

2019 UPDATE: Role of the D.O. in America's Opioid Crisis

Prescription Opioid Misuse, Epidemiology, Prevention, Identification, and Management

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Learning Objectives



1. Understand the impact of opioids from 2017-2019 on American society/culture and the role of the physician prescribing opioid medications.
2. Provide an understanding of prescription drug misuse, epidemiology, prevention, identification, and management on patient, prescriber and health systems factors.
3. Discuss and present the factors that have been identified as contributory to the opioid epidemic.
4. Review and discuss recent federal public agency efforts and guidelines on physician opioid prescribing to healthcare providers.

Oklahoma wins landmark opioid trial



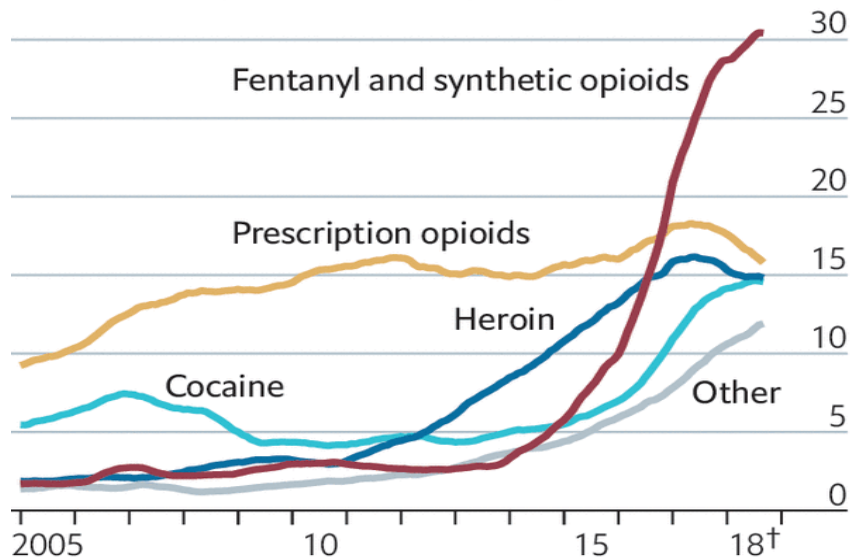
A judge orders Johnson & Johnson to pay Oklahoma \$572 million for its role in the state's opioid epidemic



The hope of the states

United States

Number of opioid deaths, by drug*, '000

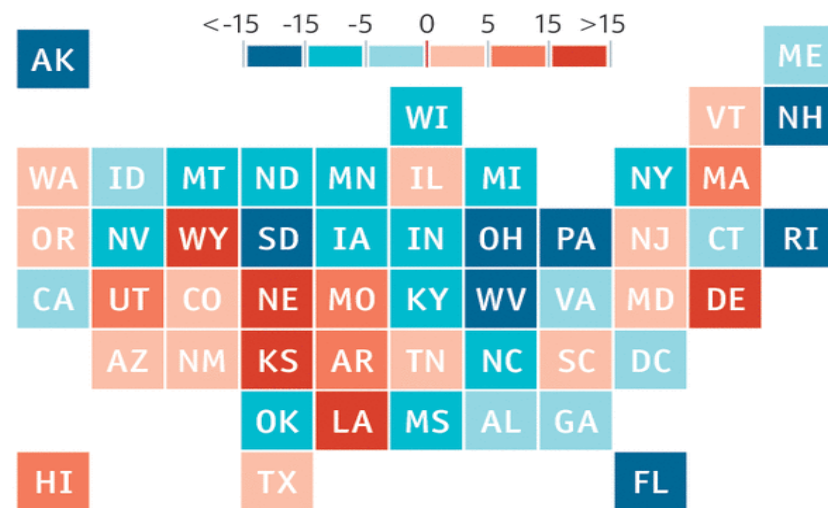


Source: Centres for Disease Control and Prevention

The Economist

Overdose deaths, per 100,000 population

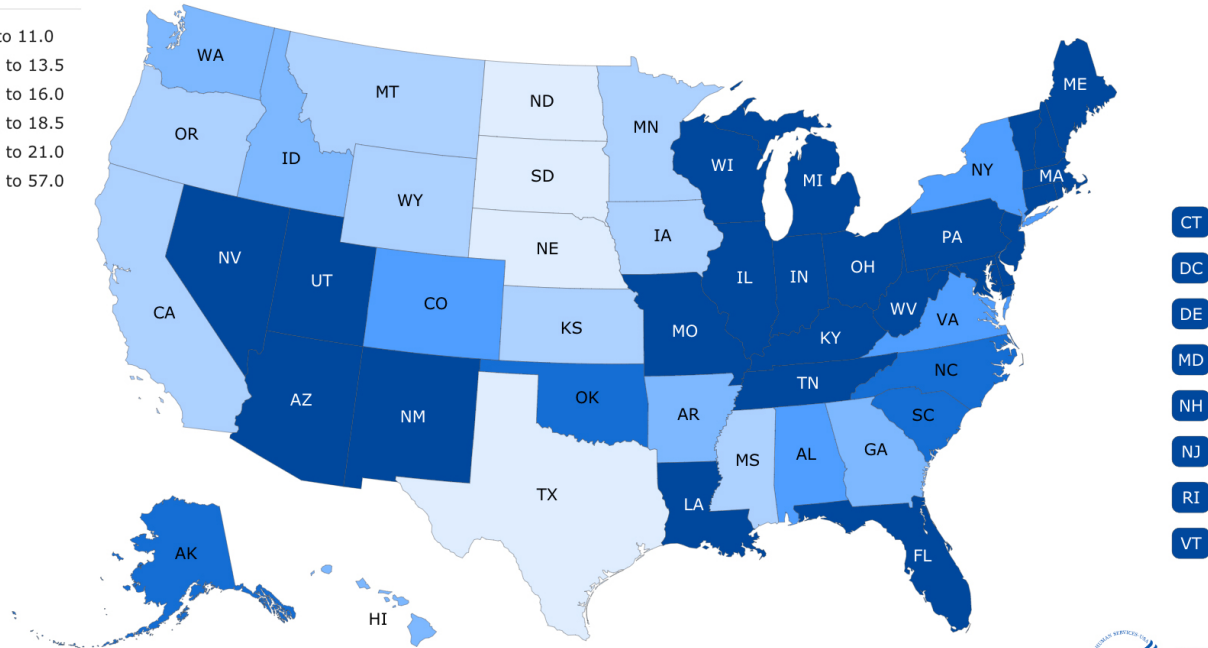
September 2018, % change on a year earlier



*Deaths involving multiple opioids counted in each category †To September

Number and age-adjusted rates of drug overdose deaths by state, US 2017

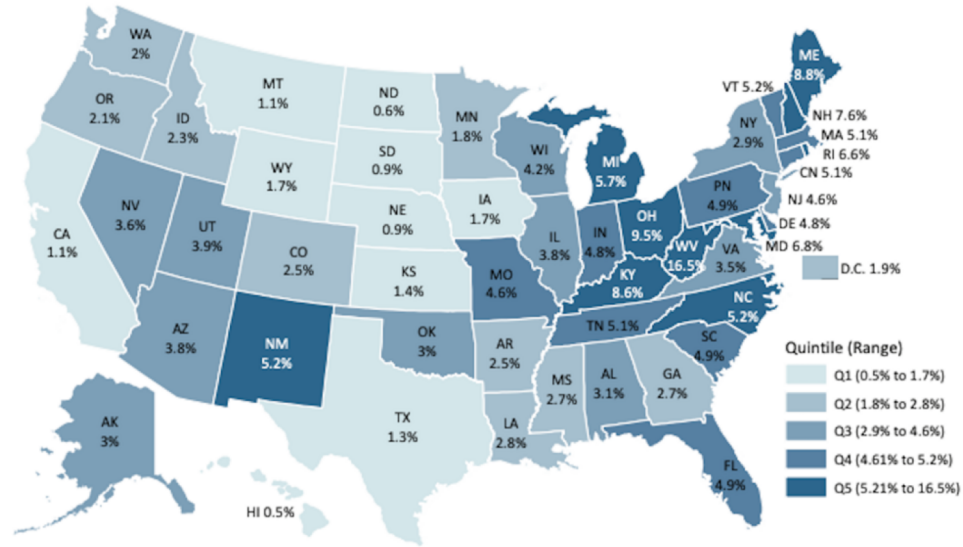
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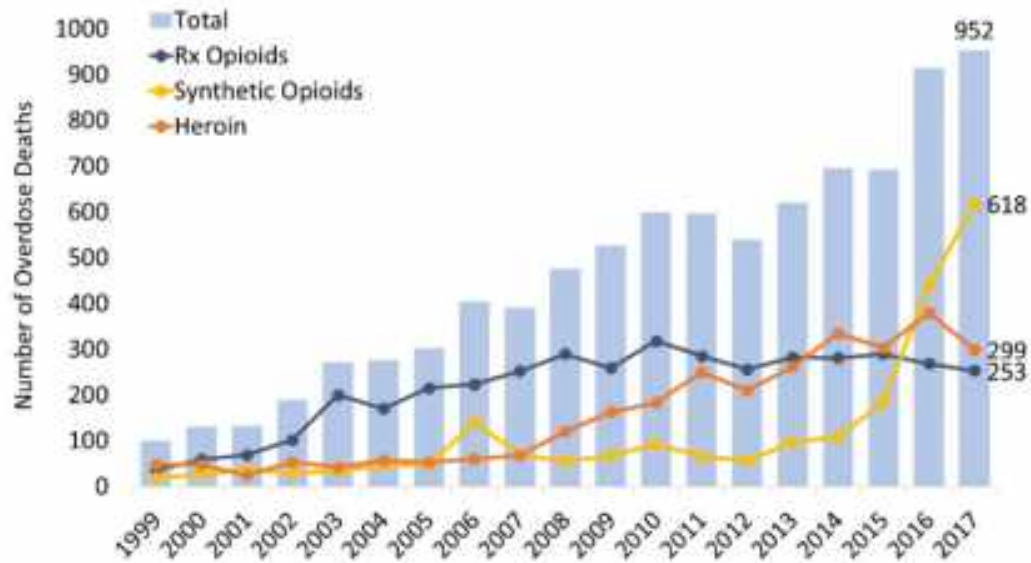


Age-adjusted death rates were calculated as deaths per 100,000 population using the direct method and the 2000 standard population.
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.



Economic Cost of Opioid Use Disorder in the United States as a Percent of State GDP in 2017





Consequences: Prescription Opioids and Overdose Death in the US



Drugs Involved in U.S. Overdose Deaths, 1999 to 2017

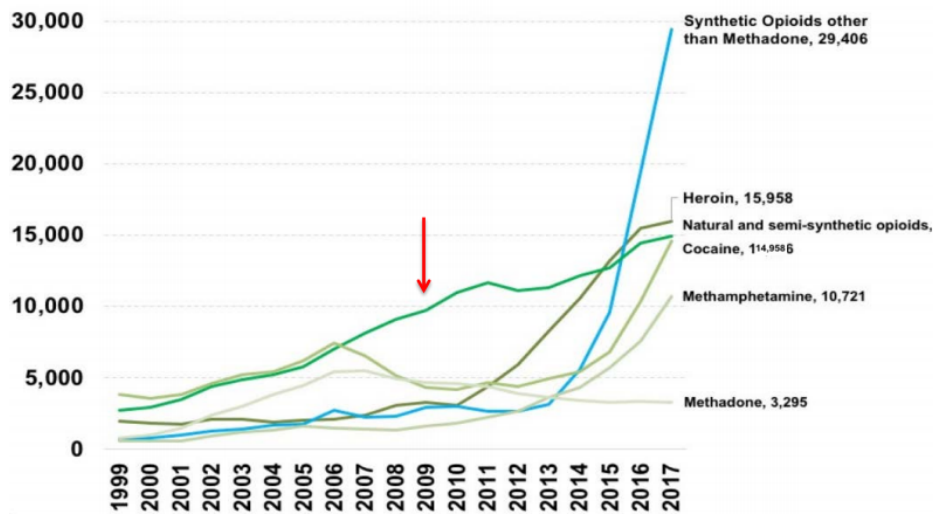


Figure Source: National Institute on Drug Abuse Data Source: CDC Wonder
Available from: <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

www.fda.gov

Overview of the Drug Overdose Epidemic: Behind the Numbers

- Drug overdose deaths, including those involving opioids, continue to increase in the United States.
- Deaths from drug overdose are up among both men and women, all races, and adults of nearly all ages.
- Two out of three drug overdose deaths involve an opioid.
- Overdose deaths from opioids, including prescription opioids, heroin, and synthetic opioids (fentanyl) have increased almost six times since 1999.
- Overdoses involving opioids killed more than 47,000 people in 2017, and 36% of those deaths involved prescription opioids.

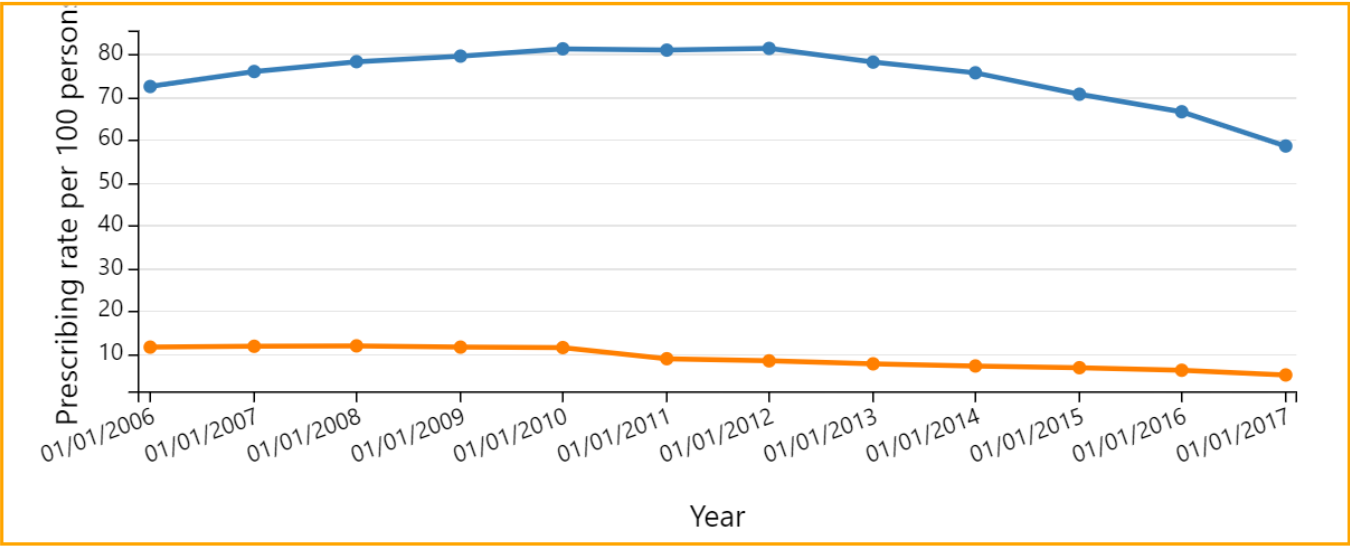
Prescription Opioid Data: Overview

- From 1999 to 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids.
- Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999.

Changes in Opioid Prescribing Practices

- The overall opioid prescribing rate in the United States peaked and leveled off from 2010-2012 and has been declining since 2012, but the amount of opioids in morphine milligram equivalents (MME) prescribed per person is still around three times higher than it was in 1999.
- There was a more than 19% reduction in annual prescribing rate from 2006 to 2017.
- The declines in opioid prescribing rates since 2012 and high-dose prescribing rates (≥ 90 MME) since 2008 suggest that healthcare providers have become more cautious in their opioid prescribing practices.

Trends in Annual Opioid Prescribing Rates by Overall and High-Dosage Prescriptions

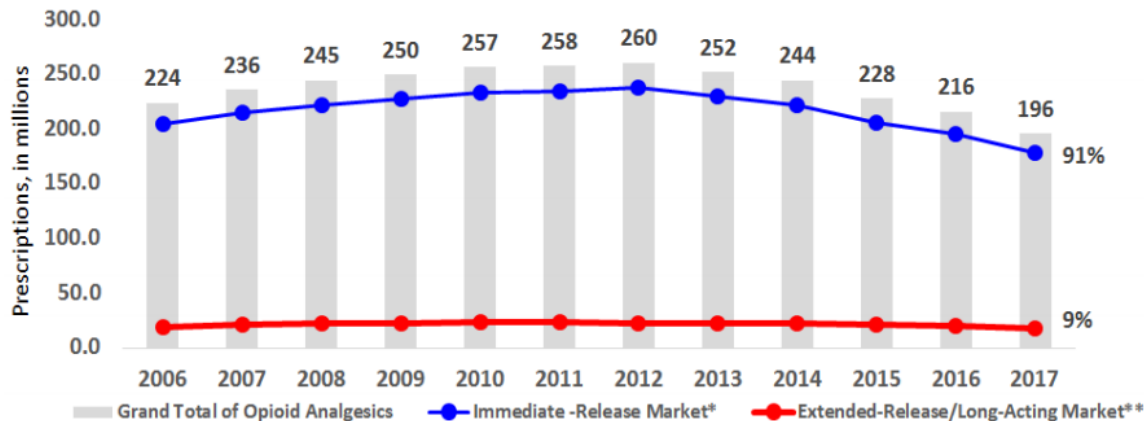


■ All opioids/Overall ■ High-dosage

Source: IQVIA® Transactional Data Warehouse



Crisis Ongoing Despite Falling # of Prescriptions for Opioid Analgesics



Source: IQVIA, National Prescription Audit (NPA) and static data 2006-2011. January 2006-December 2017. Static data extracted March 2017 and 2012-2017 data extracted February 2018.

*Immediate-Release formulations include oral solids, oral liquids, rectal, nasal, and transmucosal

**Extended-Release/Long-Acting formulations include oral solids and transdermal patches

Note: Include opioid analgesics only, excluding injectable formulations as well as opioid-containing cough-cold products and opioid-containing medication-assisted treatment (MAT) products

Trends in Opioid Prescribing

- In 2017, however, there were still almost 58 opioid prescriptions written for every 100 Americans.
- More than 17% of Americans had at least one opioid prescription filled, with an average of 3.4 opioid prescriptions dispensed per patient.
- Per prescription, the average daily amount was more than 45.3 MME. The average number of days per prescription continues to increase, with an average of 18 days in 2017.2

Trends in Opioid Prescribing

There is wide variability at the county level in the amount of opioids received per resident. Counties with higher prescribing have been shown to have these characteristics:

- Generally smaller cities or larger towns
- Higher percentage of white residents
- Higher number of dentists and primary care physicians per capita
- More people who are uninsured or unemployed
- More residents who have diabetes, arthritis, or a disability¹

Trends in Opioid Prescribing

- The *2016 CDC Guideline for Prescribing Opioids for Chronic Pain* offers recommendations that may help to improve prescribing practices and ensure all patients receive safer, more effective pain treatment.
- Healthcare providers can also earn continuing education through this interactive training series called [Applying the CDC Guideline for Prescribing Opioids](#).

- As the death toll from Missouri's opioid crisis grows, so does its total economic burden, costing the state more than \$14 billion in 2017.
- Put another way, opioid use disorder and overdose deaths cost Missouri \$38.4 million a day in 2017.
- The nationwide financial cost of the opioid crisis hit \$685 billion in 2017, or 3.5 percent of the U.S. gross domestic product. Overdose deaths accounted for 93 percent of that cost, according to new research by the [Missouri Hospital Association](#).
- Opioid-related spending constituted 4.6 percent of Missouri's GDP in 2017, putting the state in the fourth quintile. Kansas spent just 1.4 percent of its GDP on costs related to the opioid crisis, placing it in the first quintile.

- During the past 10 years, Missouri's opioid overdose-related mortality rate increased by 107 percent. The research found that the growth in lives lost correlates with a significant increase in overdose deaths attributed to synthetic opioids, such as fentanyl.
- Missouri will implement new tools April 1 through the state's Medicaid program, providing an array of complementary and alternative therapies for Medicaid patients who suffer chronic pain. The expanded services include cognitive behavioral therapy, chiropractic treatments, physical therapy and acupuncture.

FDA Opioids Action Plan

- **Expand use of advisory committees.**

Outcome: Review and advice from external experts with opportunity for public input before approval of any new opioid that does not have abuse-deterrent properties and expert advice on pediatric opioid labeling.

- **Develop warnings and safety information for immediate-release (IR) opioid labeling.**

Outcome: Better information for doctors about the risks and how to prescribe safely.

- **Strengthen postmarket requirements.**

Outcome: Better evidence on the serious risks of misuse and abuse associated with long-term use of opioids, predictors of opioid addiction and other important issues.

FDA Opioids Action Plan

- **Update Risk Evaluation and Mitigation Strategy (REMS) Program**

Outcome: Increase the number of prescribers who receive training on pain management and safe prescribing of opioid drugs in order to decrease inappropriate opioid prescribing.

- **Expand access to abuse-deterrent formulations (ADFs) to discourage abuse**

Outcome: Spur innovation and generic ADF product development.

- **Support better treatment**

Outcome: Broader access to overdose treatment, safer prescribing and use of opioids, and ultimately, new classes of pain medicines without the same risks as opioids.

- **Reassess the risk-benefit approval framework for opioid use**

Outcome: Formal incorporation of the broader public health impact of opioid abuse in approval decisions.

THANK YOU