Use to Abuse: How Opioids Became a Crisis

Mary Milano Carter, MS, ANP-BC, RN-BC

Nurse Practitioner
Long Island Neurosurgical & Pain Specialists
West Islip, NY

Adjunct Professor
LIU Post School of Health Professions and Nursing
Brookville, NY

Objectives:

- Appreciate the scope of substance use disorder in the US
- Grasp the scope of pain in the US
- Understand opiate use for pain in the US
- Recognize the history of substance abuse in the US
- Comprehend the current opiate crisis
- Identify the National Pain Initiative and how these regulations affect your practice and your patients

The scope of pain in the United States

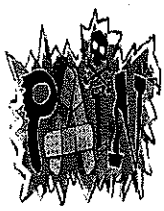
To put pain into perspective:

Condition	Number of Sufferers
Pain	75.2 million people, National Centers for Health Statistics
Diabetes	20.8 million people (diagnosed and estimated undiagnosed), American Diabetes Association
Coronary Heart Disease	18.7 million people, American Heart Association (including Heart Attack and Chest Pain) and Stroke
Cancer	1.4 million people, American Cancer Society

American Academy of Pain Medicine

The Burden of Pain:

- The annual cost of chronic pain in the United States, including healthcare expenses, lost income, and lost productivity, is estimated to be $100 billion.
- More than half of all hospitalized patients experienced pain in the last days of their lives.
- Research shows that 50-75% of patients with cancer die in moderate to severe pain.
- An estimated 20% of American adults (42 million people) report that pain or physical discomfort disrupts their sleep a few nights a week or more.



Common Pain Conditions (AAPM)

Back Pain Rules!

- A National Institute of Health Statistics survey indicated that low back pain was the most common (27%), followed by severe headache or migraine pain (15%), neck pain (15%) and facial ache or pain (4%).
- Back pain is the leading cause of disability in Americans under 45 years old.
- More than 26 million Americans between the ages of 20-64 experience frequent back pain.
- 28% of adults with low back pain report limited activity due to a chronic condition, as compared to 10% of adults who do not have low back pain.
- Adults reporting low back pain were three times as likely to be in fair or poor health and more than four times as likely to experience serious psychological distress as people without low back pain.

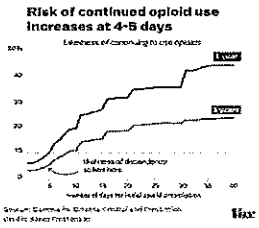
According to the National Center for Health Statistics (2006), approximately 76.2 million, one in every four Americans, have suffered from pain that lasts longer than 24 hours and millions more suffer from acute pain.

The scope of opiate use for pain in the United States

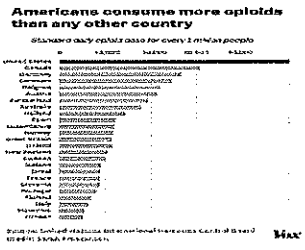
- Sales of prescription opioids in the U.S. nearly quadrupled from 1999 - 2014
- Estimated 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids (outpatient)
- From 2007 – 2012, the rate of opioid prescribing has steadily increased among specialists
- Primary care providers account for about half of opioid pain relievers dispensed

CDC 2017

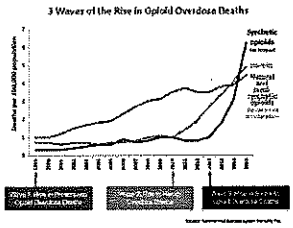
Opioid use



Opioid use



Opioid use

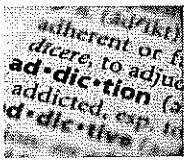


The scope of addiction in the United States

- Heroin deaths increased from 8% in 2010 to 25% in 2015 (NCHS 2015)
- Opioid deaths decreased from 29% in 2010 to 24% in 2015 (NCHS 2015)
- Synthetic opioid deaths increased from 13.7% in 2010 to 36.5% (American Action Forum)
- 2/3 of teens that abuse prescription drugs get them from friends and family (drugfree.org 2017)
- Marijuana use in teens: 1 in 6, in adults: 1 in 9 (NIDA 2016)
- In 2011, 488,004 ED visits involving non-medical opioid use
- In 2012, 37 million Americans >12 yrs used an opioid for non-medical use

https://www.samhsa.gov/data/sites/default/files/report_3210/ShortReport-3210.html

This is not the first time Americans have faced addiction...



- 1840-90 morphine / opium consumption ↑ 538%- everyone used!
- The Coca Cola Co removed cocaine from coke's special formula in 1903
- Marijuana was placed *temporarily* on the DEAs Schedule 1 list in 1970
- 1960-73 heroin use in Vietnam, inner city to middle class teens
- 1980-90 cocaine became popular, linked to wealth and social status as heroin was linked to poverty and crime

http://www.heroinaddiction2.com/

Let's look back...

When did pain become a crisis? And how did it evolve into an opioid crisis?

- 1980's: Dr Russel Portenoy (NY) studied 38 non-cancer pain patients being treated with opioids.
- 1990's: APS introduced pain as the 5th vital sign to increase awareness among health care providers.
- 1992: AHCPR Acute Pain Management Guidelines
- 1995-6: National Institute on Drug Abuse, pain killer scripts jumped by 8 million.
- 1996: Purdue releases OxyContin.
- 1999: Veterans Health Administration launched this initiative
- 2001: The Joint Commission (JCAHO) pain standards were put in place.
- 2002: "Pharming" parties emerge
- 2000's: Center for Substance Abuse Treatment feared another drug epidemic similar to the heroin epidemic of the 1970s.

Up to recent times

- 1999- 2010: Prescription opioid sales quadrupled.
- 2006 to 2015, pain killer manufacturers spent $880 million in all 50 states against measures designed to stop overprescription of painkillers.
- 2009: The Joint Commission removed its standard to assess pain in all patients
- 2010: OxyContin abuse deterrent released.
- 2010: New England Journal of Medicine reports 66% of users now switched opiates.
- 2010's: Heroin use increases, cheaper and better high.
- 2011: Dr Portenoy "It was clearly the wrong thing to do..."
- 2016: 227 million scripts written for opioids, that is one for every 9 out of 10 Americans, totaling $9.6 billion in sales.
- 2016: "Lazarus" parties emerge
- March 2016: The FDA and the CDC take steps to combat the opioid epidemic.
- April 2017: five top manufacturers of opioids are being investigated by a Senate committee.

The cost of prescription opiates on the street

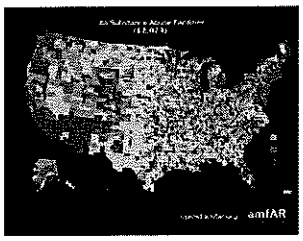
www.streetrx.com

Drug	Dose	Street price
Codeine/ APAP	30 mg	$5
Oxycodone IR	10 mg	$10
Oxycodone IR	30 mg	$40
MS ER	30 mg	$20
Hydromorphone	2 mg	$30
MS IR	15 mg	$5
Tapentadol	50 mg	$5
Methadone	10 mg	$30
Hydrocodone	5 mg	$4
Hydrocodone ER	60 mg	$40
Fentanyl spray	100 mcg	$20

Other drugs on the street:

Drug	Dose	Street price
Sildenafil	100 mg	$10
Dextroamphetamine	30 mg	$8
Lorazepam	1 mg	$2
Clonazepam	1 mg	$5
Diazepam	5 mg	$2
Zolpidem	10 mg	$1
Alprazolam	2 mg	$7
Gabapentin	300 mg	$0.76

Abuse treatment facilities across the US



CDC Guidelines 2016

For adults 18 years and older with chronic pain
(excluding active cancer, palliative or end of life care)
DO NOT PRESCRIBE OPIATES AS THE FIRST LINE TREATMENT FOR CHRONIC PAIN.

(BTW, remember the WHO Guideline?)

Prescribing should be < 90 mg morphine
or the equivalent (MME or MED) or less daily

CDC Guidelines 2016

Purpose is to "improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term therapy including opioid use disorder".

http://turnthetiderx.org/

CDC guidelines: 12 Recommendations

https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf

1. Non-pharmacologic therapy and non-opioid therapy are preferred.
2. Before starting opioid therapy, establish treatment goals with the patient.
3. Before starting, and during therapy, discuss risks and benefits.
4. If starting opioid therapy for a diagnosis of chronic pain, start with immediate release (IR) opioids.
5. Start with the lowest effective dosage.
6. When treating acute pain, prescribe lowest dose of IR opioids, generally no longer than 3 days. Want to avoid long term opiate use.

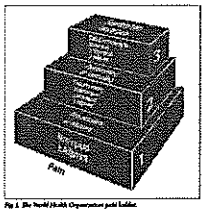
CDC continued

7. Patients should be re-evaluated within 1- 4 weeks of starting opioid therapy.
8. Before starting, and periodically during opioid therapy, clinicians should evaluate risks.
9. Before starting, and periodically during opioid therapy, clinicians should review the controlled substance history (state PMP)
10. Before starting, and periodically during opioid therapy, clinicians should urine drug test for controlled substances and illicits.
11. Clinicians should avoid prescribing opiates and benzodiazepines concomitantly.
12. Clinicians should offer evidence based treatment (buprenorphine/ methadone with behavioral therapies for patients with known SUD.

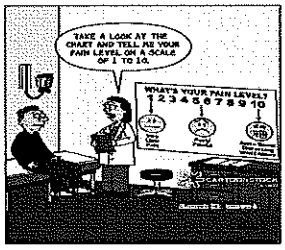
WHO Ladder (1986)

Created to help clinicians treat cancer pain

- Mild pain= non opioids
- Moderate pain= non opioids + weak opioid
- Severe pain= non opioids + strong opioids
- Refractory pain + chemo, RT, nerve blocks, neurolytic procedures, spinal analgesia, neuromodulation, vertebroplasty



What must be done before prescribing?
First step: ASSESS THE PAIN



What must be done before prescribing?

- Assess function
- Evaluate risk of misuse/ abuse/ diversion
- Speak to the patient about treatment plan
- Consider non drug pain therapies
- Consider non-opioid medication options

What you should consider doing before prescribing?

- Review records from other providers
- Opioid treatment consent
- Opioid agreement
- Urine toxicology
- Check your NYS PMP

When prescribing:

- Prescribe within the guidelines for a legitimate purpose
- Start low, go slow
- Re-assess pain and taper medications
- Ongoing evaluation for misuse, addiction and overdose
- Document, document, document
- Know when to refer!

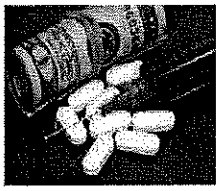
Assessing for actual or potential drug abuse

- The "trauma test"
- ORT
- SOAPP-R
- CAGE
- ASSIST
- DAST-20

These screening tools should be done before prescribing a controlled substance!

Identify an abuser: physical signs

- Needle or sexually transmitted disease?
- Needle track marks
- Skin popping
- Skin ulcers
- Constricted pupils
- Atrophied or perorated nasal septum
- Sexual dysfunction in the absence of any other cause



Abherent Drug Seeking Behavior

- Strange stories
- Lost prescriptions
- High/ low understanding of meds
- Feigning symptoms
- Specific drug requests
- Multiple providers
- Multiple pharmacies
- Wanting last office visit
- Not interested in PE
- Not providing previous records
- Claim no health insurance
- Runs out of meds early
- Drug hoarding
- Unscheduled visits
- Unwillingness to try non- opioids
- Deterioration of function
- Evidence of withdrawal symptoms
- Use of opioid for other problems
- Selling meds
- Reciting "textbook" symptoms

Do I treat a suspected abuser?

"The American Society for Pain Management Nursing (ASPMN) and the International Nurses Society on Addictions (intNSA) hold the position that patients with substance use disorders and pain have the right to be treated with dignity, respect, and the same quality of pain assessment and management as all other patients.

Safe and effective care of patients with substance use disorders includes maintaining a balance between the provision of pain relief, monitoring for appropriate use of prescribed medications and other substances, and recommendations for viable treatment alternatives".

http://www.aspmn.org/documents/PainManagementInthePatientwithSubstanceUseDisorders_IPN.pdf

www.ASPMN.org

http://www.intnsa.org/

Helpful websites

www.cdc.gov/drugoverdose/prescribing/guideline.html

www.drugabuse.gov/nidamed-medical-health-professionals

www.store.samhsa.gov/MATguide

http://www.who.int/substance_abuse_screening_test.html

Make your jaw drop open websites

- https://forum.drugs-and-users.org/

(formerly opiophile, now dopetalk)

- www.bluelight.org

Laws You Should Be Familiar With

State:

NYS Public Health Law:

- Can only prescribe 7 days worth of opiate pain medication for acute pain
- Patients must disclose all prescribed controlled substances to every treating practitioner that they visit

https://commerce.health.state.ny.us

Federal:

Title 21 Code of Federal Regulations, Section 1306:

- Prescriptions
- Controlled substance schedules

https://www.deadiversion.usdoj.gov/21cfr/cfr/2106cfet.htm

Title 21 Code of Federal Regulations, Section 829:

- Prescriptions

https://www.deadiversion.usdoj.gov/21cfr/21usc/829.htm

The future of pain

Research has shown:

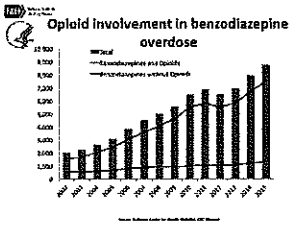
- failure to control acute pain can lead to chronic pain syndromes!
- Evidence that acute pain can be controlled with 3 days worth of opioids
- No benefit of long term opioid therapy

The future of abuse

- Medical marijuana
- K2 or Spice
- Pure caffeine powder
- Kratom
- Carfentanil
- Prescription opioids and benzodiazepines
- Alcohol
- Heroin
- Hallucinogens
- Bath salts
- Anabolic steroids
- Gabapentin

https://www.drugabuse.gov/publications/media-guide/most-commonly-used-addictive-drugs

What's next?



Thank you! Questions?