Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers

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National Drug Control Strategy

• Science-based, public health approach to drug policy

• Guided by three principles:
  1) Addiction is a disease that can be treated
  2) People with substance use disorders can recover
  3) Criminal justice reforms can stop the revolving door of drug use and crime

• Coordinated Federal effort on over 100 action items

• Signature initiatives:
  – Prescription Drug Abuse
  – Prevention
  – Drugged Driving
Office of National Drug Control Policy

- Component of the Executive Office of the President.
- Coordinates drug control activities and related funding across the Federal government.
- Produces the annual *National Drug Control Strategy*.

Early Intervention and Treatment
Patient Protection and Affordable Care Act

All health insurance sold on Health Insurance Exchanges and all care provided through Medicaid programs (ACOs, MCOs, and CHIP) must include services for substance use disorders.

U.S. health care reforms will extend access to and Parity for substance use treatment services for an estimated 62 million Americans and help integrate substance use treatment into mainstream health care.¹

Coverage for expanded Medicaid population is likely to create an increased need for substance abuse treatment services and staff.

Early Intervention, Treatment & Workforce Focus

1. Integrate clinically effective and cost effective substance use disorder services into the U.S. health care system.

2. Increase size of health care workforce and expand skills of health care providers to provide services for substance use disorders.

Mental Health Parity and Addiction Equity Act of 2008

- Medicaid Managed Care Organizations, Children’s Health Insurance Program, and Alternative Benefit (Benchmark) are required to meet the provisions within Application of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
Persons Aged 12 or Older Needing Treatment for Illicit Drug or Alcohol Use and Obtaining Specialty Treatment, 2011

21.6 Million Needing Treatment* for an Illicit Drug or Alcohol Use Problem
*Treatment need is defined as meeting the criteria for a substance use disorder or receiving treatment at a specialty facility within the past 12 months.

Did Not Receive Treatment (19.3 million) - 89%
Received Specialty Treatment (2.3 million) - 11%

SAMHSA, 2011 National Survey on Drug Use and Health (September 2012).

Perceived Need for and Effort Made to Receive Specialty Treatment Among Persons Aged 12 or Older Needing But Not Receiving Treatment: 2011

19.3 Million Needing, But Not Receiving, Treatment for an Illicit Drug or Alcohol Use Problem

Note: The percentages do not add up to 100 percent due to rounding.

SAMHSA, 2011 National Survey on Drug Use and Health (September 2012).
Screening, Brief Intervention, and Referral to Treatment (SBIRT)\(^8\)

**Step 1**

*Screen Patient:* Quickly assess the severity of substance use and identify the appropriate level of treatment.

**Step 2**

*Conduct Brief Intervention:* Increase awareness of consequences of substance use and encourage behavior change.

**Step 3**

*Refer to Treatment:* Access to care for those in need of treatment.

Screenings can take place in primary care settings, trauma centers, emergency departments, and community and school health centers

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Medication-Assisted Treatment

- ACA includes coverage of all FDA-approved medications for use in the treatment of opioid use disorder (methadone, naltrexone, and buprenorphine).
  
  - Individual state coverage can vary

- In an effort to reduce recidivism in the United States, the Administration encourages primary and specialty care providers treating jail and prison populations to provide these medications as part of a comprehensive approach to treating prescription and illicit drug use disorders.
Marijuana

- Marijuana Legalization is inconsistent with the Administration’s public health approach to drug policy.

- Legalization will increase use, along with societal costs and public health issues.

- Legalization is not be a fiscal panacea.

U.S. Death Rate Trends, 1980-2010

Rates of Opioid Overdose Death, Sales, and Treatment, 1999-2010

- Opioid Sales KG/10,000
- Opioid Deaths/100,000
- Opioid Treatment Admissions/10,000

Sources: National Vital Statistics System and DEA’s Automation of Reports and Consolidated Orders System SAMHSA, Treatment Episode Data Set (TEDS), 1990-2010

Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government

- Four focus areas
  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Medication Disposal
  4) Enforcement
Education Goals

Needs
- Knowledge on appropriate prescribing
- Effective identification of patients at risk for abuse
- Screening, intervention, and referral for those misusing or abusing illicit drugs and prescription drugs
- PDMP use in everyday clinical practice
- Ensure community leaders, parents, and young people understand the dangers of illicit drug use and prescription drug misuse.

Main Actions
- Legislation requiring mandatory education for all clinicians who prescribe controlled substances
- Increased substance abuse education in health professional schools, residency programs, and continuing education
- Expedited research on the development of abuse deterrent formulations
- Expansion of overdose prevention tools (i.e., naloxone).

Education Gaps

Health Care Providers
- A 2011 Government Accountability Office report on education efforts related to prescription pain reliever abuse found that “most prescribers receive little training on the importance of appropriate prescribing and dispensing of prescription pain relievers, on how to recognize substance abuse in their patients, or on treating pain.”

Pharmacists
- 67.5% report receiving two hours or less of addiction or substance abuse education in pharmacy school.
- 29.2% reported receiving no addiction education.
- Pharmacists with greater amounts of addiction-specific education:
  - Higher likelihood of correctly answering questions relating to the science of addiction and substance abuse counseling.
  - Counseled patients more frequently and felt more confident about counseling.

Monitoring

Goals
- PDMP in every state and interoperability among states.
- Use of the system by prescribers to identify patients potentially at risk for or engaged in prescription drug misuse or at risk for medication interaction.

Main Actions
- Secured language for Department of Veterans Affairs to share prescription drug data with state PDMPs.
- Currently 14 states can share data across state lines.
- Pilot projects with ONC and SAMHSA in Indiana, Ohio, Washington state, Nebraska, North Dakota, Michigan.

Overdose Prevention and Education

The National Drug Control Strategy supports comprehensive overdose prevention efforts, to include:

- Public education campaigns about overdose, including the signs of overdose, emergency interventions, information about Good Samaritan laws where they exist, and the importance of connecting people to substance abuse treatment.

- Training and availability of emergency interventions, such as naloxone/(Narcan) for first responders.

- Increased education among health care providers about proper opioid prescribing.
Naloxone Efficacy

A recent study found that naloxone distribution to heroin users would likely be cost-effective and save lives. For example, in a location such as New York, with 900 overdose deaths per year, naloxone may prevent about 50 deaths per year at a cost acceptable to policy makers.1

- “Naloxone distribution to heroin users is likely to reduce overdose deaths and is cost-effective, even under markedly conservative assumptions.”

- Quincy, Massachusetts: Partnership between mental health/addiction organizations, Quincy PD, and the MA Public Health Department to train and equip police officers to resuscitate overdose victims with nasal naloxone.
  - Since 2010, officers have administered naloxone in more than 160 overdose events with almost all of them resulting in successful overdose reversals.
  - “I believe we have spread the word that no one should fear calling the police for assistance, and that the option of life is just a 911 call away. We have also reinforced with the community that the monster is not in the cruiser. Indeed, the officer represents a chance at life.”—Lt. Det. Patrick Glynn, Quincy PD

- From joint NIDA/FDA Editorial in Annals of Internal Medicine (January 2013):
  The NIDA and the FDA are keen to work with public health and pharmaceutical company partners on pharmacokinetic studies of intranasal and injectable naloxone, and they welcome inquiries. Additional formative and implementation studies of naloxone distribution and overdose intervention in field settings, particularly for prescription opioid abusers, are also needed, as are studies of the ways to embed overdose intervention into a broader addiction intervention system (that is, to use overdose interventions as points of entry into drug treatment).


Overdose Prevention and Education

- The National Drug Control Strategy supports overdose training and emergency interventions (i.e., naloxone for first responders).

- There remains a need for wider public education campaigns about overdose, including the signs of overdose, emergency interventions, information about Good Samaritan laws where they exist, and the importance of connecting people to substance abuse treatment.

- Naloxone is an important, life-saving emergency overdose intervention tool.

- Health care providers should inform patients using opioids (and their family members/caregivers) about potential for, signs of, and interventions in case of overdose.

- SAMHSA’s Opioid Overdose Education Toolkit will be released this Fall, and will help inform the public about overdose prevention and intervention.
Maternal Addiction and Prenatal Opioid Exposure

**Issues**

- In 2009, the average hospital stay for opioid exposed infants with neonatal abstinence syndrome (NAS, withdrawal symptoms exhibited by many infants born to drug-dependent mothers) was 16 days.\(^1\)

- Compared with all other hospital births, babies with NAS were significantly more likely to have respiratory diagnoses, low birth weight, feeding difficulties, and seizures.\(^2\)

- The hospitalization cost of treating each baby with NAS averaged $53,400.\(^3\)

- State Medicaid paid for 77.6% of these births.\(^3\)

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2. Ibid.
3. Ibid.

Opportunities for Education and Leadership

- SBIRT billing codes can be used to reimburse for overdose prevention, transition to heroin prevention, and the dangers to neonates from withdrawal can be mitigated with intervention.

- Medications exist for treatment of addiction (i.e., buprenorphine/naltrexone [Suboxone], methadone, Vivitrol).

- Educate practitioners who come into contact with patients who might benefit from medication-assisted treatment.

- Take steps to remove barriers to medication-assisted treatment and other interventions that have shown promise in clinical trials supported by the National Institutes of Health.