

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on S.B. 2773
RELATING TO OPIOIDS

SENATOR ROSALYN BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 7, 2020

Room Number: 229

1 **Department Position:** The Department of Health (Department) offers the following **comments**.

2 **Department Testimony:** The subject matter of this measure falls within the scope of the
3 Department's Behavioral Health Administration (BHA) whose statutory mandate is to assure a
4 comprehensive statewide behavioral health care system by leveraging and coordinating public,
5 private and community resources. Through the BHA, the Department is committed to carrying
6 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and
7 person-centered. The BHA's Alcohol and Drug Abuse Division provides the following testimony
8 on behalf of the Department.

9 The Department respectfully submits that the intent of this measure was accomplished by the
10 Legislature, the Department and the many partners of the Hawaii Opioid Initiative through
11 Act 66 SLH 2017 (now HRS §329-38.5). The Department maintains the online posting of the
12 informed consent form for use by any Hawaii prescriber of opioid prescriptions mandated by this
13 act and which we believe achieves the goal of this measure: [https://health.hawaii.gov/substance-](https://health.hawaii.gov/substance-abuse/files/2017/12/opioid_informed_consent_template.pdf)
14 [abuse/files/2017/12/opioid_informed_consent_template.pdf](https://health.hawaii.gov/substance-abuse/files/2017/12/opioid_informed_consent_template.pdf). Passage of Act 66 SLH 2017 was
15 one of the early objectives of the Hawaii Opioid Initiative.

16 We believe this informed consent process achieves a good balance in its application to outpatient
17 settings and not for inpatient or emergency rooms, which are intended for patients experiencing
18 acute pain. We also believe that the informed consent process effectuated by Act 66 SLH 2017
19 validly promotes the notion that patient/provider discussion should not just emphasize the risks

1 of addiction and overdose, but should also include the prescription's benefits (e.g., reliable pain
2 relief) as well as encourage the use of available alternative treatments (e.g., physical therapy).

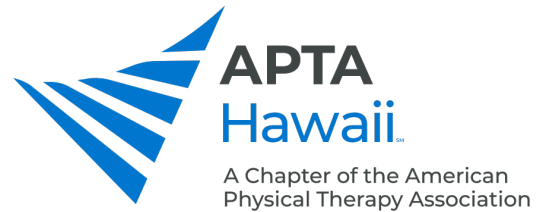
3 Also, the Hawaii Opioid Initiative has workgroups on Prescriber Education and Pain
4 Management as well as Pharmacy-Based Interventions that can work together to ensure that all
5 prescriptions, including those for acute pain, are made with clinical guidelines and best practices
6 in mind. The Hawaii Opioid Initiative has the following objectives that relate to this measure:

- 7 • By December 2020, adapt plans used in other states for Hawai'i to educate physicians
8 specific to opioid prescribing and pain management practices with continued oversight to
9 ensure information is current.
- 10 • By October 2020, engage stakeholders to disseminate opioid/pain management education
11 for prescribers upon relicensing or renewal of prescriptive authority through MedQuest.
- 12 • Identify systemic barriers to pain management to increase access to interdisciplinary pain
13 management.
- 14 • Plan, create, and disseminate a roadmap on how to identify patients who would be
15 eligible for alternative pain management therapies, such as, integrated therapies,
16 acupuncture, physical therapy, and cognitive behavioral therapy, and identify the referral
17 process.

18 The Department feels strongly that the ongoing work of the Hawaii Opioid Initiative and the
19 consistent participation its members from the medical care sector will continue to maintain and
20 expand the desired effect of this measure to educate patients, reduce incidence of prescription
21 opioid use disorders and assure balanced and integrated medical and behavioral health
22 advancements.

23 Thank you for the opportunity to testify.

SB2773 Relating to Opioids
Senate CPH Hearing
Friday, Feb. 7, 2020 – 9:30am
Room 229



Position: Support

Chair Baker, Vice Chair Chang and Members of the CPH Committee:

I am Gregg Pacilio, PT and Board President of APTA-Hawaii, the American Physical Therapy Association-Hawaii, formerly known as the Hawaii Chapter of the American Physical Therapy Association (HAPTA). We are a non-profit professional organization serving more than 340-member Physical Therapists and Physical Therapist Assistants. We are movement specialists and are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum functioning from neuromusculoskeletal injuries and impairments.

APTA-HI is in support of SB2773 which would statutorily require providers who prescribe opioids to discuss with the patient certain risks associated with opioids before the prescription to treat acute pain and to acknowledge the discussion in the patient's medical record.

It is unfortunate that we need to legislate a procedure that should be standard practice. The current opiate crisis suggests that this is necessary. In our physical therapy practice of treating patients in pain we occasionally encounter patients who inappropriately use their prescribed narcotics. This measure would reinforce the proper administration of these medication ensuring patients are more informed of the potential risks of various opiates. The measure would also cue the providers to consider alternative treatments for patients in pain.

Your support of SB2773 is appreciated. Please feel free to contact Herb Yee at (808) 348-3763 if there are any questions. Thank you for the opportunity to present testimony.



SB2773 Verbal Discussion before Opioid Prescriptions

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Chang, Vice Chair
- Friday, Feb. 7th, 2020: ~~9:30~~ 8:30 am
- Conference Room 229

Hawaii Substance Abuse Coalition Recommends and Supports SB2773:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 non-profit alcohol and drug treatment and prevention agencies.

Recommendation:

Section 1 (5) **Heighten risks of life-long use disorders for saving pills including the risk posed to family members if prescription painkillers are intentionally or unintentionally shared.**

One of the first steps to minimizing an Opioid epidemic is to provide prevention that involves awareness and education as a starting point for deeper discussion.

<https://www.pbs.org/show/understanding-opioid-epidemic/>

- In recent surveys, physicians discussing the risk of long-term use disorders with patients observed a 60% lower rate in a self-reported saving of pills suggesting patient education efforts may have positive behavioral consequences that could lower the risks of prescription painkiller abuse. Future research should test these associations under controlled settings.¹
- CDC Guidelines² states that while they did not find studies evaluating the effectiveness of patient education on opioid treatments, CDC recommends to not miss this opportunity for physicians to communicate about safety given the substantial evidence gaps on opioids, the uncertain benefits of long-term use and potential for serious harms. Patient education and discussion before starting opioid therapy are critical so that patient preference and values can be understood and use to inform clinical decisions.
- **Experts agree that the content of the discussions should include:**
 - Realistic expected benefits,
 - Common and serious harms,
 - Expectations for clinician and patient responsibilities to mitigate the risks of opioid therapy.

1. ¹ Annuals of Family Medicine: Discussing Opioid Risks with Patients to Reduce Misuse and Abuse: Evidence from 2 Surveys, (2016): Joachim O. Hero, MPH; Caitlin McMurtry, SM; John Benson, MA and Robert Blendon, ScD <http://www.annfammed.org/content/14/6/575.full>

²CDC guideline for prescribing opioids for chronic pain—United States, 2016: Dowell D, Haegerich TM, Chou R <http://www.annfammed.org/content/14/6/575.full>

CDC recommends that an honest and open discussion include the following:

- Be explicit and realistic about expected benefits of opioids, explaining that while opioids can reduce pain during short-term use, there is no good evidence that opioids improve pain or function with long-term use, and that complete relief of pain is unlikely.
- Emphasize improvement in function as a primary goal and that function can improve even when pain is still present.
- Advise patients about serious adverse effects of opioids, including potentially fatal respiratory depression and development of a potentially serious lifelong opioid use disorder that can cause distress and inability to fulfill major role obligations.
- Advise patients about common effects of opioids, such as constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence, and withdrawal symptoms when stopping opioids. To prevent constipation associated with opioid use, advise patients to increase hydration and fiber intake and to maintain or increase physical activity. Stool softeners or laxatives might be needed.
- Discuss effects that opioids might have on ability to safely operate a vehicle, particularly when opioids are initiated, when dosages are increased, or when other central nervous system depressants, such as benzodiazepines or alcohol, are used concurrently.
- Discuss increased risks for opioid use disorder, respiratory depression, and death at higher dosages, along with the importance of taking only the amount of opioids prescribed, i.e., not taking more opioids or taking them more often.
- Review increased risks for respiratory depression when opioids are taken with benzodiazepines, other sedatives, alcohol, illicit drugs such as heroin, or other opioids.
- Discuss risks to household members and other individuals if opioids are intentionally or unintentionally shared with others for whom they are not prescribed, including the possibility that others might experience overdose at the same or at lower dosage than prescribed for the patient, and that young children are susceptible to unintentional ingestion. Discuss storage of opioids in a secure, preferably locked location and options for safe disposal of unused opioids.
- Discuss the importance of periodic reassessment to ensure that opioids are helping to meet patient goals and to allow opportunities for opioid discontinuation and consideration of additional nonpharmacologic or nonopioid pharmacologic treatment options if opioids are not effective or are harmful.
- Discuss planned use of precautions to reduce risks, including use of prescription drug monitoring program information and urine drug. Consider including discussion of naloxone use for overdose reversal.
- Consider whether cognitive limitations might interfere with management of opioid therapy (for older adults in particular) and, if so, determine whether a caregiver can responsibly co-manage medication therapy. Discuss the importance of reassessing safer medication use with both the patient and caregiver.

Given the possibility that benefits of opioid therapy might diminish or that risks might become more prominent over time, it is important that clinicians review expected benefits and risks of continued opioid therapy with patients periodically, at least every 3 months.

We appreciate the opportunity to provide testimony and are available for questions.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
Friday, February 7, 2020 at 8:30 a.m., Rm 229

By

Bonnie Irwin
Chancellor

And

Carolyn Ma, PharmD, BCOP
Dean

Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo

SB 2773 – RELATING TO OPIOIDS

Chair Baker, Vice Chair Chang and members of the committee:

Thank you for the opportunity to submit testimony on SB 2773. University of Hawai'i at Hilo supports this bill that requires authorized providers to discuss risks associated with opioid medication therapy at the time of initial prescribing.

The Daniel K. Inouye College of Pharmacy also offers additional comments that all health care providers with prescriptive authority should, upon initiation of any medication therapy, educate patients on the proper use of medications including proper administration, timing, possible adverse effects and potential interactions.

We appreciate the opportunity to provide testimony.



Feb 4, 2020

Senator Rosalyn Baker
Chair, Senate Committee on Commerce, Consumer Protection, and Health

Senator Stanley Chang
Vice Chair, Senate Committee on Commerce, Consumer Protection, and Health

SB2773: Relating to Opioids

Testimony in **OPPOSITION**

Dear Senator Baker and Committee Members,

The Hawaii College of Emergency Physicians agrees with the sentiment of SB2773. However, we do not believe the proposed legislation will benefit our patients and ask your committee to not pass this piece of legislation.

We do not in any way mean to minimize the impact that opioid overuse and abuse is having in Hawaii or the rest of the country. It is also important to recognize that the greatest risk factor for the abuse of prescription opioid medication is the initiation of the medication. Frankly, what SB2773 would mandate is and should be the standard of care in prescribing opioid medications.

We routinely hear from emergency physicians and other specialists that administrative tasks are the greatest burden for physicians in medicine. Legislation like this only adds to the administrative check boxes physicians need to complete in the name of providing good care. Physicians are already having these conversations with patients, whether or not they are documenting them. Adding to the clerical work providers already have to comply with will not improve care.

Warmest regards,

William Scruggs, MD
President-Elect, Hawaii ACEP



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SENATE COMMITTEE ON CONSUMER PROTECTION AND HEALTH

Sen. Rosalyn Baker, Chair

Sen. Stanley Chang, Vice Chair

Date: February 7, 2020

Time: 8:30 a.m.

Place: Conference Room 229

From: Hawaii Medical Association

Michael Champion, MD, President

Christopher Flanders, DO, Executive Director

Re: SB2773 - Relating to Opioids

Position: COMMENTS

The Hawaii Medical Association supports the intention of this bill in emphasizing the importance of informed consent to patients when prescribing opioids, however believes this bill is unnecessary in that this requirement is already present through state statute, administrative rules and clinical guidelines.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD Secretary – Thomas Kosasa, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO



Friday, February 7, 2020 at 8:30 am
Conference Room 229

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Rosalyn H. Baker
Vice Chair Stanley Chang

From: Paige Heckathorn Choy
Director of Government Affairs
Healthcare Association of Hawaii

Re: **Submitting Comments**
SB 2773, Relating to Opioids

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide **comments** on this measure, which would require a prescriber to discuss with a patient (or their parent or guardian) the risks associated with an opioid used to treat an acute pain symptom. The discussion would be required prior to the initial prescription of the opioid and again prior to the issuing of the third prescription.

We would suggest that the requirements in HRS §329-38.5 cover many of the concerns this bill seeks to address. For example, that section states that "any provider authorized to prescribe opioids shall adopt and maintain written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing provider and qualifying opioid therapy patient." We believe that these requirements are more expansive and provide greater protections for patients since they apply to a broader set of patients, including those requiring opioid treatment for more than three months; those taking benzodiazepines and opioids together; or those who are prescribed a dose of opioids that exceeds ninety morphine equivalent doses. This is more expansive than this measure, which focuses only on those patients treating an acute pain symptom.

We also believe an informed consent process is more thorough than a verbal conversation. As noted in the bill that effectuated HRS §329-38.5, the legislature stated in its findings "that informed consent is an effective process between a provider and patient that relates to a

specific medication or a form of treatment such as safe opioid therapy. The informed consent process allows the patient to better understand the goals of treatment, potential benefits of treatment, realistic outcomes, potential risks, how to use the medication, and alternative treatment options.” We agree with this statement that the informed consent process is a thorough, effective way to address the risks of taking opioids.

HRS §329-38.5 also required the Department of Health to develop an informed consent template, which is available on their website for prescribers to use freely.¹ This template form covers many of the topics that this measure seeks to address in a verbal discussion, and expands on some of the risks that prescribers must discuss with their patients as part of any opioid therapy. The template is provided for the committee’s review at the end of this testimony.

The focus of this bill on acute pain is also potentially problematic in how it is operationalized. Generally, a patient is treated in the emergency room or in the hospital during an inpatient stay for acute pain. There are already exemptions in law for prescribing controlled substances (HRS §329-38, for example) that acknowledge that having to have full discussions and note actions in the medical record in emergency situations is not always going to be practical, especially if the patient lacks capacity to engage in a verbal discussion. A patient may also receive an opioid to treat pain right after surgery or during an inpatient stay. In those cases, the use of opioids—and any other drug—along with treatments and services should be discussed as part of the informed consent process for the emergency, inpatient, and right after surgery.

Lastly, we would like to note that the definition of “initial prescription” in subsection (d) requires that a prescriber consult with the patient’s medical record and electronic prescription accountability system (also known as the PDMP), but the requirement to check the PDMP already exists in HRS §329-38.2 for most prescriptions of a Schedule II, III, or IV controlled substance—not just an opioid.

We understand and agree with the concerns this bill seeks to address to ensure that individuals are aware of the risks of opioids and their treatment options. However, we believe stronger and more expansive laws exist on this topic and do not think the bill is necessary.

Thank you for your consideration of our testimony.

¹ https://health.hawaii.gov/substance-abuse/files/2017/12/opioid_informed_consent_template.pdf

Informed Consent for Opioid Prescribed Pills

Please review the information listed here. Initial next to each item when you have reviewed it with your provider and feel you understand and accept what each statement says.

Initial	Statement
	My provider is prescribing opioids (pills) for the following condition(s): _____
	When I take these pills, I may experience side effects that are dangerous. These include sleepiness, constipation, nausea, itching, or allergic reactions. The pills may cause me to not think clearly, may slow my reactions, or slow my breathing.
	When I take these pills, it may not be safe for me to drive, operate machinery, or take care of people. If I feel sleepy, confused, or impaired by these pills or other drugs, I should not do things that may harm others.
	If I take these pills regularly, I will become dependent on them. This means my body will become used to taking the pills every day. I will feel sick if I stop taking them. I will feel sick if I stop taking them too quickly. I will feel like I have the flu. I may also have abdominal pain, nausea, vomiting, diarrhea, or sweating. I may also have body aches, muscle cramps, a runny nose, yawning, anxiety, and sleep problems.
	I may become addicted to the pills. I may need addiction treatment. I will tell my provider if I cannot control how I am using them. I will tell my provider if bad things happen because of the pills.
	Anyone can become addicted to the pills. People who have had mental illness or drug or alcohol problems are at higher risk. People who have a hard time stopping smoking are at higher risk. I told my provider if I or anyone in my family has had these types of problems.
	Taking too many of my pills can cause me to overdose. I may stop breathing. So, I will not take more than prescribed.
	Mixing my pills with psychiatric medicine can cause me to overdose and stop breathing. I have told my provider about any drugs I take for psychiatric problems.
	Mixing my pills with other drugs that cause sleepiness could cause me to overdose and stop breathing. I have told my provider about any drugs I take to help me sleep.
	Taking drugs used to treat addiction may reverse the effects of my pills and could cause me to go into withdrawal. I have told my provider about any drugs I take for drug addiction. ¹

	It is my responsibility to tell any provider that is treating me that I am taking opioid pain pills. This is so they do not give me medicines that interact with my pain medicine.
	I have talked about the possible risks and benefits of taking opioid pain pills with my provider. We discussed the possibility of other treatments that do not use opioids, including: _____
	These pills are being prescribed to me because other treatments have not controlled my pain well enough.
	These pills may decrease my pain. But they are unlikely to take away all my pain.
	I will take these pills to improve my ability to work and meet other goals I have discussed with my provider. If these pills do not help me meet those goals, they will be stopped.
	I will store these pills safely. I will keep them where others cannot see or access them (like in a locked box).
	For Men: Taking these pills for a long time may cause low testosterone levels and affect sexual function.
	For Women: I will tell my provider immediately if I think I am pregnant or want to get pregnant. If I become pregnant while taking these pills and continue to take them during pregnancy, the baby will be dependent on the pills at birth and may require withdrawal treatment.
	Naloxone is a drug that can reverse the effects of an overdose in an emergency. My provider can write a prescription for me to obtain Naloxone. I understand that my insurance may not cover this. I can find more information about Naloxone at www.getnaloxonenow.org .

I have read this form with my provider and had the chance to ask questions. I understand each statement written here and, by signing, give consent for the treatment of my pain condition with opioid pain pills.

Patient signature

Patient name printed

Date

Provider signature

Provider name printed

Date

¹ These drugs include buprenorphine (Suboxone® and Subutex®), naltrexone (ReVia®), nalbuphine (Nubain®), pentazocine (Talwin®), or butorphanol (Stadol®).

Testimony of
Jonathan Ching
Government Relations Manager

Before:
Senate Committee on Commerce, Consumer Protection, and Health
The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair

February 7, 2020
8:30 a.m.
Conference Room 229

Re: SB2773, Relating to Opioids

Chair Baker, Vice Chair Chang, and committee members, thank you for this opportunity to provide testimony on SB2773, which requires providers authorized to prescribe opioids to discuss with patients certain risks associated with controlled substances that are opioids prior to issuing initial opioid prescriptions for the treatment of acute pain and also note the acknowledgement of the discussion in the patient's medical record.

Kaiser Permanente Hawai'i offers the following COMMENTS on SB2773.

We believe SB2773 is unnecessary because current law already addresses the purpose sought by SB2773 to ensure that patients are aware of the risks of opioids and their treatment option.

Under Act 66, Session Laws of Hawai'i 2017, (codified as Hawai'i Revised Statutes § 329-38.5), the Department of Health developed an informed consent template, which is currently available online for all providers. This template form covers many of the topics that this measure seeks to address in a verbal discussion and expands on some of the risks that prescribers must discuss with their patients as part of any opioid therapy. We also note that the informed consent process required goes *beyond* a verbal conversation. It also allows the patient to better understand the goals of treatment, potential benefits of treatment, realistic outcomes, potential risks, how to use the medication, and alternative treatment options.

Furthermore, HRS § 329-38.5 requires “any provider authorized to prescribe opioids shall adopt and maintain written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing provider and qualifying opioid therapy patient (emphasis added).” In accordance with this, Kaiser Permanente Hawai'i has already adopted both a policy and practice to ensure that patients are aware of these risks.

Therefore, we request the committee defer this bill. Mahalo for the opportunity to testify on this important measure.



Testimony of Elaine Pozycki, Founder of Prevent Opioid Abuse in Support of SB 2773

(Submitted Feb. 6, 2020)

Senator Baker, Senator Chang, distinguished members of the Committee on Commerce, Consumer Protection and Health, I urge you to join me in supporting SB 2773, sponsored by Senator Gabbard, to guarantee that Hawaii patients and parents will have the information they deserve and need to prevent opioid dependency and addiction. In the 17 states where this commonsense legislation has passed, it is driving down the number of opioid-based painkillers that are prescribed annually, preventing new instances of opioid use disorder and saving lives. In New Jersey, for example, the number of prescriptions written declined by more than 25% in the law's first year of implementation.

Every patient, every parent has the right to know the medicines they are about to receive can lead to a dependency and addiction. That is why Senator Gabbard's legislation requires a conversation about the risks of dependence and possible non-opioid pain relief alternatives before an opioid-based pain reliever is prescribed. Ensuring that a conversation occurs between doctors and patients and parents at the time it is most needed-- right before an opioid is prescribed --is a simple, but extremely effective step that we know saves lives.

I know the importance of having this knowledge from first-hand experience. My son Steven became dependent on opioid-based pain relievers after they were prescribed to treat a sports injury. Had I just been told about the addictive qualities of the medicines Steven was prescribed, I would have known to look for alternatives. I would have known to look for signs and symptoms of abuse.

And I'm not alone. A national survey done by the Hazeldon Betty Ford Foundation confirms what I have learned from talking with other parents, that 6 in 10 doctors prescribe opioid painkillers without telling patients that they can be addictive. If we are going to curb this epidemic and prevent more families around the nation from going through what my family has been through, we need legislators like yourself to make sure that the people in your state are informed in real time, so this knowledge can be put to use. That is exactly what this legislation does.

This is especially important as a recent study finds, "51% of drug test results of patients prescribed an opioid or other controlled medication show signs of misuse."

As the National Opioid Commission states, "We have an enormous problem that is often not beginning on street corners; it is starting in doctor's offices and hospitals in every state in our nation." Drug overdoses are the leading cause of accidental death in the United States. Nearly 50,000 people died from opioid overdoses in 2017.

I urge you to vote for SB 2773 out of Committee and work for its speedy adoption to ensure that Hawaii patients have the lifesaving information they need at the time they most need it and to do everything in your power to ensure that it is passed expeditiously.

About Prevent Opioid Abuse:

Prevent Opioid Abuse is a national organization working to educate patients and parents about the risks of opioid-based pain relievers and the availability of non-opioid alternatives. For more information; contact the Prevent Opioid Abuse Team by email at info@preventopioidabuse.org, by phone at 973-316-6433 or visit: www.preventopioidabuse.org.