CSN Children's Safety Network

Overview of the Opioid Addiction Epidemic

Presenter: Dr. Andrew Kolodny

Moderator: Cindy Rodgers

Audio will begin at 3:00PM ET.

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Meeting Orientation

- If you are having any technical problems joining the webinar please contact the Adobe Connect hotline at **1-800-416-7640**.
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Our Speaker

Andrew Kolodny, M.D.
Chief Medical Officer
Phoenix House
Foundation

PROP
PHYSICIANS FOR RESPONSIBLE OPIOID PRESCRIBING

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)

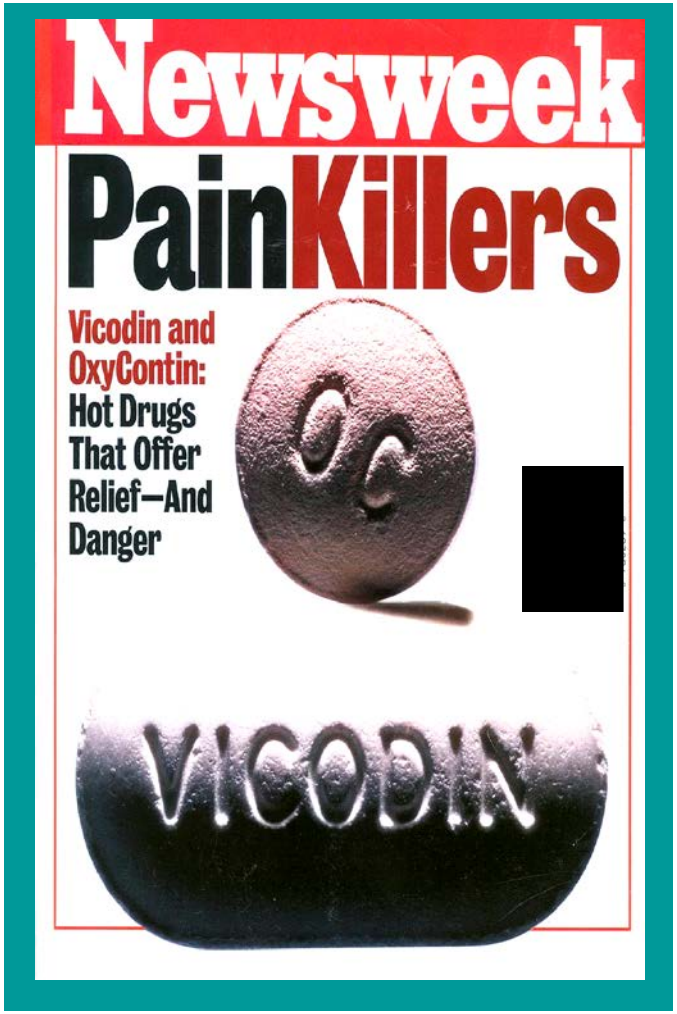
Winslow's Soothing Syrup for infants

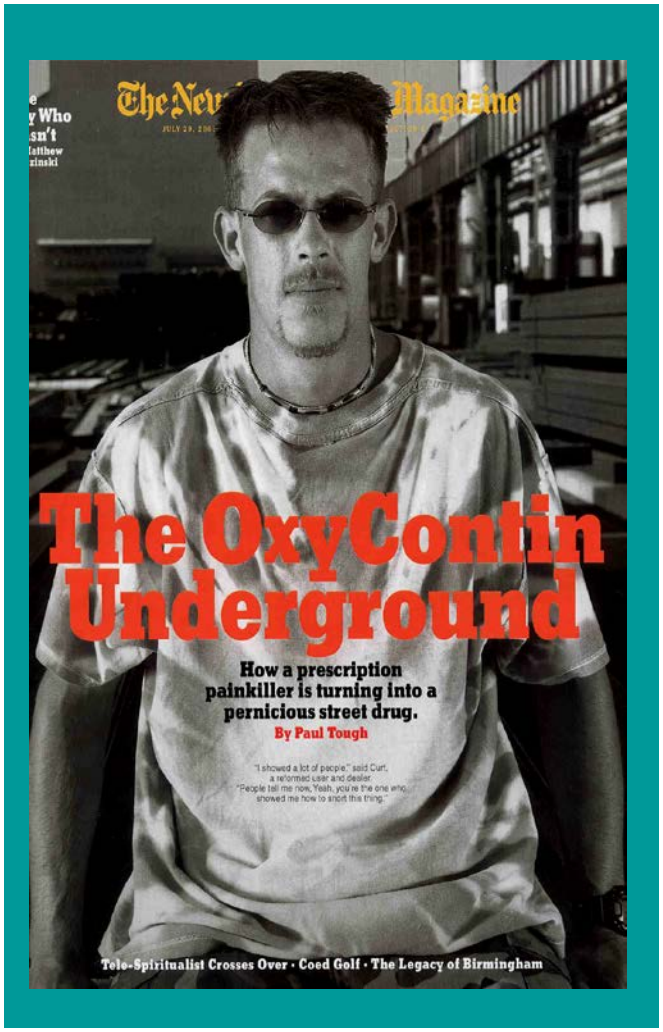
Active Ingredient: Morphine


FARBENFABRIKEN
vorm.
FRIEDR. BAYER & Co.
ELBERFELD.
Heroin
Name gesetzlich
Nom déposé

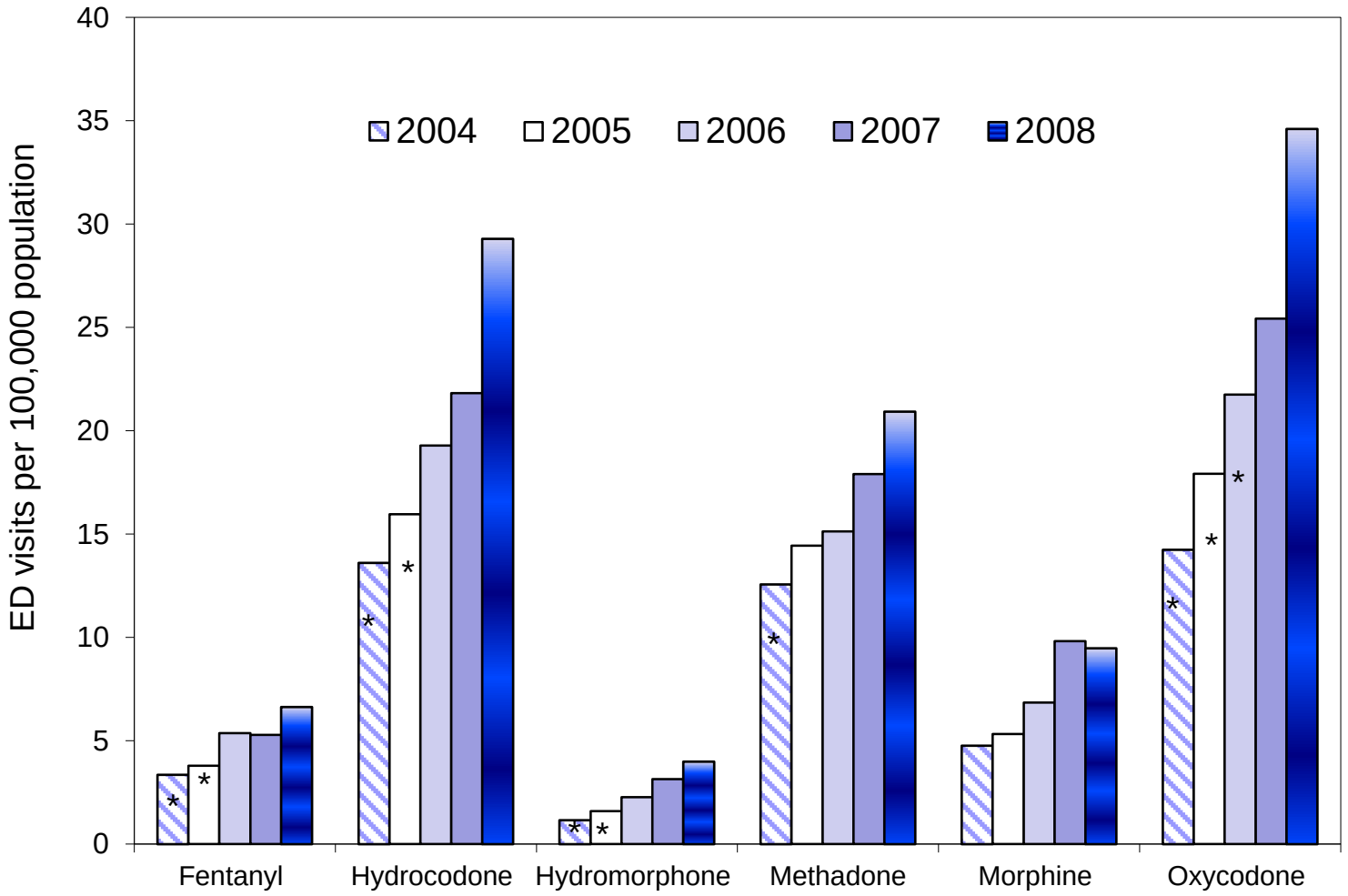

BAYER
PHARMACEUTICAL
PRODUCTS.
Send for
samples and
Literature to
ASPIRIN
The substitute for the salicylates
PROTARGOL
QUINALGEN
EUROPHEN
HEROIN
The sedative for coughs
LYCETOL
The uric acid solvent
SOMATOSE
STOSE
SALOPHEN
The antirheumatic and antineuralgic
FARBENFABRIKEN OF
ELBERFELD CO.
40 STONE ST
NEW YORK.

Source: The New York Times Magazine, June 5, 1977


Newsweek
PainKillers
Vicodin and OxyContin: Hot Drugs That Offer Relief—And Danger
VICODIN


The New Magazine
The OxyContin Underground
How a prescription painkiller is turning into a pernicious street drug.
By Paul Tough
Tele-Spiritualist Crosses Over · Coed Golf · The Legacy of Birmingham

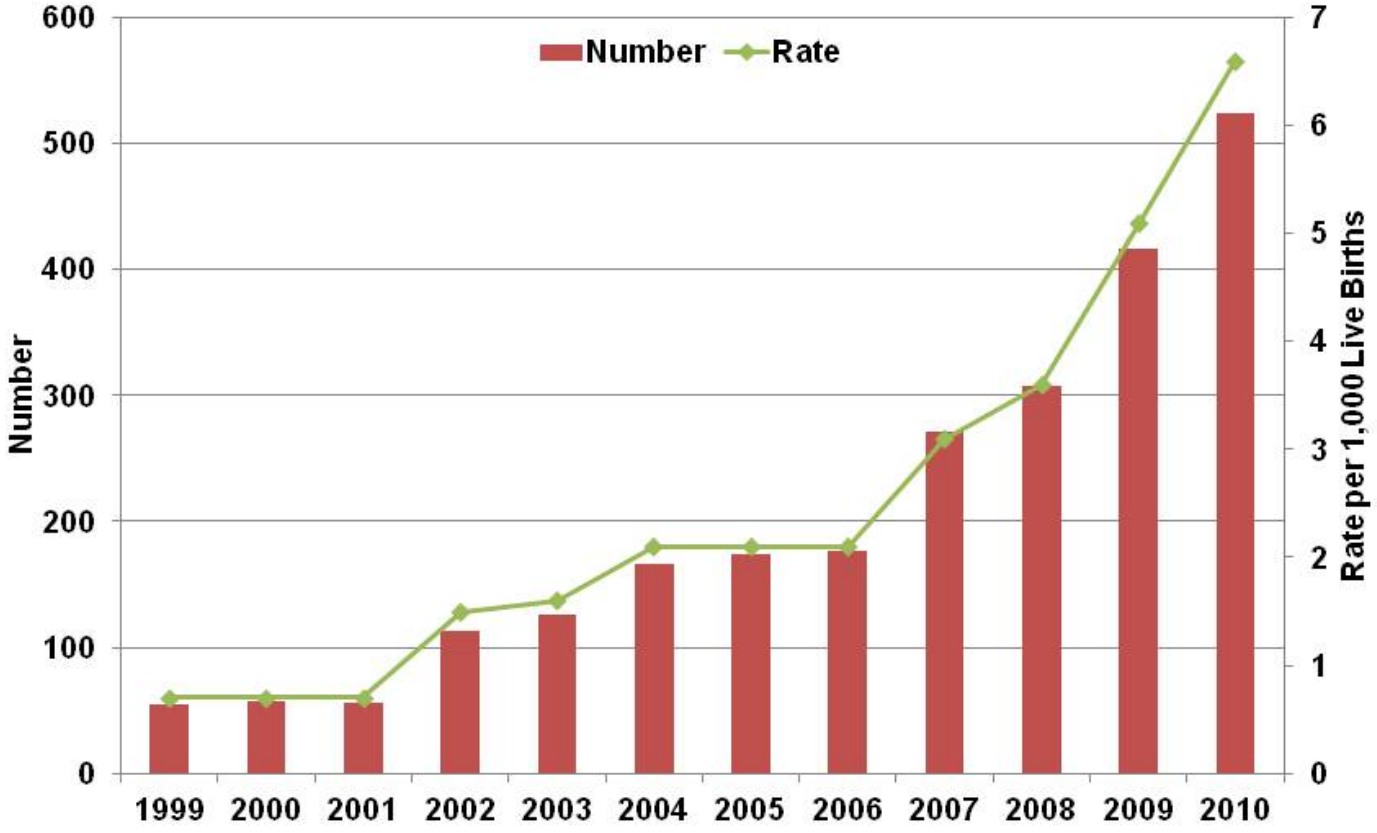
Rates of ED visits for nonmedical use of selected opioid analgesics increased significantly in the US



* Indicates a rate that was significantly less than the rate in 2008.
Note: Drug types include combination products , e.g, combinations of oxycodone and aspirin.

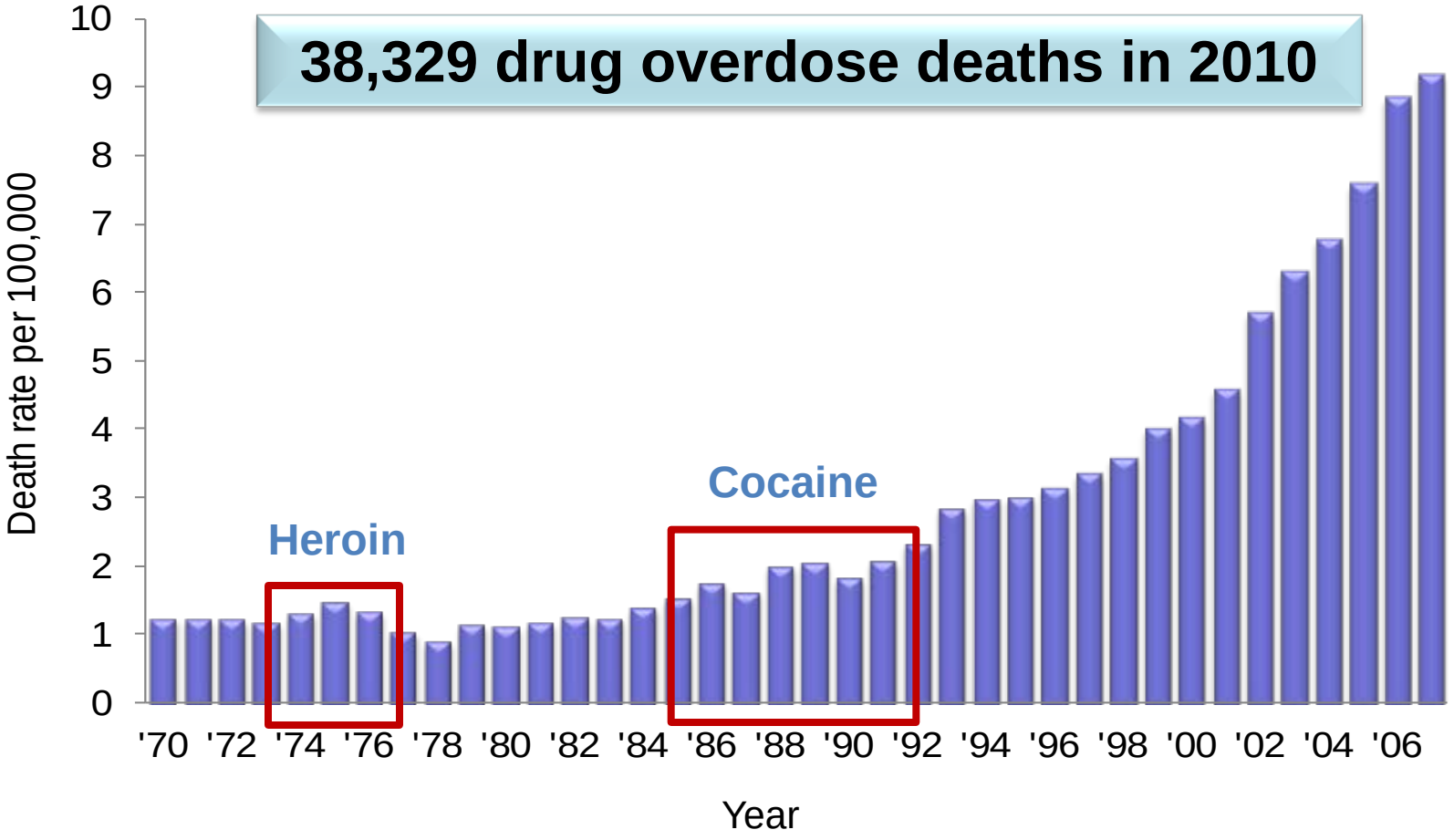
Opioid-Dependent Infants in Tennessee

NAS in TN: 1999-2010



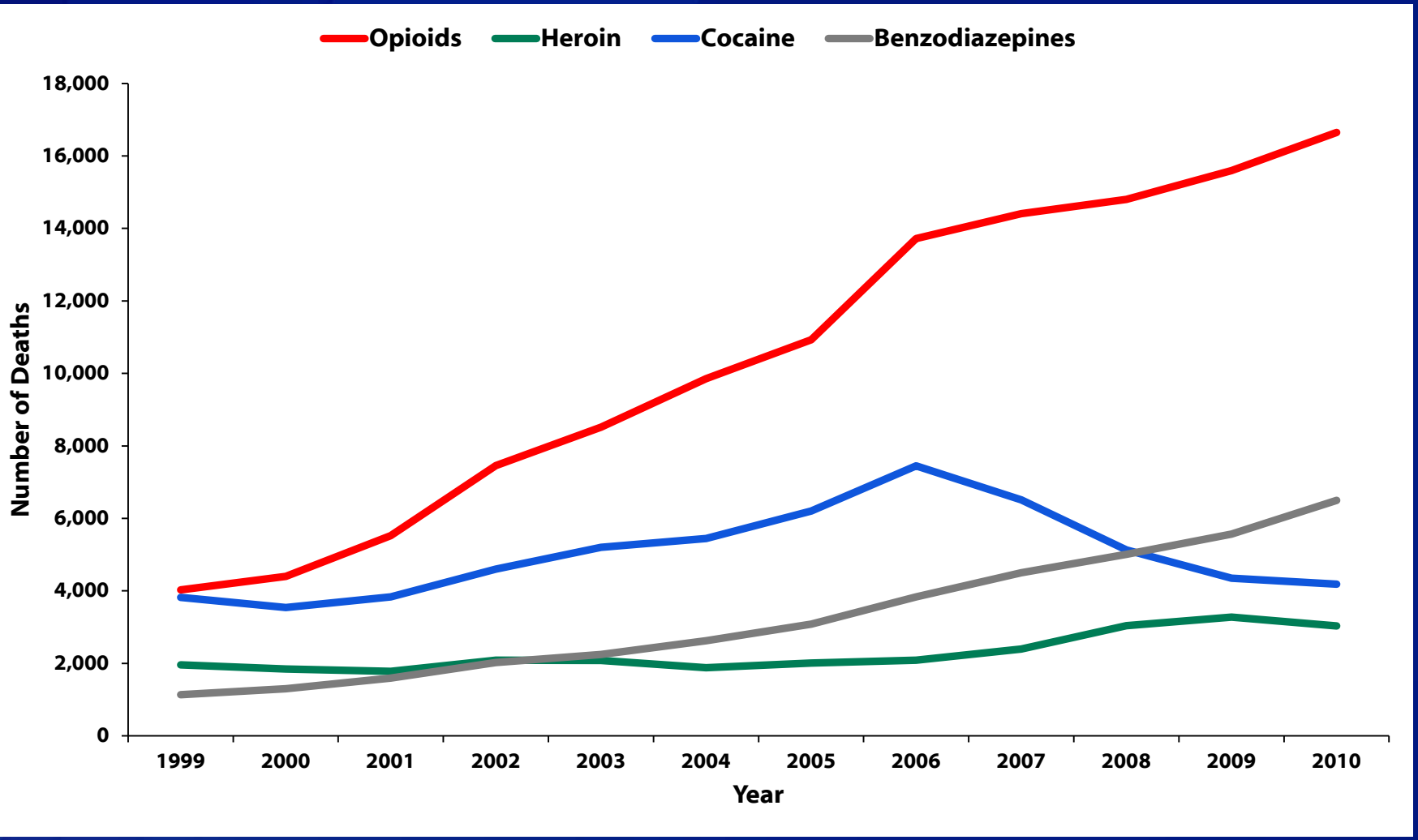
Data sources: Tennessee Department of Health; Office of Health Statistics; Hospital Discharge Data System (HDDS) and Birth Statistical System. Analysis includes inpatient hospitalizations with age less than 1 and any diagnosis of drug withdrawal syndrome of newborn (ICD-9-CM 779.5). HDDS records may contain up to 18 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.

Unintentional Drug Overdose Deaths
United States, 1970–2007



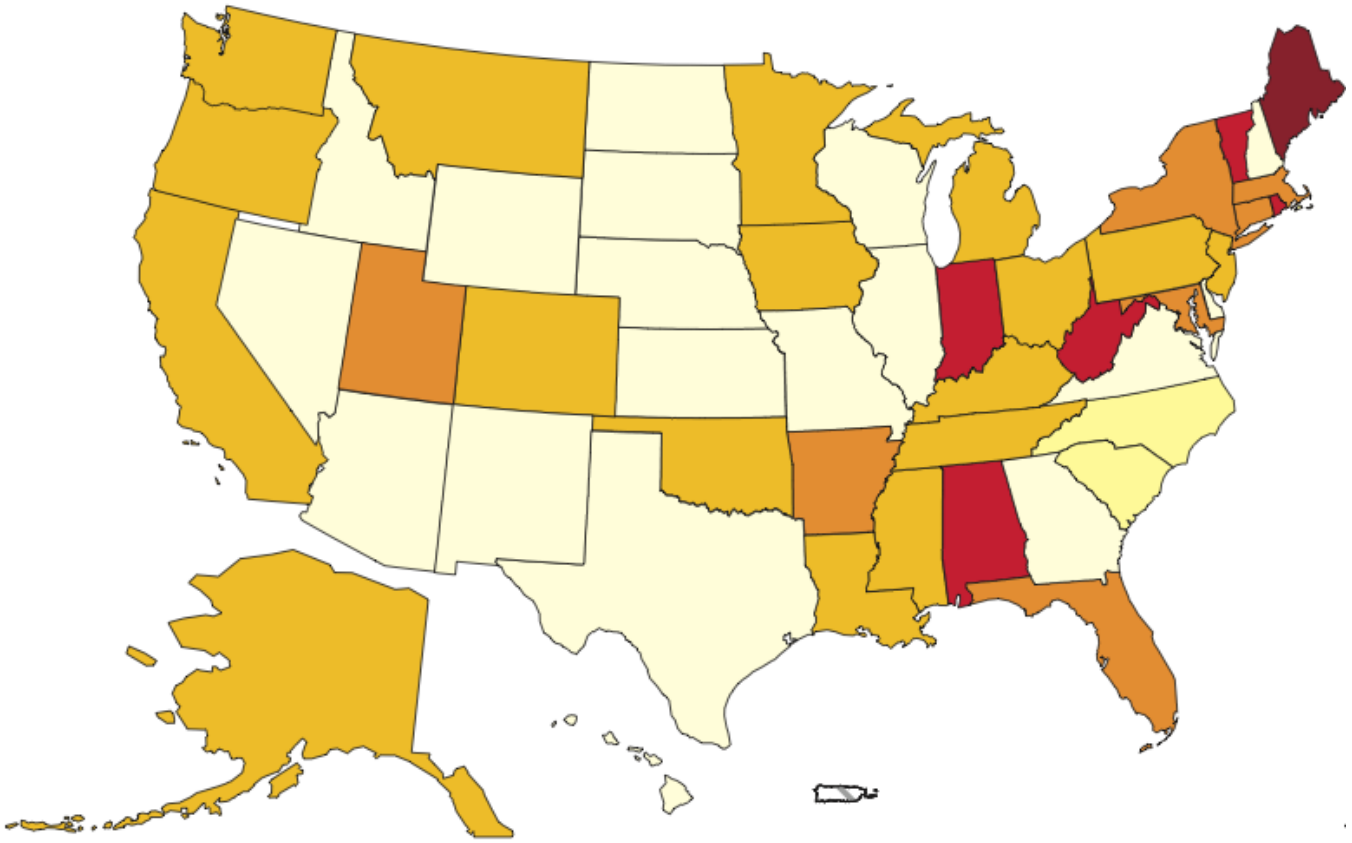
National Vital Statistics System, http://wonder.cdc.gov

Drug Overdose Deaths by Major Drug Type, United States, 1999–2010



CDC, National Center for Health Statistics, National Vital Statistics System, CDC Wonder. Updated with 2010 mortality data.

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



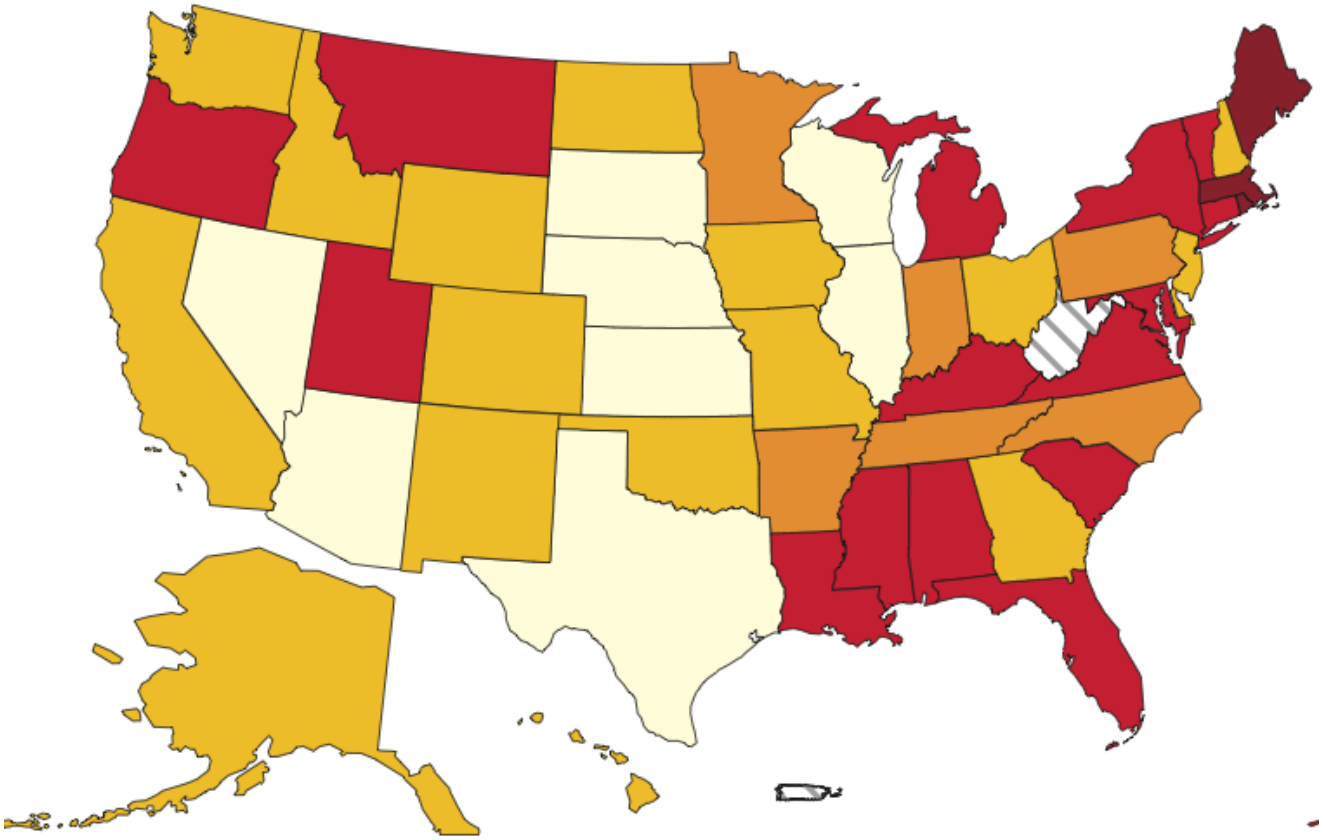
1999

(range 1 - 50)

< 8	15 - 18	45 or more
8 - 14	19 - 44	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-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)



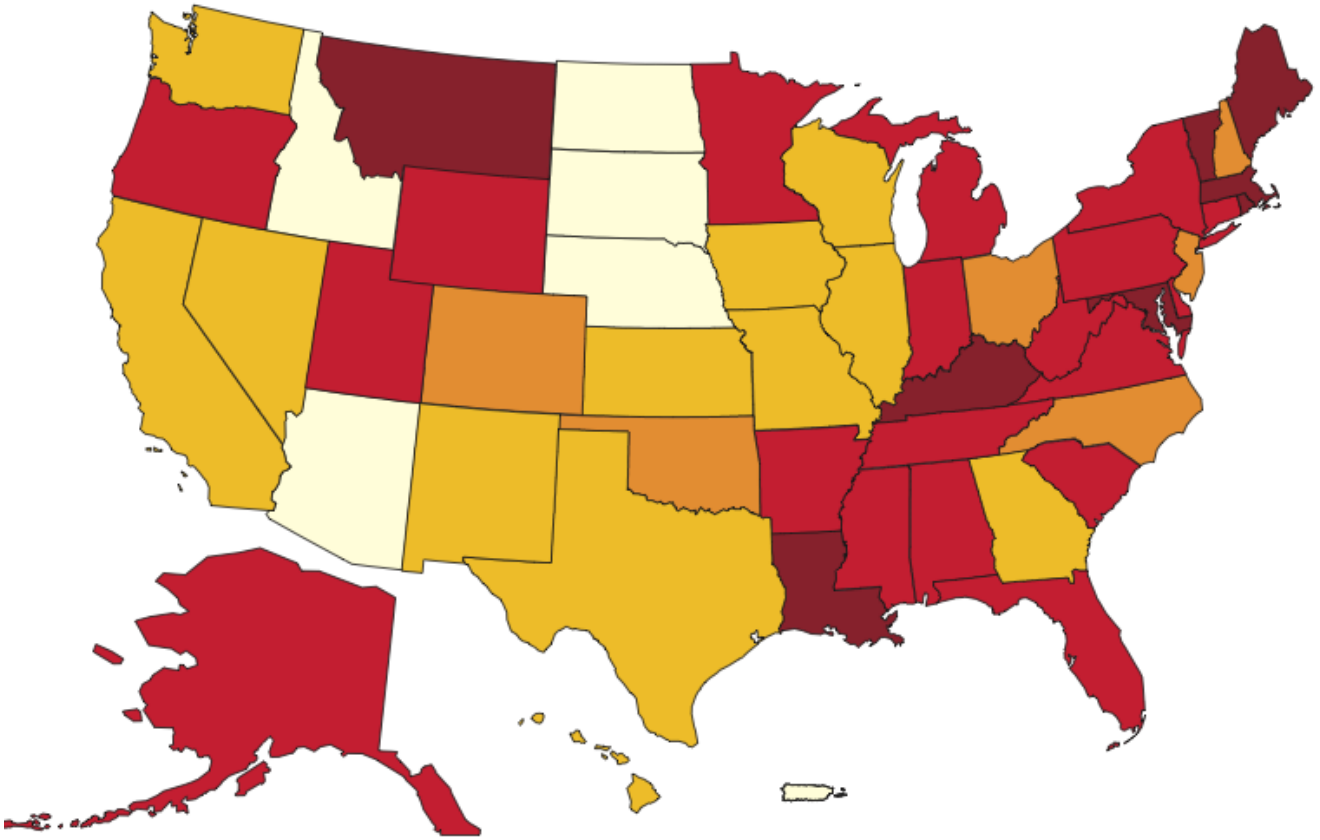
2001

(range 1 – 71)

< 8	15 - 18	45 or more
8 - 14	19 - 44	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-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)



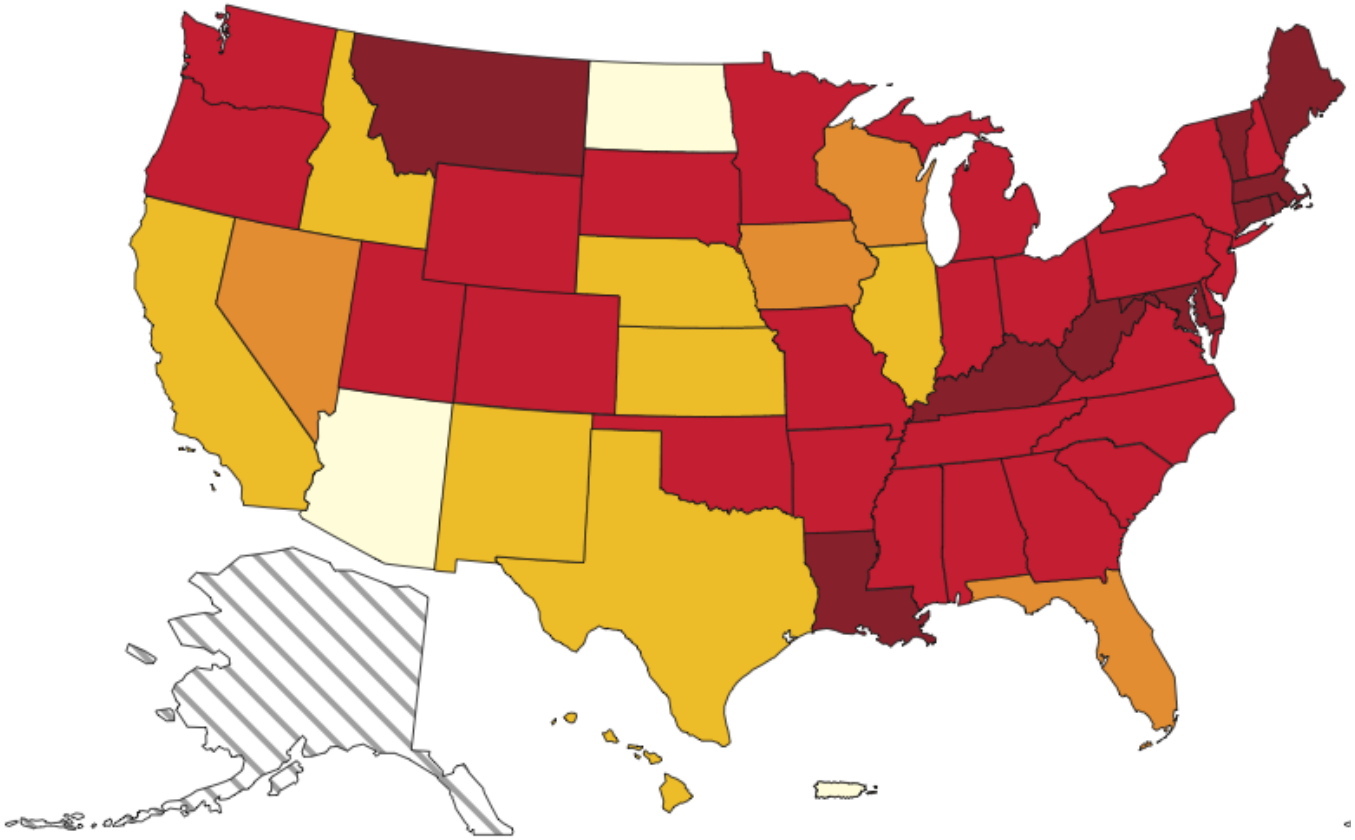
2003

(range 2 – 139)

< 8	15 - 18	45 or more
8 - 14	19 - 44	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-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)



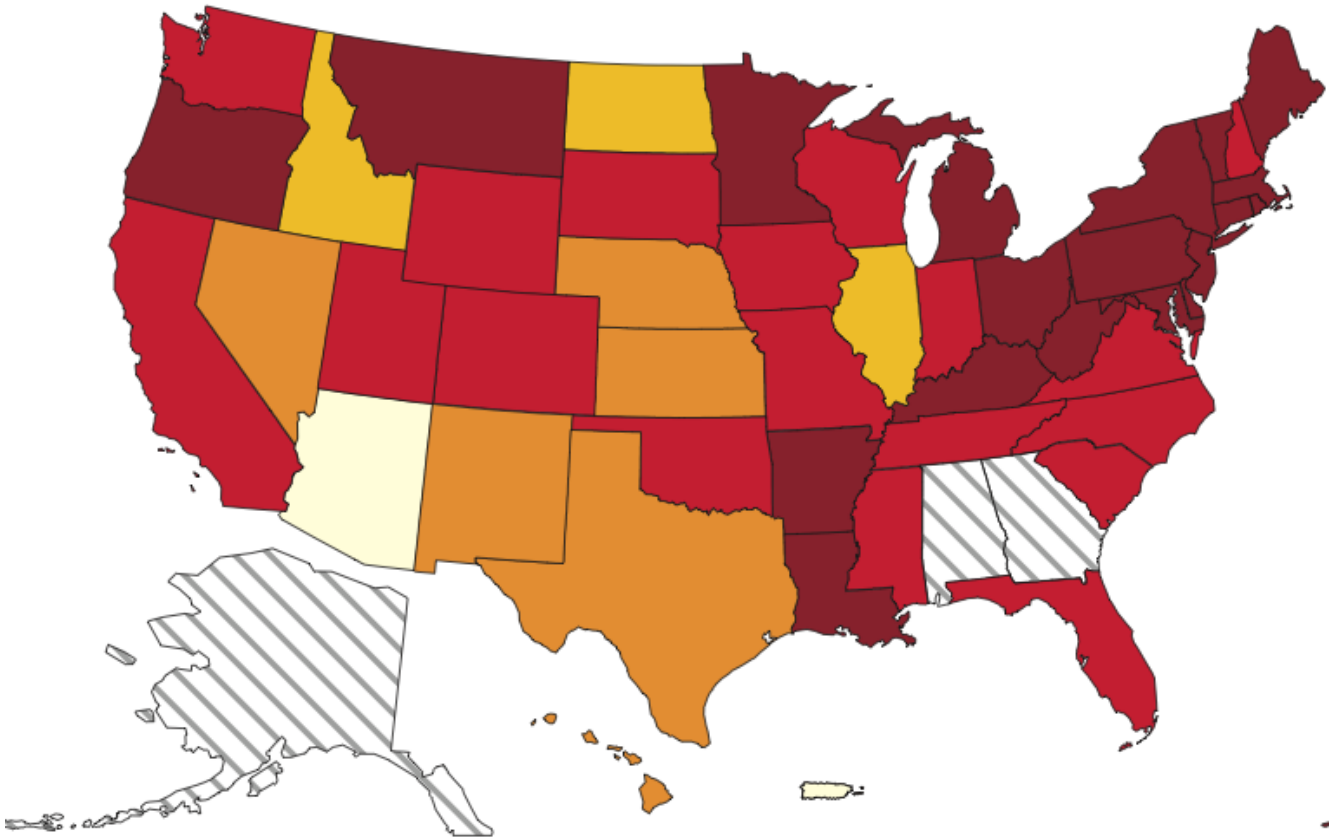
2005

(range 0 – 214)

< 8	15 - 18	45 or more
8 - 14	19 - 44	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-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)



2007

(range 1 – 340)

< 8

8 - 14

15 - 18

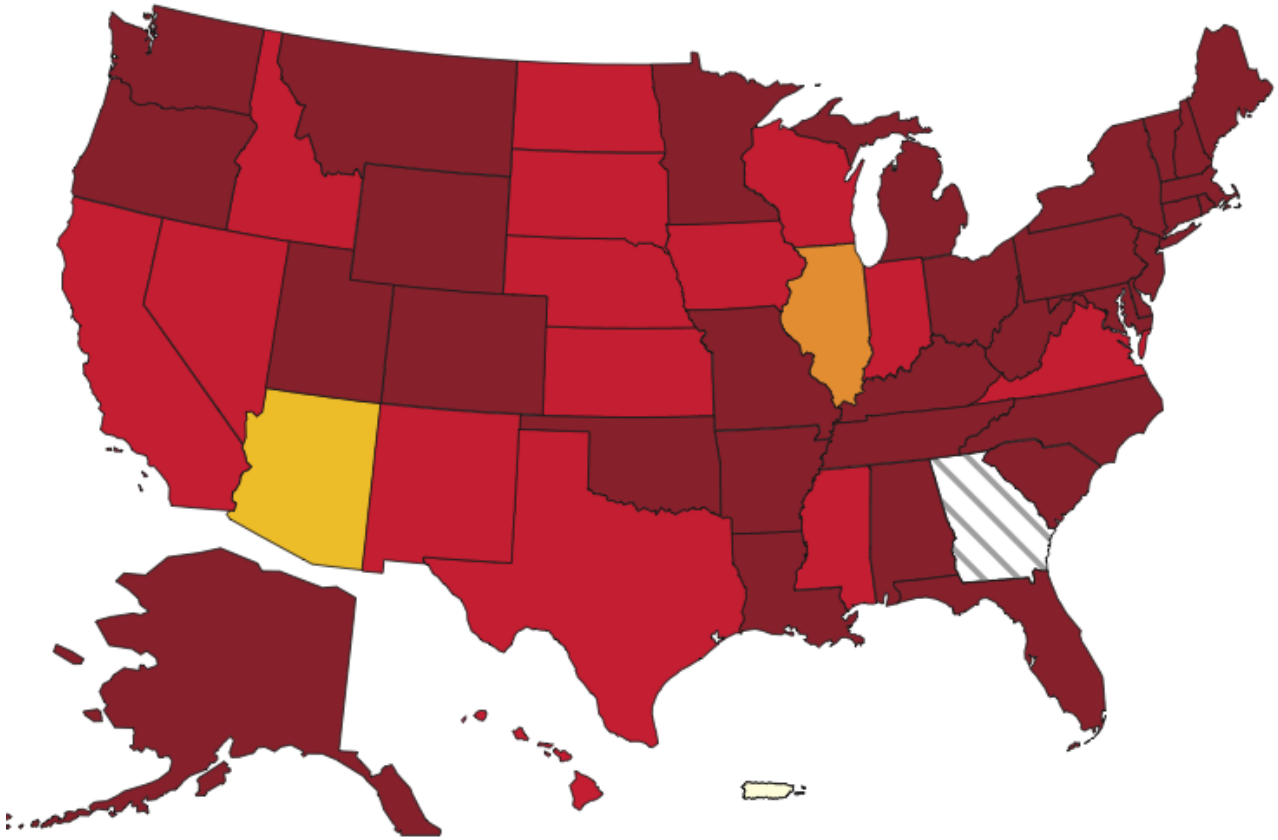
19 - 44

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



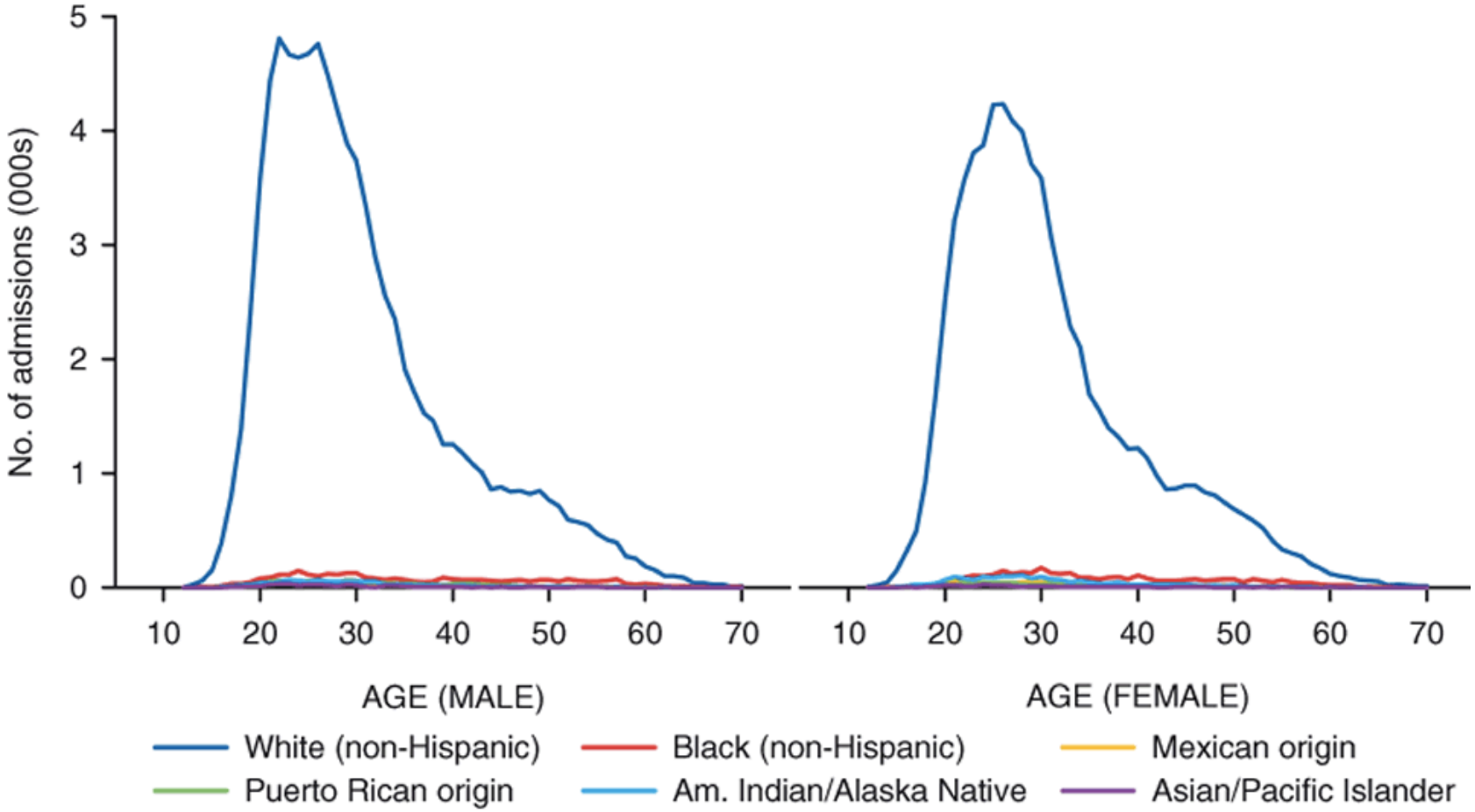
2009

(range 1 – 379)

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

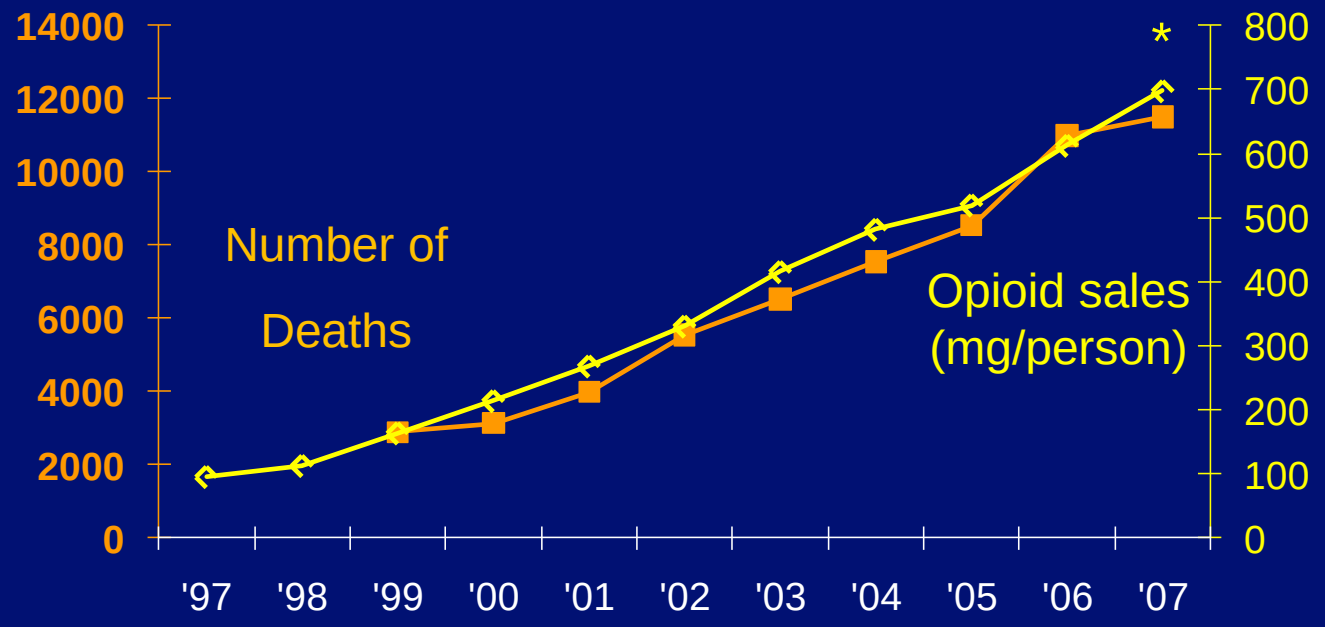
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

Figure 9. Non-heroin opiate admissions, by gender, age, and race/ethnicity: 2011



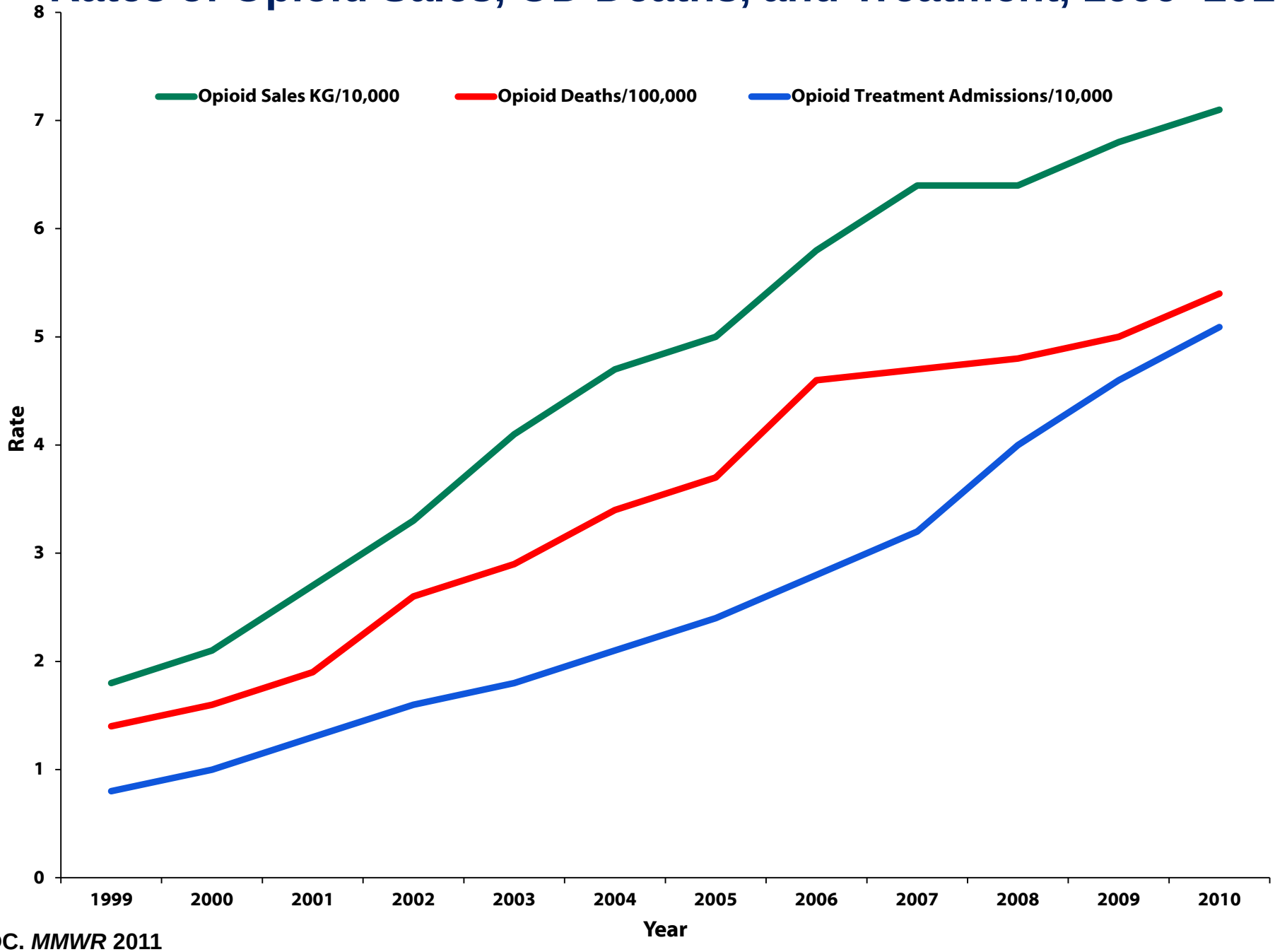
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007



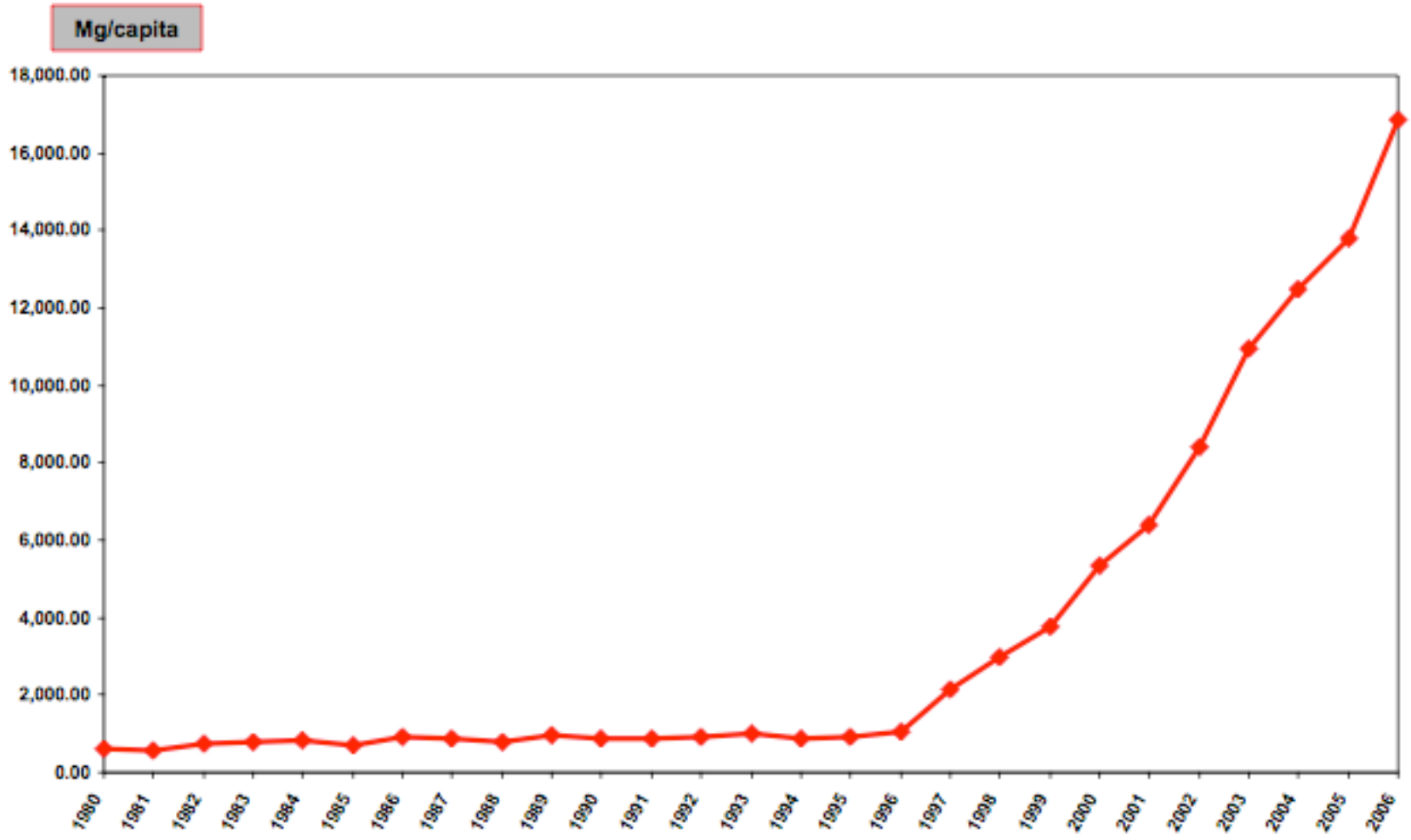
Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS
* 2007 opioid sales figure is preliminary.

Rates of Opioid Sales, OD Deaths, and Treatment, 1999–2010



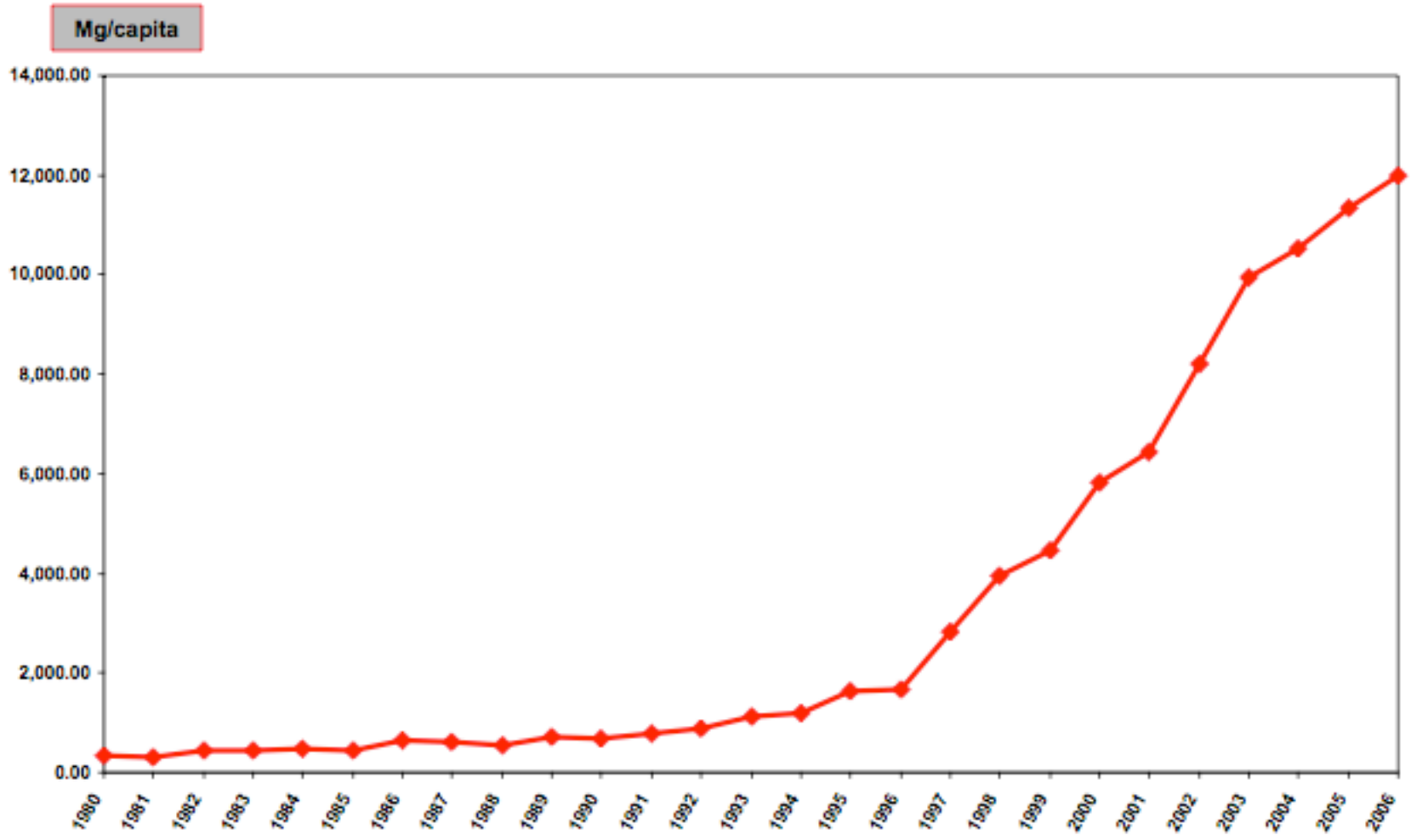
CDC. *MMWR* 2011

New York Consumption of Oxycodone 1980 - 2006



Sources: U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control

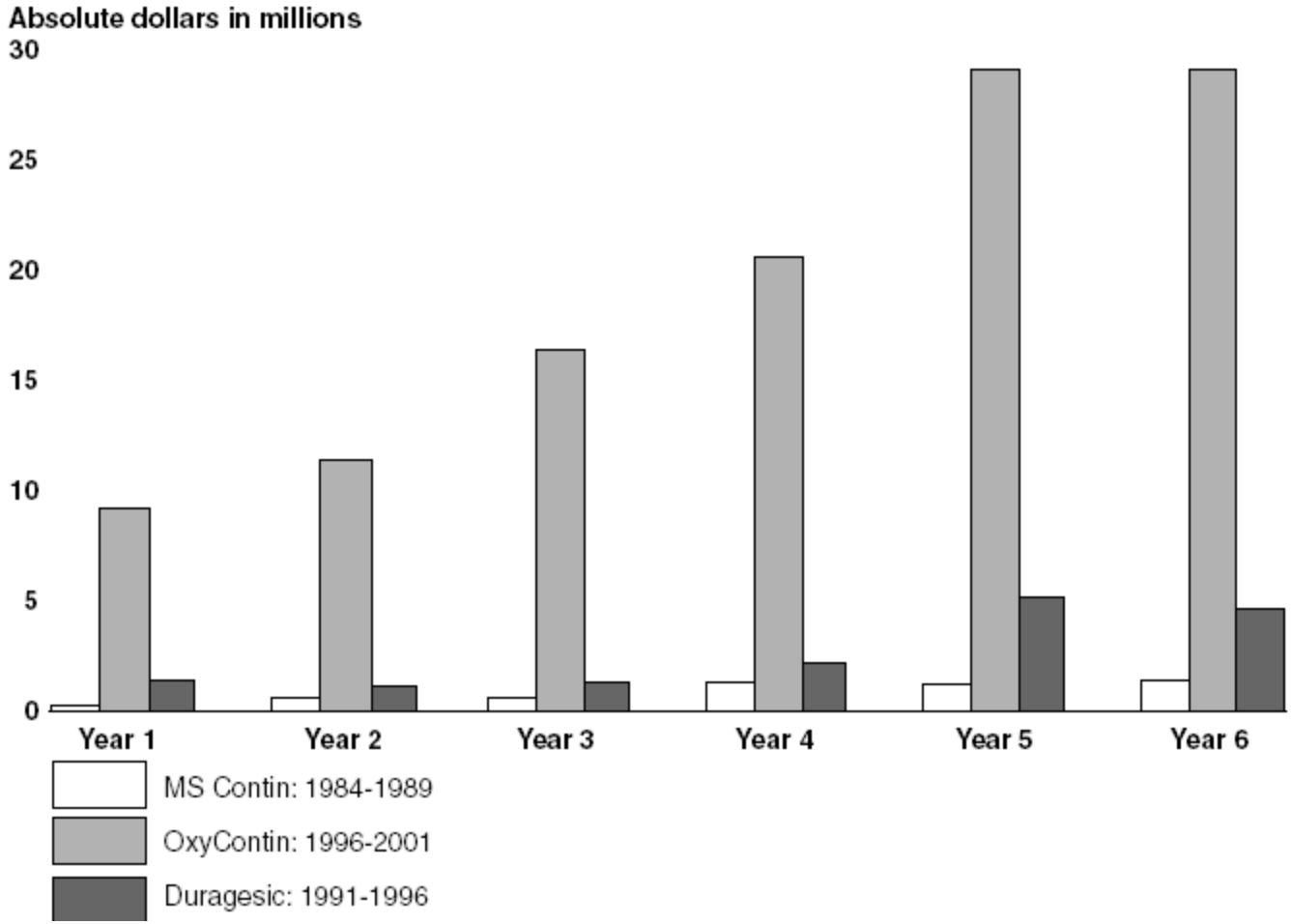
New York Consumption of Hydrocodone 1980 - 2006



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



Source: United States General Accounting Office: Dec. 2003, “OxyContin Abuse and Diversion and Efforts to Address the Problem.”

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”

Porter J, Jick H. *Addiction rare in patients treated with narcotics*. N Engl J Med. 1980 Jan 10;302(2):123

Cited 677 times (Google Scholar)

N Engl J Med. 1980 Jan 10;302(2):123.

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[1] 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,[2] 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 Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

EDITORIAL

Long-term Opioid Treatment of Nonmalignant Pain

A Believer Loses His Faith

(REPRINTED) ARCH INTERN MED/VOL 170 (NO. 16), SEP 13, 2010 WWW.ARCHINTERNMED.COM
1422

Annals of Internal Medicine | EDITORIAL

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

BMJ

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

BMJ 2011;343:d5142 doi: 10.1136/bmj.d5142

Annals of Internal Medicine | IDEAS AND OPINIONS

Long-Term Opioid Therapy Reconsidered

Michael Von Korff, ScD; Andrew Kolodny, MD; Richard A. Deyo, MD, MPH; and Roger Chou, MD

The NEW ENGLAND JOURNAL of MEDICINE

A Flood of Opioids, a Rising Tide of Deaths

Susan Okie, M.D.

JAMA®

The Journal of the American Medical Association

Viewpoint

EXPAND

Patient Satisfaction, Prescription Drug Abuse, and Potential Unintended Consequences

Aleksandra Zgierska, MD, PhD; Michael Miller, MD; David Rabago, MD

“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.”

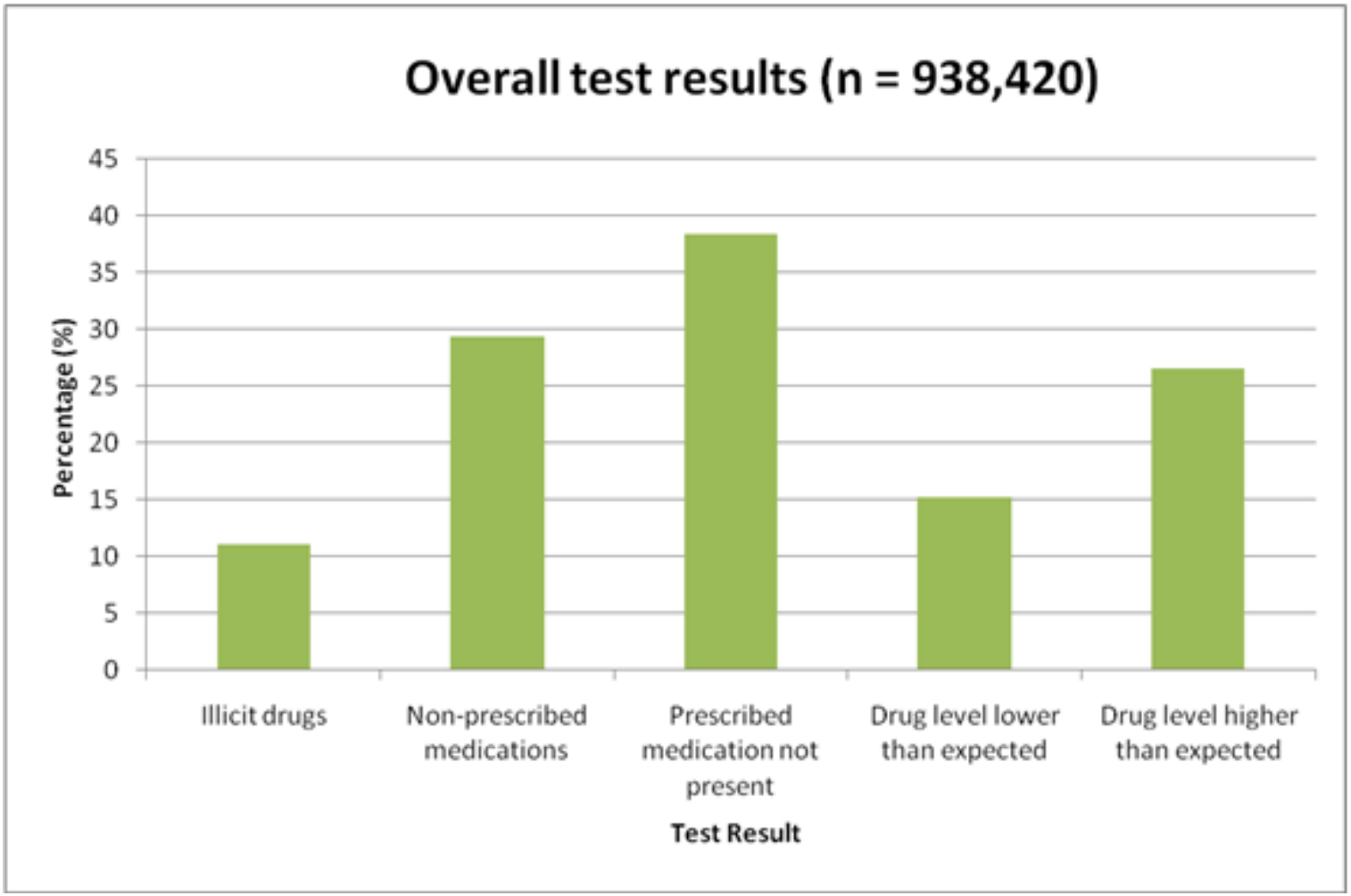
Jane C. Ballantyne, MD FRCA
Professor, Univ. of Washington

Source: ***New York Times, April 9, 2012. “Tightening the Lid on Pain Prescriptions”.***

The Emperor's New Paradigm:

Patient Selection, Risk Stratification & Monitoring

Urine Tox Results in Chronic Pain Patients on Opioid Therapy



Source: Couto JE, Goldfarb NI, Leider HL, Romney MC, Sharma S. High rates of inappropriate drug use in the chronic pain population. *Popul Health Manag*. 2009;12(4):185–190.

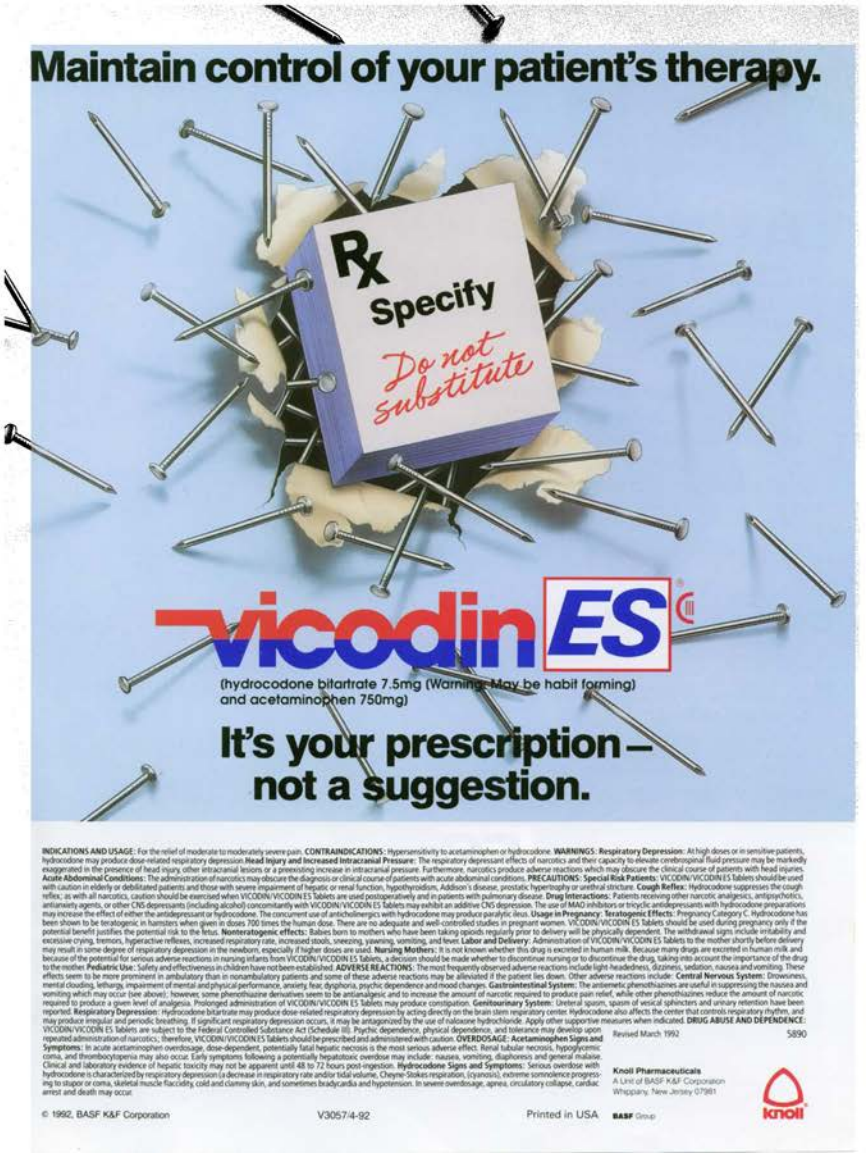
Controlling the epidemic:
A Three-pronged Approach

- 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

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.

“Drug Abusers”

1. Fleming MF, Balousek SL, Klessig CL, Mundt MP, Brown DD. Substance Use Disorders in a Primary Care Sample Receiving Daily Opioid Therapy. J Pain 2007;8:573-582.

2. Boscarino JA, Rukstalis MR, Hoffman SN, et al. Prevalence of prescription opioid-use disorder among chronic pain patients: comparison of the DSM-5 vs. DSM-4 diagnostic criteria. J Addict Dis. 2011;30:185-194.

3. Johnson EM, Lanier WA, Merrill RM, et al. Unintentional Prescription Opioid-Related Overdose Deaths: Description of Decedents by Next of Kin or Best Contact, Utah, 2008-2009. J Gen Intern Med. 2012 Oct 16.

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