Perspectives on Opioid Misuse and the Epidemic
What We’ll Cover

- Overview National and State Status
- How did this happen?
- Look at Opioid Misuse and Addiction
- Federal Response
- State Response
- What Can Health Systems Do?
- What Support do Providers & Systems Need?
As drugs have been used and misused for hundreds of years all over the world, their effects have been felt for just as long.
FDA Restricts Long-term Opioid Use to Combat Abuse
Medscape - September 13, 2013

Growing problem

Community members listen to Al Fear speak about the Eastern Iowa Heroin Initiative.

Incidents growing, the Eastern Iowa Heroin Initiative coordinator said addiction.

Town hall highlights opioid abuse

Painkillers Now Cause More Than Half of Drug Related Deaths Worldwide
PRWeb - September 6, 2013

Opioid prescriptions down, but numbers still dramatically high in some places, CDC says

Heroin Addiction and Overdose Deaths are Climbing

Heroin-Related Overdose Deaths (per 100,000 people)

286% increase

Rx DRUG ABUSE: A CALL TO ACTION

National Rx DRUG ABUSE & HERIN SUMMIT

Atlanta, GA • March 28-31, 2016

Prescription Drug Abuse is a current public health crisis and the Nation's fastest-growing drug problem. Overdose deaths involving prescription painkillers now outnumber deaths from all illicit drugs including heroin and cocaine combined.
The Opioid Epidemic in the U.S.

In 2015...

12.5 million
People misused prescription opioids

2.1 million
People misused prescription opioids for the first time

33,091
People died from overdosing on opioids

15,281
Deaths attributed to overdosing on commonly prescribed opioids

828,000
People used heroin

9,580
Deaths attributed to overdosing on synthetic opioids

135,000
People used heroin for the first time

12,989
Deaths attributed to overdosing on heroin

$78.5 billion
In economic costs (2013 data)

Estimated Age-adjusted Death Rates for Drug Poisoning by County, 1999

Drug-poisoning deaths are defined as having ICD–10 underlying cause-of-death codes X40–X44* (unintentional)

*Accidental poisoning by and exposure to drugs and other biological substances


Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2000
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2001
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2002
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2003
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2004

The map shows the distribution of estimated age-adjusted death rates per 100,000 for drug poisoning by county in the United States for the year 2004. The color gradient indicates the range of death rates, with darker shades representing higher rates.
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2005
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2006
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2007
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2008
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Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2013
Estimated Age-adjusted Death Rates for Drug Poisoning by County, 2014
National Overdose Deaths
Number of Deaths Involving Opioid Drugs

Source: National Center for Health Statistics, CDC Wonder
National Overdose Deaths
Number of Deaths Involving Heroin

Source: National Center for Health Statistics, CDC Wonder
Opioid involvement in benzodiazepine overdose

Source: National Center for Health Statistics, CDC Wonder

# Opioid Deaths, 2015 - 2016

<table>
<thead>
<tr>
<th>Drug/Category</th>
<th>2015</th>
<th>2016</th>
<th>Percent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total opioids</td>
<td>565</td>
<td>616</td>
<td>9%</td>
</tr>
<tr>
<td>Prescription opioids</td>
<td>512</td>
<td>550</td>
<td>7%</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>130</td>
<td>190</td>
<td>46%</td>
</tr>
<tr>
<td>Heroin</td>
<td>95</td>
<td>108</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: DHEC Vital Statistics
EMS, Opioid Overdose Rescue Cases, 2014 – mid 2017

Source: DHEC Bureau of EMS
3 out of 4 people who used heroin in the past year misused opioids first.

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

Universal Pain Assessment Tool

This pain assessment tool is intended to help patient care providers access pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.
Promotion of Extended-Release Opioid Medications

OxyContin Promotional Video
"I got my life back." Purdue Pharma L.P. 1998

https://youtu.be/Er78Dj5hyel
Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007

Source: National Vital Statistics System, multiple cause dataset, and DEA ARCOS

* 2007 opioid sales figure is preliminary
Most Commonly Misused or Abused Types of Legal Drugs

Opioid Pain Relievers

- drugs that contain active ingredient codeine, hydrocodone, and oxycodone.

Buprenorphine
Butorphanol (Stadol®)
Codeine
Fentanyl (Duragesic® patch)
Hydrocodone (Vicodin®)
Hydromorphone (Dilaudid®)
Meperidine (Demerol®)
Methadone

Morphine
Nalbuphine (Nubain®)
Oxycodone
(Percocet®/Percodan®)
Oxymorphone
Pentazocine (Talwin®)
Paregoric
Propoxyphene (Darvon®)
Why do people use alcohol and other drugs?

- To have feelings
- To have sensations
- To have experiences

To feel good (to create)

- To lessen anxiety, stress, fear, depressions, hopelessness

To feel better (to remove)
There is one place that all of these factors converge – one organ that is responsible for processing it all. Addiction, as a disease, irrefutably starts in once place: the brain.
Opioid Use & Misuse
Environmental and Psychological risk factors...
Attitudes About Addiction

- Moral/Emotional Weakness?
- Self-Inflicted Vice?
- Behavioral Problem?
- Disease?
Why is the science of addiction and recovery important?

• For the individuals, family and for professionals:
  ▫ Helps explain the unexplainable
  ▫ Reduces stigma, blame, and anger
    • What other diseases have seen a reduction in stigma and blame due to science?
Addiction: Opioid Use Disorder

- A disease of the brain
- Preventable
- Chronic

- Treatable
- Not Curable
- Sometimes Fatal

### Chronic Disease Comparison

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic predisposition</td>
<td>Genetic predisposition</td>
</tr>
<tr>
<td>Lifestyle choices are a factor in development of the disease</td>
<td>Lifestyle choices are a factor in development of the disease</td>
</tr>
<tr>
<td>Severity is variable</td>
<td>Severity is variable</td>
</tr>
<tr>
<td>There are diagnostic criteria</td>
<td>There are diagnostic criteria</td>
</tr>
<tr>
<td>Once diagnosed, you’ve got it</td>
<td>Once diagnosed, you’ve got it</td>
</tr>
</tbody>
</table>
Reoccurrence Rates Are Similar for Addiction and Other Chronic Illnesses

- Drug Dependence: 40 to 60%
- Type I Diabetes: 30 to 50%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%

Indiana HIV outbreak: geographic distribution
Scott County pop. 24,000; Austin, IN pop. 4,200

Scott County: Among the state’s 92 counties, ranked 92nd in a variety of health and social indicators, including life expectancy.
Drug Use among of HIV-infected cases (N=108)

- Multigenerational
- Sharing of injection equipment common
- Daily injections: 4-15
- Number of partners: 1-6 per injection event

<table>
<thead>
<tr>
<th>Dosage Strength</th>
<th>OPANA® ER with INTAC® Tablet Images*</th>
<th>GENERIC oxymorphone ER Global Pharma (Impax) Tablet Images*</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 mg</td>
<td><img src="image1.png" alt="Tablet Images" /></td>
<td><img src="image2.png" alt="Tablet Images" /></td>
</tr>
<tr>
<td>30 mg</td>
<td><img src="image3.png" alt="Tablet Images" /></td>
<td><img src="image4.png" alt="Tablet Images" /></td>
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</tbody>
</table>

U.S. Senate Committee on Health, Education, Labor & Pensions (HELP Committee)

- 21st Century Cures Act
- Ongoing Hearings on the Opioid Crisis
- Fiscal Year 2018 Omnibus Appropriations bill
  - $3.3 billion to help fight the opioids crisis – increase of $2.55 billion or 244 percent
Recent Analysis and Action in SC

- Inspector General’s Report, May 2013
  “South Carolina Lacks a Statewide Prescription Drug Abuse Strategy”

- Executive Order No. 2014-22, March 2014
  Establishing Prescription Drug Abuse Prevention Council

- “State Plan to Prevent and Treat Prescription Drug Abuse”
  December 2014

- State Targeted Response to the Opioid Crisis Grant
  Award from SAMHSA $6.5M to SC 2017 & 2018
Prescription Monitoring
South Carolina Reporting & Identification
Prescription Tracking System (SCRIPTS)

• The SCRIPTS database includes all retail and outpatient hospital pharmacy dispensing of schedules II-IV controlled substances. It also includes any controlled substance dispensing activity of those substances which occurs into the state of South Carolina, i.e., mail-order pharmacies.

• The report should be used to supplement a patient evaluation, to confirm a patient's drug history, or document compliance with a therapeutic regimen.
UNWANTED MEDICAL DISPOSAL SITES

You can drop off unwanted prescription drugs at these locations year-round. Check with each location for hours of operation.

FIND THE DRUG DISPOSAL SITES NEAREST YOU

Enter Your City or Zip Code
Collection of Unused Rx Drugs

New drug drop-off box at Loris PD fills up quickly

By Sina Gebre-Ab
Published: December 19, 2017, 8:04 pm | Updated: December 20, 2017, 8:36 am

LORIS, SC (WBTW) – The Loris Police Department is stepping up in the fight against the opioid epidemic in Horry County. The police department now has a drop-off box for people to dispose of old or unused prescription drugs.
Naloxone Protocol

Joint Protocol to Initiate Dispensing of Naloxone HCL without a Prescription

NaloxoneSavesSC.org
Naloxone Saves SC
PROVIDING INFORMATION ABOUT THE AVAILABILITY OF NALOXONE IN SOUTH CAROLINA.
Treatment Accessibility

Opioid Treatment Program (Methadone Treatment)

County Alcohol & Drug Abuse Authority With Opioid-Based Treatment Services

County Alcohol & Drug Abuse Authority With Abstinence-Based Treatment Services
Public Education Campaign

Unused prescriptions can turn deadly when they fall into the wrong hands. Clean out your medicine cabinet and bring... https://t.co/u44CTjwFXU

All too often, parents exclude doctor-prescribed medications from discussions with their children about drugs. Learn... https://t.co/H6PTMk9ryb
Even More Recent Analysis and Action in SC

- SC State Boards of Dentistry, Medical Examiners, Nursing, and Pharmacy Revised Joint Pain Management Guidelines – August 2017

- South Carolina Behavioral Health Coalition – September 2017

- Executive Order No. 2017-43 – December 2017
  Directing the SC Department of Health and Human Services to Develop a Policy for Prescribing, Dispensing, and Administering Controlled Substances

- Executive Order No. 2017-42 – December 2017
  Declaration of a Statewide Public Health Emergency and Establishment of the Opioid Emergency Response Team

- House Opioid Abuse Prevention Study Committee Finding and Recommendations – January 2018
• Integrate Certified Peer Support Specialists in Hospitals
• Expand Medication Assisted Treatment in Emergency Departments
• Expand Applications of Telehealth Network for SU
• Appropriate Additional Funding for OUD and SUD through DHHS
• Support Collegiate Recovery Pilot Programs
• Support Ongoing Public Education Campaigns
• Provide Reimbursement for the SBIRT Training
• Promote the Joint Pain Management Guidelines within CE Requirements
• Develop Diversion Programs and Deflection Policies
• Expand Prescription Take Back Day Events and Drop-Off Box Locations
• Alleviate Prior Authorization Issues for SUD Treatment Medications

House Opioid Abuse Prevention Study Committee
Finding and Recommendations – January 2018
2017-18 South Carolina Legislative Session

Over 30 bills introduced in the House and the Senate related to alcohol or drugs

- **H.4603** Prescribing Limitations – 7 day supply for initial opioid prescriptions for acute or postoperative pain management
- **H.3819** Prescriptions to Minors – Prescribers must assess minors for mental health or substance use issues before prescribing opioids, and must discuss risk of addiction with the minor and custodian of the minor
- **H.3826** A written prescription for any Schedule II, III, IV, and V controlled substance must be written on tamper-resistant prescription pads
- **H.4488** Coroners May Access the PDMP
Opioid Emergency Response Team

Opioid Emergency Response Plan Posted June 2018
Stem the Tide: Addressing the Opioid Epidemic

American Hospital Association
Advancing Health in America
• Clinician Education on Prescribing Practices
• Nonopioid Pain Management
• Addressing Stigma
• Treatment Options for Opioid Use Disorders
• Patient, Family and Caregiver Education
• Transitions of Care
• Safeguarding Against Diversion
• Collaborating with Communities
Access to Naloxone

Naloxone (Narcan) is an opioid overdose antidote for people who may have overdosed on opioids and whose respiratory drive is at a depressed, life-threatening level.
More Cautious Prescribing

- CDC Guidelines for Prescribing Opioids
- SC Boards Joint Revised Pain Mgmt. Guidelines
- Executive Order No. 2017-43 December 2017 Directing the Department of Health and Human Services to Develop a Policy for Prescribing, Dispensing, and Administering Controlled Substances

Dosage should be as low and duration as brief as possible

Sources: CDC Guideline for prescribing opioids for chronic pain-US 2016
Pain is Real

- Reframing patient expectations that there should be no perception of pain

- Reframing systems-level expectations that prescribers should eliminate all perception of pain

- Access to non-opioid and pharmacological mgmt. of pain
Medication-Assisted Treatment and Recovery for Opioid Use Disorders

A combination of behavioral therapy and medications (most commonly methadone, buprenorphine, and naltrexone)
Working to fight **stigma**

- **Personal:** Self-disgust, shame and self-hate at one’s own appearance, behavior, lifestyle and/or physical condition, as well as feelings of being unworthy of help or recovery.

- **Social:** Negative perceptions, labels and actions from friends or family; feeling isolated or rejected.

- **Institutional:** Negative treatment and attitudes experienced from healthcare providers, the media, law enforcement, places of work or government agencies.
Worksheet Time!

- Clinician Education on Prescribing Practices
- Nonopioid Pain Management
- Addressing Stigma
- Screening Brief Intervention & Referral To Treatment
- Treatment Options for Opioid Use Disorders
- Patient, Family and Caregiver Education
- Transitions of Care
- Safeguarding Against Diversion
- Collaborating with Communities
Alcoholism is on the rise
Rate of alcohol use disorder (alcoholism) among U.S. adults age 18 and older

The **JAMA Network**

Source: Grant et. al., 2017
Recovery is Possible!

Katy Austin says she found prison before she found treatment and recovery.

Source: Greenville Online.com April 2016
Keynote Speaker: Christopher M. Jones, PharmD., M.P.H. | Director of the National Mental Health and Substance Use Policy Laboratory

2018 SC GOVERNOR’S
OPIOID SUMMIT

REGISTRATION NOW OPEN

September 6, 2018
Columbia SC

Columbia Metropolitan Convention Center

scopioidsummit.org
Thank you!

Sara Goldsby
sgoldsby@daodas.sc.gov
803-896-5555
Some Resources

• Centers for Disease Control and Prevention (CDC)  
  https://www.cdc.gov/drugoverdose/prescribing/guideline.html

• SC State Boards of Dentistry, Medical Examiners, Nursing, and Pharmacy Revised Joint Pain Mgmt. Guidelines  
  http://www.llr.state.sc.us/pol/Medical/pdf/FINAL%20Joint%20Revised%20Pain%20Management%20Guidelines%20August%202017.pdf

• American Society of Addiction Medicine  https://www.asam.org/

• Providers’ Clinical Support System for Opioid Therapies  https://pcss-o.org/

• Providers’ Clinical Support System for Medication Assisted Treatment  https://pcssmat.org/

• Substance Abuse and Mental Health Services Administration (SAMHSA)  www.samhsa.gov

• National Institute on Drug Abuse (NIDA)  www.nida.nih.gov

• SC Department of Alcohol and Other Drug Abuse Services (DAODAS)  www.daodas.state.sc.us

• South Carolina Opioid Awareness  www.justplainkillers.com

• South Carolina Specific Naloxone Information  www.naloxonesavessc.org

• Faces and Voices of Recovery  www.facesandvoicesofrecovery.org