The Importance of Treatment for Opioid Use Disorders

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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)
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.
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

SAMHSA Certified Opioid Treatment Programs

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

Percent Using in Past Month

- **Pain Relievers**
  - 2002: 1.9
  - 2003: 2.0
  - 2004: 1.8
  - 2005: 1.9
  - 2006: 2.1
  - 2007: 2.1
  - 2008: 1.9
  - 2009: 2.1
  - 2010: 2.0
  - 2011: 1.7
  - 2012: 1.9

- **Tranquilizers**
  - 2002: 0.8
  - 2003: 0.8
  - 2004: 0.7
  - 2005: 0.7
  - 2006: 0.7
  - 2007: 0.7
  - 2008: 0.7
  - 2009: 0.8
  - 2010: 0.9
  - 2011: 0.7
  - 2012: 0.8

- **Stimulants**
  - 2002: 0.6
  - 2003: 0.6
  - 2004: 0.5
  - 2005: 0.5
  - 2006: 0.6
  - 2007: 0.4
  - 2008: 0.4
  - 2009: 0.5
  - 2010: 0.4
  - 2011: 0.4
  - 2012: 0.5

- **Sedatives**
  - 2002: 0.2
  - 2003: 0.1
  - 2004: 0.1
  - 2005: 0.1
  - 2006: 0.2
  - 2007: 0.1
  - 2008: 0.1
  - 2009: 0.1
  - 2010: 0.1
  - 2011: 0.1
  - 2012: 0.1

+ 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

- 2002: 404 thousand
- 2003: 314 thousand
- 2004: 398 thousand
- 2005: 379 thousand
- 2006: 560 thousand
- 2007: 373 thousand
- 2008: 455 thousand
- 2009: 582 thousand
- 2010: 621 thousand
- 2011: 620 thousand
- 2012: 669 thousand

Red line: Past Month
Blue line: Past Year
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

- Marijuana: 4,304,000
- Pain Relievers: 2,056,000
- Cocaine: 1,119,000
- Tranquilizers: 629,000
- Stimulants: 535,000
- Heroin: 467,000
- Hallucinogens: 331,000
- Inhalants: 164,000
- Sedatives: 135,000
Science-Based, Community-Driven Strategies Span the Full Spectrum of Health Care

Prevention + OD Rescue + Treatment & Recovery

→ 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

Prevent, reduce, and mitigate OD & its sequelae
Science-Based Prevention Strategies in the U.S.

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

Prevent, reduce, and mitigate OD & its sequelae
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: Focus on Safe Opioid Prescribing
www.pcss-o.org

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

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

http://www.attcnetwork.org/index.asp
Science-Based Opioid Overdose Rescue Strategies

Prevention → OD Rescue → Treatment & Recovery

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

Prevent, reduce, and mitigate OD & its sequelae
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


- **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

- 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
Over 36,000 downloads*

*August 27- February 14, 2014
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
Science-Based Treatment & Recovery Strategies

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

Prevent, reduce, and mitigate OD & its sequelae
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
• 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

RECENT SAMHSA EFFORTS AND ACTIONS

- 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!
• **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**
Thank you!

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