



Athletic Trainers Response to the Opioid Crisis

A Comprehensive 360-Degree Approach

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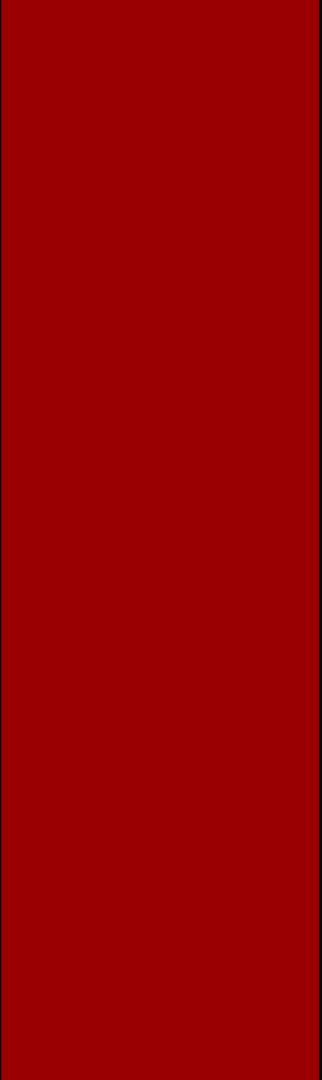


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Learning Objectives

- Participants will be able to...
 - define & describe the current epidemiology related to the opioid crisis.
 - identify and discuss signs and symptoms of opioid abuse.
 - identify and discuss emergent treatment options for opioid overdose.
 - identify and discuss strategies for prevention of opioid abuse.
 - identify and discuss strategies for comprehensive management of opioid abuse.
 - identify and discuss possible alternative therapies to opioid use.



ILLNESS SUFFERING BACKACHE
GIRL CRAMP WOMAN SORE TOUCHING
FEMALE HEALTH STRAIN
HANDS SICK PAIN INJURY SITTING
ARTHRITIS
INJURED KNEE HAND
MUSCLE BACK PAINFUL
MAN YOUNG ACHES
INDOORS STRESS BODY CARE SPINE MEDICAL MASSAGING
STRESS MUSCLE BACK PAINFUL ACHES
MAN YOUNG ACHES
MASSAGE ADULT INJURY FITNESS PERSON LOWER ATHLETE
SPORT

Introduction

In the late 1990s, pharmaceutical companies **REASSURED** the medical community that patients would **NOT** become **ADDICTED** to opioid pain relievers.





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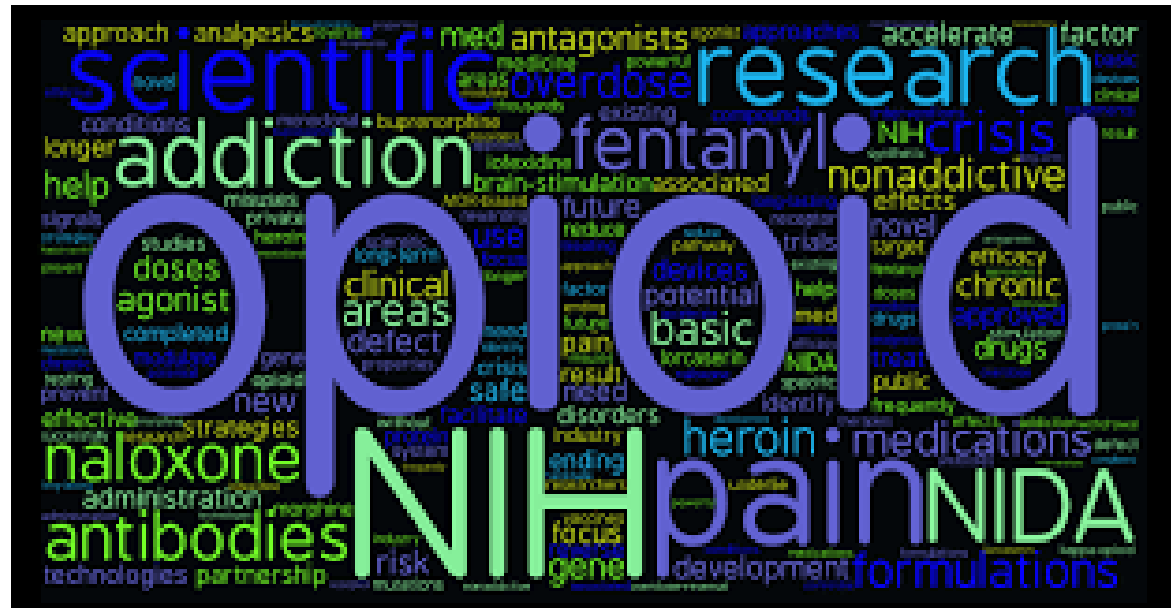
Introduction

Fast forward, 30 years...

increased prescription of opioid medications led to widespread **misuse** and **abuse** of both *prescription* and *non-prescription* opioids...



Introduction





The Business of Addiction: Drug Addicts Tempted to Relapse for Money

South Florida has been known for years as the recovery capital of the country but it has been a community plagued with corruption and abuse.

The New York Times Origins of an Epidemic: Purdue Pharma Knew Its Opioids Were Widely Abused



'It's all over the city:' 3 police officers treated in separate incidents for possible fentanyl exposure

Shreveport Times

PART OF THE USA TODAY NETWORK

Louisiana officials fight opioid crisis

By the end of 2016, the opioid prescribing rate in Louisiana had declined almost 11 percent since 2007...

"Obviously, as an administration, we acknowledge it is a crisis here in Louisiana," said Michelle Alletto, deputy secretary of the...



Fayetteville Police Arrest Three In Connection To Fentanyl Investigation

FAYETTEVILLE (KFMS) — Fayetteville police have arrested three people in connection to an ongoing Fentanyl investigation.

3 dead in Durham Region from suspected drug overdoses: police



By David Shum

Web Producer Global News

Police investigate suspected fatal overdose in east end

Burlington man, 44, dead at scene; 23-year-old local woman taken to hospital

NEWS Aug 09, 2017 by Teriah Mery Hamilton Spectator

One dead, two others in hospital in Sarnia due to suspected drug overdoses

Police say cocaine may have been laced with fentanyl

The Canadian Press Posted: Aug 10, 2017 5:01 AM ET | Last Updated: Aug 10, 2017 9:35 AM ET

Fentanyl deaths on the rise in Niagara



By Grant Lakin, The Standard
Thorold, August 10, 2017 10:55:05 EDT PM

In a 'corner of hell' with a killer drug: Fentanyl blamed for spike in Toronto overdose deaths

For those living and working on the frontlines of Toronto's still-simmering opioid crisis, this has been just one more dark week among many

2 people in hospital after suspected drug overdoses in Vaughan

The incident follows a series of overdose deaths in the Toronto-area this summer

CBC News Posted: Aug 11, 2017 9:32 AM ET | Last Updated: Aug 11, 2017 10:57 AM ET

Union says fentanyl found at Collins Bay



By an unnamed reporter
Toronto, August 8, 2017 11:45:36 EDT PM

EMDC guards saved two other people on the weekend, couldn't save the third



By Randy Richmond, The London Free Press
Wednesday, August 2, 2017 11:41:15 EDT AM

NEWS WOODSTOCK & REGION

Five potentially fatal fentanyl overdoses in recent weeks worries public health who want people to know more about the Good Samaritan Drug Overdose Act

Oxford County: Double doses of Naloxone failed to revive two in bootleg fentanyl overdoses

By Heather Rivers, Woodstock Sentinel-Review

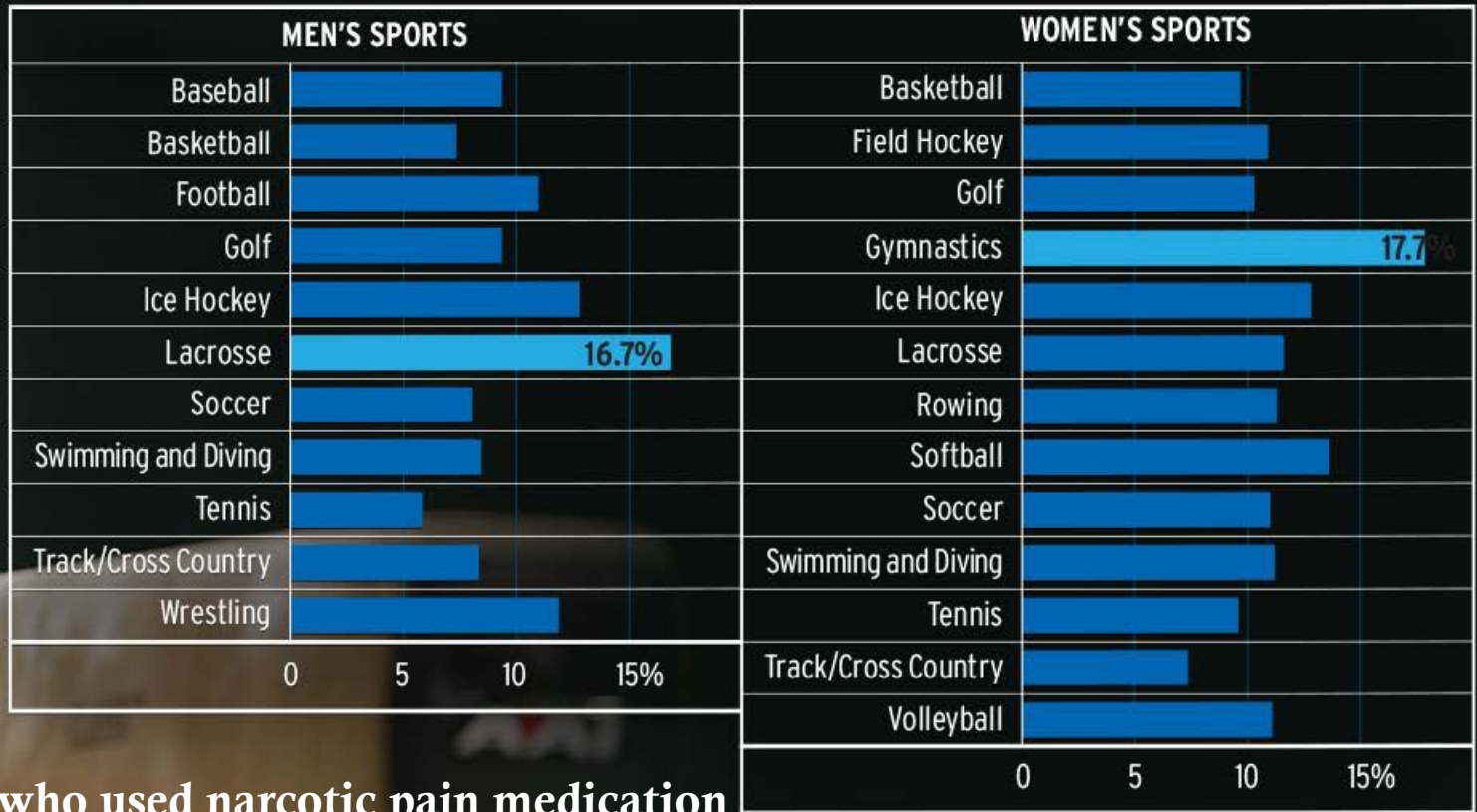
Police respond to four Xanax overdoses in five-hour period in Cambridge

NEWS Aug 04, 2017 by Record staff Waterloo Region Record

5 people in Kingston area treated for suspected fentanyl overdoses in 2 days

Toronto also saw a spate of overdoses last week, 4 of which were fatal

CBC News Posted: Aug 03, 2017 2:35 PM ET | Last Updated: Aug 03, 2017 2:35 PM ET

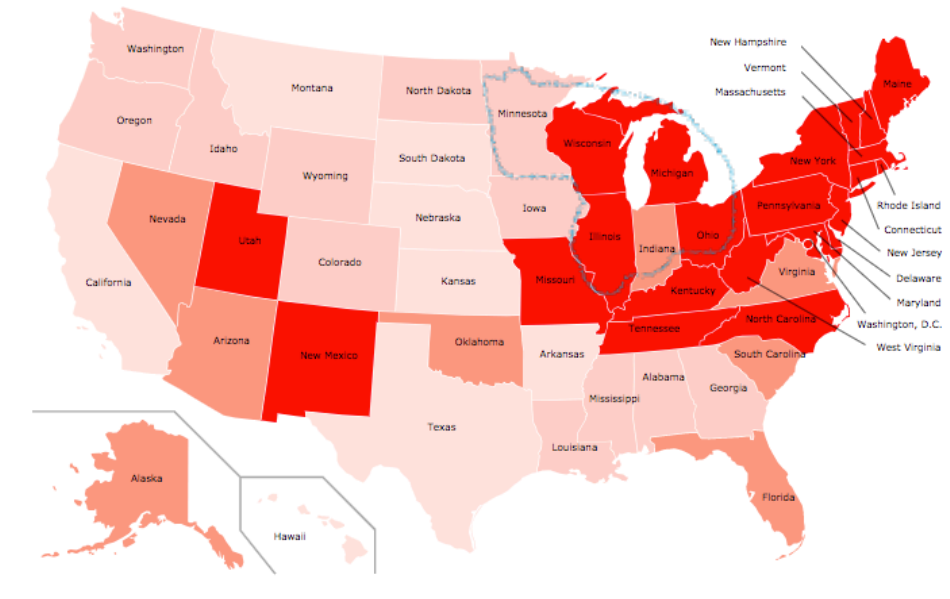
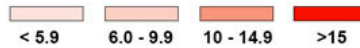


College athletes who used narcotic pain medication in the past year

Introduction

Revised February 2018

Opioid-Related Overdose Death Rates (per 100,000 people)¹



Introduction

IN 2017 HHS DECLARED THE OPIOID CRISIS A **PUBLIC HEALTH EMERGENCY**...

*“...IS ANOTHER POWERFUL ACTION THE TRUMP ADMINISTRATION IS TAKING IN RESPONSE TO AMERICA’S DEADLY OPIOID CRISIS. PRESIDENT TRUMP HAS MADE THIS **NATIONAL CRISIS**...”*



Introduction

5-Point Strategy To Combat the Opioid Crisis

- Strategies HHS will bring to the fight...
 1. Strengthening our understanding of the epidemic through better public health surveillance
 2. Improving access to treatment and recovery services
 3. **Promoting use of overdose-reversing drugs**
 4. Providing support for cutting edge research on pain and addiction
 5. Advancing better practices for pain management

What are opioids?

- Class of drugs that are...
 - ..*naturally found in the opium poppy plant or produced synthetically.*
 - ..subdivided on the basis of major therapeutic uses
 - eg, analgesics, antitussives, and antidiarrheal drugs.
 - ..produces a feeling of **euphoria**.
 - Dangerous as they are **HIGHLY addictive**, and **overdoses and death are common**.

How are opioids classified?

Opioid peptides (**endogenous**) released from n. endings modulate transmission in the brain and spinal cord and in primary afferents via their interaction with specific receptors.

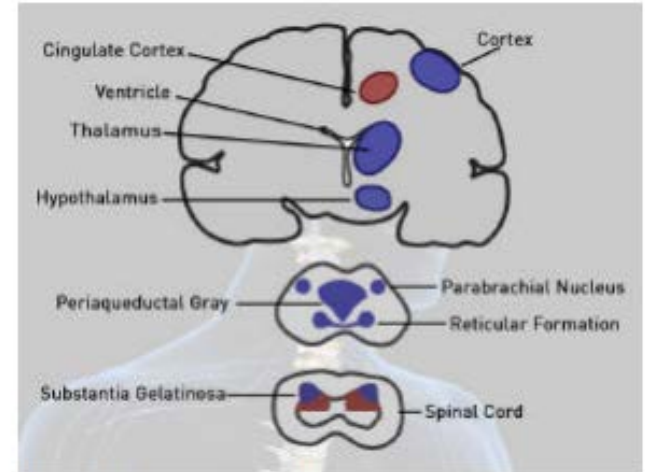
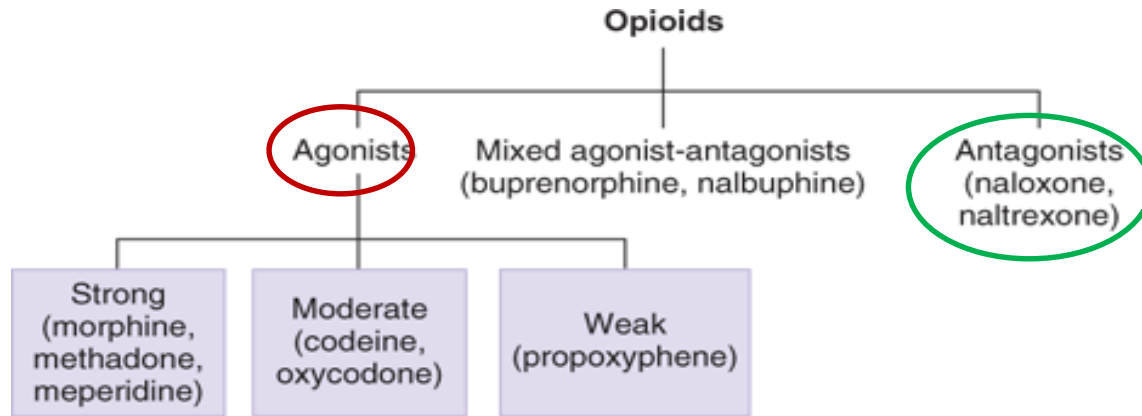


Fig. 1: Major sites of endogenous opioid production and opioid receptors.

How are opioids classified?

Synthetic opioids function are based on their interaction with opioid receptors; classified as...

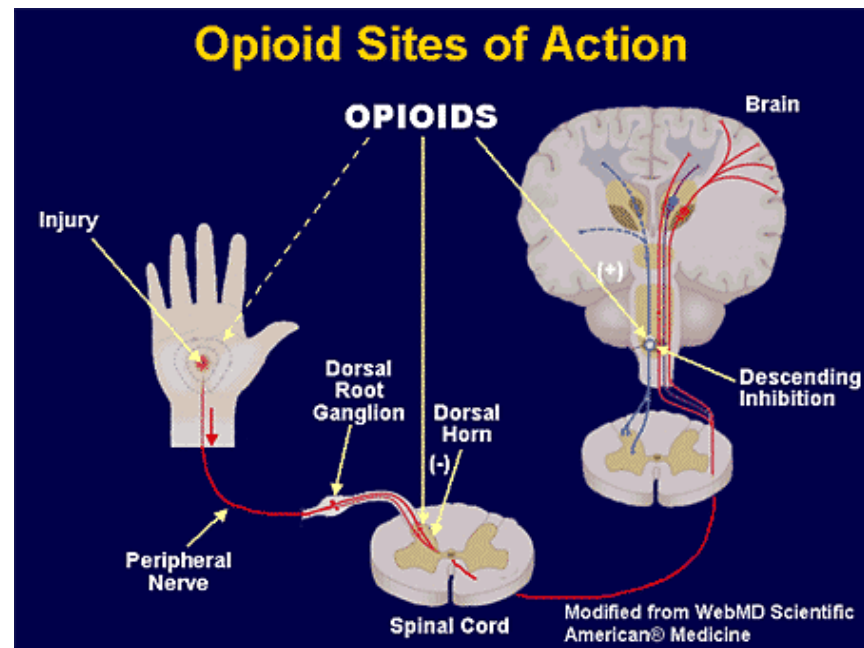


Source: A.J. Trevor, B.G. Katzung, M. Kruidering-Hall: Katzung & Trevor's Pharmacology: Examination & Board Review, 11th Ed. www.accesspharmacy.com

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What are the actions of opioids?

Opioids bind to and activate receptors in the brain, triggering the release of dopamine (neurotransmitter linked with learning, pleasure, and reward) and other neurotransmitters.



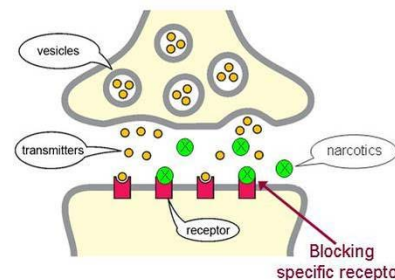
What are the actions of opioids?

Euphoric effects are enlarged by involvement of GABA-inhibitory neurons of the ventral tegmental area influencing the increase of dopamine release.

Increased amount of dopamine (neurotransmitter linked with learning, pleasure, and reward) offers feelings of **pleasure** and **euphoria**, constitutes probably a mechanism **responsible** for taking **drugs** and **addiction**.

Mode of action

- Effects located in the Central Nervous System
- Specific receptors in the brain for different narcotics lead to different side effects



Action on:

μ -receptor (*Endorphins*)
⇒ Analgesia Euphoria

κ -receptor (*Dynorphines*)
⇒ Analgesia Sedation

δ -receptor (*Enkephalins*)
⇒ Analgesia Dysphoria

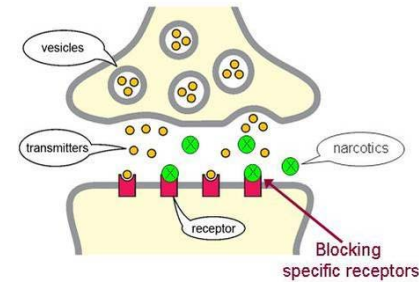
What are the actions of opioids?

Enkephalins bind to δ receptors with analgesic effects.

Dynorphins, acting mainly through κ receptors, trigger a dysphoria.

Mode of action

- Effects located in the Central Nervous System
- Specific receptors in the brain for different narcotics lead to different side effects



Action on:

μ -receptor (*Endorphins*)
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What are the actions of opioids?

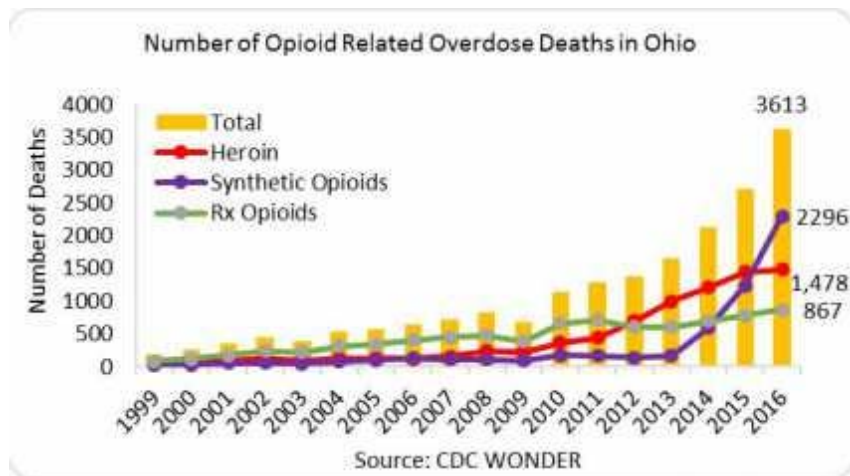
Users require an opioid to continuously occupy the opioid receptor in the brain, or they develop withdrawal symptoms and thus seek out more drugs.



Opioids by the Numbers

1-in-10 Americans knows someone who has died from an opioid overdose.

National Institute of Drug Abuse. Opioid Summaries by State
<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/ohio-opioid-summary>



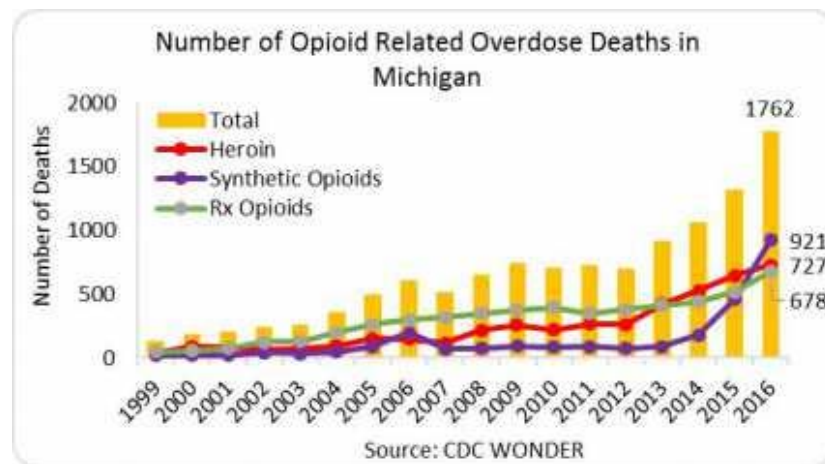
#3 in US for Opioid-Related Deaths @ 32.9 per 100,000

National Safety Council (2017, Nov. 8). 1 in 4 Americans directly impacted by opioid misuse. Retrieved from National Safety Council at nsc.org/Connect/NSCNewsReleases

Opioids by the Numbers

More than 63,600 families lost loved ones to a drug overdose in 2016.

National Institute of Drug Abuse. Opioid Summaries by State
<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/ohio-opioid-summary>



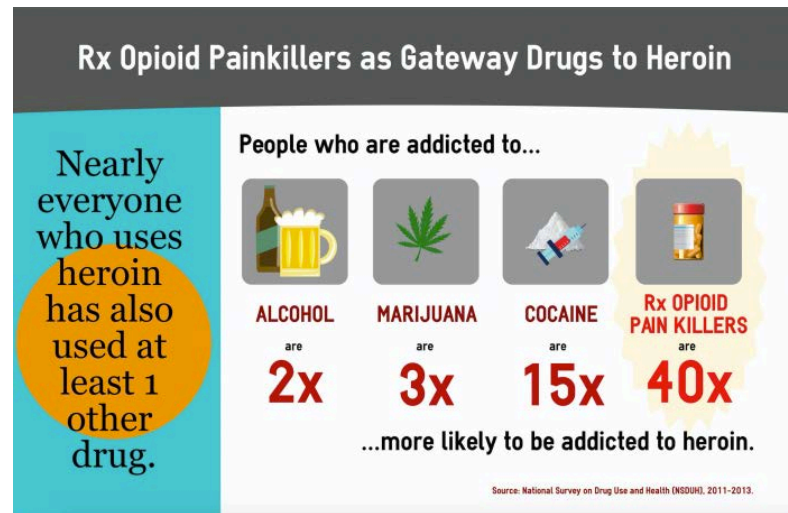
Kochanek, K., Murphy, S., Xu, J., and Arias, E. (2017, Dec. 22). Mortality in the United States, 2016, NCHS Data Brief No. 293. Retrieved from [cdc.gov/nchs/products/databriefs/db293.htm](https://www.cdc.gov/nchs/products/databriefs/db293.htm)

#11 in US for Opioid-Related Deaths @ 18.5 per 100,000

Opioids by the Numbers

Eleven million Americans **misused** an opioid pain reliever in the past year.

More than 2.1 million people **suffer** from an opioid use disorder.



Opioids by the Numbers

Adolescents (12 to 17 years old)

In 2015, 276,000 adolescents were current nonmedical users of pain reliever, with 122,000 having an addiction to prescription pain relievers.

In 2015, an estimated 21,000 adolescents had used heroin in the past year, and an estimated 5,000 were current heroin users.

Opioids by the Numbers

Adolescents (12 to 17 years old)

People often share their unused pain relievers, unaware of the dangers of nonmedical opioid use. Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative.

National Institute of Drug Abuse. (2015). Drug Facts: Prescription and Over-the-Counter Medications. Bethesda, MD: National Institute of Drug Abuse. Available at <http://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications>.

The prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007.

Fortuna RJ, Robbins BW, Caiola E, Joynt M, Halterman JS. Prescribing of controlled medications to adolescents and young adults in the United States. *Pediatrics*. 2010;126(6):1108-1116.

Opioids by the Numbers

Opioids such as Vicodin (hydrocodone), OxyContin (oxycodone), heroin and fentanyl accounted for 42,000 deaths in 2016.

U.S. lifespan estimates **declined** for the second year (2016) in a row, primarily due to deaths from drug overdose.

Seven in 10 companies report being directly impacted by prescription drug misuse.

Kochanek, K., Murphy, S., Xu, J., and Arias, E. (2017, Dec. 22). Mortality in the United States, 2016, NCHS Data Brief No. 293. Retrieved from [cdc.gov/nchs/products/databriefs/db293.htm](https://www.cdc.gov/nchs/products/databriefs/db293.htm)

National Safety Council (2017, Nov. 8). 1 in 4 Americans directly impacted by opioid misuse. Retrieved from National Safety Council at [nsc.org/Connect/NSCNewsReleases](https://www.nsc.org/Connect/NSCNewsReleases)

Opioids by the Numbers

How does this compare to other issues...

- **63,632** people died from drug overdose in 2016; of those, over 42,000 deaths were from opioids (Hedegaard, Warner, & Miniño, 2017)
- **47,000** American soldiers died in battle in the Vietnam War 1964–1975 (U.S. Department of Veterans Affairs, 2017)
- **351,602** Americans have died from opioid overdose since 1999 (National Center for Health Statistics, 2016)
- **291,000** American soldiers died in battle in World War II 1941–1945 (U.S. Department of Veterans Affairs, 2017)
- **50,000** Americans died from HIV in 1995, the peak year for HIV deaths: HIV was the number one cause of death for Americans age 25 to 44 (CDC, February 28, 1997)

State-by-State Progress on Strengthening Laws And Regulations

- Multiple key actions will be needed to end this drug epidemic and reduce the loss of life.
- Six key actions every state should take to save lives are:
 - Mandating prescriber education
 - Implementing opioid prescribing guidelines
 - Integrating prescription drug monitoring programs (PDM Ps) into clinical settings
 - Improving data collection and sharing
 - Treating opioid overdose
 - Increasing availability of opioid use disorder treatment

BY THE NUMBERS

2000

61.8 opioid prescriptions written per 100 Americans

180 MME¹ prescribed per capita

2,917 prescription opioid deaths

1,842 heroin deaths

2010

81.2 opioid prescriptions written per 100 Americans

782 MME prescribed per capita

10,943 prescription opioid deaths

3,036 heroin deaths

3,007 synthetic opioid² deaths

2012–2016

States begin passing laws to require prescriber education, close pill mills, define prescribing guidelines, start and enhance prescription drug monitoring programs, and increase access to opioid overdose reversal medications and treatment.

2016

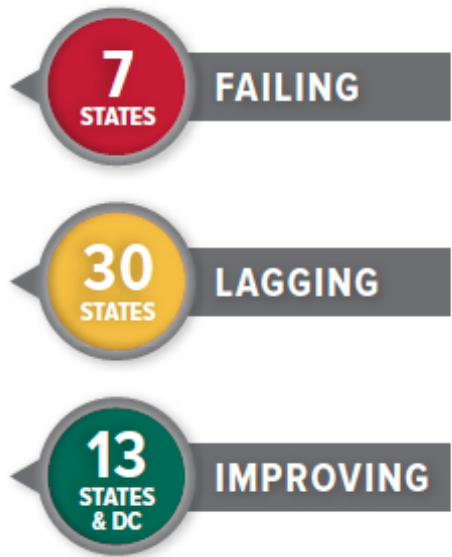
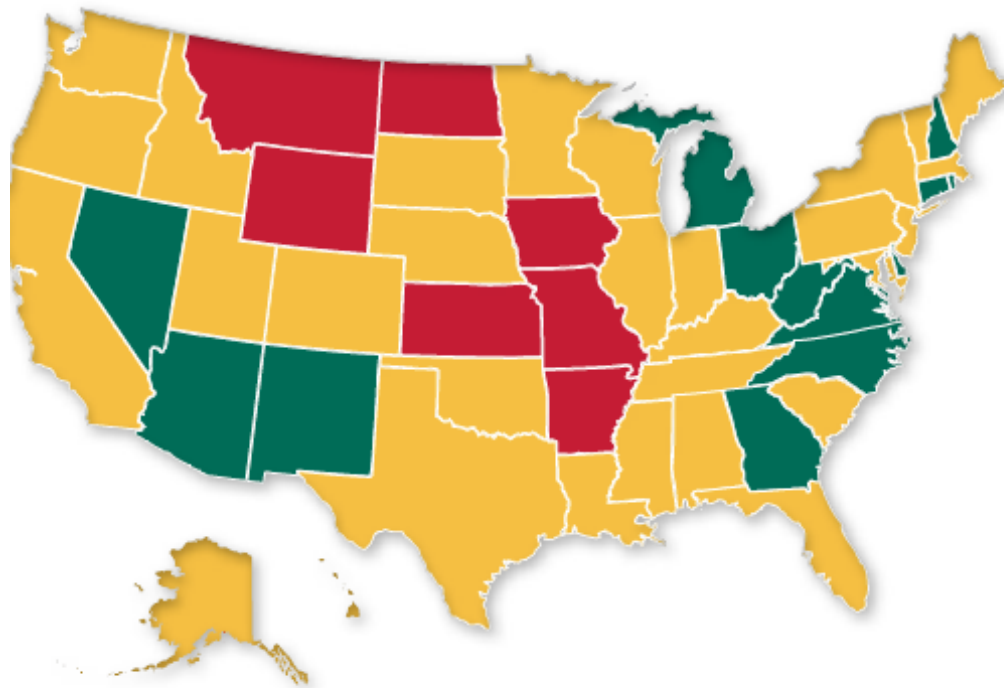
66.5 opioid prescriptions written per 100 Americans

61 million Americans, 19 percent of the population, received one or more prescriptions, with the average patient receiving 3.5 prescriptions

14,487 prescription opioid deaths

15,469 heroin deaths

19,413 synthetic opioid³ deaths



FAILING		LAGGING		IMPROVING	
MEETS 1 INDICATOR	MEETS 2 INDICATORS	MEETS 3 INDICATORS	MEETS 4 INDICATORS	MEETS 5 INDICATORS	MEETS 6 INDICATORS
MO	AR, IA, KS, MT, ND, WY	HI, ID, IL, IN, MA, MN, MS, NE, NJ, NY, OR, SD, WA	AL, AK, CA, CO, FL, KY, LA, ME, MD, OK, PA, SC, TN, TX, UT, VT, WI	AZ, CT, DE, DC, GA, MI, NH, NC, OH, VA, WV	NV, NM, RI

National Safety Council. *Prescription Nation 2018: Facing America's Opioid Epidemic*. 2018.

Risk of Addiction is Serious and Widespread

After as few as **five** days of opioid pain reliever use, **1-in-5 users** runs the risk of becoming dependent and continuing to use opioids 1 yr later.

A **refill** or a **2nd** opioid prescription doubles the risk of opioid dependence.

Risk of Addiction is Serious and Widespread

- NSC (2017) public opinion poll found nearly 84% of opioid users were NOT worried about addiction, even though 64% of respondents reported having a personal or family history of addiction risk factors.
- 53% of identified a personal (lifestyle) risk factor of addiction.
- 1/3 of Americans surveyed did not even realize a medication they had taken was an opioid.



Risk of Addiction is Serious and Widespread

RISK FACTORS FOR OPIOID ADDICTION

(SAMHSA Center for the Application of Prevention Technologies, 2018)

- ✓ Having depression, anxiety or other mental health illness
- ✓ A personal and/or family history of alcohol or substance misuse
- ✓ A history of physical, mental or sexual abuse
- ✓ Long-term use of opioid pain medications

What are the signs of an opioid addiction?

- People addicted to drugs may change their behavior...
 - Mixing with different groups of people or changing friends
 - Spending time alone and avoiding time with family and friends
 - Losing interest in activities
 - Not bathing, changing clothes or brushing their teeth
 - Being very tired and sad
 - Eating more or less than usual
 - Being overly energetic, talking fast and saying things that don't make sense
 - Being nervous or cranky

What are the signs of an opioid addiction?

- People addicted to drugs may change their behavior...
 - Quickly changing moods
 - Sleeping at odd hours
 - Missing important appointments
 - Getting into trouble with the law
 - Attending work or school on an erratic schedule
 - Experiencing financial hardship

What are the signs of opioid abuse?

Behavioral Symptoms	Physical Symptoms
<ul style="list-style-type: none">• Opioids are used for longer or at a greater amount than intended• Unsuccessful attempts to decrease the amount taken• Large amount of time spent obtaining, using, or recovering from the drug• Abandonment of important activities	<ul style="list-style-type: none">• Improved alertness• Increased sensitivity to sensory stimuli• Constricted blood vessels• Increased heart rate• High blood pressure• Increased energy• Decreased appetite• Increased sexual arousal• Physical agitation• Difficulty sleeping• Over arousal and hyper-vigilance

What are the signs of an opioid overdose?

- Signs of **OVERDOSE**, which often results in death if not treated, include:
 - Extreme sleepiness, stupor
 - Inability to awaken verbally or upon sternal rub.
 - Breathing problems ranging from hypopnea or apnea
 - Fingernails or lips turning blue/purple.
 - Slow heartbeat and/or low blood pressure.

What are the signs of an opioid overdose?

- Physical exam
 - Extremely small “pinpoint” pupils; miosis and reactivity
 - Degree of respiratory effort
 - Expose entire body looking for Fentanyl patches



Emergency Response & Management for Opioid Overdose

Take

A.C.T.I.O.N

**“You are not studying or practicing to
pass the exam ...**

**You are studying / practicing for
the day when you are the only
thing between the patient and the
grave”**



MYTHS

FACTS



Myth

There is very little you can do when a person is having an opioid overdose since s/he could die instantaneously



Fact

Death from overdose is rarely instantaneous. There is enough time to prevent an overdose



Myth

It is really hard to prevent a person from dying of an opioid overdose since people usually use drugs in private.



Fact

The majority of overdoses occur in the presence of others.

Myth

Preventing death from an overdose is not easy. You have to complete a lengthy, difficult training.

Fact

Overdose can be reversed by rescue breathing/CPR and by giving the person a medication called naloxone, which is easy to administer.

Myth

It is a waste of time to give out naloxone since many are not capable of recognizing and managing an overdose with naloxone.

Fact

From 1996 to June 2014, >152,000 community persons have been trained with >26,400 overdose reversals reported with naloxone.

(Wheeler et al., CDC MMWR, 2015)

Myth

The person who receives naloxone will react violently when the medication is administered and his/her overdose is reversed.

Fact

In the past, some people have witnessed violent reactions to naloxone because of sudden withdrawal symptoms; however, the doses of naloxone are now more regulated by protocols.

Myth

- Using naloxone will delay entry into drug treatment and encourage riskier drug use.

Fact

Studies show reduction in drug use

Naloxone does not enable – it only enables OD victim to breathe.

Dead people don't recover.

A.C.T.I.O.N.

- **A**rouse the Person

- Shake
- Shout
- Sternal Rub

- **C**heck for signs of opioid overdose

- **T**elephone 911



A.C.T.I.O.N.

- **I**ntranasal / Intramuscular Naloxone (Narcan)
 - Safely used by medical professionals since 1971
 - Opioid antagonist



A.C.T.I.O.N.

- Opioid antagonist
 - Binds to opioid receptors, but DOESN'T activate receptors
 - Blocks the receptor and prevents the body from experiencing the effects of opioid
 - Allows complete or partial reversal of CNS depressive effects, especially respiratory depression, caused by natural or synthetic opioids and partial agonist/antagonist opioids.



Administering Naloxone



Remove NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



Training Videos

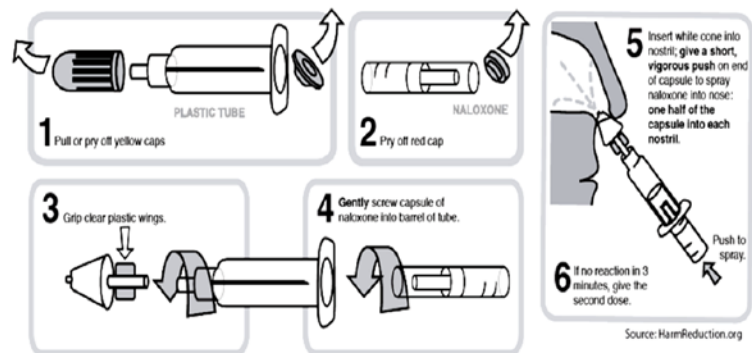
<https://www.youtube.com/watch?v=hGVSaO1oxpg>

www.narcan.com

Administering Naloxone

Pre-Filled Injectable Intranasal Naloxone

<https://www.youtube.com/watch?v=Js6NIZMV2c>



Administering Naloxone

- EVZIO Intramuscular Naloxone Auto-Injector
 - Follow voice-activated trainer instructions
 - Pull EVZIO from the outer case
 - Pull off the red safety guard
 - Place the black end against the middle of the patient's outer thigh until you hear a distinct sound (click & hiss)
 - Press firmly and hold in place for 5 sec
 - Needle will inject & retract into the auto-injector after use

Figure B

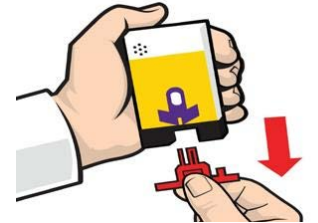


Figure D



<https://www.youtube.com/watch?v=-DQBCnrAPBY>

Monitor and Support

- After receiving naloxone, a person may experience flu like symptoms such as
 - Nausea, vomiting, diarrhea
 - Body Aches
 - Chills
 - Confusion
 - Tremors
 - Agitation or upset due to withdrawal symptoms or coming off their high
 - RARE cases – seizure, tachycardia, and cardiac arrest (may be more related to hypoxia rather than naloxone), and, pulmonary edema (severe opioid overdoses)

Monitor and Support

- Naloxone lasts for 30 - 90 minutes
 - Heroin overdose lasts for several hours
 - After 90 minutes, effects of opioid may return depending on the opioid & the amount in the bloodstream → may have to administer 2nd dose
- Therefore, call 911 and stay with the person till EMS arrives
 - If you must leave, place the person in recovery position so that person's airway is clear and does not choke on vomit
 - Discourage the patient from taking more drugs

Duration of Naloxone & The Opioid

Drug	Duration	Naloxone wears off in...
Methadone	24-32 hours	30-90 mins
Heroin	6-8 hours	30-90 mins
Oxycontin	3-6 hours	30-90 mins
Codeine	3-4 hours	30-90 mins
Demerol	2-4 hours	30-90 mins
Morphine	3-6 hours	30-90 mins
Fentanyl	2-4 hours	30-90 mins

A.C.T.I.O.N.

- **O**xygen
 - Open / secure airway
 - BLS

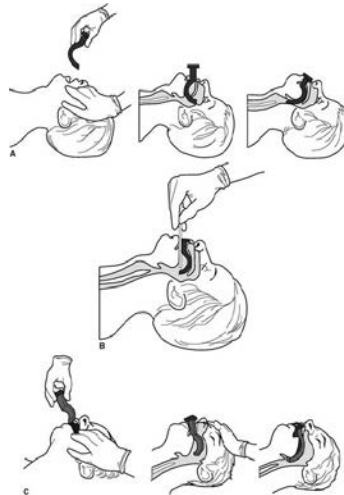
- Naloxone again
 - 2-3 minutes later
 - Recovery position if breathing
 - Stay with the person until help arrives

OVERDOSE
DEATH IS
PREVENTABLE.

Oropharyngeal Airway (OPA)

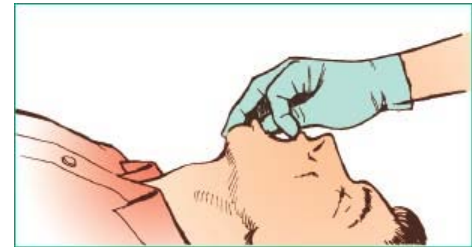
- Sizing

- Measure level of the teeth to the angle of the jaw



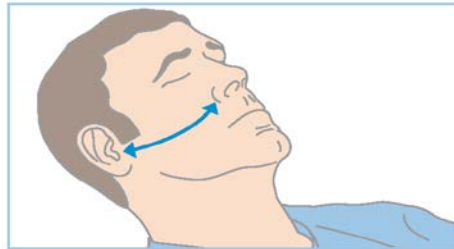
- Insertion Methods

- Open mouth using crossed-finger (scissor) technique
- Insert OPA upside down along the mouth's roof
- Rotate 180° when it touches the back of mouth
- Advance until the flange rests on the front teeth



Nasopharyngeal Airway (NPA)

- Sizing
 - Measure from nose tip to the earlobe tip or angle of the jaw
 - Sizing based on the width of the 5th finger is inaccurate (Roberts K et al 2005)
 - Correctly placed → lies just above (~10mm) the epiglottis (Stoneham MD 1993)
 - Too short → fails to separate the soft palate from the pharynx
 - Too long → can pass into the larynx & aggravate cough & gag reflexes



Nasopharyngeal Airway (NPA)

- Insertion Methods
 - Lubricate w/water-soluble lubricant
 - Insert w/bevel facing septum
 - Continue following the natural curvature of the floor of the nasopharyngeal cavity until the flange is resting on the nasal flare
 - If resistance is encountered, try the other nostril



BVM Ventilation

- **Most important airway skill!**
- **Requires practice to master!**
- Always the first response to inadequate oxygenation & ventilation
- Delays the collapse & urgency to intubate
- May be a **1, 2** or 3 person skill (“Pit Crew”)
 - Person 1 → opens airway
 - Person 2 → maintains face seal
 - Person 3 → squeezes bag
- **Pull the chin into the mask!**
- **Do not push the mask down onto the face!**

Suction

- Appropriately size suction catheter
- Hyper oxygenate BEFORE each suction pass
- Insert catheter to pre-measured depth
- **Apply suction on withdrawal of catheter**
- Limit suctioning to 5 seconds
- Discontinue if HR ↓by 20, ↑ by 40, SPO2 decreases < 90%, or if arrhythmias are produced



Recovery Position

Overdose Recovery Position



1. tilt head back, lift chin to open airway

2. turn to one side, place hand against chin

3. bend knee against floor

4. tilt head back, check breathing

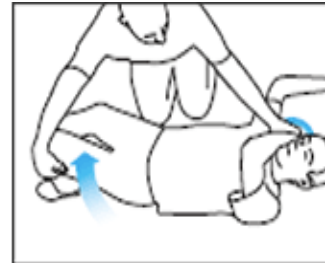
5. call emergency and wait till it arrives



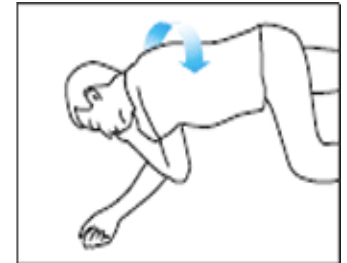
Say 'hi'



Support my face



Lift leg



Roll me over

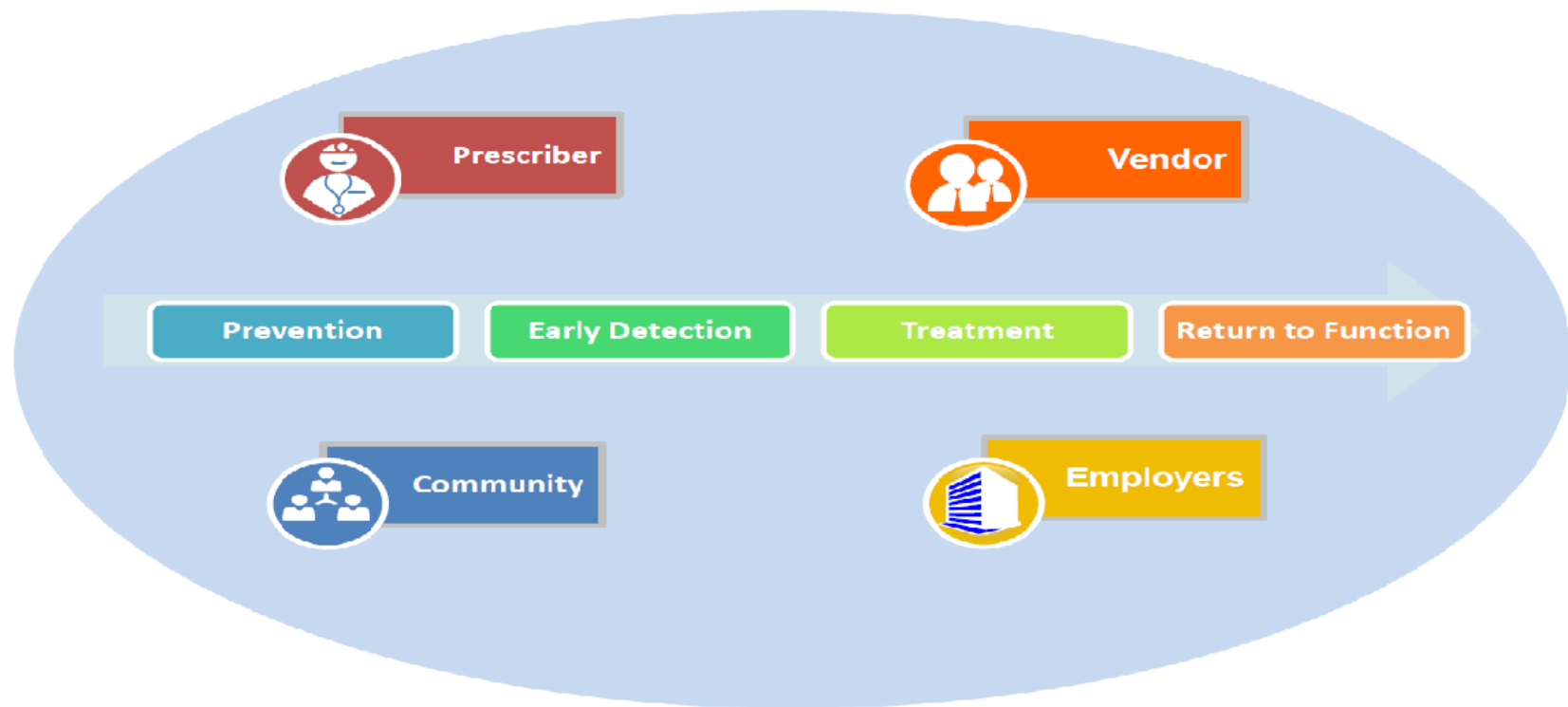
What **NOT** to do during an Overdose

- Do **NOT** DELAY calling 911
- Do **NOT** place in a bath of cold/ice water
 - Wastes time, slows heartrate and increases risk for arrhythmia and drowning
- Do **NOT** induce vomiting.
- Do **NOT** offer something to drink
 - Could choke, aspirate – more difficult to breathe
- Do **NOT** put ice down the pants or pour water over the victim
- Do **NOT** slap too hard, kick in the testicles, burn the feet
- Do **NOT** inject fluid (saltwater, cocaine, milk)
- Do **NOT** leave the person until help arrives

OPERATION
PREVENTION



APPROACHING THE PROBLEM A COMPREHENSIVE STRATEGY





NEW LEGISLATION



Begins: July 1, 2018

- 7 day limit on opioid prescriptions for acute pain
- Pharmacists may partial fill



Begins: June 1, 2018

- Mandatory MAPS registration for prescribers
- MAPS report must be reviewed for opioid prescriptions > 3 day supply



Begins: June 1, 2018

- All patients must have attestation of receiving education on high risk predictors for addiction & overdose, diversion, and proper disposal
- Parent/guardian of minors must be included in the education & attestation



Begins: March 28, 2018

- Post-overdose patient treatment options must be provided









Begins: December 31, 2018

- Must have bona fide prescriber-patient relationship for opioid prescribing
- Prescribers cannot predate refills

Opioid Prevention

- **Prescribing Guidelines**
 - Consider opioid therapy only if expected benefits for pain & function outweigh risks
 - Consider or combine with nonpharmacologic therapy and/or nonopioid alternatives
 - 7 day limit (consider 3 days)
 - Physician re-evaluation / follow-up

 NEW LEGISLATION	
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	Begins: March 28, 2018 <ul style="list-style-type: none">• Post-overdose patient treatment options must be provided
	Begins: December 31, 2018 <ul style="list-style-type: none">• Must have bona fide prescriber-patient relationship for opioid prescribing• Prescribers cannot predate refills

Procedure	Old Recs	New Recs	% Change	Data for Recommendation
Laparoscopic Cholecystectomy	75	75	-	Howard[1], Hill[2]
Laparoscopic Appendectomy	75	75	-	None. Analogy to lap chole
Inguinal/Femoral Hernia Repair (open/laparoscopic)	75	75	-	Hill[2], Howard "spillover" data
Open Incisional Hernia Repair	200	150	-25%	New MSQC data(75th percentile)
Laparoscopic Colectomy	185	145	-22%	New MSQC data(75th percentile)
Open Colectomy	200	150	-25%	New MSQC data(75th percentile)
Ileostomy/Colostomy Creation, Re-siting, or Closure	-	200	-	New MSQC data(75th percentile)
Open Small Bowel Resection or Enterolysis	-	150	-	New MSQC data(75th percentile)
Thyroidectomy	-	50	-	New MSQC data(75th percentile)
Hysterectomy				
Vaginal	125	100	-20%	New MSQC data(75th percentile)
Laparoscopic & Robotic	175	125	-29%	New MSQC data(75th percentile)
Abdominal	220	185	-16%	New MSQC data(75th percentile)
Wide Local Excision ± Sentinel Lymph Node Biopsy	150	150	-	Michigan Medicine institutional guideline
Simple Mastectomy ± Sentinel Lymph Node Biopsy	150	150	-	Michigan Medicine institutional guideline
Lumpectomy ± Sentinel Lymph Node Biopsy	75	75	-	Hill[2]
Breast Biopsy	75	37.5	-50%	Hill[2]
Sentinel Lymph Node Biopsy Alone	-	75	-	Michigan Medicine institutional guideline

Opioid Prevention

- **Prescription Drug Monitoring Programs (PDMPs)**
 - Statewide electronic database
 - Tracks all controlled substance rx
 - Calculates total amount of opioids prescribed per day (MME/day)
 - identify pts who are being prescribed other substances that may increase risk of opioids



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>10 million individuals on long-term opioid therapy



9.2 average number of procedures over a lifetime



90 million opportunities to (un)coordinate care

Opioid Prevention



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OPIOID START TALKING (MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)

Michigan Department of Health and Human Services

Patient Name		Date of Birth
Name of Controlled Substance containing an Opioid		
Dosage	Quantity Prescribed (For a minor, if signature is not the parent or guardian, the prescriber must first the copic to a single, 72 hour supply)	
Number of refills		
<p>A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:</p> <ol style="list-style-type: none"> The risks of substance use disorder and overdose associated with the controlled substance containing an opioid. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.) Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.) For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids including but not limited to neonatal abstinence syndrome. Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance. Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at http://www.michigan.gov/daqdrugdisposal It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care prescriber. <p>I acknowledge the potential benefits and risks of an opioid medication as described by my provider along with the responsibility of properly managing my medication as stated above.</p>		
Signature of Prescriber (when prescribing to a minor)		Date
Signature of Patient, if a minor, parent's parent/guardian		Date
Signature of Patient's Representative or other authorized adult		Date
Printed Name of Parent/Guardian, Patient's Representative or other authorized adult		

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

AUTHORITY: PCA 246 of 2017, MCL 333.7000 and MCL 333.7030
COMPLETION: Required
PENALTY: Probation, limitation, denial, fine, suspension, revocation or permanent revocation.

Michigan Public Act 246: Provision of information to ALL PATIENTS

A licensed prescriber or other health professional must provide information on all of the following before prescribing:

Danger of opioid addiction

Proper disposal of an expired, unused, or unwanted controlled substance

Delivery of a controlled substance is a felony

For pregnant or female patients of reproductive age, the short- and long-term effects of exposing a fetus to a controlled substance.

Prescriber (or other health professional) must obtain the patient's or patient representative's signature acknowledging receipt and include the signed form in the patient's medical or clinical file.

Opioid Prevention



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Opioid Prevention



- Expand distribution, training, & use of Naloxone
 - 1 death can be prevented for every 227 Naloxone kits distributed (Coffin PO & Sullivan SD. Annals of Int Med. 2013)
- Provide Treatment / Expand Medication-Assisted SUD treatment with counseling and behavioral therapies
- Drug take-back programs



Surgeon General



- I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, *am emphasizing the importance of the overdose-reversing drug naloxone.* For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, *knowing how to use naloxone and keeping it within reach can save a life.*

Naloxone Distribution Programs

Variation in **State Naloxone and Good Samaritan Laws** As of October 24, 2017



Prescription by Standing Order Authorized

43 states have a standing order to authorize non-medical personnel to issue naloxone (as of 7/2017)

Prescribers Immune from Liability

34 States have laws to protect naloxone prescribers from civil and criminal liability (as of 7/2017)



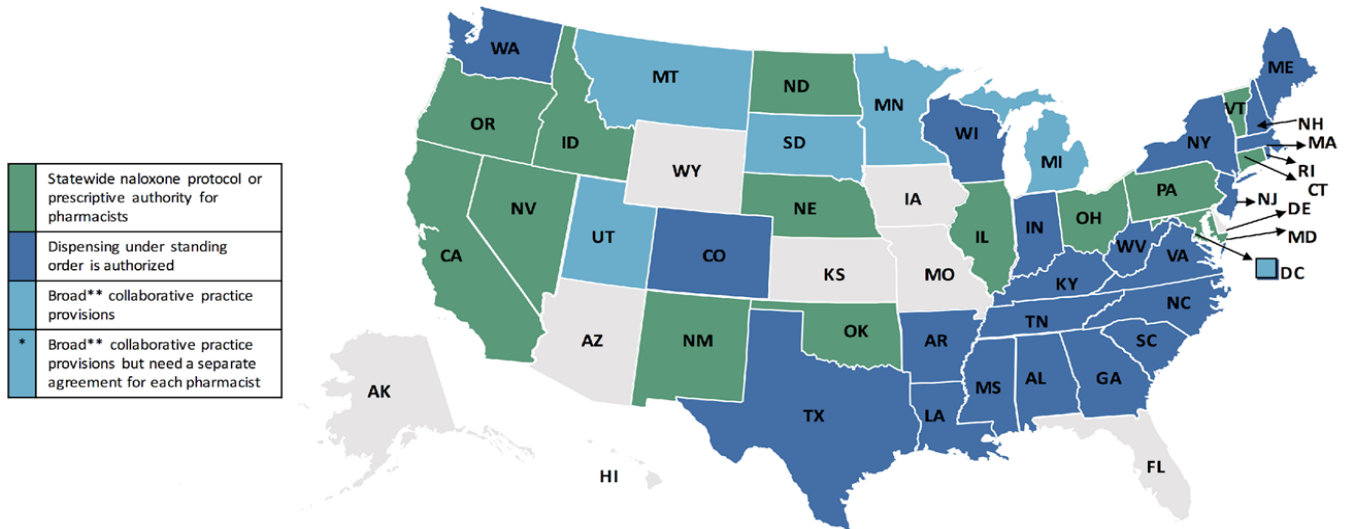
Good Samaritan Law Protects Against Arrest

10 states have Good Samaritan Laws that prevents a person who calls 911 from arrest for drug possession, drug paraphernalia possession, and probation/parole violation (as of 12/2016)

Naloxone Distribution Programs

Utilizing Pharmacists to Increase Naloxone Access

Based on data collected by NASPA (updated February 2016)



**Broad = Allow initiation of therapy, community pharmacists authorized to participate, no drug restrictions (may need to specify within the agreement), laws/regulations silent regarding the relationship between the prescriber and the patient

Naloxone Distribution Programs

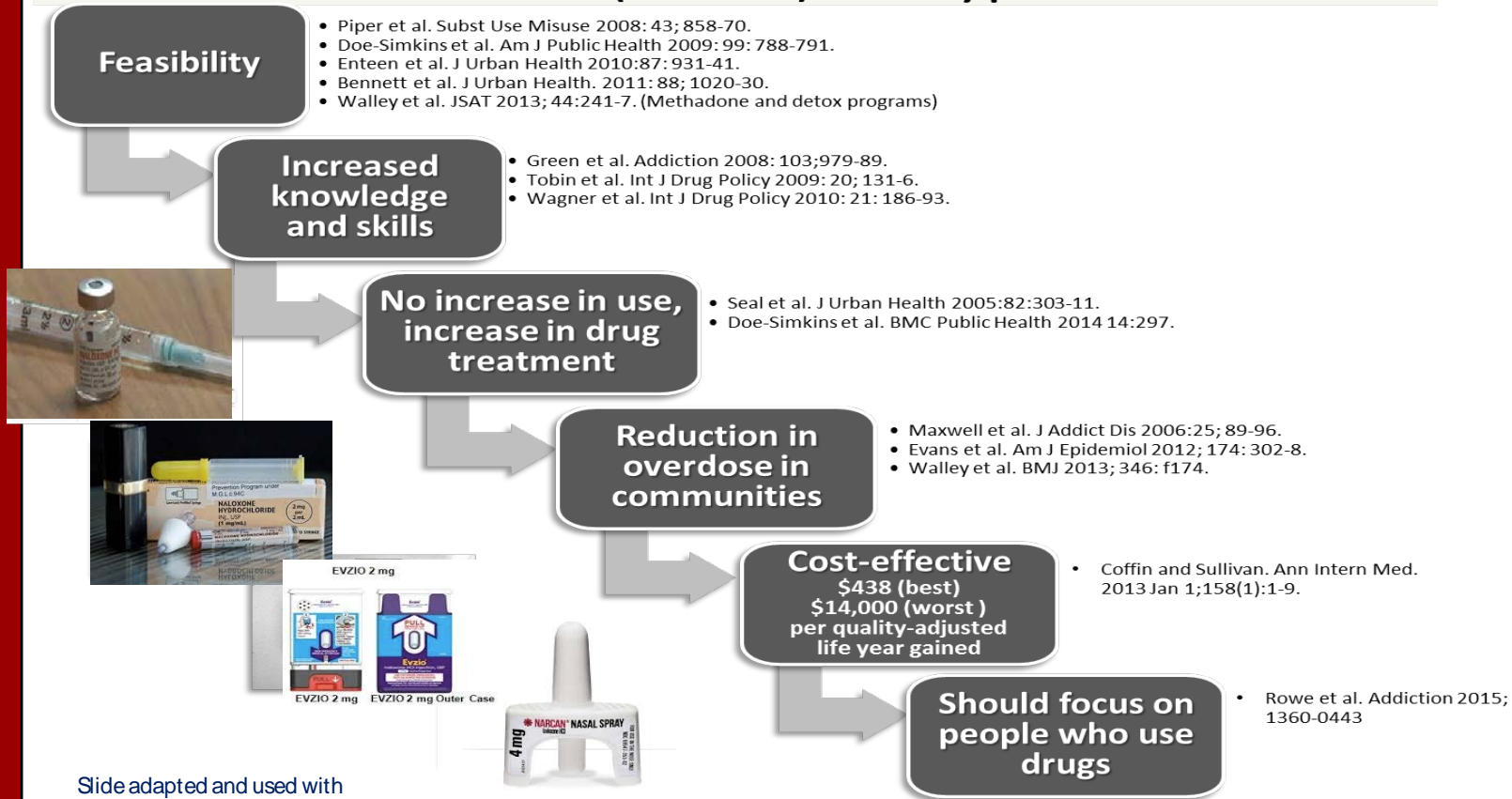
- **Common Barriers**

- Liability concerns
- Resources
- Time
- Agency policies
- Community opposition
- **Ideological differences / lack of buy-in to Harm Reduction Model**

- **Common Concerns**

- Users are not capable of recognizing & managing an OD with naloxone
- Person receiving naloxone will be violent upon OD reversal
- **Naloxone access will postpone people's entry into drug treatment**
- **Naloxone access encourages riskier drug use**

Evaluations of overdose education and naloxone distribution (OEND) to laypersons



Side adapted and used with permission: Walley, A

Naloxone Access:

In Michigan, you can obtain naloxone through:

1. Standing Order from State Registered Pharmacies

- You do NOT need a prescription
- Here is the list of pharmacies that participate: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584_79585_79587_79591---,00.html
- Process:
 - Go to one of the State Registered Pharmacy
 - Usually CVS, Walgreens, Rite-Aid are on the list
 - Ask the pharmacist for naloxone
 - The pharmacist will generate a prescription using the standing order issued by Dr. Wells (State of Michigan Medical Director)
 - Pay the co-pay pending on your insurance
 - Medicaid: \$0-\$3 copay
 - Range \$0-50 pending on your insurance

2. Prescription from a physician, nurse practitioner, physician assistant

3. Agencies that distribute naloxone for free:

To find Overdose Prevention Programs near you: <http://hopeandrecovery.org/>

UNIFIED – HIV Health and Beyond 2287 Ellsworth Road in Ypsilanti, MI
Lemont Gore: 734-961-1078
Distribute free injectable naloxone (needle and syringe)
lemont@mifunified.org

Contact your local Prepaid Inpatient Health Plan:

https://www.michigan.gov/documents/PIHFDIRECTOR_97962_7.pdf

In Washtenaw, Monroe, Livingston, and Lenawee Counties, contact:
Marcie Scalera; scaleram@cmhpsm.org

4. For free naloxone for High Schools and Colleges/Universities:

Contact ADAPT for Narcan Nasal Spray: <https://www.narcan.com/partnerships>

5. Kaleo Cares Program for people who meet the qualifications listed on the website:

<https://evzio.com/patient/in-chronic-pain/kaleo-cares/>

6. Evzio 2 You Program: <https://evzio.com/patient/in-chronic-pain/evzio2you/>

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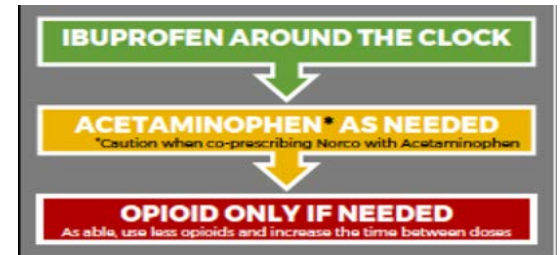
- Evaluate risk of harm or misuse / known risk factors
 - Illegal drug use
 - Rx drug use for nonmedical reasons
 - History of SUD or OD
 - Mental health conditions (e.g. Depression, anxiety, etc.)
 - Sleep-disordered breathing
 - Concurrent benzodiazepine use
- Urine drug testing

Opioid Prevention

- PEG scale (pain & function)
 - What number from 0 – 10 best describes your pain in the past week? (0 = “no pain”; 10 = “worst pain you can imagine”)
 - What number from 0 – 10 describes how, during the past week, pain has interfered with your enjoyment of life? (0 = “not at all”; 10 = “complete interference”)
 - What number from 0 – 10 describes how, during the past week, pain has interfered with your general activity? (0 = “not at all”; 10 = “complete interference”)
 - Average 3 individual question scores
 - 30% improvement from baseline is clinically meaningful

Opioid Prevention

- Pain Management Plan
 - Individualized education
 - Realistic expectations & goals
 - **3– 7 day supply limit**
 - Lowest effective dose
 - **Non-Opioid alternatives**
 - Physician re-evaluation
 - Refill policies
 - Outside physicians
- Documentation
 - “Start Talking” Form / Narcotic Medication Contract
 - EMR
 - Medication Use Instruction Sheet
 - Informed consent



Opioid Prevention

- Smart Drug Use
 - Do not use drugs alone
 - Be aware of changes of tolerance in your body
 - Train friends to call for help
 - Do not mix drugs & alcohol
 - Use one substance at a time, if possible
 - Reduce substance amounts

**80% OF HEROIN USERS
INJECT WITH A FRIEND.
WHICH IS WEIRD,
BECAUSE 80% OF OVERDOSE VICTIMS
FOUND BY PARAMEDICS ARE
ALL ALONE.**



e alone in that.

QUESTIONS



THANK YOU

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