

## Root Cause Analysis Report

Negative Societal Impact Due To Opioid Addiction-  
21Nov2017 Rev (Revision 2, Original; June '16)



### Problem Statement

|               |                    |                 |              |
|---------------|--------------------|-----------------|--------------|
| Report Number | RCA-31-10-2017-216 | RCA Owner       | Chris Eckert |
| Report Date   | 11/6/2017          | RCA Facilitator | Chris Eckert |

### Focal Point: Negative public impact due to opioid addiction

#### When

Start Date: 1/1/1990

Unique Timing After prescription opioid painkillers became more prevalent.

#### Where

System Includes both prescription opioids and heroin

#### Actual Impact

|         |   |                     |
|---------|---|---------------------|
| Safety  | 50,018 overdose deaths from opioids, including heroin (2016)  | \$0.00              |
| Quality | General negative impact on quality of life for all touched by the disease of opioid addiction.                              | \$0.00              |
| Cost    | Total cost estimate in 2015. Estimates vary, but the total economic impact for the past 26 years could exceed \$1 trillion. | \$78,500,000,000.00 |

**Actual Impact Total: \$78,500,000,000.00**

Frequency Note Opioid prescriptions increased 300% between 1999 and 2010. In 2012, 259 million opioid prescriptions written--enough for every citizen to have a bottle. US consumes 80% of opioid worldwide w/ just 5% of the total population.

#### Potential Impact

|        |  |        |
|--------|--|--------|
| Safety | If unresolved soon, hundreds of thousands of additional deaths will occur. The problem could potentially become more widespread. | \$0.00 |
|--------|--|--------|

## Report Summaries

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### Executive Summary

This example RCA looks at the negative public impact due to opioid addiction. As with other Sologic examples of “big” problems, we need to disclose that the primary purpose for choosing a problem of this magnitude is to demonstrate how to complete a root cause analysis on a large problem. This RCA is based on information from multiple sources, and it examines the problem from a macro-perspective (top-down) instead of looking at individual cases of addiction (bottom-up). A different way to conduct an analysis like this would be to select a sample of individual cases of addiction, complete a separate RCA for each, and then look for common causes between the different cases.

Note that the list of Solutions contains a combination of things already being tried along with suggested actions. Feel free to contribute if you have ideas! Send them to us, and we'll update the file with your contribution.

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### Cause and Effect Summary

The *Focal Point* is the term we use at Sologic to describe the problem being analyzed. It's the focus of the investigation – what we are trying to understand, and solve. In this example, we chose “Negative Public Impact due to Opioid Addiction” as our focal point. This is a bit broad – for instance, what does “negative impact” mean? And why use the word “opioid?” The Sologic RCA method is based in conditional logic, which follows the pattern “If... then.” This allows us to look at combinations of causes that come together to create effects. By choosing “Negative Impact due to Opioid Addiction” as our focal point, this allows the investigation to branch into two pathways: 1) Why are people addicted to opioids? and 2) Why does this create a negative public impact? If you read this summary along with the cause and effect chart (print it out if you need to), you'll see that these are the primary branches.

### Negative Public Impact:

In 2013, nearly 24,500 people died from opioid overdoses. In 2016, the number had doubled to over 50,000. This is because opioids are unforgiving in high doses. In such cases, opioids slow and ultimately stop your breathing and your heart, and then you die. 16,235 of those 2013 deaths were from opioid painkillers and 8,257 were from heroin. And while these deaths are tragic for family and friends of the deceased, they also impact society from the unrealized productivity and value they could have created. The deaths of celebrities like Prince and Phillip Seymour Hoffman get a lot of attention due to their popularity, but we all have the potential to contribute in a positive way. Along with the fact that opioid overdoses can easily kill, addicts cause a drain on society in general. There are high-functioning addicts that may be able to effectively hide their addictions and still function productively. But many addicts are a net negative to society and to their families, consuming resources disproportionately to what they create. To sum it up, opioid addiction impacts all of us significantly and we'd all be better off if this impact were reduced.

### Many People Addicted to Opioids:

“Many” is one of those words that does not tell us much. But you will notice on the chart that we go on to break out the numbers for both heroin addiction (467,000 in 2014) and opioid painkillers (2.1 million in 2014). When you see the numbers, the picture becomes a lot clearer.

Many of us probably think of opioid addicts as homeless street kids sticking dirty needles in their arms. But heroin is only a part, albeit a significant part, of the overall burden. According to our research (which you can view in Causelink by clicking the small pie icon in the bottom left corner of each cause, or by examining the evidence list found under Report > Evidence) there are more than 5x as many people addicted to prescription painkillers as there are heroin addicts in the USA. And what is interesting about that is that these opioids provide a pathway to heroin addiction.

*Disclaimer! We are not saying that opioid painkillers always lead to heroin! That is not universally true. But sometimes it is true.*

A common property of opioids, other than their extremely effective pain management capability, is that they are extremely addictive. In 2012, there were 259 million prescriptions written for opioid painkillers in the United States. The US population in 2012 was 314.1 million. Map those two numbers on top of one another and you will get an idea for just how prevalent these types of painkillers are. Did I mention that they are addictive, to the extreme? When seen in this light, what's amazing is that the numbers of addicts and deaths aren't higher than reported.

### **Heroin:**

As a child of the '70s and '80s, I grew up with drugs in my face. We were all steeped in drug culture one way or another. And we'd all see it – because some kids did use drugs. But not heroin. At least I never saw it...not until years later when, on a trip to Portland OR, I glanced over my shoulder and saw a guy stick a needle in his arm in some downtown alleyway. Heroin, rightly, earned its reputation as the hardest of hard drugs...the point of no return. There is no "experimenting" when it came to heroin – you went all-in. For some, this was not a deterrent.

### **Opioid Painkillers:**

Many other addicts would have never considered heroin. Yet, they end up addicts anyway. Opioids do a great job at pain management. A 1986 study, since criticized (by even its authors) for using a non-representative sample size, found that opioid painkillers could be used without a significant risk of addiction. This study went relatively unnoticed for several years. But in the '90's, Purdue Pharma created OxyContin, essentially a synthetic version of heroin. They used this study as justification to pressure doctors to write more prescriptions. And it worked. They made a lot of money. Other pharmaceutical companies took note and followed Purdue into the opioid market. And the money flowed in.

Along with this was the introduction of the "Pain Scale." If you've been to the hospital in the last 20 years, you've probably been asked to assess your pain on a scale of 1 – 10. This scale is usually associated with a series of "smiley" faces that portray emotions from supremely happy to supremely distressed. Doctors began using this scale to manage patients pain, often misrepresenting the risk of addiction. And apparently there aren't many things more effective at turning that frown upside down than a belly full of Fentanyl. We all become addicted at different rates. But let's just say that once you are addicted, and you have been without your fix for a period of time, you are likely to say what you need to say in order to get a refill.

The Affordable Care Act inadvertently exacerbated this problem. In its attempt to tie pay to performance, it included patient satisfaction surveys (including "Was my pain managed effectively") as a performance metric. This incentivized doctors to make pain management an extremely high priority because it would impact their Medicare/Medicaid reimbursements.

And the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), the industry-organization responsible for issuing accreditation to healthcare providers, in a 1999 paper advocated patient-scored pain levels be treated as a vital sign – just like heart rate, temperature, and breathing rate. They have since rescinded this recommendation, but it stuck nonetheless.

Patients got in on the act too. When you experience pain and the doctor gives you something that makes you feel better, you ask for more of it. We trust our doctors. And if they give us something that not only takes the pain away

but provides us with a nice sense of euphoria at the same time, it can't be bad, right?

Once a patient becomes addicted, their brain chemistry changes. They become an addict – doing things they wouldn't normally do to alleviate the pains of addiction. Once their "legitimate" supply of drugs dries up, some of these addicts find their way to heroin. Others look to the street to fill their prescriptions illicitly. And then they become part of the overall societal problem, contributing to the broader negative impact.

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## Solutions

|         |                 |  |                         |
|---------|-----------------|--|-------------------------|
| SO-0001 | <b>Solution</b> | Limit the number of days a person can be on opioids for chronic pain.  |                         |
|         | <b>Cause(s)</b> | Became addicted to prescription painkillers first, then heroin   |                         |
|         | <b>Note</b>     | No additional notes  |                         |
|         | <b>Assigned</b> | Brian Hughes   | <b>Criteria</b> Passed  |
|         | <b>Due</b>      | 7/24/2016  | <b>Status</b> Completed |
|         | <b>Term</b>     | short  | <b>Cost</b>             |
| SO-0002 | <b>Solution</b> | Establish clean and safe locations for heroin users to inject themselves.  |                         |
|         | <b>Cause(s)</b> | 467,000 people addicted to heroin (2014)   |                         |
|         | <b>Note</b>     | This is still being evaluated for effectiveness. It should be noted that this solution is controversial. However, a root cause analysis is supposed to identify out of the box solutions. Time will tell if this helps to reduce the negative impact to society. |                         |
|         | <b>Assigned</b> | Brian Hughes   | <b>Criteria</b> Passed  |
|         | <b>Due</b>      | 7/24/2016  | <b>Status</b> Completed |
|         | <b>Term</b>     | long   | <b>Cost</b>             |
| SO-0003 | <b>Solution</b> | Increase the priority placed on pain management and treatment dangers/risks of opioid prescriptions in medical school.   |                         |
|         | <b>Cause(s)</b> | Dr.'s told opioids not as addictive as previously thought  |                         |
|         | <b>Note</b>     | No additional notes  |                         |
|         | <b>Assigned</b> | Brian Hughes   | <b>Criteria</b> Passed  |
|         | <b>Due</b>      | 7/24/2016  | <b>Status</b> Approved  |
|         | <b>Term</b>     | long   | <b>Cost</b>             |
| SO-0004 | <b>Solution</b> | De-stigmatize addiction. It's not a crime to be an addict, rather it's something to be treated.  |                         |
|         | <b>Cause(s)</b> | Prescribed opioids are considered acceptable by society (no stigma)  |                         |
|         | <b>Note</b>     | No additional notes  |                         |
|         | <b>Assigned</b> | Brian Hughes   | <b>Criteria</b> Passed  |
|         | <b>Due</b>      | 7/24/2016  | <b>Status</b> Approved  |
|         | <b>Term</b>     | long   | <b>Cost</b>             |
| SO-0005 | <b>Solution</b> | Develop a more objective pain measurement method.  |                         |

**Cause(s)** Misunderstanding of how patients perceived pain  
**Note** No additional notes  
**Assigned** Brian Hughes **Criteria** Passed  
**Due** 7/24/2016 **Status** Approved  
**Term** medium **Cost**

SO-0006 **Solution** Do not allow pharmaceutical companies to advertise or promote opioid class pain medicines.  
**Cause(s)** Pharmaceutical companies promoted 1986 study to Dr's  
**Note** No additional notes  
**Assigned** **Criteria** Passed  
**Due** **Status** Selected  
**Term** long **Cost**

SO-0007 **Solution** Remove or reduce the weight of pain management on patient satisfaction surveys.  
**Cause(s)** Rankings place higher weight on patient experience  
**Note** No additional notes  
**Assigned** Brian Hughes **Criteria** Passed  
**Due** 7/24/2016 **Status** Approved  
**Term** medium **Cost**

SO-0008 **Solution** Accelerate development and commercialization of non-opioid pain management drugs.  
**Cause(s)** Dr.'s wanted to avoid NSAID painkillers  
**Note** No additional notes  
**Assigned** Brian Hughes **Criteria** Passed  
**Due** 7/24/2016 **Status** Approved  
**Term** short **Cost**

SO-0009 **Solution** Establish additional addiction treatment centers in hot spot areas  
**Cause(s)** High percentage needing treatment located in rural areas  
**Note**  
**Assigned** Chris Eckert **Criteria** Passed  
**Due** 11/9/2017 **Status** Approved  
**Term** short **Cost**

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## Team

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### Facilitator

Chris Eckert

chris.eckert@sologic.com

### Owner

Chris Eckert

chris.eckert@sologic.com

### Participants

Jon Boisoneau

jon.boisoneau@sologic.com

Cory Boisoneau

cory.boisoneau@sologic.com

Brian Hughes

brian.hughes@sologic.com

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## Evidence

|                             |  |
|-----------------------------|--|
| <b>EV- Evidence</b><br>0001 | Slate - The Untold Story of America's Opioid Addiction, (6/3/2016)   |
| <b>Cause(s)</b>             | Reports of internal bleeding<br>reports of liver damage<br>Dr.'s wanted to avoid NSAID painkillers<br>All opioids kill in high doses<br>Healthcare providers placing higher priority on patient satisfaction<br>Rankings place higher weight on patient experience<br>Pain management made a higher priority by JCAHO, APS, others<br>Wanted pain treated more aggressively<br>Dr.'s want to help people manage pain<br>High cost of treatment |
| <b>Location(s)</b>          | <a href="http://www.slate.com/articles/health_and_science/medical_examiner/2016/06/prince_s_death_rev">http://www.slate.com/articles/health_and_science/medical_examiner/2016/06/prince_s_death_rev</a>  |
| <b>Attachment(s)</b>        |  |
| <b>Contributor</b>          | Chris Eckert   |
| <b>Type</b>                 | URL  |
| <b>Quality</b>              | ★★★★★  |

|         |                      |  |
|---------|----------------------|--|
| EV-0002 | <b>Evidence</b>      | Journal of Emergency, Trauma, & Shock - "Pressured to prescribe" The impact of economic and regulatory factors on South-Eastern ED physicians when managing the drug seeking patient, (April - June, 2016) |
|         | <b>Cause(s)</b>      | Dr's felt pressure to prescribe opioids to manage pain<br>Pain management made a higher priority by JCAHO, APS, others<br>Wanted pain treated more aggressively<br>Negative impact                         |
|         | <b>Location(s)</b>   | <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843568/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843568/</a>  |
|         | <b>Attachment(s)</b> |  |
|         | <b>Contributor</b>   | Brian Hughes   |
|         | <b>Type</b>          | URL  |
|         | <b>Quality</b>       | ★★★★★  |

|         |                      |   |
|---------|----------------------|---|
| EV-0003 | <b>Evidence</b>      | Opioid Addiction: 2016 Facts & Figures  |
|         | <b>Cause(s)</b>      |   |
|         | <b>Location(s)</b>   | <a href="http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf">http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf</a> |
|         | <b>Attachment(s)</b> |   |

|         |                      |   |
|---------|----------------------|---|
|         | <b>Contributor</b>   | Chris Eckert  |
|         | <b>Type</b>          | URL   |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0004 | <b>Evidence</b>      | GAO - OxyContin Abuse and Diversion and Efforts to Address the Problem (Dec. 2003)  |
|         | <b>Cause(s)</b>      |   |
|         | <b>Location(s)</b>   |   |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | Document  |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0005 | <b>Evidence</b>      | Societal Costs of Prescription Opioid Abuse (supports the Actual Impact cost estimate of \$55 billion in 2007)  |
|         | <b>Cause(s)</b>      |   |
|         | <b>Location(s)</b>   | <a href="http://www.asam.org/docs/advocacy/societal-costs-of-prescription-opioid-abuse-dependence-and-misuse-in-the-united-states.pdf">http://www.asam.org/docs/advocacy/societal-costs-of-prescription-opioid-abuse-dependence-and-misuse-in-the-united-states.pdf</a> |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | URL   |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0006 | <b>Evidence</b>      | CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016  |
|         | <b>Cause(s)</b>      | 259 million prescriptions for opioid pain meds (2012)<br>Critique scores determine providers rankings   |
|         | <b>Location(s)</b>   | CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016  |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | Document  |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0007 | <b>Evidence</b>      | NYT - Drug That Killed Prince Is Making Mexican Cartels Richer (6/9/2016)   |
|         | <b>Cause(s)</b>      |   |
|         | <b>Location(s)</b>   | <a href="http://goo.gl/QCwnJO">goo.gl/QCwnJO</a>  |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | URL   |
|         | <b>Quality</b>       | ★★★★★   |

|         |                      |  |
|---------|----------------------|--|
| EV-0008 | <b>Evidence</b>      | NYT - Painkiller Abuse, a Cyclical Challenge (12/22/2014)  |
|         | <b>Cause(s)</b>      | <p>Dr.'s told opioids not as addictive as previously thought</p> <p>Inaccurate 1986 study (small sample size, etc)</p> <p>Research in study was biased - sample too small</p> <p>1986 study supported their position that opioids weren't addictive</p> <p>Pharmaceutical companies promoted 1986 study to Dr's</p> <p>Pharmaceutical company's wanted to sell more painkilling drugs</p> <p>Support in opioid protocols from the FDA</p> <p>Bias was not recognized by publishing journals</p> <p>Health care providers wanted to score well on pain management critiques</p> <p>Dr's thought prescribing powerful Opioids would help scores</p> <p>Health care providers started being evaluated on pain management</p> <p>US healthcare system stepped up focus on pain management</p> <p>Dr's accused of not taking pain management seriously</p> <p>Misunderstanding of how patients perceived pain</p> <p>Critique scores determine providers rankings</p> |
|         | <b>Location(s)</b>   | <a href="http://www.nytimes.com/2014/12/23/upshot/painkiller-abuse-a-cyclical-challenge.html">http://www.nytimes.com/2014/12/23/upshot/painkiller-abuse-a-cyclical-challenge.html</a>  |
|         | <b>Attachment(s)</b> |  |
|         | <b>Contributor</b>   | Brian Hughes   |
|         | <b>Type</b>          | URL  |
|         | <b>Quality</b>       | ★★★★★  |
| EV-0009 | <b>Evidence</b>      | NYT - The Alchemy of OxyContin: From Pain Relief to Drug Addiction (7/29/2001)   |
|         | <b>Cause(s)</b>      |  |
|         | <b>Location(s)</b>   | <a href="http://www.nytimes.com/2001/07/29/magazine/29OXYCONTIN.html?pagewanted=all">http://www.nytimes.com/2001/07/29/magazine/29OXYCONTIN.html?pagewanted=all</a>  |
|         | <b>Attachment(s)</b> |  |
|         | <b>Contributor</b>   | Brian Hughes   |
|         | <b>Type</b>          | URL  |
|         | <b>Quality</b>       | ★★★★★  |
| EV-0010 | <b>Evidence</b>      | CDC - Drug Poisoning Deaths Involving Heroin   |
|         | <b>Cause(s)</b>      | <p>14,427 OD deaths from opioid painkillers (2016)</p> <p>15,446 OD deaths from heroin (2016)</p> <p>20,145 deaths from synthetic opioids such as fentanyl (2016)</p> <p>All opioids kill in high doses</p> <p>50,018 opioid OD deaths (2016) (latest trends increasing)</p> <p>Became addicted to heroin first</p>  |
|         | <b>Location(s)</b>   | <a href="http://www.cdc.gov/nchs/data/databriefs/db190.htm">http://www.cdc.gov/nchs/data/databriefs/db190.htm</a>  |
|         | <b>Attachment(s)</b> |  |
|         | <b>Contributor</b>   | Brian Hughes   |

|         | Type                 | URL   |
|---------|----------------------|---|
|         | Quality              | ★★★★★   |
| EV-0011 | <b>Evidence</b>      | FDA - Medication Guide for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (2007)  |
|         | <b>Cause(s)</b>      | Dr.'s wanted to avoid NSAID painkillers<br>reports of liver damage<br>Reports of internal bleeding  |
|         | <b>Location(s)</b>   |   |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | Document  |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0012 | <b>Evidence</b>      | NIH - Chronic use of opioid analgesics in non-malignant pain: report of 38 cases. (5/25/1986)   |
|         | <b>Cause(s)</b>      | Dr.'s told opioids not as addictive as previously thought<br>Research in study was biased - sample too small<br>Inaccurate 1986 study (small sample size, etc)<br>1986 study supported their position that opioids weren't addictive  |
|         | <b>Location(s)</b>   | <a href="http://www.ncbi.nlm.nih.gov/pubmed/2873550">http://www.ncbi.nlm.nih.gov/pubmed/2873550</a>   |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | URL   |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0013 | <b>Evidence</b>      | NYT - Prescription Painkillers Seen as a Gateway to Heroin (2/10/2014)  |
|         | <b>Cause(s)</b>      | Can no longer afford opioid painkillers<br>Heroin is cheaper than opioid painkillers<br>previously addicted to opioid painkillers<br>Became addicted to prescription painkillers first, then heroin<br>Became addicted to heroin first<br>Prescription and insurance limits |
|         | <b>Location(s)</b>   | <a href="http://www.nytimes.com/2014/02/11/health/prescription-painkillers-seen-as-a-gateway-to-heroin.html">http://www.nytimes.com/2014/02/11/health/prescription-painkillers-seen-as-a-gateway-to-heroin.html</a>   |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | URL   |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0014 | <b>Evidence</b>      | NIH - America's Addiction to Opioids: Heroin and Prescription Drug Abuse (5/14/2014)  |

|                      |  |
|----------------------|--|
| <b>Cause(s)</b>      | <p>Many people addicted to opioids<br/> 467,000 people addicted to heroin (2014)<br/> 2.1 million people addicted to opioid painkillers (2014)<br/> Opioids are intensely addictive<br/> 259 million prescriptions for opioid pain meds (2012)<br/> Prescribed opioids are considered acceptable by society (no stigma)<br/> Dr's felt pressure to prescribe opioids to manage pain<br/> Cheaper, higher profit margin<br/> No injection required - eliminates stigma of intravenous user<br/> Cartels are importing drugs like fentanyl<br/> Source: Illicit<br/> Source: Prescription<br/> Non-fatal negative impact</p> |
| <b>Location(s)</b>   | <a href="https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse">https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse</a>  |
| <b>Attachment(s)</b> |  |
| <b>Contributor</b>   | Brian Hughes   |
| <b>Type</b>          | URL  |
| <b>Quality</b>       | ★★★★★  |

|         |                      |   |
|---------|----------------------|---|
| EV-0015 | <b>Evidence</b>      | DEA 2016 National Heroin Threat Assessment  |
|         | <b>Cause(s)</b>      | <p>Became addicted to heroin first<br/> Became addicted to prescription painkillers first, then heroin<br/> Non-fatal negative impact</p> |
|         | <b>Location(s)</b>   | <a href="https://www.dea.gov/divisions/hq/2016/hq062716.shtml">https://www.dea.gov/divisions/hq/2016/hq062716.shtml</a>                   |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Brian Hughes  |
|         | <b>Type</b>          | URL   |
|         | <b>Quality</b>       | ★★★★★   |

|         |                      |  |
|---------|----------------------|--|
| EV-0016 | <b>Evidence</b>      | Time - How Obamacare Is Fueling America's Opioid Epidemic (4/13/2016)  |
|         | <b>Cause(s)</b>      | <p>Rankings can determine Medicaid/Medicare payments<br/> ACA empowered Medicaid to withhold payments for low scores<br/> ACA wanted patients to be happy with changes to system<br/> Critique scores determine providers rankings</p> |
|         | <b>Location(s)</b>   | <a href="http://time.com/4292290/how-obamacare-is-fueling-americas-opioid-epidemic/">http://time.com/4292290/how-obamacare-is-fueling-americas-opioid-epidemic/</a>  |
|         | <b>Attachment(s)</b> |  |
|         | <b>Contributor</b>   | Brian Hughes   |
|         | <b>Type</b>          | URL  |
|         | <b>Quality</b>       | ★★★★★  |

|         |                 |   |
|---------|-----------------|---|
| EV-0017 | <b>Evidence</b> | "All Scientific Hands on Deck" to End the Opioid Crisis--National Institute on Drug Abuse (5/31/2017) |
|---------|-----------------|---|

**Cause(s)**

**Location(s)** <https://www.drugabuse.gov/about-nida/noras-blog/2017/05/all-scientific-hands-deck-to-end-opioid-crisis>

**Attachment(s)**

**Contributor** Chris Eckert

**Type** URL

**Quality** ★★★★★

EV-0018 **Evidence** Opioid Crisis- National Institute on Drug Abuse (6/2017)

**Cause(s)**

**Location(s)** <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis>

**Attachment(s)**

**Contributor** Chris Eckert

**Type** URL

**Quality** ★★★★★

EV-0019 **Evidence** Presentation from NIH Director, Dr. Francis Collins, on America's Opioid Crisis- Washington Post (9/20/2017)

**Cause(s)**  
Lack of effective treatment programs  
Lack of medically assisted treatment programs  
Relatively recent problem  
Current treatment programs require daily visits of patient  
patients receive daily doses of methadone  
Opioids are most effective medicine to manage pain  
Current treatment programs are not convenient for patient  
High percentage needing treatment located in rural areas  
Dr's historically received very little training on pain management drugs

**Location(s)** [https://www.washingtonpost.com/video/postlive/nih-directorfrancis-collins-on-opioid-crisis-in-the-us/2017/09/20/cfb04e68-9e41-11e7-b2a7-bc70b6f98089\\_video.html?utm\\_term=.c96a2a74d943](https://www.washingtonpost.com/video/postlive/nih-directorfrancis-collins-on-opioid-crisis-in-the-us/2017/09/20/cfb04e68-9e41-11e7-b2a7-bc70b6f98089_video.html?utm_term=.c96a2a74d943)

**Attachment(s)**

**Contributor** Chris Eckert

**Type** Photo

**Quality** ★★★★★

EV-0020 **Evidence** ?

**Cause(s)**  
Not enough funding for treatment programs?  
Many people can't dedicate full time to attending treatment?

**Location(s)**

**Attachment(s)**

**Contributor**

|         |                      |   |
|---------|----------------------|---|
|         | <b>Type</b>          | Other   |
|         | <b>Quality</b>       | ★★★★★   |
| EV-0021 | <b>Evidence</b>      | NIH-NIDA Report on Drug Overdoses (Sep 2017)  |
|         | <b>Cause(s)</b>      | 50,018 opioid OD deaths (2016) (latest trends increasing)<br>14,427 OD deaths from opioid painkillers (2016)<br>15,446 OD deaths from heroin (2016)<br>20,145 deaths from synthetic opioids such as fentanyl (2016) |
|         | <b>Location(s)</b>   | <a href="https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates">https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates</a>                                       |
|         | <b>Attachment(s)</b> |   |
|         | <b>Contributor</b>   | Chris Eckert  |
|         | <b>Type</b>          | Document  |
|         | <b>Quality</b>       | ★★★★★   |

www.Sologic.com

# Negative Societal Impact Due To Opioid Addiction-21Nov2017 Rev

5/25/1986 07:44 AM

### Flawed study published on pain management



Dr's Portenoy/Foley study initially states chronic use of opioid painkillers is safe and effective

5/25/1986 07:44 AM



5/25/1990 07:44 AM

5/25/1990 07:44 AM

Opioid producers reinforce 1986 study



5/25/1999 07:44 AM

JCAHO recommends treating pain more aggressively with opioids

5/25/2000 07:44 AM

Dr's start ramping up opioid prescriptions

5/25/2000 07:44 AM

VA literature states pain to become 5th vital sign

5/25/2000 07:44 AM

### Pain management becomes higher priority



Health care facilities pushed to track pain levels as a vital sign like blood pressure, heart rate and temperature



5/25/2005 03:44 AM

5/25/2005 03:44 AM

Opioid OD's start ramping up (~1/2 of all drug related OD deaths)



5/25/2006 07:44 AM

5/25/2006 07:44 AM

JCAHO makes pain management a higher priority



4/23/2010 07:44 AM

4/23/2010 07:44 AM

### Opioid OD's account for ~58% of drug related deaths

<https://www.drugabuse.gov/related-topics/trends-statistics>



12/31/2015 03:44 AM

12/31/2015 03:44 AM

Opioid OD's account for nearly 2/3 of drug related deaths

4/25/2011 07:44 AM

JCAHO changes position on Opioids and pain management

5/25/2012 07:44 AM

### ACA reduces Medicare payments to hospitals with low outpatient scores



Pain management continues to be scored on outpatient surveys



8/11/2017 07:44 AM

8/11/2017 07:44 AM

President Trump declares Opioid addiction a national emergency

★ Negative public impact due to opioid addiction

N Negative impact

N Non-fatal negative impact

N 50,018 opioid OD deaths (2016) (latest trends increasing)

N 14,427 OD deaths from opioid painkillers (2016)

N 15,446 OD deaths from heroin (2016)

N 20,145 deaths from synthetic opioids such as fentanyl (2016)

N All opioids kill in high doses

N Lack of effective treatment programs

N High cost of treatment

N Not enough funding for treatment programs?

N Current treatment programs are not convenient for patient

N Current treatment programs require daily visits of patient

N Relatively recent problem

N High percentage needing treatment located in rural areas

N Many people can't dedicate full time to attending treatment?

N 2.1 million people addicted to opioid painkillers (2014)

N Source: Illicit

N Cartels are importing drugs like fentanyl

N No injection required - eliminates stigma of intravenous user

N Opioids are intensely addictive

N Cheaper, higher profit margin

N Prescribed opioids are considered acceptable by society (no stigma)

N Designate addiction. It's not a crime to be an addict, rather it's something to be treated.

N Source: Prescription

N Dr's told opioids not as addictive as previously thought

N Inaccurate 1986 study (small sample size, etc)

N Bias was not recognized by publishing journals

N 1986 study supported their position that opioids weren't addictive

N Pharmaceutical company's wanted to sell more painkilling drugs

N Support in opioid protocols from the FDA

N Dr's historically received very little training on pain management drugs

N 467,000 people addicted to heroin (2014)

N Became addicted to prescription painkillers first, then heroin

N Limit the number of days a person can be on opioids for chronic pain.

N Became addicted to heroin first

N Can no longer afford opioid painkillers

N Heroin is cheaper than opioid painkillers

N previously addicted to opioid painkillers

N Dr's want to help people manage pain

N Dr's wanted to avoid NSAID painkillers

N Accelerate development and commercialization of non-opioid pain management drugs.

N Health care providers started being evaluated on pain management

N US healthcare system stepped up focus on pain management

N Dr's accused of not taking pain management seriously

N Dr's thought prescribing powerful opioids would help scores

N Misunderstanding of how patients perceived pain

N Develop a more objective pain measurement method.

N Health care providers wanted to score well on pain management critiques

N Critique scores determine providers rankings

N Pain management made a higher priority by JCAHO, AFS, others

N Wanted pain treated more aggressively

N Healthcare providers placing higher priority on patient satisfaction

N Rankings place higher weight on patient experience

N Remove or reduce the weight of pain management on patient satisfaction surveys.

N Rankings can determine Medicaid/Medicare payments

N ACA empowered Medicaid to withhold payments for low scores

N ACA wanted patients to be happy with changes to system

N Opioids are most effective medicine to manage pain

N Effective alternatives only now becoming available

N Research in study was biased - sample too small

N Pharmaceutical companies promoted 1986 study to Dr's

N Do not allow pharmaceutical companies to advertise or promote opioid class pain medicines.

N Increase the priority placed on pain management and treatment dangers/risks of opioid prescriptions in medical school.

N Support in opioid protocols from the FDA

N Dr's historically received very little training on pain management drugs

N ACA empowered Medicaid to withhold payments for low scores

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