Prescription Pain Medications and Heroin: A Changing Picture

Jane Maxwell, Ph.D.
Center for Social Work Research
The University of Texas at Austin

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Shifting Between Opiate Pills and Heroin

Pollini et al. found high proportion of young heroin injectors reported problematic prescription–type opioid use before initiating heroin use.

NSDUH study from 2002-2011 found 80% who began heroin use in past year (recent initiates) had previous non-medical use of pain relievers. Only 1% of recent initiates reported heroin use prior to using pain relievers.

Muthu P. et al. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. CBMSQ Data Review, SAMHSA, August 2013
THE GOOD NEWS & BAD NEWS

- Most shifting from other opiates to heroin.
- Trends in demand, supply, and unintended consequences heading down (impact of actions by FDA and by manufacturers, and overdose campaigns). IDU risks heading up.
- Changes in users (young suburban heroin users and aging adults dependent on pain pills and benzos).
- Treatment need vs. capacity.
- Unresolved problems in increasing accessibility to treatment.

Data Sources

- Deaths: CDC Wonder—deaths categorized by ICD Code
- Treatment: admissions from SAMHSA's Treatment Episode Data Set
- Forensic Toxicology Labs: Items identified in labs which report to DEA’s National Forensic Laboratory System
- Poison center cases: From American Association of Poison Control Center Annual Reports

Human Exposure Cases Reported by Poison Centers in the US: AAPCC 2004-2012

![Graph showing human exposure cases reported by poison centers in the US: AAPCC 2004-2012](image)
Percentage of Items Identified in DEA’s NFLIS Laboratory System: 2005-2014

Grams of Selected Drugs Distributed per 100,000: DEA ARCOS 1997-2013

Number of Drug Poisoning Deaths: United States: CDC 1999—2013
Oxycodone
Indicators of oxycodone use based on items distributed by manufacturer, items identified in forensic laboratories, and deaths due to other opiates

Hydrocodone
(% of items identified in forensic laboratories and grams distribution by manufacturers)

Heroin
(Deaths, % of Items Identified in NFLIS & Treatment Admissions)

Source: NFLIS, NCHS, ARCOS, TEDS
Proportion of Clients Under Age 30 Entering Treatment: TEDS 1992-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin</th>
<th>Other Opiates &amp; Synthetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>2012</td>
<td>43%</td>
<td>52%</td>
</tr>
</tbody>
</table>

SAMHSA Treatment Episode Dataset

Rates per 100,000 of Drug Poisoning Deaths Involving Heroin in the US: 1999-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>15-24 years</th>
<th>25-34 years</th>
<th>35-44 years</th>
<th>45-54 years</th>
<th>55-64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>0.5</td>
<td>2.9</td>
<td>6.3</td>
<td>1.8</td>
<td>1.3</td>
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<td>2.1</td>
<td>3.8</td>
<td>2.1</td>
<td>0.3</td>
<td>0.7</td>
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</tbody>
</table>

Source: CDC/NCHS WONDER-National Vital Statistics System, Mortality File

Rates per 100,000 of Drug Poisoning Deaths Involving Other Opiates in the US: 1999-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>15-24 years</th>
<th>25-34 years</th>
<th>35-44 years</th>
<th>45-54 years</th>
<th>55-64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
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<td>2.7</td>
<td>7.6</td>
<td>8.7</td>
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<td>2.7</td>
<td>7.5</td>
<td>7.5</td>
<td>3.8</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Estimated Number of Patients Receiving MAT: 2002-2013

Opioid and Heroin Patients Receiving Methadone or Prescriptions for Buprenorphine or Naltrexone vs. Abuse/Dependent or Past Month Users of Pain Relievers Nonmedically or Heroin: 2012

Additional Needs

- Consistent Prescription Monitoring Programs with real-time information across state lines.
- Current data to determine changes in trends.
- Use available data such as ARCOS and NFLIS data to pinpoint areas where prescribing practice rates do not show balance between pain relief and patient safety.
- Limits on size of patient loads?
- Increase the number of addiction specialists to treat patients on these new meds.
- Cost of buprenorphine & naltrexone and reimbursement?
Questions for the Audience

- Are today’s methadone programs easily accessible and attractive to new young suburban patients?
- Do we need new treatment modalities such as detoxification to attract aging Baby Boomers addicted to pain pill and benzos?
- Parallel prescribing of naloxone and pain pills for selected patients are non-compliant, on high daily doses, have been switched to another opioid, have COPD, sleep apnea, depression, or unable cognitively to manage their meds. Education for family on signs of overdose and use of naloxone.
- Lack of knowledge about new MATS and targets for use + stigma of and by users