



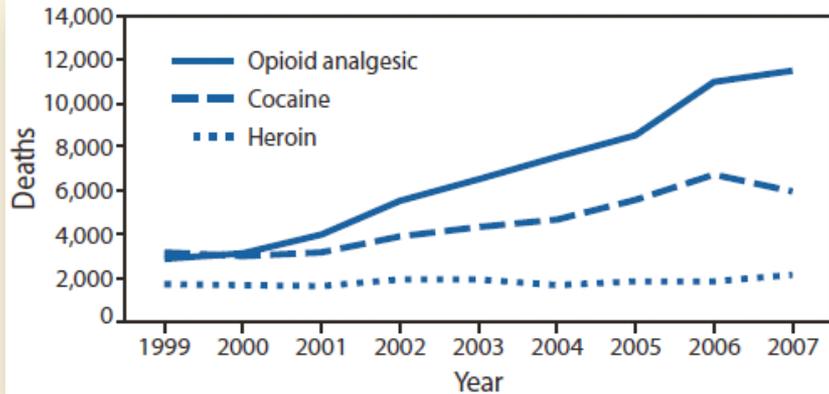
The Importance of Treatment for Opioid Use Disorders

Laura K. Howard, J.D.
Region VII Regional Administrator
Substance Abuse and Mental Health Services Administration

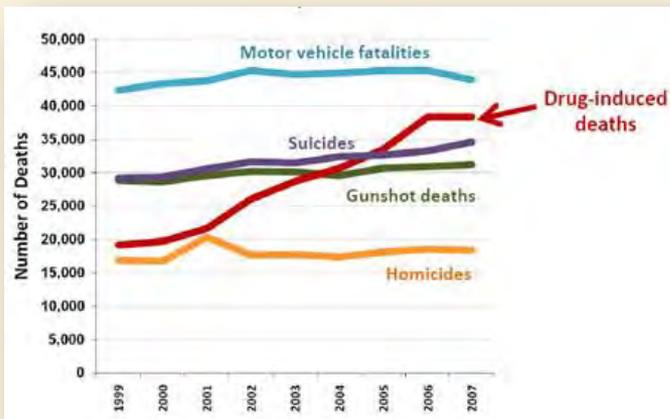
National Conference on Pharmaceutical
and Chemical Diversion
Kansas City, Missouri
Sept. 30 – Oct. 1, 2014



The Heavy Toll of Prescription Drug Abuse



- Prescription drug overdose deaths now exceed deaths from cocaine and heroin.
- American deaths from prescription drug overdoses are now second only to motor vehicle fatalities.
- Non-medical use of prescription painkillers: **\$72.5 billion** annually in direct health care costs to health insurers.



SAMHSA: A Public Health Agency

- **SAMHSA's**
MISSION: Reduce the impact of **substance abuse** and **mental illness** on America's communities

Behavioral health is essential to health

Prevention works

Treatment is effective

People recover

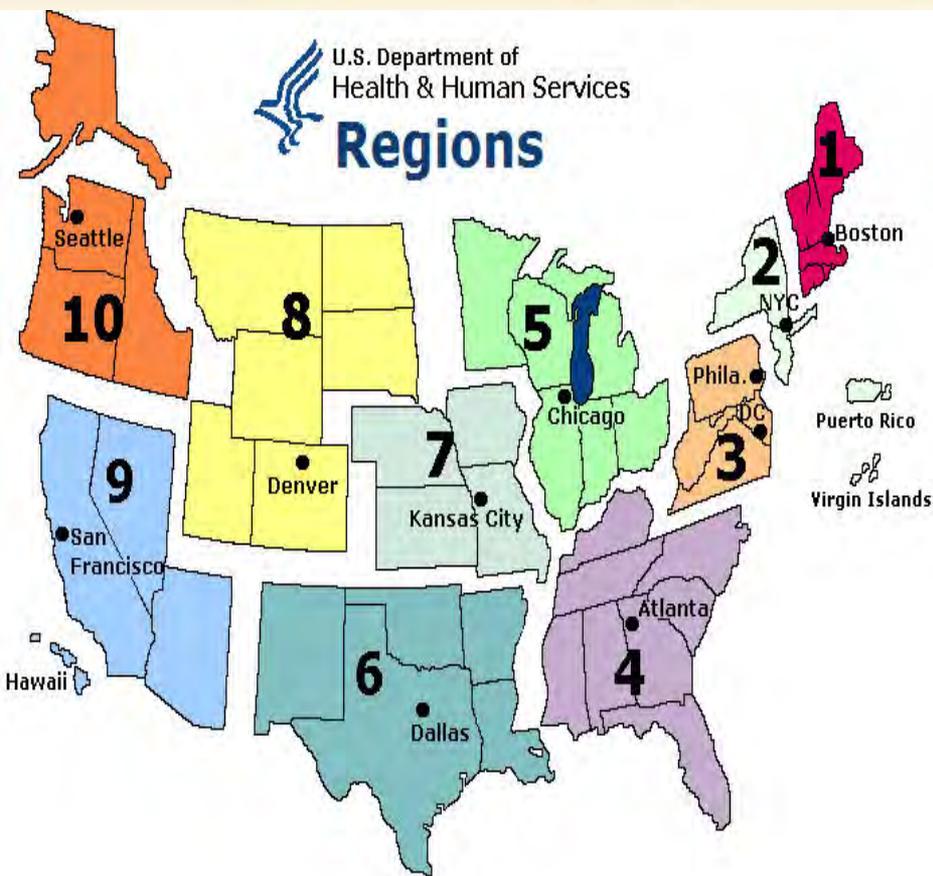
SAMHSA Core Functions

- **Leadership and Voice**
- **Data/Surveillance**
- **Practice Improvement -- Technical Assistance, Quality Measures, Evaluation/Services Research**
- **Public Awareness and Education**
- **Grant-making**
- **Regulation and Standard Setting**

SAMHSA Organizational Structure

- The Agency's programs are carried out by 4 primary centers --
 - The Center for Mental Health Services (CMHS);
 - The Center for Substance Abuse Prevention (CSAP);
 - Center for Substance Abuse Treatment (CSAT);
 - Center for Behavioral Health Statistics and Quality (CBHSQ)

SAMHSA REGIONAL PRESENCE



- **Represent SAMHSA leadership in the Regions**
- **Provide SAMHSA staff feedback from the Regions**
- **Establish working relationships with:**
 - *Regional representatives of OPDIVS (HRSA, ACF, CMS, AoA) and internal staff divisions*
 - *State authorities for mental health and substance abuse, provider groups, city and county level health departments.*
- **Coordinate support for State implementation of health reform.**
- **Coordinate, as needed, implementation of SAMHSA Strategic Initiatives and technical assistance within the regions.**
- **Help States to coordinate resources across SAMHSA to address emerging needs.**

**Region X:
Seattle**

AK, ID, OR, WA
David Dickins
2201 6th Ave,
MS RX-02
Seattle, WA
98121



**Region VIII:
Denver**

CO, MT, ND, SD,
UT, WY
Charles Smith, Ph
1961 Stout Street
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Region V: Chicago

IL, IN, MI, MN, OH,
WI
**Jeffrey A. Coady,
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Region I: Boston

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**Region VII:
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**Region VI:
Dallas**

AR, LA, NM, OK, TX
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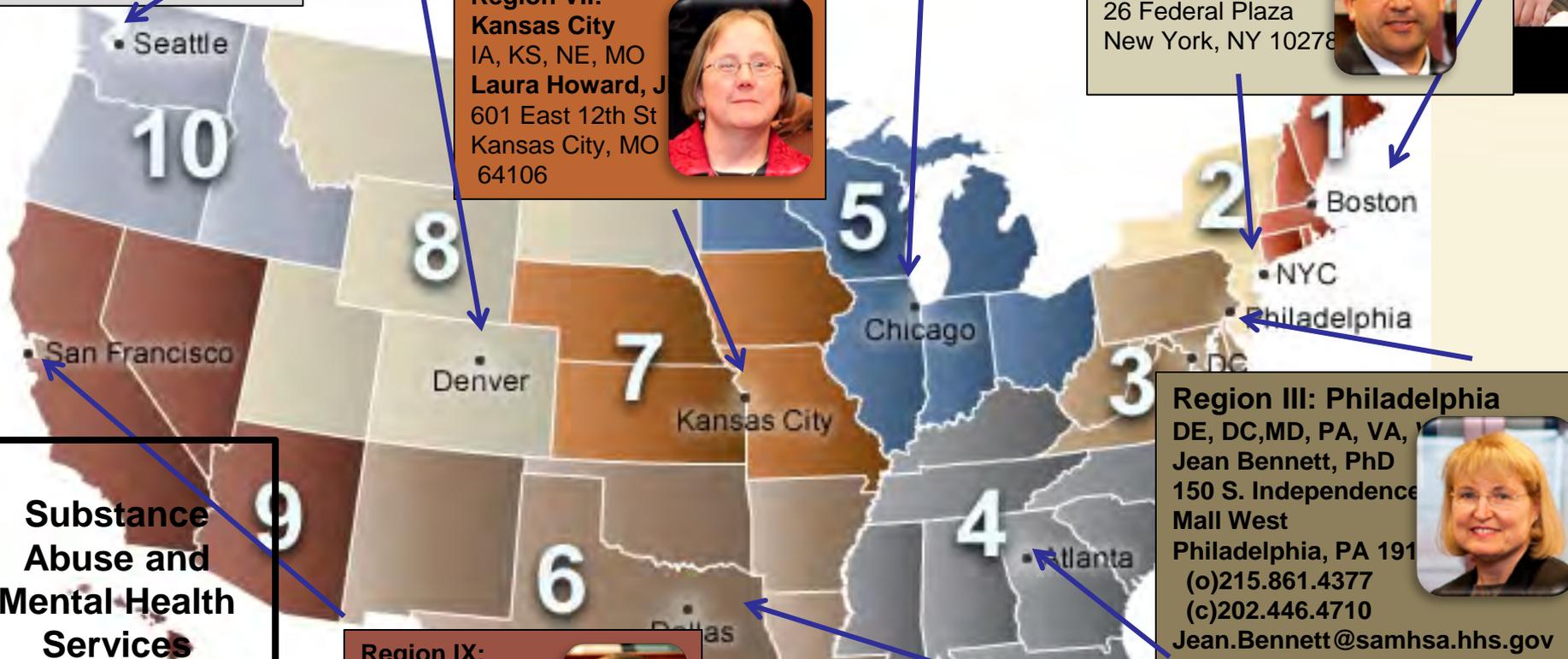


**Region IX:
San Francisco**

AZ, CA, HI, GU, N
AS, CNMI,
FSM, MH, PW
Jon Perez, PhD
90 7th Street, 8th Floor
San Francisco, CA 94103



**Substance
Abuse and
Mental Health
Services
Administration
Regional
Administrators**



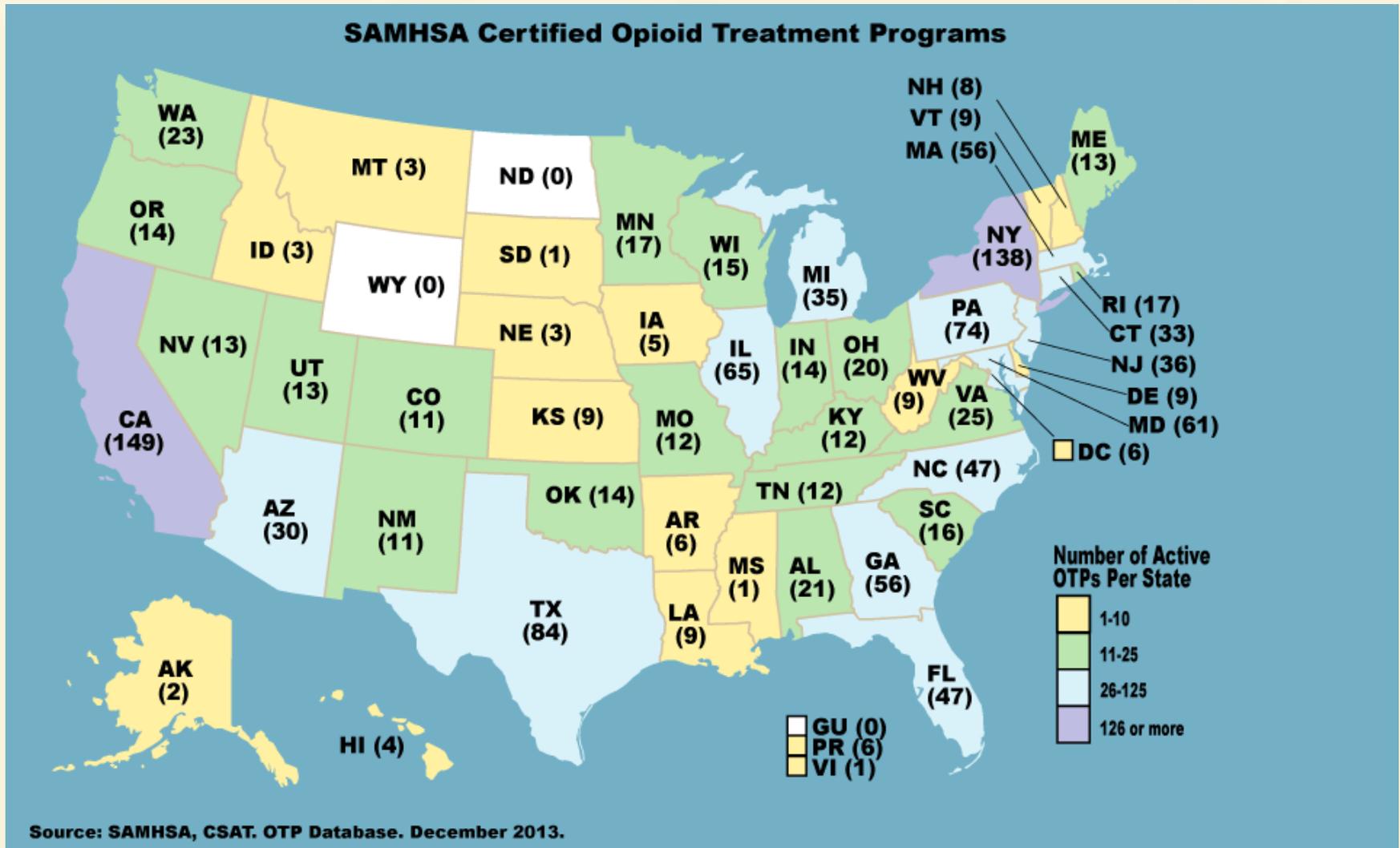
SAMHSA's Regulatory Role in Opioid Treatment

- **42 CFR, Part 8 provides for an accreditation and certification-based system for Opioid Treatment Programs (OTPs), overseen by SAMHSA**
- **Managed within SAMHSA by the Center for Substance Abuse Treatment Division of Pharmacologic Therapies (DPT)**

OTP Accreditation and Certification

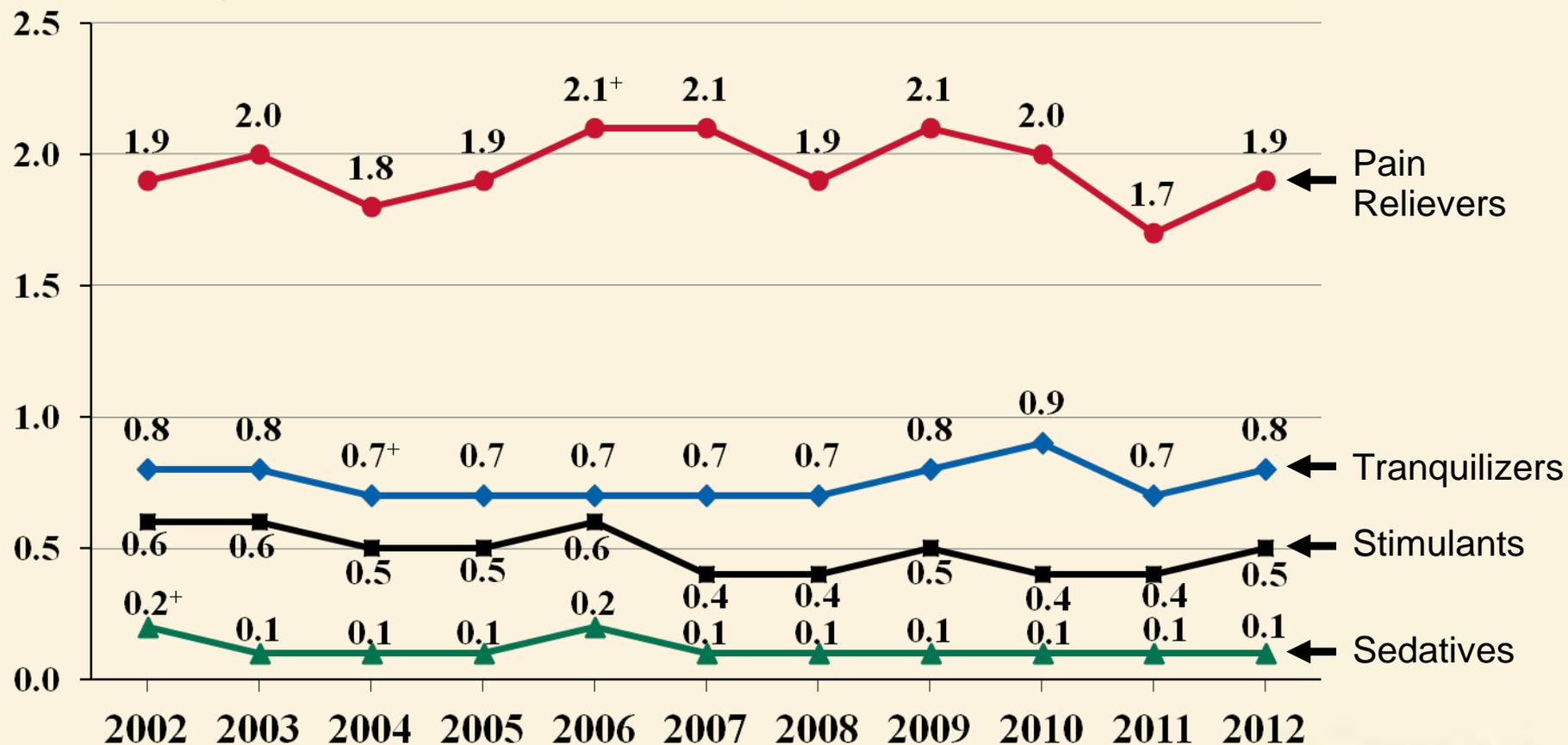
- **Accreditation is via a peer review process that evaluates OTPs against SAMHSA's opioid treatment standards and accreditation standards of SAMHSA-approved accrediting bodies**
- **After accreditation, SAMHSA determines whether the program is qualified to carry out treatment under the regulatory standards;**
- **Qualified programs receive certification from SAMHSA**

SAMHSA Certification of U.S. OTPs



Past Month Nonmedical Use of Types of Psychotherapeutic Drugs among Persons Aged 12 or Older: 2002-2012

Percent Using in Past Month



⁺ Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

More Fallout from Prescription Pain Medication Abuse

Past Month and Past Year Heroin Use among Persons Aged 12 or Older: 2002-2012



U.S. Opioid Related Emergency Department Visits

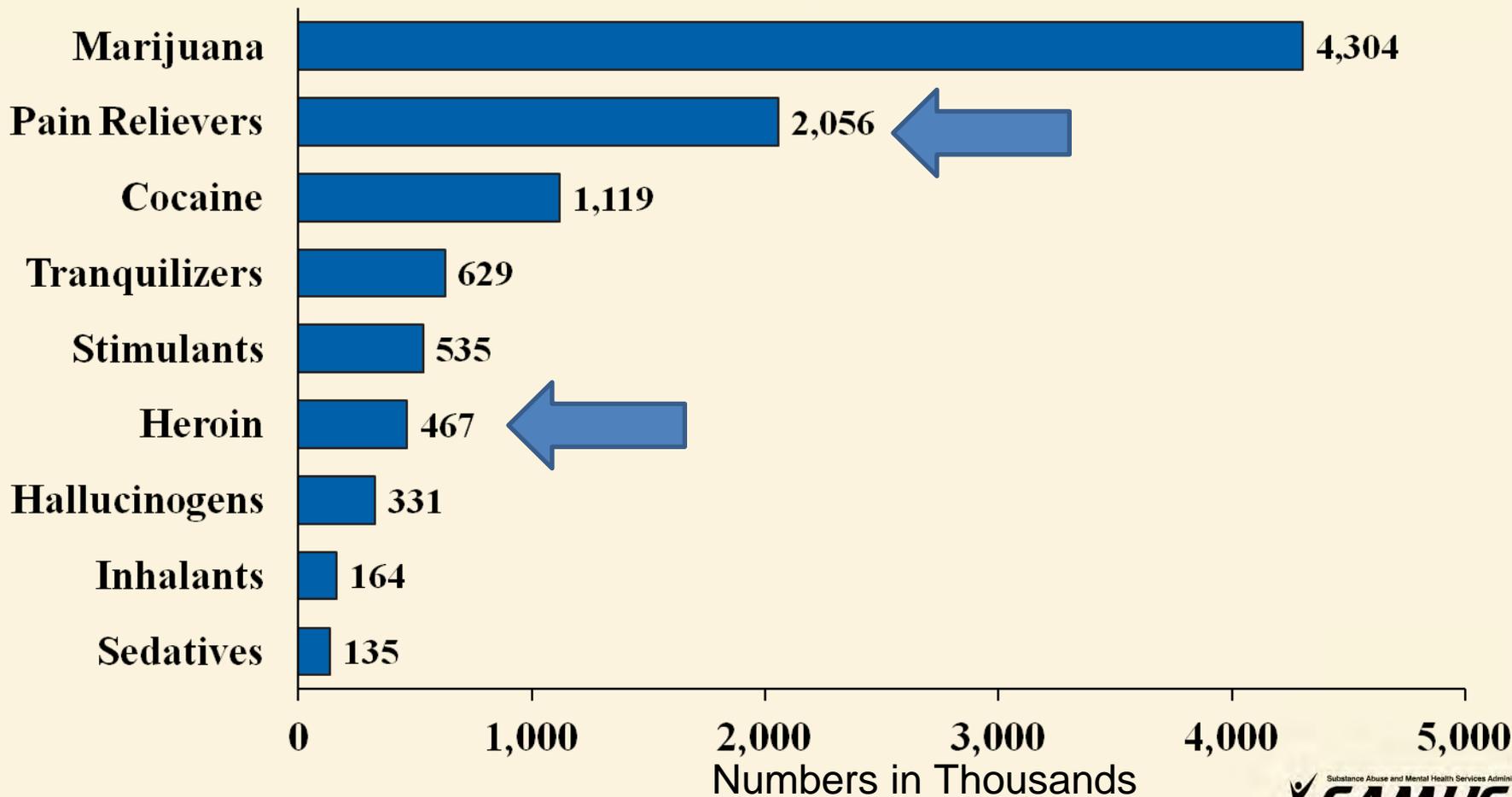
- Large increase in the number of ED visits involving nonmedical use of pharmaceuticals observed between 2004 and 2011.
 - Percentage change for opioid involved visits = 183% increase.
 - Oxycodone had the largest impact = 263% increase.
- Short term trend: 15% increase from 2009-2011.
- Pain relievers were involved in 38.0 % of drug-related suicide attempts.
 - Narcotic pain relievers were involved in over a third of that number (13.9%).

Morbidity and Mortality with Prescription Pain Medication Abuse

- **2004-2011: Increases in Emergency Department visits related to opioid analgesic misuse:**
 - Men: 159%**
 - Women: 146%**
- **2010: Deaths related to opioid analgesic use: 16,651 (313% increase over past decade); most deaths involved opioids + other drugs/alcohol**
- **For every death, there were:**
 - *11 treatment admissions*
 - *33 Emergency department visits*
 - *880 non-medical users*

CDC, 2013, SAMHSA TEDS, 2001-11, SAMHSA/DAWN, 2011

Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2012



Science-Based, Community-Driven Strategies Span the Full Spectrum of Health Care

Prevention + OD Rescue + Treatment & Recovery



Prevent, reduce,
and mitigate
OD & its sequelae

- ➔ Reducing risks upstream is the most effective way to prevent/reduce/mitigate opioid OD and its sequelae:
 - SUD prevention can eliminate OD
- ➔ OD rescue can reduce/eliminate morbidity & mortality
- ➔ SUD treatment & recovery act as secondary prevention strategies

Science-Based Prevention Strategies in the U.S.



Prevention + Treatment & Recovery + OD Rescue

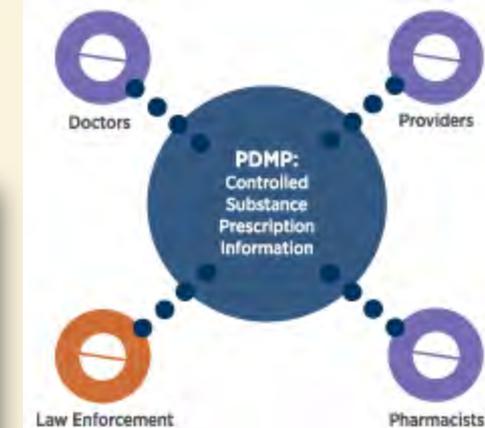
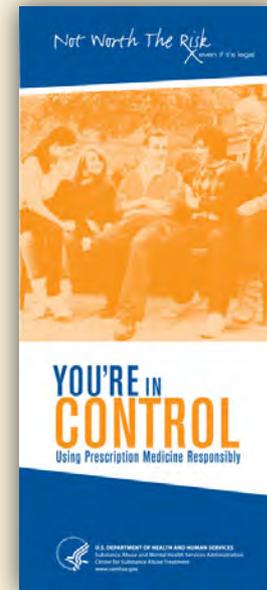
Prevent, reduce,
and mitigate
OD & its sequelae

- National expansion of health benefits for SUD prevention as well as treatment
- Prevention Education and Outreach
- State-run Prescription Drug Monitoring Programs (PDMPs)



SAMHSA's Efforts to Prevent Prescription Drug Abuse

- Partnerships for Success grants
- Prescription Drug Monitoring Program grants
- Prevention of Prescription Abuse in the Workplace (PPAW) Technical Assistance Center
- Promotion of DEA's national take-back day (April 26, 2014)
- Not Worth the Risk, Even If It's Legal (pamphlet series)



SAMHSA's Efforts to Curb

Prescription Drug Abuse – Prescriber Education

PCSS-O Training

Educational Resources for Prescribers of Opioid Medications

Opioidprescribing.com:
focus on CME accredited
trainings on safe use of
opioids

**PCSS-O: Focus on Safe
Opioid Prescribing**
www.pcoss-o.org



OpioidPrescribing.com
Safe & Effective Opioid Prescribing for Chronic Pain

Overview Accreditation Needs Assessment Faculty Resources Contact Us My Account

BOSTON UNIVERSITY

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Safe and Effective Opioid Prescribing for Chronic Pain

Excessive or inappropriate use of opiates in the treatment of pain is a major national problem in the delivery of healthcare. Opioids are both underprescribed and overprescribed. Prescribing clinicians need training in effective communication skills as well as an understanding of when and how to prescribe opioids.

In addition to the specialists who frequently prescribe opioids (pain specialists, orthopedists, rheumatologists), primary care clinicians have increasingly taken on the burden of managing pain effectively. Safe and Effective Opioid Prescribing for Chronic Pain offers clinicians necessary education in how to work with their patients who are living with chronic pain – how to define chronic pain, how to manage its treatment, the tools available to assess pain and the risk involved in prescribing opioids, and how to discontinue treatment if necessary.

PCSS-MAT: www.pcssmat.org
Focus on Treatment of Opioid
Use Disorders



P C MAT TRAINING
S S PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Prescriber Education: SAMHSA Supported CME Courses

- Medical education courses designed to:
- Help prescribers maintain a reasonable balance between providing appropriate pain management and minimizing the risk of pain medication abuse.
 - Teach prescribers how to stop medication misuse or abuse if it occurs.
 - Focus on pain medications, but they teach skills that apply to all medications that can be abused.

Prevention Strategies: Technical Assistance & Workforce Development

- SAMHSA's ATTC Network
- Technical assistance & technology transfer
 - Workforce Development
 - Training
 - Distance education
 - Research translation
 - Resource dissemination

The screenshot displays the ATTC Network website. At the top left is the ATTC logo (Addiction Technology Transfer Center Network) and a search bar. Below the logo is a navigation menu with links: Who We Are, What We Do, Who We Serve, Find an ATTC, and Quick Links. The main content area is divided into three sections: 'Explore more...' with links to Regional Centers, National Programs and Initiatives, and ATTC Priority Areas; 'Learn more...' with links to Featured Topics Library, Term Master, and Educational Opportunities; and 'Find more...' with links to Resources & Publications, Events, and Certification Information. A blue banner below the navigation menu states: 'The ATTC Network forges collaborative partnerships to leverage resources and provide more accessible and comprehensive services.' Below this is a 'Miss our live TweetChat?' section with a 'Catch-up on the conversation below:' and a list of tweets from @ATTCNetwork. To the right of the tweets is a 'Now Available more...' section with a 'Subscribe in a reader' link and a list of publications including 'NIDA/SAMHSA Blending Initiative - view Blending products or order The Science of Treatment CD', '10/11/2013 The Bridge NEW Issue!', '9/30/2013 SAMHSA News: Fall 2013', and '6/16/2013'.

Science-Based Opioid Overdose Rescue Strategies



- Dissemination of scientific evidence
- Naloxone access, supply, & distribution
- Legal constraints
- Infrastructure



Opioid Overdose Rescue Strategies

- OD rescue strategies in the U.S. are multidimensional, and include – but are not limited to – rescuer education; emergency services and public health infrastructure; and naloxone tool kits.
- U.S. OD rescue programs vary in their scope & focus as they are tailored to meet local, national, and regional needs; resources; policies; and laws.

SAMHSA's Efforts to Prevent Prescription Drug Overdose

- Opioid Overdose Prevention Toolkit - <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>

- Substance Abuse Prevention and Treatment Block Grant:

- *Primary prevention funds can be used for overdose prevention education/training*
- *Treatment block grant funds can be used for purchase of naloxone and overdose kits.*



Dissemination Scientific Evidence: Opioid Overdose Toolkit

SAMHSA
Opioid Overdose
TOOLKIT

Over 36,000
downloads*



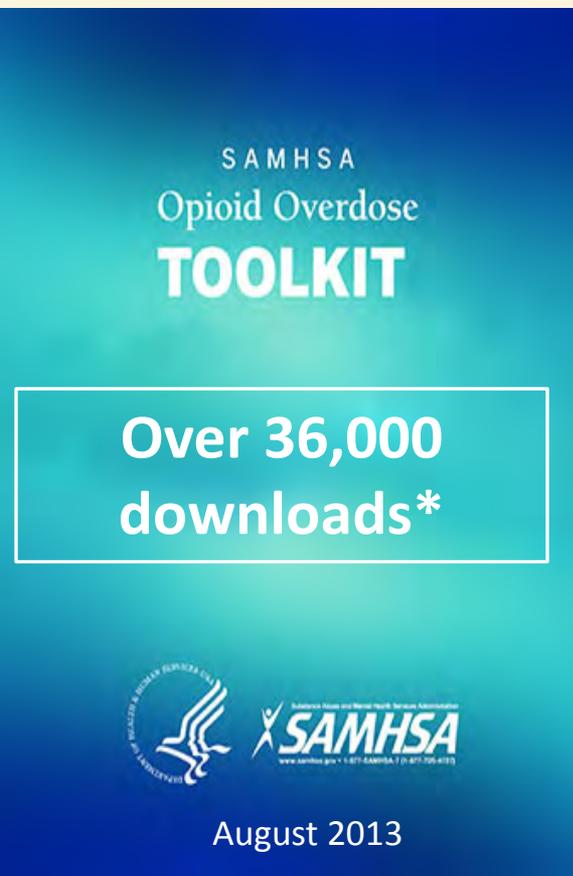
August 2013

- Free resource for individuals, families, prescribers, and communities.
- Educates individuals, families, first responders, prescribing providers, and community members.
- Provides practical, plain language information about steps to take to prevent opioid overdose and to treat overdoses (including the use of naloxone).

*August 27- February 14, 2014
<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>

Toolkit Modules

- 5 modules, each one customized to address the specific needs of target audiences:
- Facts for Community Members
 - Five Essential Steps for First Responders
 - Safety Advice for Patients & Family Members
 - Information for Prescribers
 - Resources for Overdose Survivors & Family Members



*August 27- February 14, 2014
<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>

Science-Based Treatment & Recovery Strategies



- Science-based treatment & recovery-oriented systems of care
- Treatment guidelines
- Certification & monitoring
- Treatment quality control measures



Treatment

- Prescription pain medications and heroin are the same types of drugs: opioids
- Treatments are the same
- Medical Withdrawal (“Detoxification”)
 - *> 90% relapse rate in the year following treatment*
 - *High risk for overdose when relapse occurs*
 - *Should not be a stand alone treatment*

Treatment

- **Combination of FDA-approved medication:**

- *Naltrexone*
- *Methadone*
- *Buprenorphine/naloxone*

With psychosocial treatments and ancillary treatment components:

- *Counseling: Coping skills/relapse prevention*
- *Education*
- *PDMP use*
- *Toxicology screening*

Science-Based Medication *Assisted* Treatment

- MAT is not a stand-alone approach:
 - It is part of an overall science-based approach to treatment that includes behavioral, cognitive, & other interventions.
 - MAT may be included in overall treatment plans *where it is determined to be medically necessary and appropriate.*
- MAT is used widely to treat a number of chronic diseases including heart disease, diabetes, and opioid SUDs.

Decisions about Medication

Assisted Treatment

- **Naltrexone:**
- *Prevents opioid effects including 'high'*
- *Effective in people with strong incentives (legal, employment) and in those not wanting to use an opioid medication*
- *Tablet and injectable (addresses issues related to adherence)*
- *Can't be used in people needing treatment for pain*
- *Doesn't help craving*

Methadone and Buprenorphine/Naloxone

- Long acting, once daily medications
- NOT 'substituting one drug for another'
- Medications are titrated to a therapeutic dose:
 - *Withdrawal blocked*
 - *Craving reduced or stopped*
 - *Tolerance occurs so that mood-altering effects are diminished*

Methadone

- Only available through methadone maintenance programs (MMPs)
- Take home doses contingent on progress in treatment
 - *Attending clinic and counseling*
 - *Stopping illicit drug use*
- Large majority of methadone deaths are related to methadone prescribed for pain; not from MMPs

Buprenorphine/naloxone

- *Opioid partial agonist: opioid effects not as strong as other opioids: oxycodone, hydrocodone, methadone, heroin*
- *Binds tightly to opioid receptors in the brain so can partially block effects of other opioids*
- *Naloxone reduces risk of injected use in opioid-dependent individuals*
- *Available in outpatient settings from qualified doctors*

Myths about MAT

- **‘Detox’ is the best approach to treatment**
- **People only need a few weeks/months of treatment**
 - *Opioid use disorders are chronic, relapsing conditions*
 - *No different than other chronic conditions: diabetes, high blood pressure, obesity, depression*
- **Medication doses should be ‘held low’**

There is no medical basis for:

 - *arbitrary dosing limits—use FDA and SAMHSA guidance*
 - *for limiting treatment duration—let patients and their doctors decide these issues*

Benefits of Medication Assisted Treatment

- **Benefits:**
 - *Lifestyle stabilization*
 - *Improved health and nutritional status*
 - *Decrease in criminal behavior*
 - *Employment*
 - *Decrease in injection drug use/shared needles: reductions in risk for HIV and viral hepatitis/medical complications of injection drug use*

Science-Based Treatment Improvement Protocols

Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs

A Treatment
Improvement
Protocol

**TIP
43**

KAP Keys

For Clinicians

Based on TIP 43

Medication-Assisted
Treatment for Opioid



Addiction
in Opioid
Treatment
Programs

<http://162.99.3.213/products/manuals/tips/pdf/TIP43.pdf>
http://162.99.3.213/products/tools/keys/pdfs/KK_43.pdf

RECENT SAMHSA EFFORTS AND ACTIONS

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- ➔ Policy Academy: August 11-13 in Bethesda, MD; 50 state mtg.
- ➔ Use of Block Grant funds for Naloxone (letter to SSAs April 2014)
- ➔ MAT – Buprenorphine (options memo w/ CDC)
- ➔ Opioid Overdose Toolkit – Just Updated!



Ending the Epidemic

- *Increase access to treatment: Train physicians and other clinicians who will provide treatment for opioid use disorders*
- *Continue to train healthcare professionals in safe and appropriate use of opioids and alternatives to use of opioids for pain*
- *Continue to educate the public about the dangers of misuse of pain medications and safe use when necessary including safe storage and disposal*
- *Use PDMPs, treatment agreements, and toxicology screens to increase safety*
- *Provide evidence-based treatment to all who need it for as long as it is clinically indicated*

SAMHSA Store

www.store.samhsa.gov

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A PRACTITIONER'S RESOURCE GUIDE:
**Helping Families
to Support Their
LGBT Children**



A TREATMENT IMPROVEMENT PROTOCOL
**Managing Chronic Pain in
Adults With or in Recovery
From Substance Use Disorders**

TIP 54



Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover

**Medicaid Handbook:
Interface with
Behavioral Health Services**

Thank you!

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