Opioid Crisis

- 2.1 million Americans with Opioid Use Disorder (OUD)

- Only 20% with OUD received specialty addiction treatment and only 37% of those received MAT

- Over 63,632 drug overdose deaths in 2016 of which 42,249 – 66% from opioids
11.8 MILLION PEOPLE W/OPIOID MISUSE (4.4% OF TOTAL POPULATION)

- 11.5 MILLION Rx Pain Reliever Misusers
- 6.9 MILLION Rx Hydrocodone
- 3.9 MILLION Rx Oxycodone
- 228,000 Rx Fentanyl
- 641,000 Rx Pain Reliever Misusers & Heroin Users
- 948,000 Heroin Users

NSDUH: The Grip Of Opioids

2016 Data
Opioid Overdose Deaths at Historically High Levels

Overdose Deaths per 100,000 Population (Age-Adjusted)

- Drug Overdose Deaths
- Any Opioid
- Commonly Prescribed Opioids
- Heroin
- Synthetic Opioids

Number of Drug Overdose Deaths

- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016

Overdose Deaths per 100,000 Population (Age-Adjusted)

- 0
- 2
- 4
- 6
- 8
- 10
- 12
- 14

Number of Drug Overdose Deaths

- 0
- 10,000
- 20,000
- 30,000
- 40,000
- 50,000
- 60,000
- 70,000

SAMHSA
Substance Abuse and Mental Health Services Administration
<table>
<thead>
<tr>
<th>State</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>907</td>
<td>1151</td>
<td>1072</td>
<td>1203</td>
<td>1382</td>
<td>1946</td>
<td>7,661</td>
</tr>
<tr>
<td>Indiana</td>
<td>347</td>
<td>361</td>
<td>350</td>
<td>452</td>
<td>529</td>
<td>785</td>
<td>2,824</td>
</tr>
<tr>
<td>Michigan</td>
<td>714</td>
<td>685</td>
<td>909</td>
<td>1001</td>
<td>1275</td>
<td>1699</td>
<td>6,283</td>
</tr>
<tr>
<td>Minnesota</td>
<td>291</td>
<td>293</td>
<td>306</td>
<td>317</td>
<td>336</td>
<td>395</td>
<td>1,938</td>
</tr>
<tr>
<td>Ohio</td>
<td>1163</td>
<td>1272</td>
<td>1539</td>
<td>2020</td>
<td>2590</td>
<td>3495</td>
<td>12,079</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>468</td>
<td>502</td>
<td>588</td>
<td>622</td>
<td>614</td>
<td>827</td>
<td>3,621</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>34,406</strong></td>
</tr>
</tbody>
</table>
HHS 5-POINT STRATEGY
TO COMBAT THE OPIOID CRISIS

MORE ADDICTION PREVENTION,
TREATMENT, AND RECOVERY SERVICES

BETTER PAIN TREATMENT

BETTER DATA

MORE OVERDOSE REVERSERS

BETTER RESEARCH

HHS.gov
<table>
<thead>
<tr>
<th>Agency</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMHSA</td>
<td>Grants for prevention, treatment, and recovery services</td>
</tr>
<tr>
<td>CDC</td>
<td>Data tracking, PDMPs, Prescriber guidelines; community prevention grants</td>
</tr>
<tr>
<td>FDA</td>
<td>Reviewing what should come off market, and looking at non-addictive pain alternatives.</td>
</tr>
<tr>
<td>NIH</td>
<td>Research on treatment of addiction, overdose, and non-addictive pain therapies.</td>
</tr>
<tr>
<td>CMS</td>
<td>Medicaid and Medicare policies and payments for prescriptions and for treatment.</td>
</tr>
<tr>
<td>HRSA</td>
<td>CHC SUD treatment funds; tele-health grants; NHSC; community planning grants</td>
</tr>
<tr>
<td>OASH</td>
<td>National Pain Task Force; National Pain Strategy; Grants for opiates &amp; women; the Surgeon General Report “Facing Addiction in America.”</td>
</tr>
<tr>
<td>ACF</td>
<td>Foster care for children impacted by opioids</td>
</tr>
<tr>
<td>OCR</td>
<td>Clarifying HIPAA rules regarding information sharing</td>
</tr>
<tr>
<td>IHS</td>
<td>National Committee on Heroin, Opioids, and Pain Efforts (HOPE)</td>
</tr>
</tbody>
</table>
Strategies to Address the Opioid Epidemic

**Community Prevention**
1. Strategic Planning
2. Community & Provider Education
3. Harm Reduction
4. Medication Disposal

**Crisis Services**
1. Naloxone distribution & education: 1st responders, patients, family
2. ER overdose education (MAT initiation)
3. Detoxification
4. Link ER/Detox to treatment

**Clinical Practice**
1. CDC Pain Management Guidelines
2. Screening & Assessment
3. Medication Assisted Treatment
4. SUD Levels of Treatment
5. PDMP
6. Tele-Health

**Recovery Support**
1. Access to Health Care
2. Safe & Affordable Housing
3. Education & Employment
4. Social & Community Connections

**Workforce**
1. Data 2000 Waiver (MD/PA/APRN)
2. Clinician Support & Continuing Education
3. Recruitment & Retention Plans
4. Integrated Care Competencies
5. Peer Recovery
1. Addiction is a chronic AND treatable illness.

2. Use of medication to treat opioid use disorder is NOT continuing addiction; it is NOT substituting one drug for another.

3. Opioid medications used to treat opioid addiction block withdrawal and reduce craving; eliminates compulsive use of illicit opioids multiple times a day

4. Patient-centered health care empowers patients with information that helps them make better treatment decisions with their healthcare professionals.

5. Patients with OUD should have access to mental health care, medical care, & addiction counseling, as well as recovery support services, to supplement MAT.

6. Numerous studies show that relapse occurs at high rates when medication is stopped; Discontinuation needs to be done carefully; requires collaboration with primary providers

7. Treatment helps people re-establish healthy lifestyles, rebuild relationships, attain employment, and care for their families
Engage Region V States, Tribal Nations, local communities, as well as Federal agencies in comprehensive and coordinated responses to the public health crisis of prescription drug misuse and opioid addiction.

- Provide Subject/Programmatic-matter expert consultation
- Identify, translate, and coordinate resources, grants, technical assistance
Emerging Signs of Progress

Decreasing Opioid Prescribing

Increasing Naloxone Dispensing

State laws changing on Naloxone at rapid pace

Increasing Receipt of MAT

Methadone

Increasing Receipt of MAT

Buprenorphine & Naltrexone
Partnership, collaboration, information sharing are key ingredients for a coordinated & comprehensive public health response to the opioid epidemic.
Connection between SUD and Suicidality

Suicide is the leading cause of death among people with substance use disorders (SUDs).

Compared with the general population, people treated for alcohol abuse or dependence are at about a 10x greater risk for suicide. (Wilcox, et al., 2004)

Those who inject drugs are at about a 14x greater risk for suicide. (Wilcox, et al., 2004)

The number of substances used seems more predictive of suicide than the types. (SAMHSA, 2008)
# Deaths from Suicide

<table>
<thead>
<tr>
<th>State</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>1226</td>
<td>1292</td>
<td>1321</td>
<td>1398</td>
<td>1363</td>
<td>1415</td>
<td>9193</td>
</tr>
<tr>
<td>Indiana</td>
<td>881</td>
<td>940</td>
<td>944</td>
<td>948</td>
<td>960</td>
<td>1034</td>
<td>6571</td>
</tr>
<tr>
<td>Michigan</td>
<td>1221</td>
<td>1261</td>
<td>1295</td>
<td>1354</td>
<td>1410</td>
<td>1364</td>
<td>9168</td>
</tr>
<tr>
<td>Minnesota</td>
<td>683</td>
<td>656</td>
<td>678</td>
<td>686</td>
<td>730</td>
<td>745</td>
<td>4784</td>
</tr>
<tr>
<td>Ohio</td>
<td>1465</td>
<td>1542</td>
<td>1526</td>
<td>1491</td>
<td>1650</td>
<td>1707</td>
<td>10820</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>745</td>
<td>723</td>
<td>850</td>
<td>769</td>
<td>877</td>
<td>866</td>
<td>5623</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46,159</td>
</tr>
</tbody>
</table>
Drug Overdoses and Hepatitis C: Interconnected Epidemics

Drug Overdose Death Rates

Reported New HCV Infections

Rate per 100,000:
- Missing Data/Not Available
- Greater than 0 - <2.0
- 2.0 - <4.0
- 4.0 and Greater

SOURCE: CDC/NCHS Data Visualization Gallery 2015
SOURCE: CDC National Notifiable Disease Surveillance System 2013-14
Hepatitis C and Injection Drug Use

HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014

- Among people aged 18-29, HCV increased by 400% and admission for opioid injection by 622%.
- Among people aged 30-39, HCV increased by 325% and admission for opioid injection by 83%.

Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration
As ACEs “score” goes up, so does risk for...

• Risky Behaviors
  • Physical Inactivity, Smoking, Drug/Alcohol Abuse, Early Sexual Activity

• Chronic Disease
  • Obesity, COPD, Asthma, Diabetes, Liver Disease, Heart Disease

• Other Health Outcomes
  • Teen Pregnancy, STDs, Miscarriage, Depression, Suicide Attempts, Early Death, Job Problems/Lost Time from Work, Perpetration of IPV

Source: Centers for Disease Control and Prevention, Adverse Childhood Experiences Study. Available at: http://www.cdc.gov/violenceprevention/acestudy/
Rethinking Substance Use Problems

Persons with Alcohol Use Disorder

Persons with At-risk Alcohol Use (including binge use)

(SAMHSA, 2015)
Goal: improve the physical health status of adults with serious mental illnesses who have or are at risk for co-occurring primary care conditions.

The grant also supports the triple aim of improving the health of those with SMI, enhancing the consumer’s experience of care (including quality, access, and reliability), and reducing/controlling the per capita cost of care.
Team-based Care

- Nurse
- Case Manager
- LCSW
- Admin
- Psychiatric Providers
- Psychologist
- Pharmacist
- Peer
- Primary Care Doctor
- Service Dog
- Addiction Specialist
- Community Support Workers
- Individual Therapy
- Group Therapy
- Substance Use
- Voc Services
- Psych
Key Components of Integration

• **Screening** for depression, anxiety, and other behavioral disorders using validated screening tools

• **Team-based** care with non-physician staff to support primary care physicians (PCPs) and co-manage treatment

• **Shared information systems** that facilitate coordination and communication cross providers

• Standardized use of **evidence-based guidelines**

• Systematic review and measurement of **patient outcomes** using registries and patient tracking tools

• Engagement with broader **community services**

• Individualized, **person-centered care** that incorporates family members and caregivers into the treatment plan

Four Dimensions of Recovery

Health—overcoming or managing one’s disease(s) or symptoms

Home—having a stable and safe place to live

Purpose—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

Community—having relationships and social networks that provide support, friendship, love, and hope
Recovery Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.
Partnering, collaboration, information sharing are key ingredients for a coordinated & comprehensive public health response to the opioid epidemic.
Questions/Comments/Discussion

1. What’s working?

2. What are you biggest barriers to integrated and aligned prevention, treatment, and recovery?

3. What do you need: resources, technical assistance, support, etc?

4. What sector is missing from the table?

5. How can we better address other co occurring disorders?

6. Where are the opportunities for public health and recovery to work collaboratively?

7. How can we address the triple threat: Opioids, HIV, and HEP C

8. How do we change the conversation around behavioral health so it has less stigma
THANK YOU FOR WHAT YOU DO IN YOUR COMMUNITY TO HELP OTHERS

Jeffrey Coady, Psy.D., ABPP
CAPT, United States Public Health Service
SAMHSA Regional Administrator
Jeffrey.Coady@samhsa.hhs.gov