America Wakes Up: The Opioid Crisis

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"But my doctor prescribed it, so it can’t be bad."

"We started on this whole thing because we were on a mission to help people in pain," states Dr. Jane C. Ballantyne, a Seattle pain expert. "But the long-term outcomes for many of these patients are appalling, and it is ending up destroying lives."

The use, overuse and misuse of prescription opioids continues to rise.

A Pill for Your Pain

- 2014 the **CDC** issued a report headlined **PHYSICIANS ARE FUELING PRESCRIPTION PAINKILLER OVERDOSES.**

- The study found that doctors were engaging in "dangerous" and "inappropriate" prescription practices.

- Physician lack understanding of opiates and their addictive tendencies.

(Source: CDC, 2014)
A Pill for Your Pain

Many Physicians Don’t Understand Key Facts about Prescription Opioid Addictions

• Surveyed physicians do not understand the addictive nature of the opioids they prescribe or how people become addicted to them.

• Doctors continue to overestimate the effectiveness of prescription pain medications and underestimate their risks.

• One-third of the doctors erroneously believed that most prescription drug abuse is by means other than swallowing the pills as intended. Ingestion accounts up to 97%, followed by snorting and injection.

• Physicians and patients often mistakenly view these medicines as safe in one form and dangerous in another.

(Source: Johns Hopkins Bloomberg School of Public Health, June, 2015)
While cumulative pain levels remained constant among Americans, prescriptions for pain medications quadrupled between 1999 and 2010.

(Source CBS News October 10, 2014)
A Pill for Your Pain

Dying for pain relief in the opioid epidemic

- In our attempt to relieve our pain, the U.S. is leading the world in popping prescription painkillers, and more and more people are dying. According to the National Institute on Drug Abuse, the U.S. accounts for 5% percent of the world's population, yet we consume 75% percent of the world's prescription drugs.

- Death rates from prescription opioid pain reliever overdoses in this country quadrupled from 1999 to 2010, the CDC reports.

(Source: CBS News October 10, 2014)
1997

US becomes one of only two developed countries to legalize advertising drugs directly to consumers.
“At some point in the 1980s and 1990s, the medical profession came together to discuss how best to treat pain. There was post-operative pain, pain from dental procedures, and pain from accidental injuries. The world’s economies had just fired up and downtime was frowned upon. Doctors became time constrained with their patients and pharmaceutical companies had just discovered new markets for new drugs. The solution? Prescribe opioids freely and widely for all pain. Opioids began to snowball and the problem got bigger. The cure was overplayed, the consequence less considered.”

(Source: RealLeaders.com June 2017)
A Pill for Your Pain

Rx Pain Killers: $57 Billion Global Annual Sales

(Source: IMS Health, 2015)
A Pill for Your Pain

1 in 12 doctors receive payments from opioid makers

- All in all, more than 68,000 physicians received more than $46 million between 2013 and 2015 in non-research payments from drugmakers that create pain-killing opioids or medication-assisted opioid treatments like buprenorphine, according to a study published in the American Journal of Public Health. Although researchers found the doctors received an average payment of $15, the top 1 percent of physicians received 82 percent of all opioid drugmaker payments.

(Source: Modern Healthcare, August 2017)
A Pill for Your Pain

• 1995: Purdue Pharmaceuticals begins manufacturing OxyContin, its “time-released, supposedly addiction-proof version of the painkiller oxycodone”

• Estimated U.S. sales since introduction: $35 billion (mostly from Oxy)

• In 2007, Purdue paid $635 million in fines after pleading guilty to false marketing charges by the Department of Justice; some states now suing

• OxyContin reformulated in recent years, making it more difficult to abuse

(Source: Forbes.com, Alex Morrell, 7/1/2015)
A Pill for Your Pain

Opioid Makers Sued for Stoking Addiction

• South Carolina filed suit against Purdue Pharma LP, which manufactures OxyContin, August 15, 2017.
• New Hampshire filed a similar suit last week.
• Mississippi, Missouri, Oklahoma and West Virginia filed suits since June 2017.
• Cities of Cincinnati and Birmingham filed public nuisance suits against wholesale drug distributors (Cardinal Health, Amerisource-Bergen and McKesson) for “dumping millions of dollars worth of prescription opioids into the communities.”

“We are obligated to take action as South Carolinians fall victim to Purdue’s deceptive marketing.” South Carolina Attorney General Alan Wilson

Ohio filed suit against five drug companies, alleging they fueled the opioid addiction crisis by misrepresenting the addictive risks of their painkillers. Included are:

- Purdue Pharma
- Johnson & Johnson
- Teva Pharmaceutical Industries
- Allergan
- Endo Health Solutions

“The companies were dishonest with doctors and the public about their painkillers’ risks.” Ohio Attorney General Mike DeWine

(Source: Wall Street Journal, June 1, 2017)
A Pill for Your Pain

Amid Opioid Crisis, Insurers Restrict Pricey, Less Addictive Painkillers

- At a time when the United States is in the grip of an opioid epidemic, many insurers are limiting access to pain medications that carry a lower risk of addiction or dependence, even as they provide comparatively easy access to generic opioid medications.

- The reason, experts say: Opioid drugs are generally cheap while safer alternatives are often more expensive.

(Source: Katie Thomas and Charles Ornstein, New York Times, September 17, 2017)
The Opioid Crisis

In 2016 **overdoses** killed more people than **guns** or **car accidents**, and are doing so at a pace faster than the **H.I.V.** epidemic at its peak.

In 2015, roughly **2 percent of deaths** — one in 50 — in the United States were **drug-related**.

(Source: Josh Katz, NY Times, August 10, 2017)
The Opioid Crisis

91 AMERICANS die every day from an opioid overdose (that includes prescription opioids and heroin).
The Opioid Crisis

On an average day…

- More than **650,000 opioid prescriptions** are dispensed\(^1\)
- **3,900 people** initiate nonmedical use of prescription opioids\(^2\)
- **580 people** initiate heroin use\(^2\)
- **91 people** die from an opioid-related overdose\(^3\)

Economic Impact…

- **55 billion** in health and social costs related to prescription opioid abuse each year\(^1\)
- **20 billion** in emergency department and inpatient care for opioid poisonings \(^2\)

**Source:**
1. CDC, MMWR, 2015; 64;1-5; 2. CDC Vital Signs, 60(43);1487-1492; Pain Med. 2011;12(4):657-67.1 2013;14(10):1534-47.2
3. IMS Health National Prescription Audit1 / SAMHSA National Survey on Drug Use and Health2 / CDC National Vital Statistics System3

*Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin. Source: IMS Health National Prescription Audit1 / SAMHSA National Survey on Drug Use and Health2 / CDC National Vital Statistics System3
The opioid epidemic has devastated the United States, claiming 33,091 lives in 2015 (CDC, 2016)
National Overdose Deaths
Number of Deaths from Opioid Drugs

Source: National Center for Health Statistics, CDC Wonder
Opioids & Addiction

- Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others.
- Opioids are chemically related and interact with opioid receptors on nerve cells in the brain and nervous system to produce pleasurable effects and relieve pain.
- Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- 21.5 million Americans age 12 years or older had a substance use disorder in 2014
  - 1.9 million had a substance use disorder involving prescription pain relievers
  - 586,000 had a substance use disorder involving heroin.
- It is estimated that 23% of individuals who use heroin develop opioid addiction.

(Source: ASAM Opioid Addiction 2016 Facts and Figures, NIDA, SAMHSA)
Opioid Overuse, Misuse and Addiction: A Public Health Crisis

- Drug overdose is the leading cause of accidental death in the US with 47,055 lethal drug overdoses in 2014 (55,000+ in 2015).
  - Opioid addiction is driving this epidemic with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.
- Sales of prescription pain relievers in 2010 were four times those in 1999.
- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.
- Four in five (80%) new heroin users started out misusing prescription painkillers.
- 94% of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were “far more expensive and harder to obtain”.

(Source: ASAM Opioid Addiction 2016 Facts and Figures, NIDA, SAMHSA)
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol are 2x
- Marijuana are 3x
- Cocaine are 15x
- Rx Opioid Painkillers are 40x

...more likely to be addicted to heroin.

SAMHSA NSDUH Data 2011-2013, CDC Infographic
Opioids & Addiction

**Fentanyl**
- Schedule II narcotic used as an analgesic and anesthetic.
- Most potent opioid available for use in medical treatment – 50 to 100 times more potent than morphine and 30 to 50 times more potent than heroin.
- Potentially lethal, even at very low levels. Doses as small as 0.25 mg can be fatal.
- Euphoric effects are indistinguishable from morphine or heroin.
- Often laced in heroin.
- Fentanyl and fentanyl analogues are easily produced in illicit clandestine labs.
- Significant resurgence in fentanyl-related seizures.
- State/local labs reported 3,344 fentanyl submissions in 2014; 942 in 2013 per the National Forensic Laboratory Information System (NFLIS).
- In addition, DEA has identified 15 other fentanyl-related compounds.

**Carfentanil (Wildnil)**
- Analogue of fentanyl with an analgesic potency 10,000 times that of morphine.
- Used in veterinary practice to immobilize large animals.

(Source: DEA)
Fentanyl (the rest of the story)

- First synthesized in Belgium in the late 1950s
- Introduced into medical practice in the 1960s as an intravenous anesthetic under the trade name of Sublimaze®.
- Alfentanil (Alfenta®) - ultra-short (5-10 minutes) acting analgesic
- Sufentanil (Sufenta®) - exceptionally potent analgesic (5 to 10 times more potent than fentanyl) for use in heart surgery.
- Duragesic® - a fentanyl transdermal patch used in chronic pain management
- Actiq® - a solid formulation of fentanyl citrate on a stick that dissolves slowly in the mouth for transmucosal absorption. Actiq® is intended for opiate-tolerant individuals and is effective in treating breakthrough pain in cancer patients.
- Illicit use of pharmaceutical fentanyls first appeared in the mid-1970s in the U.S. medical community.
- Over 12 different analogues of fentanyl have been produced clandestinely.
- Biological effects of fentanyls are indistinguishable from those of heroin.
- Fentanyls are most commonly used by intravenous administration, but like heroin, they may also be smoked or snorted.
Opioids & Addiction

• ...and from the “This Just In” Department: Gray Death

Gray Death: Mad Science
– A mixture of heroin, fentanyl, carfentanil, and a synthetic opioid called U-47700
– U-47700 is also known as “Pink” or “U4”
– Can kill users with a single dose
– Dangerous to even touch with gloves on
– Showing up in Georgia, Alabama and Ohio (Georgia - 50 ODs in last 3 months)
– Spreading to Pennsylvania and Michigan
– Users can inject, smoke or snort the drug, which varies in consistency and looks like a concrete mixture
– Cost is as low as $10 on the street (Forbes)
– Users do not have away to determine if the heroin is laced

(Fox News, NBC & Associated Press, May 5-8, 2017)
Drug seizures containing fentanyl

(Source: Josh Katz, NY Times, 8-10-2017)
DEA: 2016 National Drug Threat Assessment
Drug-poisoning deaths involving heroin on the rise

Figure 58. Drug-Poisoning Deaths Involving Heroin, 1999-2014

Source: National Center for Health Statistics/Centers for Disease Control

Source: US Department of Justice, Drug Enforcement Administration - 2016 National Drug Threat Assessment Summary, November 2016
The Opioid Crisis

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2015

- Any Opioid
- Heroin
- Natural & Semi-Synthetic Opioids
- Other Synthetic Opioids (e.g., fentanyl, tramadol)
- Methadone

Drug overdose deaths involving Rx opioids, heroin & fentanyl

(Source: Josh Katz, NY Times, 8-10-2017)
Percentage of deaths classified as drug-related

The chart includes both deaths from drug poisoning and those caused by drug-related mental disorders.

Sources: W.H.O.; Statistics Canada; Ireland Central Statistics Office; National Records of Scotland; National Center for Health Statistics, Centers for Disease Control and Prevention

(Source: Josh Katz, NY Times 8-10-2017)
Distribution of drug deaths by age

(Source: Josh Katz, NY Times, 8-10-2017)
Overdose deaths per year

(Source: Josh Katz, NY Times, 9-2-2017)
Overdose deaths by drug type

Source: Josh Katz, NY Times
9-2-2017
Overdose deaths by state

Drug overdose deaths per 100,000 residents in 2015 and 2016

Of the 21 states that reported the highest quality data for 2016, the steepest rises were in Delaware, Florida and Maryland.

States with the highest overdose deaths per 100,000 residents:
- 38 Maryland
- 33 Kentucky
- 32 Delaware
- 27 Maine
- 25 Florida
- 24 Indiana
- 23 Missouri
- 22 Louisiana
- 20 Illinois
- 19 Colorado
- 17 Alaska
- 16 Virginia
- 16 Wyoming
- 15 Washington
- 13 Georgia
- 13 Arkansas
- 12 Minnesota
- 11 North Dakota
- 10 Iowa
- 10 Texas
- 7 Nebraska

(Source: Josh Katz, NY Times 9-2-2017)
Opioid Deaths in 2015
Source: CDC WONDER

Opioid deaths in 2015
Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs

Heroin deaths in 2015
Age-adjusted heroin overdose death rate (per 100,000)

Synthetic opioid deaths in 2015
Age-adjusted synthetic opioid overdose death rate (per 100,000)

Natural opioid deaths in 2015
Age-adjusted natural opioid overdose death rate (per 100,000)
National Drug Overdose Deaths 2015
The Midwest, Appalachia & New England
The worst of the problem – For now

Source: Josh Katz, NY Times, 8-10-2017
Overarching community responses are focused on harm reduction to reduce overdose incidence and overdose deaths, transmission of infectious diseases (HIV, Hep C) and related criminal behavior.

Associated Prevention, Intervention and Treatment efforts are focused on interrupting the cycle that leads to these dangerous consequences and on restoring people’s lives.

Hospitals and physicians are engaged in changing treatment approaches and prescription practices to reduce the use of opioids.
A National Crisis

Some states have more painkiller prescriptions per person than others.

Average days of opioid use per resident per year

(Source: Josh Katz, NY Times, 8-10-2017)
DEA: 2016 National Drug Threat Assessment
US heroin users & past year initiation of heroin use on the rise

Figure 55. Current Heroin Users, 2007-2014

Source: 2014 National Survey on Drug Use and Health

Figure 56. Past Year Initiation of Heroin Use Among Persons Aged 12 or Older, 2007-2014

Source: 2014 National Survey on Drug Use and Health

Source: US Department of Justice, Drug Enforcement Administration - 2016 National Drug Threat Assessment Summary, November 2016
DEA: 2016 National Drug Threat Assessment
Controlled Prescription Drugs (CPDs) distributed nationwide

**Figure 28. Top 5 Schedule II and III CPDs Distributed Nationwide by Year, 2006-2014**

Source: DEA

Source: US Department of Justice, Drug Enforcement Administration
National Drug Threat Assessment Summary, November 2016
Source where pain relievers were obtained

Figure 34. Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use Among Past Year Users Aged 12 or Older: 2012-2013

Source Where User Obtained

- One Doctor: 21.2%
- More than one Doctor: 2.6%
- Other: 4.3%
- Bought on the Internet: 0.1%
- Drug Dealer/Stranger: 4.3%
- Bought/Took from Friend or Relative: 14.6%
- Free from Friend or Relative: 53.0%

Source Where Friend/Relative Obtained

- One Doctor: 83.8%
- More than one Doctor: 3.3%
- Free from Friend or Relative: 5.1%
- Bought/Took from Friend or Relative: 4.9%
- Drug Dealer/Stranger: 1.4%
- Other: 1.2%
- Bought on the Internet: 0.3%

Source: 2014 National Survey on Drug Use and Health

Source: US Department of Justice, Drug Enforcement Administration
National Drug Threat Assessment Summary, November 2016
Methods and sources for users obtaining pain relievers

Figure 35. Methods and Sources for Users Obtaining Pain Relievers

- **Recent Initiates**
  - Bought from friend/relative, dealer, or Internet: 9.9%
  - Prescribed from one or more doctors: 19.3%
  - Obtained from friend/relative for free or without asking: 66.2%

- **Occasional Users**
  - Bought from friend/relative, dealer, or Internet: 11.6%
  - Prescribed from one or more doctors: 21.3%
  - Obtained from friend/relative for free or without asking: 63.3%

- **Frequent or Chronic Users**
  - Bought from friend/relative, dealer, or Internet: 24.5%
  - Prescribed from one or more doctors: 30.8%
  - Obtained from friend/relative for free or without asking: 39.9%

Source: 2014 National Survey on Drug Use and Health

Source: US Department of Justice, Drug Enforcement Administration
National Drug Threat Assessment Summary, November 2016
Making a Difference: State Successes

New York 75% ↓

2012 Action:
Required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

2013 Result:
Saw a 75% drop in patients who were seeing multiple prescribers for the same drugs.

Florida 50% ↓

2010 Action:
Regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:
Saw more than 50% decrease in oxycodone overdose deaths.

Tennessee 36% ↓

2012 Action:
Required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

2013 Result:
Saw a 36% decline in patients who were seeing multiple prescribers for the same drugs.

The Opioid Crisis

Each day, more than 1,000 people are treated in emergency departments for not using prescription opioids as directed.
Impact on Hospitals and Communities

Hospitals in NE respond to the opioid crisis

Boston Medical Center creates 'urgent care center' for opioid users

- **Boston Medical Center** on Monday launched a new Faster Paths to Treatment Opioid Urgent Care Center to provide quick access to services for patients with substance use issues. Patients will be able to access medical resources such as naloxone rescue kits and be connected to community services. Edward Bernstein, who directs the urgent care center, said, "The idea is to develop a delivery system that's coordinated and a welcoming home for people with addiction. People will feel respected, and the staff that works there wants to be there" (Ross, "On Call," STAT News, 10/16; Boston Medical Center [release](#), 10/16).
Impact on Hospitals and Communities

Neonatal Abstinence Syndrome (NAS)

• NAS babies in NICU - withdrawal inpatient costs hospitals an average of $66,000 for four months. Healthy babies costs hospitals around $4,000 during the first four months of life.  (NPR 1/09/17)

• 27,315 babies were diagnosed with newborn drug withdrawal syndrome in 2013, a five-fold increase from a decade earlier.  (Nationwide Hospital Reporting)
MAT (Medication-Assisted Treatment)

Medications that treat addiction – buprenorphine, methadone and a third named naltrexone -- are a cornerstone of the Obama administration's plan to combat the opiate epidemic. (Photo: Joe Raedle, Getty Images)
• An antagonist is a drug that blocks opioids by attaching to the opioid receptors without activating them. **Antagonists** cause no opioid effect and block full **agonist** opioids. Examples are naltrexone and naloxone.

• Examples of full **agonists** are heroin, oxycodone, methadone, hydrocodone, morphine, opium and others.

• Buprenorphine is a **partial agonist** meaning, it activates the opioid receptors in the brain, but to a much lesser degree than a full agonist. Buprenorphine also acts as an antagonist, meaning it blocks other opioids, while allowing for some opioid effect of its own to suppress withdrawal symptoms and cravings.
MAT – Common medications used to treat opioid dependence

- **Burprenorphine (Partial agonist) - Suboxone, Subutex, Zubsov, Bunavail, Probuphine (new implantable)**
  - all but Subutex are 80% buprenorphine and 20% naloxone, or 4:1 ratio. Buprenorphine is currently the most preferred and promoted medication to treat opioid dependence.

- **Methadone (Full agonist)**

- **Naltrexone (Antagonist) – Vivitrol, Revia**
  - Vivitrol – a long acting, single injection dose once monthly, developed for better compliance, considered more effective than short duration oral dose
  - Revia – naltrexone short acting in daily pill form
  - administer naltrexone 7-10 days after last opioid use
MAT – Common medications used to treat opioid dependence

- Naloxone (Antagonist) – Narcan, Evzio
  - A medication that blocks or counters the effects of opioids, especially in overdose to reverse respiratory depression. Often used in emergency situations by first responders, law enforcement, hospitals, treatment centers and families of opioid dependent individuals.

- MAT “combines behavioral therapy and medications to treat substance use disorders” (SAMHSA)
  - Treatment of opioid dependency with buprenorphine is most effective in combination with counseling services, which can include different forms of behavioral therapy and self-help programs. (SAMHSA)
Support Training & Purchase of Naloxone

States can use their Federal Substance Abuse Prevention and Treatment (SAP) Block Grant to fund Naloxone education and purchase Naloxone for community distribution.
MAT – Common medications used to treat opioid dependence

Opioid agonists and partial agonists are currently identified as the most effective treatment agents for opioid addiction. They are also highly addictive medications.

Advantages with buprenorphine are:
- Reduced cravings and return to normal functioning
- Managing withdrawal symptoms

Challenges with buprenorphine are:
- Compliance
- Misuse potential is understated
- Diversion
- Using other drugs simultaneously
- Ill-defined exit strategy – timeline for withdrawal & discontinuation is unclear and often avoided
- Requirement to provide behavioral treatment is only suggested
- Withdrawal from methadone and buprenorphine can be difficult and lengthy
Identifying the right candidate is key

- Candidates: early onset of opioid use, inability to produce adequate dopamine to fight cravings, poor social engagement and support, inability to comply with treatment recommendations, involvement in the criminal justice system (where relapse can result in incarceration), and limited access to other treatments.

- Non-candidates: many poly-substance dependent individuals, professionals, those with stable support systems, dopamine sufficient.

MAT is not a panacea and is not a one size fits all approach to treating opioids.
MAT – Retention rates

4 Studies on Retention Rates for MAT

*International Journal of Neuropsychopharmacology* study
- 55.3% of Methadone (Methd) & 48.4% of Buprenorphine (Bup) patients completed 26 weeks
- 60% of Methd pts had at least one + UDS in last month, mostly for benzos & opioids
- 52% of Bup pts had at least one + UDS in last month, mostly for opioids

Australia study (2015) published in *Addiction*
- 7,183 1st time patients placed on Buprenorphine
- 44% spent 3+ months in treatment
- Bup pts had more subsequent treatment episodes than Methd pts

*Addiction* (2014 Jan); 109 (1): 79-87
- 740 patients on Buprenorphine; 24 weeks
- 46% treatment completion for Buprenorphine; 74% for Methadone
- Higher doses had higher completion rates
- 2016 study of 16 – 24 yr olds; 28/56 d tapers; only 53 completed

“Overall, the results of this study give further evidence that substitution treatment is a safe and effective treatment for drug dependence. Treatment retention is an important predictor of favorable treatment outcomes.”
MAT – Concerns

• No studies yet conducted on:
  – Frequency of diversion: selling, trading up for heroin
  – Frequency of substitution
  – Complications with cross addiction
  – Continued use of other substances simultaneously

• Vermont switched to Naltrexone/Vivitrol as the preferred MAT agent over buprenorphine due to Suboxone diversion and misuse.

• The state of Maryland no longer reimburses for Suboxone through Medicaid due to the high rate of diversion. Patients have to take the tablet form Zubsolv instead, which some patients claim is not as effective.

(NPR, All Things Considered, July 19, 2016)
- Waiver Authority for physicians who dispense or prescribe certain narcotic drugs for maintenance treatment or detoxification treatment (Office-based Opioid Treatment – OBOT)
- No requirement for drug testing or counseling; only “suggested”

FDA approves buprenorphine in 2002.

Physicians can prescribe for 30 patients in first year. Patient limit then moves to 100. Patient limit increased to 275 under new federal regulations (July 2016)

Rule was expanded to create more access to treatment. (A Rule by the Health and Human Services Department issued on 07/08/2016.)
Besides enhancing access, two purposes of office-based opioid treatment are to de-stigmatize and normalize treatment by eliminating the “clinic-based” identity associated with methadone clinics.

- Buprenorphine providers by state:
  - California: 2002
  - New York: 1526
  - Massachusetts: 859
  - Texas: 833
  - States contiguous to Texas
    - Louisiana: 303
    - New Mexico: 225
    - Oklahoma: 134
    - Arkansas: 71

(Source: Modern Healthcare, October 3, 2016)
Responding to the Heroin Epidemic

**PREVENT**
People From Starting Heroin

Reduce prescription opioid painkiller abuse.
Improve opioid painkiller prescribing practices and identify high-risk individuals early.

**REDUCE**
Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).
Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**REVERSE**
Heroin Overdose

Expand the use of naloxone.
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vitalsigns, July 2015
What year was the first legislation passed to deal with opioids?
Legislation over the years

1914

Harrison Narcotic Tax Act

Threatened jail for physicians who prescribed opiates (and cocaine) to addicts

An opioid timeline:
1804 – scientists isolate morphine, the active ingredient in opium
1844 – the hypodermic needle invented (the glass syringe invented in 1851)
1865 – estimated 400,000 Civil War soldiers suffer with morphine addiction
1870 – doctors prescribe opiates to women for menstrual cramps, hysteria
1874 – the “acetylation” of morphine produces heroin (diamorphine)
1898 – Bayer markets heroin until 1910 as a “non-addictive morphine substitute” and cough suppressant

(Wikipedia 2017)
Heroin as Medicine

Am. J. Ph.J. 7 [December, 1901]

BAYER Pharmaceutical Products

HEROIN—HYDROCHLORIDE

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, $4.85 per ounce; less in larger quantities. The efficient dose being very small (1/48 to 1/24 gr.), it is

The Cheapest Specific for the Relief of Coughs
(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO
FARBENFABRIKEN OF ELBERFELD COMPANY
SELLING AGENTS
P. O. Box 2160
40 Stone Street, NEW YORK
Heroin as Medicine
Legislation over the years

- 1914 – Harrison Narcotic Tax Act
- 1970 – Comprehensive Drug Abuse Prevention and Control Act
- 1970 – Controlled Substances Act
- 1974 – Narcotic Addict Treatment Act
- 2000 – Drug Addiction Treatment Act
- 2016 – Comprehensive Addiction and Recovery Act
- 2016 – 21st Century Cures Act

Over 100 years of legislation dealing with opioids
A National Crisis

FACING ADDICTION IN AMERICA

The Surgeon General’s Report on Alcohol, Drugs, and Health

U.S. Department of Health & Human Services
President Trump declares the opioid epidemic a national emergency

1. FEMA money made available
2. Public health workers redeployed
3. Access to MAT increased by HHS
4. Medicaid pays for more treatment
5. Congress can appropriate more funds
6. States can request aid

(Source: NPR, August 11, 2017)
CDC awards $28.6 million to help states fight opioid overdose epidemic

Support will strengthen state efforts to prevent and track opioid overdoses.

Increased funding for opioids in the fiscal year (FY) 2017 Omnibus Appropriations bill is allowing CDC to support all states funded under its Overdose Prevention in States (OPIS) effort, which includes three programs that equip states with resources needed to address the epidemic. The three programs are:

• Prescription Drug Overdose: Prevention for States (PfS)
• Data-Driven Prevention Initiative (DDPI)
• Enhanced State Opioid Overdose Surveillance (ESOOS)

(Source: CDC, September 5, 2017)
Effective Treatment includes Prevention and Intervention

Red Flags and other Warnings in a Physician Practice, Urgent Care or Emergency Department setting

• Patients with chronic pain
  Dependent
  – Lost prescriptions, early refills, after hours refills
  – Their primary care physician or specialist is not available
  – Suggesting what meds are effective: “it’s the only thing that works!”
  – Listing allergies to meds that only leaves hydrocodone or amphetamines
  – Adamant opposition to reducing the dosage of opioid meds or using alternative meds
  – Complaints of diarrhea, stomach ache, sweaty, having enlarged pupils – signs of opioid withdrawal
  Non dependent
  – Low resistance
  – Open to suggestions of alternate meds

• Know the common addictive medications people ask for
• Have a working referral relationship with legit pain specialists
  – Best to not handle chronic pain in an urgent care or primary care setting
  – If someone needs narcotic medications, refer them to a pain specialist
Effective Treatment includes Prevention and Intervention

**Suggested practices in Hospital EDs & Urgent Care Centers**

- Develop a substance use screening process (SBIRT)
- No replacement prescriptions for controlled substances that are lost, destroyed, or stolen
- Discourage administration of intravenous or intramuscular opioids
- No prescriptions for long-acting or controlled-release opioids
- When opioids are prescribed, provide patient counseling on proper usage, storage, and disposal of opioids
- Write prescriptions for the shortest duration possible (3 days)
- Refer patients with acute exacerbations of chronic pain to PCP and reduce prescriptions to no more than 3-5 days, if issued
- Require proper photo ID to issue prescriptions
- Consult the Prescription Monitoring Program (PMP) before writing opioid prescriptions for acutely painful conditions
- Develop way to track patients who may be seeking opioids from EDs
Effective Treatment includes Prevention and Intervention

HHS announces new actions to combat opioid epidemic

HCAHPS Proposal

• Many clinicians report feeling pressure to overprescribe opioids because scores on the HCAHPS survey pain management questions are tied to Medicare payments to hospitals. But those payments currently have a very limited connection to the pain management questions on the HCAHPS survey. In order to mitigate even the perception that there is financial pressure to overprescribe opioids, the Centers for Medicare and Medicaid Services (CMS) is proposing to remove the HCAHPS survey pain management questions from the hospital payment scoring calculation. This means that hospitals would continue to use the questions to survey patients about their in-patient pain management experience, but these questions would not affect the level of payment hospitals receive.

(HHS Press Office, July 6, 2016)
Effective Treatment includes Prevention and Intervention

Assess and address chronic pain using alternatives to prescription opioids

- Educate physicians
- Physicians educate consumers
- Change prescriptive practices – less opioids
- Reduce the number of doses per opioid prescription
- Promote non-medication alternatives to managing pain
- Involve addiction treatment professionals as needed
Treating Chronic Pain and Addiction Simultaneously

Blending behavioral and medical components

a) Detox from opioids
b) Physical therapy & physical activity
c) Pain medicine physician consultation
d) Medications and medical procedures as appropriate
e) Addiction & dual diagnosis treatment
f) Alternative therapies
g) Self-management skills
Contact Information

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