Why Am I Needed?

Prescription drug overdose is now the leading cause of accidental death in the United States (US) – surpassing motor vehicle accidents in 2012. One in six US teens has taken medicines prescribed for someone else and most have obtained the medicines from a family member or friend who is unaware of the dangers they pose. In the last two decades, the misuse and abuse of prescription opioids grew at exponential rates partly due to aggressive pain treatment with prescription opioid analgesics.

Expanding the ability to reach those who are at high-risk for opioid poisoning with preventative measures, while increasing the availability of comprehensive treatment for addicted patients has proven to be an effective approach to this tragic epidemic.

Specifically, the National Take-Back Initiative launched in 2010 to reduce the volume of unused or expired prescription drugs in local communities. Prescription Drug Monitoring Programs (PDMP) offer a way to track patient compliance to opioid therapy protocols. In North Carolina, Senate Bill 222 now mandates pharmacies who prescribe controlled medications to report to the Controlled Substance Reporting System (CSRS) within three days starting in January 1, 2014. The Bill also allows prescribers one delegate who is designated to receive information on their behalf. Using the CSRS is vital in reducing the potential for harmful drug interactions and grants access to dosage levels from all prescribers.

Naloxone is an opioid antagonist which reverses the fatal effects of an opioid poisoning. Naloxone is a non-addictive medication and has been used to save lives due to prescription opioid overdoses. In April 2013, the Naloxone Access Law was signed in North Carolina. This law allows medical providers to prescribe naloxone to those at risk, as well as friends and family. The prescriber is immune from any civil or criminal liability regarding the prescribing of naloxone. In April 2013, in the state of NC, SB20- the 911 Good Samaritan Law & Naloxone Access Law was signed. This bill provides the following: Immunity from criminal or civil liability to a person who administers naloxone and protection from prosecution for the 911 caller and the victim if there are small amounts of drugs or paraphernalia at the scene of the overdose.

While it may seem illogical to treat substance use disorders (SUD) with substances or medications, this practice has been found to have better treatment outcomes and greater sustained periods where illicit drug use was absent as compared to those in an abstinence only based program. Medication-Assisted Treatment (MAT) involves the use of medications to treat substance use disorder (SUD). Methadone, Suboxone (buprenorphine), and Naltrexone medications that are commonly used to treat opioid dependence.

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Opioid Treatment Programs exist to help those struggling with opioid dependence. The National Survey of Substance Abuse Treatment Services (N-SSATS) conducted a study looking at the similarities and differences in Opioid Treatment Programs (OTP) which can help those in need and those making referrals arrive at an informed decision regarding treatment.

“In the case of OTPs, it appears that the greatest difference between these two types of facilities is that OTP Mixed facilities more often offer a richer array of services and more payment options than OTP only facilities. Clients with multiple needs for support services, including opioid addiction, might be better served by those facilities with a wider selection of support and recovery services.”*

Also, new evidence suggest that OTPs should develop best practice policies surrounding a relapse event. In the same way a physician would not stop treating a person with diabetes for eating food that is not on the prescribed diet, a relapse should not warrant automatic discharge. Discuss with treatment providers what their policy is on relapse.

The Three Types of Opioid Drug Interactions

Full agonists bind to endorphin receptors in the brain, producing pain relief, euphoria, and possible dependence. Full agonists include: Methadone, heroin, oxycodone, and morphine.

Antagonists block receptors in the brain causing no activation and no opioid effects. The antagonists obstruct other molecules from binding to the receptors. Opioid Antagonist are naloxone and naltrexone.

Partial agonists bind to opioid receptors in the brain activating them somewhat but much less than full agonists. Buprenorphine is a partial agonist. Buprenorphine has lower abuse potential, lower level of physical dependence, less withdrawal discomfort, and greater safety in overdose. Caution should be taken with prescribing buprenorphine in combination with benzodiazepines or to patients who abuse or are addicted to benzodiazepines and other central nervous system depressants including alcohol and barbiturates.**

Conversely, the Centers for Disease Control (CDC) reports that in 2009, Methadone accounted for more than 15,500 deaths. Methadone captures only 2% of all pain relief prescriptions written, yet it was involved in 30% of overdose deaths, up six times the death rate as the previous decade. “More than 4 million methadone prescriptions were written for pain in 2009, despite US Food and Drug Administration warnings about the risks associated with methadone.” Methadone is cheaper than buprenorphine and preferred by insurance companies. Since 2006, methadone related overdoses have dropped in NC, according to the NC State Center for Health Statistics.

What Needs To Be Done?  

- Implement Naloxone kits with training programs wherever they can be effectively used.
- Ask OTPs if they use the CSRS.
- Know local referral sources and how to make a referral including funding and waiting list time.
- Implement peer specialists and all support systems along the recovery oriented systems of care.
- Introduce non-abstinence-directed initiatives into publicly funded treatment and research.

*Take Correctly, Store Securely, Dispose Properly, Never Share.™

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What Do I Need to Know?

For more information visit projectlazarus.org or call +1.336.667.8100

Resources

National Treatment Referral Helpline 1-800-662-HELP (4357) or 1-800-487-4889 (TDD — for hearing impaired)

National Substance Abuse Treatment Facility Locator: www.findtreatment.samhsa.gov/TreatmentLocator to search by state, city, county, and zip code

Buprenorphine Physician & Treatment Program Locator: www.buprenorphine.samhsa.gov/bwns_locator

State Substance Abuse Agencies: http://findtreatment.samhsa.gov/TreatmentLocator/faces/abuseAgencies.jspx

For full law detail, please go to this link: http://openstates.org/nc/bills/2013/SB20/documents/NCD00022391/

http://www.samhsa.gov/data/2k3/OutpatientTX/outpatientTX.htm

http://www.novusdetox.com/suboxone-information-4-agonist.php


http://www.ncdhhs.gov/mhddas/controlledsubstance/

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