Prescriber attitudes and behavior related to prescription opioid pain medication

Presented by:

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Who is NSC?

Our Vision:

The National Safety Council is committed to eliminating preventable deaths in our lifetime. These include injuries and deaths at work, in homes and communities, and on the roads through leadership, research, education and advocacy.
Drug overdose trends

Number of Poisoning Related Deaths in U.S

Source: National Center for Health Statistics
National Poll

Methodology:

- Conducted using the Toluna Group’s Curizon panel of pre-screened and qualified physicians and medical professionals
- 201 board certified Family Medicine or Internal Medicine physicians
- Spend 70%+ of their time seeing patients in an office-based setting
- Treat patients for pain
- Fieldwork was completed between March 5th and 13th, 2016.

Key Takeaways:

- 99 percent of doctors prescribe highly addictive opioids for longer than is recommended by the CDC (three days)
- 74 percent of doctors incorrectly believe morphine and oxycodone – both opioids – are the most effective way to treat pain.
- 99 percent of doctors have seen a pill-seeking patient or evidence of opioid abuse, but only 32 percent are usually referring the patient to treatment.
- 67 percent of doctors are, in part, basing their prescribing decisions on patient expectations.
- Only 32 percent screen for a family history of addiction – also a strong indicator of potential abuse.
NEW CDC Prescribing Guidelines for Chronic Pain

“Opioids pose a risk to all patients.”

• Use non-opioid therapies first.
• Do NOT use opioids routinely for chronic pain.
• Assessing risks and harms
• Start low and go slow, “Three days or less will often be sufficient”
• Monitoring and discontinuing
98% of doctors prescribe some form of opioid pain medication.

<table>
<thead>
<tr>
<th>Pain Medications Regularly Prescribe or Recommend</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAID</td>
<td>98%</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>95%</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>92%</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>86%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>71%</td>
</tr>
<tr>
<td>Codeine</td>
<td>63%</td>
</tr>
<tr>
<td>Aspirin</td>
<td>51%</td>
</tr>
<tr>
<td>Morphine sulfate</td>
<td>48%</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>44%</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>34%</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>26%</td>
</tr>
</tbody>
</table>

Source: NSC Rx Study – Q7. Which types of pain medication do you regularly prescribe or recommend for pain? (Total – n=201)
Opioids are not the most effective at providing pain relief.

<table>
<thead>
<tr>
<th>Opioid Medications</th>
<th>Percent with 50% pain relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen 500 mg + ibuprofen 200 mg</td>
<td>62%</td>
</tr>
<tr>
<td>Ibuprofen 400 mg</td>
<td>40%</td>
</tr>
<tr>
<td>Ibuprofen 200 mg</td>
<td>37%</td>
</tr>
<tr>
<td>Acetaminophen 500 mg + oxycodone 10 mg</td>
<td>37%</td>
</tr>
<tr>
<td>Morphine 10 mg IM</td>
<td>34%</td>
</tr>
<tr>
<td>Acetaminophen 500 mg</td>
<td>28%</td>
</tr>
<tr>
<td>Oxycodone 15 mg</td>
<td>21%</td>
</tr>
<tr>
<td>Acetaminophen 300 mg + codeine 30 mg (Tylenol #3)</td>
<td>14%</td>
</tr>
<tr>
<td>Tramadol 50 mg</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: Cochran research cited in the NSC white paper, Evidence for the efficacy of pain medications
Doctors overestimate the efficacy of opioids and underestimate the impact of safer alternatives.

<table>
<thead>
<tr>
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<th>Actual Efficacy</th>
<th>% of Prescribers rank as most effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen 500 mg +</td>
<td>62%</td>
<td>55%</td>
</tr>
<tr>
<td>ibuprofen 400 mg</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>ibuprofen 200 mg</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen 500 mg +</td>
<td>37%</td>
<td>28%</td>
</tr>
<tr>
<td>oxycodone 10 mg</td>
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Source: (Blued) Cochran research cited in the NSC white paper, Evidence for the efficacy of pain medications (Green) NSC Rx Study – Q8. Please rank the following medications in terms of how successful you feel they are at providing pain control or relief. (Total –n=201)
Physicians are unnecessarily prescribing opioids

**Conditions Prescribe Opioids For** - % Prescribe

- Acute pain (any type): 87%
- Chronic back pain: 72%
- Chronic joint pain: 63%
- Dental pain: 55%
- Neuropathic: 55%
- Fibromyalgia: 32%
- Chronic headaches: 28%
- Other: 2%
- None of these: 3%

Source: NSC Rx Study - Q9. For which of the following will you occasionally prescribe opioid pain medication? (Total - n=201)
99% of doctors prescribe opioids for longer than the CDC guideline

# of Days Doctors Ordinarily Prescribe Opioids

Source: NSC Rx Study – Q10. For what period of time do you ordinarily prescribe opioid pain medication? (Total - n=201)
Doctors overestimate patient expectations.

67% of doctors say patient expectations impact their decision to prescribe opioids

Equal to role of allergies (70%), gastrointestinal (67) and kidney status (62%)

54% of doctors say patient expectations are a barrier to prescribing alternatives to opioids

Close to history of stomach ulcer (59%) and higher than kidney damage (41%)

Source:
NSC Rx Study – Q11. Which of the following would you say impacts your decision to prescribe opioid pain medication to patients? (Total - n=201)
NSC Rx Study – Q15. Which of the following, if any, do you feel are barriers to prescribing NSAID or other alternatives to opioid pain medication? (Total - n=201)
NSC Rx Study (Public 2015) Q.19 What is your likelihood you would visit your doctor again if they offer a range of alternative painkillers for discussion? (Total – n=1,014)
Most are screening for individual abuse but missing other critical indicators.

**Actions Taken Before Prescribing Opioids**

- Screen for history of opioid use: 84%
- Screen for history of illegal drug use: 77%
- Screen for history of illegal/prescription drug abuse: 77%
- Check with state Prescription Drug Monitoring Program: 57%
- Screen for family history of illegal/prescription drug abuse: 32%
- Screen for smoking: 24%
- Check for history of incarceration: 14%
- None of the above: 5%

Source: NSC Rx Study - Q12. Which of the following do you regularly do before prescribing a patient an opioid pain medication? (Total - n=201)
Most doctors are not prepared to help treat patients who may be abusing opioids.

99% of doctors have seen patients with pill-seeking behavior or evidence of opioid abuse.

Action Taken Once Aware of Pill-Seeking/Abuse

- Continue to treat patient but withhold opioids: 44%
- Refer patient for treatment to address abuse: 38%
- ‘Fire’ the patient: 10%
- Treat patient for abuse within my practice: 5%
- Refill the prescription: 1%
- Other (specify): 1%
- Never had such a patient: 1%

Source: NSC Rx Study - Q17. What do you usually do when you become aware that a patient is exhibiting pill seeking or opioid abuse behavior? (n=201)
Most doctors find it difficult to refer patients to treatment for abuse – partially due to the patient and partially to the system.

Ease of Referring for Abuse Treatment

- 88% find it difficult
- Very difficult, 36%
- Somewhat difficult, 52%
- Very easy, 1%
- Somewhat easy, 11%

Barriers to Referring for Abuse Treatment

- Patient is not cooperative/willing - 84%
- Patient has no insurance or treatment is not covered - 69%
- Long wait lists - 53%
- No local providers of treatment - 41%
- Patient has lost their job - 20%
- Don't know a provider - 20%
- Other (specify) - 1%

Source: NSC Rx Study – Q18. How easy would you say it is to refer a patient to treatment to address their abuse behavior? (n=201)
Q19. Which of the following make it difficult to refer a patient to treatment to address their abuse behavior? (n=176, Very/Somewhat Difficult in Q.18)
Changing Prescriber Practices

1. Provide more education and additional training on pain treatment.
2. Have open conversations with patients about alternatives to opioids.
3. Become certified to treat addiction in case a patient begins displaying signs of abuse.

Changing Americans’ Behavior

1. Talk to your doctor about alternatives.
2. Take opioid painkillers for the shortest length of time possible, and at the lowest dose.
3. Understand the risk of addiction.
4. Never share your medication, even with friends or family.
5. Dispose of unused drugs properly. Never keep them or save them for later.
NSC resources

- Report: *Prescription Nation* (update available Spring 2016)
- Report: *The Proactive Role Employers Can Take*
- Report: *Evidence for the Efficacy of Pain Medications*
- Report: *The Psychological and Physical Side Effects of Pain Medications*
- Report: *Prescription Pain Medications: A Fatal Cure for Injured Workers*
- Toolkit:
- Toolkit:
- Survey:
- Survey:
Subject matter experts

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