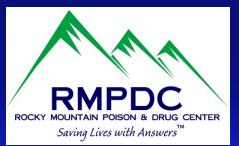
Spotlight: New Prescription Drugs of Abuse and Their Opioid Interaction Risks

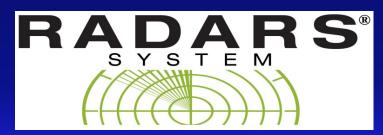
Janetta Iwanicki, MD

Associate Medical Director, RMPDC

4th Human Abuse Liability & Abuse-Deterrent Formulations



November 2017



Conflict of Interest Statement

- Most manufacturers of prescription opioids or stimulants subscribe to RADARS System.
- RADARS System is the property of Denver Health and Hospital Authority, a political subdivision of the State of Colorado.
- Subscribers receive information, but do not participate in developing the System, data collection, or analysis. They do not have access to the raw data.
- Employees are prohibited from personal financial relationships with any company.

Roadmap

- Why nonopioid prescription drug misuse and abuse is increasingly common
- Framework for identifying nonopioid drug misuse and abuse
- Highlights of drug classes

Why is nonopioid prescription drug misuse and abuse increasingly common?

Nonopioid Prescription Drugs

- Potentiate effects of opioids
- "Smooth out" effects of other drugs
- Used as substitution or replacement when drug of choice not available

Framework for identifying nonopioid drug misuse and abuse

Surveillance Data

National Poison Data System

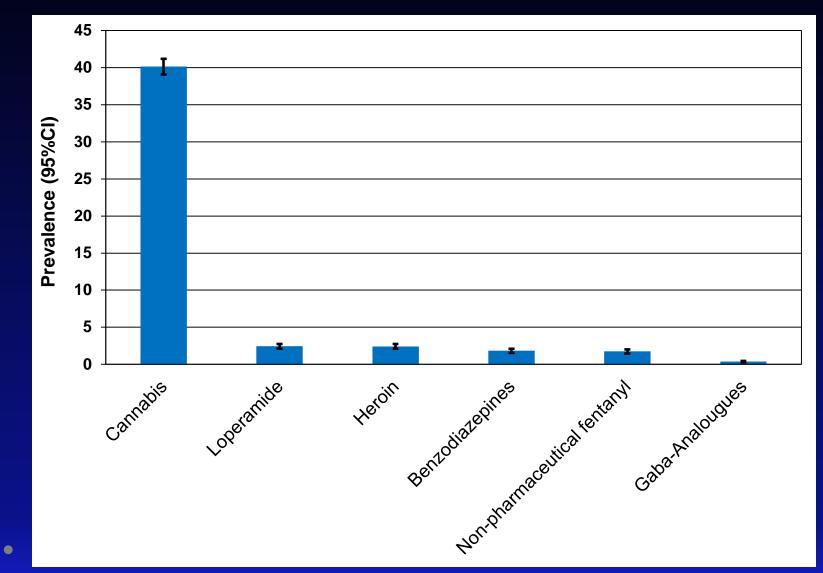
NPDS 2006-2014

Generic Code	Intentional Abuse	Single Substance
Benzodiazepines	51275	15895
Dextromethorphan	18182	12852
Amphetamines	13833	7402
Carisoprodol	8633	3375
Atypical Antipsychotics	8556	2982
Other Sedative/Hypnotic/Anti-Anxiety or Anti-Psychotic	8150	3700
Diphenhydramine	5927	3163
Other SSRI	5185	1329
Other Antihistamines	5155	2208
Other Anticonvulsant (Excluding Barbiturates)	3931	1371
Methylphenidate	3662	2116
Other Antidepressant	3173	1133
Trazodone	3124	868
Ibuprofen	3017	1057
Other Muscle Relaxant	2989	1257
Cyclobenzaprine	2948	853
Gabapentin	1373	379
Phenothiazines	1288	642
Amitriptyline	1271	365
Clonidine	1159	389

Surveillance Data

- National Poison Data System
- General population surveys

Lifetime Nonmedical Use



Surveillance Data

High risk groups

 Department of Corrections, Jails
 Teenagers and young adults
 Substance abuse treatment programs
 Diversion

Highlights of Commonly Abused Nonopioid Pharmaceuticals

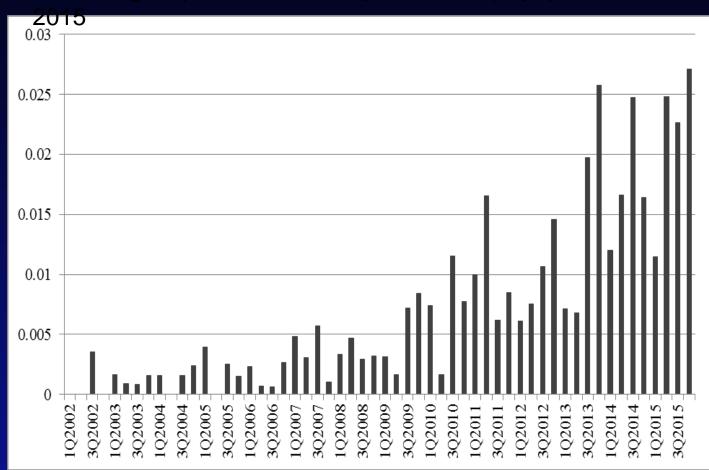
GABA Analogs

- Gabapentin, pregabalin
- 10-15% prescribed opioids also prescribed gabapentin
- Misuse common in opioid use disorders (15-28%)
- Increased mortality when combined with opioids

Likely synergistic respiratory depression

Diversion of GABA Analogs

Rates of gabapentin diversion (per 100,000) by quarter, 2002-



Gabapentin and Mortality

	No. Exposed Cases	No. Exposed Controls	Unadjusted Odds Ratio	Adjusted Odds Ratio		
Primary Analysis*:						
Recent Gabapentin Use	155 (12.3%)	313 (6.8%)	1.99 (1.61 to 2.47)	1.49 (1.18 to 1.88)	⊢ •−1	
Sensitivity Analysis: Overlapping	Gabapentin Use*					
Gabapentin Overlapping Index	121 (9.6%)	240 (5.2%)	1.98 (1.56 to 2.50)	1.46 (1.12 to 1.89)	⊢ •−-1	
Secondary Analysis: Gabapentin	Dose**					
High Dose	57 (4.5%)	101(2.2%)	2.20 (1.58 to 3.08)	1.58 (1.09 to 2.27)	·	
Moderate Dose	57 (4.5%)	111 (2.4%)	2.05 (1.46 to 2.87)	1.56 (1.06 to 2.28)		
Low Dose	41 (3.3%)	101 (2.2%)	1.70 (1.17 to 2.48)	1.32 (0.89 to 1.97)	i	
Neutral Exposure†:						
Recent NSAID Use	480 (38.2%)	1647 (35.7%)	1.11 (0.98 to 1.27)	1.14 (0.98 to 1.32)		
			_			
			0.10		1.00	10.00

*1,256 cases and 4,619 controls; Reference Group: no gabapentin use

** Low dose: <900mg/day; moderate dose: 900-1799mg/day; high dose:

≥1800mg/day; Reference Group: no gabapentin use

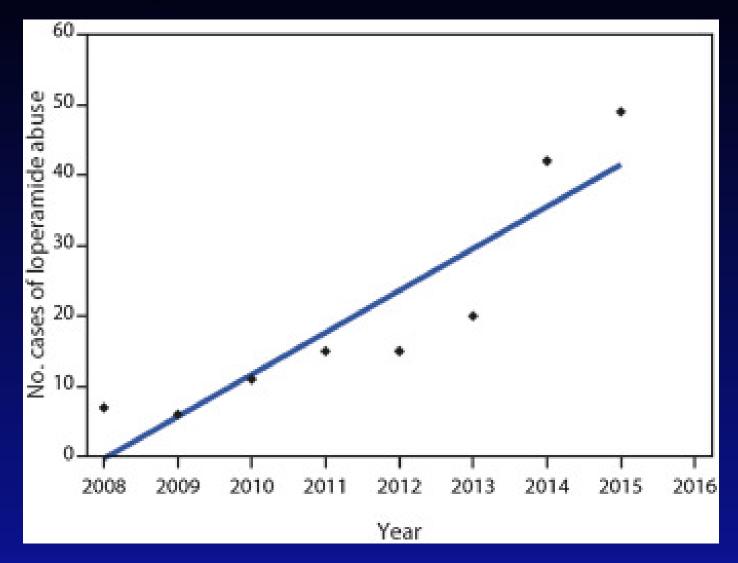
† Reference Group: no NSAID use

• Gomes et al. <u>PLoS Med</u>. 2017 Oct; 14(10): e1002396.

Loperamide

- Antidiarrheal
- Prescription and OTC
- Intestinal mu agonist
- Poor systemic absorption due to pglycoprotein
- Abused alone or in combination with opioids

Loperamide Abuse



• Miller H et al. JAPHA 2017, 57(2): S45–S50

Loperamide Abuse

Reported toxicities categorized by organ

system13, 17, 18, 19, 23, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40

Organ system	1985-2013 (n = 21)	2014-2016 (n = 33)	Total, 1985-2016 (n = 54)
Gastrointestinal ^a	6	1	7
Cardiovascular ^b	4	15	19
Respiratory ^c	2	2	4
Neurological ^d	4	5	9
Death	10	17	27

• Miller H et al. JAPHA 2017, 57(2): S45–S50

Antipsychotics

- Atypical antipsychotics commonly abused both alone and in combination with other drugs
- Especially popular in incarcerated population
- Quetiapine often drug of choice

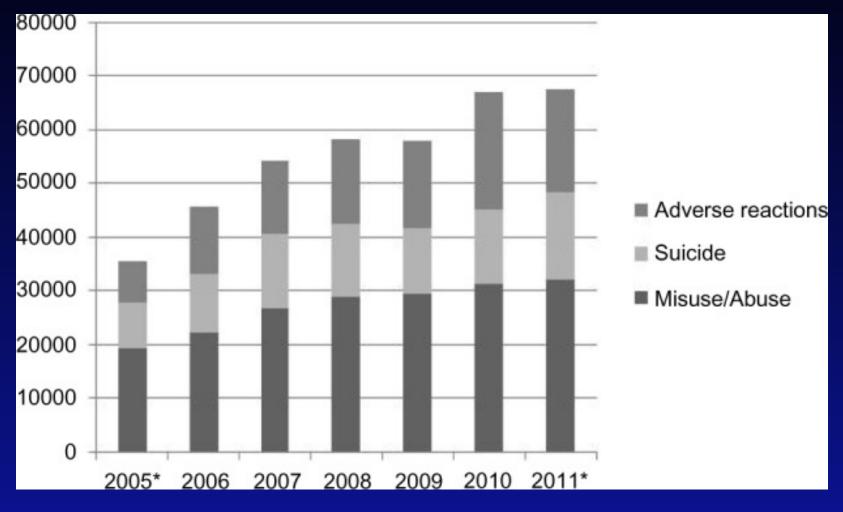
Antipsychotic Abuse

- 429 patients from detox and rehab units
- 73 (17%) abuse atypical antipsychotics with alcohol, opioids, cocaine/crack, methamphetamine, and/or cannabis
- Quetiapine most common (84.9%)

- Other antipsychotics olanzapine (17.8%), risperidone (24.7%), aripiprazole (20.5%), ziprasidone (8.1%), and asenapine (2.9%)
- Goals: "getting mellow", "slowing down", or enhancing effects of other drugs

•20

Quetiapine DAWN ED visits



Mattson et al. Subst Abuse. 2015 May 24;9:39-46. doi: 10.4137/SART.S22233. eCollection 2015.

Antidepressants

- Reports of abuse of all classes
- May have higher rates with SNRI

 Stimulant effects due to norepinepherine reuptake inhibition
 - When used with opioids, pharmaceutical "speedball" effect
 - Adverse effects include seizures and dysrhythmias

Cyclobenzaprine

- Reported via NPDS
- Few studies of misuse/abuse
- Anticholinergic effects
- Structural similarity to tricyclic antidepressants
- Anticipate synergistic CNS and respiratory depression with opioids

Other Antiepileptics

- Nearly all have been reported both in single substance and polysubstance abuse cases
- Levitiracetam may be on the horizon
- Synergistic CNS depression with opioids
- Cardiac effects also possible

Gaps in Knowledge

- What interventions are needed to decrease polysubstance abuse?
- Is postmarketing surveillance needed for nonopioid drugs?
- What education should be given to prescribers regarding risks?

Summary

- Nonopioid pharmaceutical drug abuse is becoming more common
- Many likely to be co-abused with opioids
- Synergistic CNS and respiratory depression most common interaction
- Need methods for surveillance and early warning

Questions?

Janetta.lwanicki@RMPDC.org