Introducing the StreetRx Re-launch

RADARS® System and Epidemico announce re-launch of StreetRx.com, a crowdsourcing site for black market prices on prescription and illicit drugs

StreetRx gathers user submitted information on street prices of diverted prescription drugs and illicit drugs in the United States as well as in Australia, Canada, France, Germany, Italy, Spain, and United Kingdom. Visitors can anonymously view and post submissions in a format that offers price transparency, while providing a novel data set for public health surveillance. Localization is set to the city level and feedback is shared via a simple five-point rating scale, allowing users to share price data while preventing the coordination of illicit transactions. The system has been optimized with a sleek design, easier navigation, and mobile device compatibility.

StreetRx.com has been used to generate valuable insights for health promotion programs and epidemiological research. The site is able to identify differences in the appeal of conventional versus abuse-deterrent formulations, regional variances in diverted drug prices, and changes in the localized price and availability of newly released products. Information on drug prices and preferences help health communication specialists tailor outreach programs to local needs, and assist epidemiologists and policymakers to understand the effects of product formulations, prescribing practices and pricing structures on the diversion of prescription drugs.

The RADARS® System invites you to visit the site and spread the news among your colleagues and communities.
Assessment of prescription opioid intentional exposures across the rural-urban continuum in the United States using both population and drug availability rates


Key Points:
- Examination of prescription opioid intentional exposure rates, adjusting for population and drug availability (unique recipients of dispensed drug or URDD), along with rates of drug availability per population, can show a more complete picture of prescription opioid abuse and misuse in areas with varying proportions of the population residing in rural areas.
- The number of people filling an opioid prescription rises as the proportion of the population residing in a rural area increases.
- This information can be used to develop targeted opioid abuse prevention strategies and further the education of physicians in rural areas about this epidemic.

Introduction: Research indicates that the prescription opioid epidemic may disproportionately affect rural areas compared to urban and suburban ones. This study assessed how rates of intentional opioid exposures reported to poison centers and the number of individuals filling prescriptions for opioids vary as the proportion of the population that resides in a rural area changes.

Methods: This study examines prescription opioid intentional exposures using opioid classes tracked in the RADARS® System Poison Center Program. Intentional exposure rates were calculated adjusting for population and unique recipients of dispensed drug (URDD). These rates were analyzed using time (quarter) and the proportion of a three-digit zip code residing in a rural area as covariates. Additionally, the URDD per population rate was calculated to examine the proportion of the population filling prescriptions for opioids.

Results: After adjusting for population, intentional exposure cases significantly increased as the proportion of the population residing in a rural area increased. However, when adjusting for URDD, intentional exposure cases decreased with increasing rural population. The URDD per population increased as the proportion of people residing in a rural area increased.

<table>
<thead>
<tr>
<th>Rate</th>
<th>Effect</th>
<th>Percent change (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population rate</td>
<td>Percent rural (10% increments)</td>
<td>3.64% (2.21, 5.09)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td></td>
<td>Quarter</td>
<td>-0.45% (-1.04, 0.15)</td>
<td>0.139</td>
</tr>
<tr>
<td>URDD rate</td>
<td>Percent rural (10% increments)</td>
<td>-4.69% (-6.39, -2.97)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td></td>
<td>Quarter</td>
<td>-1.88% (-2.59, -1.16)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>URDD per population rate</td>
<td>Percent rural (10% increments)</td>
<td>5.78 (4.26, 7.31)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td></td>
<td>Quarter</td>
<td>1.85 (1.51, 2.2)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Conclusions: Using both population and URDD adjusted intentional exposure rates gives a more complete picture of opioid abuse in rural areas. This information can be used to develop opioid abuse prevention strategies and further the education of physicians serving rural areas about this epidemic.
FDA Approves Extended-Release, Abuse-Deterrent, Hysingla ER
November 20, 2014
Hysingla ER (hydrocodone bitartrate), an extended-release opioid analgesic to treat pain severe enough to require daily, around-the-clock, long-term opioid treatment has been approved.

FDA Approves Labeling with Abuse-Deterrent Features for Embeda
October 17, 2014
Embeda (morphine sulfate and naltrexone hydrochloride), an opioid analgesic, has been approved with labeling describing the product's abuse-deterrent properties.

FDA Approves New Extended-Release Oxycodone with Abuse-Deterrent Properties
July 23, 2014
Targiniq ER (oxycodone hydrochloride and naloxone hydrochloride), an extended-release/long-acting (ER/LA) opioid analgesic, has been approved with abuse-deterrent properties expected to help reduce the abuse of the drug.

FDA Approves Buccal Buprenorphine Plus Naloxone Formulation for Treatment of Opioid Dependence
June 6, 2014
Bunavail (buprenorphine and naloxone) buccal film received approval for its New Drug Application. Bunavail became available on the market on November 3, 2014.

DEA Reclassifies Hydrocodone-Combination Products to Schedule II Drugs
October 6, 2014
The DEA has reclassified hydrocodone-combination products to a more restrictive Schedule II in an attempt to lessen drug abuse. The rule applies to all pharmaceuticals containing hydrocodone currently on the market in the United States.

DEA Rules Tramadol a Schedule IV Drug
August 18, 2014
The DEA officially changed tramadol from a non-classified drug to a Schedule IV substance under the Controlled Substances Act.
RADARS® System strives to attend all relevant meetings in the field of prescription drug abuse, misuse and diversion. Our goal is to share knowledge and data with research colleagues, medical and public health officials, policy makers, regulatory agencies and pharmaceutical companies. RADARS® System data are shared at industry and regulatory events around the world. Domestically and internationally, we presented lectures and posters at a variety of meetings this year including:

**DOMESTIC**

- International Conference on Opioids (ICOO). Boston, MA. June 2014.
- American College of Medical Toxicology (ACMT) Annual Meeting. Phoenix, AZ. March 2014.

**INTERNATIONAL**

- Federation of European Toxicologists & European Societies of Toxicology (EUROTOX). Edinburgh, Scotland. September 2014.
- 35th Annual Scientific Meeting Canadian Pain Society (CPS). Quebec City, Quebec, Canada. May 2014.
Manuscripts:


Abstracts and Posters:


Abstracts and Posters, continued:


♦ Green JL, Martinez EH, Severtson SG, Dart RC, Lavonas EJ. **Buprenorphine/naloxone pediatric ingestion: exposure rates differ between film and tablet formulations.** American College of Medical Toxicology Annual Meeting. Phoenix, AZ. March 2014.
RADARS® System Mission Statement

The RADARS® System provides timely, product specific and geographically-precise 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.

Rocky Mountain Poison and Drug Center and Denver Health and Hospital Authority

The RADARS® System is a governmental nonprofit operation of the Rocky Mountain Poison and Drug Center (RMPDC), an agency of Denver Health. The RMPDC has been in operation for more than 50 years, making it one of the oldest poison control centers in the nation. Denver Health is the safety net hospital for the City and County of Denver and 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, NurseLine, correctional care, Denver CARES, the Denver Health Medical Plan, and the Rocky Mountain Center for Medical Response to Terrorism, Mass Casualties and Epidemics.