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
Epi in Brief
Prescription Opioid and Heroin Use, 2016

Source: SAMHSA, 2016 NSDUH
Overdose Death Trends

Source: CDC, NVSS, 2016
Virtually All Corners of the U.S. Have Seen Increases in Drug Overdose Death Rates

2000

2015

Provisional Estimates for 2016 Indicate Continued Increases in Overdose Deaths

Synthetic Opioid Deaths Closely Linked to Illicit Fentanyl Supply

Source: DEA and CDC NVSS 2017.
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, MD; Xander M. van Wijk, PhD; Kara L. Lynch, PhD; Alan H. B. We, PhD; Carrie C. Smalling, MD

HEALTH ALERT:
Fentanyl is Killing New Yorkers

Fentanyl is a dangerous opioid that’s showing up in heroin, cocaine, street pills marked as Xanax® and other drugs. It’s involved in more overdose deaths than ever before.

Anyone using drugs, even casually, is at risk.

SAFETY TIPS:

- Use naloxone. If you overdose, it’s important to have someone around to help.
- Be prepared with naloxone and have a phone on hand in case you need to call 911.
- Test your drugs. Use a small amount first to see how strong your drugs are.
- Share this information with others.
- Avoid mixing drugs — including alcohol — increases your risk of overdose.

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

Salman A. Klar, MPH; Elizabeth Brodkin, MD; Erin Gibson; Shovita Padhi, MD; Christine Predy; Corey Green, MHS; Victoria Lee, MD

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
Economic Impacts

- Florence et al., 2015 - $78.5 billion per year in economic costs in the U.S. for prescription opioid abuse, dependence, and overdose (based on 2013 dollars)
- Inocencio et al., 2013 - $20.4 billion per year for Rx and illicit opioid poisonings (based on 2009 dollars)
- Ronan et al., 2016 - $15 billion for hospitalizations related to Rx and illicit opioid abuse/dependence and $700 million for serious injection-related infections
- Corr et al., 2017 - Annual costs for neonatal abstinence syndrome increased from $61 million in 2003 to $316 million in 2012 (cases increased 4 fold between 2003-2012)

Source: Florence CS, et al., 2016, Medical Care; Inocencio et al, 2013, Pain Medicine; Ronan et al., 2016, Health Affairs; Corr et al., 2017, Addiction
Emerging Signs of Progress

- Youth prescription opioid misuse declining over past decade; heroin use stable among youth
- Opioid prescribing declining since 2012
- Prescription opioid misuse initiation and overall misuse declining
- Plateauing of overdose deaths involving commonly prescribed opioids
- Number of people getting MAT increasing
- Exponential increase in pharmacy dispensing of naloxone as a result of standing orders, CPA, etc.
HHS Opioid Strategy
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
HHS OPIOID STRATEGY

Comprehensive
Evidence-based
Targets drivers of epidemic
Flexible to emerging threats

Improving access to prevention, treatment, and recovery services
Targeting availability and distribution of overdose-reversing drugs
Supporting cutting-edge research
Strengthening timely public health data and reporting

Advancing the practice of pain management
Improving Access to Prevention, Treatment & Recovery Services

• Building state and local capacity for opioid prevention, treatment and recovery services
  - SAMHSA State Targeted Response Grants, MAT-PDOA capacity expansion grants, Building Communities of Recovery grants
  - HRSA Community Health Center substance abuse treatment capacity expansion grants
  - AHRQ rural primary care MAT implementation grants
  - CMS Section 1115 waivers and other authorities to enable innovative among state Medicaid programs

• Driving national policy change
  - Technical assistance to states, tribes, locals (SAMHSA, CDC, CMS, HRSA, ASPE, NIDA)
  - CMS efforts to examine reimbursement and coverage levers to increase access to MAT and other addiction treatment and recovery services
  - CMS Innovation Accelerator Program engagement on best practices and innovation
  - FDA’s regulatory levers and partnerships with industry to bring new addiction and overdose reversal products to market
  - Ongoing efforts on Mental Health and Addiction Parity
Targeting the Distribution and Availability of Overdose-Reversal Drugs

• Supporting state and local efforts to increase access to and use of naloxone
  - SAMHSA State Targeted Response grants, Prescription Drug/Opioid Overdose Death Prevention grants, Overdose Treatment Access and First Responder grants
  - CDC’s Prevention for States grants - Rapid Response Component and Data-Driven Prevention Initiative state grants
  - Use of federal SAPT block grant and other grant funds to support naloxone access

• Driving national policy change
  - Ongoing technical assistance with states and state organizations (CDC, SAMHSA, NIDA, CMS, ASPE)
  - CMS Informational Bulletins on opioid abuse and overdose
  - NIH partnership with pharmaceutical companies to support early phase research on new naloxone formulations
  - FDA’s use of expedited review authorities and collaborations with industry to bring products to market (Evzio and Narcan Nasal Spray)
  - Research to track impact of changing state policies on naloxone access (ASPE, NIDA, FDA, CDC)
Strengthening Timely Public Health Data and Reporting

• **Supporting state and local public health surveillance**
  - CDC Opioid Prevention in States funding (Data Driven Prevention Initiative, State Enhanced Surveillance Grants, Prevention for States funding)
  - CDC’s EPI-Aids in Ohio and Massachusetts to improve understanding of fentanyl overdose deaths
  - CDC projects on neonatal abstinence syndrome incidence (VT, IL, NM) and developmental and educational outcomes (TN)
  - SAMHSA partnership with the State Epidemiologists to capacity building for state and local substance abuse surveillance
  - NIDA’s National Drug Early Warning System in 12 Sentinel Sites in the U.S

• **Improving national data and reporting**
  - SAMHSA developing new data system to track drug-related ED visits and continuing leadership through NSDUH, TEDS, and NSSATS
  - CDC engagement with Medical Examiners and Coroners to improve the timeliness and specificity of fatal and nonfatal drug overdoses
  - Partnerships with federal public safety agencies on surveillance, especially for fentanyl and fentanyl analogs
• Pain treatment
  - Conducting research to develop safer, more effective strategies for pain management, including non-opioid and less abuse-prone medications

• Addiction treatment
  - Engaging in research to develop new and innovative opioid addiction treatments

• Overdose reversal
  - Engaging in research to develop enhanced overdose prevention and overdose reversal products and strategies
• **Supporting state and local efforts to improve pain treatment**
  - CDC Opioid Prevention in States funding, Guideline implementation, health system engagement to advance the practice of pain management
  - CDC opioid public awareness campaign
  - SAMHSA SPF-RX grants, PCSS Opioids, Guidance on management of pain among people with opioid use disorders
  - Multiple HHS agencies providing continuing education and provider training

• **Driving national policy change**
  - Implementation of the National Pain Strategy
  - Interagency Pain Management Task Force
  - FDA Risk Evaluation and Mitigation Strategy
  - CMS reimbursement & coverage levers to increase access to pain treatment
  - ASPE/NIH/CDC research on national-level coverage policies for non-opioid treatments to support broader access to these therapies
  - AHRQ/CDC/ASPE systematic review of non-pharmacological pain treatments
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