



**THE PRESCRIPTION OPIOID CRISIS
HAS INFECTED THE HEALTHCARE
WORKPLACE**

NORLIEN FOUNDATION

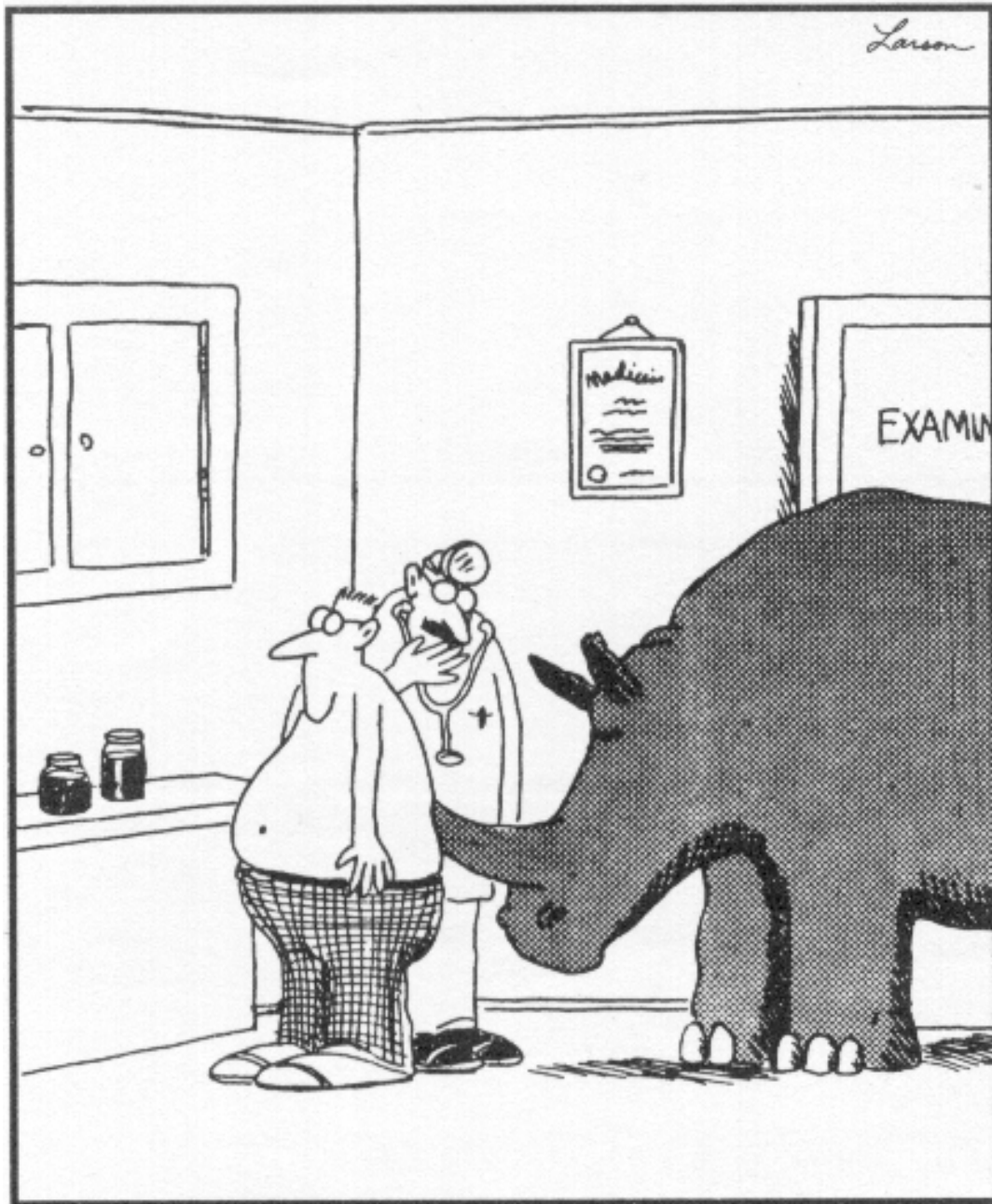
*Marvin D. Seppala, MD
Chief Medical Officer
Hazelden Foundation*

- **We have an ongoing epidemic of prescription drug abuse in in the U.S.**
- **Some of those becoming addicted work in the healthcare setting**
- **Physicians become addicted like anyone else, but have better outcomes which can help us improve treatment.**

- **Fastest growing addiction in the U.S.**
- **Four-fold increase in treatment admissions (U.S. 1998-2008)**
- **Overdose deaths have increased dramatically**
- **Drug overdose is the No. 1 cause of accidental deaths in the U.S., fueled by the increase in opioid overdoses**

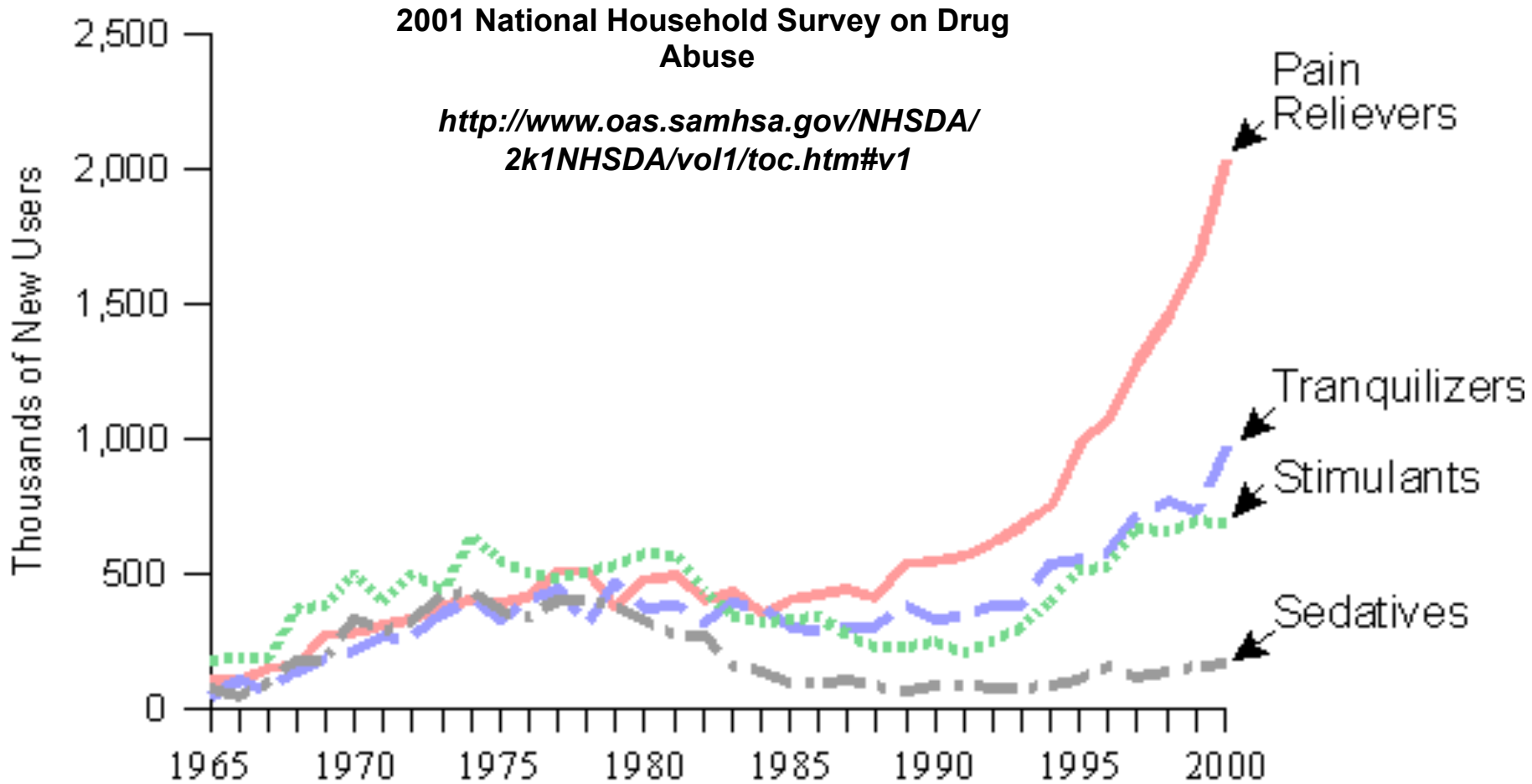
- **Increased admissions for opioid dependence**
(Adults: 19%(2001)→30%(2011), Youth: 15%(2001)→41%(2011))
- **Problems with ASA discharges, treatment retention**
- **Unit milieu issues**
- **Use of opioids during treatment**
- **Increased incidence of death following treatment**

Larson

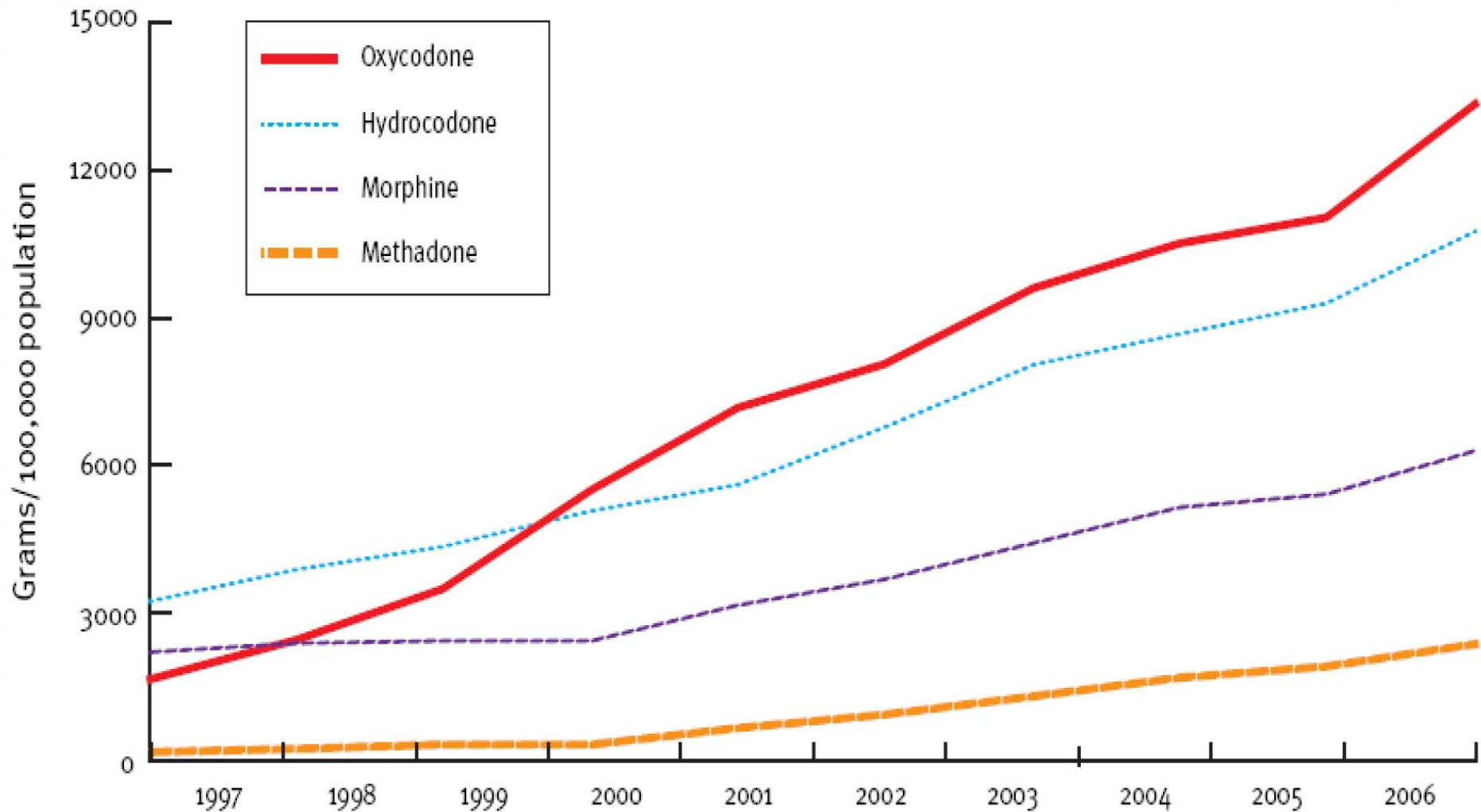


“Wait a minute here, Mr. Crumbley. . .
Maybe it isn't kidney stones after all.”

Annual Numbers of New Nonmedical Users of Psychotherapeutics: 1965-2000



Increasing Use of Prescribed Opioids



Scope of the Problem



Drug Enforcement Administration
www.justice.gov/dea

- **Between 1992 and 2003:**
 - U.S. population increase of **14%**
 - Number of people abusing **controlled prescription drugs jumped 81%**
 - 2x > than marijuana
 - 5x > than cocaine
 - 60x > than heroin

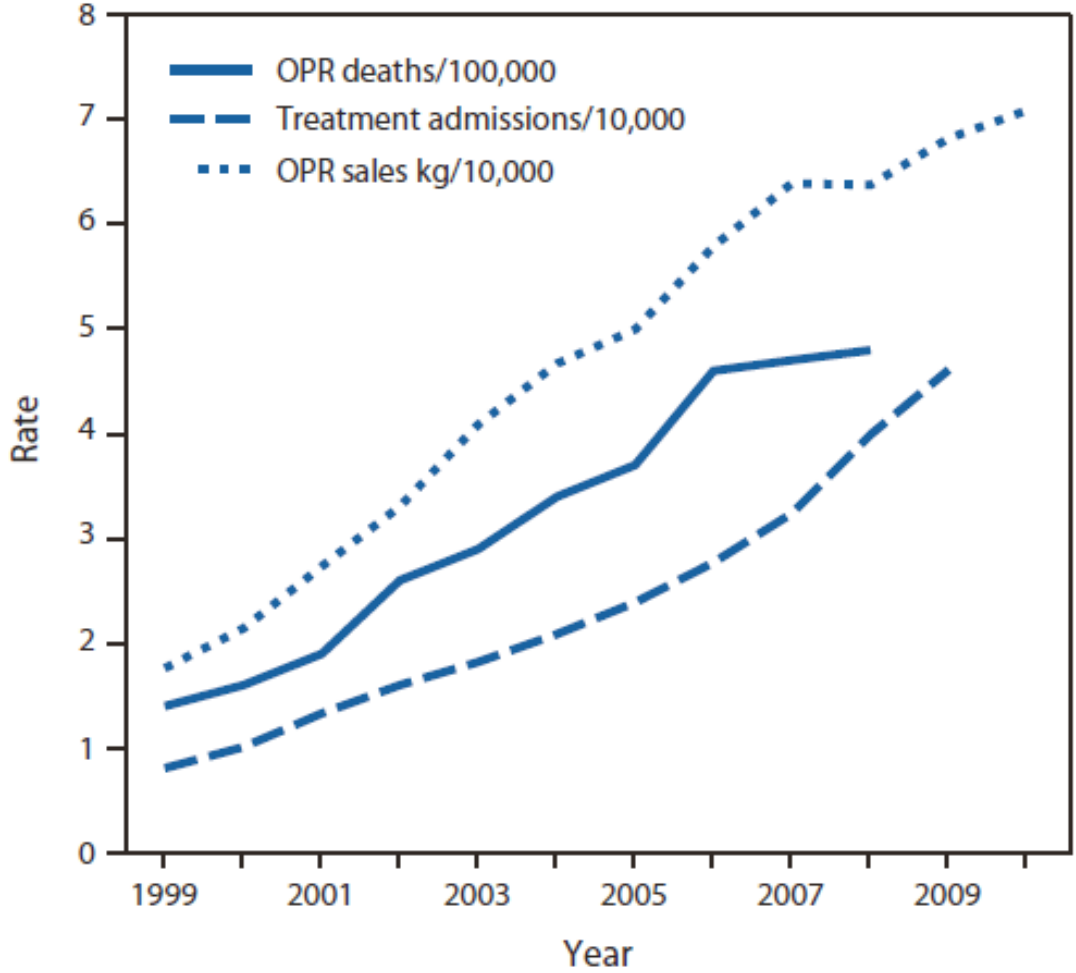
- **Prescription pain medications (Opioids) are now the 4th most abused substances in the U.S.**
 - Behind marijuana, alcohol, and tobacco

- **Misuse of painkillers represents 3/4 of the overall problem of prescription drug abuse**

Rates* of opioid pain reliever (OPR) overdose death, OPR treatment admissions, and kilograms of OPR sold: United States, 1999-2010



www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm



Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.

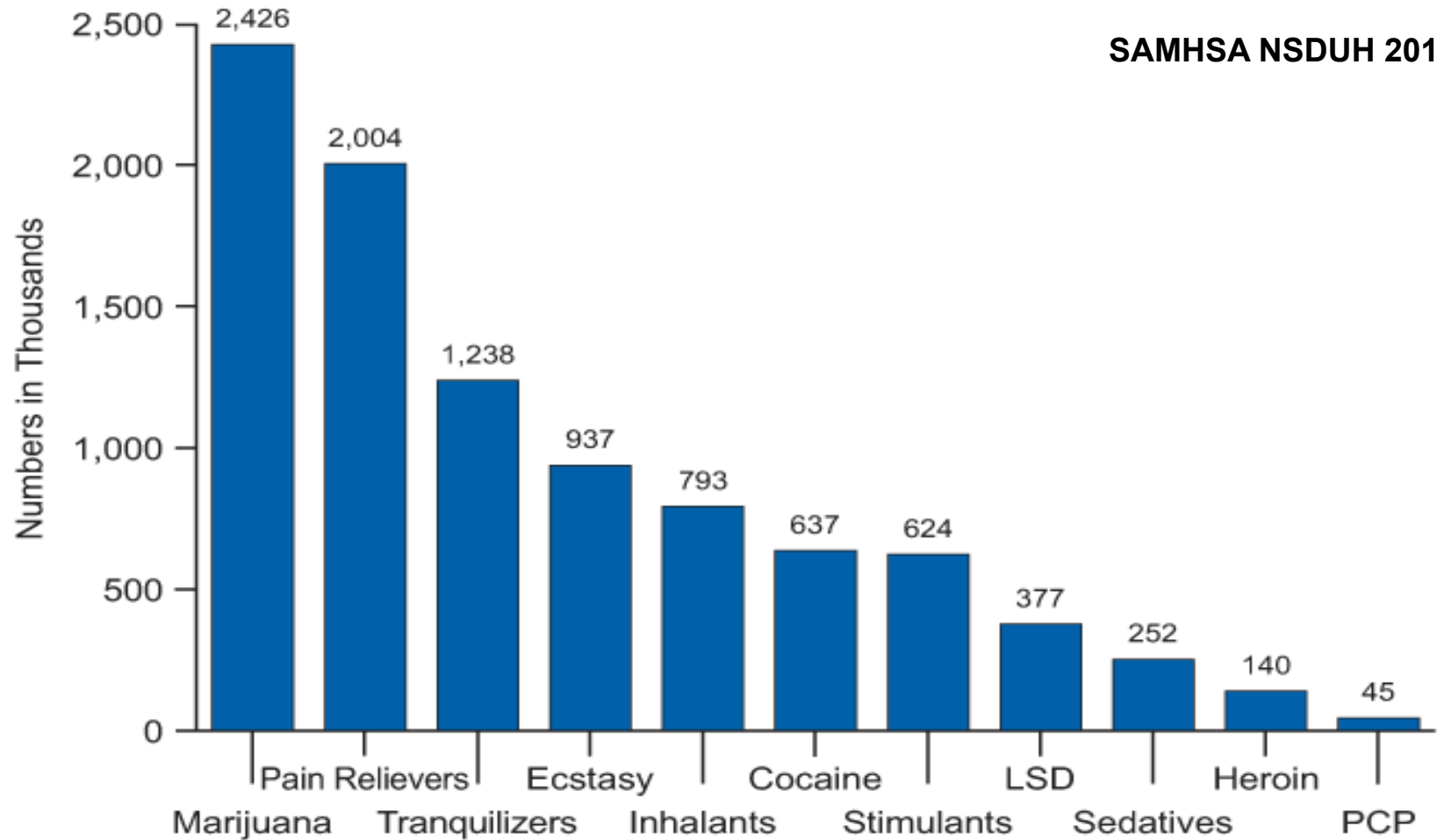
Accidental Overdose Deaths 2008

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- **Heroin ~ 3,000**
- **Cocaine ~ 5,100**
- **Prescription Opioids ~ 15,000**

- **2011 Data: >16,500 opioid overdose deaths**
- **Over 125,000 opioid overdose deaths have occurred in the U.S. in the past decade**

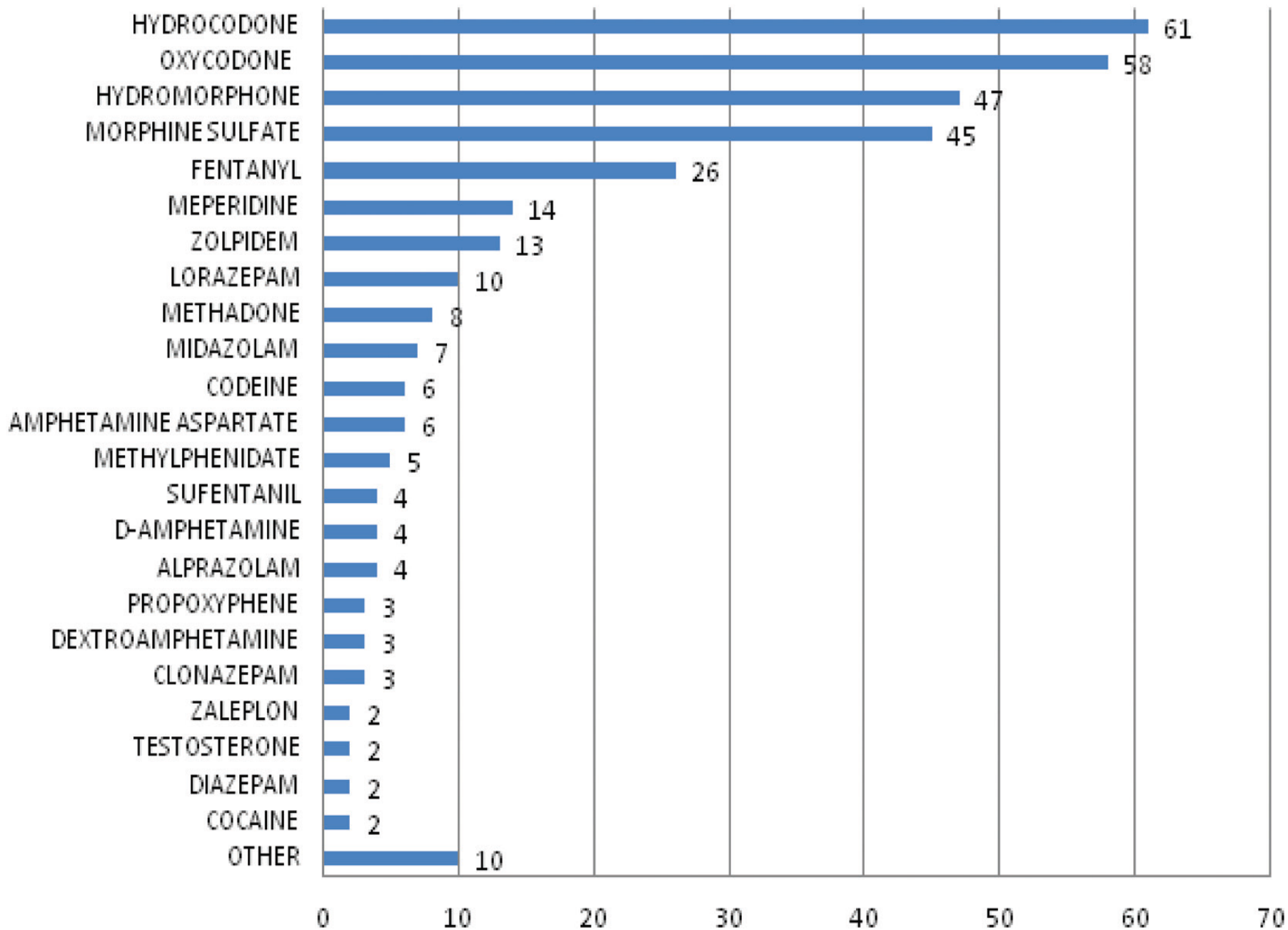
A Frightening Trend: Past Year Initiates of Specific Illicit Drugs among Persons Aged 12 or Older, 2010



- Any healthcare facility which houses controlled substances is at risk for diversion
- Any employee is capable of diversion
- Vigilance is mandatory
- Diversion often happens by seducing co-workers into policy violations eg. “virtual witnessing” of waste
- Often these are otherwise stellar employees

Number of Events of Theft or Loss by Drug

MN Dept of Health/DEA from DEA form 106 data



Diversion can be a multi-victim crime



- **It puts at risk the patient**
- **It puts at risk the addicted diverter**
- **It puts at risk their co-workers**
- **It puts at risk the their employer**
- **It puts at risk society in general**

Compromised Ability to Practice with Reasonable Skill and Safety

Is This Impairment?

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“Risk Factors for Relapse in Health Care Professionals With Substance Use Disorders”

Domino et al, JAMA 2005

- 74 out of 292 = 25% (over 11 years)

- 25% had 1 relapse
- 5% had 2 relapses
- 3% had 3 relapses

No known instance of patient harm by any client including those who relapsed

- **Positive Family History (HR 2.29)**
- **Dual Diagnosis (HR 2.25)**
- **Major Opioid + Dual Diagnosis (HR 5.79)**
- **Major Opioid + Dual Diagnosis + Family History (HR 13.25)**

Domino et al, JAMA 2005

904 Physicians from 16 PHP's

■ Family Medicine	20%
■ Internal Medicine	13%
■ Anesthesiology	11%
■ Emergency Medicine	7%
■ Psychiatry	7%

DuPont et al. 2009

904 Physicians from 16 PHP's

- Alcohol 50%
- Opiates 33%
- Stimulants 8%
- Others 9%
- >1 Substance 50%
- IV Use 14%

DuPont et al. 2009

904 Physicians from 16 PHP' s

- Arrested for Alcohol/Drug Related Offense 17%
- Convicted of above Charges 9%
- Disciplinary Action by Licensing Agency 14%
- Prior Addiction Treatment 39%

DuPont et al. 2009

Five to Seven Year Outcomes



Outcome Rated As	Completers (n = 418)	Continuers (n = 170)	Noncompleters (n = 239)	Total of rated cases (n = 827)
Successful, no major problems (%)	92.8	39.4	14.2	59.1
Successful, significant problems (%)	5.5	7.1	4.6	5.6
Benefited, did not complete (%)	0.0	16.5	28.9	12.1
Failed program, did not benefit (%)	0.0	0.6	31.8	9.3
Still being monitored (%)	0.0	36.5	0.0	8.1
Moved / transferred (%)	0.0	0.0	10.9	3.1
Other (unknown, died, etc.) (%)	1.7	0.0	9.6	2.7

Medical Status (last known)	Completers (n = 448)	Continuers (n = 199)	Noncompleters (n = 257)	Total Sample (n = 904)
Working in medicine (%)	91.1	81.9	27.6	72.0
Licensed/not practicing (%)	2.9	6.0	10.1	5.6
Not licensed/suspended license (%)	2.2	6.5	31.5	11.5
Retired/left practice (%)	1.8	2.5	7.4	3.5
Died (%)	0.7	0.0	11.3	3.5
Unknown (%)	1.3	3.0	12.1	4.8

904 Physicians from 16 PHP's

- 261 (29%) – At least one recorded use of substances (relapse)
- 14 (2%) – Drunk driving
- 55 (6%) – Relapse “occurred in the context of medical practice”
- 1 – Identified episode of patient harm (over-prescribing)
- 180 (20%) – formally reported to board/oversight body

“Essential Ingredients” to Long-Term Recovery Maintenance



- 1. Contingency Management**
- 2. Frequent Random Drug Testing**
- 3. Tight Linkage to 12-Step Programs**
- 4. Active Management of Relapses**
- 5. Continuing Care Approach**
- 6. Focus on Lifelong Recovery**

DuPont et al. 2009

- **MORE: 18 month online aftercare**
- **Apps: including daily medication**
- **Texting study**

- **Physicians have addiction rates similar to the general population**
- **Physicians have remarkable incentives to get into recovery**
- **Physicians have great outcomes. (75 – 85% recovery rates)**
- **Greater than 2/3 successfully return to practice**

Physicians (and pilots) have the highest recorded recovery rates. We can use their programs as a model for improving outcomes.

Larson

INSTITUTE FOR
THE STUDY OF
EMOTIONAL STRESS

Hey... I feel
better already.

