



TAKING RESPONSIBILITY

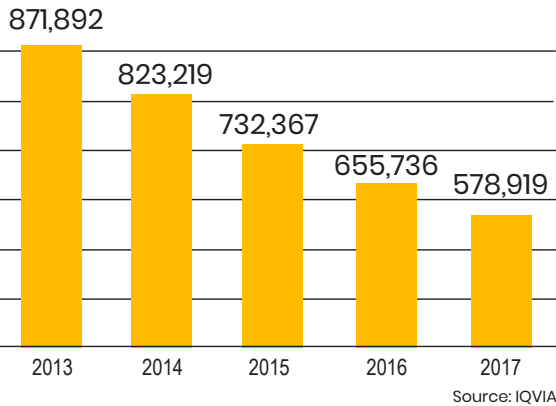
Reversing the Opioid Epidemic in Rhode Island

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

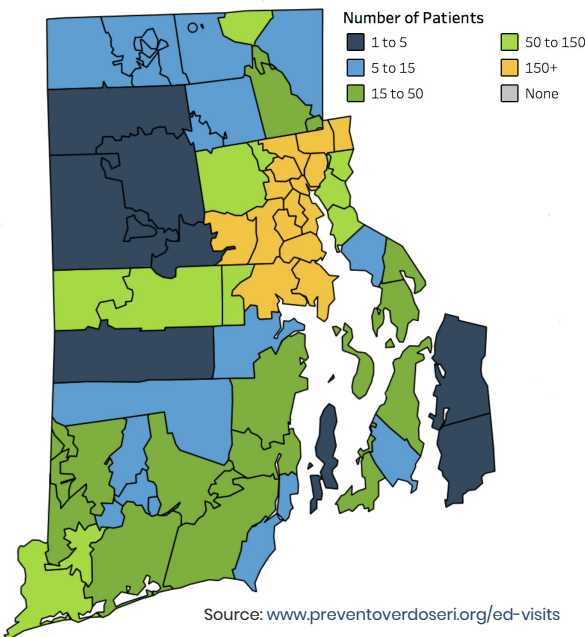
HERE'S WHERE WE ARE...

Opioid dependence and accidental drug overdose have become a national epidemic. Rhode Island has become the most impacted state per capita in New England and one of the most impacted states nationally.

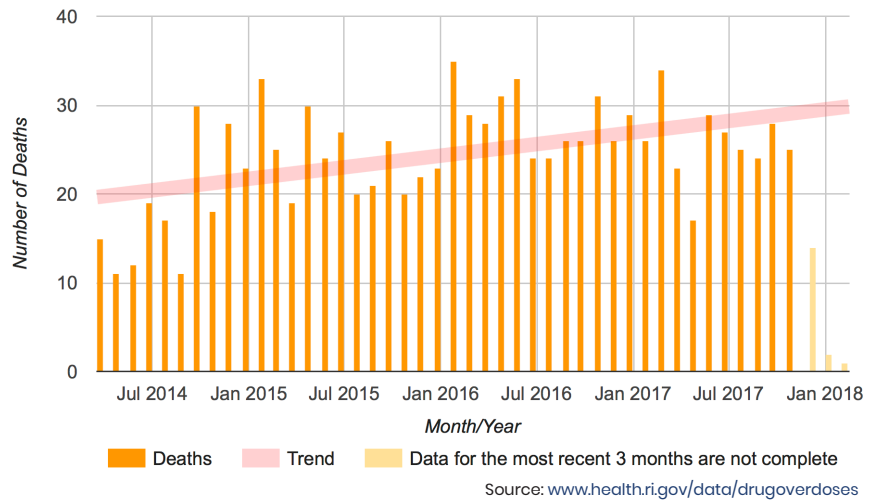
2013 - 2017: RHODE ISLAND OPIOID PRESCRIPTIONS DECREASED BY 33.6%



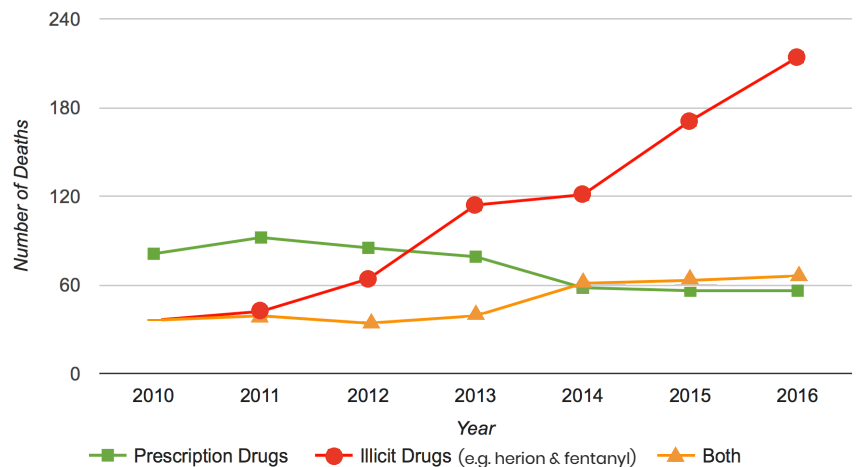
EMERGENCY DEPT. VISIT FOR OVERDOSE BY CITY/TOWN (FEB 2016 - SEPT 2017)



MONTHLY ACCIDENTAL DRUG-RELATED OVERDOSE DEATHS



ACCIDENTAL DRUG-RELATED OVERDOSE DEATHS BY TYPE OF DRUG



Like many other states, Rhode Island's overdose crisis began with prescription drugs. Since 2009 deaths caused by prescription drugs have leveled; deaths from illicit drugs (e.g. heroin & fentanyl) are on the rise. Overdose deaths caused by a combination of illicit drugs and prescription medication are up nearly a third since 2011.

Group	Prescription Drugs	Illicit Drugs	Both
2016	56	214	66
2015	56	171	63
2014	58	121	61
2013	79	114	39

Source: www.health.ri.gov/data/drugoverdoses



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TREATING THE PATIENT'S PAIN WITH CARE AND COMPASSION

WHAT DOES RHODE ISLAND LAW REQUIRE?

The Rhode Island PDMP must be queried prior to writing an initial opioid prescription for a patient.

An initial opioid prescription for outpatient adults may not exceed 30 morphine milligram equivalents (MMEs) or 20 total dosages.

Exceptions to the MME requirement...

Prescriptions for Medication Assisted Treatment (MAT) or for palliative care.

RHODE ISLAND LIMITS ON OPIOIDS FOR ACUTE PAIN

Opioid	Brand/Trade Name	MME Per Dose	Maximum Daily Dose	Max Daily Units (1TAB/CAP=1 Unit)	Max Units Dispensed Per Prescription
Oxycodone 5mg	Roxicodone	7.5mg	20mg	4	20
Oxycodone/APAP 5mg/325mg	Percocet	7.5mg	20mg	4	20
Hydrocodone/APAP 5mg/325mg	Norco	5mg	30mg	6	20
Hydrocodone/APAP 5mg/300mg	Vicodin	5mg	30mg	6	20
Hydrocodone/APAP 7.5mg/500mg	Vicodin ES	7.5mg	30mg	4	20
Hydrocodone/Ibuprofen 7.5mg/200mg	Vicoprofen	7.5mg	30mg	4	20
APAP/Codeine 30mg	Tylenol #3	4.5mg	180mg	6	20
APAP/Codeine 60mg	Tylenol #4	9mg	180mg	3	20
Hydromorphone 2mg	Dilaudid	8mg	8mg	4	20
Tramadol 50mg	Ultram	5mg	300mg	6	20

Based on 30 MME per day

Source: www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/

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.

RESOURCES:

- RI PDMP Tips on How to Use it Effectively: www.health.ri.gov/publications/guides/HowToUseThePDMP.pdf
- RI Dept. of Health Safe Opioid Prescribing: www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing
- Providers' Clinical Support System: www.pcssNOW.org
- CDC Guideline for Prescribing Opioids for Chronic Pain: www.cdc.gov/drugoverdose/prescribing/guideline.html
- Get rid of medications safely: preventoverdoseri.org/get-rid-of-medicines





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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.

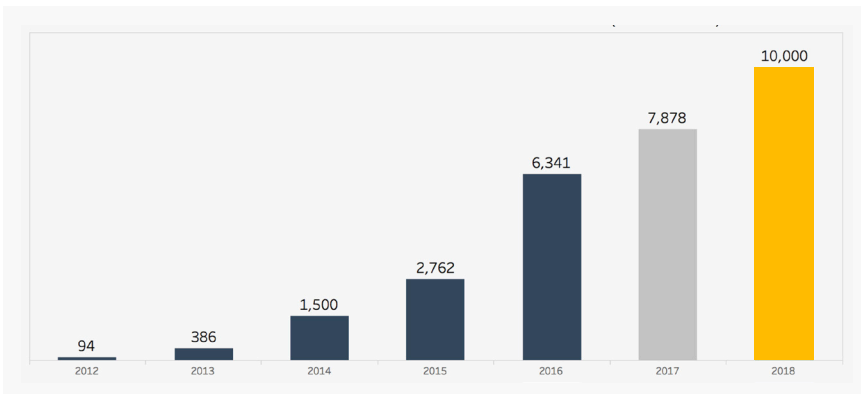
Several factors may be helpful in determining whether to co-prescribe naloxone to a patient, to a family member or to a close friend of the patient, including:

- 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>

ANNUAL NUMBER OF NALOXONE KITS DISTRIBUTED STATEWIDE (2014 - 2017)



Source: www.preventoverdoseri.org/track-our-action-plan



People who administer naloxone to someone who is overdosing are legally protected by the Rhode Island Good Samaritan Law. Learn more:

www.preventoverdoseri.org/naloxone-data

DANGERS OF CO-PRESCRIBING BENZODIAZEPINES

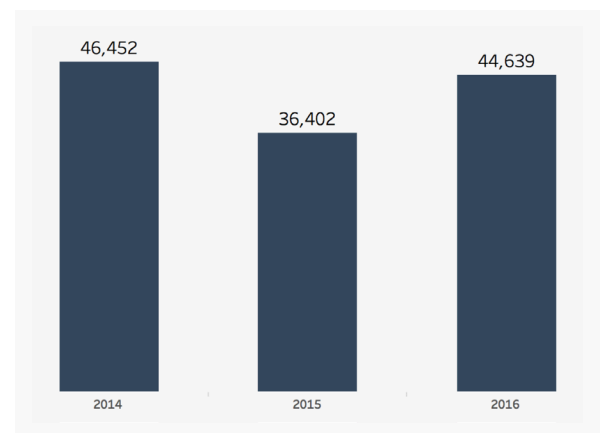
Combined use of benzodiazepines with opioid analgesics, including cough products, could entail serious risk of injury or death experiencing an opiate-related overdose.

Learn more:

www.fda.gov/NewsEvents

www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm518697.htm

NUMBER OF PATIENTS WHO RECEIVED AN OPIOID AND BENSODIAZEPINE CO-RX WITHIN 30 DAYS (2014 - 2016)



Source: www.preventoverdoseri.org/track-our-action-plan





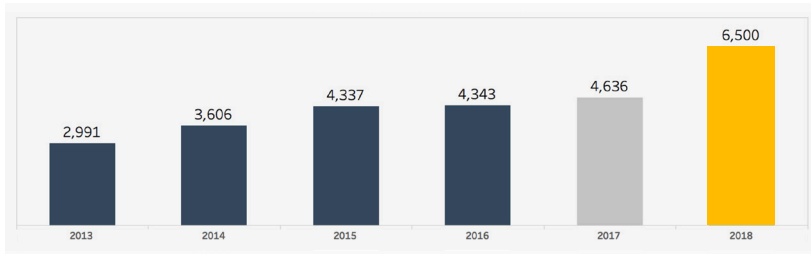
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TREATMENT FOR OPIOID USE DISORDER

NUMBER OF PEOPLE RECEIVING MEDICATION ASSISTED TREATMENT

MONTHLY AVERAGE NUMBER OF PEOPLE RECEIVING BUPRENORPHINE (2013 - 2017)



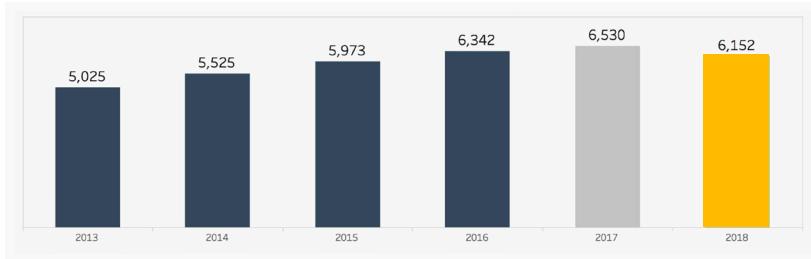
Become trained to provide in-office buprenorphine (PCSS):

www.pcssnow.org/education-training/mat-training

ASAM National Practice Treatment Guideline (PCSS-MAT):

<https://pcssnow.org/event/the-asam-national-practice-guideline-for-the-use-of-medications-in-the-treatment-of-addiction-involving-opioid-use/>

ANNUAL CUMULATIVE NUMBER OF PEOPLE RECEIVING METHADONE (2013 - 2017)



Providers' Clinical Support System for Medication Assisted Treatment:

www.pcssNOW.org

Source: www.preventoverdoseri.org/track-our-action-plan



Stop the stigma of substance use disorder.

Enhance access to treatment.

GET HELP 942-STOP (7867)

Where your patients can call to connect with a licensed counselor from 9am - 9pm, 7 days a week.

For more information visit:
www.preventoverdoseri.org/providers/education-tools

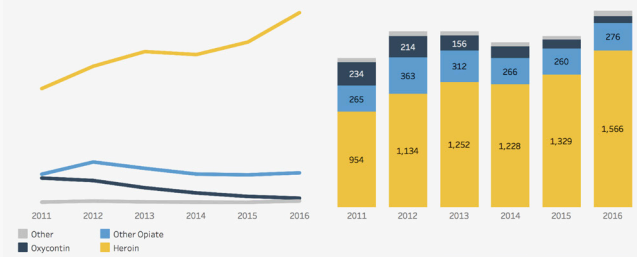
www.preventoverdoseri.org

TREATMENT ADMISSIONS FOR HEROIN USE ARE INCREASING DRAMATICALLY

Treatment admissions for heroin are on the rise, while treatment for prescription opioid use disorders have plateaued.

Source (BHDDH)

Unique Treatment Admissions by Primary Reported Substance of Abuse (2011-2016)



Source: www.preventoverdoseri.org/treatment-admission



TREATMENT REFERRAL FORM

PATIENT NAME _____

TREATMENT CENTER _____

DATE _____

TO BE SEEN BY _____

Find a treatment provider near you:

www.health.ri.gov/forms/referral/AddictionTreatment.pdf

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