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 sources

- Obtained free from friend or relative: 55%
- Prescribed by one doctor: 17.3%
- Bought from friend or relative: 11.4%
- Took from friend or relative without asking: 4.8%
- Got from drug dealer or stranger: 4.4%
- Other source: 7.1%
• 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 STANCE:

- Providers:
  - Numbers:
  - Types:
  - Incentives
COMPLEXITY-
(NOT ONE DRIVER, NOT ONE SOLUTION)