FMA Opioid Summit

Celeste Philip, MD, MPH
State Surgeon General and Secretary
Florida Department of Health
For the past few decades, medical students and residents have been trained to assess pain as the fifth vital sign.

Potential consequences of opioid addiction, for some patients after only a few days, was not known.

When used appropriately, prescription opioids can provide pain relief to patients; however are sometimes prescribed in excessive quantities.
Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids. Florida Department of Law Enforcement. (2013). Medical Examiners Commission Report on Drugs Identified in Deceased Persons.

In 2015, there were more than 33,000 deaths nationwide and nearly 3,900 deaths in Florida attributed to opioid overdoses. Centers for Disease Control and Prevention. (2015). 2010-2015 Average Death Rates for Opioid Drug Overdose by State.

The Florida Medical Examiners Commission interim report shows that in 2015, 9 deaths each day were attributed to an opioid. Florida Department of Law Enforcement. (2015) Medical Examiners Commission Report on Drugs Identified in Deceased Persons.

In 2015, a total of 2,487 newborns in Florida were born with neonatal abstinence syndrome, or NAS. http://www.news-press.com/story/news/investigations/2016/07/16/born-high-florida-battles-rising-cases-addicted-newborns/87025868/
Families and loved ones of individuals addicted to opioids already know the devastation of opioid abuse, but the societal strains extend to the entire community.

For every death associated with opioids, there are:

- 10 treatment admissions for abuse;
- 32 emergency department visits for misuse or abuse;
- 130 people who abuse or are dependent;
- and 825 nonmedical users of prescription drugs.

In 2011, after CDC analyzed rates of fatal opioid pain reliever (OPR) overdoses, nonmedical use, sales and treatment admissions, they concluded that “death from OPR is an epidemic in the United States.”

In December 2016, CDC issued opioid prescription guidelines for primary care physicians to assist with judicious prescribing.

Recently, CDC launched the “Rx Awareness” campaign - which seeks to make the epidemic personal featuring real-life accounts of people recovering from opioid use disorder and people who have lost loved ones to prescription opioid overdose.

Community Workshops

Held by Department of Children and Families (DCF), Department of Health (DOH), and Florida Department of Law Enforcement (FDLE)

Took place in counties with highest opioid-related deaths
  • Palm Beach, Manatee, Orange, and Duval
  • Gained valuable feedback from local leaders and community members

Gov. Scott signed Executive Order directing action by each agency

State Surgeon General declared a public health emergency and issued a standing order for naloxone for emergency responders
Per Governor Scott’s Executive Order, DCF administers $27 million in federal grant funds for treatment services in Florida. DCF also allocated $375,000 to FDLE for Naloxone and is working to ensure that recently purchased Naloxone is distributed to drug treatment providers, health centers and other community agencies.

FDLE is working with DCF to ensure that local law enforcement agencies have access to Naloxone.
Statewide Drug Policy Advisory Council (DPAC)

- Created by the Florida Legislature in 1999
- Made up of 9 policy leaders from applicable state agencies as well as 7 members of the public with expertise in the field
- Tasked with comprehensively analyzing the problems of substance abuse in the state and making recommendations to the Governor and Legislature for the implementation of a state drug control strategy
The Council has recommended several effective responses to the opioid epidemic including:

- improving prescribing practices
- increasing public awareness
- expanding the use of naloxone
- improving care coordination
- expanding access to and the use of medication-assisted treatment
- implementing school and family-based prevention programs.

Many of these evidence-based recommendations were incorporated into DCF’s successful application for federal funding and other state policy decisions.
Prescription Drug Monitoring Program (PDMP)

- National best practice for supporting sound clinical prescribing, dispensing and use of controlled substances
- Provides prescription history to health care practitioners to guide decisions in prescribing and dispensing
- HB 557 (2017) requires dispenser to upload controlled substance dispensing information into PDMP by close of business the day following dispensing; expands access to the PDMP to employees of the Department of Veterans Affairs
• More than **200 million** controlled substance dispensing records maintained in the system

• More than **27 million requests** from physicians and dispensers to view patients’ controlled substance dispensing history

• Increased dispenser reporting and prescriber use of PDMP leading to reduced morphine milligram equivalent dosing prescribing and fewer individuals having multiple provider episodes
DOH Initiatives—HB 249

HB 249 (2017) improves collection and availability of data on overdoses

DOH modifying data reporting in order to be more efficient and nimble in state’s response

Once fully implemented, data collected through Emergency Medical Services Tracking and Reporting System (EMSTARS) will be made available within 120 hours to:

- Law enforcement
- Public health officials
- EMS
- Fire rescue
Working with Council of Medical School Deans to assess and update medical student education on pain and addiction.

Multi-board Workgroup: Members from the Boards of Medicine, Osteopathic Medicine, Dentistry, Pharmacy and Nursing have been meeting to discuss proactive steps we can take as clinicians to protect our patients.

More than 22 county health departments participate in local community taskforces that are addressing this crisis on the ground.
Physician Role

Stay up-to-date on latest trends, findings, and guidelines and adjust prescribing practices as appropriate

Help educate patients on appropriate use and responsible disposal of unused prescriptions

Local advocacy: within practices, amongst peers and students/residents, county task force or other groups

Increase physician participation in prescriber usage of PDMP
  • Current physician usage is less than 30%
Current opioid epidemic has no one cause and no one solution

Solutions require participation and collaboration across sectors
THANK YOU
FMA Opioid Summit

The toll of substance use disorders in Florida

Gary M. Reisfield, M.D.
Division of Addiction Medicine
Departments of Psychiatry and Anesthesiology
University of Florida College of Medicine
Gainesville, Fla.
Once upon a time ....
TOURISTS!!
THANK GOD!
MAY I SUGGEST
RESTAURANTS,
HOTELS,
DESTINATIONS?

WE'RE JUST HERE TO BUY SOME PAIN PILLS.
Top 10 reasons why your pain clinic may be a “pill mill”
Number 9
Number 6
This document accompany this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The unauthorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after it’s stated need has been fulfilled. If you are not the intended recipient, you are legally notified that any disclosure, copying, distribution, or action taken in reliance on contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange the return or destruction of these documents.

Patient Name: [Redacted]  DOB: [Redacted]

Rx #1
Labetalol 100mg
Sig: 1 tablet po TID
Quantity: 90

Rx #2
Nexium 20mg
Sig: 1 tablet po TID
Quantity: 90

Rx #3
Senna 120mg
Sig: 1 tablet po TID
Quantity: 90

Rx #4
Drug: [Redacted]
Sig: [Redacted]

Rx #5
Drug: [Redacted]
Sig: [Redacted]

Comments or additional Rx’s: [Redacted]
Number 3
Number 2
Number 1

Pain Clinic Arrest

WARREN GOLD  RAJAN RAJ  JOHN QUICK
Distribution of oxycodone to physicians and number of physicians receiving oxycodone, Florida, 1999-2015

Hydrocodone-caused deaths, Florida, 2007-2016

Methadone-caused deaths, Florida, 2007-2016

Oxycodone-caused deaths, Florida, 2007-2016

Heroin-caused deaths, Florida, 2007-2016

Morphine-caused deaths, Florida, 2007-2016

Fentanyl-caused deaths, Florida, 2007-2016

Heroin, morphine, and fentanyl-caused deaths, Florida, 2007-2016

Major opioid-caused deaths, Florida, 2007-2016

Opioid-caused deaths, Florida, Jan-Jun 2016

Medical Examiners Commission Interim Drug Report 2016
Heroin/morphine/fentanyl deaths, Florida, Jan-Jun, 2014-2016

Medical Examiners Commission Interim Drug Report 2016
Alcohol-caused deaths, Florida, 2007-2016

Alprazolam-caused deaths, Florida, 2007-2016

Cocaine-caused deaths, Florida, 2007-2016

Major drug-caused deaths, Florida, 2007-2016

Heroin
Morphine
Fentanyl
Oxycodone
Hydrocodone
Methadone
Alprazolam
Alcohol
Cocaine

Drug-caused deaths, Florida, Jan-June 2016

2016 Medical Examiners Commission Interim Drug Report
Quinellas and trifectas of death

In 2015, there were 22,598 prescription painkiller deaths.

For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users
AMERICAN PAIN

HOW A YOUNG FELON AND HIS RING OF DOCTORS UNLEASHED AMERICA'S DEADLIEST DRUG EPIDEMIC

JOHN TEMPLE
Florida Fun Facts

In 2010:

98/100 top oxycodone-dispensing physicians in U.S. "practiced" in Florida

By far, more oxycodone was dispensed in Florida than in the remaining 49 states combined.
Frequency of Occurrence of Fentanyl Analogs
January – June 2016

- Acetyl Fentanyl: 57.4%
- Butyryl Fentanyl: 4.6%
- Despropionyl Fentanyl (4-ANPP): 17.3%
- Fluoroisobutyryl Fentanyl: 0.5%
- Furanyl Fentanyl: 16.8%
- Parfluorobutyryl Fentanyl: 1.0%
- Carfentanil: 2.5%

Note: Some of the deaths had occurrences of multiple fentanyl analogs. Percentages may not sum to 100 percent because of rounding.

2016 Medical Examiners Commission Interim Drug Report
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Drug overdose deaths per 100,000 population, 2015 and 2016

CDC. National Center for Health Statistics. National Vital Statistics System
Oxymorphone-caused deaths, Florida, 2007-2016

Hydrocodone
Oxymorphone-caused deaths, Florida, 2007-2016

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Major drug-caused deaths, Florida, 2007-2016

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FMA Opioid Summit: United for a Solution

Ashley Norse, MD, FACEP
Associate Professor of Emergency Medicine
University of Florida COM Jacksonville

October 6, 2017
Tampa, Florida
The Landscape: Emergency Medicine

• 24/7, 365 coverage

• Number of ED’s: approximately 4000

• Number of ED visits annually: 141.4 million

• Number of injury-related ED visits annually: 40.2 million

• Drug overdose is number one cause of accidental death in the US (more than traffic accidents)
Opiates

• The total number of drug-related emergency visits nearly doubled from 2004 to 2010.
  • about half of those visits — or 2.3 million — involved misuse or abuse of prescription drugs.

• Opioids killed more than 33,000 people in 2015
  • first wave of deaths: prescription opioids
  • second wave (beginning around) 2010: heroin
  • third wave (beginning around 2013): synthetic opioids
    • particularly illicitly manufactured fentanyl (IMF)
    • IMF is now being used in combination with heroin, counterfeit pills, and cocaine

• In Florida, 8 to 10 people die every day from opioid overdose
ED Pain Management?

- Pain is the most common reason for seeking health care and as a presenting complaint accounts for up to 78% of ED visits
  - 50% + of EMS runs

- Chronic pain alone affects more Americans than diabetes, cancer, and heart disease combined

- No objective test for pain

- Pain is often undertreated especially in children, women, African-Americans, and Hispanics

- Only half of EMS patients experience pain relief prior to ED arrival
What Are We Doing?

• Finding new ways to treat pain:
  • Regional blocks
  • New uses for old drugs - Ketamine
  • Alternative therapies
  • Growth of pain specialist and procedures

• Regional approaches to pain management

• Research
Pain Assessment and Management Initiative (PAMI): A Patient Safety Project
http://pami.emergency.med.jax.ufl.edu/

- Free access, online pediatric and adult pain management and sedation resources
- Began in 2014 with funding from Florida Medical Malpractice Joint Underwriting Association and University of Florida COM- Jacksonville, Dept. of Emergency Medicine
- Principal Investigators: Phyllis Hendry, MD, FAAP, FACEP and Sophia Sheikh, MD, FACEP
- Multidisciplinary program promoting safe alternatives to opioids, supplemental nonpharmacologic methods, safe dosing and discharge planning, education & research
- 7 online learning modules providing 14 hours of free pain management CME/CEUs

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PAMI Resources and Toolkits
http://pami.emergency.med.jax.ufl.edu/

• PAMI Pain Management and Dosing Guide
  - Pediatric and adult dosages (oral, IV, nasal, topical), PAMI Stepwise Approach, Discharge tips, nerve blocks

• Nonpharmacologic, Child Life and Distraction Toolkit and course materials

• Discharge Planning Toolkit for Pain
  - Risk algorithm, instructions, patient videos

• Resources adaptable for individual institutions to use for clinical care or teaching

• Email: emresearch@jax.ufl.edu

• Stakeholders include FCEP, FHA and other state or national pain, EMS, and pediatric related organizations
New PAMI Patient Education and Discharge Planning Videos: Postcard or Poster

PAMI
Pain Assessment and Management Initiative

For more information or materials, please email us at emresearch@jax.ufl.edu or visit http://pami.emergency.med.jax.ufl.edu/

Additional Therapies to Help Manage Pain

Preventing & Relieving Back Pain

Pain Medication Safety

Ways to Manage Chronic Pain

Watch these tips on how to help manage your pain.
Scan the code with your phone or visit https://goo.gl/2TS5yO to view the videos and access additional tips.
Free on WiFi

Download a Free App from your App store to scan QR Codes. Videos will stay in your history to also watch at home!

SCAN FOR ADDITIONAL PATIENT EDUCATION
Opioid-Treatment Strategies to Reduce Harms

- Find new ways to treat pain
- Prevent new addictions: control supply through rational, evidence based, opioid prescribing guidelines for acute and chronic pain
- Educate the public on the dangers of opioids and provide realistic expectations of pain control
- Harm Reduction strategies (keeping patients safe until they are ready for recovery)
  - Naloxone (Narcan): work to keep costs contained and reasonable (approx. $60-90 dollars for a pack of 2 nasal sprays)
  - Giving patients at risk for overdose a prescription for Narcan has been shown to decrease overdose mortality
- Linking to treatment in the community
  - Medication Assisted Therapy (MAT)
Emergency Medicine

• Emergency physicians see first-hand the devastating consequences of drug misuse and abuse.

• According to a 2015 American Journal of Preventive Medicine study, the largest percentage drop in opioid-prescribing rates between 2007 and 2012 occurred in emergency medicine (-8.9%)