



Defining the Problem of Opioid Use


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WHOSE PROBLEM IS THIS?



If you work in health care and are not concerned about opioid misuse then you are part of the problem



The Opioid Epidemic as we know it today was caused by:

1. Government Agencies
2. Pharmaceutical Industry
3. The Health Care industry



Attitudes regarding pain and pain management
need to change
beginning with health care professionals



1. Understand how we got here
2. Acknowledge the extent of the problem
3. Determine we can do to impact change



1. How We Got Here

- › Before 1800 pain was considered “normal” and an expected part of illness, injury or aging
- › Even into the 1950’s opioids were primarily prescribed only for cancer related pain

What Changed?

1986- World Health Organization addressed the under treatment of pain as a concern for surgical and cancer patients

1995- American Pain Society launches “Pain is 5th Vital Sign” Campaign

1999- Veteran’s Health Administration adopts this campaign

2000- The Joint Commission publishes standards regarding pain

2000- The DEA promises less scrutiny over opioid prescriptions





- › Now physicians are being mandated to prescribe
- › Benchmarks (and therefore reimbursements) are being attached to treatment of pain
- › No pain is now the new goal
- › Not prescribing opioids is considered inhumane

While all of that is happening in medicine....

Purdue Pharmaceuticals

- › In 1996 introduce OxyContin, time released oxycodone
- › Product is aggressively marketed in climate of relaxed opioid views
- › Company states that this product has less potential for addiction





Purdue Pharmaceuticals sales of OxyContin skyrocketed to a peak of over \$3 billion/year

The Result

- › Addiction Rates soar through the 2000's
- › Opioid overdose becomes the leading cause of accidental death in 2008, surpassing motor vehicle accidents
- › Due to marketing campaigns primary care physicians are now top prescribers



2. The Extent of the Problem

2017 Statistics

- 70,237 reported overdose deaths
- 47,600 (more than 67%) involved opioids
 - Approximately 115 deaths per day
 - 1 every 13 minutes
- This is 6 times the rate in 1999
- These numbers are only DEATHS. This does not include the countless nonfatal overdoses, many of which go unreported.





- › Up to 29% of people prescribed opioids will misuse them
- › 8-12% will develop a misuse disorder
- › 4-6% will transition to an illicit drug when unable to obtain a legal source or when that no longer is adequate

3. Waves of Opioid Epidemic

- › 1st wave- 1990's increase in opioid overdose related deaths
- › 2nd wave- 2010 increase in heroin related deaths
- › 3rd wave- 2013 increase in synthetic opioid related deaths (Fentanyl) with a peak in 2016



Societal Toll

- › 1 in 4 people on long term opioid use suffer from misuse
 - This impacts mental, physical, and emotional health, as well as becoming a financial burden
- › These issues affect not only the individual, but also family members
- › Places burdens on local resources, such as healthcare and emergency services



Economic Toll

- › The Economic toll of the opioid epidemic is estimated at \$115 billion in 2017
- › The cost estimate includes:
 - Health care services
 - Education
 - Social Services
 - Legal System costs



3. Steps to Change

- › Identify at Risk Patients
- › Improve Education
- › Decrease Stigma/Increase Awareness and Access





Identify At-Risk Patients

- Patients with Substance Abuse History
- Patients with diagnosed depression or psychiatric disorders
- Patients who are on long-term or high doses of opioids prior to surgery



Identifying At-Risk Patients

- › Patients already using opioids prior to surgery have increased risks
 - Greater pain following surgery
 - Greater demands for pain medication (dosages and amounts)
 - Lower overall satisfaction rates
- › Identifying these patients and having a plan in place can improve outcomes and patient satisfaction



Changing the Culture

In order to change, the culture surrounding pain must change

› Education

- Educate clinicians regarding alternatives to opioid medications
- Educate patients on expectations of pain and alternative methods of pain control



Managing Expectations

- › Pain after surgery is expected
- › Goal is to manage pain, NOT to eliminate it
- › Pain can help guide recovery (example- if an activity hurts post-op it may be too much and impede recovery)
- › Communicate with patient and family about plan of care and realistic expectations



- › Non-opioid medications are still pain medications
- › Educate on all methods of pain control
 - Local anesthetics
 - Nerve blocks
- › Discuss comfort measures as part of the pain management plan
 - Positioning
 - Stabilizing
 - Cold Therapy



What Else?

- › Presence of pain does not mean patients are unhappy- most just want to feel cared for
- › Alternative therapies are often not covered or need pre-authorizations. This needs to change.
- › Opioid Use Disorder is still stigmatized and access to treatment is limited
- › The biggest impact will be made when all disciplines work together with legislature for lasting change

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