Challenges and Opportunities for the Use of Medications to Treat Chronic Opioid Addiction in the United States and Abroad

Mark W. Parrino, M.P.A.
Thursday, June 7, 2012
Kansas City, Missouri
Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence
“Addiction Is a Brain Disease”

*Issues In Science and Technology*, Spring 2001

Alan I. Leshner
“A core concept that has been evolving with scientific advances over the past decade is that drug addiction is a brain disease that develops over time as a result of the initially voluntary behavior of using drugs. The consequence is virtually uncontrollable compulsive drug craving, seeking and use that interferes with, if not destroys, an individual’s functioning in the family and in society. This medical condition demands formal treatment.”

*Issues In Science and Technology, Spring 2001*
“The problem was one of the rehabilitating people with a very complicated mixture of social problems on top of a specific medical problem, and that (practitioners) ought to tailor their programs to the kind of problem they were dealing with. The strength of the early programs as designed by Marie Nyswander was in their sensitivity to individual human problems. The stupidity of thinking that just giving methadone will solve a complicated problem seems to me beyond comprehension.”

Vincent P. Dole, M.D., 1989

Source: Courtwright, et. Al. Addiction Who Survived
Matching Patients to Individual Needs

- No single treatment is appropriate for all individuals
- Effective treatment attends to multiple needs of individual, not just his/her drug use
- Treatment must address medical, psychological, social, vocational and legal problems

Source: National Institute on Drug Abuse (NIDA)
Poisoning is now the leading cause of death from injuries in the United States and nearly 9 out of 10 poisoning deaths are caused by drugs.

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008

NOTE: In 1999, the International Classification of Diseases, Tenth Revision (ICD–10) replaced the previous revision of the ICD (ICD–9). This resulted in approximately 5% fewer deaths being classified as motor-vehicle traffic–related deaths and 2% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1998 and earlier are not directly comparable with those computed after 1998. Access data table for Figure 1 at http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1. SOURCE: CDC/NCHS, National Vital Statistics System.
Figure 4. Number of drug poisoning deaths involving opioid analgesic by opioid analgesic category:
United States, 1999–2008

NOTES: Opioid analgesic categories are not mutually exclusive. Deaths involving more than one opioid analgesic category shown in this figure are counted multiple times. Natural and semi-synthetic opioid analgesics include morphine, hydrocodone, and oxycodone; and synthetic opioid analgesics include fentanyl.
Access data table for Figure 4 at http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#4.
Total number of unique patients receiving a prescription for methadone in U.S. outpatient retail pharmacies, Years 2002 - 2009

SDI, Total Patient Tracker, Extracted July 2010.
Figure 1. Trends in Methadone-Related Emergency Department (ED) Visits Involving Nonmedical Use, by Gender*: 2004 to 2009

*Because gender is unknown in a small number of visits, estimates for males and females do not add to the total.

**The change from 2004 to 2009 is statistically significant at the .05 level.

RADARS System Opioid Abuse Trends, Population Rates, 2002-2010

Drug Substances: buprenorphine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, tramadol and tapentadol
Conclusions

- Prescription opioid abuse, misuse and diversion rates are increasing in the RADARS System
- Every state has evidence of abuse, misuse and diversion of prescription opioids
- All prescription opioids are abused
  - Our data indicate that users typically misuse or abuse multiple opioids

Figure 1: Rate of unintentional drug overdose death in the United States, 1970-2006

Source: National Vital Statistics System
Opioids

- Heroin
- Buprenorphine (e.g., Suboxone, Subutex)
- Fentanyl (patch, lozenge, solution)
- Hydromorphone (Dilaudid)
- Hydrocodone (e.g., Vicodine)
- Methadone (diskette/wafer, pills, liquid)
- Morphine
- Oxycodone (e.g., OxyContin, Percodan)
Figure 7: Primary drug, past 30 days
(from "Table 2: Drug Use")

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<tr>
<th>Quarter</th>
<th>Rx Opioid</th>
<th>Heroin</th>
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<tbody>
<tr>
<td>2008 qtr4</td>
<td>56%</td>
<td>51%</td>
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<tr>
<td>2009 qtr1</td>
<td>57%</td>
<td>51%</td>
</tr>
<tr>
<td>2009 qtr2</td>
<td>53%</td>
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</tr>
<tr>
<td>2009 qtr3</td>
<td>51%</td>
<td>55%</td>
</tr>
<tr>
<td>2009 qtr4</td>
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<tr>
<td>2010 qtr1</td>
<td>55%</td>
<td>53%</td>
</tr>
<tr>
<td>2010 qtr2</td>
<td>58%</td>
<td>48%</td>
</tr>
<tr>
<td>2010 qtr3</td>
<td>59%</td>
<td>49%</td>
</tr>
<tr>
<td>2010 qtr4</td>
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<td>48%</td>
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<tr>
<td>2011 qtr3</td>
<td>59%</td>
<td>48%</td>
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Mark W. Parrino, M.P.A.
Monday, July 20, 2009
Philadelphia, PA
Medication Assisted Treatment for Opiate Addiction
In the Criminal Justice System
Figure 8: Source of primary drug, past 30 days
(from "Table 3: Source of primary drug in the past month")
Figure 9: Pain
(from "Table 4: Pain and Craving")

Chronic Pain

Pain as a reason for enrolling in OTP

Proportion of patients

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</thead>
<tbody>
<tr>
<td>Chronic Pain</td>
<td>45%</td>
<td>41%</td>
<td>39%</td>
<td>40%</td>
<td>42%</td>
<td>40%</td>
<td>43%</td>
<td>43%</td>
<td>46%</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>Pain as a reason</td>
<td>37%</td>
<td>34%</td>
<td>32%</td>
<td>33%</td>
<td>35%</td>
<td>33%</td>
<td>36%</td>
<td>37%</td>
<td>39%</td>
<td>35%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Chronic Pain = Bodily pain rated as moderate, severe or very severe; and bodily pain that has lasted for more than 6 months.
Legality of Denying Access to Medication Assisted Treatment In the Criminal Justice System
NOVEMBER 9–13, 2013

Philadelphia Marriott

PHILADELPHIA

www.aatod.org

Mark Your Calendar!
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