A Drug Policy for the 21st Century

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2014 New England School of Addiction and Prevention Studies

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Office of National Drug Control Policy

• Component of the Executive Office of the President

• Coordinates drug-control activities and related funding across the Federal Government

• Produces the annual *National Drug Control Strategy*
National Drug Control Strategy

• The President’s science-based plan to reform drug policy:
  1) Prevent drug use before it ever begins through education
  2) Expand access to treatment for Americans struggling with substance use disorders
  3) Reform our criminal justice system
  4) Support Americans in recovery

• Coordinated Federal effort on 112 action items

• Signature initiatives:
  – Prescription Drug Abuse
  – Prevention
  – Drugged Driving
Prevention

• National Prevention System Must be Grounded at the Community Level

• Prevention Efforts Must Encompass the Range of Settings in Which Young People Grow Up

• Develop and Disseminate Information on Youth Drug, Alcohol, and Tobacco Use

• Criminal Justice Agencies and Prevention Organizations Must Collaborate
Prevention

• Each dollar invested in a proven school-based prevention program can reduce costs related to substance use by an average of $18.¹

• Effective drug prevention happens on the local level.

• Prevention must be comprehensive:
  – evidence-based interventions in multiple settings
  – tested public education campaigns
  – sound public policies

Examples of Evidence-Based Prevention Programs

• Life Skills Training (school)

• Strengthening Families Program (family)

• PROSPER (community)

• For others: National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov/)

• Drug-Free Communities Program
Persons Aged 12 or Older Needing Treatment for Illicit Drug or Alcohol Use and Obtaining Specialty Treatment, 2012

23.1 Million Needing Treatment* for Illicit Drug or Alcohol Use

*Treatment need is defined as having a substance use disorder or receiving treatment at a specialty facility within the past 12 months.

Source: SAMHSA, 2012 National Survey on Drug Use and Health (September 2013).
Early Intervention and Treatment
Patient Protection and Affordable Care Act

All health insurance sold on Health Insurance Exchanges and provided in Medicaid programs (ACOs, MCOs, and CHIP) must include services for substance use disorders.

U.S. Health Care reforms will extend access to and Parity for substance use treatment and mental health services for an estimated 62 million Americans and help integrate substance use disorders treatment into mainstream health care.¹

Coverage for expanded Medicaid population is likely to create an increased need for substance use disorders treatment services and staff.

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

- Medicaid Managed Care Organizations, Children’s Health Insurance Program, and Alternative Benefit (Benchmark) are required to comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
Opioid Abuse in the United States

• 6.8 million Americans reported current non-medical use of prescription drugs in 2012.¹

• Approximately 1 in 4 people using illicit drugs for first time in 2012 began by using a prescription drug non-medically.²

• Of the 38,329 drug overdose deaths in 2010, and 22,134 involved prescription drugs.
  - 16,651 involved opioid painkillers (vs. 4,183 for cocaine and 3,038 for heroin)³

• $55.7 billion in costs for prescription drug abuse in 2007³ including $25 billion in direct health care costs and $5.1 billion in criminal justice costs.⁴

• One study found that individuals abusing opioids generate, on average, annual direct health care costs 8.7 times higher than non-abusers.⁵

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². CDC, National Center for Health Statistics. Multiple Cause of Death 1999-2010 on CDC WONDER Online Database. Extracted May 1, 2012.
U.S. Death Rate Trends, 1980-2010

Source: NCHS Data Brief, December, 2011, Updated with 2009 and 2010 mortality data
State Overdose Death Rates, 2010

— U.S. National Rate: 12.3 per 100,000 —

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted October, 2012.
Source of Prescription Pain Relievers

How different misusers of pain relievers get their drugs

Neonatal Abstinence Syndrome (NAS)

- From 2000-2009, the rate of NAS diagnoses (newborns experiencing drug withdrawal) per 1,000 babies rose almost 3-fold.¹
- Legitimate treatment (for pain, anxiety or substance use) or illicit use can cause NAS.
- In 2009, median hospital length of stay was 16.4 days.²
- In 2009, almost 4/5 of newborns with NAS were enrolled in Medicaid.³

Opportunities/Challenges for Policymakers

- State Budgets/Capacity building/Training in newly affected communities.
- Address consequences without contributing to stigma or making problems worse for infants/families.
- Education of prescribers, pharmacists, and childbearing age women and girls re. appropriate use of opioids and tools to monitor therapies.
- Build treatment capacity for families, especially medication-assisted treatment.

Prescription Drug Abuse Prevention Plan

• Coordinated effort across the Federal Government

• Four focus areas:

  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Disposal of Medication
  4) Enforcement
Education

Needs

- Expanded health care provider knowledge on appropriate prescribing, identification of patients at risk for abuse, use of PDMPs in clinical practice, and addressing substance use disorders
- Screening, intervention, and referral to treatment for those misusing or abusing prescription drugs
- Ensure community leaders, parents, and young people understand the dangers of prescription drug misuse

Main Actions

- Legislation requiring mandatory education for all clinicians who prescribe controlled substances
- Increased substance abuse education in health profession schools, residency programs, and continuing education (i.e., NIDAMED tools)
- Expedited research on the development of abuse-deterrent formulations
- Expansion of overdose prevention tools (i.e., naloxone)
Monitoring

Goals

- PDMP in every state and interoperability among states
- Use of the system by prescribers to identify patients potentially at risk for or engaged in prescription drug misuse or at risk for medication interaction

Main Actions

- Secured language for Department of Veterans Affairs to share prescription drug data with state PDMPs
- Approximately 24 states can share data across state lines
- Pilot projects with ONC and SAMHSA in Illinois, Indiana, Kansas, Michigan, Nebraska, North Dakota, Ohio, Oklahoma, Tennessee, and Washington state
Proper Disposal of Medication

Goals

- Easily accessible, environmentally friendly method of drug disposal that reduces the amount of prescription drugs available for diversion and abuse

Main Actions

- Publish and implement regulations allowing patients and caregivers to easily dispose of controlled substance medications
- Once regulations are in place, partner with stakeholders to promote proper medication disposal programs
- Continue DEA and state/local law enforcement National Prescription Drug Take-Back Days. So far, 4.1 million pounds (2,123 tons) safely collected and disposed of during 8 events.
Enforcement

Goals

- Increase law enforcement and prosecutor training around prescription drug diversion and abuse
- Assist states in addressing “pill mills” and doctor shopping

Main Actions

- Provide technical assistance to states on model regulations/laws for pain clinics
- Encourage High Intensity Drug Trafficking Areas (HIDTA) to focus on prescription drug diversion cases
- Support prescription drug abuse-related training for law enforcement agencies and criminal justice leaders
Recent FDA Actions on Opioids

• **Safety Labeling Changes:** In September 2013, FDA announced labeling changes for extended-release/long-acting (ER/LA) opioids. Changes include:
  - New language stating ER/LA opioids are indicated only for management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
  - New boxed warning that chronic maternal use during pregnancy can result in neonatal opioid withdrawal syndrome (NOWS)
  - Changes to several sections of drug labeling, including Dosage and Administration; Warnings and Precautions; Drug Interactions; Use in Specific Populations; Patient Counseling Information, and the Medication Guide

• **Abuse-Deterrent Labeling:** In April 2013, FDA announced approval of updated labeling for reformulated OxyContin that describes the medication’s abuse-deterrent properties, which the FDA expects will deter abuse by non-oral routes of administration. This is the first time such a claim has been approved by the agency.

• **Evzio:** In April 2014, FDA announced approval of Evzio (naloxone hydrochloride injection), which rapidly delivers a single dose of the drug naloxone via a hand-held auto-injector.
Supply Reduction

1. Strengthen Efforts to **Prevent** Drug Use in Our Communities

2. Seek Early **Intervention** Opportunities in Health Care

3. Integrate Treatment for Substance Use Disorders into Health Care and Expand Support for Recovery

4. **Break the Cycle** of Drug Use, Crime, Delinquency, and Incarceration

5. Disrupt **Domestic** Drug Trafficking and Production

6. Strengthen International Partnerships

7. **Improve Information Systems** for Analysis, Assessment & Local Management
Emerging Issues: Prescription Opiates and Heroin

- The number of primary admissions among 18- to 24-year-olds for heroin treatment services increased from 34,000 in 2000 to 60,000 in 2011.¹

- The number of persons who were past-year heroin users has been rising steadily, increasing approximately 50 percent since 2008 (445,000 to 669,000 in 2012).²

- Injection-drug users report prescription opioid use predates heroin use and tolerance motivates them to try heroin.³

¹ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data extracted as of September 2013.
² Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. linked to 2/13/2013 http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresultsAlts2011.htm#Fig2-4 pending citation/cleared data
Overdose Prevention and Education

The *National Drug Control Strategy* supports comprehensive overdose prevention efforts, to include:

- More extensive public education campaigns about overdose, including the signs of overdose, emergency interventions, information about “Good Samaritan” laws where they exist, and the importance of connecting people to substance abuse treatment.

- Expanded training and availability of emergency interventions, such as naloxone (Narcan) for first responders.

- Increased education among health care providers about informing patients using opioids (and their family members/caregivers) about potential for, signs of, and interventions in case of overdose.
How to Recognize and Respond to an Opioid Overdose

• The American Society of Anesthesiologists (ASA) has created a card explaining how to recognize and respond to an opioid overdose.

• The card, called “Opioid Overdose Resuscitation,” is available for download on the ASA Web site. We ask all of you to disseminate this card as widely as possible.

• To download the card, go to: http://www.asahq.org/WhenSecondsCount/resources
Naloxone in the Community: Quincy, MA

• In late 2010, the Massachusetts DPH, Quincy PD, and mental health/addiction organizations partnered to create a program to train and equip police officers with nasal naloxone.

  ➢ Since 2010, officers have administered naloxone in more than 220 overdose events, almost all of them resulting in successful overdose reversals.

  “I believe we have spread the word that no one should fear calling the police for assistance, and that the option of life is just a 911 call away. We have also reinforced with the community that the monster is not in the cruiser. Indeed, the officer represents a chance at life.”

   —Lt. Det. Patrick Glynn, Quincy PD

• Now approximately 15 Police/Sheriff agencies with naloxone programs nationwide (e.g., NYPD/Staten Island; Lorain, OH; Vermont State Police)
Medications Currently Available

For Nicotine Use Disorder
• Nicotine Replacement Therapies (NRT)
• Bupropion
• Varenicline

For Alcohol Use Disorder
• Disulfiram
• Naltrexone
• Acamprosate
• Naltrexone Depot
• Topiramate

For Opioid Use Disorder
• Methadone
• Naltrexone (Vivitrol)
• Buprenorphine
• Buprenorphine/Naloxone
Expanding Treatment

• Ensure availability of medication-assisted treatment (MAT) for treatment of addiction (i.e., buprenorphine/naloxone [Suboxone], methadone, Vivitrol).

  o HIV Treatment: Research shows that individuals with HIV who adhere to buprenorphine following release from prison exhibit low amounts of the virus in their blood.¹

• Employers: Ensure that health plans offer adequate coverage for screening and treatment for substance use disorders, including MAT.

• Ensure that people on medication-assisted treatment have access to the full continuum of care to include recovery and support services.

• State Health Leadership: Inventory treatment availability and work within Affordable Care Act/state-run health marketplaces to ensure proper resourcing.

Individualized Care

- **No single treatment** is appropriate for everyone
- Many drug-addicted individuals also have **co-occurring mental disorders**
- Effective treatment attends to **multiple needs** of the individual, not just his or her substance use disorder
- An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her **changing needs**

Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Treatment Elements

- **Medications** are an important element of treatment for many patients, especially when combined with counseling and other behavioral treatments.

- **Behavioral therapies**—including individual, family, or group counseling—are the most commonly used forms of substance use treatment.

- **Drug use** during treatment must be monitored continuously, as lapses during treatment do occur.

- Treatment programs should test patients for the presence of **HIV/AIDS, Hepatitis B and C, Tuberculosis, and other infectious diseases**, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

Principles of Drug Addiction Treatment, National Institutes of Health – National Institute on Drug Abuse
Service System

- Treatment needs to be **readily available**

- Treatment does **not need to be voluntary** to be effective

- Medically assisted **detoxification is only the first stage** of addiction treatment and by itself does little to change long-term substance use

- Remaining in treatment for an **adequate period of time** is critical
Three Distinctions Among Collaborative Models\(^1\)

- **Coordinated**: Routine screening for behavioral health problems in primary care settings, but delivery of services may occur in different settings.

- **Co-located**: Medical services and behavioral health services located in the same facility.

- **Integrated**: Medical services and behavioral health services located either in the same facility or in separate locations.

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Opportunities for Leadership

• Adopt/expand use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to reimburse for screening and early intervention.

• Expand screening to identify patients at risk for overdose or other escalations (including transition to heroin).

• Consider abuse-deterrent formulations and safety profiles of medicines on formularies.

• Expand access to naloxone, particularly among high-risk patient populations.

• Promote expansion of medications used in substance use disorders treatment (i.e., buprenorphine/naloxone [Suboxone], methadone, Vivitrol).

• Take steps to remove barriers to substance use disorders treatment for pregnant women using drugs who seek prenatal care and for women in custody who are pregnant or have children.
For More Information:

WhiteHouse.gov/ONDCP