

Medical Community Impacts of Prescription Opioid Abuse

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Discussion Points

- ▶ What is Interventional Pain Management
- ▶ Brief history of opioid prescriptions
- ▶ Opioid therapy in the medical community and the paradigm shift
- ▶ Impact on society
- ▶ Medication management from a physicians perspective
- ▶ Applying appropriate safeguards for patients, families, and friends

What is Interventional Pain Management

- ▶ A comprehensive treatment approach developed with specific goals to improve the quality of life and restore normal physiologic function
- ▶ Reduce the need for addictive pain medication
- ▶ Assist with increasing activity levels of the patient via an active rehabilitation program
- ▶ Reduces the cost of medical care and assist in a quicker and easier return to work
- ▶ Decrease depression, anxiety, and irritability
- ▶ Patient guidance in interdisciplinary treatment approaches

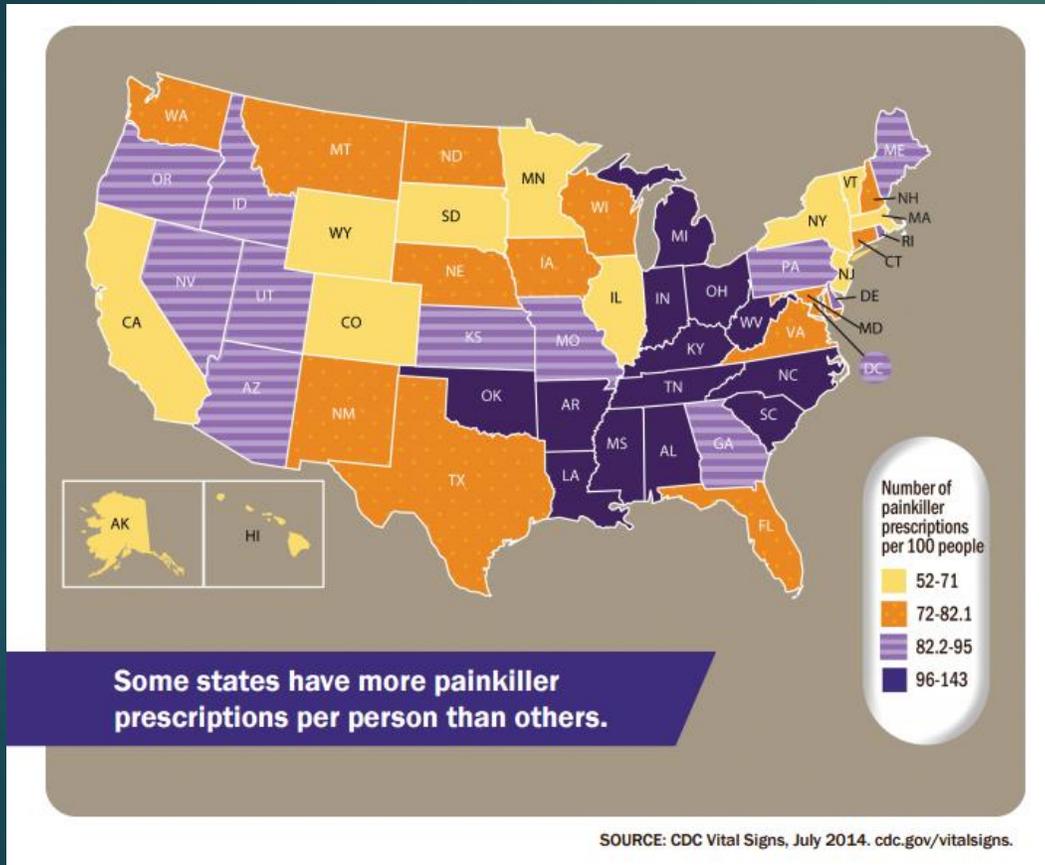
Brief history of opioid prescriptions

- ▶ Early 1900's opium, morphine, heroine and cocaine were in wide use in over the counter medicines made by a pharmacist known as patent medicines
- ▶ 1919 – The Federal Court ruled that the Federal Government can regulate dispensing of medicines by physicians
- ▶ 1973 – the DEA was formed by the Dept. of Justice to provide a legal foundation of the government's fight against drugs and other substances

Paradigm shift in medical training

- ▶ In the 90's physicians were taught to treat pain based with narcotics until the risk outweighed benefit
- ▶ Patients were being treated with large doses of narcotics until the pain was no longer a factor or the side effects from opioids were too severe to continue treatment with such large amounts of opioids
- ▶ Population based studies reveal that more than 75 million Americans (about 25% of the entire population) have chronic or recurrent pain. Of these 40% report the pain as having moderate to severe impact on their lives.

Abuse and Addiction



- ▶ Addiction costs Oklahoma and its residents an estimated \$7.2 billion per year
- ▶ Costs U.S. employers \$276 billion per year
- ▶ 76% of people with a drug or alcohol problem are employed
- ▶ 3.5X more likely to be involved in a workplace accident
- ▶ Employees who use drugs are 5x more likely to file a workers' compensation claim
- ▶ PMP will help
- ▶ Decreased narcotic prescriptions written to your patients will help

Medical Work-up

- ▶ The use of narcotic analgesics for chronic pain management should be based on the need for long-term chronic opioid therapy after:
- ▶ comprehensive evaluation
- ▶ Thorough review of medical records (X-ray, CT, MRI, electrodiagnostic studies)
- ▶ trial of non-narcotic medications
- ▶ awareness of potential risks for opioid abuse, dependence, and diversion.

Check Prescription Monitoring Program to determine what med was last filled, when it was filled, by what provider, and the quantity

Safeguards

- ▶ Treatment goals are defined, including outcome measures and the goal of decreasing medications in the future.
- ▶ Patient selection and risk stratification, including the use of opioids in high-risk patients requires the careful implementation of essential monitoring tools:
 1. Assessment of aberrant drug-related behaviors
 2. Informed consent forms
 3. Controlled substance agreements
 4. Risk assessment tools and categories.
 5. Random urine drug screens

Continued Treatment

- ▶ Follow up appointments patients are considered to be low, medium, and high risk based on their addiction and abuse potential and psychiatric comorbidity.
- ▶ Pain assessment is monitored by looking at:
 1. analgesia
 2. activity levels
 3. adverse effects
 4. aberrant behavior.

Urine drug screens help provide insight to determine if the patient is taking the prescribed medication or using it with other non-prescribed abusive medications.

The National Survey on Drug Use and Health annual survey

- ▶ **Families, friends, and the people around them are still susceptible to opioid abuse.**
- ▶ The National Survey on Drug Use and Health is an annual survey that sheds light on the prevalence of substance use in the population and the problems associated with use.
- ▶ **Among persons aged 12 or older in 2012-2013 who used pain relievers nonmedically**
- ▶ **53% got pain relievers they most recently used from a friend or relative for free**
- ▶ **About one in five (21.2%) received them through a prescription from one doctor**
- ▶ **10.6% of these nonmedical users in 2012-2013 bought pain relievers from a friend or relative**
- ▶ **4% took pain relievers from a friend or relative without asking.**

Every patient is different

- ▶ Some patients will do well with a trial of non-opioid medications and interventional procedures and other patients may require much more.
- ▶ When physicians have complicated patients that they deem as high risk for abuse it is extremely important that the patient gets that exact medication.
- ▶ **We need to be assured there are not barriers to prevent patients to get proper treatment**

Abuse deterrent formulations

- ▶ Today's technology has led to the ability to treat patients that are in chronic pain and limit the risk for the patient, the patient's family, other members of the community, and the physician liability.
- ▶ Medications have been designed with abuse deterrent prevention formulations that make pills difficult to crush, grind, or melt.
- ▶ Other medications provide abuse deterrent capabilities through extended release formulations or by combining an opioid with an opioid antagonist.
- ▶ Patient selection is of key importance

Help your physician

- ▶ **Since the source of prescription drugs starts with the physician, we must be vigilant and use the skills taught and the resources available to prevent harm to our patients.**
- ▶ We must understand the differences in the opioids with abuse deterrent properties and be certain our patients will get the opioids prescribed to them that will provide them with the most benefit and least amount of risk, not only to them but also to the family and friends that surround them
- ▶ **In closing, when opioid therapy is absolutely necessary, I ask our lawmakers to help make society a safer place by helping our patients obtain medications with abuse deterrent properties when prescribed**

Summary & Conclusion

- ▶ Thank you for your time
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- ▶ November 4, 2015

