Fighting the Opioid Epidemic

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Goals and Objectives

After the presentation, the audience will have the ability to:

- Review factors associated with the opioid crisis
- Understand how to minimize risk of opioid addiction
- Recognize signs of addiction and resources for treatment

Scope of the Current Opioid Crisis

- Between 40-70 million Americans suffer from chronic pain
  - 30 million report pain is constant
- Economic burden of pain estimated at over $650 billion annually
- Difficult differentiating true chronic pain from aberrant drug taking behaviors (ADTB)
  - Patients in pain deserve to have their pain treated
- Increased prescribing led to a substantial increase in both appropriate and inappropriate opioid use

How Did We Get Here?

- Root of the opioid crisis stretch back to the late 1990s
  - Manufacturers claimed minimal risk of addiction
  - Promoted as safe/effective for chronic non cancer pain
- Some companies instituted an aggressive marketing campaign promoting opioid therapies
  - Prescribing shifted from pain specialists to general practitioners
- Companies conducted inappropriate promotion of agents
  - Manipulated doctors and distributors to ignore regulations on opioid prescribing
- 4 fold increase in opioid prescribing resulted
- Dependence increased 6 fold in 5 years

Prescribing Issues

- Pain as "the Fifth Vital Sign" became a Joint Commission Standard in 2001
- Psychosocial issues have a strong influence on the experience of pain
- Unrealistic expectations from patients
- Physicians/pharmacists lack pain management training
- Proper assessment of a chronic pain patient is not possible during a 20 min general office visit
- No mechanism to understand prescription history

Increasing Risks

Roughly 20-25% of patients prescribed opioids for chronic pain misuse them

- **Between 8 and 12 percent develop an opioid use disorder**

An estimated 4 to 6 percent who misuse prescription opioids transition to heroin

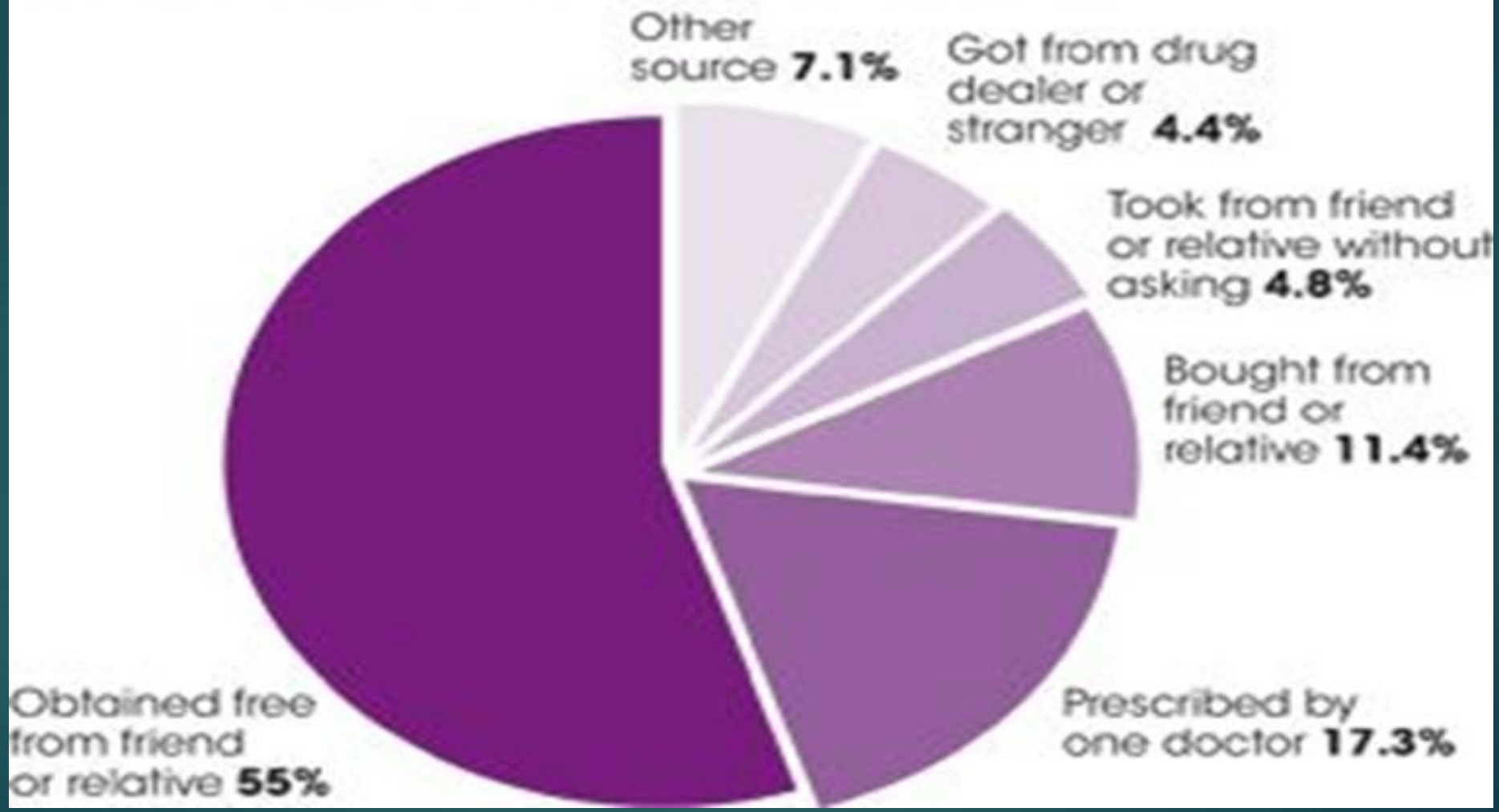
- **About 80 percent heroin abuse started with misused prescription opioids**

The Midwestern region saw opioid overdoses increase 70 percent from July 2016 through September 2017

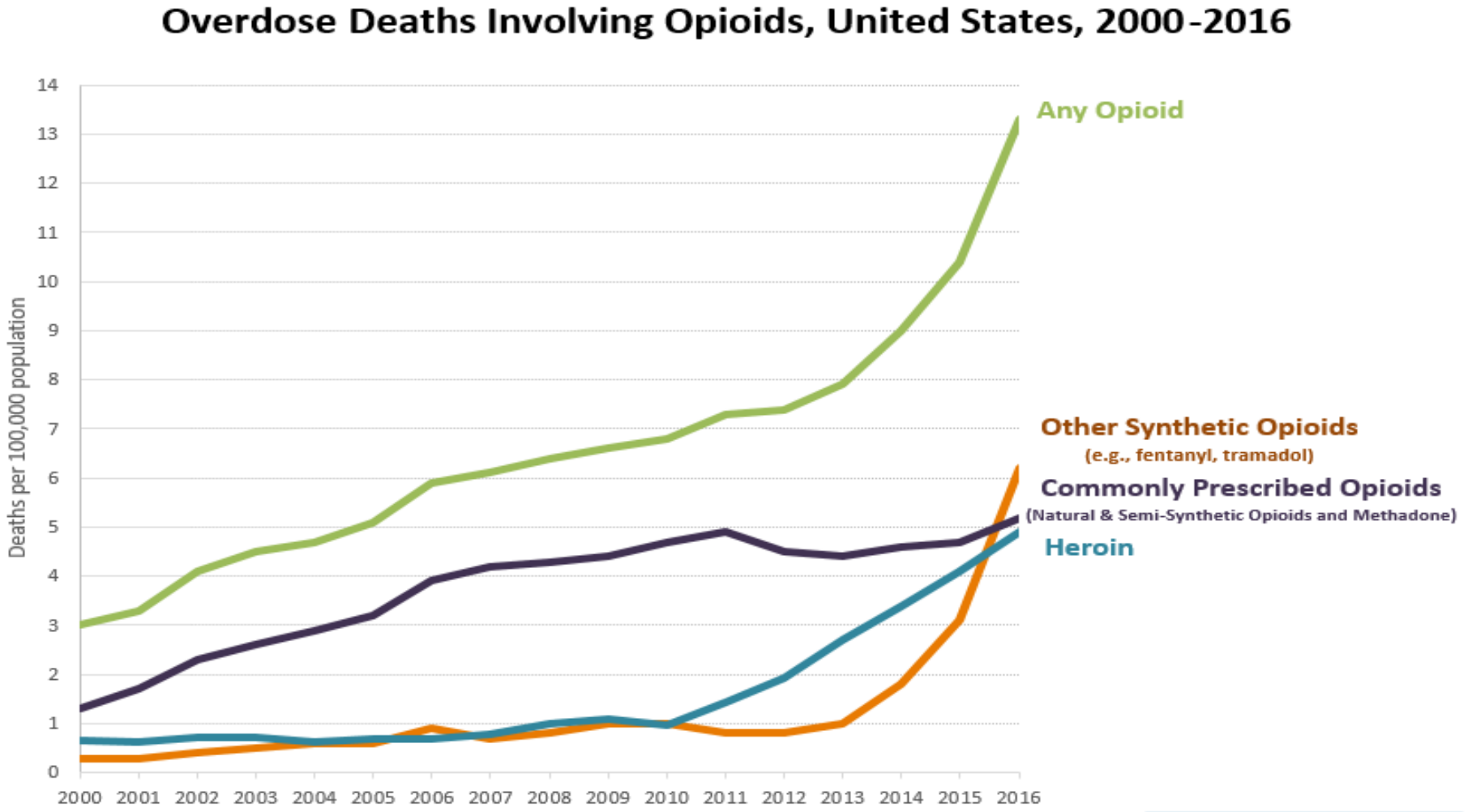
Opioid overdoses in large cities increase by 54 percent in 16 states

Current crisis shifting to heroin

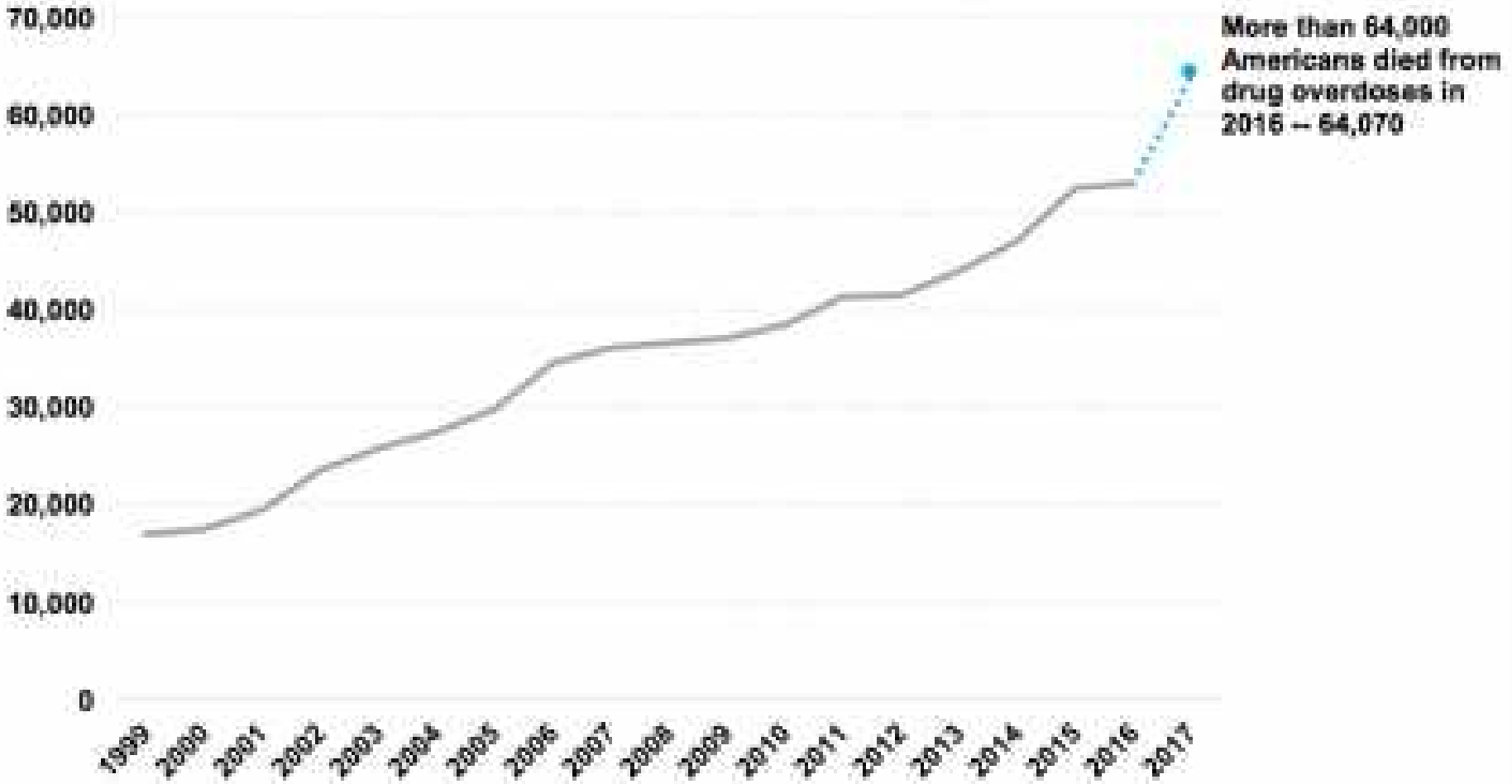
People who abuse prescription painkillers get drugs from a variety of sources[7]



Overdose Death Statistics



Total U.S. Drug Deaths



Healthcare Community Response

- Screening for opioid use / abuse, identification of chronic pain/opioid tolerant patients
- Education/Management of patient expectations
- Utilization of multimodal pain control for procedures (including complementary treatments- massage, aromatherapy, reiki)
- Patient education on non-narcotic adjuncts and weaning
- Patient education on proper storage and disposal
- Referral to pain specialist for chronic pain
- "Warm handoff" and access to pain/opioid abuse treatment
- Education/guidance for prescribing providers

PENNSYLVANIA NSQIP CONSORTIUM
Dedicated to Improving Surgical Quality

POSSE

PENNSYLVANIA OPIOID SURGICAL STEWARDSHIP ENTERPRISE OPIOID DISCHARGE GUIDELINES*

Guidelines for Opioid-Naïve Patients	
Procedure	**# Pills to be Prescribed at Discharge† (Oxycodone 5 mg. or Hydromorphone 2 mg.)**
Appendectomy	
▪ Minimally Invasive	10
▪ Open	10
Cholecystectomy	
▪ Minimally Invasive	10
▪ Open	10
Colectomy	
▪ Minimally Invasive	10
▪ Open	20
Hiatal hernia	
▪ Minimally Invasive	10
▪ Open	10
Inguinal hernia	
▪ Minimally Invasive	10
▪ Open	10
Ventral hernia	
▪ Minimally Invasive	10
▪ Open	20
Hysterectomy	
▪ Minimally Invasive	10
▪ Open	20
Total hip arthroplasty	20
Total knee arthroplasty	20
Spine	20
Nephrectomy	
▪ Minimally Invasive	10
▪ Open	20
Aortoiliac surgery	
▪ Endovascular	10
▪ Open	20
Peripheral vascular bypass	
▪ Endovascular	10
▪ Open	20

† For patients discharged after post-op day 1, use of opioids in the 24 hours before discharge can further guide the amount prescribed.

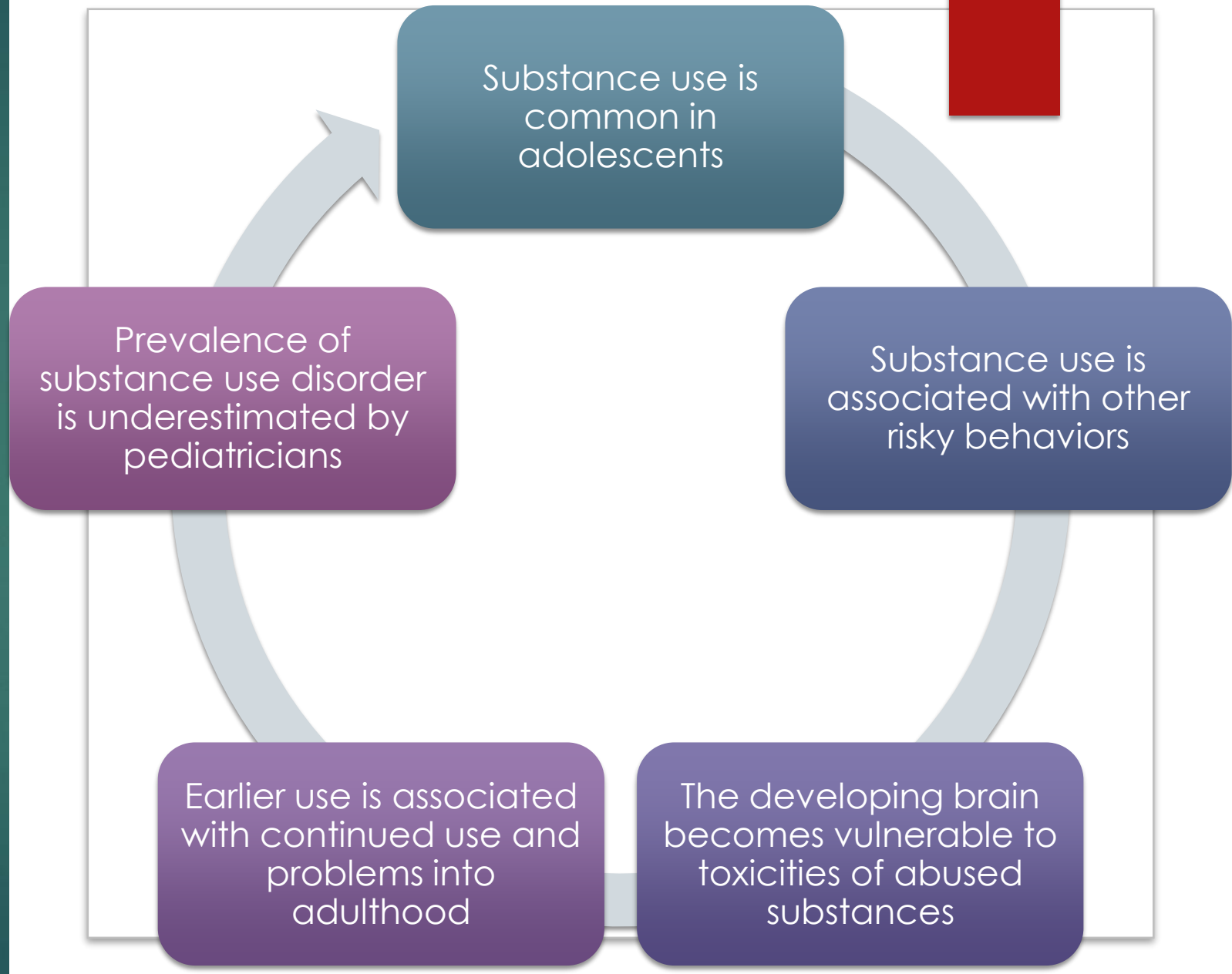
Shifting Supply

- Most opioid related deaths are now associated with heroin and synthetic opioid use
- DEA 2016 Drug Threat Assessment
  - Found a decline in prescriptions for opioids and increases in abuse of prescription fentanyl and heroin
- CDC
  - Heroin related OD's tripled between 2010 and 2015
  - One in four OD in 2015 related to heroin
- Illicit fentanyl the "next wave" of the epidemic
  - Between 2013-2015, heroin related deaths increased 441%
  - Fentanyl laced heroin increasingly involved

Pediatrics in Crisis?

NOT FOR ADULTS ONLY

What's the Problem?



Substance Use Disorder (SUD) A Pediatric Disease?

- In nine of ten cases, substance use disorder develops before the age of 21 and can be triggered by exposure to a controlled substance
  - Highest use seen in the 18-25 y/o age range
- Adolescent use of tobacco or alcohol can increase risk of abuse of controlled medications
  - Risk inversely proportional to age when misuse initiated
    - <15 y/o – 28.1% vs. 4.3% when >21 y/o
  - Survey of HS students on the use of cigarettes, alcohol, cannabis or cocaine in previous 30 days: 46.1%. (2009)
  - HS students survey on inappropriate use reported 70% experimented with alcohol, 50% an illegal drug, and 20% used medications for non-medical purpose

Opioid Safety Issues in Pediatrics

Accidental ingestions and hospitalizations over a 5 year period (2007-2011)evaluated in a study by Lovegrove

- Frequency of ingestions with resultant emergent hospitalization analyzed
- Opioids and benzodiazepines most commonly reported classes of medications resulting in hospitalizations

Study by Gaither and colleagues looked at 13,052 discharge records of hospitalized children and adolescents with opioid poisonings (1997-2012)

- Hospital admissions related to opioids increased by 165%

Other study findings

- Safe storage reported in only 29% of surveyed adults
- Most common source of non-medical use is family and friends from leftover prescriptions

Warning Signs of Abuse in Adolescents

Behavior

- Personality changes
- Unpredictable mood swings
- Quick tempered, irritable
- Paranoid, guarded
- Less affectionate
- Lack of motivation
- Hostility
- Depression
- Decline in self esteem
- Demanding more privacy; locking doors; avoiding eye contact; sneaking around
- Dishonesty; stealing money, valuables, or prescriptions

Responsibility

- Not completing homework
- Slipping grades
- Coming home late
- Tardy or absent at school
- Forgetting family occasions
- Not doing chores

Additional Red Flags

Social Life/Appearance

- Dropping one group of friends for another
- Reluctant to talk about friends
- Changes in clothing style
- Less interested in extra curricular activities or appearance

Physical Changes

- Energy level changes
- Neglecting personal hygiene
- Change in eating or sleeping habits, nodding off
- Eyes (bloodshot, dilated, glazed, pinpoint pupils)
- Weight changes
- Use of cover-ups (sunglasses, breath mints, incense, room freshener, using eye drops)

Warning Signs of Abuse in Adults

- Mixing with different groups of people or changing friends
- Spending time alone and avoiding time with family and friends
- Losing interest in activities
- Not bathing, changing clothes or brushing their teeth
- Being very tired and sad
- Eating more or less than usual
- Being overly energetic, talking fast and saying things that don't make sense
- Being nervous or cranky
- Quickly changing moods
- Sleeping at odd hours
- Missing important appointments
- Getting into trouble with the law
- Attending work or school on an erratic schedule
- Experiencing financial hardship

What can I do to prevent opioid abuse in my loved one?

- Recognize surgical / dental procedures as a high risk time
- Talk to your healthcare provider and anesthesiologist about pain management strategies and multimodal pain control
- Refuse large prescriptions (all or nothing effect) and combo meds (acetaminophen)
- Manage expectations
- Secure all drugs of abuse (Benzos, narcotics, sleeping pills)
- Take exactly as instructed, wean as soon as possible
- Dispose of any unused pills asap- MontCo drug disposal program
- See a pain specialist for chronic pain
- Discuss with adults in locations where your children might have access- ie friend's houses, grandparents, neighbors.
- Discuss risks with your kids early.

What do I do if I am worried my loved one might be abusing opioids?

- Reassure them that successful treatment is available but may take multiple attempts. Provide a support system. Avoid "stigma", this is an illness.
- Involve the pediatrician or primary care provider for screening/treatment recommendations. (tox screens available)
- Substance Abuse and Mental Health Services Administration (SAMHSA) toll-free help line to find drug treatment near you: 1-800-662-HELP (4357)
- Insurance card phone number for Behavioral Health/Addiction Services
- "Interventions" not recommended, can turn violent and cause psychological damage that inhibit treatment.
- "warm handoff" from ER / crisis team when emergency care sought

Questions??