

OPIOID CRISIS

FIGHTING BACK IN CALIFORNIA INDIAN COUNTRY

David Sprenger, M.D.
California Tribal Leader's Consultation Conference
Pechanga Resort Casino
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SURGEON GENERAL LETTER

"I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic... It is important to recognize that we arrived at this place on a path paved with good intentions... Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain...

The results have been devastating."



Vivek H. Murthy, M.D., M.B.A.
19th U.S. Surgeon General



AMOUNT OF OPIOIDS IN THE US

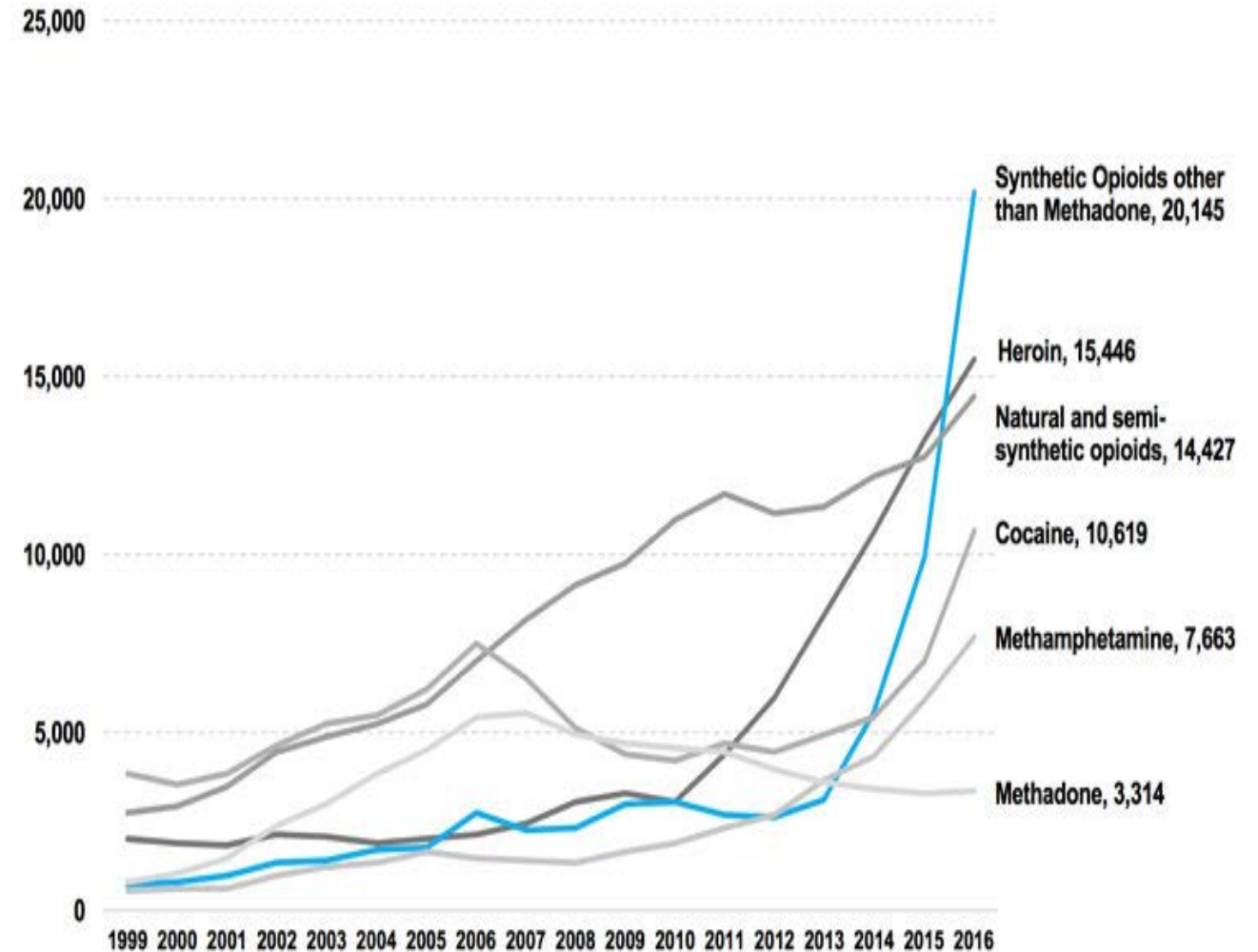


- ▶ Since 1999, the amount of prescription opioids sold in the U.S. has nearly quadrupled
- ▶ Americans are 5% of the world population but consume 80% of the world's opiates
- ▶ 259 Million opioid prescriptions were written in the U.S. in 2013
- ▶ About 2 million Americans abuse or are dependent on prescription opioids

CURRENT DEATHS

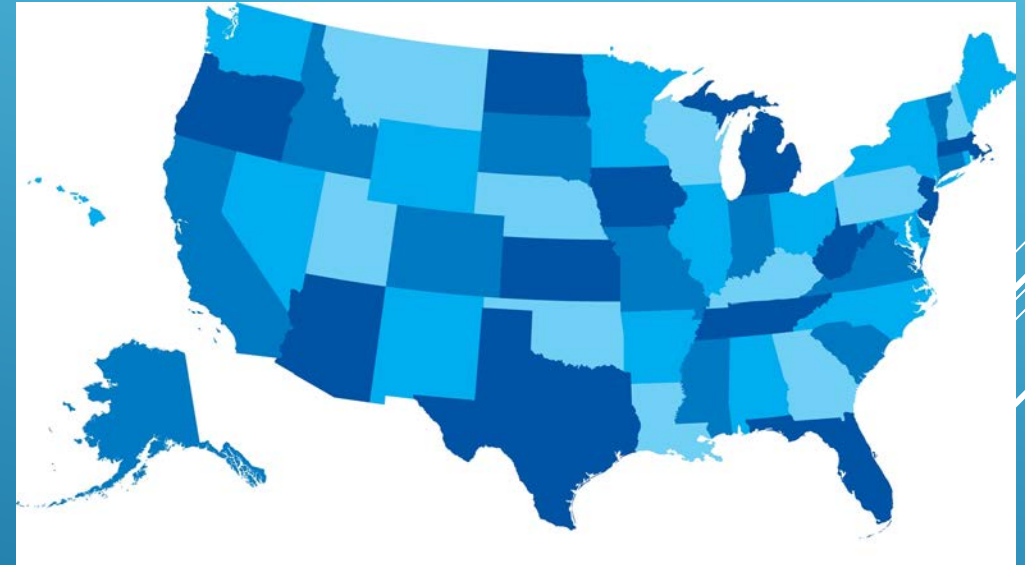
- ▶ Drug overdoses were involved in 64,000 US deaths in 2016
- ▶ Well over half a million deaths since 2000
- ▶ Overdose rates are highest among people aged 25 to 54 years
- ▶ Overdose rates are higher among American Indians or Alaskan Natives, compared to Blacks and Hispanics

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



GEOGRAPHIC DISTRIBUTION BY STATE

- ▶ Highest Rates of Death Due to Overdose in 2015:
 - ▶ West Virginia (41.5 per 100,000)
 - ▶ New Hampshire (34.3 per 100,000)
 - ▶ Kentucky (29.9 per 100,000)
 - ▶ Ohio (29.9 per 100,000)
 - ▶ Rhode Island (28.2 per 100,000)



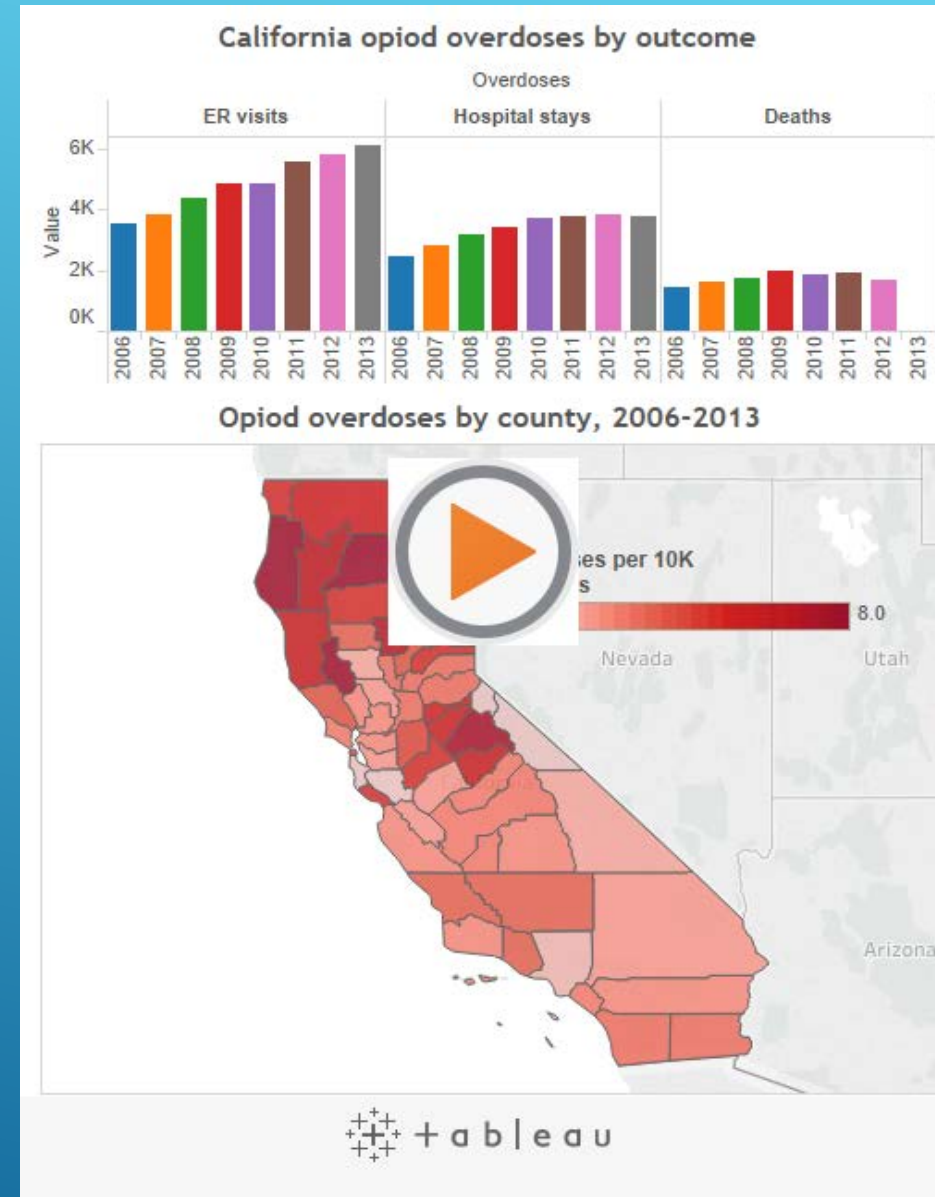
CALIFORNIA DEATHS




- ▶ In 2013, California hospitals saw more than 11,500 patients who were admitted for heroin or other opioid overdoses, an increase of more than 50 percent since 2006
- ▶ The problem is worse in the state's rural regions, with death rates rivalling those in the worst states

CALIFORNIA OPIOID DASHBOARD

- ▶ The California Opioid Dashboard is a useful tool for obtaining information on overdoses, hospitalizations and prescribing information in California
https://pdop.shinyapps.io/ODdash_v1/
- ▶ Data is gathered from multiple sources
- ▶ Data can be searched by county, zip code, time period, etc.
- ▶ Maps can be customized



LASTING FAMILY LEGACY

- ▶ The present epidemic may have negative consequences for generations
 - ▶ Many of the deaths are in middle aged individuals with dependent children
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CAUSES OF OPIOID EPIDEMIC

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.


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- ▶ The January 10, 1980 issue of the New England Journal stated "Despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction."
 - ▶ This furthered the belief that pain is under-treated
 - ▶ Pain was seen as the "5th Vital Sign" in 1990's, a trend which was advocated by respected organization like Joint Commission


PUBLIC HEALTH RESPONSE TO CRISIS

- ▶ Legislative changes and funding at both Federal and State level
 - ▶ *Enhanced State Surveillance through Prescription Drug Monitoring Programs (PDMP's)*
 - ▶ *Stricter state and federal laws on prescribing to patients except those who are currently in active treatment for cancer, receiving hospice care, are residents of long term care facilities or who are being treated for substance abuse or opioid dependence (Medication Assisted Treatment or MAT)*
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CDC PROVIDER OPIOID GUIDELINES

MARCH 2016

A revised guideline provides recommendations for primary care physicians who are prescribing opioids for chronic pain. The guideline addresses:

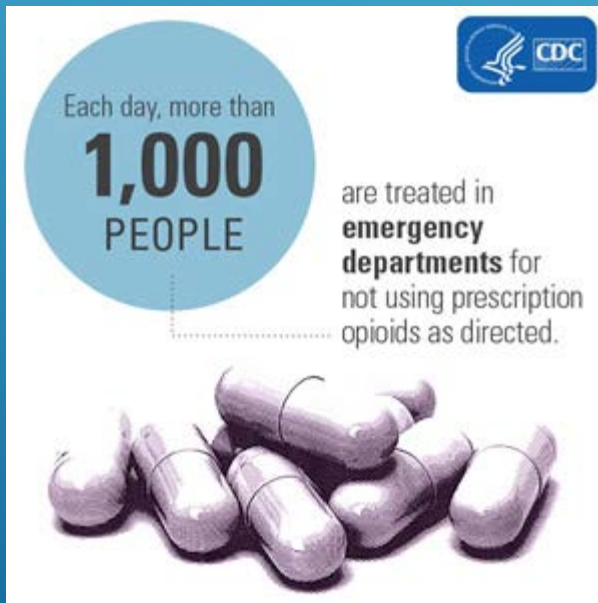
- ▶ *When to initiate or continue opioids for chronic pain*
 - ▶ *Opioid selection, dosage, duration, follow-up, and discontinuation*
 - ▶ *Assessing risk and addressing harms of opioid use*
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USE OF PRESCRIPTION DRUG MONITORING PROGRAMS

- ▶ California was the first state with PDMP in 1939, now CURES 2.0
- ▶ PDMP's are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients
- ▶ This information can help prescribers and pharmacists identify patients at high-risk who would benefit from early interventions




WIDESPREAD DISTRIBUTION OF NALOXONE



- ▶ Naloxone (Narcan) is an opioid antagonist used for the complete or partial reversal of opioid overdose, including respiratory depression.
- ▶ The Substance Abuse and Mental Health Services Act (SAMHSA) as well as the California Department of Public Health make grants available for education and distribution of Naloxone


EXPANSION OF MAT

- ▶ Grants are available to states for innovative service delivery models (like the Tribal MAT)
 - ▶ Nurse Practitioners and Physician Assistants can prescribe buprenorphine under a 5 year demonstration grant which sunsets in 2021
 - ▶ There is an increase in the number of patients (275) an addiction trained physicians may treat
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MAT AS BEST PRACTICE

- ▶ SAMHSA with large ongoing program promoting use of buprenorphine
- ▶ SAMHSA grants strategically focus on populations with limited MAT access including rural areas and American Indian and Native Alaskan (AI/NA) tribal communities
 - ▶ The California Hub and Spoke System (CA H&SS)
 - ▶ Tribal MAT Project


ESTIMATES OF LIVES SAVED PER MAT PATIENT

- ▶ Overall mortality studies usually combined buprenorphine and methadone, but comparative studies have shown similar rates
 - ▶ Norway - 40-50% reduction in mortality of heroin users in sample on vs off MAT
 - ▶ France -Experienced 79% reduction in overdose deaths (mostly heroin) over 10 years since widespread introduction of buprenorphine (20% of physicians prescribe buprenorphine)
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MAT COMPONENTS

- ▶ MAT components
 - ▶ Clinical evaluation of patient to establish presence of opioid use disorder
 - ▶ Induction process (requires DEA-waivered provider to prescribe)
 - ▶ Maintenance, which includes UDS and PDMP monitoring
 - ▶ Psychosocial treatment
 - ▶ Referral/ treatment of co-occurring disorders
 - ▶ Good organization with policies and procedures
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CONSIDERATIONS FOR SET-UP OF A MAT CLINIC

- ▶ The buprenorphine DEA-waiver program was developed specifically for use in the primary care setting
 - ▶ Primary care providers view of opioid addicted patients often jaded by experience with drug-seeking patients
 - ▶ Very helpful to have another set of eyes and someone to collate necessary data including UDS, PDMP and verification of participation in psychosocial treatment ---> i.e. participation of addiction nurse or substance abuse counselor
 - ▶ Need buy-in from all parties including leadership
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“IN HOUSE” MAT PROGRAM

- ▶ Waivered PCP at clinic
 - ▶ Case management by MA/RN and/or MAT-trained SUD counselor
 - ▶ Participation in learning collaborative like Project ECHO
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TELEMEDICINE -BASED

- ▶ Addiction medicine specialist providing MAT service remotely
 - ▶ Case manager can be at clinic, or also remote
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SUPPORTS

- ▶ UCSF addiction medicine consult line
 - ▶ DHCS has developed a Project ECHO style program
 - ▶ Lots of model policies and procedures, scales and tool for induction and maintenance, training resources on-line
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SUMMARY

- ▶ Opioid overdose is now the most common cause of preventable deaths
 - ▶ Effective methods of saving lives exist
 - ▶ The role of primary care clinics, especially in rural areas, is crucial
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