DOI: 10.32481/djph.2017.08.004

Reflections on the Opioid Abuse Problem from a Delaware Perspective

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Lately, you see or hear something about the opioid abuse epidemic almost where ever you turn. Its urgency is appropriately conveyed with terms such as 'epidemic' and 'crisis'. In 2015, 59,000 persons nationwide, and 228 persons here in Delaware, lost their life to a drug overdose with opioids involved 60% of the time (a good number of those were illicit drugs).[1] The number of deaths related to drug overdose was greater than 300 in Delaware in 2016, with many being attributed to heroin and illicit fentanyl.[2] The opioid abuse problem has affected many of us in a variety of ways: friends or family struggling with drug dependence or addiction; many impacted from the violence/crime associated with the illicit drug trade; those living with serious pain finding it harder to obtain their meds or find a provider willing to prescribe, even appropriate, pain meds.

When I reflect on the opioid abuse problem three thoughts come to mind: the unintended consequences; a swinging pendulum; and balance.

The pendulum has been swinging for some time. In the 1990's there was a strong push to get providers to treat pain more aggressively. Credentialing bodies, such as JCAHO, developed the concept of the '5th vital sign' and pushed the idea that a person's pain was what they said it was, and the goal was to relieve that pain completely.[3] Pharmaceutical companies like Purdue aggressively marketed new formulations like Oxycontin. The medical literature touted opioids to be relatively safe and effective even for chronic pain and suggested there was no ceiling to their dosing as long as side effects were managed. Opioids were relatively easy to prescribe and so the number of opioid prescriptions rose 4 fold between 1999 and 2010.[4]

Unfortunately, the opioid abuse problem came about as an unintended consequence of these less stringent prescribing policies. More recent studies with prescription opioid use have shown a higher risk of drug dependence and less effectiveness for chronic pain. We now know that patients on higher doses of opioids have a higher risk of overdosing and these doses are less effective for pain relief. There are a significant number of persons that develop drug dependence with prescription opioids and then convert to using illicit opioids when they can no longer obtain the prescription drugs.[5] The increasing use of illicit opioids has led to a variety of serious medical conditions as sequelae (hepatitis, endocarditis, drug dependence/accidental OD/death).[6] The increase in violent crime is also connected to the illicit drug trade.

Responses to this developing drug misuse/abuse problem have come from a number of sources on both the national and local level. The national Office of Drug Control Policy (ONDCP) with varying resources has tried to focus on education, prevention, monitoring and law enforcement. That office is now undergoing an extensive review under the new administration.

The Department of Veterans Affairs has instituted a comprehensive program to address the opioid abuse problem. By focusing significant resources on four areas: education, pain management, risk mitigation and treatment of addiction they have been able to show significant improvement in their opioid use picture.[7]

Local Advocacy groups like Attack Addiction have been very effective in raising awareness especially about the need for addiction treatment. The Governor created a multi-stakeholder

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group in 2012 called Prescription Drug Action Committee (PDAC). This group, headed up by the Division of Public Health and Medical Society Delaware (MSD), has helped coordinate efforts on part of many different stakeholders to bring about education for prescribers as well as public; pass laws such as the Good Samaritan Act and naloxone distribution statute; create CME requirement for controlled substance licenses; and develop mechanisms for drug disposal.

PDAC has had regular input to Division Professional Regulation on use of Prescription Monitoring Program (PMP) and its data and input into the new opioid prescribing regulations.

Similarly, the NCCO Opiate and Heroin Dependency Transition Committee (OHDTC) has recently come out with a good summary of local/state-wide efforts and suggestions for the new County Executive on coordinating/supporting efforts aimed at the opioid abuse problem in the future.

As measures are put in place to limit and decrease prescription opioids, the demand for illicit opioids has increased. Consequently, other unintended consequences include persons with legitimate pain and no problem with opioid misuse/abuse sometimes experiencing difficulties obtaining medications that might have controlled their pain effectively and without problems.

With wide support, the Attorney General's office has introduced legislation to ensure insurance coverage for addiction treatment without preauthorization. In addition to the drug disposal stations at police stations in each county, Walgreens is now accepting drugs at their stores state wide (see Figure 1).

Figure 1. A Drug Disposal Station at a Walgreens in Delaware

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The Delaware Division of Public Health has developed an increasingly robust web site, www.Helpisherede.com, that will be a clearinghouse for resources in the state for education, regulation, and treatment options related to the opioid abuse problem, drug dependence/addiction, and pain management in general (see Figure 2).

Figure 2. A Screenshot of www.helpisherede.com

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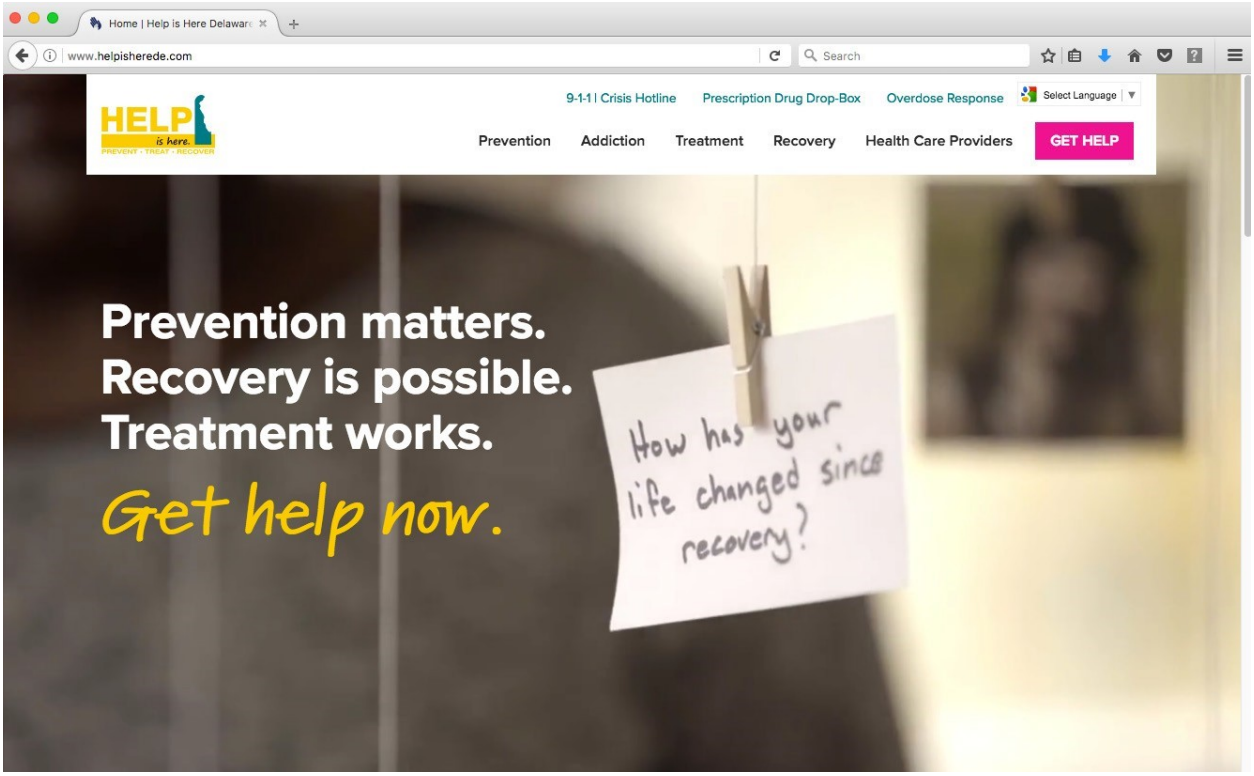

Millions live with pain on a daily basis. Chronic pain is estimated to cost US between $560-$635 billion annually.[8] It is important to strike the right balance between reducing/eliminating the opioid abuse problem while also providing safe and effective opioid prescribing for pain. This safe and effective prescribing would be characterized by careful risk assessment, informed consent and monitoring for drug dependence and achievement of treatment goals. The use of a bio-psychosocial and multi-modal approach to pain management should be encouraged. A significant part of this includes insisting on insurance coverage for interdisciplinary and non-pharmacologic therapies for chronic pain.

Two other aspects of the opioid abuse problem require attention. We have made some progress with the identification, referral, and access to treatment for addiction. Referral for treatment can occur within health care systems with programs like CCHS Project Engage and state-wide with increased inpatient beds for drug dependence treatment and increased availability of medication assisted therapy (MAT). There is a need to eliminate barriers to immediate access to addiction treatment and there is still an important need to dispel the stigma of drug dependence within our health care system and society in general.

Law enforcement has contributed with Hero Help (NCCO police) and Angel (Dover police) programs where referral to treatment is available as an alternative to incarceration. Police stations have been early participants as drug disposal sites. ‘Drug courts’ are another referral path that is being developed.

There are resources aimed at interdiction on a regional level like High Intensity Drug Trafficking programs that seem to have had mixed results to date.

This complex issue will require ongoing cooperation and coordination by a multitude of stakeholders. Ongoing measurement and monitoring of the impact of our efforts is key to our ability to adjust focus and efforts as circumstances change to keep the pendulum in balance.

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