

State Responses: *Opioid Crisis and Substance Use Disorders*

HOUSE SELECT COMMITTEE ON OPIOID
AND SUBSTANCE ABUSE

March 27, 2018

Cynthia Humphrey, Executive Director
Association of Substance abuse Programs
512-923-1173
chumphrey@asaptexas.org

DRUG TRENDS & POLICY- historical context

The current Opioid crisis is the most widespread and deadly drug crisis in the nation's history, but its not the first crisis involving opioid addiction and government response that our Nation has addressed:

- The United States developed a narcotics habit in the decades after the Civil War. Veterans developed addictions to morphine to relieve pain from war injuries; opium arrived with the Chinese transatlantic railroad workers; widespread sale and use of medical tonics that contained cocaine and opioids
- As early as 1880, states began to pass prohibition laws and, in 1914, Congress passed the Harrison Narcotics Act. This act regulated and taxed opiates and coca products. This Act is often cited as the beginning of the criminal justice response to addiction.
- The drug dependent population of federal prisons grew considerably. In 1929, Congress appropriated funds to establish two new treatment facilities, initially called “narcotics farms” in Fort Worth, Texas, and Lexington, Kentucky.

- Another drug epidemic began to grow with the introduction of Amphetamine tablets. Initially they were used for psychiatric conditions but pharmaceutical companies began marketing for everyday “mental and emotional distress” and also as a weight-loss remedy.
 - Comprehensive Drug Abuse Prevention and Control Act passed in the 1970’s which established the modern set of controlled substance “schedules”.
- In the 1960s, heroin use surged, driven in part by Vietnam War, and the counter culture movement’s acceptance of drug use.
 - Richard Nixon declared a “war on drugs” increasing and enforcing penalties for offenders.
 - DEA established in 1973.
- In the 1970’s powder cocaine emerged and in the 1980’s “crack”
 - Anti-Drug Abuse Act passed in 1986., which established mandatory minimum prison sentences for certain drug offenses.
 - In 1981 the U.S. Congress created a precursor grant to the Substance Abuse and Treatment Block Grant

- Methamphetamine and Homemade meth labs proliferated during the 2000's causing new harms; children exposed to dangerous chemicals and explosions
 - Combat Methamphetamine Epidemic Act of 2005 which limited over-the-counter sales of ephedrine and pseudoephedrine
 - In the early 2000's, States began to implement prescription drug monitoring programs
-
- The difference between drug epidemics of previous decades and the current opioid crisis is its widespread prevalence across all demographics and the unprecedented number of deaths from overdose.
 - CDC data shows how the epidemic moved across the country. In 2000, the states with the highest drug overdose death rate were concentrated in the West. Six years later, the epicenter had reached the South and by 2014, the epidemic had shifted to Appalachia and the Rust Belt.
 - In 1999, New Mexico had the worst drug overdose rate in the nation: 15 deaths per 100,000 people.
 - In 2015, West Virginia had the highest drug mortality: 41.5 per 100,000.

Addiction Epidemic

- Resurgence of methamphetamine and cocaine; laced with fentanyl
 - At the United States border, agents are seizing 10 to 20 times the amounts they did a decade ago.
 - Nationally, nearly 6,000 people died from stimulant use in 2015, a 255 percent increase from 2005
 - 539 deaths in Texas due to heroin in 2016, 715 deaths due to methamphetamine.
 - Cocaine is the No. 2 killer and claims the lives of more African-Americans than heroin does.
- The onset of a new prescription drug problem from benzodiazepines (Xanax, Valium and Klonopin)
 - Deaths have more than quadrupled between 2002 and 2015.
- Increased adult alcohol consumption.
 - 2002 to 2013, Alcohol use rose 11%. Higher for minorities, women and seniors
 - Alcohol Use Disorder increased by nearly 50 percent.

• Addiction Epidemic

SPECIAL POPULATIONS

- Maternal mortality nearly doubled between 2010 and 2014- leading cause is a drug overdose.
- The number of NAS cases in Medicaid-funded deliveries increased 75 percent from 2010 to 2015.
- Between 2009 and 2016, the men's prison system population decreased by more than 8,500 inmates, while the number of women in Texas prisons went up more than 500.

SPECIALIZED FEMALE; PREGNANT POST PARTUM; WOMEN W/ CHILDREN PROGRAMS

- Research has shown that sexual and physical abuse is more common among drug-addicted women
- Pregnancy itself can be a barrier to treatment because substance abuse treatment programs are not always able to admit pregnant women
- Women are still more likely to be the main caregivers to young children than men, and are more likely to have their children living with them.

When women's specific needs are addressed from the outset, improved treatment engagement, retention, and outcomes are the result.

CO-OCCURRING MENTAL HEALTH & SUBSTANCE USE DISORDERS

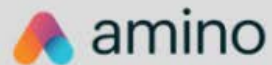
- The consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of relapses, experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.
- Increased availability of simultaneous treatment of both mental health and substance abuse is a best practice and key to improving outcomes.
- Non-SPMI diagnosis is common in substance use disorder treatment settings (mood and anxiety disorders)

Patients diagnosed with opioid use disorder are more frequently diagnosed with...

Relative frequency ratios of select conditions among patients diagnosed vs. not diagnosed with opioid use disorder

Alcoholism	8.4x
Suicidal ideation	6.9x
Binge drinking	5.0x
Bipolar disorder	5.0x
Post traumatic stress disorder	4.2x
Generalized anxiety disorder	2.5x
Depression	2.4x
Insomnia	2.0x

Alcoholism is **8.4 times** more frequently diagnosed among patients also diagnosed with opioid use disorder versus patients not diagnosed with opioid use disorder.



Based on 3.1 million patients diagnosed with opioid use disorder and at least one other condition in 2014-2016. Take the guesswork out of healthcare on amino.com

© 2017 Amino Inc.

State Responses & Policy Recommendations

- Experts note a public health approach focused on preventing and treating opioid use disorder and supporting law enforcement efforts to address the supply chain is an effective strategy.
- States are uniquely positioned to do this work, because they play a central role in protecting public health and safety; regulating health care providers; and paying for care through Medicaid, corrections and other health programs.
- States also shoulder the majority of the financial and social burden caused by the opioid crisis.
- Addressing the opioid crisis requires a multidimensional approach and coordinated effort.

States have begun to develop statewide plans and craft legislation based on the conditions and unique needs in their state/region.

- 37 states have created a state Task Force in response to the opioid epidemic.
- 30 states have a Task Force which developed a list of recommendations to help guide future initiatives.

Data & Health Indicators

- Opioid Overdose Reporting
- Data sharing
- 9 states, currently have laws in place requiring NAS to be reported.
- 3 states have laws or regulations in place that require drug overdoses to be reported.

Improve Opioid Addiction Treatment & Access

- Availability and utilization of medication assisted treatment
 - Referral and access to treatment (capacity expansion)
 - Continuing medical education & medical training- addiction, pain management, prescribing practices
 - Ensuring Medicaid and private insurance coverage of medication-assisted treatment (MAT)
 - Behavioral health, wraparound services and recovery supports.
 - Telehealth initiatives for rural areas
 - Integrating treatment into primary care settings
- All states reported covering at least one form of medication-assisted treatment (also known as MATs), just 36 reported coverage of methadone in 2017
 - 5 states have laws in place that require all medical providers to complete continuing education coursework related to opioid prescribing and chronic pain management

Reduce Overdose Deaths & Harmful Consequences

- Naloxone Access
 - Good Samaritan Laws
 - Spread of Communicable Diseases-
needle exchange programs/safe
injection sites
 - Maternal health and Neonatal
Abstinence Syndrome
- 46 states now allow prescriptions to be written for at least one form of the overdose-reversal drug naloxone without prior authorization from insurers.
 - 50 states have laws in place to expand naloxone access
 - 40 states have a Naloxone Good Samaritan Law.

Responsible Opioid Prescribing Practices

- Prescribing Regulations & Guidelines
- Prescribing Limits
- Optimizing Prescription Drug Monitoring
- Program Regulation of Pain Clinics and “Pill Mills”
- Non-Opioid Chronic Pain Management

- 26 states have implemented informed consent agreement laws, recommendations, or guidelines
- 33 states have prescribing requirements enforceable by law.
- 23 states have developed opioid prescribing guidelines.
- 28 states require Medicaid prescribers to consult prescription drug monitoring programs before prescribing opioids.
- 3 states have initiatives labeled “pill mill” laws.
- 10 states have implemented laws that regulate pain management clinics

OTHER POLICY

Criminal Justice Reforms

- Diverting defendants from the traditional criminal justice system to treatment options
- Expanding access to treatment and recovery services across the criminal justice system
- Provide MAT in criminal justice settings, including jails/prisons and drug courts
- Amending criminal penalties for drug offenses

Public Education and Prevention Programs for Children and Youth

- Developing effective public awareness campaigns
- Scaling up evidence-based life- and coping-skills programs in school environments
- Comprehensive, evidence-based health, wellness, and harm reduction curriculum for use in schools

Arizona

- Limiting first fills for opioid naïve patients to five days.
- Requiring red caps or different labels and packaging for opioids.
- Regulating pain management clinics.
- Enacting good Samaritan laws to encourage bystanders to call 911 in the event of a potential overdose.

Colorado

- Piloting a syringe services programs and authorizing access to opioid antagonists in schools.
- Extending existing student loan repayment programs to and establishing a scholarship program for behavioral health providers
- Adding coverage for inpatient and residential substance use disorder treatment to the Medicaid program, conditioned on federal approval.
- Modifying insurance coverage requirements to increase availability of non-opioid alternatives for pain management and medication-assisted treatment.

Florida

- \$50 million to address opioid misuse in his 2018-2019 budget recommendation including capacity expansion treatment and recovery support services
- Limiting opioid prescriptions to three days unless strict criteria for medical appropriateness are met.
- Mandating participation in the state's prescription monitoring program for all prescribers and dispensers and requiring continuing education courses on appropriate opioid prescribing.
- Providing new tools to address unlicensed pain management clinics.

North Carolina

- Creating a coordinated infrastructure.
- State funding increases for treatment,
- Improving services for justice-involved populations,
- Establishing a standardized data collection systems,

- Each state faces unique challenges in tackling Opioids and addiction
- Many policies are interconnected necessitating a multi- pronged strategy
- Coordination across programs and an infusion of resources is needed at both federal and state levels.
 - Access to Treatment and Recovery Supports is critical to success of any statewide strategy to reverse the impact of the opioid and addiction crisis
 - Expanding youth prevention programs is to break the cycle of addiction and reduce the consequences of the next drug crisis.
- Recently, the New York Times asked experts how they would spend \$100 billion over five years to fight the opioid crisis. Nearly half the money, experts said on average, should go to treatment, with an emphasis on medications like buprenorphine.

Texas has made progress by passing legislation that included several of the recommendations from the Select Committee on Behavioral Health. The attention and work of this committee will further the State's progress in reducing the costs and consequences of addiction and the current opioid crisis.

Thank you for the opportunity to provide testimony on state responses to the opioid crisis and substance use disorders. We look forward to working with the committee and providing additional assistance and information.

Questions?

