ECONOMIC COSTS OF ABUSE AND MISUSE OF PRESCRIPTION OPIOIDS
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OBJECTIVES: While the economic costs of substance abuse have been extensively examined in the published literature, information on the costs of abuse of prescription opioids is more limited, despite this rapidly growing problem in the US. The National Survey of Drug Use and Health (NSDUH) estimated that, between 2001 and 2006, the number of persons using prescription pain relievers for nonmedical purposes increased from 3.5 million to 5.2 million. We sought to estimate the economic burden of prescription opioid abuse in the US. METHODS: We estimated the current economic burden of prescription opioid abuse in the US in terms of direct substance abuse treatment, medical complications, productivity loss, and criminal justice. Using information from NSDUH, we distributed our broad cost estimates among the various drugs of abuse, including prescription opioids, down to the individual drug level. Data sources included the National Expenditures for Mental Health Services and SubSTANCE Abuse Treatment, SAMHSA’s Mortality Database and the Office of National Drug Control Policy’s estimates of the economic costs of drug abuse in the US; the US DOJ’s Uniform Crime Statistics, profiles of prison and jail inmates and expenditure and employment reports; and the published literature. RESULTS: Estimates of FDA-reported total cost of prescription opioid abuse was $53.4 billion, of which $42 billion (79%) was attributable to productivity loss, $8.2 billion (15%) to criminal justice costs, $2.2 billion (4%) to abuse treatment, and $944 million to medical complications (2%). In our analysis of costs by specific prescription opioids, five drugs—OxyContin, oxycodone, hydrocodone, propoxyphene, methadone—accounted for two thirds of all prescription opioid-attributable costs. CONCLUSIONS: The majority of the economic costs of opioid abuse, 94%, are accounted for by lost productivity and crime. The burden of prescription opioid abuse in the US is high and will likely continue to grow.

DECLINE IN THE RATE AND COST OF PSYCHIATRIC HOSPITALIZATION FOLLOWING INITIATION OF DEPOT ANTIPSYCHOTICS IN THE TREATMENT OF SCHIZOPHRENIA
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OBJECTIVES: Antipsychotics in long-acting formulations (“depot”) are often targeted for patients with schizophrenia who are at high risk of relapse and hospitalization. We studied in a “mirror image” design to determine if a decline in hospitalization costs associated with the use of depot antipsychotics was observed. We compared the change in hospitalization costs and length of stay for patients with schizophrenia treated with depot antipsychotics with the change observed in patients treated with oral antipsychotics. METHODS: Patients younger than 65 who were diagnosed with schizophrenia on at least 2 outpatient visits in the 6 months prior to treatment initiation were identified from a U.S. commercial database. Patients were included if they had no active prescription of depot antipsychotics in the 6 months prior to treatment initiation. The data were analyzed from January 1, 2001 to March 1, 2008. Patients who started a depot antipsychotic (no depot injection in the prior 6 months) were studied in a “mirror image” design to assess change in psychiatric hospitalization rates, the mean duration and cost of hospitalization between the 6 months prior versus 6 months post medication initiation. Cost comparisons were conducted with paired t-test and bootstrapping methods. RESULTS: A total of 147 patients with schizophrenia were in the analysis. Compared to the six months prior to depot initiation, the rate of psychiatric hospitalization in the six months post-initiation declined from 49.7% to 22.5% (p < 0.001); the mean hospitalization duration for psychiatric purposes numerically declined from 7.3 to 4.7 days (p = 0.08). The change in total health care costs declined from $13,821 to $8,996 ($4,825, p = 0.009). The mean number of hospitalization days for psychiatric purposes numerically declined from 7.3 to 4.7 days (p = 0.08). The change in total health care costs declined from $13,821 to $8,996 ($4,825, p = 0.009). The mean number of hospitalization days for psychiatric purposes numerically declined from 7.3 to 4.7 days (p = 0.08). The change in total health care costs declined from $13,821 to $8,996 ($4,825, p = 0.009). The mean number of hospitalization days for psychiatric purposes numerically declined from 7.3 to 4.7 days (p = 0.08). The change in total health care costs declined from $13,821 to $8,996 ($4,825, p = 0.009).