

Opioid Trends and Strategies

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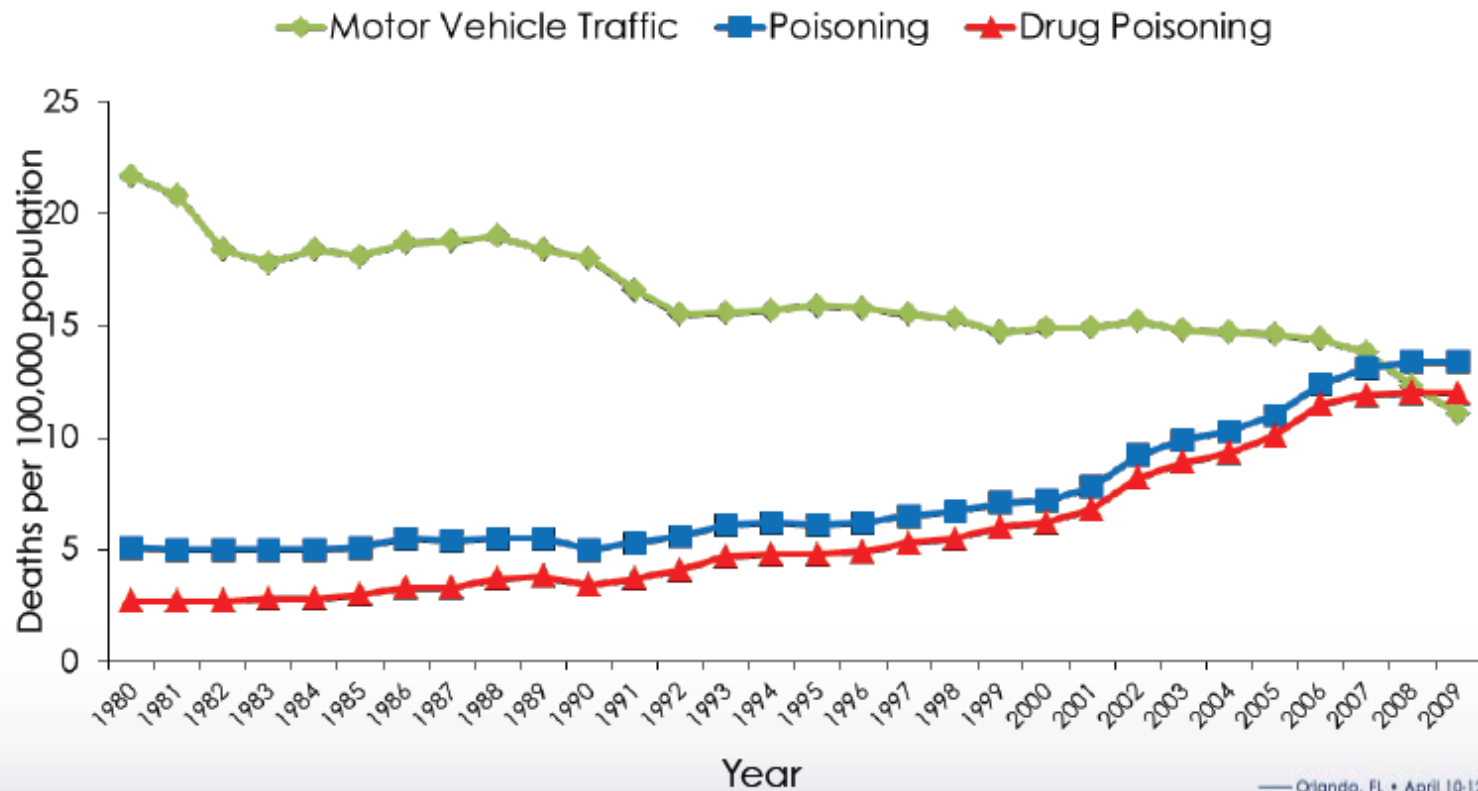
Pharmacy Director

ND Workforce Safety & Insurance

Today's Presentation

1. National and North Dakota Opioid Trends
2. How Other States are Addressing the Issue
3. WSI Initiatives
4. Results of WSI Opioid Working Group

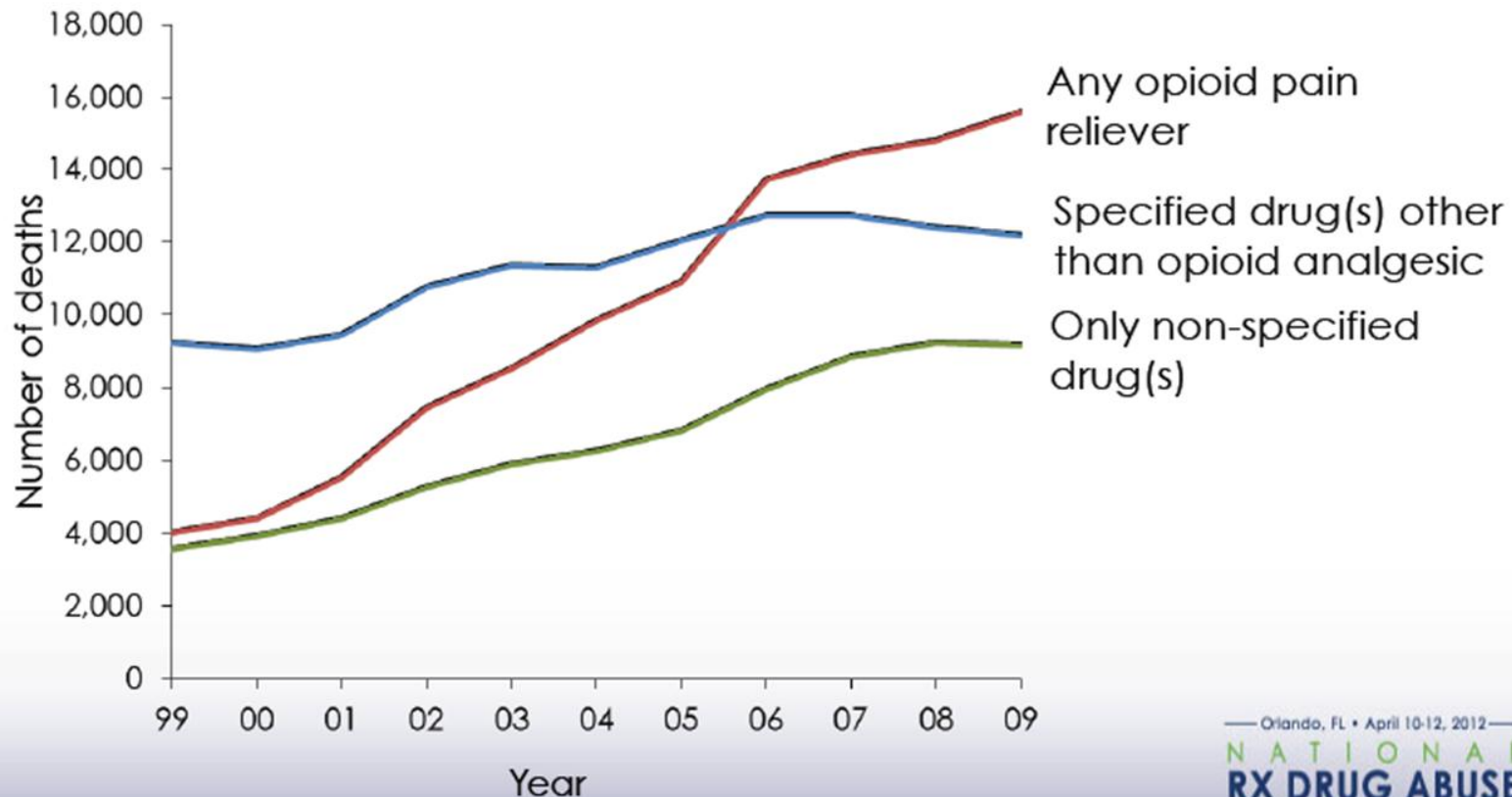
Motor Vehicle Traffic, Poisoning, and Drug Overdose Death Rates: United States, 1980-2009



— Orlando, FL • April 10-12, 2012 —

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SUMMIT
NationalRxDrugAbuseSummit.org

Number of Drug Overdose Deaths Involving Opioid Pain Relievers and other Drugs: United States, 1999-2009

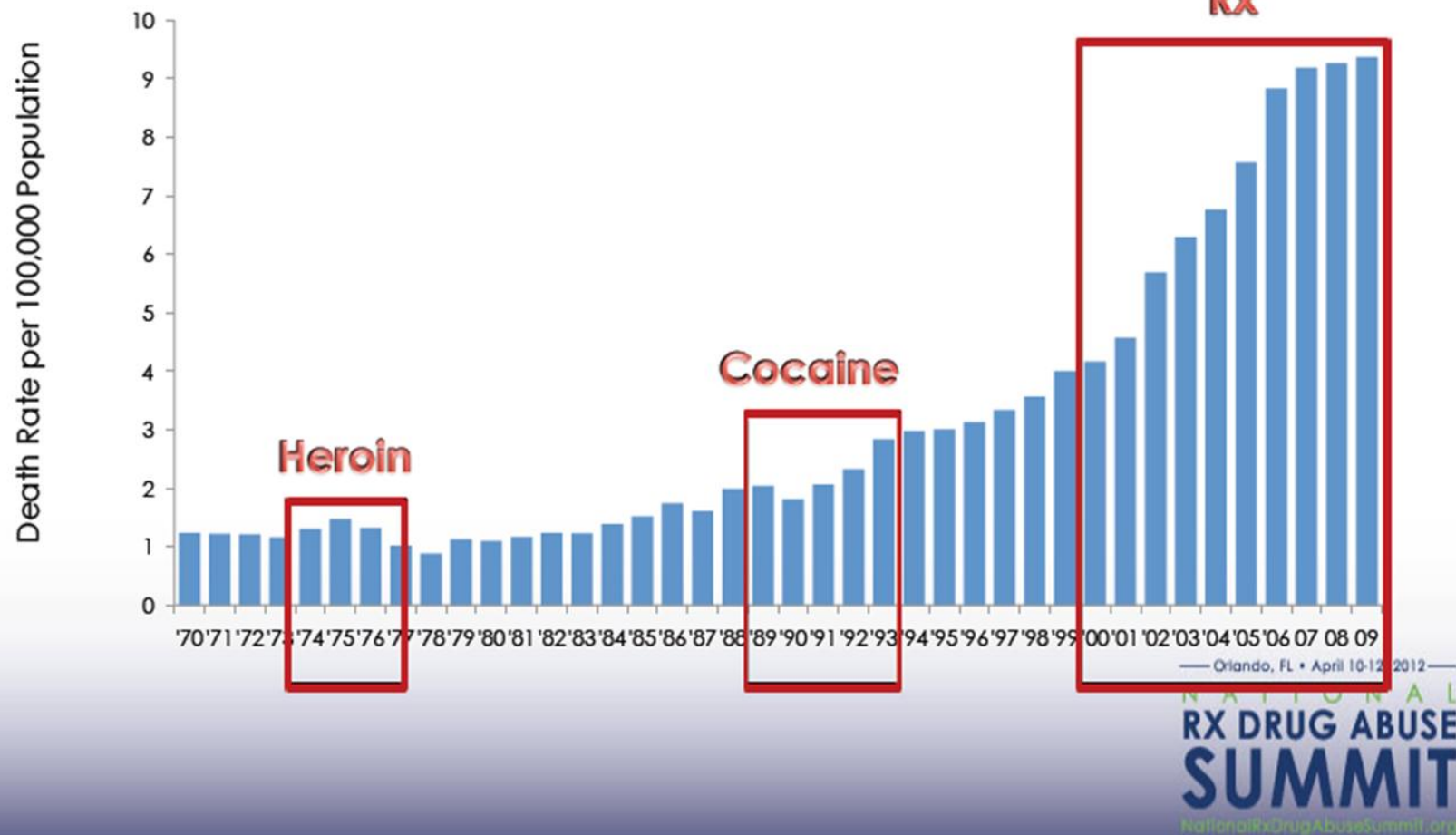


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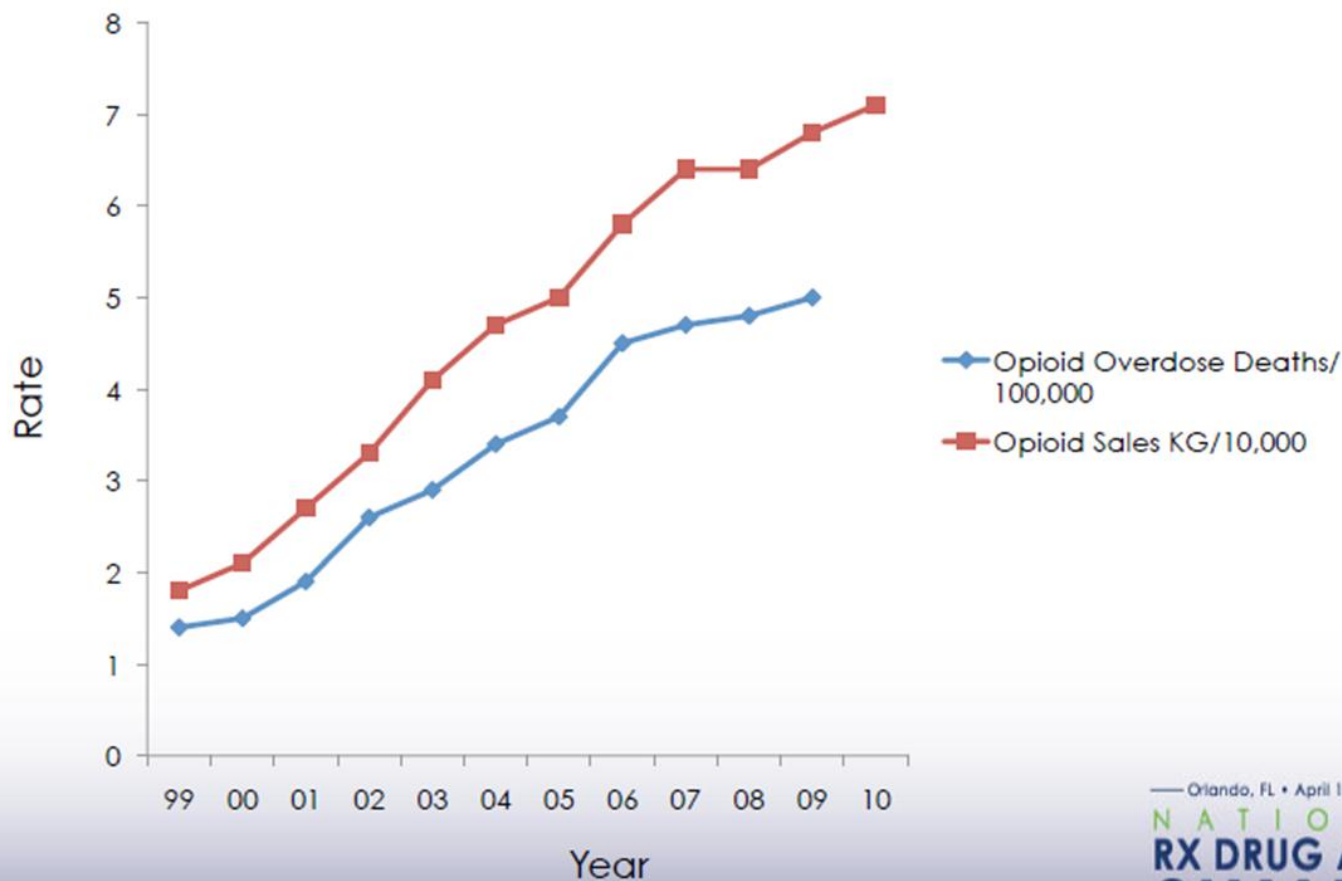
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Unintentional Drug Overdose Deaths United States, 1970-2009

28,578 unintentional overdose deaths in 2009



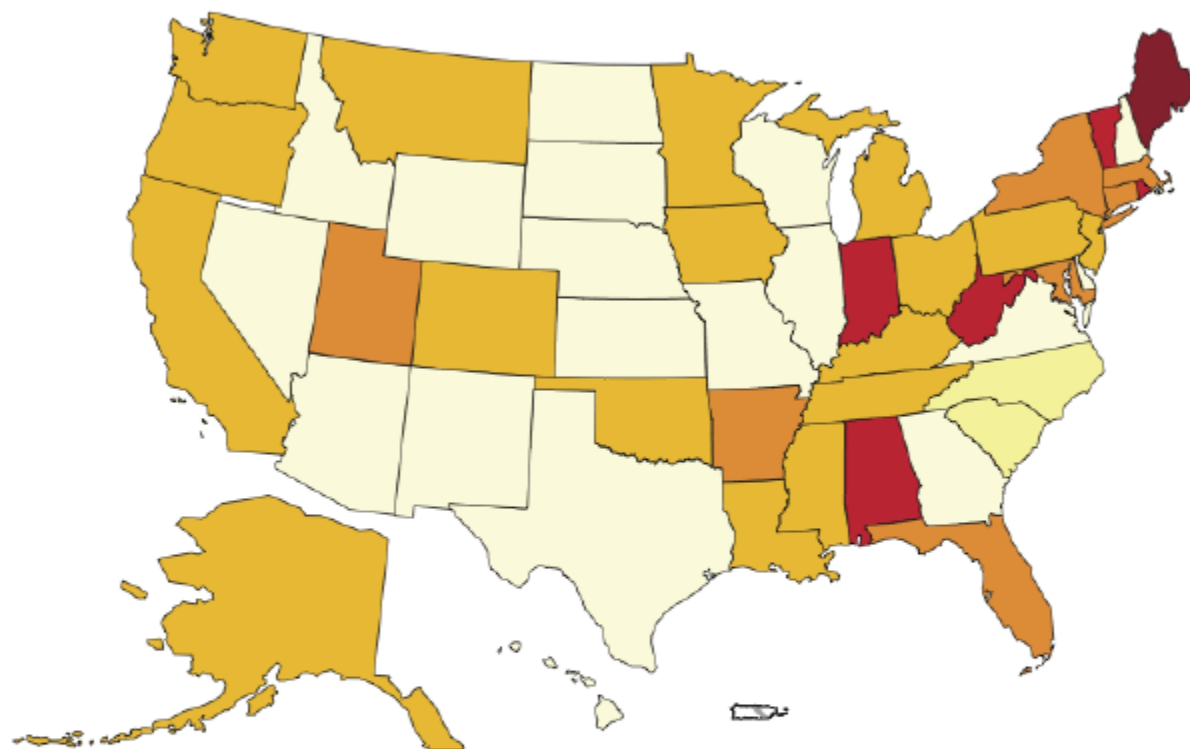
Rates of Opioid Overdose Deaths and Sales, 1999-2010



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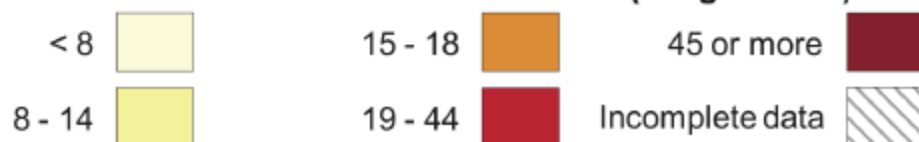
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**Primary non-heroin opiates/synthetics admission rates, by State
(per 100,000 population aged 12 and over)**



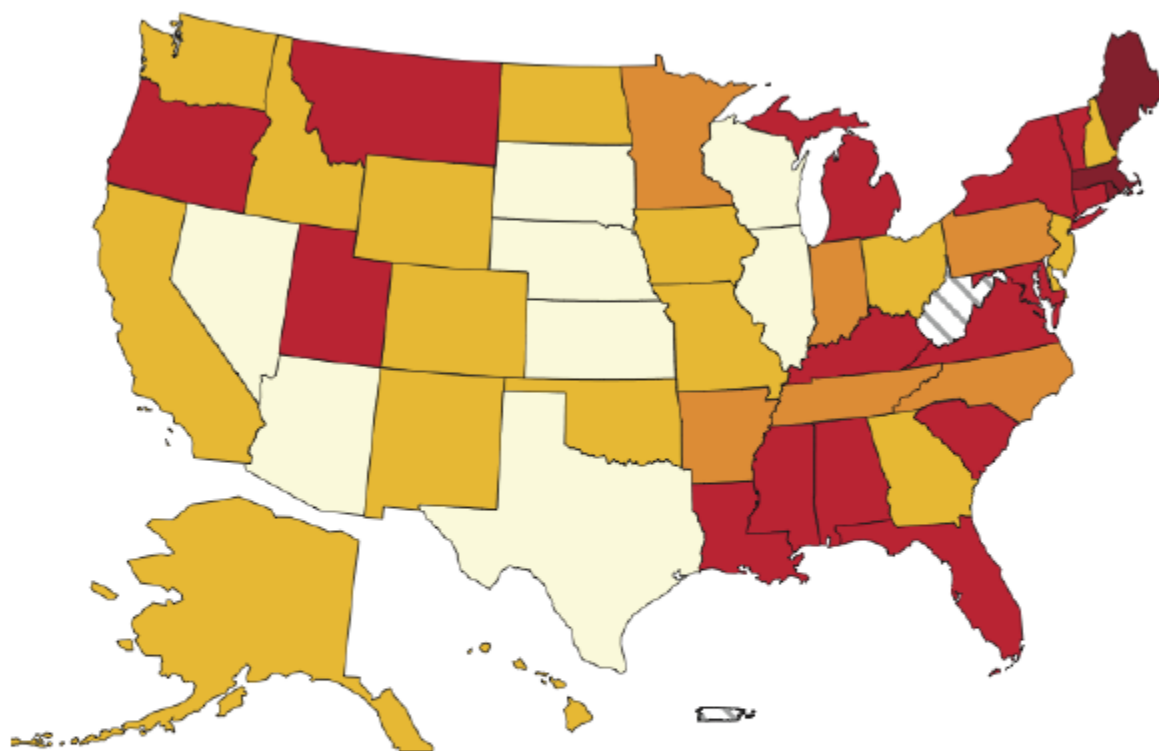
1999

(range 1 - 50)

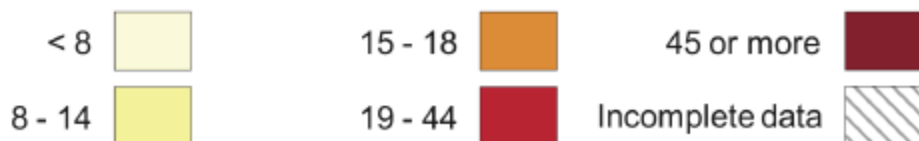


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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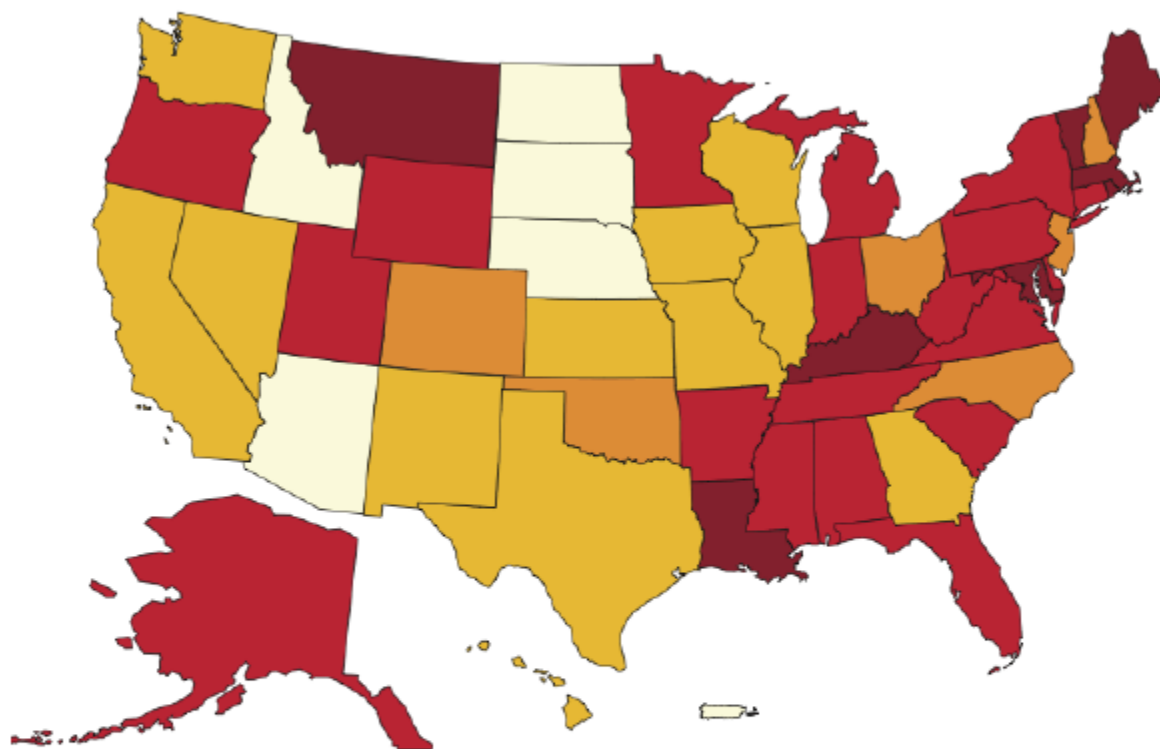


2001
(range 1 – 71)



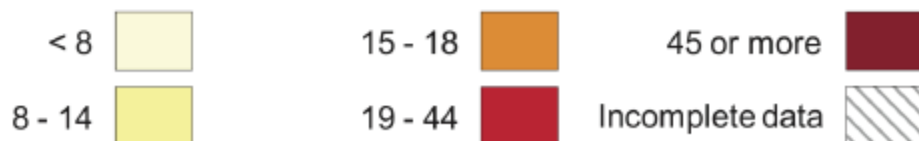
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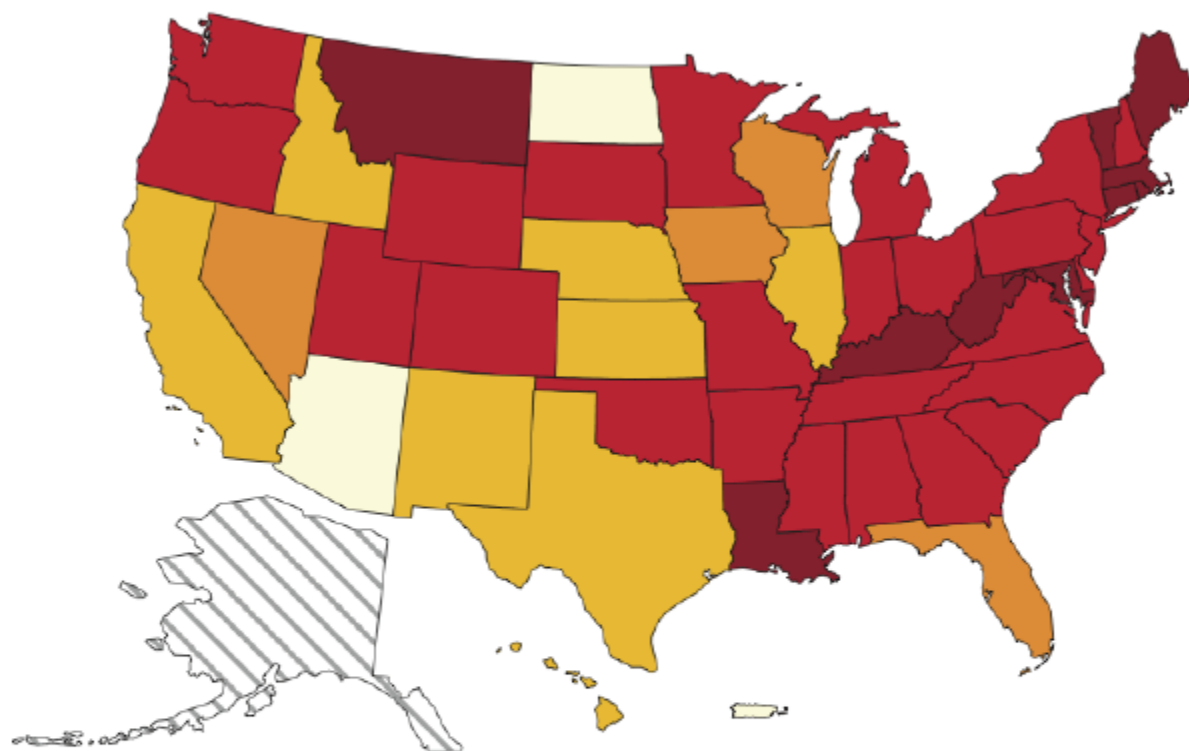
2003

(range 2 – 139)



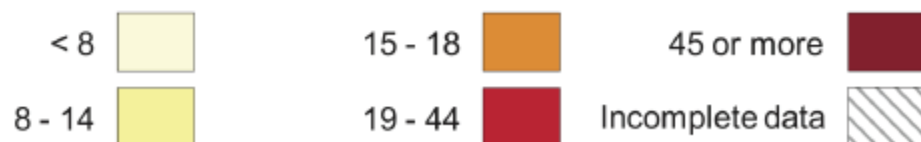
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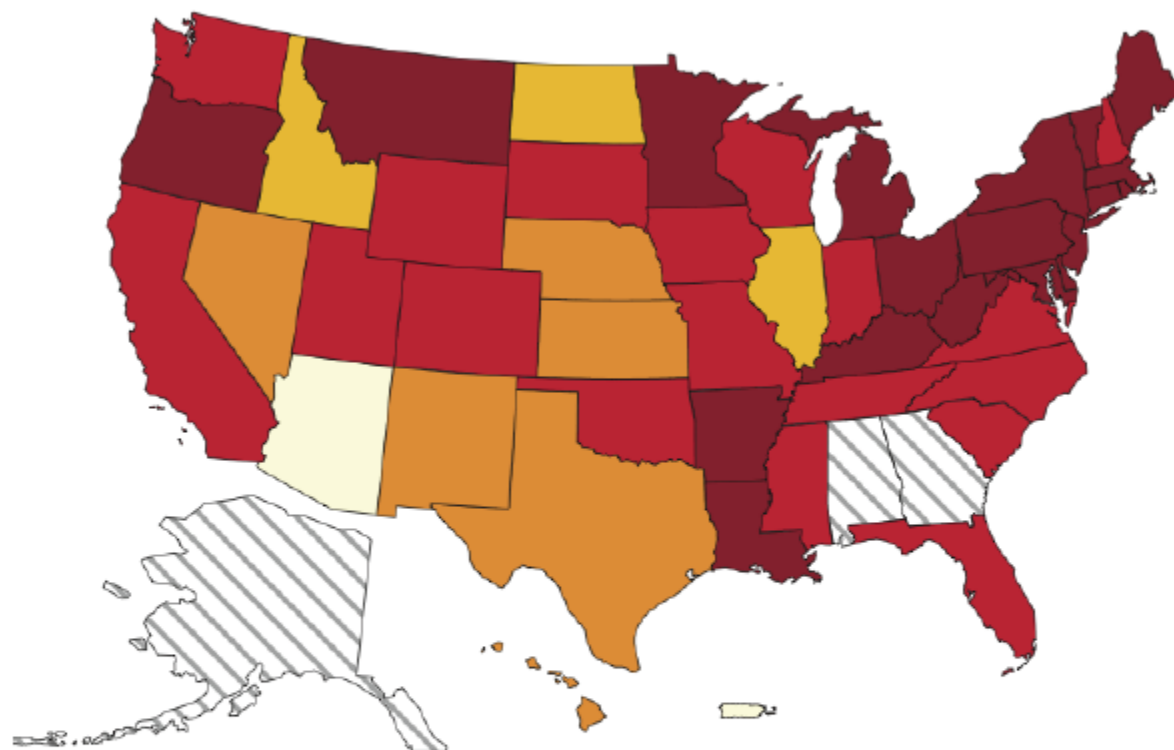
2005

(range 0 – 214)

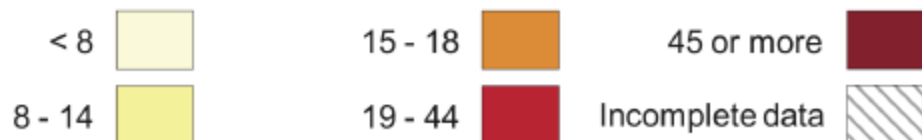


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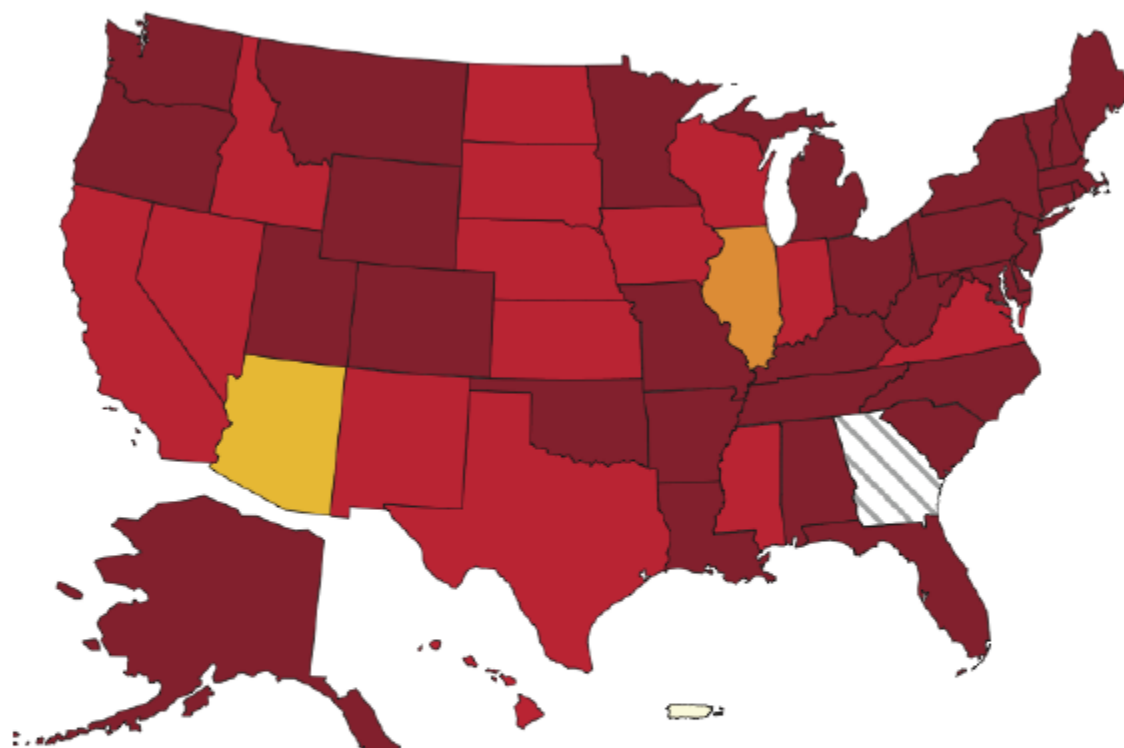


2007
(range 1 – 340)



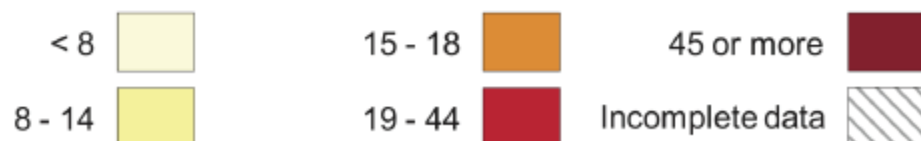
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**Primary non-heroin opiates/synthetics admission rates, by State
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2009

(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.

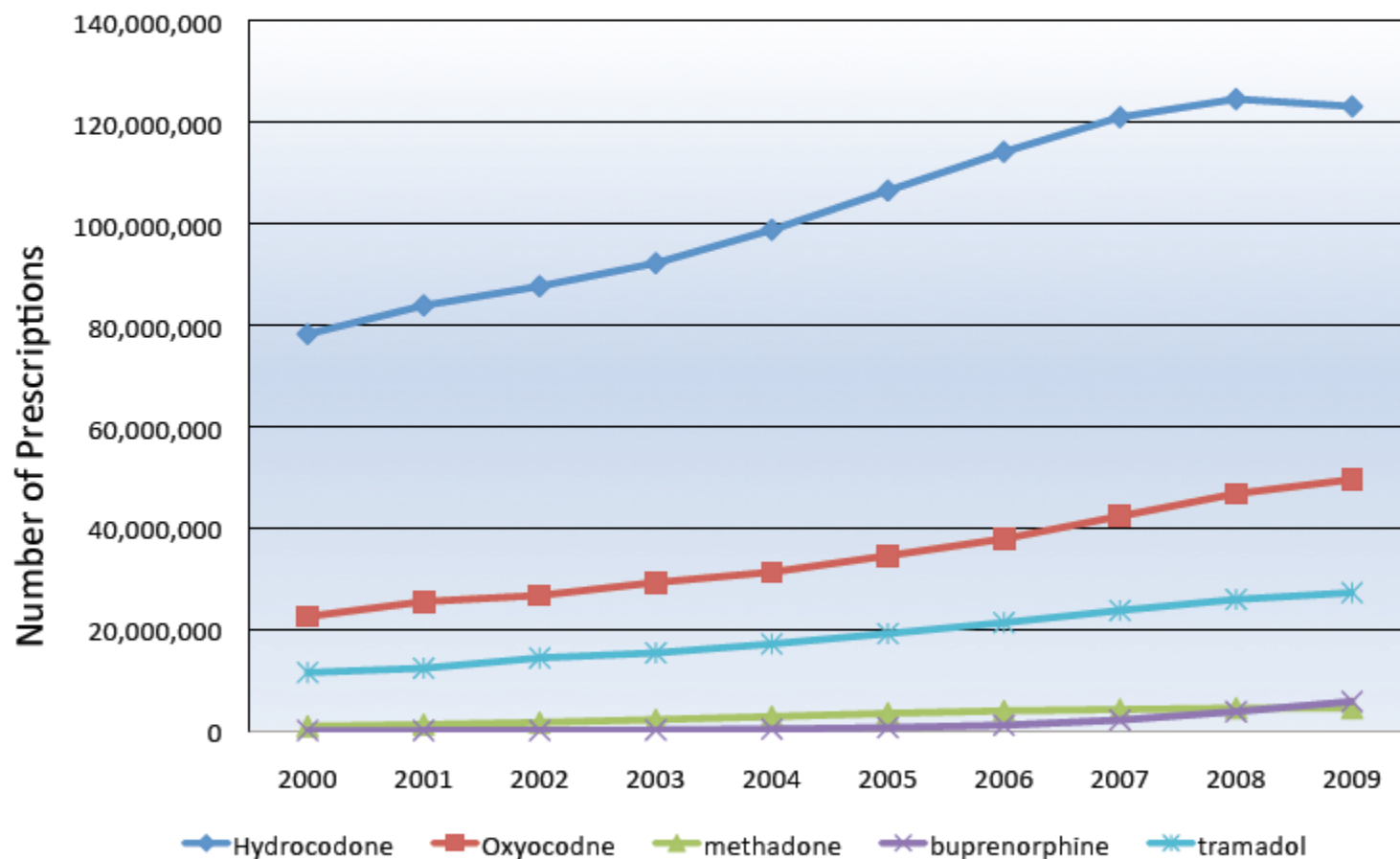
Prevalence of Addiction

- General Population 3-16 %
(Zacny et al,2003)
- Chronic Pain Population 3.2%-18%
(Fishbain et al 1992)
- Hospitalized Population 19-25 %
(Savage,2003)
- Trauma Population 40-62%
(Doherty, 2000)

National Key Points

- 1/3 of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically.
- 70% of people who abused prescription pain relievers got them from friends or relatives, while approximately 5% received them from a drug dealer or the internet.
- In our **military**, illicit drug use **increased** from **5% to 12%** among active duty service members over a 3 year period from 2005 – 2008, primarily attributed to prescription drug abuse.
- From 1997 to 2007, the milligram per person use of prescription opioids in the United States increased from 74 mg to 369 mg, an increase of **402%!**

Prescriptions Dispensed for select opioids in U.S. Outpatient Retail Pharmacies, 2000-2009

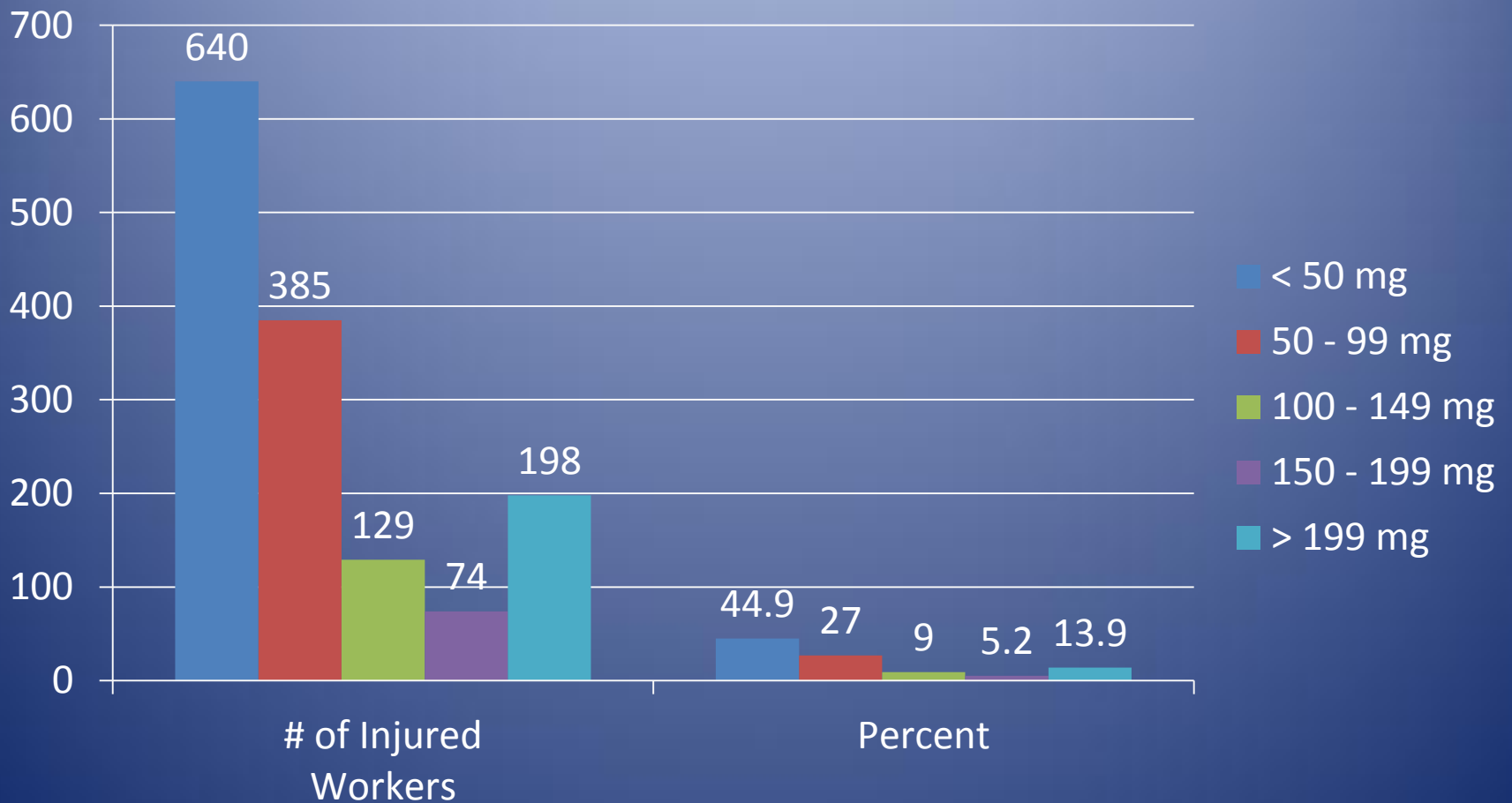


Source: SDI, Vector One: National. Extracted June 2010.

Unintended Consequences: Prescription Pain Medication Abuse

- Random sample of 154,684 veterans found fatal opioid overdose to be directly associated with morphine equivalents > 50 mg/d (but no association with use of long acting and as needed immediate release opioids)
 - Substance use disorders: HR 4.54, chronic pain: 7.18, acute pain: 6.64, and cancer pain: 11.99 (Bohnert et al. 2011)
- Review of 604, 156 individuals 15-64 prescribed an opioid v. 1714 matched controls. Opioid dose directly related to deaths:
 - 50-99 mg morphine equivalents/d OR: 1.92, 100-199 mg/d, OR: 2.04, > 200 mg/d, OR: 2.88 (Gomes, et al. 2011)
- Review of 9940 records from a health maintenance organization:
 - Those receiving 50-99 mg/morphine equivalents/d had 3.7 fold increase in overdose risk, those receiving 100 mg/d or more had 8.9% overdose increase and 1.8% annual death rate (Dunn et al. 2010)

WSI Morphine Equivalents (March 2012)

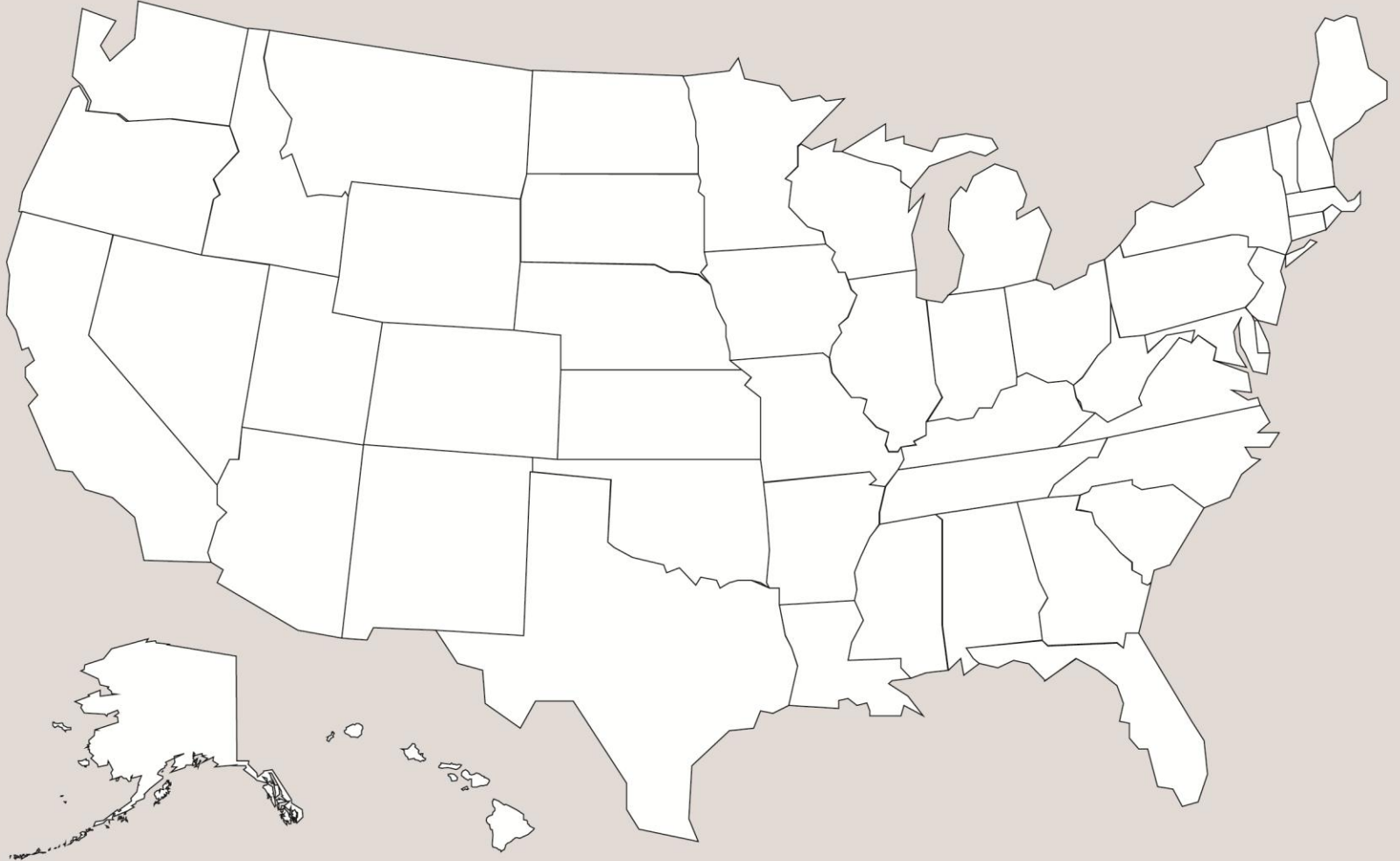


Drug Use Statistics

- 80% of the world's supply of opioids is consumed in the US
- 99% of the world's supply of hydrocodone is consumed in the US
- 2/3 of the world's supply of illicit substances are consumed in the US

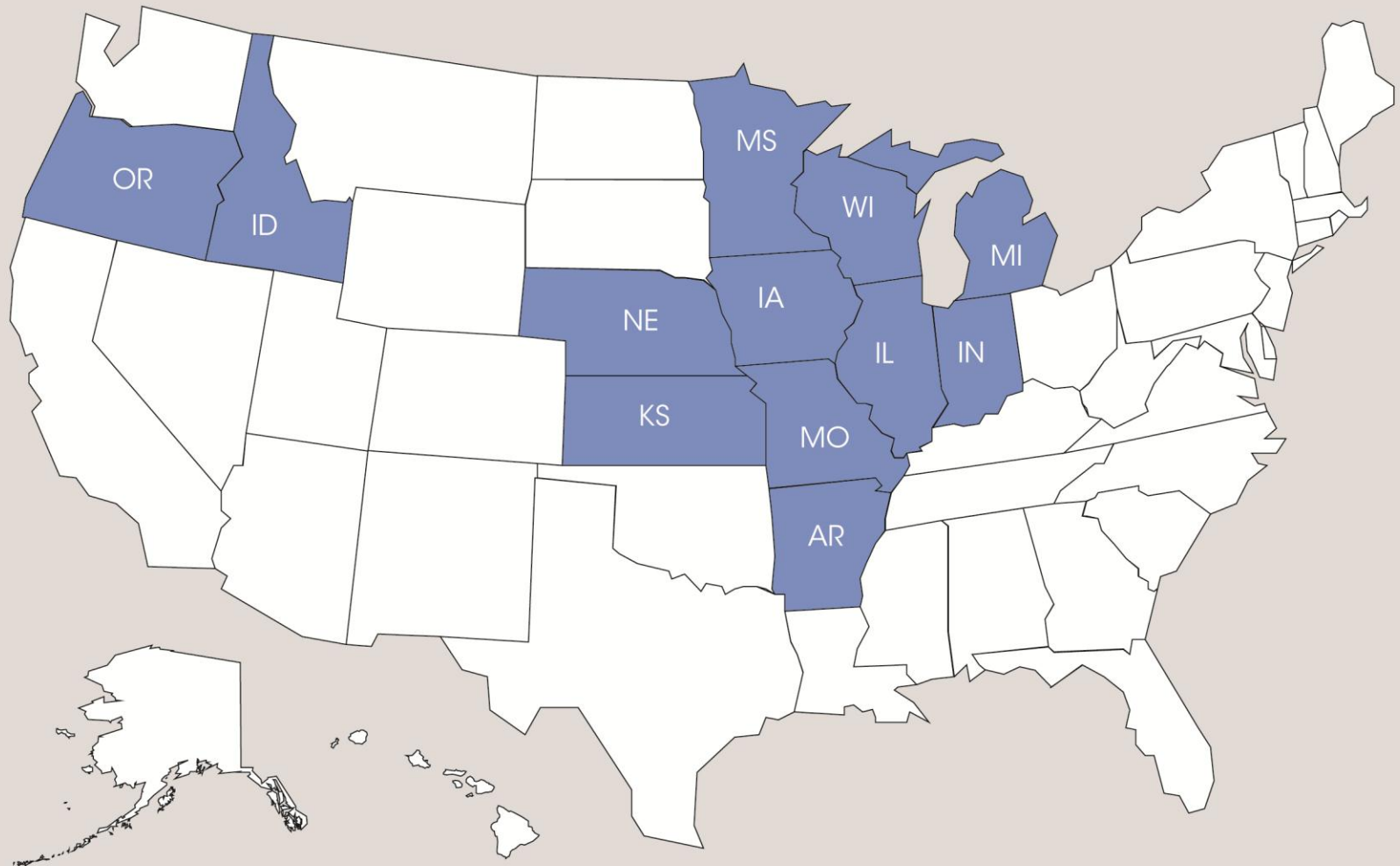
Manchikanti, L. National Drug Control Policy and Prescription Drug Abuse: Facts and Fallacies. Pain Physician. 10:399-424, 2007.

WC Narcotics Costs per Medical Claim



Injury Years 1999 Thru 2003
Relative Service Years 1 Thru 5

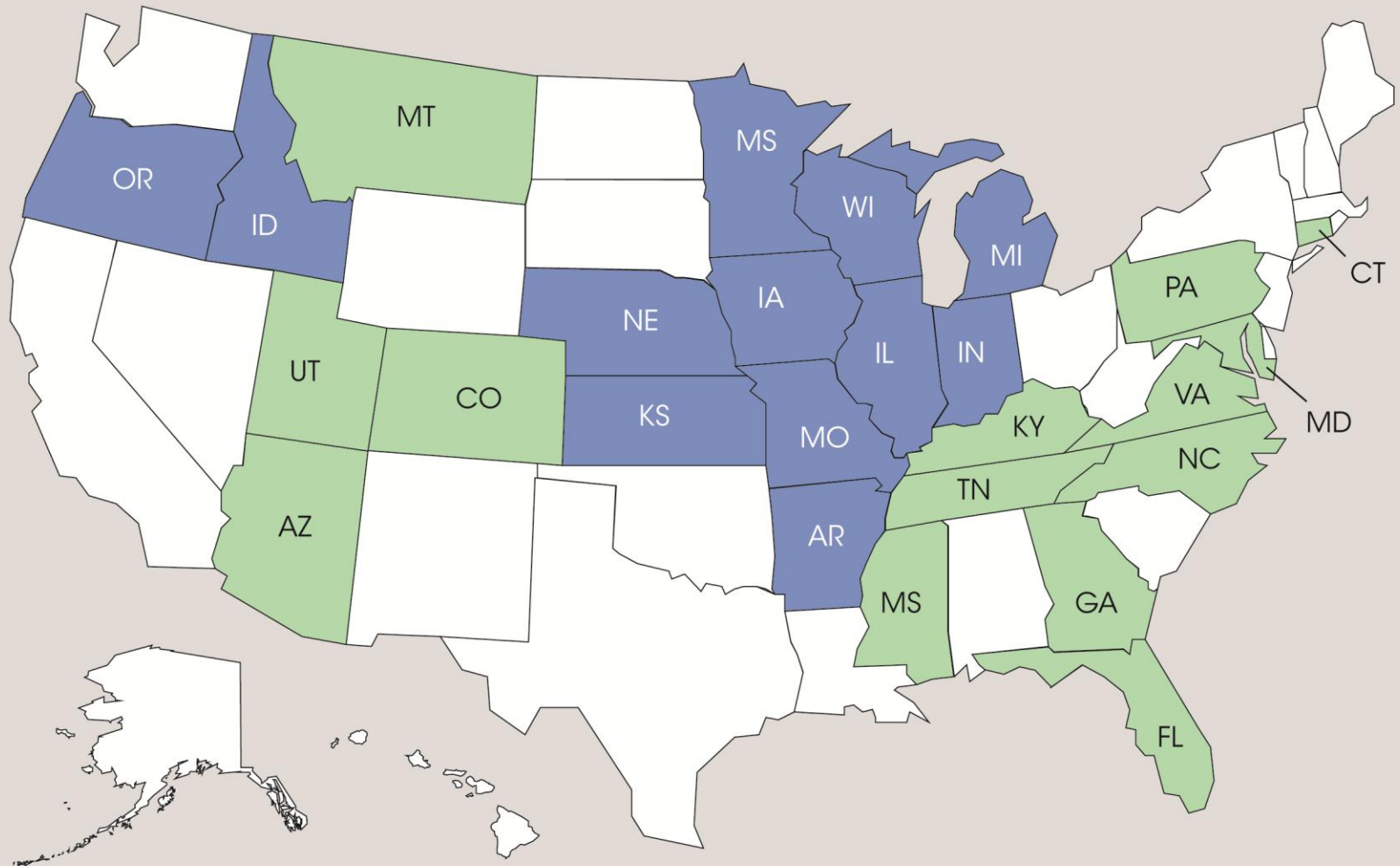
WC Narcotics Costs per Medical Claim



Injury Years 1999 Thru 2003
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Below Average
(≤ \$15 per claim)

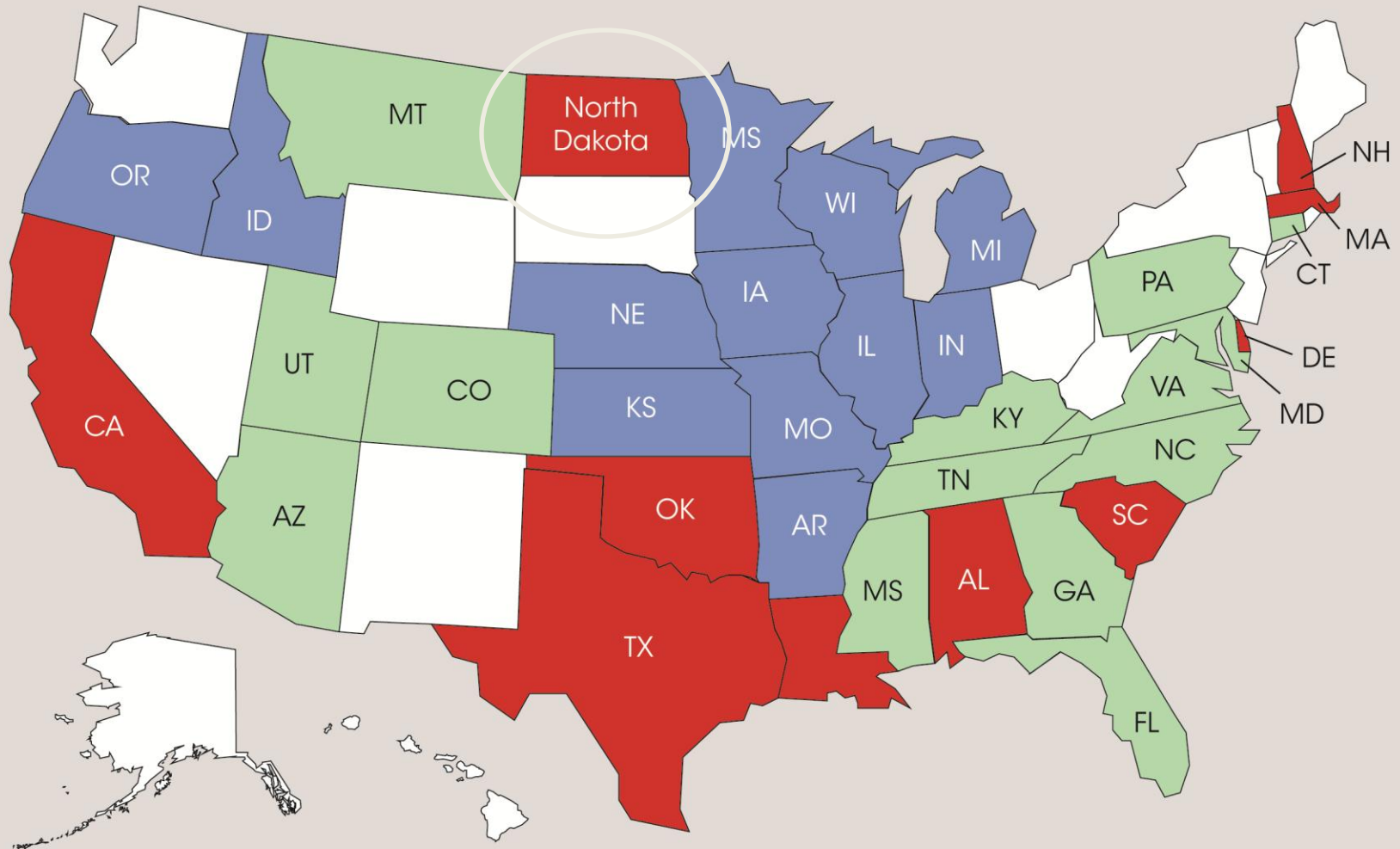
WC Narcotics Costs per Medical Claim



Below Average Average
(\$15 - \$30 per claim)

Injury Years 1999 Thru 2003
Relative Service Years 1 Thru 5

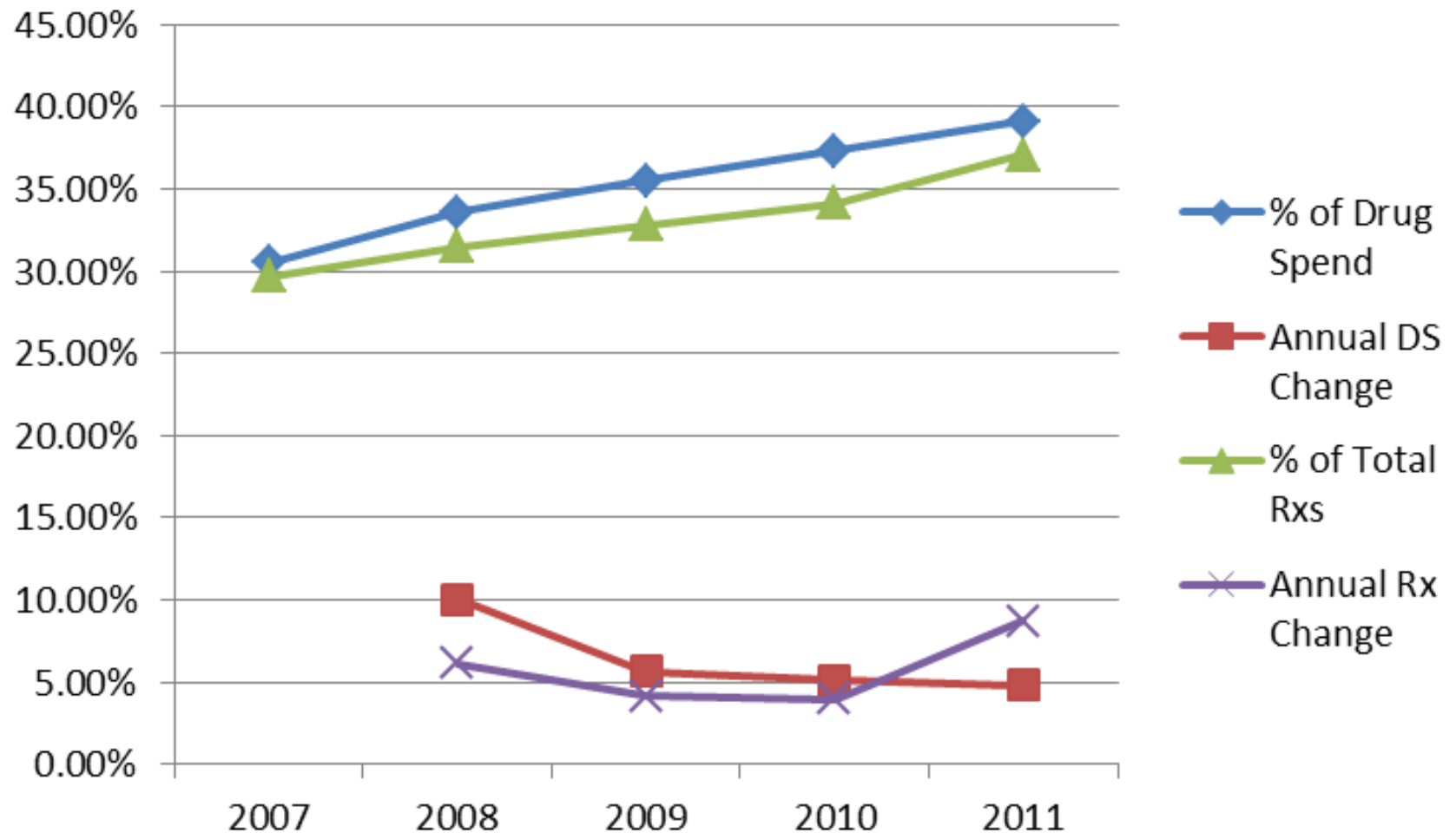
WC Narcotics Costs per Medical Claim



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WSI Opioid Spend Trends



Other State Initiatives

- Washington
- Colorado
- Oklahoma
- Arizona

Management of a Formal Trial of Chronic Opioids – WA State

- Comprehensive Guidelines
- Treatment agreement
- Consultation with a pain specialist
 - If dose exceeds 100 – 150 mg MED
 - Pain and function have not improved after 3 months
 - IW has hx of chemical dependency
 - IW has significant depression, anxiety or irritability

Recommendations for Opioid Use CO Guidelines

- Colorado's guidelines are similar to WA state guidelines
- Expect a small change in the VAS of 2 – 3 points. Larger change may be indication of abuse or diversion
- Recommend physical and psychological and/or psychiatric assessment
- State that drug screening is a mandatory component of the program
 - Initially and then randomly, at least once yearly

Oklahoma Legislation

- Meant to address underutilization of OK prescription drug monitoring program.
- Would make it mandatory for a provider to access the PDMP prior to prescribing an opiate analgesic.

Arizona Legislation

- 2010 legislation targeted “off-label” use of fentanyl products and restricted use to FDA approved indications for cancer patients with intractable pain.
- 2011 legislation
 - Expanded the duty of the prescribing physician to justify the continued use of narcotics in excess of 120mg MED or where long-acting narcotics were prescribed for acute rather than chronic pain.
 - Required use of state’s PDMP

What Has WSI Done?

- Have posted a sample narcotic treatment agreement on WSI's website
- A summary letter of the ODG recommendations for narcotic use are sent to the treating provider after 30 days of continuous narcotics.
- At 90 days all claims are reviewed in triage to assess for potential 'red flags'.

What Has WSI Done?

- Supported legislation to address growing use of narcotic analgesics.
- Working with US Script on report that would automatically calculate MEDs.
- Sponsored pilot program with ND Pharmacy Services Corp
 - “About the Patient” program provides for pharmacist consultation and review in select counties.

What Has WSI Done?

- Formed a multi-disciplinary 'Opioid Working Group'
- Presented opioid information to the Health Care Reform Review Committee
- Presented opioid information to the Board of Directors

Insurance Industry “Best Practices”

- A MED greater than 120mg or 150mg that would automatically trigger a referral to a pain specialist.
- A maximum MED of 200mg for the treatment of chronic non-malignant pain.
- Require random urine drug testing on all chronic non-malignant opioid patients.
- Require a psychosocial assessment on all chronic non-malignant opioid patients.

Insurance Industry

“Best Practices”

- Adoption of statewide chronic non-malignant pain therapy guidelines with section specific to workers compensation including functional assessments, return-to-work and vocational rehabilitation.
- Assessment of sleep apnea in patients on chronic opioid therapy.
- A pain contract be required on all chronic therapy patients using a universal format.
- Require utilization of the PDMP prior to prescribing of any opioid agents.