How Can Hospitals Support Community Efforts to Fight the Opioid Addiction Epidemic?

Nov. 8, 2017
2 – 3 p.m. ET

On this date, November 8, 1864, President Abraham Lincoln was elected to a second term. Learning that, I took a look at his second inaugural address and discovered it included words we have come to cherish:

“With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation’s wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.”
Dr. Andrew Kolodny is the co-director of opioid policy research at The Heller School for Social Policy and Management at Brandeis University. Dr. Kolodny is also the executive director of Physicians for Responsible Opioid Prescribing. He previously served as chief medical officer for Phoenix House, a national nonprofit addiction treatment agency and was also chair of psychiatry at Maimonides Medical Center in New York City.

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.

Opium
52,404 drug overdose deaths in 2015

Unintentional Drug Overdose Deaths
United States, 1970–2007

Heroin
Cocaine

Year
'70 '72 '74 '76 '78 '80 '82 '84 '86 '88 '90 '92 '94 '96 '98 '00 '02 '04 '06

Death rate per 100,000

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Overdose Deaths Involving Opioids, United States, 2000-2015

Any Opioid
Commonly Prescribed Opioids
(Heroin & semi-synthetic opioids and methadone)
Heroin
Other Synthetic Opioids
(e.g., fentanyl, tramadol)

Heroin treatment admissions: 2003-2013

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
Three Opioid-Addicted Cohorts

1. 20-40 y/o, disproportionately white, significant heroin use, opioid addiction began with Rx use (addicted after 1995)

2. 40 y/o & up, disproportionately white, mostly Rx opioids, opioid addiction began with Rx use (addicted after 1995)

3. 50 y/o & up, disproportionately non-white, mostly heroin users, opioid addiction began in teen years with heroin use (addicted before 1995)
In one year, drug overdoses killed more Americans than the entire Vietnam War did.

Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome

Children of the Opioid Epidemic Are Flooding Foster Homes. America Is Turning a Blind Eye.

The First Count of Fentanyl Deaths in 2016: Up 540% in Three Years

How the opioid crisis decimated the American workforce

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

<table>
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<th>Year</th>
<th>&lt; 8</th>
<th>8 - 14</th>
<th>15 - 18</th>
<th>19 - 44</th>
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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.

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

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)

2009
(range 1 – 379)

Non-heroin opioid treatment admissions: 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.
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

CDC. MMWR 2011
USA oxycodone consumption (mg/capita) 1980–2015

New York Consumption of Oxycodone 1980 - 2006

Sources: International Narcotics Control Board; World Health Organization mortality data

Sources: U.S. Dept. of Justice, Drug Enforcement Administration, Office of Diversion Control
New York Consumption of Hydrocodone
1980 - 2006

Dollars Spent Marketing OxyContin (1996-2001)

Figure 1: Promotional Spending for Three Opioid Analgesics in First 6 Years of Sales

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%"


Cited 824 times (Google Scholar)


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.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Waltham, MA 02154
Boston University Medical Center

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:

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 disorder¹

Pain Patients

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

“Drug Abusers”


“I’d hate to be the first to give Percocet to a teenager who dislocated his knee at hockey practice. And then he comes back a year later, addicted to opioids? I don’t want that on my conscience.”
-Allison Walker, RN
Opinion

Breaking the Opioid Habit in Dentists’ Offices

Tina Rosenberg

Dr. Harold Tu, the director of the division of oral and maxillofacial surgery at the University of Minnesota School of Dentistry. John A. Hamilton for The New York Times

The Case For Confronting Long-Term Opioid Use As A Hospital-Acquired Condition

Michael Schlosser, Ravi Chari, and Jonathan Perlin

September 8, 2017
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

WHAT CAN CATHOLIC HEALTH SYSTEMS LEADERSHIP DO ABOUT THE OPIOID CRISIS?

1. Ensure med center participation on your county’s opioid crisis task force
2. Encourage and support hospital staff who champion this issue
3. Track reductions in unnecessary opioid use as a performance measure
4. Track improvements in access to buprenorphine as a performance measure

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
Andrew Kolodny, MD
akolodny@brandeis.edu

Q&A