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# Confronting the Opioid Crisis in America

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Health & Hospital  
ASSOCIATION

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# Tragedy of the Commons

Slide Courtesy of Scott G. Weiner, MD

The Year was 2005

- 6 years before the PDMP was available
- 9 years before Gov. Patrick declared a public health emergency
- 10 years before MHA and MMS created prescribing guidelines
- 10 years before Gov. Baker convened opioid task force

# Tragedy of the Commons

Slide Courtesy of Scott G. Weiner, MD



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# Combatting Substance Use Disorder

1. Problem is huge and worsening....
2. A disease, not a choice
3. We have to own it
4. Spigot *and* Treatment challenge
5. You can help

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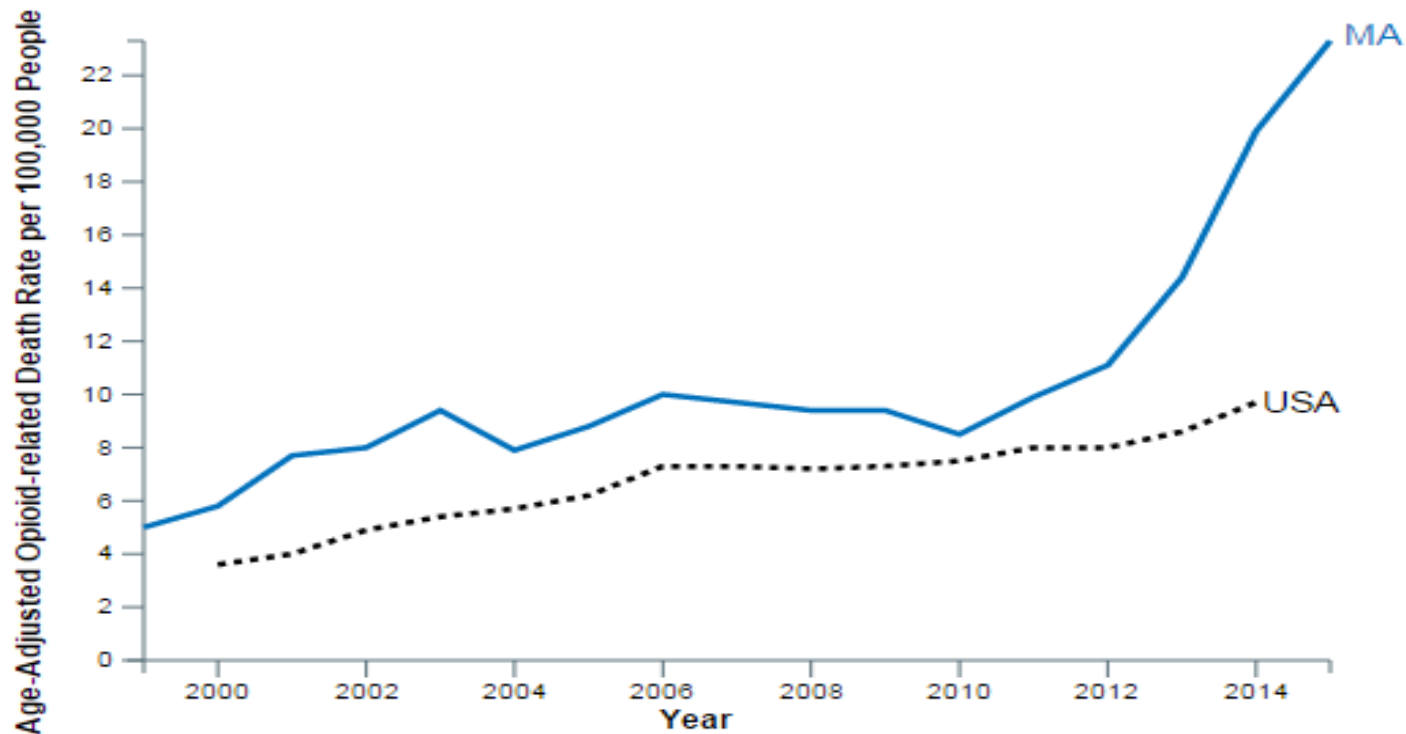
# Problem is huge and worsening....

*“~~50 78~~ 91 Americans die every day from an opioid overdose.”*

*(cdc.gov)*

## Age-Adjusted Opioid-related Death Rate by Year<sup>4,7,8</sup>

Comparing the opioid-related death rate of Massachusetts to the nation overall.



[View the dataset powering this visualization.](#) [↓](#)

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. [Multiple Cause of Death 1999-2014 on CDC WONDER Online Database](#), released 2015. [Massachusetts Registry of Vital Records and Statistics](#), [Massachusetts Department of Public Health](#).



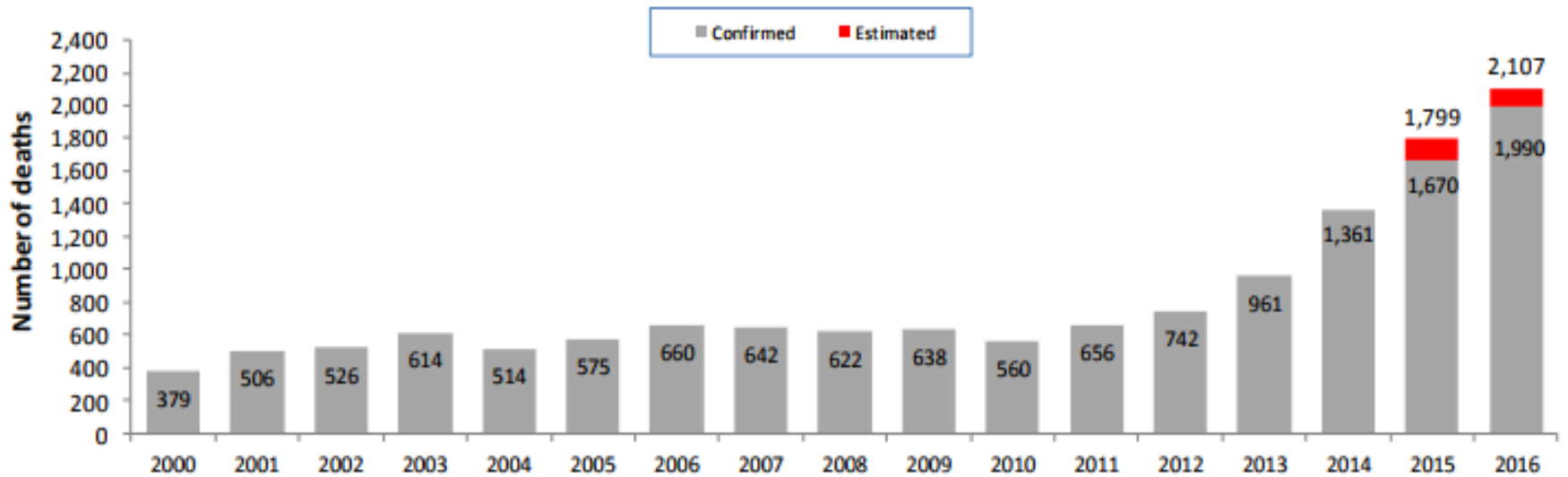
# Data Brief: Opioid<sup>1</sup>-Related Overdose Deaths Among Massachusetts Residents

Massachusetts Department of Public Health

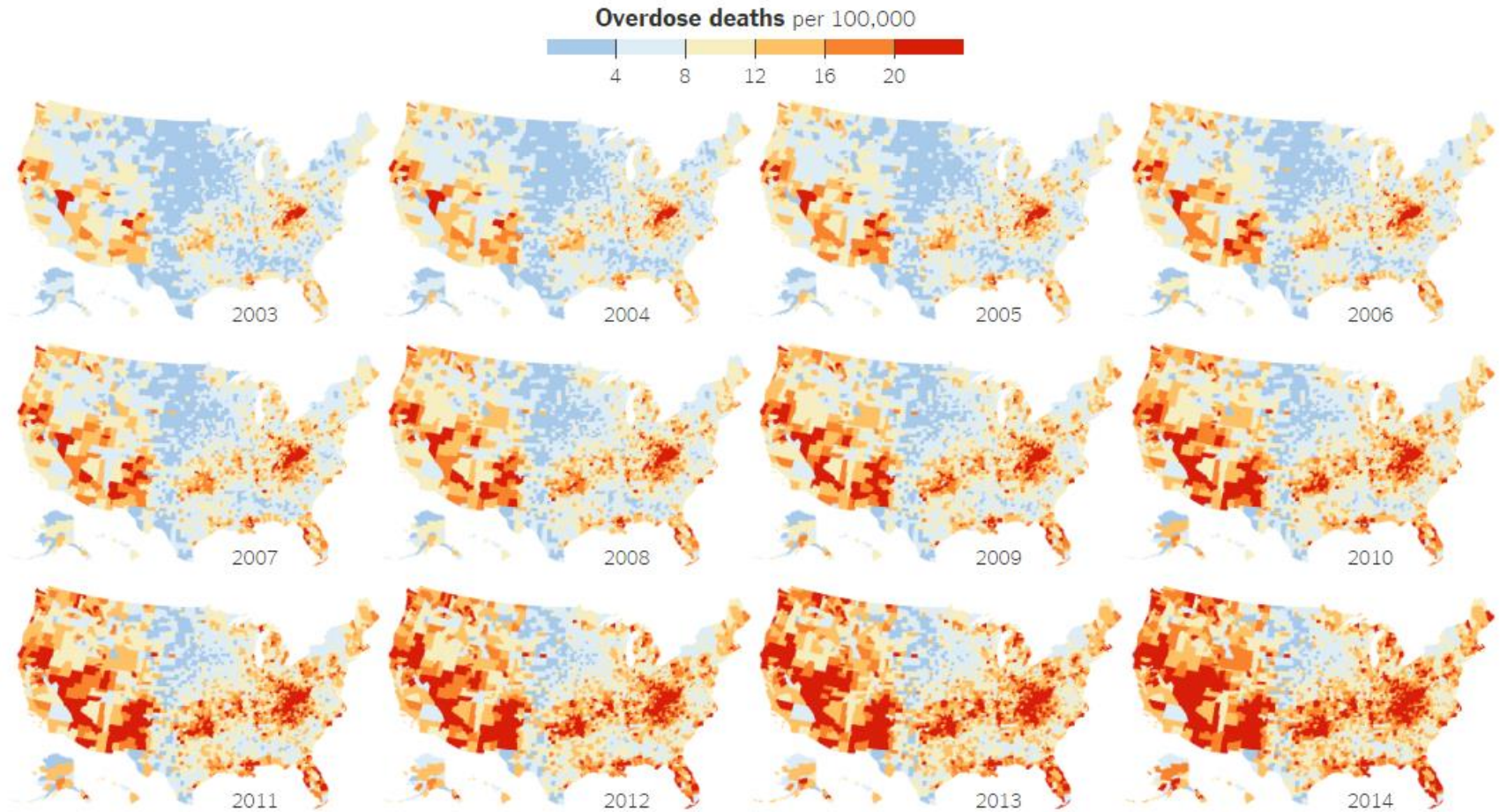
POSTED: AUGUST 2017

This report contains both confirmed and estimated data through June 2017.

**Figure 1. Opioid<sup>1</sup>-Related Deaths, All Intent  
Massachusetts Residents: January 2000 - December 2016**



# Magnitude of the problem: It's Huge



# Rural Areas Surpassed Cities in Overdose Death Rate

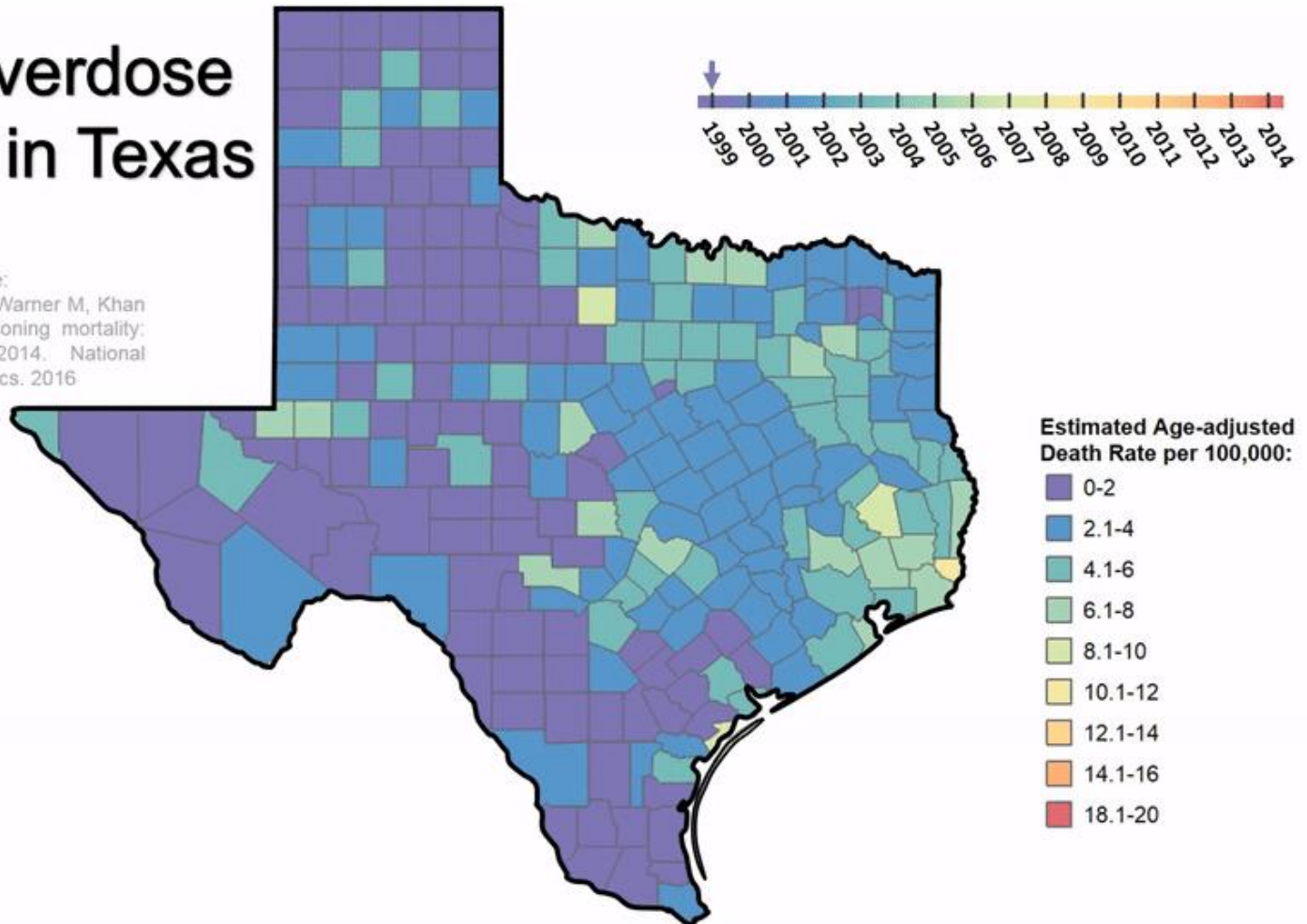
Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States

*Surveillance Summaries* / October 20, 2017 / 66(19);1–12

## Drug Overdose Deaths in Texas

Heat map animation by:  
AD Brackley

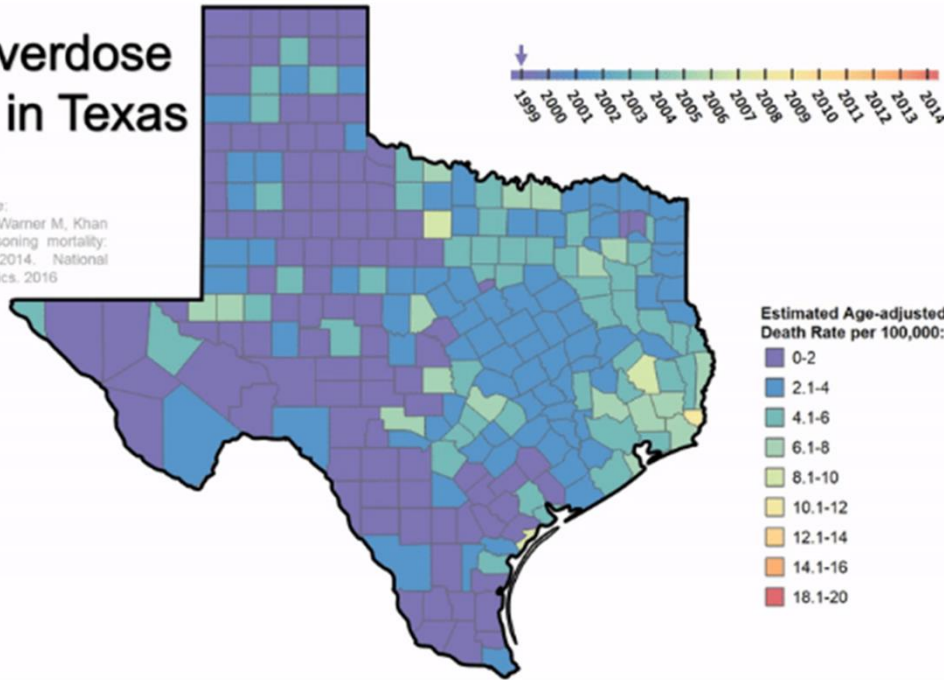
Data visualization source:  
Rossen LM, Bastian B, Warner M, Khan D, Chong Y. Drug poisoning mortality: United States, 1999-2014. National Center for Health Statistics. 2016



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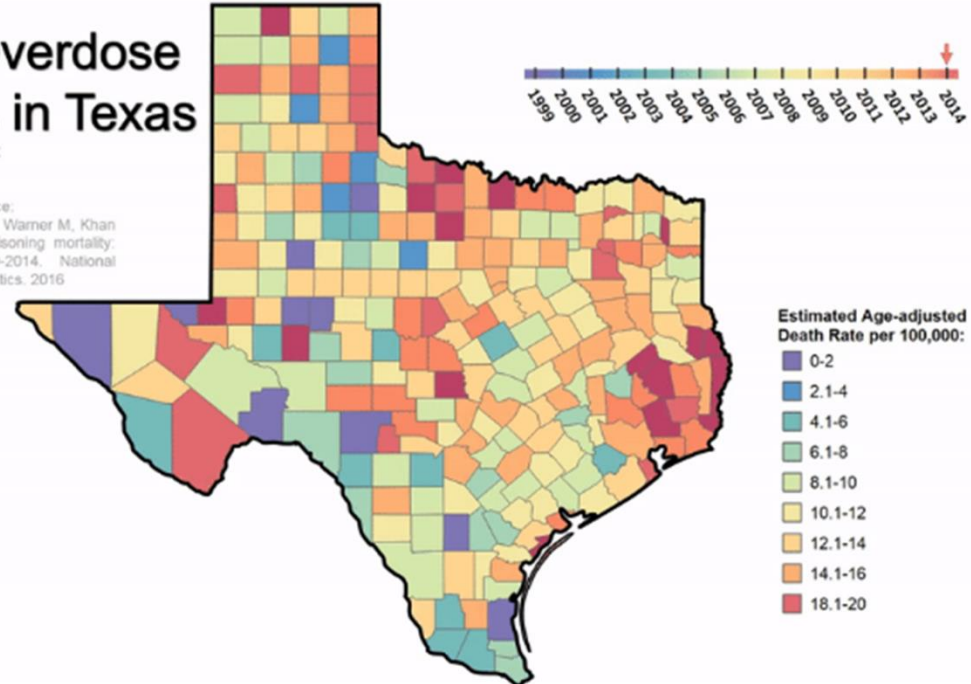


1999 - 2014

# Drug Overdose Deaths in Texas

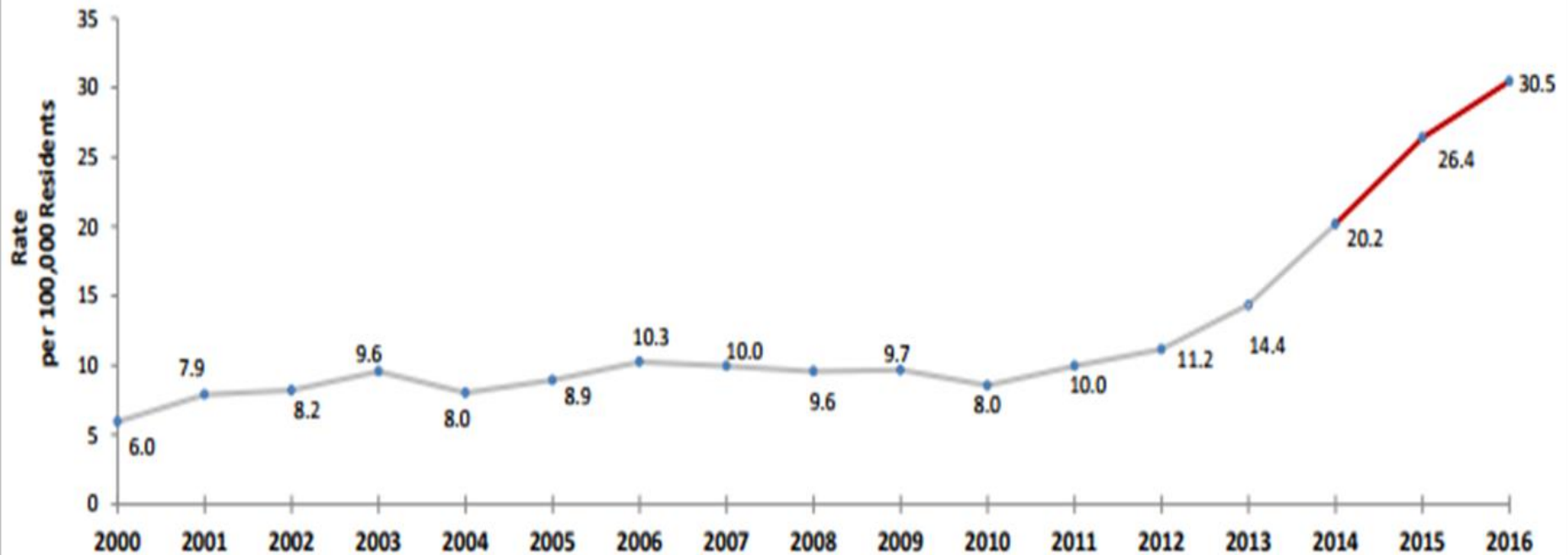
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Rossen LM, Bastian B, Warner M, Khan D, Chong Y. Drug poisoning mortality: United States, 1999-2014. National Center for Health Statistics. 2016



# The wrong direction

Figure 3. Rate of Opioid<sup>1</sup>-Related Deaths, All Intent  
Massachusetts Residents: 2000-2016



<sup>1</sup> Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

Please note that there is rounding of counts for 2015-2016.



COMBATING THE **OPIOID** CRISIS

IN 2015



**1,724 MASSACHUSETTSANS**

**DIED OF AN OPIOID OVERDOSE**

MASSACHUSETTS





# Texas Matters: How Bad Is the Opioid Crisis in Texas?

By DAVID MARTIN DAVIES • JUN 8, 2017

PROGRAM  
Texas Matters

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*Narcan and other naloxon drugs that can stop an opioid overdose*

DAVID MARTIN DAVIES

# Texas Matters: How Bad Is the Opioid Crisis Texas?

By DAVID MARTIN DAVIES • JUN 8, 2017



TEXAS

COMBATING THE **OPIOID** CRISIS

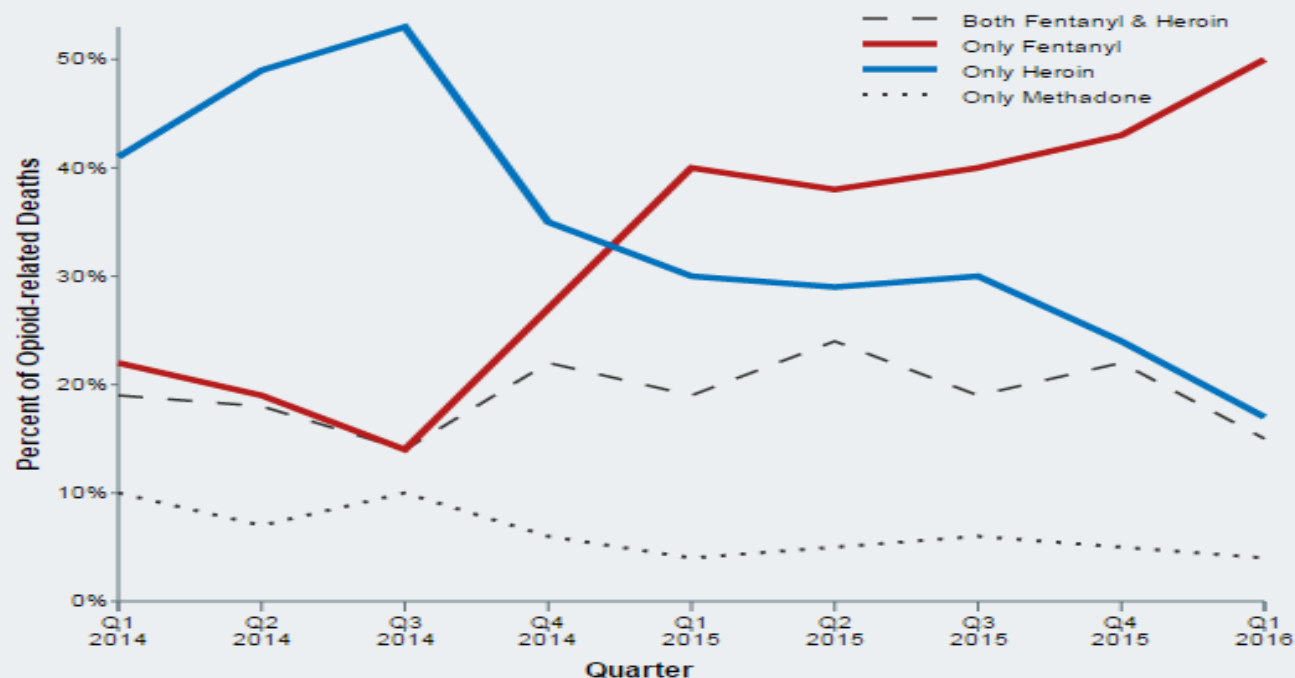
IN 2015

**2,588 TEXANS**

DIED OF AN OPIOID OVERDOSE



Fentanyl is an opioid that can be prescribed for pain management. However, it's also used illegally either on its own or combined with Heroin, often without the user's knowledge. According to the DEA, illegally produced Fentanyl can be up to 50 times more potent than Heroin. Fentanyl is increasingly recognized as a problem across the United States, and particularly in Massachusetts. Toxicology data from recent post-mortem cases indicates Fentanyl is adding to the state's deadly epidemic more than Heroin. In 2015, more than 60% of toxicology samples tested positive for Fentanyl. In the previous year, that mark was about 40%.

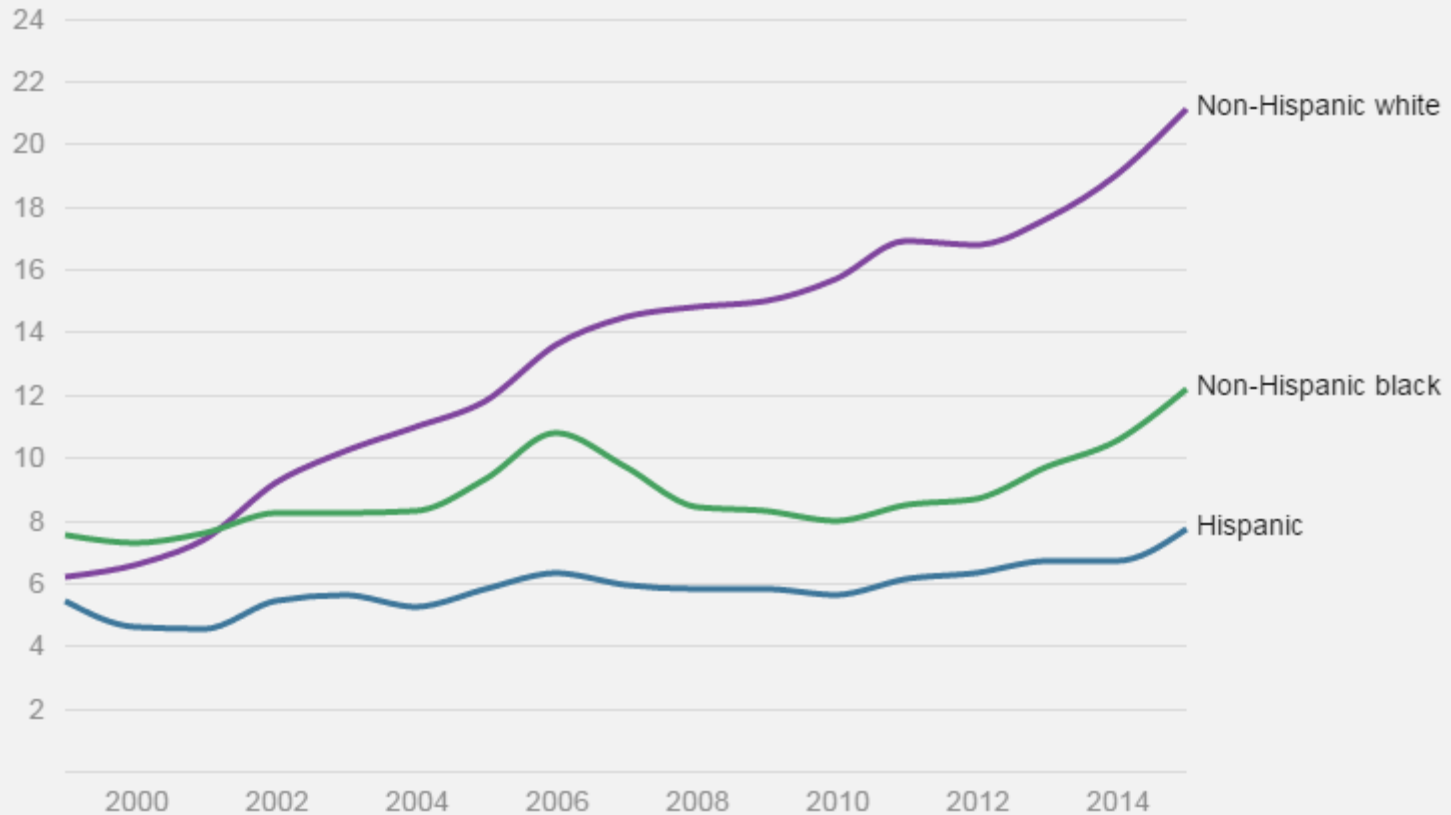


[View the dataset powering this visualization](#) ↓

Sources: [Massachusetts Office of the Chief Medical Examiner](#)

# Overdose trend particularly deadly for whites

Annual overdose deaths per 100,000 population by race and ethnicity, 1999-2015



Source: National Center for Health Statistics



# Combatting Substance Use Disorder

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# Addiction has strong genetic influence

If alcohol/drugs are so pleasurable, why aren't we all addicted?

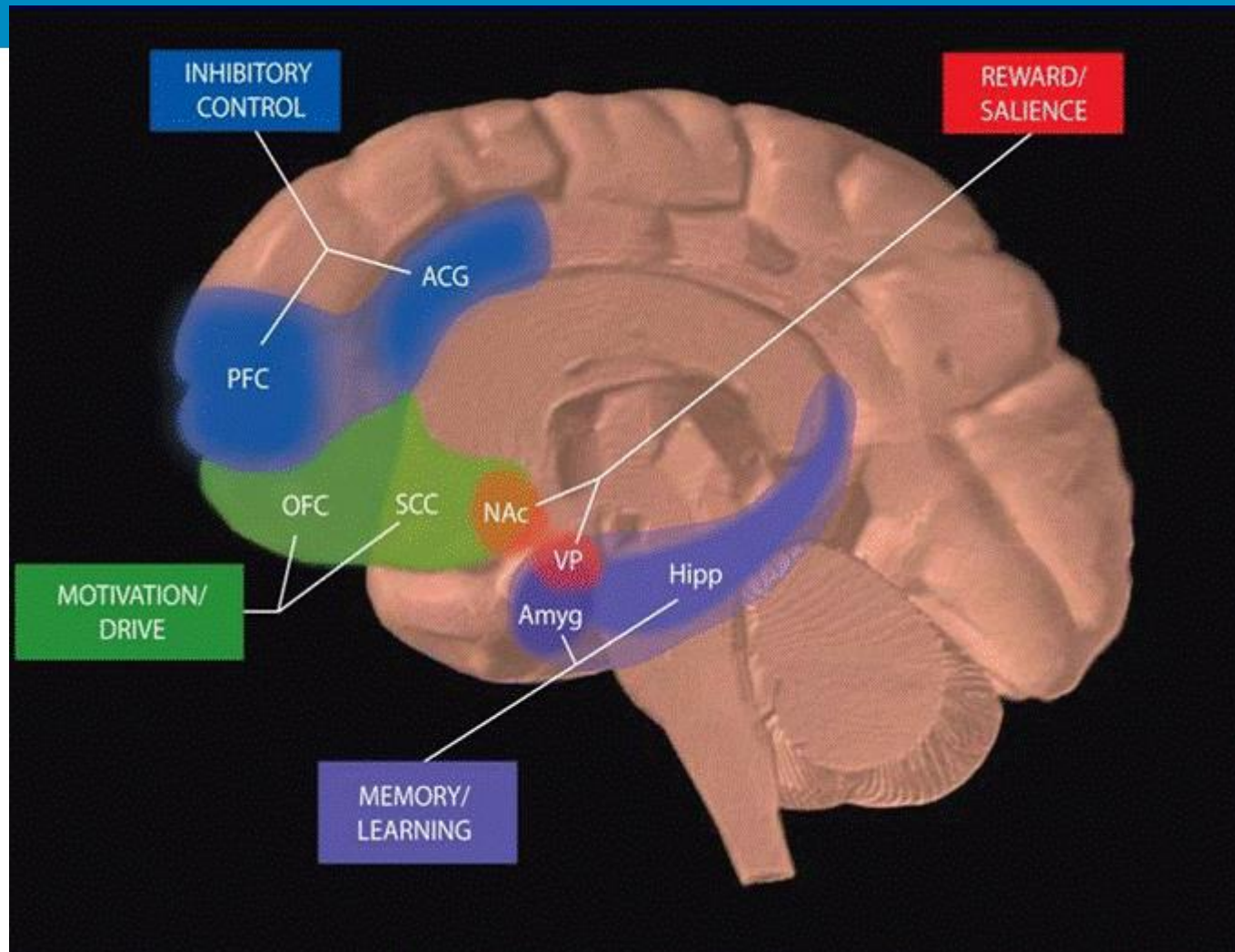


# Governor Baker and Lieutenant Thomas Foye



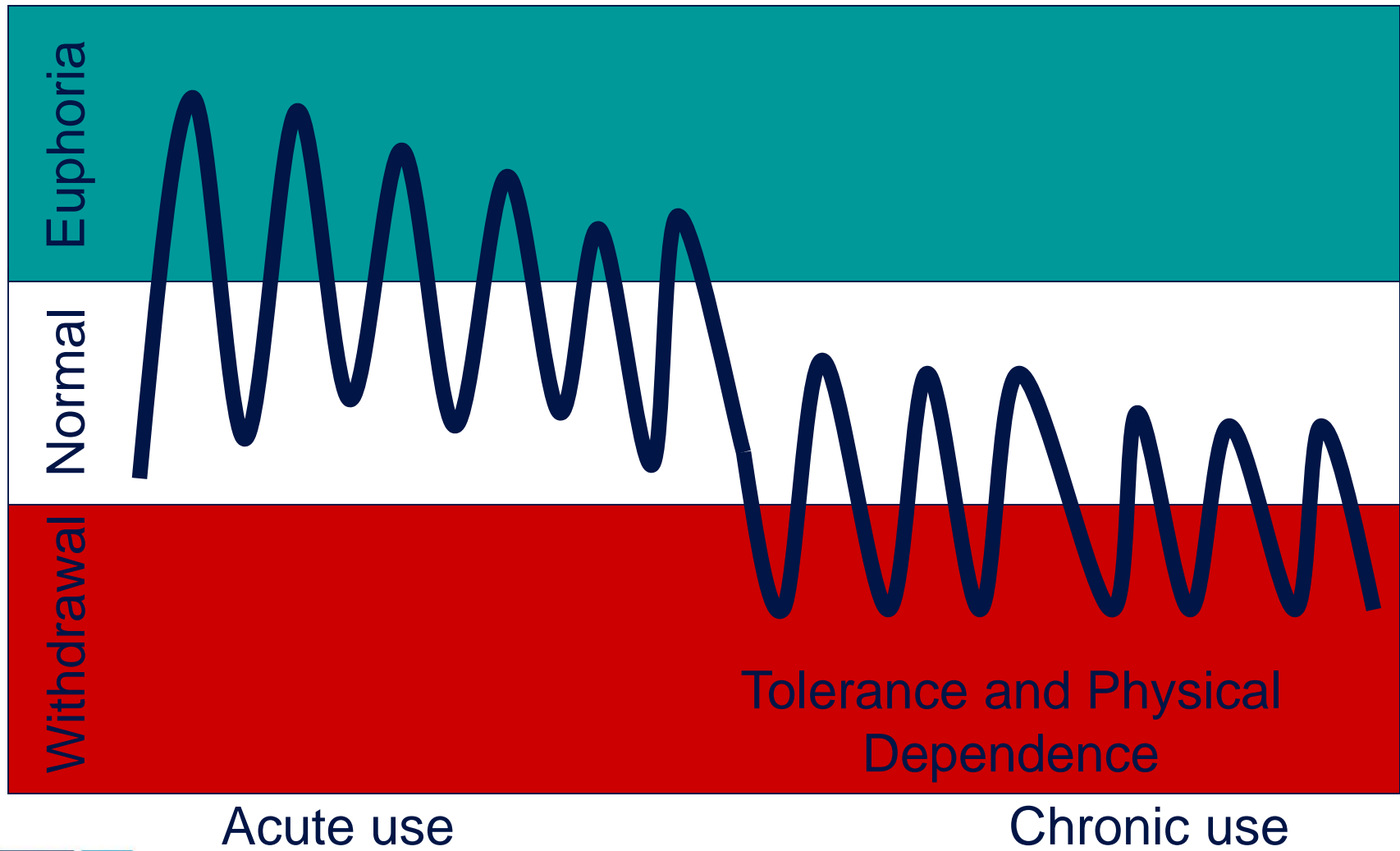


# Circuits Involved In Drug use and Addiction

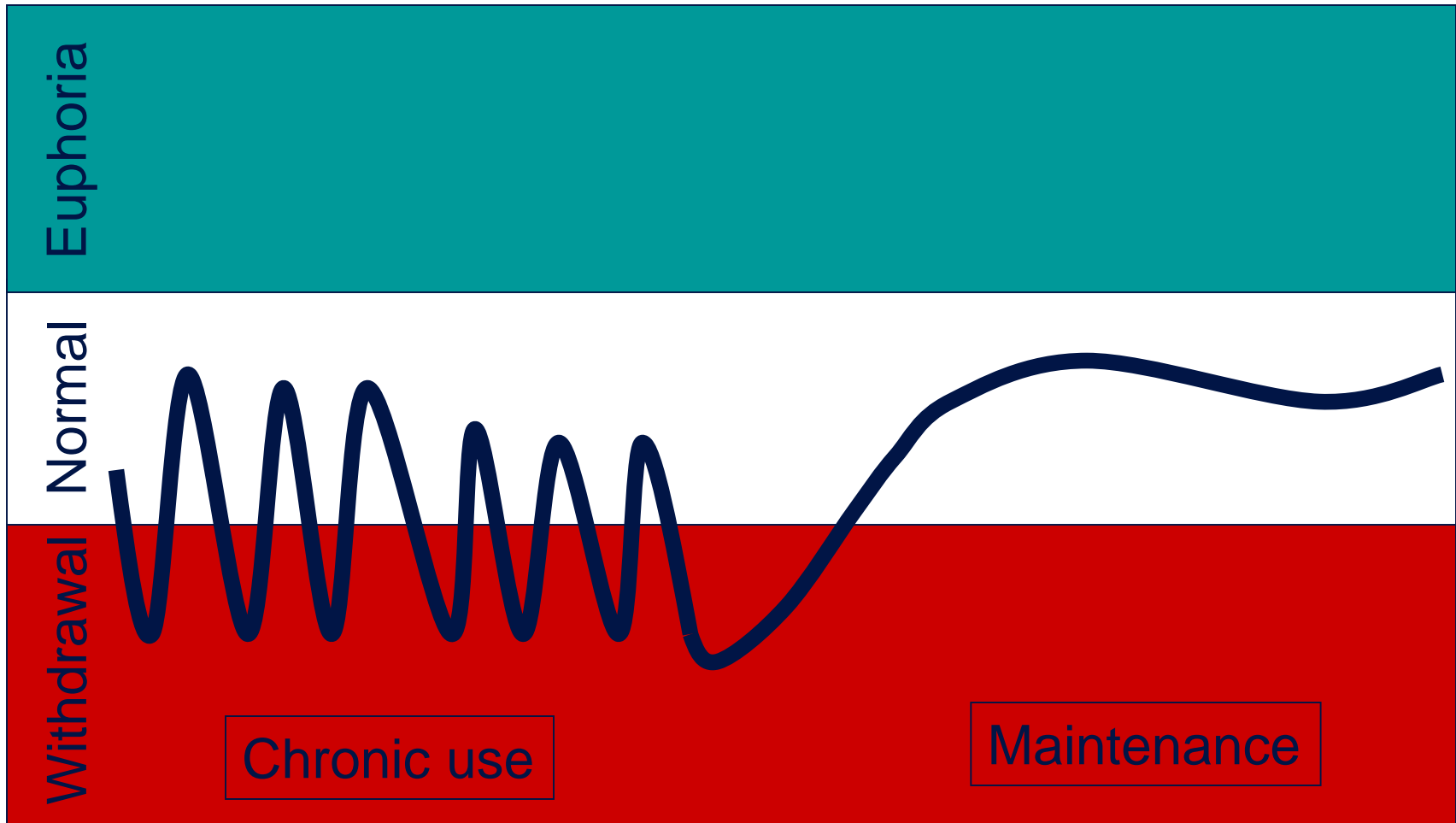


All of these brain regions must be considered in developing strategies to effectively treat addiction

# Why do people use opioids?



# Maintenance Treatment for Opioid Use Disorder



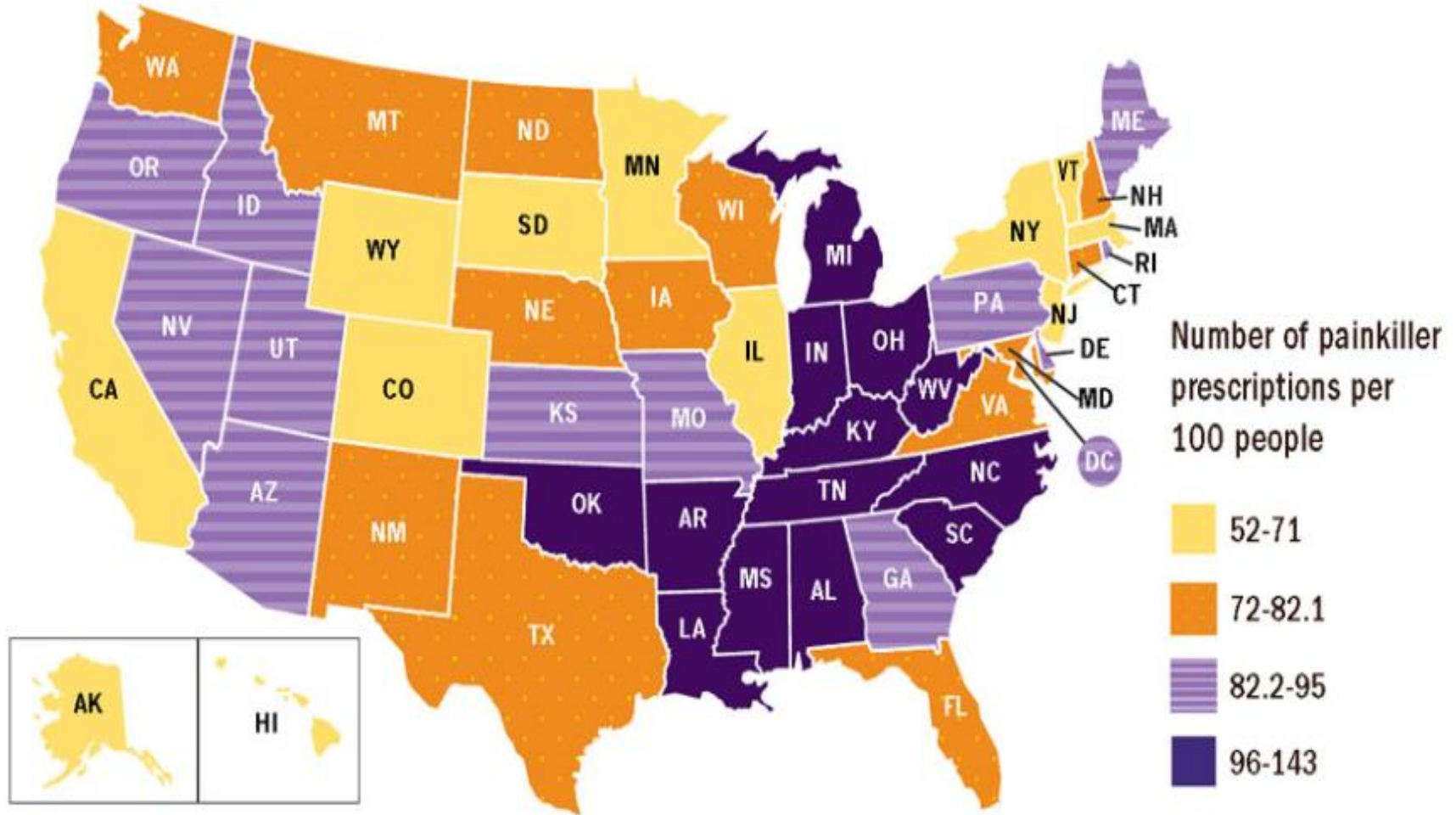
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America claims less than 5% of the world's population, yet we consumes roughly 80% of the world's opioid supply

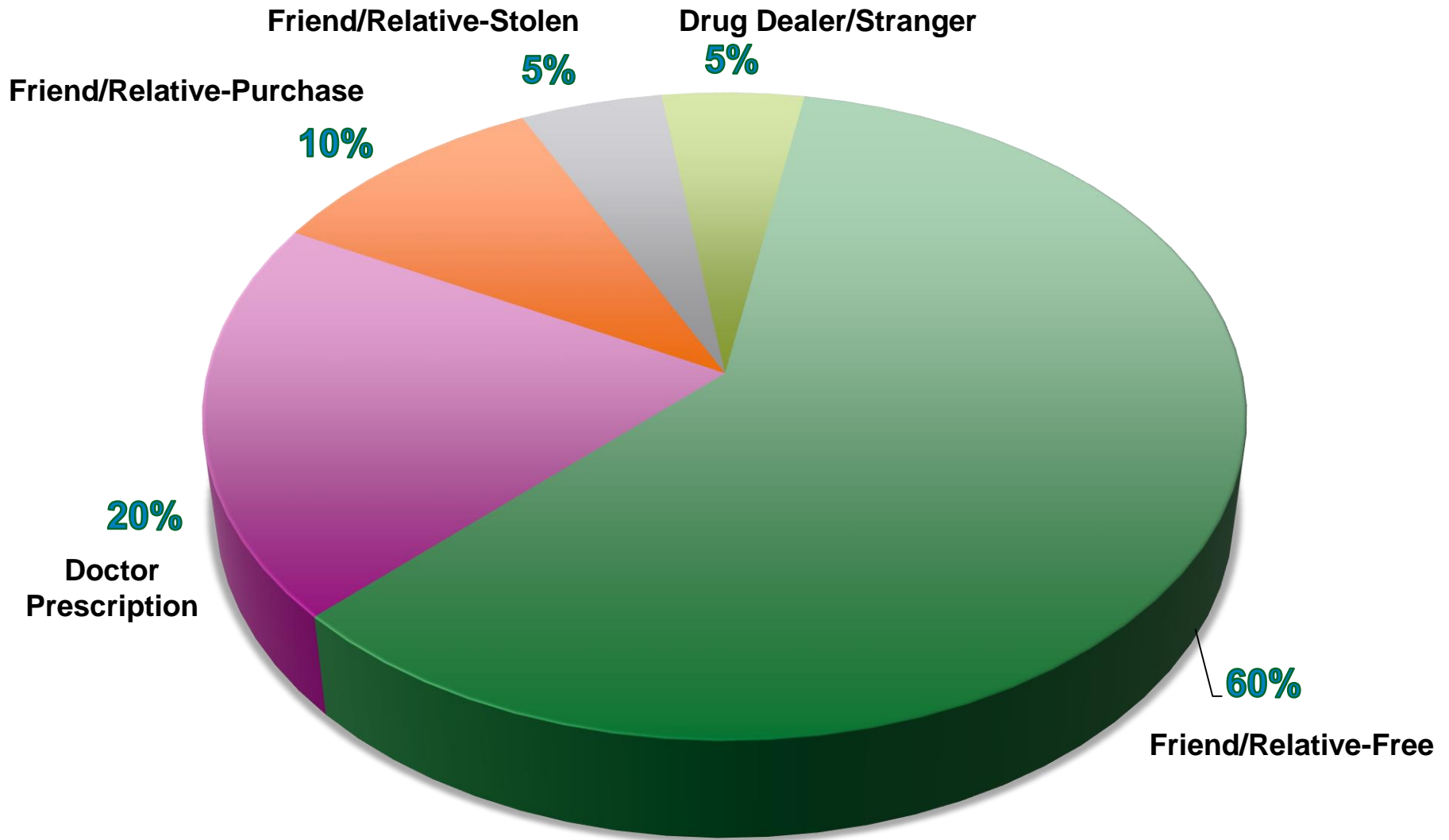


# Some states have more painkiller prescriptions per person than others.



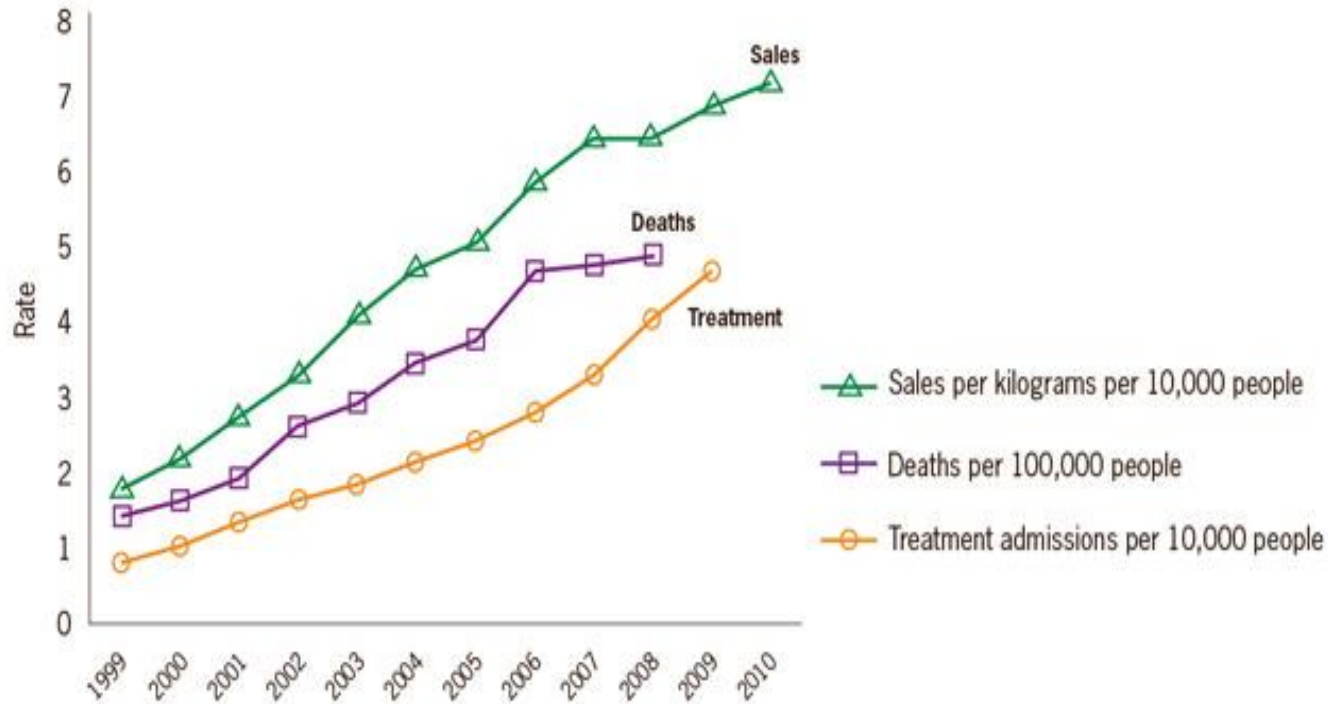
SOURCE: IMS, National Prescription Audit (NPA™), 2012.

# Sources of Abused Prescription Drugs



# We have to own it

Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)



[Read text version](#)

SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009



# Upshur County Is First in Texas to File a Lawsuit Holding Drug Makers Responsible for Opioid Epidemic

CHRISTIAN MCPHATE | OCTOBER 5, 2017 | 1:48PM



## The Cities Suing Big Pharma Over Opioids

SARAH HOLDER | OCT 11, 2017

## Drugmakers and distributors face barrage of lawsuits over opioid epidemic

## 41 States To Investigate Pharmaceutical Companies Over Opioids

September 19, 2017 · 4:02 PM ET

 YUKI NOGUCHI 



“In conclusion, we found that a **five-sentence letter published in the *Journal* in 1980 was heavily and uncritically cited as evidence that addiction was rare with long-term opioid therapy.** We believe that this citation pattern contributed to the North American opioid crisis by helping to shape a narrative that allayed prescribers’ concerns about the risk of addiction associated with long-term opioid therapy.

In 2007, the **manufacturer of OxyContin and three senior executives pleaded guilty to federal criminal charges that they misled regulators, doctors, and patients** about the risk of addiction associated with the drug.”

# We have to own it

- HR
- Temp
- BP
- RR
- O2 sat



## The Fifth “Vital Sign”

Complying with Pain Management Standard PC.01.02.07

Pain is an inevitable part of health care. Some patients arrive at an organization in pain, while others may experience pain during care, treatment, or services—such as patients undergoing surgery. Regardless of how his or her pain manifests, every patient hopes his or her health care experience will include interventions that will eliminate or reduce pain.

Unlike other physical indicators like blood pressure and temperature, pain cannot be quantitatively measured. The duration and intensity of pain vary from person to person. Therefore, organizations must have effective and interactive pain assessment and reassessment processes that help identify pain, point to effective treatment, and verify that implemented interventions work.

Provision of Care, Treatment, and Services (PC) Standard PC.01.02.07 directly addresses the “who, what, where, when, and how” of the pain assessment and reassessment processes. (See Sidebar 1 on page 8). “Organizations often struggle to completely comply with this standard,” says Jane Schetter, R.N., M.S.N., senior consultant for Continuous Service Readiness at Joint Commission Resources. “In particular, they have difficulty with reassessment and establishing appropriate

*(Continued on page 8)*

