

What they didn't teach you in residency about Diagnosing & Treating Prescription Opioid Abuse

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American Psychiatric Association
Annual Meeting
May 20, 2007

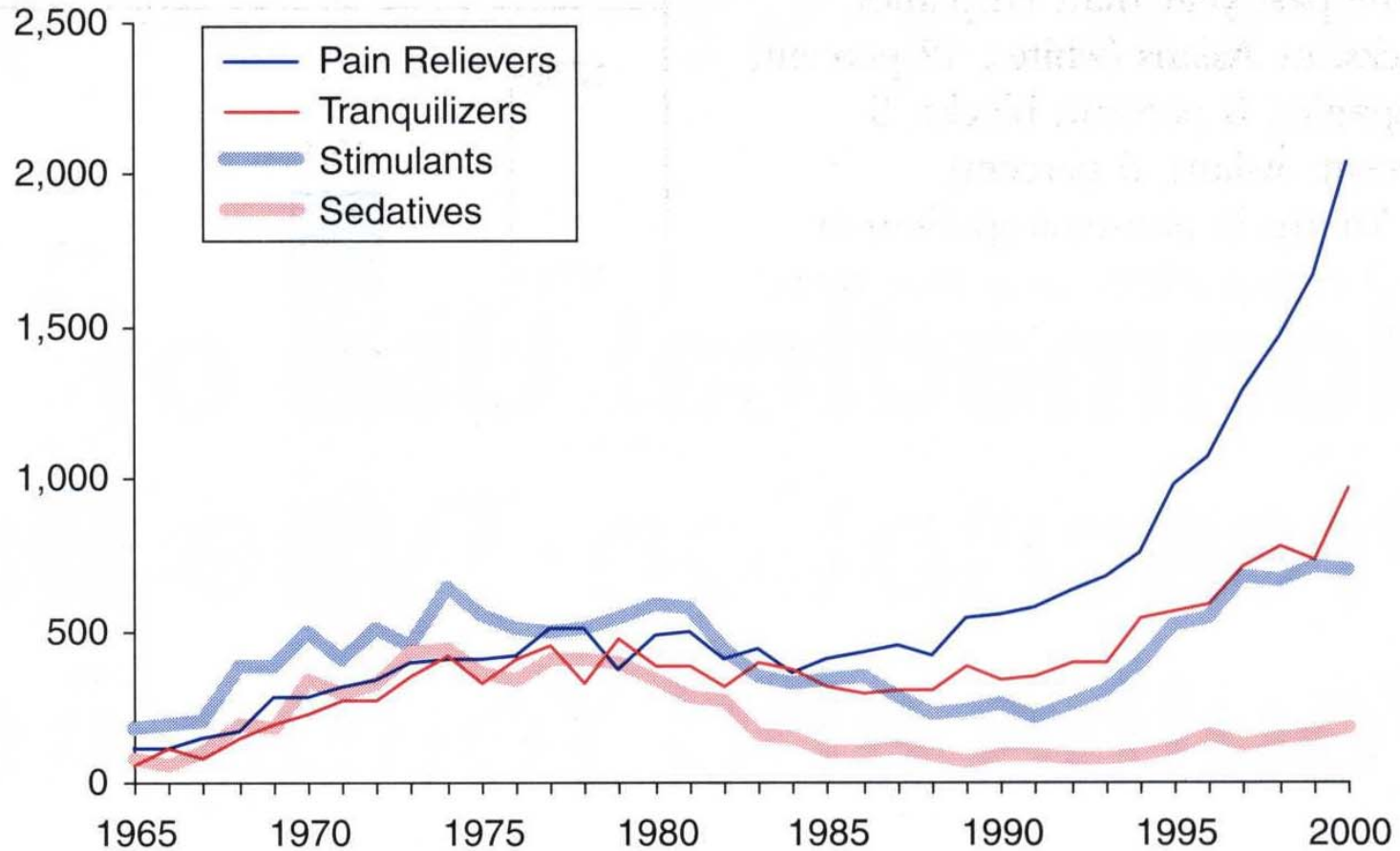
Prescription Opioids

- Fastest growing drug abuse
- Usually used orally but may be crushed & snorted or injected
- Injection less likely with combo products, more likely with Oxycontin
- Schedule III products available via Internet but not Schedule II
- More frequent source: medicine cabinets & prescriptions
- Believed to be safer than illicit street drugs

Epidemiology

- In 2001, 8 million persons abused prescription pain relievers at least once during previous 12 months
- In 2004, this had jumped to 11.4 million
- Between 1994-2001, narcotic analgesic abuse more than doubled
- In 2002, prescription drugs were second only to marijuana as most commonly abused drugs

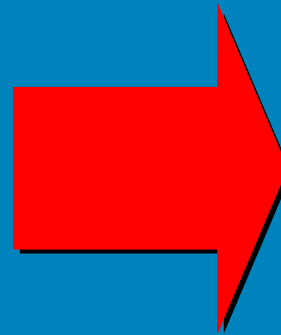
Figure 1. Annual Numbers of New Nonmedical Users of Prescription-Type Drugs, by Drug Category: 1965–2000



Evolving Landscape of Drugs of Abuse



Farming

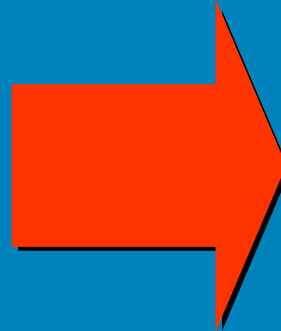


Pharming

Changing Methods of Distribution



Hand commerce



E commerce

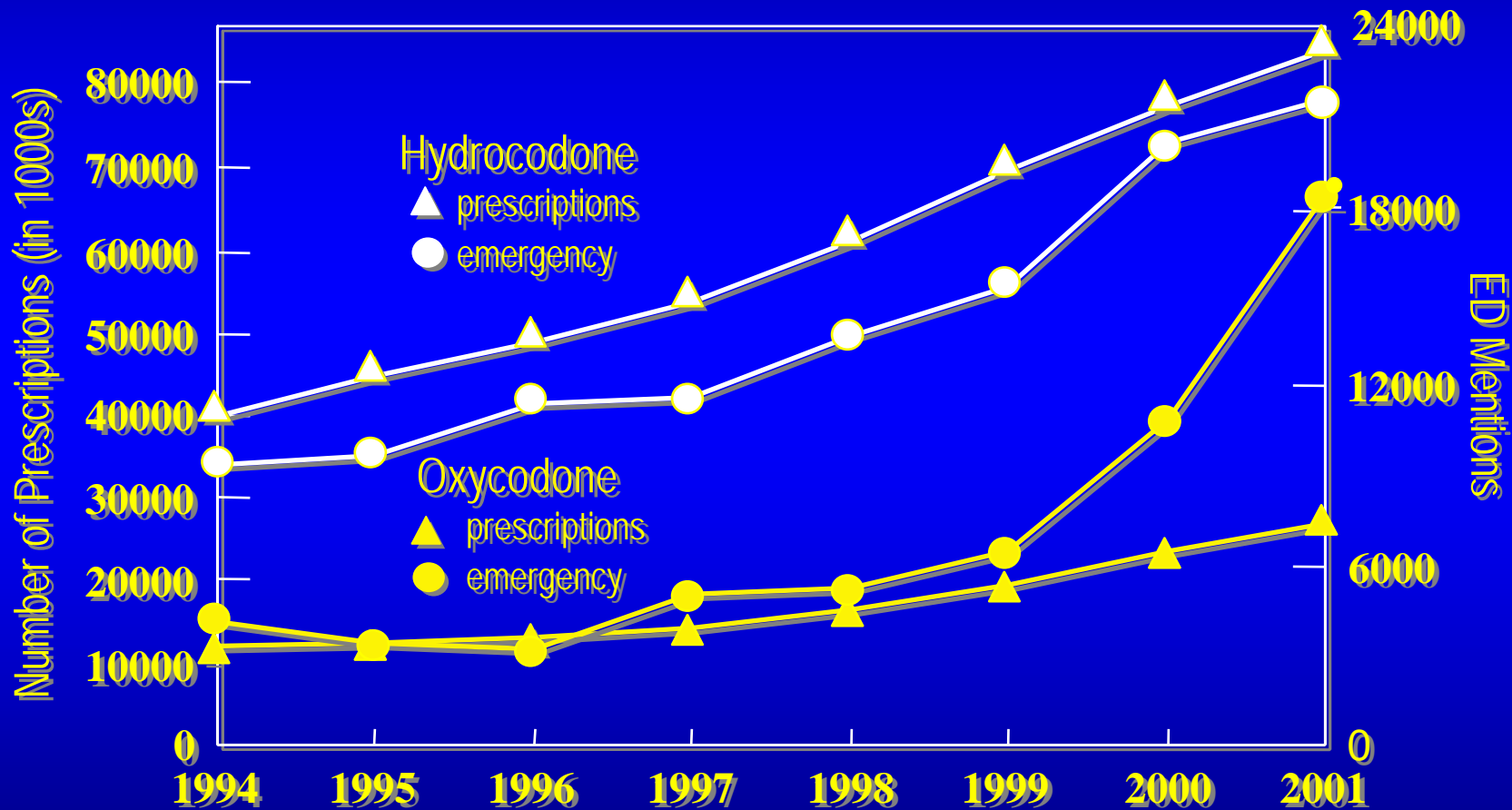
Potential subpopulations of prescription Opioid Abusers

- Persons who abuse or are dependent on only prescription opioids
- Abusers of other opioids, e.g., heroin, when they cannot get their drug of choice
- Polydrug abusers
- Pain patients who develop abuse or dependence problems on these drugs in the course of legitimate medical treatment

Why Has the Abuse of Prescription Drugs Been Increasing?

- Increasing numbers of prescriptions (greater availability)
- Attention by the media & advertising (television and newspaper)
- Easier access (e.g. internet availability)
- Improper knowledge & monitoring (adverse effects go unrecognized)

As Prescriptions Increase, Emergency Room Reports Have Increased at the Same or Faster Rate

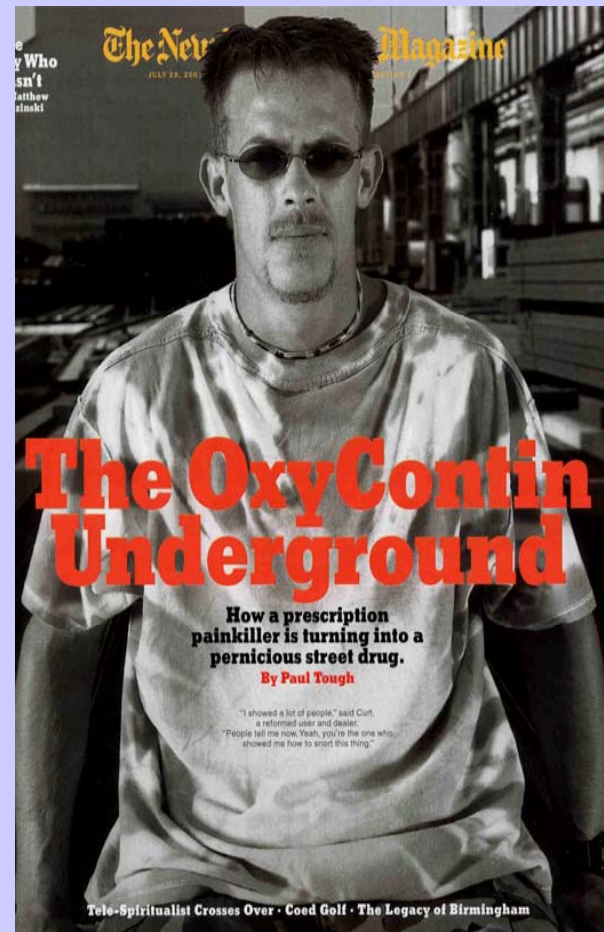
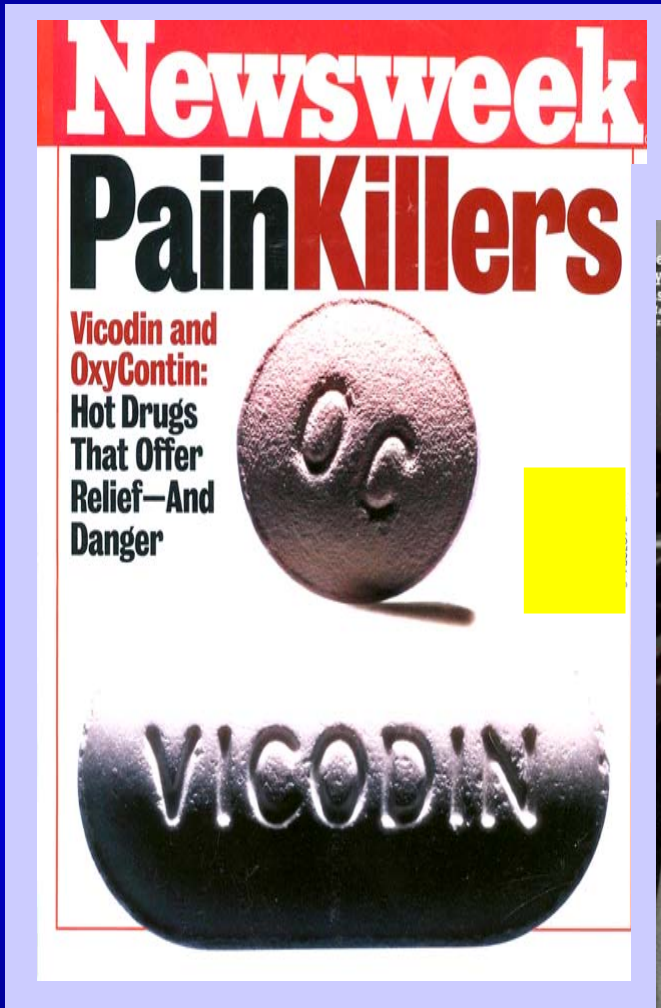


Source: IMS Health for Prescriptions and SAMHSA (DAWN) for Emergency Department Mentions

Prescription Opioid Abuse Historical Aspects 1990 - Current

- Through the efforts of pain control advocates, organized medicine, scientific journals, & malpractice suits, prescribing opiates for pain became more common during the last decade of the 20th Century
- Opioid therapy became accepted (although often inadequately) for treating acute pain, pain due to cancer, & pain caused by a terminal disease
- Still disputed is the use of opioids for chronic pain not associated with terminal disease

Increased Media Attention



Easy Access: Role of the Internet?

"Delivered in the Privacy of your Home"

24/7 PHARMACY Buy prescription drugs and medicine online - No prescription required - Free Worldwide delivery

Weight Loss Sexual Hair Loss Pain Relief Depression Antibiotics Venereal Sleeping Aids

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24/7 Pharmacy - the best and easiest way to buy prescription drugs online!

Some reasons why you should consider using this pharmacy!

- No consultation fees
- No prescription required
- Free Worldwide delivery
- Discrete packaging
- Mail order to your door
- Drugs at low prices

All major credit cards are accepted with 100% secure transactions!

[How Customers appreciate 24/7 Pharmacy](#)

Hi Majken,

Pain Relief Drug
New
FLUDETEN
Fludeten, Codeine
A combination of drugs is used to relieve mild to moderately severe pain.
[Buy Fludeten]
Price: 65,00 US\$

Anxiety Drug
New
ALPRAZOLAM NORMON 1 mg
ALPRAZOLAM NORMON 2 mg
Xanax, Alprazolam medicine is a benzodiazepine used to treat anxiety and panic disorder.
[Buy Xanax]

"Some reasons why you should consider using this pharmacy"

No prescription required!

Improper Knowledge & Monitoring?

- Primary care has become the major source for most prescription opioids
- Risks for abuse and addiction not well understood. Except for prior history of addiction.
- Does pain protect individuals from addiction? Possibly.
- Is addiction a side effect of chronic use of opioids? Yes, in a small but significant number of patients.

Commonly known Mechanisms of Diversion

- Illegal sale of prescriptions by physicians;
- Illegal sale of prescriptions by pharmacists;
- "Doctor Shopping" by individuals who visit numerous physicians to obtain multiple prescriptions;
- Illegal substitutions or "shorting" by pharmacists;
- Theft, forgery, or alteration of prescriptions
Robberies & thefts from pharmacies & thefts of institutional drug supplies
- Internet sales

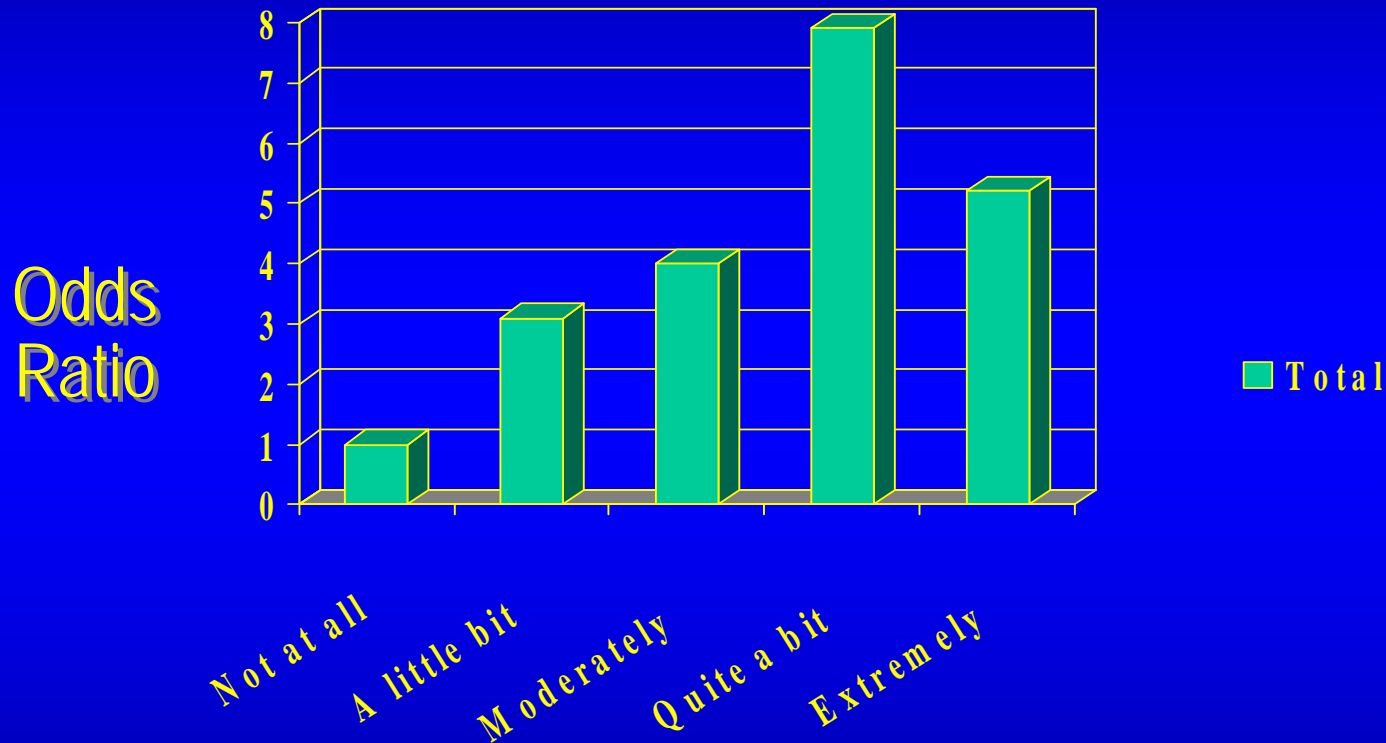
Less Often Discussed Mechanisms

- Residential Burglaries
- "Obituary Shopping"
- Hotel & residential "sneak thefts"
- Supply-chain theft
 - In-production losses
 - In-transit losses
 - Returns/reverse distributors
 - Employee pilferage

Mechanisms of Diversion by Middle & High School Students

- Thefts from family medicine cabinets
- Drug “switching” at home
- Drug trading at school
- Thefts & robberies of medications from classmates

Is pain associated with opioid disorders? Opioid Disorders According to Different Levels of Past 4 Week Interference Due to Pain



Nearly Linear Relationship of Pain & Opioid Use Disorder

Prevalence of Co-Morbid Chronic Pain & Substance Abuse

- 10-30% of adult population has chronic pain
 - 10-15% background rate of substance abuse
 - 2-9 million in US with both conditions
- 2 million adults have opioid addiction
 - 30-60% have chronic pain
 - 0.6-1.2 million with pain & opioid addiction
- Cost of care is approx. 10 times that of average pt, 3 times major depression

Initial Assessment

- Categories
 - Patient in stable recovery
 - Patient on maintenance therapy
 - Patient actively abusing
- Covariates
 - What is the substance of abuse?
 - Co-morbid mental illness?
 - Social supports

Universal Precautions

-OR-

How to Structure a Program

- Clinical Assessment
 - Physical exam, including skin
 - Pill counts
- Lab tests
 - LFTs, CBC, HIV
 - Urine toxicology
- Prescription monitoring program data
- Significant other reports, medical records

Treatment Issues

Who is the Patient

- Age
 - Adolescent
 - Adult
 - Elderly
- Drug History
 - New onset of drug abuse
 - Relapser
 - Chronic poly substance abuser
- Route
 - Oral
 - Intranasal
 - Injector
- Comorbidity
 - Psychiatric
 - Chronic pain

Treatment Options

- Detoxification
 - To antagonist maintenance (naltrexone, nalmefene, depot naltrexone)
 - To residential therapeutic community
 - To abstinence-oriented programs (counseling, 12 step programs)
- Maintenance
 - Methadone
 - Buprenorphine

Opiate Addiction Pharmacotherapy

- Agonists Methadone, LAAM
- Partial Agonists Buprenorphine
- Antagonists Naltrexone
- Anti-Withdrawal Methadone; Buprenorphine
Clonidine: rapid detox using
Buprenorphine, Naltrexone,
& Clonidine
- Anti-Craving Clonidine or Lofexidine

Advantages of Buprenorphine

- Buprenorphine binds more tightly to the receptor than any other opiate
- It is a partial mu agonist, occupying that receptor only 70%-also kappa antagonist
- Ceiling effect protects against overdose—but also limits degree of agonist effect—ceiling effect approximately 32 mg
- Withdrawal easier than from methadone or heroin
- Maintained patients describe;
 - “Clear headedness”
 - Increased energy
 - Improved sleep & mood stability
 - Easier to engage in therapy