

IMPROVING PATIENT SAFETY IN THE OPIOID CRISIS:

What is the Prescriber's Role?

INTENDED AUDIENCE:

Physicians of all specialties, dentists, oral surgeons, podiatrists, advanced practice nurses, physician assistants, pharmacists, nurses, and medical office staff.

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DUPAGE COUNTY
HEALTH DEPARTMENT

Everyone. Everywhere. Everyday

IMPROVING PATIENT SAFETY IN THE OPIOID CRISIS: What is the Prescriber's Role?

- **Welcome and thank you!**
- Agenda, meeting materials, resource tables
- Questions—notecards on tables
- Continuing education
 - Physicians
 - Dentists/Hygienists
 - Nurses, Professional Counselors, Social Workers
 - Podiatrists
 - Pharmacists
- Housekeeping

The Opioid Crisis Locally and Beyond: Defining the Problem

Rashmi Chugh, MD, MPH
Medical Officer

rchugh@dupagehealth.org

May 10, 2017

I have no financial relationships to disclose.



**DUPAGE COUNTY
HEALTH DEPARTMENT**

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OPIOID CRISIS BASICS

- Drug overdose deaths and opioid-involved deaths **continue to increase** in the United States.
- The **majority** of drug overdose deaths (>6 out of 10) involve an **opioid**.
- Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) **quadrupled**.
- From 2000 to 2015 more than half a million people died from drug overdoses.
- **91 Americans die every day** from an opioid overdose.

Source: www.cdc.gov/drugoverdose/epidemic/index.html (emphasis added)

OPIOID CRISIS BASICS (cont.)

- We now know that **overdoses from prescription opioids** are a driving factor in the 15-year increase in opioid overdose deaths.
- Since 1999, the **amount of prescription opioids** sold in the U.S. nearly **quadrupled**, yet there has **not** been an overall change in the amount of pain that Americans report.
- **Deaths from prescription opioids**—drugs like oxycodone, hydrocodone, and methadone—have more than **quadrupled** since 1999.

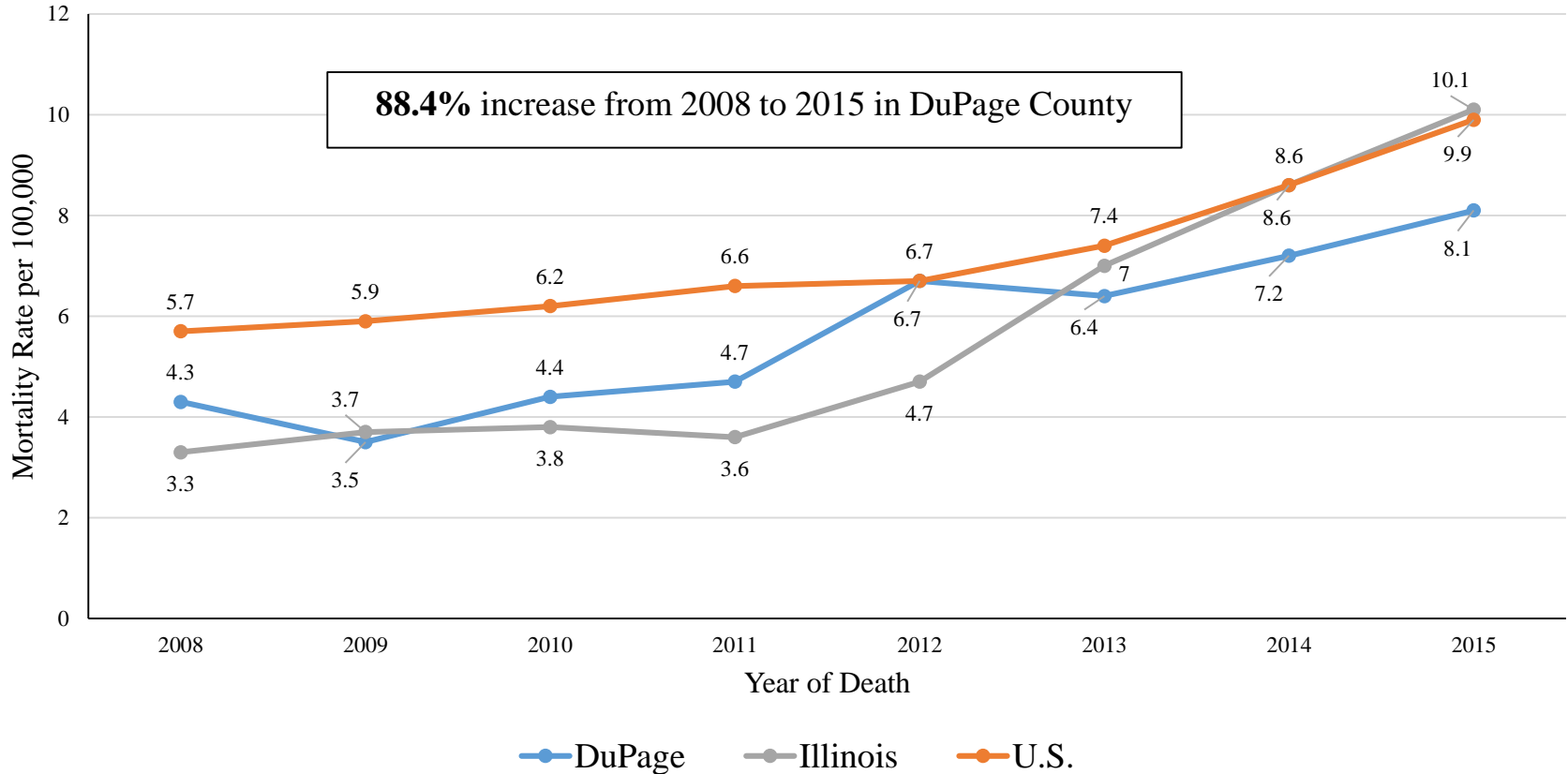
Source: www.cdc.gov/drugoverdose/epidemic/index.html (emphasis added)

U.S. Mortality Rates per 100,000 Population, 2014

All injury deaths	62.6 (199,756)
All poisoning deaths	16.3 (51,966)
Drug poisoning deaths	14.8
Opioid analgesic deaths	5.9
Heroin deaths	3.3
Motor vehicle traffic deaths	10.6 (33,736)
All firearm deaths	10.5 (33,599)

Source: www.cdc.gov/nchs/fastats/injury.htm

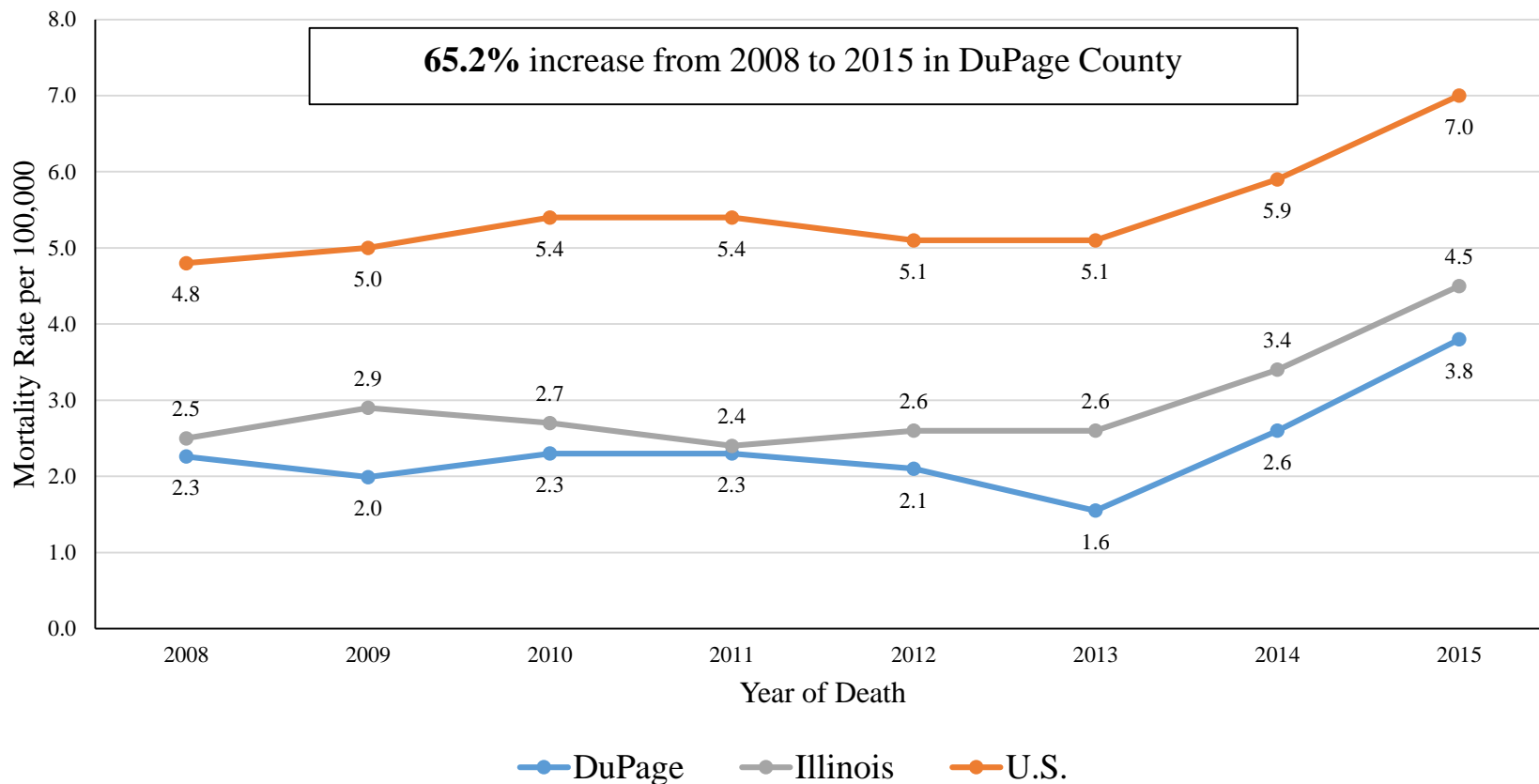
Age-Adjusted Mortality Rates for Heroin and Opioid Analgesic* Overdose Deaths DuPage County, Illinois, and U.S. Residents, 2008-2015



*Heroin overdose is defined as having ICD-10 code T40.1 in any position of the multiple cause of death variables. Opioid analgesic includes methadone and natural, semisynthetic, and synthetic opioid analgesics from multiple cause of death codes T40.2, T40.3, and T40.4.

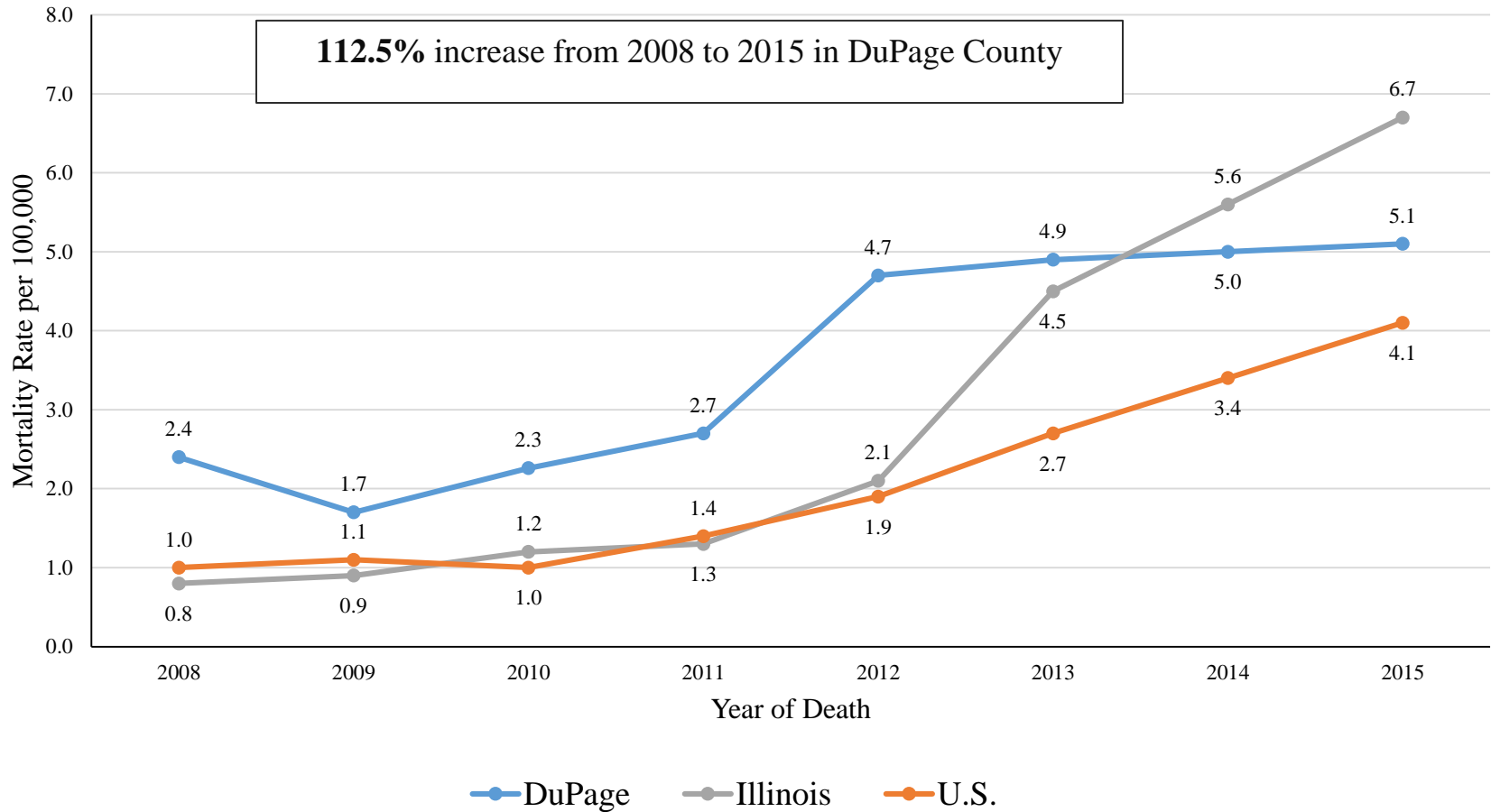
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Feb 14, 2017.

Age-Adjusted Mortality Rates for **Opioid Analgesic* Overdose Deaths** DuPage County, Illinois, and U.S. Residents, 2008-2015



*Opioid analgesic includes methadone and natural, semisynthetic, and synthetic opioid analgesics from multiple cause of death codes T40.2, T40.3, and T40.4.
 Source: Mortality rates from CDC WONDER application for US, Illinois, and DuPage 2010-2012 and 2014. Due to small sample sizes, DuPage rates for 2008, 2009, and 2013 were calculated using death files from IDPH. Data accessed 12/27/2016.

Age-Adjusted Mortality Rates for **Heroin* Overdose Deaths** DuPage County, Illinois, and U.S. Residents, 2008-2015



*Heroin overdose is defined as having ICD-10 code T40.1 in any position of the multiple cause of death variables.

Source: Mortality rates from CDC WONDER application for US, Illinois, and DuPage 2008 and 2011-2015. Due to small sample sizes, DuPage rates for 2009 and 2010 were calculated using mortality files from IDPH and 2010 U.S. Census data. Data accessed 12/27/2016.

Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States

SAMHSA August 2013

“...the study finds that the recent (12 months preceding interview) heroin incidence rate was 19 times higher among those who reported prior nonmedical pain reliever (NMPR) use than among those who did not (0.39 vs. 0.02 percent).”

Source: www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf (emphasis added)

CDC Guideline for Prescribing Opioids for Chronic Pain, March 2016



ASSESS. MANAGE. MONITOR.

www.cdc.gov

GUIDELINE FOR PRESCRIBING
OPIOIDS FOR CHRONIC PAIN

- Long-term opioid use often begins with treatment of **acute pain**.
- When opioids are used for acute pain, clinicians 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 days or less** will often be sufficient; more than seven days will rarely be needed.

Source: www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf (page 24; emphasis added)

Response, Impact

- U.S. Surgeon General's Appeal, August 2016

EDITORIAL

The Surge of Opioid Use, Addiction, and Overdoses Responsibility and Response of the US Health Care System

Bertha K. Madras, PhD

JAMA Psychiatry Published online March 29, 2017

"The rise in overdose deaths catalyzed formation of federal and state policies to reduce supply, augment treatment, and distribute overdose medications.

The current response remains inadequate until opioid deaths decline."

- **EHR data shows drop in opioid prescribing by doctors**

HealthData Management

By Greg Slabodkin, April 24, 2017

"As the opioid crisis reaches epidemic proportions, new data show that physicians are prescribing opioids to fewer patients, and they are also being stingy when it comes to prescribing drugs to treat opioid dependence."

- **Illinois Prescription Monitoring Program (PMP)**

www.ilpmp.org

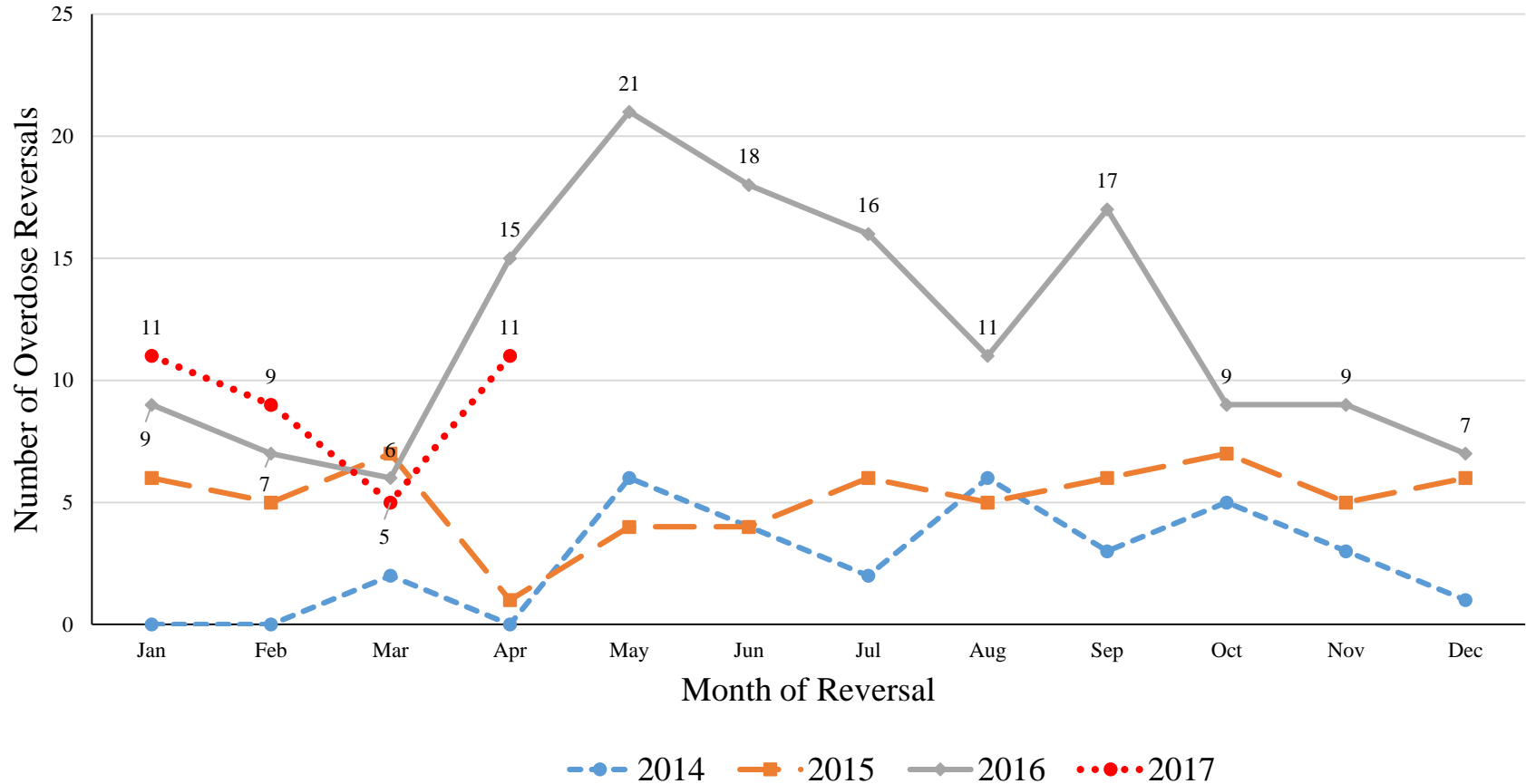
DuPage County Strategies

- **Strategy 1: DuPage Narcan Program (DNP)**
 - Naloxone training and kits for Law Enforcement
- **Strategy 2: Overdose Prevention Medical Education**
 - Safe and appropriate opioid prescribing practices
 - Prevention education and enhanced, appropriate naloxone prescribing and access
- **Strategy 3: Public Education and Awareness**

 - **Project Connect**: A program designed to provide support and linkage for individuals who have received Narcan (naloxone) and have been transported to the Emergency Department.
 - **RxBox**: Implemented in 2009, has collected over 82,000 lbs. of unused medication to date. There are currently 16 sites in DuPage County. (www.dupagehealth.org/rxbox)
 - **HeroinDupage.org**: A county-focused website to support those impacted by heroin addiction.

DuPage County Response

DuPage Narcan Program (DNP) Opioid* Overdose Reversals (n = 275)
January 1, 2014 - April 30, 2017



*The term "opioid" includes heroin and other prescription opioids.
 Source: DuPage Narcan Program (DNP). Data were accessed 5/5/2017.