

LEARNINGS FROM THE OPIOID CRISIS

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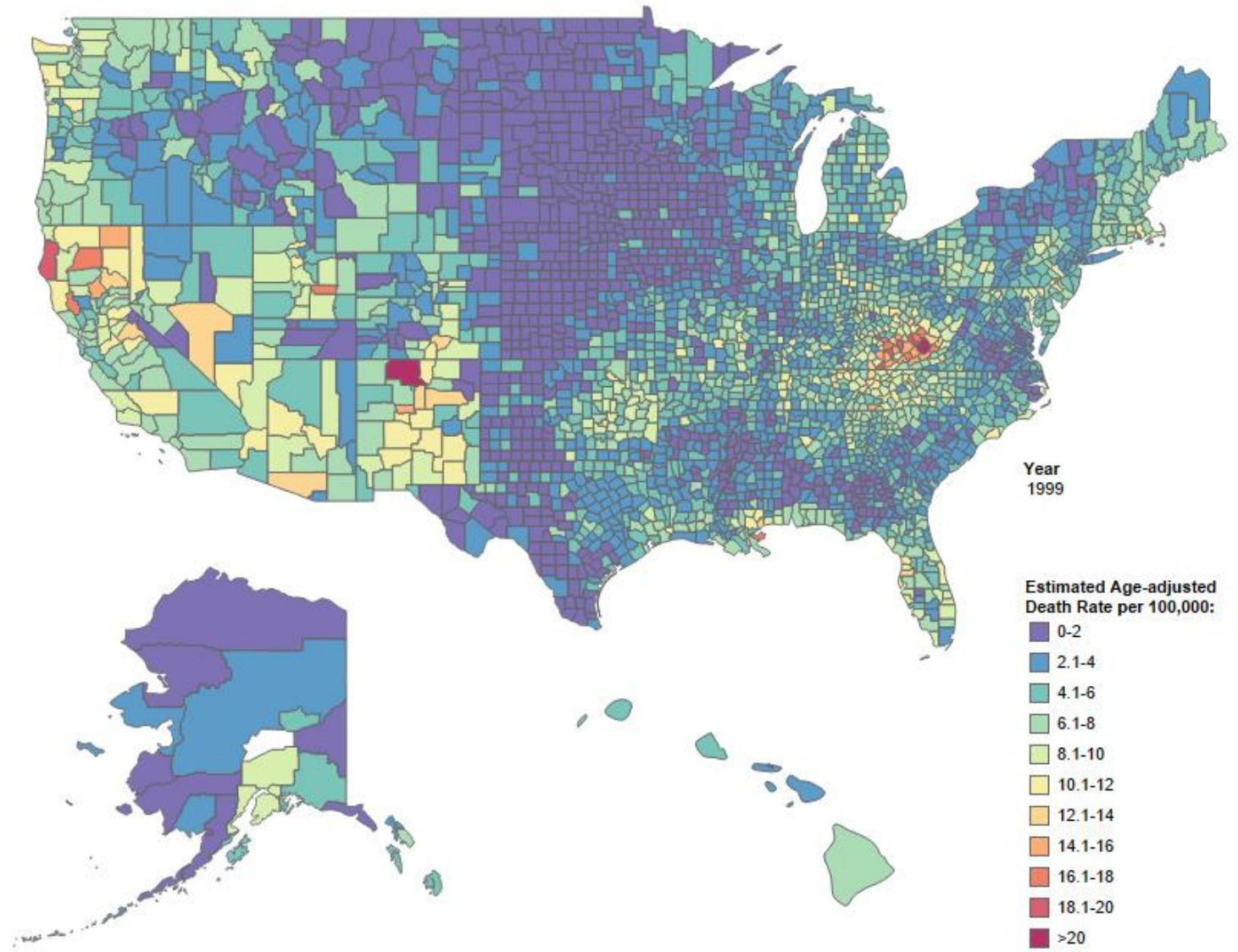
Distinguished Visiting Professor of Public Policy

Schar School of Policy and Government

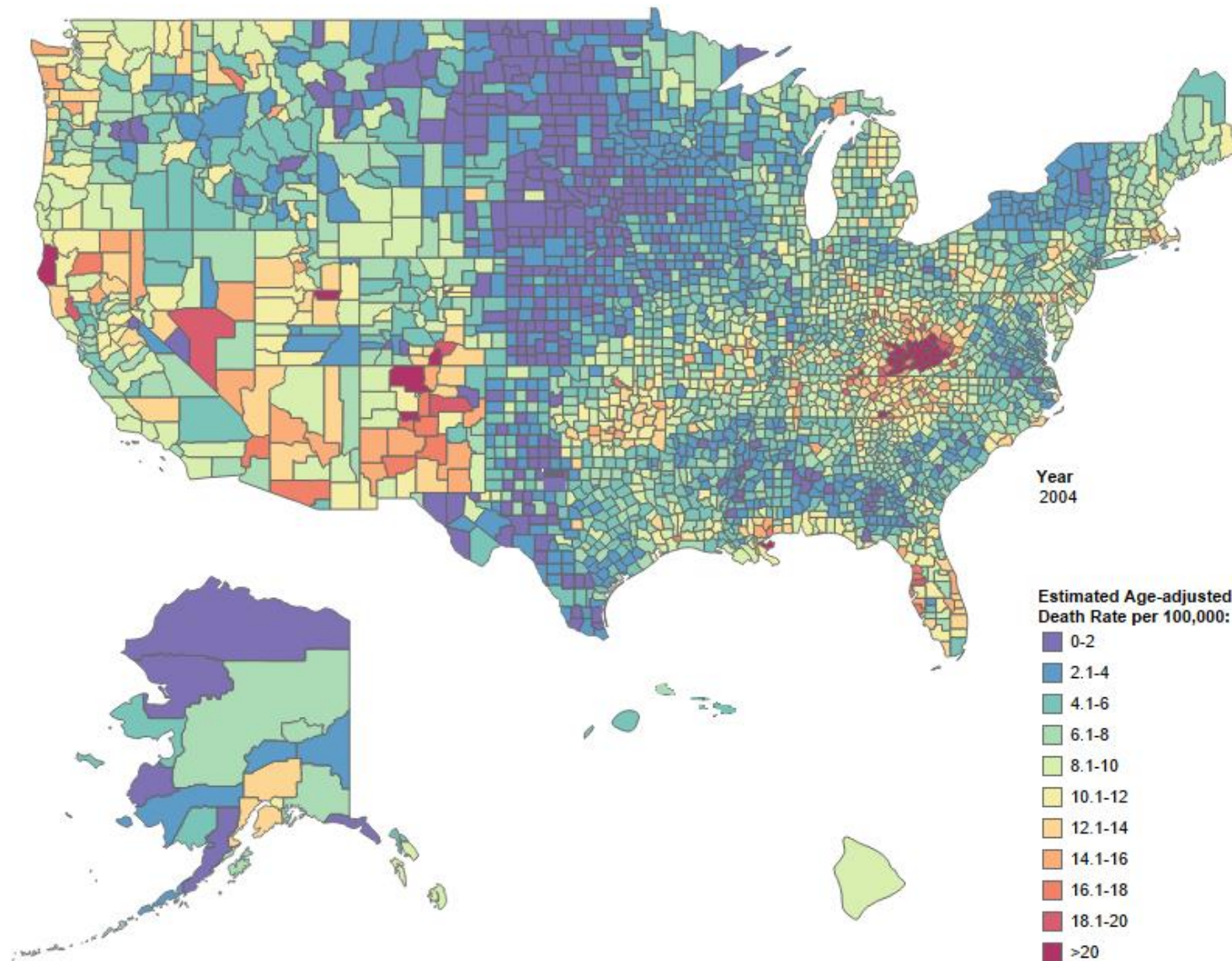
George Mason University

September 21, 2019

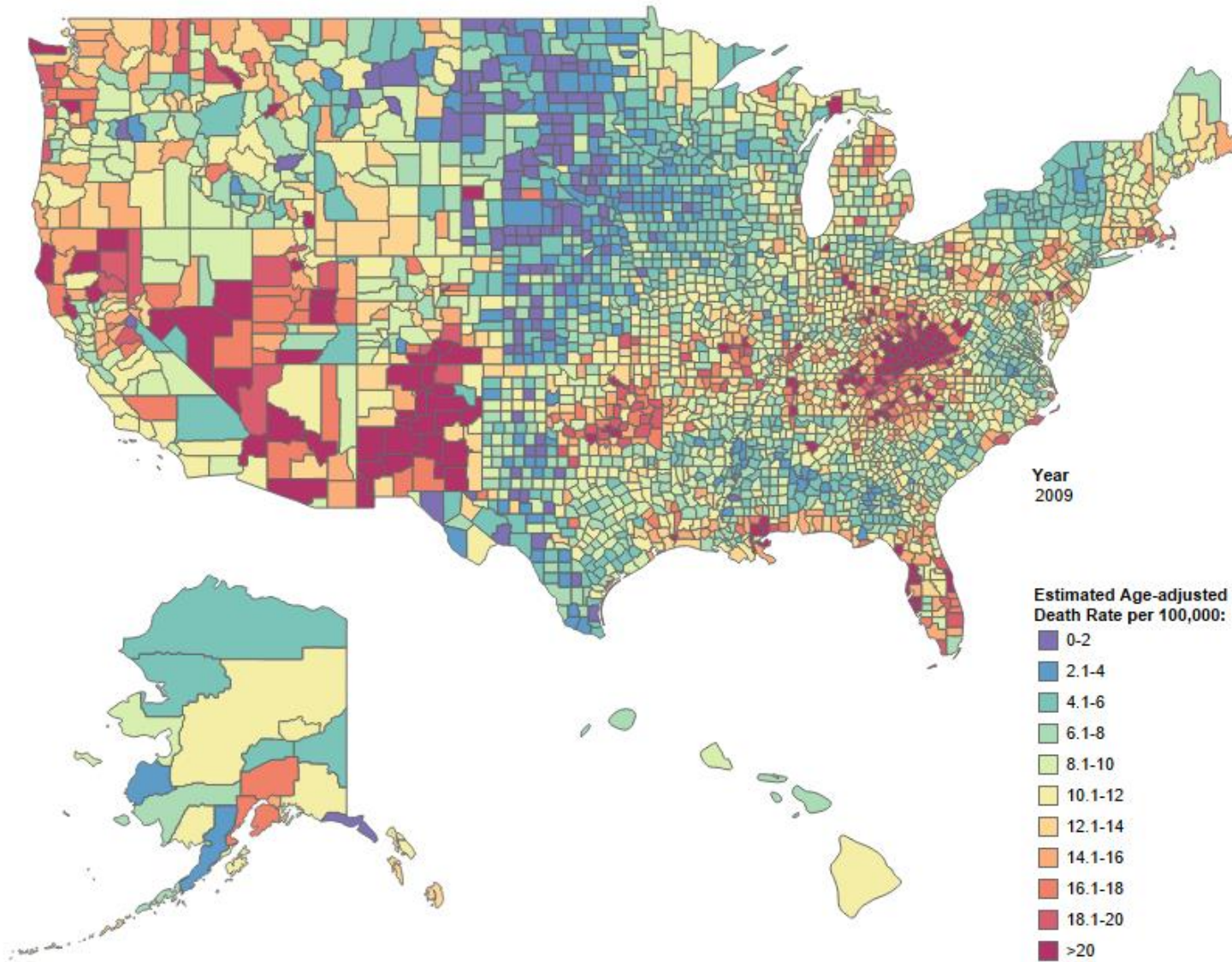




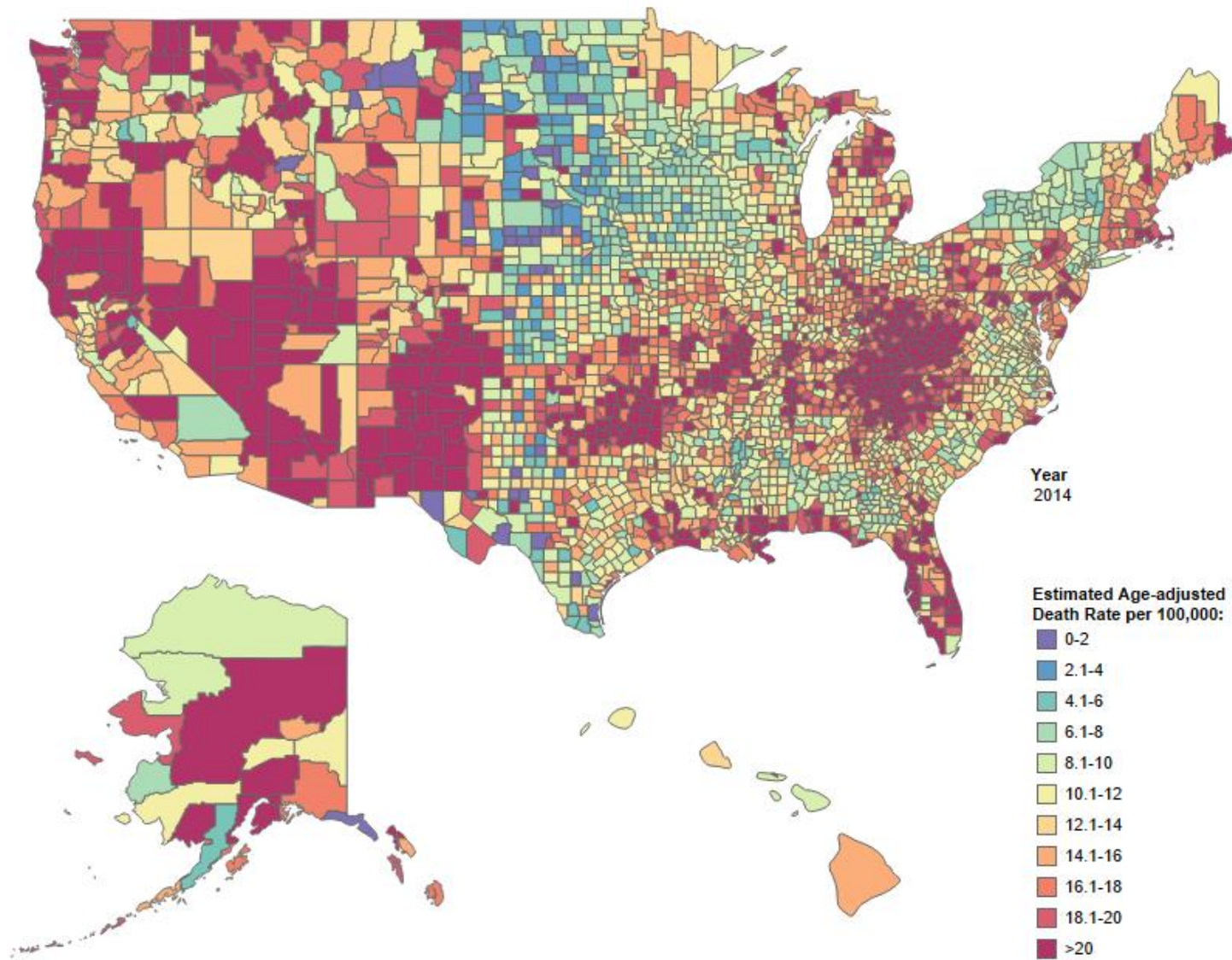
Designed by L. Rossen, B. Bastian & Y. Chong. SOURCE: CDC/NCHS, National Vital Statistics System.



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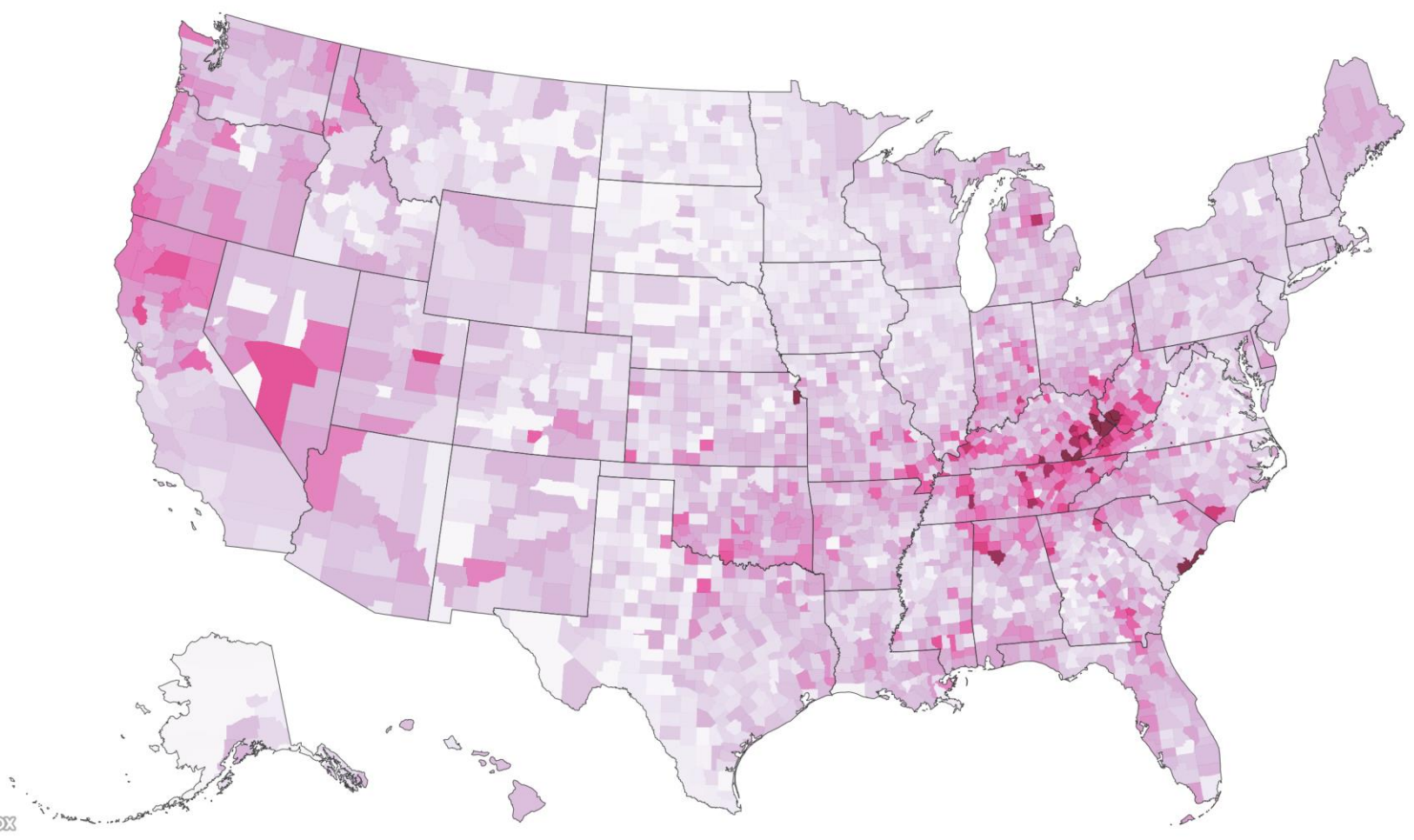
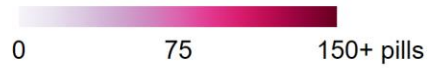


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DRUG ENFORCEMENT AGENCY ARCOS DATABASE

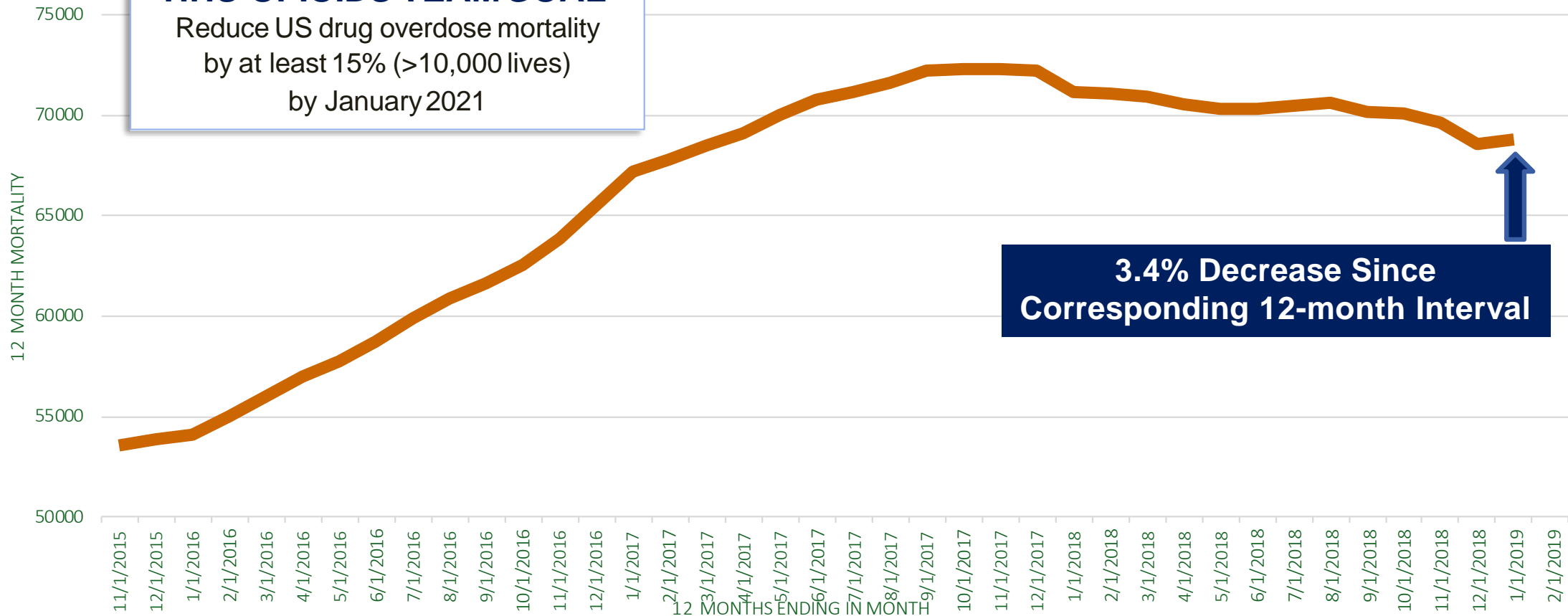
Number of pills distributed per person, per year

Average yearly total, by county, 2006 through 2012



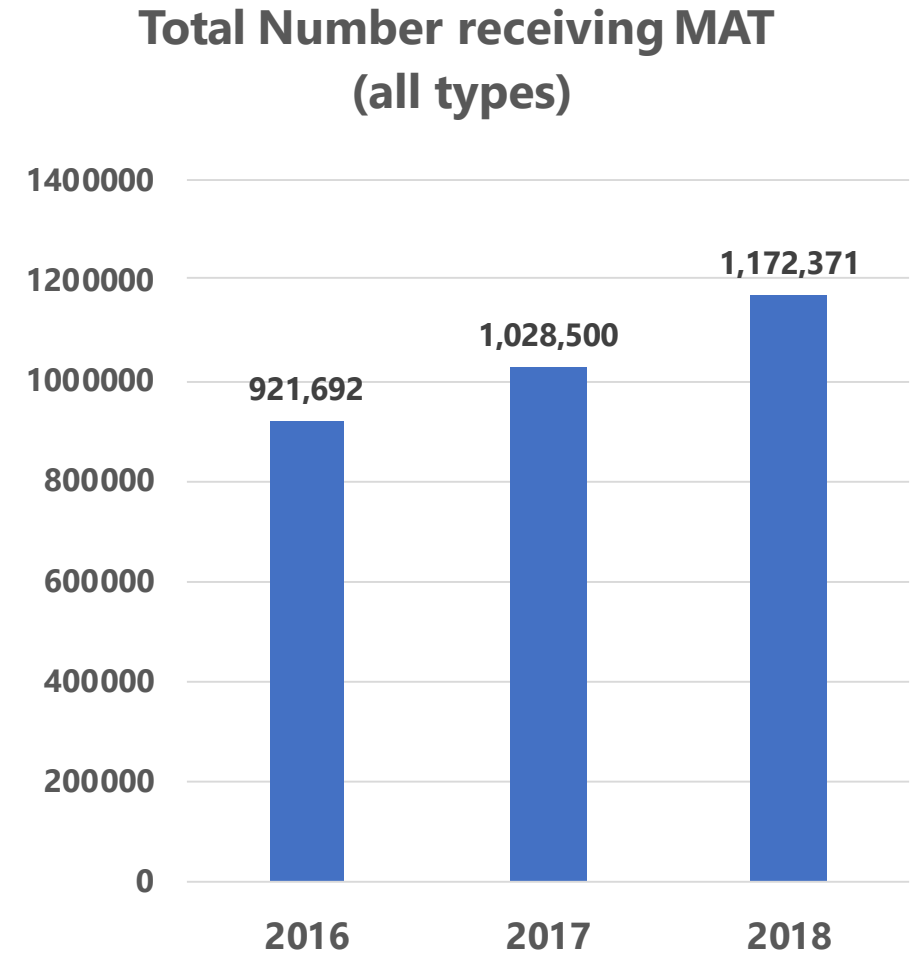
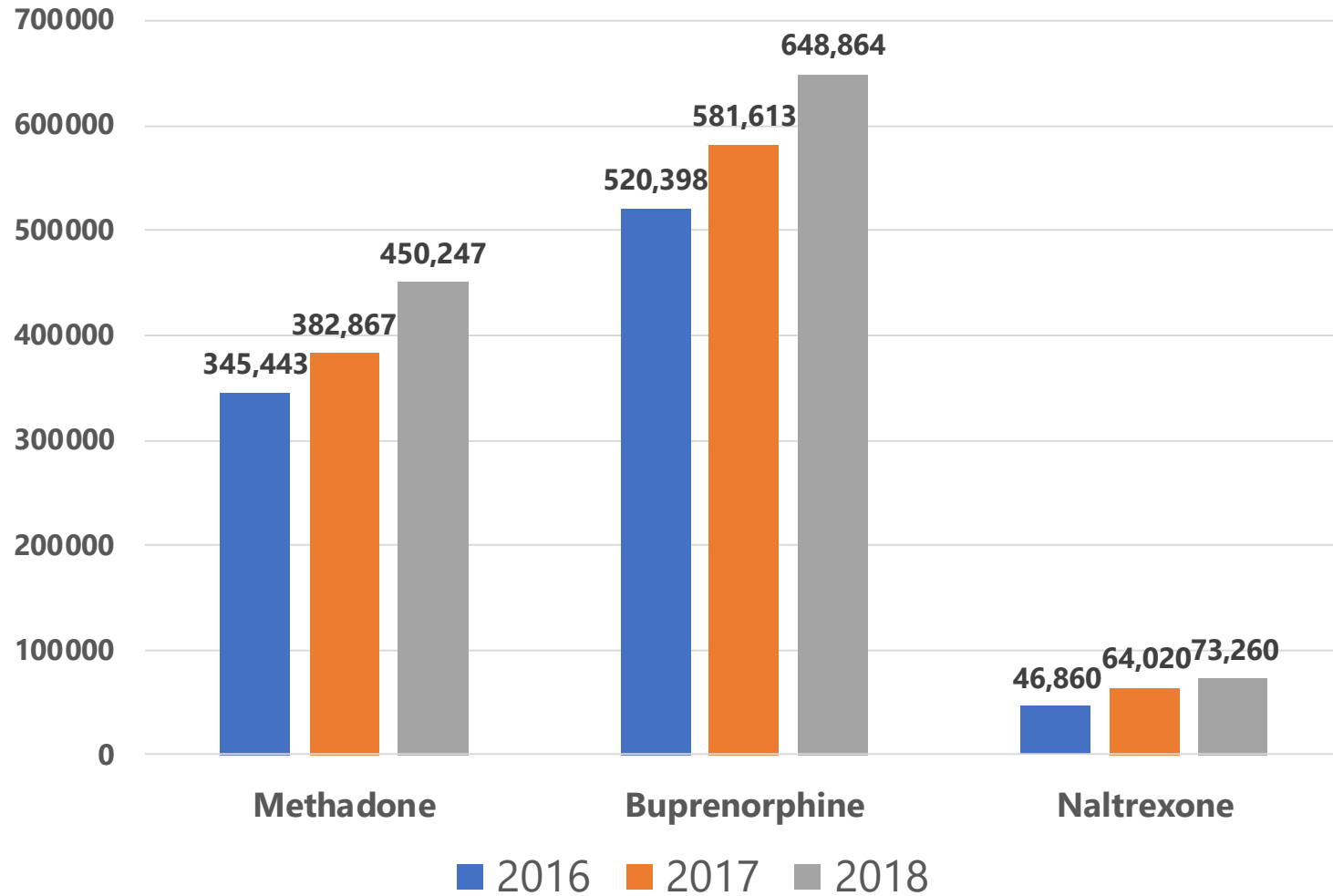
HHS OPIOIDS TEAM GOAL

Reduce US drug overdose mortality
by at least 15% (>10,000 lives)
by January 2021

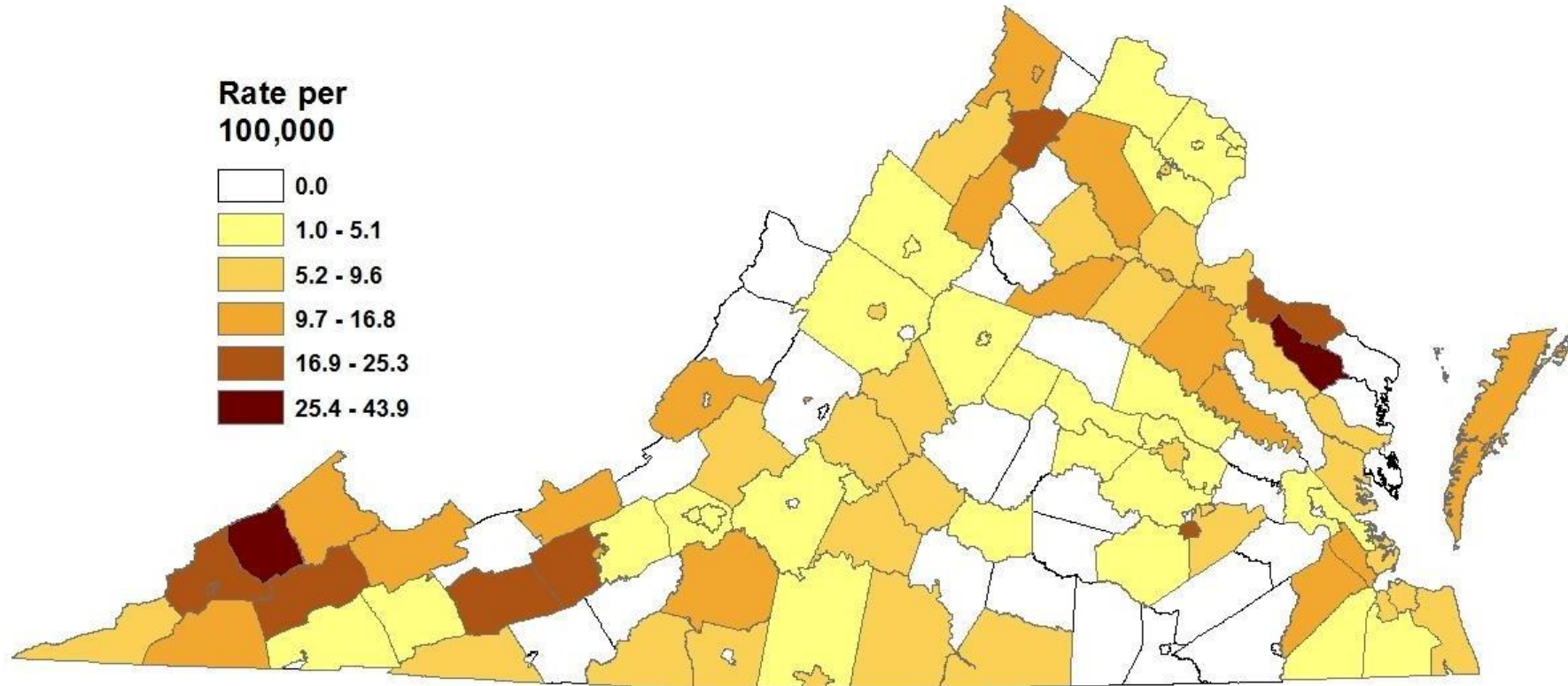


3.4% Decrease Since
Corresponding 12-month Interval

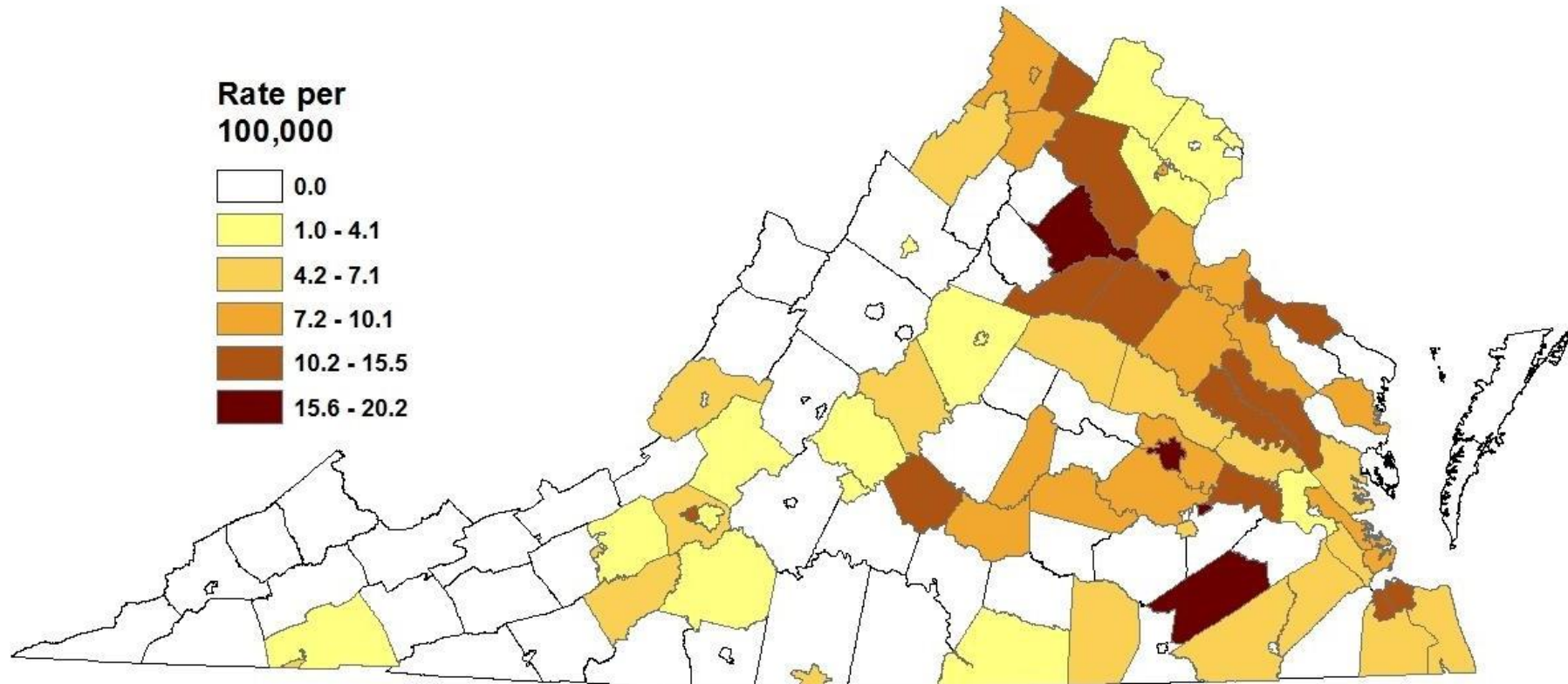




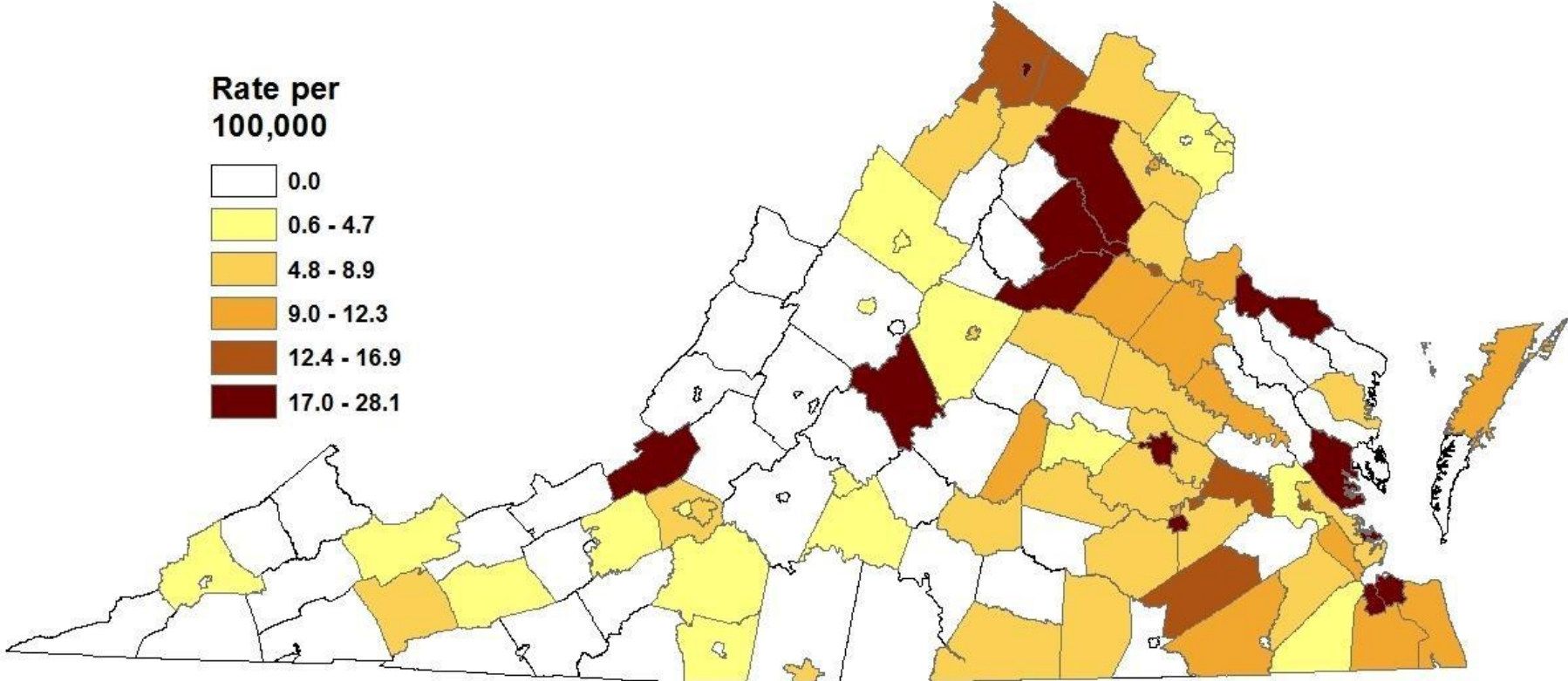
Rate of Fatal Prescription Opioid (Excluding Fentanyl) Overdoses by Locality of Overdose, 2016



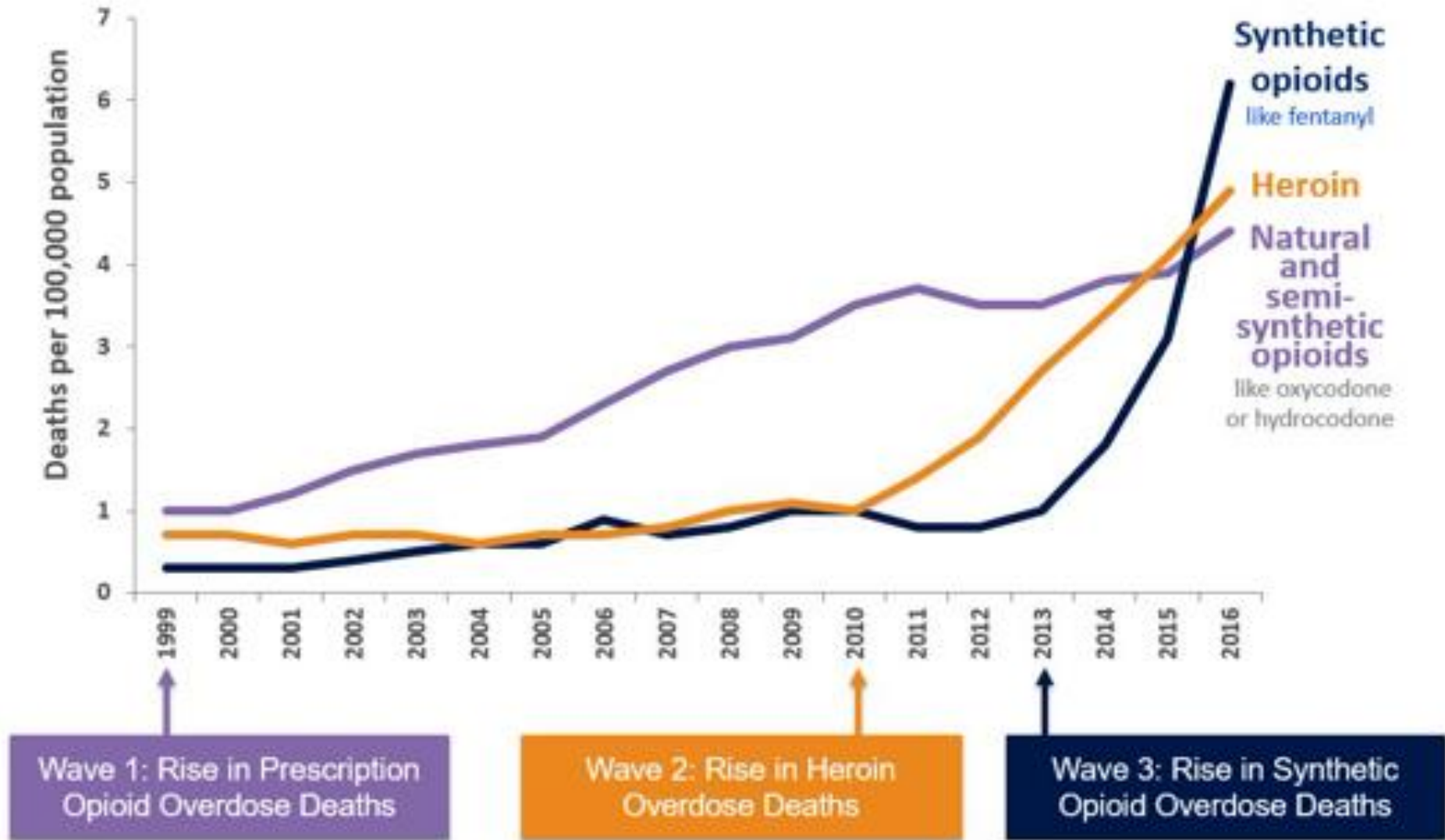
Rate of Fatal Heroin Overdoses by Locality of Overdose, 2016



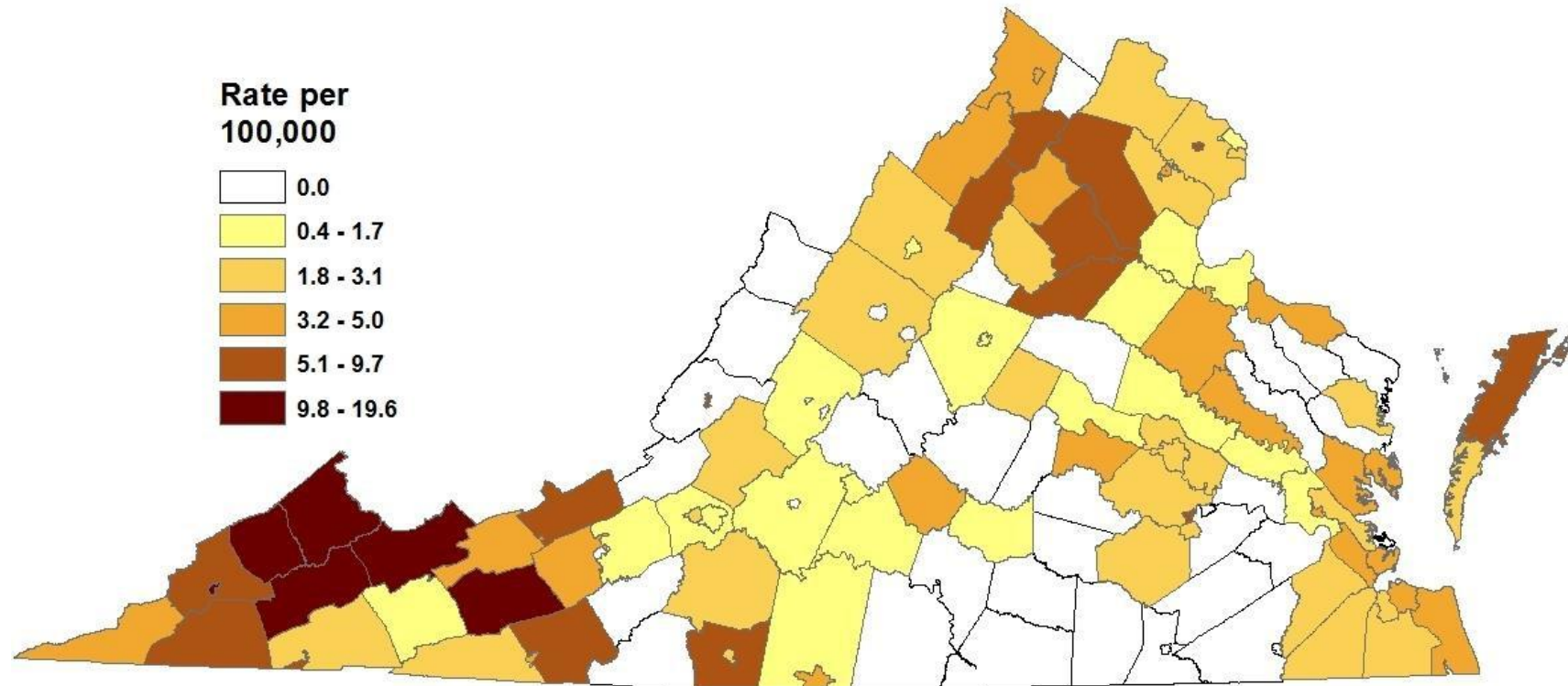
Rate of Fatal Fentanyl (Rx, Illicit, and Analog) Overdoses by Locality of Overdose, 2016



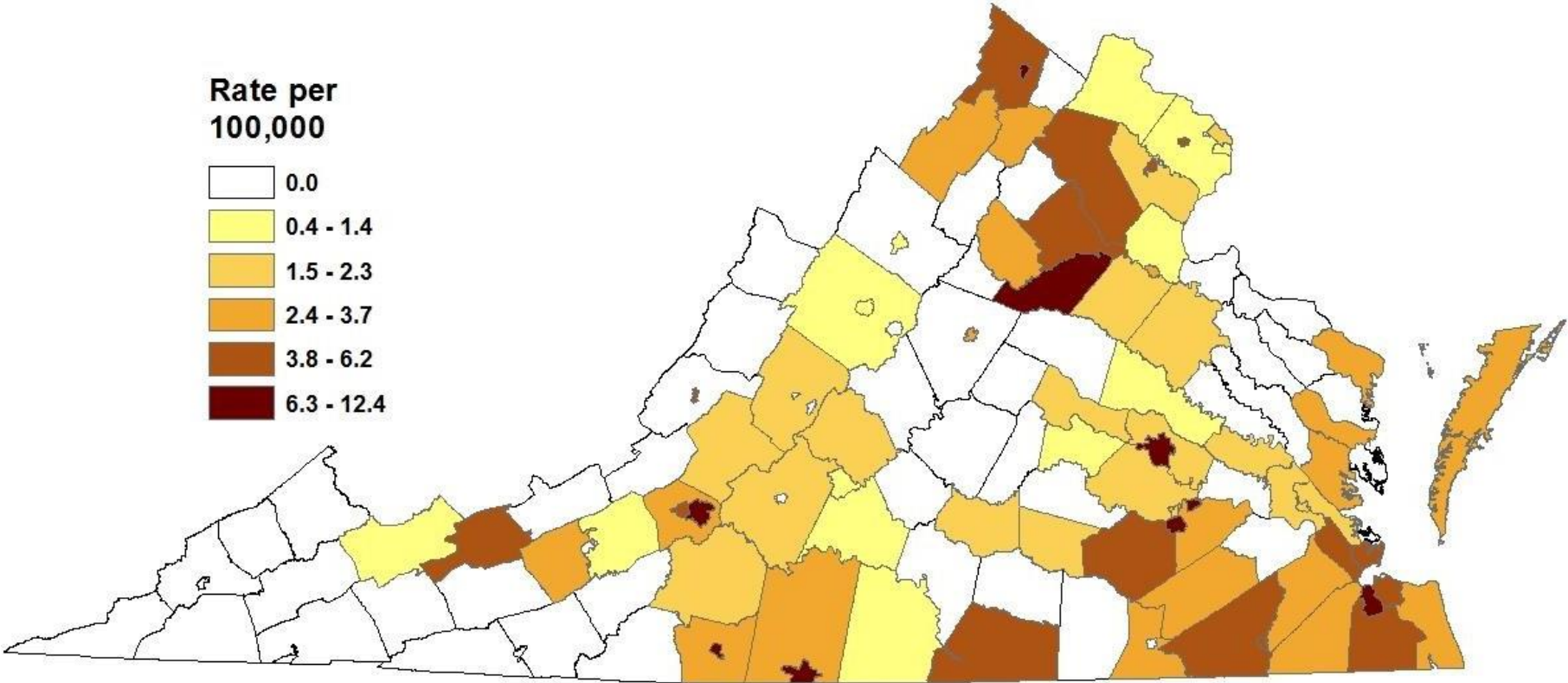
3 Waves of the Rise in Opioid Overdose Deaths



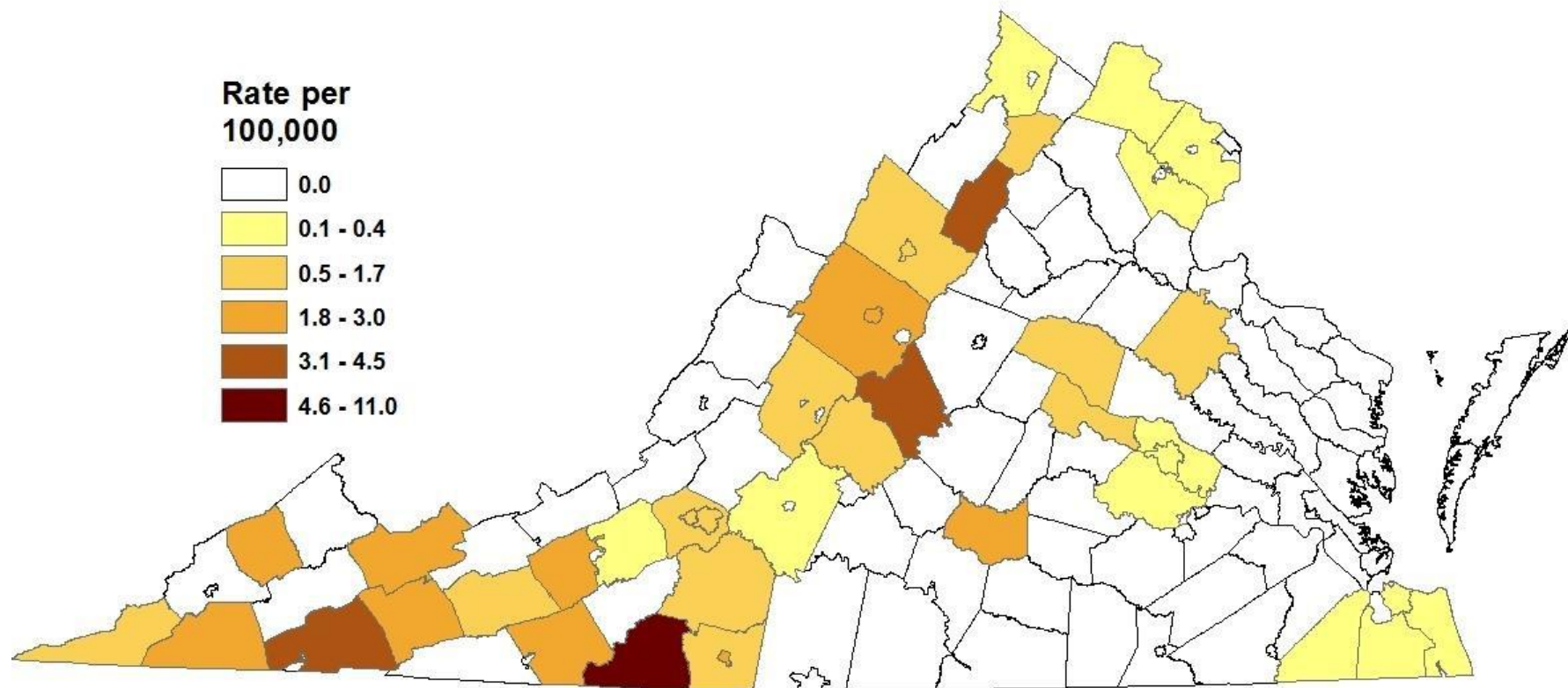
Rate of Fatal Benzodiazepine Overdoses by Locality of Overdose, 2014 - 2016



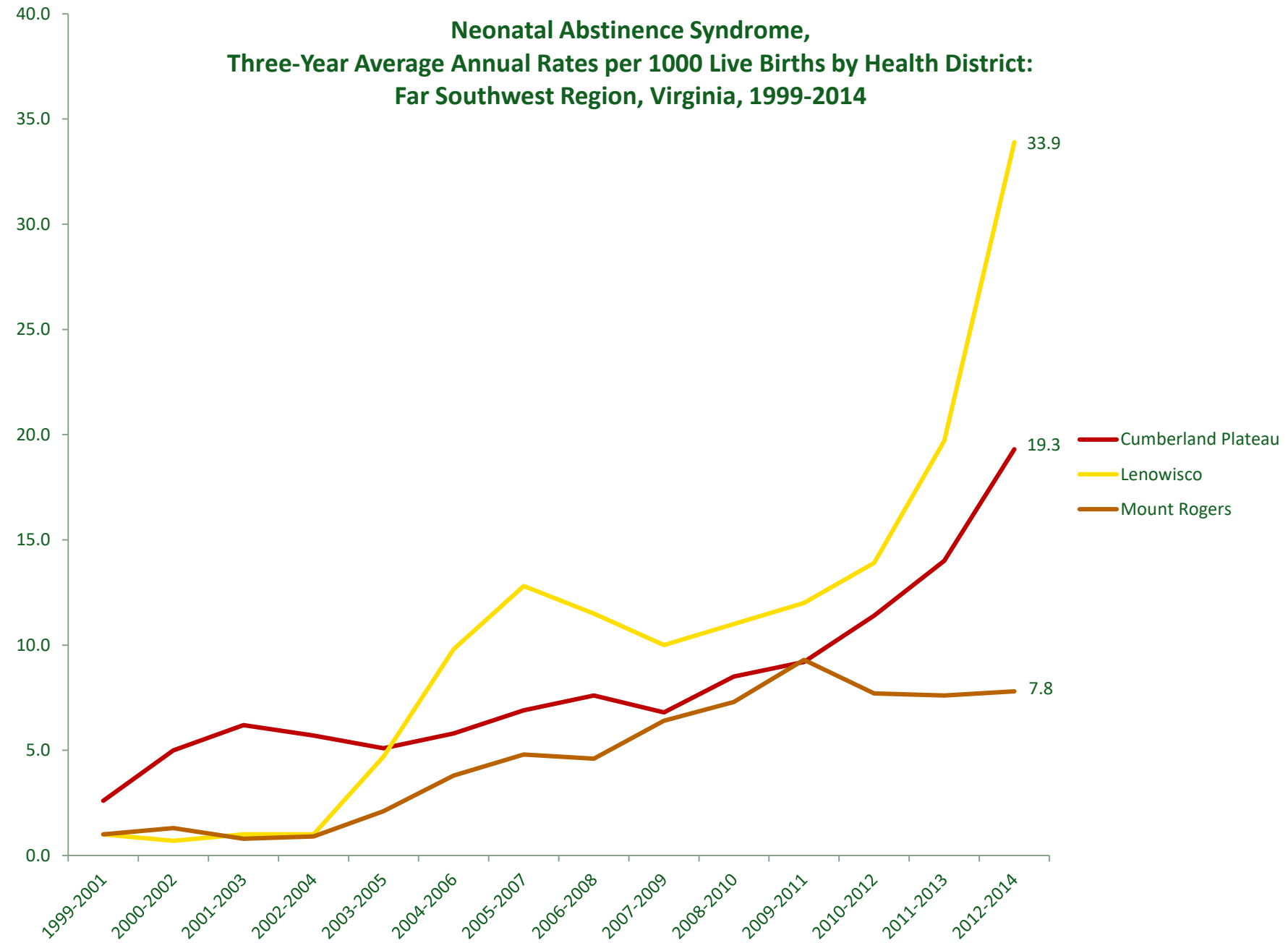
Rate of Fatal Cocaine Overdoses by Locality of Overdose, 2014 - 2016



Rate of Fatal Methamphetamine Overdoses by Locality of Overdose, 2014 - 2016



Neonatal Abstinence Syndrome, Three-Year Average Annual Rates per 1000 Live Births by Health District: Far Southwest Region, Virginia, 1999-2014



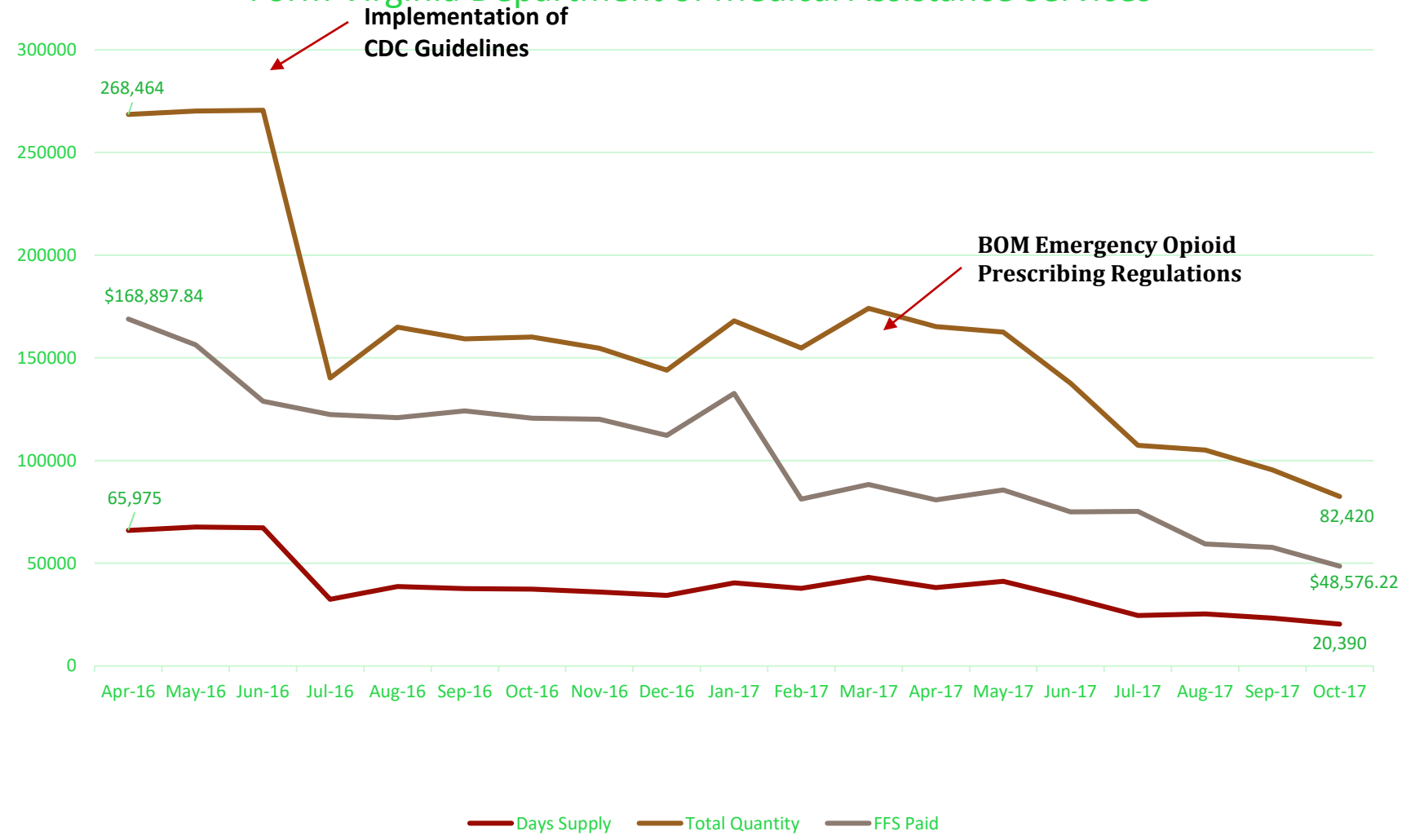


RISK MITIGATION MEASURES

- Made naloxone available without prescription
- Passed good Samaritan law to encourage reporting of overdoses
- Changed laws regarding new mothers with Substance Use Disorder to keep cases open with Social Services
- Created a framework for needle exchange (two have been approved)
- Supported Therapeutic Court development
- Supported jail treatment programs


IMPLEMENTATION OF CDC OPIOID PRESCRIBING GUIDELINES

Decrease in Opioid Quantity, Cost and Days Supply (FFS)
Form Virginia Department of Medical Assistance Services



IMPACT OF OPIOID PRESCRIBING REGULATIONS IN VIRGINIA

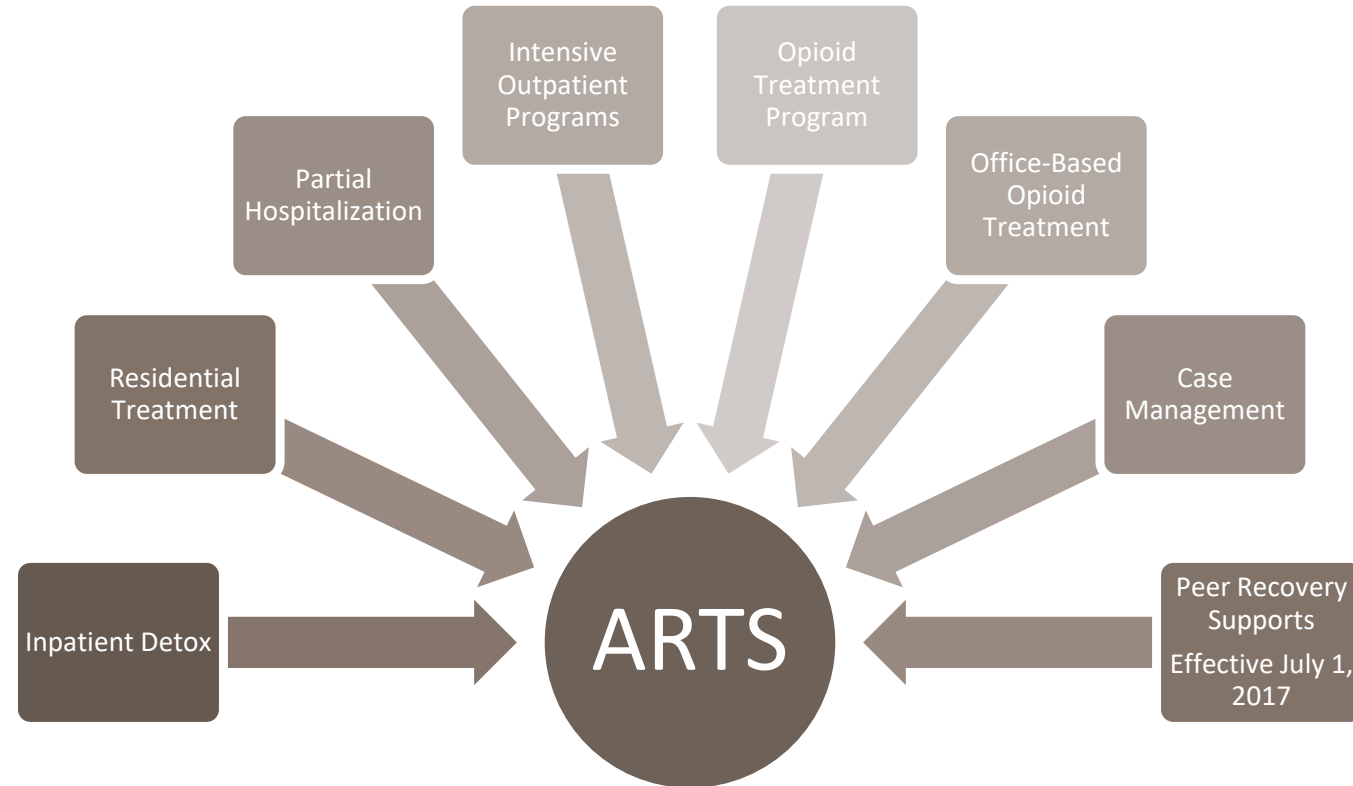
| Year | Fewer Prescriptions | Shorter Duration | Fewer Longer |
|------|---------------------|--------------------------|---------------------------------|
| 2015 | 325,695 | 143K or 44% of Rx <7days | 41K or 13% of Rx for 22-30 days |
| 2018 | 189,668 | 123K or 65% of Rx <7days | 11K or 6% of Rx for 22-30 days |



Over a million pills NOT dispensed!!

Courtesy of the Virginia Department of Health Professions

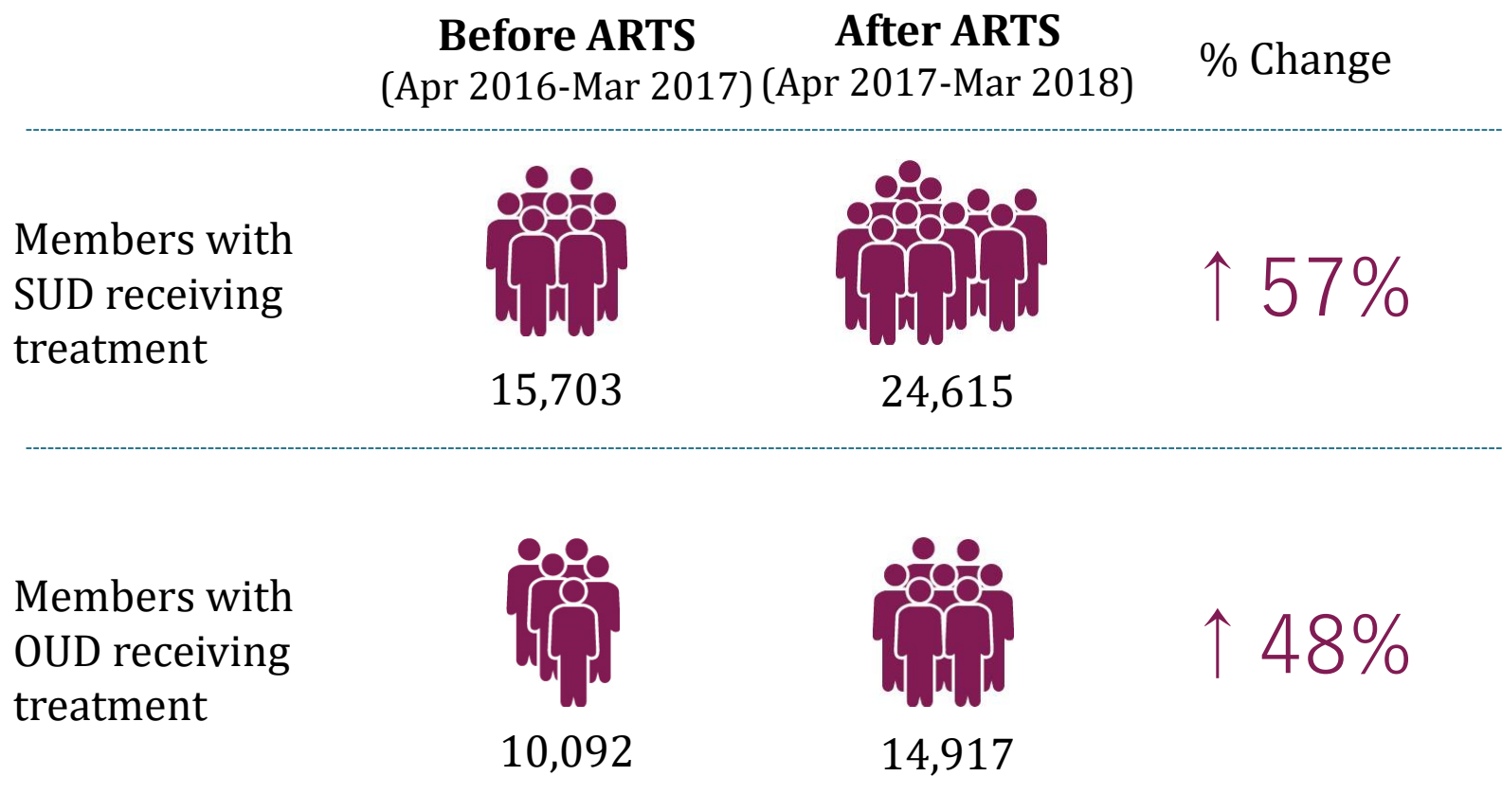
Addiction and Recovery Treatment Services (ARTS): Transforming the Delivery System of Medicaid SUD Services



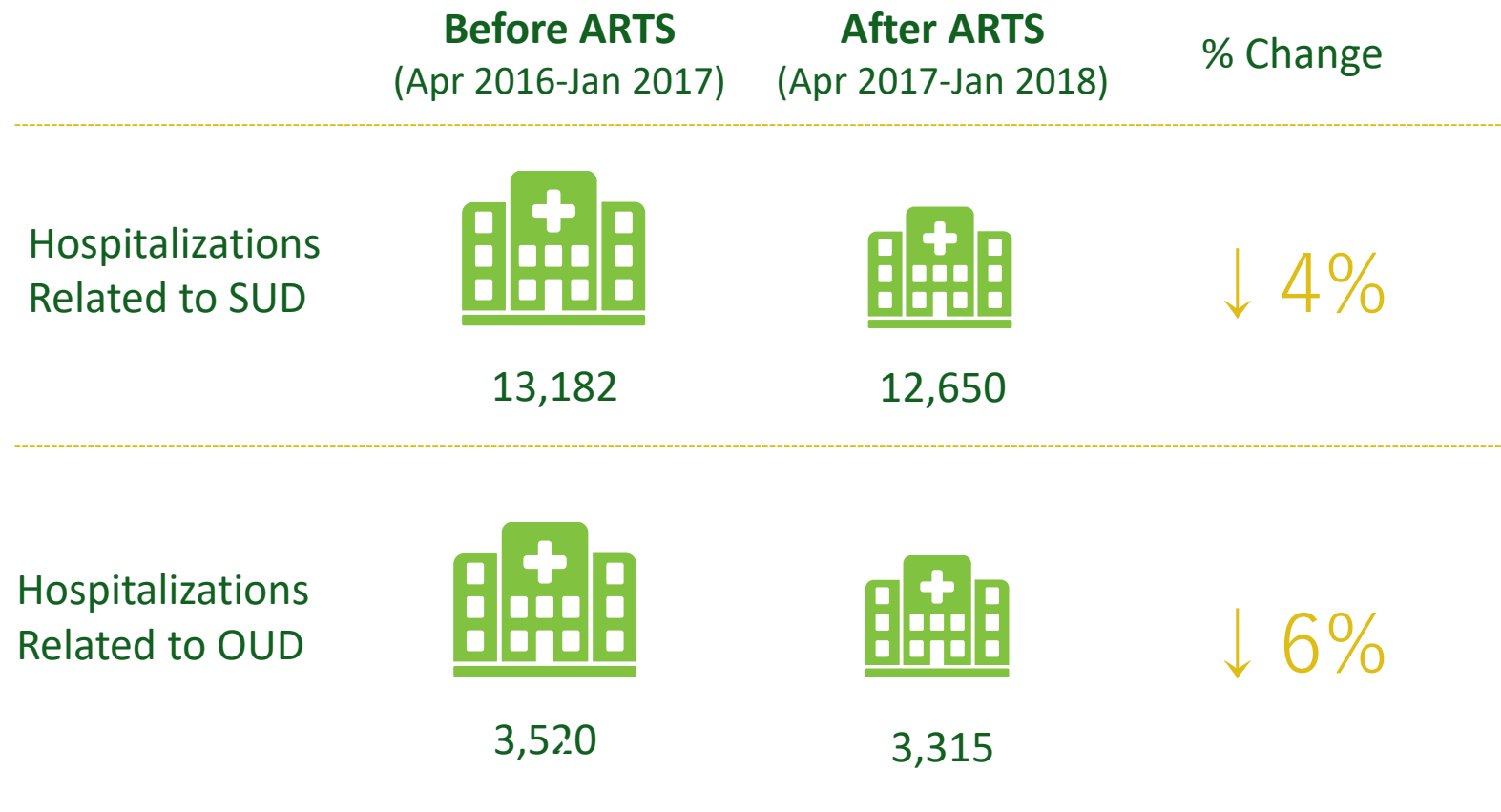
Effective April 1, 2017

ARTS creates a fully integrated physical and behavioral health continuum of care

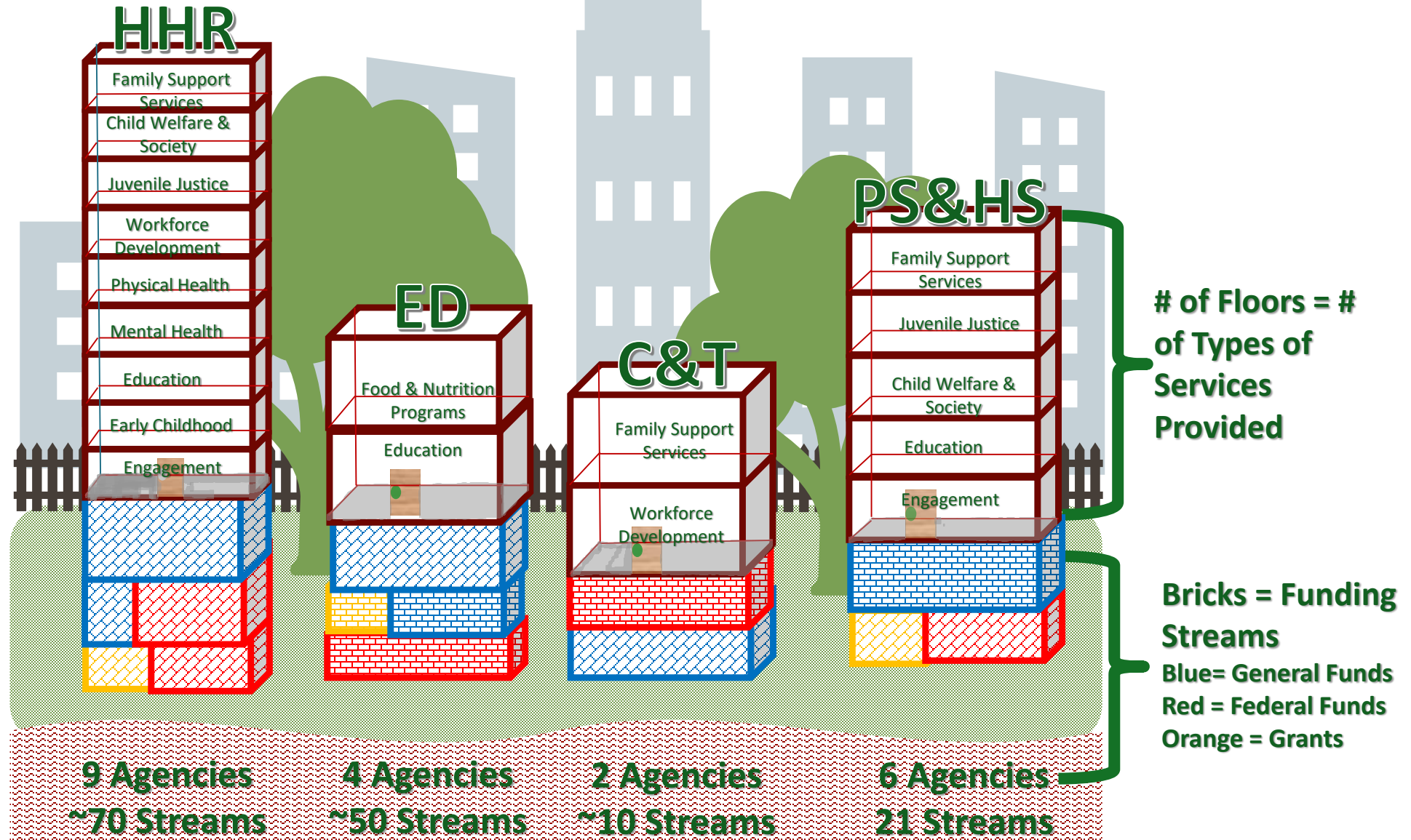
More Medicaid members are receiving treatment for all Substance Use Disorders (SUD) and Opioid Use Disorder (OUD)



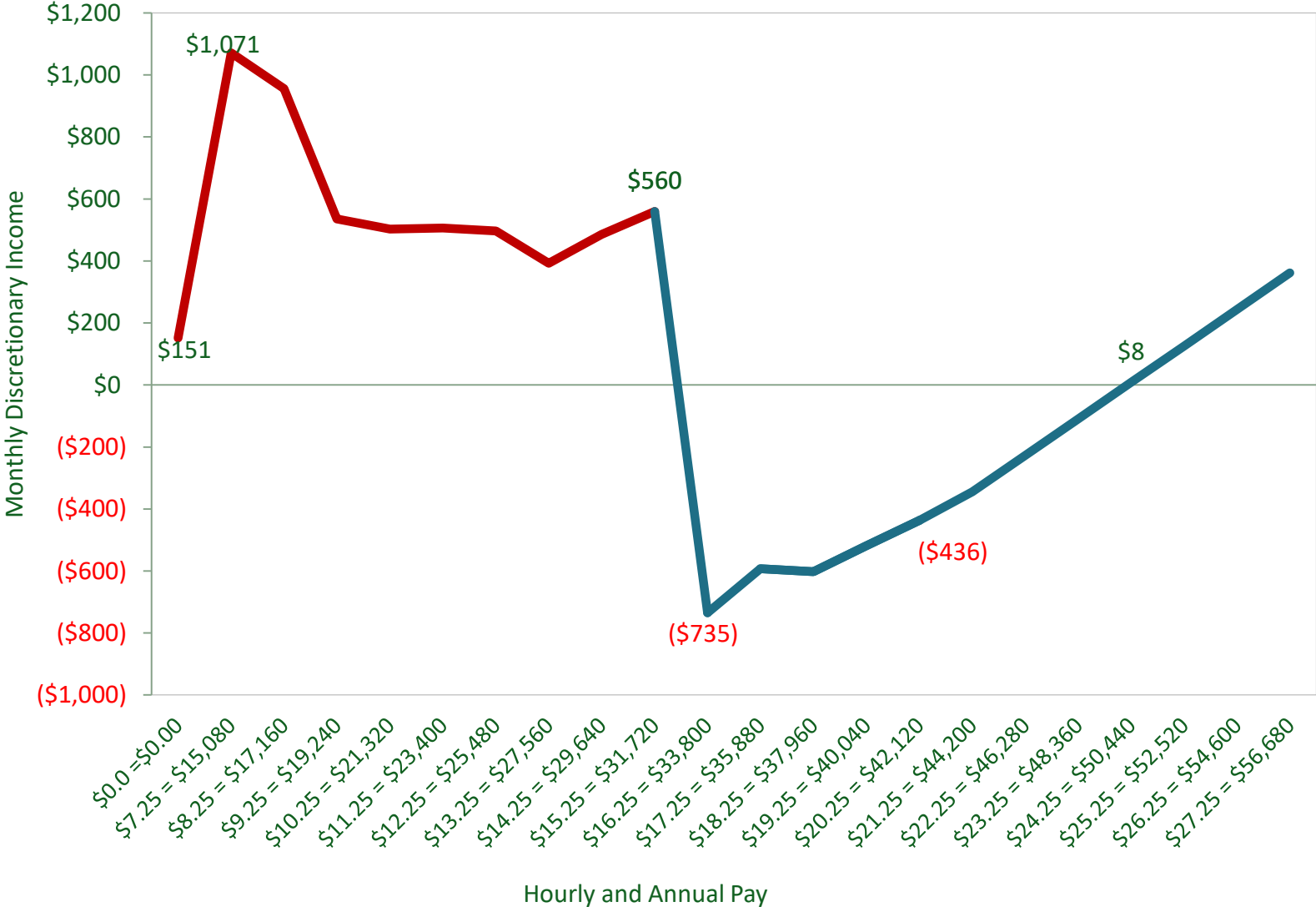
Fewer inpatient hospitalizations related to Substance Use Disorder (SUD) and Opioid Use Disorder (SUD)



The "Pillars" of Children's Funding



Discretionary Monthly Income, After Taxes & Expenses



KEY POINTS

- Opioid overdoses are one symptom of Substance Use Disorder
- Substance Use Disorder is a subset of chronic behavioral health conditions
- Treat the symptoms and address the underlying issues. Move upstream.
- Our job is to continually adapt and improve the systems.
- Build systems that are adaptable, scalable, and “interoperable”.
- Think in terms of system alignment – Collective Impact
 - Set goals
 - Create measures – share the data across systems
 - Choose mutually reinforcing “evidence informed” activities
 - Communicate
 - Be sure there is an infrastructure – someone has to be responsible or no one is.



Opioid Use Disorder Prevention Playbook

A PRODUCT OF THE NATIONAL INTEROPERABILITY COLLABORATIVE

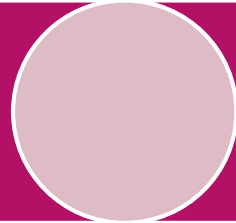
Premises of the Playbook

- ▶ There exists substantial research on and strategies for treatment of opioid use disorders
- ▶ There are less well defined and replicated strategies for prevention
- ▶ Community-based collaborations are necessary to address the opioid crisis
- ▶ Collaborators seek evidence-based practices to counter opioid use disorders

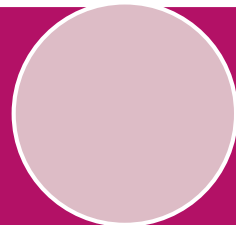
Elements of the Prevention Playbook

- ▶ The foundations for collaboration
- ▶ The explanation of a play
- ▶ References to evidence supporting the play's success
- ▶ The theory of change implied by the play
- ▶ Links to supporting resources

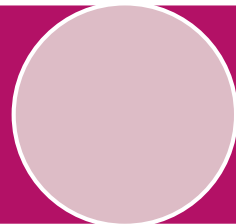
The foundation of collaborative plays



Multidisciplinary Collaboration



Information sharing across
boundaries



Measuring outcomes

Evidence-based strategies

11 POTENTIAL PLAYS

Common themes of prevention plays

- ▶ Reduce the likelihood of an opioid use disorder
 - ▶ Up-front risk reduction (reduce early childhood adverse experiences)
 - ▶ Alternatives to opioid use in pain mitigation
 - ▶ Reduce the supply of illicit drugs

Common themes of prevention plays

- ▶ Improve Pain Management practices
 - ▶ Reduce the long-term use of opioids for pain management
 - ▶ Improve and expand prescription drug monitoring programs
 - ▶ Reduce the risk of treatment through education
 - ▶ Make provisions for safe disposal of unused opioids
 - ▶ Encourage the use of non-opioid formulations for pain management

Common themes of prevention plays

- ▶ Prevent recurrence of an opioid use disorder
 - ▶ Shift policy from arrest and charging to diversion to drug treatment programs
 - ▶ Provide medication assisted treatment to inmates
 - ▶ Expand treatment programs after incarceration

HHS Opioid Strategy

- HHS launched its 5-point Opioid Strategy in April 2017
- Provides the overarching framework to leverage HHS expertise and resources of HHS agencies in a strategic and coordinated manor



Better addiction prevention, treatment, and recovery services



Better data



Better pain management



Better targeting of overdose reversing drugs



Better research

<https://www.hhs.gov/opioids>

