Discuss **benefits and risk** and availability of non-opioid therapies with patients

- Before starting, and periodically during opioid therapy, clinicians should discuss with patients known **risks** and realistic **benefits** of opioid therapy and patient and clinician responsibilities for managing therapy.
Two populations are affected by opioids. Patients who are:

- Already on chronic treatment
- “New starts” and potentially can be prevented from becoming on chronic treatment

In the hospital setting, where both populations are evident, and there are opportunities to prevent new starts as well as identify patients at risk
In San Diego, 69% of prescription deaths who had CURES data met the definition of chronic users.

Chronic users are those who receive the same exact medication for 3 consecutive months or more.

Chronic users accounted for 96% of all medications found in CURES reports of people who died.

<table>
<thead>
<tr>
<th></th>
<th>California</th>
<th>San Diego</th>
<th>San Diego Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Census</td>
<td>8.3 million</td>
<td>3.2 million</td>
<td>254</td>
</tr>
<tr>
<td>Patients with Rx</td>
<td>7,057,000</td>
<td>816,372</td>
<td>186</td>
</tr>
<tr>
<td>Chronic Use</td>
<td>200,080</td>
<td>13,567</td>
<td>128</td>
</tr>
</tbody>
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When initiating chronic opioid or controlled medication treatment, please use the following tools:

- Medications Agreement
- Opioid Risk Tool (displayed above)
- Functional Pain Scale

Resource: SanDiegoSafePrescribing.org
When starting opioid therapy for chronic pain, clinicians should prescribe **immediate-release** opioids instead of extended release/long acting (ER/LA) opioids.

- Methadone should not be the first choice for ER/LA opioid.
- Only providers familiar with methadone’s unique risk profile, including risk assessment for QT prolongation, should prescribe methadone for pain.
- Only providers family with transdermal fentanyl should be prescribing this medication as dosing effects are often misunderstood.

Roneet Lev, MD FACEP
San Diego had 46 methadone related deaths in 2013.

100% of the deaths involved a physician prescription that came from primary care physicians.

Several health plans have restricted methadone prescriptions to pain specialists.

Methadone was the number one drug to cause a single medication death.

80% of deaths included a combination of medications.

Roneet Lev, MD FACEP
When opioids are started, clinicians should prescribe the **lowest** effective dosage.

Clinicians should use **caution** when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to \( \geq 50 \) morphine milligram equivalents (MME)/day, and should avoid increasing dosage to \( \geq 90 \) MME/day or carefully justify a decision to titrate dosage to \( > 90 \) MME/day.