Addressing The Opioid Crisis: An Opportunity For Innovation In Serving High-Risk Consumers

The 2019 OPEN MINDS Strategy & Innovation Institute
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John F. Talbot, Ph.D., Senior Associate, OPEN MINDS
Agenda

I. The Opioid Crisis
II. Paul Bacharach, President & Chief Executive Officer, Gateway Rehab
III. Devin A. Reaves, MSW, Co-Founder & Executive Director, Pennsylvania Harm Reduction Coalition
IV. Questions & Discussion
The Opioid Crisis
Every day, more than 130 people in the United States die after overdosing on opioids.

Roughly 21% to 29% of consumers prescribed opioids for chronic pain misuse them.

Between 8% and 12% develop an opioid use disorder.

An estimated 4% to 6% who misuse prescription opioids transition to heroin.

About 80% of people who use heroin first misused prescription opioids.

Opioid overdoses increased 30% from July 2016 through September 2017 in 52 areas in 45 states.

The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017.

Opioid overdoses in large cities increase by 54% in 16 states.
Opioid Crisis & The Economy

- Opioid over-prescribing is shrinking the number of eligible workers.
- The labor force participation among prime-age workers 25-54 is more likely to be lower in areas with high opioid prescribing rates; this age group has been hardest hit by the opioid epidemic.
- 7 in 10 companies report being impacted by prescription drug misuse.

The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.
The Opioid Crisis In Comparison

63,632 people died from drug overdose in 2016; of those, over 42,000 deaths were from opioids.

47,000 American soldiers died in battle in the Vietnam War 1964-1975.

351,602 American have died from opioid overdose since 1999.

291,000 American soldiers died in battle in World War II 1941-1945.
Response To The Opioid Crisis

States are now expanding coverage of, and access to, addiction treatment in ways we haven’t seen before—including:

- Expansion of the use of medication assisted treatment (MAT) by expanding Medicaid coverage of MAT and removing prior authorization requirements for MAT
- Expanding other addiction treatment benefits to improve access to care
- Creation of new programs, like opioid health homes or care management programs
- Growing service delivery options, including expanding the use of telehealth and “task shifting” to allow nurse practitioners to prescribe MAT
- Building value-based pilots and programs to monitor and reward performance
Innovation In Services & Programs Is One Solution

- With new funding and coverage available, provider organizations can explore new programs and services to address the opioid crises:
- New programs to explore:
  - Community-based MAT programs
  - Programming for children of adults with opioid addictions
  - Addiction recovery programs for consumer caught in the criminal justice system
  - Specialized health care coordination models
  - Tailored treatment programs for the physical effects of opioid addiction
  - Digital consumer monitoring systems
Paul Bacharach, President & Chief Executive Officer
Gateway Rehab
OPEN MINDS Strategy & Innovation Institute

Addressing The Opioid Crisis:
An Opportunity For Innovation In Serving High-Risk Consumers
LEARNING FROM THE PAST

Saint Francis Medical Center (Pittsburgh)

- 1987 - The largest hospital in region with 800 beds and 228 dedicated psychiatric beds in a new 9 story tower
- 2002 – Speculation that the organization may need to declare bankruptcy
- 2002 – UPMC and HIGHMARK jointly acquire location to build the new Children’s Hospital
- Between 1980 and 2010…..psychiatric bed capacity in the US declined from 241,000 to 160,000 (-50%)
- …while population increased from 230m to 310m (+34%)
1939 The Big Book is published

This forms the core system of addiction treatment for decades to come

Some medications available……but in large measure abstinence and 12-Step Fellowship are the predominant standards of care

Outcomes are positive for thousands of individuals…..but long term recovery for the majority of patients remains elusive and outcome data woefully inadequate
In 1965, researchers at Reckitt & Colman (now Reckitt Benckiser) gained patent approval for a new opioid compound.

Buprenorphine approved by FDA in 1981…. Eventually combined with Naloxone to create Suboxone in 2002.

Effective in Withdrawal Management…..but initial use as a maintenance medication limited.

By 2018 opioid addiction-fighting film makes up the majority of Indivior's sales, expected to be about $1 billion for 2018.
If you want someone to help you find a treatment provider to treat opioid dependence, you can call us at 1-866-973-4373.

490 Treatment providers for PA

PRINT RESULTS  EMAIL RESULTS  SEARCH AGAIN
Recovery from addiction is best achieved through a combination of self-management, mutual support, and professional care provided by trained and certified professionals.

ASAM contends that access to multiple formulations and dosages expands the number of available effective and safe treatment options for SUD, and can help advance efforts to address the nation’s opioid overdose epidemic.

ASAM recommends:
- States and local jurisdictions should not enact non-evidence-based oversight of OBOT, such as required mandatory medication taper schedules or limits on dosages.
- Evidence of superior outcomes of counseling in combination with medication still lacking.
NASEM report changes term from **MAT** to *medication-based*

- Long-term retention on medications is associated with improved outcomes

- Lack of behavioral interventions is **not sufficient justification to withhold medications**

- Withholding or failing to have FDA approved medications is denying appropriate medical treatment

- *Report calls attention to "serious gaps in research and which kinds of behavioral supports are effective for which patients"*
Odds Ratio of Mortality in U.S. by type of SUD

This rate was calculated before illicit fentanyl arrived in US

- No SUD - general population: 1
- AUD: 3.38
- OUD: 11.92

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Degenhardt et al., 2010; Hser et al., 2015; Roerecke & Rehm, 2013
Odds Ratio of Mortality - OUD

Rates are measured in hundreds, so a rate of 4 = 400% higher than Before entering treatment

Within 4 weeks of discharge

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Odds Ratio of Mortality in MA after an OD

- OTP-methadone: 0.41
- Buprenorphine: 0.62
- Naltrexone: 1.43 (Reference: 1)

mortality rate (hazard ratio) post discharge
MA Retention in OUD Treatment

Retention at 12 months:
- Methadone: 52%
- Buprenorphine: 33%
- Non-MAT tx: 12%

Retention at 24 months:
- Methadone: 27%
- Buprenorphine: 13%
- Non-MAT tx: 1%
Factors Undermining Tx for OUD

Individuals with an OUD diagnosis are less likely to complete any level of abstinence-based treatment, compared to all other SUDs.

Individuals with an OUD are more likely to leave abstinence-based treatment against medical advice (AMA) or be removed from the program due to behaviors associated with their OUD.
MAT vs. Non-MAT Tx

Odds Ratio of Relapse

- MA - Suboxone: 0.42
- MA - Methadone: 0.43
- Methadone - lit review: 0.66
- non-MAT tx: 1

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1) Medication supports retention in treatment

2) Medication reduces the mortality rates

3) But…. ➢ Long term objective data does not yet demonstrate superior outcomes from behavioral counseling in combination with medication versus medication alone
Joseph R.

- 34 year old welder, back injury led to prescription pain medication addiction, ultimately heroin/fentanyl
- Married, two children, mortgage payment and two car loans, employer referred through EAP
- Still covered by employer health plan

Options:
- Residential Treatment
  - $3000 deductible and 20% copayment, 30 days lost wages
- Partial Hospitalization
  - $40/day copayment 4-5 days per for multiple weeks, additional lost wages
- Intensive Outpatient
  - $40/day 3 days per week, can return to work

Or……Outpatient detox tapered to stable dose of Buprenorphine, once a month visit to physician
  - $40/month
Joseph R. from the Insurance Business Perspective

- Thousands of dollars saved by avoiding residential treatment
- Thousands of dollars saved in following months avoiding outpatient treat costs
- Medication costs the same under both scenarios
- Patient returns to work with premium paid by employer
- Employer sees a productive employee returning to work in a tight job market

What More Do You Have to Offer??
Show Me the Evidence
The rapid advance of medication-based practices is a disrupting factor to the addiction treatment industry.

A more concerted effort to produce meaningful outcome data that demonstrates the benefits of behavioral counseling, medication when applicable and recovery support is need to sustain a more balanced care continuum.

The associated costs of acute care services also must be factored in to the case for support.

Medications and substances other than opioids.....

In the meantime:

- **Harm reduction, medical loss ratios and work/life balance will drive the systems of care delivery**
Bring yourself to life.

Gateway Rehab
Harm Reduction the Beginning of the Path to Wellness
The mission of PAHRC is to promote the health, dignity, and human rights of individuals who use drugs and communities impacted by drug use. Recognizing that social inequity, criminalization, and stigma silence those affected most, we advocate for policies that improve the quality of life for people who use drugs, people in recovery, and their communities.

@PAHarmReduction
Overview

- Overdose Epidemic
- Communicable Disease
- Harm Reduction as A Solution
- Next Steps
Opioid Epidemic
Or is there more?
3 Waves of the Rise in Opioid Overdose Deaths

Wave 1: Rise in Prescription Opioid Overdose Deaths
Wave 2: Rise in Heroin Overdose Deaths
Wave 3: Rise in Synthetic Opioid Overdose Deaths

Other Synthetic Opioids
- e.g., Tramadol and Fentanyl, prescribed or illicitly manufactured

Commonly Prescribed Opioids
- Natural & Semi Synthetic Opioids and Methadone

Heroin

SOURCE: National Vital Statistics System Mortality File
Fentanyl The #1 contributor

Number of Drug-Related Overdose Deaths by Drug Presence, Pennsylvania

- **Fentanyl**: 3,629
- **Heroin**: 2,065
- **Cocaine**: 1,754
- **Benzodiazepines**: 1,686
- **Prescriptions Opioids**: 1,093
- **Ethanol**: 1,057
- **FRSs & NPOs**: 1,001
- **Other Illicit Substances**: 621
Its not just opioids

Synthetic marijuana causes spike in Connecticut overdoses

By Bob Fredericks  August 16, 2018  4:36pm  Updated
Synthetic Drugs Cause 261 Overdoses in D.C. in 10 Days

Dozens in D.C. taken to hospitals in new spike of suspected synthetic marijuana overdoses
Communicable Diseases

The Unspoken Epidemic...

Disease
Chronic HCV Infection May Lead to Chronic Liver Disease and Liver Cancer

- Fibrosis:
  - Chronic HCV infection can lead to the development of fibrous scar tissue within the liver.

- Cirrhosis:
  - Over time, fibrosis can progress, causing severe scarring of the liver, restricted blood flow, impaired liver function, and eventually liver failure.

- Hepatocellular Carcinoma (with cirrhosis):
  - Cancer of the liver can develop after years of chronic HCV infection.

- Decompensated cirrhosis:
  - Ascites
  - Bleeding gastroesophageal varices
  - Hepatic encephalopathy
  - Jaundice

- HCC:
  - Cancer of the liver can develop after years of chronic HCV infection.
Hepatitis C virus (HCV) kills more Americans than the 60 other reportable infectious diseases, including HIV, combined.

People who inject drugs face rapidly rising rates of acute HCV infection as a result of the growing opioid epidemic.

Current estimated US prevalence: 3.5 million (2.7-5 million).

Most impacted populations: Young white non-urban people who inject drugs.

Reported number of acute Hepatitis C cases — United States, 2001–2016
Missed Opportunities Along the HCV Care Continuum


*Sustained virologic response (SVR) rates are based on data preceding the availability of curative direct-acting antivirals (DAAs).
Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks

Key

- At Risk of Outbreak
- Top 220 Counties
Injecting of drugs is associated with skin and soft tissue infections (SSTIs) and vascular disease. These conditions include the development of cutaneous abscess and cellulitis at injection sites, and can be deadly.
What is Harm Reduction

THEY SAY IT’S ILLEGAL. WE SAY IT’S...

HEALTH CARE
Harm Reduction

Reduce harms associated with drug use

Social justice movement – The Harm Reduction Movement recognizes that substance users' needs are diverse and advocates for policies, resources, and interventions that can meet the diverse needs of substance users and their community.

At the core of the harm reduction is the belief that the development of a substance use disorder does not negate the basic and human rights of substance users.

Meeting people where they are at – Acknowledging the rights of substance users to determine when and how they enter recovery.
Syringe Service Programs
Myths Vs Facts

- SSPs Increase & Encourage Drug Use
- SSPs Increase Crimes
- SSPs only give out needles
- Supporting SSPs isn’t an effective use of public funds
“This is a public health emergency and as governor of the State of Indiana, I'm going to put the lives of the people of Indiana first.”

- Mike Pence,
- Governor of Indiana,
- Vice President of the United States
“No matter how uncomfortable syringe service programs make us, they are proven to save lives, both by preventing the spread of diseases like HIV and hepatitis C and by connecting people to treatment that can put them on a path to recovery.”

Jerome C. Adams, MD Surgeon General of the United States
“Syringe services programs aren’t necessarily the first thing that comes to mind when you think about a Republican health secretary, but we’re in a battle between sickness and health, between life and death.”

Alex Azar: 2019 National HIV Prevention Conference
Counties with Cities with SSPs

- 5/67 Counties have SSPs
- Only 15% of Pennsylvania’s population of 12.8 million can access comprehensive harm reduction services.

Our current legal barriers leave 10 million Pennsylvanians with no viable option for harm reduction services.

SSP Authorization in America

- SSPs Are Illegal
- Statewide Legislation legalizing SSPs
- SSPs Locally Permitted or no law addressing SSPs
Brown University demonstrates how fentanyl test strips work

- Research from Baltimore, MD, Boston, MA and Providence, RI
  - Test strips allow PWUD to be more informed about the drugs they are buying and using, leading to behavior change and the adoption of increased harm reduction measures, including sharing information among peers.
  - Test strips allow providers to better engage with non-injectors and non-opioid users around overdose prevention and resulted in an increase in naloxone trainings with non-opioid users.
  - PWUD demonstrate a high likelihood of implementing one or more harm reduction strategies when learning that their drugs are positive for fentanyl.
• The site provides a hygienic environment and safe injection methods education for IDU to use drugs they obtained elsewhere.
• Sites are staffed by health professionals or trained peers.
• Intervention is provided in case of an overdose.
• These sites have the dual aims of increasing the safety of people who inject drugs and reducing the public nuisance of having people injecting drugs in public spaces, including on the street or in public restrooms.
Engaging people who use drugs where they are at increases their chances of getting access to resources that would have otherwise been denied to them.
We Need to Act Up

• Lets Go School
**Pennsylvania Harm Reduction Coalition Statewide Conference**

**Stand with Us.**

Stop the **Deaths. Stop the Stigma.**

**Statewide Conference**

**Learn how you can help.**

**Register today www.pahealthreduction.org**

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**A Safety-First Approach to the Overdose Epidemic.**

A two-day conference with four tracks (clinical, medical, community, and one-day law enforcement track) designed to bring the commonwealth cutting edge research and evidence-based solutions for the opioid epidemic.

**One Conference - Four Tracks**

Over 300 professionals looking to be part of the solution.

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**When**

October 28th & 29th

**Where**

Sheraton Hotel
4500 Lindbergh Blvd.
Harrisburg, PA

Pennsylvania had more overdose deaths than any other state in the nation and the 3rd highest percentage of people dying per capita. We must expand safety first interventions at every level: community, government, and medical institutions.

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**Contact Us**

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**Sponsor**

Allegheny Health Network
Geisinger
International Drug Policy Reform Conference

NOV 6-9, 2019
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Don’t miss the world’s premier gathering of people who believe the war on drugs is doing more harm than good.

The Reform Conference is the best opportunity to learn about drug policy and to strategize and mobilize reform.

SAVE THE DATE!
Thank You

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