The background of the slide features a stylized mountain range with multiple layers of peaks in various shades of blue and cyan, creating a sense of depth and a natural, rugged environment.

ROCKY MOUNTAIN

— POISON & DRUG SAFETY —

Saving lives with answers.™

Integrating Qualitative and Quantitative Data Analysis for
Detecting Counterfeit Opioids for Poison Center
Surveillance System

GE Bau, HL Burkett, HA Olsen, RC Dart, JC Black

Funding Disclosure

The RADARS System is supported by subscriptions from pharmaceutical manufacturers, government and non-government agencies for surveillance, research and reporting services.

RADARS System is the property of Denver Health and Hospital Authority, a political subdivision of the State of Colorado. Denver Health retains exclusive ownership of all data, databases, and systems. Subscribers do not participate in data collection, nor do they have access to the raw data. This project was funded through the Opioid Analgesic REMS; however, no funding company participated in the conception, analysis, or drafting of this presentation.

Agenda

Objective

Methods

- Sampling
 - Natural Language Processing (NLP)
 - Machine Learning (ML)
-

Results

Key takeaways

Questions

Introduction

Background and Objectives

ROCKY MOUNTAIN

— POISON & DRUG SAFETY —

Saving lives with answers.™

Background

- The US opioid crisis continues to evolve and is currently being driven by counterfeit opioids (Ciccarone, 2021)
- Counterfeit opioids are defined as a potentially illicitly manufactured substance made to look like a legitimate opioid medication
 - Counterfeits opioids include any opioids not manufactured by a pharmaceutical company and include illicit fentanyl, fentanyl analogs and other novel synthetic opioids
 - Present increased risk of overdose due to higher potency and shorter half life compared to pharmaceutical opioids (Daniulaityte et al., 2022)
- **Identifying exposures that may involve counterfeit opioids or imitations within the PC program allows for these exposures to be characterized and compared to those not involving a counterfeit medication**

Objective

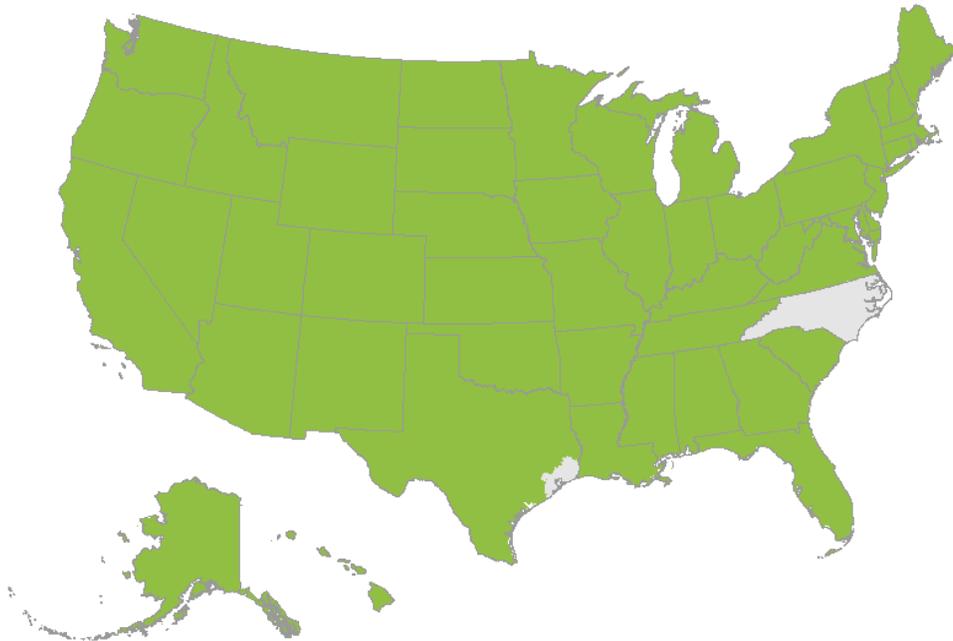
Develop a method leveraging existing qualitative information

Quantify the impact of counterfeit opioids on rates of opioid exposure

Data Source: RADARS[®] System Poison Center Program

- Spontaneous reports to poison centers from general population and healthcare providers
- Data collected by poison centers by case documentation
- Drug queried for cases involving drugs of interest

Coverage:



 Coverage



Statistical Methods

Natural Language Processing and Machine Learning

ROCKY MOUNTAIN

— POISON & DRUG SAFETY —

Saving lives with answers.™

Methods—Sampling



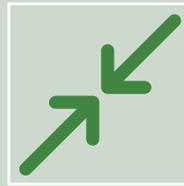
What? 1,000 case notes



Who? Intentional opioid exposures



When? 2017-2021



How? Targeted selection to up-weight illicit. Manually reviewed and coded.

Example of a Case Note

Thu Sep 16, 2021 @ 14:00 xxxx:xxxxxxx --- XXXXX has a Dad in XX telling them about his son in XXXXXXXXXXXX 17 yo male on Tuesday night took some sort of pill laced with Fentanyl (dad later said Percocet likely laced with Fentanyl) and drank some ETOH , became unresponsive and blue Tuesday eve when EMS was called - gave 3 doses Narcan and took to XXXXXXXX ER. He was discharged 3 hours later Last night - son was with girlfriend when he had snoring respirations and then stopped breathing , she gave another dose of narcan and he is at work now - asympt. XXXXX unsure if XX hospital called us- will have dad talk to us to refer on or track the Percocet/ fentanyl pill XX PCC talked with dad. Dad XXXX XXXXXXXXXXXXXXXX Above history discussed He is very angry with XXXXXXXX hospital for letting son go home after a few hours. A: percocet : APAP 325mg / oxycodone 2.5-10mg fentanyl - unknown amount s/s : cns and resp depression ethanol - unknown amount : increased CNS / resp depression possible * return of resp depression can occur when naloxone wears off . Best to monitor 4-6 hours after minimum but amount of Fentanyl in street drug hard to predict per history son reportedly only took 1 with ETOH REc: We would rec ER since symptoms recurred and had to use naloxone again. Dad doesn't like the idea of going back to XXXXXXXX hospital. Since son is asympt now - pcc recs at the very least he really should be evaluated by an MD - personal physician? Dad will check with his mom to see if MD can see him , or could go to another HCF.

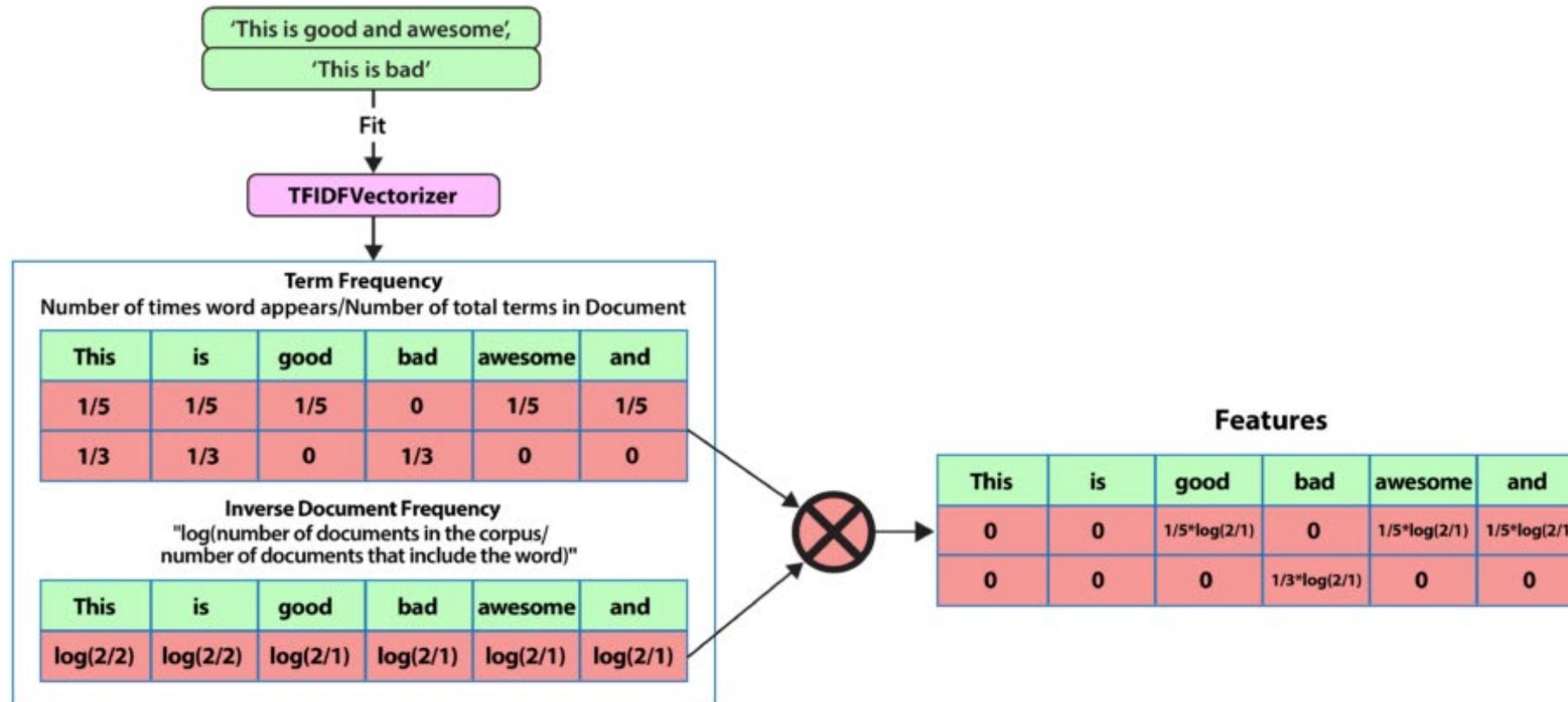
Methods—Natural Language Processing (NLP)

- The conversion of written natural human language into structured and minable data through the combination of linguistic, statistical and machine learning methods
- Raw text representing human language is converted into structured quantitative data
- NLP Converts qualitative information into quantitative data

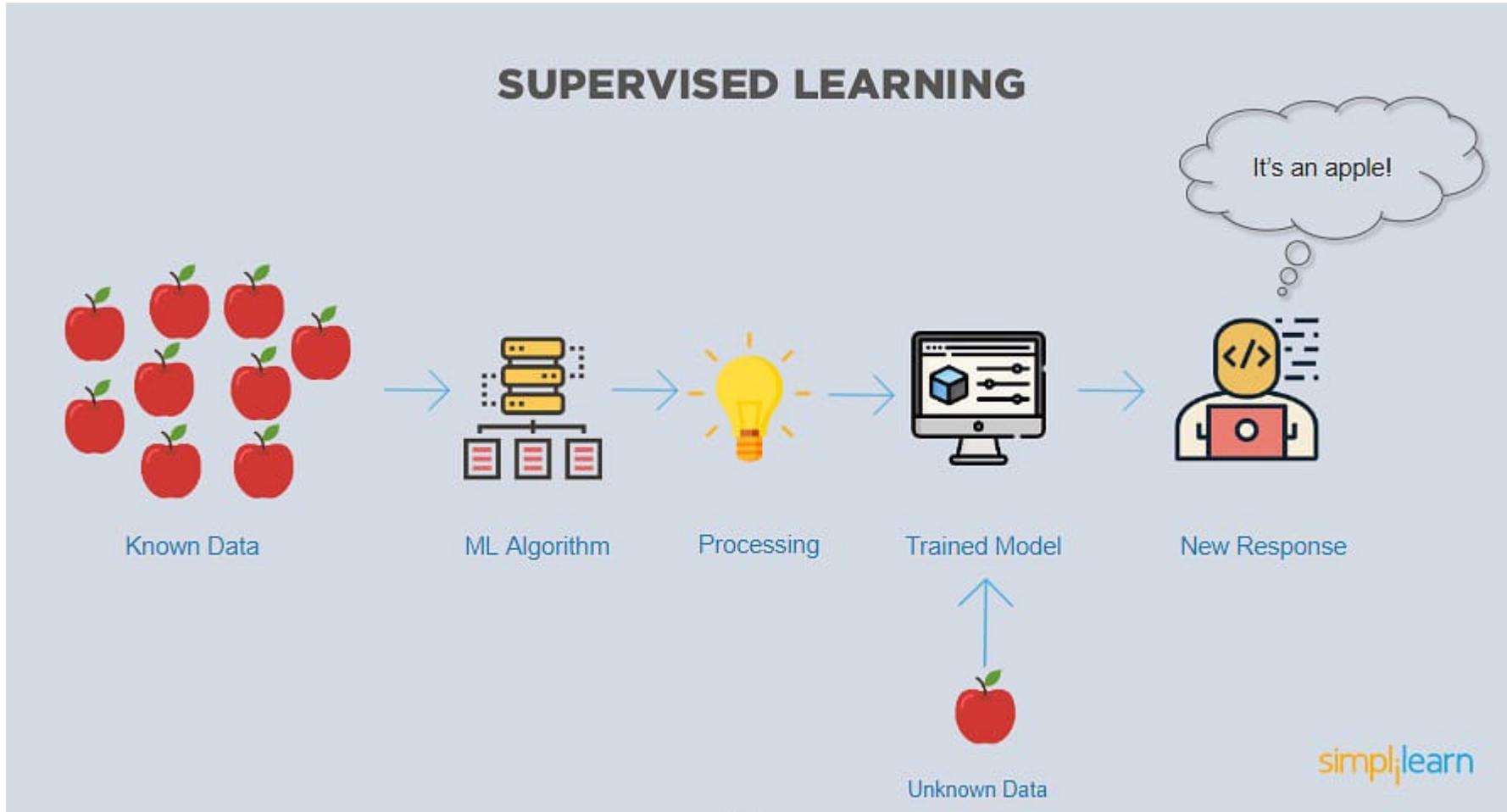


Methods—Natural Language Processing

- Term frequency-inverse document frequency (TF-IDF) is a relative measure of how often each term shows up in the casenotes of a particular exposure compared to the frequency in the overall collection of casenotes from all exposures



Methods—Machine Learning



Results

Natural Language Processing and Machine Learning

ROCKY MOUNTAIN

POISON & DRUG SAFETY

Saving lives with answers.™

Results— Natural Language Procession

Overall

- S
- APAP
- Pt

Among Suspected Counterfeits

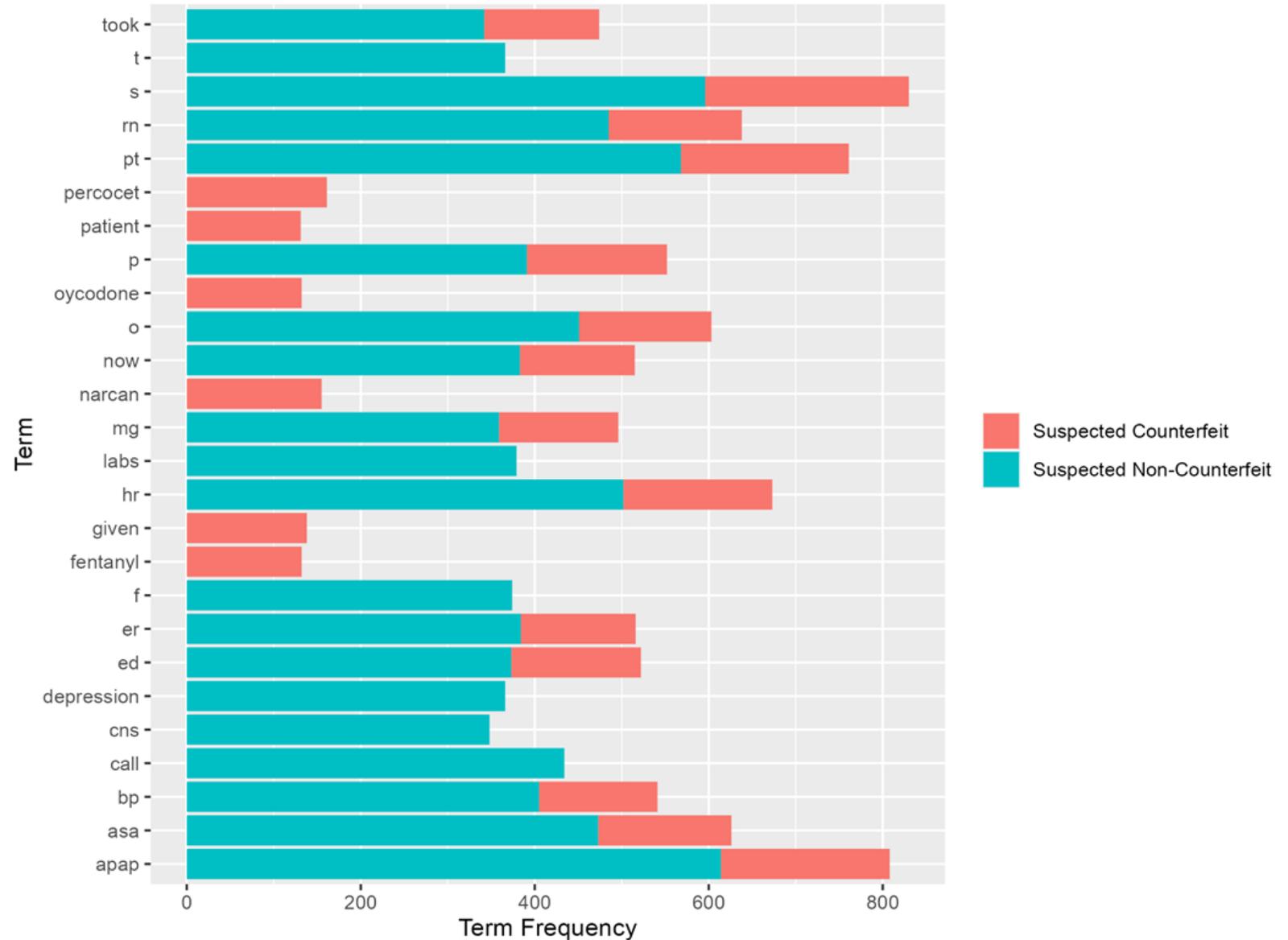
- Percocet
- Narcan
- Oxy

Among Suspected Non-counterfeits

- Bp
- F
- T
- Depression
- CNS

Figure 3: Frequency of Most Common Words Among Suspected Counterfeit and Suspected Non-Counterfeit Cases

RADARS® System Poison Center Program – Sampled Data
1st Quarter 2017 - 4th Quarter 2021



Impact on Opioid Analgesics

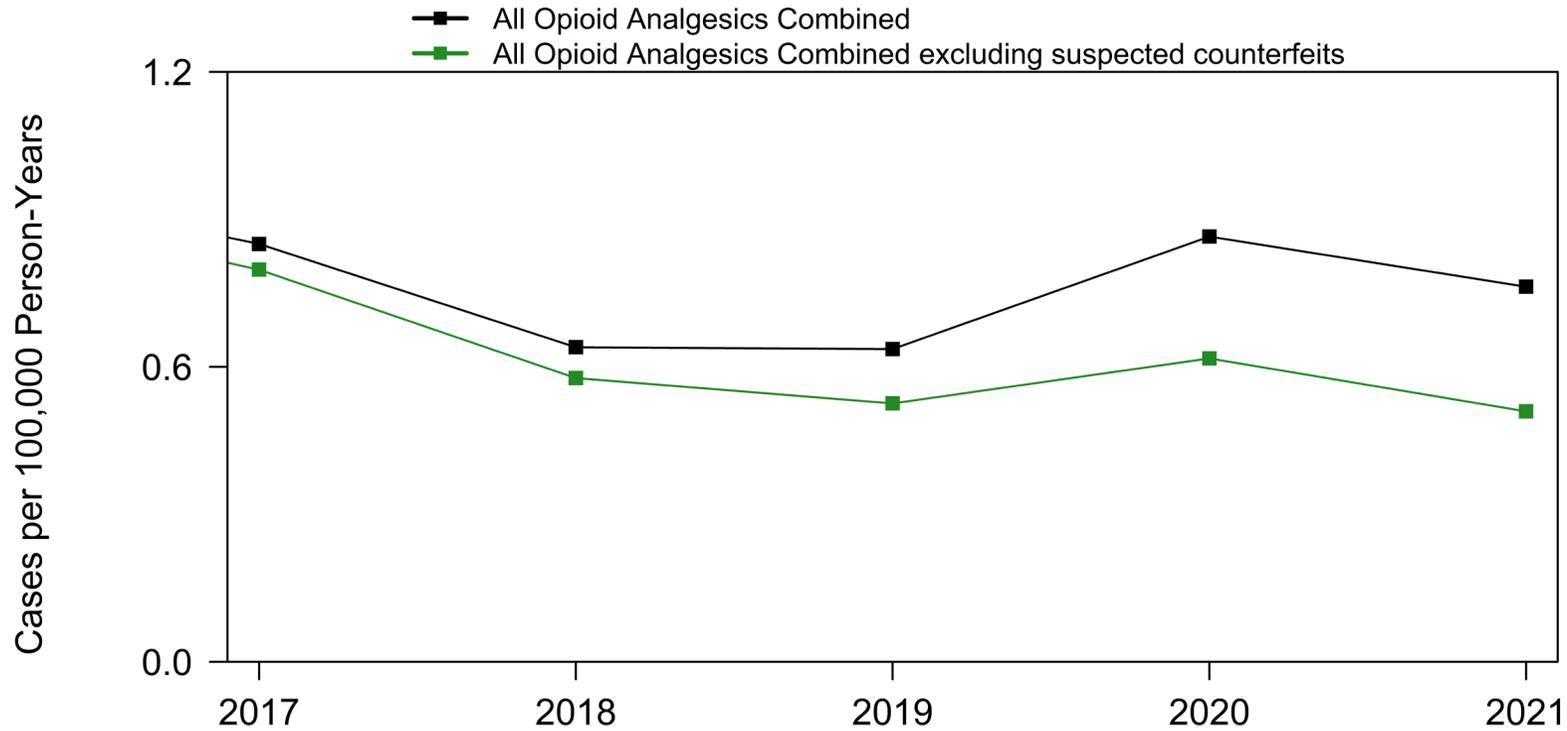
Intentional Abuse Exposures by Aggregate Drug Group and Year RADARS® System Poison Center Program 2017- 2021

Year	All Opioid Analgesics Combined	Suspected Counterfeits	Percent Difference with Counterfeits Removed
2017	2,619	161	6%
2018	1,982	194	10%
2019	1,981	344	17%
2020	2,708	776	29%
2021	2,401	798	33%

Total number of suspected counterfeits: 2,273 (19%)

Impact on Population Rates

Intentional Abuse Population Rate by Year (per 100,000 Person-Years) RADARS[®] System Poison Center Program 2017-2021



In 2021,
0.76 (0.73, 0.79)
↓
0.51 (0.48, 0.53)

Conclusions



Piloted a detection system that combines qualitative and quantitative methods to address a complex public health problem



We show why it is important to consider counterfeit misclassification in data collection

Lessons Learned



Sampling assumptions translate to result implications



Project management

Thank you!

Contact info: ellie.bau@rmpds.org, hannah.burkett@rmpds.org

