

My Perspective On Opioid Epidemic Through My Personal Journey

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Surgery, Virginia Commonwealth University
School of Dentistry and School of Medicine
And VCU Medical Center**



Disclaimer

- I am not an expert on the subject matter but...I know “one thing or two” about the subject matter....
- The subject matter is **PERSONAL!** to me so please be patient with me if....
- I am a “consultant” to PACIRA Pharmaceutical , inc. (a manufacturer of long acting long anesthetics)..



The John Henry Watkins Foundation, Inc.

Supporting young adult recovery



The JHW Foundation is a not-for-profit foundation aimed at raising awareness about substance abuse and addiction in young people and supporting young adults in recovery.

The Foundation, named in honor of our son, John Henry Watkins, III, goal is to raise awareness and educate communities about the disease of addiction in young people and to support programs that promote opportunities for lasting recovery in young adults between the ages of 14 - 25.

We provide financial and technical assistance to collegiate recovery programs in Virginia; financial support to programs and organizations that provide quality care for substance abuse and addiction and support to individuals to assist with gaps in insurance coverage for treatment and sober living housing.

My Perspective On Opioid Epidemic Through My Personal Journey



1

Father

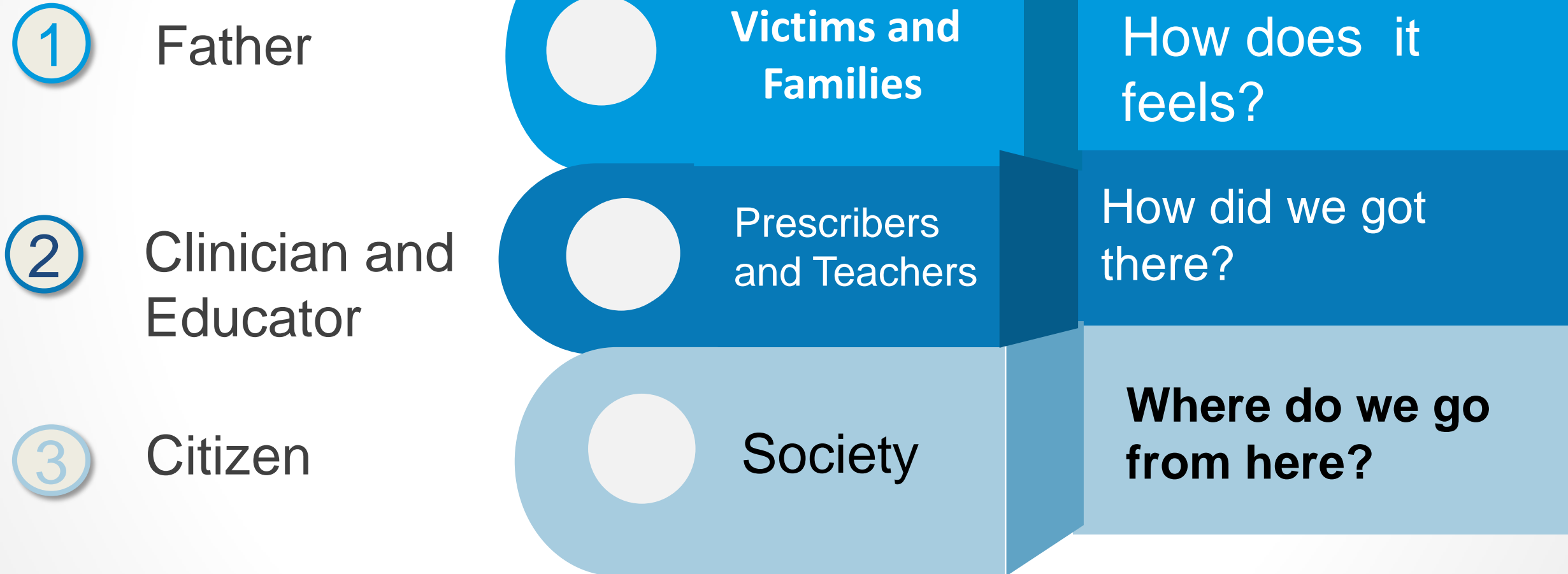
2

Clinician and educator

3

American citizen

My Perspective



My Perspective as A Father

1

Father



**Victims and
Families**

**How does it
feel?**

Ethical
A clinician

Educational
An educator

Human
A father



October 2, 2014

My Personal Journey



Fix the World

“The way I know how to deal with things is to fix them”



Fix my broken world

“My world is not just my surroundings”



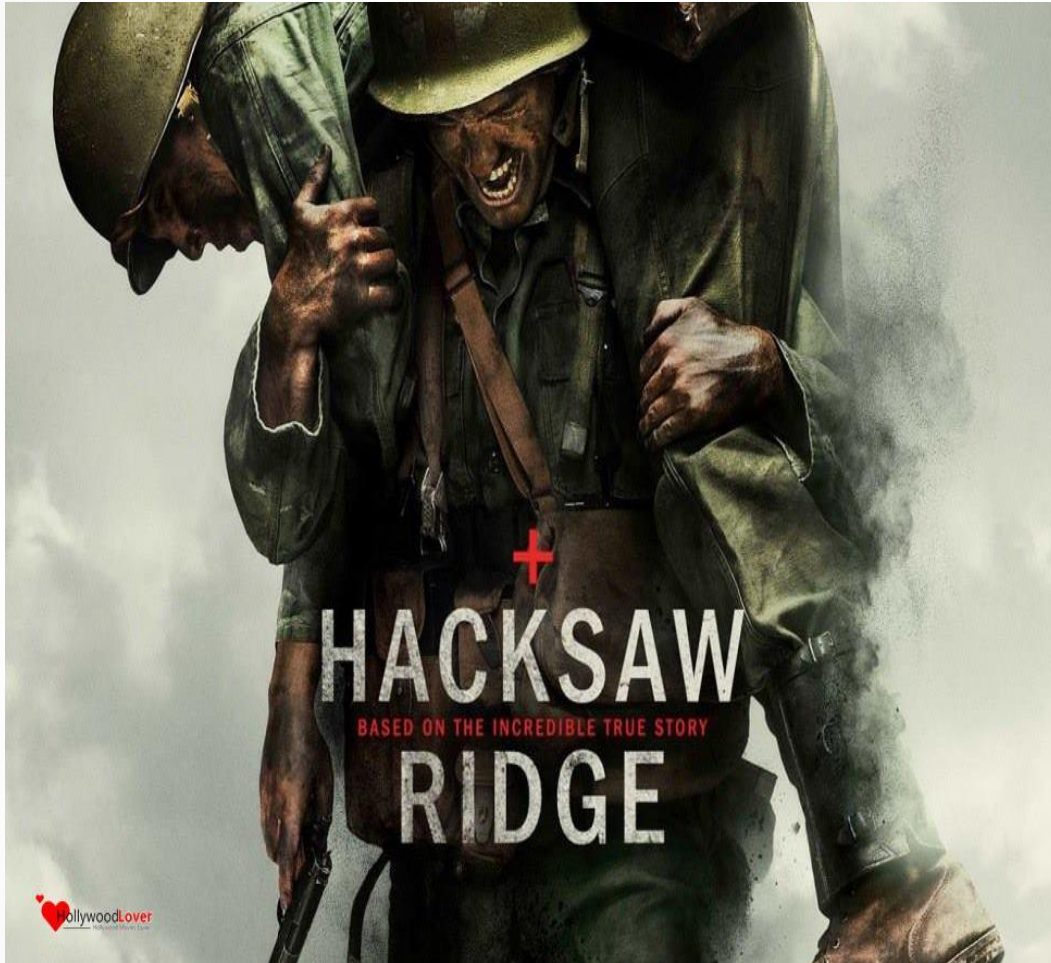
“Broken”!

“The soul pain is as relentless as the physical pain that opiates were now commonly prescribed to calm. But no one else was doing the job, and crying days away, arms around album, seemed a waste”

Parents/ Family Perspectives In “Words”

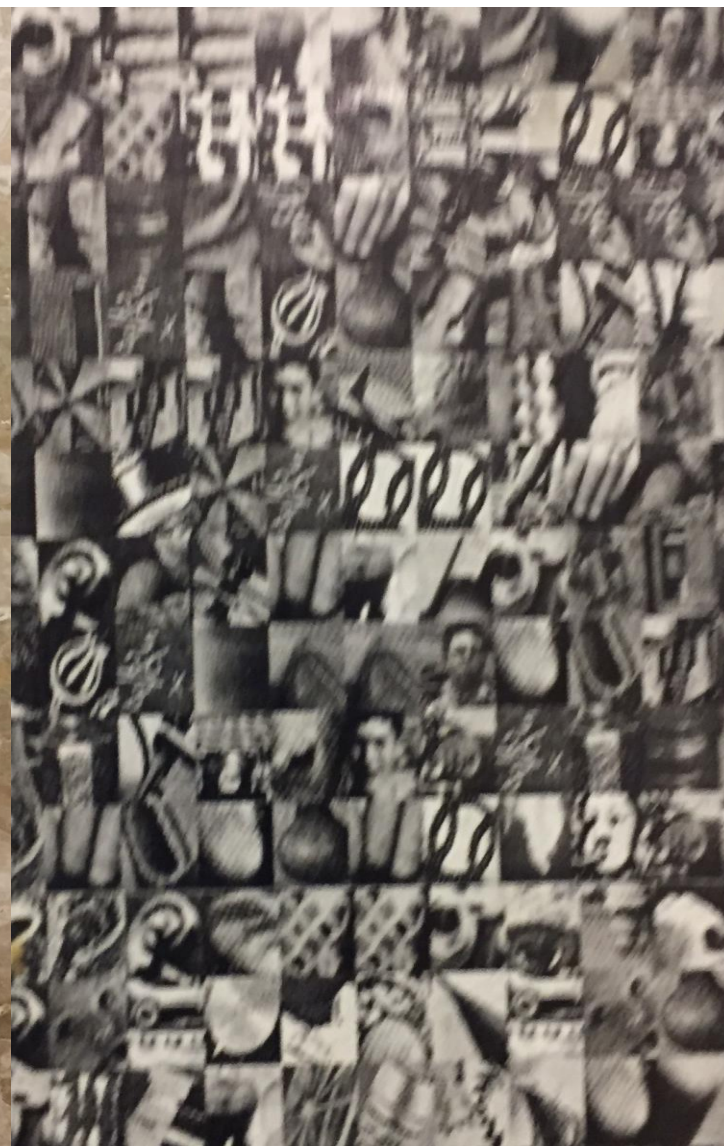
“When your kids' dying from brain cancer or leukemia, the whole community shows up, and they bring casseroles, they pray for you and they send you cards. When your kid's on heroin, you don't hear from anybody, until they die. Then everybody comes and they don't know what to say.” Dreamland

Parents/ Family Perspectives In “Words”



“In times of peace, sons
bury their fathers,
and in times of war
fathers bury their sons”

Hacksaw Ridge is a 2016 biographical war film about the WWII experiences of Desmond Doss, an pacifist combat Medic (1919-02-07) from Lynchburg Virginia ,



“Most people view the world from a distance but the world changes when you up and close”

Face of (Views About) Addiction

From A Distance

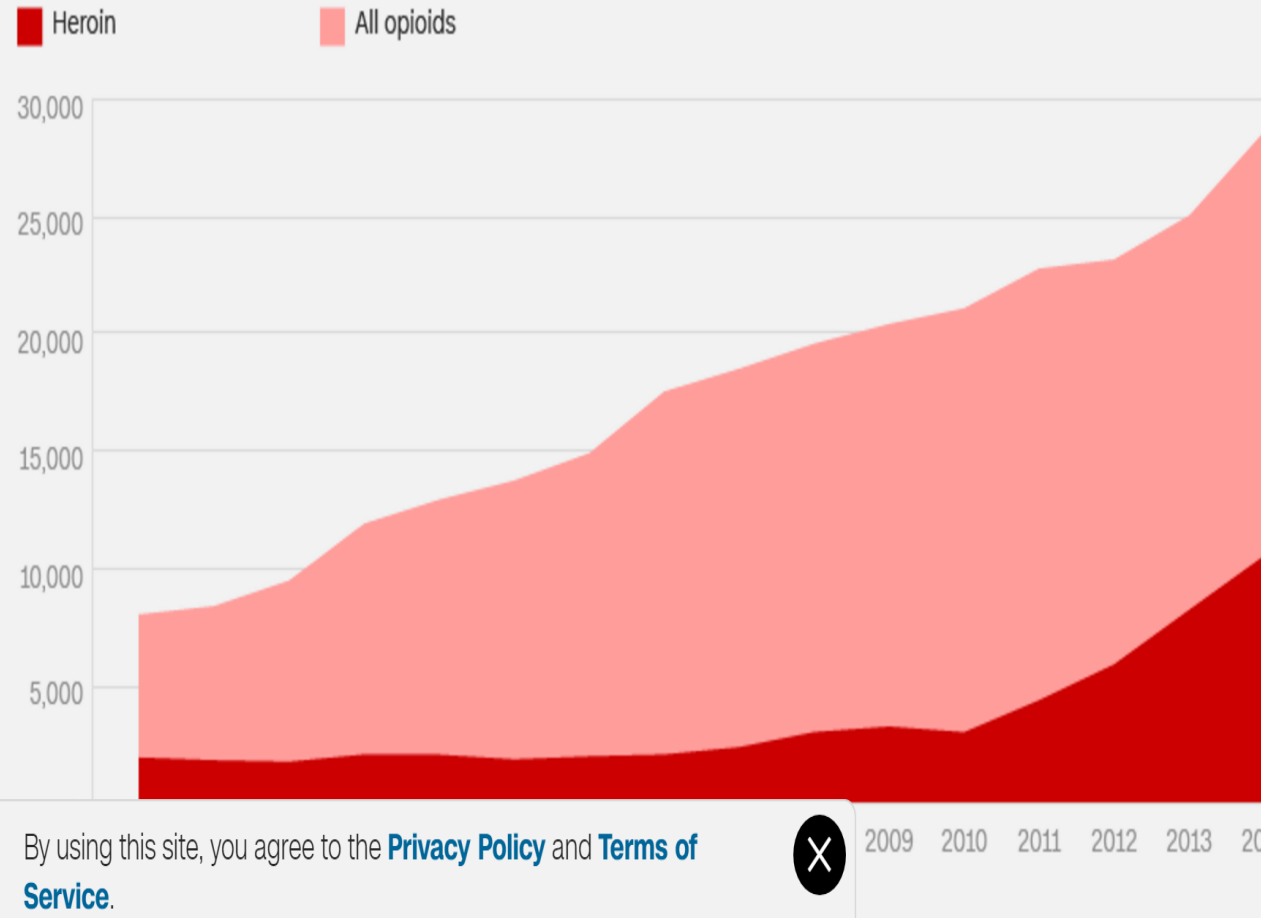
- Statistics
- Graphs
- Addicts
- ‘Junkies’
- Alcoholics
- Drug seekers
- ??!!!

From Home

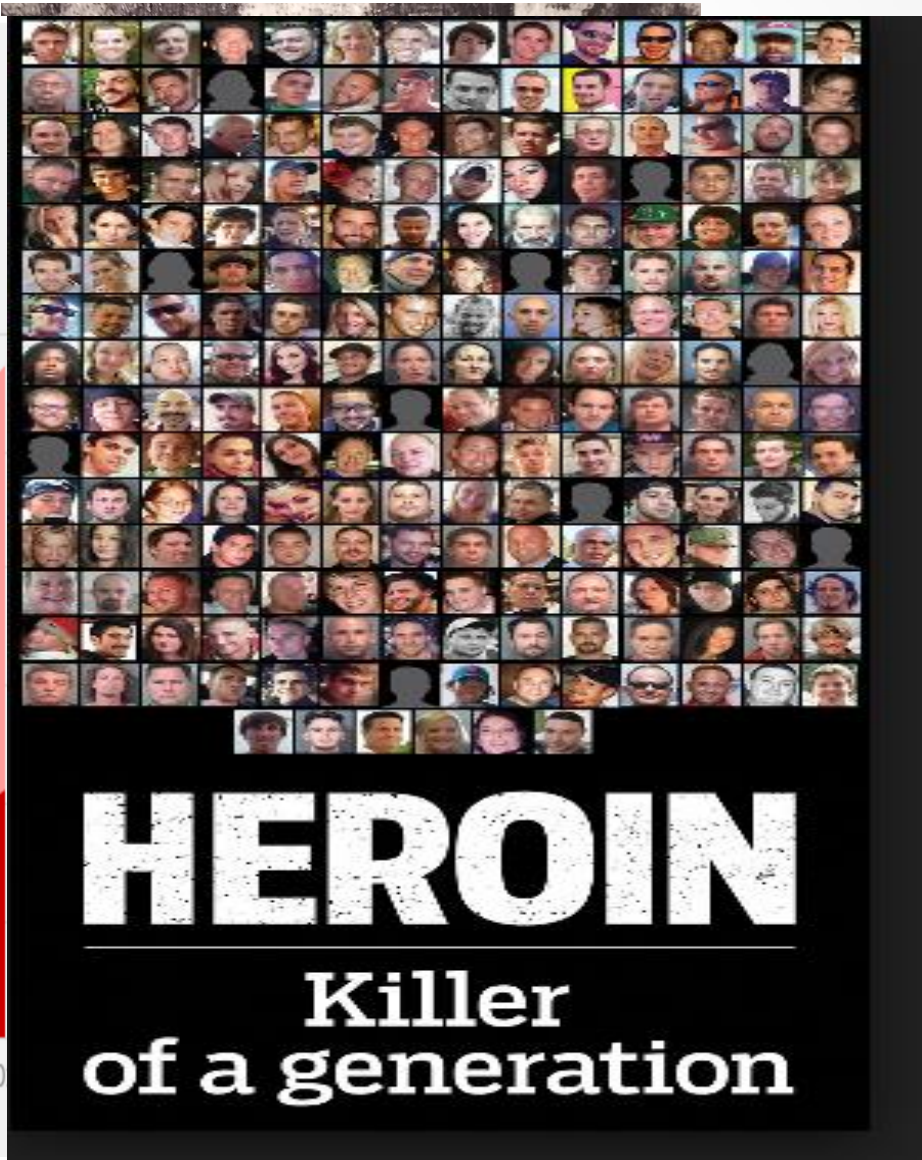
- Sons
- Daughters
- Fathers
- Mothers
- Sisters
- Brothers
- Memories and hopes

How heroin drives opioid overdose deaths

Number of opioid-related deaths involving heroin, 1999-2014



From A Distance



From a Up-close

Family Loses Third Son To The Heroin Epidemic

If this story is not proof that our country is in the midst of an epidemic, what more will it take?

11/06/2016 06:51 pm ET | Updated Nov 07, 2016



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AdChoices



On behalf of every individual and every family who is affected, we ask to be thought of us as more than just numbers or just a shocking statistics or a passing 30 seconds news clip

My Perspective As A Clinician And An Educator

② Clinician and Educator



Prescribers
and
Teachers

How did we get
there?

Ethical
A clinician



Educational
An educator

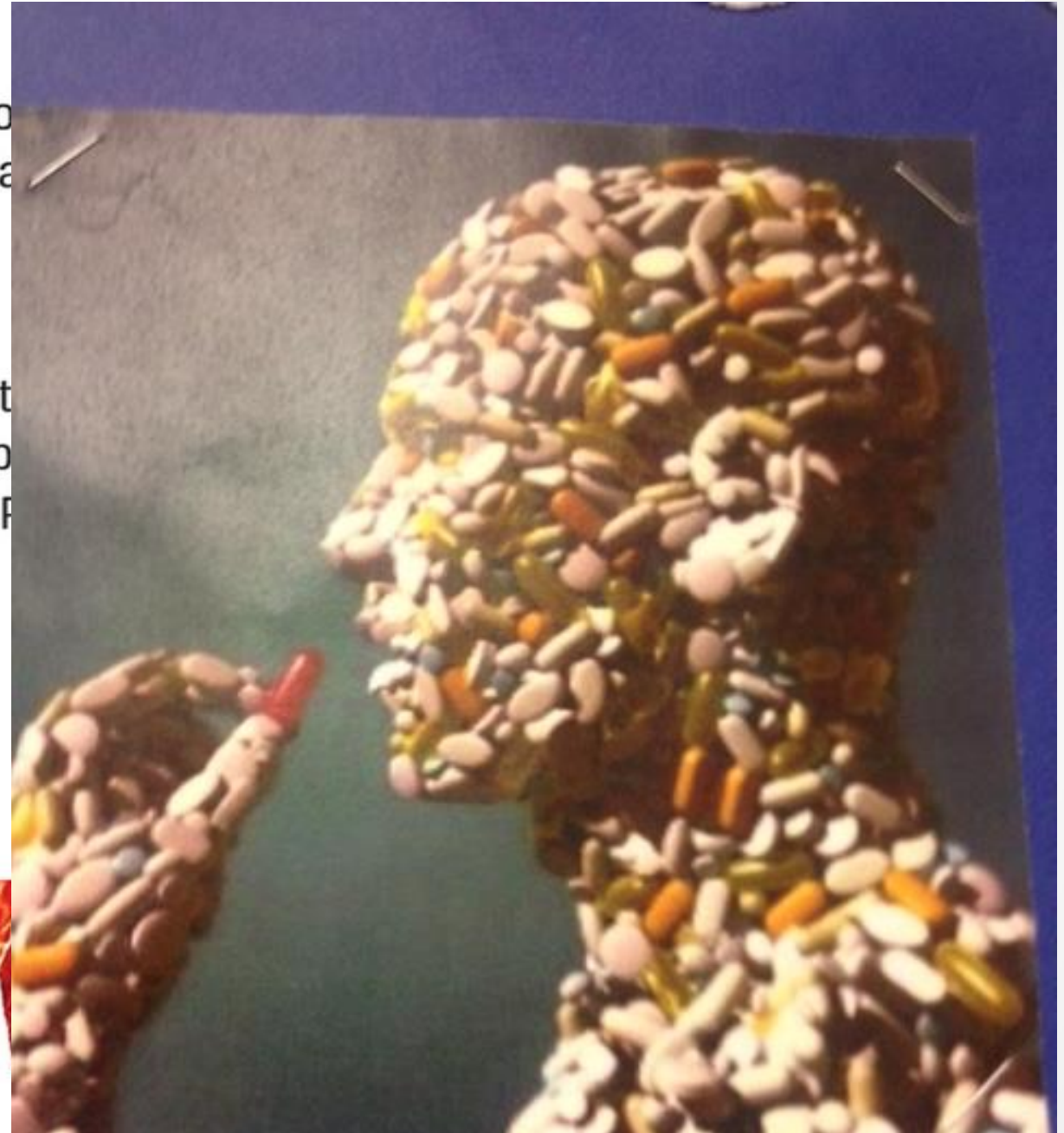
Human
A father

1996

In his presidential address, James Campbell of the American Medical Association used the phrase, "Pain as the 5th Vital Sign." He emphasized pain as an important part of the four traditional vital signs.

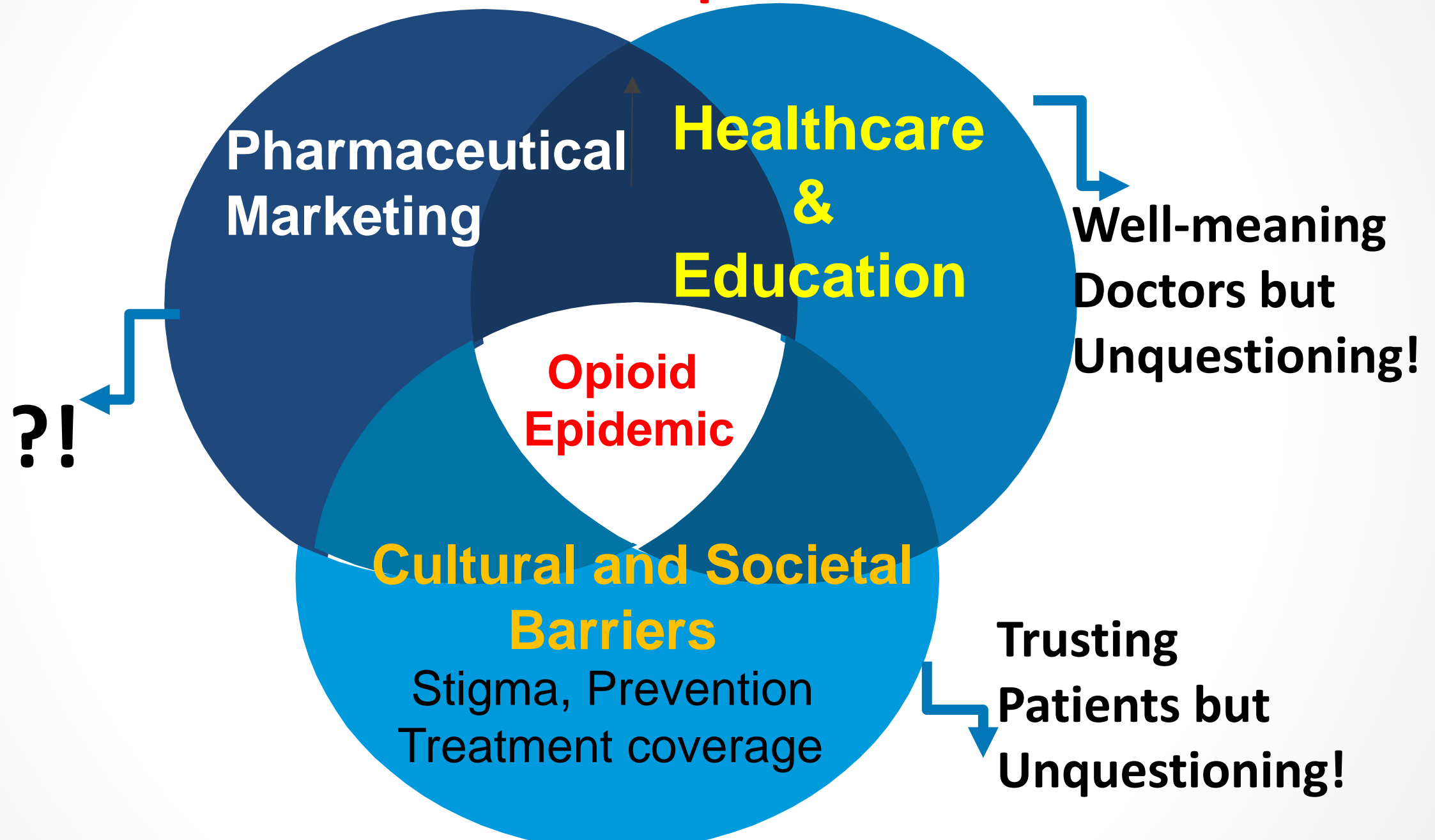
1999

The Veterans' Health Administration initiated the first electronic medical record of patients' self-reported pain. The "5th Vital Sign" required use of a Numeric Rating Scale (NRS) to assess pain.



Pain as the 5th Vital Sign

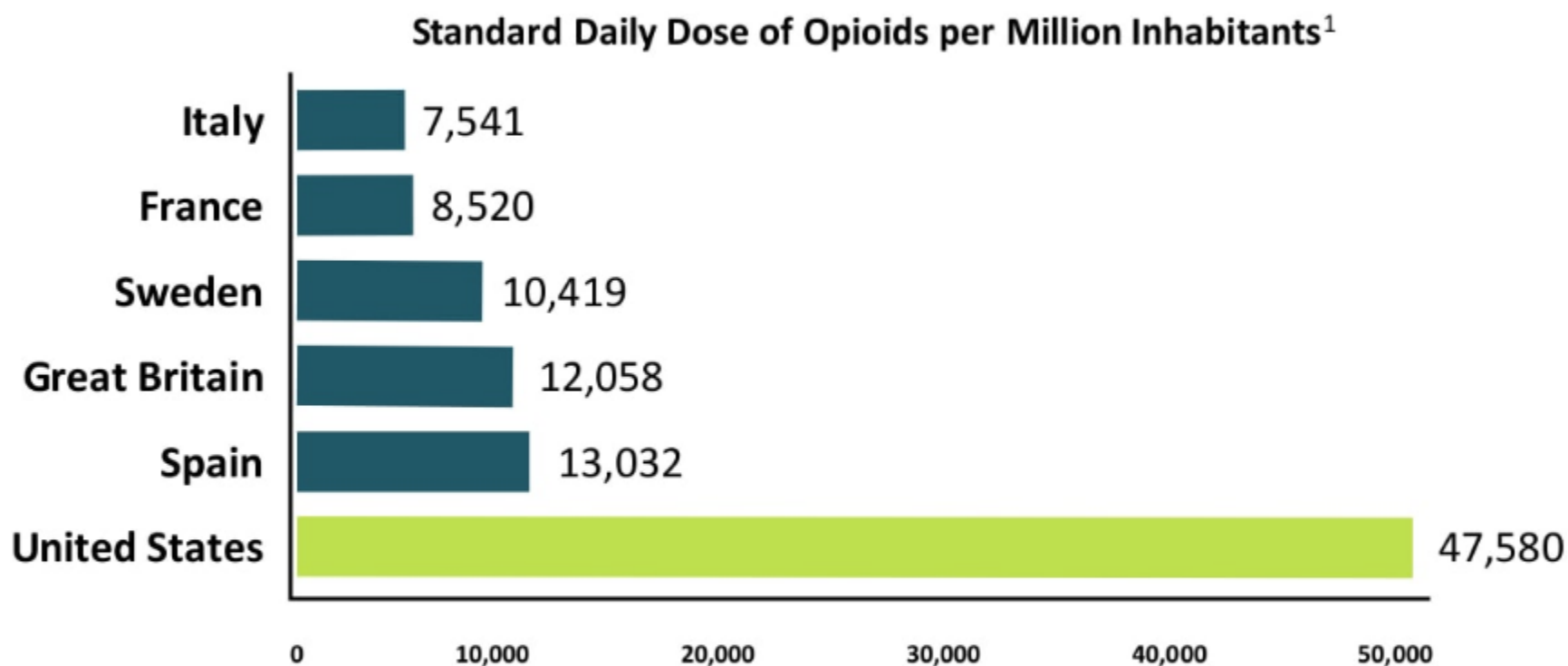
The Road To The Epidemic



The United States consumes 80% of the world's prescription painkillers.



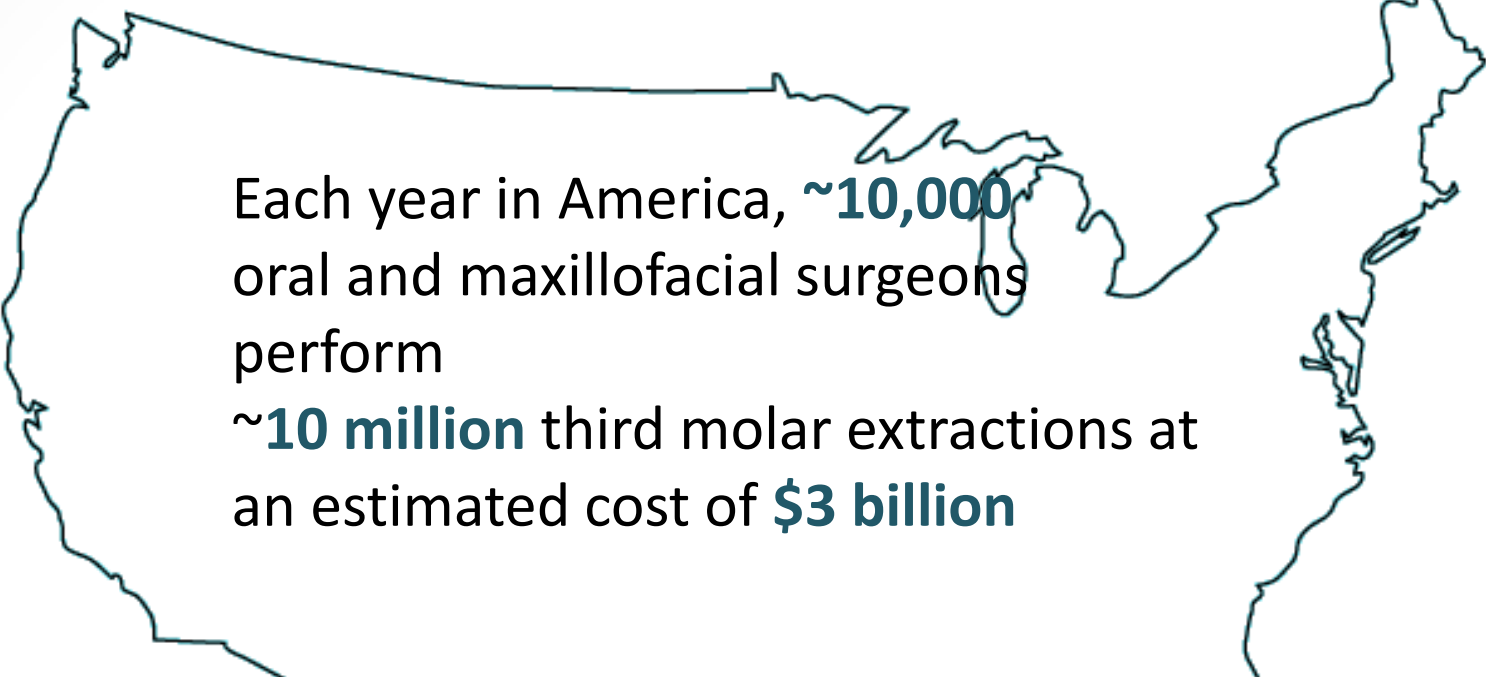
Americans Are Prescribed More Opioids Per Capita Than Many Countries With Far Easier Access to Health Care¹



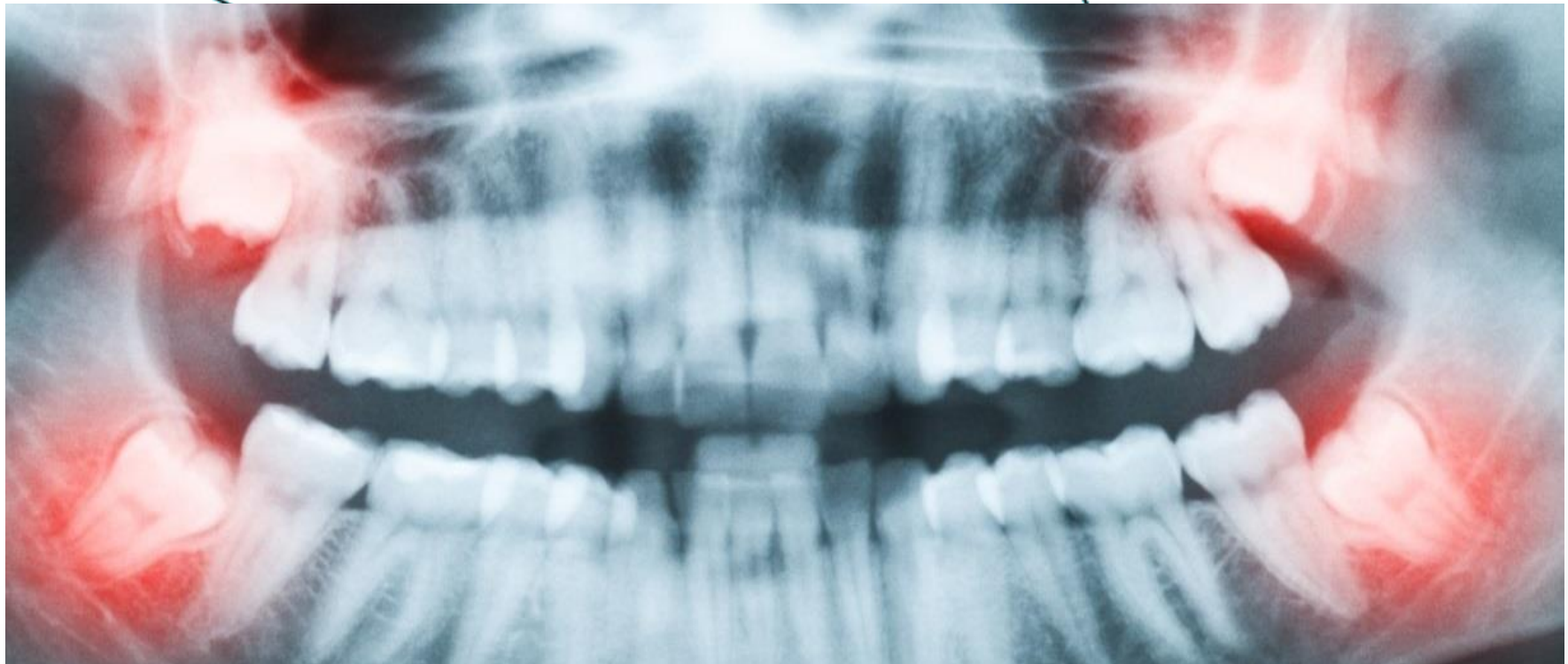
Two-thirds of teens who abused pain relievers in the past year say they got them from family and friends.

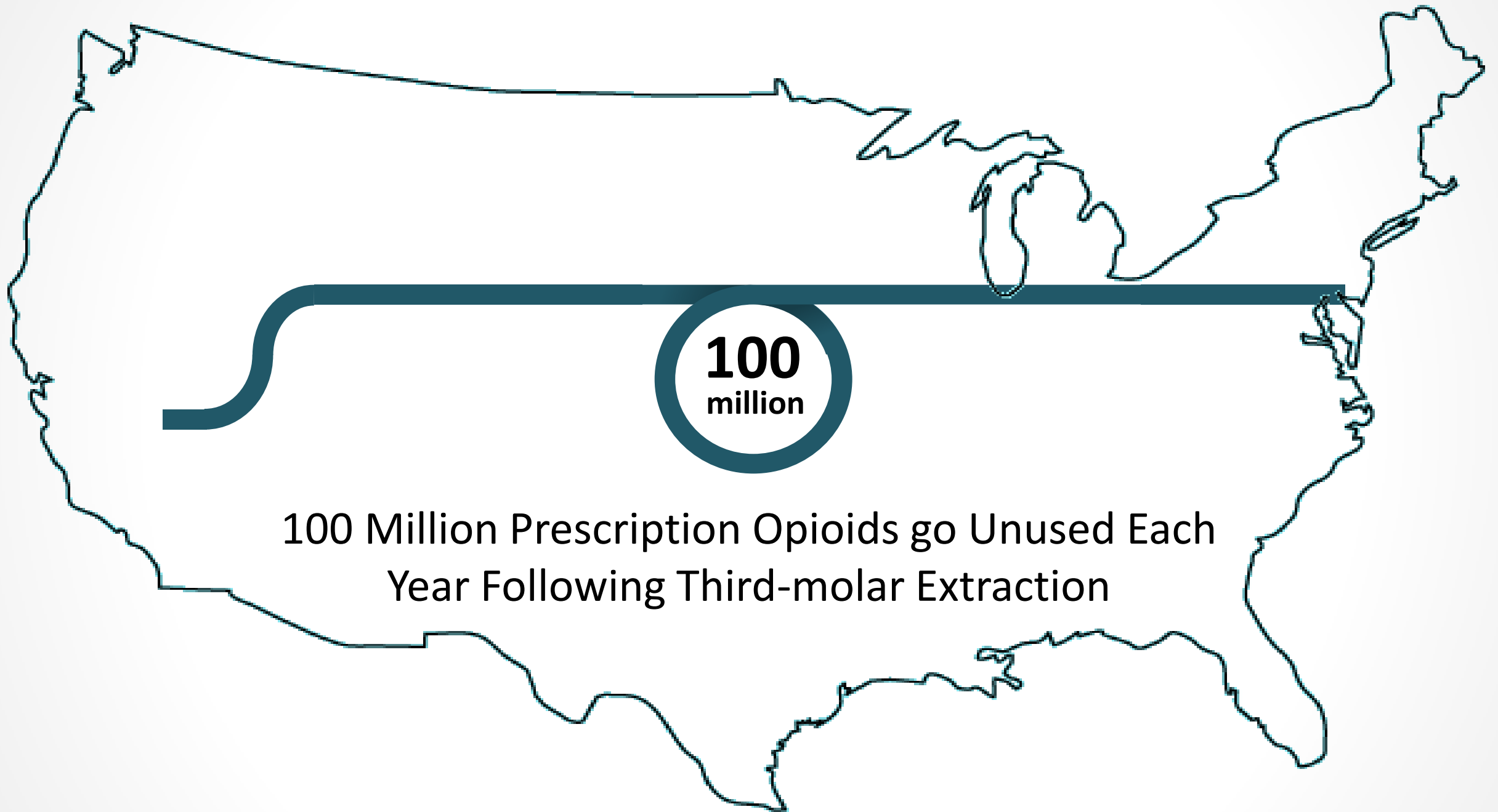


This includes getting them in their own homes from medicine cabinets and the kitchen counter. Grandparents' homes are especially vulnerable.



Each year in America, **~10,000** oral and maxillofacial surgeons perform **~10 million** third molar extractions at an estimated cost of **\$3 billion**





100
million

100 Million Prescription Opioids go Unused Each
Year Following Third-molar Extraction

Ask your oral surgeon to stop prescribing oxycodone for teen wisdom teeth removal



And parents please stop asking for it.

Seven percent of patients prescribed narcotic or opioid analgesics will become addicted.* Some statistics put it as high as 10%. Still others will abuse it or sell it. Do you want that to be your kid?

If you've never had an opiate, percocet, oxycodone or vicodin, you shouldn't risk it either.

One pill can trigger an addiction

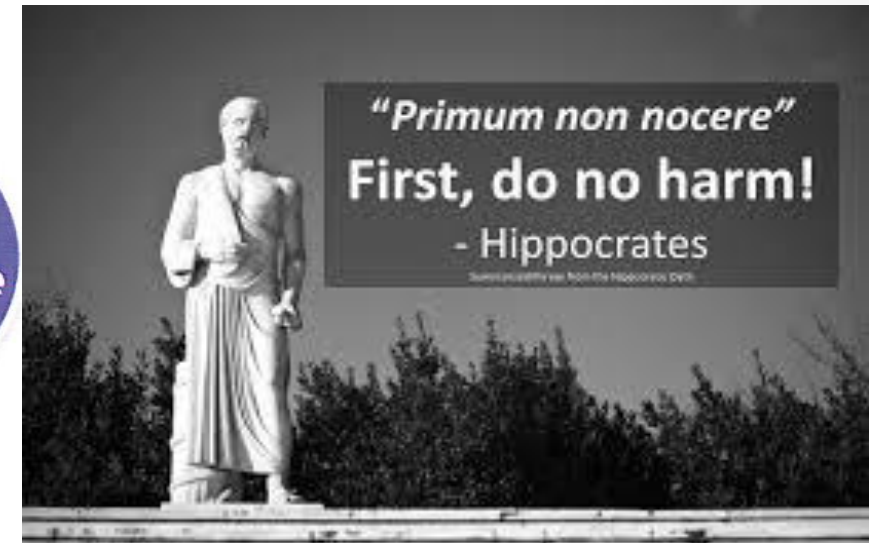




"The prescription overdose epidemic is doctor-driven. It can be reversed in part by doctor's actions. **Prescription opioid overdose deaths can be prevented by improving prescribing practices.** We can protect people from becoming addicted to opioids and clinicians are key to helping to reverse the epidemic."

Thomas R. Frieden, MD, MPH
Director of the CDC (Centers for
Disease Control and Prevention)

Principles of Ethics



QUOTE OF THE DAY:

**DON'T CLING TO A MISTAKE
JUST BECAUSE YOU SPENT
A LOT OF TIME MAKING IT**

UNKNOWN



**Fulfil Our Educational, professional and Societal
Responsibilities: Act Boldly**

Evidence –Based Practice: What and How Much to Prescribe

- Six to seven tablets of oxycodone (5mg), oxycodone/acetaminophen (5/325mg) or hydrocodone/acetaminophen (5mg/325 mg) may be sufficient to manage pain after third molar extractions
- “Opioid-Free Practice”

2014

1	DrugDescription	#Tablets
5385	hydrocodone-apap	30
5386	oxycodone hcl/acetaminophe	30
5387	hydrocodone-apap	30
5388	tylenol 3	30
5389	tylenol 3	30
5390	hydrocodone-apap	30
5391	hydrocodone-apap	30
5392	oxycodone hcl/acetaminophe	30
5393	hydrocodone-apap	30
5394	hydrocodone-apap	30
5395	hydrocodone-apap	30
5396	hydrocodone-apap	30
5397	hydrocodone-apap	30
5398	hydrocodone-apap	30
5399	hydrocodone-apap	300mL
5400	hydrocodone-apap	300mL
5401	oxycodone hcl/acetaminophe	35
5402	hydrocodone-apap	40
5403	oxycodone hcl/acetaminophe	40
5404	hydrocodone-apap	40
5405	oxycodone hcl/acetaminophe	40
5406	hydrocodone-apap	40
5407	oxycodone hcl/acetaminophe	40
5408	oxycodone hcl/acetaminophe	40

2015

112	hydrocodone-apap	8
113	hydrocodone-apap	8
114	hydrocodone-apap	8
115	hydrocodone-apap	8
116	hydrocodone-apap	8
117	hydrocodone-apap	8
118	hydrocodone-apap	8
119	hydrocodone-apap	8
120	hydrocodone-apap	8
121	hydrocodone-apap	8
122	hydrocodone-apap	8
123	hydrocodone-apap	8
124	hydrocodone-apap	8
125	oxycodone hcl/acetaminophe	8
126	hydrocodone-apap	8
127	hydrocodone-apap	8
128	hydrocodone-apap	8
129	hydrocodone-apap	8
130	hydrocodone-apap	8
131	hydrocodone-apap	8
132	hydrocodone-apap	8
133	hydrocodone-apap	8
134	hydrocodone-apap	8
135	hydrocodone-apap	8
136	hydrocodone-apap	8

2016

1	DrugDescription	#Tablets
5356	hydrocodone-apap	6
5357	hydrocodone-apap	6
5358	hydrocodone-apap	6
5359	hydrocodone-apap	6
5360	hydrocodone-apap	6
5361	hydrocodone-apap	6
5362	hydrocodone-apap	6
5363	hydrocodone-apap	6
5364	hydrocodone-apap	6
5365	hydrocodone-apap	6
5366	hydrocodone-apap	6
5367	hydrocodone-apap	6
5368	oxycodone hcl/acetaminophe	7
5369	hydrocodone-apap	7
5370	hydrocodone-apap	7
5371	oxycodone hcl/acetaminophe 70 ml	
5372	hydrocodone-apap	8
5373	hydrocodone-apap	8
5374	oxycodone hcl/acetaminophe	8
5375	hydrocodone-apap	8
5376	hydrocodone-apap	8
5377	hydrocodone-apap	8
5378	hydrocodone-apap	8
5379	hydrocodone-apap	8

HHR/DHP Opioid Curricula Workgroup Core Competencies in Pain Management and Addiction

An Act to require the Secretary of Health and Human Resources to convene a workgroup to develop educational standards and curricula for training health care providers in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse.

[H 2161]

Approved February 23, 2017

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Secretary of Health and Human Resources shall convene a workgroup that shall include representatives of the Departments of Behavioral Health and Developmental Services, Health, and Health Professions as well as representatives of the State Council of Higher Education for Virginia and at least one representative of each medical school, dental school, school of pharmacy, physician assistant education program, and nursing education program located in the Commonwealth to develop educational standards and curricula for training health care providers, including physicians, dentists, optometrists, pharmacists, physician assistants, and nurses in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. Such educational standards and curricula shall include education and training on pain management, addiction, and the proper prescribing of controlled substances. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017.*

2. That an emergency exists and this act is in force from its passage.

Virginia Core Competencies in Pain Management and Addiction, September 2017

GUIDELINES FOR PRESCRIBING AFTER ORAL SURGERY PROCEDURES

I. Purpose

- A. To establish guidelines for safe postoperative opioid prescribing for acute pain. These guidelines are intended to supplement and not replace the individual prescriber's clinical judgment.

II. Guidelines:

- A. In the process of entertaining alternatives to prescribe postoperative pain medications, the prescriber should make an effort to estimate the severity of expected postoperative pain, the expected duration of the pain, and to assess patient's individual risk from prescribing opioids. For example:
- In general, the simpler the procedure the less likely the patient will suffer severe postoperative pain. Simple extractions, and extraction of periodontally involved teeth are less likely to result in postoperative pain than surgical extractions, complicated and multiple extractions and extraction of bony impacted third molars.
 - On the risk of prescribing opioids, patients younger than 20 years old, patients with history of substance use disorder, patients with sleep apnea and patients on benzodiazepines are at higher risk for being adversely affected with opioids.
 - For additional guidance see table 1

- B. Unless contraindicated, whenever possible, patients undergoing dentoalveolar surgery should be administered Ibuprofen 400 milligrams (mg) preoperatively.

- C. Providers should prescribe non-steroidal anti-inflammatory drugs (NSAIDs) as first-line analgesic therapy, unless contraindicated. If NSAIDs are contraindicated, providers should prescribe Acetaminophen (APAP) as first-line analgesic therapy.

- D. If prescribing for more than 7 days, or when prescribing for refill for opioids, the Prescription Drug Monitoring Program (PDMP) database for the patient must be reviewed.

- E. When postoperative opioids are indicated following surgery that is typically expected to produce severe pain, the provider should choose the lowest potency opioid necessary to relieve the patient's pain. The duration of therapy should be for a short period.

- F. Opioids should not be prescribed to a patient who is already prescribed opioid medications by another provider for chronic pain (related or unrelated to current problem). Patients prescribed opioids by another provider for their current condition may be prescribed opioids by a VCU OMFS provider after direct communication with the original prescribing provider or review of the patient's current prescription, and it is agreed that the VCU OMFS will be the only prescriber of opioids in such situations. If it is detected that a patient has more than one prescriber of opioid medications, all VCU OMFS opioid prescriptions will cease.

- G. Deviation from the prescribing guidelines should be documented and include a detailed explanation of why the deviation was necessary.

- H. Special considerations should be paid to patients who are in recovery from SUD and/or receiving opioid Maintenance Therapy (OMT). This includes respecting the patient wishes not to be prescribed opioid analgesics, assurances to adequately treat their pain, use of preemptive NSAID, long-acting local anesthetics and consultation with their OMT prescriber regarding postoperative opioid analgesics.

If NSAIDs can be tolerated:

Pain Severity	Analgesic Recommendation
Mild	Ibuprofen (200-400 mg) q4-6 hours prn for pain
Mild to Moderate	Step 1: Ibuprofen (400-600 mg) q6 hours: fixed intervals for 24 hours Step 2: Ibuprofen (400 mg) q4-6 hours prn for pain
Moderate to Severe	Step 1: Ibuprofen (400-600 mg) with APAP (500 mg) q6 hours: fixed interval for 24 hours Step 2: Ibuprofen (400 mg) with APAP (500 mg) q6 hours prn for pain
Severe	Step 1: Ibuprofen (400-600 mg) with APAP (500 mg) q6 hours: prn for pain Step 2: Ibuprofen (400-600 mg) with APAP (650 mg) <u>OR</u> (5mg) hydrocodone q6 hours: 3-day supply.

If NSAIDs are contraindicated:

Pain Severity	Analgesic Recommendation
Mild	APAP (650-1000 mg) q6 hours prn for pain
Moderate	Step 1: APAP (650-1000 mg) q4-6 hours prn for pain Step 2: Hydrocodone (5 mg) q6 hours: 3-day supply.
Severe	Step 1: APAP (650-1000 mg) q6 hours: prn for pain Step 2: Hydrocodone (5 mg) q6 hours: 3-day supply.

Additional Considerations

- Discussion with patients the possible risks and complications of opioid analgesics and care and disposal of unused medications
- Patients should be warned to avoid acetaminophen, or N-acetyl-p-aminophenol (APAP), in other medications. Maximum daily dose of APAP is 3,000 mg per day. To avoid potential APAP toxicity, consider prescribing an opioid rescue medication containing ibuprofen.
- Maximum dose of ibuprofen is 2,400 mg per day. Higher maximal daily doses have been reported for osteoarthritis when under the direction of a physician.
- A decrease in postoperative pain severity has been demonstrated when a nonsteroidal anti-inflammatory drug is administered pre-emptively.
- Long acting local anesthetics can delay onset and severity of postoperative pain.
- A perioperative corticosteroid (dexamethasone) may limit swelling and decrease postoperative discomfort after third-molar extractions.
- Acetaminophen with codeine should NOT be the first drug of choice in children less than <12.
- Acetaminophen in children <12: 10mg/kg/dose, q4-6 hr. maximum 90 mg/Kg/ 24 hours.
- Ibuprofen in children <12: 4-10mg/kg/dose q4-6 hours, maximum 40mg/Kg/24 hours

References:

Desnick, Richard C. et al. (2011). Prevention of prescription opioid abuse. The Journal of American Dental Association, 142(7), 800-810.
Thorson, D. et al. (2014). Acute pain assessment and opioid prescribing protocol. Institute for Clinical Systems Improvement.

The Future of Postsurgical Pain Management In Dentistry



Opioid
Reducing

The diagram features a central green arrow pointing to the right, containing the text 'Opioid Free'. To the left of this arrow is a green rectangle containing the text 'Opioid Reducing'. Two horizontal blue gradient bars extend from the left and right edges of the slide, framing the central elements.

Opioid
Free

Will Opioid-Free Surgery Become the New Standard of Care?

Reducing opioids prescribed by clinicians not only can be done, but it has already been done.

Our Compassion to our patients IS AND ALWAYS WILL be the guiding principle to our care..

MY PERSPECTIVE AS An AMERICAN CITIZEN

3

Citizen

Society

Where do we go
from here?

ADDICTION IS A DISEASE

- **The American Medical Association**
- **The American Society of Addiction Medicine**

HEALTHY LIVING 11/17/2016 02:48 pm ET | Updated Dec 09, 2016

Surgeon General Vivek Murthy: Addiction Is A Chronic Brain Disease, Not A Moral Failing

The way forward includes needle exchanges and calling addiction what it is: a medical condition.



By Erin Schumaker



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The International Programme in Addiction Studies (IPAS) is a unique collaboration of three of the world's leading research universities in the field of Addiction Science: King's College London, the University of Adelaide, and Virginia Commonwealth University. This partnership offers [three nested graduate program options](#) available to students from around the globe via distance learning technologies. Students are introduced to the latest information on topics ranging from the biological basis of addiction to addiction treatment, prevention and policy through lectures produced exclusively for IPAS by an international Who's Who of [experts](#) in the field.

News

[Free On line Course from University of Adelaide](#)
[Professor Sir John Strang Knighted!](#)
[Discussion Point](#)

[International Programme in Addiction Studies](#)(IPAS)

The International Programme in Addiction Studies (**IPAS**) is a unique collaboration of three of the world's leading research universities in the field of **Addiction Science: King's College London, the University of Adelaide, and Virginia Commonwealth University.** This partnership offers [three nested graduate program options](#) available to students from around the globe via distance learning technologies. Students are introduced to the latest information on topics ranging from the biological basis of addiction to addiction treatment, prevention thro and policy ugh lectures produced exclusively for IPAS by an international Who's Who of [experts](#) in the field.



King's College London



THE UNIVERSITY OF ADELAIDE



*In recognition of the successful completion of the required course of study, the presidents of the below-named universities,
by virtue of the authority vested by said universities, hereby confer upon*

Abubaker Omar Abubaker

the degree of

Post-Baccalaureate Graduate Certificate in Addiction Studies

With all the rights, honors, distinctions and privileges thereto appertaining.

*In testimony whereof we have caused the signatures of the duly authorized university officials
to be hereunto affixed on this 24th day of December, in the year 2016.*

*The Duke of Wellington
Chairman of the College Council
King's College London*

*Professor Edward Byrne AC
President and Principal
King's College London*

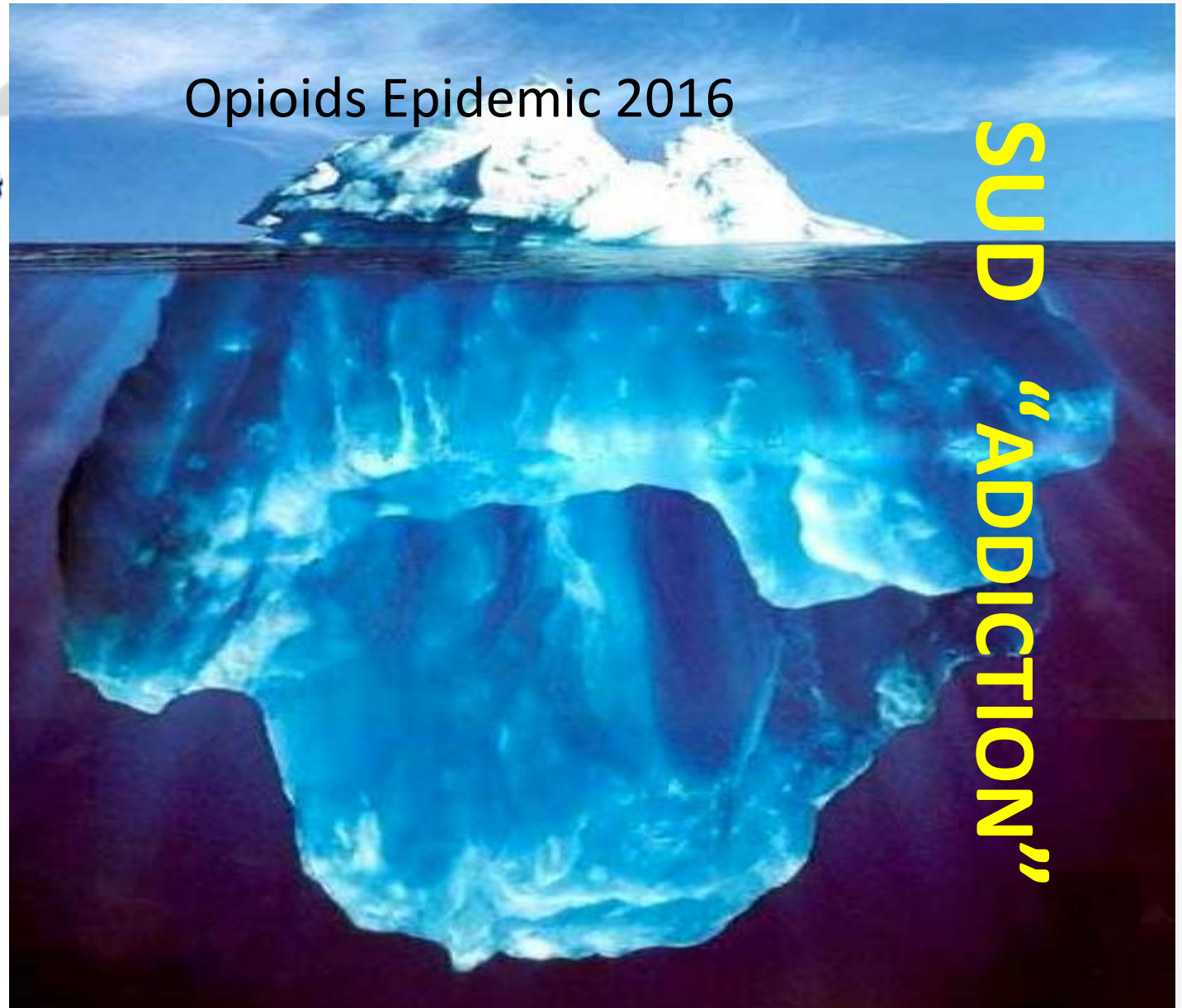
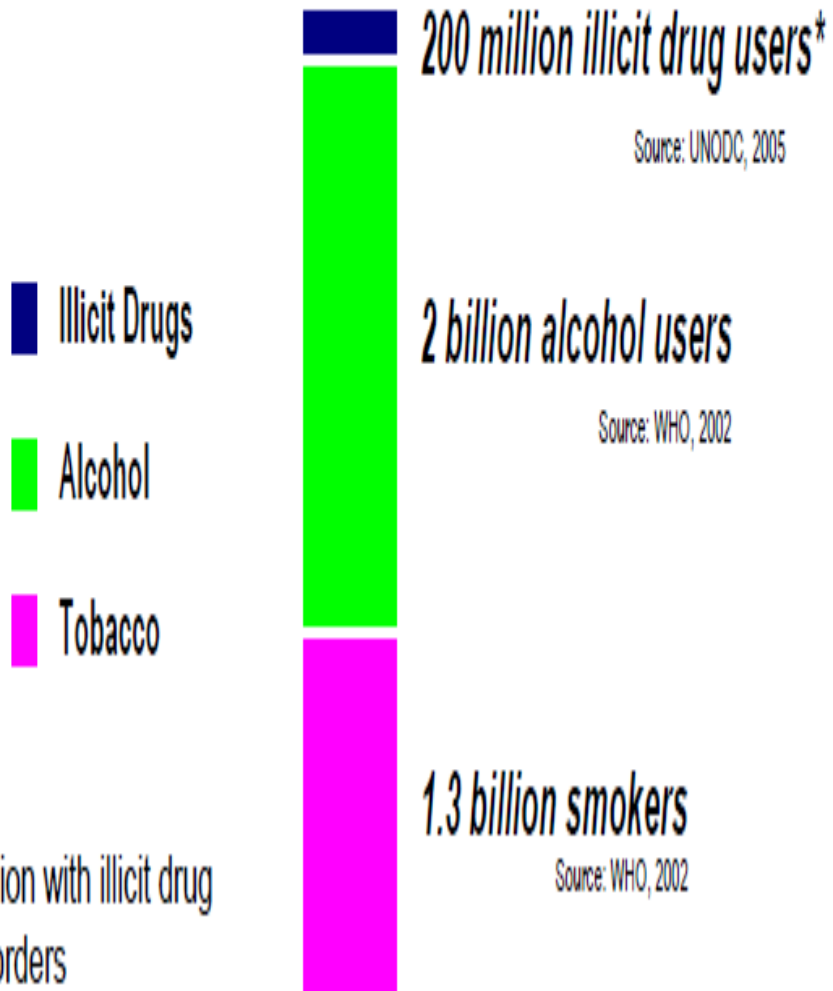
*Admiral the Honourable Kevin Searce AC CSC RAN (Ret)
Chancellor
University of Adelaide*

*Professor Warren Bellington
Vice-Chancellor and President
University of Adelaide*

*John A. Luke Jr.
Rector of the Board of Visitors
Virginia Commonwealth University*

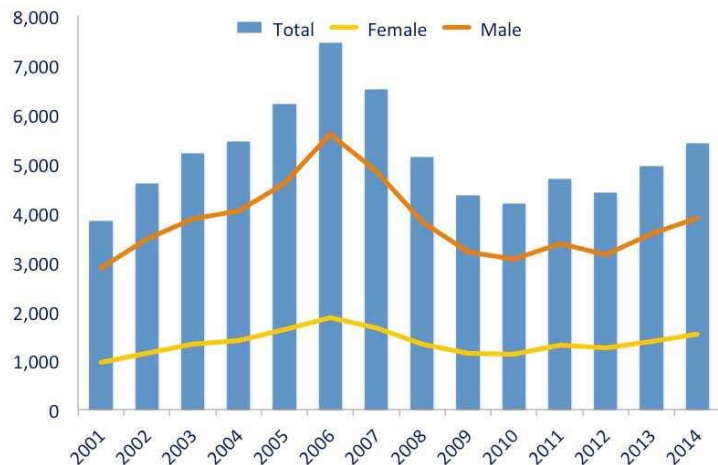
*Michael Rao
President
Virginia Commonwealth University*

Global use of alcohol and other substances



National Overdose Deaths

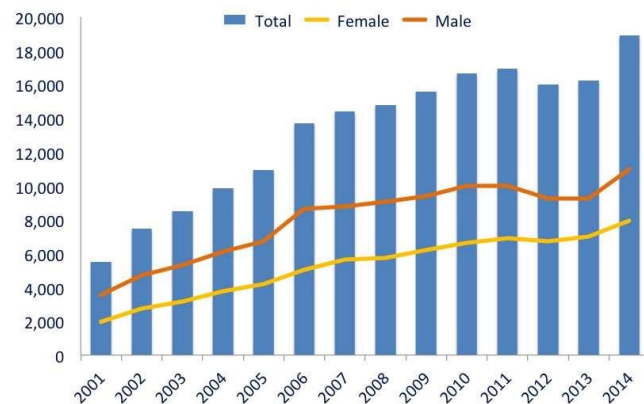
Number of Deaths from Cocaine



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

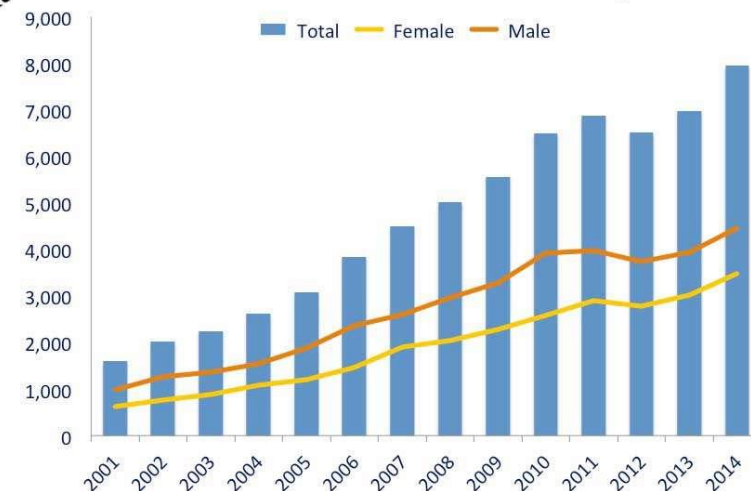
Number of Deaths from Prescription Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

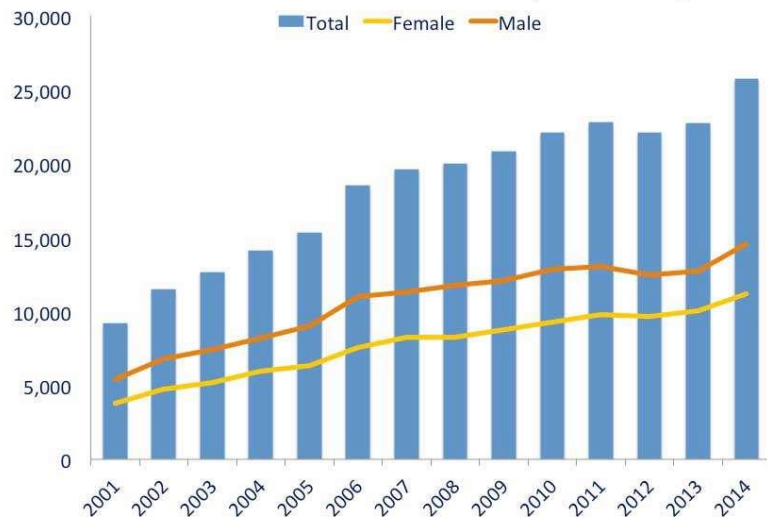
Number of Deaths from Benzodiazepines



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

Number of Deaths from Prescription Drugs



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

Number of Deaths from Heroin

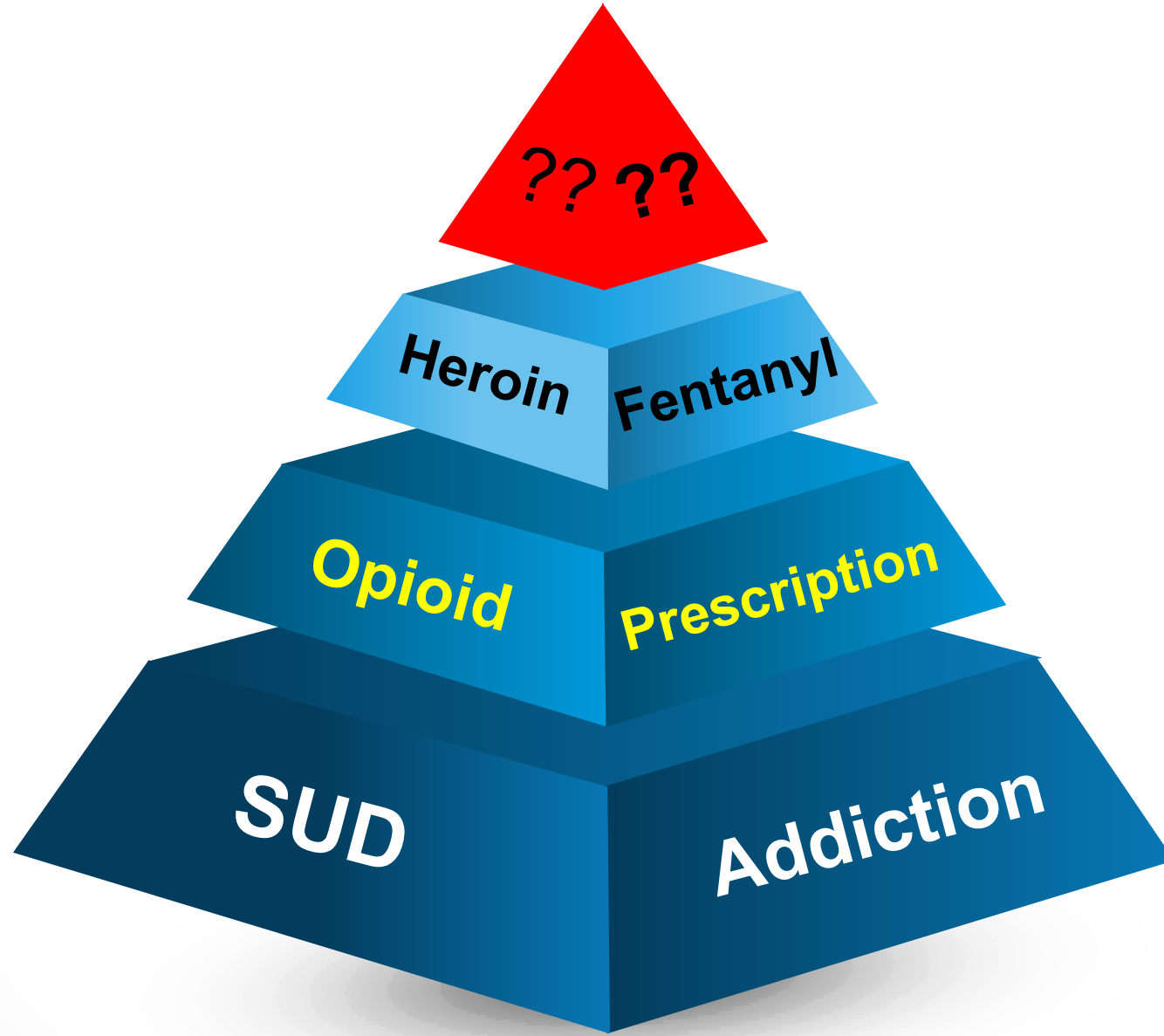


Source: National Center for Health Statistics, CDC Wonder

Human Cost Of Addiction 2013-14

- **2013 data - About 570,000 people die annually in the U.S. due to SUD.**
 - **440,00: due to tobacco- related diseases**
 - **85,000 due to alcohol**
 - **20,000 due to illicit (illegal) drugs**
 - **20,000 due to prescription medications**
 - **10,574 heroin overdose deaths**
 - **Up 22% in 2014, from 2013.**

The Long Road to the Current Opioid Epidemic



Drug Deaths in America Are Rising Faster Than F

By JOSH KATZ JUNE 5, 2017

New data compiled from hundreds of health r
the drug overdose epidemic last year.

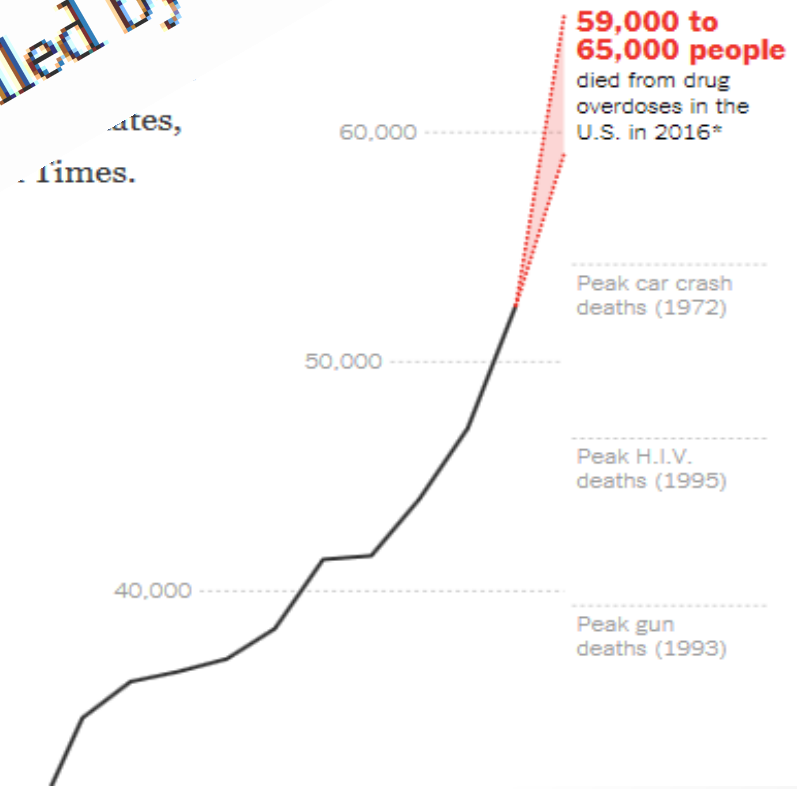
UPDATE The first governm
roughly 64,000 per

AKRON
50

AKRON, Ohio — Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.

ation, now
tly manufactured
g overdoses are now the
ong Americans under 50.

is preliminary, the
st estimate is that deaths rose
percent over the 52,404 recorded in
2015. And all evidence suggests the
problem has continued to worsen in 2017.



Every day 143 casualties



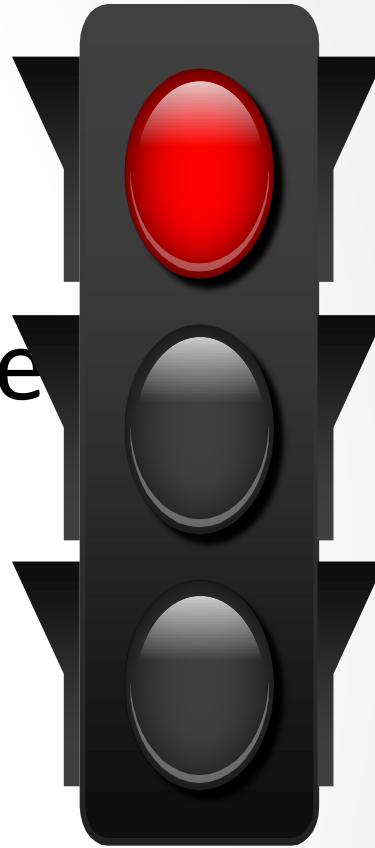
Every three weeks 3000 casualties



“With approximately 142 Americans dying every day from drug overdose , every three weeks America is enduring a death toll equal to September 11th.” *interim report of the White House Opioid Commission, July 2017*

A WARNING!!

“Every American should be awakened to this simple fact: if this scourge has not found you or your family yet, without bold action by everyone, it soon will.” **(The interim report of the White House Opioid Commission)**



PARENTS, EDUCATORS, CLINICIANS AND CITIZENS RESPONSIBILITY

- This issue is an American issue.....
- After September 11th, our President and our nation banded together to use every tool at our disposal to prevent any further American deaths.
- We must act boldly to stop this epidemic: We need to take bold steps and we can not afford to wait.
- We have societal responsibility to each other **SO NO MORE PARENTS/ FAMILIES WOULD WALK THE UNBEARABLE ROAD MANY OF US HAD WALKED...**

CAN IT BE DONE?

Figure 7. Five countries with recent reduction in drug overdose death and USA

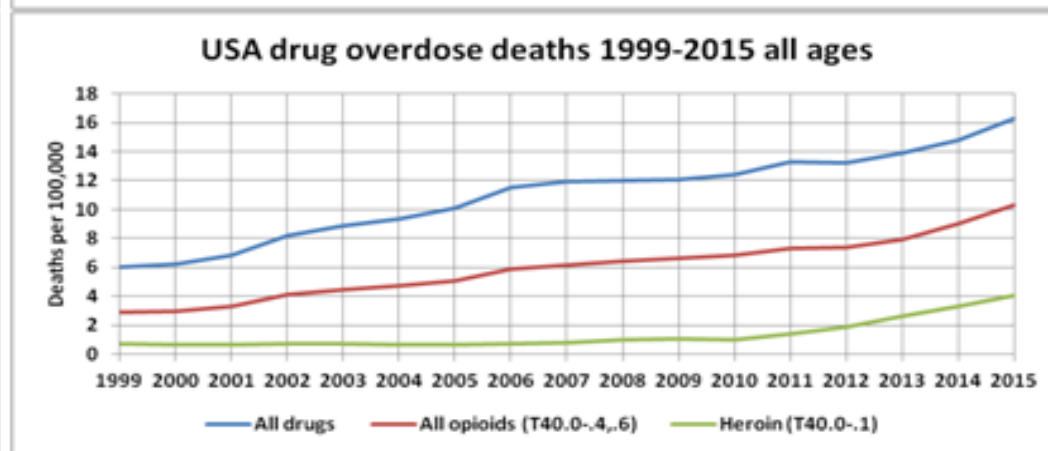
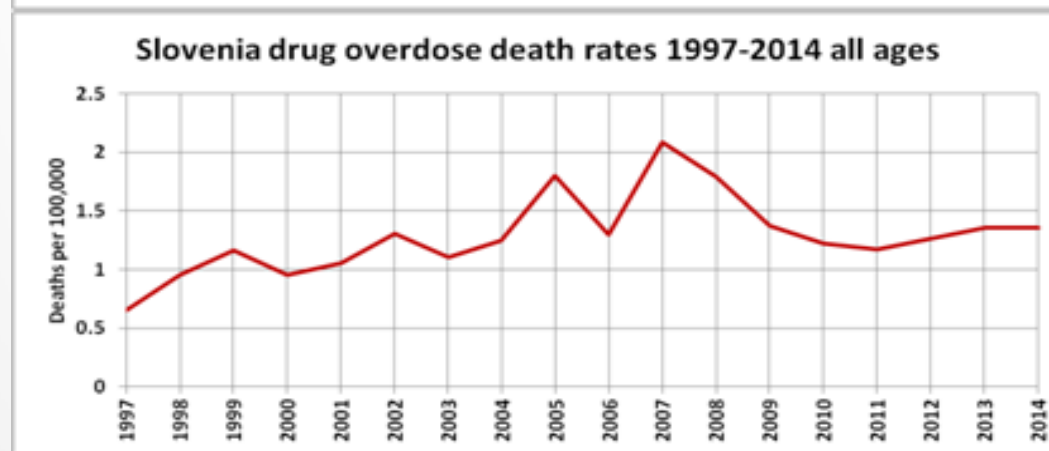
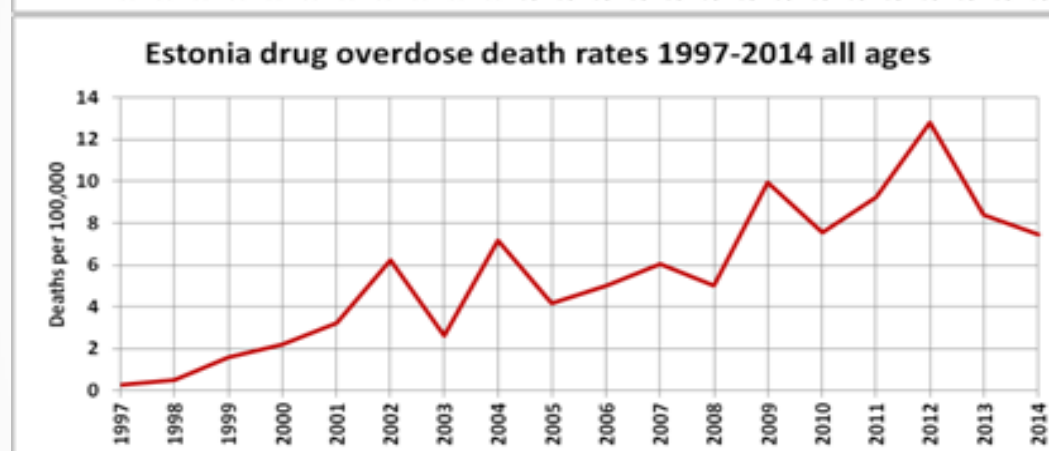
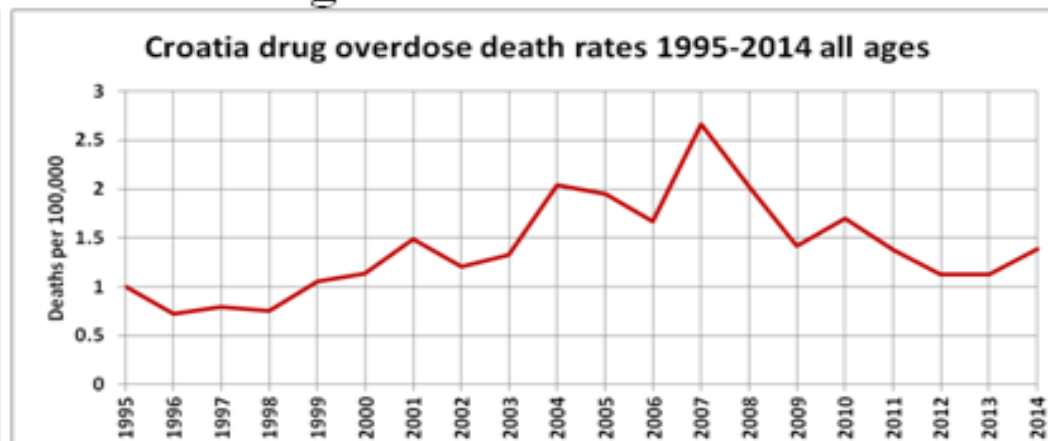
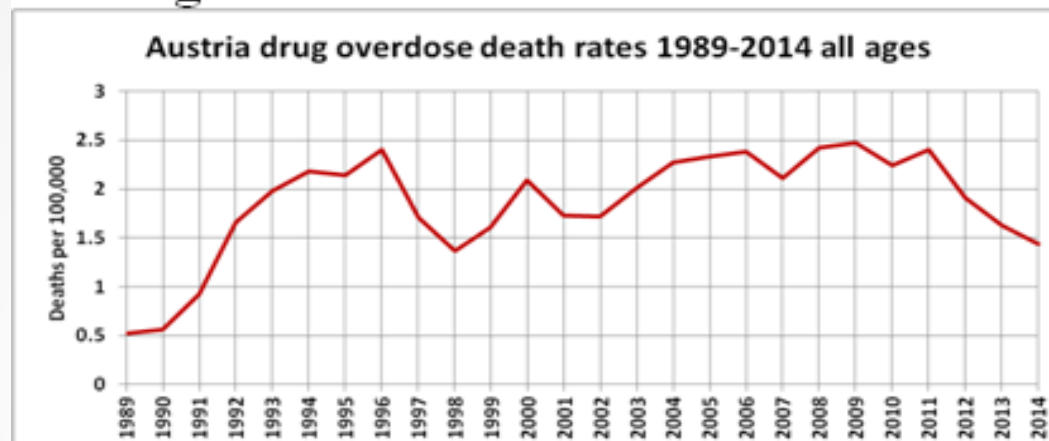
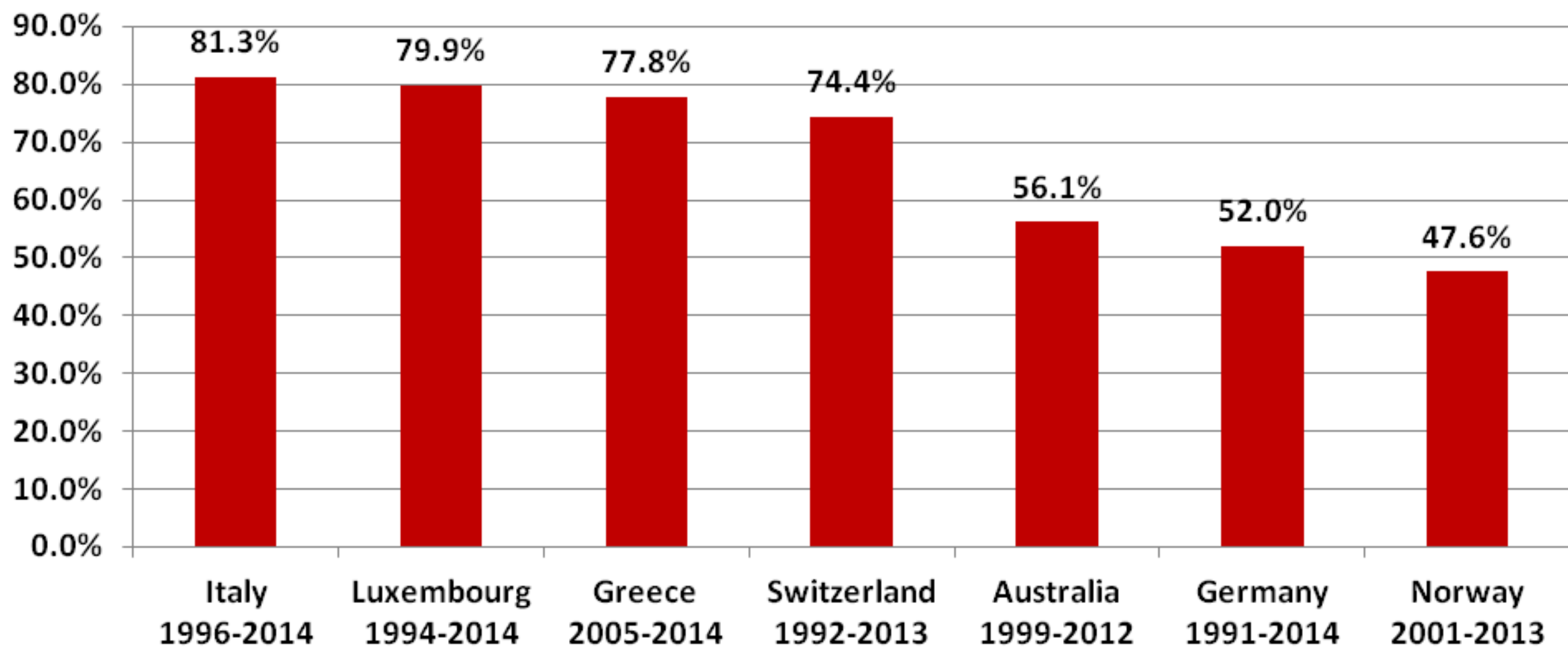


Figure 1. Percentage by which drug deaths were reduced in 7 countries



Factors These Seven Successful Countries Had In Common

- Extremely good access to opioid substitution therapy (OST) with as few barriers as possible
- Take home naloxone (THN)
- Take dose of methadone or buprenorphine in pharmacies or doctors' offices instead of methadone clinics in five of these countries



Factors These Seven Successful Countries Had In Common

- ✓ Opioid substitution therapy (OST),
- ✓ Drug consumption rooms (DCRs),
- ✓ Heroin assisted treatment (HAT),
- ✓ Housing first initiatives

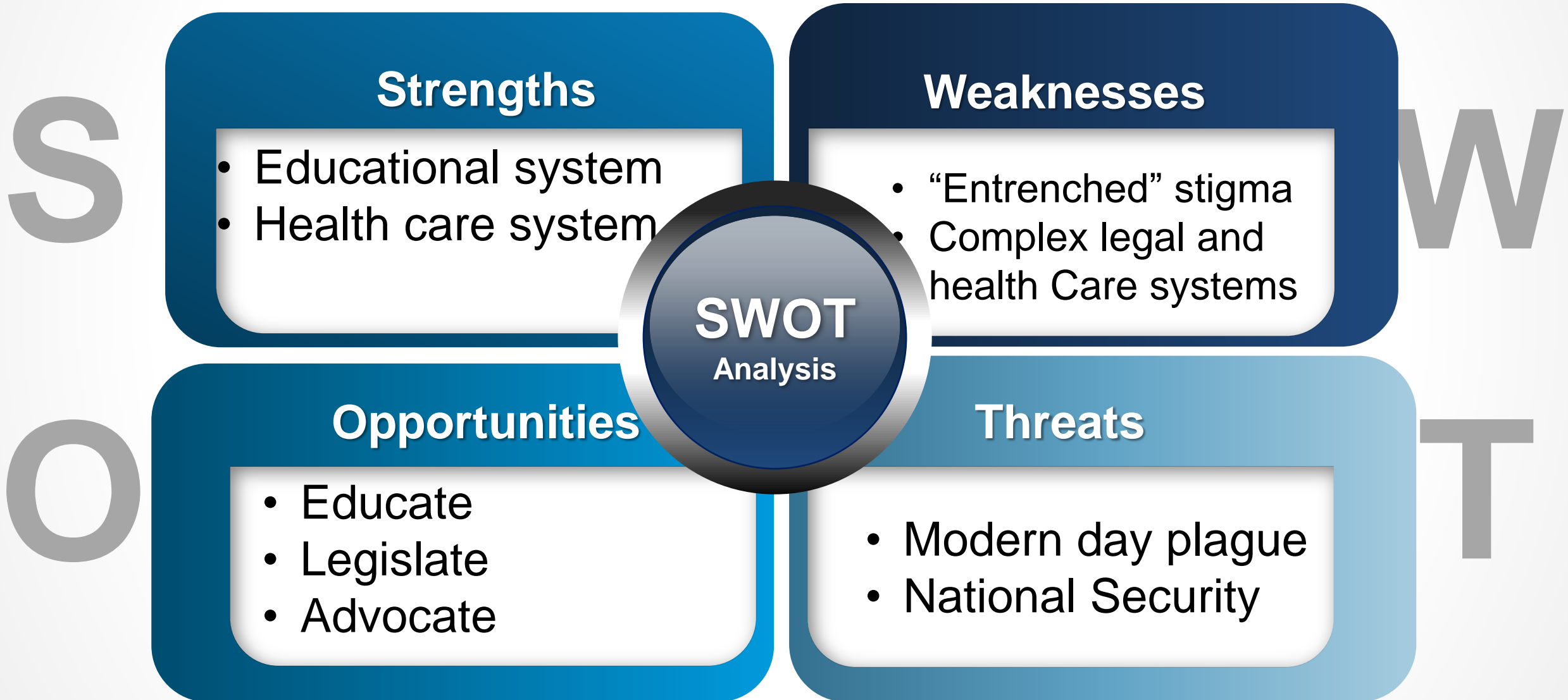
CAN WE DO IT?

“... in this country, public sentiment is everything. With it, nothing can fail; against it, nothing can succeed.

Whoever molds public sentiment goes deeper than he who enacts statutes, or pronounces judicial decisions.”

- President Abraham Lincoln

SWOT Analysis

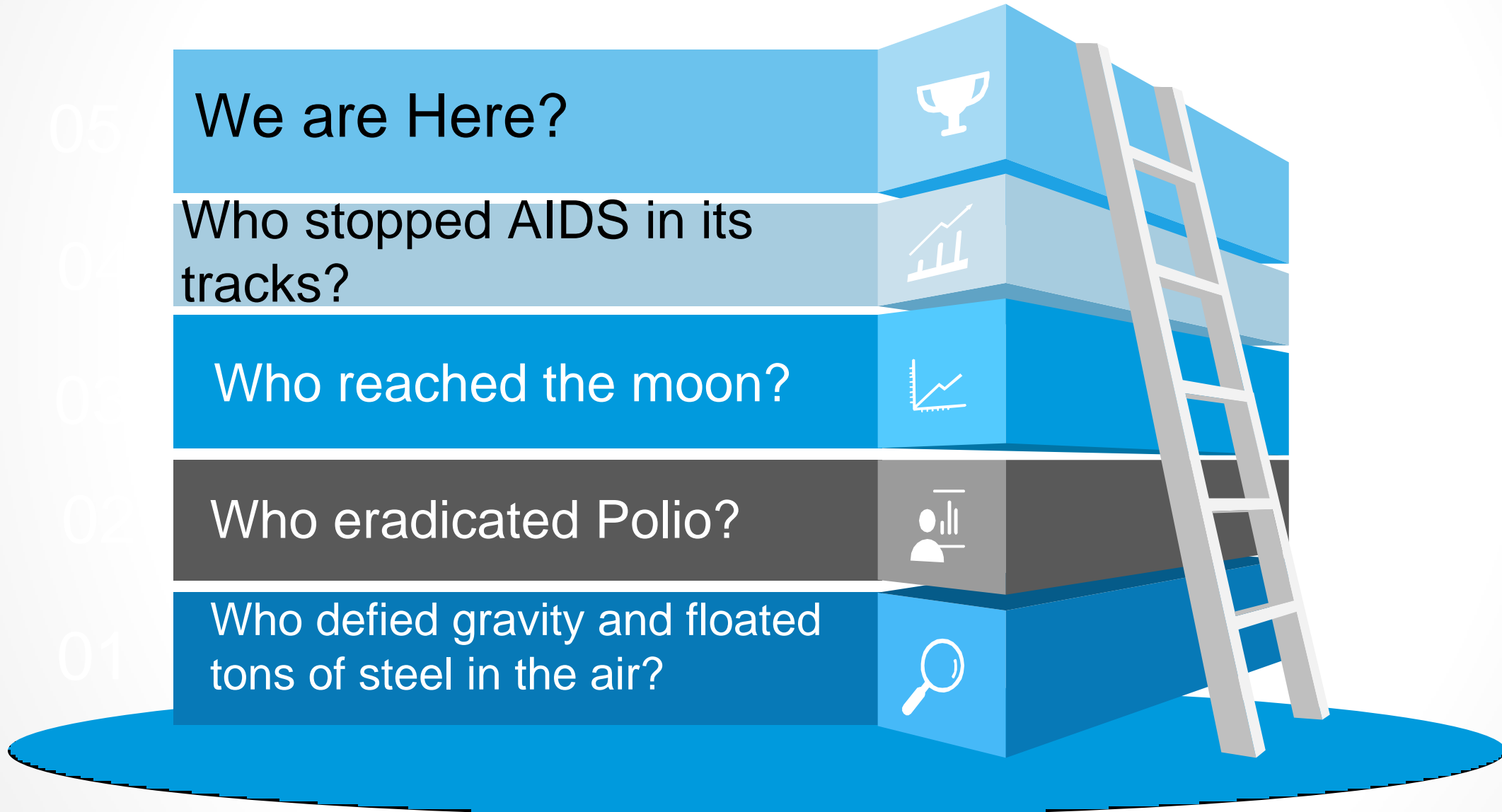


The Road To Recovery: “Our Way”



Can We

During These Times??



THE ANSWERS TO ALL ARE:



There Is No Conclusion: There is Only Bottom line

“we are all in this together and it is only through the efforts of all of us as health care providers, legal, community providers, therapists, society and those in recovery that we will overcome this epidemic!”

Steven Moriconi, DMD, F.A.C.D

Thank You!!