PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

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April 27, 2017
when the prescription becomes the problem

BACKGROUND
During 2015, drug overdoses accounted for 52,404 U.S. deaths, including 33,091 (63.1%) that involved an opioid.

The overall U.S. drug overdose death rate increased from 12.3 per 100,000 in 2010 to 16.3 in 2015.

In 2015, the Idaho age-adjusted drug overdose death rate was 14.2 per 100,000 which represented 218 deaths.

In 2014, almost 2 million Americans abused or were dependent on prescription opioids.

As many as 1 in 4 people who receive prescription opioids long term for non-cancer pain in primary care settings struggles with addiction.
### Opioid Accidental Drug Deaths

By estimation, almost half of all accidental drug deaths (ADD) in Idaho between 2010 and 2014, with a specified drug, had an **opioid** on the death certificates.

<table>
<thead>
<tr>
<th>627 Total Accidental Drug Deaths (2010-2014)</th>
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<tbody>
<tr>
<td>407 Deaths with a Drug Specified</td>
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<tr>
<td>274 Prescription Drug Only Deaths</td>
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<tr>
<td>50 Rx Drug &amp; Non-Rx Drug Deaths</td>
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<tr>
<td>83 Non-Rx Drug Deaths</td>
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<td>153 Death Certificates mentioning “Prescription” or “Pain Medication”</td>
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<tr>
<td>220 Deaths with the Drug not Specified</td>
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<td>684 Drugs Listed on Death Certificates</td>
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<td>544 Rx Drugs Listings</td>
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<tr>
<td>140 Non-Rx Drugs Listings</td>
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<tr>
<td>186 Opioid Prescription Drug Listings</td>
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<tr>
<td>184 Methadone Listings</td>
</tr>
<tr>
<td>54 Other Synthetic Narcotics Listings</td>
</tr>
<tr>
<td>18 Heroin listings</td>
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</tbody>
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- There were 627 accidental drug deaths (ADDs) in Idaho between 2010 and 2014.
- Of the 627 ADDs, 407 (65%) had a drug specified on the death certificate.
  - Of the 407 ADDs with a drug specified, 274 (67%) were deaths involving prescription drugs only, 83 (20%) were deaths involving non-prescription drugs only, and 50 (13%) were deaths involving a combination of both prescription and non-prescription drugs.
  - Of the 407 ADDs with a drug specified, there were 684 drugs listed, approximately 1.6 drugs per death.
    - Of the 684 drugs listed, 544 (80%) were prescription drugs and 140 (20%) were non-prescription drugs.
    - Of the 544 prescription drugs listed, 306 (55%) were opioids; 188 (31%) codeine and morphine, 84 (15%) methadone, and 50 (9%) other synthetic narcotics.
    - Of the 140 non-prescription drugs listed, 18 (13%) were heroin.
- Of the 35% of ADDs that did not have a drug specified on the death certificate, 153 (70%) reported “Prescription” or “Pain Medication.”
- Of the drugs listed on death certificates among Idahoans who has died of accidental drug poisoning between 2010 and 2014, 25% listed codeine and morphine.

Source: Bureau of Vital Records and Health Statistics, Division of Public Health (May 2016).
WHAT IS THE PURPOSE OF THE PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM?

- To provide educational trainings about the CDC Guidelines for Prescribing Opioids for Chronic Pain to the prescribers in our district.
- Encourage use of the Prescription Drug Monitoring Program.
CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: PURPOSE, USE, AND PRIMARY AUDIENCE

• Primary Care Providers
  - Family medicine, Internal medicine
  - Physicians, nurse practitioners, physician assistants

• Treating patients ≥18 years with chronic pain
  - Pain longer than 3 months or past time of normal tissue healing

• Outpatient settings

• Does not include active cancer treatment, palliative care, and end-of-life care
Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy

Establishment of treatment goals

Discussion of risks and benefits of therapy with patients

- Risk versus Reward
CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP AND DISCONTINUATION

- Selection of immediate-release or extended-release and long-acting opioids
- Dosage considerations
- Duration of treatment
- Considerations for follow-up and discontinuation of opioid therapy
CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

- Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk
- Review of prescription drug monitoring program (PDMP) data
- Use of urine drug testing
- Considerations for co-prescribing benzodiazepines
- Arrangement of treatment for opioid use disorder
> Identify two Physician Champions
  - Dr. Aaron Gardner
  - Dr. Boyd Southwick

> Engage 10 contacts to provide educational trainings on guidelines and PDMP

> Physician Champions will engage 3 contacts each for prescriber trainings on guidelines and PDMP

> Participate in a statewide strategic planning meeting
WHAT HAS BEEN ACCOMPLISHED

- Physician Champions identified
- Engage 10 contacts to provide educational trainings on guidelines and PDMP
  - Reached out to ~7 prescriber offices; presented at one so far
- Physician Champions will engage 3 contacts each for prescriber trainings on guidelines and PDMP
  - Meetings already scheduled:
    - Medical Staff CME Presentation (1hr) 5/19
    - Trauma Program Presentation 5/23
    - Pediatric Department Meeting 6/1
- Participate in a statewide strategic planning meeting
  - Attended The Opioid Strategic Planning Meeting coordinated by the Office of Drug Policy in Boise April 25-26.
WHAT IS NEXT

- Continue keeping Physician Champions engaged and help where I can to get the last 3 presentations scheduled.
- Goal is to schedule 2 more presentations by the end of May and finish up the remaining 7 presentations in the Summer.
- Finish making a resource sheet containing various substance use treatment centers in our district for the prescribers.