

The Opioid Crisis: Next Steps

Elinore F. McCance-Katz MD, PhD

Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

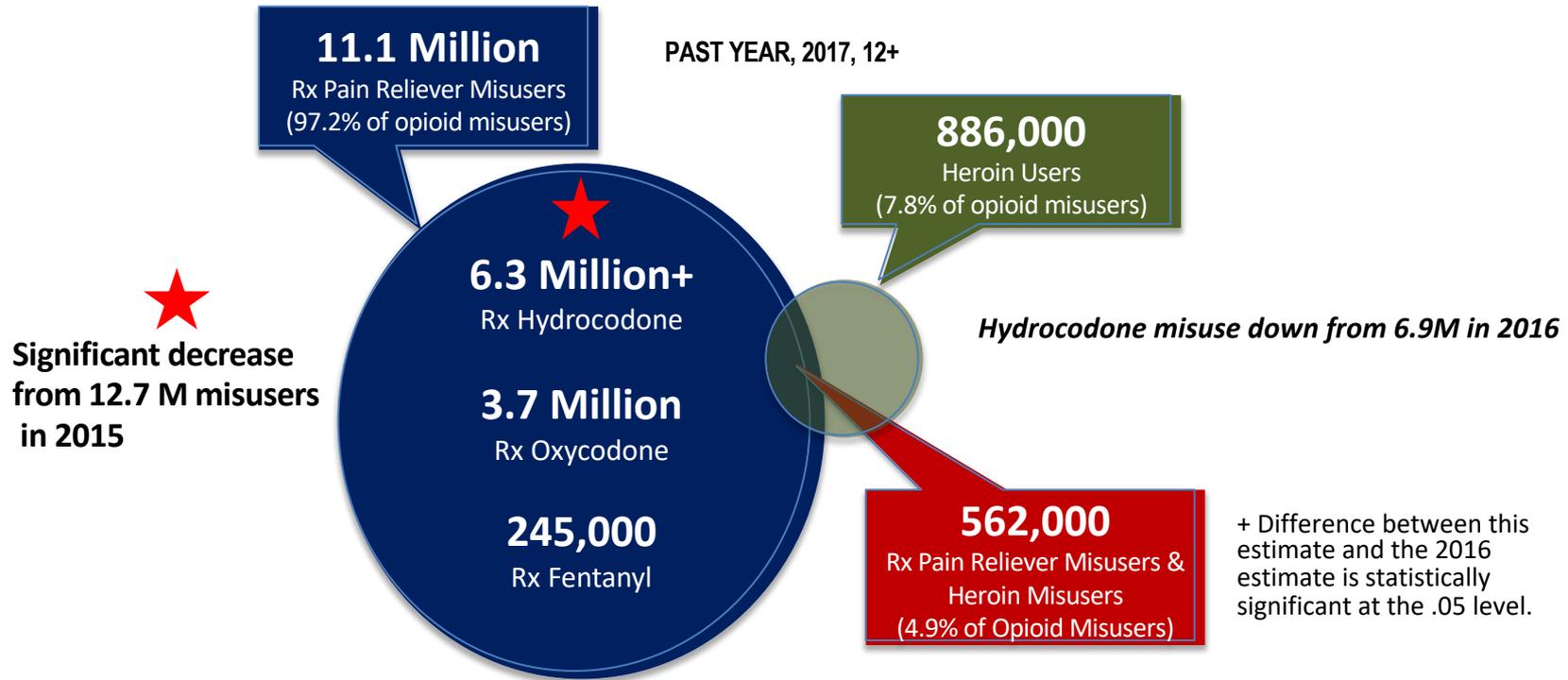
RX Drug Abuse and Heroin Summit
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SAMHSA
Substance Abuse and Mental Health
Services Administration

Opioids Crisis: Millions Continue Misuse

11.4 MILLION PEOPLE WITH OPIOID MISUSE (4.2% OF TOTAL POPULATION)



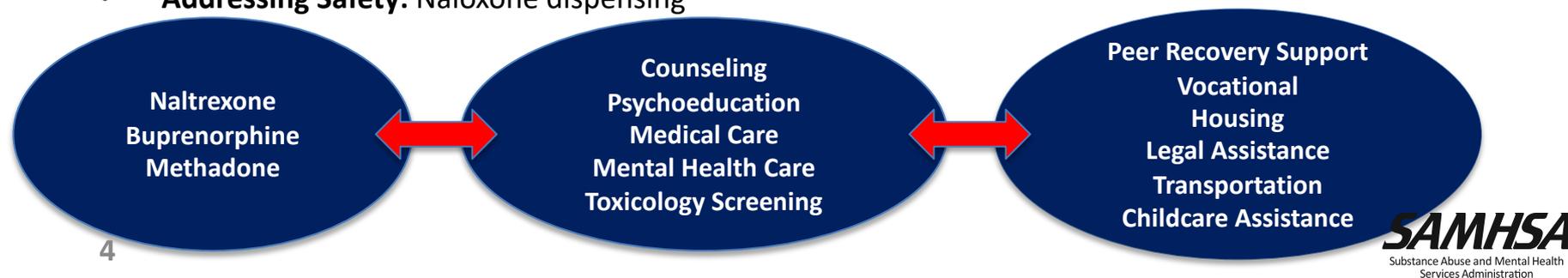
Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Note: The percentages do not add to 100 percent due to rounding.

The Fight Against the Opioids Crisis: Federal Resources

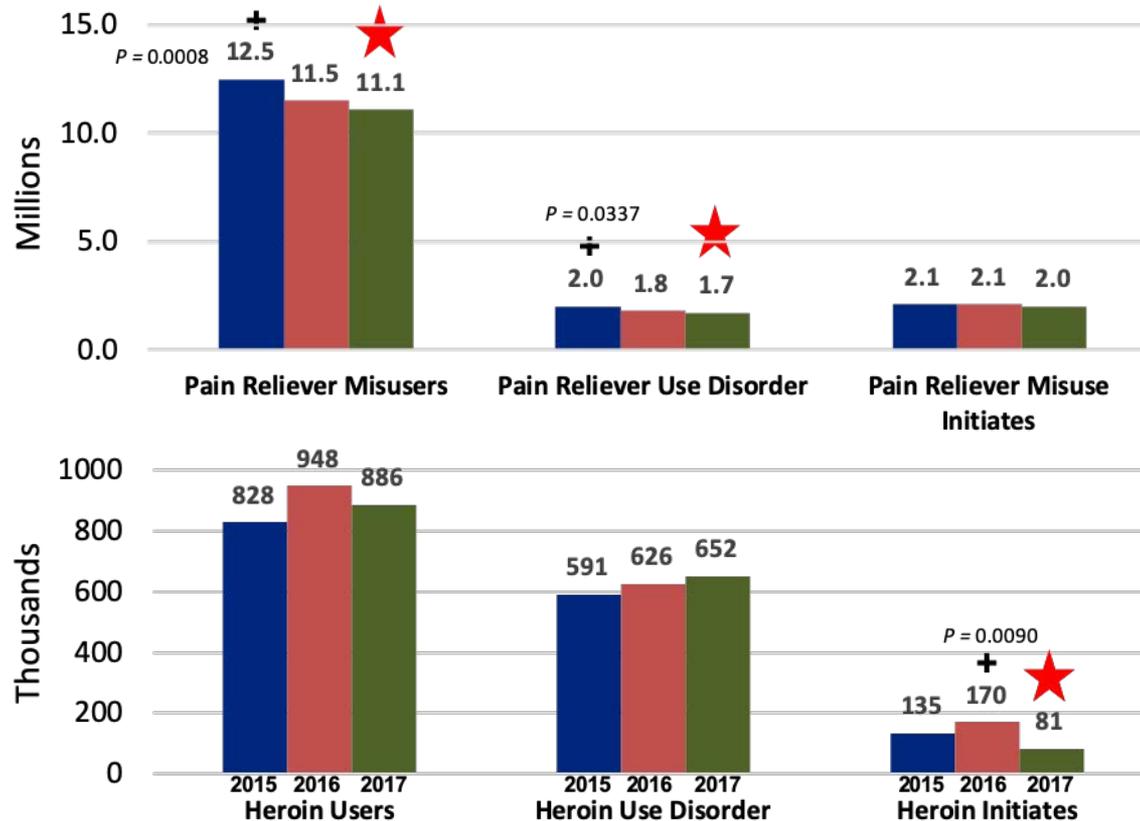
- STR grants to states: \$500 million/yr through Cures FY 17 and 18 + **\$1B**
- ***FY 19 State Opioid Response (SOR): \$1.5B***
- Provide support for evidence-based prevention/education/treatment/recovery services
- Naloxone access/First Responders/Peers: ***FY 19: \$49M***
- MAT-PDOA: ***FY 19: \$89M***
- Pregnant/post partum women/NAS: ***FY 19: \$29.9M***
- CJ programs with MAT; drug courts and offender re-entry; ***FY 19: \$89M***
- Building Communities of Recovery ***FY 19: \$6M***
- Reinstatement of Drug Abuse Warning Network (DAWN) ***\$10M***
- To address prevention and treatment of other SUDs:
 - Block grants to states ***FY 19: \$1.86B***
- NSDUH continuation with plan for more rapid release of data

What Does Evidence-Based Treatment Look Like?

- **FDA-approved medication (Medication Assisted Treatment (MAT)):** for as long as the person benefits from the care
 - Naltrexone: once a month injectable medication, blocks effects of opioids
 - Methadone: long acting, once-daily, opioid from specially licensed programs
 - Buprenorphine/naloxone: long acting, once daily/once monthly, opioid from doctor's offices; available by prescription
- **Medical Withdrawal ("Detoxification")**
 - > 80% relapse rate in the year following treatment
 - High risk for overdose and death when relapse occurs
 - Should not be a stand-alone treatment
 - Provide injectable naltrexone to those who request medical withdrawal treatment
- **Addressing Safety:** Naloxone dispensing

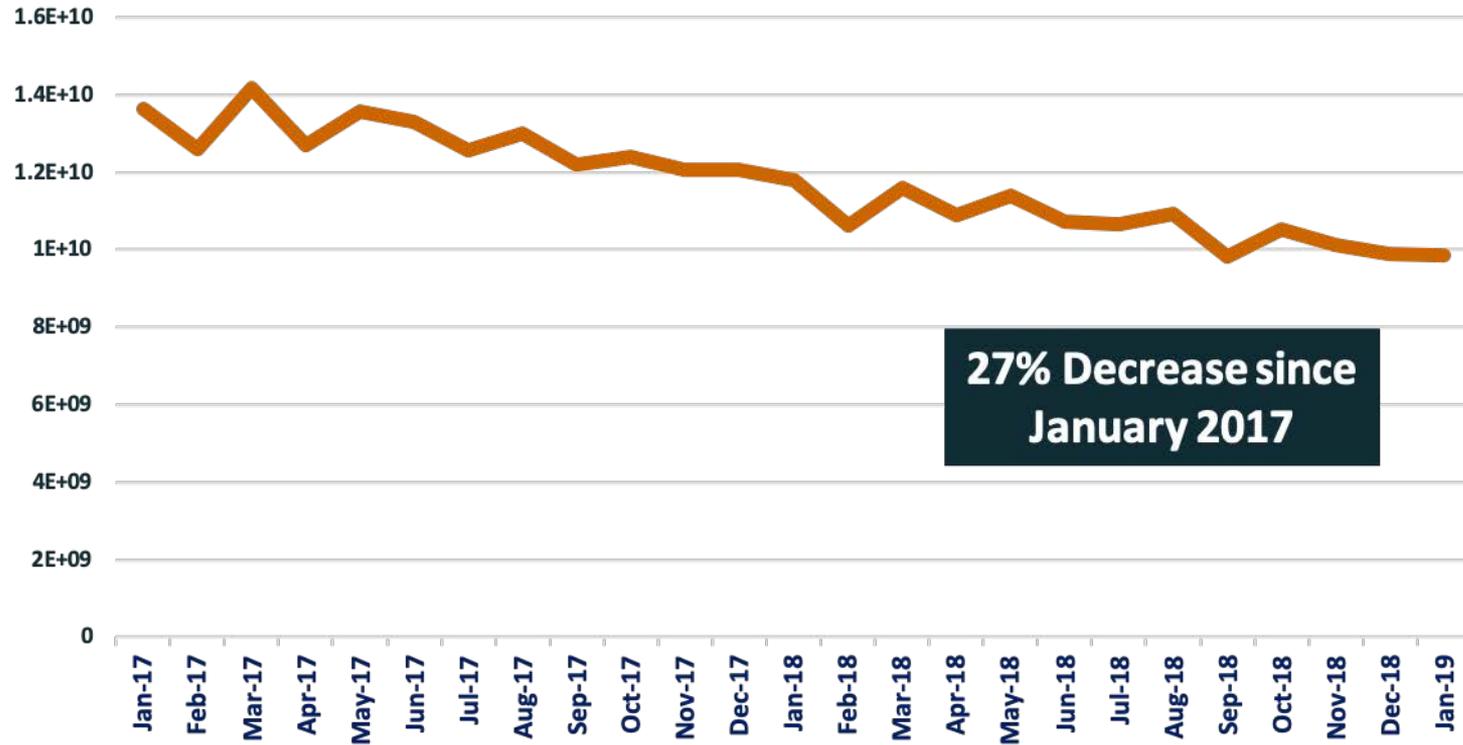


Progress on Prescription Pain Reliever Misuse and Heroin Initiation

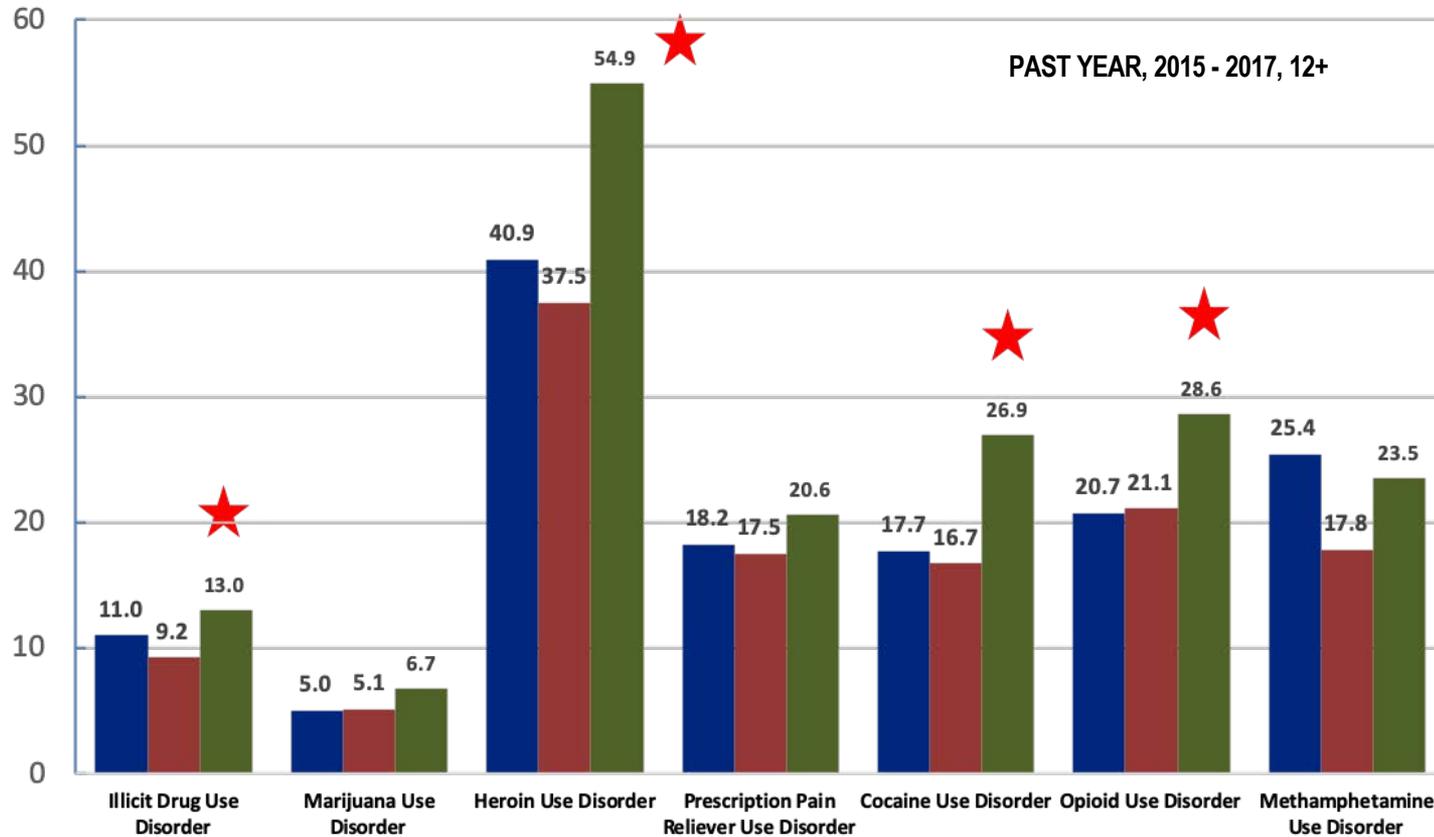


+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Morphine Milligram Equivalents (MME) Prescribed per Month (US)



Specialty Treatment for Illicit Drug Use Disorders



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

The Opioids Crisis Continues

- 11.4 million Americans misusing opioids in 2017
- 2.1 million Americans with Opioid Use Disorder (OUD)
- 55% got treatment for heroin use disorder, 21% got treatment for prescription pain reliever use disorder
- 70,237 drug overdose deaths in 2017, 47,600 (over 2/3) related to heroin and synthetic opioids (e.g.: fentanyl)

What Else Are We Doing at the Federal Level? – Part I

- NIDA/NIH and SAMHSA collaboration on research to identify effective prevention, treatment and recovery interventions to address OUD and reduce opioid-related deaths
- Work with DEA includes training on OUD and collaboration to help with the development of telemedicine regulations that address needs related to OUD
- Collaboration with USDA:
 - SAMHSA supplements to Cooperative Extensions to provide training and education on OUD interventions for rural communities
 - USDA/SAMHSA MOU to rehabilitate foreclosed properties in rural areas into recovery housing

FDA: Ongoing Commitment to Combat the Crisis

The recent passage of the SUPPORT Act has provided the FDA with the authority to:

- Assist in the development of evidence-based guidelines for opioid prescribing to treat acute pain.
- Take new steps to reduce exposure to opioid analgesics by helping to ensure that these drugs are appropriately prescribed, with dose, quantity and treatment durations that match the indication.
- Assess packaging requirements, such as short-duration blister packaging for outpatient dispensing of opioid analgesics.

Evidence-Based Practice Repository in NMHSUPL

National Technical Assistance/Training Centers:

State Targeted Response to Opioids, Providers' Clinical Support System for Medication Assisted Treatment, Clinical Support System for Serious Mental Illness, National Child Traumatic Stress Network, National Center on Substance Abuse and Child Welfare, Center for Integrated Health Services, Veterans, GAINS (Criminal Justice), Disaster, Social Inclusion/Public Education, SOAR, Suicide Prevention, Eating Disorders, Privacy

Combined Efforts at the Regional, State, and Local Levels Oriented to All Health Professionals

Regional Prevention, Addiction, Serious Mental Illness, Collaborating Technology Transfer Centers



Technical Assistance and Training on Evidence-Based Practices:

- PCSS-Universities: embedding the DATA waiver training into pre-graduate practitioner education
- Training on assessment/treatment of SUDs by profession
- Technical assistance on providing treatment for opioid use disorder including medication during incarceration
- Guidance on Recovery Housing
- SAMHSA/NIDA-sponsored review of strong evidence base for medication for treatment of opioid use disorder from the National Academies of Science, Engineering and Medicine

Greater Numbers Receiving MAT

- **Methadone:**
 - 381,867 (March 2017)
- **Buprenorphine: 690,473**
 - 667,408 (December 2018) unique patients through retail or mail order prescriptions
 - 23,065 (March 2017) (from Opioid Treatment Programs)
- **Injectable Naltrexone (Vivitrol):**
 - 74,370 (2018) (data per Alkermes, 2019)

Approximately 1,146,710 patients are currently receiving MAT

Summary

- Opioid crisis will remain a key focus for HHS
- Partnerships forged and continuing with federal/states/stakeholder groups/philanthropists
- Outreach to the American people:
 - Prevention interventions
 - Make evidence-based care widely available and easily accessed
 - Provide the recovery supports that help to rebuild lives and strengthen our communities

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities

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