Community Perspective on Pain Management and Prescription Opioid Overdose Prevention

Fred Wells Brason II
www.projectlazarus.org
www.communitycarenc.org
Who We Are

Project Lazarus believes that communities are ultimately responsible for their own health and that every drug overdose is preventable. We are a secular, non-profit organization that provides technical assistance to community groups and clinicians throughout North Carolina and beyond. Using experience, data, and compassion we empower communities and individuals to prevent drug overdoses and meet the needs of those living with chronic pain.

North Carolina’s non-profit public-private partnership that oversees care to 1.1 million Medicaid beneficiaries. Focused on cost reduction and improvements in quality, CCNC is administered through 14 multi-county regional networks. The statewide Chronic Pain Initiative was created in conjunction with Project Lazarus to provide medical education to prescribers. It’s goals are to reduce the demand for, supply and diversion of, and harms resulting from prescription opioids; optimize the treatment of chronic pain, and manage substance abuse associated with opioid misuse.
Heath Ledger died of accidental overdose
28-year-old actor had oxycodone, anti-anxiety, sleep aids in his system

NEW YORK - The actor Heath Ledger died from an accidental overdose of six different drugs — painkillers and sedatives — the medical examiner said Wednesday, leading doctors to warn of the dangers of mixing prescription drugs.

The 28-year-old film star died "of acute intoxication" from the combination of two strong painkillers, two anti-anxiety medicines and two sleeping aids, according to the medical examiner's office.
Communitywide Partners

- Public Health Officials & Researchers
  - Overdose Deaths
  - Hospital ED Visits
  - Prescribing Patterns
  - Surveys

- Professional Community Coalition
  - Community Awareness
  - Coalition Development
  - Diversion Control
  - Pain Patient Support

- Health Care Providers
  - Prescriber Education
  - Effective Drug Treatment
  - Patient & Drug User Risk Reduction
  - ED Policy on Dispensing
North Carolina has similar overdose mortality as the rest of the United States.

Source: NC SCHS; CDC Wonder. Underlying COD X40-49.0 and Y10.-Y19.9
Unintentional Poisoning Deaths by County: N.C., 1999-2009

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2009 Analyzed by Injury Epidemiology and Surveillance Unit
Deaths from prescription opioid overdoses increased in NC over the last decade. Methadone deaths peaked in 2006.

Source: NC SCHS. North Carolina, 2010. Underlying COD X40-49.0 and Y10.-Y19.9; Contributing COD T40
Cost of Hospitalizations for Unintentional Poisonings: NC, 2008

• Average cost of inpatient hospitalizations for an opioid poisoning*: $16,970.

• Number of hospitalizations for unintentional and undetermined intent poisonings**: 5,833

• Estimated costs in 2008: $98,986,010

Does not include costs for hospitalized substance abuse

*Agency for Healthcare Research and Quality
**NC State Center for Health Statistics, data analyzed and prepared by K. Harmon, Injury and Violence Prevention Branch, DPH, 01_19_2011

Source: NC CSRS
## Overdose Deaths

###Fatal poisonings by state and mortality rate quartiles:

**United States, 2008***

<table>
<thead>
<tr>
<th>1st Quartile (5.5-9.4 deaths/100,000)</th>
<th>2nd Quartile (9.5-12.3 deaths/100,000)</th>
<th>3rd Quartile (12.4-14.8 deaths/100,000)</th>
<th>4th Quartile (14.5-27.0 deaths/100,000)</th>
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<tbody>
<tr>
<td>District of Columbia</td>
<td>California</td>
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<td>Rhode Island</td>
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<td>Montana</td>
<td>South Carolina</td>
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<td>South Carolina</td>
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<td></td>
<td></td>
<td>Tennessee</td>
<td>Wyoming</td>
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available upon request
[www.projectlazarus.org](http://www.projectlazarus.org)
Earl and Edna have "The Talk"...

Earl: *sigh*

I'd hoped it would just disappear.

Edna: I know, but it's wishful thinking and we can't ignore the elephant in the room anymore.

Earl: Ok...we've avoided it long enough.

Edna: Yes...we're not getting any younger.

Earl: So where should we start?

Edna: At the beginning, to figure out the root cause of the problem...

Earl: *How did an elephant get into the room in the first place?*
“EASY BUTTON” to life problems

Source: NC CSRS
Traditional interventions intended to prevent drug abuse have not been able to stop overdose deaths in North Carolina.

Source: Project Lazarus, December 2011
The percent of NC residents receiving an opioid prescription has grown steadily.
At a community level, there is modest correlation between opioid overdose deaths and opioid prescribing. Community characteristics must also play a strong role in whether opioids become a problem.
Differences in opioid availability suggest complex phenomena that are independent of pharmacology. Large cities have relatively fewer people receiving opioids than small counties. Areas with the highest opioid prescribing also have the highest poverty.

Source: NC CSRS and US Census
Source of illicit drugs in Americans age 12 or older: 2010*

- From friend or relative for free, 55%
- Bought from friend or relative, 11.4%
- Took from friend or relative, 4.8%
- Bought from drug dealer or other stranger, 4.4%
- Some other way, 4.2%
- Bought on Internet, 0.4%
- Stole from doctor’s office, clinic, hospital or pharmacy, 0.2%
- From single doctor, 17.3%
- Wrote fake prescription, 0.2%
- From multiple doctors, 2.1%

*Source: 2010 National Survey on Drug Use and Health. SAMHSA

2010 NATIONAL SURVEY ON DRUG USE AND HEALTH SHOWS RISE IN ILLICIT DRUG USE.

In 2010, 22.6 million Americans, age 12 or older, (8.9% of the population) reported having used an illicit drug in the past 12 months.

The percentage of youths, ages 18 to 25, who reported using drugs for non-medical reasons increased from 19.6% in 2008 to 21.5% in 2010.

In 2010, 23.1 million Americans, age 12 or older, needed treatment for substance abuse but only 2.6 million (11.2 %) received treatment.

Source: NC CSRS
Community attitudes about prescription drug abuse and overdose reveal a desire to act but a lack of information, tools and leadership. The role of community coalitions is ignored by most government and industry efforts.

"The attitude is starting to reflect interest in prescription drug abuse."  
"Clear recognition that there is a problem, but detailed information is lacking."  
"People have talked about doing something, but so far there isn’t anyone who has really 'taken charge'."  
"There aren’t any immediate plans, but we will probably do something sometime."  
"Some members of the community know about existing prevention efforts."

Source: 2011 Project Lazarus Health Director Survey
Doctor shopping was decreasing in NC, but has increased recently. Perceptions of opioid desirability change over time and go beyond the pharmacology of the drugs.

Source: NC CSRS
Most continuing medical education on pain management is didactic.

Source: 2011 Project Lazarus Health Director Survey
Prescribers use the PMP mostly for patients they are suspicious about, not following universal precautions. CME has limited ability to change physician behavior.

Survey: PMP Utilization

Source: UNC Injury Prevention Research Center
Community Pride
The other side of Mt. Rushmore
Community forums must be repeated to motivate the necessary stakeholders to take action.

Community coalitions must be provided tools to make their own strategic plans and design locally appropriate interventions.
Community Awareness – Coalition Building

- Stakeholders
- Community Forum
- Community Sectors
- Steering Committee
- Community Sector Workshops
- Sector Committees – Objectives, Strategies, Tactics, Action Plans, Implementation, Evaluation
School-based education must be age-appropriate and go beyond “just say no.”
Babies, Newborns

Neo-natal Abstinence Syndrome

*chemical dependence withdrawal issue*

2010 Wilkes County NC 10% of newborns
Rates of Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 100,000 Live Births, North Carolina, 2004-2010

Source: N.C. State Center for Health Statistics, 2006-2010
Analysis by Injury Epidemiology and Surveillance Unit
Type of Payment Associated with Drug Withdrawal Syndrome in Newborns per 100,000 Live Births, North Carolina, 2004-2010

Percent of Hospitalizations

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>77%</td>
</tr>
<tr>
<td>BCBS</td>
<td>4%</td>
</tr>
<tr>
<td>Self-pay Medicare</td>
<td>3%</td>
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<tr>
<td>HMO</td>
<td>3%</td>
</tr>
<tr>
<td>Commer. Champus</td>
<td>2%</td>
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<tr>
<td>PPO</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: N.C. State Center for Health Statistics, 2006-2010
Analysis by Injury Epidemiology and Surveillance Unit
Hospitalizations Associated with Drug Withdrawal in Newborns, 2006-2010

Rate per 100,000 live births

- 90.9 - 293.6
- 293.7 - 504.8
- 504.9 - 1045.4
- 1045.5 - 2369.7
- Rate could not be calculated

Source: N.C. State Center for Health Statistics, 2006-2010
Analysis by Injury Epidemiology and Surveillance Unit
Supporting pain patients goes beyond access to opioids.

“Meeting patients where they are at” means that small changes at home can lead to less pain.
Pill take-back days can raise awareness of the crisis, but can’t solve the overdose problem alone.

Training law enforcement how to work with the pain community benefits all parties.
Pain management education is being conducted statewide through Medicaid.

Locally-designed toolkits created by community coalitions have more legitimacy than those produced at a national level.

Wilkes: 70%
NC Average: 28%
Introduction

Section I. Opioids in the Management of Chronic Pain
   Opioids in the Management of Chronic Pain: An Overview

Section II. Assessment and Management Algorithms
   Universal Precautions for Pain Medicine Prescribing
   Assessment Algorithm
   Management Algorithm
   Management Algorithm — Neuropathic Pain

Section III. Patient Treatment Records
   Pain Management Agreement
   Chronic Pain Management Progress Note

Section IV. Opioid Overdose Prevention
   How to Prevent an Opioid Overdose
   How to Recognize and Reverse and Opioid Overdose
   How to Make an Overdose Plan

Section V. Prescriber and Patient Education Materials and Resources
   Chronic Pain Overview
   Resource Links

Section VI. Screening Forms and Brief Intervention
   Annual Screening Questionnaire
   SBIRT Audit Form
   SBIRT DAST-10 Form
   Template for Scoring the SBIRT-Audit Form/ DAST-10
   The CRAFFT Screening Interview
   Narcotics Utilization Report/Explanation
   Interpreting Urine Toxicology Screens

Section VII. Controlled Substance Reporting System (CSRS) and Medicaid Pharmacy Lock-In Program
   Controlled Substance Reporting System
   DMA Lock-in Program
   Lock-in Referral Form
Managing chronic pain patients in the ED can be supported with tight policies and case management.
Effective drug treatment options are limited in rural areas. We encourage clinicians to become certified for office-based buprenorphine prescribing.

The evidence shows that providing cheap and low threshold drug treatment can prevent overdose deaths.

Patient opioid safety education starts in the clinic and continues in the community.

In NC, 11.5% of released prisoners die of an alcohol or drug problem. But, only 2 counties have overdose prevention education in prison.
“The [NC Medical] Board encourages its licensees to abide by the protocols employed by Project Lazarus and to cooperate with the program’s efforts to make naloxone available to persons at risk of suffering drug overdose.”
- August 2008 (ncmedboard.org)

A script gives patients specific language that they can use with their family to talk about overdose and develop an action plan, similar to a fire evacuation plan.
Addiction medicine doctors count lives saved with take-home naloxone.

“I’m not ready to die. I’m only 26 years old. I always thought people who died from drugs didn’t know how to do them right and took too much. But I took the same amount I’m used to taking. I don’t know why I overdosed that time. It made me see I’ve got to do something different if I want to stay alive. My brother was a worse addict than me, and I’ve seen him change his life since he’s been on methadone. I want that too.”
Over 10,000 **documented** opioid overdose reversals from outpatient distributed naloxone: US, 1996-2010*

<table>
<thead>
<tr>
<th>Program Size</th>
<th>Local Programs</th>
<th>Vials of Naloxone Provided in last 12 months</th>
<th>Participants from Beginning of Program through 06/2010</th>
<th>Overdose Reversals through 06/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small &lt; 100</td>
<td>24</td>
<td>754</td>
<td>1,646</td>
<td>371</td>
</tr>
<tr>
<td>Medium 101-1,000</td>
<td>18</td>
<td>5,294</td>
<td>13,214</td>
<td>3,241</td>
</tr>
<tr>
<td>Large 1,001-10,000</td>
<td>74</td>
<td>9,792</td>
<td>26,213</td>
<td>5,648</td>
</tr>
<tr>
<td>Very Large &gt;10,000</td>
<td>72</td>
<td>23,020</td>
<td>11,959</td>
<td>1,091</td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
<td>38,860</td>
<td>53,032</td>
<td>10,171</td>
</tr>
</tbody>
</table>

*Source: MMWR. Community-Based Opioid Overdose Prevention Programs Providing Naloxone – United States – 1996-2010. February 17, 2012 / 61(06);101-105

available upon request www.projectlazarus.org
Operation OpioidSAFE is a novel provider, patient and community education program with the added advantage of lay person diagnosis and reversal of opioid overdose.

- Lt Colonel Anthony Dragovich MD
- Medical Director, Pain Medicine
- Ft. Bragg, NC
Wilkes County had the 3rd highest overdose death rate in the nation in 2007, due exclusively to prescription opioid pain relievers.

Manual labor dominates employment options in this county of 68,000.
The overdose death rate dropped 71% in two years after the start of Project Lazarus and the Chronic Pain Initiative.
Wilkes County had higher than state average opioid dispensing during the implementation of Project Lazarus and the Chronic Pain Initiative. Access to prescription opioids was not dramatically decreased.

Source: NC CSRS
In 2011, not a single OD decedent had an opioid prescription from a Wilkes County prescriber. The fundamental risk:benefit ratio for opioids can be altered for the better through a community-wide approach.
Casey Reeves

Feb. 4, 1980 – August 12, 2006