

Risk Reduction: Overdose Prevention and Management of Prescribed Opioids

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Disclosures

Stephen Wyatt has no information 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



Drug Harm/Risk Reduction

- Some people who have risky use of opioids or have an opioid use disorder are not motivated or not 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.”

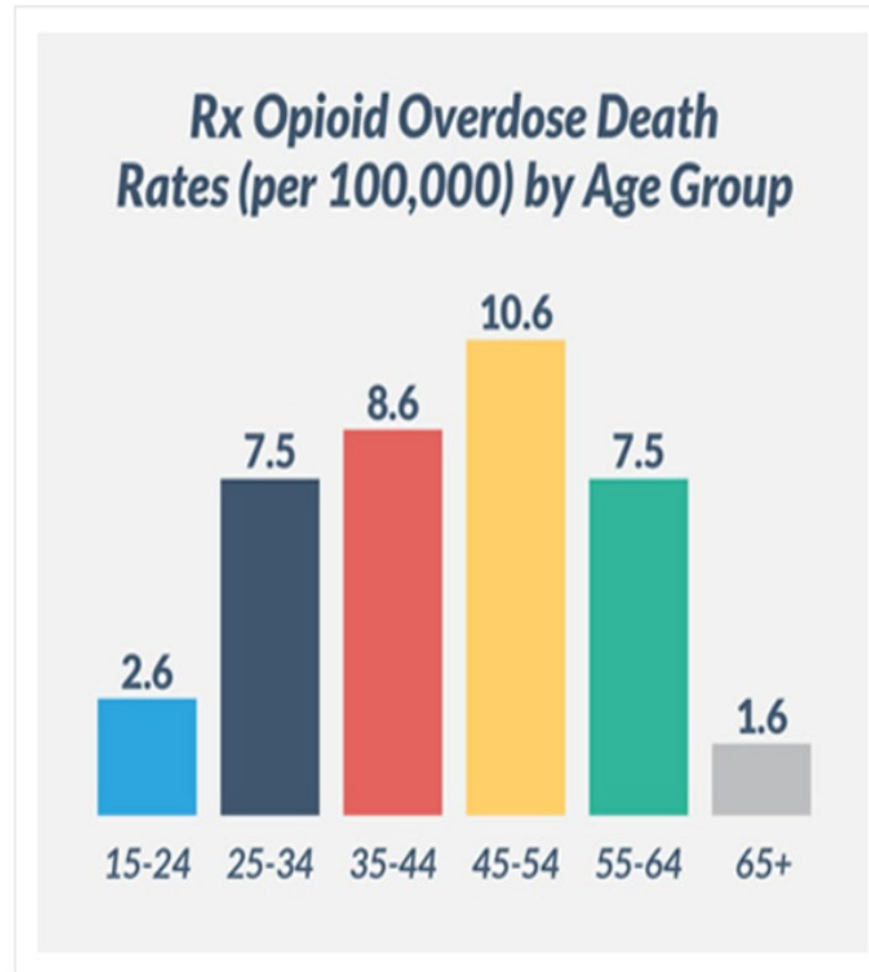
Drug Harm Reduction/Risk Reduction

- Examples of specific harm reduction suggested principles and practices include:
 - Reduce the stigma/prejudice surrounding this disease
 - Increase access to evidence based treatment
 - Teach safer injection practices and safer use
 - Provide access to syringe exchange
 - Consider implementing sites for safer injection
 - Increase access to naloxone for overdose prevention



Prescription Opioid Overdoses

Every day 46
people die from
prescription
opioid overdose



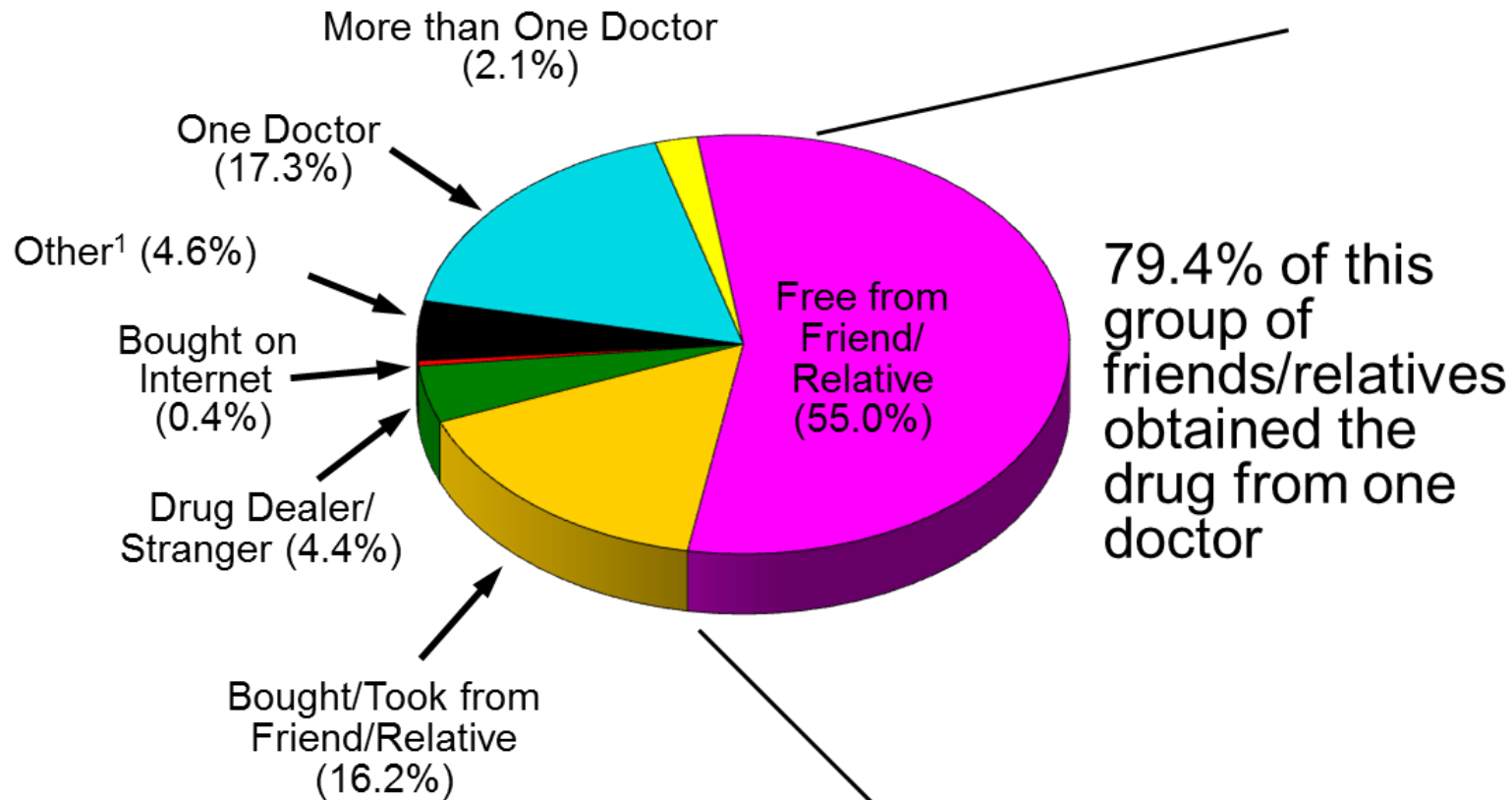
<https://www.cdc.gov/drugoverdose/epidemic/>

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)

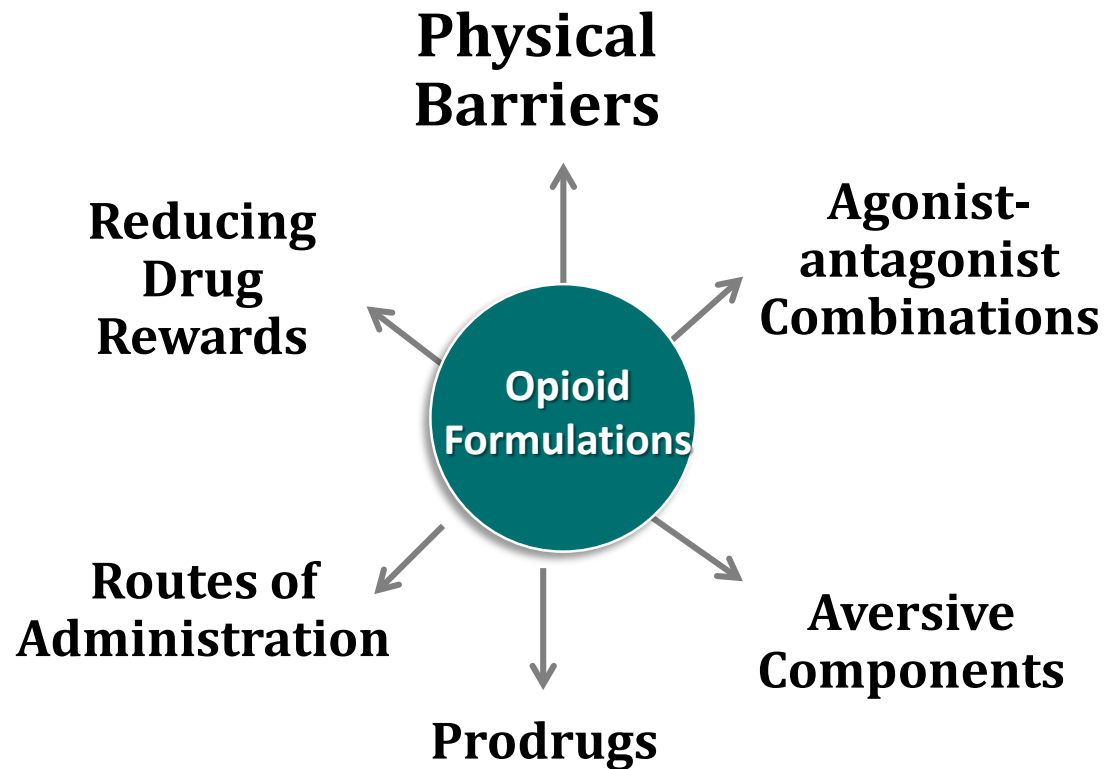
1. Bohnert et al., 2011; Dunn et al., 2010
2. Binswanger et al., 2013; Binswanger et al., 2007
3. Strang et al., 2003
4. Powis et al., 1999

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

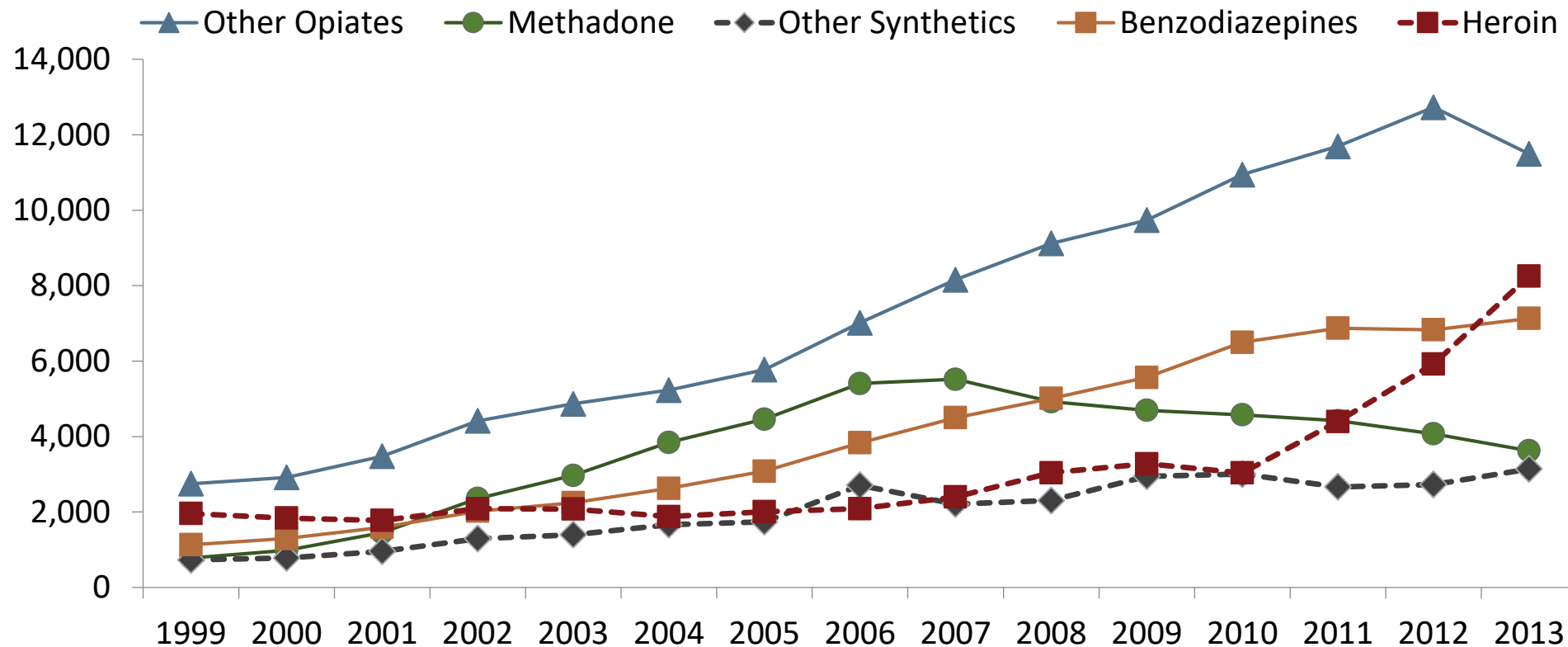
Passik SD. Mayo Clin Proc. 2009 Jul;84(7):593-601.
Stanos SP, et al. Mayo Clin Proc. 2012 Jul;87(7):683-94

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

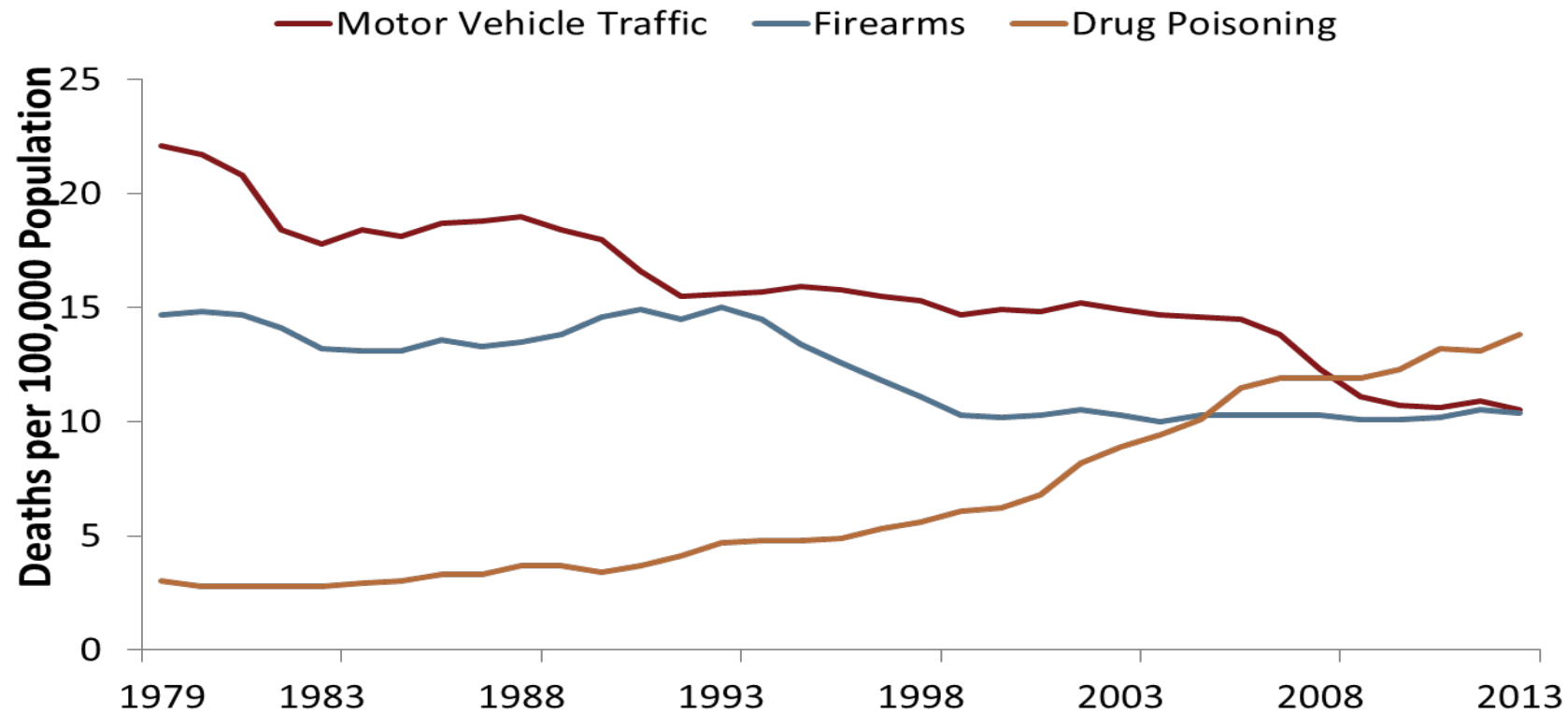


Number of U.S. Drug Poisoning Deaths CDC 1999–2013



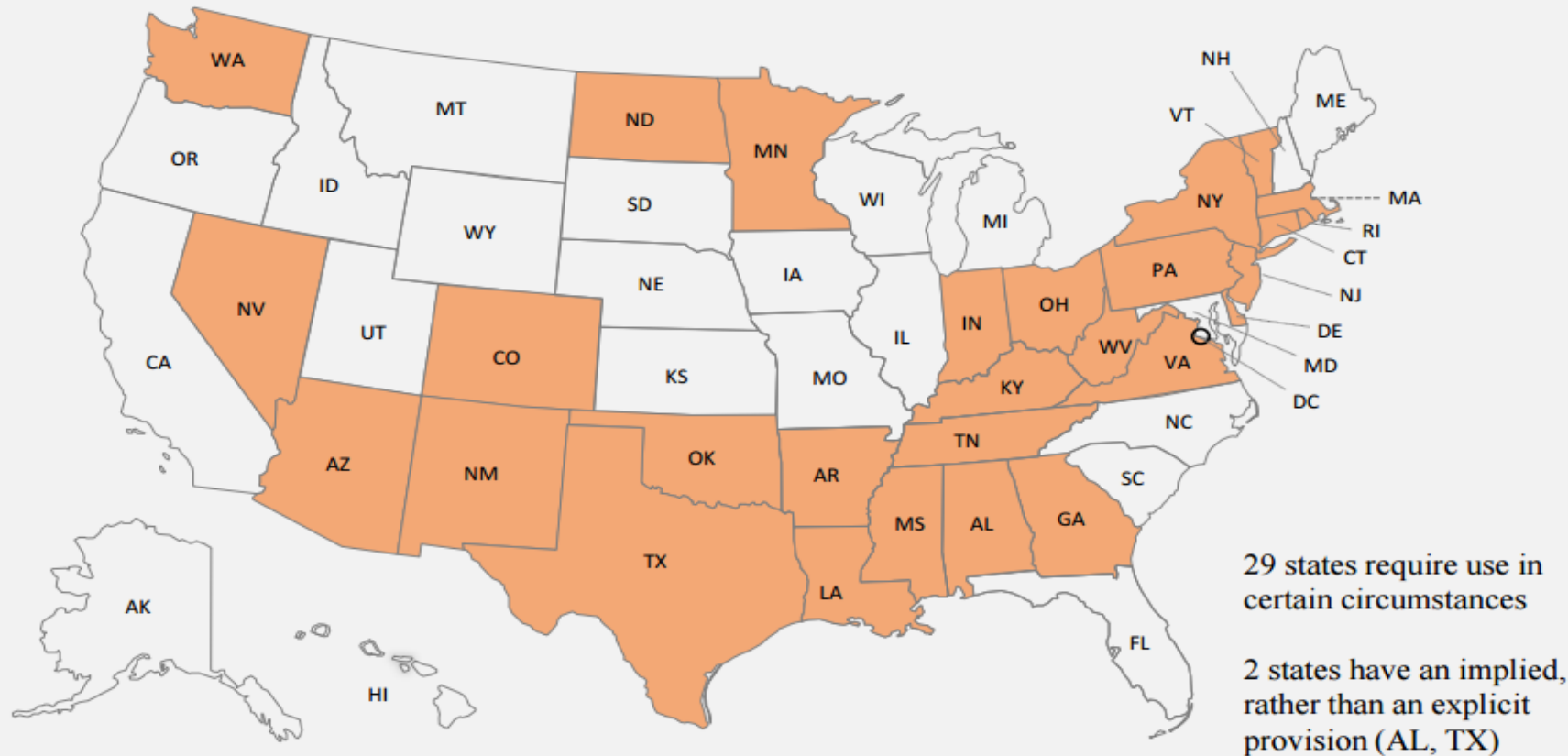
Our risk reduction efforts may result in lowering the availability and thus new user misuse and dependency on pharmaceutical opioids. But some people with OUD, particularly youth, have switched from pain pills to heroin.

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



What Can Primary Care Teams do to Address Opioid Use Disorder?

- **Prevention:** Responsible opioid prescribing (CDC Guideline 2016)
- 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 2: Ensure Access to Treatment for Individuals with an Opioid Use Disorder (OUD)

- Effective treatment of substance use disorders can reduce the risk of overdose and help overdose survivors attain a healthier life (reduction in HIV/HepC, criminal activity and social functioning, etc.)
- 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 available in or near 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 use
 - Recent FDA approved intranasal naloxone; also off-label intranasal use of naloxone for injection
- 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 needleless 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.

Writing a Prescription for Intramuscular Naloxone

Naloxone HCl 0.4 mg/mL (Narcan)

1 x 10 mL as one fliptop vial (NDC 0409-1219-01) OR

2 x 1mL single dose vials (NDC 0409-1215-01)

Refills: _____

Intramuscular (IM) syringe, 23 G, 3cc, 1 inch

Qty: _____

Refills: _____

Sig: For suspected opioid overdose,
inject 1mL IM in shoulder or thigh.

Repeat after 3 minutes if no or minimal response.

What You Can do in the Office Setting

- Provide patient-centered care, promoting consistency in working with patients.
- Consider:
 - unconventional treatment sites
 - providing substance use disorder counseling
 - flexible treatment goals and desired outcomes
 - consider strategies for recruiting patients.
 - Offer medication treatment to any patient with an opioid use disorder.
- 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, employment assistance



OUTREACH AND ENGAGEMENT

- Reach out in your community to facilitate engagement
 - Establish communication with consumer/peer counselors
 - 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 and naloxone overdose prevention prescribing are ways of decreasing harms to individual patients who use drugs



References

[HRSA Opioids Crisis Webpage](#)

SAMHSA resources

- <http://www.OpioidPrescribing.com>
- [SAMHSA Opioid Overdose Prevention Toolkit](#)

Helpful information for laypersons

[Project Lazarus](#)

[Massachusetts Health Promotion Clearinghouse](#)



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