

# The ABC's of Controlled Substances and Veterinary Medicine in Illinois

## Part 1 of 3 - The Opioid Crisis in America

Matthew P Verbsky DVM MS  
Director of Quality and Regulatory Assurance



# Clarification of Position Statement

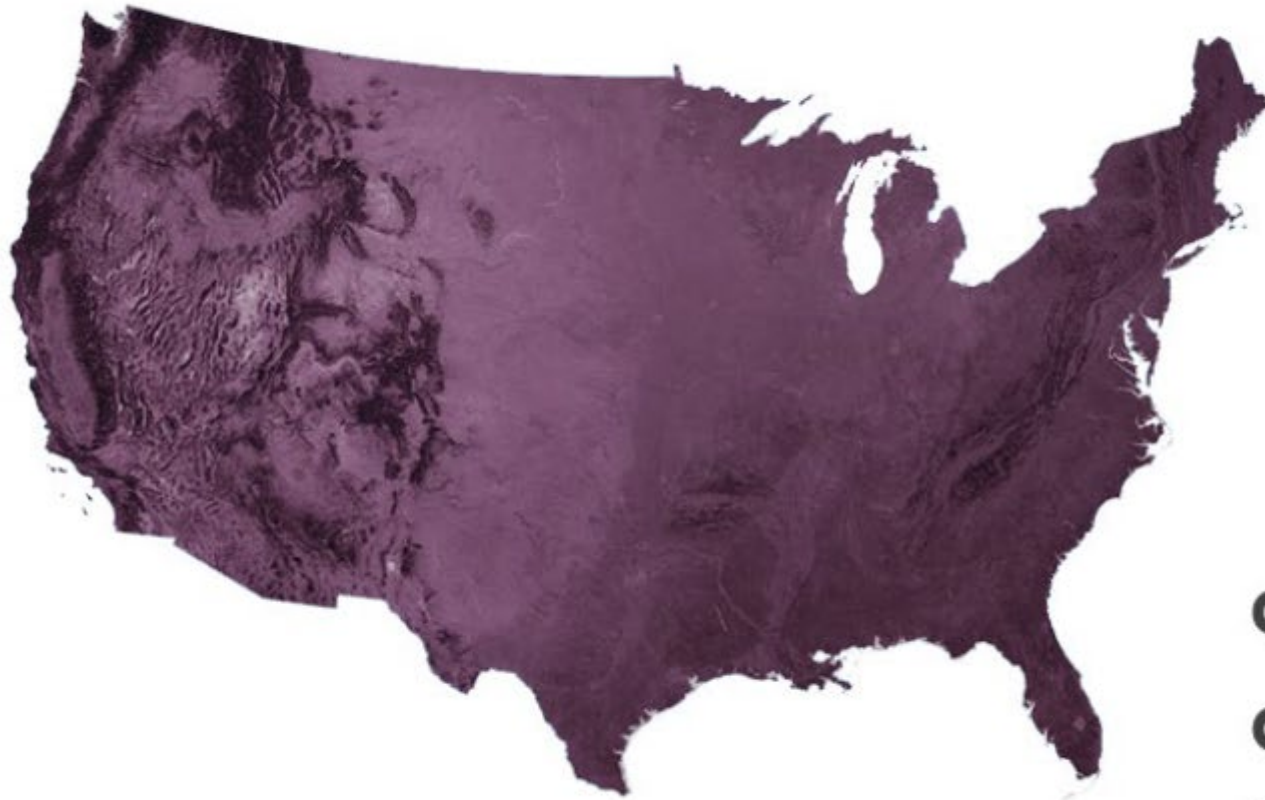
- This presentation is based on my personal interpretation of the available regulatory information.
- It does not represent legal advice
- It does not represent any stated or assumed position of the Ohio Veterinary Medical Licensing Board

**"Knowledge is an antidote to fear"**

**Ralph Waldo Emerson**

# WHERE ARE WE?

CDC Information



**128**  
**PEOPLE**

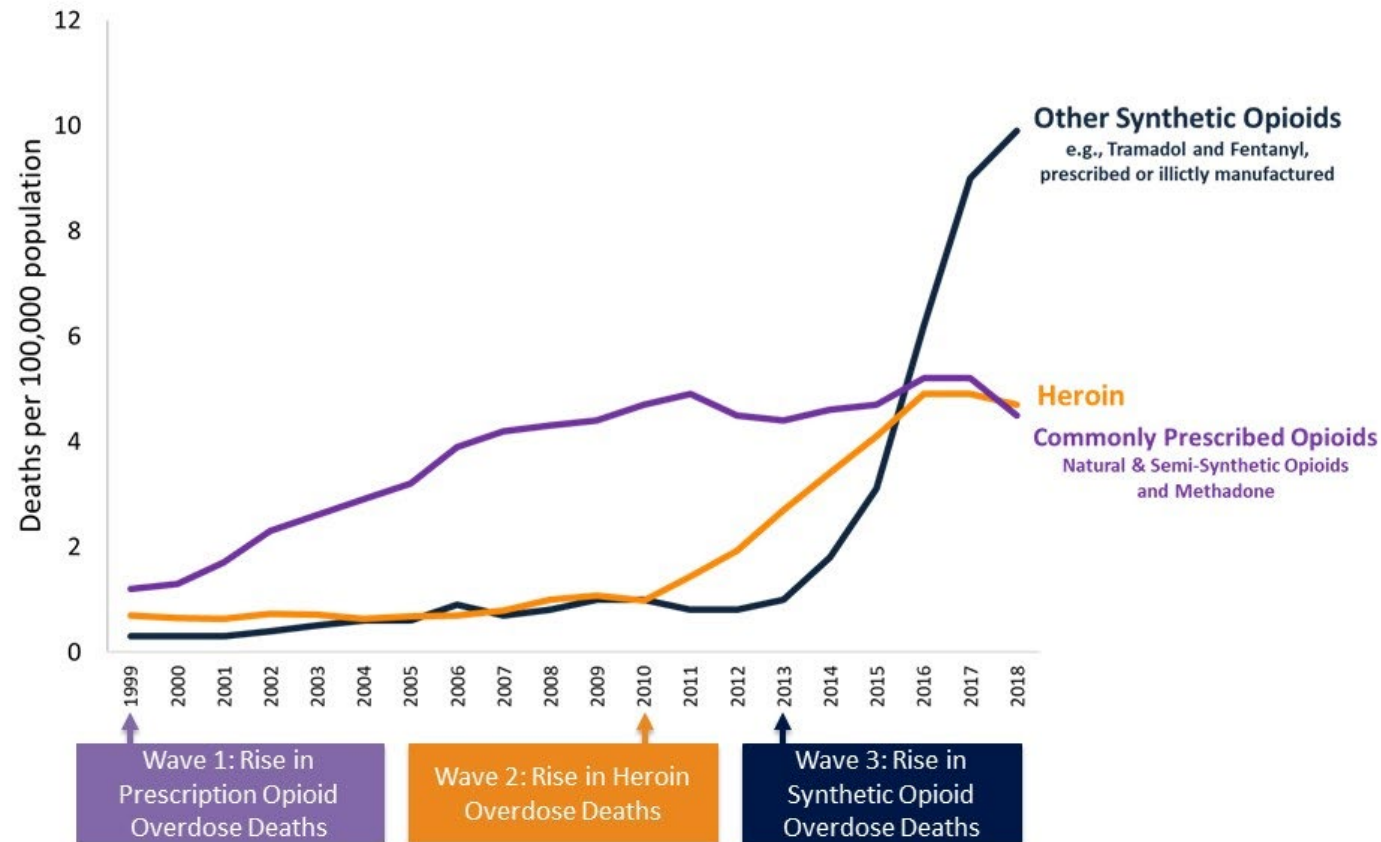
.....  
:  
die every day from  
an opioid overdose  
(including Rx and illicit opioids).

# Understanding the Epidemic

- Drug overdose deaths decreased by 4% from 2017 to 2018
- 2018 Drug overdose deaths was still four times higher than 1999
- 70% of the 67,367 deaths in 2018 involved an opioid.
- From 2017 to 2018, there were significant changes in opioid-involved death rates:
  - Opioid-involved down 2%.
  - Prescription opioid-involved down 13.5%.
  - Heroin-involved down 4%.
  - Synthetic opioid-involved (excluding methadone) UP 10%

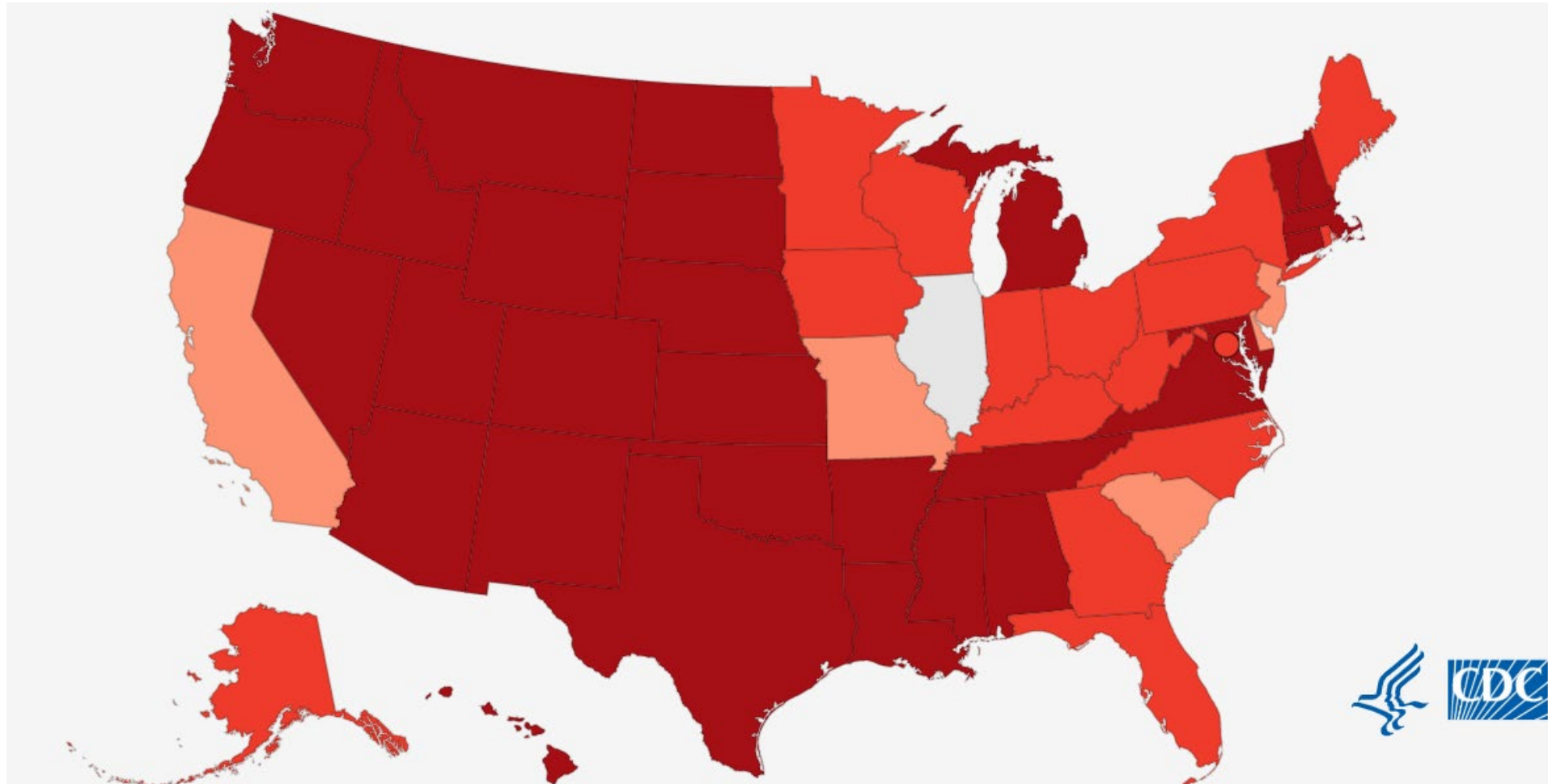
# The Rise in Opioid Overdose Deaths

## 3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

# Statistically Significant drug Overdose Death Rate Increase from 2017 to 2018





# COVID and the Opioid Crisis

- **Issue brief: Reports of increases in opioid- and other drug-related overdose and other concerns during COVID pandemic** \*Updated October 31, 2020
  - <https://www.ama-assn.org/system/files/2020-11/issue-brief-increases-in-opioid-related-overdose.pdf>
- **The Opioid Epidemic During the COVID-19 Pandemic**
  - Danielle F. Haley, MPH, PhD; Richard Saitz, MD,
  - JAMA. 2020;324(16):1615-1617. doi:10.1001/jama.2020.18543
- **Nonfatal Opioid Overdoses at an Urban Emergency Department During the COVID-19 Pandemic**
  - Taylor A. Ochalek, PhD; Kirk L. Cumpston, DO; Brandon K. Wills, DO; et al
  - JAMA. 2020;324(16):1673-1674. doi:10.1001/jama.2020.17477
- **Analysis of Drug Test Results Before and After the US Declaration of a National Emergency Concerning the COVID-19 Outbreak**
  - Jacob J. Wainwright, MPH; Meriam Mikre, MPH; Penn Whitley, BA; et al
  - JAMA. 2020;324(16):1674-1677. doi:10.1001/jama.2020.17694

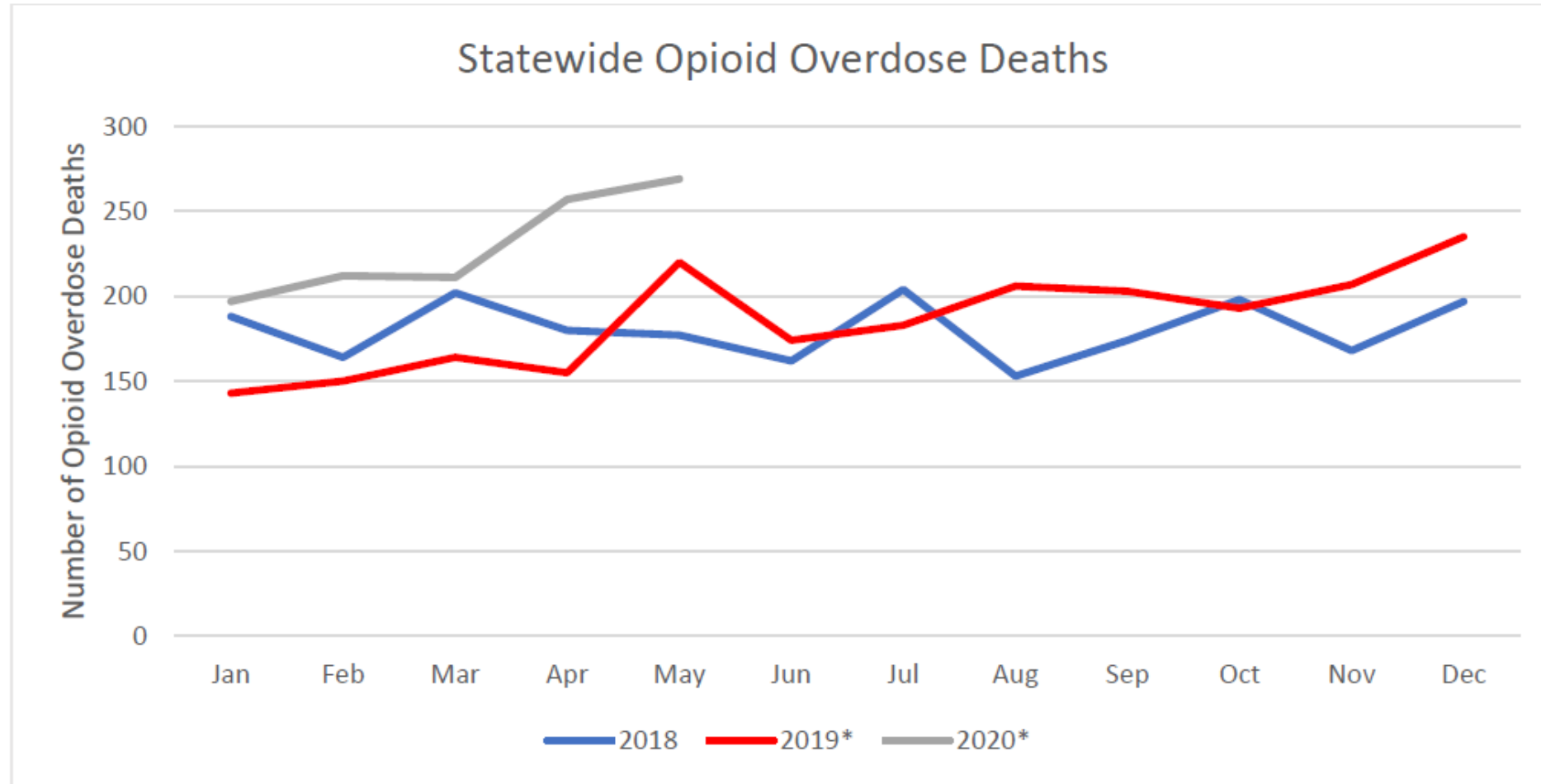
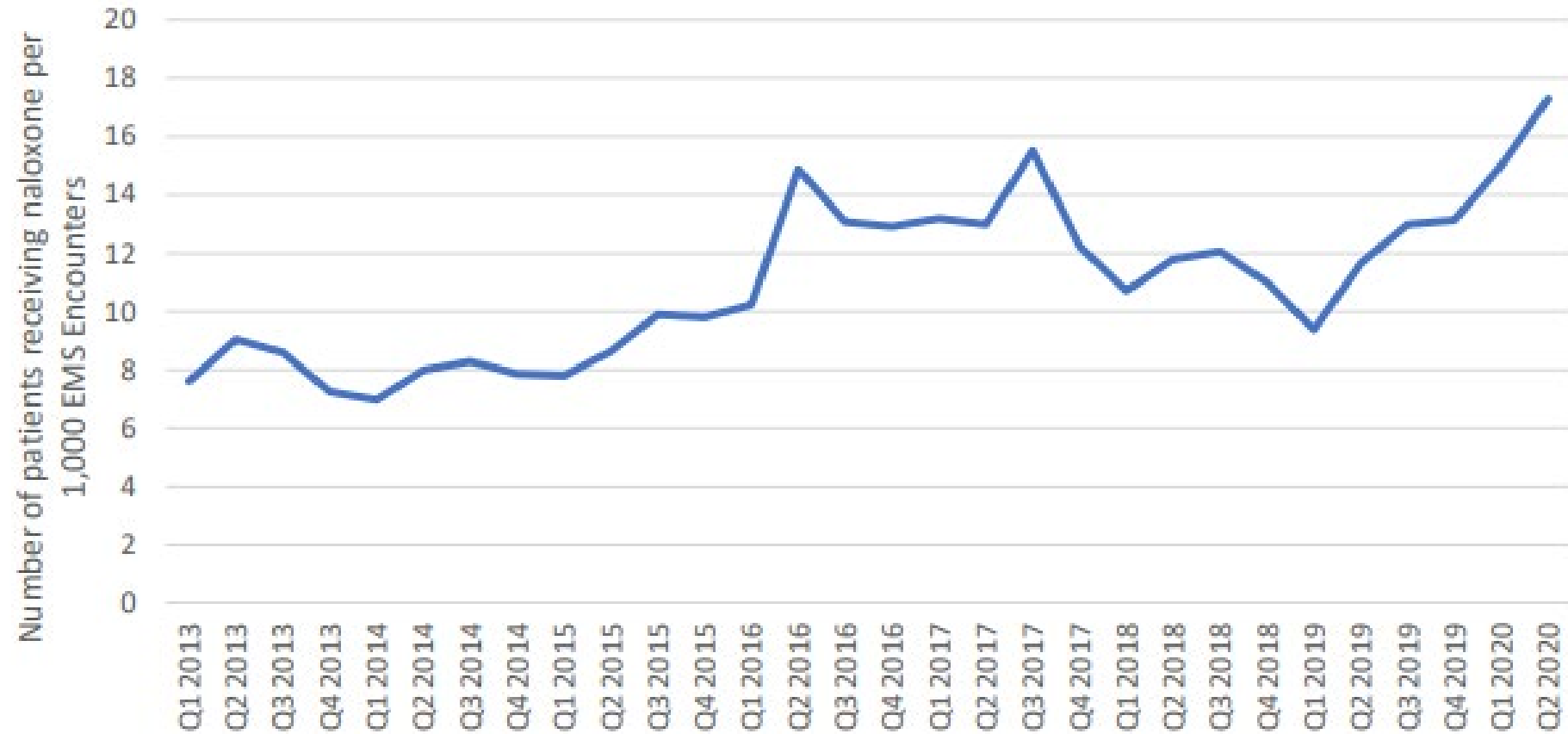


Figure 2. The number of statewide overdose deaths in 2018, 2019\* and 2020\* as reported by Illinois Vital Records System. \*Data are provisional, and numbers may change as cases are reviewed.

# The Opioid Epidemic During the COVID-19 Pandemic

- Social determinants of health
- Socioeconomic disparities in the health
- Failure to deliver effective treatment for opioid use disorder
- Economic effect (job loss)
- Increased isolation (community lock-down / quarantine)

Rate of Naloxone Encounters per 1,000 EMS Encounters



# HOW DID WE GET HERE?

The Three Waves

## RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

### A Multi-Layered Problem in Three Distinct Waves

Nearly **450,000** people died  
from an opioid overdose (1999-2018)

**1990s**

mark a rise in  
prescription opioid  
overdose deaths



#### **Rx OPIOIDS**

Include natural, semi-synthetic,  
and methadone and can be  
prescribed by doctors

**2010**

marks a rise in  
heroin  
overdose deaths



#### **HEROIN**

An illegal opioid

**2013**

marks a rise in  
synthetic opioid  
overdose deaths

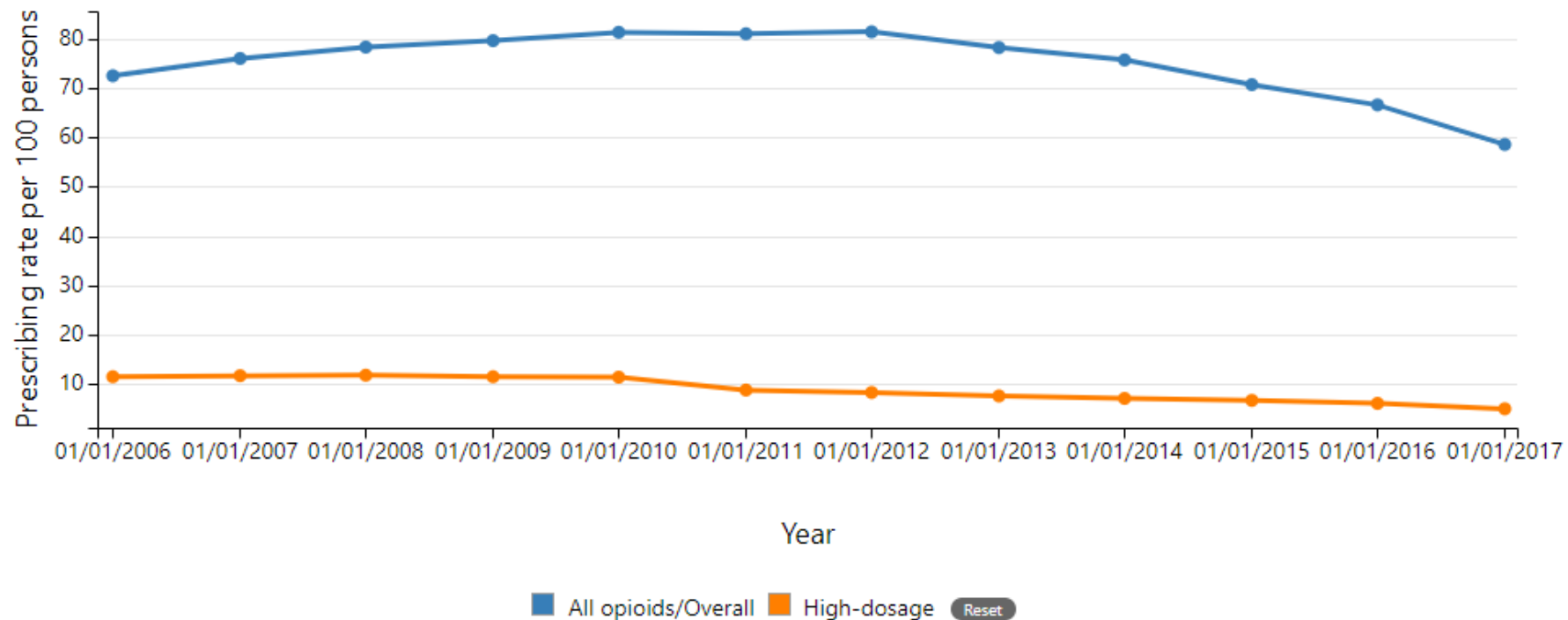


#### **SYNTHETIC OPIOIDS**

Include fentanyl and can be  
illicitly made

- The first wave began with increased prescribing of opioids in the 1990s, with overdose deaths involving prescription opioids
- The second wave began in 2010, with rapid increases in overdose deaths involving heroin
- The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids,

## Trends in Annual Opioid Prescribing Rates by Overall and High-Dosage Prescriptions



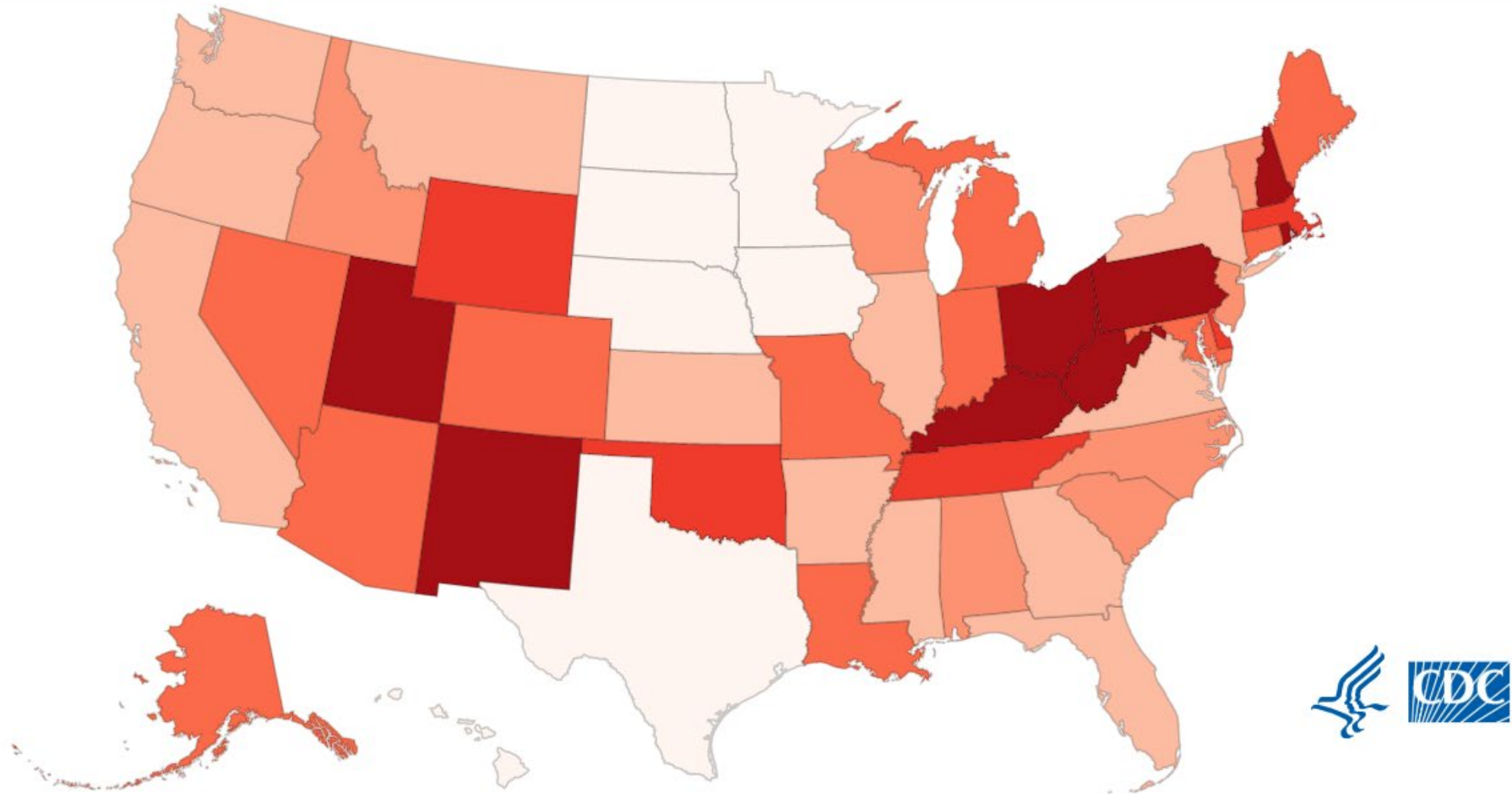
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
All opioids/Overall	72.4	75.9	78.2	79.5	81.2	80.9	81.3	78.1	75.6	70.6	66.5	58.5
High-dosage	11.5	11.7	11.8	11.5	11.4	8.8	8.3	7.6	7.1	6.7	6.1	5

# Counties with higher prescribing per resident

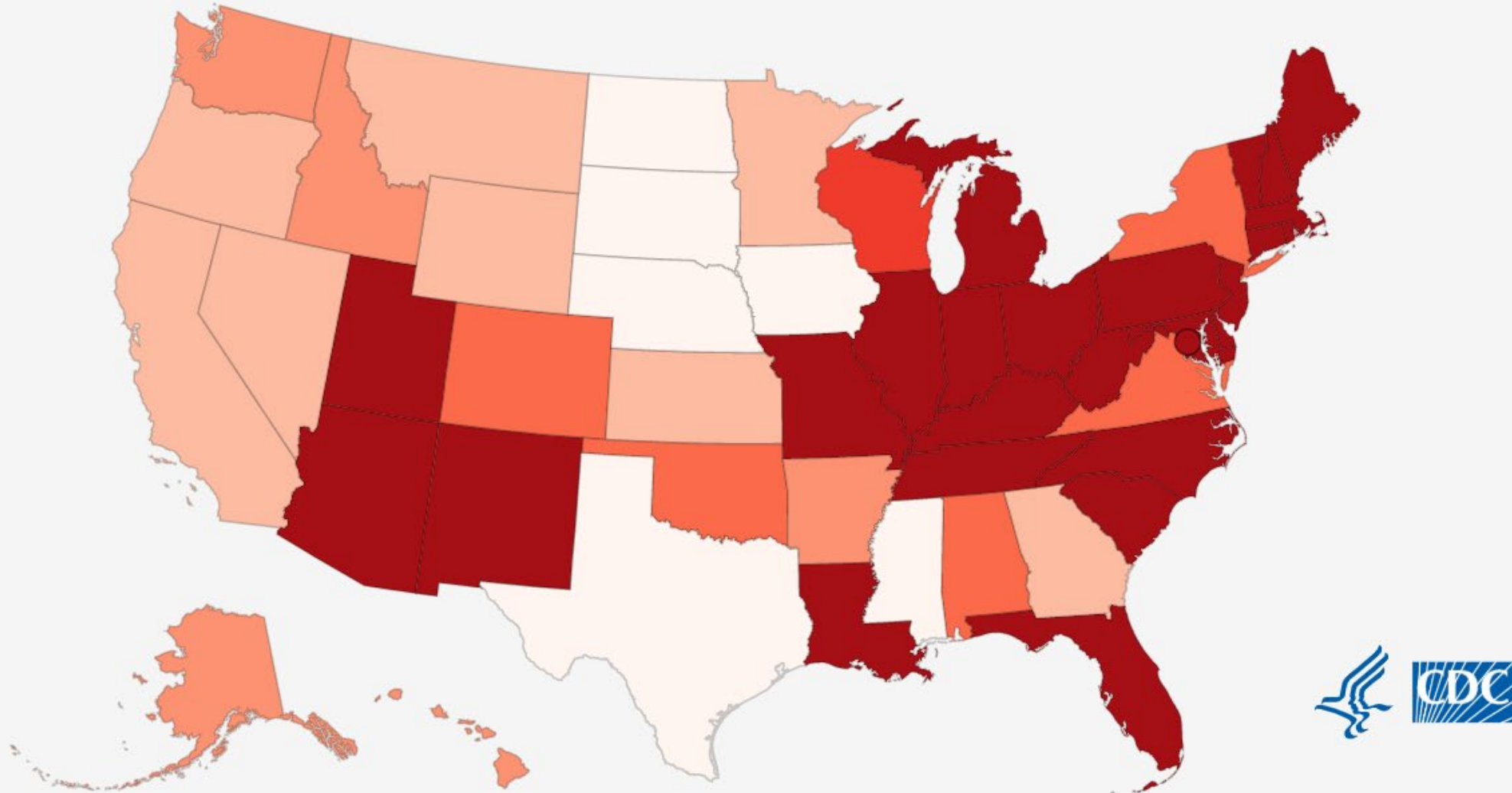
- Generally smaller cities or larger towns
- Higher percentage of white residents
- Higher number of dentists and primary care physicians per capita
- More people who are uninsured or unemployed
- More residents who have diabetes, arthritis, or a disability



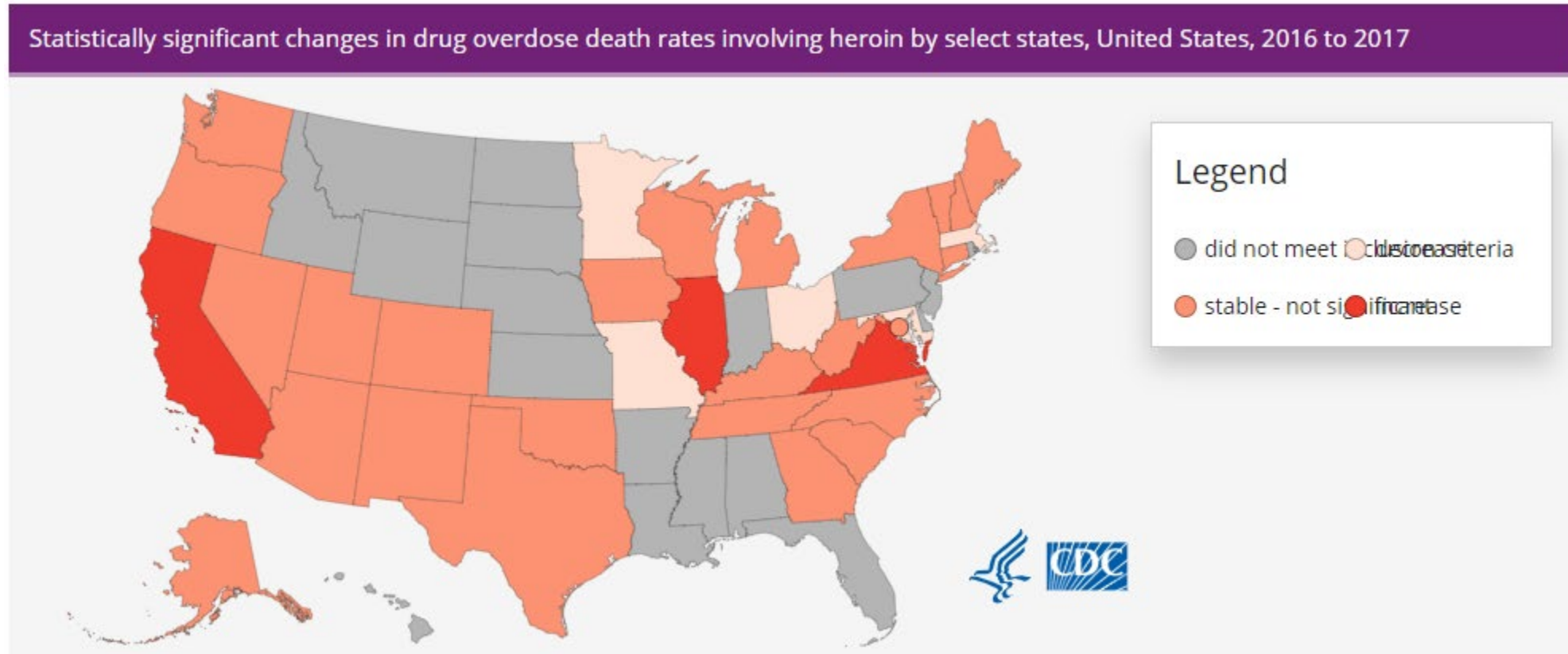
## Number and age-adjusted rates of drug overdose deaths by state, US 2014



## Number and age-adjusted rates of drug overdose deaths by state, US 2018

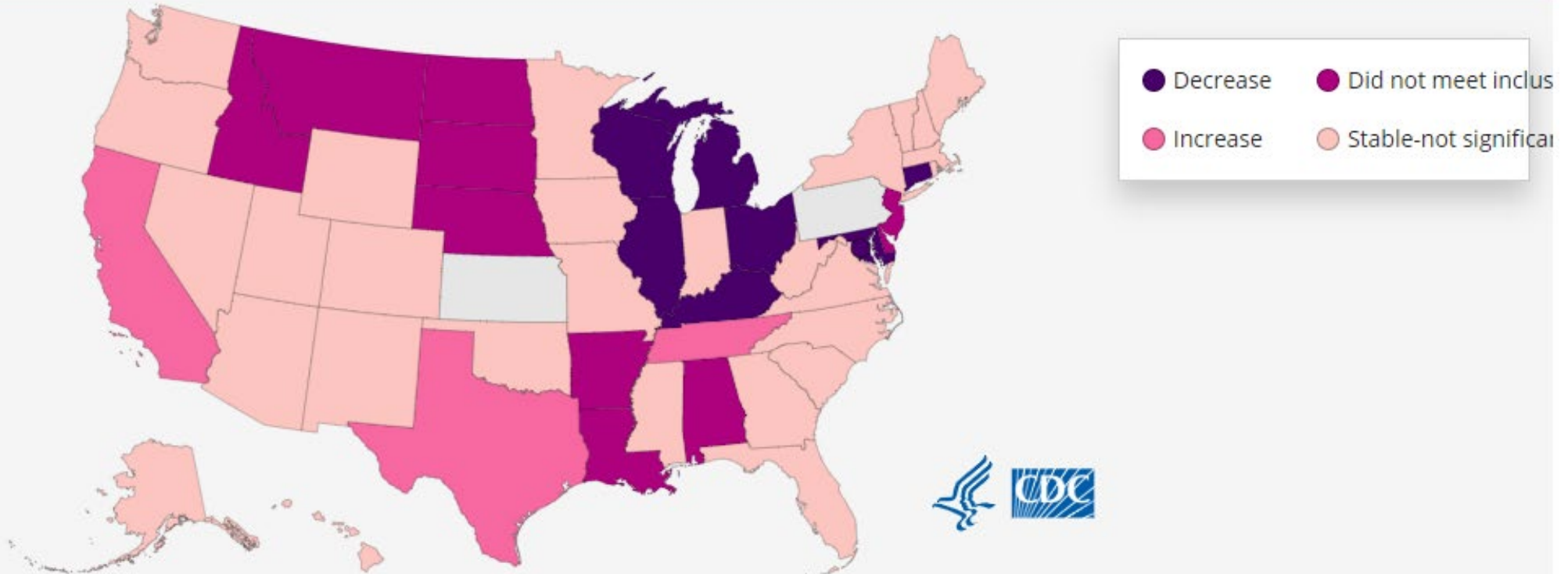


# The Second Wave - Heroin



# The Second Wave - Heroin

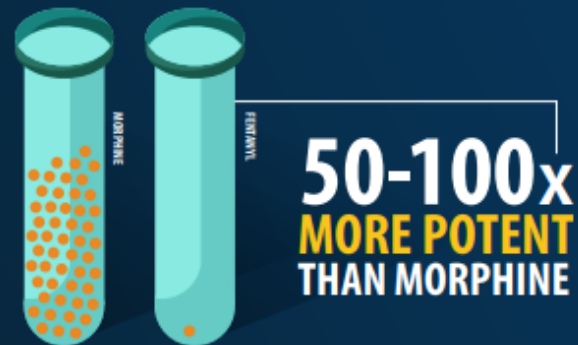
Statistically significant changes in drug overdose death rates involving heroin by select states, United States, 2017 to 2018



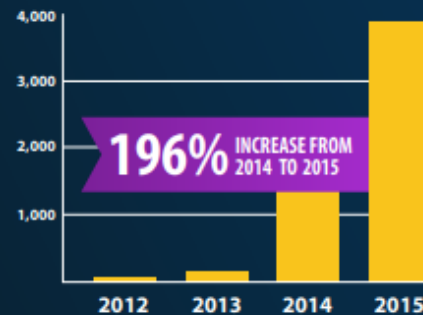
# The Third Wave

## FENTANYL: Overdoses On The Rise

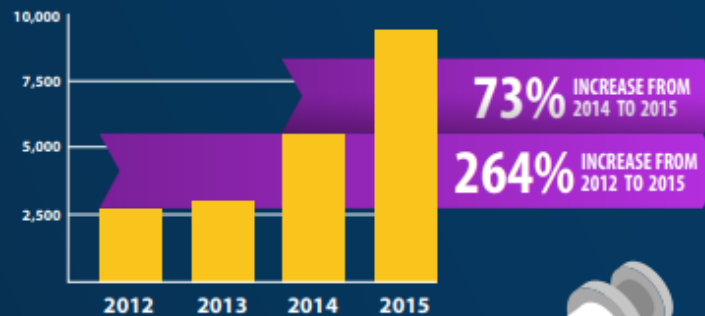
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl

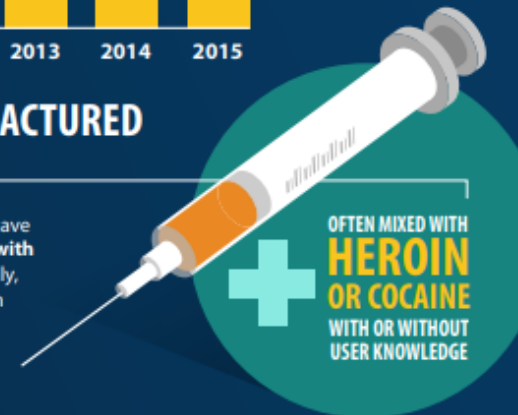


## SYNTHETIC OPIOID DEATHS ACROSS THE U.S.



## ILLICITLY MANUFACTURED FENTANYL

Although prescription rates have fallen, overdoses associated with fentanyl have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.





# Opioid Use Disorder

- Physical and psychological reliance on opioids
- Prolonged use of pain-relieving effects may lessen - pain can become worse.
- Development of dependence
  - Stopping the drug results in withdrawal symptoms - including uncontrollable cravings
  - Addiction occurs when dependence interferes with daily life.
  - Taking more than the prescribed amount or using illegal opioids like heroin may result in death.

# Opioid Use Disorder

- Recognized and Accepted Diagnosis
- American Society Of Addiction Medicine
  - The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder
- Treatment - address the needs of individuals
  - Medication-assisted therapy (MAT)
    - Combines the use of medication (methadone, buprenorphine, or naltrexone)
    - Counseling and behavioral therapies
- Prevention

# Where Are We Going?

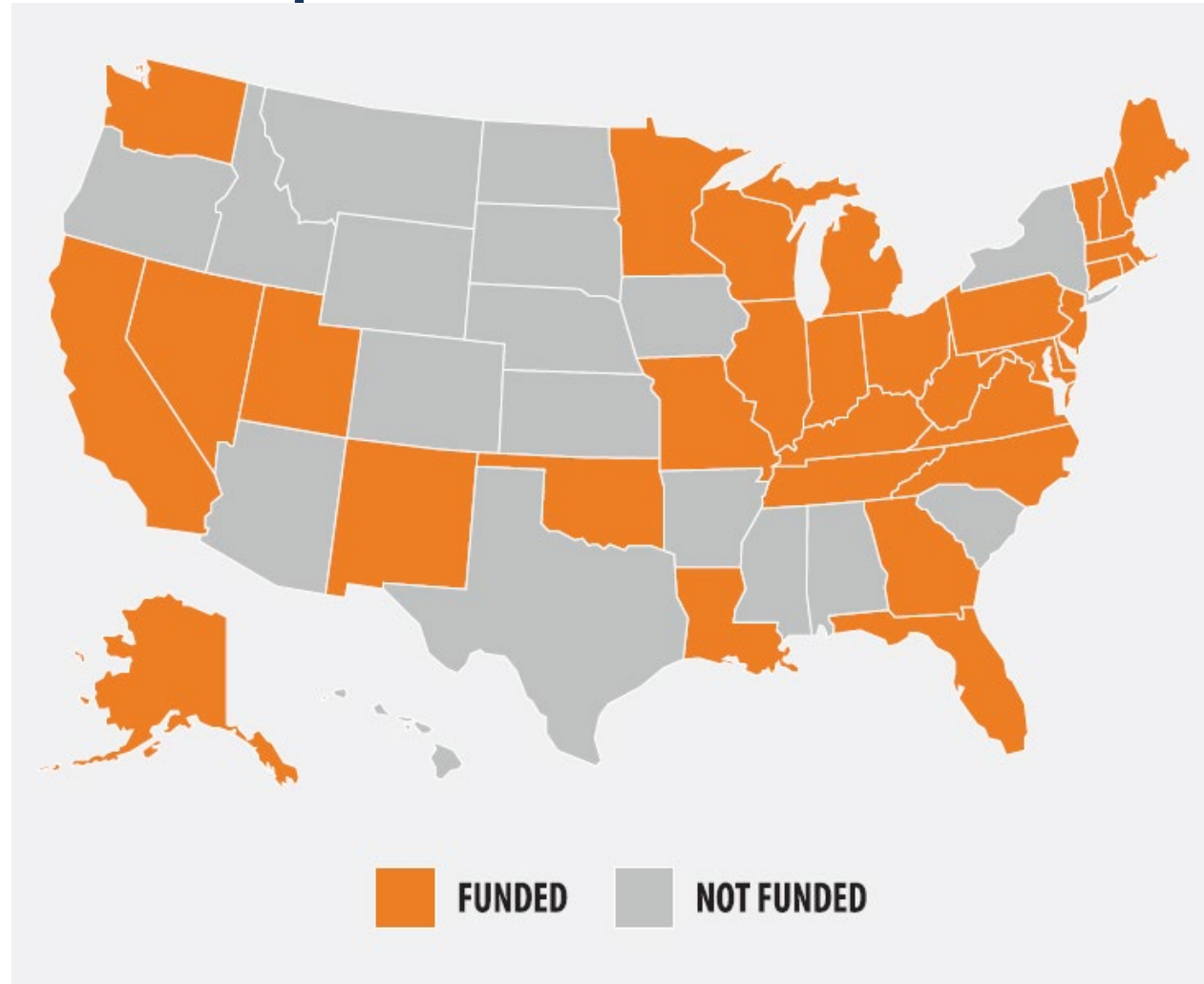
Federal & State Intervention



# Centers for Disease Control - CDC

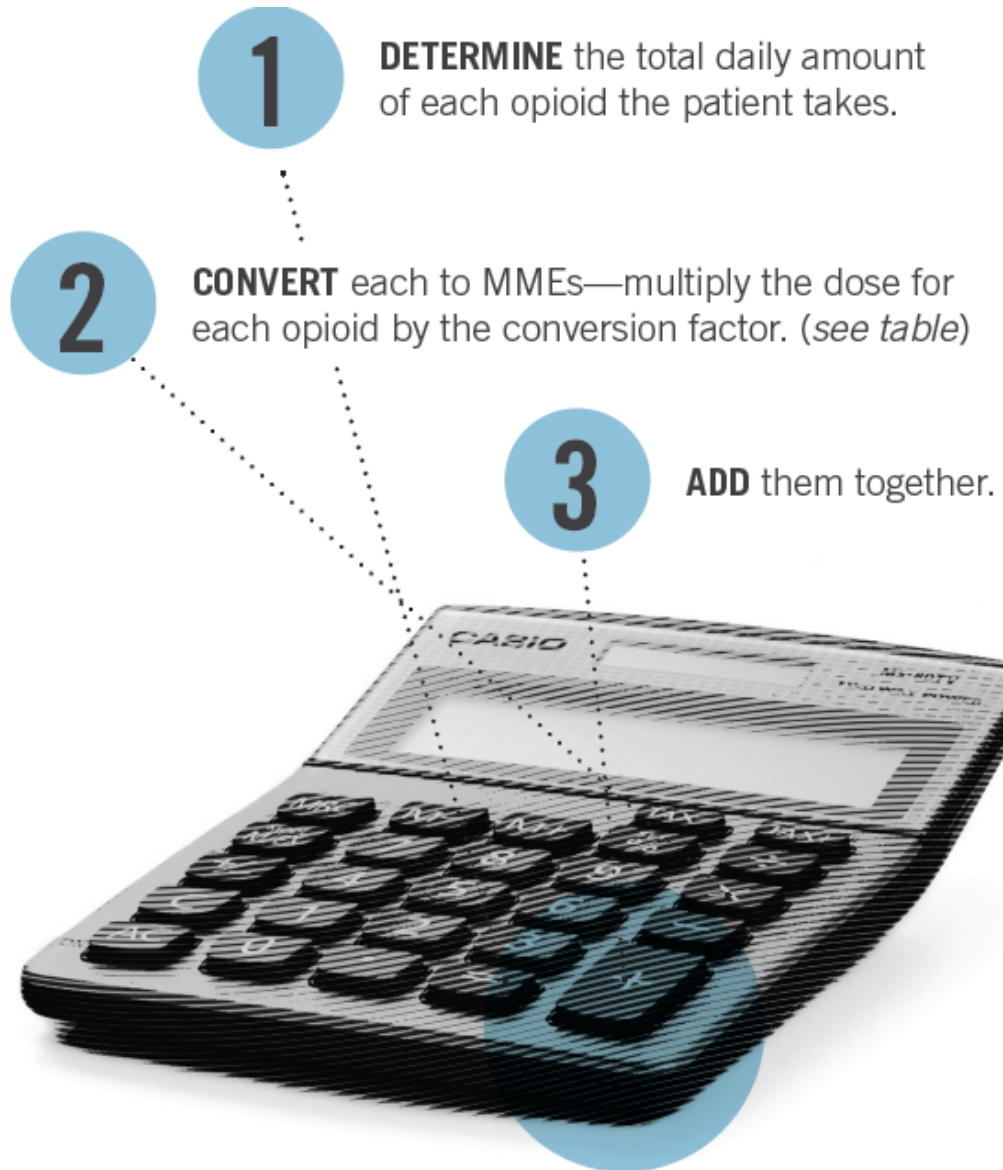
- Improves patient safety
  - Provide healthcare providers with the resources they need to improve opioid prescribing
- Educate the public
  - Raise awareness of opioid misuse risks and abuse
- Help states implement effective strategies
- Collaborate with public safety
- Collect and analyzes timely and comprehensive data

# Enhanced State Opioid Overdose Surveillance (ESOOS)



# Morphine Milligram Equivalents (MME)

- CDC recommended dosage thresholds
  - Uniform scale used to determine daily opioid dosage
  - Uses an equivalency factor to calculate a dose of morphine that is equivalent to the prescribed opioid
  - Based on overdose risk when opioids are prescribed for pain



### Calculating morphine milligram equivalents (MME)

OPIOID (doses in mg/day except where noted)	CONVERSION FACTOR
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
≥ 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

*These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.*

# Drug Enforcement Administration - DEA

- 360 Strategy
  - Coordinated Law Enforcement Actions
    - drug cartels and heroin traffickers
  - Diversion Control Enforcement Actions
    - DEA registrants operating outside the law
    - long-term engagement with pharmaceutical drug manufacturers, wholesalers, pharmacies, and practitioners
  - Community Outreach
    - local partnerships that empower communities to take back affected neighborhoods
- Opioid Manufacturer Quotas
  - 2019 Update to Combat Drug Shortages

# FDA's 2018 Strategic Policy Roadmap

- **Decrease Exposure & Prevent New Addiction**
  - Evidence-Based Opioid Analgesic Prescribing Guidelines
  - Disposal of Unused Medicines: What You Should Know
- **Support Treatment of Those with Opioid Use Disorder**
  - Medication-Assisted Treatment (MAT)
  - Naloxone
- **Foster Development of Novel Pain Treatment Therapies**
  - Abuse-Deterrent Formulations
  - Patient-Focused Drug Development for Chronic Pain
- **Improve Enforcement & Assess Benefit/Risk**

# State Actions

- Prescription Drug Monitoring / Reporting Systems
  - 49 states now have a program (Missouri)
    - All have some level of use requirement
      - Report dispensing
      - Info query before prescribing
- Opioid Prescribing Limits
  - Rules vs Guidance (varies by state)
  - Acute prescribing limits
  - Chronic Condition exemptions

# Illinois Response

Illinois Opioid Action Plan



# Illinois Specific Actions

- Prescription Drug Monitoring / Reporting Systems
  - Veterinarians Exempt
- Opioid Prescribing Limits
  - A prescription for a Schedule II controlled substance shall not be issued for more than a 30 day supply
  - A prescription for Schedule III, IV or V controlled substances shall not be filled or refilled more than 6 months after the date thereof or refilled more than 5 times unless renewed
- Continuing Education Requirement
  - Three (3) hours

# OVERALL GOAL

Reduce Opioid-Related Deaths by 33%  
Against Estimated Deaths in Three Years

## PREVENTION

- A** Safer Prescribing and Dispensing
  - 1 Increase PMP use by providers
  - 2 Reduce high-risk opioid prescribing through provider education and guidelines
- B** Education and Stigma Reduction
  - 3 Increase accessibility of information and resources
  - 4 Increase impact of prevention programming in communities and schools
- C** Monitoring and Communication
  - 5 Strengthen data collection, sharing, and analysis to better identify opportunities for intervention

## TREATMENT AND RECOVERY

- D** Access to Care
  - 6 Increase access to care for individuals with opioid use disorder
- E** Supporting Justice-Involved Populations
  - 7 Increase the capacity of deflection and diversion programs statewide

## RESPONSE

- F** Rescue
  - 8 Increase the number of first responders as well as community members who are trained and have access to naloxone
- G** Supporting Justice-Involved Populations
  - 9 Decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility

Stakeholder Collaboration

# Illinois Response to Opioid Crisis

<https://www.dph.illinois.gov/opioids/ilplan>

# Prevention

- Safer Prescribing and Dispensing
  - Increase Prescription Monitoring Program Use By Providers
  - Reduce High-risk Opioid Prescribing Through Provider Education And Prescribing Guidelines
- Education and Stigma Reduction
  - Increase Accessibility Of Information And Resources
  - Increase The Impact Of Prevention Programming In Communities And Schools
- Monitoring and Communication
  - Strengthen Data Collection, Analysis, And Sharing To Better Identify Opportunities For Intervention

# Treatment and Recovery

- Access to Care
  - Increase Access To Care For Individuals With Opioid Use Disorder
- Supporting Justice-Involved Populations
  - Increase The Capacity Of Deflection And Diversion Programs Statewide

# Response

- Rescue
  - Increase The Number Of First Responders And Community Members Who Have Access To And Are Trained To Administer Naloxone
- Supporting Justice-Involved Populations
  - Decrease The Number Of Overdose Deaths After An At-risk Individual's Immediate Release From A Correctional Or Other Institutional Facility

# Fighting The Opioid Crisis

Action Plan and Resources

# How to Fight

- Improve Opioid Prescribing
  - CDC Guideline for Prescribing Opioids for Chronic Pain
- Treat Opioid Use Disorder
  - Medication-assisted therapy (MAT)
- Reverse Overdose By Increasing Access to Naloxone
  - Standing orders at pharmacies
  - Distribution through local, community-based organizations
  - Access and use by law enforcement officials
  - Training for basic emergency medical service staff on how to administer the drug

# How to Fight

- Prevent Opioid Use Disorder
  - Prescription drug monitoring programs
  - State prescription drug laws
  - Formulary management strategies in insurance programs
  - Educate providers about opioid prescribing guidelines
  - facilitating conversations with patients about the risks and benefits of pain treatment options
  - Quality improvement programs in health care systems
  - Patient education on the safe storage and disposal of prescription opioids
  - Improve awareness and share resources



# Safe storage and disposal of prescription opioids

- Lock it up!
- Find a drug take back location:
  - Check with local hospitals and pharmacies to see if they accept unwanted medication. The U.S. Drug Enforcement Agency (DEA) also has a drug take back site locator at [takebackday.dea.gov](https://takebackday.dea.gov)
- Read your prescription medicine label.
  - It may contain specific instructions that will allow you to safely dispose of the medicine at home.

# Safe storage and disposal of prescription opioids



# Safe storage and disposal of prescription opioids

## HOW IT WORKS

- Chemical Modification
  - DisposeRx
  - Rx Destroyer



1. Add water until vial is 2/3 full.



2. Empty DisposeRx powder into vial, replace cap and shake for 30 seconds.



3. Safely discard in trash.



# Resources

- Federation of State Medical Boards
  - Guidelines for the Chronic Use of Opioid Analgesics
    - [https://www.fsmb.org/siteassets/advocacy/policies/opioid\\_guidelines\\_as\\_adopted\\_april-2017\\_final.pdf](https://www.fsmb.org/siteassets/advocacy/policies/opioid_guidelines_as_adopted_april-2017_final.pdf)
- CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016
  - <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder
  - <https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline>
- FDA Drug Shortage Information
  - <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>

# Thank you for your attention!



## Questions or Comments:

Matthew Verbsky, DVM, MS

Director Quality and Regulatory Assurance

[matthew.Verbsky@medvet.com](mailto:matthew.Verbsky@medvet.com)

614.505.7600