PARTICIPANT HANDOUTS

The Opioid Crisis in Region VIII: Everything You Wanted to Know but were Afraid to Ask

Thank you for attending today’s training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

Presented by:
Robert Valuck, PhD, RPh, FNAP, Professor, Department of Clinical Pharmacy, University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences and Director, Colorado Consortium for Prescription Drug Abuse Prevention

Live Broadcast Date/Time:
Thursday, January 10, 2019
11:30–1:00PM Mountain Time / 12:30–2:00PM Central Time

Target Audience:
All staff at Region VIII CHCs who interact with patients who have SUDs, including in both clinical and administrative roles.

Event Overview:
This webcast will provide an overview of the opioid epidemic, including how trends in opioid use and mortality have changed nationally and across Region VIII in recent years; factors that have caused and exacerbated the opioid crisis; and the associated costs of increased opioid use, both in terms of finances and human lives. Dr. Valuck will also discuss recent legislative actions to enact changes in opioid trends, and discuss several simple, practical methods that individuals and healthcare organizations can use to begin to address opioid use in their communities.

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LEARNING OBJECTIVES:
Upon completion of this session, participants should be able to:
1. Understand recent trends in opioid use and mortality in Region VIII (CO, MT, ND, SD, UT, WY).
2. Identify factors that caused and have exacerbated the opioid crisis.
3. Recognize the costs of increased opioid use.
4. Understand recent legislative action to address the opioid epidemic at federal and state levels.
5. Learn simple, practical methods for addressing the opioid epidemic at the patient and community level.

CHAMPS ARCHIVES
This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit www.CHAMPSonline.org/events-trainings/distance-learning.

DESCRIPTION OF CHAMPS
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY
Dr. Robert Valuck is a professor in the Department of Clinical Pharmacy at the University of Colorado’s Skaggs School of Pharmacy and Pharmaceutical Sciences and holds joint appointments in the Schools of Medicine and Public Health. He is also the President of the Colorado Consortium for Prescription Drug Abuse Prevention, where he builds strategic partnerships at the federal, state, and local levels. Dr. Valuck’s professional interests include pharmacoepidemiology, drug safety, and the evaluation of drug-related policies. He holds a PhD in Pharmacy from the University of Illinois at Chicago and has published numerous articles related to substance use.

CONTINUING EDUCATION CREDIT
This Live Activity, The Opioid Crisis in Region VIII: Everything you Wanted to Know but were Afraid to Ask, with a beginning date of 01/10/2019, has been reviewed and is acceptable for up to 1.5 Prescribed Credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
The Opioid Crisis in Region VIII: Latest Developments and Responses
(Everything You Wanted to Know but were Afraid to Ask)

Robert Valuck, PhD, RPh, FNAP
Departments of Clinical Pharmacy, Epidemiology, and Family Medicine
Director, Colorado Consortium for Prescription Drug Abuse Prevention
January 10, 2019

This Live activity, The Opioid Crisis in Region VIII Webcast, with a beginning date of 01/10/2019, has been reviewed and is acceptable for up to 1.50 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Objectives

• Describe the scope and impact of the opioid crisis in the U.S. and Region VIII

• Introduce you to the Consortium and give examples of how we are working to address the problem

• Highlight current solutions being applied effectively in Colorado, and with our Region VIII partners
What are the current data?

Drug Overdose Mortality

- In 2017, over 72,000 people died from drug overdoses in the United States
  - One every 10 minutes (6 more during this presentation)
  - Nearly 2/3 of those deaths involved prescription drugs
  - Opioids (Rx or illicit) were involved in 75% of those deaths
Drug Overdose Mortality

- In 2017, over 72,000 people died from drug overdoses in the United States
  - One every 10 minutes (6 more during this presentation)
  - Nearly 2/3 of those deaths involved prescription drugs
  - Opioids (Rx or illicit) were involved in 75% of those deaths
- In Colorado, there were 1,012 drug overdose deaths in 2017
  - Good news: Rx opioid deaths down slightly (329 in 2015, 300 in 2016)
  - Bad news: Heroin deaths (160 in 2015, 228 in 2016), Fentanyl deaths (41 in 2015, 49 in 2016) and Methadone deaths (34 in 2015, 56 in 2016) are all up sharply [Net Gain for all Opioids: 472 in 2015, 504 in 2016]
- The problem knows no regional, gender, age, income, or other bounds: it is truly an epidemic (CDC: top four)
  
  Colorado Rx Abuse Task Force data
  SAMSHA/NSDUH 2009 survey.
Drug Overdose Mortality

- In 2017, over 72,000 people died from drug overdoses in the United States
  - One every 10 minutes (6 more during this presentation)
  - Nearly 2/3 of those deaths involved prescription drugs
  - Opioids (Rx or illicit) were involved in 75% of those deaths
- In Colorado, there were 1,012 drug overdose deaths in 2016
  - Of these, 560 were opioid involved (Rx or illicit, combined)
    - Rx opioid deaths rising again (329 in 2015, 300 in 2016, 373 in 2017)
    - Heroin deaths holding steady (160 in 2015, 228 in 2016, 224 in 2017)
    - Fentanyl deaths rising (41 in 2015, 49 in 2016, 81 in 2017)
    - Methadone deaths holding steady (34 in 2015, 56 in 2016, 58 in 2017)
- The problem knows no regional, gender, age, income, or other bounds: it is truly an epidemic (CDC: top four)
Drug Overdose Mortality in Colorado

Colorado Drug Overdose Death Rate, 2002

Legend:
- 0-10
- 11-40
- 41-80
- 81-100
- 101-120
- 121-140
- 141-160
- 161-180
- 181-200
- 201-220
- 221-240
- 241-260
- 261-280
- 281-300
- 301-320
- >320
- No Data Available

Drug Overdose Mortality in Colorado

Colorado Drug Overdose Death Rate, 2014

500% Increase
Drug overdose deaths in Region VIII

<table>
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<tr>
<th>State</th>
<th>2016 OpIoid Deaths</th>
<th>2017 OpIoid Deaths</th>
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<tr>
<td>Colorado</td>
<td>942</td>
<td>1012</td>
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<tr>
<td>Montana</td>
<td>119</td>
<td>119</td>
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<td>650</td>
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<td>Wyoming</td>
<td>99</td>
<td>69</td>
</tr>
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</table>

The Opioid Crisis in Region VIII, 01/10/19

Drug Overdose Death Rates in the US

CDC WONDER data file, Nov 21, 2014; 63(46):1095.
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

 Deaths are the Tip of the Iceberg
For every opioid overdose death in 2014 there were...

Deaths are the Tip of the Iceberg
For every opioid overdose death in 2014 there were...

- For every 1 death there are...
  - 10 treatment admissions for abuse
  - 32 emergency dept visits for misuse or abuse
Deaths are the Tip of the Iceberg
For every opioid overdose death in 2014 there were...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users
Substance Abuse Treatment Gap: 90%

Number of People Needing Treatment for Substance Abuse Problems

21.6 million

Number of People Who Received Treatment at a Substance Abuse Facility

2.3 million

Access to Medication Assisted Treatment (MAT) in Colorado: April 2017
What has this cost us?

Costs of the Epidemic: Past and Projected

![Graph showing the total and projected costs of the opioid epidemic from 2001 to 2020. The graph indicates that the costs have increased significantly over time, reaching $1 trillion in 2011 and projected to reach $500 billion by 2020.](https://example.com/graph)

*Note: Data between labeled timeframes interpreted using constant growth rates.*
Societal Benefit of Eliminating Opioid Crisis

How did we get here?
Poll Question #1:

Who is most responsible for the opioid crisis?

1. The pharmaceutical industry
2. Government
3. JCAHO
4. Prescribers
5. Patients
6. Other (enter other answers into the questions box)

The Ubiquity and Impact of Opioid Prescription Drugs on the US Population

![Graph showing the increase in Kg of Opioids Sold per 10,000 people from 1999 to 2010.](chart.png)
The Ubiquity and Impact of Opioid Prescription Drugs on the US Population

3.9-fold increase in quantity of opioids sold\(^1\)

Kg of Opioids Sold (per 10,000)

No. per US Population

Year

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

259 million opioid prescriptions were dispensed at retail in 2013\(^2\)

...enough for every American adult to have a bottle of pills...every year!
The Ubiquity and Impact of Opioid Prescription Drugs on the US Population


The “Perfect Storm” of Opioids

- Causes of the increase came from many directions:
  - Increased recognition of pain, under-treatment of pain
  - Pain as the “fifth vital sign”, JCAHO and CAHPS measures, etc.
  - Drug company advertising and promotion
  - Practitioners not well trained in opioid pharmacology, addiction, medication assisted treatment (MAT)
  - Drugs are very powerful, highly addictive if not used properly
  - Scamming, doctor/pharmacy shopping, black market for opioids
How does this problem start?

Sources of Opioids among Nonmedical Users

- Obtained free from friend or relative: 55%
- Prescribed by one doctor: 17.3%
- Bought from a friend or relative: 11.4%
- Took from a friend or relative without asking: 4.8%
- Got from drug dealer or stranger: 4.4%
- Other source: 7.1%
Over 70% obtain opioids from friends or relatives...the "Medicine Cabinet" problem (most common starting point to Nonmedical use and Addiction).

Also significant: 17% of patients who are started on opioids legitimately, but begin nonmedical use with the "leftovers" (after their acute pain has subsided).
New Persistent Opioid Users after Surgery

After surgery, major or minor, 6% of people started on opioids for post surgical pain are new, persistent users 1 year later

Majority of Heroin users in past year reported Nonmedical use of Opioids before heroin initiation (US, 2002-2004 and 2008-2010)

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</thead>
<tbody>
<tr>
<td>Age first use OPR same as heroin</td>
<td>22.1%</td>
<td>18.4%</td>
<td>28.2%</td>
<td>12.4%</td>
<td>6.7%</td>
<td>11.2%</td>
<td>21.8%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Age first use OPR before heroin</td>
<td>25.4%</td>
<td>12.8%</td>
<td>16.9%</td>
<td>16.9%</td>
<td>11.2%</td>
<td>16.8%</td>
<td>16.9%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Age first use heroin before OPR</td>
<td>82.6%</td>
<td>76.4%</td>
<td>76.4%</td>
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What is being done?

Poll Question #2:
What strategies are you using to address opioids in your community? (Please select all that apply.)

1. Provider training
2. Patient education
3. Medication Assisted Treatment (MAT)
4. Alternative pain treatments
5. Drug take-back programs
6. Other (enter other answers into the questions box)
President’s Commission:

• *Declare national public health emergency (done)*
• Treatment Expansion: eliminate Medicaid IMD exclusion, create incentives for delivery of MAT, enforce MHPAEA (mental health/SUD parity)
• CME: mandatory continuing education for prescribers
• Naloxone: equip law enforcement, create standing orders laws at state level, require coprescribing for at risk patients
• PDMPs: fund interstate data sharing, require federal facilities to participate/report data
• Other: Address 42 CFR Part 2 consent issues, develop fentanyl detection sensors/systems, review rules/regs
Recent Federal Initiatives

- **CDC**: named Prescription Drug Abuse as one of the top four epidemics facing the U.S.; issued *Guideline for Prescribing Opioids for Chronic Pain* (March 2016)

- **CMS**: stated “will adopt” CDC guidelines for Medicare patients

- **FDA**: issued Black Box Warning for opioids (risk of addiction, OIRD and death); guidance for abuse deterrent formulations; and recommended Opana ER be pulled from the market (MFR complied)

- **DEA**: tougher scheduling (Tramadol; Hydrocodone combination products); National Drug Take Back days (most recent was 4/28); new rules allowing pharmacies and law enforcement departments to be “reverse distributors” (collect and take back medications)

HHS Key Actions: SAMHSA

- State Opioid Response (SOR) grant program to: a) increase access to evidence-based prevention/treatment/recovery, b) reduce unmet treatment need, and c) reduce opioid overdose related deaths
  - SAMHSA awarded $930M to all 50 states, territories, and 6 pacific jurisdictions
  - SAMHSA awarded $50M in Tribal Opioid Response to 250+ tribes
- Strategic Prevention Framework-Prescription Drug Abuse (SPF-Rx)
- $46M to support Naloxone access/First Responders/Peers
- Medication Assisted Treatment – Prescription Drug Overdose Act grants (MAT-PDOA)
- HIPAA/42 CFR: Family inclusion in medical emergencies/overdose notification
- $150M for HIV/Injection Drug Use Program
- $40M for Neonatal Opioid Withdrawal Syndrome
- $80M to increase MAT in criminal justice programs
- $4.6M for community recovery support services
- Supporting training/development of Data 2000 Waivered providers
Region VIII Technical Assistance, Training, Consultation

Mountain Plains Addiction Technology Transfer Center
University of North Dakota (thomasine.heitkamp@UND.edu)

Mountain Plains Prevention Technology Transfer Center
University of Utah (jason.burrow-sanchez@ed.utah.edu)

Federal Region VIII Opioid Misuse Consultation Team

22 Federal agencies positioned to lead and engage Region VIII States, Tribal Nations, local communities and Federal agencies in comprehensive and coordinated responses to the public health crisis of prescription drug misuse and opioid addiction.

Consultation team is available for consultation, identification/coordination of resources, grants, and technical assistance, review policies, rules, and laws that support and guide prescription drug misuse and opioid addiction response strategies. Team facilitates quarterly educational conference calls, webinars and learning communities across Region VIII State, Tribal, local and Regional Federal stakeholders.

To join, please send an email to LISTSERV@LIST.NIH.GOV with the following text in the message body: subscribe REGBOPIOIDPARTNERSSTAKEHOLDERS your name

Recent Federal Legislation

- House Energy & Commerce committee held hearings over the last winter/spring, drafted a package of 56 opioid bills, combined into HR-6 (SUPPORT for Patients and Communities)
- Timeline:
  - In June, HR-6 passed House by vote of 396-14
  - On Sept 17, Opioid Crisis Response Act passed Senate 99-1
  - On Sept 27, cleared Conference Committee
  - On Oct 24, President Trump signed into law
- Topics range from treatment access, to workforce development, to incentives for development of non opioid medications, to safe disposal, to fentanyl interdiction (etc.)
- For details: https://energycommerce.house.gov/opioids/
- President has pledged ~$13 Billion to opioid crisis over the next two fiscal years (10X prior funding, still 1/10 of HIV/AIDS)
Created by Governor John Hickenlooper in the fall of 2013 to establish a coordinated, statewide response to this major public health problem

The Consortium serves as a backbone, which links the many state agencies, organizations, health professions, associations, task forces, and programs that are currently addressing the prescription drug abuse problem

Seeded with $1M in funding from former AG John Suthers

Public Awareness Work Group

- Began in 2015 with $1M in funding from former AG
- Focuses on Safe Use, Safe Storage, Safe Disposal
- Bilingual (English/Spanish)
- Campaign showed significant improvement in knowledge and behavioral intent (to use safe disposal programs)
- Collateral materials available free for physicians/practices
Safe Disposal Work Group

- Created TakeMedsBack: statewide, permanent drug dropbox/collection program
- Received $300K annual allocation in state funds
- 2018 goal: at least one permanent drop box in every county in CO
- 62 counties / 139 boxes as of Oct 15, 2018
Provider Education Work Group

- Created live CE program for physicians, other providers
- Focused initially on Safe Opioid Prescribing and Monitoring
- Delivered 21 times (6 more planned), to >1250 providers
- Next topics: MAT in Primary Care; Alternatives to Opioids; Telemedicine for Pain Management, Addiction Treatment

Heroin Response Work Group

- Collaboration with Rocky Mountain HIDTA, DEA, and US Attorney
- Prevention, Public Health, Treatment, Recovery, Law Enforcement partnership
- Report: Heroin in Colorado
  - Data on scope of problem
  - Survey of OTP clients re: demographics, experiences
  - Will inform future efforts of the work groups re: heroin strategy
Affected Families & Friends Work Group

- Forum for affected family members and friends to engage, inform, advocate
- Developed and offer public facing program: “These Numbers Have Names”
- Speakers bureau of those willing to speak with media, share their personal stories to help educate others
Committee met between July and October 2017, drafted 6 bills, 5 passed: Prevention/Education, Clinical Practice Improvement, Workforce Development, Treatment (Inpatient/Residential), and Payment Reform (MAT, prior auth)

Committee meeting again this year, passed 5 bills, referred to Leg Council, which killed three of them (Prevention, Treatment, Harm Reduction), passed two (Criminal Justice, and Recovery)

Opportunities for Counties

- Ideal geographic and political unit to address the topic
- Examples of collaborations are very good models
  - Commissioners, LPHAs, AHECs, nonprofits, partners...
- Consortium available to provide programmatic support to county (regional) efforts
  - Low hanging fruit: Data, Public Awareness materials, Safe Disposal sites and materials, Naloxone, Provider Education
  - Achieve early wins, ramp up activity as resources permit
  - Participate in our “Local Coalition Learning Community” (share with and learn from other local coalitions/peers)
Community Reference (Toolkit)

The Opioid Crisis in Region VIII, 01/10/19

Thank You!

Email: robert.valuck@ucdenver.edu
Website: www.corxconsortium.org
Phone: 303-724-2890
Questions?

Thank You for Joining Us!

Your opinions about this webcast are very important to us.

Please complete the event evaluation for this webcast. If you are applying for CME credit, you must complete the credit questions found at the end of the Evaluation.

Each person should fill out their own Evaluation/Credit Survey.

Please refer to the SurveyMonkey link provided under the “Handouts” tab of the online event. The same link was provided in the reminder email sent out in advance of the event, and will be included in a follow-up email to those logging onto the event. Please pass the link along to others viewing the event around a shared computer.

Don’t forget to join us for the next webcast in our SUD Series, “Addressing Stigma Against Patients with Substance Use Disorders,” next Thursday, January 17, 2019.

Visit [www.CHAMPSonline.org/Events/DistanceLearning.html](http://www.CHAMPSonline.org/Events/DistanceLearning.html) for information about this and other live and archived CHAMPS webcasts.