Tribal MAT
A unified response to the opioid crisis in California Indian Country

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Risk Reduction: Overdose Prevention and Management of Prescribed Opioids

August 27th, 2019
12:00 pm – 1:00 pm

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Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

Objectives

- Describe at least two (2) principles of risk reduction
- Specify at least three (3) risk reduction strategies for Opioid Use Disorder.
- Name at least three (3) strategies to reduce overdose from SAMHSA's Overdose Prevention Toolkit.
- Demonstrate two (2) lessons learned from case discussion.

What is Risk Management?

- 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."

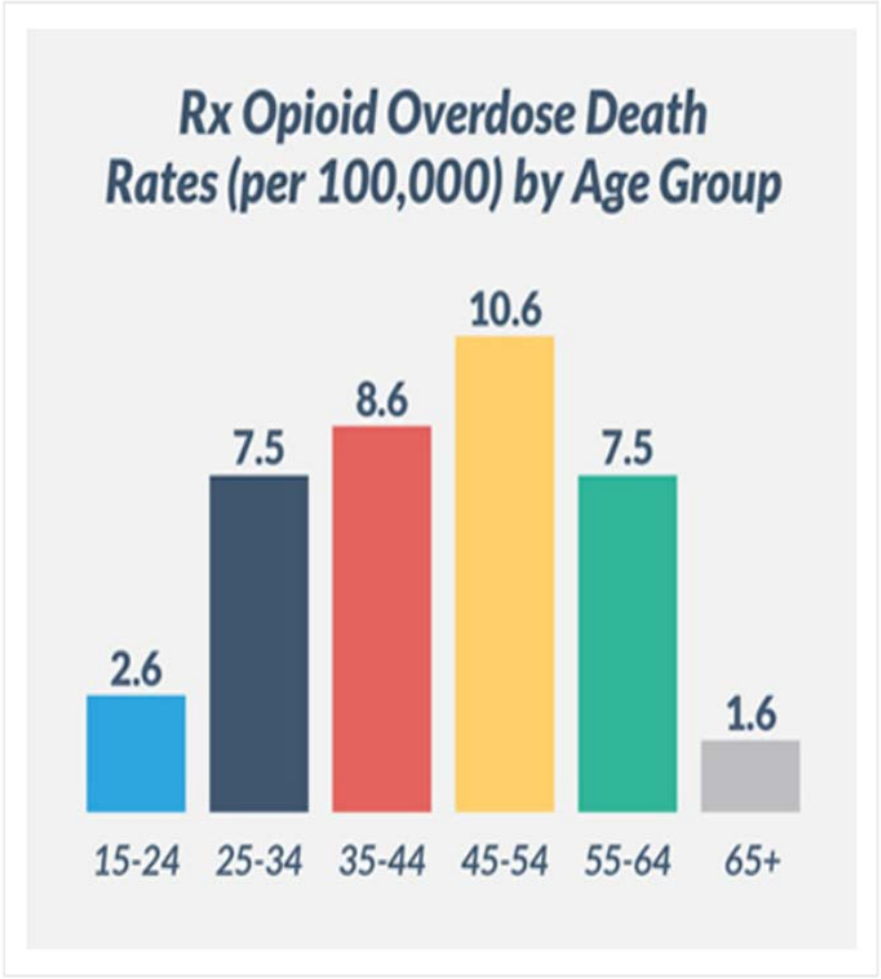
www.harmreduction.org

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 130/day*



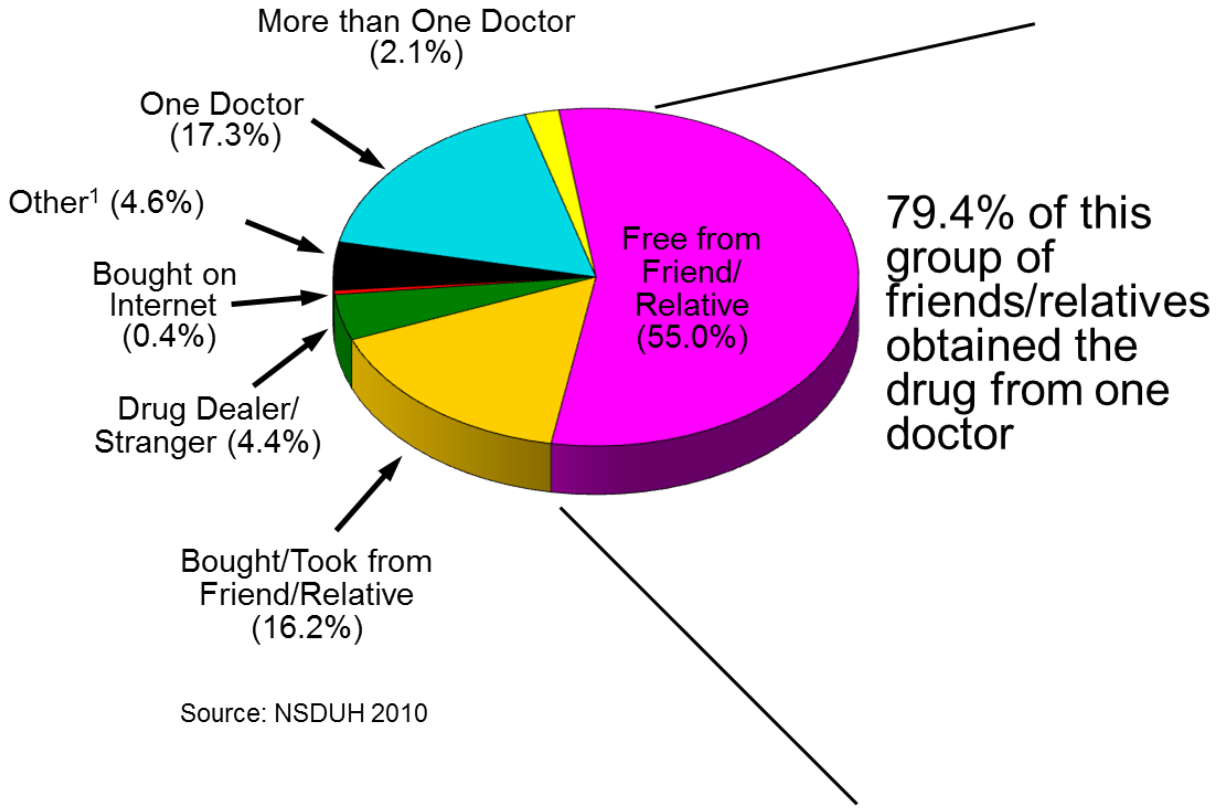
*https://www.cdc.gov/drug**overdose**/epidemic/

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)

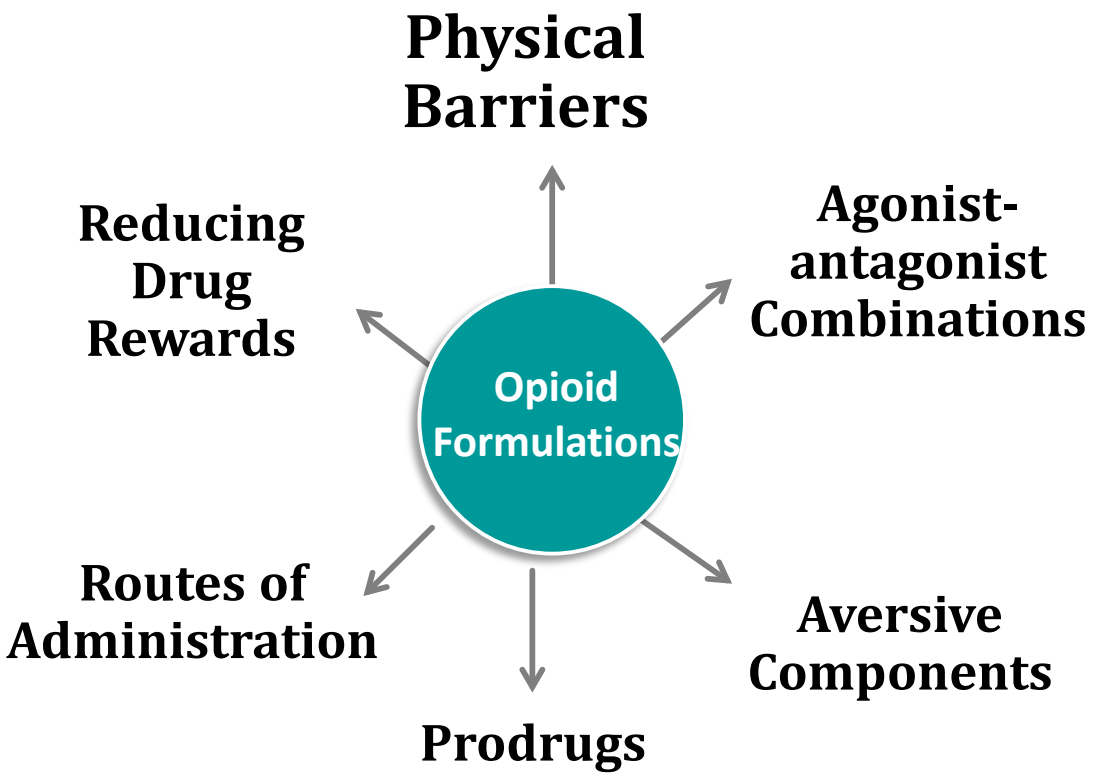
1. Bohnert et al., 2011; Dunn et al., 2010; 2. Binswanger et al., 2013; Binswanger et al., 2007; 3. Strang et al., 2003; 4. Powis et al., 1999

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



Source: NSDUH 2010

Abuse Deterrent/Resistant Formulations



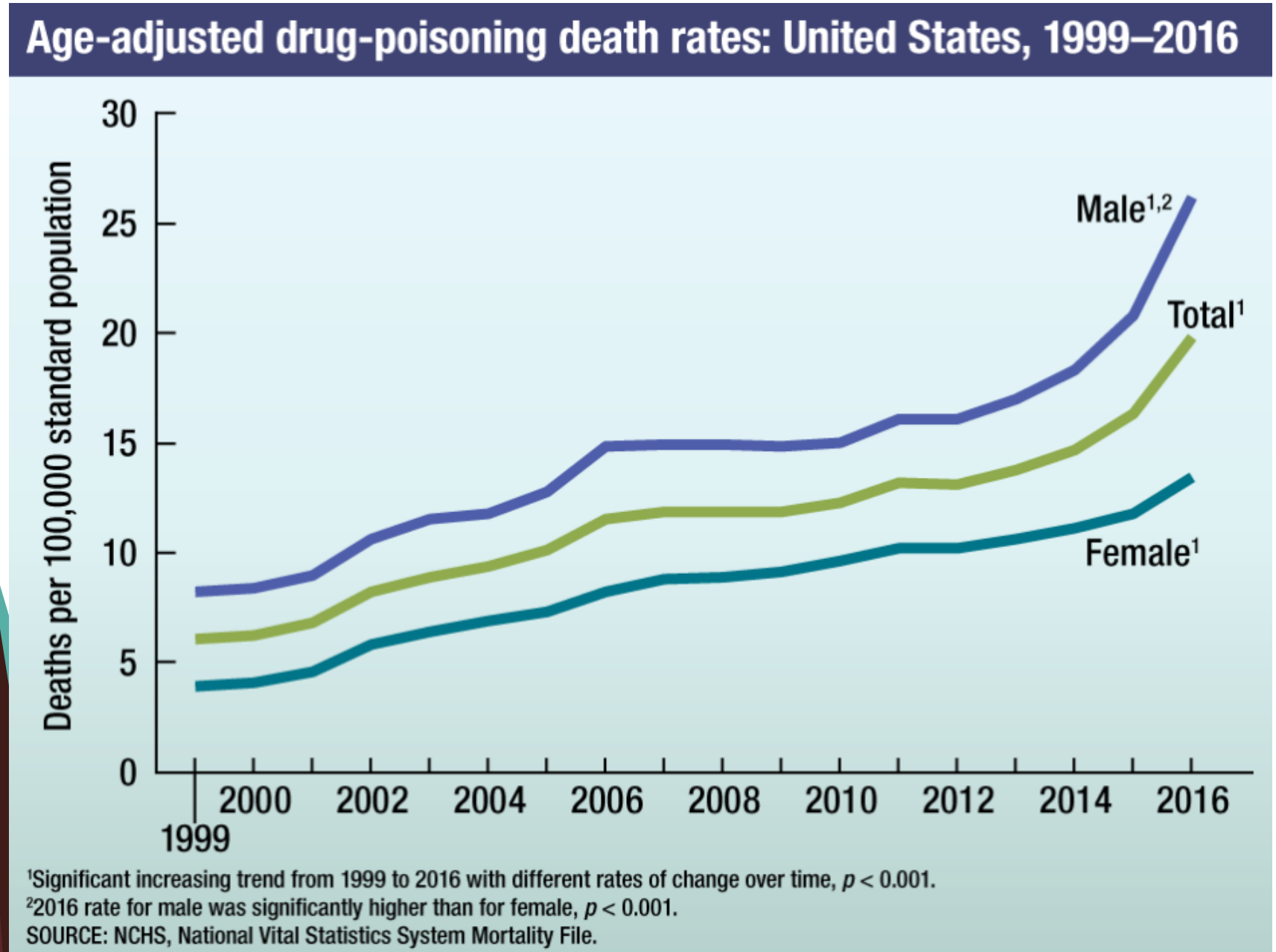
Currently there are NO PROVEN abuse deterrent/resistant opioids or formulations

Passik SD. Mayo Clin Proc. 2009 Jul;84(7):593-601.
Stanos SP, et al. Mayo Clin Proc. 2012 Jul;87(7):683-94

Changes in Use Secondary to Supply and Demand

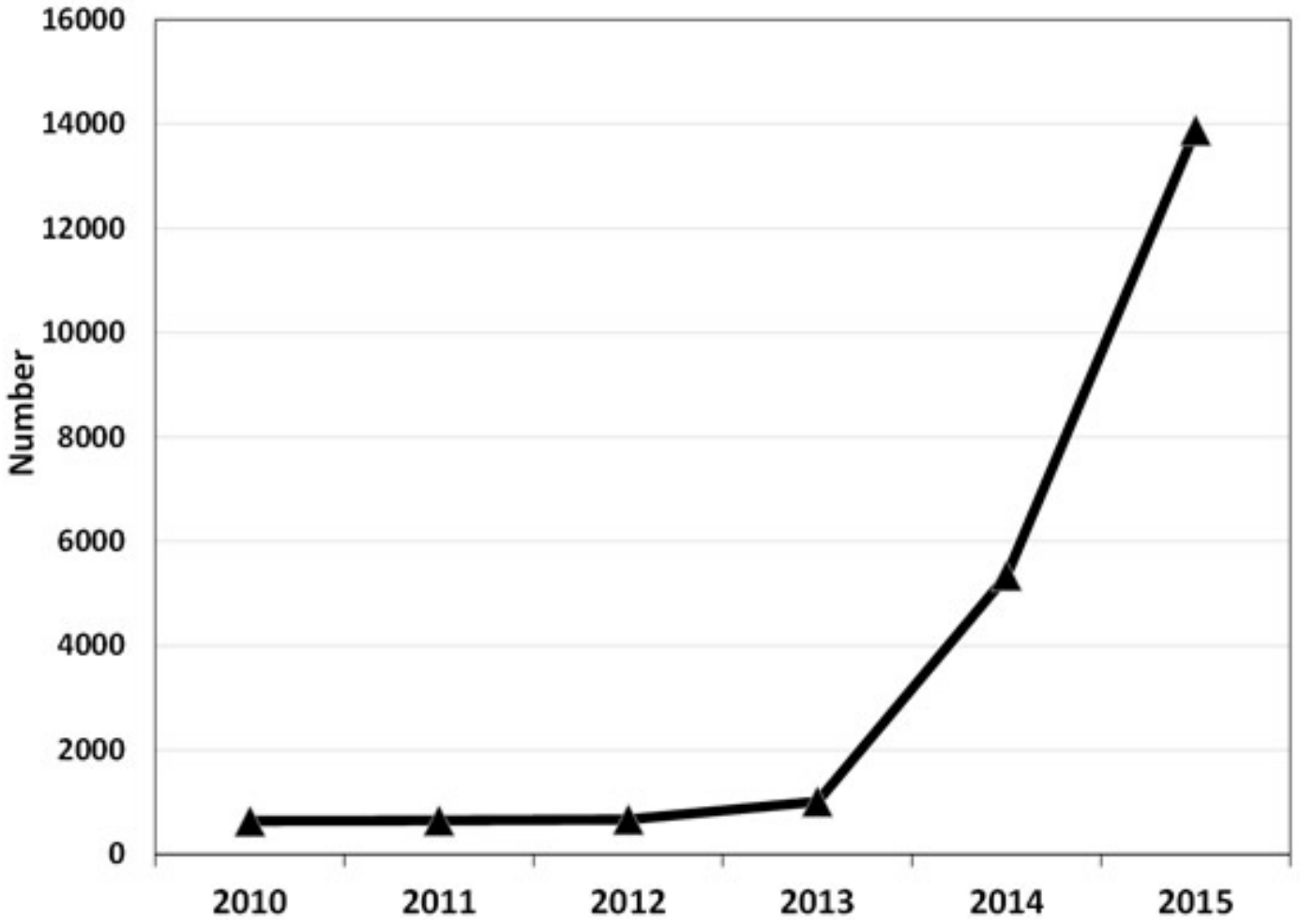
- As a result of efforts such as prescription monitoring programs and prescriber education, some trends in demand, supply, and unintended consequences are declining
- However, this has not addressed the problem of those who already have an OUD. This has resulted in:
  - More users shifting from Rx opioids 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

Drug Poisoning Deaths CDC 1999–2016



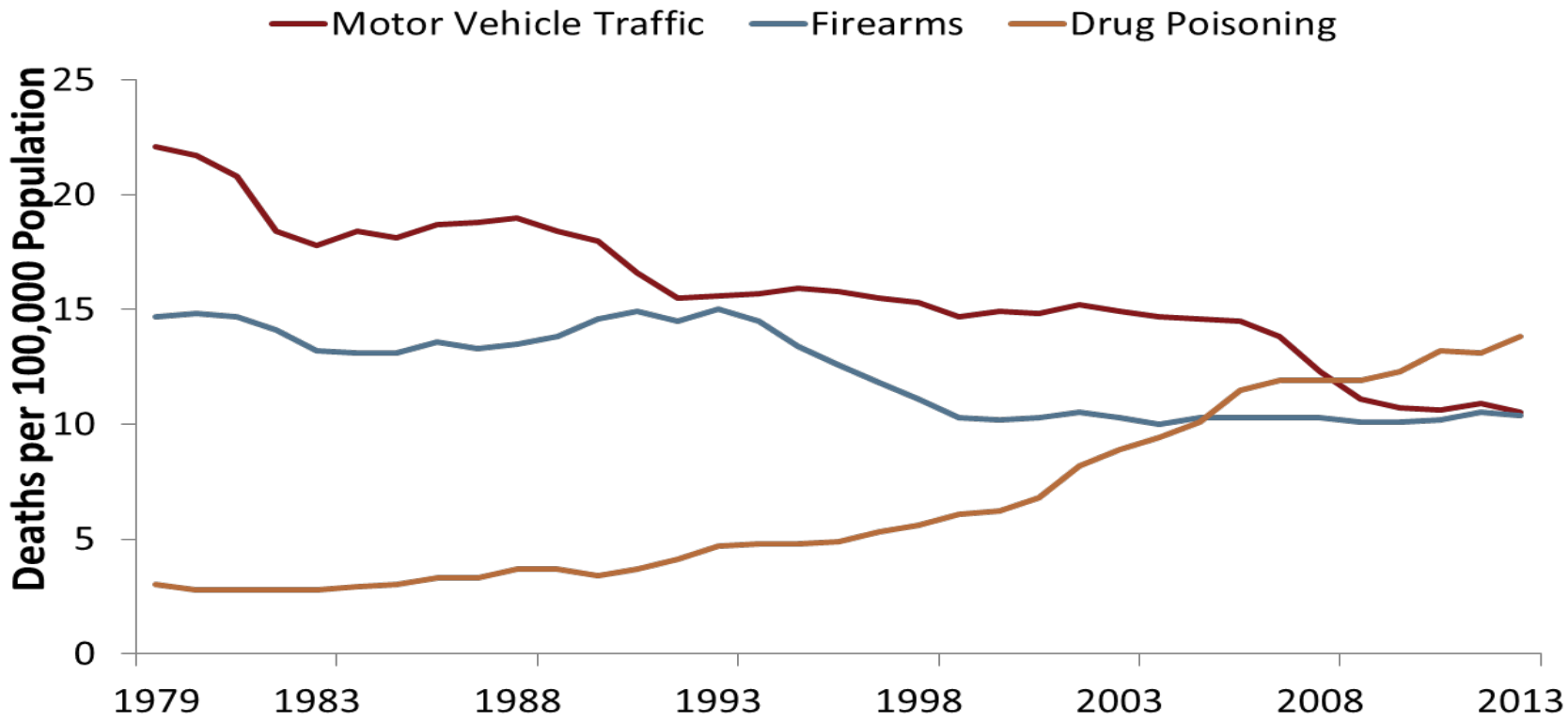
Our risk reduction efforts may result in lowering the availability and thus new user misuse and dependency on pharmaceutical opioids. But some people with OUD, particularly youth, have switched from pain pills to heroin.

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



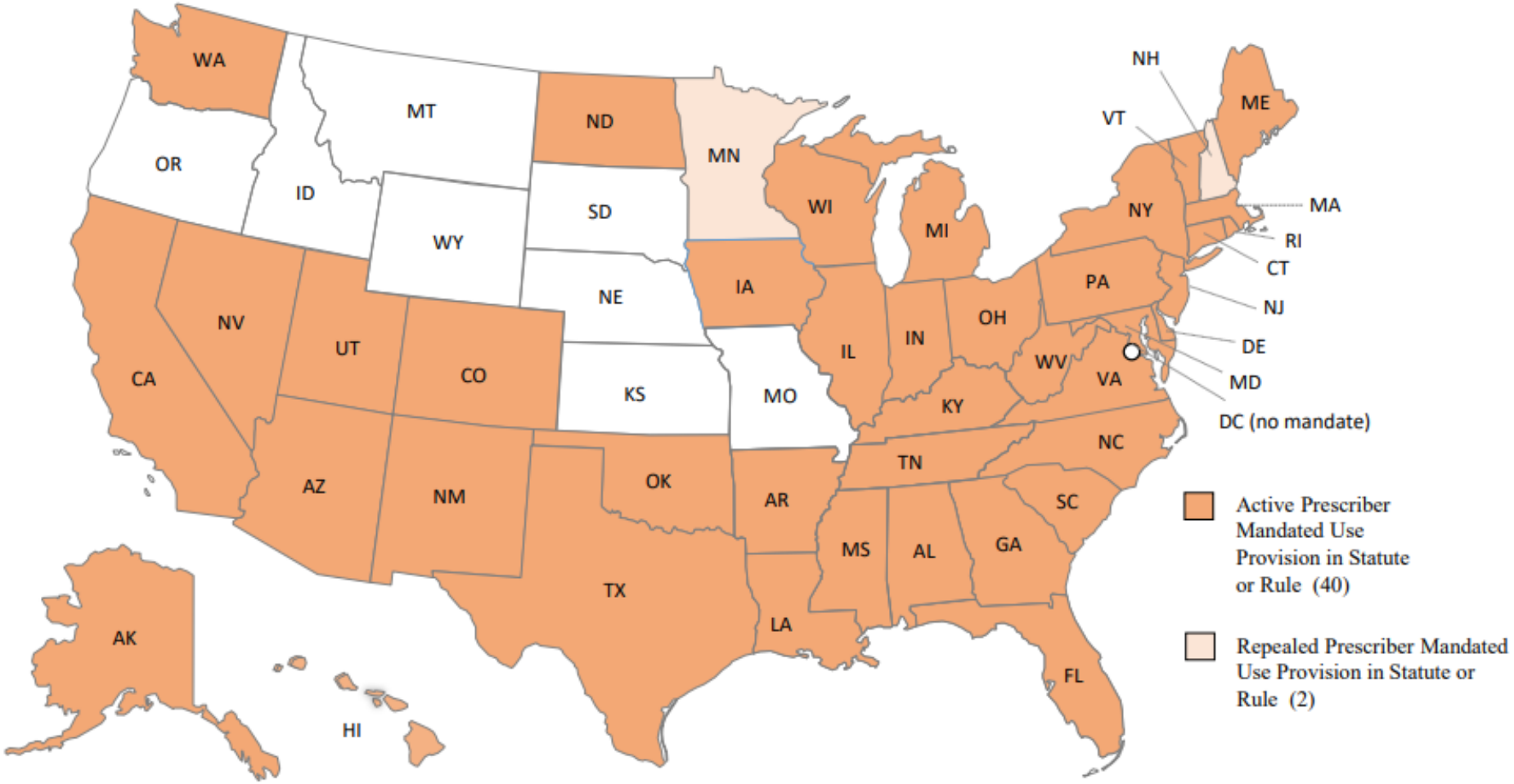
www.cdc.gov
Your Source for Credible Health Information

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?

Prescriber Mandated Use of PDMP/PMPs*



* Exceptions may apply and effective dates may vary. Preparation for implementation may result in a time difference between the enactment and effective date(s) and date of implementation of the mandate.

January 2019 https://namsdl.org/wp-content/uploads/Prescriber-Mandated-Use-of-PDMPs-Map.pdf

What Can Primary Care Teams do to Address OUD?

- **Prevention**: Responsible opioid prescribing (CDC Guidelines 2016, 2018)

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

  https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

- 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

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

SAMHSA Overdose Prevention TOOLKIT

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Integrated Substance Abuse Programs

- **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

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
https://www.ihs.gov/opioids/naloxone/

DHCS Naloxone Grant
https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx
CDC Guidelines for prescribing opioids for chronic pain: United States 2016.
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
CDC Guideline for Prescribing Opioids for Chronic Pain (2018)
https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf
SAMHSA Opioid Overdose Prevention Toolkit:
http://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf
NCHS Fact Sheet, October 2019
https://www.cdc.gov/nchs/data/factsheets/factsheet-drug-poisoning.htm

Helpful information for laypersons:

Project Lazarus at http://www.projectlazarus.org
Massachusetts Health Promotion Clearinghouse at http://www.maclearinghouse.org