How Delaware is Addressing the Opioid Epidemic

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DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
2009: When drug overdose deaths exceeded motor vehicle deaths

Number of Deaths for Selected Causes, Delaware 1990-2015

Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, Division of Public Health
Prescribing rates - Delaware’s rank

1. High-dose opioid pain relievers
   8.8 prescriptions per 100 persons

2. Long-acting/extended-release opioid pain relievers
   217 prescriptions per 100 persons

17. Opioid pain relievers
   90.8 prescriptions per 100 persons

19. Benzodiazepines
   41.5 prescriptions per 100 persons

Delaware’s Heroin Epidemic

State’s tightening of access to prescription drugs, raised their on-the-street cost.
- 1 Oxycodone pill = $20-$30
- Hit of heroin = $3.

Heroin overdose deaths rose dramatically in 2013-2015.
Synthetic Opioids: Fentanyl and Carfentanil

Fentanyl: synthetic painkiller
- Pure white powder or laced with cocaine or heroin
- 120 fentanyl-related overdose deaths in Delaware in 2016
- 80% of overdose deaths involved men

Carfentanil: extremely potent synthetic veterinary drug
- 2 deaths in Pennsylvania as of Feb. 13.

Source: Delaware Health and Social Services
Drug Poisoning Deaths by Category, Delaware, 2006–2015

OPR refers to Opioid Pain Relievers, which are included in the Prescription drug category. Mortality rates are adjusted to the 2000 US Standard Population. *2014 and 2015 are preliminary.


Drug category based on T-codes and Cause of Injury Field.
We are in the midst of an opioid epidemic.
Substance Misuse and Addictions Prevention Framework

Source: Association of State and Territorial Health Officials
Getting the Right People to the Table
Prescription Drug Action Committee (PDAC)

- Coordinates public, private and community efforts to combat prescription drug abuse, misuse, and diversion.

- Led by the Delaware Division of Public Health and the Medical Society of Delaware, PDAC has a broad and diverse membership.

- Is implementing its priority recommendations.

- Read the PDAC report at:
  [http://dhss.delaware.gov/dhss/dph/pdachome.html](http://dhss.delaware.gov/dhss/dph/pdachome.html)
PDAC Leadership

PDAC Chairs

- **Chair, Karyl Rattay, MD,MS,**
  Director, Division of Public Health

- **Vice Chair, John Goodill, MD,**
  Medical Society of Delaware

PDAC Sub-Committee Chairs

- **Provider Education:**
  John Goodill, MD
  Delaware Pain Initiative

- **Public Education:**
  Fran Russo-Avena RN
  Red Clay School Nurse

- **Control and Surveillance:**
  Hooshang Shanehsaz, RPh
  Delaware Pharmacist Society

- **Access to Treatment:**
  Mike Barbieri PhD
  Director, Division of Substance Abuse and Mental Health
What are the committees working on?

- **Provider Education**
  - Safe opioid prescribing and pain management

- **Public Education**
  - Youth and their families; general public

- **Control and Surveillance**
  - Drug Take-back and Surveillance

- **Access to Treatment**
  - Access to Effective SUD Treatment
  - Naloxone
  - Linking Those Who Have Overdosed to Treatment
Interventions in place: Primary Prevention

▪ Prescription Drug Monitoring Program (PMP)
▪ Provider education
▪ Delaware’s Board of Medical Licensure and Discipline Regulation 18.
▪ Hospice disposal policy
▪ Secured script program and e-prescribing
Quarterly opioid and benzodiazepine prescription rates per 1,000 residents, Delaware, January 2012 - September 2016

Source: Delaware PMP (Department of State) as provided by Brandeis University, Table 1.1
Quarterly percentage of patients receiving >100 MMEs\(^1\) daily, Delaware, January 2012 - September 2016

\(^1\) MMEs = Morphine Milligram Equivalents

Source: Delaware PMP (Department of State) as provided by Brandeis University, Table 2.1
Percentage of days with overlapping prescriptions across opioid and benzodiazepine drug classes and across opioid release forms, Delaware, January 2012 - September 2016

Source: Delaware PMP (Department of State) as provided by Brandeis University, Table 3.2
Multiple provider episode rates\(^1\) per 100,000 residents by drug class, Delaware, January 2012 - September 2016

Rate per 100,000

Opioids | Stimulants | Benzodiazepines

Source: Delaware PMP (Department of State) as provided by Brandeis University, Table 4.2

\(^1\) Multiple provider episode rate is defined as use of 5 or more prescribers and 5 or more pharmacies within 3 months and is based on the current three months.
Percentage of opioid prescriptions by prescriber percentile ranking based, Delaware, 2014-2015

1 Percent refers to the percentage of all controlled substance prescriptions written per day per prescriber percentile rank.

Source: Delaware PMP (Department of State) as provided by Brandeis University
Mean daily dosage for opioids in MMEs by prescriber percentile ranking, Delaware, 2014-2015

Source: Delaware PMP (Department of State) as provided by Brandeis University

Table 5.7
JAMA: The Journal of American Medical Association

Deborah Dowell, Tamara Haegerich, and Roger Chou

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

Published online March 15, 2016
CDC’s Guidelines for Prescribing Opioids for Chronic Pain

Available in several formats:

- a mobile app
- pocket guide
- fact sheets.

http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf
Evidence reviews: opioids not first-line or routine therapy for chronic pain

- There is insufficient evidence to determine whether pain relief, function, or quality of life improves with long-term opioid therapy (most RCTs <6 weeks).

- Long-term opioid use can lead to abuse, dependence, and overdose.

- Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.

- If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.

(Recommendation category A: Evidence type: 3)
Effective treatments for chronic pain

- **Non-pharmacologic therapies**
  - Rehabilitative services and physical therapy
  - Cognitive behavior therapy and relaxation techniques
  - Exercise and strength training

- **Non-opioid pharmacologic treatments**
  - Acetaminophen and NSAIDs
  - Serotonin and norepinephrine reuptake inhibitors (SNRIs); tricyclic antidepressants (TCAs)
  - Selected anticonvulsants (e.g., pregabalin, gabapentin)

- **Interventional approaches**

- **Multimodal and multidisciplinary therapies**
### “Comparing” Effectiveness

#### PAIN TREATMENTS

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Extrapolated Benefits for Varied Pain Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>&lt;= 30%</td>
</tr>
<tr>
<td>Tricyclics/SNRIs</td>
<td>30%</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>30%</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>&gt;= 10%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>10-30%</td>
</tr>
<tr>
<td>CBT/Mindfulness</td>
<td>15-50%</td>
</tr>
<tr>
<td>Graded Exercise Therapy</td>
<td>Variable</td>
</tr>
<tr>
<td>Sleep Restoration</td>
<td>&gt;= 40%</td>
</tr>
<tr>
<td>Hypnosis, Manipulation, Yoga</td>
<td>“+ effect”</td>
</tr>
</tbody>
</table>

- Many studies low GRADE quality of evidence
- Most studies <3 months
- Rarely do studies compare one treatment with another

Pro Reg’s new safe prescribing regulations

• Published in the Jan. 1, 2017 issue of the Register of Regulations
• Effective April 1, 2017
• Culmination of an 18-month formal rule-making process
• Establish basic standards for prescribing opiates safely
• Give new requirements for prescribing for acute episodes and chronic, long term pain management

http://tinyurl.com/providerfacts

Source: http://dpr.delaware.gov/
Screen all patients for prescription drug abuse

PDAC recommended that medical practitioners screen all patients, not only “high risk” patients.

Provider resources

U.S. SAMHSA - Opioid Overdose Prevention Toolkit
http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742

CAGE Questionnaire to identify alcohol misuse:

For further information on SBIRT, including trainings, visit
One-stop website for Delaware with:

- Prevention information for physicians to talk with patients.
- For parents to talk with their children.
- For loved ones seeking treatment and recovery resources.
New CDC Prescription Drug Overdose Prevention Grant

Five-year grant (March 2016 – Aug. 31, 2020)
DPH awarded $1,219,351

Priority Strategy #1: Enhance and Maximize the PMP

— Make the PMP easier to use and access
— Conduct Public Health surveillance with PMP data and disseminate
Priority Strategy #2: Implement Community/Insurer Health System Interventions

- Enhance uptake of evidence-based opioid prescribing guidelines
- Use PMP data to identify “High Risk” prescribers and communities
- Develop prescriber report cards that detail individualized prescribing trends
Current Interventions: Primary Prevention (cont.)

- Public Education
- School education
- Drug take back
PARENTS CAN TALK ABOUT SUBSTANCE ABUSE. We can help.

www.HelpIsHereDE.com
Health Education in Schools

Smart Moves
Smart Choices

Botvin LifeSkills Training
National Drug-Take Back Days

13 Drug Take-Back Days in Delaware since 2010

Healthy Homes program supports DEA initiative

>65,700 lbs. drugs collected
Current Interventions

Secondary Prevention

- Evolving and expanding Delaware treatment system
- Hero Help and Angel programs
- Drug Court
Statewide treatment centers opened to meet demand

The State of Delaware spent $4.45 million in FY16 on these resources:

- Opened three 16-bed residential treatment program units and reconfigured Delaware City program (78 to 95 beds).
- Doubled sober living residential beds statewide (60 to 120 beds).
- Doubled the residential treatment beds for ages 18-25 recovering from addiction to opiates (16 to 32 beds).

Current Interventions

**Tertiary Prevention**

- Syringe Exchange Program
- Naloxone ("NARCAN")
- Good Samaritan Law of 2013
Law Enforcement Interventions

▪ Drug Diversion Investigations
▪ Standardized continuing education of controlled substance related abuse and impairment
▪ Drug take-back
▪ Naloxone
▪ Fentanyl death – criminal penalty for dealer
▪ Drug Overdose Fatality Review Commission
▪ Hero Help and Angel Program
▪ HIDTA
Substance Exposure in Infants

The problem

- Women struggling with opioid addiction: high rate of unplanned pregnancy
- Opioids are the second most common substance found at birth in DE
- At least 168 opioid SEI reported to Kids Dept in 2016. The number of SEI grown significantly in recent years.

The Response

- SAMHSA technical assistance
- Growing partnerships between state agencies, medical providers, and SA treatment
- Increased screening during prenatal care
- State law requires ob/gyns educate patients
- Increase access to LARCs
Much More to Do

- More support for health care providers around safe prescribing
- Reimbursement for non-opioid pain management
- Statewide implementation of an evidence-based curriculum in schools
- Access to SUD treatment services, including MAT
- Connecting individuals to treatment
- Correctional programs
- Access to Naloxone
- Better Surveillance
Thank You!