In 2018, 185 people died every day in the U.S. from drug overdose. Our nation is suffering from a public health crisis, and prescribers can be part of the solution. Brought to you by Partnership to End Addiction, Search and Rescue is a prescriber education campaign operating on a grant from the US Food and Drug Administration (FDA)* with the sole purpose of providing healthcare professionals with the tools and resources they need to help patients with prescription drug misuse, abuse and addiction.

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.

FROM 2000-2018, OVER 750,000 PEOPLE LOST THEIR LIVES TO DRUG OVERDOSES. THIS STARTLING INCREASE IN OVERDOSE DEATHS WAS DRIVEN, IN 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.

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.

The Centers for Disease Control and Prevention (CDC) 2016 guidelines on prescribing opioids for chronic pain may also help you make informed decisions about pain treatment for adult patients in primary care settings.

IDENTIFYING PATIENTS AT RISK FOR OPIOID MISUSE, ABUSE, OR ADDICTION
To identify patients at higher risk of substance use disorders, screenings and brief clinical interventions can be effective. Patients may include those who also have mental health issues.

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.
SAFE STORAGE AND DISPOSAL OF OPIOID MEDICATION
Explain to your patients the importance of safe storage of medication at home to prevent its being misused by others, especially teens and young adults, and proper disposal of unused medication.

→ www.drugfree.org/article/secure-dispose-of-medicine-properly/

WHAT CAN YOU DO TO MAKE A DIFFERENCE?3

1. Start by prescribing non-opioid pain relievers whenever possible.
2. If opioids appear to be necessary, begin with the lowest effective dosage and a short-term prescription.
3. Check your state’s PDMP to monitor your patient’s prescribing activity.
4. To avoid greater risk of patient death, don’t prescribe benzodiazepines along with opioids.
5. Use the other resources available through Search and Rescue.


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PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)
Prescription Drug Monitoring Programs (PDMPs), which are state-run electronic databases, 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 misuse and those who would benefit from early interventions by providing pharmacists and prescribers data on the controlled substance prescription history of these patients.

→ www.searchandrescueusa.org/monitoryourpatients

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.


MEDICATION-ASSISTED TREATMENT OPTIONS
Medication-assisted treatment (MAT) combines behavioral therapy and medications to treat substance use disorders. The following medications are approved to treat opioid use disorders:

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

NALOXONE TO PREVENT OVERDOSE DEATHS
Naloxone is an opioid agonist 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, as well as by intramuscular, subcutaneous, or intravenous injection.

REFERRING YOUR PATIENT TO TREATMENT
When a patient has been identified as misusing 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 use treatment. These can be found in the:

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

→ https://findtreatment.gov/

EMPOWER YOUR PATIENTS TO TAKE CONTROL
In a conversation with your patients, explain the importance of taking an active role in their treatment plan. Ask them:

1. What has been most difficult about managing their pain?
2. What is important to them when it comes to their treatment?
3. What do they need to know or consider before making any decisions about their care?

Encourage patients to:

1. Talk to their doctors about their treatment choices.
2. Ask questions about their medications and side effects.
3. Take notes during their appointments.
4. Share their experiences and concerns with others.

→ www.searchandrescueusa.org/empoweryourpatients

Buprenorphine
Is available in pill form or as a sublingual film, and can be accessed in an office-based treatment setting from a certified physician or in a federally licensed opioid treatment program.

Naltrexone
Is available in pill form or as an injection, 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.


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