

PUBLIC HEALTH

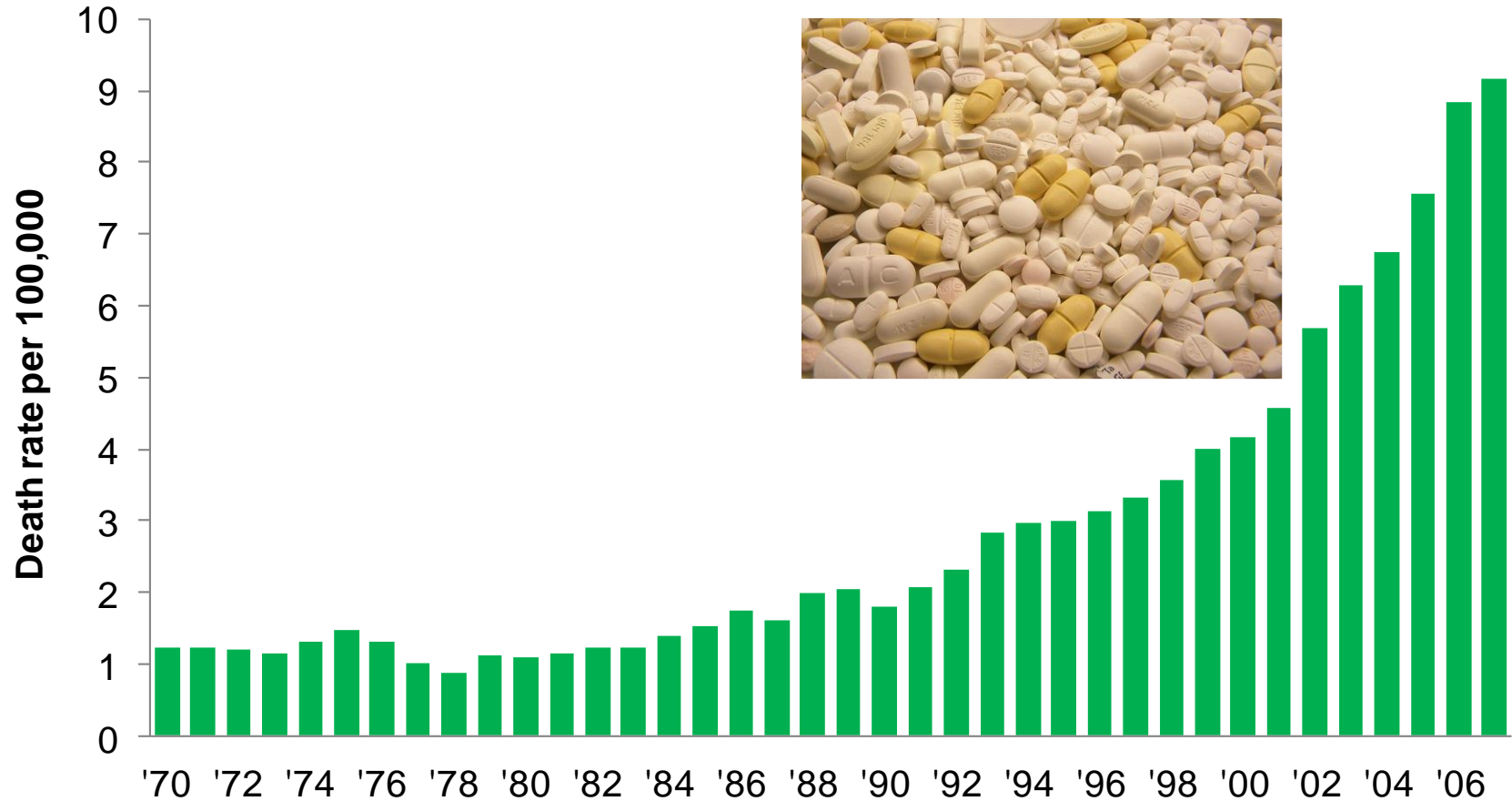
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The Prescription Drug Epidemic and Promising Strategies To Address It

October 17, 2011

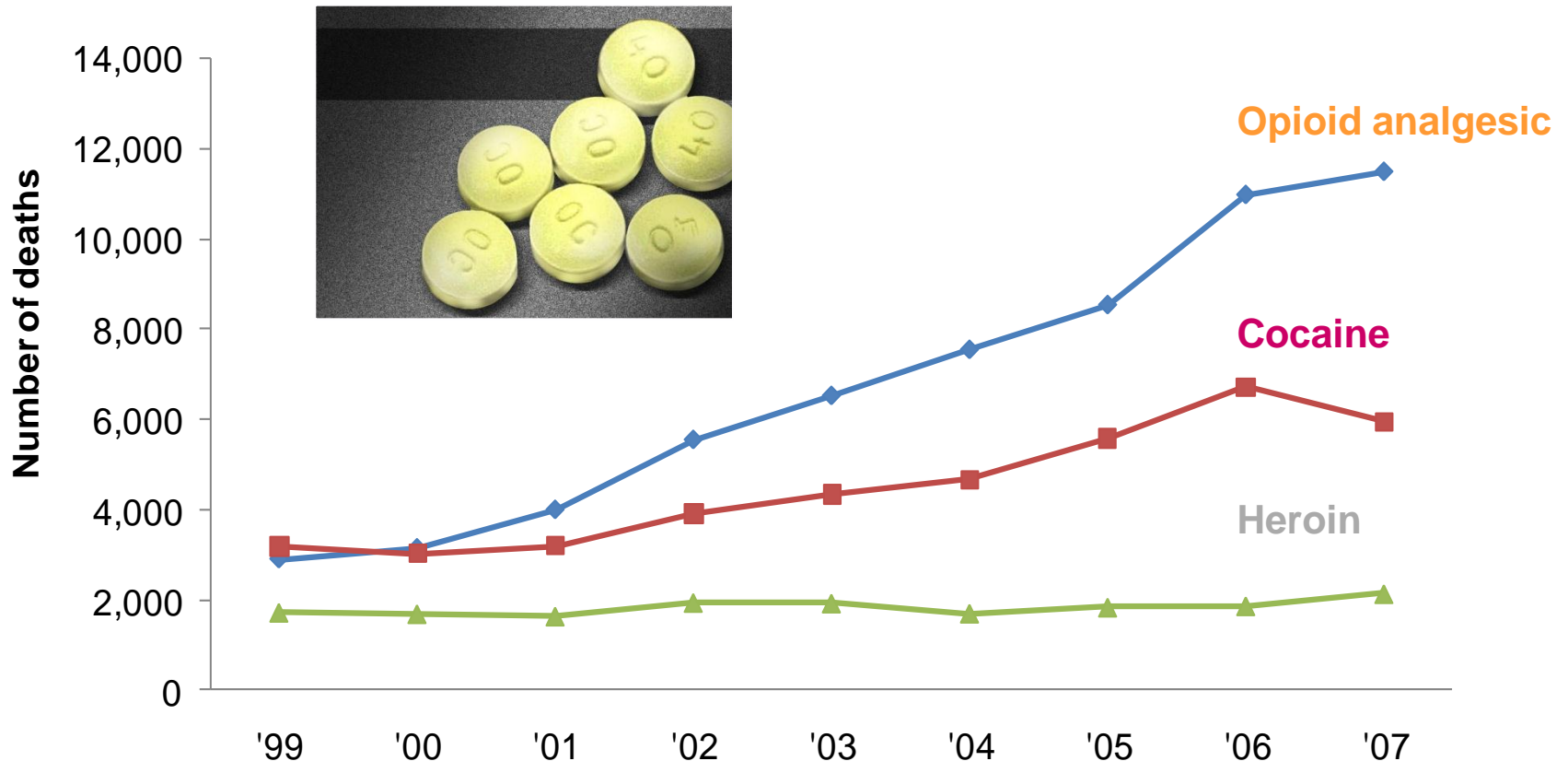
Jennifer Sabel, PhD

Rate of unintentional drug overdose death United States, 1970-2007



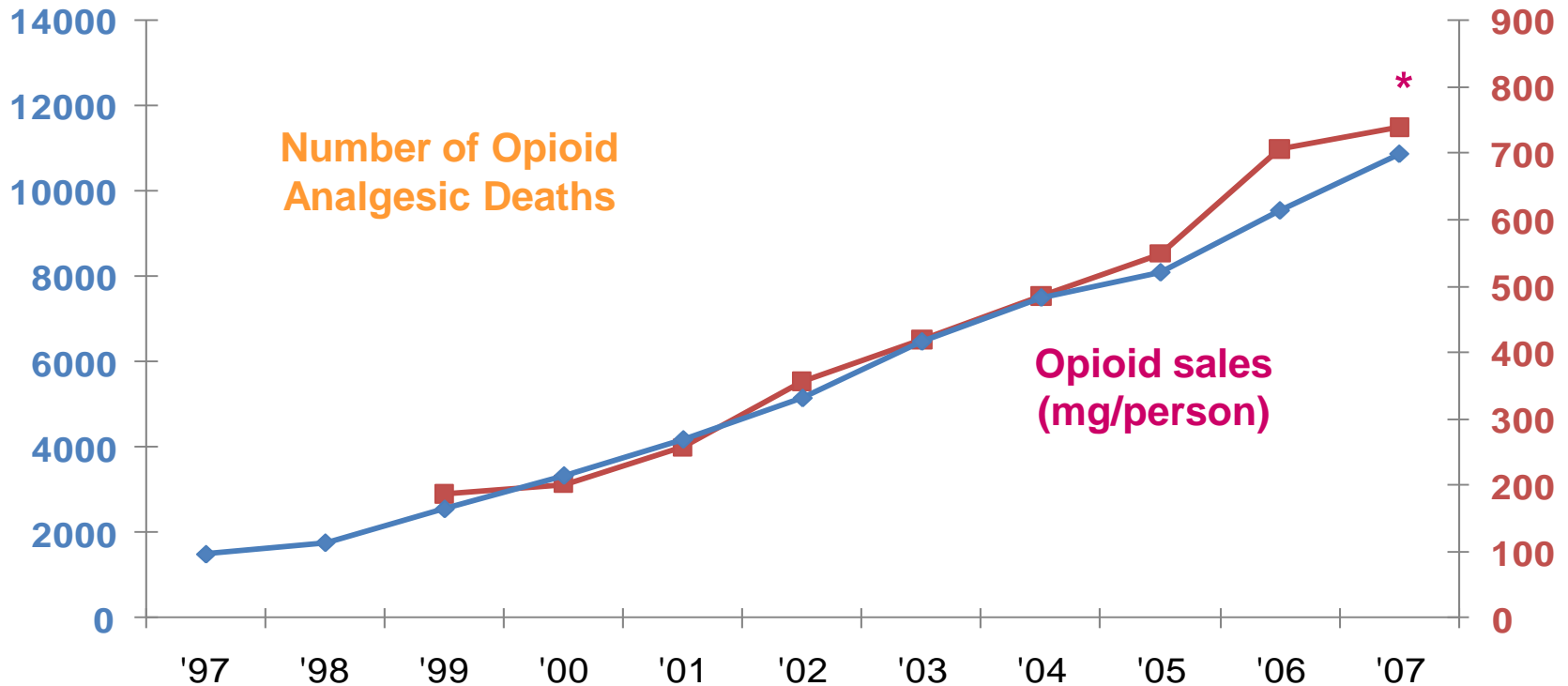
National Vital Statistics System, accessed through CDC WONDER

Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine



National Vital Statistics system, multiple cause of death dataset

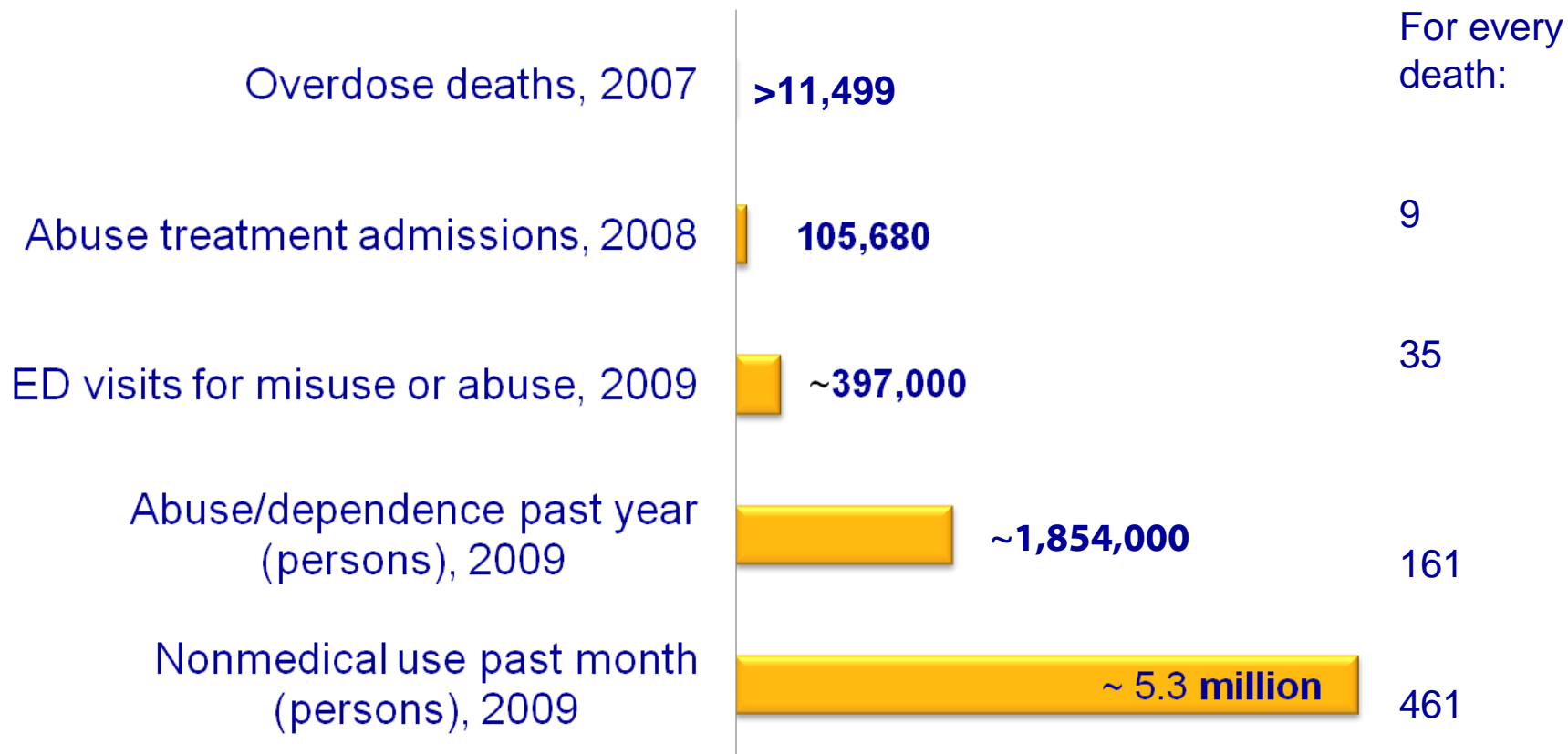
Unintentional overdose deaths involving opioid analgesics parallel sales of opioid analgesics



Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS

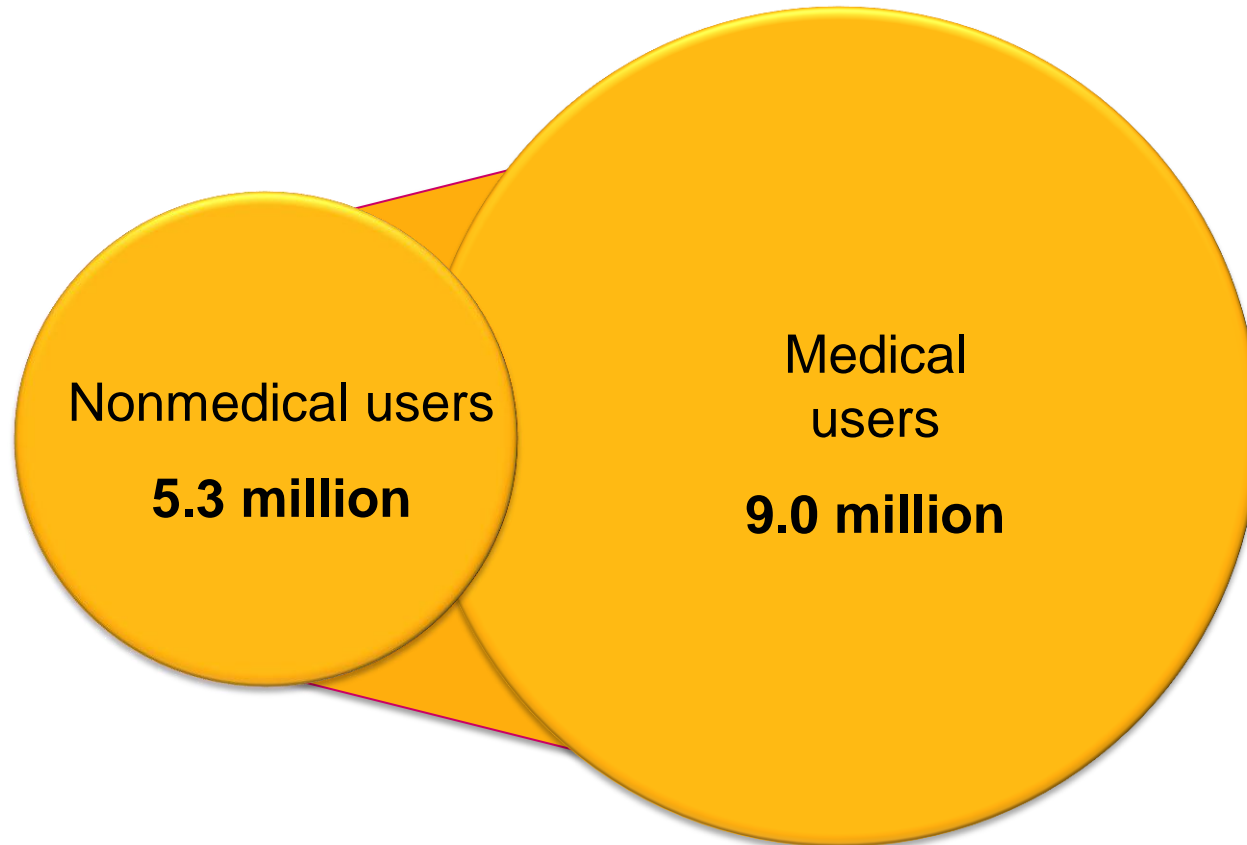
* 2007 opioid sales figure is preliminary.

Health outcomes related to opioid analgesics



Deaths: NVSS 2007; Treatment admissions are for primary use of opioids, TEDS data, 2008;
ED visits are DAWN 2009; Abuse/dependence and nonmedical use past month are NSDUH 2009

Users of opioid analgesics in the past month



Source of prescription opioids used ‘non-medically’

- 55% get free from friend or family member
- 18% directly from a doctor
- 10% bought them from friend or family
- 5% took them from friend or family member
- 4% from a drug dealer
- 0.4% purchasing them from the internet

Source: National Survey on Drug Use & Health, 2009

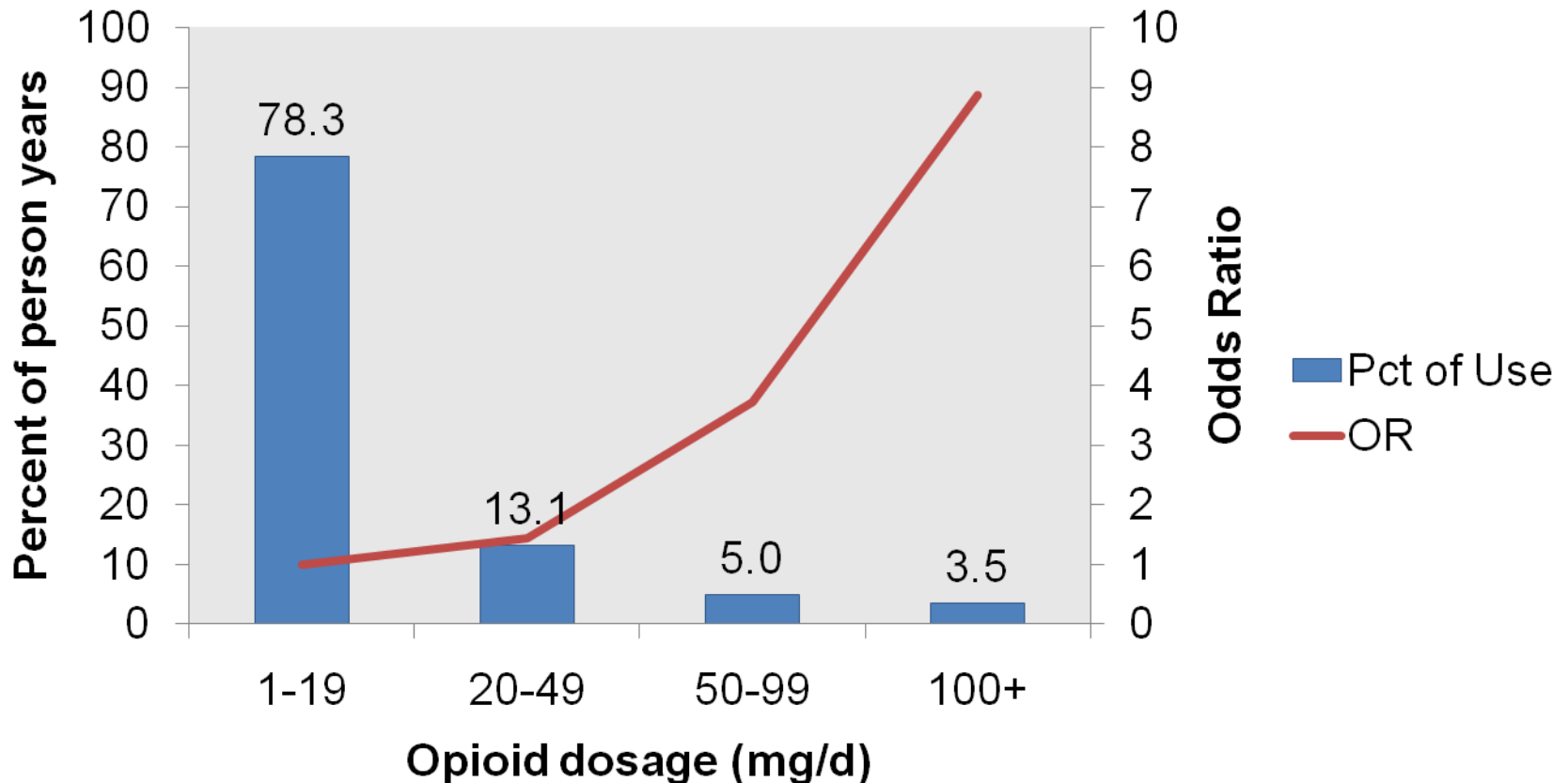
Opioids causing overdose deaths are frequently obtained without a prescription

Study Population of Prescription Opioid Related Deaths	% with No Prescription
West Virginia, 2006	66
Ohio, 2006-2008	25
Utah, 2008-2009	37

People dying of overdoses often have a history of seeing multiple providers for prescriptions

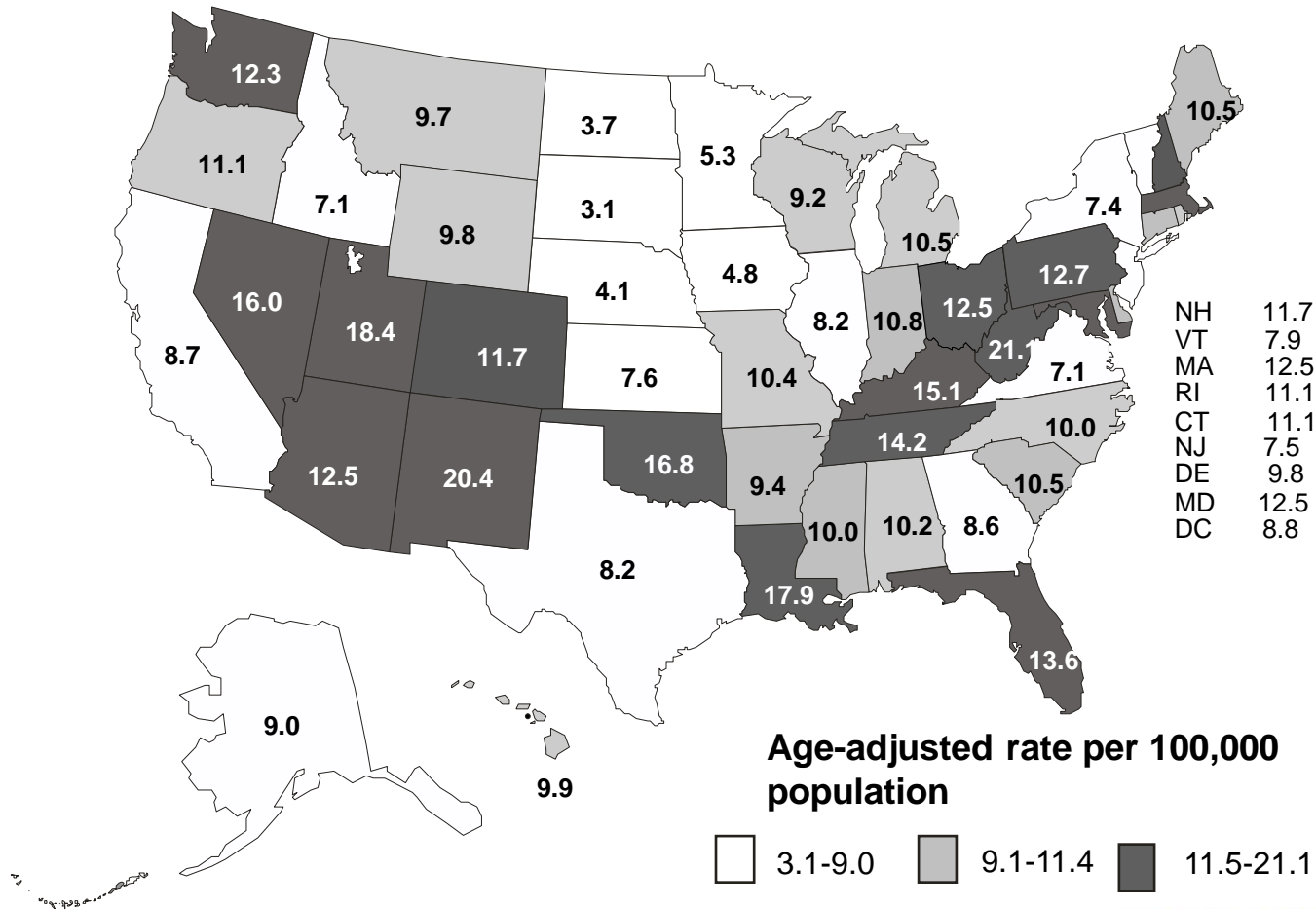
Characteristic	%
5+ prescribers of controlled substances/yr, West Virginia, 2006	21
An average of five prescribers/yr over 3 years, Ohio, 2006-2008	16

Most patients are on low dosages and at relatively low risk

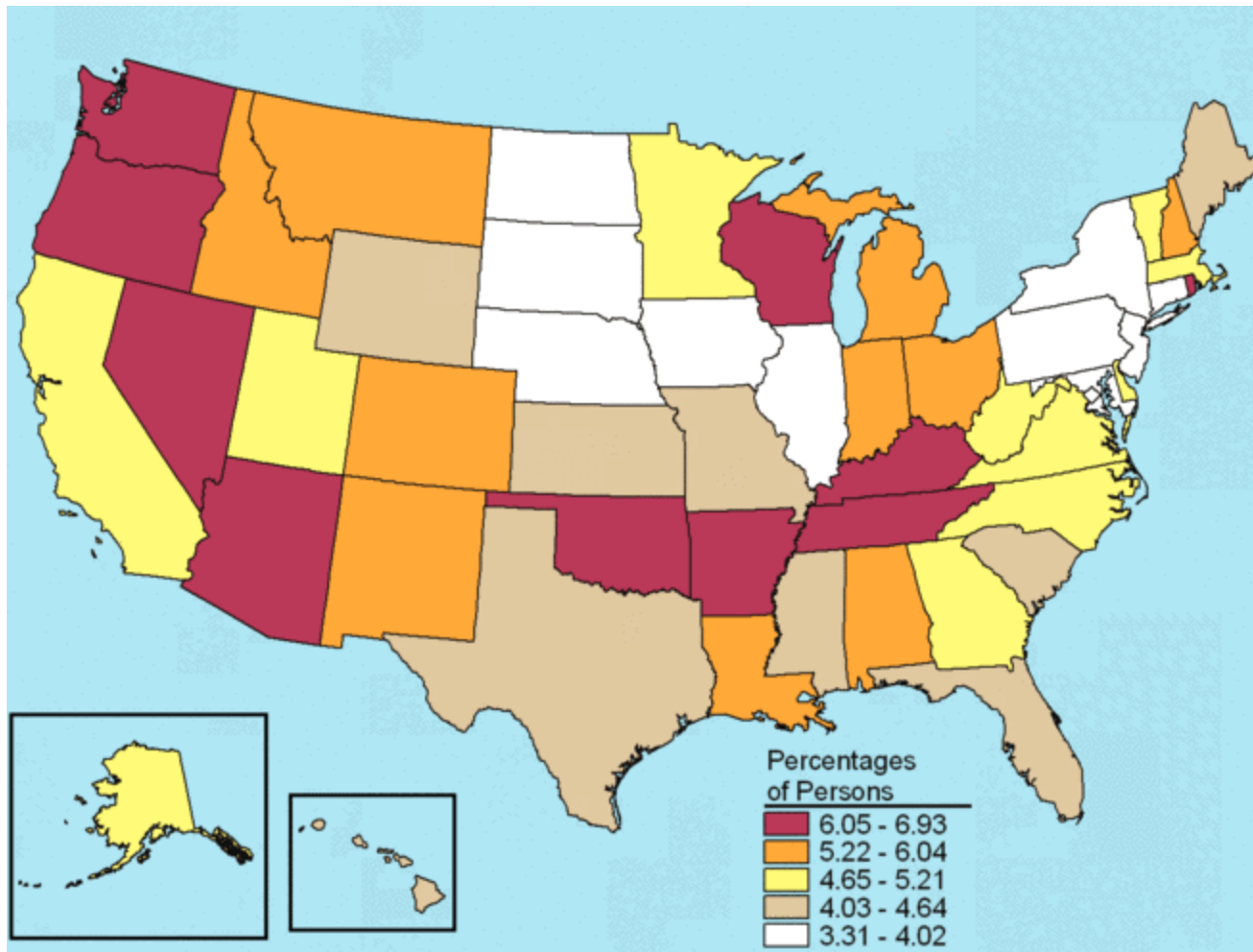


Group Health Consort Study, 1997-2005; Dunn et al (2010)

Unintentional and Undetermined Intent Drug Overdose Death Rates by State, 2007

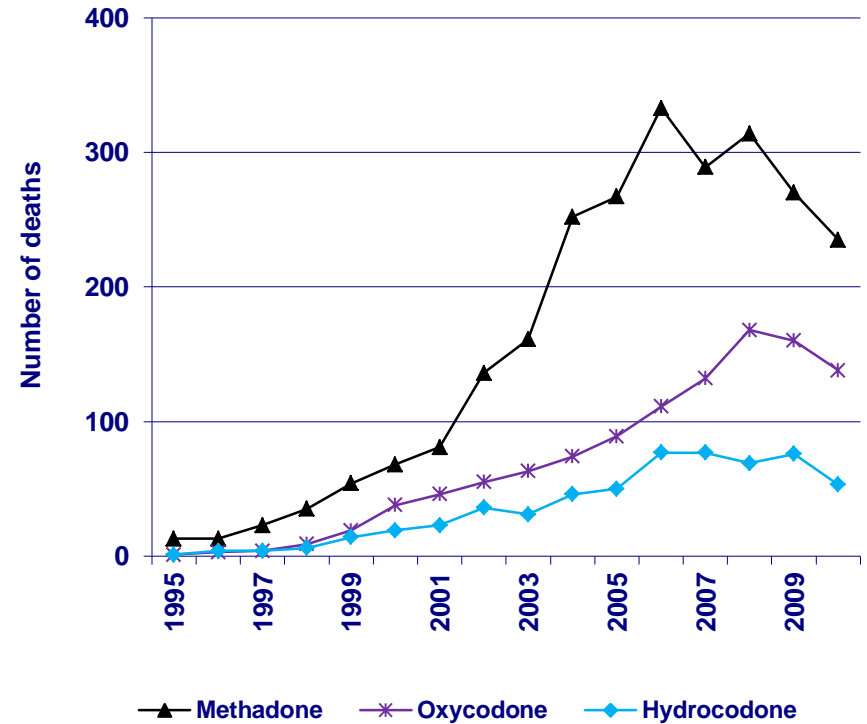
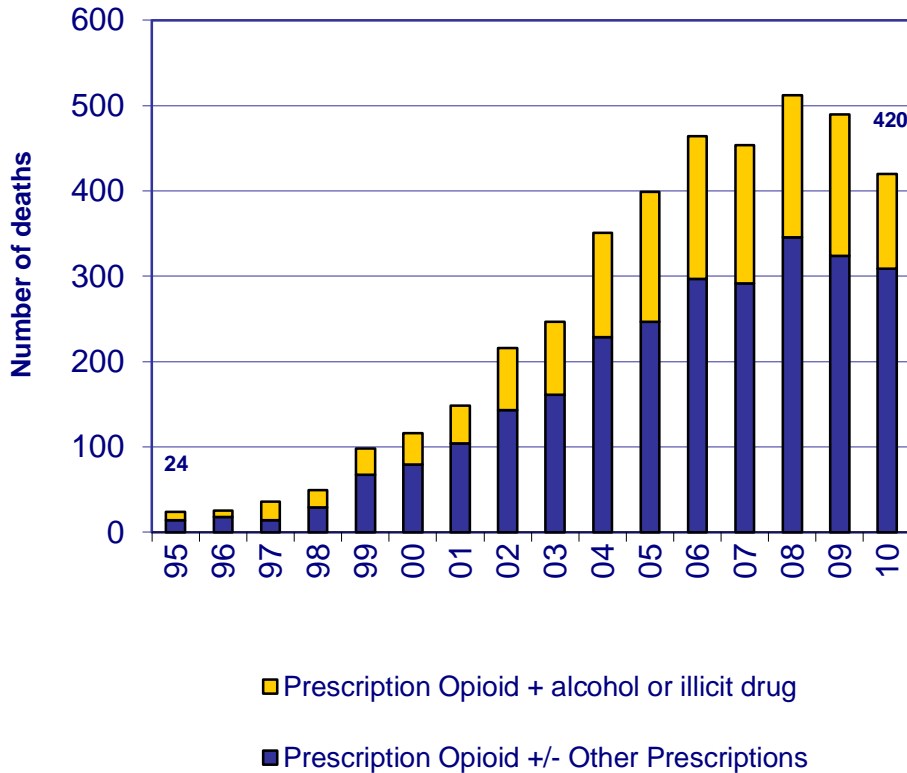


Non-medical Use of Pain Relievers 12 or Older, 2007 & 2008



Source: National Survey on Drug Use & Health, SAMSHA

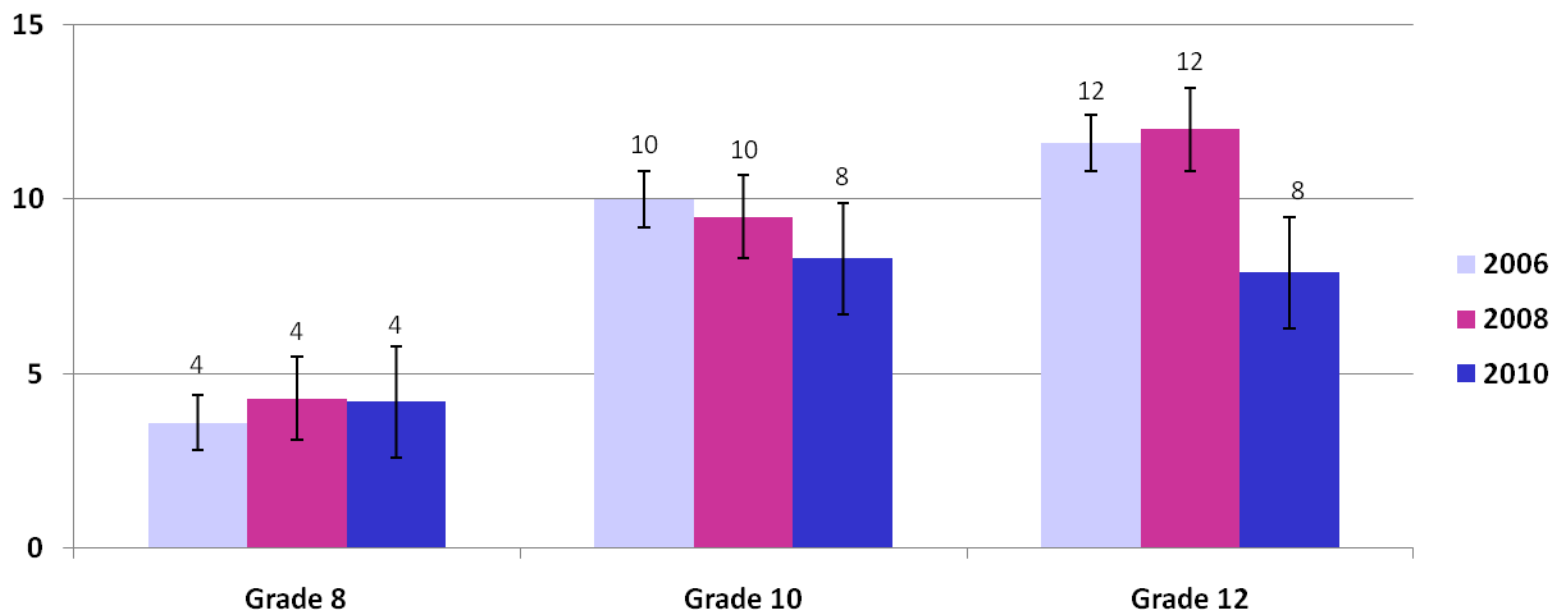
Unintentional Prescription Opioid Overdose Deaths Washington 1995-2010



* Tramadol only deaths included in 2009, but not in prior years.

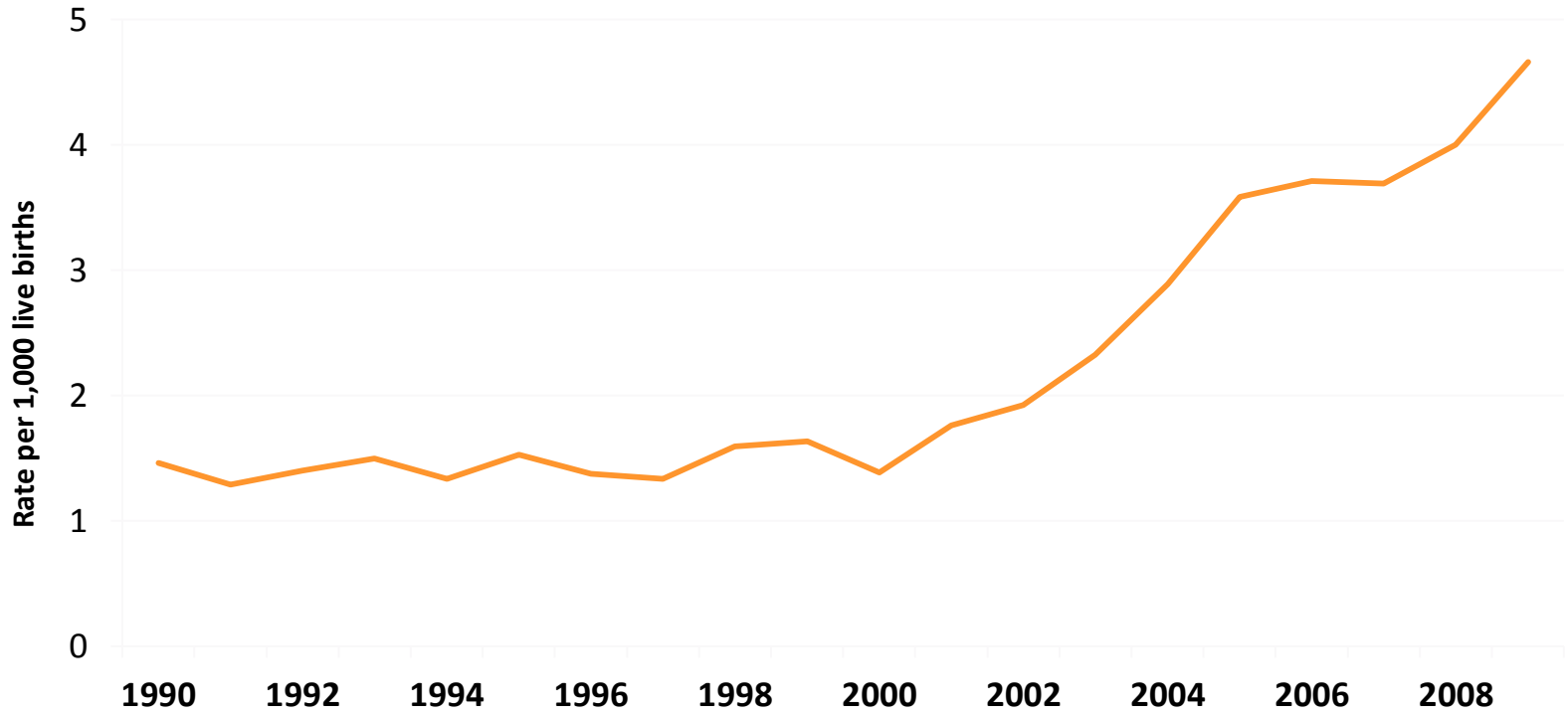
Source: Washington State Department of Health, Death Certificates

Pain reliever abuse among teens in WA



Source: Washington State Healthy Youth Survey, 2006, 2008, 2010

Infants Hospitalized with Drug Withdrawal Washington State, 1990-2009



DOH Prevention Activities

- New Pain Management Rules for Prescribers
- Emergency Department Activities
- Electronic Prescription Monitoring Program
- Medication Take Back Programs



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Emergency Department Specific Activities

- Emergency Department Information Exchange
- Guidelines for Opioid Prescribing

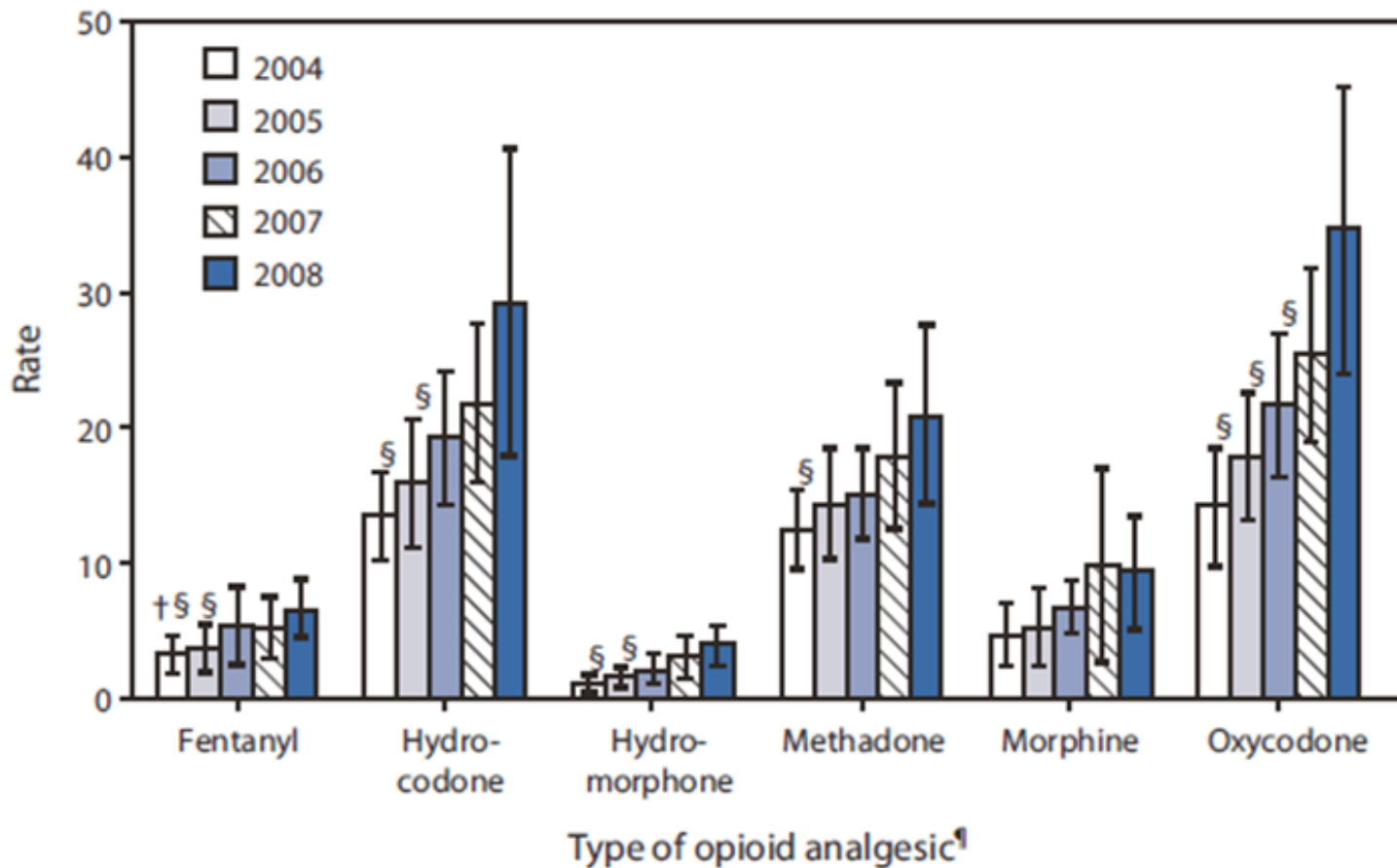
Why EDs?

- Costly place to go for a prescription
- Guidelines exist for already for chronic pain, but not for acute pain or chronic pain in EDs
- Confusion among providers about existing standards
- Great source of prescriptions for frequent visitors, and frustration for providers

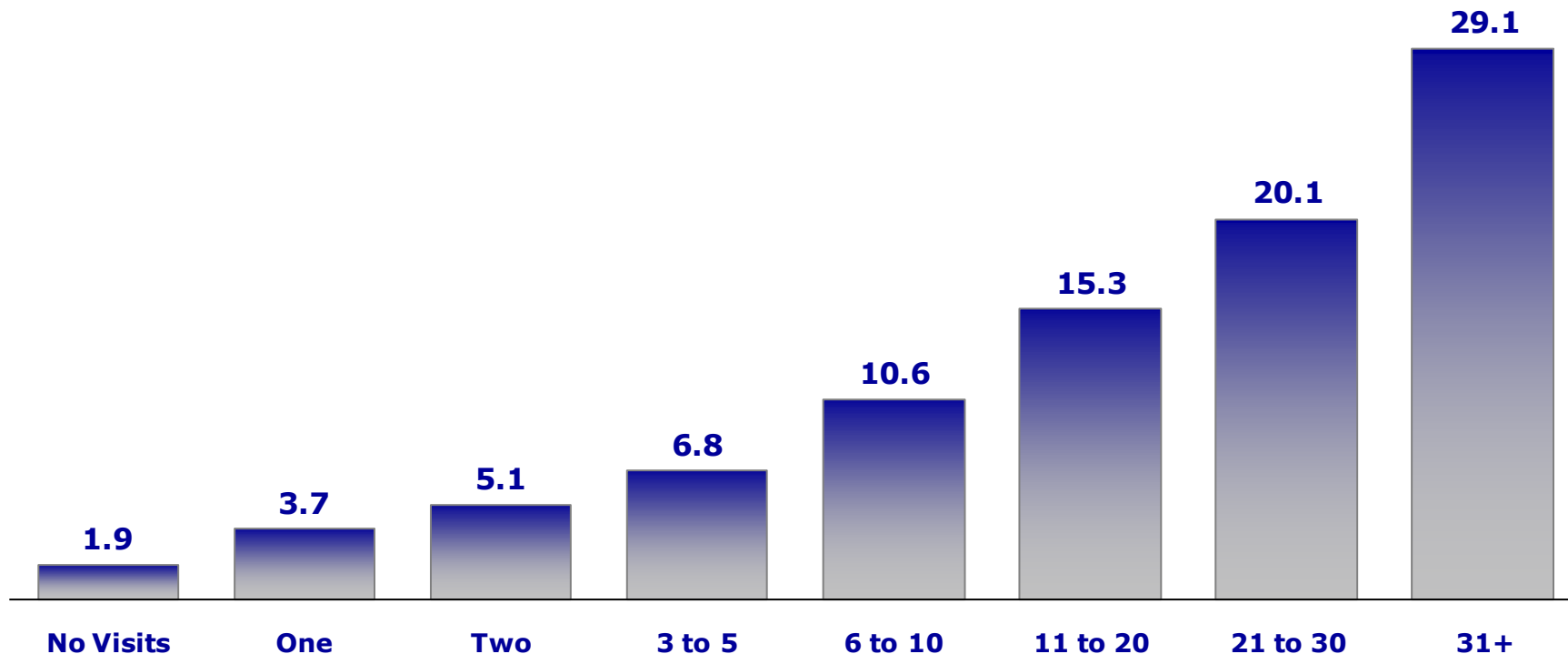
Published Guidelines for Opioid use in Chronic, Non-Cancer Pain

- Canadian <http://nationalpaincentre.mcmaster.ca/opioid/>
- Utah http://health.utah.gov/prescription/pdf/Utah_guidelines_pdfs.pdf
- WA <http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>
- Veterans Administration
http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp
- American Pain Society, American Academy of Pain
http://www.painmed.org/pdf/noncancer_opioid_guidelines.pdf
- Federation of State Medical Boards
http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf

Doubling of emergency department visits for non-medical use of opioid analgesics from 2004-2008



Average Opioid Scripts Filled by ED Visit Frequency Medicaid Clients, WA



Number of Visits to the ED, FY 2006

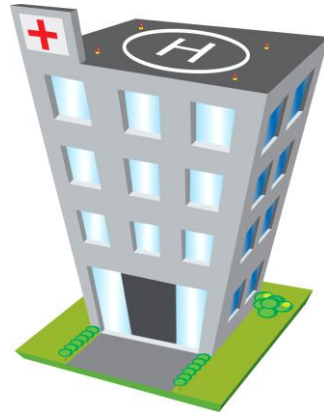
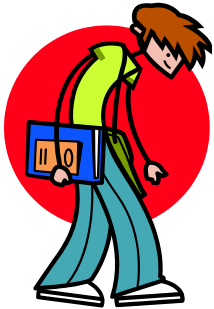
INCLUDES persons who are Medicaid-only aged, blind, disabled, presumptively disabled, or General Assistance-Unemployable .

SOURCE = DSHS RDA Client Outcome Database. TOTAL CLIENTS (FY 2006) = 149,050.

ED Information Exchange

- Low cost
- HIPAA compliant system
- Shares patient information between EDs
- Focus on patients who frequently visit EDs

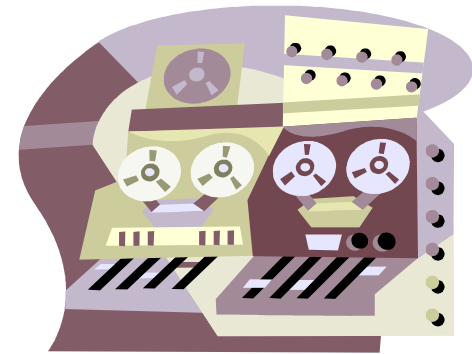
ED Information Exchange



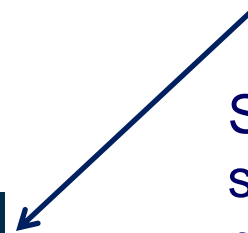
Patient registers



Checks for
patient info at
all EDs



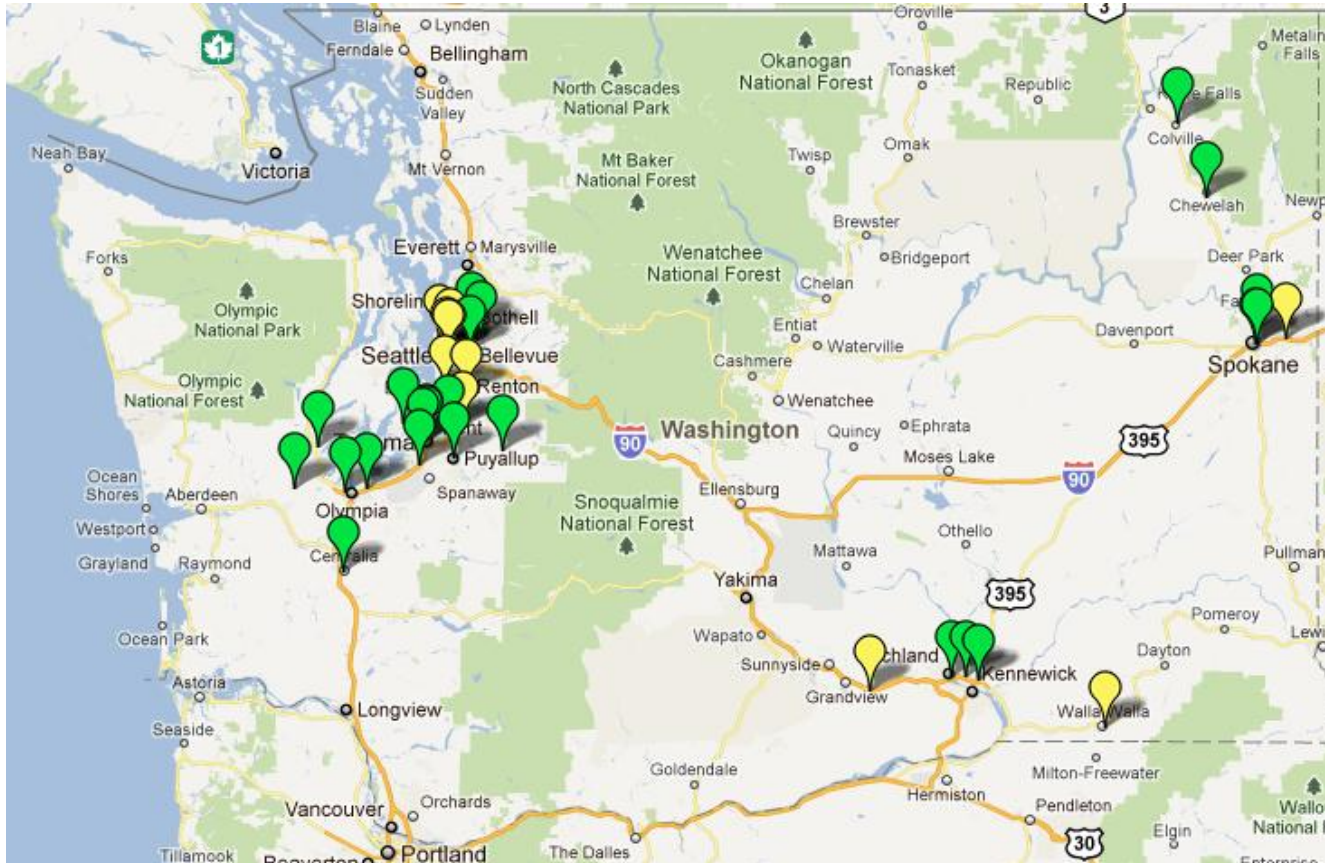
Sends fax if
suspicious
pattern of visits



Physician
reviews prior to
seeing patient



Statewide ED Visit Network (EDIE)



Emergency Department Opioid Prescribing Guidelines

- 17 recommendations
- Disseminated by WA chapter of American College of Emergency Physicians
- Accompanied by patient education poster

Prescribing Pain Medication in the Emergency Department

Our emergency department staff understand that pain relief is important when someone is hurt or needs emergency care. However, providing pain relief is often complex. Mistakes or misuse of pain medication can cause serious health problems and even death. Our emergency department will only provide pain relief options that are safe and appropriate.

- ▶ Our main job is to look for and treat an emergency medical condition. We use our best judgment when treating pain, and follow all legal and ethical guidelines.
- ▶ We may ask you to show a photo ID (such as a driver's license) when you check into the emergency department or receive a prescription for pain medication.
- ▶ We may ask you about a history of pain medication misuse or substance abuse before prescribing any pain medication.
- ▶ We may only provide enough pain medication to last until you can contact your doctor. We will prescribe pain medication with a lower risk of addiction and overdose when possible.
- ▶ **For your safety, we do not:**
 - Give pain medication shots for sudden increases in chronic pain.
 - Refill stolen or lost prescriptions for medication.
 - Prescribe missed methadone doses.
 - Prescribe long-acting pain medication such as OxyContin, MS Contin, fentanyl patches, or methadone for chronic, non-cancer pain.
 - Prescribe pain medication if you already receive pain medication from another doctor or emergency department. An exception may be made after a urine drug test or contact with your doctor or clinic.

If you would like help, we can refer you to a drug treatment program.
Or you can call the Washington Recovery Help Line at **1-866-789-1511**.

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