

AN INTRODUCTION ON THE RISE OF THE OPIOID CRISIS IN THE UNITED STATES.

North Dakota Initiatives for Best Practices to Combat Opioid Abuse Webinar

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WHAT ARE OPIOIDS?

- Opiates- drugs derived from opium.
- Opioids- term previously used to describe synthetic opiates.
- Now it is common to refer to all as “opioids.”



WHAT DO WE CALL THE PROBLEM?

A Crisis? “a situation that has reached a critical stage” (Webster’s)

An Epidemic? (regional contagion)

A Pandemic? (global)



HOW DID WE GET HERE?

- Focus on management of non-cancer pain



Marketing by pharmaceutical companies



Risk-benefit ratio based on inadequate information

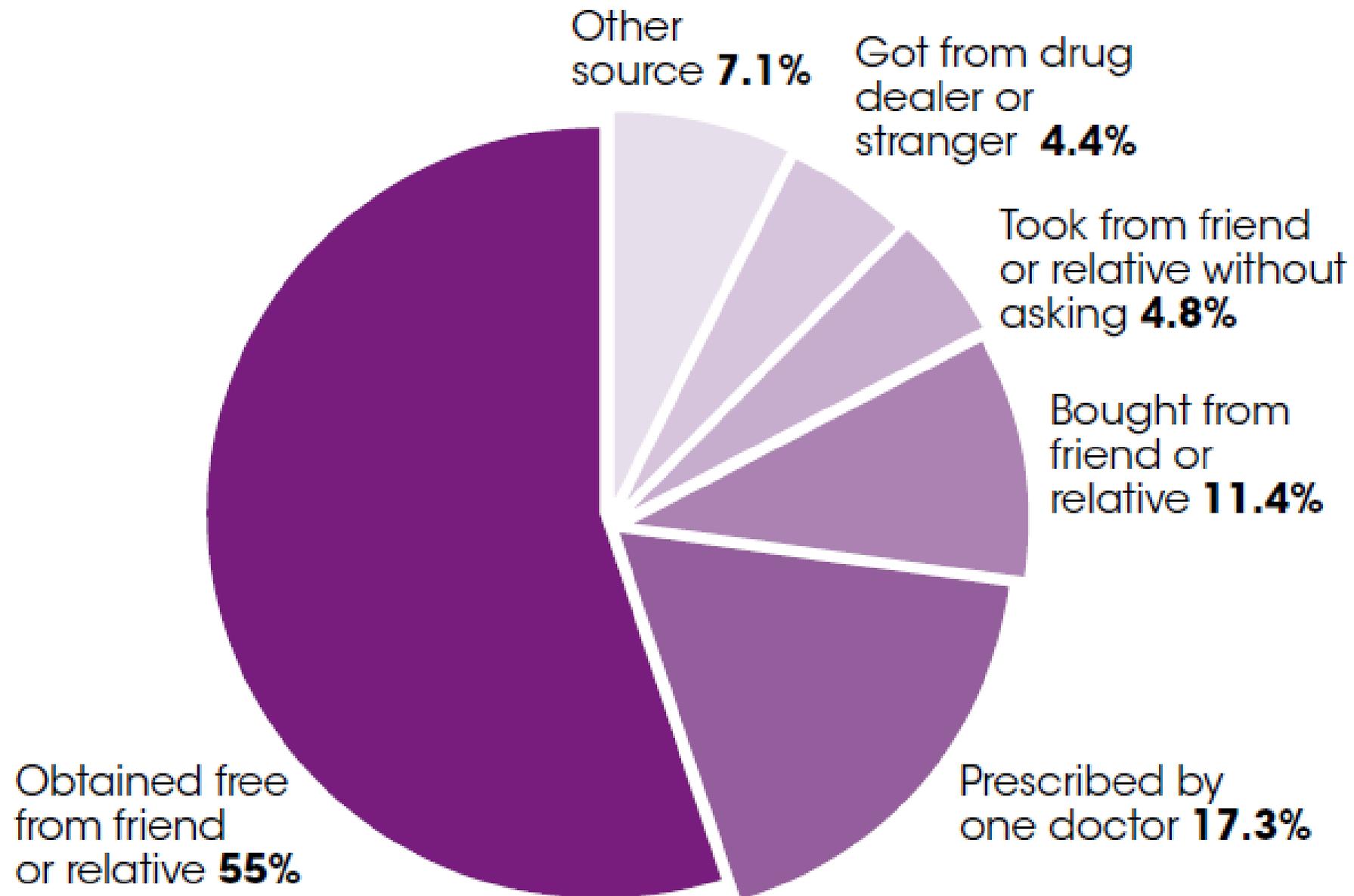


New supply and demand-change back to “street”

HOW DID WE GET HERE?

- The majority of prescribers are primary care providers
- Historically in our healthcare system, they have had neither the time, nor the staff to adequately assess complex issues.
- While there are many non-medication treatments for conditions for which controlled substances are often prescribed, the quick default is usually medication.
- Medicine IS moving toward reimbursement for outcomes, and there are incentives occurring for screening and referral (SBIRT)

People who abuse prescription painkillers get drugs from a variety of sources⁷



THE WORLD ACCORDING TO NIDA (NATIONAL INSTITUTE ON DRUG ABUSE)

- Roughly 1 out of every 4 individuals taking narcotics for chronic pain misuses them
- While the risk of developing an opioid use disorder from acute use is relatively low, for individuals using narcotics for chronic pain, it is around 10%
- What is the risk of transitioning to heroin use after misusing prescription narcotics?
- 5% (so, based on the above, for every 1000 people prescribed narcotics for chronic pain, at least a dozen will transition to heroin.)
- The odds that someone on heroin had at one time misused prescription narcotics?
- 4 out of 5

PUBLIC HEALTH AND PREVENTION

- **Primary Prevention:** Preventing disease or injury before it occurs.
(legislation/enforcement; education; immunization, etc...)
- **Secondary Prevention:** Reducing the impact/harm of injury/disease that has occurred: (screening, early detection, early intervention/treatment, etc...)
- **Tertiary Prevention:** Management of chronic disease
- **Quaternary Prevention:** Reducing iatrogenic causes
(i.e., avoiding inappropriate treatment...)

FROM A SECONDARY AND TERTIARY PREVENTION STANDPOINT:

- Providers:

- Numbers:

- Types:

- Incentives

**COMPLEXITY-
(NOT ONE DRIVER, NOT ONE SOLUTION)**



QUESTIONS? COMMENTS?

