Methadone and Ohio’s Experience

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Methadone “Alert” Conference
November 13-14, 2008
Number of Methadone Prescribers

Source: Ohio Automated Rx Reporting System

FDA Alert Nov 2006
Jan 2008
40mg Distribution restricted
Number of Patients Receiving Methadone

Source: Ohio Automated Rx Reporting System

FDA Alert Nov 2006
Jan 2008 40mg Distribution restricted
Number of Prescriptions for Methadone

Source: Ohio Automated Rx Reporting System
Doses of Methadone Dispensed

Source: Ohio Automated Rx Reporting System

FDA Alert Nov 2006
Jan 2008 40mg Distribution restricted
Death rates\textsuperscript{1} for leading causes of injury death by year, Ohio 1989-2007\textsuperscript{2}  

\textsuperscript{1}per 100,000  

\textsuperscript{2}Source: ODH Office of Vital Statistics  

\begin{itemize}  
\item \textcolor{green}{unt falls}  
\item \textcolor{red}{unt poisoning}  
\item \textcolor{orange}{unt MV traffic}  
\item \textcolor{purple}{suicide}  
\item \textcolor{gray}{homicide}  
\item \textcolor{turquoise}{firearm - all}  
\end{itemize}  

*preliminary 2007 data; numbers may increase
Number of leading causes of injury death by year, Ohio, 1999-2007\(^1\)\(^*\)

\(^{1}\)Source: Ohio Dept of Health, Office of Vital Statistics

\(^{*}\)preliminary 2007 data; numbers may increase
Number of Unintentional Poisoning Deaths by Substance, year, Ohio, 1999-2006

*Source: Ohio Dept of Health, Office of Vital Statistics

From 334 in 1999 to 1,261 in 2007 - unintentional drug/medication-related deaths increased 277%.

**includes alcohol poisoning
Average annual death rates (per 100,000), for leading causes of injury, by age group, ages 0-84, Ohio, 2002-05*

*Source: Ohio Dept of Health, Office of Vital Statistics
Unintentional drug/medication poisoning deaths by sex, Ohio, 1999-2005

- Male, 3,066
- Female, 1,537

Source: CDC WONDER
Number of admissions for substance abuse treatment for non-heroin opiates, Ohio, 1993-2006*

*SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.3.06.
Cumulative distribution of scheduled opioids in grams per 100,000 population by drug, year, Ohio, 1997-2007*

*Data for drug not available for 2000; average of ‘99 and ‘01 shown
+data only for 2002, 2005-07

Source: DOJ, DEA, ARCOS reports
Percent change in cumulative distribution of scheduled opioids in grams per 100,000 population by drug, Ohio, 1997 to 2007*

Source: DOJ, DEA, ARCCS reports

Fentanyl base*
Morphine*
Methadone*
Meperidine*
Hydrocodone
Hydromorphone*
Oxycodone
Buprenorphine+
Codeine*

Percent change from 1999 to 2007

+data only for 2005 to 2007
Number of unintentional poisoning deaths with specific drugs mentioned on death certificate by year, Ohio, 2000-2007*

1. Source: ODH Office of Vital Statistics

2. Preliminary data for 2007; numbers may increase

*Includes only cases where no other drug/medicament than other/unspecified is listed as contributing cause of death.
Percent change in number of unintentional fatal drug-related poisonings with specific drugs mentioned on death certificate, Ohio, from 2000 to 2007\textsuperscript{1,2}

\begin{itemize}
  \item other & unspecified drugs* \textsuperscript{1}: 385%
  \item other psychotropic drugs: 119%
  \item other antiepileptic & hypnotics: 127%
  \item benzodiazepines: 172%
  \item other narcotics & psychodysleptics: 60%
  \item cocaine: 176%
  \item other synthetic narcotics: 348%
  \item methadone: 1171%
  \item other opioids: 194%
  \item heroin: 104%
\end{itemize}

*Source: ODH Office of Vital Statistics

*includes only cases where no other drug/medicament than other/unspecified is listed as contributing cause of death

\textsuperscript{2}preliminary data for 2007; numbers may increase
Proportion of all unintentional poisoning deaths in which drug is mentioned on death certificate, Ohio 2007*1

- oth and unspecified*: 32%
- oth psychotropics: 7%
- oth sedative/hypnotics: 2%
- benzodiazepines: 9%
- other narcotics & psychodysleptics: 4%
- cocaine: 20%
- oth synthetic narcotics: 7%
- methadone: 12%
- other opioids: 17%
- heroin: 10%

*includes only cases where no other drug/medication than other/unspecified is listed as contributing cause of death

1Source: ODH Office of Vital Statistics

2Preliminary data for 2007
Proportion of all unintentional poisoning deaths in which drug is mentioned on death certificate by year, Ohio 2000-07*1

* Oth and unspecified includes only cases where no other drug/medicament than other/unspecified is listed as contributing cause of death

1Source: ODH Office of Vital Statistics

2Preliminary data for 2007; numbers may increase
A Face on the Problem

- 14-yr old Caitlin Holdren of Logan, OH died in her sleep from a methadone OD
- Took 8-1/2 pills from a friend at a football game
- Friend obtained drug from grandfather’s medicine cabinet
- Friend charged for providing narcotics
"A 14-year-old girl is not going to have the means to purchase drugs, but she does have the ability to get into her family's pill cabinet," Cummin said. "If you're going to lock up your gun to prevent someone from shooting themselves or children from shooting each other, you should lock your narcotics up."

Dr. David Cummin, MD, Hocking County Coroner
What we know so far...

- Overall -- #1 poisonings involve medications
- Increased access to opioid medications from late ‘90’s on
- Increase in medication abuse by youth and adults – don’t expect problem to subside anytime soon
- Ohio’s rates are greater than US; particularly in Southern Ohio
- All age groups and races are affected by prescription drug use/abuse.
What we know so far..

- Males at higher risk for death; females hospitalized more.
- Black males aged 45-54 have the highest death rates of all.
- Most deaths are associated with opioids/narcotics.
- Most rapid increases associated with synthetic opioids (e.g., Methadone, Fentanyl)
- Multiple substance use (polypharmacy) is a factor in many of these deaths, complicating issue. Polypharmacy is a risk factor for fatal overdose.
Lessons Learned by Others

- Regulated prescription drugs taken mostly by mouth can produce a larger overdose epidemic than illicit drugs of uncertain strength taken intravenously, such as heroin.

- Just as a drug that is efficacious in clinical trials may not be effective in the community, drugs “safe” in terms of abuse in controlled settings may be abused in the community.

Epidemiology of opioid use versus opioid abuse

- Males are more likely to abuse and overdose with opioids; females are more likely to use.
- People in 20s and 40s are more likely to abuse opioids; people over 65 are more likely to use.
- Many people dying of prescription overdoses have a history of substance abuse.
- Overdoses are therefore more likely to represent abuse than overmedication.

Using PMP Data in Drug Diversion Investigations

- Large numbers do not equal diversion
- Sometimes PMP data supports anecdotal evidence
- Sometimes PMP data indicates potential investigations
- PMP data can increase the efficiency of a diversion investigation
- PMP data cannot document diversion
Large PMP numbers do not equal diversion
Doctor shopping?

Patient A

- 217 prescriptions in the past 12 months
- Drugs include long acting opioids, short acting opioid, and benzodiazepine/sedative
Not doctor shopping

- **BUT Patient A**

  - Utilized 1 physician and 2 pharmacies
  - Each dispensing was only 7 day supply
Sometimes
PMP data
supports
anecdotal
evidence
2006 PMP Data

Doctors Targeted by Doctor Shoppers*

Data includes all of 2006, and all CS, carisoprodol, and tramadol
Source: Ohio Automated Rx Reporting System

*Doctor Shoppers defined as an individual who has seen 15 or more doctors and 15 or more pharmacies
**Out of 601 Patients
PMP data can supplement an investigation.
ABC Pharmacy.

Internet Prescription Prescribers
XYZ Pharmacy
Prescriber Zip codes 2005-2006
Sometimes
PMP data
indicates
potential investigations
TOP PRESCRIBER/PHARMACY COMBINATIONS
7/1/2006-6/30/2007

IN INDIVIDUALS

Source: Ohio Automated Rx Reporting System
PREScribERS-PHARMACIES FOR CII

7/1/2006-6/30/2007

Source: Ohio Automated Rx Reporting System
Take-home message

- PMP data can substantiate an allegation of diversion
- PMP data can increase the efficiency of a diversion investigation
- PMP data cannot document diversion – investigation is still necessary
QUESTIONS?