Overview of the Opioid Addiction Epidemic

Presenter: Dr. Andrew Kolodny
Moderator: Cindy Rodgers

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Meeting Orientation

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Our Speaker

Andrew Kolodny, M.D.
Chief Medical Officer
Phoenix House Foundation
Overview of the Opioid Addiction Epidemic

Children's Safety Network Webinar
October 16, 2013

Andrew Kolodny, M.D.
Chief Medical Officer
Phoenix House Foundation
New York, NY
The Opium Poppy
Papaver Somniferum
Crude Opium Latex on Poppy Head
Opioids

- Morphine
- Codeine
- Heroin
- Hydrocodone (Vicodin, Lortab)
- Methadone
- Oxycodone (Percocet, Oxycontin)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
Winslow's Soothing Syrup for infants

Active Ingredient: Morphine
Rates of ED visits for nonmedical use of selected opioid analgesics increased significantly in the US.
Opioid-Dependent Infants in Tennessee
NAS in TN: 1999-2010

Data sources: Tennessee Department of Health, Office of Health Statistics; Hospital Discharge Data System (HDDS) and Birth Statistical System. Analysis includes inpatient hospitalizations with age less than 1 and any diagnosis of drug withdrawal syndrome of newborn (ICD-9-CM 779.5). HDDS records may contain up to 16 diagnoses. Infants were included if any of these diagnosis fields were coded 779.5. Note that these are discharge-level data and not unique patient data.
38,329 drug overdose deaths in 2010
Drug Overdose Deaths by Major Drug Type, United States, 1999–2010

- Opioids
- Heroin
- Cocaine
- Benzodiazepines

Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

1999
(range 1 - 50)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

**2001**
(range 1 – 71)

- < 8
- 8 - 14
- 15 - 18
- 19 - 44
- 45 or more
- Incomplete data

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-opioid opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2003
(range 2 – 139)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2005
(range 0 – 214)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

2007 (range 1 – 340)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Primary non-heroin opiates/synthetics admission rates, by State
(per 100,000 population aged 12 and over)

2009
(range 1 – 379)

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.
Figure 9. Non-heroin opiate admissions, by gender, age, and race/ethnicity: 2011

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10/10/11.
Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007

Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS
* 2007 opioid sales figure is preliminary.
New York Consumption of Oxycodone
1980 - 2006

Sources: U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control
New York Consumption of Hydrocodone
1980 - 2006

Sources: U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control
Dollars Spent Marketing OxyContin (1996-2001)

Figure 1: Promotional Spending for Three Opioid Analgesics in First 6 Years of Sales

Industry-funded organizations campaigned for greater use of opioids

- Pain Patient Groups
- Professional Societies
- The Joint Commission
- The Federation of State Medical Boards
Industry-funded “education” emphasizes:

- Opioid addiction is rare in pain patients.

- Physicians are needlessly allowing patients to suffer because of “opiophobia.”

- Opioids are safe and effective for chronic pain.

- Opioid therapy can be easily discontinued.
“Only four cases of addiction among 11,882 patients treated with opioids”


Cited 677 times (Google Scholar)
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Waltham, MA 02154

Long-term Opioid Treatment of Nonmalignant Pain

A Believer Loses His Faith

Chronic Noncancer Pain Management and Opioid Overdose: Time to Change Prescribing Practices

Facing up to the prescription opioid crisis
Deaths resulting from prescription opioids tripled in the United States between 1999 and 2007 and are also increasing in many other countries, including the United Kingdom. Irfan A Dhalla, Navindra Persaud, and David N Juurlink describe how this situation developed and propose several ways to reduce morbidity and mortality from opioids

Long-Term Opioid Therapy Reconsidered

A Flood of Opioids, a Rising Tide of Deaths

Patient Satisfaction, Prescription Drug Abuse, and Potential Unintended Consequences
“I think that after 20 years of a failed experiment that there are not many people supporting this except for the die-hards and the pharmaceutical industry.”

Jane C. Ballantyne, MD FRCA
Professor, Univ. of Washington

The Emperor’s New Paradigm:

Patient Selection, Risk Stratification & Monitoring
Urine Tox Results in Chronic Pain Patients on Opioid Therapy

Controlling the epidemic: A Three-pronged Approach

• Primary Prevention- prevent new cases of opioid addiction.

• Secondary Prevention- provide people who are addicted with effective treatment.

• Supply control- Medical board & law enforcement efforts to reduce over-prescribing and black-market availability.
Opioid manufacturers continue to advertise opioids as safe and effective for chronic pain.
This is a **false dichotomy**

Aberrant drug use behaviors are common in pain patients

63% admitted to using opioids for purposes other than pain\(^1\)

35% met DSM V criteria for addiction\(^2\)

92% of opioid OD decedents were prescribed opioids for chronic pain.

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