Tools in the War In Drugs

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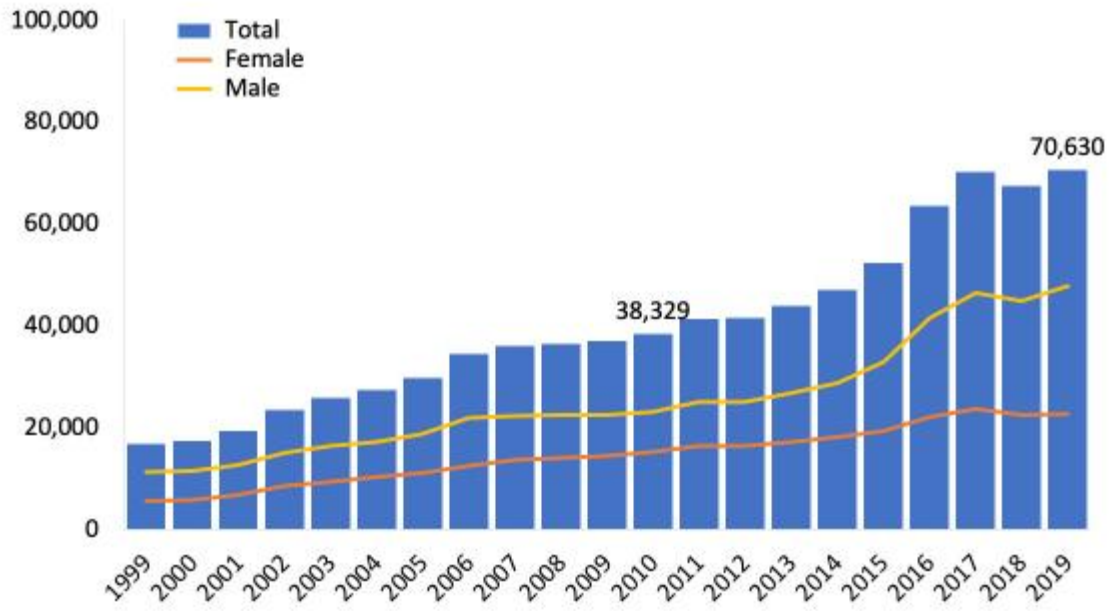
No other disclosures.

OBJECTIVES

1. Houston, we have a problem,
   an OPIOID EPIDEMIC
2. Pathway to Addiction:
   experimenting, loss of control,
   brain changes, abstinence syndrome
3. Difference Addiction vs Dependency – DSM 5
4. Where is patient at? Stages of Change
5. Check CURES for what doesn't meet the eye
6. What is Harm Reduction?

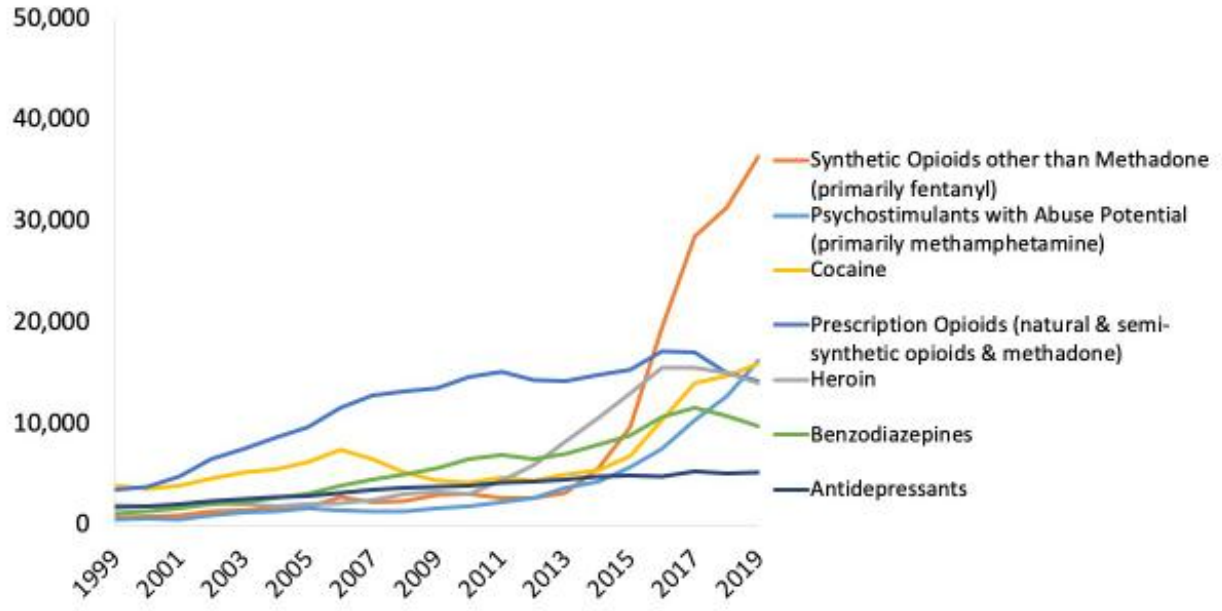
7. Types of Medicated Assisted Treatment
    - Help available through SAMHSA:
        - Locate treatment facilities
        - methadone
        - buprenorphine provider
        - training to provide buprenorphine
8. Role of Needle Exchange
    - Stop transmission HIV, Hepatitis B & C
    - Prevent and treat IV/IM bacterial infections
    - Referral to treatment (medical, social services)
9. Got Narcan?

Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2019



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2019



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Addiction

* Characterized by the compulsive use of a drug despite the multitude of adverse consequences to the individual caused by this compulsive use.

Dependence

* Often, a normal, physiological response to repeated use of a drug.
* Development of tolerance to the drug needing more to get the same response.
* Commonly, when drug abruptly discontinued, a set of withdrawal symptoms occur.

DSM-5

* Diagnostic and Statistical Manual of Mental Disorders – V (2013)

* Substance Use Disorder
* (2 of 11 criteria from any 4 groups)

Group I: Impaired Control

* Substance use in larger amounts or over a longer period of time than was originally intended;
* Persistent desire to cut down on use or multiple unsuccessful attempts at cutting down or stopping use;
* Great deal of time spent using substance or recovering from its effects;
* Increased desire to use or craving for the substance.

Group II: Social Impairment

* Substance use resulting in failure to fulfill obligations at work, school, or home;
* Substance use causing or exacerbating interpersonal problems;
* Important social, occupational, or recreational activities given up or reduced due to substance use.

Group III: Risky Use

* Recurrent use of substance in physically hazardous situations;
* Continued use despite negative physical or psychological consequences.

Group IV: Pharmacological Dependence

* Tolerance to the effects of the substance;
* Withdrawal symptoms with cessation of substance use.

Pharmacological Dependence

* Last 2 criteria: Tolerance and Withdrawals
* Without at least one other criteria

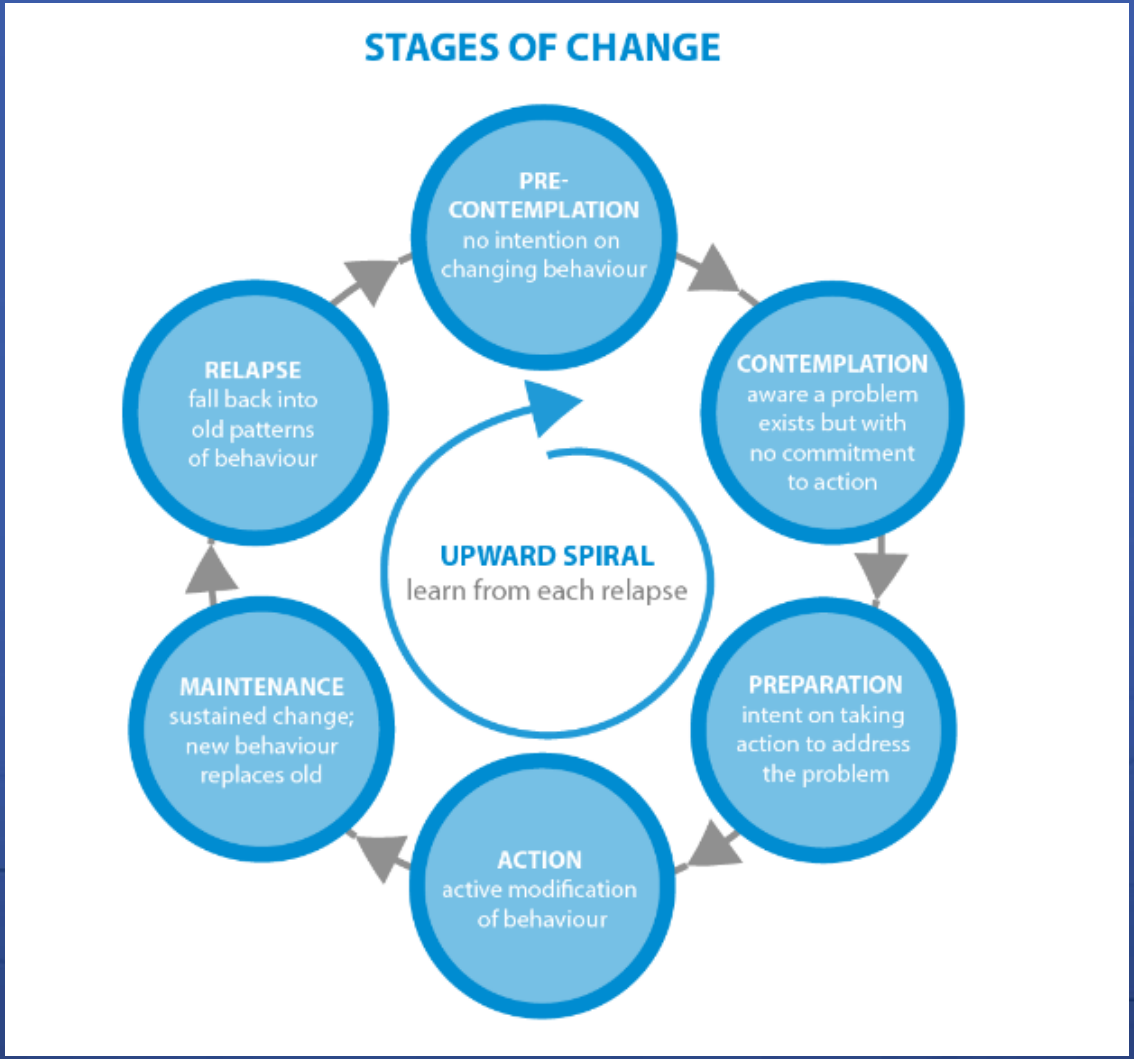
* Is not Substance Use Disorder

Severity

* 2-3 Mild
* 4-5 Moderate
* 6 or more Severe

Pathway to Addiction

1. Experimenting – can be stopped with minimal adverse effects. Some control of usage.
2. Some indeterminate point – lost ability to walk away. Lost control, overwhelming compulsion, free choice no longer exists. Addicted.
3. Brain changes, adapts new set of values and behaviors based on acquiring and using the drug,
4. Physiologic abstinence syndrome sets in when drug cannot be obtained. Suffers severe symptoms.


STAGES OF CHANGE
PRE-CONTEMPLATION
no intention on changing behaviour
CONTEMPLATION
aware a problem exists but with no commitment to action
PREPARATION
intent on taking action to address the problem
ACTION
active modification of behaviour
MAINTENANCE
sustained change; new behaviour replaces old
RELAPSE
fall back into old patterns of behaviour
UPWARD SPIRAL
learn from each relapse

Yellow highlighted text denotes a live link.

Controlled Substance Utilization Review and Evaluation System

CURES 2.0

CURES Certification

Pursuant to Section 11165.4 (e) of the Health and Safety Code, the Department of Justice certifies that, as of April 2, 2018, the CURES database is ready for statewide use and that the Department of Justice has adequate staff, user support, and education. Mandatory CURES consultation becomes effective on October 2, 2018. Please refer to the CURES Mandatory Use reference sheet and CURES Advisory Memo for additional information regarding the CURES consultation requirement.

PDMP / CURES

- PDMP / CURES Home
- General FAQs
- CURES 2.0 Registration
- CURES Login
- Publications and Training Videos
- CURES Statistics

California Security Prescription Printers Program

- California Security Prescription Printers Program

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE

This system is restricted to authorized users for legitimate law enforcement and regulatory purposes. There is no expectation of privacy on this system as it is being audited and monitored.

The unauthorized access, use or modification of this system or the data contained therein or in transit to/from, is prohibited by law and may be reported to law enforcement by system personnel.

Warning: Authorized Users Only

User ID

Password

LOGIN

Forgot your Password?

Forgot your ID?

CURES 2.0
MANDATORY USE
BEGINS OCTOBER 2, 2018

The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for statewide use by the Department of Justice (DOJ) on April 2, 2018. Therefore, the mandate to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II–IV controlled substance becomes effective on October 2, 2018. Visit www.mbc.ca.gov/CURES for detailed information regarding CURES 2.0.

Note: The phrase "controlled substance" as used in this guide refers to a Schedule II, Schedule III, or Schedule IV controlled substance.

WHEN MUST I CONSULT CURES?

- The first time a patient is prescribed, ordered, administered, or furnished a controlled substance, unless one of the exemptions on back apply.
- Within the twenty-four hour period, or the previous business day, before prescribing, ordering, administering, or furnishing a controlled substance, unless one of the exemptions on back apply.
- Before subsequently prescribing a controlled substance, if previously exempt.
- At least once every four months if the controlled substance remains a part of the patient's treatment plan.

ARE THERE ANY PROTECTIONS FOR PRESCRIBERS?

- There is no private cause of action for a prescriber's failure to consult CURES.
- For complete information on the mandatory requirement to consult CURES, please read HSC § 11165.4.
- If you have any further questions, please seek legal counsel.

> "First time" is defined **as the initial occurrence in which a health care** practitioner intends to prescribe, order, administer, or furnish **a controlled substance** to a patient and has not previously prescribed a **controlled substance to** the patient.
>
> *— Health and Safety Code (HSC), § 11165.4(a)(1)(B)*

WHAT EXEMPTIONS ARE THERE TO CONSULTING CURES?

- A health care practitioner is exempt from consulting the CURES database before prescribing, ordering, administering, or furnishing a controlled substance in any of the following circumstances:
  - While the patient is admitted to, or during an emergency transfer between a
    - Licensed Clinic, or
    - Outpatient Setting, or
    - Health Facility, or
    - County Medical Facility
    - In the emergency department of a general acute care hospital, and the controlled substance does not exceed a non-refillable seven-day supply.

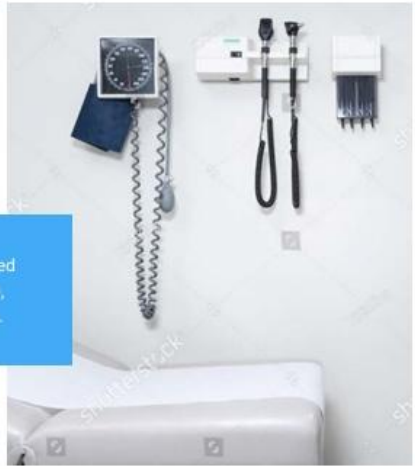
> The facilities listed are specifically defined in statute commencing with HSC § 1200, § 1248, § 1250, and § 1440, respectively.

  - As part of a patient's treatment for a surgical procedure, and the controlled substance does not exceed a non-refillable five-day supply when a surgical procedure is performed at a
    - Licensed Clinic, or
    - Outpatient Setting, or
    - Health Facility, or
    - County Medical Facility, or
    - Place of Practice

> "Place of Practice" is defined as a Dental Office pursuant to Business and Professions Code § 1658.

  - The patient is receiving hospice care.
- What if it is not reasonably possible for a prescriber to access the information in CURES in a timely manner?
  - If another individual with access to CURES is not reasonably available, a five-day supply of the controlled substance can be prescribed, ordered, administered, or furnished as long as there is no refill allowed. In addition, the prescriber must document in the medical records the reason for not consulting CURES.
- What if I determine that consulting CURES would result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition?
  - A prescriber may provide a non-refillable five-day supply if they make this determination. The prescriber must document in the medical records the reason for not consulting CURES.

CURES 2.0



WHAT IF I EXPERIENCE TECHNICAL DIFFICULTIES WITH CURES?

There are exemptions to consulting CURES if there are technical difficulties accessing CURES, such as CURES is temporarily unavailable for system maintenance, or you experience temporary technological or electrical failure and CURES cannot be accessed (e.g., power outage due to inclement weather).

A prescriber should contact the CURES Help Desk at (916) 210-3187 or cures@doj.ca.gov for assistance accessing their CURES account.

Note: A prescriber must, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within their control.

Definition of Harm Reduction

* Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself. (Harm Reduction Coalition)

AT RISK

* OVERDOSE
* INFECTION
* ARREST/INCARCERATION
* VIOLENCE

Medicated Assisted Treatment

* Methadone
* Buprenorphine
* Buprenorphine/Naloxone
* Naltrexone
* Plus Counseling
* Relieves sign and symptoms of physiologic abstinence syndrome.
* Allows brain, damaged by the drug use, to heal itself.

* Out patient Counseling
* Residential Rehab
* 12 Step

AEGIS
TREATMENT CENTERS, LLC.

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Substance Abuse and Mental Health Services Administration

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Programs & Campaigns » Medication-Assisted Treatment » Training Materials and Resources » Physician and Program Data » Buprenorphine Treatment Practitioner Locator

SHARE+

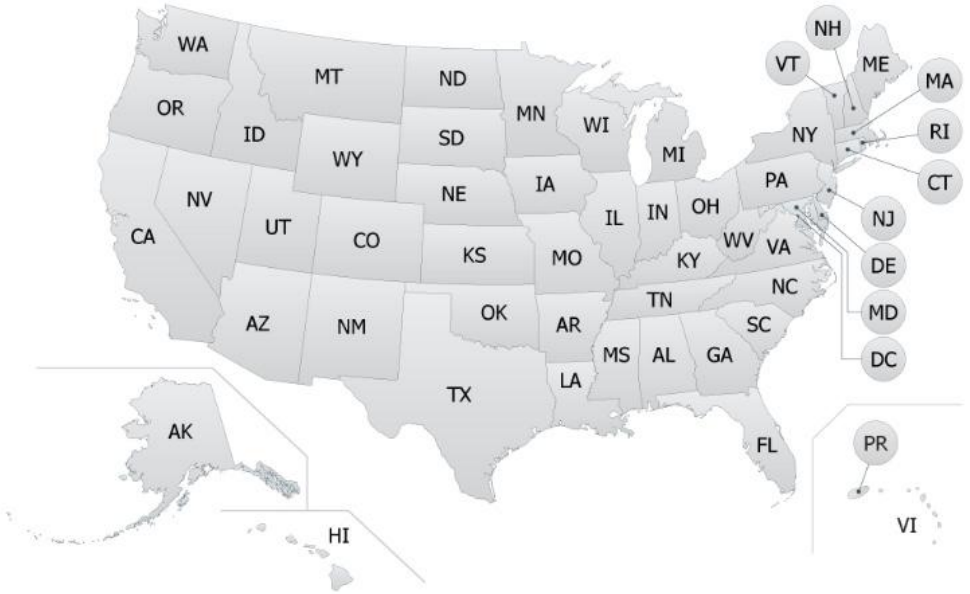
Medication-Assisted Treatment

- Medication and Counseling Treatment
- **Training Materials and Resources**
- Buprenorphine Waiver Management
- **Physician and Program Data**
  - **Buprenorphine Treatment Practitioner Locator**
  - DATA-Certified Physicians
- Qualify for NP and PA Waivers
- Publications and Research
- State Grant Programs
- Buprenorphine Practitioner Verification for Pharmacists
- Legislation, Regulations & Guidelines
- Certification of Opioid Treatment Programs

Buprenorphine Treatment Practitioner Locator

Find physicians authorized to treat opioid dependency with buprenorphine by state.

Select a state from the map or use the drop down lists to view all of the physicians certified to provide buprenorphine treatment in a city, state or zip code.



https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

Buprenorphine Training for Physicians

Find information about the eight-hour buprenorphine waiver training courses that are required for physicians to prescribe and dispense buprenorphine.

Under the Drug Addiction Treatment Act of 2000 (DATA 2000), physicians are required to complete an eight-hour training to qualify for a waiver to prescribe and dispense buprenorphine. The following SAMHSA-supported continuing medical education (CME) courses can help physicians qualify to prescribe buprenorphine in an office setting (courses may require registration and include fees):

- The Buprenorphine Waiver Training at the American Academy of Addiction Psychiatry covers legislation, pharmacology, safety, patient assessment, and more. Complete all the modules and pass the post-test at the end.
- The American Society of Addiction Medicine offers the ASAM Buprenorphine Course for Office-Based Treatment of Opioid Use Disorders in multiple formats that all provide the required 8 hours needed to obtain the waiver to prescribe buprenorphine in office-based treatment of opioid use disorders.
- The Providers Clinical Support System for Medication Assisted Treatment Self Study at the American Osteopathic Academy of Addiction Medicine, developed by the Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT), consists of a 4.25-hours webinar session and a 3.75-hours online session. For a list of trainings provided, visit the PCSS-MAT Calendar of Events.

Learn more about buprenorphine and how to qualify for a physician waiver.

https://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training

Fresno Free Medical Clinic
Fresno Needle Exchange
SHARPS

California
6CCT834

GOT NARCAN ?
(For Opiate OD)
If not, get it Here!
Now!
*covered by Medi-Cal
New Clinic Protection Cards
(Green Card = Expired)
New Card ↔ New Law
More Protection (unlimited Needles)
FRIENDS
The Fresno Needle Exchange is open from 1-3
Everyone involved is a Volunteer (not paid) and donates his/her time on Saturday afternoons (Rain/Shine)
Being on-Time to the Exchange shows your appreciation.
THANKS

California Health and Safety Code
Section 11364

a) It is unlawful to possess an instrument or paraphernalia used for unlawfully injecting a controlled substance.

b) This section shall not apply to hypodermic needles or syringes that have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharps waste.

c) Until 1/1/26, as a public health measure . . . this section shall not apply to the possession solely for personal use of hypodermic needles or syringes.

If someone has overdosed please don't be afraid to

Call 9-1-1

In California **it is not a crime to report an overdose,** both you and the overdose victim will not be arrested for drug or paraphernalia possession. **You can save a life.**

California Health and Safety Code Section 11376.5

California's 911 Good Samaritan Law protects you from arrest, charge and prosecution when you call 911 at the scene of a suspected drug overdose. Nobody at the scene should be charged for personal amounts of drugs or paraphernalia.

This law does not protect you if,

- You are **on parole/probation;** it is likely still a violation
- You have **more drugs than "possession for personal use"**; it is still illegal to have any amount that would suggest trafficking or sales
- You **"obstruct medical or law enforcement personnel"**; it is still important to not intervene with the activities of police or emergency personnel

Surgeon General's Advisory on Naloxone and Opioid Overdose

I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, ***knowing how to use naloxone and keeping it within reach can save a life.***

BE PREPARED. GET NALOXONE. SAVE A LIFE.

NDC 69547-353-02

0.1 mL intranasal spray per unit
For use in the nose only

Rx Only

NARCAN® (naloxone HCl) NASAL SPRAY 4 mg

OPEN HERE FOR QUICK START GUIDE

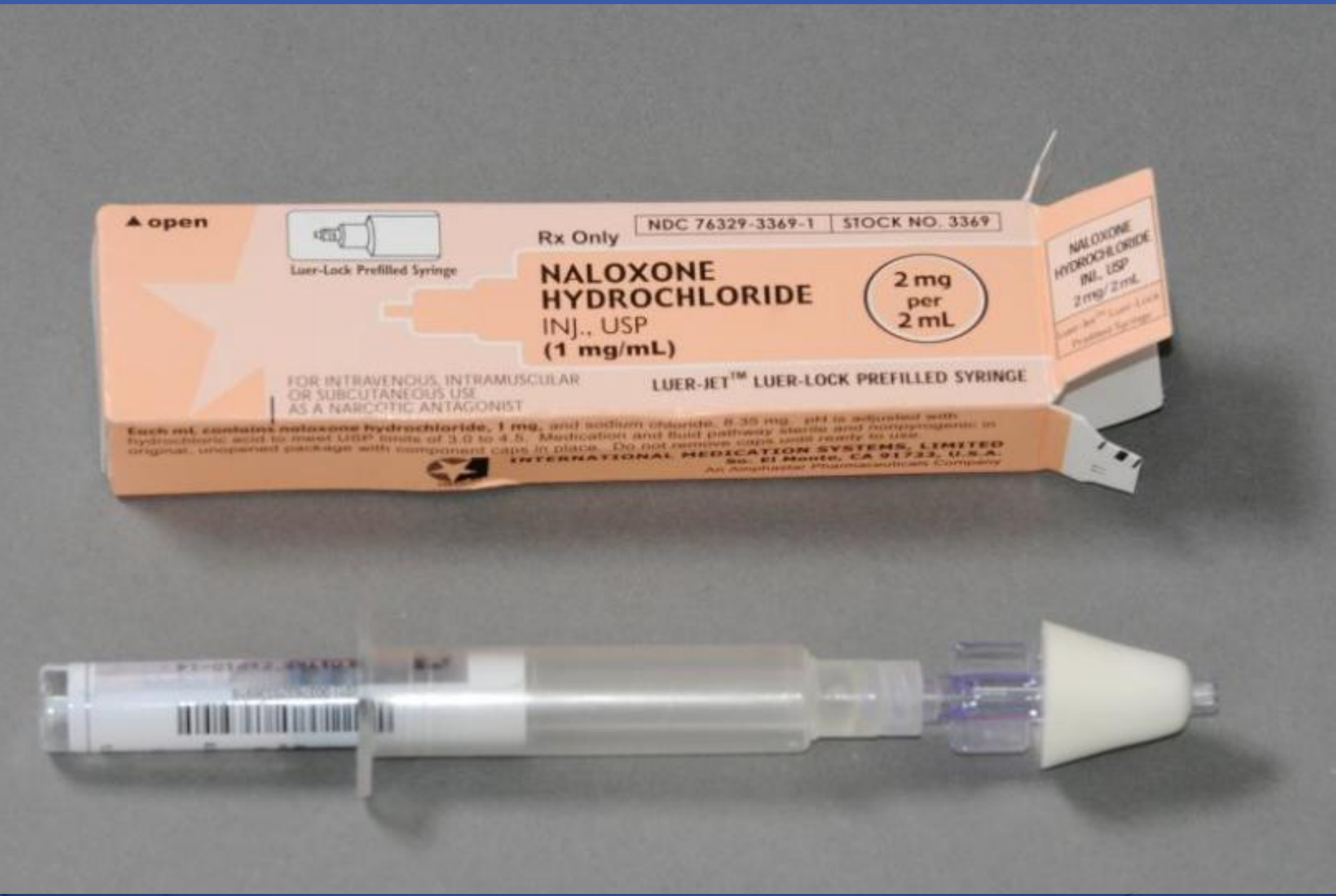
DO NOT TEST DEVICES OR OPEN BOX BEFORE USE.

Use for known or suspected opioid overdose in adults and children.

This box contains **two (2)** 4-mg doses of naloxone HCl in 0.1 mL of nasal spray.

Two Pack

CHECK PRODUCT EXPIRATION DATE BEFORE USE.


▲ open
Luer-Lock Prefilled Syringe
Rx Only
NDC 76329-3369-1
STOCK NO. 3369
NALOXONE HYDROCHLORIDE
INJ., USP
(1 mg/mL)
2 mg per 2 mL
FOR INTRAVENOUS, INTRAMUSCULAR OR SUBCUTANEOUS USE AS A NARCOTIC ANTAGONIST
LUER-JET™ LUER-LOCK PREFILLED SYRINGE
INTERNATIONAL MEDICATION SYSTEMS, LIMITED
So. El Monte, CA 91733, U.S.A.
NALOXONE HYDROCHLORIDE INJ., USP
2 mg/ 2 mL

Easy Touch
NEW YORK
Social Club
NEVER MIND
THE BUREAUCRATS

COMFORT YOU CAN FEEL
COMFORT YOU CAN FEEL
Easy-Touch
Easy-Touch
Easy-Touch

NEED HELP?

Hepatitis C
SPEED
HEPATITIS
La Hepatitis
C

Fresno Free Medical Clinic
Fresno Needle Exchange
SHARPS

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OBJECTIVES/REVIEW

Recognize that we have a drug/opioid/overdose problem;

Able to differentiate between addiction and physiological dependency using DSM V criteria;

Able to identify STAGES OF CHANGE to direct appropriate options of care.

Able to make the appropriate referral to Addiction Medicine or Pain Management;

Aware of the U.S. Surgeon General's recommendation of prescribing naloxone.