



Department of

**Mental Health &**

**Substance Abuse Services**

# THA Medication Safety Summit

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Current Trends:

# Overdose Deaths in 2017

72,000

Or

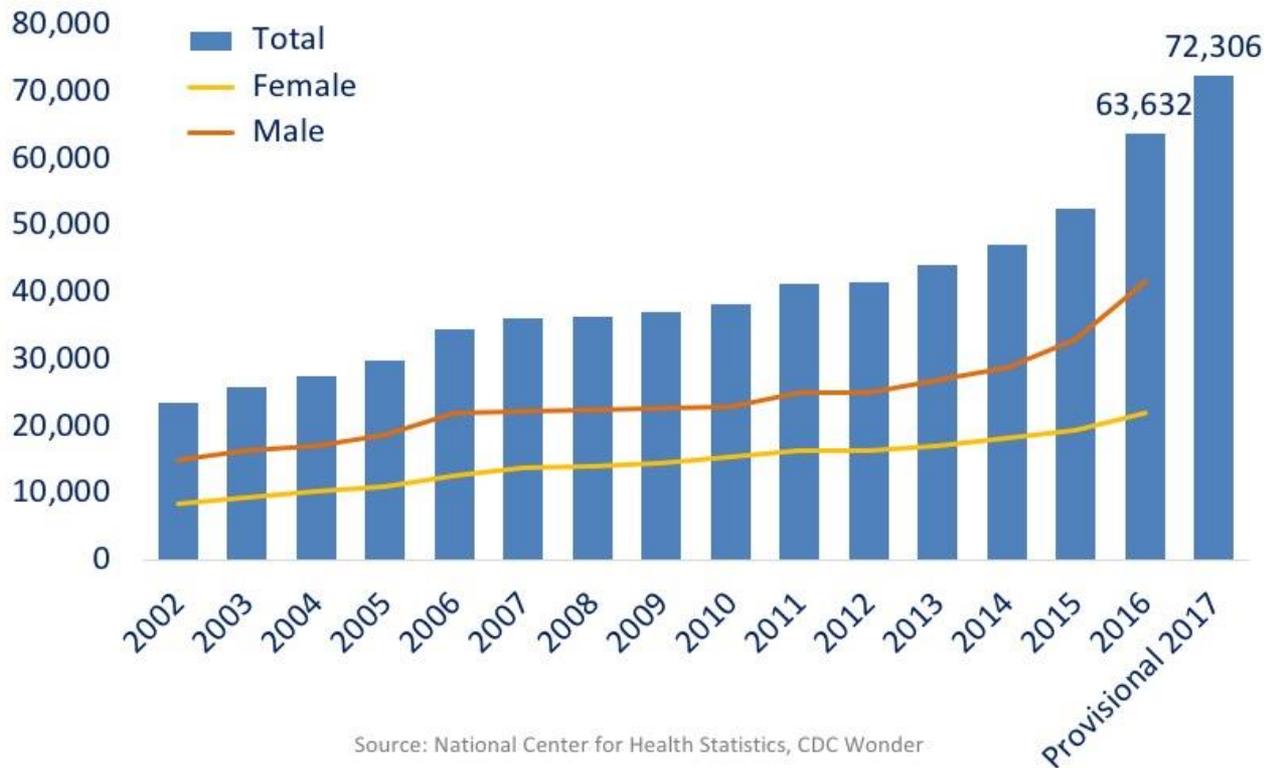
197 per day

8 per hour

# National Opioid Overdose Statistics



## National Overdose Deaths Number of Deaths Involving All Drugs



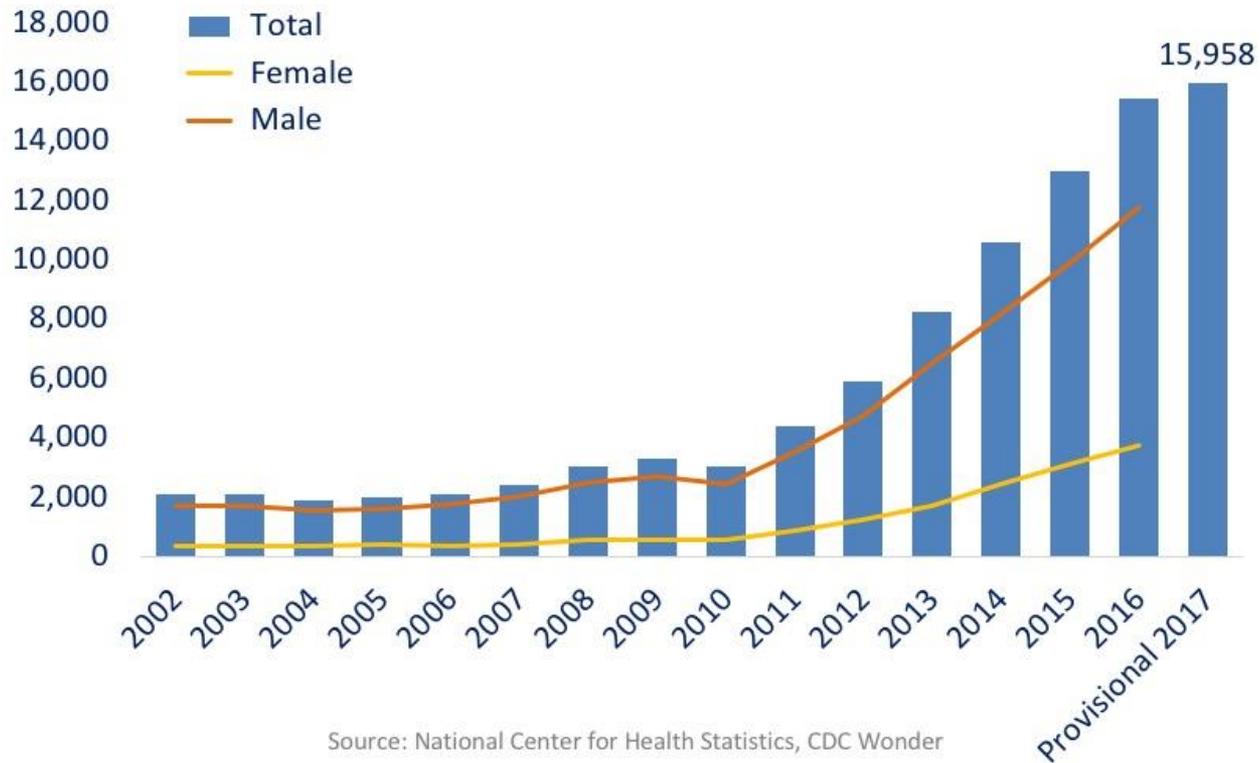
<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>



# National Opioid Overdose Statistics



## National Overdose Deaths Number of Deaths Involving Heroin

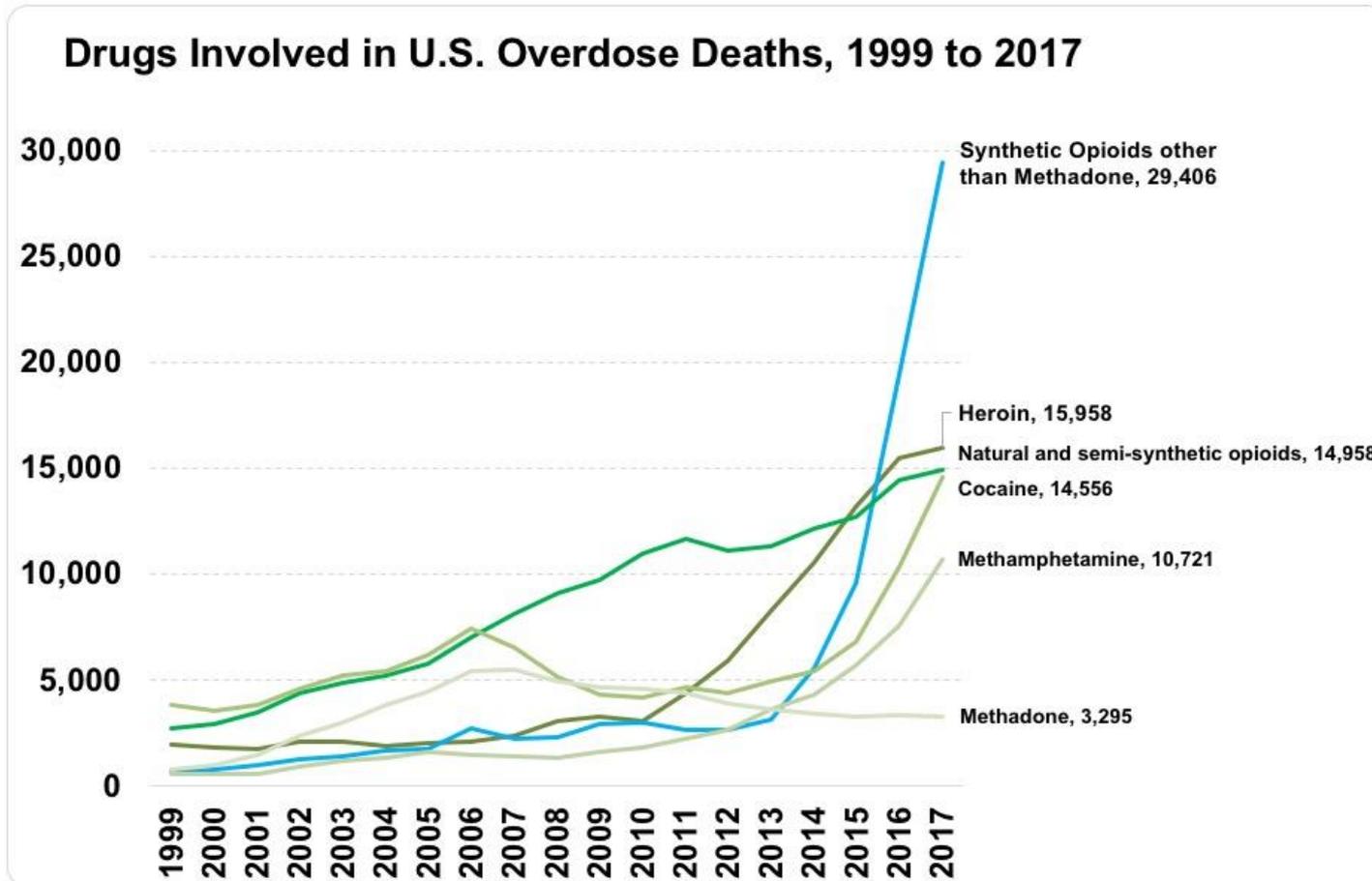


Source: National Center for Health Statistics, CDC Wonder

<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>



# National Opioid Overdose Statistics



<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>



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# Medication-Assisted Treatment

# 21 CFR 1306.07

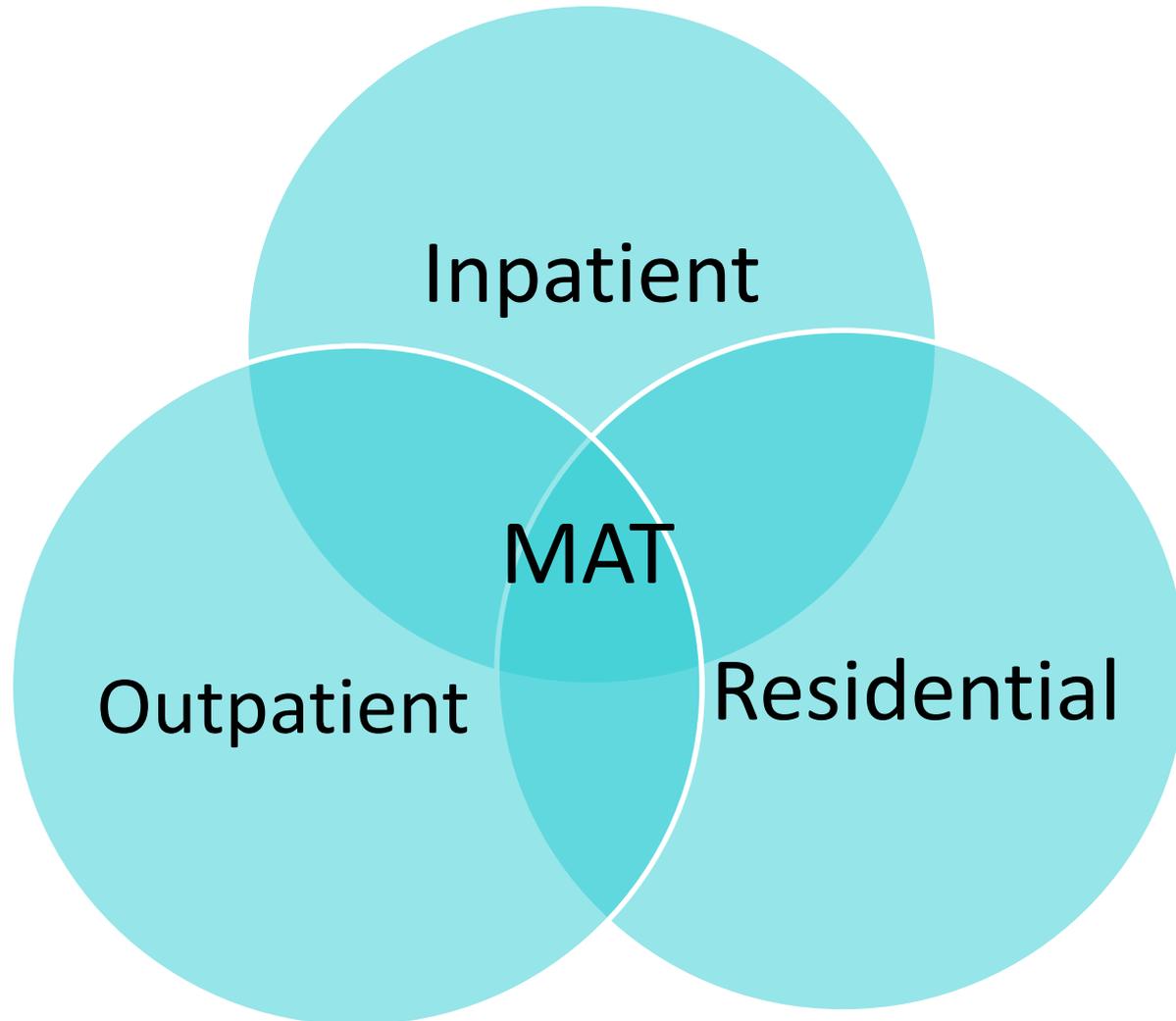
- (a) A practitioner may administer or dispense directly (but not prescribe) a narcotic drug listed in any schedule to a narcotic dependent person for the purpose of maintenance or detoxification treatment if the practitioner meets both of the following conditions:
  - (1) The practitioner is separately registered with DEA as a **narcotic treatment program**.
  - (2) The practitioner is in compliance with DEA regulations regarding treatment qualifications, security, records, and unsupervised use of the drugs pursuant to the Act.
- (b) Nothing in this section shall prohibit a physician who is not specifically registered to conduct a narcotic treatment program from administering (but not prescribing) narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than **three days and may not be renewed or extended**.

# 21 CFR 1306.07

(Continued)

- (c) This section is not intended to impose any limitations on a physician or authorized hospital staff to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an **incidental adjunct to medical or surgical treatment** of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts.
- (d) A practitioner may administer or dispense (including prescribe) any **Schedule III, IV, or V** narcotic drug approved by the Food and Drug Administration specifically for use in maintenance or detoxification treatment to a narcotic dependent person if the practitioner complies with the requirements of §1301.28 of this chapter (**DATA Waiver**).

# Types of Treatment Available



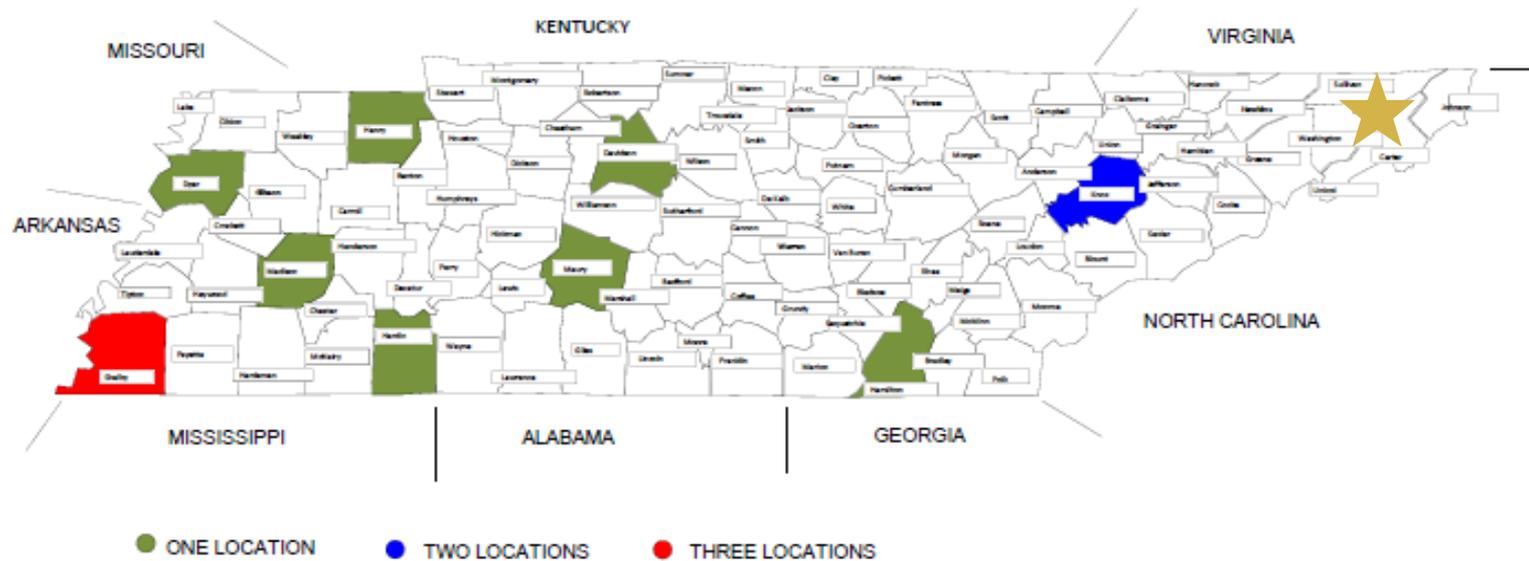
# MAT - Methadone

- Still considered drug of choice in pregnancy although the guidelines are outdated (2004)
- Can only be used for addiction in a federally-qualified opioid treatment program (OTP)
  - In TN, OTPs must have a certificate of need by HSDA and license from TDMHSAS
- Federal laws prohibit OTPs from reporting methadone dispensing to a state's PDMP (like the CSMD in TN)



# MAT - Methadone

- There are currently 13 licensed OTPs in TN

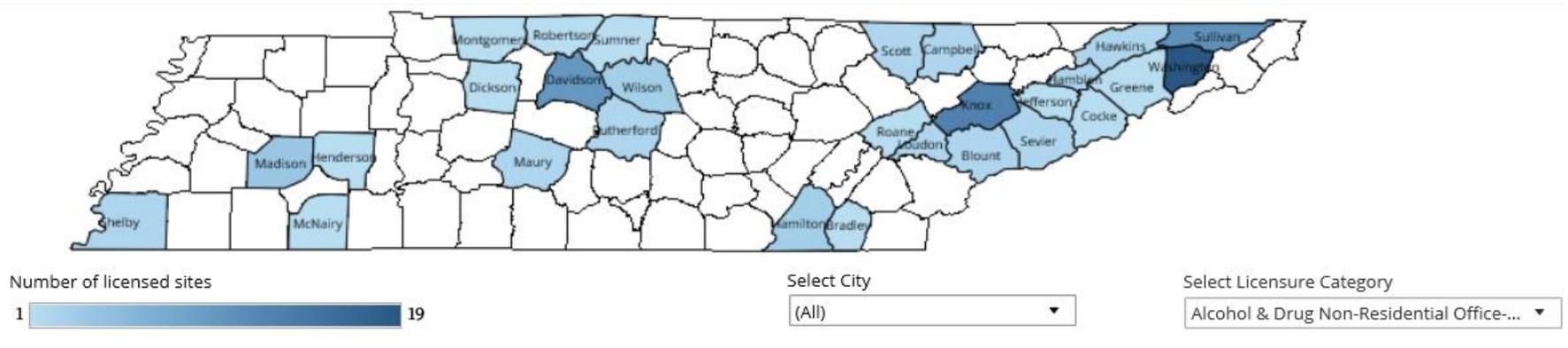


# MAT - Buprenorphine

- First drug for office-based opioid treatment (OBOT) under DATA 2000 regulations (Allows prescriber to prescribe CIII-CV substances approved for addiction)
- Obtain DATA waiver, waiver ID is same as DEA # but begins with an "X"
- Max of 30 patients then can submit a waiver for 100 after another year, then....
- -Effective Mid-August 2016, up to 275 after having the 100 patient waiver for one year
  - Must be board-certified or work in a qualified practice setting

# MAT - Buprenorphine

- There are about 80 licensed office-based opiate treatment (OBOT) facilities in TN.



# Common Misconception with MAT

## **Maintenance opioid agonists is just switching addictions and patient should not be on them long term**

- Research on maintenance treatment demonstrated:
  - Normal function
  - No euphoric, tranquilizing, or analgesic effects
  - No change in tolerance levels over time
  - Effectiveness when administered orally
  - Relief for opioid craving
  - Minimal side effects
- Research on forced tapering demonstrated
  - Significant rate of relapse
  - Increased risk for drug overdose

# MAT - Naltrexone

- Tablets approved to treat alcoholism since '95
  - Reduces number of heavy-drinking days
  - May prevent a misstep from becoming a relapse
- Precipitate withdrawal unless abstinent >7days, 10 days for long acting opioids
- Must counsel patient regarding the loss of tolerance while being treated with naltrexone. A relapse with an opioid dose familiar to patient prior to naltrexone may result in overdose and death

# Barriers to Care

- Most affected individuals are uninsured or underinsured
  - Most insurance agencies do not adequately pay for substance abuse treatment but improve is being made.
- Lack of available services in rural areas
- Patient attitude toward treatment and healthcare in general
- Provider's attitude towards patients receiving treatment



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Opportunities

# Opportunities for Community Involvement

- Participate in antidrug coalitions. Many coalitions are run by volunteers, many needing clinical expertise.
- Keep naloxone with you especially if work/live in an area of high risk
- Establish/be knowledgeable of drug take back locations
- Know the Tennessee Redline (800-889-9789) for 24/7 referral information or local treatment facility contact information

*All this info can be found on our website at [tn.gov/behavioral-health](https://tn.gov/behavioral-health)*

# Opportunities for Healthcare Involvement

- Participate in or sponsor antidrug coalitions and lifeline projects.
- Establish naloxone kits for distribution to those at high-risk, that contain the medication, instructions, referral information for treatment centers and where to get more naloxone
- Establish opioid-light prescribing protocols for minor surgeries and emergency rooms
- Ensure effective internal diversion detection processes are in place
- Establish a drug take-back location or provide drug destruction products (like RxDestroyer, etc.)
- Establish relationships with local treatment facilities to establish warm hand-offs for people wanting treatment



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Gabapentin

# Gabapentin

- Became a C-V in Tennessee in 2018
- • Gabapentin-related deaths have increased, in KY there were more gabapentin-related deaths than oxycodone or hydrocodone-related deaths in 201516
- • Significant withdrawal symptoms, including seizures, can occur from gabapentin, especially in patients who are using more than the recommended daily dose<sup>23</sup>
- • Neonatal abstinence syndrome (NAS) has been a growing concern with gabapentin, as more neonates are being born not only addicted to opioids, but also gabapentin



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# Resources

# Resources

- [tn.gov/behavioral-health](http://tn.gov/behavioral-health)
  - Antidrug coalitions, info for naloxone, best-practice guidelines, treatment center contact information, etc
- [tn.gov/health/health-program-areas/pdo/](http://tn.gov/health/health-program-areas/pdo/)
  - Prescription Drug Overdose information, including a dashboard to view OD information to county level
- [SAMHSA.gov](http://SAMHSA.gov)
  - Publish nationally recognized, best-practice guidelines, treatment locator, all published material is free either in print or electronic form

- *"The names of the patients whose lives we save can never be known. Our contribution will be what did not happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without our work, would never have been."*
- *Donald M. Berwick, MD, MPP, President Emeritus, Institute for Healthcare Improvement*