



PROP

Physicians for Responsible
Opioid Prescribing

The Prescription Opioid and Heroin Crisis: *An Epidemic of Addiction*

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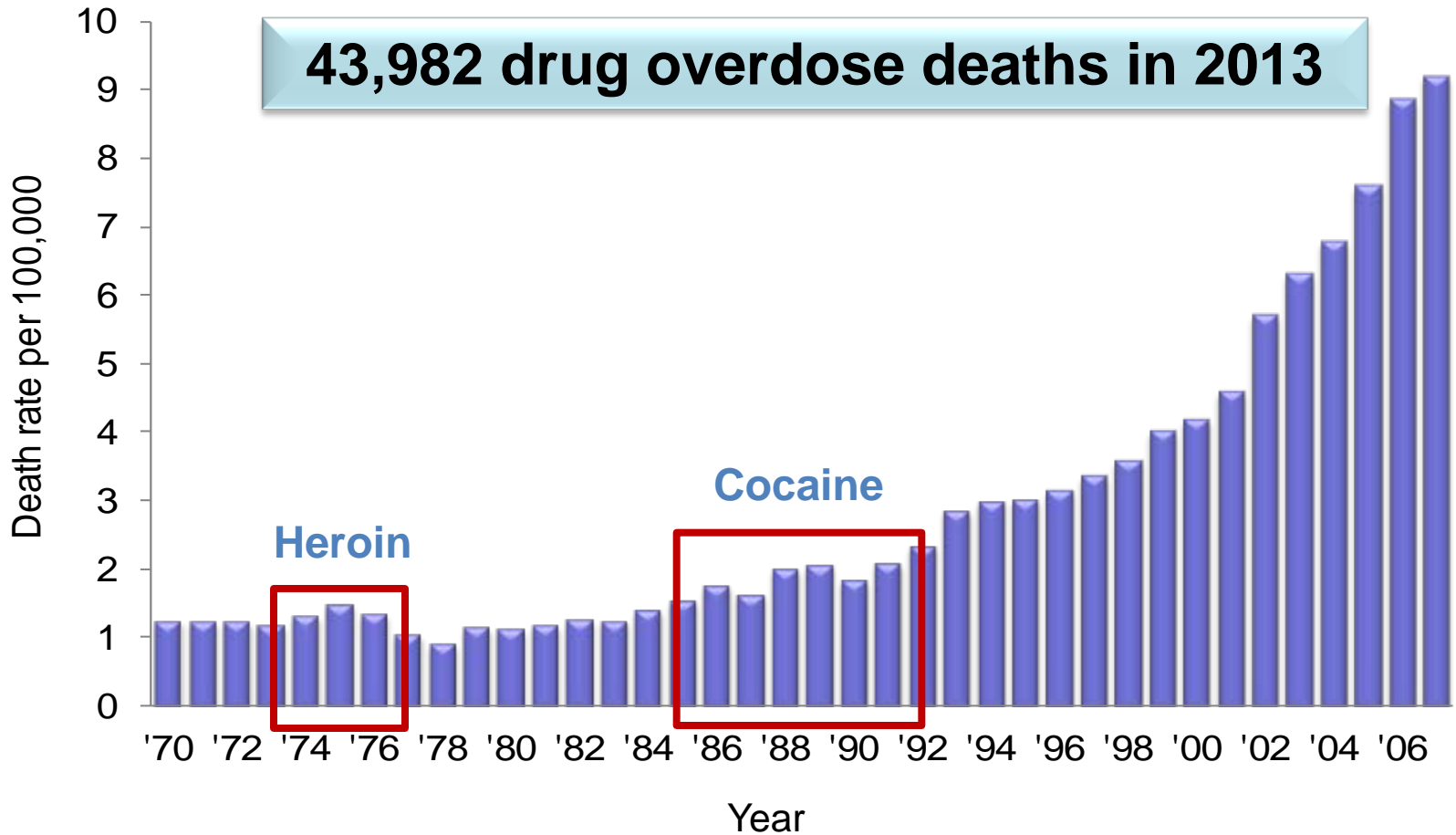


Phoenix House
Rising Above Addiction

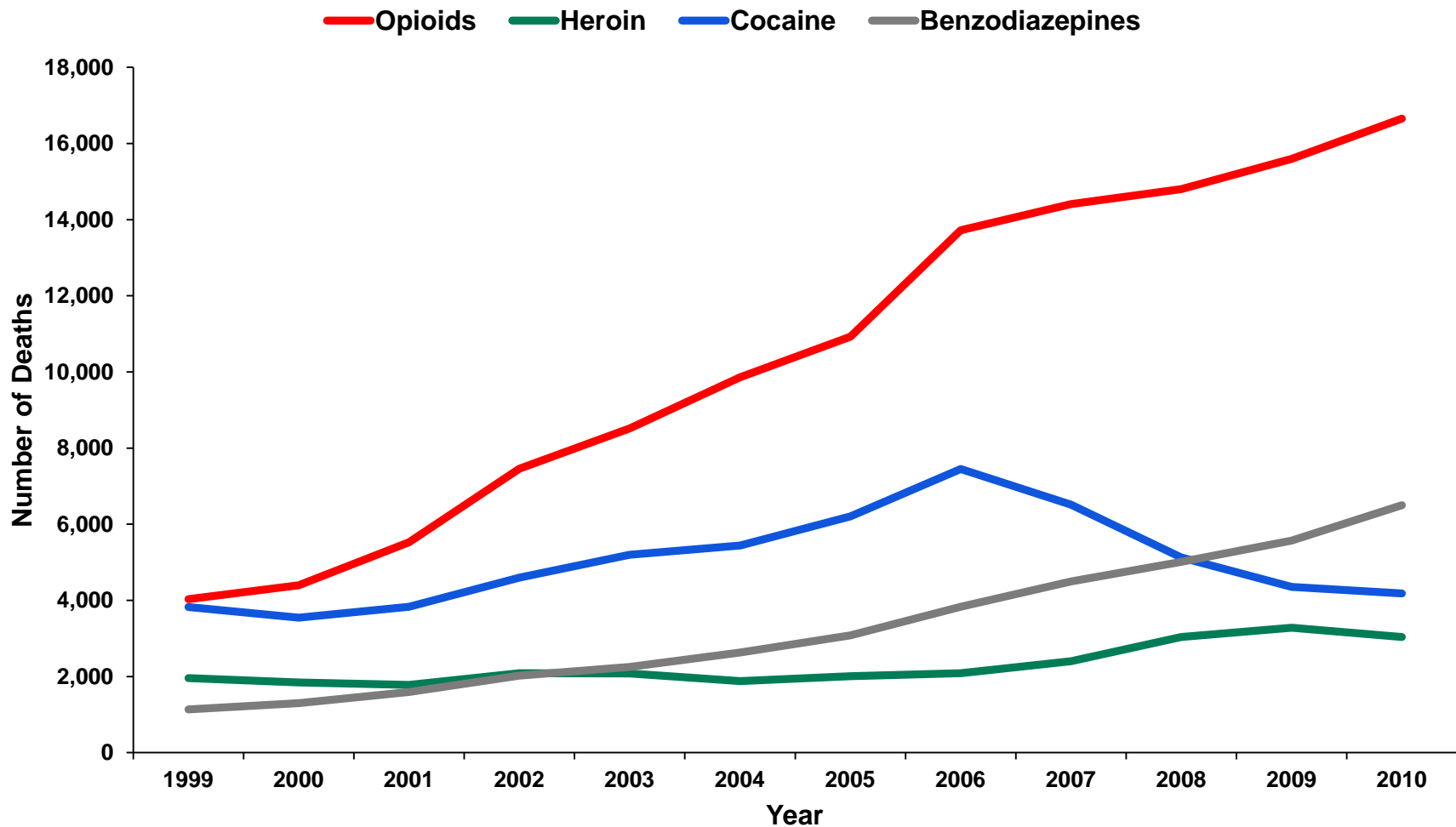
Opium



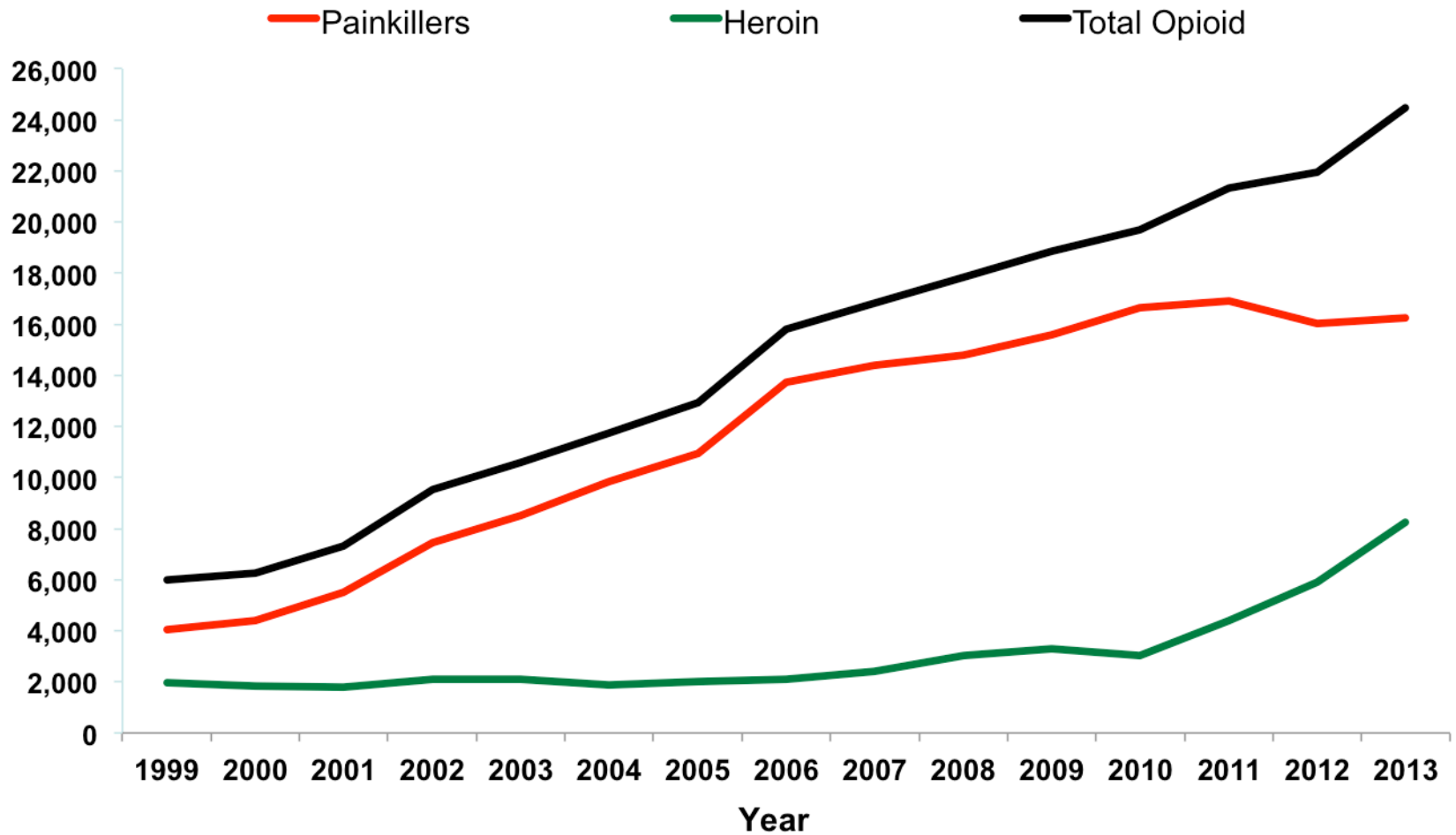
Unintentional Drug Overdose Deaths United States, 1970–2007



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

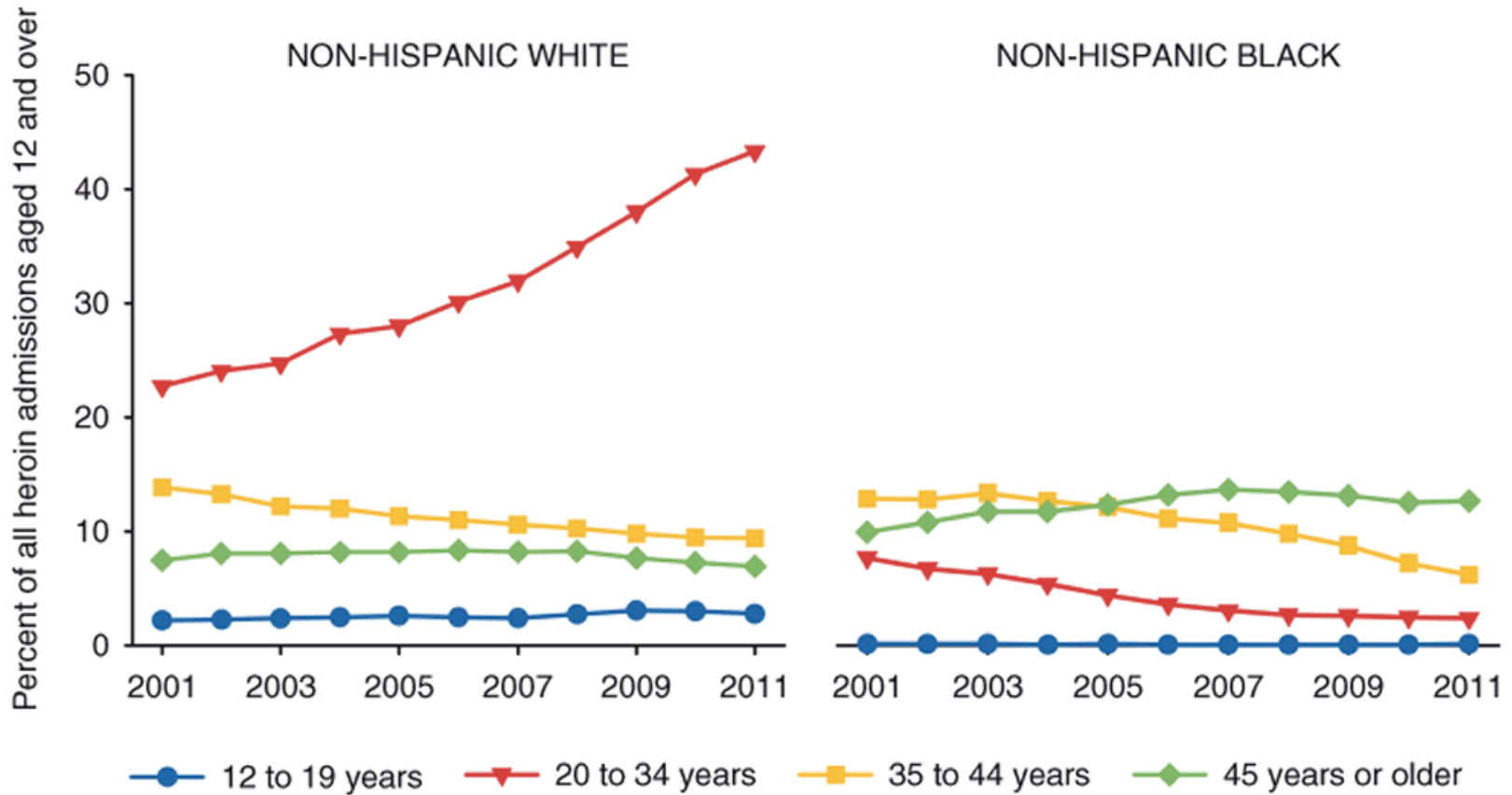


Opioid Related Overdose Deaths United States, 1999-2013



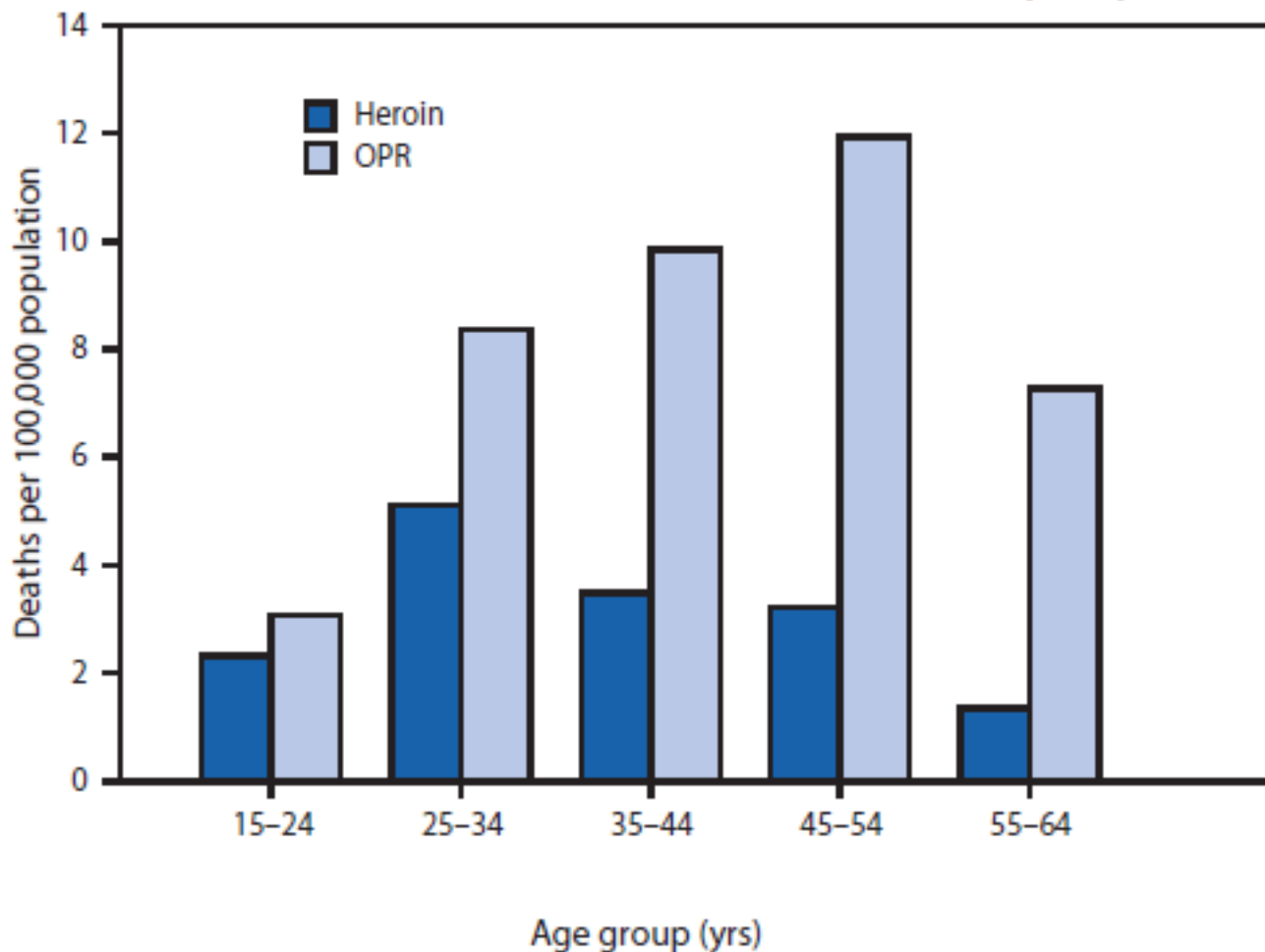
Heroin admissions, by age group & race/ethnicity: 2001- 2011

Figure 21. Heroin admissions aged 12 and older, by age group and race/ethnicity: 2001-2011



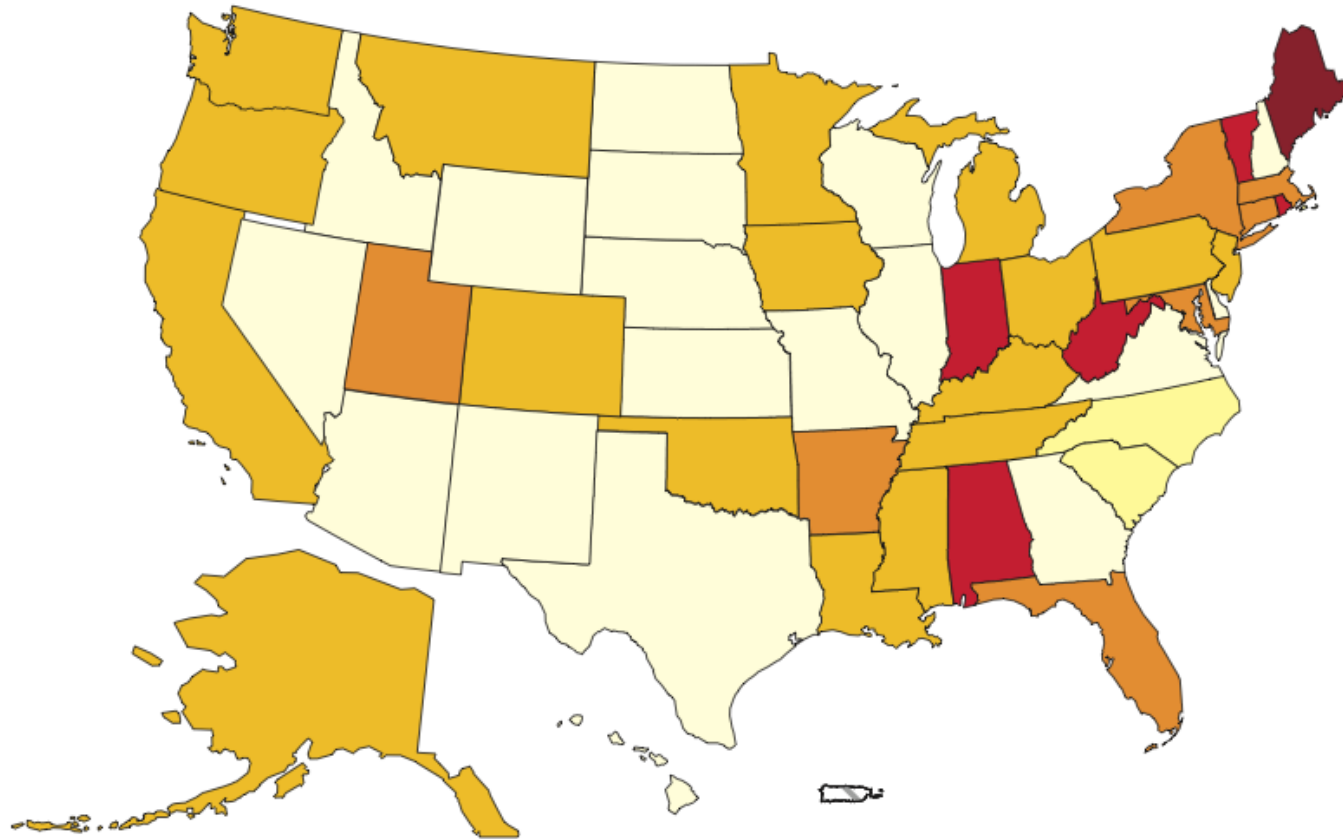
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

Death rates from overdoses of heroin or prescription opioid pain relievers (OPRs), by age group

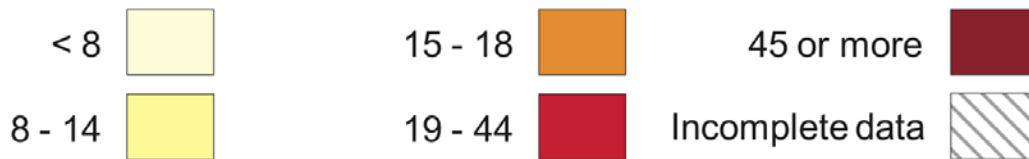


SOURCE: CDC. *Increases in Heroin Overdose Deaths — 28 States, 2010 to 2012*
MMWR. 2014, 63:849-854

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

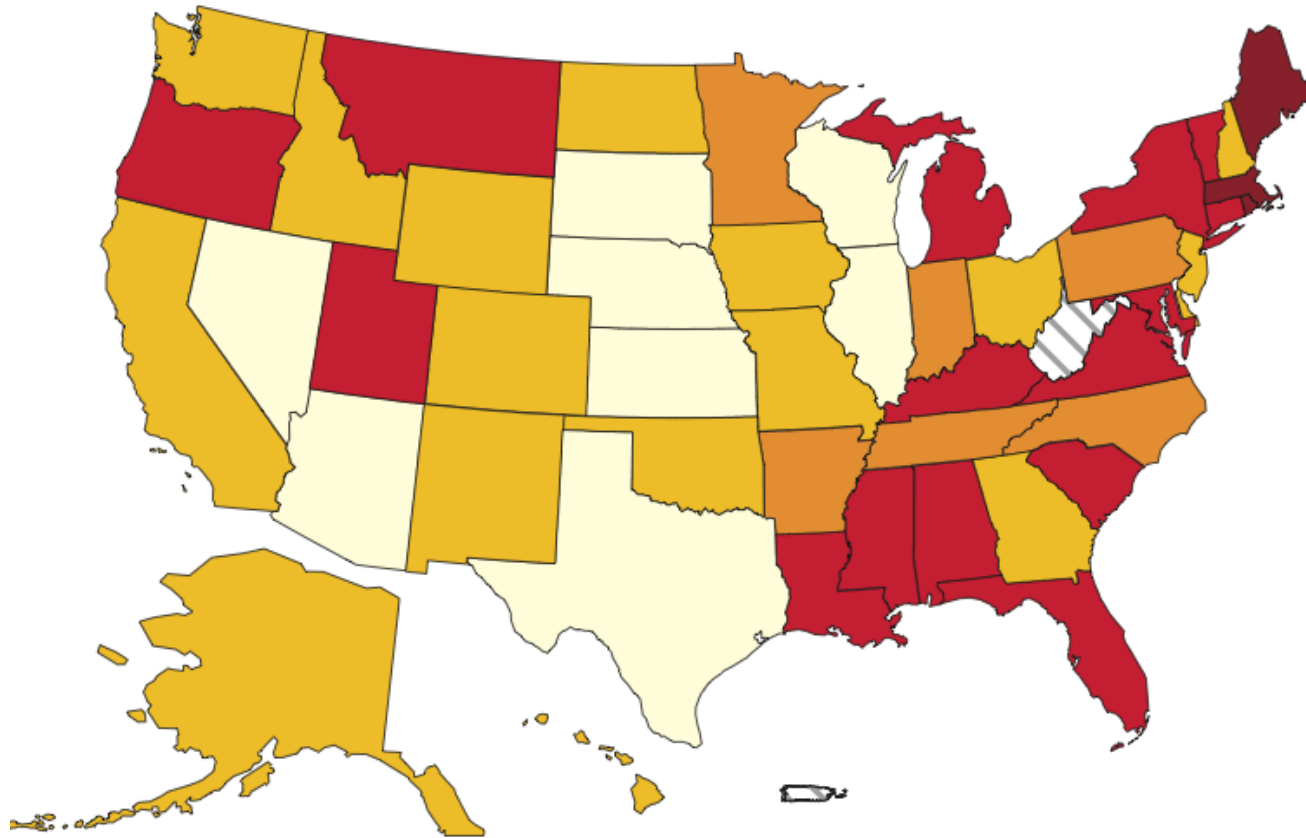


1999
(range 1 - 50)



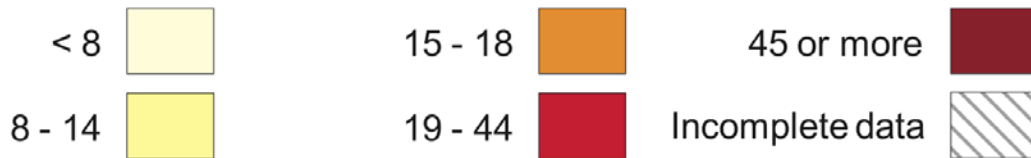
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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



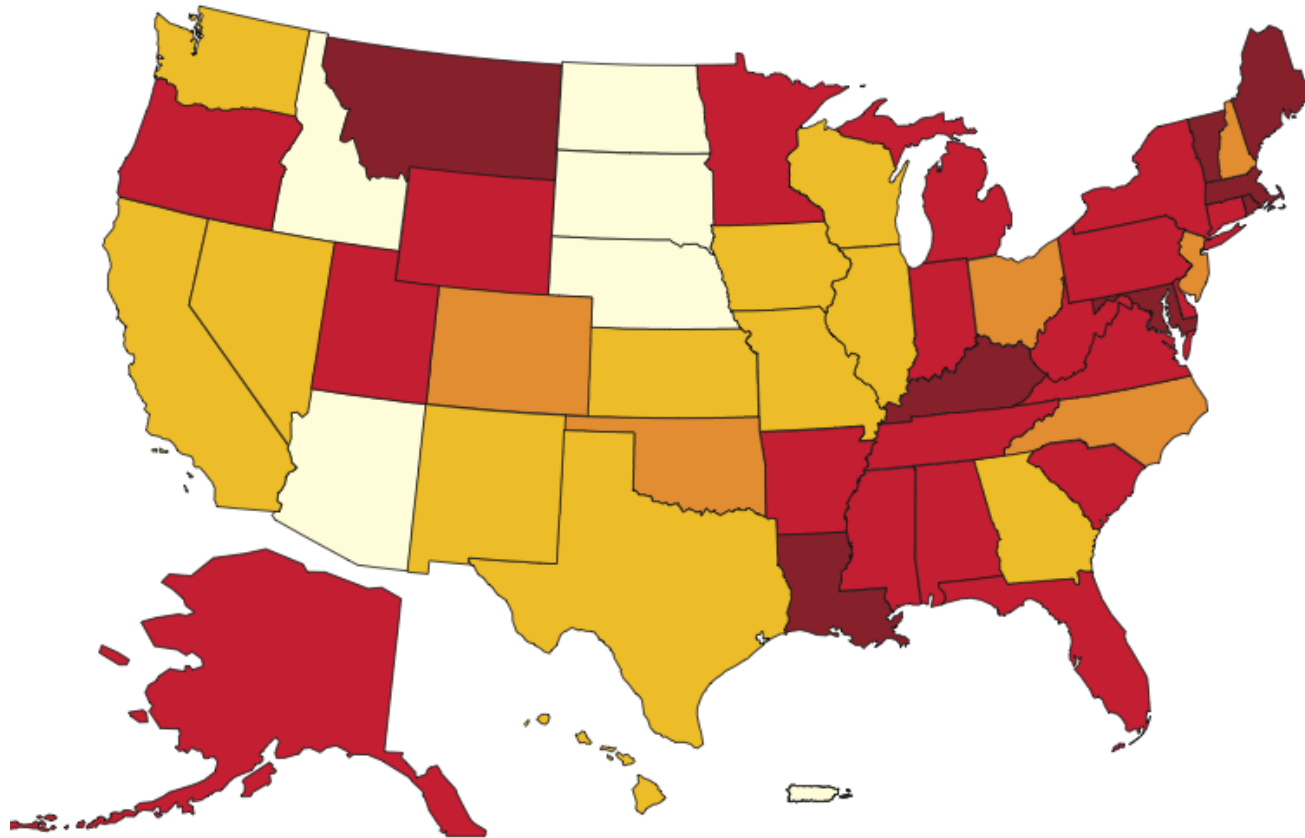
2001

(range 1 – 71)



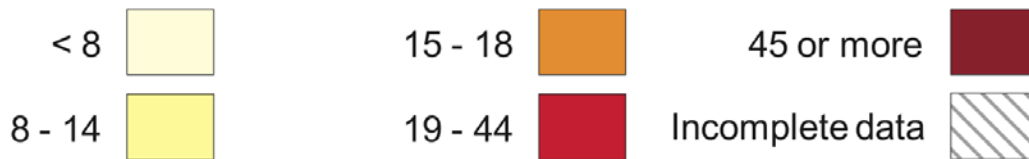
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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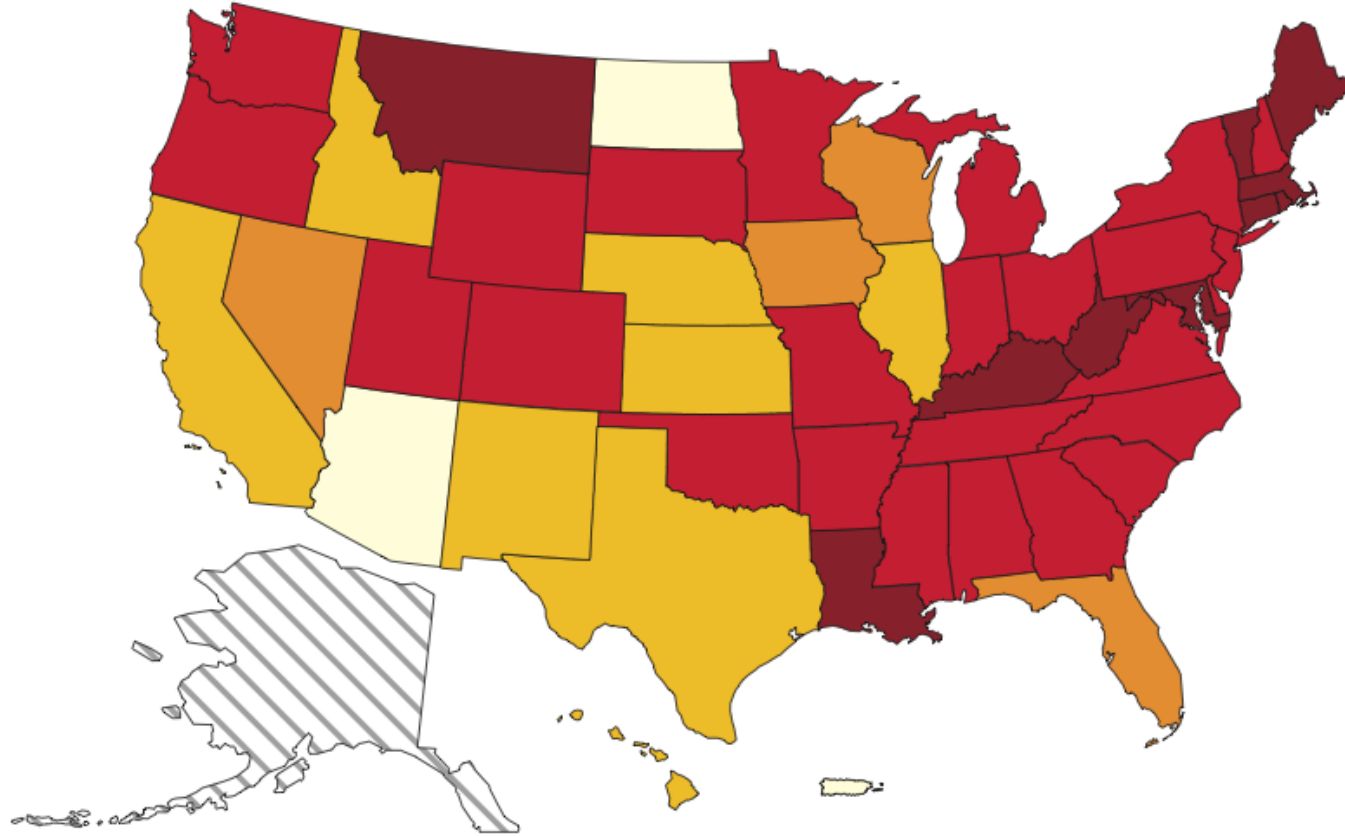
2003

(range 2 – 139)



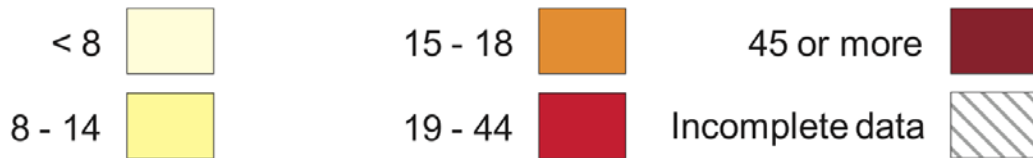
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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



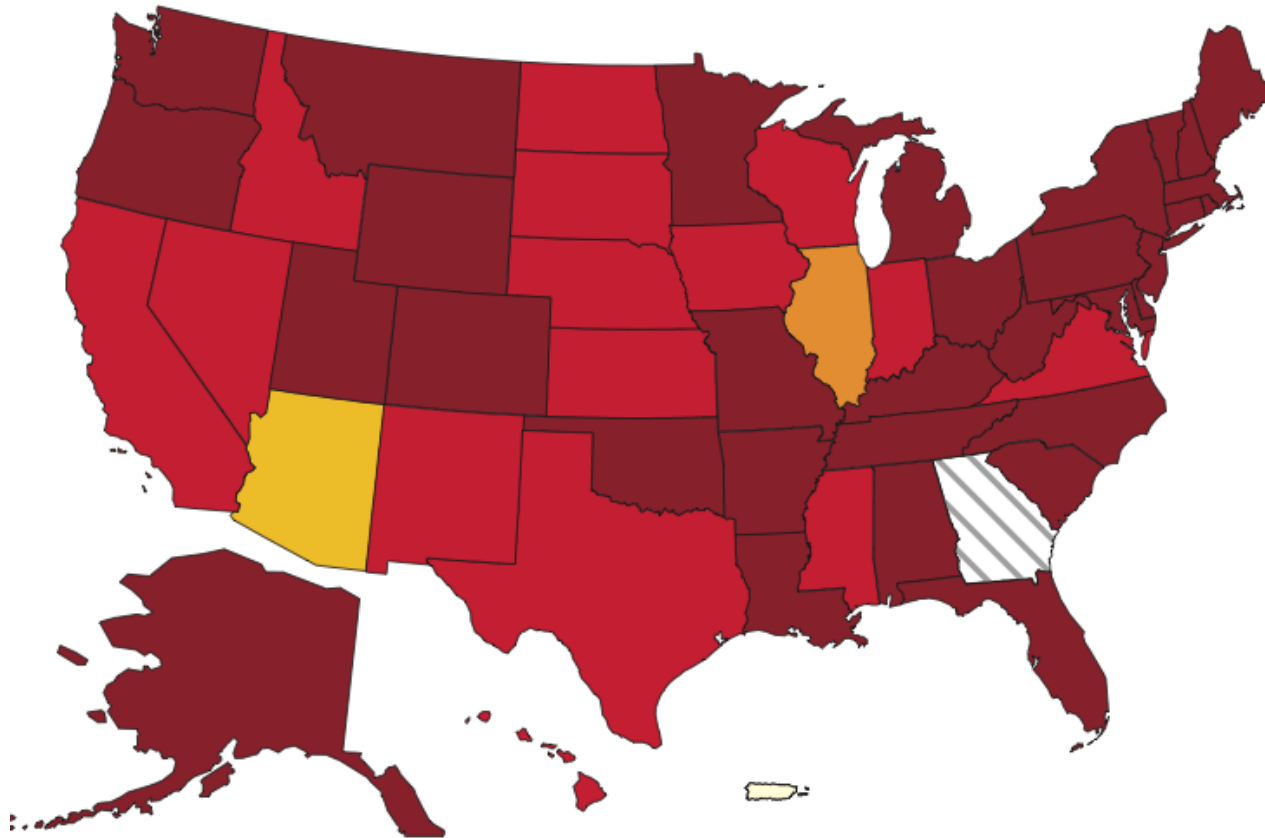
2005

(range 0 – 214)



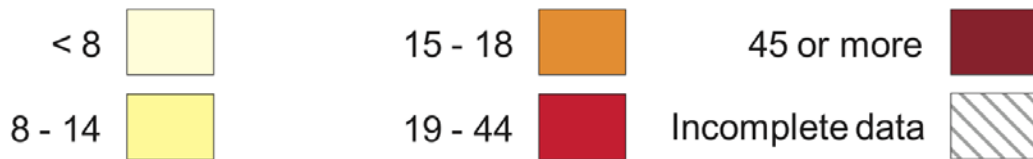
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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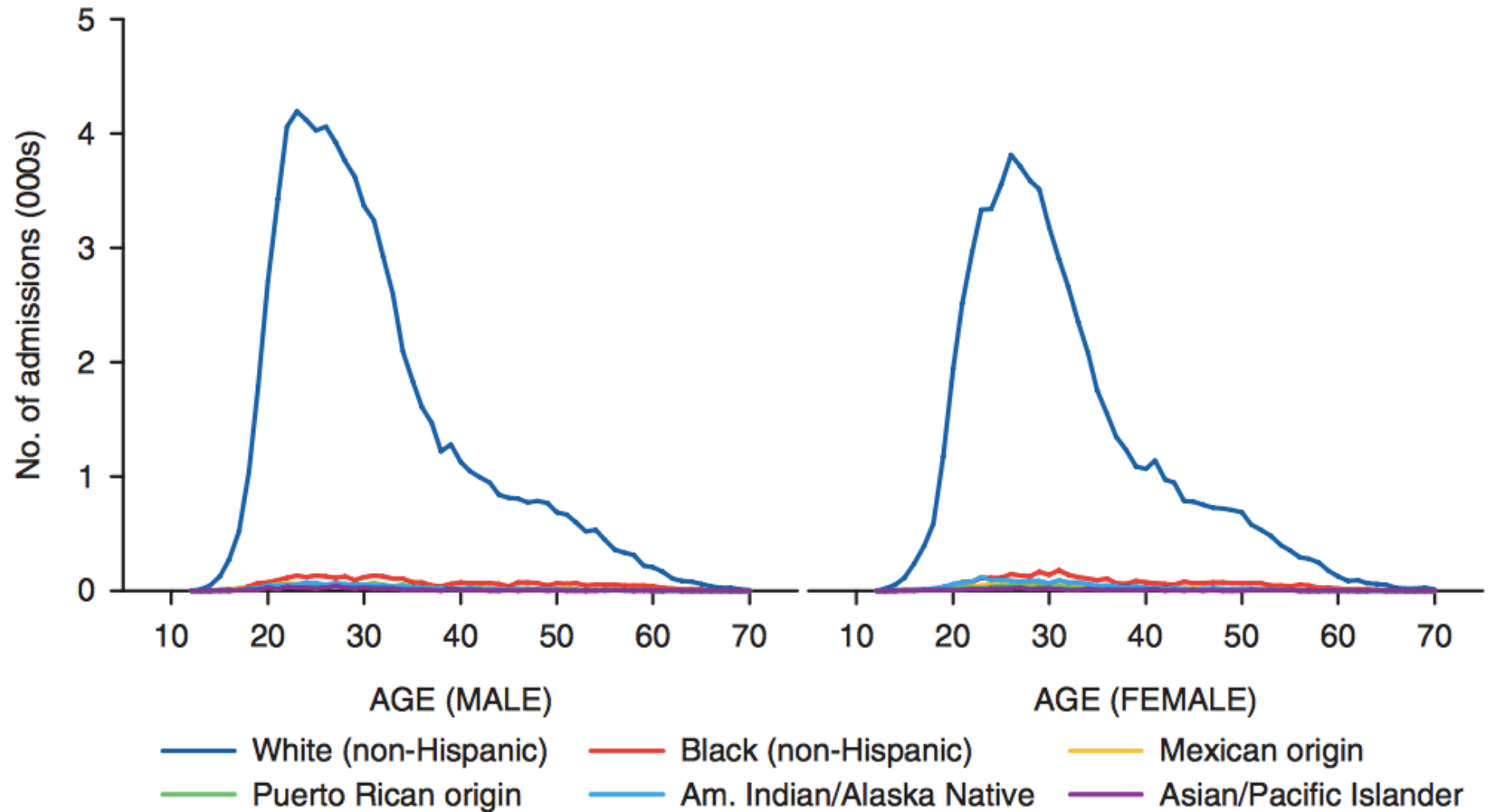
2009

(range 1 – 379)



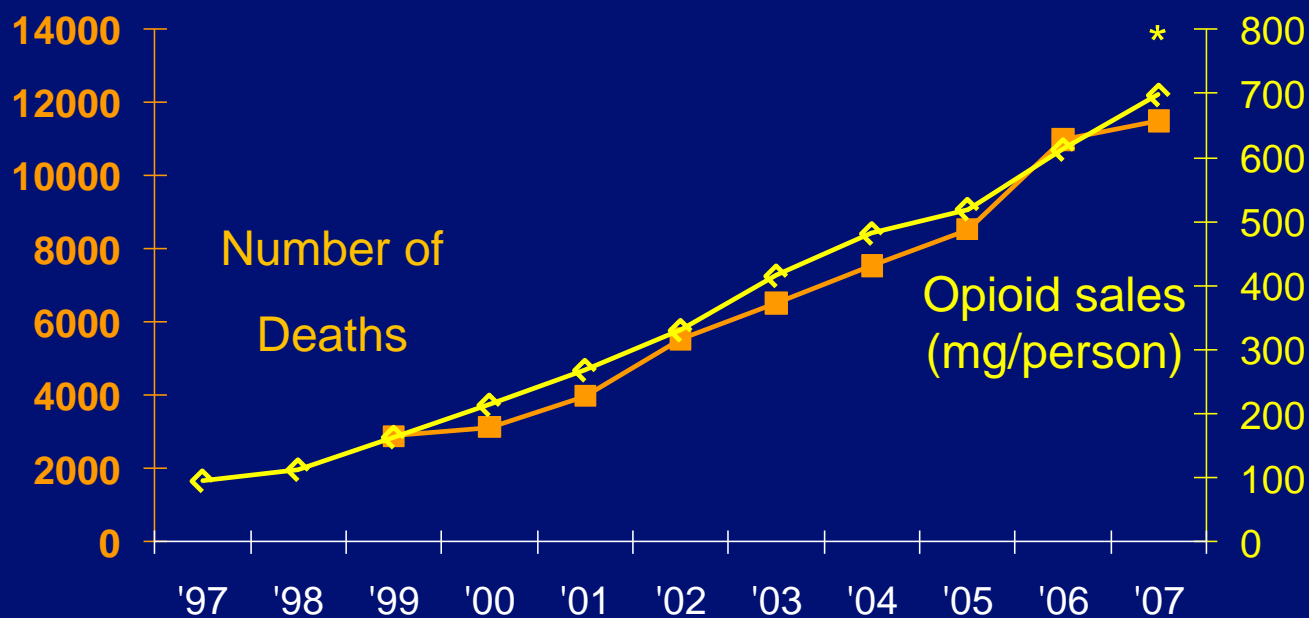
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

Figure 9. Non-heroin opiate admissions, by gender, age, and race/ethnicity: 2012



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.17.13.

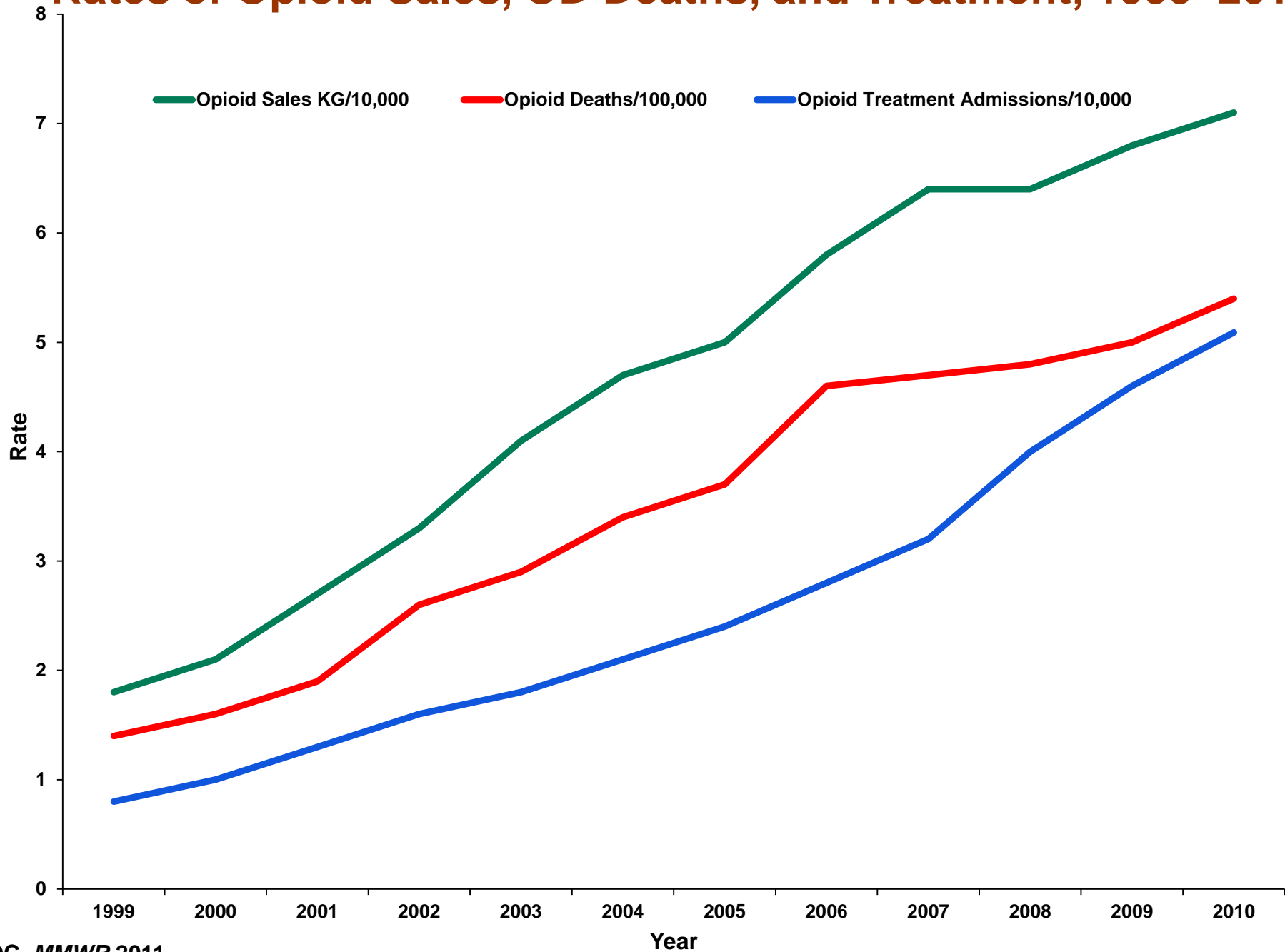
Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007



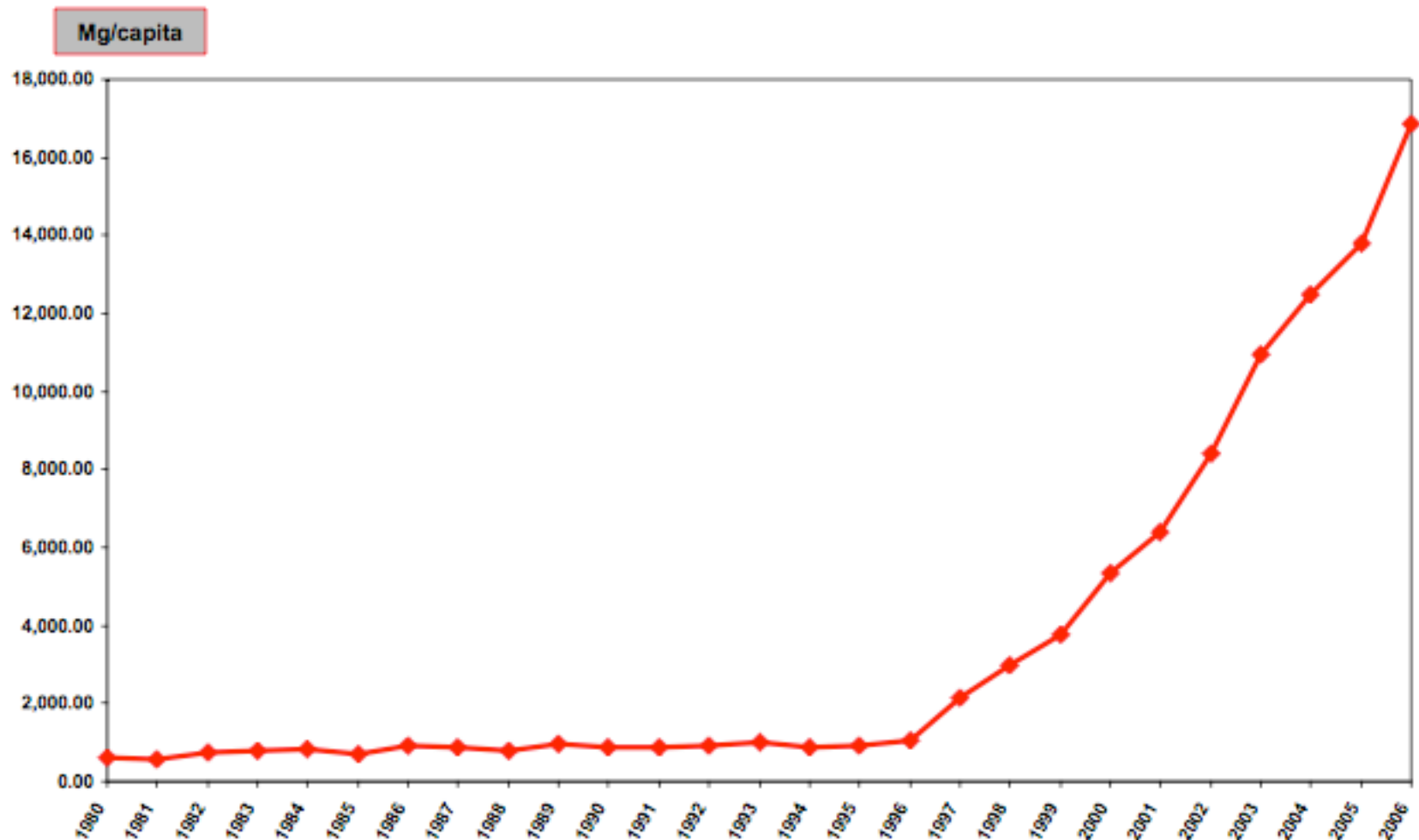
Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS

* 2007 opioid sales figure is preliminary.

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

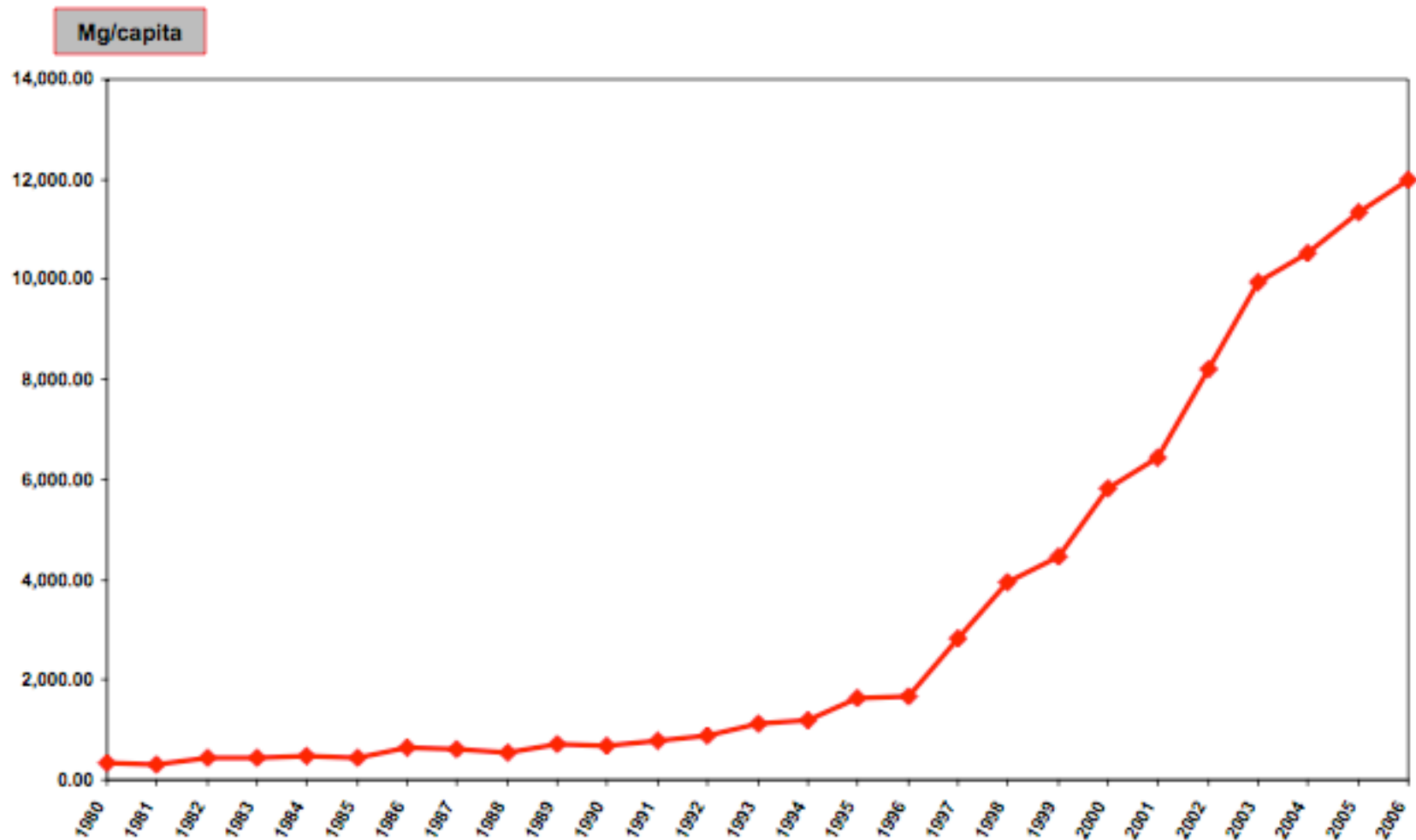


New York Consumption of Oxycodone 1980 - 2006



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

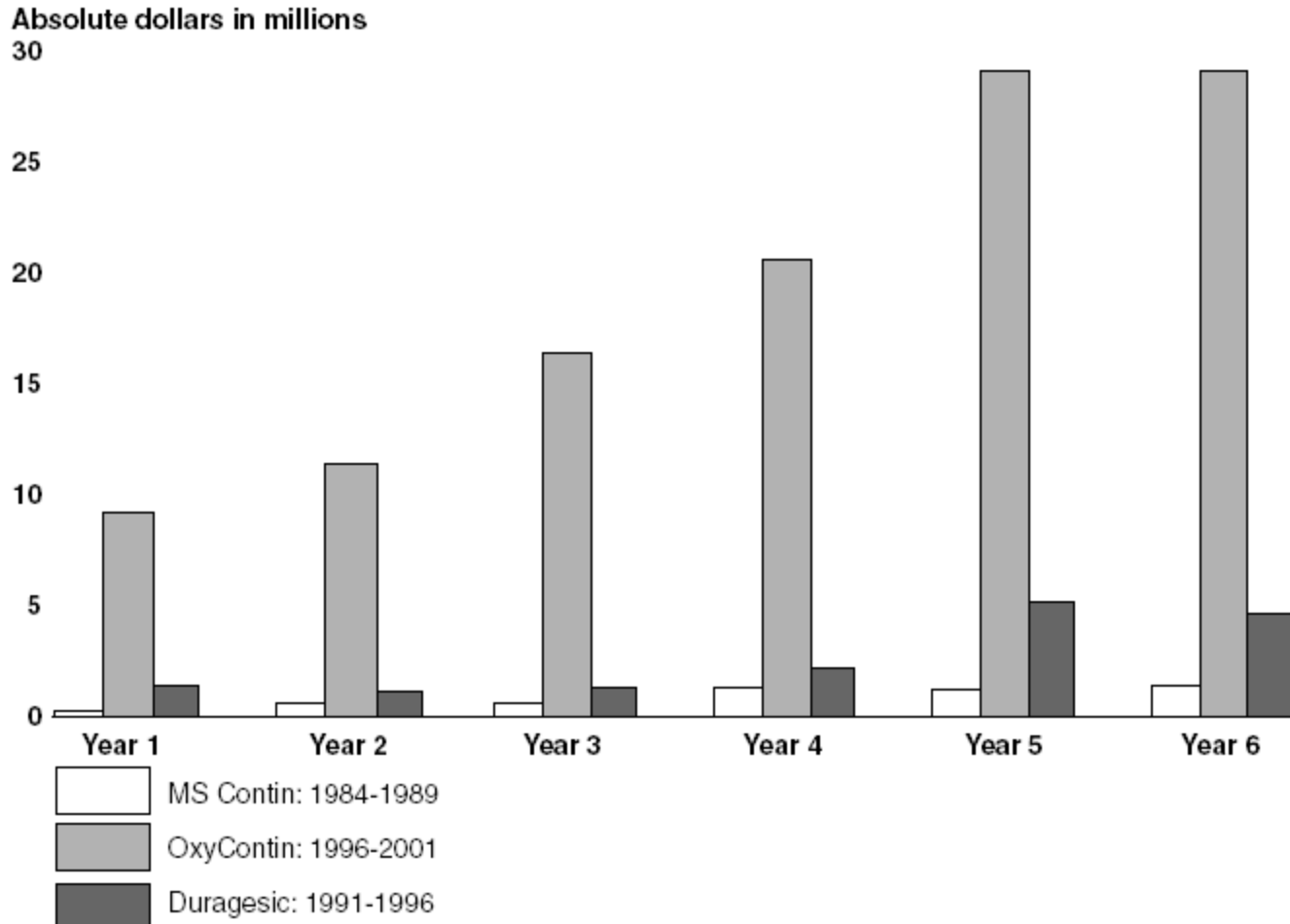
New York Consumption of Hydrocodone 1980 - 2006



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 “educational” messages

- Physicians are needlessly allowing patients to suffer because of “opiophobia.”
- Opioid addiction is rare in pain patients.
- Opioids can be easily discontinued.
- Opioids are safe and effective for chronic pain.

Industry-funded organizations campaigned for greater use of opioids

- Pain Patient Groups
- Professional Societies
- The Joint Commission
- The Federation of State Medical Boards



“The risk of addiction is much less than 1%”

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

Cited 824 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 patients¹ 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.

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Waltham, MA 02154

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.

Long-term Opioid Treatment of Nonmalignant Pain

A Believer Loses His Faith

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

WWW.ARCHINTERNMED.COM

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 Korf, ScD; Andrew Kolodny, MD; Richard A. Davis, 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

Patient Satisfaction, Prescription Drug Abuse, and Potential Unintended Consequences

EXPAND

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

Controlling the epidemic:

A Three-pronged Approach

- **Prevent** new cases of opioid addiction.
- **Treatment** for people who are already addicted.
- **Reduce supply** from pill mills and the black-market.

Teenage brains may be more vulnerable to addiction

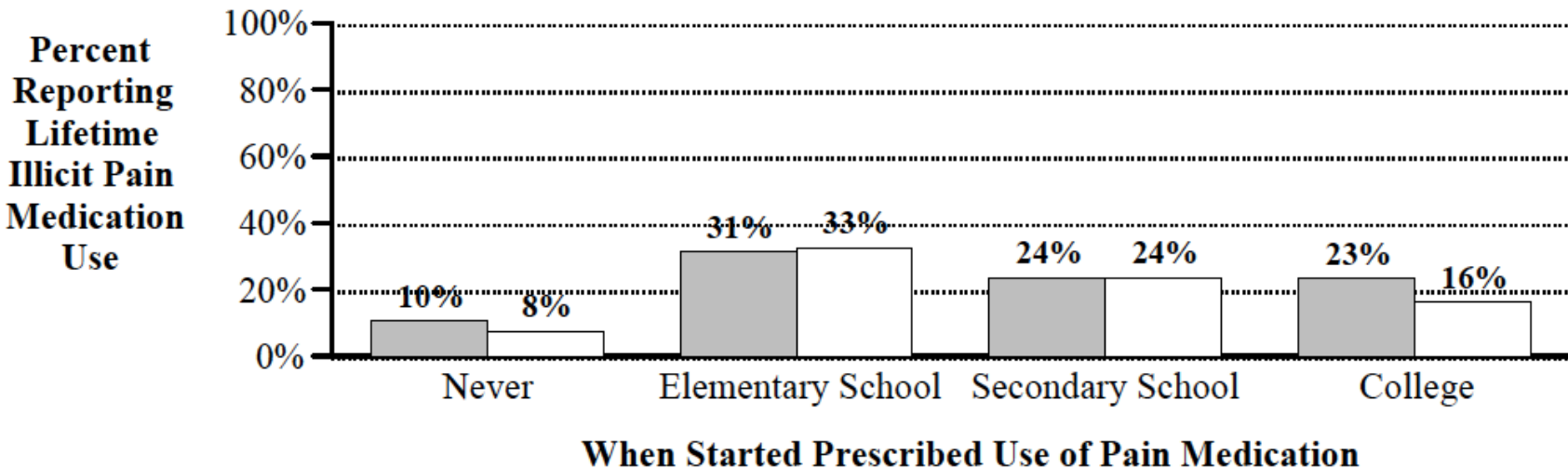


Nonmedical Use in College is Most Common in Students Prescribed Opioids as Children

Prevalence of Lifetime Illicit Pain Medication Use Among College Students, by Prescribed Pain Medication Use

(n=8,438 students at a Midwestern university)

■ Men □ Women



McCabe, S.E.; Teter, C.J.; and Boyd, C.J. "Illicit Use of Prescription Pain Medication Among College Students," Drug and Alcohol Dependence 77(1):37-47, 2005

Prescription Opioids in Adolescence and Future Opioid Misuse

Richard Miech, Lloyd Johnston, Patrick M. O'Malley, Katherine M. Keyes and Kennon Heard

Pediatrics; originally published online October 26, 2015;

BACKGROUND AND OBJECTIVE: Legitimate opioid use is associated with an increased risk of long-term opioid use and possibly misuse in adults. The objective of this study was to estimate the risk of future opioid misuse among adolescents who have not yet graduated from high school.

METHODS: Prospective, panel data come from the Monitoring the Future study. The analysis uses a nationally representative sample of 6220 individuals surveyed in school in 12th grade and then followed up through age 23. Analyses are stratified by predicted future opioid misuse as measured in 12th grade on the basis of known risk factors. The main outcome is nonmedical use of a prescription opioid at ages 19 to 23. Predictors include use of a legitimate prescription by 12th grade, as well as baseline history of drug use and baseline attitudes toward illegal drug use.

RESULTS: Legitimate opioid use before high school graduation is independently associated with a 33% increase in the risk of future opioid misuse after high school. This association is concentrated among individuals who have little to no history of drug use and, as well, strong disapproval of illegal drug use at baseline.

CONCLUSIONS: Use of prescribed opioids before the 12th grade is independently associated with future opioid misuse among patients with little drug experience and who disapprove of illegal drug use. Clinic-based education and prevention efforts have substantial potential to reduce future opioid misuse among these individuals, who begin opioid use with strong attitudes against illegal drug use.

How the opioid lobby frames the problem:



Source: Slide presented by Lynn R. Webster MD at FDA meeting on hydrocodone upscheduling, January 25th, 2013.

This is a false dichotomy

Opioid harms are not limited to so-called “drug abusers”

35% met DSM V criteria for an opioid use disorder¹

Pain Patients



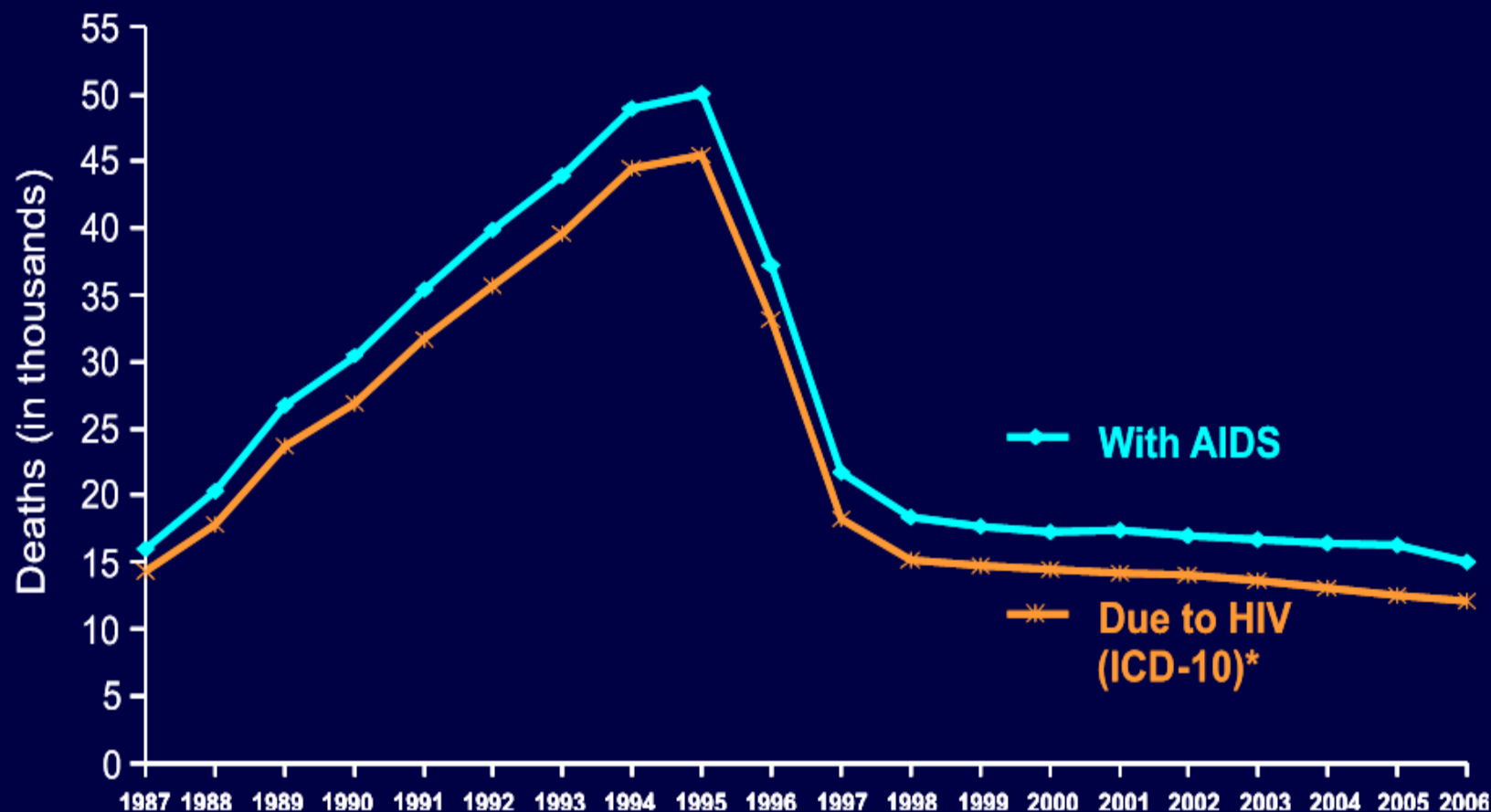
“Drug Abusers”

92% of opioid OD decedents were prescribed opioids for chronic pain.²

1. 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.

2. 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.

Comparison of Mortality Data from AIDS Case Reports and Death Certificates in Which HIV Disease Was Selected as the Underlying Cause of Death, United States, 1987–2006



*For comparison with data for 1999 and later years, data in the bottom (red) line for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.



President Obama discussing the opioid addiction epidemic in West Virginia



 Andrew Kolodny Retweeted



President Obama @POTUS · Oct 21

Sales of powerful painkillers have skyrocketed. In 2012, enough prescriptions were written to give every American adult a bottle of pills.



1.4K



1.5K



[View conversation](#)

Chris Christie Makes Emotional Plea To Rethink Drug Addiction Treatment

The New Jersey governor shows why he's so effective in town hall meetings.



Sam Wilkes

Video Producer, The Huffington Post



Scott Conroy

Senior Political Reporter, The Huffington Post



Posted: 10/30/2015 03:11 PM EDT | Edited: 11/05/2015 06:33 PM EST



Summary

- The U.S. is in the midst of a severe epidemic of opioid addiction
- To bring the epidemic to an end:
 - We must prevent new cases of opioid addiction
 - We must ensure access to treatment for people already addicted