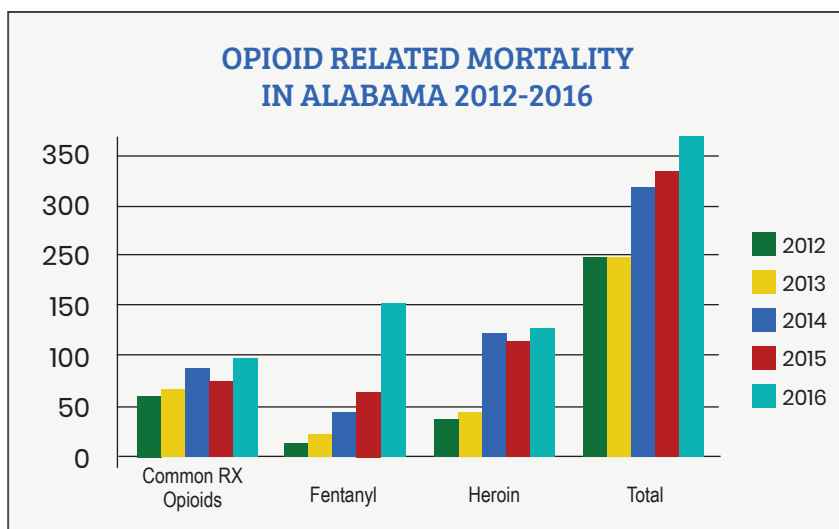# TAKING RESPONSIBILITY
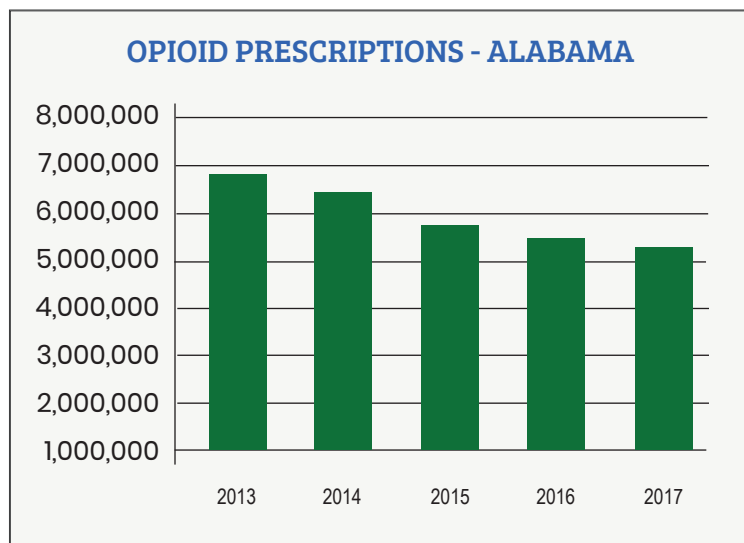## Reversing the Opioid Epidemic in Alabama

A HEALTH CARE PROFESSIONAL'S TOOLBOX TO REVERSE THE OPIOID EPIDEMIC

Despite the efforts of physicians, the public health community and elected officials, the opioid overdose and death epidemic continues in Alabama and across the nation. This toolbox contains important information and resources for physicians and health care professionals across the state.
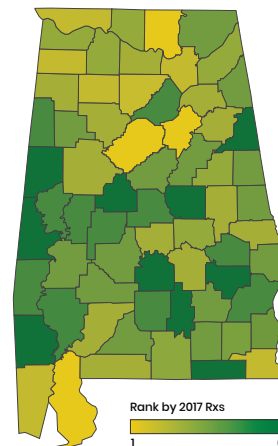
OPIOID RELATED MORTALITY IN ALABAMA 2012-2016

Legend: 2012, 2013, 2014, 2015, 2016

Categories: Common RX Opioids, Fentanyl, Heroin, Total

Source: U.S. Centers for Disease Control and Prevention

OPIOID PRESCRIPTIONS - ALABAMA

Years: 2013, 2014, 2015, 2016, 2017

Source: IQVIA

PRESCRIPTIONS FOR:

Buprenophine, Buprenophine/Naloxone, Methadone, Naloxone, Naltrexone.

Rank by 2017 Rxs
1 — 67

TAKING RESPONSIBILITY
Reversing the Opioid Epidemic in Alabama

TREATING THE PATIENT'S PAIN WITH CARE AND COMPASSION

CHECK the state prescription drug monitoring program (PDMP) to ensure you have the information you need about your patient's prescription history.

AVOID initiating opioids for new patients with chronic non-cancer pain unless the expected benefits are anticipated to outweigh the risks. Non-pharmacologic therapy and non-opioid therapies are preferred.

LIMIT the amount of opioids prescribed for post-operative and acute care. It is recommended that patients only receive the lowest effective dose for the shortest possible duration.

1 **DETERMINE** the total daily amount of each opioid the patient takes.

2 **CONVERT** each to MMEs - multiply the dose for each opioid by the conversion factor (see table below)

3 **ADD** them together.

CALCULATING MORPHINE MILLIGRAM EQUIVALENTS (MME)

OPIOID (Doses in mg/day except where noted)	CONVERSION FACTOR
Codeine	0.15
Fentanyl trans-dermal (mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
≥ 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.

MORPHINE MILLIGRAM EQUIVALENT REFERENCE GUIDE

DOSE PER DAY:	1	2	3	4	5
Tramadol	5	10	15	20	25
Codeine 30*	4.5	9	13.5	18	22.5
Codeine 60**	9	18	27	36	45
Hydrocodone 5	5	10	15	20	25
Hydrocodone 7.5	7.5	15	22.5	30	37.5
Hydrocodone 10	10	20	30	40	50
Oxycodone 5	7.5	15	22.5	30	37.5
Oxycodone 7.5	11.25	22.5	33.75	45	56.25
Oxycodone 10	15	30	45	60	75
Morphine 15	15	30	45	60	75
Morphine 30	30	60	90	120	150
Morphine 60	60	120	180	240	300
Dilaudid 4	16	32	48	64	80
Dilaudid 8	32	64	96	128	160
Fentanyl 12	30				
Fentanyl 25	60				
Fentanyl 50	120				
Fentanyl 100	240				
Nucynta 50	20	40	60		
Nucynta 75	30	60	90		
Nucynta 100	40	80	120		

Codeine 30* = Tylenol 3 Codeine 60** = Tylenol 4

GREY - check PDMP twice a year.
GREEN - check every prescription.
MME Calculations determined using OpioidCalc

CAUTION: Do not use the calculated dose in MMEs to determine dosage for converting one opioid to another—the new opioid should be lower to avoid unintentional overdose caused by incomplete cross-tolerance and individual differences in opioid pharmacokinetics. Consult the medication label.

USE EXTRA CAUTION: Methadone - the conversion factor increases at higher doses. **Fentanyl** - dosed in mcg/hr instead of mg/day, and absorption is affected by heat and other factors.

WHAT DO ALABAMA BOARD OF MEDICAL EXAMINERS REQUIRE?

For controlled substance Rxs totaling 30 MME/day or less, physicians are expected to use the PDMP in a manner consistent with good clinical practice.

For controlled substance Rxs totaling more than 30 MME/day, physicians shall review the patient's Rx history in the PDMP at least two times per year.

For controlled substances more than 90 MME/day, physicians shall query the PDMP to review a patient's Rx history on the same day the Rx is written.

ALABAMA LAW ALLOWS:

A licensed physician approved by the ADPH who has authority to prescribe, dispense, or administer controlled substances may designate up to two employees who may access the PDMP on the physician's behalf.

RESOURCES:
Alabama Smart and Safe program: **www.smartandsafeal.org**

Alabama Prescription Drug Monitoring Program: **www.adph.org/pdmp**

Providers' Clinical Support System: **https://pcssnow.org/education-training/treating-chronic-pain-core-curriculum/**

CDC Guidelines for Prescribing Opioids for Chronic Pain: **www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm**

AL County-level map of opioid prescribing: CDC Morphine Milligram Equivalent information: **https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf**

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OVERDOSE PREVENTION

AMA TASK FORCE TO REDUCE OPIOID ABUSE RECOMMENDATION ON NALOXONE

CO-PRESCRIBING NALOXONE MAY HELP SAVE A PATIENT'S LIFE.

Several factors may be helpful in determining whether to co-prescribe naloxone to a patient, to a family member or to a close friend of the patient, including:

- Is my patient on a high dose of opioids?

- Does my patient also have a concomitant benzodiazepine prescription?

- Does my patient have a history of substance use disorder?

- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?

- Does my patient have a medical condition, such as a respiratory disease or other co-morbidities, that might make him or her susceptible to opioid toxicity, respiratory distress or overdose?

- Might my patient be in a position to aid someone who is at risk of opioid overdose?

LEARN MORE:
https://www.end-opioid-epidemic.org/wp-content/uploads/2017/08/AMA-Opioid-Task-Force-naloxone-one-pager-updated-August-2017-FINAL-1.pdf

Prescribe to Prevent's **Naloxone Product Chart:**
http://prescribetoprevent.org/wp2015/wp-content/uploads/Naloxone-product-chart.17_04_14.pdf

WHAT DOES ALABAMA LAW AUTHORIZE?

Alabama law (Section 20-2-280) authorizes physicians acting in good faith to directly or by standing order prescribe naloxone to:

An individual at risk of experiencing an opiate-related overdose.

A family member, friend, or other individual, including law enforcement, in a position to assist an individual at risk of experiencing an opiate-related overdose.

PROMOTE SAFE STORAGE AND DISPOSAL OF OPIOIDS AND ALL MEDICATIONS

1 **TALK TO YOUR PATIENTS!** More than 70% of people misusing opioid analgesics are getting them from family and friends - sharing opioids is illegal and may be deadly

2 **REMIND YOUR PATIENTS!** Store medicines out of reach from children and never share prescriptions with anyone.

3 **URGE YOUR PATIENTS TO SAFELY DISPOSE OF EXPIRED, UNWANTED AND UNUSED MEDICATIONS!** Recommend patients use pharmacy and law enforcement "take back" resources whenever possible.

Learn Where and How to Dispose of Unused Medicines:
https://www.end-opioid-epidemic.org/wp-content/uploads/2017/05/opioid-safe-storage-and-disposal.pdf

Search for a disposal location near you:
www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM449824.pdf

FDA requires strong warnings for opioid analgesics, prescription opioid cough products, and benzodiazepine labeling related to serious risks and death from combined use.

Learn more:
www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ ucm518697.htm

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TREATMENT FOR OPIOID USE DISORDER

Stop the stigma of substance use disorder.
Enhance access to treatment.

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"Patients in pain and patients with a substance use disorder need comprehensive treatment — not judgment. Just as a patient with heart disease or diabetes, a patient with a substance use disorder can be successfully treated and enjoy long-term recovery."

- Patrice A. Harris
    MD, MA, Chair, AMA Task Force to Reduce Opioid Abuse

TREATMENT, CONSULTATION, AND TRAINING RESOURCES

Alabama
A D M H
Department of Mental Health
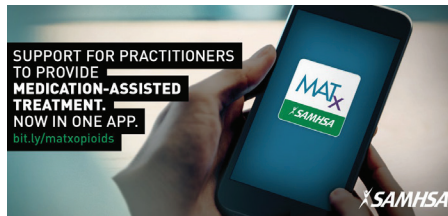*lifting life's possibilities*

SUBSTANCE ABUSE SERVICES PROVIDER DIRECTORY

RSA Union Building
100 North Union Street
P.O. Box 301410
Montgomery, Alabama 36130-1410

Phone:
(334) 242-3961
Fax:
(334) 242-0759
Help Line:
1-800-367-0955
Visit us at:
www.mh.alabama.gov

June 23, 2016

**Medicaid Accepted Providers have an Asterisk by them.
*State-Funded providers are shaded in gray

DOWNLOAD THE DIRECTORY:
http://www.mh.alabama.gov/down-loads/SA/SASDProgramDirectory.pdf

SUPPORT FOR PRACTITIONERS TO PROVIDE
MEDICATION-ASSISTED TREATMENT.
NOW IN ONE APP.
bit.ly/matxopioids

MAT x
SAMHSA

#SAMHSA

Become trained to provide in-office buprenorphine (PCSS)
https://pcssnow.org/education-training/mat-training/

ASAM National Practice Treatment Guideline (PCSS-MAT)
www.pcssmat.org/the-asam-national-practice-guideline-for-the-use-of-medications-in-the- treatment-of-addiction-involving-opioid-use

Providers' Clinical Support System for Medication Assisted Treatment
www.pcssmat.org

Safe Medicine Disposal
www.disposemymeds.org

Opioid Treatment Program Directory
dpt2.samhsa.gov/treatment/ directory.aspx

Physician Locator for Substance Use Disorder Treatment (SAMHSA)
www.samhsa. gov/medication-assisted-treatment/ physician-program-data/treatment- physician-locator? eld_bup_ physician/ us_state_value=AL

SAMHSA MAT Free Pocket Guide
http://www. store.samhsa.gov/prod-uct/ Medication-Assist ed-Treatment-of-Opioid-Use-Disorder-Pocket- Guide/Most-Popular/ SMA16- 4892PG?sortByValue=4

Treatment Near You
www.zeroaddiction.org/nd-help

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