Reducing Opioid Abuse/Misuse

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February 20, 2015
Conflict of Interest Disclosure

The presenter has no real or apparent conflicts of interest to report.
Objectives

- Understand the opioid abuse problem and how Intermountain is getting involved
- Understand the scope of the problem
- Know which patients are most at risk
- Understand why opioids are over-prescribed
- Know how can you make a difference
- Understand the issues around chronic pain
Due to opioids

Decrease the burden of pharmaceutical drug misuse/abuse/overdose in Utah
Utah Pharmaceutical Drug Abuse, Misuse, and Overdose Prevention Plan 2014

Decrease the burden of pharmaceutical drug misuse/abuse/overdose in Utah

- Public Awareness and Education
- Prevention
- Criminal Justice
- Data and Evaluation
- Patient Education
- Healthcare Education and Training
- Safe Disposal
- Policy
- Treatment
Source: Policy Impact: Prescription Painkiller Overdoses, Centers for Disease Control, November 2011
How big is the problem? – Utah
How big is the problem? – Utah

- 1999: 10.6 per 100,000 suffered drug overdose fatalities
- 2013: 16.9 per 100,000 – a 59% increase
- 8th highest drug overdose mortality rate in the country
  - New Mexico and Vermont scored highest
  - South Dakota scored lowest
- From 2000 to 2010, sales of opioids increased by 378%

Source: Prescription Drug Abuse: Strategies to Stop the Epidemic, Trust for America’s Health 2013 Report
How big is the problem? – Intermountain

Placeholder slide for Mike Nguyen’s information
How big is the problem? – Intermountain

Placeholder slide for Mike Nguyen’s information
How big is the problem? – Intermountain

Placeholder slide for Mike Nguyen’s information
What patients are at risk?

People who:

• Take high daily dosages of prescription painkillers
• Misuse multiple abuse-prone prescription drugs
• Have mental illness or a history of substance abuse

Source: Policy Impact: Prescription Painkiller Overdoses, Centers for Disease Control, November 2011
What patients are at risk?

People who:

• Are low-income or live in rural areas
• Are on Medicaid
• Unborn children of currently pregnant or soon-to-be pregnant women

Source: Policy Impact: Prescription Painkiller Overdoses, Centers for Disease Control, November 2011
What patients are at risk?

Pregnant or soon-to-be pregnant women

• 41% of women on Medicaid filled an opioid prescription during pregnancy

• Newborns diagnosed with Neonatal Abstinence Syndrome has increased 242.7%

Why are opioids over-prescribed?

- Only aware of a few treatments or medications for pain
- Prescribes for friends or family without a patient record
- Unaware of symptoms of addiction
- Want to make sure patients’ pain is controlled

Source: USE, ABUSE, MISUSE, AND DISPOSAL OF PRESCRIPTION PAIN MEDICATION TIME TOOL CLINICAL REFERENCE. The American College of Preventive Medicine
Why are opioids over-prescribed?

- Don’t want to field calls to office for refills
- Unaware of the social consequences of over-prescribing
- Unfamiliar with alternatives
- Limited data to help decide how much is enough and how much is too much for a given procedure
What can you do?

• Consider alternatives to opioids
• Prescribe the right amount, almost always less—up to 50% less
What can you do?

Intermountain Urological Institute experience

<table>
<thead>
<tr>
<th>Surgery Type</th>
<th># Tablets Prescribed</th>
<th># Tablets Used</th>
<th>% Unused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cysto/Endo</td>
<td>20 (range 11-32)</td>
<td>10 (range 0-30)</td>
<td>50%</td>
</tr>
<tr>
<td>Minor Open</td>
<td>20 (range 14-30)</td>
<td>8 (range 0-29)</td>
<td>58%</td>
</tr>
<tr>
<td>Major Lap</td>
<td>20 (range 14-31)</td>
<td>12 (range 2-26)</td>
<td>40%</td>
</tr>
<tr>
<td>Major Open</td>
<td>30 (range 14-37)</td>
<td>14 (range 4-29)</td>
<td>50%</td>
</tr>
</tbody>
</table>

Video Placeholder

Jay Bishoff:
Urological Institute Experience
What can you do?

• Consider medical/non-medical alternatives to opioids
• Prescribe the right amount, almost always less—up to 50% less
• Use the controlled substance (DOPL) database to identify high-use patients
• Recognize red flags for opioid abuse or misuse
Red Flags

- Lost or misplaced medications
- Running out of pain medication early
- Missed scheduled doctor appointments
- Use of any illegal or unauthorized substances
- Not being completely honest about personal drug use

What can you do?

• Talk to patients about program
  – Consequences of unused narcotics at home
  – Distribution of informational materials with all SelectHealth mailed claims
What can you do?

- Extra medication disposal
  - Medication drop boxes in Intermountain pharmacies as of February 12, 2015
What can you do?

- Participate in subsequent UPDCP phases:
  - UPDCP Phase II
  - UPDCP Phase III
  - UPDCP Phase IV
Chronic Pain Management

- Chronic pain is a major public health problem
- Existing chronic pain treatments are unable to address the problem
- Long-term opioid therapy helps selected patients
Chronic Pain Management

• Chronic and acute pain are different disease processes
• Chronic pain = pain that lasts more than a month
• Between 10% -20% of the population have chronic pain
• Chronic pain may or may not involve tissue damage
Chronic Pain Management

Origins for the use of opioids in CNCP

- 1986 article: 38 cases of patients using chronic daily opioids
- 1990 article: “The Tragedy of Needless Pain”
- Since 1990s use of opioids has skyrocketed.

Concerns with long term opioid therapy

- Evidence for use of chronic opioids is scant
- Guidelines are based on low-quality evidence
- Studies based on short term trials
Chronic Pain Management

“Best practice models for chronic pain management require a multidisciplinary approach similar to that recommended for other chronic complex illnesses, such as depression, dementia, eating disorders, or diabetes.”

—NIH Report

Source: http://annals.org/article.aspx?articleid=2089371
Chronic Pain Management

The Challenges with Chronic Opioid Therapy

• Tolerance – pain relief results are unsustainable
• Hyperalgesia – opioids may increase overall pain
• Side effects – constipation, nausea, mental clouding, respiratory depression, death
The Challenges with Chronic Opioid Therapy

• Addiction
• Constant withdrawal state with SA opioids
• Little evidence that overall function is improved
Chronic Pain Management

Hyperalgesia

• Chronic Opioids may increase pain
• One study – improvement in 21 out of 23 patients

Chronic Pain Management

Hyperalgesia

- Chronic Opioids may increase pain
- One study – significant improvement in 21 out of 23
- Another study – longer opioid use = less pain tolerance

Chronic Pain Management

Hyperalgesia

- Chronic Opioids may increase pain
- One study – significant improvement in 21 out of 23 patients
- Another study – longer opioid use = less pain tolerance
- No pain increase with opioid reductions

Chronic Pain Management

Alternate Chronic Pain Treatments

• Meditation – effective, sustainable pain relief,
• Regular exercise reduces pain and improves function

Source: www.hindawi.com/journals/isrn/2013/469575/. www.newswise.com/.../exercise-and-manual-therapy-improve-
pain-and-function-in-osteoarthritis.
Chronic Pain Management

The Vicious Cycles of Chronic Pain

• Patients with pain quit moving
• Pain decreases involvement in meaningful activities
• Pain leads to opioid use
Chronic Pain Management

Layton Pilot

- Provider education
- Hiring nurse practitioner
- Pain education classes
- Coordinate program with PT
- Hiring a dedicated health advocate
Chronic Pain Management

Layton Pilot – Chronic Pain Education Class

- Multi-team approach
- 10 week education course
- Weekly patient assignments
Chronic Pain Management

Focus on Safely Prescribing

CARE PROCESS MODEL

MANAGEMENT OF

Chronic Non-cancer Pain

This care process model (CPM) recommends screening, diagnosis, and treatment processes to help primary care providers improve care and outcomes for patients with chronic pain, defined as pain persisting beyond three months, and not associated with cancer or the end of life. The CPM was developed by the Functional Restoration and Chronic Pain Development Team within the Primary Care Clinical Program. It is based on national and local guidelines* (based on back) and shaped by the insights of experts from SelectHealth and Intermountain HealthCare. Related tools such as forms and patient education materials support process implementation.

WHY FOCUS ON CHRONIC PAIN?

• It’s common and expensive. Estimates of the prevalence of chronic pain patients in primary care range from 5% to 33%.4 Studies show that over 25% of adults in the US report some form of persistent or chronic pain, and that 50 million Americans have chronic pain.3 In 2014, $633 billion was spent on prescription pain medication, and pain is estimated to cost over $600 billion a year in lost productivity.

• Opioid abuse and diversion are increasing exponentially in Utah, with associated mortality and morbidity. From 1999 to 2007, the annual death rate from prescription pain medication poisoning in Utah increased from 39 to 261.9

• Treating patients with chronic pain poses unique and difficult dilemmas. Concerns associated with chronic pain include potential psychological conditions, the potential for a patient’s addiction and abuse, and potential legal liabilities for physicians.

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Chronic Pain Management

CPM Tools – Risk evaluation

- SOAPP-R
- COMM
- STarT – back screening tool
Chronic Pain Management

CPM Tools – STarT Back

STarT Back Screening Tool

Patient Name: ___________________________ Date: ______________ Time: ______________

Thinking about the last 2 weeks, check your response to the following questions.

1. My back pain has spread down my leg(s) at some point in the last 2 weeks. 
   Disagree (0) Agree (1)

2. I have had pain in the shoulder or neck at some time in the last 2 weeks. 
   Disagree (0) Agree (1)

3. I have only walked short distances because of my back pain. 
   Disagree (0) Agree (1)

4. I have dressed more slowly than usual because of back pain. 
   Disagree (0) Agree (1)

5. It’s not really safe for a person with a condition like mine to be physically active. 
   Disagree (0) Agree (1)

6. Worrying thoughts have been going through my mind a lot of the time. 
   Disagree (0) Agree (1)

7. I feel that my back pain is terrible, and it’s never going to get any better. 
   Disagree (0) Agree (1)

8. In general, I have not enjoyed all the things I used to enjoy. 
   Disagree (0) Agree (1)

9. Overall, how bothersome has your back pain been in the last 2 weeks?
   Not at all Slightly Moderately Very much (1) Extremely (1)
   [ ] [ ] [ ] [ ] [ ]

For office use: Total Score (all 9): ______ (Total ≥4: Mod/High) Subscore (Q5–9): ______ (Sub ≤3: Mod, ≥4: High)

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Chronic Pain Management

CPM Tools – SOAPP-r and COMM

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**Screener and Opioid Assessment for Patients with Pain—Revised (SOAPP®-R)**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have mood swings?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. How often have you felt a need for higher doses of medication to treat your pain?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. How often have you felt impatient with your doctors?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. How often have you felt that things are just too overwhelming that you can’t handle them?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. How often is there tension in the home?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. How often have you counted pain pills to see how many are remaining?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. How often have you been concerned that people will judge you for taking pain medication?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. How often do you feel bored?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. How often have you taken more pain medication than you were supposed to?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. How often have you worried about being left alone?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. How often have you felt a craving for medication?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. How often have others expressed concern over your use of medication?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Have you or any of your close friends had a problem with alcohol or drugs?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Have others told you that you had a bad temper?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>15. How often have you felt consumed by the need to get</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Current Opioid Misuse Measure (COMM)**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past 30 days, how often have you had trouble with things clearly or had memory problems?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. In the past 30 days, how often do people complain that you are not completing necessary tasks or doing things that need to be done, such as going to class or work or appointments?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. In the past 30 days, how often have you had to go to someone else with your prescribing physician to get sufficient pain relief from medication? (e.g., another doctor, someone at the clinic)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. In the past 30 days, how often have you taken your medications differently from how they are prescribed?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. In the past 30 days, how often have you seriously thought about hurting yourself?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. In the past 30 days, how much of your time was spent thinking about opiate medication or taking them,-going to appointments, etc.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. In the past 30 days, how often have you been in argument?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. In the past 30 days, how often have you used or controlled your anger (b.e., road rage, screaming, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. In the past 30 days, how often have you needed to take pain medications belonging to someone else?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. In the past 30 days, how often have you been worried about how you’re handling your medications?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Chronic Pain Management

CPM Tools – Informed Consent

FACT SHEET FOR PATIENTS AND FAMILIES

Opioid Medication for Chronic Pain

What are opioid pain medications?
Opioid medications are strong prescription medications that change the way your brain handles pain signals. (They are sometimes called “narcotics” medications but when prescribed by a doctor they are called opioid medications or just “opioids.”) Examples include morphine (MS Contin, Kadian), hydrocodone (Vicodin, Lorcet, Vicoprofen), and oxycodone (OxyContin, Roxicodone). Sometimes an opioid is combined with another type of pain reliever, such as acetaminophen (Tylenol) in the same pill.

The goal of opioid medication is to reduce your pain so you can function better at work, exercise, and in personal relationships. On average, opioid medication can reduce pain by about 30% to 40%.

Are there risks to taking opioid pain medication?
Used as directed, opioid pain medication can be safe and effective. However, it can also pose some risks and potential dangers:
• Opioids can interact in a dangerous way with alcohol, recreational drugs, or certain medications.
• There may be risks with taking opioid medication in pregnancy. Talk to your doctor.
• If you take opioid medication for long periods of time, you can develop a tolerance so it is less effective. If this happens, your doctor may need to change the dose or medication.
• If you stop the medication suddenly, you may have withdrawal symptoms. See page 4.
• Opioid therapy poses a risk of addiction or abuse. Addiction is the compulsive use of a medication, even if it causes harm. Abuse is using a medication for non-medical purposes (such as getting “high”). Addiction and abuse can cause irritation and can lead to the death of a person.
Chronic Pain Management

Other items to consider

• Urine drug screen
• Controlled Substance Database
• Frequent patient visits
• Remember the red flags
Chronic Pain Management

Proper Evaluation and Documentation

- Notes – evidence of a functional assessment
- Evaluation of medication side effects
- Evidence of functional improvement with medication
- Physical assessment
- Treatment plan
Video Placeholder:
Kami Black, LCSW
Conclusion

Take action today

to help reduce opioid abuse

and narcotic deaths
Questions?