SAMHSA’S RESPONSE TO THE PRESCRIPTION DRUG ABUSE CRISIS

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How will changing demographics, insurance expansion, parity provisions, and other emerging factors influence Rx drug use and abuse?

- Influx of high need, undertreated, at-risk consumers
- Aging population with chronic pain issues
- Ongoing military actions and veteran’s chronic pain conditions
- Overburdened, understaffed providers
- Privacy issues & other factors...?
Looking Forward: How will Rx Drug Abuse influence other SUDs?

Percentage of Heroin Initiates by Prior and Past Year Dependence/Abuse of NMPR

- Persons aged 12-49; 2002-2011

- No prior use of NMPR: 20.5%
- Prior use & past yr dependence/abuse of NMPR: 31.3%
- Prior use of NMPR but no past yr dependence/abuse of NMPR: 48.2%

SAMHSA CBHSQ 2013
NMPR: Nonmedical Pain Reliever Use
Recognized the serious problems of diversion and abuse of opioid drugs, as well as questions about their long term usefulness.

- When opioids are used as prescribed and appropriately monitored, they can be safe and effective.

The effectiveness of pain treatments depends greatly on the strength of the clinician–patient relationship.
SAMHSA’s Response: Informed by & Reflects National Priorities & Action Plans
SAMHSA’s programs align with national strategies and metrics; are designed to complement the efforts of stakeholders and partners; and fill gaps in national, state, and local efforts.
SAMHSA’s “Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015 – 2018”

> SAMHSA’s new strategic plan identifies 6 key strategic initiatives (SI) for action; and each SI reflects the importance of clinical support and monitoring tools like PDMPs:

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development
Snapshot: SAMHSA’s Overall Response to the U.S. Rx Drug Emergency

- Public & private partnerships; community collaboration
- Epidemiologic surveillance & analyses
- Public Health activities & resources including support of direct SAT services; public education & outreach; technical support; and workforce development and ongoing training:
  - Primary Prevention
  - Treatment
  - Recovery
  - Opioid Overdose Prevention
- Clinical support tools including EHRs & PDMPs
Prevention – Enabling healthcare providers to avoid prescribing duplicate/contraindicated therapies; and creating deterrents to drug diversion.

Early Intervention – Detecting patients at risk of drug abuse at initial stages of drug-seeking behavior.

Epidemiological Surveillance – Determining incidence and prevalence of certain medical and nonmedical uses of controlled pharmaceuticals statewide and by county, region, or city.

Education & Policy– Providing information on prescribing trends; raising awareness of the prescription drug abuse epidemic; informing policy development; etc.
SAMHSA’s PDMP-Related Efforts Reflect Today’s Reality: Where do users obtain Rx drugs?

Source Where User Obtained Pain Rx for NMU

2011-2012, > 12 years old

- Free from Friend/Relative (54.0%)
- One Doctor (82.2%)
- More than One Doctor (1.8%)
- Other (5.1%)
- Bought on Internet (0.2%)
- Drug Dealer/Stranger (4.3%)
- Bought/Took from Friend/Relative (14.9%)

Source Where Friend/Relative Obtained

- Free from Friend/Relative (5.4%)
- One Doctor (82.2%)
- More than One Doctor (3.6%)
- Other (4.3%)
- Bought/Took from Friend/Relative (0.2%)
- Bought on Internet (0.2%)
- Drug Dealer/Stranger (1.4%)

SAMHSA NSDUH 2013
NMU = non-medical use

1 The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor’s Office/Clinic/Hospital/Pharmacy," and "Some Other Way."
SAMHSA’s programs:

- Improve real-time access to PDMP via existing technologies like EHRs.
- Strengthen operational state of PDMPs by increasing interoperability between states.
- Evaluate the impact of the enhancements on Rx drug abuse (CDC Evaluation of 1st Cohort PDMP-EHR Grantees).
Implementation of the National Action Plan: SAMHSA’s PDMP HIT Grants

- Improve real-time access to PDMP via existing technologies like EHRs (FY12, 13).
- Strengthen operational state of PDMPs by increasing interoperability between states (FY12).
- Evaluate the impact of the enhancements on Rx drug abuse (FY12).

- FY 12: 2 year funding for 9 states (FL, IL, IN, KS, ME, OH, TX, WA, WV)
- FY 13: 2 year funding for 7 states (KY, MA, ND, NY, RI, SC, WI)
The Evergreen Treatment Services (ETS) Opioid Treatment Program (OTP) pilot in WA streamlined PDMP availability for prescribers by providing direct access from within their EMR system.
ETS pilot demonstrated the value of health IT connectivity & showcased the workflow, ease of use, and added technical value of improved access to the PDMP in the OTP clinical management system workflow.
One of the current technical barriers to interoperability is the lack of standard methods to exchange and integrate the prescription drug data available in PDMPs into health IT systems.

Lack of common technical standards and vocabularies to enable PDMPs to share computable information with the EHR that providers can use to support clinical decision-making.

To achieve interoperability, consistent and standardized electronic methods need to be established to enable seamless data transmission between PDMPs and health IT systems.
Next Steps: PDMP & HIT Integration Initiative

- Initiative brings together the PDMP & HIT communities to standardize data format, and transport and security protocols to exchange patient information between PDMPs and health IT systems (e.g., EHRs pharmacy systems).

- The results of this work will enable health care providers to make more informed clinical decisions though timely and convenient access to PDMP data and help reduce prescription drug misuse and overdose.
PDMP Touch Points: SAMHSA’s Clinical Support Systems for Pain Management and Opioid Use

2014 Cooperative Agreement for a Provider’s Clinical Support System for the Appropriate Use of Opioids in the Treatment of Pain and Opioid–related Addiction (PCSS-Opioids)

- Will offers a free national mentoring network to provide clinical support (e.g., clinical updates, consultations, EB-outcomes, and training) to medical professionals in the appropriate use of opioids for the treatment of chronic pain and opioid-related addiction.

- Targeted to national stakeholder groups w/robust infrastructure & member networks (AMA, AOA, APA, ADA, ASAM, AAAP)
Thank you!