CHANGING THE PARADIGM FOR OPIOID PRESCRIBING

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Central Oregon Health Council

Acknowledgements

- Central Oregon Health Council
- Pain Standards Task Force
- PacificSource Community Solutions
- St. Charles Health Systems
- WEBCO
- OrCRM & Lines for Life

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How to Reach Me

- Kim Swanson, Ph.D.
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  - Chair, Pain Standards Task Force
  - Please explore our recently launched website at:

www.copainguide.org

- Tools and prescribing guidelines for providers
- Opportunities for CME
- A summary of useful resources from around the U.S.
- A community entrance with basic information
- Contact information

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Disclaimer

- I receive a salary from St. Charles Health System
- I do not receive payments from other sources and have nothing further to disclose.

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A Brief History of Opiates & Other Substances of Abuse

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"Throughout its history, the United States has made many attempts to outlaw addictive drugs and enact laws concerning consumer protections and public health. This effort resulted in over 200 drug laws that were hard to keep track of and didn't effectively meet the country's drug problems."

See more at:

http://criminal.findlaw.com/criminal-charges/controlled-substances-act-csa-overview.html#sthash.E1rToGod.dpuf

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A Brief History of Opiates & Other Substances of Abuse

1890

- Genesis of the first Congressional Act that levied taxes on morphine and opium.
- From this time forward the Federal Government had a series of laws and acts directly aimed at opiate use, abuse, and control.
- Prescription opiates, as well as cocaine, were common for a variety of ailments.

Courtwright D. A century of American narcotic policy. In: Institute of Medicine. *Treating Drug Problems: Volume 2*. Washington, DC: IOM, 1992, pp. 1-62. Available online at: http://fermat.nap.edu/books/0309043964/html/index.html. [Accessed September 16.2015.]

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1914

The Harrison Act

"The purpose of this bill –and we are all in sympathy with it – is to prevent the use of opium in the United States, destructive as it is to human happiness and human life"

- All parties involved with importing, exporting, manufacturing, and distributing opium were now required to register with the Federal Government and pay taxes.
- Physicians operating in the course of "his professional practice" were exempt.

Courtwright D. A century of American narcotic policy. In: Institute of Medicine. *Treating Drug Problems: Volume 2*. Washington, DC: IOM, 1992, pp. 1-62. Available online at: http://fermat.nap.edu/books/0309043964/html/index.html. [Accessed September 16.2015.]

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- 1906
  - Pure Food and Drug Act
    - Required labeling of patent medications that contained the following:
      - Opiates
      - Cocaine
      - Alcohol
      - Cannabis

Courtwright D. A century of American narcotic policy. In: Institute of Medicine. *Treating Drug Problems: Volume 2*. Washington, DC: IOM, 1992, pp. 1-62. Available online at: http://fermat.nap.edu/books/0309043964/html/index.html. [Accessed September 16.2015.]

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1919

The United States Supreme Court ratified the Harrison Act

- Doctors were not allowed to prescribe maintenance supplies of narcotics to people addicted to narcotics.
  - The court ruled that this was "not professional practice".
- For the first time it was illegal for physicians to prescribe opioids for the purposes of "maintaining" an addiction.
- Physicians were not prohibited from prescribing opiates to wean a patient off an opiate.

Courtwright D. A century of American narcotic policy. In: Institute of Medicine. *Treating Drug Problems: Volume 2*. Washington, DC: IOM, 1992, pp. 1-62. Available online at: http://fermat.nap.edu/books/0309043964/html/index.html. [Accessed September 16.2015.]

Adapted from James Shames, M.D. presentation. http://www.theoma.org/sites/default/files/documents/Establishing_Safe_Opioid_Prescribing.pdf

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1922

- Narcotic Drug Import and Export Act
  - Enacted to assure the proper importation, sale, possession, and consumption of narcotics

1927

- Bureau of Prohibition
  - Tracked bootleggers and organized crime leaders

Courtwright D. A century of American narcotic policy. In: Institute of Medicine. *Treating Drug Problems: Volume 2*. Washington, DC: IOM, 1992, pp. 1-62. Available online at: http://fermat.nap.edu/books/0309043964/html/index.html. [Accessed September 16.2015.]

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1970

- The Controlled Substance Act
  - Places all substances that are regulated under existing federal law into one of five schedules based on a substance's medicinal value, harmfulness, and potential for abuse or addiction (Class I-V).
  - The first time mechanisms are put in place for substances to be controlled.

Courtwright D. A century of American narcotic policy. In: Institute of Medicine. *Treating Drug Problems: Volume 2*. Washington, DC: IOM, 1992, pp. 1-62. Available online at: http://fermat.nap.edu/books/0309043964/html/index.html. [Accessed September 16.2015.]

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"When I was in medical school, the one thing I was told was completely wrong. The one I was told was, if you give opiates to a patient who's in pain, they will not get addicted. Completely wrong. Completely wrong. But a generation of doctors, a generation of us grew up being trained that these drugs aren't risky. In fact, they are risky."

Dr. Thomas Frieden, Centers for Disease Control and Prevention.

Oregon prescription deaths~1.pdf

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

A Brief History of Opiates & Other Substances of Abuse

1991

- Oregon Medical Board Survey
  - 88% of respondents held that prolonged opioid prescribing for chronic non-cancer pain was unlawful and unacceptable.
- Physicians were legally prosecuted for over prescribing opiates.
- The medical community perceived addiction as a law enforcement issue outside of the scope of medical practice.

- Gilson AM, Joranson DE. Controlled substances and pain management: changes in knowledge and attitudes of state medical
- regulators. J Pain Symptom Manage 2001;21(3):227–37.
- Adapted from James Shames, M.D. presentation. http://www.theoma.org/sites/default/files/documents/Establishing_Safe_Opioid_Prescribing.pdf

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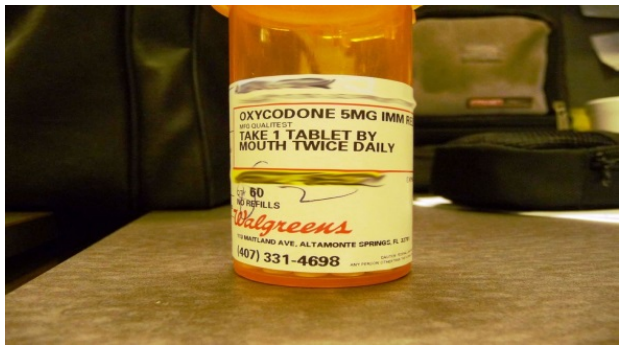

Mid 1990's – Early 2000's

- Pressure on physicians to prescribe legal opiates for chronic non-cancer pain increased due to evolving philosophies that high doses do not cause harm.
  - In 1997 opioid sales amounted to 96 mg/per person in the United States.
  - In 2007 opioid sales escalated to 698 mg/per person in the United States.
  - Oxycontin becomes the highest selling opioid in 2001.

http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html

http://www.academia.edu/7509873/Determinants_of_Increased_Opioid-Related_Mortality_in_the_United_States_and_Canada_1990_2013_A_Systematic_Review

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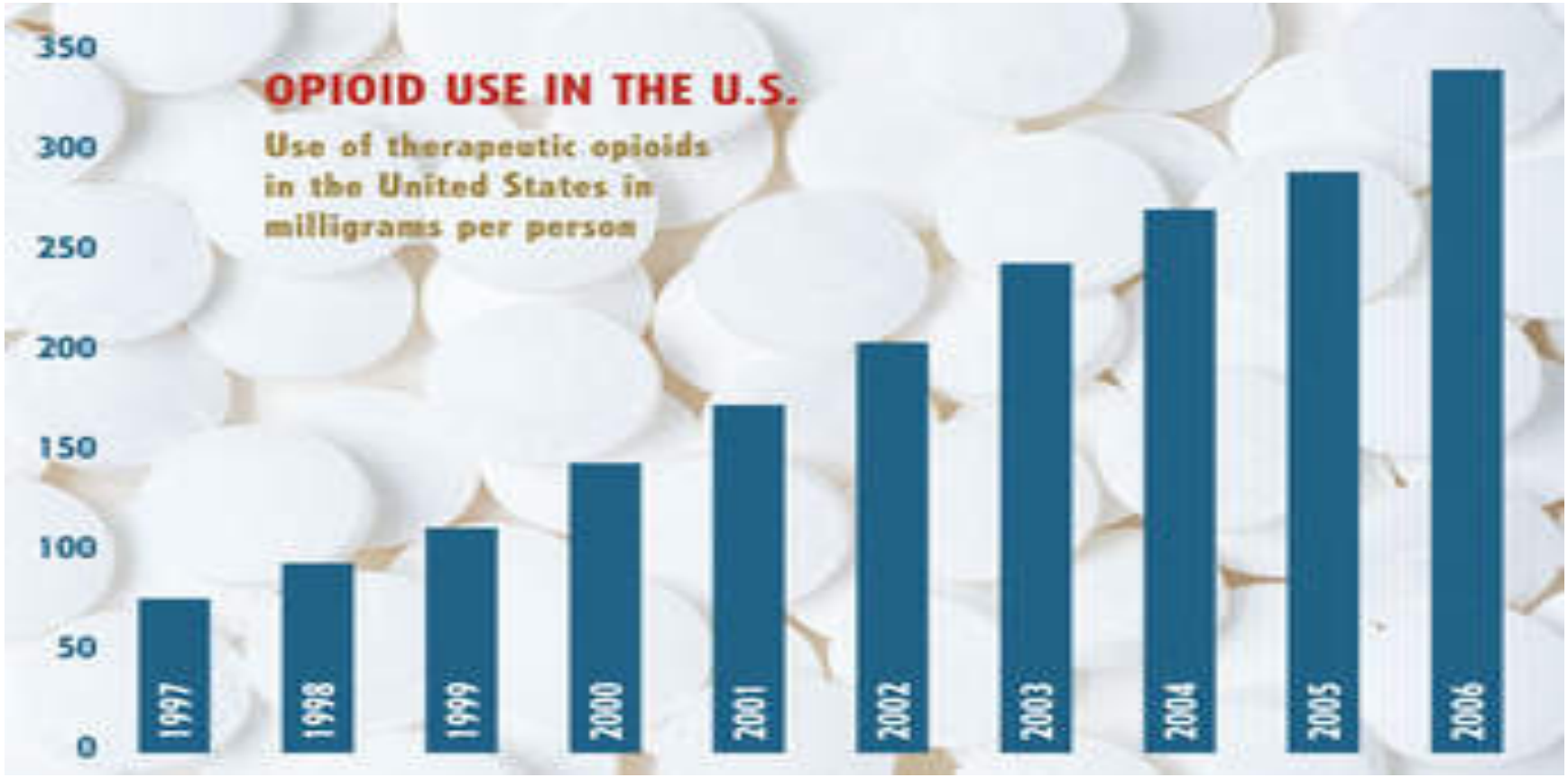
Mid 1990's – Early 2000's

- JHACO adopted the "5th Vital Sign"
- Chronic pain is designated an independent ICD-9 code
- Disciplinary action was taken against physicians in Oregon and nationwide for under treating pain.

1) http://www.va.gov/PAINMANAGEMENT/docs/TOOLKIT.pdf [Accessed September, 16, 2015]
2) Acker CJ. *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control.* Baltimore, MD: Johns Hopkins University Press, 2002
3) Adapted from James Shames, M.D. presentation. http://www.theoma.org/sites/default/files/documents/Establishing_Safe_Opioid_Prescribing.pdf

A Brief History of Opiates



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Opioid prescribing and overdose deaths are a State and National emergency

- Oregon ranks number two in the nation for non-medical pain reliever use within the total population aged 12 or older.
- Between 2000 and 2011:
  - The rate of death due to unintentional prescription drug overdoses increased by 2.4 times
  - The rate of hospitalization increased five-fold.
- In 2012:
  - 100 million prescription opiates where legally prescribed with a population of 3.9 million Oregonians.
  - That equals 26 opiate pills for every citizen in Oregon.

- *http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drug-overdose-report.pdf*
- • Oregon Prescription [Accessed on September 16, 2015]
- http://orcrm.org/wp-content/uploads/2015/02/nga-Task-Force-Report.pdf [Accessed on September 16, 2015]

Today

- Four out of 10 drug related deaths were reported to have more than one drug contributing to their death.
- Benzodiazepines were most prevalent contributor, accounting for 40% of overdose deaths.
- Estimated annual cost to Oregon for ED visits for chronic pain alone is $216,800,000.

http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drug-overdose-report.pdf

Oregon Prescription [Accessed on September 16, 2015]

http://orcrm.org/wp-content/uploads/2015/02/nga-Task-Force-Report.pdf [Accessed on September 16, 2015]

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Common Components of Community Wide Controlled Substances Policies in Oregon

- Southern Oregon, Multnomah County, The Gorge and Central Oregon
  - 120 mg MED cap
  - Avoidance of polypharmacy of controlled substances
  - Referral for behavioral health and/or substance dependence treatment

Some News is Promising

- Many organizations have made independent efforts to address concerns about opiate prescribing beginning on 2011
  - St. Charles Medical Group
  - Mosaic Medical
  - Desert Orthopedic
  - Others
- Since 2011 there has been a 50% reduction in opiate prescriptions.

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Conclusions

- History has evolved in our relationship with opiates and controlled substances.
  - As the pendulum as swung through history we have addressed the "substance problem" but we have not addressed the "pain problem"
    - Behind "the problem" is a patient, a person, who is suffering. Throughout history we have legislated, arrested (patients and physicians), but we have not developed holistic treatment to meets the needs of this medical population.
    - We have an opportunity in the present tense to not only address "the problem" but also address the *person* who is suffering so we don't repeat history
  - Through education and engaged community efforts, we can address the current opioid problem in our region and state

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Questions and Answers