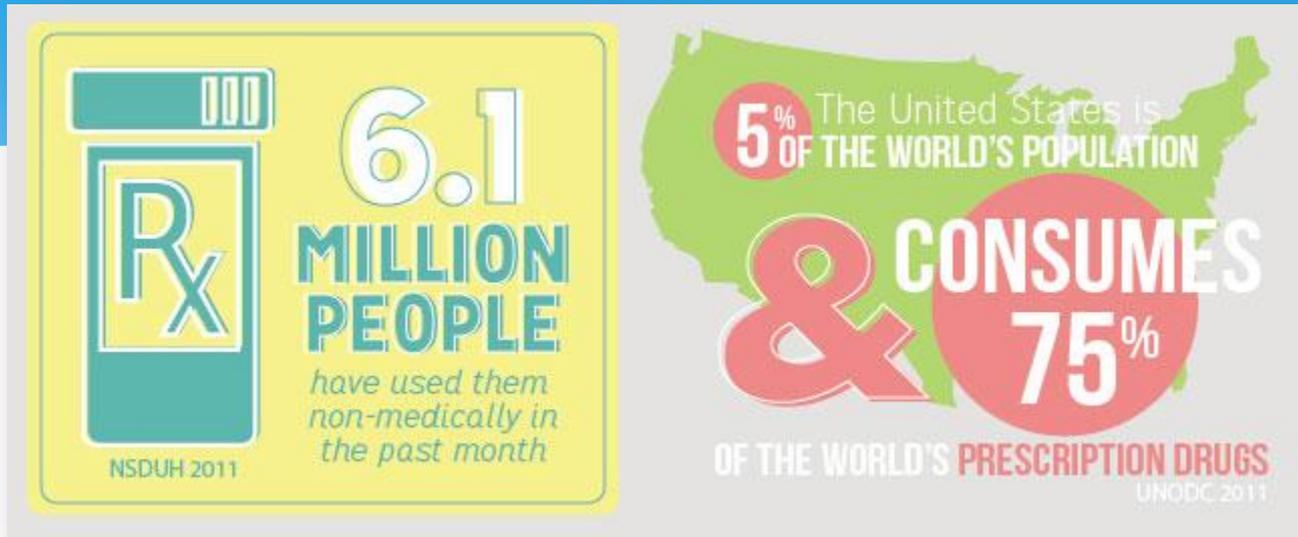


The Prescription Drug Epidemic

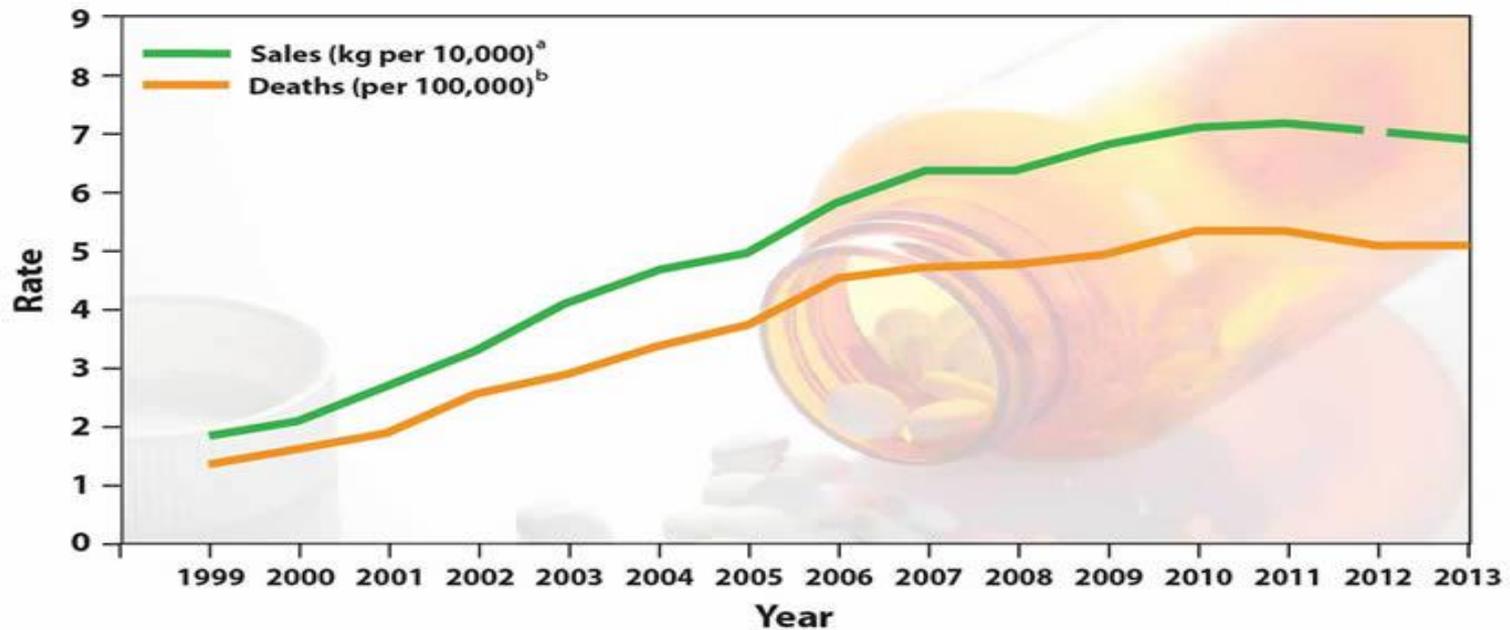


- Opioid consumption in the U.S. has increased more than 600% in the past 20 years (Paulozzi & Baldwin, 2012). Despite this, suffering from pain has not decreased. (JAMA, Murray, 2013; Martin, 2008)
- An estimated 9 million Americans use chronic opioid therapy for chronic non-malignant pain (Bourdreau, 2009)
- Over 100 people a day die in the U.S. from various drugs, 44 a day from opioids. In California, nearly 5,000 people a year die from various prescriptions, and in San Diego nearly 300 people a year

The Prescription Drug Epidemic



Prescription Painkiller Sales and Deaths



Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

^bCenters for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL:

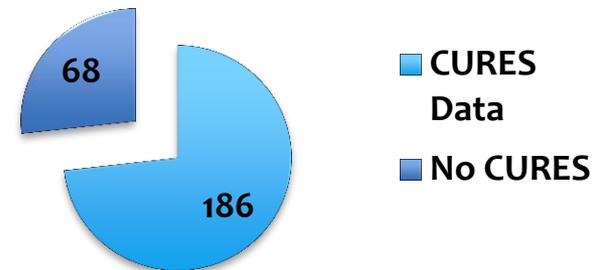
<http://www.cdc.gov/nchs/deaths.htm>.

San Diego Death Diaries



- In 2013, the San Diego Medical Examiner reviewed a 12 month prescription history of all 254 people who died from prescriptions

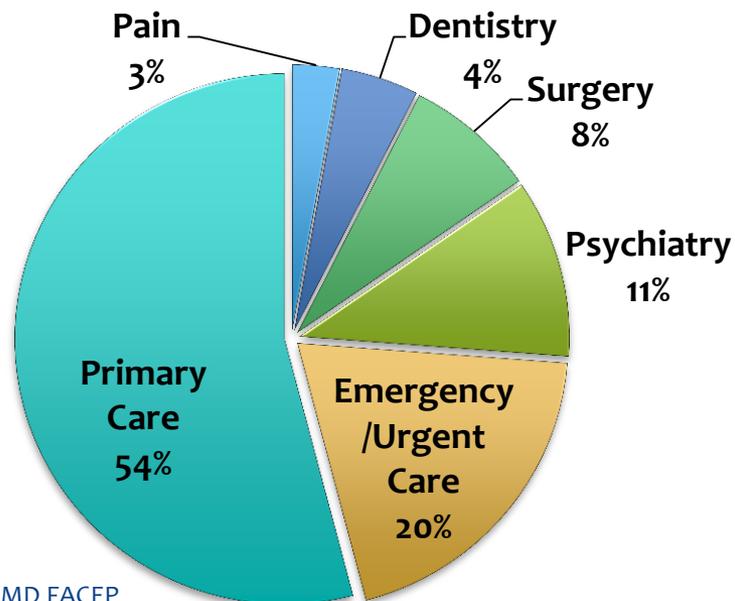
254 Prescription-related Deaths in San Diego 2013



- Lev, R. et al: "A description of Medical Examiner prescription related deaths and prescription drug monitoring program data." American Journal Of Emergency Medicine. December 2015.
- Lev, R. et al: "Who is prescribing controlled medications to patients who die from prescription drug abuse?" American Journal of Emergency Medicine. 2016;34:30-5. <http://dx.doi.org/10.1016/j.ajem.2015.09.003>
- Lev, R. et al: "Methadone related deaths compared to all prescription related deaths." Forensic Science International. 257, p 347-352, 2015. <http://dx.doi.org/10.1016/j.forsciint.2015.09.021>

Who are the Prescribers?

- 713 well meaning San Diego physicians prescribed 4,366 prescriptions to **186 people who died** and had CURES data



CDC Guidelines



- The 2016 CDC **guidelines** provide recommendations for prescribing opioids for chronic pain outside active cancer treatment, palliative care, and end-of-life care
- The 12 **recommendations** address the following:
 1. When to initiate or continue opioids for chronic pain
 2. Opioid selection, dosage duration, follow up, and discontinuation
 3. Assessing risk and addressing harms of opioid use

<http://www.cdc.gov/drugoverdose/prescribing/guideline.html>

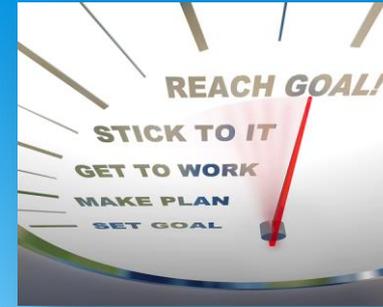
Opioids are **not** first-line or routine therapy for chronic pain



1

- Non-pharmacologic therapy and **non-opioid** pharmacologic therapy are preferred **for chronic pain**
- Clinicians should consider opioid therapy **only** if expected benefits for both pain and function are anticipated to outweigh risks to the patient
- If opioids are used, they should be **combined** with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate

Establish and measure goals for pain and function



2

- Before starting opioid therapy for chronic pain, clinicians should establish treatment **goals** with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks
- Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety