LEARNINGS FROM THE OPIOID CRISIS

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Estimated Drug Overdose Deaths

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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
NUMBER OF INDIVIDUALS RECEIVING PHARMACOTHERAPY FOR OUD

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>345,443</td>
<td>382,867</td>
<td>450,247</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>648,864</td>
<td>581,613</td>
<td>520,398</td>
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<tr>
<td>Naltrexone</td>
<td>46,860</td>
<td>64,020</td>
<td>73,260</td>
</tr>
</tbody>
</table>

Source: 2018 NSDUH
Rate of Fatal Prescription Opioid (Excluding Fentanyl) Overdoses by Locality of Overdose, 2016

Rate per 100,000

- 0.0
- 1.0 - 5.1
- 5.2 - 9.6
- 9.7 - 16.8
- 16.9 - 25.3
- 25.4 - 43.9
Rate of Fatal Heroin Overdoses by Locality of Overdose, 2016

Rate per 100,000
- 0.0
- 1.0 - 4.1
- 4.2 - 7.1
- 7.2 - 10.1
- 10.2 - 15.5
- 15.6 - 20.2
Rate of Fatal Fentanyl (Rx, Illicit, and Analog) Overdoses by Locality of Overdose, 2016
Rate of Fatal Benzodiazepine Overdoses by Locality of Overdose, 2014 - 2016

Rate per 100,000

- 0.0
- 0.4 - 1.7
- 1.8 - 3.1
- 3.2 - 5.0
- 5.1 - 9.7
- 9.8 - 19.6
Neonatal Abstinence Syndrome, Three-Year Average Annual Rates per 1000 Live Births by Health District: Far Southwest Region, Virginia, 1999-2014

- Cumberland Plateau
- Lenowisco
- Mount Rogers
VIRGINIA’S RESPONSE

- Addressing the Harm to Self and Others
- Prevention
- Initiating and Maintaining Recovery
- Interdict the Illegal Supply
- Culture Change
• 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
Decrease in Opioid Quantity, Cost and Days Supply (FFS) Form Virginia Department of Medical Assistance Services

Implementation of CDC Guidelines

BOM Emergency Opioid Prescribing Regulations
## IMPACT OF OPIOID PRESCRIBING REGULATIONS IN VIRGINIA

<table>
<thead>
<tr>
<th>Year</th>
<th>Fewer Prescriptions</th>
<th>Shorter Duration</th>
<th>Fewer Longer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>325,695</td>
<td>143K or 44% of Rx &lt;7 days</td>
<td>41K or 13% of Rx for 22-30 days</td>
</tr>
<tr>
<td>2018</td>
<td>189,668</td>
<td>123K or 65% of Rx &lt;7 days</td>
<td>11K or 6% of Rx for 22-30 days</td>
</tr>
</tbody>
</table>

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

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

Effective April 1, 2017
More Medicaid members are receiving treatment for all Substance Use Disorders (SUD) and Opioid Use Disorder (OUD)

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<tbody>
<tr>
<td>Members with SUD receiving treatment</td>
<td>15,703</td>
<td>24,615</td>
<td>↑57%</td>
</tr>
<tr>
<td>Members with OUD receiving treatment</td>
<td>10,092</td>
<td>14,917</td>
<td>↑48%</td>
</tr>
</tbody>
</table>
Fewer inpatient hospitalizations related to Substance Use Disorder (SUD) and Opioid Use Disorder (SUD)

<table>
<thead>
<tr>
<th></th>
<th>Before ARTS (Apr 2016-Jan 2017)</th>
<th>After ARTS (Apr 2017-Jan 2018)</th>
<th>% Change</th>
</tr>
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<tbody>
<tr>
<td>Hospitalizations Related to SUD</td>
<td>13,182</td>
<td>12,650</td>
<td>↓ 4%</td>
</tr>
<tr>
<td>Hospitalizations Related to OUD</td>
<td>3,520</td>
<td>3,315</td>
<td>↓ 6%</td>
</tr>
</tbody>
</table>
The “Pillars” of Children’s Funding

# of Floors = # of Types of Services Provided

Bricks = Funding Streams
Blue = General Funds
Red = Federal Funds
Orange = Grants

Family Support Services
Child Welfare & Society
Juvenile Justice
Workforce Development
Physical Health
Mental Health
Education
Early Childhood Engagement

Family Support Services
Juvenile Justice
Child Welfare & Society
Education
Engagement

Family Support Services

HHR
ED
C&T
PS&HS

9 Agencies ~70 Streams
4 Agencies ~50 Streams
2 Agencies ~10 Streams
6 Agencies 21 Streams
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
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 manner.

1. Better addiction prevention, treatment, and recovery services
2. Better data
3. Better pain management
4. Better targeting of overdose reversing drugs
5. Better research

https://www.hhs.gov/opioids