The Opioid Crisis in Colorado: Policy, Program, and Professional Responses

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Objectives

• Provide current data on the scope of the opioid crisis in the U.S. and Colorado

• Describe federal, state, and local efforts to address the crisis

• Identify strategies that can be implemented in clinical practice to reduce prescription drug abuse
What are the current data?
Drug Overdose Mortality

- In 2017, over 70,000 people died from drug overdoses in the United States
  - One every 10 minutes (6 more during this session)
  - Nearly 2/3 of those deaths involved prescription drugs
  - Opioids (Rx or illicit) were involved in 75% of those deaths

- In Colorado, there were 912 drug overdose deaths in 2016
  - Of these 912, 504 were opioid involved (Rx or illicit, combined)
  - Good news: Rx opioid deaths down slightly (329 in 2015, 300 in 2016)
  - Bad news: Heroin deaths (160 in 2015, 228 in 2016), Fentanyl deaths (41 in 2015, 49 in 2016) and Methadone deaths (34 in 2015, 56 in 2016)
  - Net Gain for all Opioids: 472 in 2015, 504 in 2016

- The problem knows no regional, gender, age, income, or other bounds: it is truly an epidemic (CDC: top four)

TED Qualitative Research Methodology

Colorado Rx Abuse Task Force data
SAMSHA/NSDUH 2009 survey
Drug Overdose Mortality

- In 2017, over 70,000 people died from drug overdoses in the United States
  - One every 10 minutes (6 more during this session)
  - Nearly 2/3 of those deaths involved prescription drugs
  - Opioids (Rx or illicit) were involved in 75% of those deaths
- In Colorado, there were 1,012 drug overdose deaths in 2017
  - Good news: Rx opioid deaths down slightly (329 in 2015, 300 in 2016)
  - Bad news: Heroin deaths (160 in 2015, 228 in 2016), Fentanyl deaths (41 in 2015, 49 in 2016) and Methadone deaths (34 in 2015, 56 in 2016) are all up sharply [Net Gain for all Opioids: 472 in 2015, 504 in 2016]

The problem knows no regional, gender, age, income, or other bounds: it is truly an epidemic (CDC: top four).

Colorado Rx Abuse Task Force data
SAMSHA/NSDUH 2009 survey
Drug Overdose Mortality

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  – One every 10 minutes (6 more during this session)
  – Nearly 2/3 of those deaths involved prescription drugs
  – Opioids (Rx or illicit) were involved in 75% of those deaths
• In Colorado, there were 1,012 drug overdose deaths in 2017
• Of these, 560 were opioid involved (Rx or illicit, combined)
Drug Overdose Mortality

• In 2017, over 70,000 people died from drug overdoses in the United States
  – One every 10 minutes (6 more during this session)
  – Nearly 2/3 of those deaths involved prescription drugs
  – Opioids (Rx or illicit) were involved in 75% of those deaths
• In Colorado, there were 1,012 drug overdose deaths in 2016
  • Of these, 560 were opioid involved (Rx or illicit, combined)
    – Rx opioid deaths rising again (329 in 2015, 300 in 2016, 373 in 2017)
    – Heroin deaths holding steady (160 in 2015, 228 in 2016, 224 in 2017)
    – Fentanyl deaths rising (41 in 2015, 49 in 2016, 81 in 2017)
    – Methadone deaths holding steady (34 in 2015, 56 in 2016, 58 in 2017)
• The problem knows no regional, gender, age, income, or other bounds: it is truly an epidemic (CDC: top four)
Drug Overdose Mortality in Colorado

Colorado Drug Overdose Death Rate, 2002

Legend
- 0 - 2.0
- 2.1 - 4.0
- 4.1 - 6.0
- 6.1 - 8.0
- 8.1 - 10.0
- 10.1 - 12.0
- 12.1 - 14.0
- 14.1 - 16.0
- 16.1 - 18.0
- 18.1 - 20.0
- > 20.0

No Data Available

Drug Overdose Mortality in Colorado

Colorado Drug Overdose Death Rate, 2002

Legend

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University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

CDC/NCHS National Vital Statistics System,
CDC Wonder. Updated 2010.
Drug Overdose Mortality in Colorado

Colorado Drug Overdose Death Rate, 2014

500% Increase

CDC/NCHS National Vital Statistics System,
CDC Wonder. Updated 2010.
Drug Overdose Death Rates in the US

Motor vehicle traffic
Firearm
Drug poisoning

Deaths per 100,000 population

Year

CDC WONDER data file, Nov 21, 2014; 63(46);1095.
3 Waves of the Rise in Opioid Overdose Deaths

Wave 1: Rise in Prescription Opioid Overdose Deaths

Wave 2: Rise in Heroin Overdose Deaths

Wave 3: Rise in Synthetic Opioid Overdose Deaths

Other Synthetic Opioids
- e.g. Tramadol and Fentanyl, prescribed or illicitly manufactured

Commonly Prescribed Opioids
- Natural & Semi Synthetic Opioids
- and Methadone

Heroin

SOURCE: National Vital Statistics System Mortality File
Deaths are the Tip of the Iceberg
For every opioid overdose death in 2014 there were...

For every 1 death there are...

SAMHSA NSDUH, DAWN, TEDS data sets
Coalition Against Insurance Fraud. Prescription for Peril.
Deaths are the Tip of the Iceberg
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10 treatment admissions for abuse

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Deaths are the Tip of the Iceberg
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10 treatment admissions for abuse
32 emergency dept visits for misuse or abuse

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- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent

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For every 1 death there are...
- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users

SAMHSA NSDUH, DAWN, TEDS data sets
Coalition Against Insurance Fraud. Prescription for Peril.
Substance Abuse Treatment Gap: 90%

Number of People Needing Treatment for Substance Abuse Problems: 21.6 million

Number of People Who Received Treatment at a Substance Abuse Facility: 2.3 million

SAMHSA/NSDUH 2011 survey
Access to Medication Assisted Treatment (MAT) in Colorado: April 2017

[Map of Colorado showing treatment locations]

No Treatment Locations  1 Treatment Location  2 to 10 Treatment Locations  11+ Treatment Locations

Office of the Governor
What has this cost us?
Costs of the Epidemic: Past and Projected

Total and Projected Costs of the Opioid Epidemic

$1 Trillion Total

* Data between labeled estimates interpolated using constant growth rates
Societal Benefit of Eliminating Opioid Crisis

How did we get here?
The Ubiquity and Impact of Opioid Prescription Drugs on the US Population

The Ubiquity and Impact of Opioid Prescription Drugs on the US Population


3.9-fold increase in quantity of opioids sold

Kg of Opioids Sold (per 10,000)

![Graph showing the increase in number of US Population per year with a 3.9-fold increase in quantity of opioids sold from 1999 to 2010.](image-url)
The Ubiquity and Impact of Opioid Prescription Drugs on the US Population

![Graph showing the increase in Kg of opioids sold per 10,000 people from 1999 to 2010.](image)

- **3.9-fold increase in quantity of opioids sold**

259 million opioid prescriptions were dispensed at retail in 2013...enough for every American adult to have a bottle of pills...every year!

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The Ubiquity and Impact of Opioid Prescription Drugs on the US Population

259 million opioid prescriptions were dispensed at retail in 2013
...enough for every American adult to have a bottle of pills...every year


Office of the Governor
The “Perfect Storm” of Opioids

• Causes of the increase came from many directions:
  – Increased recognition of pain, under-treatment of pain
  – Pain as the “fifth vital sign”, JCAHO and CAHPS measures, etc.
  – Drug company advertising and promotion
  – Practitioners not well trained in opioid pharmacology, addiction, medication assisted treatment (MAT)
  – Drugs are very powerful, highly addictive if not used properly
  – Scamming, doctor/pharmacy shopping, black market for opioids
How does this problem start?
Sources of Opioids among Nonmedical Users

- Obtained free from friend or relative: 55%
- Prescribed by one doctor: 17.3%
- Bought from a friend or relative: 11.4%
- Took from a friend or relative without asking: 4.8%
- Got from drug dealer or stranger: 4.4%
- Other source: 7.1%
Sources of Opioids among Nonmedical Users

Over 70% obtain opioids from friends or relatives...the “Medicine Cabinet” problem (most common starting point to Nonmedical use and Addiction)
Sources of Opioids among Nonmedical Users

Also significant: 17% of patients who are started on opioids legitimately, but begin nonmedical use with the “leftovers” (after their acute pain has subsided)
New Persistent Opioid Users after Surgery

After surgery, major or minor, 6% of people started on opioids for post surgical pain are new, persistent users 1 year later.

Probability of Continued Opioid Use by Days Supply of First Opioid Rx: 2006-2015

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days’ supply* of the first opioid prescription — United States, 2006–2015

CDC MMWR: IQVIA Rx
Opioid Pills Consumed at Home after Surgery

91% of patients take 15 or fewer tablets.

Oxycodone 5mg is poor (NNT = 18); pain relief from oxycodone is largely dose dependent (better at 15mg, but that dose is fairly high); Ibuprofen 400mg is very good (NNT = 2)

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What is being done?
President’s Commission on Combating Drug Addiction and the Opioid Crisis

On March 29, 2017, President Donald J. Trump signed an Executive Order establishing the President’s Commission on Combating Drug Addiction and the Opioid Crisis. The Commission will be chaired by Governor Chris Christie and will study ways to combat and treat the scourge of drug abuse, addiction, and the opioid crisis, which was responsible for more than 50,000 deaths in 2015 and has caused families and communities across America to endure significant pain and suffering. The Commission will work closely with the White House Office of American Innovation led by Jared Kushner.

President Trump said, “I made a promise to the American people to take action to keep drugs from pouring into our country and to help those who have been so badly affected by them. Governor Christie will be instrumental in researching how best to combat this serious epidemic and how to treat those it has affected. He will work with people on both sides of the aisle to find the best ways for the Federal Government to treat and protect the American people from this serious problem. This is an epidemic that knows no boundaries and shows no mercy, and we will show great compassion and resolve as we work together on this important issue.”

The Office of National Drug Control Policy (ONDCP) provides administrative and financial support for the Commission and its activities.
President’s Commission: Recommendations

• *Declare national public health emergency (done)*
• Treatment Expansion: eliminate Medicaid IMD exclusion, create incentives for delivery of MAT, enforce MHPAEA (mental health/SUD parity)
• CME: mandatory CME for DEA registered prescribers
• Naloxone: equip law enforcement, create standing orders laws at state level, require coprescribing for at risk patients
• PDMPs: fund interstate data sharing, require federal facilities to participate/report data
• Other: Address 42 CFR Part 2 consent issues, develop fentanyl detection sensors/systems, review rules/regs
Recent Federal Initiatives

- **CDC:** named Prescription Drug Abuse as one of the top four epidemics facing the U.S.; issued *Guideline for Prescribing Opioids for Chronic Pain* (March 2016)

- **CMS:** stated “will adopt” CDC guidelines for Medicare patients

- **FDA:** issued Black Box Warning for opioids (risk of addiction, OIRD and death); guidance for abuse deterrent formulations; and recommended Opana ER be pulled from the market (MFR complied)

- **DEA:** tougher scheduling (Tramadol; Hydrocodone combination products); National Drug Take Back days (most recent was 4/28); new rules allowing pharmacies and law enforcement departments to be “reverse distributors” (collect and take back medications)
Recent Federal Legislation (one week ago)

- House Energy & Commerce committee held hearings over the last winter/spring, drafted a package of 56 opioid bills, combined into HR-6 (SUPPORT for Patients and Communities)
- Timeline:
  - In June, HR-6 passed House by vote of 396-14
  - On Sept 17, Opioid Crisis Response Act passed Senate 99-1
  - On Sept 27, cleared Conference Committee
  - On Oct 24, President Trump signed into law
- Topics range from treatment access, to workforce development, to incentives for development of non opioid medications, to safe disposal, to fentanyl interdiction (etc.)
- For details: https://energycommerce.house.gov/opioids/
- President has pledged ~$13 Billion to opioid crisis over the next two fiscal years (10X prior funding, still 1/10 of HIV/AIDS)
Colorado Plan to Reduce Prescription Drug Abuse

September 2013
Kelly Perez
Policy Advisor
Office of Governor John Hickenlooper
• Created by Governor John Hickenlooper in the fall of 2013 to establish a coordinated, statewide response to this major public health problem

• The Consortium serves as a backbone, which links the many state agencies, organizations, health professions, associations, task forces, and programs that are currently addressing the prescription drug abuse problem

• Seeded with $1M in funding from former AG John Suthers
Consortium Organization

Governor
- Provider Education Work Group
  - Co-Chairs: Lesley Brooks, N. Colorado Health Alliance, Joshua Blum, Denver Health
- Safe Disposal Work Group
  - Co-Chairs: Greg Fabisiak, CDPHE, Sunny Linnebur, CU
- Naloxone Work Group
  - Co-Chairs: Lisa Raville, HRAC, Chris Stock, PharmD
- Public Awareness Work Group
  - Co-Chairs: Jose Esquivel, Attorney General's Office, Kent MacLennan, Rise Above Colorado
- Heroin Response Work Group
  - Co-Chairs: Tom Gorman, PM HDTA, Lindsey Myers, CDPHE
- Affected Families & Friends Work Group
  - Co-Chairs: Karen Hill & Suzi Stolte, JP Rx Drug Awareness Foundation
- Treatment Work Group
  - Co-Chairs: Paula Riggs, CU, Mandy Malone, OBH
- PDMP Work Group
  - Co-Chairs: Jason Hoppe, UCH / CU, TBD — DORA
- Data & Research Work Group
  - Co-Chairs: Barbara Gabella, CDPHE, Alla Al-Tayyib, Denver Health
- Recovery Work Group
  - Co-Chairs: Dana Smith, The Phoenix, Rourke Weaver, Red Rock Recovery

Coordinator Center
CU School of Pharmacy
Robert Valuck, PhD, RPh
Coordination Committee
(Work Group Co-Chairs)
Opioid and Other Substance Use Disorders Interim Study Committee

The study committee must review data and statistics on the scope of the substance use disorder problem in Colorado; compile an overview of the current resources available to Coloradoans; review the availability of medication-assisted treatment options and whether pharmacists can prescribe those medications; examine what other states and countries are doing to address substance use disorders; identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources; and identify possible legislative options to address these gaps.
Committee met between July and October 2017, drafted 6 bills, 5 passed: Prevention/Education, Clinical Practice Improvement, Workforce Development, Treatment (Inpatient/Residential), and Payment Reform (MAT, prior auth)

Committee meeting again this year, passed 5 bills, referred to Leg Council, which killed three of them (Prevention, Treatment, Harm Reduction), passed two (Criminal Justice, and Recovery)
Practice Level Strategies to Prevent Abuse

• Laws, Regs, Guidelines, Incentives: be aware of best practices, requirements, “carrots and sticks”
  – MIPS incentives for performing elements of CDC Guidelines
  – SB18-022: 7 day limit on first opioid Rx, mandatory PDMP check on second Rx (went into effect May 21, 2018)

• Patient Education: safe use, storage, disposal

• Naloxone coprescribing / education

• Alternatives to Opioids (ALTO), ERAS protocols

• Participate in the larger effort (local or state level)
Questions?

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