Opioid Addiction and Pain
A Quagmire for
Healthcare Professionals

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Disclosure Statement

- The members of the faculty and planning committee for this conference have indicated that they have no relevant financial relationships to disclose related to the content of the CME activity.
CME Statement

- This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Minnesota Medical Association and the University of Minnesota. The Minnesota Medical Association (MMA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

- The Minnesota Medical Association designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Objectives

1. Improve your knowledge of the significance of the opioid crisis
2. Increase your interest in questioning the status quo regarding use of prescription opioids for chronic pain
3. Improve your level of concern regarding healthcare professionals access to prescription opioids
4. Provide some options for your further involvement with this issue
A Tragedy

- 23 year old heroin dependent male
- 10 addiction treatments since age 17
- First treatment for marijuana
- Took prescription opioids from parents medicine cabinet
- Died of heroin overdose: August 2014
Physicians’ Quandary Related to Pain and Addiction

Physicians have little training in addiction and little training in chronic pain.

Yet pain is the most common reason for a primary care visit, and addiction is one of the most common illnesses seen in primary care.
Physicians Role in Addiction

- Nearly 94% of physicians failed to accurately diagnose an alcohol problem in adults in the CASA National Survey of Primary Care Physicians and Patients on Substance Abuse.

April 2000
Physicians Role in Addiction

- Doctors treating 280 people with evidence of alcohol problems followed recommended procedures only 11% of the time. They suggested specific treatment only 5% of the time. This was the least standardized care of all health conditions studied.

NEJM June 26, 2003
“Wait a minute here, Mr. Crumbley. ... Maybe it isn’t kidney stones after all.”
Annual Numbers of New Nonmedical Users of Psychotherapeutics: 1965-2000

2001 National Household Survey on Drug Abuse
http://www.oas.samhsa.gov/NHSDA/2k1NHSDA/vol1/toc.htm#v1
Opioid Prescriptions:
Total Number Dispensed by U.S. Retail Pharmacies, 1991-2010

[Graph showing the number of opioid prescriptions dispensed by U.S. retail pharmacies from 1991 to 2010, with separate bars for the number of opioid prescriptions, hydrocodone, and oxycodone.]
A Crisis

- In 2010, **60% of drug overdose deaths** (22,134) involved prescribed medications.

- Drug overdose became the **number one** accidental cause of death. Fueled by the dramatic increase in opioid overdose deaths.

- Prescription opioid overdoses for those 15 and older: 
  - **1.6 deaths per 100,000** in 1999-2000 increasing to **6.6 deaths per 100,000** in 2009-2010

  *CDC*
Rates* of opioid pain reliever (OPR) overdose death, OPR treatment admissions, and kilograms of OPR sold: United States, 1999-2010

* Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.

www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm
Overdose Risk and Dose


Percent of person years

Percent Use

Opioid dosage (mg/d)

Who Prescribes Opioids

- According to 2003-2004 CDC data:
  - 40% of opioid prescriptions come from primary care physicians
  - 39% come from emergency department physicians
According to NSDUH 2008 data, only 1 in 20 nonmedical users (4.3%) of prescription pain relievers got them from a drug dealer.

In most cases, prescription drugs obtained for nonmedical purposes originated from a single doctor – rather than from multiple sources.
However...

- Sources of prescription opioids in **586 street drug users** in New York City
  
  - **For euphoria:**
    - Dealer 62.5%; Doctor or Pharmacy 38%
  
  - **For pain relief:**
    - Dealer 33%; Doctor or Pharmacy 83%
  
  - **For withdrawal:**
    - Dealer 70%, Doctor or Pharmacy 50%

Davis & Johnson, 2008
Chronic Pain by the Numbers

- 116 million people in the U.S. suffer from chronic pain
- Low back pain is the most common type, affecting 28% of the population
- Knee pain is second at 20% of the population

*IOM Relieving Pain in America*
Do Opioids Work for Chronic Pain? The Jury is Out.

- Markell 2007: Systematic review failed to conclude that opioids provide effective relief of chronic pain
- Ballantyne 2007: Directly compared efficacy of different opioids, and determined a non-significant reduction in pain compared to baseline
- Chou 2003: Concluded there was insufficient and poor evidence to prove the safety or effectiveness of any opioids
- Kaslo 2004: Found a mean decrease in pain of at least 30%, and at least 44% of people continued treatment
- Furlan 2006: Strong opioids were better, but drop-out rate of 33% on average
- Eriksen 2006: Denmark study demonstrated worse pain, higher healthcare utilization, and lower activity levels with opioids
Addiction comes to work

- Any healthcare facility which houses controlled substances is at risk for diversion
- Any employee is capable of diversion
- Vigilance is mandatory
- Diversion often happens by seducing co-workers into policy violations eg. “virtual witnessing” of waste
- Often these are otherwise stellar employees
Number of Events of Theft or Loss by Drug

- Hydrocodone: 61
- Oxycodeone: 58
- Hydromorphone: 58
- Morphinesulfate: 47
- Fentanyl: 45
- Meperidine: 43
- Zolpidem: 26
- Lorazepam: 14
- Methadone: 13
- Midazolam: 10
- Codeine: 8
- Amphetamine aspartate: 7
- Methylphenidate: 5
- Sufentanil: 5
- D-amphetamine: 4
- Alprazolam: 4
- Propoxyphene: 3
- Dextroamphetamine: 3
- Clonazepam: 3
- Zaleplon: 2
- Testosterone: 2
- Diazepam: 2
- Cocaine: 2
- Other: 10

MN Dept of Health/DEA from DEA form 106 data
What Do These 3 Cities Have in Common?

**Location**
Denver, CO
Jacksonville, FL
Exeter, NY
What Do These 3 Cities Have in Common?

<table>
<thead>
<tr>
<th>Location</th>
<th>Profession</th>
<th>Tested</th>
<th>Hep C +</th>
<th>Sentence</th>
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</thead>
<tbody>
<tr>
<td>Denver, CO</td>
<td>Surgical Tech</td>
<td>6000</td>
<td>36</td>
<td>30 Years</td>
</tr>
<tr>
<td>Jacksonville, FL</td>
<td>Radiology Tech</td>
<td>3500</td>
<td>5</td>
<td>Life</td>
</tr>
<tr>
<td>Exeter, NH</td>
<td>Cardiac Tech</td>
<td>&gt;1000</td>
<td>31</td>
<td>Life</td>
</tr>
</tbody>
</table>
What Can Healthcare Professionals Do?

- Screen for addiction and alcoholism
- Refer to an addiction specialist just like any other medical specialty
- Examine your prescribing practices
- Learn more about treatment of chronic pain
- Learn more about pain and addiction
- Prevent diversion in your medical setting
- Naloxone for overdose treatment
What Else Can You Do?

- **Advocate** for state and federal law changes
- **Educate** students, parents, local community, state, law enforcement, legislators, physicians…
- **Involve** your professional organizations
- **Create** accountability for the pharmaceutical industry
- **Support** prescription monitoring programs
- **Support** the federal agenda

Please Commit to Action!
Thank you!