

Opioid Use: What Employers Need to Know

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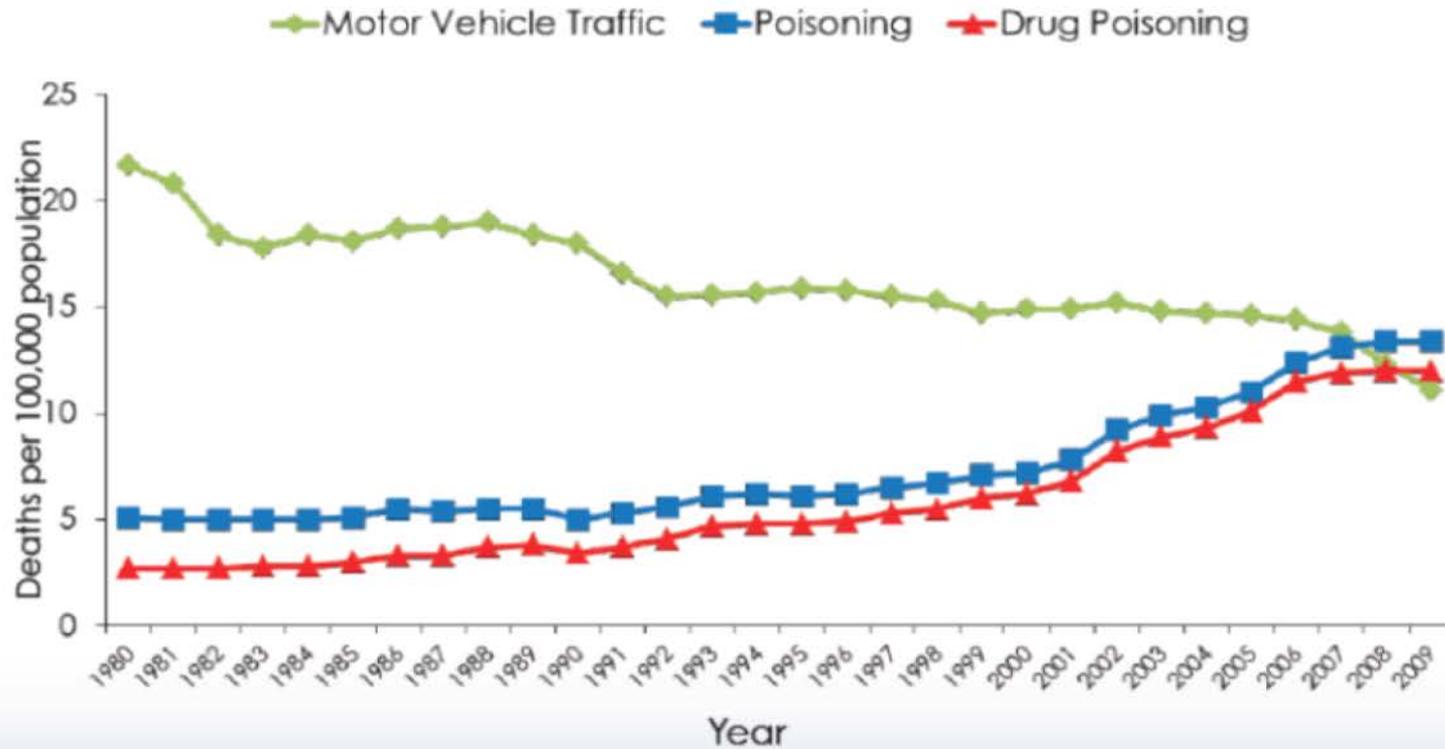
Today's Presentation Objectives

1. Describe the effects of opioid medications.
2. Describe current prescription drug overdose trends and populations at greatest risk for overdose
3. Identify the role of drug testing for the monitoring of opioid use
4. Recent legislative changes affecting opioid use in the workplace

Opioid Actions and Effects

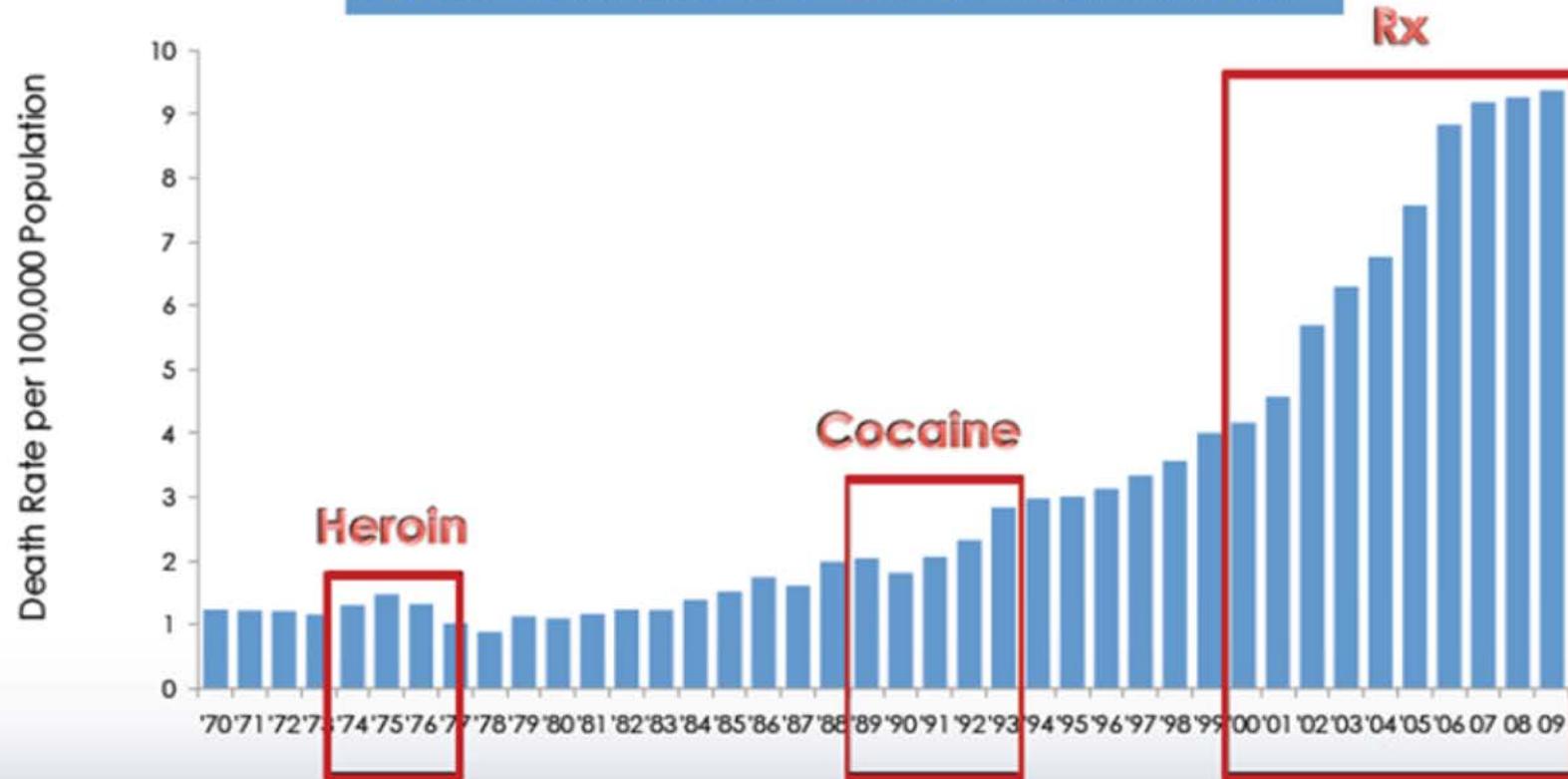
- Analgesia
- Euphoria/Dysphoria
- Respiratory Depression
- Disorientation
- Drowsiness/Fatigue/Impaired Cognition
- Depression
- Constipation/Urinary Retention

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

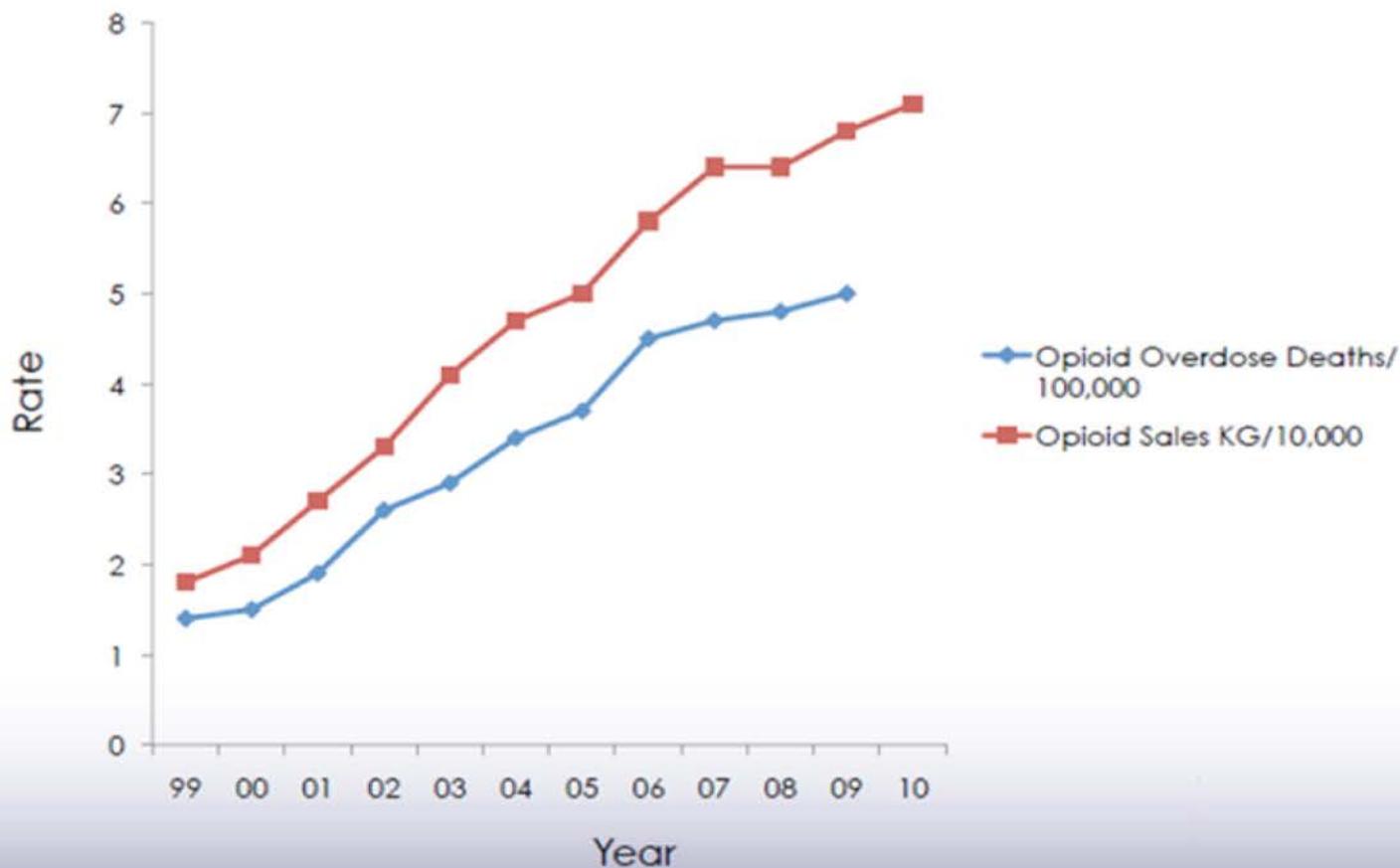


Unintentional Drug Overdose Deaths United States, 1970-2009

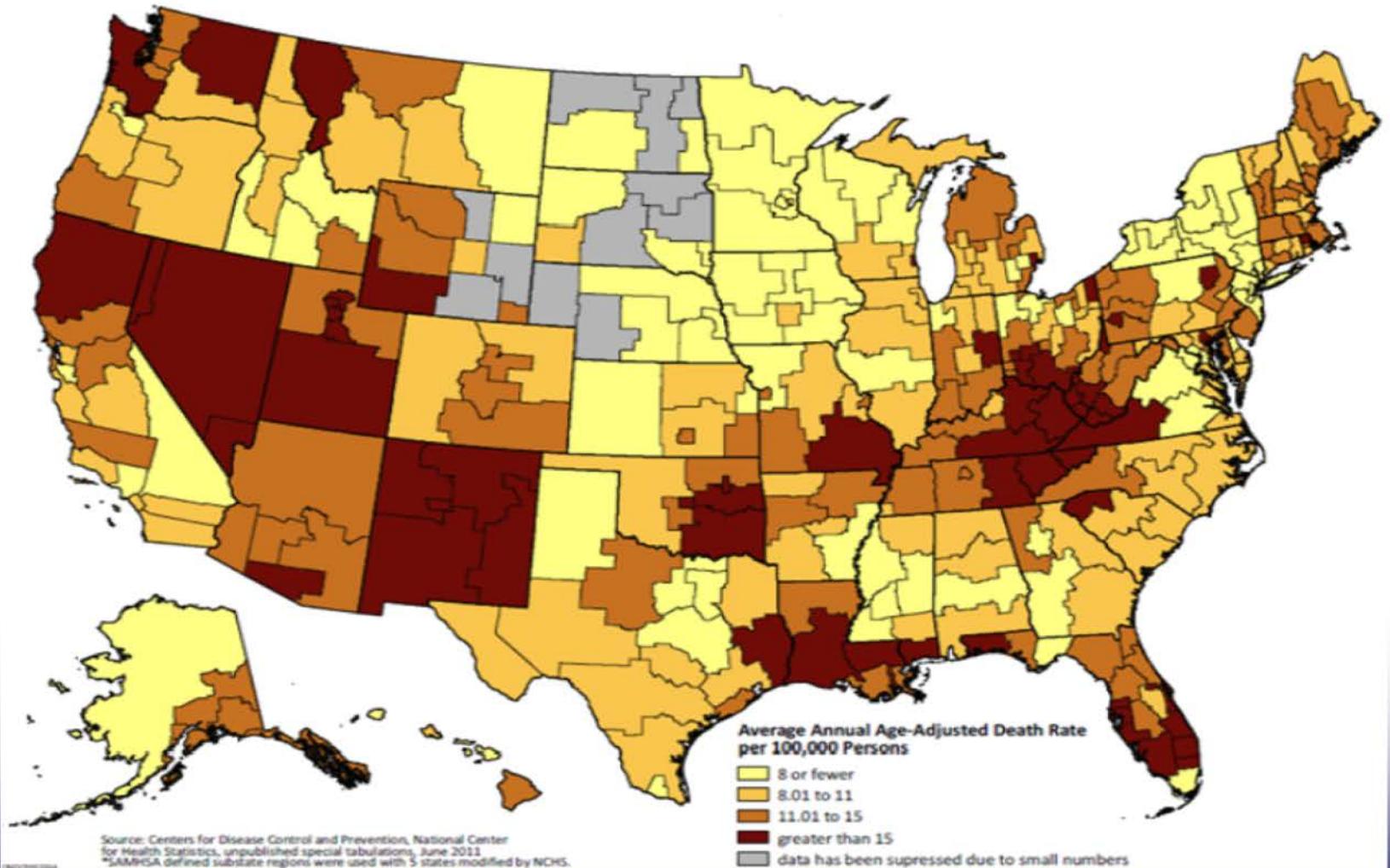
28,578 unintentional overdose deaths in 2009



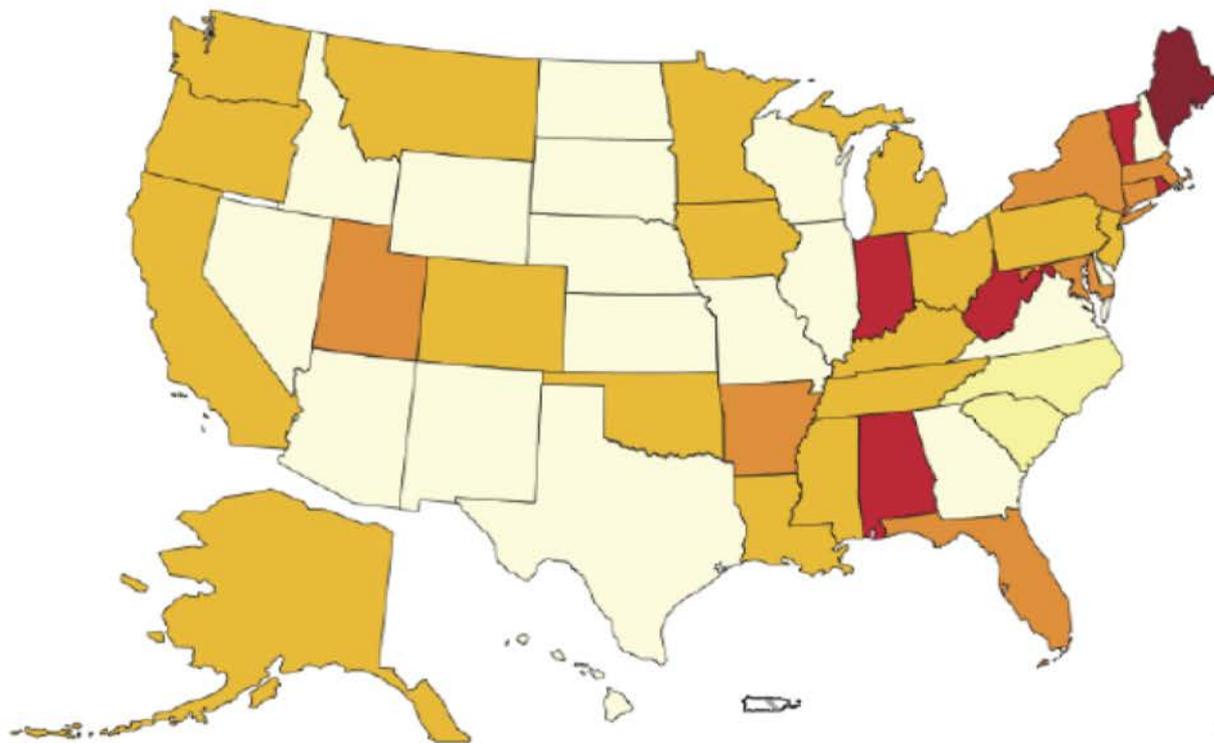
Rates of Opioid Overdose Deaths and Sales, 1999-2010



Drug Overdose Deaths per 100,000 People, United States, 2004-2008



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



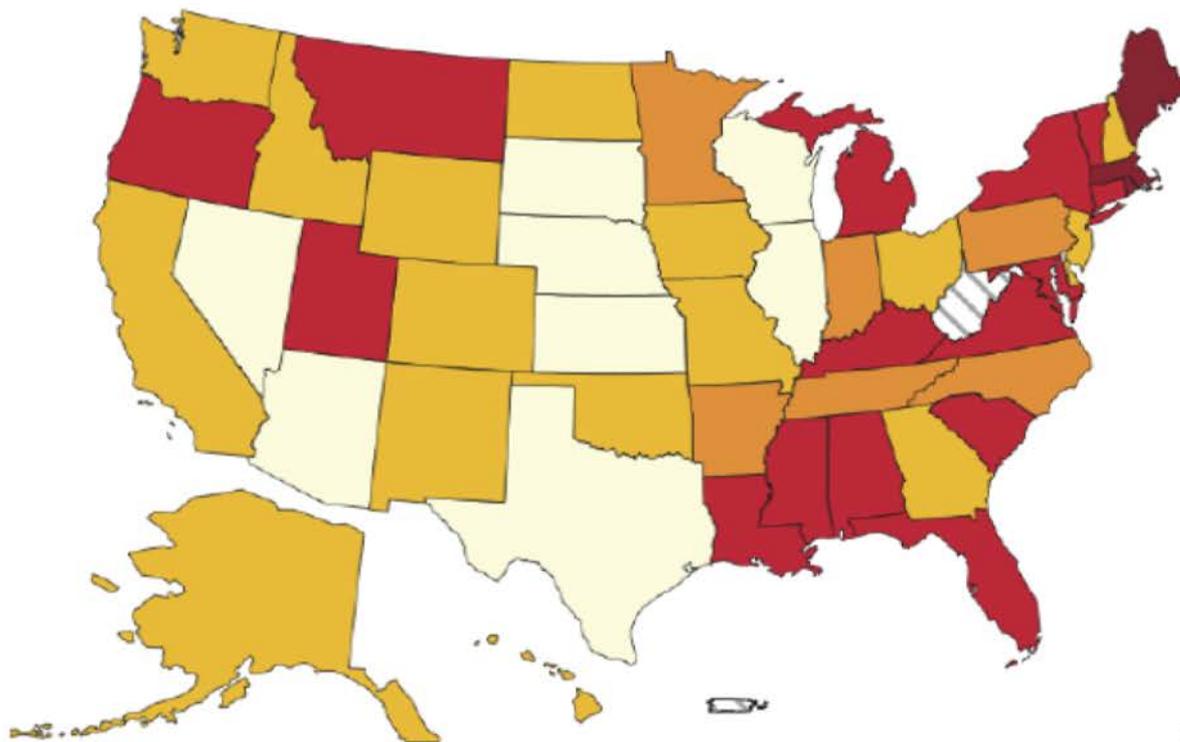
1999

(range 1 - 50)



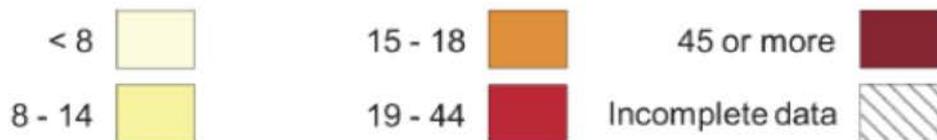
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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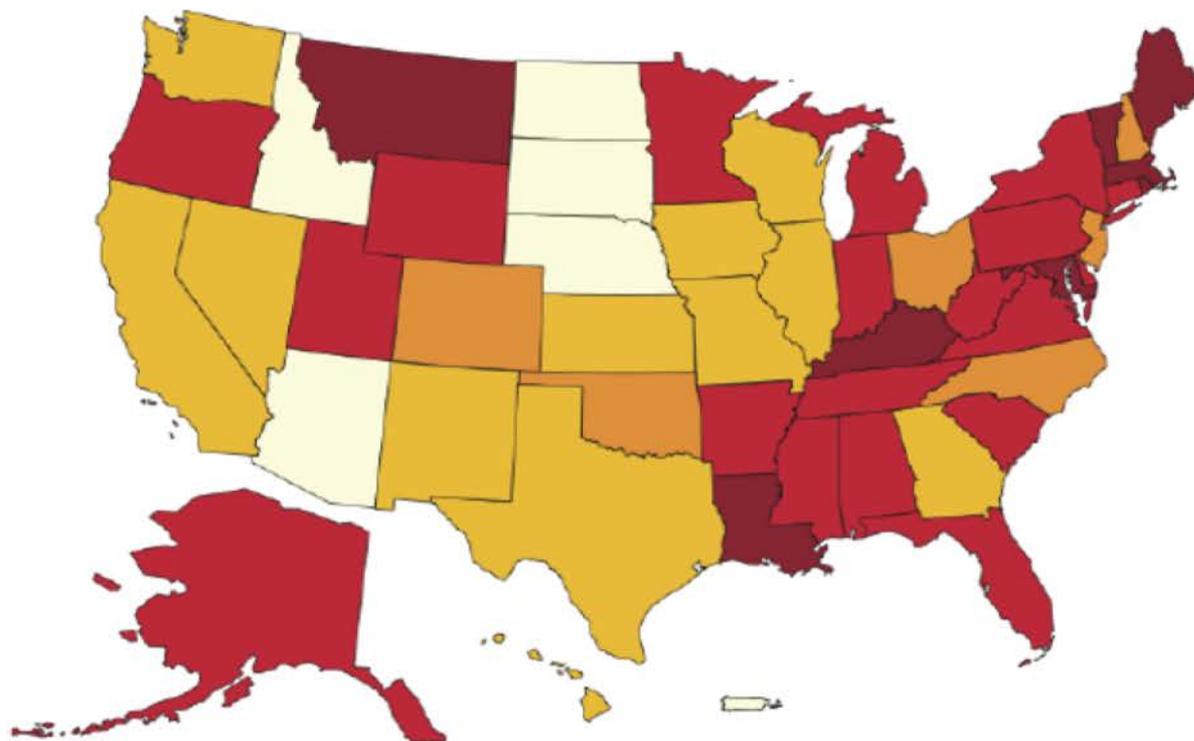
2001

(range 1 – 71)



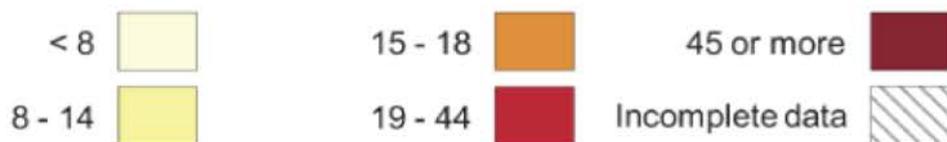
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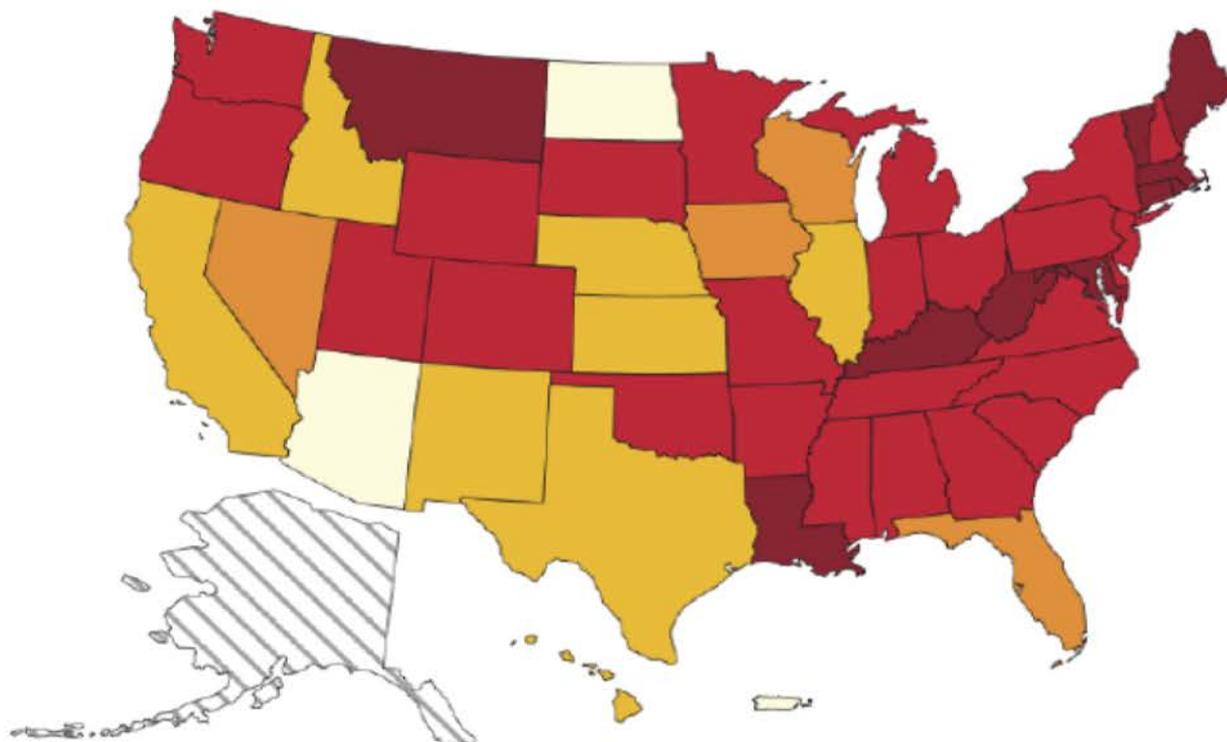
2003

(range 2 – 139)



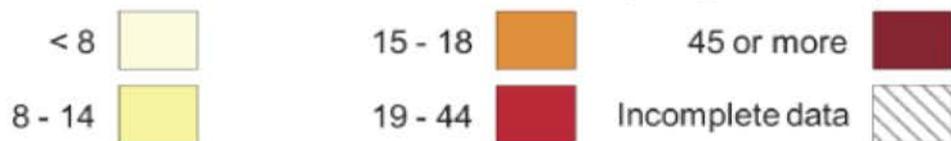
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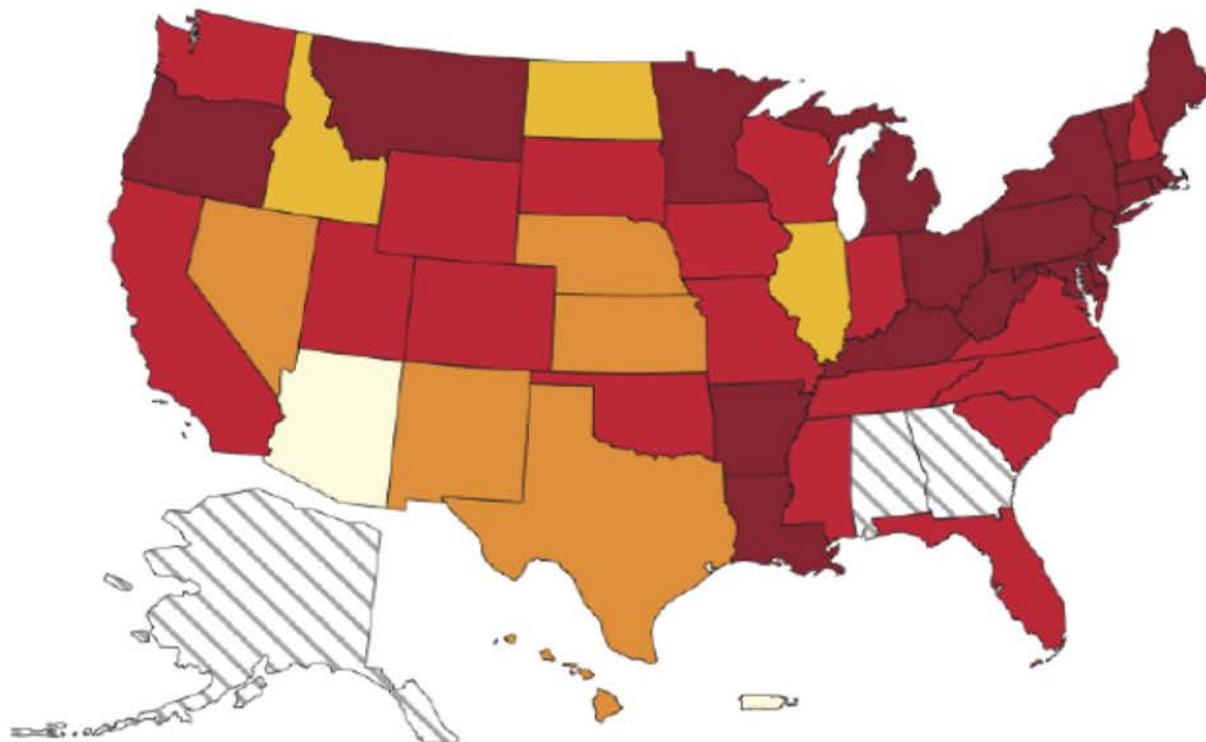
2005

(range 0 – 214)



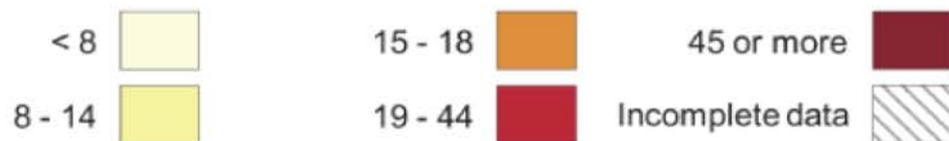
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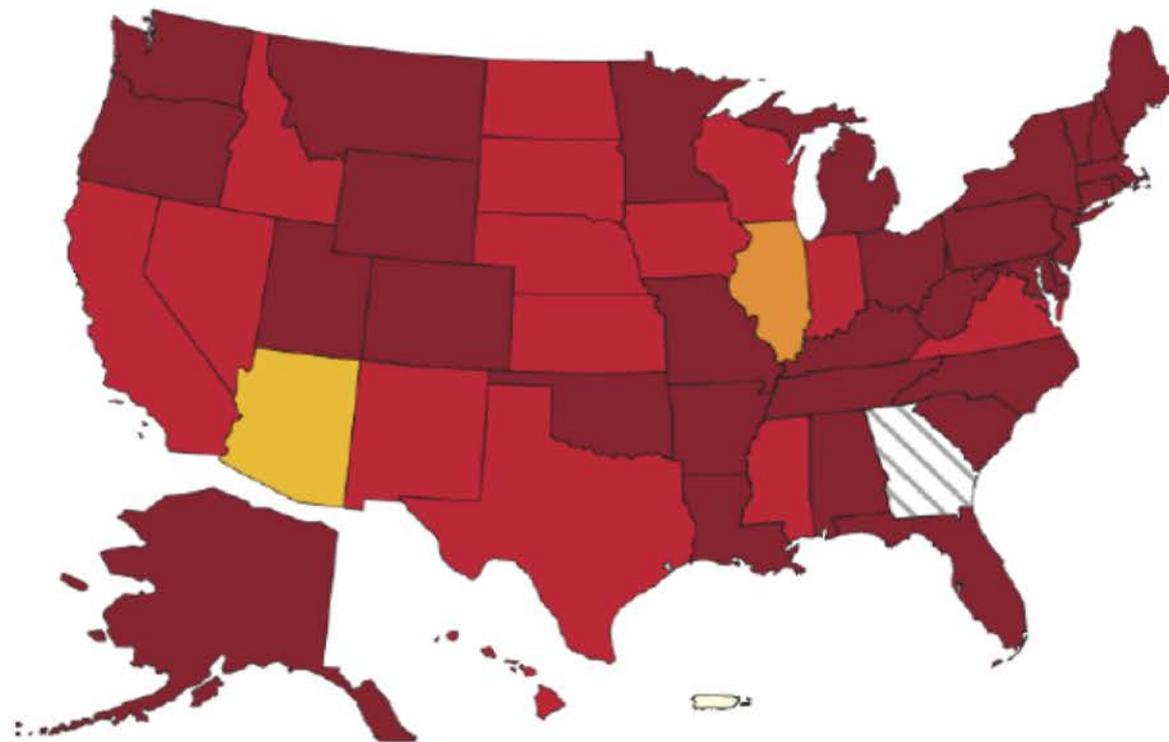
2007

(range 1 – 340)



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.

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



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.

Industry-influenced “Education” on Opioids for Chronic Non-Cancer Pain Emphasizes:

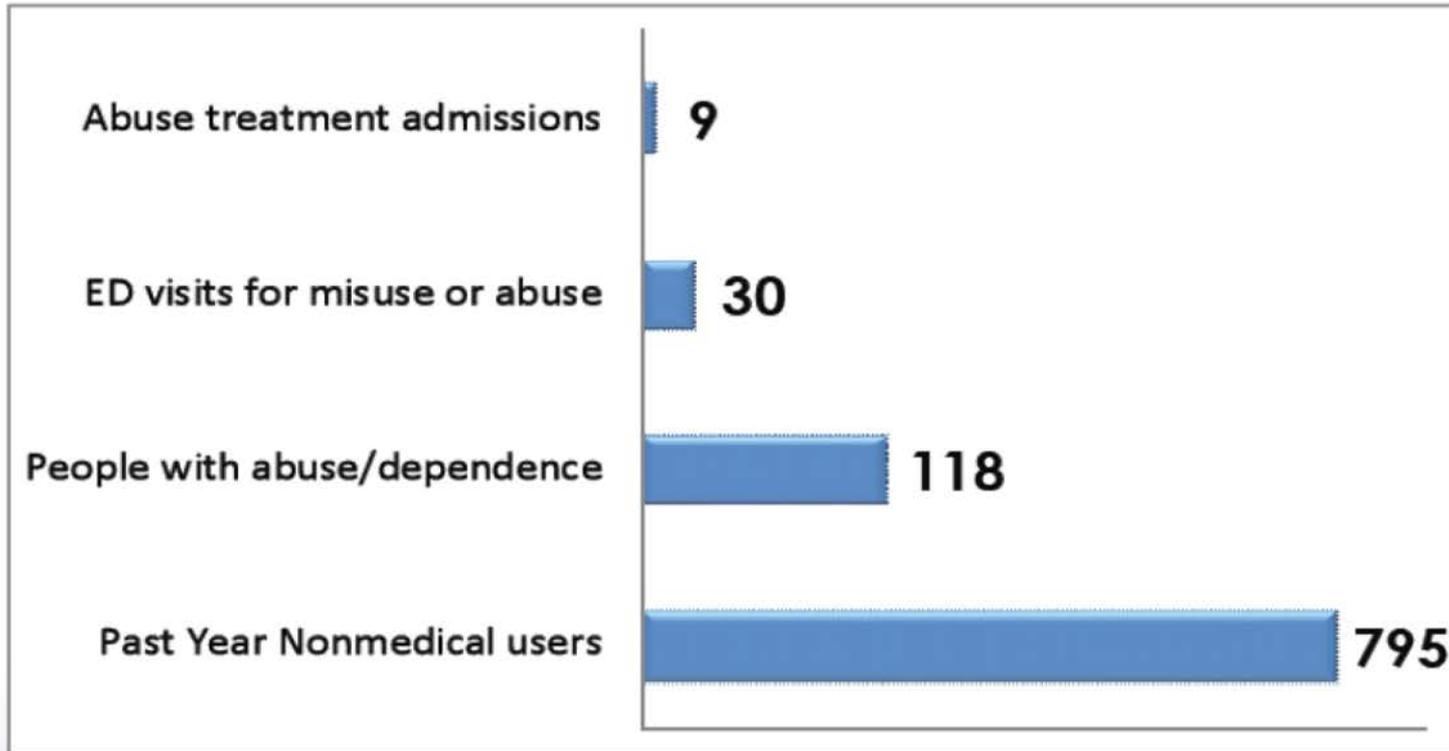
- Opioid addiction is rare in pain patients.
- Physicians are needlessly allowing patients to suffer because of “opiophobia.”
- Opioids are safe and effective for chronic pain.
- Opioid therapy can be easily discontinued.

Prevalence of Addiction

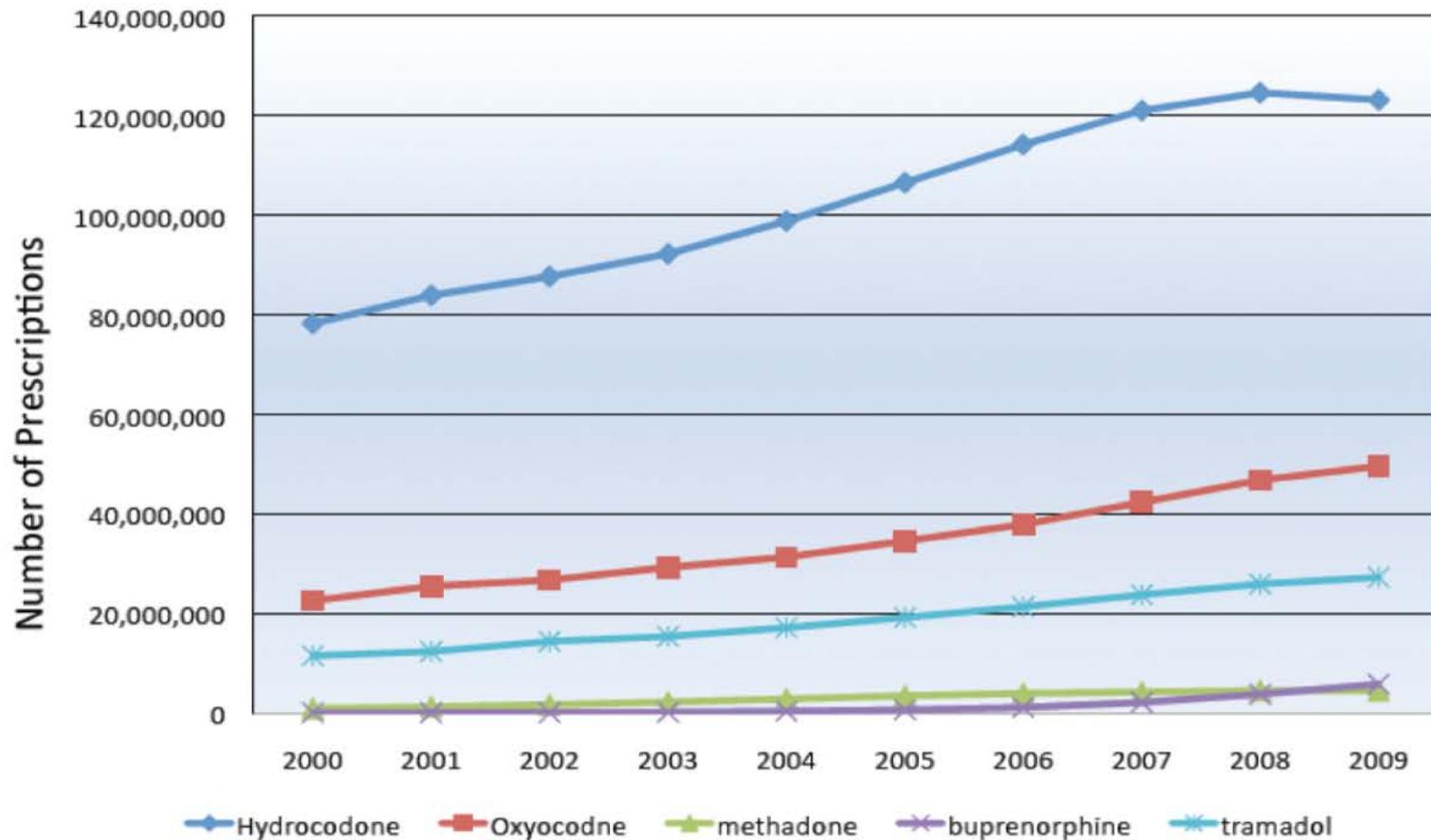
- General Population 3-16 %
(Zacny et al,2003)
- Chronic Pain Population 3.2%-18%
(Fishbain et al 1992)
- Hospitalized Population 19-25 %
(Savage,2003)
- Trauma Population 40-62%
(Doherty, 2000)

Public Health Impact of Opioid Pain Reliever Use

For every 1 overdose death there are



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



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

Populations at High Risk for Overdose

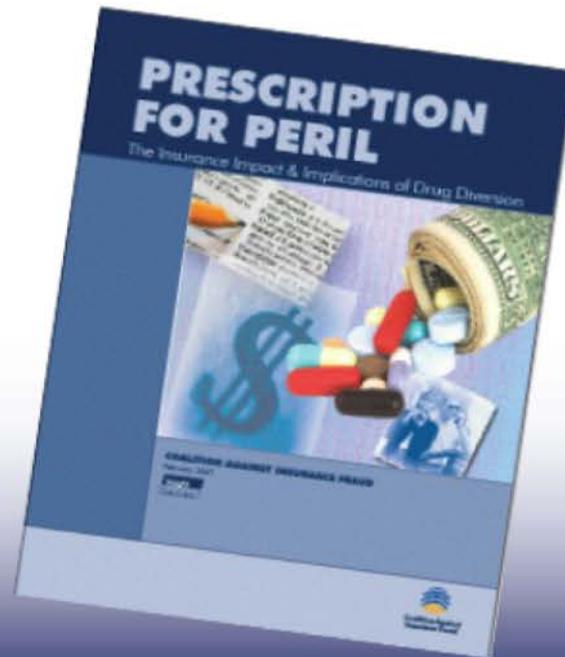
- “Doctor Shoppers”
- People on high daily dosages of opioid pain relievers and poly-drug abusers
- Low-income people and those living in rural areas
- Medicaid populations
- People with mental illness or history of substance abuse

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)

Prescription Drug Diversion

- Report estimated that cost to public and private health systems as high as \$27 billion annually.



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Insurance Fraud**

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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

Additional Statistics

- Nearly 17,000 people die in the US each year due to opioid overdoses*
- More than 46 deaths per day
- Approximately 2 deaths per hour
- 60% of opioid-induced fatalities happened in patients without a history of a substance abuse disorder**

- * CDC Prescription drug overdose in the United States Fact Sheet
- ** Bohnert ASB, Valenstein M, Bair MJ, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. JAMA. 2011;305(13):1315-1321.

Risk Factors for Opioid Overdose

- Substance abuse, dependence and/or addiction
- Accidental exposure or unintentional opioid misuse
- MED \geq 20 mg per day
- Chronic pulmonary disease
- Sleep apnea
- Asthma
- Chronic renal or liver impairment
- Concurrent use of CNS depressants (including ETOH)

Individuals at Risk

- Previously identified risk factors (previous slide)
- On high dose opioids for long-term management of chronic pain
- On rotating opioid regimens
- Recently discharged due to opioid toxicity
- Completing mandatory opioid detoxification or abstinence program
- Recently release from incarceration

Signs and Symptoms of Opioid Overdose

- Extreme or unusual sleepiness
- Inability to waken the person
- Constricted or “pinpoint” pupils
- Respiratory depression
- Bradycardia
- Hypotension

Instructions on Using Naloxone

- Commercial product comes with two single use auto-injectors of naloxone (0.4 mg each) and one black and white trainer
- The trainer and actual auto-injector use voice prompts
- Respiration should be restored within 2 to 3 minutes of a dose
- Signs and symptoms of an opioid overdose can recur within several minutes of the first dose

SB 2060

- Sets parameters for when WSI will pay for chronic opioid treatment
 - Must result in significant decrease in pain and/or increase in function without debilitating side effects
- Gives WSI authority for urine drug testing
 - Can discontinue paying for opioid analgesics if drug doesn't appear in the urine or if illicit substances or alcohol is present

Basics of Urine Drug Testing

- Difference between 'Screening' and 'Confirmatory' testing
 - Screening is usually a rapid 'qualitative' test
 - Comes back 'positive' when the substance reaches a specific threshold
 - Not as specific
 - Confirmatory is a more extensive 'quantitative' test
 - Used to rule out false positives
 - Very specific and more expensive
- WSI requires a Confirmatory for claims decisions

Drug Testing Frequency

- Most providers will test at the initiation of opioid therapy
- Follow-up testing frequency is determined by a variety of factors
 - Presence of risk factors for abuse or diversion
 - Suspicious behavior
 - Pain reporting inconsistent with injury
 - Dose and duration of opioid therapy

Where There's a Will; There's a Way

- Devices are available to beat urine specimen collections
 - Both male and female
 - Most use artificial urine
 - Come with or without hot packs



Remember
Onterrio Smith?

Questions?