# ICPE: What Have We Learned About the Impact of Policies in North America?



#### August 30, 2017 Montreal, Canada

Richard C. Dart, MD, PhD Executive Director, RADARS<sup>®</sup> System, Denver Health Professor, University of Colorado School of Medicine

### **Competing Interest Statement**

#### History

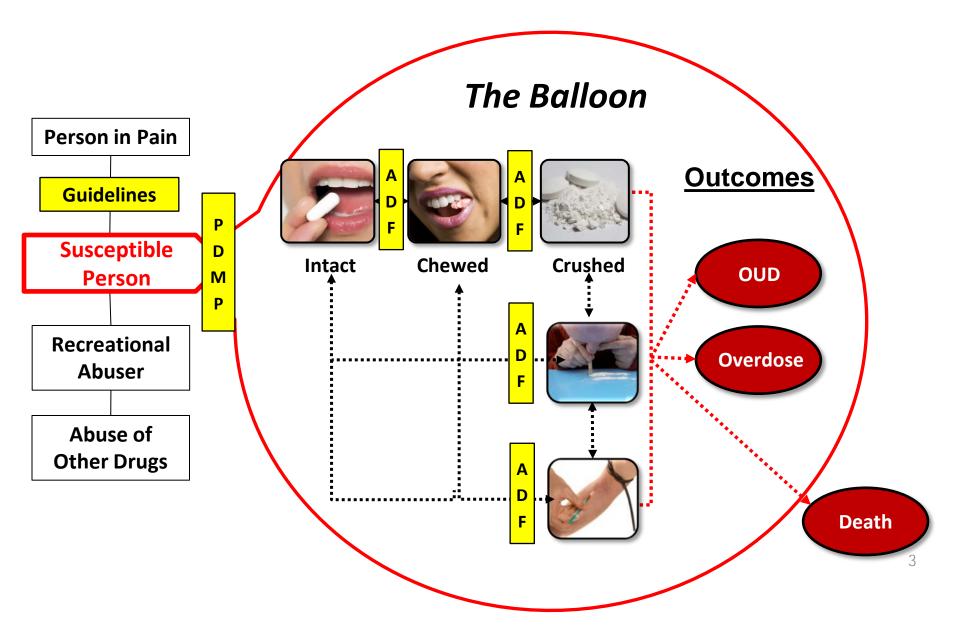
- 2002, launched by Purdue Pharma L.P.
- 2006, independent ownership by Denver Health and Hospital Authority
  - Denver Public Hospital for 150 years
  - State sanctioned independent authority



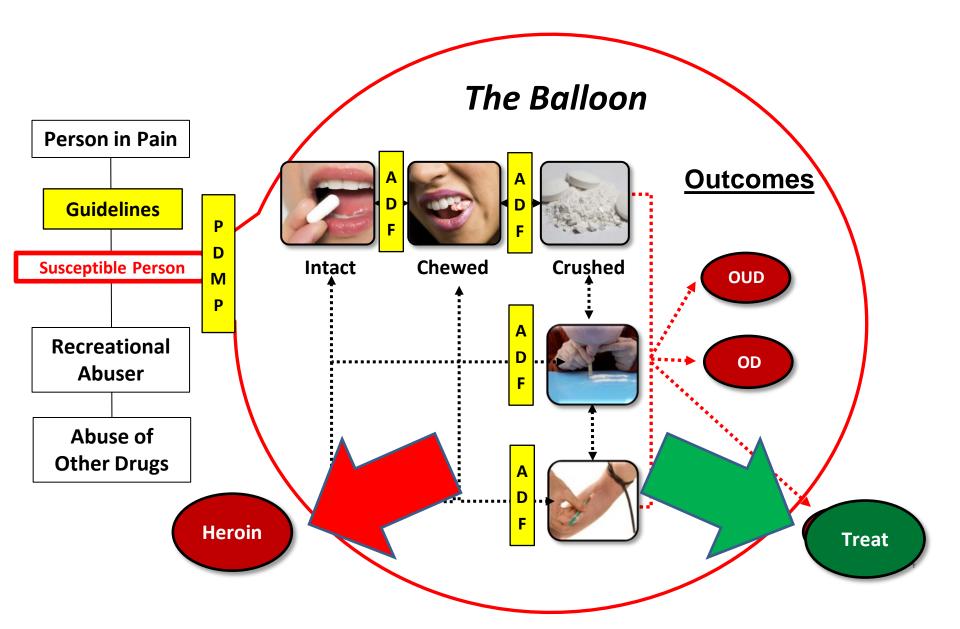
#### **Conflict of Interest Statement**

- Many manufacturers of prescription opioids or stimulants as well as federal agencies 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 of the data. They do not have access to the raw data.
- Employees are prohibited from personal financial relationships with any company.

#### **Progression of Prescription Opioid Abuse**

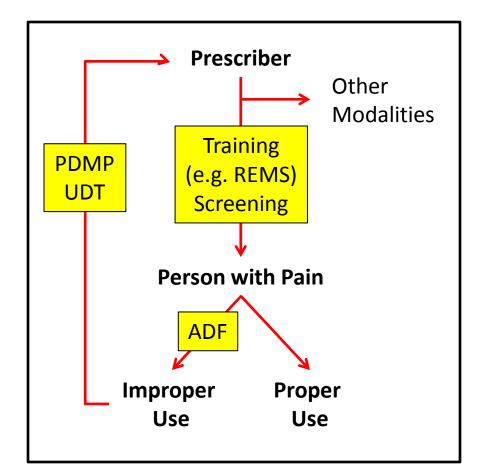


#### **Progression of Prescription Opioid Abuse**



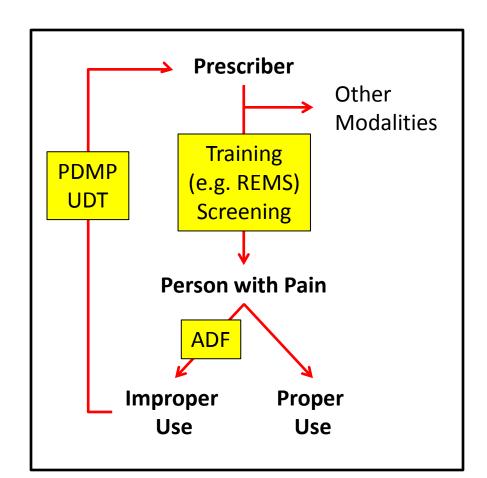
#### A Prescriber Needs Several Tools to Treat Chronic Pain

- Interventions
  - Training
  - ADF
  - PDMP
  - Urine Drug Testing
  - Law Enforcement
- Which of these have the most data to support their use?



#### A Prescriber Needs Several Tools to Treat Chronic Pain

- Interventions
  - Training
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  - PDMP
  - Urine Drug Testing
  - Law Enforcement



#### Do abuse deterrent opioid formulations work?

Richard C. Dart, MD, PhD; Janetta L. Iwanicki, MD; Nabarun Dasgupta, PhD; Theodore J. Cicero, PhD; Sidney H. Schnoll, MD, PhD

- Does the introduction of an opioid analgesic with abuse deterrent properties result in reduced overall abuse of the drug in the community?
- Analgesics with FDA approved labelling for abuse deterrent properties (hydrocodone, morphine, oxycodone)
- Results categorized using Bradford-Hill criteria.

Dart, et al. J Opioid Manage 2017: In press Bradford-Hill AB. The Environment and Disease: Association or Causation? *Proc Royal Soc Med.* 1965;58:295–300. 7

- 45 articles containing original data
- Dart, Iwanicki, Dasgupta, Cicero, Schnoll

Hill Factor	Description
Strength	Effect size positive, ranging from 27% to 90% reduction in
( <u>effect size</u> ):	a measure of abuse.
Consistency	Strikingly similar results in 3 different countries after
( <u>reproducibility</u> ):	reformulation in 2010 (US), 2012 (Canada), 2014 (Australia)
Specificity	Variety of comparators used – all significantly different from
	reformulated oxycodone ER
Temporality	Reduction in a variety of endpoints after introduction of
	reformulated oxycodone ER
Plausibility	FDA Categories 1-3
Coherence	All results to date are coherent with Category 1-3 studies

Biological Gradient, Experiment, Analogy: N/A

#### **Additional Criteria**

Confounding and/orNo plausible alternative explanation for events at 3 differentBiastimes in 3 different countries

Hill Factor	Description
Strength ( <u>effect</u>	Effect size varied by study, ranging from 27% to 90% reduction in
<u>size</u> ):	a measure of abuse.
Consistency	Decrease in measures of abuse was strikingly similar
( <u>reproducibility</u> ):	results in 3 different countries after reformulation in
	2010 (US), 2012 (Canada), 2014 (Australia)
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#### **Additional Criteria**

Bias

Confounding and/or No plausible alternative explanation for events at 3 different

times in 3 different countries

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Consistency	Strikingly similar results in 3 different countries after
( <u>reproducibility</u> ):	reformulation in 2010 (US), 2012 (Canada), 2014 (Australia)
<b>Specificity</b>	Variety of comparator drugs were used – consistently
	different from reformulated oxycodone ER
Temporality	Reduction in a variety of endpoints after introduction of
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Plausibility	FDA Categories 1-3
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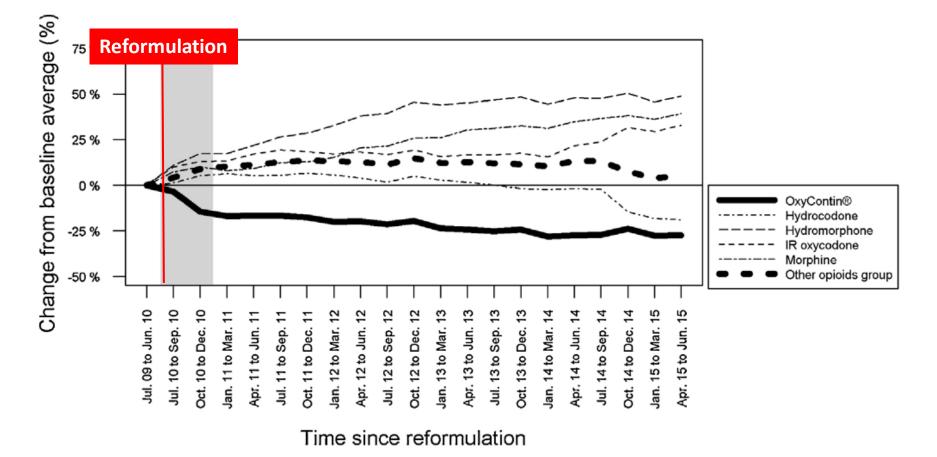
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Specificity	Variety of comparators used – all significantly different from	
	reformulated oxycodone ER	
Temporality	Reduction in a variety of endpoints temporally related to	
	introduction of reformulated oxycodone ER	
<b>Plausibility</b>	FDA Categories 1-3 (human abuse liability studies)	
Coherence	All results to date are coherent with Category 1-3 studies	
Biological Gradient, Experiment, Analogy: N/A		
Additional Criteria		
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Plausibility	FDA Categories 1-3	
Coherence	All results to date are coherent with Category 1-3 studies	
Biological Gradient, Experiment, Analogy: N/A		
Additional Criteria		
Confounding	No alternative explanation that plausibly explains similar	
and/or Bias	events at 3 different times in 3 different countries	
	specific to oxycodone ER	

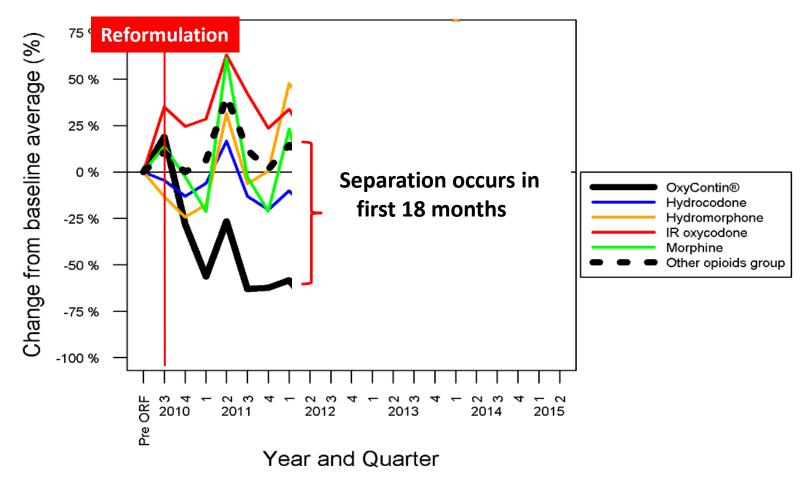
# Opioid Analgesic Prescriptions Dispensed in the United States, April 1, 2009 to June 30, 2015



Severtson SG, et al. Drug Alcohol Depend 2016;168:219–229

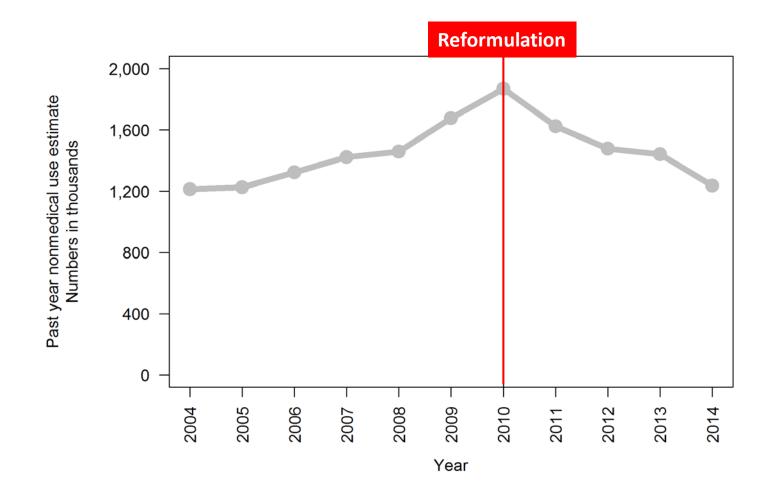
#### RADARS Opioid Treatment Program Drugs Used in Past 30 Days, 2009 - 2015

• 115 Substance abuse treatment programs in 37 states



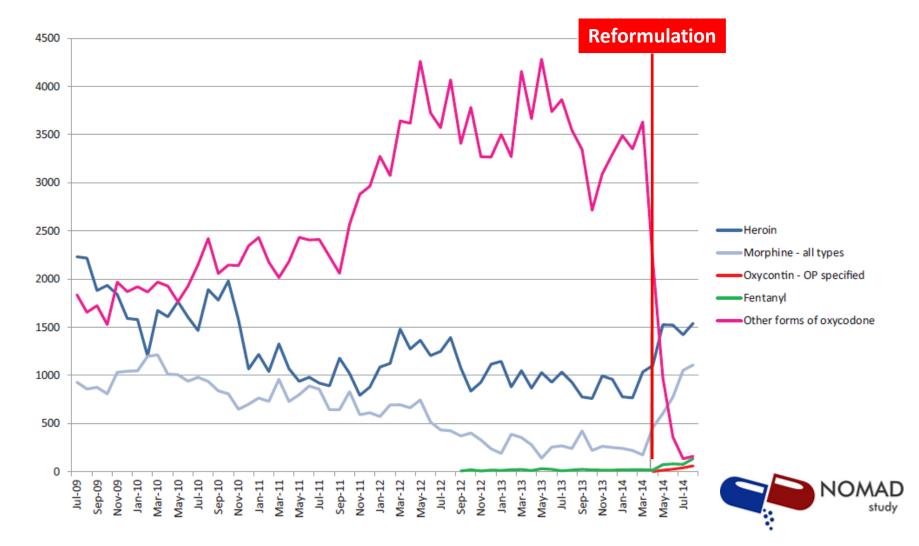
Dart RC, et al. J Opioid Manag 2017; in press

#### Past Year Nonmedical Use of OxyContin National Survey Drug Use and Health, 2006–2014



Dart RC, et al. J Opioid Manag 2017; in press

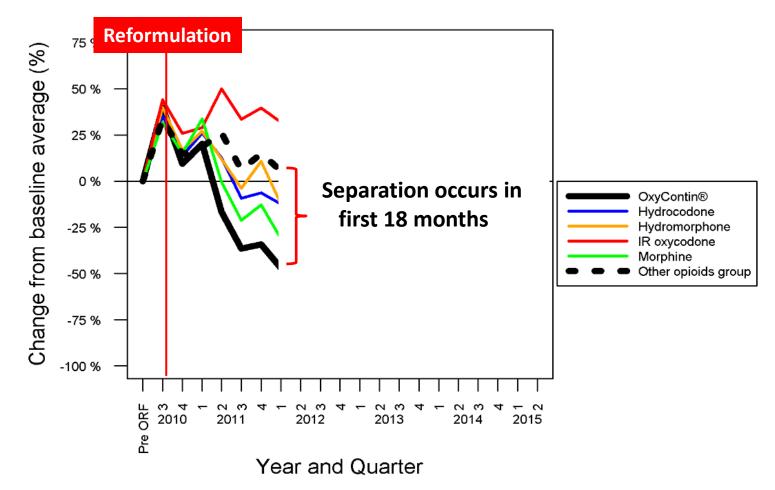
# Sydney Medically Supervised Injecting Centre (MSIC), July 2009–August 2014



Degenhardt et al., Drug Alcohol Depend 2015; 151: 56-57.

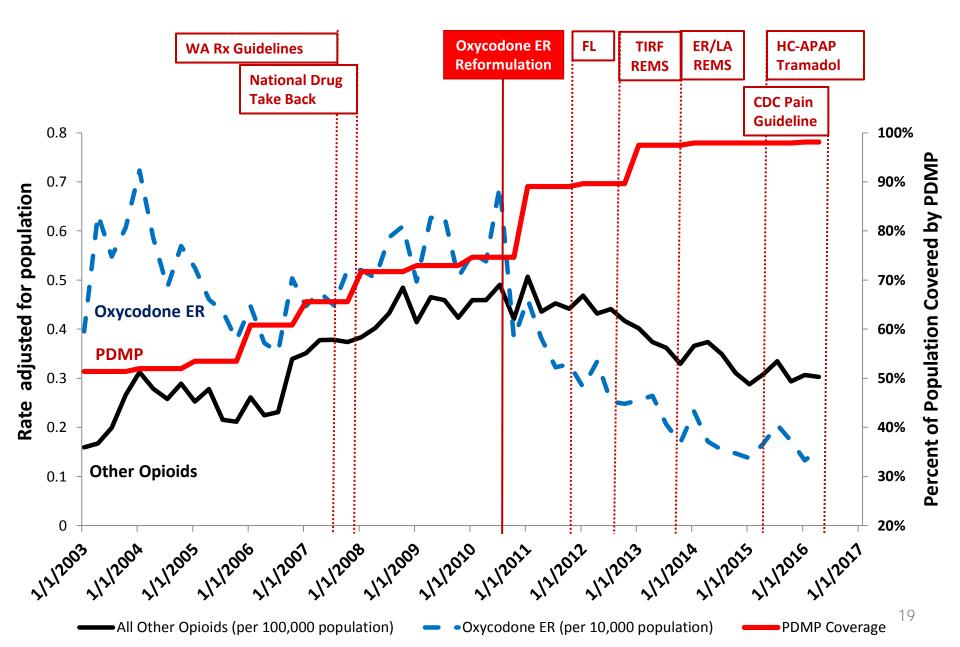
#### RADARS Drug Diversion Program Drugs Involved, past 90 days, 2009 - 2015

• 250 law enforcement investigators in 49 states



Dart RC, et al. J Opioid Manag 2017; in press

#### **Confounding Main Challenge to Interpretation of ADF Data**



## Problems with a Reactionary Agenda



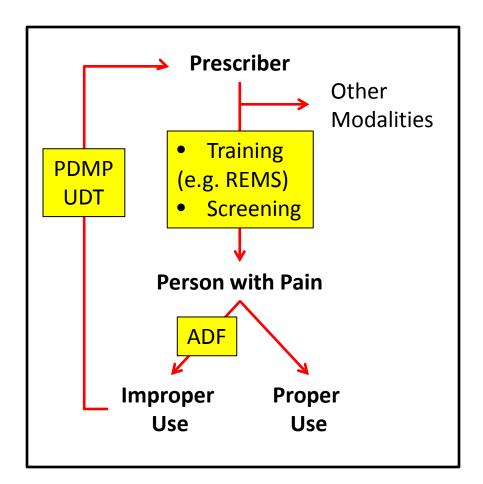
- "OxyContin is the Problem"
- "Heroin (fentanyl) is the Problem"
- The core problem is human frailty and susceptibility to opioids (or perhaps to mind altering substances in general).

# Until we successfully address that issue, we will be limited to the Whack-a-Mole strategy.



## **Public Health Strategies**

- Reduce demand
  - Healthy communities
  - ADFs
- Reduce supply
  - Appropriate prescribing
  - Prescriber training
- Intervene early
  - ADFs
  - PDMP
  - UDT
  - Substance Abuse Treatment programs
- Remember the patient



### **THANK YOU**