The Opioid Epidemic and Expanding Access to Care: Supporting Federal Initiatives

Washington, D.C.
June 2016

Presenters:
Joseph Perpich, M.D., J.D., Senior Medical Advisor, JBS International, Inc.
Susan Hayashi, Ph.D., Vice President, JBS International, Inc.
Jennifer Kasten, Ph.D., Chief Strategy Officer, JBS International, Inc.
Dramatic Increase in Opioid and Heroin Overdose Deaths

USA 2014 Overdose Deaths:
- 47,055 Any Drug
- 27,119 Any Opioid
- 18,893 Prescription Opioids
- 10,574 Heroin

Source: CDC, NVSS 2000-2014

As presented in “Responding to the Opioid Morbidity and Mortality Crisis,” Wilson M. Compton, Deputy Director, NIDA
Heroin Abuse Associated with Overdose Deaths

Past Month and Past Year Heroin Use
Persons Aged 12 or Older

Heroin Overdose Deaths

Source: SAMHSA, National Survey on Drug Use and Health

Source: CDC/NCHS, National Vital Statistics System, Mortality File

As presented in "Responding to the Opioid Morbidity and Mortality Crisis," Wilson M. Compton, Deputy Director, NIDA
Medications Approved in the Treatment of Opioid Use Disorder

**Methadone**
Administered daily

**Buprenorphine**
Administered daily and alternative dosing regimens

**Extended Release Injectable Naltrexone**
Administered monthly

**Naloxone**
Administered in overdose situation
Conceptualizing Medication-Assisted Treatment (MAT) Service Delivery in Response to the National Opioid Crisis

<table>
<thead>
<tr>
<th>Access</th>
<th>Delivery of MAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health and Behavioral Health Care Organizations</td>
<td>• Evidence-Based Practices for Treatment</td>
</tr>
<tr>
<td>• Health and Behavioral Health Care Providers</td>
<td>• Screening, Induction, and Treatment</td>
</tr>
<tr>
<td>• Residential Treatment</td>
<td>• Adherence, Compliance, and Retention</td>
</tr>
<tr>
<td>• Criminal Justice Settings</td>
<td>• Treatment Outcomes</td>
</tr>
<tr>
<td>• Workforce Training</td>
<td>• Overdose Interventions</td>
</tr>
<tr>
<td>• Financing/Reimbursement for Sustainability</td>
<td>• Telehealth/Electronic Health Records</td>
</tr>
<tr>
<td></td>
<td>• Peer Mentoring, Recovery Supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Populations</th>
<th>Diversion Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pregnant and Postpartum Women</td>
<td>• Prevention/Intervention for Diversion and Abuse</td>
</tr>
<tr>
<td>• Neonates, Children, and Young Adults</td>
<td>• Prescription Drug Monitoring</td>
</tr>
<tr>
<td>• LGBTQ</td>
<td>• Analysis of Drug Seizure Data</td>
</tr>
<tr>
<td>• Criminal Justice Populations</td>
<td></td>
</tr>
<tr>
<td>• Racial/Ethnic Minority Groups</td>
<td></td>
</tr>
<tr>
<td>• Military Service and Veterans</td>
<td></td>
</tr>
</tbody>
</table>

Value of thought.
Addressing the Issue: A National Response

• White House/U.S. Drug Enforcement Administration (DEA) Initiatives

• U.S. Department of Health and Human Services (HHS) Secretary Sets Priority Actions
  – Training for safe prescribing of opioids
  – Access to/Use of Naloxone to prevent overdose deaths
  – Access to MAT

• Substance Abuse and Mental Health Services Administration (SAMHSA)
  – Accreditation for MAT service delivery
  – Administers the nations substance abuse treatment systems

• Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) Develop Guidelines
One Story, Two Paths

Starting point, Bryan is injured in a car accident

Receives prescription opioids to address pain

Becomes dependent on the prescription opioids and ultimately develops a Substance Use Disorder (SUD)

Enters residential SUD treatment program and successfully completes treatment

Returns home, four days later Bryan is found unconscious in a bathroom at his home

Call to 911

Paramedics in Bryan’s area have not received education on Naloxone; Bryan never regains consciousness

Paramedics trained to administer naloxone; Bryan regains consciousness
Delivering Medical Education and Training
Current JBS Work Examples

- **Continuing Medical Education/Continuing Education:**
  - Naloxone, 4 CME/CEs and trainings
  - CME/CE for primary care clinicians to prevent/address adolescent substance use
  - In FY 2015, reached nearly 12,400 medical providers through live and online CME/CE trainings on safe prescribing/opioid addiction and overdose prevention

- **Trainings** – Supporting 11 States including 52 sites to expand clinician training, access to/use of naloxone and access to MAT

- **Medical Education** – Development of curriculum resources (n=9) to change how medical schools/residency programs address substance use

- **Federal Meetings** – Regularly support Federal agency meetings on topics such as MAT (e.g., buprenorphine, naltrexone, telehealth)

- **Publications** – Develop publications to advance clinical practice related to safe prescribing of opioids, MAT, and more
JBS Insights

• Medical Professional Organizations
  Addressing the opioid/heroin epidemic requires coordination with medical professional organizations

• Multi-Agency/Clinician/Organization Response
  Training development and delivery requires a response from multiple agencies, providers, and professional organizations

• Leverage Opportunities
  Opportunities exist to change clinical practice and how clinicians are trained
Opioid Use Among Pregnant Women

• Prenatal maternal opioid use increased from 2009 to 2012 from 1.19 to 5.63 per 1,000 hospital births per year (Patrick, et al, 2012)

• Estimates suggest that 14–22% of pregnant women receive an opioid prescription during pregnancy (Science Digest, January 12, 2016)

• Nearly 40% of Medicaid enrolled women of reproductive age, 15–44, fill a prescription for an opioid medication (CDC, January 22, 2015)

• Opioid use in pregnancy can lead to neonatal abstinence syndrome (NAS)
Neonatal Abstinence Syndrome on the Rise

Neonatal Abstinence Syndrome per 1000 Hospital Births by US Census Division, 2012

<table>
<thead>
<tr>
<th>US Census Division</th>
<th>NAS Rate per 1000 Births (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New England</td>
<td>13.7 (12.5-14.5)</td>
</tr>
<tr>
<td>Middle Atlantic</td>
<td>6.8 (5.9-7.6)</td>
</tr>
<tr>
<td>East North Central</td>
<td>6.9 (6.0-7.8)</td>
</tr>
<tr>
<td>West North Central</td>
<td>3.4 (3.0-3.8)</td>
</tr>
<tr>
<td>South Atlantic</td>
<td>6.9 (6.3-7.4)</td>
</tr>
<tr>
<td>East South Central</td>
<td>16.2 (12.4-18.9)</td>
</tr>
<tr>
<td>West South Central</td>
<td>2.6 (2.3-2.9)</td>
</tr>
<tr>
<td>Mountain</td>
<td>5.1 (4.6-5.5)</td>
</tr>
<tr>
<td>Pacific</td>
<td>3.0 (2.7-3.3)</td>
</tr>
</tbody>
</table>


As presented in “Responding to the Opioid Morbidity and Mortality Crisis,” Wilson M. Compton, Deputy Director, NIDA.
Rebecca’s Story

At 17, Rebecca began using pain pills her older brother stole from their grandfather.

Rebecca became addicted to pain killers

She stopped using for a short time in her early 20s; during a difficult childbirth she was given Fentanyl; she was not screened for previous substance misuse or abuse.

After the birth of her first child, she was discharged with a opioid prescription to help manage post-partum pain; she continued abusing opioids for the next 3½ years—even when she found out she was pregnant again.

Rebecca gave birth to a little boy with NAS.
Improving Care for Pregnant Women and Infants

- **Clinical Guide**
  Develop a guide to help clinicians deliver appropriate care for pregnant women and their children

- **Clinician Training**
  Support programs providing services to pregnant women with a SUD to ensure the healthy birth of all babies

- **Access to MAT**
  Enhance access to MAT for pregnant women through provider training and collaboration
JBS Insights

- Train physicians and providers to deliver family-centered care
- Multi-agency engagement required to ensure guidance addresses care of mother and infant
  - Bias in clinical care
  - Awareness of state laws that could remove the child from the mother
- Train providers to implement screening assessments for early identification of risky substance use
- Develop and train physicians on clinical best practices for treating women who are pregnant and using substance or who are in recovery
• **Mid-tier, women-owned, with 30 years of experience**

• **Expertise in public health and medical education working with the agencies we support:**
  - Office of the National Coordinator for Health IT (ONC)
  - The National Institute on Drug Abuse (NIDA)
  - Administration for Children and Families (ACF)
  - The Centers for Disease Control and Prevention (CDC)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

• **JBS Areas of Expertise:**
  - Aging
  - Behavioral Health (including substance abuse)
  - Children, Youth and Families
  - Disabilities
  - Health Systems Reform
  - Public Health
  - Trauma and Violence
  - Workforce Development