

December 2017

People with opioid use disorders commonly seek medical care for conditions either indirectly related or unrelated to their disorder.⁷ This presents an opportunity for health care providers to identify patients with addiction disorders and connect them to the appropriate care to mitigate both immediate and long-term health effects of substance use disorders. Below are resources and tools for identifying and treating patients with opioid use disorders who seek services at your health center.



SCREENING FOR SUBSTANCE USE DISORDERS

Routine screening should be conducted regularly with patients using validated screening measures. Screening, Brief Interventions, and Referral to Treatment (SBIRT) is an evidence-based approach to identify and treat patients with substance use disorders. Visit the [SBIRT program webpage](#) for more information on reimbursement rates and codes. For in-depth clinical information about best practices for implementing SBIRT with patients, register for the National Institute of Health's [SBIRT core training activity](#), a \$50 four-hour training webinar.

- Visit the [resource page](#) on the National Institute on Drug Abuse's (NIDA) website for an overview of NIDA screening measures and a sample script for providers to use with patients. NIDA also offers an [interactive online screening tool](#) or a [PDF printout](#) of the NIDA-modified ASSIST screening.
- For information on how to screen substance abuse in adolescents, visit the [CRAFTT webpage](#) presented by the Center for Adolescent Substance Abuse Research at Boston Children's Hospital.

In 2015, an estimated **2.5 million Americans** had an **opioid use disorder**.¹

It is important to remember that substance dependence is a sign of a substance use disorder (SUD), a medical condition that when properly identified, managed and treated, can lead to functional recovery.



SAFE OPIOID PRESCRIBING RESOURCES

Providers not only need to understand safe opioid prescribing practices, but also be able to clearly communicate and engage with their patients on the risks and benefits of opioid therapy. Below are resources on best practices for prescribing and tapering opioid therapies and guidance on discussing pain management treatment with patients.

- Review the [Centers for Disease Control and Prevention's \(CDC\) guidelines](#) for clinical considerations when prescribing opioids for chronic pain. CDC also offers a host of [clinical tools](#) such as fact sheets and checklists for prescribing opioids as well as non-opioid treatments. Download the free [mobile app](#) that includes features such as a Morphine Milligram Equivalent calculator and summaries of key recommendations.
- [MyTopCARE's website](#) offers information on prescribing opioids including guidance on developing and discussing treatment plans with patients, monitoring tools and a dose calculator, guidance on tapering opioids, and much more.
- The Washington State Agency Medical Directors' Group developed [evidence-based practice guidelines](#) for prescribing patients' opioids. These guidelines may serve as a useful sample for you as you develop internal guidance and protocols for your health center.
- Sample informed consent and opioid treatment forms can be found online at the [New Hampshire Medical Society](#), the [University of Washington](#), and [Boston Medical Center](#).
- Visit the [Search and Rescue website](#) developed the Partnership for Drug-Free Kids to access additional tools for prescribing opioids. Especially useful are the informational videos on Prescription Drug Monitoring Programs (PDMP) and the interactive map that can be used to access or register for your state PDMP. There you can find video case studies on how to talk to patients about potential prescription medicine misuse.

Trainings on prescribing opioids

- CE credits are available by enrolling in trainings on incorporating the CDC guidelines and safely prescribing opioids through the CDC [Clinician Outreach and Communication Activity webinar series](#). Or view topic specific modules on prescribing opioids through CDC's [interactive training series](#). Be on the lookout for additional CDC trainings coming soon.
- Physicians may also receive CME and MOC credits for completing the [SAFE Opioid Prescribing](#) online course offered by the American College of Physicians that includes six half-hour segments and interspersed quizzes.
- The American Society of Addiction Medicine also offers an online training, [Opioid Prescribing: Safe Practice, Changing Lives](#) which is based on the FDA blueprint for safe opioid prescribing. Continuing education credits are available for this program.

Mortality rates have increased for **15** years.²

Although not insignificant, "doctor shopping" is rare and rates have continued to decrease.¹²
In 2013, one study estimated that approximately 0.7% of patients accounted for 1.9% of all opioid prescriptions, with an average of 32 opioid prescriptions from 10 different prescribers.¹³



TREATING OPIOID USE DISORDERS

If a patient presents with an opioid use disorder, it is important that health care staff promptly connect them to care. Use the resources below to learn more about state and federal policies around treatment options. Locate providers in your area that are qualified to care for patients or learn more about establishing a treatment program within your health center.

Women with opioid use disorders have been found to be 25% less likely to use contraception than women without opioid use disorders.¹⁰

People with an addiction to opioids may have an increased risk for contracting STDs.¹¹

- The Substance Abuse and Mental Health Services Administration (SAMHSA) website has a wealth of information and resources on treating opioid use disorders.
 - Visit SAMHSA's [Medication and Counseling Treatment webpage](#) to learn about opioid treatment programs (OTP) and medication-assisted treatment (MAT) options. Refer to their [OTP certification overview](#) to learn about OTP certification and accreditation.
 - SAMHSA offers an [OTP operations manual](#) including information on federal guidelines, a [pocket guide](#) about MAT for opioid use disorders, and a [toolkit](#) for opioid overdose prevention.
 - Use SAMHSA's [directory](#) to find an OTP in your area, or use the SAMHSA [locator](#) to find physicians in your area authorized to treat opioid dependency with buprenorphine.
 - Qualifying physicians outside OTPs are legally able to prescribe MAT. Pharmacists may use the SAMHSA's [Buprenorphine practitioner verification tool](#) to verify the status of buprenorphine-prescribing practitioners.
 - SAMHSA also has developed MATx, a [mobile app](#) to provide clinical support such as ICD-10 coding and prescribing guides for practitioners who provide MAT.
- Providers' Clinical Support System-MAT produced a step-by-step [flow chart](#) on prescribing Naloxone and offers a [library](#) of additional resources on opioid use disorders and MAT.
- Use the Prescription Drug Abuse Policy System's [Naloxone Overdose Prevention interactive webpage](#) to learn more about the characteristics of your state's law on Naloxone access, or their [Good Samaritan Overdose Prevention interactive webpage](#) to learn more about your state's legal protections for people who call for help after an overdose.

Of patients prescribed opioids, **21–29% misuse their prescription**
and **8–12% develop an addiction.⁶**

Trainings for providing opioid treatment:

- Providers' Clinical Support System-MAT's [training program](#) for prescribing buprenorphine is available at no cost for physician assistants and nurse practitioners (24 hours of training required), and physicians (8 hours of training required).
- Once training is complete, providers must apply for a waiver to practice opioid dependency treatment. Complete the [new waiver requests](#) or [request an increase](#) in patient limits from 100 to 275 (for physicians only) on the SAMHSA website.
- CME credits are available for a variety of trainings offered through the American Medical Association, with an especially helpful [introduction module](#) for providers on the opioid morbidity and mortality crisis. Create a free account to access the training.



OPIOID USE AND SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

Although evidence suggests that opioids may affect fetal development, almost one out of five women is prescribed and fills an opioid during her pregnancy.^{8,9} The resources below provide in-depth information about pain management and opioid use during pregnancy as well as treatment options for women with an opioid use disorder who are pregnant.

- Refer to the American College of Obstetricians and Gynecologists' (ACOG) [recommendations](#) on the treatment of opioid use disorder during pregnancy for information about screening, antepartum, intrapartum, and postpartum care of women with opioid use disorders, including treatment options.
- Refer to the Guttmacher Institute's [roundup of state policies](#) to learn about your state's requirements for reporting, testing, and treatment programs for pregnant woman with suspected drug use.
- The National Center on Substance Abuse and Child Welfare, the Administration for Children and Families, and SAMHSA partnered to produce a [guidance report](#) that includes valuable input for developing practices and policies and building collaborative teams to support the treatment and care for pregnant women with an opioid use disorder.

In 2015, more than **63%** of drug overdose deaths were due to opioids.^{3,4}

Societal cost of U.S. opioid crisis **\$78.5 billion per year.**⁵



FOR ADDITIONAL RESOURCES

- The [Turn the Tide Rx website](#) has information for providers about opioids and treatment options.
- The [US Surgeon General's Report on Alcohol, Drugs, and Health](#) has more information about addiction in the US, and includes resources on identifying SUD and costs associated with treatment plans.
- The [US Department of Health and Human Services website](#) also has many resources available for providers on the opioid prescriptions and treatments.
- For more information about both prescription opioids and illicit opioids, as well as other prescription drug misuse visit the [SAMHSA's website](#).

¹ American Society of Addiction Medicine. "Opioid Addiction 2016 Facts & Figures." Last modified 2016. <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>.

² Centers for Disease Control and Prevention. "Opioid Overdose: Opioid Data Analysis." Page last updated February 9, 2017. <https://www.cdc.gov/drugoverdose/data/analysis.html>.

³ Rudd, Rose A., Puja Seth, Felicity David, and Lawrence Scholl. "Increases in Drug and Opioid-Involved Overdose Deaths -United States, 2010-2015," *Morbidity and Mortality Weekly Report* 30, no. 65 (December 2016):1445-1452. <https://doi.org/10.15585/mmwr.mm65051e1>.

⁴ Centers for Disease Control and Prevention. "Opioid Overdose: Opioid Data Analysis." Page last updated: February 9, 2017. <https://www.cdc.gov/drugoverdose/data/analysis.html>.

⁵ Florence, Curtis. S., Chao Zhou, Feijun Luo, and Likang Xu. "The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013," *Medical Care* 54, no. 10 (October 2016): 901-6. <https://doi.org/10.1097/MLR.0000000000000625>.

⁶ Vowles, Kevin E., Mindy L. McEntee, Peter S. Julnes, Tessa Frohe, John P. Ney, and David N. van der Goes. "Rates of Opioid Misuse, Abuse, and Addiction in Chronic Pain: A Systematic Review and Data Synthesis," *Pain* 156, no. 4 (April 2015): 569-576. <https://doi.org/10.1097/01.j.pain.0000460357.01998.f1>.

⁷ U.S. Department of Health and Human Services, Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: U.S. Department of Health and Human Services, 2016. <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>.

⁸ Desai, Rishi J., Sonia Hernandez-Diaz, Brian T. Bateman, and Krista F. Huybrechts. "Increase in Prescription Opioid Use During Pregnancy Among Medicaid-Enrolled Women," *Obstetrics and Gynecology* 123, no. 5 (May 2015): 997-1002. <https://doi.org/10.1097/AOG.0000000000000208>.

⁹ Yazdy, Mahsa M., Rishi J. Desai, and Susan B. Brogly. "Prescription Opioids in Pregnancy and Birth Outcomes: A Review of the Literature," *Journal Pediatric Genetics* 4, no. 2 (June 2015): 56-70. <https://doi.org/10.1055/s-0035-1556740>.

¹⁰ Terplan, Mishka, Dennis J. Hand, Melissa Hutchinson, Elizabeth Salisbury-Afshar, and Sarah H. Heil. "Contraceptive Use and Method Choice among Women with Opioid and Other Substance Use Disorders: A Systematic Review." *Preventive Medicine* 80 (November 2015): 23-31. <https://doi.org/10.1016/j.ypmed.2015.04.008>.

¹¹ Opiate Rehab Treatment. "STDs and Opiate Addiction." Accessed September 6, 2017. <http://www.opiaterehabtreatment.com/stds-and-opiate-addiction>.

¹² Randy A. Sansone, and Lori A. Sansone. "Doctor Shopping: A Phenomenon of Many Themes." *Innovations in Clinical Neuroscience* 9, no. 11-12 (November 2012):42-46.

¹³ Douglas C. McDonald, and Kenneth E. Carlson. "Estimating the Prevalence of Opioid Diversion by 'Doctor Shoppers' in the United States." *Public Library of Science* 8, no. 7 (July 2013). <https://doi.org/10.1371/journal.pone.0069241>.

For more information, contact Amanda Mulligan at amulligan@nfprha.org.