The Opioid Epidemic: HHS Response

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Epi in Brief
Prescription opioid and heroin use, 2015

Number of Individuals Age 12 Years and Older

Source: SAMHSA, 2015 NSDUH
Overdose death trends

Source: CDC, NVSS, 2016
Synthetic opioid deaths closely linked to illicit fentanyl supply

Source: DEA and CDC NVSS 2017.
Impacts of Heroin and Synthetic Opioids by U.S. Census Region

Source: O’Donnell et al, MMWR, 2017
Fentanyl and counterfeit products broaden at-risk population

Counterfeit Norco Poisoning Outbreak — San Francisco Bay Area, California, March 25–April 5, 2016

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HEALTH ALERT:

FENTANYL IS KILLING NEW YORKERS

Fentanyl is a dangerous opioid that's showing up in heroin, cocaine, street pills marked as Xanax® and other drugs. It's involved in more overdose deaths than ever before.

SOMETHING TO KNOW: Anyone using drugs, even casually, is at risk.

SAFETY TIPS:

1. NEVER USE SOMETIMES ELSE: If you overdose, it's important to have someone around to help.
2. TAKE TERMS QUICK: Be prepared with naloxone and have a phone on hand in case you need to call 911.
3. TEST YOUR DRUGS: Use a small amount first to see how strong your drugs are.
4. CARRY NALOXONE: Show others where it is and how to use it. More than one dose may be needed.
5. AVOID MIXING DRUGS: Mixing drugs — including alcohol — increases your risk of overdose.

Figure 3: Counterfeit 30 Milligram Oxycodone Pills Containing Fentanyl.

Fentanyl-Fentanyl Overdose Events Caused by Smoking Contaminated Crack Cocaine — British Columbia, Canada, July 15–18, 2016

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Heroin and synthetic opioids driving increase in cocaine-related deaths

Provisional estimates for 2016 indicate continued increases in overdose deaths.

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Source: CDC/NHCS
Opioid epidemic and increasing injection drug use

- Rising rates of HCV
- HIV outbreak in Scott County, Indiana in 2015

Counties deemed highly vulnerable to rapid dissemination of HCV or HIV

Source: Van Handel et al, JAIDS 2016
Prescribing Trends
Increases in Rx opioid prescribing coincide with increases in Rx opioid overdose deaths

Opioid prescriptions and MME declining in last few years

Source: IMS Health National Prescription Audit, data extracted 2016-2017
Consistent increases in number of patients receiving buprenorphine and naltrexone

Source: IMS Health National Prescription Audit, data extracted 2016-2017
Exponential increase in naloxone prescriptions

State laws changing on Naloxone at rapid pace

Source: IMS Health National Prescription Audit, data extracted 2016-2017
Initial prescribing and long-term use

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days’ supply* of the first opioid prescription — United States, 2006–2015

* Days’ supply of the first prescription is expressed in days (1–40) in 1-day increments. If a patient had multiple prescriptions on the first day, the prescription with the longest days’ supply was considered the first prescription.

FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015

* Number of prescriptions is expressed as 1–15, in increments of one prescription.

Source: Shah et al, MMWR 2017
PDMP Research
New PDMP research

• Patrick et al., 2016 – Implementation of PDMPs Associated with Reductions in Opioid-Related Death Rates
• Dowell et al., 2016 – Mandatory Provider Review and Pain Clinic Laws Reduce the Amounts of Opioids Prescribed and Overdose Death Rates
• Sajid et al., 2016 – PDMP Data Tracking of Opioid Addiction Treatment Outcomes in Integrated Dual Diagnosis Care Involving Injectable Naltrexone
• Ali et al, 2017 – PDMPs, Nonmedical Use of Prescription Drugs, and Heroin Use: Evidence from the NSDUH
• Brown et al., 2017 – Impact of New York PDMP, I-STOP, on Statewide Overdose Morbidity
• Hartung et al., 2017 – Using PDMP Data to Characterize Out-Of-Pocket Payments for Opioid Prescriptions in a State Medicaid Program

Source: Dowell et al, 2016
HHS Opioid Strategy
HHS Opioid Strategy

• Increases in opioid-related harms in the U.S. are fundamentally tied to two primary issues
  – Significant rise in opioid prescribing that began in the mid-to-late 1990s
  – Profound lack of health system and provider capacity to identify, engage, and provide individuals with high-quality, evidence-based opioid addiction treatment

• These facts underpin the development and implementation of the HHS Opioid Strategy
Goals of the Strategy

- Empower the public, patients and providers through education and awareness
- Prevent opioid abuse and overdose and related health consequences
- Improve function and quality of life for individuals living with pain
- Ensure patients who need opioid addiction treatment have access to it
- Support people to achieve long-term recovery
HHS OPIOID STRATEGY

Improving access to prevention, treatment, and recovery services

Advancing the practice of pain management

Targeting availability and distribution of overdose-reversing drugs

Supporting cutting-edge research

Strengthening timely public health data and reporting

Comprehensive Evidence-based

Targets drivers of epidemic

Flexible to emerging threats
Conclusions

• Continued urgency to address the public health crisis of opioid abuse, addiction and overdose
• Epidemic continues to evolve and our policy response must be nimble
• Comprehensive approach that engages federal, state, and local partners and non-governmental stakeholders is key to success
THANK YOU

QUESTIONS?

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