Addressing the Nation’s Opioid Abuse Epidemic
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*
National Drug Control Strategy

• The U.S. President’s science-based plan to reform drug policy:
  1) Prevent drug use before it ever begins through education
  2) Expand access to treatment for Americans struggling with addiction
  3) Reform our criminal justice system
  4) Support Americans in recovery

• Signature initiatives:
  – Prescription Drug Abuse
  – Prevention
  – Drugged Driving
Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal Government
- Four focus areas:
  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Disposal of Medication
  4) Enforcement
2015 National Drug Control Strategy – Opioids

• Policy Focus: Preventing and Addressing Prescription Drug Misuse and Heroin Use
• Heroin Call-Out Box
• Additional Monitoring Activities: Review and Restriction Program
• Additional Disposal Options: Drug Deactivation Systems
• Overdose Prevention Progress
• Pregnancy
Since 2011, Eleven States Have Instituted Requirements Mandating Prescriber Education
In 2006, only 20 states had prescription drug monitoring programs.

Today, all but one have laws authorizing programs – and 49 are operational and 30 have some data sharing capacity.
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

• Urged adoption of language for Department of Veterans Affairs to share prescription drug data with state PDMPs.
• Expansion of state data sharing across state lines.
• Electronic Health System Integration: Pilot projects with ONC and SAMHSA in Illinois, Indiana, Kansas, Michigan, Nebraska, North Dakota, Ohio, Oklahoma, Tennessee, and Washington State.
Prescription Drug Monitoring Programs (PDMPs) Interstate Data Sharing Status

* 'Engaged' does not mean that a PDMP is sharing with all of the other 'engaged' PDMPs

Research is current as of January 21, 2015
‘High Utilizers’ Decreased When Prescribers Required to Consult PDMPs

- Tennessee’s PDMP law went into effect at the start of 2013.
- Prescribers now must access the PDMP before prescribing opioids to a new patient.
- “High utilizer” defined as a person who used 5 prescribers and 5 pharmacies in a 90-day period.
- High utilizers decreased 47 percent from the fourth quarter of 2011 to the fourth quarter of 2013.

Making a Difference: State Successes

New York
75% ↓

2012 Action:
New York required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

2013 Result:
Saw a 75% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

Florida
50% ↓

2010 Action:
Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:
Saw more than 50% decrease in overdose deaths from oxycodone.

Tennessee
36% ↓

2012 Action:
Tennessee required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

2013 Result:
Saw a 36% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

Promising Practice: Pharmacy or Provider Restriction Programs

- Programs which can limit patients based on unusual claims data to a single provider, pharmacy, or both.

- In Medicaid, lock-in period cannot be indefinite, and patients must:
  - “Have access to Medicaid programs of adequate quality.”
  - Be notified in writing.

- Only 46 states have these programs, and 16 post their eligibility criteria publicly.

- More research is needed on effectiveness for reducing overdose or the prevalence of substance use disorders.

Safe Drug Disposal

• In September 2014, we joined the Drug Enforcement Administration to announce the final rule of the Safe Drug Disposal Act of 2010.
  • http://www.deadiversion.usdoj.gov/drug_disposal/takeback/

• Product Stewardship Model: King County, WA, and Alameda County, CA
  • http://kingcountysecuremedicinereturn.org/
  • http://www.acgov.org/aceh/safedisposal/
Sources of Referral to Treatment, 2012

Criminal Justice/DUI: 33.9%
Self or Individual: 35.8%
Other community referral: 12.1%
Substance abuse care provider: 9.3%
Other health care provider: 7.2%
Other*: 1.6%

Total 2012 admissions = 1.7 million

*Other referrals include school (educational) and employer EAP.

Source: SAMHSA, 2012 Treatment Episode Data Set (July 2014).
Expanding Access to Evidence-Based Treatment

- FY16 Budget includes $11.0 billion in funding for treatment.
- Inventory treatment availability and work within Affordable Care Act/state-run health marketplaces to ensure proper resourcing.
- Included language in DOJ and HHS drug court grants to expand access to medication-assisted treatment.
Medication-Assisted Treatment

Expanding Access
Medication and Treatment

- Medication does not exist to treat all drug use disorders, but it can be effective for opioid use disorder and polypharmacy when combined with behavioral treatment.

- Medication-Assisted Treatment (MAT) is the standard of care for opioid use disorder

- MAT is more effective than no MAT for opioid use disorder
  - 50% abstinent at the end of active treatment vs 8% when medication is withdrawn (e.g., detox)

Medications Currently Available

For Nicotine Use Disorder
- Nicotine Replacement Therapies (NRT)
- Bupropion
- Varenicline

For Alcohol Use Disorder
- Disulfiram
- Naltrexone
- Acamprosate
- Naltrexone Depot

For Opioid Use Disorder
- Methadone
- Naltrexone (Vivitrol)
- Buprenorphine
- Buprenorphine/Naloxone

Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Medical Innovations in the Pipeline

• Buprenorphine HCl Implant\textsuperscript{1,3}
  – Under review at FDA
  – Long-acting (up to 6 months)
  – Implanted under the skin as an office procedure
  – According to FDA guidance, implants are a type of abuse-deterrent medicine and theoretically decrease risk of misuse because patients cannot easily remove them\textsuperscript{3}

• Anti-Opioid Vaccines\textsuperscript{4}
Preventing Heroin, Injection-Drug Use, and Medical Consequences

- Non-Medical Use of Prescription Drugs and Prescription Drug Diversion (Rx Plan Pillars)
- Overdose Education and Naloxone Distribution
- Earlier Treatment as Prevention
- Public Health Prevention Interventions for HIV/HEP C
- Medication-Assisted Treatment (Maintenance)
HIV/Hepatitis C Risk Reduction: Substance Use Disorder Treatment as Prevention

• The CDC reported that new hepatitis C infections increased 44.7 percent between 2007 and 2011.¹

• From 2006 to 2012, surveillance data from Kentucky, Tennessee, Virginia, and West Virginia showed an increase (364%) in the number of cases of acute HCV infection among young persons (age 30 or younger); many of these young people reported injection drug use.²

• As of August 28, 2015, Indiana Department of Health diagnosed HIV infection in 181 persons in a community of 4,200 (80 percent reported injection drug use).³

3. Indiana State Department of Health press release https://secure.in.gov/isdh/files/August_28_ISDH__Investigates_Additional_HIV_Cases_Tied_To_Southeastern_Indiana_Outbreak.pdf
Pre-Exposure Prophylaxis for HIV

• Pre-exposure Prophylaxis (PrEP) is a daily oral medication to prevent HIV infection.
• US Public Health Service Guideline recommends PrEP as an HIV prevention option for people who inject drugs who:
  – Are HIV negative;
  – Have injected in the past 6 months and
    • Shared injection equipment, or
    • Have been in drug treatment, or
    • Are at risk for sexual acquisition of HIV.

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

- Public education campaigns
- Naloxone expansion
- Increased education
ONDCP & Federal Partners Are Working To Expand Access to Naloxone

• HHS is working to support development and approval of alternative routes of administration
  – Autoinjector and Nasal Naloxone Formulas approved since 2014
• Engagement with insurers and pharmacy benefits managers to raise awareness of naloxone
• Naloxone Toolkits for stakeholders – DOJ and SAMHSA
• Co-prescribing – VA included naloxone on formulary for VA mail-order pharmacy and policies
• DOJ encouraging naloxone adoption by Federal law enforcement
• HRSA grants to rural communities
• SAMHSA Block Grant to support training/education and purchase of naloxone
FY 2016 Budget

CDC:
- $68.0 million (Rx Overdose)
- $5.6 million (Heroin)

SAMHSA:
- $25.1 million (MAT)
- $12 million (Naloxone)
- $10 million (SPF-Rx)

ONC:
- $5.0 million for PDMP integration with EHRs

ONDCP:
- $85.7 million (DFC)
- $193.4 million (HIDTA)
“It touches everybody – from celebrities to college students, to soccer moms, to inner city kids. White, black, Hispanic, young, old, rich, poor, urban, suburban, men and women. It can happen to a coal miner; it can happen to a construction worker; a cop who is taking a painkiller for a work-related injury. It could happen to the doctor who writes him the prescription.”
Purpose:

- Reduce prescription pain medication and heroin overdose deaths;
- Promote the appropriate and effective prescribing of pain medications; and
- Improve access to treatment.

Linked to October 29, 2015
Research Questions

• Ideal makeup of the pain/healthcare workforce?
• What training is necessary/sufficient?
• Cost-effectiveness of training
• How can we engineer pharmacy utilization controls, decision support tools, and policies to make meaningful change?
• How much Medication Assisted Treatment Is Enough?
• How can we be sure overdose patients who need access to services and treatment move to long-term recovery
Additional 2015
White House Announcements

• Federal Actions
• FY2016 Budget
• State/Local/Private Sector Commitments

Linked to October 29, 2015.
Prevention Resources

getsmartaboutdrugs.gov

teens.drugabuse.gov

familycheckupguide.gov

whitehouse.gov/ondcp

ATIpartnerships.org
Find Us Online

• On the Web
  – WhiteHouse.gov/ONDCP
  – WhiteHouse.gov/DrugPolicyReform

• On Twitter
  – @ONDCP

• On YouTube
  – youtube.com/ONDCPstaff
For More Information

WHITEHOUSE.gov/ONDCP