Opioid Dependency: Facts & Figures

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Clinical Goal

- Reduce abuse and overdose of opioids and other controlled prescription drugs while ensuring patients with pain are safely and effectively treated.
The Public Health Approach to Prevention

1. Define the Problem
2. Identify Risk and Protective Factors
3. Develop and Test Prevention Strategies
4. Ensure Widespread Adoption
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Opioid Prescriptions Dispensed by Retail Pharmacies—United States, 1991–2011

Emergency Department Visits Related to Drug Misuse or Abuse—United States, 2004–2010

SAMHSA. Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related ED Visits, 2011.
Motor Vehicle Traffic, Poisoning, and Drug Poisoning (Overdose) Death Rates
United States, 1980–2010

Number of Drug Overdose Deaths Involving Opioid Pain Relievers and Other Drugs
United States, 1999–2010

CDC, National Center for Health Statistics, National Vital Statistics System.
Drug Overdose Deaths by Major Drug Type, United States, 1999–2010

Economic Costs

- $72.5 billion in health care costs
- Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than nonabusers

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High Risk Populations

- People taking high daily doses of opioids
- People who “doctor shop”
- People using multiple abuseable substances like opioids, benzodiazepines, other CNS depressants, illicit drugs
- Low-income people and those living in rural areas
- Medicaid populations
- People with substance abuse or other mental health issues

Pain Treatment: The 4 A’s of Assessment

1) Analgesic?

2) Adverse Effects?

3) Activities of Daily Life?

4) Aberrant Behaviors?/Predictors of Opioid Misuse
Types of Pain

- **Objective**
  - Biological
  - Nociception
  - Pain

- **Subjective**
  - Psychological
  - Suffering

- “Pain is mandatory, suffering is optional.”
  - Dalai Lama
Biological Pain Signals

- Aching
- Sore
- Burning
- Sharp
- Tingling
- Cramping
- Pounding
Psychological Pain Signals

- Awful
- Agonizing
- Torturing
- Dreadful
- Distressing
- Excruciating
- Grueling
Aberrant Medication-Taking Behavior

*More Likely to be Suggestive of Addiction*

- Deterioration in functioning at work or socially
- Illegal activities – selling, forging, buying from nonmedical sources
- Injection or snorting medication
- Multiple episodes of “lost” or “stolen” scripts
- Resistance to change therapy despite adverse effects
- Refusal to comply with random drug screens
- Concurrent abuse of alcohol or illicit drugs
- Use of multiple physicians and pharmacies
Aberrant Medication-Taking Behavior is Less Likely to be Suggestive of Addiction

- Complaints about need for more medication
- Drug hoarding
- Requesting specific pain medications
- Openly acquiring similar medications from other providers
- Occasional unsanctioned dose escalation
- Nonadherence to other recommendations for pain therapy
Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010

CDC. MMWR 2011  http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w  Updated with 2009 mortality and 2010 treatment admission data.
Drug Overdose Death Rate, 2008, and Opioid Pain Reliever Sales Rate, 2010

Kg of opioid pain relievers used per 10,000
Age-adjusted rate per 100,000

Drug Overdose Death Rates by Age—United States, 1999–2010

CDC, NCHS, National Vital Statistics System.
High Opioid Dose and Overdose Risk

* Overdose defined as death, hospitalization, unconsciousness, or respiratory failure.

High Opioid Dose and Overdose Risk

* Overdose defined as defined cases as people who died of an opioid-related cause.

High Opioid Dose and Overdose Risk

* Overdose defined as death with an underlying cause-of-death code from the ICD-10 of X42, X44, Y12, or Y14

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Focus areas

I. Education
II. Monitoring
III. Disposal
IV. Enforcement
Government Strategic Focus Areas

- Enhance surveillance
- Inform policy
- Improve clinical practice
Intervention Points

- Pill mills
- Problem prescribing
- General prescribing
- EDs and hospitals
- Pharmacies
- Insurer and pharmacy benefit managers
- General patients & the public
- People at high risk of overdose
Intervention Recommendations

- Prescription drug monitoring programs
- Patient review and restriction programs
- Laws/regulations/policies
- Insurers and pharmacy benefit managers mechanisms
- Clinical guidelines
Prescription Drug Monitoring Programs (PDMPs)

- Operational in 42 states
- Focus PDMPs on
  - Patients at highest risk of abuse and overdose
  - Prescribers who clearly deviate from accepted medical practice
- Implement PDMP best practices
Patient Review and Restriction Programs (aka “Lock-In” Programs)

- Applies to patients with inappropriate use of controlled substances
- 1 prescriber and 1 pharmacy for controlled substances
- Improve coordination of care and ensure appropriate access for patients at high risk for overdose
- Evaluations show cost savings as well as reductions in ED visits and numbers of providers and pharmacies
Some states have enacted laws and policies aimed at reducing diversion, abuse, and overdose.

- Policies can strengthen health care provider accountability.
- Safeguard access to treatment when implementing policies.
- Rigorous evaluations to determine effectiveness and identify model aspects.
Insurer/Pharmacy Benefit Manager (PBM) Mechanisms

- Reimbursement incentives/disincentives
- Formulary development
- Quantity limits
- Step therapies/prior authorization
- Real-time claims analysis
- Retrospective claims review programs
Clinical Guidelines

- Improve prescribing and treatment
- Basis for standard of accepted medical practice for purposes of licensure board actions
- Several consensus guidelines available
- Common themes among guidelines

Opinion Treatment Guidelines

Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain

Interagency Guidelines on Opioid Dosing for Chronic Non-cancer Pain: an educational tool to improve care and safety with opioid therapy

2018 Update

What is New in this Revised Guideline

- New data, including scientific evidence to support the 150 mg/day dosage threshold
- Tools for calculating degree of opioid prescribing
- Assessment tools for assessing substance abuse, mental health, and addiction
- Validation of screening tools
- New treatment protocols
- New guidelines for managing pain

City Health Information

Preventing Misuse of Prescription Opioid Drugs

- Physicians and deaths can play a major role in reducing drug-related deaths
- For opioid patients
- Careful selection and use of opioids
- A trial supply is usually sufficient

This is not the complete list of precautions. For more information, please visit the website of the Agency for Healthcare Research and Quality.
Additional Information


Morbidity and Mortality Weekly Report
Vital Signs: Risk for Overdose from Methadone Used for Pain Relief — United States, 1999–2010

On July 5, 2012, this report was posted as an MMWR Early Release on the MMWR website (http://www.cdc.gov/mmwr).

Abstract

Background: Vital statistics data suggest that the opioid pain reliever (OPR) methadone is involved in one third of OPR-related overdose deaths, but it accounts for only a few percent of OPR prescriptions.

Methods: CDC analyzed rates of fatal methadone overdoses and sales nationally during 1999–2010 and rates of overdose deaths for methadone compared with rates for other major opioids in 13 states for 2009.

Results: Methadone overdose deaths and sales rates in the United States peaked in 2007. In 2010, methadone accounted for between 4.5% and 18.5% of the overdoses distributed by state. Methadone was involved in 31.4% of OPR deaths in the 13 states. It accounted for 39.8% of single-drug OPR deaths. The overdose death rate for methadone was significantly greater than that for other OPR for multidosed and single-drug deaths.

Conclusions: Methadone remains a drug that contributes disproportionately to the excessive number of opioid pain reliever overdoses and associated medical and societal costs.

Implications for Public Health Practice: Health-care providers who choose to prescribe methadone should have

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6126a5.htm?s_cid=mm6126a5_w
Thank you

Questions & Comments