



SEARCH AND RESCUE ESSENTIALS

TOOLS & RESOURCES TO HELP NAVIGATE THE OPIOID CRISIS

A FACT SHEET FOR PRESCRIBERS

→ In 2019, 137 people died every day in the United States from opioid overdose.¹ 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 1999 TO 2019, NEARLY 500,000 PEOPLE DIED FROM AN OVERDOSE INVOLVING OPIOIDS.²

CONTINUING EDUCATION FOR PRESCRIBERS

Research has shown that many prescribing healthcare professionals don't receive formal education in treatment with opioids.

→ www.searchandrescueusa.org/supportforyourpractice



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.

→ www.er-la-opioidrems.com/lwgUI/remis/training.action



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.

→ www.cdc.gov/drugoverdose/providers/index.html



IDENTIFYING PATIENTS AT RISK FOR OPIOID MISUSE, ABUSE, OR ADDICTION

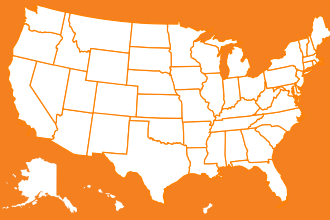
To identify patients at higher risk of substance use disorders, screenings and brief clinical interventions can be effective. Patients may include those who also have mental health issues.

→ www.samhsa.gov/disorders/co-occurring#primary-care

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

Find timely intervention and treatment for people with substance use disorders or those at risk of developing these disorders.

→ www.samhsa.gov/sbirt



PRESCRIPTION DRUG MONITORING PROGRAMS

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, nonopioid treatments, including medications and alternative therapies, can often provide relief from chronic pain, including low back pain, migraines, neuropathic pain, osteoarthritis, and fibromyalgia.

→ www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf



MEDICATION-ASSISTED TREATMENT OPTIONS

Medication-assisted treatment (MAT) combines behavioral therapy and medications to treat substance use disorders.

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



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.

NALOXONE TO PREVENT OVERDOSE DEATHS

Naloxone is an opioid antagonist approved by the 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 here:

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

→ <https://findtreatment.gov/>

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

If opioids appear to be necessary, begin with the lowest effective dosage and a short-term prescription

Check your state's PDMP to monitor your patient's prescribing activity

To better minimize risk of patient death, avoid prescribing benzodiazepines along with opioids

Use the other resources available through Search and Rescue

References: 1. Centers for Disease Control and Prevention. Overdose death rates. <https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>. Accessed March 21, 2021. 2. Centers for Disease Control and Prevention. Understanding the epidemic. <https://www.cdc.gov/drugoverdose/epidemic/index.html>. Accessed March 21, 2021. 3. Centers for Disease Control and Prevention. Why guidelines for primary care providers? https://www.cdc.gov/drugoverdose/pdf/guideline_infographic-a.pdf. Accessed March 21, 2021

*This publication is supported by the Food and Drug Administration (FDA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award U18FD004593 totaling \$4,078,749 with 100 percent funded by FDA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, FDA/HHS, or the U.S. Government.