

Policy responses: Substance abuse and addiction

Indiana Family Impact Seminar

Indianapolis, Indiana

11/17/15

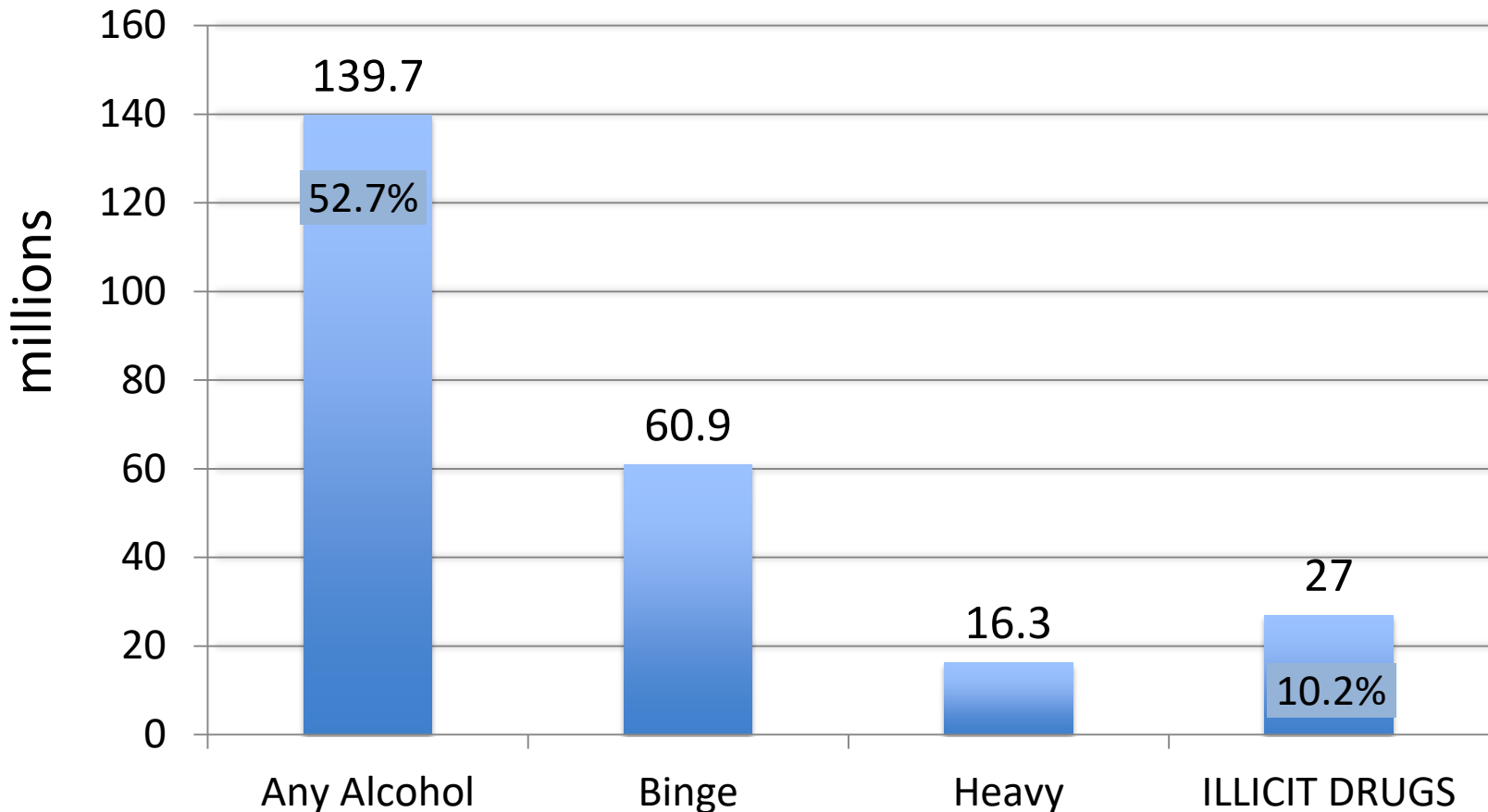
Carol Falkowski

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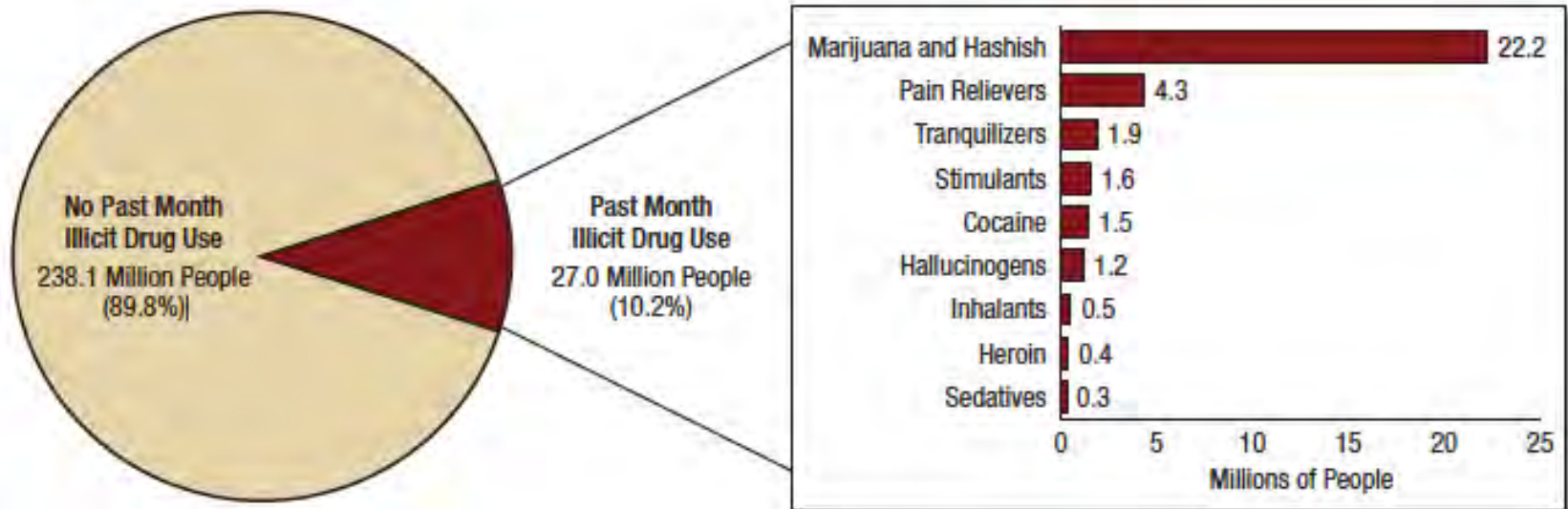
Author: *Dangerous Drugs*

Current substance use in the US (age 12 and older, 2014)



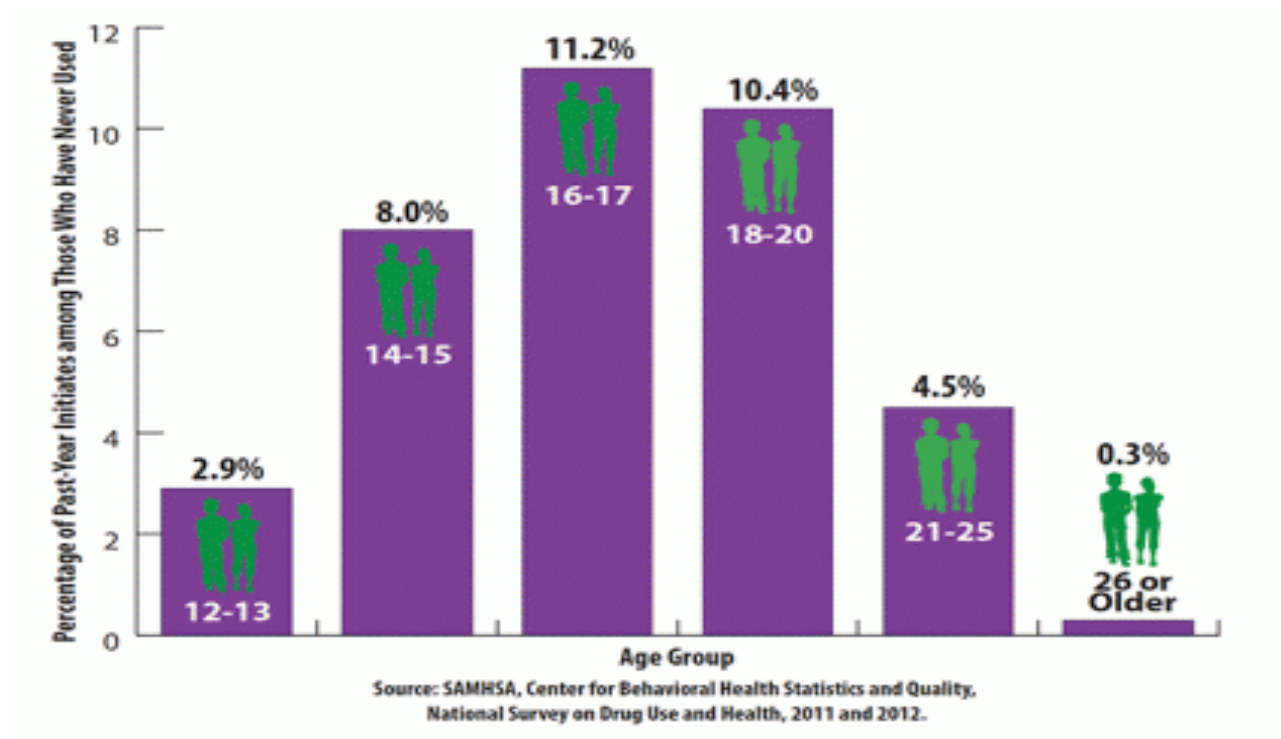
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data>

Current illicit drug use: People age 12 and older, 2014



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data>

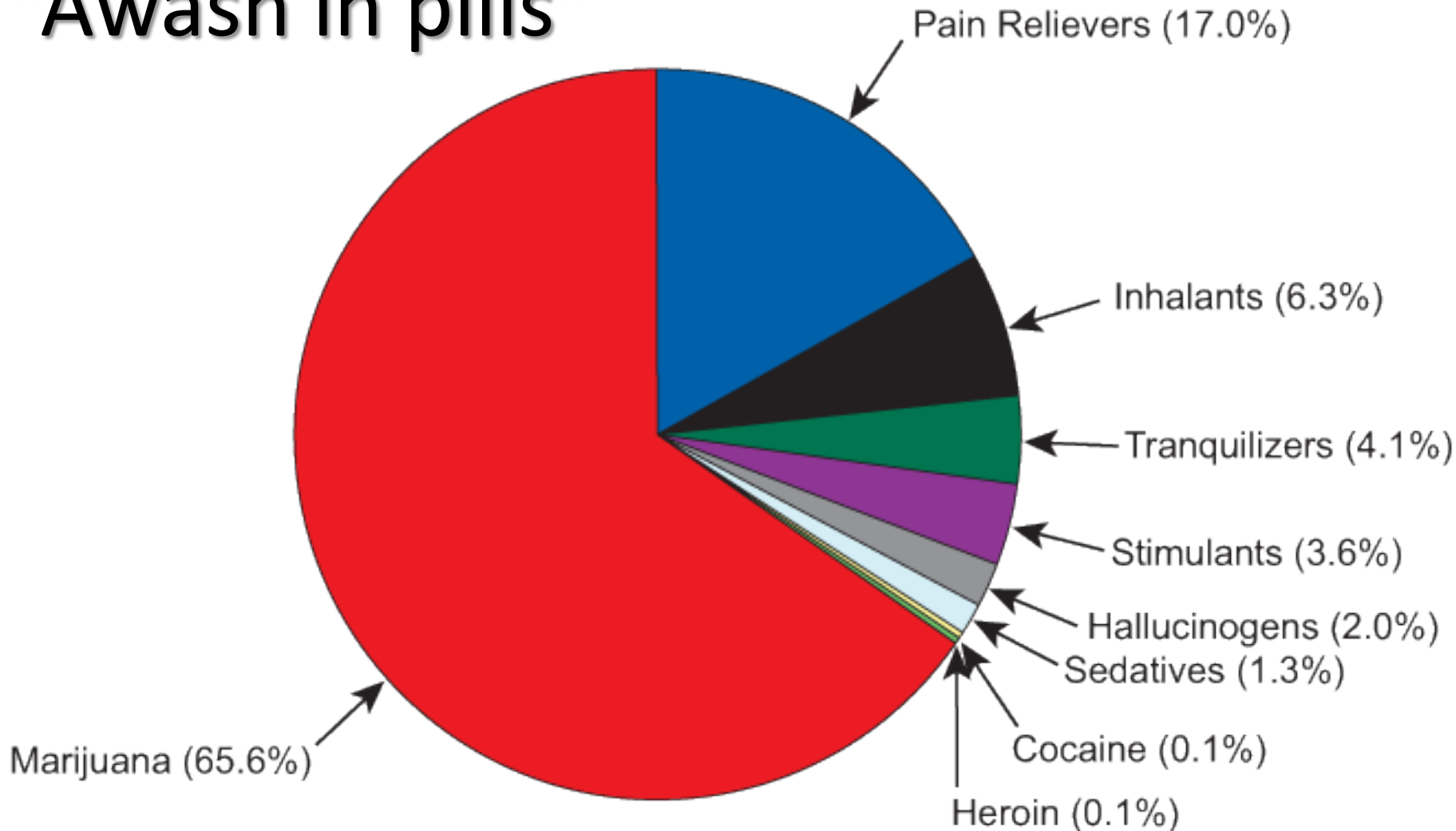
Most illicit drug use starts in teenage years



Substance Abuse “Tipping Points”

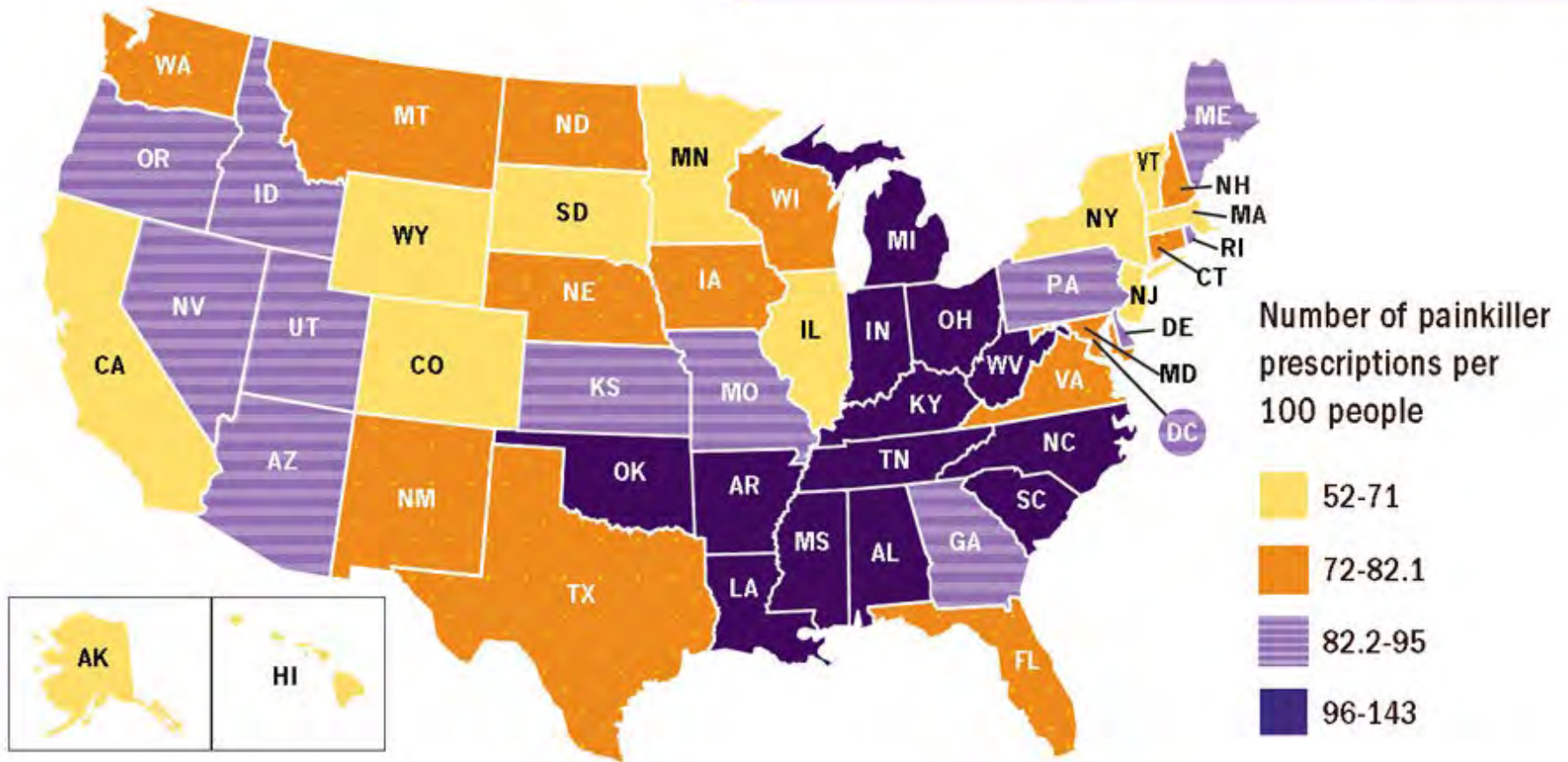
- Marijuana
- Synthetic drugs
- Resurgence of methamphetamine

“Awash in pills”



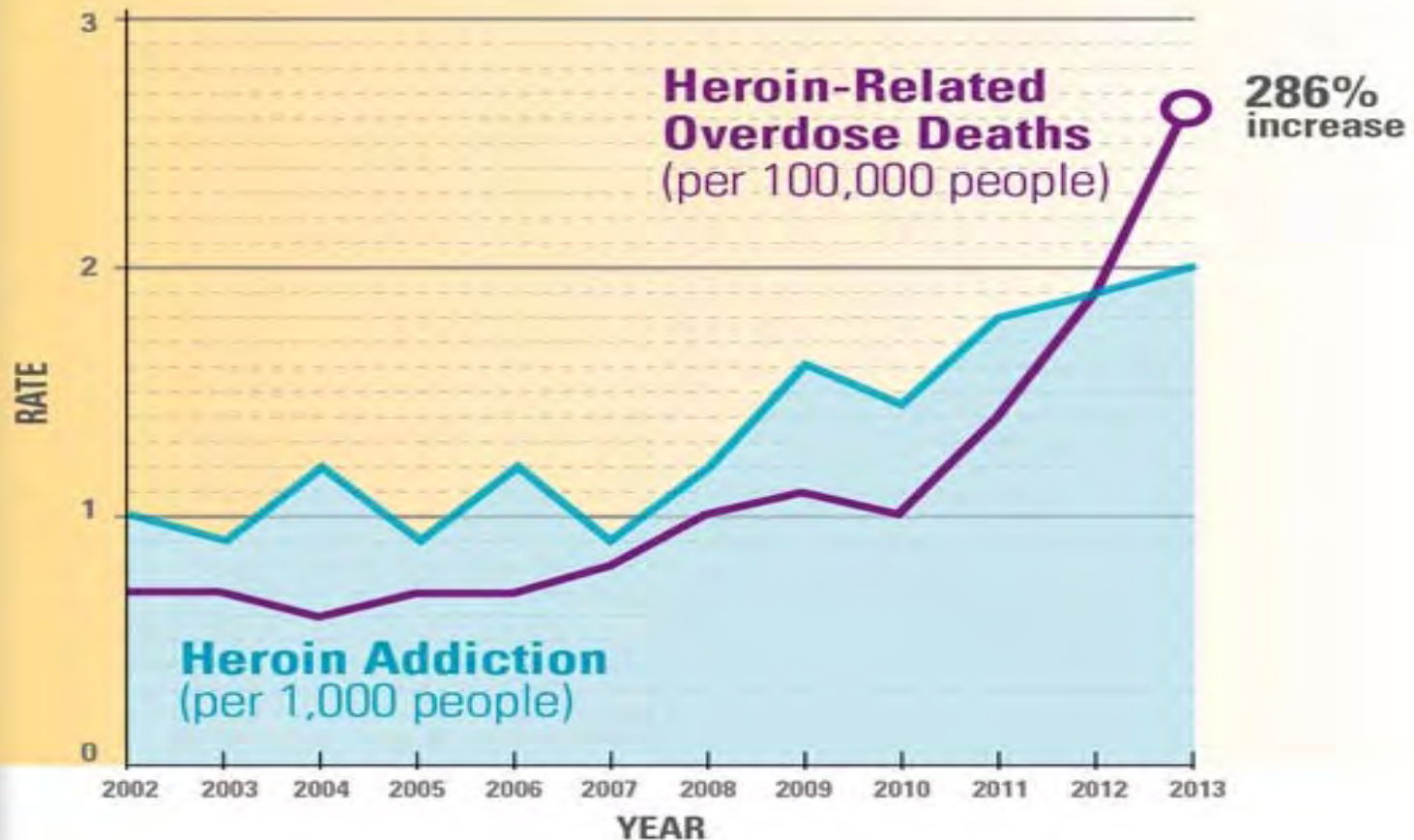
2.9 Million Initiates of Illicit Drugs

Some states have more painkiller prescriptions per person than others.



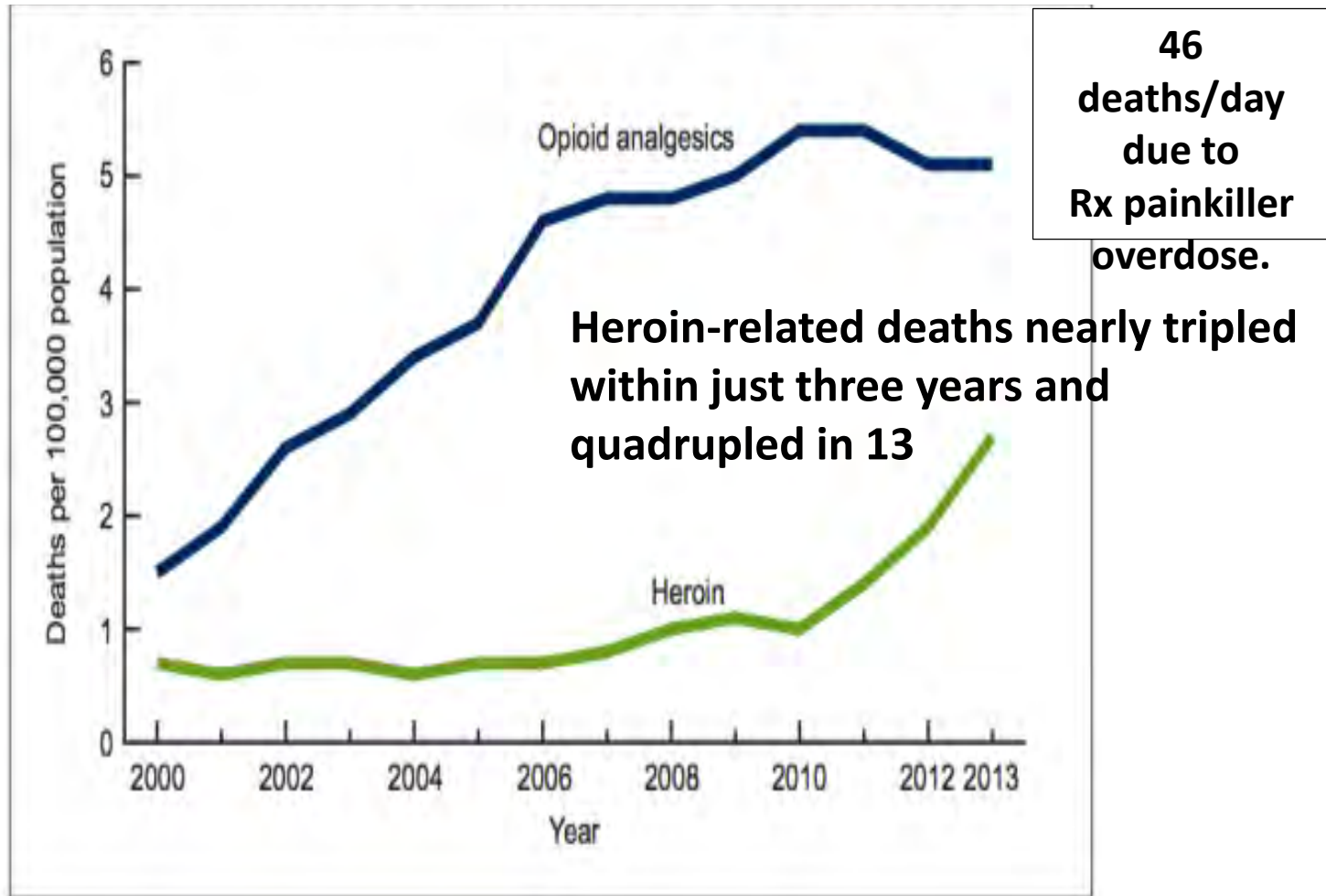
SOURCE: IMS, National Prescription Audit (NPA™), 2012.

Heroin Addiction and Overdose Deaths are Climbing



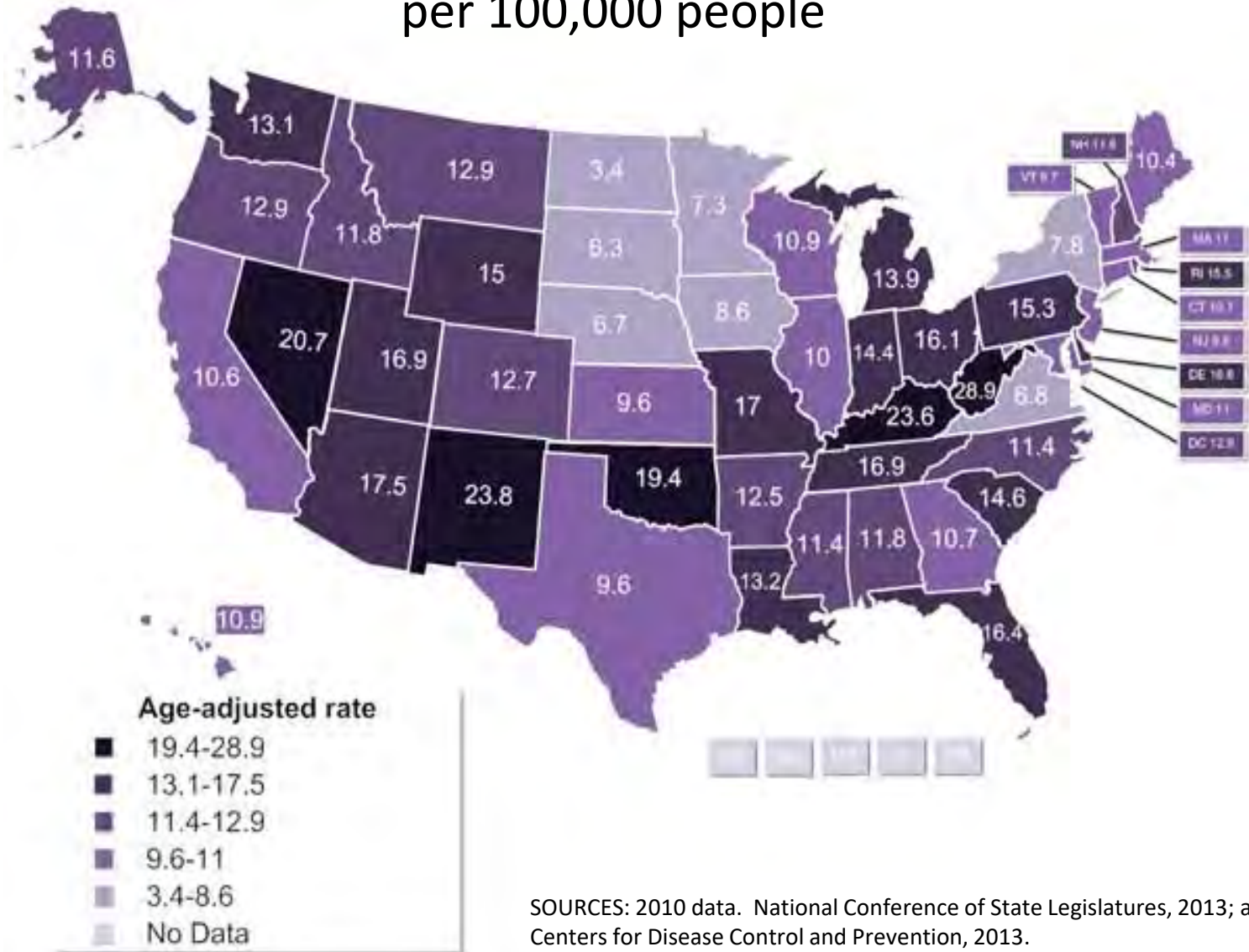
SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013.
National Vital Statistics System, 2002-2013.

Drug deaths in United States 2000 - 2013



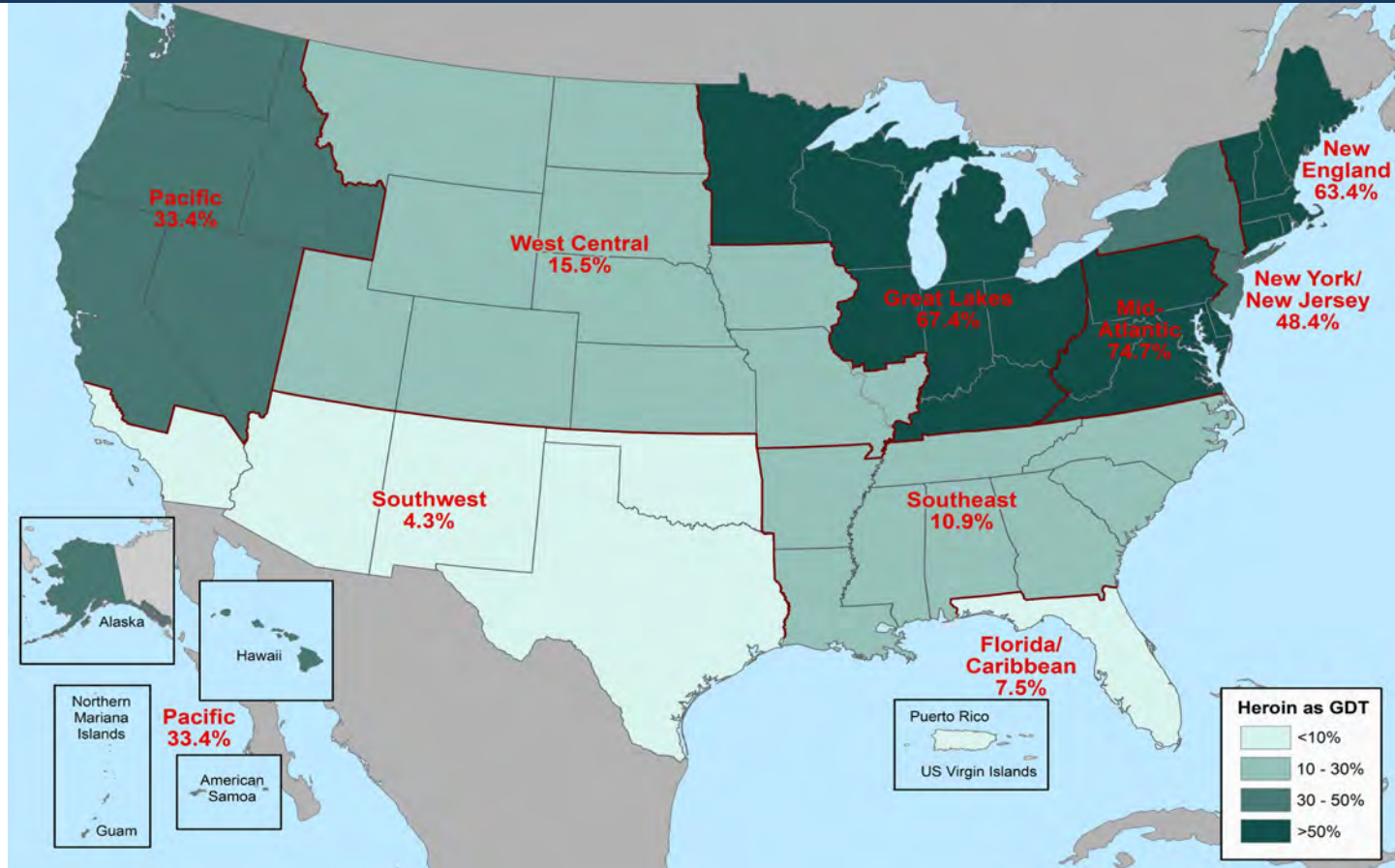
CDC/NCHS, National Vital Statistics System, Mortality.

Drug poisoning: Age-adjusted death rates per 100,000 people



SOURCES: 2010 data. National Conference of State Legislatures, 2013; and Centers for Disease Control and Prevention, 2013.

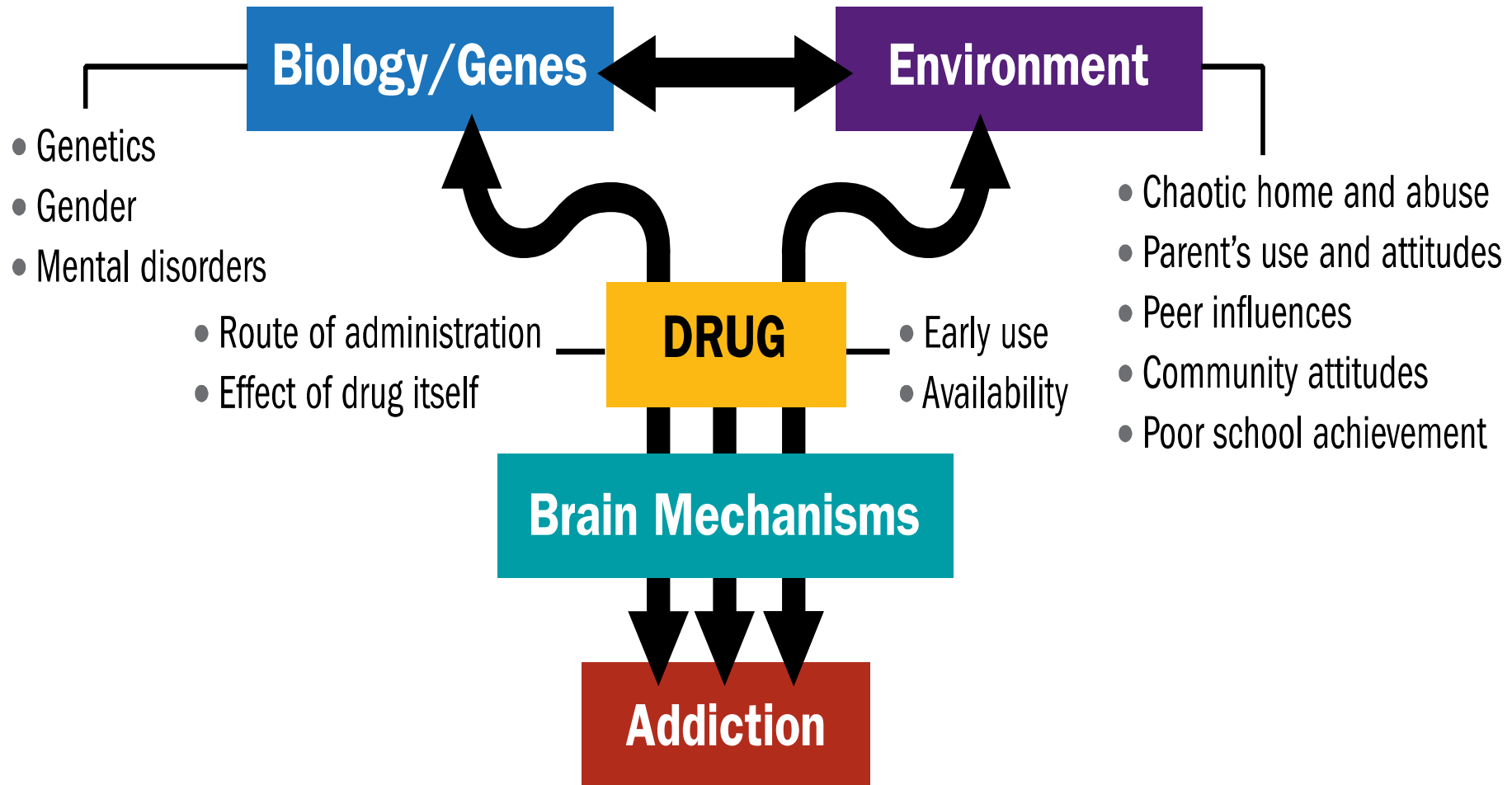
Heroin reported as greatest drug threat by region: 2015 NDTs



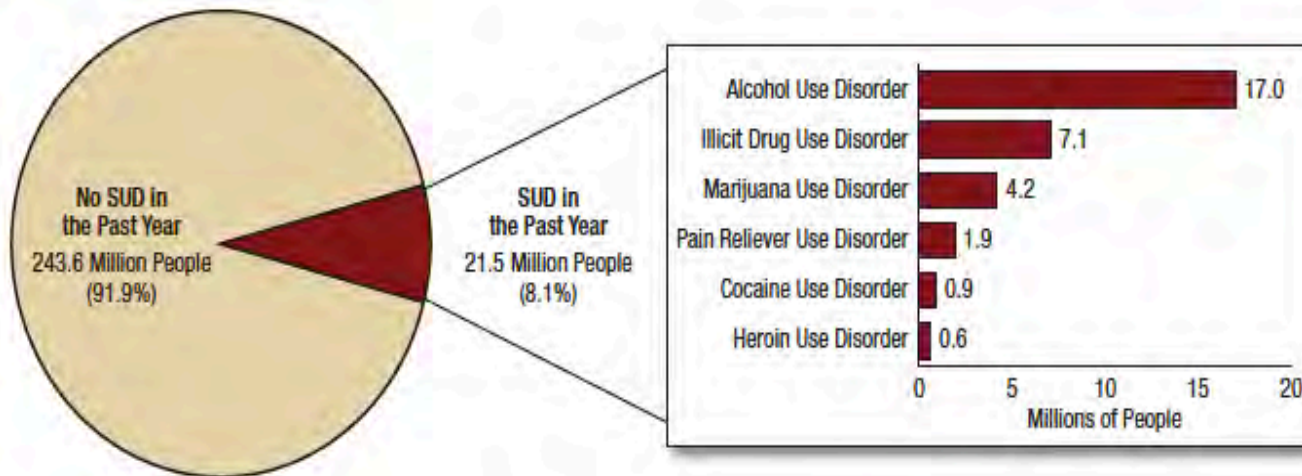
Source: 2015 National Drug Threat Survey

The National Drug Threat Survey, or NDTs, is conducted by DEA annually to solicit information from a nationally representative sample of state, local, and tribal law enforcement agencies.. In 2015, there were 1,105 respondents from across the country.

Why some people get addicted and others do not



Past year substance use disorder: People age 12 and older, 2014



SUD = substance use disorder.

Note: SUD refers to dependence or abuse in the past year related to the use of alcohol or illicit drugs in that same period. Estimated numbers of people having disorders for specific substances do not sum to the 21.5 million people with any SUD because people could have disorders associated with their use of more than one substance.

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data>

Most people who need specialized treatment for a drug or alcohol problem do not receive it.

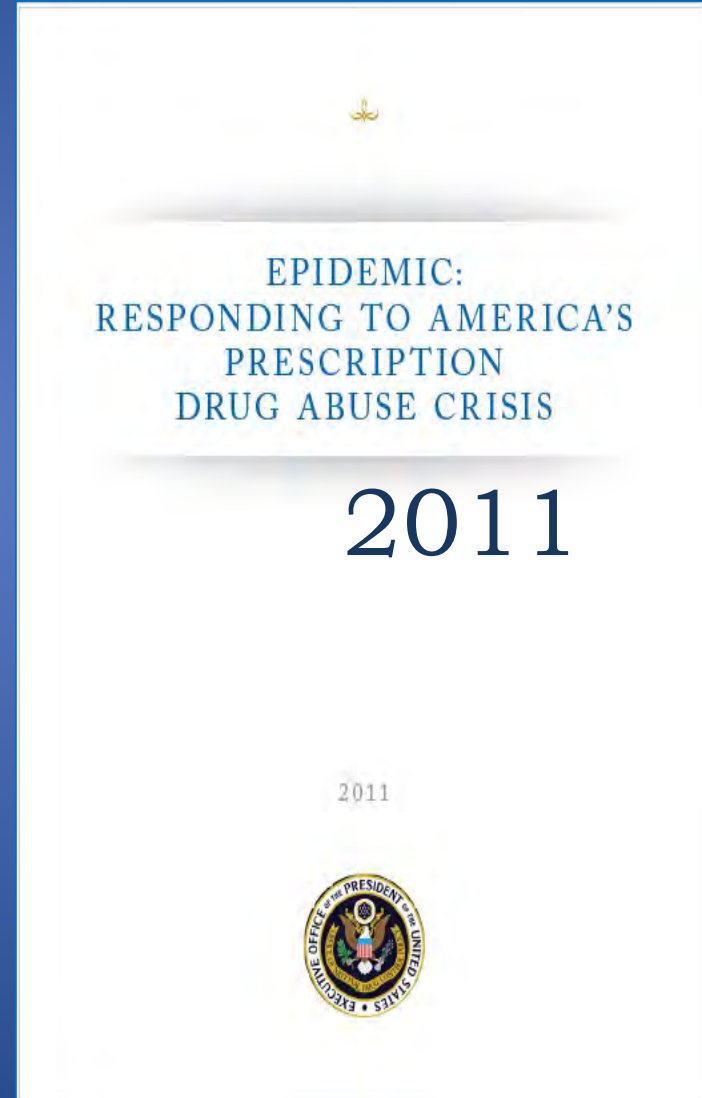
According to SAMHSA's National Survey on Drug Use and Health 23.2 million persons (9.4 percent of the U.S. population) aged 12 or older needed treatment for an illicit drug or alcohol use problem in 2007.

Of these individuals, 2.4 million (10.4 percent) received treatment at a specialty facility (i.e., hospital, drug or alcohol rehabilitation or mental health center). These estimates are similar to those in previous years.

SOURCE: Substance Abuse and Mental Health Services Administration. *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Rockville, MD, 2011.

Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government
- 4 focus areas
 - Education
 - Prescription Drug Monitoring Programs
 - Proper Medication Disposal
 - Enforcement



The Federal government:

- Providing educational training and resources to health care providers about opioid prescribing.
- Developing prescribing guidelines for chronic pain.
- Supporting the use of prescription drug monitoring programs (electronic databases that track the dispensing of certain drugs) as a routine part of clinical practice.
- Increasing access to treatment services through the Affordable Care Act.

The Federal government:

- Expanding use of Medication-Assisted Treatment (MAT).
- Supporting the development/distribution of naloxone to reduce prescription opioid and heroin overdose deaths.
- Supporting the research & development of pain medications that may be less prone to abuse.
- Improving surveillance to better track trends, identify communities at risk, target prevention strategies, and measure progress.

Federal changes in 2014

- **The FDA reclassified hydrocodone combination drugs** such as Vicodin from Schedule III to Schedule II of the Controlled Substance Act. Under schedule III doctors could prescribe a six-month supply as a 30-day prescription with up to five refills. Under Schedule II they are limited a three-month supply in 30-day increments that must be filled sequentially.
- **DEA making Rx drug disposal available at more locations**

States can:

- Improve prescription drug monitoring programs (PMDP) by making timely and easy to use.
- Increase access to substance abuse treatment services, including MAT for opioid addiction.
- Expand access to/training for administering naloxone to reduce opioid overdose deaths.

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State Responses:

- Task forces
- Naloxone/Good Samaritan, other law changes
- Public education campaigns
- State plans
- PDMP changes
- Increased programs for underserved populations, geographic areas in need of services

INDIANA

The Governor's Task Force on Drug Enforcement, Treatment, and Prevention

Attorney General's Prescription Drug Abuse Prevention Task Force

Indiana Attorney General Launches Naloxone Kit Program

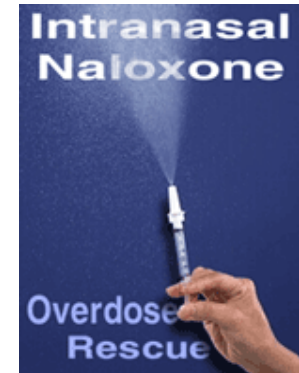
Grant allows state to equip first responders with overdose kits

Nov 3, 2015



PENNSYLVANIA

10/30/2015



Pennsylvanians can now access an overdose-reversing drug without a prescription, thanks to a **statewide standing order** issued Wednesday.

Physician General Dr. Rachel Levine signed the order . . . calling it a "huge victory" in the battle against rising overdose deaths across the state.

"This forward-thinking initiative gives people the tools they need ***to keep their communities and families intact,***" she said

SOURCE: http://www.timesonline.com/news/local_news/standing-order-of-naloxone-available-across-pennsylvania/article_f7111022-7e7d-11e5-9c8c-5b03d12091f0.html

OHIO

2011 Governor's Cabinet Opiate Action Team

- Ohio's Opioid Prescribing Guidelines
- Opioid Toolkit
- Opioid Rxing CMEs



Tri State Opiate Summit (IN, KY, OH)

February 2015

- ✓ Expand prevention and educational efforts to prevent the abuse of opioids and heroin and to promote treatment and recovery.
- ✓ Expand the availability of naloxone to law enforcement agencies and other first responders.
- ✓ Increase funding and support for building new detox, treatment, and recovery centers.
- ✓ Launch an evidence-based opioid and heroin treatment and interventions program to expand treatment best practices throughout the country.
- ✓ Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion.
- ✓ Expand disposal sites for unwanted prescription medications.
- ✓ Longer mandatory prison terms for predatory traffickers (not users supporting their substance use disorder).
- ✓ Funding for peer support recovery programs.
- ✓ "Means-tested and vetted" repayment programs for those treated at governmental expense.
- ✓ Require mandatory Hepatitis C and HIV testing and counseling for all ER and arrests suspected of substance use disorders.
- ✓ "Good Samaritan" protection to expand naloxone access.

LEGISLATIVE PRIORITIES 2015-2017



- ✓ Use of language that recognizes substance use disorders as a disease.
- ✓ Discontinue use of language that stigmatizes substance use disorders.
- ✓ Increased funding to expand support services for pregnant women with substance use disorders.
- ✓ Allow Medication-Assisted Therapy for those with opioid substance use disorders to be covered by Medicaid.
- ✓ Allow for evidence-based infection prevention services including education, case management, and wraparound services.
- ✓ Legislation to encourage increased surveillance and cooperation among law enforcement agencies across boundaries/borders.
- ✓ Increased funding for evidence-based, prenatal through college, prevention programs.
- ✓ Increased funding for research on prevention of, treatment for, and recovery from substance use disorders.
- ✓ Expand resources to identify and treat incarcerated individuals suffering from substance use disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.

Kentucky Legislature Passes Heroin Bill

March 2015

- Treatment (mothers, jails)
- Tougher penalties
- Needle exchange
(reduce HCV and HIV)
- Naloxone/Good Samaritan
(reduce overdose)

SOURCES: <http://www.cincinnati.com/story/news/politics/beating-heroin/2015/03/24/ky-heroin-deal-reached-last-day/70405676/> and <http://drugfreenky.org/wp-content/uploads/2013/11/Northern-Kentuckys-Collective-Response-Final.pdf>

Kentucky to receive nearly \$4 million to fight opioid epidemic

Funds will be used partly for interventions in high-risk counties

WASHINGTON, D.C. (Sept. 4, 2015) — Tom Frieden, Director of the Centers for Disease Control and Prevention (CDC), announced today that the Kentucky Injury Prevention and Research Center (KIPRC) has been awarded \$940,000 each year for the next four years to combat the prescription drug abuse and heroin epidemic in Kentucky, said. Sen. Mitch McConnell.



WISCONSIN

Gov. Scott Walker signed a package of bills known as the **H.O.P.E. (Heroin, Opiate, Prevention, and Education) Agenda**

- Narcan/Good Samaritan legislation
- A statewide heroin prevention campaign
- Require individuals to show photo identification when picking up schedule II or III narcotic/opiate prescription medication in order to address prescription fraud and diversion,
- Expand Treatment Alternatives and Diversion (TAD) programs,
- Create regional pilot programs to address opiate addiction in underserved areas.

Making a Difference: State Successes



2012 Action:

New York 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** to obtain the same drugs, which would put them at higher risk of overdose.



2010 Action:

Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:

Saw more than **50% decrease in overdose deaths** from oxycodone.



2012 Action:

Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a **36% drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

Addressing a drug

epidemic:

- **Law enforcement/curtail supply**
- **Prevention and public and professional education**
- **Access to evidence-based addiction treatment services**

Addressing *the opioid* epidemic:



Medical practitioners:

- medical education
- screening
- pain management Rxing
- Rx monitoring programs