



SEARCH AND RESCUE ESSENTIALS

PUTTING THE RESOURCES TO PREVENT PRESCRIPTION DRUG ABUSE AT YOUR FINGERTIPS

A FACT SHEET FOR PRESCRIBERS

→ THE nation is facing an opioid crisis, with overdose deaths attributable to these drugs nearly quadrupling since 1999 and the number of prescription opioids dispensed also quadrupling over the same time frame. It is now known that this startling increase in opioid overdose deaths was driven, in large part, by overdoses from prescription opioid pain relievers.

This fact sheet is designed to give you, as a prescriber, an overview of some key tools and resources to help reduce the misuse and abuse of opioids and other prescription medications in your practice.

ALMOST HALF A MILLION PEOPLE LOST THEIR LIVES TO DRUG OVERDOSES FROM 2000 TO 2014. THIS STARTLING INCREASE IN OPIOID OVERDOSE DEATHS WAS DRIVEN, IN LARGE PART, BY OVERDOSES FROM PRESCRIPTION OPIOID PAIN RELIEVERS.



CONTINUING EDUCATION FOR PRESCRIBERS

Research has shown that many healthcare prescribers don't receive formal education in treatment with opioids.

→ www.searchandrescueusa.org/opioid-abuse-resources



You can obtain Continuing Medical Education (CME) credits in these areas that are compliant with the FDA's Risk Evaluation and Mitigation Strategies (REMS) for opioids, many at no cost to you.

→ www.cdc.gov/drugoverdose/prescribing/providers.html



The Centers for Disease Control and Prevention (CDC) 2015 guidelines on prescribing opioids for chronic pain may also help you make informed decisions about pain treatment for adult patients in primary care settings.

→ www.samhsa.gov/disorders/co-occurring#primary-care



IDENTIFYING PATIENTS AT RISK FOR OPIOID ABUSE, MISUSE, OR ADDICTION

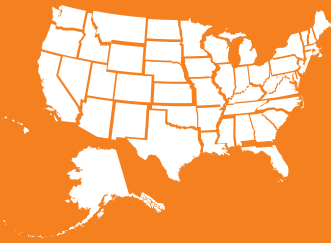
To identify patients at higher risk of substance use disorders, screenings and brief clinical interventions can be effective. This includes patients who also have mental health issues.

→ www.whitehouse.gov/sites/default/files/page/files/sbirt_fact_sheet_ondcp-samhsa_7-25-111.pdf

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

Provides timely intervention and treatment to people with substance use disorders and those at risk of developing these disorders:

→ www.whitehouse.gov/sites/default/files/page/files/sbirt_fact_sheet_ondcp-samhsa_7-25-111.pdf



PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)

State-run electronic databases, Prescription Drug Monitoring Programs (PDMPs) track controlled prescription drugs prescribed and dispensed to patients. These programs were created to monitor prescription and pharmacy data for instances of abuse or diversion. PDMPs can help track patients at high risk of substance abuse and those who would benefit from early interventions by providing pharmacists and prescribers data on the controlled substance prescription history of patients at risk.

→ www.searchandrescueusa.org/pdmp-access

EFFECTIVE ALTERNATIVES TO OPIOID THERAPY

Opioids are not recommended as first-line or routine therapy for chronic pain. Safer, non-opioid treatments, including medications and alternative therapies, can often provide relief from chronic pain, including low back pain, migraines, neuropathic pain, osteoarthritis, and fibromyalgia.

→ http://www.cdc.gov/drugoverdose/pdf/alternative_treatments-a.pdf



ABUSE-DETERRENT PRESCRIPTION OPIOIDS

In an effort to create safer opioid treatment, the FDA has encouraged the development of opioids that are formulated to help deter abuse. Opioid products can be abused by choosing different routes of administration (e.g., crushing a pill to inject intravenously) or circumventing extended-release (ER) properties, so most abuse-deterrent technologies are designed to prevent manipulation or discourage use of the manipulated product.

→ <http://www.fda.gov/newsevents/newsroom/factsheets/ucm514939.htm>

MEDICATION-ASSISTED TREATMENT OPTIONS

Medication-assisted treatment (MAT) combines behavioral therapy and medications to treat substance use disorders.

The following are approved to treat opioid use disorders:

→ www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf



Buprenorphine

Comes in a pill form or sub-lingual film, and can be accessed in an office-based treatment setting from a certified physician or federally-licensed opioid treatment program.



Naltrexone

Comes in either pill or as an injectable, and can be accessed in all treatment settings.



Methadone

Is available in pill, liquid, and injectable forms to be taken once a day, and should only be administered by federally-licensed opioid treatment programs.

NALOXONE TO PREVENT OVERDOSE DEATHS

Naloxone is an opioid antagonist approved by the Food and Drug Administration (FDA) for use in preventing overdose by opioids including morphine, heroin, and oxycodone. It can be administered by a family member, friend, or healthcare professional when a patient is showing signs of opioid overdose. The medication can be given by intranasal spray, and by intramuscular, subcutaneous, or intravenous injection.



REFERRING YOUR PATIENT TO TREATMENT

When a patient has been identified as abusing or addicted to prescription pain relievers, you may wish to consult a specialist in pain management or addiction medicine – or to provide the patient with options for substance abuse treatment. These can be found in the:

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator:

→ www.samhsa.gov/medication-assisted-treatment

SAFE STORAGE AND DISPOSAL OF OPIOID MEDICATION

Explain to your patients the importance of safe storage of medications at home to prevent it being misused or abused by others, especially teens and young adults, and proper disposal of unused medication



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