

January 2014

Dear Colleague:

I am writing to ask for your help in providing effective care for patients with dangerous patterns of use of opioid analgesics and other controlled substances. These New Yorkers are at risk for adverse consequences, including death from drug overdose, and many do not receive effective treatment for their disorder.

The New York State (NYS) Internet System for Tracking Overprescribing (I-STOP) law requires that providers consult the state Prescription Monitoring Program (PMP), a registry of controlled-substance prescriptions filled by New Yorkers, before prescribing or dispensing Schedule II, III, or IV controlled substances (see the [NYS Bureau of Narcotic Enforcement](#) for information). Since I-STOP was implemented in August 2013, the New York City Health Department has received requests from providers for guidance on what to do if they learn from the PMP that a patient is receiving controlled substances from multiple sources. These patients may have untreated substance use disorders. There are steps you can take to help treat these patients and to protect all patients from adverse events associated with controlled substances.

If your patient has a worrisome number of prescriptions written by different providers and/or filled at different pharmacies:

- Your patient might have a substance use disorder. Discuss your concern with the patient, providing an opportunity for the patient to disclose a problem. Consider whether the patient meets criteria for a substance use disorder (see *Am J Psychiatry* 2013;170:834-851).¹ If so, explain that effective treatments are available and provide or refer for treatment. The [Substance Abuse and Mental Health Services Administration](#) and the [New York State Office of Alcoholism and Substance Abuse Services](#) offer searchable databases of treatment locations.
- Calculate the total morphine milligram equivalent (MME) dosages for opioid prescriptions to assess your patient's risk for overdose. A large proportion of opioid overdoses occur among patients receiving total dosages of 100 MMEs or greater.² The NYC Health Department has an online [Morphine Milligram Equivalent Calculator](#).
- Address potential drug interactions that put your patient at increased risk for overdose. In particular, benzodiazepines increase the risk of potentially fatal respiratory depression when taken with opioid analgesics. Educate your patients about the risks of combining benzodiazepines and opioids, and, whenever possible, avoid a medication plan that involves use of both benzodiazepines and opioids.
- If you think your patient is sharing or selling medication, consider urine drug testing to determine whether opioids may be discontinued without causing withdrawal. For example, if confirmatory testing is negative for prescribed opioids, your patient may not be physiologically dependent on opioids. See [City Health Information: Preventing Misuse of Prescription Opioid Drugs](#) for information on urine drug testing.

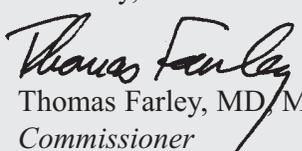
If your patient is physiologically dependent on opioids or benzodiazepines:

- Avoid abruptly discontinuing opioids, because this can cause significant physical distress. Moreover, the patient may miss an important opportunity to begin effective treatment or may seek other opioids, including heroin. See [City Health Information: Preventing Misuse of Prescription Opioid Drugs](#) for protocols to safely taper opioids.
- Avoid abruptly discontinuing benzodiazepines.³⁻⁶ Withdrawal can be severe, causing hallucinations and seizures, and in rare cases has been life-threatening.³⁻⁷ Taper benzodiazepines gradually, just as you would opioids.
- If you taper or discontinue medications, explain to the patient that you are abandoning the dangerous treatment, not him or her. Communicate your concern for your patient's safety and well-being.
- If the patient has a substance use disorder, offer treatment or a referral.

By following this guidance, you can help patients with untreated substance use disorders find potentially life-saving treatment and protect patients from serious or fatal consequences of prescription drugs.

Finally, if you are not already certified to prescribe buprenorphine, an effective medication to treat opioid use disorders in general medical settings, consider obtaining a certification. Visit the [Center for Substance Abuse Treatment Buprenorphine Information Center](#) for more information.

Sincerely,


Thomas Farley, MD, MPH
Commissioner

References

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