The Impact of the Opioid Crisis

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Allen County Department of Health
Agenda

• How This Mess Started
• Scope of the Problem
• Why We Should Care -- Impact
How This Mess Started
How this Started

• In the late 1990’s a study was released that showed that healthcare was not doing a very good job of controlling pain in terminal patients.
• And that’s when it all started …
Participants in this Crisis

• FDA approved drugs too quickly
• Joint Commission created pain as the fifth vital sign
• Pharmaceuticals developed meds and marketed them
• Physicians prescribed them
• CMS (Medicare) based reimbursement on patient satisfaction with pain
• Patients in pain
Opioid Prescriptions Dispensed by US Retail Pharmacies

![Graph showing the number of opioid prescriptions dispensed by US retail pharmacies from 1991 to 2013. The graph indicates a significant increase in prescriptions over time, with categories for Total, Hydrocodone, and Oxycodone.]
Scope of the Problem
Opioid Use Around the World

Prevalence of opioid use at least once during past year

Per 1,000 adults
- 0-10
- 10-20
- 20-30
- 30-40
- 40-50
- 50-61
- no data

Top 5 countries
- United States: 61.0
- Czech Republic: 27.0
- Estonia: 15.3
- Ukraine: 9.1
- Ireland: 7.2

Opioid Prescriptions -- Indiana

States with the highest number of opiate prescriptions:

- Alabama
- Mississippi
- Louisiana
- Oklahoma
- Arkansas
- Tennessee
- North Carolina
- South Carolina
- Kentucky
- West Virginia
- Ohio
- Indiana
- Michigan
Overdoses

- Nonfatal drug overdoses:
  - 2016 Total Nonfatal Drug Poisonings—804
  - 2017 Total Nonfatal Drug Poisonings – 1,200

- Fatal drug overdoses:
  - 2016 68
  - 2017 127

- Important to note that almost 70% of the deaths occurred in employed folks
Allen County Stats

For every 1 death there are...

- 68
- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users
- 8,840
- 2,176
- 56,100

OPIOID Task Force
Some states have more opioid prescriptions per person than others.

Number of opioid prescriptions per 100 people:
- 52-71
- 72-82.1
- 82.2-95
- 96-143

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Two Populations Affected

Most people think that substance use disorder occurs in a certain type of person.

- Occurs as early as 15 years old
- Usually accompanied by mental illness as a result of adverse childhood trauma (ACE)
- Often accompanied by parent(s) who used and therefore the child has easy access.
Two Populations Affected

New type of patient with substance use disorder:

• Started on opioids for legitimate need for pain meds for chronic pain or post surgery pain control
• These folks work
• They think opioid make them functional
• And they sure don’t think they are addicted to opioids – they are just working like they always have...
"Some people who become addicted develop the disease from misuse, but people can just as easily become addicted taking pills exactly prescribed"

Our failure to recognize this results in a significant stigma against people who need help for a medical disease

Why Care?
# America Has The Highest Drug-Death Rate in the World

Estimated number of drug-related deaths and mortality rate 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>Per million people*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>245.8</td>
<td>52,400</td>
</tr>
<tr>
<td>North America</td>
<td>172.2</td>
<td>55,300</td>
</tr>
<tr>
<td>Oceania</td>
<td>102.3</td>
<td>2,600</td>
</tr>
<tr>
<td>Asia</td>
<td>61.9</td>
<td>66,100</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>55.6</td>
<td>5,000</td>
</tr>
<tr>
<td>World average</td>
<td>39.6</td>
<td>190,900</td>
</tr>
<tr>
<td>Western and Central Europe</td>
<td>26.4</td>
<td>8,400</td>
</tr>
<tr>
<td>Eastern and South-Eastern Europe</td>
<td>22.5</td>
<td>12,600</td>
</tr>
<tr>
<td>Africa</td>
<td>14.9</td>
<td>40,800</td>
</tr>
</tbody>
</table>

* mortality rate per million persons aged 15–64
Best estimates according to source
Source: UNODC
All Drug Poisoning Deaths by Year, 2008-2016
2015 Drug Poisoning Death Rates

<table>
<thead>
<tr>
<th></th>
<th>Age Adjusted Death Rate (per 100,000 people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>16.3</td>
</tr>
<tr>
<td>Indiana</td>
<td>19.5</td>
</tr>
<tr>
<td>Allen County*</td>
<td>23.9</td>
</tr>
</tbody>
</table>

* Allen County Data is estimated crude
What’s the Big Deal?

• Public health interventions over the last century have contributed to the significant reductions in mortality and morbidity.

• Sadly, a recent study revealed increasing mortality in middle-aged whites that is matched by increasing morbidity.

• Also revealed declines in self-reported health and mental health, increased reports of pain, and greater difficulties with daily living.

• All demonstrating increasing distress among whites in midlife after the late 1990s.
All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).

Anne Case, and Angus Deaton PNAS 2015;112:15078-15083
Mortality Rates

• The three causes of death that account for the mortality reversal among white non-Hispanics:
  – Suicide
  – Drug and alcohol poisoning (accidental and intent undetermined)
  – Chronic liver diseases and cirrhosis.

• All three increased year-on-year after 1998.
Mortality by cause, white non-Hispanics ages 45–54.

Anne Case, and Angus Deaton PNAS 2015;112:15078-15083
Midlife ‘Deaths Of Despair’ In The U.S., 2000 and 2014
Deaths by drugs, alcohol and suicide among non-Hispanic whites, ages 45-54
Male Labor Participation Rate

Male Labor Participation Rate

• Only 16% of prime-age men who were not in the labor force in 2015 reported even wanting a job.
• Illness or disability remains a much more common reason for not working than the inability to find a job.
• Surveys show an alarming increase among men age 25 to 54, the prime working years, engaged in doing such things as "socializing, relaxing and leisure," "attending gambling establishments," "tobacco and drug use," "listening to the radio" and "arts and crafts as a hobby."

Unintended Consequences --- Heroin Addiction

• The only increases in past year heroin use were observed among persons who reported past year nonmedical use of opiates (not prescribed for them).

• In a sample of heroin users in a treatment program, 75% of those who began opioid abuse after 2000 reported that their first regular opioid was a prescription drug.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6339a1.htm
Prescription opioid misuse is a major risk factor for heroin use

3 out of 4 people who used heroin in the past year misused opioids first

7 out of 10 people who used heroin in the past year also misused opioids in the past year

# Heroin Use Has INCREASED Among Most Demographic Groups

<table>
<thead>
<tr>
<th>SEX</th>
<th>2002-2004*</th>
<th>2011-2013*</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2.4</td>
<td>3.6</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>0.8</td>
<td>1.6</td>
<td>100%</td>
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</table>

<table>
<thead>
<tr>
<th>AGE, YEARS</th>
<th>2002-2004*</th>
<th>2011-2013*</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>1.8</td>
<td>1.6</td>
<td>109%</td>
</tr>
<tr>
<td>18-25</td>
<td>3.5</td>
<td>7.3</td>
<td>58%</td>
</tr>
<tr>
<td>26 or older</td>
<td>1.2</td>
<td>1.9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>2002-2004*</th>
<th>2011-2013*</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
<td>1.4</td>
<td>3</td>
<td>114%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANNUAL HOUSEHOLD INCOME</th>
<th>2002-2004*</th>
<th>2011-2013*</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>3.4</td>
<td>5.5</td>
<td>62%</td>
</tr>
<tr>
<td>$20,000–$49,999</td>
<td>1.3</td>
<td>2.3</td>
<td>77%</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>1</td>
<td>1.6</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH INSURANCE COVERAGE</th>
<th>2002-2004*</th>
<th>2011-2013*</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>4.2</td>
<td>6.7</td>
<td>60%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>4.3</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>Private or other</td>
<td>0.8</td>
<td>1.3</td>
<td>63%</td>
</tr>
</tbody>
</table>

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**Heroin Addiction and Overdose Deaths are Climbing**

Heroin-Related Overdose Deaths (per 100,000 people)

286% increase

**Heroin Addiction (per 1,000 people)**

Sources:
- National Survey on Drug Use and Health (NSDUH), 2002-2013.
Outbreaks of Hepatitis C and HIV

• The CDC has documented 30 states determined to be experiencing, or at risk for, significant increases in viral hepatitis or an HIV outbreak due to injection drug use: Indiana is one.

• It costs as much as $95,000 for a 12-week treatment

• It would cost $10 million to treat a quarter of the cases identified in Allen County in one year!

Child Abuse and Neglect

• From 2012 to 2016, the number of children receiving foster care services in Indiana increased by 60 percent.

• Children in Indiana enter the foster care system at one of the highest rates in the country — fourth behind California, Texas and Florida.

• DCS reports 60 percent of the children they removed from homes are tied to substance abuse.

What Can Be Done
Increase Access to Treatment

• Substance use disorder is a treatable medical condition with a combination of medication and counseling and other therapies
• We don’t have enough providers in our community
• Doctors must get involved in this issue
Harm Reduction Measures

- November marked our one year anniversary of our Syringe Services Program
- As expected slow start but now with steady clientele
- Purpose is to minimize the transmission of infectious diseases (Hep C, HIV) that accompany sharing of used needles
CHANGE IN HIV INFECTION RATE PER 100,000 RESIDENTS BETWEEN 2008 AND 2012

% Change in Rate of New Infections
-71.7% - 16.9%

Access to Narcan

• Need to increase access to Narcan
• Very easy to administer
• But also important to get folks into treatment because 10% of those that overdose and are revived with Narcan are dead in one year
• Bias – Compassion fatigue
Work with Employers

• Most of the folks with substance use disorder are working
• Work with employers to develop templates for workplace policies that maximize both treatment and sustained employment
• Increase access to treatment for working population thru Employee Assistance Programs
Summary
Summary

• This is an important medical problem that, like diabetes and heart disease, affects all walks of life.
• This is both a preventable and treatable disease.
• As a young healthcare worker you will need to become more comfortable speaking about mental illness and substance use disorder and treating it in your practice.