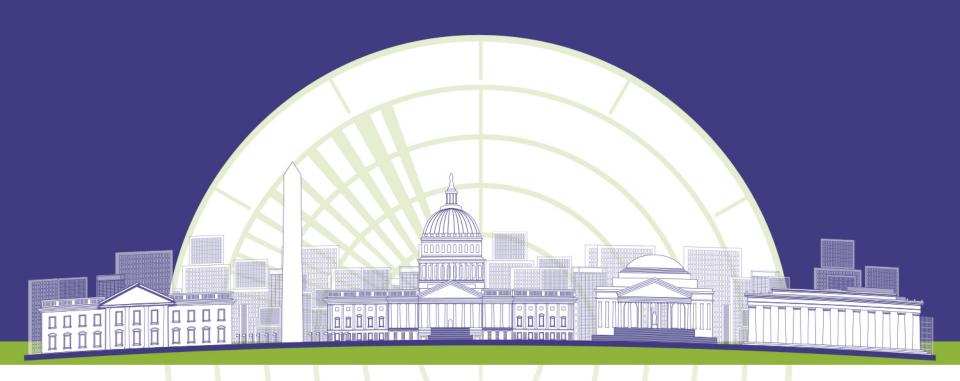


Evolution of the Opioid Overdose Epidemic





RADARS® SYSTEM INTERNATIONAL PRE-SYMPOSIUM

International Landscape of Prescription Medication Misuse

WELCOME

- The Global Mosaic: Is Prescription Drug Misuse Really Different Among Countries?
 - Janetta Iwanicki, MD
 - Associate Medical Director RADARS[®], Rocky Mountain Poison and Drug Center, Denver Health and Hospital Authority
- The Growing Nexus Between NARCOS and Counterfeit Medicines
 - J. Aaron Graham
 - Executive Director Brand Safety & Security, Boehringer Ingelheim Pharmaceuticals, Inc.
 - John J. Burke
 - President, Pharmaceutical Diversion Education Inc., President and Co-Founder, International Health Facility Diversion Association

WELCOME

- Acute Harms of Prescription Drug Misuse: What Can We Learn from the European Drug Emergencies Network (Euro-DEN) Plus Project
 - David Wood, MD
 - Consultant Physician and Clinical Toxicologist, Guy's and St Thomas' NHS Foundation Trust and King's Health Partners Reader in Clinical Toxicology, King's College London
- Understanding the Evolution of the Opioid Epidemic in Canada, and the Risks of Poly-Substance Use
 - Tara Gomes, PhD
 - Scientist, St. Michael's Hospital
- Panel Discussion
- Networking Welcome Reception



The Global Mosaic: Is Prescription Drug Misuse Really Different Among Countries?

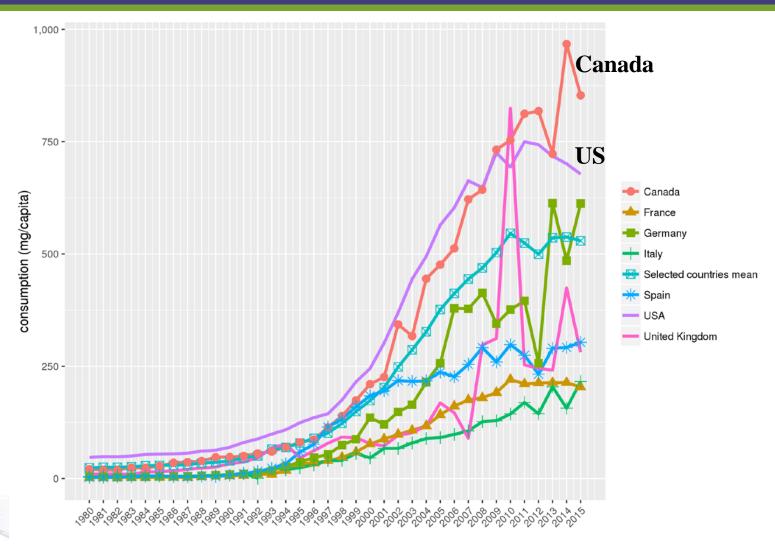
Janetta Iwanicki, MD

RADARS®, Rocky Mountain Poison and Drug Center, Denver Health and Hospital Authority

The Global Mosaic: Can We Compare Apples and Oranges?

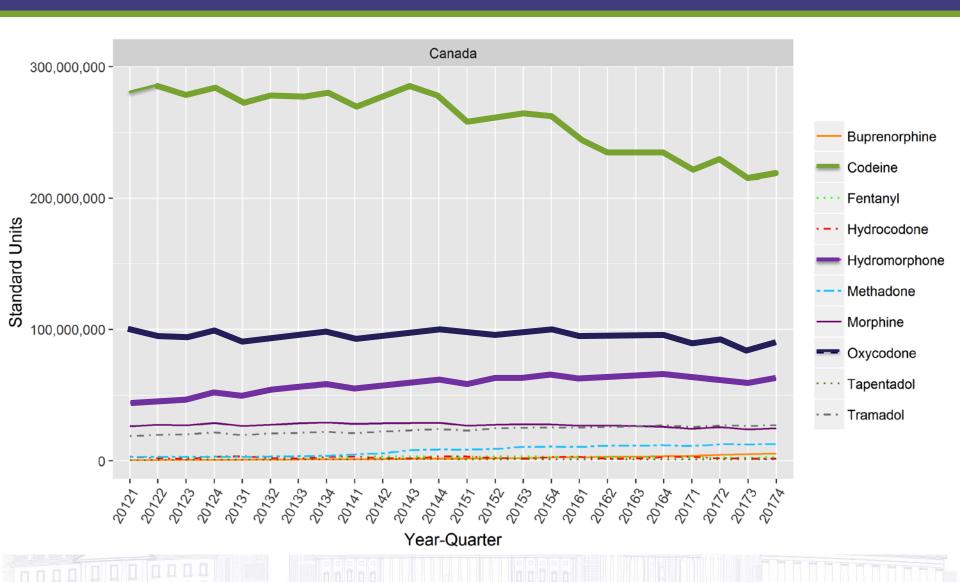
- Prescription medications vary widely across countries
 - Prescribing patterns
 - Medication availability
 - Cultural and social trends
- Each country measures the impacts of nonmedical use differently
 - Nationwide surveys
 - National databases
- How can we transition to comparing apples to apples?

WHO: Total Opioid Consumption (Morphine Equivalence Mg/Capita), 1980-2015

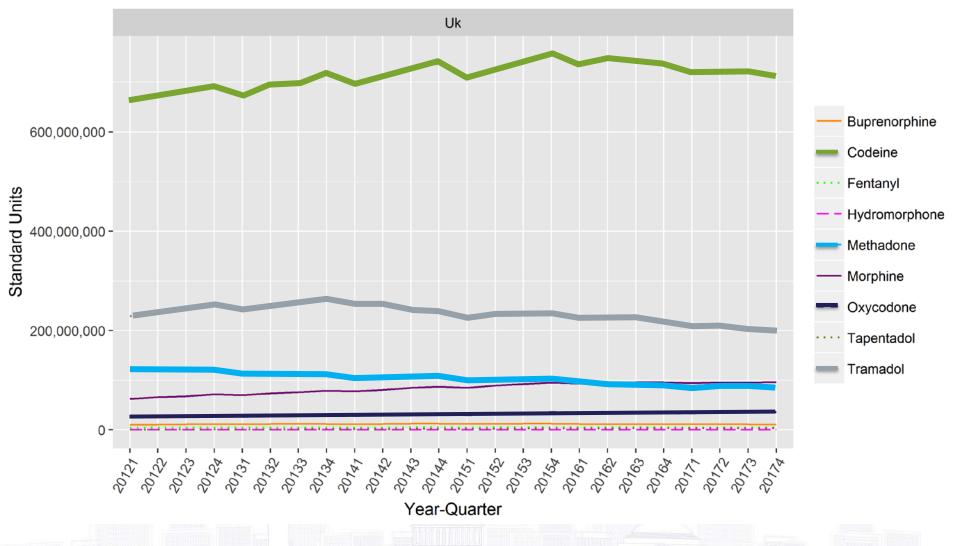


Sources: International Narcotics Control Board; World Health Organization population data By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2018

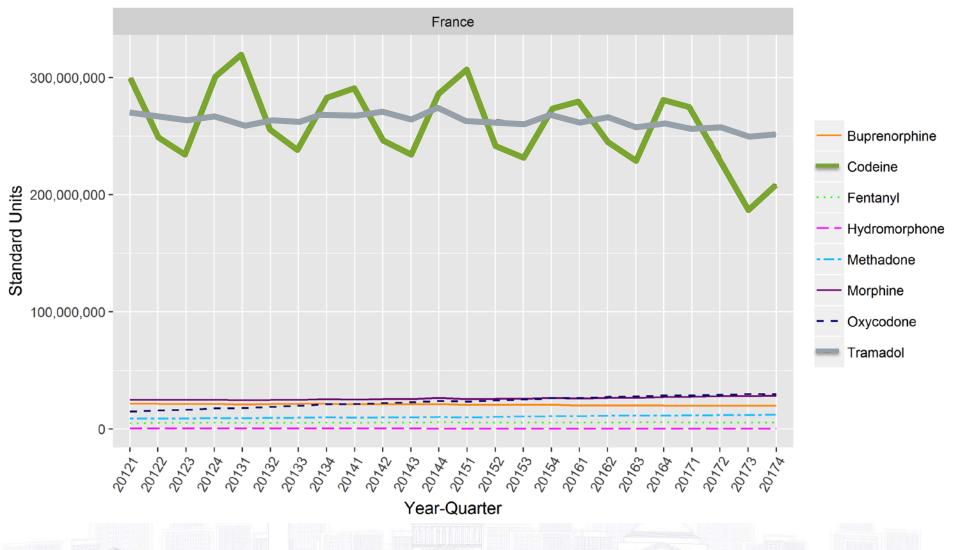
Global Mosaic: Canada IQVIA, Standard Units per Population



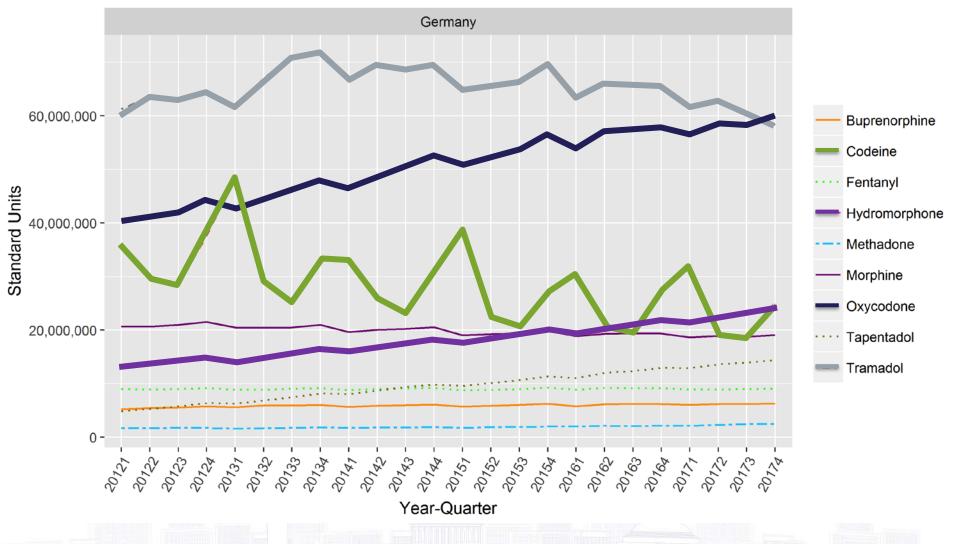
Global Mosaic: UK IQVIA, Standard Units per Population



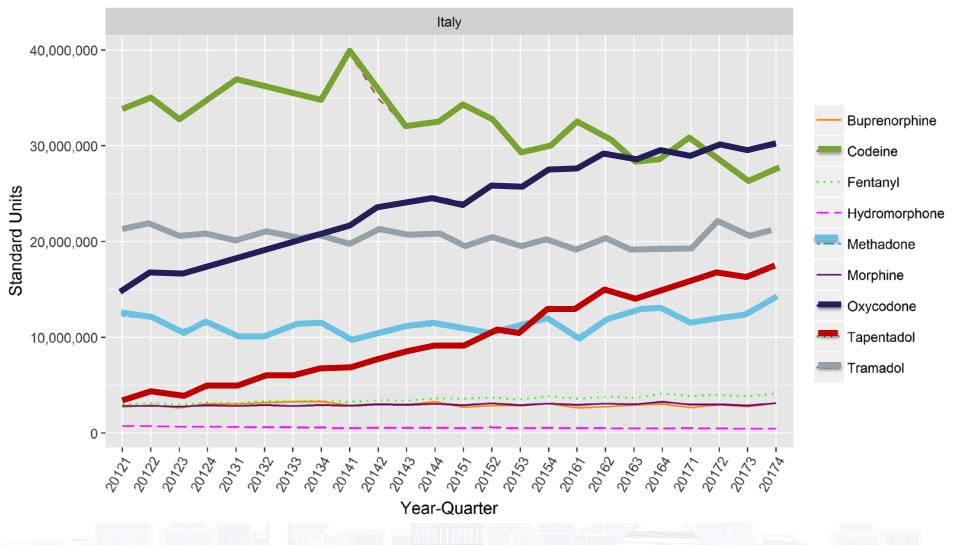
Global Mosaic: France IQVIA, Standard Units per Population



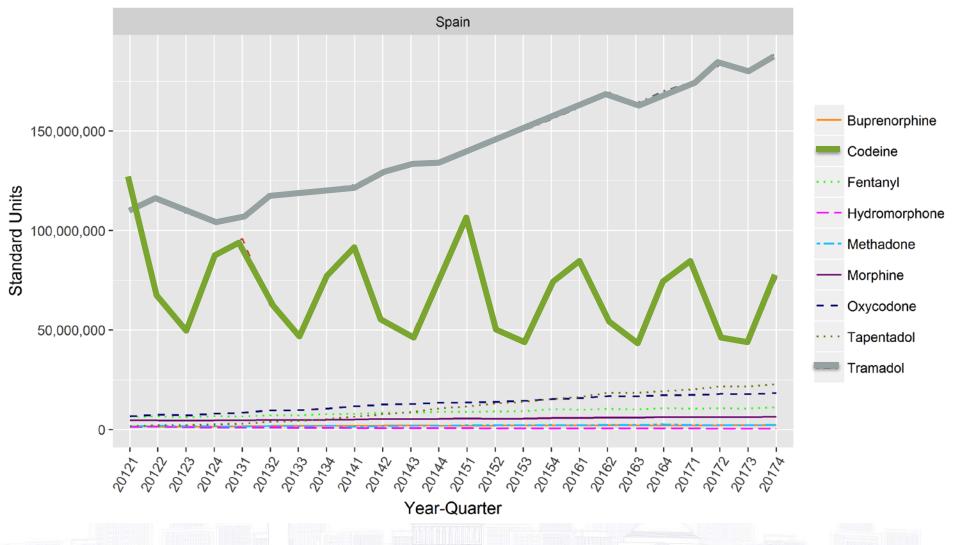
Global Mosaic: Germany IQVIA, Standard Units per Population



Global Mosaic: Italy IQVIA, Standard Units per Population



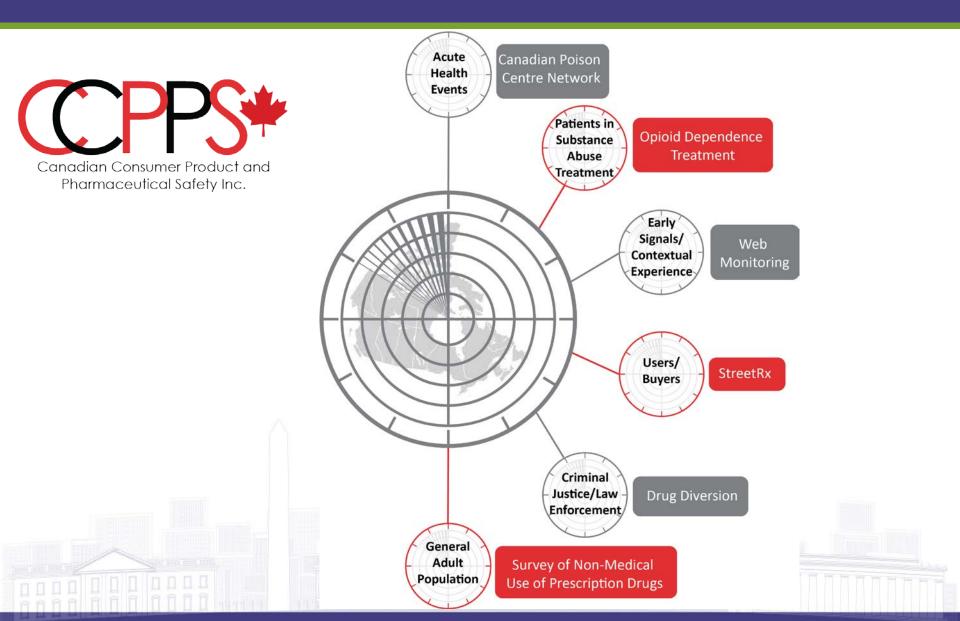
Global Mosaic: Spain IQVIA, Standard Units per Population



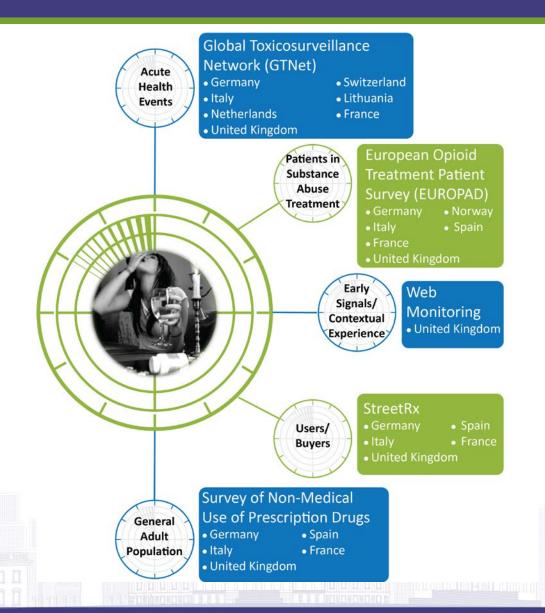
RADARS® International Program Development

- 2007: Global Toxicosurveillance Network (GTNet) Program
- 2012: StreetRx (CA)
- 2012: EUROPAD
- 2013: StreetRx (UK, EU)
- 2014: Survey of Non-Medical Use of Prescription Drugs (UK)
- 2014: Web Monitoring
- 2015: SKIP (CA)
- 2014: Drug Diversion (CA)
- 2016: Survey of Non-Medical Use of Prescription Drugs (US, CA)
- 2017: Survey of Non-Medical Use of Prescription Drugs (EU)
- 2018: Canadian Poison Centre Network (CA)

RADARS® International Program: Canadian Consumer Products & Pharmaceutical Safety, Inc.



RADARS® International Program: European Mosaic



Canadian Poison Centre Network and Global Toxicosurveillance Network (GTNet)

Methodology

 Standardized data are collected during routine daily management of acute medical events then queried for cases involving drugs of interest



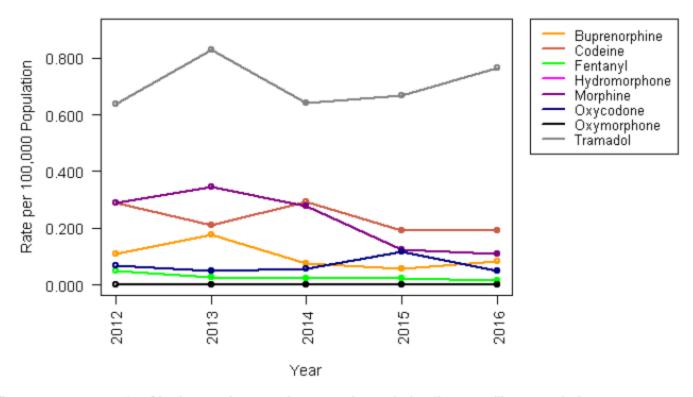


Key Measures

Outcome (e.g. death)

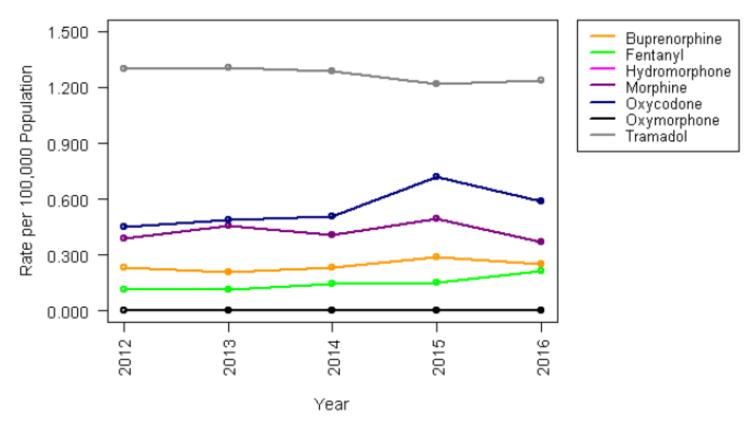


Global Mosaic: GTNet, France Exposures per 100,000 Population



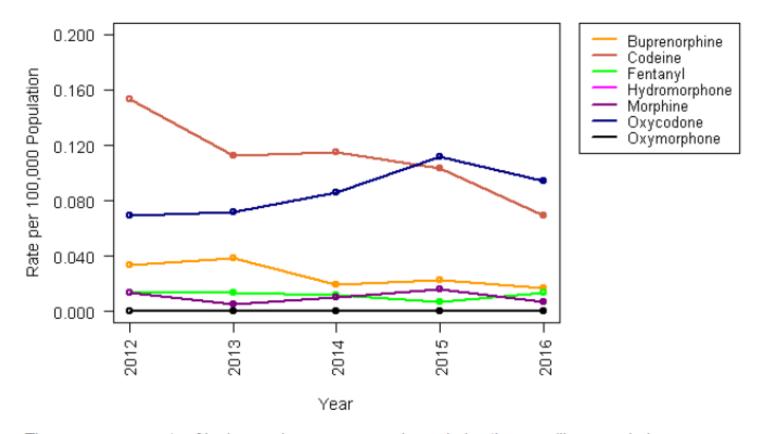
There were no reports of hydromorphone and oxymorphone during the surveillance period

Global Mosaic: GTNet, Germany Exposures per 100,000 Population



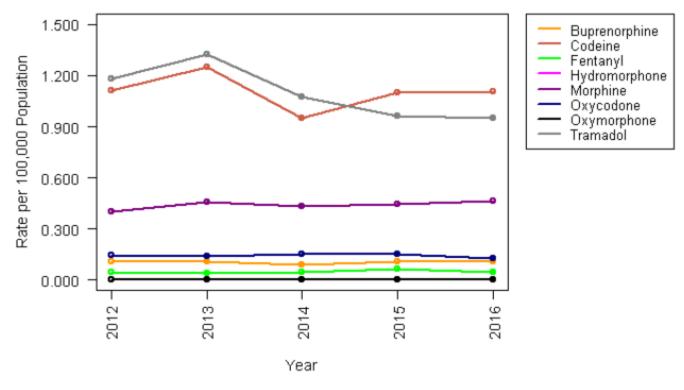
There were no reports of hydromorphone and oxymorphone during the surveillance period

Global Mosaic: GTNet, Italy Exposures per 100,000 Population



There were no reports of hydromorphone or oxymorphone during the surveillance period

Global Mosaic: GTNet, UK Exposures per 100,000 Population



There were no reports of oxymorphone during the surveillance period

Canadian Opioid Depedence Treatment and European Opioid Treatment Patient Survey Program (EUROPAD)

Methodology

- Patients entering treatment for opioid addiction are asked to voluntarily complete the questionnaire
- Questionnaires are sent to central data coordination site for quality review and data entry

Key Measures



Gender, age, substance abuse treatment history, primary drug used "to get high," source of primary drug acquisition and routes of abuse



Endorsement of prescription drugs "to get high" in the past 30 or 90 days (product-specific)

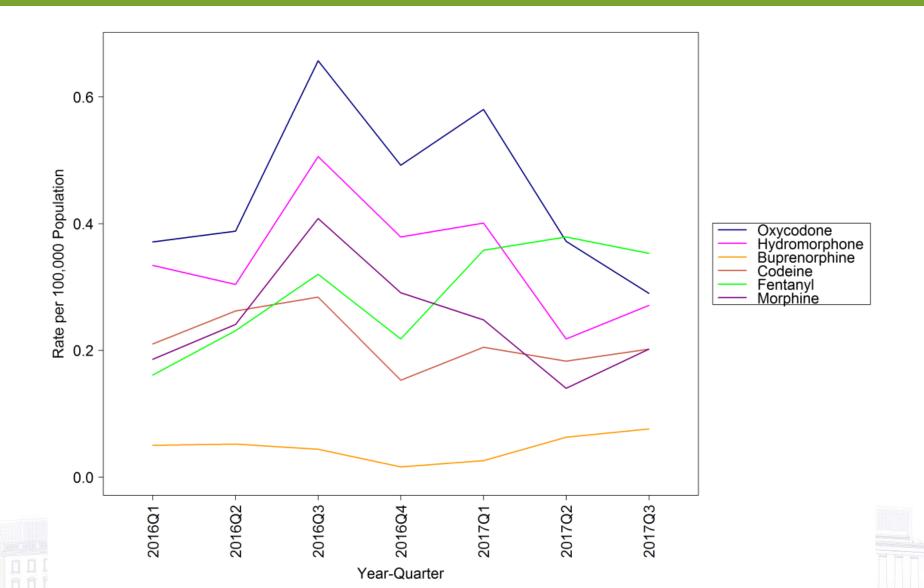


Route of abuse (chewed, snorted, smoked, injected)

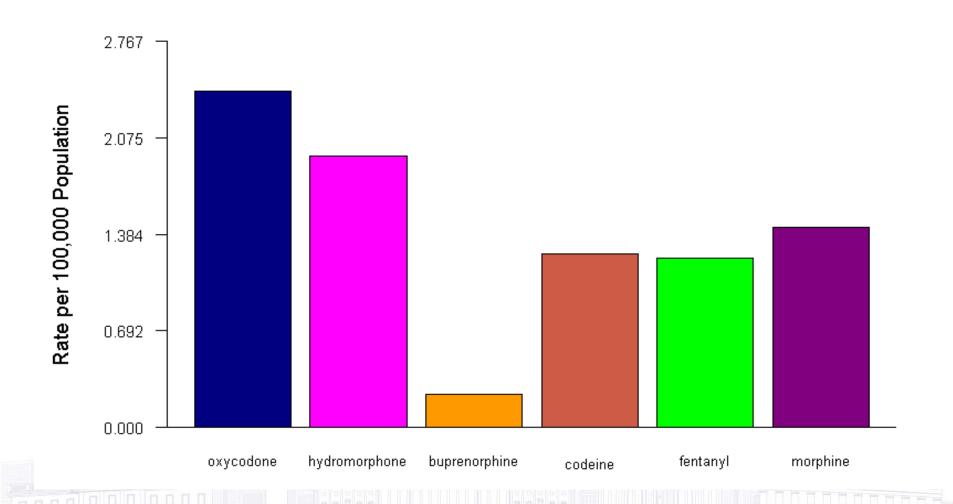




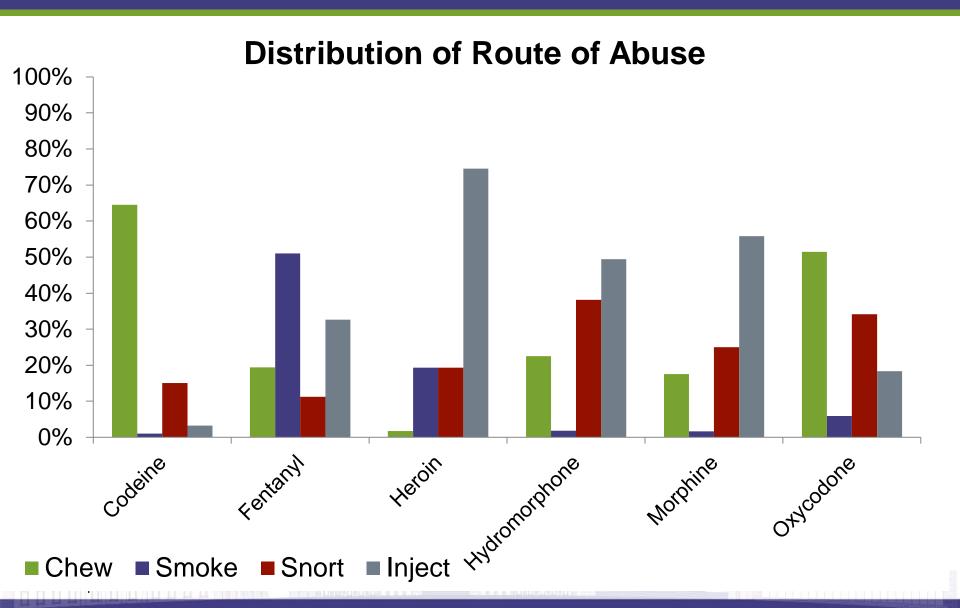
Opioid Dependence Treatment Program, Canada Quarterly Rates per 100,000 Population



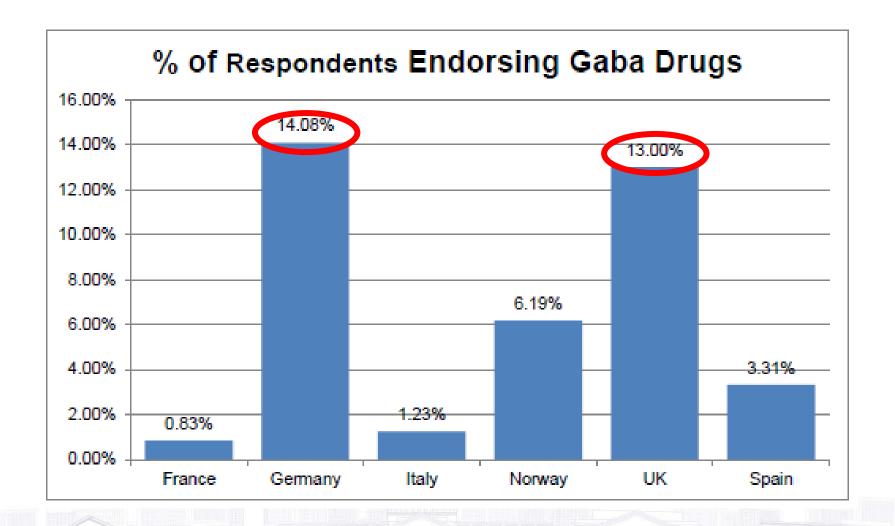
Opioid Dependence Treatment Program, Canada Cumulative Rates per 100,000 Population



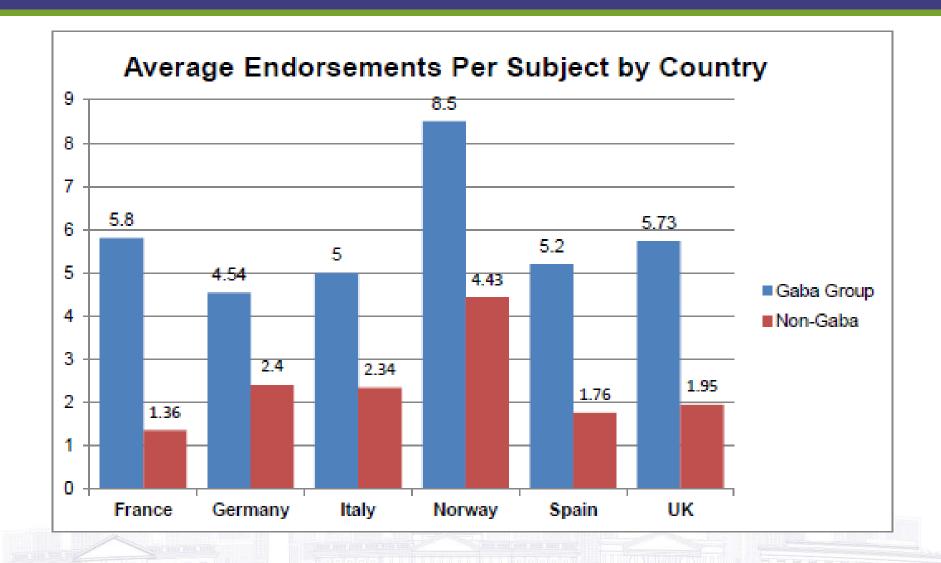
Opioid Dependence Treatment Program, Canada Routes of Opioid Misuse



EUROPAD, GABA Analogues



EUROPAD, GABA Analogues & Polysubstance Misuse



StreetRx Program

http://streetrx.com

- Methodology
 - Street price information is voluntarily submitted to the open access websites



Web Monitoring Program

Key Measures

Number of monthly, weekly, daily mentions (product specific)

Reason for use (e.g. abuse, misuse)

Route of abuse

Outcomes (e.g. addiction, overdose, death)

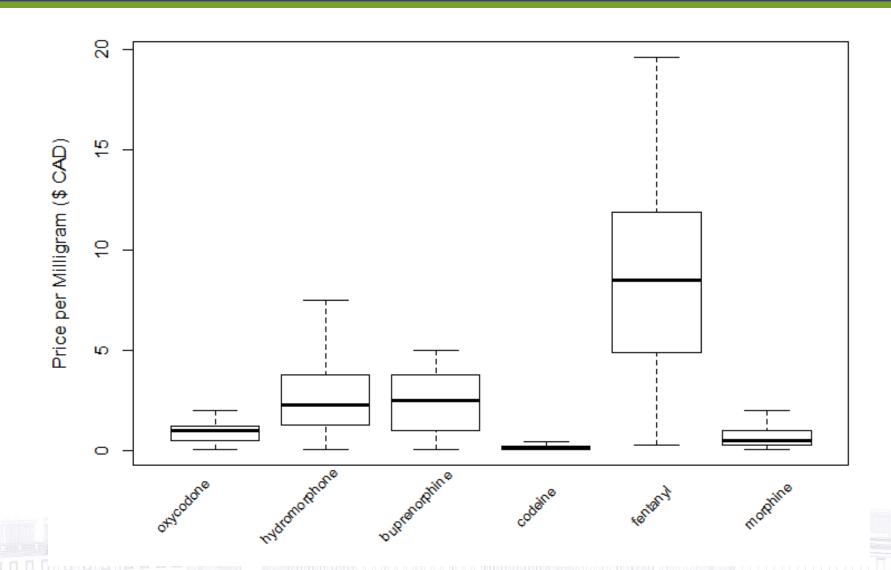
Frequency of pre-identified themes

Sentinel events, new trends

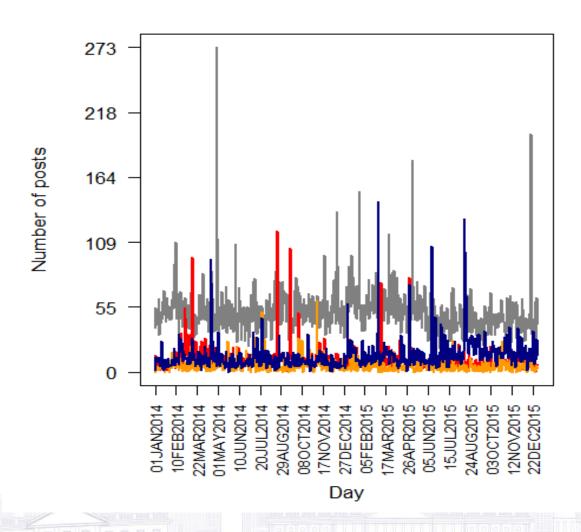


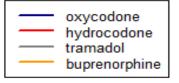


StreetRx, Canada Price per Milligram, 2012-2017



Global Mosaic: Web Monitoring, UK





Survey of Non-Medical Use of Prescription Drugs Program (NMURx)

Key Measures



Gender, age, income, geographic location, veteran and student status



General use and non-medical use of prescription drugs by active pharmaceutical ingredient and by specific product



Co-ingestants and use of illicit drugs and alcohol



Reason for non-medical use (e.g. treat pain, to get high, curiosity)



Routes of non-medical use by product endorsed



Source of drug acquisition and price paid if purchased through illegitimate channels



History of chronic and acute pain and prescription drug therapy



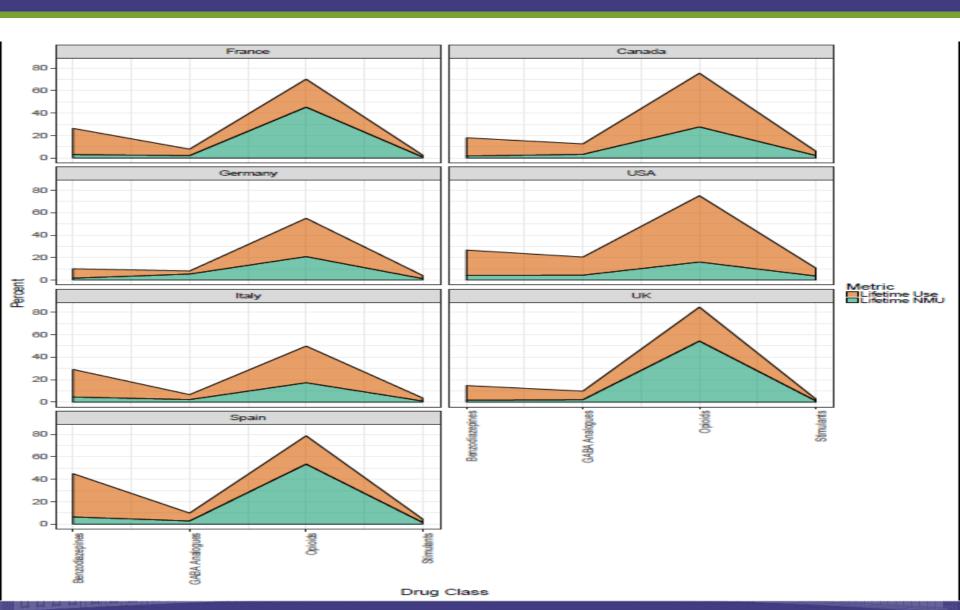


The Global Mosaic: How Can We Compare Apples and Oranges?

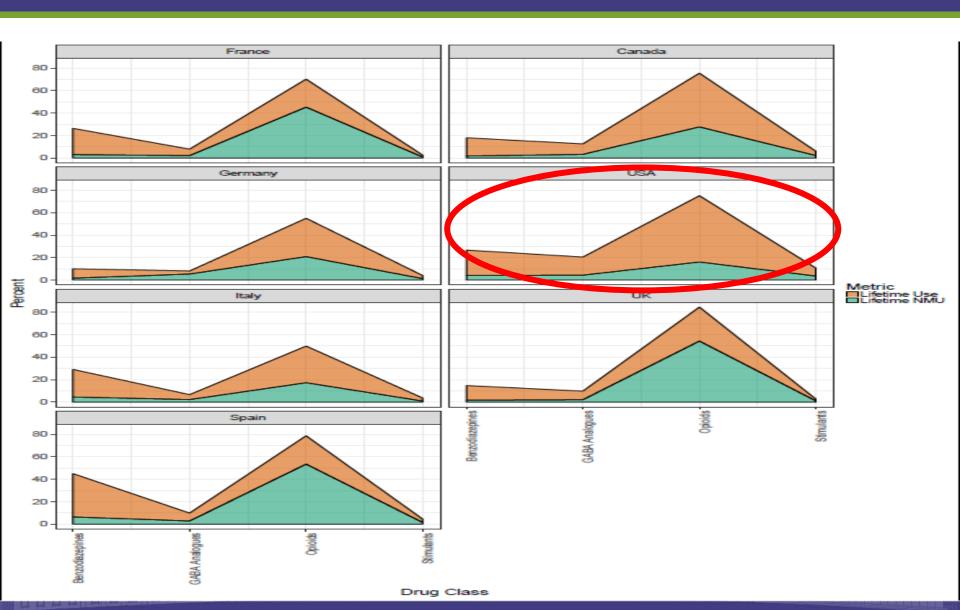
NMURx

- Standardized survey across multiple countries
- Allows direct comparisons between countries
- Each country has a "fingerprint" of nonmedical use patterns

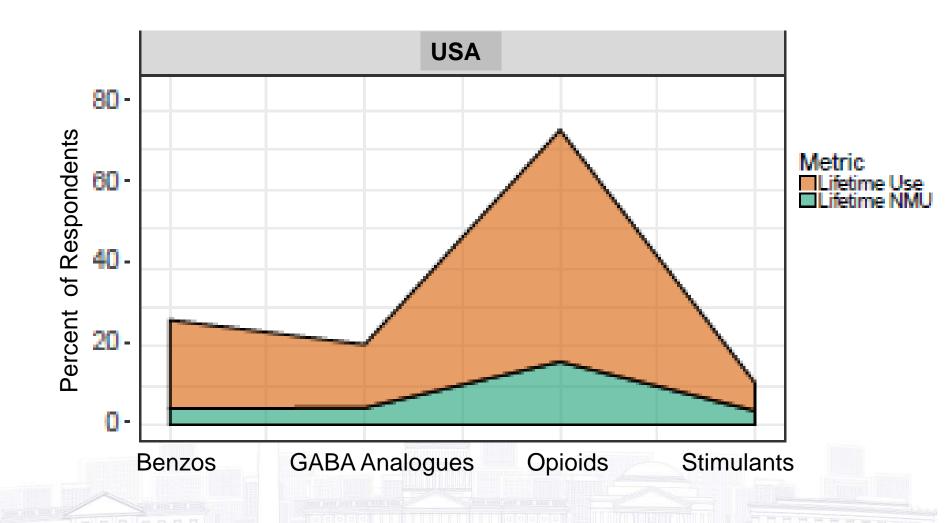
Global Mosaic: NMURx Around the World

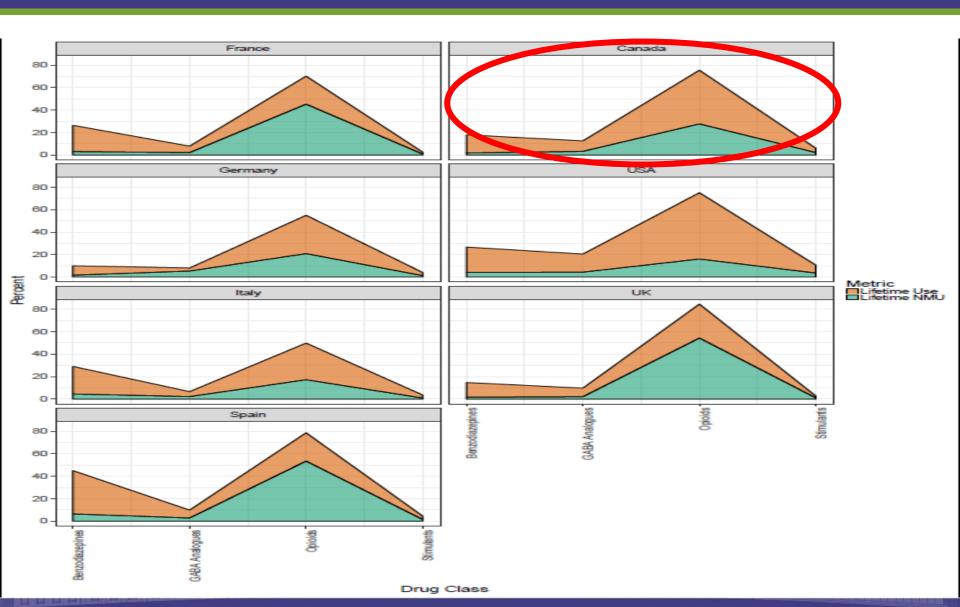


Global Mosaic: NMURx Around the World

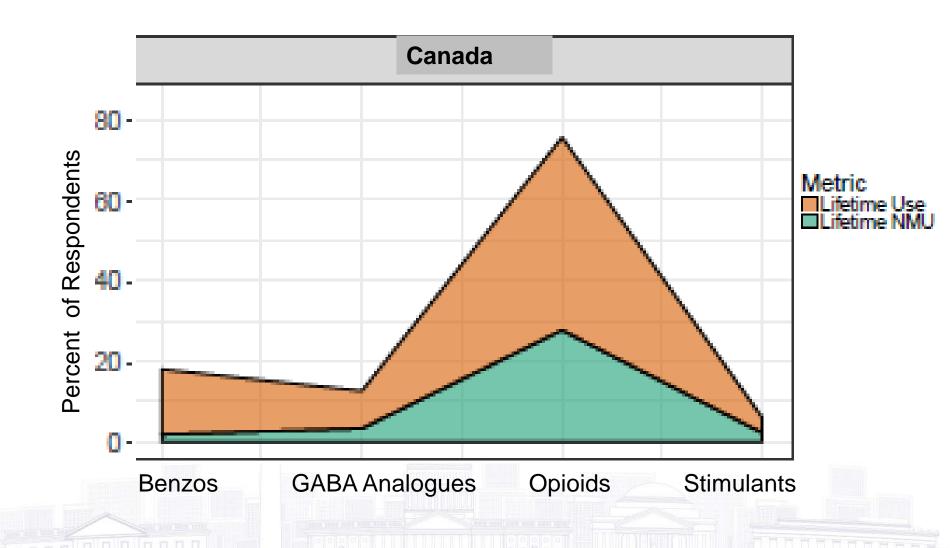


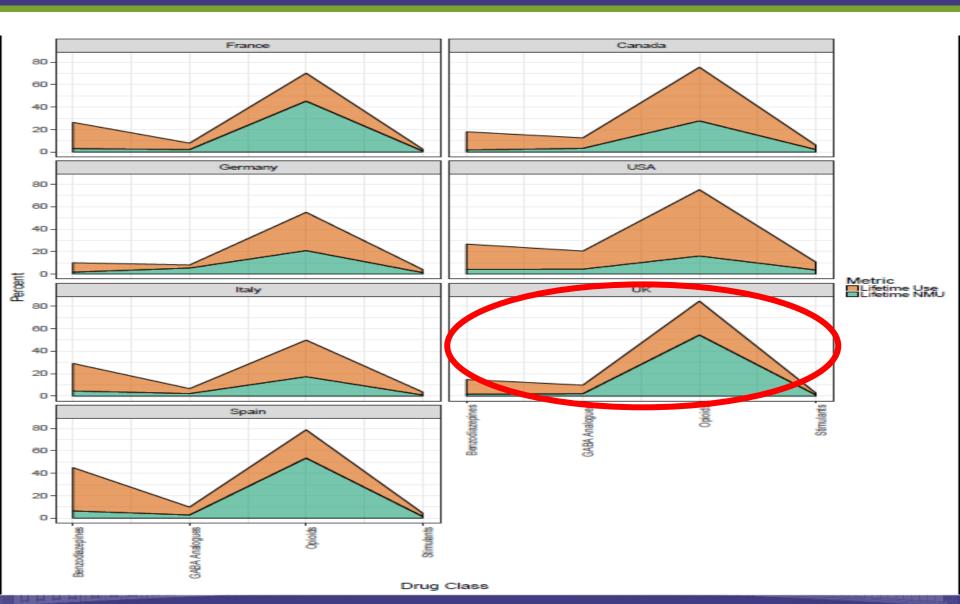
Global Mosaic: NMURx in USA



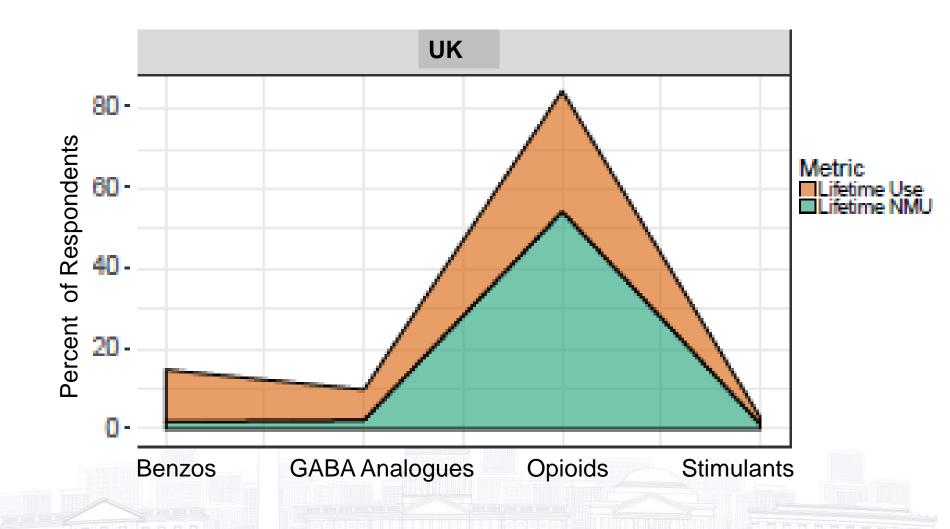


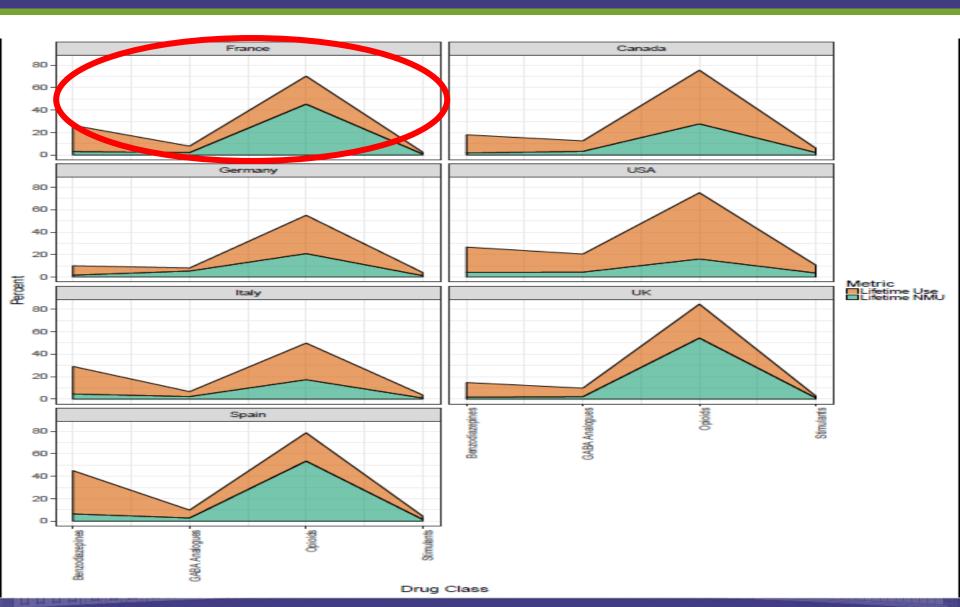
Global Mosaic: NMURx in Canada



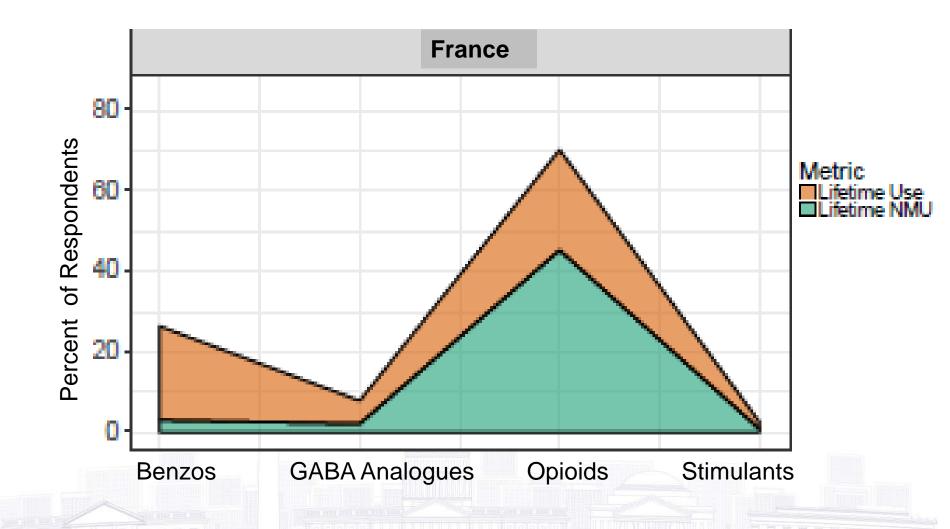


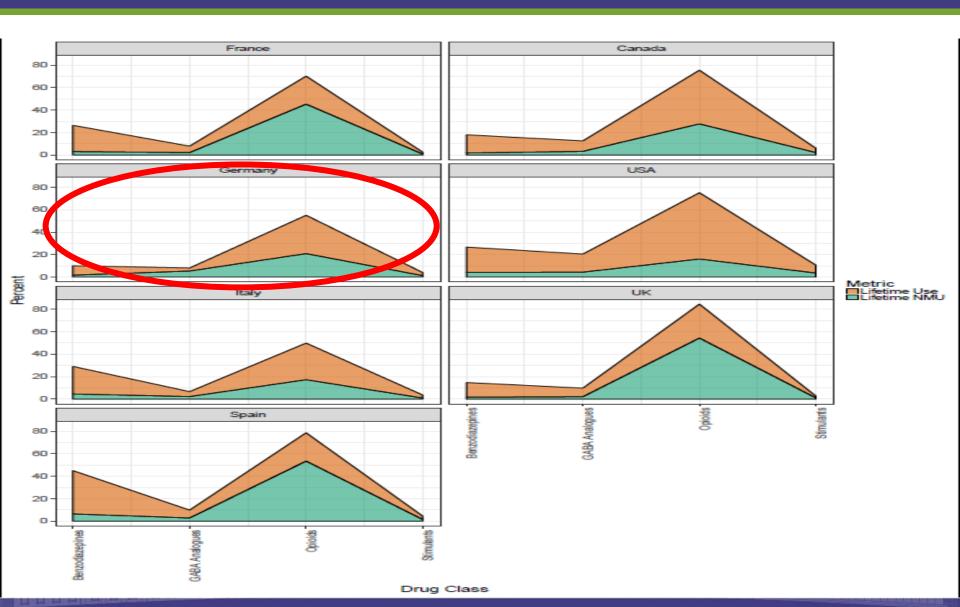
Global Mosaic: NMURx in UK



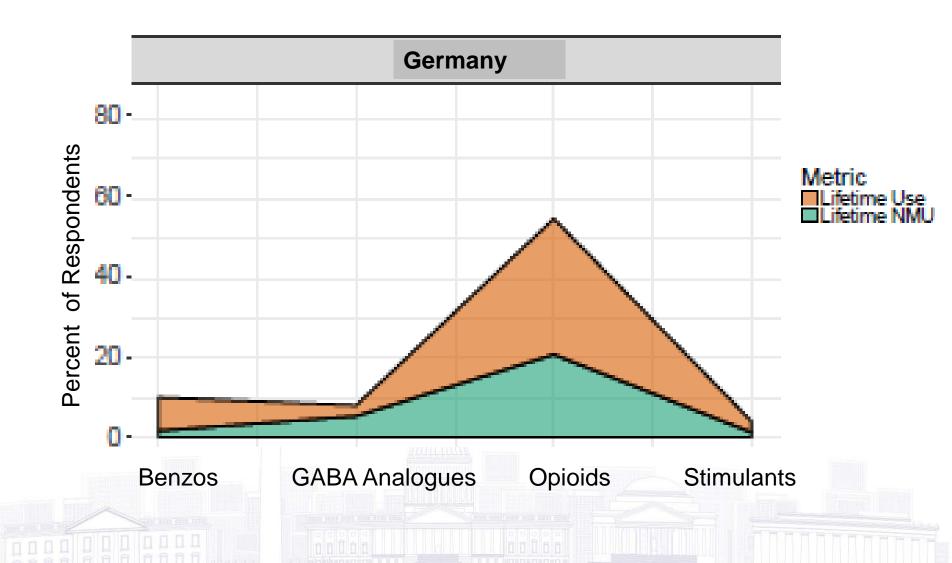


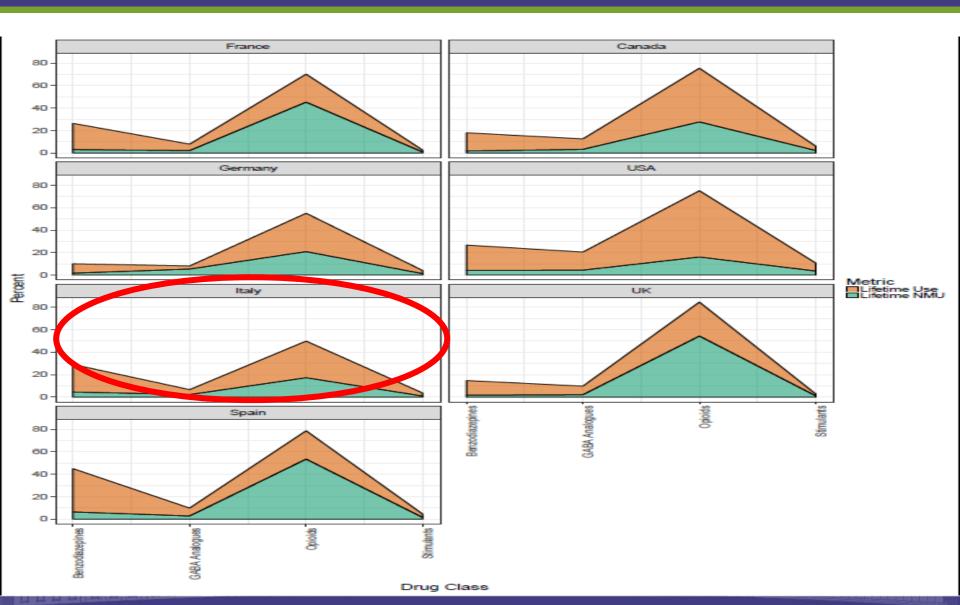
Global Mosaic: NMURx in France



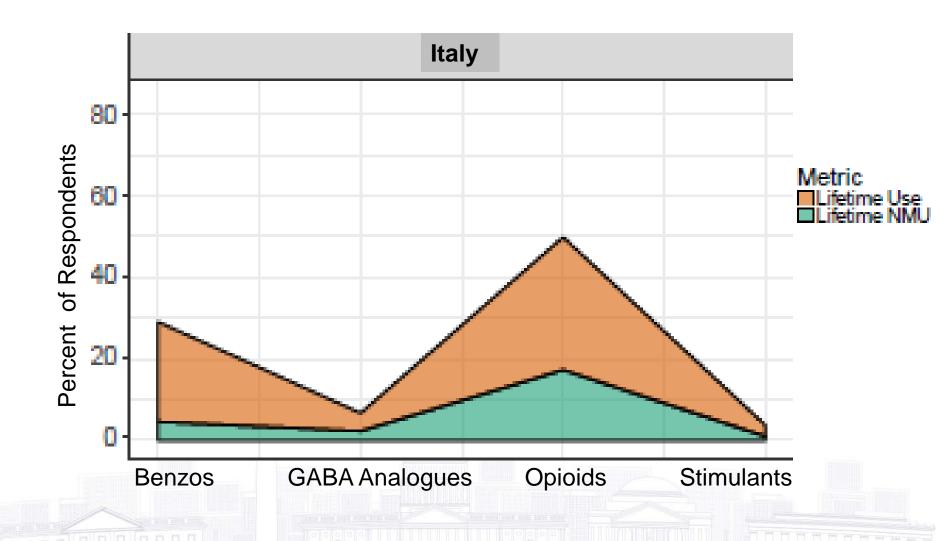


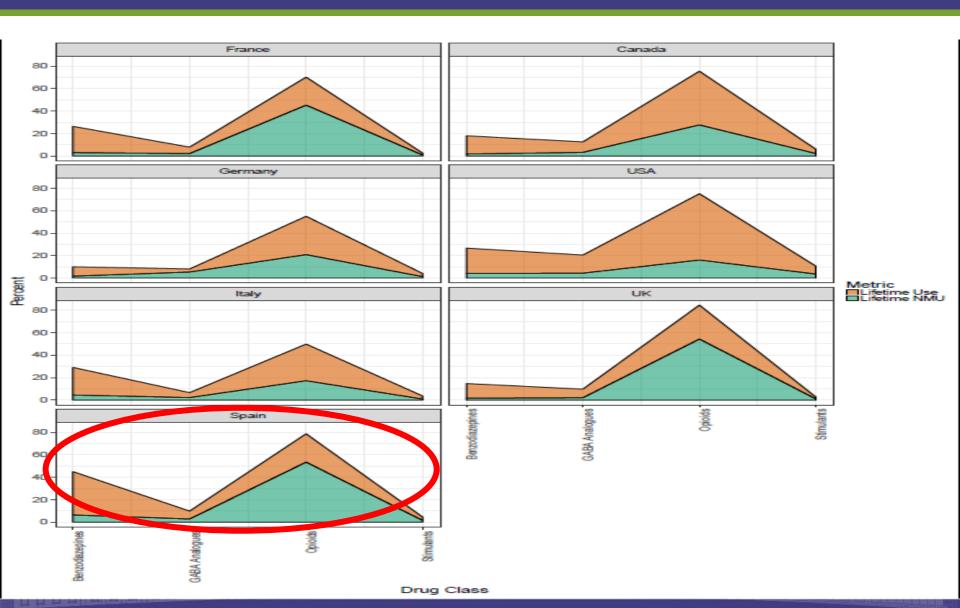
Global Mosaic: NMURx in Germany



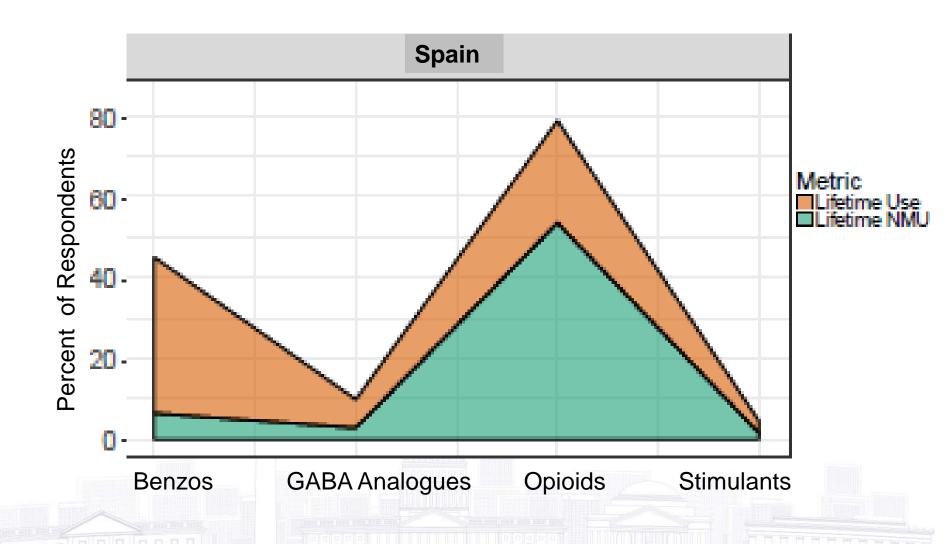


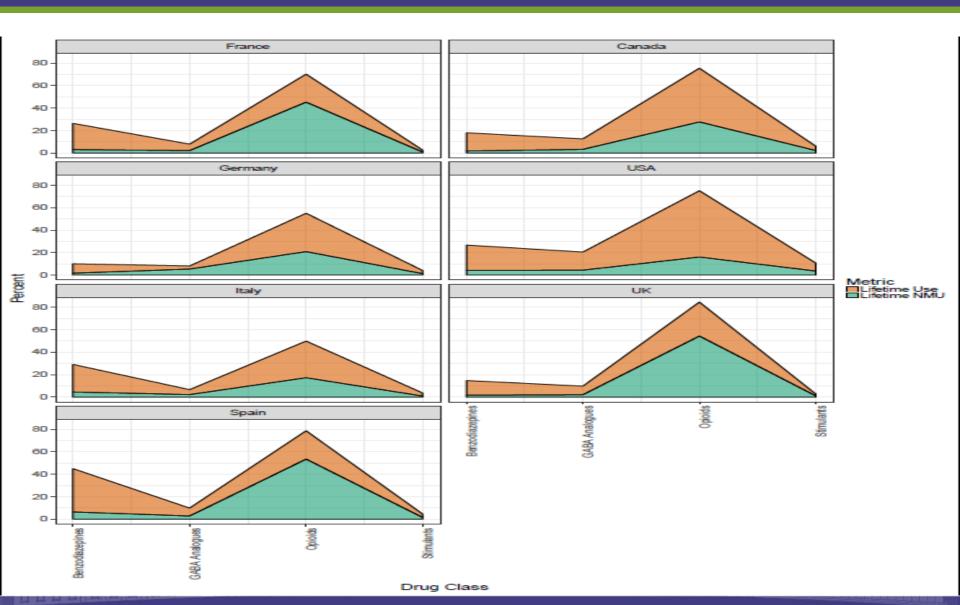
Global Mosaic: NMURx in Italy





Global Mosaic: NMURx in Spain





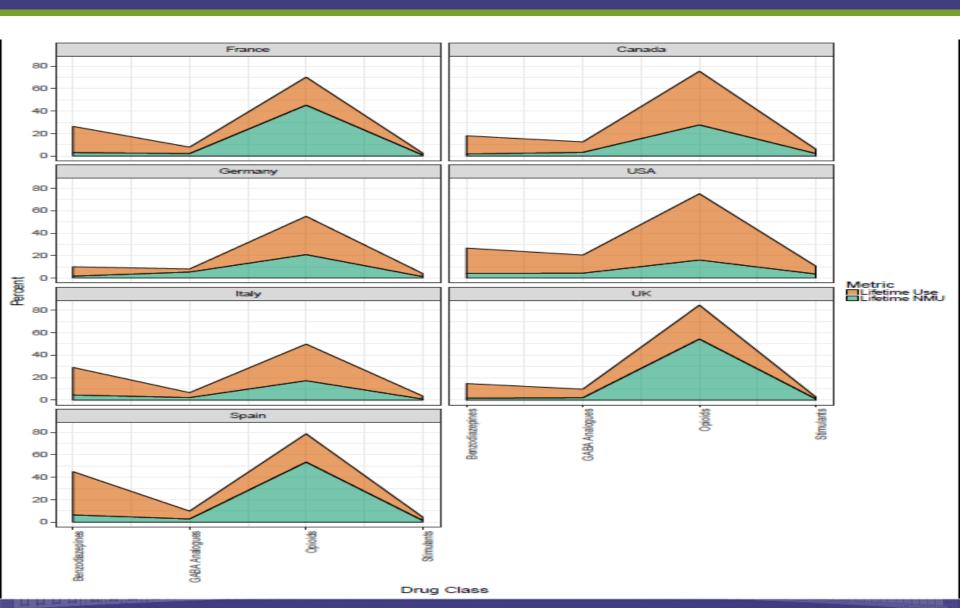
The Global Mosaic: Conclusions

Comparisons between countries can be difficult

NMURx allows for direct comparisons

Each country has a "fingerprint" of patterns of misuse

Misuse of prescription opioids is most common across all countries



The Global Mosaic: Conclusions

Each component of the global mosaic provides complementary data

Codeine and tramadol are highly available in multiple countries

 GABA analogues are commonly misused by persons who abuse drugs, most often in setting of polysubstance misuse

The Global Mosaic: Conclusions

- NMURx provides comparable data across countries
- Opioids are most commonly misused medications across all countries

- UK has the highest rate of lifetime opioid misuse, followed by Spain and France
- Spain has the highest rate of lifetime benzodiazepine misuse
- Italy has the highest rate of lifetime GABA analogue misuse

The Global Mosaic: Questions?

Questions?

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