## Advocating for those Who Use Opioids for Non-Pain Conditions

### Background

It is well recognized that the United States is in the midst of an opioid crisis. The use and abuse of both prescription and illegal drugs has dramatically increased in recent years. According to the Centers for Disease Control and Prevention, the number of overdose deaths involving opioids, both prescription and heroin, and the sale of prescription opioids have quadrupled since 1999[1]. On average, 130 Americans die every day from an opioid overdose[2]. Addressing the opioid epidemic is a major public health concern on both federal and state levels. Efforts include multi-faceted approaches with a focus on acute and chronic pain management including but not limited to promoting non-opioid medications as first-line therapy early in pain treatment and stricter laws controlling opiate drug prescriptions.

### Issue

Some patients with an ileostomy, short bowel with an ileostomy or continent fecal diversion may develop a condition called High Output Stomas (or High Output Ileostomies), which results in severe watery diarrhea stool often times liters per 24 hours. This leads to dehydration, fluid and electrolyte imbalance, and difficulty with maintaining an ostomy pouching system, requirements for parenteral (intravenous) fluid hydration, Emergency Room visits, and hospitalizations. These patients may use opioids such as diphenoxylate and distilled opium tincture (DTO) at doses closely monitored by their physician to manage this condition. These drugs can be life saving for the individual patient. There is a growing concern that new regulations and laws being enacted are restricting and/or prohibiting access to the prescription and coverage of opioids resulting in an increasing threat to their quality of life and potentially increasing medical costs by needing to resort to the aforementioned parenteral fluids, Emergency Room visits and inpatient hospitalizations. Opioids are usually the last line of defense against this difficult problem. However, for some a low dose opioid is prescribed to better and more effectively manage this non-pain condition and restore the quality of life for the patient.

### Position

UOAA recognizes and supports the need to address the opioid epidemic facing the country. Furthermore, regardless of the purpose of the drug-use (pain versus other medical treatment such as controlling gastrointestinal secretions) we also appreciate the necessity for careful monitoring for side effects and that the proper dosage is prescribed to minimize the risks associated with opioid use. However, any legislative and/or regulatory approach to control opiate prescriptions that will impact chronic pain treatment must ensure that patients who are already utilizing opioids for **non-pain treatments** in accordance with the recommendations of their physician are:

- protected;
- appropriately accommodated;
- not restricted access to their treatment or required to follow pain protocol for a non-pain treatment.

For some in our community they rely on access to this treatment to manage their ostomy or continent diversion, so they can remain active members of society, and maintain quality of life.

[1]"Opioid Overdose." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 19 Dec. 2018, www.cdc.gov/drugoverdose/epidemic/index.html.

[2]Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at http://wonder.cdc.gov