©The Opioid Crisis
Made in America...Fade in America?

The President’s Commission On Combating Drug Addiction and the Opioid Crisis

Bertha K Madras, PhD
Professor of Psychobiology
Department of Psychiatry
Harvard Medical School
McLean Hospital
bmadras@partners.org
The U.S. Leads the World in Prescription Opioids

Standard daily opioid doses/1,000,000
Highest of 30 nations

The U.S. Leads the World in Opioid Overdose Deaths

Drug Overdose Deaths 1998-2016

Sources: National Institute on Drug Abuse and National Center for Health Statistics
Summary

2001 – 2016

• 590,000 drug overdose deaths
• 3-fold increase in Opioid Use Disorder

2016

U.S. death toll ~64,000

Rx opioids

Initially drove overdose epidemic

Heroin/fentanyl users

Transition from Rx to heroin or initiate with heroin
Root Causes
Root Causes

Systemic Medical Education Voids

- Generational Forgetting
- Quality Science
- Pain Management and Opioid Prescribing
- Addiction training void
- Healthcare system disconnect from rehab
The Missing Science

- How many doses? For low long?
- Did patients have chronic pain?
- Safe outside of hospital?
- How was addiction assessed?
- Long term outcomes?


Pressure for Pain Management—With Opioids

1989
Shift blame to provider
If patient has pain...

1990
Tragedy needlessly causes pain
Patient movement

1996
Pharma $$$
Educating
• Patients
• Clinicians
• Pain Soc.

1998-2000
VA adopts “Pain: 5th vital sign”
Mandate
Pain eval. Treatment

2000
Joint Commission
Others
• Assess pain
• Treat pain
• Satisfy patient
• To accredit
• To reimburse
Healthcare Community

- Inadequate med education: Quality science, Pain, Opioid prescribing
- Drug addiction
- Financial incentives: CMS: VBP, Pain surveys, Press Ganey scores, Patient satisfaction
- FDA languid
- Rx opioids tighten: Heroin Transition; No contingency; for SUD
- Pain 5th vital sign
- Insurance barriers to MAT, treatment
- No prescribing guidelines Rx opioids
- CMS: discourages non-opioid treatment
- Patient consent, education: poor
Opioid Prescriptions Increased

- 11.8 million: misuse opioids
- 2.1 Million: Rx opioid use disorder
- 626,000: Heroin Use disorder
- Underestimates

NSDUH 2016: Report Issued Sept 2017
Pathways to Prescription Opioid Use Disorder

• Proportion entering treatment that initiated with Rx opioids
  – declined from 90% (2005) to 67% (2015)

• Pathways to addiction from prescription opioids
  – Inadequate pain control
  – Relief from emotional distress
  – Pain and prior OUD
  – Likeability on initial exposure for pain
  – Use initially for psychoactive purposes

Re-emergence of Heroin

Source: Institute for Defense analysis and ONDCP
Commission Tasks

- Federal funding for drug addiction, opioid crisis
- Addiction treatment, overdose reversal availability
- Prevention: education, prescribing practices, PDMP
- Effectiveness of educational messages for prevention
- Federal prevention, treatment programs
- Recommend to President, improve federal response
Recommendations

ACCOUNTABILITY

PREVENTION

RECOVERY

TREATMENT

RESEARCH

RESCUE

WHO?
<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEDERAL $</strong></td>
<td>Streamline Funding, Tracking, Accountability</td>
</tr>
<tr>
<td><strong>PREVENTION</strong></td>
<td>Individual, Youth, National media</td>
</tr>
<tr>
<td><strong>PREVENTION</strong></td>
<td>Supply Reduction (DoJ)</td>
</tr>
<tr>
<td><strong>PREVENTION</strong></td>
<td>Patient, Physician Education, Alternatives to Opioids, PDMP, Pain</td>
</tr>
<tr>
<td><strong>DATA ANALYTICS</strong></td>
<td>Deaths, Overdoses, Services, Prescriptions</td>
</tr>
<tr>
<td><strong>BARRIERS TO TREATMENT</strong></td>
<td>Quality, Insurance Coverage, Slots, Staffing, MAT, Convicted</td>
</tr>
<tr>
<td><strong>BARRIERS TO RESCUE</strong></td>
<td>Naloxone, Warm-handoff</td>
</tr>
<tr>
<td><strong>RECOVERY SUPPORT SERVICES</strong></td>
<td>Families, Children, Colleges, Housing, Employment</td>
</tr>
<tr>
<td><strong>RESEARCH</strong></td>
<td>Medications: Pain; Matreatment; Overdose Devices</td>
</tr>
</tbody>
</table>
Prevention: Reduce Rx opioids

Prescription drug monitoring program (PDMP)

- Data integration electronic health record, SUD, overdoses
- Increase electronic prescribing
- Mandate PDMP checks
- Mandate PDMP checks
- Improve PDMP State Integration
- Data integration with treatment facilities
Clinicians Continue to:
Prescribe Opioids for 90% of Patients w Overdose
Prescribe benzodiazepines for 33-39% of Patients w Overdose
17% of high dose patients overdosed again within 2 years

% non-fatal overdose

- High dose: 63%
- Low dose: 14%
- Moderate dose: 13%
- None: 10%

(n=2848; 2000-2012)

Prevention
Training, regulations to reduce opioid supply

• Improve CDC guidelines
• National curriculum: Rx opioids
• Mandate training: opioid prescribing (DEA)
• Pharmacy training
• Model training: screening SUD, MH
• CMS: eliminate pain survey questions
• CMS: incentivize alternatives to opioids
Big Data Analytics

• Real-time overdoses and deaths
• Prescribing feedback to physicians
• Narcan rescue gaps
• Treatment slots, insurance gaps, compliance
• MAT availability and gaps
• Prevention: attitudes and messaging
• Supply of all sources - resources
Treatment Improvements

• Reimburse true costs
• Quality standards
• Quality standards
• Comply with Parity Laws
• Quality outcome measures
• Recovery coach training
• Quality Recovery Residences
Expand Treatment

- Screening (quality measures)
- Addiction training
- Provide recovery support services
- Increase treatment capacity
- Increase treatment quality
- Telemedicine
- MAT reimbursement
- Treatment referrals within 24-48 h
Improve Federal Response

- Help families, pregnant women, children
- Expand Good Samaritan Laws
- Reduce Supply at All Sources
- Fill Narcan Rescue Gaps
- Increase MAT in Crim. Justice
- Fill Narcan, Reporting Gaps
- More Federal Drug Courts
- Fill Treatment Gaps
Research

- Alternatives to opioids
- Improved OUD medications
- Improved rescue drugs
- Devices
- Fast track approval
Lessons Learned

Scrutinize evidence: for quality

Scrutinize marketing: data accuracy or suppression

Engage: all stakeholders, not just advocates

FDA approval of abusable drugs: broader criteria

Unintended consequences: anticipate, prepare for

Medical education: needs rapid response

Healthcare insurers: critical pressure point

Lessons learned: relevant to current movements