

# Recap and solutions from the 50 state convening to prevent opioid overdose and addiction

September 17-18, 2015

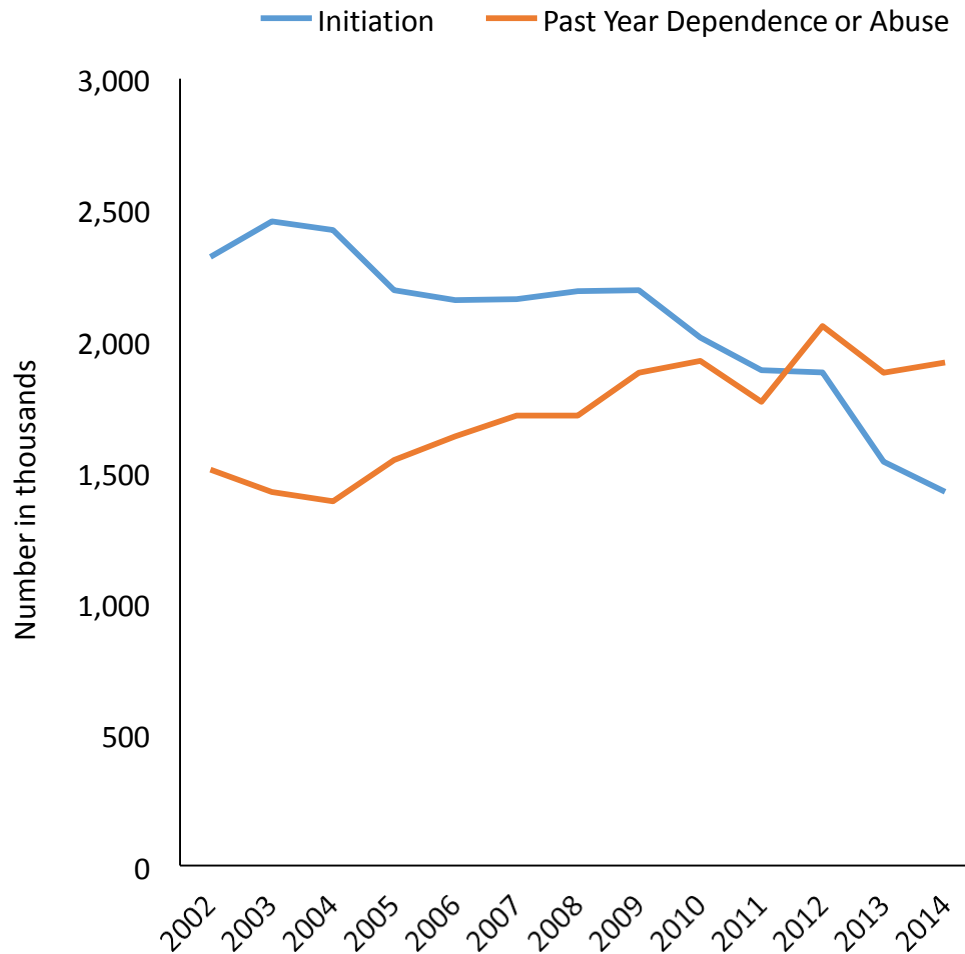
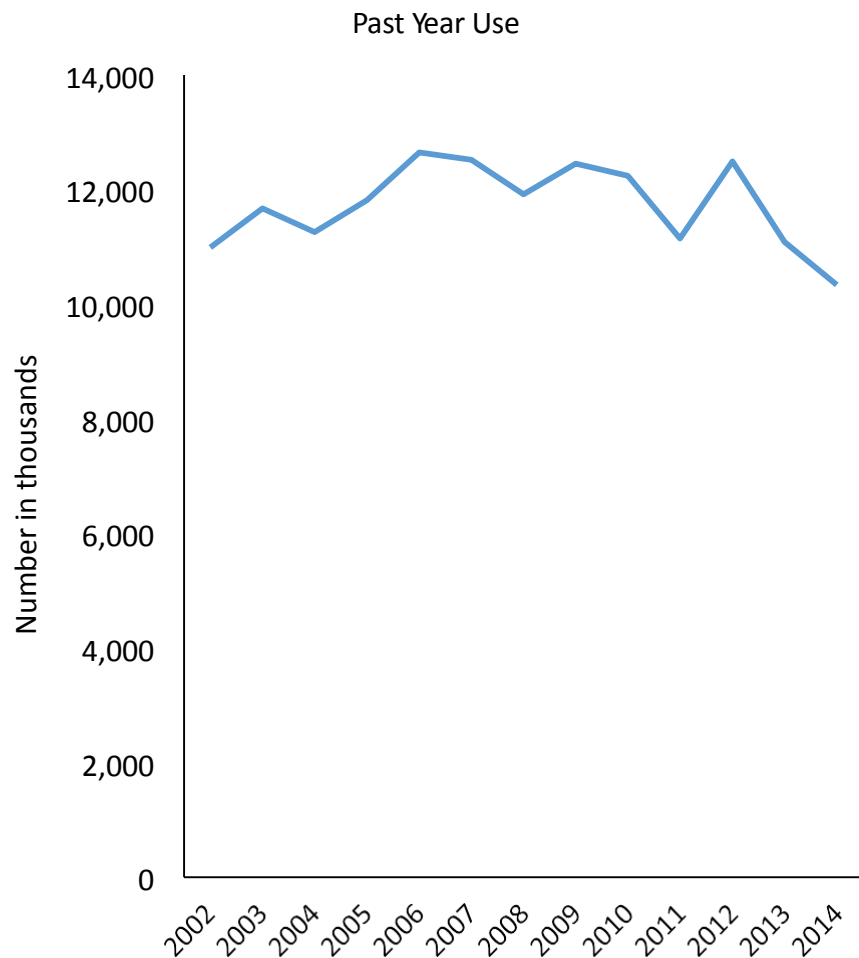
Arlington, VA

Presented to the Mental Health and Advisory  
Board on Alcoholism and Drug Abuse  
October 14, 2015 in Cordova, Alaska  
Gunnar Ebbesson

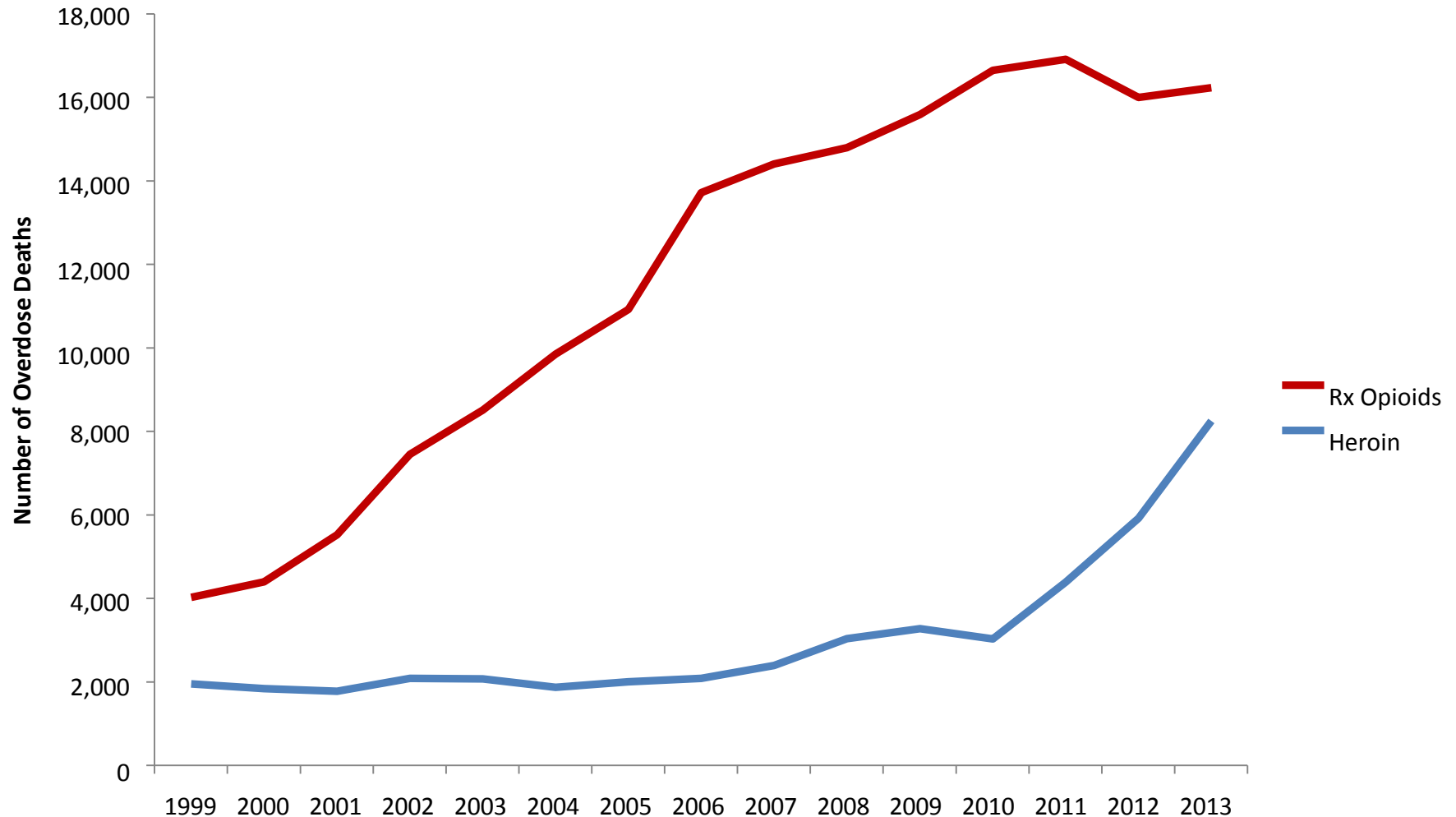
# Today's presentation

- Overview of epidemiology in the nation and our state
- Review of some state supported responses
- Suggestions for moving forward in our state
- The reason we are here: to get your help and advice on dealing with this significant public health problem

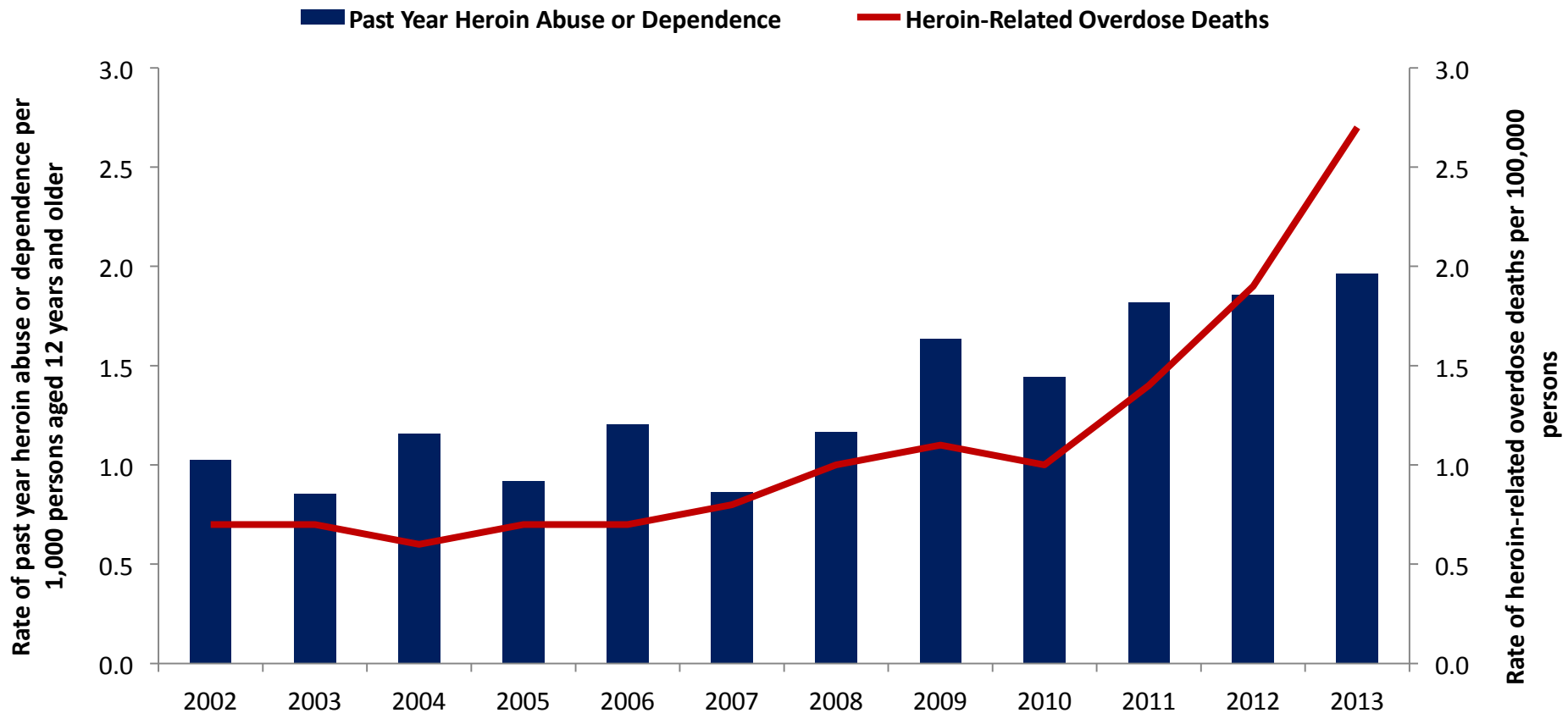
# Non-Medical Use of Prescription Opioids, US, 2002-2012



# Prescription Opioid and Heroin Overdose Deaths, US, 1999-2013



# Rise in heroin overdose deaths strongly correlated with increase in heroin abuse or dependence



# People with other substance abuse or dependence also at increased risk

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People with abuse or dependence on:

ALCOHOL

are

**2x**

MARIJUANA

are

**3x**

COCAINE

are

**15x**

Rx OPIOID PAINKILLERS

are

**40x**

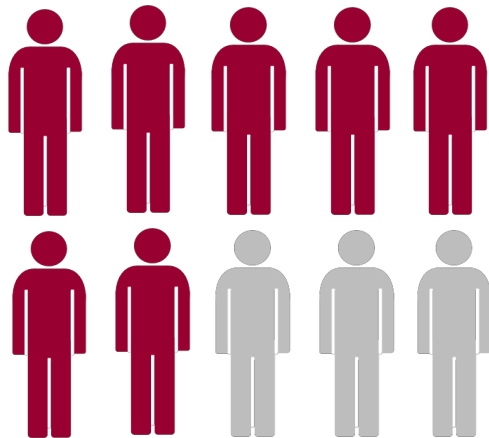
More likely to have heroin abuse or dependence

# Nonmedical use of Rx opioids significant risk factor for heroin use

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**3 out of 4 people**  
who used heroin in the  
past year misused  
opioids first



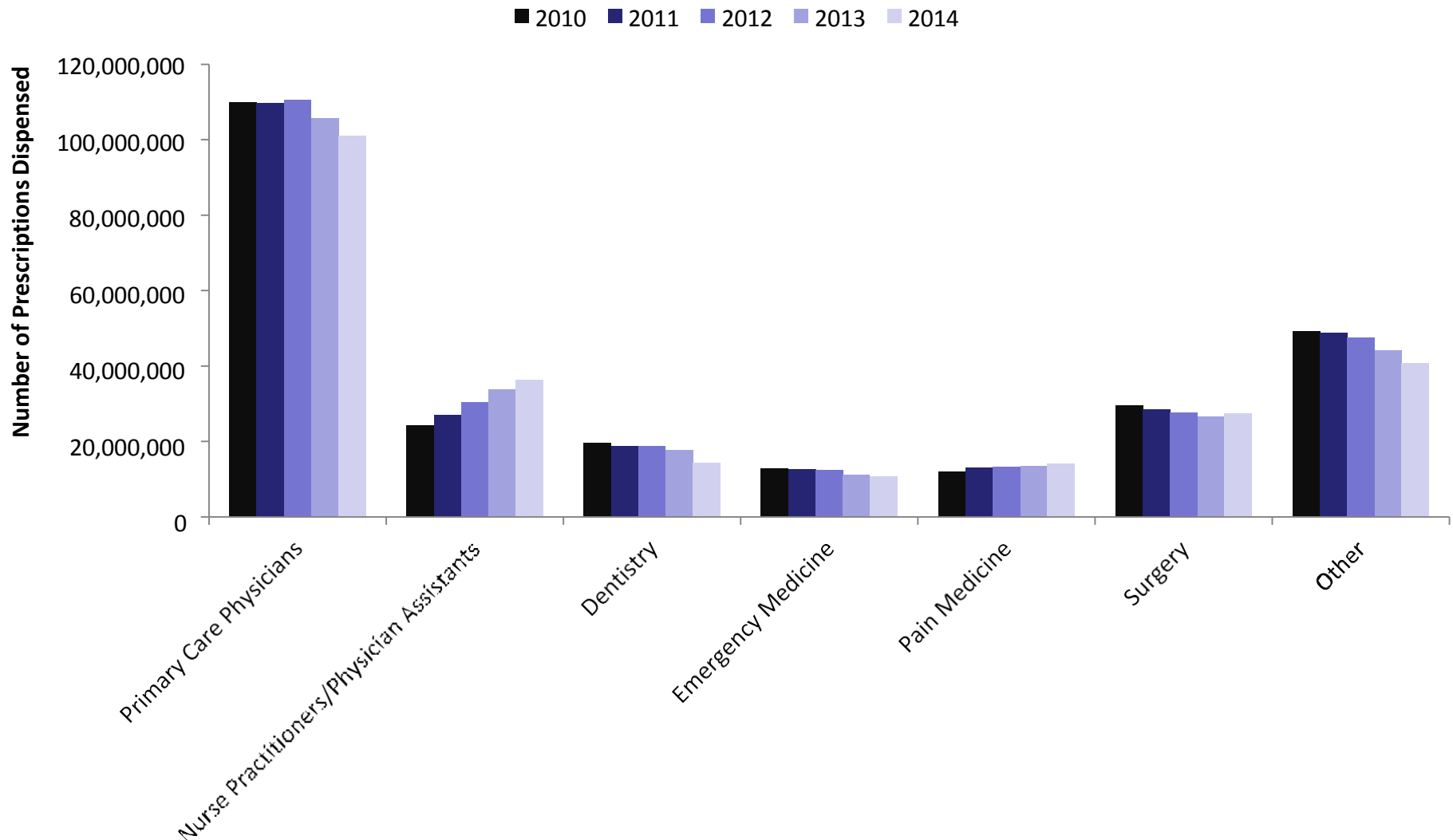
**7 out of 10 people**  
who used heroin in the  
past year also misused  
opioids in the past year

# Changing demographics of heroin use

	2002-2004*	2011-2013*	% CHANGE
<b>SEX</b>			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
<b>AGE, YEARS</b>			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
<b>RACE/ETHNICITY</b>			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
<b>ANNUAL HOUSEHOLD INCOME</b>			
Less than \$20,000	3.4	5.5	62%
\$20,000–\$49,999	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
<b>HEALTH INSURANCE COVERAGE</b>			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

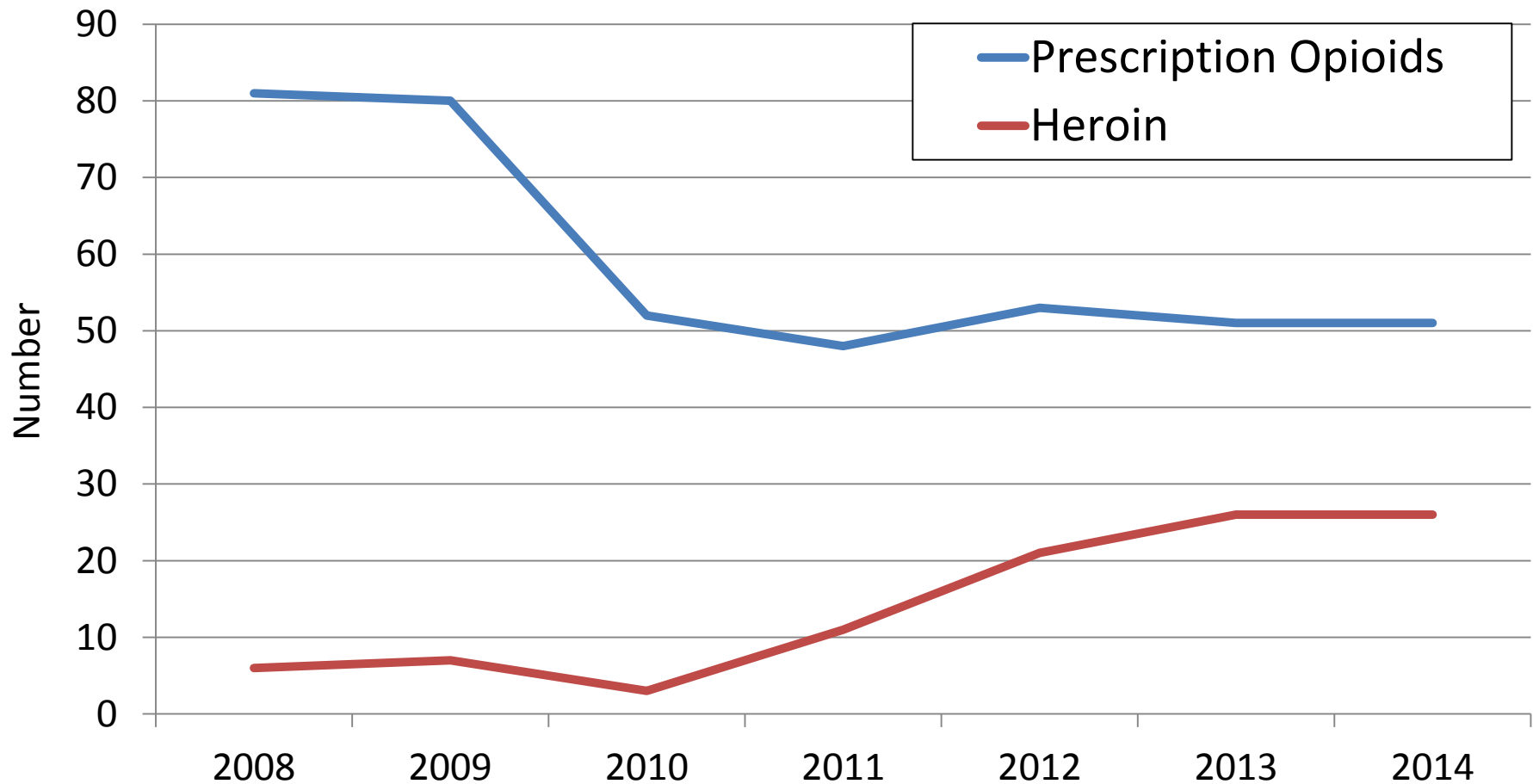


# Opioid analgesic prescriptions dispensed from US retail pharmacies by provider specialty, 2010-2014



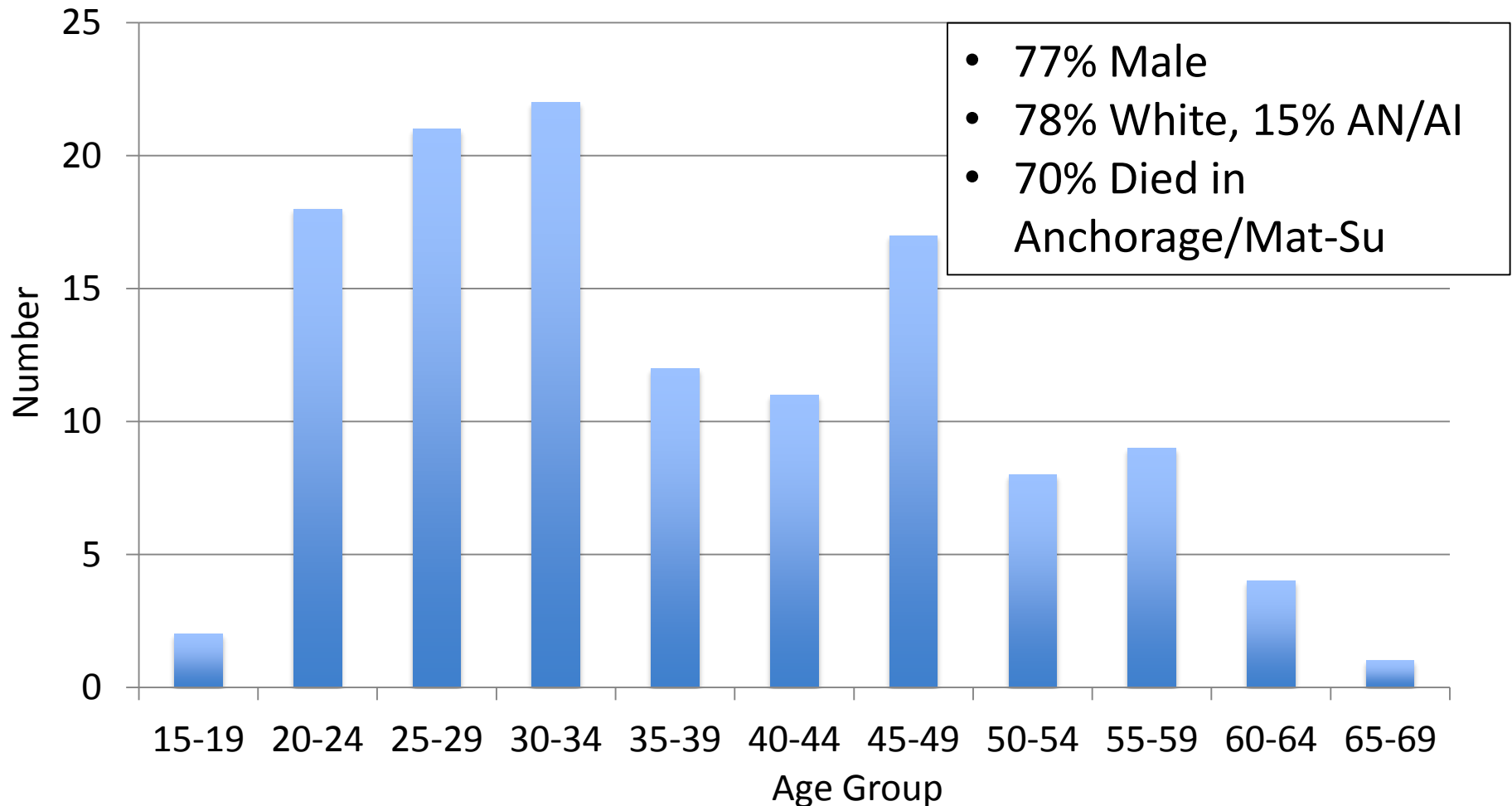
Source: CM Jones. Prescription Trends for Controlled Prescription Drugs. NIDA Webinar 9/1/2015. Based on IMS Health National Prescription Audit (extracted 8/24/2015). Retrieved from <http://www.drugabuse.gov/news-events/meetings-events/2015/09/latest-prescription-trends-controlled-prescription-drugs>.

# Prescription Opioid and Heroin Overdose Deaths, Alaska, 2008-2014



Source: Alaska Bureau of Vital Statistic, Division of Public Health, DHSS

# Characteristics of Heroin Overdose Decedents (Primary or Contributing Cause), Alaska, 2008-August 2015 (n=125)



Source: Alaska Bureau of Vital Statistic, Division of Public Health, DHSS

# Response strategy



## **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.**

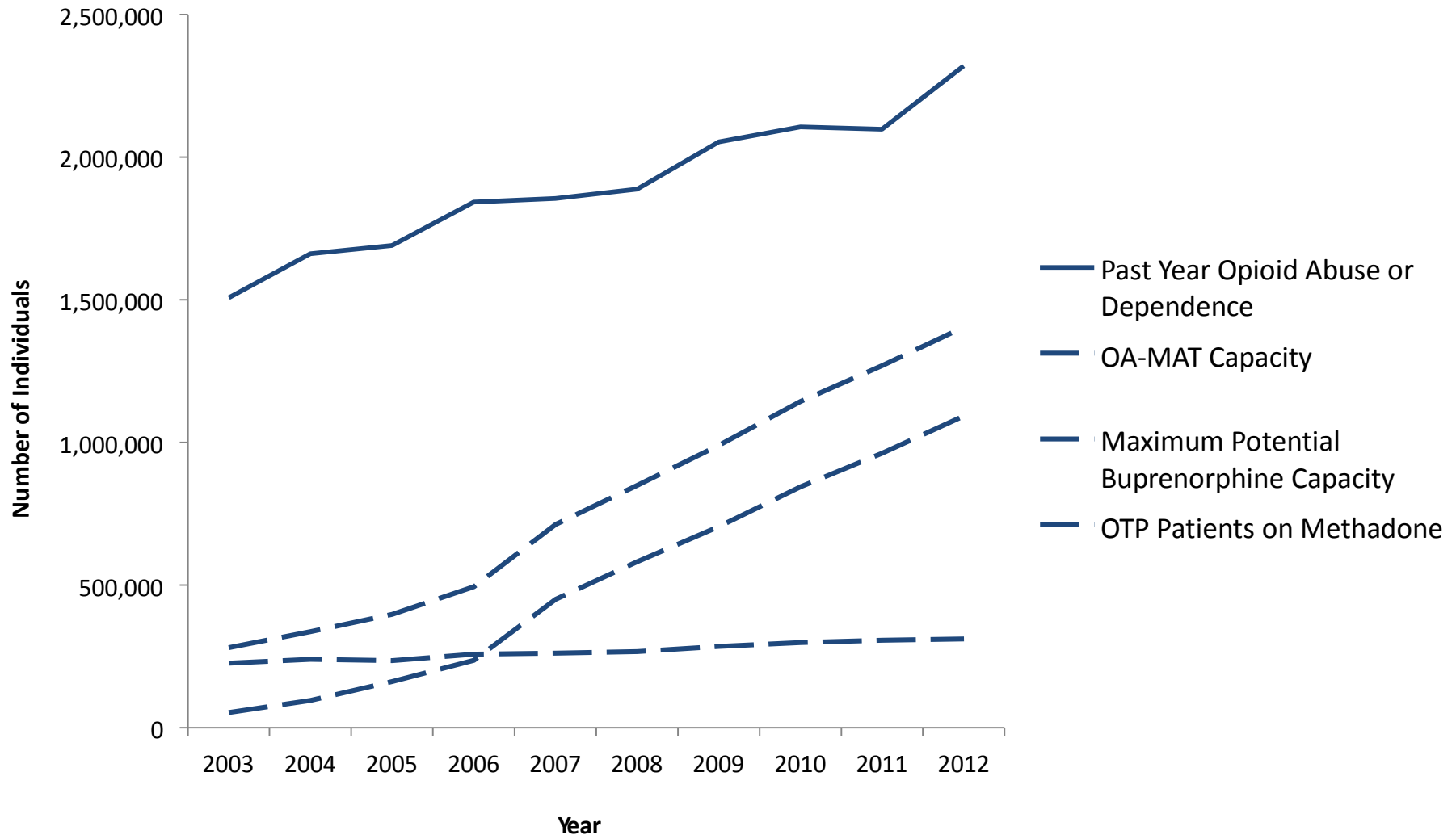
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

# Strategies used by other states

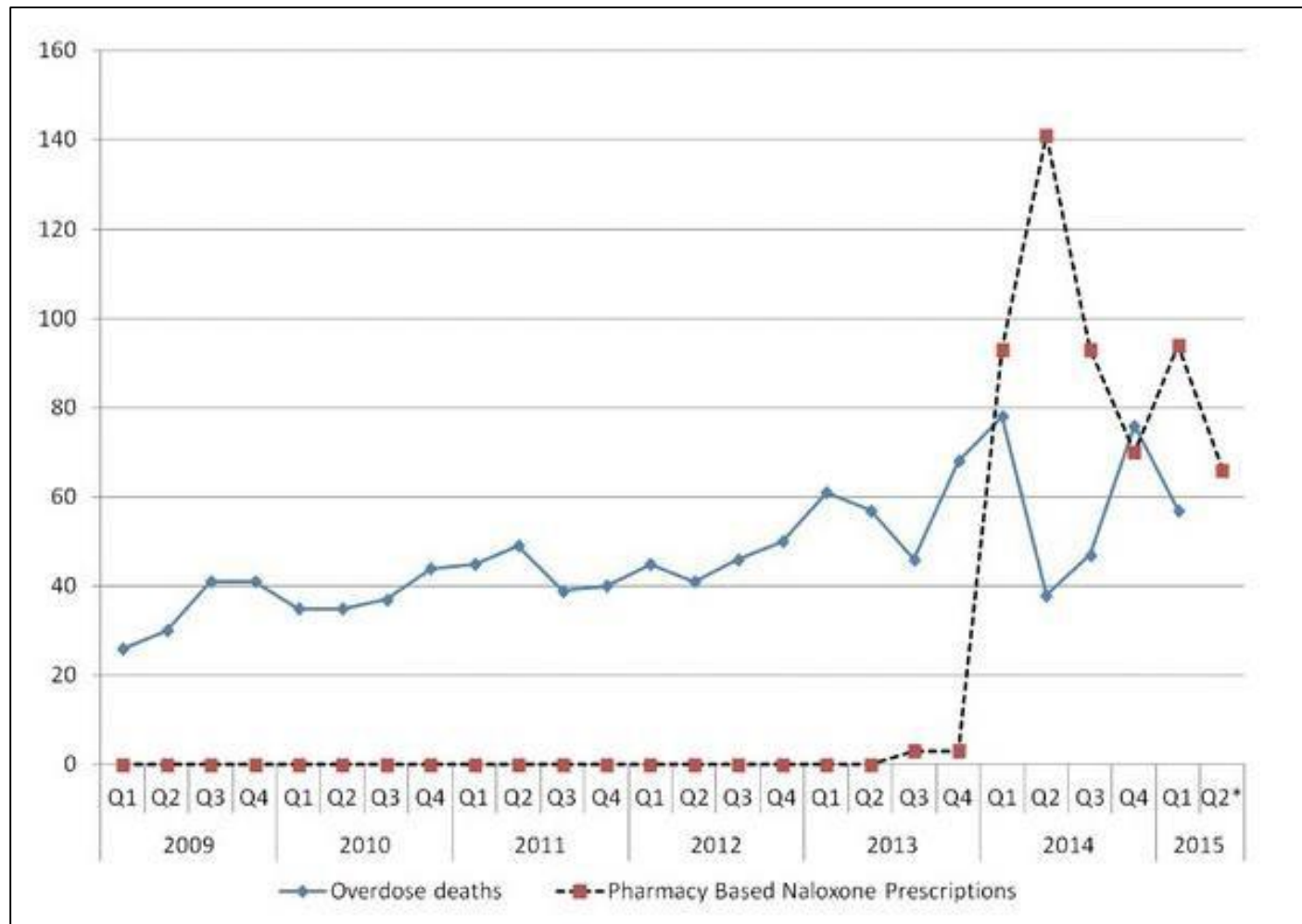
- Kentucky House Bill 1: Mandatory PDMP registration and use as well as reporting within 24 hours led to 8.9% decrease in opioid prescription.
- Florida PDMP and pill mill law: 2.5% reduction in total opioid volume, 5.6% reduction in mean MME per transaction, 1.3 % reduction in total number of opioid prescriptions dispensed.
- Massachusetts Collaborative Care Model: Implement office based buprenorphine treatment in 14 health centers.
- Rhode Island Physician-Pharmacist Collaborative Practice Model Pilot: Physicians oversee Pharmacists providing MAT
- Rhode Island Opioid Treatment Program Health Home Initiative: Public awareness Campaigns, used Affordable Care Act to create Medicaid Health Homes which provide integrated care



# Treatment need for opioid abuse or dependence exceeds capacity for opioid agonist medication assisted treatment (OA-MAT) in the US

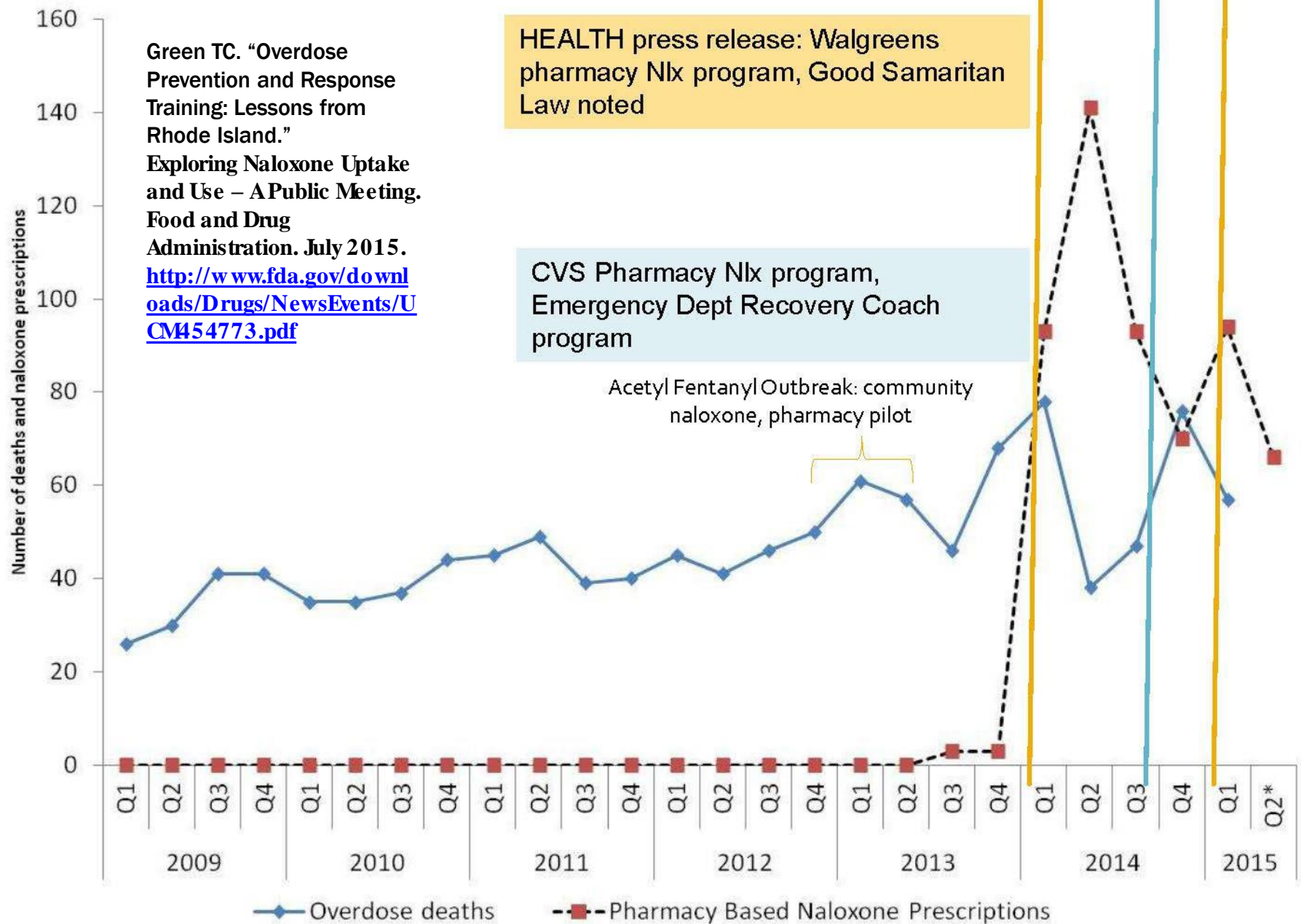


# Overdose deaths and pharmacy-based naloxone prescriptions dispensed in Rhode Island





# Training + Awareness: Pharmacy Based Naloxone



# Suggestions for our state:

## Prescribing Practices:

- Prescribing guidelines-CDC coming out in January-Research shows that simply providing guidelines reduces MME prescriptions
- Training on proper prescribing tied to licensure
- More education in medical school
- Prescription Drug Monitoring System (PDMP)
  - Real time/timeliness
  - Linking licensure to use of PDMP
  - Getting state to re-fund and promote
  - Update interface to make it more user friendly

# Medication Assisted Treatment (MAT)

- Increasing Access:
  - DHHS increasing prescribing caps
  - Legislation is needed to allow midlevels to prescribe
  - OTPs prescribing buprenorphine
  - Increase number of OBOTS
- **Requiring counseling- we need to figure out how to change current prescribing practices**
- Use of other medications such as Vivitrol for abstinence
- Ambulatory Detox

# Naloxone Rescue Kits

- Increase Access and Training
  - Get into all law enforcement patrol vehicles and to VPSO's
  - Work with pharmacies to stock them
  - Open orders to make available to family members through the pharmacies
  - Bystander classes
  - Dispense where ever opioid treatment interventions are done:
    - Inpatient, outpatient, OTP's, needle exchanges, Vivitrol, geriatric
- Legislation
- **Use resuscitation as opportunity for intervention**

# Secretary Burwell's Initiatives

- Focused on evidence based-practices:
  - Empower providers to *safely* provide prescription pain-relievers
  - Increased access to medication assisted treatment, especially buprenorphine; “lift people out of addiction”
  - Increased access to naloxone rescue kits
    - \$1.7M to 13 states

# HHS Agency Initiatives

- FDA:
  - Supporting increased training requirements to maintain DEA licensure
  - Expedited review of two naloxone products for intranasal administration
- SAMHSA:
  - Opioid OD Toolkit
  - Open to MAT via midlevels but would change of Federal law
- CDC:
  - Management clinical guideline (Jan 2016)
  - Evaluation of prevention strategies and promotion of best practices

Please guide us in the process of  
helping our state to decrease access to  
opioids, increase access to MAT and  
prevent overdose

Thank you!