .  
<sup>3</sup>Significant increasing trend from 2002 to 2016 with different rates of change over time, stable trend from 2016 to 2020, then significant decreasing trend from 2020 to 2022,  $p < 0.05$ .  
<sup>4</sup>Significant increasing trend from 2002 to 2006, decreasing trend from 2006 to 2018, then stable trend from 2018 to 2022,  $p < 0.05$ .  
NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories were identified by multiple cause-of-death codes: T40.1 (heroin), T40.2 (natural and semisynthetic opioids), T40.3 (methadone), and T40.4 (synthetic opioids other than methadone). Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Deaths involving more than one opioid category (for example, a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved ranged from 75% to 79% from 2002 to 2013, then increased from 81% in 2014 to 96% in 2022. [Access data table for Figure 4.](#)  
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.