UR Medicine Recovery Center of Excellence

Creating Solutions: Recovery in the Opioid Crisis

HRSA Rural Communities Opioid Response Program (RCORP)

Rural Center of Excellence in Substance Use Disorder

March 20, 2020

MEDICINE *of* THE HIGHEST ORDER

UR MEDICINE

UR Medicine Recovery Center of Excellence

Working to reduce the harmful effects of substance use disorder, including opioid use disorder (synthetics), through three interconnected efforts:

1. Partnering with Appalachian communities in Kentucky, New York, Ohio, and West Virginia to identify, adapt, and implement evidence-based practices

2. Testing emerging best practices in New York's Southern Tier as communities in that region create an ecosystem of recovery

3. Synthesizing wisdom by building a storehouse of resources and providing technical assistance to rural communities across the U.S.

UR Medicine Recovery Center of Excellence

Steering Committee (from top left):

Ken Conner, PhD (Identification Core)
Daniel Maeng, PhD (Evaluation Core)
Michele Lawrence (Co-PI; Adaptation & Implementation)
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Not shown: Hochang (Ben) Lee, MD (Chair, Psychiatry)

Presenters and Principal Investigators

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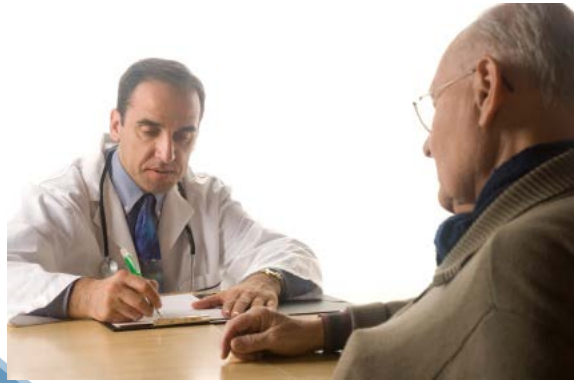
Michele Lawrence, M.B.A., M.P.H.

Gloria J. Baciewicz, M.D.

OPIOID USE DISORDER: WHERE ARE WE NOW?

Substance Use Disorder / Opioid Use Disorder



In 2012, there were 81 opioid prescriptions for every 100 people. That dropped to 59 in 2017.*

700,000 American deaths from drug overdose between 1999 and 2017—68% of the 70,000 deaths in 2017 involved opioids.**

*Source: CDC, U.S. Opioid Prescribing Rate Maps (Accessed Jan. 2020).
**Source: CDC, America's Drug Overdose Epidemic: Data to Action (Accessed Jan. 2020)

What Is the Challenge?

Stigma

- It is still hard to have a conversation about anxiety, depression, substance use, or more serious concerns.
- It is hard to access mental health and substance use services in rural communities.
- Community members may hold negative beliefs about those who struggle with mental health problems or with substance use disorder, resulting in discrimination and devaluation of these individuals, or "public stigma."
- People are afraid of losing their spouse, children, job—the things that matter to them. They internalize these negative stereotypes, and this has been called "self-stigma."
- Fear and shame may drive people to hide their mental health or substance use problems, and it may be very difficult for them to engage in treatment.

The Opioid Crisis

80%*

80% of heroin users reported misusing prescription opioids prior to heroin.

130+**

130+ people a day die from opioid-related drug overdoses.

*Sources: NIDA, Prescription Opioids and Heroin (Jan. 2018); Cicero TJ, et al. (2014), The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years, *JAMA Psychiatry 71*(7), 821-826, doi:10.1001/jamapsychiatry.2014.366
**Source: HRSA, Opioid Crisis (Accessed Jan. 2020)

Heroin

Black Tar Heroin

Brown Heroin

White Heroin
diamorphine hydrochloride

SW Asian Heroin

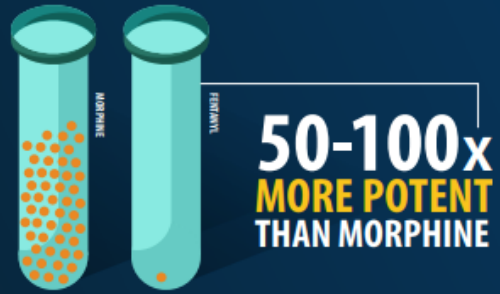
SE Asian Heroin

Heroin is cheaper and more easily accessible than prescription opioids—but there are even cheaper substances.

Sources: Addiction Center, How Much Do Drugs Cost: The Steep Price of Addition (Accessed Jan. 2020); Cicero TJ, et al. (2014)

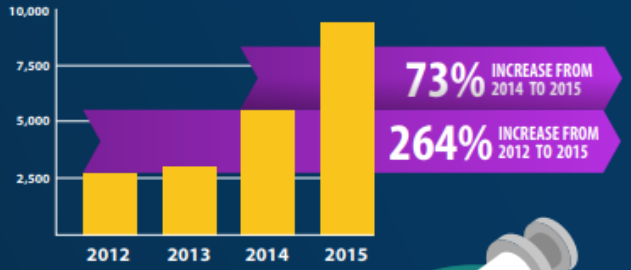
FENTANYL: Overdoses On The Rise

Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain.
Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.

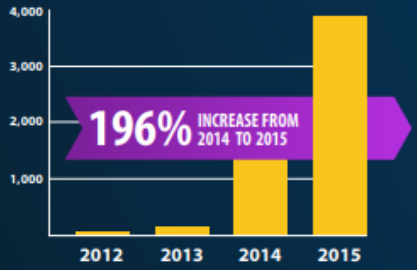


50-100x MORE POTENT THAN MORPHINE

SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

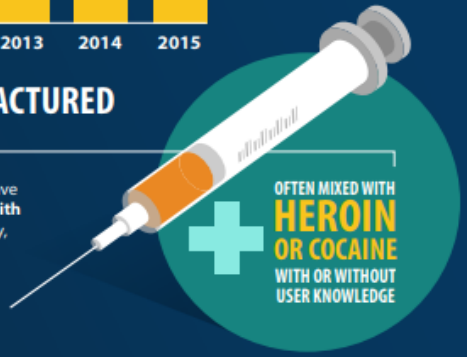


Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



ILLICITLY MANUFACTURED FENTANYL

Although **prescription rates** have fallen, **overdoses associated with fentanyl** have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.



Source: CDC, PBSS Issue Brief (July 2017)

Stimulants and Other Accessible Drugs—Meth

Meth is cheap

- $5/hit for 100% purity

Meth is powerful

- High lasts 8–24 hours
- Withdrawal doesn't occur for 90 days

This is a profitable business.

Cost to manufacture 1 oz = $100

Street value = $800/oz

($45,300/lb in OH; $67,200/lb in KY; $51,600/lb in NJ)

Which costs US taxpayers a lot of money.

Cost to clean up a lab = $2,000

Cost to an employer of having an employee use = $47,500/yr

(absenteeism, ↓ productivity, turn-over, theft, worker's comp, ↑healthcare premiums)

Cost of meth in the US (2005) = $23.4B

The costs will keep rising if we don't find a way to reduce stigma, increase access to mental health and substance use care, and implement evidence-based practices to combat substance use disorder.

Source: Addiction Center, How Much Do Drugs Cost: The Steep Price of Addition

Every $1 invested in addiction treatment yields a return of $4–$7 in reduced drug-related crime, criminal justice costs & theft*—not to mention the mothers, fathers, sisters & brothers who are saved.

*Source: NIDA, Is Drug Addition Treatment Worth Its Cost? *Principles of Drug Addiction Treatment: A Research-Based Guide*, 3rd ed. (Updated Jan. 2018)

Michele Lawrence, M.B.A., M.P.H.

UR MEDICINE RECOVERY CENTER OF EXCELLENCE

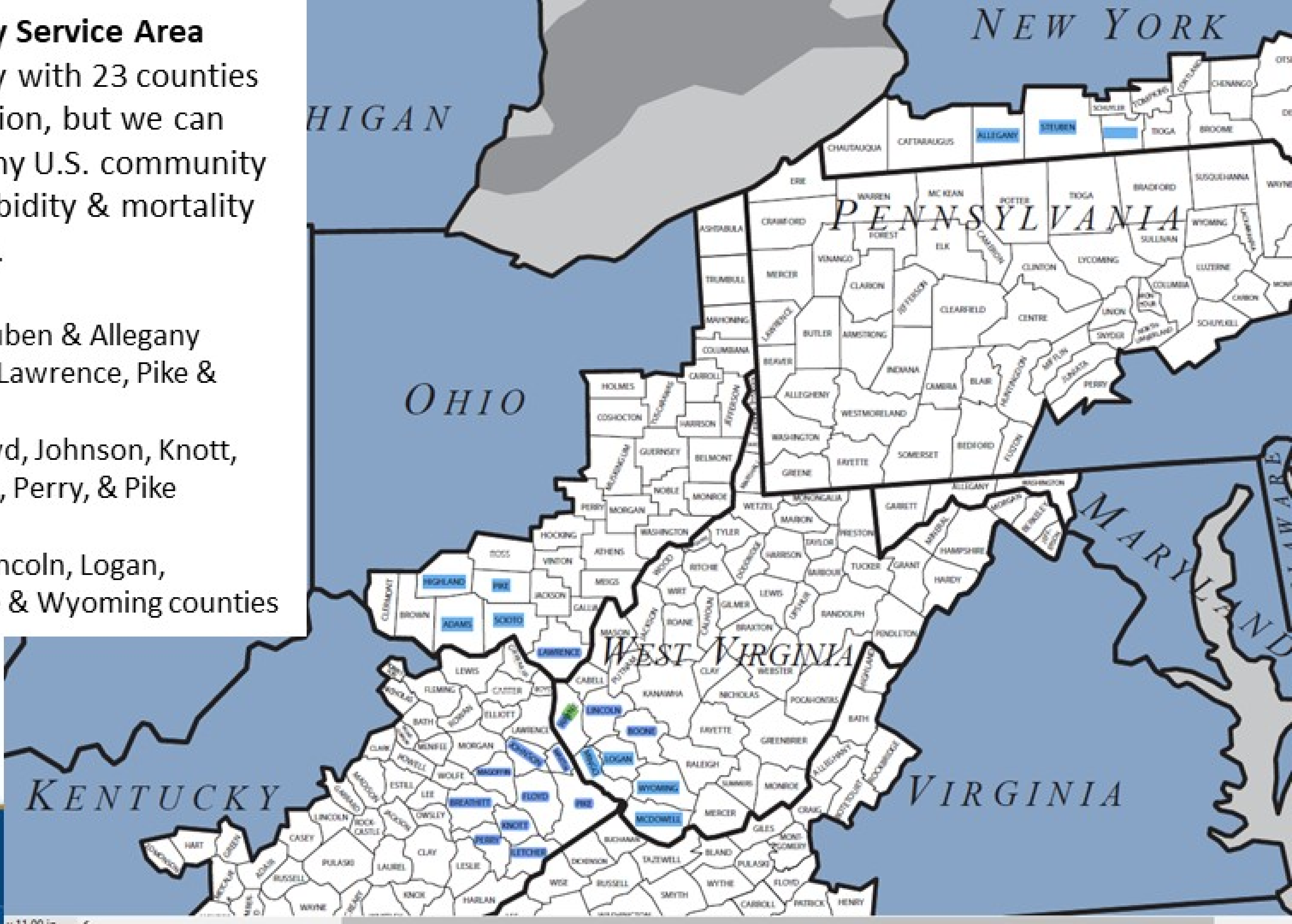
How are we approaching dissemination?

1. **Identify Evidence-Based Practices**
2. **Discover & Promote Emerging Best Practices** – particularly in rural communities – and support research to evaluate their efficacy (e.g. Behavioral Health Assessment Officer)
3. **Adapt EBPs** to the community environment (e.g. drugs of choice; transportation limitations; provider shortages)
4. **Disseminate & Support Implementation** – Webinars; Toolkits; Site Visits; Training; Eco-System of Recovery
5. **Collaborate** at the local, regional, and national level to increase access to mental health & substance use treatment without stigma

UR Medicine Recovery Service Area

We are working closely with 23 counties in the Appalachian region, but we can share our work with any U.S. community looking to reduce morbidity & mortality from synthetic opioids.

New York – northern Steuben & Allegany
Ohio – Adams, Highland, Lawrence, Pike & Scioto counties
Kentucky – Breathitt, Floyd, Johnson, Knott, Letcher, Magoffin, Martin, Perry, & Pike counties
West Virginia – Boone, Lincoln, Logan, McDowell, Mingo, Wayne & Wyoming counties



Best Practices Identified by CDC

1. Targeted Naloxone Distribution*
2. Medication Assisted Treatment (MAT)*
3. Academic Detailing*
4. Elimination of Prior Authorization Requirements for Medications for Opioid Use Disorder
5. Screening for Fentanyl in Routine Clinical Toxicology Testing
6. 911 / Good Samaritan Laws
7. Naloxone Distribution in Treatment Centers and Criminal Justice Settings
8. MAT in Criminal Justice Settings and upon Release
9. Initiating Buprenorphine-based MAT in Emergency Departments*
10. Syringe Services Programs

Source: CDC, Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States (2018)

*Programs implemented or in development in NYS rural communities

Ecosystem of Recovery

1. Behavioral Health Assessment Officer (2017) with telepsychiatry visits & huddles
2. BHAO + Substance Use training
3. ED as a Naloxone Distribution Center
4. Medication Assisted Treatment (MAT) via telemedicine (Now)
5. Initiating Buprenorphine-based MAT in Emergency Departments (July 2020) in collaboration with Substance Use Treatment Organizations*
6. Academic Detailing – initial engagement of Primary Care
7. Behavioral Health Care Manager – embedded in PC practice with mental health & substance use training
8. Methadone Hub & Spoke model to increase access to treatment (Now)
9. MAT upon Release with a Primary Care Transitions Clinic (Now)
10. Suicide prevention training for community health workers (July 2020)

*See Edwards, Frank J. et al (2020), Treating Opioid Withdrawal with Buprenorphine in a Community Hospital Emergency Department: An Outreach Program. *Annals of Emergency Medicine, 75*(3), 49-56, https://doi.org/10.1016/j.annemergmed.2019.08.420

We look forward to your input!

UR Medicine Recovery Center of Excellence

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