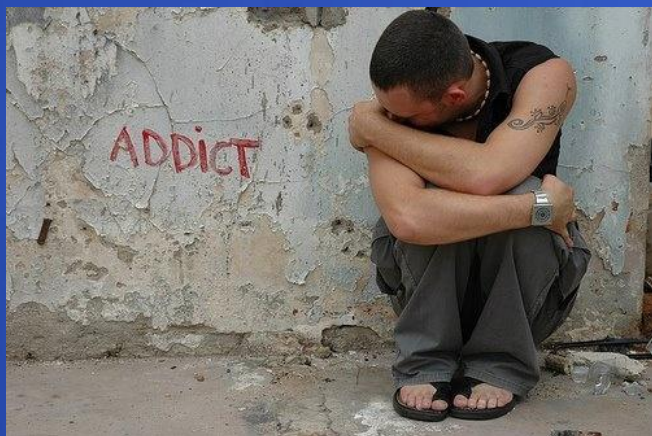


# Understanding the Impact of Opioid Use, Misuse & Abuse in the Region



**Erin L. Winstanley, Ph.D.**

University of Cincinnati College of Medicine, Department of Psychiatry & Behavioral Neuroscience  
Ohio Valley Node of the NIDA Clinical Trials Network (NIDA CTN)

**Mike Kroeger**

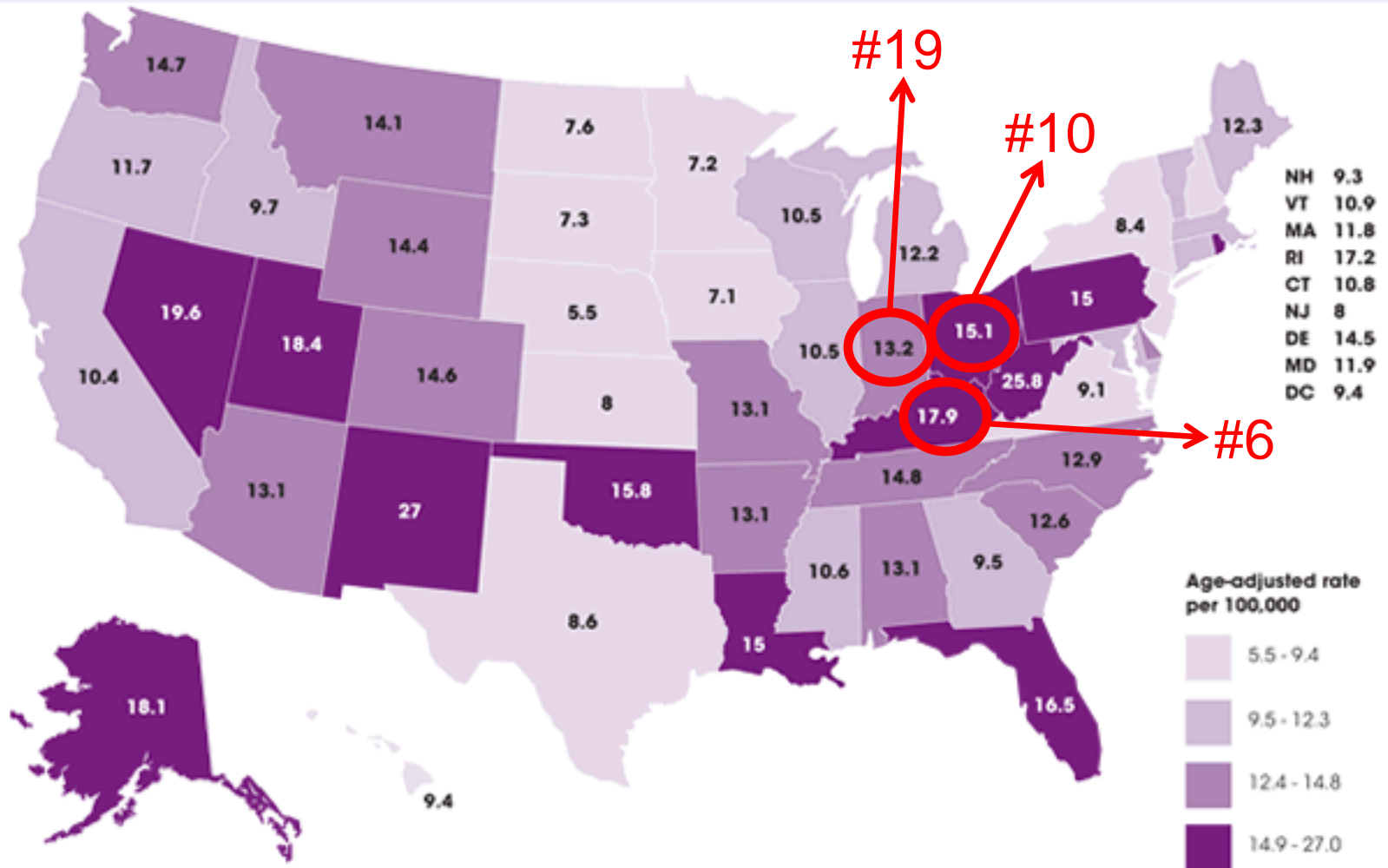
Emergency Responders in Need (ERIN), Western Joint Ambulance District

# Disclosures

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- Erin Winstanley - none
- Mike Kroeger - none

# Drug Overdose Rates by State, 2008<sup>4</sup>

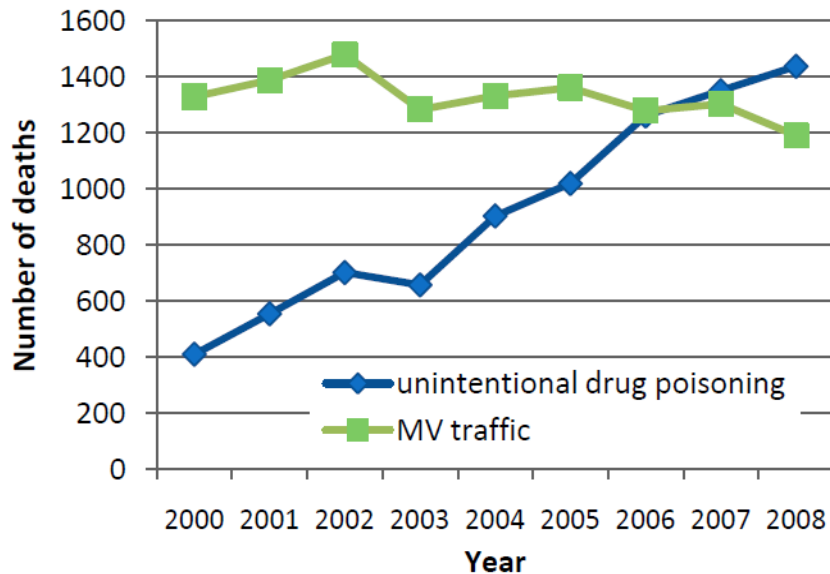


**41 People die every day pain pill overdose**

[View detailed list of rates](#)

# Injury Deaths in Ohio

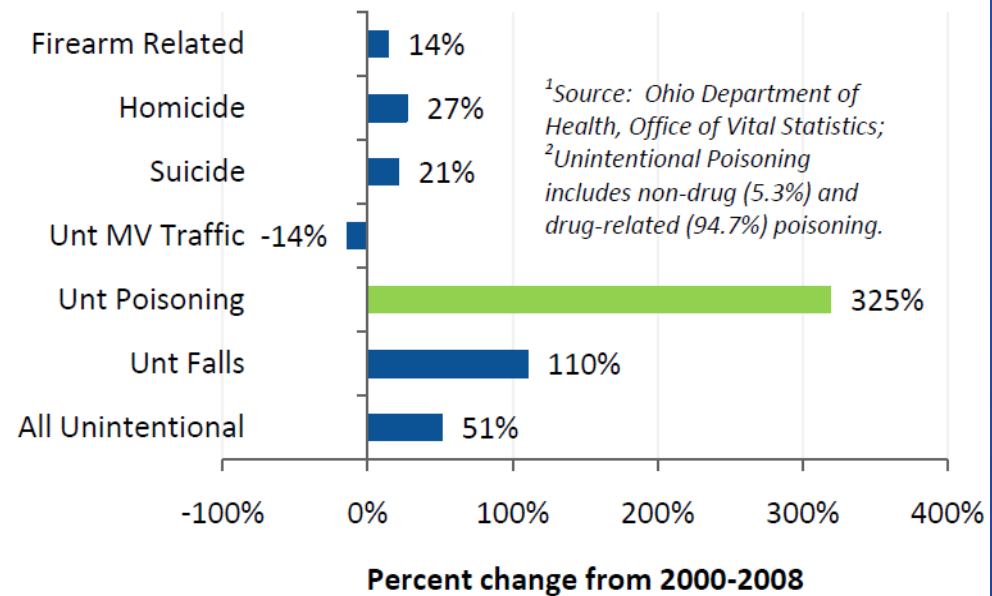
Figure 1. Number of deaths from MV traffic and unintentional drug poisonings by year, Ohio, 2000-2008<sup>1,2</sup>



<sup>1</sup>Source: Ohio Department of Health, Office of Vital Statistics

<sup>2</sup>Source: Ohio Department of Public Safety

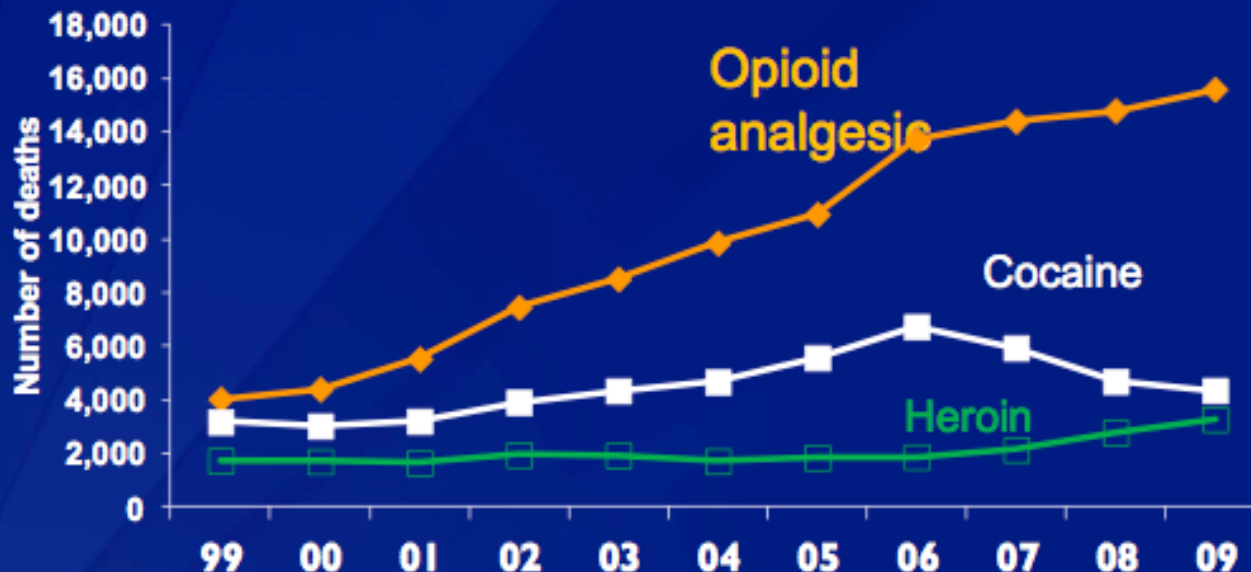
Figure 2. Percent change in death rate per 100,000 for leading causes of injury, Ohio 1999-2008<sup>1,2</sup>



<sup>1</sup>Source: Ohio Department of Health, Office of Vital Statistics;  
<sup>2</sup>Unintentional Poisoning includes non-drug (5.3%) and drug-related (94.7%) poisoning.

# Cause of Fatal Overdoses

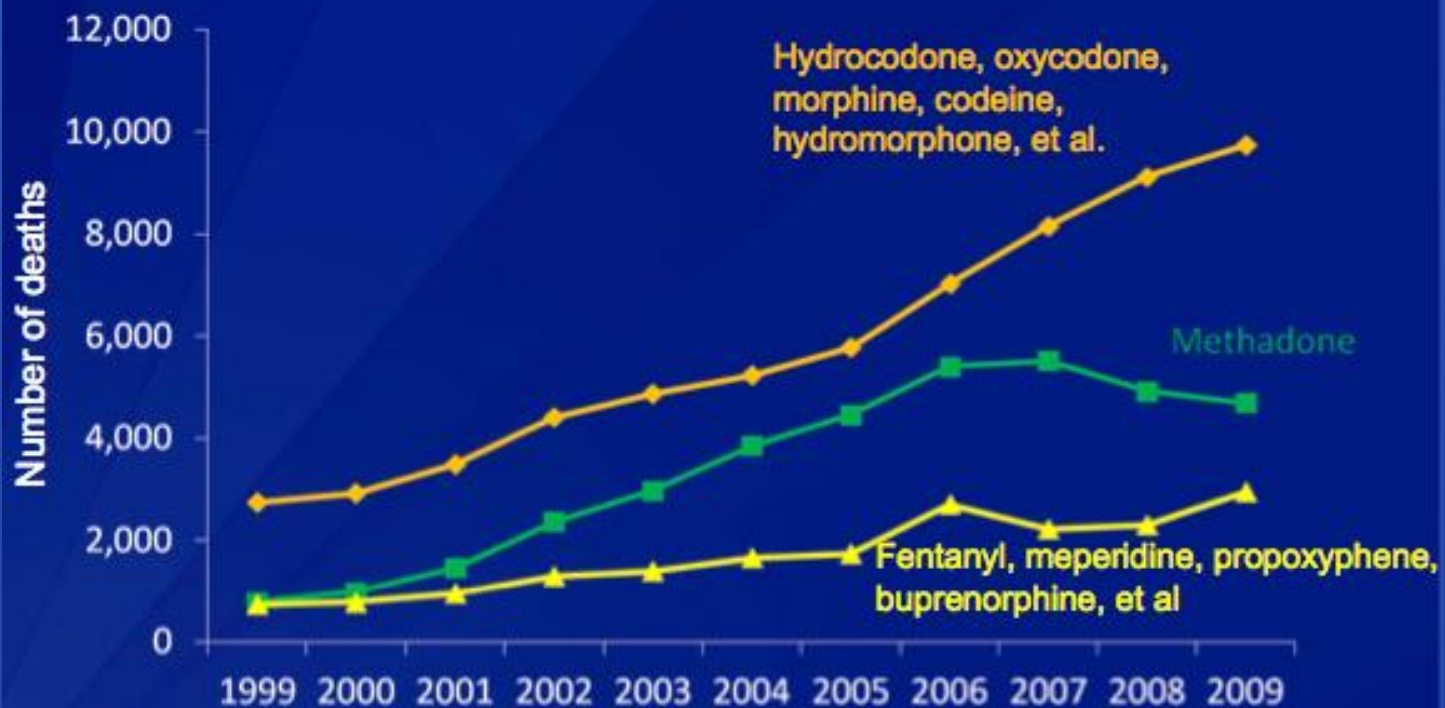
**Drug overdose deaths of all intents by major drug type, U.S., 1999-2009**



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

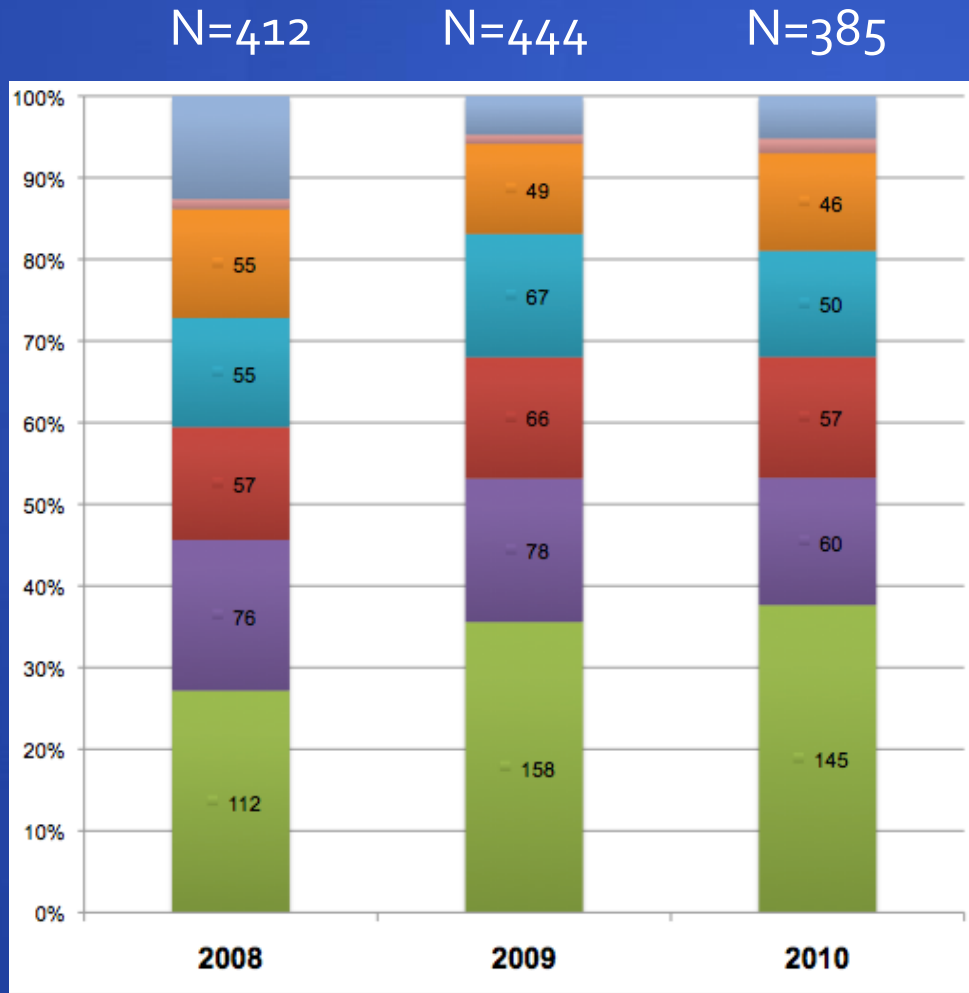
# Cause of Fatal Opioid Overdoses

## Drug overdose deaths of all intents by type of opioid analgesic involved, U.S., 1999-2009



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

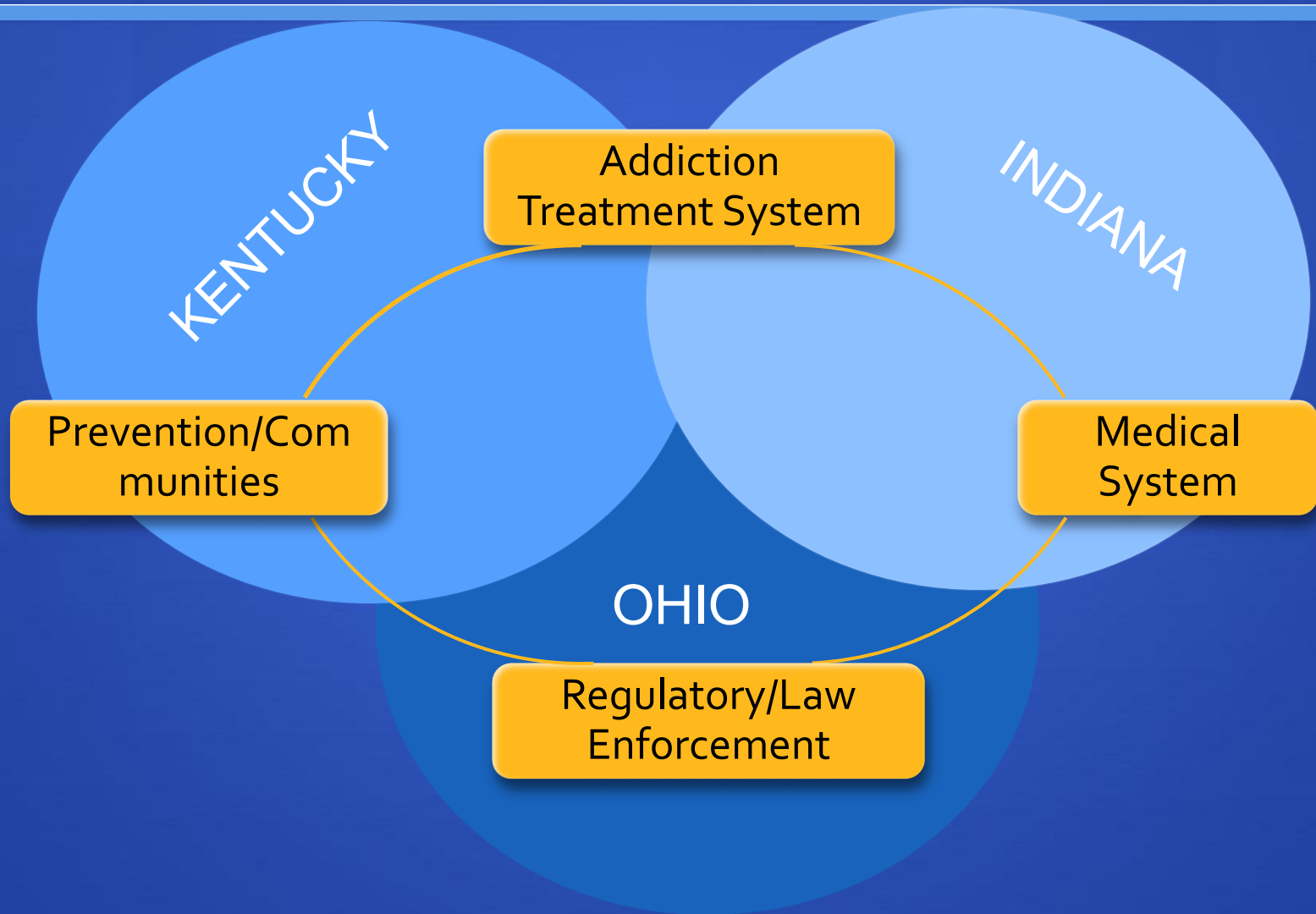
# Overdose Deaths in Indiana



- LSD
- Other/unspecified
- Cannabis
- Cocaine
- Other synthetic narcotics
- Methadone
- Heroin
- Opium
- Other opioids

SOURCE: IN Dept. of Health

# Consequences of the Epidemic



# In Sept. 2011, 5 people were murdered in Franklin County, Indiana over the price of Oxycotin

## Police: Drug deal sparked SE Indiana murders

 Recommend

 Be the first of your friends to recommend this.

*Posted: Oct 11, 2011 11:52 AM EDT*

*Updated: Jan 04, 2012 5:04 AM EST*

FRANKLIN COUNTY, IN (WAVE) - Indiana State Police now say the murders of five people was sparked by a drug deal.

On Friday David Ison was charged with the shooting deaths of Roy, Angela, Melissa and Jacob Napier along with their neighbor Henry Smith.

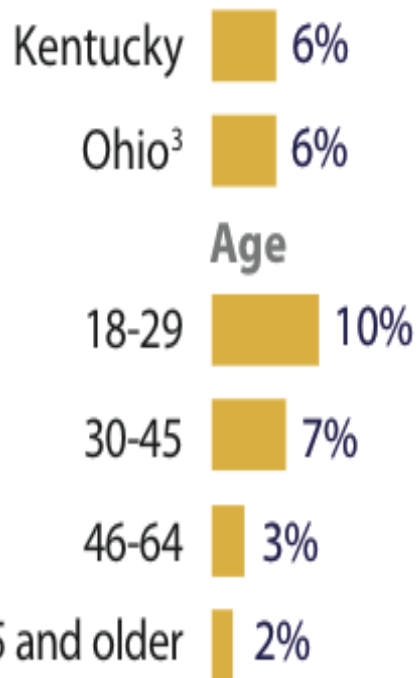
Police believe Ison was upset because Roy Napier had raised the price per pill of Oxycotin to \$2 a pill.

Ison is charged with five counts of murder.

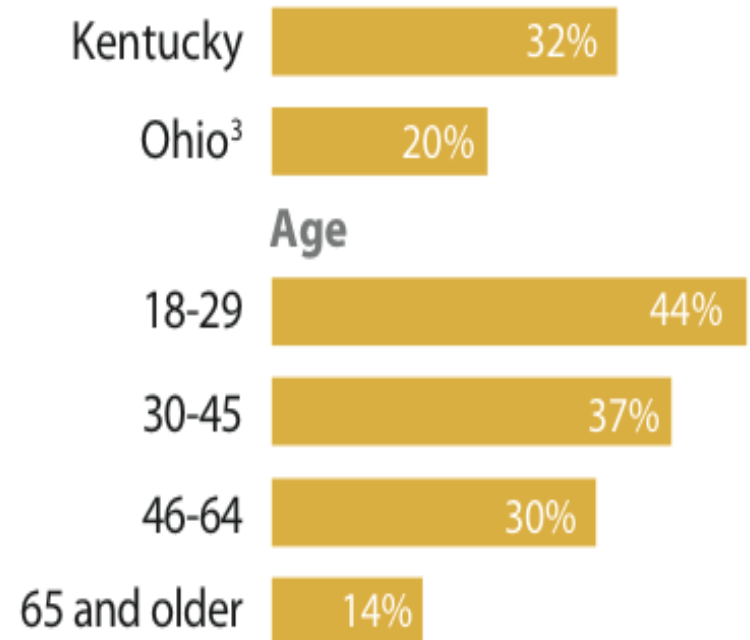


# Impact on the Community

**Have you ever used a pain reliever when not prescribed or for the feeling it caused?**



**Have any of your family members or friends experienced problems as a result of abusing prescription pain relievers?**

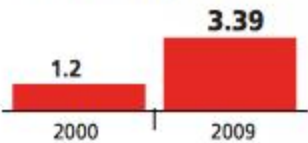


SOURCE: 2011 Kentucky Health Issues Poll

# Consequences of the Epidemic

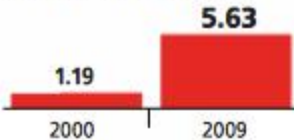
## INCIDENCE OF NEONATAL ABSTINENCE SYNDROME

Per 1,000 U.S. hospital births



## MATERNAL OPIATE USE

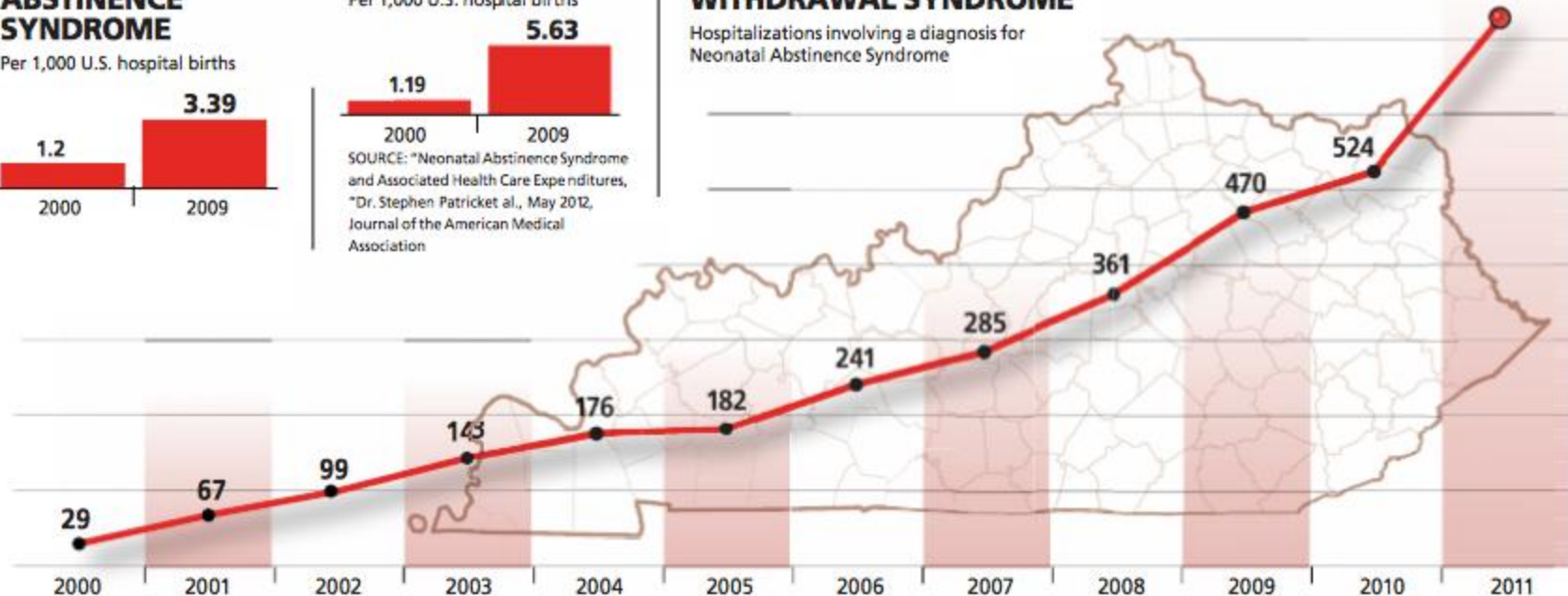
Per 1,000 U.S. hospital births



SOURCE: "Neonatal Abstinence Syndrome and Associated Health Care Expenditures," Dr. Stephen Patrick et al., May 2012, Journal of the American Medical Association

## KENTUCKY HOSPITALIZATIONS FOR NEWBORN DRUG WITHDRAWAL SYNDROME

Hospitalizations involving a diagnosis for Neonatal Abstinence Syndrome



Source: Kentucky Injury Prevention and Research Center, University of Kentucky, Kentucky Office of Drug Control Policy

STEVE REED/THE COURIER-JOURNAL

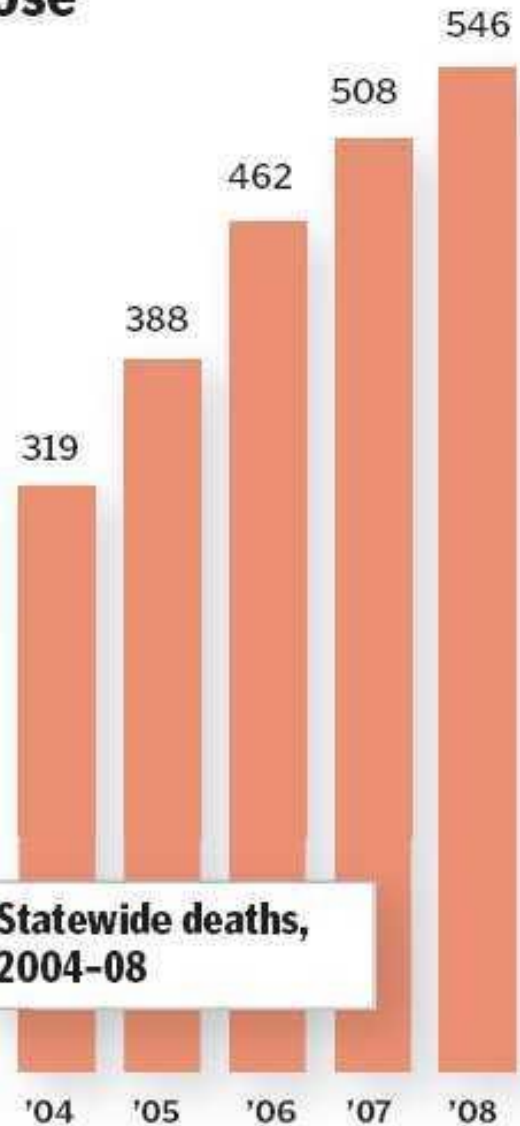
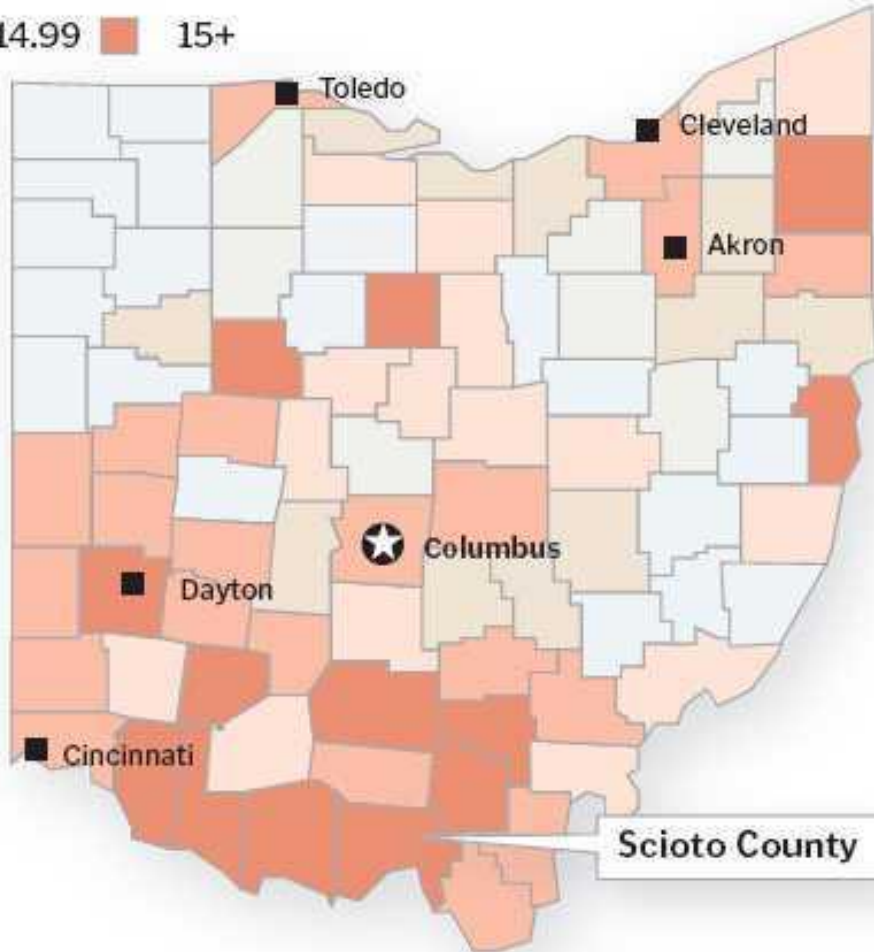
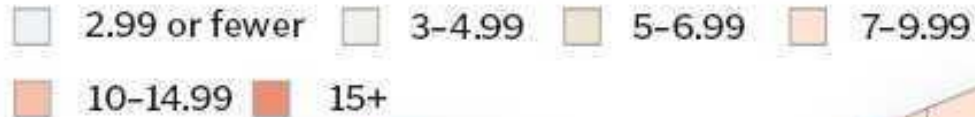
SOURCE: Courier Journal, Aug. 26, 2012

# Who's at Risk of an Opioid Overdose Death?

- Middle-aged (Opioids: 45-54yrs; Heroin: 25-34yrs)
- Low-income (RR: 2.1-5.7)
- Non-Hispanic white
- Male
- Living in non-metropolitan areas (Heroin metro areas)
- History of substance abuse (60-78%)
- History of mental illness (42-57%)

# Unintentional prescription medicine overdose death rates by Ohio counties, 2004-08

Deaths per 100,000



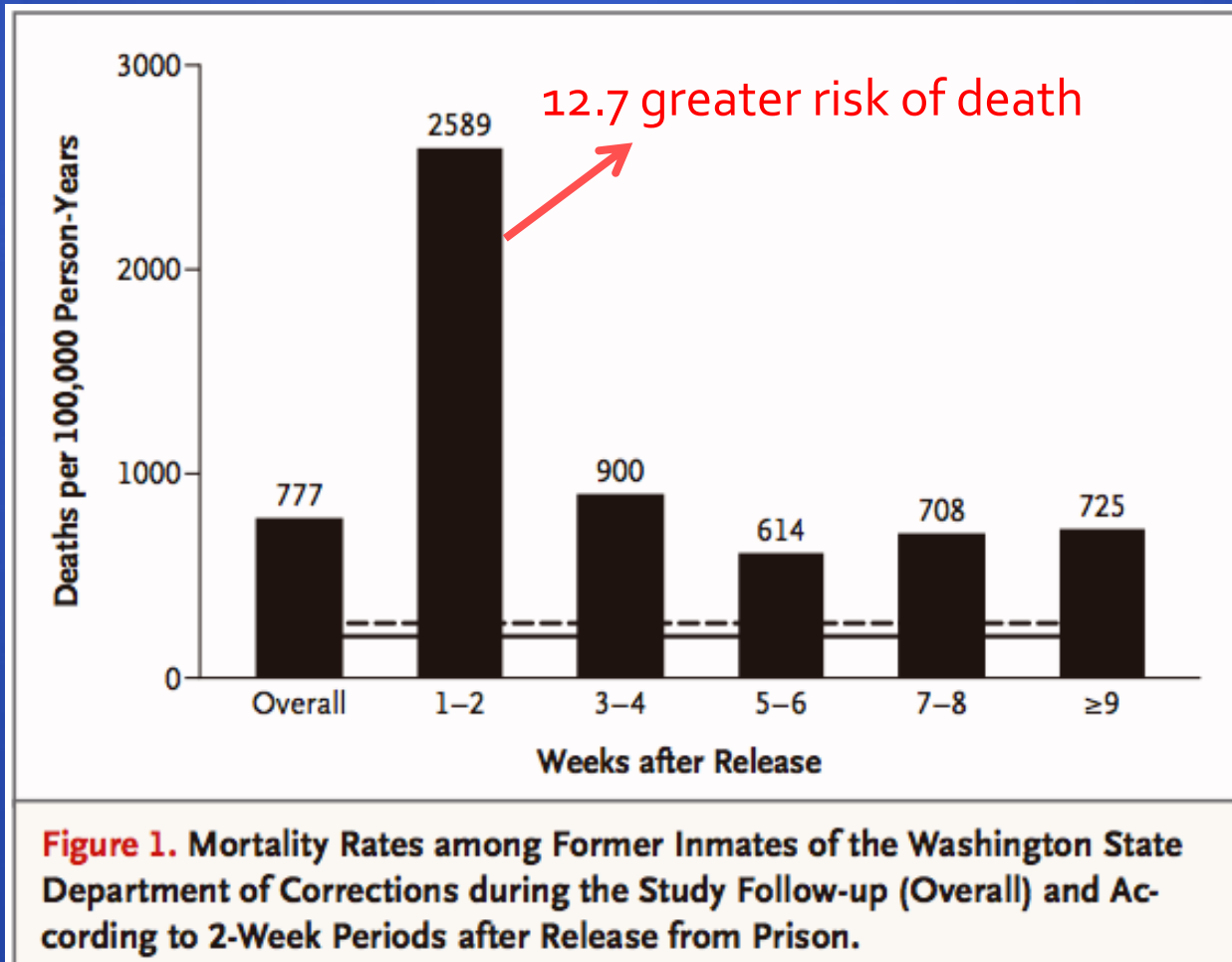
**Statewide deaths, 2004-08**

SOURCE: Ohio Department of Health

# Who's at Risk of an Overdose Death?

- IV drug use (22%)
- Previous overdose (17%)
- Signs of non-medical use (51%)
- History of chronic pain (82%)
- Having a prescription (75% prescription opioid vs 29% for methadone)
- Greater number of prescribers (mean=2.8)
- Greater number of prescriptions (mean=8.2)
- High daily dose

# Drug Overdose is the Leading Cause of Death Among Former Inmates



# National Response

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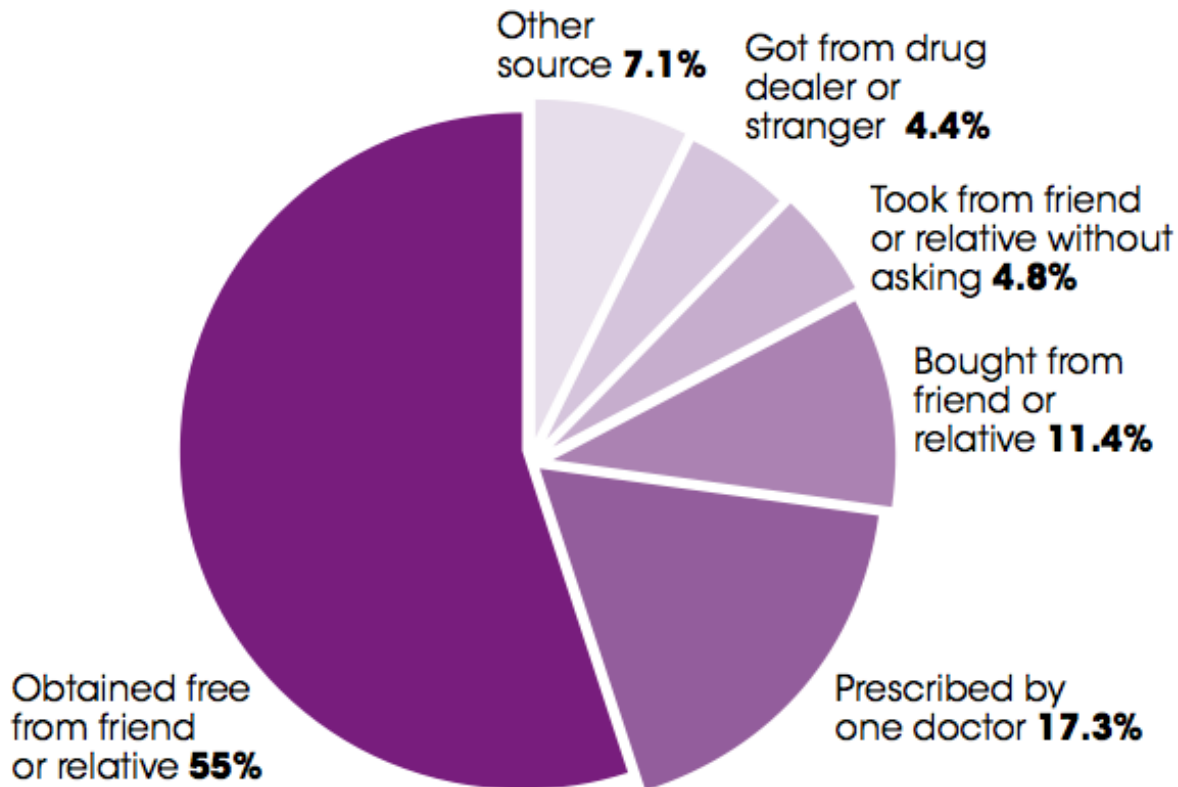
Epidemic: Responding to America's Prescription Drug Abuse Crisis:

- 1) Education
  - 2) Tracking & Monitoring
  - 3) Proper Medication Disposal
  - 4) Enforcement
- **15% reduction in prescription drug use**
  - **Prescription Drug Monitoring Programs in all States**
  - **15% reduction in unintentional drug overdoses**



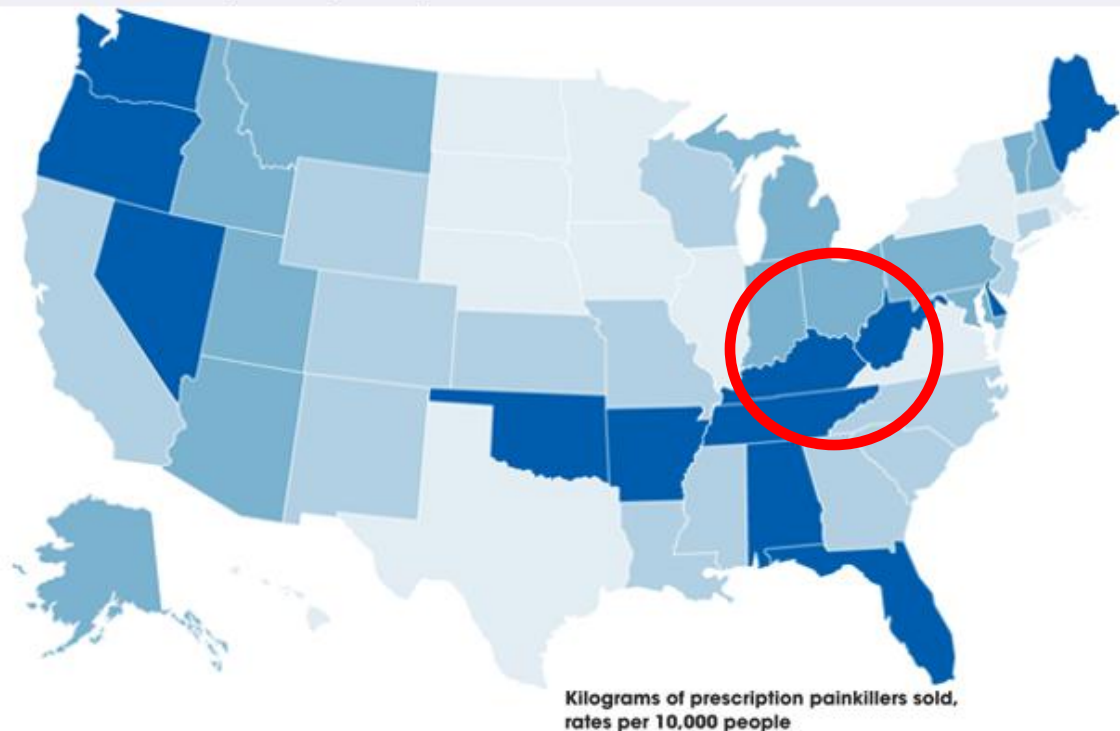
# Sources of Painkillers

People who abuse prescription painkillers get drugs from a variety of sources<sup>7</sup>



# Quantity of Prescribed Pain Relievers Sold by State

The amount of prescription painkillers sold in states varies.<sup>4</sup>



The quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices was 4 times larger in 2010 than in 1999. Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for one month.

# What Can We Do?

---

## I. Law Enforcement/Regulatory

- a) Implement standards for pain clinics
- b) Implement changes to state prescription monitoring programs**
- c) Legislative reform to improve law enforcement
- d) Regulation of prescriber dispensing
- e) Redesign Medicaid lock-in program

## II. Medical Treatment System

- a) Limit pain medication dispensing in emergency departments**
- b) Improve identification of substance use disorders
- c) Identify best practices for managing acute & chronic pain

# Legal/Regulatory

- OH shut down 12 illicit pain clinics
- OH Pill Mill Bill (HB 93) became law in June 2011
- KY Pill Mill Bill (HB 1) passed in April 2012



- **Dr. Volkman ordered to serve 4 consecutive life sentences & ordered to forfeit \$1.2 million**

DYING FOR RELIEF | A TIMES INVESTIGATION

# Legal drugs, deadly outcomes

BY SCOTT GLOVER, LISA GIRION. VIDEO AND PHOTOS BY LIZ O. BAYLEN

November 11, 2012

*Prescription overdoses kill more people than heroin and cocaine.*

*An L.A. Times review of coroners' records finds that drugs prescribed by a small number of doctors caused or contributed to a disproportionate number of deaths.*

- 16 of Dr. Vu's patients have died of an overdose



# What Can We Do?

---

## III. Prevention/Communities

- a) Establish community-based drug abuse coalitions
- b) Develop marketing campaigns to educate the public
- c) Provide population-level data to communities
- d) **Facilitate the proper disposal of medications**

## IV. Treatment

- a) Increase access to EBPs
- b) Integrate overdose awareness education & naloxone for opioid dependent patients within the addiction specialty treatment system
- c) Ensure adequate funding for addiction treatment services

# EBPs for Opioid Dependence?

## Medication

### (detox):

- Methadone
- Clonidine
- Benzodiazepines
- Buprenorphine (Suboxone)

## Medication

### (maintenance):

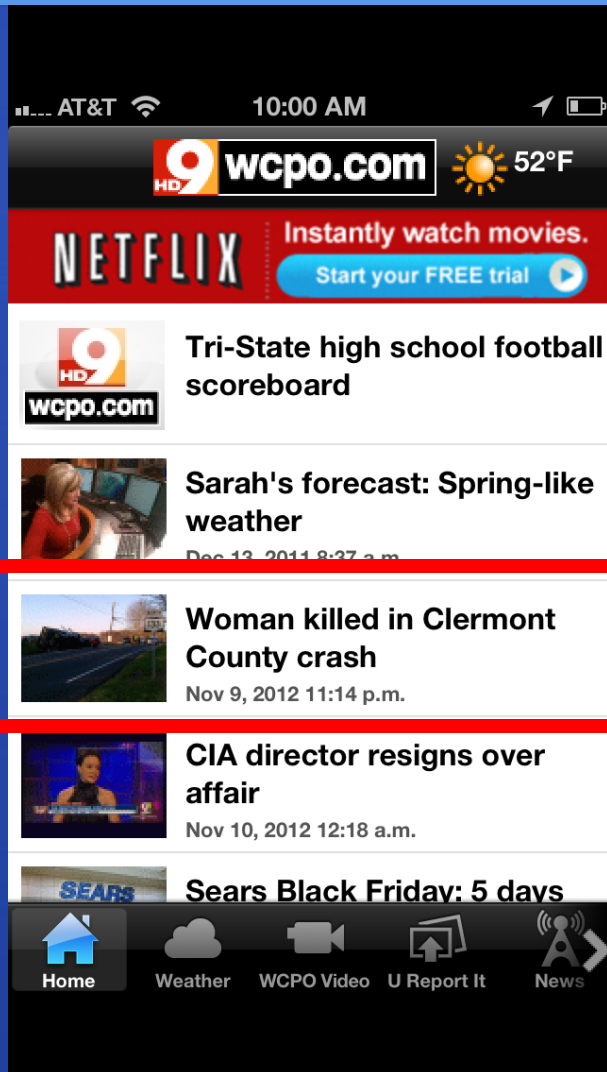
- Methadone
- Buprenorphine
- Naltrexone (ReVia/Vivitrol)

## Psychosocial:

- Cognitive Behavioral Therapy
- Contingency Management
- Brief Medication Management
- Individual & group counseling

**Detox Meds + Maint. Meds + Psychosocial**

# Public Awareness



- News routinely report motor vehicle accidents, but the public may not be aware of the opioid epidemic
- Unaware of the dangers associated with prescription pain relievers regarding:
  - a) addictive liability
  - b) risk of overdose

# Education on Overdose

How to distinguish between being really high and an overdose

REALLY HIGH *	versus	OVERDOSE
Muscles become relaxed		Pale, clammy skin
Speech is slowed/slurred		Very infrequent or no breathing
Sleepy looking		Deep snoring or gurgling
Nodding but will respond to stimulation like yelling, rubbing the sternum, pinching, etc.		Heavy nod, not responsive to stimulation
		Slow or no heart beat/pulse

\*It is important to monitor or keep an eye on someone who appears really high and never leave them alone to be sure their condition does not progress into an overdose.


# ? Future Trends

- Some areas in our region are seeing an increase in heroin use/abuse
- Reformulations of prescription pain relievers may present new/different challenges
- Generics may be associated with increasing rates of abuse

## Heroin abuse in Louisville surging: Addicts turn to drug amid crackdown on pain pills


12:22 AM, Sep 9, 2012 | 4 Comments

 Recommend

 40 people recommend this.

## Generic OxyContin seen as option despite abuse concerns

Ottawa weighing whether to allow oxycodone's return after patent expires Nov. 25

By Susan Lunn, CBC News | Posted: Nov 8, 2012 5:41 PM ET | Last Updated: Nov 8, 2012 5:04 PM ET  54

# FDA Public Workshop



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## Role of Naloxone in Opioid Overdose Fatality Prevention; Request for Comments; Public Workshop

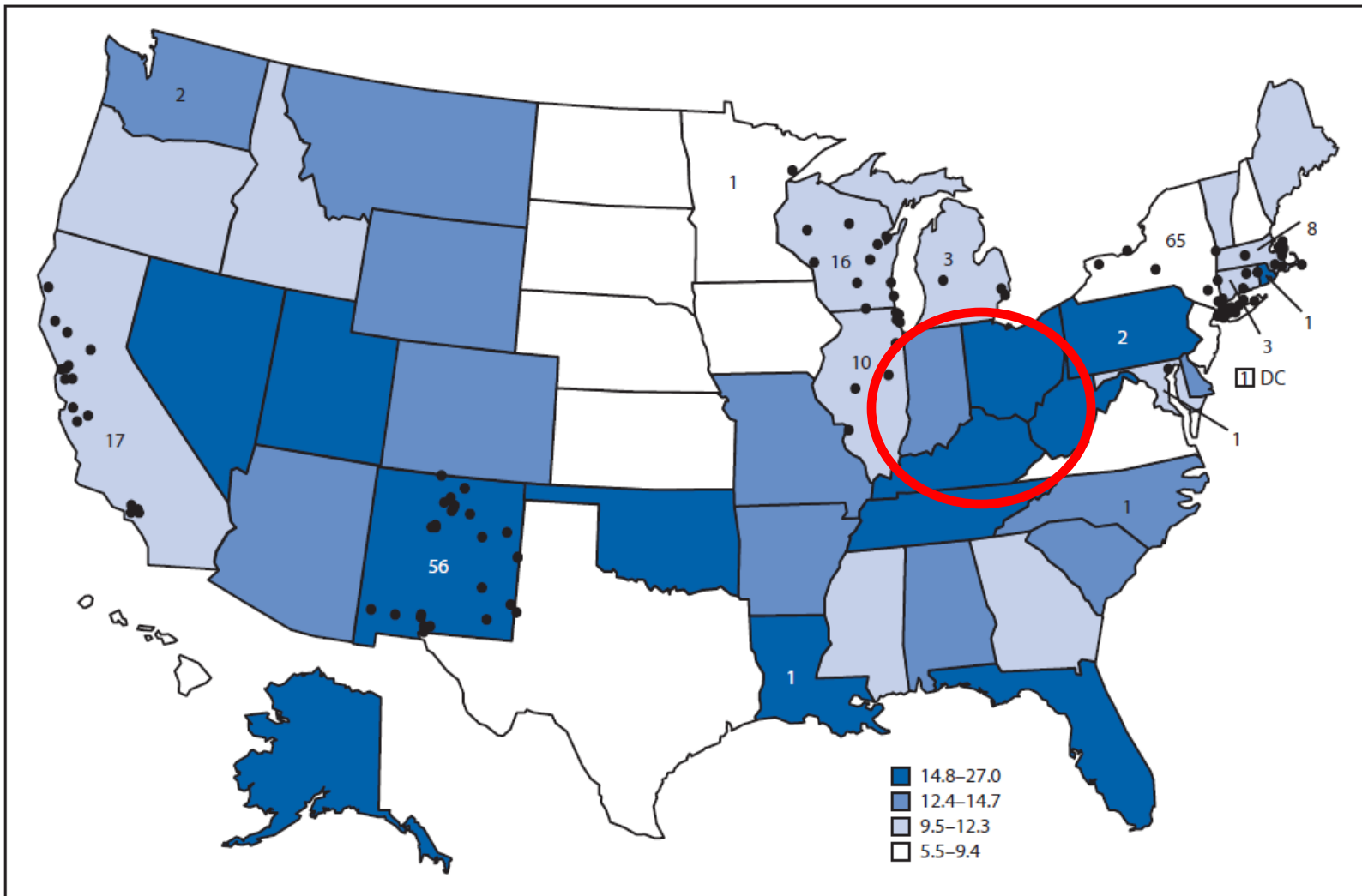
The Food and Drug Administration (FDA), Center for Drug Evaluation and Research (CDER), in collaboration with the Office of the Assistant Secretary for Health, National Institutes of Drug Abuse and the Centers for Disease Control and Prevention, is announcing a scientific workshop to initiate a public discussion about the potential value of making naloxone more widely available outside of conventional medical settings to reduce the incidence of opioid overdose fatalities. Academia, government, industry experts and patient advocates will be assembled to discuss which populations are at-risk for opioid overdose and how public health groups are working together to curb the abuse of opioids. We will also seek to identify potential health concerns, social concerns, legal concerns, regulatory issues and future research needs related to making naloxone more widely available.

**Date:** April 12, 2012

**Time:** 8:30 a.m. to 5:30 p.m.

**Location:** FDA White Oak Campus  
10903 New Hampshire Avenue  
Bldg. 31 Conference Center  
Silver Spring, MD 20993

FIGURE 2. Number (N = 188) and location\* of local drug overdose prevention programs providing naloxone in 2010 and age-adjusted rates† of drug overdose deaths§ in 2008 — United States



\* Not shown in states with fewer than three local programs.

† Per 100,000 population.

§ Source: National Vital Statistics System. Available at <http://www.cdc.gov/nchs/nvss.htm>. Includes intentional, unintentional, and undetermined.

# Naloxone: Key Points

- Safer than ibuprofen & inexpensive (approx. \$20 per dose)
- Harmless if administered at higher doses (even up to 700x)
- Harmless if administered accidentally to someone who has not overdosed
- It can be administered by non-medical person with minimal training
- Recipients are more likely to initiate treatment
- Federal and professional organizations have endorsed expanded use of naloxone to prevent opioid overdose deaths

**IT SAVES LIVES**

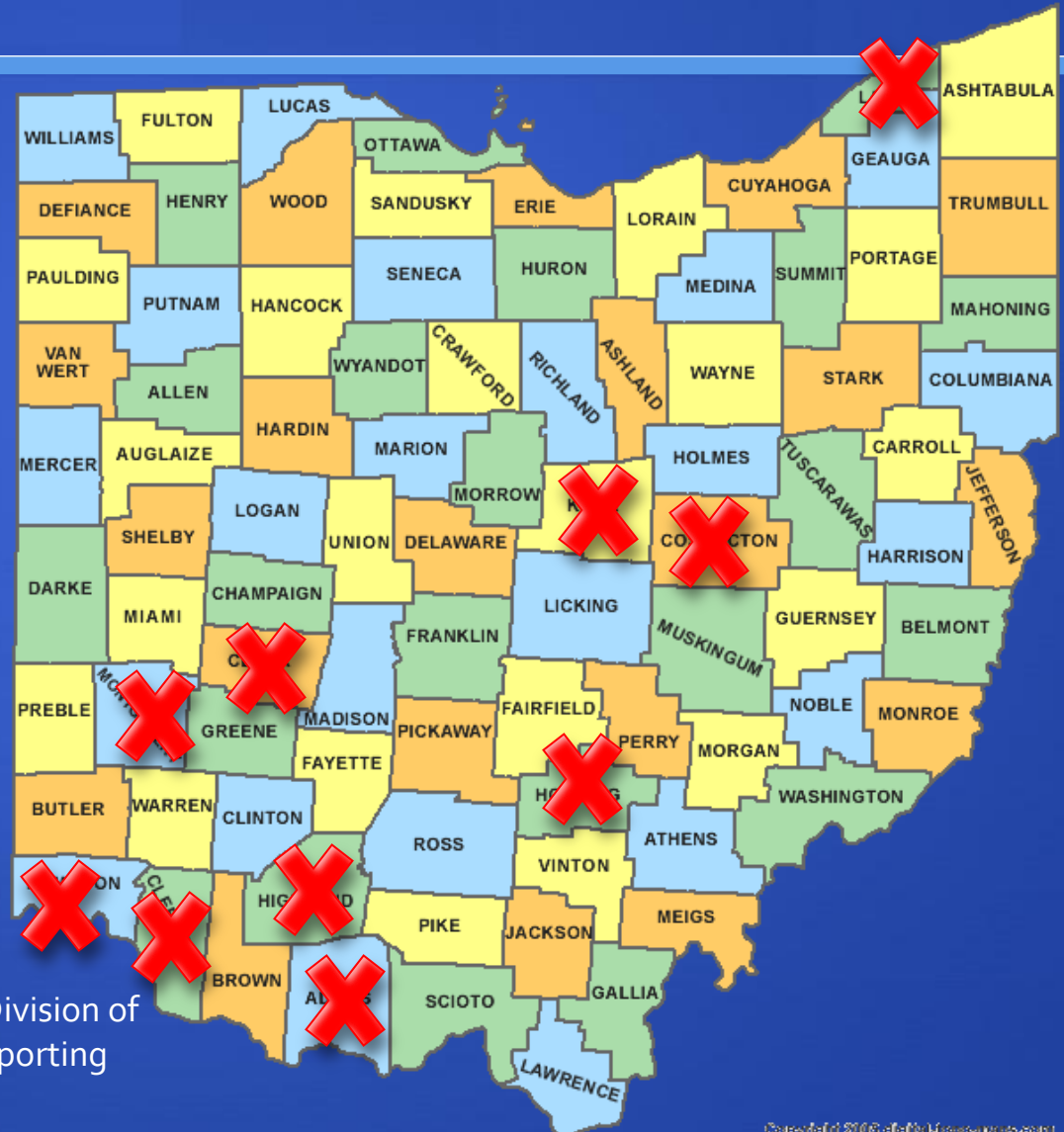
# Mrs. Gregory's Testimony

"Danny died five years ago from an accidental heroin overdose, and he was only 20 years old. Words cannot describe the pain or the hole that has been left in our family without him..... [*Retelling Danny's story & his struggle with addiction; Danny was arrested*] He was denied treatment and placed on 120-day tether at our home. .... With eight months of sobriety under his belt and only two weeks left on his tether, Danny confided in me that he was beginning to relapse mentally. He was terrified. "I don't want to die, Mom. I need treatment." ....[*just shortly after he was released from his tether*] Then he went into Detroit to buy heroin, and he used with two other using friends in a local grocery store restroom. And when things went wrong, his friends ran, and they did not call 911. My son died alone on a bathroom floor.....Why wasn't I told about naloxone? If my son was a diabetic or allergic to bees, I'd be prepared with the right medication. We have defibrillators on hand everywhere to save lives. To me, any risk of using naloxone, of which I can't see, is very minimal compared to death."

SOURCE: <http://www.fda.gov/downloads/Drugs/NewsEvents/UCM304621.pdf>

# Naloxone Use by Ohio Counties

- #1: Montgomery=594
- #2: Adams=26
- #3: Clark=128
- #4: Highland=37
- #5: Coshocton=30
- #6: Clermont=144
- #7: Hamilton=636
- #8: Hocking=21
- #9: Knox=41
- #10: Lake=161



SOURCE: Ohio Department of Public Safety, Division of Emergency Medical Services, EMS Incident Reporting System (Jul-Dec 2011)