The Opioid Epidemic Overview and a Look to the Future

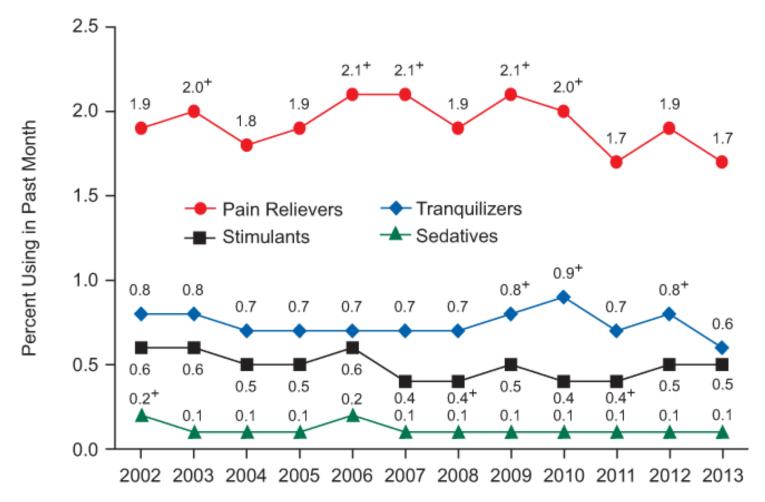
June 12, 2015
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Overview

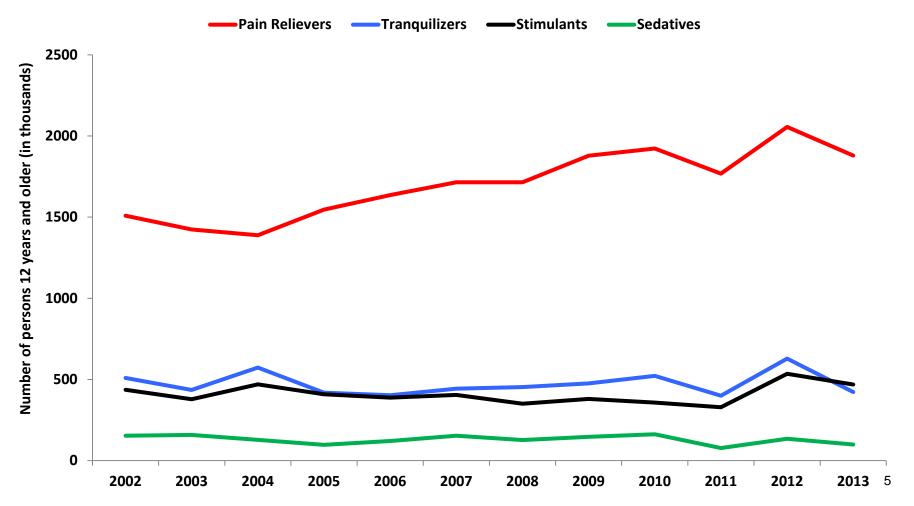
- Trends
- Emerging Successes
- Federal Initiatives
 - Prescribing
 - Medication assisted treatment
 - Naloxone

ABUSE AND OVERDOSE TRENDS

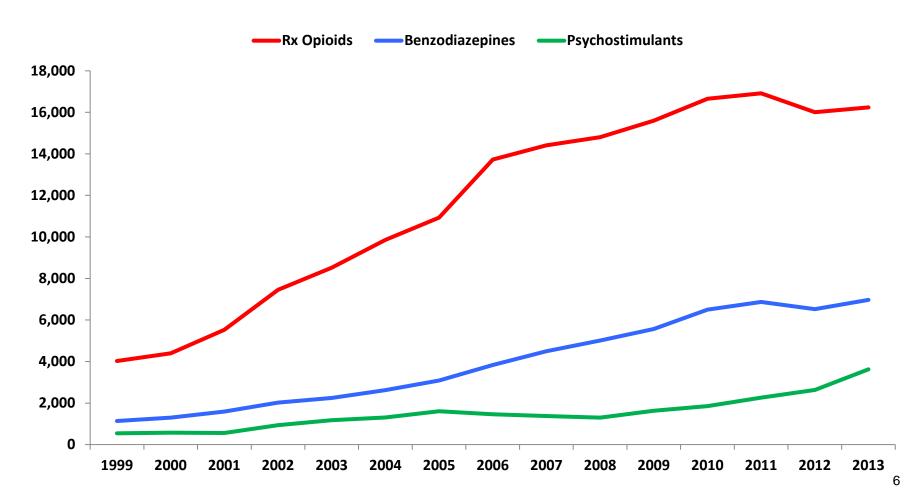
Past Month Nonmedical Use of Prescription Drugs, US, 2002-2013



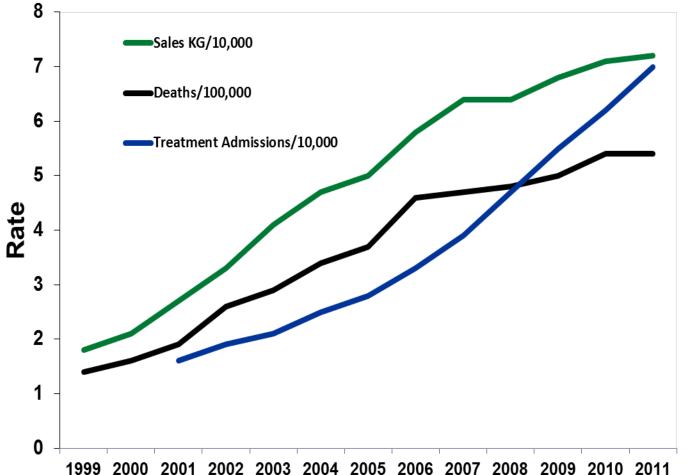
Past Year Abuse or Dependence, US, 2002-2013



Drug Overdose Deaths, US, 1999-2013

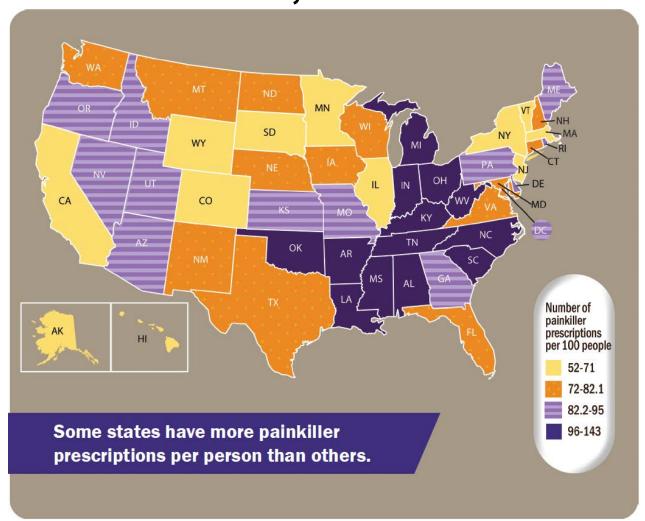


Rx Opioid Overdose Deaths, Sales and Treatment Admissions, US, 1999-2011



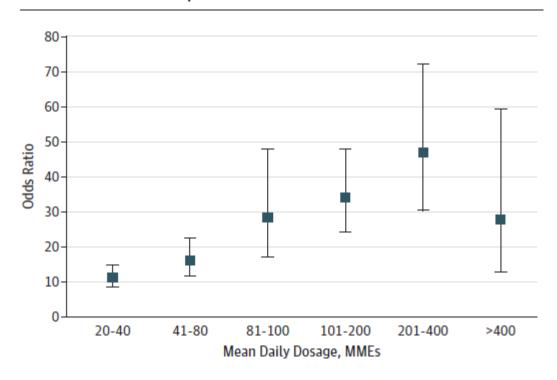
United States, 1999-2011. National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System, SAMHSA's TEDS. Treatment admission rates are per 10,000 people ages 12+.

Rx Opioid Prescribing Rates by State, US, 2012



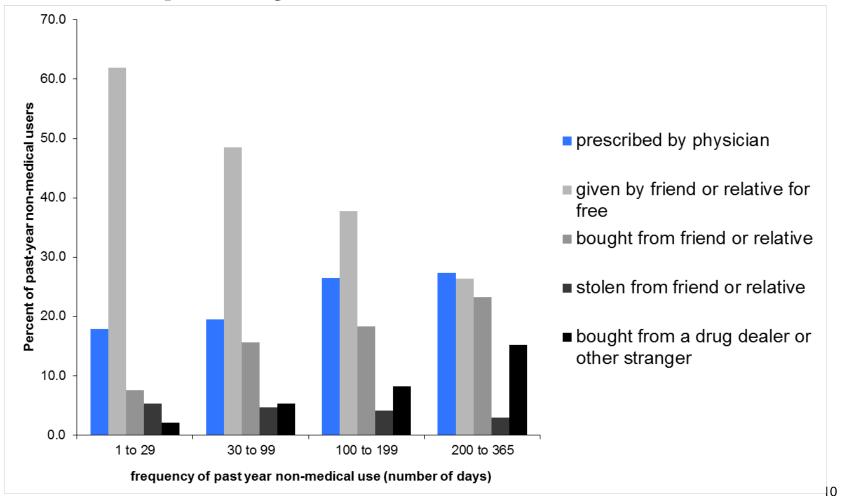
Rx Opioid Dose and Risk of Overdose Death

Figure 3. Association of Mean Daily Dosage of Opioid Analgesics With Risk of Unintentional Opioid-Related Overdose Death

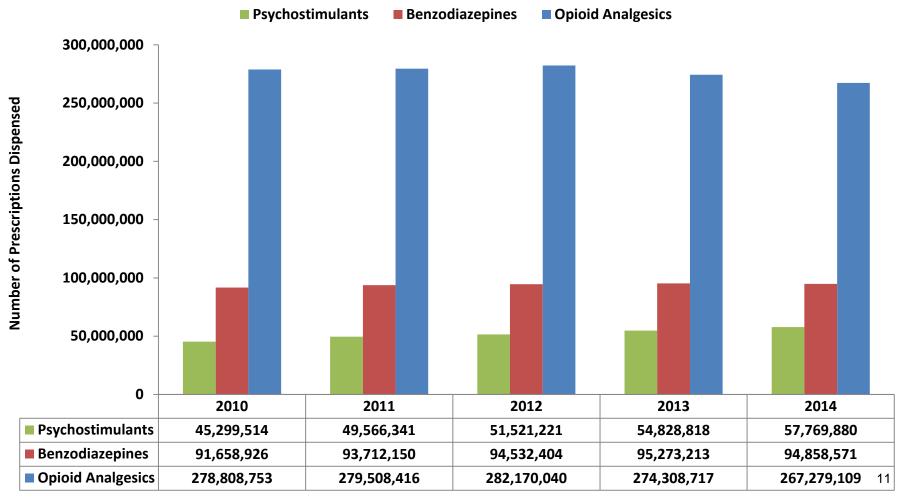


Reference was patients receiving a mean of less than 20 morphine milligram equivalents (MMEs) per year. Error bars indicate 95% Cls.

Source of Nonmedically Used Rx Opioids by Frequency of Use, US, 2008-2011



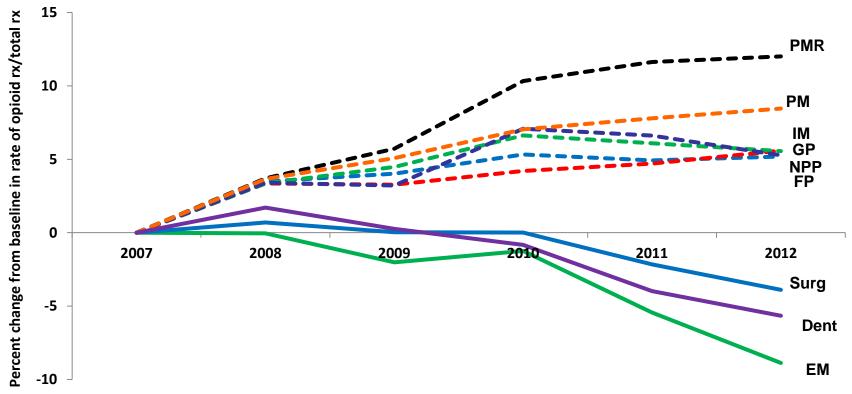
Rx Opioid, Benzodiazepine, and Psychostimulant Prescribing, US, 2010-2014



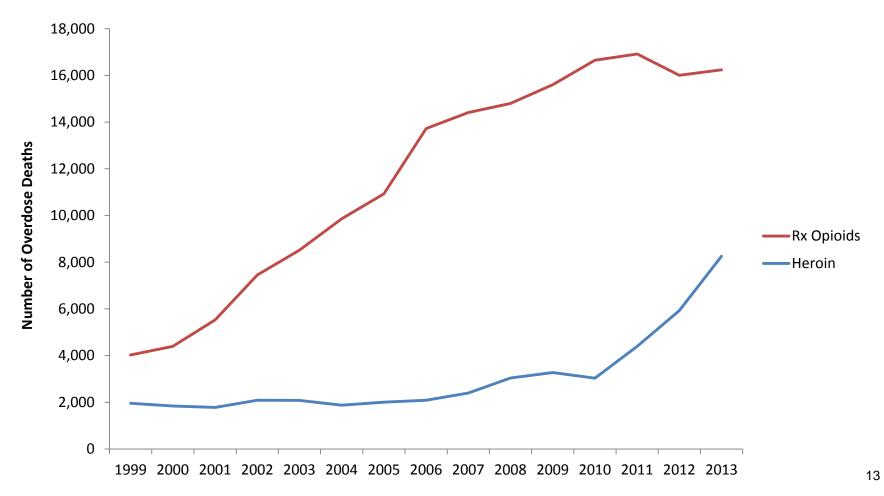
Source: IMS Health, National Prescription Audit, Data extracted 6/1/205

Rx Opioid Prescribing by Medical Specialty, US, 2007-2012

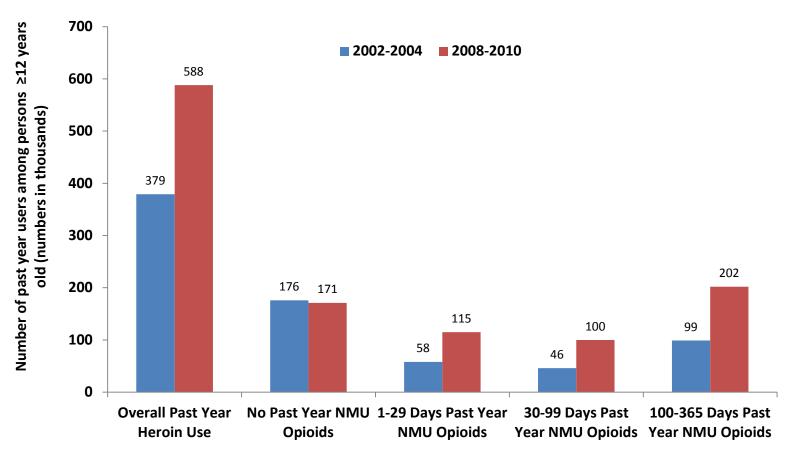




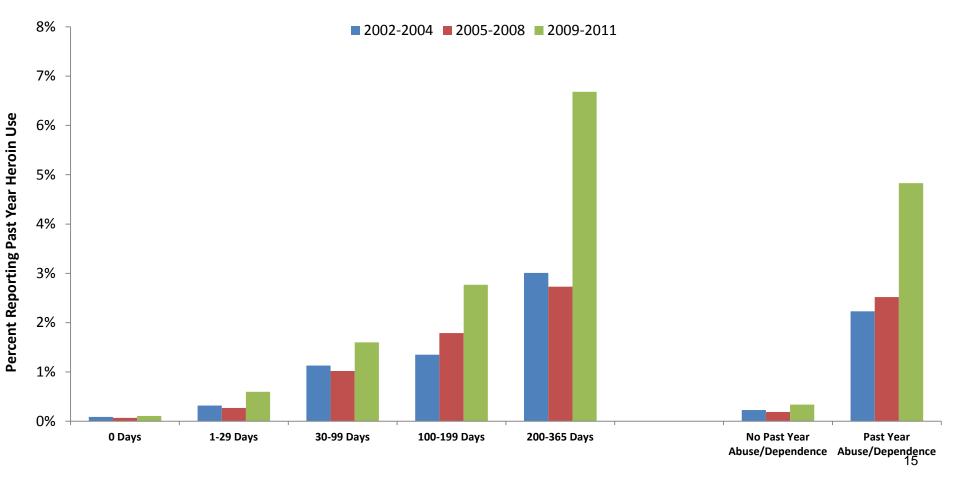
Rx Opioid and Heroin-Related Overdose Deaths United States, 1999-2013



Past Year Heroin Use by Past Year Rx Opioid Nonmedical Use US, 2002-2004 and 2008-2010



Past Year Heroin Use Incidence Rate Among People Aged 12 to 49 at Risk for Heroin Initiation, US, 2002-2011



FEDERAL INITIATIVES

HHS Activities

Behavioral Health Coordinating Committee Prescription Drug Abuse Subcommittee

- Surveillance
- Drug Abuse
 Prevention
- Patient and Public Education
- Provider Education

- Clinical practice tools
- Regulatory and Oversight Activities
- Drug Abuse
 Treatment
- Overdose Prevention

HHS Secretary's Initiative

- Improve opioid prescribing
- Increase use of naloxone to reverse opioid overdose
- Expand use of Medication-Assisted Treatment (MAT) for opioid use disorders

Improve opioid prescribing

- Opioid prescribing guidelines
- EHR clinical decision support
- Educational opportunities
 - FDA ER/LA Opioid Analgesic REMS
 - NIDAMED and Centers of Excellence in Pain Education
- Funding and Technical Assistance to enhance PDMPs
- CDC Prevention for States funding

Increase use of naloxone

- July 1-2 public meeting on naloxone
- FDA and NIDA support to facilitate development of new formulations of naloxone
 - Evzio approval April 2014
- NIDA supported research to optimize development and delivery of overdose education and naloxone distribution programs
- Funding for communities and other entities to support purchase and use of naloxone

Expand access to and use of MAT

- NIDA supported research to optimize MAT implementation and delivery
- FDA expedited review programs to incentivize development of addiction treatments
- SAMHSA grants to states to support uptake of MAT
- Continued oversight and provision of technical assistance on MAT

EMERGING SUCCESSES

Washington State

- Multi-faceted approach
 - State-wide chronic pain and ED guidelines, PDMP, Medicaid innovations, Patient Review and Coordination program, etc.
- Decline in opioid overdose death rate since 2008
- Decline in opioid hospitalizations for first time in 2012

Florida

- Multi-faceted approach targeting inappropriate prescribing and use behaviors
 - Pill mill law, PDMP, prohibit dispensing of controlled substances from MD office, aggressive action against illegal prescribing
- 27% decline in opioid overdose death rate between 2010 and 2012
- 28.4% decline in benzodiazepine overdose death rate during same time period
- Reductions paralleled declines in prescribing

Other States

- KY, TN, NY
 - Required mandatory PDMP checks before prescribing certain controlled prescription drugs
 - Initial results are positive
 - KY: 8.5% decline in doses of controlled substances
 - TN: 7% decline in opioid Rxs, 6% decline in MMEs, 36% decline in multiple provider episodes
 - NY: 9.5% decline in opioid Rxs, 75% decline in multiple provider episodes

Oregon

 Declines in rx opioid overdose deaths that coincided with declines in opioid prescribing after multi-pronged approach

Conclusions

- Prescription opioid abuse is a significant public health issue in the U.S.
- Some successes are emerging states continue to be leaders on this issue
- Federal government response must compliment and support response by state and local governments, healthcare community, and the public

Questions?

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The findings in this presentation do not represent the official position of the US Food and Drug Administration, the Department of Health and Human Services, or the U.S. Government