

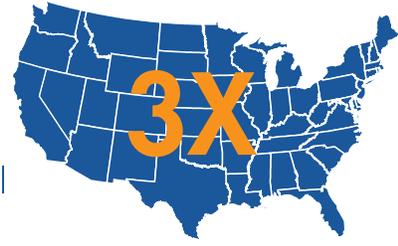
Opioid Prescribing Guidelines

Opioid medications continue to injure and kill too many Butte County Residents. The Butte County Substance Abuse Task Force, working with a coalition of concerned physicians, have created the following Butte County Chronic Opioid Prescribing Guidelines.

The rate of opioid prescriptions in Butte County is two times higher than CA.



The amount of opioid prescribed to Butte County residents is three times the national average.



Guidelines for all Prescribers

1. Strongly consider not starting opioids for chronic conditions. The evidence that chronic opioid use improves pain or quality of life is weak and the evidence for individual and community harm is strong.
2. If you choose to use opioids, use the smallest dose for the shortest amount of time. Discuss the duration of treatment prior to starting an opioid.
3. Every person on a chronic daily 50 MME dose or higher will be prescribed naloxone.
4. Check CURES with each new controlled substance prescription and at least every four months for on-going prescriptions. This is the law in California.
5. Patients may take an opioid or a benzodiazepine, but not both.
6. We do not recommend using soma for any reason.

Guidelines for Emergency Care

1. Every person seen for an overdose that includes opioids will receive naloxone or a prescription for naloxone upon discharge.
2. Emergency rooms will not provide temporary or replacement doses for chronic pain patients. This includes lost, stolen or destroyed medications. It also includes those missing methadone doses.
3. Emergency rooms will check CURES for each patient receiving any opioid medication.
4. Nothing stronger than Percocet will be prescribed from an ER.
5. All opioid prescriptions should be limited to 20 or less pills.
6. No refills for opioids should be given.
7. Opioid prescriptions should not be dispensed more frequently than every thirty days. Regardless of chief complaint.

Opioid Prescribing Guidelines endorsed by:

