Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Rx Drug Abuse Prevention Strategies: Building the Infrastructure to Stem the Flow of Rx Drugs & Preventing Addiction

Jeff Coady, PsyD
SAMHSA Region V Administrator

Indiana 5th Annual Prescription Drug Abuse Symposium
October 17, 2014  Indianapolis, IN
SAMHSA’s Vision

America is a nation that understands and acts on the knowledge that …

• Behavioral health is essential to health.
• Prevention works.
• Treatment is effective.
• People recover.
Presentation Overview

- Data
- Prevention
- Treatment
- Recovery
- Behavioral Health as Public Health
Prescription Drug Abuse Affects Everyone

- Prescription medications are among the top substances abused by 12th graders in the past year.
- In 2011, more than 4,500 young people per day abused a prescription drug for the first time.
- All ages are affected.
  - Older Americans
  - 2009: approximately 1 U.S. infant born per hour with signs of drug withdrawal.
  - 55 to 94 percent of neonates exposed to opioids in utero experience withdrawal.
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.
Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2013

- Marijuana: 4,206
- Pain Relievers: 1,879
- Cocaine: 855
- Tranquilizers: 423
- Stimulants: 469
- Heroin: 517
- Hallucinogens: 277
- Inhalants: 132
- Sedatives: 99

Numbers in Thousands
U.S. Past Month and Past Year Heroin Use among Persons ≥12 years old

Numbers in Thousands

+ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.

SAMHSA NSDUH 2013
## Heroin Use in the Past Year among Persons Aged 12 or Older

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2006-2010 (Revised March 2012), 2011

<table>
<thead>
<tr>
<th>STATE</th>
<th>Past Heroin Use</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Indiana</td>
<td>9,000</td>
<td>.2</td>
</tr>
<tr>
<td>Illinois</td>
<td>41,000</td>
<td>.4</td>
</tr>
<tr>
<td>Michigan</td>
<td>21,000</td>
<td>.3</td>
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<tr>
<td>Minnesota</td>
<td>5,000</td>
<td>.1</td>
</tr>
<tr>
<td>Ohio</td>
<td>21,000</td>
<td>.2</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>6,000</td>
<td>.1</td>
</tr>
</tbody>
</table>
A hallmark of these grass root efforts has been collaborative outreach:

- Pooling resources
- Sharing lessons learned
- Disseminating best practices
- Working with scientists and public health organizations to generate the scientific data needed to evaluate and improve OD prevention and rescue programs
Grass root organizers in the U.S. have identified needs and challenges in their local communities; mobilized resources and constituencies locally, nationally, and globally; and worked in concert with legislatures, law enforcement agencies, prescribers, insurers, and others to address the needs of their families and communities.
Sources of Data

- Schools
- EAPs
- Telephone Lines
- Treatment Programs
- Courts
- Community Health Centers
- Mortality Reports
- Universities
- Police Departments
- Jails
- Hospitals
- Faith Based
Strategic Prevention Framework
Developing the Infrastructure: Establishing Networks

10th National Harm Reduction Conference

REGISTER NOW!
Registration is now open for the 10th National Harm Reduction Conference.

The conference is shaping up to be our best yet.
Register now!
Developing the Infrastructure: Accessing Resources & Programs

RESOURCES DATABASE
Enter search terms below to find all available resources.

NARROW YOUR SEARCH:
- OVERDOSE
- SUICIDE
- SUBSTANCE ABUSE
- TREATMENT CENTERS

SEARCH

FIND AN OVERDOSE PREVENTION PROGRAM
Enter your location to find an overdose program near you.

san francisco
SEARCH

Because programs open and close, change hours, and move please contact the program directly to confirm.

OVERDOSE PREVENTION PROGRAMS

DRUG OVERDOSE PREVENTION AND EDUCATION (DOPE) PROJECT
0.5 Miles
San Francisco, CA 94103
OVERDOSE PREVENTION PROGRAM

SORAYA AZARI, MD
1.8 Miles
San Francisco, CA 94110
OVERDOSE PREVENTION PROGRAM

POINTS OF DISTRIBUTION
8.1 Miles
Oakland, CA
OVERDOSE PREVENTION PROGRAM

http://hopeandrecovery.org/resources/
Developing the Infrastructure: Sharing Lessons Learned
Lazarus Project now going Statewide

Prescriptions from Wilkes County Prescribers among OD Deaths

Percent (%)

2008 2009 2010 2011
Currently serves Cuyahoga, Montgomery, and Scioto counties, and the city of Cleveland.

ODH has plans to expand to three additional Project DAWN sites.
Developing the Infrastructure: Distributing Scientific Information

Overdose Prevention Alliance
News and resources to stop drug overdose

Tuesday, January 7, 2014

PubMed Update November/December 2013

We close out 2013 with an impressive 25 papers in the final two months for a total count of 89 papers. Some interesting new approaches and perspectives, including a paper on the underappreciated role of adulterants, a couple of naltrexone papers, and lots of lay naloxone.

1) The Whole Is Just the Sum of Its Parts: Limited Polydrug Use Among the "Big Three" Expensive Drugs in the United States.
Caulkins JP, Everingham S, Kilmer B, Midgette G.
Curr Drug Abuse Rev. 2013 Dec 5. [Epub ahead of print]
Comments: Somewhat surprising data suggesting relatively separate markets for heroin, cocaine and methamphetamine.

2) A systematic review and meta-analysis of naltrexone implants for the treatment of opioid dependence.
Larney S, Gowing L, Mattick RP, Farrell M, Hall W, Degenhardt L.
Comments: A systematic review concluding that the data for naltrexone implants for opioid dependence is not as clear as that for oral naltrexone.
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

There seems to be a diagram related to State Naloxone and Good Samaritan Legislation. The diagram is a visual representation showing the state by state status as of July 15, 2014. The states are color-coded according to the type of legislation enacted. The text below the diagram mentions that states with an asterisk (*) have laws allowing naloxone to be used as an affirmative defense in cases of overdose. States with a plus sign (+) indicate that lay administration of naloxone is legal. States with a dagger (†) indicate that only first responders can administer naloxone. States without any signs are those where naloxone use is not yet addressed in their legislation. The diagram is sourced from the Office of National Drug Control Policy (ONDCP) and the information is accurate as of July 15, 2014.
Treatment is Prevention

• Treatment reduces demand and diversion

• Treatment for emerging and/or parenting adults will reduce the risk of addiction for following generations

• Treatment reduces negative social behaviors

• Treatment reduces morbidity and mortality
Physician Training

- OpioidPrescribing.com
  - CME granting trainings in collaboration with Boston University
- Physician Clinical Support Systems
  - PCSS-buprenorphine
  - PCSS-opioids
- Free live training developed in conjunction with local experts and funded by SAMHSA
Prescriber Education

• How to accurately assess the person for pain.
• Strategies to find the most appropriate treatment for each person, including drug-free approaches.
• Time-efficient ways to monitor a person’s progress (including person’s use of pain medications).
• How to identify medication misuse or abuse and specific actions to take when it occurs.
Medication Assisted Treatment: Facts and Myths

- Medication-Assisted Treatment is an evidence-based treatment for opioid addiction; however, it is not a stand-alone treatment choice.
- MAT has proven to be very effective as part of a holistic evidence-based treatment program that includes behavioral, cognitive, & other recovery-oriented interventions, treatment agreements, urine toxicology screens, and checking of PDMP.
Treatment

- Combination of FDA-approved medication:
  - Methadone
  - Buprenorphine/naloxone
  - Naltrexone

- and psychosocial treatments
  - Counseling: Coping skills/relapse prevention
  - Education
  - Toxicology Screening
  - PDMP use
MAT: One Size *Does Not Fit All*

- Individuals have varied responses to different medications.
  - Effectiveness of medications vary among individuals
  - Side effects vary among individuals
  - Adherence constraints vary by individual; and for a given individual these constraints may vary over time/personal circumstance

- These individual-specific responses to medications hold true for MAT when it is used to treat SUDs & addictions.
Medication Assisted Treatment

• Benefits:
  • Lifestyle stabilization
  • Improved health and nutritional status
  • Employment
  • Decrease in criminal behavior
  • Decrease in injection drug use/shared needles: reductions in risk for HIV and viral hepatitis/medical complications of injection drug use
MAT reduces all cause mortality

• “...the all-cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population whereas the mortality rate of untreated individuals using heroin was more than 15 times higher.”

Modesto-Lowe et al., 2010; Gibson, 2008; Mattick, 2003; Bell and Zador, 2000; Marsch, 1998
MAT reduces overdose fatalities

French population in 1999 = 60,000,000

Patients receiving buprenorphine (1998): N= 55,000

Patients receiving methadone (1998): N= 5,360

Auriacombe et al., 2001
MAT Reduces HIV Seroconversion

HIV Infection by Methadone Treatment Status at Baseline

MAT with Methadone is the Gold-standard for treatment in pregnancy

• Birth outcomes are comparable to other obstetric patients
• Compared to untreated substance user:
  – Fewer pre-term births
  – Less intrauterine growth retardation
  – Fewer low birth-weight babies
• Less maternal drug use = less antenatal fetal stress
• Improved compliance with prenatal care.
Target Special Populations

• Opioid dependent, pregnant women are at high risk for adverse outcomes without MAT
• The use of MAT by opioid-dependent women with children is an effective treatment that helps women in parenting their children
• Neonatal abstinence syndrome (NAS) occurs frequently in infants of mothers treated with MAT; approximately 50% will need treatment
• Incentivize: Decreased penalties, increased access to housing, provide childcare while in treatment
Target High-Risk/High-Cost Populations: Federal and State Inmates

- Alcohol or Drug Related offense
- Intoxicated at the time of offense
- Offended to get money to support the addiction
- History of alcohol abuse or dependence and/or regular drug use
Treatment Capacity
Recommendations

• Direct treatment provision by state/county departments of health

• Coordinate with federally funded health care providers to provide service
  – federally qualified health centers
  – Indian Health Service

• Form partnerships with academic institutions to provide treatment service which would also serve to train physicians and other providers
Treatment Capacity Recommendations

– Optimize Medicaid reimbursement by bundling services; include a rate for buprenorphine services at Opioid Treatment Programs (OTPs)

– Create service delivery definitions and billing rates for

  • Physician tele-health visits
  • Physician-NP “supervision” via tele-health
  • Specialist consultation via tele-health

– Expand use of long-acting injectable naltrexone.
Assure Quality

• Revise or adopt state regulations/guidelines for methadone and buprenorphine
  – TIP 1 State Methadone Treatment Guidelines

• Collect data on Neonatal Abstinence Syndrome (NAS)
  – promote state-wide clinical guidelines for NAS screening and management

• Require OTPs and buprenorphine prescribers to check PDMP
Science-Based Treatment Improvement Protocols

Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs

Based on TIP 43
Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs

KAP Keys For Clinicians

Policy Issues

• Buprenorphine:
  – Should there be psychosocial therapy requirements?
  – Should the 100-patient limit be removed?
  – Should any prescriber be eligible to prescribe (not only waived physicians as is now the case)?

• Naloxone
  – Should it be available OTC?
  – Should a naloxone prescription accompany any opioid prescription?
Examples of Science-Based SUD Treatments

- Medical Detoxification
- Outpatient Psychoeducation & Relapse Prevention
- Residential Therapeutic Treatment
- Family Therapy
- Self-Help Support Systems (e.g., 12 Step Programs)
- Toxicology Screens/abstinence monitoring
- Recovery Oriented Systems of Care (ROSC)
- Medication Assisted Treatment (MAT)
Science-Based ROSC for Chronic Disorders

*Treat the Whole Person in Their Social Context*

Prevention

Social Services

Housing & Employment

Genetic & Environmental Risk Factors

Whole Health Medical Services

Cognitive & Behavioral Therapies

Medication Assisted Treatment (MAT)

Adapted from NIDA Drug Abuse & Addiction
Prevention Strategies:
Technical Assistance & Workforce Development

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

http://www.attcnetwork.org/index.asp
Substance Abuse and Mental Health Disorders Are Common and Costly

- Around 1 in 5 young people (14-20%) have a current disorder (MEB)
- Estimated $247 billion in annual costs
- Costs and savings to multiple sectors – education, justice, health care, social welfare
- Costs to the individual and family
WHY FOCUS ON BEHAVIORAL HEALTH IN YOUNG PEOPLE?

Half of adult mental illness begins before age 14

Three-quarters before age 24
BEHAVIORAL HEALTH IS PUBLIC HEALTH

Half of us will meet criteria for MI or SUD in life

Half of us know someone in recovery from addiction now

In a given year:
1 in 4, if substance use disorders are included
ACES: Adverse Childhood Experiences

The Truth About ACES

What Are They?

ACES are Adverse Childhood Experiences

How Prevalent Are ACES?

The ACE study* revealed the following estimates:

**ABUSE**
- Physical Abuse: 28.9%
- Sexual Abuse: 20.7%
- Emotional Abuse: 10.9%

**NEGLECT**
- Emotional Neglect: 12.6%
- Physical Neglect: 6.9%

**HOUSEHOLD DYSFUNCTION**
- Household Substance Abuse: 26.9%
- Parental Bereavement: 20.3%
- Household Mental Illness: 19.6%
- Mother Treated Violently: 10.7%
- Incarcerated Household Member: 4.1%

Of 17,000 ACE study participants:
- 39% have no ACE
- 29% have 1 ACE
- 16% have 2 ACEs
- 10% have 3 ACEs
- 4% have 4+ ACEs

60% have at least 1 ACE

WHAT IMPACT DO ACES HAVE?

As the number of ACES increases, so does the risk for negative health outcomes.

Possible Risk Outcomes:

- Behavior
  - Lack of physical activity
  - Smoking
  - Alcoholism
  - Drug use
  - Sexual assault

- Physical & Mental Health
  - Severe obesity
  - Diabetes
  - Depression
  - Suicide attempts
  - STDs
  - Heart disease
  - Cancer
  - Stroke
  - COPD
  - Broken bones

The three types of ACES include:

- Physical
- Emotional
- Sexual
- Mental Health
- Substance Abuse
- Incarcerated Relative

rwjf.org/vulnerablepopulations

*Source: http://www.cdc.gov/ACE/prevalence.htm
How Do ACEs Affect Our Lives?

ACES CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and the leading causes of death.

The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

Source: CDC, Adverse Childhood Experiences Study. Available at: http://www.cdc.gov/violenceprevention/acesstudy/
Prevention Strategies:
U.S. Expanded Screening Benefits

• Children:
  – Drug and alcohol use assessments for adolescents
  – Behavioral assessments for children of all ages
  – Depression screening for adolescents

• Adults:
  – Alcohol misuse screening and counseling
  – Depression screening for adults
  – Tobacco use screening & cessation interventions for tobacco users

→ And more...
Behavioral Health Integration


Public Health? Or Social Problem?

Public Health
- Health Needs of People & Communities
- National Dialogue

Social Problem
- Individual Blame
- Attention to Symptoms
- Insufficient Response
BEHAVIORAL HEALTH AS SOCIAL PROBLEM

Public dialogue about behavioral health is in a social problem context rather than a public health context

- Homelessness
- Crime/jails
- Child welfare problems
- School performance or youth behavior problems
- Provider/system/institutional/government failures
- Public tragedies

Public (and public officials) often misunderstand, blame, discriminate, make moral judgments, exclude

- Ambivalence about worth of individuals affected and about the investment in prevention/treatment/recovery
- Ambivalence about ability to impact “problems”
LEADING TO INSUFFICIENT RESPONSES

- Increased Security & Police Protection
- Tightened Background Checks & Access to Weapons
- Legal Control of Perpetrators & Their Treatment
- More Jail Cells, Shelters, Juvenile Justice Facilities
- Institutional System Provider Oversight
PUBLIC ATTITUDES
CHANGING, BUT CHALLENGES REMAIN

- 2/3 think treatment & support can help people w/MI lead normal lives
- 2/3 believe addiction can be prevented
- 3/4 believe recovery from addiction is possible
- 30% think less of person w/addiction
- 20% think less of friend/relative in recovery
- 38% unwilling to be friends w/a person with MI
- 64% would not want person w/schizophrenia as co-worker
- 68% would not want persons w/depression to marry into family
- Less willing to pay to ameliorate condition, even when understand implications
  • Don’t trust that BH treatment will help them
Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percentage of Patients Who Relapse

<table>
<thead>
<tr>
<th>Condition</th>
<th>Relapse Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1 Diabetes</td>
<td>30 to 50%</td>
</tr>
<tr>
<td>Drug Addiction</td>
<td>40 to 60%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>50 to 70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>50 to 70%</td>
</tr>
</tbody>
</table>
Why is addiction treatment evaluated differently?
Both require ongoing care

Hypertension Treatment

Addiction Treatment

OUT OF THE SHADOWS
A NATIONAL DIALOGUE BEGINS

What is the National Dialogue?
How can I participate?
What are the outcomes?

www.mentalhealth.gov
Ending the Opioid Epidemic and....

- 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
- Use PDMPs, treatment agreements and toxicology screens to increase safety
- Continue research efforts to find better approaches to containing opioid misuse/abuse
- Provide evidence-based treatment to all who need it for as long as it is clinically indicated
Preventing Substance Use Disorder

Opioid Epidemic

Behavioral Health Infrastructure

Behavioral Health as Public Health
Questions?

Contact:

SAMHSA Region V
CAPT Jeffrey A. Coady, Psy.D
233 North Michigan Avenue, Suite 200
Chicago, IL 60601
Jeffrey.coady@samhsa.hhs.gov