

House Bill 89: Opioid Addiction Risk Disclosure

SPONSORED BY REPRESENTATIVE IVY SPOHNHOLZ

Overview and Introduction

- ▶ Research and Statistics
- ▶ Goals of House Bill 89
- ▶ Section 1: Legislative Findings
- ▶ Section 2: Dentists
- ▶ Section 3: Medical, Osteopathy, and Podiatry Providers
- ▶ Section 4: Registered Nurses
- ▶ Section 5: Optometrists
- ▶ Section 6: Pharmacists
- ▶ Section 7: Visual Aid
- ▶ References

Research and Statistics

- ▶ A recent meta-analysis of research (Schmidt & Eisend, 2015) published in the Journal of Advertising found that it takes an average of 8-10 exposures for a person to remember a concept.
 - ▶ The more often a patient hears a message about the inherent risks of opioids, the more likely they are to have an increased awareness of the potential dangers of physical dependence and addiction.
- ▶ Statistics on Opioid Misuse and Opioid Related Deaths:
 - ▶ Drug overdose was Alaska's leading cause of accidental death in 2016 (Alaska Department of Health and Social Services).
 - ▶ More than 3 out of 5 drug overdoses involve an opioid (Centers for Disease Control and Prevention, AK DHSS).
 - ▶ 4 out of 5 heroin users started out misusing prescription opioids (American Society of Addiction Medicine).
- ▶ New research (Weinheimer, Michelotti, Silver, Taylor, & Payatakes, 2018) on effective pain management:
 - ▶ A combination of Ibuprofen 200 mg and Acetaminophen 500 mg is approximately 3 times more effective than 15 mg of Oxycodone. (Dr. Don Teater, Teater Health Solutions).

Research and Statistics (continued)

- ▶ However, it is not all doom and gloom. According to the Alaska Office of Drug Control Policy:
 - ▶ There has been a 36% decrease in opioid overdoses in Alaska (included prescription opioids and heroin): In 2017 there were 100 instances of opioid overdoses. In 2018 there were 64 opioid overdoses.
 - ▶ There has been a 67% decrease in fentanyl overdoses in Alaska: In 2017 there were 28 instances of fentanyl overdoses. In 2018, there were only 9 fentanyl overdoses.
 - ▶ Reductions can be attributed to the increased distribution of naloxone (overdose reversal medication), increase in drug reduction and disposal demand, education and awareness, and enforcement efforts.
- ▶ Although these reductions are significant, our numbers are still considered high.
- ▶ We want to make sure that opioid misuse and overdose in Alaska continues to trend downward—HB 89 aims to ensure that it will.

Goals of House Bill 89

- ▶ Reduce the use of opioids for pain management and increase use of non-opiate pain management tools and medications.
- ▶ Increase communication about the dangers and risks of opioids.
- ▶ Decrease opioid misuse and opioid-related deaths in Alaska.
- ▶ Mitigate the opioid related public health crisis Alaska is currently facing.
- ▶ Provide a positive example to other states in the US that are facing similar public health crises.

Section 1: Legislative Findings

- ▶ Legislative findings hold that the state has a moral, financial, and public health interest in reducing opioid and heroin addiction in Alaska.
- ▶ Medically documented evidence finds that opioid prescription drugs can lead to physical dependence and potential addiction.
- ▶ Studies have shown that a significant amount of heroin users started as opioid drug users.
- ▶ The Opioid Epidemic increases crime in the state, and the presence of heroin dealers in the state poses a public safety threat.
- ▶ Opioid addictions tear families apart, destroy a person's ability to hold a job, and decimate lives.
- ▶ Addiction treatment is costly and hard on families, affecting quality of life.
- ▶ Addiction treatment and additional public safety costs are also expensive for consumers and the state.

Section 2: Dentists

- ▶ Requires dentists to inform patients of the potential addictive dangers of opioids and any reasonable treatment alternatives using oral and written information before prescribing an opioid.
- ▶ The State Board of Dental Examiners will craft and enforce regulations that satisfy requirements of HB 89.

Section 3: Medical, Osteopathy, and Podiatry Providers

- ▶ Requires Medical, Osteopathy, and Podiatry Providers to inform patients of the potential addictive dangers of opioids and any reasonable treatment alternatives using oral and written information before prescribing an opioid.
- ▶ The State Medical Board will craft and enforce regulations that satisfy requirements of HB 89.

Section 4: Registered Nurses

- ▶ Requires registered nurses to inform patients of the potential addictive dangers of opioids and any reasonable treatment alternatives using oral and written information before prescribing an opioid.
- ▶ The Alaska Board of Nursing will craft and enforce regulations that satisfy requirements of HB 89.

Section 5: Optometrists

- ▶ Requires optometrists to inform patients of the potential addictive dangers of opioids and any reasonable treatment alternatives using oral and written information before prescribing an opioid.
- ▶ The State Board of Examiners in Optometry will craft and enforce regulations that satisfy requirements of HB 89.

Section 6: Pharmacists

- ▶ Requires pharmacists to inform patients of the potential addictive dangers of opioids using oral and written information before dispensing an opioid.
- ▶ The Alaska Board of Pharmacy will craft and enforce regulations that satisfy requirements of HB 89.

Section 7: Visual Aid

- DHSS must create a visual aid that providers can hand out to patients when they are being prescribed opioids.
- Handout has already been created and is on the DHSS website at this link: <http://dhss.alaska.gov/dph/Director/Documents/heroin-opioids/TreatingAcutePainStatewideGeneric.pdf>

TREATING PAIN: WHAT ALASKANS SHOULD KNOW

» If you've had an injury, surgery or dental work, you are likely to have pain. Some pain can be a normal part of healing. Talk with your doctor to find the most effective treatment with the least risk.

WHY BE CAUTIOUS WITH OPIOIDS?

Opioid medications are chemically similar to heroin, with serious risk of addiction and overdose, even when taken as directed:

- #1** Drug overdose was Alaska's leading cause of accidental death for 2016. Opioid addiction is driving the epidemic. Alaska Department of Health and Social Services
- More than 3 out of 5 drug overdoses involve an opioid. Centers for Disease Control and Prevention, Alaska Department of Health and Social Services
- Nationally, 4 out of 5 heroin users started out misusing prescription opioids. American Society of Addiction Medicine
- 7% of Alaska youth have misused a prescription pain medication in the past 30 days. 2017 Alaska Youth Risk Behavior Survey
- More than 40% of teens who misused or abused a prescription found it in their parent's medicine cabinet. Partnership for Drug-Free Kids

NON-OPIOID PAIN TREATMENT

When taking medication for pain, it is often best to start with non-opioid pain treatments. Consider other options that may work just as well, but have far fewer risks.

Over-the-counter options are effective. This graph shows the number of people getting 50% pain relief from acute pain after an operation:

Medication	Percentage
Oxycodone 15 mg	21%
Ibuprofen (e.g. Motrin) 400 mg	40%
Ibuprofen 200 mg + Acetaminophen (e.g. Tylenol) 500 mg	62.5%

1/NNT, Cochrane Reviews, adapted from graph compiled by Dr. Don Teater, Teater Health Solutions

Depending on the kind of pain, there may be non-medication pain treatment options to consider:

- Physical therapy, massage and acupuncture.**
- Counseling with a psychologist, social worker, psychiatrist or other therapist for help managing the emotional aspect of pain.**
- Exercises such as walking, pilates, core exercises, swimming, dancing, and yoga.**
- Other options such as diet and nutrition, art and music therapy, functional medicine, traditional medicine, and meditation.**

OPIOID MEDICATION: WHAT YOU NEED TO KNOW

While opioid medications are sometimes the right choice for treating severe pain, such as from cancer or immediately after a surgery, there are many things to consider.

IF YOU'RE PRESCRIBED AN OPIOID, DISCUSS WITH YOUR PROVIDER ...

- History of trauma, psychiatric illness including anxiety or depression, and personal or family history of substance use disorder.
- Medications, alcohol or other substances you may be using.
- Dosing and timing of opioid medication.
- Side effects such as dizziness, difficulty breathing, constipation, sexual dysfunction, worsening pain, overdose, or others.

IF YOU'RE PRESCRIBED AN OPIOID FOR ACUTE PAIN ...

- Opioid prescriptions should ideally be for no more than a three day supply (often this is as few as 10 pills).
- The fewer days you're on an opioid, and the lower the dose, the lower the risk of dependence will be. Ask for the lowest dose possible, for the shortest amount of time.

HELP KEEP YOU AND THOSE AROUND YOU SAFE.



- SECURELY STORE MEDICATION**
Store out of reach of children, teens and others for whom they are not intended.
- SAFELY DISPOSE OF UNUSED MEDICATION**
Pick up a free disposal kit at a State of Alaska Public Health Center to safely dispose of your medications at home. To find a center nearest you, visit: <http://dhss.alaska.gov/dph/Nursing/>
Or, find out about upcoming National Prescription Drug Take Back events. Visit www.takebackday.dea.gov
- NEVER SHARE OPIOIDS**
Sharing puts people at unnecessary risk for addiction, overdose and even death. Prescription opioids are controlled substances — sharing is illegal.

"IS IT AN OPIOID?"

Examples of opioid medication:

- Codeine
- Fentanyl (Duragesic)
- Hydrocodone (Vicodin, Norco)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone
- Morphine (MS Contin, Kadian)
- Oxycodone (Opana)
- Oxycodone (OxyContin, Percocet)
- Tramadol (Ultram)

There are many others, so be sure to ask if your medication is an opioid.

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ADDITIONAL SOURCES: Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremely Pain in the Emergency Department: A randomized Trial, JAMA, November 2017, Volume 318, No. 17.

Learn more: WWW.OPIOIDS.ALASKA.GOV / Alaska Department of Health and Social Services / 3.7.18 Page 2 of 2

Letters of Support:

1. David Logan, Executive Director of The Alaska Dental Society
2. Terria Vandenhuerk, Founder & President of Fallen Up Ministries

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