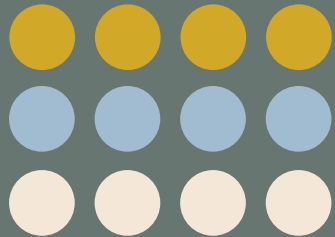


Challenging My Illusions About the Opioid Crisis

AMERSA - November 3, 2017
Washington, DC

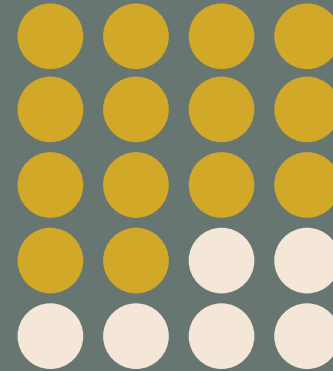


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Rocky Mountain Poison & Drug Center

Disclosure: I am a part-time employee of the RADARS[®] System, a non-profit data provider to government and the pharmaceutical industry on post-marketing surveillance for controlled substances.

In 1980, the second most dispensed drug in the US was an opioid analgesic (propoxyphene).

The Carter White House stated “diversion, misuse, and abuse of legal drugs may be involved in as many as seven out of ten reports of drug-related injury or death.”



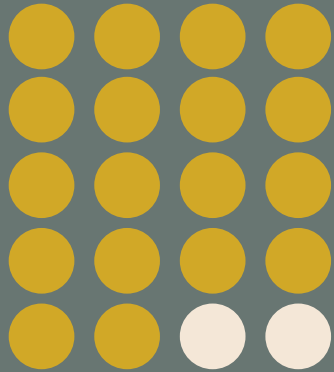
Implication

The roots of the opioid crisis are longer than conventional wisdom suggests.

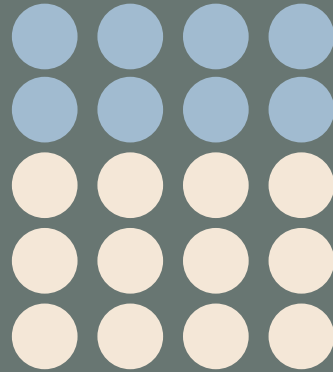
Schnoll S. Pain. In: Cohen S et al, eds. *Frequently Prescribed and Abused Drugs, Their Indications, Efficacy and Rational Prescribing*. Vol 2(1). Rockville, Maryland: National Institute on Drug Abuse; 1982.

US Government. Summary and Recommendations of the 1980 White House Conference on Prescription Drug Misuse, Abuse and Diversion. In: Wilford B, ed. *Balancing the Response to Prescription Drug Abuse*. Chicago, IL: American Medical Association; 1990.

Nearly all clinicians prescribe opioids.
Less than half prescribe ER opioids,
but most write <12 Rx/year.



90% any opioid
analgesic

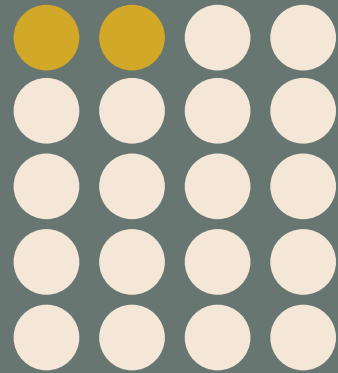


40% ER opioids

Physicians, nurse practitioners, physician assistants,
clinical pharmacists, dentists in North Carolina

Implication
Concerns
about
limiting
access for
pain
patients are
important,
but hard to
quantify.

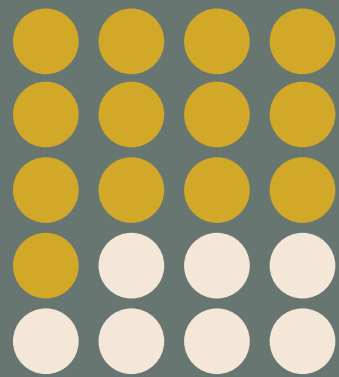
ER opioids comprise only
11% of all opioid analgesic
prescriptions.



Implication

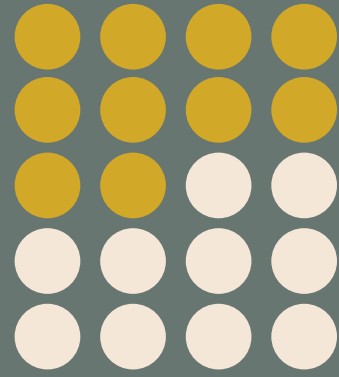
Prescribers
make
cognitive
decisions to
prescribe IR
opioids
more often.

Most long-term use of ER opioid analgesics is for low back pain and arthritis



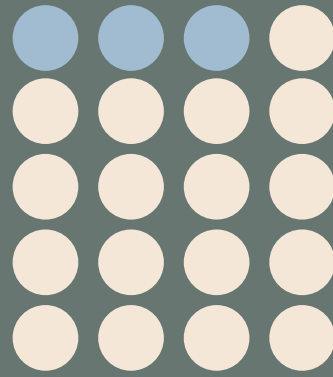
65%

Back pain



48%

Arthritis



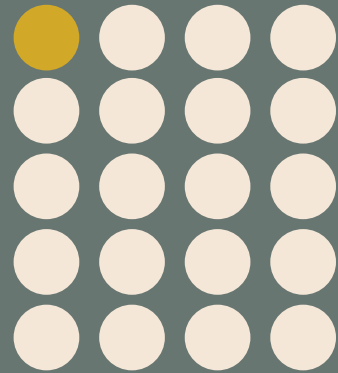
16%

Cancer

Implication

Primary prevention of opioid use requires analysis of the etiology of back and joint pain.

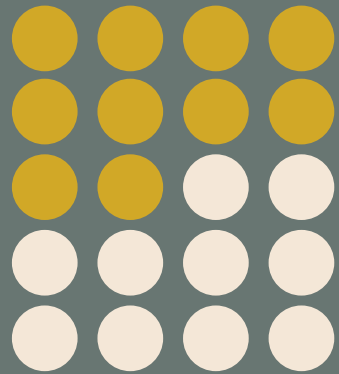
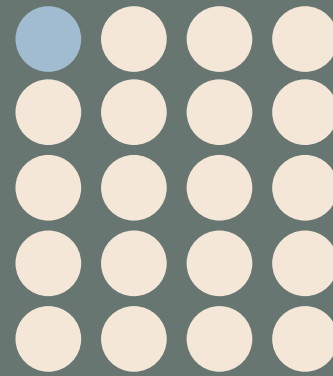
Only 3% of patients receive
opioids >150 mg morphine
equivalents



Implication

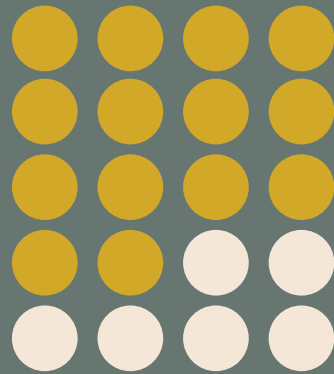
Few patients
receive high
dose
opioids.
Lower dose
patients also
die from
overdose.

The top 5% of
opioid analgesic patients
account for most of
total opioid use
measured in morphine equivalents



48%

Medicaid
(Arkansas)



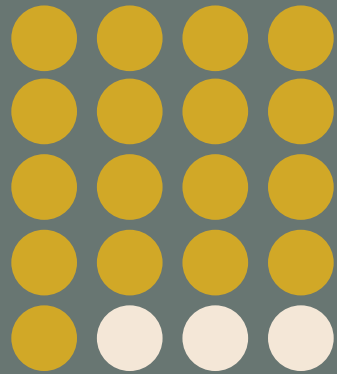
70%

Commercial
Insurance

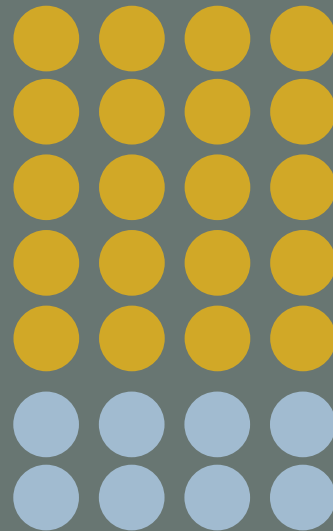
Implication

Reducing
high volume
opioid
prescribing
may be a
“last mile”
problem

From 2012 to 2015, opioid analgesic prescribing decreased nationwide, but drug overdose deaths increased.



13% decline in
opioid prescriptions



40% increase in
overdose deaths

Explanations

heroin

misclassification

unused

medications

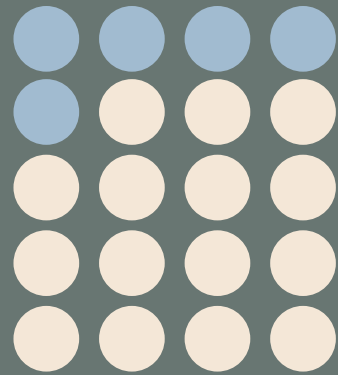
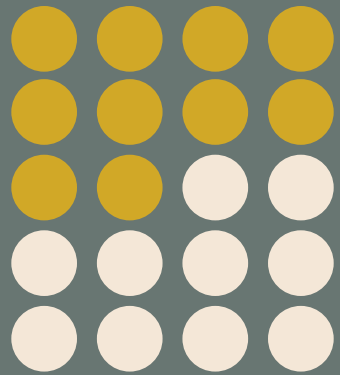
time-lag

FDA Background Package Addendum for September 2016 Advisory Committee. Utilization Patterns of Opioid Analgesics in the Pediatric Population. Appendix A, Table 1: 258MM to 225MM per year. <http://bit.ly/2hFwIWm> [includes adult data]

CDC Wonder Database, Multiple Cause-of-Death mortality file [16,730 to 23,402 per year, by CDC definition of overdose]

Half of OD decedents had an active Rx on the day of death.

A quarter had no record of Rx in year prior to death.

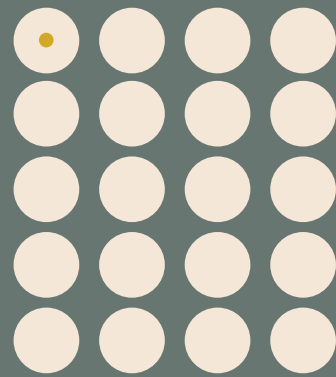


51% Active Rx on day of OD death

24% No Rx in year before OD death

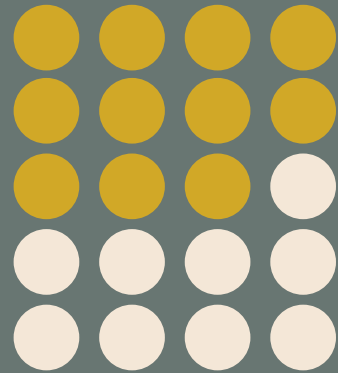
Implication
Defining “legitimate” patients is daunting... and a waste of time?

22 out of 100,000 patients
receiving opioid analgesics
each year die from an
overdose, or 0.02%



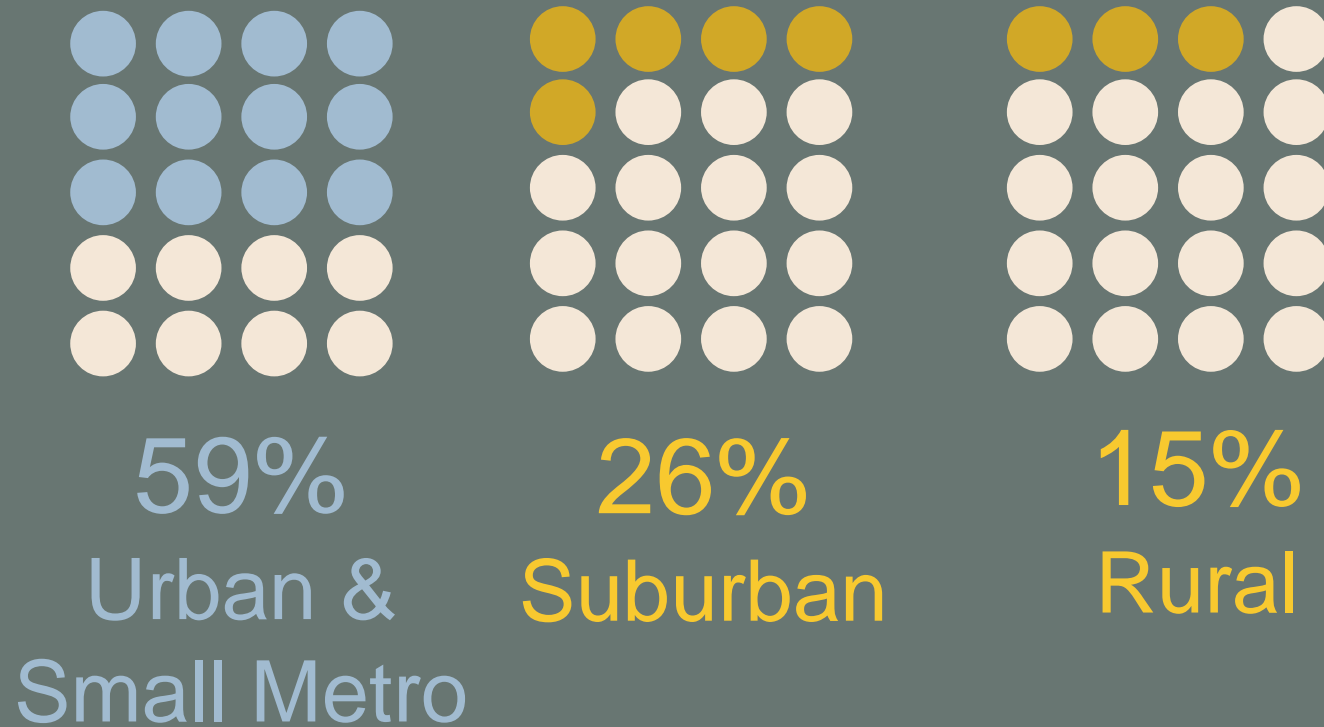
Implication
Opioids are
used safely
by many
patients, but
1-out-of-4
deaths are
occurring
among non-
patients.

56% of overdose deaths among pain patients occur in people receiving *less than 100 average daily MME.*



Implication
Concerns about high-dose opioids should not crowd out concern for those receiving lower doses.

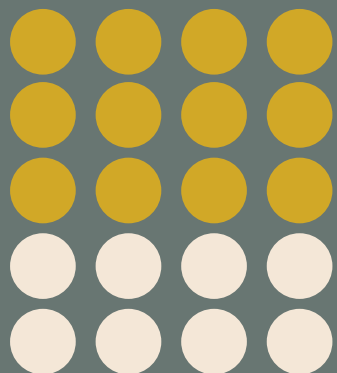
Drug overdose deaths continue to be concentrated in urban and surrounding counties.



Implication

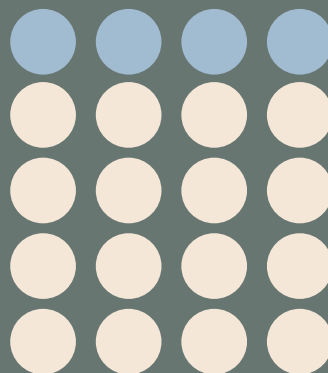
The bulk of services need to be focused on urban and suburban areas.

From 2010 to 2015, drug overdose deaths increased in some states (NY, MA), but not others (CA, TX, FL).



30 states
increased

2 states showed decreases followed by increases



19 states
remained steady

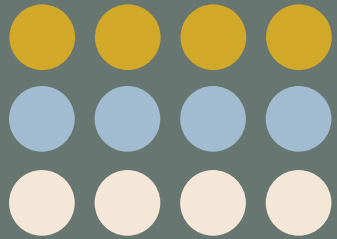
Implication

Recent overdose increases are regional.

Are there protective factors?

Thank you for your attention.

Slides available on my LinkedIn page.



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