

# How Indiana is Attacking the Opioid Epidemic

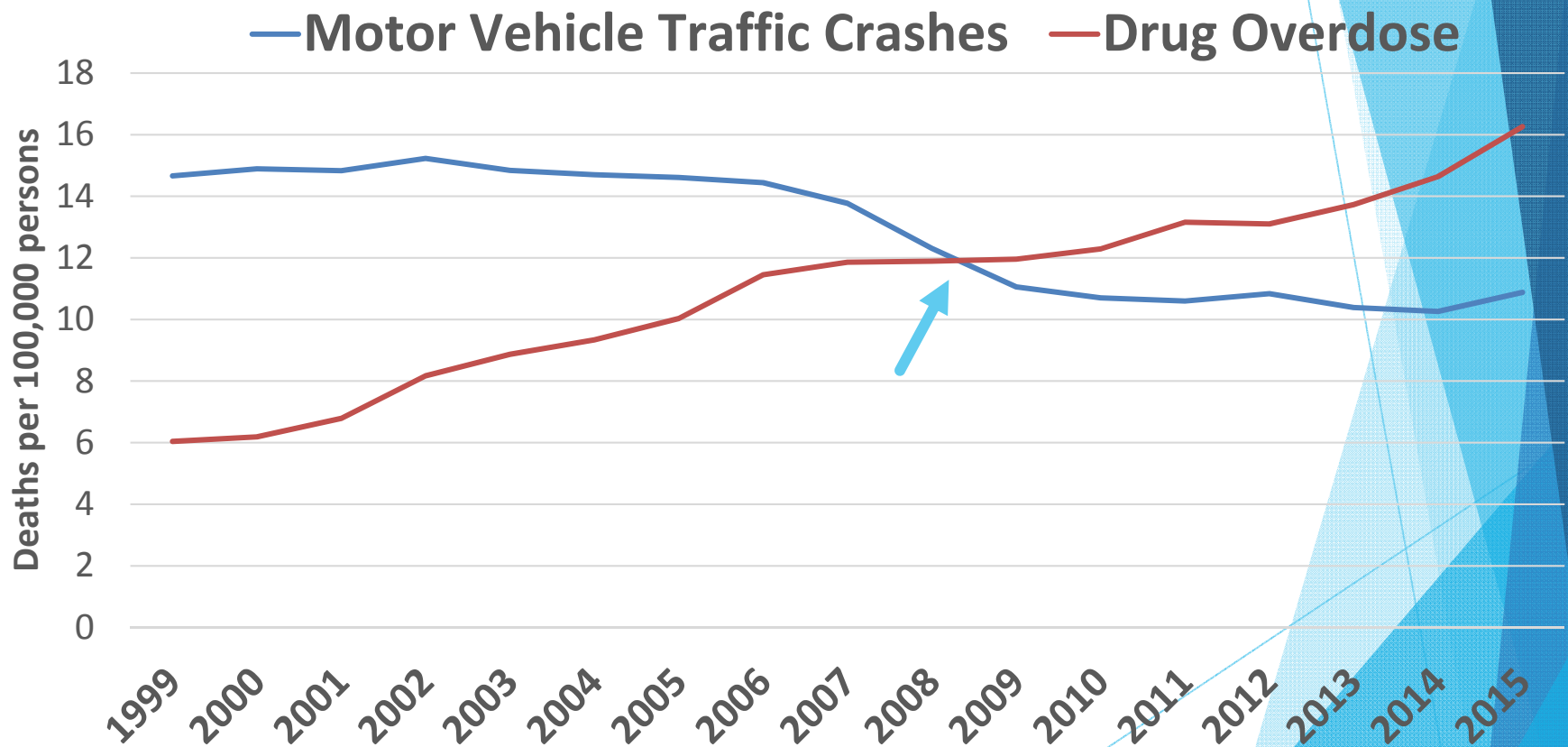
*NASADAD Annual Meeting*

Jerome Adams, MD, MPH  
State Health Commissioner  
May 25, 2017



Indiana State  
Department of Health

# Rates of motor vehicle traffic and drug overdose deaths, United States, 1999-2015



Source: CDC WISQARS data

\*Age-adjusted death rates using the U.S. population as the standard

# Scott County, IN, HIV Outbreak

- ▶ Rural injection of Rx oral opioid = largest ever HIV outbreak in IN, largest IDU HIV outbreak in US
- ▶ 217 confirmed HIV cases in a rural county that never had more than 3 in one year
- ▶ All cases report injection of the opioid analgesic oxymorphone (Opana® ER and generic ER)
- ▶ Male = female, all white, significant poverty (19.0%), unemployment (8.9%), lack of education (21% no high school), and lack of insurance

☰ The Washington Post

How an HIV outbreak hit rural Indiana – and why we should be paying attention

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By **Danielle Paquette** March 30 [✉](#)  
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# Partnership with State Drug and Alcohol Entity???

- ▶ State Department of Health
- ▶ Family and Social Services Administration (Department of Mental Health and Addiction)
- ▶ Indiana Criminal Justice Institute
- ▶ Indiana Department of Homeland Security
- ▶ Indiana State Police
- ▶ Indiana Department of Child Services
- ▶ Indiana Department of Environmental Management
- ▶ Indiana Department of Natural Resources

# What Indiana is Doing:

**Governor Eric Holcomb  
2017 Next Level Legislative Agenda**

★ ★ ★ ★ ★

Cultivate a strong and diverse economy by growing Indiana as a magnet for jobs

Create a 20-year plan to fund roads and bridges

Develop a 21<sup>st</sup> century skilled and ready workforce

Attack the drug epidemic

Deliver great government service



## Attack the drug epidemic

- Create a position of executive director for substance abuse prevention, treatment and enforcement within the governor's office
- Limit the amount of controlled substances prescriptions and refills
- Local authority to establish syringe exchange programs
- Enhance penalties for those who commit pharmacy robberies

# What Indiana is Doing:

- ▶ Jim McClelland named Executive Director of Drug Prevention, Treatment and Enforcement for the state
  - ▶ Charged with coordinating all state and private-sector efforts to reduce drug use in Indiana
  - ▶ Chairman of Indiana Commission to Combat Drug Abuse
- ▶ Indiana Commission to Combat Drug Abuse
  - ▶ 18 members from state government, partners
  - ▶ Meets quarterly
  - ▶ Works to identify ways state agencies can work together on substance abuse prevention, treatment, enforcement and funding issues
  - ▶ Examines availability of services and identifies barriers
  - ▶ Focuses on improving data collection

# Indiana Commission to Combat Drug Abuse: Strategic Plan

- ▶ Reduce the incidence of substance use disorder
- ▶ Reduce additional harm that can result from substance abuse
- ▶ Improve treatment of persons with SUD
- ▶ Augment collaboration of stakeholders, including persons with SUD and their families, providers of services, and units of government
- ▶ Enhance community based collaborations, encourage and support strengthening community infrastructure.

# Legislative Efforts

## ▶ House Bill 1438: Syringe Exchange Programs

- ▶ Evolution of initial SEP law approved in response to Scott County outbreak
- ▶ Allows a county or municipality to approve the operation of a syringe exchange program without state public health emergency declaration
- ▶ Retains state approval process and oversight

## ▶ Senate Bill 226: Prescribing & Dispensing of Opioids

- ▶ Limits the amount of an opioid prescription a prescriber may issue for an adult who is a first-time patient or for a child
- ▶ Exceptions: Certain scenarios such as treatment of cancer, palliative care, treatment of substance use disorder, and the professional judgment exception
- ▶ Important: If professional judgment is utilized to prescribe for more than a seven-day supply, it must be documented.



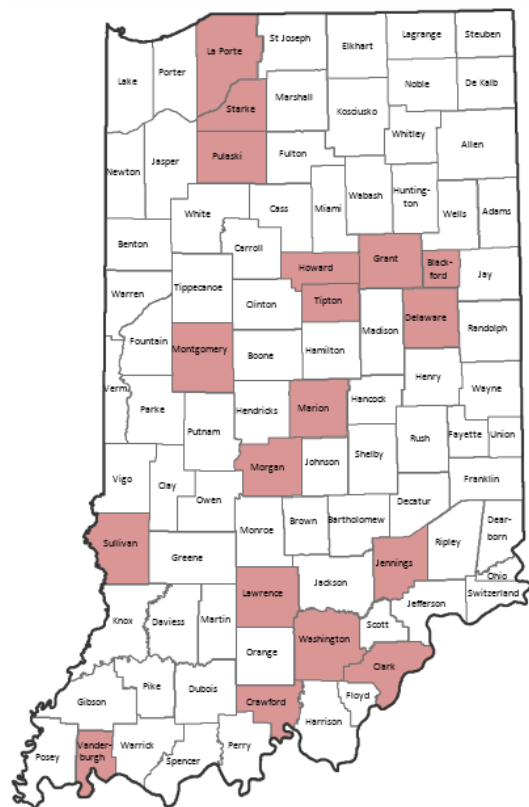
# What ISDH is Doing:

## Convening Partners, Holding Conversations

- ▶ Partners: Local Health Department, Hospitals, Prescribers, Schools, Law Enforcement, Judicial System, Faith Community, Employers/ Business Community
- ▶ Community meetings
- ▶ Testing
- ▶ Addiction and recovery options
- ▶ Diversion Programs
- ▶ SEPs (Scott, Clark, Madison, Fayette, Wayne, Lawrence, Monroe, Allen, Tippecanoe)
- ▶ Naloxone availability

# What ISDH is Doing:

## Prescription Drug Overdose: Prevention for States



### Strategies:

- ▶ Enhancing and maximizing prescription drug monitoring program (INSPECT)
- ▶ Implementing community interventions in priority areas
- ▶ Evaluating impact of policy changes



Indiana State  
Department of Health



Indiana State Department of Health  
**SYRINGE SERVICE PROGRAM**  
**FACTS**



**SYRINGE/NEEDLE EXCHANGE PROGRAMS WORK**

This has been studied and proven for 40 YEARS and there are many peer review articles that substantiate it.<sup>1</sup> Syringe Service Programs do not encourage starting or continuing with injection drug use, in fact they have been proven effective at reducing injection drug use and assist people in their recovery.<sup>2</sup>

**HARM REDUCTION**

Can prevent illness or injury that may occur as a result of doing dangerous things.



**AVAILABILITY**

Indiana has **9** counties approved to provide syringe services

**RETURN RATE**

Average syringe return rate of **80-81%** statewide

**PARTICIPATION**

Nearly **2,600** people participate in SSPs in the state.

**OPPORTUNITY**

Representing **8,940** visits/opportunities to access other services offered like;

- HIV, STD, TB, and hepatitis B & C testing
- Referrals to substance abuse and mental health care, health care, housing, food, and other wrap around services.
- Adult immunizations
- Wound care

Syringe Service Program's work to prevent disease and are a gateway to public health and social services

<sup>1</sup>Several studies have found that providing sterilized equipment to injection drug users substantially reduces risk of HIV infection, increases the probability that they will initiate drug treatment, and does not increase drug use." (National HIV/AIDS Prevention Strategy for the United States, 2010)

<sup>2</sup>Hagan H, et al. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. J Subst Abuse Treat. 2000;19(1):247-52.

04/2017 EC

# What ISDH is Doing: Naloxone

- Aaron's Law- allowed lay persons to administer Naloxone
  - OptIN.in.gov- state registry so can find a providing location
- Statewide standing order (July 2016)
- Partnering with FSSA to award grants to local health departments, SEP programs
- Emergency caches of naloxone at regional Indiana State Police posts
  - 10 kits w 50 doses each available by 1<sup>st</sup> responder request
- Statewide purchasing agreement for naloxone

# OptIN.IN.gov

The screenshot shows the website's header with navigation links: Home, About, Contact, Find Naloxone Entity, Naloxone FAQs, and Training/Treatment Resources. Below the header is a banner with the text "Save a Life. Help prevent overdose deaths." and an image of three silhouettes holding hands. A paragraph of text explains the registration process for Naloxone entities. At the bottom, there are three buttons: "Locate Current Naloxone Entities", "Register as a New Naloxone Entity", and "Current Entities Only - Update/Submit Annual Registration, Report, or Standing Order".

The screenshot shows the "Provider Search" interface. It includes a navigation bar with "Home", "About", "Contact", "Find Naloxone Entity", "Naloxone FAQs", and "Training/Treatment Resources". The main heading is "Provider Search". Below it is a legend with color-coded pins: 501(c) Non-Profit (orange), Corrections (blue), Pharmacy (pink), Other (green), Addiction Treatment (yellow), Health Department (light green), and School (light blue). A search box labeled "Keyword / City / Zip" has a "Filter" button. To the right is a button that says "Are you having trouble finding Naloxone? Click here". The main area is a map of Indiana with numerous colored pins indicating the locations of various Naloxone entities across the state.

# What ISDH is Doing: Neonatal Abstinence Syndrome

- ▶ ISDH charged by Legislature in 2014 to develop:
  - Standard clinical definition for NAS
  - Uniform process of identifying NAS
  - Establish pilot program to implement data collection, reporting related to NAS
- ▶ Pilot program started in January 2016 with 4 sites
- ▶ Expanded to 26 facilities at end of 2016
- ▶ As of October 2016: Opiates were detected at highest rate (20% in Indiana v. 9.2% national sample rate)
- ▶ Screening is not universal, so this is likely an underrepresentation of true prevalence!

# What ISDH is Doing: Data

- ▶ County opioid profiles
- ▶ Review EMS run registry data to identify frequency of naloxone administration in the field
- ▶ Conduct syndromic surveillance for opioid overdose
- ▶ Partnering with PLA to gain access to INSPECT data
- ▶ Review INSPECT data to identify highest-prescribing counties
- ▶ Stats Explorer health statistics directory at <https://gis.in.gov/apps/isdh/statsexplorer>

# What ISDH is Doing: Prevention

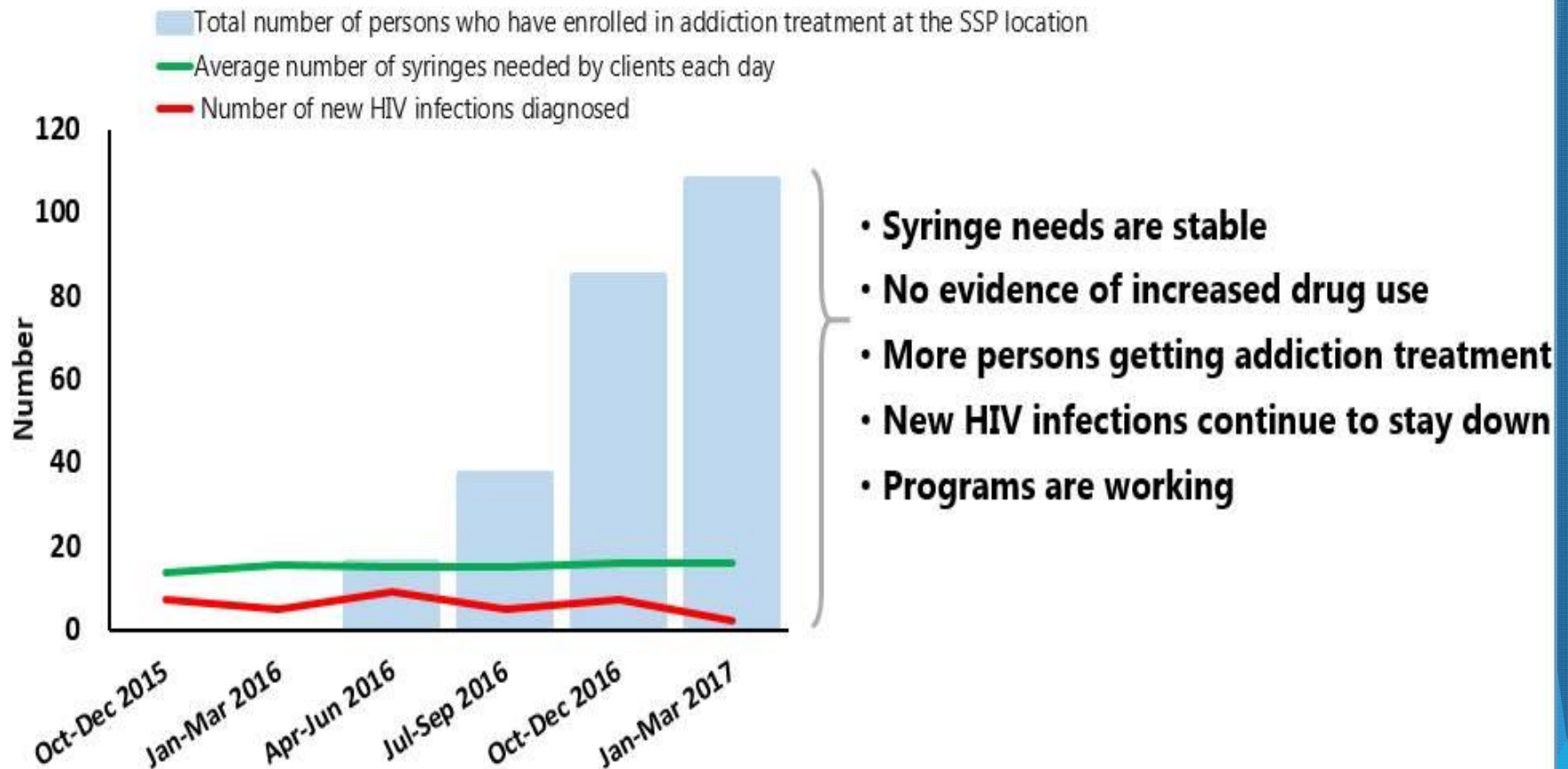
- ▶ Using WIC offices as touchpoints for addiction resources and referrals
- ▶ Partnering with FSSA to provide links to addiction treatment centers from ISDH website
- ▶ Partnering with FSSA to expand syringe exchange program infrastructure/recovery units for HIV+ individuals
- ▶ Collaborating with FSSA on anti-stigma campaign



# What ISDH is Doing: Education

- ▶ 2017 Public Health-Public Safety Conference
  - ▶ Day-long conference for public health and law enforcement officials to discuss and address goals and challenges related to the opioid epidemic
- ▶ Enhanced drug prevention website
- ▶ Partnering with Indiana State Police, local health department to develop naloxone training video and testimonials

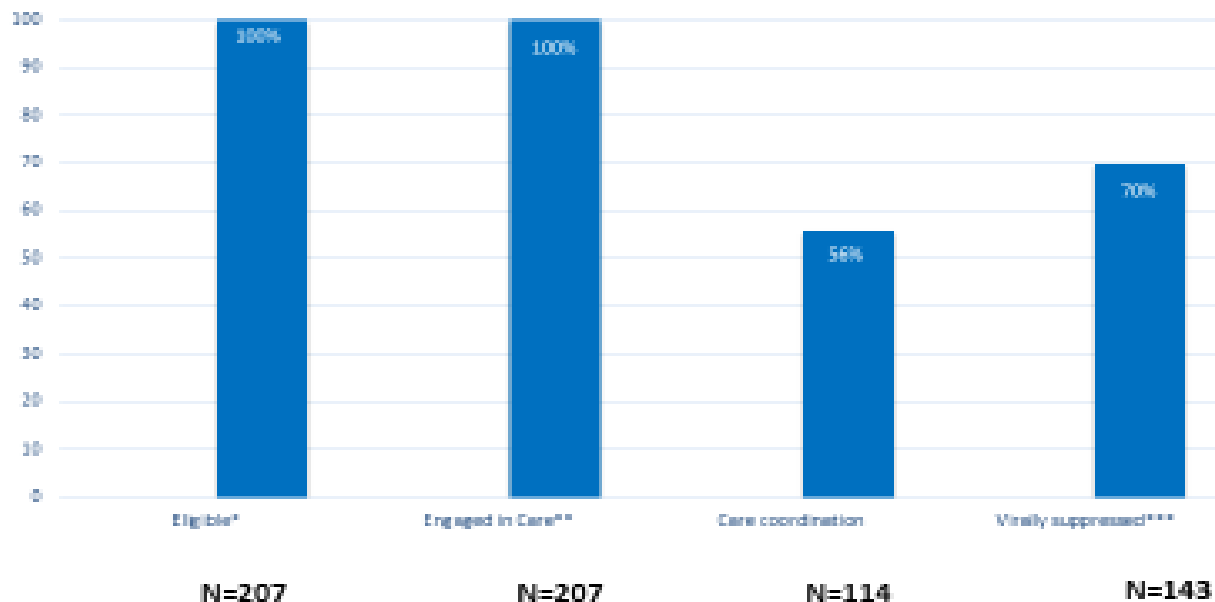
# Major Progress in Scott County



Source: Indiana State Department of Health and IU Fairbanks School of Public Health

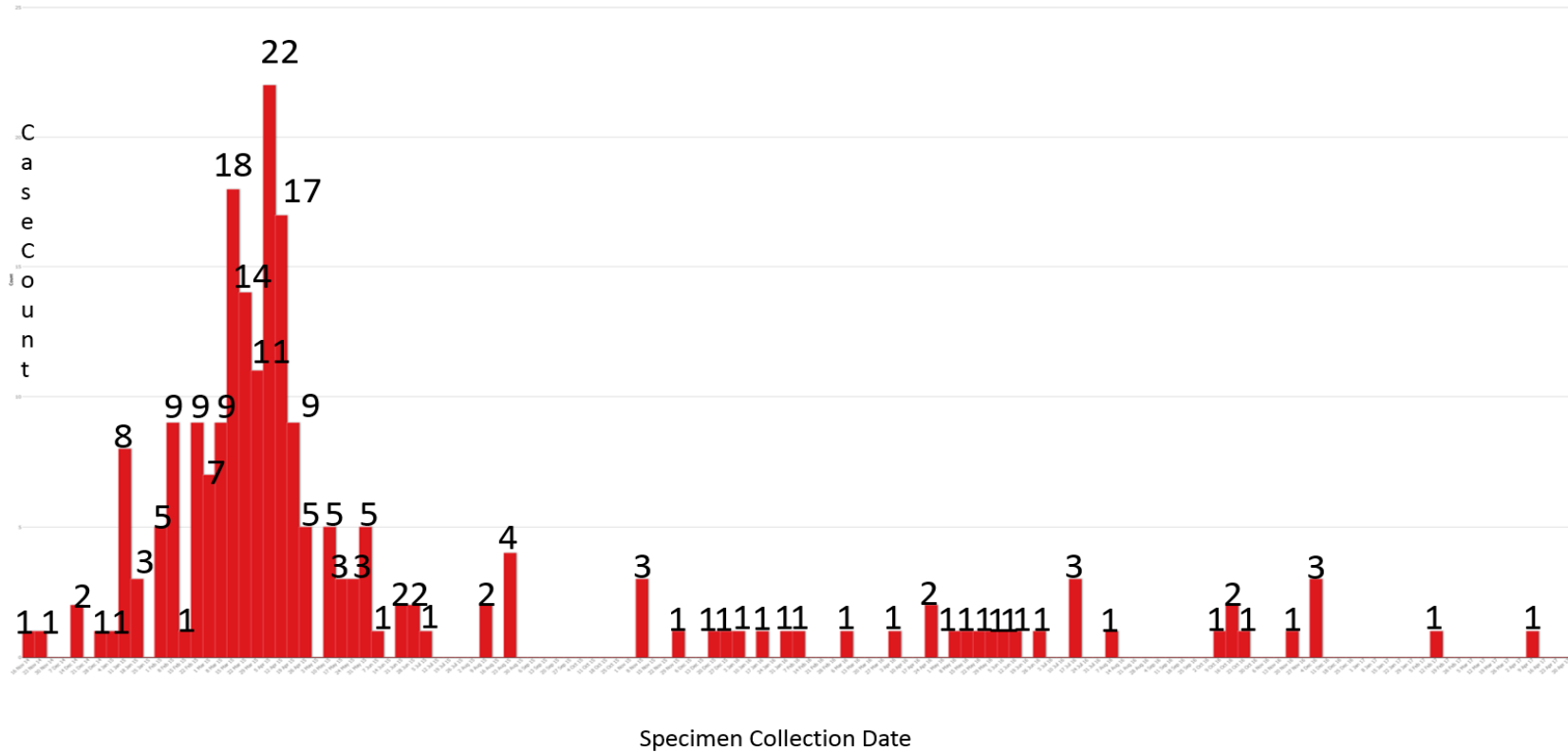
# Continuum of HIV Care--Austin, Indiana

## May 4, 2017



Total diagnosed=217 (217 confirmed). Persons were ineligible if deceased (n=7) or outside of the jurisdiction (n=3); estimates are based on the number of eligible persons (n=207); \*\* Patients engaged in care if have at least one VL or CD4 \*\*\* Percent virally suppressed increases to 70% when denominator changed to number engaged in care. Clinical services were initiated 3/31/15.

# Epidemic Curve 5.4.2017



# The Big Picture

- ▶ Long-term solutions to improve public health infrastructure and socioeconomic disparities
- ▶ Appropriate HIV and substance abuse prevention education beginning in elementary school
- ▶ Decrease the STIGMA of addiction and HIV
- ▶ INCREASED TESTING, especially in high-risk communities- field testing, ERs, jails, provider offices, health departments
- ▶ Streamline reporting of HIV and HCV cases
- ▶ Options to assist rural docs with treatment (ECHO)
- ▶ Increased access to addiction treatment services, including Medication Assisted Treatment (MAT), and PrEP
- ▶ COLLABORATION!

Thanks!!!!

