

# **TALK TO YOUR PHARMACIST TOOLKIT**

A Guide to Help Utah Pharmacists  
Talk to Customers About Prescription Opioids

# TALK TO YOUR PHARMACIST

## Acknowledgements

This report was made possible by the following individuals and agencies:

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Diane Jones	Weber Human Services
Greg Jones	Board of Pharmacy
Tammy Kikuchi	Utah Department of Health Violence and Injury Prevention Program
Heather Lewis	Utah County Department of Drug and Alcohol Prevention and Treatment
Lisa May	R&R Partners
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## Partners

The following agencies have partnered to implement this campaign:

- Salt Lake Metro Narcotics Task Force
- Stop the Opidemic
- Use Only as Directed
- Utah Department of Health Violence and Injury Prevention Program
- Utah Department of Commerce Division of Occupational and Professional Licensing
- Utah Pharmacy Association
- Utah Drug Enforcement Administration

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# TALK TO YOUR PHARMACIST

## Overview

May is Talk to Your Pharmacist Month in Utah. This marks the third year the Department of Health has promoted this campaign. As health care providers, pharmacists play a vital role in prevention efforts and educating patients about the risks of taking opioids, signs of an opioid overdose, naloxone use, safe storage, and disposal of prescription opioids. The Talk to Your Pharmacist PSA demonstrates what this conversation could look like and how the campaign material is intended to be implemented.

Given the high number of deaths associated with prescription opioids, understanding the risks of opioids is vital to patient safety. The risks include physical dependency, addiction, or overdose. Overdose can take place even when using an opioid as directed, especially if taken with other medications such as benzodiazepines, alcohol, or sleep aids. Through focus groups with Utahns, the Utah Department of Health found that while many Utahns are aware that opioids are dangerous, they do not know common opioid names and therefore do not realize when they have been prescribed an opioid medication. Educating on which medications are opioids and the risks associated with them can prevent opioid dependency, addiction, and overdose.

## Purpose

The purpose of Talk to Your Pharmacist Month is to encourage pharmacists to start a conversation with patients who have been prescribed an opioid. Pharmacists will place stickers or warning labels on bottles of opioids which they dispense and talk about the risks of opioids and what they can do to protect themselves and their family. Brochures can be provided to assist in the conversation and to send home additional information that is not covered during the short conversation. Posters are also available to help the customers learn more and be prepared for the conversation about the dangers of opioids.

Required by the HB399 are warning labels and the opioid education brochure. Other helpful materials which are available and encouraged for the month of May are warning label stickers, posters, naloxone specific brochures, and talking point assists for pharmacists and pharmacy techs.

# TALK TO YOUR PHARMACIST

## Law

During the 2018 General Session of the Utah State Legislature law was passed requiring pharmacist to warn patients about the risks of taking opioids. General Session of the Utah State Legislature requiring pharmacies to warn patients of the dangers of opioids. House Bill 399 Titled: Opioid Abuse Prevention and Treatment Amendments: Requires a warning label and informational pamphlet be distributed with an opiate prescription. The Department of Health shall produce and distribute a pamphlet about opiates. For more information on this bill [le.utah.gov/~2018/bills/static/HB0399.html](http://le.utah.gov/~2018/bills/static/HB0399.html).

## Naloxone Standing Order

As of December 2016 a pharmacy may dispense naloxone under a statewide standing order signed by Dr. Joseph Miner, Director of Utah Department of Health. Naloxone may be dispensed to a customer without them having a written prescription from their doctor. If a pharmacy dispenses naloxone under the statewide standing order it is required that they enroll in the standing order at [naloxone.utah.gov](http://naloxone.utah.gov) and report annually.

Talking about the risks of opioids and the availability of naloxone can provide the customer with an opportunity to receive naloxone at the point of the dispensing of the opioid medication.

## Implementation

The Talk to Your Pharmacist toolkit will be provided to pharmacists in the first week of April. It includes the purpose of the campaign, available materials and how to request them, and talking points on opioid risks, signs of an overdose, naloxone, safe storage of opioids, and safe disposal of opioids.

You are encouraged to:

- Place the pill bottle stickers on top of opioid prescriptions.
- Hang the campaign posters in your pharmacy.
- Use the talking points to your patients about the risks of opioids, signs of an overdose, naloxone use, and safe storage and disposal of opioids.
- Distribute campaign brochures to your customers.

## Dissemination

The toolkit and printed materials will be disseminated to pharmacists by the UDOH staff. The toolkit will be available online at [www.health.utah.gov/vipp/topics/prescription-drug-overdoses/resources.html](http://www.health.utah.gov/vipp/topics/prescription-drug-overdoses/resources.html). Printed materials can be requested by contacting Angela Stander, her contact information is below. When requesting printed material, please provide your name, pharmacy address, name of the material, quantities, and size (for posters only).

For more information, please contact Angela Stander, UDOH Overdose Prevention Coordinator, at 801-538-9370 or [astander@utah.gov](mailto:astander@utah.gov).

# TALK TO YOUR PHARMACIST

## Campaign Materials

### Opioid Material Request Form

Printed materials can be ordered by filling out the **Opioid Material Request Form** below and emailing it to [VIPP@utah.gov](mailto:VIPP@utah.gov). Please add the quantity you are requesting for each type of material in the box provided.

**OPIOID MATERIAL REQUEST FORM**

Printed materials can be ordered by filling out the Opioid Material Request Form below and emailing it to [VIPP@utah.gov](mailto:VIPP@utah.gov). Please add the quantity you are requesting for each type of material in the box provided.

**Multiple Orders:** If you are requesting more than one type of material, please check the appropriate box in the Materials section. For example, if you would like to request both the Pill Bottle Sticker and the Caution Opioid Sticker, check both boxes in the Materials section.

**Contact Name:** \_\_\_\_\_ **Organization Name:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Materials:**

**Brochures:**  Prescription Opioids and Heroin Kill 6 Utahns Every Week  Naloxone Can Reverse an Overdose

**Pill Bottle Sticker:**  Pill Bottle Sticker

**Posters:**  Do Your Part  Know the Risks  Common Opioids (V1)  Common Opioids (V2)

**Quantity:**

Material	Quantity
Prescription Opioids and Heroin Kill 6 Utahns Every Week	
Naloxone Can Reverse an Overdose	
Pill Bottle Sticker	
Do Your Part	
Know the Risks	
Common Opioids (V1)	
Common Opioids (V2)	

How did you hear about these materials? \_\_\_\_\_

How did you hear about these materials? \_\_\_\_\_

CALL 800-848-8888 for more information.

### Pill Bottle Sticker

At minimum during the campaign, these stickers should be placed on top of the opioid prescription lids when possible. The stickers are 1.25 inches in diameter.



### Posters

Five posters are available in two sizes:

- 11 x 17
- 22 x 28

#### Naloxone

#### Do Your Part

#### Know the Risks

#### Common Opioids (V1)

#### Common Opioids (V2)

PRESCRIPTION OPIOIDS AND HEROIN KILL TO UTAHNS EVERY WEEK.

**NALOXONE CAN REVERSE AN OVERDOSE.**

If you or a loved one is taking opioids, ASK YOUR DOCTOR OR PHARMACIST ABOUT NALOXONE.

LEARN MORE @ OPIDEMIC.ORG

**STOP THE OPIDEMIC**

DO YOUR PART TO END UTAH'S OPIOID EPIDEMIC

- 1 STEER CLEAR OF OPIOIDS**  
When someone asks you for pills, don't provide. The CDC recommends talking to your doctor about why you're taking medications.
- 2 AVOID TAKING MORE**  
Opioids aren't like antibiotics. You do not need to finish your prescription. As soon as you don't need them, stop. Or you could be at risk of dependence, addiction, or overdose.
- 3 NEVER SHARE PAIN KILLERS**  
No sharing. Your prescription painkillers are for you. If you or someone you know is taking opioids, stop. Or you could be at risk of dependence, addiction, or overdose.
- 4 GET RID OF UNUSED MEDS**  
Don't keep extra pills just in case. Dispose of them properly or a secure disposal site. Don't give your pills and don't use your own or someone else's.
- 5 REACH OUT**  
Addiction is a disease that needs treatment. Talk to your doctor about the dangers. Talk to friends who may be struggling. Talk to a counselor or OPIDEMIC.
- 6 CARRY NALOXONE**  
Naloxone is a lifesaver. But it doesn't work unless you're ready. Buy and practice using naloxone. Share it with your friends, family, neighbors, and coworkers. Call 800-848-8888 and learn the signs of an overdose.

THERE ARE SAFER ALTERNATIVES FOR PAIN MANAGEMENT. TALK TO YOUR DOCTOR OR PHARMACIST.

LEARN MORE @ OPIDEMIC.ORG

**STOP THE OPIDEMIC**

KNOW THE RISKS OF OPIOIDS.

**DEPENDENCY**  
Opioids trigger a release of chemicals in your brain that reduce the perception of pain. Your brain eventually becomes accustomed to the heightened stimulation, diminishing the emotional rewards of feelings and pleasure, even when taking the drug as prescribed.

**OVERDOSE**  
Opioids depress the part of the brain that controls breathing and alertness. Too many opioids can cause a person to stop breathing and die. If you or a loved one is taking opioids, know the signs of an overdose.

**ADDICTION**  
Addiction is characterized by compulsive use despite harmful consequences. The craving to get high and/or avoid withdrawal leads to drug abuse, taking higher or more frequent doses than prescribed. Although people may turn to other or illicit drugs, the harm is to their health.

**SAFER ALTERNATIVES:**  
 • **ENRIL, pregabalin, gabapentin**  
 • **gabapentin, pregabalin & gabapentin**  
 • **gabapentin**  
 • **gabapentin, pregabalin**  
 • **gabapentin, pregabalin**

THERE ARE SAFER ALTERNATIVES FOR PAIN MANAGEMENT. TALK TO YOUR DOCTOR OR PHARMACIST.

LEARN MORE @ OPIDEMIC.ORG

**STOP THE OPIDEMIC**

DO YOU KNOW THE COMMON OPIOIDS?

<b>Oxycodone</b> DuoTab, OxyContin, Roxicodone	<b>Oxycodone/acetaminophen</b> Percocet, Endone, Roxicet	<b>Hydrocodone/butalbital</b> Lorabid, Vicodin, Lorcet, Norco
<b>Codone</b> Only available in generic form	<b>Tramadol</b> CadaTab, Ultram	<b>Fentanyl</b> Actiq, Duramorph, Fentora
<b>Hydrocodone</b> DuoTab, Endal	<b>Morphine</b> Demoral	<b>Methadone</b> Dolophin, Methadone

THERE ARE SAFER ALTERNATIVES FOR PAIN MANAGEMENT. TALK TO YOUR DOCTOR OR PHARMACIST.

LEARN MORE @ OPIDEMIC.ORG

**STOP THE OPIDEMIC**

DO YOU KNOW THE COMMON OPIOIDS?

<b>Oxycodone</b> DuoTab, OxyContin, Roxicodone	<b>Oxycodone/acetaminophen</b> Percocet, Endone, Roxicet	<b>Hydrocodone/butalbital</b> Lorabid, Vicodin, Lorcet, Norco
<b>Codone</b> Only available in generic form	<b>Tramadol</b> CadaTab, Ultram	<b>Fentanyl</b> Actiq, Duramorph, Fentora
<b>Hydrocodone</b> DuoTab, Endal	<b>Morphine</b> Demoral	<b>Methadone</b> Dolophin, Methadone

THERE ARE SAFER ALTERNATIVES FOR PAIN MANAGEMENT. TALK TO YOUR DOCTOR OR PHARMACIST.

LEARN MORE @ OPIDEMIC.ORG

# TALK TO YOUR PHARMACIST

## Brochures

Brochures are available in various sizes. PDF versions of each brochure can be downloaded by clicking on the title or image below.

### Opioid Pain Management

This **Opioid Pain Management** brochure fulfills the HB 399 requirement and describes how opioids are medications prescribed to treat pain, how opioids affect the brain and body, safer ways to manage pain, signs of an overdose, how to administer naloxone and substance use disorder resources.



### Naloxone

The **Naloxone** tri-fold brochure focuses on what naloxone is, who should use naloxone, and how to administer naloxone.



### Use Only as Directed

The **Use Only as Directed** tri-fold brochure focuses on safe use, safe storage, and safe disposal of opioid medication.



# TALK TO YOUR PHARMACIST

## Pocketcard

This tri-fold pocketcard focuses on the signs of an overdose, how to respond to an overdose, who is at risk of an opioid overdose, and general information about naloxone. A PDF version of the pocketcard can be downloaded by clicking on the image below.

**YOU ARE AT HIGH RISK FOR AN OPIOID OVERDOSE IF YOU:**

- Are taking high doses of opioids for long-term management of chronic pain
- Have a history of substance abuse or a previous non-fatal overdose
- Have lowered opioid tolerance as a result of completing a detoxification program or were recently released from incarceration
- Are using a combination of opioids and other drugs such as alcohol and benzodiazepines (Xanax, Valium, Xanax)
- Are unfamiliar with the strength and dosage of prescription opioids and the purity of street drug like heroin
- Are alone when using drugs
- Smoke cigarettes or have a respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS
- Have been off opioids for >72 hours and resume taking them

**WHAT TO DO AFTER CALLING 9-1-1**

1. Try to wake the person.  
- Tell his/her name and rub hard in the middle of the chest (sternal rub).
2. Try rescue breathing.  
- Make sure nothing is in his/her mouth.  
- Tilt his/her head back, lift chin, and pinch nose shut.  
- Give 1 slow breath every 5 seconds until he/she starts breathing.
3. Administer naloxone, if available.
4. Prevent choking. Put the person on his/her side.
5. Don't leave. Stay until an ambulance arrives.
6. Administer 2nd dose of naloxone, if necessary.

**Call 9-1-1, get medical help, or call the Utah Poison Control Center.**

**YOU CAN PREVENT DEATH FROM AN OPIOID OVERDOSE**

**Recognize Overdose Warning Signs:**

- Very limp body and very pale face
- Blue lips or blue fingertips
- No response when you yell his/her name or rub hard in the middle of the chest (sternal rub)
- Slowed breathing (less than 1 breath every 5 seconds) or no breathing
- Making choking sounds or a gurgling, snoring noise
- Small pupils that do not respond to light

**If you see or hear any one of these behaviors, call 9-1-1 or get medical help immediately!**

**HOW IS NALOXONE ADMINISTERED?**

**Intramuscular Administration**  
Inject 2 mg in shoulder or thigh. Repeat after 2-3 minutes if there is no or minimal response.

**Intranasal Administration**  
**Narcan®**  
Spray 1 mg (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if there is no or minimal response.

**Naloxone (Narcan®)**  
Spray 1 mg that device into one nostril. Repeat with second device into other nostril after 2-3 minutes if there is no or minimal response.

**REMEMBER, NALOXONE ONLY WORKS FOR OPIOIDS!**

**If you are at risk for an opioid overdose or care for someone who is at risk, talk to your doctor or pharmacist about getting a prescription for naloxone. For more information visit us at [www.naloxone.utah.gov](http://www.naloxone.utah.gov).**

**Utah Naloxone Laws**

- Individuals can report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug (Good Samaritan Law 2014 GS HB 11)
- Naloxone can be prescribed and dispensed to third parties (usually a caregiver, friend, or family member of a person at risk for an opioid overdose) (Naloxone Access Law 2014 GS HB 119)
- Pharmacies can dispense naloxone through the use of a standing order issued by a physician (Naloxone Standing Order 2016 GS HB 240)

**Websites:**

- [naloxone.utah.gov](http://naloxone.utah.gov)
- [epidemic.org](http://epidemic.org)
- [www.utahpoisoncontrol.org](http://www.utahpoisoncontrol.org)
- [utahnaloxone.org](http://utahnaloxone.org)

**Phone:**

Call 2-1-1 for local services and treatment centers

## Video

This is a **Talk to Your Pharmacist PSA** and can be used to encourage your staff utilize the material in this toolkit. It demonstrates how a pharmacist talks to her customer about the risks of the opioid prescription, shows her customer the brochure, and sticks a warning label on the prescription bottles.



# TALK TO YOUR PHARMACIST

## Customer Discussion

Customers may ask you or other pharmacy staff about opioids, including the dangers of using opioids, signs of an opioid overdose, or how to safely store and dispose of unused opioid medications. A script and talking points have been provided to help you talk with customers about these sensitive issues. These can be printed and placed close to your pharmacy pick-up window or cash registers. They are a great way to start a conversations with your customers.

## Talking Points

### Opioid Risks

- Taking opioids may put you at risk for dependency, addiction, or overdose.
- Drug tolerances build quickly, prompting a need to take more to get the same effect.
- It only takes seven days to become physically dependent on opioids.
- Stopping opioid use can lead to intense withdrawal symptoms such as shaking, vomiting, and anxiety.
- Opioids can cause reactions that make your breathing slow down or even stop.
- You are at risk of overdosing if you:
  - o have previously overdosed;
  - o have had a period of abstinence from taking opioids, such as recently being released from jail/prison or detox programs;
  - o are taking high doses of opioids;
  - o are taking other substances with opioids, such as anti-anxiety medications, sleep aids, or alcohol;
  - o are opioids for a long period of time; or
  - o use heroin.

### Signs of an Opioid Overdose

- Recognizing the signs of an opioid overdose can save your life or a loved one's life. These signs may include:
  - o very limp body and very pale face;
  - o blue lips or blue fingertips;
  - o no response when you yell his/her name or rub hard in the middle of the person's chest;
  - o slowed breathing (fewer than one breath every five seconds) or no breathing at all; or
  - o hearing choking sounds or a gurgling, snoring noise.
- If you see or hear any of these behaviors, get medical help immediately!
  1. Call 911 and give the person naloxone.
  2. Try to wake the person by yelling his/her name and rubbing hard in the middle of their chest.
  3. Try rescue breathing and/or chest compressions.
  4. Give the person a second dose of naloxone after three minutes if there is still no reaction from them.
  5. Follow 911 dispatcher instructions.
  6. STAY WITH THE PERSON UNTIL MEDICAL HELP ARRIVES.

# TALK TO YOUR PHARMACIST

## Naloxone

- Naloxone is an antidote that reverses an opioid overdose and gets someone breathing again.
- Naloxone is NOT a controlled substance.
- Naloxone is for opioid medications like an epinephrine pen is for someone with an allergy.
- Anyone can administer naloxone. If you are at risk of overdosing, or have a friend or family member who is at risk, you should have naloxone
- Naloxone is safe. There are virtually no harmful side effects.
- The effects last 30-90 minutes, which allows time to seek help.

## Safe Storage and Disposal

- Store prescription opioids out of reach of children and visitors.
- Know where your prescription opioids are at all times.
- Keep prescription opioids in the original bottle with the label attached, and with the child-resistant cap secured.
- Keep track of how many prescription opioids are in your bottle so you are immediately aware if any are missing.
- Dispose of all unused and expired prescription opioids properly.
- Clean out your medicine cabinet and take unused medications to collection bins located across the state for safe and legal disposal.
- Disposal bins can be found at [useonlyasdirected.org/drop-off-locator/](http://useonlyasdirected.org/drop-off-locator/).
- Follow these steps if there isn't a safe disposal site near you:
  1. Remove all personal identification from the bottles.
  2. Crush and mix unused drugs with an undesirable substance such as coffee grounds, table scraps or dirt.
  3. Place the mixture in a sealed container and put it in your trash can on the day of pickup.

## Script

Hi. My name is \_\_\_\_\_. It looks like you've been prescribed an opioid medication from your doctor. Opioids are often used to help control pain. But it's important to know that taking these medications also have serious risks, such as dependency, addiction, or even an overdose.

It's important that when you are taking these medications that you know the signs of an overdose in case anything happens. This brochure goes over what an overdose can look like and what to do if something happens. (Hand patient the Stop the Opioid epidemic brochure)

I would also like to tell you about naloxone and how to properly administer it. Naloxone is a safe medication that can reverse an overdose. It is easy to administer and can save a life. Would you like a naloxone kit? (Hand the patient the Naloxone brochure)

Lastly, here are some tips on how to safely store your opioid medications. (Hand patient the Use Only As Directed brochure) It also tells you how to safely dispose of any unused opioid medications.

Do you have any other questions for me?



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