

Our Opioid Epidemic



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GOVERNOR'S TASK FORCE ON PRESCRIPTION DRUG AND OPIOID ABUSE
MICHIGAN STATE COMMISSION ON OPIOID AND PRESCRIPTION DRUG ABUSE
CHAIR, MOA PRESIDENTIAL TASK FORCE ON SAFE OPIOID USE

The Opioid Mortality Crisis Continues...



In the US for 2014, opioids killed ...

- ▶ Almost 29,000 people, more than any year on record
- ▶ More than 10,500 people died from heroin overdose



MMWR / January 1, 2016 / 64(50);1378-82

Objectives – The physician will be able to:

- ▶ Identify important trends in morbidity and mortality caused by opioids
- ▶ Demonstrate the link between physician behavior and opioid addiction
- ▶ Relate the importance of using appropriate opioid writing protocols in daily practice
- ▶ Discuss the continuum between opioid prescribing and heroin addiction
- ▶ Describe several screening protocols for assessing patient depression and addiction
- ▶ Apply morphine equivalence conversion tools
- ▶ Evaluate appropriate physician prescription writing behaviors
- ▶ Create an appropriate office protocol for appropriate opioid prescription writing.

DEFINITIONS

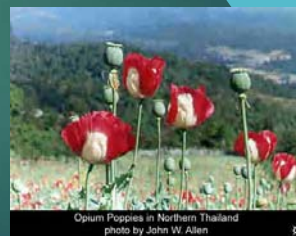


Papaver Somniferum
"Poppy Plant"

- Opium
 - Fluid obtained from the poppy plant
- Opiate
 - a substance derived from opium
- Opioid
 - substance with morphine-like actions, but not derived directly from the poppy plant

OPIATES

- ▶ OPIUM COMES FROM THE POPPY PLANT - PAPAVER SOMNIFERUM
 - An erect herbaceous annual or biennial which grows in 3 major areas of the world: Southeast Asia, Middle East, and Latin and South America
 - ▶ 50 to 150 cm tall
 - ▶ Stems are slightly branched
 - ▶ Leaves are large, erect, and oblong
 - ▶ Petals are 4 - 8 cm in length
 - ▶ Petal colors are white, pink, purple and violet



Opium Poppies in Northern Thailand
photo by John W. Allen

PROCESS OF DERIVING OPIUM FROM POPPIES



- ▶ After flowering, the petals drop in a few days leaving bulbous green capsules atop the stalks. These are the seed pods.

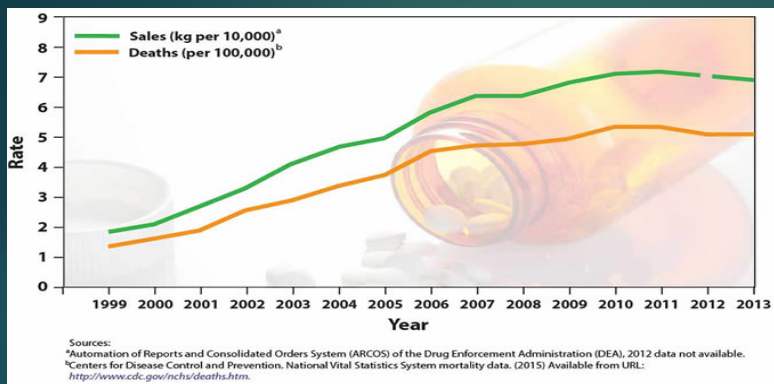
PAPAVER SOMNIFERUM



- ▶ Incisions are made in the pods and the milky fluid that oozes out is air dried. This must be done while the pods are still green.



Prescription painkiller sales and deaths



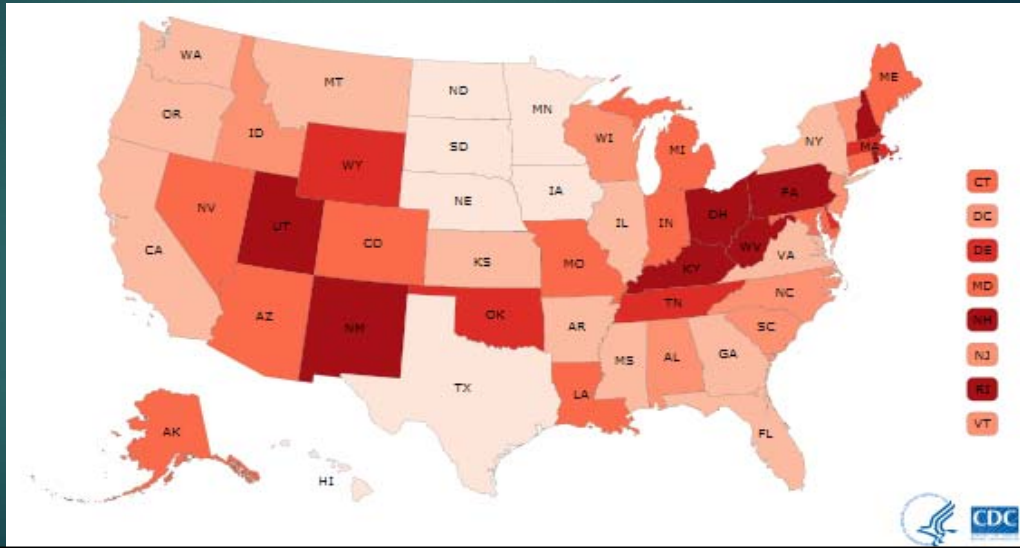
What replaced the neighborhood ice cream truck...



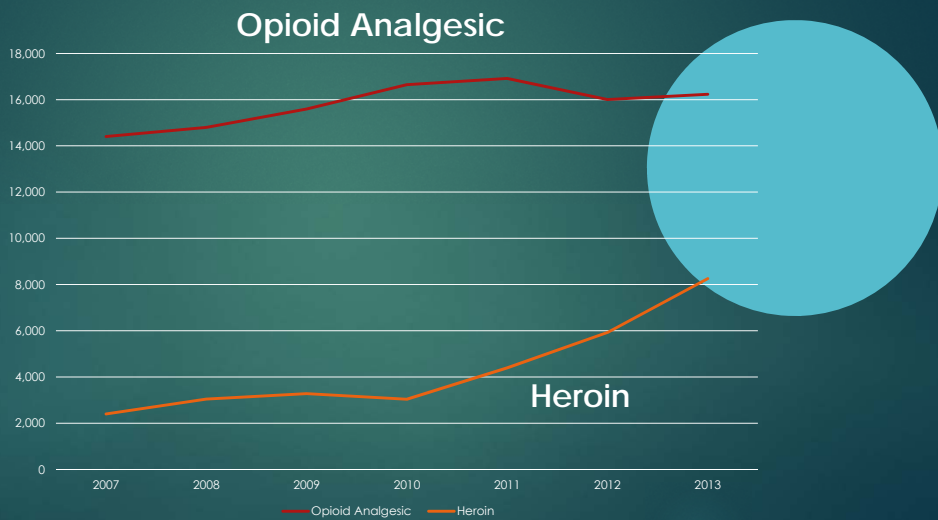
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 POLITICAL CARTOONS.COM

Drug overdose deaths by state, US 2014

Number and age-adjusted rates

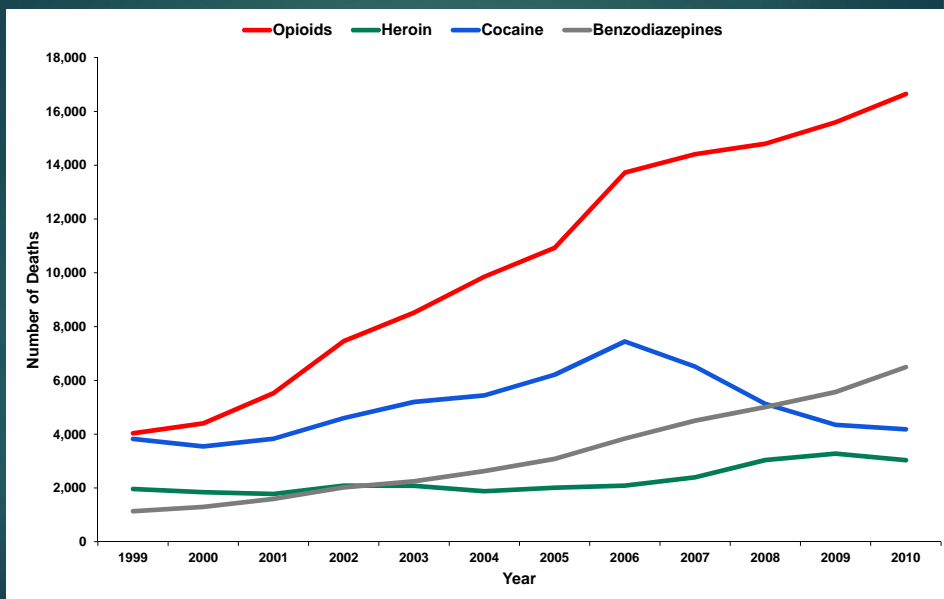


2/3 of All Deaths are Directly Related to Prescription Opioids

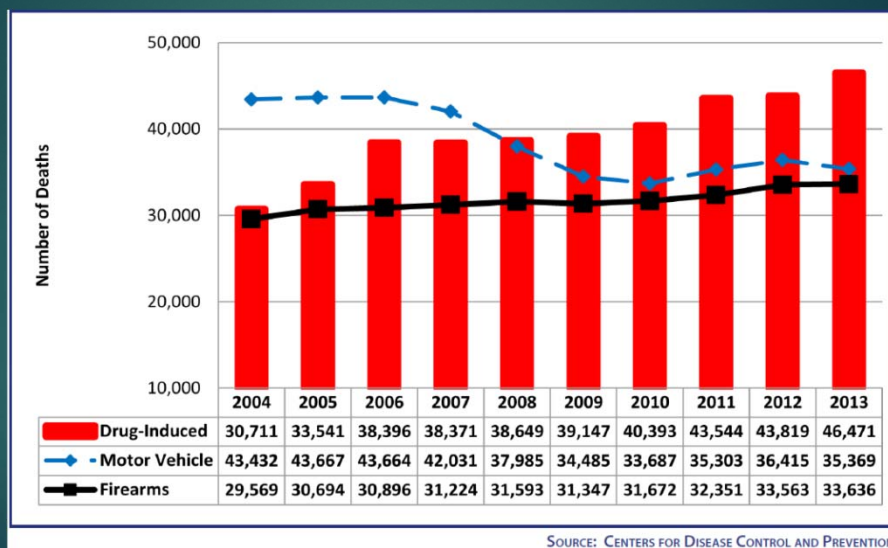


NCHS/CDC Final Death Data For Each Year

Drug Overdose Deaths by Major Drug Type, United States, 1999–2010

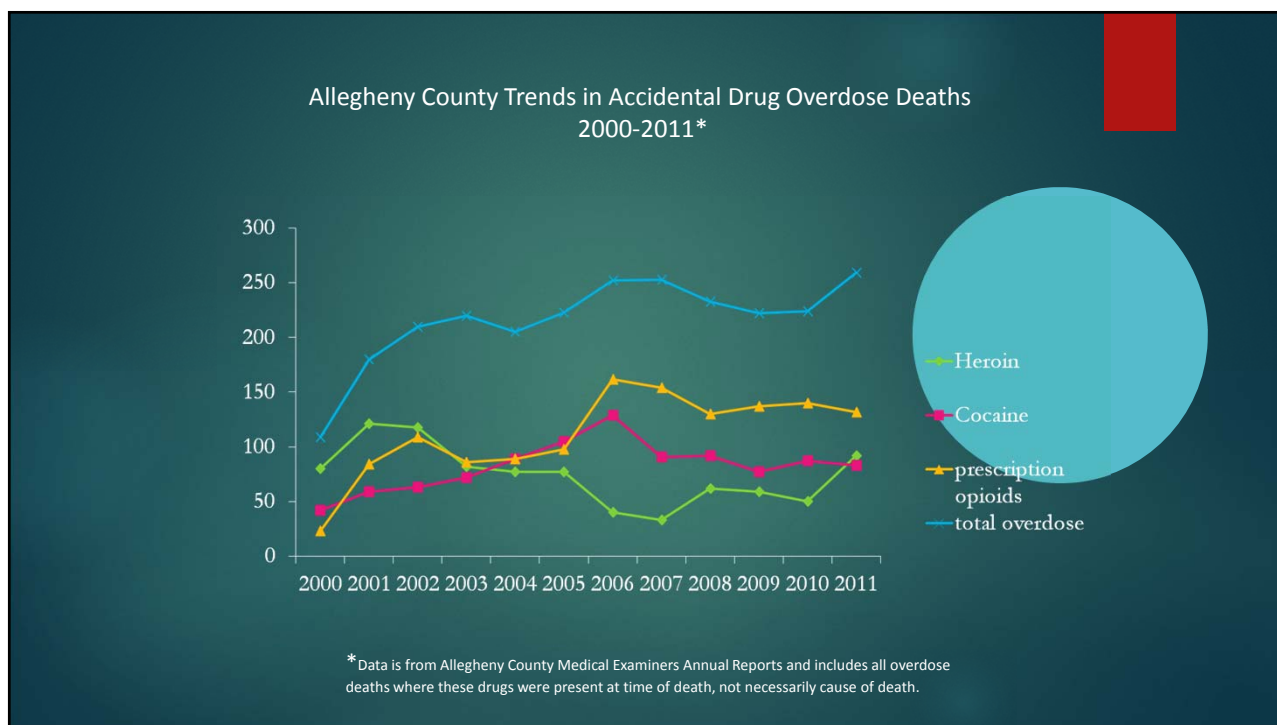


Drug Induced Deaths Outpace Motor Vehicle & Firearm Deaths



| DRUG OVERDOSE DEATHS IN PENNSYLVANIA | | | |
|--------------------------------------|------------------|---------------|----------------|
| Year | Number of Deaths | PA Population | Rate per 1,000 |
| 2011 | 1,909 | 12,742,886 | 15.4 |
| 2010 | 1,550 | 12,702,379 | 12.5 |
| 2008 | 1,522 | 12,448,279 | 12.6 |
| 2006 | 1,344 | 12,440,621 | 11.2 |
| 2004 | 1,278 | 12,406,292 | 10.6 |
| 2002 | 895 | 12,335,091 | 7.5 |
| 2000 | 896 | 12,281,054 | 7.4 |
| 1998 | 628 | 12,001,451 | 5.4 |
| 1996 | 630 | 12,056,112 | 5.4 |
| 1994 | 596 | 12,052,410 | 5.1 |
| 1992 | 449 | 11,995,405 | 3.8 |
| 1990 | 333 | 11,881,643 | 2.7 |

DDAP, 2014



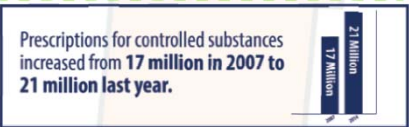
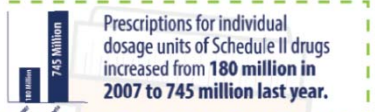
Epidemics of Unintentional Drug Overdoses in Ohio 1979-2012^{1,2,3}



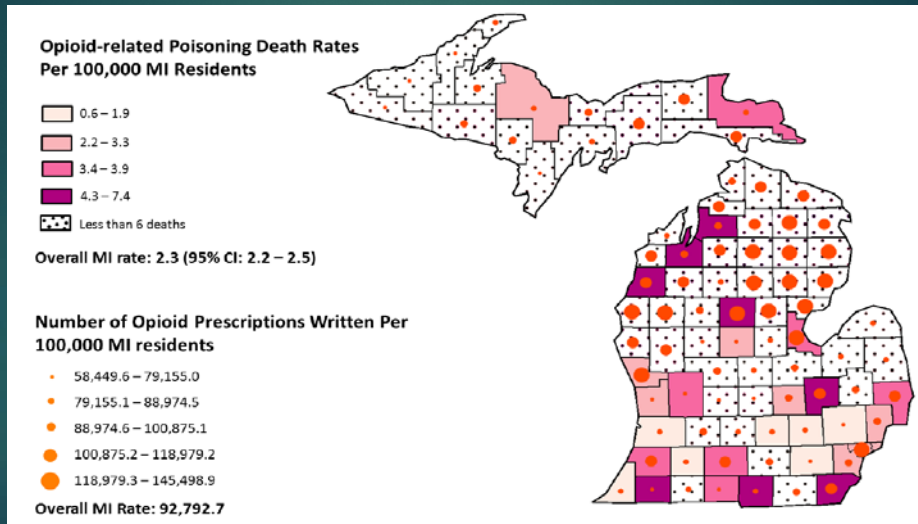
Source: ¹WONDER (NCHS Compressed Mortality File, 1979-1998 & 1999-2005) ²2006-2011 ODH Office of Vital Statistics, ³Change from ICD-9 to ICD-10 coding in 1999 (caution in comparing before and after 1998 and 1999)

MICHIGAN'S GROWING DRUG AND OPIOID ABUSE PROBLEM BY THE NUMBERS

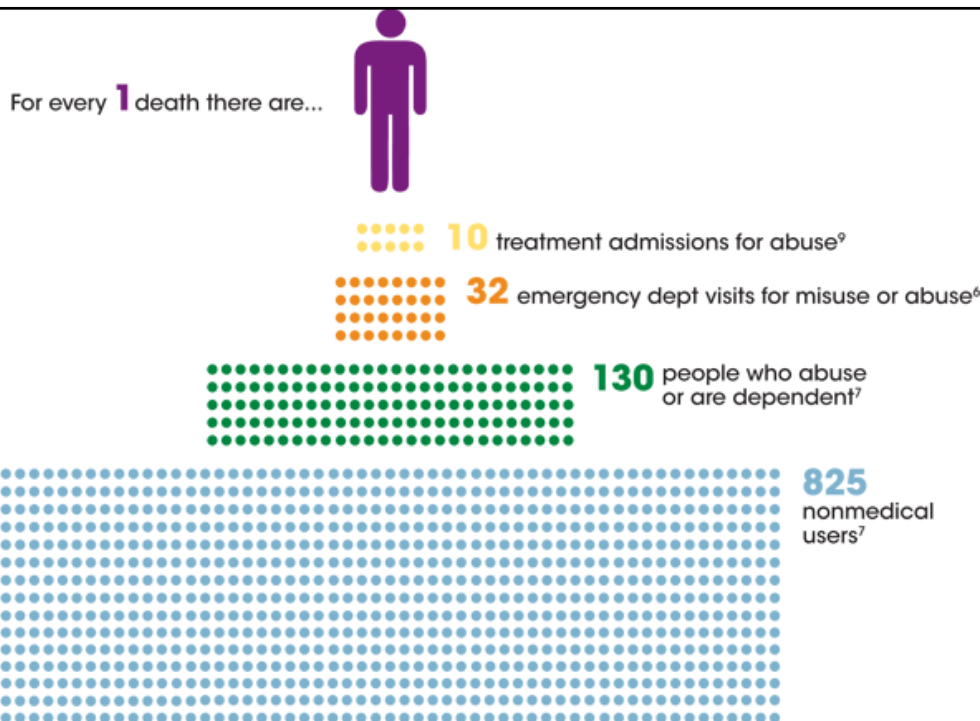
The Michigan Prescription Drug and Opioid Abuse Task Force has developed strategic statewide recommendations to address Michigan's growing prescription drug and opioid abuse problem.



Opioid-related Deaths and Prescriptions Written by MI County, 2009-2013



http://www.michigan.gov/lara/0,4601,7-154-35299_63294_63303_55478_55484---.00.html



High Risk Populations

- ❑ People taking high daily doses of opioids
- ❑ People who “doctor shop”
- ❑ People using multiple abusable substances like opioids, benzodiazepines, other CNS depressants, illicit drugs
- ❑ Low-income people and those living in rural areas
- ❑ Medicaid populations
- ❑ People with substance abuse or other mental health issues

White AG, Binbaum HG, Schiller M, Tang J, Katz NP. Analytic models to identify patients at risk for prescription opioid abuse. *Am J Managed Care* 2009;15(12):897-906.
Hall AJ, Logan JE, Tobin RL, Kaplan JA, Kraner JC, Biker D, et al. Patterns of abuse among unintentional pharmaceutical overdose fatalities. *JAMA* 2008;300(22):2613-20.
Paulozzi LJ, Logan JE, Hall AJ, et al. A comparison of drug overdose deaths involving methadone and other opioid analgesics in West Virginia. *Addiction* 2009;104(9):1541-8.
Dunn KM, Saunders KW, Ruffler CM, Banta-Green CJ, Merrill JO, Sullivan MD, et al. Opioid prescriptions for chronic pain and overdose: a cohort study. *Ann Intern Med* 2010;152(2):85-92.
Bohnerf AS, Valenstein M, Bair MJ, Ganoczy D, McCarthy JF, Ilgen MA, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. *JAMA* 2011;305(13):1315-1321.

Opioid abuse is a continuum!

HEROIN addiction starts here...

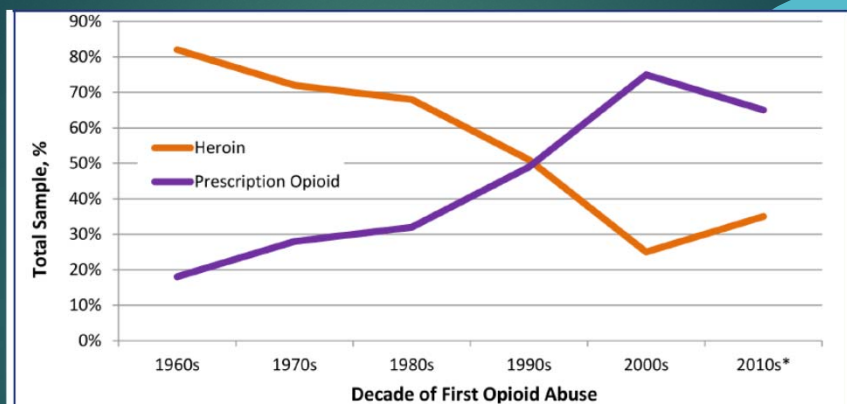


CombatHeroin.ny.gov
New York State Office of Alcoholism and Substance Abuse Services

For help 24 hours a day, 7 days a week, call
1-877-8-HOPENY
(1-877-846-7369)




60-70% of Heroin Users Abused Prescription Opioids First



*Note: 2010s data includes only 2010 to 2013.

Source: Journal of the American Medical Association Psychiatry; Cicero, Theodore J., PhD; Matthew S. Ellis, MPE; Hillary L. Surratt, PhD; Steven P. Kurtz, PhD, The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years, July 2014.



Who is to blame for this problem?







The New York Times

How Doctors Helped Drive the Addiction Crisis

"Diversion of prescription pills to the street market promotes the addiction to painkillers that leads to overdose deaths. We are focusing on charging doctors, pharmacists and the networks that are putting this poison on the streets."

- U.S. Attorney Barbara McQuade

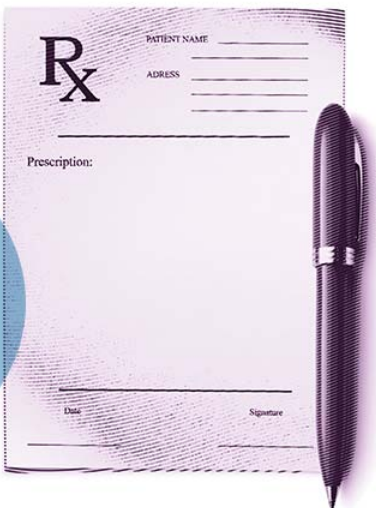

New fix for opioid epidemic takes aim at doctors' Rx pads

Obama says nation's doctors key to fixing opioid abuse epidemic

USA TODAY


Modern Healthcare

CHANGING THE WORLD



At least
HALF

of all opioid overdose deaths involve a **prescription opioid.**



JAMA, March 2014:
CDC researchers reported that those at **highest risk of overdose** are likely to get the drugs from a physician.



Pressures to Prescribe



A good idea gone bad



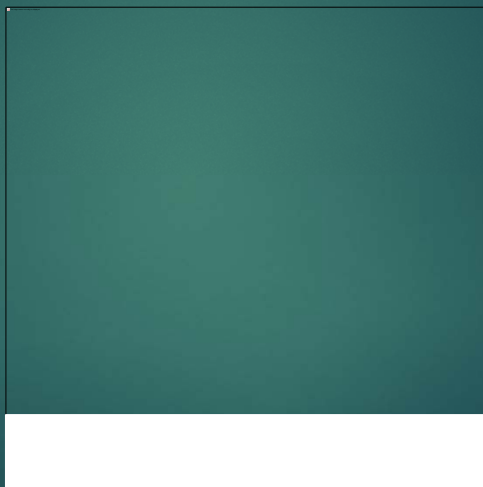
It is no longer possible to simply
continue previous practices.....

the associated risks of opioid
diversion, overdose, and addiction
demand change (now).

From the National Institute on Drug Abuse, National Institutes of
Health (NIDA), Bethesda, MD and the Treatment Research
Institute, Philadelphia

N Engl J Med 2016;374:1253-63. DOI: 10.1056/NEJMra1507771

How do we meet this challenge?



In 2016, The CDC Accelerated It's Campaign Prevent Addiction and Overdose

<http://www.cdc.gov/drugoverdose/opioids/heroin.html>

Highlights of the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain

OPM)

(ie, MAPS)

2016 CDC Guideline for Prescribing Opioids for Chronic Pain

Determining When to Initiate or Continue Opioids for Chronic Pain

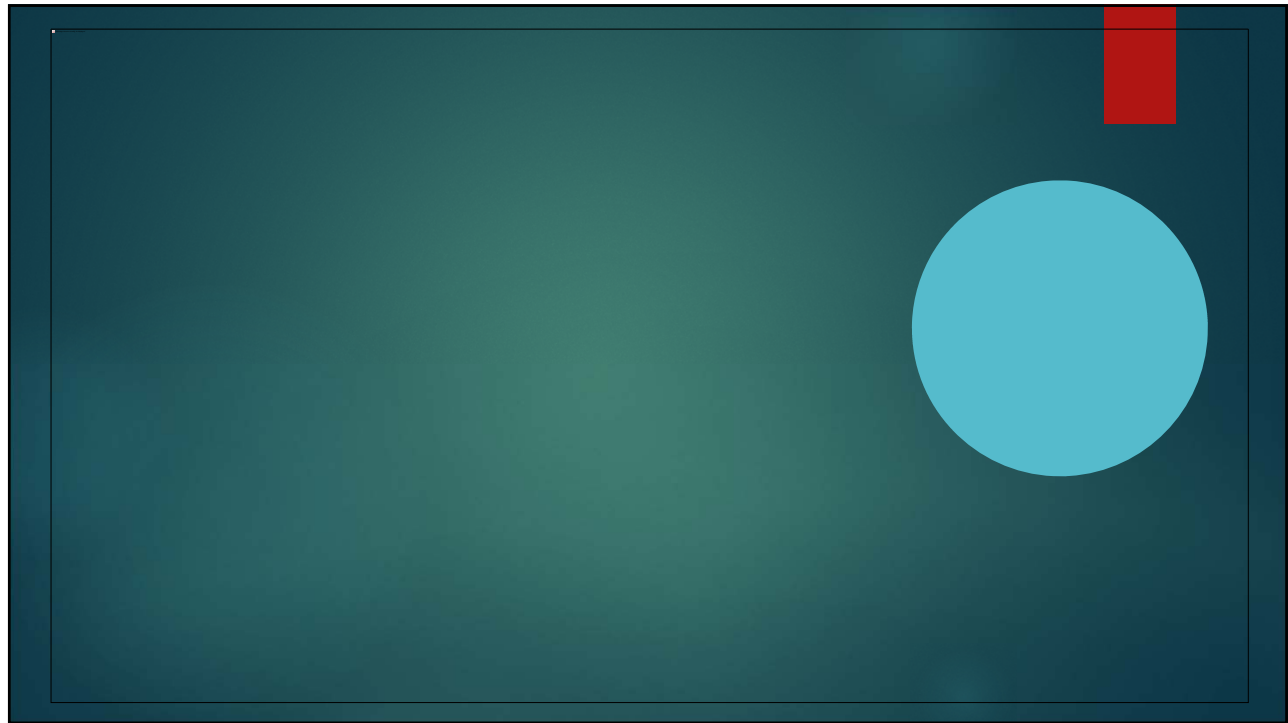
1. Nonpharmacologic therapy (including OMM) and non-opioid pharmacologic therapy are preferred for chronic pain
 - ▶ Consider opioid therapy only if expected benefits for both pain and function outweigh risks to the patient
2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function
 - ▶ Continue opioid therapy only if there is clinically meaningful improvement in pain and function

¹Adapted from 16 MMWR / March 15, 2016 / Vol. 65

2016 CDC Guideline for Prescribing Opioids for Chronic Pain (Continued)

3. Discuss known risks and realistic benefits of opioid therapy before starting and periodically during opioid therapy
4. Prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids when starting opioid therapy for chronic pain
5. Prescribe the lowest effective dosage when starting opioids
 - ▶ Use caution when prescribing opioids at any dosage
 - ▶ Carefully reassess evidence of individual benefits and risks when increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day
 - ▶ Avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day

¹Adapted from 16 MMWR / March 15, 2016 / Vol. 65



2016 CDC Guideline for Prescribing Opioids for Chronic Pain (Continued)

Opioid Selection, Dosage, Duration, Follow-Up, and Discontinuation

6. For acute pain, prescribe the lowest effective dose of immediate-release opioids and prescribe no greater quantity than needed for the expected duration
 - ▶ Three days or less will often be sufficient; more than seven days will rarely be needed
7. Evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation.
 - ▶ If benefits do not outweigh harms of continued opioid therapy, optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids

¹Adapted from 16 MMWR / March 15, 2016 / Vol. 65

2016 CDC Guideline for Prescribing Opioids for Chronic Pain (Continued)

Assessing Risk and Addressing Harms of Opioid Use

8. Evaluate risk factors for opioid-related harm and mitigate risk
 - ▶ Offer naloxone when factors that increase risk for opioid overdose exist
 - ▶ Risk factors include history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use

¹Adapted from 16 MMWR / March 15, 2016 / Vol. 65

MI Comp. Law
333.17744b (1b)
October 14, 2014

ICD-10 – HZ95

2016 CDC Guideline for Prescribing Opioids for Chronic Pain (Continued)

Assessing Risk and Addressing Harms of Opioid Use

9. Review the patient's history of controlled substance prescriptions using state database to determine misuse or abuse

- ▶ Review data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months
- ▶ Identify patterns for doctor shopping or disjointed coordination of care and address them

¹Adapted from 16 MMWR / March 15, 2016 / Vol. 65

2016 CDC Guideline for Prescribing Opioids for Chronic Pain (Continued)

Assessing Risk and Addressing Harms of Opioid Use

10. Use urine drug testing before starting opioid therapy and consider repeating annually to assess misuse or abuse
11. Avoid prescribing opioid pain medication and benzodiazepines concurrently
12. Offer or arrange evidence-based MAT (usually with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder

¹Adapted from 16 MMWR / March 15, 2016 / Vol. 65

Guidance for Primary Care Providers on Safe and Effective Use of Opioids for Chronic Non-cancer Pain

- ❑ **Establish an opioid treatment agreement**
- ❑ **Screen for**
 - Prior or current substance abuse
 - Depression
- ❑ **Use random urine drug screening judiciously**
 - Shows patient is taking prescribed drugs
 - Identifies non-prescribed drugs
- ❑ **Do not use concomitant sedative-hypnotics**
- ❑ **Track pain and function to recognize tolerance**
- ❑ **Seek help if dose reaches 120 mg MED, and pain and function have not substantially improved**

<http://www.agencymeddirectors.wa.gov/opioiddosing.asp>
MED, Morphine equivalent dose

Open-source Tools Added to June 2010 Update of Opioid Dosing Guidelines

- ❑ Opioid Risk Tool: Screen for past and current substance abuse
- ❑ CAGE-AID screen for alcohol or drug abuse
- ❑ Patient Health Questionnaire-9 screen for depression
- ❑ 2-question tool for tracking pain and function
- ❑ Advice on urine drug testing

CAGE, "cut down" "annoyed" "guilty" "eye-opener"

<http://www.agencymeddirectors.wa.gov/opioiddosing.asp#DC>

Screening for Addiction Risk

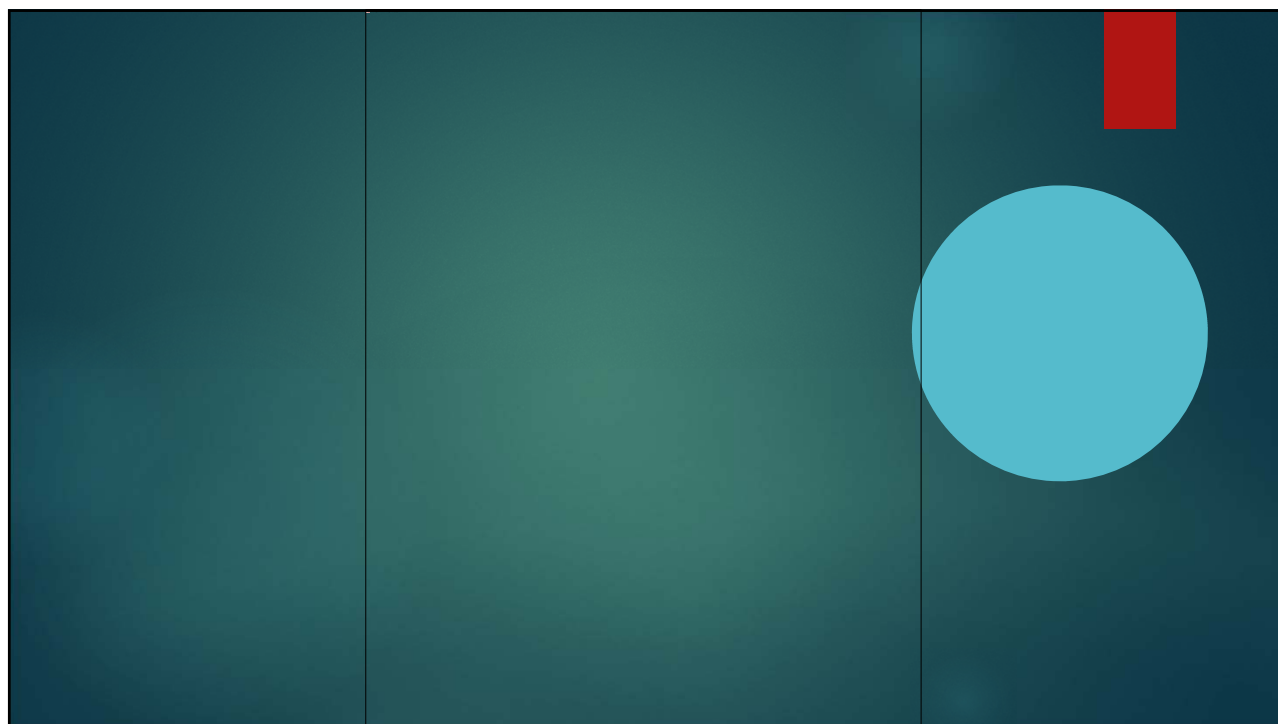
- ▶ Measures for screening for addiction risk
 - STAR/SISAP¹
 - CAGE AID²
 - Opioid Risk Tool (Emerging Solutions in Pain)³
 - SOAPP (see painedu.org)⁴
- ▶ Psychiatric interview assessment of risk
 - Chemical
 - Psychiatric
 - Social/Familial
 - Genetic
 - Spiritual

¹Friedman R, Mehrotra D. Treating pain patients at risk: Evaluation of a screening tool in opioid-treated pain patients with and without addiction. *Pain Medicine*. 2003; 4(2): 182-185

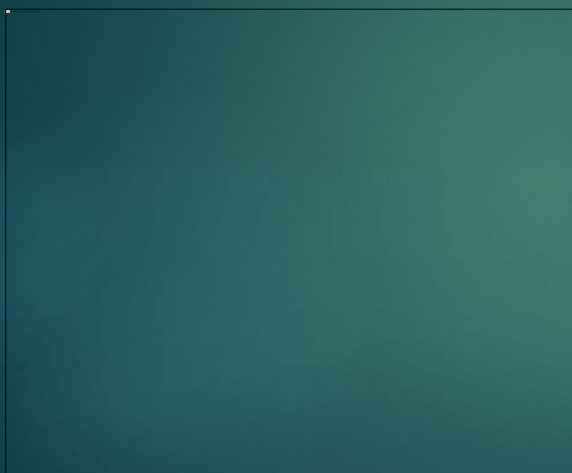
²Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wisconsin Medical Journal*. 1995; 94(3): 135-140 (retrieved from <http://www.integration.samhsa.gov/images/res/CAGEAID.pdf> on February 15, 2013).

³Webster LR. Predicting aberrant behaviors in opioid treated patients: Preliminary validation of the opioid risk tool. *Pain Medicine*. 2005; 6(6): 432-442.

⁴Akkik H, et al. Validation and Clinical Application of the Screener and Opioid Assessment for Patients with Pain (SOAPP). *Journal of Pain and Symptom Management*. 2006; 32(3): 287-293.



What do we hope to achieve?



We hope to:

- ▶ Prevent Death with Naloxone
- ▶ Stabilize Addiction with MAT
- ▶ Establish Long Term Treatment Goals for Successful Recovery
- ▶ Change Opioid Prescribing Habits
- ▶ Shrink the Supply and Demand of Illicit Drugs

