Alameda County Safety Net Working Group Opioid Prescribing

Welcome!

May 28, 2015
Oakland, California
Nationwide

Death Rates* for Three Selected Causes of Injury†—
Opioid overdose deaths have appeared stable in Alameda County....
Opioid related ED visits are increasing in Alameda County
EMS naloxone deployments 2012-2014
Opioids in use in Alameda County
And deaths are only one form of harm attributable to opioid misuse.

For every 1 death there are...

10 treatment admissions for abuse
32 emergency dept visits for misuse or abuse
130 people who abuse or are dependent
825 nonmedical users
Creating Alignment
Acknowledgement

California Health Care Foundation

• Guidance and references
  • Funding for today
• Statewide leadership on this topic
Guidelines for Prescribing Controlled Substances for Pain

Medical Board of California

November 2014

## Highlights (and rationale) from guidelines

<table>
<thead>
<tr>
<th>Risk factors for overdose</th>
<th>Guideline recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- High daily dose (i.e. 100 MMEs)</td>
<td>- Dose-ceilings</td>
</tr>
<tr>
<td>- Taking w other sedating agents (benzos, EtOH, carisoprodol, etc)</td>
<td>- Avoid co-prescribing w benzos and other sedating agents</td>
</tr>
<tr>
<td>- Substance use disorder</td>
<td>- Risk stratification tools (i.e. ORT)</td>
</tr>
<tr>
<td></td>
<td>- Urine tox screening</td>
</tr>
<tr>
<td>- Co-occurring mental illness</td>
<td>- Screen and treat</td>
</tr>
<tr>
<td>- Doctor shopping (i.e. diversion)</td>
<td>- Obtain old medical records first</td>
</tr>
<tr>
<td></td>
<td>- PDMPs (e.g. CURES)</td>
</tr>
<tr>
<td></td>
<td>- Utox and pill counts</td>
</tr>
</tbody>
</table>

Dunn KM. AIM 2010;152:85.
Hall AJ. JAMA 2008;300:2613.
Bohnert AS. JAMA 2011;305:1315.
# Opioid Risk Tool (ORT)

<table>
<thead>
<tr>
<th>Mark each box that applies</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family history of substance abuse</td>
<td>Alcohol</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Illegal drugs</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Prescription drugs</td>
<td>4</td>
</tr>
<tr>
<td>2. Personal history of substance abuse</td>
<td>Alcohol</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Illegal drugs</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Prescription drugs</td>
<td>5</td>
</tr>
<tr>
<td>3. Age (mark box if 16-45 years)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>4. History of preadolescent sexual abuse</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>5. Psychological disease</td>
<td>Attention-deficit/ hyperactivity disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low (0-3)</th>
<th>Moderate (4-7)</th>
<th>High (≥8)</th>
<th>Scoring totals</th>
</tr>
</thead>
</table>

**Scoring:**
- Low risk 0-3
- Medium 4-7
- High risk ≥8

**High risk:**
- 91% sensitive for aberrant drug related behavior
- Positive LR =14

Opioids are only one small piece of the pie!

- Alternative medicine
  - Mindfulness-based stress reduction
  - Breathing exercise
  - Anti-inflammatory diet
  - Herbal supplements
  - Acupuncture
  - Yoga & Tai chi
  - Massage
  - Others...

- Behavioral interventions
  - Being with loved ones, outdoors, church, etc
  - Visualization, deep breathing, meditation
  - Cognitive behavioral therapy groups
  - Pain support groups
  - Individual therapy
  - Sleep hygiene
  - Others....

- Intervventional modalities
  - Trigger point injections
  - Baclofen pump
  - Joint and spine injections
  - Surgery
  - Others...

- Physical and rehabilitative interventions
  - Exercise
  - Back school
  - PT, OT, & Physiatry
  - Movement classes
  - Stretching/strengthening
  - Other...

- Medications
  - NSAIDs
  - Acetaminophen
  - Antidepressants
  - Antiepileptics
  - Topicals
  - Topicals
  - Opioids

- Others...
Have clearly defined goals

- Developed in partnership w patients
- Improvement in function, mood, QoL, etc.
  - Pain is subjective and difficult to quantify
- Clear timeline for achieving goals
Consider 30% improvement a success!

<table>
<thead>
<tr>
<th>Primary Care Treatment Menu</th>
<th>Reduction in pain intensity NRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical fitness</td>
<td>30-60 percent</td>
</tr>
<tr>
<td>CBT/Mindfulness</td>
<td>30-50 percent</td>
</tr>
<tr>
<td>Sleep restoration</td>
<td>30-40 percent</td>
</tr>
<tr>
<td>Opioids</td>
<td>≤30 percent</td>
</tr>
<tr>
<td>Tricyclics</td>
<td>≤30 percent</td>
</tr>
<tr>
<td>Antiepileptics</td>
<td>≤30 percent</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>≥10+ percent</td>
</tr>
</tbody>
</table>

Source: David Tauben, MD  
UW Center for Pain Relief
Other important guideline elements

Don’t abandon patients if misuse is detected!

- Continuing care ≠ continuing opioids
  - May actually be the converse
- Refer to addiction treatment
  - Addiction is a chronic disease characterized by remission and relapse

Consider co-prescribing naloxone

- Evidence-based therapy to reduce OD

Continuum of community interventions for opioid misuse