



Prescription Drug Abuse

Don Teater MD
Medical Advisor
National Safety Council

Medical Provider
Mountain Area Recovery Center
Asheville, NC

Medical Provider
Meridian Behavioral Health Services
Waynesville, NC

Masters student
UNC Gillings School of Global Public Health

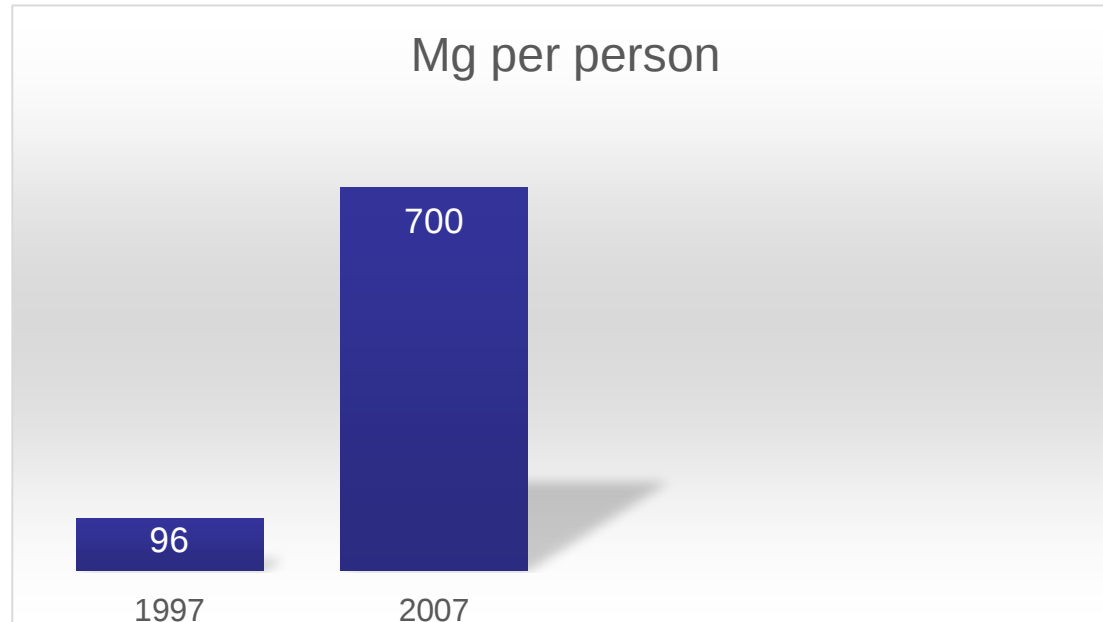
don.teater@nsc.org
828-734-6211



Opioid increase

Drug distribution through the pharmaceutical supply chain was the equivalent of 96 mg of morphine per person in 1997

and approximately 700 mg per person in 2007, an increase of >600%.





America – land of excess

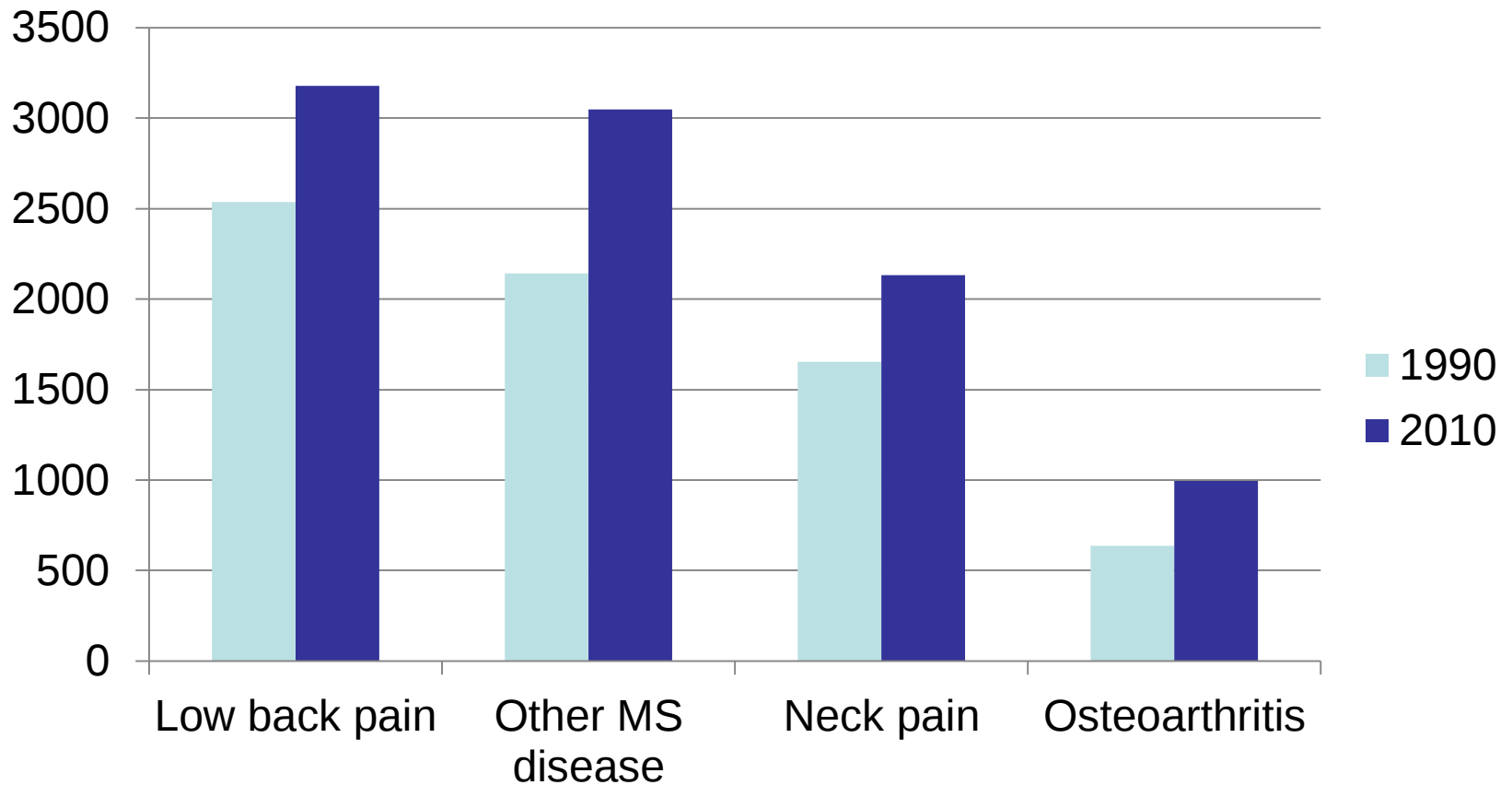
- Americans, constituting only 4.6% of the world's population, have been consuming 80% of the global opioid supply.
- 83% of the world's population does not have access to any opioids.

Therapeutic opioids: a ten-year perspective on the complexities and complications of the escalating use, abuse, and nonmedical use of opioids. [Pain Physician. 2008; 11\(2 Suppl\):S63-88](#)



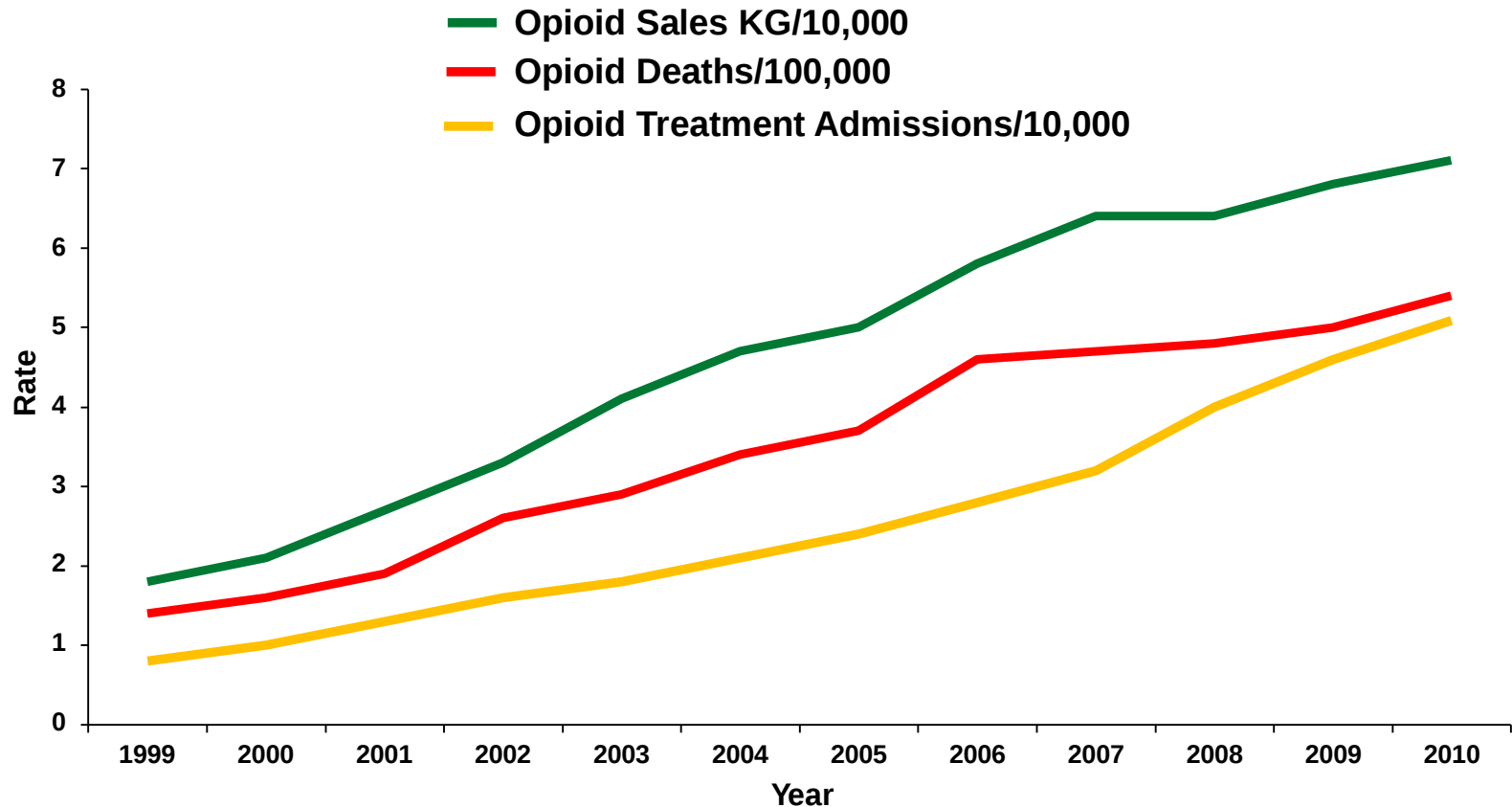
The State of US Health

Years lived with disability (in thousands)³

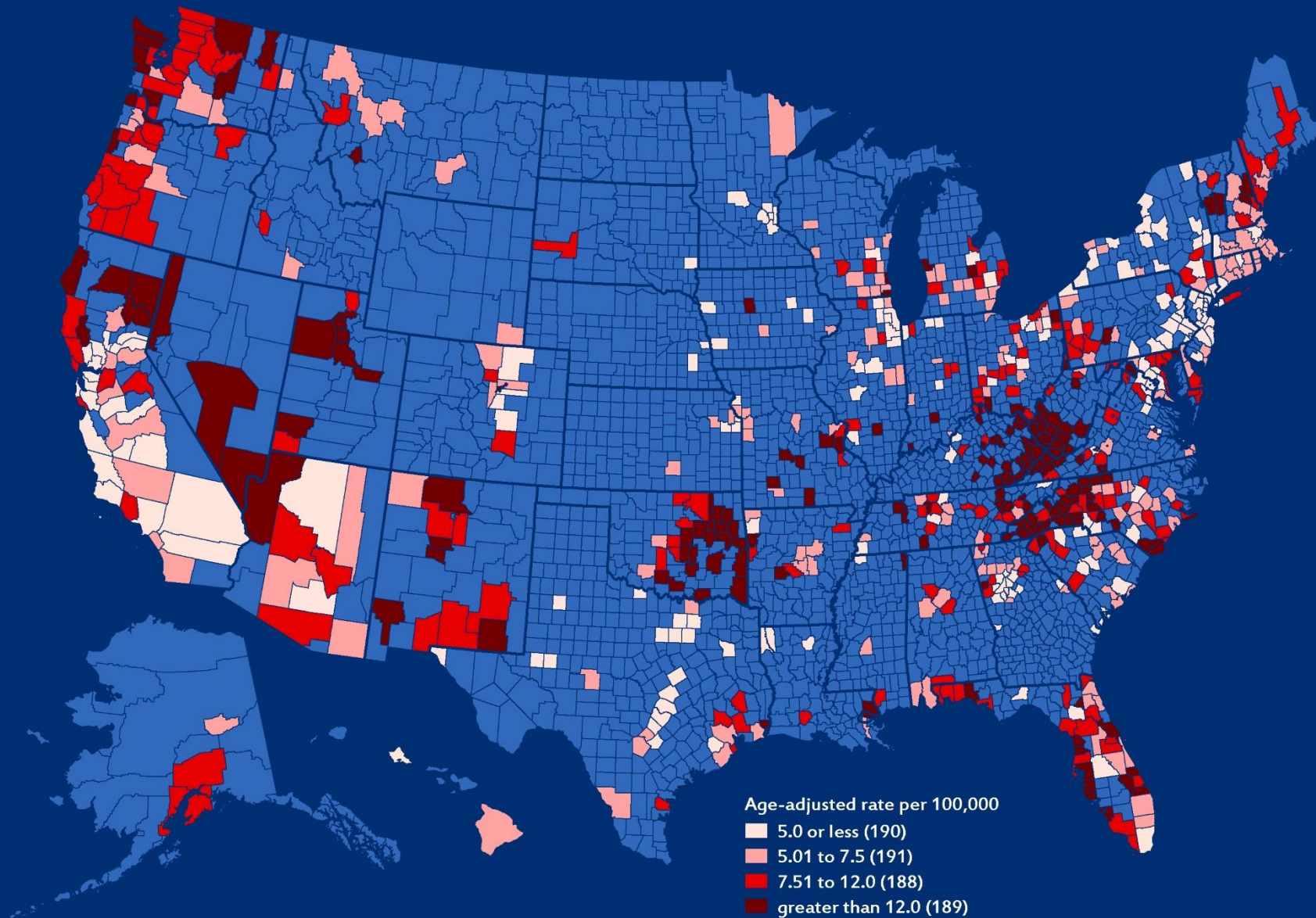




Rates of opioid overdose deaths, sales and treatment admissions, US, 1999-2010¹



DRUG POISONING DEATHS INVOLVING HEROIN AND OTHER OPIOID DRUGS, BY COUNTY, 2006-2010



Poppy plant







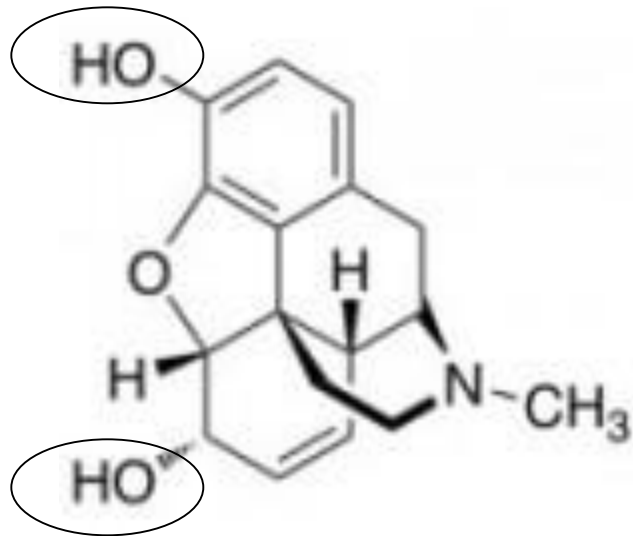
Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

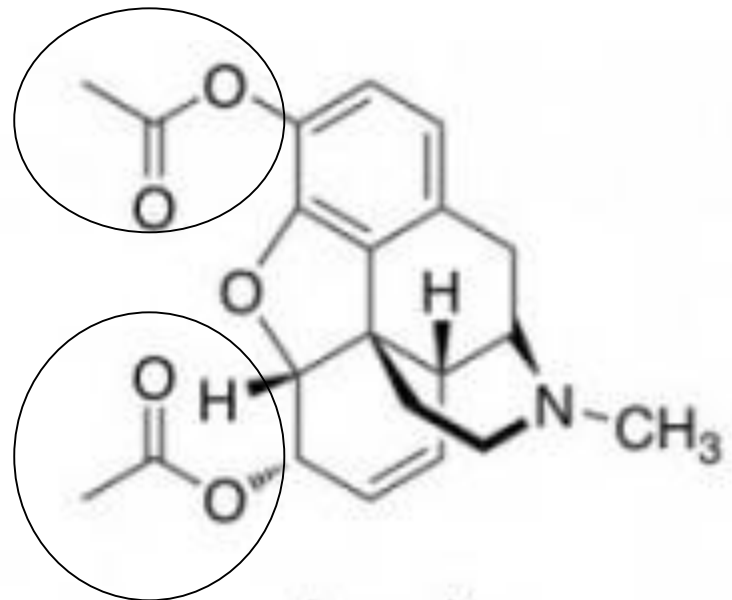
International Association for the Treatment of Pain



Morphine and heroin



morphine



heroin



Common Opioids

- Morphine
- Oxycodone
 - OxyContin
 - Percocet
- Hydrocodone
 - Vicodin
 - Zohydro
- Dilaudid (hydromorphone)
- Opana (oxymorphone)
- Fentanyl
- Methadone



Societal costs (annual)

\$55.7 billion (2007):

- \$25.6 billion (46%) was attributable to workplace costs.
 - May be up to \$11,000 per year for each drug using employee
- 24 cents per MME.
 - \$54 for a bottle of 30 Percocet (5 mg)

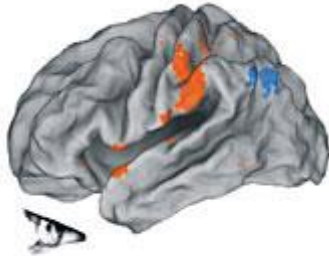


Pain

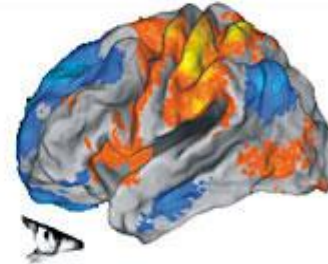
- **Acute pain:** Pain that lasts less than 3 months
 - Usually has an identifiable source and mechanism
- **Chronic pain:** Pain that lasts > 3 months
 - Source of pain is hard to identify
 - Very commonly the source is multifactorial.
 - Post injury
 - Mental health co-occurrence
 - Social issues
 - Substance use

Chronic pain “feels” different

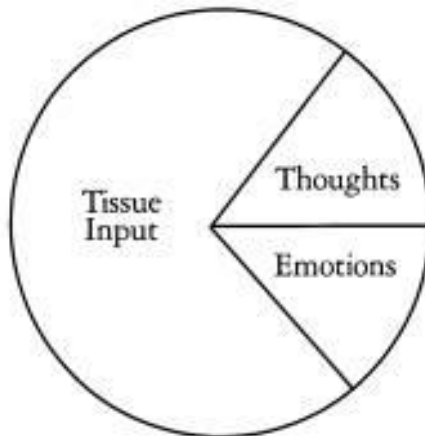
HEALTHY



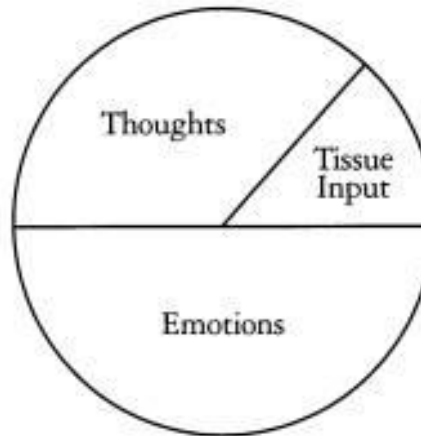
CHRONIC PAIN



ACUTE PAIN



CHRONIC PAIN



- Sensory – tissue input
- Affective – emotions
- Cognitive - thoughts

Peggy Compton RN, PhD, FAAN
Associate Dean and Professor
School of Nursing and Health Studies
Georgetown University
pcompton@georgetown.edu



Acute prescriptions

- Approximately 30% of ALL ER visits end with a prescription for a opioid.¹
- Approximately 60% of patients going to the ER with back pain will get an opioid prescription.²
 - Primary care doctors give opioids to about 35% of their patients presenting with back pain.
- Pain is the most common reason for people to go to the ER or to their primary care doctor.



The problem with opioids for acute pain

- Mentally impairing
- Delay recovery
- Increase medical costs
- Increase the risk of future surgery
- Opioid hyperalgesia
- Double the chance of disability
- Increase falls
- Cardiac
- GI
- Addiction (they initially treat depression and anxiety)
- Neurobiologic changes
- Increase all-cause mortality



One opioid prescription after an injury:

- Increases medical costs by 30%¹
- Increases the risk of surgery by 33%¹
- Doubles the risk of being disabled at one year²

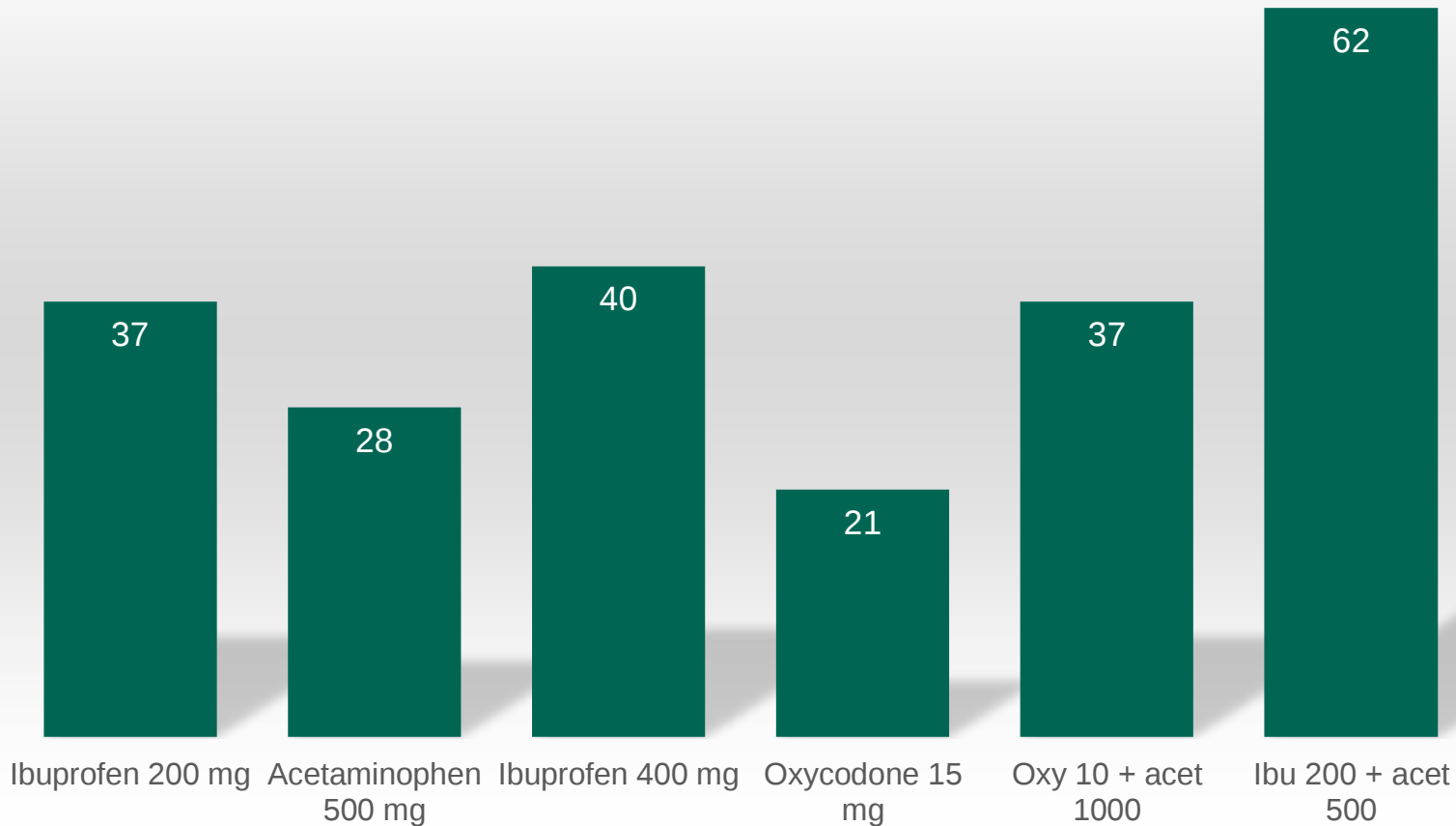
1. Webster BS, Verma SK, Gatchel RJ. Relationship between early opioid prescribing for acute occupational low back pain and disability duration, medical costs, subsequent surgery and late opioid use. Spine (Phila Pa 1976). 2007;32(19):2127-2132. doi:10.1097/BRS.0b013e318145a731.
2. Franklin GM, Stover BD, Turner J a, Fulton-Kehoe D, Wickizer TM. Early opioid prescription and subsequent disability among workers with back injuries: the Disability Risk Identification Study Cohort. Spine (Phila Pa 1976). 2008;33(2):199-204. doi:10.1097/BRS.0b013e318160455c.



Efficacy of pain mediations

Acute pain

Percent with 50% pain relief

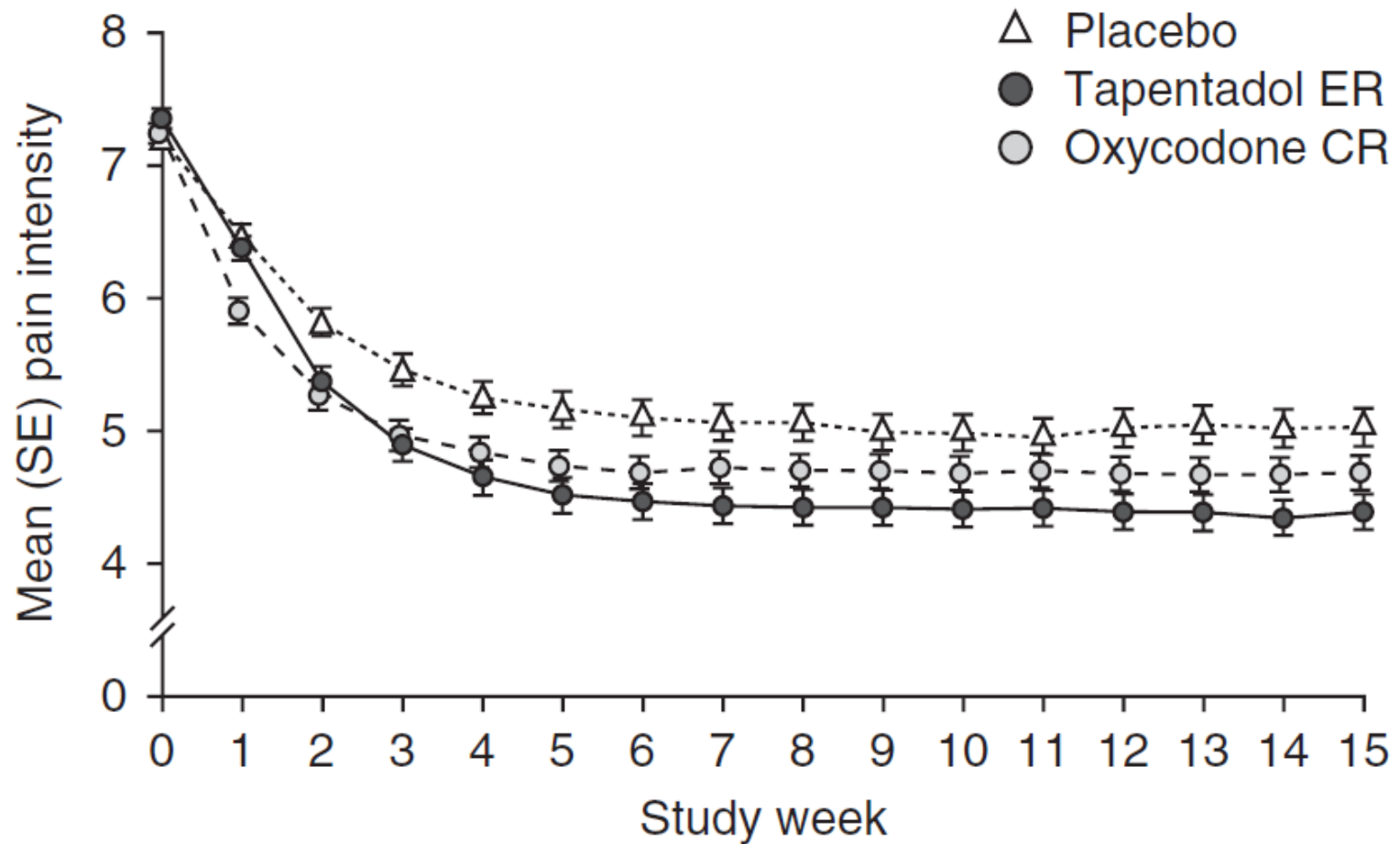




Chronic pain treatment

- Counseling – especially CBT and mindfulness
- Physical therapy
- Exercise
- Non-opioid medications
 - Antidepressants
 - Muscle relaxers
 - Gabapentin
 - Ibuprofen
 - Acetaminophen
- Opioids have not been shown to decrease pain if used beyond 3 months
 - They likely decrease the quality of life when used long term.

Tapentadol study





Treatment

(Addiction is a brain disease but is treatable)

- Abstinence based treatment
- Methadone
- Buprenorphine (Suboxone)
- Naltrexone (Vivitrol)



Review your Drug Free Workplace written policy

- Many samples available on the internet
 - U.S. Dept. of Labor website
- Make sure you identify safety-sensitive positions
- Identify policy for positive drug tests



Educate employees

- Safety talks, posters, flyers, etc to educate them on the dangers of opioid pain medications.
- Employees must also know the drug-free workplace policy
- They should know the ramifications of a positive test
 - This also gives you the opportunity to educate them on the dangers of prescription drugs



Supervisor training

- They must know the drug-free workplace policy
- They must know what should trigger “reasonable suspicion” testing



Reasonable suspicion

- Odd behavior
- Less punctual
- Increased absences
- Decrease work quality/effectiveness
- Reports from other employees
- Reports or witnessed behavior in the community



Drug testing

Keys:

- Know the drugs that are used in your area
 - Make sure you are testing for them!
- Work with your Medical Review Officer
- Test at the right times
 - Random, post-accident, return to work, while in treatment, reasonable suspicion



SAMHSA 5

- Testing conducted according to SAMHSA's guidelines checks for five illicit drugs plus, in some cases, alcohol (ethanol, ethyl alcohol, booze). These five illicit drugs are:
 - Amphetamines (Adderall, meth, speed, crank, ecstasy)
 - THC (cannabinoids, marijuana, hash)
 - Cocaine (coke, crack)
 - Opiates (heroin, codeine, morphine, hydrocodone)
 - Phencyclidine (PCP, angel dust)

From: The Dept of Labor website.

<http://www.dol.gov/elaws/asp/drugfree/drugs/dt.asp#q6>



Additional tests

- Oxycodone
- Methadone
- Benzodiazepines



Educate your doctors/providers

1. Opioids are no more effective than ibuprofen-type drugs for treatment of acute and chronic pain
2. Opioids have more side-effects
3. Opioids lead to worse outcomes and higher costs
4. Multidisciplinary approach may be needed
5. Return to work ASAP



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CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



Employee Assistance Programs (EAPs)

- Make sure you have a decent EAP provider.
- If they don't do assessment and or treatment of substance abuse, make sure they have access to someone who does.
- **Opioid abuse/dependence is a special creature and needs special treatment
- Addiction is a DISEASE!!! It is treatable.



Takeaways

- These are brain medications more than they are pain medications.
 - They do have a role but it is limited.
- Medical and dental providers: We should be prescribing much less of these.
- For medications that that only minimally improve pain, they have a tremendous impact on increasing health and business costs.
- Changes to workplace policies can prevent addiction, improve safety, and save money
- Addiction is a disease and is treatable!



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