SAFE OPIOID PRESCRIBING

ALAN MILLER, M.D.
FERDINAND FORMOSO, D.O.
THE OPIOID EPIDEMIC

• Why are we here, having this conversation?
• Distribution through the pharmaceutical supply chain
  • equivalent of 96 mg of morphine per person in 1997
  • equivalent of 700 mg per person in 2007 (an increase of >600%!)
• About 9.3% of the population has drug or alcohol problems serious enough to require treatment
  • Increase in opiate availability is an “alternative fuel”
  • Ability to produce euphoria makes opiates attractive to addicts
  • Creates a bridge to heroin use
THE OPIOID EPIDEMIC

• As of 2008, the gateway drug for the youth in USA became prescription opioids instead of marijuana
  • Far more dangerous, as opioids are more addictive and there is the possibility of dying by overdose, unlike in the case of cannabis
  • 76% of nonmedical users report getting drugs that had been prescribed to someone else
• In 2016, approximately 63,000+ unintentional drug overdose deaths occurred in the United States
  • Up from 52,000+ in 2015
  • 40% of all opioid overdose deaths involved a prescription opioid
THE OPIOID EPIDEMIC
THE OPIOID EPIDEMIC

3 Waves of the Rise in Opioid Overdose Deaths

Wave 1: Rise in Prescription Opioid Overdose Deaths
Wave 2: Rise in Heroin Overdose Deaths
Wave 3: Rise in Synthetic Opioid Overdose Deaths

## The Opioid Epidemic

### Poison Exposure Statistics, 2014

<table>
<thead>
<tr>
<th>Substance</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td>133,864</td>
<td>11.9</td>
</tr>
<tr>
<td>Sedative/Hypnotics/Antipsychotics</td>
<td>117,682</td>
<td>10.4</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>75,622</td>
<td>6.7</td>
</tr>
<tr>
<td>Cardiovascular Drugs</td>
<td>68,579</td>
<td>6.1</td>
</tr>
<tr>
<td>Cleaning Substances (Household)</td>
<td>64,217</td>
<td>5.7</td>
</tr>
<tr>
<td>Alcohols</td>
<td>51,344</td>
<td>4.6</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>41,738</td>
<td>3.7</td>
</tr>
<tr>
<td>Pesticides</td>
<td>39,968</td>
<td>3.5</td>
</tr>
<tr>
<td>Bites and Envenomations</td>
<td>36,944</td>
<td>3.3</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>34,804</td>
<td>3.1</td>
</tr>
</tbody>
</table>
THE OPIOID EPIDEMIC

Opioid involvement in benzodiazepine overdose

Source: National Center for Health Statistics, CDC Wonder
→ Start low and go slow
→ Check urine drug screen on 1st rx and at least annually (chronic narcotic pts)
→ Check PDMP every rx
→ Always start with instant release, not extended release
→ Do not rx benzos and narcotics "concurrently whenever possible."
→ Caution when using > 50 MED/day (morphine equivalents, see below), and avoid increasing to > 90MED/day or "carefully justify a decision to titrate" beyond that (chronic narcotic pts).
**MAX DAILY DOSE of narcotic recommended by CDC**  
*(equivalent to 90mg/day of morphine)*

<table>
<thead>
<tr>
<th>Dose</th>
<th>Narcotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>60mg/day</td>
<td>Oxycodone</td>
</tr>
<tr>
<td>90mg/day</td>
<td>Hydrocodone</td>
</tr>
<tr>
<td>37mcg/hr/day</td>
<td>Fentanyl patch</td>
</tr>
<tr>
<td>22mg/day</td>
<td>Hydromorphone/dilaudid</td>
</tr>
<tr>
<td>30mg/day</td>
<td>Oxymorphone (opana)</td>
</tr>
<tr>
<td>450mg/day</td>
<td>Tramadol*</td>
</tr>
<tr>
<td>600mg/day</td>
<td>Codeine</td>
</tr>
<tr>
<td>225mg/day</td>
<td>Tapentadol (Nucynta)</td>
</tr>
<tr>
<td>30mg/day</td>
<td>Methadone</td>
</tr>
<tr>
<td>90mg/day</td>
<td>Morphine</td>
</tr>
<tr>
<td>1200mcg/day</td>
<td>Buprenorphine/suboxone/Belbuca (this is for pain only)</td>
</tr>
<tr>
<td>20mcg/hr/day</td>
<td>Butrans (buprenorphine) patch</td>
</tr>
<tr>
<td>300mg/day</td>
<td>Demerol (not indicated for chronic pain)</td>
</tr>
</tbody>
</table>

*estimate, very poor data
Examples

➔ Percocet 10/325 #120 = 60mg oxycodone = 90 MED
➔ Hydrocodone 10/325 #120 = 40mg hydcodeone = 40 MED
➔ Fentanyl patch 50mcg/hr = 121 MED (alone!)
➔ Oxycontin 20mg #60 + hydrocodone 10/325 #60 = 60 MED + 20 MED = 80 MED
➔ MS Contin 15mg #60 + hydrocodone 10/325 #30 = 40 MED
QUESTIONS

• What is an appropriate starting dose for opioids?

• How do you rotate opioids safely?

• How do you wean down medications safely and avoid withdrawal symptoms?

• Is it safe/appropriate to use methadone in a primary care setting?
QUESTIONS

• When do you consider introducing buprenorphine?

• What is the safest approach to prescribing benzodiazepines and opioids?
  • What are the alternatives?

• Is it acceptable to use opioids in conjunction with medical cannabis?

• When should one refer a patient to a pain specialist?
Our Northeast Florida Locations

With multiple locations serving Northeast Florida our offices provide patients with a comfortable environment, state-of-the-art technology and cutting-edge therapies tailored to each patient’s individual needs.

- Orange Park
- Northside
- Eastpark
- Fernandina Beach
- Middleburg
- Bartram Park
- Beaches
- Riverside
- St. Marys