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### **HEALTH ADVISORY**

### **Preventing Prescription Drug Misuse and Abuse - Opioids**

March 1, 2016 - Please distribute to all providers in your practice.

### **SITUATION**

Prescription drug misuse and overdose is a national epidemic, according to the Centers for Disease Control and Prevention (CDC). Nationally, each year, prescription narcotics result in more fatal overdoses than heroin and cocaine combined and, in 2015, surpassed auto accidents as the number one cause of accidental deaths.

In California, deaths involving opioid prescription drugs have increased 16.5 percent since 2006. In 2012, there were more than 1,800 deaths from all types of opioids – 72 percent involved prescription opioids.

In Alameda County, deaths from opioid misuse tripled between 2005 and 2014 and hospitalizations for opioid-related, non-fatal overdoses increased by over 74 percent.

In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis. The most common drugs involved in prescription overdose deaths include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin), oxymorphone (e.g., Opana), methadone (especially when prescribed for pain), and benzodiazepines.

Prescription opioid misuse and abuse is a public health problem that can lead to long-term health consequences, including limitations in daily activity, impaired driving, mental health problems, trouble breathing, overdose and death.

Below are actions and resources to help clinicians safely prescribe opioid prescriptions. CURES 2.0 (Controlled Substance Utilization Review and Evaluation System), California's prescription drug monitoring program (PDMP), can help providers detect and measure prescribing patterns that suggest abuse and misuse of controlled substance prescriptions.

### **ACTIONS REQUESTED OF CLINICIANS:**

- 1. **REVIEW MEDICAL & MEDICATION HISTORY** and do a physical exam before prescribing pain medication for patients. Screen patients for mental health and drug abuse or addiction problems.
- 2. INCORPORATE NON-OPIOID INTERVENTIONS into the plan of treatment for pain.
- 3. **CHECK CURES 2.0** to identify who might be misusing prescription drugs and is at risk of overdose. (The registration link is listed below.)
- 4. "START LOW AND GO SLOW" when prescribing opioids.
- 5. **COUNSEL PATIENTS** on the potential risks of opioid treatment.
- AVOID COMBINATIONS of prescription opioids and sedatives unless there is a specific medical indication.
- 7. **REASSESS** treatment progress and assess for worrisome behaviors and adverse side effects.

Advise patients taking long-term or high-dose opioid prescriptions about the availability of opioid antagonists (e.g. Narcan/Naloxone) to be administered in the event of overdose.

If you suspect your patient has a substance abuse issue, call the ACCESS Line at 1-800-491-9099. This is for both the public and providers. To learn more about ACCESS, visit the Alameda County Behavioral Health Care Services website at <a href="https://www.acbhcs.org">www.acbhcs.org</a>.

### **RESOURCES**

- > Clinical Guidelines Flowchart for Non-Cancer Pain, Alameda County Safety Net Working Group on Opioid Prescribing: <a href="https://www.acgov.org/health/indigent/coalition.htm">https://www.acgov.org/health/indigent/coalition.htm</a> (Flowchart and Safety Brochure attached.)
- > Guidelines for Prescribing Controlled Substances for Pain November 2014, Medical Board of California: http://www.mbc.ca.gov/Licensees/Prescribing/Pain Guidelines.pdf

- > Prescription Opioid Misuse and Overdose, California Department of Public Health: https://www.cdph.ca.gov/Pages/OpioidMisuseWorkgroup.aspx
- > SAMHSA's (Substance Abuse and Mental Health Services Administration) National Helpline at 1-800-662-HELP (4357) and Behavioral Health Treatment Services Locator webpage (https://findtreatment.samhsa.gov/)
- > CURES 2.0 (Controlled Substance Utilization Review and Evaluation System): https://oag.ca.gov/cures/faqs
- > CURES 2.0 Prescriber and Dispenser Registration: Copy and paste the following link in your web browser, https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml. (Note: We are working on a process and webpage for providers and pharmacists to submit applications via the County Health Officer. Please check our website www.acphd.org and search CURES next week.)

Prescribers must submit an application for CURES before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, per California Health & Safety Code section 11165.1 (a)(1)(A)(i), which now states that health care practitioners authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances and pharmacists must submit an application for approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration licensure, whichever occurs later.

Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate AND valid California licensure as any one of the following:

- Dentist
- Medical Physician
- Naturopathic Physician
- Optometrist
- Osteopathic Physician
- Physician Assistant
- Podiatrist
- Registered Certified Nurse Midwife
- Registered Nurse Practitioner (Furnishing)
- Veterinarian

A pharmacist, per California Health & Safety Code section 11165.1 (a)(1)(A)(ii), must submit an application before July 1, 2016, or upon licensure, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on valid California licensure as a Pharmacist.

- > Safe Drug Disposal, Alameda County Environmental Health: <a href="http://www.acgov.org/aceh/safedisposal/">http://www.acgov.org/aceh/safedisposal/</a>. For a map of Disposal Sites, <a href="http://www.acgov.org/aceh/safedisposal/documents/Rx">http://www.acgov.org/aceh/safedisposal/</a>. For a map of Disposal Sites, <a href="http://www.acgov.org/aceh/safedisposal/documents/Rx">http://www.acgov.org/aceh/safedisposal/</a>. For a map of Disposal Sites, <a href="http://www.acgov.org/aceh/safedisposal/documents/Rx">http://www.acgov.org/aceh/safedisposal/</a>.
- > Alameda County MEDS Coalition: <a href="http://www.acseniors-medisposal.net/aboutus.html">http://www.acseniors-medisposal.net/aboutus.html</a>
- Naloxone Now Available Without a Prescription, California State Board of Pharmacy: http://www.pharmacy.ca.gov/publications/naloxone media release.pdf
- > Up and Away Medication Safety Tip Sheet: <a href="http://upandaway.org/resource/up-and-away-tip-sheet-2/">http://upandaway.org/resource/up-and-away-tip-sheet-2/</a>

### Please distribute to all providers in your practice.

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action. **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

# CLINICAL GUIDELINES FLOWCHART

# for Evaluation and Treatment of Chronic Non-Cancer Pain

# **REVIEW MEDICAL & MEDICATION HISTORY**

- Review medical history, including records from previous providers before prescribing. Check CURES and UTox.
- ⇒ Do a physical exam to determine baseline function and pain.
- ⇒ What prior attempts were made to treat this pain with non-opioid modalities?
- ⇒ Is the diagnosis appropriate for opioid treatment? There is no evidence of benefit in chronic lower back pain, migraines, fibromyalgia, or neuropathy.
- ⇒ Prescribing chronic opioids is rarely appropriate on the first visit. Bridge with a few days' supply while documenting.
- Do a psychosocial and risk assessment for medication abuse, e.g. Opioid Risk Tool (ORT) and Screener & Opioid Assessment for Patients with Pain (SOAPP). Screen for psychiatric co-morbidity.
- Do a physical assessment for safety of opioid use, e.g., bone density, EKG, sleep study, testosterone level, and <a href="STOP BANG">STOP BANG</a> for sleep apnea.

## INCORPORATE NON-OPIOID INTERVENTIONS

Create a plan of treatment with the patient that incorporates non-opioid interventions, such as:

- ⇒ Patient lifestyle improvement: Exercise, weight loss
- ⇒ Behavioral therapies: Cognitive Behavioral Therapy (CBT), peer-to-peer or other peer support, mindfulness training, psychotherapy, case management
- ⇒ Physiotherapy modalities: OT, PT, passive modalities
- ⇒ Medical interventions: Pharmacological, procedural, surgical
- ⇒ Treatment modalities: Acupuncture, massage

### IF YOU DECIDE ON OPIOID TREATMENT: START LOW & GO SLOW

- ⇒ Counsel patients on potential risks. Agree on and document treatment goals. Patient signs informed consent and treatment agreement.
- ⇒ Check for evidence of possible misuse (CURES) and baseline urine screen.
- ⇒ Track medical and age-related conditions that increase risks of opioids.

### **REASSESS EVERY 6 MONTHS**

- Evaluate progress toward treatment goals. If no improvement or progress on goals, stop and reassess. Use tools to assess for changes in function and pain: <a href="ORT">ORT</a>, <a href="Tampa Scale for Kinesiophobia">Tampa Scale for Kinesiophobia</a>, or <a href="Current Opioid Misuse Measure">Current Opioid Misuse Measure</a> (COMM) 1 to 2 x per year.
- Assess for worrisome behaviors and side effects every six months.

# STOP!

- ⇒ Seek help from community partners, specialists, medical director, or review committee if you have:
  - Concerns from your visit assessment, or
  - Notice signs of significant misuse or illicit drug use.
- Re-evaluate your treatment plan/seek help if the patient is at high risk of death. For example if prescribing:
  - More than 120 mg MED/day without functional improvement, or
  - · Opioids with benzodiazepines, or
  - More than 40 mg of methadone/day.
- ⇒ Drug screen: Quarterly (standard) or more often (higher risk).



**GREEN** 

**LIGHT** 

**START** 



**REASESS** 



STOP!

# What are Opioids?

**Opioids**, also known as opiates or narcotics, are medications that help relieve pain.

**Examples**: Painkillers such as hydrocodone (Vicodin, Norco) oxycodone (OxyContin, Percocet) hydromorphone (Dilaudid), morphine, codeine, fentanyl, methadone, and tramadol (Ultram). Heroin is also an opioid and is an illegal drug.

**Opioids** can help manage pain, but they come with many risks. It is very important to take right dose at the right time.

**Opioids** taken more than prescribed or with alcohol can stop your breathing and cause death.

**Opioids** taken with street drugs (cocaine, heroin, MDMA, MOLY, etc.) can kill you.

**Opioids** can make you feel drowsy or confused—causing danger to drive or use machinery.

# Check with your doctor or pharmacist:

- Before you take any other meds including over-the-counter meds, supplements, or home remedies.
- If you have questions or concerns.

# **Opioid Risks**

# Mental Risks

Confusion
Depression
Impaired judgment
Mental decline
Relationship issues

# **Functional Risks**

Car accidents
Disabilities
Falls

Unable to manage other health issues

# Ask Your Provider

Constipation, nausea, vomiting

**Decreased bone density** 

Decreased sex drive

**Health Risks** 

Death

**Drowsiness** 

Sleep apnea

**Heart changes** 

Sensitivity to pain

- 1 Will the opioids stop my pain?
- 2 How often should I take the opioids?
- **3** Will my other meds interact with my pain meds?
- 4 What side effects might I expect?
- **6** What should I do if I have a side effect?
- **6** What should I do if I forget a dose?
- How long will I need to take opioids?
- 8 Why do I have to do urine screening?

# **Non-Opioid Options**

Acupuncture

ACCIDENT

- Chiropractor
- Cognitive Behavioral Therapy (CBT)
- Cold packs
- Counseling
- Exercise
- Heating pads
- Massage
- Meditation
- Physical therapy
- Rehabilitation
- Relaxation training
- Stretching
- Tylenol, Advil, Aleve



# **Overdose**

# Signs of overdose

- · Slow breath or no breath
- Slow pulse
- · Pale or clammy skin
- Vomiting
- Unconscious



# Use the "SCARED" steps

- → Stimulate: Try wake the person.
- → Call 911: Say location. Is person unconscious? Not breathing?
- → Airway: Tilt head back and lift chin.
- → Rescue breathing: Give 1 big breath every 5 seconds.
- → Evaluate: Can you get the naloxone quickly?
- → Don't leave.



Find this document at http://www.acgov.org/health/indigent/coalition.htm Rev. 2/16

# **Store and Dispose of Opioids the Right Way**



**Opioids** must be kept in a safe place—they are a risk to your family. Get a lock box to prevent children, teens, and others from taking them. Spread the Word...

One Pill can Kill.



**Opioids** prescribed for you cannot be sold or given away—it is against the law. Find safe disposal sites at:

www.acgov.org/medscoalition/

# **Addiction Resources**

Alameda County ACCESS line 1-800-491-9099

BAART Programs 510-533-0800

Berkeley Addiction Treatment Services 510-644-0200

C.U.R.A. 510-713-3200

East Oakland Recovery Center 510-568-2432

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

National Treatment Referral Helpline 1-800-662-4357 (TDD: 1-800-487-4889)

Treatment facility locators on the Web www.samhsa.gov/treatment/index.aspx

# Taking Your Pain Medications Safely



A *Patient's* Guide to Using Opioids Safely to Manage Pain