

# © The Opioid Crisis

## Made in America...Fade in America?

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**McLean Hospital**

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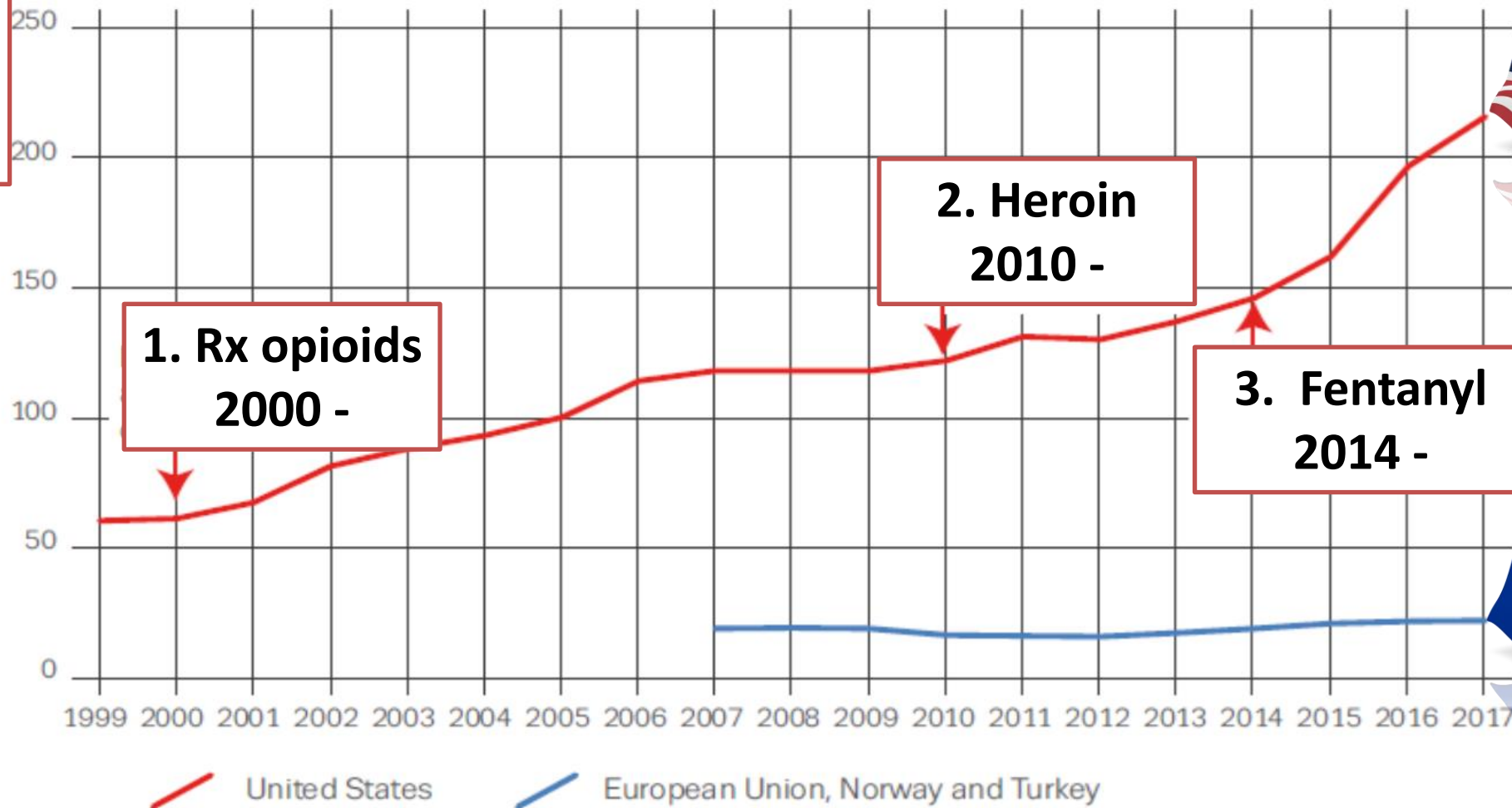
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**McLean HOSPITAL**  
HARVARD MEDICAL SCHOOL AFFILIATE

# The Opioid Crisis is a Uniquely American Challenge

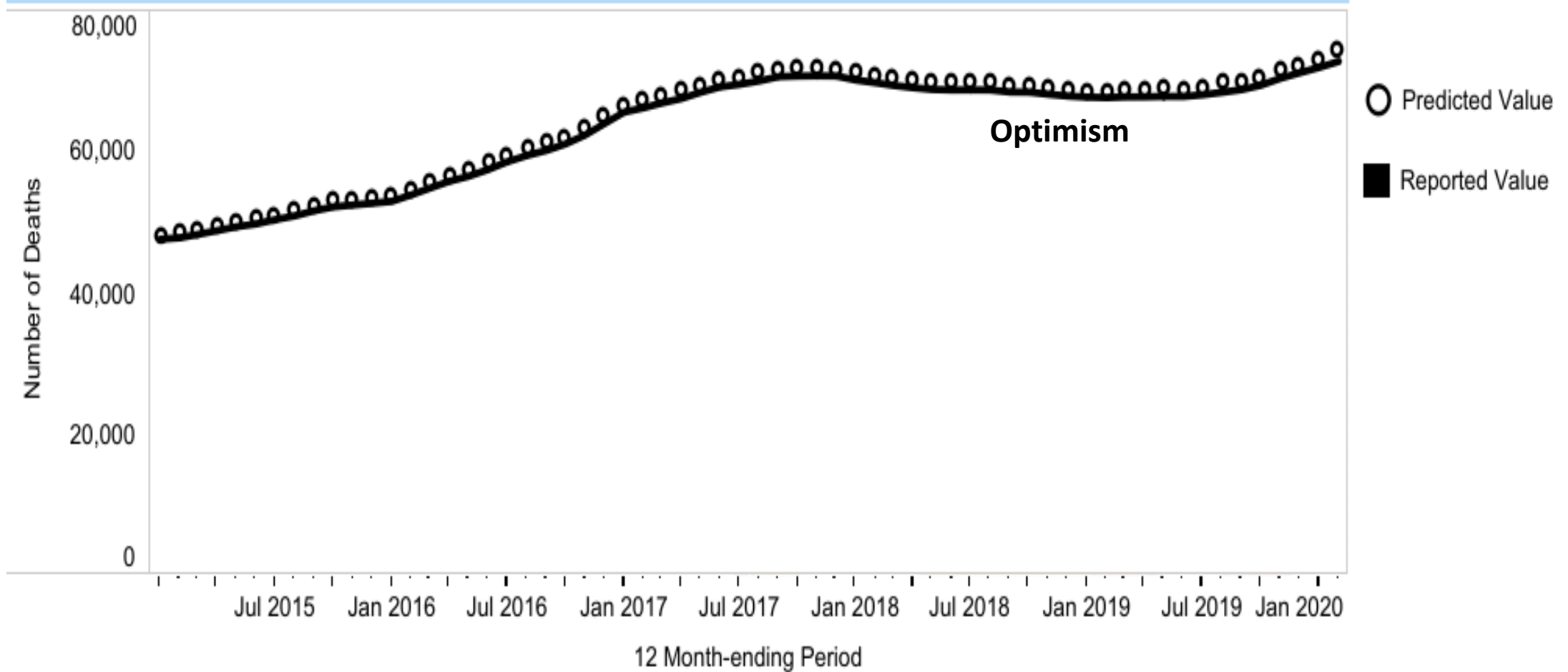
Deaths/  
Million  
population



Note: Age-adjusted overdose death rates. The European trend for all drug-induced deaths rates per million population aged 15-64 is presented.  
Sources: National Center for Health Statistics, National Vital Statistics System, Mortality; EMCDDA. Both adapted by the EMCDDA.

# 2018 Optimism has Reverted to Pessimism 9/13/2020

## 12 Month Provisional Counts of Drug Overdose Deaths



[VSRR Provisional Drug Overdose Death Counts, September 2020](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm)

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

# Root Causes

# Generational Forgetting

For Decades, Prescription Opioids Avoided for “Chronic Pain”



# Low Quality Science as a Catalyst

## 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<sup>1</sup> 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,<sup>2</sup> 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.

# Recent History of Pain Management with Opioids

Pressure on physicians to address pain with opioids increases

**Shift blame to provider**  
If patient has pain...

1990

**Tragedy needless pain**

Patient movement

1996

**Pharma \$\$\$**  
Educating

- Patients
- Clinicians
- Pain Soc.

1998-2000

**VA adopts "Pain: 5th vital sign" and mandates aggressive**

- Pain evaluation
- Pain treatment

2000

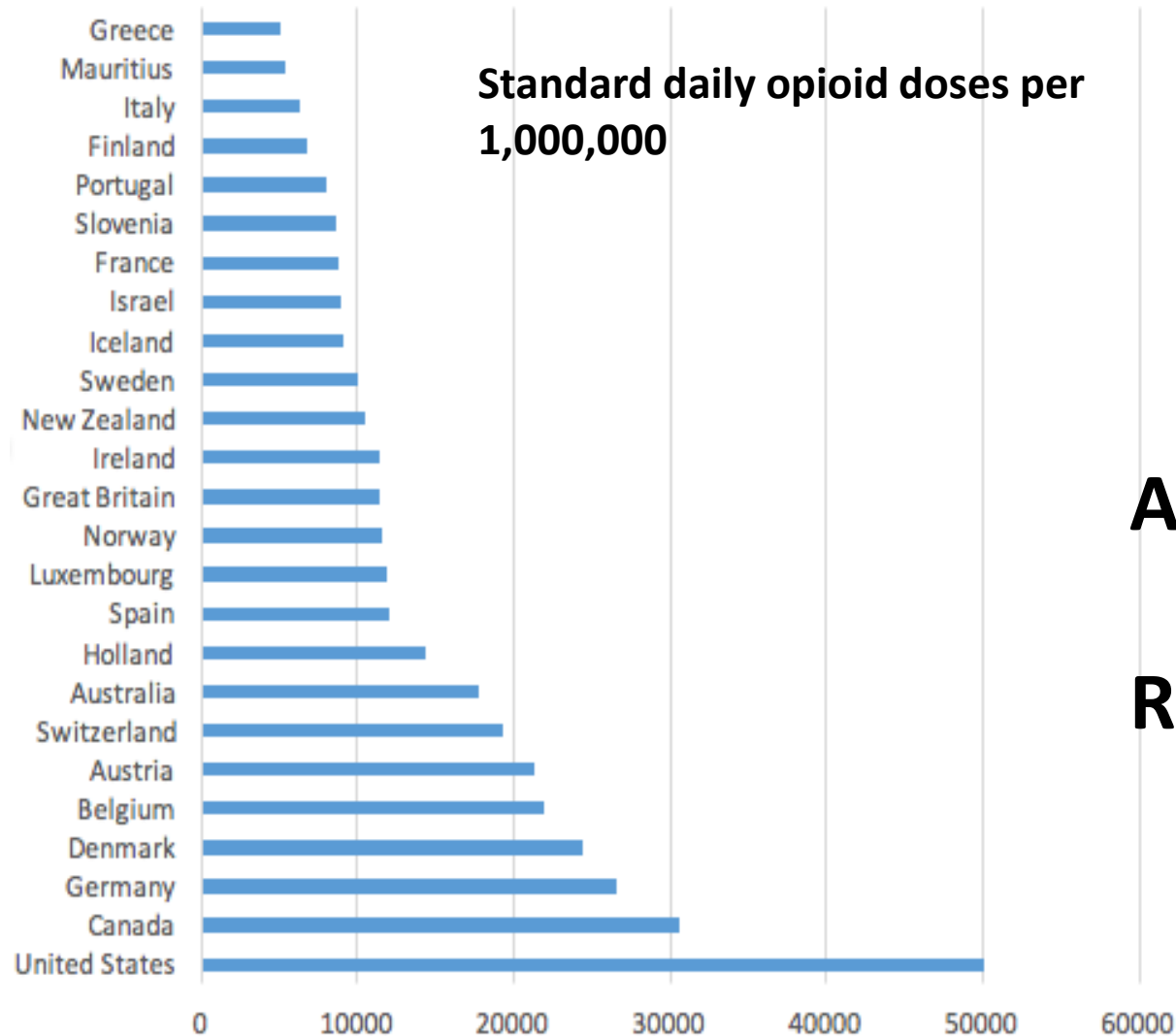
**Joint Commission others, pressure**

- Pain assessment
- Pain treatment
- Patient satisfaction
- To accredit
- To reimburse



# The U.S. Leads the World in Prescription Opioid Daily Doses

Yet, U.S. doesn't have more pain than European nations



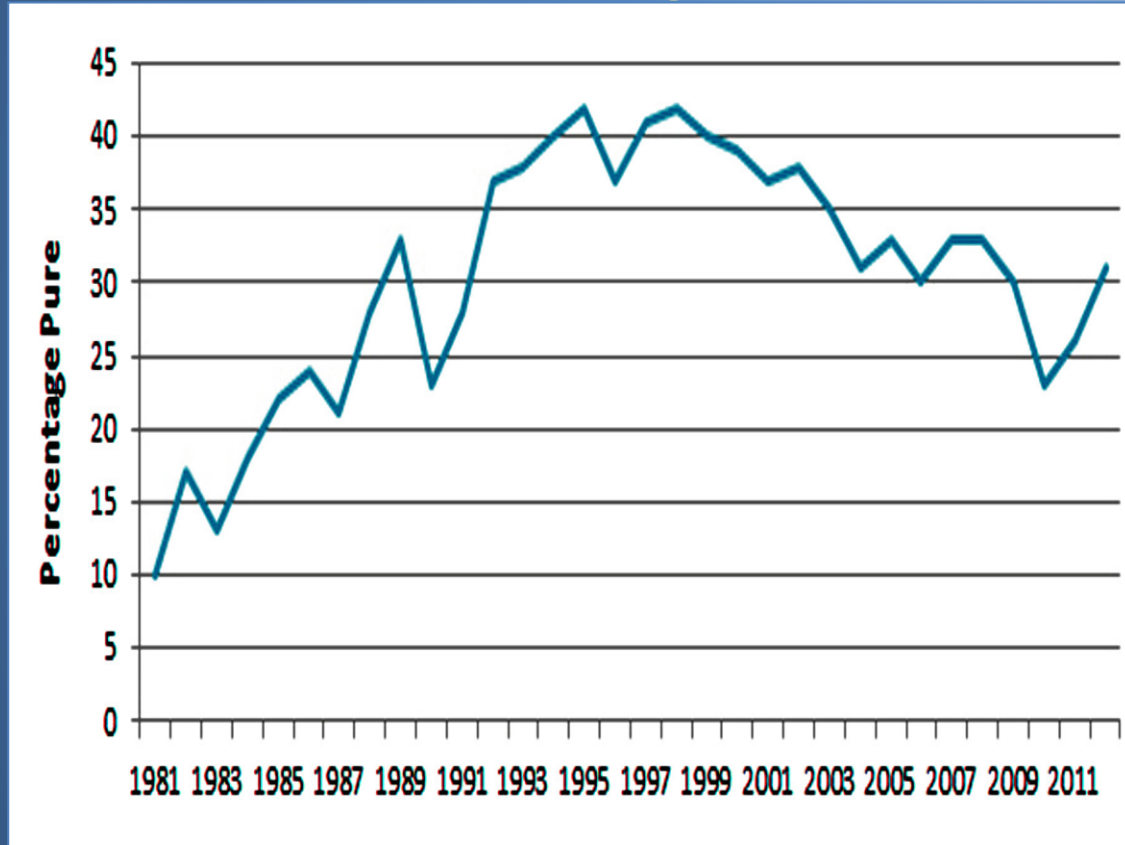
**Average # Rx Opioids ~ 1/5 U.S.**

**Rx opioids increased 300-400%**

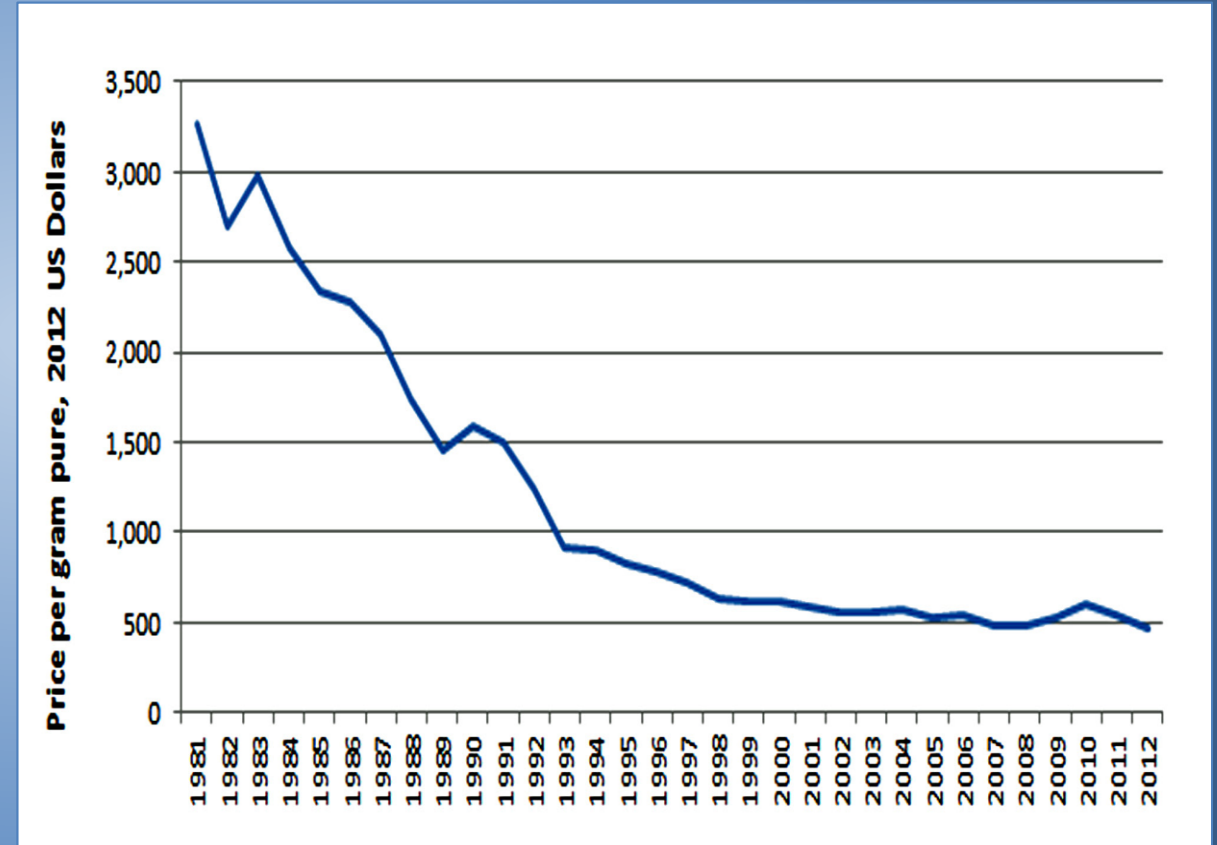


# Conversion from Rx Opioids to Heroin

## Purity



## Price



Source: Institute for Defense analysis and ONDCP

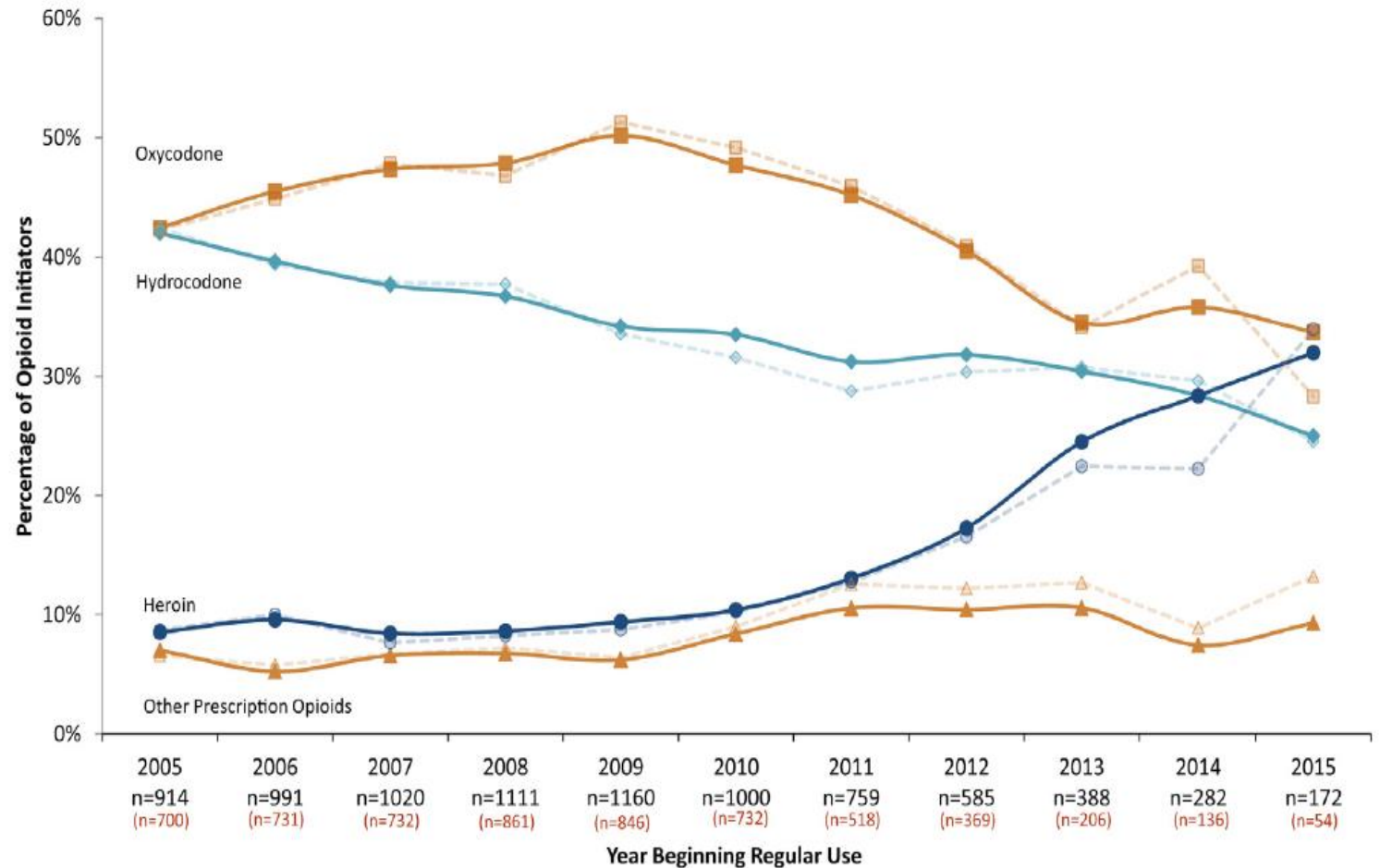
# Conversion from Rx Opioids to Heroin

## Heroin, Fentanyl Changed Landscape

% entering treatment for heroin addiction that initiated with prescription opioids

2005: **91.3%**

2015: **68.4%**



Cicero TJ, Kasper ZA, Ellis MS. Increased use of heroin as an initiating opioid of abuse: Further considerations and policy implications. *Addict Behav.* 2018 Dec;87:267-271.

# Why Fentanyl? Incentives Users, Suppliers

## Users

- Reduced costs?
- Heroin, Rx shortages?
- User preferences?
- Easy buy via Dark Web?

## Suppliers

Drug	Cost/1 kg	Drug Trafficking Org Revenue 1 kg
<b>Heroin</b> (86% pure)	<b>\$5,000-\$7,000</b> From Columbia	<b>\$80,000</b>
<b>Fentanyl</b> (99% pure)	<b>\$3,300-\$5,000</b> From China	<b>\$1,280,000-\$1,920,000</b>



**THE PRESIDENT'S COMMISSION  
ON COMBATING DRUG  
ADDICTION AND THE OPIOID  
CRISIS**

**Roster of Commissioners**

Governor Chris Christie, Chairman  
Governor Charlie Baker  
Governor Roy Cooper  
Congressman Patrick J. Kennedy  
Professor Bertha Madras, Ph.D.  
Florida Attorney General Pam Bondi



# Commission Report

June-Nov 2017

Signing of Bipartisan Legislation  
*"The SUPPORT for Patients and  
Communities Act"*

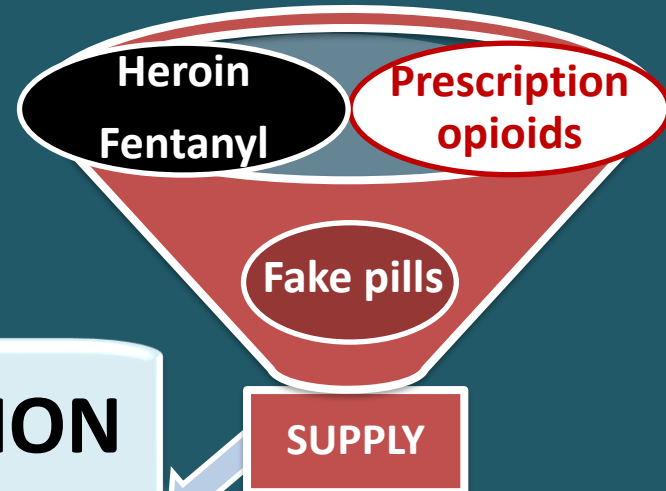
Oct 2018

**Governor Chris Christie, Chair ( NJ)**  
**Governor Charlie Baker (MA)**  
**Governor Roy Cooper (NC)**  
**Congressman Patrick Kennedy (NJ)**  
**Professor Bertha Madras (MA)**  
**Attorney General Pam Bondi (FL)**



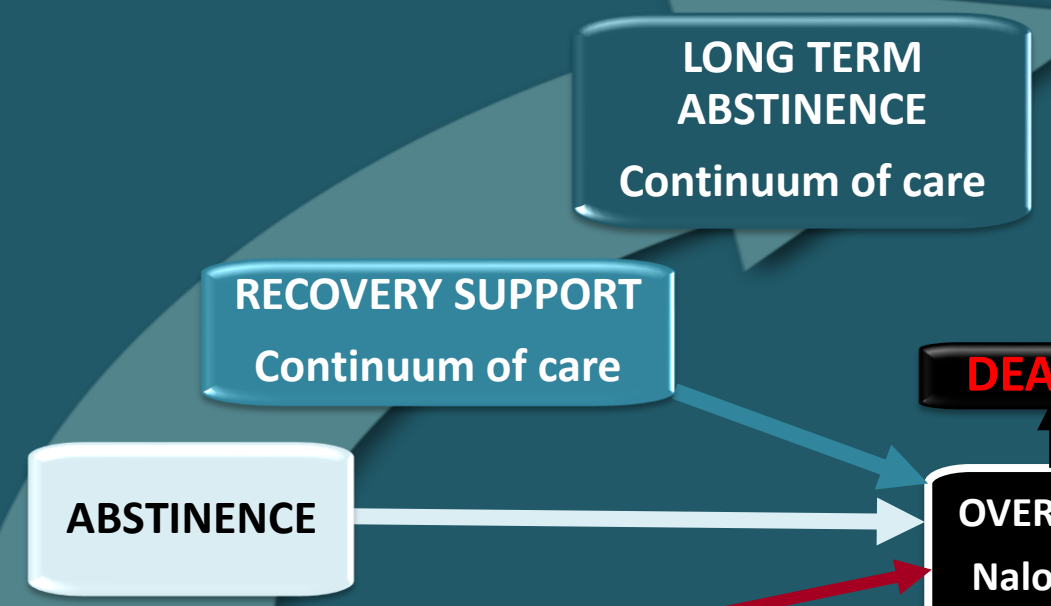
# IMPACT

- Children
- Families
- Workplace
- Imprisoned
- Parolees
- Health
- Safety
- Costs
- Productivity



# PREVENTION

**RISK FACTORS**  
Environment  
Individual  
Drugs



**RELAPSE**

**QUALITY TREATMENT**  
Medications

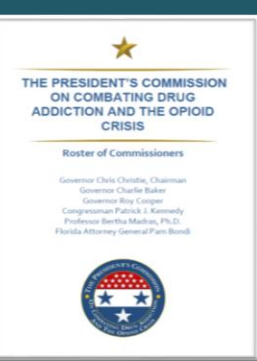
**DETOXIFICATION**  
Withdrawal

**OPIOID USE DISORDER**  
Screening

**INITIATION**  
Screening

**ESCALATION**  
Screening

**DEATH**





# Prevention

## Media Campaign

- Opioids.thetruth.com
- <https://www.youtube.com/watch?v=dbskRwUudzC>

## Screening Youth Assessment

- Screening in office-based practices; referral
- Screening in schools; referral to treatment

## Reduce supplies

- Rx opioids, fentanyl supplies

# Expand Treatment

- **Screening: substance use, mental health** (quality measure)
- **Increase addiction training**
- **Increase treatment capacity**
- **Increase availability of medications**
- **Expand rapidly use of Telemedicine**
- **Recovery support services**
- **Treatment within 24-48 hours after rescue**





# **Improve Treatment**

- **Comply with parity laws**
- **Quality standards**
- **Quality outcome measures**
- **Reimburse true costs**
- **Quality Recovery Homes**
- **Recovery coach training**
- **Medical education**

# Improve Government Response

**Expand Good Samaritan Laws**

**Reduce Supply at All Sources**

**Fill Narcan Rescue, Reporting Gap**

**Increase MAT in Criminal Justice**

**More Federal Drug Courts**

**Issue Uniform Block Grants**

**Fill Treatment, Recovery Gaps**

**Help families, pregnant women, children, college students, workers, prisoners**

# **Prevention:**

**Reduce  
Supply  
Heroin  
Fentanyl**

**Increase sentencing penalties  
for fentanyl trafficking**

**Target counterfeit pill producers**

**Implement STOP Act**

**Regulate pill presses**

**Technology for border  
protection; postal service**

**Prevent diversion of Rx opioids**

# Use Big Data Analytics to Support Solutions

**Prevention  
attitudes and messaging**

**Supply of all sources  
- resources**

**MAT availability and gaps**

**Real-time overdoses and deaths**

**Prescribing feedback to  
physicians**

**Narcan rescue gaps**

**Treatment slots, insurance gaps,  
compliance**

# Research and Development

**Better medications to treat OUD**

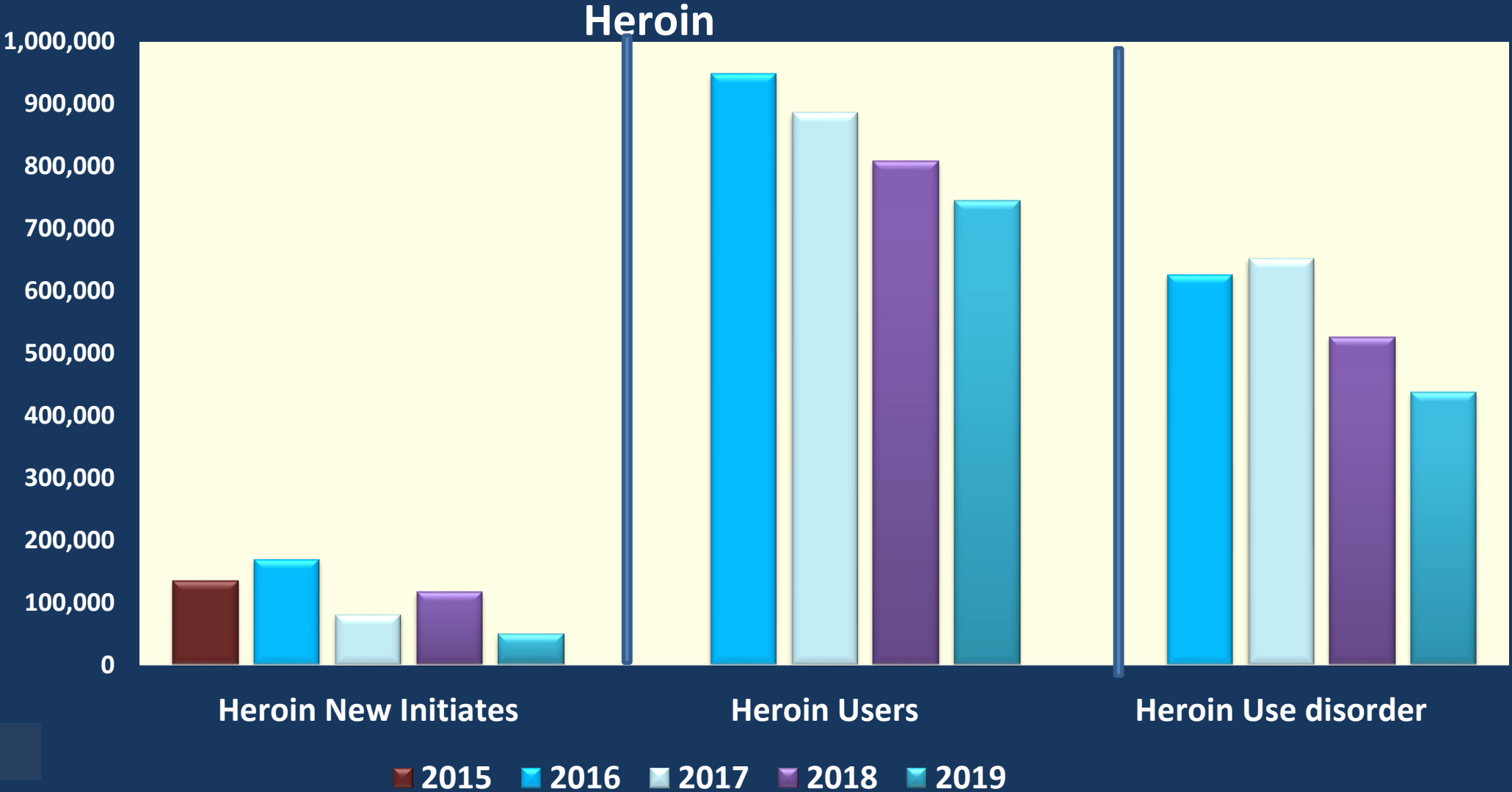
**Safer, non-addictive alternatives to opioids**

**Improved rescue drugs for high potency agonists**

**Electronic Devices for pain, treatment, rescue**

**RTC Improve delivery of interventions, PDMP, MAT**

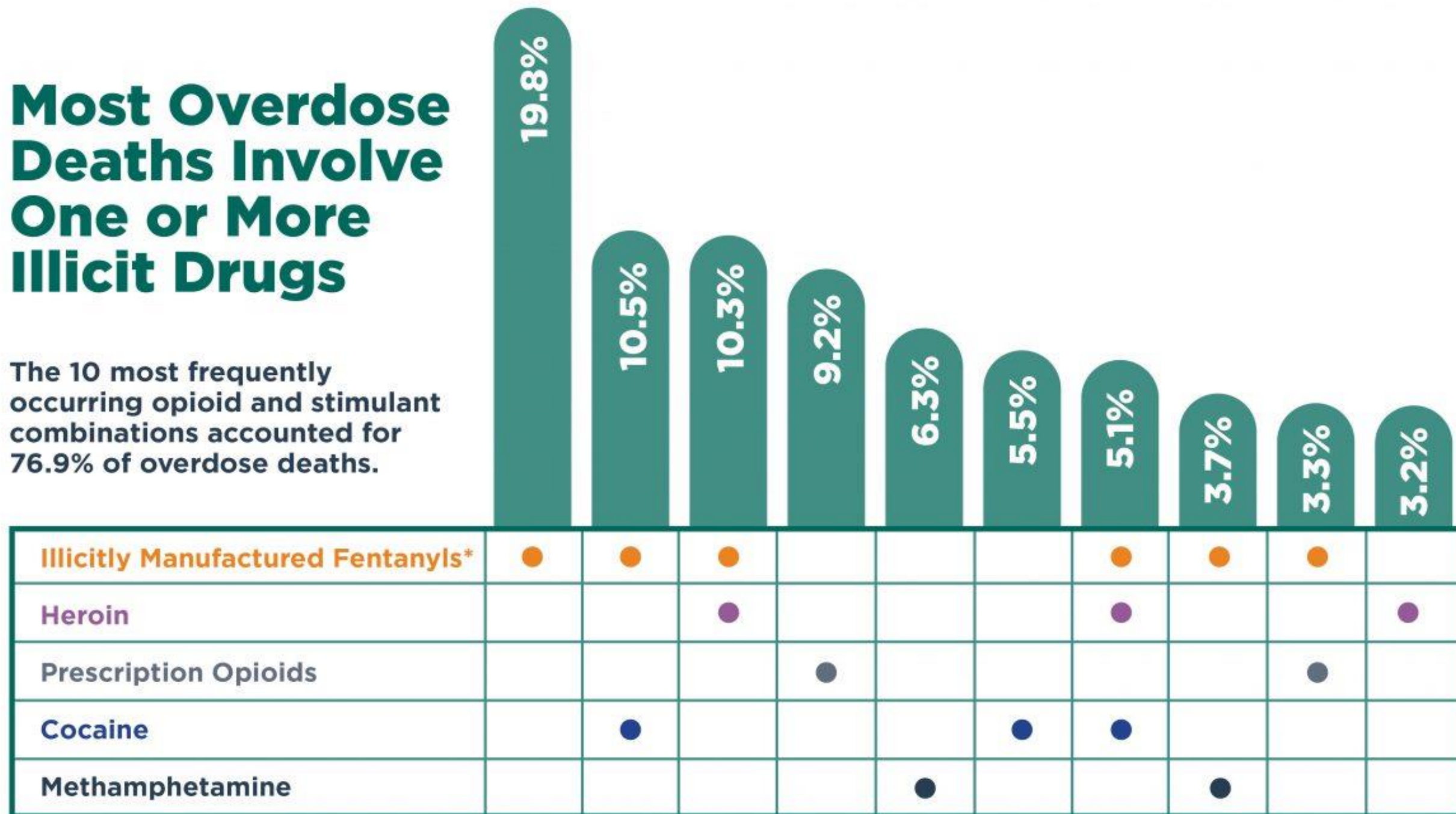
# Some Optimism: Heroin and Rx Opioids



NSDUH

# Most Overdose Deaths Involve One or More Illicit Drugs

The 10 most frequently occurring opioid and stimulant combinations accounted for 76.9% of overdose deaths.





# Some Progress

- **37.1% Decrease in opioid prescriptions: 244.5M (2014) -153.7M (2019)**
- **Naloxone prescriptions 2019: 1,000,000; increase from 6,588 (2015)**
- **100,000's physicians accessing CME courses: SUD, pain management**
- **Buprenorphine certification rose 50,000: >85,000+ physicians and HCP certified for Rx buprenorphine in-office since 2017**

1. QVIA Xponent market research services. ©IQVIA 2020. All rights reserved. 2 Emergent Biosolutions; Xponent IQVIA. Data received June 8, 2020. On file with author. 3 AMA Fact sheet: Physicians' and health care professionals' use of state PDMPs increases 64.4 percent from 2018 to 2019; 739 million queries in 2019. The state-by-state data is available at <https://endoverdose-epidemic.org/wp-content/uploads/2020/07/AMA-Fact-Sheet-PDMP-use-and-registration-increase-2014-2019-FINAL.pdf> 4 [www.samhsa.gov/medication-assisted-treatment/training-materials-resources/practitioner-programdata](http://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/practitioner-programdata), accessed June 30, 2020. 5 Suffoletto B, Zeigler A. Risk and protective factors for repeated overdose after opioid overdose survival. *Drug and Alcohol Depend.* 2020;209:107890. 6 American Board of Pain Medicine, "Second Annual Survey of Pain Medicine Specialists Highlights Continued Plight of Patients with Pain, And Barriers To Providing Multidisciplinary, Non-Opioid Care." Available at <http://abpm.org/component/content/article/296> 7 Id.

# Barriers to Treatment, Transitions

- Provider
- Institutional
- Regulatory
- Financial
- Transitions of Care

# Along Came Covid-19: What Testing Industry Shows

**Drug testing rates have decreased (facilities closed)**

- 70% decline

**Drug positivity rates have risen**

- fentanyl, heroin, nonprescribed opioids

**Fentanyl positives with other drugs has risen**

- amphetamines, benzodiazepines, cocaine, opioids

**Stay-at-home orders, reduced access to routine testing**

- may hide extent of crisis

# Health Risks of Covid-19 and Opioid Use Disorders

**Inhalation:** aerosolized respiratory fluid

**Breathing:** opioids, virus suppress breathing

**Lung function:** Smoking can compromise

**Immunosuppress:** Alcohol, other drugs

# Social Risks of Covid-19 and Opioid Use Disorders

*LIFE  
PURPOSE*

JOB LOSS

L

*OVERDOSE  
RESCUE*

LESS LIKELY

O

*SUPPORT  
SYSTEMS*

REDUCED

*Treatment  
Support*

S

*SOCIAL*

ISOLATION

DEPRESSION

S

*ENVIRONMENT*

CROWDING

*Homelessness  
Prison*

E

*OFFICE-BASED  
TREATMENT*

REDUCED

M

# Weaknesses: Opioids in Criminal Justice System

- **Opioid use detainees:** >25% in state prisons or jails (old data)
- **Overdose-related mortality risk:** very high (130-fold) in first reentry weeks
- **Complex solutions:** mental, physical health comorbidities, infectious diseases

**National Association for Drug Court Professionals released guidance in 2019 encouraging drug courts to offer all three forms of medications**

**The American Opioid Epidemic in Special Populations: Five Examples**

**Carlos Blanco, MD, PhD**, National Institute on Drug Abuse; **Mir M. Ali, PhD**, Office of the Assistant Secretary of Planning and Evaluation; **Aaron Beswick, MSW, MPH**, Health Resources and Services Administration, Federal Office of Rural Health Policy; **Karen Drexler, MD**, Veterans Affairs Administration; **Cheri Hoffman**, Office of the Assistant Secretary for Planning and Evaluation; **Christopher M. Jones, PharmD, DrPH**, Centers for Disease Control and Prevention; **Tisha R. A. Wiley, PhD**, National Institute on Drug Abuse; **Allan Coukell**, CivicaRx; and the **Prevention, Treatment, and Recovery Working Group** of the Action Collaborative on Countering the U.S.

Opioid Epidemic **NATIONAL ACADEMY OF MEDICINE** October 26, 2020

# To Improve Care for Justice-involved People

- **Treatment needs:** identify, connect to care *prior to, during, after* incarceration
- **Drug courts:** reduced drug-related recidivism ~50% to 37% 3y post-court
- **Success:** depends on case, staff quality, MAT, providers
- **Gaps:** significant gaps in providing treatment via drug courts
- **Expand:** drug court models, medications and social services
- **Develop:** Standards of consistency, quality drug courts

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# Opioid Crisis: Lessons Learned

**Government regulations failed to protect public**

- **Vast sums of money spent to promote**
- **Promoted for many medical conditions**
- **Promoted as safe and not addictive**
- **No scientific evidence for chronic use**
- **Advocates received attention, not opponents**
- **Addiction, diversion were not anticipated**
- **High potency drugs flooded nation**
- **Medical education lagged far behind**
- **Pandemic creates novel challenges**