Alaska’s Opioid Crisis Response

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Hedegaard H, et al. NCHS Data Brief no. 294, 2017
Opioid-Related Overdose Deaths, Alaska, 2012-17

- Preliminary (through Jan 19, 2018)
- Many deaths involve >1 substance

2016 rate: 12.9/100,000
Medical Fallacies Driving the Increased Prescribing of Opioids

• Pain can be objectively measured
• Tolerance is just under-dosing
• *Pseudoaddiction*: persons who display drug-seeking behavior are simply in pain and need more opioids
  
  “If your medicine makes you feel better, then your diagnosis must be whatever the medicine was meant to treat” –Ann Lembke, MD, in *Drug Dealer, MD*

• When used in treatment of pain, very little risk of subsequent misuse or addiction
Your doctor might prescribe an opioid medication.

Less than 1% of patients become addicted.
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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Americans consume more opioids than any other country

Standard daily opioid dose for every 1 million people

Source: United Nations International Narcotics Control Board
Credit: Sarah Frostenson
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol: 2x
- Marijuana: 3x
- Cocaine: 15x
- Rx Opioid Painkillers: 40x

...more likely to be addicted to heroin.


Counterfeit 30mg generic oxycodone containing fentanyl, Tennessee

Counterfeit Norco® (hydrocodone and acetaminophen) containing primarily fentanyl and promethazine, California

Counterfeit Percocet® (oxycodone and acetaminophen) containing cyclopropyl fentanyl and U-47700, Georgia
Tablet matrix + Active substances → blending → Product for tableting → tableting → Tablets with variable contents
• Opioid OD, risk greater:
  – Higher dose (especially >90 MME)
  – Recent increase in dose
  – Coadministered drugs, especially benzodiazepines and carisoprodol
  – Resumption after period of abstinence (e.g., relapse, release from incarceration)
  – Use of illicit opioids

• Other health effects:
  – Infections: HIV, HCV, endocarditis, SSTI, botulism
  – Neonatal abstinence syndrome
  – Falls in the elderly
Conceptual Framework
Public Health Approaches to Preventing Opioid Misuse and Addiction

1° Prevention
- Reduce the need to self-medicate
- Control access to addictive substances
- Promote protective factors

2° Prevention
- Prevent life-threatening adverse outcomes
- Diagnose and treat addictions and substance use disorders
- Understand Addiction as a Chronic Condition of the Brain
- Remove Stigma
- Effective PDMPs and Use of Data
- Rational Pain Management
- Drug Take-Back
- Integrated Behavioral Health Services
- Prevent and Mitigate ACEs
- Adolescent Risk Reduction
- Personal and Community Resiliency

3° Prevention
- Acute health event control and prevention
- Chronic disease screening and management
- Environmental controls and social determinants

Foundation:
Effective, Evidence-Based Education and Communication
Volunteers assemble 'rescue kits' in hopes of preventing overdose deaths

About 35 volunteers helped package Heroin/Opioid Overdose Rescue Kits in a storage room at MyHouse, a homeless youth center in Wasilla on February 9, 2017. (Marc Lester / Alaska Dispatch News)
Signs of an overdose:

- **FACE**: is clammy to touch and has lost consciousness. Center part of the tongue may be small, sometimes called “pinpoint.”

- **BODY**: is limp. Fingernails or lips are turned blue or purple.

- **SLEEP**: is deep and cannot be woken. They do not respond to your voice or touch.

- **BREATHING**: is slow or has stopped.

- **HEARTBEAT**: is slow or has stopped.
Alaska’s largest needle exchange is rushing to keep up with demand

By Zachariah Hughes, Alaska Public Media - June 29, 2017

Volunteer Zane Davis restocking alcohol swabs and other supplies at the Alaska AIDS Assistance Association’s Anchorage office (Zachariah Hughes – Alaska Public Media).
Addiction: A Chronic, Relapsing Health Condition Involving the Brain

Medication-Assisted Treatment

There are three types of medication used to treat opioid addiction. They all help reduce cravings and can be used in conjunction with behavioral treatments to help people stop abusing prescription painkillers or heroin.

**Methadone**
Dolophine, Methadose
Methadone activates opioid receptors in the brain, fully replacing the effect of whichever opioid the person is addicted to.

**Buprenorphine**
Suboxone, Subutex, Probuphine
Buprenorphine activates opioid receptors in the brain, partially replacing the effect of whichever opioid the person is addicted to.

**Naltrexone**
Vivitrol
Naltrexone binds to opioid receptors in the brain, blocking the effects of opioids.

Source: National Institute on Drug Abuse, Pew Charitable Trusts
Credit: Rebecca Hersher and Alyson Hurt/NPR
Conceptual Framework of Opioid Tolerance and the Role of MAT in Management
Benefits of Medication-Assisted Treatment for Opioid Use Disorders

- Lower relapse
- Decreased overdose and all-cause mortality
- Reduced acquisition of HIV and HCV
- Improved social functioning
- Greater retention in rehabilitation programs

Opium and Morphine Habit

CURED in from 10 to 20 Days.

THIRTY THOUSAND cases cured. Thousands of references and testimonials furnished on application. Business established 1875. NO PAY from responsible persons required until cured.

J. L. Stephens, M. D.,
LEBANON, OHIO.
National Principles of Care

• Routine screenings for SUD in every medical setting
• A personal treatment plan for every patient
• Fast access to treatment
• Disease management, as with other chronic conditions
• Coordinated care for all illnesses
• Behavioral health care from legitimate providers
• Access to medication-assisted treatment
• Support for recovery in the community

https://www.shatterproof.org/national-principles-care
Past Year Substance Use Disorder and Mental Illness, US Adults Aged ≥18 Years, 2015

Source: SAMHSA, National Survey on Drug Use and Health
Can a 'miracle shot' called Vivitrol break the prison-heroin cycle in Alaska?

Arielle Holmes, 28, is one of three Alaska inmates in Alaska to be the first to receive Vivitrol before her release as part of a pilot project of the state Department of Corrections. (Marc Lester / Alaska Dispatch News)
Extended-Release Naltrexone for 24 Weeks After Release From the Criminal Justice System

- OD events:
  - 0/153 in treatment group
  - 7/155 (5%) in usual treatment group
- No difference in 2º outcomes
  - Cocaine, EtOH, IVD use
  - Reincarceration
- At 72 weeks, no difference in urines + for opioids (46%)

“We should not consider people who hold jobs, reengage with their families, and regain control over their lives through treatment that uses medications to be addicted. Rather, we should consider them to be role models in the fight against the opioid epidemic.”

FDA Commissioner Scott Gottlieb, MD
Oct 25, 2017 Testimony to House Committee on Energy and Commerce
re-co-ver-y
/riˈkaver-i/ noun

1. A return to a normal state of health, mind, or strength.

2. The action or process of regaining possession or control of something stolen or lost.
Recovery Stories

https://vimeo.com/235831149
Can't you do something about all these bad guys on the border?
Gov’s bill gives patients option to decline opioids, limit prescriptions

Gov. Bill Walker on Monday proposed additional steps aimed at addressing opioid abuse in Alaska, including pain management training for medical providers and limits on initial prescriptions.

The proposal is the latest from Walker, who, in a move applauded by state legislators, last month issued a public health disaster declaration stemming from the abuse of opioids, such as heroin and prescription painkillers.

SEE OPIOID | Page A2

Spring king fishing canceled in Juneau

Citing low forecast, ADF&G calls anglers off for two months; May king derby off

By KEVIN GULLUFSEN

for the number of spawning king salmon needed to keep
Judicious Use of Opioids: Lessons Learned From Antimicrobial Stewardship

• Accountable Justification
  – Use of drug and manner of administration

• Peer Comparison
  – “Report cards”

• Suggested Alternatives

Post-Surgical Prescriptions for Opioid-Naïve Patients and Subsequent Risk for Misuse

Analysis of data for 37 million Aetna beneficiaries

- Over 1 million opioid-naïve patients undergoing surgeries
- 586 thousand (56%) received post-op oral opioids
- 5906 (0.6%) diagnosed with misuse (OUD or OD)

Each additional week of use: 44% increase in risk in misuse

Prevalence of Unused Opioids Prescribed After Surgery

Effect of Prescribing Guidelines on Post-Surgical Opioid Prescribing

No increase in refill requests

RCT of 410 Pts: Management of Extremity Pain (Sprain, Fracture, MS Pain) in the ED

Baseline
1 hour
2 hour

Ibuprofen 400mg + Acetaminophen 1000mg
Oxycodone 5mg + Acetaminophen 325mg
Hydrocodone 5mg + Acetaminophen 325mg
Codeine 30mg + Acetaminophen 300mg

1° Endpoint:
Decline in score at 2 hours (p=0.053)

Opioid Prescribing Rates by County Vary By Up to Six-Fold

Guns, God, And Recovery: Red State Alaska Is Breaking Barriers For People Facing Addiction

Progressive cutting edge treatment programs and public policy for addiction and recovery on America’s frontier.

07/27/2017 03:27 am ET | Updated 7 hours ago

Huffington Post
CDC Pain Management Guideline: Three Key Principles

1. Non-opioid therapy is preferred for chronic pain except in active cancer, palliation, or end-of-life care

2. For acute pain, use the lowest effective dose
   - <50 MME of immediate release formulation; avoid doses ≥90 MME
   - ≤3 days usually sufficient; > 7 days rarely needed
   - Discuss risks/benefits, storage/disposal

3. Monitor patients on long-term therapy closely
   - Review PDMP prior to starting opioids and periodically (every 3 months)
   - Avoid co-administration of opioids and benzos
   - Urine drug screen prior to starting and periodically (at least annually)

*MMWR* 2016; 65(suppl 1):1-49
CALVIN!

AUGH!

...I wonder if her doctor knows she mixes all those medications.
Four pillars:
1. Improving outcomes in the criminal justice system
2. Identifying public safety resource needs, particularly for rural areas
3. Improving access to mental health and substance misuse treatment
4. Addressing the opioid epidemic and drug trafficking

Diseases of Disconnection and Despair

Adverse Childhood Experiences

Adverse Societal Conditions

• Motor vehicle crashes
• Obesity
• Homicides
• PTSD
• Anxiety
• Depression
• Dementia
• STDs
• Suicides
• Mental health crises
• Injuries
• HIV
• Hepatitis C
• Cirrhosis
• Unwanted pregnancies
• Diabetes
• Substance abuse (ATOD)
• Addictions (alcohol, drugs, food, sex, gambling, screens)

• Divorce/separation
• Alcohol abuse
• Drug use
• Incarceration
• Mental illness
• Domestic violence
• Abuse (physical, sexual, verbal, emotional)

• Ineffective schools
• Income inequality
• Crime
• Poverty
• Social exclusion
• Racism
• Sexism
• Unemployment
• School suspensions
• Homophobia
• Food insecurity
• Lack of hope
• Environmental contamination
• Disrupted families
• Climate vulnerability
• Red lining
• Violent neighborhoods
• Housing insecurity
• Poor access to health and human services
“No silver bullet exists to stem the tide of prescription drug abuse in America...The lack of an easy solution requires all of us to treat the opioid crisis as a nonpartisan issue and adopt an ‘all hands on deck’ approach.”

Congressman Hal Roger (R-KY)
May 11, 2016
Cross-Sectoral Collaboration is Key

Public Health Agencies

Attorneys General Offices

Justice and Corrections

Medical Boards

Healthcare Providers

Hospitals and Clinics

Community Coalitions

Businesses and Labor

Media

Emergency Medical Services

Social Services Agencies

Faith Communities

Pharmaceutical Industry

Educators

Third-Party Payers

Others
Alaska Opioid Response Incident Command System

- State Disaster Declaration
  - February 14, 2017
- Administrative Order 287
  - Multi-agency approach
  - Local, Tribal, State, Federal, and Non-Governmental Agencies
- Multi-Agency Coordination (MAC) Group
- Incident Command System
- Alaska Criminal Information and Analysis Center
- Joint Information System
Welcome to Alaska.

K-9 Mocha will check your luggage for illegal drugs.
### Scope of Substance Misuse and Addictions

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Substances</td>
<td>Alcohol, Marijuana</td>
</tr>
<tr>
<td>Illicit Substances</td>
<td>Heroin, Methamphetamines, Synthetic Cannabinoids, Cathinones</td>
</tr>
<tr>
<td>Therapeutic Substances and Prescription Drugs</td>
<td>Opioids, Amphetamines, Benzodiazepines</td>
</tr>
<tr>
<td>Emerging Technologies</td>
<td>Powdered Alcohol, Vaping Devices, Designer Psychoactives</td>
</tr>
</tbody>
</table>
What Will Success Look Like?

**Near horizon (next 3 years)**

- Reduced deaths from drug overdose
- Declines in motor vehicle crashes from impaired driving
- Fewer self-injection related HIV and HCV infections
- Less unintentional injuries and self-harm related to drugs and alcohol

**Further horizons**

- Lower rates of drug misuse and addiction, including underage use
- Reduced drug- and alcohol-related incarceration and re-incarceration of persons with addictions
- Lower rates of crime and referrals to child protective services
- Less interpersonal violence, self-harm, and child neglect
- Prevention of excessive prescriptions for controlled substances while improving wellness and function