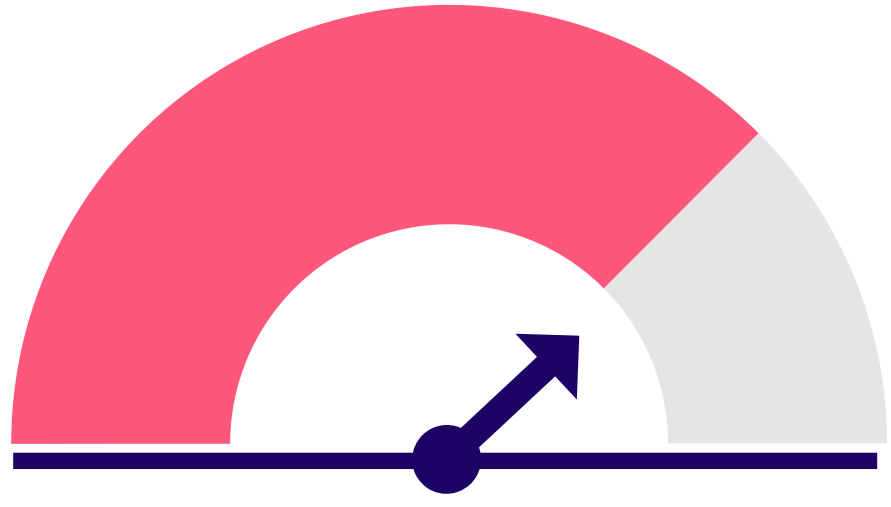


Improving Patient Safety and Reducing Opioid Overdoses

IMPACT OF THE OPIOID CRISIS



About 75% of drug overdose deaths in 2020 involved an opioid.¹

44 people

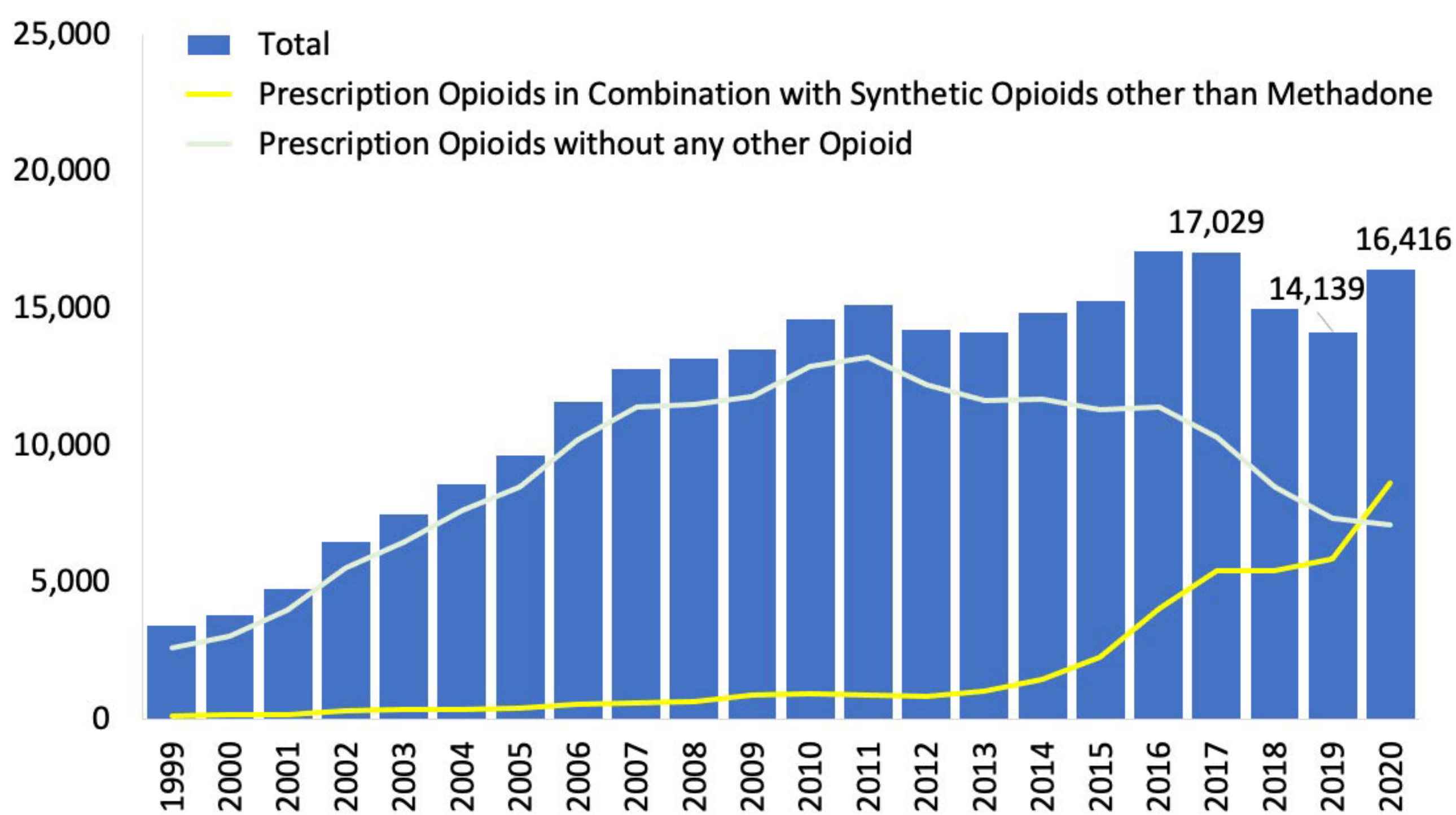
die each day in the U.S. due to prescription opioid overdose.²

From 1999 to 2020, more than

564,000

people have died from prescription and illicit opioid overdoses.²

National Overdose Deaths Involving Prescription Opioids*, Number Among All Ages, 1999-2020³



*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

Primary care providers account for almost

50%

of prescription opioids prescribed.⁴

Opioid overdose deaths in 2020 were over

8.5x

the number in 1999.²

KEY MESSAGES

Adapted from the CDC guidelines for safer opioid prescribing.⁵



KEY MESSAGE 1

If opioids are needed, start prescribing at the lowest effective dose.



KEY MESSAGE 2

Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications.



KEY MESSAGE 3

Prescribe naloxone to prevent fatal opioid overdoses.



KEY MESSAGE 4

Offer treatment for patients with Opioid Use Disorder (OUD), including Medications for Opioid Use Disorder (MOUD).

KEY MESSAGE 1



If opioids are needed, start prescribing at the lowest effective dose.

Prescribing a low initial dose of an opioid and increasing the dose slowly, if at all, significantly reduces side effects and risks for patients, including overdose and death.

For patients who require opioids for pain management:⁶

- Use caution and counsel about side effects at any dose of opioids
- If considering increasing dose to ≥ 50 morphine milligram equivalents (MME)/day, pause to reassess the balance of benefits and risks for the individual patient
- Avoid increasing dose to ≥ 90 MME/day



Exercise caution:

- Doses ≥ 50 MME
- Concurrent use of a benzodiazepine, alcohol or methadone for pain



Avoid if possible:

- Dose ≥ 90 MME
- Opioid prescription > 3 months

Adapted from Center for Innovation in Academic Detailing on Opioids (CIAO) Detailing Aid⁷

KEY MESSAGE 2



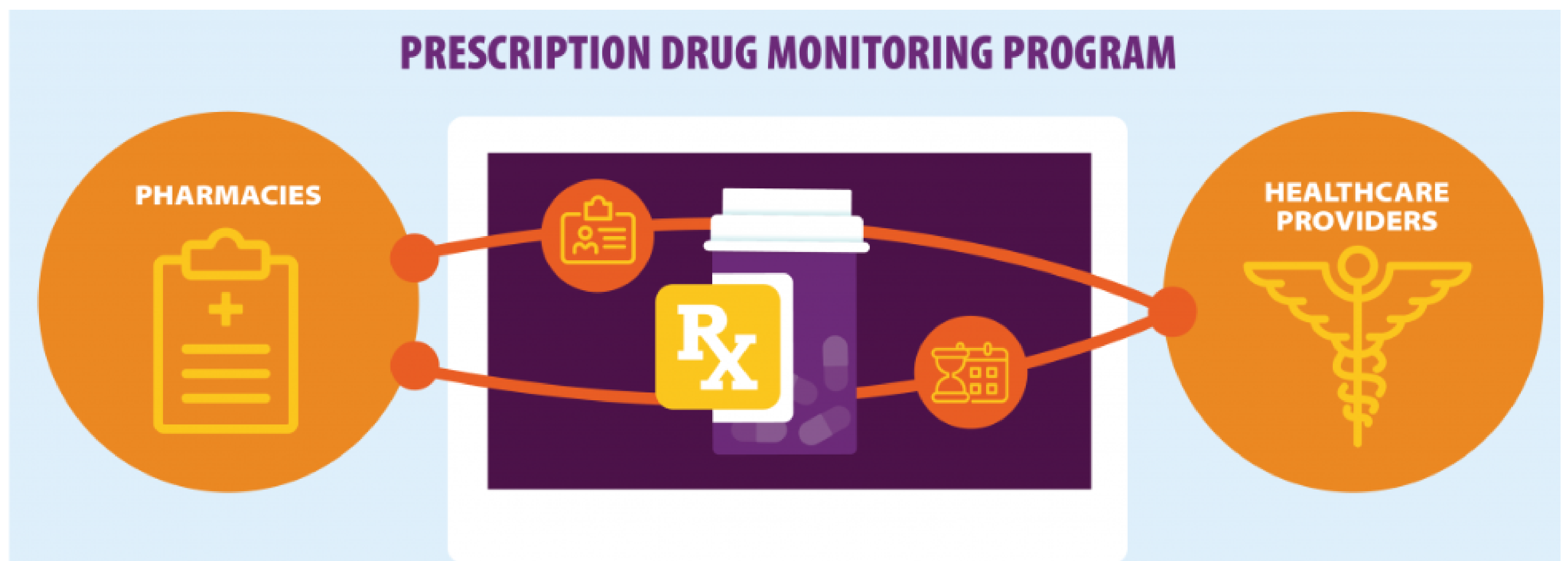
Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications.

A Prescription Drug Monitoring Program (PDMP) is an electronic database that tracks all filled controlled substance prescriptions.

PDMPs improve patient safety by:⁸

- Calculating the total amount of opioids prescribed (in MME/day)
- Avoiding concurrent prescribing of opioids with other sedating drugs
- Identifying patients who are obtaining opioids from multiple providers

Clinicians who are prescribing opioids and pharmacists who are dispensing opioids can both use the PDMP to improve the safety of opioid prescribing.



Adapted from CDC, National Center for Injury Prevention and Control (2021)⁸

KEY MESSAGE 3



Prescribe naloxone to prevent fatal opioid overdoses.

Naloxone reverses an opioid overdose by restoring a person's breathing if it has stopped or slowed down. It is available as an intramuscular injection or as a nasal spray.⁹



Adapted from the Massachusetts Department of Public Health¹⁰

In 2018, primary care providers only wrote **1.5 naloxone prescriptions** per 100 high-dose opioid prescriptions. Clinicians should prescribe naloxone if the patient has the following risk factors of opioid overdose.¹¹

Opioid overdose risk factors:¹¹

- History of overdose
- Taking a high dose of opioids (≥ 50 MME/day)
- Receiving MOUD treatment
- Concurrent benzodiazepine prescription
- 65 years and older
- Certain medical conditions (chronic obstructive pulmonary disease, obstructive sleep apnea, impaired liver or kidney function)

KEY MESSAGE 4



Offer treatment for patients with Opioid Use Disorder (OUD), including Medications for Opioid Use Disorder (MOUD).

MOUD involves a combination of medications & psychosocial (counseling & behavioral) therapies.

MOUD interventions improve outcomes for patients with OUD by:¹²

- Reducing opioid use and cravings
- Offering a safe and effective treatment option
- Increasing the ability to gain and maintain employment

FDA-approved medications for reducing opioid use and cravings:¹³



ADDITIONAL RESOURCES FOR OPIOID SAFETY



- **Centers for Disease Control and Prevention (CDC):**
<https://www.cdc.gov/opioids/index.html>
 - **Opioid Basics:** <https://www.cdc.gov/opioids/basics/index.html>
 - **Preventing Opioid Overdose:**
<https://www.cdc.gov/opioids/overdoseprevention/index.html>
 - **Resources for Healthcare Providers:**
<https://www.cdc.gov/opioids/providers/index.html>
- **NIH National Institute on Drug Abuse:** <https://nida.nih.gov/research-topics/opioids>
- **NaRCAD Opioid Safety Toolkit:** <https://www.narcad.org/opioid-safety-toolkit.html>

REFERENCES

- (1) CDC The Drug Overdose Epidemic: Behind the Numbers: <https://www.cdc.gov/opioids/data/index.html>
- (2) Opioid Data Analysis and Resources: <https://www.cdc.gov/opioids/data/analysis-resources.html>
- (3) NIH National Institute on Drug Abuse – Overdose Death Rates: <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
- (4) CDC Why Guidelines for Primary Care Providers: https://www.cdc.gov/drugoverdose/pdf/Guideline_Infographic-a.pdf
- (5) CDC Guideline for Prescribing Opioids for Chronic Pain (2016): https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1.htm
- (6) CDC Guideline for Prescribing Opioids for Chronic Pain at a Glance: https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-508.pdf
- (7) Center for Innovation in Academic Detailing on Opioids (CIAO) Opioids and Chronic Pain: A Guideline for Primary Care Providers: https://www.csuhsf.org/files/ugd/91710f_62300d00ca9e43d48eabf0f41a97a0cd.pdf
- (8) CDC Prescription Drug Monitoring Programs (PDMPs): <https://www.cdc.gov/drugoverdose/pdmp/index.html>
- (9) NIH National Institute on Drug Abuse: Naloxone DrugFacts: <https://nida.nih.gov/publications/drugfacts/naloxone>
- (10) Massachusetts Department of Public Health: <https://www.mass.gov/service-details/naloxone-facts-and-formulations>
- (11) CDC When to Offer Naloxone to Patients Fact Sheet: https://www.cdc.gov/opioids/naloxone/factsheets/pdf/Naloxone_FactSheet_Clinicians.pdf
- (12) SAMHSA Medication-Assisted Treatment (MAT): <https://www.samhsa.gov/medication-assisted-treatment>
- (13) NIH MOUD Infographic: https://nida.nih.gov/sites/default/files/images/NIDA_MOUD-Infographic_1.jpg

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