Minnesota Medical Association
jmilhofer@mnmed.org

Taking Responsibility

Reversing the Overdose Epidemic in Minnesota

PCSS Providers Clinical Support System pcssNOW.org
SAMHSA Substance Abuse and Mental Health Services Administration
Opioid Response Network

A Physician's Toolbox

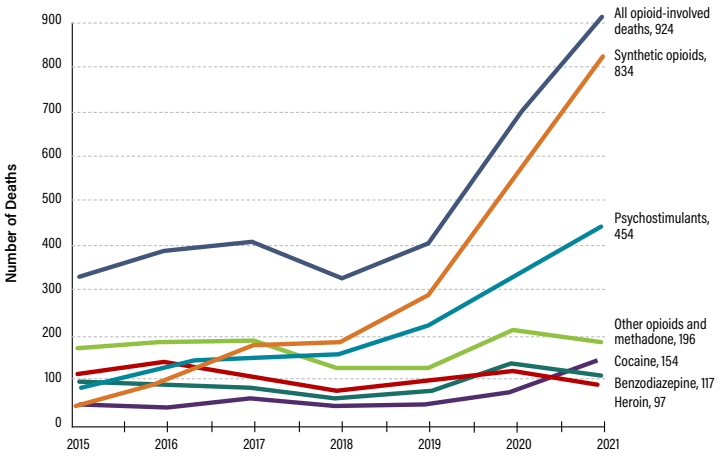
There were over 107,000 drug overdose deaths nationally in 2021. In Minnesota, drug overdose deaths increased 35% from 2020 to 2021 during the COVID-19 pandemic. We must do better. Prescription opioids are no longer the primary contributor to the drug overdose epidemic, rather Illicitly manufactured fentanyl and fentanyl analogs, cocaine, methamphetamine, and heroin are now driving the surge in overdoses and overdose deaths. This toolkit, presented by the Minnesota Medical Association (MMA), the American Medical Association (AMA) and the Providers Clinical Support System (PCSS) presents resources and tools to help prevent overdoses and overdose deaths, identify and treat opioid use disorder (OUD), practice harm reduction, and continue safer opioid prescribing.

WHAT IS DATA TELLING US ABOUT OVERDOSE DEATHS?

That the drug overdose epidemic is:

- **Worsening** – In 2021, Minnesota experienced 924 opioid related overdoses, the highest recorded and a dramatic increase over the last several years.
- **Changing and Evolving – illicit fentanyl, fentanyl analogs and illicit stimulants** (cocaine, methamphetamine) are driving up the number of overdoses and overdose deaths.

Drug overdose deaths by drug category, MN residents, STATEWIDE, 2015-2021



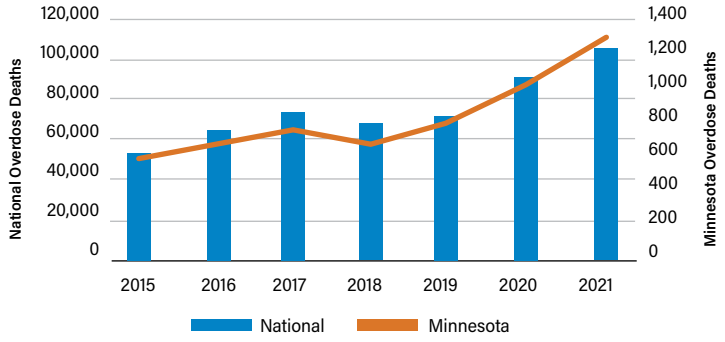
Source: Minnesota death certificates, injury and Violence Prevention Section, Minnesota Department of Health, 2011-2021. NOTE: 2021 data are preliminary and likely to change when finalized.

RACIAL DISPARITIES IN OVERDOSE DEATHS

African American and American Indian populations are dying from drug overdose deaths in Minnesota at unequal rates compared to whites.

Learn More at: https://bit.ly/3IPnGly

Overdose Deaths 2015 - 2021*



*Through September 2021 Source: CDC

WHAT CAN MINNESOTA PHYSICIANS DO TO PREVENT DRUG OVERDOSES?

- Assess and screen patients for OUD.
- Provide Medications for Opioid Use Disorder (MOUD), particularly buprenorphine. Buprenorphine is an evidence based treatment and a 'gold-standard' for OUD that can be administered in an outpatient or inpatient setting. PCSS X-Waiver: https://bit.ly/3uWgkr4
- Learn about risk factors for drug overdose.
- Learn about illicit fentanyl.
- Learn about harm reduction and provide naloxone to patients as well as family and friends.
- Connecting patients with recovery supports. See **Minnesota Fast Tracker** for culturally specific substance use treatment options across the state: fasttrackermn.org

Fast-Tracker
Your Link to Mental Health & Substance Use Disorder Resources

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Stakeholders need to work together to develop comprehensive, state- and community-based solutions and action-oriented efforts to improve outcomes and save lives. https://bit.ly/3zfsC02

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Treatment & Education

WHAT CAN PHYSICIANS DO TO TREAT OPIOID USE DISORDER?

Treat Opioid Use Disorder (OUD) with Medications for Opioid Use Disorder (MOUD). OUD is a chronic but treatable disease. The use of illicit opioids by people with opioid use disorder is one risk factor for overdose, overdose death, and other negative health outcomes.

Treamtment with MOUD decreases risk for subsequent overdoses by almost half. https://bit.ly/3ITS7ar

There are three FDA approved medications for OUD
https://bit.ly/3zdmqWf

- Buprenorphine and Buprenorphine/Naloxone (partial agonist/antagonist)
- Naltrexone (antagonist)
- Methadone (full agonist) can only be provided via a SAMHSA-certified opioid treatment program and may be accompanied by outpatient counseling
- Buprenorphine can be prescribed by any physician once they obtain a X Waiver – recent changes make it easier to obtain. FAQs about the new **Buprenorphine Practice Guidlines**: https://bit.ly/3PjiXLo

Only 1 in 10 people with a substance use disorder receive treatment in the U.S.

RESOURCES & TOOLS

Learn About Treatment for Addiction in Minnesota: https://bit.ly/3o9vLbp

Opioid Use Disorder (OUD) Education and Treatment ECHO Series: https://bit.ly/3AYzXCo

SAMHSA Treatment Locator: https://findtreatment.gov

SAMHSA Opioids Overdose Prevention Toolkit: https://bit.ly/2AcJxE0

PCSS: Overview of Medications for Opioid Use Disorder (MOUD) (CME) https://bit.ly/3RHKrvZ

PCSS: Substance use disorder 101 Core Curriculum (CME) https://bit.ly/3PA6S4f

PCSS: Evidence-Based Prevention & Treatment of OUD (CME) https://pcssnow.org/education-training

AMA: 3 steps for talking with patients about substance use disorder https://bit.ly/3RM9vSr

AMA: Opioid Therapy & Pain Management (CME) https://bit.ly/3o9wlG7

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STOP THE STIGMA OF SUBSTANCE USE DISORDER.

Enhance access to treatment.

CME REQUIREMENTS FOR MINNESOTA PHYSICIANS

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.

Fulfill Your CME Requirement!

MMA Course: Best Practices for Prescribing Opioids and Other Controlled Substances: https://bit.ly/3oedJok

Minnesota Board of Medical Practice Approved CME-Opioid and Pain Requirement: https://bit.ly/3PD6uSA

MN health care providers who participate in OPIP are exempt from this requirement. If you have questions as to whether you are exempt, contact: dhs.opioid@state.mn.us

Opioid Continuing Education Requirement and FAQ (mn.gov): https://bit.ly/3zbDHzg

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The AMA supports expanding the use of evidence-based FDA approved medications for opioid use disorder.

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Preventing Drug Overdoses in Minnesota

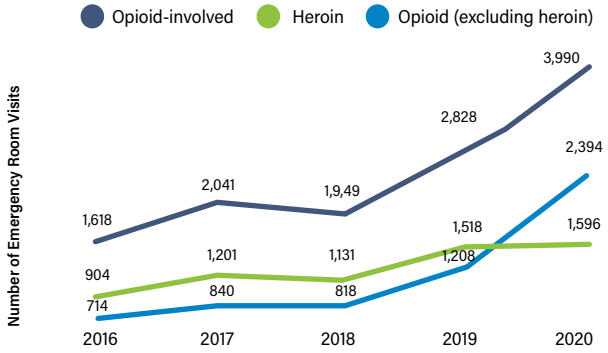
WHY IS IT IMPORTANT TO INTERVENE AFTER A NON-FATAL OPIOID OVERDOSE?

The risk factor for a fatal drug overdose is a ***prior non-fatal overdose***. Connecting people who experience a nonfatal drug overdose with treatment and harm reduction is crucial to preventing additional nonfatal or fatal overdoses. It is estimated that about 1 in 20 people who receive medical treatment in an emergency department for an overdose and are discharged die within a year and that about two thirds of those die from a subsequent opioid-related overdose.

For more information go to the Minnesota Department Of Health Drug Overdose Dashboard: https://bit.ly/3ckAaFN

Non-Fatal Overdose

Emergency room visits for opioid-involved overdose substantially increased for all drug categories from 2019 to 2020, excluding heroin which remained stable.



Source: Minnesota hospital discharge data

OVERDOSE RISK FACTORS

- Does my patient have a concomitant benzodiazepine prescription?
- Does my patient have a history of a OUD or other substance use disorder (SUD)?
- 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 a substance use disorder treatment facility, gone through opioid detox or discharged from a locked and controlled environment such as a prison or a jail?
- Is my patient on a high dose of opioids?
- Is my patient getting controlled substances from another source, i.e. from friends or off the streets?

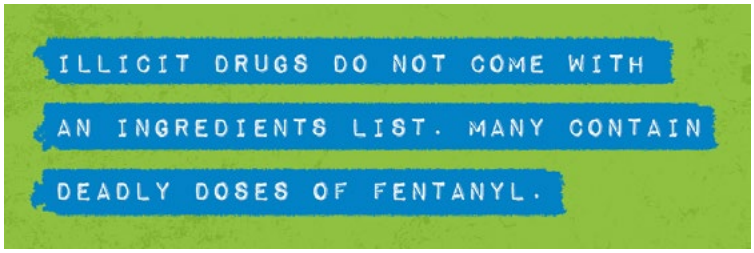
TRANSITIONING CARE

Follow-Up Care After Overdose: https://bit.ly/3PmIYJV

Opioid Overdose – The Need for Follow-Up Care: https://bit.ly/3oaoic3

WHY HAS FENTANYL BECOME A PROBLEM?

Fentanyl was originally developed as an analgesic medication for surgery. Milligram per milligram, fentanyl is 50 times more powerful than heroin and 100 times more potent than morphine. It's chemical structure can be manipulated to produce analogs of varying potency.



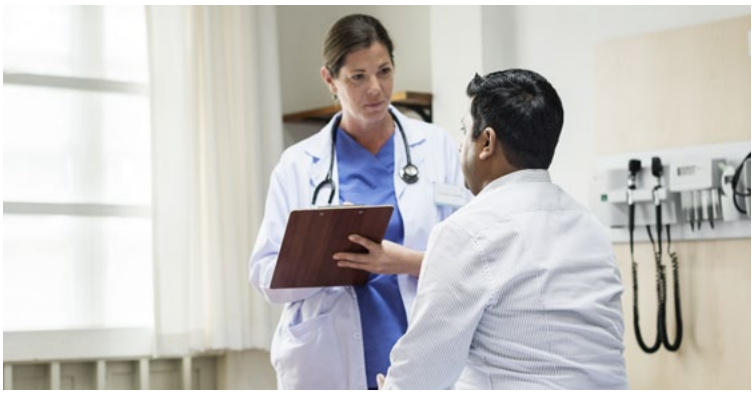
- Illicit fentanyl may be mixed with heroin, cocaine, and methamphetamine
- Illicit fentanyl may also be made into counterfeit pills
- People will **unknowingly** ingest fentanyl and overdose

Learn about fentanyl: https://bit.ly/3IU7JLe

COUNTERFEIT PILLS CAN CONTAIN FENTANYL

Review the DEA One Pill Can Kill information: https://bit.ly/3OhJvvx

To learn more about the fentanyl problem: https://bit.ly/3yQQWDX



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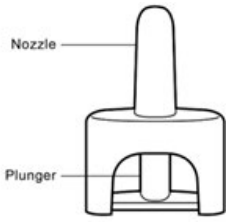
Harm Reduction

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. Examples of harm reduction strategies are naloxone, syringe exchanges, safe use kits, and training on overdose reversal.

LEARN MORE ABOUT NALOXONE

Naloxone is an opioid antagonist medication that rapidly reverses an opioid overdose. It can be administered as a prepackaged nasal spray that can be administered by any person, or an injectable (used in hospital settings or by EMS).



Learn about the administration of the different forms of Naloxone

What is Naloxone and how does it work? https://bit.ly/3o9zrKf

PCSS: Tutorial on using Naloxone https://bit.ly/3OhJVIB

MN Department of Health: Prescribing and dispensing Naloxone in MN https://bit.ly/3Pjvxud

Prescribe to Prevent: Resources on overdose prevention and Naloxone access https://bit.ly/3PF0c5c

FENTANYL TEST STRIPS (FTS)

FTS are a drug testing technology that can detect the presence of fentanyl prior to use and decrease the risk of overdose. As of July 2021, FTS are no longer considered "drug paraphernalia," are legal to possess and distribute in MN and are available for free by contacting **MDH Drug Overdose Prevention Unit** health.drugodprev@state.mn.us

Scan this QR Code to watch a video on how to use fentanyl test strips.

For additional information related to naloxone and FTS visit Steve Rummler Hope Network: https://steverummlerhopenetwork.org

Providers Clinical Support System (PCSS)

PCSS is a SAMHSA-funded project made up of a coalition led by the American Academy of Addiction Psychiatry (AAAP) and 23 leading national organizations. PCSS provides a variety of trainings including waiver training, a curriculum on pain, clinical mentoring, and over 700 other educational resources online with CME at no cost.

PRACTICE HARM REDUCTION

Steve's Law/Good Samaritan Law:
Anyone in Minnesota can administer naloxone when acting in good faith to respond to an opioid overdose emergency.

The MMA and AMA strongly urge physicians to co-prescribe naloxone with opioid pain medication and to talk to patients about naloxone.

GUIDANCE ON OVERDOSE PREVENTION FOR PATIENTS WHO USE DRUGS

- **Seek treatment with buprenorphine or methadone.** Besides reducing or eliminating the need to use other opioids like heroin, these medications protect against opioid overdose.
- **Connect with a local syringe services organization,** which can offer information, support, and prevention tools in a friendly, respectful, non-judgemental manner.
  https://bit.ly/3yN3nRi
- **Learn to anticipate and recognize fentanyl.** In addition to using FTS, fentanyl may have a different taste, color, or product a different sensation than heroin or other drugs.
- **Always have naloxone available** and ensure other people who are likely to be nearby know where it is and how to use it.
  https://bit.ly/3ohjS32
- **Avoid using alone** and take turns when using with other people so there is someone to give first aid if someone overdoses.
- **Sample only a small amount** when uncertain about new drug supplies.
- **Know the symptoms of overdose** and how to provide first aid. If someone overdoses, give them naloxone, call 911 immediately, and provide rescue breathing until they can breathe on their own.

AMA American Medical Association

The AMA urges the decriminalization of fentanyl test strips and sterile needle and needle exchange services to broaden community harm reduction efforts.

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Minnesota Regulations and Opioid Prescribing Guidance

MINNESOTA OPIOID PRESCRIBING GUIDELINES & MINNESOTA LAW

In response to rising rates of opioid use and misuse, **Minnesota's Opioid Prescribing Guidelines** (https://bit.ly/3uYPL4t) provide a framework for safe and judicious opioid prescribing for pain management. In partnership with the medical community, the Minnesota Department of Human Services and the Minnesota Department of Health developed the guidelines for clinicians who manage pain in primary care and specialty outpatient settings.

Minnesota law (Minn. Stat. 152.11, Subd.4 https://bit.ly/3Pi8pMN) sets limits on prescribing opioids for acute pain.

In most cases for acute pain (from disease, accidental or intentional trauma, surgery, or another cause and most likely short term) the basic guidance is as follows:

- 7 days for acute pain for adult
- 5 days for acute pain for pediatric
- 4 days for dental pain including tooth extraction or refractive surgery

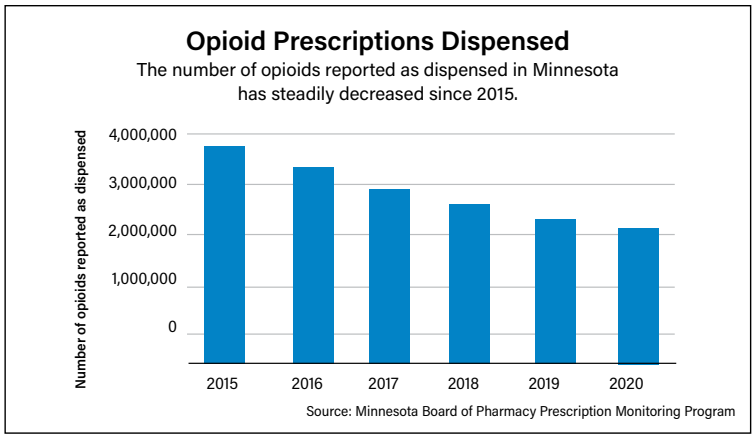
Furthermore, MN law states that, if, in the professional **clinical judgment** of a practitioner, more than the limit specified is required to treat a patient's acute pain, the practitioner **may issue a prescription for the quantity needed** to treat the patient's acute pain.

THE MMA SUPPORTS THE PASSAGE OF REVISIONS TO THE 2021 INTRACTABLE PAIN STATUTE

Minn. Stat. § 152.125: https://bit.ly/3OlL0bL

This statute protects Minnesotans with intractable pain, and allows appropriate prescribing and administering of opioid medications for patients diagnosed with a condition causing intractable pain. Under this statute:

- No prescriber, acting in good faith and based on the needs of the patient, shall be disciplined by a licensing board, or disenrolled or terminated by an agency, solely for prescribing a dosage of opioids that is an upward deviation from the morphine milligram equivalent dosage recommendations or threshold.
- Pharmacists, insurers, or pharmacy benefit managers (PBMs) cannot refuse to fill a prescription solely based on the prescription exceeding a predetermined morphine milligram equivalent dosage recommendation or threshold.
- To receive the protections offered in the statute, a prescriber and patient must mutually agree to the treatment and enter into a provider-patient agreement that includes a description of the prescriber's and patient's expectations, responsibilities, and rights, according to best practices and current standards of care. A patient-provider agreement is not required in an emergency or inpatient hospital setting.
- Learn about the protections for patients under the new **Intractable Pain Statute**: https://bit.ly/3afA8ya



SAFE OPIOID PRESCRIBING AND ANTI-DIVERSION EFFORTS

MINNESOTA BOARD OF PHARMACY
PRESCRIPTION MONITORING PROGRAM

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** (https://bit.ly/2E6l0jK), butalbital and gabapentin dispensed in or into Minnesota. This protected health information is collected and stored securely.

Physicians in MN are **mandated to check the PMP:**

- Before prescribing an initial Rx for Schedules II-IV opiate to your patient, and...
- Every 3 months if your patient is on opioids for chronic pain or receiving MAT for opioid use disorder.
- **HOWEVER...** there are several **EXCEPTIONS** to checking the PMP – for more information on PMP exceptions visit the **Minnesota PMP Statute** (https://bit.ly/3yRhxki) and **Required Review of MN PMP Patient History Prior to Prescribing Opiates** (https://bit.ly/3zcI3pU).

Key Updates to the PMP Rules: https://bit.ly/3J1TXGx

- 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.

2,228,356 PMP searches performed by healthcare providers (including delegates) through June 2022 (see Monthly Utilization Reports: https://bit.ly/3AYYRSj)

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In 2021 The AMA Opioid Task Force encouraged all physicians to enhance their education on opioid use disorder, safe opioid prescribing, and care for pain. https://bit.ly/3ySnGwz

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Minnesota Regulations and Opioid Prescribing Guidance

WHAT IS THE 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 prescriptions. The Opioid Prescribing Work Group met from 2015 through 2021 to develop program elements and provide recommendations to the state. The program includes:

- Annual reports to prescribers who serve Minnesotans on public health care programs using a set of sentinel opioid prescribing measures
- A quality improvement program for prescribers who serve Minnesotans on public health care programs and whose prescribing behavior is outside of community standards
- Education resources for providers about prescribing opioids for pain management.
- Participants in OPIP, including anyone who received an annual OPIP report, are excluded from the state opioid CME requirement

OPIP excludes patients receiving buprenorphine or who are diagnosed with cancer or who receive hospice or palliative care services.

For more information about the OPIP, including their quality improvement program, prescribing guidelines, and opioid prescribing reports, visit the **OPIP website**: https://mn.gov/dhs/opip

GUIDANCE ON TAPERING OF OPIOID ANALGESICS

PCSS Resources on Safe Tapering: https://bit.ly/3y8S8SP

The National Academy of Medicine's Opioid Action Collaborative Webinar Tapering Guidance for Opioids: Existing Best Practices and Evidence Standards https://bit.ly/2FPdXMZ

RISKS OF RAPID OPIOID TAPER-CAUTIONS FOR PHYSICIANS

1. Opioids should not be tapered rapidly or discontinued suddenly due to the risks of significant opioid withdrawal.

2. Risks of rapid tapering or sudden discontinuation of opioids in physically dependent patients include acute withdrawal symptoms, exacerbation of pain, serious psychological distress, and thoughts of suicide. Patients may seek other sources of opioids, potentially including illicit opioids, as a way to treat their pain or withdrawal symptoms.

3. Unless there are indications of a life-threatening issue, such as warning signs of impending overdose, HHS does not recommend abrupt opioid dose reduction or discontinuation.

Source: HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics

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 mental 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 and result in improved outcomes overall.

AMA AMERICAN MEDICAL ASSOCIATION

Physician-led efforts to acknowledge and overcome pain-related stigma are needed to make sure our patients receive the care they need. **Learn more:** https://bit.ly/3yLCWLX

Funding for this initiative was made possible (in part) by grant no. 1H79TI081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government