

Control of Chronic Pain: The arguments for and against the use of opioid analgesia November 16, 2018

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Disclosures

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Points in Favor of Opiate Use for Non-Cancer-related Chronic Pain

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Objectives

- Review the scope of the opioid epidemic in the U.S. and particularly in Indiana
- Recognize factors contributing to the epidemic
- Discuss complications associated with IVDU
- Consider your role in addressing the epidemic
- Turn the podium over to Dr. Mackie for introduction of alternative approaches to pain control



Rocketing Use of Opioids

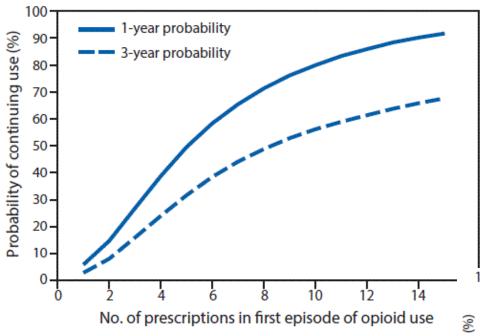
- Nearly 2 million abuse or are dependent on prescription opioids
- > 500,000 abuse or are dependent on heroin
- Dramatic increase in opioid-related deaths:
 - 63,000 deaths from opiates in 2017
 - More than died in the Viet Nam war
 - 1,700 deaths from overdose in Indiana in 2017

HIGH Risks of chronic opioid use Likelihood of a patient being on opiate 1 year after first exposure...

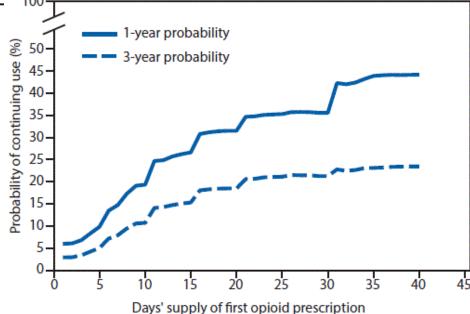
6.0% 1-year risk with 1 day of opioid therapy

13.5% for ≥8 days therapy

29.9% ≥31 days (about 7% of those studied)



One- and 3-year probabilities of continued opioid use among opioidnaïve patients



MMWR Report 2017

CDC/FDA study on heroin abuse

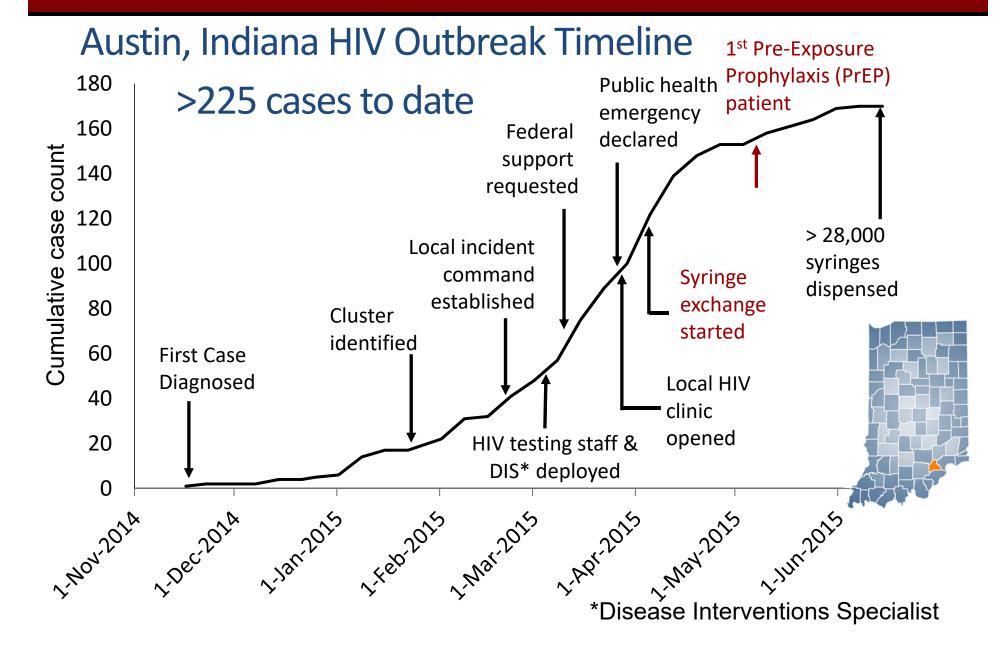
- No longer a disease of the poor man
- Rising rapidly in women, privately insured, and those of higher income
- Annual overdose death trends parallel the increased use of opioids
 - 259 million prescriptions a year in 2013
 - enough for each American adult
 - Gateway to cheaper, more accessible heroin and powerful synthetic opiates (fentanyl derivatives)

Austin, Indiana - 2014

- Population: 4,163
 - 97% white
- Median Family Income: \$33,267



- 20% of population living below poverty line
- 9% unemployment
- Primary Care Providers: 2



The Outbreak

- Multiple new cases of HIV in Austin area in 2015
- Cases linked to injection drug use:
 Opana (oxymorphone) most common
- > 225 cases to date, through end of 2017
- Demographics from 2015
 - 100% non-Hispanic white
 - 92% co-infected with Hepatitis C
 - Median age 32 years, range 18-56
 - Male 55%

HIV Outbreak

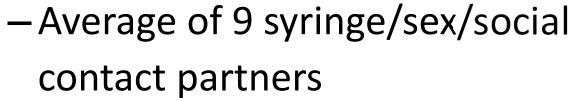
- Almost exclusively related to IDU
 - Primarily oxymorphone
 - Rare reports methamphetamine, heroin
- Crushed and cooked
 - -40mg tablets (ER)
 - Fixed, short high





Injection Drug Use, Scott Co.

- Estimated >500 syringe-sharing partners
- Injection Practices
 - Multigenerational
 - 2-20 injections per day



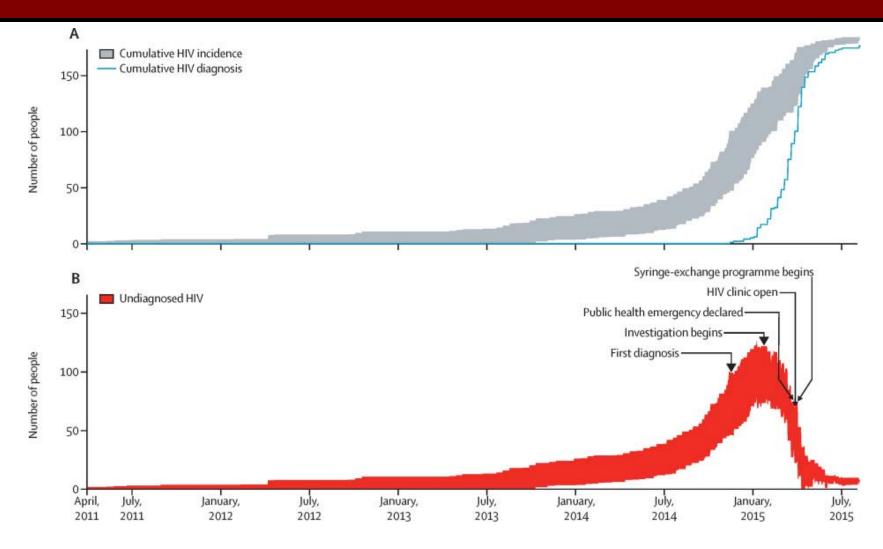
Often shared equipment



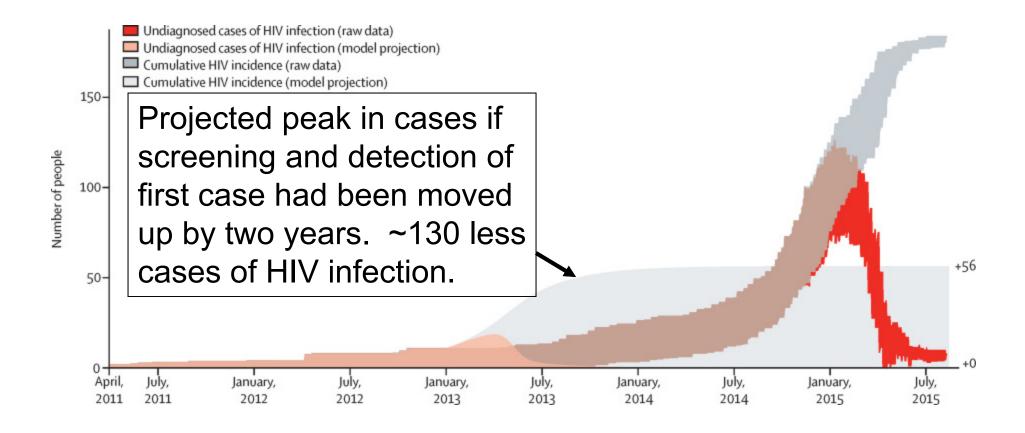


Indiana HIV Outbreak Summary

- Cases all infected with the same strain of HIV
- Clear linkage to needle-sharing
- Rapid education for local healthcare providers
 - Recognizing the scope of drug abuse in rural area
 - Screening and treatment for blood-borne viruses
 - Prevention of HIV/Hep C transmission with identification and treatment of underlying substance abuse



Dynamics of the HIV outbreak and response in Scott County, IN, USA, 2011–15: a modelling study. Gonsalves, et al. Lancet HIV, 2018. 5(10): e569-577



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SCHOOL OF MEDICINE ID and OUD - March '18

Common OUD associated infections:

- Infective Endocarditis: IVDU increased >10x in North Carolina from 2010-15
- Hepatitis B / C Virus: large increase nationally
- HIV: Areas impacted by the opioid epidemic
 - Massachusetts had a 14 percent increase in 2017
 - Ohio
 - Northern Kentucky
 - Indiana and other states



Impact of Needle Exchange

Summary, Dasgupta et al. CROI 2018, #967:

- High-risk injection practices among IVDU decreased dramatically after an HIV outbreak and establishment of an SSP*
- Use of the SSP was high, almost all selfreported HIV-positive persons used SSP, minimizing HIV transmission risk
- The SSP played a key role in decreasing behaviors associated with HIV transmission



Questions?



References

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- Dasgupta, et al. Reported Drug Injection Behaviors Before and After an HIV Outbreak—
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Increasing Naloxone Awareness and Use The Role of Health Care Practitioners

Jerome M. Adams, MD, MPH, VADM US Public Health Service. The Office of the Surgeon General has released a public health advisory for the first time in more than a decade in response to the alarming escalation of opioid overdose deaths across the country. Despite evidence of the effectiveness of naloxone in reducing opioid overdose deaths, awareness of the drug's benefits and its possession and use among patients, prescribers, community bystanders, and even first responders in some areas remains limited. To fill this gap and to leverage naloxone provided in the community to deal with the ongoing national opioid emergency, the April 5, 2018, Surgeon General's Advisory on Naloxone and Opioid Overdose¹ explains the importance of knowing how to use and keeping within reach this potentially life-saving medication.

Community opioid overdose prevention programs that include naloxone distribution can reduce overdose rates and increase bystander knowledge of overdose prevention, risk, and recognition. Provision of naloxone via community-based take-home naloxone programs—which train people using opioids and their family members or companions to recognize and respond to opioid overdose—is associated with survival from an overdose. An important caveat to these findings, however, is that programs and policies aimed at increasing naloxone availability must be coupled with expanded treatment for opioid use disorder to achieve a sustained reduction of overdose deaths.

Recognizing the established clinical benefits of naloxone, the Substance Abuse and Mental Health Ser-

Corresponding Author: Jerome M. Adams, MD, MPH, VADM, Indiana State Department of Health, 2 N Meridian St, Section 3A, Indianapolis, IN 46204 (Jerome Adams@hhs.gov). vised kits that in izer device to er injectable naloxo Administration administration, d require the user t materials and adi an emergency. Together, clinicians must increase the awareness, possession, and use of naloxone among at-risk populations and broader communities.