A Drug Policy for the 21st Century

September 22, 2014

State of Michigan Department of Community Health
15th Annual Substance Use Disorder Conference

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Office of National Drug Control Policy
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- Component of the Executive Office of the President
- Coordinates drug-control activities and related funding across the Federal Government
- Produces the annual *National Drug Control Strategy*
National Drug Control Strategy

• The President’s science-based plan to reform drug policy:
  1) Prevent drug use before it ever begins through education
  2) Expand access to treatment for Americans struggling with addiction
  3) Reform our criminal justice system
  4) Support Americans in recovery

• Coordinated Federal effort on 112 action items

• Signature initiatives:
  – Prescription Drug Abuse
  – Prevention
  – Drugged Driving
Prevention

• Each dollar invested in a proven school-based prevention program can reduce costs related to substance use by an average of $18.¹

• Effective drug prevention happens on the local level.

• Prevention must be comprehensive:
  – evidence-based interventions in multiple settings
  – tested public education campaigns
  – sound public policies

Persons Aged 12 or Older Needing Treatment for Illicit Drug or Alcohol Use and Obtaining Specialty Treatment, 2013

22.7 Million Needing Treatment* for Illicit Drug or Alcohol Use

*Treatment need is defined as having a substance use disorder or receiving treatment at a specialty facility within the past 12 months.

Source: SAMHSA, 2013 National Survey on Drug Use and Health (September 2014).
U.S. Health Care reforms will extend access to and Parity for substance use treatment and mental health services for an estimated 62 million Americans and help integrate substance use treatment into mainstream health care.¹

Coverage for expanded Medicaid population is likely to create an increased need for substance abuse treatment services and staff.

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

• Medicaid Managed Care Organizations, Children’s Health Insurance Program, and Alternative Benefit (Benchmark) are required to meet the provisions within Application of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
Drug Poisoning Death Rates, 1999 to 2011: Michigan vs. the U.S.

Drug Poisoning Death Rates, 1999 to 2011: Wayne County, MI, Michigan, and U.S.

Number of Drug Poisoning Deaths in Michigan, 1999 to 2011: Wayne County vs. Rest of the State

Drug Poisoning Death Rates, 1999 to 2011: Ingham County, MI, Michigan, and U.S.

Number of Drug Poisoning Deaths in Michigan, 1999 to 2011: Ingham County vs. Rest of the State

Opioid Abuse in the United States

• 6.5 million Americans reported current non-medical use of prescription drugs in 2013.\textsuperscript{1}

• Approximately 1 in 5 people using drugs for first time in 2012 began by using a prescription drug non-medically.\textsuperscript{2}

• Of the 41,340 drug overdose deaths in 2011 in America, 22,810 involved prescription drugs.
  - 16,917 involved opioid painkillers (\textit{vs. 4,681 involving cocaine and 4,397 involving heroin})\textsuperscript{3}

• $55.7 billion in costs for prescription drug abuse in 2007 including $25 billion in direct health care costs and $5.1 billion in criminal justice costs.\textsuperscript{4}

• Studies have found that individuals abusing opioids generate, on average, annual direct health care costs 8.7 times higher than non-abusers.\textsuperscript{5}

\textsuperscript{1, 2.} Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. U.S. Department of Health and Human Services. [September 2014].

\textsuperscript{3.} National Center for Health Statistics/CDC. Unpublished special tabulations of 2011 \textit{Multiple Cause of Death} data (June 10, 2014).


State Overdose Death Rates, 2010

— U.S. National Rate: 12.3 per 100,000 —

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted October, 2012.
Source of Prescription Pain Relievers

How different misusers of pain relievers get their drugs

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2010
Neonatal Abstinence Syndrome (NAS)

- From 2000-2009, the rate of NAS diagnoses (newborns experiencing drug withdrawal) per 1,000 babies rose almost 3-fold.\(^1\)
- Legitimate treatment (for pain, anxiety or substance use) or illicit use can cause NAS.
- In 2009 median hospital length of stay was 16.4 days.\(^2\)
- In 2009, approximately 4/5 newborns with NAS were enrolled in Medicaid.\(^3\)

Opportunities/Challenges for Policymakers

- State Budgets/Capacity building/Training in newly affected communities.
- Address consequences without contributing to stigma or making problems worse for infants/families.
- Education of prescribers, pharmacists, and childbearing age women and girls re. appropriate use of opioids and tools to monitor therapies.
- Build treatment capacity for families, especially medication-assisted treatment.

Prescription Drug Abuse Prevention Plan

• Coordinated effort across the Federal Government

• Four focus areas:
  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Disposal of Medication
  4) Enforcement
Education

Needs

- Expanded health care provider knowledge on appropriate prescribing, identification of patients at risk for abuse, use of PDMPs in clinical practice, and addressing substance use disorders
- Screening, intervention, and referral to treatment for those misusing or abusing prescription drugs
- Ensure community leaders, parents, and young people understand the dangers of prescription drug misuse

Main Actions

- Legislation requiring mandatory education for all clinicians who prescribe controlled substances
- Increased substance abuse education in health profession schools, residency programs, and continuing education (i.e., NIDAMED tools)
- Expedited research on the development of abuse-deterrent formulations
- Expansion of overdose prevention tools (i.e., naloxone)
Goals

- PDMP in every state and interoperability among states
- Use of the system by prescribers to identify patients potentially at risk for or engaged in prescription drug misuse or at risk for medication interaction

Main Actions

- Secured language for Department of Veterans Affairs to share prescription drug data with state PDMPs
- Approximately 20 states can share data across state lines
- Pilot projects with ONC and SAMHSA in Illinois, Indiana, Kansas, Michigan, Nebraska, North Dakota, Ohio, Oklahoma, Tennessee, and Washington state
Proper Disposal of Medication

Goals

- Easily accessible, environmentally friendly method of drug disposal that reduces the amount of prescription drugs available for diversion and abuse

Main Actions

- Publish and implement regulations allowing patients and caregivers to easily dispose of controlled substance medications
- Once regulations are in place, partner with stakeholders to promote proper medication disposal programs
- Continue DEA and state/local law enforcement National Prescription Drug Take-Back Days. So far, 3.4 million pounds safely collected and disposed of during 7 events.
Enforcement

Goals

○ Increase law enforcement and prosecutor training around prescription drug diversion and abuse
○ Assist states in addressing “pill mills” and doctor shopping

Main Actions

○ Provide technical assistance to states on model regulations/laws for pain clinics

○ Encourage High Intensity Drug Trafficking Areas (HIDTAs) to focus on prescription drug diversion cases

○ Support prescription drug abuse-related training for law enforcement agencies and criminal justice leaders
Emerging Issues: Prescription Opiates and Heroin

• The number of primary admissions among 18- to 24-year-olds for heroin treatment services increased from 34,000 in 2000 to 60,000 in 2011.\(^1\)

• The number of persons who were past-year heroin users has been rising steadily, increasing approximately 50 percent since 2008 (445,000 to 681,000 in 2013).\(^2\)

• Injection-drug users report prescription opioid use predates heroin use and tolerance motivates them to try heroin.\(^3\)

1. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data extracted as of September 2013.
2. Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.
The *National Drug Control Strategy* supports comprehensive overdose prevention efforts, to include:

- More extensive public education campaigns about overdose, including the signs of overdose, emergency interventions, information about “Good Samaritan” laws where they exist, and the importance of connecting people to substance abuse treatment.

- Expanded training and availability of emergency interventions, such as naloxone (Narcan) for first responders.

- Increased education among health care providers about informing patients using opioids (and their family members/caregivers) about potential for, signs of, and interventions in case of overdose.
Medications Currently Available

For Nicotine Use Disorder
- Nicotine Replacement Therapies (NRT)
- Bupropion
- Varenicline

For Alcohol Use Disorder
- Disulfiram
- Naltrexone
- Acamprosate
- Naltrexone Depot
- Topiramate

For Opioid Use Disorder
- Methadone
- Naltrexone (Vivitrol)
- Buprenorphine
- Buprenorphine/Naloxone

Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

• Enhances access and care for people with substance use disorders.
• Need to focus on integration of substance use disorders into primary care.
• Screening is essential for case identification and clinical decision making.
• Referrals to specialty treatment are critical to increased access to care.
• Brief Interventions do not appear to be as effective for reducing drug use as for reducing alcohol use.*
• We need to find new/better interventions in primary care.

Expanding Treatment

• Ensure availability of medication-assisted treatment (MAT) for treatment of addiction (i.e., buprenorphine/naloxone [Suboxone], methadone, Vivitrol).

  o HIV Treatment: Research shows that individuals with HIV who adhere to buprenorphine following release from prison exhibit low amounts of the virus in their blood.¹

• Employers: Ensure that health plans offer adequate coverage for screening and treatment for substance use disorders, including MAT.

• Ensure that people on medication-assisted treatment have access to the full continuum of care to include recovery and support services.

• State Health Leadership: Inventory treatment availability and work within Affordable Care Act/state-run health marketplaces to ensure proper resourcing.

Individualized Care

✓ No single treatment is appropriate for everyone

✓ Many drug-addicted individuals also have co-occurring mental disorders

✓ Effective treatment attends to multiple needs of the individual, not just his or her substance use disorder

✓ An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs

Source: Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Treatment Elements

- **Medications** are an important element of treatment for many patients, especially when combined with counseling and other behavioral treatments.

- **Behavioral therapies**—including individual, family, or group counseling—are the most commonly used forms of substance use treatment.

- **Drug use** during treatment must be monitored continuously, as lapses during treatment do occur.

- Treatment programs should test patients for the presence of HIV/AIDS, Hepatitis B and C, Tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

Source: Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Treatment needs to be readily available.

Treatment does not need to be voluntary to be effective.

Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term substance use.

Remaining in treatment for an adequate period of time is critical.

Source: Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Three Distinctions Among Collaborative Models  

• **Coordinated:** Routine screening for behavioral health problems in primary care settings, but delivery of services may occur in different settings.

• **Co-located:** Medical services and behavioral health services located in the same facility.

• **Integrated:** Medical services and behavioral health services located either in the same facility or in separate locations.

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Opportunities for Leadership

• Expand screening to identify patients at risk for overdose or other escalations (including transition to heroin).

• Consider abuse-deterrent formulations and safety profiles of medicines on formularies.

• Expand access to naloxone, particularly among high-risk patient populations.

• Promote expansion of medications used in addiction treatment (i.e., buprenorphine/naloxone [Suboxone], methadone, Vivitrol).

• Take steps to remove barriers to substance use treatment for pregnant women using drugs who seek prenatal care and for women in custody who are pregnant or have children.
Conclusion

• There are signs that efforts to reduce and prevent prescription drug abuse are working.
  
  o National data show the rate of past-month nonmedical use of prescription medicines among young adults aged 18 to 25 over the past three years (2011-2013) is lower than the rates from 2002-2010.1

• State public health and public safety professionals can take steps to promote safer prescribing practices; improved prescription monitoring; safe disposal; and effective monitoring, intervention, treatment and overdose prevention.

• Long-term success will come from coordination and collaboration at the Federal, state, local, and tribal levels, particularly among public health and public safety leaders.

1 Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. U.S. Department of Health and Human Services. [September 2014].
For More Information:

WhiteHouse.gov/ONDCP