





OPENING REMARKS

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Prescription Drug Epidemic: FDA Executing Action Plan on Opioids

-  Exposure (alternative Rx, education)
-  Non-medical opioid use (ADF's, disposal)
-  Overdose and deaths (naloxone)
-  Treatment options (MAT)

Why is Prescriber Education so Important?

- This epidemic is fueled by opioids that are legally prescribed
- In early 1980's: even some cancer patients refused to take opioid pain relief out of fear
- 2010: more than 200M Rx dispensed

WHAT HAPPENED?

Prescribing Patterns Changed

- Huge increase in opioid prescribing over 3 decades
- Shift in medical dogma about abuse potential when used to treat pain
- Increased awareness of under-treatment of pain and need for therapy
- Promotion of opioid drugs
- Massive shift in prescriber behavior

Consequences of Shift in Prescribing

- Huge increase in population exposure
- Surge in opioid-related substance abuse disorders, deaths from overdose: still ongoing
- Abetted by rise of “pill mills” and related practices
- Many with opioid substance abuse disorder state source of drug is obtaining or stealing from friends or relatives
- Despite general belief, vast majority of exposure is to IR formulations

Medical Dogma Was Not Correct

- Rate of substance abuse correlates with population exposure and brief exposure can lead to prolonged exposure
- Exposure to opioids post-surgery results in extended use, i.e., at 90-180 days (not necessarily substance abuse) in about 6% of people (Brummet et al, JAMA Surgery, 4/17)
- Similarly for opioid prescriptions for musculoskeletal or head pain indications: 6% had persistent opioid use 1 year post-initial prescription; this increased to 30% if initial RX was for more than a month (Shah et al, MMWR, March 17, 2017)

Consequences of 220M Rx

- Some proportion of people exposed go on to chronic use
- A lower proportion develop opioid substance abuse disorder
- A large proportion of patients prescribed take few doses and stop because of side effects (dysphoria, nausea, constipation) and put in home medicine cabinet to be a target for adolescent use or substance abusers

Clinicians Need Good Tools for Pain Management to Control this Epidemic

- The imperative to treat pain will not go away
- In approaching a patient with pain, need to understand clearly and consider carefully, benefits and liabilities of each modality
- Some effective modalities are limited because of reimbursement issues (physical therapy, cognitive behavioral therapy); clinicians may not be aware of other drug modalities—and they have their own liabilities
- Often opioid Rx seen as a good way to provide relief



Prescriber Education on Opioids for Pain Management

- Opioids will continue to be the mainstay for pain relief in many situations, so prescriber awareness of issues is critical
- Renewed understanding that ANY opioid prescription confers risks, either to the patient or to others if not properly disposed; and what these risks are
- Renewed understanding that duration of dosing and amount prescribed are related to risks
- Up-to-date understanding of the modern science of chronic pain and its management

**HOW CAN WE ENSURE PRESCRIBER
UNDERSTANDING OF PAIN
MANAGEMENT, BALANCING BOTH THE
CLEAR RISKS OF OPIOIDS AND THE
NEED FOR TREATMENT?**

