

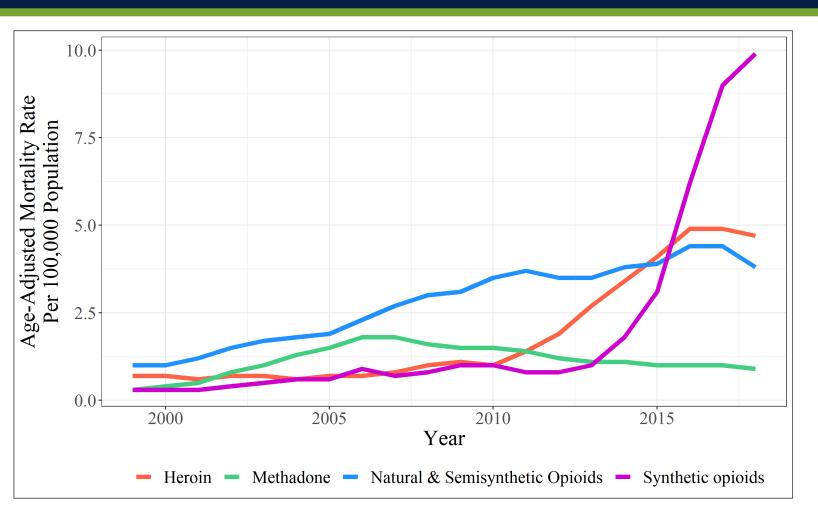
One Drug? Two Drugs? Polydrug Mortality Is More Common Than We Think Joshua C. Black, Ph.D. Rocky Mountain Poison & Drug Safety

Outline

- Background and Hypotheses
- Analytic Strategy
- Polydrug deaths over time
- Network map of drug mentions on overdose deaths
- Next steps after COVID-19



Background Drug Overdose Deaths in the United States



Summary¹:

- Drug overdose deaths fell from 2017 to 2018
- Heroin, methadone, and natural & synthetic opioids fell
- Synthetic opioids continued to rise



Objectives Quantifying Polydrug Overdose

- Seek to understand polydrug mortality from a multivariable perspective
- Assume:
 - Specific drug mentions on death certificates inform polydrug involvement
- Hypotheses:
 - 1. Single drug deaths are uncommon
 - 2. Polydrug deaths are rising
 - 3. Drugs cluster into latent classes defining types of overdose deaths



Study Design

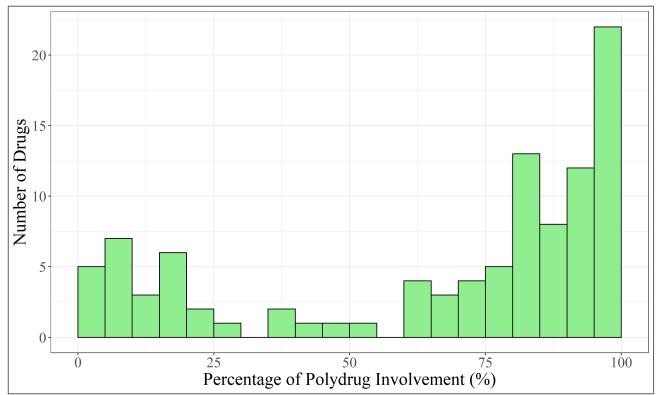
- Data Source: Drug Involved Mortality Database
 - List of drug-related terms in Part I, II, and Box 43 of death certificates
 - Used PubChem IDs to mark specific drug mentions
 - Further collapsed terms based on:
 - Metabolites: α -HYDROXYALPRAZOLAM \rightarrow ALPRAZOLAM
 - Common terms: $BEER \rightarrow ETHANOL$
- Setting: All decedents in the 50 states and DC; 2010-2017
- Statistical Analysis:
 - Percentage involving more than 1 specific drug
 - Network map analysis



Polydrug Mentions Over Time



Prevalence of Polydrug Mortality Polydrug Involvement



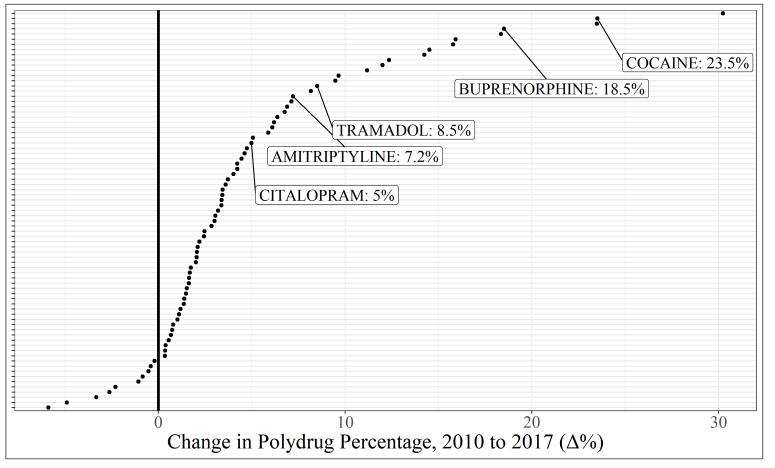
All specific drug mentions 2010-2017

Drug	Total Deaths	Polydrug (%)
Oxycodone	47,269	81.5
Alprazolam	39,234	97.3
Morphine	33,893	77.5
Methadone	32,924	68.2
Hydrocodone	27,104	85.6

- Among deaths mentioning a drug, percentage mentioning 2nd drug (or more)
- Top 100 drugs
- For 60 drugs, ≥75% of deaths were polydrug deaths



Polydrug Mortality, 2010 to 2017



\mathbf{D} m \mathbf{n}	Polydrug (%)				
Drug (n)	2010	2017			
Cocaine (77,045)	50.2	73.7			
Buprenorphine (3,360)	75.0	93.5			
Tramadol (9,064)	77.9	86.4			
Amitriptyline (6,803)	81.0	88.3			
Citalopram (8,431)	90.4	95.4			

• Most drugs in the Top 100 increased in percentage of polydrug involvement



All specific drug mentions

Analysis of Pairwise Combinations



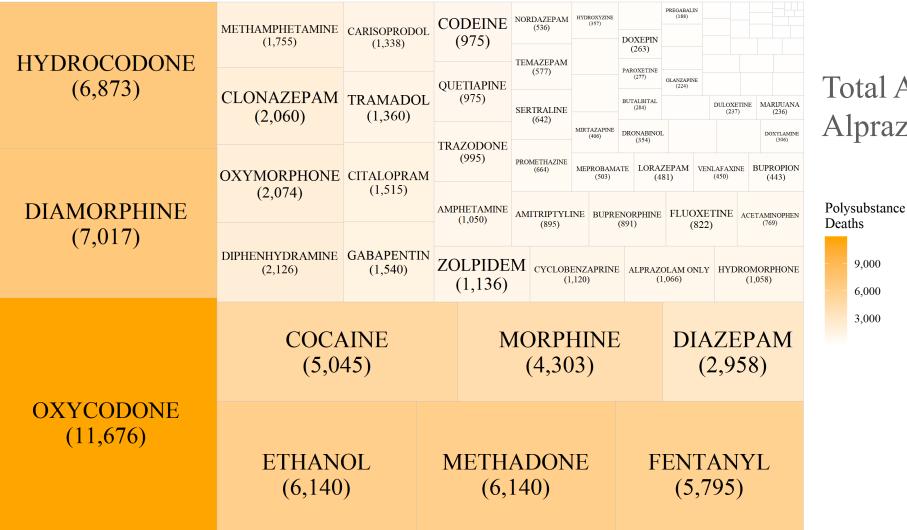
Fentanyl Deaths Number with second substance

	METHADONE (1,866)	BUPRENORPHI (580) CYCLOBENZAPR (584)	(388) SERTRALINE	(276) HYDROXYZINE	DOXEPIN (165)			
COCAINE (13,981)	DIAZEPAM (2,020)	CITALOPRA (671)	FLUOXETINE (418)	(299) BUPROPION (305) QUETIAPINE (305)	TEMAZEPAM (240)			Total Fentanyl D Fentanyl Only: 2
	HYDROCODONE (2,128)	TRAMADO (784)	DL HYDROMORPHON (541)		NE AMITRIPTYI (477)	INE CODE		rentanyi Omy. 2
	ACETYLFENTANYL	AMPHETA (1,05)	AMINE GAB	APENTIN 1,021)	BENZODIA (1,01		CARFENTANIL (878)	Polysubstance Deaths
FENTANYL ONLY (15,249)	(2,680)	CLONAZEPAM FUN (1,699)			JRANYLFENTANYL DIPHENHYDRAMINE (1,401) (1,338)			12,000
		MORPHINE OXYCOI (4,948) (4,42		OXYCODONE METHAMPHETAMINE			8,000 4,000	
	(4,948)			,424)	(3,091)		3,091)	
DIAMORPHINE (16,945)	ETHANOL (8,791)		Ĺ	ALPRAZOLAM (5,795)			14 [™] AND	

Deaths: 60,526 25.2%



Alprazolam Deaths Number with second substance



Total Alprazolam Deaths: 39,234 Alprazolam Only: 2.7%

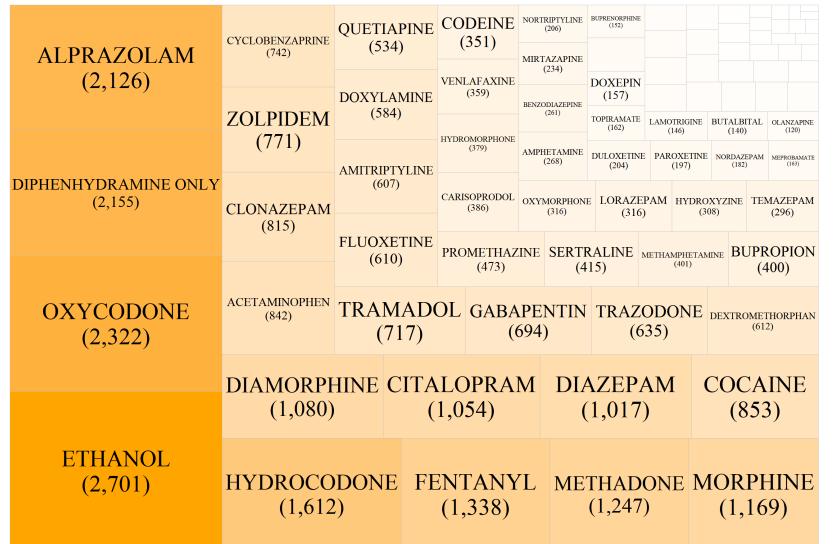
9,000

6.000

3,000



Diphenhydramine Deaths Number with second substance

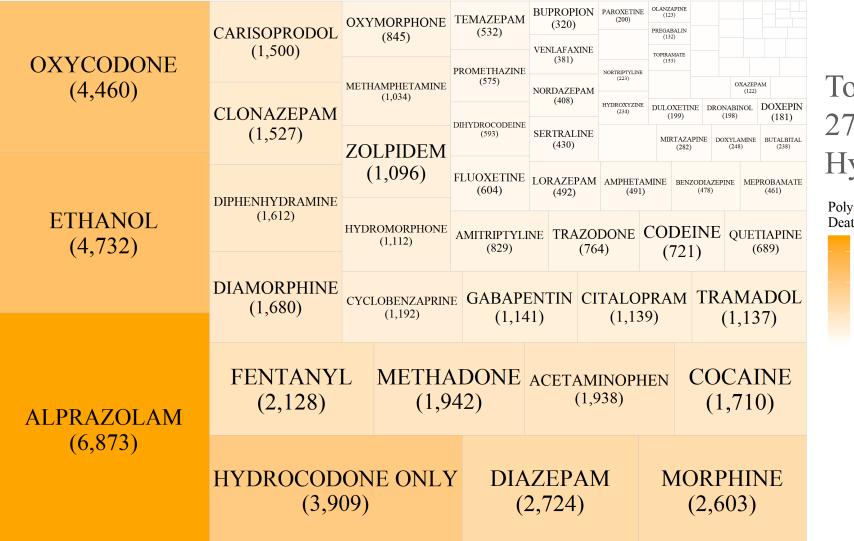


Total Diphenhydramine Deaths: 13,886 Diphenhydramine Only: 15.5%

Polysubstance Deaths						
	2,500					
	2,000					
	1,500					
	1,000					
	500					



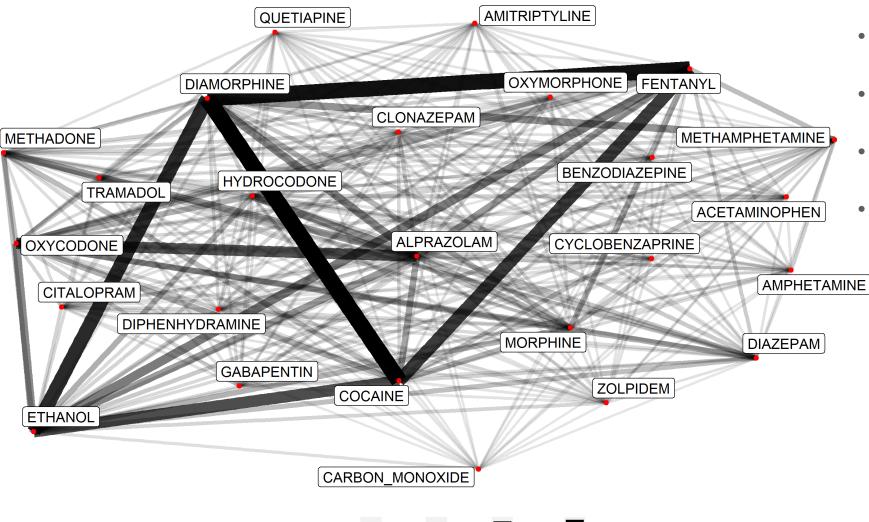
Hydrocodone Deaths Number with second substance



Total Hydrocodone Deaths: 27,104 Hydrocodone Only: 14.4%

		Poly	ysubstance	•						
QI	UETIAPINE	Dea	aths							
	(689)		6,000							
	MADOL		4,000							
	,137)		2,000							
C	AINE									
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Overdose Network Map Pairwise Mentions (Top 25)



- Thicker lines represent higher number of deaths involving both drugs
- More central points represent larger number of strong connections
- Four major drugs: fentanyl, cocaine, heroin, ethanol
- Central drugs in combination more often



Next Steps and Conclusions



Post-COVID Steps

- Analysis halted due to pandemic closures
- Analyze combinations of 3 and greater
- Formally quantify network map into clusters
 - Multiple Correspondence Analysis (high dimensional method)
- Subgroup networks (e.g., opioids, stimulants)



Conclusions

- Diverse drug combinations and interactions lead to death
 - Attributing mortality to a single drug does not provide a full picture of drug risk
- Single-substance deaths are a minority for many prescription drugs in the top 100 substances
- Limitations
 - Death certificates not complete list of drugs involved
 - Class terms that are also specific drugs were counted as specific drugs (e.g., "BENZODIAZEPINE")
 - Practices for entering data on death certificates shifts over time







Questions?

Joshua C. Black, Ph.D.

Joshua.black@rmpds.org

