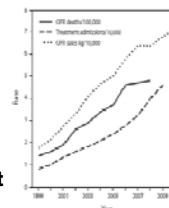


**Resist the Opioid Pendulum:
Understanding Opioids and
Pain, and How They
Relate to Addiction**

**Stefan Kertesz, MD
Associate Professor
University of Alabama at Birmingham**

**The Attraction of
Prescribing Rules**

- Overprescribing is part of how we got here
- Responsible prescribing is important and was lacking (likely still is, in places)
- State prescribing laws often shooting at the wrong target
- But they are magnetic because...



**If Pills Hooked Us,
Then It's So Simple**

- The pill comes and hooks you, like a virus
- Anyone who can't stop the pill has a disease (they are hooked)
- We should control the virus, pill
- Sometimes it IS like that, but.....

**“Hooked” is Not a Medical Term
We Must Not Confuse**

- Substance Use Disorder (Addiction)
- Physical dependence
- 4 case examples follow

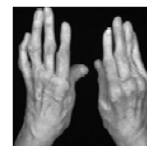
I Can't Stop

- Bottle of pills after surgery in a teen who previously used pot
- Then another from grandma's cabinet
- Then pills on the street
- Then heroin and fentanyl
- Then death
- This is compulsive use despite harm
- This is addiction




I Won't Stop

- Rheumatoid arthritis
- Opioids reduce pain
- Doses increased slowly now stable at a high dose
- She gardens
- Doc scared by new rules and forced the dose down 90%




I Won't Stop




- Patient is miserable
- Retreats to her bed, doesn't take kidney medicines and is losing her kidney
- This is undertreated pain with "physical dependence"
- This is NOT addiction or "opioid use disorder"

I Better Not Stop




- A patient with diabetes
- Insulin helps him control his blood sugar
- He needs more now than he did 3 years ago
- This is diabetes
- He is dependent on the insulin
- He does not have addiction or "insulin use disorder"

I Shouldn't Stop







- Used heroin 1999 to 2010
 - He lost relationships, work, and had legal problems
- Now takes a medicine that binds the same receptors
 - Buprenorphine (Suboxone)
- Working a job and has a family

I Shouldn't Stop



- This is a patient with opioid use disorder, in remission
- He is physically dependent on the buprenorphine
- He should not stop except after very careful review of risks

4 categories. 4 lessons

	<p>This person isn't "hooked" or "an addict" We need not mess with her treatment</p>		<p>This person is stable on treatment for diabetes</p>
	<p>This person is increasingly likely to die. He needs treatment</p>		<p>This person is now stable with a treatment that's mostly unavailable for people who need it</p>

Prescribing Controls: Why the Appeal

- Running up prescriptions created a supply of easily redistributed pills
- Some egregious prescribing still happens
- If you want to look like you're doing something, new restrictions make one easily tracked number go down

The Problem With Easy Numbers: Who Had the Better Game?

	Quarterback 1	Quarterback 2
Completions	18	34
Yards	206	280

Who Did Better?

	Team 1	Team 2
Completions	18	34
Yards	206	280
Interceptions Lost	0	2
QB Rushing	26	0
RB Rushing	135	27
Fumbles	0	4
Defensive/Special Team Stats		
Sacks	1	0
Kick/Punt return for TD	1	0
Total Score		

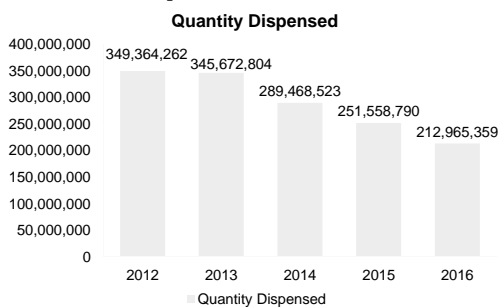
43



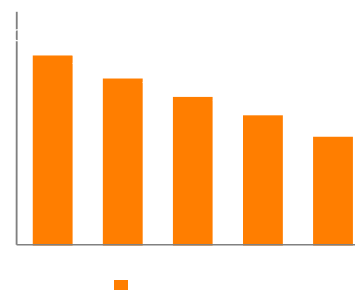
8



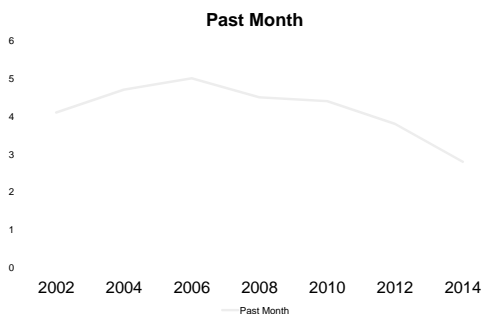
Total Hydrocodone / APAP Tabs Dispensed in Alabama



Methadone Prescribed in the State of Alabama



Past month misuse of prescription pain relievers, 18-25 year olds



How Many Overdose Deaths are From the Prescription Received?

Table A3a: Proportion of Opioid-Related Overdose Decedents (2013-2014) with Prescription for Opioids (2011-2014)

Prescription in Same Month of Death vs. No Known Prescription	Rx in Month of Death	No Known Rx in Month of Death	Proportion
Fatal Overdoses	183	2009	8.3%
Summary	Based on observed data, 8.3% of opioid-related overdose decedents had an opioid prescription in the same month as their death		

Prescriptions are a small part of a big puzzle

Let's Rethink This:

- Opioid prescribing is a solemn responsibility
- Excess prescribing is part of how we got into this mess
- Not every pain patient is a person with addiction in waiting
- Making the same mistake backwards is not a solution
- We tried this experiment before with alcohol



Still seized in 1918



So Will Prescription Controls Solve TODAY'S Opioid Crisis?

- Some might be reasonable, young adults + short-term problems
- We certainly put too much trust in opioids' and failed to consider their downsides for patients
- But it's generals fighting the last war
- We need treatment,
- Docs should be treating addiction
- Docs should not destabilize pain patients

Cautious, Careful Pain Care

- Offer non-opioid options, Opioid consent, follow-up
- Check Drug Monitoring Database
- If health system is generally prescribing less opioids today than 5 years ago, that's probably favorable
- If docs are involuntarily taking each pain patient off opioids they may be hurting many

The Doctor's Dilemma

- If I stop a prescription for opioids, and patient dies or deteriorates, it's unlikely anyone will know
- If they go out and die from illicit drugs, "my hands are clean"
- If I treat a pain with opioids and the number of patients or the number of milligrams looks high, I'm under the gun from everyone

A Thought From the Surgeon General



"We cannot allow the pendulum to swing to the other extreme here, where we deny people who need opioid medications those actual medications. ... We are trying to find an appropriate middle ground."



US Surgeon General
Vivek Murthy

