

Opioid epidemic



Situation aux USA ... et en France

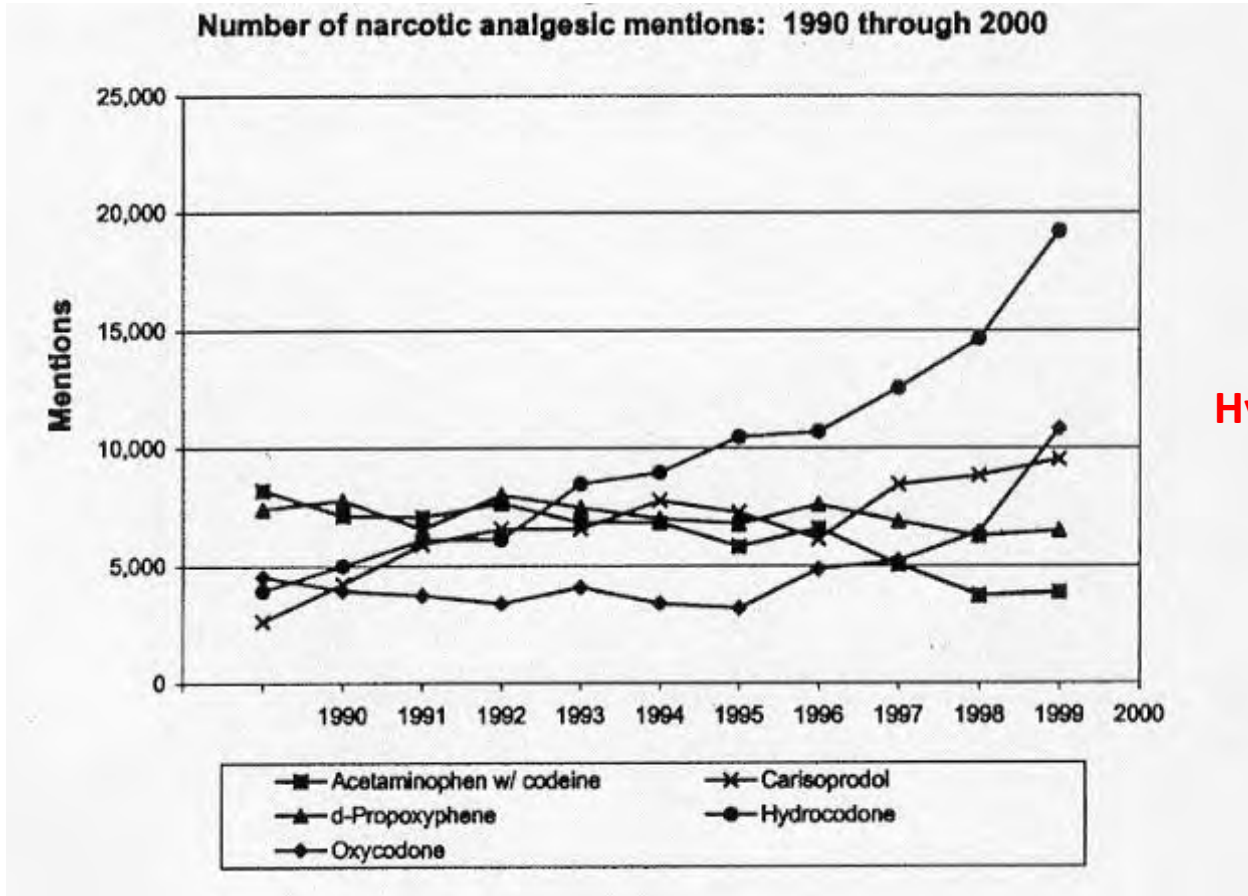
Addiction analgésiques opioïdes

Apparition du phénomène aux
USA dans les années 90's



Drug Abuse Warning Network

<http://www.samhsa.gov/>



Hydrocodone et Oxycodone



Opioid Analgesic Involvement in Drug Abuse Deaths in American Metropolitan Areas

The Development of a Comprehensive Risk-Management Program for Prescription Opioid Analgesics: Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS®)

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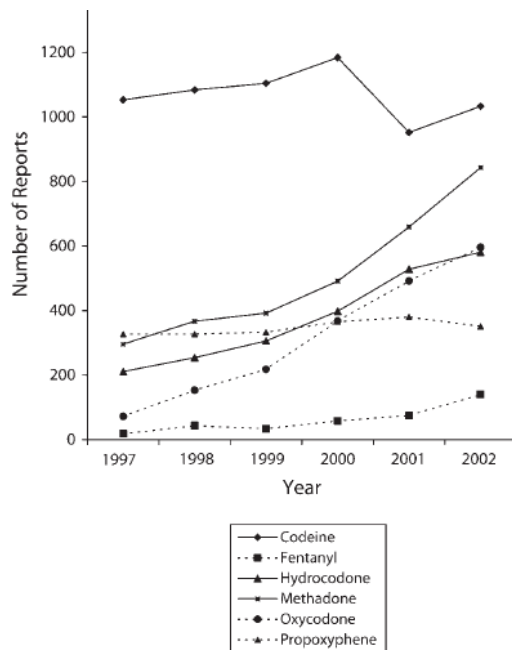


FIGURE 2—Reports of opioid analgesics, by major type, from selected Drug Abuse Warning Network medical examiners, 1997–2002.

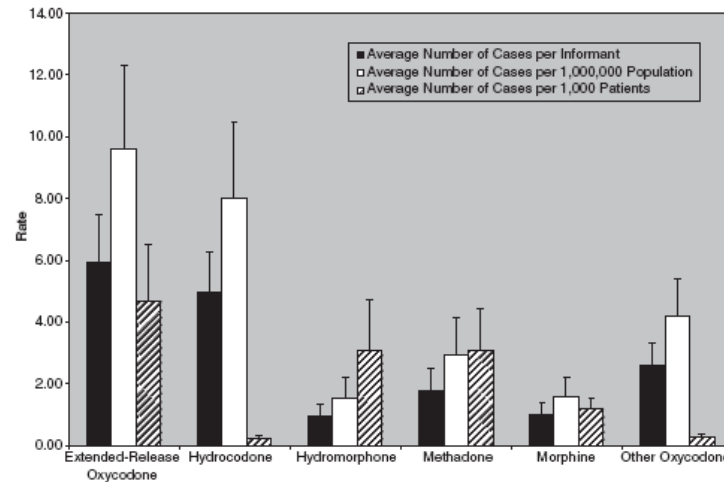


Figure 4 The average (mean ± SEM) number of abuse cases per informant, per 1,000,000 population, or per 1,000 patients filling a prescription for the drugs was indicated on the X-axis.



Use of OxyContin by adolescent students

Although increases in the nonmedical use of OxyContin (oxycodone) in the United States have been reported recently,^{1,2} few data are available to assess whether such use has diffused into general populations in Canada.

In a school survey of 7726 Ontario students in grades 7 to 12,³ 1.3% of the students (95% confidence interval [CI] 0.9% to 1.7%) reported lifetime use of OxyContin, and 1.0% (95% CI 0.7% to 1.5%) reported use in the past year. Similar to the situation for other illegal drugs,³ the majority (69%) of past-year users had used the drug only once or twice. Reported use did not vary significantly by sex or grade but did vary by region, with the highest past-year use occurring among students in Northern Ontario (3.3%; 95% CI 1.8% to 6.1%).

To assess whether OxyContin users differ from the users of other illicit drugs, we compared the drug-use profiles of 105 lifetime OxyContin users and 909 users of illicit drugs other than cannabis and OxyContin. The results suggested that OxyContin is merely an addition to the repertoire of drugs used by adolescents. Among 13 illicit drugs examined (e.g., cannabis, heroin, methamphetamine, barbiturates, stimulants, tranquilizers, LSD, phencycli-

This finding raises the spectre of potential polydrug reactions.

Of course, such data are not without limitations. For example, as for other illicit drugs, we would expect some degree of underreporting of OxyContin use. Also, our question was restricted to OxyContin use and thus did not yield information about the use of oxycodone in general and other opioids.

Still, these data, which constitute one of the first reports of OxyContin use within a general Canadian population, allow 2 important observations. First, at this point, there is no evidence of the diffusion of OxyContin into mainstream adolescent populations. Second, our Ontario estimates are lower than the most comparable ones available from the United States. According to US data for 2005,² 1.8% of 8th-graders, 3.2% of 10th-graders and 5.5% of 12th-graders reported past-year use of OxyContin; the corresponding data for Ontario students were 0.7% (95% CI 0.3% to 1.6%), 0.7% (95% CI 0.3% to 1.5%) and 1.4% (95% CI 0.7% to 2.7%).

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REFERENCES

1. Stens KL, DiMatteo ME, Ruediger NK, et al. Non-medical use of OxyContin tablets in the United States. *J Pain Palliat Care Pharmacother* 2005;19(1):19-23.
2. Johnson LD, O'Malley PM, Bachman JG, et al. Monitoring the future national results on adolescent drug use: overview of key findings, 2005. Bethesda (MD): National Institute on Drug Abuse; 2006.
3. Adlaf EM, Paglia-Boak A. Drug use among Ontario students, 1977-2005: detailed OSDUS findings. Toronto: Centre for Addiction and Mental Health; 2005.

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Rush Limbaugh for OxyContin

"I couldn't get through my day without it!"

Being a best-selling author and nationally syndicated radio host isn't easy. Day after day I have to go on the air, attack short-handed politicians, berate environmental wackos, complain that black football players get a free ride from the media, support the drug war, denounce drug addicts like the late Sen. Clinton and condemn illegal drug use. How do I spend all this nonsense and still sleep like a baby at night? I take OxyContin. It's like to feel it, "little blue." It clears my hyperactive conscience, soothes my gut, and makes things the way they ought to be.

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No Prescription or Doctor's Visit Necessary!

Radio personality Rush Limbaugh for
OxyContin®

"OxyContin® helped me deal with the pain of living in a world that just didn't resemble my perceptions or my claims."



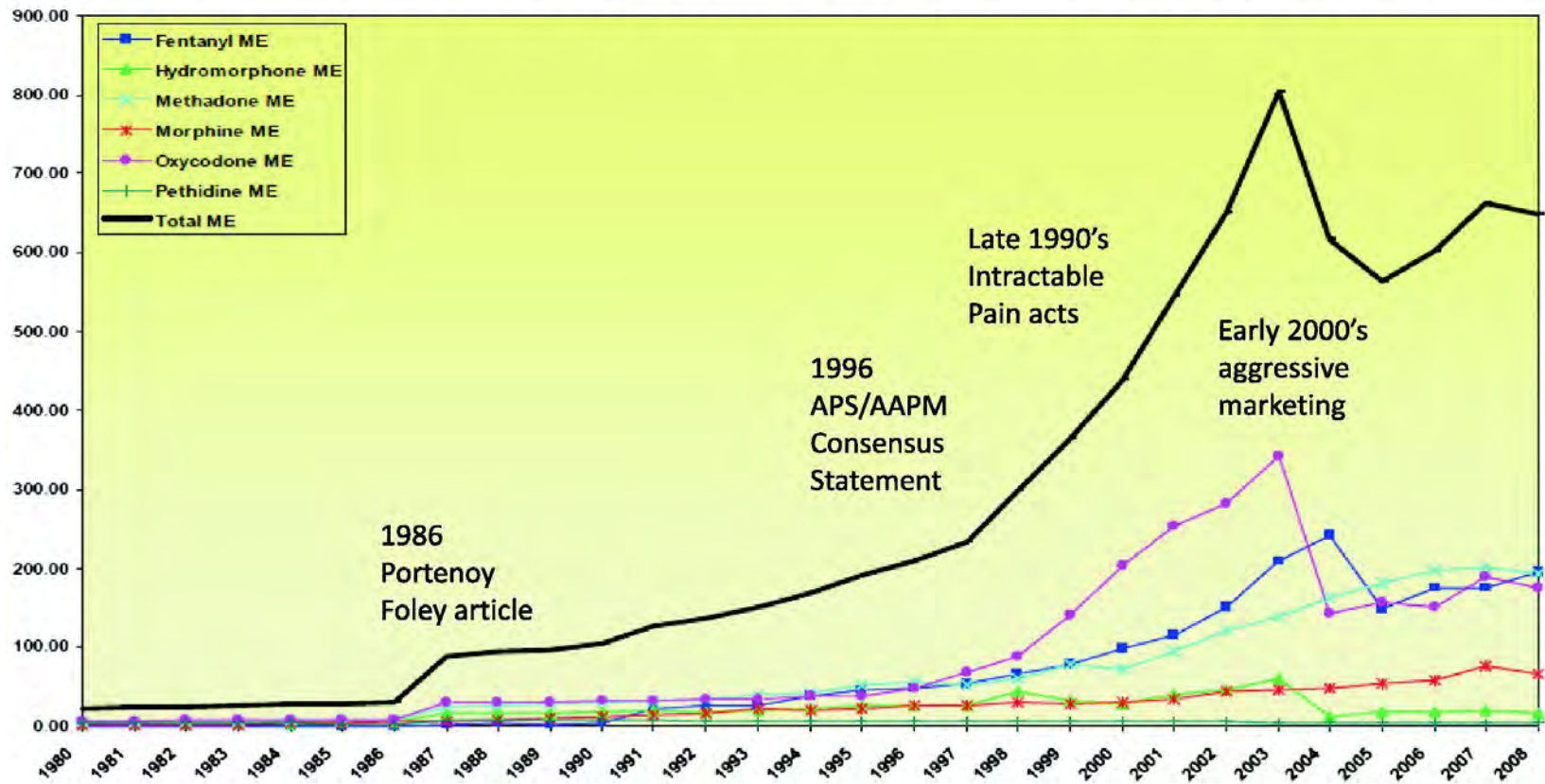
WARNING: This product has the potential to cause addiction or other serious risks.

« Opioid Nation »

5% de la population mondiale
80% de la consommation
d'analgésiques opioïdes

United States of America

Opioid Consumption in Morphine Equivalence (ME), Mg/person



Data sources:
Consumption data - International Narcotics Control Board;
Population - United Nations;
ME conversion factors - WHOCC Centre for Drug Statistics Methodology

Recul de l'espérance de vie pour la deuxième année consécutive

Ce recul est lié à l'augmentation continue du nombre de décès par overdose liés aux opioïdes (antalgiques et illicites)

PAIN

Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis

Avril 2015

Kevin E. Vowles^{a,*}, Mindy L. McEntee^a, Peter Siyahhan Julnes^a, Tessa Frohe^a, John P. Ney^b, David N. van der Goes^c

- Revue de la littérature 2000-2013
- Usage problématique (IMPACT & ACTION)
 - Misuse : utilisation détournée de la prescription initiale (durée, dose)
 - Abuse : utilisation pour effet psychoactif (euphorie, altération de conscience)
 - Addiction : usage continu avec manifestations de perte de contrôle , craving, malgré les effets négatifs...
- 38 études identifiées; 3 seulement hors USA (Norvège, Danemark, Australie)

Mésusage : entre 24 et 33% de douloureux chroniques

Addiction : entre 4 et 9%

Raisons possibles de l'épidémie nord-américaine

Physician related	Inadequate and inaccurate training on opioid pharmacology and risks Lack of access to multidisciplinary chronic pain care Ease of prescribing opioids compared to other chronic pain therapies
Patient related	Strong appeal of immediate pain relief provided by opioids Focus on pain rather than psychological distress as a treatment target More value placed on pain relief than functional improvement
Society and health-system related	Acceptance of right to pain treatment and interpretation of this right in terms of access to opioid therapy Better insurance coverage for medications than for other chronic pain therapies Aggressive marketing of sustained-release opioids by pharmaceutical companies



Prescriptions sous haute surveillance

Médicaments « non détournables » (Oxycontin)

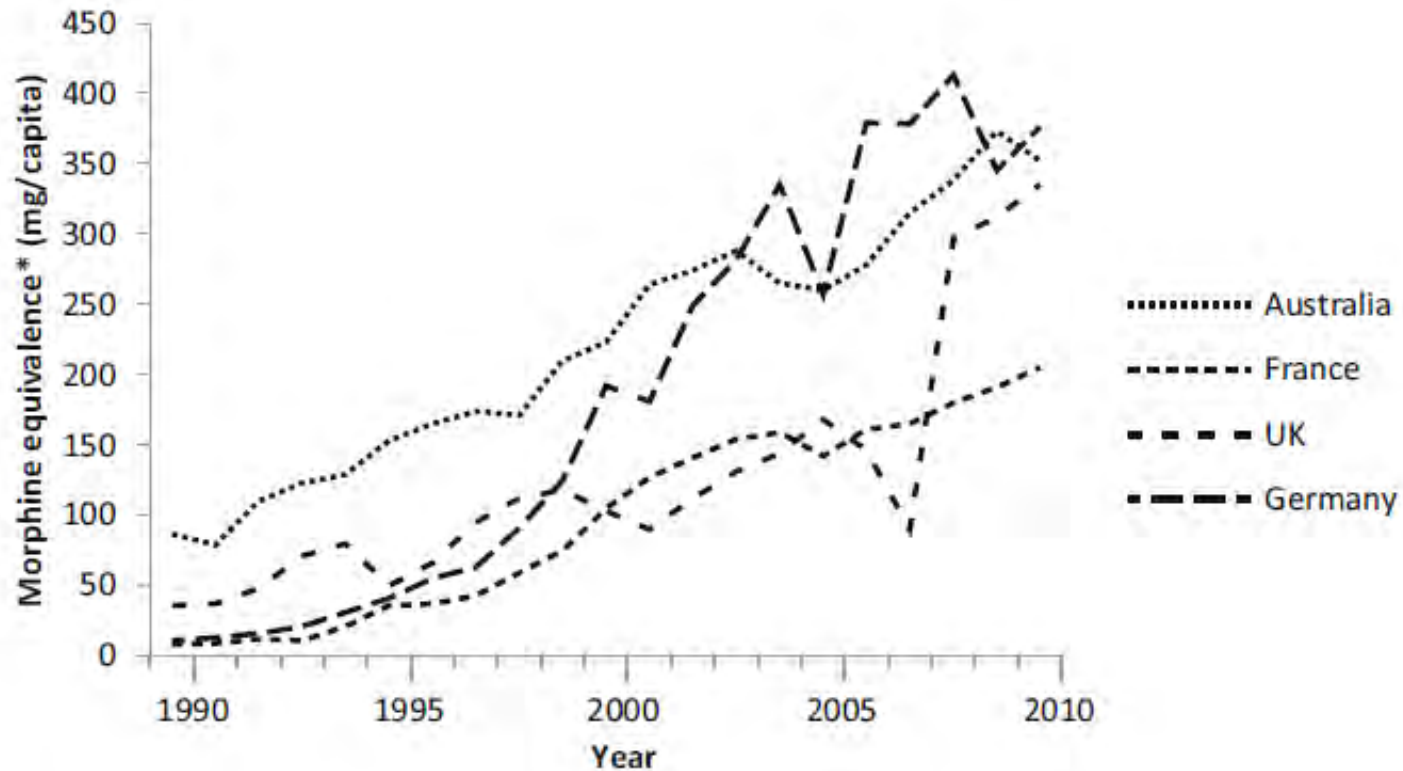
Suivi intensif des douloureux chroniques (dépistage systématique)

Accès aux prises en charge de l'addiction contingentées

Conséquence : retour de l'héroïne et autres opioïdes (fentanylloides)

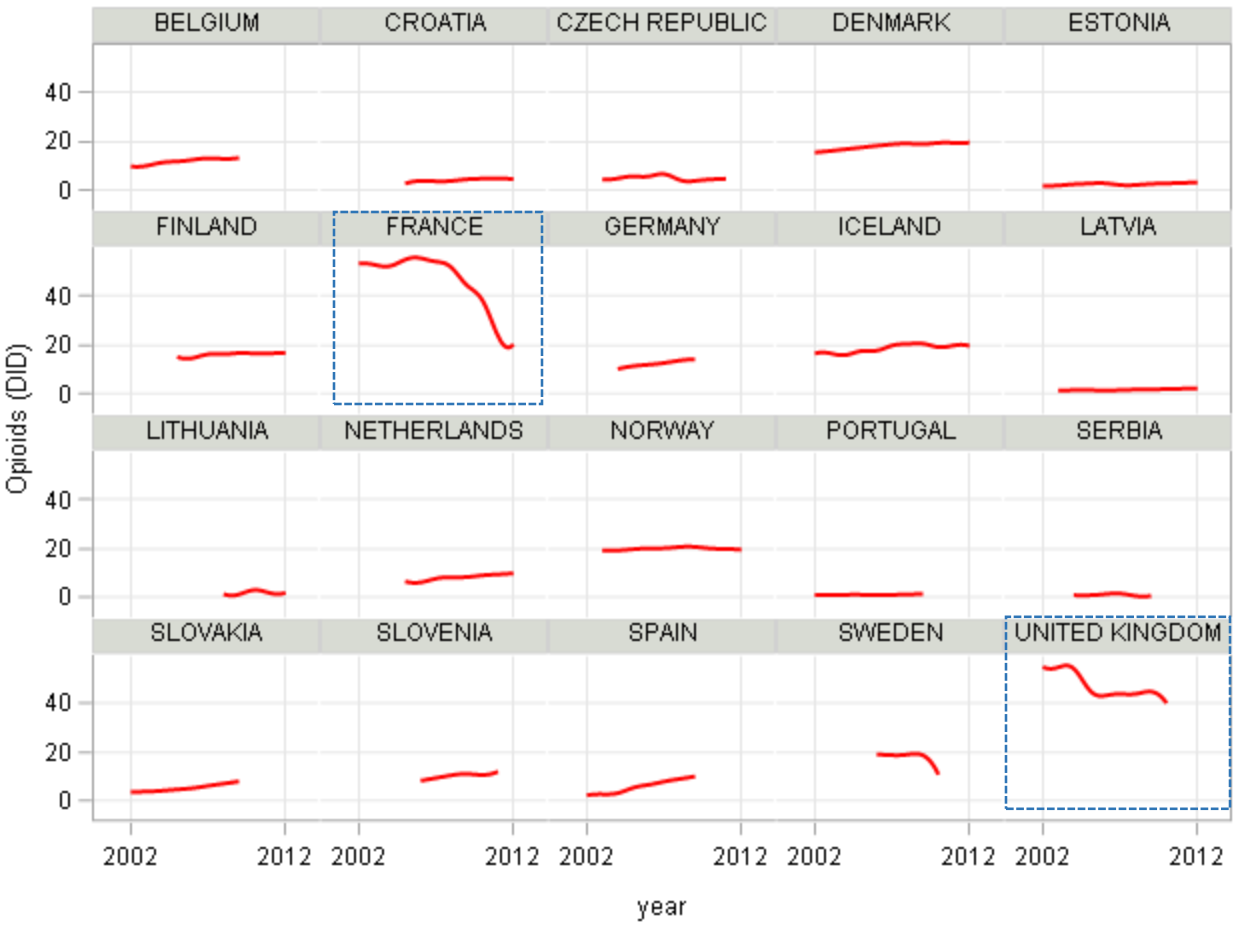
De l'autre coté de l'Atlantique?

Augmentation de la consommation d'analgésiques opioïdes en Europe



Data from the International Narcotics Control Board. United Nations population data. Available at: <https://ppsg.medicine.wisc.edu/chart>

Consommation opioïdes



Use of opioids (N02A) in 2002



Use of opioids (N02A) in 2012

