NextLevel RECOVERY

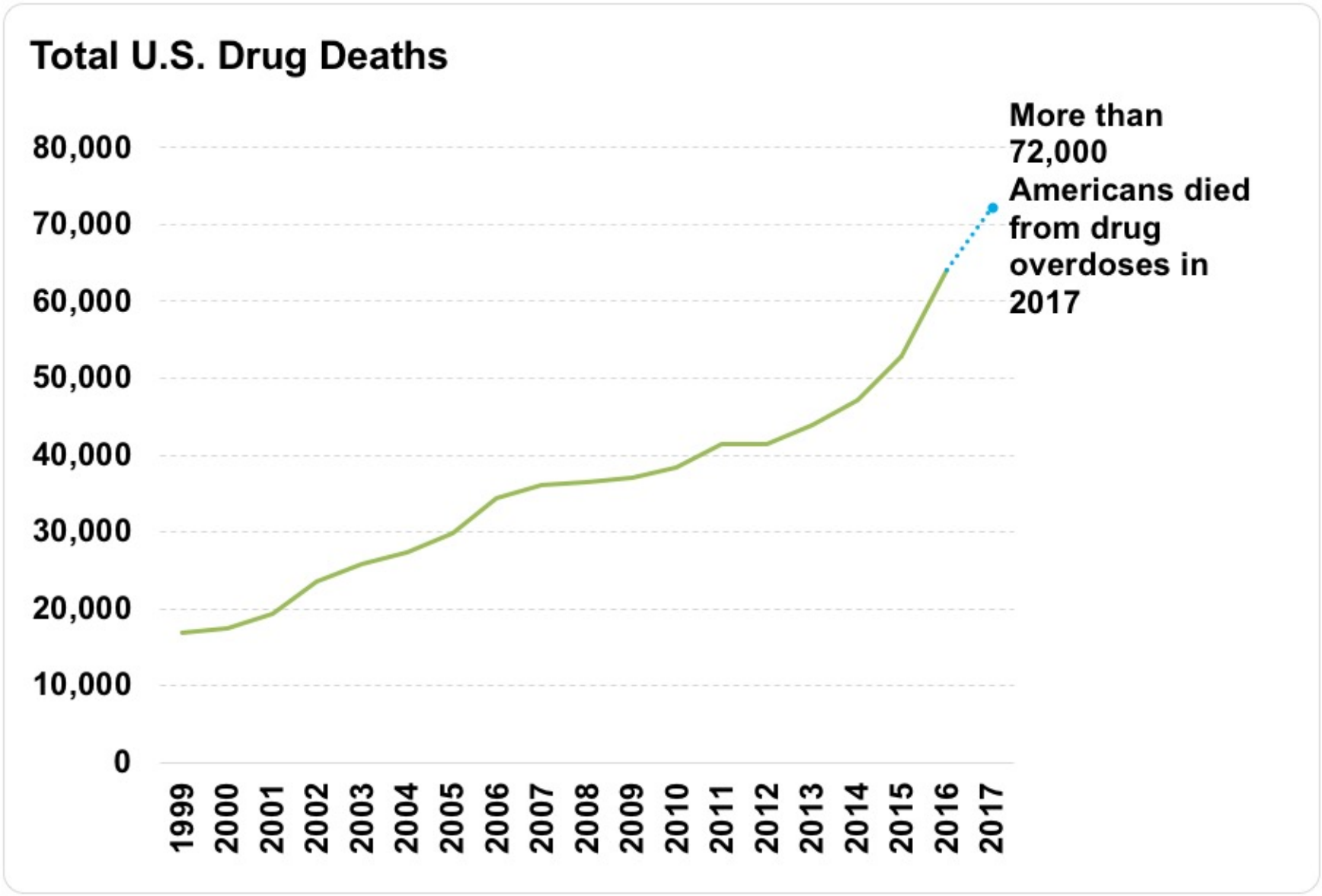
Responding to the Opioid Crisis in Indiana

A presentation by Jim McClelland

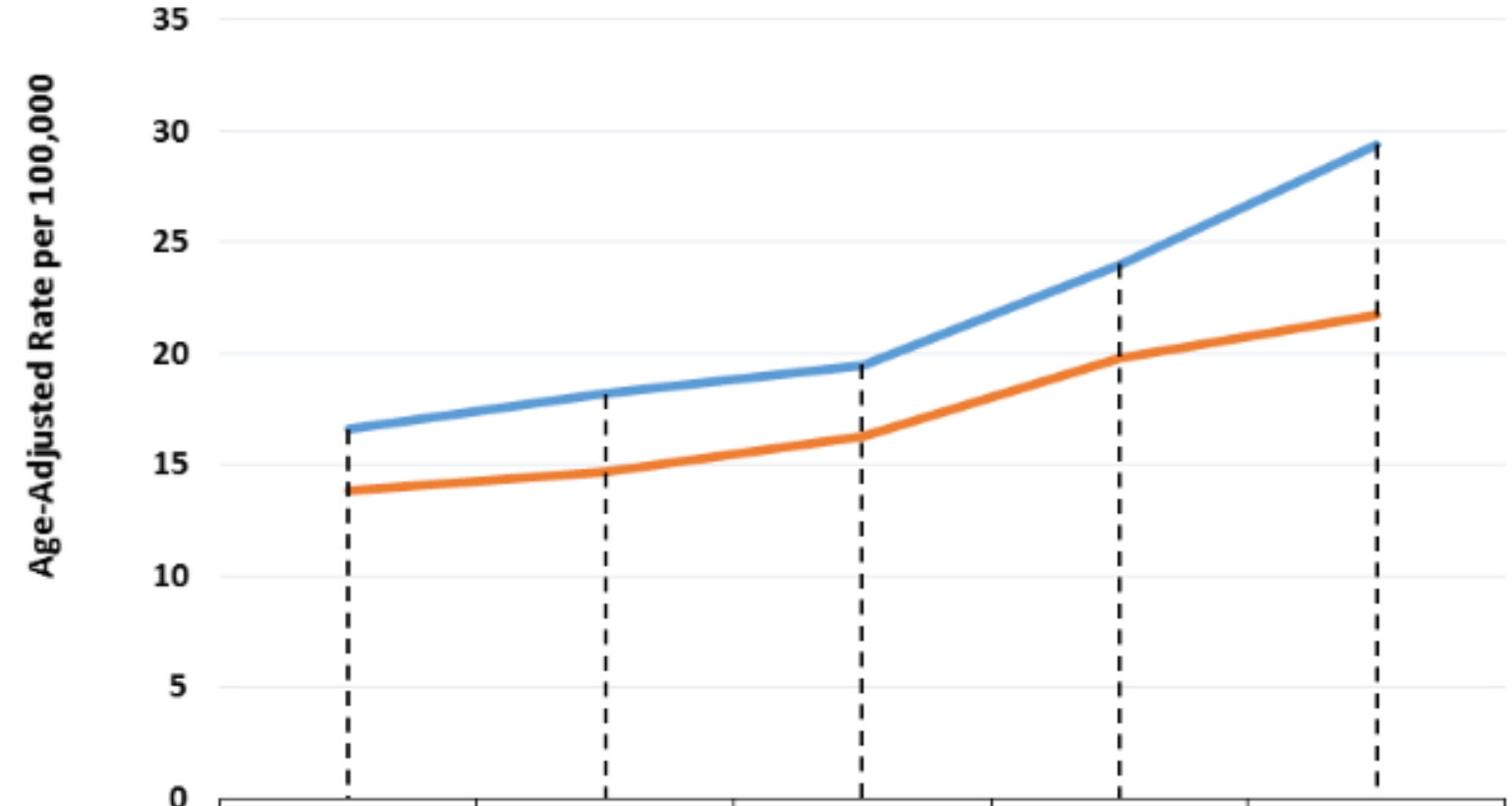
Executive Director for Drug Prevention, Treatment, and Enforcement

State of Indiana

February 2019


Total U.S. Drug Deaths
More than 72,000 Americans died from drug overdoses in 2017
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017

Drug Overdose Death Rates Indiana and the United States, 2013-2017



	2013	2014	2015	2016	2017
Indiana	16.6	18.2	19.5	24	29.4
U.S	13.8	14.7	16.3	19.8	21.7

Source: CDC/NCHS, National Vital Statistics System, Mortality. Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD–10). Drug-poisoning deaths are identified using underlying cause-of-death codes X40–X44,
X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated as deaths per 100,000 population using the direct method and the 2000 standard population.

How we got here

Known addictive substance

Pain as the 5th vital sign

Aggressive marketing despite lack of evidence

Overprescribing

Diversion of leftover pills

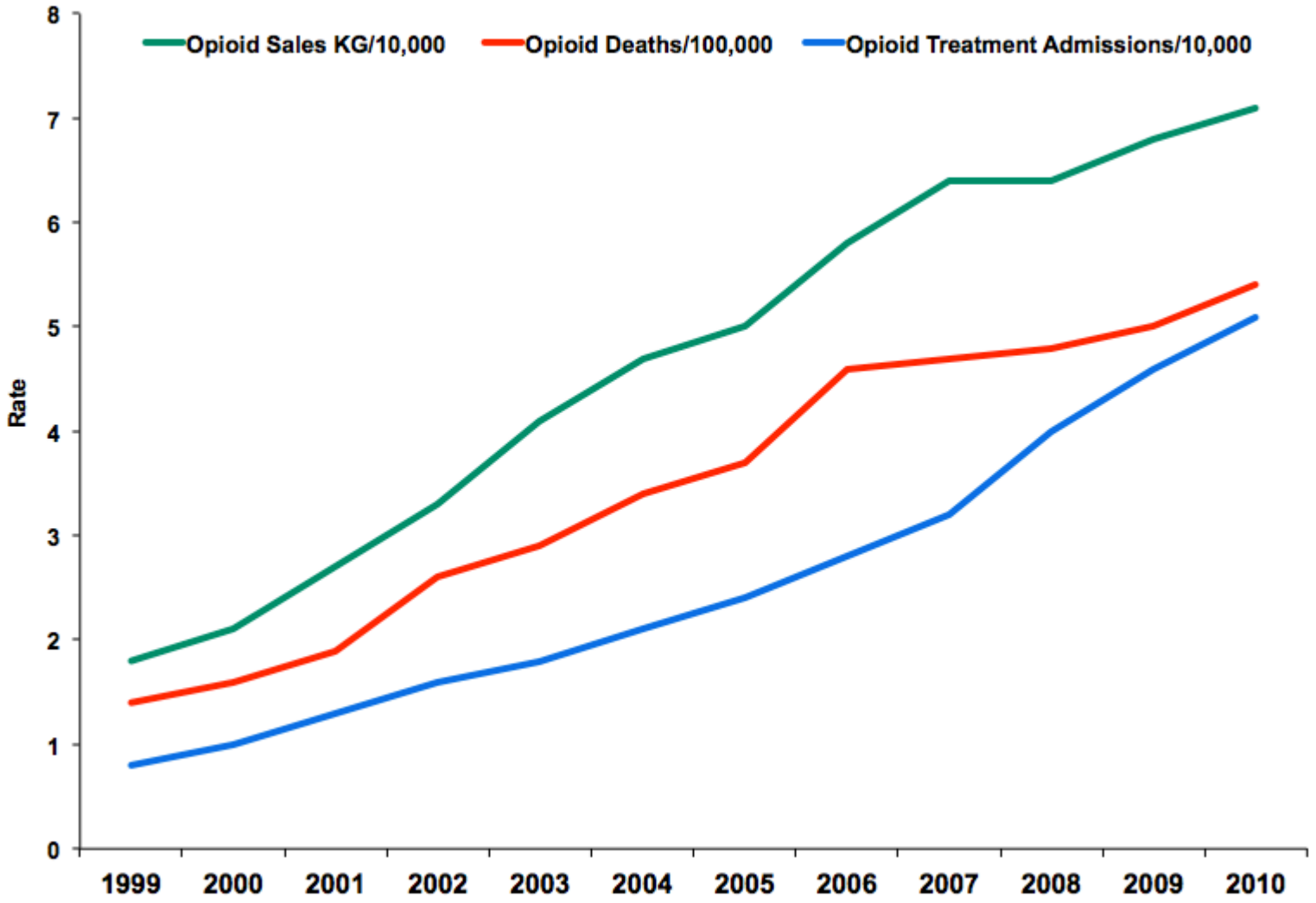
Cheaper, stronger drug alternatives

Opioid Epidemic

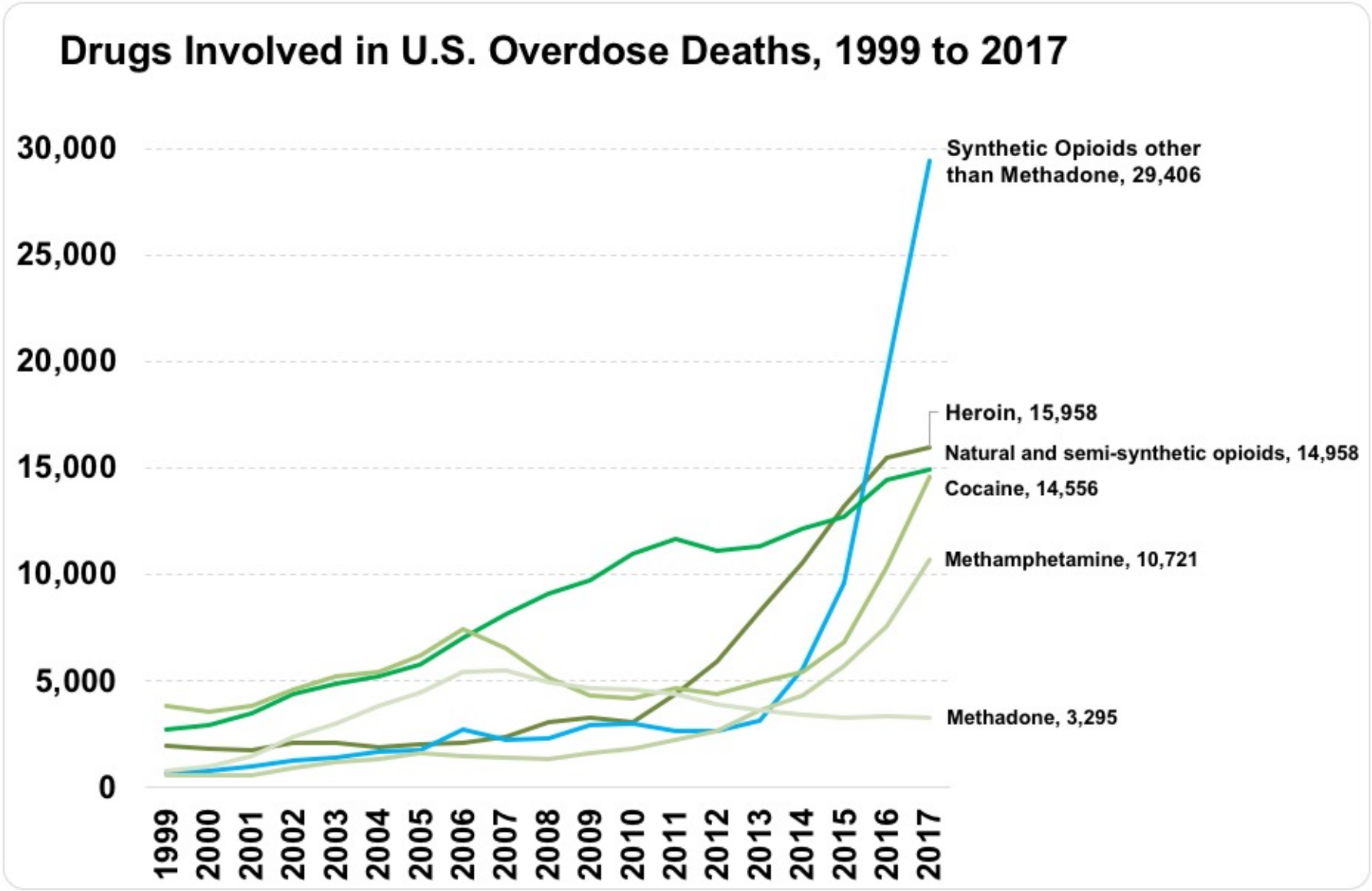
Some of the dangers of overuse of prescription opioids

- 75% of people with OUD report starting out on prescription pain pills.
- Researchers at University of Arkansas for Medical Sciences found that likelihood of chronic opioid use increases with each additional day of medication supplied, starting on the 3rd day.
- A recent study of “drug naïve” teens found that getting an opioid prescription in high school is associated with a 1/3 greater risk of future opioid misuse.
- Kids who are prescribed opioids in elementary school have a 1/3 chance of “lifetime illicit use.”

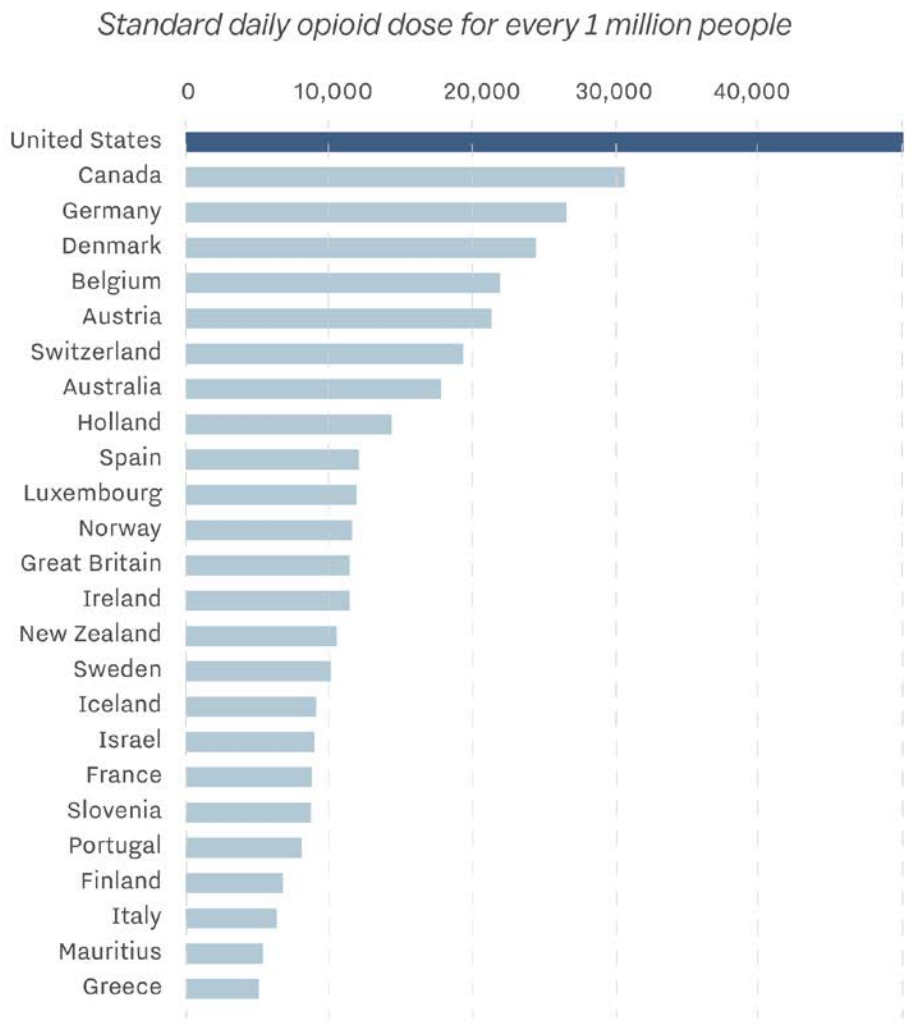
Rates of Opioid Sales, OD Deaths, and Treatment, 1999–2010



CDC. *MMWR* 2011


Drugs Involved in U.S. Overdose Deaths, 1999 to 2017
30,000
25,000
20,000
15,000
10,000
5,000
0
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
Synthetic Opioids other than Methadone, 29,406
Heroin, 15,958
Natural and semi-synthetic opioids, 14,958
Cocaine, 14,556
Methamphetamine, 10,721
Methadone, 3,295

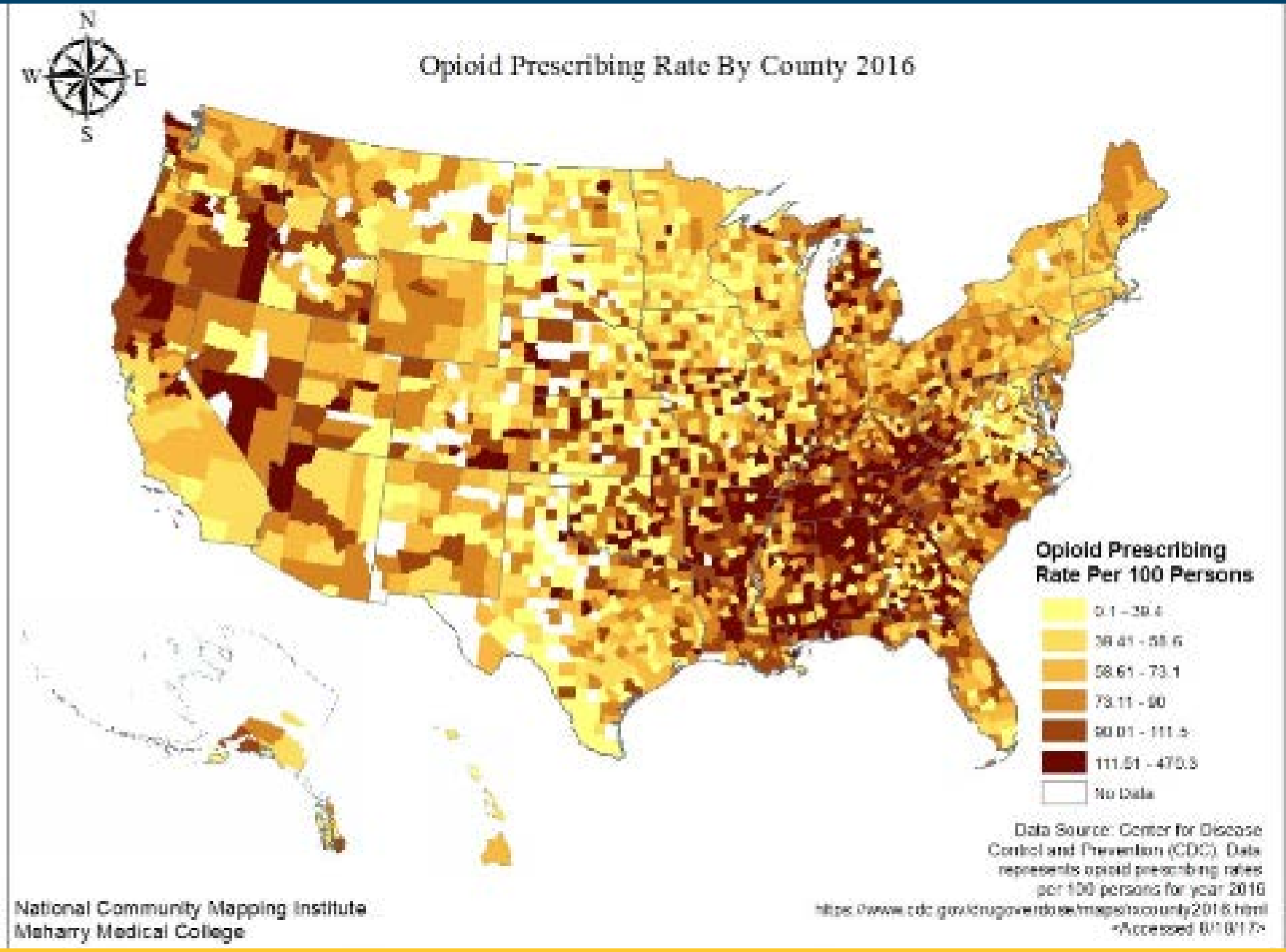
Americans consume more opioids than any other country



Source: United Nations International Narcotics Control Board

Credit: Sarah Frostenson

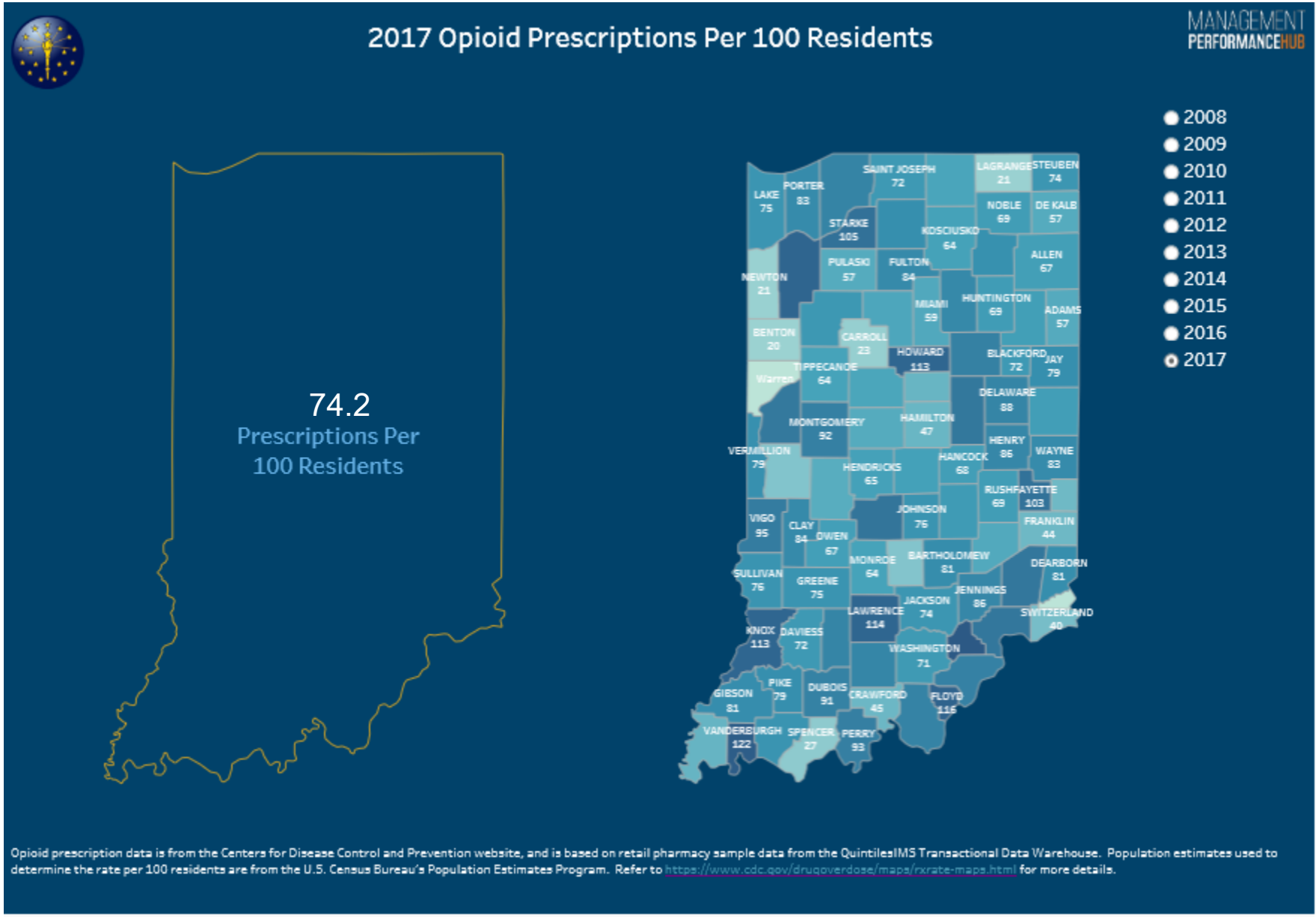
Vox


N
W
E
S
Opioid Prescribing Rate By County 2016
Opioid Prescribing Rate Per 100 Persons
0.1 - 39.4
39.41 - 58.6
58.61 - 73.1
73.11 - 90
90.01 - 111.5
111.51 - 470.3
No Data
Data Source: Center for Disease Control and Prevention (CDC). Data represents opioid prescribing rates per 100 persons for year 2016
https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html
Accessed 8/18/17
National Community Mapping Institute
Meharry Medical College

2017 Opioid Prescription Rate

(prescriptions per 100 persons)

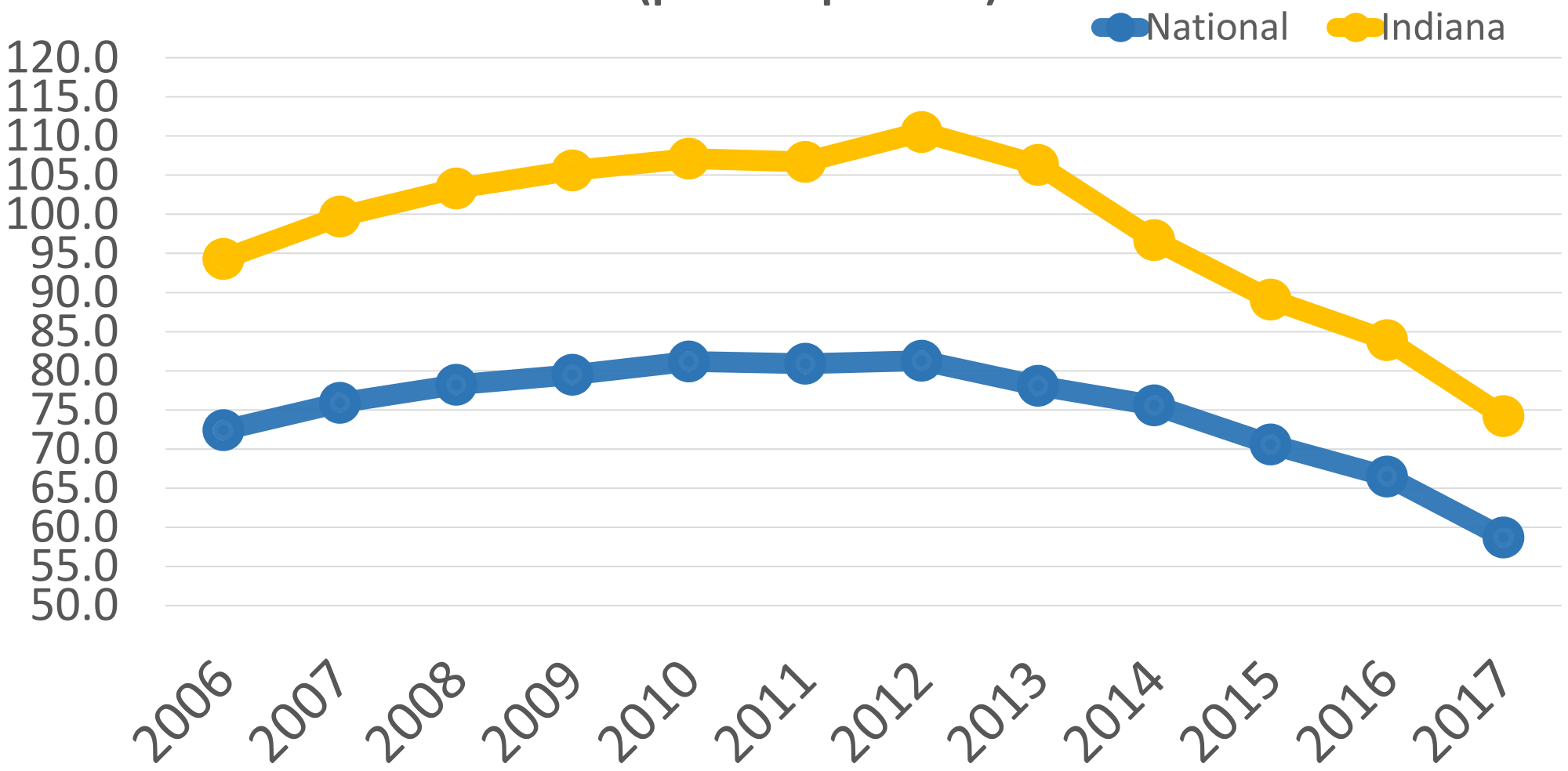
- **National: 58.7**
- **Indiana 74.2**



Source: CDC

Opioid Prescription Rate: 2006-2017

(per 100 persons)



Source: CDC

The State's approach: two overarching goals

Help everyone with a substance use disorder achieve and maintain recovery

Substantially reduce the likelihood we will ever again be faced with a crisis of this magnitude arising from the use of any addictive substance

Four Major Priorities

- **Do all we can to help keep people alive.**
- **Greatly expand timely access to medication-assisted treatment**
- **Take steps to substantially reduce the potential for others to develop substance use disorders.**
- **Educate and inform the public. Reduce stigma.**

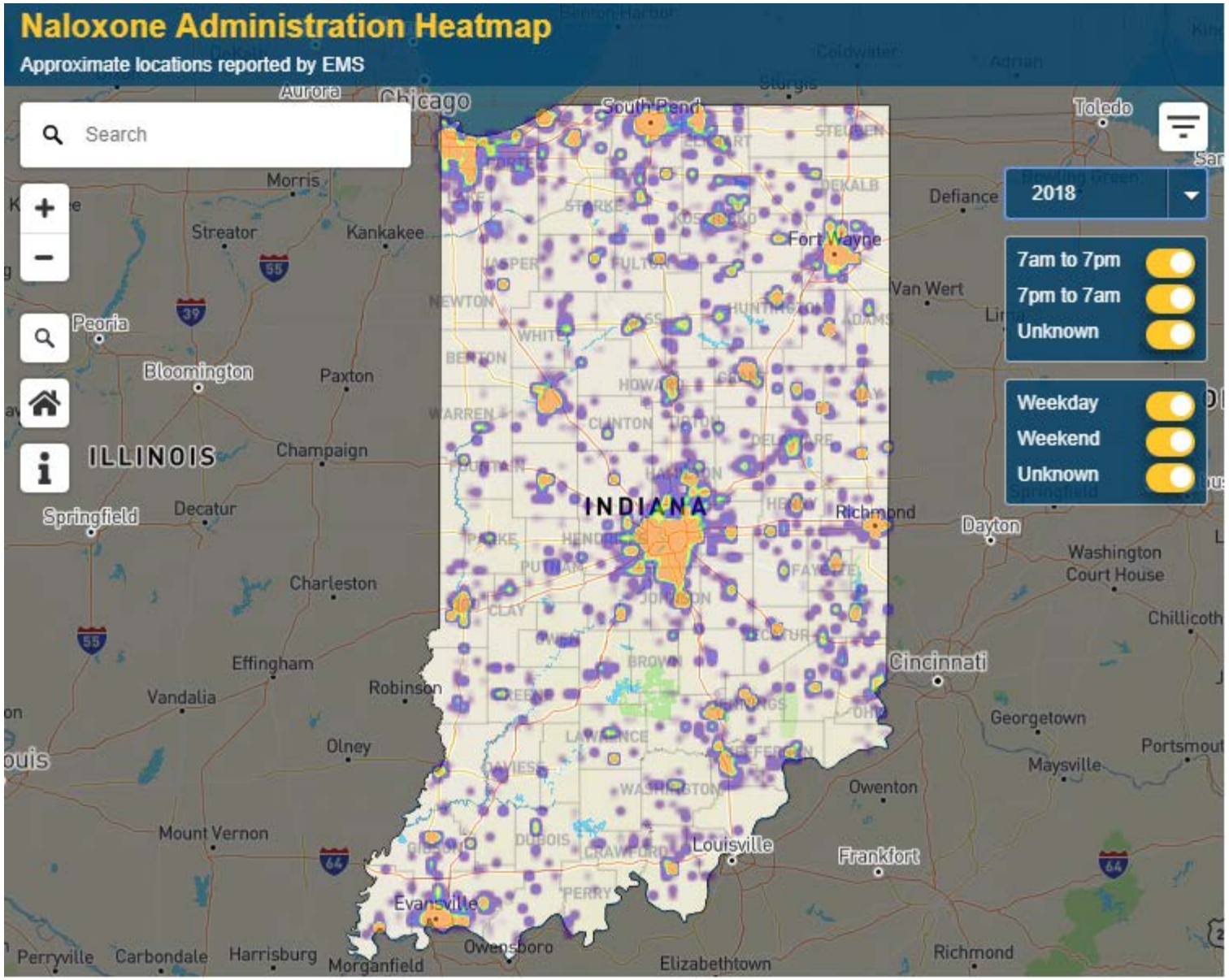
FACTS:

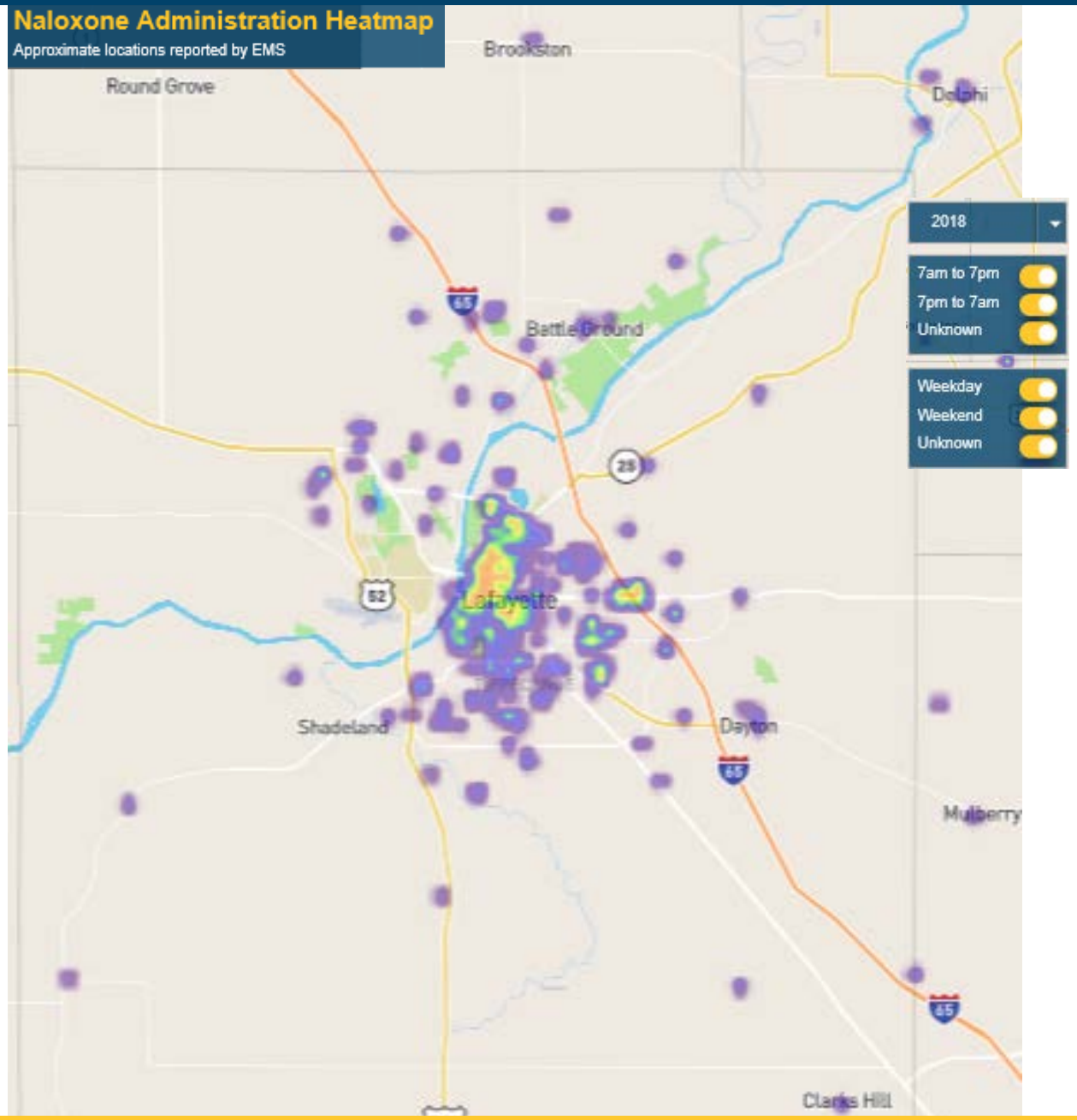
OPIOID USE DISORDER IS A DISEASE

THERE IS TREATMENT

RECOVERY IS POSSIBLE

Know the facts.


Naloxone Administration Heatmap
Approximate locations reported by EMS
Search
2018
7am to 7pm
7pm to 7am
Unknown
Weekday
Weekend
Unknown
INDIANA
ILLINOIS
Chicago
Aurora
South Bend
Fort Wayne
Toledo
Defiance
Van Wert
Morris
Streator
Kankakee
Peoria
Bloomington
Paxton
Champaign
Springfield
Decatur
Charleston
Effingham
Vandalia
Robinson
Olney
Mount Vernon
Richmond
Dayton
Washington Court House
Chillicothe
Cincinnati
Georgetown
Maysville
Portsmouth
Owenton
Louisville
Frankfort
Evansville
Owensboro
Elizabethtown
Richmond
Perryville
Carbondale
Harrisburg
Morganfield


Naloxone Administration Heatmap
Approximate locations reported by EMS
Brookston
Round Grove
Delphi
2018
7am to 7pm
7pm to 7am
Unknown
Weekday
Weekend
Unknown
Battle Ground
Lafayette
Shadeland
Dayton
Mulberry
Clarks Hill

Expand timely access to medication-assisted treatment

- **Opened five new opioid treatment programs in 2018. An additional nine OTPs were authorized in legislation signed into law by the Governor last year.**
- **Certified an additional 44 treatment sites. There are now more than 425 certified substance use treatment provider locations across Indiana.**
- **Sought and received an 1115 waiver from CMS – Medicaid/HIP can now be used for a full range of services. Increased number of treatment beds by 26%.**
- **Our Next Level Recovery interactive web portal allows users to find the nearest treatment providers across the state.**

FSSA – OpenBeds ® State Referral Process

Acute Care Hospitals

Social Workers
Case Managers

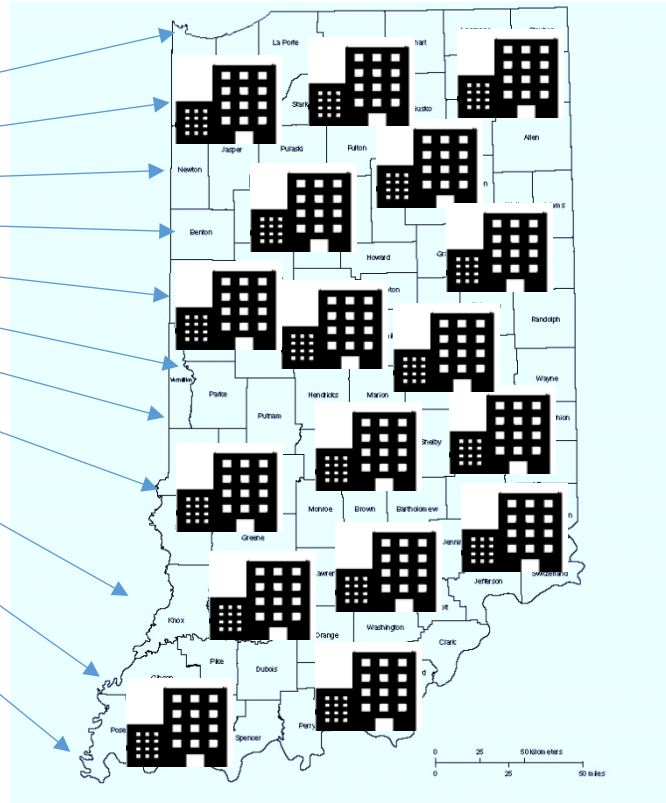
Drug Courts

EMS

Individuals

OpenBeds®

Referrals



Indiana 2-1-1™ Get Connected. Get Answers.

Referral Channel and Wraparound Services for Sustainability Reporting

Providers

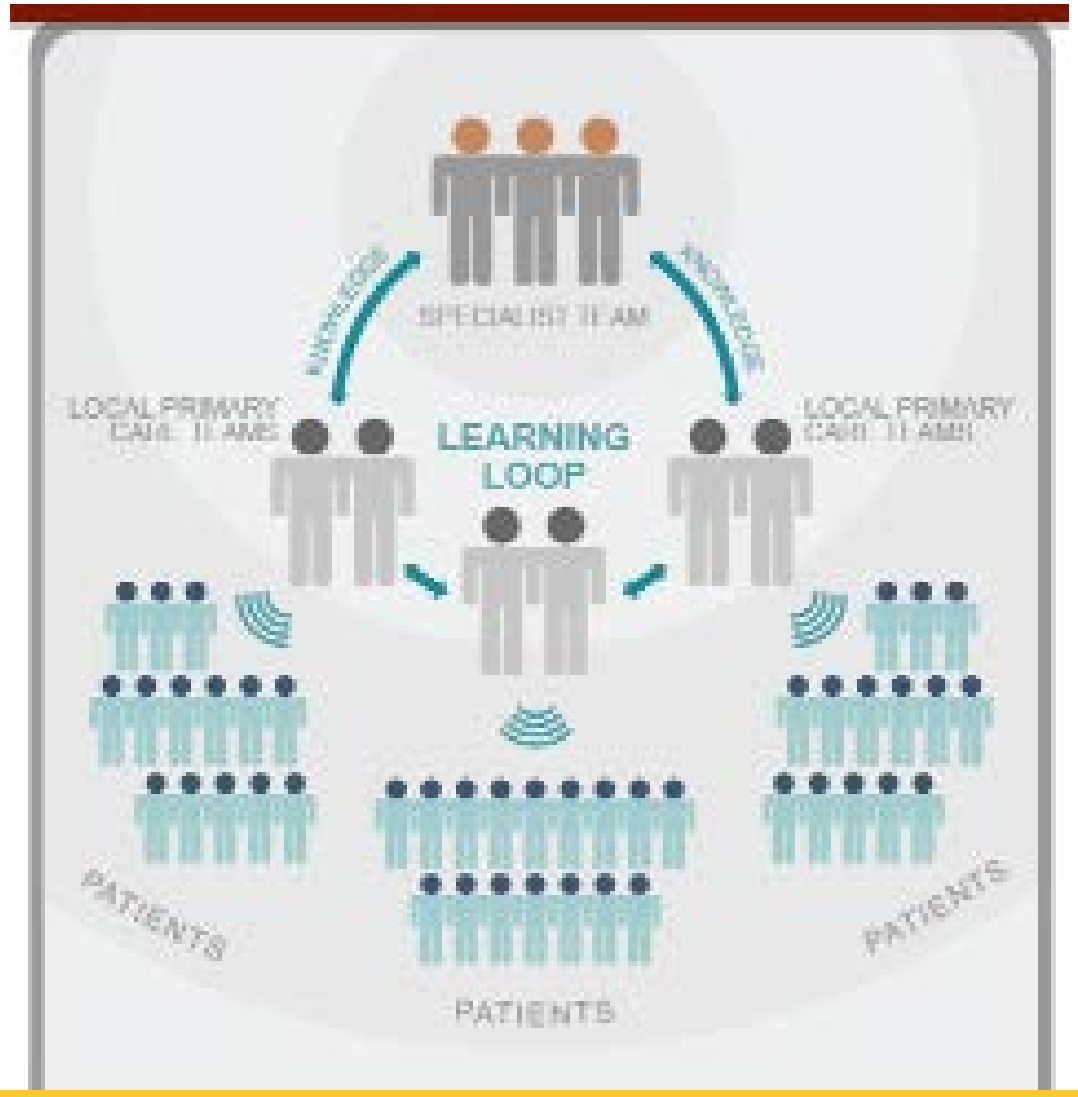
Project ECHO

Kristen Kelly, ECHO Program Coordinator
oudecho@iu.edu

The Opioid Use Disorder TeleECHO Clinic is led by experts at the Indiana University School of Medicine with a particular educational focus on addiction and opioid use disorder (OUD) diagnoses.

Current Tracks:

- **Prescriber**
- **Behavioral Health**
- **Community Health Worker/Peer Recovery Coach**



Take steps to substantially reduce the potential for others to develop substance use disorders.

- **Reduce the number of pills**
  - **Reduce opioid prescription rates**
    - **SEA 226 (2017), SEA 221 (2018)**
    - **Integrate INSPECT with EMRs**
    - **Adopt new guidelines.**
  - **Encourage safe disposal of excess pills.**
- **Increase use of evidence-based substance abuse prevention programs for children and youth.**

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in.gov/recovery

- **Providers**
- **Safely prescribing and administering prescription opioids.**
- According to the Centers for Disease Control and Prevention (CDC), “Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs.”
- Please refer to Indiana's Opioid Prescribing Guidelines and Final Rule to learn the proper procedures and best practices for prescribing opioid medications.
  - Indiana Chronic Pain Management Prescribing Rule
  - Indiana Guidelines for Opioid Prescribing in the Emergency Department
  - Indiana Guidelines for the Management of Acute Pain
- Also, visit the American Hospital Association's Opioid Toolkit to learn more about how to address the epidemic.

Special Communication

CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016

Deborah Dowell, MD, MPH; Tamara M. Haegerich, PhD; Roger Chou, MD

IMPORTANCE Primary care clinicians find managing chronic pain challenging. Evidence of long-term efficacy of opioids for chronic pain is limited. Opioid use is associated with serious risks, including opioid use disorder and overdose.

OBJECTIVE To provide recommendations about opioid prescribing for primary care clinicians treating adult patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

PROCESS The Centers for Disease Control and Prevention (CDC) updated a 2014 systematic review on effectiveness and risks of opioids and conducted a supplemental review on benefits and harms, values and preferences, and costs. CDC used the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework to assess evidence type and determine the recommendation category.

EVIDENCE SYNTHESIS Evidence consisted of observational studies or randomized clinical trials with notable limitations, characterized as low quality using GRADE methodology. Meta-analysis was not attempted due to the limited number of studies, variability in study designs and clinical heterogeneity, and methodological shortcomings of studies. No study evaluated long-term (≥1 year) benefit of opioids for chronic pain. Opioids were associated with increased risks, including opioid use disorder, overdose, and death, with dose-dependent effects.

RECOMMENDATIONS There are 12 recommendations. Of primary importance, nonopioid therapy is preferred for treatment of chronic pain. Opioids should be used only when benefits for pain and function are expected to outweigh risks. Before starting opioids, clinicians should establish treatment goals with patients and consider how opioids will be discontinued if benefits do not outweigh risks. When opioids are used, clinicians should prescribe the lowest effective dosage, carefully reassess benefits and risks when considering increasing dosage to 50 morphine milligram equivalents or more per day, and avoid concurrent opioids and benzodiazepines whenever possible. Clinicians should evaluate benefits and harms of continued opioid therapy with patients every 3 months or more frequently and review prescription drug monitoring program data, when available, for high-risk combinations or dosages. For patients with opioid use disorder, clinicians should offer or arrange evidence-based treatment, such as medication-assisted treatment with buprenorphine or methadone.

CONCLUSIONS AND RELEVANCE The guideline is intended to improve communication about benefits and risks of opioids for chronic pain, improve safety and effectiveness of pain treatment, and reduce risks associated with long-term opioid therapy.

Editorials pages 1575 and 1577

Author Audio Interview at jama.com

Related articles pages 1653 and 1654 and **JAMA Patient Page** page 1672

Supplemental content at jama.com

Related articles at jamainternalmedicine.com, jamapediatrics.com, and jamaneurology.com

Author Affiliations: Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia

From “A Guideline for Discharge Opioid Prescriptions after Inpatient General Surgical Procedures”

Published by *Journal of the American College of Surgeons*, 2017

Lead study author: Richard J. Barth, M.D., Dartmouth Hitchcock Medical Center, Lebanon, NH

- 85% of patients were prescribed an opioid after they went home.
- Only 38% of the prescribed pills were taken.

Based on data from a survey of patients, guidelines were established:

- If a patient took no opioids the day before discharge, they received none.
- Those who took 1-3 pills received 15 (this satisfied 85% of patients)
- Those who took 4 or more received 30.

A Recent Study

- **Randomized trial of 240 patients with chronic back, knee, hip pain recruited from Minneapolis VA clinicians**
- **Half treated with opioids, half with NSAIDs or other prescription painkillers for 12 months aiming for improved pain and function**
- **Results**
  - **No difference in pain-related function**
  - **Pain intensity better in non-opioid group**
  - **Side effects more common in opioid group**
- **Conclusion**
  - **Opioid treatment no better than non-opioid medications**
  - **Does not support use of opioid therapy for moderate/severe chronic back, hip, knee pain**

JAMA. 2018;319(9):872-882. doi:10.1001/jama.2018.0899

Johns Hopkins

Surgical Opioid Guidelines

We convened a multidisciplinary consortium of physicians, nurses, pharmacists, and patients to develop ideal opioid prescribing patterns after common medical procedures utilizing a modified Delphi approach. Best prescribing practices are listed for post-surgical narcotic naive patients at discharge.

Procedure	Start with this*	If needed, maximum Oxycodone 5 mg pills recommended
Laparoscopic cholecystectomy	Acetaminophen and/or Ibuprofen	10 Tablets
Laparoscopic inguinal hernia repair, unilateral	Acetaminophen and/or Ibuprofen	12 Tablets
Open inguinal hernia repair, unilateral	Acetaminophen and/or Ibuprofen	10 Tablets
Open umbilical hernia repair	Acetaminophen and/or Ibuprofen	14 Tablets
Arthroscopic partial meniscectomy	Acetaminophen and/or Ibuprofen	8 Tablets
Arthroscopic ACL or PCL repair	Acetaminophen and/or Ibuprofen	20 Tablets
Arthroscopic rotator cuff repair	Acetaminophen and/or Ibuprofen	20 Tablets
ORIF of the Ankle	Acetaminophen and/or Ibuprofen	20 Tablets
Hysterectomy, Open	Acetaminophen and/or Ibuprofen	15 Tablets
Hysterectomy, Minimally-Invasive	Acetaminophen and/or Ibuprofen	10 Tablets
Uncomplicated Cesarean section	Acetaminophen and/or Ibuprofen	10 Tablets
Uncomplicated labor and delivery	Acetaminophen and/or Ibuprofen	5 Tablets
Prostatectomy robotic retro pubic	Acetaminophen and/or Ibuprofen	10 Tablets
Lumpectomy	Acetaminophen and/or Ibuprofen	10 Tablets
Lumpectomy with Sentinel Node Biopsy	Acetaminophen and/or Ibuprofen	12 Tablets
VATS (video Assisted Thoracotomy)	Acetaminophen and/or Ibuprofen	12 Tablets
Thyroidectomy, partial or total	Acetaminophen and/or Ibuprofen	10 Tablets
Cochlear implant	Acetaminophen and/or Ibuprofen	0 Tablets
Coronary artery bypass grafting (CABG)	Acetaminophen and/or Ibuprofen	30 Tablets
Cardiac catheterization	Acetaminophen and/or Ibuprofen	0 Tablets
Microdiscectomy (one level)	Acetaminophen and/or Ibuprofen	12 Tablets

*Acetaminophen 1g PO 8 hours, Ibuprofen 400mg PO 8 hours (unless contraindicated)

Michigan Surgical Quality Collaborative

Opioid Prescribing Engagement Network

Opioid Prescribing Recommendations for Surgery

Procedure	Hydrocodone (Norco) 5 mg tablets Codeine (Tylenol #3) 30 mg tablets Tramadol 50 mg tablets	Oxycodone 5 mg tablets Hydromorphone (Dilaudid) 2 mg tablets
Laparoscopic Cholecystectomy	15	10
Laparoscopic Appendectomy	15	10
Inguinal/Femoral Hernia Repair (open/laparoscopic)	15	10
Open Incisional Hernia Repair	30	20
Laparoscopic Colectomy	30	20
Open Colectomy	30	20
Ileostomy/Colostomy Creation, Re-siting, or Closure	40	25
Open Small Bowel Resection or Enterolysis	30	20
Thyroidectomy	10	5
Hysterectomy		
Vaginal	20	10
Laparoscopic & Robotic	25	15
Abdominal	35	25
Breast Biopsy or Lumpectomy Alone	10	5
Lumpectomy + Sentinel Lymph Node Biopsy	15	10
Sentinel Lymph Node Biopsy Alone	15	10
Simple Mastectomy ± Sentinel Lymph Node Biopsy	30	20
Modified Radical Mastectomy or Axillary Lymph Node Dissection	45	30
Wide Local Excision ± Sentinel Lymph Node Biopsy	30	20

Download the opioid prescribing recommendations

The latest opioid prescribing and counseling recommendations (last updated on 03/12/2018) are available to download.

Dentists and Oral Surgeons

- **Dentists and oral surgeons are the major prescribers of opioids for people ages 10-19.**
- **Every year, oral surgeons remove the wisdom teeth of about three million people. The vast majority are under 25, and the vast majority of those leave surgery with a prescription for opioids.**

University of Minnesota School of Dentistry – new protocol

- **First-line treatment for all procedures – NSAIDS such as ibuprofen, combined with acetaminophen (i.e. Advil and Tylenol).**
- **Exceptions can be made if needed.**
- **If this didn’t work, the doctor could re-evaluate and prescribe opioids.**

Anecdotally, they have not seen an increase in patient complaints or patients returning for something stronger.

Safe Disposal Options: in.gov/recovery

Take-Back Opportunities and disposing of unneeded medications

- The state of Indiana provides take-back days. Guidance is also available to consumers on how to properly dispose of unneeded medications.
- Click here to use the Drug Disposal Locator Tool provided by the National Association of Boards of Pharmacy.
- Click here for more information regarding drug disposal options. Pharmacies, including Walgreens and CVS, provide kiosks for drug disposal at select locations.

Increase use of evidence-based substance abuse prevention programs for children and youth

- **Increase state support for SUD prevention programming.**
- **Local foundations are making major contributions (e.g. North Central Health Services).**
- **Local coalitions are having significant impact in growing number of communities.**

How can you help?

- **Educate yourselves and help educate others.**
- **Follow the guidelines and minimize the use of opioids.**
- **Encourage safe disposal of excess pills.**
- **Explore how you might contribute to a local coalition focused on prevention, treatment, and recovery.**

Stay connected

Recovery.IN.gov

@INDrugCzar

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