

A photograph of the Golden Gate Bridge in San Francisco, taken from a low angle looking up at the bridge's towers and cables. The bridge is silhouetted against a bright, hazy sky at sunrise or sunset, with the sun low on the horizon. The water below is covered in a thick layer of white fog or mist, creating a dreamlike atmosphere. The bridge's iconic red-orange color is visible on the towers and cables.

A Brief History of the Opioid Crisis

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University of California San Francisco

A VICTIM OF MORPHINE.

MILWAUKEE, Wis., March 23.—Miss Hulda Youngquist, a daughter of William G. Youngquist, the well-known hardware merchant, was found dead in bed this morning. When seventeen years old Miss Youngquist fell and broke her shoulder and the physician gave her morphine to ease the terrible pain. As a result she became addicted to the use of morphine. Her form was almost a skeleton, and both arms were found to have been punctured from shoulder to wrist by the points of the syringe with which the fatal drug had been injected into her system.

The New York Times

Published: March 24, 1890

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UNITED
STATES

**SPECIAL TAX
STAMP**

INTERNAL
REVENUE

123342

THIS STAMP EXPIRES JUNE 30, 1941
THIS STAMP IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP OF THE BUSINESS
ISSUED FOR ONE YEAR

PRACTITIONER DISPENSING OPIUM, COCA LEAVES, ETC.

YOUR REGISTRY NUMBER IS 10866

Issued by the Collector for the FIRST *District of* PENNA.

J. W. Croft, M. D.
Waynesboro, Penna.

UPON CHANGE OF ADDRESS NOTIFY COLLECTOR IMMEDIATELY

STAMP POSTED

LAKE SUPERIOR
TREATMENT CENTER

14-B

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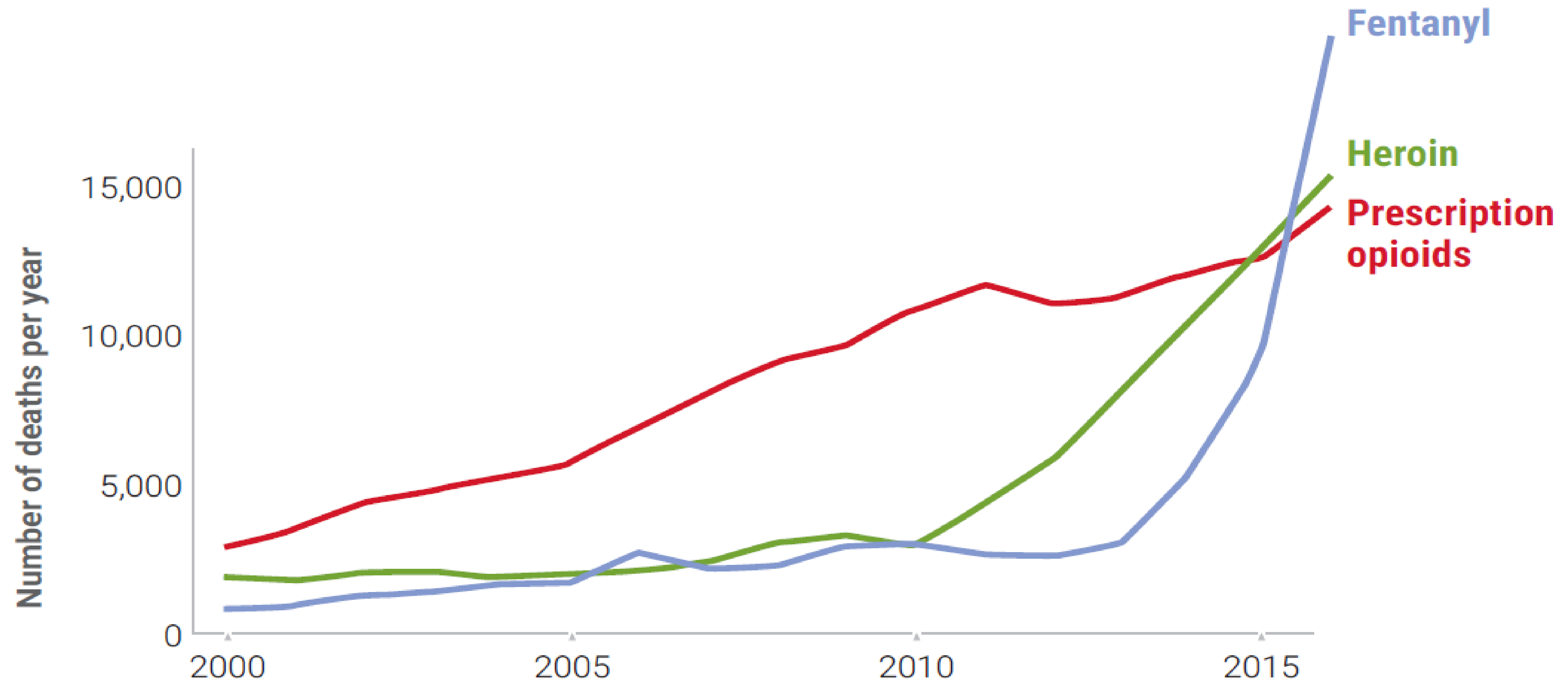
Drug abuse

Young, white and middle-class

📖 Print edition | United States >

Dec 4th 1997 | PLANO, TEXAS

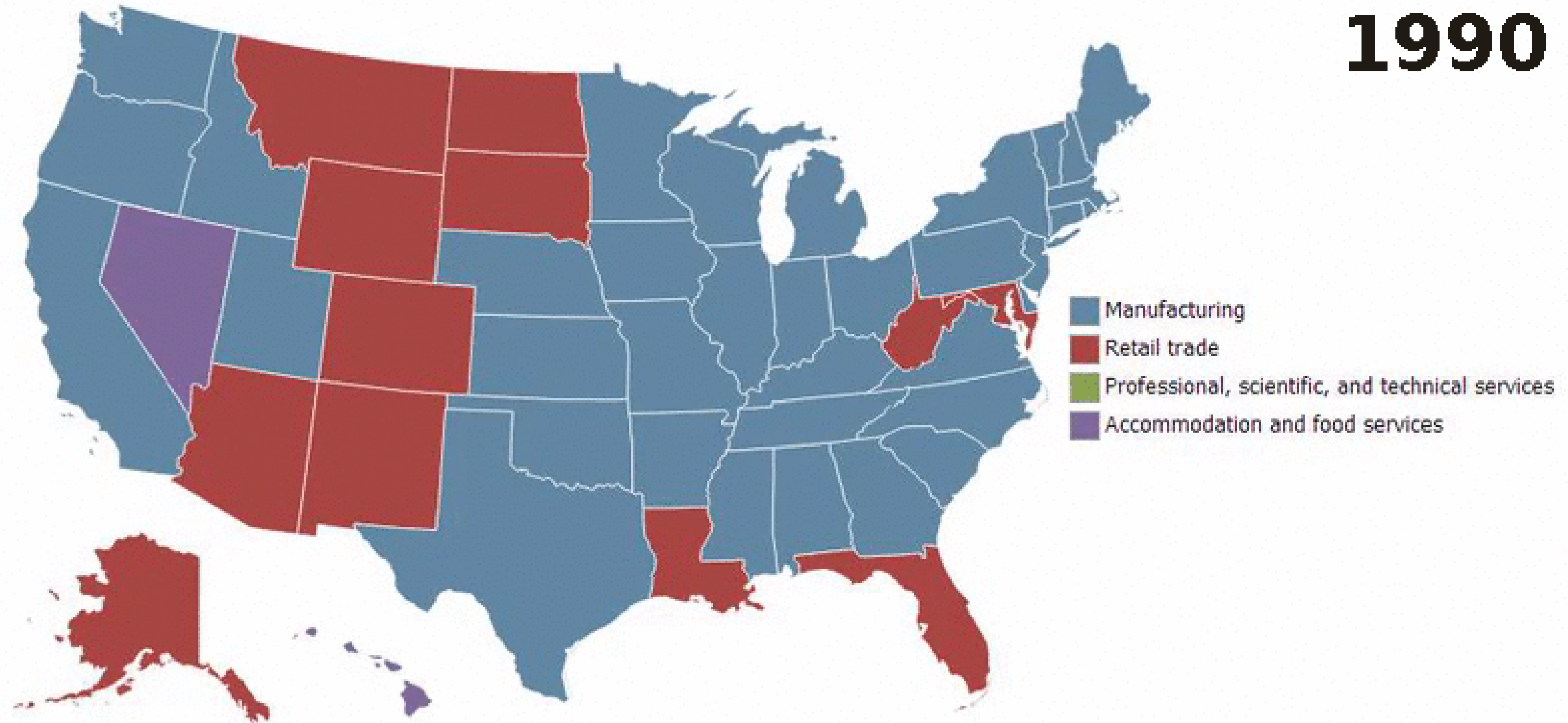
U.S. Opioid Overdose Deaths 2000-2016



Beginnings of Opioid Stewardship

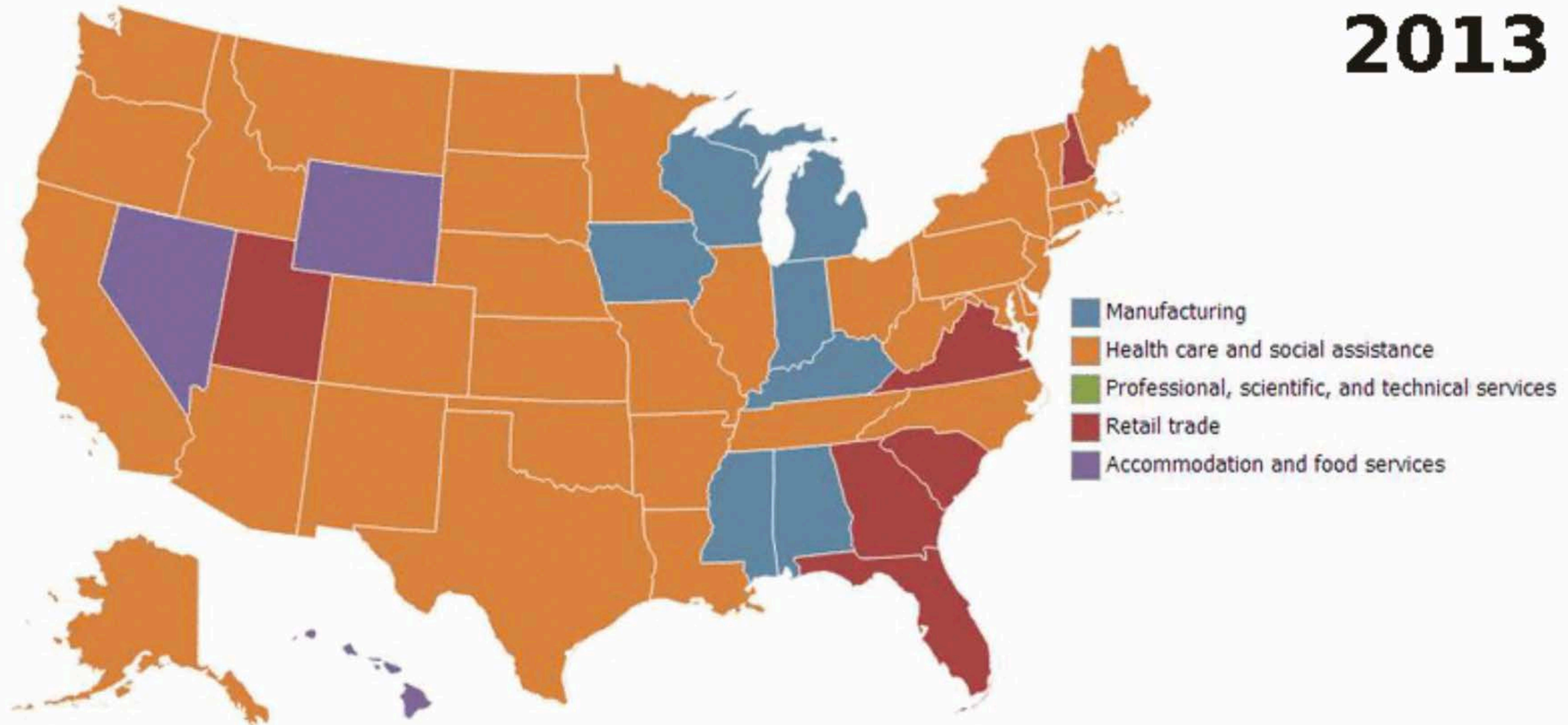


1990



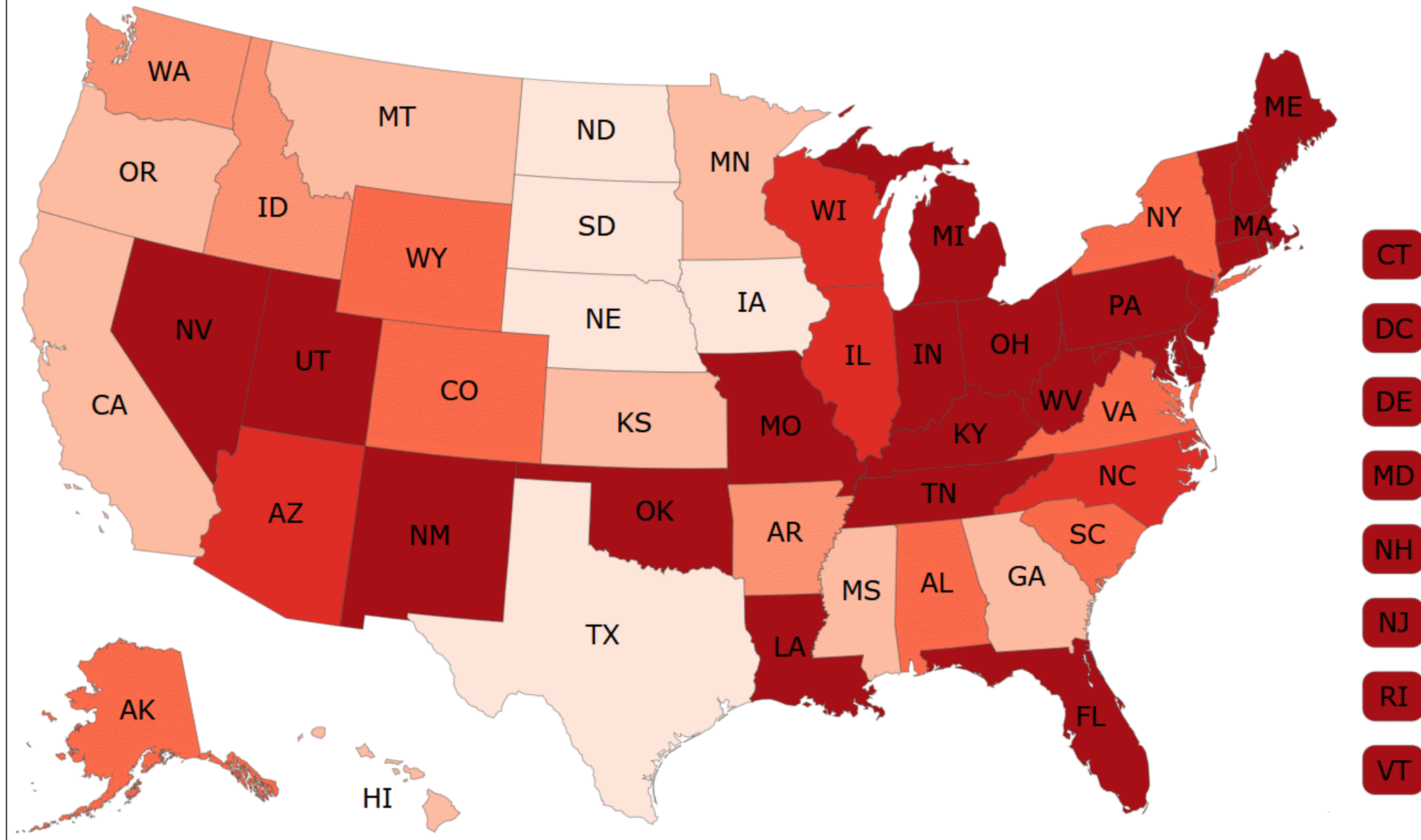
Hover over a state to see information.
Source: U.S. Bureau of Labor Statistics.

2013

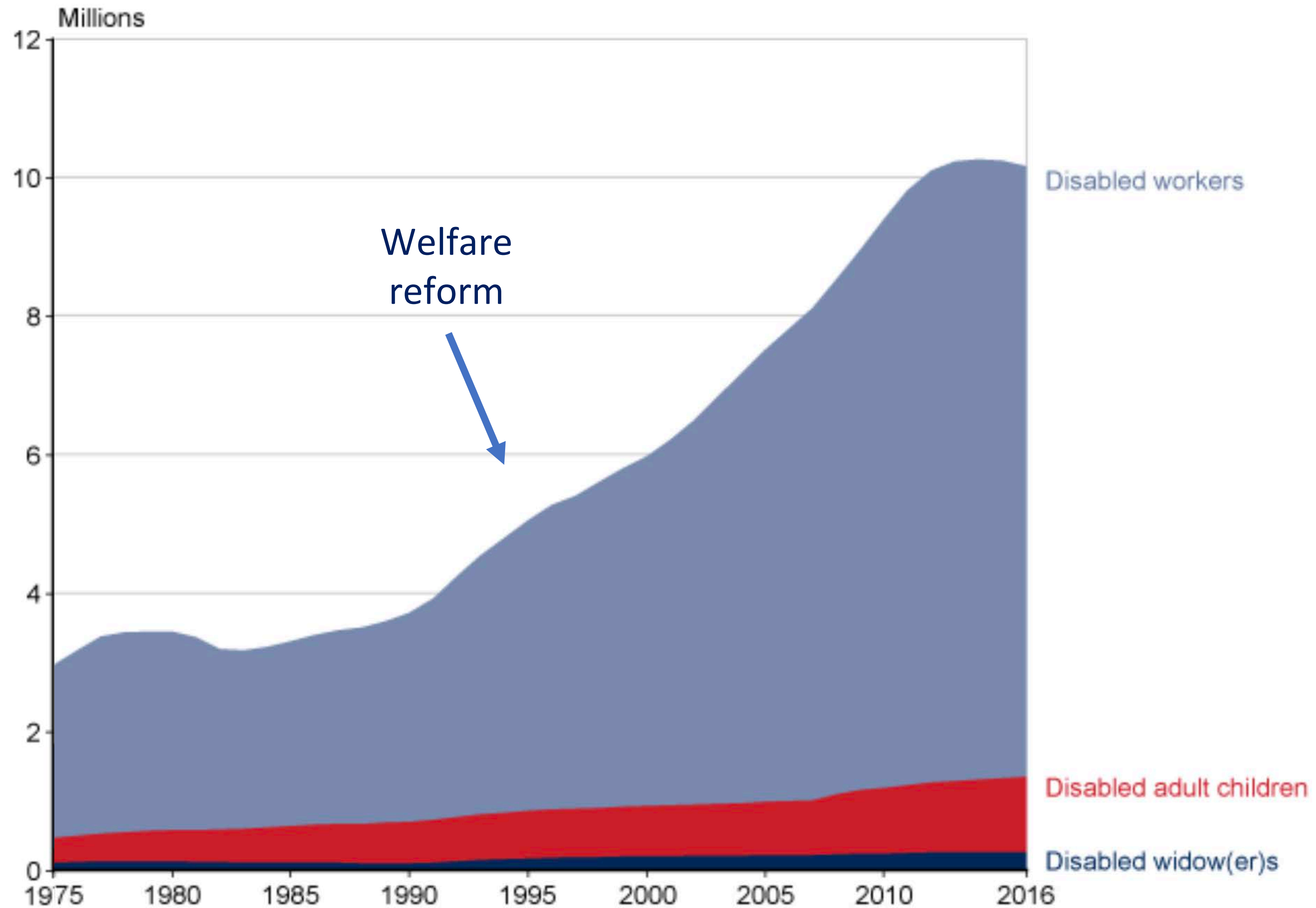


Hover over a state to see information.
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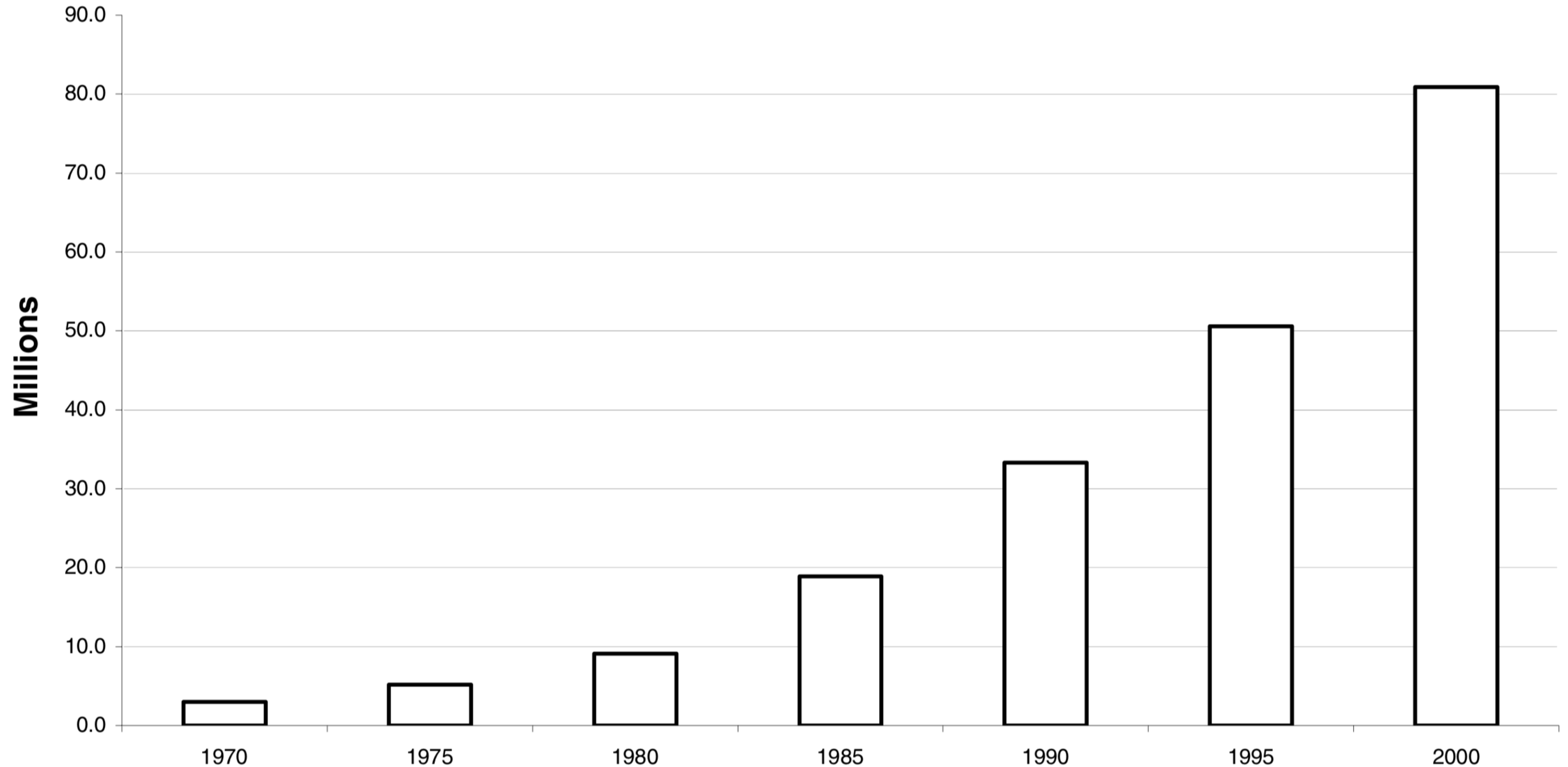
Drug overdose deaths per 100,000 population by state, US 2016.



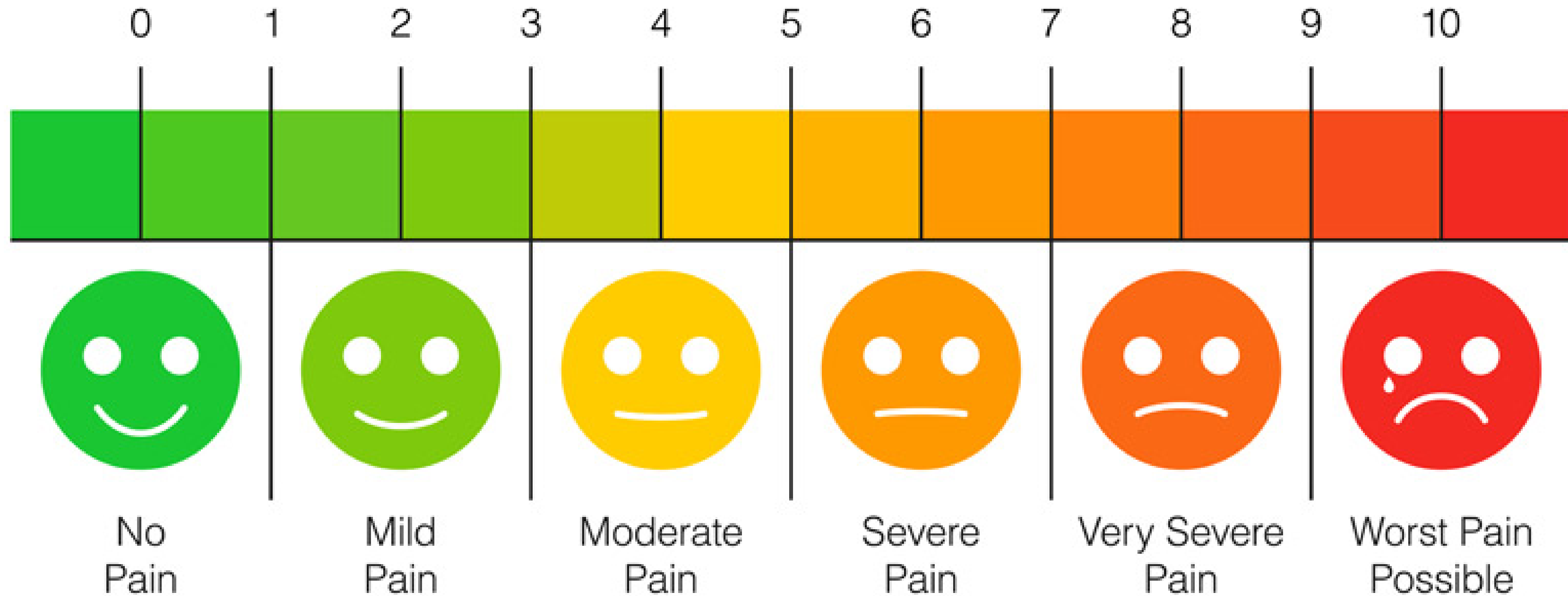
Social Security Disability Beneficiaries



1990s Healthcare Reform: HMO Coverage



PAIN SCALE



ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug
Surveillance Program

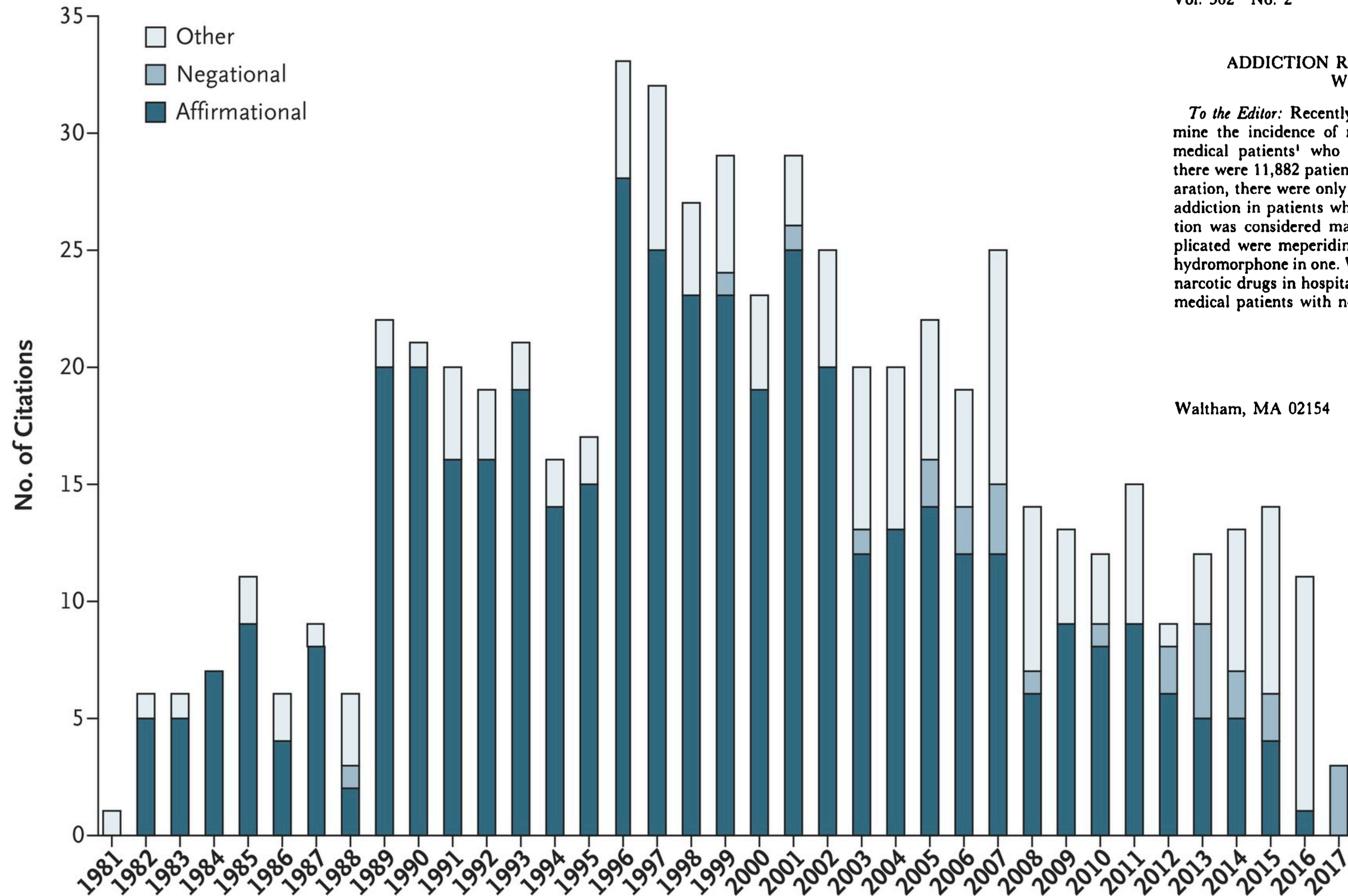
Waltham, MA 02154

Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

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ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

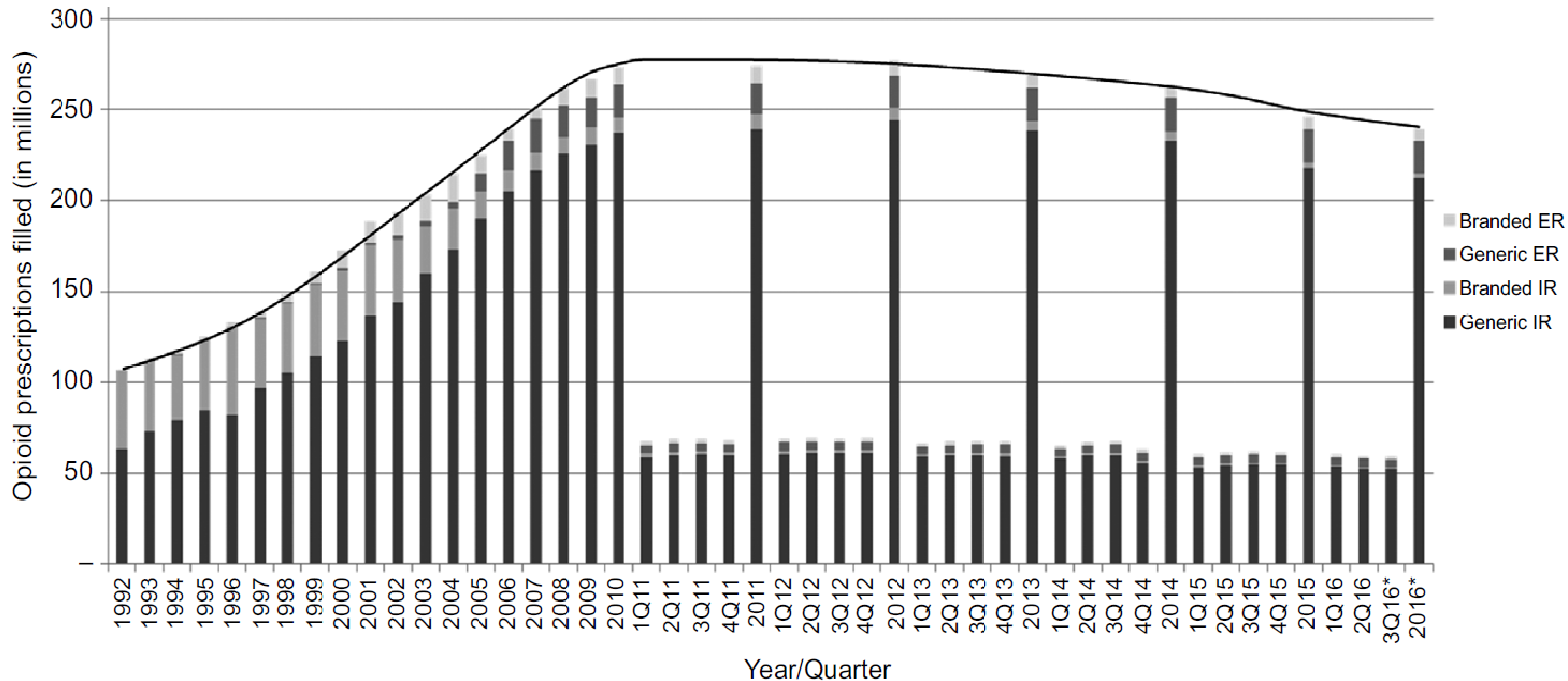
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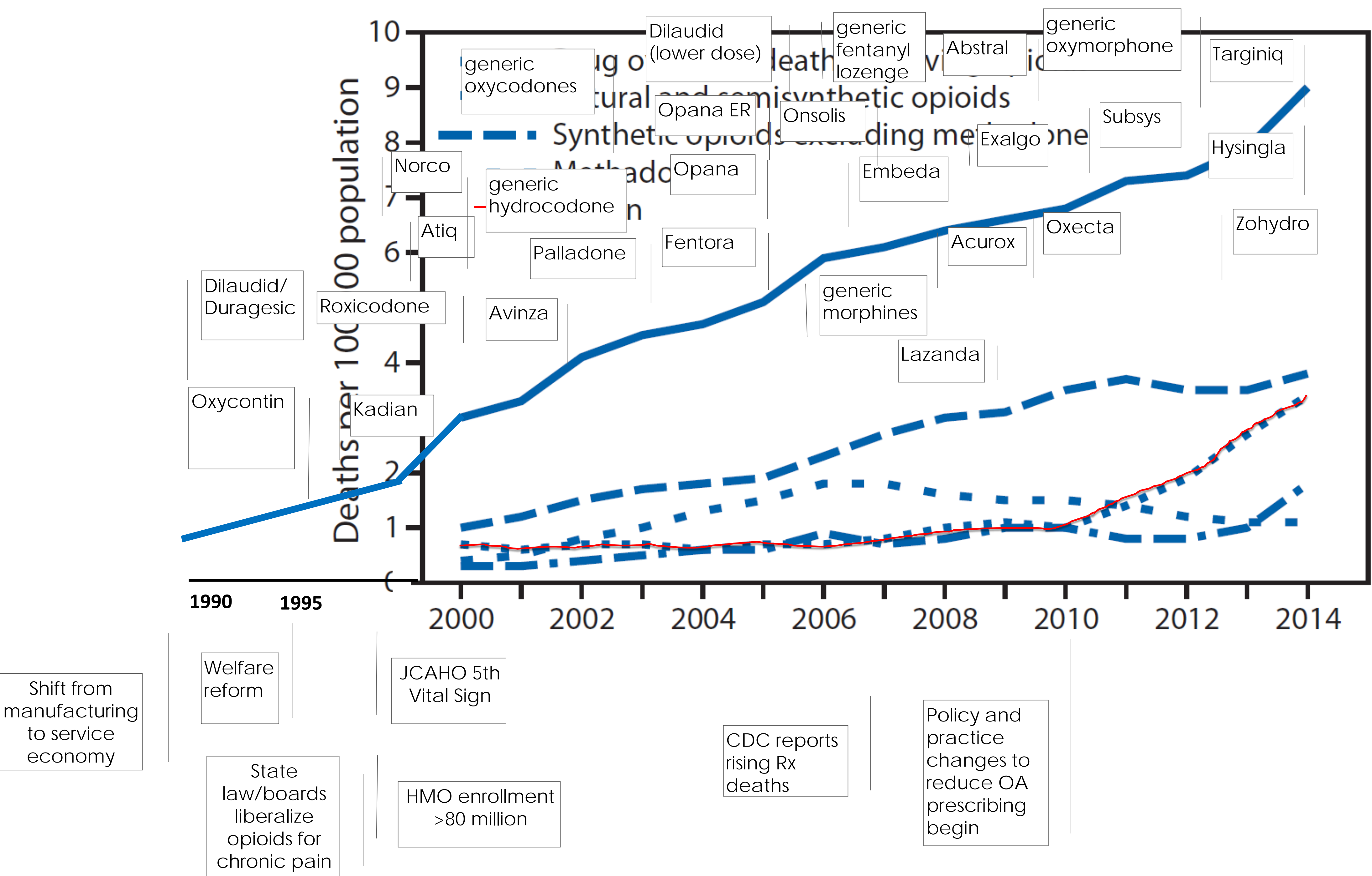
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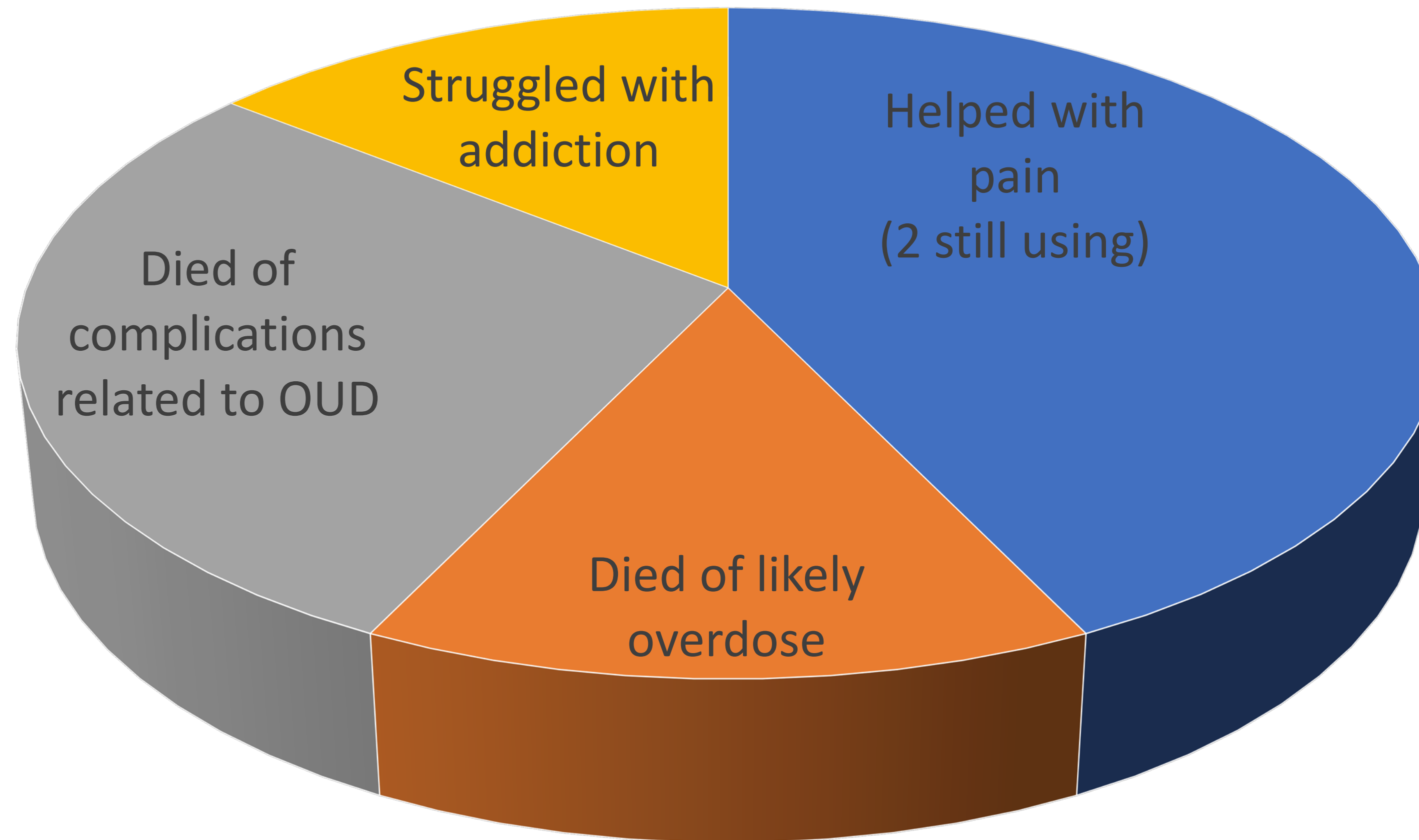
Boston University Medical Center

U.S. Opioid Prescribing Trends



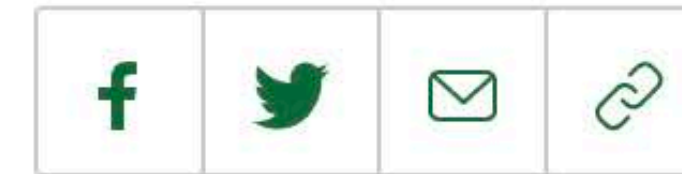


The 7 OxyContin “Poster Children”: 15 Years Later

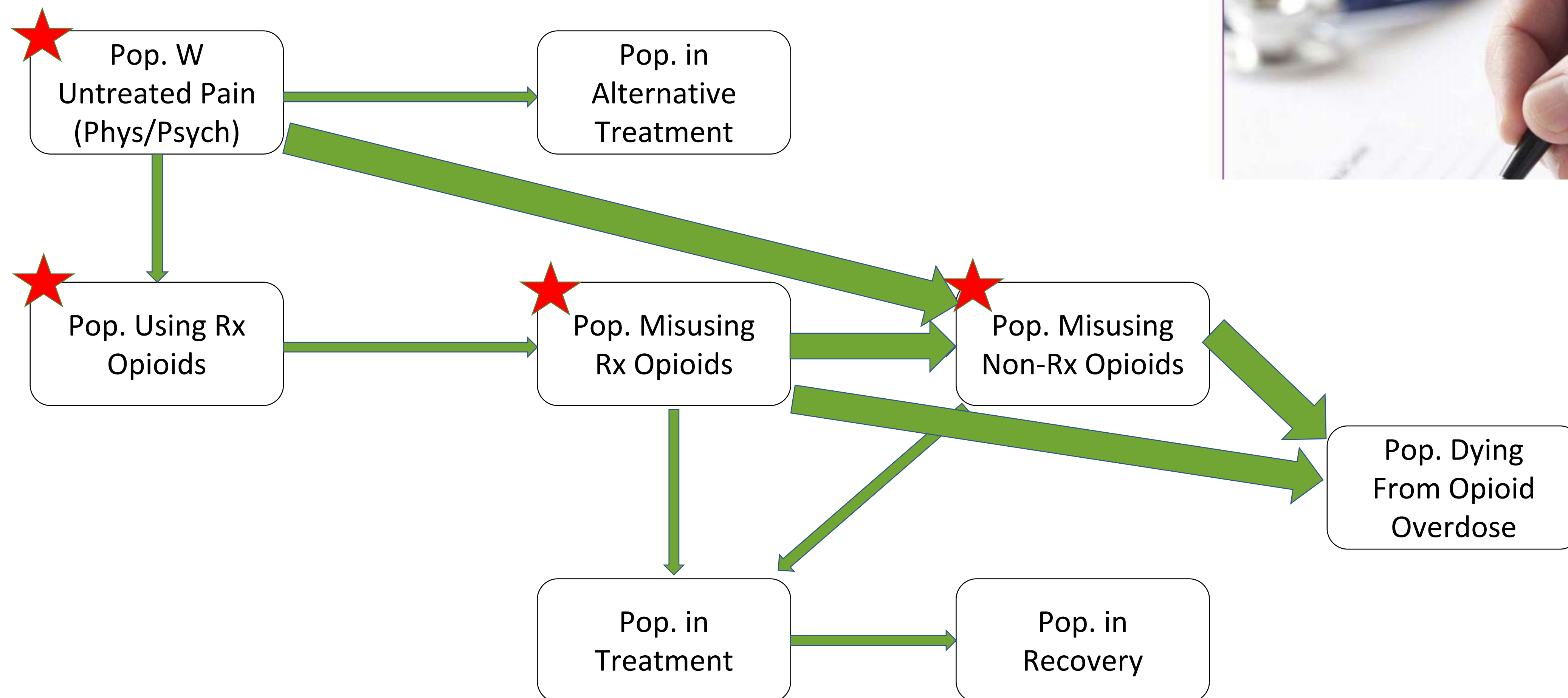


OxyContin Maker Criticized For New ‘It Gets You High’ Campaign

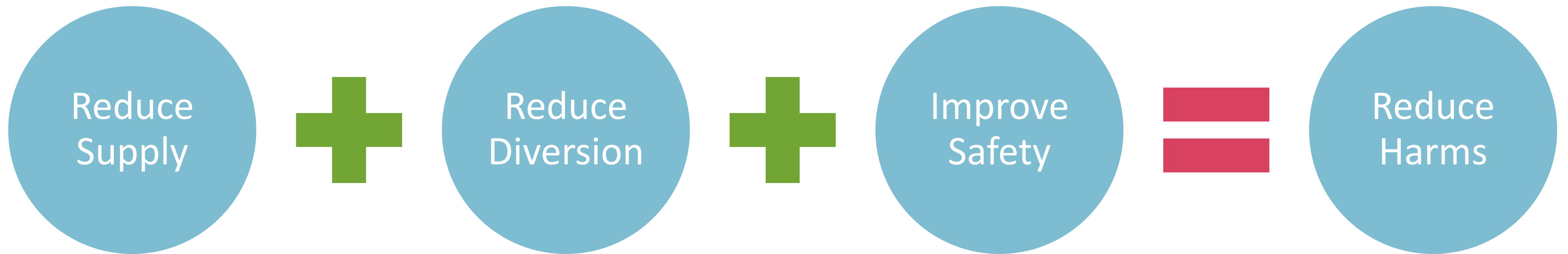
7/10/17 10:33am • SEE MORE: NEWS ▾



*Get
in the
Swing of
OxyContin
♪*



Opioid Stewardship Objectives and Goal





MEDICAL BOARD OF CALIFORNIA
Central Complaint Unit



[REDACTED] 2017

[REDACTED] M.D.

Patient:
Control Number:
Dates of Service:

Dear Dr. [REDACTED]

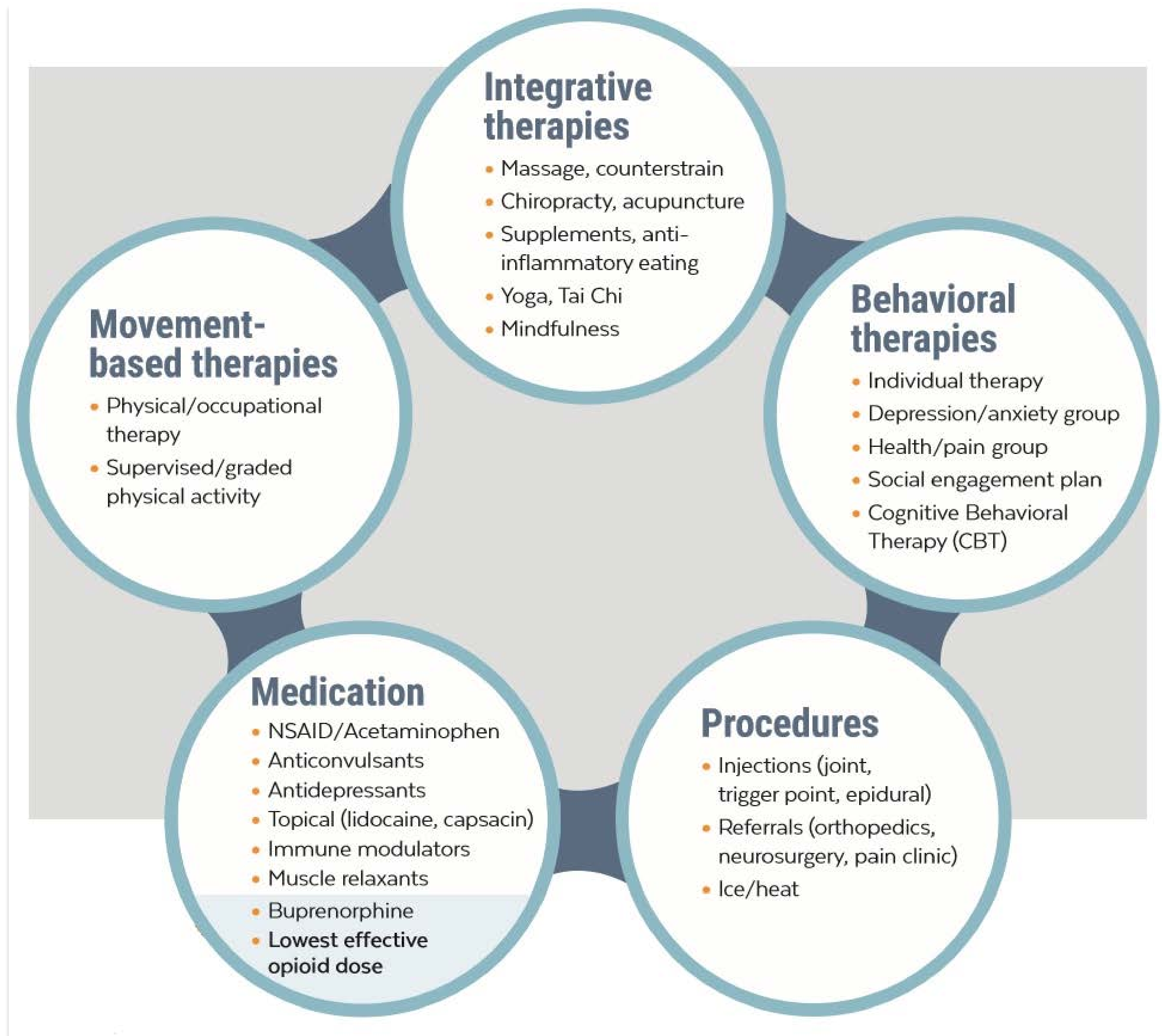
The Medical Board of California (Board) is in receipt of a complaint regarding the care and treatment provided to the above named patient. Pursuant to the provisions of Section 800(c) of the Business and Professions Code, we are providing a comprehensive summary of the complaint filed against you.

The complaint alleges the following: This [REDACTED] year old man died on [REDACTED] 2012 of accidental mixed drug combination (Cocaine and Methadone). There were 81 CURES entries. It was noted that you prescribed to this patient. It is unknown what medical conditions the patient suffered from which is why the Board is requesting a copy of the patient's medical records to review the care rendered.

Pursuant to Section 2220.08(a)(2)(B) of the Business and Professions Code, the Board is required to provide you with an opportunity to respond to the allegations noted above. As such, in accordance with the enclosed Authorization for Release of Medical Information form, please provide a written summary of the care and treatment rendered to this patient and a copy of your curriculum vitae. You may also provide any additional expert testimony or literature which you feel would be pertinent to the Board in evaluating this complaint.

In addition to the above, please forward a CERTIFIED copy of the patient's medical records, including diagnostic images if applicable, to the Board. Please complete the enclosed Certification of Records/Declaration of Custodian of Records to certify that the records are a "true copy" and a complete set and return it with the records to the address shown below. It would be appreciated if you would also include a copy of this letter with your response. Pursuant to Business and Professions Code Section 2225(e) and 2225.5 (copy enclosed), failure to produce the records by the date requested may result in citation and fine or assessment of civil penalties of \$1,000 per day.

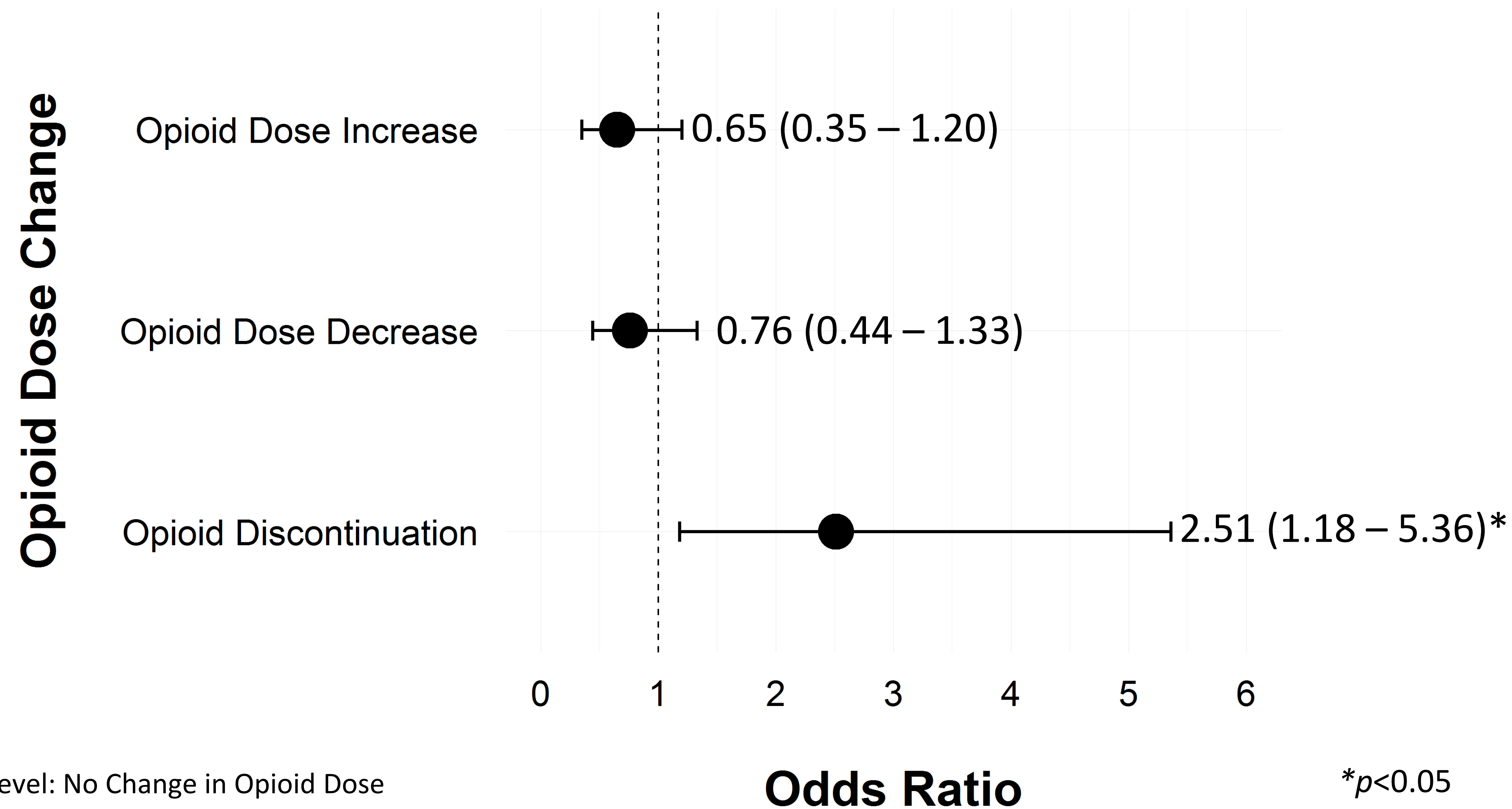
Patients in Pain



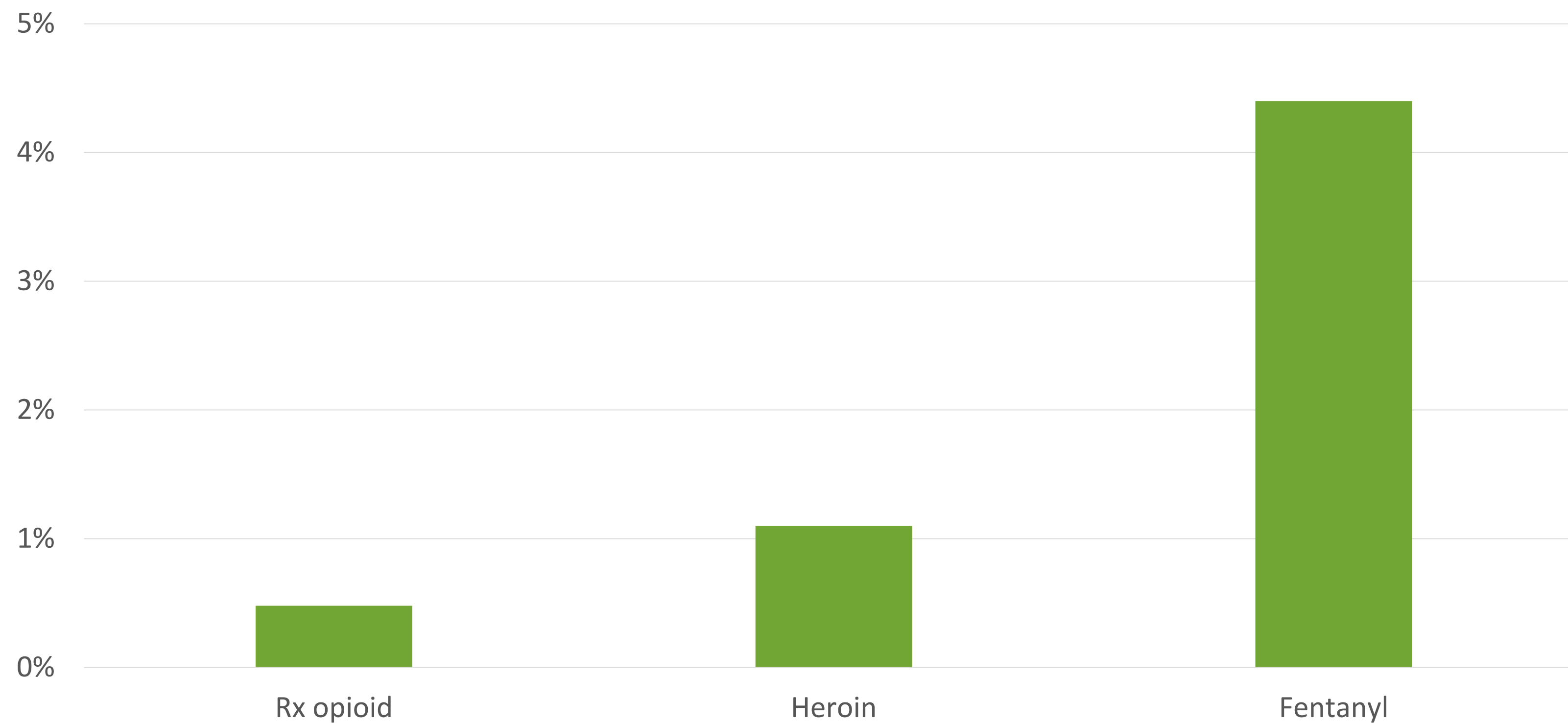
Patients with Opioid Use Disorders

- An HIV+ man is transferred to your service.
- He has generalized body pain that was treated with fentanyl patch 150mcg and morphine ER 100mg BID with oxycodone 60mg QID for breakthrough pain.
- He was also on lorazepam, alprazolam, aripiprazole, bupropion, and fluoxetine.
- He is also in a methadone program for opioid use disorder.
- He requested a change of provider because he wanted hydromorphone.
- No Utox is available and his VL is always suppressed.

Preliminary results of Transitions analysis (N=200):
opioid dose change and use of opioid analgesics not as prescribed

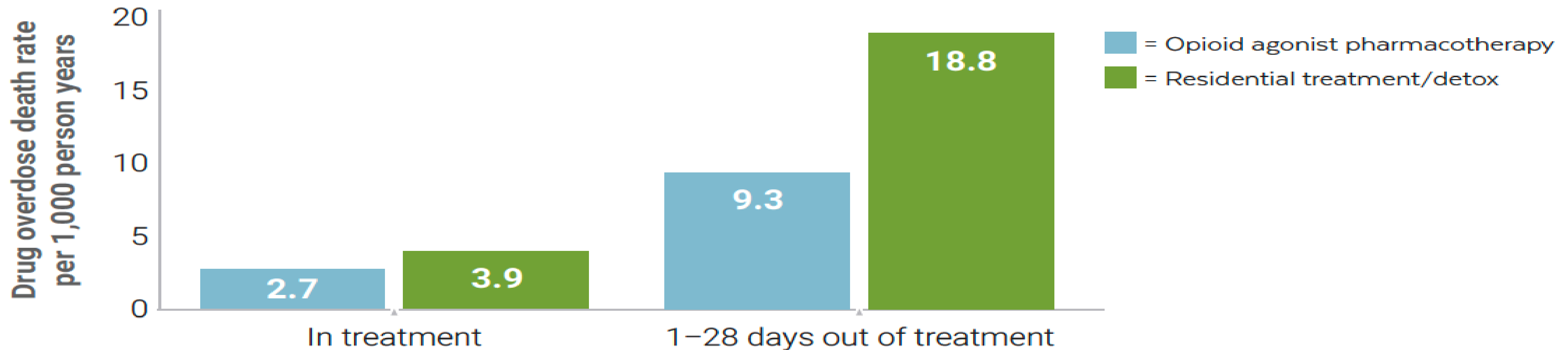


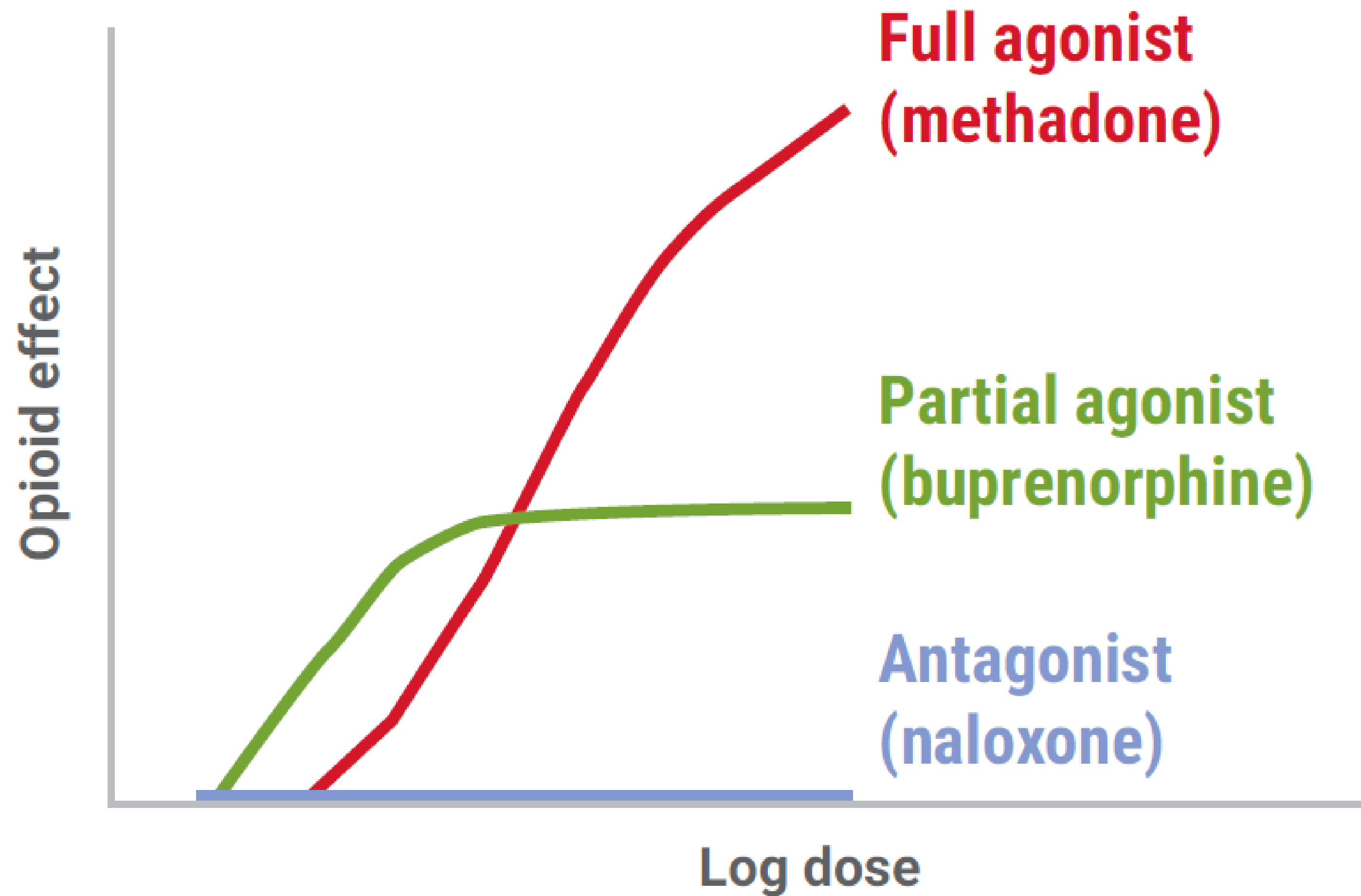
% of injections resulting in (non-fatal) OD at Sydney injection facility, by opioid type



- If your patient has an opioid use disorder, it is essential to arrange for treatment.
- **Treatment with medications has the best evidence for managing opioid use disorder** and should be considered for all patients with significant disease.
- When therapy for opioid use disorder is stopped, the risk of death increases.

DRUG OVERDOSE DEATH RATE PER 1,000 PERSON YEARS AMONG 151,983 PEOPLE WITH OPIOID USE DISORDER SEEKING TREATMENT IN THE UNITED KINGDOM²¹

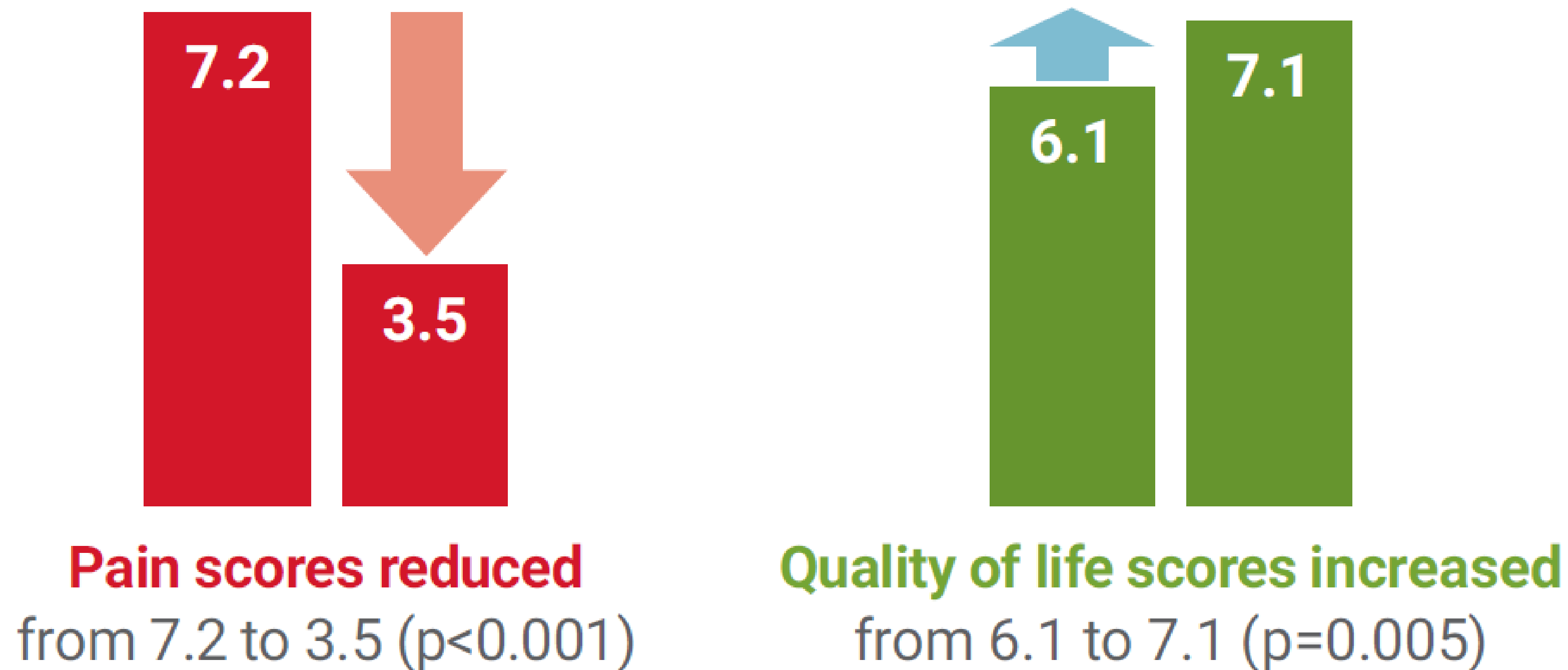




BUPRENORPHINE

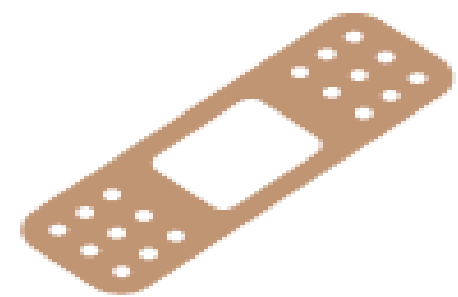
- A partial opioid agonist
- Lasts 36 hours
- Has very high affinity, blocking effects of heroin or other opioids

In a study of 35 patients on 200-1,370 morphine equivalent milligrams of opioids for chronic pain, after two months of sublingual buprenorphine:





Screening for infections such as HIV, hepatitis B, hepatitis C, sexually-transmitted infections and tuberculosis (at least annually for most patients)



Vaccinations such as hepatitis A, hepatitis B, tetanus-diphtheria-pertussis, influenza and pneumococcus



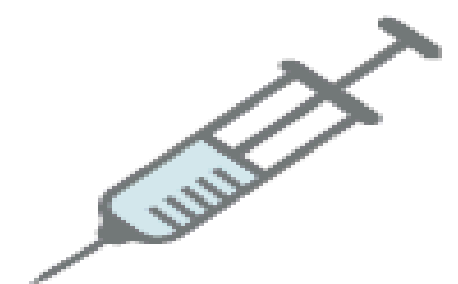
Aggressive management of cardiac risk factors, particularly for people who also use stimulants or tobacco, including blood pressure and lipid control, as well as smoking cessation



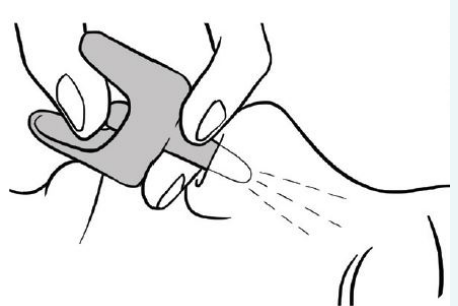
Treatment of other comorbid substance use disorders, including tobacco and alcohol use disorders



Treatment of comorbid psychiatric disorders



Education about safer injection practices and provision of clean injection equipment



Naloxone

Patients with Personal and Environmental Trauma

- 46yo woman with chronic lower back treated for past 20 years with escalating doses of opioids
- Currently taking long-acting morphine sulfate 100mg twice daily, with short-acting morphine sulfate 30mg three times daily as needed for breakthrough pain. She also receives lorazepam 0.5mg twice daily.
- She lives in public housing, has been threatened with eviction, has been incarcerated twice, has lost two children to child protective services, and has not followed up with referrals to physical therapy because it takes 45 minutes to get there, visits last only 10 minutes, and she has no space to do the exercises.
- Her twice annual urine toxicology consistently demonstrates morphine and cocaine. She's never had an opioid overdose.

Opioids and the Pain of Life

I stood at a distance, and aloof
from the uproar of life.
-Confessions of an Opium Eater

... poverty, lack of opportunity, and
substandard living and working conditions

...
-Dasgupta et al., AJPB 2018

I'll die young, but it's
like kissing God
-Lenny Bruce

Take it
s l o w

Patient engagement

- Individualize the plan and be prepared to adjust
- Work with patient to set realistic goals
- Remind patient that reducing opioid use may reduce sensitivity to pain
- Encourage patient to engage support networks
- Use motivational interviewing techniques
- Discuss with patient life stressors that may affect opioid use



Shared Opioids: An HIV Analogy

Safe Sex

Sero-concordant

Protected

Risky Sex

Sero-unknown or discordant

Unprotected

Two Approaches to Opioid Stewardship

Aggressive

(the same way we expanded opioid prescribing)

Changes in prescribing based on fear and excessive workload

Rapid reduction or discontinuation of opioid prescribing

Patient abandonment

Providers abort plans to provide addiction care

Cautious

Evidence-based changes

Slow, patient-centered changes

Expansion of non-medication pain management

Emphasis on maintaining patients in care

Use of OUD medications

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