

# CLINICAL CONNECTION



## PRESCRIPTION DRUG EPIDEMIC

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Community Hospital  
of the Monterey Peninsula  
Montage Health

## Just how bad is it? What do I need to know about the prescription drug abuse epidemic?

Casey Grover, MD, and Reb Close, MD, emergency medicine physicians, Community Hospital of the Monterey Peninsula

It's all over the news . . . patients and doctors are constantly hearing new stories about America's "opiate epidemic." However, as we all know, the media is only scratching the surface — as sedatives, muscle relaxants, and stimulants are all also being abused and diverted.

Unfortunately, even if you don't see it much in your practice, prescription drug abuse is an epidemic in our nation and our county. In 2013, it was estimated that 2.3 percent of Americans were actively misusing their prescription drugs. Furthermore, it was estimated that 16.1 percent of Americans will misuse their prescription drugs at least once in their lifetime.

While the percentages seem small, addiction is still killing us. As we all know, an overdose on sedatives and opiates can be fatal — particularly if multiple drugs are mixed together, or mixed with alcohol. Deaths nationwide from opioid pain relievers increased more than 400 percent from 2001 to 2014. In Monterey County in 2013, there were 47 deaths from prescription drug overdose and 44 deaths from opiate overdose (both prescription and illicit).

Unfortunately, despite efforts both locally and nationally, we are still seeing patients becoming addicted to prescription medications. Our youth — particularly teenagers — have identified medicine cabinets at home as a place to look for psychoactive medications to be taken recreationally. Patients undergoing minor surgeries or treated for painful conditions are often not aware of the addictive potential of prescription pain medications and sedatives. And often, they find themselves dependent on their prescription medications several weeks after starting them.

Going forward, what can you do in your practice to help educate patients about the dangers of prescription sedatives, painkillers, and muscle relaxants? And how can you help keep medications out of the hands of our teenagers? Start by educating patients about the side effects of the medications you prescribe. The Emergency department at Community Hospital of the Monterey Peninsula has developed a handout for patients being prescribed opiates that you can use.

Additionally, you can encourage patients to safely dispose of unused medications.



### ONLINE RESOURCES FOR PHYSICIANS



**[chomp.org/prescribe-safe](http://chomp.org/prescribe-safe)**

#### PATIENT HANDOUTS

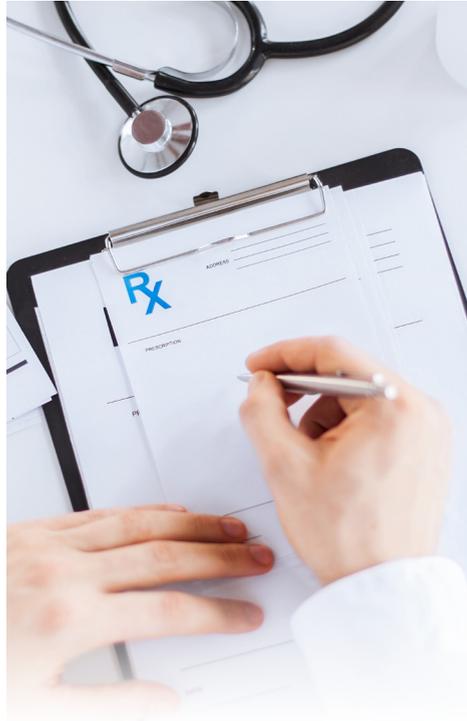
- [Monterey County drug disposal sites](#)
- [Hand-out to give patients who are prescribed opiates](#)
- [Complementary medicine resources](#)
- [List of pain management physicians](#)

## Naloxone — helping fight back against opioid overdose deaths

Casey Grover, MD, and Reb Close, MD, emergency medicine physicians, Community Hospital of the Monterey Peninsula

While the people of the United States have suffered in many ways from our current opioid epidemic, nothing has been more tragic than the rising count of deaths from opioid overdose. Statistics showing that the U.S. loses more years of productive life to death from opioid overdose than death from car accidents have inspired interest in the opioid antagonist naloxone. As efforts continue to create ways to fight back against the opioid epidemic, increased availability of naloxone in the community, along with increased prescribing of naloxone along with opioids, has the potential to be a powerful tool to prevent injury or death from opioid overdose.

Many providers believe that naloxone is really only needed for patients who present with overdose or who are on high doses of opioids. However, providers need to know that naloxone has a place in every home in which there are opioids. Accidental over-use by the patient, accidental ingestion by children, and recreational use by teens or friends are common reasons for overdose. Even one pill can be a lethal dose in a small child. Co-prescribing naloxone is a way to bring up the conversation about opioid risk to patients, whether for acute or chronic use.



The general public often believes that if a doctor prescribes a medication, it must be safe. Therefore it is especially important for clinicians to inform patients that opioid medications — while sometimes necessary — are dangerous. Informing patients that written cautionary instructions and naloxone prescriptions are provided to ALL patients helps reduce stigma (no one is singled out)

and reinforces the message that opioid medication, not the patient, is high-risk. Furthermore, educating family members and highlighting the lifesaving potential of naloxone can heighten awareness of the scope of the problem, and empower them to intervene in the case of an overdose.

Naloxone is available as a pre-filled nasal syringe, known by the brand name Narcan Nasal Spray ([www.narcan.com](http://www.narcan.com)). This formulation is relatively inexpensive, coming in a package of two pre-filled devices for nasal administration, each containing 4 mg. A package of two syringes costs roughly \$100–\$200, but there are some community discounts available. This formulation is very easy to use, and relatively inexpensive. The prescription is easy to write, too: “Nasal Naloxone, 4 mg, IN x 1 at the first sign of an opioid overdose, may repeat x 1 in 2–3 minutes if not responding.”

With the goal of increasing access to naloxone in the community and fighting back against the tidal wave of opioid deaths in America, we as providers can make a difference by giving a prescription for naloxone — along with education to patients — each time we prescribe an opiate.

## Rapid review: the 2016 CDC guidelines on opiates for chronic pain

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Given the “prescription drug epidemic” that America is facing, the Centers for Disease Control and Prevention (CDC) developed guidelines this year on prescribing opiates for chronic pain.

If you want to read the article, go to: [www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm](http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm)

But if you’re busy, and don’t have time to pour through all 52 pages, here are some key points for the next time you are treating a patient with chronic pain.

Chronic pain is defined as pain lasting greater than 3 months, or past the time of normal tissue healing. Up to 11 percent of all U.S. adults suffer from chronic pain, and in those patients with chronic pain treated with opiates, 1 in 550 patients will die from an opioid-related overdose.

To reduce the morbidity associated with opioid therapy for chronic pain, the CDC has suggested we as doctors do the following:

1. Avoid opiates for chronic pain.
2. Before starting opioids for chronic pain, establish treatment goals and consider how opioid therapy will be discontinued if benefits do not outweigh risks.
3. Discuss the risks and benefits of opioid therapy with patients.
4. When starting opioid therapy for chronic pain, use immediate-release opioids.
5. Use the lowest effective dosage possible.
6. Long-term opioid use often begins with acute pain. When treating acute pain, use a short course of immediate-release opioids. More than seven days of opioid treatment is rarely needed.
7. Re-evaluate the need for opioid therapy frequently.
8. Consider the risk of opioid-related harms. Offer naloxone, and monitor for risk factors for overdose — a history of substance abuse, high doses of opioids, and mixing opioids with benzodiazepines.
9. Review the patient’s prescription drug history on CURES\* before starting opioids and periodically while prescribing to monitor for other prescriptions that increase risk of overdose.
10. Consider urine drug screens to check for other drug use that increases the risk of overdose.
11. Avoid opioids and benzodiazepines together.
12. For patients with opioid-use-disorder, considering using buprenorphine or methadone.



The Monterey County Prescribe Safe Initiative is a 17-organization collaborative dedicated to improving medication safety in Monterey County. The initiative works to educate providers and patients about the dangers of prescription drug abuse and to promote safe, effective, and evidence-based pain management. Multiple resources for providers and patients are available online: [chomp.org/prescribe-safe](http://chomp.org/prescribe-safe)

Questions?

Email [prescribesafe@chomp.org](mailto:prescribesafe@chomp.org)

*\*CURES (Controlled substance Utilization Review and Evaluation System) is California’s Prescription Drug Monitoring Program that allows prescribers to review a patient’s use of scheduled medications. It is available online at: <https://cures.doj.ca.gov/>.*

Source:

*Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. MMWR Recomm Rep. 2016; 65: 1-49.*