



Providers
Clinical Support
System

Taking Responsibility in Minnesota: Reversing the Overdose Epidemic

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Disclosures

- **Dr. Charlie Reznikoff and Jennifer Byrne LCSW, CADC have no disclosures to report**

*The content of this activity may include discussion of off label or investigative drug uses.
The faculty is aware that is their responsibility to disclose this information.*

Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

Educational Objectives

At the conclusion of this activity participants should be able to:

- Describe trends in the overdose epidemic both nationally and in Minnesota
- Present state and national tools and resources to reduce harm for people taking opioids for pain and for people who use illicit drugs
- Identify ways to help make pain treatment safer and more effective, emphasizing non-opioid and non-pharmaceutical treatments
- Discover resources for treatment of substance use disorders and recovery supports for people with opioid use disorder

Welcome

Taking Responsibility in Minnesota

The Minnesota Medical Association in collaboration with the American Medical Association and the Provider's Clinical Support System is pleased to bring you this physician toolkit to help combat the continuing drug overdose epidemic in Minnesota.

Fatal and non-fatal drug overdoses are an ongoing and worsening national epidemic. CDC data shows 107,000 drug overdose deaths nationally for 2021. In MN, drug overdose deaths and non-fatal overdoses spiked significantly since 2019. This physician toolkit gives MN physicians resources, information and tools to help treat patients dealing with substance use and substance abuse disorder and provides opportunities to learn about better care for pain.

This physician toolkit provides resources for:

- Overdose prevention
- Treatment and recovery for opioid use disorder
- Harm reduction
- State regulations and guidance for Minnesota physician prescribers
- Safer opioid prescribing and tapering
- Resources for pain education

Presenting today's webinar is:

- **Charles Reznikoff MD**-Hennepin Healthcare and a member of the AMA Substance Use and Pain Care Task Force
- **Jennifer Byrne LCSW, CADC**-Behavioral Health Program Manager with the American Medical Association

What's Happening With Drug Overdoses in Minnesota?

In 2020, 654 Minnesotans died of opioid related overdose

"Nonfatal drug overdoses up 18% in Minnesota"
September 30, 2021



"Fentanyl Fear: St. Cloud Reports 2-Day Spike in Overdoses"

February 27, 2022



"As COVID Fueled the Drug Crisis, Native Americans Hit Worst"
December 22, 2021



"Fatal Drug Overdoses Are on the Rise in Minnesota"

"Investigators probe deadly opiate overdoses in southeast Minnesota"



"AMA-Issue brief: Nation's drug-related overdose and death epidemic continues to worsen"

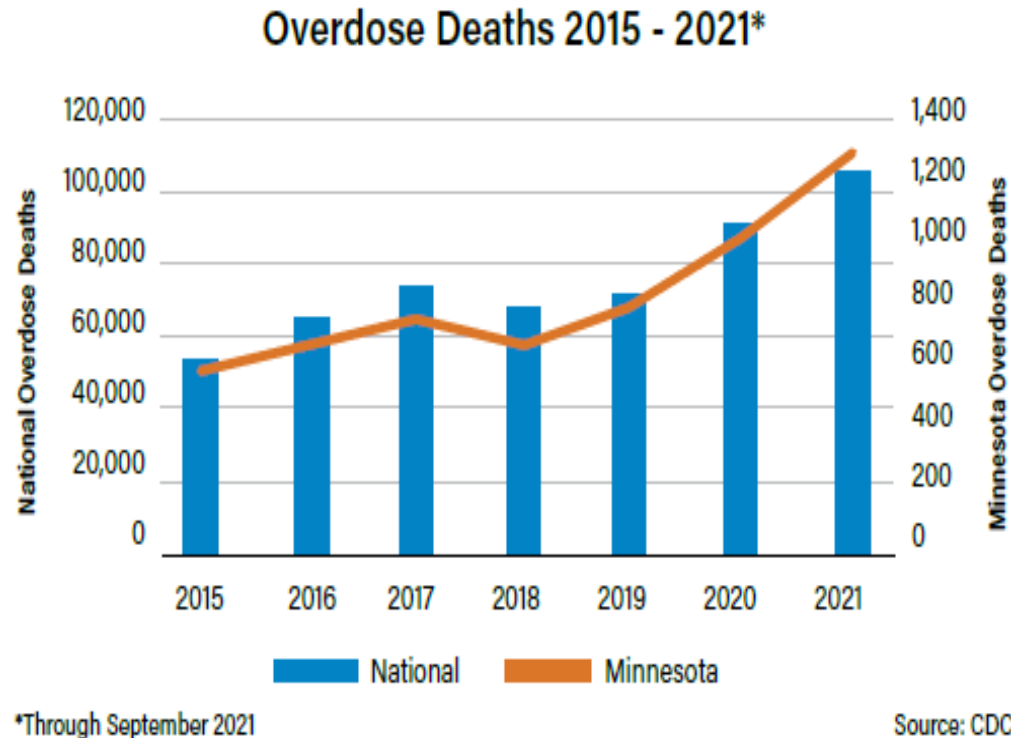
***Updated May 12, 2022**

Drug Overdose Deaths are Increasing Across the Nation and in Minnesota

107,000 overdose deaths were reported nationally in 2021 (CDC)

Data shows that in 2020, the total number of drug overdose deaths in Minnesota totaled **1,052**. This is the highest number of drug overdose deaths recorded since the state started tracking overdose death data.

Preliminary data shows that trend is continuing in Minnesota and nationally...



Synthetic Opioids (Fentanyl) the Primary Driver of Drug Overdoses in 2020

Deaths from synthetic opioids (excluding heroin and methadone)

539

Deaths from psychostimulants (methamphetamine, or combined with synthetic opioids)

329

Deaths from other opioids and methadone

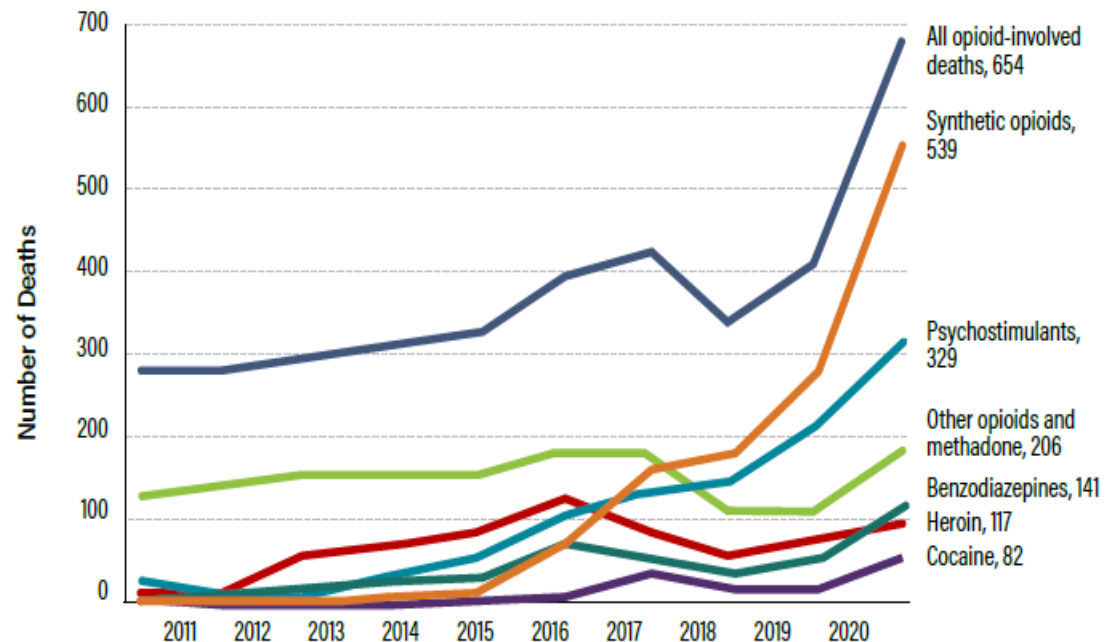
206

Deaths from heroin

117

The data shows that fentanyl and fentanyl mixed with heroin and psychostimulants are driving the increases in overdoses and deaths.

Drug overdose deaths by non-exclusive drug category, MN residents, STATEWIDE, 2011-2020



Source: Minnesota death certificates, injury and Violence Prevention Section, Minnesota Department of Health, 2011-2020. *NOTE: 2020 data are preliminary and likely to change when finalized.

Racial Disparities and Overdose Deaths

- African American and American Indian populations are dying from drug overdose deaths in Minnesota at unequal rates compared to whites.
- In 2019, African Americans were almost two times more likely to die of a drug overdose than whites.
- In 2019, American Indians were seven times more likely to die of a drug overdose than whites.

<https://www.health.state.mn.us/communities/opioids/data/racedisparity.html>

- **It's important to**

- Be aware of overdose disparities by race
- Understand the role of social determinants of health
- Understand the role of things like generational trauma, historical and current systemic racism, and lack of access to health resources in OUD and drug overdose
- Make great efforts to deliver equal, evidence-based care to all people regardless of their race, background, barriers to care, or social determinants of health

Prescription Opioids

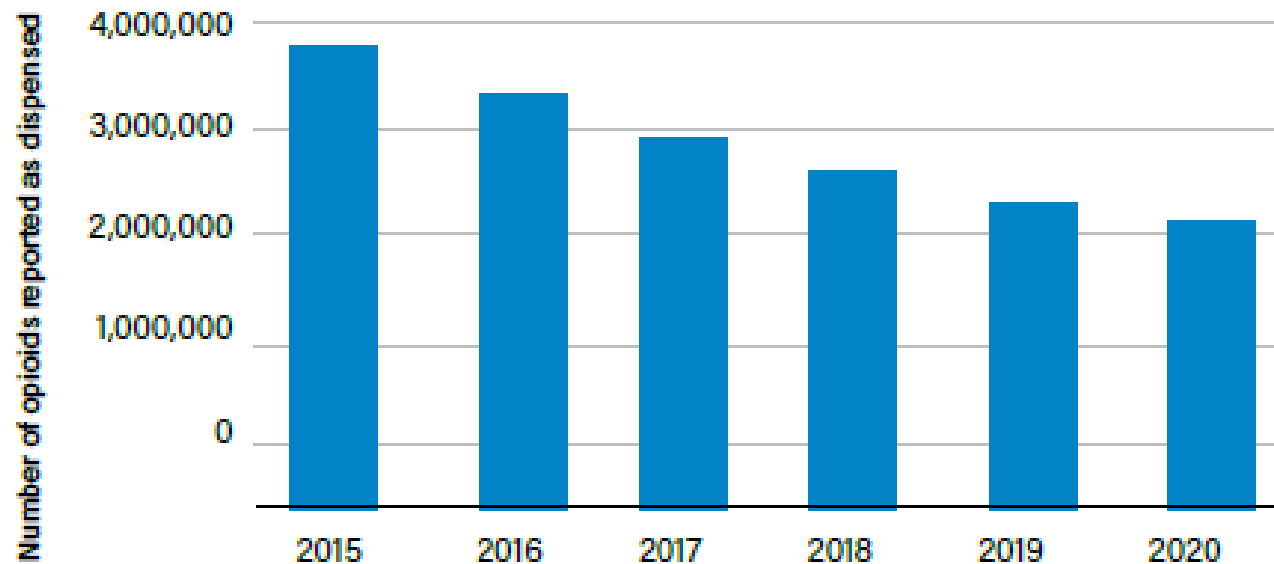
- Much progress has been made to make opioid prescribing safer while providing adequate pain control for those who need it.
- Opioid prescribing practices have significantly changed over the last 10-12 years
- **Prescription opioids are not** the primary driver of the current drug overdose epidemic.

Opioid prescriptions decreased **44%** nationwide since 2011 but drug overdoses have **tripled**

Opioid Prescribing in Minnesota

Opioid Prescriptions Dispensed

The number of opioids reported as dispensed in Minnesota has steadily decreased since 2015.



Source: Minnesota Board of Pharmacy Prescription Monitoring Program

What Can Minnesota Physicians Do to Prevent Drug Overdose?

One of the most effective ways for physicians to reverse the overdose epidemic is to obtain the waiver to prescribe buprenorphine and treat OUD

- Buprenorphine is an FDA approved and evidence-based medical treatment for opioid use disorder (OUD)
- Buprenorphine can be administered in a physician office or hospital setting.
- Buprenorphine treatment is associated with:
 - *Decrease in use of illicit opioids*
 - *Decreased risk of a first or subsequent overdose*
 - *Elimination of painful withdrawal symptoms*
 - *Relieves cravings for opioids without the respiratory depression associated with other opioids.*
 - *Comes in diversion resistant formulations that combines buprenorphine and naloxone*
- Buprenorphine be combined with counseling and recovery supports but is also effective as a standalone treatment for OUD



What Are the FDA Approved Medications for Opioid Use Disorder (MOUD)?

- **Buprenorphine and Buprenorphine/Naloxone** (partial agonist/antagonist)
 - Sublingual film
 - Sublingual tablets (with and without naloxone)
 - Extended release-injectable
- **Naltrexone** (antagonist)
 - Tablets
 - Oral granules-dissolved in water
 - IM injection
- **Methadone** (full agonist)-methadone treatment can only be provided via a SAMHSA-certified opioid treatment program-may be accompanied by outpatient counseling
 - Liquid oral concentrate
- Learn More at: <https://www.samhsa.gov/medication-assisted-treatment>

Benefits of Treating OUD with Medications

Treatment of Opioid Use Disorder with Buprenorphine and Methadone is Associated With...

- Improved physical and mental health
- Decreased illicit substance use
- Decreased risk of a subsequent overdose by almost 50%
- Improved social functioning
- Decreased injection drug use
- Decreased opioid cravings and withdrawal symptoms
- Decreased risk of some infectious diseases (Hep C, HIV)
- Improves pregnancy outcomes

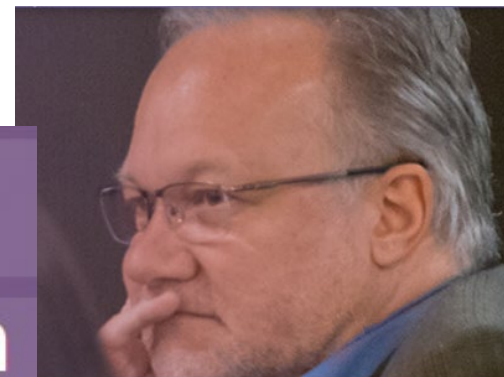
Find Methadone treatment in Minnesota

<https://minnesotarecovery.org/resource/mn-opioid-treatment-program-directory/>

<https://www.ncbi.nlm.nih.gov/books/NBK541393/>

PCSS: Learn About Substance Use Disorder

- PCSS clinical experts David Fiellin, MD; Michelle Lofwall, MD; and Larissa Mooney, MD, who have extensive training and knowledge in addictions, led a team of healthcare professionals in the development of a substance use disorder 101 core curriculum for healthcare providers. The 22 modules provide an overview of evidence-based practices in the prevention, identification, and treatment of substance use disorders and co-occurring mental disorders. Healthcare professionals who complete this curriculum should see an increase in their competence and confidence as they treat patients who are diagnosed with a substance use disorder.



Increase Your Knowledge of Illicit Fentanyl and Its Role in Overdoses

The Highest Number of overdose deaths involve:

- *Synthetic opioids such as fentanyl, carfentanil, and other fentanyl analogs*
- *Stimulants such as methamphetamine and cocaine*
- *Combined synthetic opioids and stimulants*

Why Synthetic Opioids?

- Can be manufactured domestically
- Cheap to produce and import from abroad
- Because of its high potency, sellers of illicit drugs can use small amounts of fentanyl to boost supplies of heroin, methamphetamine, and cocaine
- It is easier to store and transport in smaller quantities



Additional Physician Strategies to Prevent Drug Overdose

Identifying Patients with Opioid Use Disorder and Substance Use

Screen and **assess** patients for opioid use disorder (OUD) and connect patients to treatment services

- There are many validated and reliable tools to assess for OUD for the purposes of making opioid prescribing safer and to identify harmful or dangerous use of illicit drugs in your patients.
 - [Screening and assessment tools for OUD-UCSF](#)
- Having difficult conversations with your patients about substance use is crucial to identifying patients at risk for OUD and overdose .
 - [Video-AMA-3 steps for talking to patients about substance use disorder](#)
- Providers Clinical Support System (PCSS) provides a variety of **educational modules, clinical roundtables and mentoring** for physicians to learn more about OUD and the overdose epidemic.
 - [PCSS](#)

Physician Strategies to Prevent Drug Overdoses: Learn About **Risk Factors** for Overdose

OVERDOSE RISK FACTORS

- ▶ Does my patient have a concomitant benzodiazepine prescription?
- ▶ Does my patient have a history of a opioid use disorder (OUD)?
- ▶ Is my patient currently using illicit opioids or stimulants?
- ▶ Does my patient have an underlying psychiatric 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?
- ▶ Has my patient recently been in an addiction treatment facility, gone through opioid detox or recently discharged from a locked and controlled environment such as a prison or a jail?
- ▶ Is my patient on a high dose of opioids?

Additionally....

- Minnesotans between the ages of **15-34** experienced the highest number of ED visits for non-fatal overdose.
- American Indian Minnesotans were nine times more likely and African American Minnesotans were **three times** more likely than white Minnesotans to experience a nonfatal overdose of unintentional or undetermined intent.



Rise in Fatal Overdoses Mostly Due to Illicit Fentanyl

Fentanyl is a synthetic opioid that is 50x more powerful than heroin and 100x more potent than morphine

- **Known illicitly manufactured synthetic opioids:**
 - fentanyl
 - carfentanil
 - acetylfentanyl
 - furanylfentanyl

Carfentanil is particularly powerful among synthetic opioids. It is 10,000 times more potent than morphine and 100 times more potent than fentanyl.

*MOST overdoses involving synthetic opioids are NOT from prescribed fentanyl.
Rather they are from ILLICITLY manufactured fentanyl and its analogs.*

Centers for Disease Control

Who is Most at Risk for Illicit Fentanyl Overdose?

In Minnesota in 2020, almost half (306) of the 654 opioid related overdose deaths occurred in those under the age of **35**.



Source: KFF

- People with OUD who resume use after a period of recovery-due to decrease in tolerance
- People who unknowingly ingest illicit drugs (heroin or methamphetamine) laced with fentanyl/carfentanil
- People who ingest **counterfeit prescription** opioid pills that are made with fentanyl/carfentanil
- People who use illicit opioids **recreationally** or **experimentally**
- Populations with less access to harm reduction and treatment resources
- People recently released from incarceration

Counterfeit Pills Made From Fentanyl/Carfentanil

Pills containing fentanyl/carfentanil that are made to resemble prescription opioid medications are becoming more and more of a factor in drug overdoses

Review the [DEA One Pill Can Kill](#) campaign



Counterfeit Oxycodone
Front



Counterfeit Oxycodone Back



Authentic Oxycodone Front



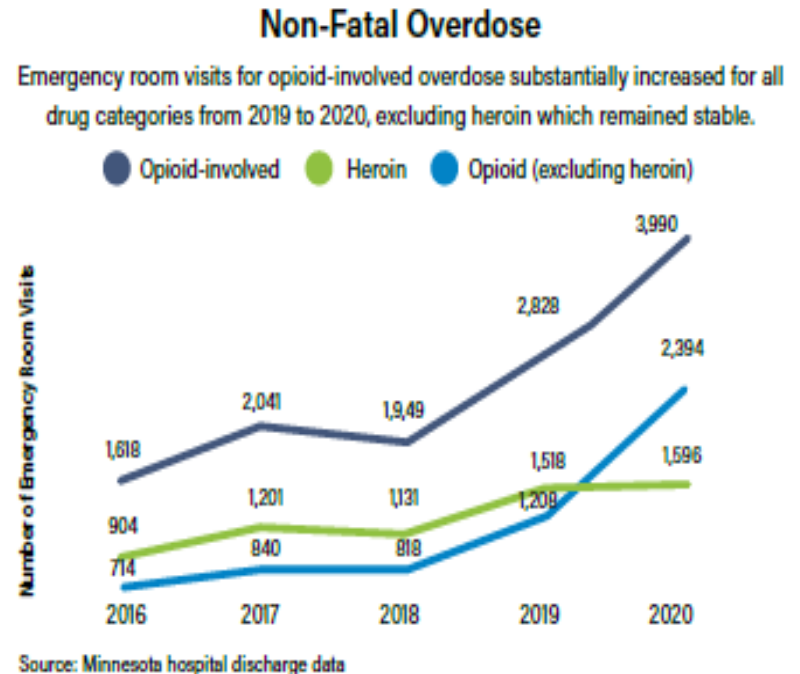
Authentic Oxycodone Back

Can the average person tell which one is real and which is counterfeit?

Non-Fatal Overdoses

The single greatest predictor of a fatal overdose is a previous non-fatal overdose

- From 2019 to 2020 there were almost 4,000 Minnesotans seen in the ED for opioid related overdose





Clinical Impact of Non-Fatal Overdose

- The highest risk factor for drug overdose is a **previous non-fatal overdose.**
- Non-fatal overdose can have acute and chronic impact
 - Acute-OIRD-Opioid Induced Respiratory Distress
 - Chronic-continued use of opioids due to OUD
 - Risk of future drug overdose
 - Hypoxia-related brain injury is associated with multiple negative health impacts



Minnesota Physicians Can Save Lives: Intervention After a Non-Fatal Overdose

- The **Minnesota Department of Health** provides guidance on follow up care after a non-fatal overdose:
 - Transition of Care
 - Mental Health Support/Warm Handoff
 - Medication-Assisted Treatment (MAT/MOUD)
 - Naloxone
 - Recovery and Social Supports
- **National Institute on Drug Abuse (NIDA)** offers more in-depth information on what can be done in Emergency Departments to transition OUD patients to buprenorphine treatment
 - About 1 in 20 patients treated for a nonfatal opioid overdose in an emergency department (ED) died within 1 year of their visit, many within 2 days.
 - Two-thirds of these deaths were directly attributed to subsequent opioid-related overdoses.
 - Immediate treatment for substance use disorder in the ED that continues after discharge is needed to reduce opioid-related deaths.

<https://www.health.state.mn.us/communities/opioids/prevention/followup.html>

<https://nida.nih.gov/news-events/nida-notes/2020/04/many-people-treated-opioid-overdose-in-emergency-departments-die-within-1-year>

Physician Strategies to Reduce Overdose

Learn About Harm Reduction and Naloxone

WHAT IS HARM REDUCTION?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. **Harm Reduction** is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm Reduction Strategies Include But are Not Limited To:

1. Naloxone
2. Syringe Exchange and Safe Injection sites
3. Good Samaritan Laws
4. Fentanyl Test Strips
5. Overdose Prevention Training for Those Who Actively Use Drugs



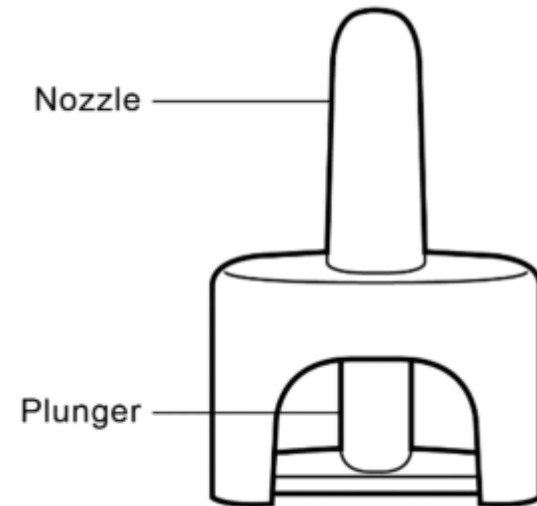


Naloxone-A Tool That Can Reverse Opioid Overdoses

- Naloxone is a FDA approved opioid antagonist that rapidly reverses overdoses involving opioids
- Naloxone can be administered through a nasal spray or an intramuscular injection
- **Any person** can obtain naloxone at Minnesota pharmacies **without a prescription**. You must check with the pharmacy first to make sure they have naloxone in stock.

Learn More About Naloxone: PCSS and AMA

- [Preventing Opioid Overdose with Education and Naloxone Rescue Kits](#)
- [AMA-How to administer Naloxone](#)



Overdoses involving fentanyl/carfentanil may require multiple doses of naloxone



Patient Factors Indicating the Need For a Naloxone Prescription

Factors to Consider for Overdose Risk

- Is my patient on a high dose of opioids?
- Is my patient opioid naïve?
- Does my patient have a concomitant benzodiazepine prescription?
- Does my patient have a history of a 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 able to aid someone who is at risk of an opioid-related overdose?**
- Has my patient recently been in a substance use disorder treatment facility or some other controlled environment (jail, prison, psychiatric facility, detox)?



Overdose Prevention Efforts in Minnesota-Prescription Opioid Guidance and Anti-Diversion Efforts

Minnesota's Opioid Prescribing Guidelines

Goals and expectations

The goal of the Opioid Prescribing Improvement Program is to work collaboratively with the Minnesota medical community to:

1. Reduce inappropriate or excessive opioid prescribing for acute and post-acute pain
2. Reduce inappropriate variation in opioid prescribing for acute and post-acute pain
3. Support patients who remain on chronic opioid analgesic therapy through patient-centered, multimodal treatment approaches, improved monitoring of safety and harm reduction strategies.

> Prescribing guidelines

Pain phase

Factors in treatment

Resources

Tapering

Framework for Opioid Prescribing: Three Principles

Lowest effective dose and duration

- Prescribe the lowest effective dose and duration of opioid analgesia when an opioid indicated for acute pain. Clinicians should reduce variation in opioid prescribing for acute pain.

Halt the progression to chronic opioid use

- The [post-acute pain](#) period—up to **45 days** following an acute event—**is the critical timeframe** to halt the progression to chronic opioid use.

Avoid initiating chronic opioid therapy

- [Chronic Pain](#) - The evidence to support chronic opioid analgesic therapy for chronic pain is insufficient at this time, but the **evidence of harm is clear**. Providers should **avoid initiating chronic opioid therapy** and carefully manage any who remain on opioid medication.





Pain and Opioid CME Requirement in Minnesota

- **Minnesota Statute 214.12, subdivision 6**, effective Jan. 1, 2020, requires all health care providers in Minnesota who prescribe controlled substances obtain at least two hours of continuing education credit on best practices in prescribing opioids and controlled substances, including nonpharmacological and implantable device alternatives for treatment of pain and ongoing pain management, as part of the continuing education requirements for licensure renewal.
- Exempt from this are those physicians in the **Opioid Prescribing and Improvement Program (OPIP)**-this exemption expires on January 1, 2023

[Minnesota Board of Medical Practice Approved CME-Opioid and Pain](#)

[Minnesota Medical Association Course-Best Practices for Prescribing Opioids and Other Controlled Substances](#)

Minnesota Opioid Prescribing Improvement Program-OPIP

Governor Dayton and the Minnesota Legislature established the Opioid Prescribing Improvement Program (OPIP) in 2015 to reduce opioid dependency and misuse in Minnesota related to opioid. The Opioid Prescribing Work Group met from 2015 through 2021 to develop program elements and provide recommendations to the state.

The program includes:

1. Annual reports to prescribers who serve Minnesotans on public health care programs using a set of sentinel opioid prescribing measures
2. A quality improvement program for prescribers who serve Minnesotans on public health care programs and whose prescribing behavior is outside of community standards
3. Education resources for providers about prescribing opioids for pain management.

To find out if you are enrolled in the OPIP program contact: [**dhs.opioid@state.mn.us**](mailto:dhs.opioid@state.mn.us)

The Prescription Monitoring Program (PMP) in Minnesota

Minnesota Prescription Monitoring Program (PMP)

- Pharmacies and prescribers who dispense from their office submit prescription data to the PMP system for all **Schedules II, III, IV and V controlled substances**, butalbital and gabapentin dispensed in or into Minnesota. This protected health information is collected and stored securely.

Key Updates to the PMP Rules

- A health care provider shall enter into the patient's health care record any instructions relating to administering, dispensing, or prescribing an opioid- at the request of a patient or their agent.
- If the prescriber has a PMP delegate, they must audit PMP searches of delegates quarterly and immediately report inappropriate searches to the board of pharmacy and remove the delegates

The Prescription Monitoring Program (PMP) in Minnesota

- **Physicians in MN are mandated to check the PMP:**
 - Before prescribing an initial Rx for a Schedules II-IV opiate controlled substance to your patient, and...
 - At least once every 3 months if your patient is receiving an opiate for treatment of chronic pain or participating in medically assisted treatment for an opioid addiction.
 - **There are** several **EXCEPTIONS** to checking the PMP-for more information and details on PMP exceptions:
 - [MN PMP Statute](#) and
 - [Required Review of MN PMP Patient History Prior to Prescribing Opiates](#)



Tapering of Opioids

- Minnesota physicians are encouraged to review the opioid prescribing guide on tapering-[MN Opioids Guidance-Tapering](#)
- Some general guidance includes:
 - Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications.
 - Go slow
 - Consult with relevant specialists as needed
 - Patient collaboration and buy-in are important to successful tapering
 - Avoid rapid or non-voluntary tapering or discontinuation of opioids

More on tapering:

[CDC-Pocket Guide-Opioid Tapeering](#)

[PCSS-Weaning Opioids With Compassion](#)



Enhance Your Knowledge -AMA

AMA Resources

- [Opioid Therapy and Pain Management CME: Guidelines, Research and Treatments](#) 45.75 CME
- AMA-[End the Epidemic](#)
 - Overdose Data
 - Stigma Reduction
 - Opioid and Pain Care Task Force recommendations for physicians, policymakers, and health systems.

Other Important Resources

Prescribe to Prevent

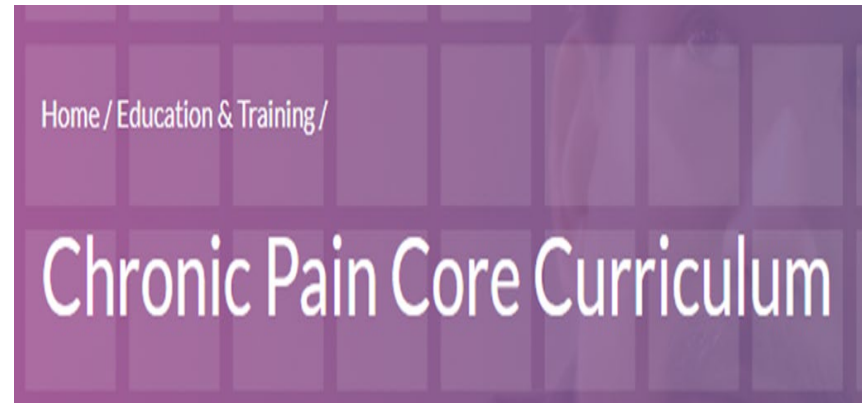
Prescribe to Prevent is a national organization of prescribers, pharmacists, public health workers, lawyers, and researchers working on overdose prevention and naloxone access. Prescribe to Prevent has compiled resources to help health care providers with prescribing for pain, treating substance use disorder and educating patients to reduce overdose risk and provide naloxone rescue kits to patients.



Enhance Your Knowledge of Pain-PCSS Resources

PCSS

- PCSS clinical experts have developed an updated comprehensive core curriculum for healthcare providers in treating chronic pain and addressing concerns about opioid use disorder.
- These 11 modules, taken individually or cohesively, will provide learners with up-to-date and evidence-based information on best opioid prescribing practices and treatment of opioid use disorder.



PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder.**
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

<https://pcssNOW.org/mentoring/>



PCSS Discussion Forum

Have a clinical question?



Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

[Ask Now ▶](#)



<http://pcss.invisionzone.com/register>



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PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Behavioral Health
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine



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Educate. Train. Mentor



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Q&A

There will be a 10-minute Q&A

References

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- <https://www.drugabuse.gov/publications/drugfacts/fentanyl>
- <https://www.cdc.gov/drugoverdose/pdmp/index.html>
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