

Oregon Prescription Controlled Substances Toolkit

Health System Level Interventions		
Strategies	Links	References
<p>1. Integrate PDMP patient data reviews when prescribing a new controlled substance, for early refill requests, and as part of pain management routines; enroll providers and develop system use protocols.</p>	<p>Oregon Prescription Drug Monitoring Program http://www.orpdmp.com/</p>	<p>Joranson et al., 2002 ¹</p> <p>GAO 2002 ²</p> <p>Brushwood 2003 ³</p> <p>Manchikanti 2007 ⁴</p> <p>MITRE 2012 ⁵</p>
<p>2. Integrate mental health and substance abuse screening into the health care standard of care for all ages; refer to behavioral health services and detoxification centers.</p>	<p>Screening, brief intervention, and referral to treatment http://www.sbirtoregon.org/</p> <p>Depression Screening http://www.jfponline.com/pdf/5202/5202jfp_applievidence1.pdf</p> <p>Clinical Drug Testing http://store.samhsa.gov/product/TAP-32-Clinical-Drug-Testing-in-Primary-Care/SMA12-4668</p> <p>SAMHSA Mental Health Treatment Locator http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jspx</p> <p>SAMHSA Drug and Alcohol Abuse Treatment Locator http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx</p>	<p>Grattan et al., 2012 ⁶</p> <p>Nease and Maloin 2003 ⁷</p>
<p>3. Lock at-risk patients into one prescriber and one dispenser.</p>	<p>SAMHSA TIP 54: Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorder http://store.samhsa.gov/product/TIP-54-Managing-Chronic-Pain-in-Adults-With-or-in-Recovery-From-Substance-Use-Disorders/SMA12-4671</p>	<p>Cantrill et al., 2012 ⁸</p>

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<p>4. Implement use of a patient safety plan with patients who are identified with a problem and present a danger to themselves and/or others – conduct warm hand offs when warranted.</p>	<p>National Suicide Prevention Lifeline 1-800-273-TALK or 1-800-273-8255</p> <p>Get Help – Oregon Addictions and Mental Health Services http://www.oregon.gov/oha/amh/pages/gethelp.aspx</p> <p>Oregon County Crisis lines http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/cntymap.aspx</p> <p>Suicide Prevention Resource Center http://www.sprc.org/for-providers</p>	<p>Weaver and Schnoll 2004 ⁹</p>
<p>5. Establish continuity of care among providers working in pain care, primary care, specialties and substance abuse care.</p>	<p>Oregon Health Authority Coordinated Care Organizations https://cco.health.oregon.gov/Pages/Home.aspx</p>	
<p>6. Co-prescribe naloxone with opioid prescriptions to at-risk patients; ensure EMT access to naloxone to counter the effects of opioid overdose.</p>	<p>Project Lazarus http://projectlazarus.org/</p> <p>DOPE Project http://harmreduction.org/issues/overdose-prevention/tools-best-practices/naloxone-program-case-studies/dope-project/</p> <p>Prescribe to Prevent http://prescribetoprevent.org/about/</p>	<p>CDC 2012 ¹⁰</p> <p>Enteen et al., 2010 ¹¹</p>

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7. Implement system-wide use of comprehensive pain management guidelines.	<p>Clinical Guidelines for Opioid Treatment in Chronic Noncancer Pain http://www.jpain.org/article/S1526-5900(08)00831-6/abstract</p> <p>Clinical Guidelines for Diagnosis and Treatment of Low Back Pain http://annals.org/article.aspx?articleid=736814</p> <p>Pharmacological Management of Persistent Pain in Older Persons http://www.americangeriatrics.org/files/documents/2009_Guideline.pdf</p> <p>Assessment and Management of Acute Pain in Infants, Children and Adolescents http://pediatrics.aappublications.org/content/108/3/793.full.pdf+html</p>	<p>Chou et al., 2009 ¹²</p> <p>Chou et al., 2007 ¹³</p> <p>Hagan et al., 2001 ¹⁴</p> <p>Ferrell 2009 ¹⁵</p>
8. Develop systems to increase delivery and use of brief interventions to reduce excessive drug and alcohol use.	<p>Oregon Addictions and Mental Health Services http://www.oregon.gov/oha/amh/Pages/index.aspx</p> <p>Oregon Alcohol and Drug Policy Commission http://www.doj.state.or.us/adpc/Pages/index.aspx</p> <p>Addiction Technology Transfer Center Network http://www.attcnetwork.org/index.asp</p>	
9. Prescribe buprenorphine to treat opiate addiction; increase the number of providers with buprenorphine prescribing privileges.	<p>Clinical guidelines for the use of buprenorphine in the treatment of opioid addiction http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf</p>	

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10. Integrate PDMP patient data reviews when conducting community mental health and alcohol and drug treatment assessments – have patients request copies of their reports when necessary.	Oregon Prescription Drug Monitoring Program – Patient Access to Their Reports http://www.orpdmp.com/patient-rights/	

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Community Level Interventions		
Strategies	Links	References
<p>1. Educate the public about the dangers of controlled substance prescription drugs – how they relate to accidents, suicide, addiction, assaults and chronic disease.</p>	<p>Lines for Life http://www.linesforlife.org/</p> <p>Oregon Poison Center http://www.ohsu.edu/poison/</p>	<p>CDC 2011 ¹⁶</p> <p>Dunn et al., 2010 ¹⁷</p> <p>Warner et al., 2009 ¹⁸</p> <p>CDC 2012 ¹⁹</p>
<p>2. Promote the practice among patients of locking up prescription medications.</p>	<p>National Safety Council poison prevention http://www.nsc.org/SAFETY_HOME/HOMEANDRECREATIONALSAFETY/POISONING/Pages/Poisoning.aspx</p> <p>Lock Your Meds http://www.lockyourmeds.org/</p>	
<p>3. Implement systematic drug take back efforts.</p>	<p>Take Back Your Meds http://www.takebackyourmeds.org/</p>	
<p>4. Educate the public about pain management; increase access to alternative therapy options.</p>	<p>Oregon Pain Management Commission http://www.oregon.gov/oha/ohpr/pages/pmc/index.aspx</p>	<p>IOM 2011 ²⁰</p>

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