



Non-CME Webinar Series
designed with the trainee in mind

second Tuesdays of odd-numbered months

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—THE ASSOCIATION OF—
PAIN PROGRAM DIRECTORS
—ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS—

Best Practices in Ambulatory Opioid Therapy Including Guidelines, Efficacy, Complications, and Tapering

Tuesday, September 8, 2020



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Safe Opioid Prescribing Guidelines

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Disclosures

NONE

I have no financial interest of any nature or kind in any product, service or company that could be construed as influencing the material presented.

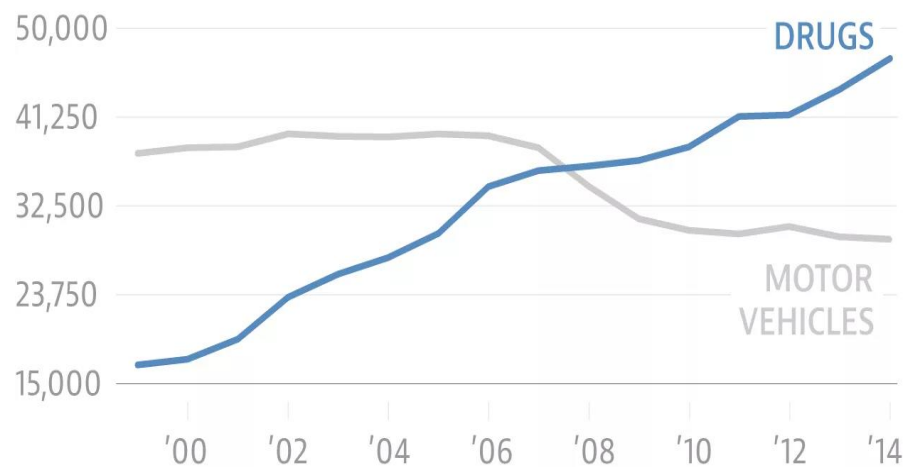
Learning Objectives:

- Understand the burning platform and need for safe opioid prescribing guidelines.
- Describe resources available to support patients and providers optimize pain management
- Evaluate existing guidelines for safe opioid prescribing

Prescription Opioids : State of a Nation

- ✓ The U.S. makes up 4.6 percent of the world's populations but consumes 81 percent of the world supply of oxycodone
- ✓ 4.3 million adolescents and adults reported non-medical use of prescription opioids in 2014
- ✓ 4 out of 5 heroin users started on prescription opioids
- ✓ 1.9 million Americans are addicted to opioid painkillers

Drug Overdose & Motor Vehicle Accident Deaths



Data: CDC

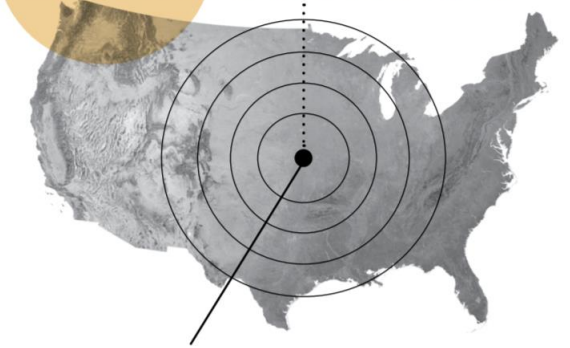
DEADLY PILLS
One Death Every 24 Minutes



R_x

249M

prescriptions for opioid pain medication were written by healthcare providers in 2013



enough prescriptions were written for every American adult to have a bottle of pills



Each day, more than

1,000
PEOPLE

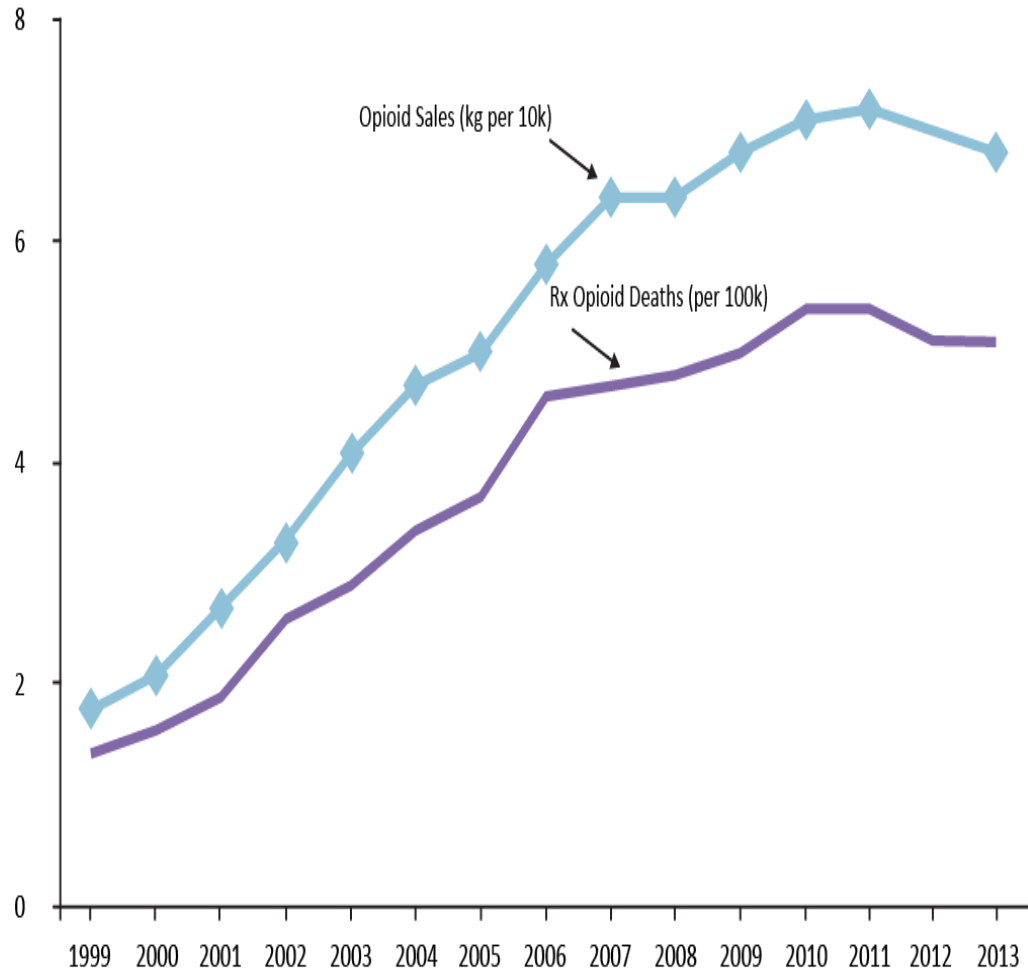
are treated in emergency departments for not using prescription opioids as directed.



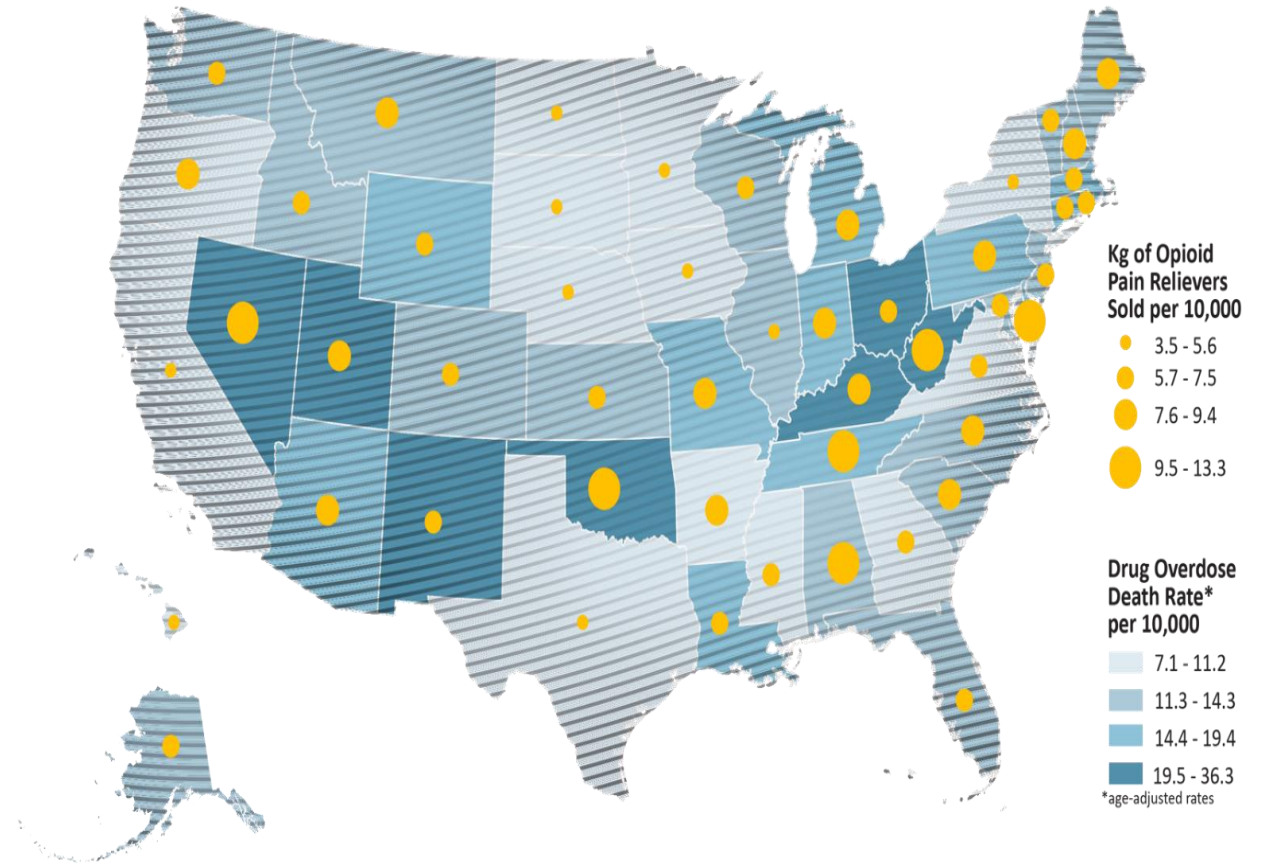
Source: https://www.smchealth.org/sites/main/files/file-attachments/opioids_101_presentationslides_1of2.pdf?1510255262;

*Centers for Disease Control~ December 2016 (cdc)

Role of Prescribing Opioids and Overdose Deaths

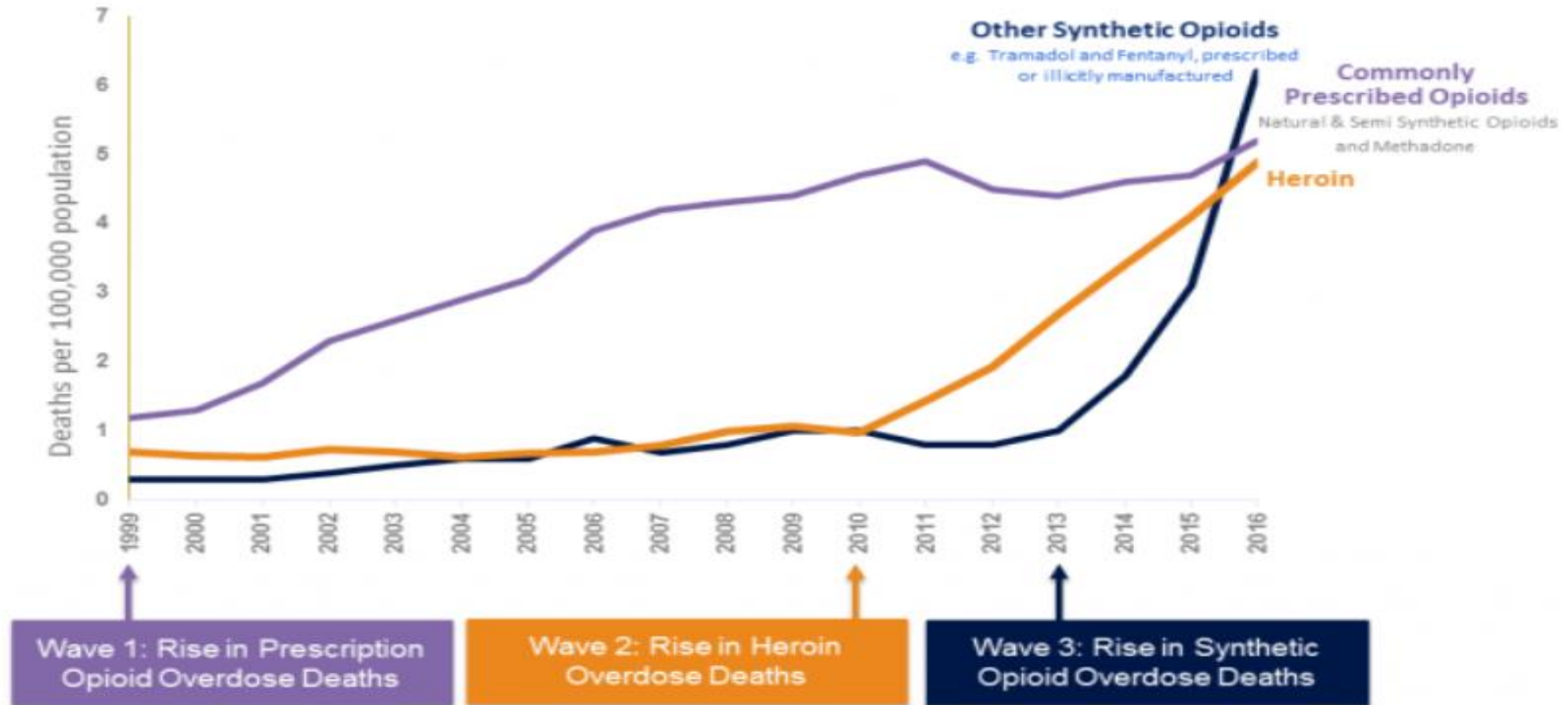


National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System



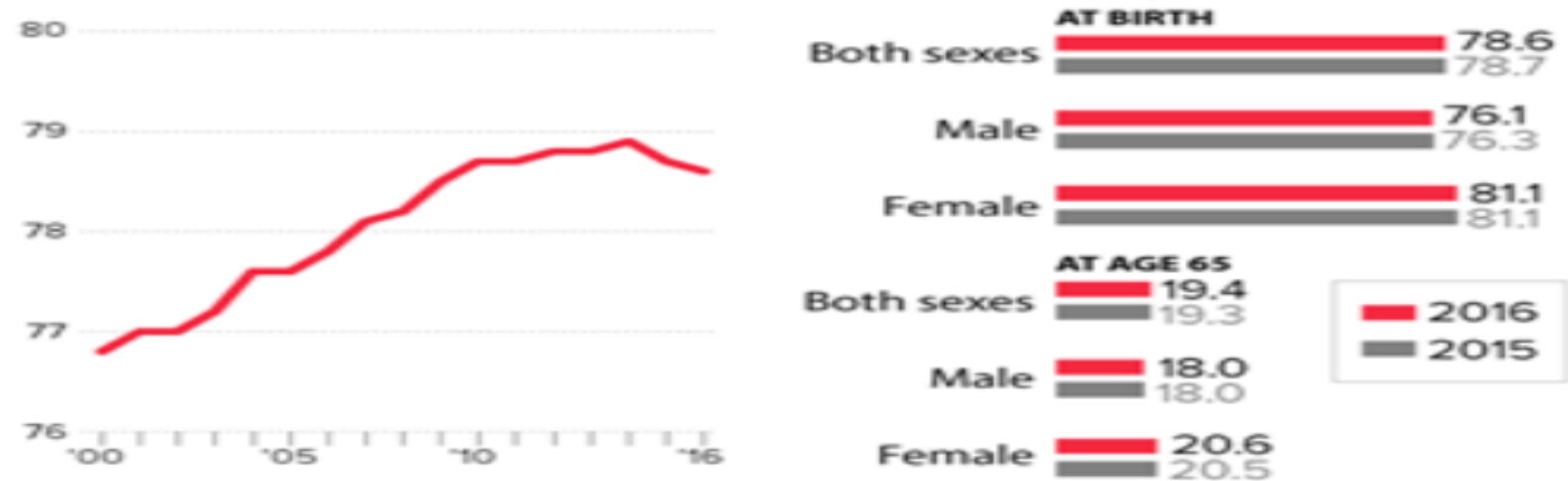
Source: Maryland Department of Health <https://mmcp.health.maryland.gov/healthchoice/opioid-dur-workgroup/Pages/opioid-overdose-landscape.aspx>

3 Waves of the Rise in Opioid Overdose Deaths

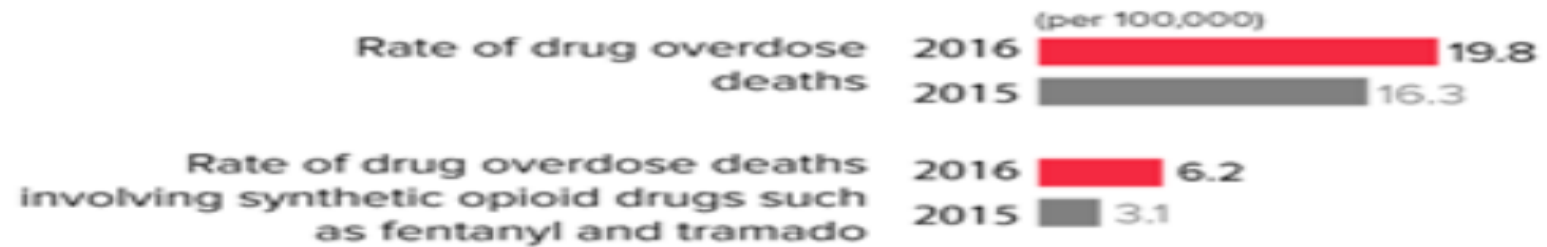


SOURCE: National Vital Statistics System Mortality File.

US life expectancy declining again

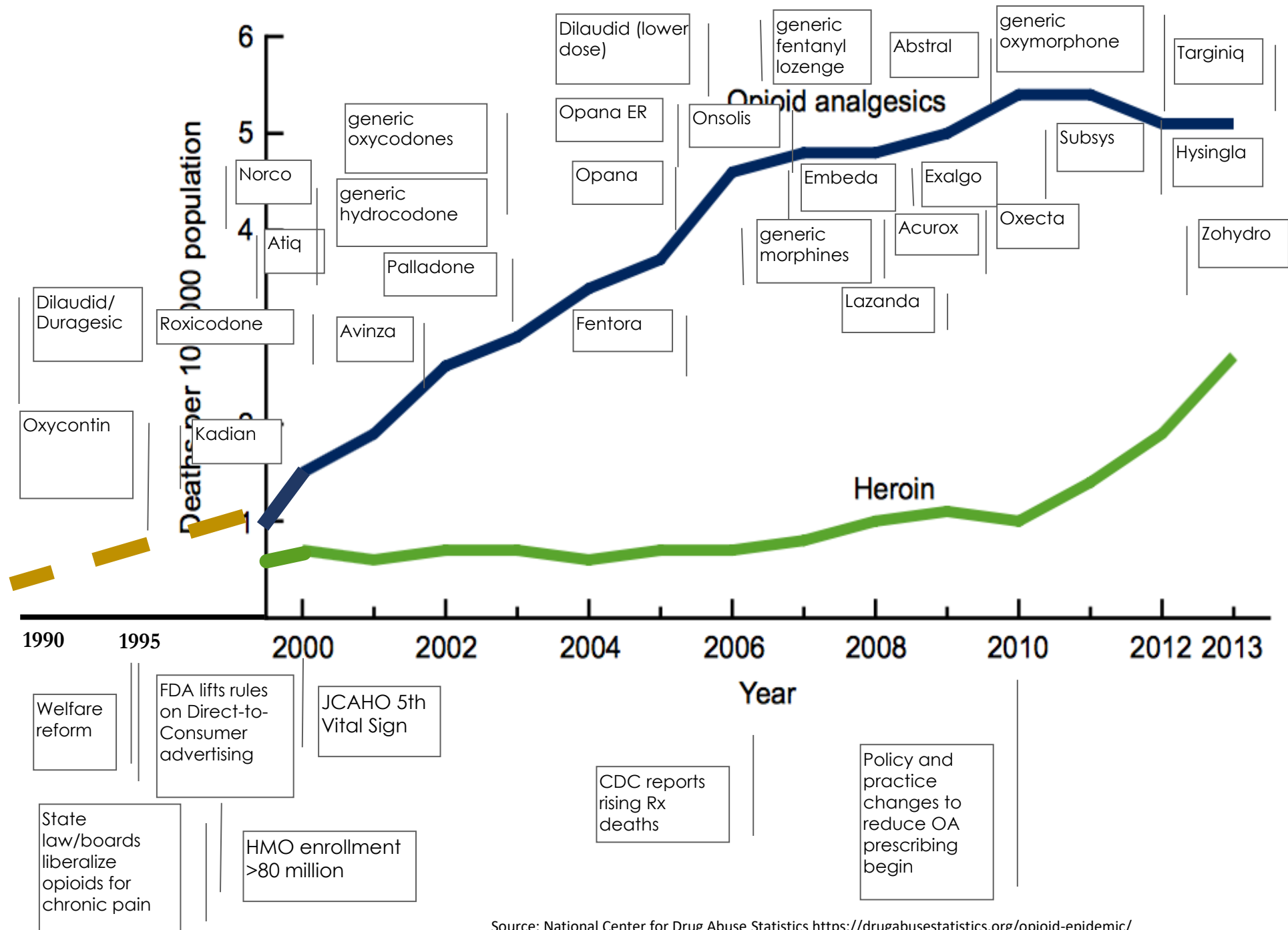


Drug overdose deaths increase 21% in 2016.



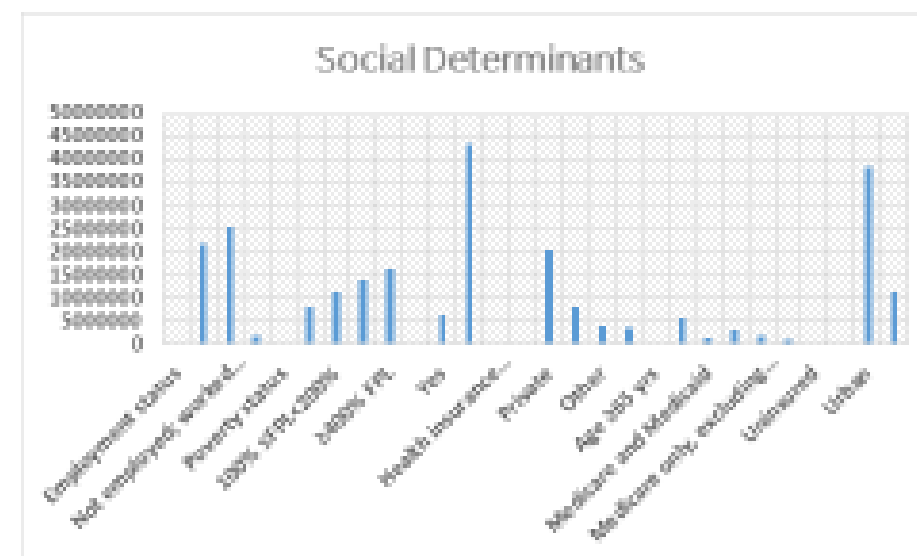
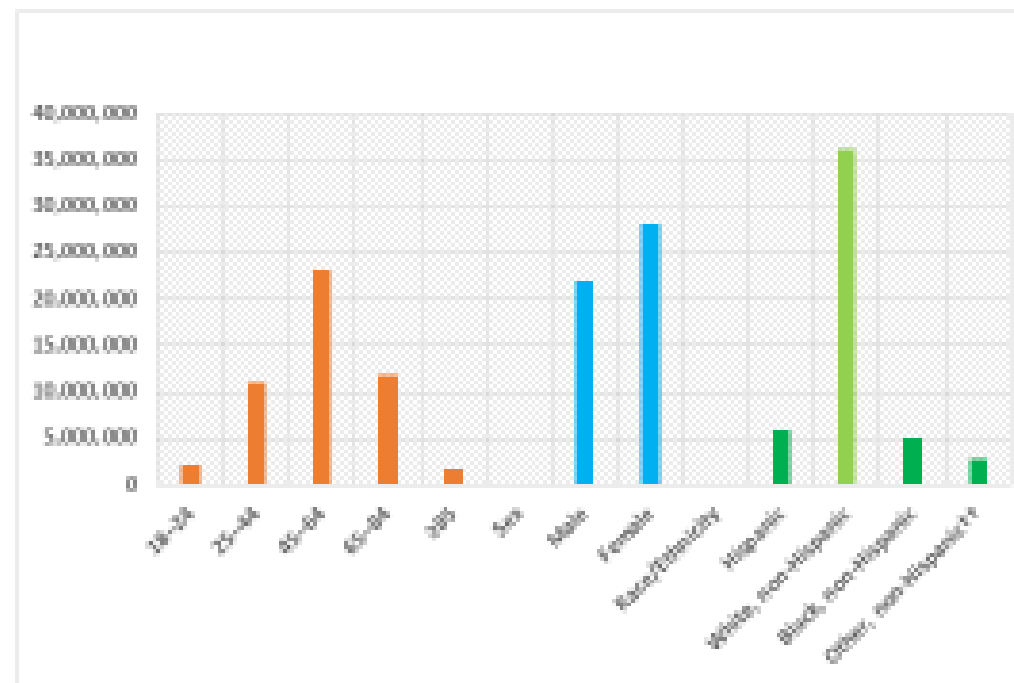
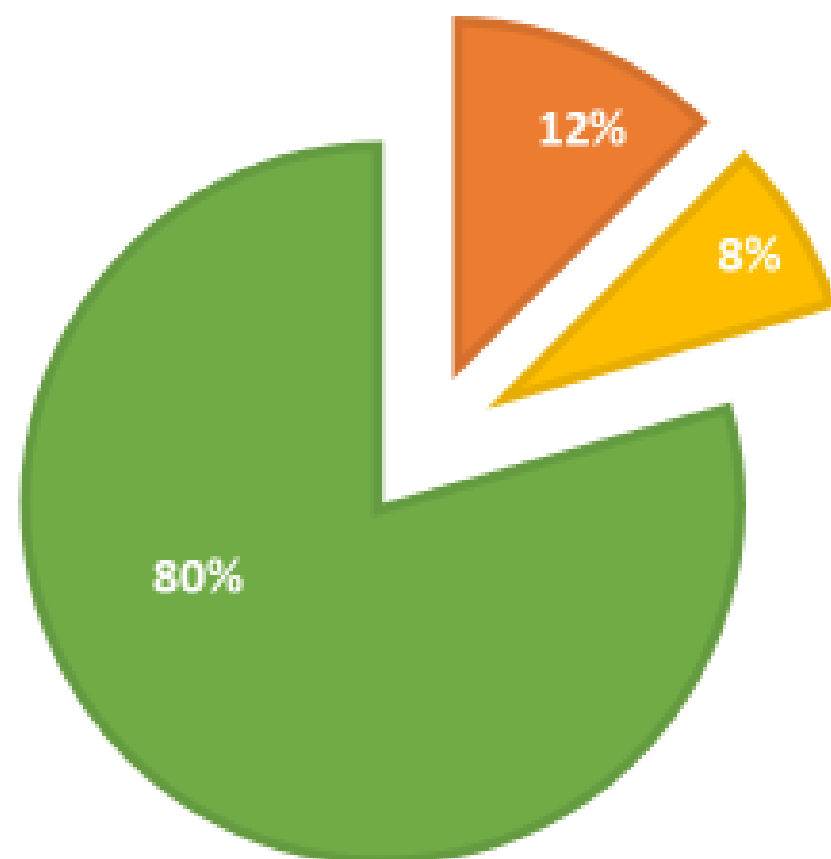
Source: Centers for Disease Control





US POPULATION IN PAIN 2018

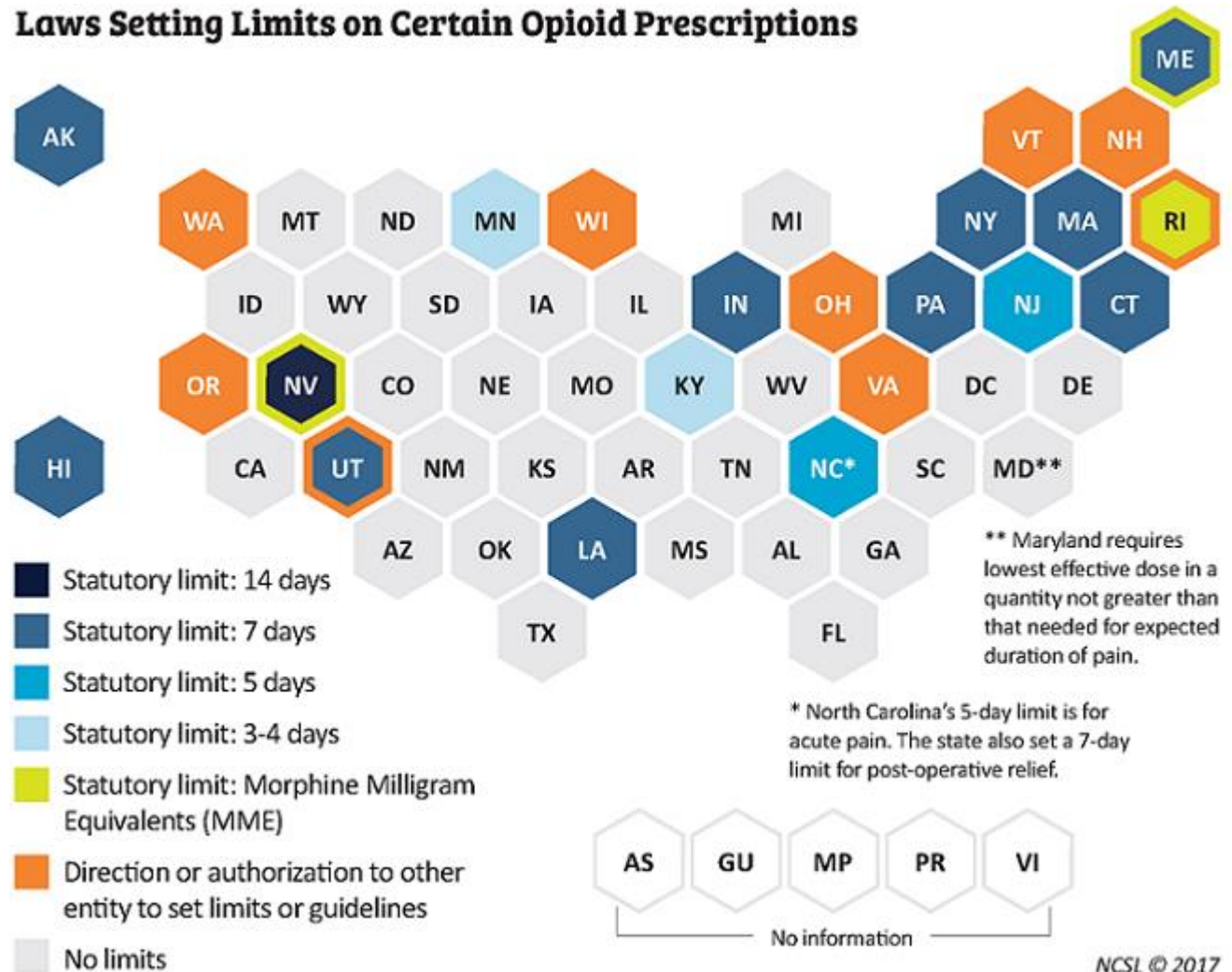
■ Chronic pain* ■ High-impact chronic pain† ■ Total



Opioid regulations by State : Prescribing Policies

- Legislation limiting opioid prescriptions debuted early in 2016, with Massachusetts passing the first law in the nation.
- By the end of 2016, seven states had passed legislation limiting opioid prescriptions, and the trend continued in 2017.
- More than 30 states considered at least 130 bills related to opioid prescribing in 2016 and 2017.
- 24 states had enacted legislation with some type of limit, guidance or requirement related to opioid prescribing by December 2017.

Laws Setting Limits on Certain Opioid Prescriptions



Additional State Laws and Regulations

More than 1,300 bills on opioid related topics from 2015 to 2017.

NALOXONE

- Allowed third-party prescriptions,
- Naloxone standing orders
- Pharmacists to dispense naloxone without a prescription.
- Expanded who is allowed to carry and use naloxone, such as family and friends, school personnel, law enforcement and emergency/first responders.

PDMP

- Mandate PDMP registration for providers,
- Determine who can access the PDMP on behalf of prescribers,
- Set the length of time within which to report dispensing of prescriptions,
- Establish requirements for checking the PDMP before prescribing.

PAIN CLINICS

State legislators have also considered legislation related to pain clinics—facilities that specialize in treating chronic pain. Pain clinic laws often focus on licensing, regulation or other requirements.

Provider Education

States have also created requirements for training or education for providers related to opioids, such as training in prescribing controlled substances, pain management and identifying substance use disorders.

Inherent Challenges

Addressing the biopsychosocial aspects of pain

Psycho

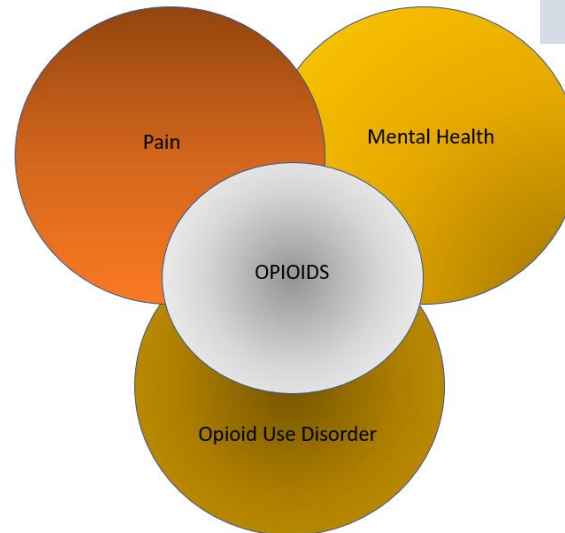
- Depression or anxiety
- Low motivation
- Personality disorder
- Chemical dependency

Social

- Resource access
- Insurance limitations
- Language/Communication

Limited Analgesic options, all with significant adverse effects

- Opioids
- Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
- Anticonvulsants
- Antidepressants
- Local Anesthetics
- Other
 - Capsaicin, Ziconotide



Opioids may not be appropriate for all pain patients

- In 2014, Americans filled **245 million prescriptions for opioid** pain relievers, making them the most frequently prescribed medication in the U.S.
- Among new pain patients who take prescription opioids for more than 30 days in the first year, **47% continued to do so for 3 years** or longer.
- Patients with central pain syndromes (e.g., fibromyalgia, tension headaches) **respond better to antidepressant and anticonvulsant medications** than to opioids.
- Chronic opioid use can lead to **increased pain sensitivity**, exacerbating pain conditions.

Safe Opioid Prescribing

- [Improving Opioid Prescribing](#)

Opioid prescribers can play a key role in stopping the opioid overdose epidemic. Assessing risk and addressing harms of opioid use can save lives.

- [Clinical Guidance for Selected Common Acute Pain Conditions](#)

Evidence-based clinical practice guidelines, available for selected common acute pain conditions, and can assist clinicians and patients in making safer, effective pain management decisions.

- [CDER Conversation: Pediatric pain management options](#)

Physicians often must rely on their own experience to interpret and translate adult data into dosing information for pediatric patients. However, the manufacturer of the pain management drug OxyContin conducted a study to obtain pediatric-specific information on the safe use of drugs in pediatric patients.

Opioid Prescription Tools and Trainings

- [CDC Guideline for Prescribing Opioids for Chronic Pain](#)
Recommendations to help ensure patients have access to safer, more effective chronic pain treatment while reducing the risk of opioid use disorder, overdose, and death.
- [Opioid Guideline Mobile App](#)
- [Opioid Guideline: Clinical Tools](#)

CDC Guidelines 2016: Safe Opioid Prescribing Initiative

- Prescribing Opioids for Chronic Pain for Primary Care Providers in 2016 to provide consistent safe opioid prescribing guidelines

Among the 12 recommendations in the Guideline, there are three principles that are especially important to improving patient care and safety:



Nonopioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care.



When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose.



Clinicians should always exercise caution when prescribing opioids and monitor all patients closely.

Implementation of opioid prescribing guidelines can save lives

- Clinical practice guidelines promote safer, more effective chronic pain treatment while reducing the number of people who misuse opioids, develop an opioid use disorder, or overdose from these powerful drugs.
- After Washington State introduced voluntary opioid guidelines in 2007, prescription opioid-related overdose deaths among injured workers dropped by half.
- In 2016, the Centers for Disease Control and Prevention (CDC) released a national [Guideline for Prescribing Opioids for Chronic Pain](#).

Long-term Opioid Use Often Begins with Treatment of Acute Pain

- The CDC led the effort to develop guidelines for opioid prescribing for treating adult patients with chronic pain in primary care settings.
- Providers should prescribe the **lowest effective dose possible**.
- Providers should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioid pain relievers (3 or fewer days will usually be sufficient).

Determining When to Initiate or Continue Opioids for Chronic Pain

- Non-opioid therapies are preferred for chronic pain (including nonpharmacologic therapy). If opioids are prescribed, they should be used in combination with non-opioid therapy such as cognitive behavioral therapy, exercise therapy, physical therapy and/or non-opioid pharmacologic therapy such as nonsteroidal anti-inflammatory drugs and acetaminophen.
- Establish treatment goals—discuss risks, realistic benefits, and therapy discontinuation.
- Reassess risks and benefits throughout treatment.

Opioid Selection, Dosage, Duration, Follow-up & Discontinuation

- Prescribe immediate-release opioids instead of extended-release/long-acting opioids.
- Start low and go slow—prescribe opioids with the lowest possible effective dose; reassess individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day; avoid increasing dosage to ≥ 90 MME/day unless justified.
- Evaluate benefits and harms within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. If benefits do not outweigh harms, discuss considerations for discontinuation of opioid therapy. Assessing Risk and Addressing Harms of Opioid Use

Assessing Risk and Addressing Harms of Opioid Use

- Prior to beginning opioid therapy and during therapy, evaluate risk factors for opioid-related harms. Risk factors include pregnancy, kidney disease, being 65 years of age or older, mental health conditions, substance use disorder, prior nonfatal overdose, and others.
 - Incorporate strategies to mitigate risk; offer naloxone when a patient is at increased risk of opioid overdose.
 - Use a validated screening tool, such as the single question screener, the Drug Abuse Screening Test (DAST), or the Alcohol Use Disorders Identification Test (AUDIT), to find out about a patient's substance use.
- Use Prescription Drug Monitoring Programs (PDMPs) to determine concurrent opioid use
- Use urine drug test screening to test for concurrent illicit drug use.
- Avoid concurrent prescribing of other opioids and benzodiazepines if possible.
- Offer evidence-based treatment for opioid use disorders.

Storage and Disposal

Why does proper opioid disposal matter?

Protecting Family and Friends



2/3

of teens who report prescription abuse get the medicines from friends, family and acquaintances.

1 in 4

teens has misused or abused a prescription drug at least once in their lifetime.¹

825

children died and 116,000 were treated in the ER for drug poisoning in 2009.²

Preserving Health



Expired drugs aren't just ineffective, they can also be harmful to take.

Defending the Environment



Most waste-water treatment facilities can't filter out many drugs.³

¹ Partnership for Drug-Free Kids, <https://drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf>
² Partnership for Drug-Free Kids, <https://drugfree.org/download/safe-drug-disposal/>
³ The Scientist, <https://www.the-scientist.com/?articleNo/43615/title/Drugging-the-Environment>



1

Talk to your patients! More than 70 percent of people misusing opioid analgesics are getting them from family and friends—sharing opioids is illegal and may be deadly.

2

Remind your patients! Store medicines out of reach from children and never share prescription(s) with anyone.

3

Urge your patients to safely dispose of expired, unwanted and unused medications! Recommend patients use pharmacy and law enforcement “take back” resources whenever possible.

Source: American Medical Association, <https://www.end-opioid-epidemic.org/wp-content/uploads/2018/09/AMA-Task-Force-One-Pager-FINAL-Aug-2018.pdf>

Proper Storage and Disposal of Prescription opioids and other controlled substances.

Keep your medication in the container it came in, tightly closed, and out of reach of children in a locked location. Talk to your pharmacist about the proper disposal of your medication. In addition below are resources you can use to safely dispose of your medications.

What to do with Leftover Medicines

NORTH CAROLINA

Follow the links below to find locations and guidance for safe drug take-back and disposal options in your state.



Indicates that a collection site is located within a **police station/law enforcement facility**.



Indicates that a collection site is located within a **pharmacy**.

Summary

- **The Prescription Opioid Epidemic is a Public Health Crisis**
- **A key element of the response to this crisis is a focus on Safe Opioid Prescribing**
- **Regulatory Considerations, both Federal and State, must be taken into account in every practice.**
- **The Hallmarks of appropriate care are**
 - Appropriate treatment of pain
 - Prescribing only what is needed
 - Educating patients on appropriate storage and disposal
 - Monitoring for potential abuse or diversion
- **Resources : Live links throughout presentation.**