# WHAT CAN PROVIDERS DO TO HELP?

### START LOW AND GO SLOW

When opioids are started, prescribe them at the lowest effective dose *(Recommendation #5)* 

### OFFER TREATMENT FOR OPIOID USE DISORDER

Offer or arrange evidence-based treatment (e.g. medication-assisted treatment and behavioral therapies) for patients with opioid use disorder *(Recommendation #12)* 

## **USE NONOPIOID TREATMENT**

Opioids are not first-line or routine therapy for chronic pain (*Recommendation #1*)

### **REVIEW PDMP**

Check prescription drug monitoring program data for high dosages and prescriptions from other providers *(Recommendation #9)* 

#### AVOID CONCURRENT PRESCRIBING

Avoid prescribing opioids and benzodiazepines concurrently whenever possible (*Recommendation #11*)

# WHAT CAN PROVIDERS DO TO HELP?

### START LOW AND GO SLOW

When opioids are started, prescribe them at the lowest effective dose *(Recommendation #5)* 

### OFFER TREATMENT FOR OPIOID USE DISORDER

Offer or arrange evidence-based treatment (e.g. medication-assisted treatment and behavioral therapies) for patients with opioid use disorder *(Recommendation #12)* 

#### **USE NONOPIOID TREATMENT**

Opioids are not first-line or routine therapy for chronic pain (*Recommendation #1*)

### **REVIEW PDMP**

Check prescription drug monitoring program data for high dosages and prescriptions from other providers (*Recommendation #9*)

### AVOID CONCURRENT PRESCRIBING

Avoid prescribing opioids and benzodiazepines concurrently whenever possible (*Recommendation #11*)