Appendix: Background Information, Data, and Goals

This section of the toolkit provides background information, data, and goals.

Safe Prescribing Medical Practice Action Team (MPAT)
Background Information, Data, and Goals

Activate the medical community to support evidence-based non-cancer pain management and safe opioid prescribing to reduce opioid over-prescribing, misuse, abuse, and diversion.

- **Expand to Urgent Care Centers the adoption and implementation of the AAEM guidelines and patient information communications**

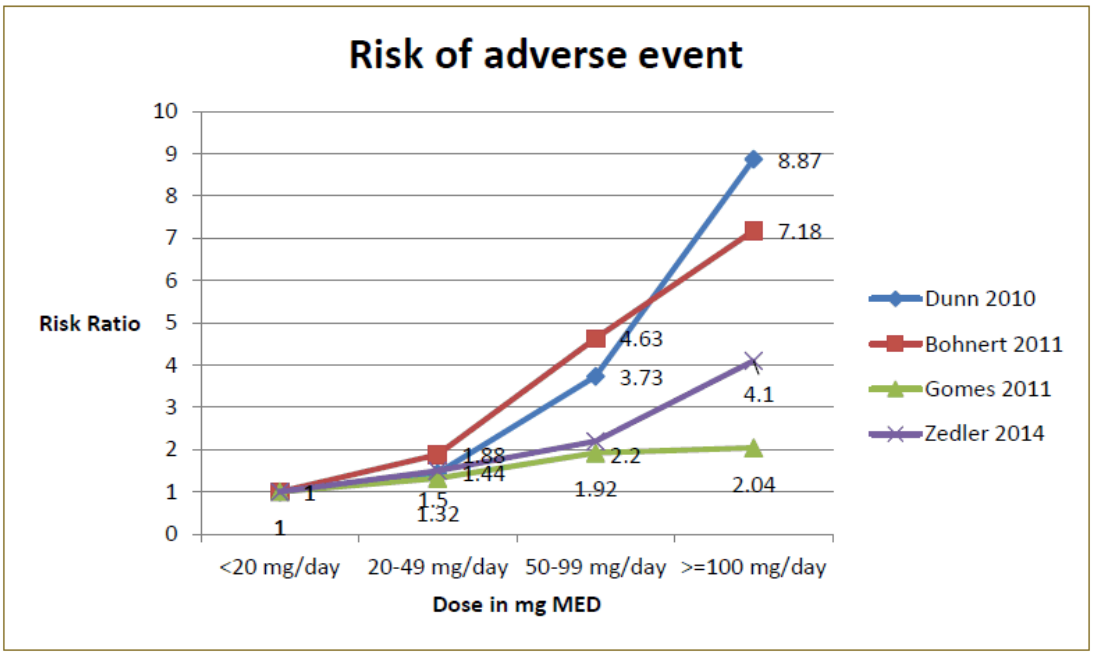
CALL TO ACTION:

BE PART OF THE SOLUTION AND NOT PART OF THE PROBLEM OF PRESCRIPTION OPIOID OVER-PRESCRIBING

- **46 people die each day in the US from prescription opioids**
- **Sales/prescribing of opioids in the US has increased 400% from 2000-2010. This is unlikely due to a fourfold increase in severe pain.**
- **Overdose and Death related to Prescription opioids has increased 200% since 2000**
- **More people die each year from prescription opioids than from motor vehicle accidents or from heroin and cocaine combined**
- **LA County (2006-2013):**
  - **Prescribing of opioids increased 22%** (2008 to 2012)
  - **ED visits related to opioids increased 171%**
  - **Hospitalizations related to opioids increased 30%**
  - **Substance use disorder treatment admissions for opioid increased 81%**
  - **Deaths from opioids is averaging almost 400 people per year**
- **Who's prescribing opioid medications?**
  - **24.5% of LA County prescribers wrote 91% of opioid prescriptions in 2012**
  - **2.5% of LA County prescribers wrote 38.3% of opioid prescriptions in 2012**
  - **Primary care prescribed 54%, ED/Urgent Care 20%, Psychiatry 11%, Surgery 8%, Dentistry 4%, Pain Management 3% (San Diego analysis of ODs from CURES)**

The Science of Opioids Has Changed

OLD NEWS: What we were taught 10-15 years ago	**CURRENT SCIENCE and FACTS**
• Opioids are safe and effective for chronic pain • Prescription opioids rarely lead to addiction (<1%) • Prescription opioids do not lead to other illicit drugs • There is no limit to the daily dose of opioids for chronic pain • Physicians are needlessly allowing patients to suffer because of "opiophobia"	• Long term opioids change the brain, often permanently (severe dopamine depletion) • Addiction/dependency to prescription opioids is common in general practice: 10-26% • Short term opioids lead to chronic use after even 7 to 30 days • OD and Deaths from prescription opioids are dose dependent o Adjusted Hazard Rate for Unintentional OD (MME = mg's morphine equivalent) ▪ 1.44 for 20-49 MME/day ▪ 3.73 for 50-99 MME/day ▪ 8.87 for ≥ 100 MME/day • Combination of Opioids with Benzodiazepines and/or carisoprodol (Soma)increases risk of respiratory depression and death



MORE from the latest EVIDENCE-BASED REVIEWS from AHRQ (2014) and CDC (2016):

Summary:

- No evidence shows a long-term benefit of opioids in pain and function for non-cancer chronic pain with outcomes examined at least 1 year later (with most placebo-controlled randomized trials < 6 weeks in duration).
- Extensive evidence shows the possible harms of opioids (including abuse and dependence, overdose, myocardial infarction, motor vehicle crashes).
- Extensive evidence suggests benefits of alternative treatments compared with long-term opioid therapy, including non-pharmacologic therapy and non-opioid pharmacologic therapy, with less harm.

Additional Details and recommendations:

- Continuing opioids for 3 months (90d) substantially increases risk of OUD (opioid use disorder)
- If no pain relief in 1 month (30 days), unlikely to experience pain relief with opioids at 6 months
- Long-term opioid use often begins with treatment of acute pain.
    - When opioids are used for acute pain, providers should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three or fewer days usually will be sufficient for most nontraumatic pain not related to major surgery (CDC 2016 recommendation category: A, evidence type: 4).
- When opioids are started, providers should prescribe the lowest effective dosage.
    - Providers should use caution when prescribing opioids at any dosage, should implement additional precautions when increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should generally avoid increasing dosage to ≥90 MME/ day (CDC 2016 recommendation category: A, evidence type: 3).

Four Evidence-Based Strategies to Safer Prescribing

1. Not on chronic opioids?
    - Acute Pain: Don't Start. Use alternatives, or judicious, short-term immediate release opioids
    - Chronic non-cancer pain: Don't start. Use alternatives
2. On opioids?
    - Taper to lower, safer doses --- less than 50- 100 milligram morphine equivalents a day
3. Treat addiction with effective medications and counseling
4. Increase availability and access to naloxone

Emergency Department Safe Opioid Prescribing Guidelines as a Template for Urgent Care Practice

The American Academy of Emergency Medicine (AAEM) and the American College of Emergency Physicians (ACEP) have evaluated the latest evidence and practice patterns and developed Safe Prescribing Opioid Guidelines (see below).

The California Chapter of ACEP has joined with the LA County SafeMedLA Coalition, along with other county coalitions in California (San Diego, Imperial, Ventura, etc.) to advocate adoption and implementation of the AAEM guidelines and patient communications in all EDs.

Clinical Practice Statement – American Academy of Emergency Medicine

Emergency Department Opioid Prescribing Guidelines for the Treatment of Non-Center Related pain (11/12/2013)

Recommendations

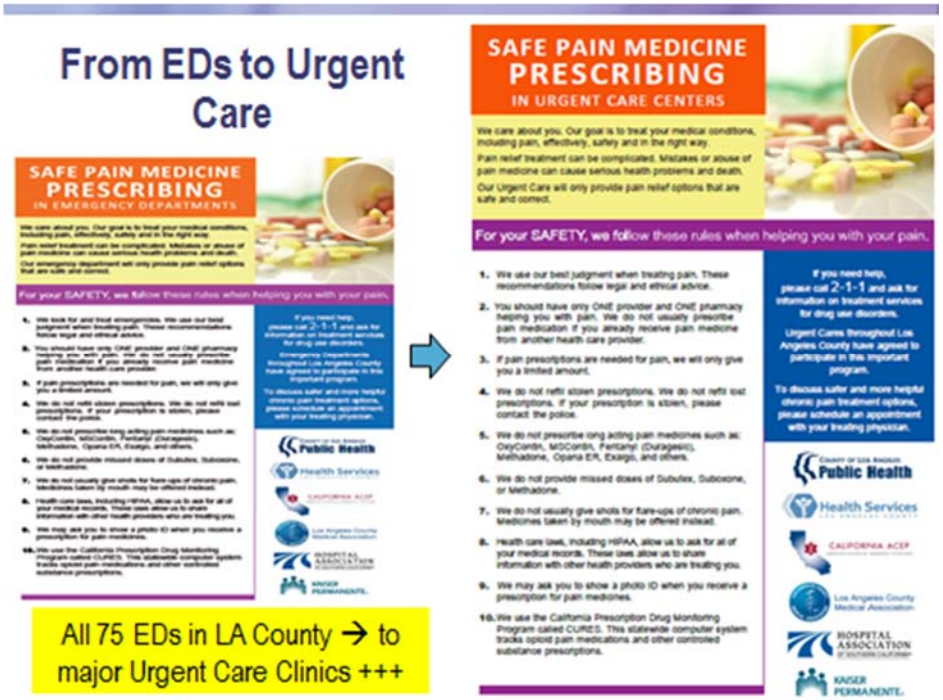
In the management of the emergency department patient presenting with acute or chronic pain, the emergency clinician should consider the following when prescribing an opioid medication:

1. Administer a short-acting opioid analgesic for the treatment of acute pain as a second-line treatment to other analgesics unless there is a clear indication for the use of opioid medication (Example-patient with acute abdomen, long bone fracture, etc).
2. Start with the lowest effective dose of an opioid analgesic.
3. Prescribe a short course (up to 3 days) of opioid medication for most acute pain conditions.
4. Address exacerbations of chronic pain conditions with non-opioid analgesics, non-pharmacological therapies, or referral to pain specialists for follow-up.
5. Consider assessing for opioid misuse or addiction using a validated screening tool.
6. Consider accessing a centralized prescription network or state-based prescription drug monitoring program, when available, for patient information on recent controlled substance prescriptions.
7. Refrain from initiating treatment with long-acting, or extended-release, opioid analgesics such as methadone.
8. Avoid prescribing opioid analgesics to patients currently taking sedativehypnotic medications or concurrent opioid analgesics.
9. Refrain from replacing prescriptions for lost, stolen, or destroyed opioid prescriptions.
10. Refrain from refilling chronic opioid prescriptions. Refer the patient to the treating clinician who provided the original prescription.
11. Encourage prescribers to provide safety information about opioid analgesics to patients. This could include information on the risks of overdose, dependence, addiction, safe storage, and proper disposal of unused medications.
12. Following treatment with opioids (in particular the parenteral form) consider an appropriate period of observation and monitoring before a patient is discharged.
13. Understand EMTALA and its requirements for the treatment of pain. The emergency clinician is required under EMTALA to evaluate an emergency department patient reporting pain. The law allows the emergency clinician to use clinical judgment when treating pain and does not require the use of opioids.

- In LA County, all 75 EDs have adopted the guidelines and using the patient communications materials (2014-2015)
- Goals and expected outcomes:
    - Consistent community standard of practice
    - Reduced doctor shopping for opioids
    - Reduced opioid over-prescribing, overuse, misuse, abuse, diversion, OD, and deaths
    - Better evidence-base pain management and addiction management through re-direction to primary care, pain management, and addiction medicine services

Safe Med LA URGENT CARE CENTER Goal for 2016:

Expand the same initiative to LA County Urgent Care Centers: adapt, adopt, and implement the AAEM guidelines and patient information communications



Be Part of the Solution and not part of the problem of Opioid Over-Prescribing

What YOU Can Do:

- ***Recognize the community epidemic*** *of unintentional overdoses and deaths due to the over-prescribing of prescription opioids and* ***join with the LA County collaborative***
- ***Use your leadership, influence, and leverage to:***
  - ***Adopt consistent community-wide clinical guidelines for safe opioid prescribing in EDs and Urgent Care Centers***
  - ***Adopt consistent patient/consumer messaging (Pt Handout)***

The Status of Prescription Drug Abuse in Los Angeles County: 2008-2013

Prescription drug abuse has become one of the fastest-growing public health concerns in the United States and Los Angeles County (LAC). The number of deaths from prescription opioids now exceeds the combined number of deaths involving heroin and cocaine. Health care providers can play a significant role in addressing this growing problem. Thus, the LAC Prescription Drug Abuse Medical Task Force, a multi-disciplinary coalition, was formed to develop common principles among all 81 LA county Emergency Departments on the safe use of opioid pain medications.

This Score Card reviews the scale of the prescription drug abuse problem in Los Angeles County by looking at multiple factors and data points over the last six years. Readers are encouraged to look at all of the information as well as the direction of the trends over time.

Los Angeles County Prescription Drug (Rx) Abuse 2008-2013 Score Card

	INDICATOR	2008	2009	2010	2011	2012	2013
1	**Rx Opioid-Related Deaths**[1]						
	• Number	424	434	360	386	381	Pending
	• Rate Per 100,000 residents	4.3	4.4	3.7	3.9	3.8	
2	**Rx-Related Emergency Dept. Visits**						
	• Number	3,939	4,472	5,531	5,838	Pending	
	• Rate Per 100,000 residents	40.3	45.4	56.3	59.1		
3	**Rx-Related Hospitalizations**						
	• Number	3,375	3,394	3,727	3,600		
	• Rate Per 100,000 residents	34.5	34.5	37.9	36.4		
4	**Primary Rx Treatment Admissions**						
	• Number	1,048	1,192	1,241	1,114	1,743	Pending
	• Rate Per 100,000 residents	10.7	12.1	12.6	11.3	17.5	
5	**Rx Misuse among Students (Life Time)** [2]						
	• 9th graders	N/A	11%	11%	11%	N/A	11%
	• 11th graders		15%	16%	14%		15%
6	**Pharmacy Robberies/Burglaries**	N/A	64	31	63	61	Pending
7	**Pounds of Safely Disposed Medications**						
	• Take Back Events	N/A		2,935	16,965	19,064	22,657
	• Sheriff Dept. Collection Boxes		4,113	9,546	10,295	20,679	Pending
8	**Rx Pill Counts**						
	Opioids[3] • Per resident	Pending			26	25	Pending
	• Per prescription				61	60	
	Sedatives • Per resident				18	17	
	• Per prescription				44	44	
	Stimulants • Per resident				3	4	
	• Per prescription				57	55	

1. Rx opioid-related deaths include the number of drug-related deaths that tested positive for Rx opioids. Many of these deaths tested positive for multiple substances and it is not possible to determine if the Rx opioid was actually the cause of death. drug deaths testing positive for prescription opioids.
2. California Healthy Kids Survey is administered for two-school year period. For example, the 2009 data in this table is aggregated for both 2007-2008 and 2008-2009 school year survey data.
3. Opioids include only pills; solution-based and liquid-type prescriptions were not included in the count.

Additional Statistics on Prescription Drug (Rx) Indicators

Drug Treatment

Data on the publicly funded treatment admissions in Los Angeles County reflect the availability of treatment, which varies according to funding and other factors. Thus, they don't necessarily reflect total treatment needs among all drug users.

Figure 1: Percent of Primary Drug of Choice for Admissions to Los Angeles County Publicly Funded Treatment Programs

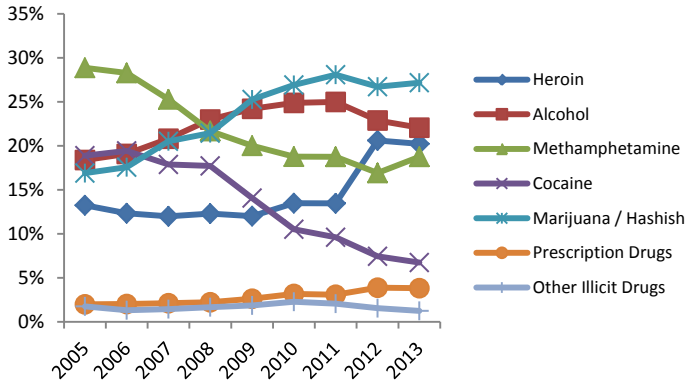
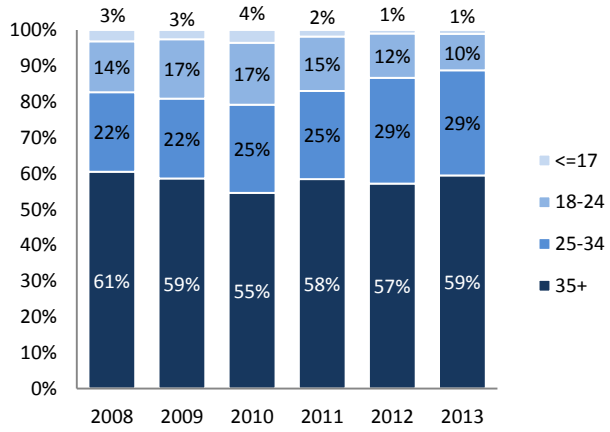


Figure 2: Primary Rx Treatment Admissions by Age



Percent of heroin treatment admissions have been increasing for the last two years (Figure 1). Prescription drug treatment admissions were most common among persons aged 35 and older, but have been increasing among persons aged 25-34 (Figure 2). LACPRS data, however, likely underestimate the number of prescription drug treatment admission episodes in Los Angeles County because they do not include data from privately funded treatment programs.

Figure 3:
Multi-Drug Detected in Drug Related Deaths in Los Angeles County, 2000-2012

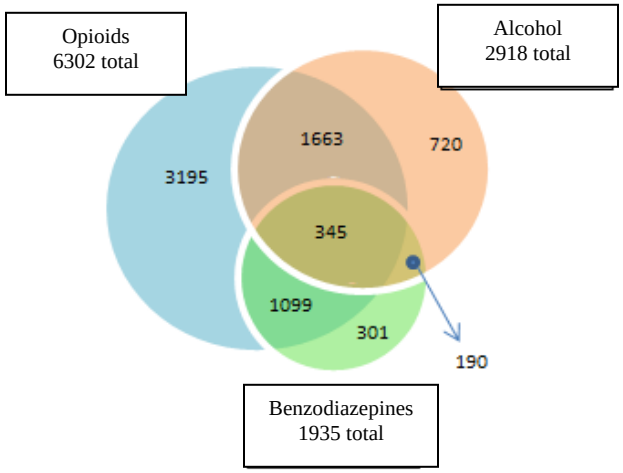


Figure 3 displays data for 13 years of drug related deaths, and shows how prescription opioids are frequently combined with other drugs. This is important because opioids have additive effects when combined with other substances such as alcohol and benzodiazepines;, potentially increasing respiratory depression and increased risk for overdose death. Almost half of the deaths testing positive for opioids during this time involve combinations with either alcohol or benzodiazepines or both.

Drug Retail Price

A large variety of pills are sold and the price often depends on the amount bought. Overall the average prices remain stable: Vicodin 10mg. per tablet sold for $1-5 in 2008 and $3 in 2013. Xanax 4mg. per pill sold for $1-2 in 2012 and $2-5 in 2013. However, the price of Oxycontin pill (80mg.) dropped significantly from $80 in 2009 to $10-14 in 2013. This may be because of an effort to capture existing Oxycontin users, and prevent them from switching to Black Tar Heroin, which is cheaper than a single Oxycontin pill.

Heroin Addendum

Heroin abuse is growing nationwide. In LAC, heroin seizures have increased between 2008 and 2010 and heroin treatment admissions increased in 2012. There is speculation that the prescription drug abuse epidemic may be contributing to this trend, as users switch to the cheaper heroin after prescription opioids become harder to find and more expensive. According to LA CLEAR, Mexican Black Tar heroin prices have dropped slightly starting since the spring of 2012. This is believed to be the Mexican Drug Trafficking Organizations' efforts to expand their heroin market by appealing to former Oxycontin Users in affluent areas. Other indicators of the heroin problem are listed below.

Los Angeles County Heroin Abuse 2008-2013							
	INDICATOR	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
1	**Heroin-Related Deaths**[4]						
	• Number	244	223	196	226	186	Pending
	• Rate Per 100,000 residents	2.5	2.3	2.0	2.3	1.9	
2	**Primary Heroin Treatment Admissions**						
	• Number Rate	5,781	5,458	5,273	4,862	9,259	Pending
	• Rate Per 100,000 residents	59.1	55.4	53.7	49.2	93.0	
3	**Heroin Use among Students** (Life Time)[2]						
	• 9th graders	N/A	3%	4%	4%	N/A	3%
	• 11th graders		3%	4%	3%		2%
4	**Heroin Seizures (Kgs)**						
	• Los Angeles County	63	149	254	Pending		
5	**Heroin Retail Price per Gram**						
	• Mexican Black Tar Heroin	$80	$80	$80	$80	$60-100	$55-100

Figure 1: Primary Heroin Treatment Admissions, by Age

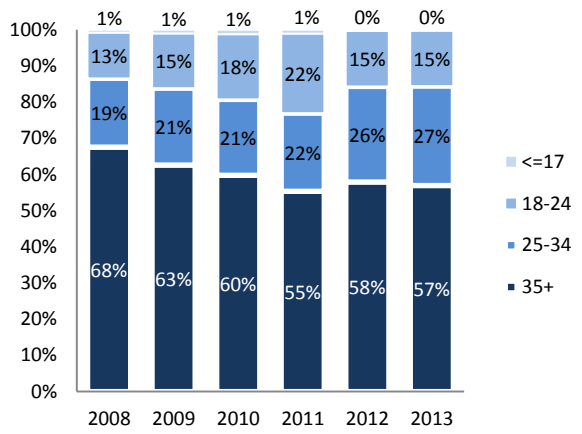
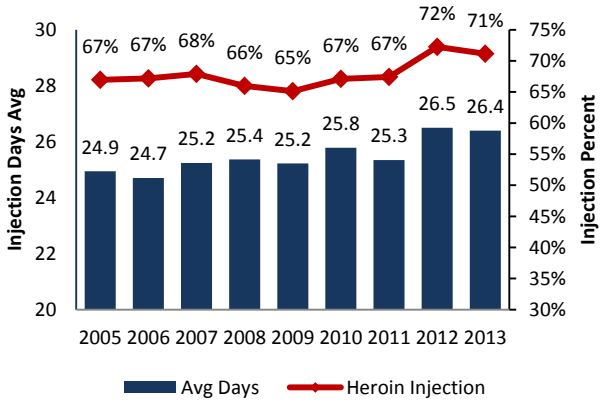


Figure 2: Heroin Injection Experience in the Past 30 Days among Clients who Reported Heroin as a Primary Drug of Problem



Heroin treatment admission rates have been increasing among persons aged 25-34, but have decreased among persons aged 35 and older (Figure 1). Heroin injection rates and days of injection among clients who reported heroin as a primary drug of problem have slightly increased during the last two years (Figure 2).

4. Heroin-related deaths include drug related deaths that test positive for heroin (6-monoacetylmorphine) and drug-related deaths that test positive for morphine along with a mention of heroin in one of the descriptive variables about the death. This is because heroin metabolizes very quickly to morphine, so this method provides a more accurate count of heroin-related deaths.

Looking Forward

The LAC Prescription Drug Abuse Medical Task Force will continue collecting data to inform priorities for action. The Task Force has developed the safe opioid pain medication prescribing guidelines and language and communication tools for patients (handouts and posters); and will also track implementation of the use of handout and outcomes (e.g., number of opioid prescriptions, patient satisfaction). This County-wide approach is intended to decrease doctor and Emergency Department shopping, increase provider and patient education, and ensure that safer care is provided for patients suffering from chronic pain.

Become Involved in Keeping Los Angeles County Healthy, Safe and Thriving

You can make a difference!

- ✓ Safely dispose of your old prescriptions at a Take Back Event or local LA County Sheriff's Safe-Drug Drop-Off Boxes (http://www.deadiversion.usdoj.gov/drug_disposal/index.html; http://shq.lasdnews.net/content/uoa/SHB/SafeDrugDropOff.pdf)
- ✓ Keep track of your medicine and secure it.
- ✓ Don't share your own medications, or use medications prescribed to someone else.
- ✓ Share this information and talk to your family members and neighbors about the risks involved with the misuse of prescription drugs.

Type and Source for Score Card Indicators

1. Rx opioid and heroin related deaths and interaction among substance detected in drug related death. *Source*: Los Angeles County Coroner Data, Drug Related Death Surveillance System, Injury and Violence Prevention Program.

2-3. Rx related Emergency Department visits and hospitalizations. *Source*: Office of Statewide Health Planning and Development, Emergency Department and Hospital Discharge Data, 2008-2011.

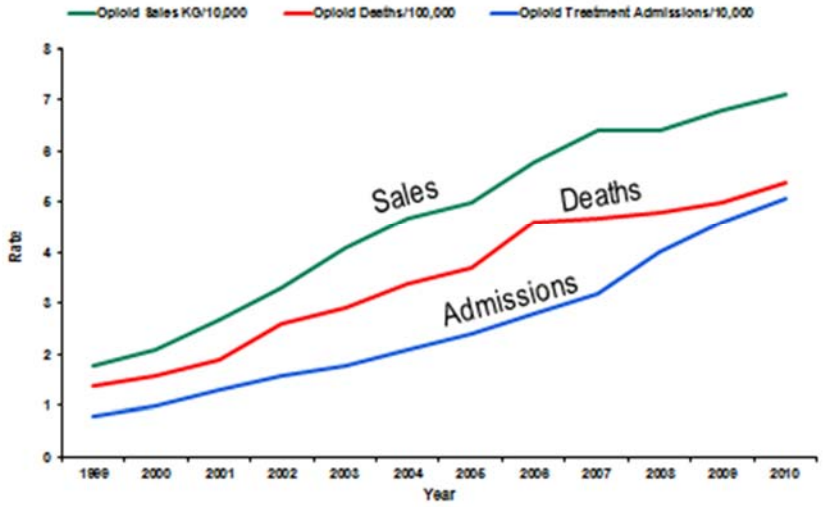
4. Primary Rx and heroin treatment admissions and injection experience. *Source*: Los Angeles County Participant Reporting System data, Los Angeles County Department of Public Health, Substance Abuse Prevention and Control.
5. Rx and heroin misuse among students. *Source*: Los Angeles County. California Healthy Kids Survey. 2008-13; Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.
6. Pharmacy Robberies/Burglaries. *Source*: Drug Enforcement Administration (DEA).
7. Pounds of safely disposed medications at Rx Tack Back Events. *Source*: DEA. Pounds collected at Sheriff Dept. Safe-Drug Drop-Off Boxes. *Source*: Los Angeles County Sheriff's Department.
8. Rx pill counts. *Source*: Department of Justice, California Controlled Substance Utilization Review and Evaluation System (CURES)/Prescription Drug Monitoring Program (PDMP) data.

Note: The heroin seizures and Rx/heroin retail price information source: LA CLEAR: Los Angeles Regional Criminal Information Clearinghouse.

Thank you to our partners at the San Diego Prescription Drug Abuse Task Force who provided guidance in creating this Score Card.

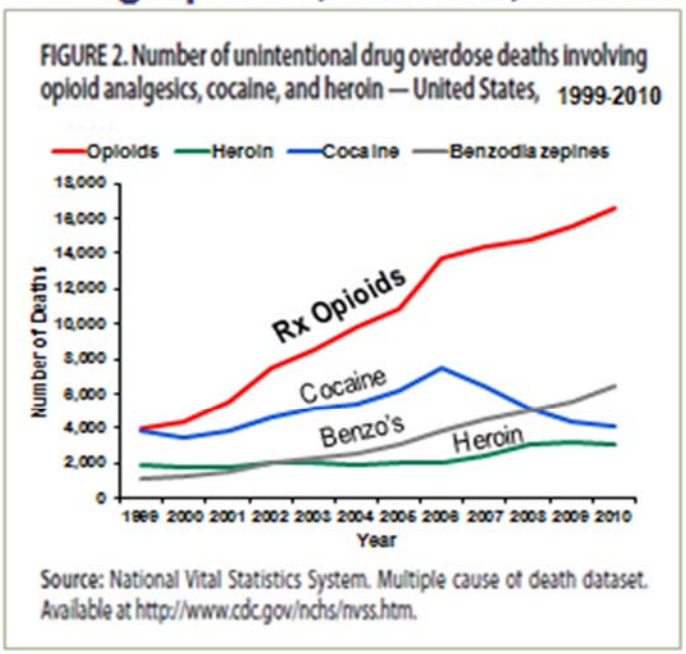
UNITED STATES HEALTH STATISTICS:

Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010



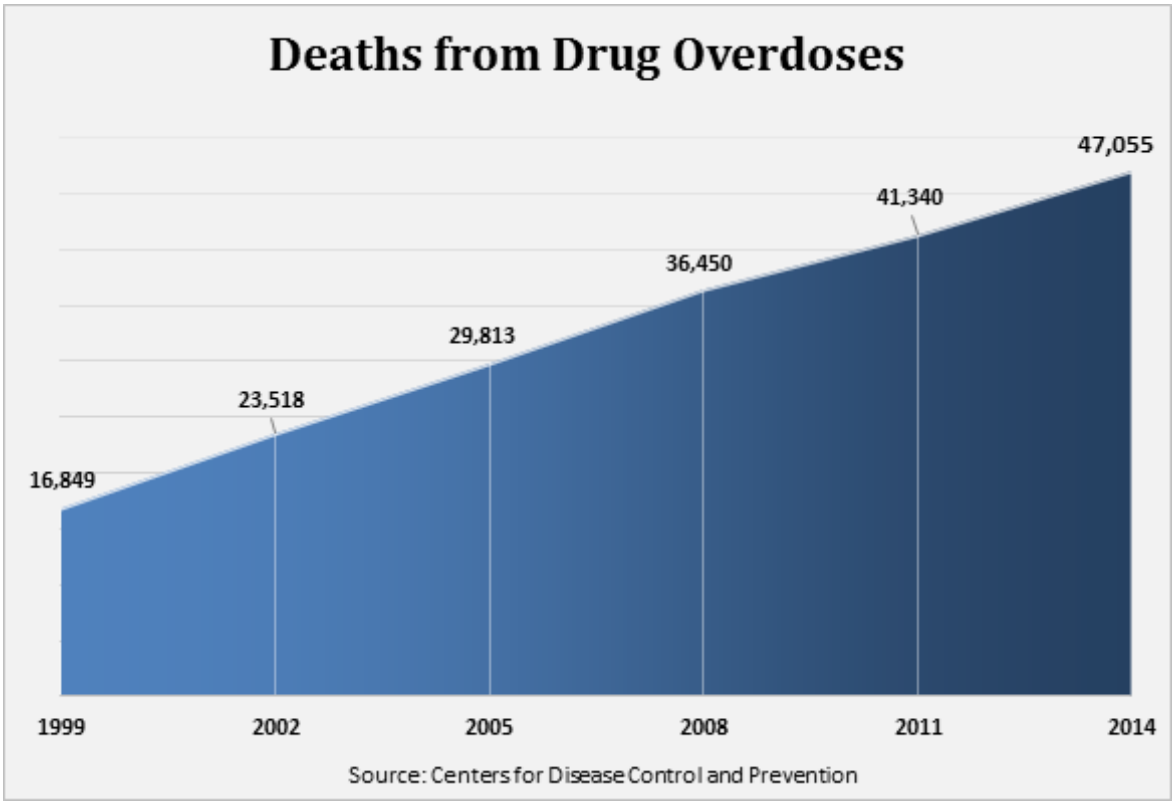
1. CDC. MMWR 2011.
2. Source: Pain and Policy Studies Group, University of Wisconsin School of Medicine and Public Health.
3. Manchikanti L, Singh A. Therapeutic opioids: a ten-year perspective on the complexities and complications of the escalating use, abuse, and nonmedical use of opioids. 2008 Mar;11(2 Suppl):S63-88.

Number of Unintentional Drug Overdose Deaths Involving Opioids, Cocaine, and Heroin, 1999–2010



More deaths from prescription Opioids than heroin, cocaine, and benzo's combined

46 people die every day in US from unintentional prescription opioid over-prescribing



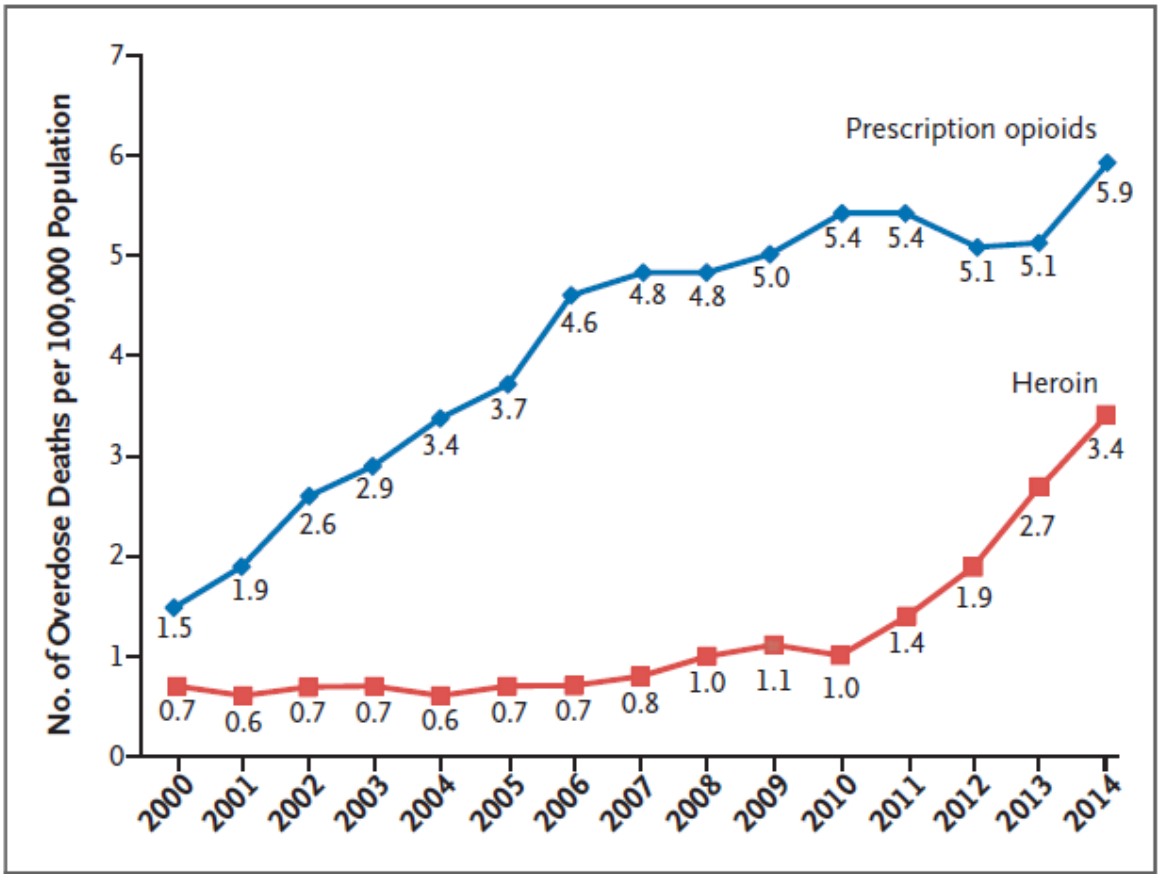
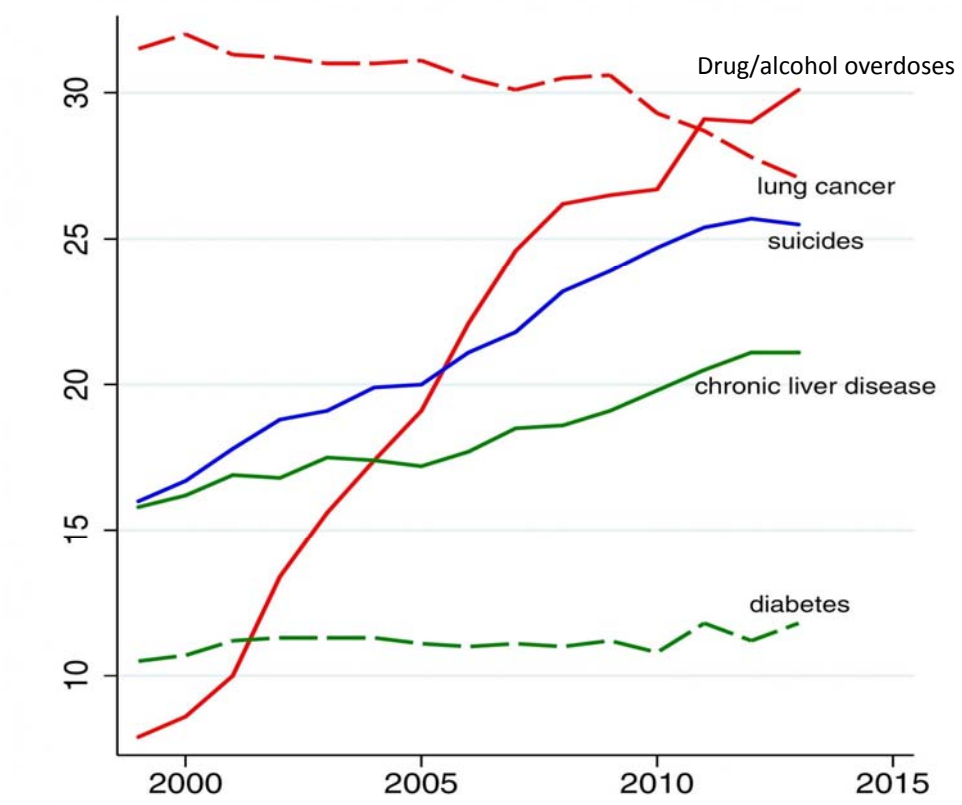


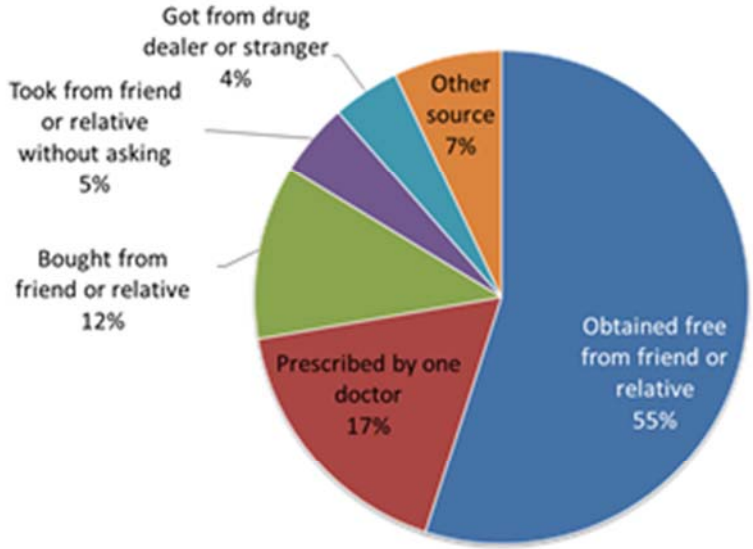
Figure 1. Age-Adjusted Rates of Death Related to Prescription Opioids and Heroin Drug Poisoning in the United States, 2000–2014.

Data are from the Centers for Disease Control and Prevention.[5]

Mortality by cause for white non-Hispanics, 45 to 54 age group, per 100,000 people

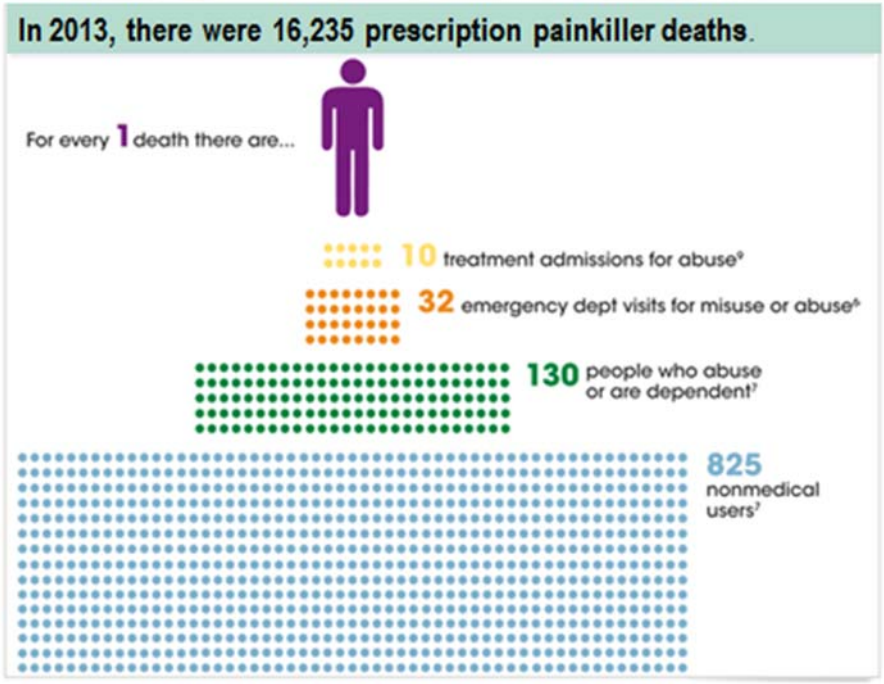


People who abuse prescription painkillers get drugs from a variety of sources (Source: CDC)



72% of people who abuse prescription painkillers get them from a friend or relative

http://www.cdc.gov/homeandrecreationalsafety/rxbrief
http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm#2.16



Morbidity and Mortality Weekly Report (*MMWR*)
Early Release
December 18, 2015 / 64(Early Release);1-5

Increases in Drug and Opioid Overdose Deaths — United States, 2000-2014

Rose A. Rudd, MSPH[1]; Noah Aleshire, JD[1]; Jon E. Zibbell, PhD[1]; R. Matthew Gladden, PhD[1]

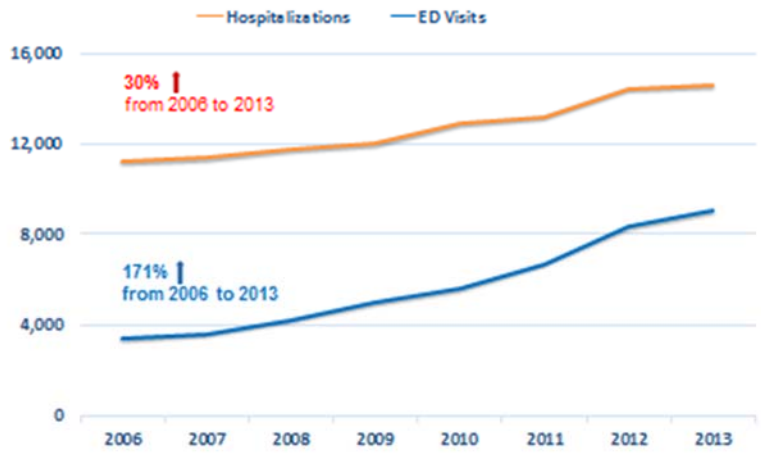
The United States is experiencing an epidemic of drug overdose (poisoning) deaths. Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin). CDC analyzed recent multiple cause-of-death mortality data to examine current trends and characteristics of drug overdose deaths, including the types of opioids associated with drug overdose deaths. During 2014, a total of 47,055 drug overdose deaths occurred in the United States, representing a 1-year increase of 6.5%, from 13.8 per 100,000 persons in 2013 to 14.7 per 100,000 persons in 2014. The rate of drug overdose deaths increased significantly for both sexes, persons aged 25–44 years and ≥55 years, non-Hispanic whites and non-Hispanic blacks...

Between 2013 and 2014, the age-adjusted rate of death involving methadone remained unchanged; however, **the age-adjusted rate of death involving natural and semisynthetic opioid pain relievers, heroin, and synthetic opioids, other than methadone (e.g., fentanyl) increased 9%, 26%, and 80%, respectively.**

LOS ANGELES COUNTY:

County of Los Angeles Public Health

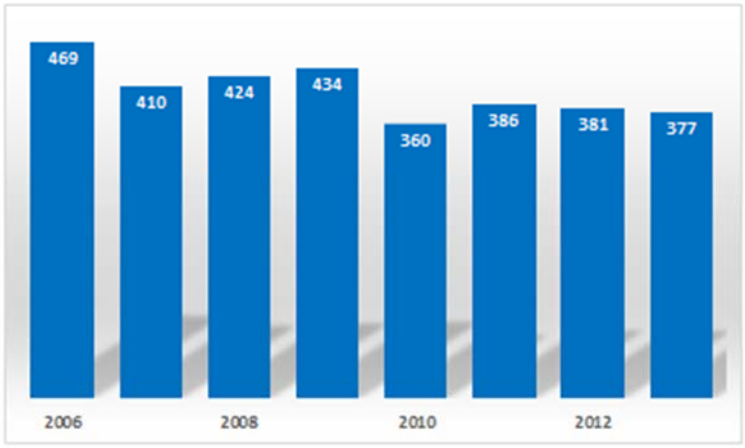
Opioid-Related ED Visits and Hospitalizations in LAC



Emergency Department and Inpatient Discharge Data Set. Office of Statewide Health Planning and Development. California Department of Public Health.

County of Los Angeles Public Health

Opioid-Related Deaths in LAC, 2000-2013



Emergency Department and Inpatient Discharge Data Set. Office of Statewide Health Planning and Development. California Department of Public Health.