

The Opioid Crisis In Alabama

**Satellite Conference and Live Webcast
Monday, November 27, 2017
1:00 – 3:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Distance Learning and Telehealth Division**

Faculty

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Goals of the Training

- **At the end of this training, participants will be able to:**
 - **Understand the Opioid Crisis in Alabama**
 - **Have an understanding of the consequences of the opioid crisis**
 - **Be aware of what is being done to combat the opioid crisis and**
 - **Be able to identify what else can be done to help**

What are Opioids

- **Opioids are drugs that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus**
- **As the body becomes used to these feelings, it begins to take more and more to get the same feelings**

Opioids

- **There are prescription opioids and illegal opioids**
 - **Heroin**
 - **Morphine**
 - **Codeine**
 - **Oxycodone**
 - **Dilaudid**

Opioids

- **Fentanyl**
- **Percocet**
- **Vicodin**
- **Methadone**

The Opioid Crisis

- **Addiction to and abuse of opioids have risen exponentially in recent years, taking a heartbreaking toll on individuals and their families, while straining law enforcement and treatment programs**
- **More people die every day from drug overdoses than from traffic crashes, and the majority of drug overdose deaths are caused by prescription opioids and heroin**

Overdose Deaths in the United States

- **Drug overdose deaths and opioid-involved deaths continue to increase in the United States**
- **The majority of drug overdose deaths (more than six out of ten) involve an opioid**

Overdose Deaths in the United States

- **Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled**
- **From 2000 to 2015 more than half a million people died from drug overdoses. 91 Americans die every day from an opioid overdose**

Overdoses

- **We now know that overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths**
- **The amount of prescription opioids sold to pharmacies, hospitals, and doctors' offices nearly quadrupled from 1999 to 2010, yet there had not been an overall change in the amount of pain that Americans reported**

Overdoses

- **Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999**

Overdoses

- **As noted on the previous slide, prescription drug opioids were what was formerly driving the opioid crisis but by 2015 they shared equal measure with heroin, other synthetic opioids (other than methadone) which mainly included illegal fentanyl but also increasing cocaine and methamphetamines**

Heroin Use

- From 2002–2013, past month heroin use, past year heroin use, and heroin addiction have all increased among 18-25 year olds
- The number of people who started to use heroin in the past year is also trending up

Heroin Use

- Among new heroin users, approximately three out of four report abusing prescription opioids prior to using heroin
- According to the National Center for Health Statistics, 80% of new heroin users were once addicted to prescription painkillers

Heroin Use

- Heroin-related deaths more than tripled between 2010 and 2015, with 12,989 heroin deaths in 2015
- The largest increase in overdose deaths from 2014 to 2015 was for those involving synthetic opioids (other than methadone), which rose from 5,544 deaths in 2014 to 9,580 deaths in 2015

Heroin Use

- One of these synthetic opioids, illegally-made fentanyl, drove the increase
 - It was often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge

Heroin Use

- The increased availability, lower price, and increased purity of heroin in the US have been identified as possible contributors to rising rates of heroin use

Overdoses

- The USC-Brookings Schaffer Initiative for Health Policy’s Jason N. Doctor and Michael Menchine also say that emergency rooms are playing a significant role in the opioid crisis
- First, emergency room visits are a notable source of the over-prescription of opioids—often with deadly consequences
 - Narcotic overdose is the eighth leading cause of death within one week of an emergency room visit

Overdoses

- **Additionally, emergency rooms are often on the frontlines of treating those harmed by the epidemic**
 - **Currently, there are over 300,000 estimated annual emergency department visits for opioid overdose**

Alabama

- **In 2014, Alabama was number 18 in the nation in regard to the number of deaths due to drug injury of any intent (unintentional, suicide, homicide, or undetermined) per 100,000 population**
- **Drug Induced death rates in Alabama increased from 5.7 % in 2007 to 13.4% in 2013**

Alabama

- **2.45% of Alabama's population above the age of 17, over 91,300 individuals, are estimated to have been dependent upon or abused illicit drugs in the past year**

Alabama

- **4.71% of Alabama's population above the age of 17, over 175,000 individuals, are estimated to have used pain relievers for nonmedical purposes in the past year**
- **Nearly 30,000 Alabamians, over the age of 17, are estimated to be dependent upon heroin and prescription painkillers**

Alabama

- **Physicians in Alabama, the state with the highest number of narcotic painkiller prescriptions, issued nearly three times as many of those prescriptions as doctors in Hawaii, the lowest prescribing state**

Alabama

- **A 2012 study by Express Scripts, the health care company that manages pharmacy benefits for 1 in 3 Americans, revealed that Alabama has the highest rate of prescription narcotic use in the nation and the fifth highest narcotic prescriptions per member, per year cost**

Alabama

- The study suggest that Alabama is one of the highest opioid users in the world, in that the United States has only about 5% of the population but uses about 80% of all opioid drugs

Alabama

- Per the CDC's Annual Surveillance Report, as of 2016, Alabama still has the highest prescribing rate of opiates in the nation. There are 121 prescriptions written for every 100 people in the state
- This has not changed since 2014
 - In July 2014, a report from the CDC identified Alabama as the highest painkiller prescribing state in the nation

Alabama

- The average national is 66.5 prescriptions per 100 people

Alabama

- In 2016, utilizing CDC data from 2013 to 2015, the Robert Woods Johnson Foundation identified the following counties in Alabama as having drug overdose mortality rates that exceed the national average of 15.7% per 100,000 persons:

Alabama

County	County
Escambia	Marshall
Walker	Dekalb
St. Clair	Blount
Cullman	Etowah
Cleburne	Shelby
Franklin	Baldwin
Jefferson	Morgan

Consequences of the Opioid Crisis

- The Department of Health and Human Services found that nearly three quarters of states saw an unprecedented number of children entering foster care
- Parental substance use was cited as the primary reason

Consequences of the Opioid Crisis

- The Centers for Disease Control reports a record increase in the number of babies born with Neonatal Abstinence Syndrome (NAS)
 - NAS is a drug withdrawal syndrome that occurs shortly after birth, primarily among infants exposed to opioids such as prescription painkillers and heroin while they are in the womb

Consequences of the Opioid Crisis

- The number of babies born in the United States with a drug withdrawal symptom has quadrupled over the past 15 years

Consequences of the Opioid Crisis

- In 2015, an estimated 2.7 million Americans suffered from opioid dependence or addiction. A common misconception is that a majority of people at risk for opioid abuse are young people using opioids without a prescription

Consequences of the Opioid Crisis

- The population of older adults who misuse opioids is projected to double from 2004 to 2020 per the Administration on Aging and Substance Abuse and Mental Health Services Administration

Consequences of the Opioid Crisis

- People aged for 45-64 account for 40 percent of all drug overdose deaths, and a majority of these cases involved people who received legitimate prescriptions from their primary care provider

Consequences of the Opioid Crisis

- The number of seniors hospitalized for opioid overdoses has increased five-fold over the last 20 years
 - According to the Centers for Disease Control and Prevention, 44% of all opioid overdose deaths in 2013 and 2014 occurred in patients between the age of 45 to 64

Consequences of the Opioid Crisis

- Recent research by Director of the Princeton University Survey Research Center Alan B. Krueger discovered that the increase in opioid prescriptions from 1999 to 2015 could account for about 20 percent of the observed decline in men's labor force participation (LFP) during that same period

Consequences of the Opioid Crisis

- Krueger found that over the last 15 years, LFP fell more in counties where more opioids were prescribed

Consequences of the Opioid Crisis

- Communities experiencing economic hardship, where decent paying jobs and benefits, especially for people without a college degree, are limited, have been most affected by the opioid epidemic
 - (Penn State University, Monnat)
- Substance misuse and substance use disorders costs the U.S. and local communities approximately \$442 billion each year

Consequences of the Opioid Crisis

- The impact on law enforcement cannot be underestimated
 - Police officers are now expected to enforce the law but also be social workers, counselors and life savers
 - Having an accidental overdose is now a legitimate risk to first responders such as police officers

Consequences of the Opioid Crisis

- According to data from the DEA, the amount of heroin seized each year at the southwest border of the United States was approximately 500 kg during 2000–2008
 - This amount quadrupled to 2,196 kg in 2013

Consequences of the Opioid Crisis

- There is an increase in mental health needs as a result of the opioid crisis
- Addiction to opioids can stem from underlying mental health disorders
- A landmark study in the journal JAMA Internal Medicine revealed that individuals who suffer from common mental health issues such as depression, anxiety, or panic disorder were three times more likely to initiate and continue opioid use

Consequences of the Opioid Crisis

- Opioid misuse and Opioid use disorders have direct and indirect consequences for communities
- Direct consequences of opioid misuse and opioid use disorders include motor vehicle crashes, injuries, social and legal problems, impaired health, overdose, deaths, and babies born with neonatal abstinence syndrome

Consequences of the Opioid Crisis

- Long-term consequences of opioid misuse and opioid use disorders include higher health care costs, the spread of infectious disease, drug-related crime, interpersonal violence, unintended pregnancy, and stress within families

What is Being Done to Help

- FDA required changes in the labeling of immediate-release (IR) opioid pain medications, including a new boxed warning about the serious risks of addiction, overdose, and death
- FDA issued a draft guidance to support industry in their development of generic versions of approved opioids with abuse-deterrent formulations (ADF)

What is Being Done to Help

- Hydrocodone is the most prescribed opioid in the United States
 - Under a final rule issued by the Drug Enforcement Administration (DEA), hydrocodone combination products are now in a more restrictive category of controlled substances, along with other opioid drugs for pain like morphine and oxycodone

What is Being Done to Help

- The CDC has issued guidelines for the prescribing of opioids for chronic pain
- HHS released new guidance to support implementation of a change in law that makes it possible for grantees to use federal funds to support operational components of Syringe Service Programs (SSPs)

What is Being Done to Help

- The guidance allows state, local, tribal, and territorial health departments to request permission to use federal funds to support SSPs

What is Being Done to Help

- In Alabama, HB208 was signed into law in 2015 and provided immunity for prescribing and administering an opioid antagonist, such as naloxone. This is commonly known as a "Good Samaritan Law"
- In 2016, in Alabama, HB379 was signed into law, providing the State Health Officer or a county health officer the authority to write a standing order for dispensing naloxone

What is Being Done to Help

- The Substance Abuse and Mental Health Services Administration (SAMHSA) issued an application, titled State Targeted Response to the Opioid Crisis (Opioid STR) for states to address the opioid crisis by increasing access to treatment, reduce unmet treatment needs, and reduce opioid overdose deaths through the provision of prevention, treatment and recovery activities for those with opioid use disorders

What is Being Done to Help

- All states received funding through this announcement
- The money is to be used to supplement activities that were currently being undertaken to address the opioid crisis in each state

What is Being Done to Help

- Alabama received \$7,967,873 to be used May 1, 2017 through April 30, 2018

What is Being Done to Help

- Improve access to treatment for opioid use disorders
- Expand access to medications approved by the FDA for treatment of opioid use disorders
- Improve retention in care for individuals who have been diagnosed with OUDs
- Improve the skills of Alabama's workforce for delivery of evidence-based services for OUDs

What is Being Done to Help

- Reduce stigma, improve public awareness of Alabama's opioid misuse and addiction crisis and of treatment options available
- Increase the availability of Naloxone in unserved areas of the state with high overdose death rates
- Implement prevention services aimed at preventing the onset and reducing the progression of prescription drug misuse at the community level

What is Being Done to Help

- In addition, SAMHSA also offered a opportunity to the 17 states with the highest over dose rates a chance to apply for additional funding
- Alabama applied and received \$1.8 million to be used in the two counties with the highest overdose fatalities which were Walker and Jefferson County

What is Being Done to Help

- Both grants are being used to enhance access to medication assisted treatment (in addition to other things) which has been shown to be on of the most effective ways to treat opioid use disorders

What Else Can Be Done to Help

- Community groups and coalitions can host community forums, town hall meetings, and listening sessions, and education and awareness days to foster conversations about opioid misuse and opioid use disorders and provide opportunities to educate the community, funders, and policy makers

What Else Can Be Done to Help

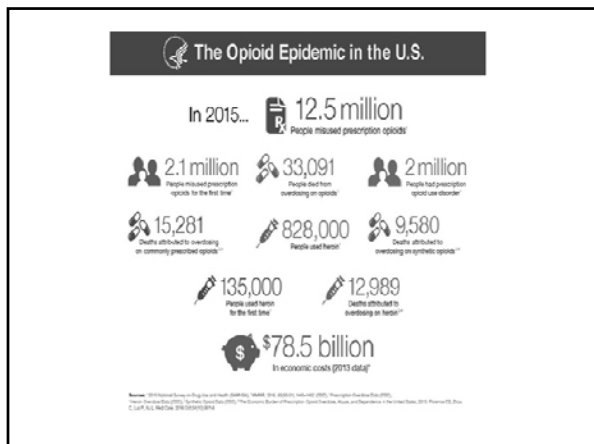
- Effective community-based prevention programs can reduce substance misuse
- Research shows that for each dollar invested in evidence-based prevention programs, up to \$10 is saved in treatment for opioid misuse-related costs
- Recovery high schools and collegiate recovery programs can provide a supportive environment for students in recovery

What Else Can Be Done to Help

- Provide easier access to naloxone
- Make alcohol and drug screening a universal practice in primary care settings
- Address other problems that lead to substance use and misuse
- Treat addiction like a disease not a crisis

What Else Can Be Done to Help

- Educate and improve the workforce
- Stigma
- Make treatment easier to access than the drugs themselves
- Prevent a new generation of substance users
- Realize that not everyone takes the same path to recovery



- ### Additional Sources of Information
- Centers for Disease Control and Prevention (CDC), Opioid Overdose, October 2017
 - US Department of Health and Human Services, HHS.gov, October 2017
 - Robert Wood Johnson Foundation, 2016
 - Huffpost, Blumenthal and Kaplan, August 2017

- ### Additional Sources of Information
- Vox, Lopez, October 2017
 - National Center for Health Statistics
 - Substance Abuse and Mental Health Services Administration, SAMHSA

Questions?

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