

CSAM

Addiction Medicine: State of the Art 2009

**“New Federal Initiatives in
Addressing Prescription Drug
Abuse”**

**October 9, 2009
San Francisco, CA**

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Substance Abuse Mental Health Services
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U.S. Department of Health & Human Services**



President Barack Obama

“...the choice isn’t between health care reform and fiscal discipline; we have to invest in health care reform in order to deliver fiscal discipline.”

March 25, 2009



“At the Department of Health and Human Services we have a simple mission: protect the health of the American people and provide essential human services, especially for those who are least able to help themselves.”

Kathleen Sebelius
Secretary

U.S. Department of Health & Human Services

May 5, 2009

Substance Abuse and Mental Health Services Administration/CSAT

SAMHSA's Mission:

- To build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

Center for Substance Abuse Treatment (CSAT)

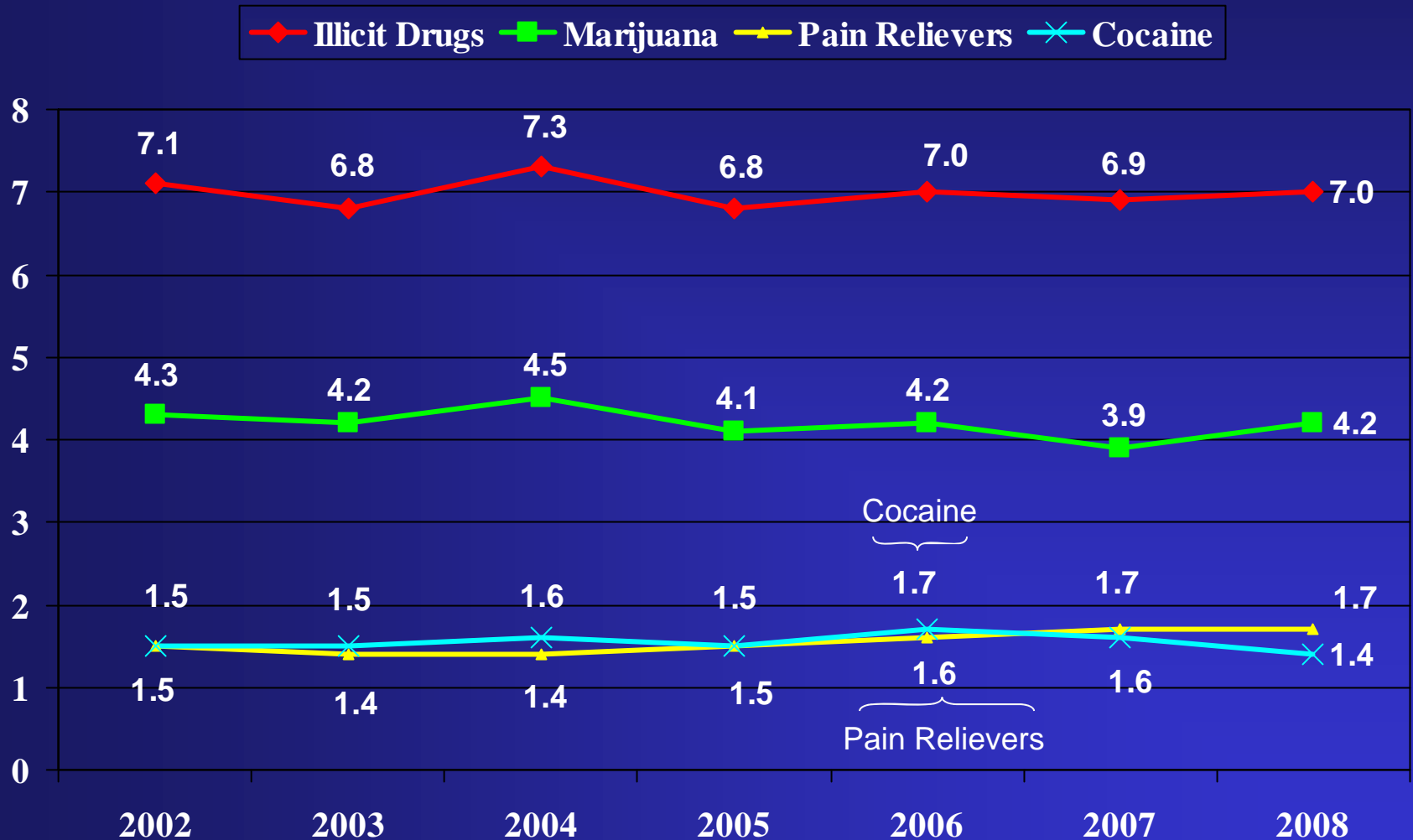
Mission:

- To improve the health of the nation by bringing effective alcohol and drug treatment to every community.

SAMHSA's Role in Fighting Prescription Drug Misuse and Abuse

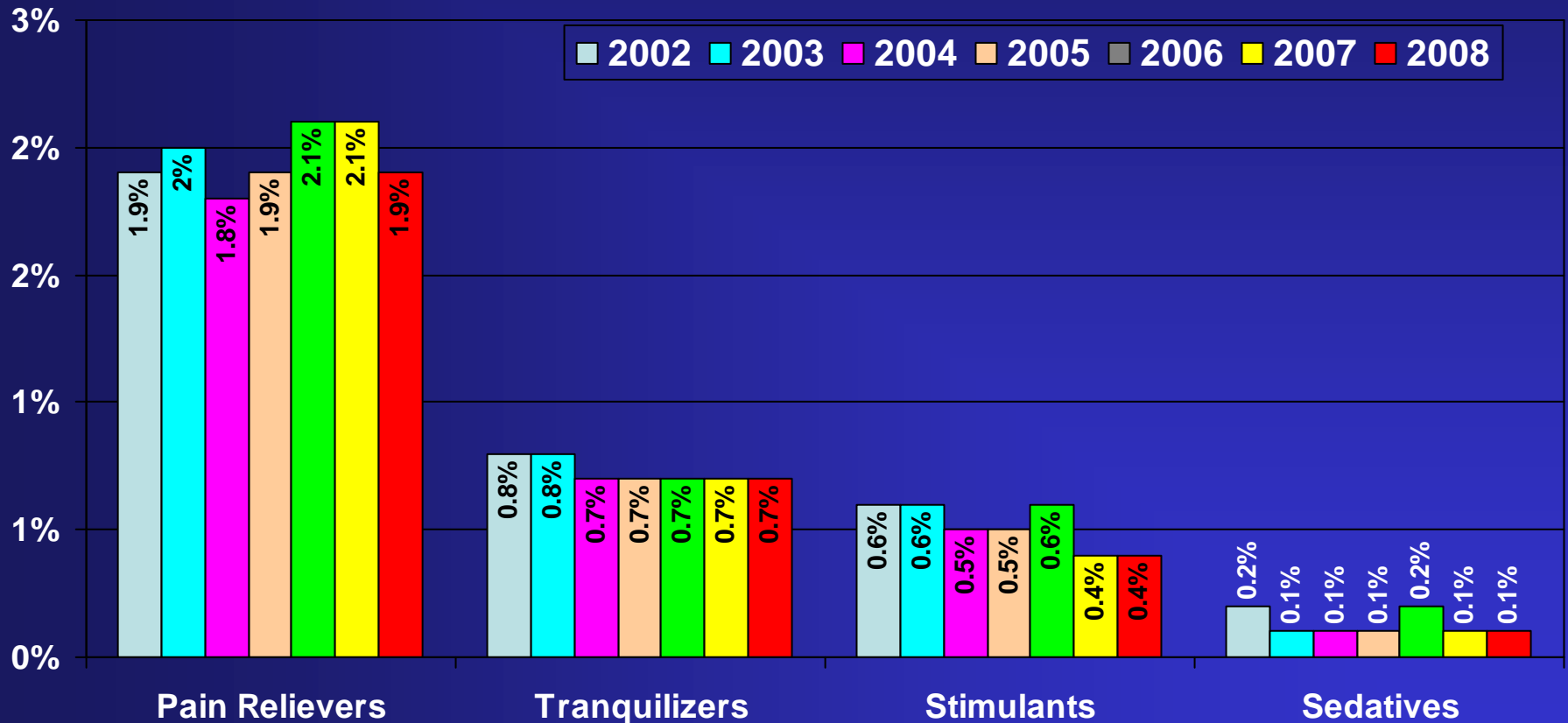
- At a policy level, the Substance Abuse and Mental Health Services Administration (SAMHSA) works to ensure that science, rather than ideology or anecdote, forms the foundation for the Nation's addiction treatment system.
- SAMHSA and its component Centers serve health professionals and the public by disseminating scientifically sound, clinically relevant information on best practices in the treatment of addictive disorders, and working to enhance public acceptance of that treatment.

Dependence on or Abuse of Selected Illicit Drugs



Past Month Nonmedical Use of Prescription Drugs (Psychotherapeutics) among Persons 12+:2002-2007

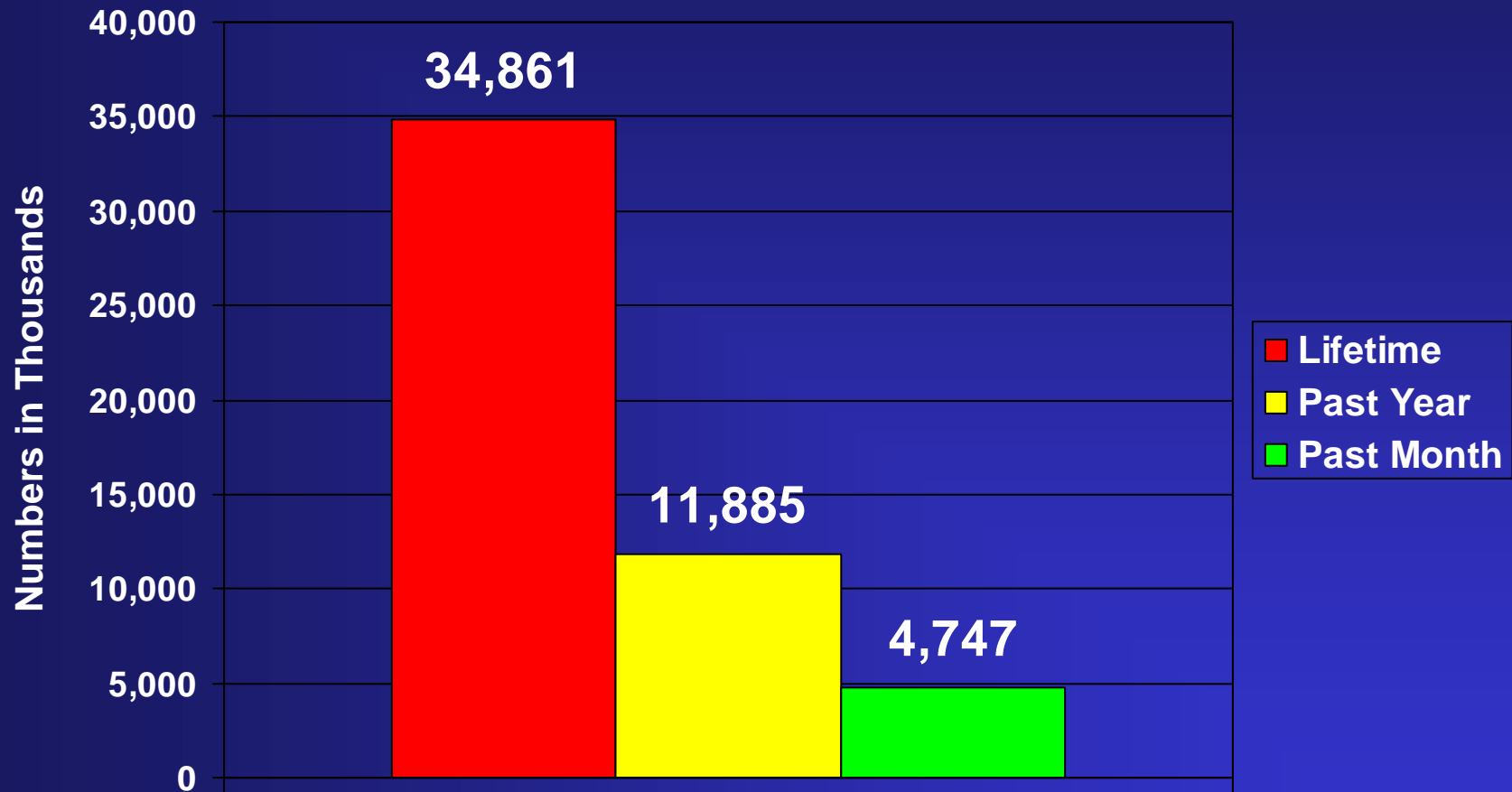
Percent Using in Past Month



Polydrug Abuse

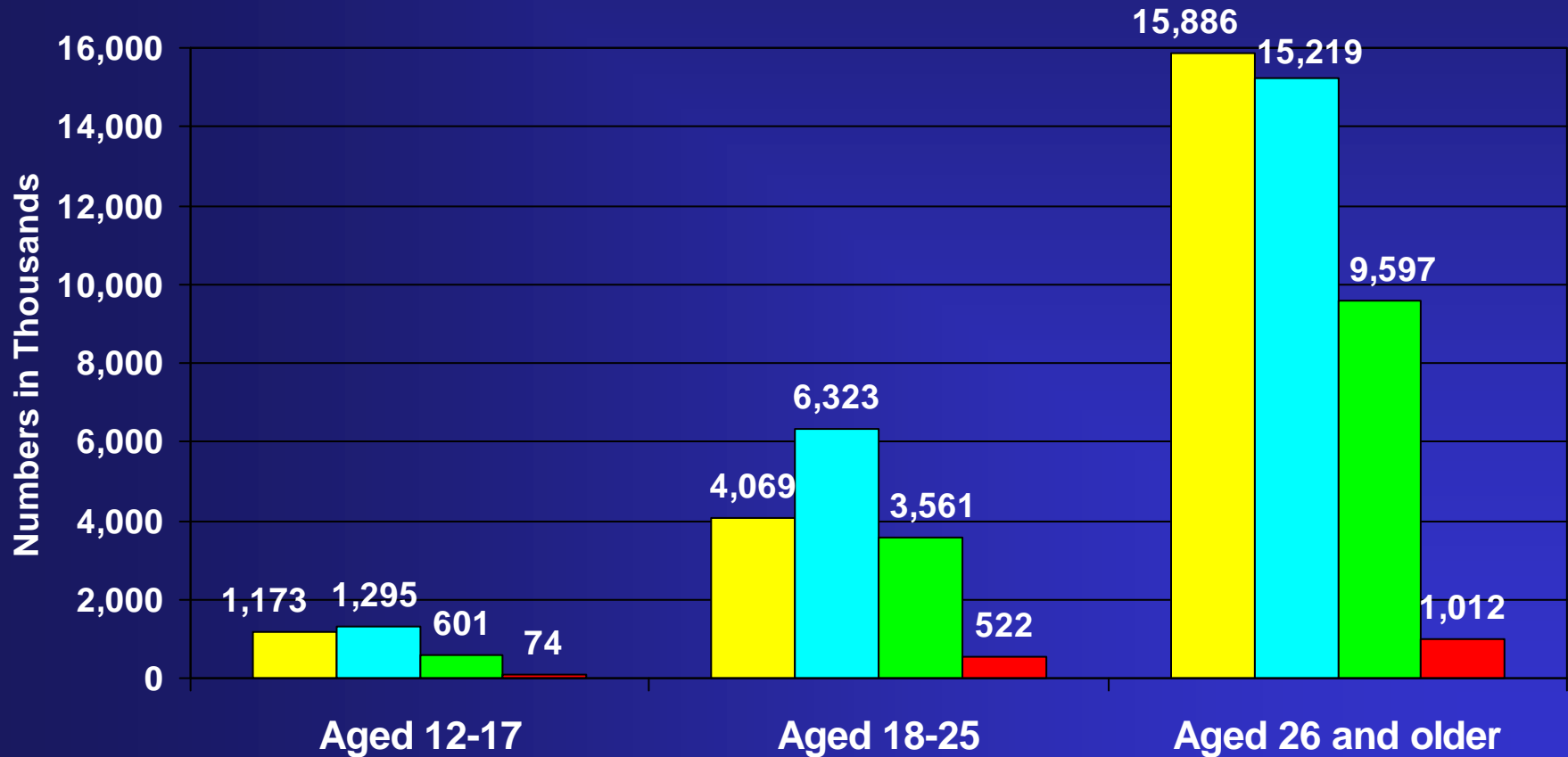
- According to 2007 TEDS data, polydrug abuse was more common among treatment admissions than was abuse of a single drug.
- 56% of TEDS admissions reported polydrug abuse.
 - Alcohol and opiates were reported more often as primary substances than as secondary or tertiary substances.
 - 24% of all admissions involved opiate abuse, with 18% reporting primary abuse and 6% reporting secondary or tertiary abuse.

Nonmedical Use of Pain Relievers in Lifetime, Past Year, and Past Month: 2008



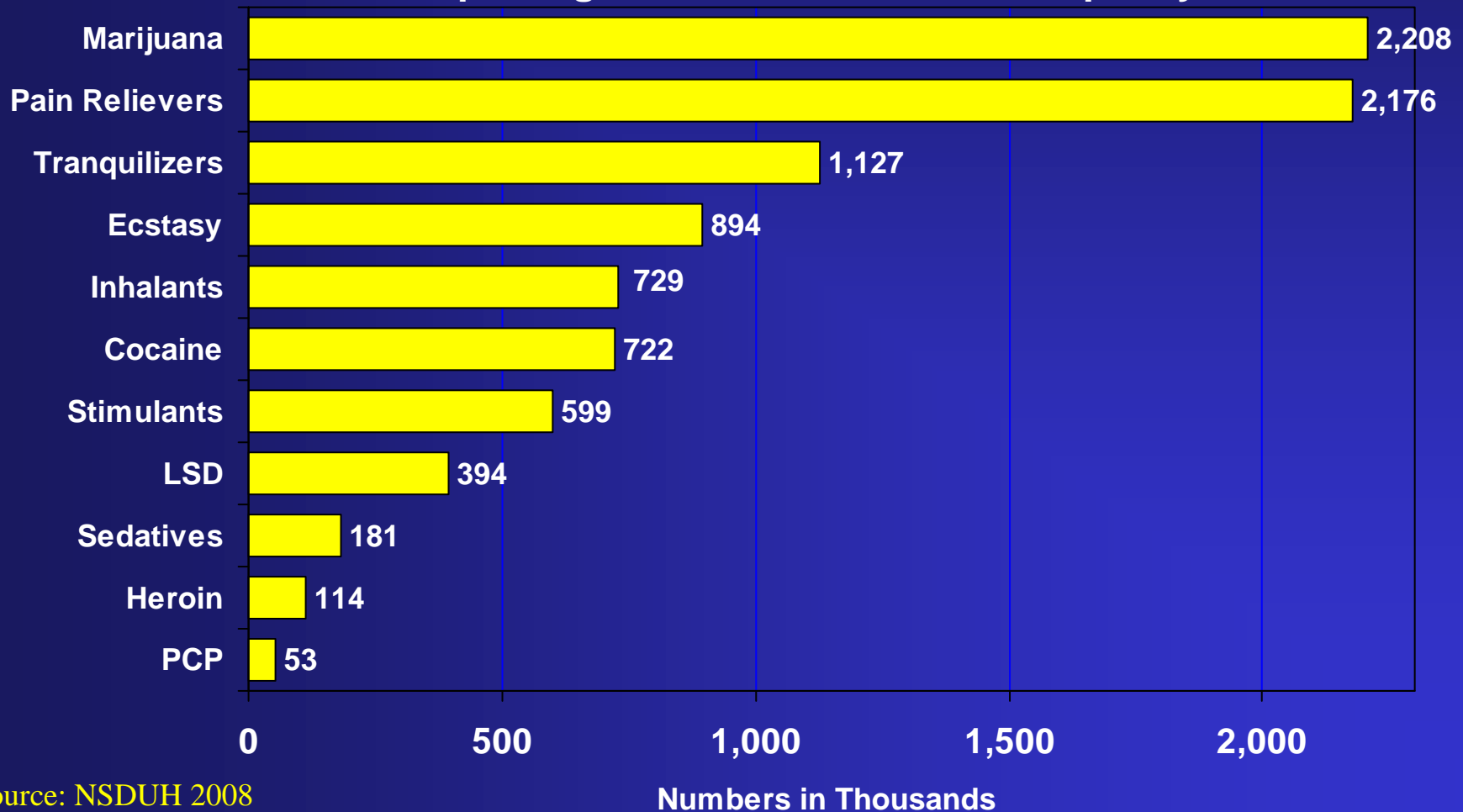
Nonmedical Use of Selected Pain Relievers in Lifetime by Age Group, Numbers in Thousands, 2007

■ Propoxyphene or Codeine Products ■ Hydrocodone Products
■ Oxycodone Products ■ Tramadol Products

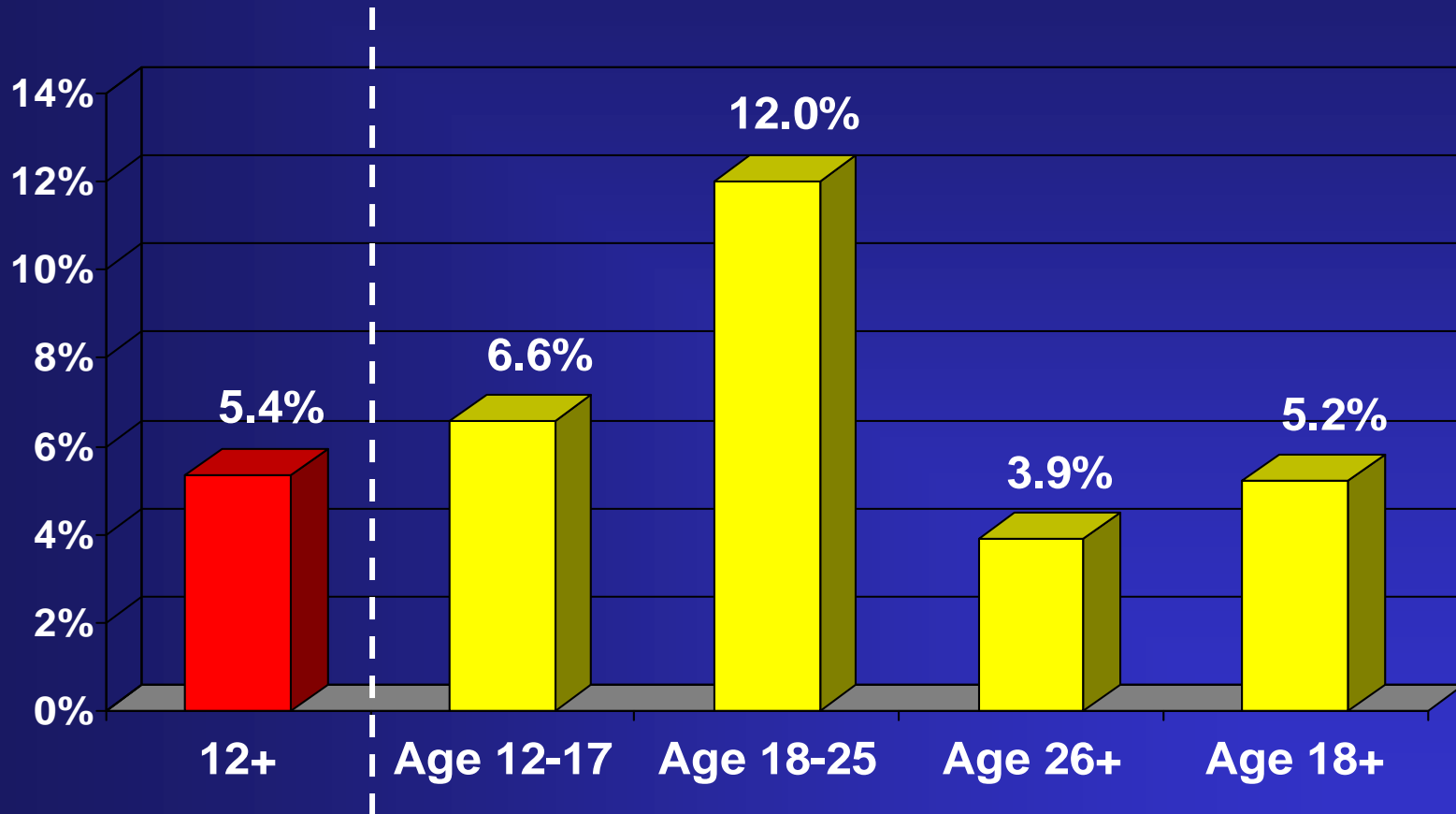


Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or older: 2008

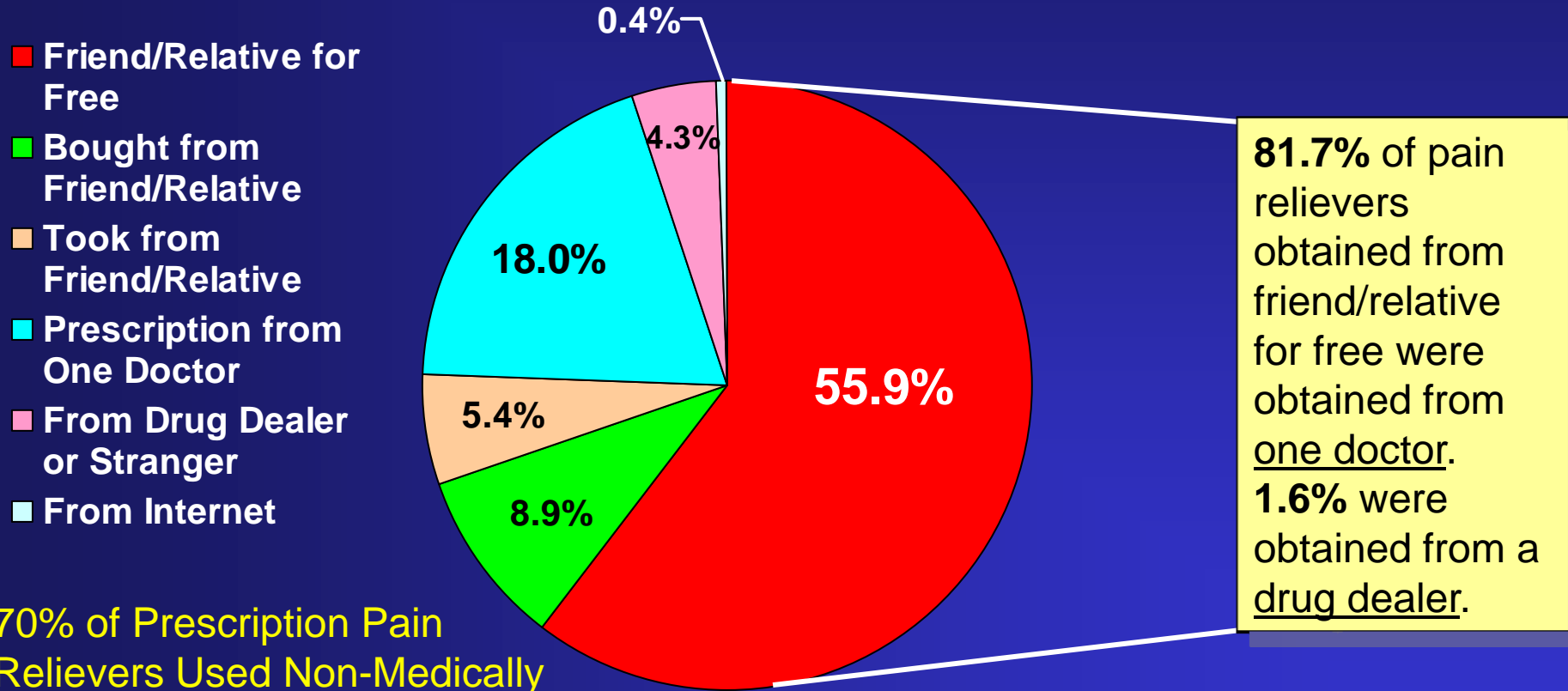
Number of Individuals reporting first use of substance in past year



Past Year Nonmedical Pain Reliever Use - California



Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2008



70% of Prescription Pain Relievers Used Non-Medically Come from Friends or Relatives

The “One Doctor” Source for Prescription Drugs

- According to NSDUH 2008 data, only 1 in 20 nonmedical users (4.3%) of prescription pain relievers got them from a drug dealer.
- In most cases, prescription drugs obtained for nonmedical purposes originated from a single doctor – rather than from multiple sources.

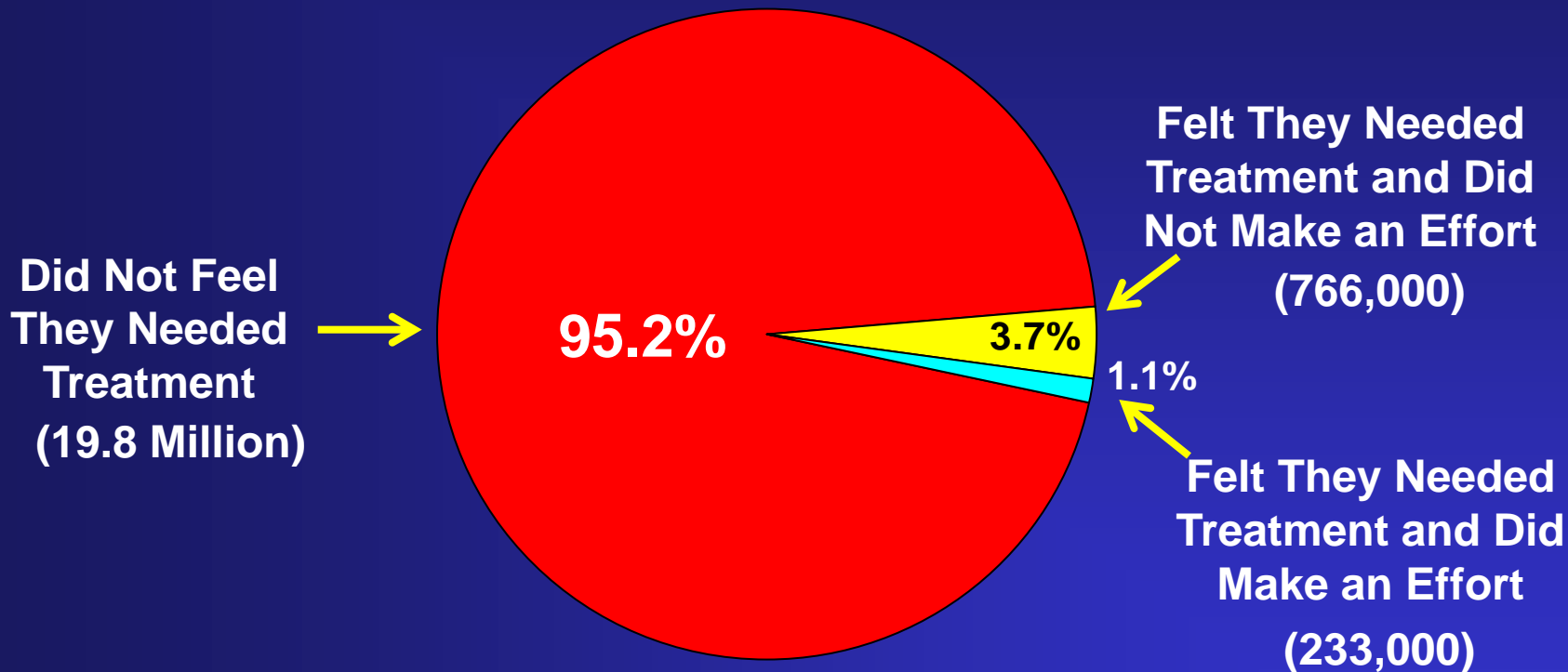


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Increased Issuance of Stimulant Prescriptions

- An FDA study reported a four-fold increase in stimulant prescriptions between 2000 and 2004,
- From 2002 to 2005 the study found a 90% increase in adult use of stimulant prescriptions.
- The study concluded that both of these trends are likely to continue in the years to come.

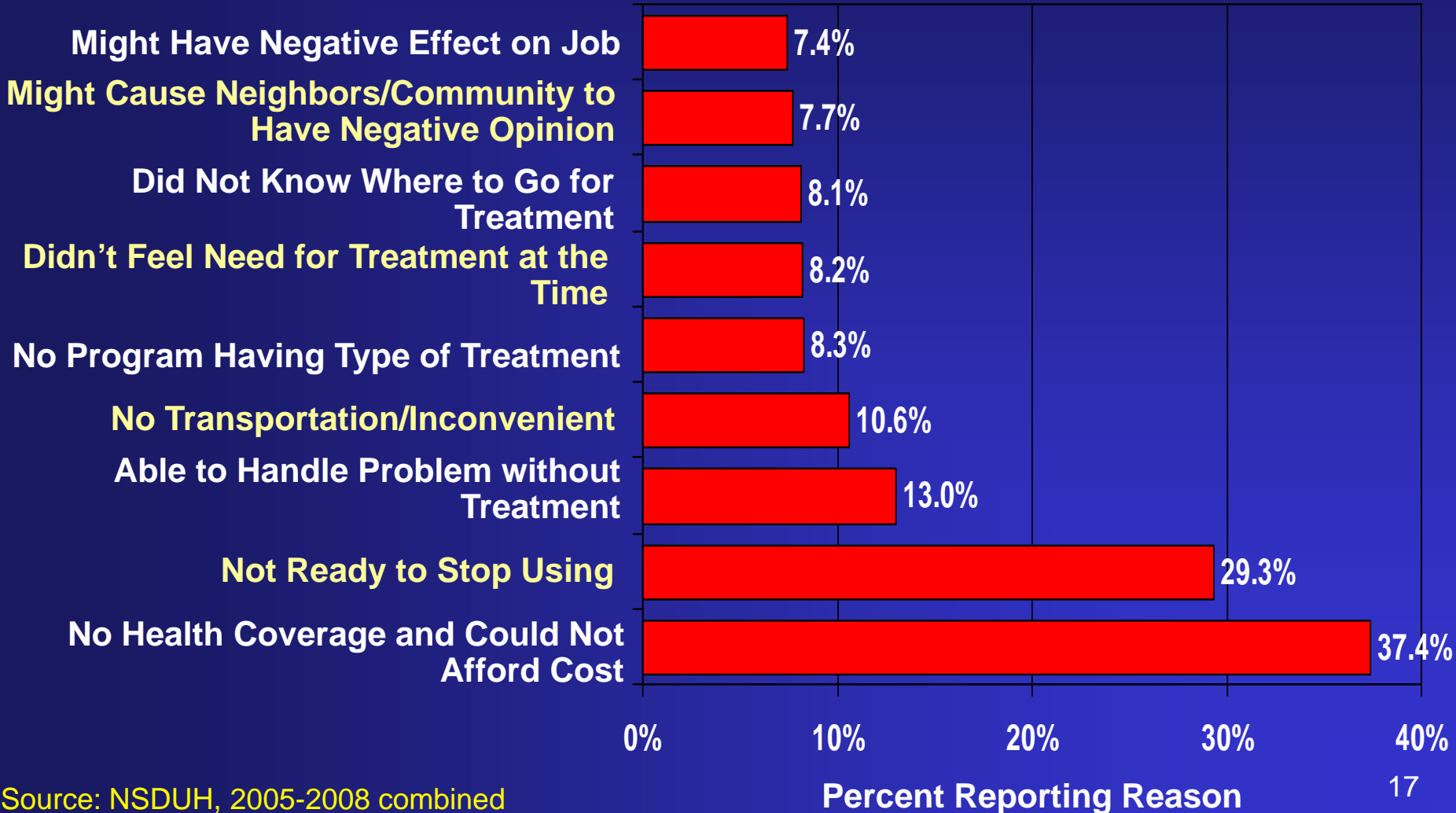
Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2008



20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

Reasons for Not Receiving Substance Use Treatment: Persons Aged 12+

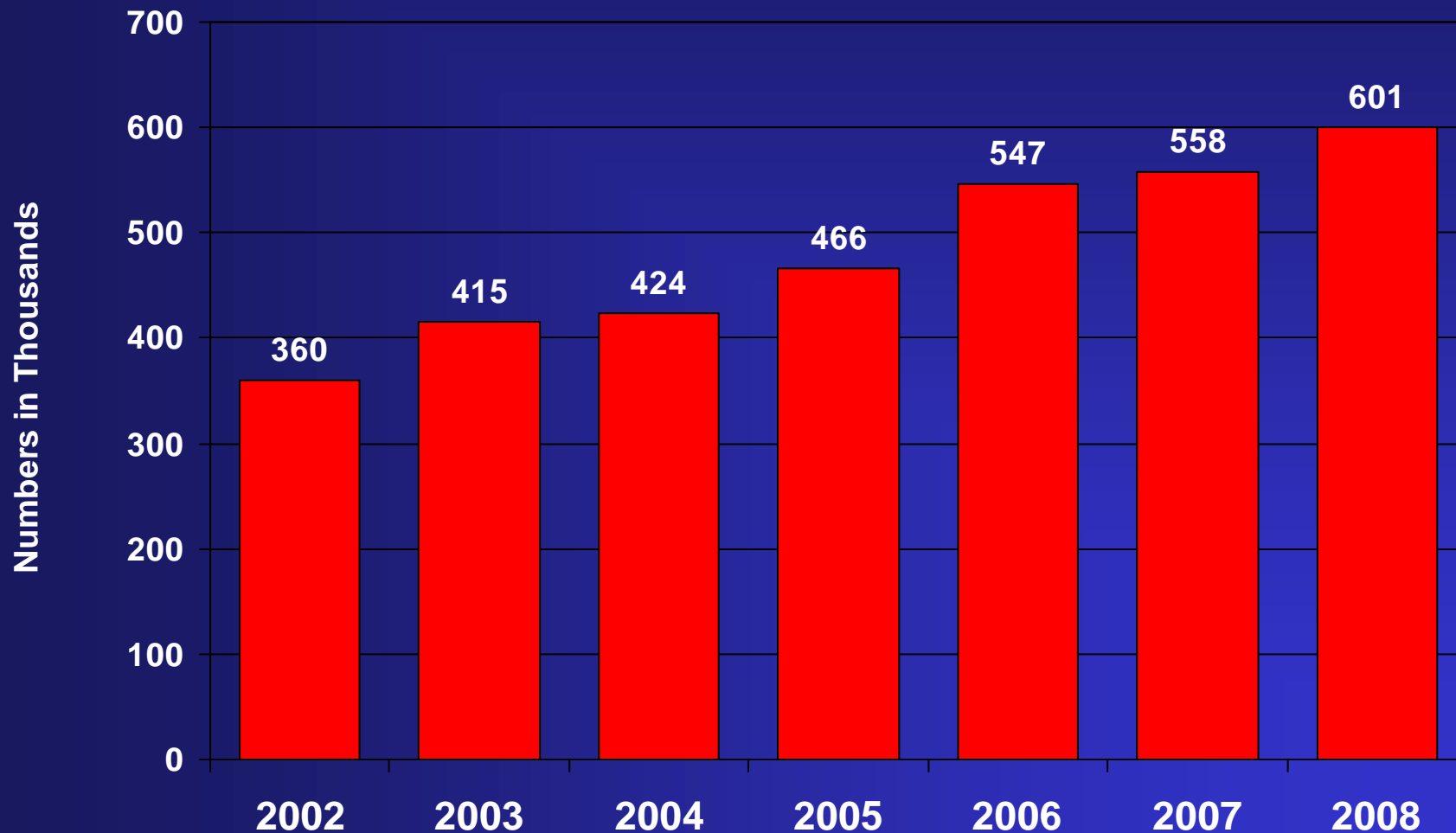
Those who Needed & Made the Effort to Get Treatment But Did Not Receive Specialty Treatment



Past Year Treatment Admissions for Substance Use Problem

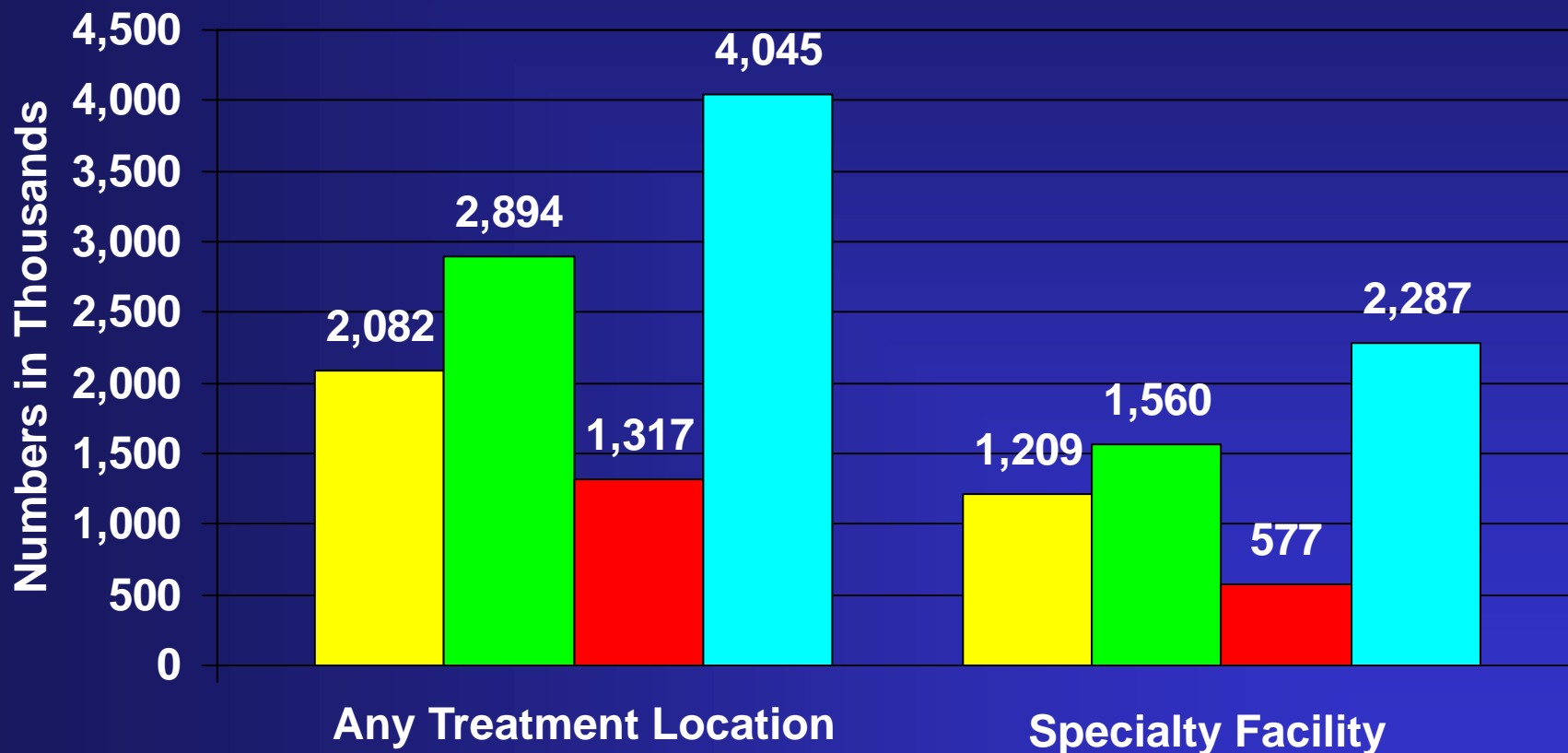
- In 2007, there were 1.8 million admissions (12 & older) for treatment of abuse of alcohol and drugs in facilities that report to individual State administrative data systems.
 - 143,921 admissions received treatment for stimulants (a decrease compared to 159,819 in 2006)
 - 9,949 admissions were for tranquilizers, and
 - 4,210 for sedatives/hypnotics

Received Most Recent Treatment in the Past Year for the Use of Pain Relievers: Individuals Aged 12+



Individuals (12 & older) Who Received Treatment for Substance Use: 2008

■ Illicit Drugs*
 ■ Alcohol
 ■ Both Illicit Drugs & Alcohol
 ■ Illicit Drugs OR Alcohol**

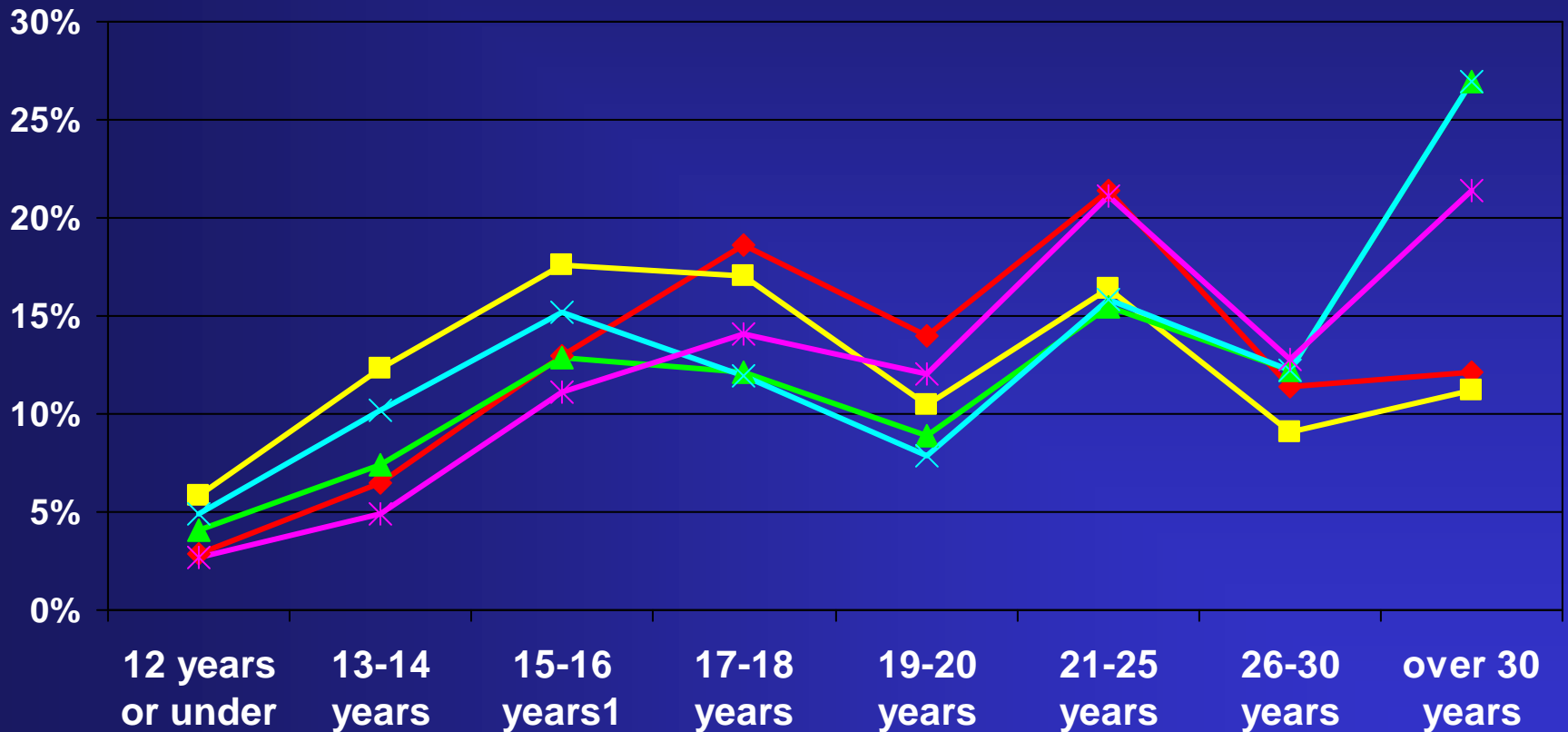
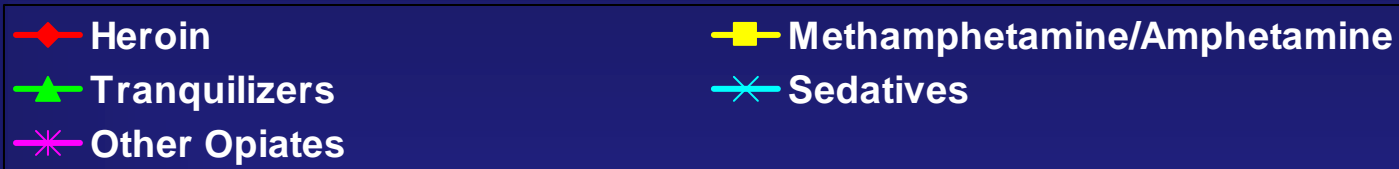


*Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

** Estimates include people who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for what substance(s).

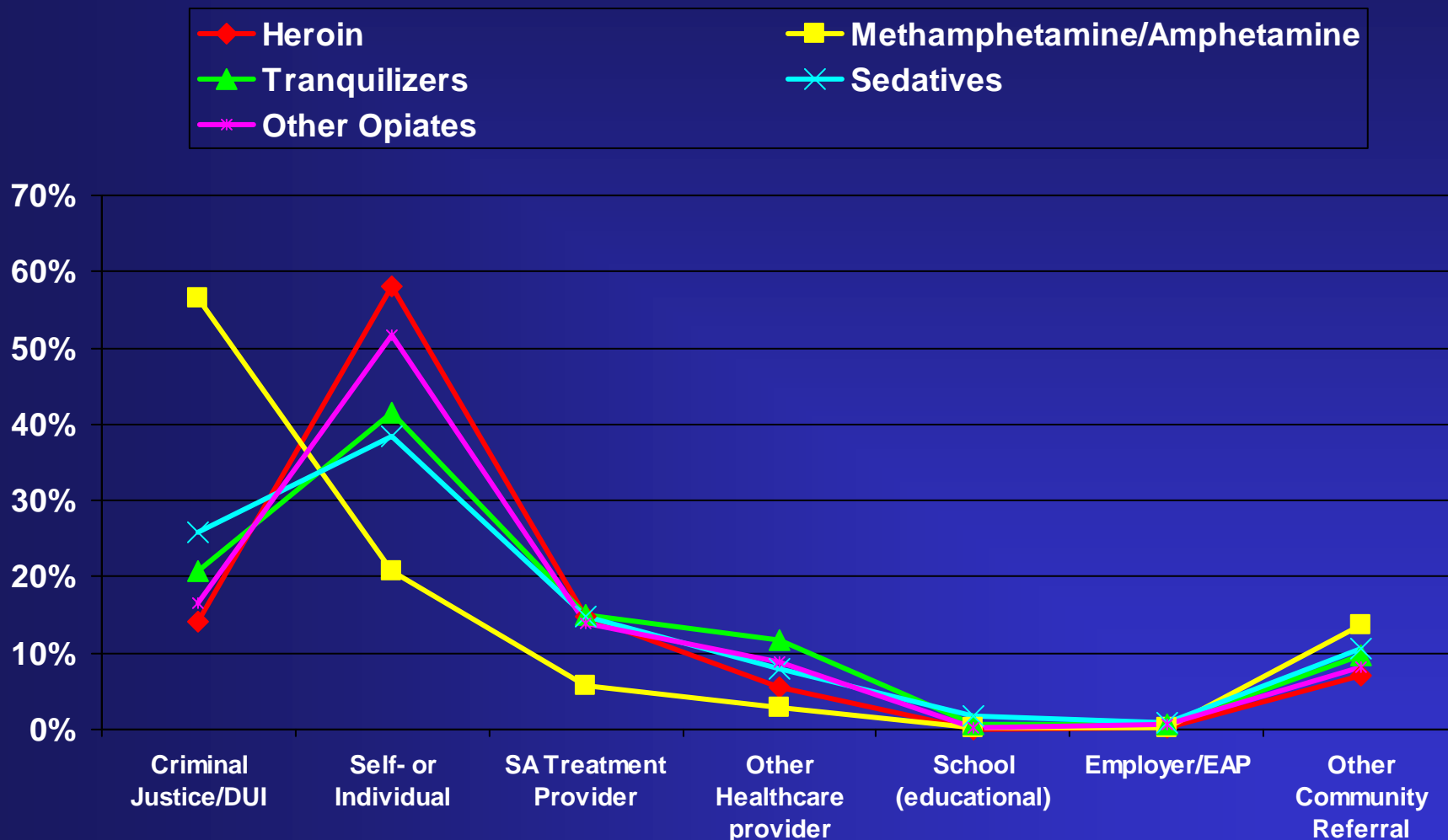
Source: NSDUH 2008

Admissions to Treatment: Reported Age at First Use of Primary Substance- 2007



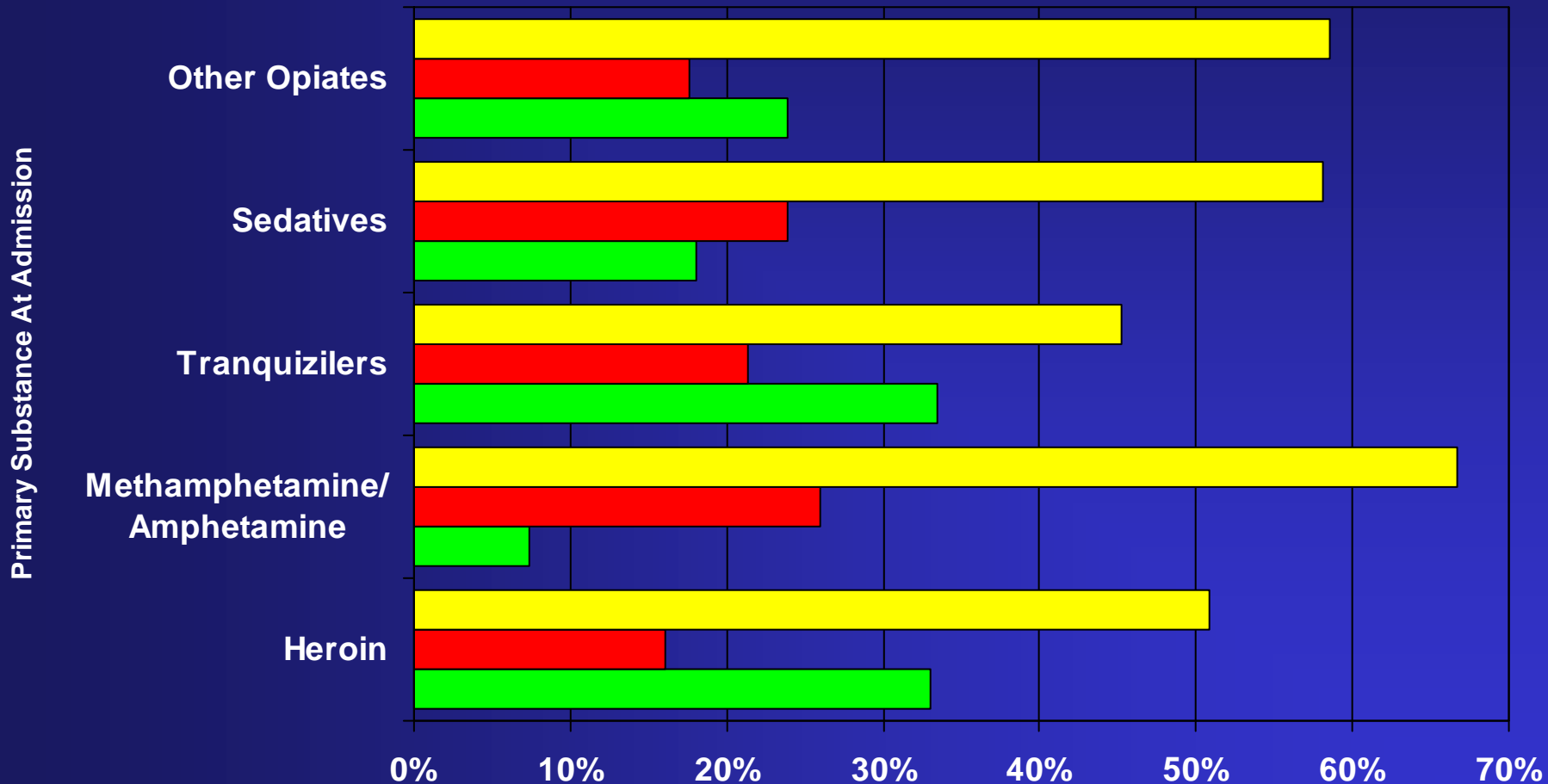
¹Other opiates include methadone, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol & any other drug with morphine-like effects

Source of Referral to Treatment - 2007

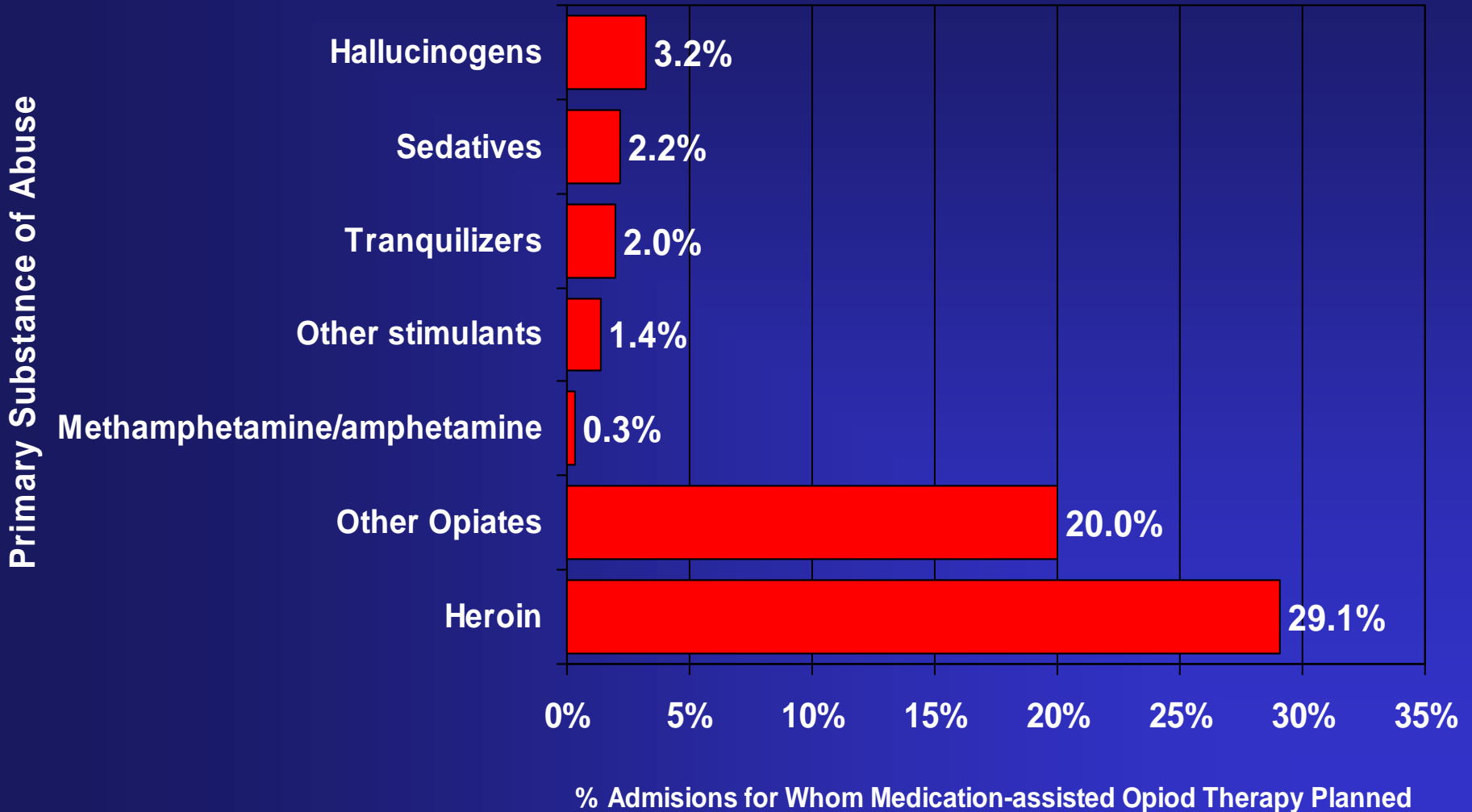


Type of Service Admitted to for Primary Substance - 2007

■ Detoxification (24 Hour) ■ Rehabilitation/Residential ■ Ambulatory

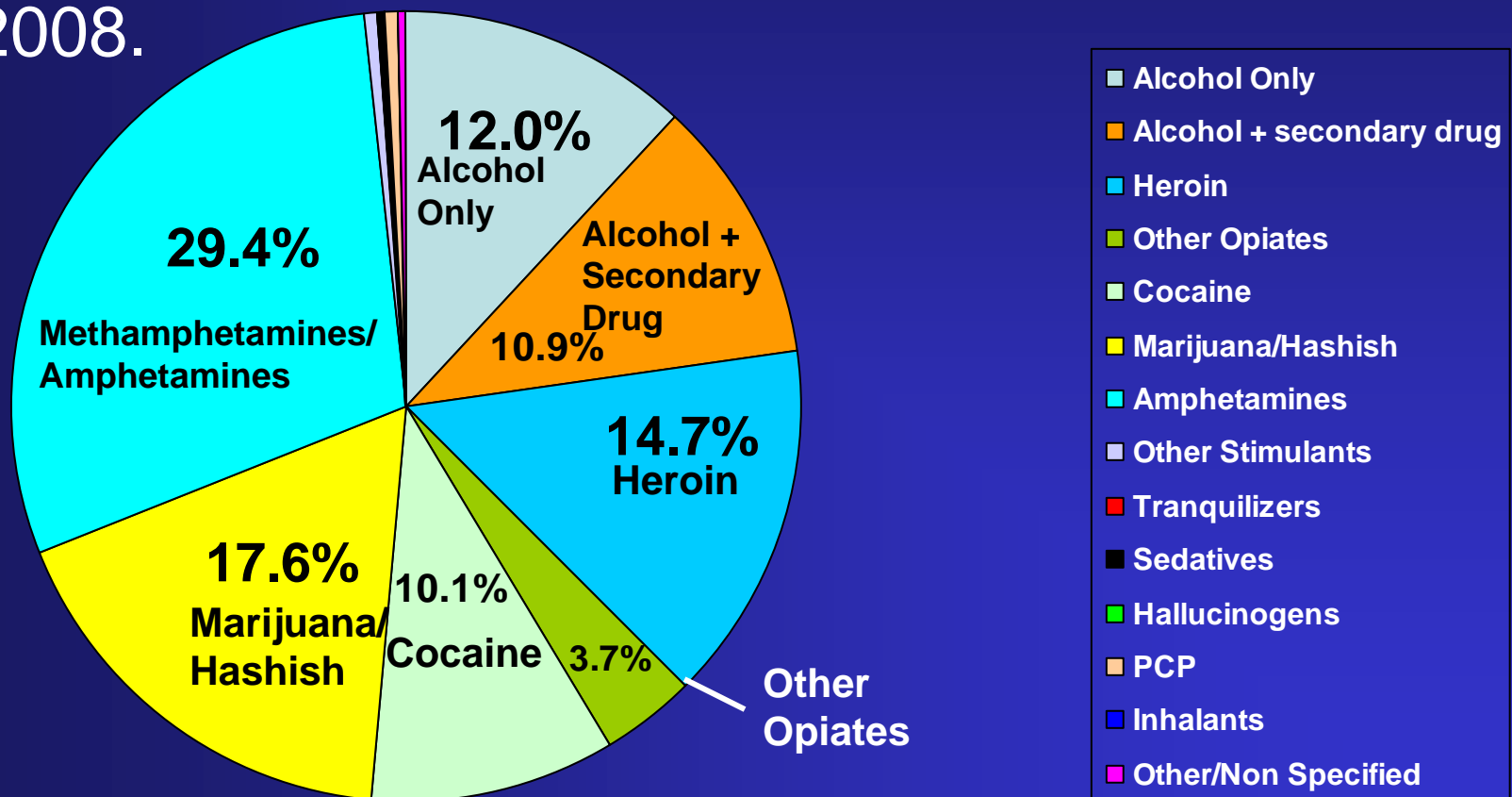


Medication-Assisted Opioid Therapy



Admissions to Treatment - California

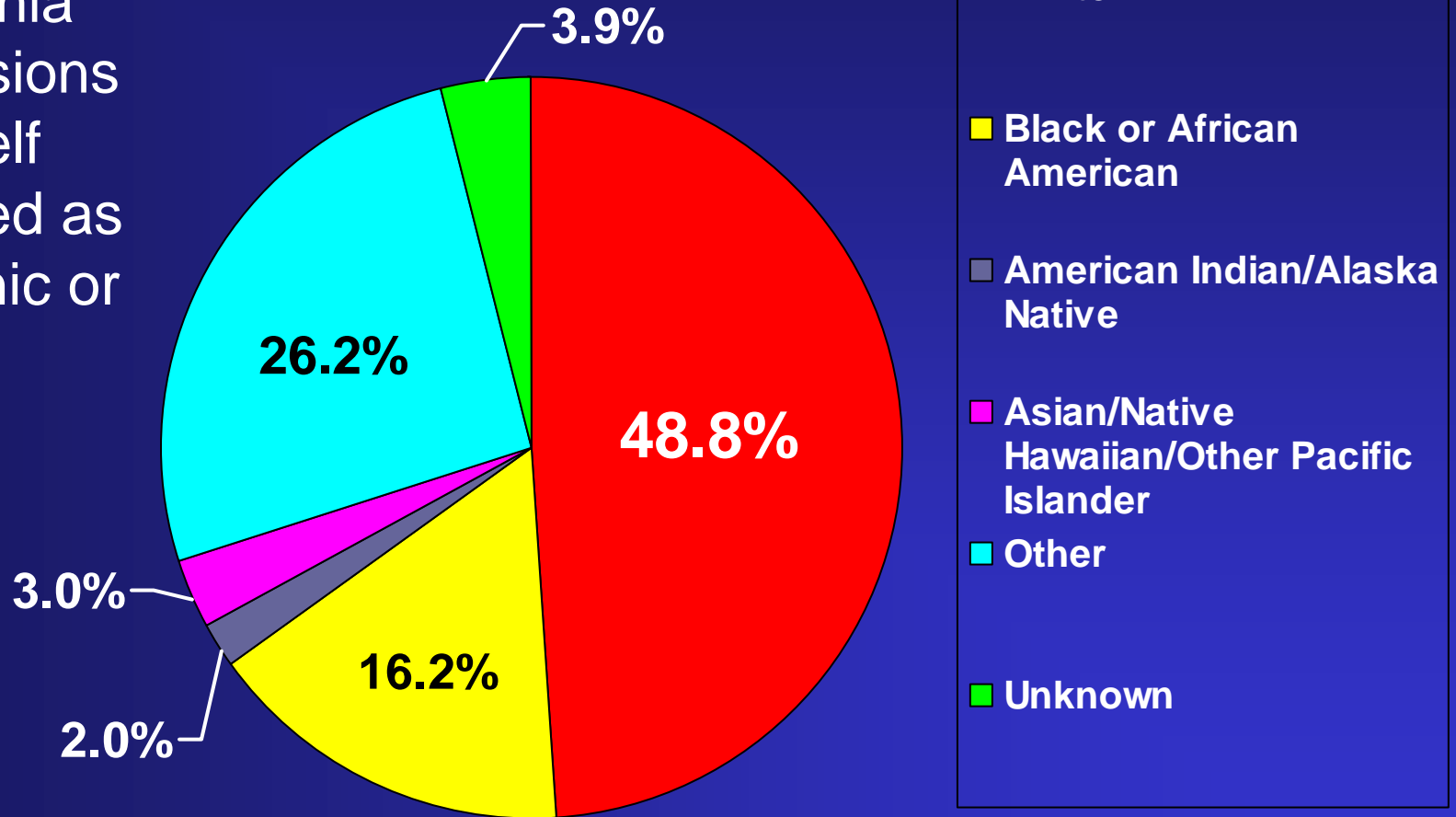
- According to SAMHSA's Treatment Episode Data Set (TEDS), California had 195,712 admissions to substance abuse treatment in 2008.



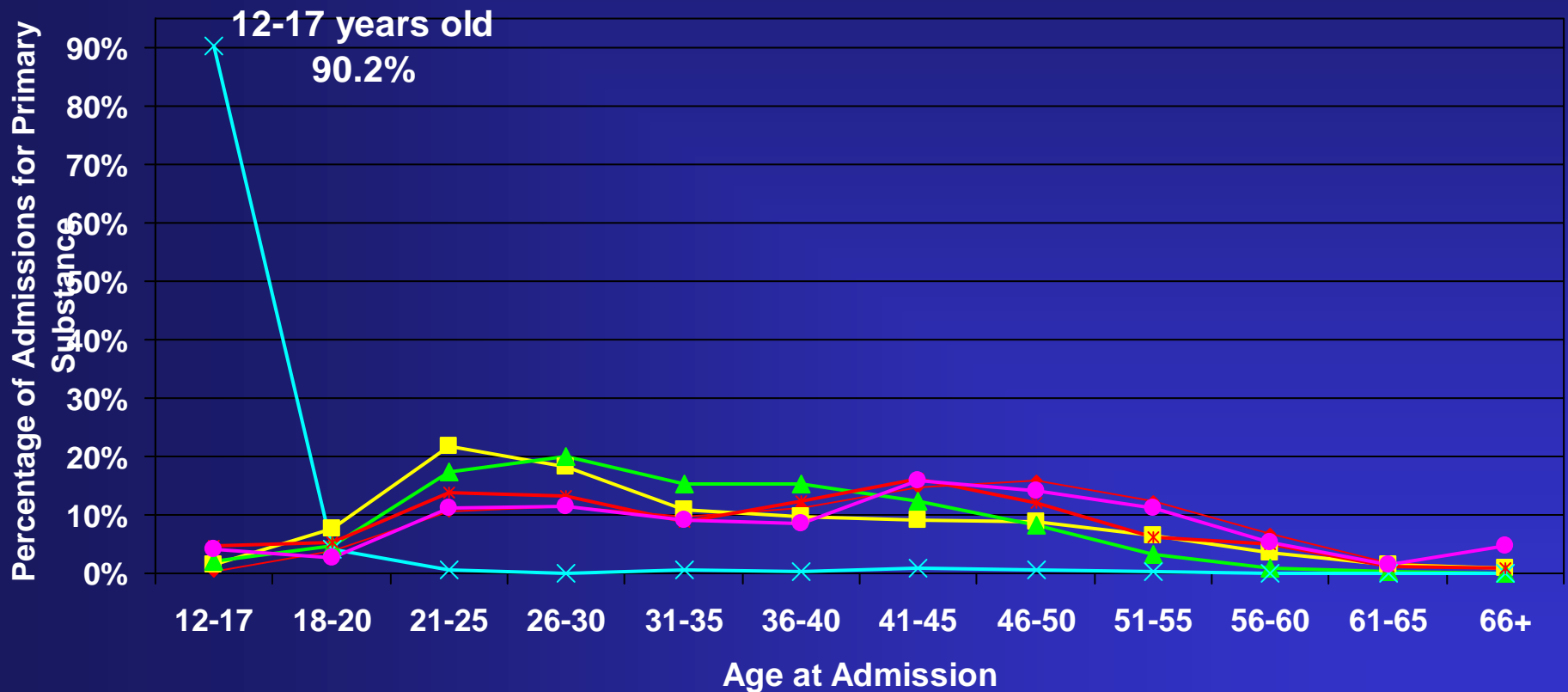
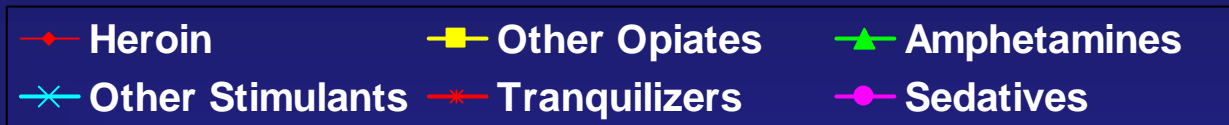
Admissions to Treatment – California

Race

35.4% of California admissions also self reported as Hispanic or Latino



California: Age at Admission – Selected Primary Substances



Approaches to Preventing and Detecting Non-therapeutic Use

- Health Professions Education
- Prevention of Medical 'Identity' Theft
- Enhanced Investigation and Enforcement
- Better Monitoring
- Collaborative Approaches
- Improved Pharmacovigilance

National Campaigns to Address Prescription Drug Abuse

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Office of National Drug Control Policy (ONDCP)
- Department of Justice (DOJ)
- Drug Enforcement Administration (DEA)
- National Institute on Drug Abuse (NIDA)
- Partnership for a Drug Free America (PDA)
- Community Anti--Drug Coalitions of America (CADCA)
- The National Center on Addiction and Substance Abuse at Columbia University (CASA)

CSAT's Prescription Drug Abuse Initiative

- SAMHSA initiative: Disposing & safeguarding of prescription medication to reduce potential misuse.
- Fentanyl-related Overdoses and Death Meeting (2007)
- CSAT Treatment Strategies for Prescription Drug Misuse and Abuse initiative.
- Open Dialogue meetings with pharmaceutical industry.

CSAT's Prescription Drug Abuse Initiative

- Rx Action Alliance (consortium of addiction experts, medical societies, patient advocacy groups, regulatory and law enforcement organizations, and pharmaceutical manufacturers)
- Advisory Committee on Non-Medical Use of Stimulant Drugs (prescription stimulant abuse by high school and college youth)
- National Association of Drug Diversion Investigators (NADDI)

Medication-Assisted Treatment

- As of June 10, 2009, 23,057 physicians have been trained by a Drug Addiction Treatment Act of 2000 (DATA) recognized medical organization.
- Approximately 18,000 physicians have received a waiver to prescribe buprenorphine. 3,342 physicians have indicated their intent to treat up to 100 patients.
- In 2008, almost 500,000 individual patients received prescriptions for addiction treatment.

Drug Enforcement Administration Inspection

- In July 2009 SAMHSA was informed by the DEA of a planned inspection of all OBOT physicians as part of an effort to inspect several classes of registrants – including manufacturers, distributors, pharmacies, etc.
- DEA sent letters to OBOT physicians in New England and South Florida, explaining the inspection process and allowing physicians to surrender their waivers.
- SAMHSA's concern is that the outcome of the DEA action will be a decrease in treatment availability.
- Efforts are being made to discuss SAMHSA concerns with the DEA regarding surrendered authorizations and how physicians are listed on the SAMHSA Buprenorphine Physician Locator.

Digital Access to Medication (D-ATM)

- D-ATM would ensure that opioid treatment patients are able to obtain their medication in the event of a service disruption.
- D-ATM would allow OTPs to access sufficient information to verify the patient status of the person requesting medication, so a safe and accurate dose can be provided.
- Project is currently in the first stage of Phase III, which includes:
 - an in-depth assessment of the pilot
 - Refinement of processes and training materials
 - Full implementation of set of pilot programs from Phase II
 - Development of overall recruitment plan, with input from Project Steering Committee.

D-ATM Critical 6-Month Targets

- Complete in-depth assessment of the approximately 20 OTPs originally targeted for pilot
 - Identify and expand into 5-20 more OTPs by close of FY09
- Reestablish contact and credibility with the stakeholders, including vendors, Steering Committee members and others.
- Develop strategies to support identification and recruitment of an expanding number of OTPs for inclusion in the D-ATM system.

National All Schedules Prescription Electronic Reporting (NASPER)

- 32 states currently have operational prescription monitoring programs (PMPs) in place.
- Justice program funds about \$7 million for 18 competitive NASPER grants.
- \$2.0 million SAMHSA state formula grant to begin with FY 2009 appropriation
- Award requirements include state law authorizing PMP program with appropriate penalties for unauthorized use or disclosure of information

Controlled Substance Utilization Review and Evaluation System (CURES)

- California's web-based tool that allows doctors, pharmacists, midwives, and nurses to instantly determine if writing or filling a prescription would perpetuate substance abuse.
- 7,500 pharmacies and 158,000 prescribers report prescription information annually to CURES.
- Registered CURES users can view a patient's entire history of Schedule II, III, or IV drug usage within minutes of logging into the system.
- Plans are to add photos of the persons who filled a Schedule II, III or IV prescription.

The Future of Electronic Prescriptions

- E-prescribing – when integrated with electronic health records – has the potential to give providers access to a comprehensive view of the patient's health history.
- Greater efficiencies will be possible because data from across offices and disciplines will be instantly available – no need to send for previous records that may give an incomplete or inaccurate patient history.
- Systems like CURES will need to be linked to comparable systems throughout the nation or they will become like any other stand-alone system.

Health Information Technology (HIT)

“We'll computerize our health care system, at last, to save billions of dollars and countless lives as we reduce medical errors.”

...President Barack Obama

HIT allows comprehensive management of medical information and its secure exchange between health care consumers and providers. HIT will result in many public health benefits, including:

- Early detection of infectious disease outbreaks around the country,
- Improved tracking of chronic disease management, and
- Evaluation of health care based on value -- enabled by the collection of de-identified price and quality information that can be compared.

Health IT Initiative

- Goal: Accelerate the use of effective health information technology to improve care outcomes, safety, and value.
 - Reduce duplication and enhance coordination.
 - Facilitate standards, recommended care, reporting and transparency.

Question: Health IT

- What do you think will be the greatest challenge for your practice to integrate the Health IT requirements?
 - Upgrade current database
 - Train staff
 - Equipment costs
 - Time required to enter and maintain data

Impact of Parity on the Specialty Substance Use Disorder Treatment System

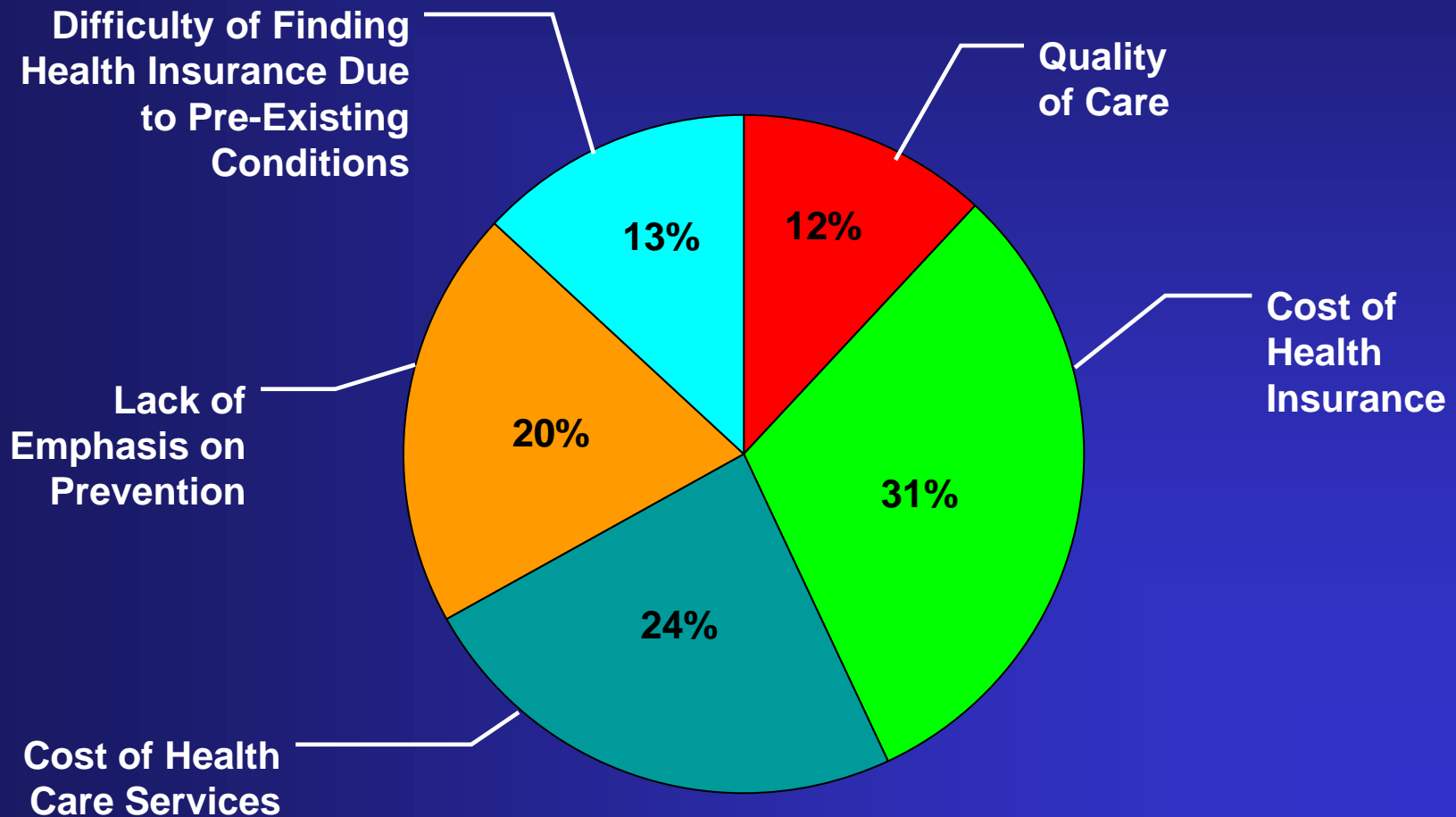
- Increased emphasis on cost containment, cost management and cost effectiveness
- Uncertain benefit to therapeutic communities & residential treatment programs
 - May have indirect benefits as a part of disease management strategies with associated cost and quality controls in place
- May require greater accreditation, certification & licensure of participating specialty programs

Health Care Reform

- Parity may be a serendipitous precursor to Health Care Reform
- A number of proposals are on the table:
- Key themes
 - Access
 - Prevention
 - Cost Containment/Cost Management
 - Electronic Health Records/Personal Health Records

Health Care Reform

- Top concerns of participants in the series of Health Care Community Discussions held throughout the U.S. by the Presidential Transition Team (December 2008)



Health Care Reform: SAMHSA's Core Consensus Principles

- SAMHSA has gathered input from hundreds of stakeholders and consumer groups – as well as national and international experts in the field of mental illness and substance abuse – regarding critical issues facing today's U.S. population.
- The goal is to identify opportunities to ensure that health reform efforts include mental health and substance abuse prevention and treatment.
- Based on this input, SAMHSA has drafted 9 Core Consensus Principles.
- These principles are in draft form, and we continue to gather input on how to improve them.

SAMHSA's Core Consensus Principles

SAMHSA's 9 core principles are:

- Articulate a National Health and Wellness Plan for all Americans.
- Legislate universal coverage of health insurance with full parity.
- Achieve improved health and long-term fiscal sustainability.
- Eradicate fragmentation by requiring coordination and integration of care for physical, mental, and substance use conditions.

SAMHSA's Core Consensus Principles

SAMHSA's 9 core principles (cont'd):

- Provide for a full range of prevention, early intervention, treatment, and recovery services that embodies a whole-health approach.
- Implement national standards for clinical and quality outcomes tied to reimbursement and accountability.
- Adopt and fully utilize health information technology (HIT).
- Invest in the prevention, treatment, and recovery support workforce.
- Ensure a safety net for people with the most serious and disabling mental and substance use conditions.

Question: Healthcare Reform

- Do you think Healthcare Reform, if passed, can help to reduce prescription drug abuse?
 - Yes
 - No
 - Don't know enough about what Healthcare Reform will include

Substance Abuse & Risk Behaviors

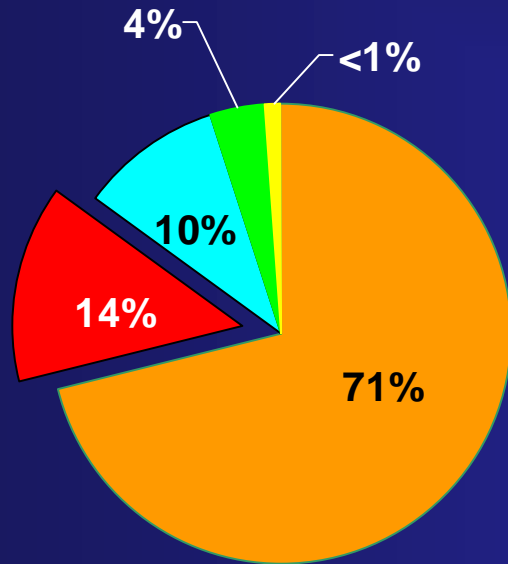
- The connection between substance abuse and the risk for contracting HIV cannot be minimized.
- Drugs, such as “Crack” cocaine and Methamphetamine reduce inhibitions and judgment, resulting in use of shared needles and sexual practices that may increase the likelihood of HIV transmission.
- Treating substance abuse disorders without addressing risk behaviors leaves patients at a high risk for HIV/AIDS.

Inappropriate Alcohol Use and Risk Behaviors

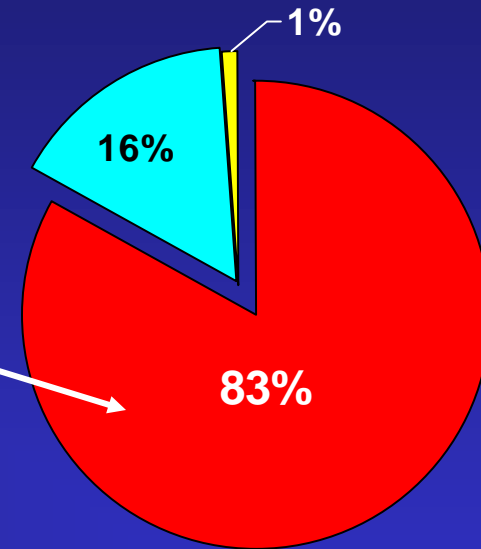
- Unprotected sex
- Sex with multiple partners
- Increased risk of sexual assault
- Unintended pregnancy or sexually transmitted diseases

Transmission Category for HIV/AIDS Cases among Adults & Adolescents in 2007 (34 states)

Males



Females



Females are at particularly high risk of transmission through high risk heterosexual behaviors

- Male-to-Male Sexual Contact
- High-Risk Heterosexual Contact*
- Injection Drug Use (IDU)
- Male-to-Male Sexual Contact & IDU
- Other

- High-Risk Heterosexual Contact*
- Injection Drug Use (IDU)
- Other

NOTE: Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis.

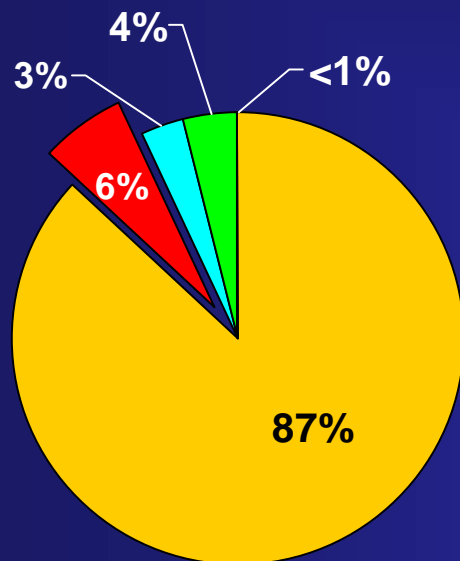
*Sexual contact with a person known to have, or be at high risk for, HIV infection.

Source: CDC. HIV/AIDS Surveillance Report, 2007. Vol. 18. Atlanta: USDHHS, CDC; 2008

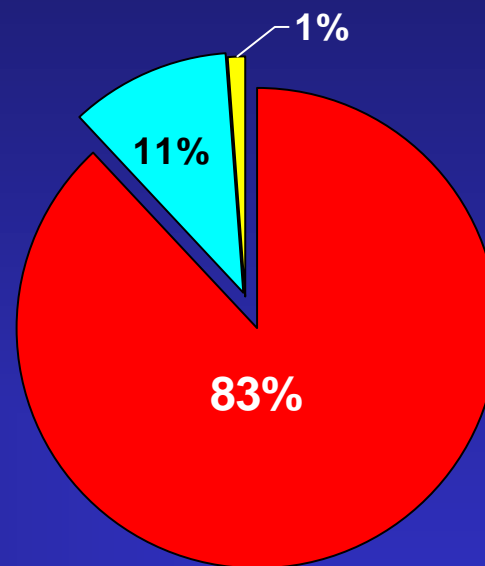
HIV/AIDS Cases among Adolescents by Transmission Category: 2004-2007

34 States

Males - 13-19 years



Females - 13-19 years



- Male-to-Male Sexual Contact
- High-Risk Heterosexual Contact*
- Injection Drug Use (IDU)
- Male-to-Male Sexual Contact & IDU
- Other

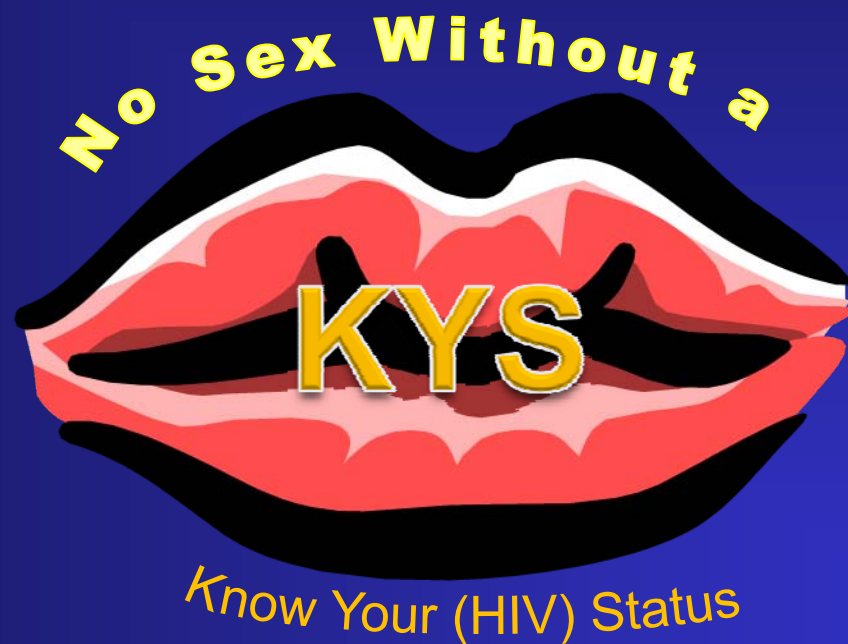
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*Heterosexual contact with a person known to have, or be at high risk for, HIV infection.

Source: CDC. HIV/AIDS Surveillance Report, 2007. Vol. 18. Atlanta: USDHHS, CDC; 2008

People Need to Be Empowered to Know the HIV Status of Their Sexual Partners



SAMHSA/CSAT Information

- SAMHSA website: www.samhsa.gov
- Information web site: www.buprenorphine.samhsa.gov
- Medication-Assisted Treatment information: <http://www.dpt.samhsa.gov/patients/mat.aspx>
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
 - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)