

The Opioid Crisis and its Effect on Texas

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August 22, 2017

MEMORIAL
HERMANN

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.

A Pill for Your Pain

- 2014 the **CDC** issued a report headlined **PHYSICIANS ARE FUELING PRESCRIPTION PAINKILLER OVERDOSES.**
- The study found that doctors were engaging in "dangerous" and "inappropriate" prescription practices.
- Physician lack understanding of opiates and their addictive tendencies.

A Pill for Your Pain

While cumulative pain levels remained constant among Americans, prescriptions for pain medications quadrupled between 1999 and 2010.

(Source CBS News October 10, 2014)

Rx Pain Killers:

\$57 Billion Global Annual Sales

1 in 12 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.

Opioid Makers Sued for Stoking Addiction

- *South Carolina filed suit against Purdue Pharma LP, which manufactures OxyContin, August 15, 2017.*
- *New Hampshire filed a similar suit last week.*
- *Mississippi, Missouri, Oklahoma and West Virginia filed suits since June 2017.*
- *Cities of Cincinnati and Birmingham filed public nuisance suits against wholesale drug distributors (Cardinal Health, Amerisource-Bergen and McKesson) 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

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. Included are:

- *Purdue Pharma*
- *Johnson & Johnson*
- *Teva Pharmaceutical Industries*
- *Allergan*
- *Endo Health Solutions*

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

A Pill for Your Pain

- 1995: Purdue Pharmaceuticals begins manufacturing OxyContin, its “time-released, supposedly addiction-proof version of the painkiller oxycodone”
- Estimated U.S. sales since introduction: \$35 billion (mostly from Oxy)
- In 2007, Purdue paid \$635 million in fines after pleading guilty to false marketing charges by the Department of Justice; some states now suing
- OxyContin reformulated in recent years, making it more difficult to abuse



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



91
AMERICANS

die every day from
an **opioid overdose**
(that includes prescription
opioids and heroin).

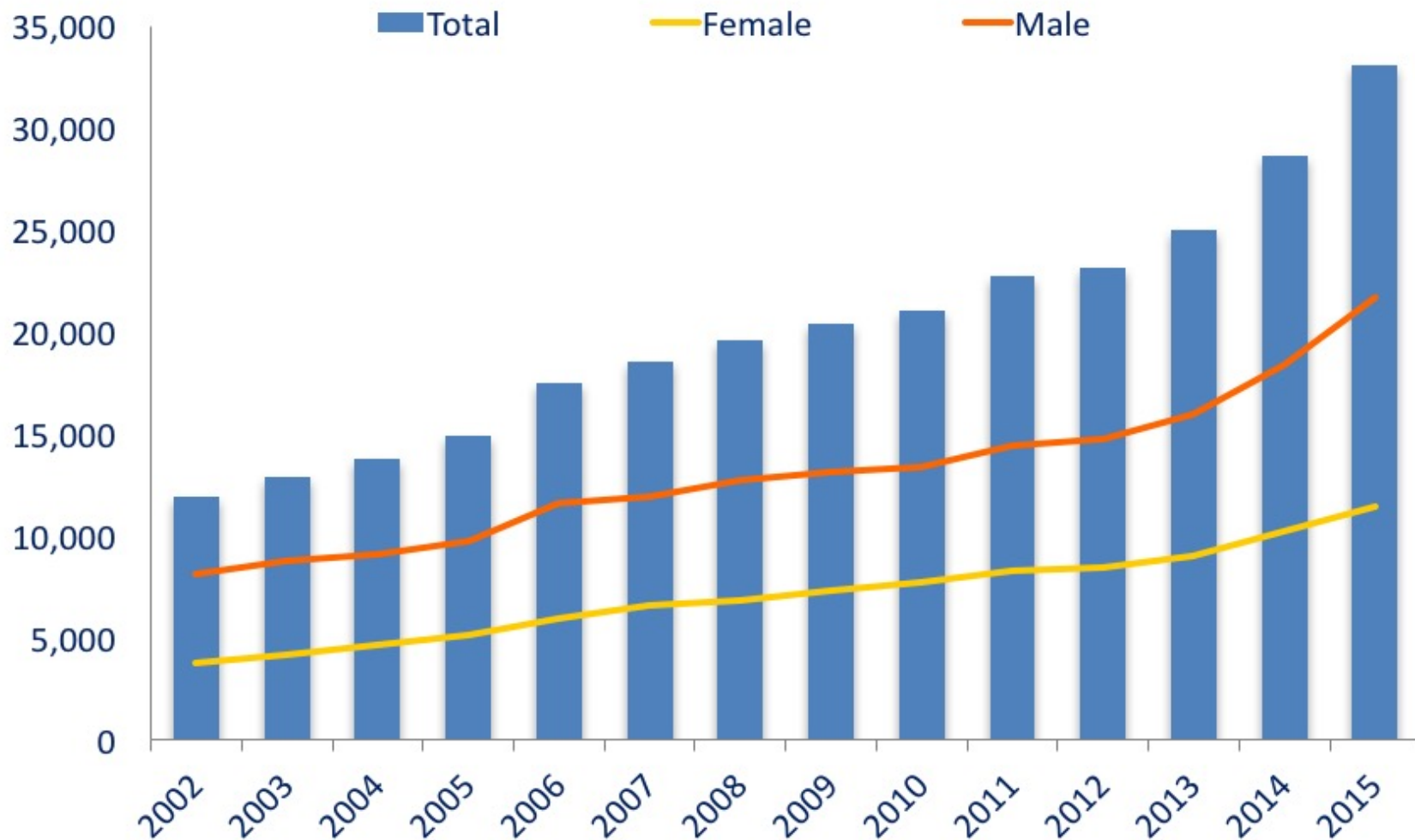


The opioid epidemic has
devastated the United States,
claiming 33,091 lives in 2015 (CDC, 2016)



National Overdose Deaths

Number of Deaths from Opioid Drugs



Source: National Center for Health Statistics, CDC Wonder

Opioids & Addiction

- Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others.
- Opioids are chemically related and interact with opioid receptors on nerve cells in the brain and nervous system to produce pleasurable effects and relieve pain.
- Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- 21.5 million Americans age 12 years or older had a substance use disorder in 2014
 - 1.9 million had a substance use disorder involving prescription pain relievers
 - 586,000 had a substance use disorder involving heroin.
- It is estimated that 23% of individuals who use heroin develop opioid addiction.

Opioid Overuse, Misuse and Addiction: A Public Health Crisis



- Drug overdose is the leading cause of accidental death in the US with 47,055 lethal drug overdoses in 2014 (55,000+ in 2015).
 - Opioid addiction is driving this epidemic with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.
- 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.
- **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.

Opioids & Addiction

- Fentanyl

- Schedule II narcotic used as an analgesic, anesthetic and for chronic pain mgmt.
- Most potent opioid available for use in medical treatment – 50 to 100 times more potent than morphine and 30 to 50 times more potent than heroin.
- Potentially lethal, even at very low levels. Doses as small as 0.25 mg can be fatal.
- Euphoric effects are indistinguishable from morphine or heroin.
- Often laced in heroin.
- Fentanyl and fentanyl analogues are easily produced in illicit clandestine labs.
- Significant resurgence in fentanyl-related seizures.
- State/local labs reported 3,344 fentanyl submissions in 2014; 942 in 2013 per the National Forensic Laboratory Information System (NFLIS).
- In addition, DEA has identified 15 other fentanyl-related compounds.

- Carfentanil (Wildnil)

- Analogue of fentanyl with an analgesic potency 10,000 times that of morphine.
- Used in veterinary practice to immobilize large animals.

Opioids & Addiction

- ...and from the “This Just In” Department: Gray Death

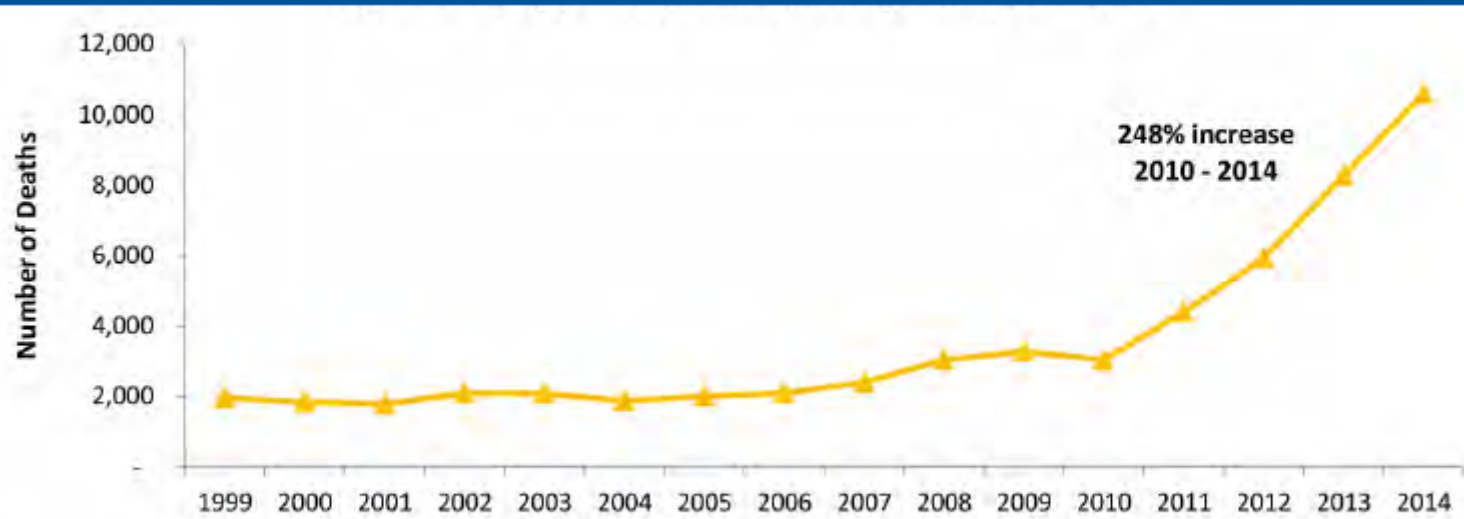
Gray Death: Mad Science

- A mixture of heroin, fentanyl, carfentanil, and a synthetic opioid called U-47700
- U-47700 is also known as “Pink” or “U4”
- Can kill users with a single dose
- Dangerous to even touch with gloves on
- Showing up in Georgia, Alabama and Ohio (Georgia - 50 ODs in last 3 months)
- Spreading to Pennsylvania and Michigan
- Users can inject, smoke or snort the drug, which varies in consistency and looks like a concrete mixture
- Cost is as low as \$10 on the street (Forbes)
- Users do not have a way to determine if the heroin is laced

DEA: 2016 National Drug Threat Assessment

Drug-poisoning deaths involving heroin on the rise

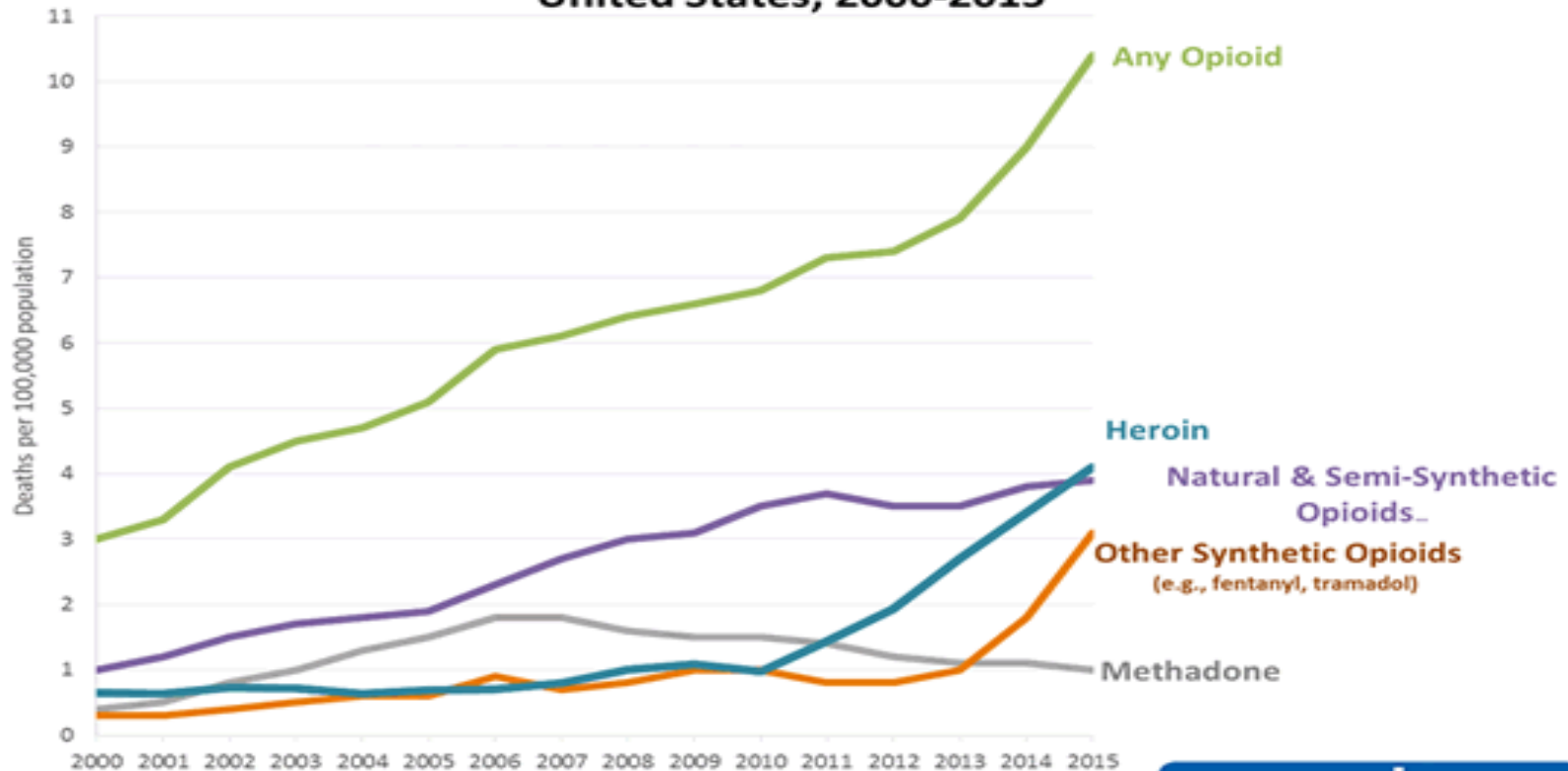
Figure 58. Drug-Poisoning Deaths Involving Heroin, 1999-2014



Source: National Center for Health Statistics/Centers for Disease Control

The Opioid Crisis

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



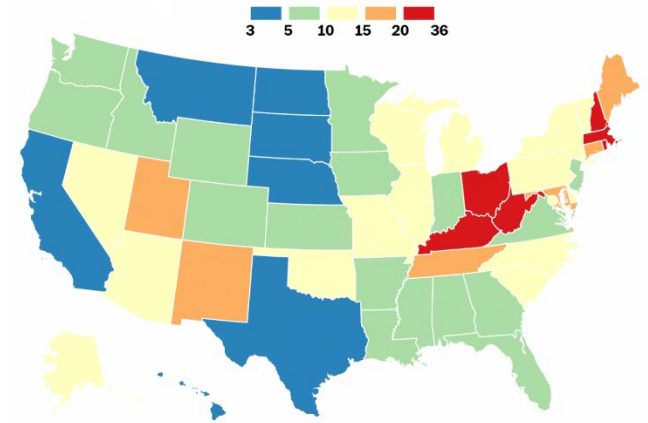
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA; US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

Opioid Deaths in 2015

Source: CDC WONDER

Opioid deaths in 2015

Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs

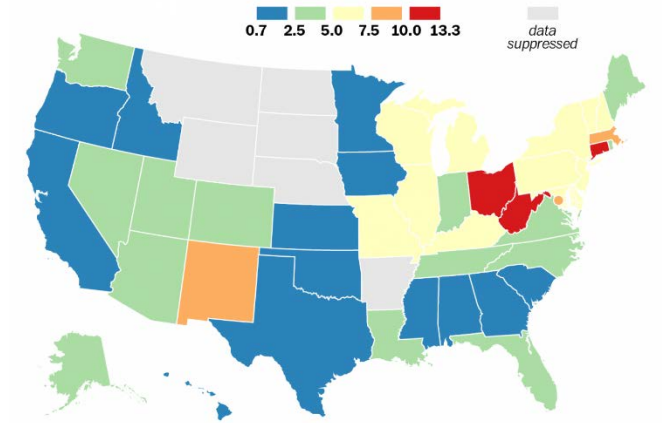


WAPO.ST/WONKBLOG

Source: CDC WONDER

Heroin deaths in 2015

Age-adjusted heroin overdose death rate (per 100,000)

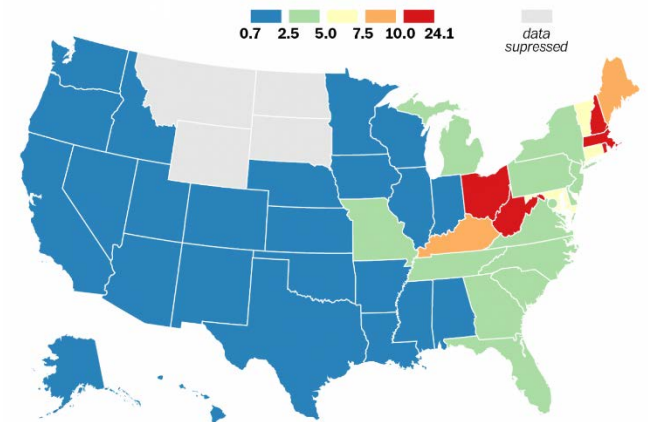


WAPO.ST/WONKBLOG

Source: CDC WONDER

Synthetic opioid deaths in 2015

Age-adjusted synthetic opioid overdose death rate (per 100,000)

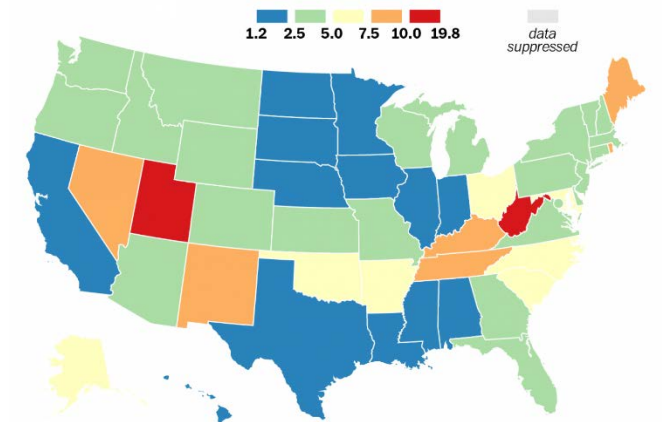


WAPO.ST/WONKBLOG

Source: CDC WONDER

Natural opioid deaths in 2015

Age-adjusted natural opioid overdose death rate (per 100,000)

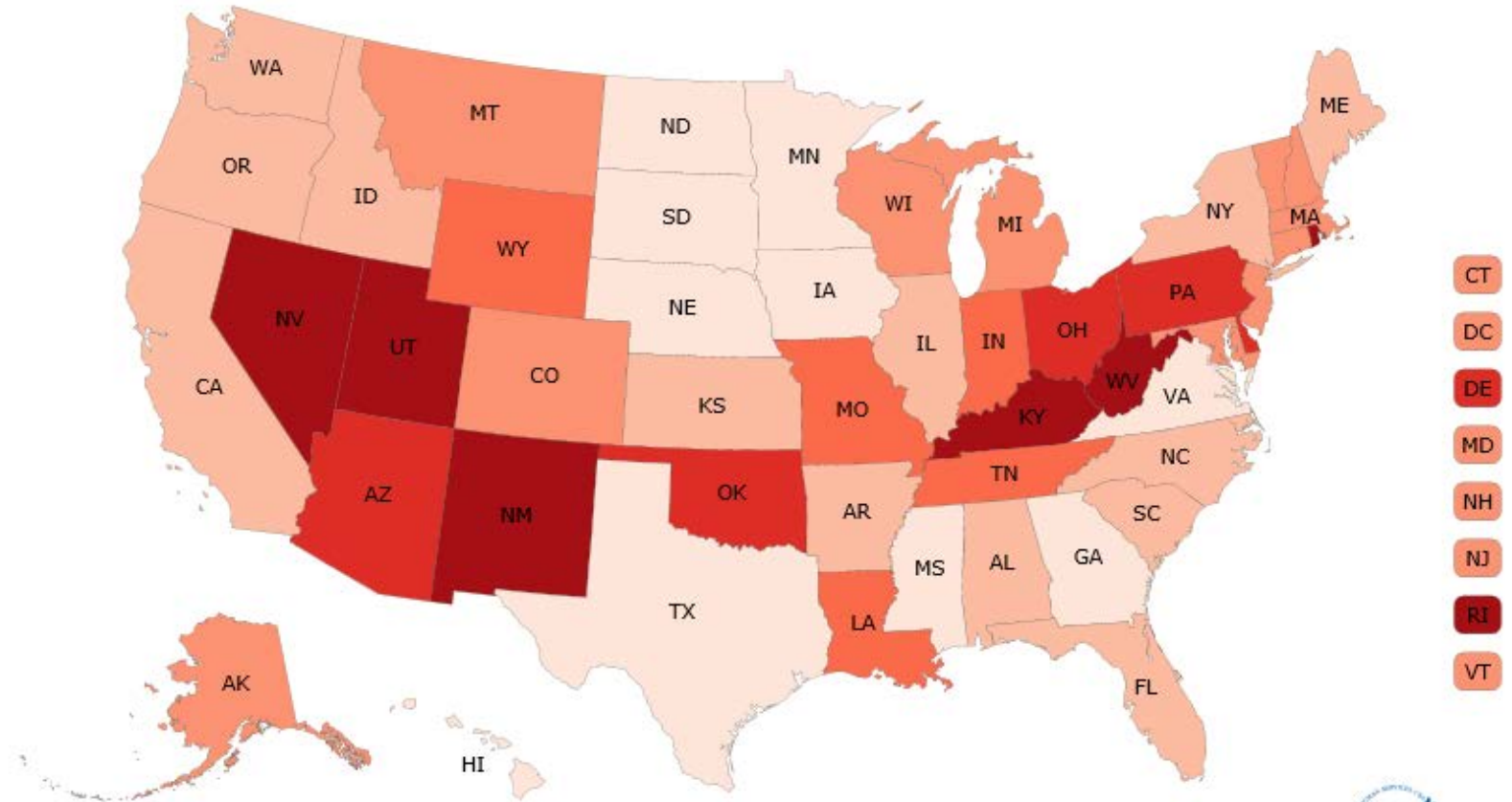


WAPO.ST/WONKBLOG

Source: CDC WONDER

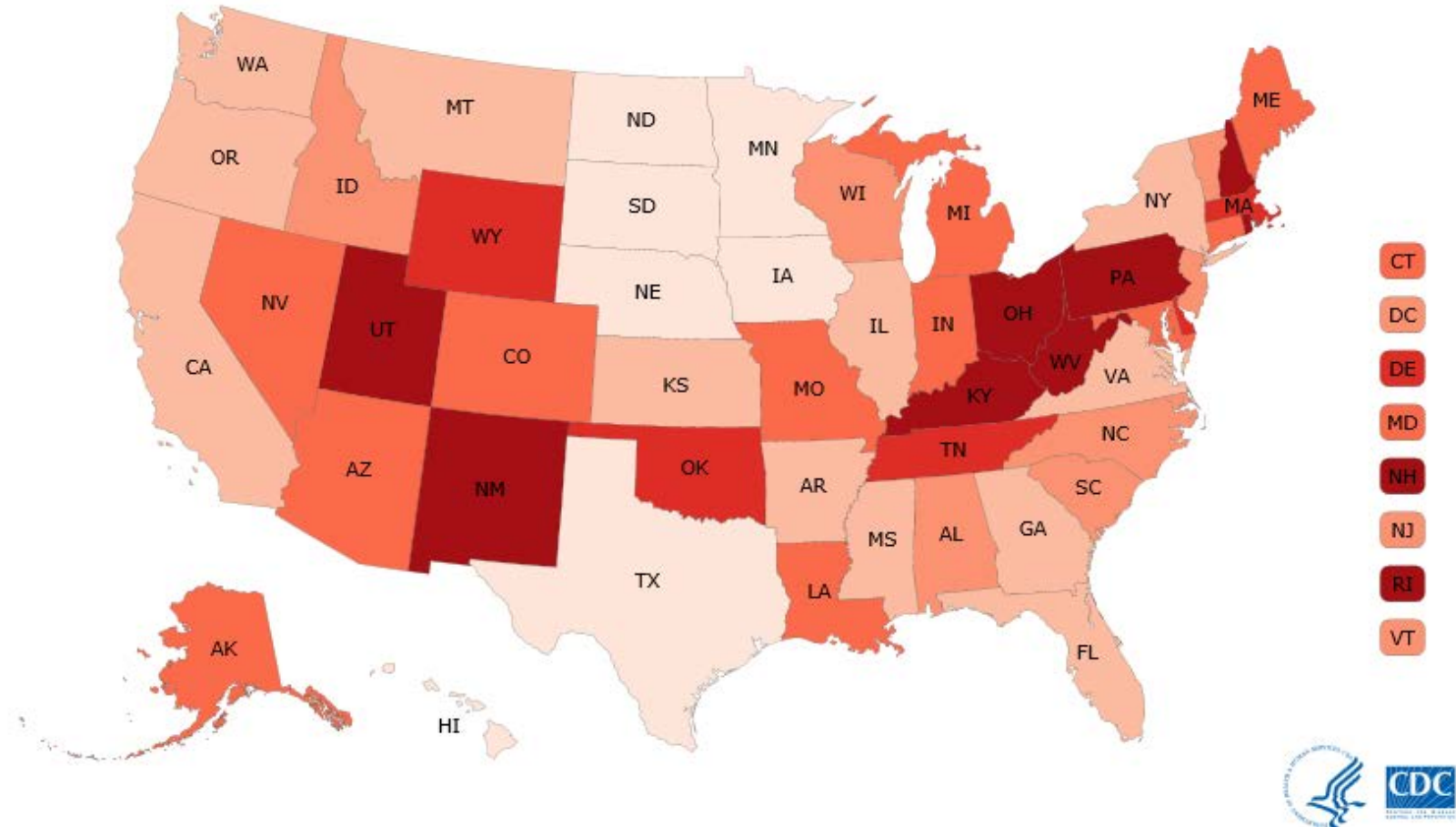
Texas Drug Overdose Deaths 2013

9.3 deaths per 100K – 2,346 deaths



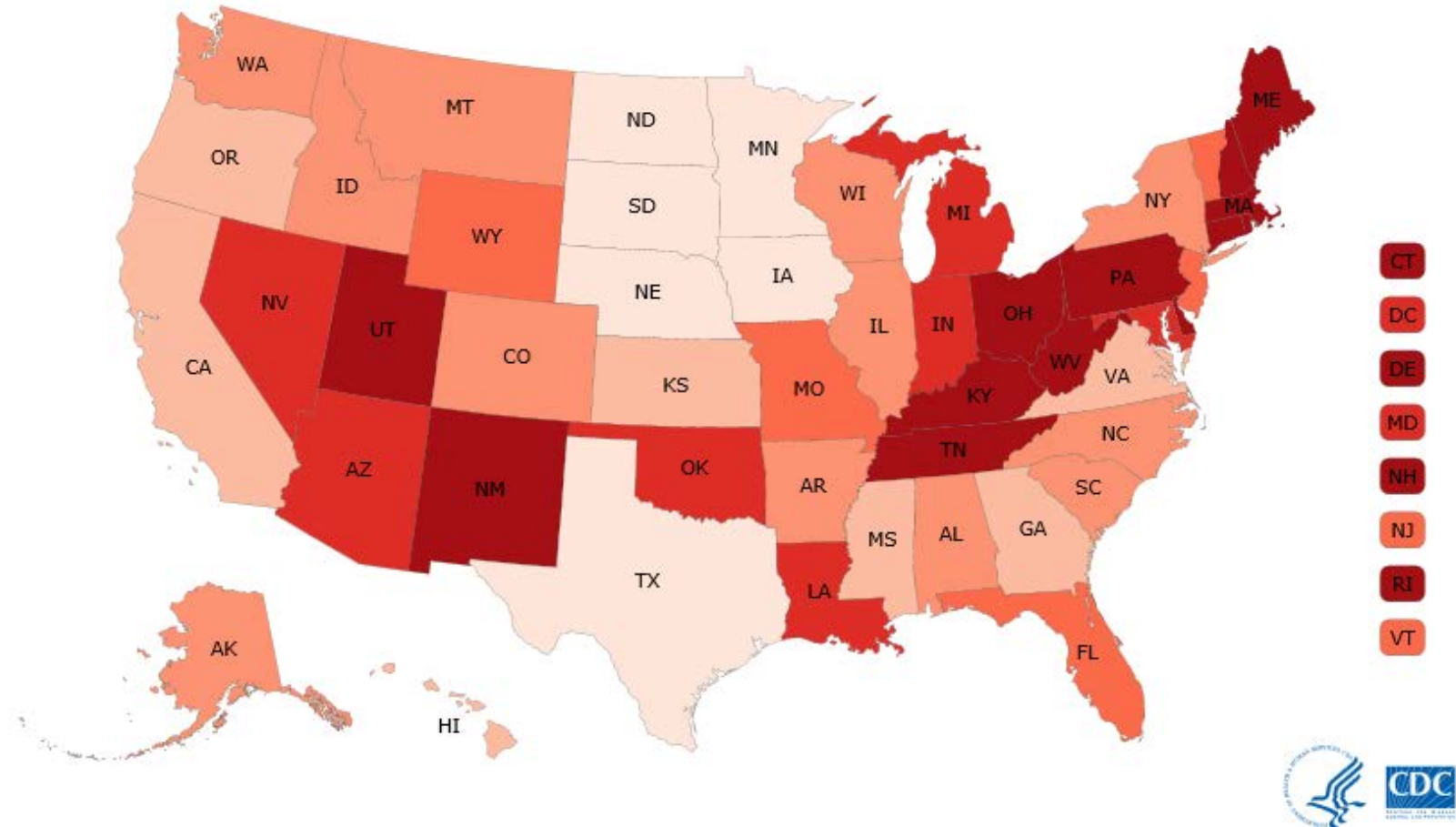
Texas Drug Overdose Deaths 2014

9.7 deaths per 100K – 2,601 deaths



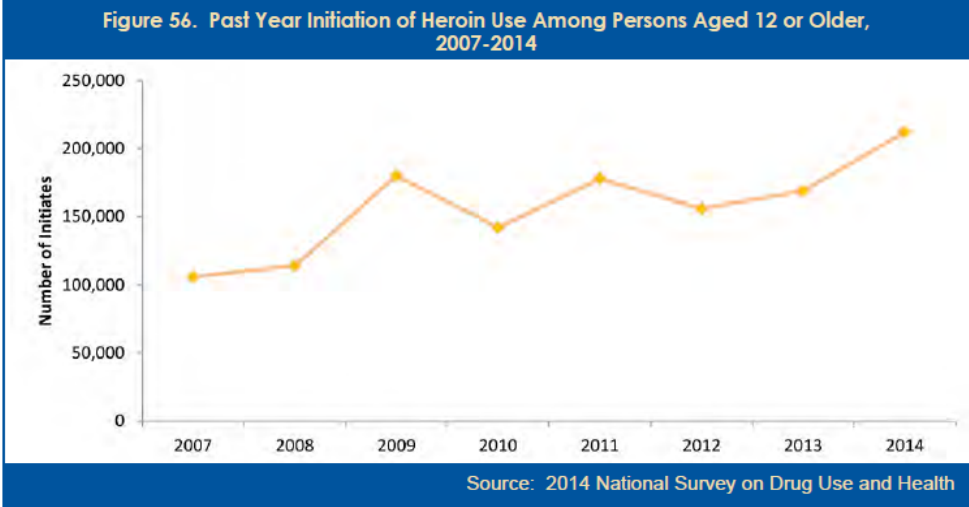
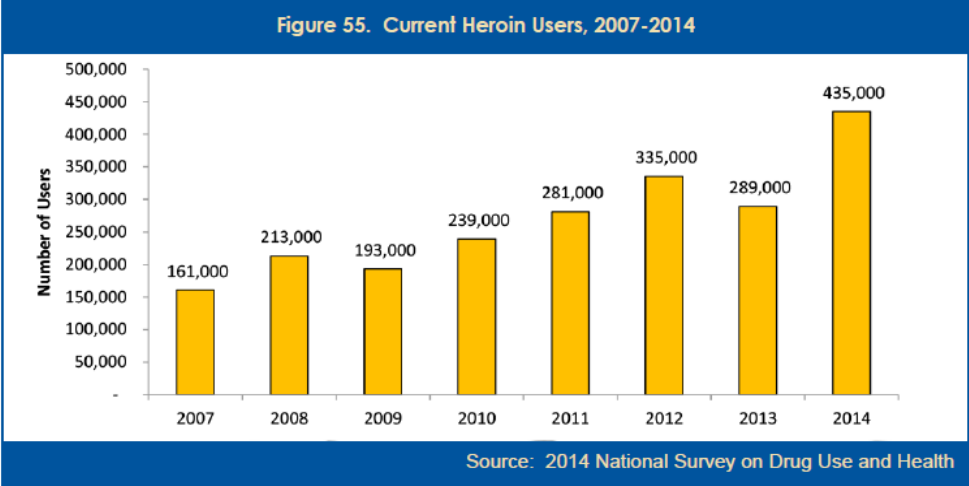
Texas Drug Overdose Deaths 2015

9.4 deaths per 100K – 2,588 deaths



DEA: 2016 National Drug Threat Assessment

US heroin users & past year initiation of heroin use on the rise



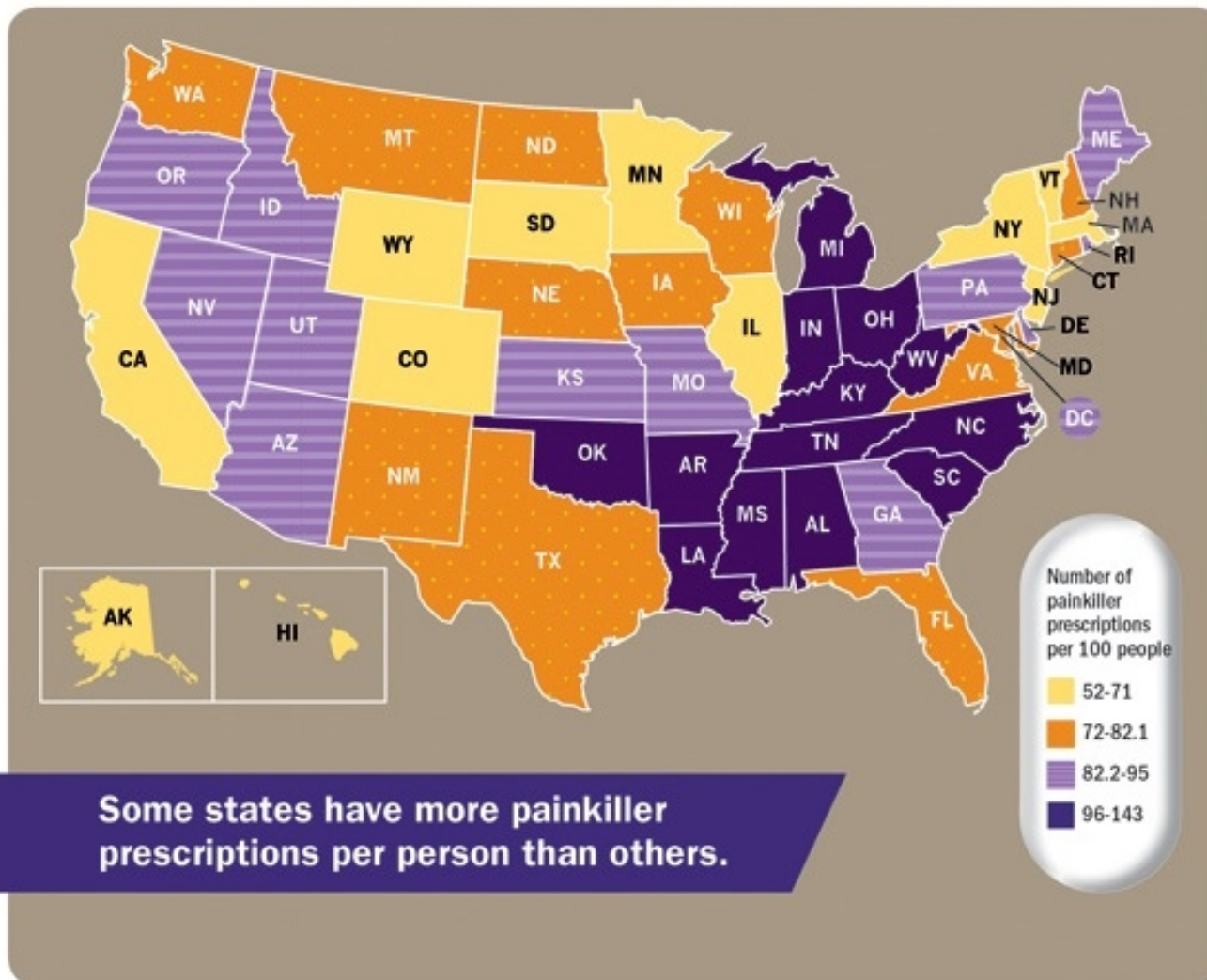
Source: US Department of Justice, Drug Enforcement Administration - 2016 National Drug Threat Assessment Summary, November 2016

Opioid Overuse, Misuse and Addiction: A Public Health Crisis



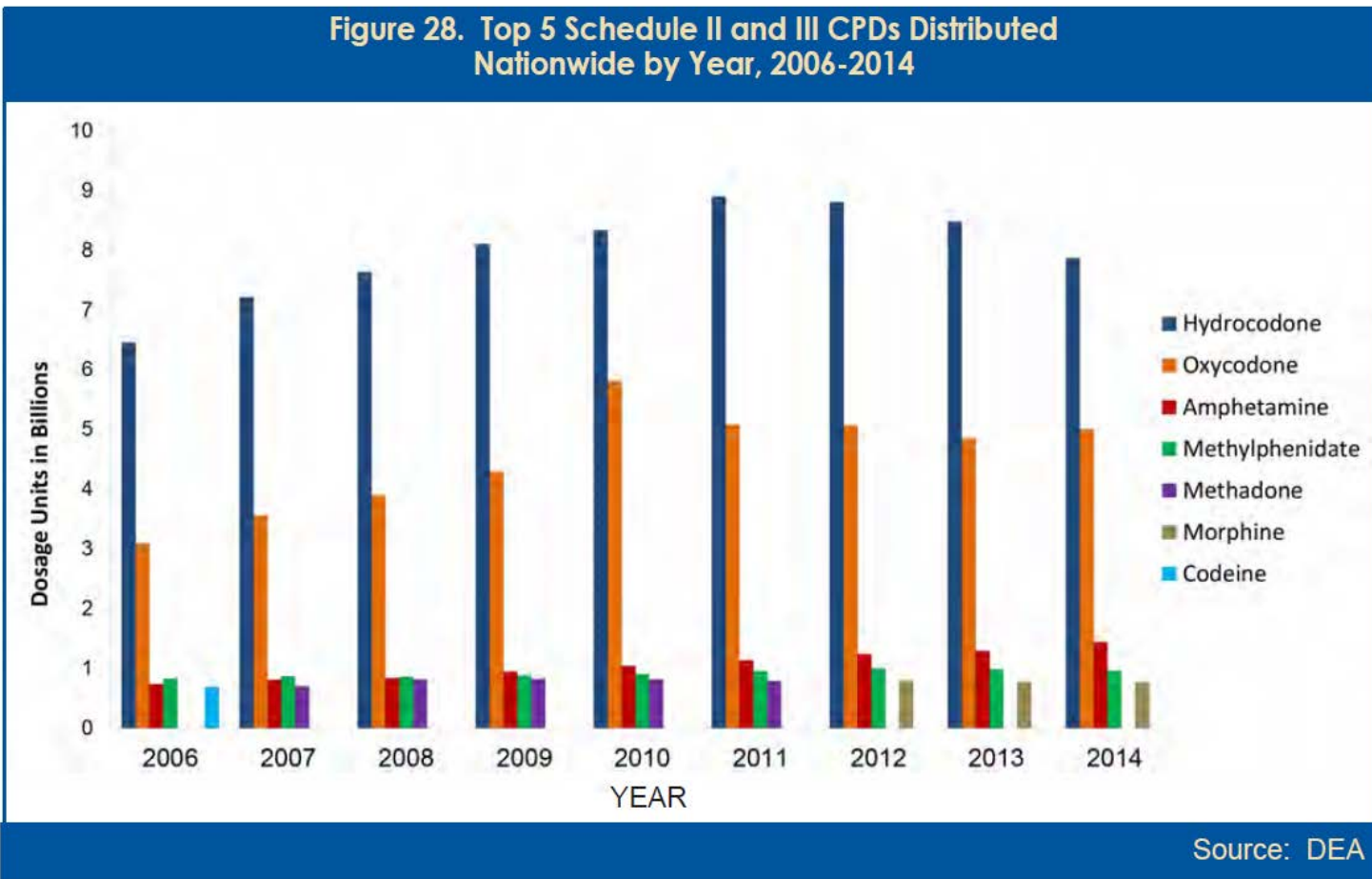
- Overarching community responses are focused on **harm reduction** to reduce overdose incidence and overdose deaths, transmission of infectious diseases (HIV, Hep C) and related criminal behavior.
- Associated Prevention, Intervention and Treatment efforts are focused on interrupting the cycle that 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.

A National Crisis



DEA: 2016 National Drug Threat Assessment

Controlled Prescription Drugs (CPDs) distributed nationwide



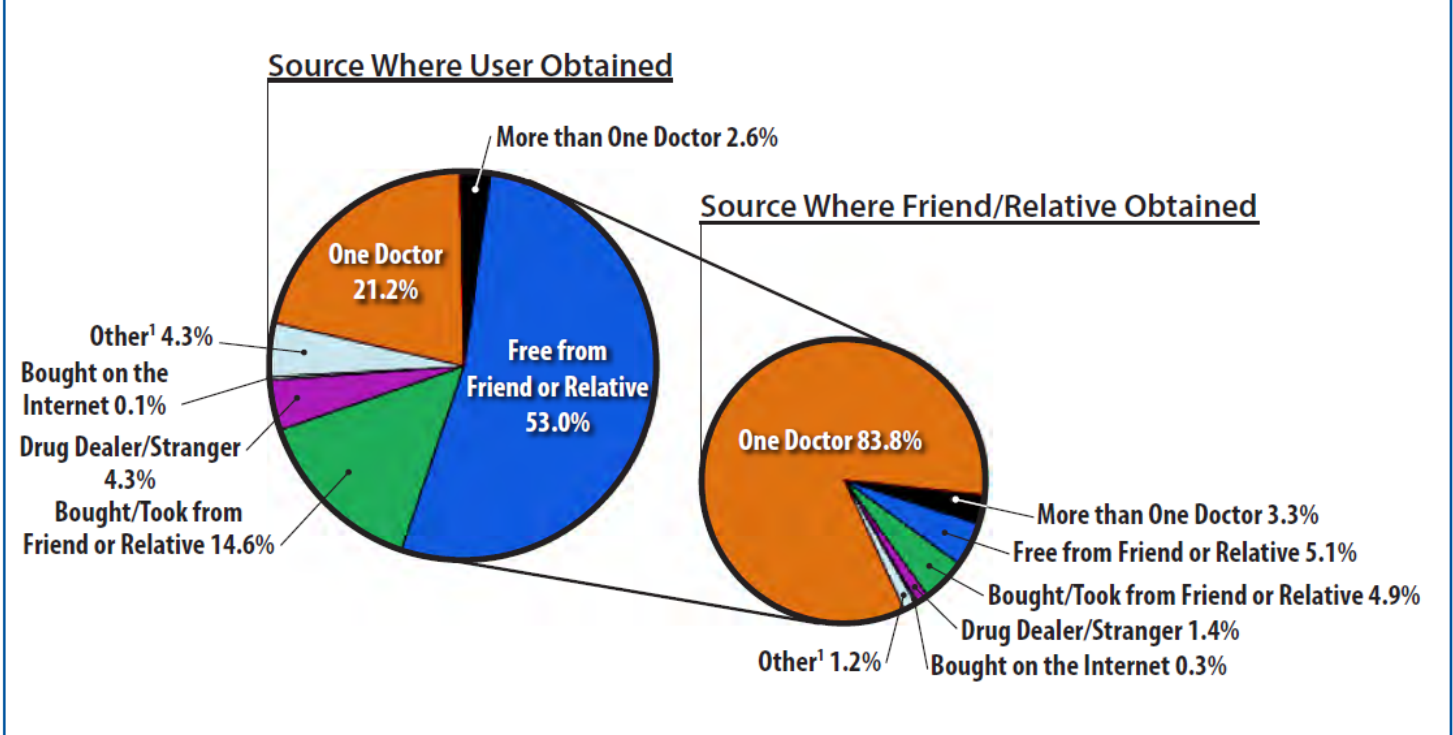
Source: US Department of Justice, Drug Enforcement Administration
National Drug Threat Assessment Summary, November 2016

DEA: 2016 National Drug Threat Assessment

Source where pain relievers were obtained



Figure 34. Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use Among Past Year Users Aged 12 or Older: 2012-2013



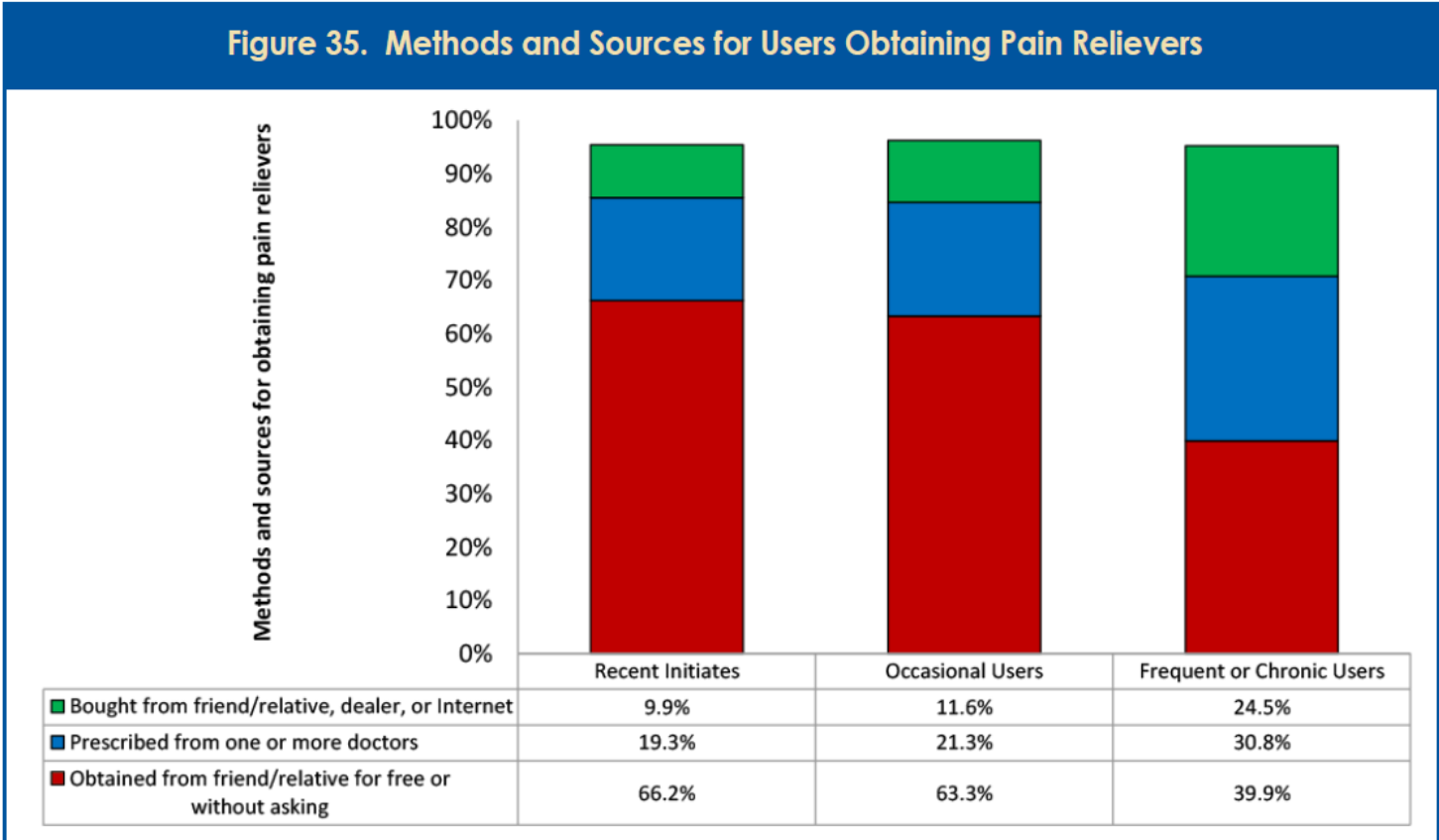
Source: 2014 National Survey on Drug Use and Health

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

Opioid Prescription Guidelines

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.

The Opioid Crisis



Each day, more than

1,000
PEOPLE

are treated in
**emergency
departments** for
not using prescription
opioids as directed.



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)

MAT (Medication-Assisted Treatment)



Medications that treat addiction – buprenorphine, methadone and a third named naltrexone -- are a cornerstone of the Obama administration's plan to combat the opiate epidemic. (Photo: Joe Raedle, Getty Images)

MAT – Common medications used to treat opioid dependence

- 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.

MAT – Common medications used to treat opioid dependence

- Buprenorphine (Partial agonist) - Suboxone, Subutex, Zubsolv, Bunavail, Probuphine (new implantable)
 - all but Subutex are 80% buprenorphine and 20% naloxone, or 4:1 ratio. Buprenorphine is currently the most preferred and promoted medication to treat opioid dependence.
- Methadone (Full agonist)
- Naltrexone (Antagonist) – Vivitrol, Revia
 - Vivitrol – a long acting, single injection dose once monthly, developed for better compliance, considered more effective than short duration oral dose
 - Revia – naltrexone short acting in daily pill form
 - administer naltrexone 7-10 days after last opioid use

MAT – Common medications used to treat opioid dependence

- Naloxone (Antagonist) – 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.
- MAT “combines behavioral therapy and medications to treat substance use disorders” (SAMHSA)
 - Treatment of opioid dependency with buprenorphine is most effective in combination with counseling services, which can include different forms of behavioral therapy and self-help programs. (SAMHSA)

Support Training & Purchase of Naloxone



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

Opioid agonists and partial agonists are currently identified as the most effective treatment agents for opioid addiction. They are also highly addictive medications.

Advantages with buprenorphine are:

- Reduced cravings and return to normal functioning
- Managing withdrawal symptoms

Challenges with buprenorphine are:

- Compliance
- Misuse potential is understated
- Diversion
- Using other drugs simultaneously
- Ill-defined exit strategy – timeline for withdrawal & discontinuation is unclear and often avoided
- Requirement to provide behavioral treatment is only suggested
- Withdrawal from methadone and buprenorphine can be difficult and lengthy

MAT - Applicability

Identifying the right candidate for buprenorphine is key

- Candidates: early onset of opioid use, inability to produce adequate dopamine to fight cravings, poor social engagement and support, inability to comply with treatment recommendations, involvement in the criminal justice system (where relapse can result in incarceration), and limited access to other treatments.
- Non-candidates: many poly-substance dependent individuals, professionals, those with stable support systems, dopamine sufficient.

MAT is not a panacea and is not a one size fits all approach to treating opioids.

Physician Buprenorphine Prescribing Limits Increased



- Drug Addiction Treatment Act of 2000.
 - Waiver Authority for physicians who dispense or prescribe certain narcotic drugs for maintenance treatment or detoxification treatment (Office-based Opioid Treatment – OBOT)
 - No requirement for drug testing or counseling; only “suggested”
- FDA approves buprenorphine in 2002.
- Physicians can prescribe for 30 patients in first year. Patient limit then moves to 100. Patient limit increased to 275 under new federal regulations (July 2016)
- Rule was expanded to create more access to treatment. (A Rule by the Health and Human Services Department issued on 07/08/2016.)

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

Effective Treatment includes Prevention and Intervention



Red Flags and other Warnings in a Physician Practice, Urgent Care or Emergency Department setting

- Patients with chronic pain
 - Dependent
 - Lost prescriptions, early refills, after hours refills
 - Their primary care physician or specialist is not available
 - Suggesting what meds are effective: “it’s the only thing that works!”
 - Listing allergies to meds that only leaves hydrocodone or amphetamines
 - Adamant opposition to reducing the dosage of opioid meds or using alternative meds
 - Complaints of diarrhea, stomach ache, sweaty, having enlarged pupils – signs of opioid withdrawal
 - Non dependent
 - Low resistance
 - Open to suggestions of alternate meds
- Know the common addictive medications people ask for
- Have a working referral relationship with legit pain specialists
 - Best to not handle chronic pain in an urgent care or primary care setting
 - If someone needs narcotic medications, refer them to a pain specialist

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 Treatment includes Prevention and Intervention



Assess and address chronic pain using alternatives to prescription opioids

- Educate physicians
- Physicians educate consumers
- 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

Contact Information



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