

The Opioid Epidemic: How We Got Here, How We End It

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Opioid Insights for Action Day
November 16, 2017

Major Drivers of Opioid Epidemic

- Historical Context
- Overprescribing and diversion of pain medication
- Pharmaceutical industry marketing tactics
- Untreated/Undertreated Addiction
- Ready supply of cheap, pure heroin
- Emergence of synthetic opioids (fentanyl)

- Highly stigmatized – reflected in both attitude and policy
- Policy and funding focused largely on criminal justice and supply reduction policies and practices, not on health/public health approaches
- Separate Care and Payment Structures – lack of integration with larger health system
- Little to no training on substance use in educational curricula
- Long history of insurance discrimination (both public and commercial)
- Only very small percentage of patients diagnosed and get care – about 10 - 14%; 8% of referrals from healthcare settings
- Intervention and treatment usually at most acute stage, largely episodic and of short duration.

Painful Words: How a 1980 Letter Fueled the Opioid Epidemic – *New York Times*, May 31, 2017

The letter was written by Dr. Hershel Jick, a drug specialist at Boston University Medical Center, and a graduate student. Cited over 600 times, most of them inaccurate.

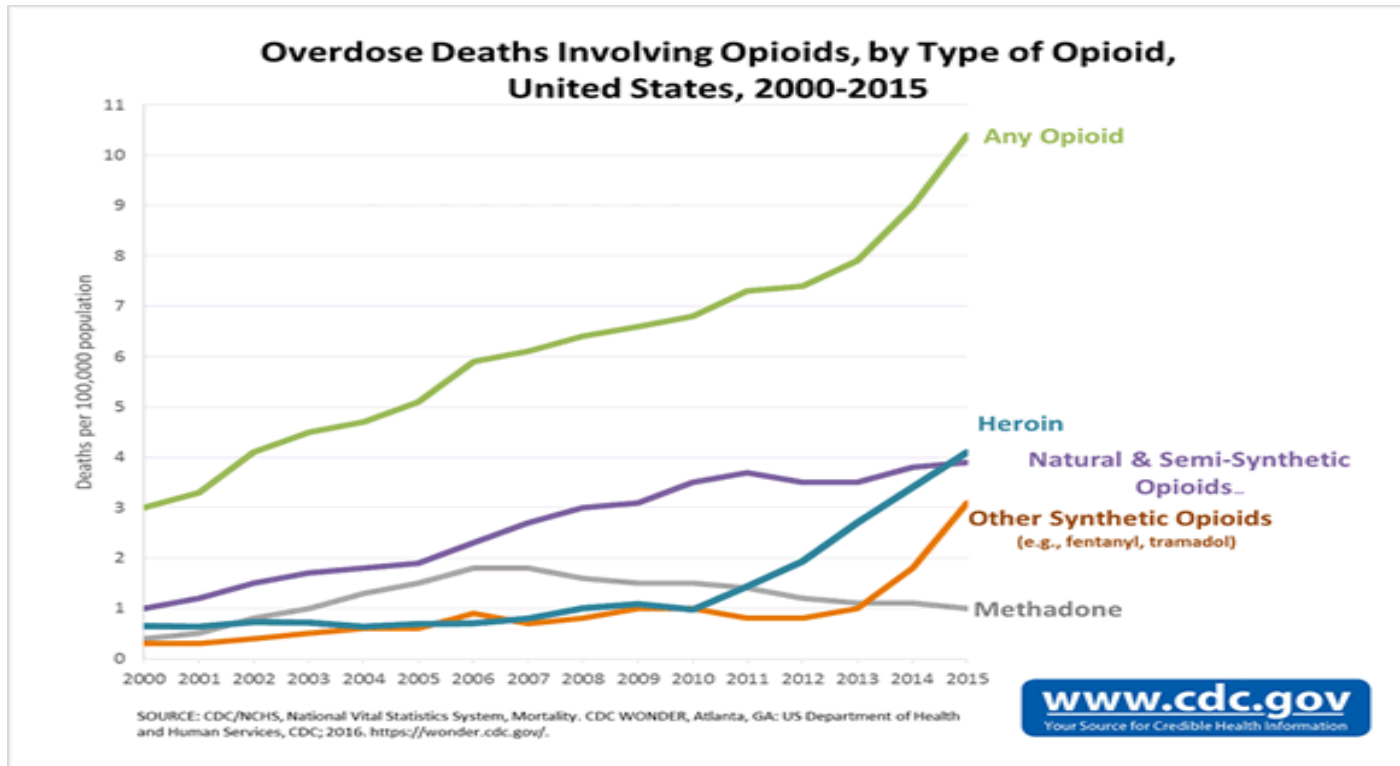
"I'm essentially mortified that that letter to the editor was used as an excuse to do what these drug companies did," Jick told The Associated Press in an interview on Wednesday.
"They used this letter to spread the word that these drugs were not very addictive."

Ohio Sues Drug Makers, Saying They Aided Opioid Epidemic – *New York Times*, May 31, 2017

Opioid Prescribing Patterns

- In 2012, there were **259 million prescriptions written in the US – enough for every adult American to have their own prescription**, quadrupling since 1999 with a quadrupling in prescription drug overdose deaths.
- From 2007 – 2012, the rate of opioid prescribing has steadily increased among specialists more likely to manage acute and chronic pain.
- Prescribing rates are highest among pain medicine (49%), surgery (37%), and physical medicine/rehabilitation (36%). However, primary care providers account for about half of opioid pain relievers dispensed.
- Since the peak in 2012, the number of opioid prescriptions has fallen by about 12% (2013-15).

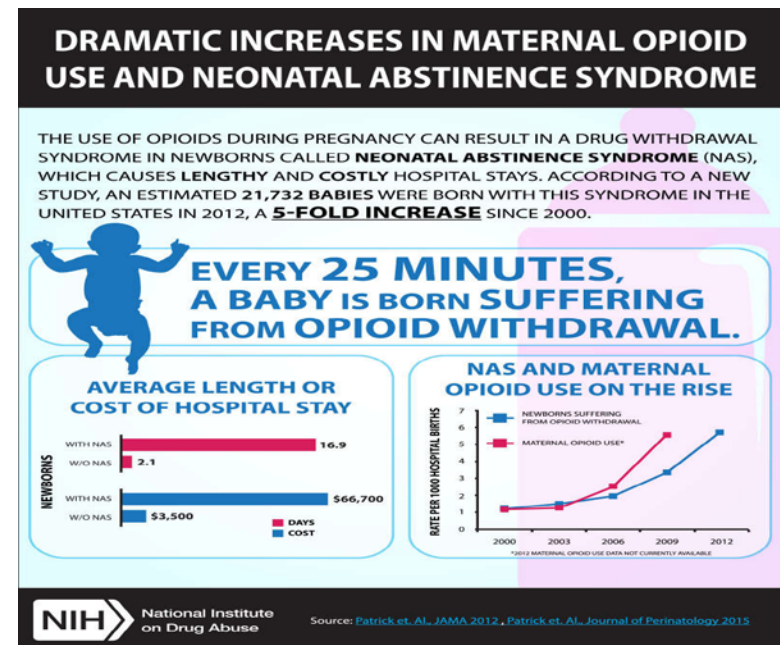
Opioids were involved in 33,091 deaths in 2015 and opioid overdoses have quadrupled since 1999



- Drug overdose deaths are the leading cause of death for Americans under 50
- Surpassed deaths from:
 - Car crashes in 1972
 - Peak gun deaths in 1993
 - Peak HIV deaths in 1995
- Contributing to an overall decline in life expectancy among white Americans

Other Consequences

- NSDUH estimates approximately **2M adults with an opioid use disorder**.
- **Significant increase in Hepatitis C infections associated with injection Drug Use.**
 - During 2010–2015, HCV incidence increased by 294% with the highest rates among young persons who inject drugs (PWID).[†]
- **Outbreaks of HIV** and vulnerability to more
- **Significant increases in Neonatal Abstinence Syndrome**
 - 3-fold increase from 1999-2013



Evolving Epidemics

- NSDUH estimates that **80% of new heroin initiates started opioid misuse with a prescription pain medication** – seems to be driven largely by economics.
- **Synthetic opioids other than methadone linked to increases in overdose death in MA and in many other states.**
- Recent analysis of OD deaths in MA showed an increase in fentanyl involved deaths from 32% in 2013-14 to 72% in the first half of 2016

Table 1: Top 10 states by total Fentanyl Seizures, 2014, unpublished NFLIS data

Rank	State	Number of Fentanyl seizures
1	Ohio	1245
2	Massachusetts	630
3	Pennsylvania	419
4	Maryland	311
5	New Jersey	238
6	Kentucky	232
7	Virginia	222
8	Florida	183
9	New Hampshire	177
10	Indiana	133

OFFICE OF NATIONAL DRUG CONTROL POLICY

- Established by Congress in 1988 to develop and implement the National Drug Control strategy and budget
- Approximately \$28b spanning 16 federal agencies including those in Departments of Health and Human Services, Justice, Defense, Homeland Security and State
- Historically, both Strategy and budget reflect an overemphasis on supply reduction and law enforcement
- Previous Directors from military and law enforcement backgrounds

What was our response?

- **Safer opioid prescribing (Scope of Pain, CDC Guideline)**
 - Require federal prescribers to take mandatory training
 - Sign on from over 60 medical schools to integrate into resident training
- **Prescription Drug Monitoring (PDMPs)**
- **Medication Disposal**
 - DEA Take Back Day
 - Pharmacy disposal
- **Better Diagnoses and linkage to care**
- **Expanded access to treatment particularly MAT**
 - ACA requires SUD as one of 10 essential health benefits
 - Capacity building in primary care settings - \$100m for FQHCs
 - Increasing the number of waived health professionals
 - Expand health professionals who can prescribe treatments (NPs, PAs)
 - Increase patient cap from 100 to 225
 - Increase federal safety net dollars - \$1B in 21st Century Cures Bill
 - Build capacity in “treatment desserts”
- **Enhanced enforcement of Federal parity law**
- **Expansion of Overdose Prevention and Syringe Services Programs**
- **Decrease Stigma**
 - Treating patients with SUD with dignity and respect
 - Changing the Language we Use
- **Public Health and Public Safety Partnerships**

Where are we headed?

- Declaration of Public Health Emergency – will it make a difference?
- President’s Proposed Budget
 - Cuts to HHS
 - Funding for Border wall
- Repeal of the Affordable Care Act
 - Discontinuing CSP to insurers
- Nomination of “Drug Czar” and subsequent withdrawal
- Statements from Senior Administration Officials
- Return to “Touch on Crime” approach

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