



Prescription Drug Abuse: Recognition, Intervention, and Prevention

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Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

Overview

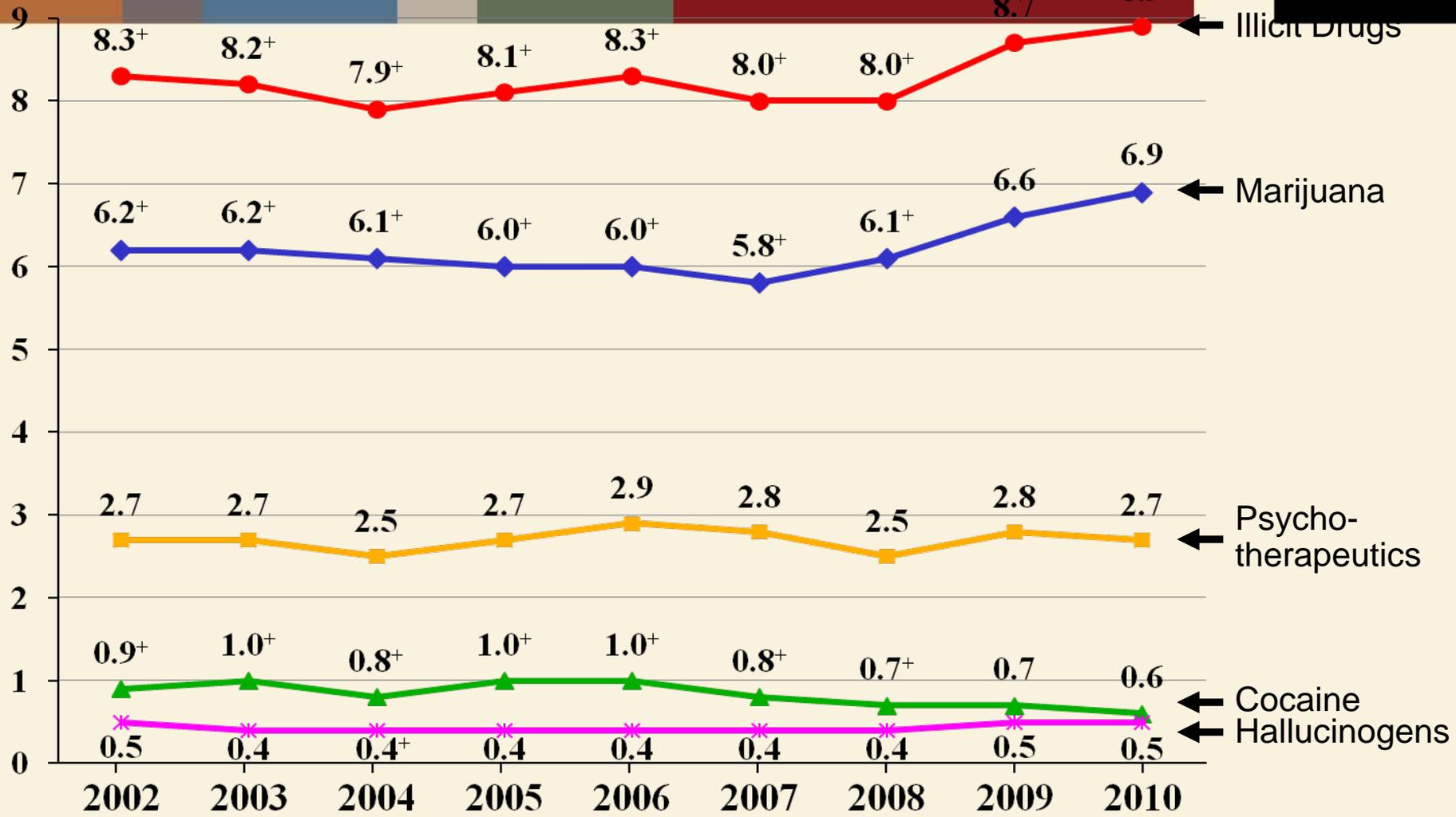


- Prescription Drug Abuse – Public Health Problem.
- Prevention of Prescription Drug Abuse
- Recovery and Treatment
- Medication Assisted Recovery
- Preventing Overdose and Reversal Toolkit
- Resources

Fig 2.2

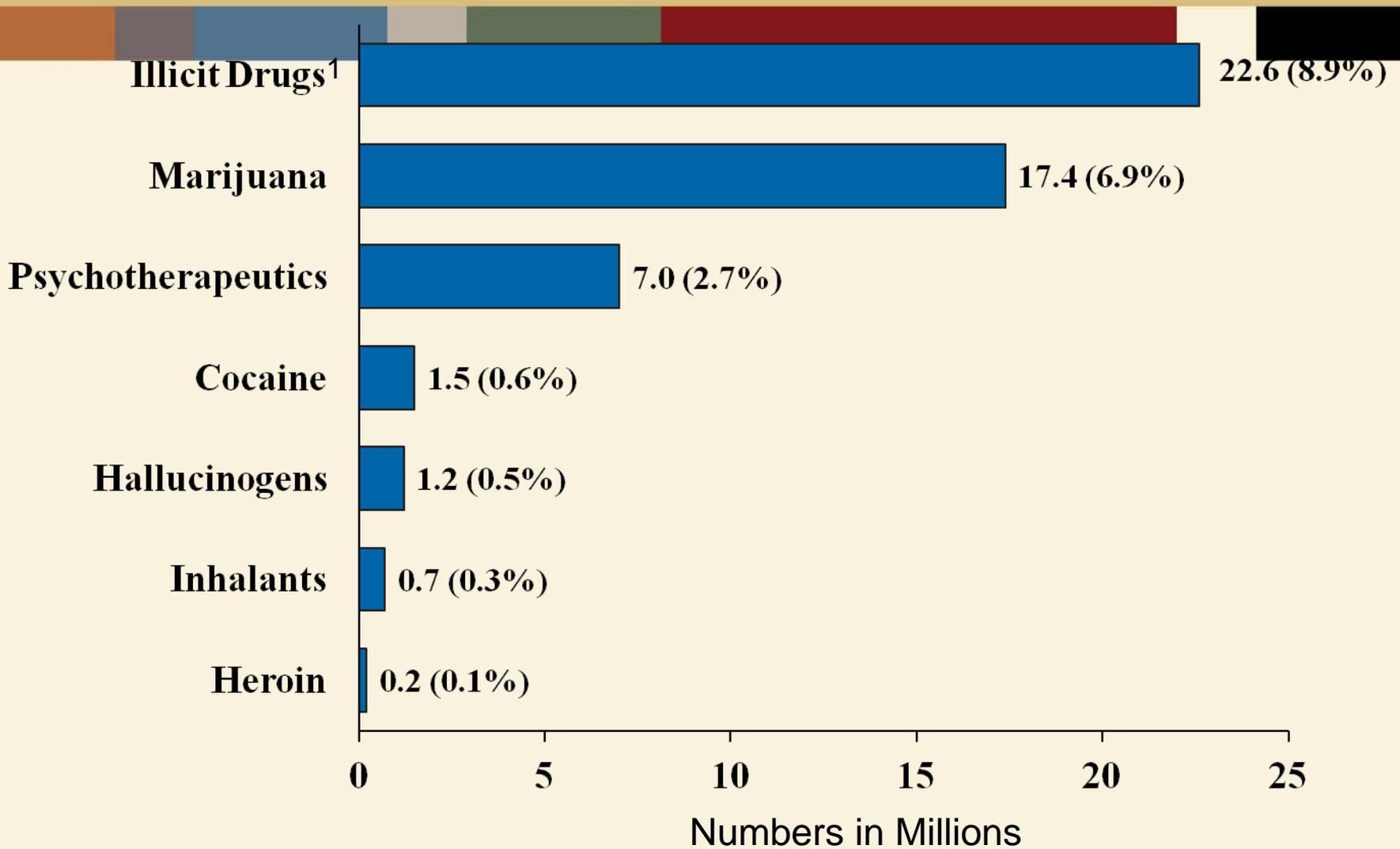
Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2010

Percent Using in Past Month



+ Difference between this estimate and the 2010 estimate is statistically significant at the .05 level.

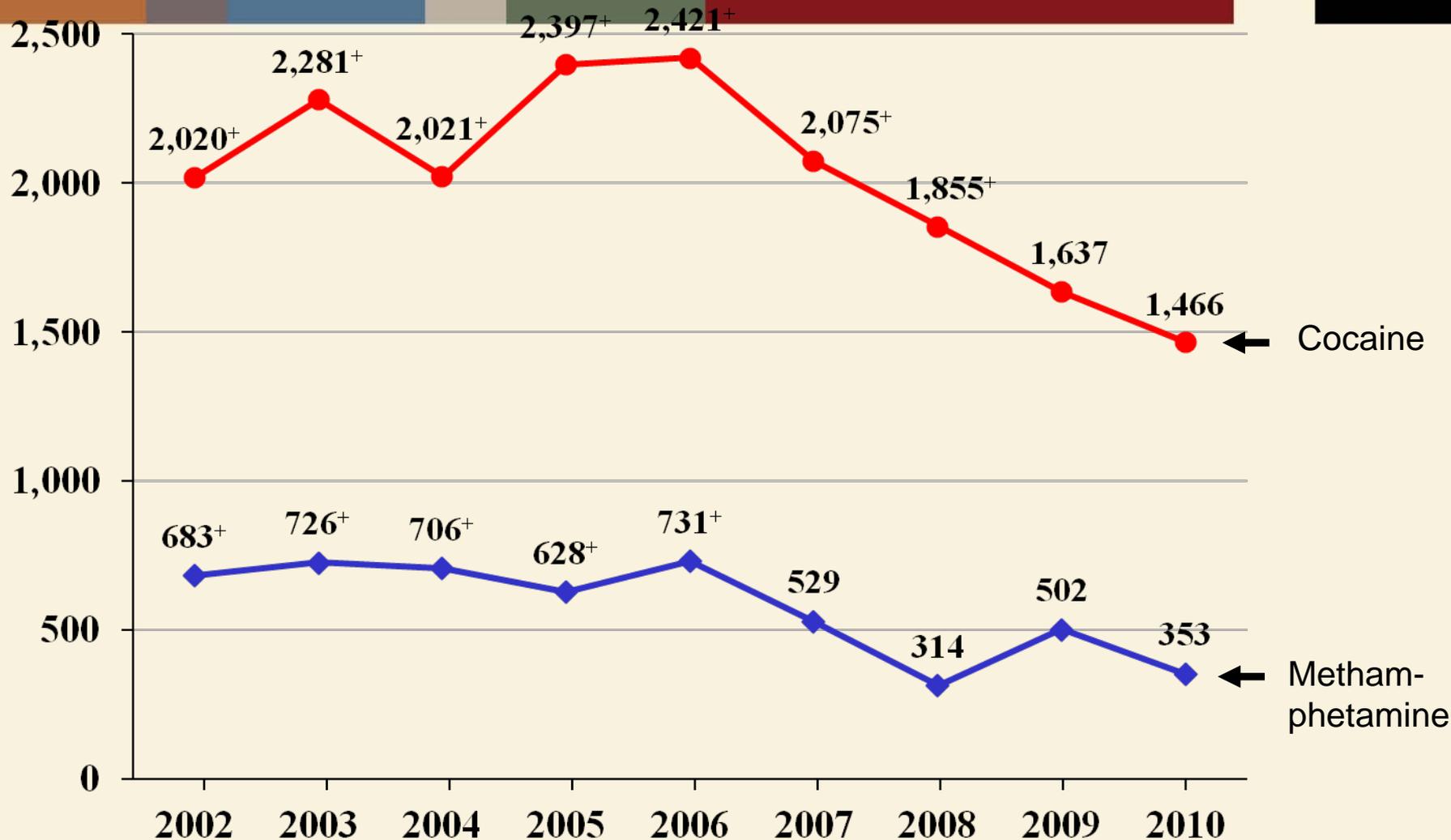
Past Month Illicit Drug Use among Persons Aged 12 or Older: 2010



¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Past Month Users of Cocaine and Methamphetamine among Persons Aged 12 or Older: 2002-2010

Numbers in Thousands



⁺ Difference between this estimate and the 2010 estimate is statistically significant at the .05 level.

Nonmedical Prescription Drug Use: NSDUH Definition



“Not prescribed for you”

OR

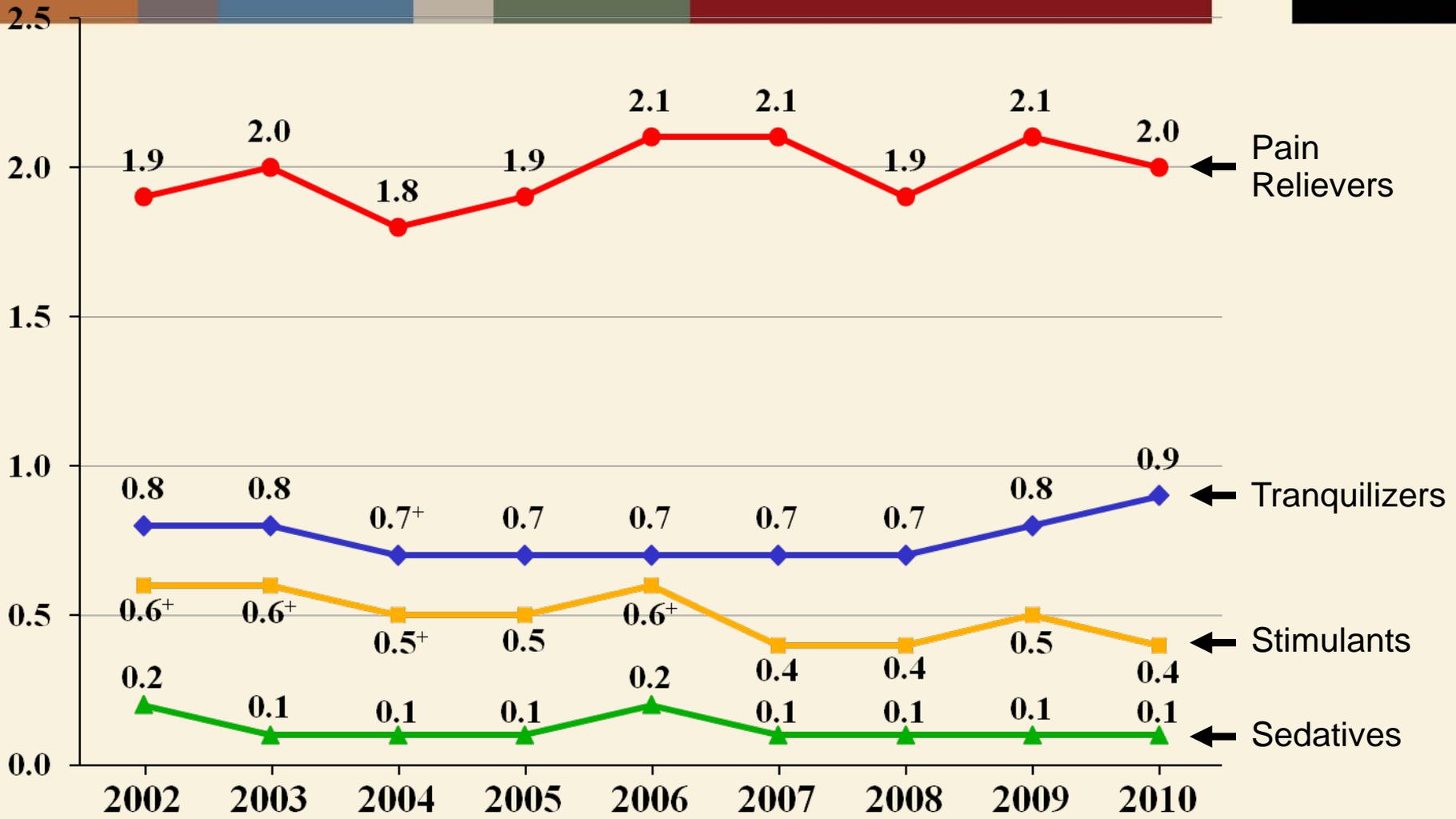
“You took the drug only for the experience or feeling it caused”

(Excludes OTC)

Fig 2.3

Past Month Nonmedical Use of Types of Psychotherapeutic Drugs among Persons Aged 12 or Older: 2002-2010

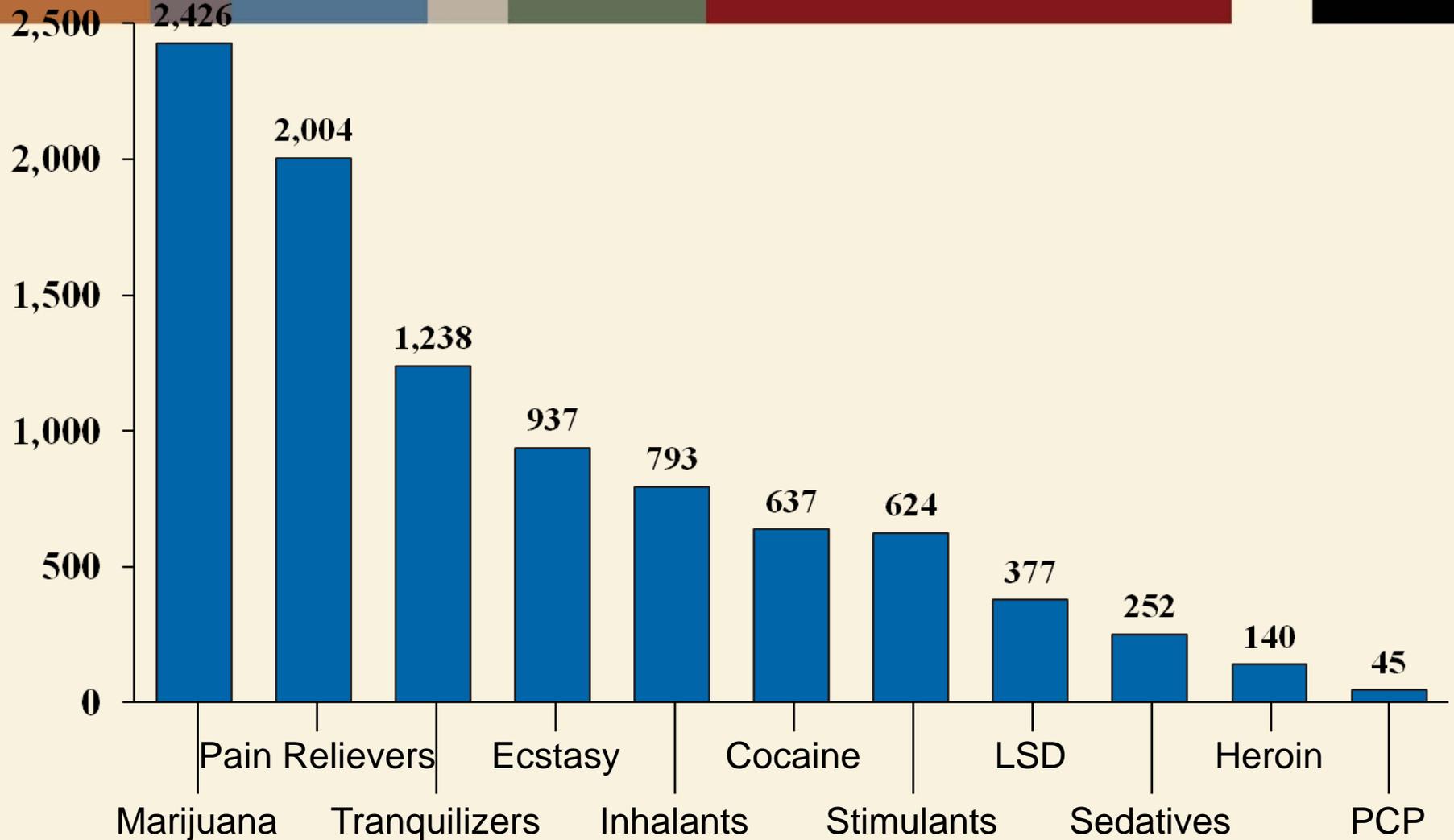
Percent Using in Past Month



⁺ Difference between this estimate and the 2010 estimate is statistically significant at the .05 level.

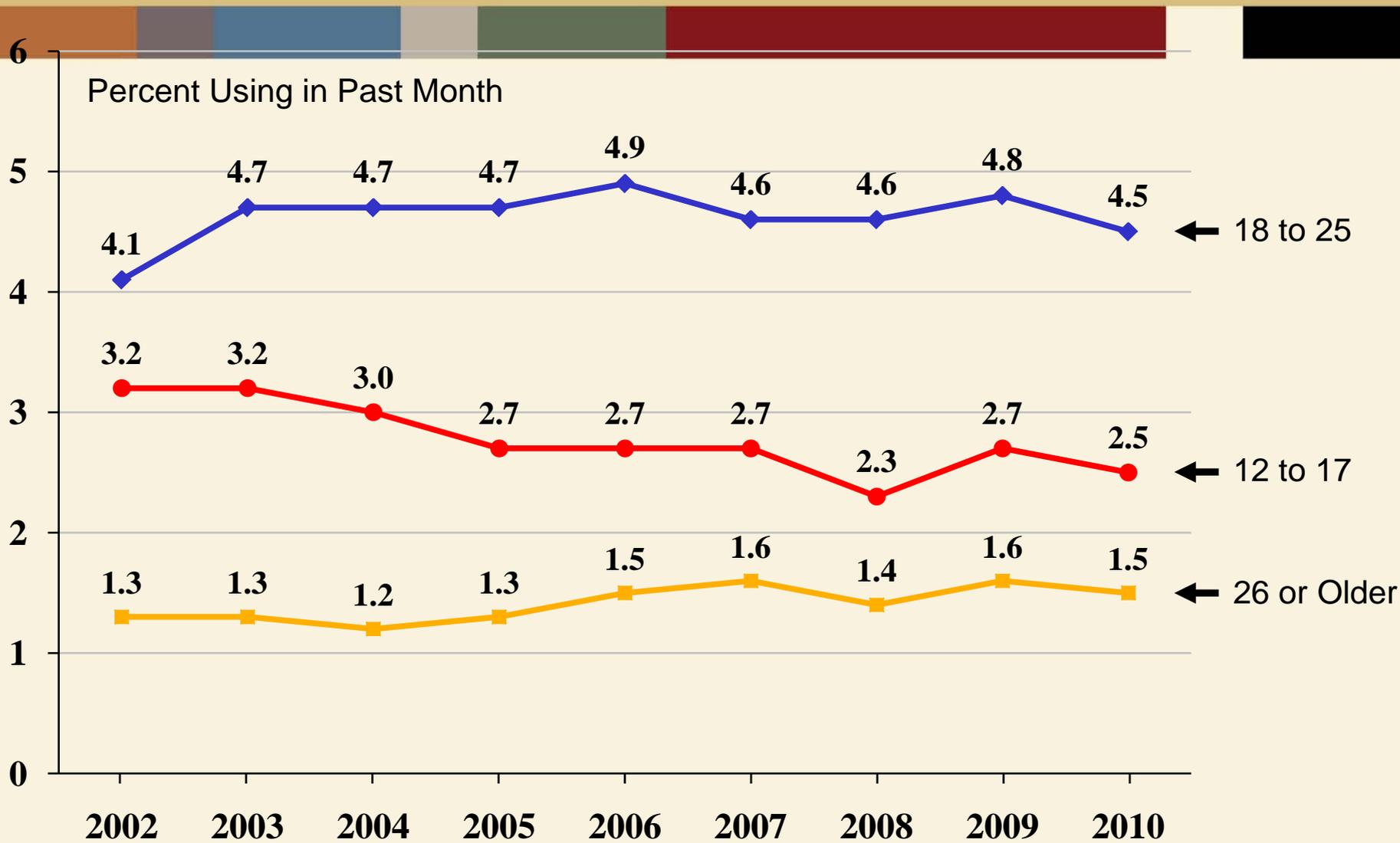
Past Year Initiates of Specific Illicit Drugs among Persons Aged 12 or Older: 2010

Numbers in Thousands



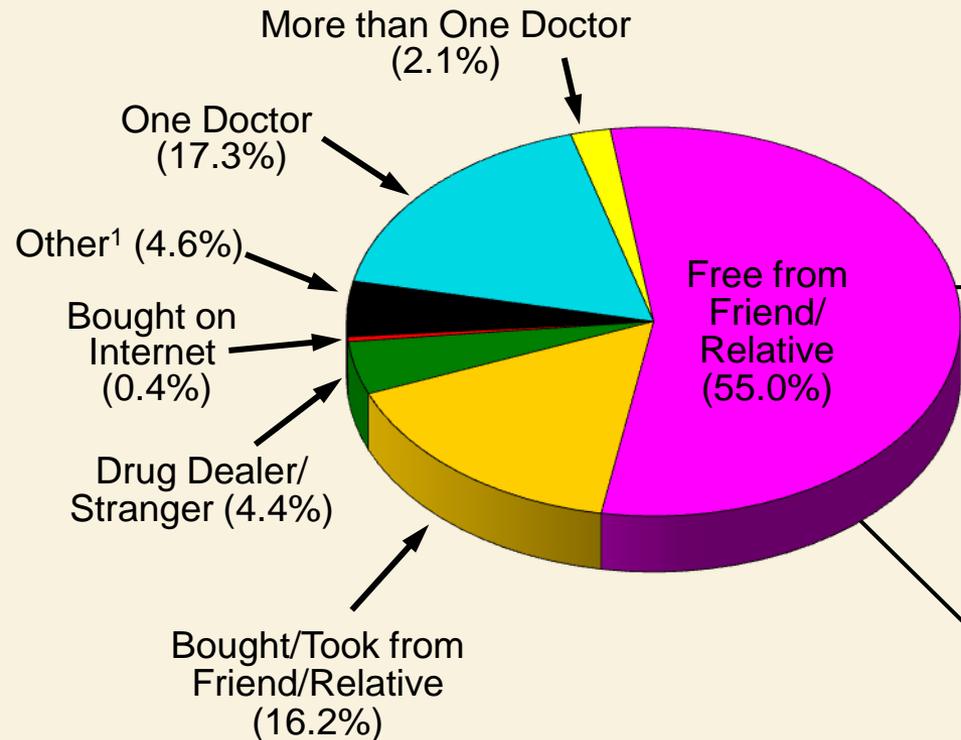
Note: The specific drug refers to the one that was used for the first time, regardless of whether it was the first drug used or not.

Nonmedical Pain Reliever Use in the Past Month, by Age Group: Percentages, 2002-2010

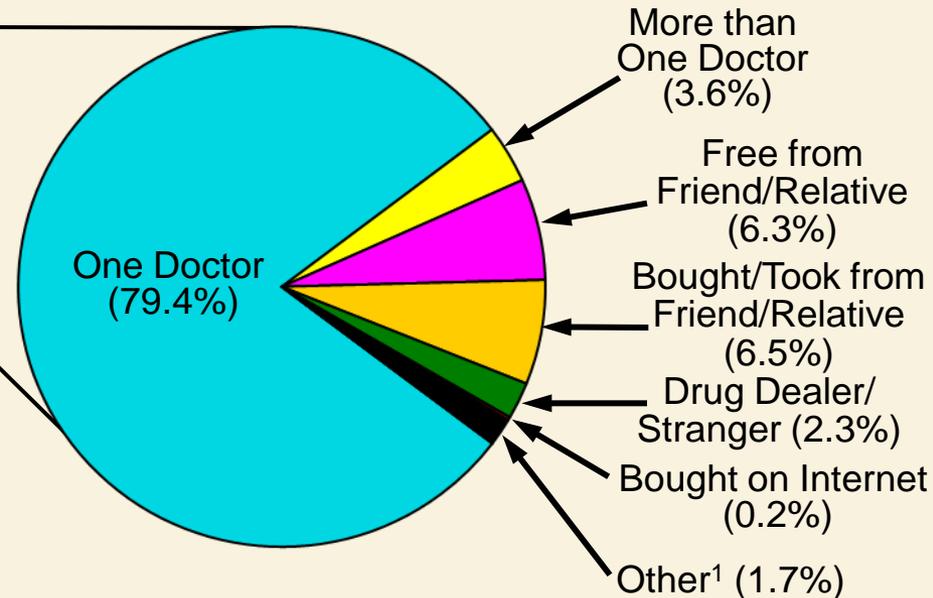


Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2009-2010

Source Where Respondent Obtained



Source Where Friend/Relative Obtained



¹The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

DAWN ED 2009



- In 2009, there were nearly 4.6 million drug-related emergency department (ED) visits of which about one half (49.8 percent, or 2.3 million) were attributed to adverse reactions to pharmaceuticals and almost one half (45.1 percent, or 2.1 million) were attributed to drug misuse or abuse
- In 2009, ED visits resulting from the misuse or abuse of pharmaceuticals occurred at a rate of 405.4 visits per 100,000 population compared with a rate of 317.1 per 100,000 population for illicit drugs
- ED visits involving misuse or abuse of pharmaceuticals increased 98.4 percent between 2004 and 2009, from 627,291 visits in 2004 to 1,244,679 visits in 2009

TEDS Rx Pain Reliever Admissions 1998-2008



- Substance abuse treatment admissions reporting primary pain reliever abuse increased from 18,300 in 1998 (1.1 percent of all admissions) to approximately 105,680 (5.6 percent) in 2008
- Admissions for primary abuse of prescription pain relievers in 2008 were more than 3 times as likely as those in 1998 to be aged 18 to 24 (26.5 vs. 7.5 percent)
- Admissions for primary pain reliever abuse in 2008 were more likely than those in 1998 to be unemployed (41.1 vs. 28.6 percent)
- The percentage of primary pain reliever admissions with a co-occurring psychiatric disorder increased from 19.4 percent in 1998 to **38.6 percent** in 2008

Prescription Drugs and Overdose Deaths



2009 drug-related mortality data

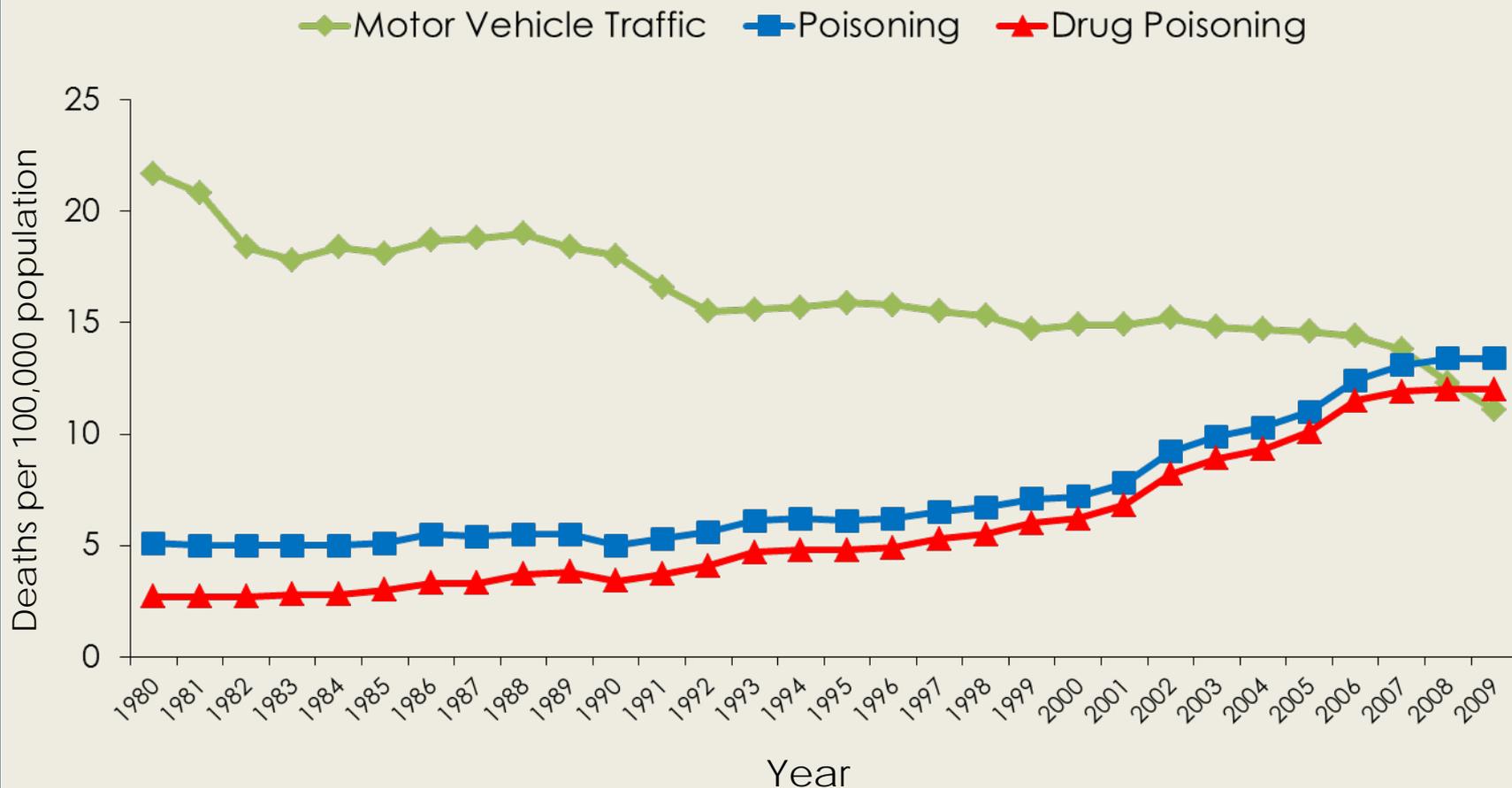


- ❑ **Drug Overdose Deaths – 37,004**
- ❑ **Prescription Drug Overdose Deaths – 20,848**
- ❑ **Opioid Overdose Deaths – 15,597**
- ❑ **The number of deaths for 2009 is an underestimate**
 - Delayed reporting from OH, WV, NJ, DC

* Overdose deaths includes all intents

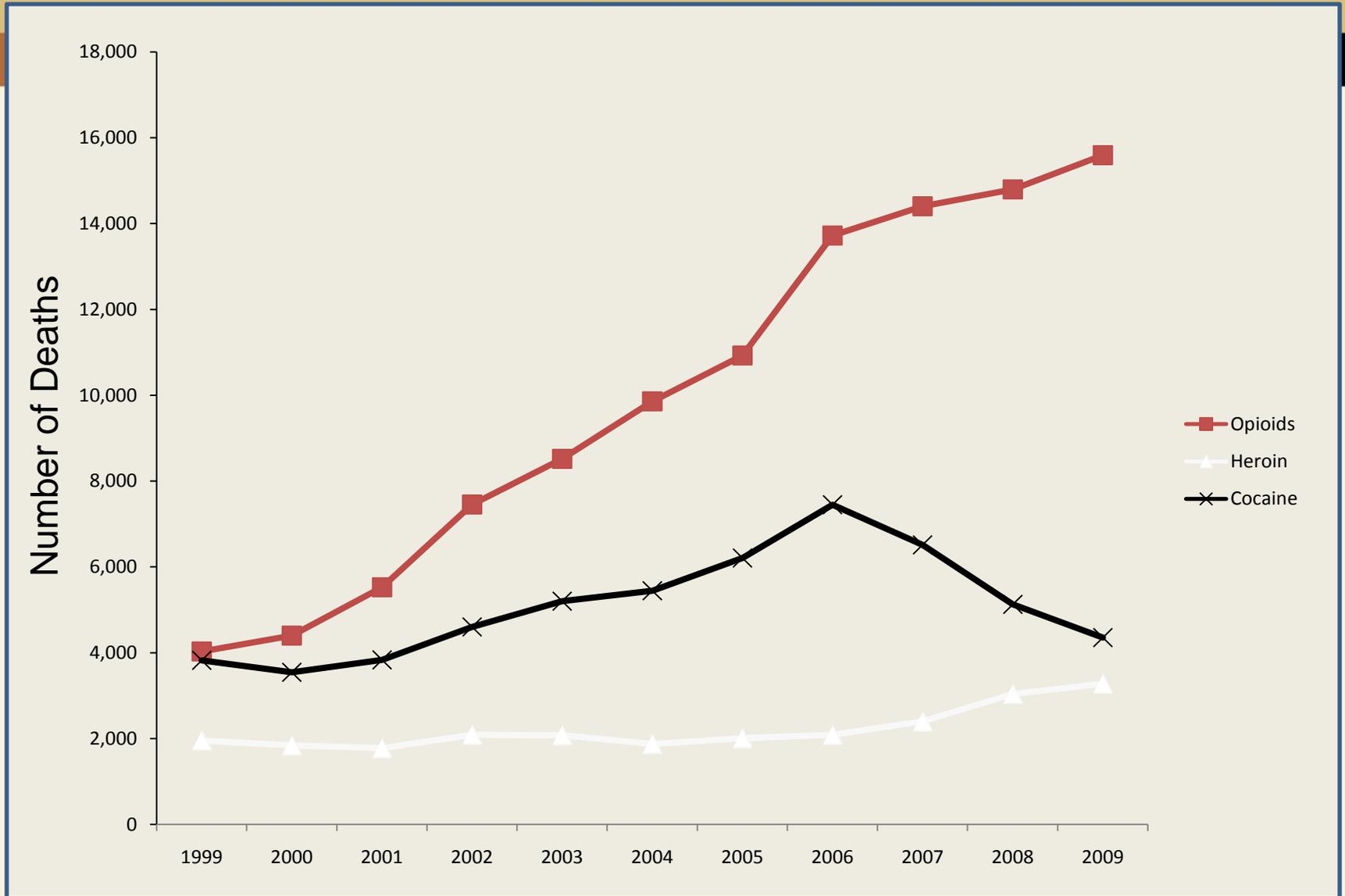
Motor vehicle traffic, poisoning, and drug poisoning (overdose) death rates

United States, 1980-2009

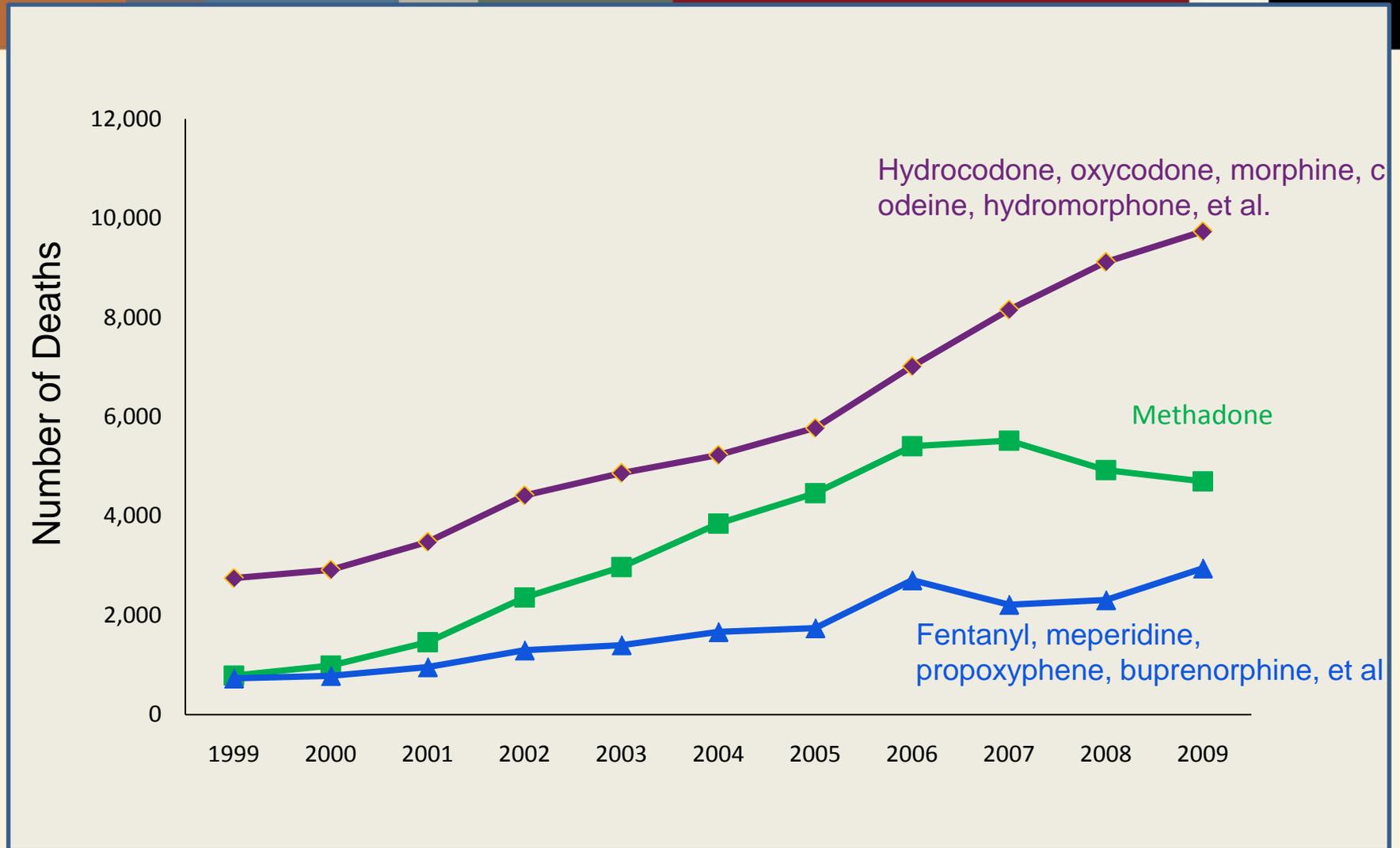


Some overdose deaths were not included in the total for 2009 because of delayed reporting of the final cause of death. The reported 2009 numbers are underestimates.

Drug overdose deaths by major drug type US, 1999-2009



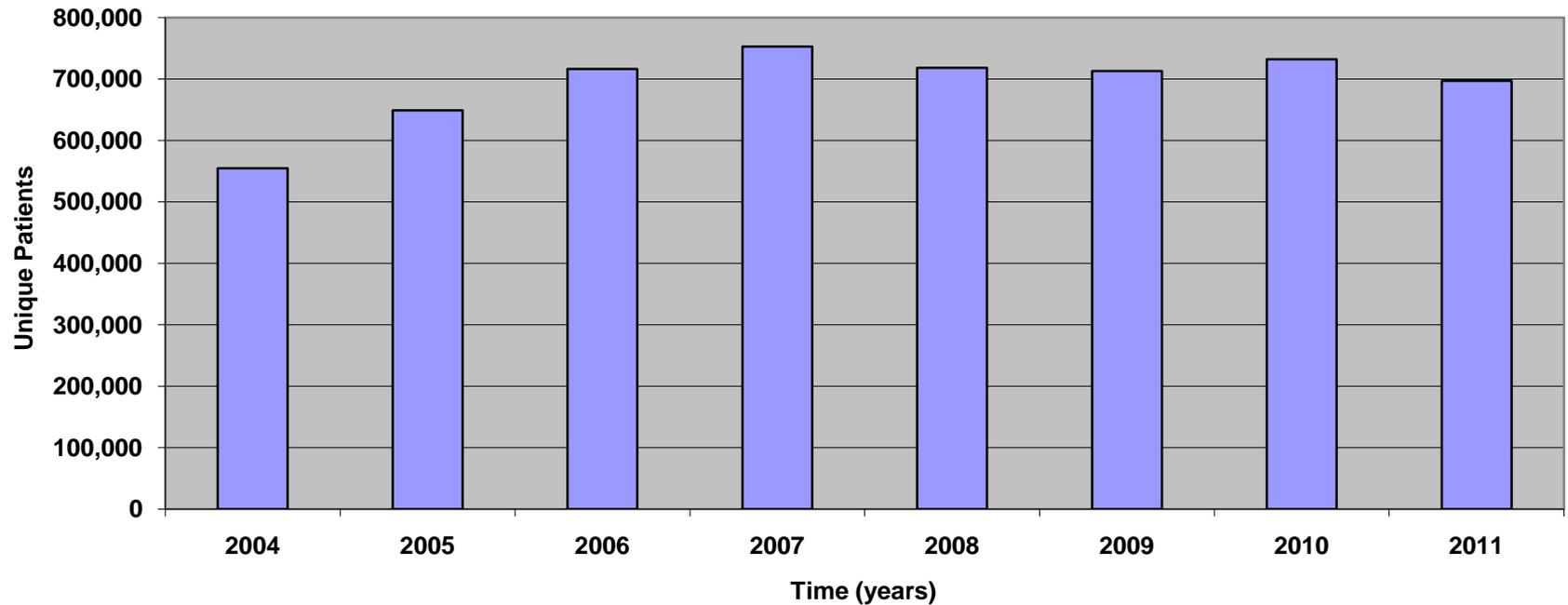
Drug overdose deaths by type of opioid involved, US, 1999-2009



Methadone Distribution

Nationally estimated number of unique patients receiving a dispensed prescription for methadone through U.S. outpatient retail pharmacies

Year 2004-2011 Source: IMS, Total Patient Tracker, Extracted 04/12



Summary



- **Certain groups are more likely to abuse or overdose on prescription painkillers.**
- Many **more men than women** die of overdoses from prescription painkillers.
- **Middle-aged adults** have the highest prescription painkiller overdose rates.
- People in **rural counties** are about two times as likely to overdose on prescription painkillers as people in big cities.
- **Whites and American Indian or Alaska Natives are more likely** to overdose on prescription painkillers

Increase in NAS: Patrick et al 2012 JAMA

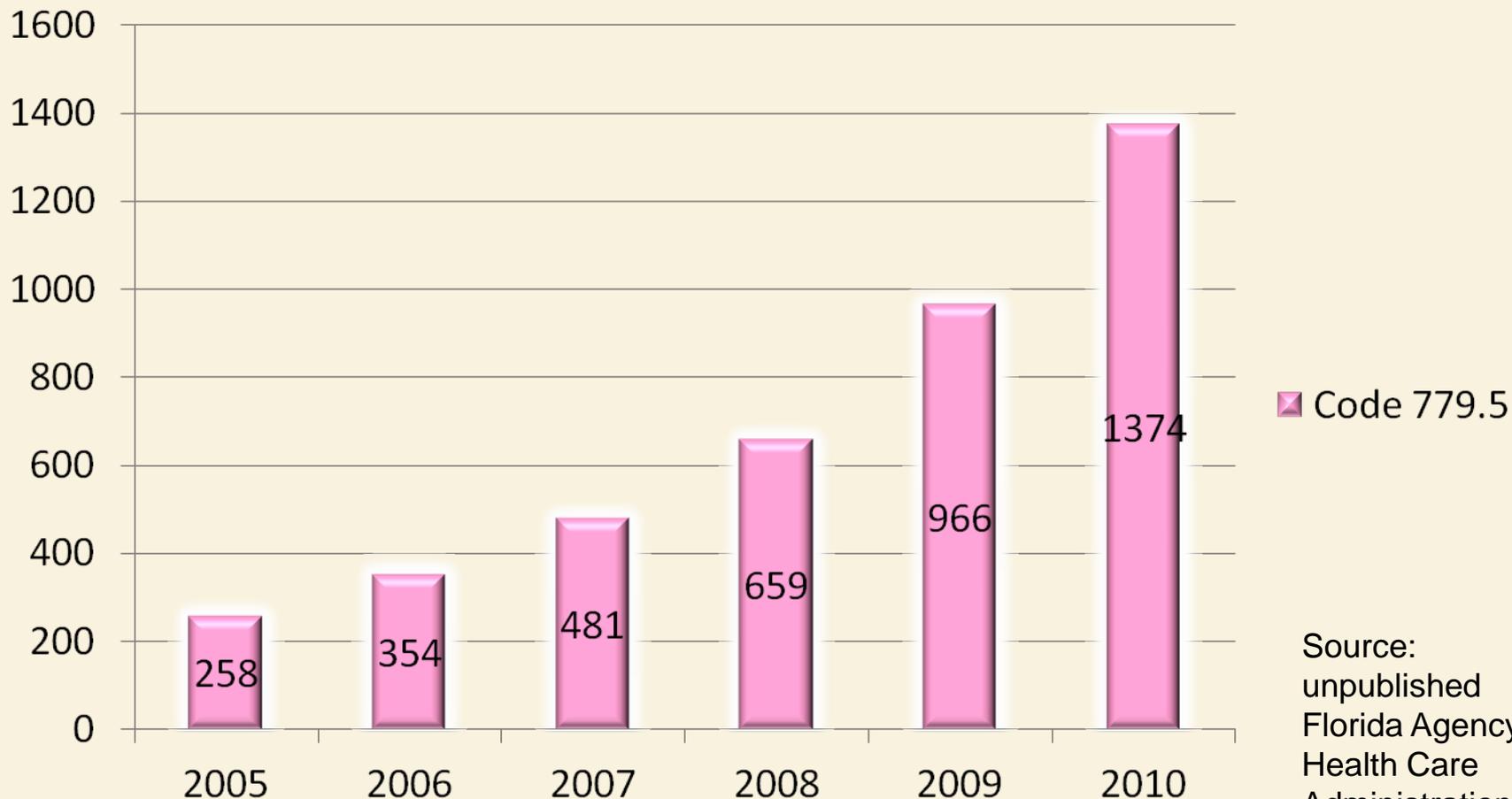
- Opioid exposures from 1.2/1000 births in 2000 to 3.39/1000 births in 2009 in U.S.
- Hospitalization costs from average of \$39,400 (95% CI \$33,400-\$45,400) to \$53,400 average (95% CI \$49,000-\$57,700)
- Opioid exposed = greater % of babies with low birthweight, feeding, respiratory and seizure problems
- 77.6% of opioid exposed infants were Medicaid payers
- NAS Mean Length of stay=16 days
- Presume this increase relates to Rx epidemic

PRESCRIPTION OPIOID EXPOSED NEWBORNS



“In Maine, which has been especially plagued by prescription drug abuse, the number of newborns treated or watched for opiate withdrawal, known as neonatal abstinence syndrome, at the state’s two largest hospitals climbed to **276 in 2010 from about 70 in 2005**. Numbers were probably higher since pregnant women are rarely tested for drug use and many mothers do not admit to abusing opiates. “

IDC-9 Code 779.5 Newborn Drug Withdrawal at Discharge Florida



This just in 2010=1374 births (42% increase from 2009*)

Source:
unpublished
Florida Agency for
Health Care
Administration
report provided to
Florida Task Force
April 2012

Prevention of Substance Abuse and Mental Illness



Goal 1.4

Reduce prescription drug misuse and abuse.

Objective 1.4.1: Educate current and future prescribers regarding appropriate prescribing practices for pain and other medications subject to abuse and misuse.

Objective 1.4.2: Educate the public about the appropriate use of opioid pain medications, and encourage the safe and consistent collection and disposal of unused prescription drugs.

Objective 1.4.3: Support the establishment of State/Territory-administered controlled substance monitoring systems, and develop a set of best practices to guide the establishment of new State and Territorial programs and the improvement of existing programs.

Medical Education

- **LIVE CME COURSES ON PRESCRIBING OPIOIDS FOR CHRONIC PAIN.** The live courses are approved for 6.5 hours of Category I CME Credit by Case-Western Reserve University. In January, the annual review and update of the course curriculum, Syllabus and PowerPoints was completed by the national faculty
- **ONLINE CME (4 HOURS) COURSES ON PRESCRIBING OPIOIDS FOR CHRONIC PAIN.** Online courses have been developed as a series of modules, each targeted to a specific audience or addressing a particular aspect of prescribing opioids. The modules can be accessed at no cost at **www.opioidprescribing.com**.

GAO Report Prescription Pain Reliever Abuse – Coordinating Education – 12/2011



- State Boards requiring CME – California, Florida, Massachusetts, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, West Virginia.
- “Lack of proven strategies and messages (for Rx Drugs)...to ensure such efforts will have the desired outcomes.”
- Recommendations – establish outcome metrics and outcome evaluation resources.

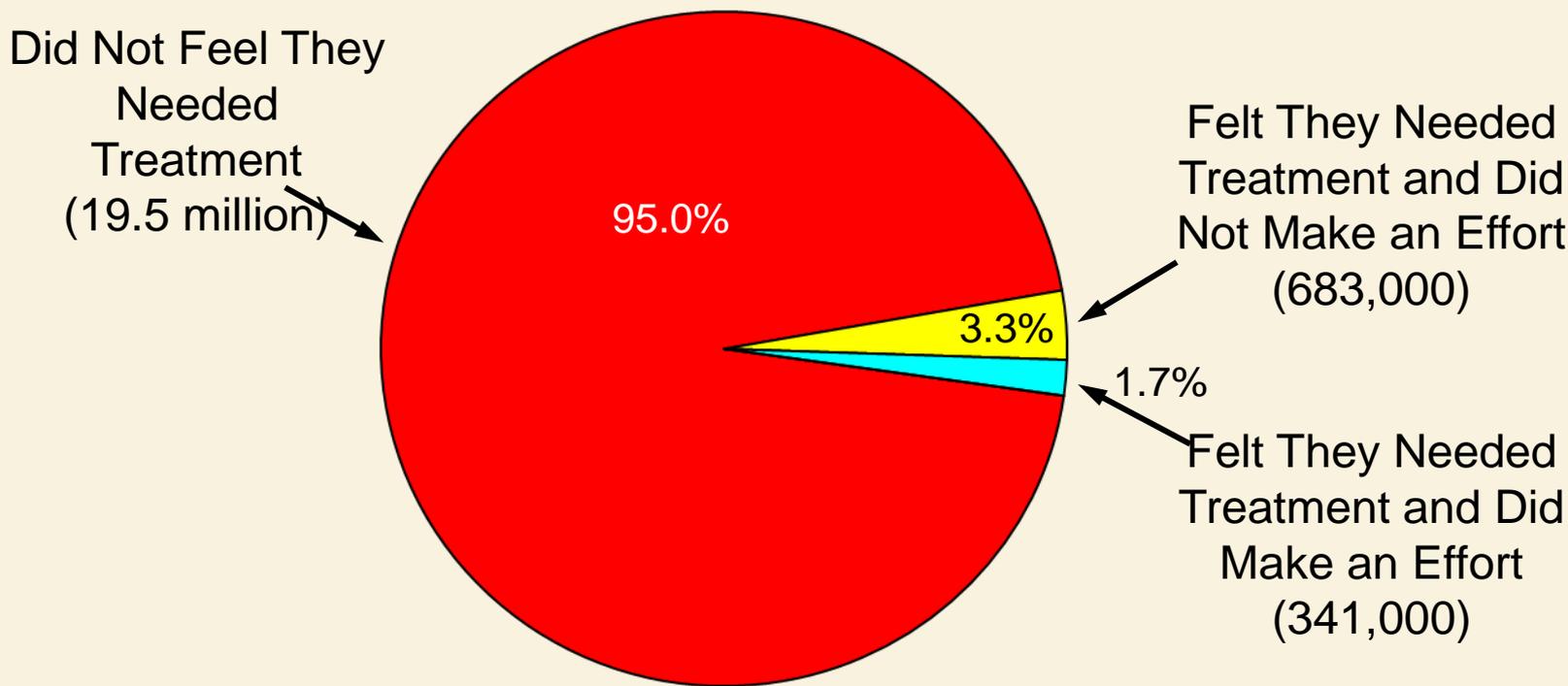
Dear Colleague Letter to OTPs

- Encouraged authorized program staff, program physicians to access State PDMP.
- Explained confidentiality issues.
 - Okay to access, w/out consent.
 - Not okay to transmit information to PDMP

Treatment and Recovery

- To the Editor, NY Times, May 9, 2012
- “The United States is facing a severe epidemic of addiction to opioid painkillers fueled by overprescribing. Overdoses now exceed car crashes as the leading cause of accidental death.
- “The article describes prescription drug monitoring databases as an underused tool to help identify “doctor-shoppers.” But rather than using the database to kick drug seekers out of emergency rooms and doctors’ offices, **efforts must be made to link these individuals to addiction treatment. If we fail to do so, this epidemic will continue unabated.**”
- Andrew Kolodny, M.D.

Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2010



20.5 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

TEDS New Report - 2011



- On average, 15.6 years elapse between first use and first admission to treatment
- Males – 16.5 years
- Females – 13.8 years
- Alcohol, longest 20.2 years
- Prescription Pain relievers shortest, 7.8 years

Types of Substance Abuse Treatment



- In patient, residential
- In patient detoxification
- Involuntary committment
- Drug free, 12-step
- Therapeutic communities
- Outpatient maintenance for opioids
 - Heroin
 - Prescription pain relievers

Treatment Interventions - Counseling

12 Step Oriented Treatment
Group Therapy
Cognitive Behavioral
Cue Exposure
Network Therapy
Couple or Family
Motivational Enhancement

Self-help Groups
Supportive Psychotherapy
Contingency Management
Psychodynamic
Community-Based Model
Vocational Training
Relapse Prevention

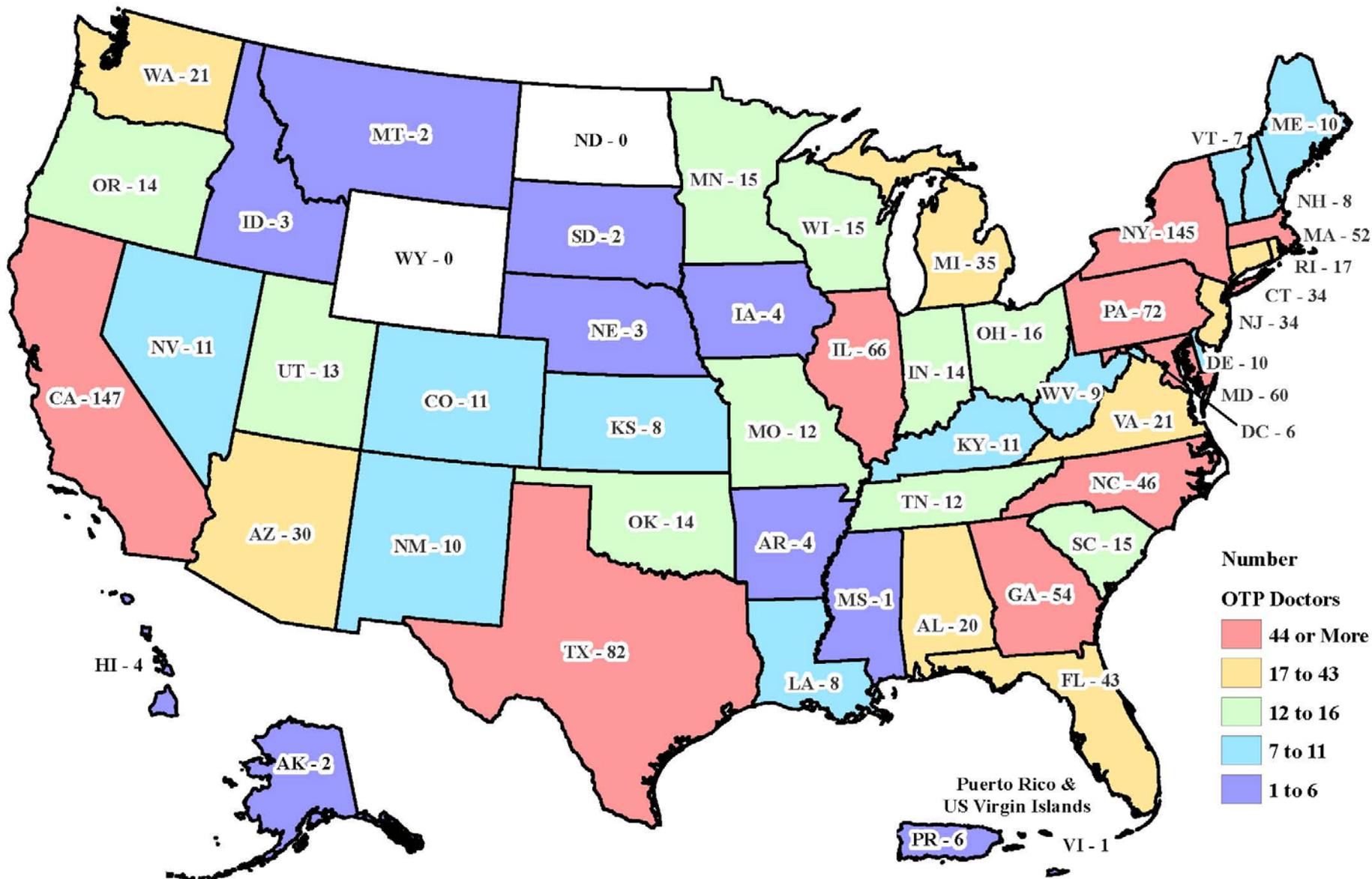


Medication-Assisted Opioid Therapy—March 31, 2010



- Patients receiving methadone or buprenorphine in Opioid Treatment Programs (OTPs) accounted for 28 percent of all clients in treatment, although OTPs were available in only 1,166 (9 percent) of all substance abuse treatment facilities
- Private for-profit organizations operated 53 percent of OTPs compared to 30 percent of all substance abuse treatment facilities
- Of the 304,656 patients receiving medication-assisted opioid therapy in OTPs, 98 percent (298,170) received methadone. Of the 27,456 clients receiving buprenorphine, 76 percent received it in facilities that were not OTPs.

SAMHSA/Center for Substance Abuse Treatment Distribution of Opioid Treatment Programs in the United States



Medication-Assisted Treatment Update

OBOT Buprenorphine

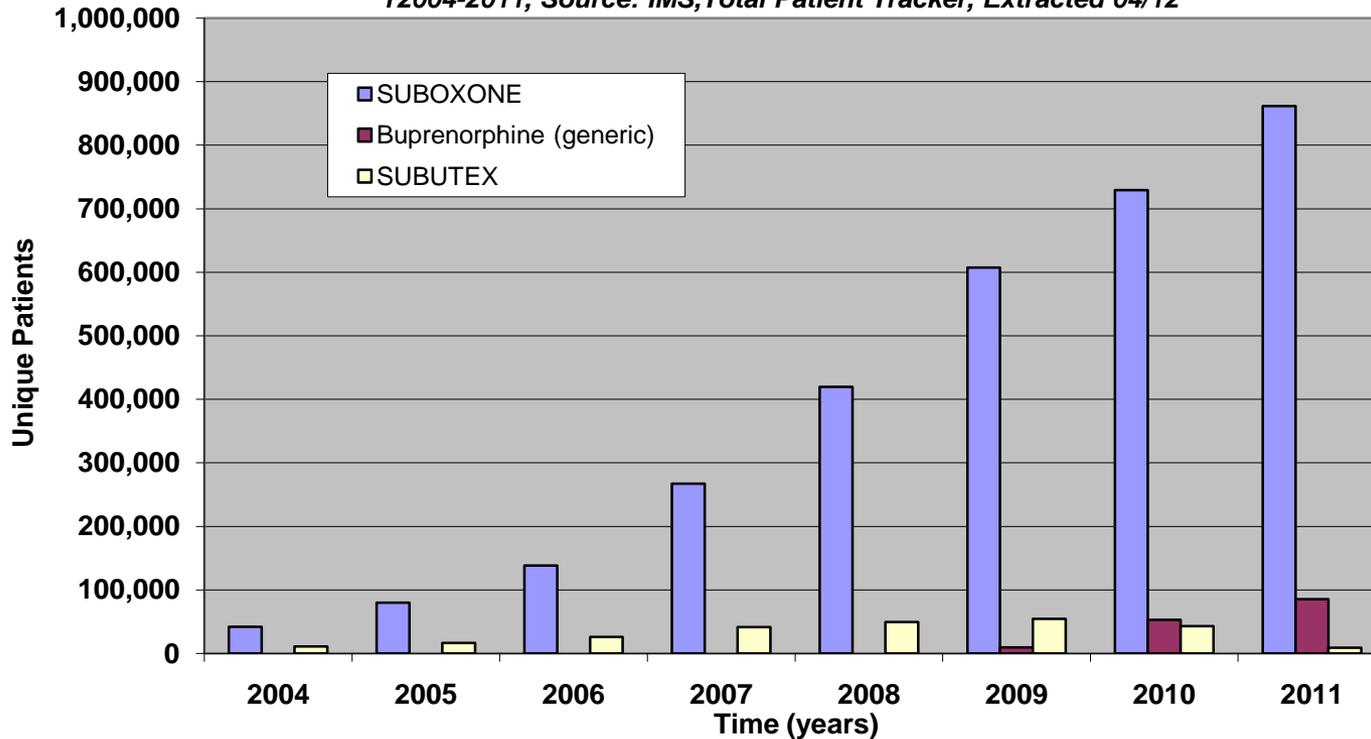


- 2000 Law permits physicians to treat 30 or 100 patients.
- As of April 2012, over 30,000 physicians have been trained by a Drug Addiction Treatment Act of 2000 (DATA) recognized medical organization.
- Approximately 23,000 physicians have received a waiver to prescribe buprenorphine.
- 5900 physicians have indicated their intent to treat up to 100 patients.

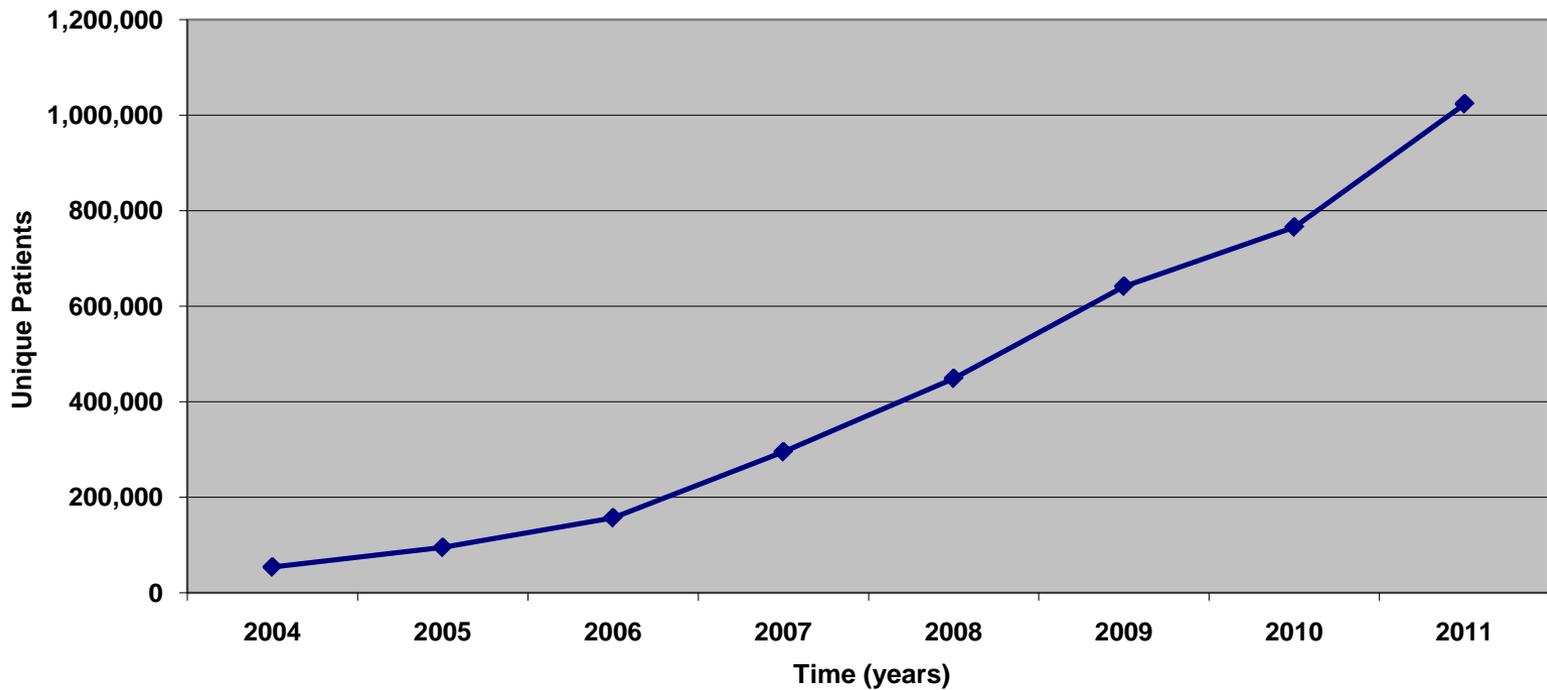
Buprenorphine Distribution

Nationally estimated number of unique patients receiving a dispensed prescription for Suboxone, Subutex, and Buprenorphine-generic (sublingual) from U.S. outpatient retail pharmacies

Y2004-2011, Source: IMS, Total Patient Tracker, Extracted 04/12



Nationally estimated number of unique patients receiving a dispensed prescription for buprenorphine products through U.S. outpatient retail pharmacies,
Years 2004-2011, Source: IMS, Total Patient Tracker, Extracted 04/12



Buprenorphine Distribution DEA ARCOS-2010



VERMONT	300,452
MAINE	256,702
RHODE ISLAND	189,770
MASSACHUSETTS	175,123
WEST VIRGINIA	161,220
KENTUCKY	160,511
TENNESSEE	140,370
CONNECTICUT	140,230
NEW HAMPSHIRE	134,195
UTAH	126,854

FDA Approval of Vivitrol for Opioid Treatment

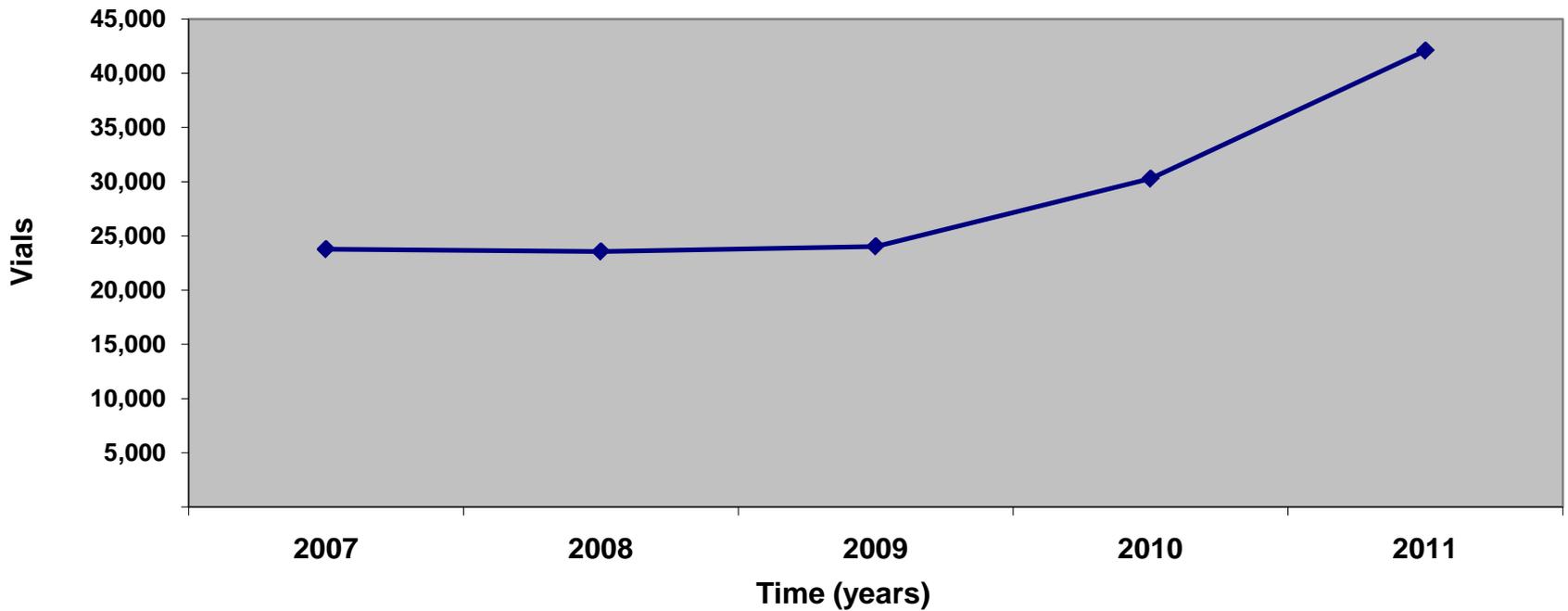


- The Food and Drug Administration (FDA) has approved Vivitrol (injectible Naltrexone) for use as a monthly injection to treat opioid addiction. (“Prevention of relapse in combination with psychosocial services”)
 - Vivitrol was previously approved to treat alcohol addiction.
- In 6-month long tests, 36% of Vivitrol-treated patients were able to stay in treatment for the full six months without using drugs, compared with 23% in the placebo group.
- Use of Vivitrol could help reduce stigma and increase access for certain MAT patients.

Vivitrol Distribution Trends

Vivitrol Vials Sold from the Manufacturer to Various Channels of Distribution, Years 2007-2011

IMS Health, IMS National Sales Perspectives™. Data Extracted April 2012



Federal Initiatives Rx Opioid Overdoses (2)



- Opioid Surveillance
- Medical examiner case definition
- DEA – voluntary restrictions on methadone 40 mg diskette distribution
- Consumer Education – methadone safety pamphlets, video
- FDA Opioid REMS
- ONDCP Rx Drug Abuse Prevention Strategy

ASTHO-SAMHSA Opioid Treatment Program Opioid Overdose Toolkit

- Rationale:
- Opioid Treatment Programs – regulated by SAMHSA.
- Compliments DVD's on methadone safety
 - OTPs have experience with opioid overdoses
 - Patients
 - Community
 - Recovery – “You can't recover if you are dead.”
William White, April 2012

OTP Overdose Prevention Toolkit



→ Content

- Providers
- Patients

→ Do's and Don'ts

→ Recognizing overdose

→ Rescue breathing

→ Understanding how naloxone works

→ How to administer naloxone

Future for Naloxone

- Nasal route of administration?
- Non-prescription status?
- FDA Public Meeting, April 12, 2012
 - Overwhelming support
 - Rx to OTC possible
 - Additional studies needed.
- International – programs in many countries
- WHO and UN considering

Utilize Physician Clinical Support System (PCSS-B)

- National system of mentors with expertise in OBOT
- Free, on-line/phone mentoring
- Paired up based on your request: region, specialty
- Register @
www.pcssbuprenorphine.org/pcss/about.php

Physician Clinical Support

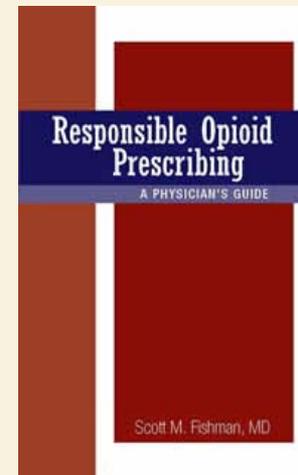
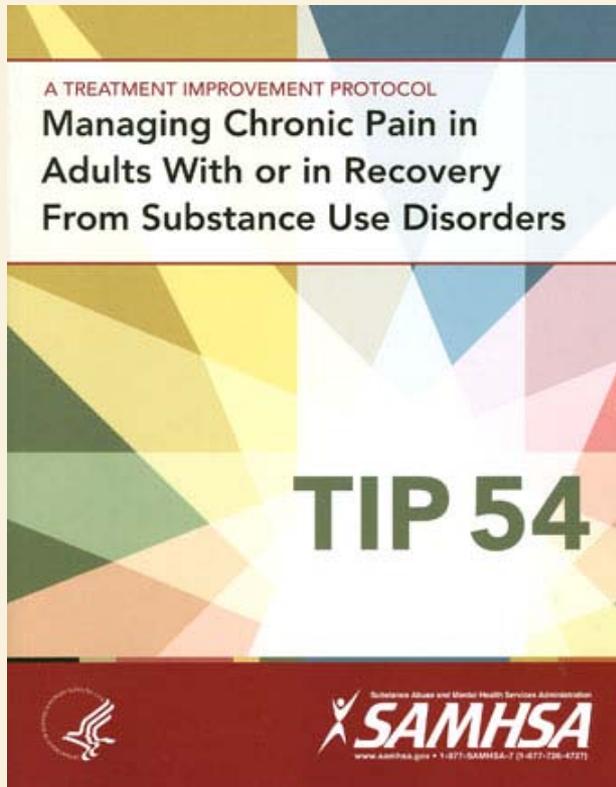
→ PCSS – O

- Provides mentoring, guidelines for opioids in addiction and pain treatment
 - New Grant Cycle for FY-2011
 - Webinars, guidelines, includes Dentists

→ PCSS – B – New grant award in 2010

- Mentoring, guidelines (detox to Vivitrol?)
- Monthly Webinars

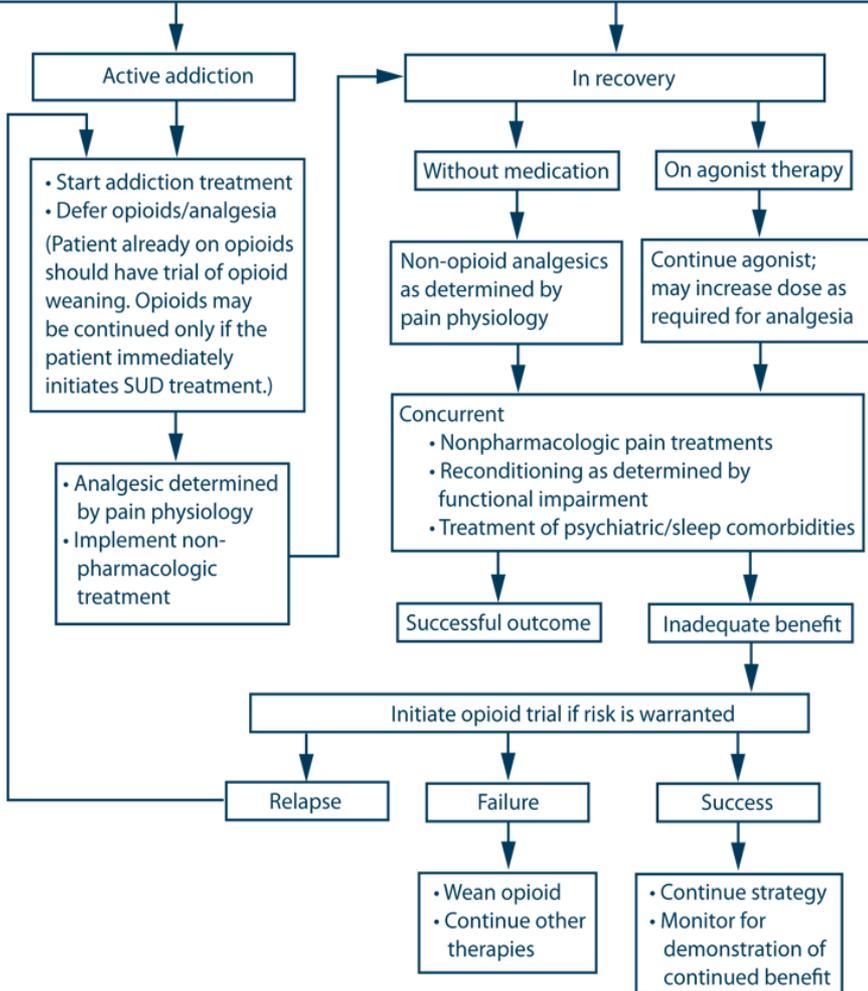
For more information...



Algorithm for Managing Chronic Pain in Patients With SUD (TIP 54)

Evaluation sufficient to confirm:

- Diagnosis of chronic pain (pain does not result from a health-threatening or correctable pathology)
- Functional impairment
- Psychological comorbidity



Key Points:

- Pain treatment goals should include improved functioning and pain reduction.
- Treatment for pain and comorbidities should be integrated.
- Non-opioid pharmacological and nonpharmacological therapies should be considered routine before opioid treatment is initiated.
- Opioids may be necessary and should not be ruled out based on an individual's having an SUD history.
- The decision to treat pain with opioids should be based on a careful consideration of benefits and risks.
- Addiction specialists should be part of the treatment team and should be consulted in the development of the pain treatment plan, when possible.
- A substantial percentage of patients with and without SUDs will fail to benefit from prolonged opioid therapy, in which case it should be discontinued, as with any other failed treatment.

SAMHSA Information

- SAMHSA website: www.samhsa.gov
- Medication-Assisted Treatment information: <http://dpt/index.aspx>
- Buprenorphine web site: www.buprenorphine.samhsa.gov
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
 - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)

Clinical Guidelines for Use of Buprenorphine in the Treatment of Opioid Addiction

A Treatment Improvement Protocol
TIP 40

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov



HANDBOOK OF Office-Based Buprenorphine Treatment OF OPIOID DEPENDENCE

John A. Renner Jr., M.D.
Petros Levounis, M.D., M.A.

Medication-Assisted Treatment in Opioid Addiction Treatment Programs

A Treatment Improvement Protocol
TIP 43

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Questions & Discussion