Safe and Effective Tapering of Opioids
• Protect against opioid abuse
• Evaluation for opiate dependence/abuse
• Opiate initiation, monitoring and review
• Use of alternatives to opioids
• Incorporating pain assessment tools
• Proper Documentation in patient records
• Use of the PDMP as practice tool
  – (Prescription Drug Monitoring Program)
Education

- Live presentations
- Web based curriculum
- “Tool kit” for opioid prescribing
• Incorporating pain assessment tools
• Proper Documentation in patient records
• Use of the PDMP as practice tool
  – (Prescription Drug Monitoring Program)
Goals/Objectives

• A review of resources available to help those with addiction
• Understanding how to create a plan for safely tapering patients off opioids
• The utilization of alternatives to opioids
• A discussion of patient monitoring and review
How Many People Are Addicted?

- World wide: Up to 36 million abuse opioids
- USA: 2.1 million abuse opioids
- USA: 467,000 heroin addicts
- 80% of opioid users reported that their first regular opioid was a Rx pain reliever
- 85% of heroin users first used an opioid

www.drugabuse.gov
What can you do?

- Assess risk of addiction using risk stratification tool
- Assess pain, function, behavioral health and drug-related behaviors
- Obtain informed consent for therapy
- Monitor pain and function, opioid risk and progress toward treatment goals
- Use treatment agreements for long-term opioid therapy
- Document

MMIC Brink, Summer 2017
Evaluate patient and the pain thoroughly: assess physical, social, and mental function as well as potential for abuse of controlled substances.

Try non-opioid treatments first: non-pharmacologic (e.g., exercise, weight training, yoga, massage, relaxation, CBT) and/or pharmacologic (e.g., antidepressants, antiepileptics, lidocaine patches).

Is patient meeting functional goals?

- Yes
  - Continue or taper therapy. Reassess regularly.

- No
  - Increase, add, or change therapy. Reassess regularly.
    - Does pain persist and/or impede function?
      - Yes
        - Evaluate for trial of opioid therapy. Assess risk of misuse/abuse; consult PDMP; assess comorbid medical conditions.
          - Is patient appropriate for opioid trial?
            - Yes
              - Start opioid trial with lowest effective dose for limited time.
                - Reassess. If functional improvement, continue. If not, taper to discontinue.
            - No
              - Refer to pain specialist and/or revisit previous treatments.
Statistics

Patients need access to care now.

90% of patients in need of addiction treatment services do not have access to treatment.⁵

40% of patients with private health insurance are forced to go through burdensome prior authorization before being able to receive medication-assisted treatment (MAT).⁶

23% of publicly funded treatment programs report offering any FDA-approved medications to treat substance use disorders, and less than half of private-sector treatment programs reported that their physicians prescribed FDA-approved medication.⁷
Prescription Drug Abuse

The South Dakota State Medical Association and our partners are committed to providing resources and education to help fight this epidemic in our state.

Opioid Prescribing Guidelines
Download the SDSMA white paper, Opiate Analgesics for Chronic, Non-Cancer Pain.

Annual Leadership Conference
Thank you to our sponsors, advertisers and attendees. Learn more about our
80% of worldwide opioid consumption is by the United States – which represents only 5% of the world’s population.

It is estimated that between 26.4 and 36.8 million people abuse opioids worldwide, with an estimated 2.1 million in the United States suffering from substance abuse disorders related to prescription opioid pain relievers.

Prescription drug abuse and diversion has been declared a national epidemic – It affects everyone, and the statistics are staggering. While South Dakota’s prescription drug abuse rates are lower than the national average, the consequences of prescription drug diversion and abuse impact our families and friends, the communities we live in, and our workplaces.

The South Dakota State Medical Association and our partners are committed to providing resources and education to help fight this epidemic in our state.

For Providers
For Patients
WHERE ARE PAIN RELIEVERS OBTAINED?

- Bought on internet – 0.1%
- More than one doctor – 1.6%
- Drug dealer/stranger – 3.9%
- Other – 4.9%
- Bought/took from friend/relative – 14.8%
- One doctor – 19.1%
- Free from friend/relative – 55.7%

Of those that received free from a friend/relative, 80.7% came from one doctor.

Enough narcotics were prescribed to South Dakotans in 2012 to medicate every South Dakota adult around-the-clock for nearly two weeks.

SDSMA Whitepaper – Opiate Analgesics for Chronic Non-Cancer Pain
Checklist for Prescribing Opiates for Chronic, Non-Cancer Pain
Algorithm for Pain Management
CDC – Calculating Daily Dose of Opioids for Safer Dosage
Opioid Dose Calculator
Sample Patient/Provider Agreement
Provider’s Toolkit
Provider Educational Opportunities
Prescription Drug Storage & Disposal
Drug Addiction Services & Treatment
South Dakota Prescription Drug Monitoring Program and submitting a query
SDSMA Legal Brief – Controlled Substances
SDSMA Legal Brief – Drug Use and Diversion
SDSMA Legal Brief – Dispensing Controlled Substances and Packaging
South Dakota Codified Law - Standards for Medical Records When Prescribing Controlled Substances for the Treatment of Chronic, Non-Cancer Pain
Addiction Services

PROVIDER'S TOOLKIT

Checklist for Prescribing Opiates for Chronic, Non-Cancer Pain
Algorithm for Pain Management
CDC – Calculating Daily Dose of Opioids for Safer Dosage
Opioid Dose Calculator
Sample Patient/Provider Agreement
South Dakota Codified Law - Standards for Medical Records When Prescribing Controlled Substances for the Treatment of Chronic, Non-Cancer Pain

SDSMA Patient Pain Assessments
• Brief Pain Inventory
• Brief Pain Inventory – Short Form
• McCaffrey Initial Pain Assessment
• McGill Pain Inventory and Pain Diagram
• Opioid Dosing for Chronic Non-Cancer Pain

Patient Assessments for Other Conditions
• Depression, Anxiety and Positive Outlook Scale
• DIRE Score Patient Selection for Opioid Analgesia
• Generalized Anxiety Disorder (GAD-7)
• SOAPP-R Screener to Predict Opioid Abuse
• Opioid Risk Tool
• Screening Tool for Obstructive Sleep Apnea

Patient Education and Pain Management
• Personal Care Plan for Chronic Pain
• Important Information About Your Medications
• Manage Your Pain, Improve Your Health
• Attention Diversion for Chronic Pain
• Five Steps for Managing Intense Pain Episodes
• Types of Mental Activities
• Pacing Yourself
• Stretching Routine

Treatment Services for Addiction
South Dakota Substance Use Disorder Services
Referral Resources for Patients with Substance Use Disorders
Diagnostic Criteria for Substance Abuse and Dependence
Motivational Interviewing Principles for Physicians
A Model for Clinic Workflow
Assessment Tools

SDSMA Patient Pain Assessments
- Brief Pain Inventory
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- McCaffrey Initial Pain Assessment
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Treatment Services for Addiction
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- A Model for Clinic WorkFlow
Assessment Tools

Serenity Programme™ - www.sereneme.uk - GAD-7 (print version)

GAD-7

Identifier  Date

Please read each statement and record a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past two weeks. There are no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

0 = Not at all   1 = Several days   2 = More than half the days   3 = Nearly every day

1 Feeling nervous, anxious or on edge

2 Not being able to stop or control worrying

3 Worrying too much about different things

4 Trouble relaxing

5 Being so restless that it is hard to sit still

6 Becoming easily annoyed or irritable

7 Feeling afraid as if something awful might happen

Total GAD-7 score =

Scoring guide

<table>
<thead>
<tr>
<th>Normal</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>5 - 9</td>
<td>10 - 14</td>
<td>15 - 21</td>
</tr>
</tbody>
</table>

The maximum score of the GAD-7 is 21, lower scores are better. Scores are assigned in the following manner:

0 = Not at all   1 = Several days   2 = More than half the days   3 = Nearly every day

The total score is simply the sum of question items one through seven. Scores of 5, 10 and 15 are taken as the cut off points for mild, moderate, and severe anxiety respectively. When used as a screening tool, further evaluation is recommended should the score be ten or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for generalised anxiety disorder. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 88%), and post-traumatic stress disorder (sensitivity 66%, specificity 81%).


Assessment Tools

Date ____________________________
Patient Name ______________________

**OPIOID RISK TOOL**

<table>
<thead>
<tr>
<th>Item</th>
<th>Mark each box that applies</th>
<th>Item Score If Female</th>
<th>Item Score If Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family History of Substance Abuse</td>
<td>Alcohol [ ] 1 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Illegal Drugs [ ] 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prescription Drugs [ ] 4 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Personal History of Substance Abuse</td>
<td>Alcohol [ ] 3 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Illegal Drugs [ ] 4 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prescription Drugs [ ] 5 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Age (Mark box if 16 – 45)</td>
<td>[ ] 1 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. History of Preadolescent Sexual Abuse</td>
<td>[ ] 3 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Psychological Disease</td>
<td>Attention Deficit Disorder [ ] 2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obsessive Compulsive Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bipolar</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression [ ] 1 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>Total Score Risk Category</th>
<th>Low Risk 0 – 3</th>
<th>Moderate Risk 4 – 7</th>
<th>High Risk ≥ 8</th>
</tr>
</thead>
</table>
Consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy when your patient:

1. requests dosage reduction
2. does not have clinically meaningful improvement in pain and function (e.g., at least 30% improvement on the 3-item PEG scale)
3. is on dosages ≥ 50 MME*/day without benefit or opioids are combined with benzodiazepines
   *morphine milligram equivalents
4. shows signs of substance use disorder (e.g. work or family problems related to opioid use, difficulty controlling use)
5. experiences overdose or other serious adverse event
6. shows early warning signs for overdose risk such as confusion, sedation, or slurred speech
HOW TO TAPER
Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications.
In general:

Go Slow
A decrease of 10% of the original dose per week is a reasonable starting point. Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10% per month) easier. Discuss the increased risk for overdose if patients quickly return to a previously prescribed higher dose.

Consult
Coordinate with specialists and treatment experts as needed—especially for patients at high risk of harm such as pregnant women or patients with an opioid use disorder. Use extra caution during pregnancy due to possible risk to the pregnant patient and to the fetus if the patient goes into withdrawal.

Support
Make sure patients receive appropriate psychosocial support. If needed, work with mental health providers, arrange for treatment of opioid use disorder, and offer naloxone for overdose prevention. Watch for signs of anxiety, depression, and opioid use disorder during the taper and offer support or referral as needed.

Encourage
Let patients know that most people have improved function without worse pain after tapering opioids. Some patients even have improved pain after a taper, even though pain might briefly get worse at first.
Considerations:

1. Adjust the rate and duration of the taper according to the patient’s response.
2. Don’t reverse the taper; however, the rate may be slowed or paused while monitoring and managing withdrawal symptoms.
3. Once the smallest available dose is reached, the interval between doses can be extended and opioids may be stopped when taken less than once a day.
CDC Opioid Guideline
By Centers For Disease Control and Prevention
Open iTunes to buy and download apps.

Description
The CDC Opioid Prescribing Guideline Mobile Application (App) serves as a quick reference guide for healthcare professionals to help apply the recommendations of the CDC Guideline for Prescribing Opioids for Chronic Pain in clinical practice. The tool is intended to educate providers about the prescription opioid overdose epidemic and to

CDC Opioid Guideline Support

What's New in Version 1.0.2
Minor Bug Fixes
• Medicaid patients requiring a new or renewal prescription for morphine equivalent dosing greater than 300 MEDs per day will require prior authorization. Claims without prior authorization will be denied.
• Implementation is targeted for **October 1, 2018**.
• For both new or renewal prescriptions and those in place prior to October 1, 2018, the MED threshold will decrease by approximately 10% each month until the target MED is reached. South Dakota Medicaid will utilize the following tapering schedule:

- October 1, 2018: 300 MEDs
- November 1, 2018: 270 MEDs
- December 1, 2018: 240 MEDs
- January 1, 2019: 220 MEDs
- February 1, 2019: 200 MEDs
- March 1, 2019: 180 MEDs
- April 1, 2019: 160 MEDs
- May 1, 2019: 140 MEDs
- June 1, 2019: 130 MEDs
- July 1, 2019: 120 MEDs
- August 1, 2019: 110 MEDs
- September 1, 2019: 100 MEDs
- October 1, 2019: 90 MEDs
• The target is in alignment with CDC recommended maximum MED levels and the tapering schedule approximates a 10% MED reduction each month in line with the CDC recommendations for tapering.
Components of Comprehensive Drug Addiction Treatment

- Child Care Services
- Vocational Services
- Mental Health Services
- Medical Services
- Educational Services
- AIDS/HIV Services
- Legal Services
- Financial Services
- Housing/Transportation Services
- Family Services
- Intake Processing/Assessment
- Treatment Plan
- Substance Use Monitoring
- Self-Help/Peer Support Groups
- Continuing Care
- Clinical and Case Management
- Behavioral Therapy and Counseling
- Pharmacotherapy
### South Dakota Physical Medicine and Rehabilitation Centers:
- Midwest Pain Clinics, Dakota Dunes – 605.275.3070
- Orthopedic Institute PC, Sioux Falls – 605.331.5890
- Sanford Pain Center, Sioux Falls – 605.328.1990
- Sanford Health Physical Medicine and Rehabilitation, Sioux Falls – 605.328.1860
- The Rehab Doctors, Rapid City – 605.721.7246
- Yankton Medical Clinic PC, Yankton – 605.665.7841

### South Dakota Drug/Alcohol Addiction Treatment Centers:
- Addictions Recovery Center of the Black Hills, Rapid City – 605.225.1010
- Avera Behavioral Health Outpatient Clinic, Sioux Falls – 605.322.4079
- Bartels Counseling Services, Sioux Falls – 605.310.0032
- Behavioral Management Systems, Rapid City – 605.343.7262
- Capital Area Counseling Services, Inc, Pierre – 605.224.5811
- Carroll Institute, Sioux Falls – 605.336.2556
- Community Counseling Services, Huron – 605.352.8596
- Counseling Services, Sioux Falls – 605.331.5724
- Dakota Counseling Institute, Mitchell – 605.996.9686
- Dakota Drug and Alcohol dba Prairie View Prevention, Sioux Falls – 605.331.5274
- Dakota Pride Treatment Center dba Sisseton-Wahpeton Sioux Tribe, Sisseton – 605.698.3917
- Dr. Mark Bontreger, Watertown – 605.882.0800
- East Central Behavioral Health, Brookings – 605.697.2850
- First Step Counseling Services, Sioux Falls – 605.361.1505
- Glory House, Sioux Falls – 605.988.9100
- Human Service Agency, Watertown – 605.886.0123
- Keystone Treatment Center, Sioux Falls – 605.987.5859
- Lewis & Clark Behavioral Health Services, Yankton – 605.665.4606
- Lifeways, Rapid City – 605.716.6555
- Main Gate Counseling Services, Winder – 605.842.0312
- Martin Addiction Recovery Center, Martin – 605.685.6710
- Minnehaha County Detox, Sioux Falls – 605.361.5297
- New Dawn Center, Vale – 605.456.2968
- Northeastern Mental Health Center, Aberdeen – 605.225.1010
- Northern Hills Alcohol and Drug Services, Inc dba Compass Point, Sturgis – 605.347.3003
- Ogala Sioux Tribe – Anpetu Luta Otipi- Kyle – 605.455.2331
- Our Home, Inc Rediscovery, Huron – 605.353.1025
- Pennington County dba County Alcohol and Drug Programs, Rapid City – 605.394.6128
- ROADS Outpatient Treatment Program Inc, Rapid City – 605.348.8026

### South Dakota Medication Assisted Addiction Treatment
- Sioux Falls Treatment Center, Sioux Falls – 605.332.3236
- South Dakota Urban Indian Health, Pierre – 605.224.5811
- Southeastern Behavioral HealthCare, Sioux Falls – 605.336.0510
- Three Rivers MH/CD Center, Lemmon – 605.374.3862
- USD – Student Counseling Center, Vermillion – 605.677.5777
- Volunteers of America – Dakotas, Sioux Falls – 605.334.1414
- Wellspring Inc, Rapid City – 605.718.4870
- Youth and Family Services, Rapid City – 605.342.4789

### South Dakota Community Mental Health Centers:
- Behavior Management Systems, Rapid City – 605.343.7262
- Capital Area Counseling Services, Pierre – 605.224.5811
- Community Counseling Services, Huron – 605.352.8596
- Dakota Counseling Institute, Mitchell – 605.996.9686
- East Central Behavioral Health, Brookings – 605.697.2850
- Human Service Agency, Watertown – 605.886.0123
- Lewis & Clark Behavioral Health Services, Yankton – 605.665.4606
- Southeastern Behavioral HealthCare, Sioux Falls – 605.336.0510
- Northeastern Mental Health Center, Aberdeen – 605.225.1010
- Southern Plains Behavioral Health Services, Winner – 605.842.1465
- Three Rivers Mental Health and Chemical Dependency Center, Lemmon – 605.374.3862

### HELP LINES
- South Dakota Division of Behavioral Health – 1.855.878.6057
- National Suicide Prevention Lifeline or 1-800-273-TALK (free, confidential, 24/7)
- SAMHSA’s Behavioral Health Treatment Services Locator or call National Helpline 1-800-662-HELP (4357)
Frequently Asked Questions

What is a substance use disorder?
A substance use disorder is a disease which occurs when the recurrent use of alcohol and/or drugs causes significant impairments. Impairments may include health problems, disability and failure to meet major responsibilities at work, school or home.

What is an assessment?
An assessment includes an interview with a trained clinician to review a person’s substance use and its impact on his or her daily life.

How are services determined?
A trained clinician recommends a treatment or mix based on an assessment with the individual to best meet his or her needs.

How are services funded?
A variety of funding options are available for a individual who is assessed as needing services. Funding options include:
- Insurance
- Private pay
- Other insurance payers
- Governmental/local and Federal funding
- Medicaid (children and pregnant women)

How do I qualify for state and federal funding?
Individuals who meet programmatic and financial eligibility may qualify for state funded services. The treatment provider will assist the individual in completing the eligibility process.

Is there a program to help pay for medications for behavioral health disorders?
The Medicaid Medication Program provides money for medications for treatment of behavioral health disorders for individuals whose income is at or below 185 percent of the federal poverty level. For additional questions regarding the Medicaid Medication Program, email scholarships@state.sd.us or call 605.773.3123.

Contact Us

For more information or to ask questions, please contact the Division of Behavioral Health at dss.sd.gov/behavioral-health or 1.855.878.6057.

The Department of Social Services does not discriminate, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability or admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a discrimination complaint you may contact Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor’s Drive, Pierre, SD 57501, 605.773.3300.

Español (Spanish) - DSS ofrece servicios gratuitos de asistencia lingüística. Llame al 1.800.355.8558 (TTY: 711) o 605.773.3939.

Deutsch (German) - Wenden Sie sich an die Sprechstunde im Sprechstundenzentrum, siehe unten. Weitere Informationen erhalten Sie unter der Telefonnummer 1.800.355.8558 (TTY: 711).

South Dakota Substance Use Disorder Services

The Division of Behavioral Health awards and contracts with addiction treatment agencies across the state to provide quality services to both adults and youth. Services include screenings and assessments, early intervention services, detoxification, outpatient and inpatient treatment services. Individuals who meet programmatic and financial-eligibility guidelines, or who have considerable personal circumstances, may qualify for state funded services.

Early Intervention Services
Early intervention services offer outpatient services to individuals who may have substance use related problems, but are not diagnosed with a substance use disorder.

Outpatient Treatment Services
Outpatient treatment services provide counseling services to individuals diagnosed with substance use disorders.

Low Intensity Residential Treatment Services
Low intensity residential treatment services include residential, peer-oriented treatment programs for individuals with substance use disorders whose living situation or recovery environment is in conflict with recovery goals. To prepare the client to live successfully in the community, the program provides substance use disorder counseling along with case management services.

Inpatient Treatment Services
Inpatient treatment services provide a residential treatment with medically monitored intervention for individuals with severe substance use disorders.

Detoxification Treatment Services
Detoxification treatment services are residential treatment programs which are licensed and operated by trained staff at facilities throughout the state.
Medication “ladder”

WHO "medication" ladder

Strong Opioids:
- Fentanyl
- Dilaudid
- Oxycontin
- Morphine

Mild Opioids:
- Codeine and Tramadol

Non Opioids:
- Tylenol, NSAID
Alternatives to opiates

Traditional Step Approach
The Chronic Pain Treatment Continuum

http://www.nationalpainfoundation.org/images/ImplantedTherapy
F.D.A. to Expand Medication-Assisted Therapy for Opioid Addicts

By SHEILA KAPLAN   FEB. 25, 2018

RELATED COVERAGE

The Opioid Epidemic  OCT. 26, 2018
A Doctor's Pair  JAN. 12, 2018
Help Shape Treatment  JAN. 12, 2018
What exactly is Buprenorphine?

Buprenorphine (BYOO-pre-NOR-feen) ('bu-pre-’nor-feen) is an opioid medication used to treat opioid addiction in the privacy of a physician’s office. Buprenorphine can be dispensed for take home use, by prescription. This in addition to buprenorphine’s pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids.

Buprenorphine is different from other opioids in that it is a partial opioid agonist. This property of buprenorphine may allow for:

- less euphoria and physical dependence
- lower potential for misuse
- a ceiling on opioid effects
- relatively mild withdrawal profile

At the appropriate dose buprenorphine treatment may:

- Suppress symptoms of opioid withdrawal
- Decrease cravings for opioids
- Reduce illicit opioid use
- Block the effects of other opioids
- Help patients stay in treatment
Patient Monitoring

- SD PDMP
- Urine Drug Screen
- Follow up
- “Functional Assessment”

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cut-Off Level</th>
<th>Approximate Detection Time in Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine (AMP)</td>
<td>1,000 ng/mL</td>
<td>2-4 Days</td>
</tr>
<tr>
<td>Barbiturate (BAR)</td>
<td>300 ng/mL</td>
<td>4-7 Days</td>
</tr>
<tr>
<td>Benzodiazepine (BZO)</td>
<td>300 ng/mL</td>
<td>3-7 Days</td>
</tr>
<tr>
<td>Cocaine (COC)</td>
<td>300 ng/mL</td>
<td>2-4 Days</td>
</tr>
<tr>
<td>Marijuana (THC)</td>
<td>50 ng/mL</td>
<td>15-30 Days</td>
</tr>
<tr>
<td>Methadone (MTD)</td>
<td>300 ng/mL</td>
<td>3-5 Days</td>
</tr>
<tr>
<td>Methamphetamine (mAMP)</td>
<td>1,000 ng/mL</td>
<td>3-5 Days</td>
</tr>
<tr>
<td>Opiate (OPI)</td>
<td>2,000 ng/mL</td>
<td>2-4 Days</td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td>25 ng/mL</td>
<td>7-14 Days</td>
</tr>
<tr>
<td>Tricyclic Antidepressants (TCA)</td>
<td>1,000 ng/mL</td>
<td>7-10 Days</td>
</tr>
</tbody>
</table>
## Year 2016 Most Prescribed Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>RX's</th>
<th>Quantity</th>
<th>Days Supply</th>
<th>Quant/Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCODONE BITARTRATE/ACETAMINOPHEN</td>
<td>259,700</td>
<td>17,490,628</td>
<td>3,410,259</td>
<td>67</td>
</tr>
<tr>
<td>TRAMADOL HCL</td>
<td>172,377</td>
<td>12,040,000</td>
<td>3,246,307</td>
<td>77</td>
</tr>
<tr>
<td>ZOLPIDEM TARTRATE</td>
<td>101,204</td>
<td>3,535,684</td>
<td>3,502,610</td>
<td>35</td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td>99,591</td>
<td>5,033,317</td>
<td>2,431,583</td>
<td>51</td>
</tr>
<tr>
<td>CLONAZEPAM</td>
<td>92,057</td>
<td>5,874,922</td>
<td>2,989,395</td>
<td>64</td>
</tr>
<tr>
<td>DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASP</td>
<td>81,845</td>
<td>4,676,689</td>
<td>3,065,426</td>
<td>57</td>
</tr>
<tr>
<td>METHYLPHENIDATE HCL</td>
<td>70,520</td>
<td>3,789,093</td>
<td>2,557,551</td>
<td>54</td>
</tr>
<tr>
<td>ALPRAZOLAM</td>
<td>69,407</td>
<td>4,352,880</td>
<td>1,999,443</td>
<td>63</td>
</tr>
<tr>
<td>OXYCODONE HCL</td>
<td>57,043</td>
<td>5,019,282</td>
<td>1,155,891</td>
<td>88</td>
</tr>
<tr>
<td>OXYCODONE HCL/ACETAMINOPHEN</td>
<td>51,695</td>
<td>3,481,700</td>
<td>705,685</td>
<td>67</td>
</tr>
</tbody>
</table>
## Year 2017 Most Prescribed Drugs

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>RX's</th>
<th>Quantity</th>
<th>Days Supply</th>
<th>Quant/Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCODONE BITARTRATE/ACETAMINOPHEN</td>
<td>234,367</td>
<td>14,907,415</td>
<td>2,988,796</td>
<td>64</td>
</tr>
<tr>
<td>TRAMADOL HCL</td>
<td>154,669</td>
<td>11,638,818</td>
<td>2,888,230</td>
<td>75</td>
</tr>
<tr>
<td>ZOLPIDEM TARTRATE</td>
<td>93,564</td>
<td>3,242,861</td>
<td>3,226,180</td>
<td>35</td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td>93,274</td>
<td>4,604,022</td>
<td>2,242,364</td>
<td>49</td>
</tr>
<tr>
<td>CLONAZEPAM</td>
<td>86,832</td>
<td>5,443,940</td>
<td>2,790,365</td>
<td>63</td>
</tr>
<tr>
<td>DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE</td>
<td>86,360</td>
<td>4,815,099</td>
<td>3,156,858</td>
<td>56</td>
</tr>
<tr>
<td>SULF-ASP</td>
<td>68,744</td>
<td>3,640,174</td>
<td>2,454,523</td>
<td>53</td>
</tr>
<tr>
<td>METHYLPHENIDATE HCL</td>
<td>65,948</td>
<td>4,001,582</td>
<td>1,853,393</td>
<td>61</td>
</tr>
<tr>
<td>ALPRAZOLAM</td>
<td>53,291</td>
<td>4,457,097</td>
<td>1,005,055</td>
<td>84</td>
</tr>
<tr>
<td>OXYCODONE HCL</td>
<td>46,183</td>
<td>1,705,341</td>
<td>1,661,310</td>
<td>37</td>
</tr>
</tbody>
</table>

*VA reporting began in Dec 2014*

Prescriptions: 259,700  v 234,367

Hydrocodone doses: 17.4 million  v 14.9 million
MME’s Prescribed Per Capita, South Dakota, 2015
Socio-Economic Problem

• Increase access to mental health and addiction services
• Psychosocial support
• Opioid maintenance: buprenorphine
• Availability of naltrexone
SOUTH DAKOTA STATE MEDICAL ASSOCIATION