

The Opioid Epidemic in Wisconsin

2018 Wisconsin Healthy Aging Summit
June 8, 2018



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Introduction

- ▣ An estimated 11.5 million Americans (ages 12 or older) misused opioid pain relievers in 2016 and roughly 950,000 used heroin.
- ▣ In 2016, 1.8 million people had a pain reliever use disorder and nearly 626,000 had a heroin use disorder (ages 12 or older).

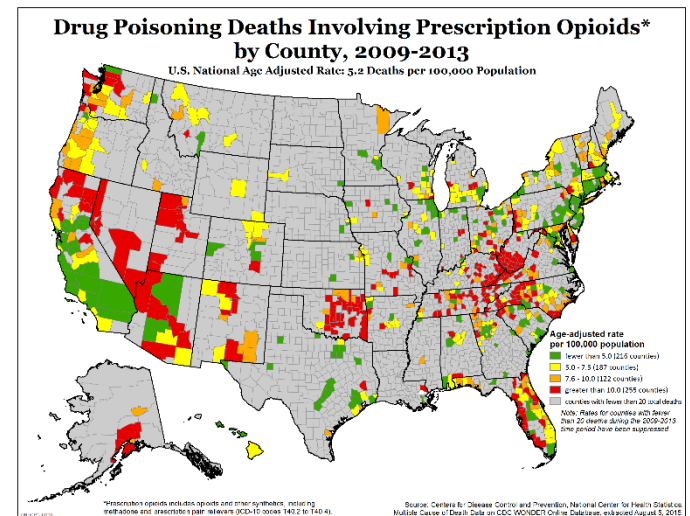
Introduction

- In 2016, there were 42,249 (in 2015: 33,091) overdose deaths involving prescription opioids and/or heroin. (CDC, 2017).
- Each day more than 115 Americans die from an opioid overdose.



Epidemiology

National



Hydrocodone Usage in United States

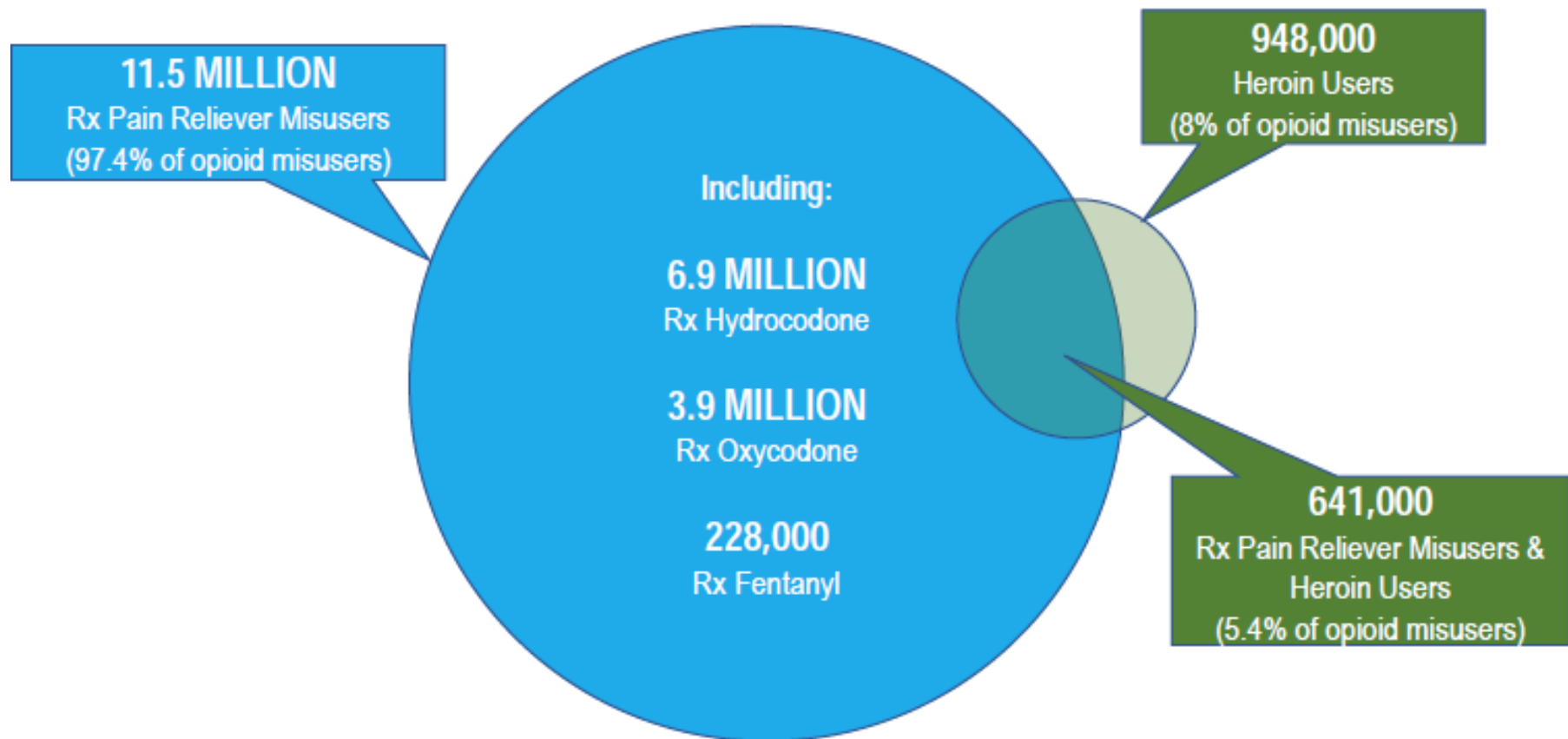


Oxycodone Usage in United States

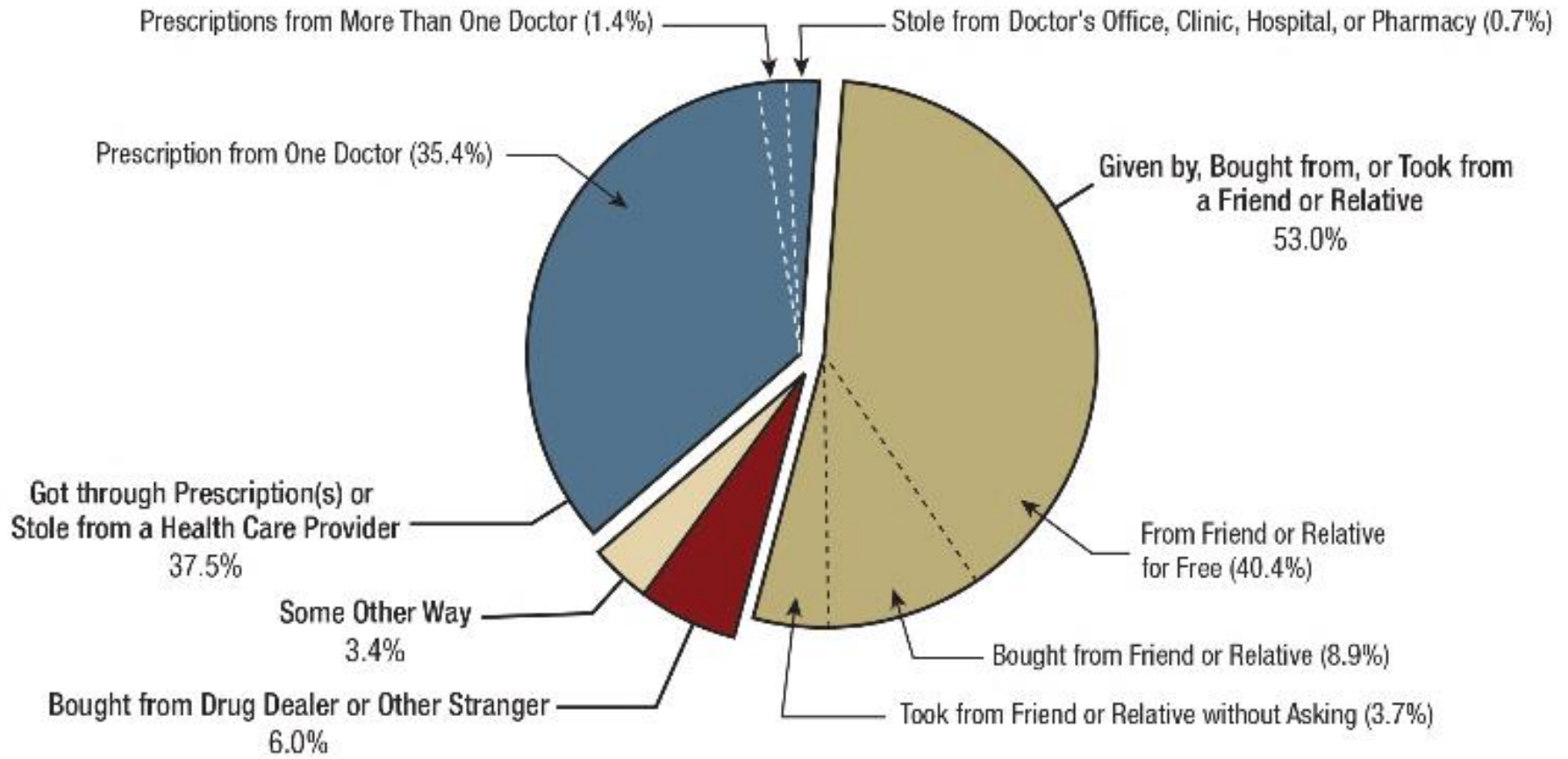


Opioids Grip in the United States, 2016

11.8 MILLION PEOPLE WITH OPIOID MISUSE (4.4% OF TOTAL POPULATION)



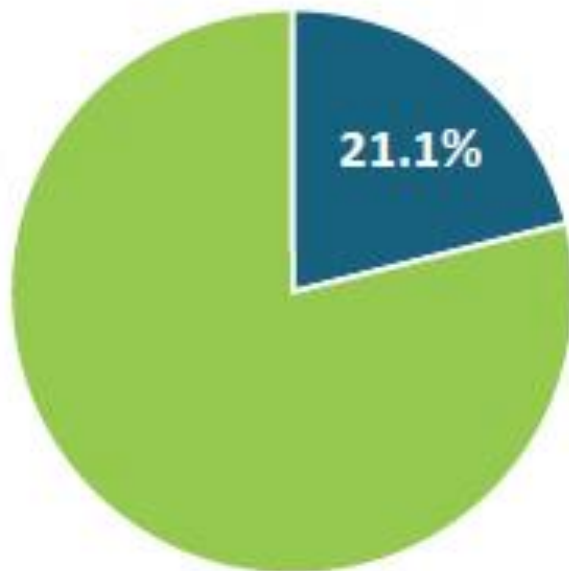
Source of Pain Relievers Obtained for Most Recent Misuse, 2016



11.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

How many access treatment?

2.1 MILLION with OUD



1 IN 5 INDIVIDUALS WITH OPIOID USE DISORDERS (OUD) RECEIVED SPECIALTY TREATMENT FOR ILLICIT DRUGS



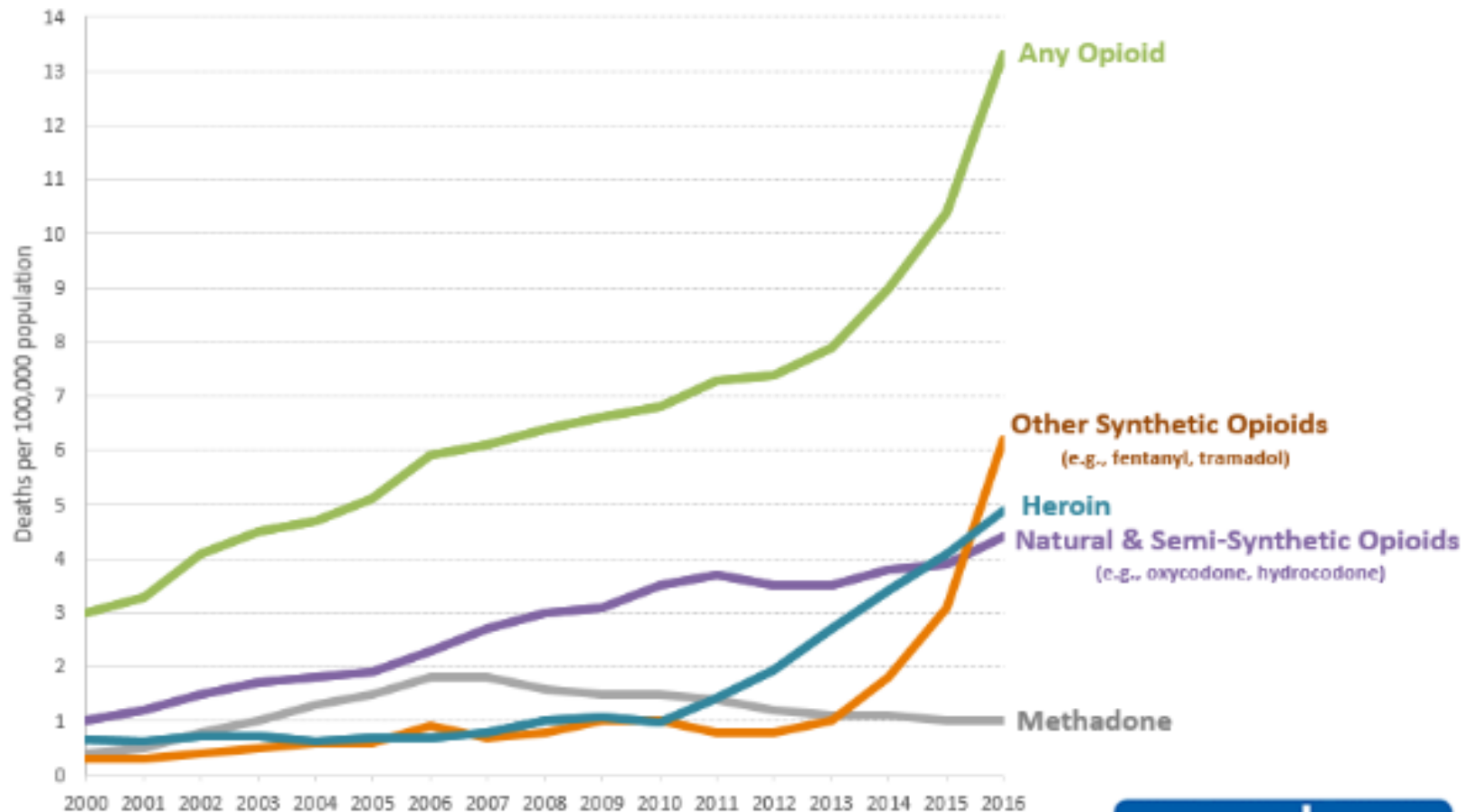
37.5% OF PEOPLE WITH HEROIN USE DISORDERS RECEIVED TREATMENT



17.5% OF PEOPLE WITH RX PAIN RELIEVER USE DISORDERS RECEIVED TREATMENT

Synthetic Opioids Responsible for Most Overdose Deaths

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

Heroin, Fentanyl, and Carfentanyl





Epidemiology

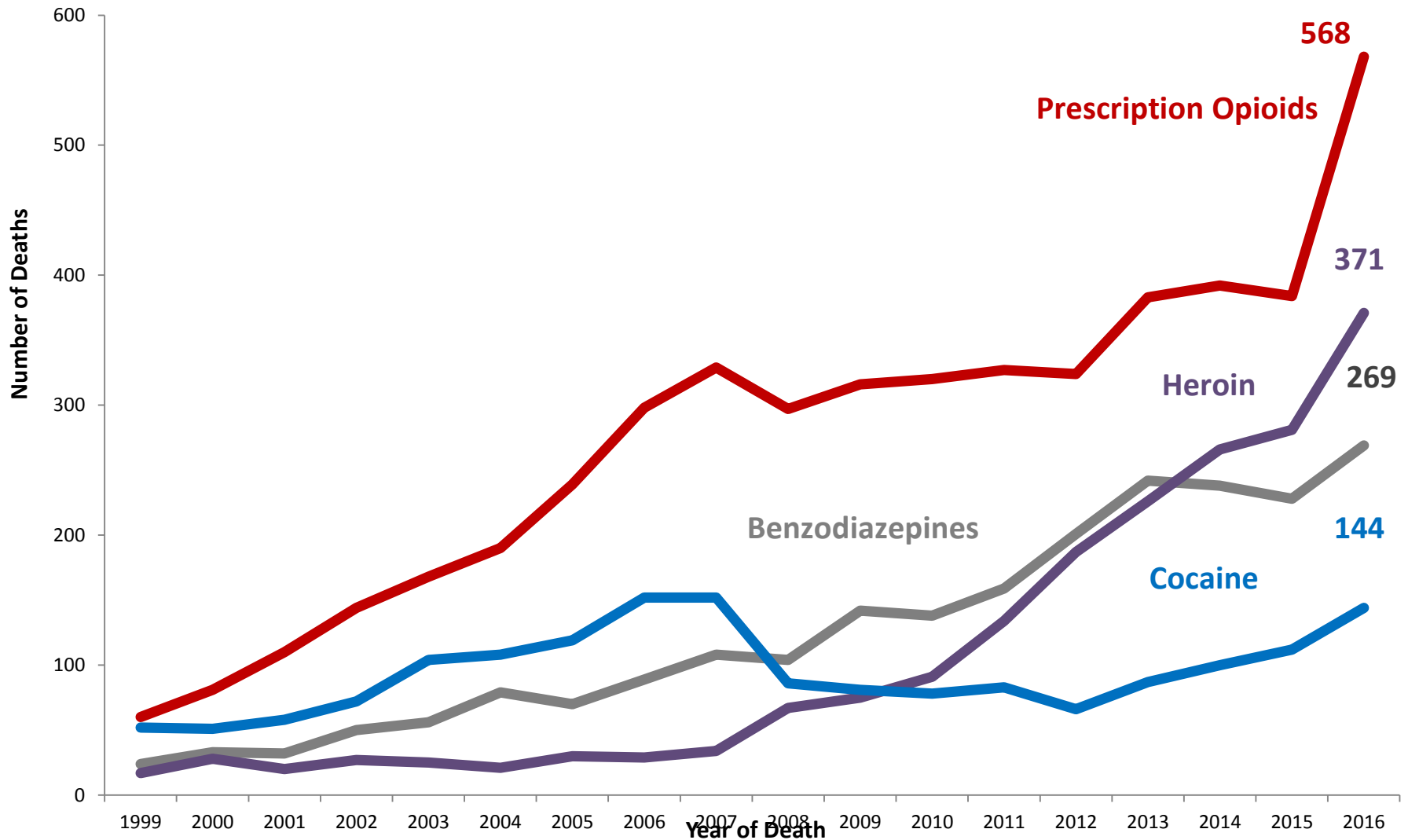
Wisconsin



Data Sources

- ❑ Death certificates
- ❑ Hospital discharge and emergency department data
- ❑ Enhanced Prescription Drug Monitoring Program (ePDMP)
- ❑ Medical examiner or coroner data
- ❑ Emergency department encounter data
- ❑ Wisconsin Ambulance Run Data System

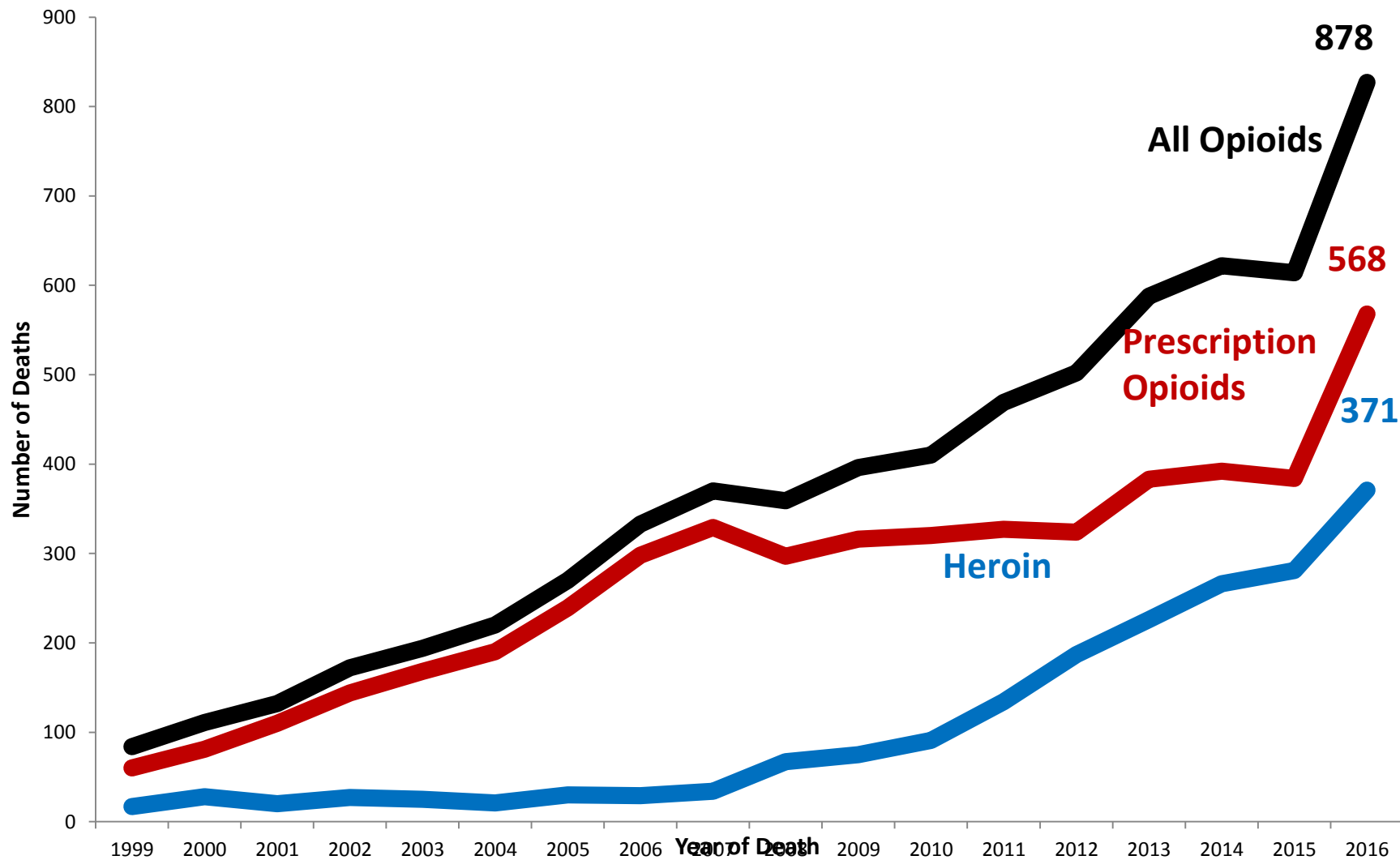
Drug-Related Deaths, 1999-2016



Note: Drug overdose death numbers may include more than one type of drug.

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics

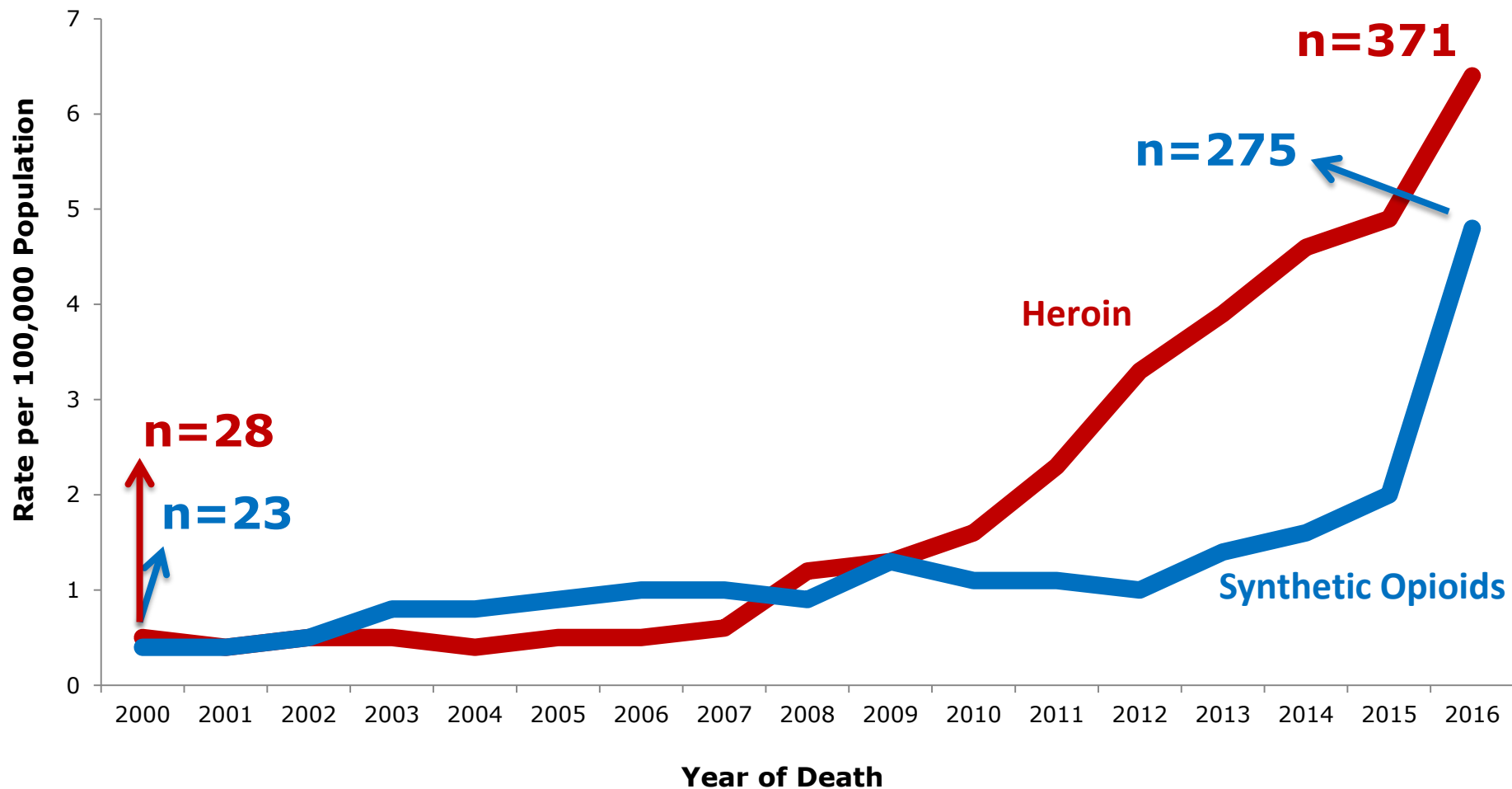
Opioid-Related Deaths, 1999-2016



Note: Overdose death numbers may include more than one type of drug.

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics (Death Certificates)

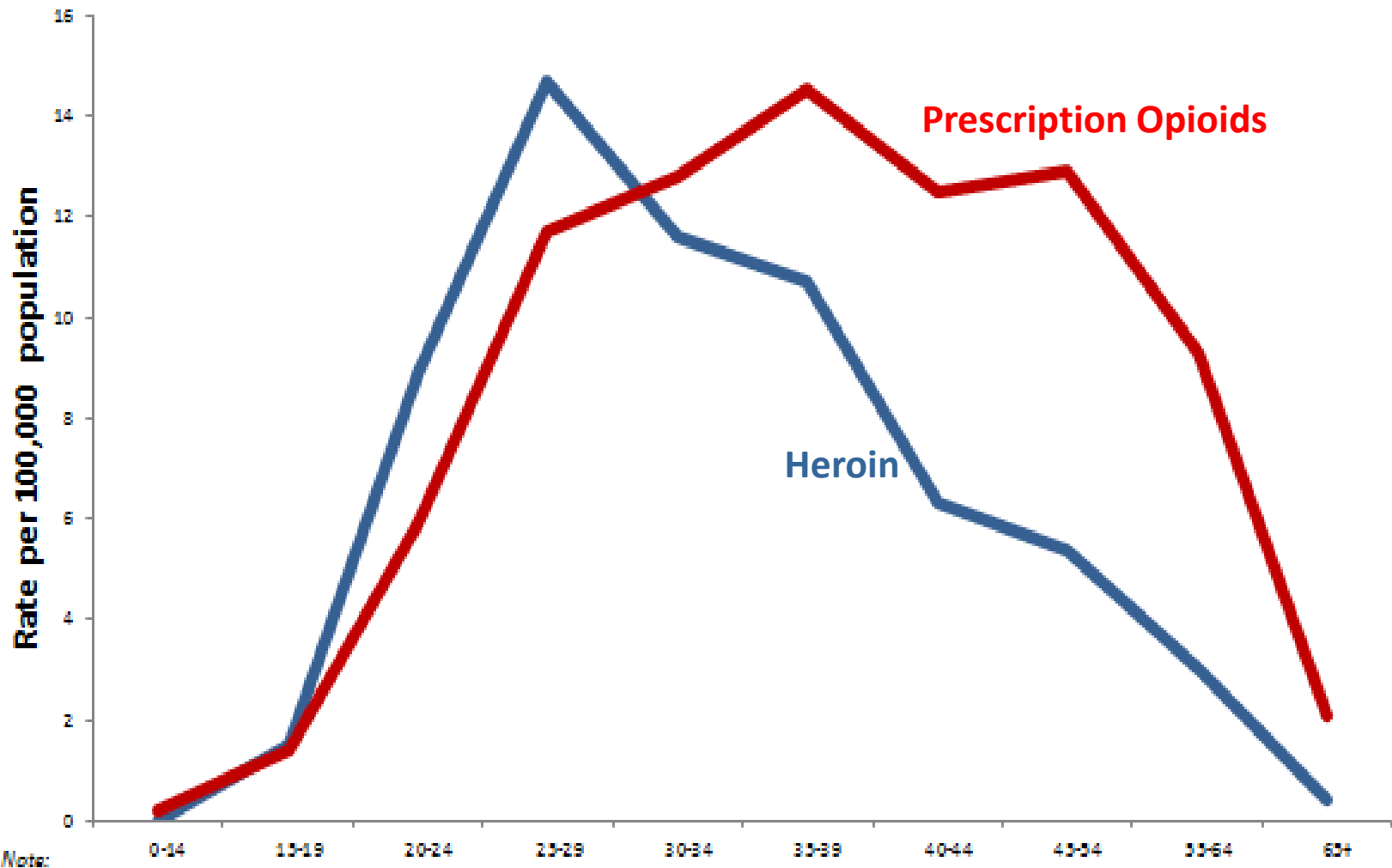
Heroin and Synthetic Opioid-Related Deaths, 1999-2016



Notes: Overdose death numbers may include more than one type of drug. "n=23" and other related markers indicate the number of deaths. The graph shows rates.

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics

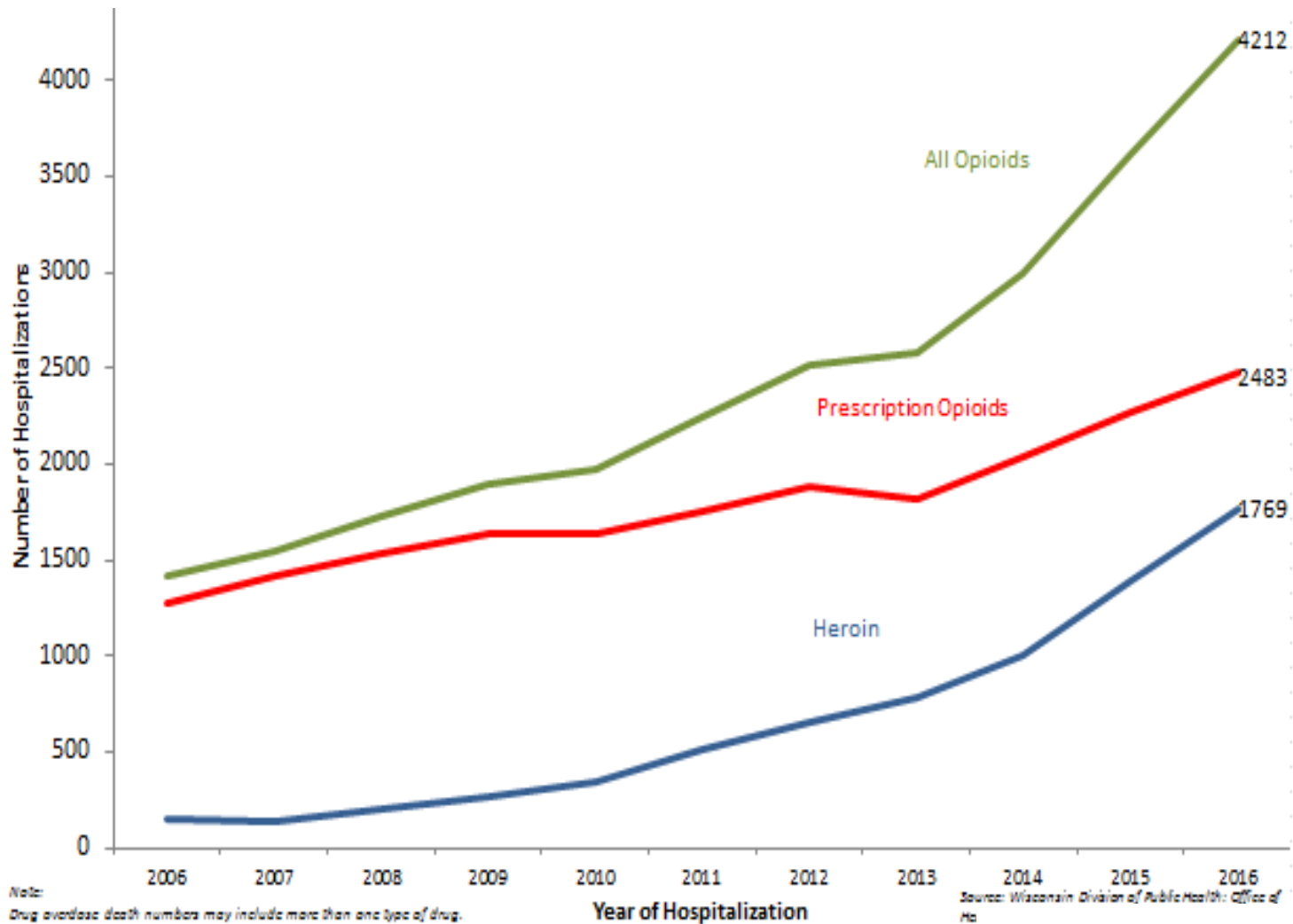
Rate of Opioid Overdose Deaths by Age Group, 2012-2016 (5-Year Average)



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics

Opioid-Related Hospitalizations, 2006-2016

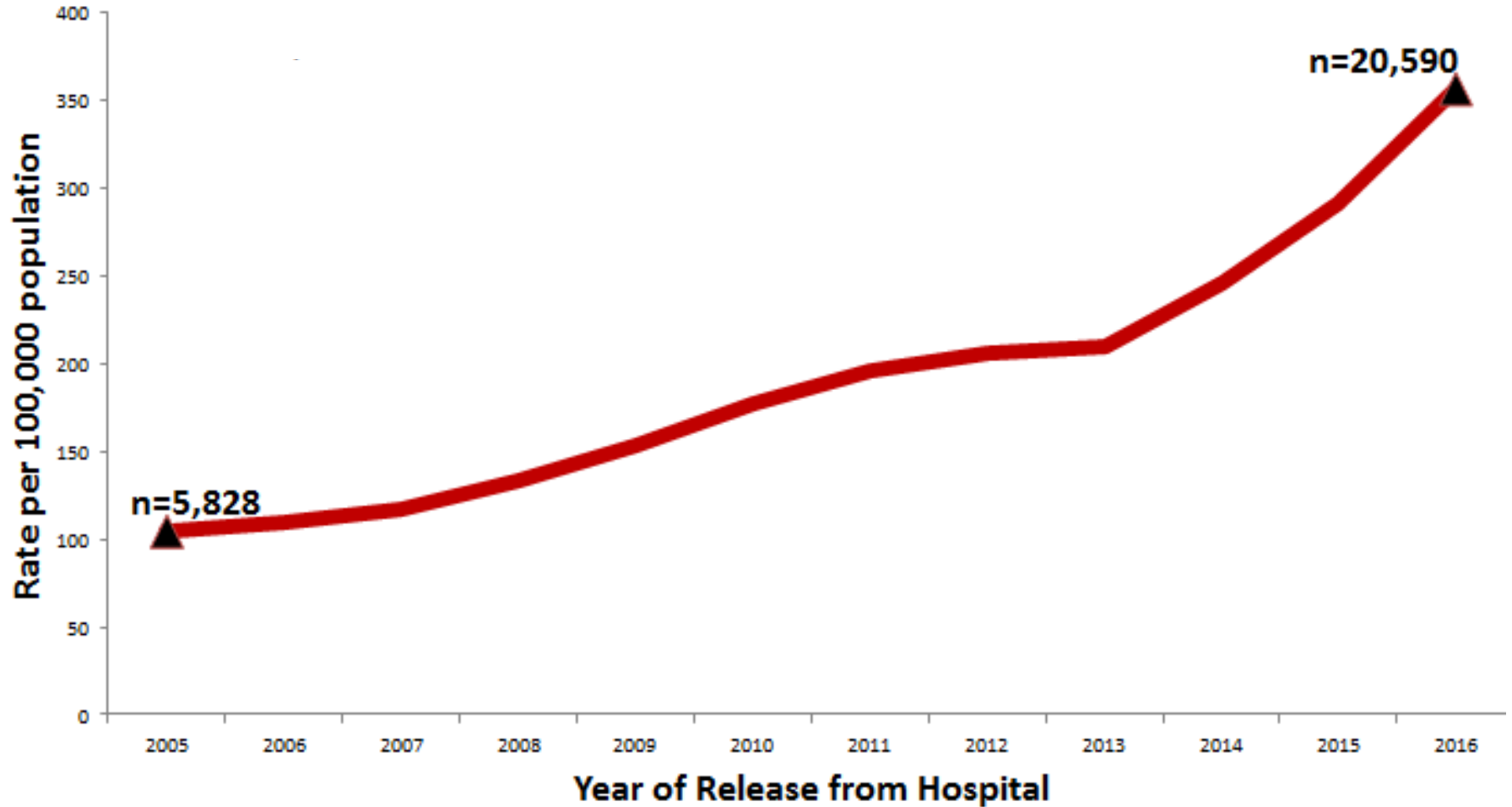
Opioid-Related Hospitalizations Are Driven by **Prescription Opioids**.



Note: Drug overdose death numbers may include more than one type of drug

Source: Wisconsin Division of Public Health, Office of Health Informatics

Opioid Use Disorder Hospital Visits, 2005-2016



Opioids and Older Adults

- ❑ In 2016, there were 145 opioid overdose deaths of Wisconsin residents ages 55 or older.
- ❑ In 2016, more than 4,000 Wisconsin residents ages 55 or older were hospitalized for opioid dependence or prescription opioid poisoning.
- ❑ Last year, there were almost 1,000 emergency ambulance runs on Wisconsin residents ages 55 or older for suspected unintentional opioid overdoses.



Older Adults and Opioids

Opioids do not discriminate

- Opioid use disorder affects people of all:
 - Ages.
 - Racial, ethnic, sexual, and gender minorities.
 - Income classes.
 - Geographic areas.
- Like anyone else, if older adults use prescription opioids for a long time, they risk developing an opioid use disorder.

Addiction Difficult to Identify

- ❑ Older adults with a substance use disorder, such as an opioid use disorder, may have symptoms similar to those of depression, delirium, or dementia.
- ❑ These considerations create a complex challenge making it difficult to detect opioid use and addiction among older adults.

Risks of Opioid Use for Older Adults

- ❑ Opioids have a stronger impact on older adults because bodily processes slow as people age.
- ❑ Once prescribed opioids, older adults may:
 - Fear giving up medication that makes them feel better.
 - Lack information about alternatives and about methods of tapering medications to avoid withdrawal.

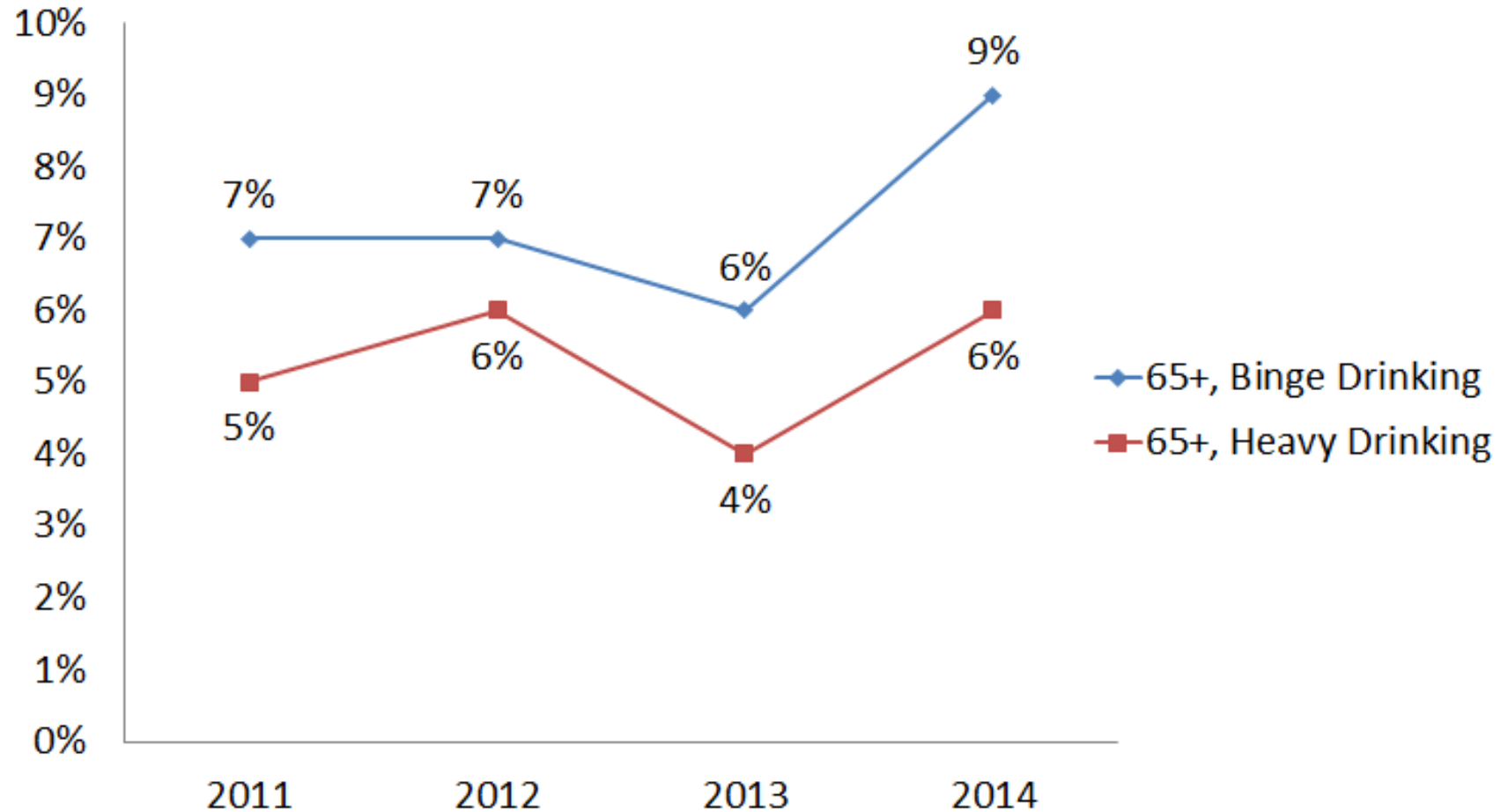
Risks of Opioid Use for Older Adults

- ❑ Older adults also tend to be using multiple medications or consuming alcohol, which can interact with opioids and cause serious side effects.
 - Increases the risk of a fall, which can lead to multiple secondary problems or death.
 - May introduce periods of cognitive impairment.
 - Can impede relationships, and can lead to reduced contact with and support from significant others.
 - Can reduce physical activity.
 - May lead to behavioral changes.

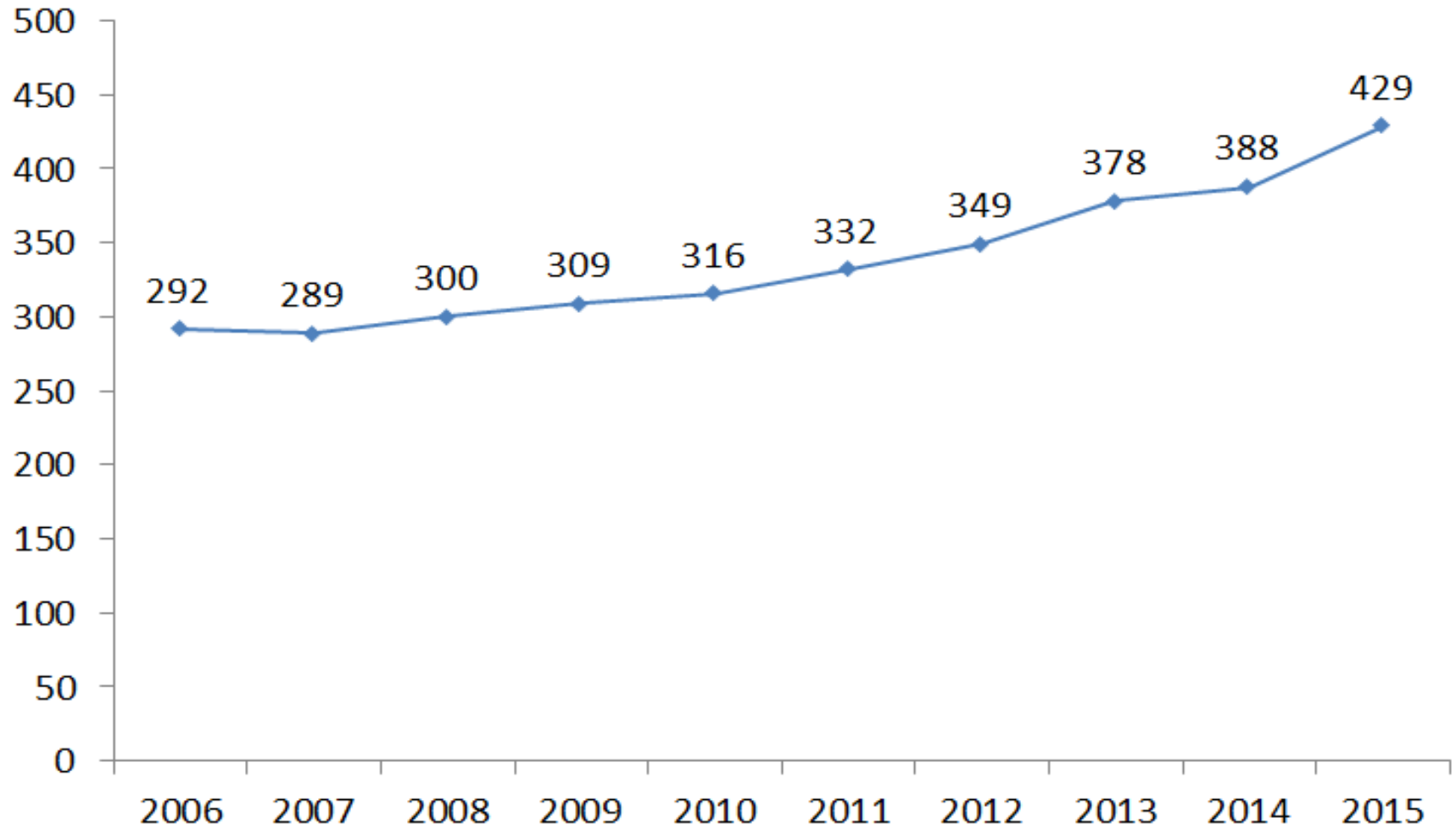
Opioids mixed with alcohol

The Center for Disease Control and American Journal of Preventative Medicine studies have shown that the frequency of binge drinking is the highest among binge drinkers 65 years and older.

Alcohol consumption patterns among older adults



Alcohol-attributable falls deaths, 2006-2015



Risks of Opioid Use for Older Adults

Loneliness and Isolation

- ❑ A person who is lonely or isolated has fewer resources for discovering or trying alternatives to opioids for pain management.
- ❑ Loneliness and isolation increases the risk of opioid overuse or addiction due to social invisibility

Risks of Opioid Use for Older Adults

Loneliness and Isolation

- ❑ Loneliness and isolation may result from opioid use, due to social stigma and embarrassment.
- ❑ Overuse or addiction may exacerbate loneliness and isolation by effecting social relationships.

Risks of Opioid Use for Older Adults

Misunderstanding Prescriptions

- ❑ May lead to overdoses or adverse drug reactions with damaging or even fatal consequences.
- ❑ May lead to inconsistent timing, forgotten, or repeated doses because of poor instructions or communication about adverse drug effects or side effects such as constipation, drowsiness, and dizziness.

Risks of Opioid Use for Older Adults

Misunderstanding Prescriptions

- ❑ Visual impairment or hearing loss may also reduce an older adult's ability to read or hear instructions.
- ❑ Cognitive impairment may reduce the ability to understand or remember instructions.

Risks of Opioid Use for Older Adults

Health Literacy

- ❑ Current standards of medical practice limit the time professionals are able to spend interacting with any patient.
- ❑ Medical professionals may treat older adults in a patronizing or condescending manner, precipitating a relationship of deference.

Risks of Opioid Use for Older Adults

Health Literacy

- ▣ Older adults with any level of cognitive impairment, even when it is situational and due to the medical condition for which they seek care, may have particular difficulty thoroughly processing complex medical information and articulating questions.

The Invisibility of Older Adults in programs

- It is widely assumed opioid use and abuse are problems of youth, so older adults may not be on the radar when outreach, programs, and services are being developed.
- To reach older adults with information, programs will need to begin by recognizing circumstances of the specific age groups and develop separate approaches to addressing recreational use and medical use of opioids.



Interventions and Programs targeting Older Adults

Dose of Reality



DOSE OF REALITY

PREVENT PRESCRIPTION PAINKILLER ABUSE IN WISCONSIN.

Academic Detailing

- ❑ Academic detailing is outreach education for health care professionals.
- ❑ Trained educators who meet one-on-one with physicians, nurse practitioners, and physician assistants at their practice locations.
- ❑ Provide summaries of the evidence around a particular topic to help clinicians prescribe the safest, most effective medications for their patients

Adams County Meals on Wheels Partnership

Partnership between:

- ▣ Adams County Health & Human Services
- ▣ Adams County Drug Free Task Force
- ▣ ADRC Meals on Wheels



Medication Security and Disposal programs

- Prescription Drug Drop Boxes
- Drug Take Back events
- Prescription Drug Lock Boxes/Bags
- Prescription Drug Deactivation Units



Treatment and Pain Management

Acute Pain vs. Chronic Pain

Acute pain:

- ❑ Usually comes on suddenly and is caused by something specific.
- ❑ Is sharp in quality.
- ❑ Usually does not last longer than three to six months.
- ❑ Goes away when there is no longer an underlying cause for the pain.

Acute Pain vs. Chronic Pain

Chronic pain:

- ❑ Is ongoing pain.
- ❑ Usually lasts longer than six months.
- ❑ Can continue even after the injury or illness that caused it has healed or gone away.
- ❑ Can occur even when there is no past injury or apparent body damage.

Appropriate Chronic Pain Management

- ❑ Given the risks to older adults and the availability of effective alternatives, prescription opioids are NOT the first line treatment for chronic pain.
- ❑ Opioids are moderately effective for pain relief for periods of three months or less, but generally not for long-term use. (Dowell, et al., 2016)

Integration

- The Centers for Disease Control and Prevention guidelines recommend non-pharmacologic and non-opioid pharmacologic therapy alternatives to opioids for chronic pain.
- If providers prescribe opioids, these medications are more likely to be effective if they are integrated with non-pharmacologic therapies.

Integration

- People with chronic pain can benefit from non-pharmacologic therapies such as exercise and cognitive behavioral therapy.
- The Centers for Disease Control and Prevention guidelines recommend that providers discuss with patients the benefits and risks of opioids, along with treatment goals for pain and function before patients start taking the medications.

Medication-Assisted Treatment

- Is evidence-based
- Provides comprehensive services:
 - Medication
 - Counseling
 - Case management
 - Recovery supports

Medication-Assisted Treatment

- Uses many paths to recovery:
 - Medical intervention
 - Professional treatment
 - Mutual support groups
 - Peer supports
 - Family supports
 - Faith supports
- Develops diversion practices and policies

Medication-Assisted Treatment

- Uses Food and Drug Administration-approved medications
 - Buprenorphine products (Suboxone, Probuphine, and Sublocade)
 - Naltrexone (Vivitrol)
 - Methadone

Alternative Pain Management

- Alternative pain management methods are similar across the lifespan.
- Practitioners should be looking to these options, sharing information and turning to them more across all populations including older adults.

Alternative Pain Management

- Many of these options include physical activity and reduce and manage pain:
 - Physical Therapy
 - Chiropractic care
 - Acupuncture
 - Yoga
 - Other stress reduction techniques, including meditation, relaxation therapy and music therapy



Signs and Symptoms

Signs and Symptoms

- ❑ A strong desire for opioids
- ❑ An inability to control or reduce use
- ❑ Failure to meet work, school, or home obligations
- ❑ Continued use despite social or interpersonal problems

Source: American Psychiatric Association, 2013

Signs and Symptoms

- Use of larger amounts over time
- Development of tolerance
- Much time spent obtaining and using opioids
- Withdrawal symptoms, such as anxiety, muscles aches, nausea or vomiting, diarrhea, fever, and insomnia

Source: American Psychiatric Association, 2013

Contact Information

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