



Clinical Education Initiative  
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# PROMOTION OF INSTITUTIONAL OPIOID POLICIES

(Public Service Announcement)

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## **Promotion of Institutional Opioid Policies (PSA) [video transcript]**

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- [Narrator] Over the last 20 years, opioid and heroin abuse in our society has become an epidemic that has become increasingly common in New York State and across the United States.

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From 2000 to 2014, nearly half a million people in the United States died from drug overdoses. In 2014, there were approximately 1.5 times more drug overdose deaths than deaths from motor vehicle crashes. Opioids were involved in almost 30,000 deaths, or 61% of all drug overdose deaths. This tripled the rate of opioid overdoses since 2000.

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Since 2002, heroin usage has increased substantially across most demographic groups. Heroin overdose death rates have skyrocketed since 2010 and death rates in New York State have surpassed that of the national average.

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In 2014, in New York State alone, there were 825 heroin-related overdose deaths, which was nearly 25 times the number from 2004. In that same year, there were 1,008 prescription opioid related overdose deaths in New York State, which was nearly four times the number from 2005 and the numbers continue to climb.

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There are many reasons for why this epidemic continues to grow exponentially, one of them being the way prescription painkillers are distributed and how healthcare providers are directly involved. In the next video, we will discuss how healthcare providers are directly involved with this epidemic.

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(serious music)

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Opioids are effective for short-term relief of pain, but carry significant risk of addiction. They are commonly prescribed to relieve pain due to injury, medical procedures, surgery, and general pain. However, with prolonged use, the body acclimates to the medication, causing the pain relieving effect to wear off, and in some cases, can even result in an increased baseline level of pain. The past two decades have seen a dramatic increase in the rates of opioid prescribing and consumption in the USA, due to many contributing factors.

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Part of this increase in prescribing is thought to be due to expanded marketing of medications. The pressure on healthcare providers to see more patients and provide quick fixes limits the ability of providers to explore alternative, non-medication based therapies for their patients. Some view prescribing pain relievers as simpler and cheaper than more involved and perhaps expensive therapies and patients increasingly demand quicker relief from their pain and have an expectation that pain can be eliminated altogether.

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When patients take opioids for chronic pain over a long period of time, they are more likely to become physically dependent on the medication. Increasingly, addicted patients or patients in chronic pain may maneuver within the health system to obtain opioid prescriptions from different providers, with one provider unaware that other providers have already given the patient opioid prescriptions elsewhere. However, this is becoming less common as prescription monitoring programs are implemented across the country and are becoming more interconnected, allowing prescribers from one state to check for prescriptions in multiple states simultaneously.

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In addition to deliberately obtaining opioid prescriptions from multiple providers, patients sometimes are prescribed medication after surgery or procedure in anticipation of pain, yet they don't use or need the medication. As a result, excess opioid medications are commonly found around the house, unused. As unused opioids enter the supply system through provider prescriptions, medications can be used by others not prescribed and the medications can be abused. This is especially an issue with adolescents. Studies have shown that adolescents who abuse prescription opioids are likely to obtain them from friends and relatives.

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This set of factors, a strong addiction potential, effective short term pain relief with diminishing effect over time, promotion and marketing of opioids, provider prescription patterns, patient exploitation of the prescription system, and excess unused opioids entering the public, feed and complicate the epidemic we now face. National health organizations have produced guidelines for institutions and providers to help guide best practice in opioid prescription. Adherence to these institutional strategies will help health providers combat the opioid epidemic through standardizing prescription criteria, exploration of alternatives, and tracking opioid prescribing patterns. In the next video, we will explore the guidelines that institutions can implement to help minimize the risk factors that are contributing to the epidemic.

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(serious music)

As discussed in our previous clips, a portion of the opioid epidemic falls to the medical system for approving and encouraging the over-prescribing of opioid pain medications. Opioid prescribing

guidelines are not intended to completely prevent chronic opioid use, but rather, to apply a process to manage their risks and benefits and steer patients and physicians to safer alternatives. Guidelines and institutional policies that promote their use help guide practitioners in following best practice. These institutional policies are best crafted to be implemented hand-in-hand with prescription drug monitoring programs that are electronic databases in states tracking specific prescriptions. These guidelines act as decision aids and help prevent medical error and to steer prescribers toward practices that are generally accepted to be safer and in the best interest of patients and society. Institutional policies can serve as an ice breaker when bringing up the topic of opioid prescribing of patients. These are difficult but important conversations that are often made easier by having guidelines and protocols to rely on.

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When patients are persistent in demanding opioids that aren't indicated, institutional policies provide a defensive mechanism that prescribers can fall back on. Sometimes this can help keep the patient open and receptive to alternative treatments the provider can offer.

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For institutional policies to work, there has to be broad base support and buy-in from throughout the institution by all stakeholders. Unfortunately, to date, this has been one of the biggest barriers to the success of opioid protocols, with many prescribers reporting they are unaware of such protocols within their institution or guidelines from their medical specialty societies.

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Addressing the opioid epidemic requires many different approaches from within and outside of the medical system. Having institutional opioid prescription policies known and available to prescribers may well help slow the flow of opioids to the public.

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[Video End]