



# Drug Misuse Prevention Summit

The Horns of a True Dilemma:

Using opioids for pain management vs. decreasing substance abuse

CM Schade, MD, PhD, PE

Texas Medical Association, Task Force on Behavioral Health

February 2, 2017



Physicians Caring for Texans



**Vision:** To improve the health of all Texans.

**Mission:** TMA stands up for Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.

Texas Medical Association was organized by 35 physicians in 1853 to serve the people of Texas in matters of medical care, prevention and cure of disease, and the improvement of public health. Today, with more than 50,000 physician and medical student members, TMA is the nation's largest state medical society.

TMA Behavioral Health Committee  
CM Schade, MD, PHD  
James Halgrimson, DO

TMA Staff  
Margaret Mendez, MPA  
Jessica Boston, LMSW



## Texas Pain Society

PATIENT CARE • EDUCATION • SERVICE • RESEARCH

**Mission:** Our mission is to improve the quality of life of Texans who suffer from pain.

The Texas Pain Society (TPS) is a 501(c)(6) non-profit organization of over 350 pain practitioners that are involved in acute and chronic pain management of patients in Texas. The TPS represents the practice of pain medicine in Texas with a seat on the Texas Medical Association's House of Delegates and is the nation's largest state pain society.

### TPS Board Members

Richard K. Hurley, MD, President

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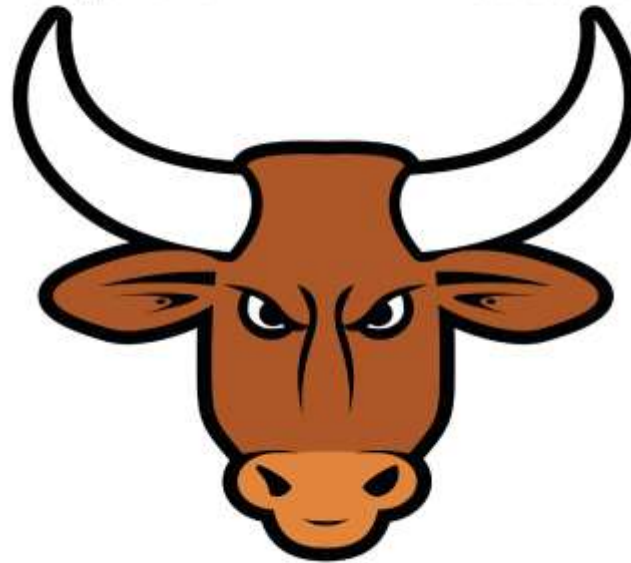
CM Schade, MD, PhD, Past President

Krista R. DuRapau, Executive Director

# The Horns of a True Dilemma

**Using opioids for  
pain management**

**Decreasing  
substance abuse**



**Willful Non-Compliance**

“We often struggle to balance reducing our patients’ pain with increasing their risk of opioid addiction.”

- Vivek Murthy, United States Surgeon General, August 2016

“The benefit of tolerable pain levels and functional lives may outweigh the risk of opioid use for these patients.”

- CMS Opioid Misuse Strategy 1-5-2017

# Civil War Over Painkillers

- March 15, 2016 – CDC guidelines for prescribing opioids for chronic pain – intended for primary care physicians; biased against treating for chronic pain; Controversial, Ignored stakeholder input
- Texas Medical Association Letters (Jan. 13, 2016) and American Medical Association letters (Jan. 12, 2016)
- January 17, 2017 - “Civil war over painkillers rips apart the medical community and leaves patients in fear” – Statnews.com
- “There’s a civil war in the pain community” – Dr. Daniel Carr, president, American Academy of Pain Medicine

# Physical Dependence vs. Addiction

- **Physical dependence** is a physical condition caused by chronic use of a tolerance forming drug, in which abrupt or gradual drug withdrawal causes unpleasant physical symptoms. This is a normal biologic response.
- **Addiction** is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. This is an abnormal biologic response.
- Do guns kill people or do people kill people?
- Did prohibition of alcohol work?
- Opioids do not cause addiction.
- Opioids do cause physical dependence & they can trigger addiction in a patient that has susceptible abnormal brain chemistry.

# What is Pain?

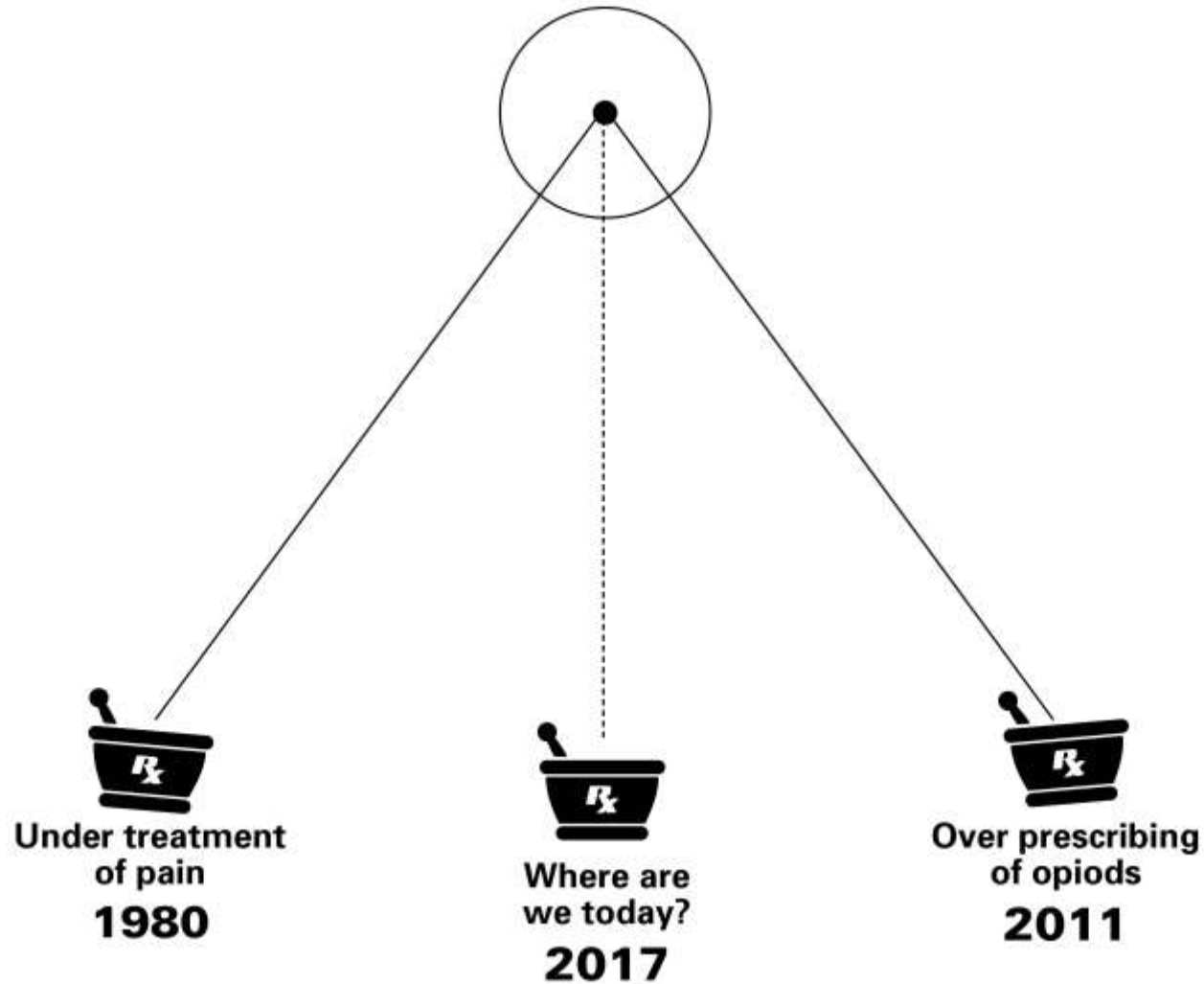
- Pain is subjective
- Pain is Somatic and/or Neuropathic
- We treat suffering

# The Five Dimensions of Pain

- Physical
- Psychological
- Financial
- Religious
- Existential



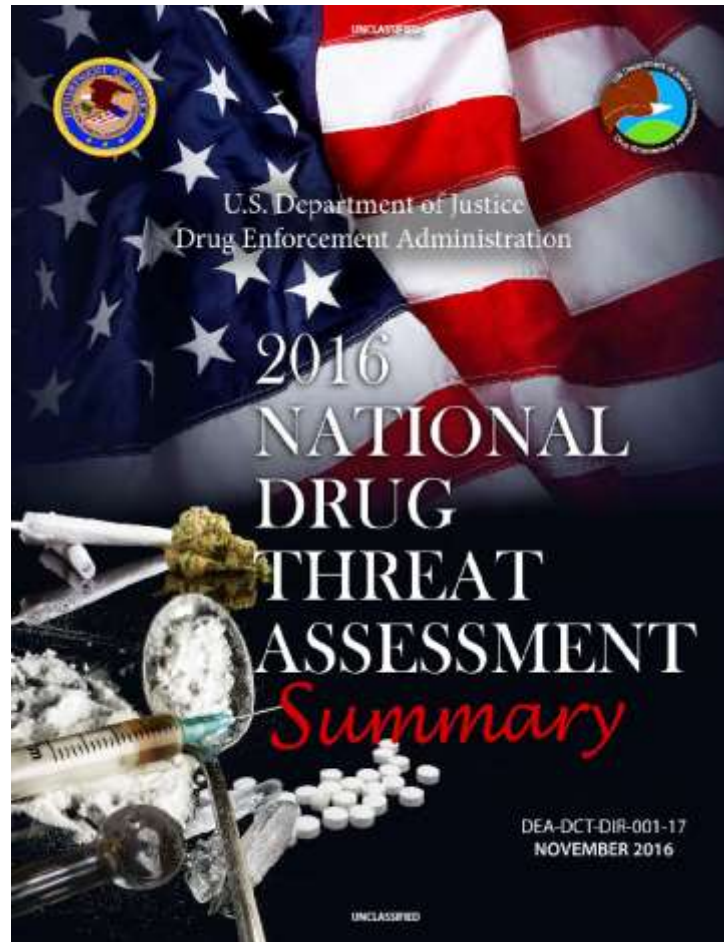
# The Opioid Pendulum



# Regulation Time Line

- 1981 Texas Triplicate Prescription for CII
- 1989 Tx Intractable Pain Treatment Act
- 2005 NASPER-National all Schedules Prescription Electronic Reporting Act
- 2007 TMB Pain Management, Rule 170
- 2010 TMB Registration of Pain Management Clinics Rule, 195
- 2011 Opioid prescribing peaked
- 2011 Texas PMP-Prescription Access Texas Pilot
- 2015 Sunset of Texas Controlled Substances registration
- 2016 Texas PMP moved to TSBP PMP Aware

# 2016 National Drug Threat Assessment Summary



November 2016

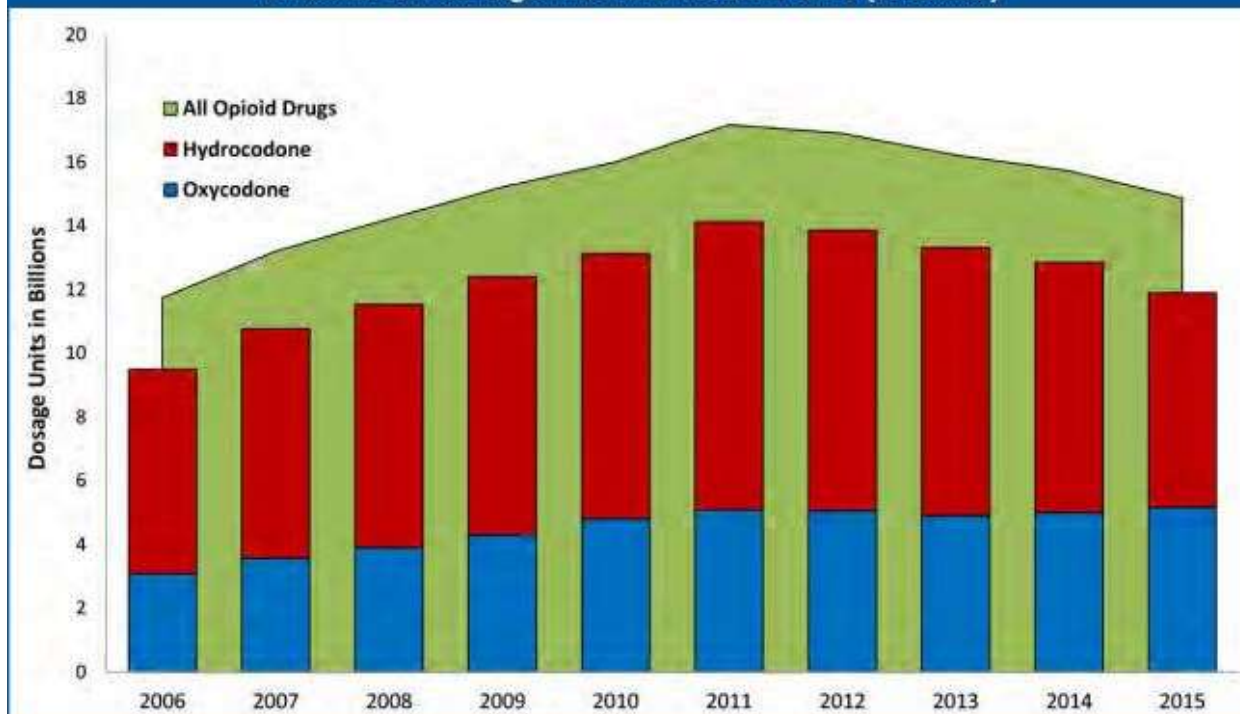
# 2016 National Drug Threat Assessment Summary

Figure 36. Number of Dosage Units of Opioid Narcotics Disbursed to Retail Level Purchasers by U.S. Distributors, 2006-2015 (in Billions)

Drug	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Opioids	11.7	13.2	14.2	15.2	16.0	17.2	16.9	16.2	12.0	14.9

Source: DEA

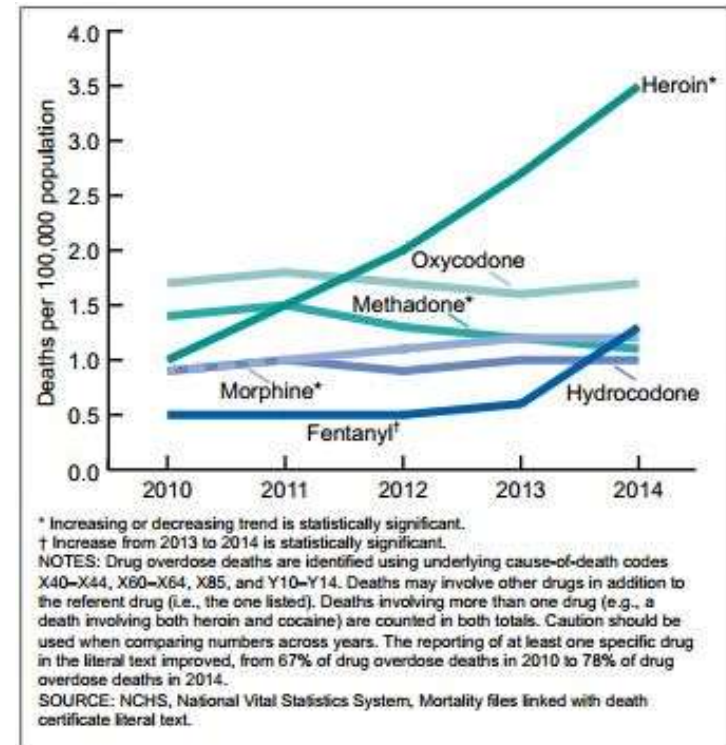
Figure 37. Opioid CPDs Compared to the Number of Hydrocodone and Oxycodone CPDs Available on the Legitimate Market, 2006-2015 (in Billions)



Source: DEA

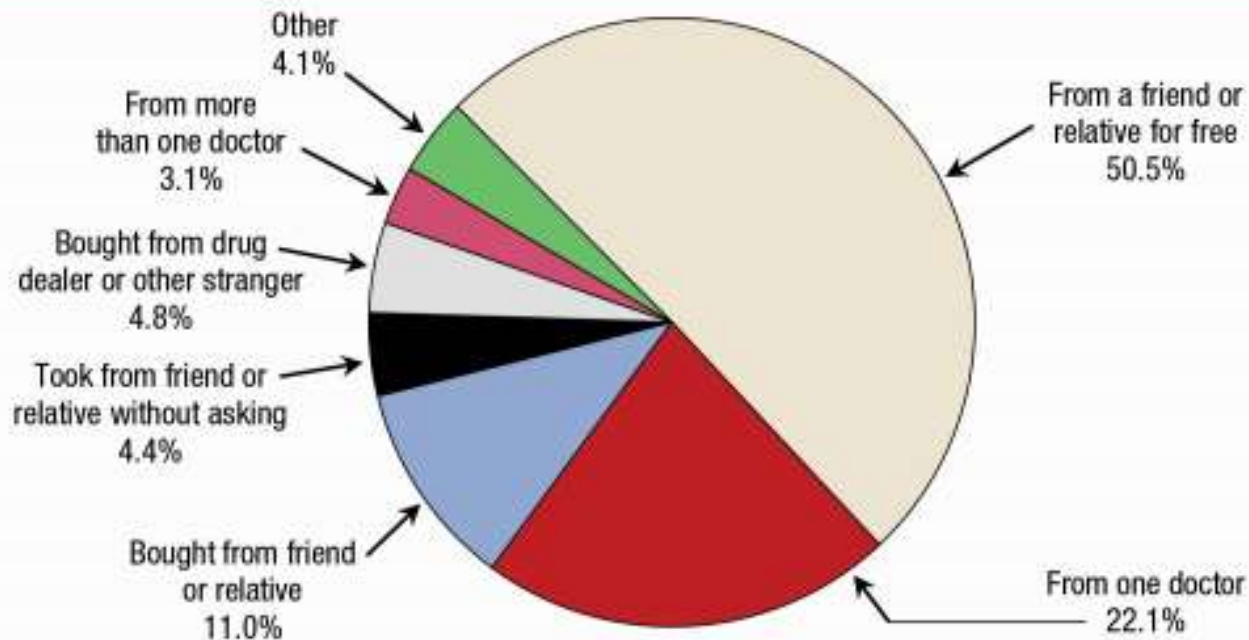
# Is Heroin Being Substituted for Prescription Opioids?

- “Illegal drugs like Heroin, cocaine and fentanyl are responsible for more drug overdose deaths in the United States than opioid pain medication.”
- “This report not only underscores the changing nature of the Nations overdose epidemic, but undermines some of the rationale behind Federal efforts to limit the prescribing of pain medication.”
- “In 2010, for example, the study found that oxycodone was the top drug involved in overdose tests. But by 2014, the painkiller was ranked third, behind heroin and cocaine.”  
- Pain News Network. December 29, 2017.



Source: National Vital Statistics Reports. Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2010-2014. Volume 65, Number 10. December 20, 2016

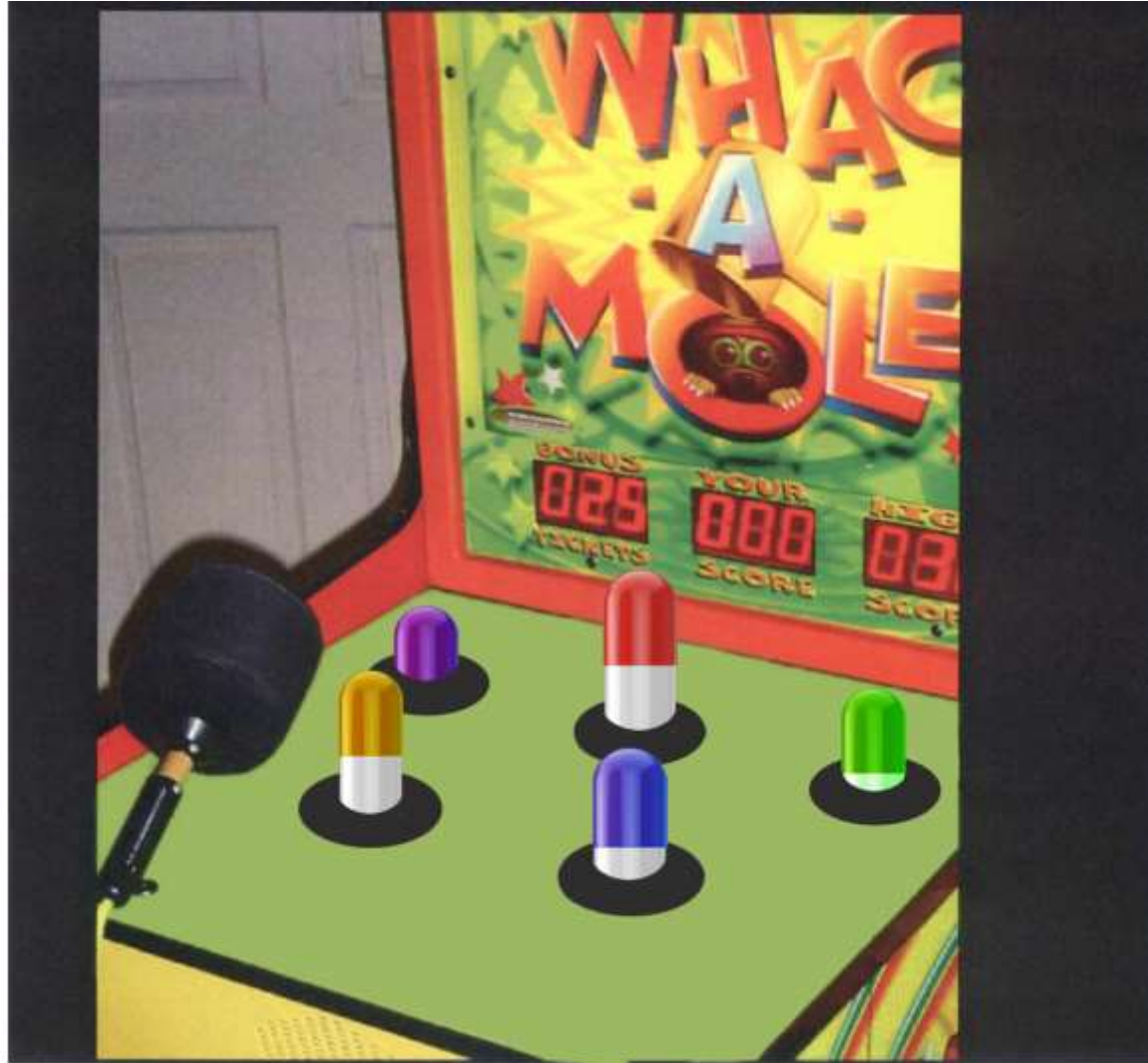
Source of prescription pain relievers for the most recent nonmedical use among past year users aged 12 or older: annual averages, 2013 and 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.



# Opioid Whack-a-Mole







**Canine**  **Health Institute**  
PAIN MANAGEMENT & REHABILITATION

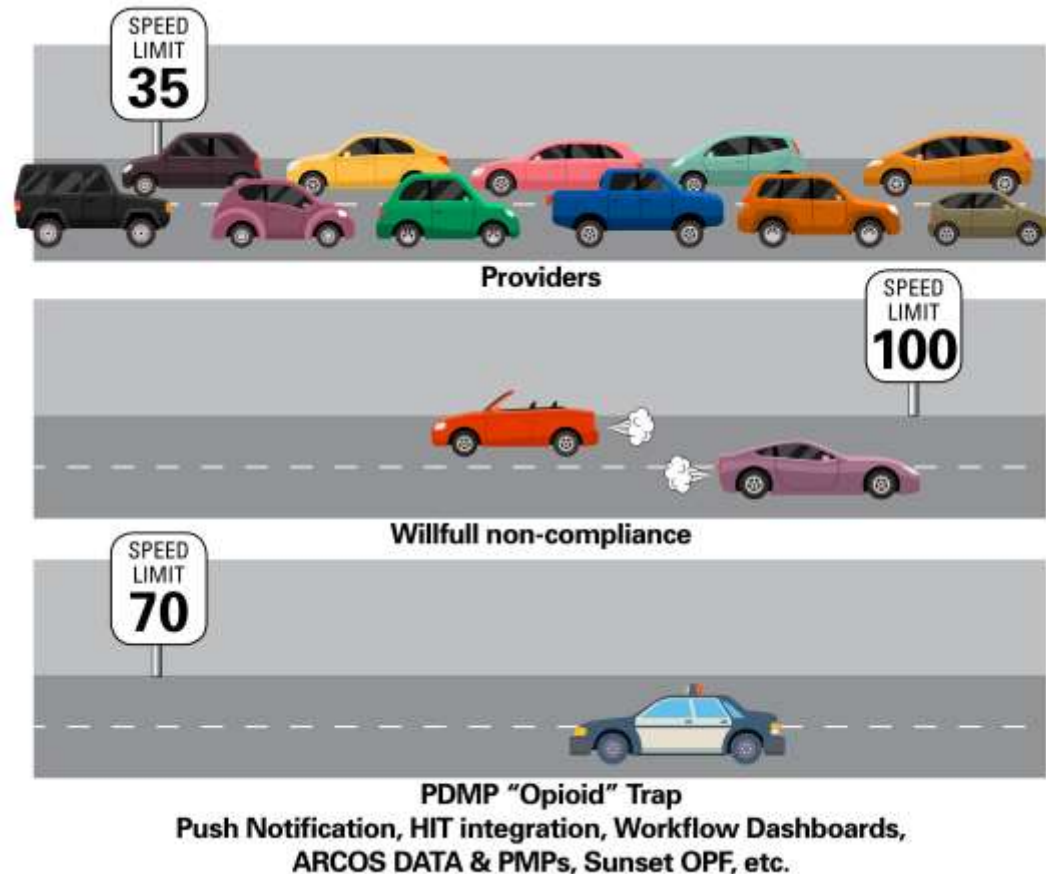
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WELCOME PLAZA  
Parking Only  
← Fire →  
Canine Health Institute  
Pain Management & Rehabilitation

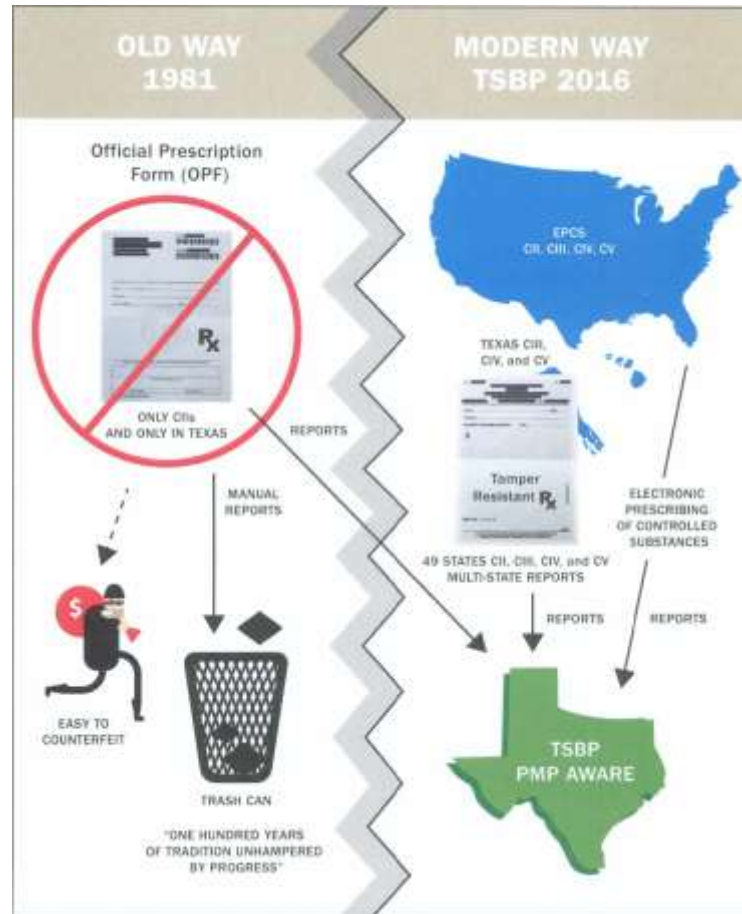
Canine Health Institute  
Pain Management & Rehabilitation

# Prescription Drug Monitoring Programs: Evidence-based practices to optimize prescriber use

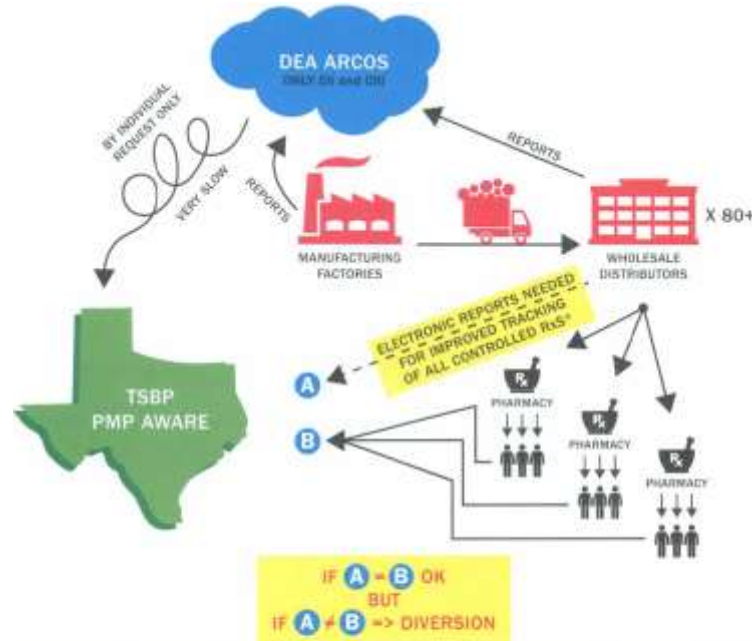
- Excellent new report on “old” 2014 data
- Prescriber Mandates
  - Registration?
  - Use with exemptions?



# Sunsetting The Official Prescription Form



# Improvements for Tracking The Wholesale Drug Distribution of Controlled Substances



The Texas Medical Association will work with the Texas Legislature to require wholesale drug distributors to report their ARCOS data directly to the Texas Prescription Monitoring Program.

The Texas Medical Association will work with the legislature to require pharmacies to report their sales daily to the Texas Prescription Monitoring Program.

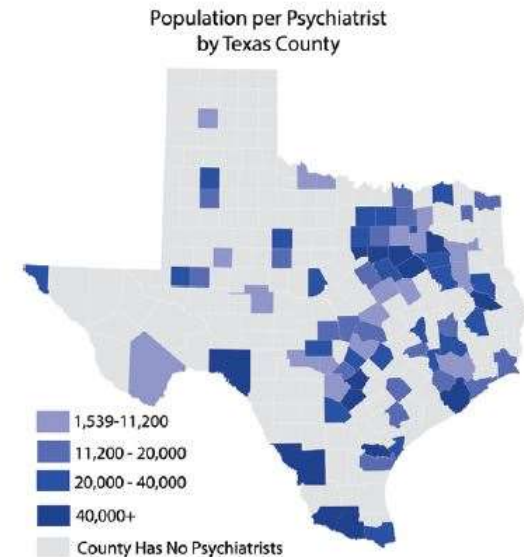
The Texas Medical Association will work with the Texas Legislature to require: the Texas State Board of Pharmacy to generate public reports (de-identified) of the top 10 wholesaled controlled substances by ZIP code, monthly, or more frequently as indicated.

\*Currently used in Florida, Ohio, Michigan, and Washington

# The Mental Health Workforce Shortage in Texas

- ~2000 psychiatrists in Texas in 2015, most now reaching retirement age
- ~200 child and adolescent psychiatrists in Texas in 2015
- 59% of psychiatrists in US are age 55 or older (in 2015)
- There are likely fewer addiction specialists than child psychiatrists in Texas

Geographic Designation	Population per Psychiatrist
Metropolitan, Non-Border	12,032
Metropolitan, Border	29,849
Non-Metropolitan, Non-Border	30,219
Non-Metropolitan, Border	126,821
<b>Texas</b>	<b>13,794</b>



# Treatment Initiatives

- Educational initiatives in school & community settings (primary prevention)
- Supporting consistent use of prescription drug monitoring programs (PDMP)
- Implementation of overdose education and naloxone distribution programs to issue naloxone directly to opioid users and potential bystanders
- Aggressive law enforcement efforts to address doctor shopping & pill mills
- Diverting justice-involved individuals with substance use disorders to Drug Courts with mandated engagement in treatment
- Expansion of access to medication assisted treatment for substance use disorders
- Use of abuse-deterrent formulations for opioid analgesics
- Expand training of physicians in addiction medicine
- Increased funding of Graduate Medical Education for psychiatrists
- Best practices PMP enhancements
- Expanded resources for multidisciplinary functional restoration programs

# Contact Information

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Thank you for this opportunity



Physicians Caring for Texans