OPIOIDS
HOW DID WE GET HERE AND WHERE ARE WE GOING?

ROBERT W. THOMSEN, M.D., FASA
JOHNS HOPKINS UNIVERSITY
Morphine
1804

Friedrich Sertürner
SLEEPLESS BABY?

USE LAUDANUM

SLEEP REMEDY

Sears, Roebuck & Co.

Also Aids In:

Pain Relief
Yellow fever
Cardiac Disease
Colds
Dysentery
Excessive Secretions

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WINE OF CARDUI

WOMAN'S RELIEF.

The Most Astonishing Tonic for Women
known to Medical Science.

THE WORLD'S MEDICINE

McELREEE'S
WINE OF CARDUI

THE NEXT MORNING I FEEL BRIGHT AND
NEW, AND MY COMPLEXION IS BETTER.

My Doctor says it acts gently on the stomach, liver and kidneys, and is a pleasant laxative. This drink is made from herbs, and is prepared for use as easily as tea. It is called

LANE'S MEDICINE

All druggists sell it at 50c. and $1.00 per package. Buy one to-day. If you cannot obtain it, send your address for a free sample. Lane's Family Medicine Moves the Bowels each day. In order to be healthy, this is necessary. Mention the DELINEATOR, and address,

ORATOR F. WOODWARD, Le Roy, N.Y.
The whole world knows Aspirin as an effective antidote for pain. But it's just as important to know that there is only one genuine Bayer Aspirin. The name Bayer is on every tablet, and on the box. If it says Bayer, it's genuine; and if it doesn't, it is not! Headaches are dispelled by Bayer Aspirin. So are colds, and the pain that goes with them; even neuralgia, neuritis, and rheumatism promptly relieved. Get Bayer—at any drugstore—with proven directions.

Physicians prescribe Bayer Aspirin; it does NOT affect the heart
En la irritación producida por la tos, bronquitis

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FRIEDR. BAYER & Co.
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ELBERFELD.

BAYER PHARMACEUTICAL PRODUCTS.

Send for samples and literature to

FARBENFABRIKEN OF
ELBERFELD CO.
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NEW YORK.
Methadone
1937

Meperidine
1939
PUBLIC ENEMY NUMBER ONE
in the United States
IS DRUG ABUSE

NIXON

Drug Scheduling Guide
United States

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Potential for abuse and dependence</th>
<th>Medicinal qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Most potential for abuse and dependence</td>
<td>No medicinal qualities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heroin, LSD, Marijuana, Ecstasy, Peyote</td>
</tr>
<tr>
<td>II</td>
<td>High potential for abuse and dependence</td>
<td>Some medicinal qualities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vicodin, Cocaine, Meth, OxyContin, Adderall</td>
</tr>
<tr>
<td>III</td>
<td>Moderate potential for abuse/dependence</td>
<td>Acceptable medicinal qualities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doctor's prescription required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TYLENOL with Codeine, Ketamine, Steroids, Testosterone</td>
</tr>
<tr>
<td>IV</td>
<td>Low potential for abuse and dependence</td>
<td>Acceptable medicinal qualities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prescription required - fewer refill regulations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Xanax, Darvon, Valium, Ativan, Ambien, Tramadol</td>
</tr>
<tr>
<td>V</td>
<td>Lowest potential for abuse/dependence</td>
<td>Acceptable medicinal qualities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prescription required - fewest refill regulations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Robitussin AC, Lamotril, Motofen, Lyrica</td>
</tr>
</tbody>
</table>

Source: United States Drug Enforcement Agency
US population has increased by 43% since 1980, US prison population has increased by over 400% since 1980.
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 patients 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, 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
Boston University Medical Center

Waltham, MA 02154

...Many physicians now concede that patients have been undermedicated for decades, suffering needlessly. One reason was concern that big doses of opiates could depress respiration, but a large part stemmed from an exaggerated fear that patients would become addicted. This fear, which continues to hold sway over American medicine, is basically unwarranted. A landmark study, published in 1982, followed almost 12,000 Boston hospital patients who had been given narcotic pain-killers. After eliminating those with a history of addiction, researchers found that only four became addicted to the drugs they received as patients. "You don't see cancer patients running around robbing shopping malls to support their habits," notes Carr.
Our History

1996

OxyContin® (oxycodeone HCl) extended-release tablets were launched. Click here for full Prescribing Information, including Boxed Warning.
Pain as the 5th Vital Sign Toolkit

TAKE 5
Pain: The 5th Vital Sign

October 2000
Revised Edition

Geriatrics and Extended Care Strategic Healthcare Group
National Pain Management Coordinating Committee
Veterans Health Administration
810 Vermont Avenue NW
Washington, DC 20420

The Fifth “Vital Sign”
Complying with Pain Management Standard PC.01.02.07

Pain is an inevitable part of health care. Some patients arrive at an organization in pain, while others may experience pain during care, treatment, or services—such as patients undergoing surgery. Regardless of how his or her pain manifests, every patient hopes his or her health care experience will include interventions that will eliminate or reduce pain.

Unlike other physical indicators like blood pressure and temperature, pain cannot be quantitatively measured. The duration and intensity of pain vary from person to person. Therefore, organizations must have effective and interactive pain assessment and reassessment processes that help identify pain, point to effective treatment, and verify that implemented interventions work.

Provision of Care, Treatment, and Services (PC) Standard PC.01.02.07 directly addresses the “who, what, where, when, and how” of the pain assessment and reassessment processes. (See Sidebar 1 on page 8). “Organizations often struggle to completely comply with this standard,” says Jane Schetter, R.N., M.S.N., senior consultant for Continuous Service Readiness at Joint Commission Resources. “In particular, they have difficulty with reassessment and establishing appropriate...”
HCAHPS Surveys

During this hospital stay, how often was your pain well controlled?
1. Never
2. Sometimes
3. Usually
4. Always

During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
1. Never
2. Sometimes
3. Usually
4. Always
Prescriptions for Opioid Analgesics

Oxycodone counties
Among the top 50 dispensing practitioners in the U.S., 49 are in Florida and are concentrated in nine counties, ranked by Oxycodone units dispensed:

<table>
<thead>
<tr>
<th>County</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Broward</td>
<td>5.2 million</td>
</tr>
<tr>
<td>2. Palm Beach</td>
<td>2.4 million</td>
</tr>
<tr>
<td>3. Miami-Dade</td>
<td>646,500</td>
</tr>
<tr>
<td>4. Pinellas</td>
<td>192,400</td>
</tr>
<tr>
<td>5. Hillsborough</td>
<td>184,330</td>
</tr>
<tr>
<td>6. Lake</td>
<td>169,200</td>
</tr>
<tr>
<td>7. Seminole</td>
<td>164,686</td>
</tr>
<tr>
<td>8. Orange</td>
<td>133,800</td>
</tr>
<tr>
<td>9. Lee</td>
<td>108,600</td>
</tr>
</tbody>
</table>

SOURCE: United Way of Broward County and U.S. Drug Enforcement Administration

ROB MACK/Staff graphic
U.S. Opioid Prescriptions per 100 Persons

STATE OF NORTH CAROLINA
WAKE COUNTY

STATE OF NORTH CAROLINA, ex rel. JOSHUA H. STEIN, ATTORNEY GENERAL,

Plaintiff,

v.

PURDUE PHARMA L.P.; PURDUE PHARMA INC.; PURDUE PHARMA OF NORTH CAROLINA L.P.; PURDUE PHARMA TECHNOLOGIES INC.; PURDUE PHARMA MANUFACTURING L.P.; PURDUE PHARMA MANUFACTURING (NEW YORK) INC.; and THE PURDUE FREDERICK COMPANY,

Defendant.

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION

City of Seattle Sues Opioid Makers

By AMY CLARK — AP — July 20, 2007, 5:33 PM

OxyContin Maker, Execs Fined $634.5M

Health: OxyContin bottle with gavel and caduceus — AP / CBS

Cuomo announces lawsuit against opioid producer Purdue Pharma

August 14, 2018 01:32 PM
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

Synthetic opioids like fentanyl
Natural and semi-synthetic opioids like oxycodone or hydrocodone

Fentanyl-laced Pills  Oxycodone
40 States Have a Deadly Fentanyl Pill Problem

- Counterfeit pills made with fentanyl found.
- Deaths attributed to a counterfeit pill made with fentanyl.
How is the Comprehensive Addiction and Recovery Act helping to combat the opioid crisis?

- Improves Treatment Access
- Disburses Grant Funding for Overdose Reversal Drugs
- Educates Health Care Professionals about Opioids
- Requires Research into Neonatal Abstinence Syndrome and Treatment
- Disburses Grant Funding for Treatment for Pregnant, Postpartum Women
- Educates Young Athletes on the Risks of Opioids
**OPIOIDS ARE NOT FIRST-LINE THERAPY**

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

**ESTABLISH GOALS FOR PAIN AND FUNCTION**

Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

**DISCUSS RISKS AND BENEFITS**

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

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**OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION**

**USE IMMEDIATE-RELEASE OPIOIDS WHEN STARTING**

When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

**USE THE LOWEST EFFECTIVE DOSE**

When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

**PRESCRIBE SHORT DURATIONS FOR ACUTE PAIN**

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

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**LEARN MORE**

www.cdc.gov/drugoverdose/prescribing/guideline.html
CMS Releases New Pain Management Questions for HCAHPS

- Effective with January 1, 2018 Discharges and Forward
- CMS has developed new questions about pain
  - Replaced original pain questions
- Emphasis on communication about pain during hospital stay
- New items were proposed in FY 2018 IPPS Rule
HERE'S HOW YOU CAN STAY ALIVE!!

Never use alone
Notice changes in color and texture and GO SLOW if it's different.

Fentanyl kills quickly.
Make sure you and your friends carry naloxone kits.

Call 911
Do a tester shot. Don't slam it - try 10-20 cc's first.

If you are interested in FREE training in overdose prevention or drug treatment, call the Baltimore City Health Department: (410) 396 - 3731  http://health.baltimorecity.gov/

www.dontdie.org