Opioid Treatment Program Signal Detection System:
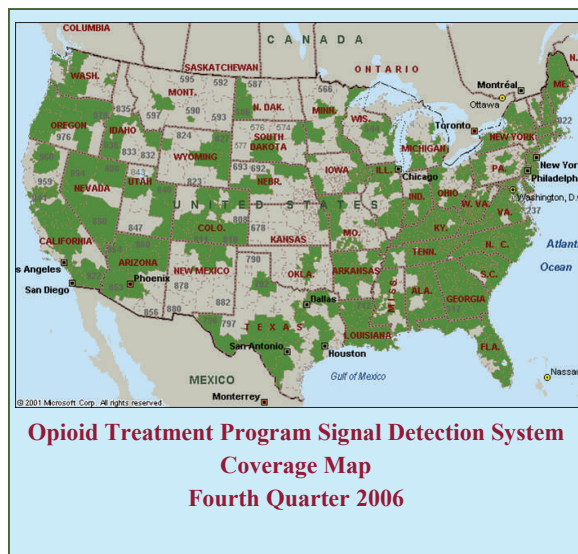## *Background and Methods*

The RADARS System Opioid Treatment Program Signal Detection System estimates the prevalence of prescription opioid abuse among opioid treatment programs nationwide. This signal detection system is run by the American Association for the Treatment of Opioid Dependence (AATOD), an organization committed to the development of effective opioid treatment programs, and the National Development and Research Institutes, Inc. (NDRI), an organization committed to advancing scientific knowledge in the area of substance abuse. This signal detection system consists of 75 opioid treatment programs located in rural, urban and suburban areas of the United States. Patients who are seeking admission to these opioid treatment centers are offered a one-page anonymous questionnaire which gathers basic demographic information and inquires about the patient's drug use in the past month, lifetime drug abuse, the age when first drug use occurred, and the primary source of the abused drug(s). The questionnaire also includes several questions related to pain.

Opioid Treatment Program Signal Detection System Coverage Map Fourth Quarter 2006

Every week, participating opioid treatment centers submit completed questionnaires to NDRI. The data are entered into a database, and RADARS System professionals complete quality review to ensure data accuracy. To date, the RADARS System Opioid Treatment Program Signal Detection System has received more than 16,000 completed questionnaires from across the country directly from the population that abuses prescription opioid medications. The fact that this data is collected directly from abusers and gathers such detailed information helps subscribers gain a more detailed understanding of the trends in the abuse and misuse of their product(s) of interest.

Questionnaire results offer a very detailed description of the individuals who are entering opioid treatment programs. Of the more than 16,000 respondents who have completed the questionnaire, 62 percent are male and 74 percent are Caucasian. The mean age is 33 years (standard deviation = 10.7 years) and 47 percent are employed. Nearly 45 percent cite this admission as their first to a opioid treatment program. The characteristics associated with prescription drug abuse in the last 30 days are (in order of strength of relationship): low urbanicity, white ethnicity, no injection history of primary drug of abuse, no previous opioid history, chronic pain, younger age, and pain as a reason for enrollment.

This questionnaire also asks respondents who primarily use prescription opioids about the source of their primary drug(s) of abuse. Nearly 90 percent report purchasing their prescription drugs from dealers and nearly 40 percent received their drugs from a friend or relative. Internet purchases were relatively low, accounting for less than 5 percent.

Principal Investigator

of the Opioid Treatment Program Signal Detection System

Mark W. Parrino, MPA

Mark Parrino has been involved in the delivery of healthcare and substance abuse treatment since 1974. In 1974 he received a Baccalaureate in Psychology. He went on to earn a Masters degree in Health Policy, Planning and Administration (1982) from New York University.

Mr. Parrino was involved in the initial development of psychiatric and ambulatory care treatment standards for the New York County Health Services Review Organization and from 1980 to 1994. He served as the Director of the Gramercy Park Medical Group, an outpatient opioid treatment program. He served as President of the National Development and Research Institutes, Inc. (NDRI) and was the Chair of New York City's Health Systems Agency's Technical Advisory Group on Substance Abuse.

Mr. Parrino served as the Chair of the Center for Substance Abuse Treatment (CSAT) Consensus Panel for State Methadone Treatment Guidelines, the first Treatment Improvement Protocol published for national distribution.

Currently, Mr. Parrino is the President of the American Association for the Treatment of Opioid Dependence (AATOD) and continues to be responsible for the development and implementation of the Association's organizing initiatives. He is a consultant and educator to government, community, and business groups concerning substance abuse treatment and policy.
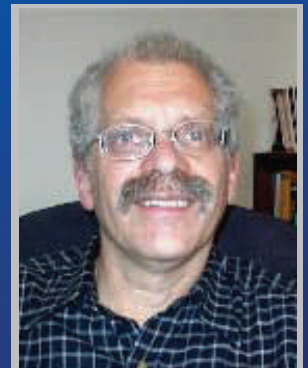
Profile

Co-principal Investigator

of the Opioid Treatment Program Signal Detection System

Andrew Rosenblum, Ph.D., is the Director of the Institute for Treatment and Services Research at the National Development and Research Institutes, Inc. (NDRI). Dr. Rosenblum has extensive experience conducting research with substance using populations including opioid dependent patients and chemical dependency patients with chronic pain. He currently serves as principal investigator on a NIDA-funded study that is creating a protocol for the use of sublingual buprenorphine for the treatment of chronic pain in populations with substance use disorders and will evaluate this protocol in regards to its feasibility, safety and effectiveness. Dr. Rosenblum also serves as co-investigator on several other NIDA-funded studies including a clinical trial of buprenorphine for opioid-addicted populations in jail and at post-release; a clinical trial of self-help groups for persons who are dually-diagnosed with a substance abuse and mental health disorders; and an evaluation of an innovative training curriculum that aims to increase HCV knowledge and counseling skills among drug treatment staff. Dr. Rosenblum has produced policy papers on special topics related to opioid replacement therapy and has published more than 50 peer reviewed research papers primarily addressing substance abuse treatment.

Andrew Rosenblum, Ph.D.

Profile

? ***Did You Know?***
The RADARS System's newsletters are available online. Visit www.radars.org to view all issues of the RADARS System newsletter.

Law is Passed to Increase Number
of Patients Physicians Can Treat with Buprenorphine

An amendment to the Controlled Substances Act has been signed by President Bush enabling physicians to treat up to 100 patients with buprenorphine.[1] Previously doctors were only allowed to treat 30 patients with buprenorphine, which many felt hindered the medical treatment options available. According to a 2005 report from the National Institute on Drug Abuse (NIDA), "an estimated 48 million people (ages 12 and older) have used prescription drugs for nonmedical reasons in their lifetimes."[2] Buprenorphine, a controlled medication used for treatment of opioid dependence in private medical offices by certified physicians, is among the nine drug substances monitored by the RADARS System. Data gathered by the RADARS System may provide insight into the effectiveness of buprenorphine as a treatment for opioid dependence and its abuse patterns.

1. H.R. 6344: Office of National Drug Control Policy Reauthorization Act of 2006.

2. National Institute of Drug Abuse Research Report Series. August 2005. Available at http://www.nida.nih.gov/ResearchReports/Prescription/Prescription.html

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Rank Order RADARS System Opioids 1st and 2nd Quarter 2006*

1. Buprenorphine
2. Methadone
3. Fentanyl
4. Morphine
5. Hydromorphone
6. Oxycodone
7. Tramadol
8. Hydrocodone

*Based on rates per 1,000 URDD

RADARS System Poison Center Data
1st and 2nd Quarter 2006 Using Rates per 1,000 Unique Recipients of a Dispensed Drug

In the December issue of the RADARS System newsletter, poison center population data from 1st and 2nd quarters 2006 were reported. These population data offered one perspective on the misuse and abuse of prescription opioids, however, rates calculated using Unique Recipients of Dispensed Drug (URDD) describe the magnitude of the opioid's abuse and misuse relative to availability via prescription. The rank order of opioid abuse and misuse rates per 1,000 URDD are described in the table.

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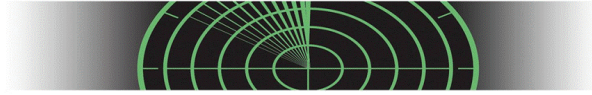
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RADARS® SYSTEM

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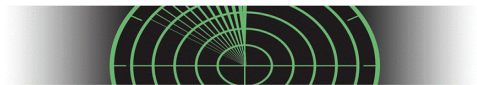Denver, CO 80204-4507
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Researched Abuse, Diversion, and Addiction-Related Surveillance (RADARS®) System

RADARS® SYSTEM

Mission Statement

The RADARS System provides timely and geographically-specific data to the pharmaceutical industry, regulatory agencies, policymakers and medical/public health officials to aid in understanding trends in the abuse, misuse, and diversion of prescription drugs in the United States.

RMPDC and Denver Health

The RADARS System is an independent, not-for-profit, operation of the Rocky Mountain Poison and Drug Center (RMPDC), an agency of Denver Health and Hospital Authority (DHHA). The RMPDC has been in operation for 50 years, making it one of the oldest poison control centers in the nation. DHHA is the safety net hospital for the City and County of Denver. DHHA is the Rocky Mountain region's academic Level I trauma center and includes Denver Public Health, Denver's 911 emergency medical response system, nine family health centers, 12 school-based clinics, Nurse-Line, correctional care, Denver CARES, the Denver Health Medical Plan, and the Rocky Mountain Center for Medical Response to Terrorism, Mass Casualties and Epidemics.

DENVER HEALTH
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RMPDC
ROCKY MOUNTAIN POISON & DRUG CENTER
Saving Lives with Answers for 50 Years™