# Emerging Drug Trends in Washington

Alcohol & Drug Abuse Institute

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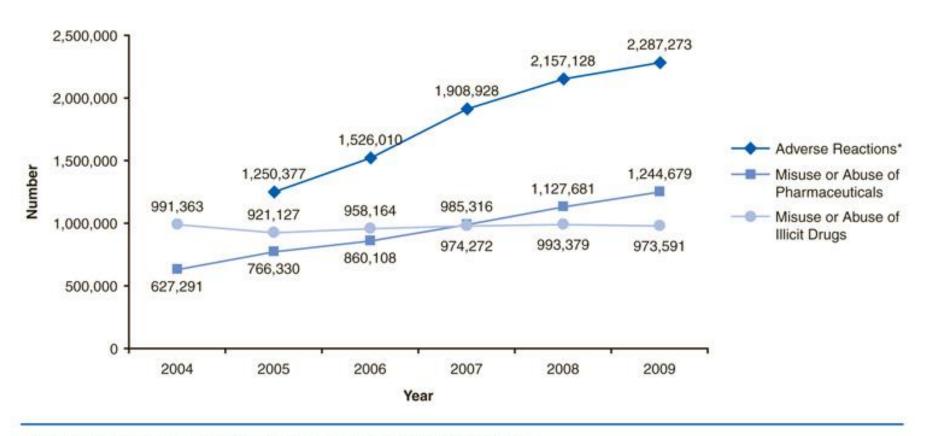
August 1, 2012

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### **Outline**

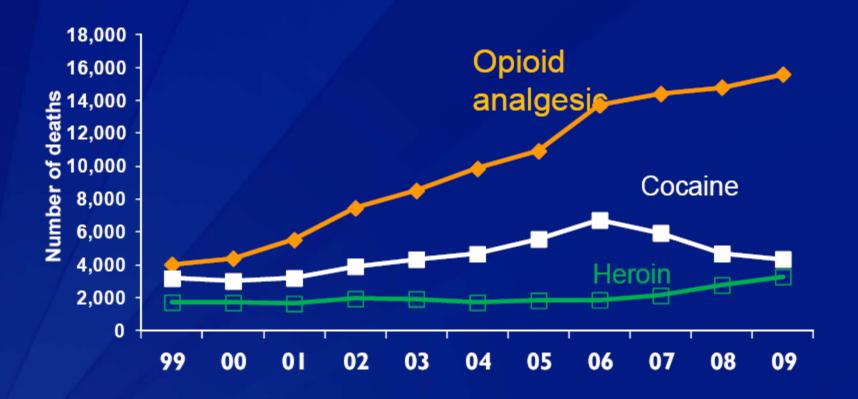
- National drug trends
- Drug trends in WA State & King County
- Opioid related problems
- Interventions

## U.S. Drug-Related ED Visits, by Type of Visit: 2004 to 2009



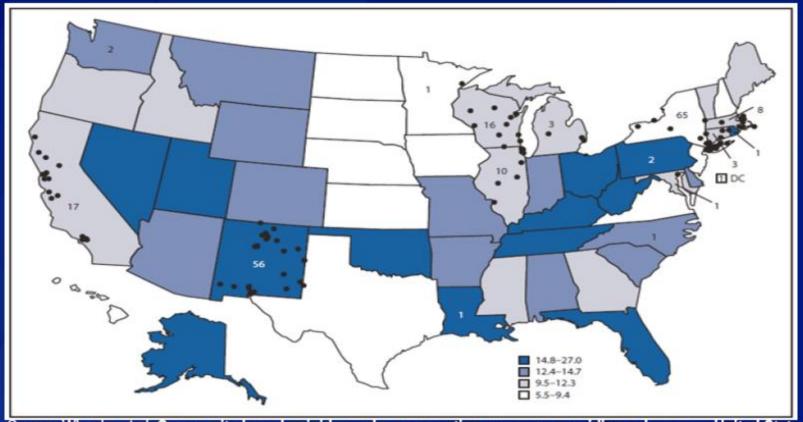
<sup>\*</sup> Data for ED visits involving adverse reactions to pharmaceuticals are not available for 2004. Source: 2004 to 2009 SAMHSA Drug Abuse Warning Network (DAWN).

### Drug overdose deaths of all intents by major drug type, U.S., 1999-2009



Source: National Vital Statistics System. The reported 2009 numbers are underestimates. Some overdose deaths were not included in the total for 2009 because of delayed reporting of the final cause of death.

# Drug overdose death rates<sup>¶</sup> in 2008 and number and location\* of drug overdose prevention programs providing naloxone in 2010



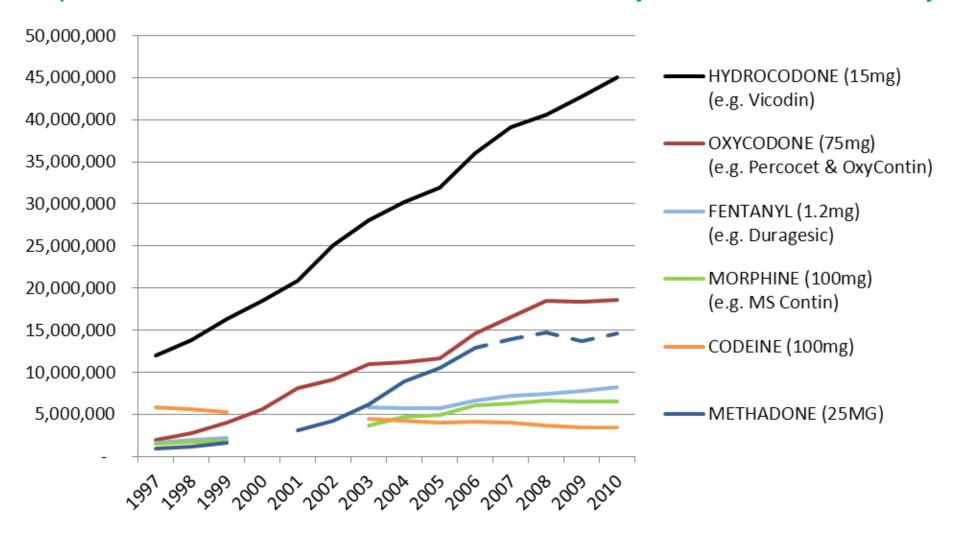
Source: Wheeler et al, Community-based opioid overdose prevention programs providing naloxone — United States, 2010

MMWR 2012;61:101

¶Per 100,000 population. All intents included.

\*Not shown in states with fewer than three local programs.

### Opioid Sales in WA State, Estimated # daily doses sold annually



Methadone does not include methadone dispensed by narcotic treatment programs. Methadone data provided by DEA for 2007-2010 included narcotic treatment programs, estimates removing expected NTP use are shown with a dashed line

Source: Drug Enforcement Administration Automation of Reports and Consolidated Orders System, data include medications prescribed and dispensed.

Data provided to and analyzed by Caleb Banta-Green Alcohol & Drug Abuse Institute, University of Washington Defined Daily Dose utilized from WHO http://www.whocc.no/atcddd/



### WSP Crime Lab Data-[supply indicator]

 Evidence submitted by law enforcement for testing to State lab

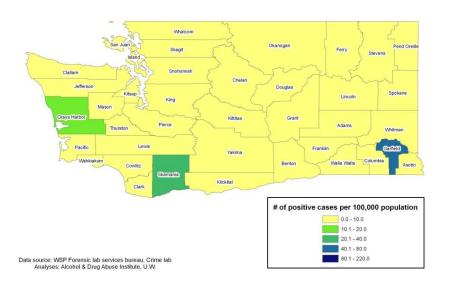
### Weaknesses:

- Policies vary across place and time e.g. submit all evidence or only for cases going to trial?
- Enforcement priorities and capacity change over time
- Time lag, most data are tested in year seized, but data can be several years old

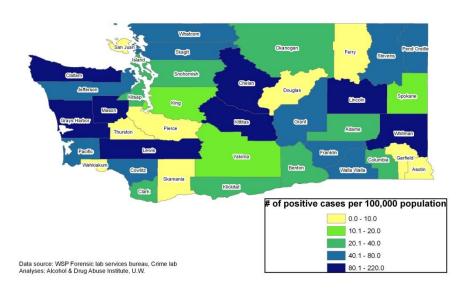
### • Strengths:

- Specific drugs identified, weight, appearance
- Data for every police jurisdiction in the state

### Rx Opiates Detected in Police Evidence, 2000

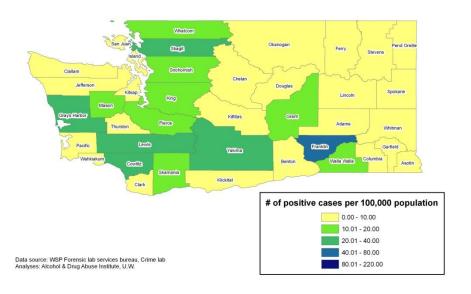


#### Rx Opiates Detected in Police Evidence, 2009



	2000	2009	2009
County	Count	Count	Rate
Grays Harbor	8	76	105.9
Lincoln	0	10	97.6
Kittitas	0	36	91.1
Clallam	1	63	88.2
Whitman	0	37	86.7
Mason	2	47	81.0
Lewis	1	60	80.3
Chelan	2	58	80.1
Pend Oreille	1	8	61.8
Pacific	0	13	61.1
Cowlitz	3	62	60.8
Stevens	3	24	56.7
Jefferson	0	16	53.9
Grant	2	46	52.2
Whatcom	10	100	49.9
Skagit	2	56	46.8
Franklin	0	35	45.2
Walla Walla	1	24	40.6
Adams	1	7	39.5
Kitsap	1	82	34.0
Okanogan	1	13	32.1
Klickitat	0	6	29.2
Clark	5	112	25.9
Benton	4	42	25.0
Columbia	0	1	24.8
Snohomish	18	153	22.0
Island	2	17	21.0
King	32	352	18.4
Yakima	2	36	15.1
Spokane	10	66	14.1
Thurston	2	24	9.6
Pierce	11	75	9.4
Asotin	0	2	9.3
Skamania	3	1	9.2
Douglas	0	3	8.0
Ferry	0	0	0.0
Garfield	1	0	0.0
San Juan	0	0	0.0
Wahkiakum	0	0	0.0
Total	132	1775	26.6

### Heroin Detected in Police Evidence, 2000



#### Heroin Detected in Police Evidence, 2009

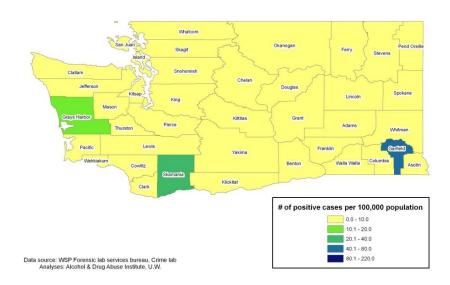


Data source: WSP Forensic lab services bureau, Crime lab Analyses: Alcohol & Drug Abuse Institute, U.W.

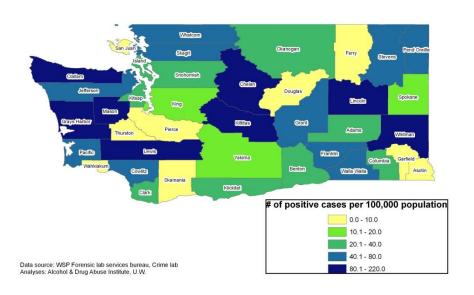
Chanogan	Ferry Ste	Pend Orelle Spokane
Grant Frz.	Adams anklin Walla Walla Colum	Whitman Garfield mbia Asotin
# of Positive C		00 population
	0.00 - 10.00	
	20.01 - 40.00	
	40.01 - 80.00	
	80.01 - 204.74	

	2000	2009	
County	Count		2009 Rate
Grays Harbor	22	147	204.74
Cowlitz	37	143	140.24
Whatcom	24	237	118.24
Skagit	24	90	75.29
Stevens	0	29	68.50
Pacific	0	14	65.81
Lewis	18	28	37.46
Clark	25	125	28.94
Franklin	24	22	28.44
Clallam	6	20	28.01
Mason	5	15	25.85
Yakima	59	49	20.50
Benton	11	30	17.83
Adams	0	3	16.92
Kitsap	6	36	14.95
San Juan	1	2	12.92
Snohomish	84	89	12.81
Kittitas	2	5	12.65
King	189	225	11.74
Island	4	9	11.10
Chelan	0	8	11.05
Walla Walla	6	6	10.16
Thurston	7	25	9.96
Whitman	2	3	7.03
Spokane	38	30	6.40
Pierce	73	42	5.27
Klickitat	1	1	4.87
Grant	8	4	4.54
Jefferson	0	1	3.37
Douglas	1	1	2.66
Asotin	2	0	0.00
Columbia	0	0	0.00
Ferry	0	0	0.00
Garfield	0	0	0.00
Lincoln	0	0	0.00
Okanogan	0	0	0.00
Pend Oreille	0	0	0.00
Skamania	1	0	0.00
Wahkiakum	0	0	0.00
Total	690	1443	21.65

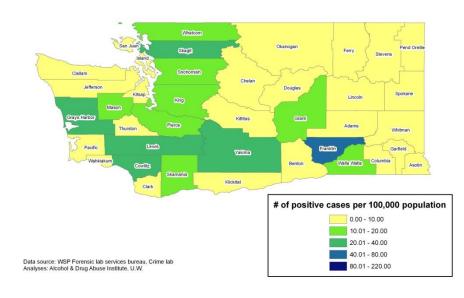
### Rx Opiates Detected in Police Evidence, 2000



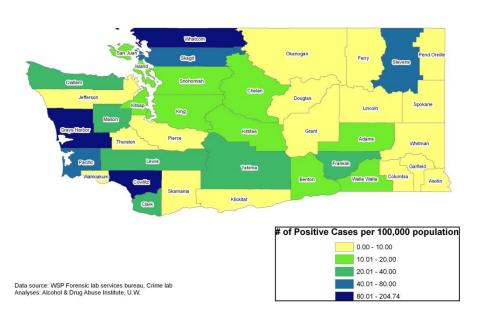
#### Rx Opiates Detected in Police Evidence, 2009



### Heroin Detected in Police Evidence, 2000



Heroin Detected in Police Evidence, 2009

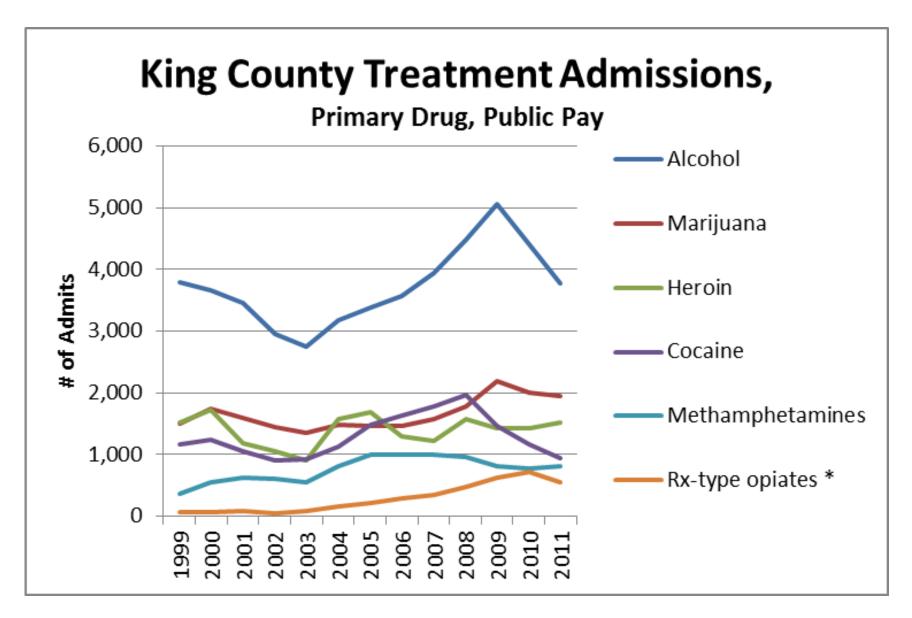


### Treatment admissions data

Generally a lag of several years between initiating drug use and entering drug treatment

Trends can be driven more by funding and availability than demand

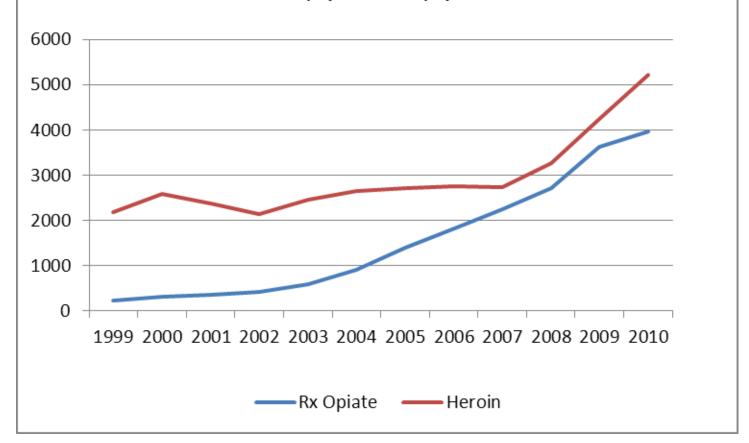
Different data sources based on payment and modality



- Source: DBHR TARGET
- All treatment modalities (except only a small % of Suboxone as captured by OutPatient)
- King County Residents

### Treatment Admits, WA State excluding King County

Outpatient, Inpatient, MMT, Public pay & Private pay MMT

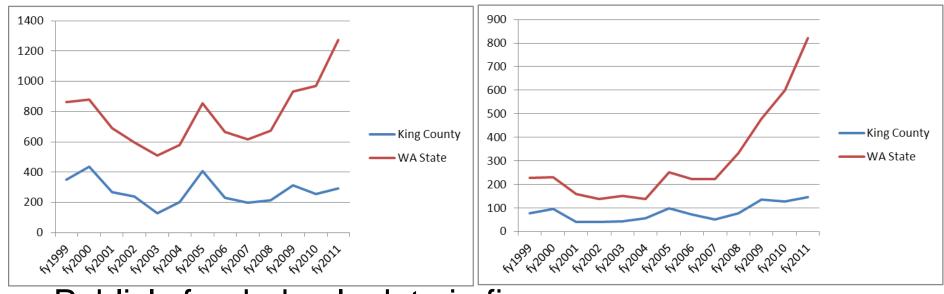


- At the population level rx opiate abuse appears to precede heroin abuse
- King county data show that 40% of heroin users were "hooked on" Rx opiates first

### Heroin admissions, first time

All ages

**Ages 18-29** 



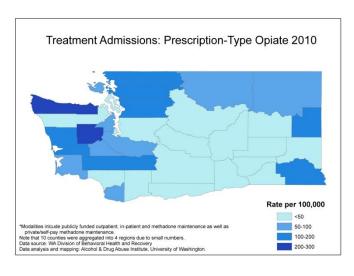
Publicly funded only data in figures

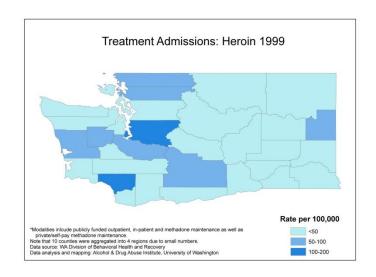
During March 2012 2,189 18-29 years olds in WA got Suboxone- opioid of choice unknown (PMP)

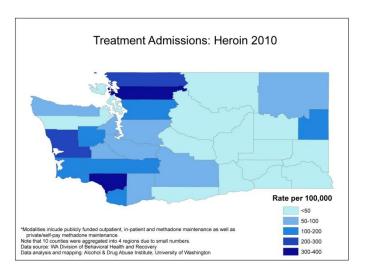


### **Opioid Addiction Treatment**



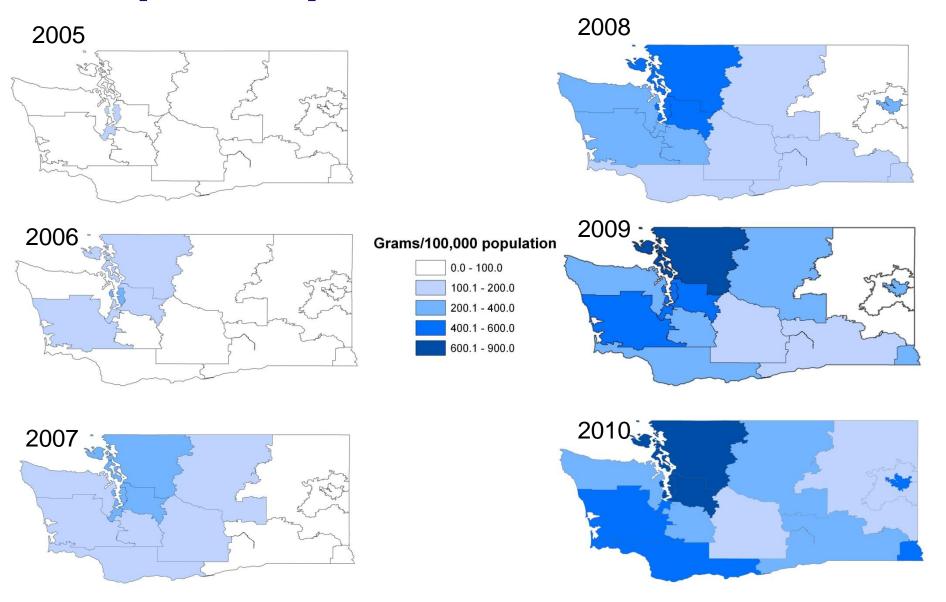








### **Buprenorphine Sales/Rx in WA**

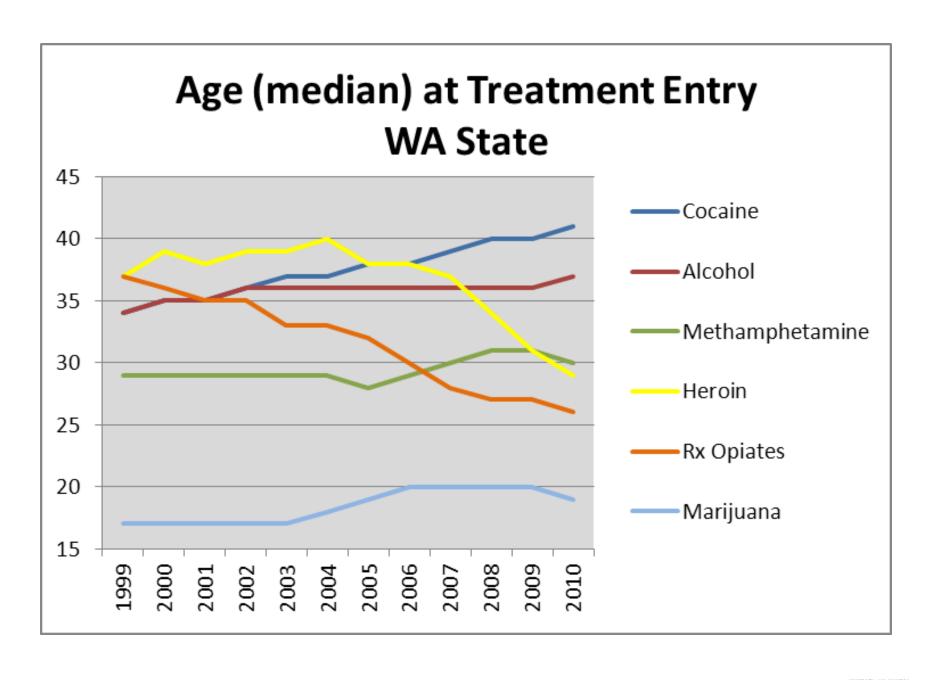


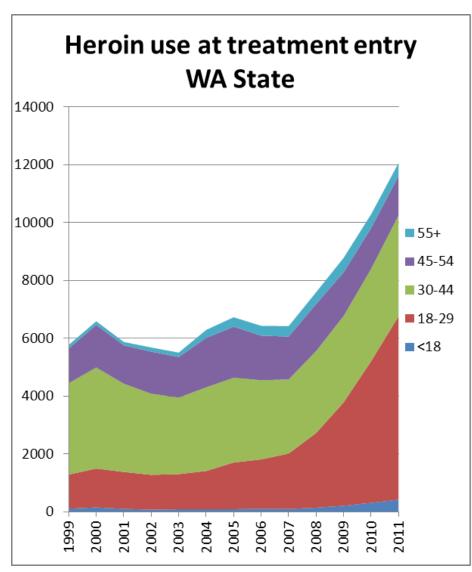
Data source: DEA ARCOS Analysis: Caleb Banta-Green

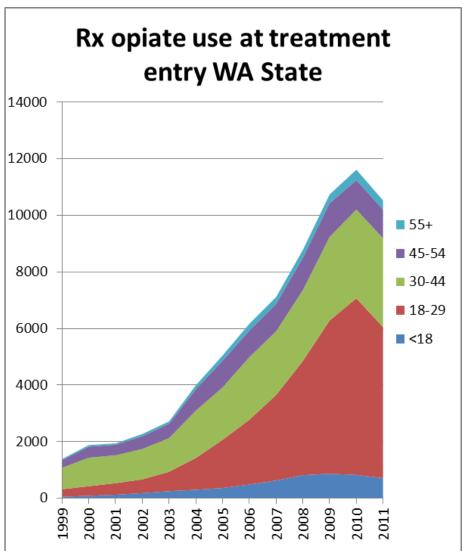
# Opiate Substitution Treatment in WA

WA State	2005	2010
Methadone Annual Treatment Caseload	4,727	6,699
Estimated Suboxone Annual Treatment Slots	677	5,531
Estimated OST Total	5,404	12,230

Note this is a very conservative estimate of the number of *people* receiving Suboxone





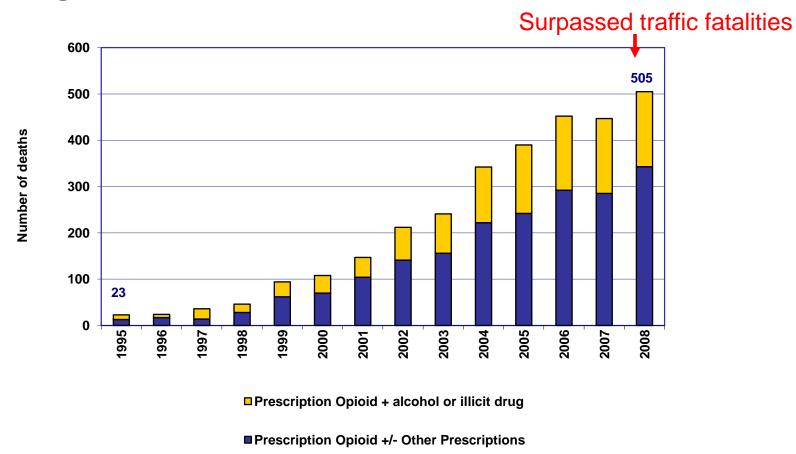


Source: TARGET

### Number of Washington State Resident Unintentional Poisoning Deaths

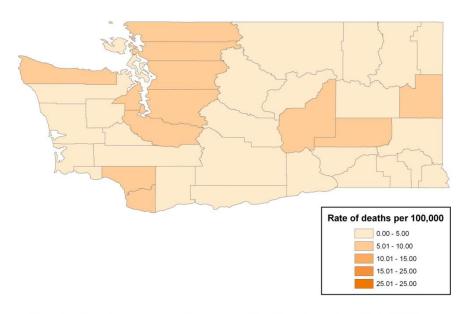
- Center for Health Statistics, Washington State Department of Health extracts data from death certificate
  - Lack of precision for heroin in chemical testing
  - Lack of specificity in reporting for heroin

# Unintentional prescription opioid involved overdose deaths Washington 1995-2008

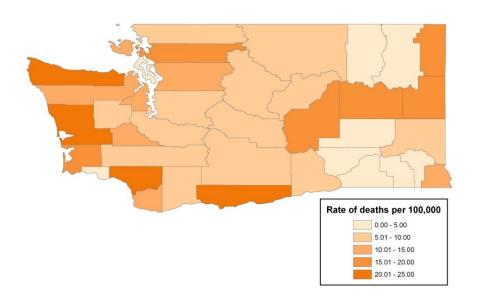


Source: Washington State Department of Health, Death Certificates, Jennifer Sabel, PhD

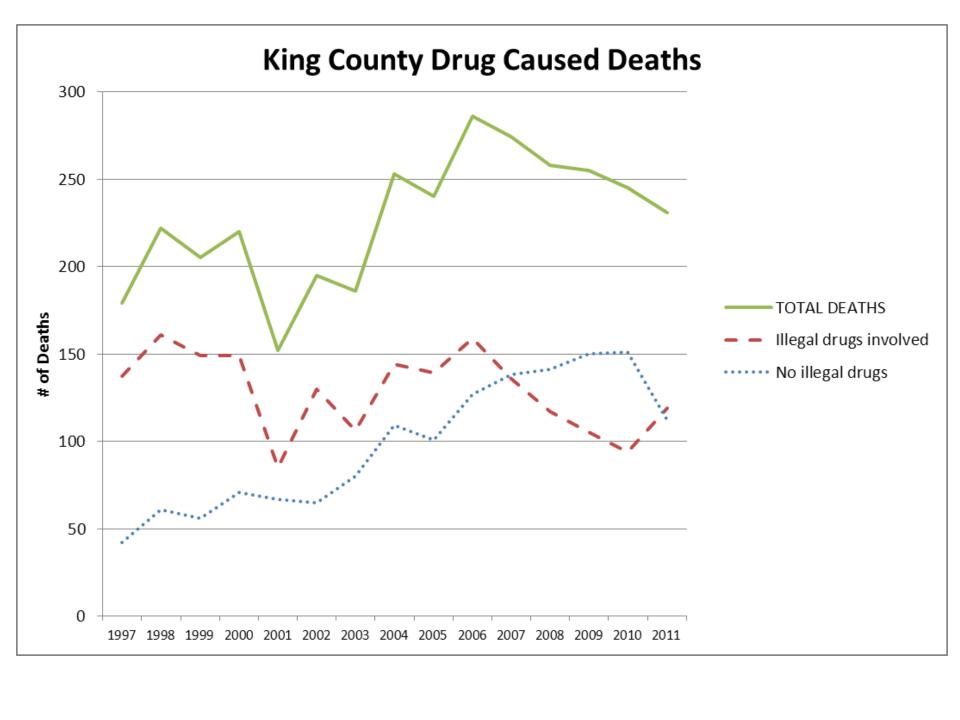
Unintentional deaths involving opioids (Heroin and/or Rx), 2000

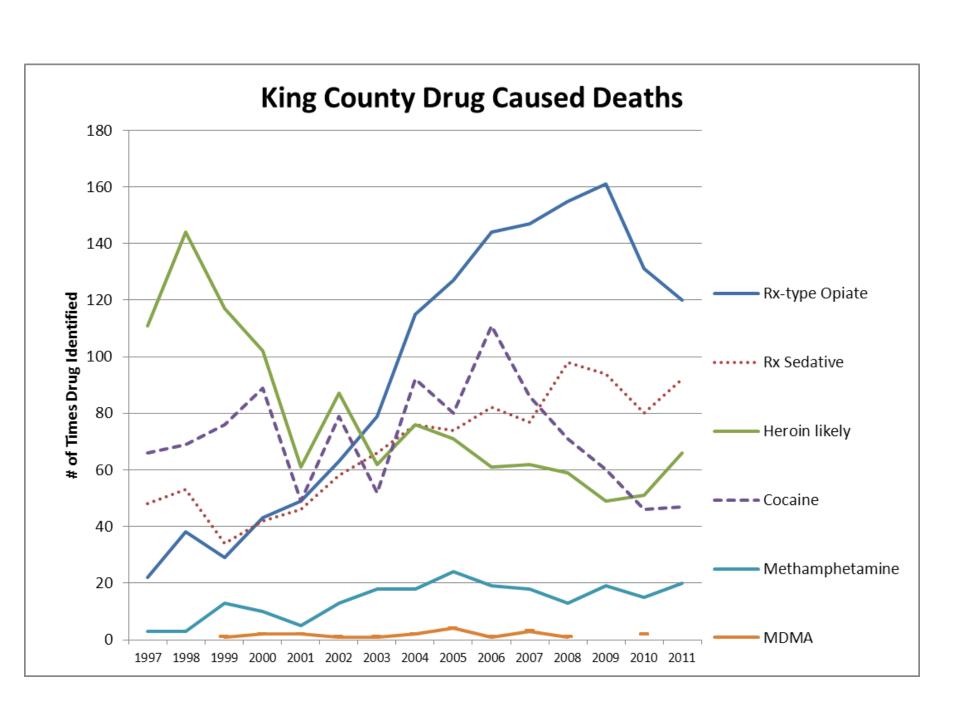


Unintentional deaths involving opioids (Heroin and/or Rx), 2009



Oceanie	2000	2009	0000 Dete
County Klickitat	Count	County 5	<b>2009 Rate</b> 24.33
	0		
Clallam	5	16	22.40
Cowlitz	7	22	21.58
Grays Harbor	2	15	20.89
Lincoln	0	2	19.52
Grant	5	17	19.30
Pacific	0	4	18.80
Skagit	6	19	15.90
Pend Oreille	0	2	15.45
Spokane	28	71	15.15
Asotin	0	3	14.00
Snohomish	35	92	13.25
San Juan	0	2	12.92
Thurston	6	28	11.16
Clark	20	47	10.88
Kitsap	14	26	10.79
Jefferson	0	3	10.11
Pierce	60	79	9.91
Okanogan	0	4	9.86
Whitman	2	4	9.37
King	124	178	9.29
Skamania	0	1	9.18
Whatcom	9	18	8.98
Benton	3	15	8.91
Mason	1	5	8.62
Chelan	0	6	8.29
Lewis	1	6	8.03
Douglas	1	3	7.99
Yakima	9	14	5.86
Kittitas	1	2	5.06
Island	2	4	4.93
Stevens	1	2	4.72
Franklin	1	1	1.29
Adams	1	0	0.00
Columbia	0	0	0.00
Ferry	0	0	0.00
Garfield	0	0	0.00
Wahkiakum	0	0	0.00
Walla Walla	0	0	0.00
Statewide	344	722	10.83





# Sources of acquisition for pharmaceutical opioids in overdose deaths

- Pilot study, death investigation
- King County
- 2005
- Unintentional Pharmaceutical Opioid involved overdose deaths

Drug Type	No.	%
Prescription-type opioids* (more than one possible)	30	100%
Methadone	16	53%
Oxycodone	11	37%
Morphine, Pharmaceutical†	7	23%
Hydrocodone	4	14%
Tramadol	1	4%
Propoxyphene	1	4%
Other drugs effecting the central nervous system§	30	100%
Heroin, cocaine and/or methamphetamine	20	67%
Heroin <sup>†</sup>	12	40%
Cocaine	15	50%
Methamphetamine	3	10%
Psychotherapeutic drugs with depressant effects¶	10	33%
Alcohol	5	17%

<sup>\*</sup> Not including codeine or hydromorphone when morphine was present as these may be metabolites

<sup>†</sup> Based upon the death investigation and toxicological testing. Restricted to those deaths where the origin of morphine could be established. Excluding caffeine, nicotine, cannabinoids and selective serotonin re-uptake inhibitors

<sup>¶</sup> Alprazolam, diazepam, nordiazepam, amitriptyline, nortriptyline, trazodone, carisoprodol or cyclobenzaprine

### **Source of Pharmaceutical Opioid**

### **All Cases**

	No.	%
Total with a known source**	25	83%
Decedent's Prescription(s) alone	11	37%
Decedent's Prescription and Street	1	3%
Decedent's Prescription & Unknown	1	3%
In Opioid Dependence Treatment (ODT)	4	13%
Street	5	17%
Friend/family	1	3%
Friend/family & Unknown	2	7%
Unknown source	5	17%
TOTAL	30	100%

### PMP should help in future



### Recent data findings summary

- Rx-type opiate deaths decreased in 2009-11
- Heroin deaths in King County remain low at 66in 2011, compared to 144 in 1998
  - Signs of increase in 2011.
- Low purity heroin (2-5%) may be keeping heroin OD's low for now
- Morphine, Oxycodone and Methadone prescribing have leveled off
- Buprenorphine treatment/Rx increasing
- Treatment data foreshadow a continuing cohort of young opioid dependent people at substantial risk for OD and in need of treatment as they age

### **Interventions**

### Provider and Family education about health and medication beliefs

- Messages:
  - Parents are in charge of medicines
  - Medicine can be dangerous if...
  - Medications can help with medical problem, but rarely "fix" it....
- Provide lock box

# Preventing/Intervening in overdose

- OD prevention, recognition and intervention education for high risk persons and their family/partners
- Provision of opiate antidote (naloxone)
- New Good Samaritan Law
  - www.stopoverdose.org

### **Prevention Strategies**

- Education for Medical Care Professionals
  - Educational Pilot: Guidelines for Opioid dosing for chronic, non-cancer pain <a href="http://www.agencymeddirectors.wa.gov/guidelines.asp">http://www.agencymeddirectors.wa.gov/guidelines.asp</a>
  - Pain (opioid) management guidelines HB 2876
- Clinical Interventions
  - Medicaid
    - Narcotic Review Program
    - Patient Review and Coordination Program



### Clinical system interventions

- Care Coordination through Emergency Rooms
- Prescription Monitoring Program –began early 2012
- Incentivize physicians to use system
- New legislation will require 90% of E.D. docs to register
- Screen for drug misuse in primary care and EDs, refer to treatment (SBIRT)
- Provide practice guidelines for primary care
- Chronic disease management models, clinical pathways...
- Opioid addiction treatment in primary care-Suboxone
- Project ROAM, Rural Opioid Addiction Management



# Helping rural providers treat opioid addiction and chronic pain: Project ROAM's first year

Roger Rosenblatt MD, MPH
Department of Family Medicine
University of Washington

24<sup>th</sup> NW Regional Rural Health Conference Spokane, WA, March 31<sup>st</sup>, 2011

# Medical students alerted us to the enormity of the problem students told us that the most negative

The students told us that the most negative parts of rural primary care were:

- Chronic pain patients
- Prescription drug (opiate) abuse and drug seeking

### Introducing Project ROAM: Rural Opiate Addiction Management

- A part of Rural Mental Health Substance Abuse Treatment grant PI = John Roll Ph.D. at WSU; LSDF funded
- Family Medicine at UW took on the clinical intervention
- Started with training rural clinicians to use buprenorphine/ Subxone, an oral medication that is safe to use in rural office practice
- Although Suboxone has been available to treat addiction for eight years, only 37 rural docs in Washington had DEA waiver in 2010

### Components of Project ROAM

- Provide DEA "waiver" courses training physicians, other clinicians, and practice staff.
- Offer designated mentors selected from the waiver course instructors.
- Provide outreach to practices initiating buprenorphine Rx, including attention to work flow, billing, counseling, etc.
- Partner with project ECHO to provide tele-consultation for patient management, CME, & creation of a virtual community.

# Physician "Testimonials" about Suboxone

- "This restores lives sometimes literally..."
- "I think it is the answer to the constraints and unavailability of a methadone program and allows people to get on with their lives."
- "It should be a part of every physician's formulary."

### Narcan distribution

- Non-governmental organizations distributing take-home naloxone for several years. Locations on <a href="https://www.stopoverdose.org">www.stopoverdose.org</a>
- Public Health- Seattle & King County began distributing in February in 2012
  - Recruitment via needle exchange
  - OD prevention and intervention training at Belltown PHSKC service office
  - Narcan prescribing and dispensing by PH <u>pharmacist</u> in Belltown building
  - CDTA PHSKC-BOP

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- Police training video recently released based on survey findings
  - View online at <u>www.stopoverdose.org</u>

### Seattle Medic One, Serious Opiate Overdoses

in sample of 2011 cases\*

Serious opiate overdoses (n=268)*	*			
		n	mean	median
Age		258	41.1	40
				(range 18-90)
		n	#	%
Gender		267		
	Male		194	72.7
	Female		73	27.2
Type of opiate involved		268		
	Not specified		40	14.9%
	Heroin only		100	37.3%
	Rx opiates only		112	41.8%
	Heroin + Rx opiates		16	6.0%
Other abusable drug involved***		268		
	Suspected/med			
	list/history		110	41.0%
	Not documented		158	59.0%
Narcan adminstered (paramedic)		267		
	Yes		145	54.3%
	No		122	45.7%
Narcan administered (bystander)		268		
	Yes		2	0.7%
	Not documented		264	98.5%

<sup>\*</sup>Cases pulled for Feb/Apr/Jun/Aug/Oct/Dec 2011

<sup>\*\*</sup>Cases initially screened by Medic 1 staff, final case determination ADAI, UW staff Caleb Banta-Green

<sup>\*\*\*</sup>One or more of the following is involved: alcohol, cocaine, amphetamine, benzodiazepine, muscle relaxer

45 serious <u>opiate</u>
<u>overdoses</u> per month
responded to by SFD in
2011\*

 Approximately 1:1 Heroin:Rx Opiate 32 cardiac arrest cases per month responded to by SFD in 2010\*\*

<sup>\*268</sup> serious opiate overdoses per our chart abstraction for 6 months in 2011

<sup>\*\* &</sup>quot;384 out of hospital cardiac arrest cases treated by SFD in 2010"

### Narcan possible next steps

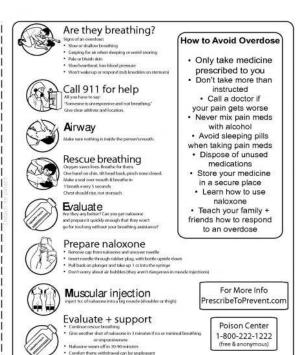
- Community requests for take-home Narcan
  - Parents
  - Heroin and Rx users and their friends and family
  - Primary care & ED providers
- Physicians prescribe Narcan with opiate Rx's
  - E.g. methadone induction, high dose...
- Discussions begun with pharmacies about
  - Pharmacists prescribing naloxone
  - Stocking take-home narcan
- Overdose training development project beginning- online, in-person and webinar
- Drug treatment clinics, jails could train and distribute
- Medicaid coverage approved, protocols in process

# Information for pharmacists/prescribers www.prescribetoprevent.org

#### SEARCH Prescribe to Prevent PRESCRIBE NALOXONE, SAVE A LIFE PRESCRIBE NALOXONE NOW! MEDICO-LEGAL RESOURCES STOCKING/PAYING FOR NALOXONE & BILLING FAQS RESEARCH & OTHER RESOURCES // prescribe naloxone now! CATEGO ■ Unca INSTRUCTIONS FOR HEALTHCARE PROFESSIONALS: Prescribing Naloxone ARCHIVE Naloxone is the antidote for an opioid overdose. It has been used for decades to reverse respiratory depression associated with toxic exposure to opioids. Naloxone is not a controlled substance ■ Febru and can be prescribed by anyone with a medical license. Take-home naloxone can be prescribed BLOGRO to patients at risk of an opioid overdose. Some reasons for prescribing naloxone are: Receiving emergency medical care involving opioid intoxication or overdose META Suspected history of substance abuse or nonmedical opioid use Starting methadone or buprenorphine for addiction Regi: Higher-dose (>50 mg morphine equivalent/day) opioid prescription ■ Logi Receiving any opioid prescription for pain plus: Rotated from one opioid to another because of possible incomplete cross-tolerance b. Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS C. Known or suspected concurrent alcohol use d. Concurrent benzodiazepine or other sedative prescription Concurrent antidepressant prescription Patients who may have difficulty accessing emergency medical services (distance, remoteness) Voluntary request from patient or caregiver Two naloxone formulations are available. Intra-muscular injection is cheaper but may be less attractive because it involves using a needle syringe. (IM syringes aren't widely used to inject controlled substances.) Intra-nasal (IN) spray is of comparabale effectiveness, but may be more difficult to obtain at a pharmacy. Check with pharmacist to see whether IM or IN is more feasible. Billing for Clinical Encounter to Prescribe Naloxone Most private health insurance, Medicare and Medicaid cover naloxone, but it varies by state. Screening, Brief Intervention & Referral to Treatment SBIRT can be used to bill time for counseling a patient. ese Questions Refer to the Past 12 Months Complete the DAST-10 and counsel patient on

how to recognize overdose and how to administer

# Naloxone for Overdose Prevention patient address patient obj. state, ZIP code prescriber address presc



Get them medical care and help them not use more opiate right away
 Frommans services to seek treatment if they feel they have a modifier.

### More information

Overdose and Naloxone information

www.stopoverdose.org

Alcohol and Drug Abuse Institute

adai.washington.edu

WA Dept of Health

— <a href="http://tinyurl.com/DOH-TAD">http://tinyurl.com/DOH-TAD</a>