

SAMHSA/HHS: An Update on the Opioid Crisis

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AATOD
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SAMHSA
Substance Abuse and Mental Health
Services Administration

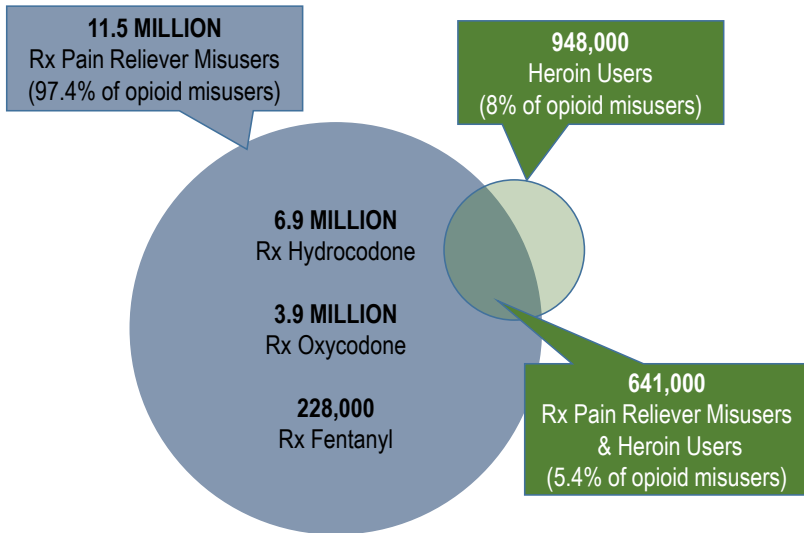
Opioid Crisis

- 2.1 million Americans with Opioid Use Disorder (OUD)
- Only 20% with OUD received specialty addiction treatment
- Over 63,632 drug overdose deaths in 2016 of which 42,249 – 66% from opioids

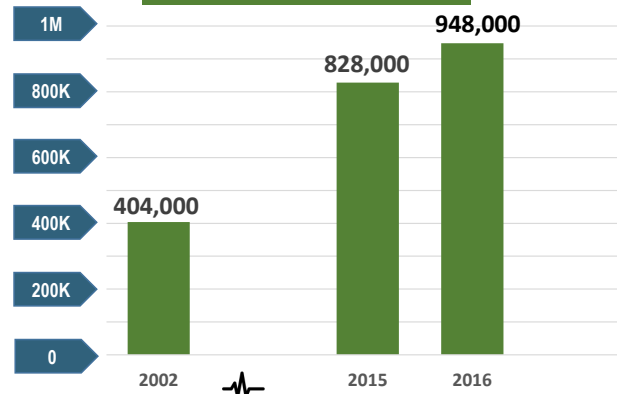
MILLIONS CONTINUE TO MISUSE RX PAIN RELIEVERS WHILE HEROIN USE CLIMBED THEN STABILIZED

11.8 MILLION PEOPLE WITH OPIOID MISUSE (4.4% OF TOTAL POPULATION)

PAST YEAR, 2016, 12+



HEROIN USE – PAST YEAR



Heroin Deaths:

2002: 2,013 (est)
2015: 13,101
2016: 15,469

1.4 fold increase in heroin users
6.7 fold increase in heroin deaths

Synthetic opioid deaths closely linked to illicit fentanyl supply

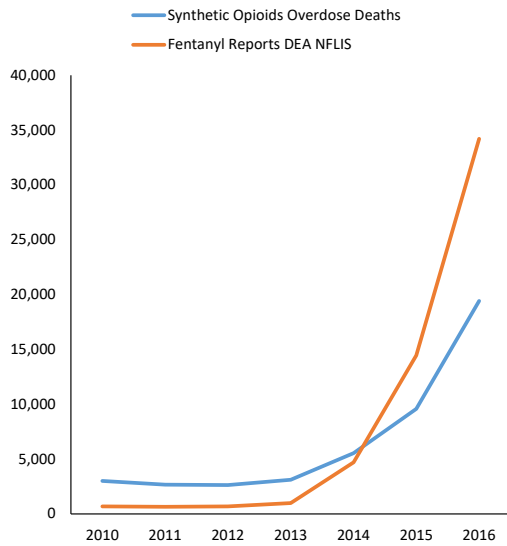
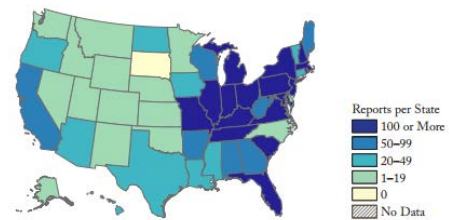


Figure 3 Fentanyl reports in NFLIS, by State, 2001



Figure 4 Fentanyl reports in NFLIS, by State, 2015



Known or suspected exposure to fentanyl in past year (n = 121)

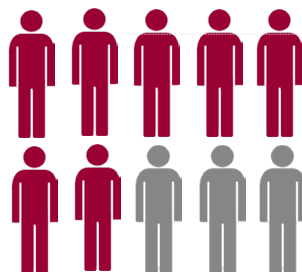
Behavior or experience	APR	95% CI	p
Regular heroin use	4.07	1.24–13.3	0.020

Source: Carroll et al, Int. J. Drug Policy, 2017 and CDC Epi-Aid 2015-2016 OH and MA

Nonmedical use of Rx opioids significant risk factor for heroin use



3 out of 4 people who used heroin in the past year misused Rx opioids first



7 out of 10 people who used heroin in the past year also misused Rx opioids in the past year

2.1 million with opioid use disorder

Source: Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. *Drug Alcohol Depend.* (2013). Slide credit – Grant Baldwin, CDC

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Approach of the Federal Government

HHS FIVE-POINT OPIOID STRATEGY

- 1 **Strengthening public health surveillance**
- 2 **Advancing the practice of pain management**
- 3 **Improving access to treatment and recovery services**
- 4 **Targeting availability and distribution of overdose-reversing drugs**
- 5 **Supporting cutting-edge research**

Plan to Address the Opioid Crisis

- STR grants to states: 500 million/yr through Cures FY 17 and 18; ***President's budget proposes to increase to 1 billion in FY 19***
- Includes public outreach: prevention/education; MAT/psychosocial treatment resources/recovery services
- Naloxone access/First Responders/Peers: ***increase from 25 to 75 million FY 19***
- MAT-PDOA
- Block grants to states
- Pregnant/post partum women/NAS: ***increase from 20 to 40 million in FY 19***
- CJ programs with MAT; ***increase from 60 to 80 million in FY 19***
- Recovery Coaches
- HIPAA/42 CFR: Family inclusion in medical emergencies: overdose
- ***Reinstatement of Drug Abuse Warning Network (DAWN)***
- ***New Injection Drug Use/HIV Program at \$150M***
- ***Consistent with President's Opioid Commission Report recommendations***

Medication Assisted Treatment: Effective and the Standard of Care

MAT treatment of Opioid Use Disorders in criminal justice population

Methadone (59%)

Buprenorphine/naloxone (39%)

Injectable naltrexone (1%)

Medication treatment while in DOC; referral to ongoing care for OUD on release

Comparison of opioid overdose deaths first 6 months of 2016 vs. 2017:

61% reduction in opioid-associated overdose deaths upon release from incarceration

Overall 12% reduction in opioid overdose deaths in Rhode Island (2016-2017)

Importance of MAT and warm handoff to outpatient providers

Programs that Match to the President's Opioid Commission Recommendations

Recommendation 9. "Training program to be disseminated to all levels of medical education (including all prescribers) on screening for substance use and mental health status to identify at risk patients"
SAMHSA is expanding its programs that provide direct technical assistance and training to healthcare professionals:

Providers' Clinical Support System for Medication Assisted Treatment and Safe Opioid Prescribing

- DATA waiver training
- Mentoring program
- Online training/CME and CEU
- Webinars

Addiction Technology Transfer Centers: Direct technical assistance to communities; placed in each of the 10 HHS regions; renewed funding for Tribal and Hispanic/Latino ATTCs

State Targeted Response Technical Assistance/Training grant: Team-based training offered in each state according to identified needs; requirement to work with state officials on determination of needs related to establishment of EBP

NP/PA 24 hr DATA waiver training according to CARA Sec 303

TIP 63 (according to CARA Sec 303)

SBIRT approaches will be available on the SAMHSA NMHSUPL (Recommendation 31)

- USPSTF endorses SBIRT for tobacco and alcohol; indeterminate for illicit drugs
- Working with AHRQ/USPSTF
- Will continue to advise clinically appropriate models

SAMHSA: A New Approach to Technical Assistance and Training

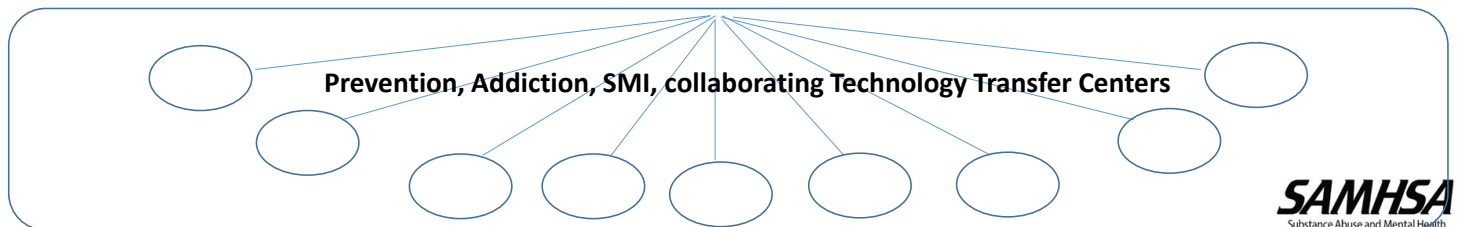
EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

Evidence-based Practice Repository in NMHSUPL

Grants and National TA/T Centers:
STR, Block Grant, PCSS, CSS-SMI
Specialty TA Centers:
E.g.: National Child Traumatic Stress Network, Block Grants, National Center on Substance Abuse and Child Welfare

Rec. 40

Combined Efforts at the Regional, State, and Local Level oriented to all Health Professionals



Workforce Development

- DATA waiver training in pre-graduate settings: medical school, advance practice nursing, physician assistant programs
- Encourage national certification program for peer workforce
- Establish training on recognition and treatment of substance misuse/abuse/use disorders in healthcare professional training programs
 - Encourage entry to the field through incentives: e.g.: loan forgiveness programs: NHSC/HRSA; SAMHSA advocates for establishing addiction residency training increases (CMS)
 - Integration of BH including OUD treatment into primary care/FQHCs
 - Use of Telehealth/HIT to increase ability of practitioners to provide needed care

Public Health Surveillance

- National Survey on Drug Use and Health: addition of questions on use of MAT
- Treatment Episode Data Set
- National Survey of Substance Abuse Treatment Services
- Collaboration with CDC on PDMP implementation and data evaluation
- DAWN (Funding requested in President's budget to reinstitute this program that was stopped in 2011) (Recommendation 22)

Barriers to Care: Payment Issues

- **SAMHSA advocates for:**
 - Removal of prior authorizations for MAT and other treatment modalities:
 - Inpatient/outpatient (with parameters for appropriate placement)
 - Counseling
 - Payment for other psychosocial supports including psychotherapeutic needs, case management, peer recovery coaching
 - **Parity in substance use disorder treatment**
 - Provision of reimbursement rates that approximate true costs
- **HHS has established a portal for parity issues directing consumers to the appropriate agency to assist in resolving insurance questions**

<https://www.hhs.gov/programs/topic-sites/mental-health-parity/mental-health-and-addiction-insurance-help/index.html>

SAMHSA: Criminal Justice Programs

- **Jail Diversion Program grants** –
 - The 21st Century Cures Act has authorized Grants for Jail Diversion Programs
 - Pre-booking diversion
 - Veterans programs
- **Drug Treatment Courts**
- Adult drug courts, juvenile drug courts, family treatment drug courts
- Drug court grantees may use up to 20 percent of their award for Medication Assisted Treatment (MAT)
- From FY15-FY16, nearly 16,000 individuals were diverted into SAMHSA-supported drug court programs
- **Offender Reentry Program** – Expand access to substance use treatment services for individuals reintegrating into communities
- Grantees may now begin process of linkage to services prior to release

Treatment Issues

- **Payment for Prevention, Treatment and Recovery Services**
 - STR funds to states
 - Block grants to states
- **Recovery Coaching Programs:**
 - Establishment of a national training program to provide recovery coaches to assist those living with OUD to maintain recovery through supporting an individual in ongoing treatment and making use of community services
- **Telemedicine to reach underserved areas:**
 - Priority for HHS
 - Work with DEA to establish practice standards
 - Advocacy with CMS around reimbursement issues
 - Will provide guidance to healthcare community

Addressing Opioids Issues in Youth and Families

- **Programs to Help Youth and Families:**

- National Center on Substance Abuse and Child Welfare
- <https://ncsacw.samhsa.gov>

National Child Traumatic Stress Initiative (NCTSI)

Examples of Products Developed by the NCTSN

- **Children and Domestic Violence: How Does Domestic Violence Affect Children?**

- Age-Related Reactions to a Traumatic Event
- After a Crisis: Helping Young Children Heal
- <http://www.nctsn.org>

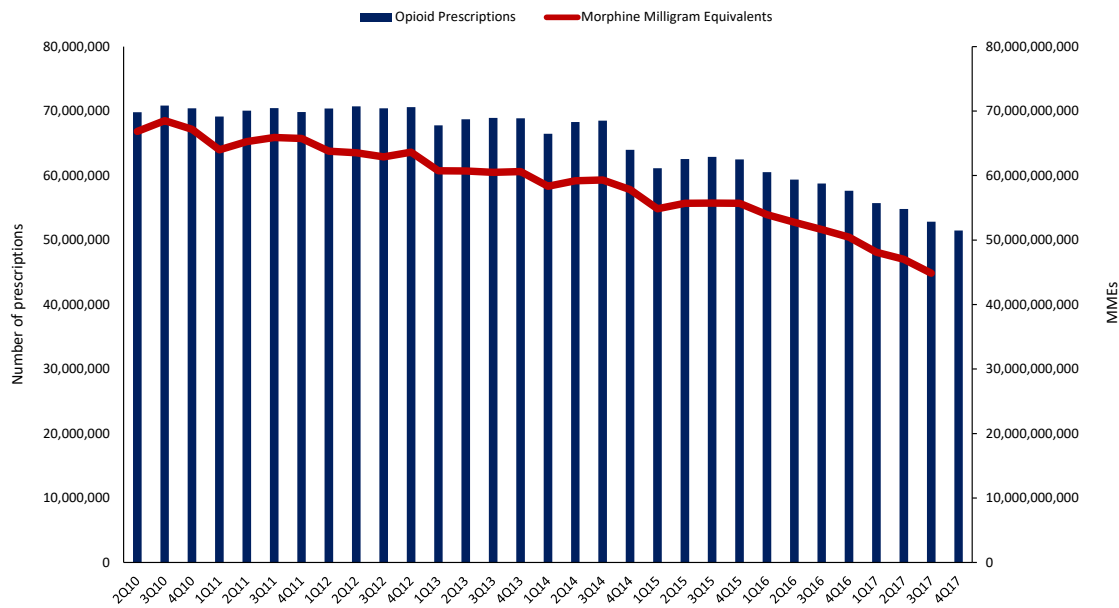
- **Pregnant-Post Partum Parenting Women with Substance Use Disorders**

- Residential and Outpatient Treatment Programs; Treating NAS
- Release of PPW Factsheets (2/18)
- Family factsheets in development



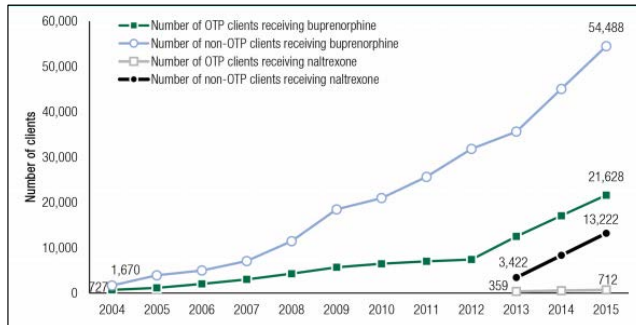
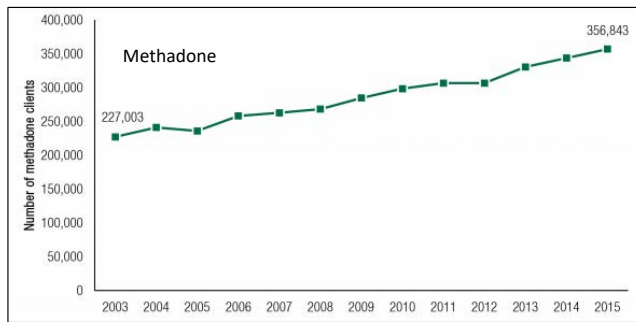
Recommendation 47

Signs of Progress: Opioid prescribing declining since 2011



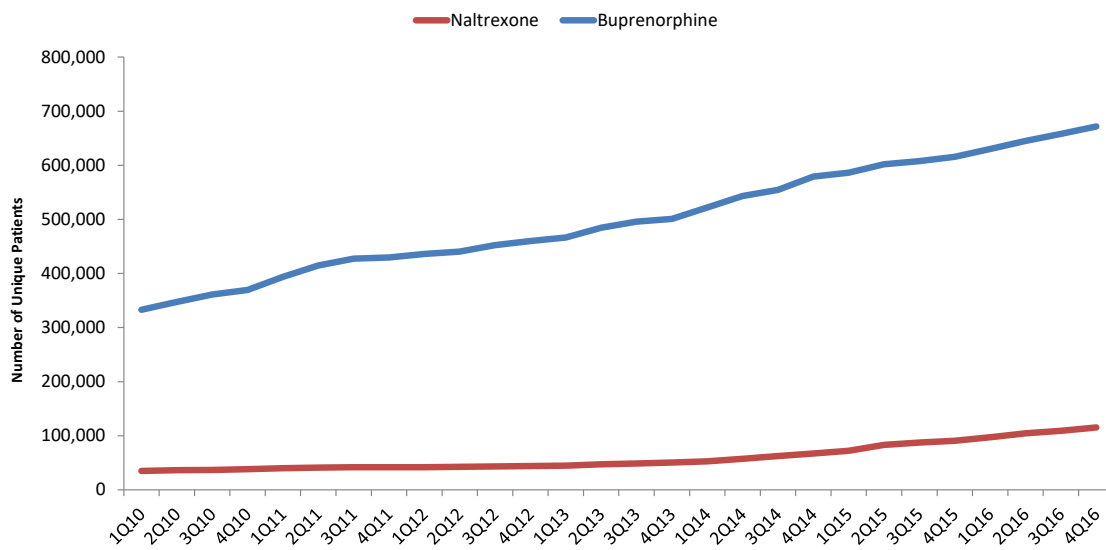
Source: IQVIA National Prescription Audit, data extracted 2016-2018

Signs of Progress: Receipt of MAT from treatment facilities



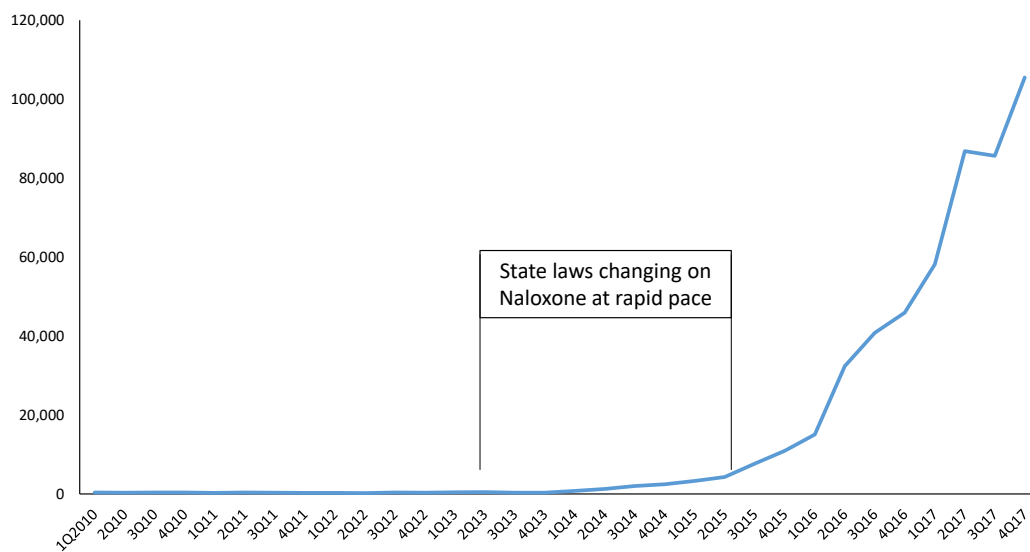
Source: SAMHSA NSSATS

Signs of Progress: Consistent increases in number of patients receiving buprenorphine and naltrexone from retail pharmacies



Source: IQVIA National Prescription Audit, data extracted 2016-2017

Signs of Progress: Dramatic increases in naloxone dispensing from U.S. pharmacies



Source: IQVIA National Prescription Audit, data extracted 2016-2018

Signs of progress

Youth prescription opioid misuse declining over past decade; heroin use stable among youth

Prescription opioid misuse initiation and overall misuse declining

Plateauing of overdose deaths involving commonly prescribed opioids

Some states seeing a leveling off of overdose deaths

Conclusions

- The opioid epidemic continues to evolve
- Some emerging signs of progress
- Actions must focus on addressing underlying contributors to the crisis: prevention/public awareness/education, inappropriate prescribing, lack of evidence-based treatment/MAT
- Substantial efforts underway to combat the opioid epidemic, but gaps in the evidence base remain
- Work continues to aggressively address the epidemic

SAMHSA's mission is to reduce the impact of substance abuse and
mental illness on America's communities

www.samhsa.gov

877-SAMHSA-7 (877-726-4727)

800-487-4889 (TDD)

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