



CENTER FOR OPIOID EPIDEMIOLOGY AND POLICY

Epidemiology and Policy Updates

Opioid Epidemiology Updates

Trends in Drug Seizures in the US due to the COVID-19 Pandemic

Due to the COVID-19 pandemic, there has been widespread implementation of regulatory measures within the United States and many other countries to slow the spread of disease. However, not much is known about the impact of the pandemic drug use and related outcomes in the United States. Since drug seizures may indicate drug availability, authors analyzed patterns in seizures of cannabis, cocaine, methamphetamine, heroin, and fentanyl inside five High Intensity Drug Trafficking Areas—Washington/Baltimore, Chicago, Ohio, New Mexico, and North Florida. Information regarding 34,384 seizures between March 2019 and September 2020 was obtained. Within the five drugs examined, the majority of seizures were marijuana (30.6 %), followed by cocaine (23.0 %), methamphetamine (21.9 %), heroin (17.3 %), and fentanyl (7.2 %). Significant decreases in seizures including cannabis and methamphetamine were identified through April 2020, and afterward seizures of cannabis and methamphetamine expanded through September 2020. The quantity of seizures including cannabis and methamphetamine peaked in August 2020, surpassing the most elevated pre-COVID-19 number of seizures. Fentanyl seizures increased overall, however, the increase in fentanyl seizures did not significantly shift during the pandemic, and significant changes were not detected for cocaine or heroin. Authors urge future investigations to consider combining seizure information alongside information from reviews, poisonings, and deaths, to decide the most precise image of drug use patterns during the pandemic.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Palamar, Joseph et al. "Shifts in drug seizures in the United States during the COVID-19 pandemic" *Drug and Alcohol Dependence*. 2 March 2021. Available online at <https://www.sciencedirect.com/science/article/pii/S0376871621000752?via%3Dihub>

Prevalence of Opioid Behaviors, Non-medical use, and Harm Among Individuals who are Prescribed Opioids

A prospective cohort study aims to evaluate the prevalence, incidence, persistence, and cessation of a range of opioid behaviors, indicators of extramedical use, and harm among individuals who are prescribed opioids for chronic noncancer pain (CNCP). The study took place in Australia and included 1514 adults who were prescribed opioids for CNCP. Data collection took place from August 2012 to December 2018. Participants were recruited through community pharmacies across Australia. Participants were interviewed and both baseline interviews and 5 annual follow-up interviews were utilized for data analysis. The outcomes evaluated were high-dose

opioid use, requesting an increase in opioid dose, requesting an early prescription renewal, tampering with opioid medication, diversion of medication to others; and opioid dependence. Results indicated that at every annual interview, approximately 1 in 8 people were taking more than 200 oral morphine equivalents (OME mg/d). Also, between 8.28% and 13.06% met criteria for opioid dependence at each interview, and finally opioid cessation increased across interviews, from year 1 to year 5. Authors suggest that these findings reinforce the need for reassessment of the effectiveness and safety of prescription opioid use over time.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Degenhardt, Louisa et al. "Pharmaceutical Opioid Use Patterns and Indicators of Extramedical Use and Harm in Adults With Chronic Noncancer Pain, 2012-2018." *JAMA Network Open* 9 April 2021. Available online at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778344?>

Assessing the Relationship Between Greater Availability of MOUD and use of MOUD Among Patients in Treatment Programs

This research paper evaluates the relationship between the availability of medication for opioid use disorder (MOUD) and the use of MOUD among patients in Substance Use Disorder (SUD) treatment programs. Researchers used the National Survey of Substance Abuse Treatment Services and the Treatment Episode Data Set-Admissions (TEDS-A) to calculate the percent of specialty facilities per state providing MOUD from 2007 to 2018 and to estimate the likelihood that a patient would have MOUD as part of their treatment plan. Findings suggest that increasing MOUD availability at the facility level was associated with increased MOUD use in non-intensive and residential facilities at the patient level. A 10%-point increase in MOUD availability was associated with a 4.5%-point increase in MOUD use among patients of non-intensive outpatient facilities, and a 2.5%-points increase in residential facilities. Finally, non-whites and patients in the Northeast had greater likelihoods of increased MOUD use in response to increased availability by facilities. Authors recommend that expanding MOUD access among specialty treatment facilities would increase initiation in MOUD for patients looking for treatment for OUD.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Solomon, Keisha et al. "Association between availability of medications for opioid use disorder in specialty treatment and use of medications among patients: A state-level trends analysis." *Journal of Substance Abuse Treatment*. 22 April 2021. Available online at <https://www.sciencedirect.com/science/article/abs/pii/S0740547221001501>

The Prevalence of Recent Multiple Non-Fatal Opioid Overdose among PWID who Access Needle Syringe Programs in Australia

Non-fatal overdose (NFOD) is a huge contributor to morbidity among people who inject drugs (PWID) and multiple NFOD is associated with increased risk of fatal overdose. This current study aims to estimate the prevalence of multiple non-fatal opioid overdose (NFOOD) and identify the correlates of recent multiple NFOD among PWID who access needle syringe programs (NSPs) in Australia. Researchers utilized data from the 2019 iteration of the Australian Needle and Syringe Program Survey (ANSPS) which is a cross-sectional survey that has been implemented annually since 1995. In 2019, respondents who reported a minimum of one NFOOD in the past 12 months were asked to complete supplementary questions regarding their last NFOOD. Of the 222 respondents who reported recent NFOOD, 73% reported last injecting heroin at their last NFOOD. Public injecting and benzodiazepine use were associated with

increased risk of multiple NFOOD, and authors mention that there is a need for interventions specifically targeting PWID who report higher risk injecting practices.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Geddes, Louise et al. "Prevalence and correlates of multiple non-fatal opioid overdoses among people who inject drugs who utilise needle syringe programs in Australia" *International Journal of Drug Policy* 9 April 2021. Available online at <https://www.sciencedirect.com/science/article/abs/pii/S095539592100150X>

Opioid Policy Updates

Impact of New York's Electronic Prescribing Mandates in Reducing Opioid-Related Overdoses

Due to the opioid crisis, New York implemented the first enforced electronic controlled substance prescribing mandate in March 27, 2016. This article aims to study how the adoption of the New York e-prescribing mandate affected opioid supply and opioid-related overdoses. Authors used restricted-use National Vital Statistics System (NVSS) Multiple Cause of Death mortality files to study annual overdose deaths from 2010 to 2017 and the Drug Enforcement Administration's *Automation of Reports and Consolidated Orders System* (ARCOS) from 2010 to 2017 to gain information regarding the supply of prescribed opioids. Authors estimate that the mandate reduced the rate of overdoses involving natural and semi-synthetic opioids by 22 %; results also indicate that New York's electronic prescribing mandate decreased opioid supply by 6%. However, little evidence of any corresponding changes in overdose rates involving illicit opioids were found. Authors urge future researches to try to and isolate the mechanisms driving the reductions of overdoses observed in this paper.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Abouk Rahi, and Powell David. "Can electronic prescribing mandates reduce opioid-related overdoses?" *Economic & Human Biology* 9 April 2021. Available online at <https://www.sciencedirect.com/science/article/pii/S1570677X21000241>