

Strategies to Manage The Opioid Crisis

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A Pill for Your Pain

“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.

Rx Pain Killers: **\$57 Billion Global Annual Sales**

1 in 12 US 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: IMS Health, 2015)
(Modern Healthcare, August 2017)

Opioid Makers Sued for Stoking Addiction

- *Ohio filed suit against five drug companies, alleging they fueled the opioid addiction crisis by misrepresenting the addictive risks of their painkillers.*
- *South Carolina filed suit against Purdue Pharma LP, which manufactures OxyContin.*
- *New Hampshire, Mississippi, Missouri, Oklahoma and West Virginia have filed similar suits.*
- *Cities of Cincinnati and Birmingham filed public nuisance suits against wholesale drug distributors 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

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

Opioid Overuse, Misuse and Addiction: A Public Health Crisis



- Drug overdose is the leading cause of accidental death in the US
 - 47,055 lethal drug overdoses in 2014
 - 52,400 in 2015 (33,000 involved opioids)
 - 63,600 in 2016 (42,200 involved opioids)
 - 67,000 in 2017 (estimated)
 - Over 65% of accidental overdose deaths are due to opioids (prescription pain relievers and heroin)
- While cumulative pain levels remained constant among Americans, 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. (This upward trend is now decreasing.)
- **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

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

The Opioid Crisis



On an average day...

- More than **650,000 opioid prescriptions** are dispensed¹
- **3,900 people** initiate nonmedical use of prescription opioids²
- **580 people** initiate heroin use²
- **91 people** die from an opioid-related overdose^{*3}

Economic Impact...

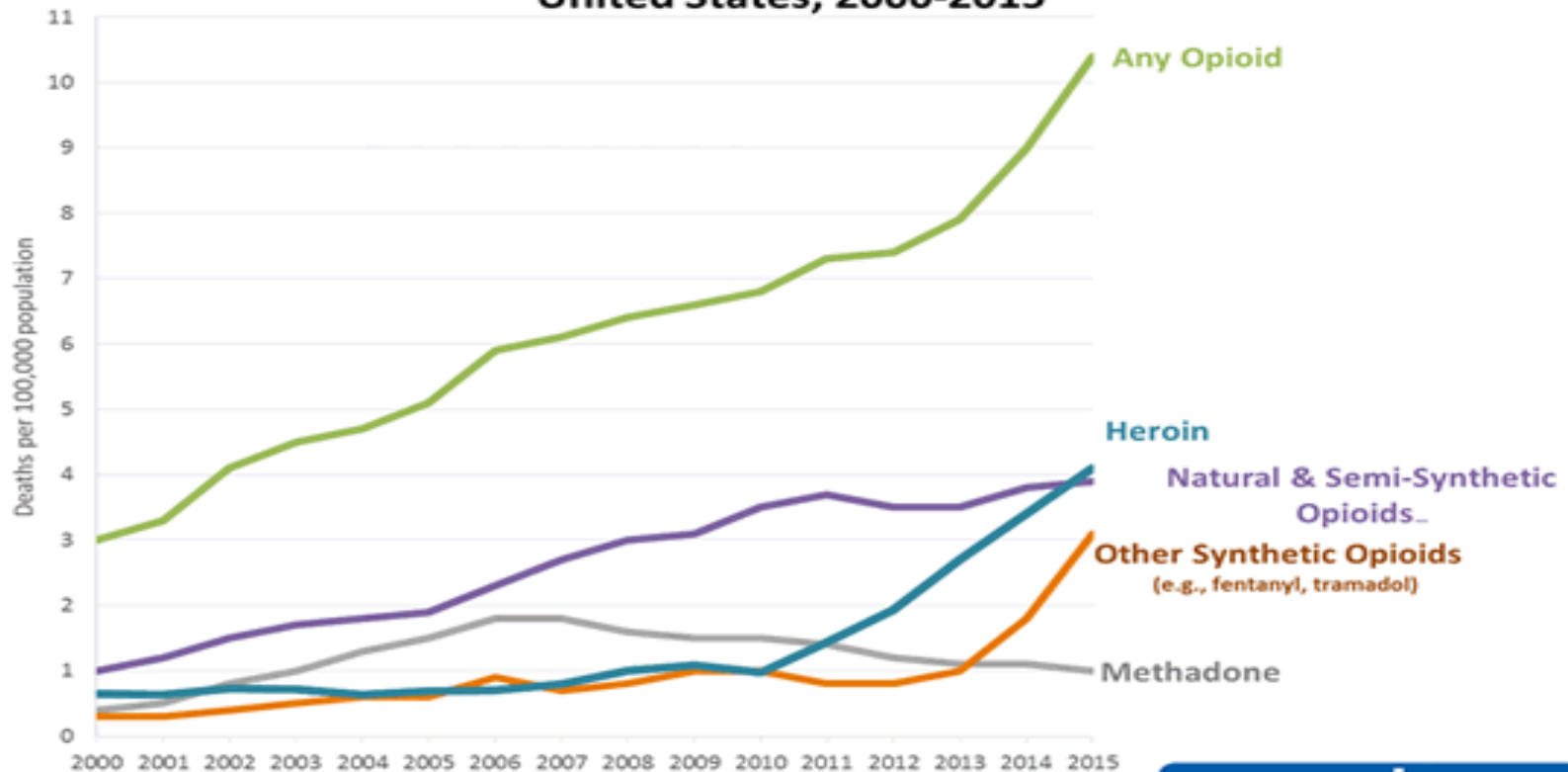
- **55 billion** in health and social costs related to prescription opioid abuse each year¹
- **20 billion** in emergency department and inpatient care for opioid poisonings²

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

^{*}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 Crisis

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

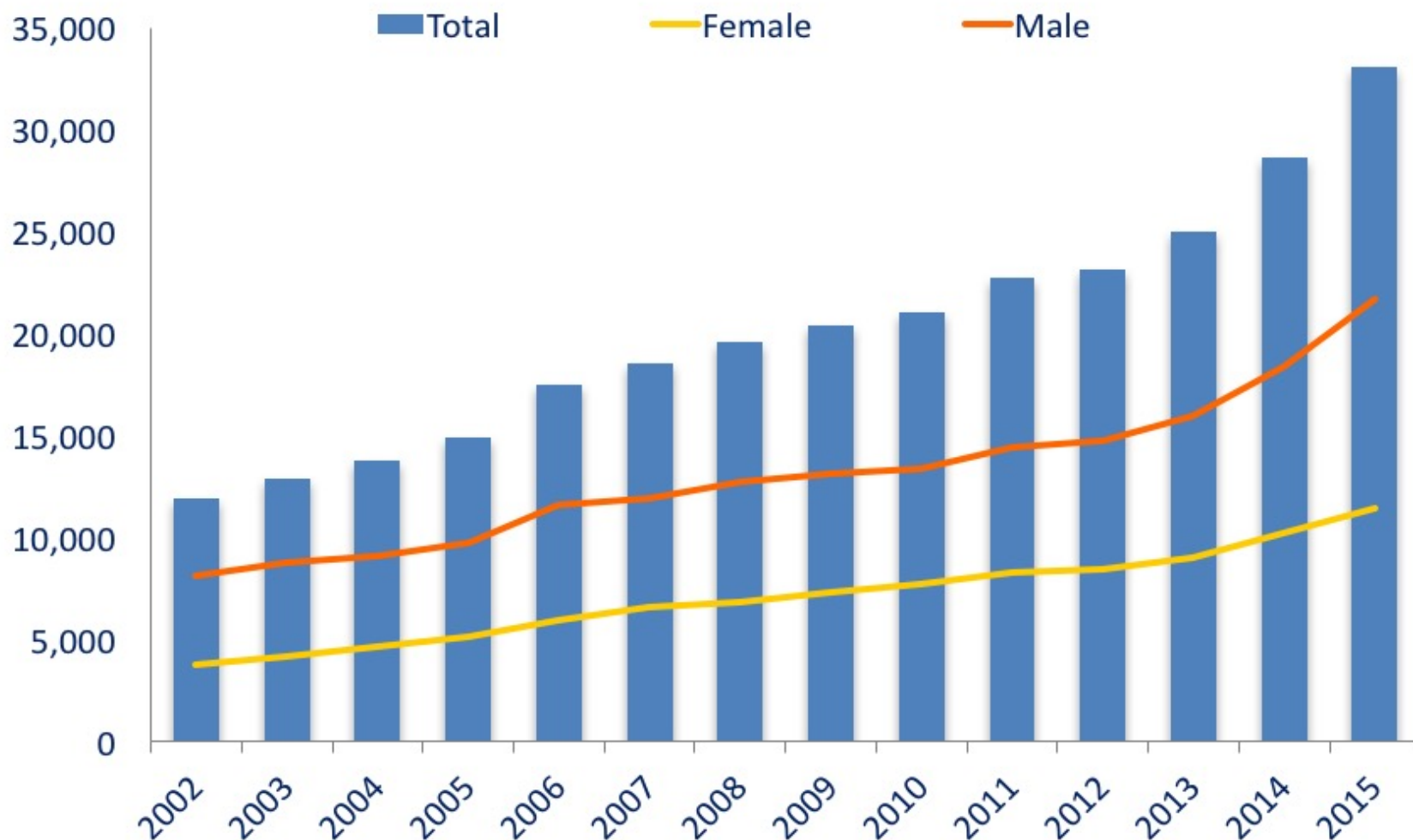


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA; US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.



National Overdose Deaths

Number of Deaths from Opioid Drugs

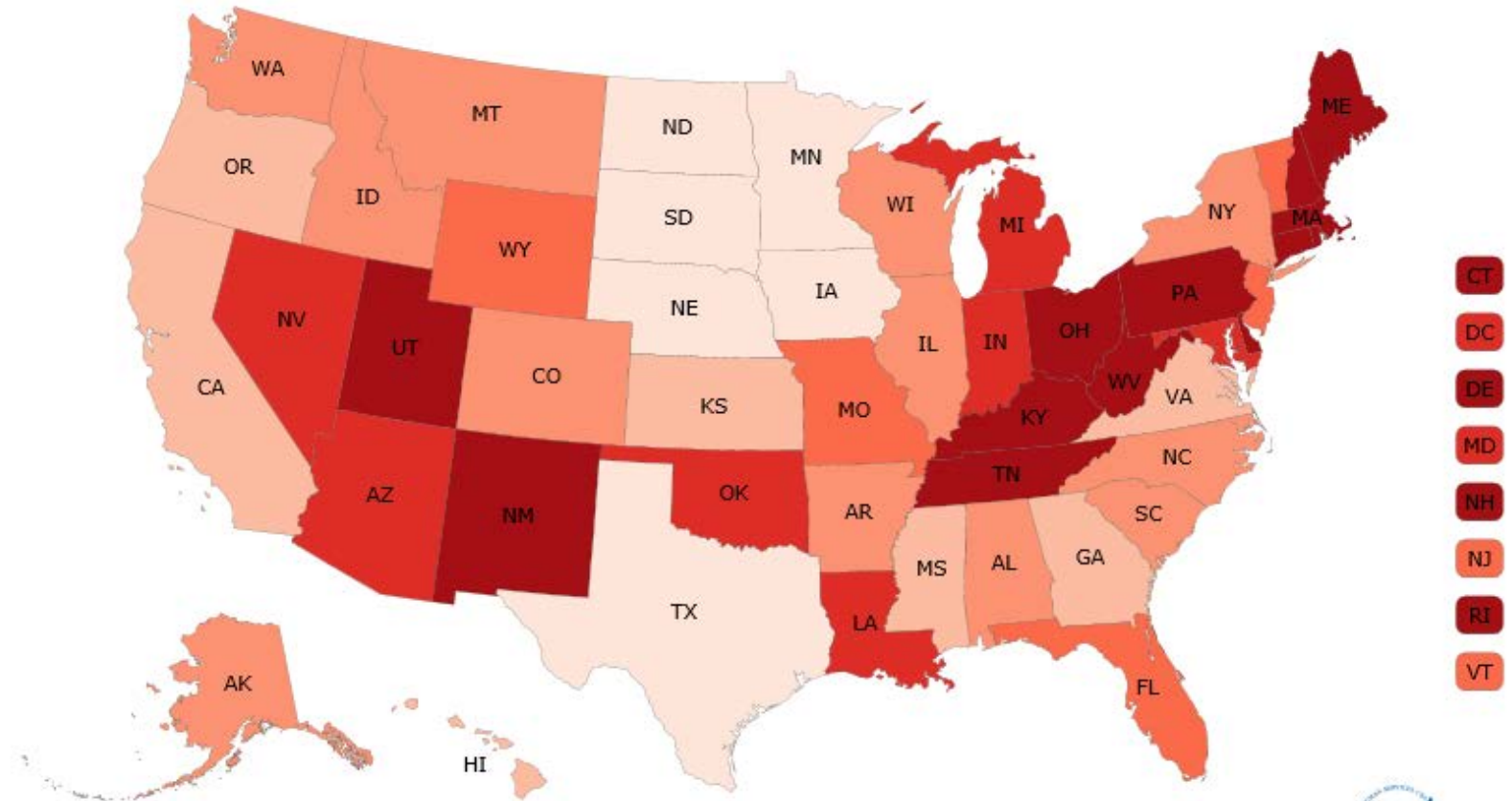


Source: National Center for Health Statistics, CDC Wonder

Texas Drug Overdose Deaths 2015

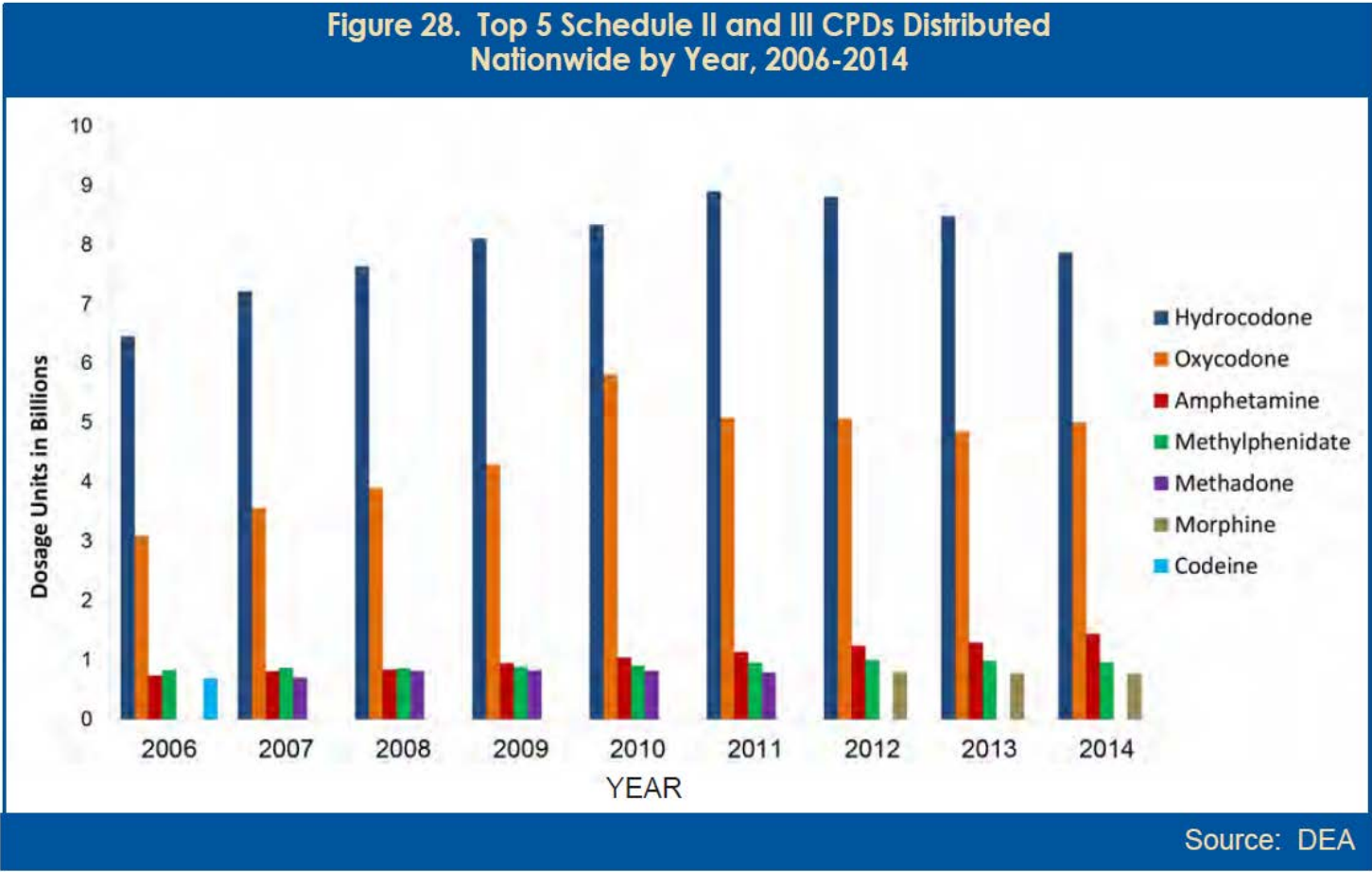
9.4 deaths per 100K – 2,588 deaths

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DEA: 2016 National Drug Threat Assessment

Controlled Prescription Drugs (CPDs) distributed nationwide



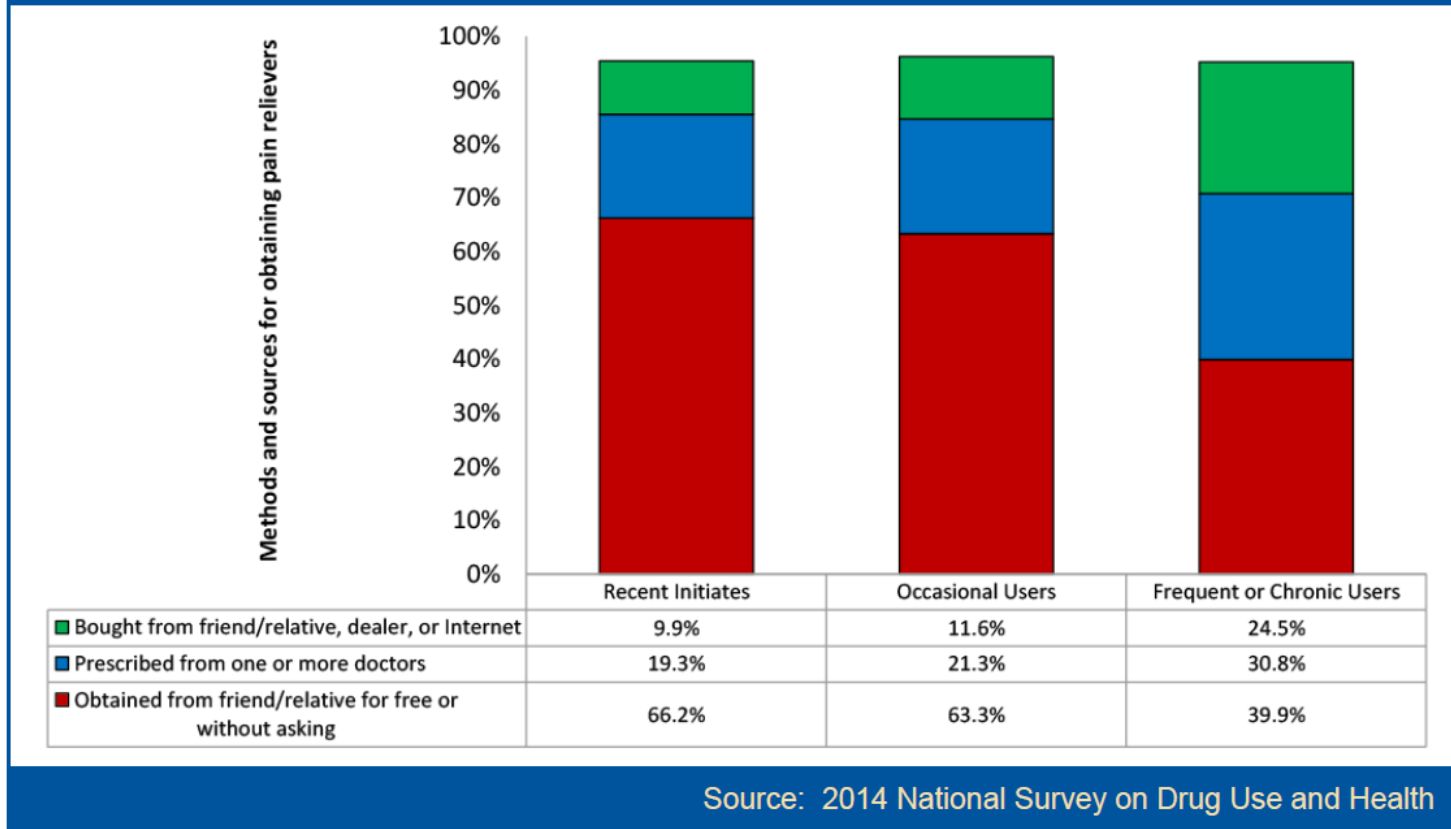
Source: US Department of Justice, Drug Enforcement Administration
National Drug Threat Assessment Summary, November 2016

DEA: 2016 National Drug Threat Assessment

Methods and sources for users obtaining pain relievers



Figure 35. Methods and Sources for Users Obtaining Pain Relievers



Source: 2014 National Survey on Drug Use and Health

Impact on Hospitals and Communities



1,000 people each day are treated in emergency departments for not using prescription opioids as directed. (CDC)

The cost of an overnight opioid overdose hospital admission in Texas is \$35,908. (AHRQ HCUP 2013)

\$1,964,000,000 – Texas health care costs associated with opioid abuse, about \$73 Per-Capita. (Matrix Global Advisors, April 2015)

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)

Life expectancy in the US dropped for the second year in a row in 2016, nudged down again by a surge in fatal opioid overdoses. (NPR 12/21/17)

Opioid Overuse, Misuse and Addiction: A Public Health Crisis



- Overarching community and public health responses are focused reducing 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.

Opioid Prescription Guidelines

Texas has PMP (Prescription Monitoring Program)



Making a Difference: State Successes

Vitalsigns^{cdc}
www.cdc.gov/vitalsigns



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.



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**.



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.

SOURCES: NY, TN: PDMP Center of Excellence at Brandeis University, 2014. FL: Vital Signs Mortality and Morbidity Weekly Report, July 1, 2014.

Support Training & Purchase of Naloxone



Naloxone (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.

States can use their Federal **Substance Abuse Prevention and Treatment (SAPT) Block Grant** to fund Naloxone education and purchase Naloxone for community distribution.

MAT – Common medications used to treat opioid dependence

MAT (Medication-Assisted Treatment) is a tool that works best in combination with counseling, therapy, intensive behavioral treatment and support programs.

- 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.

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 Prevention, Intervention and Treatment



- Educate physicians, dentists, pharmacists, nurses
- Physicians educate consumers
- Consumer education and prevention – advertising, news, internet
- 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
- Use SBIRT and other screening tools in all health care delivery settings
- Research non-narcotic alternatives to treat opioid addiction
- Create multiple pathways for people to access help
- Policymakers, govt. agencies, law enforcement and treatment providers – collaborate, keep the attention and awareness focused

Contact Information



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