Responding to the Prescription Opioid and Heroin Crisis: An Epidemic of Addiction

Andrew Kolodny, MD
Co-Director, Opioid Policy Research Collaborative
Heller School for Social Policy and Management
Brandeis University

Executive Director,
Physicians for Responsible Opioid Prescribing
Conflict of Interests

I have no relevant financial relationships to disclose.
Total U.S. drug deaths

60,000 deaths per year

40,000

20,000

Around 64,000 people died from drug overdoses in the U.S. in 2016

Peak car crash deaths (1972)

Peak H.I.V. deaths (1995)

Peak gun deaths (1993)
Preliminary 2016 Data Indicates OD Crisis Still Getting Worse

![Graph showing the trend of opioid overdose deaths from 1999 to 2016. The graph indicates a significant increase in the number of deaths, with a peak of 64,070 in 2016.](image)
Heroin treatment admissions: 2003-2013

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01.23.15.
Death rates from overdoses of heroin or prescription opioid pain relievers (OPRs), by age group

Distribution of drug deaths by age

Source: J. Katz. NYT Short Answers to Hard Questions About the Opioid Crisis August 10, 2017
Three Opioid-Addicted Cohorts

1. 20-40 y/o, disproportionately white, significant heroin use, opioid addiction began with Rx use

2. 40 y/o & up, disproportionately white, mostly Rx opioids, opioid addiction began with Rx use

3. 50 y/o & up, disproportionately non-white, mostly heroin users, opioid addiction began with heroin use
California: Opioid-Related Hospital Use by Age
Rate of Inpatient Stays

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) 2007-2015 (all available data as of 03/29/2017). Inpatient stays include those admitted through the emergency department.
Rates of Opioid Sales, OD Deaths, and Treatment, 1999–2010

- Opioid Sales KG/10,000
- Opioid Deaths/100,000
- Opioid Treatment Admissions/10,000

CDC. MMWR 2011
Pro-painkiller lobby shapes policy amid drug epidemic

Matthew Perrone and Ben Wieder, Associated Press and Center for Public Integrity

Over the past decade, drug companies and opioid-friendly groups spent more than $880 million on lobbying and political contributions. That's more than:

8 times the gun lobby's spending
200 times the spending of groups advocating stricter opioid prescription rules

POLITICAL SPENDING

Opioid manufacturers and their allies have contributed roughly $80 million to state and federal candidates and have spent about $746 million on state and federal lobbying since 2006. How the spending breaks down:

to State to Federal for State/Federal candidates
$109 mil. $716 mil. 45% 54%
Dems Reps
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
Opioid prescribing in the U.S. peaked ~ 2011

Prescribing has declined slightly since 2011

Prescribing levels in 2015 were 3 times higher than 1999

CDC Opioid Guideline (2016)

“Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain.”
“We recommend **against** initiation of long-term opioid therapy for chronic pain”

“Risks for overdose and death significantly increase at a range of **20- 50 mg** morphine equivalent daily dose”

“We recommend **against** opioid doses over 90 mg morphine equivalent daily dose for treating chronic pain”
Controlling the epidemic: 
A Three-pronged Approach

• **Prevent** new cases of opioid addiction.

• **Treat** people who are already addicted.

• **Reduce supply** from pill mills and the black-market.
How the opioid lobby frames the problem:

Who Will Be Affected by Rescheduling?

Source: Slide presented by Dr. Lynn Webster at FDA meeting on hydrocodone up-scheduling, Jan 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 disorder\(^1\)

92% of opioid OD decedents were prescribed opioids for chronic pain.\(^2\)

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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.*
Buprenorphine Experience in France

- Introduced in the mid 90s
- 79% decline in OD deaths in 6 years
- Use of mono product (not formulated with naloxone) associated with diversion and injection use

Heroin treatment admissions with planned medication-assisted opioid therapy 2005-2015

Figure 24. Heroin admissions aged 12 and older with planned medication-assisted opioid therapy, by age group: 2005-2015

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01.23.15.
Ten Steps Feds Should Take

1. Improve surveillance of opioid addiction
2. Improve reporting of and response to opioid-related fatalities.
3. Promote more cautious prescribing for acute pain
4. Prohibit marketing of opioids for chronic pain
5. Increase insurance coverage of and access to non-opioid and non-pharmacological management of pain
6. Improve the effectiveness of targeted law enforcement interdiction efforts, including improved coordination between legal and public health authorities
7. Early identification of opioid addiction and linkage to treatment
8. Expand low-threshold access to opioid agonist treatment
9. Ensure access to clean syringes and naloxone
10. FDA should seek removal of ultra-high dosage unit opioid analgesics from the market
Summary

• The U.S. is in the midst of a severe epidemic of opioid addiction - and it’s still getting worse.

• 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.
Andrew Kolodny, MD
akolodny@brandeis.edu