The Changing Role of Government in Addressing the Opioid Crisis: Opportunities and Challenges

Elinore F. McCance-Katz, MD, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

NASADAD
June 4, 2019

SAMHSA
Substance Abuse and Mental Health Services Administration

Overview

Mental and Substance Use Disorders in the U.S.

- Opioids Crisis
- Tragedy, but Opportunity
- Roles
  - Federal Government
  - State Government
    - Communities
    - Families
    - Individuals

SAMHSA
Substance Abuse and Mental Health Services Administration

Mental and Substance Use Disorders in America: NSDUH 2017

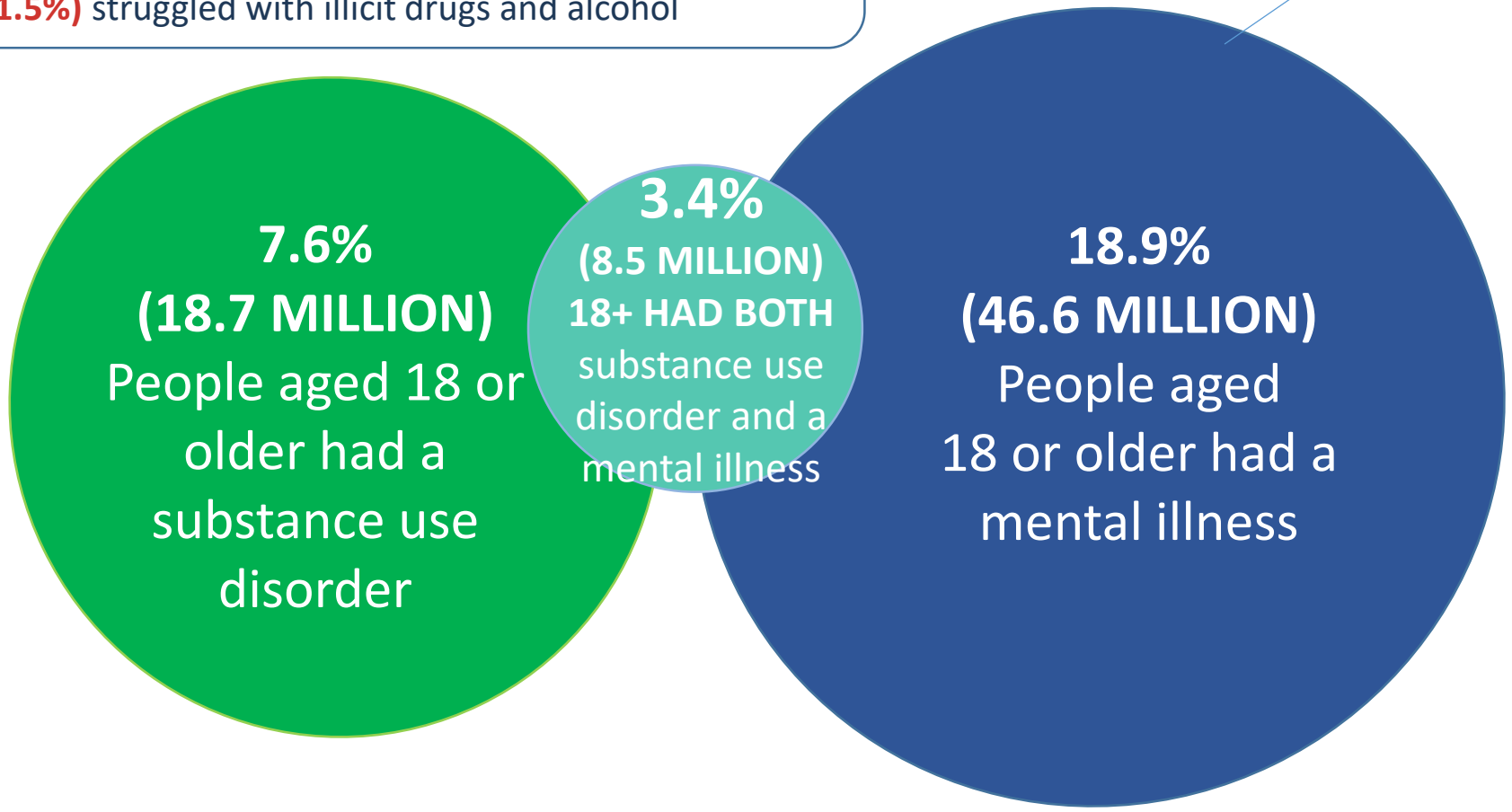
PAST YEAR, 2017, 18+

Among those with a substance use disorder approximately:

- **3 IN 8 (36.4%)** struggled with illicit drugs
- **3 IN 4 (75.2%)** struggled with alcohol use
- **1 IN 9 (11.5%)** struggled with illicit drugs and alcohol

Among those with a mental illness approximately:

- **1 IN 4 (24.0%)** had a serious mental illness

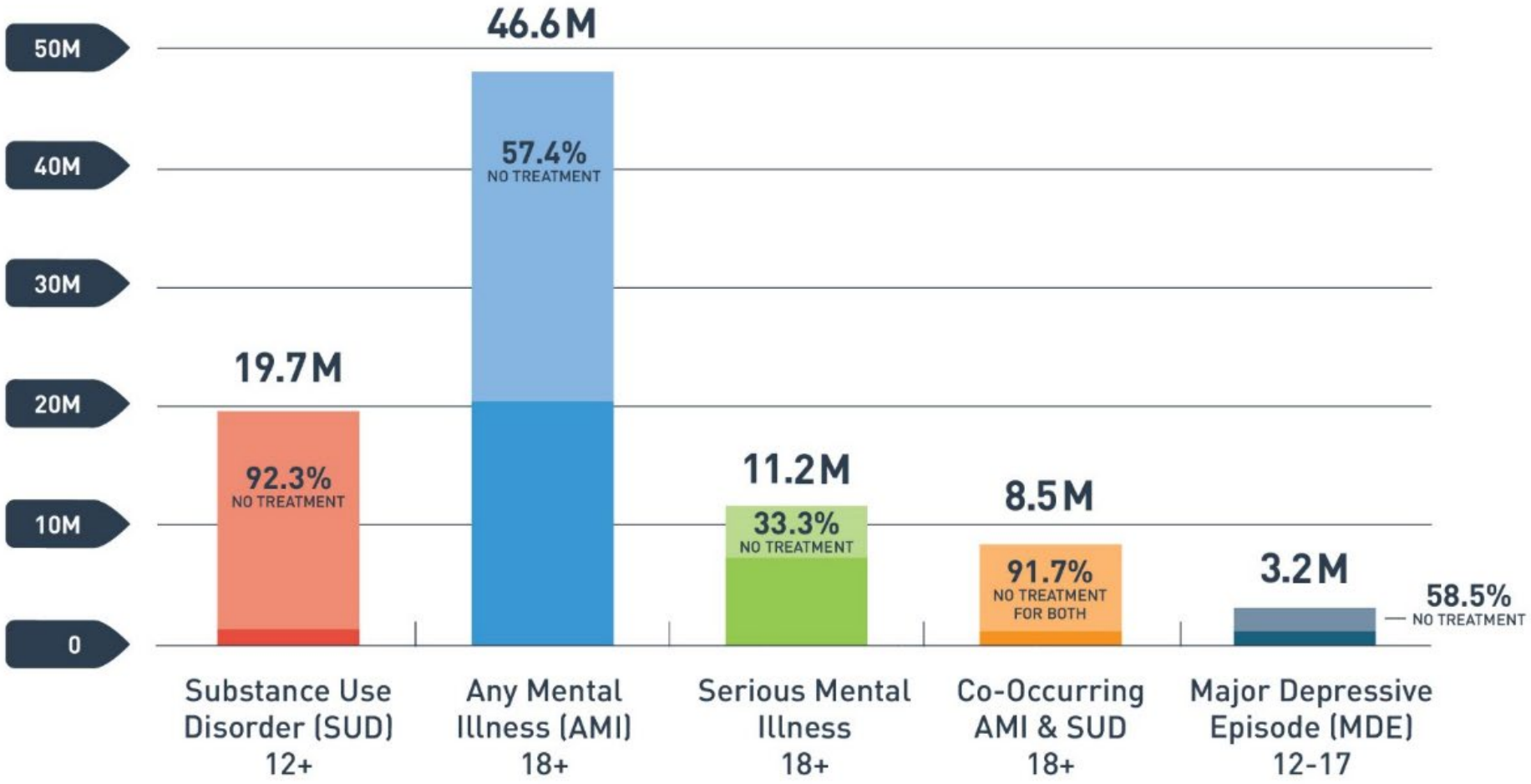


56.8 million adults are affected either by a mental disorder or substance use disorder.

SAMHSA
Substance Abuse and Mental Health Services Administration

Despite Great Need Treatment Gaps Remain Vast

PAST YEAR, 2017



SAMHSA
Substance Abuse and Mental Health Services Administration

Opioids Crisis: A Galvanizing Problem with Solutions that Could be Generalized

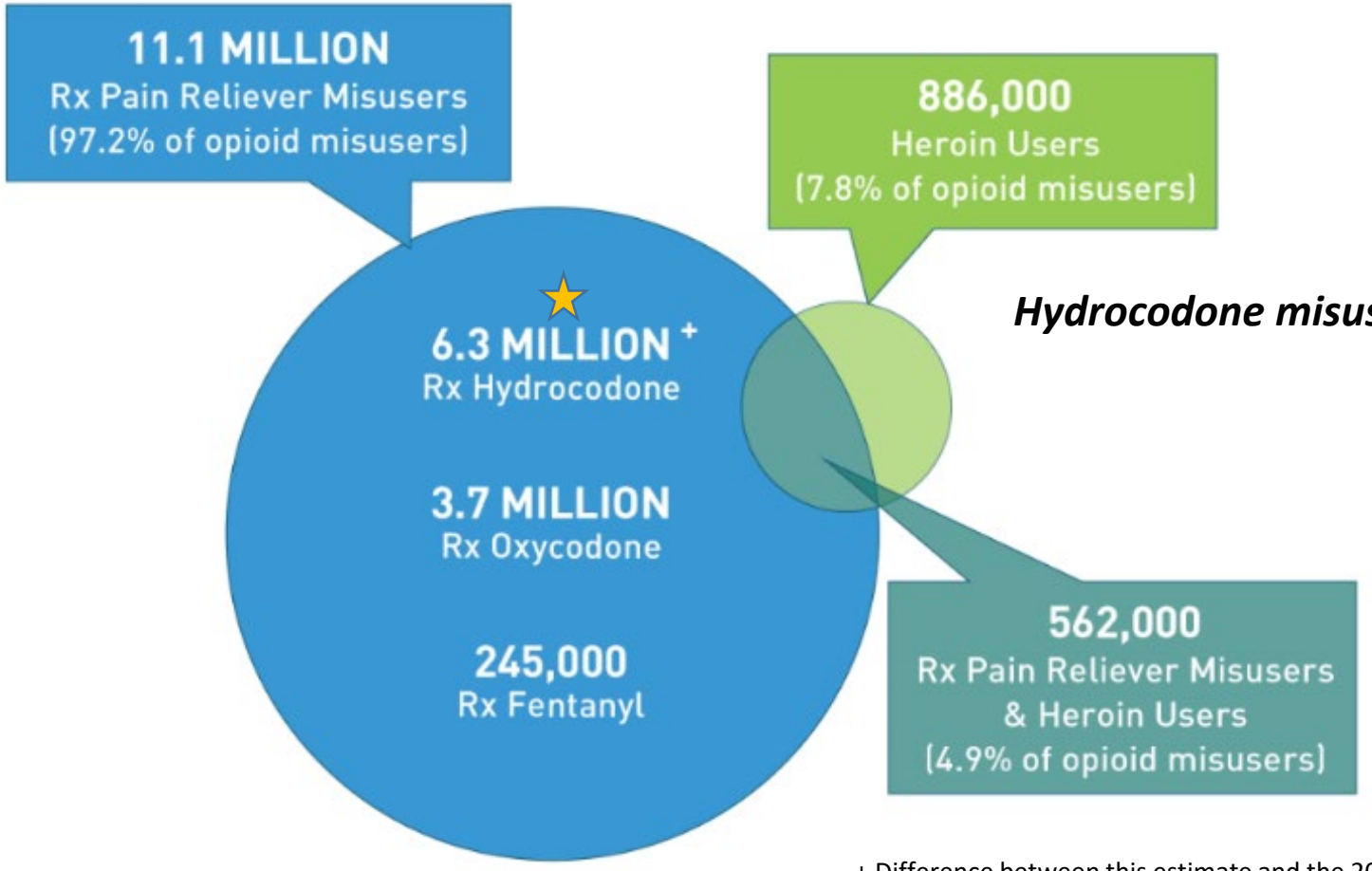
- 11.4 million Americans misusing opioids in 2017
- 2.1 million Americans with Opioid Use Disorder (OUD)
- 55% got treatment for heroin use disorder, 21% got treatment for prescription pain reliever use disorder
- Over 70,000 drug overdose deaths in 2017, 2/3 related to heroin and synthetic opioids (e.g.: fentanyl)
- First: How did we get here?

Opioids Grip: Millions Continue Misuse

Significant decrease from 12.7 M misusers in 2015

PAST YEAR, 2017, 12+

11.4 MILLION PEOPLE WITH OPIOID MISUSE (4.2% OF TOTAL POPULATION)



Hydrocodone misuse down from 6.9M in 2016

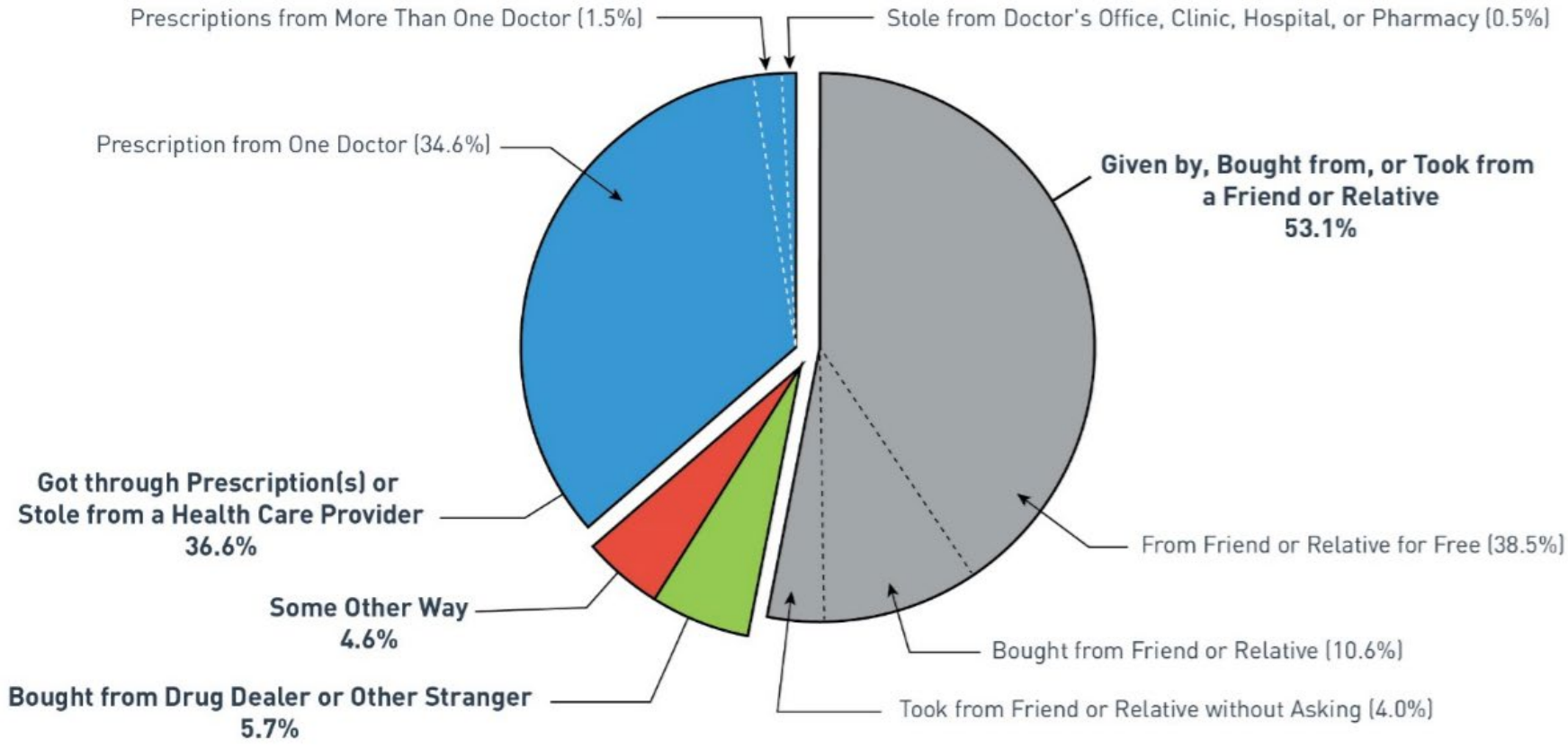
+ Difference between this estimate and the 2016 estimate is statistically significant at the .05 level.

Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Note: The percentages do not add to 100 percent due to rounding.

SAMHSA
Substance Abuse and Mental Health Services Administration

Sources Where Pain Relievers Were Obtained for Most Recent Misuse Among People Who Misused Prescription Pain Relievers

PAST YEAR, 2017, 12+

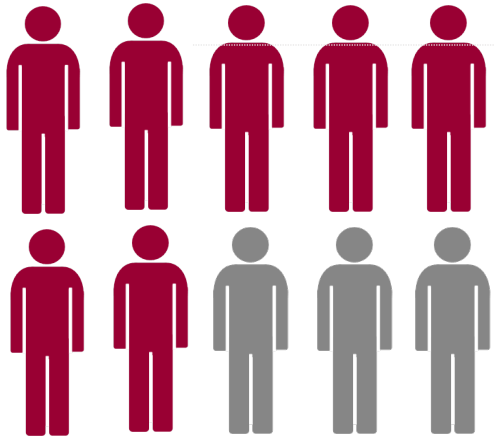


11.1 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

SAMHSA
Substance Abuse and Mental Health Services Administration

Nonmedical use of Prescription Opioids Significant Risk Factor for Heroin Use

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



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

2017: 2.1 million with opioid use disorder

Source: Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. Drug Alcohol Depend. (2013). Slide credit – Grant Baldwin, CDC

SAMHSA
Substance Abuse and Mental Health Services Administration

Heroin Initiation Among People Nonmedically Using Prescription Opioids

Muhuri et al., 2011

3.6% of nonmedical users of Rx opioids had initiated heroin use within 5 years of initiating nonmedical use

Initiation rate of <1.0%/yr

Risk factors

- Frequent nonmedical use
- Rx opioid abuse/dependence
- History of injection drug use

Carlson et al., 2016

Followed 18-23 year olds for 3 years

27 of 362 (7.5%) initiated heroin use over 36 months

Initiation rate of 2.8% per year

Risk factors

- Rx opioid dependence
- Early age at initiation
- Non-oral route of abuse
- Only use Rx opioids to get high

Source: Muhuri et al., SAMHSA, 2013; Carlson et al. Drug Alcohol Depend. 2016;160:127-134

SAMHSA
Substance Abuse and Mental Health Services Administration

Synthetic Opioid Deaths Closely Linked to Illicit Fentanyl Supply

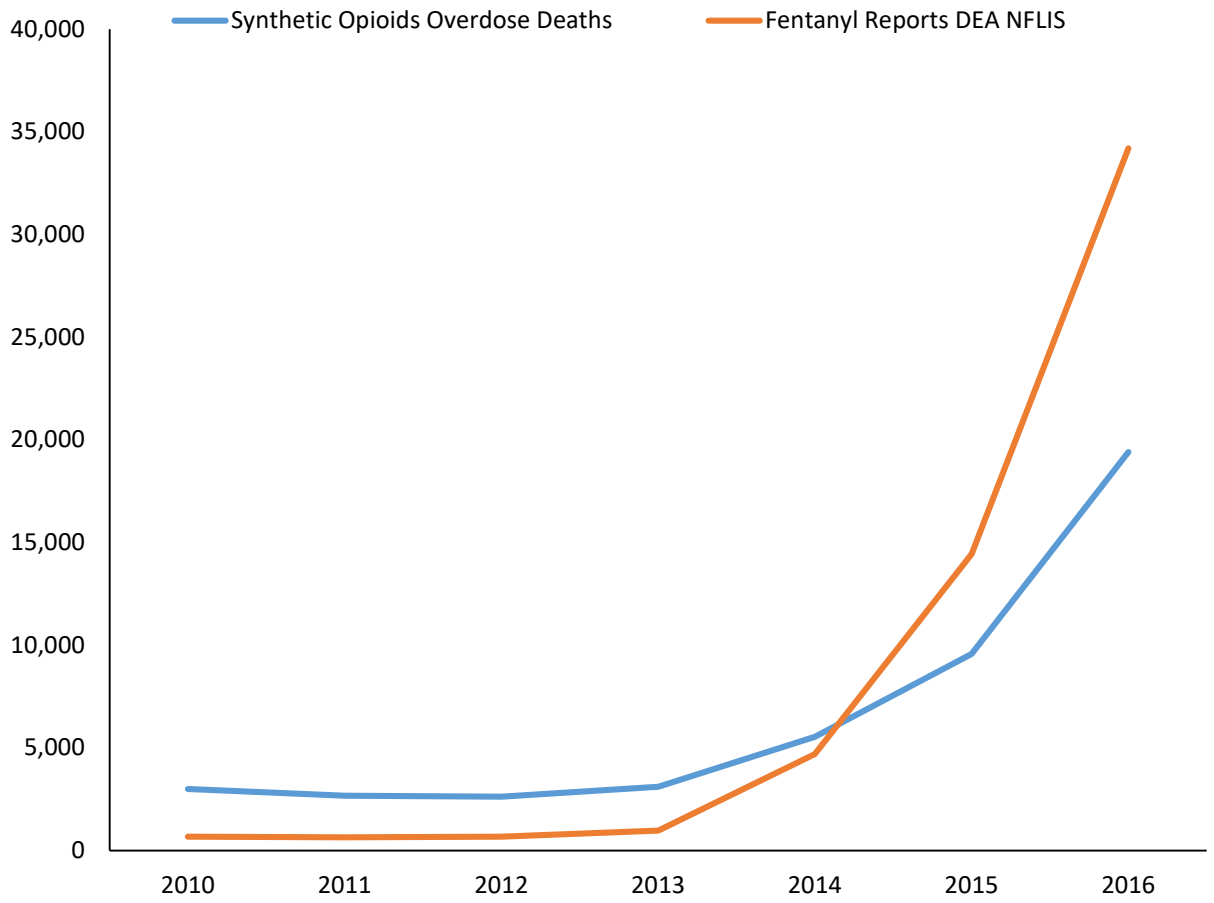
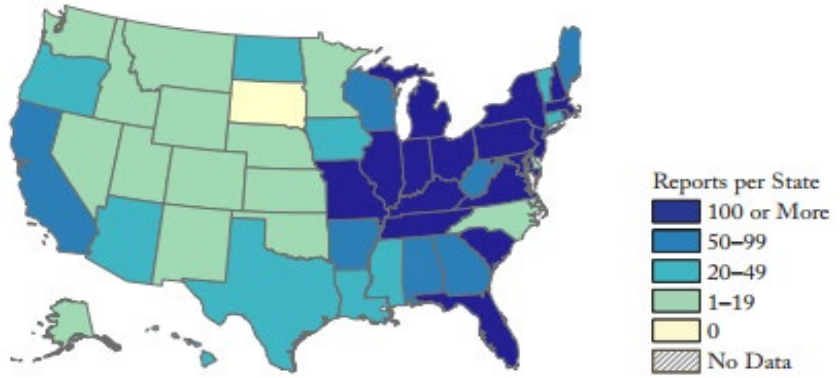


Figure 3 Fentanyl reports in NFLIS, by State, 2001

Figure 4 Fentanyl reports in NFLIS, by State, 2015



Known or suspected exposure to fentanyl in past year (n = 121)

Behavior or experience	APR	95% CI	p
Regular heroin use	**4.07**	**1.24–13.3**	**0.020**

Source: Carroll et al, Int. J. Drug Policy, 2017 and CDC Epi-Aid 2015-2016 OH and MA

SAMHSA
Substance Abuse and Mental Health Services Administration

What Does All of This Tell Us?

- Most opioid misuse/use disorders remain in those using prescription opioid pain relievers
- Prescribers continue to be a major part of the problem
- Lack of public and patient education/awareness of the addictive potential and danger of prescription opioid misuse is a continuing problem
- Heroin and illicit opioid pills contaminated by fentanyl and other potent opioids are responsible for the majority of deaths
- 45% got no treatment for heroin use disorder
- 79% got no treatment for prescription pain reliever use disorder
  - Don’t believe they need treatment
  - Stigma
  - Lack of resources
  - Lack of providers
  - Lack of evidence-based treatment availability/community recovery supports

Federal Response

HHS FIVE-POINT OPIOID STRATEGY

1. **Strengthening public health surveillance**
2. **Advancing the practice of pain management**
3. **Improving access to treatment and recovery services**
4. **Targeting availability and distribution of overdose-reversing drugs**
5. **Supporting cutting-edge research**

Plan to Address the Opioids Crisis

- STR grants to states: 500 million/yr through Cures FY 17 and 18;
- ***FY 19 State Opioid Response (SOR): 1.5B***
- Public outreach: prevention/education/treatment/recovery services
- Naloxone access/First Responders/Peers: ***FY 19: $49M***
- MAT-PDOA**:** ***FY 19: $89M***
- Pregnant/post partum women/NAS: ***FY 19: $29.9M***
- CJ programs with MAT; drug courts and offender re-entry; ***FY 19: $89M***
- Building Communities of Recovery ***FY 19: 6M***
- Reinstatement of Drug Abuse Warning Network (DAWN) ***$10M***
- To address prevention and treatment of other SUDs:
  - Block grants to states ***FY 19: $1.86B***
- NSDUH continuation with more rapid release of data
- Collaboration: federal/states/stakeholder groups/philanthropists/public awareness

SAMHSA
Substance Abuse and Mental Health Services Administration

Addressing the Opioids Crisis

- **Resources to Rural America:**
- Telehealth
- Direct service provision
- Training/mentoring
- Working with DEA on revised regulations
- Technology Transfer Centers: Substance Abuse Prevention, Addiction, Mental Health
- Collaboration with USDA
  - Supplements to Cooperative Extensions to train/raise public awareness on opioids/risks
  - Recovery housing
  - Mobile units planned
- Community Recovery Supports
  - Peers: ED, Outreach
- Engagement of Faith-Based Community
  - Recovery supports
  - Recovery housing
- HIPAA/42 CFR: Family inclusion in medical emergencies: overdose
  - National Privacy TTC
  - NPRM in 2019 to better align with HIPAA while still providing 42 CFR protections

SAMHSA
Substance Abuse and Mental Health Services Administration

Healthcare Practitioner Training/Preparation

- STR Technical Assistance/Training Grant: individualized training according to state needs by local teams of addiction treatment providers
- DATA waiver training in pre-graduate settings: medical school, advance practice nursing, physician assistant programs: ***PCSS Universities***
- Encourage national certification program for peer workforce
- Establish training on recognition and treatment of substance misuse/abuse/use disorders in healthcare professional training programs
- Integration of BH including OUD treatment into primary care/FQHCs
- Use of Telehealth/ECHO/HIT to increase ability of practitioners to provide needed care and as an alternative training method

SAMHSA: Technical Assistance and Training Programs in a Variety of Formats

Evidence-Based Practice Repository in NMHSUPL

National Technical Assistance/Training Centers:

State Targeted Response to Opioids, Providers' Clinical Support System for Medication Assisted Treatment, Clinical Support System for Serious Mental Illness, National Child Traumatic Stress Network, National Center on Substance Abuse and Child Welfare, Center for Integrated Health Services, Veterans, GAINS (Criminal Justice), Disaster, Social Inclusion/Public Education, SOAR, Suicide Prevention, Eating Disorders, Privacy

Combined Efforts at the Regional, State, and Local Levels Oriented to All Health Professionals

Regional Substance Abuse Prevention, Addiction, Mental Health/School Based Services Collaborating Technology Transfer Centers

Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Region 7 | Region 8 | Region 9 | Region 10

National Hispanic/Latino TTC

National American Indian/Alaska Native TTC

SAMHSA
Substance Abuse and Mental Health Services Administration

What States Can Do

- Accurately assess needs: how much of an opioids problem? Where are the greatest gaps?
- Prevention, treatment and recovery needs of its people?
- Provide education to youth on dangers of substance misuse/opioids misuse
- Invest in first responder training on opioid overdose reversal and naloxone purchase
- Government officials/decision makers: Learn about OUD and evidence-based treatment
- Require prescribers/other healthcare professionals to learn about OUD and treatment
- Consider requiring that all eligible prescribers obtain the DATA waiver
- Require use of the PDMP prior to prescribing controlled substances and periodically thereafter (e.g.: q 3 mos.)
- Require evidence-based treatment for opioid use disorder: pharmacotherapy (MAT) + psychosocial and recovery supports
- Be aware that 'detox' alone is not effective for OUD; require injectable naltrexone following detox
- Require all providers to offer/have providers easily accessible who will provide all 3 MAT
- Provide funding for recovery supports: housing, employment, education, childcare

SAMHSA
Substance Abuse and Mental Health Services Administration

State Medicaid Services

Consider applying for an 1115 waiver to lift the IMD exclusion on SUDs/serious mental illness—plan needs to include use of levels of care:

- Inpatient
- Residential
- Outpatient
- Intensive outpatient
- Partial hospital program
- Community supports: Recovery coaches, vocational assistance, benefits assistance, housing assistance
- Require that programs receiving funding provide these services
- Remove prior authorization from MAT
- Remove limits on MAT duration

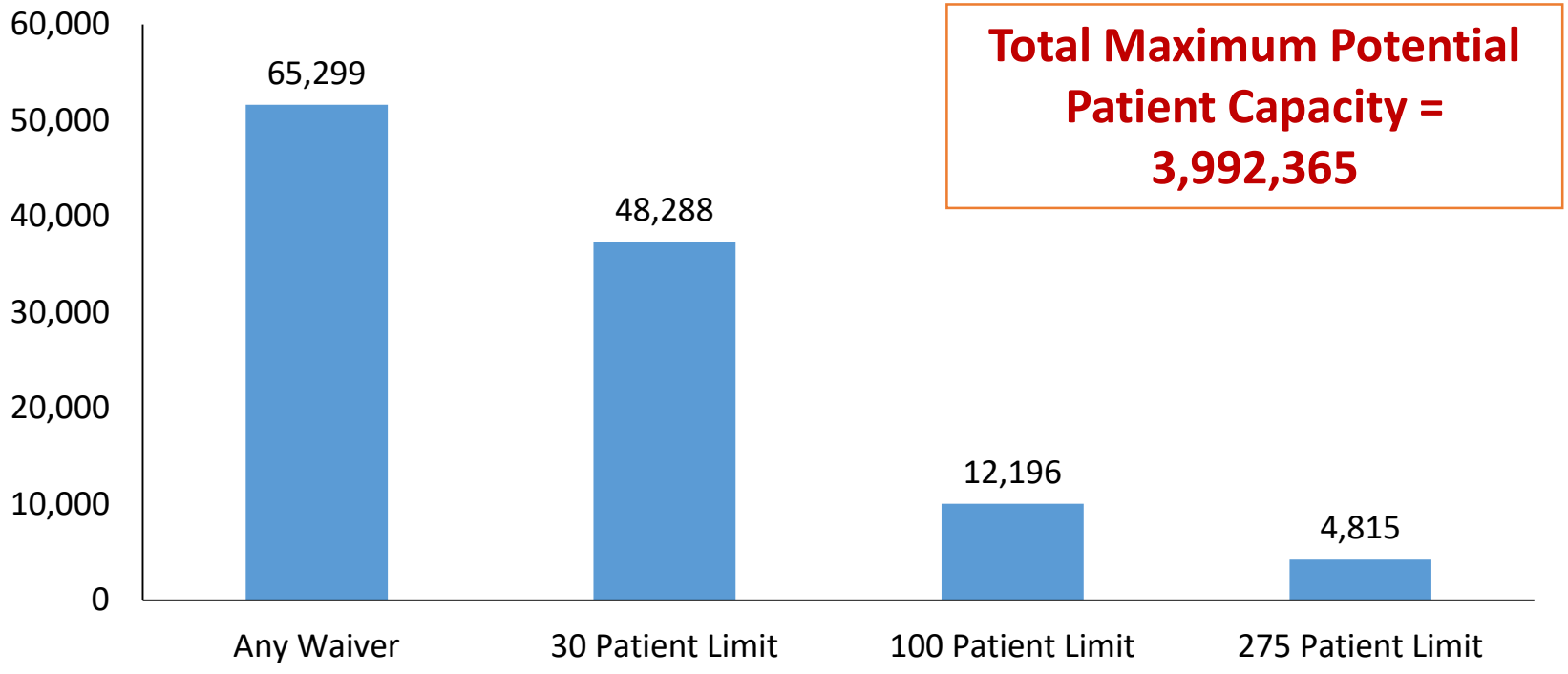
State Medicaid Services

Pay for the cost of substance abuse treatment services:

- Physical healthcare
- Substance Use Disorder care
- Psychiatric care
- Care coordination
- Opioid Use Disorder pharmacotherapy (MAT)
- Laboratory testing
- Psychosocial services: counseling, motivational interviewing, cognitive behavioral therapy, contingency management crisis intervention, individual/group/couples therapy
- Psychoeducation
- Family involvement

SAMHSA
Substance Abuse and Mental Health Services Administration

Continued Increases in Providers Seeking DATA Waiver

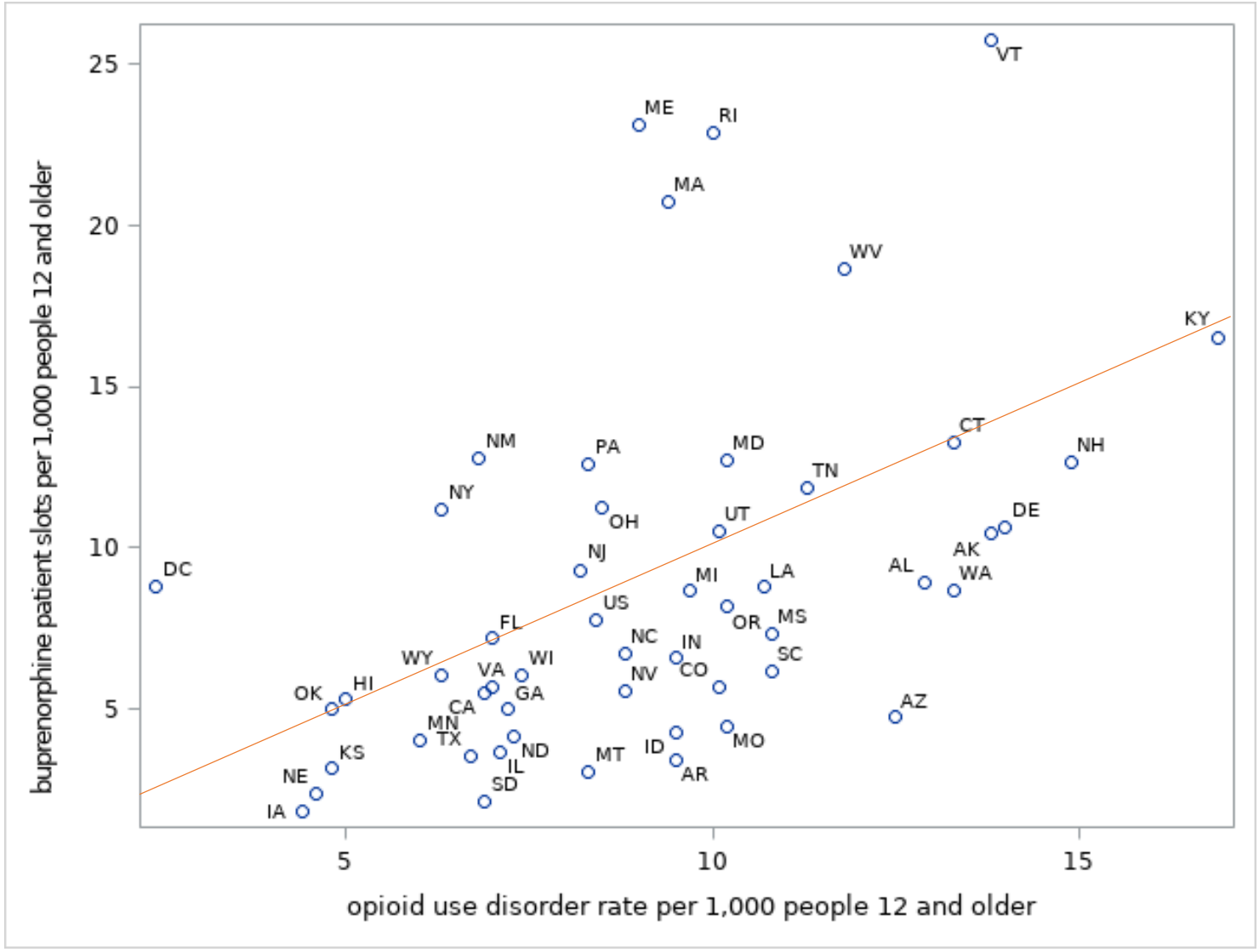


Total Maximum Potential Patient Capacity = 3,992,365

DATA 2000 waived providers through April 20, 2019

SAMHSA
Substance Abuse and Mental Health Services Administration

Maximum Potential Capacity for Buprenorphine from DATA 2000 Providers Compared to Opioid Use Disorder Rates by State



- **34 states higher OUD rate** than max buprenorphine rate
- **16 states and DC higher max buprenorphine rate** than OUD rate
- **1 state equal** OUD rate and max buprenorphine rate

Source: Analysis of 2015-2016 NSDUH data and SAMHSA DATA 2000 Program data

SAMHSA
Substance Abuse and Mental Health Services Administration

What Providers Can Do

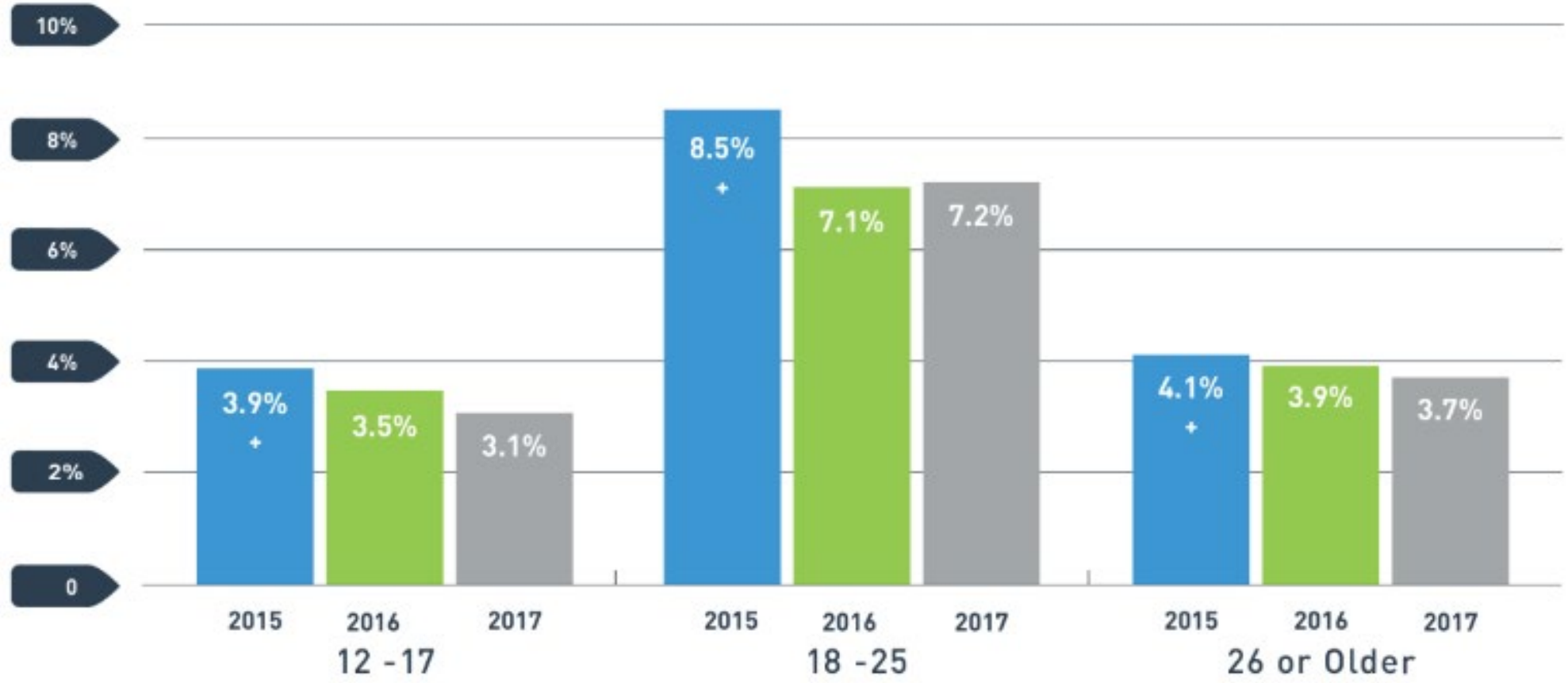
Invest the time to learn and use:
Screening, Brief Intervention and Referral to Treatment (SBIRT)
Assessment and Treatment of Substance Use Disorders
Particularly Opioid Use Disorders
If you are in a profession that can do so: get a DATA waiver
Expand SUD/OUD treatment services in your clinical settings
Develop partnerships with community recovery supports: Peer recovery coaches, faith-based groups, community resources: e.g.: vocational/educational/housing
Advocate to state leadership about need for resources to provide services

What Else is Coming to Assist with the Opioids Crisis?

- National, interoperable PDMP and required use
- Widespread adoption of inclusion of PDMP in EHR
- Electronic defaults in EHRs to prompt appropriate quantities and guideline concordant prescribing
- Increased monitoring for best practices in prescribing
- Blister packaging of opioids with what would be the typical number/dose of pills for clinical indications
- Research: analgesics without abuse liability, non-opioid alternatives, more potent naloxone formulations
- Payment policies to expand access to opioid alternatives and support multidisciplinary team based care: bundled payments for levels of care

Prescription Pain Reliever Misuse

PAST YEAR, 2015 - 2017, 12+

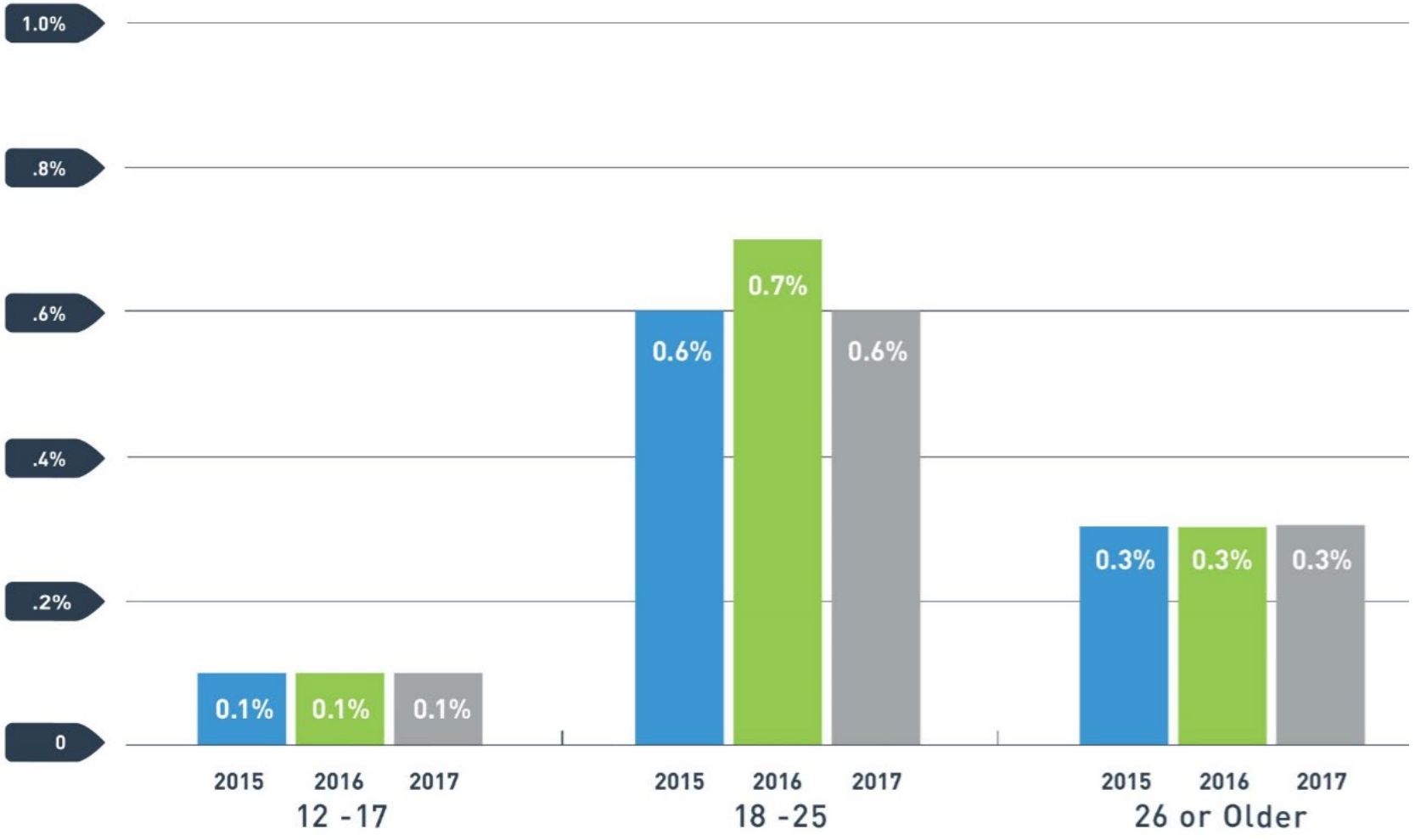


+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

Heroin Use

PAST YEAR, 2015 - 2017, 12+

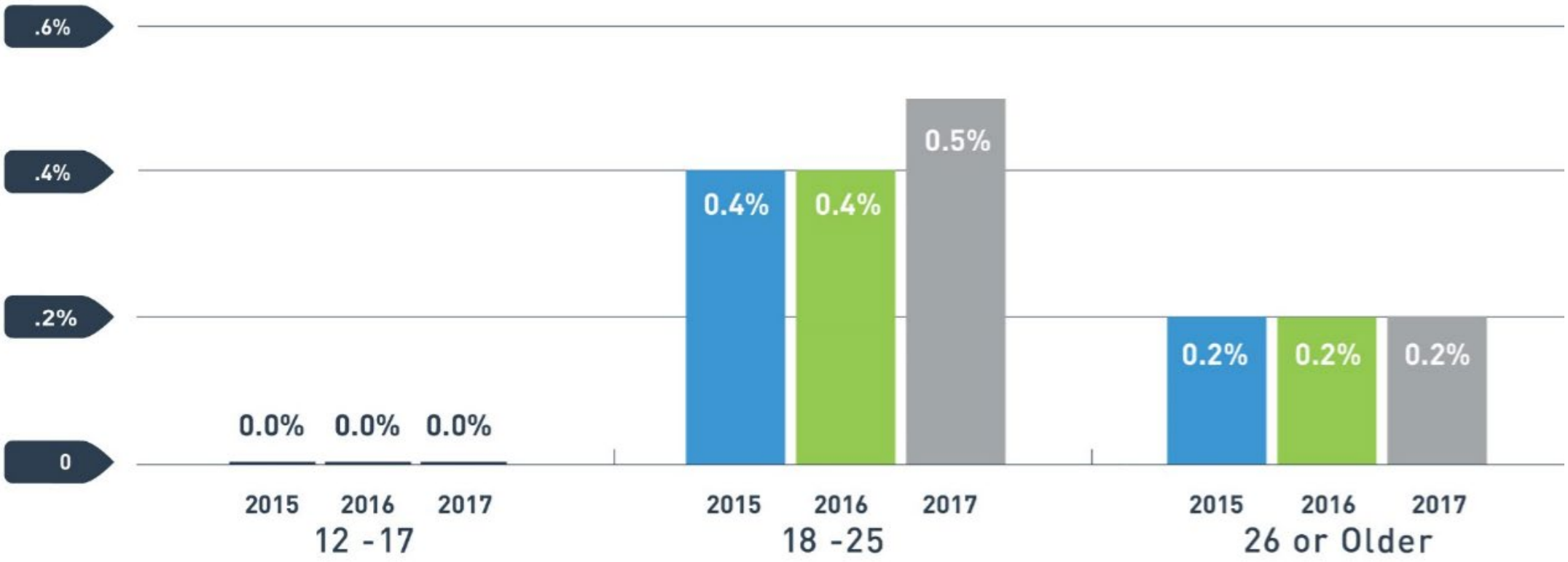


No difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

Heroin-Related Opioid Use Disorder

PAST YEAR, 2015 - 2017, 12+



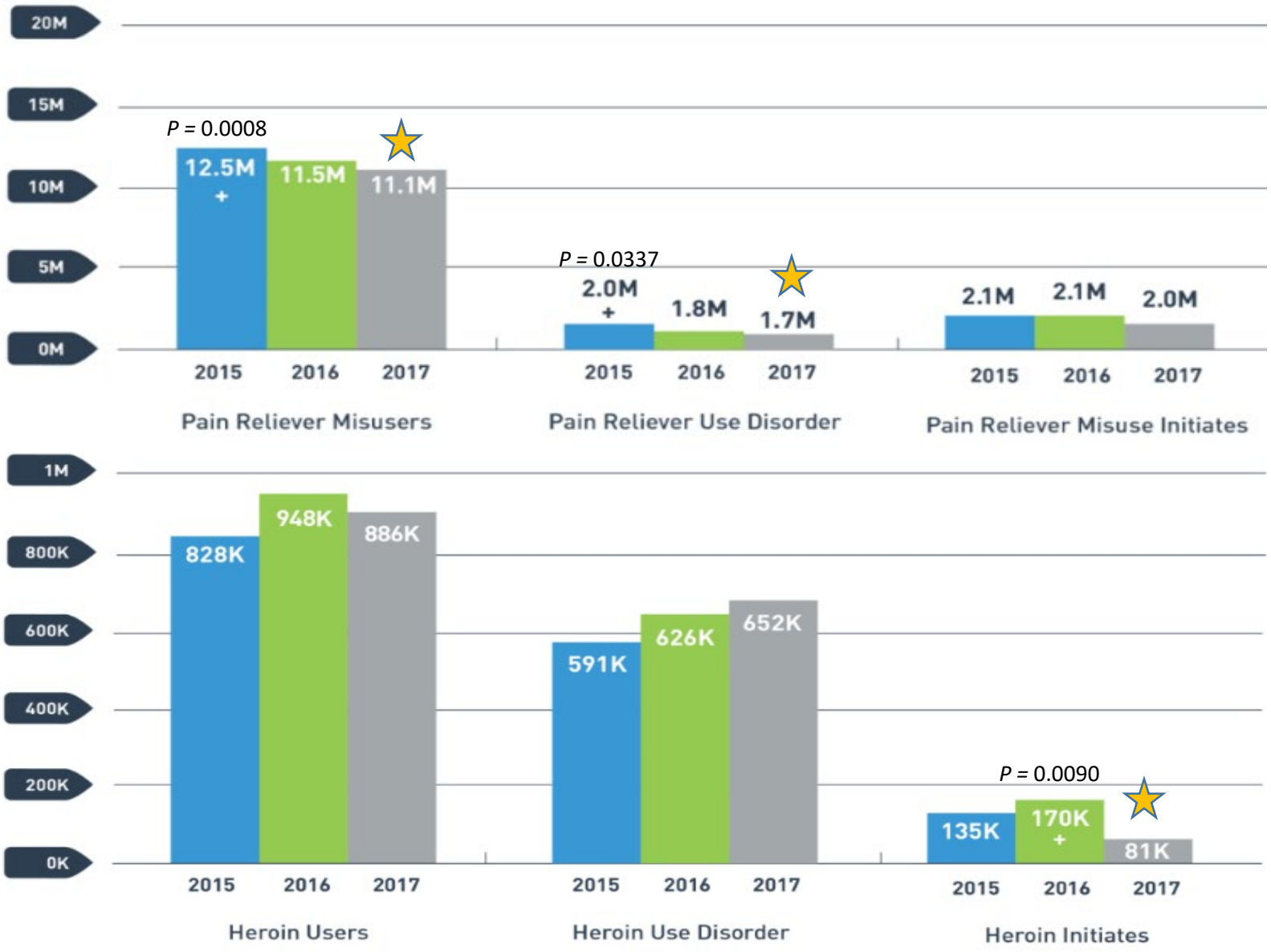
Estimates of less than 0.1% were rounded to 0.0%

No difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

Progress on Prescription Pain Reliever Misuse and Heroin Initiation

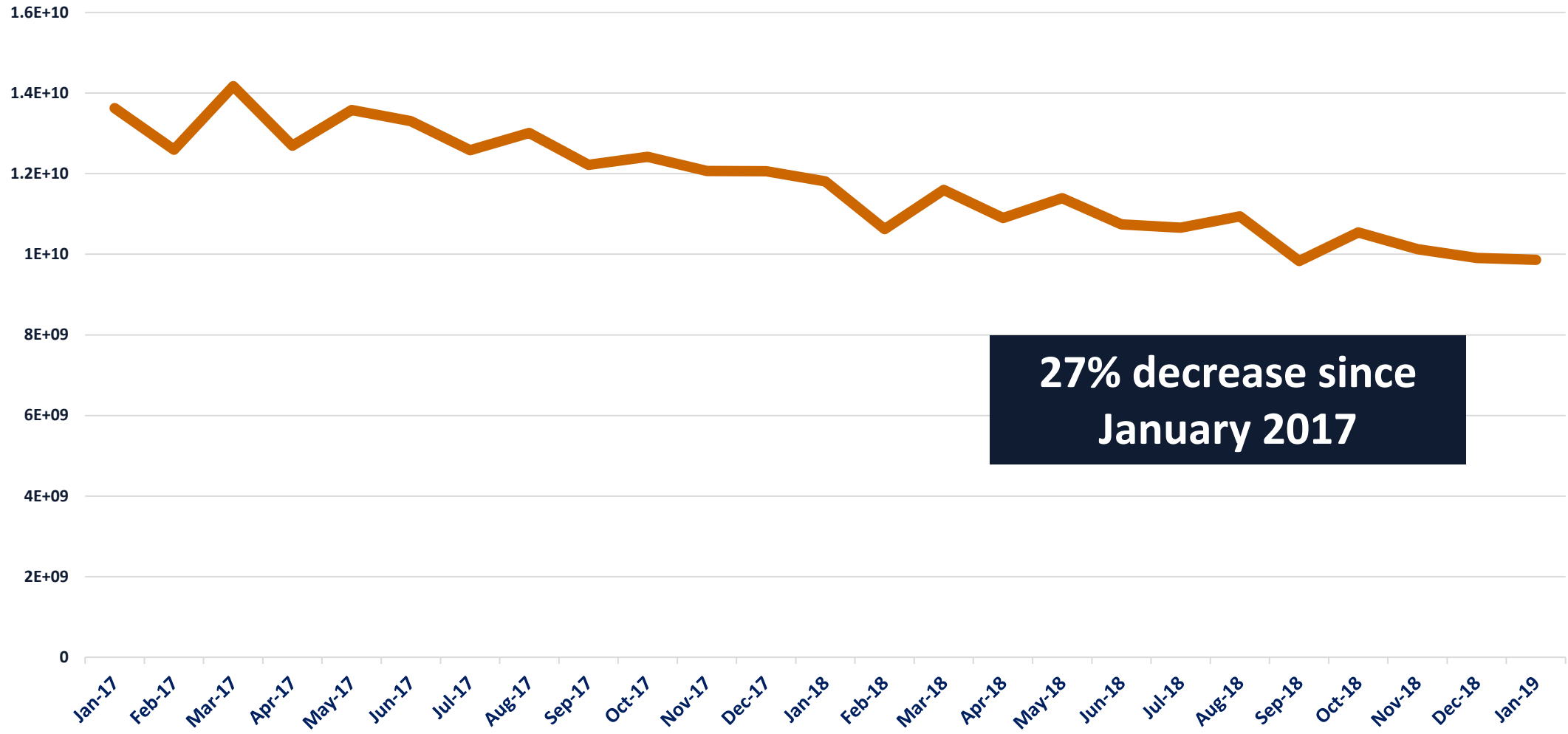
PAST YEAR, 2017, 12+



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

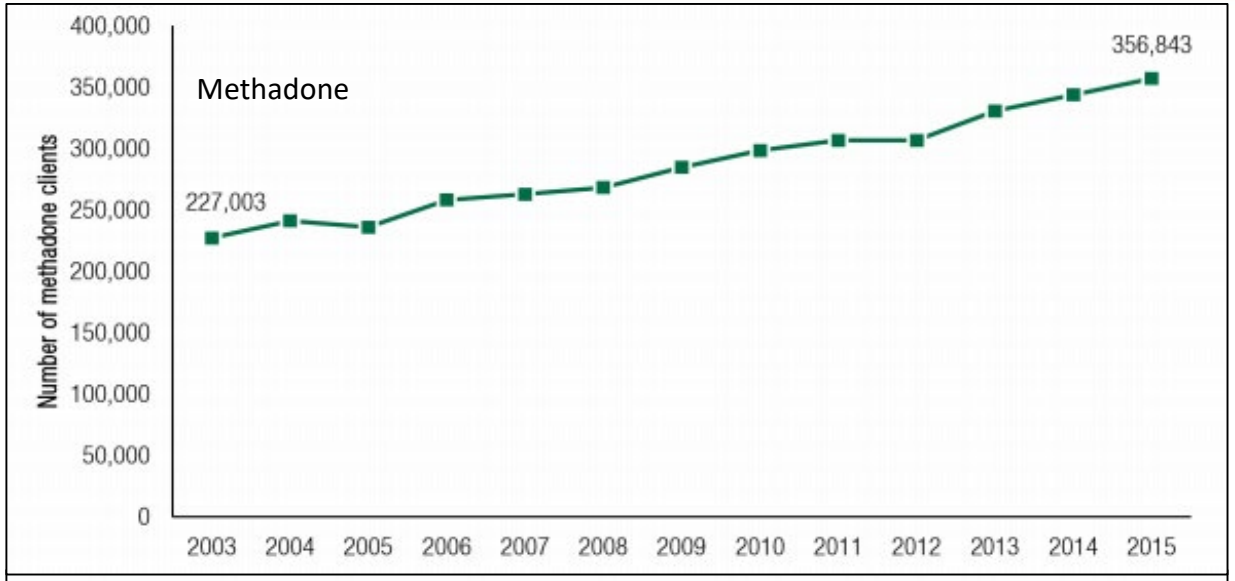
SAMHSA
Substance Abuse and Mental Health Services Administration

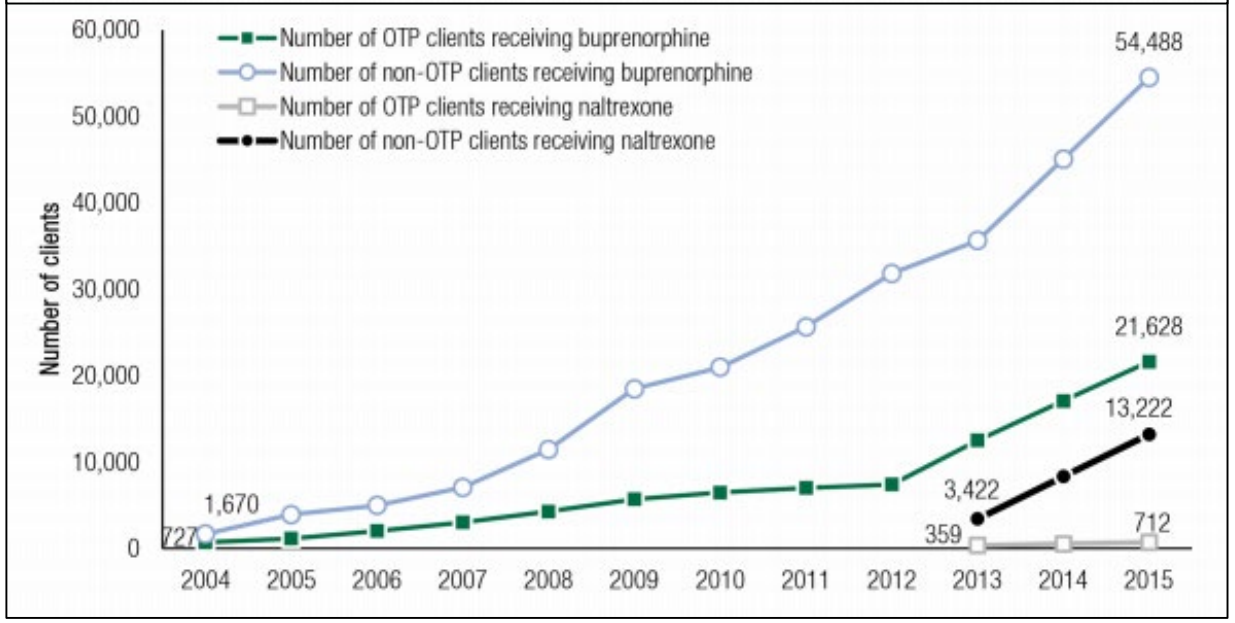
Signs of Progress: Morphine Milligram Equivalents (MME) Prescribed per Month (US)



SAMHSA
Substance Abuse and Mental Health Services Administration

Signs of Progress: Receipt of MAT from Treatment Programs

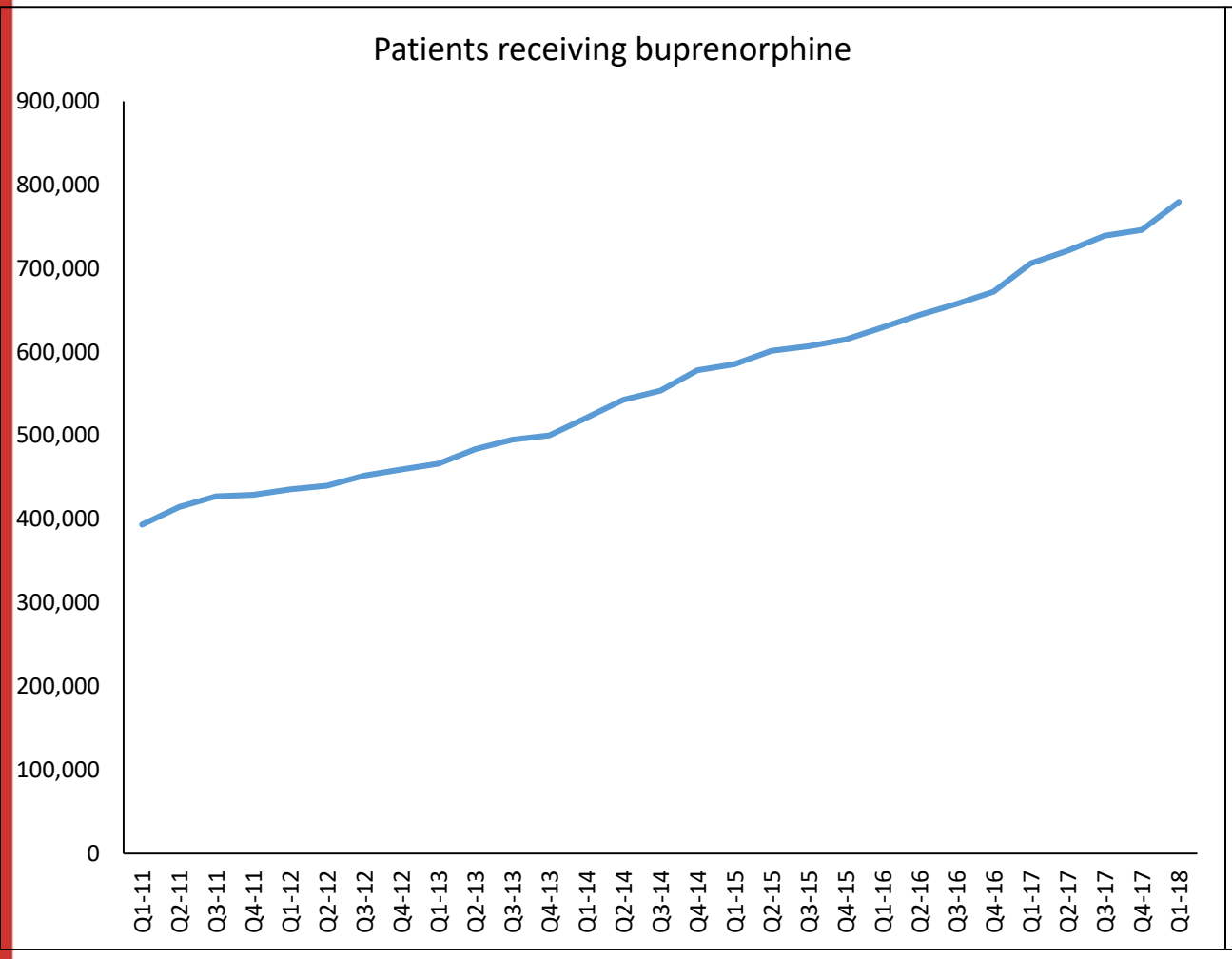


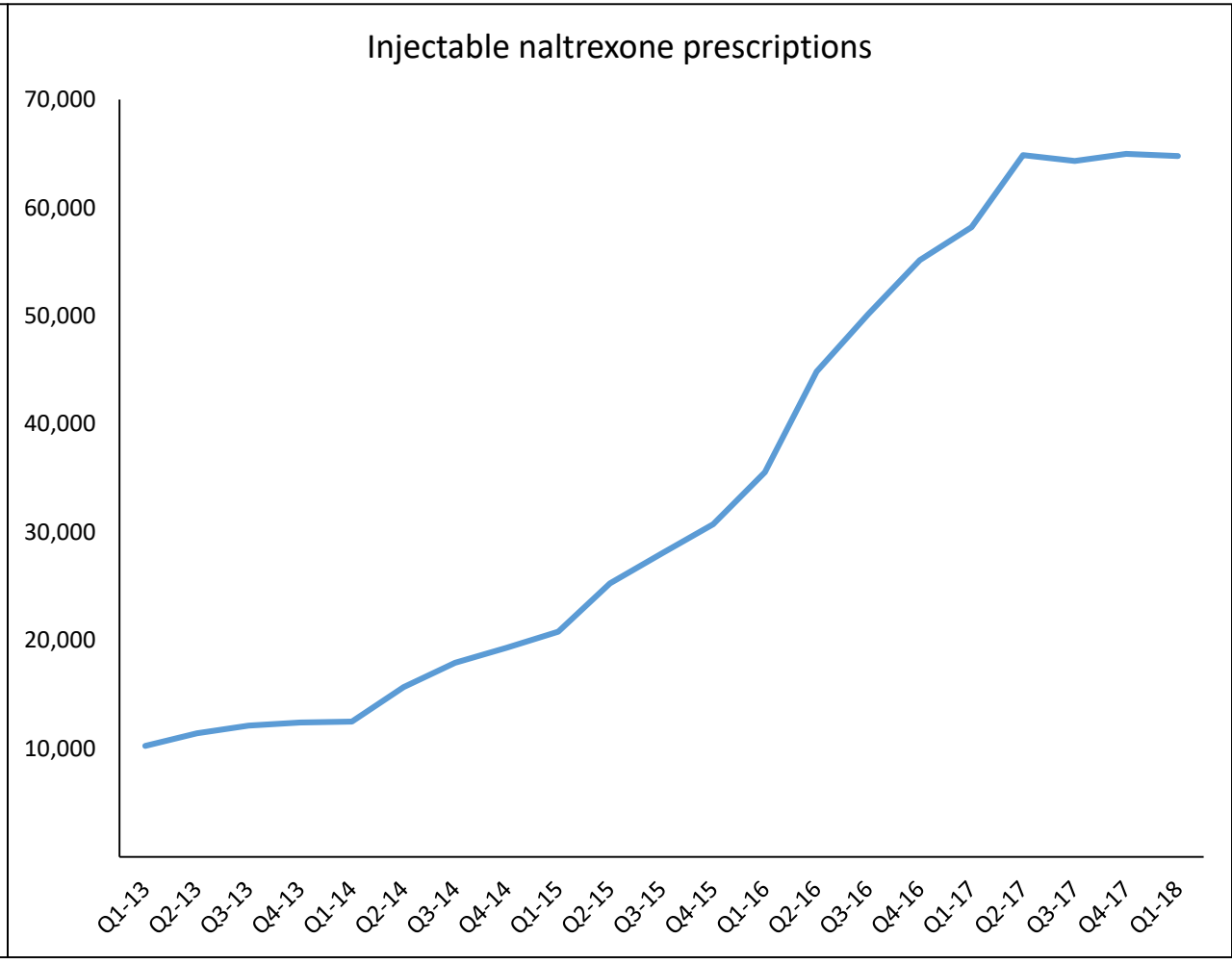


Source: SAMHSA NSSATS

SAMHSA
Substance Abuse and Mental Health Services Administration

Increasing Number of Patients Receiving Buprenorphine and Injectable Naltrexone by Prescription (Pharmacy data)





Source: IQVIA National Prescription Audit and Total Patient Tracker, Data Extracted May 2018

SAMHSA
Substance Abuse and Mental Health Services Administration

Greater Numbers Receiving Pharmacotherapy for OUD

Methadone:

381,867 (March, 2017)

Buprenorphine: 690,473

-667,408 (December, 2018) unique patients through retail or mail order prescriptions

23,065 (March 2017) (from Opioid Treatment Programs)

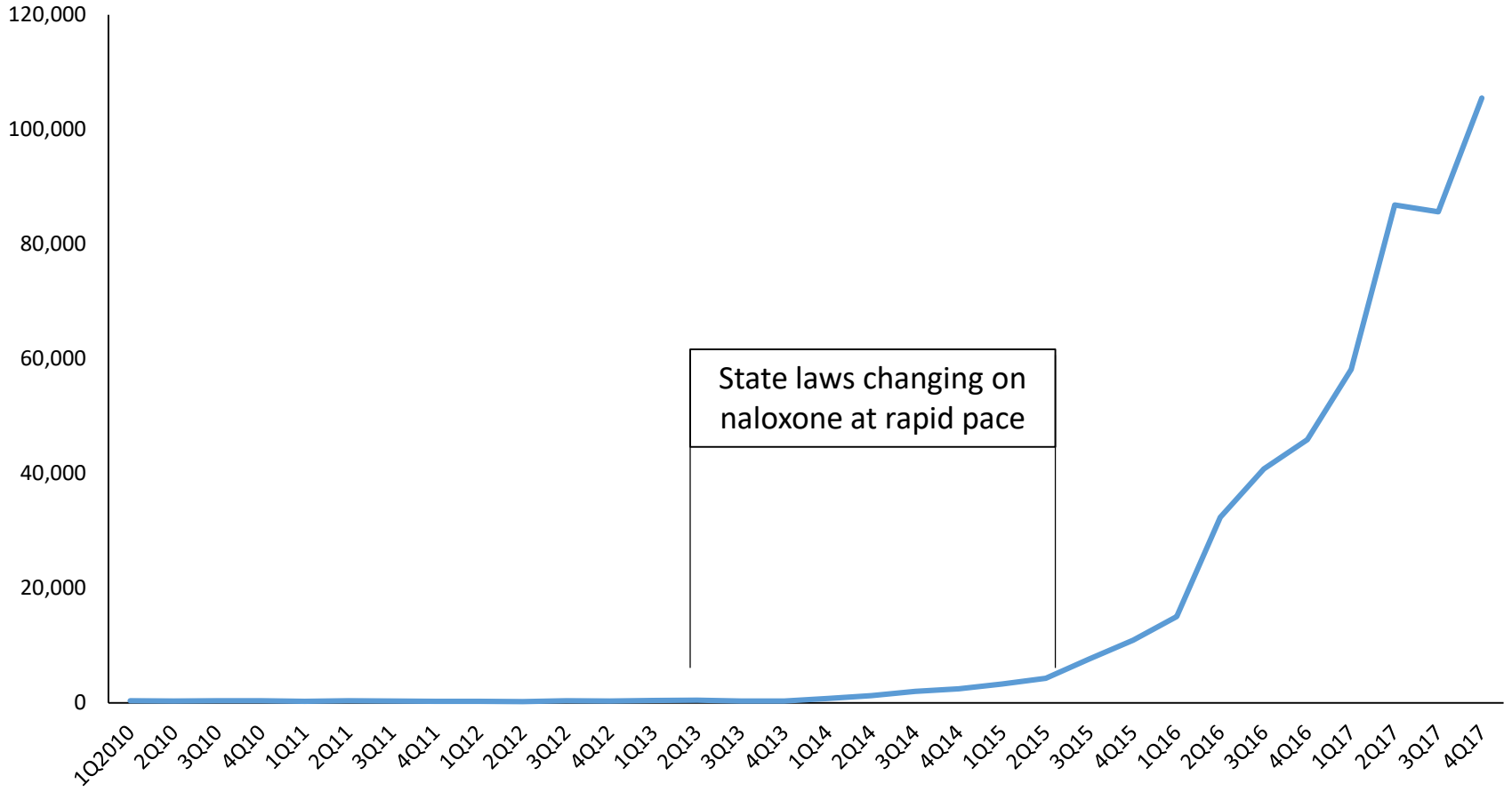
Injectable Naltrexone (Vivitrol):

- 74,370 (2018)
  (data per Alkermes, 2019)

Approximately 1,146,710 patients are currently receiving MAT

SAMHSA
Substance Abuse and Mental Health Services Administration

Signs of Progress: Dramatic Increases in Naloxone Dispensing from U.S. Pharmacies



Source: IQVIA National Prescription Audit, data extracted 2016-2018

SAMHSA
Substance Abuse and Mental Health Services Administration

Signs of Progress

2017:

- Prescription opioid misuse modestly declining
- Heroin use:
  - Fewer new users
  - Modest decline in heroin use in 18-25 y.o.
  - Increase in 18-25 y.o. with use disorder
- Significant increases in numbers of individuals with OUD getting specialty treatment
- Plateauing of overdose deaths involving commonly prescribed opioids, but still with overall increases in opioid-associated overdose deaths mainly due to illicit synthetic opioids
- Some states seeing a leveling off of opioid overdose deaths

SAMHSA
Substance Abuse and Mental Health Services Administration

Opioids: Conclusions

The opioid epidemic continues to evolve

Urgent need to prepare workforce rapidly and deliver evidence-based prevention, treatment and recovery services

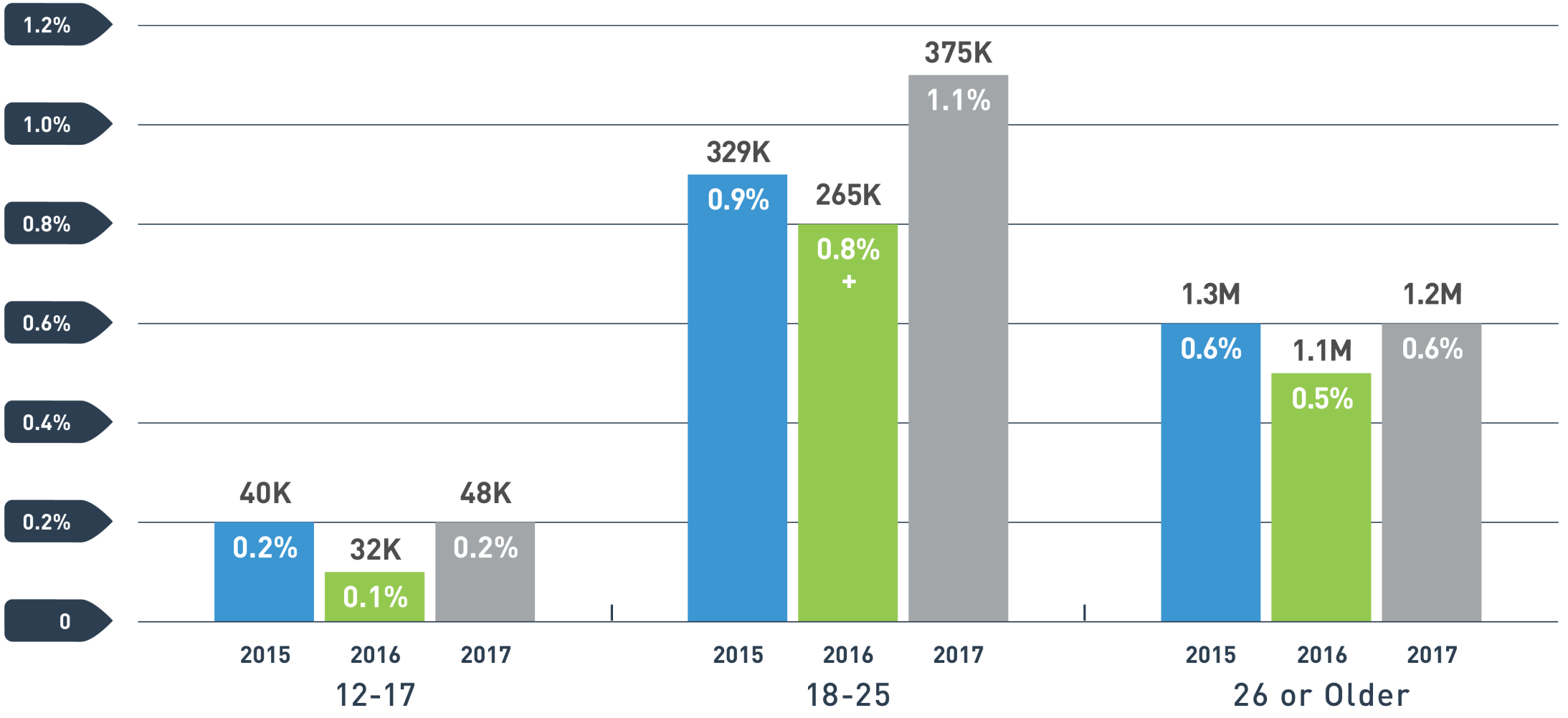
Some emerging signs of progress

Actions must focus comprehensively to address underlying contributors to the crisis

Substantial efforts underway to combat the opioid epidemic, but gaps in the evidence base remain

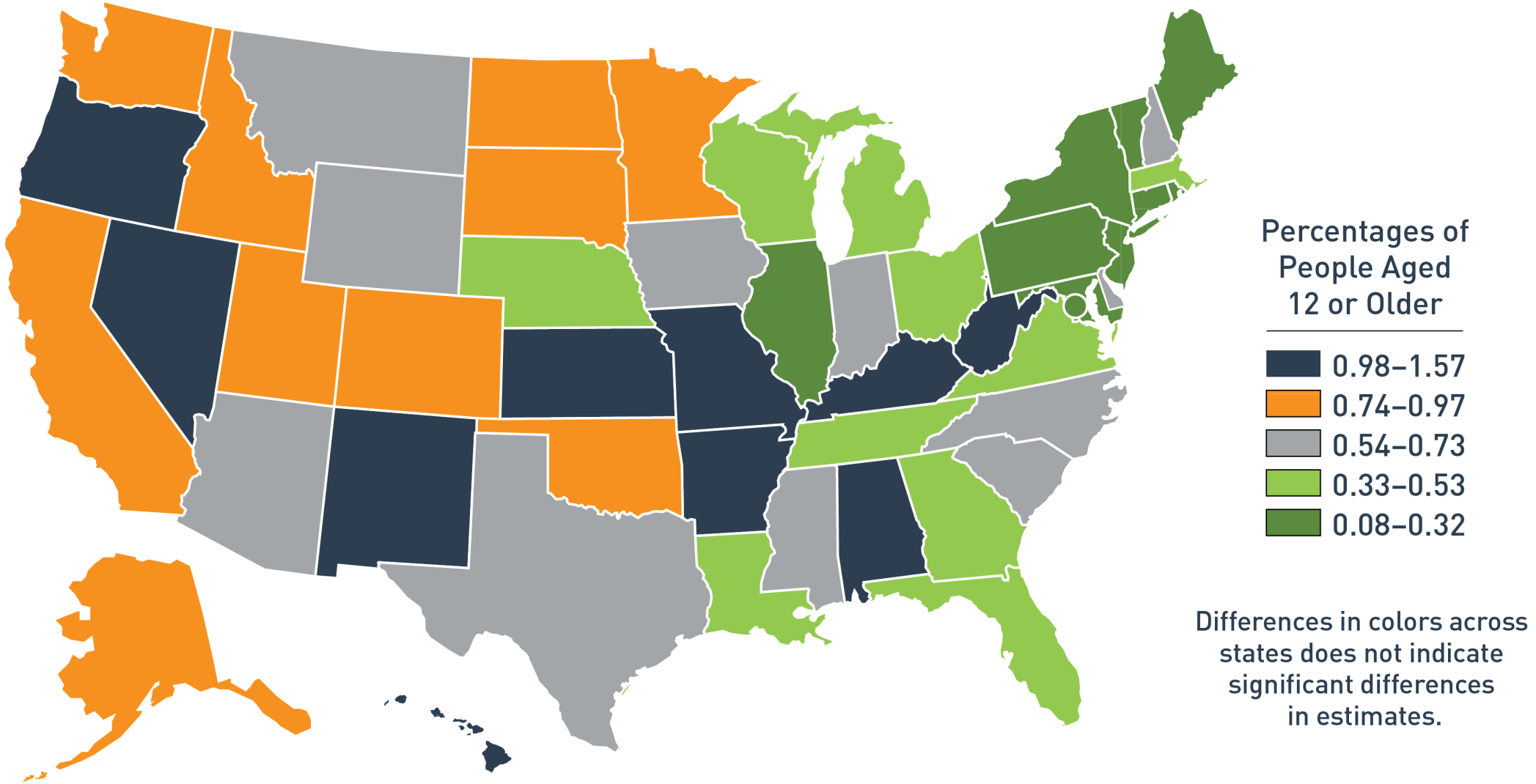
Work continues to aggressively address the epidemic

Other Concerns: Stimulants
Methamphetamine



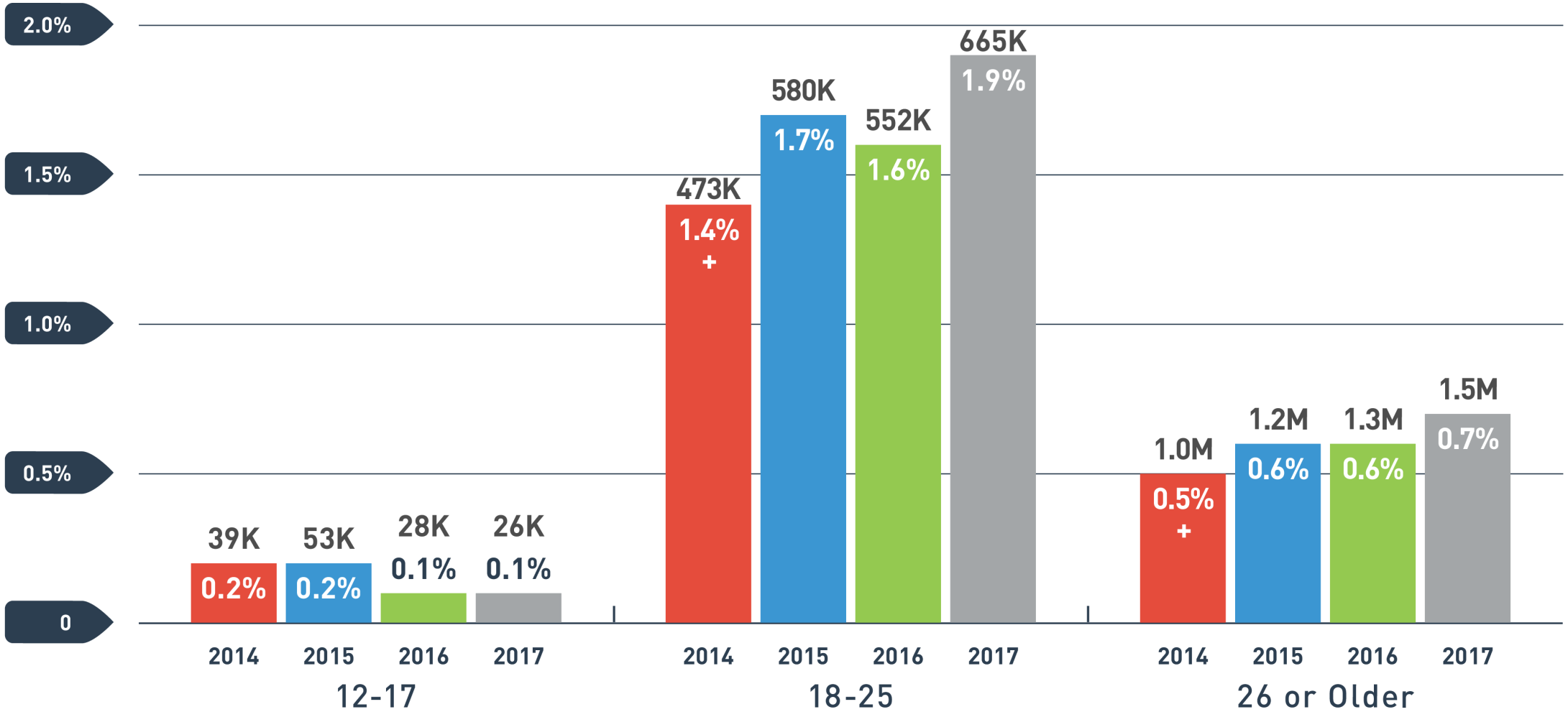
SAMHSA
Substance Abuse and Mental Health Services Administration

Other Concerns: Stimulants
Methamphetamine



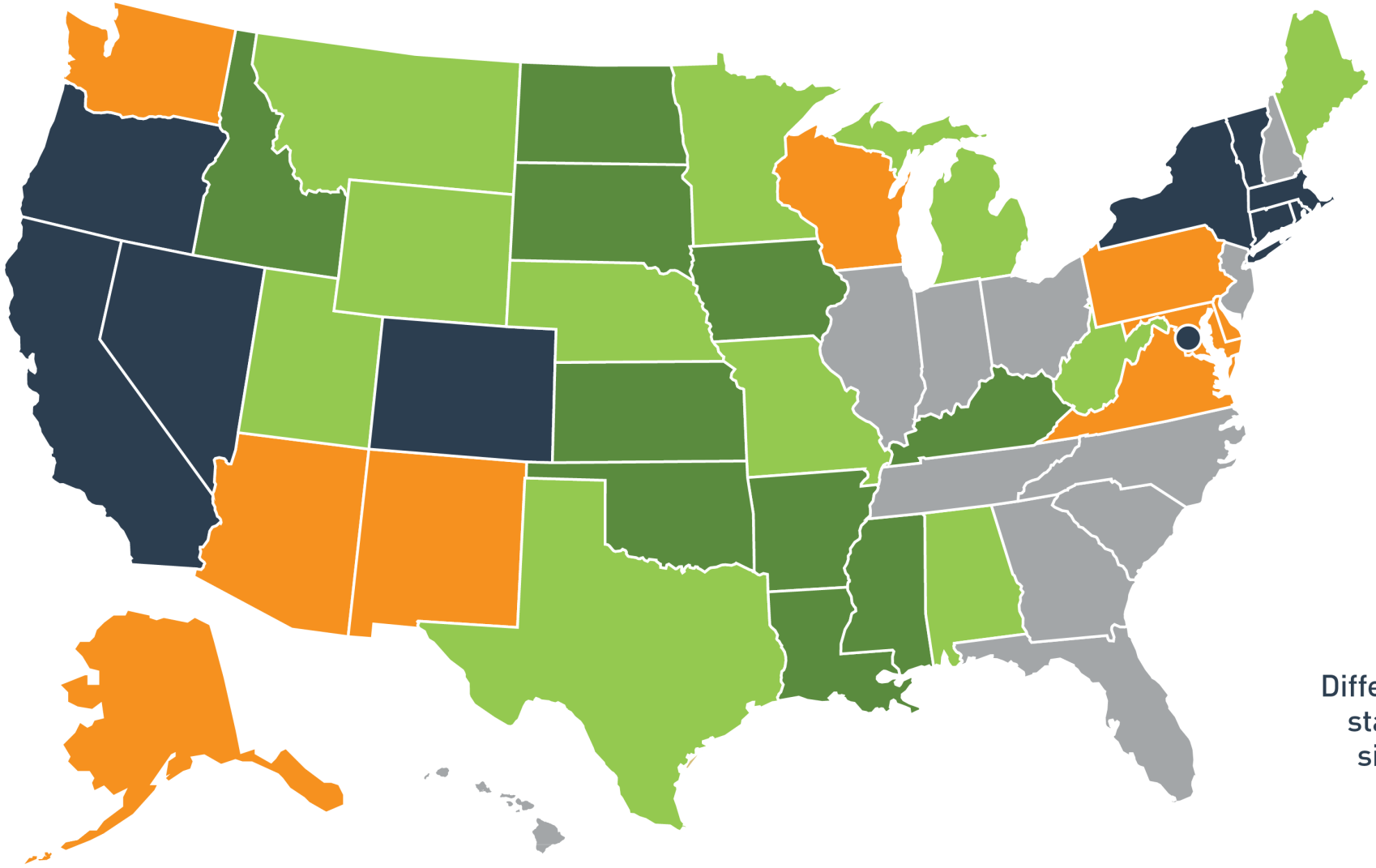
SAMHSA
Substance Abuse and Mental Health Services Administration

Other Concerns: Stimulants
Cocaine



SAMHSA
Substance Abuse and Mental Health Services Administration

Other Concerns: Stimulants
Cocaine



SAMHSA
Substance Abuse and Mental Health Services Administration

Stimulant Use Disorder Treatment: It's not Like Opioid Use Disorder

Cocaine and Methamphetamine

No effective medication treatments despite numerous research efforts:

Psychotropics

- Antidepressants
- Antipsychotics
- Anticonvulsants
- Stimulants

Naltrexone

- Psychotherapies/counseling relied upon
- One of the more promising approaches:
  - Contingency Management

    Abstinence: reinforced by contingency

    Example: Voucher-Based Treatment

Positive reinforcement of desired behavior

Reward given for drug free urine sample

Helpful in engaging for longer treatment periods (e.g. 24wks)

Means of achieving abstinence for a period long enough to help patients learn new skills that will help sustain sobriety

OIG: Allows "Gifts of nominal value" ($15/gift; $75/yr) to Medicare and Medicaid beneficiaries

SAMHSA
Substance Abuse and Mental Health Services Administration

And One More Thing---Accumulating Data on Potential Adverse Impacts of Marijuana Use: Does This Look Like a Treatment for Opioid Use Disorder?

Adverse outcomes linked to marijuana use by youth:

- Poor school performance and increased drop out rates
- Chronic use in adolescence has been linked to decline in IQ that may not recover with cessation (Meier et al. 2012)
- Marijuana use in adolescence is associated with an increased risk for later psychotic disorder in adulthood (D'Souza, et al. 2016)
- Marijuana use linked to earlier onset of psychosis in youth known to be at risk for schizophrenia (McHugh, et al. 2017)
- Significant numbers who try marijuana will become addicted (Lopez-Quintero, et al. 2011)
- Higher overall rates of car crashes in states that have legalized (WAPO, June 2017)
- Association of marijuana use with abuse of prescription pain medications (Olfson et al. 2017)

Marijuana and Pregnancy:

- Fetal growth restriction
- Stillbirth
- Preterm birth
- May cause problems with neurological development
  - Hyperactivity
  - Poor cognitive function

(Metz TD and Stickrath EH, 2015)

SAMHSA
Substance Abuse and Mental Health Services Administration

Behavioral Health Treatment Services Locator

findtreatment.samhsa.gov

Elinore.mccance-katz@samhsa.hhs.gov

SAMHSA
Substance Abuse and Mental Health Services Administration