The Opioid Crisis: Key Issues in Prevention and Treatment

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Addiction potential of opioids has been recognized at least since the 1800’s.

U.S. opium and morphine were more available, leading to rising use.

The Harrison Narcotics Tax Act of 1914 was passed to regulate sale and production of these medications, and prohibited their use to treat opioid addiction, leading to dramatic declining use.

Treatment clinics for opioid addictions were opened in the 1920s and became more widely available.
Historical Review

- 1962 White House Conference on Narcotic and Drug Abuse under President Kennedy convened to consider issues with opioid use.
- 1980’s pain management strategies included recommendations for long-term opioid therapy in patients with painful conditions, and reported a low risk of addiction in such patients.
- “Pain as the 5th Vital Sign” efforts began around 1995.
- Messages to prescribers involved that treating actual pain would not lead to addiction.
Recognition began to grow that some individuals had developed addiction post-pain management.

2007 - drug overdose exceeded motor vehicle accidents as the leading cause of death by injury in the U.S.

Increasingly a link to prescriptions was identified...and in the U.S. we prescribe more opioids than in any other country.
Tackling the opiate crisis at the state and local level
Michigan's Status:

- Age-Adjusted Drug Poisoning Death Rate (2014) (Avg. National Rate: 13.5) 18.0 per 100K population
- National Rank in Drug Poisoning Death Rate (2014) 16th
- Requires ALL Prescribers Receive Appropriate Opioid Prescribing Training NO
- Established a Prescription Drug Monitoring Program (PDMP) YES [PDMP TTAC State Profiles]
- Requires Pharmacy to Submit Data to PDMP within 24 hours YES [CDC Prevention Status Reports]
- Requires PDMP use by ALL Prescribers NO [CDC Prevention Status Reports]
- PDMP Interoperable with other States Shares info with 20 states [National Association of Boards of Pharmacy]
- State Law Explicitly Allows Syringe Service Programs NO
- Permits Distribution of Naloxone by Pharmacists* NO

*Under a standing order, collaborative practice agreement, or prescriptive authority.
Increase in Prescription of Opioids

- Hydrocodone and Oxycodone prescribing has increased nearly 300% nationwide since 1991

Increase in Heroin Use

- Heroin use increased approximately 50% from 2005 to 2010
- Heroin deaths increased approximately 50% from 2005 to 2010

The State Responds
On June 18, 2015, Governor Rick Snyder appointed a task force to address prescription drug and opioid abuse. Governor Snyder appointed Lt. Governor Brian Calley to lead this effort. Lt. Governor Calley said “prescription drug and opioid addiction has quadrupled the number of unintentional drug deaths in our state since 1999 and we must come together to reverse this trend before more Michiganders are hurt.”
Task Force Recommendations

The Task Force report includes 25 primary recommendations and 7 contingent recommendations grouped into the following categories:

- Prevention
- Treatment
- Regulation
- Policy and Outcomes
- Enforcement
Implementation: Working within and across systems

- Multiple stakeholders must collaborate: Michigan example:
  - Department of Health and Human Services
  - Department of Licensing and Regulatory Affairs
  - Michigan State Police
  - Attorney General
  - Department of Insurance and Financial Services
Prevention
Prevention

Increase drop-off bins
Prevention

Benefits Monitoring Program
Prevention

Awareness Efforts

www.Michigan.gov/stopoverdoeeses
Prevention

- Presentations like these....
- Teaching the public to be an informed consumer when prescribed medications...
  - “Doctor, do I need this much pain medication?”
Prevention

- Improving data collection
Prevention

- Prescription Drug Monitoring Systems: In Michigan, this is the MAPS system (different names in different states)
- Monitoring where controlled substances are prescribed and by whom
Treatment
Increase access to Naloxone

- A life-saving medication in the face of overdose on opioids
- Standing Orders
Increase access to care

- Medicaid established reimbursement policy regarding Vivitrol in residential treatment services

- Physicians and non-physician practitioner services related to opioid dependence may be reimbursed through Fee-For-Service Medicaid
The Task Force recommended passing a Good Samaritan law to encourage people to seek medical assistance during an overdose.

In 2016, Governor Snyder signed Michigan’s Good Samaritan law that will protect individuals from criminal liability if they seek medical assistance for an overdose.
Treatment

Neo-Natal Abstinence Syndrome

- Examining strategies to address infants born with opioid withdrawal and risks of this occurring
Treatment

- Targeting special populations such as offenders reentering their communities
Implementation: Process and Direction

- Ongoing attention to policy and direction as well as implementation strategies
Legislation
Legislation

Multiple legislative efforts to address the opioid crisis
Potential for Legislation

Other legislation includes:

- 7 day prescribing limit
- MAPS mandate
- Develop prescription drug education curriculum in schools
- Greater patient education requirements
- Greater provider sanctions
For Practitioners: Taking Steps Now and Going Forward
Screening Tools

- Increasingly recognized and further developed
- Separate screening tools for specific populations (e.g., Youth, Justice-involved)
“SBIRT”

- Screening
- Brief Intervention
- Referral to treatment
- Primary Use for Alcohol and Tobacco
- Impact on other substance use requires further study
Substance Use Assessment and Treatment Services
ASAM Criteria:
Moving away from the cookie cutter approach
ASAM Continuum of Care

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
# Medication Assisted Treatments

## FDA-Approved Medications for Substance Abuse Treatment and Tobacco Cessation

| Medications for Alcohol Dependence | Naltrexone (ReVia®, Vivitrol®, Depade®)  
|                                   | Disulfiram (Antabuse®)  
|                                   | Acamprosate Calcium (Campral®) |
| Medications for Opioid Dependence  | Methadone  
|                                   | Buprenorphine (Suboxone®, Subutex®, and Zubsolv®)  
|                                   | Naltrexone (ReVia®, Vivitrol®, Depade®) |
| Medications for Smoking Cessation  | Varenicline (Chantix®)  
|                                   | Bupropion (Zyban® and Wellbutrin®)  
|                                   | Nicotine Replacement Therapy (NRT) |
# Integrated Behavioral Health

## Table 1: Six Levels of Collaboration/Integration (Core Descriptions)

<table>
<thead>
<tr>
<th>COORDINATED</th>
<th>CO-LOCATED</th>
<th>INTEGRATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY ELEMENT: COMMUNICATION</td>
<td>KEY ELEMENT: PHYSICAL PROXIMITY</td>
<td>KEY ELEMENT: PRACTICE CHANGE</td>
</tr>
<tr>
<td>LEVEL 1: Minimal Collaboration</td>
<td>LEVEL 2: Basic Collaboration at a Distance</td>
<td>LEVEL 3: Basic Collaboration Co-located</td>
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</tbody>
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**Behavioral health, primary care and other healthcare providers work:**

<table>
<thead>
<tr>
<th>In separate facilities, where they:</th>
<th>In separate facilities, where they:</th>
<th>In same facility or necessarily same offices, where they:</th>
<th>In same space within the same facility (or shared space), where they:</th>
<th>In same space within the same facility, sharing all practice space, where they:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have separate systems</td>
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<td>Have separate systems</td>
<td>Share some systems, like scheduling or medical records</td>
<td>Have received read or all system issues, functioning as one integrated system</td>
</tr>
<tr>
<td>Communicate about cases only rarely and under compelling circumstances</td>
<td>Communicate periodically about shared patients</td>
<td>Communicate regularly about shared patients, by phone or e-mail</td>
<td>Communicate in person as needed</td>
<td>Communicate consistently at the system, team and individual levels</td>
</tr>
<tr>
<td>Communicate, driven by provider need</td>
<td>Communicate, driven by specific patient issues</td>
<td>Collaborate, driven by need for each other’s services and more reliable referral</td>
<td>Collaborate, driven by desire to be a member of the care team</td>
<td>Collaborate, driven by shared concept of team care</td>
</tr>
<tr>
<td>May never meet in person</td>
<td>May meet as part of larger community</td>
<td>Meet occasionally to discuss issues due to close proximity</td>
<td>Have regular face-to-face interactions about some patients</td>
<td>Have formal and informal meetings to support integrated model of care</td>
</tr>
<tr>
<td>Have limited understanding of each other’s roles</td>
<td>Appreciate each other’s roles as resources</td>
<td>Feel part of a larger yet still-defined team</td>
<td>Have a basic understanding of roles and culture</td>
<td>Have roles and cultures that fit or blend</td>
</tr>
</tbody>
</table>

a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA 2014)

E.G., SYMPTOM RESOLUTION, SOBRIETY, REDUCED RECIDIVISM, SOCIAL CONNECTEDNESS, EMPLOYMENT, EDUCATION, INDEPENDENT LIVING, SELF-RELIANCE
Lessons and Opportunities

- No one person, system or agency has the resources to solve the crisis alone.

- We all need to be aligned with what we know is true.
  - Addiction is a chronic illness.
  - Healthy communities help to sustain recovery and promote wellness for all.
Websites and Resources

- SAMHSA – www.samhsa.gov
- PCSS- Provider Clinical Support Services for Opioid Therapies - www.pcss-o.org
- NIDA – www.drugabuse.gov
- AAAP – www.aaap.org
- ASAM – www.asam.org
- APA- www.psych.org
Resource and Contact Information

- Michigan Department of Health and Human Services,
  Office of Recovery Oriented Systems of Care at www.michigan.gov/bhrecovery