A REGIONAL PERSPECTIVE ON THE OPIOID CRISIS: REGION 5 UPDATES

Jeffrey Coady, Psy.D., ABPP
CAPT, United States Public Health Service
SAMHSA Regional Administrator (5)
Federal Response: HHS Five-point Opioid Strategy

1. Strengthening public health surveillance
2. Advancing the practice of pain management
3. Improving access to treatment and recovery services
4. Targeting availability and distribution of overdose-reversing drugs
5. Supporting cutting-edge research
Funding to Address the Opioids Crisis

• STR grants to states: 500 million/yr through Cures FY 17 and 18;
• State Opioid Response (SOR): **FY 19 1.5B**
• Naloxone access/First Responders/Peers: **FY 19: $49M**
• MAT-PDOA: **FY 19: $89M**
• Pregnant/post partum women/NAS: **FY 19: $29.9M**
• CJ programs with MAT; drug courts and offender re-entry; **FY 19: $89M**
• Building Communities of Recovery **FY 19: 6M**
• Reinstatement of Drug Abuse Warning Network (DAWN) **$10M**
• To address prevention and treatment of other SUDs:
  • Block grants to states **FY 19: $1.86B**
STR/SOR Innovations

- STR/SOR influx of dollars have created pockets of innovation across the country in the prevention, treatment and recovery systems of care.
- Driven by the Opioid Crisis, the innovations have a broader impact and influence
  - New relationships with existing partners
  - New partnerships
  - Supporting community integration of M/SUD considerations
Trending Collaborations

- Criminal justice – pre-release and reentry
- Hospital ERs – Px, MAT induction and linkage to Tx, peer supports
- Homeless/ Domestic Violence Shelters – MHFA
- Peer outreach after 911 OD call (knock and talk)
- Street Outreach
- Media Campaigns – Drug take-back programs
- School-based and family education/ prev. programming
Trending Collaborations

- Academic institutions (using Project Echo)
  - hub and spoke training and mentoring
- Child Welfare systems – Px, Tx, recovery supports
- Hub and spoke treatment and continuing care (25 states)
- Recovery Community Centers – certification for peer specialists/coaches/mentors
- Recovery Housing
- Partnering with Advocacy Organizations to impact state laws/scope of practice
- Telehealth
Innovations

- 24/7 Opioid treatment/peer intervention programs
- Medication First approach
- Community Pharmacists dispense naloxone under statewide standing order
- Targeting outreach using HIDTA and medical examiner data
- Integration of Faith Communities as prevention and supports for recovery (Behavioral Health Friendly Churches)
Innovations

• Development/use of mobile apps (various)
  • Amazon Alexa as virtual coach for stress reduction
• Medical-legal partnerships (philanthropy involved) [https://medical-legalpartnership.org/](https://medical-legalpartnership.org/)
• Siting prevention activities/naloxone in:
  • Boys and Girls clubs
  • Senior living facilities
  • Gas stations
  • Fast food restaurants
  • Barbershops/hair salons
Innovations

- Center of Excellence on SUD and Pain Management (Pain Echo, alternative therapies)
- Perinatal quality collaborative w/ pregnancy recovery centers to implement EBPs
- Specialized services for veterans, service members and families
What Does existing data tell Us?

• 45% of those who need treatment for heroin use disorder and 79% of those who need treatment for prescription pain reliever use disorder do not get treatment.
• Heroin and illicit opioid pills contaminated by fentanyl and other potent opioids account for the majority of overdose deaths.
• Prescription Opioid relievers account for most of the opioid misuse/use disorders that exist in the U.S.
• Overprescribing and lack of public and patient education/awareness of the addictive potential and danger of prescription opioid misuse, are a major part of the problem.
• Additionally, stigma, lack of resources, lack of providers and lack of evidence-based treatment availability/community recovery supports continue to be contributing factors of the opioid crisis.
Healthcare Practitioner Training/Preparation

- STR Technical Assistance/Training Grant: individualized training according to state needs by local teams of addiction treatment providers
- DATA waiver training in pre-graduate settings: medical school, advance practice nursing, physician assistant programs: **PCSS Universities**
- Encourage national certification program for peer workforce
- Establish training on recognition and treatment of substance misuse/abuse/use disorders in healthcare professional training programs
- Integration of BH including OUD treatment into primary care/FQHCs
- Use of Telehealth/ECHO/HIT to increase ability of practitioners to provide needed care and as an alternative training method
Resources to Rural America

• Telehealth
  • Training/mentoring
  • Working with DEA on revised regulations
• Collaboration with USDA
  • Supplements to Cooperative Extensions to train/raise public awareness on opioids/risks
  • Recovery housing
• Community Recovery Supports
  • Peers: ED, Outreach
• Engagement of Faith-Based Community
  • Recovery supports and housing
National Technical Assistance/Training Centers:
State Targeted Response to Opioids, Providers’ Clinical Support System for Medication Assisted Treatment, Clinical Support System for Serious Mental Illness, National Child Traumatic Stress Network, National Center on Substance Abuse and Child Welfare, Center for Integrated Health Services, Veterans, GAINS (Criminal Justice), Disaster, Social Inclusion/Public Education, SOAR, Suicide Prevention, Eating Disorders, Privacy

Combined Efforts at the Regional, State, and Local Levels Oriented to All Health Professionals

Regional Substance Abuse Prevention, Addiction, Mental Health/School Based Services Collaborating Technology Transfer Centers
Areas of Convergence

• Suicide and Opioids
  • a significant number of opioid overdose deaths coded as unintentional are likely suicides, and losses from both causes are having a significant impact on communities across the country.
  • Determining the intent of an overdose death can be difficult, especially in the absence of a suicide note or mental health diagnosis.

• Aging Populations
  • Prescription drug-related deaths among adults ages 60+ now surpass those of young people.
  • Emergency department visits due to medication misuse by adults ages 50+ increased 121 percent from 2004 to 2008.
  • Opioid-involved suicides have doubled among older adults since 1999.
  • Opioid abuse is also believed to be a key factor in elder abuse, which includes physical mistreatment, emotional abuse, financial exploitation, and neglect.

• Trauma
  • Adoption of principles and practices that promote a culture of safety, empowerment, and healing.
  • Based on what we know about the prevalence and impact of trauma, it is necessary to ensure widespread adoption of trauma-informed care.
  • Bi directional relationship with addictions
Emerging Signs of Progress

Deciding Opioid Prescribing

- Opioid Prescriptions
- Morphine Milligram Equivalents

Increasing Naloxone Dispensing

- State laws changing on Naloxone at rapid pace

Decreasing Opioid Prescribing

- Number of prescriptions
- Morphine Milligram Equivalents

Increasing Receipt of MAT

- Methadone
- Buprenorphine & Naltrexone

Increasing Receipt of MAT
THANK YOU FOR ALL THE WORK THAT YOU DO IN YOUR COMMUNITY!

Jeffrey Coady, Psy.D., ABPP
CAPT, United States Public Health Service
SAMHSA Regional Administrator
Jeffrey.Coady@samhsa.hhs.gov