

Washington State Opioid Epidemic Executive Summary

<p>State of the Opioid Epidemic in Washington State</p>	<ul style="list-style-type: none"> • Washington State saw 798 opioid-related drug deaths in 2017 • Between September 2016 and September 2018, 560,000 Washingtonians were prescribed opioids at a level deemed high-risk for overdose • In 2017, Washington State passed ESHB 1427, which included new requirements for prescribing opioids, monitoring their use, and treating opioid use disorder
<p>New Co-Prescription Guidelines</p>	<p>Prescribing physician[s] shall confirm or provide a current prescription for naloxone when opioids are prescribed to a high-risk patient. High-risk patients are defined by the following:</p> <ul style="list-style-type: none"> • History of overdose • History of substance use disorder • Higher opioid dosages (≥ 50 MME/day) • Concurrent benzodiazepine use
<p>Having the Co-Prescription Conversation</p>	<ul style="list-style-type: none"> • Discussing with patients the inherent risks of treating pain with opioids – even if taken as directed • Reminding patients that naloxone is a “just-in-case” safety precaution to keep them safe from accidental overdose • Education on opioids and naloxone is an essential conversation to have when making a smart, effective pain management plan

Background & Situational Awareness

Year after year, we’ve seen the statistics. And we’ve probably all personally seen patients, friends, loved ones, or relatives who have been touched by the opioid epidemic.

The University of Washington Alcohol and Drug Abuse Institute has reported there were 798 opioid-related drug deaths in 2017.ⁱ Additionally, prescriber data from September 2016 to September 2018 shows approximately 560,000 Washingtonians were prescribed opioids at a level deemed high-risk for overdose by Centers for Disease Control (CDC) standards, and according to the best available data, 83 percent of all prescription opioid deaths are accidental.ⁱⁱ

In 2017, alarmed by the rise in opioid overdose deaths, the Washington State Legislature passed, and the Governor signed, ESHB 1427 which included new requirements for prescribing opioids, monitoring their use, and treating opioid use disorders.

After passage of the law, the Washington Department of Health pulled members of each of the prescriber boards together into a workgroup, which developed new opioid prescribing rules – including co-prescription of naloxone. Beginning January 1 of this year, those rules went into effect.

These new prescribing guidelines are in line with the larger medical community, which is in general agreement that increased access to naloxone is a public health benefit.

In April 2018, the U.S. Surgeon General issued the first public health advisory in 13 years regarding “Naloxone and Opioid Overdose,” in part, to encourage greater distribution and use of naloxone.ⁱⁱⁱ The CDC Guideline for Prescribing Opioids for Chronic Pain notes, “most experts agreed that clinicians should consider offering naloxone when prescribing opioids to patients at increased risk for overdose.”^{iv} The U.S. Substance Abuse and Mental Health Services Administration’s (SAMHSA) “Opioid Overdose Prevention Toolkit” further states that offering naloxone is appropriate “when factors that increase risk for opioid overdose” are present.^v The “toolkit” goes on to note that, “Community-based naloxone distribution programs have not been shown to increase drug use and have, in fact, been shown to increase treatment engagement. Most patients respond positively to naloxone prescriptions, and some report additional positive behavioral changes following overdose education and naloxone prescription.”^{vi}

Co-Prescription of Naloxone in Washington State

The new prescribing rules recognize the need for Washingtonians to have access to appropriate and effective pain relief and encourage physicians to view pain management as part of their medical practice.^{vii} The new rules also recognize that prescribing opioids may be essential in treating a patient’s pain.^{viii} The prescribing protocols further acknowledge that, “the practice of medicine involves not only the science, but also the art of dealing with the prevention, diagnosis, alleviation, and treatment of disease.”^{ix}

The prescribing guidelines resulting from the new law are intended to reduce the number of people who inadvertently become addicted to opioids and decrease accidental overdoses from these medications. To accomplish this, health care providers are directed to co-prescribe naloxone, the opioid overdose antidote, to patients who may be at risk of overdose, and to also have the option of making naloxone more widely available to others, as well.

The New Co-Prescribing Guidelines

The new prescribing standards state, “prescribing physician[s] shall confirm or provide a current prescription for naloxone when opioids are prescribed to a high-risk patient.”^x The new Washington State Medical Commission Guideline defines “high-risk” as “a category of patient at high risk of opioid induced morbidity or mortality, based on factors and combinations of factors such as medical and behavioral comorbidities, polypharmacy, current substance use disorder or abuse, aberrant behavior, dose of opioids, or the use of any concurrent central nervous system depressant.”^{xi}

The CDC considers co-prescription to be appropriate when risk factors such as, “history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use” are present.^{xii} The CDC guideline has references to a number of studies regarding addiction,^{xiii} risk factors,^{xiv} and screening and assessment tools.^{xv}

Patient and provider advocacy organizations as well as government health care organizations have weighed in to support greater access to naloxone and co-prescription of naloxone for all or some opioid patients.

- The U.S. Department of Health and Human Services has issued guidance calling for the co-prescription of naloxone for at-risk patients, and the Centers for Medicare and Medicaid Services included co-prescription of naloxone in their 2020 Draft Call Letter.^{xvi,xvii}
- The American Medical Association’s Opioid Task Force has released guidance advising providers to consider co-prescribing naloxone when it is clinically appropriate.^{xviii}

- The Veterans Health Administration recommends offering a naloxone prescription to veterans who are prescribed opioids and are at increased risk of overdose.^{xix}
- The American Society of Addiction Medicine has released a public policy statement on the use of naloxone to prevent opioid overdose deaths, and they call for co-prescription of naloxone for people at risk of overdose.^{xx}
- The Food and Drug Administration’s Anesthetic and Analgesic Drug Products Advisory Committee and the Drug Safety and Risk Management Advisory Committee voted in favor of including drug labeling language recommending co-prescription of naloxone for all or some patients taking opioids.^{xxi}

These experts have made it clear that co-prescribing naloxone for at-risk patients can help prevent accidental opioid overdose deaths.

Having the Co-Prescription Conversation

As the guidelines make clear, efforts to reduce the incidences of death from opioid overdose are not an indictment of the appropriateness of prescribing or using opioids for pain management. [A 2016 study](#) included in the Annals of Internal Medicine demonstrated that patients who receive a naloxone co-prescription had 47 percent fewer opioid related emergency department visits after six months and 63 percent fewer visits after one year compared with patients who did not receive naloxone.^{xxii} The study posits that the effectiveness of the co-prescription could, in part, be rooted in the educational conversation between a doctor and a patient about their prescription.

“Prescribe to Prevent” is an organization assembled from several naloxone access and overdose prevention advocates who have come together to promote best practices on facilitating access to naloxone, and includes Washingtonians among its contributors.^{xxiii} The CDC Guidelines reference their efforts to put together discussion tools that can assist physicians with communicating to their patients how naloxone co-prescription is an important part of an “emergency overdose/poisoning/over sedation plan.”^{xxiv} “Prescribe to Prevent” asks physicians to consider taking the “risky medicines” rather than the “risky patients” approach to the conversation – emphasizing that even when taken as directed, these powerful pain management medications can still be risky.

Unfortunately, a great deal of stigma still exists around naloxone use because of its presumed affiliation with opioid use disorder, but as the studies and literature suggest, engaging patients on the risks associated with their prescription and ensuring they have naloxone as part of their response toolkit is an important component in reducing deaths associated with opioid overdose.

ⁱ <http://adai.washington.edu/wadata/deaths.htm>

ⁱⁱ Pain Physician, [May 2016](#)

ⁱⁱⁱ Surgeon General’s Advisory on Naloxone and Opioid Overdose, <https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html>

^{iv} CDC Guideline for Prescribing Opioids for Chronic Pain – United States 2016 - <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

^v The U.S. Substance Abuse and Mental Health Services Administration’s (SAMHSA) “Opioid Overdose Prevention Toolkit” <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

^{vi} Behar E. Rowe C. Santos GM, Murphy GM, Murphy S, Coffin PO. Primary care patient experience with naloxone prescription. Annals of Family Medicine. 2016 Sep 1; 14(5): 431-436 - <http://www.annfammed.org/content/14/5/431.abstract?sid=c36b797f-1e2d-494b-b816-b320bbf86d60>

^{vii} Washington State Medical Commission, Opioid Prescribing General Provisions, pp. 1 - 2

^{viii} Washington State Medical Commission, Opioid Prescribing General Provisions, p.2

^{ix} Washington State Medical Commission, Opioid Prescribing General Provisions, p.5

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- x Washington State Medical Commission, Opioid Prescribing General Provisions, p.40
- xi Washington State Medical Commission, Opioid Prescribing General Provisions, p.8
- xii CDC Guideline for Prescribing Opioids for Chronic Pain – United States 2016 - <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- xiii J Subst Abuse Treat. 2007 Oct;33(3):303-11. Epub 2007 Mar 21. Addiction Severity Index in a chronic pain sample receiving opioid therapy. Saffier K1, Colombo C, Brown D, Mundt MP, Fleming MF. <https://www.ncbi.nlm.nih.gov/pubmed/17376639>
- xiv Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system. Boscarino JA1, Rukstalis M, Hoffman SN, Han JJ, Erlich PM, Gerhard GS, Stewart WF. <https://www.ncbi.nlm.nih.gov/pubmed/20712819>
- xv J Pain Symptom Manage. 2006 Sep;32(3):287-93. Validation and clinical application of the Screener and Opioid Assessment for Patients with Pain (SOAPP). Akbik H1, Butler SF, Budman SH, Fernandez K, Katz NP, Jamison RN. <https://www.ncbi.nlm.nih.gov/pubmed/16939853>; Pain Med. 2009 Nov;10(8):1426-33. doi: 10.1111/j.1526-4637.2009.00743.x. A comparison of common screening methods for predicting aberrant drug-related behavior among patients receiving opioids for chronic pain management. Moore TM1, Jones T, Browder JH, Daffron S, Passik SD. <https://www.ncbi.nlm.nih.gov/pubmed/20021601>; J Opioid Manag. 2014 Sep-Oct;10(5):353-64. doi: 10.5055/jom.2014.0226. Further validation of an opioid risk assessment tool: the Brief Risk Interview. Jones T1, Lookatch S2, Grant P3, McIntyre J4, Moore T5. <https://www.ncbi.nlm.nih.gov/pubmed/25350477>; J Stud Alcohol Drugs. 2014 Jan;75(1):153-7. The ability of single screening questions for unhealthy alcohol and other drug use to identify substance dependence in primary care. Saitz R1, Cheng DM2, Allensworth-Davies D3, Winter MR4, Smith PC5. <https://www.ncbi.nlm.nih.gov/pubmed/24411807>; Arch Intern Med. 2010 Jul 12;170(13):1155-60. doi: 10.1001/archinternmed.2010.140. A single-question screening test for drug use in primary care. Smith PC1, Schmidt SM, Allensworth-Davies D, Saitz R. <https://www.ncbi.nlm.nih.gov/pubmed/20625025>; and J Subst Abuse Treat. 2007 Mar;32(2):189-98. Epub 2006 Nov 21. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. Yudko E1, Lozhkina O, Fouts A. <https://www.ncbi.nlm.nih.gov/pubmed/17306727>
- xvi “Naloxone: The Opioid Reversal Drug that Saves Lives” - <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>
- xvii “Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter” - <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2020Part2.pdf>
- xviii “Help save lives: Co-prescribe naloxone to patients at risk of overdose” - <https://www.end-opioid-epidemic.org/wp-content/uploads/2017/08/AMA-Opioid-Task-Force-naloxone-one-pager-updated-August-2017-FINAL.pdf>
- xix “Recommendations for Issuing Naloxone Rescue for the VA Opioid Overdose Education and Naloxone Distribution (OEND) Program” - https://www.pbm.va.gov/PBM/clinicalguidance/clinicalrecommendations/Naloxone_HCl_Rescue_Kits_Recommendations_for_Use.pdf
- xx “Public Policy Statement on the Use of Naloxone for the Prevention of Opioid Overdose Deaths” - https://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf?sfvrsn=f7c177c2_4#search=%22naloxone%22
- xxi “FDA Advisory Committee Votes for Co-Prescribing Naloxone With Opioids” - <https://www.raps.org/news-and-articles/news-articles/2018/12/fda-advisory-committee-votes-for-co-prescribing-na>
- xxii Coffin PO, Behar E, Rowe C, et al. [Nonrandomized intervention study of naloxone co-prescription for primary care patients receiving long-term opioid therapy for pain](https://doi.org/10.1093/ajph/106.4.245). *Ann Intern Med*. 2016;165(4):245-52.
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- xxiv Prescribe to Prevent. <https://prescribetoprevent.org/>