

Medication Assisted Treatment

Rochelle Head-Dunham, M.D., F.A.P.A

Executive and Medical Director

Metropolitan Human Service District



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Opioid Overdose in the United States

The rate of fatal overdose in the U.S. has tripled since 1991. Widespread use of opioids, particularly synthetic opioid pain relievers, account for most of the increase. A recent analysis by the Washington Post reveals the drug crisis is increasing death rates for nearly all groups of Americans. States have enacted legislation that seeks to reduce fatal opioid overdose.

This presentation will discuss where we are now as a nation and a state, and the components of a “Good Behavioral Health MAT System.”



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Where are we Nationally?



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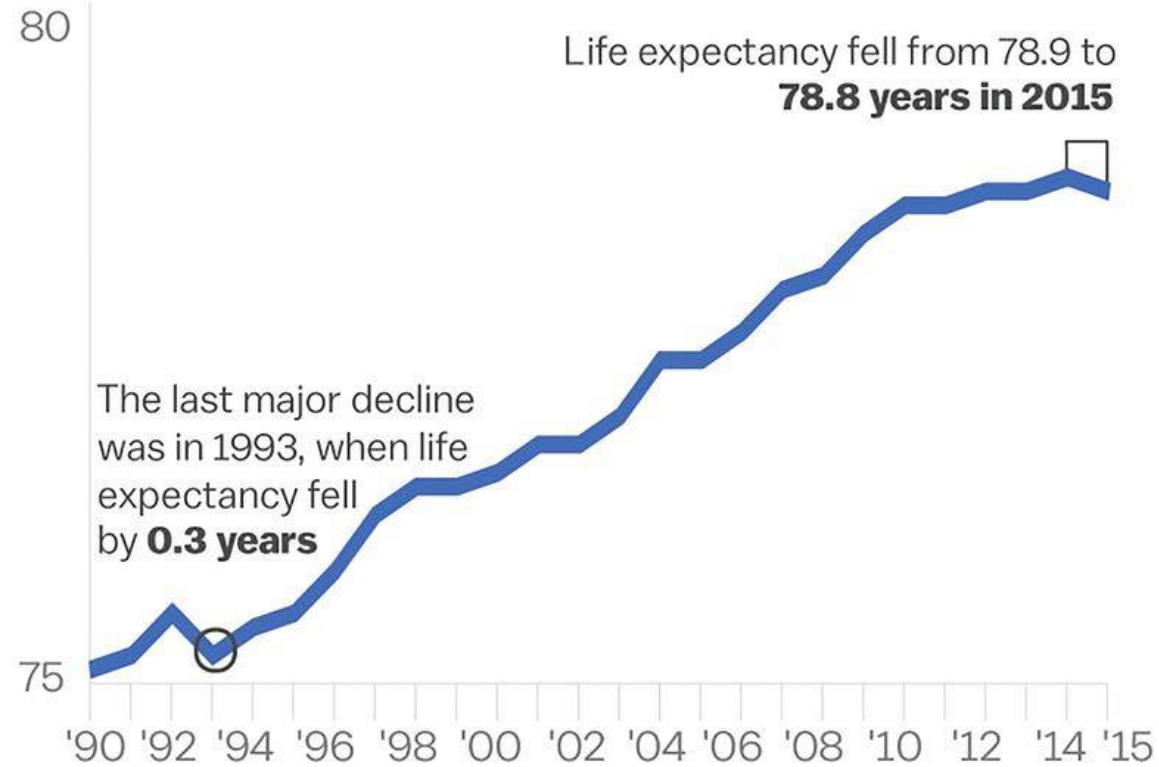
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Life expectancy has improved in the US, but a 2015 dip shows that might be changing



The last major decline was in 1993, when life expectancy fell by **0.3 years**

Life expectancy fell from 78.9 to **78.8 years in 2015**

Source: National Vital Statistics System
Credit: Sarah Frostenson

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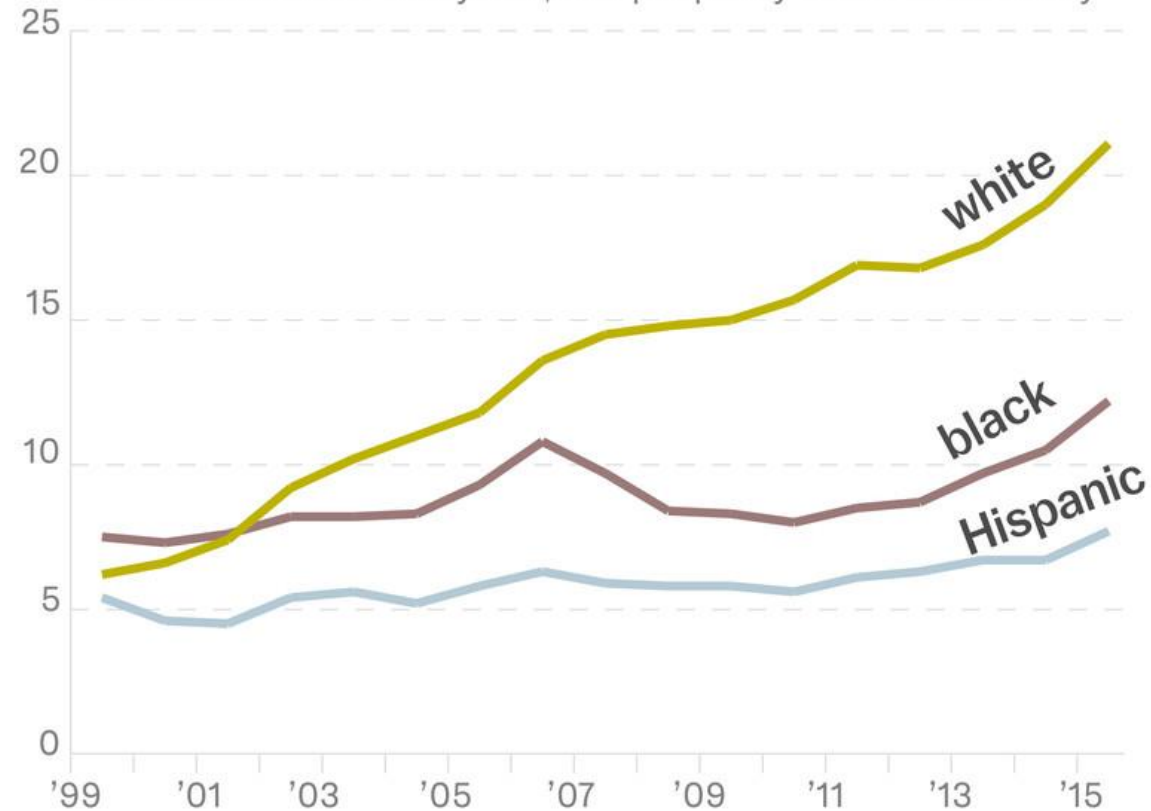
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White Americans die disproportionately from drugs, but that could be changing

Rate of deaths for every 100,000 people by race and ethnicity



Source: NCHS, National Vital Statistics System, Mortality

Credit: Sarah Frostenson

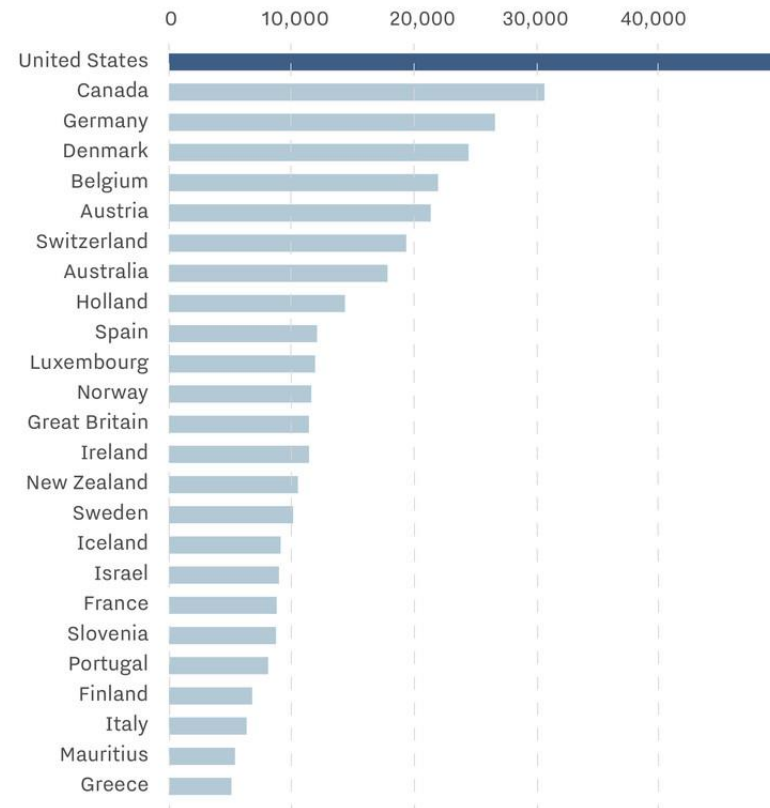
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Americans consume more opioids than any other country

Standard daily opioid dose for every 1 million people



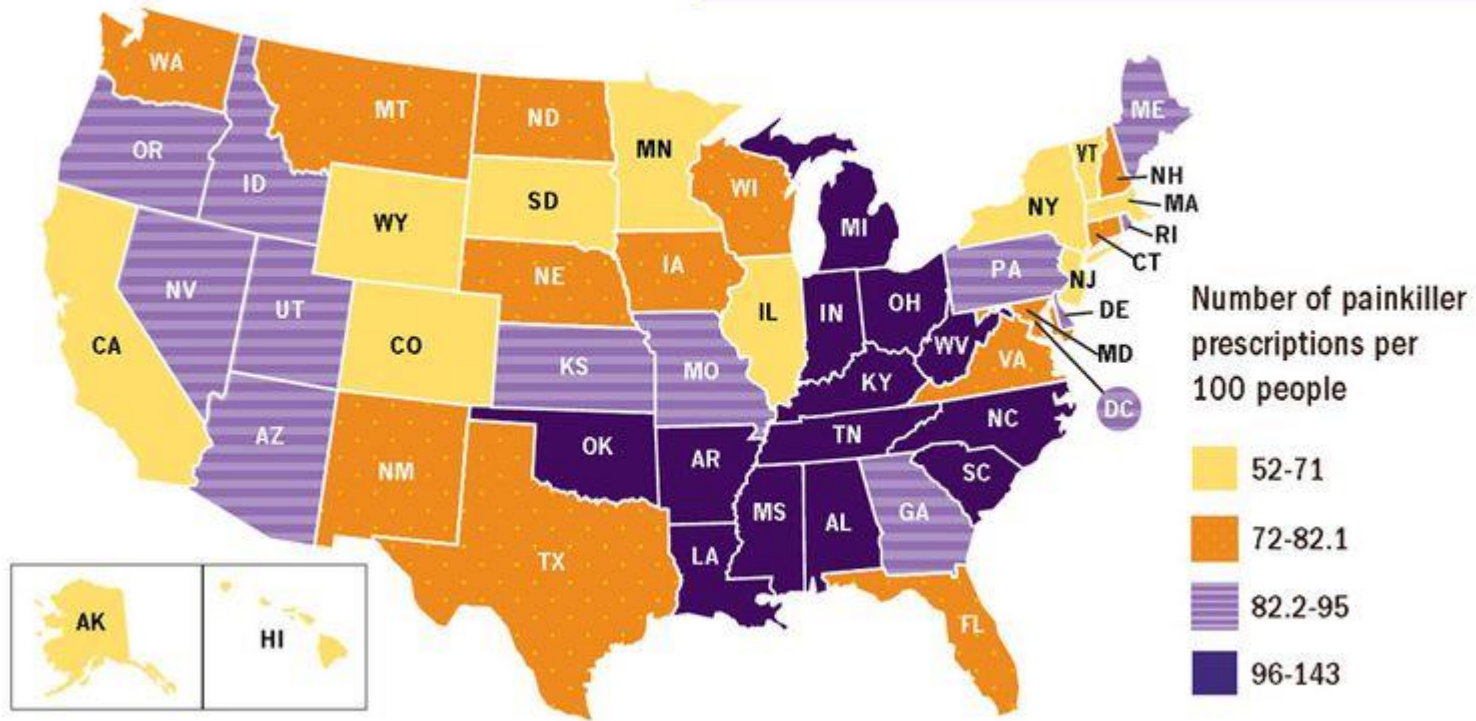
Source: United Nations International Narcotics Control Board
Credit: Sarah Frostenson

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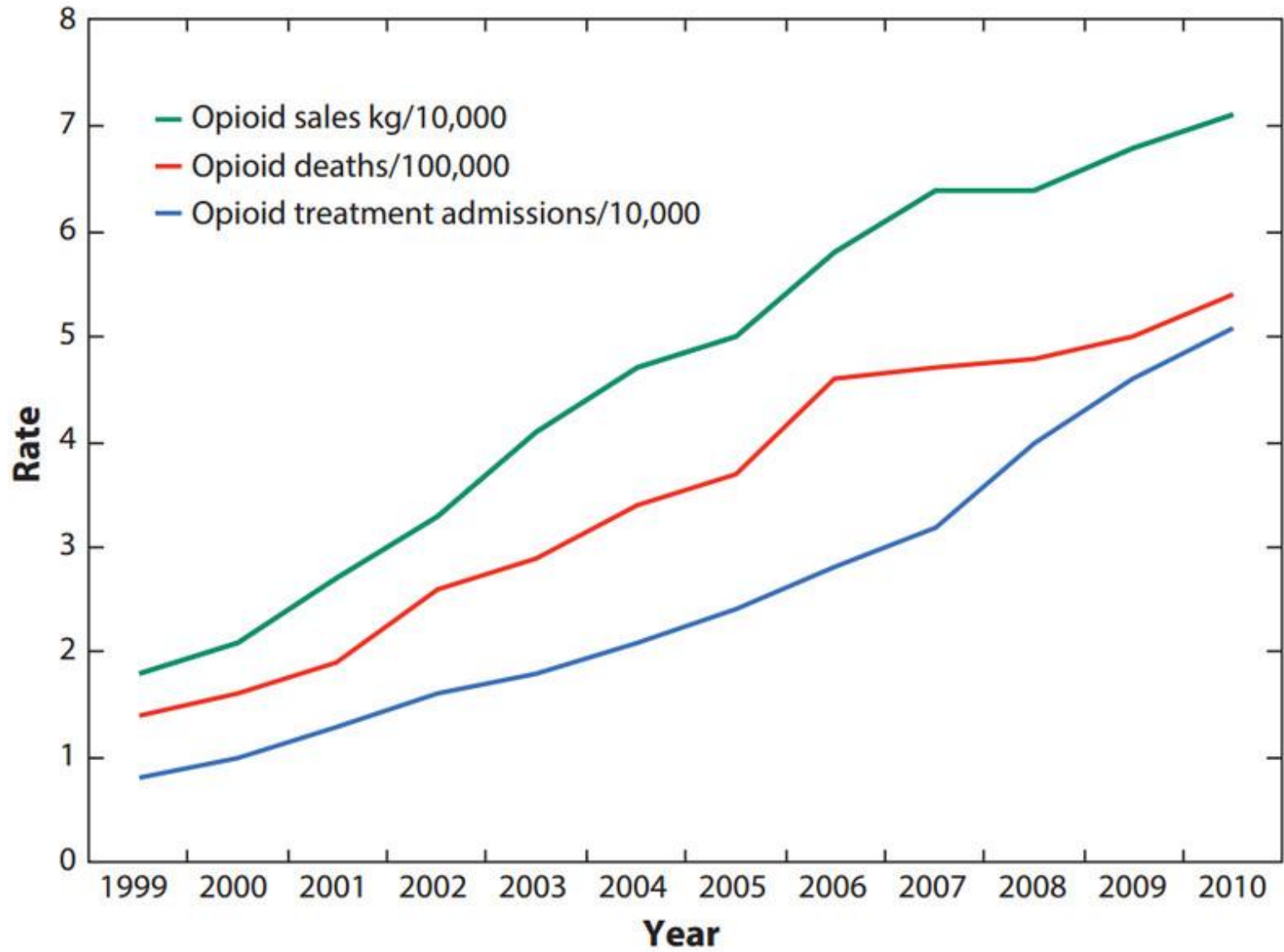


Some states have more painkiller prescriptions per person than others.



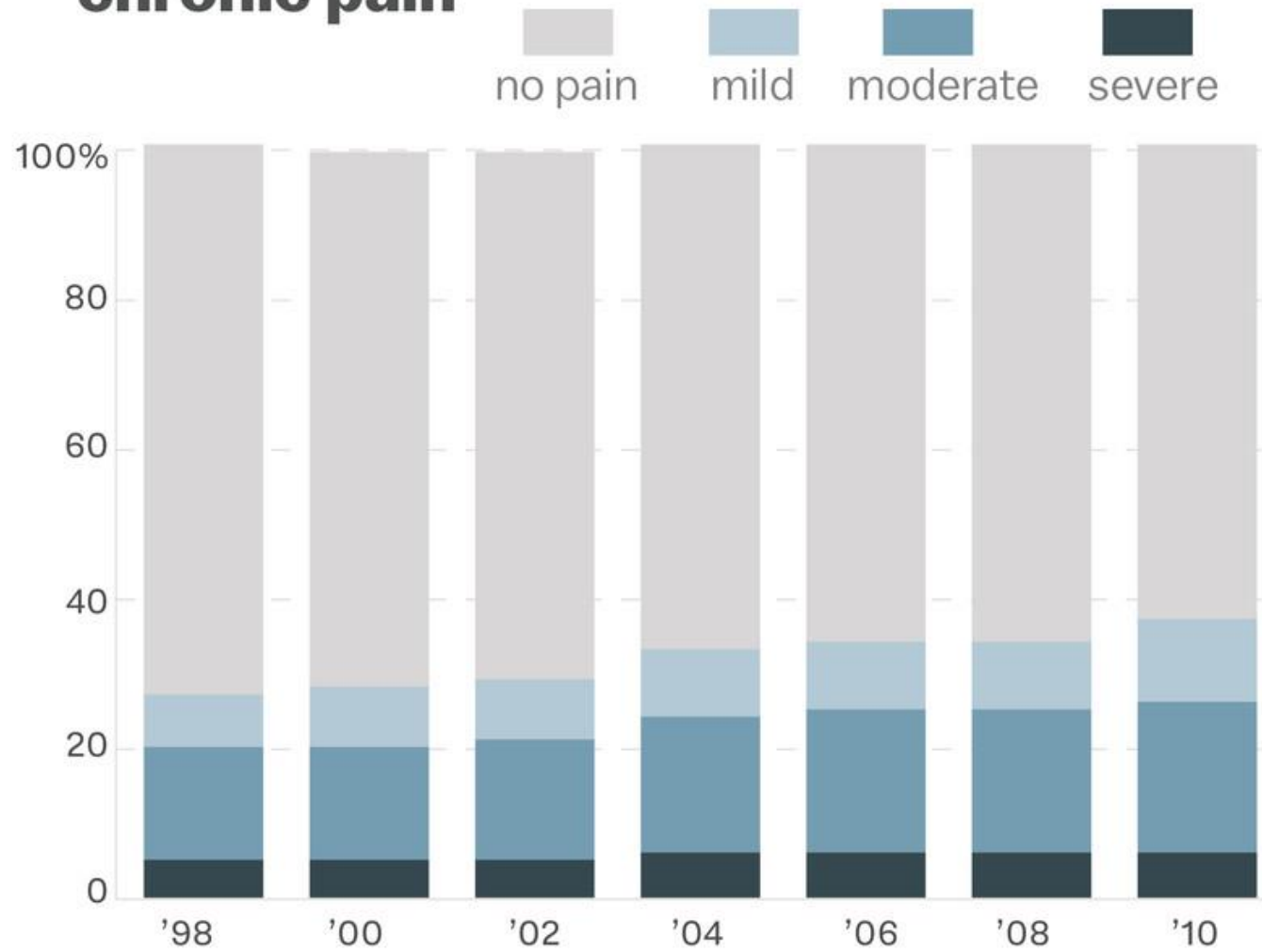
SOURCE: IMS, National Prescription Audit (NPA™), 2012.







Americans are suffering from more chronic pain



Source: Health and Retirement Study, 1998-2010

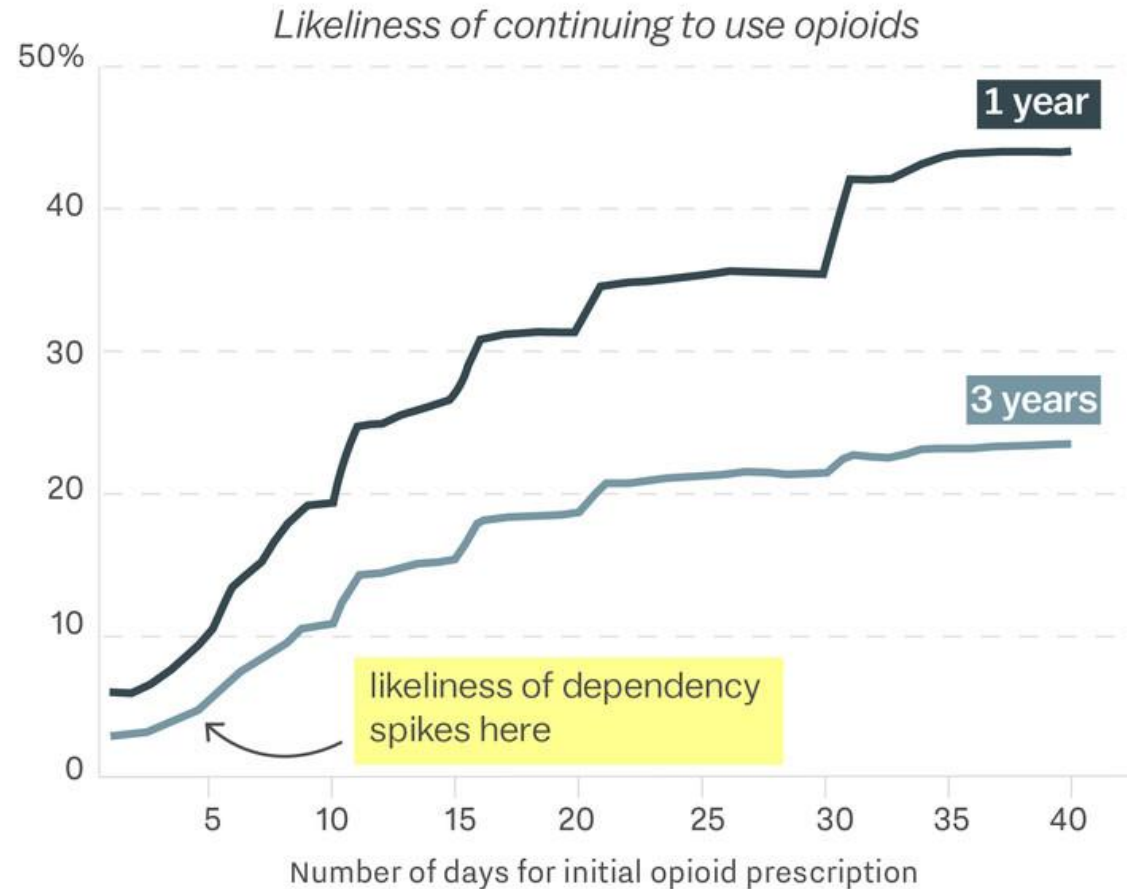
Credit: Sarah Frostenson

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Risk of continued opioid use increases at 4-5 days



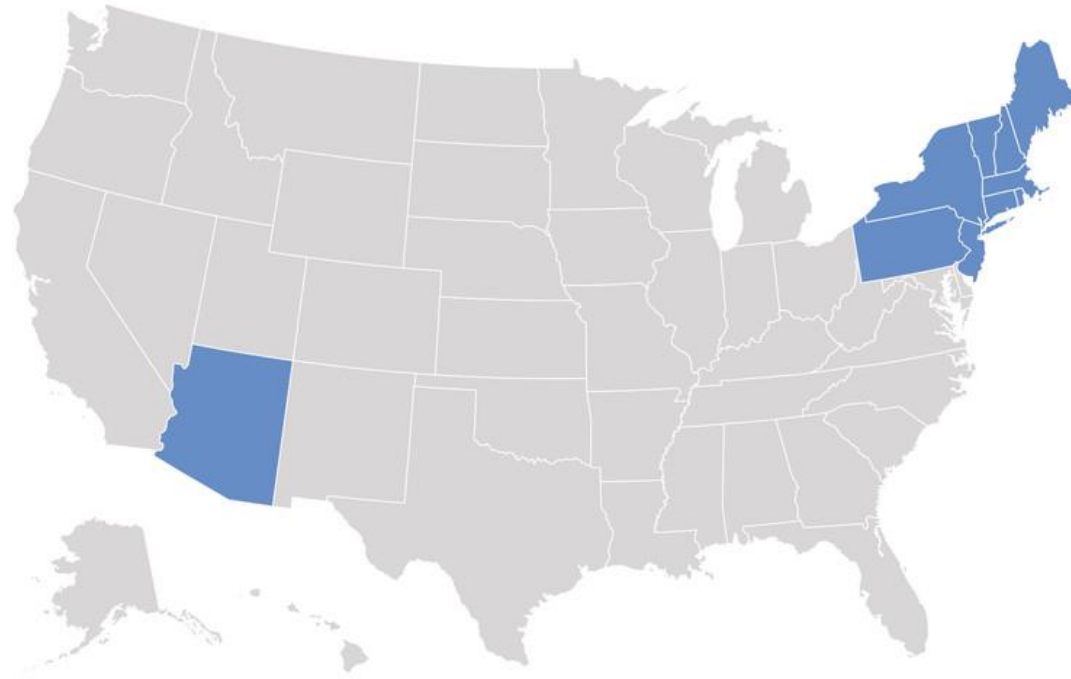
Source: Centers for Disease Control and Prevention
Credit: Sarah Frostenson

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10 states have legislation that limits opioid prescriptions to 7 days or less



Source: National Conference of State Legislatures
Credit: Sarah Frostenson

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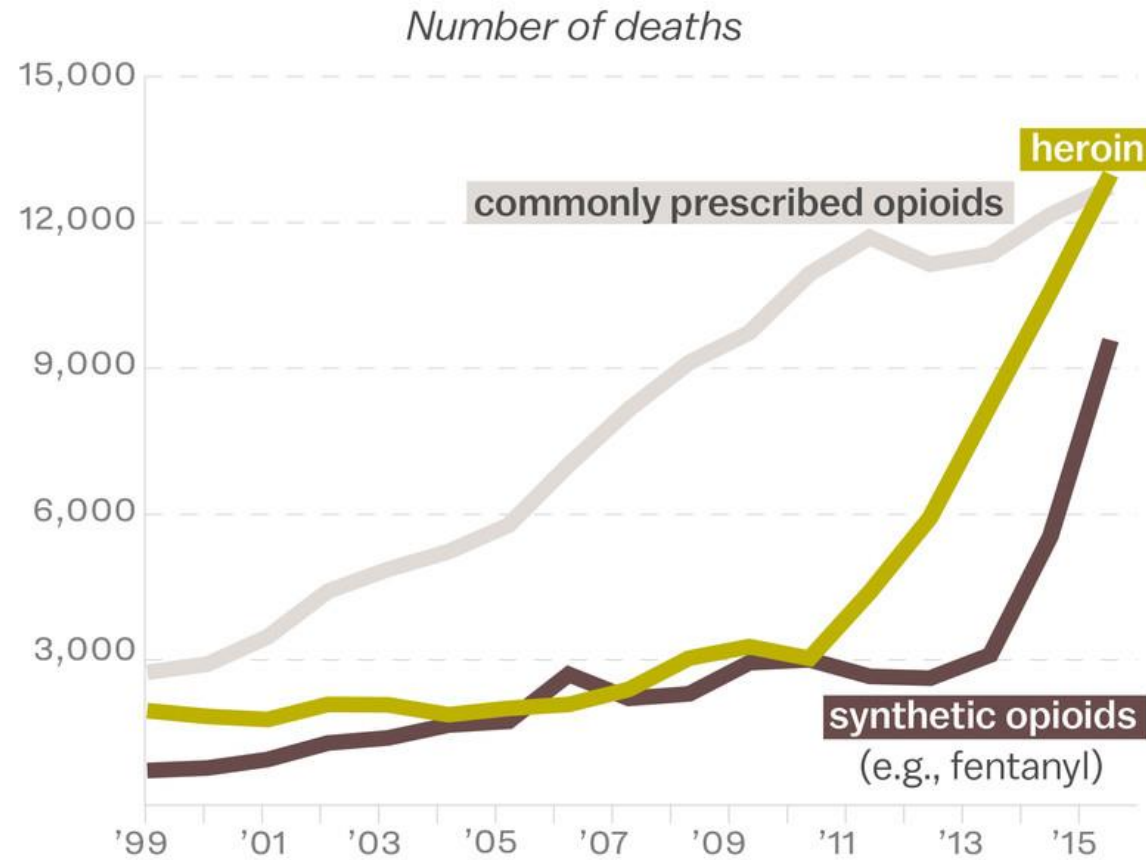
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More drug overdose deaths now involve heroin than prescription painkillers



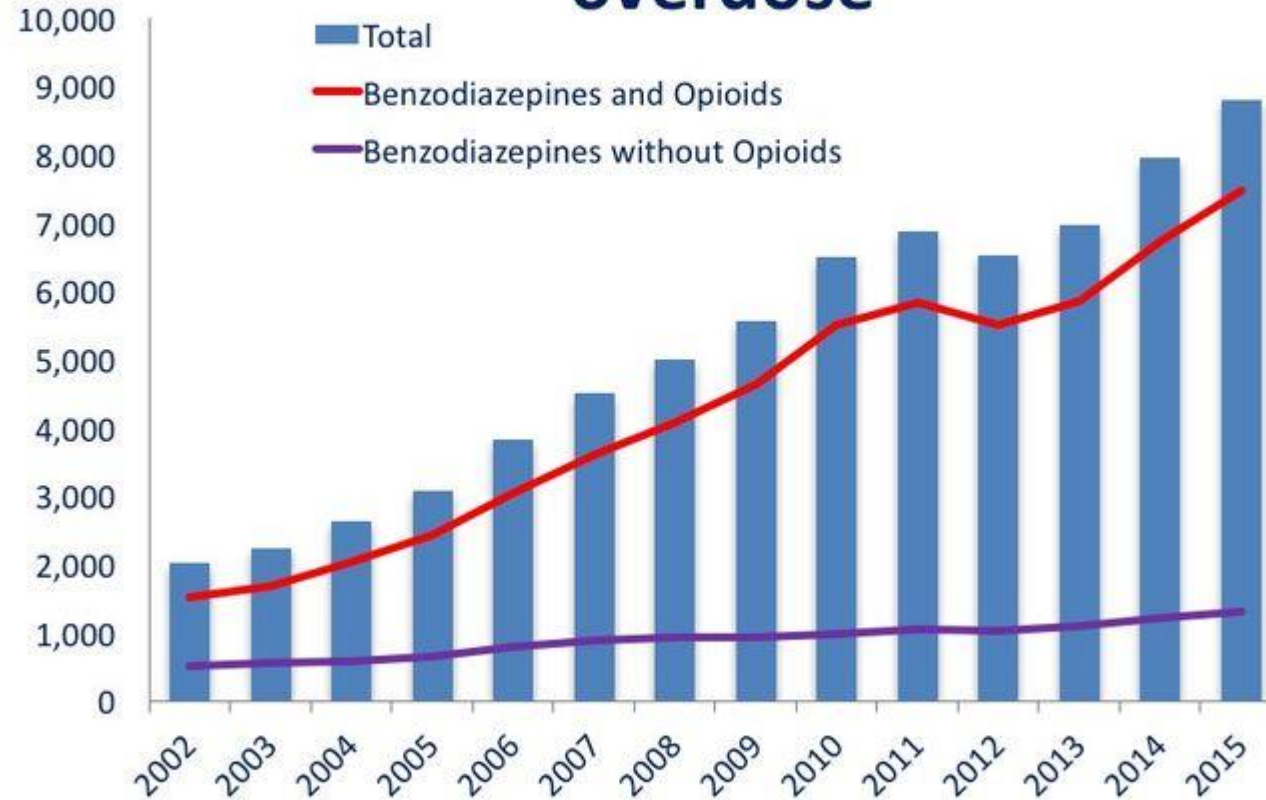
Source: CDC WONDER
Credit: Sarah Frostenson

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Opioid involvement in benzodiazepine overdose



Source: National Center for Health Statistics, CDC Wonder





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Where are we in Louisiana?



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Statistics from the CDC and LDH

- Louisiana is one of 20 states with a significant increase in opioid deaths. (CDC)
- Louisiana had a 12 percent increase in deaths resulting from opioid overdose for 2014-2015. (CDC)
- Louisiana had 478 (17 per 100,000) fatal drug overdoses in 2014.(LDH)
- Data from 2013-2015 indicates there were 6,252 opioid-related substance use treatment admissions in Louisiana. (LDH)
- Since the Prescription Monitoring Program began monitoring narcotic prescribing behavior, Louisiana has averaged 122 prescriptions per 100 people. Meaning, **we have more prescriptions for narcotics than we have residents.** (LDH)

(CDC, National Vital Statistics System, 2012; SAMHSA, NSDUH, 2006-2012)



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- Of the people who misused prescription pain relievers in the past year, more than 50% got them from friends or relatives, 40% from health care providers, and 10% from other sources.
- Between 67% and 92% of patients who underwent seven types of surgeries reported having **unused** opioids in their homes.
- Of all opioid tablets obtained by all types of surgical patients, 42% to 71% went **unused**. Disposal rates of the opioids were low at about 9%.
- Between 73% and 77% of patients reported that their prescription opioids were **not** stored in locked containers.

In 2006, the DEA found that heroin in New Orleans was up to 60% purity compared to 10% purity prior to Hurricane Katrina. The purity levels gradually decreased to about 15% in 2012, 9% in 2013 , but has increased to approximately 25.5% purity. The decrease from 60% purity is due to the growing demand and supply.

(New Orleans DEA)

- A report was compiled by LDH on NAS among Louisiana Medicaid infants between 2003 and 2013, stating that **70% of Louisiana births are covered by Medicaid.**
- Of those Medicaid births between 2003 and 2013, 4,143 or **0.9% of infants were exposed to drugs prenatally and 51% of those or 2,114 were diagnosed with NAS.** The NAS rate quadrupled from 2.1 in 2003 to 8.0 per 1,000 Medicaid births in 2013.
- 26% percent of the mothers had a diagnosis code for drug dependence during pregnancy with opioid abuse/dependence being the most common; 30% percent had both a mental illness and a drug dependence claim.
- The report recommended that all pregnant women with opioid use disorders are referred for comprehensive SUD treatment that includes MAT

(DHH, September 2015 Neonatal Abstinence Syndrome among Louisiana Medicaid Infants 2003-2013)



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CORONER'S REPORT ON 2016 ACCIDENTAL DRUG-RELATED DEATHS IN NEW ORLEANS

March 27, 2017

In New Orleans, accidental drug-related deaths in 2016 were more than double that of 2015.

There were 211 drug-related deaths in 2016 as compared to 92 drug-related deaths in 2015.

This is likely the first time that drug-related deaths have surpassed homicides in the history of New Orleans.



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CORONER'S REPORT ON 2016 ACCIDENTAL DRUG-RELATED DEATHS IN NEW ORLEANS

March 27, 2017

Toxicological analysis in most drug-related deaths revealed the presence of multiple drugs.

In 2016, opiates were discovered in 166 drug-related deaths, a doubling as compared to 81 in 2015.

Within this group of accidental opiate-related deaths in New Orleans, there was a more than threefold increase in the frequency of fentanyl, a powerful synthetic opioid.

In 2016, 48 persons died accidentally with fentanyl in their system, compared to 13 in 2015.



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CORONER'S REPORT ON 2016 ACCIDENTAL DRUG-RELATED DEATHS IN NEW ORLEANS

March 27, 2017

Cocaine was present in 105 accidental drug-related deaths in 2016 as compared to 34 in 2015.

Methamphetamines/amphetamines were present in 18 accidental drug-related deaths in 2016 as compared to 4 in 2015.

No significant change was seen in gender distribution between the years, with males representing 80% of the drug-related deaths.

While the absolute numbers of drug-related deaths in both African-Americans and Caucasians increased in 2016, a statistically significant increase was seen in the proportion of African Americans in 2016.

African-Americans were 45% of drug-related deaths in 2016, as compared to 28% in 2015.

WE Have a State and National DRUG CRISIS!



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What Are Opioids?

OPIOIDS

FDA Indications: Pain killers, Cough Suppressants, Anti-diarrheal, Opioid Maintenance and Detoxification

Examples: Codeine, Hydrocodone and Long Acting: Morphine, Oxycodone, Oxymorphone, Transdermal fentanyl, Methadone, Buprenorphine

Illicit Usages: Euphoria/"Get high", prevent withdrawal, self-medication (i.e., physical and emotional pain)



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Most Prescribed Opioids

LDH Bureau of Health Informatics, 2010-15

- Hydrocodone (Vicodin, Lortab[®], Norco)
- Tramadol (Ultram[®], Ryzolt[®], ConZip[®])
- Oxycodone (OxyContin[®], Percodan[®], Percocet[®])

Opioid Type and Prevalence in Louisiana

Data from State Police Crime Lab, 2016

The most prevalent drugs, reported in samples submitted for analysis in 2016:

- Heroin (1,610 exhibits in 2016)
- Hydrocodone (Vicodin, Tylenol Lorcet, Lortab) (1457 exhibits in 2016)
- Oxycodone (OxyContin, Percocet) (1,144 exhibits in 2016) Codeine (144 exhibits in 2016)
- Fentanyl (127 exhibits in 2016)
- Oxymorphone (75 exhibits in 2016)
- Hydromorphone (Dilaudid) /50 exhibits in 2016)

Opioid Detoxification

Key Considerations:

- Medical Detoxification is the Standard of Care if non-pregnant
- Methadone/Suboxone substitution therapy is the preferred method of detoxification, but...
- Goal of treatment = reducing withdrawal discomforts, with or without Methadone or Narcotic Substitution
- Comprehensive, long-term treatment is equally important as alleviating acute symptoms
- Fear and Anticipatory Anxiety are predominate emotional responses to detoxification
- Counseling prior to detoxification is necessary (i.e. expectations of withdrawal, treatment planning, patient responsibilities...)
- Treatment should be: individualized, reviewed and approved by a physician

Opioid Medication Assisted Treatment (MAT)

Maintenance and Detoxification

Three pharmacologic treatment options are currently available:

1. Methadone (Pure Mu Agonist)
2. Naltrexone/Naloxone (Opioid Antagonist)
3. Buprenorphine/Suboxone (Opioid Agonist-Antagonist)

**COMPONENTS OF A
“GOOD BEHAVIORAL HEALTH MAT SYSTEM”**



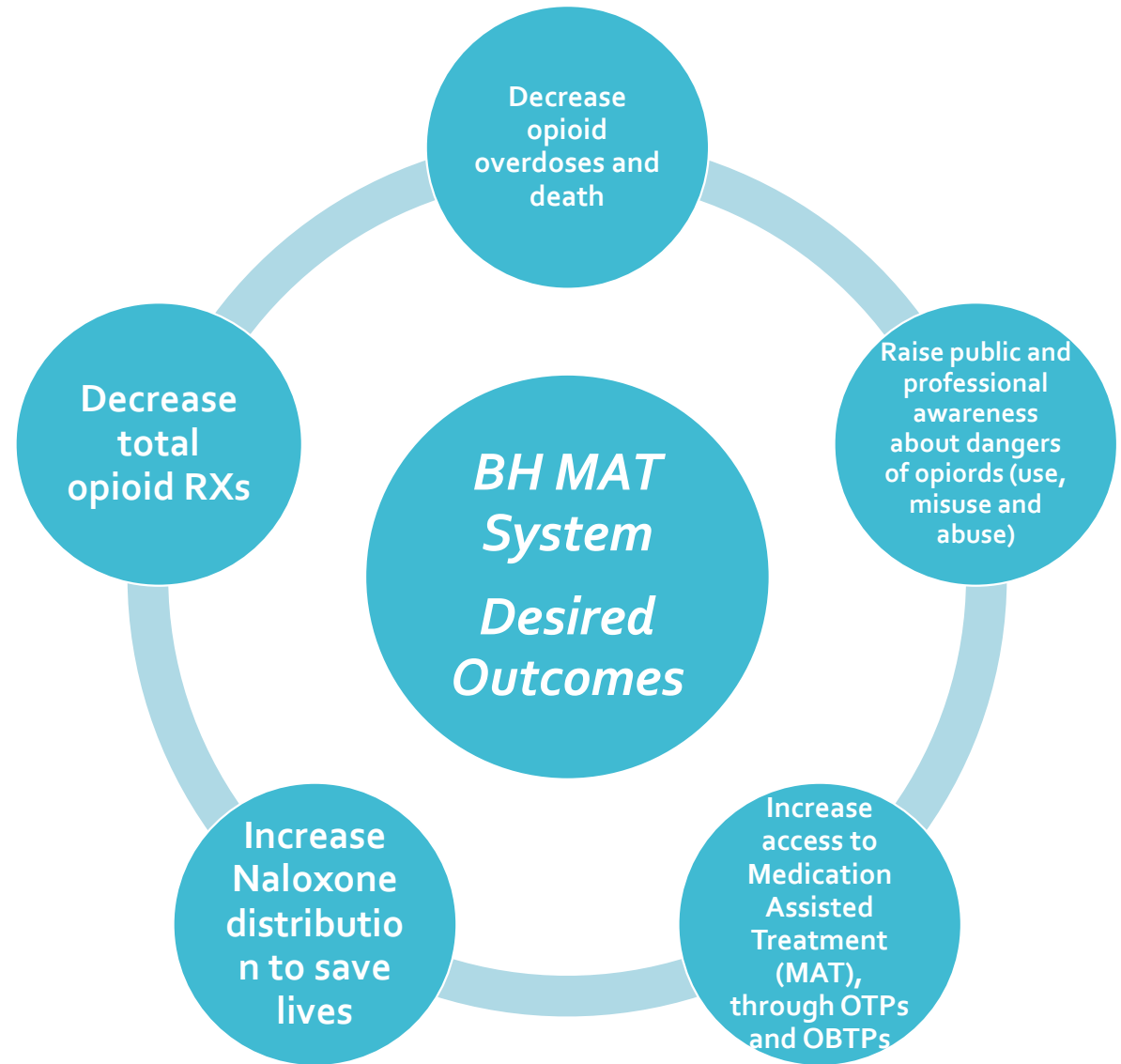
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✓ *Choose the Right
Target Population*





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Target Population

- Survivors
- Treatment centers' clients and families
- Pregnant women
- Providers (doctors, dentists, pharmacists, nurses, nurse assistants, PAs, hospice, pain clinics, etc.)
- Universities and Medical Schools
- First responders (Fire, police, EMS, sheriffs)
- Offender population
- Parents/ Families
- Schools (Prevention education programs)
- Boys and Girls Clubs throughout Louisiana



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✓ *Develop a Comprehensive
Continuum of Services*





Comprehensive Continuum of Services

- Prevention
 - Statewide awareness and education campaign about dangers of opioids (all ages)
 - Provider training about opioid use, misuse and abuse and non-opioid alternatives, to include medical schools, colleges, universities
- Intervention
 - Naloxone education about its life-saving effects and ease of use
 - Naloxone distribution (to target populations)
 - Drop-boxes in strategic locations
- Treatment and Recovery
 - Emphasis on Medication Assisted Treatment (MAT)
 - Special program with the Department of Corrections for offenders participating in re-entry programs, identified at least 9 months before discharge
 - Treatment and support services/funding to help with transportation, childcare, job readiness, and life skills training for under/uninsured clients in treatment

Service Options

- Comprehensive Screenings and Evaluations
- Resource Coordination
- Outpatient Intensive and non-Intensive services (group and individual therapy)
- Residential/24 hour treatment
- **Medication Assisted Treatment (MAT) for singular and co-occurring SUD, MI and Medical Conditions (Methadone, Naloxone, Vivitrol/Buprenorphine/Suboxone)**
- Therapeutic treatments such as Motivational Interviewing and Enhancement Therapy, Cognitive Behavioral therapies, Non-traditional therapies such as acupuncture
- Cultural and Linguistically matched care
- HIV/AIDS Testing
- Primary care services
- Peer Support Services
- Drug Court/Diversion Programs
- Prescription Drug Monitoring Programs



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Grant Options

The SAMHSA Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA, 3.0M) project seeks to address major challenges in substance use disorder (SUD) treatment within Louisiana by expanding/enhancing access to and increasing awareness of medication-assisted treatment (MAT) services for persons with opioid use disorder seeking or receiving MAT in the Greater New Orleans Area.

Grant Options

The SAMHSA State Targeted Response to the Opioid Crisis Grant (Opioid STR, 8.1M) is intended to enhance existing statewide prevention, treatment, and recovery support services, including MAT , for individuals in Louisiana experiencing or at risk for opioid use disorder (OUD). The grant funds services for individuals residing outside of the Greater New Orleans Area.



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✓ *Marketing Campaign to raise public and professional awareness*





Core Messages

- **Opioids are illegal drugs**, such as heroin, and **legal prescription** drugs that are used to treat pain, including morphine, codeine, methadone, oxycodone (OxyContin[®], Percodan[®], Percocet[®]), hydrocodone (Vicodin[®], Lortab[®], Norco[®]), fentanyl (Duragesic[®], Fentora[®]), hydromorphone (Dilaudid[®], Exalgo[®]), and buprenorphine (Subutex[®], Suboxone[®])
- **Opioids are highly addictive** -your body can become dependent on opioids very quickly
- **Opioids are deadly** - they work by numbing pain receptors in the brain, spinal cord, and gastrointestinal tract. If misused or abused, they can slow or stop breathing and lower blood pressure to levels that cause the heart and breathing to stop.
- **Everyone is at risk for opioid addiction** -all age groups, genders, races, and ethnicities



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Essential Campaign Content Across All Media

- Main messages: Highly addictive, deadly, everyone is vulnerable
- Define/ List opioids
- Salient facts (noted above)
- Risks (mixing drugs, varying strengths, tolerance levels and changes, threats to new users and persons in recovery)
- Overdose symptoms/ Naloxone
- Call to action in each discipline
 - Prevention: Call or email for prevention for info
 - Intervention: Call 911 and administer Naloxone
 - Treatment: Call or email to get help for treatment and



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Campaign Approach

- Tell a compelling, believable and "approachable" story
- Feature local "Ambassadors" Bringing Change
- Call to Action ("ACT")
 - "Ask, Call, and Tell"
- Use the power of Friendship
- Assume that people don't read the label or "harmful effects"
- You don't have to die to lose your life
- Opioids aren't just "in the streets" they're on YOUR street



Ask your Doctor

- Virtually every pharmaceutical ad on TV
 - Using the power of “Ask your doctor,” that the pharmaceutical industry created, these steps that would be featured:
 - Ask your doctor...
 - For **alternatives to opioids**, such as anti-inflammatory medicines, physical therapy, etc.
 - About the **harmful side effects of opioids** and other danger signs to self-monitor
 - For the **smallest dose possible**, if you really need opioids and if there are no alternatives
 - For **guidance and help if you start to use more doses than prescribed** or more often than prescribed to manage pain



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Special Campaigns

- Naloxone-specific campaign
 - Our campaign: "You could save a life"
 - Rationale: Everyone wants to be a hero. Most people -even drug abusers -don't want to see someone else die; they just want to party and have fun. Overdose was never the intention. Assuming that people will still use opioids, this campaign introduces a new "rush" -the amazing feeling of saving someone's life by administering naloxone.
- "Take Back" or Drop Off" efforts --removing leftover opioids from your home
- Partnership with AARP-Louisiana
- Partnering with Louisiana Medical Society/Louisiana Dental Association/Universities' Medical Schools
- Partnership with Children's Services
- Boys and Girls Clubs of Louisiana



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✓ *Promulgate Legislation*





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Louisiana Strategies and Approaches



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Louisiana like other states, is engaging a variety of legislative, treatment and prevention strategies to reduce opioid overdose deaths. The following slides cover a number of approaches engaged by Louisiana. Though not exhaustive of all available strategies and programs, Louisiana's approaches are consistent with what other States have implemented in response to national increases in opioid misuse and opioid-related overdose deaths.

Intervention Strategies

Louisiana Legislation

Improves access to naloxone and
emergency medical services.

- *911 Good Samaritan laws*
- *Naloxone prescribing and administration protections*
 - *Naloxone distribution programs*

Call 911! ...but...

911 Good Samaritan Laws

As of July 2015, 31 States and the District of Columbia have enacted 911 Good Samaritan laws, an increase of 17 States since 2013. Included among them is Louisiana, in both the 2014 and 2015 Legislative Sessions.

In broad terms, ***these laws provide immunity for victims and witnesses who “act in good faith” to seek medical assistance when they believe an overdose is occurring.***



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Relevant 2014-2016 Legislation
Naloxone Prescribing and Administration Protections

-2014 Act No. 253 Representative Helena Moreno

Authorizes 1st responders to carry Naloxone and administer it to a third-party who is undergoing an opioid-related drug overdose

-2014 Act No. 392 Senator Sharon Weston Broome

Provides immunity for rendering assistance in medical emergencies involving alcohol consumption or drug overdose.

-2015 Act No. 192 Representative Helena Moreno

Authorizes the prescribing or dispensing of naloxone to third parties.*

-2016 Act No. 370 Representative Helena Moreno

Provides relative to non-patient specific standing orders, pharmacists storing and dispensing of Naloxone and other opioid antagonists

-2016 HCR 113 Representative H. Bernard LeBas

Establishes the Commission on Preventing Opioid Abuse

-2016 HB 791 Representative Helena Moreno

****CVS announced May 25, 2016, Naloxone will be available without a prescription at their pharmacies across Louisiana.***



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Relevant 2017 Legislation

- **Act No. 82 (Moreno) Provides for limitations on prescribing opioids.**

Signed by the Governor and Became Act No. 82 on 6/12. Became effective on 8/1/17.

- **Act No. 40 (Pylant) Authorizes local needle exchange programs.**

Signed by the Governor and Became Act No. 40 on 6/3; Effective date 6/3/17

- **Act No. 88 (Leger) Creates the Advisory Council on Heroin & Opioid Prevention & Education.**

Signed by the Governor and became Act No. 88 on 6/12; effective date 8/1/17

- **Act No. 76 (Mills) Provides relative to the prescription monitoring program.**

Signed by the Governor and became Act No. 76 on 6/12; Sections 1 & 4 of this act became effective on 6/12; Section 2 becomes effective 1/1/18.

- **HCR 75 (M. White) Requests that LDH examine need to eliminate "pain" as fifth vital sign.**

Enrolled & Signed by the Speaker of the house on 6/4; Signed by the President of the Senate 6/5; Taken by the Clerk of the House and presented to the Secretary of State.

***LDH Secretary Gee signs the state prescription order for Naloxone availability at retail pharmacies across Louisiana on 1/23/17.**



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***Medicaid Expansion January 2016
and passage of the 2008 Mental Health Parity and
Addictions Equity Act (MHPAEA)***

Drastically increased the number of previously uninsured/enrolled individuals with diagnosed Substance Use Disorders (SUDs) making opioid and other previously unavailable treatments accessible for all ASAM Levels of care.

Readiness Self- Assessment





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Rochelle Head-Dunham, MD FAPA | Executive and Medical Director

Rochelle.dunham2@la.gov | 504.523.2909

***Questions/
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