The Opioid Crisis in Colorado: Unfinished Business

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Colorado Health Symposium
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Objectives

• Describe the scope of the opioid crisis in the U.S. and Colorado

• Highlight current solutions being applied at the federal, state, and local levels

• Challenge us all to increase the intensity and pace of our efforts
Just how big *is* the opioid crisis?
Drug Overdose Mortality

• In 2016, over 63,000 people died from drug overdoses in the United States
  – One every 10 minutes (3 more during this talk)
  – Nearly 2/3 of those deaths involved prescription drugs
  – Opioids (Rx or illicit) were involved in 75% of those deaths
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• In Colorado, there were 912 drug overdose deaths in 2016

  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)

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

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  – 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)
• In 2017 (provisional): 1010 deaths, 558 opioid involved (10% increase)
  – Heroin deaths (160 in 2015, 228 in 2016, 233 in 2017)
  – Fentanyl deaths (41 in 2015, 49 in 2016, 81 in 2017)
  – Methadone deaths (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
- No Data Available
- 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

Drug Overdose Mortality in Colorado

Colorado Drug Overdose Death Rate, 2002

Legend

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<th>Code</th>
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<td>&gt; 20.0</td>
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<td></td>
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Drug Overdose Mortality in Colorado

Colorado Drug Overdose Death Rate, 2014

500% Increase

Drug Overdose Death Rates in the US

CDC WONDER data file, Nov 21, 2014; 63(46);1095.
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.

SAMHSA NSDUH, DAWN, TEDS data sets
Coalition Against Insurance Fraud. Prescription for Peril.
Deaths are the Tip of the Iceberg
For every opioid overdose death in 2014 there were...

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- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse

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- 130 people who abuse or are dependent
- 825 nonmedical users

SAMHSA NSDUH, DAWN, TEDS data sets
Coalition Against Insurance Fraud. Prescription for Peril.
Costs of the Epidemic: Past and Projected

Total and Projected Costs of the Opioid Epidemic

* Data between labeled estimates interpolated using constant growth rates

$1 Trillion Total

Projected burden at current rates

$199.9

$95.8

$500 Billion Projected

$29.1

$48.7

$60.9

$0

$50

$100

$150

$200

2001

2006

2011

2016

2020

Billion (constant 2016 dollars)
How did we get here?
The Ubiquity and Impact of Opioid Prescription Drugs on the US Population

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3.9-fold increase in quantity of opioids sold

Kg of Opioids Sold (per 10,000)
The Ubiquity and Impact of Opioid Prescription Drugs on the US Population

259 million opioid prescriptions were dispensed at retail in 2013\(^2\)

...enough for every American adult to have a bottle of pills...every year!

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The “Perfect Storm” of Opioids

• Rapid increase in amount of opioids being prescribed and dispensed (prior slides)

• Causes of the increase?
  – 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 specifically 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 do people start down the wrong road?
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)
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Also significant: 17% start 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.

Majority of Heroin users in past year reported Nonmedical use of Opioids before heroin initiation (US, 2002-2004 and 2008-2010)

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.
New 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 (last Saturday); new rules allowing pharmacies and law enforcement departments to register as “reverse distributors”
Colorado Plan to Reduce Prescription Drug Abuse

September 2013
Kelly Perez
Policy Advisor
Office of Governor John Hickenlooper
Colorado Consortium for RxAbuse Prevention

Coordinating Center
CU School of Pharmacy
Robert Valuck, PhD, RPh
Coordinating Committee
(Work Group Co-Chairs)

Governor
Provider Education Work Group
Co-Chairs:
Lesley Brooks, N. Colorado Health Alliance
Joshua Blum, Denver Health

Public Awareness Work Group
Co-Chairs:
Jose Esquibel, Attorney General’s Office
Kent MacLennan, Rise Above Colorado

Safe Disposal Work Group
Co-Chairs:
Greg Fabisiak, CDPHE
Sunny Linnebur, CU

Naloxone Work Group
Co-Chairs:
Lisa Raville, HRAC
Chris Stock, PharmD

Heroin Response Work Group
Co-Chairs:
Tom Gorman, RM H DTA
Lindsey Myers, CDPHE

Affected Families & Friends Work Group
Co-Chairs:
Karen Hill & Suzi Scolte,
JP Rx Drug Awareness Foundation

Recovery Work Group
Co-Chairs:
Dana Smith, The Phoenix
Rourke Weaver, Red Rock Recovery

Attorney General
Substance Abuse Trend & Response Task Force

Legislature
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 Gabelia, CDPHE
Alia Al-Toyib, Denver Health

Office of the Governor
University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus
Regional Coalitions and Initiatives

- San Luis Valley AHEC
- North Colorado Health Alliance
- Boulder Opioid Advisory Group
- Pueblo Heroin Task Force
- Yampa Valley Rx Task Force
- Tri-County Opioid Overdose Partnership
- El Paso County Opioid Coalition (CPAR)
- Mountain Areas Drug Awareness Partnership
- Other AHECs: Central, Centennial, SE, SW, Western
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)
  • Harm Reduction
  • Payment Reform (coverage, prior auth)
How much progress have we made?
Progress: A Relative Term

• Opioid prescribing is down 20% since 2013, but still far too high
• Safe Disposal programs take back only a fraction of unused medications
• Nonmedical use is still high
• Naloxone is virtually unknown and unused
• Treatment gap is still 75%
Unfinished Business

We are doing the right things, but falling further behind... we must redouble our efforts, fight harder, or suffer the consequences...

We have treatments that work, prevention strategies that work, harm reduction approaches that work, but we simply do not use them... stigma is our primary enemy...

Please go home, continue this important effort... we need you, Colorado needs you... our business is far from done.
Thank You!

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