

# ***Current State of the Opioid/Fentanyl Crisis***

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Director, Center for Prescription Drug Abuse Prevention

***Colorado Pain Society 2023 Annual Conference  
Vail, Colorado***

October 15, 2023



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# Disclosures

- I have received research and programmatic funding (for the Center) from the federal government, state legislature, foundations, and private donations (no pharma funding)
- I have stock/ownership interest in a health care software company (RxAssurance) but nothing about that company or its products will be discussed in this presentation
- No other disclosures



# Objectives

- Provide current data on the scope of the opioid crisis in the U.S. and Colorado, highlighting the emergence of fentanyl
- Discuss recent trends in opioid prescribing and outcomes, particularly with respect to pain management
- Give an overview of current legislation being proposed in Colorado to further address the crisis



# What are the current data?

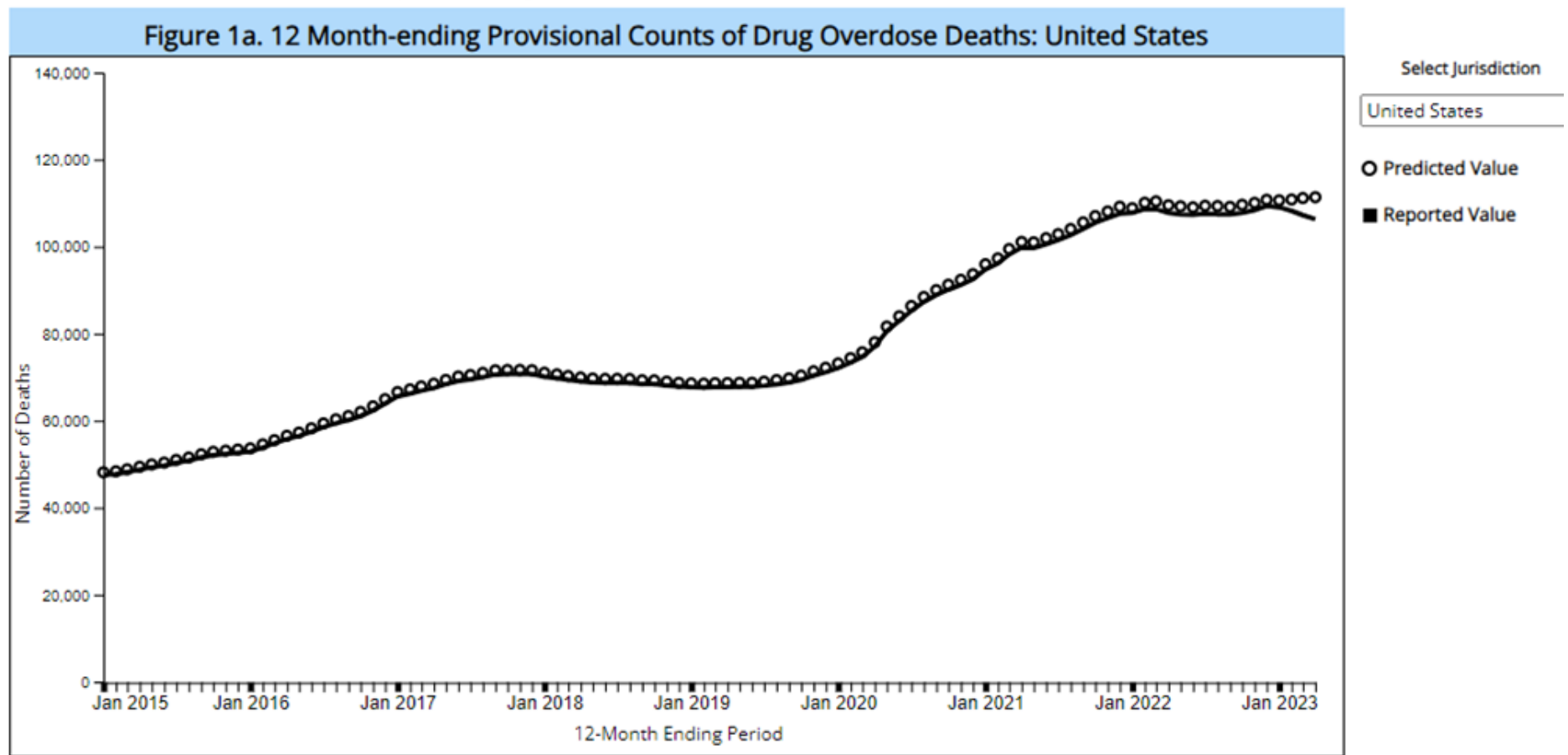


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# Drug Overdose Mortality in the U.S., 2015-2023



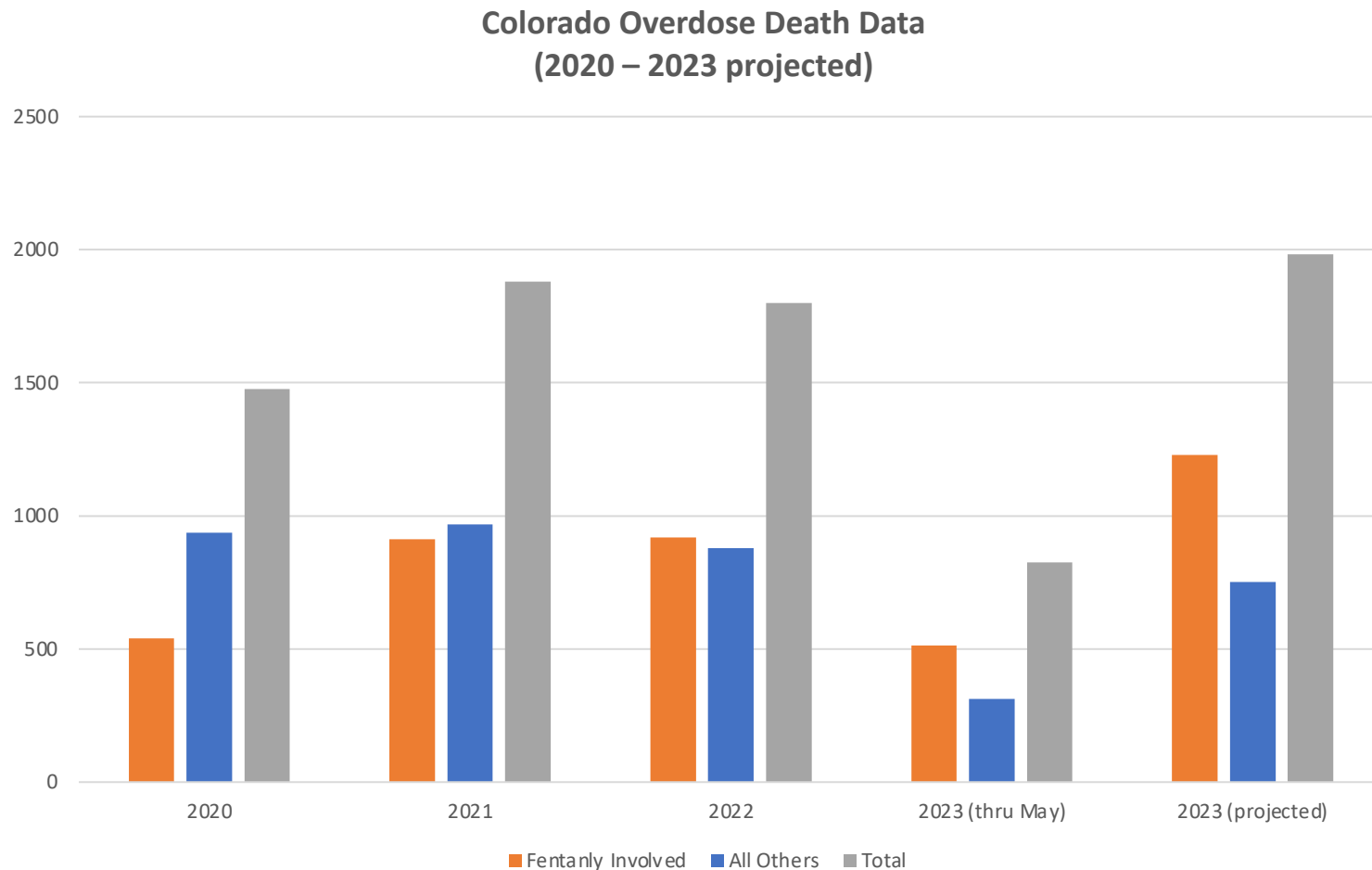
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Source: Ahmad FB, et al. Provisional drug overdose death counts. National Center for Health Statistics, 2023.

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# Drug Overdose Mortality in Colorado, 2020-2023



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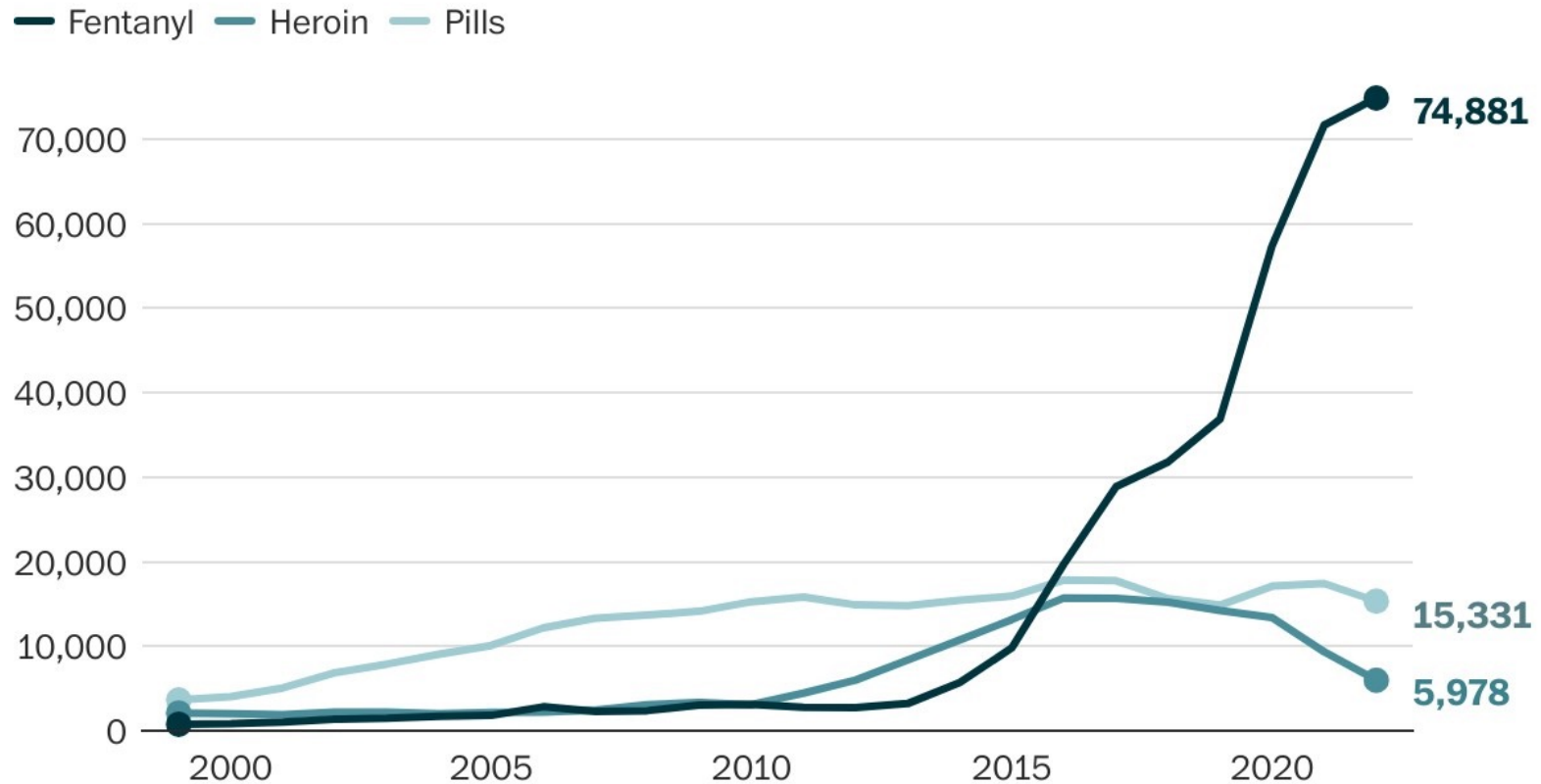
Source: Kirk Bol, CDPHE,  
June 28, 2023

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## The three deadly waves of the opioid epidemic

As prescription pills dwindled, addicted users turned to heroin and fentanyl, driving historic numbers of overdose deaths.



Note: 2022 death data is provisional

Source: CDC mortality data

STEVEN RICH / THE WASHINGTON POST

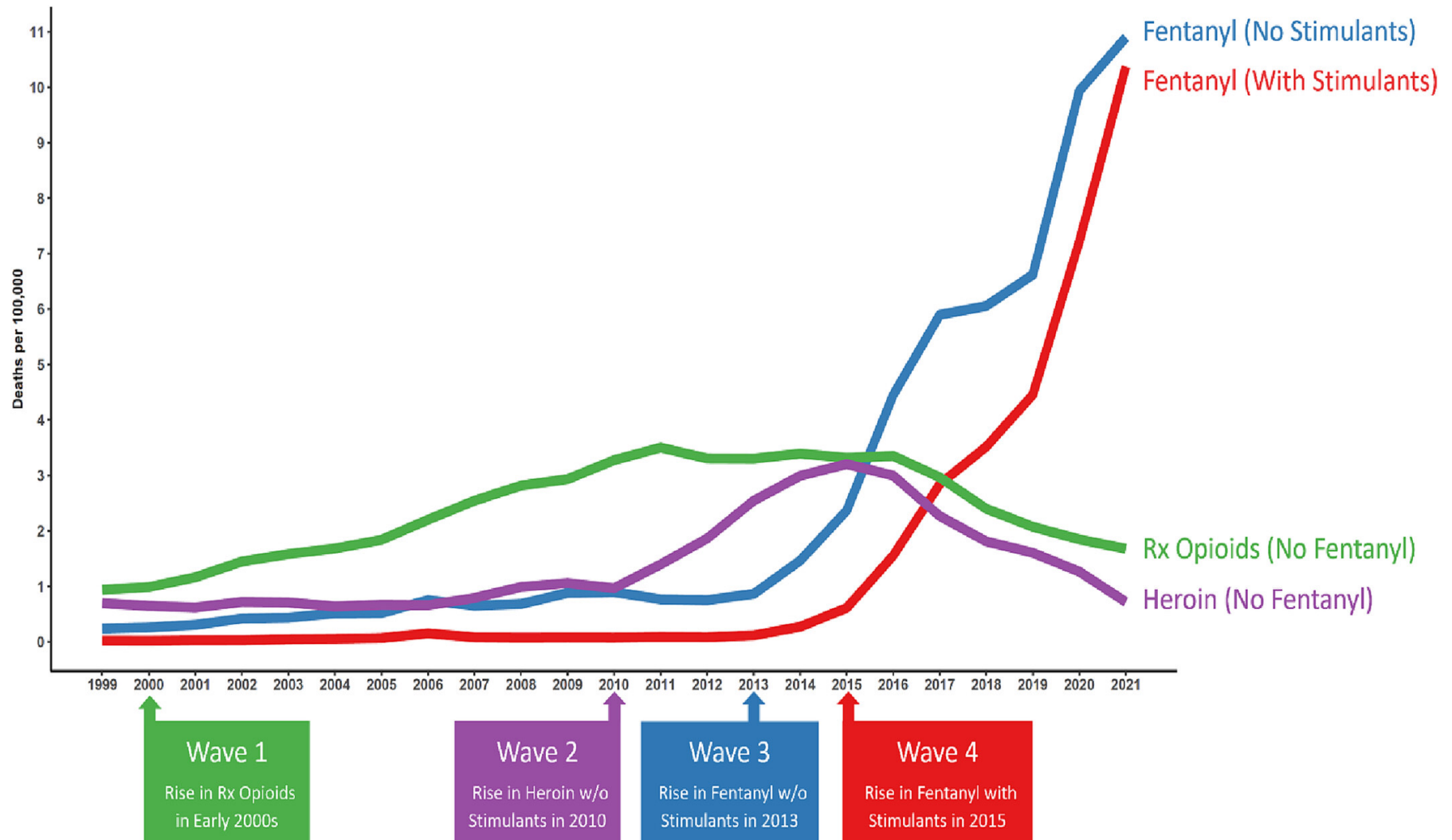


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# Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021



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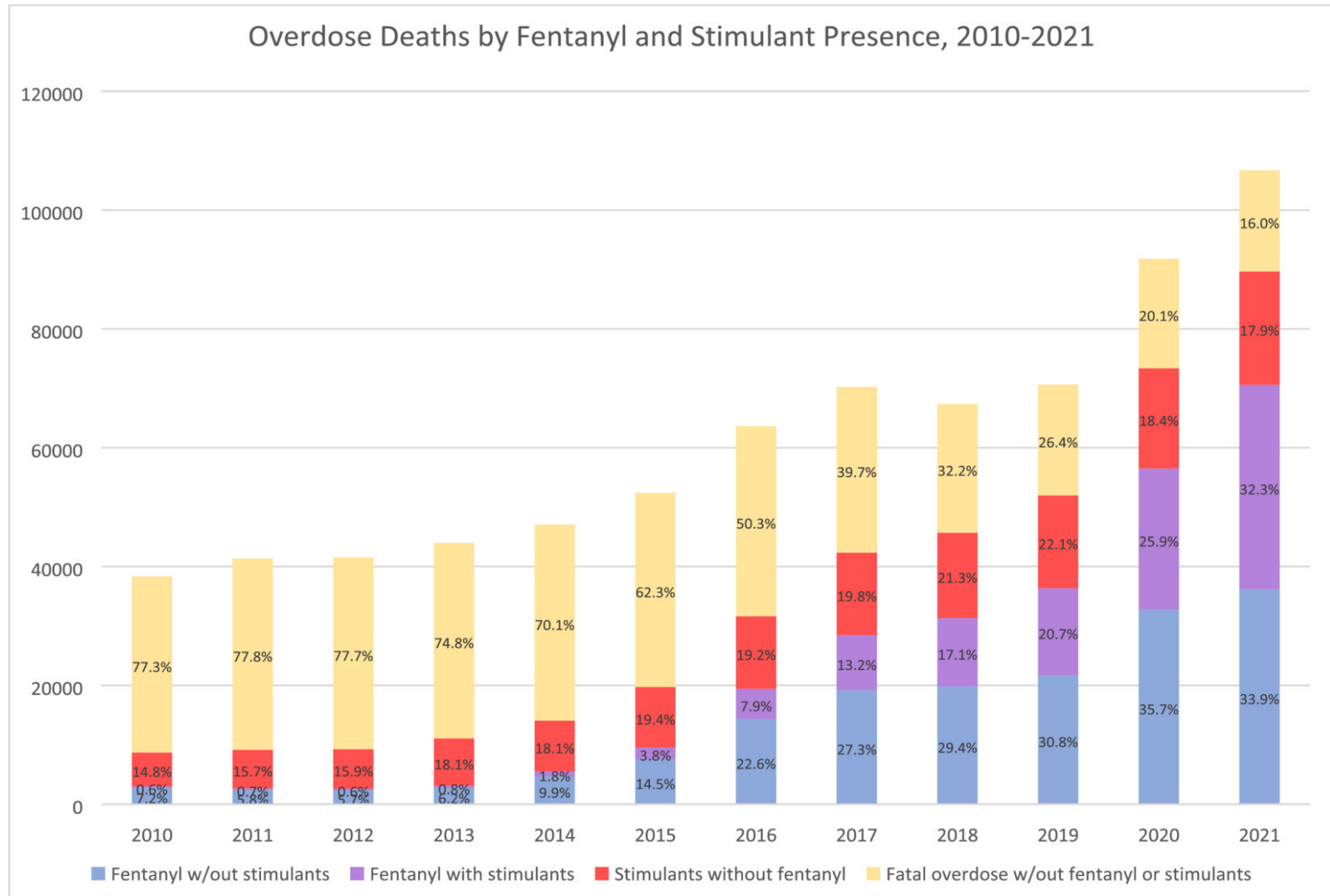
Addiction, First published: 13 September 2023,  
DOI: (10.1111/add.16318)

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# Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021



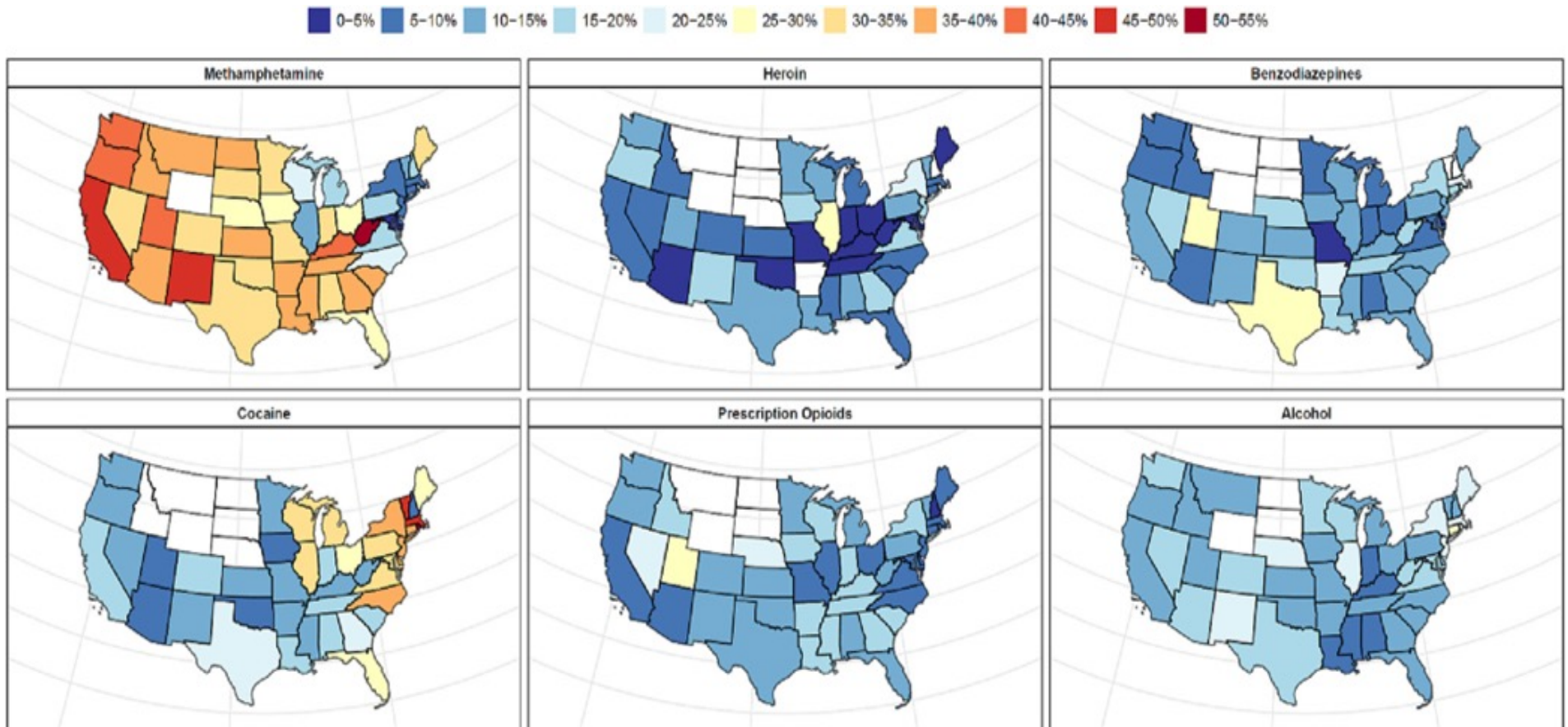
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## Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2021



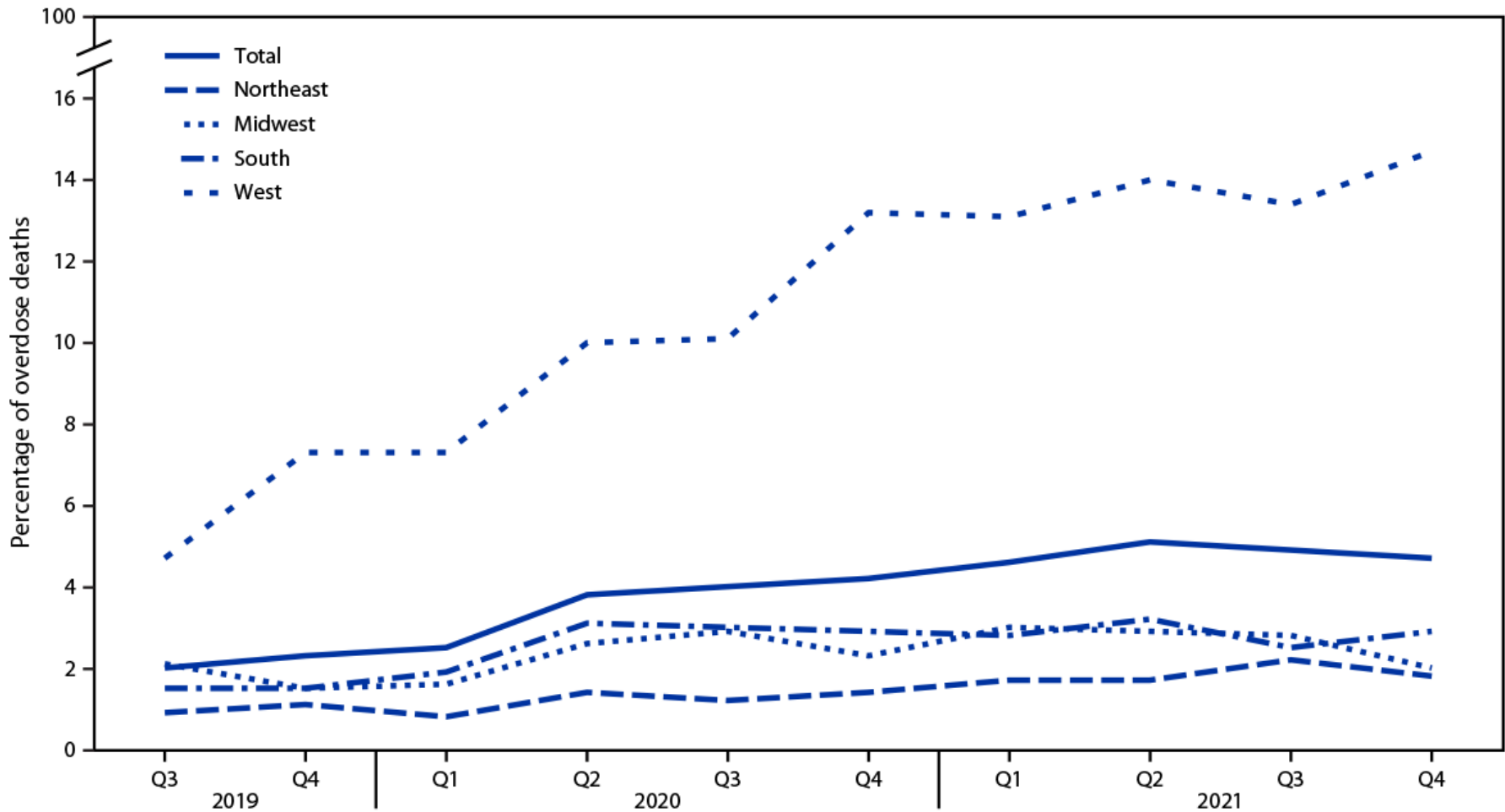
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# Percentage of Drug Overdose Deaths with Evidence of Counterfeit Pill Use, July 2019–December 2021



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Source: CDC/MMWR, Sept 1 2023

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# How did we get here?

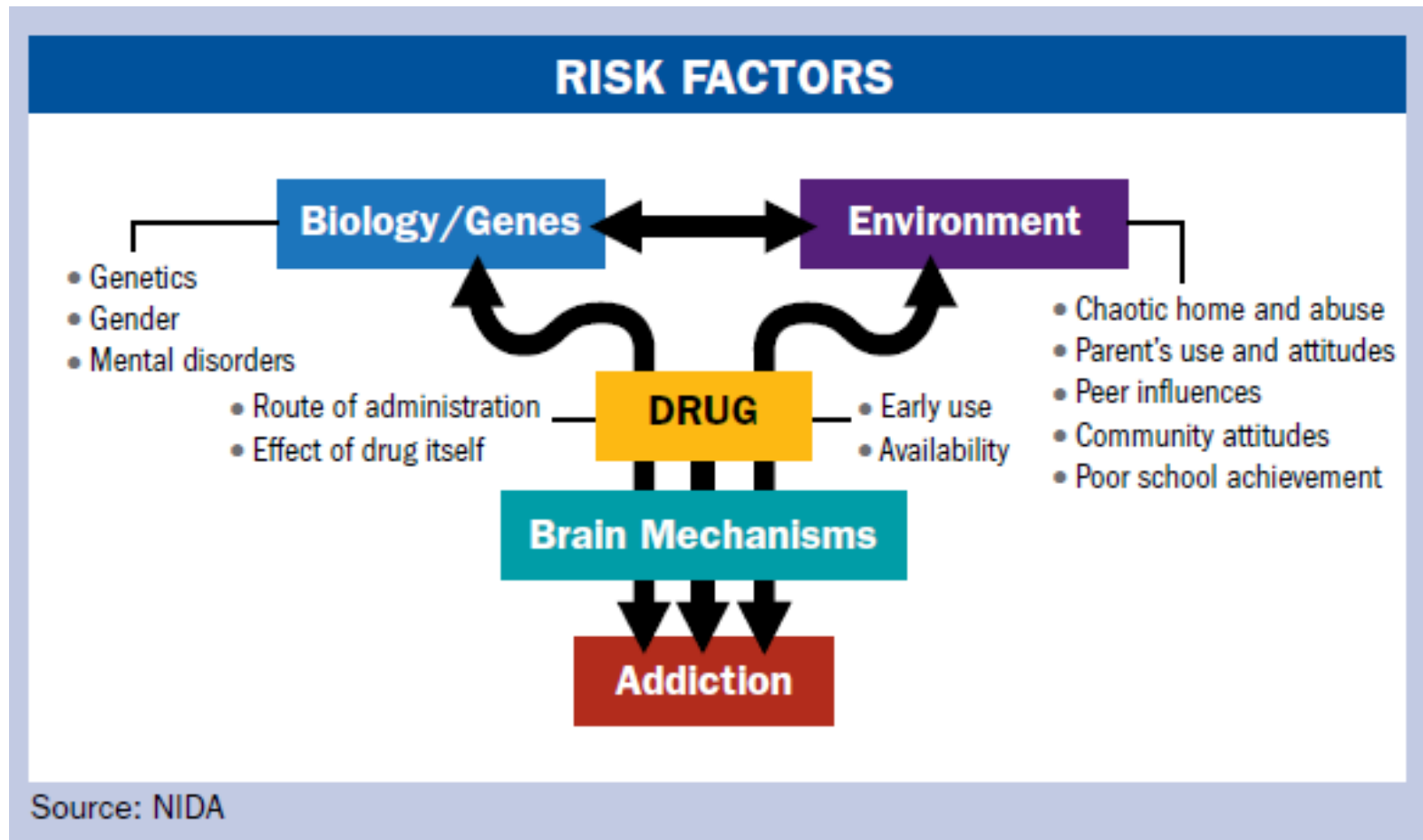


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# Risk Factors for Prescription Drug Abuse



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Drugs, Brains, and Behavior: The Science of Addiction.  
National Institute on Drug Abuse.  
<http://www.drugabuse.gov/publications/science-addiction/drug-abuseaddiction>  
(accessed December 2013)

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# The Historic “Perfect Storm” of Opioids

- Starting in early 1990’s, rapid increase in the amount of opioids being prescribed and dispensed
- Causes of the increase?
  - Increased recognition of pain, under-treatment of pain
  - Pain as the “fifth vital sign”, JCAHO and CAHPS measures, etc.
  - Drug company advertising and promotion
  - Practitioners not well trained in opioid pharmacology, addiction, medication assisted treatment (MAT)
  - Opioids can be highly addictive if not used properly
  - Scamming, doctor/pharmacy shopping, black market for opioids



How does this problem start  
*for an individual ?*

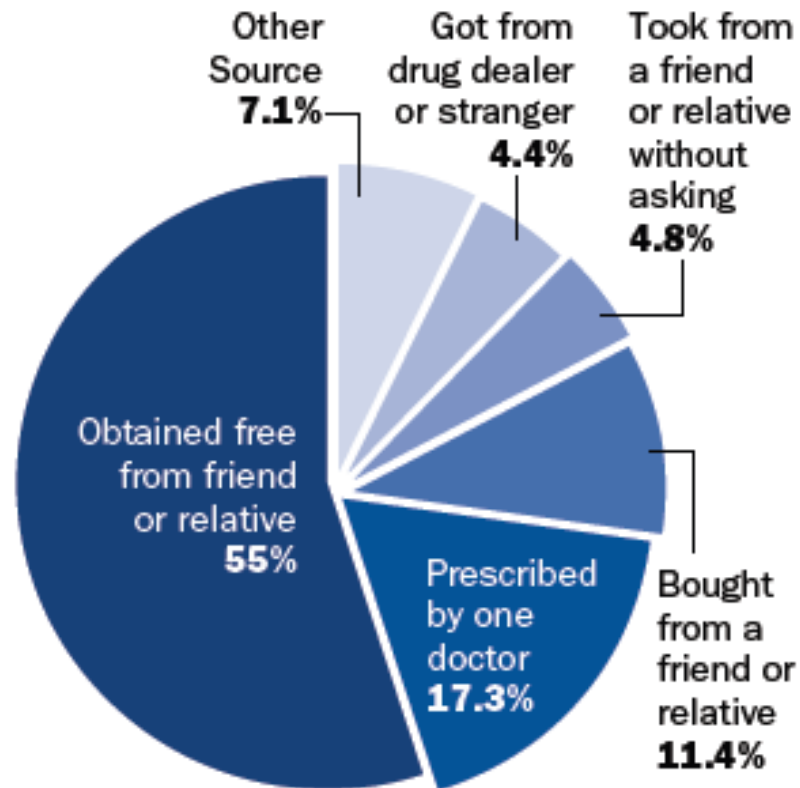


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# Sources of Opioids among Nonmedical Users



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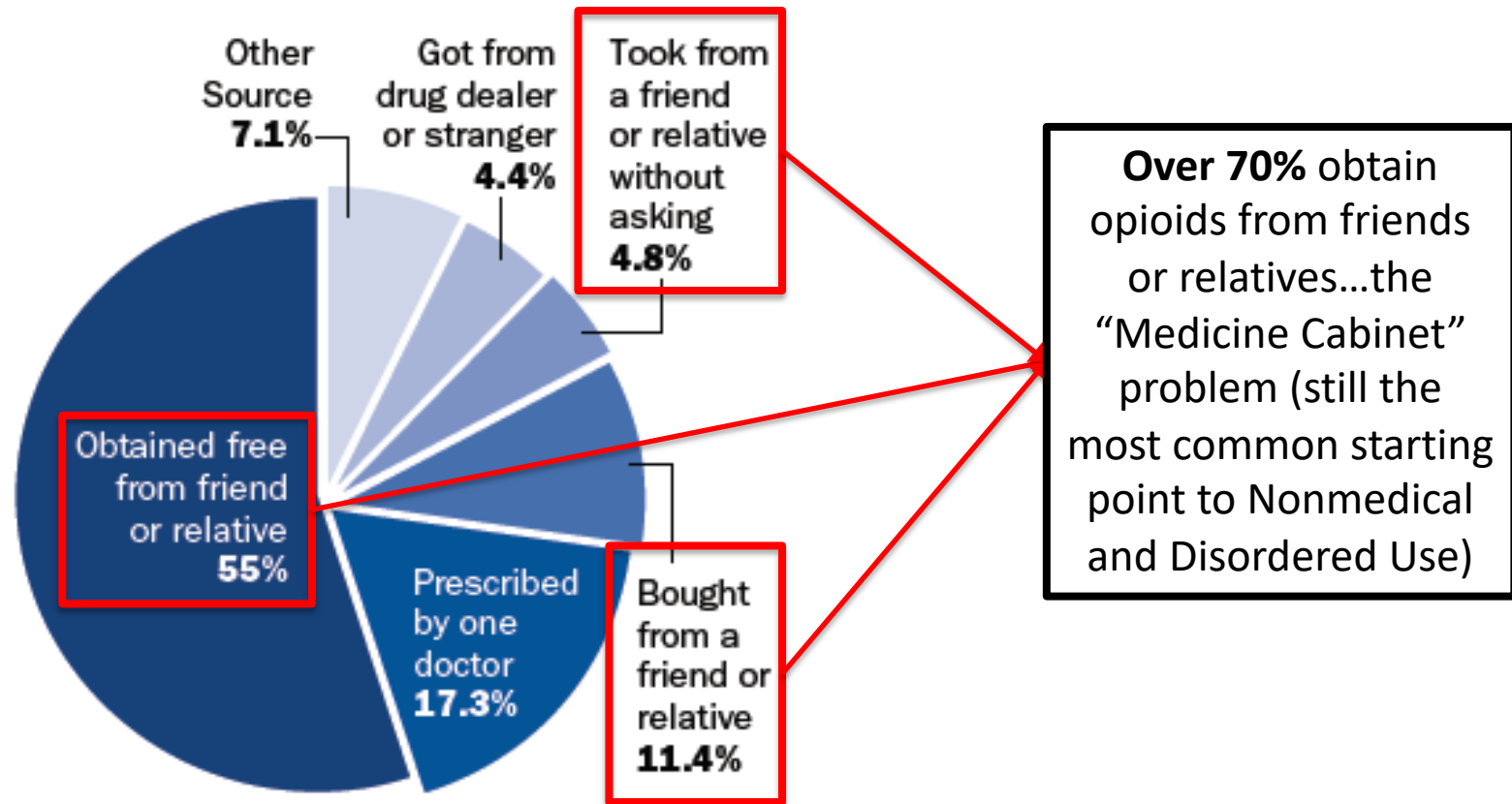
CDC/MMWR 2022  
SAMHSA/NSDUH 2021 survey

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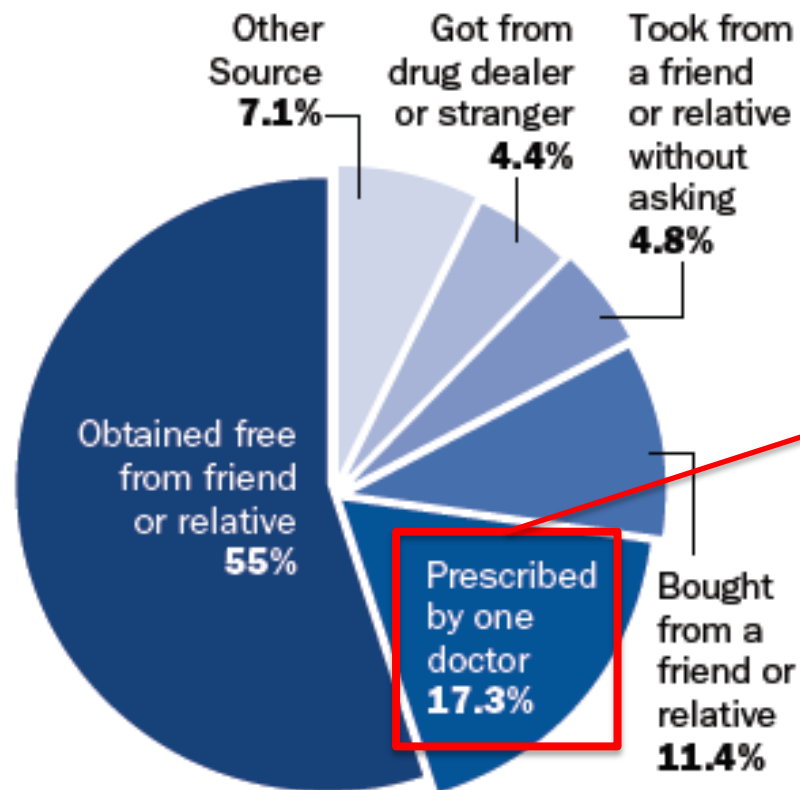




# Sources of Opioids among Nonmedical Users



# Sources of Opioids among Nonmedical Users



Also significant: **17%** of patients who are started on opioids legitimately, but begin nonmedical use with the “leftovers” (after their acute pain has subsided)



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CDC/MMWR 2022  
SAMHSA/NSDUH 2021 survey

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# Opioid Prescribing Data

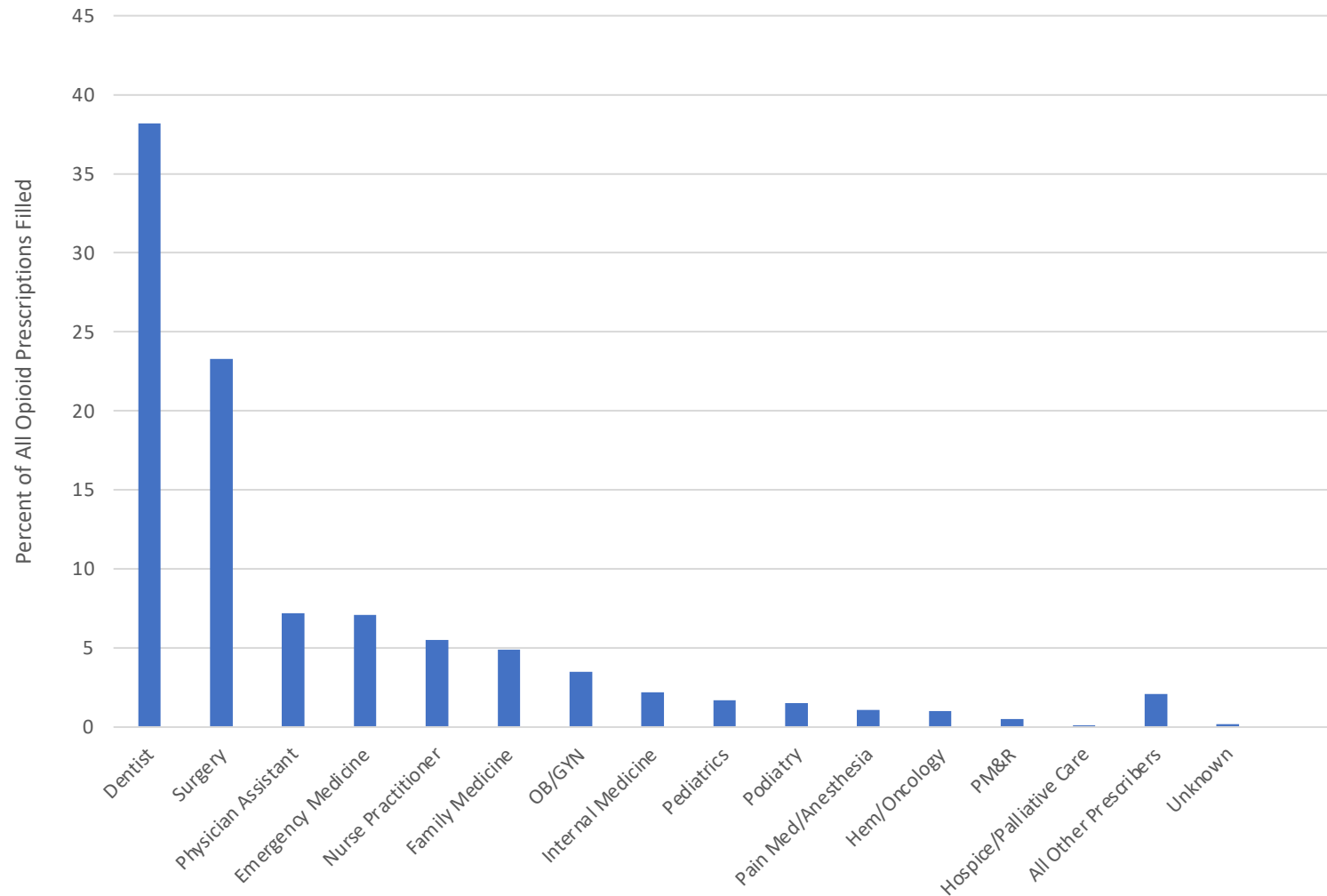


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# Opioid Prescribing Rates by Specialty



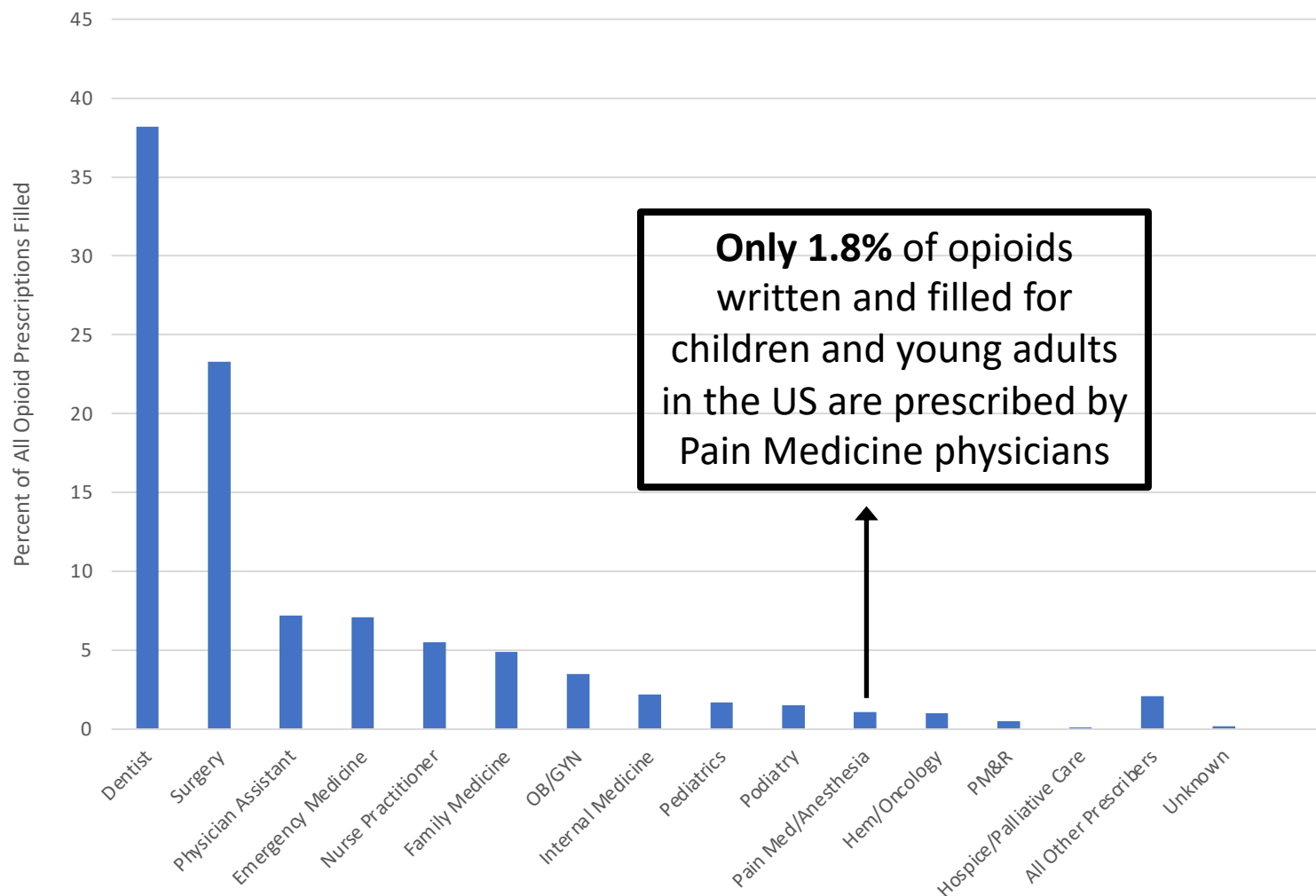
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Chua et al. Opioid Prescribing to US  
Children and Young Adults, 2019.  
Pediatrics. 2021;148(3):e2021051539

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# Opioid Prescribing Rates by Specialty



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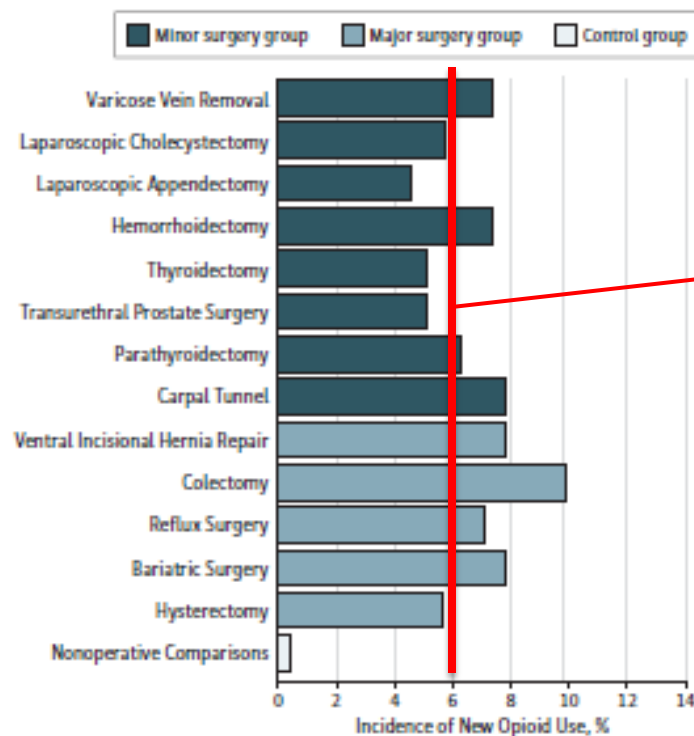
Chua et al. Opioid Prescribing to US  
Children and Young Adults, 2019.  
Pediatrics. 2021;148(3):e2021051539

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# New Persistent Opioid Users after Surgery

Figure 3. Incidence of New Persistent Opioid Use by Surgical Condition



After surgery, major or minor, **6%** of people started on opioids for post surgical pain are new, persistent users 1 year later

The incidence of new persistent opioid use was similar between the 2 groups (minor surgery, 5.9% vs major surgery, 6.5%; odds ratio, 1.12; SE, 0.06; 95% CI, 1.01-1.24). By comparison, the incidence in the nonoperative control group was only 0.4%.

Brummett et al, JAMA Surg. 2017; 152(6)

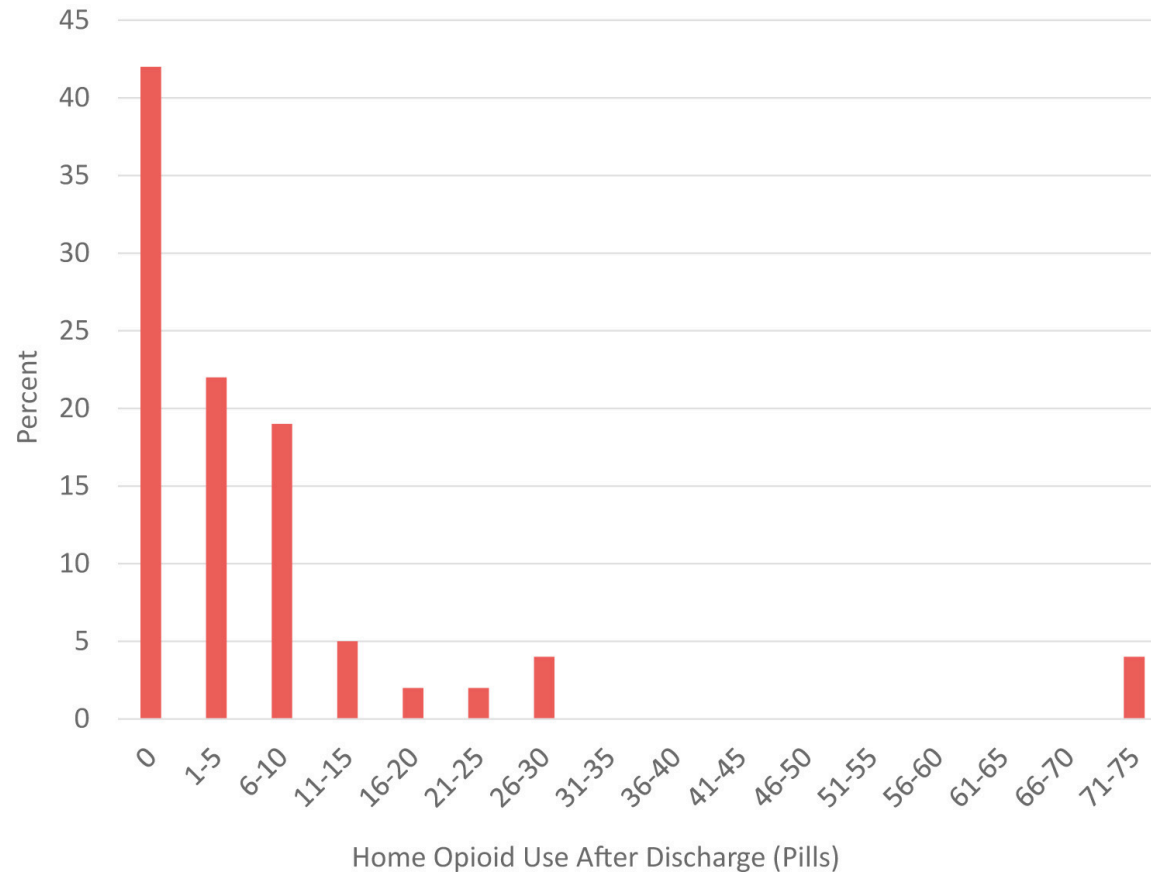


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# Opioid Pills Consumed at Home after Surgery



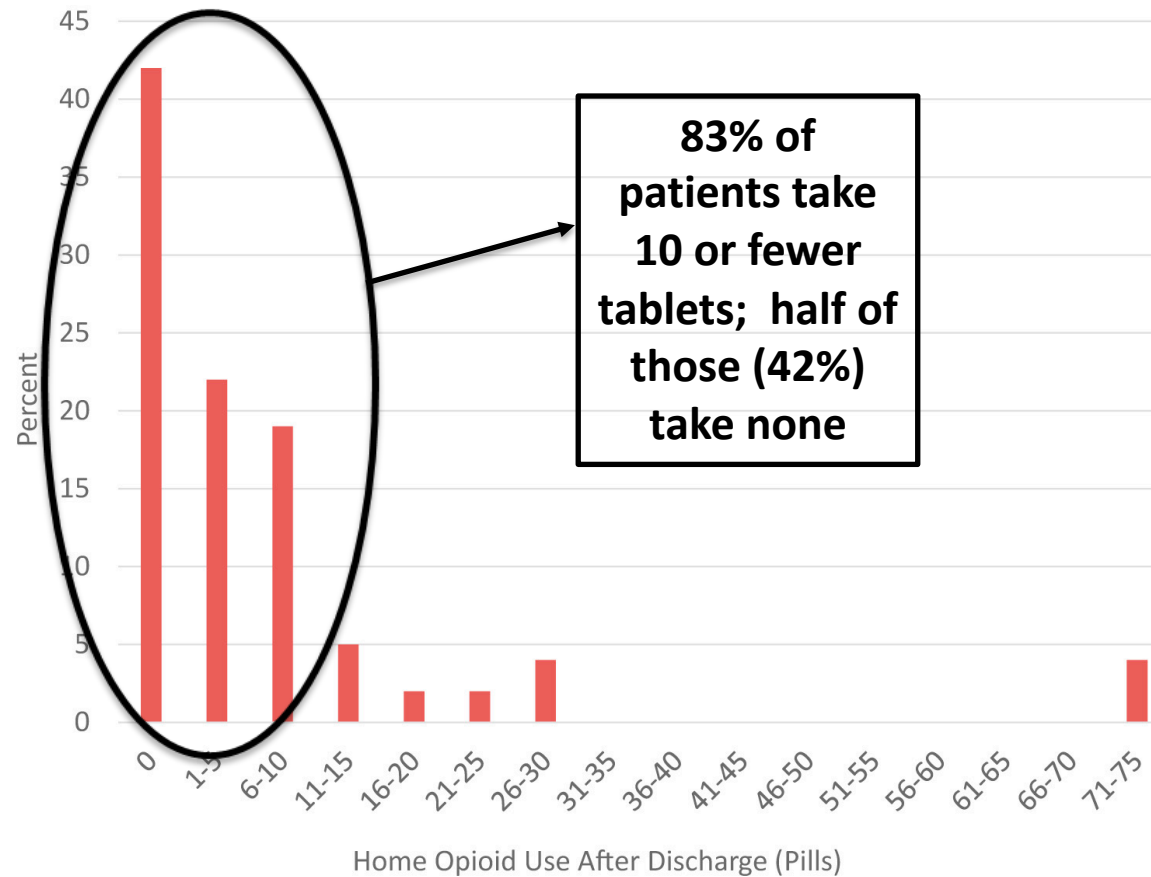
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Hill MV et al, J Am Coll Surg. 2017; 10:996-1003.

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# Opioid Pills Consumed at Home after Surgery



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Hill MV et al, J Am Coll Surg. 2017; 10:996-1003.

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# Treating Acute and Postsurgical Pain

*The combination of IBU 400mg and APAP 1000mg (rotated q 4h works best) is superior to any opioid for the treatment of acute/postoperative pain (NNT = 1.5)*

## Ibuprofen

200 mg- 2.7  
400 mg- 2.5  
600/800 mg- 1.7

**IBU > APAP**

## Acetaminophen (APAP)

325 mg- 3.8  
500 mg- 3.5  
600/625 mg- 4.6  
975-1000 mg- 3.6

Analgesic	Number of Subjects Tested	NNT
Ibuprofen 400 mg/APAP* 1000 mg	543	1.5
Ibuprofen 200 mg/APAP* 500 mg	1647	1.6
Ketoprofen 100 mg	195	1.6
Ibuprofen 600 mg/800 mg	165	1.7
Ketorolac 20 mg	69	1.8
Oxycodone 5 mg/APAP* 500 mg**	150	2.2
Aspirin 1200 mg	279	2.4
Ibuprofen 400 mg	5456	2.5
Oxycodone 10 mg/APAP* 650 mg (equivalent to two Percocet pills)	315	2.7
Oxycodone 10 mg/APAP* 1000 mg**	83	2.7
Naproxen 400 mg/440 mg	197	2.7 (2.3)
Naproxen 500 mg/550 mg	784	2.7
Ibuprofen 200 mg	3248	2.7
Naproxen 200 mg/220 mg	202	3.4
APAP* 500 mg	561	3.5
APAP* 1500 mg	138	3.7
Oxycodone 5 mg/APAP* 1000 mg**	78	3.8
APAP* 1000 mg	2759	3.8
Oxycodone 15 mg	2641	4.6
APAP* 600 mg/650 mg	1886	4.6
Tramadol 100 mg	882	4.8
Oxycodone 5 mg/APAP* 325 mg (Percocet)	149	5.5
Codeine 30 mg/APAP* 300 mg	379	5.7
Tramadol 50 mg	770	8.3
Codeine 60 mg	1305	16.7
Placebo		18

\* APAP — N-Acetyl-Para-AminoPhenol — is an abbreviation for acetaminophen.

\*\*This combination is no longer commercially available in the United States.



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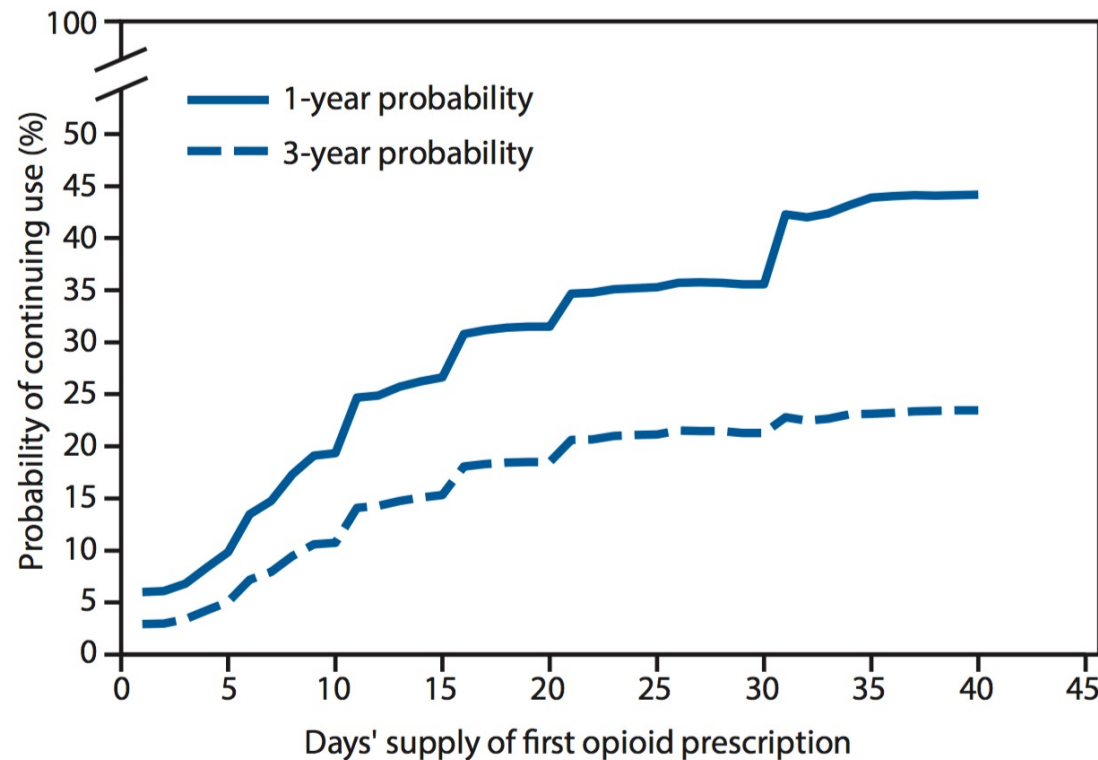
Moore et al. *Cochrane Database Syst Rev.* 2015;9:CD008659  
Derry et al. *Cochrane Database Syst Rev.* 2013;6:CD010210.  
Gaskell et al. *Cochrane Database Syst Rev.* 2009;3:CD002763.

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# Probability of Continued Opioid Use by Days Supply of First Opioid Rx: 2006-2015

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply\* of the first opioid prescription — United States, 2006–2015



CDC MMWR: IQVIA Rx  
Panel data, 2005-2015.



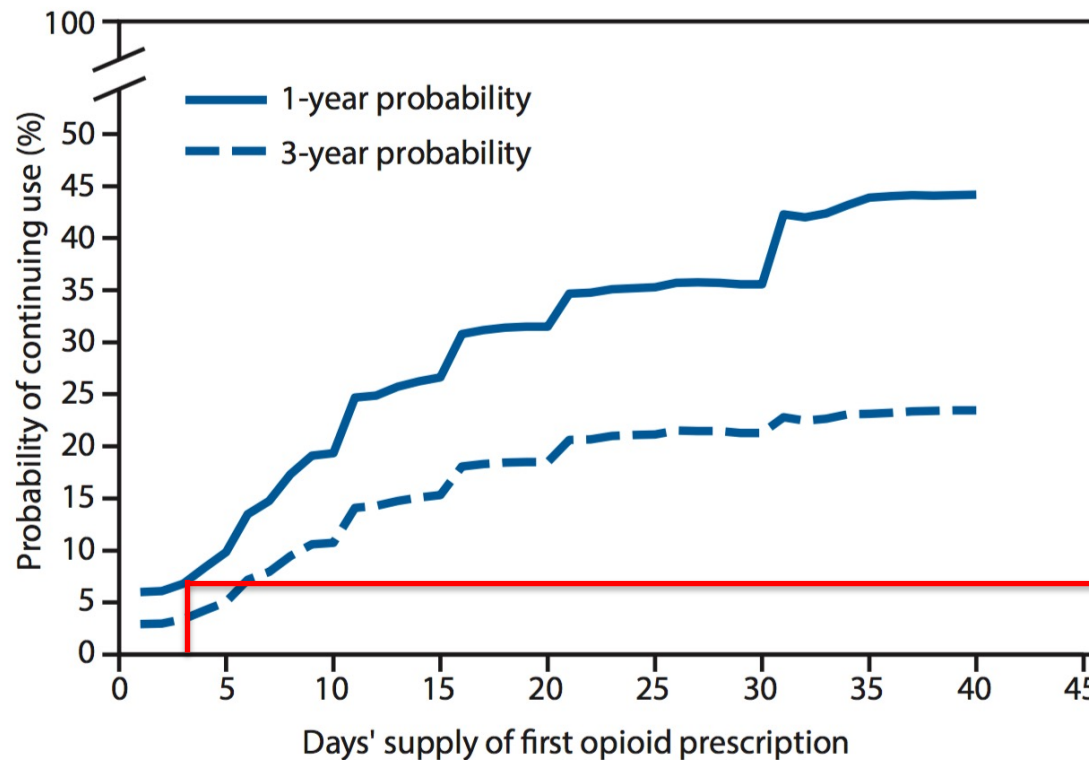
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FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply\* of the first opioid prescription — United States, 2006–2015



3 days  
supply:  
8% 1-year  
persistence

CDC MMWR: IQVIA Rx  
Panel data, 2005-2015.



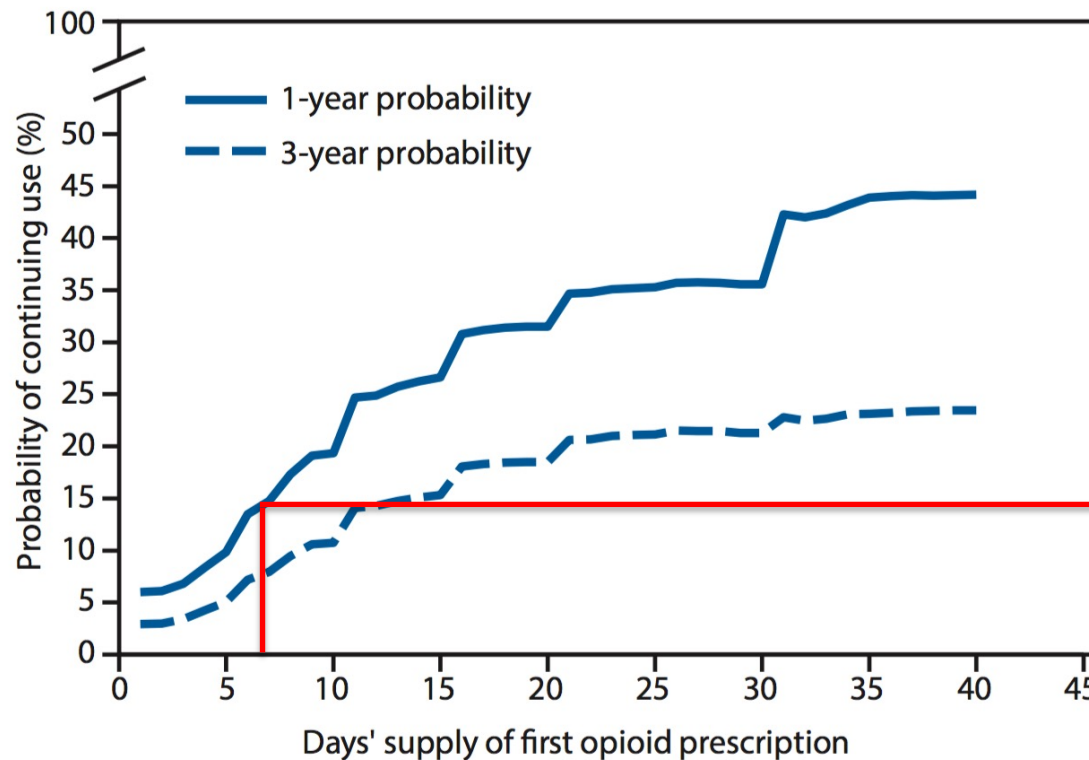
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# Probability of Continued Opioid Use by Days Supply of First Opioid Rx: 2006-2015

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply\* of the first opioid prescription — United States, 2006–2015



7 days  
supply:  
14% 1-year  
persistence

CDC MMWR: IQVIA Rx  
Panel data, 2005-2015.



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# How have Physicians responded?



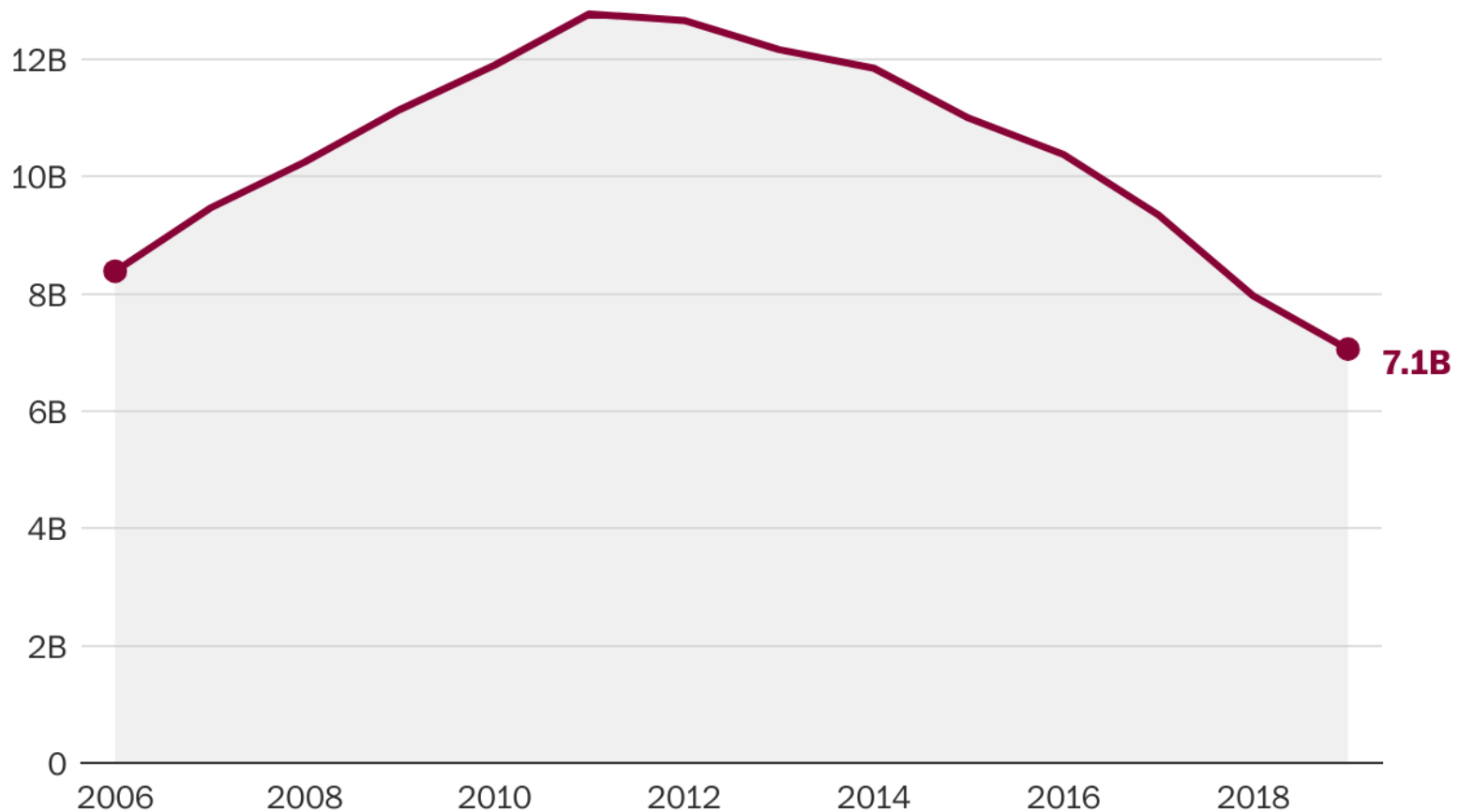
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## The rise and fall of prescription pain pills in the United States

The shipment of hydrocodone and oxycodone pills to pharmacies and practitioners rose until 2011 but then started to decline, falling 45 percent from the peak by 2019.



Source: Automation of Reports and Consolidated Orders System

STEVEN RICH / THE WASHINGTON POST



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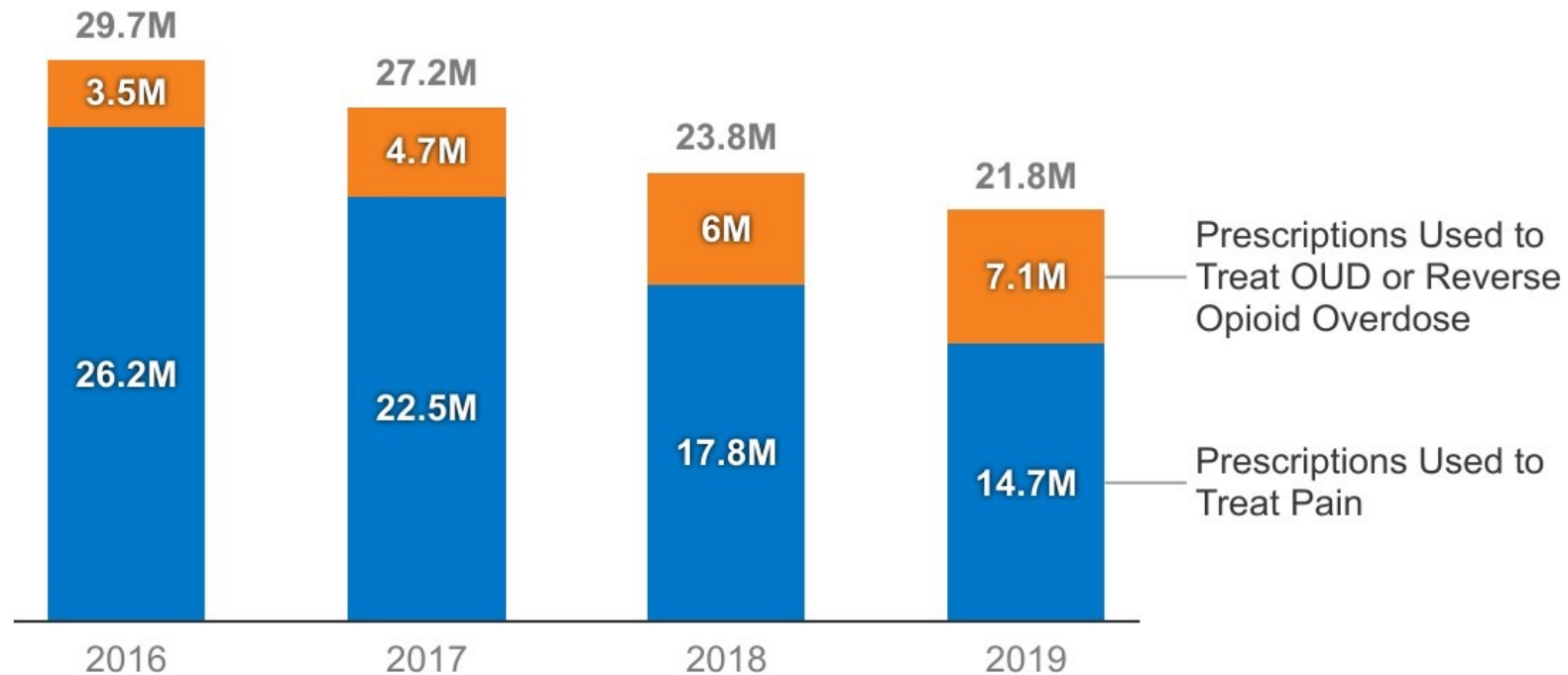
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Figure 1

## Number of Medicaid Outpatient Prescriptions for Opioids, 2016-2019



NOTE: 44 states and DC were included in this analysis. 6 states (AR, FL, MA, MS, NC, VA) were excluded due to missing or inconsistent data. This analysis categorizes all buprenorphine and opiate antagonist prescriptions (naltrexone and naloxone) as drugs used to treat OUD or reverse opioid overdose. All other opioid prescriptions are categorized as prescriptions used to treat pain. Methadone for OUD treatment must typically be administered in a certified opioid treatment program, not dispensed by a pharmacy, so this analysis assumes all methadone prescriptions are for pain and not OUD treatment. Analysis includes Medicaid and CHIP prescriptions.

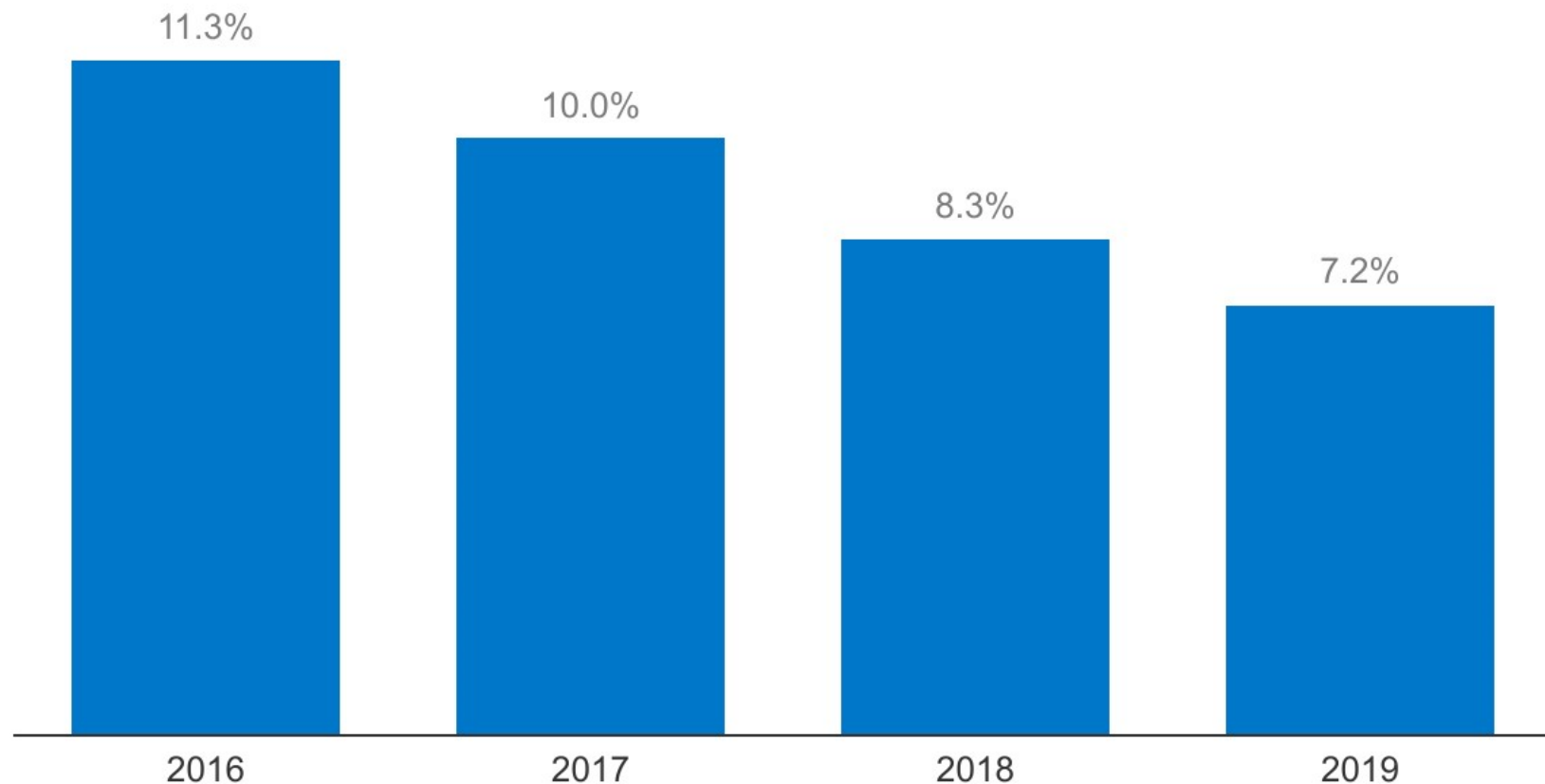
SOURCE: KFF analysis of the T-MSIS Research Identifiable Files, 2016-2019.



Figure 2

## Share of Medicaid Enrollees With at Least One Opioid Prescription Used to Treat Pain, 2016-2019

Share of Enrollees with a Prescription



NOTE: 44 states and DC were included in this analysis. 6 states (AR, FL, MA, MS, NC, VA) were excluded due to missing or inconsistent data. Analysis includes Medicaid and CHIP prescriptions.

SOURCE: KFF analysis of the T-MSIS Research Identifiable Files, 2016-2019.

**KFF**



Figure 3

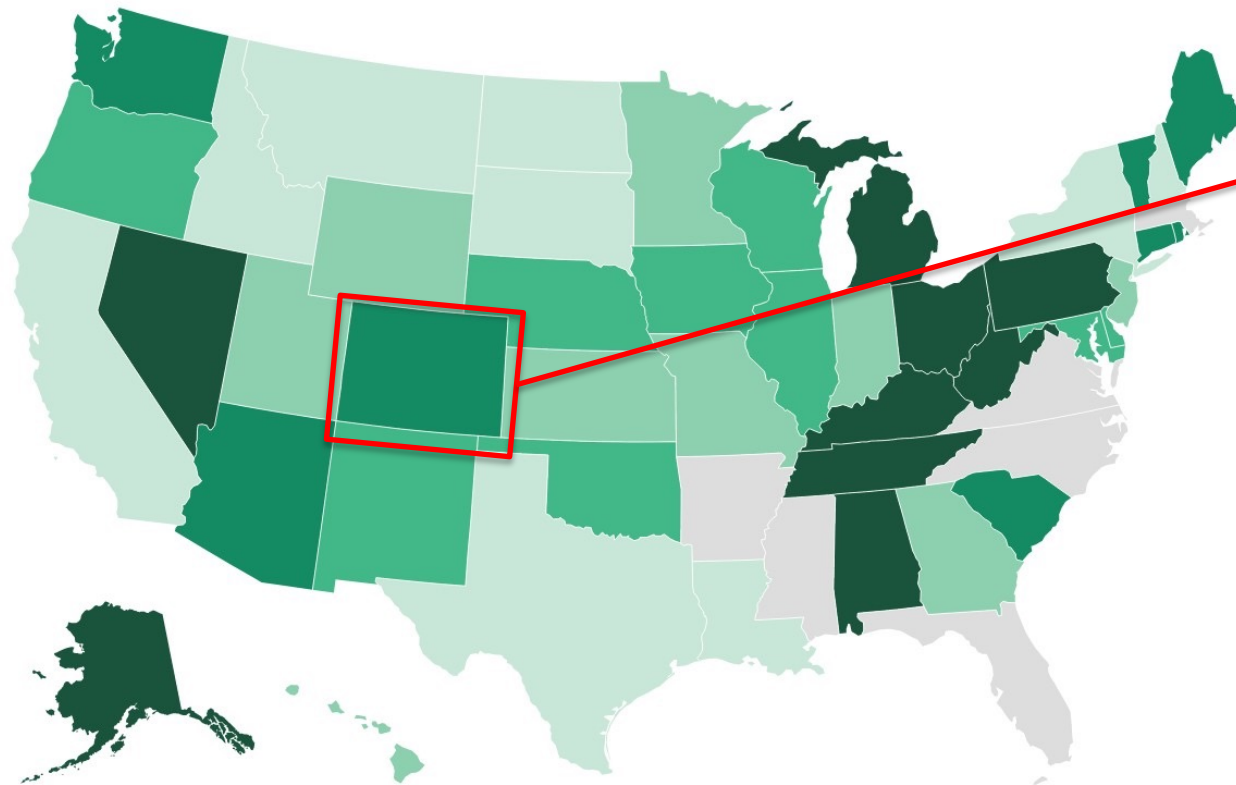
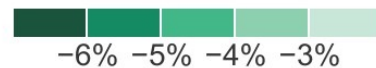
## Percentage Point Decline in the Share of Medicaid Enrollees with at Least One Opioid Prescription Used to Treat Pain from 2016 to 2019

Click on the buttons below to see how the measure changed over the period:

Share in 2019

Share in 2016

Percentage Point Decline from 2016 to 2019

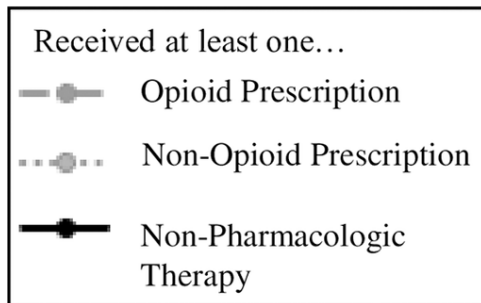


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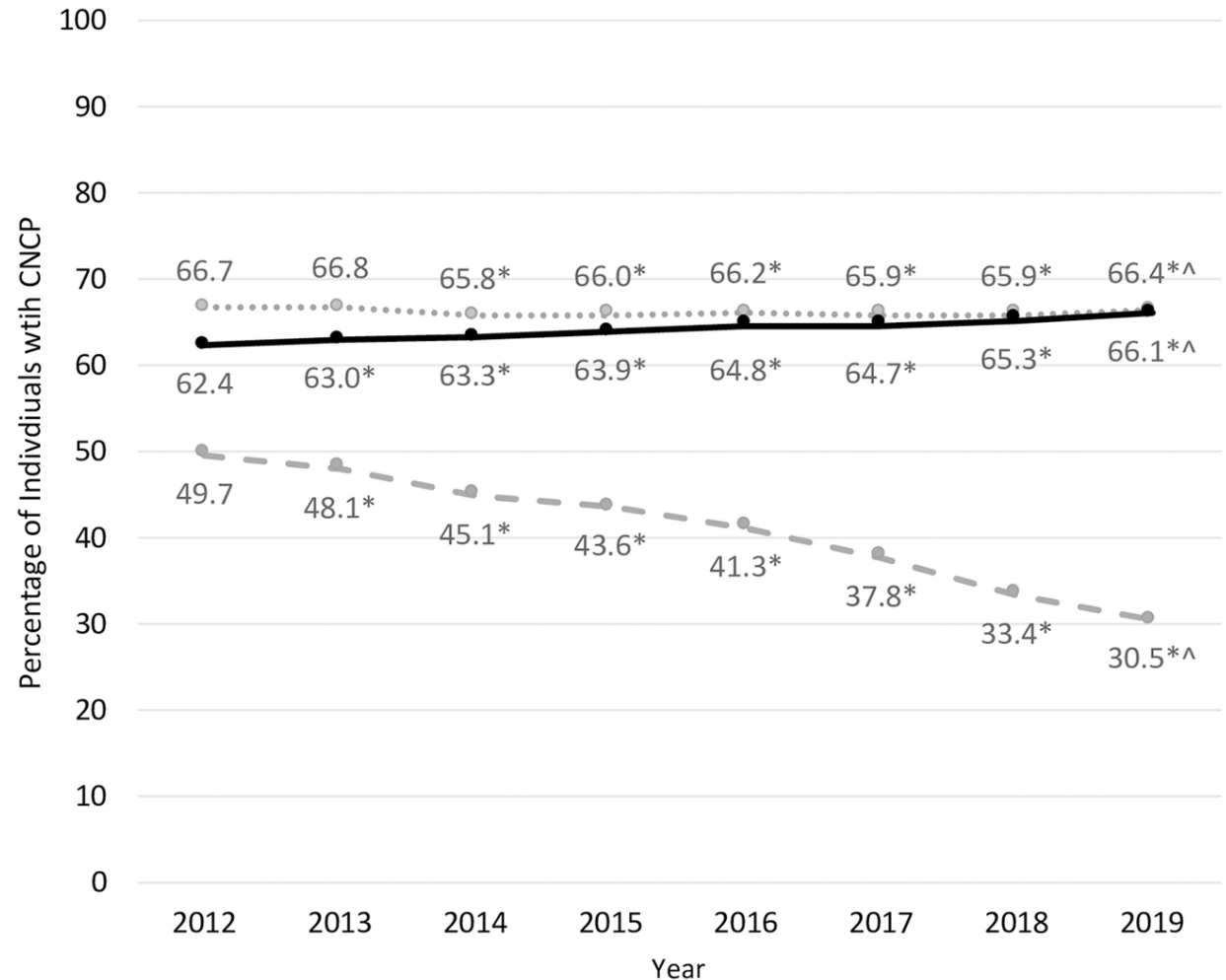
SOURCE: KFF analysis of the T-MSIS Research Identifiable Files, 2016-2019.

**KFF**

# Trends in opioid and non-opioid treatment for chronic non-cancer pain and cancer pain among privately insured adults in the United States, 2012–2019



## A. Treatment trends among individuals with CNCP



# What is Happening at the State Level to Address the Crisis?



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First Regular Session | 74th General Assembly

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INTERIM COMMITTEE INTERIM COMMITTEE

## Opioioid and Other Substance Use Disorders Study Committee

VIEW BY SESSION

2023 Regular Session



SUBJECTS: Health Care & Health Insurance, Human Services

The study committee must review data and statistics on the scope of the substance use disorder problem in Colorado; compile an overview of the current resources available to Coloradoans; review the availability of medication-assisted treatment options and whether pharmacists can prescribe those medications; examine what other states and countries are doing to address substance use disorders; identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources; and identify possible legislative options to address these gaps.

[Committee Schedule & Meeting Materials](#)

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### COMMITTEE INFORMATION

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## Upcoming Schedule



Monday  
**Opioid and Other Substance Use Disorders Study Committee**  
9:00 am | SCR 357



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# Prevention Bill (LLS 24-0313)

- PDMP Program Changes
  - All drug reporting into PDMP
  - Medical Director delegation
  - HCPF access for pop health/utilization review
- Drug Overdose Fatality Review Boards
  - Data requests, sharing, protections
- SBIRT and Data Linkage Program Expansion
  - SBIRT in school settings
  - Data linkage project to include more sources



# Treatment Bill (LLS 24-0314)

- Prohibits carriers from PA based on dose of MAT drugs
- Allows pharmacists to prescribe/dispense MAT drugs (other than methadone) working under statewide CDTM protocol
- DOI to review network adequacy for MAT providers
- Workforce provisions
  - LCSW/LPC supervision of hours for new counselors
  - Reimbursement parity across settings
  - State Tax credits for obtaining new credentials for MAT provision
- Managed Care Entity Rules (coverage for methadone in LTC, etc.)
- Funding for Contingency Management pilot test grant program



# Harm Reduction Bill (LLS 24-0315)

- Clarification of Naloxone Immunity Laws
  - School and L.E. settings/personnel
  - Expired naloxone administered in good faith
- Exemption to Drug Paraphernalia Laws
  - For materials/equipment obtained from an approved SAP/HR org
- Allows SAPs/HR Orgs to conduct drug testing
- Prohibits hospitals/EDs from conducting warrant checks without first obtaining informed consent





# Recovery Bill (LLS 24-0316)

- Implements voluntary designation process for recovery-friendly workplaces; creates tax credits for those who obtain certification as such
- Prohibits person from operating a facility using the term “recovery community organization” (RCO) unless accredited by a national organization approved by BHA
- Declares that recovery residences, sober living facilities, and sober homes are a residential use of land for zoning purposes
- Requires BHA to study payment models for expansion of peer support professionals/services/RSS organizations



# Overdose Prevention Centers (LLS 24-0317)

- Creates pilot program to establish harm reduction centers in areas of the state that have received municipal authorization and meet minimum standards set by CDPHE
- Pilot program to end by January 1, 2028 unless reauthorized by the general assembly
- Stated purpose of centers is to provide necessary health care and health care professionals to prevent drug overdoses and provide referrals for counseling or other medical treatment
- Creates Harm Reduction Centers Advisory Committee
- Exempts Harm Reduction Centers from Colorado Clean Indoor Air Act, clarifies that they are not considered a public nuisance



# Thank You!

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Website: [www.corxconsortium.org](http://www.corxconsortium.org)

Phone: 303-724-2890



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