

Know your options.ME

<https://youtu.be/Eaptdcvb9aI>

INTRO VIDEO

AA knowyouroptions.me

OPTIONS
SAVE LIVES

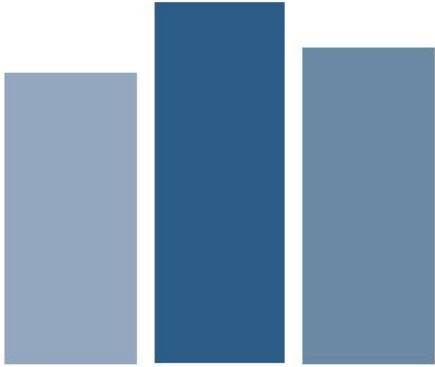
WITH SUBSTANCE USE
DISORDER

There are Multiple Pathways to Recovery

From the grassroots to
the Governor's office,
Maine is coming together
for those affected by the
opioid epidemic. We are
on a mission to save lives
and strengthen
communities, and we're
putting all the options on
the table. Bec

English

MICIS



Maine Independent Clinical Information Service



Maine Medical Association



How to impact the epidemic within
the pandemic

PRESCRIBING TO REDUCE OPIOID OVERDOSE RISK

presenters

ELISABETH FOWLIE MOCK, MD, MPH
CHARLES PATTAVINA, MD

Disclosures

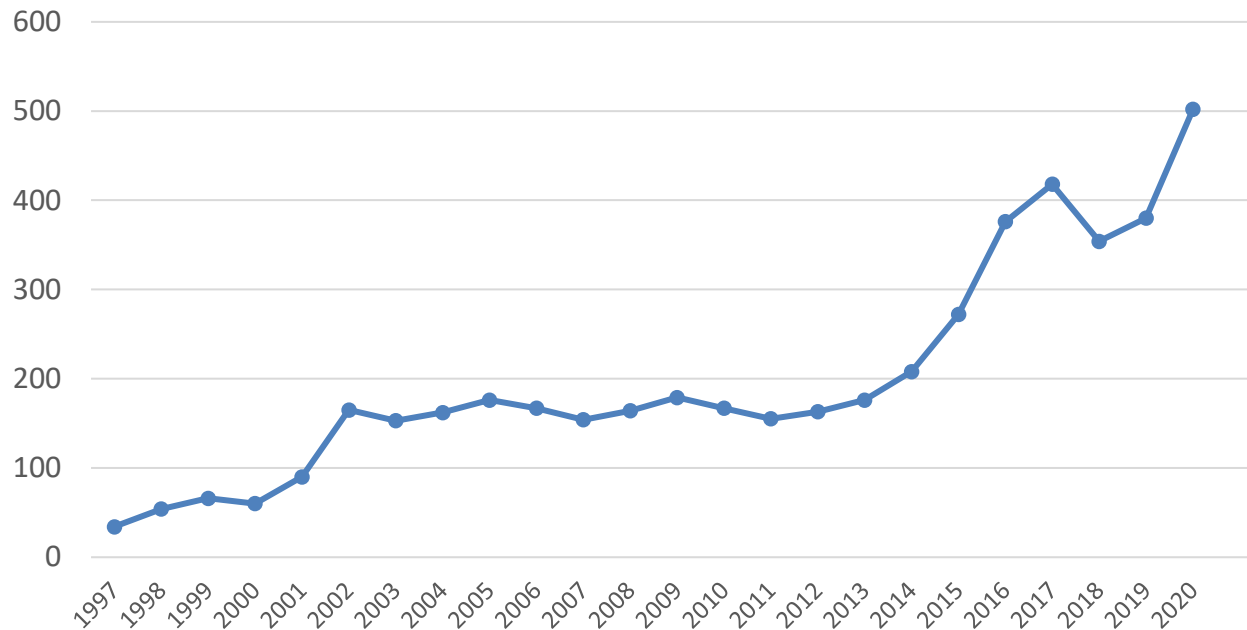
- MICIS does not accept any money from pharmaceutical companies/commercial interests
- Speakers and planners have no significant or relevant financial relationships to disclose

Objectives

- Understand risk reduction in the context of opioid prescribing
- Obtain familiarity with the benefits of buprenorphine for opioid use disorder
- Describe recommendations for naloxone prescribing to increase patient safety

THE PROBLEM

Maine Overdose Deaths



2020 OD in Maine

- Average age 43 (range 16-96)
- Male 71%, Female 29%
- OD is nearly always a combination of drugs; average is 3
- Increase in deaths involving cocaine (23%) & meth (20%-more than doubled)

2020 Overdose Deaths in Maine

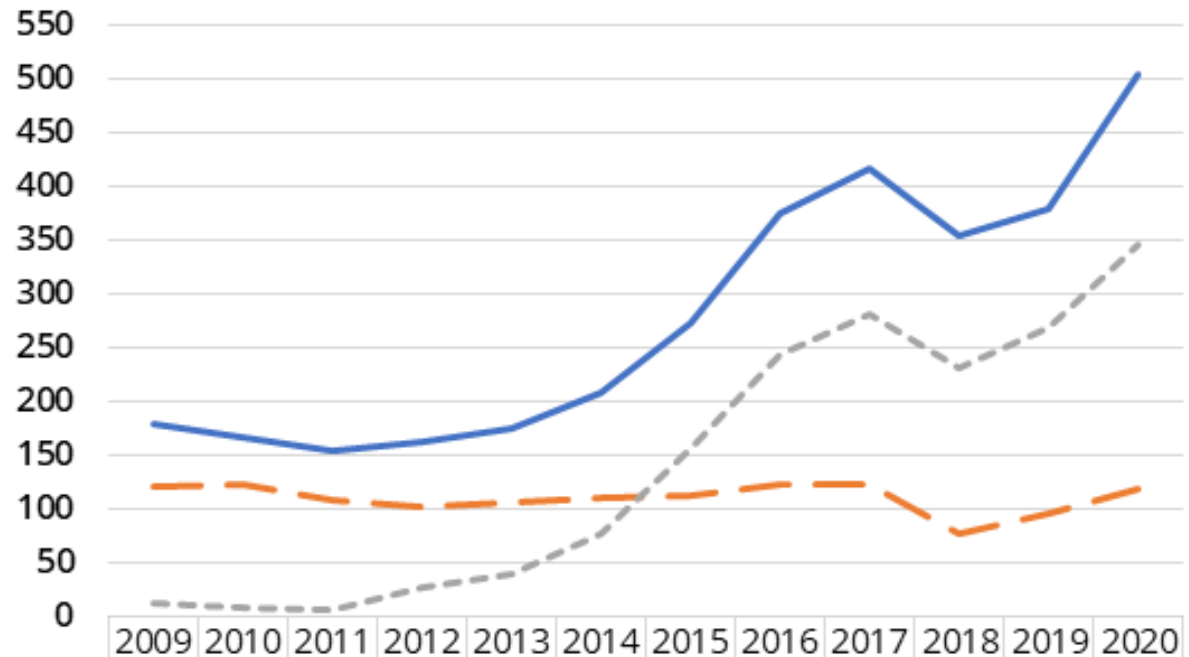
- 83% involved some form of opioid
- 23% involved prescription opioids
 - ~30% of opioid involved OD deaths
- 17% of deaths involved pharmaceutical benzodiazepines
- 28% had naloxone in toxicology*

ME Drug Death Report for 2020

*not including those with buprenorphine in tox

ME OD Deaths Due to Opioids

Number of Deaths Due to Pharmaceutical Opioids and Nonpharmaceutical Opioids



— Pharmaceutical Opioid	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
--- Nonpharmaceutical Opioids	120	123	108	103	107	111	112	123	124	78	96	118
— Deaths	12	8	7	28	40	78	157	243	281	231	268	346
	179	167	155	163	176	208	272	376	417	354	380	504

OVERDOSE HEAT MAPS-MAINE 2003-2018

2003



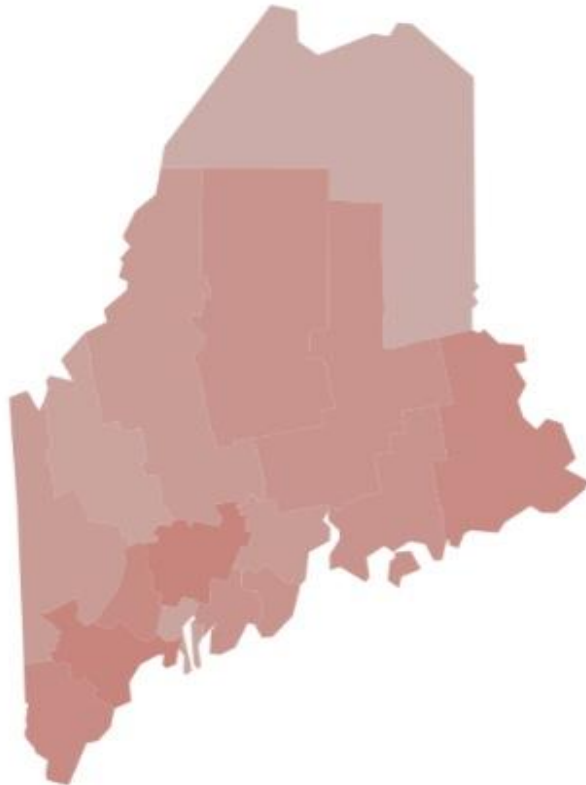
2007



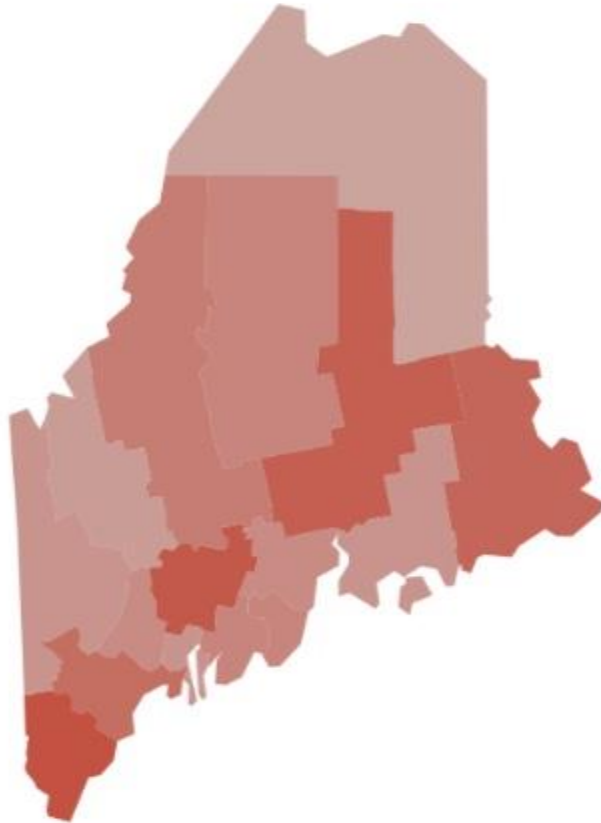
2011



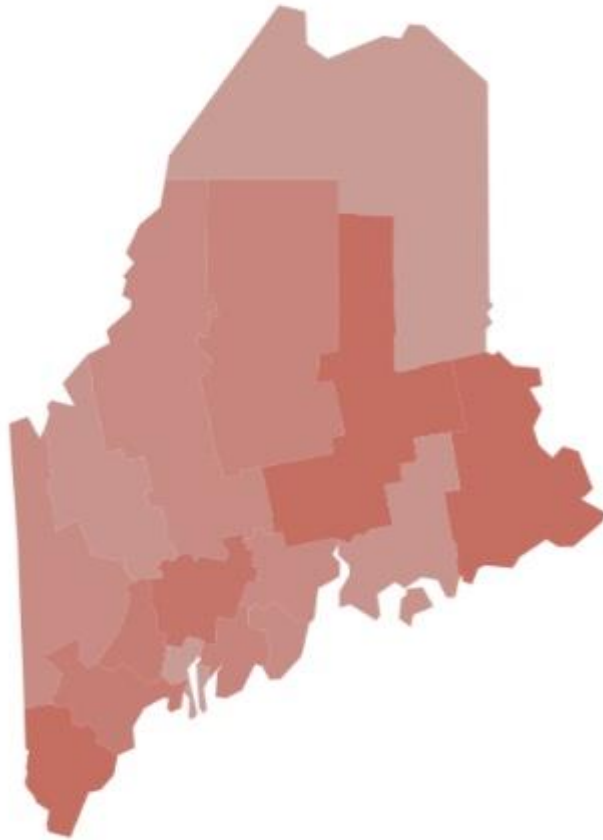
2015



2017

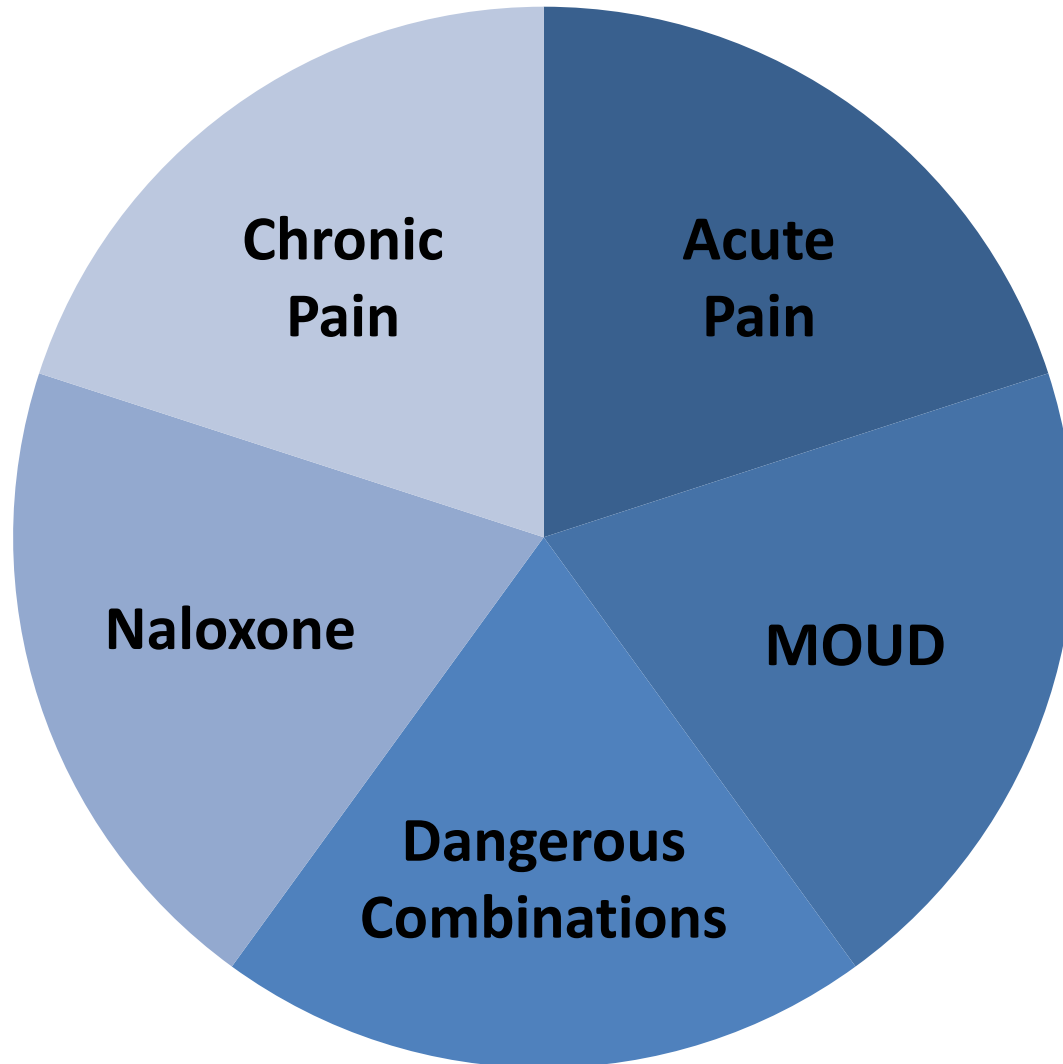


2018

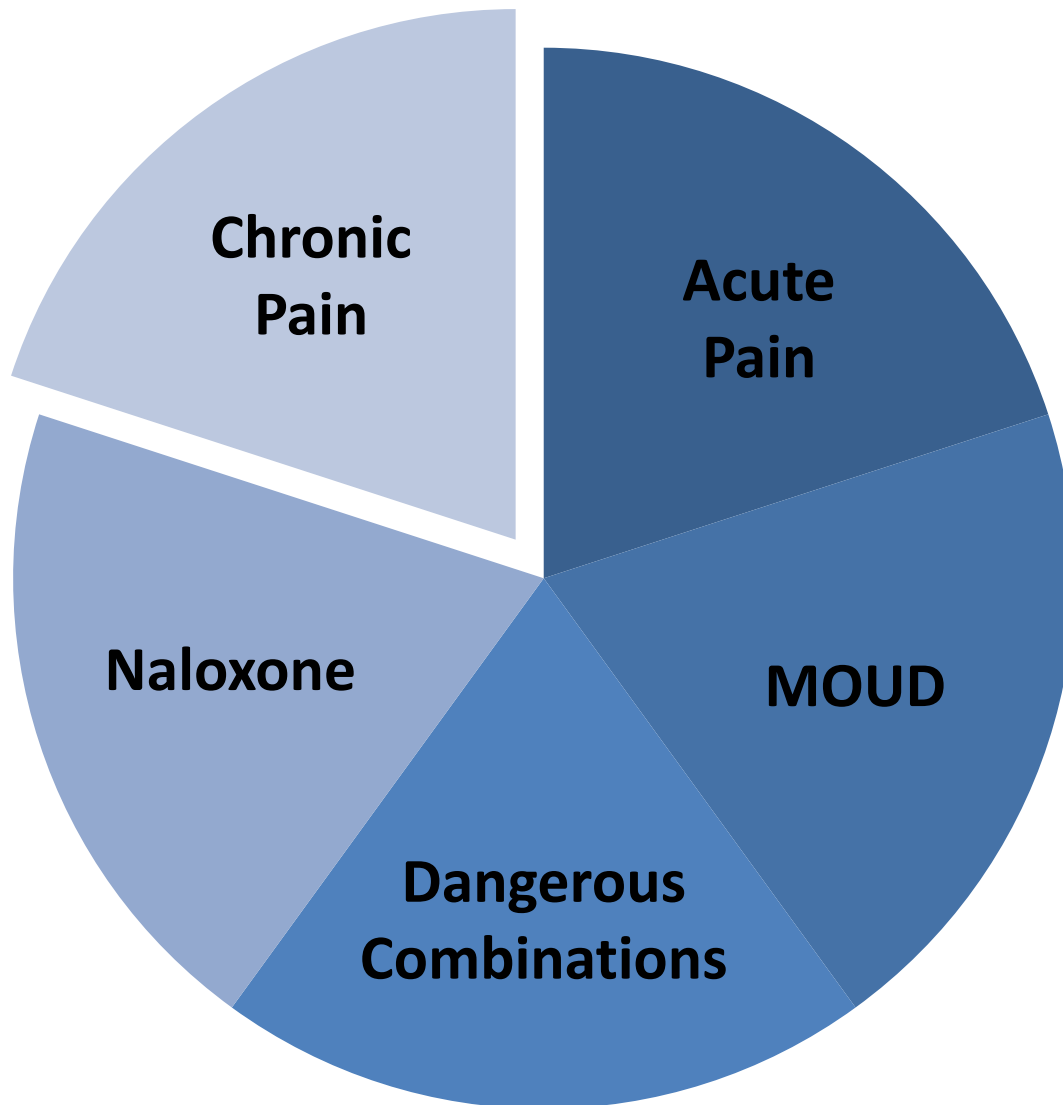


**WHAT AREAS OF *PRESCRIBING*
CAN AFFECT OVERDOSE RATES?**

Prescribing to Reduce Opioid Overdose

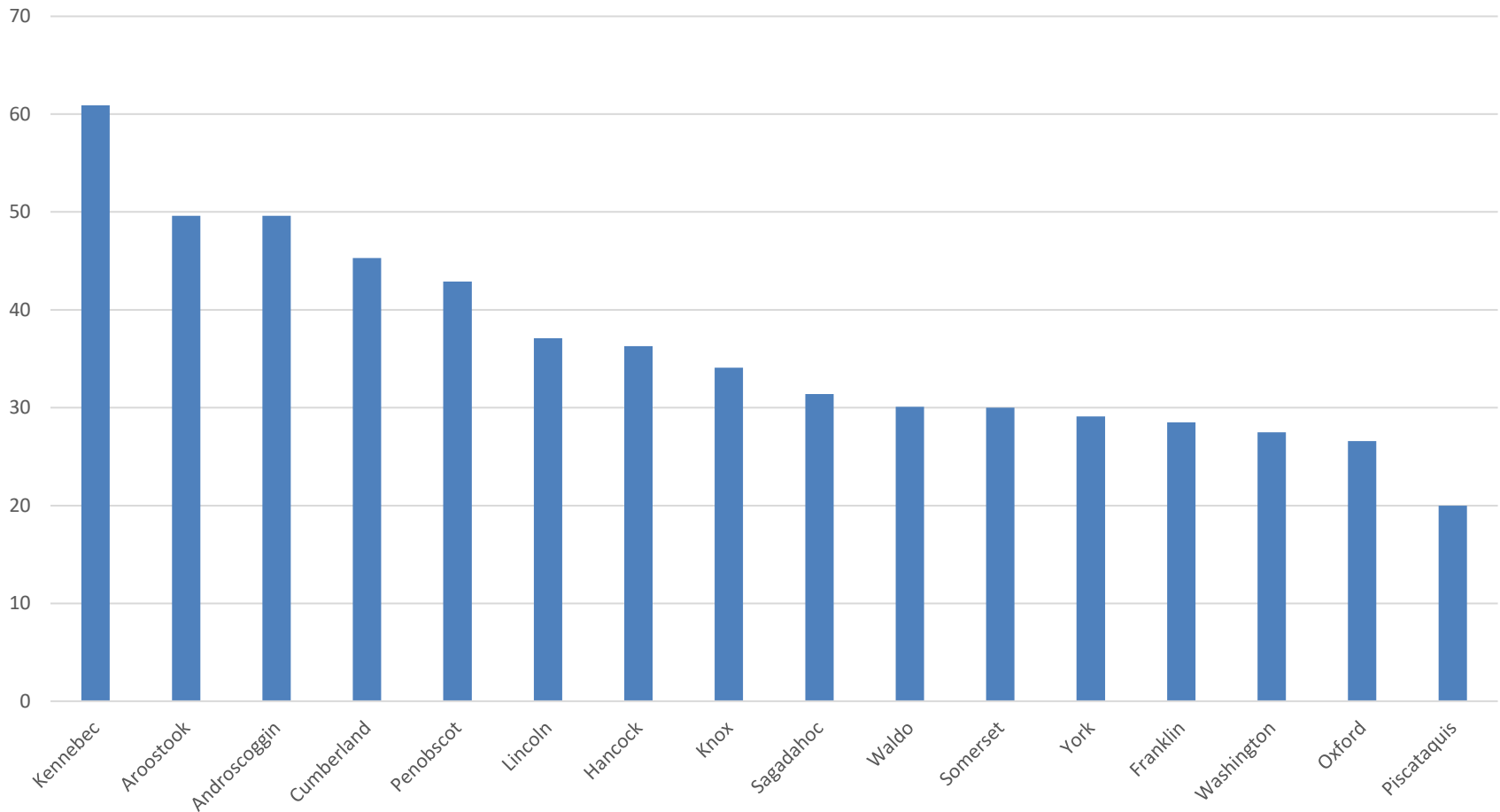


Prescribing ...

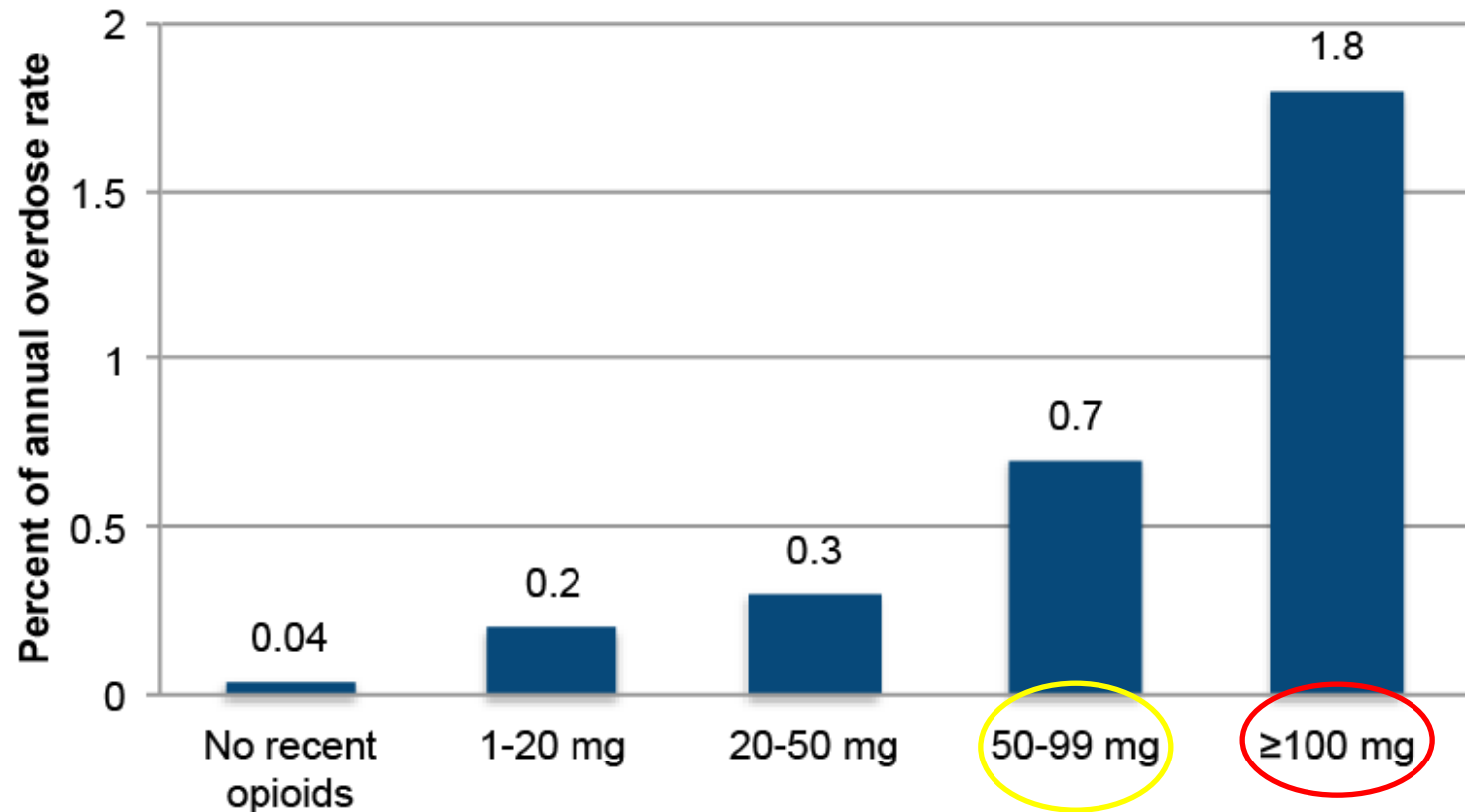


2020 Opioid Prescribing Rates

(per 100 residents per year,
based on location of prescriber)



Risk of Overdose Increases with Dose (nonfatal or fatal OD)



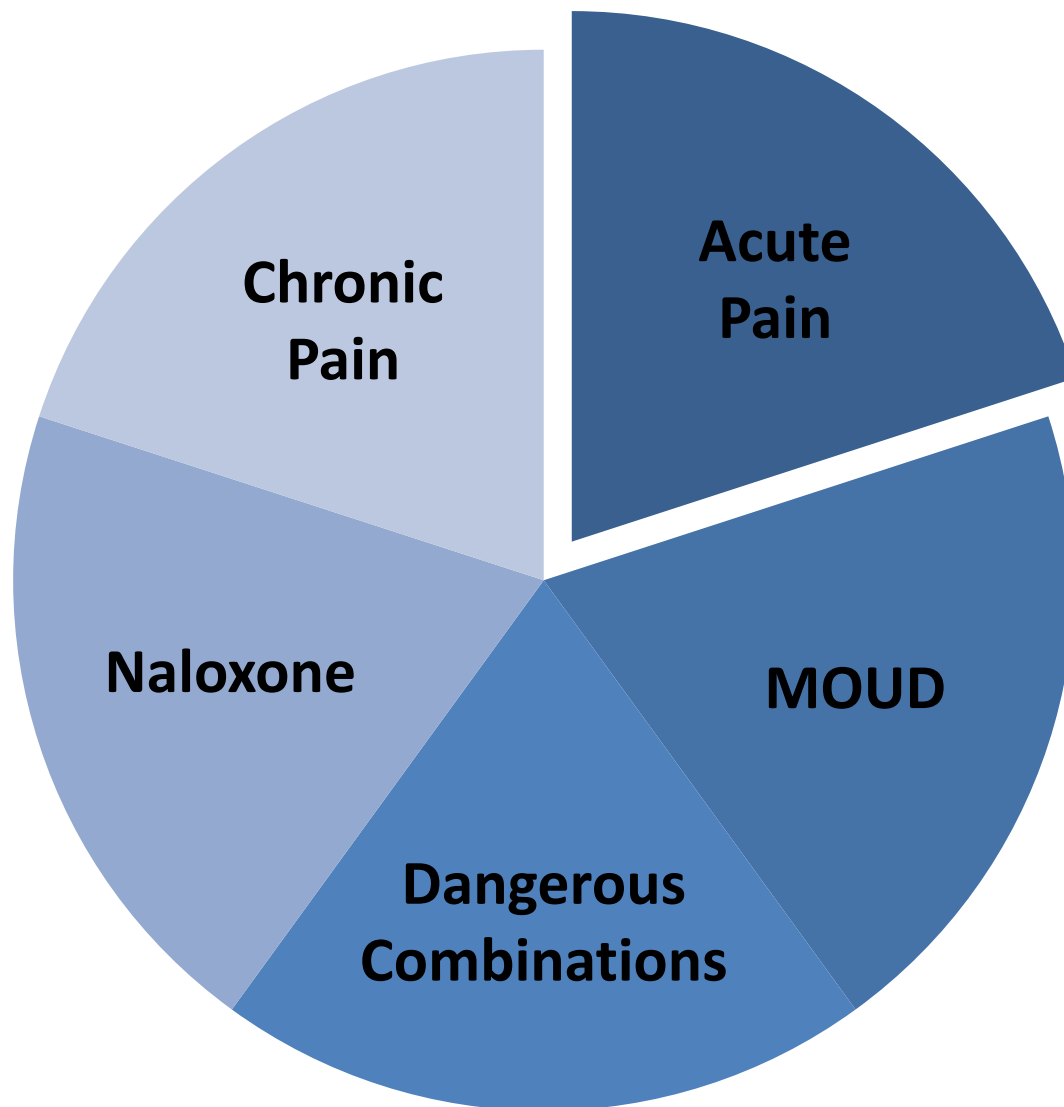
SPACE Randomized Clinical Trial

- 240 VA patients
- 2 non-blinded arms: opioids & nonopioid medications
- No significant difference on pain-related function over 12 mos
- Pain intensity significantly better/less in nonopioid group ($p=.03$)

Chronic Opioid Monitoring

- Assess progress toward functional goals
- Use standardized tools
- Pay attention to behavioral health
- Ask about hx of misuse
- Perform risk assessment & mitigation
- Discuss dose reduction at every visit

Prescribing ...



Current Best Practice Recommendations for Pain

- Multimodal & multidisciplinary
 - Start with nonpharm measures
 - Maximize non-opioid medications
 - Nerve blocks for post-op pain
- Coordinated & integrated teams
- Consider psychosocial risk factors
- Population-based but tailored to individual
- **3 day supply for acute**

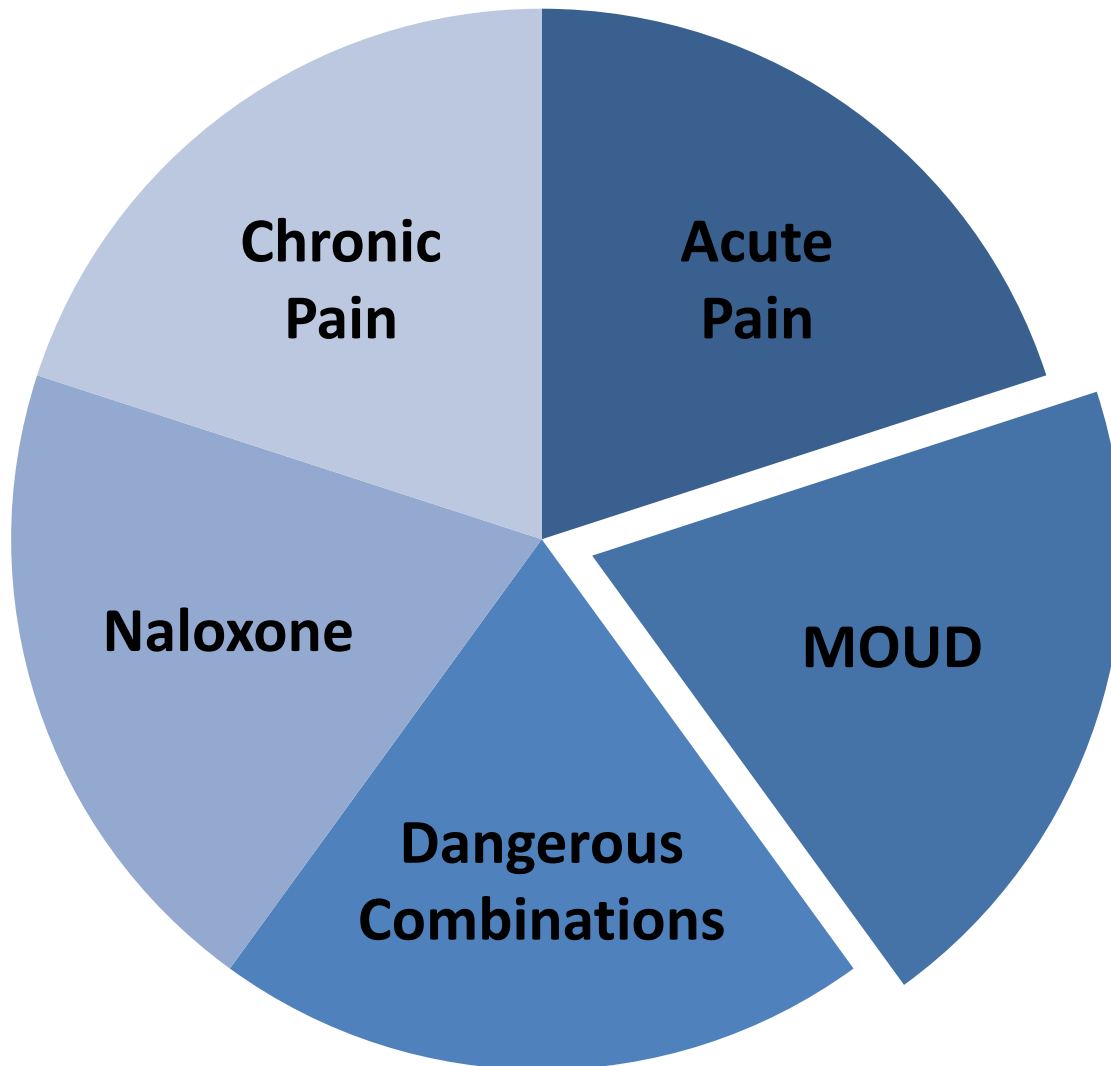
Acute pain opioid prescribing

- Document informed consent
- Discuss a clear plan/expectations
- Be explicit about length of rx (3-7d, no refill)
- Avoid co-prescribing opioids & benzos/sedatives
- Educate & update support staff
- Put patient instructions in writing & share expectations with support person

Acute pain management for Patients on buprenorphine:

- CONTINUE BUPRENORPHINE
- Consider talking to prescriber for coordination
- maximize nonopioid pain treatments
(*pharmacologic and nonpharmacologic*)
- Consider adding short-acting opioid for 3d
- Guidelines from ME Clinical Opioid Advisory Committee: https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Perioperative%20Pain%20Mngmnt%20Guidance_ME%20Opioid%20Clinical%20Adv%20Comm_GOPIF_08-2020.pdf

Prescribing ...



MOUD

*Medications for Opioid Use Disorder
(previously referred to as MAT:
Medications for Addiction Treatment)*

Effective, Cost-effective, and Cost-beneficial

Medications:

- reduce illicit opioid use
- retain people in treatment
- reduce risk of opioid overdose death
- better than treatment with placebo or no medication (50% vs 10% @1 yr)
- decrease crime
- reduce risk of readmission

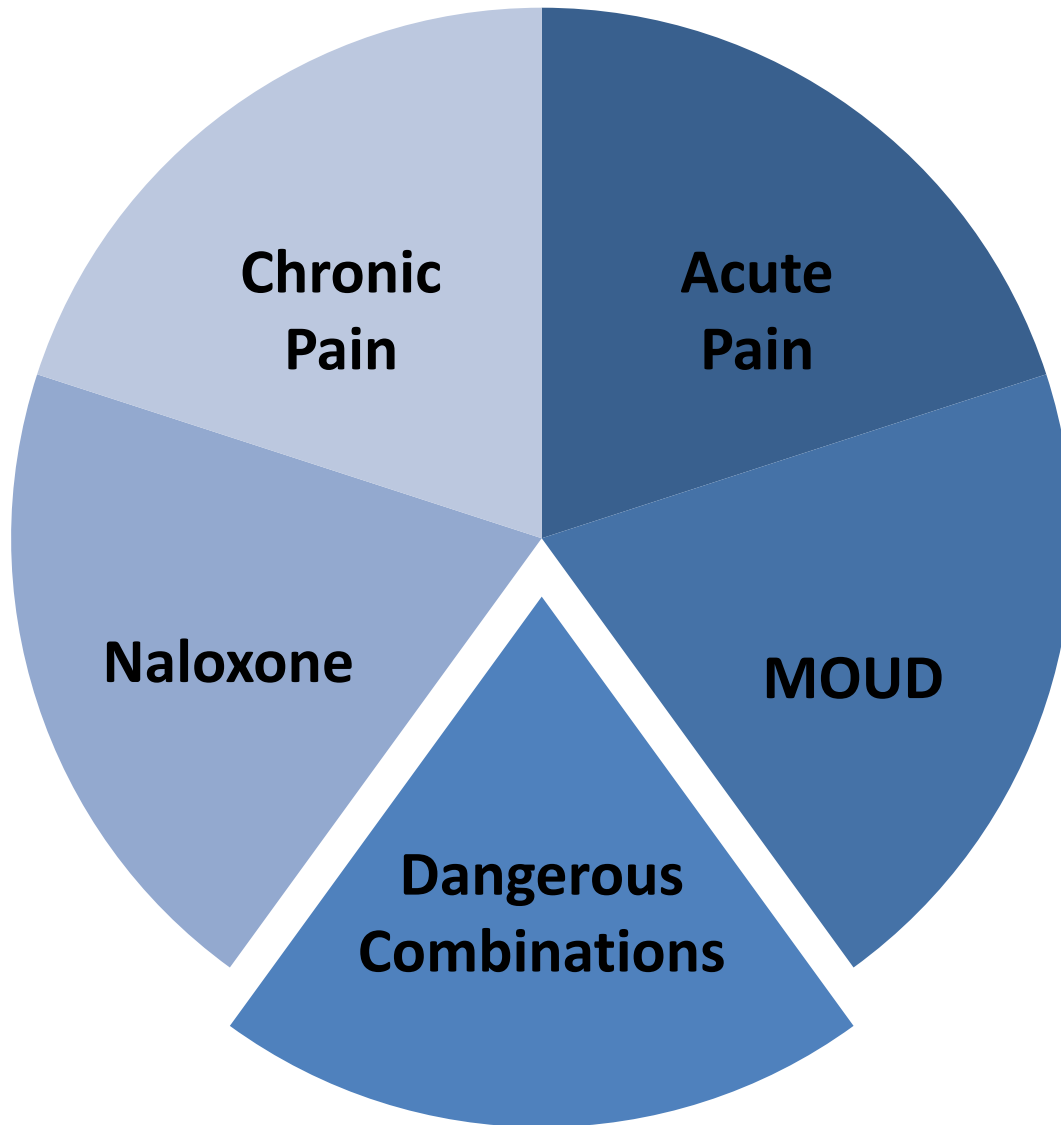
Updated buprenorphine prescribing requirements April 2021

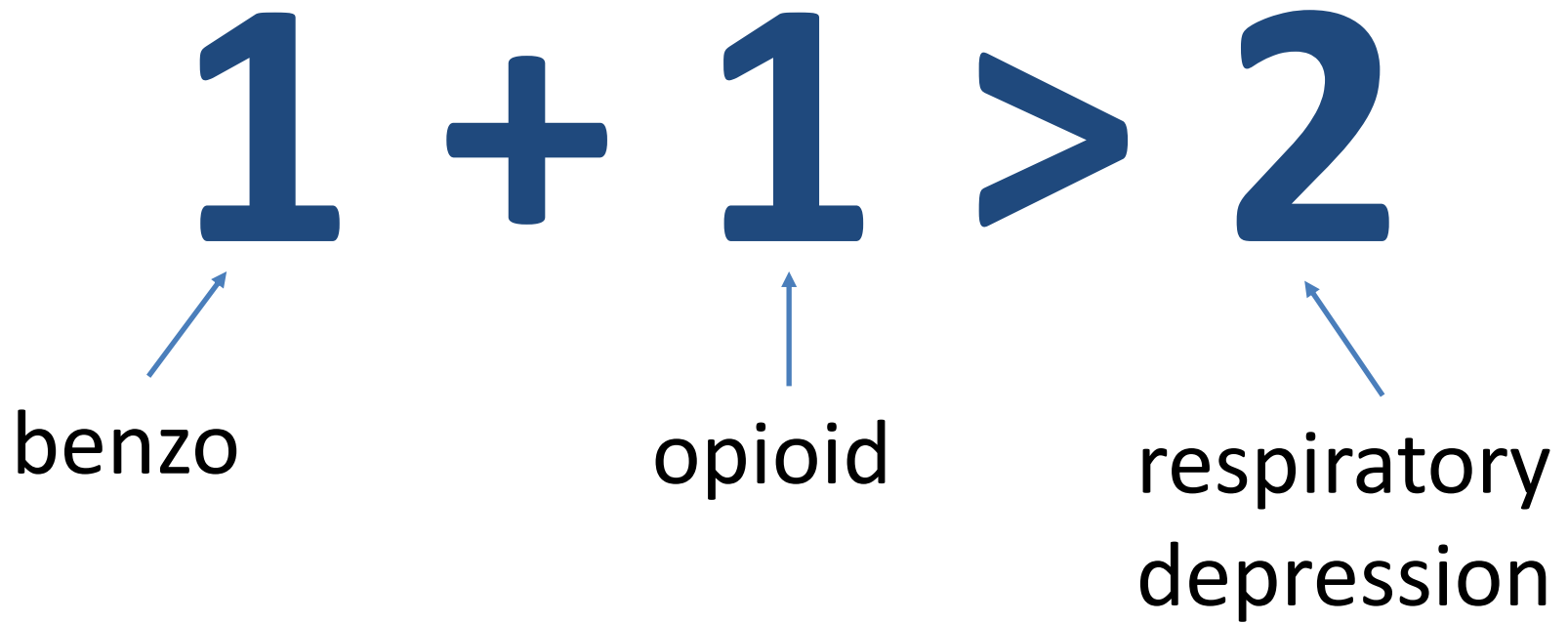
- **All** prescribers can apply for x-waivers to treat up to 30 pts **WITHOUT** additional training or immediate counselling access
- Federal legislation to completely eliminate the x-waiver proposed: “Mainstreaming Addiction Treatment Act”
- MICIS has private, one hour CME sessions on MOUD
- ASAM one hour online intro course

Ways you can effect change

- Learn the opioid use disorder treatment options in your community or know who to contact for information
- Use non-stigmatizing language
- Don't be afraid to ask patients
- Get your x-waiver
- Advocate at all levels

Prescribing ...

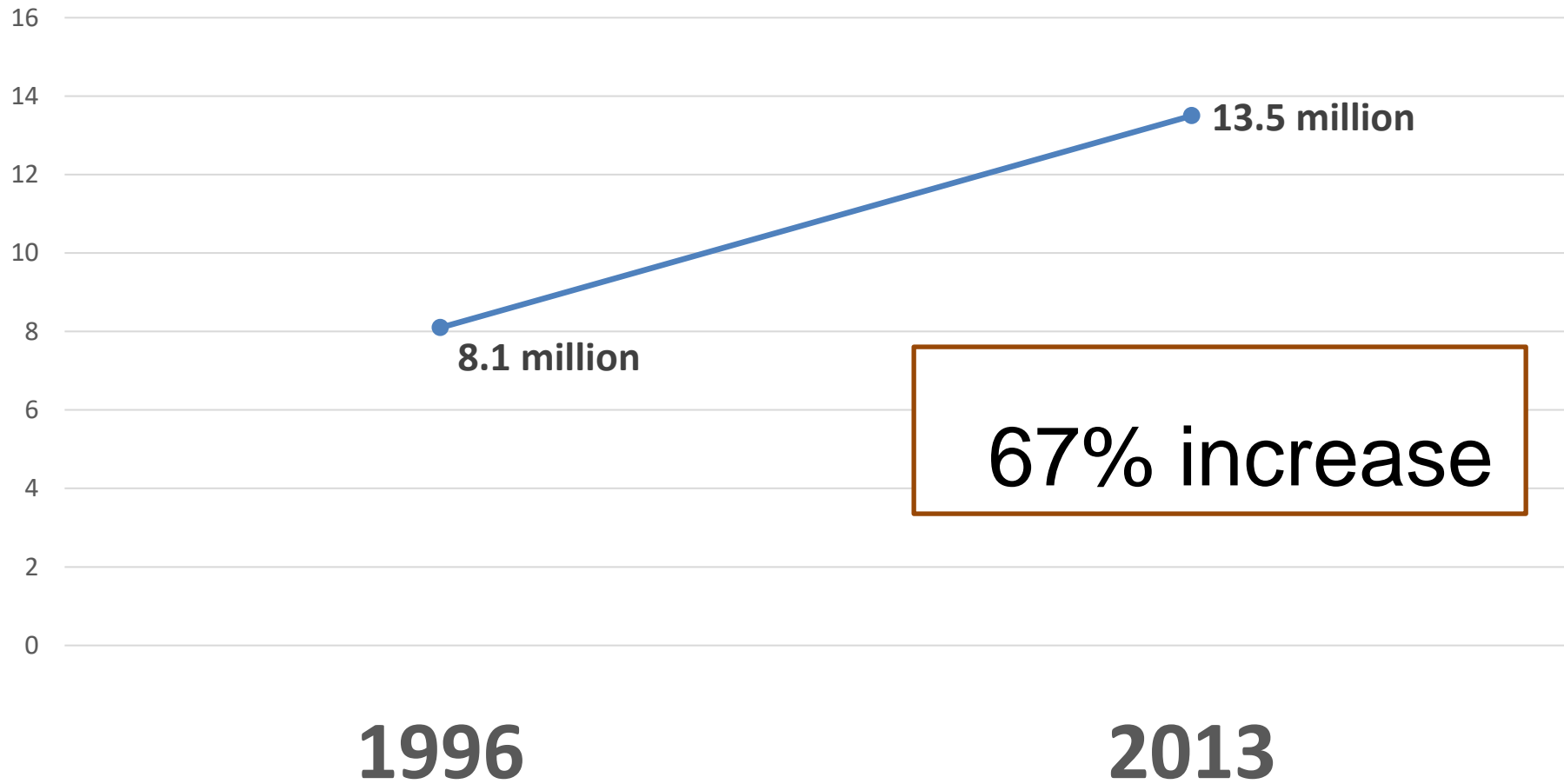




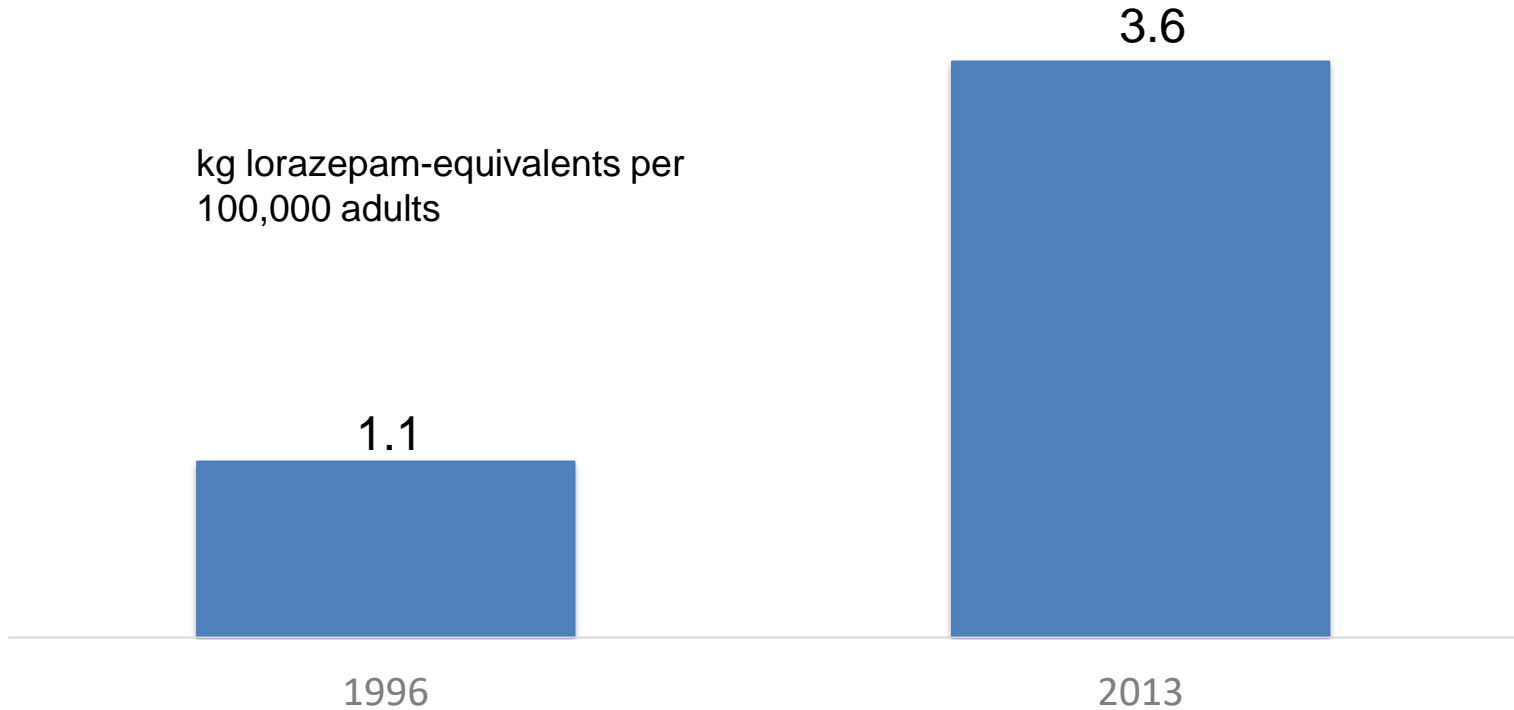
BLACK BOX WARNING

opioids and benzodiazepines when combined can result in serious side effects including slowed/difficult breathing and death

Adults Who Filled Benzo Rx



Amount of Benzo per Rx



Bachhuber 2016

Academic Detailing Handout

Safer Treatments for Anxiety and Insomnia

Maine Independent Clinical Information Service • 2019



Take Home Messages:

- ▶ Benzos are neither safe nor effective for long-term use
- ▶ Risk of death increases 4-10x when benzos & opioids co-prescribed
- ▶ 'Z-Drugs,' gabapentin/pregabalin & carisoprodol are also risky to co-prescribe with opioids
- ▶ Enlist Behavioral Health support & start benzo tapers
- ▶ Prescribe naloxone to all pts currently co-prescribed benzos & opioids

! Non sedative-hypnotic treatment of ANXIETY

- ▶ assure proper diagnosis; anxiety may be a symptom of multiple psychiatric conditions
- ▶ rule out underlying medical problems
- ▶ consider medication side-effects as a cause of anxiety-related symptoms

<https://micismaine.org/wp-content/uploads/2019-MICIS-coprescribing-handout-2019-02-19.pdf>
"Clinical Toolkit"

Boston Community Study

pts rx'd benzos had

- **MORE** PCP visits
- **MORE** Specialist visits
- **MORE** ED Visits
- **MORE** Hospitalizations
- **LONGER** LOS

$p < 0.001$ for all

Overarching Concepts of co-rx'ing

- Stop starting
- Taper, titrate, do not escalate
- Monitor closely, reassess frequently
- Limit dose & duration
- Warn pts & caregivers
- Co-rx naloxone

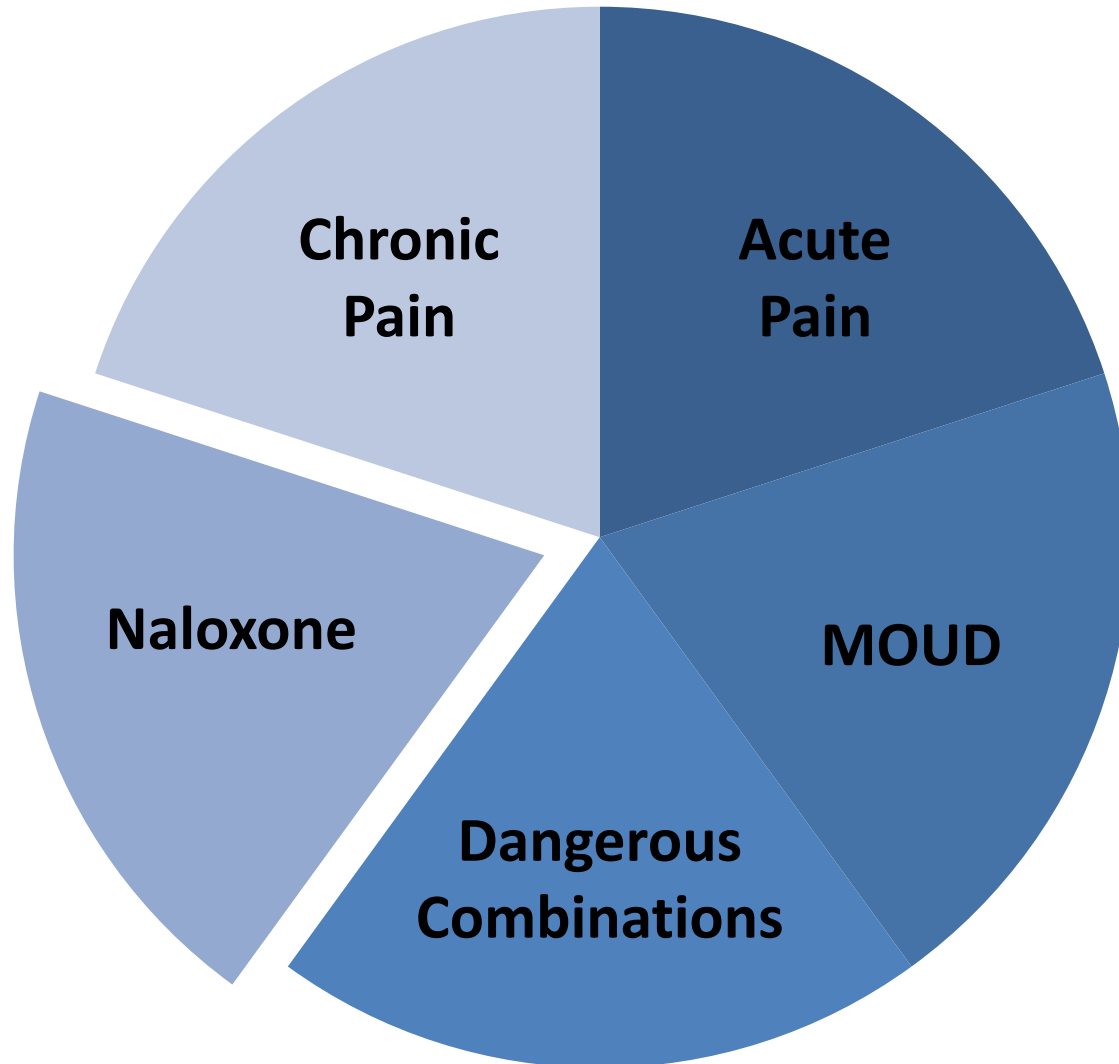
De-prescribing/Tapering opioids & benzos

- Discuss at every visit
- Require behavioral health involvement
- Faster initial drop, slower later
- Once committed, OK to pause, but never reverse taper
- Ask patients for input into schedule (give some control)

BRAVO-approach to tapering

- **B**roach subject
- **R**isk benefit calculator
- **A**ddiction happens
- **V**elocity matters (+ validation)
- **O**ther options/strategies for coping w/pain

Prescribing ...



SAMSHA naloxone video

- <https://www.youtube.com/watch?v=RcAaZQQqd50>

SAVE LIVES FIRST

*Hardwire naloxone protocols
into your practice
“naloxone like water”*

Naloxone Products

naloxone nasal spray 4mg*



naloxone nasal spray 8mg**



naloxone prefilled syringe* & nasal atomizer



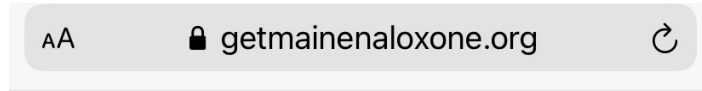
naloxone vial* for IM & supplies



Maine naloxone laws

- Good Samaritan for prescriber, patient, bystanders
- Legal to prescribe for third-party use (only rx for which this is true)
- Some pharmacists can prescribe/dispense naloxone (and all prescribers can!!)

getmainenaloxone.org



Get Maine Nalox- one — Find Narcan® / Naloxone in Maine

Home Get Naloxone ▾ ⋮

Naloxone in Maine saves lives



[I am an individual looking for naloxone](#)



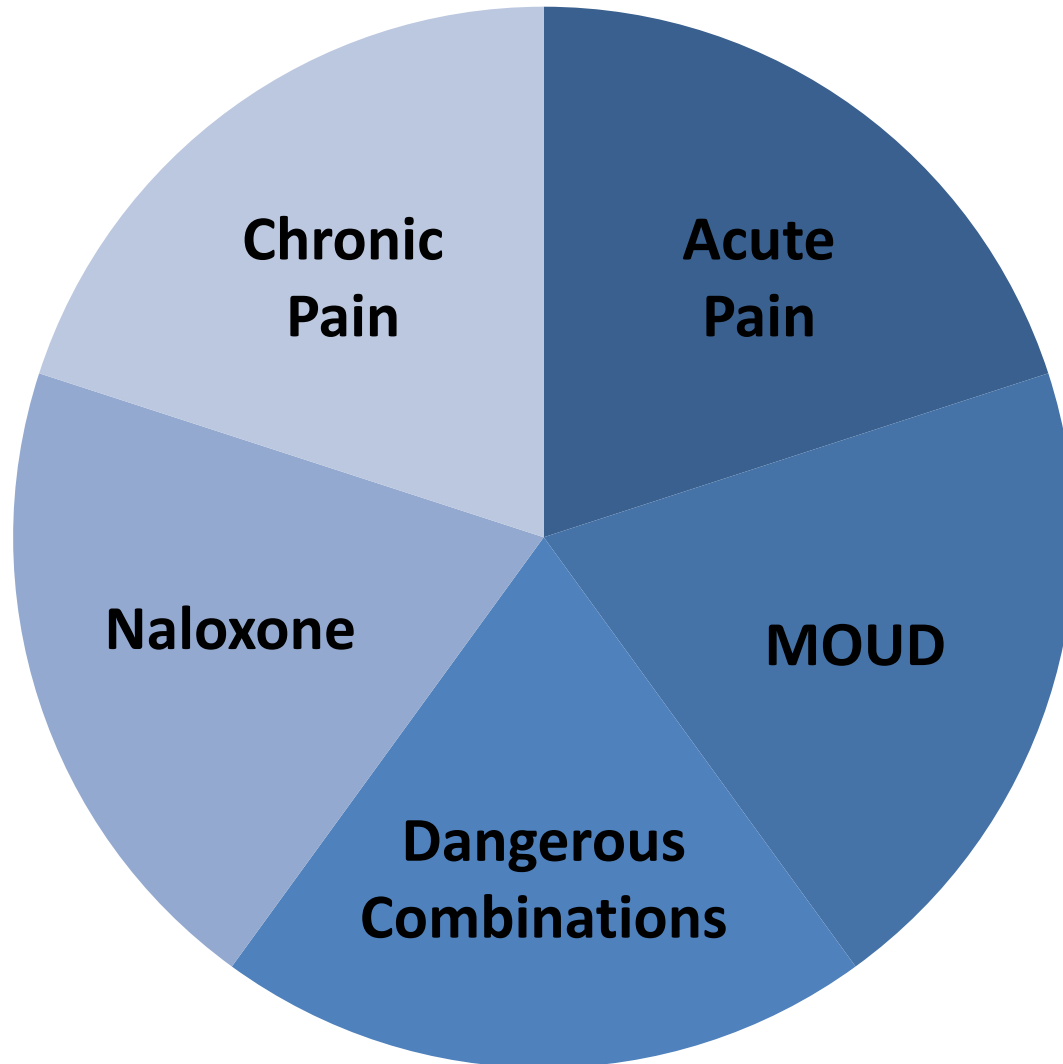
[I represent a community organization or
business looking for naloxone](#)

*4 HOURS OF OPIOID TOPICS *HEPATITIS C *TREATING DEPRESSION

1:1 PRESCRIBING EDUCATION SESSIONS AVAILABLE LIVE OR VIRTUAL

In Summary...

Prescribing to Reduce Opioid Overdose



HOW TO FILL OUT EVALUATION AND GET CME CREDIT

MICISMAINE.ORG

Online Resources

- Websites:
 - mainedrugdata.org/
 - knowyouroptions.me/about-options/
 - www.maine.gov/future/initiatives/opioids (look at bottom right, under “Latest Documents”)
 - www.micismaine.org/
- Videos:
 - <https://youtu.be/Eaptdcvb9aI>
 - www.youtube.com/watch?v=7p_SU6zcvbA
 - www.youtube.com/watch?v=RcAaZQQqd50

References

- Bachhuber, MA, et al. “Increasing Benzodiazepine Prescriptions and Overdose Mortality in the United States, 1996–2013.” *American Journal of Public Health*, vol. 106, no. 4, 2016, pp. 686–688., doi:10.2105/ajph.2016.303061.
- Centers for Disease Control and Prevention (CDC). Multiple Cause of Death, 1999-2015. CDC WONDER Online Database. <https://wonder.cdc.gov/mcd-icd10.html>. Accessed April 4, 2017.
- Chou & Lembke, BRAVO Opioid Tapering Approach <https://www.oregonpainguidance.org/guideline/tapering/>
- Dasgupta, N, et al. “Cohort Study of the Impact of High-Dose Opioid Analgesics on Overdose Mortality.” *Current Neurology and Neuroscience Reports.*, U.S. National Library of Medicine, Jan. 2016, www.ncbi.nlm.nih.gov/pubmed/26333030.
- Gomes T, Mamdani MM, Dhalla IA, Paterson JM, Juurlink DN. Opioid dose and drug-related mortality in patients with nonmalignant pain. *Arch Intern Med*. 2011;171(7):686-691. doi:10.1001/archinternmed.2011.117.
- Kroll, D, et al. “Benzodiazepines are Prescribed More Frequently to Patients Already at Risk for Benzodiazepine-Related Adverse Events in Primary Care.” *J Gen Int Med*, 2016; 31(9): 1027-1034.

NIDA OD Prevention video

- Suitable for all patients on opioids, not just pts on MOUD
- https://www.youtube.com/watch?v=7p_SU6zcvbA

Tapering – BRAVO – A Collaborative Approach

Clinical Update March 2020

**B**

Broaching the Subject



- Involve the patient
- Take more time
- Get the support of your team
- Use motivational interviewing (reflection, validation, support)
- For inherited patients, maintain the current dose and document if considering a taper

**R**

Risk Benefit Assessment



Consider tapering for the following reasons:

- Patient request
- Pain and function not improved
- Adverse opioid effects
- Co-occurring conditions (including mental health)
- Dose over 90 MED
- Concurrent sedatives
- Opioid use disorder
- Opioid overdose

A

Addiction & Dependence Happen



- Addiction = The 3 C's: Control, Craving, continued use despite Consequences
- Dependence = Tolerance, withdrawal, without the 3 C's
- Anyone can become addicted or dependent
- Reassure patients there is effective treatment for both
- Consider buprenorphine

V

Velocity & Validation



- Go slowly (Tapering Examples)
- Maintain the same schedule (BID, TID)
- Let the patient drive “Which opioid would you like to taper first?” • Take breaks, but never go backwards
- Warn patients that pain gets worse before it gets better
- Validate that opioid tapering is hard



Other Strategies for Coping with Pain



- Help patients understand how pain works • Encourage regular, restful sleep
- Promote healthy activities
- Maintain a positive mood
- Foster social connections
- Make good nutritional choices
- Consider non-opioid pain medications

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