



# SEARCH AND RESCUE ESSENTIALS

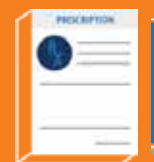
PUTTING THE RESOURCES TO PREVENT PRESCRIPTION DRUG ABUSE AT YOUR FINGERTIPS

## A FACT SHEET FOR PRESCRIBERS

→ The nation is facing an opioid crisis. Since 1999, sales of prescription opioids in the US have nearly quadrupled, while prescription opioid overdose deaths already have. More than six out of ten drug overdoses involve an opioid. In fact, 91 Americans die every day from opioid overdose. Prescription pain relievers are driving the opioid crisis in this country, and the consequence is often death.

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.

OVER HALF A MILLION PEOPLE LOST THEIR LIVES TO DRUG OVERDOSES FROM 2000-2015. THIS STARTLING INCREASE IN OPIOID OVERDOSE DEATHS WAS DRIVEN, IN LARGE 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.

→ [www.searchandrescueusa.org/opioid-abuse-resources](http://www.searchandrescueusa.org/opioid-abuse-resources)



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](http://www.er-la-opioidrems.com/lwgUI/remis/training.action)



The Centers for Disease Control and Prevention (CDC) 2015 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/prescribing/providers.html](http://www.cdc.gov/drugoverdose/prescribing/providers.html)



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

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

→ [www.samhsa.gov/disorders/co-occurring#primary-care](http://www.samhsa.gov/disorders/co-occurring#primary-care)

### 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:

→ [www.samhsa.gov/sbirt](http://www.samhsa.gov/sbirt)



## **PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)**

State-run electronic databases, Prescription Drug Monitoring Programs (PDMPs) 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 abuse and those who would benefit from early interventions by providing pharmacists and prescribers data on the controlled substance prescription history of patients at risk.

→ [www.searchandrescueusa.org/pdmp-access](http://www.searchandrescueusa.org/pdmp-access)

## **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.

→ [www.cdc.gov/drugoverdose/pdf/alternative\\_treatments-a.pdf](http://www.cdc.gov/drugoverdose/pdf/alternative_treatments-a.pdf)



## **ABUSE-DETERRENT PRESCRIPTION OPIOIDS**

In an effort to create safer opioid treatment, the FDA has encouraged the development of opioids that are formulated to help deter abuse. Opioid products can be abused by choosing different routes of administration (e.g., crushing a pill to inject intravenously) or circumventing extended-release (ER) properties, so most abuse-deterrent technologies are designed to prevent manipulation or discourage use of the manipulated product.

## **MEDICATION-ASSISTED TREATMENT OPTIONS**

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

The following are approved to treat opioid use disorders:

→ [www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment)



### **Buprenorphine**

Comes in a pill form or sub-lingual film, and can be accessed in an office-based treatment setting from a certified physician or federally-licensed opioid treatment program.



### **Naltrexone**

Comes in either pill or as an injectable, 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 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, and by intramuscular, subcutaneous, or intravenous injection.



## **REFERRING YOUR PATIENT TO TREATMENT**

When a patient has been identified as abusing 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 abuse treatment.

These can be found in the:

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

→ <http://dpt2.samhsa.gov/treatment/directory.aspx>

## **SAFE STORAGE AND DISPOSAL OF OPIOID MEDICATION**

Explain to your patients the importance of safe storage of medications at home to prevent it being misused or abused by others, especially teens and young adults, and proper disposal of unused medication



The Partnership for Drug-Free Kids wishes to acknowledge that this work was supported by the U.S. Food and Drug Administration, Center for Drug Evaluation and Research, under grant number SU18FD004593-04. The content is solely the responsibility of the Partnership and does not necessarily represent the official views of the U.S. Food and Drug Administration.