HISTORY OF PAIN TREATMENT AND THE OPIOID EPIDEMIC IN TENNESSEE

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HISTORY OF PAIN TREATMENT

- Opioids have been used medically since the 1600s and possibly long before that
- First nerve blocks for pain performed as early as 1899
- Cushing described pain relief with epidurals in 1901 and Schloesser described trigeminal neurolysis in 1903
HISTORY OF PAIN TREATMENT

- John Bonica published is definitive textbook on the multidisciplinary treatment of pain in 1953
- By 1965 we had moved from early conceptualizations of pain pathways to Melzack and Wall’s Gate control theory
- In the 1980s the Biopsychosocial model emerged and in the 1990s the Functional Rehabilitation model emerged
- Between the early 1900s and the 1990s we saw dramatic improvement in diagnostic accuracy regarding identification of anatomic pain generators
- Privathi Raj publishes *Practical Management of Pain* in 1986- launched the beginning of the subspecialty of pain management
- We have developed new and advanced treatments for painful conditions: ESI, RFL, SCS, ITP, Percutaneous discectomy and decompression
- Over the past forty years we have made great strides in our understanding of pain through research- still much to learn
DEVELOPMENT OF PROFESSIONAL SOCIETIES

- International Association for the Study of Pain was created in 1974
- American Pain Society was created in 1977
- American Academy of Pain Medicine was created in 1983
- American Academy of Pain Management was created in 1988
- World Institute of Pain was created in 1993
- American Society of Interventional Pain Physicians was created in 1998
- ASA and ASRA
EDUCATION AND CERTIFICATION

-American Board of Medical Specialties (ABMS) first offered board certification in the subspecialty of pain medicine in 1993
-WIP offered a competency certification in Interventional Pain Management in 2002. ASIPP and the American Board of Pain Medicine (ABPM) also offer a board type examination although none of these are recognized by the ABMS
-Many medical schools and hospitals began adding pain fellowships to their curriculum
PREVALENCE OF PAIN

-Institute of Medicine reports indicates 116 million Americans suffer from chronic pain with an estimated financial cost of $635 billion per year

-Barriers to Care- half of PCPs report feeling only “somewhat prepared” to handle pain patients

-11-55% prevalence among adults in the US
SEVERITY OF PAIN

Emotional toll
Suicide
Loss of work/income
Marital/family problems
Psychological effects

Lead to a significant increase in opioid prescriptions
PUBLIC CRISIS

-Multiple celebrity overdoes- Prince, Heath Ledger, Philip Seymour Hoffman, Elvis
-Recent News specials on CNN
-Multiple articles from the AP followed by articles in many local papers
-Opioid abuse well known in popular culture
NATIONAL STATISTICS

- Opioid sales quadrupled from 1999 to 2010
- Substance abuse treatment admissions for 2010 was seven times higher than in 1999
- Opioid overdose deaths have quadrupled from 1999 to 2010.
- Nonmedical opioid use cost US insurance companies $72.5 billion
- Drug overdose was the leading cause of death in 2013, surpassing car accidents or homicide
- 46 Americans died from prescription opioid overdose daily in 2013
- 2006-2011 hydrocodone was the most commonly dispensed medication in the US
TENNESSEE STATISTICS

TN overdose rate rose from 6.1 in 1999 to 16.9 per 100,000 population in 2010 compared with the national rate of 12.4 per 100,000 population

3-4 overdose deaths per day in TN

2013 TN ranked 2nd in the nation for prescription opioid abuse and 3rd in the nation for per capita opioid prescriptions written, and 8th in the nation for prescription opioid overdose deaths
OVERDOSE DEATHS AND ADDICTION TREATMENT DIRECTLY RELATED TO SALES
Free from Friend/Relative + Bought/Took from Friend/Relative = 70.8%

Values in Percentages

NSDUH 2011
PERFECT STORM

- JCAHO introduced new pain management standards in 2000
- Pain as the 5th vital sign
- Aggressive marketing campaign by the pharmaceutical industry
- Aging population
- Higher prescribing rates of other medications such as antibiotics and antihypertensives in TN
- Higher obesity rates, nationally and especially in TN
- Higher rate of spine surgery per capita in TN- national rates of instrumented fusion have increased 7.9 fold from 1998-2008
INSTANT GRATIFICATION

- Multiple treatment options; physical therapy, psychological therapy, weight loss, exercise
- Opioids are fast and easy for the patient and the doctor
DIVERSION

Oxycodone sells for $1-2 per milligram on the black market

Percocet 10/325 one tab Q6H prn pain
Disp # 120 for 30 days

$1200-2400
While we do have issues with the under treatment of pain, we have a bigger problem with overutilization of opioids.
LEGAL ACTION AGAINST PAIN CLINICS AND PROVIDERS
SUMMARY OF RELEVANT LEGISLATION

- Controlled Substance Monitoring Act 2002 - CSMD began collecting data in 2006
- Pain Clinic Bill 2012 - established certificate that pain clinics must obtain including requirements for medical director
- SB 676 2013 - prohibited dispensing of opioids from pain clinics
- Interventional Pain Management Bill 2013 - Requires spine injections to be done by physicians or by someone directly supervised by a qualified physician
SUMMARY OF RECENT LEGISLATION

- Prescription Safety Act 2012
  - Required Registration in CSMD
  - Required querying the database for all opioid and benzodiazepine prescriptions over 7 days and annually thereafter with exceptions for hospice care and non-refillable post-operative medications performed in a licensed facility
  - Allows Providers to delegate others to access CSMD on their behalf
  - Protected, but available to law enforcement only through an active case

- McNally Bill 2016 - changed pain clinic certificate to a license and required DOH to develop guidelines for pain clinics as opposed to pain prescribing, multiple other reporting and regulatory requirements
DOH GUIDELINES

- Prescription Safety Act required DOH to create the Chronic Pain Guidelines that were finished in 2014.
- Involvement of all relevant stakeholders
  - Expert Panel- primary care, pain specialists (academic and private practice), addictionology, TennCare, Private payers, law enforcement (TBI), pharmacology, public health experts with DOH
- Symposia
- Pharmacy Conferences
- Establish a diagnosis relating to the etiology of pain using appropriate history, exam, and diagnostic tests
- Assess each patient’s risk of opioid abuse or misuse and treat accordingly
- Monitor patients for compliance with medication regimen
- Limit using more than one short acting opioid concurrently
- Consideration of special women’s issues in light of growing NAS epidemic
- Referral for expert consultation with high dose patients
- Specific recommendations for benzodiazepines, methadone, and UDS
RESULTS
MORPHINE MG EQUIVALENTS REPORTED TO CSMD BETWEEN 2010 AND 2014

![Bar chart showing the reported amounts of morphine equivalents between 2010 and 2014. The amounts are as follows:
- 2010: 8,793,992,411
- 2011: 9,628,099,974
- 2012: 9,881,362,610
- 2013: 9,828,521,165
- 2014: 9,381,171,458]
NUMBER OF CONTROLLED SUBSTANCES PRESCRIBED FROM 2010-2014 PER CSMD
QUESTIONS?