Safe Prescribing of Opioids for Pain and Reduction of Opioid Misuse E-blast Series

E-blast 4: Discontinuing Opioids and Referring the Patient for Treatment

Medical professionals who prescribe opioids for their patients should monitor medication use and the well-being and safety of their patients through frequent office visits, urine drug tests, treatment agreements, and education, as well as by engaging them in supportive communications and relationships. These topics were covered in the previous three e-blasts (#1, #2, #3). This e-blast explores strategies for discontinuing prescribing opioids for pain and when to refer patients for substance use disorder (SUD) treatment. In addition, it provides overdose prevention guidance.

When Discontinuation of Opioids Is the Safest Course of Action

When there are concerns about aberrant opioid use behaviors and opioid misuse, such as complaints about needing more medication, drug hoarding, taking more medication than was prescribed, unapproved use of the drug to treat other symptoms, doctor shopping, altering or selling of opioid prescriptions, and multiple episodes of running out early, the continued prescribing of opioids may be unsafe and cause harm to the patient (American Psychiatric Association [APA], 2013; Beletsky, Rich, & Walley, 2012; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012). In addition, if the patient is not meeting treatment goals or the need for opioids no longer exists, then clinicians can withdraw the patient safely and comfortably from opioids by tapering the patient off the medication (Dowell, Haegerich, &Chou, 2016).

Gradual tapering is better tolerated and poses less risk of overdose than stopping abruptly. Clinicians should review and document indications and contraindications of tapering, assess withdrawal risks, and determine the level of urgency for tapering. An individualized tapering plan that addresses the pace of tapering, setting of care, potential referrals for other services, and frequency of follow-up is required for safe and effective patient outcomes (U.S. Department of Defense [DoD], 2017).

Clinicians should follow these recommendations when tapering patients off opioids (Dale, Edwards, & Ballantyne, 2016; DoD, 2017; Dowell et al., 2016; Isaacson, Hopper, Alford, & Parran 2005; SAMHSA, 2010):

- Educate patients on why a particular medication is no longer safe for them and it can no longer be prescribed to them.
- Clearly describe the tapering process, including frequency of visits, to mitigate patient concerns.
- Discuss possible withdrawal symptoms and ways to manage them.
- Demonstrate commitment to caring about the patient’s pain, even without opioids.
- Identify and focus on patients’ strengths.
- Explore alternative options for coping with pain (e.g., meditation, physical therapy).

- Explain the interdisciplinary, team-based approach that may include mental health, pharmacy, physical therapy, and assessment and referral for substance use treatment services during the tapering process.
- Educate patients, family members, and significant others about the risks and signs of opioid overdose and withdrawal symptoms and provide strategies to mitigate these symptoms, including use of naloxone.
- Schedule follow-up visits during the tapering process and after patients complete it.

When and How To Refer to Treatment for Opioid Use Disorder

When aberrant drug-related behaviors and signs of opioid use disorder as well as other SUDs are identified, clinicians should refer patients for assessment and treatment in a setting that corresponds to their level of risk and availability of services, while considering their preferences (DoD, 2017).

The following treatment options can be considered and discussed with the patient and family:

- Tapering and detoxification from all opioids and subsequent engagement with abstinence-based treatment can involve intensive outpatient treatment and ongoing recovery support services. Detoxification alone from opioids is not recommended because it is associated with a high rate of relapse (SAMHSA, 2012).
- Medication-assisted treatment for opioid use disorder is an evidence-based treatment that includes the use of Food and Drug Administration-approved medications (i.e., buprenorphine, methadone, and oral and extended-release injectable naltrexone) combined with counseling and behavioral therapies as well as social, peer, and other recovery support services.
  - Methadone is dispensed by opioid treatment programs (OTPs) that are certified by SAMHSA, have current accreditation status, and are registered with the Drug Enforcement Administration. By law, methadone used to treat an opioid use disorder can only be dispensed by a SAMHSA-certified OTP.
  - Buprenorphine can be provided by an OTP as well as in an office-based setting by physicians, nurse practitioners, and physician assistants who have obtained a Drug Addiction Treatment Act of 2000 waiver.
  - Naltrexone can be can be provided by an OTP and any individual who is licensed to prescribe medication.

The following resources are available to help clinicians locate opioid use disorder and other SUD treatment providers for their patients:

- SAMHSA Behavioral Health Treatment Services Locator: https://findtreatment.samhsa.gov/
- SAMHSA Buprenorphine Treatment Physician Locator: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
- SAMHSA Opioid Treatment Program Directory: http://dpt2.samhsa.gov/treatment/directory.aspx

Overdose Prevention

Clinicians can play an important role in overdose prevention. Providing overdose prevention education and prescriptions for naloxone kits is recommended for patients on long-term high dose opioid therapy and individuals with histories of addiction. An “overdose plan” should be developed and shared with

friends, partners, and/or caregivers. Such a plan contains information on the signs of overdose, how to administer naloxone, or emergency care (SAMHSA, 2016). The *SAMHSA Opioid Overdose Prevention Toolkit* provides a roadmap for providing overdose prevention.

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