



Opioid Addiction Treatment ECHO For Providers and Primary Care Teams at Neighborhood Health Centers of the Lehigh Valley

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under contract number HSH250201600015C. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.





Risk Reduction: Overdose Prevention and Management of Prescribed Opioids

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Disclosures

Stephen Wyatt has no financial conflicts of interest to disclose

Abby Letcher has no financial conflicts of interest to disclose



Objectives

- **Overdose prevention and management of misuse/risky use of opioids**
- **Understand:**
 - What is risk reduction/harm reduction.
 - Who is at risk.
 - Specific evidence-based harm reduction interventions for opioid use disorders (OUDs).
 - How to incorporate overdose prevention into primary care practice.





What is Risk Management or Harm Reduction:

- Taking precautionary measures to **reduce** the likelihood of a loss, or to **reduce** the severity of a possible loss.
 - examples
 - Installing a Security System.
 - Seatbelts, Airbags
- 2015 - Nine car models recorded driver death rates of zero
 - attributed to safety features such as electronic stability control and design improvements





Principles of Risk Reduction

- Some people who have risky use of opioids or have an opioid use disorder are not ready, willing, or able to stop using
- This can result in a wide range of negative consequences for the individual and for society
- Consequently, approaches have been developed to reduce the most harmful aspects of drug use

“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use substances.”

www.harmreduction.org

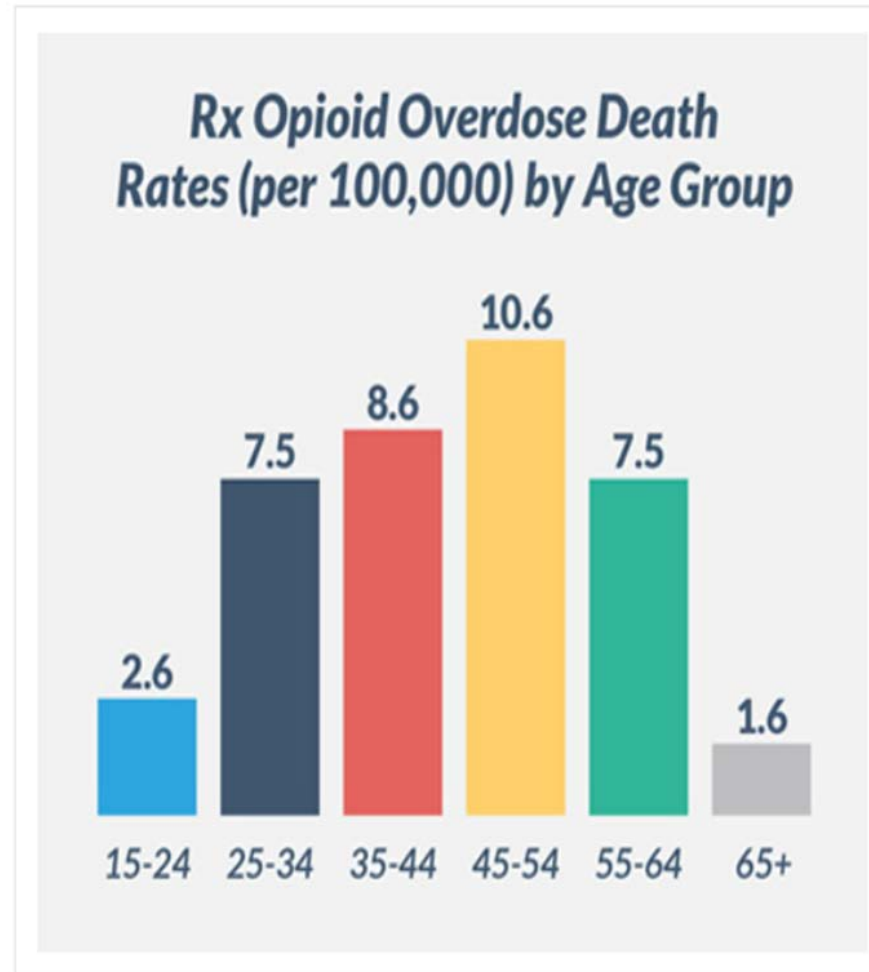


Risk Reduction strategies for OUD

- Reduce the stigma/prejudice surrounding this disease
- Increase access to evidence-based treatment
- Teach safer injection practices and safer use
 - Never use alone, same dealer, test shot, aseptic technique
- Provide access to needle & syringe exchange
- Consider implementing sites for safer injection
- Increase access to naloxone for overdose prevention

Prescription Opioid Overdoses

- Every day 46 people die in the US from prescription opioid overdose
- If we add heroin overdose, that # climbs to 91/day*

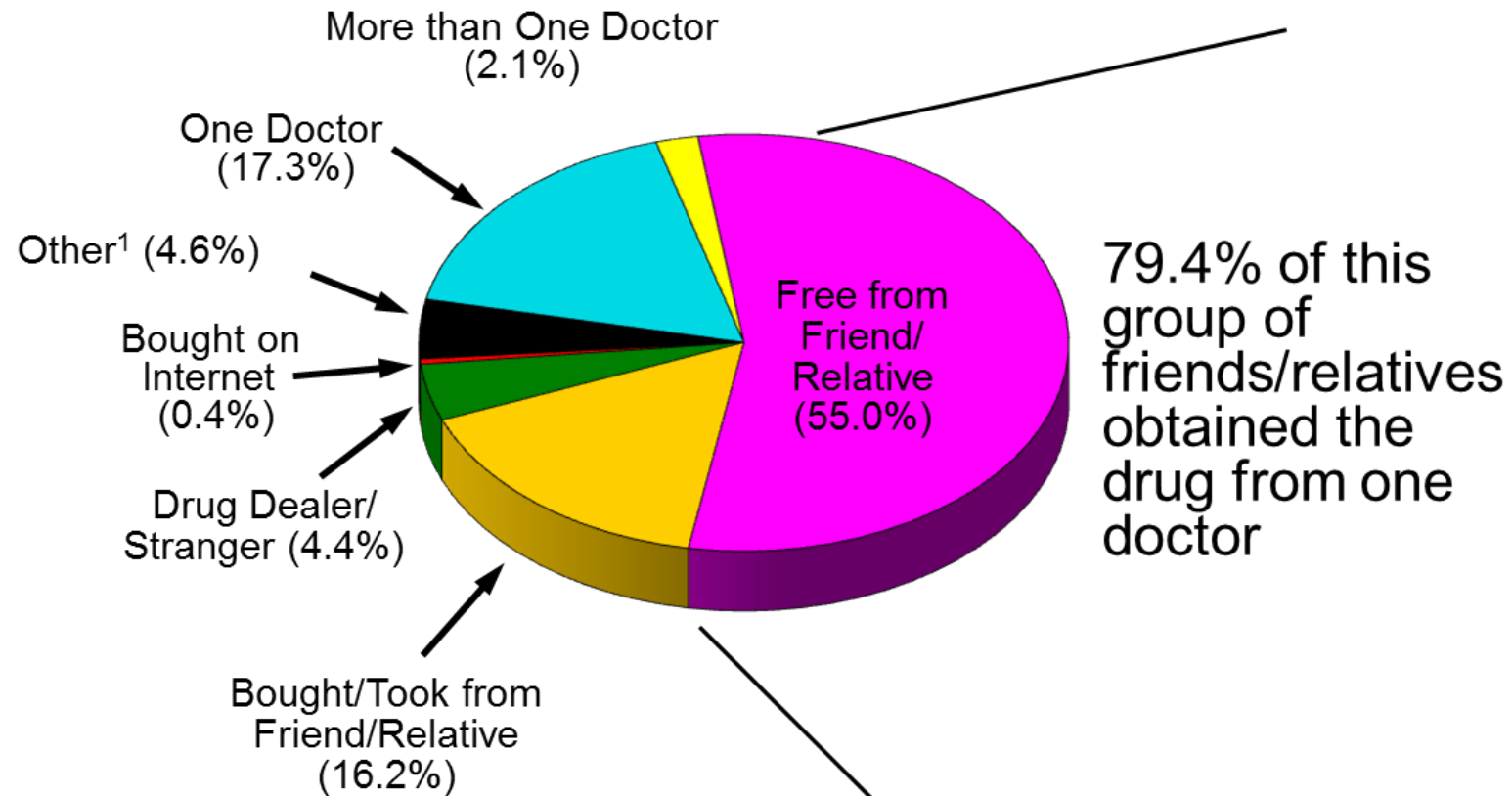


*<https://www.cdc.gov/drugoverdose/epidemic/>

Overdose Risk Factors

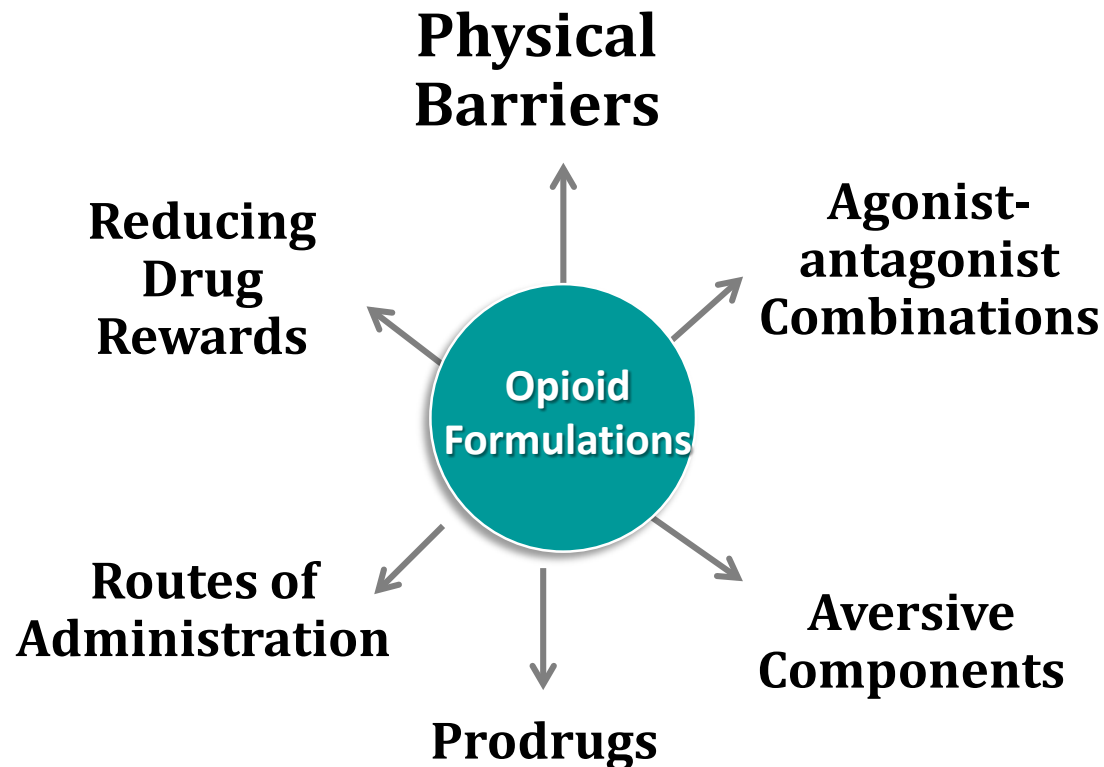
- More than 100 mg of oral morphine equivalents daily ¹
- Recent release from controlled environment
 - Incarceration ²
 - Treatment ³
- Release after emergency care for overdose
- Mixing opioids with benzos, alcohol, other drugs ⁴
- Medical conditions (renal, hepatic, pulmonary diseases, HIV)

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2010



79.4% of this group of friends/relatives obtained the drug from one doctor

Abuse Deterrent/Resistant Formulations



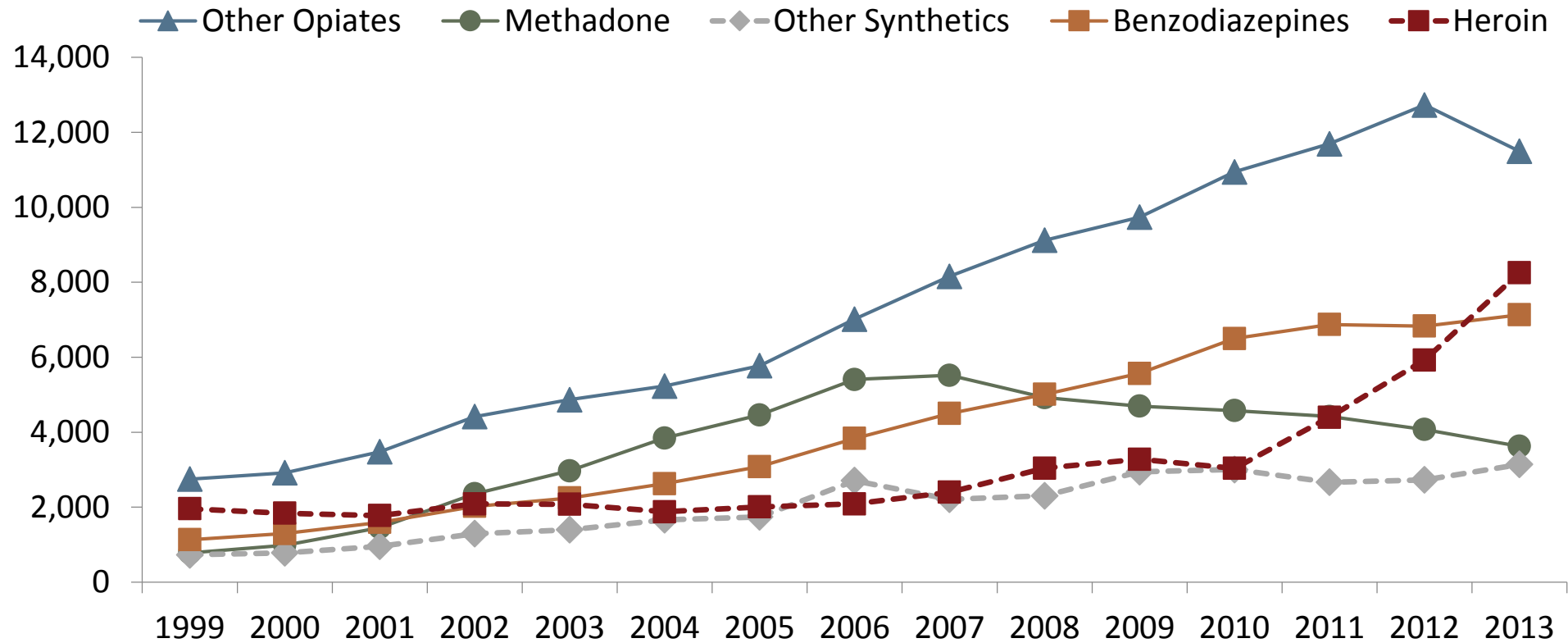
Currently there are NO PROVEN abuse deterrent/resistant opioids or formulations



Changes in Use Secondary to Supply and Demand

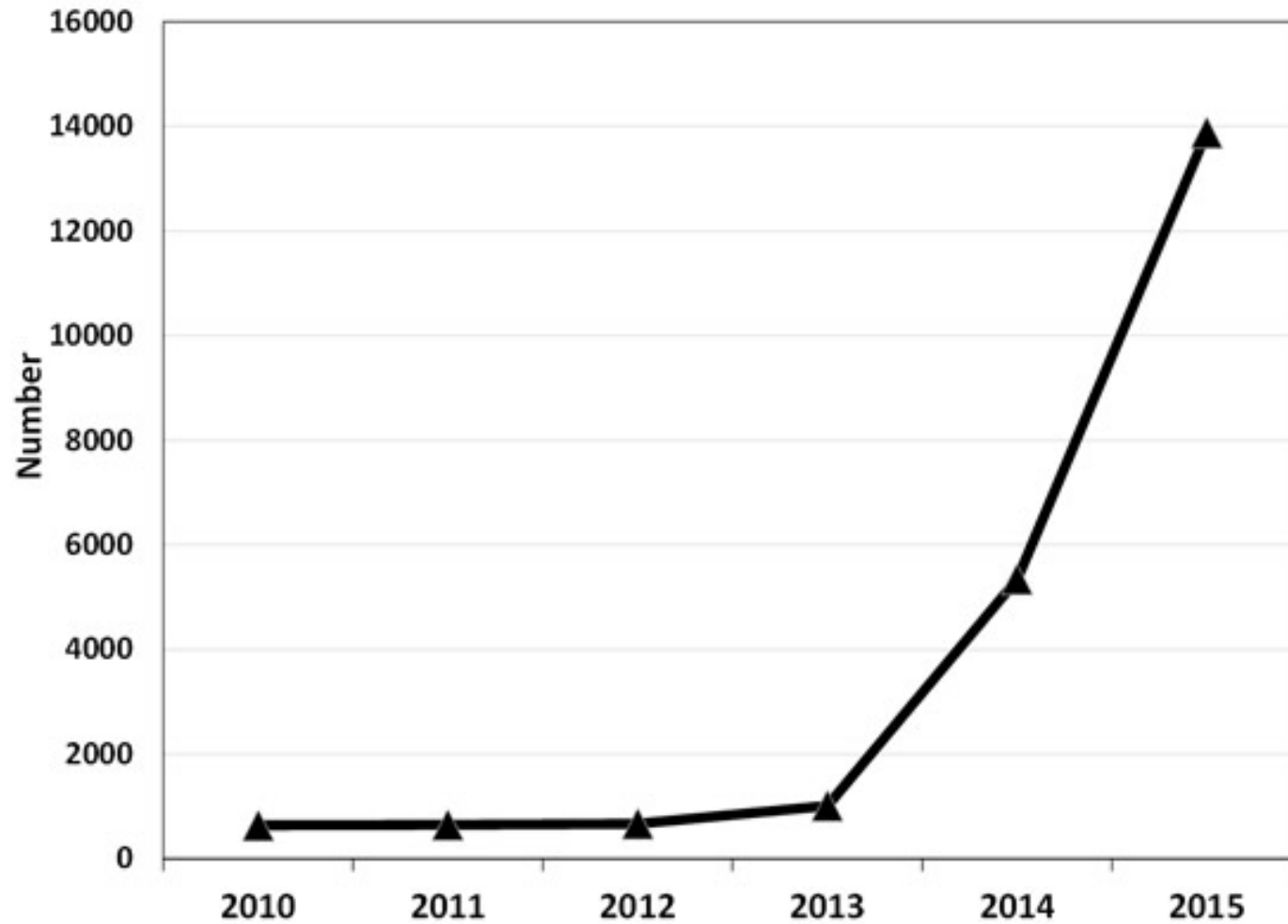
- As a result of efforts such as prescription monitoring programs and prescriber education, some trends in demand, supply, and unintended consequences are declining
- However, this has not addressed the problem of those who already have an OUD. This has resulted in:
 - More users shifting from Rx opioids to heroin.
 - more recently powerful synthetics (various fentanyl formulations)
 - A rise in injection drug use
 - Changes in user characteristics
 - Unresolved problems in increasing accessibility to OUD treatment
 - Treatment need versus capacity

Number of U.S. Drug Poisoning Deaths CDC 1999–2013

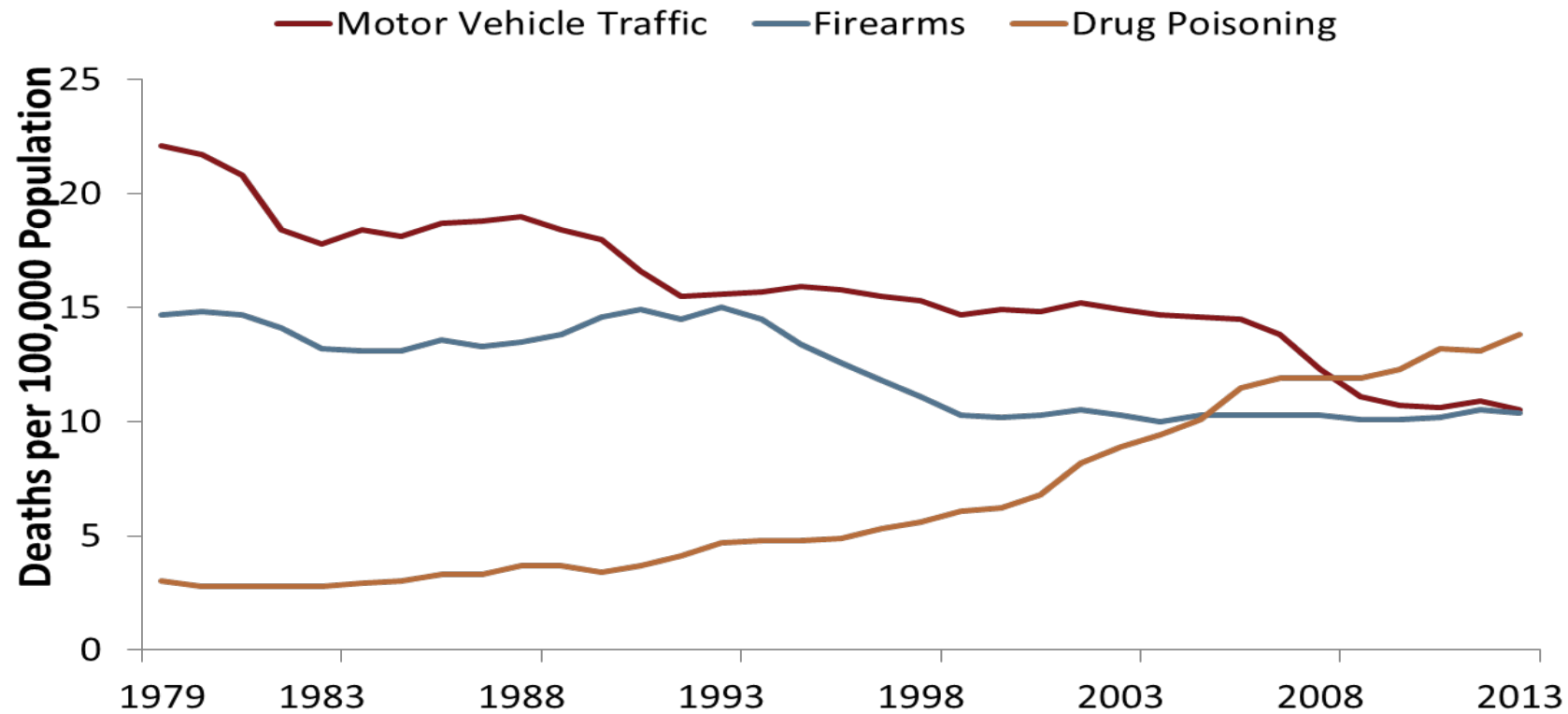


Our risk reduction efforts may result in lowering the availability and thus new user misuse and dependency on pharmaceutical opioids. But some people with OUD, particularly youth, have switched from pain pills to heroin.

Number of Reported Law Enforcement Encounters Testing Positive for Fentanyl in the US: 2010 - 2015

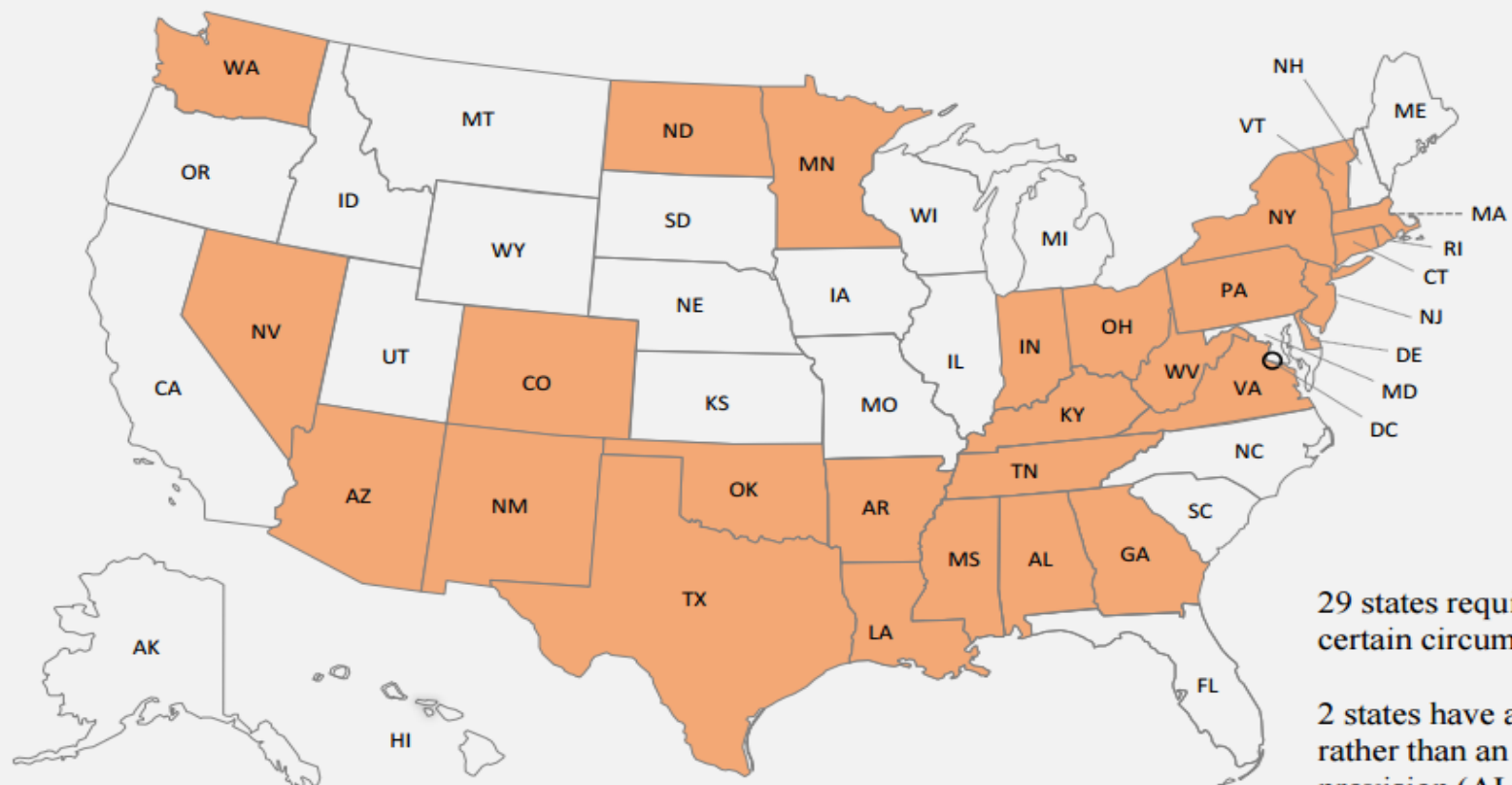


Age-Adjusted Death Rates for Three Selected Causes Of Injury, United States 1979-2013



What other risk reduction efforts can we provide to reverse the rate of overdose deaths as the automobile industry has done?

MANDATORY USE OF THE PMP



January 2016

<http://www.namsdl.org/namsdl-presentations.cfm>



What Can Primary Care Teams do to Address OUD?

- **Prevention:** Responsible opioid prescribing (CDC Guideline 2016)

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

- Includes 3 main principles:

- Use non-opioid therapies:

- Use non-pharmacologic therapies and non-opioid pharmacologic therapies
- Establish and measure goals for pain and function
- Don't routinely use opioids to treat chronic pain

- Start low and go slow:

- Start with lowest possible effective dose
- Start with immediate release, rather than long-acting
- Only prescribe amount needed for expected duration of pain
- Taper and discontinue if no improvement or risks of harms outweigh benefits

- Close follow-up:

- Check prescription monitoring program and urine drug tests
- Avoid concurrent benzos and opioids
- Arrange treatment for opioid use disorder if needed



SAMHSA Opioid Overdose Prevention TOOLKIT:

Facts for Community Members

Five Essential Steps for First Responders

Information for Prescribers

Safety Advice for Patients & Family Members

Recovering From Opioid Overdose



<http://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf>



SAMHSA Overdose Prevention TOOLKIT

- **STRATEGY 1:** Encourage providers, persons at high risk, family members, and others to learn how to prevent and manage opioid overdose
- **STRATEGY 2:** Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders
- **STRATEGY 3:** Ensure ready access to naloxone
- **STRATEGY 4:** Encourage the public to call 911. An individual who is experiencing opioid overdose needs immediate medical attention
- **STRATEGY 5:** Encourage prescribers to use state Prescription Drug Monitoring Programs



Strategy 1: Prevent, recognize, & manage opioid overdose

What an overdose looks like:

- Blue lips
- Blue finger tips
- Small pupils
- Pale skin
- Shallow/labored breathing
- Non-responsive to voice or sternal rub

Reversing an overdose:

- Assess the scene (safety)
- Assess the person
- Call 911
- Rescue breathing
- Administer naloxone





STRATEGY 2: Ensure Access to Treatment for Individuals with OUD

- Effective treatment can reduce the risk of overdose and help people with OUD attain a healthier life
 - Reduced infections, criminality; improved self-care & social functioning
- Provide or know where to refer for treatment of OUDs:
 - Medication-assisted treatment:
 - Methadone or buprenorphine – Opioid Treatment Program
 - Buprenorphine or naltrexone – Office based treatment
 - Counseling and other supportive services

Information on treatment services in your community can be obtained from your state health department, your state alcohol and drug agency, or SAMHSA



STRATEGY 3: Ensure Ready Access to Naloxone

- Naloxone is an opioid antagonist
 - High affinity for mu opioid receptor
 - Displaces opioid from receptor
 - Prevents other opioids from binding
 - Works within minutes
 - Lasts 20-90 mins
 - FDA approved for IV, SC, IM, IN use
- Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner.

Writing a Prescription for Nasal Naloxone



Naloxone HCl 1 mg/mL
2 x 2 mL as pre-filled Luer-Lock needled syringe
(NDC 76329-3369-1)

Refills: _____

2 x Intranasal Mucosal Atomizing Device (MAD 300)

Refills: _____

For suspected opioid overdose, spray 1mL in each nostril.
Repeat after 3 minutes if no or minimal response.

Pharmacist: Call 1-800-788-7999 to order MAD 300.

- There is now a high concentration Naloxone product (4mg/0.1ml) designed for intranasal use
 - This reduces the amount of fluid insufflated into the nose allowing for greater retention.



What You Can do in the Office Setting

- Provide patient-centered care
- Consider:
 - Offer medication treatment to any patient with an opioid use disorder.
 - Unconventional treatment sites
 - Providing addiction counseling
 - Flexible treatment goals and desired outcomes
- Establish collaborative relationships with:
 - Methadone treatment providers
 - Detoxification programs: encourage medication treatment on discharge
 - Inpatient and outpatient programs for cross referral and coordination
- Integrate primary and behavioral health care using a harm reduction approach
- Provide recovery oriented support services
 - Peer mentoring, group therapy, social services





Outreach and Engagement

- Reach out in your community to facilitate engagement
 - Establish communication with consumer/peer counselors
 - Establish contacts with agencies that offer various types of culturally-responsive treatment and support
 - Support syringe exchange for injecting drug users, to the extent permitted by law and available resources
 - Advocate for improved access for homeless and other underserved populations to a broader range of interventions





Key Points...

- We can help our patients to stay safe even if they are not motivated/able to stop using drugs
- Safer opioid prescribing and use of the prescription monitoring program are ways of decreasing the supply of opioids
- Syringe exchange, overdose prevention education, naloxone prescribing are ways of decreasing harms to individual patients who use drugs





References

Courses are available to providers:

<http://www.OpioidPrescribing.com> [SAMHSA])

www.prescribetoprevent.org

CDC Guidelines for prescribing opioids for chronic pain: United States 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

SAMHSA Opioid Overdose Prevention Toolkit:

<http://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf>

Helpful information for laypersons:

Project Lazarus at –

<http://www.projectlazarus.org>

Massachusetts Health Promotion Clearinghouse at –

<http://www.maclclearinghouse.org>