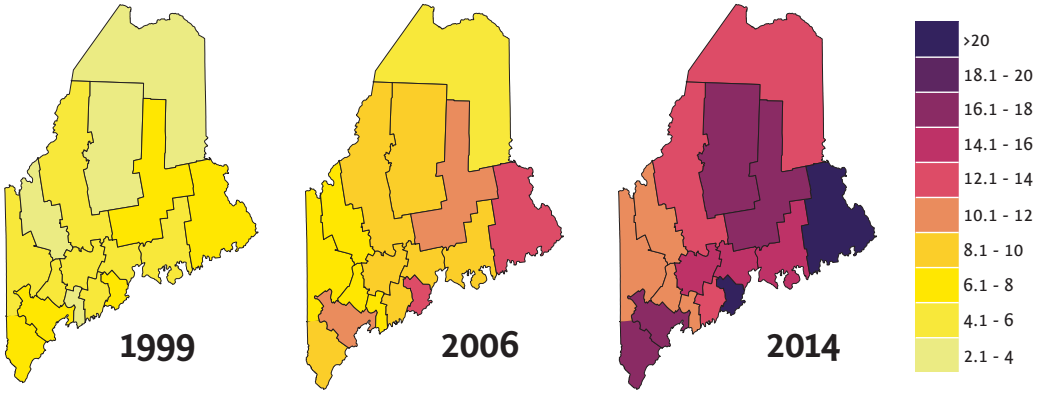
# Harm reduction:

Diagnosis & Treatment of Opioid Use Disorder Including MAT, Naloxone Prescribing, Risks of Co-Prescribing Benzos

## Harm Reduction Includes:

- avoiding co-prescribing of opioids and benzodiazepines
- prescribing naloxone
- recognizing and treating opioid use disorder




*Age-adjusted death rates for drug poisoning per 100,000 population, maps from national center for health statistics at the CDC.*

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|---|
| **1.5x** more US residents live with a substance use disorder than all cancers combined |
| **35%** of primary care patients on opioids for chronic pain met DSM-V criteria for OUD-opioid use disorder |
| **3-26%** of primary care patients on opioids for chronic pain met DSM-IV criteria for OUD |
| Higher daily dose & longer treatments courses increased risk for OUD |
| **75%** of heroin users started with prescription opioids |
| But **only 4%** of *nonmedical* prescription opioid users initiated heroin use |

*Cicero, JAMA Psychiatry 2014;71:821-6; Muhuri, CBHSQ Data Review 2013; MMWR 2015;64:719-25; Boscarino, J Add Dis 2011;30:185-194; 2016 CDC Guidelines, p.32.*

**NALOXONE SHOULD BE PRESCRIBED FOR:**

1. all patients on chronic opioids
2. anyone at risk for experiencing or witnessing an overdose

Learn more at: mainemed.com/MICIS

## Misconceptions Regarding Opioids and Addiction

- Addiction is the same as physical dependence and tolerance.
- Pain protects patients from addiction to opioid medications.
- Only long-term use of certain opioids produces addiction.
- Addiction is simply a set of bad choices.
- Only patients with certain characteristics are vulnerable to addiction.
- Medication-assisted therapies are just substitutes for heroin or opioids.

*Adapted from: Volkow, NEJM 2016;374(13):1254. Used by permission.*

## 2016 CDC Recommendations

Avoid concurrent opioid and benzodiazepine prescribing

Offer treatment for opioid use disorder

# Improving Opioid Prescribing and Patient Safety: Educational Outreach

Maine Medical Association

MICIS
Maine Independent Clinical Information Service

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor  Ricker Hamilton, Commissioner

## Disclaimer

These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition. This document presents only general information regarding prescribing laws in the state of Maine. Prescribers in Maine are instructed to independently study Chapter 488 and comply with current state law and rules.

## Learning Objectives

- Understand benefits of buphrenorphine prescribing
- Anticipate prescribing naloxone for all patients and families at risk

## Additional Resources

- 2016 CDC Opioid Prescribing Guidelines: www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
- Agency Medical Directors' Group, Washington State, 2015 Opioid Prescribing Guideline summary and MME calculator: www.agencymeddirectors.wa.gov
- Caring for ME: a joint project of Maine Quality Counts and the Maine Medical Association: qclearninglab.org/welcome-caring-for-me/
- Quality Counts Controlled Medication Playbook: mainequalitycounts.org/what-we-do/population-health/chronic-pain-and-controlled-medication-playbook/
- Opioid and Chronic Pain Toolkit available at MICISMaine.org

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## Education Statement

This monograph was created in support of accompanying live educational activities. This monograph is not approved for medical education credit.

## FMI:

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