

The Opiate / Opioid Epidemic

...what a pain in the ED!



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March 15th, 2016



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Am. J. Ph.]

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[December, 1901

BAYER Pharmaceutical Products

HEROIN—HYDROCHLORIDE

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

The Cheapest Specific for the Relief of Coughs

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NEJM: Addiction is Rare

Vol. 302 No. 2

CORRESPONDENCE

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug
Surveillance Program

Waltham, MA 02154

Boston University Medical Center

1. Jick H, Mietinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. *JAMA*. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. *J Clin Pharmacol*. 1978; 18:180-8.

The Pain Mandates



- Mandates pain scores in 2001



- Recommends fines for physicians and hospitals not treating pain

Each tablet contains:
 Oxycodone Hydrochloride, USP 5 mg*
 Acetaminophen, USP 325 mg

*5 mg oxycodone HCl is equivalent to 4.4815 mg of oxycodone.

Usual Dosage: See package insert for complete prescribing information.

Dispense in a tight, light-resistant container as defined in the USP, with a child-resistant closure (as required).

Store at 20° to 25°C (68° to 77°F). [see USP Controlled Room Temperature]

DEA ORDER FORM REQUIRED.

Manufactured for:
Endo Pharmaceuticals Inc.
 Chadds Ford, PA 19317

By: Novartis, Lincoln, NE 68501

NDC 63481-623-70 100 tablets
 NSN 6505-01-082-5509

Percocet
 (oxycodone and acetaminophen tablets, USP)

712241

5 mg/325 mg

Multiple strengths: Do not dispense unless strength is stated.

R_x only

ENDO
 PHARMACEUTICALS

E

Lot:
 EXP:

3 63481-623-70 1



S/N 123456789012
 LOT NO VARNISH
 EXP LOT/EXP

Usual Dosage: Read accompanying prescribing literature.
Swallow tablets whole. Do not cut, break, chew, crush, or dissolve.

Attention Dispenser: Accompanying Medication Guide must be provided to the patient upon dispensing.

NDC 59011-460-10

OxyContin **II**
 (oxycodone hydrochloride extended-release tablets)

60 mg

for use in opioid-tolerant patients only

100 Tablets R_x Only

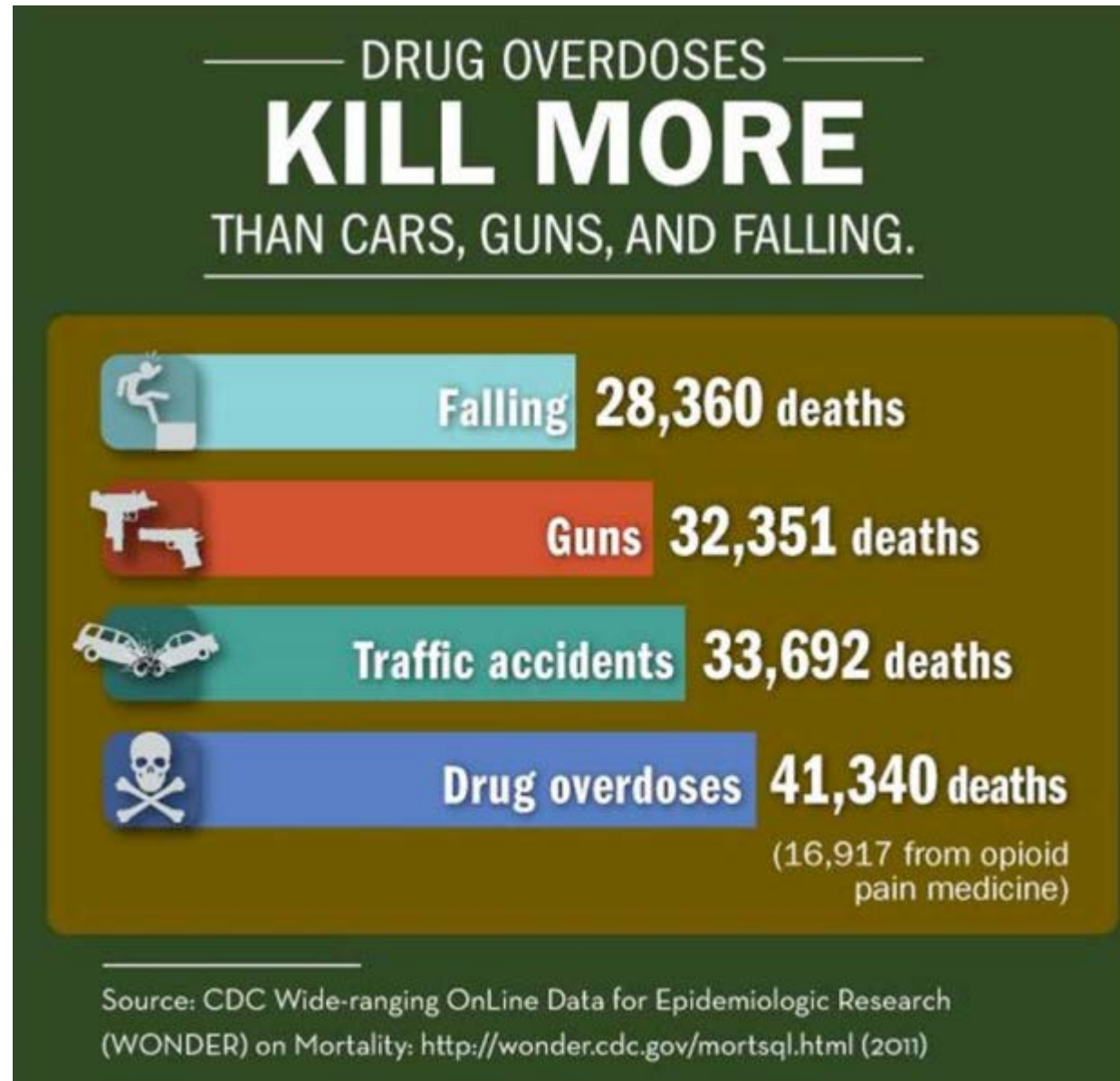
Dispense in a tight, light-resistant container.
 Store at 25°C (77°F); excursions permitted between 15°–30°C (59°–86°F).
 U.S. Patent Nos. 6,488,963; 7,129,248; 7,674,799; 7,674,800; 7,683,072; 7,776,314; 8,114,383; 8,309,080; and 8,337,888.

Purdue Pharma L.P.
 Stamford, CT 06901-3431
 xxxxxx-xx

3 59011-460-10 6

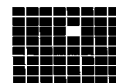


The Scope of The Problem



NJACEP Pain Management Objectives

- Hospitals should adopt a pain management guideline
- Education
 - Physicians
 - Public
- Validate Treatment
 - Access the NJ RX
 - Who monitors the data
 - Decreased state to state variability
 - Create a linked EMR
 - Photo Identification
- Available resources to assist physicians
 - Hot Line, 211
- Follow up care / access
 - Regional pain clinics statewide
 - Custom care plans for patients
- Disposal of medication
 - “Drop Box”
- Outcome Data
 - Monitor the impact
 - Partner with Private insurers, Medicare, Medicaid, Pharma, DEA
 - Demonstration Project



NEW JERSEY CHAPTER
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EMERGENCY PHYSICIANS

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Emergency Department Chronic Pain Policy

- NJ PMP Database reviewed
- EMR reviewed
- Welcome letter
- Care Plan
- Letter mailed to patient and to the primary provider
- Updating care plans and staff
- Continuous monitoring and uniform approach



Overdose Prevention Act

Overdose Prevention Campaign

We are
the Drug
Policy
Alliance.

The Overdose Prevention Act

On May 2, 2013, Governor Christie signed the *Overdose Prevention Act* into law. Below is a brief summary of the new law, as well as a sample of reasons why its passage was a responsible and necessary public health intervention.

Why do we need overdose prevention legislation in New Jersey?

Drug overdose is a major public health problem and the leading cause of accidental death both in New Jersey and nationally. Almost 6,000 people in our state have died from drug overdoses since 2004 and more than 700 died in 2009 alone. State action is necessary in order to meaningfully address these tragic numbers.

What does the *Overdose Prevention Act* do?

The law offers protection for those who experience or witness a drug overdose and seek medical attention from arrest, charge, prosecution and conviction for obtaining, possessing, using, being under the influence of, and failing to make lawful disposition of drugs; using or possessing drug paraphernalia; and revocation of parole and probation based on these charges. Legal protection does not extend to outstanding warrants, drug sales and other non-drug related crimes.

In addition, the statute encourages expanded access to naloxone, a medication that blocks the effects of opioid drugs such as heroin, oxycodone and methadone and rapidly reverses the respiratory depression that results from an overdose. Because naloxone is only available by prescription it is not widely accessible to those in a position to immediately render assistance in an overdose situation, such as peers and family members. The *Overdose Prevention Act* provides explicit civil and criminal protection to medical professionals and laypeople who prescribe and administer naloxone in an overdose situation.

How will the *Overdose Prevention Act* save lives in New Jersey?

The legal protections contained in the *Act* are designed to encourage overdose victims and witnesses to seek medical assistance in the event of an overdose emergency, as well as facilitate access to naloxone among those best in a position to save a life.

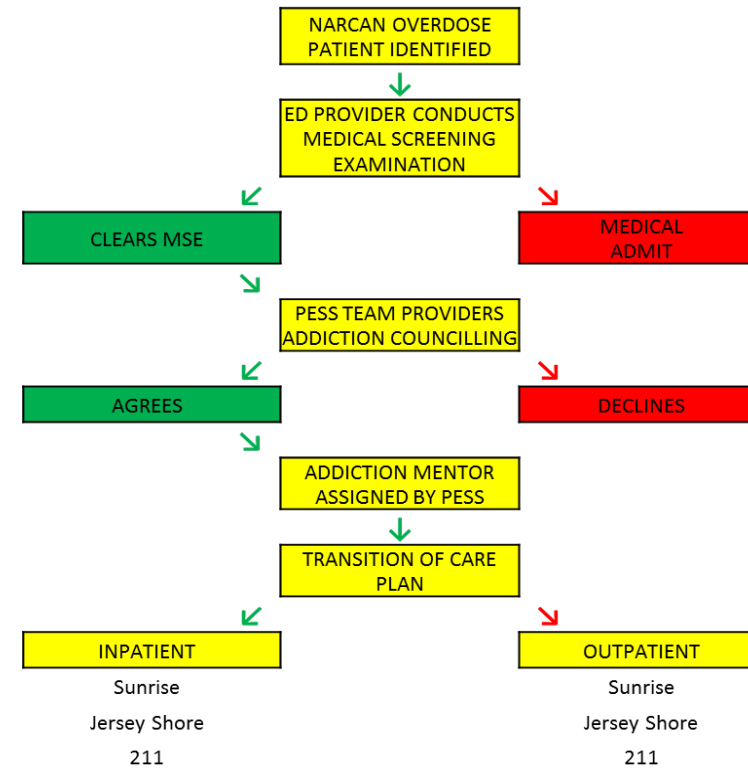
Although the effects of a drug overdose are reversible with prompt medical attention, studies show that help is rarely sought in these situations. By guaranteeing limited legal protection from arrest and prosecution, the law eliminates fear as a major barrier to help-seeking.

Furthermore, placing naloxone in the hands of at-risk individuals, as well as their friends and family members, will better ensure that those in an immediate position to help an overdose victim are able to effectively do so.

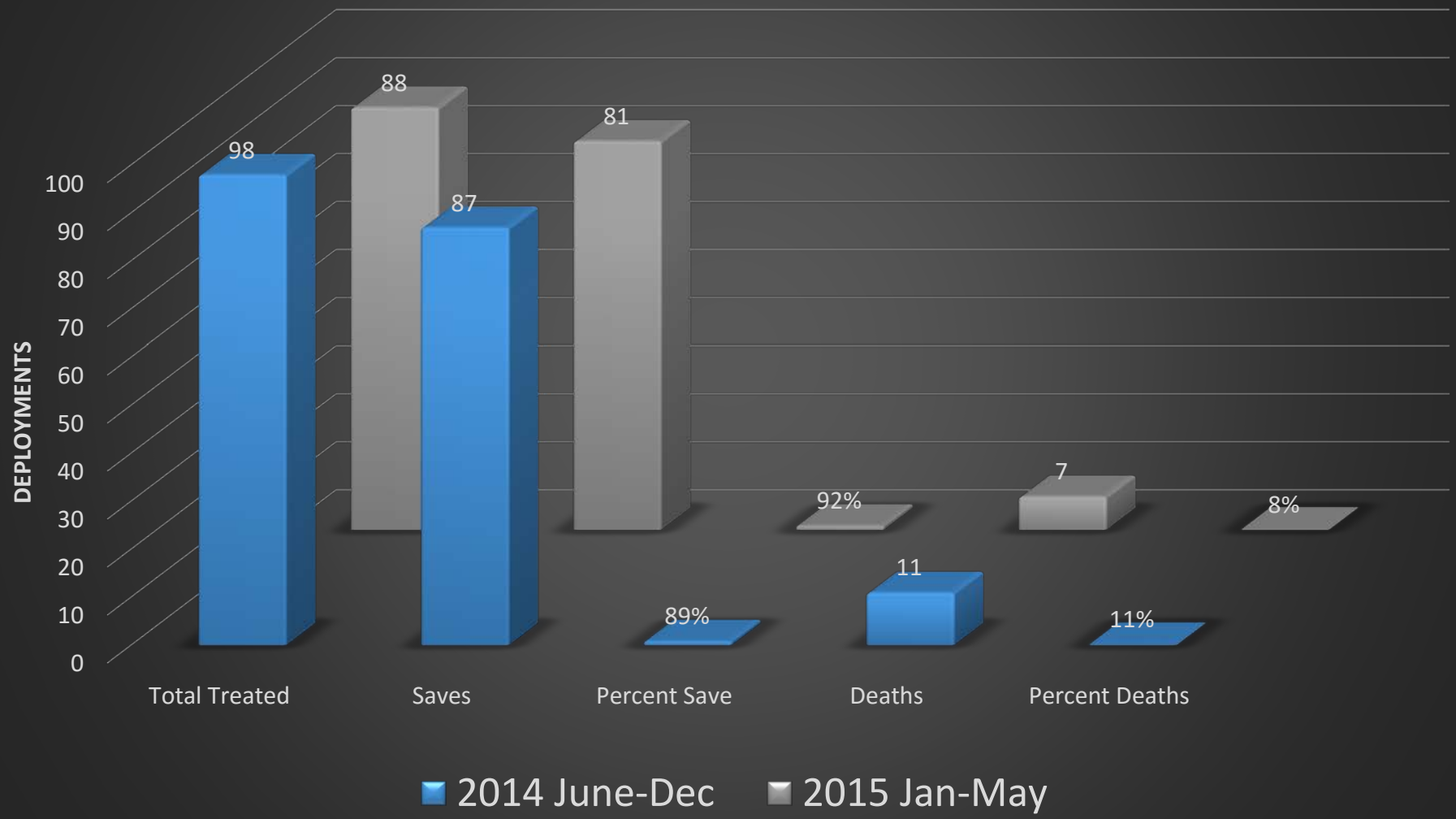
When does the law take effect?

The start date of the *Overdose Prevention Act* is two part: the Good Samaritan protections for victims and witnesses of drug overdoses became effectively immediately after the Governor signed the bill. The civil and criminal protections for prescribers and administrators of naloxone becomes effective on July 1, 2013, in order to give the health department sufficient time to prepare for implementation.

NARCAN ONE: THE REVERSAL PROGRAM



Monmouth County Naloxone Deployments

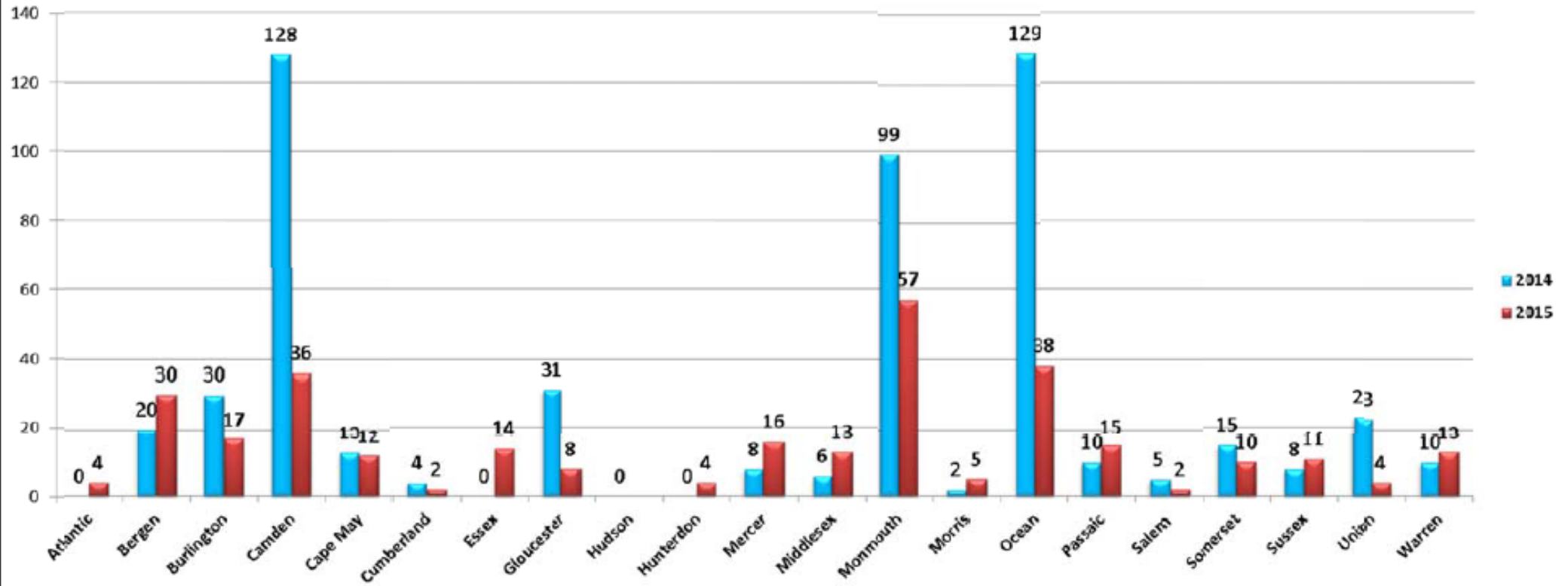




Statewide Naloxone Deployments



2014 & 2015 Law Enforcement Naloxone Deployments

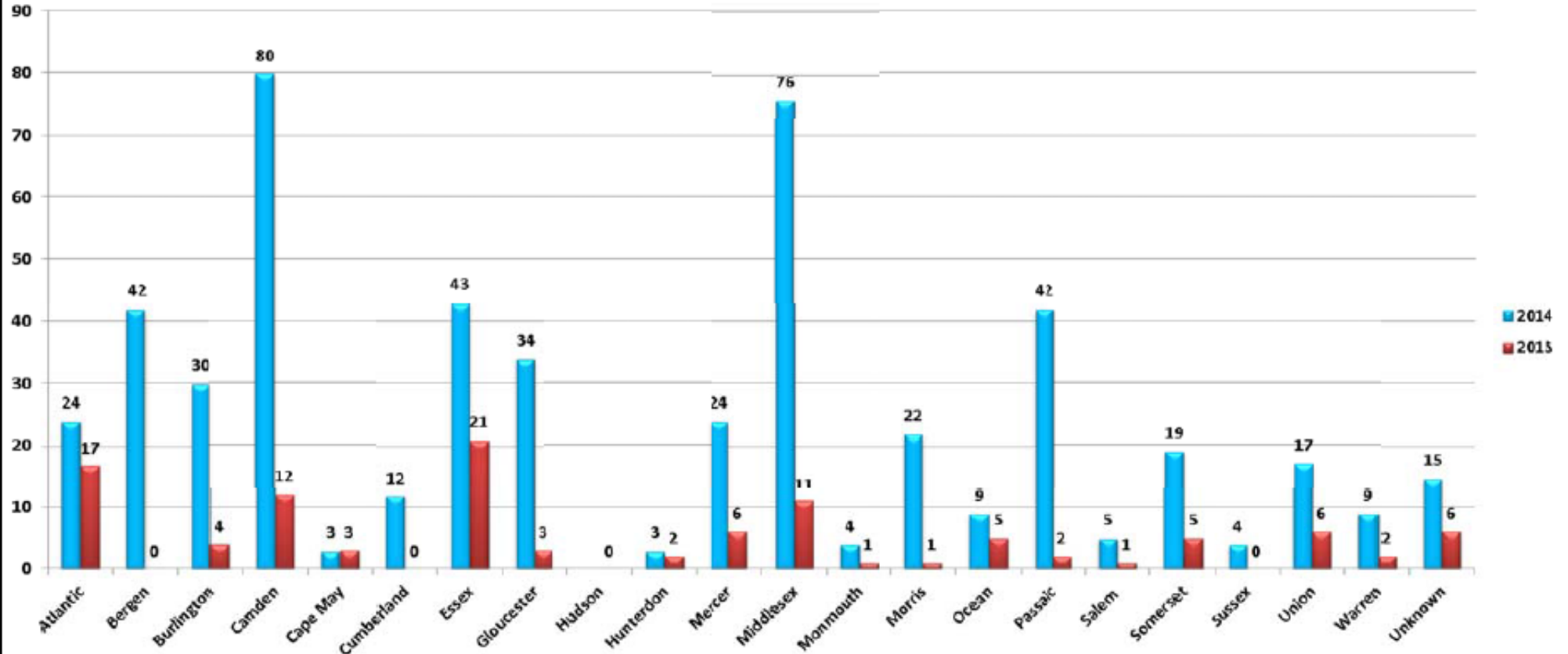




Statewide Naloxone Deployments



EMS Naloxone Administrations



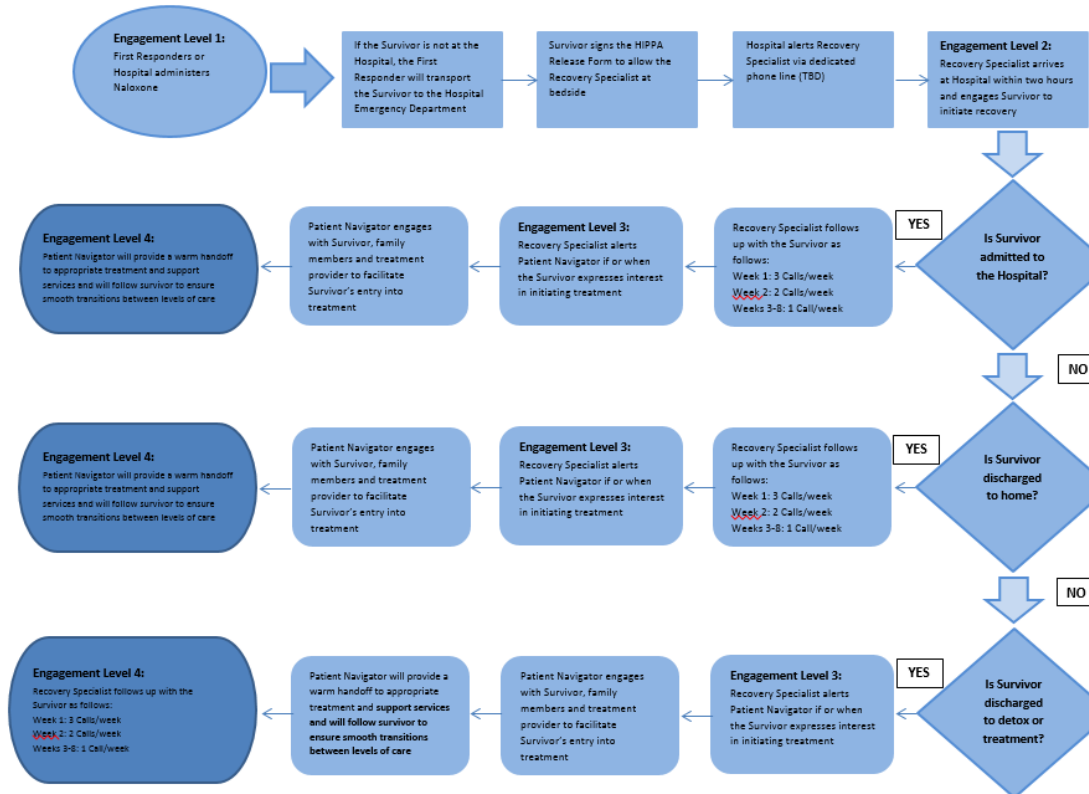
NARCAN ONE FOLLOW UP DATA

November 2014 – April 2015

Facility	Patients	Inpatient Referrals	Outpatient Referrals
BH A	20	4	2
BH B	1	0	1
BH C	5	0	0
	26	4	3

NARCAN TWO: The Opiate Overdose Recovery Program

Process Flowchart: The Four Levels of Engagement



OORP Outcomes

January 18 – March 6 2016

HOSPITAL	INTERVENTION
CMC	30
MMC	10
MMC SC	3
JSUMC	1
TOTAL	44

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Entered Detox	26/44	59%
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OORP Outcomes

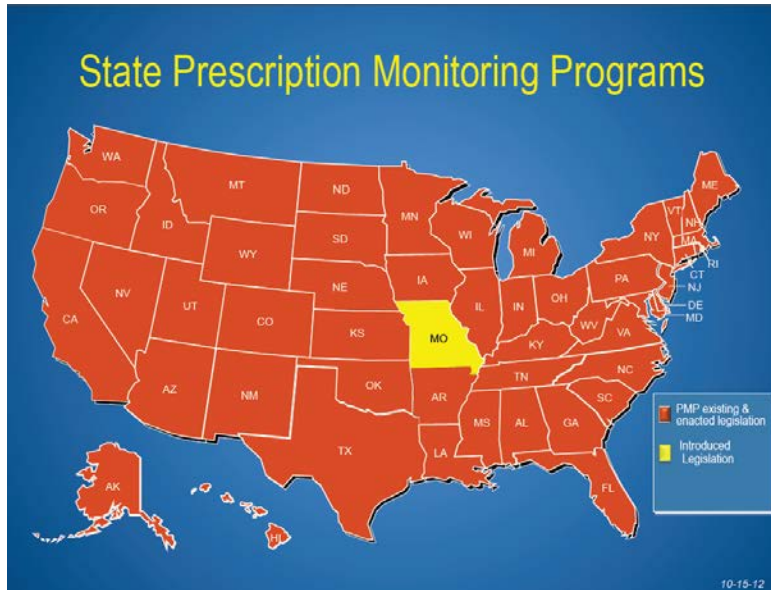
January 18 – March 6 2016

HOSPITAL	INTERVENTION
CMC	30
MMC	10
MMC SC	3
JSUMC	1
TOTAL	44

Entered Detox	26/44	59%
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Next Level of Care	19/26	73%
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The Interventions



PAIN[®] 153 (2012) 967–973

PAIN[®]

www.elsevier.com/locate/pain

More educated emergency department patients are less likely to receive opioids for acute pain

Timothy F. Platts-Mills^{a,b,*}, Katie M. Hunold^a, Andrey V. Bortsov^a, April C. Soward^a, David A. Peak^c, Jeffrey S. Jones^d, Robert A. Swor^e, David C. Lee^f, Robert M. Domeier^g, Phyllis L. Hendry^h, Niels K. Rathlevⁱ, Samuel A. McLean^{a,b}

Questions

