The Opioid Epidemic: HHS Response

Christopher M. Jones, PharmD, MPH
Acting Associate Deputy Assistant Secretary (Science and Data Policy)
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
1. General surveillance trends on prescribing, mortality, and illicit opioids
2. Increase in opioid prescribing and links to increases in prescription opioid fatal and nonfatal overdoses
3. Current challenges with rising mortality related to heroin and fentanyl
4. Linkage between prescription opioid misuse and heroin misuse, especially the misconception that reduction in prescription opioids leads to increases in heroin misuse.
5. Quick overview on Federal response to opioid misuse and overdose
6. Importance of surveillance data, specifically more timely data
Epidemiological Trends
Prescription Opioid and Heroin Use, 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Individuals (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Year Initiation - Rx Opioids</td>
<td>2,139</td>
</tr>
<tr>
<td>Past Year Initiation - Heroin</td>
<td>170</td>
</tr>
<tr>
<td>Past Year Misuse - Rx Opioids</td>
<td>11,517</td>
</tr>
<tr>
<td>Past Year Use - Heroin</td>
<td>948</td>
</tr>
<tr>
<td>Past Year Use Disorder - Rx Opioids</td>
<td>1,753</td>
</tr>
<tr>
<td>Past Year Use Disorder - Heroin</td>
<td>626</td>
</tr>
</tbody>
</table>

Source: SAMHSA, 2016 NSDUH
Sustained Impact of the Opioid Crisis

Deaths per 100,000 population

Drug Overdoses
Opioid-Involved Overdoses

Opioids

Heroin
Cocaine

Source: CDC NCHS and Samkoff and Baker, AJPH 1982.
Rates of opioid use disorder and drug overdose death by state

Rate of Opioid Use Disorder

Rate of Drug Overdose Death

Virtually All Corners of the U.S. Have Seen Increases in Drug Overdose Death Rates

Overdose Deaths in the U.S. at Unprecedented Levels

Source: CDC National Vital Statistics System
Epidemic Continues to Evolve

Number of Drug Overdose Deaths

Source: CDC NHCS
Fentanyl and Counterfeit Products Broaden At-Risk Population

Counterfeit Norco Poisoning Outbreak — San Francisco Bay Area, California, March 25–April 5, 2016

Kathy T. Vo, MD1,2; Xander M.R. van Wijk, PhD3; Kara L. Lynch, PhD3; Alan H. R. Weis, PhD3; Grace G. Ferrelle, MD2

HEALTH ALERT:
Fentanyl is Killing New Yorkers

Fentanyl is a dangerous opioid that’s showing up in heroin, cocaine, and synthetics, making it harder to detect.

Figure 3: Counterfeit 30 Milligram Oxycodone Pills Containing Fentanyl.

REAL
FAKE

AVOIDING DRUG USE IS THE BEST WAY TO PROTECT YOURSELF AGAINST PENTANYL. Find out where to get naloxone; call 911 or visit ny.gov/health/naloxone.

Fentanyl-Fentanyl Overdose Events Caused by Smoking Contaminated Crack Cocaine — British Columbia, Canada, July 15–18, 2016

Salman A. Klar, MPH1; Elizabeth Brodkin, MD1; Erin Gibson1; Shovita Pachhi, MD1; Christine Predy2; Corey Green, MHSc1; Victoria Lee, MD1
Opioid Epidemic and Increasing Injection Drug Use

Rising rates of HCV

HIV outbreak in Scott County, Indiana in 2015

Counties Deemed Highly Vulnerable to Rapid Dissemination of HCV or HIV

Source: Van Handel et al, JAIDS 2016
Impacted Populations and Health Consequences Continue to Expand

Heroin, Opioid Abuse Put Extra Strain On U.S. Foster Care System

October 27, 2015 - 4:28 PM ET
Heard on All Things Considered

Reasons for Child Removal, 2015

- Neglect: 61%
- Parental Drug Abuse: 32%
- Caregiver Inability to Care: 14%
- Physical Abuse: 13%
- Child Behavior/Problem: 11%
- Parent Involuntary: 10%
- Parental Alcohol Abuse: 8%
- Abandonment: 6%
- Sexual Abuse: 5%
- Child Drug Abuse: 4%
- Child Abuse: 2%
- Reinvolvement: 2%
- Parent Death: 1%
- Other: 1%

Source: https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf
HHS Opioid Strategy
Origins of the Epidemic and a Path to Solutions

Increases in opioid-related harms fundamentally tied to two primary issues

• Significant rise in opioid prescribing that began in the mid-to-late 1990s
  – Prescribing opioids for different types of chronic pain conditions that we now know do not often benefit from opioids in the long-term
  – Prescribing higher doses and for longer durations
  – Prescribing opioids in combination with medications like benzodiazepines which can substantially increase risk for overdose

• Lack of health system and provider capacity to identify, engage, and provide high-quality, evidence-based opioid addiction treatment, in particular medication-assisted treatment with naltrexone, buprenorphine, or methadone
  – Majority of people with opioid addiction in the U.S. do not receive treatment
  – Even among those who do get treatment, many do not receive evidence-based care
  – Lack of access to and provision of treatment is a significant contributor to rising rates of heroin and fentanyl use, rates of injection drug use, and overdose death
HHS OPIOID STRATEGY

Improving access to prevention, treatment, and recovery support services

Targeting availability and distribution of overdose-reversing drugs

Strengthening timely public health data and reporting

Supporting cutting-edge research

Advancing the practice of pain management

Comprehensive Evidence-based

Targets drivers of epidemic

Flexible to emerging threats
Goals of the Strategy

• Empower the public, patients and providers through education and awareness
• Prevent opioid abuse and overdose and related health consequences
• Improve function and quality of life for individuals living with pain
• Ensure patients who need opioid addiction treatment have access to it
• Support people to achieve long-term recovery
Improving Access to Treatment and Recovery Services
People with opioid use disorders are not receiving treatment
Opioid use disorder rates exceed buprenorphine & methadone capacity in most states

Targeting Availability and Distribution of Overdose-Reversing Drugs
Most states have implemented naloxone access laws or regulations.

Source: https://naspa.us/resource/naloxone-access-community-pharmacies/
Dramatic increases in naloxone dispensing from pharmacies

Source: IMS Health National Prescription Audit, data extracted 2016-2017
Strengthening Timely Public Health Data and Reporting
Supporting Cutting-Edge Research
Advancing the Practice of Pain Management
Increases in Rx opioid prescribing coincide with increases in Rx opioid overdose deaths

Rx opioid prescribing rates vary by state

Some states have more painkiller prescriptions per person than others.

Source: CDC Vital Signs, July 2014. Rates per 100 people in 2012
Initial prescribing and long-term use

Figure 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days’ supply* of the first opioid prescription — United States, 2006–2015

Figure 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015

* Days’ supply of the first prescription is expressed in days (1–40) in 1-day increments. If a patient had multiple prescriptions on the first day, the prescription with the longest days’ supply was considered the first prescription.

* Number of prescriptions is expressed as 1–15, in increments of one prescription.

Source: Shah et al, MMWR 2017
Conclusions

- Continued urgency to address the public health crisis of opioid abuse, addiction and overdose
- Epidemic continues to evolve and our policy response must be nimble
- Comprehensive approach that engages federal, state, and local partners and non-governmental stakeholders is key to success
THANK YOU

QUESTIONS?

CHRISTOPHER.JONES@HHS.GOV