Know the Facts About Drug Overdose in the Nation and in Your Community

Despite efforts to address the overdose epidemic, drug overdoses, and overdose deaths are increasing across the nation. Missouri, like all states, is working hard to address the epidemic. This physician toolkit, presented by the Missouri State Medical Association (MSMA) and the American Medical Association (AMA), provides state and national resources and tools for Missouri physicians to use to prevent overdoses, treat substance use disorders, reduce harm, safely prescribe and manage opioids, and provide better care for patients in pain.

What the Data Says

- Nationally, the CDC reported 72,000 overdose deaths in 2019 followed by an increase at the end of 2020 to over 93,000
- Primary drivers of increases in overdoses are synthetic opioids such illicit fentanyl and fentanyl analogs, heroin, and illicit stimulants such as cocaine and methamphetamine
- Prescription opioids are no longer driving the epidemic
- A spike was seen in overdoses and overdose deaths during the COVID-19 pandemic
- Overdose death rates in Missouri are slightly above the national average (26.9 per 100,000 people in Missouri compared to 21.6 per 100,000 nationally)

America’s overdose epidemic has been characterized by 4 distinct and interrelated epidemics: prescription opioids, heroin, fentanyl and fentanyl analogues, and stimulants. Despite the reduction in opioid analgesic prescribing, America’s patients are currently facing a drug overdose – both fatal and non-fatal – epidemic that is fueled by illicit drugs, including counterfeit fentanyl and fentanyl analogs, psychostimulants (such as methamphetamine and cocaine), heroin, and combinations of drugs.

AMA End the Epidemic: https://end-overdose-epidemic.org
Naloxone Reverses Opioid-Related Overdoses
Naloxone is a life-saving medication approved by the FDA for the reversal of opioid overdoses. It can be injected into the muscle or sprayed into the nose to rapidly block the effects of the opioid on the body.

Learn How to Use Naloxone
Learn about administration of the different forms of Naloxone:
https://pcssnow.org/va-releases-video-tutorials-naloxone

Factors to Consider When Prescribing Naloxone
- Is my patient on a high dose of opioids?
- 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 in a position to aid someone who is at risk of an opioid-related overdose?
- Has my patient recently been in an addiction treatment facility or gone through opioid detox?

Clinicians prescribing naloxone may help save a patient’s life

Patients Can Get Naloxone at Pharmacies Without a Prescription
Since 2017, any person can obtain naloxone at Missouri pharmacies without a prescription. Learn and educate the public on how they can obtain and utilize naloxone for opioid-related overdose rescue. Check the pharmacy first to see if they have naloxone in stock.
https://time2actmissouri.com/media/pdf/naloxone-standing-order-0

MO-Hope Project – Naloxone Education
MO-Hope Project’s goal is to reduce opioid-related overdose deaths in Missouri through expanded access to overdose education and naloxone, public awareness, assessment, and referral to treatment.
https://mohopeproject.org

Reduce Risk of Future Overdoses
This figure shows nonfatal opioid-related overdoses – situations where the individual survived, commonly because of the use of naloxone. Nonfatal overdoses are those reported by health systems, EMS agencies, or community members (where healthcare or EMS were not involved).

Persons experiencing a nonfatal overdose have an increased risk of a fatal overdose. The number of nonfatal overdoses, in combination with fatal overdoses, will provide a more complete understanding of the opioid epidemic in the community and can be used to evaluate resource capacity.

Reduce Harm for Patients Who Are Using Drugs
Syringe/Needle Exchange and Safe Injection Site Programs
Other harm reduction strategies for patients who continue to use opioids are safe injection sites (SIS) and needle/syringe exchange programs.
Learn more at MO Stays Safe
https://health.mo.gov/living/healthcondiseases/communicable/hivaids/saferdruguse.php

Resources and Tools
Learn About Naloxone and Harm Reduction
Opioid Prescribing and Pain Management Toolbox:
https://opioids-stlcogis.hub.arcgis.com/pages/naloxone
https://pcssnow.org/education-training/training-courses/expanding-access-to-naloxone
Learn About Fentanyl:
https://www.drugabuse.gov/publications/drugfacts/fentanyl
Learn About Methamphetamine:
SAMHSA Opioid Overdose Prevention Toolkit:
https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742
Learn About the Prescription Drug Monitoring Program in Missouri-PDMP

Currently, there is no statewide PDMP for Missouri. However, the St. Louis County Prescription Drug Monitoring Program, a regional PDMP system, covers 93% of providers in Missouri and 83% of the state’s population across 74 participating jurisdictions (counties and cities).


The Missouri State Medical Association (MSMA) has advocated for creation of a direct access statewide prescription drug monitoring program since 2014.

- A PDMP program at the statewide level will help Missouri physicians better manage opioid and other Schedule II-IV substance prescribing and identify patients who may be inappropriately seeking controlled substance prescriptions.
- The MSMA also supports legislation that protects physician’s rights to legitimately prescribe pain medication.
- On May 11, 2021, SB 63 was passed through the Missouri State Legislature which establishes the Joint Oversight Task Force of Prescription Drug Monitoring. This Task Force will develop and maintain a statewide PDMP.
- In the meantime, officials and the MSMA encourages physicians in Missouri to continue utilizing The Saint Louis County PDMP.

Highlights of the new PDMP include:

- Assurance of compliance under HIPAA for protected health information.
- Participation in the PDMP by Missouri physicians is voluntary but is strongly encouraged.
- Deidentified data can be released for statistical, research, or educational purposes.
- No dispensing information can be used to prevent an individual from owning or obtaining a firearm or to assist with criminal investigation.

Learn About St. Louis County Regional PDMP

https://pdmp-stlcogis.hub.arcgis.com

Tools for Safer Prescribing

https://opioids-stlcogis.hub.arcgis.com/pages/safer-prescribing

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.

https://prescribetoprevent.org

The FDA warns against co-prescribing benzodiazepines with opioid analgesics, including cough products.

Learn More:


Learn About Safe Disposal of Unused Medication

Rx Cares for Missouri Medication Destruction and Disposal Program provides resources for the collection of unused/unwanted medication from the public for disposal. Learn more at:

https://pr.mo.gov/pharmacists-med-destruction.asp#MedInfo

Learn About St. Louis County Regional PDMP

https://pdmp-stlcogis.hub.arcgis.com

Overdose Reporting by Physicians-St. Louis County

https://nonfatal-opioidreporting-stlcogis.hub.arcgis.com

The AMA Opioid Task Force

Co-prescribing naloxone as well as educating your patients about safe storage and disposal of opioids can help save lives. Learn more: https://end-overdose-epidemic.org
The American Medical Association Encourage Physicians To:

**SUPPORT**
Support multidisciplinary, multimodal, and integrated approaches to help patients with pain. Consider all available, affordable, and accessible evidence-based therapies including medication, restorative, psychological/behavioral, and complementary/integrative treatments.

**INDIVIDUALIZE**
Individualize care for all patients with pain, considering all evidence-based therapies. When opioids are indicated, discuss risks and benefits as part of shared decision making with patients.

**IDENTIFY**
Identify co-occurring psychiatric disorders and behavioral health disorders (depression, anxiety, substance use disorder) as they can impact pain intensity. Mental health and substance use disorders can be treated effectively and concurrently with chronic pain, resulting in improved outcomes overall.

### Principles of Evidence Based and Evidence Informed Pain Care for Physicians

Although clinical practice guidelines will differ depending on the specific condition, practice setting, and pain presentation, the AMA Pain Care Task Force has identified ten Principles of Care that all physicians can adopt.


The Missouri State Medical Association offers resources and provides published research for Missouri physicians:

[https://www.msma.org/opioid-education-resources.html](https://www.msma.org/opioid-education-resources.html)

### Enhance Your Knowledge on Treatment and Guidance for Pain Care

**AMA Opioid and Pain Management CME: Guidelines, Research and Treatments**

Enhance your knowledge of opioid and non-opioid pain management, safe opioid prescribing and substance use disorder treatment. Learn now and fulfill your state-mandated Continuing Medical Education (CME) credits.


**AMA-Practical Guidance for Pain Management Course (9 CMEs)**
- Understanding pain and conducting a pain assessment
- Treating common pain conditions
- Using opioids safely
- Using non-opioid medications
- Using non-pharmacologic treatment modalities
- Treating older adults

**Treating Chronic Pain**

PCSS clinical experts have developed an updated comprehensive core curriculum for healthcare providers in treating chronic pain and addressing concerns about opioid use disorder.


### Opioid Tapering Decisions Must Be Made Collaboratively Between Physicians and Patients


All patients requiring long term opioid therapy for chronic pain should receive individualized and evidence-based care. Long term and sometimes high dose opioid therapy may be the best treatment option available for management of pain, e.g. in patients with cancer pain or end of life conditions. When long term opioids are being prescribed for chronic pain, the benefits should outweigh the risks and when tapering is appropriate, opioids should be carefully tapered to the lowest effective dose. Decisions on opioid tapering should be made collaboratively and cooperatively between patients and physicians.

Some essential considerations and guidance for tapering include:
- Emphasis on shared decision making, patient engagement, and agreed upon goals
- Individualization of the taper rate
- Rapid tapering should be avoided due to the risk of opioid withdrawal
- Slow or pause taper if patient is having adverse effects or undue discomfort (increased pain, anxiety, withdrawal)
- Adequate treatment of co-occurring psychiatric disorders and substance use disorder will increase odds of a successful taper/dose reduction
- Provide patients with overdose prevention education and naloxone

**The MO HealthNet Division** is working with the Department of Mental Health and the Department of Health and Senior Services to ensure patients are receiving care according to best practice guidelines for opioid prescribing.

[https://dss.mo.gov/mhd/providers/opi-program.htm](https://dss.mo.gov/mhd/providers/opi-program.htm)

### Missouri Guidance on Opioid Prescribing: Know Your State Regulation

**Highlights for Physician Prescribers**
- Initial Prescriptions for Opioids in the Treatment of Acute Pain
- How to Prevent Diversion in Your Practice
- What Constitutes a Legal & Legitimate Prescription?


**Information for Patients Taking Opioids for Pain**

[https://www.cdc.gov/opioids/patients/materials.html](https://www.cdc.gov/opioids/patients/materials.html)

**AMERICAN MEDICAL ASSOCIATION**

**The AMA Opioid Task Force** glossary of terms and definitions concerning the treatment of patients with pain.

Treatment for Substance Use Disorder in Missouri
Access to evidence-based treatment and recovery services is key to addressing substance use disorders and preventing overdose.

Missouri Department of Mental Health - The Division of Behavioral Health (DBH) has programs around the state to help individuals with substance use disorders or their mental illness. There are programs for youth, adolescents, and adults.

- Help for Opioid Dependence Directory: https://dmh.mo.gov/media/pdf/directory-opioid-methadone-treatment-programs
- Help for Adults - Substance Use Treatment Directory: https://dmh.mo.gov/media/8316

Treatment of Opioid Use Disorder
Opioid Use Disorder - PROJECT ECHO empowers and supports primary care providers in Missouri to more effectively and confidently treat patients suffering from opioid use disorder:

https://showmeecho.org/clinics/opioid-use-disorder

Educational Resources for the Treatment of Substance/Opioid Use Disorder from PCSS

- SUD Core Curriculum: https://pcssnow.org/education-training/sud-core-curriculum
- SUD for the Healthcare Team: https://pcssnow.org/education-training/sud-for-the-healthcare-team
- PCSS Exchange: pcssnow.org/education-training/pcss-exchange

- Clinical Roundtables are available on a variety of topics related to opioid use and other substance use disorders: https://pcssnow.org/mentoring/clinical-roundtable
- Training for clinicians interested in learning more about Medications for Opioid Use Disorder (MOUD) is available at: https://pcssnow.org/medications-for-opioid-use-disorder

SAMHSA Treatment Locator
Help is Available From Licensed Providers Across The Country
Find substance use disorder treatment providers near you:
https://www.samhsa.gov/find-treatment

Change in Federal Guidelines for the X-Waiver
In April 2021, HHS announced new practice guidelines that included an exemption for all eligible physicians and other prescribers from the federal certification (training) requirements to obtain their waiver to prescribe up to 30 patients with buprenorphine. An X-waiver is still required.


https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources/faqs

AMA Opioid Task Force 2020 Progress Report
“Removing the barriers for patients to receive evidence-based treatment is a critical first step to helping end the epidemic.”

Learn more: https://end-overdose-epidemic.org/highlights/ama-reports

Addiction Stigma
Dr. Nora Volkow - Director of National Institute on Drug Abuse on Addiction Stigma:
https://d14mgttrwzfla.cloudfront.net/about-nida/lorras-blog/2020/04/addressing-stigma-surrounds-addiction

Importance of clinically accurate non-stigmatizing language around addiction:
https://end-overdose-epidemic.org/awareness/stigma

PCSS resources on combating stigma and having difficult conversations with patients about substance use:
https://pcssnow.org/resources/resource-category/stigma