Addressing the Opioid Crisis: Forging a Path to Equity and Inclusion

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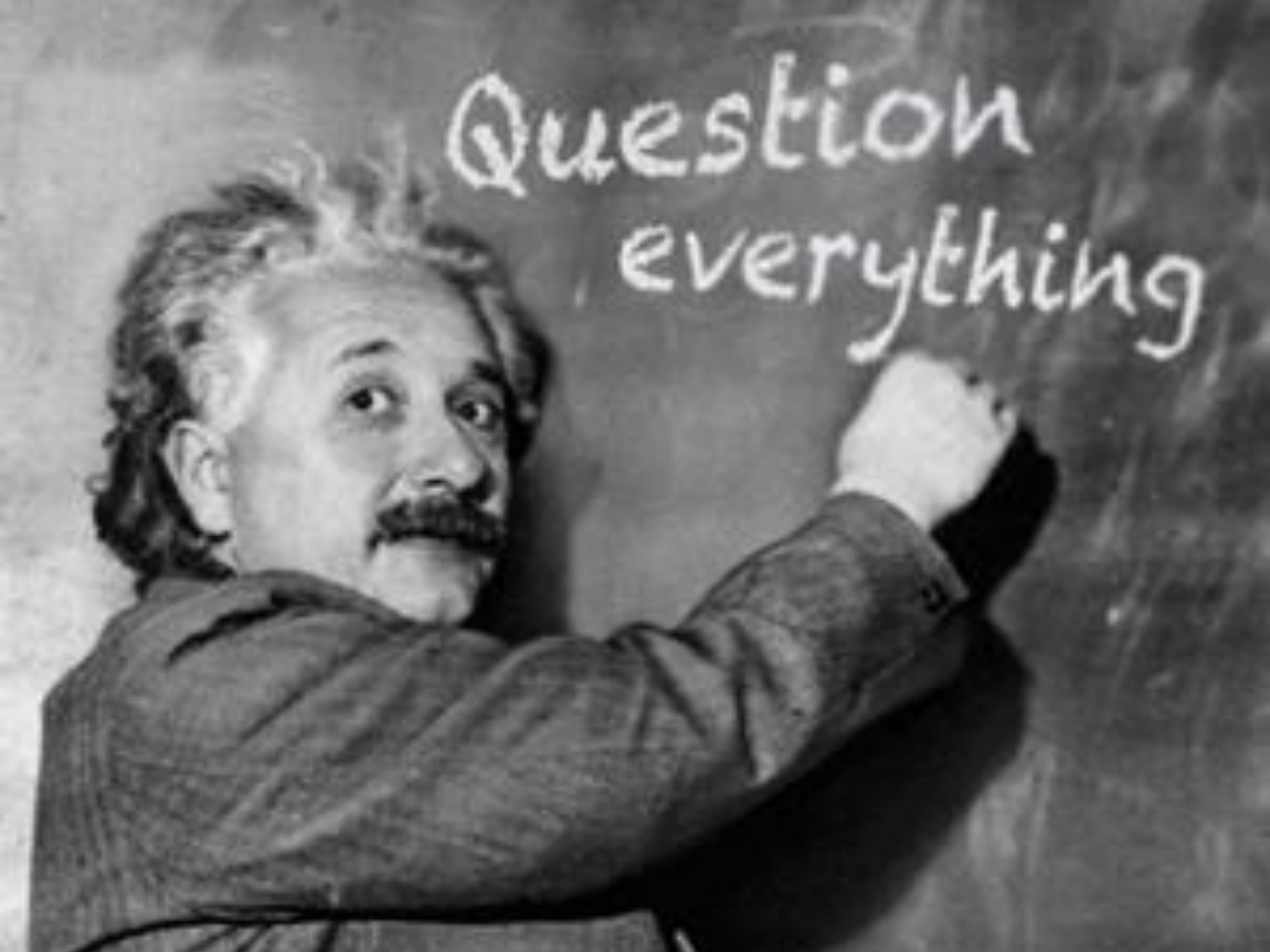
Question
everything

Pre-test

- When people become physically dependent on opioids, they become addicted. **T/F**
- The recent opioid crisis was caused by over prescription of opioids for patients who started taking Rx opioids for pain but then got addicted to them. **T/F**
- Since 2017 opioid overdose death rates disproportionately involve older African American males. **T/F**
- The War on Drugs has been successful with declining use of some drugs and not others. **T/F**
- Making evidence-based interventions available is in line with the principles of restorative justice **T/F**
- Narcotics Anonymous is the most successful treatment for opioid addiction. **T/F**


OxyContin
OxyContin
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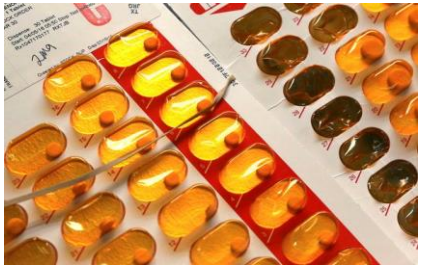
OxyContin


500ml
Methadone
Hydrochloride
DTF 1mg/1ml
Oral Solution
central nervous system


NDC 0054-4571-25
100 Tablets
METHADONE
HYDROCHLORIDE
Tablets USP
10 mg
Each tablet contains
10 mg methadone hydrochloride
Rx only
Roxane Laboratories




SUBUTEX
BUPRENORPHINE
8 mg
SUBUTEX
2 mg
Schering Plough

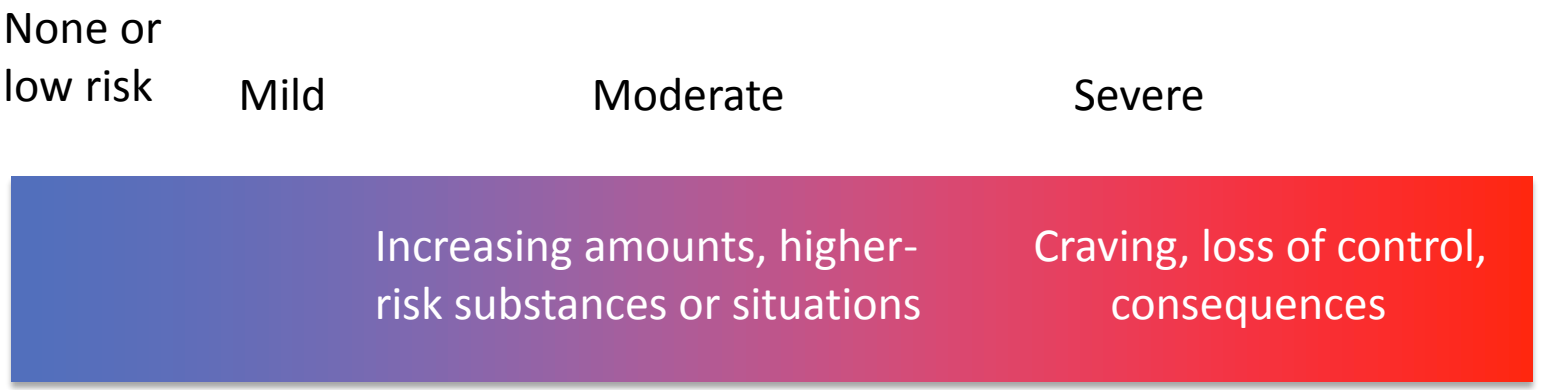

HEROIN
FENTANYL
CARFENTANIL

Physical Dependence is NOT Addiction

- **Physical Dependence:** a state characterized by tolerance and withdrawal

- **Addiction:** (also called substance dependence, behavioral dependence, or substance use disorder):
- a persistent and **chronic pattern of drug use** that is characterized by **serious** **health and life** **problems** directly related to the use of drugs and coupled with the user's **inability or unwillingness to quit or stay abstinent**. It may also be characterized by "**craving**."

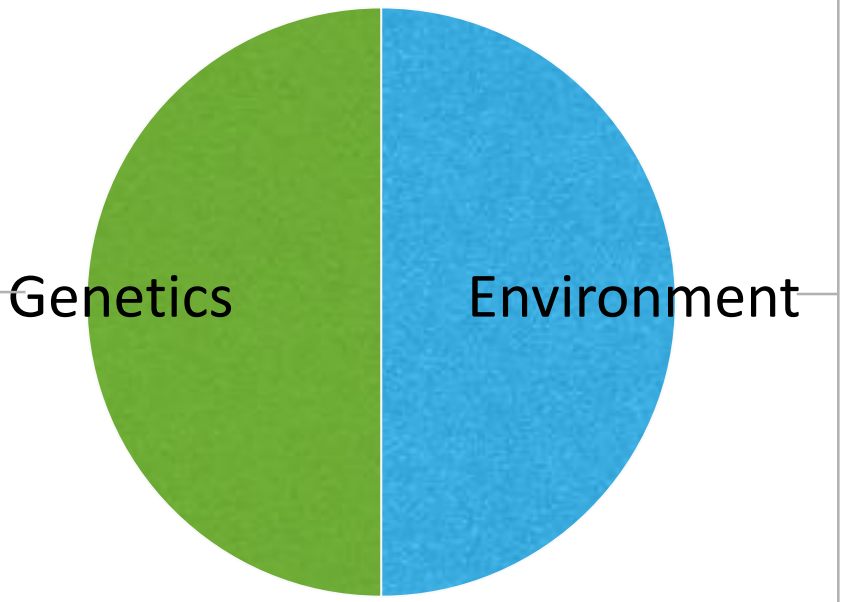
Spectrum of Use



Who Becomes Addicted?

Biochemical
- opioid receptors
- dopamine
- other transmitters
- intracellular signals

Behavioral
- novelty seeking
- harm avoidance
- impulsivity
- psychiatric disorders



Social influence
- parents
- siblings
- friends

Adversity
- psychiatric disorders
- stress
- lack of positive experiences

Availability
- illicit sources
- prescription
- family and friends

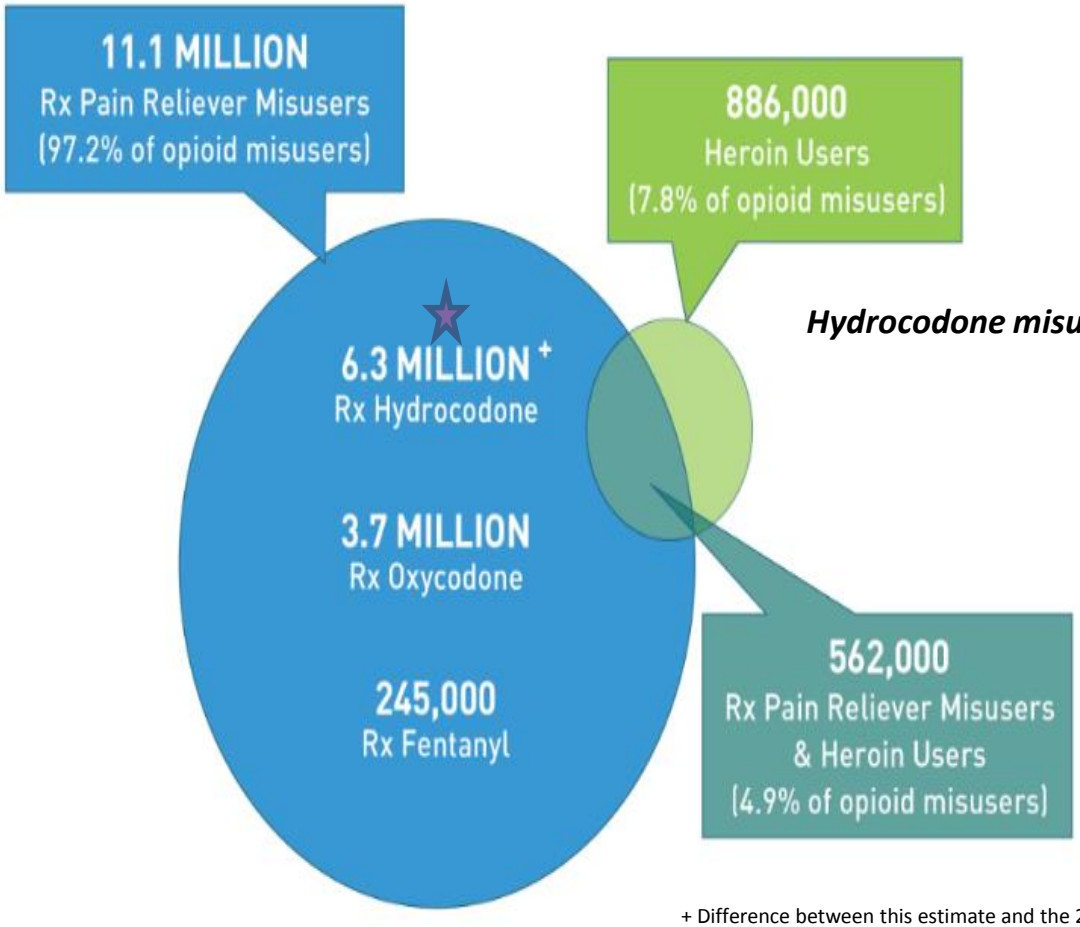
Anokhin et al 2015
Milivojevic et al 2012
Reed et al 2014
Wingo et al 2015

Opioids Crisis: Millions Continue Misuse (SAMHSA, 2019)

Significant decrease from 12.7 M misusers in 2015

PAST YEAR, 2017, 12+

11.4 MILLION PEOPLE WITH OPIOID MISUSE (4.2% OF TOTAL POPULATION)

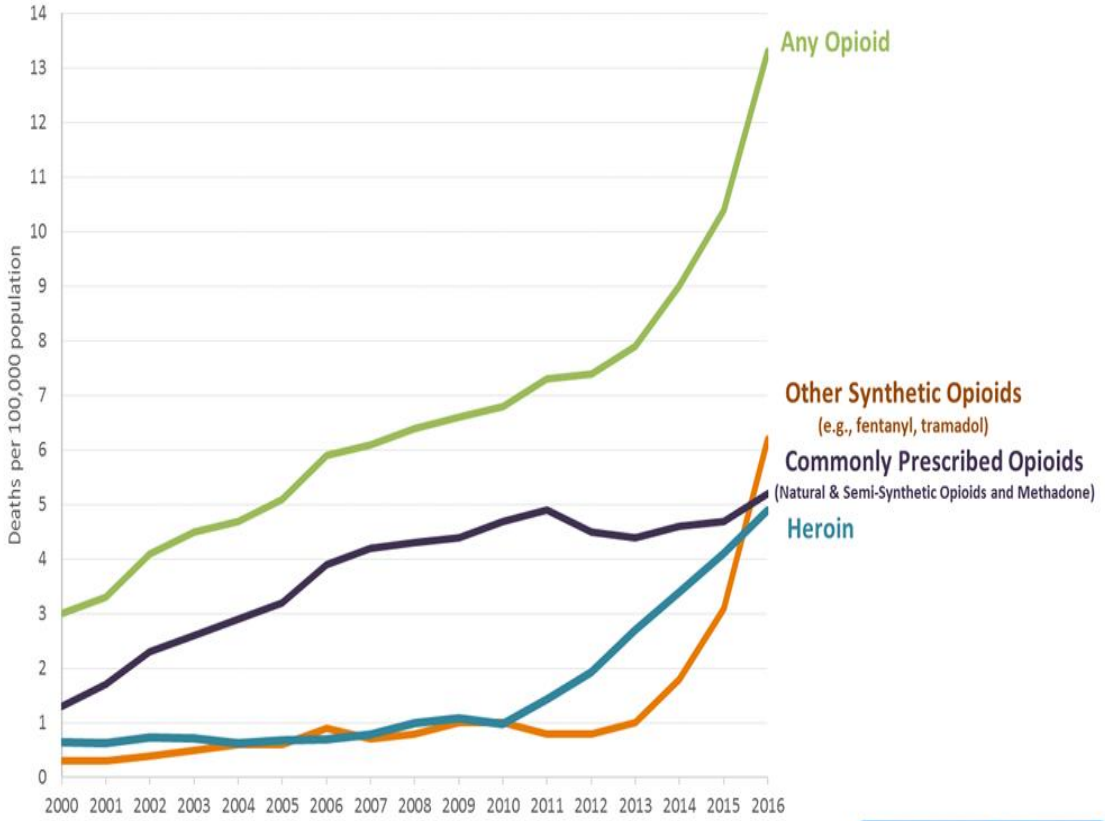


Hydrocodone misuse down from 6.9M in 2016

+ Difference between this estimate and the 2016 estimate is statistically significant at the .05 level.

Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Note: The percentages do not add to 100 percent due to rounding.

Overdose Death Rates Involving Opioids, by Type, United States, 2000-2016

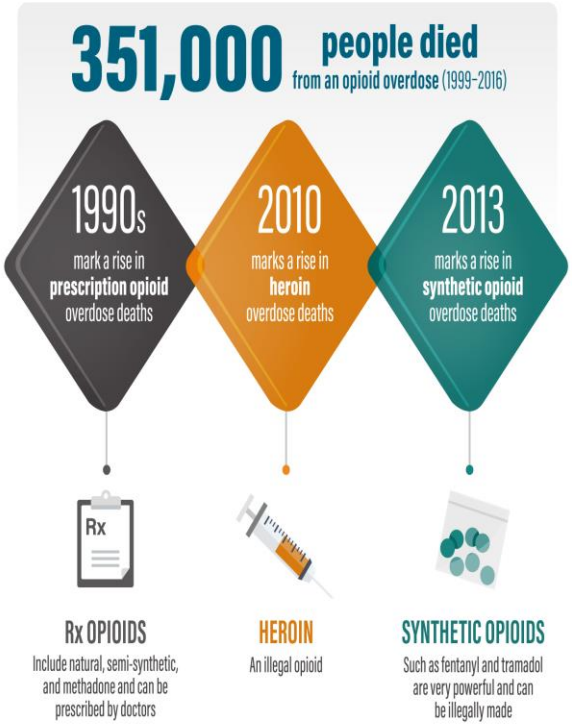


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. https://wonder.cdc.gov/.

www.cdc.gov
Your Source for Credible Health Information

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves

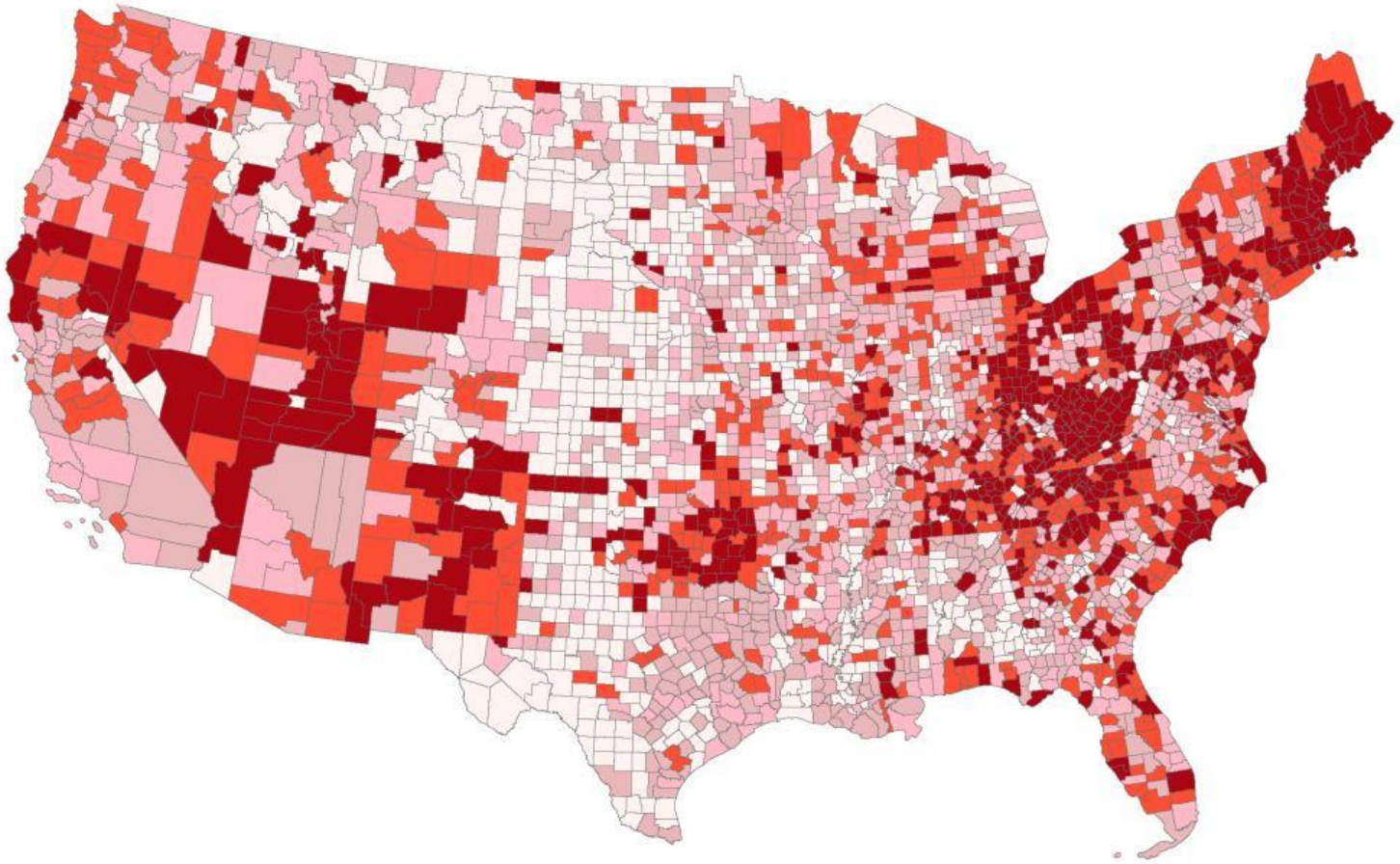


CDC

Learn more about the evolving opioid overdose crisis: **www.cdc.gov/drugoverdose**

Fatal opioid overdoses per 100,000

0.0 0.1 - 3.5 3.6 - 6.2 6.3 - 10.7 10.8 - 374.5



How Did We Get Here?

- Purdue Pharmaceutical Company and Oxycontin
- Pill mills and unethical pharmacies
- Inadequate medical doctor training on the proper use of opioids
- The War on Drugs
- Fear of police involvement for reporting ODs
- Regulation of the dispensation of methadone and buprenorphine by the DEA
- Inadequate treatment and discriminatory attitudes about drug users

How Did We Get Here?

- Out-of-pocket costs for drug treatment, visit caps, and high co-pays
- An obsolete and profiteering drug rehab industry including patient brokering
- Lack of medical professionals trained in addiction medicine
- Lack of evidence-based treatments being used
- **Most opioid patients never get addicted**: most people who do get addicted did not start their addiction with a doctor's Rx

At the Federal Level: SUPPORT Act & Opioid Response Act

The recent passage of the SUPPORT Act has provided the FDA with the authority to (but there are limitations):

- Assist in the development of evidence-based guidelines for opioid prescribing to treat acute pain.
- Take new steps to reduce exposure to opioid analgesics by helping to ensure that these drugs are appropriately prescribed, with dose, quantity and treatment durations that match the indication.
- Assess packaging requirements, such as short-duration blister packaging for outpatient dispensing of opioid analgesics.

The Opioid Crisis, Corporate Responsibility, and Lessons From the Tobacco Master Settlement Agreement (Healton, Pack, & Galea, 2019)

VIEWPOINT

The Opioid Crisis, Corporate Responsibility, and Lessons From the Tobacco Master Settlement Agreement

Cheryl Healton, DrPH
New York University College of Global Public Health, New York; and ASPPH Task Force on Public Health Initiatives to Address the Opioid Crisis, Washington, DC.

Robert Pack, PhD, MPH
ASPPH Task Force on Public Health Initiatives to Address the Opioid Crisis, Washington, DC; and East Tennessee State University College of Public Health, Johnson City.

Sandro Galea, MD, DrPH
Boston University School of Public Health, Boston, Massachusetts.

The opioid crisis has accounted for 770 000 deaths in the United States over the past 20 years, a number approximately equal to the first 20 years of the AIDS epidemic.[1] A substantial portion of these deaths were the direct result of overprescription of opioids, and many others were caused by former prescription opioid users migrating to less expensive and easier to obtain heroin and synthetic opioids, such as fentanyl and its analogues. The opioid crisis has contributed to the decline in US overall life expectancy for 3 consecutive years; the first 3 year-on-year decline in US life expectancy since the 1918 flu pandemic.

A New Road Map to Address the Crisis Through Public Health and Legal Approaches

The Association of Schools and Programs of Public Health (ASPPH) Task Force on Public Health Initiatives to Address the Opioid Crisis has just released its comprehensive report and recommendations,[2] which present a road map for addressing the broad dimensions of the opioid epidemic. The report calls for public and professional education to reduce the stigma of addiction; a focus on use of funds to prevent addiction; provision of services for those directly affected by addiction; and mounting programs for affected families, communities, and professions, including relief for the burden on the criminal justice systems and social service systems. The report also proposes funding broad research and evaluation with regard to the causes of the opioid epidemic and ultimate solutions.

Implementation of these recommendations will require considerable resources, certainly in the tens of billions of dollars, to reverse an epidemic that has unfolded over the past few decades. Responsibility for addressing this public health crisis is a shared one that includes units of government at the local, state, and federal level and the corporations that contributed to this epidemic.

Holding Corporations Accountable for the Opioid Epidemic

Responsibility for holding corporations accountable for their role in the opioid epidemic—and ensuring they contribute to solutions—falls primarily to state attorneys general. Attorneys general are responsible for protecting the public and can act individually or as a group through lawsuits or negotiations when public health is threatened. The strength of their negotiating ability is greatest when a strong legal case exists, as it now does with regard to liability for the opioid crisis. Attorneys general have available to them a range of laws with which to prosecute corporations that undermine public health, including consumer protection laws, public nuisance laws, antitrust, and state versions of the Racketeer Influenced and Corrupt Organization (RICO) Act. Settlements can achieve concessions from corporations, including marketing and lobbying restrictions that cannot otherwise be legally mandated under the First Amendment.

State attorneys general and other attorneys have filed suit on behalf of municipalities and states, which claim that substantial responsibility for the opioid epidemic lies with corporations that marketed, distributed, and sold prescription opioids that were overprescribed and overused. The evidence purportedly shows that some corporations promoted the products through misleading claims about likelihood of addiction to and safe dosing levels of opioids. Some corporations allegedly diverted drugs and failed to report excessive deliveries to individual distributors and retailers as well as allowing fraudulent prescriptions to be filled. Clinicians were advised that no ceiling on dosing levels was required and that signs of addiction were instead "pseudoaddiction," a condition that has not been empirically validated.[3] Opioid manufacturers promoted pain as the fifth vital sign and created pain advocacy groups to advance the industry's corporate agenda.[4,5] This suggests that sources of revenue the various involved companies receive through other product lines in addition to opioids can legitimately be accessed to address the epidemic.

In March 2019, the state of Oklahoma settled a suit against Purdue Pharma for $270 million, while separately, an Oklahoma judge ordered Johnson & Johnson to pay $572 million in damages associated with the opioid crisis and specified where the funds should go. These data are noteworthy in a state with just over 1% of the US population and could predict significant future settlements and judgments. The Oklahoma judge's plan set forth specific allocation of the resources, as had the separate Oklahoma settlement with Purdue Pharma. The state legislature balked over the Purdue settlement and quickly passed a unanimous bill reasserting its appropriations jurisdiction over attorney general settlements. This implies that the attorney general and Purdue Pharma will need to negotiate.

The Oklahoma decisions appear to be a bellwether of future legal actions. Soon after the Oklahoma decisions, a framework for a settlement was announced with Purdue Pharma in an Ohio federal court in September 2019, which involved more than 2000 smaller government plaintiffs nationwide and 24 states. This was swiftly followed by the filing for Chapter 11 bankruptcy protection by the corporation, owned by the Sackler family. The proposed deal, worth an estimated $10 billion or more, could provide funds to address the opioid epidemic, provided, of course, that state and local forces do not divert current and future settlement funds for other purposes. Ironically, the funds would come from future sales of the drug.

To date, however, more than 20 state attorneys general have rejected the proposed settlement, strongly suggesting that key states leading the effort to bring the opioid industry to justice do not view the settlement as

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Health Inequity Trends

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ORIGINAL ARTICLE

Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935-2016

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ABSTRACT

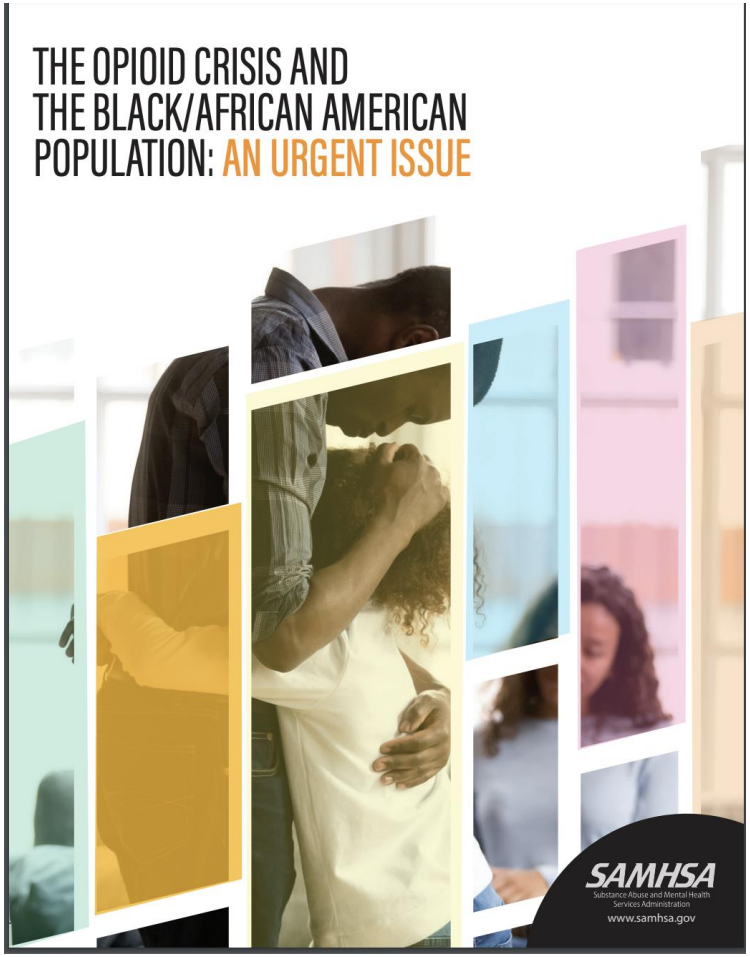
Objectives: This study describes key population health concepts and examines major empirical trends in US health and healthcare inequalities from 1935 to 2016 according to important social determinants such as race/ethnicity, education, income, poverty, area deprivation, unemployment, housing, rural-urban residence, and geographic location.

Methods: Long-term trend data from the National Vital Statistics System, National Health Interview Survey, National Survey of Children's Health, American Community Survey, and Behavioral Risk Factor Surveillance System were used to examine racial/ethnic, socioeconomic, rural-urban, and geographic inequalities in health and health care. Life tables, age-adjusted rates, prevalence, and risk ratios were used to examine health differentials, which were tested for statistical significance at the 0.05 level.

Results: Life expectancy of Americans increased from 69.7 years in 1950 to 78.8 years in 2015. However, despite the overall improvement, substantial gender and racial/ethnic disparities remained. In 2015, life expectancy was highest for Asian/Pacific Islanders (87.7 years) and lowest for African-Americans (75.7 years). Life expectancy was lower in rural areas and varied from 74.5 years for men in rural areas to 82.4 years for women in large metro areas, with rural-urban disparities increasing during the 1990-2014 time period. Infant mortality rates declined dramatically during the past eight decades. However, racial disparities widened over time; in 2015, black infants had 2.3 times higher mortality than white infants (11.4 vs. 4.9 per 1,000 live births). Infant and child mortality was markedly higher in rural areas and poor communities. Black infants and children in poor, rural communities had nearly three times higher mortality rate compared to those in affluent, rural areas. Racial/ethnic, socioeconomic, and geographic disparities were particularly marked in mortality and/or morbidity from cardiovascular disease, cancer, diabetes, COPD, HIV/AIDS, homicide, psychological distress, hypertension, smoking, obesity, and access to quality health care.

Conclusions and Global Health Implications: Despite the overall health improvement, significant social disparities remain in a number of health indicators, most notably in life expectancy and infant mortality. Marked disparities in various health outcomes indicate the underlying significance of social determinants in disease prevention and health promotion and necessitate systematic and continued monitoring of health inequalities according to social factors. A multi-sectoral approach is needed to tackle persistent and widening health inequalities among Americans.

SAMHSA Report on Racial Disparities



Is the Opioid Epidemic a White Problem?

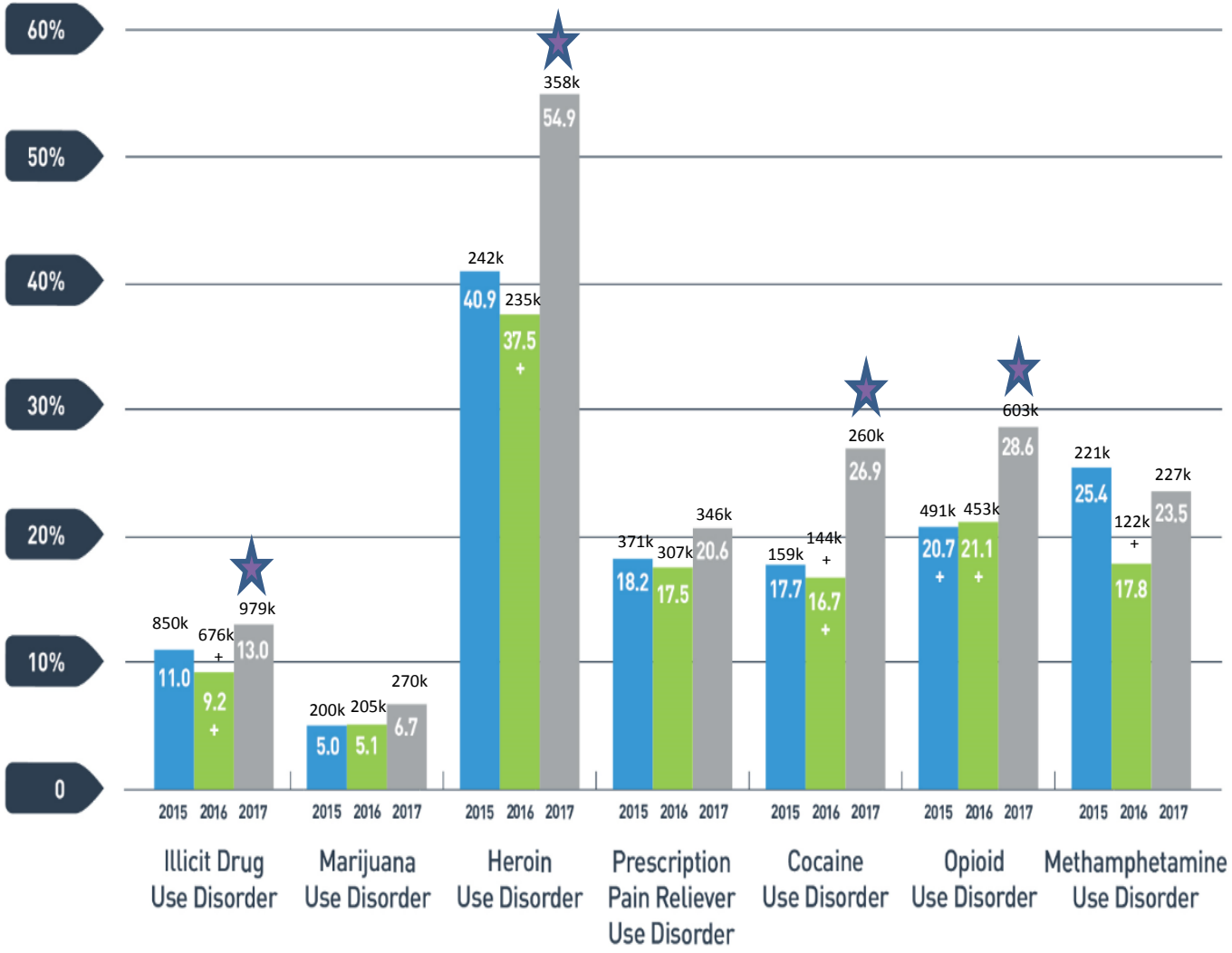
- Nonmedical opioid use increased in White communities, rather than arresting consumers, regulators mandated physicians to use Prescription Drug Monitoring Programs
- Arrest rates for sale or possession of manufactured drugs was one-quarter that for the sale or possession of heroin or cocaine even though prescription opioid misuse far exceeded heroin use.
- Buprenorphine marketing was **demographically targeted!**

Questions for you!

- What specific types of opioids are you seeing in your neighborhoods and communities?
- What types of treatment are available in your communities and in your State?

Specialty Treatment for Illicit Drug Use Disorders

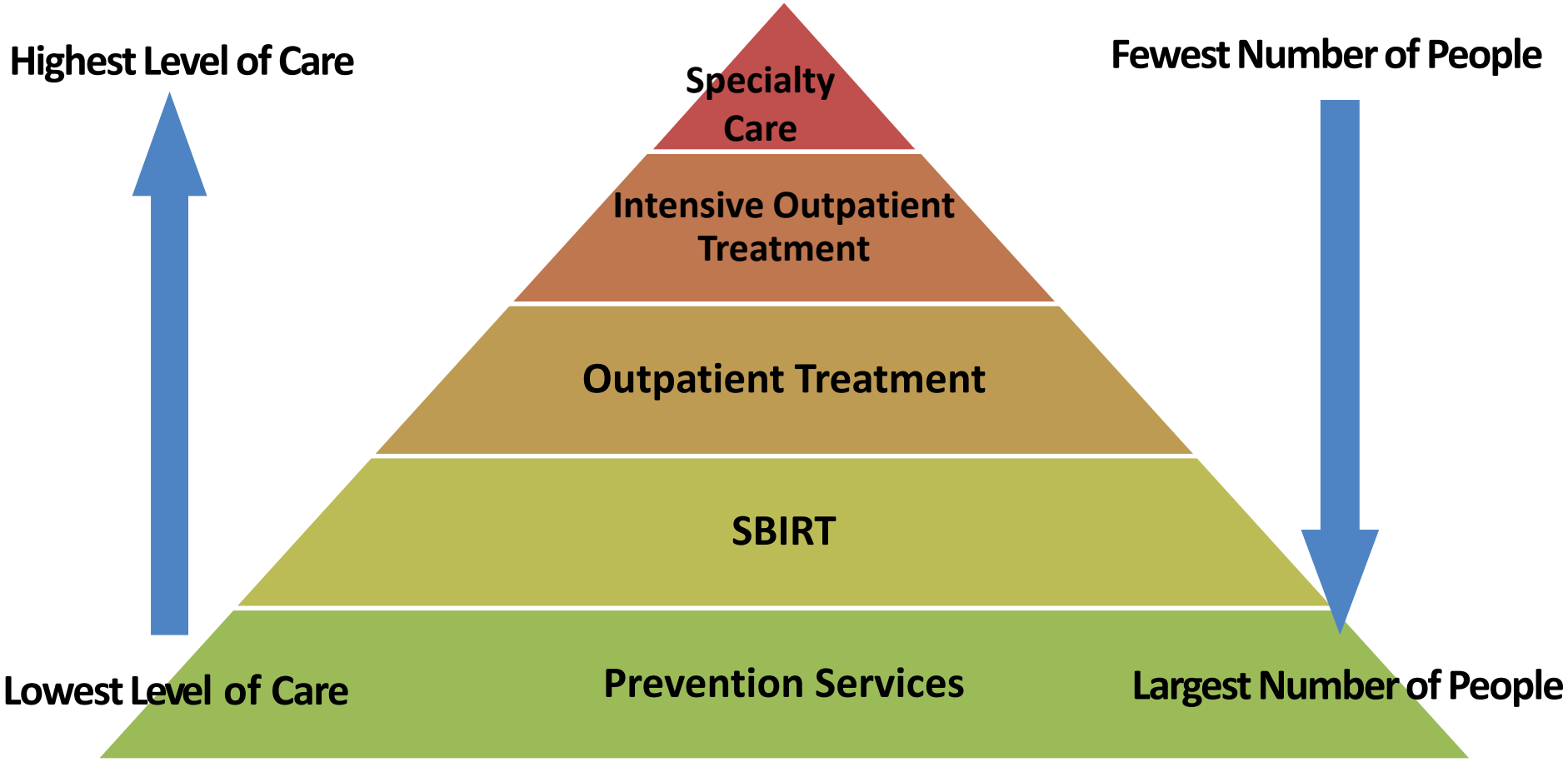
PAST YEAR, 2015 - 2017, 12+



Special analysis of the 2017 NSDUH report.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Substance Abuse Continuum of Care



What Does Evidence-Based Treatment Look Like?

Medication Assisted Treatment (MAT) Is Used To:

- Decrease overdose death
- Decrease infectious disease spread
- Increase treatment retention
- Decrease criminal activity
- Facilitate community re-entry

Medication Assisted Treatment (MAT): (3 classes)

Only 10% of drug programs in the U.S. use MAT

Class I: Agonist

Methadone: An opioid medication

- Orally administered
- Used for detoxification and maintenance
- Blocks euphoric effects from other opiate use
- Long half-life: one dose per day
- Relieves cravings and withdrawal

Class II: Partial Agonist

***Buprenorphine*:**

- Subutex(alone)
- Suboxone(with naloxone)
- Partial agonist-antagonist
- Lower potential for abuse

Class III: Antagonist

- Naltrexone: a slower acting drug used to block the effects of opioids and alcohol. Vivatrol and NTX are extended release injectable versions of Naltrexone

- Naloxone: a fast acting drug used to reverse ODs administered by injection or nasal spray

Naloxone saves lives; Naltrexone aids in recovery

Harm Reduction and Opioid Overdose Prevention in the Context of COVID-19

- Services may be delivered via telemedicine (video) or telephonic (audio) services; individual or "group" Zoom naloxone training sessions
- Naloxone kits and fentanyl test strips can be mailed to patients from an opioid overdose prevention program, naloxone and syringes can be prescribed by providers to a pharmacy, or naloxone, fentanyl strips, and works (syringes, cottons, cookers, bleach) can be ordered from Next Distro (https://nextdistro.org/) and mailed to patients; some SEPs (syringe exchange programs) do home delivery
- **Services still need to happen regardless of COVID-19!**

Opioid Detoxification Efficacy

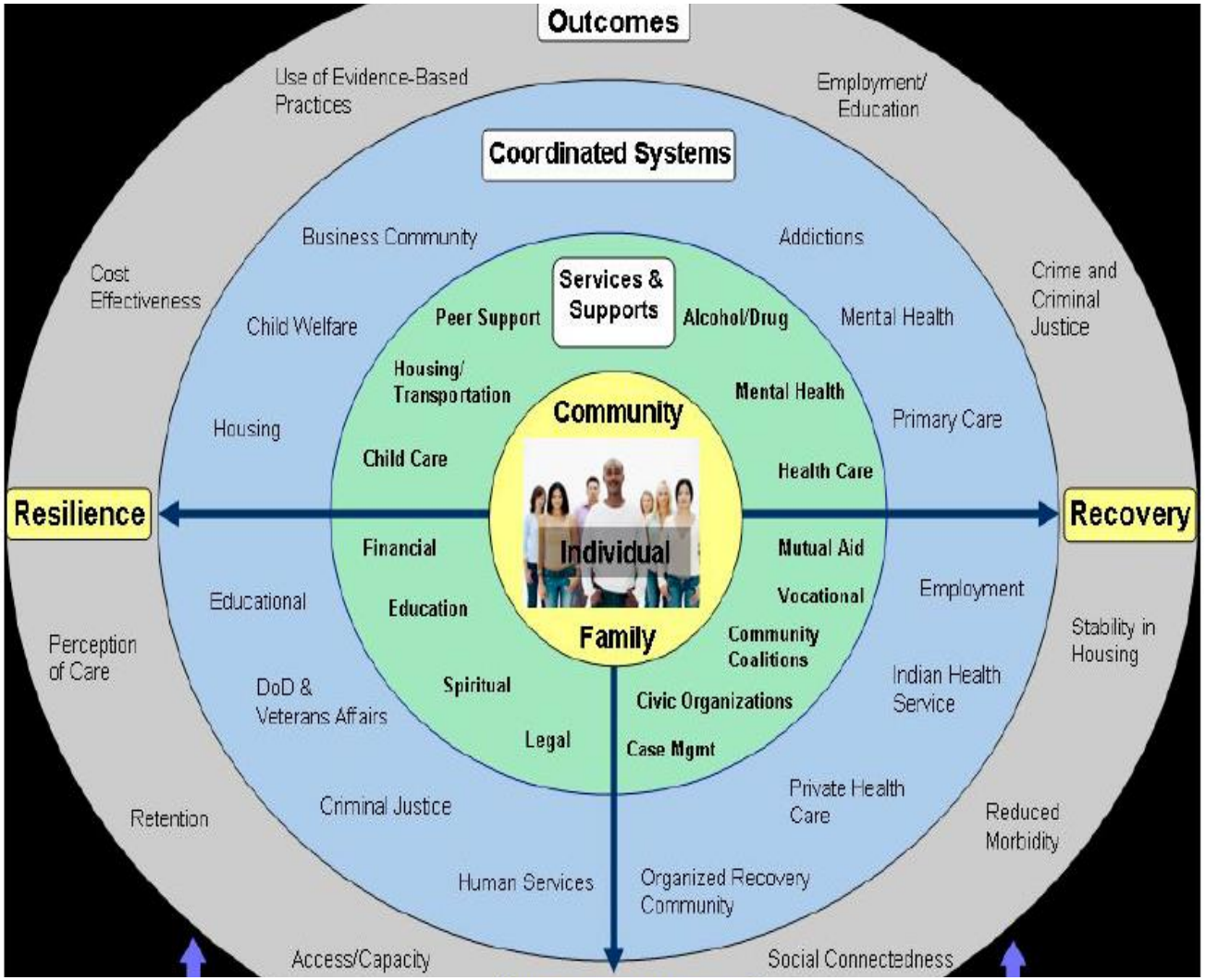
- **Extremely high relapse rates 90%.** Sometimes the same day after leaving facility
- High risk for HIV, Overdose upon relapse
- Must be followed up with structured treatment, 12 step, Recovery Centers
- **Abstinence-based approach is not the best treatment for opioid dependence!**

Opiate Addiction Treatment Outcome*

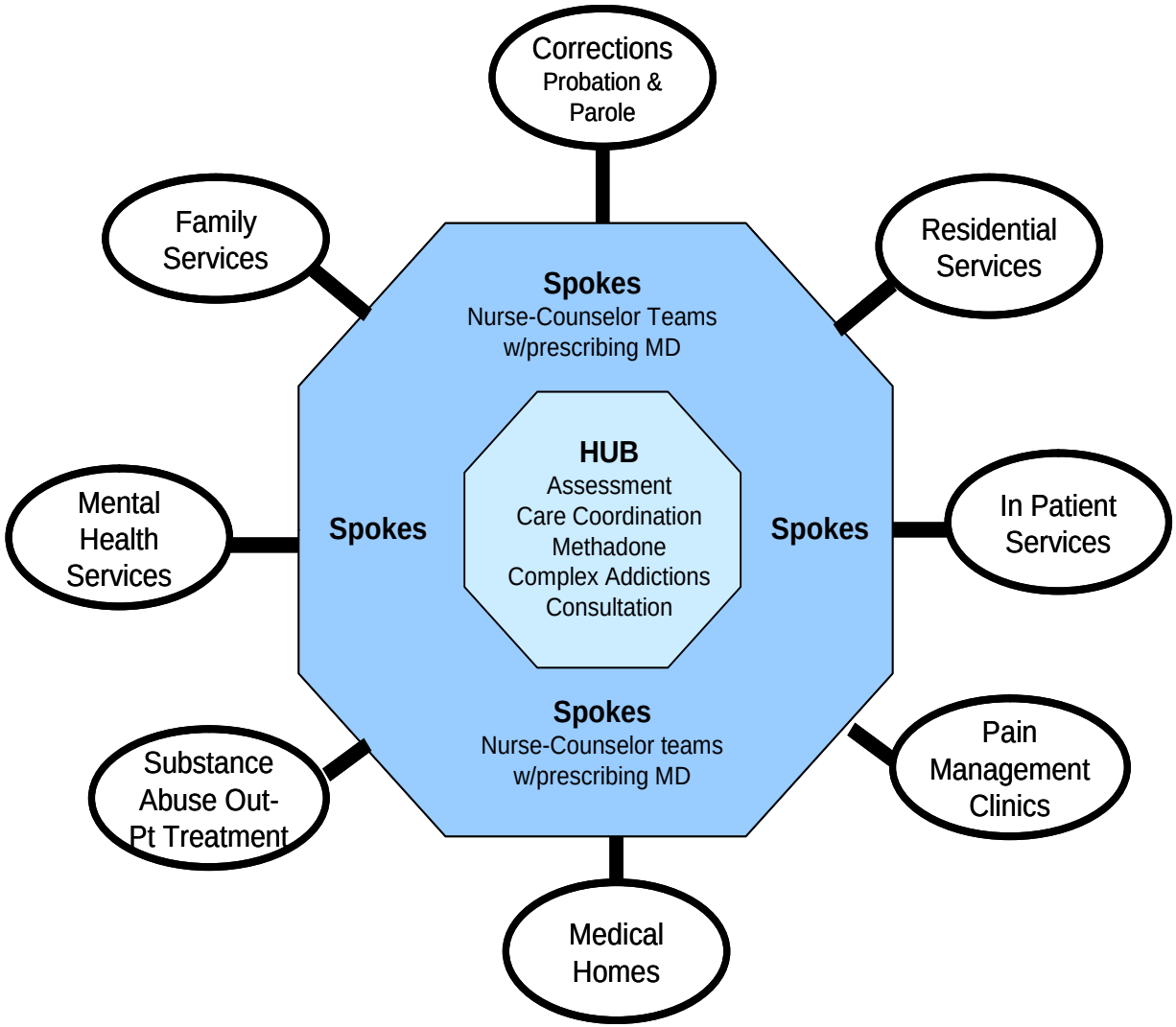
Methadone Maintenance	**50 - 80%**
Naltrexone Maintenance	**10 - 20%**
“Drug Free” (non-pharmacotherapeutic)	**5 - 30%**
LAAM Maintenance	**50 - 80%****
Buprenorphine-Naloxone Maintenance	**40 - 50%**
Short-term Detoxification (any mode)	**5 - 20%** **(limited data)**

Kreek, 1996; 2001

SAMHSA's Recovery Oriented Systems of Care
(Sheedy & Whitter, 2009)



Integrated Health System for Addictions Treatment



Hub and Spoke Model for Opioid Addiction

- A regional approach for delivering **MAT** to those who suffer from opioid drug addiction

- Hub and Spoke models are designed to coordinate addiction treatment with medical care and counseling, supported by community health teams and services, to effectively treat the whole person as they make their way along the path to recovery

- **MAT** is an effective treatment for opioid addiction that involves prescribing medication **in combination with** counseling

Restorative Justice Approaches to Desistance and Recovery

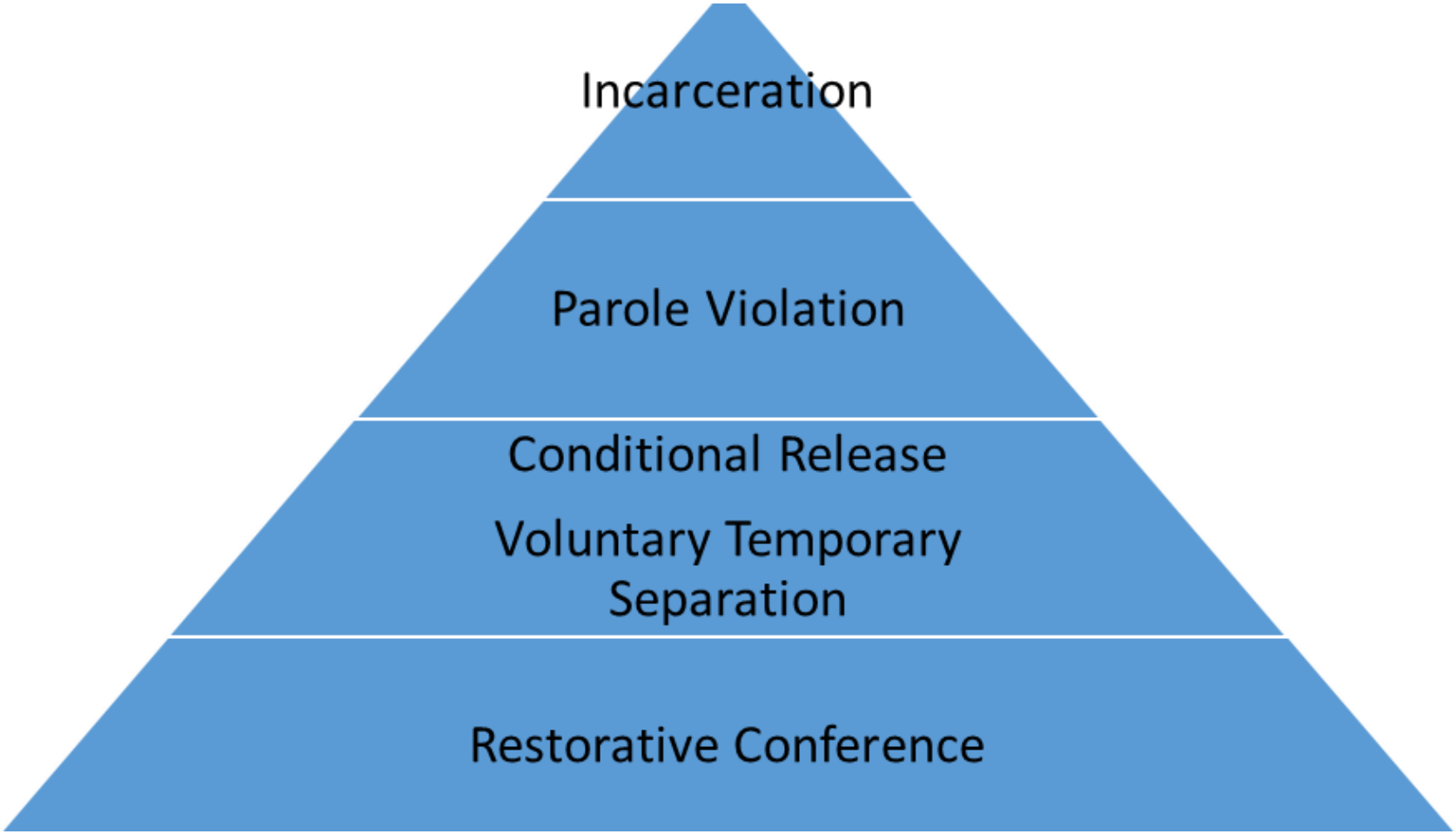
Restorative Approaches to Desistance and Recovery
(Burford & Leibowitz, 2019)

- Restorative and responsive approaches to engagement with members of affected social networks can operate to reconcile the aims of desistance (associated with criminology) and recovery (associated with addiction treatment)

- Consider social determinants of health and well being, and RJ as a critique of traditional criminological models

- Use of Family Group Conferencing (FGC)

RJ Pyramid Applied to Addiction Treatment



Drug Policy

The War on Drugs has been an abysmal failure!

Global Efforts

The Global Commission on Drug Policy strongly recommends a shift to **Harm Reduction**

https://www.globalcommissionondrugs.org/tag/opioid-crisis

- **Harm reduction** is a set of **ideas** and **interventions** that seek to **reduce the harms** associated with both **drug use** and **ineffective drug policies**

Harm Reduction Includes

- Decriminalization and regulation
- Expanded access to MAT
- Clean needle and syringe exchange
- Pharmaceutical-grade heroin and hydromorphone dispensed by doctors
- Overdose prevention sites
- Fentanyl test kits for users
- Fentanyl-detection sensors for use of law-enforcement

Thank you!

Let’s look at the answers to the pre-test

Pre-test Answers

- When people become physically dependent on opioids, they become addicted. **F**
- The recent opioid crisis was caused by over prescription of opioids to patients who started taking Rx opioids for pain but then got addicted to them. **F**
- Since 2017 opioid overdose death rates disproportionately involve older African American males. **T**
- The War on Drugs has been successful with declining use of some drugs and not others. **F**
- Making evidence-based interventions available is in line with the principles of restorative justice **T**
- Narcotics Anonymous is the most successful treatment for opioid addiction. **F**

Conclusion

- Have your answers to the pre-test changed?
- If so, how many have changed?

Questions?

Slides are available at

www.susanrobbins.com