The Commissioned Corps of the U.S. Public Health Service is a team of more than 6,500 full-time, well-trained, highly qualified public health professionals dedicated to delivering the Nation’s public health promotion and disease prevention programs and advancing public health science. As one of America’s seven uniformed services, the Commissioned Corps fills essential public health leadership and service roles within the Nation’s Federal Government agencies and programs. Officers serve their country in communities that are most in need by providing essential health care services to underserved and vulnerable populations and respond to natural and man-made disasters.

www.usphs.gov
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.
Among those with a substance use disorder:
• 3 IN 8 (36.4%) struggled with illicit drugs
• 3 IN 4 (75.2%) struggled with alcohol use
• 1 IN 9 (11.5%) struggled with illicit drugs and alcohol

Among those with a mental illness:
• 1 IN 4 (24.0%) had a serious mental illness

7.6% (18.7 MILLION)
People aged 18 or older had a substance use disorder

3.4% (8.5 MILLION)
18+ HAD BOTH substance use disorder and a mental illness

18.9% (46.6 MILLION)
People aged 18 or older had a mental illness

See figures 40, 41, and 54 in the 2017 NSDUH Report for additional information.
Opioid’s Grip: Millions Continue to Misuse Prescription Pain Relievers

11.4 MILLION PEOPLE WITH OPIOID MISUSE (4.2% OF TOTAL POPULATION) PAST YEAR, 2017, 12+

11.1 MILLION Rx Pain Reliever Misusers (97.2% of opioid misusers)

886,000 Heroin Users (7.8% of opioid misusers)

6.3 MILLION * Rx Hydrocodone

3.7 MILLION Rx Oxycodone

245,000 Rx Fentanyl

562,000 Rx Pain Reliever Misusers & Heroin Users (4.9% of opioid misusers)

Hydrocodone misuse down from 6.9M in 2016

See figures 20 and 24 in the 2017 NSDUH Report for additional information.

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.

* Difference between this estimate and the 2016 estimate is statistically significant at the .05 level.

Significant decrease from 12.7 M misusers in 2015
What are Opioids?

**Natural opioid analgesics**, including morphine and codeine, and **semi-synthetic opioid analgesics**, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone;

**Methadone**, a synthetic opioid;

**Synthetic opioid analgesics** other than methadone, including drugs such as tramadol and fentanyl; and

**Heroin**, an illicit (illegally-made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.
Symptoms of opioid use disorders include strong desire for opioids, inability to control or reduce use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use opioids, and withdrawal symptoms that occur after stopping or reducing use, such as negative mood, nausea, muscle aches, diarrhea, fever, and insomnia.
In addition to the crime, violence, and loss of productivity associated with drug use, individuals living with a substance use disorder often have one or more physical health problems, including lung disease, hepatitis, HIV/AIDS, cardiovascular disease, cancer, and mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia. In fact, research has indicated that persons with substance abuse disorders have:

- 9 times greater risk of congestive heart failure.
- 12 times greater risk of liver cirrhosis.
- 12 times the risk of developing pneumonia.
Synthetic opioid deaths closely linked to illicit fentanyl supply

Known or suspected exposure to fentanyl in past year (n = 121)

<table>
<thead>
<tr>
<th>Behavior or experience</th>
<th>APR</th>
<th>95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular heroin use</td>
<td>4.07</td>
<td>1.24–13.3</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Source: Carroll et al, Int. J. Drug Policy, 2017 and CDC Epi-Aid 2015-2016 OH and MA
Treacherous potency

Lethal doses of heroin, fentanyl, and carfentany
[ LEFT TO RIGHT ]
Counterfeit Norco Poisoning Outbreak — San Francisco Bay Area, California, March 25—April 5, 2016

Kathy T. Vo, MD1,2; Xander M.R. van Wijk, PhD3; Kara L. Lynch, PhD3; Alan H.B. Wu, PhD3; Craig G. Smollin, MD1,2

Furanyl-Fentanyl Overdose Events Caused by Smoking Contaminated Crack Cocaine — British Columbia, Canada, July 15–18, 2016

Salman A. Klar, MPH1; Elizabeth Brodkin, MD1; Erin Gibson1; Shovita Padhi, MD1; Christine Predy2; Corey Green, MHSc1; Victoria Lee, MD1

Deaths Involving Fentanyl, Fentanyl Analogs, and U-47700 — 10 States, July–December 2016

Julie K. O'Donnell, PhD1; John Halpin, MD1; Christine L. Martinson, PhD1; Bruce A. Goldberger, PhD2; R. Matthew Gladden, PhD1

Figure 3: Counterfeit 30 Milligram Oxycodone Pills Containing Fentanyl.
Nonmedical use of prescription opioids is a significant risk factor for heroin use. Among people who used heroin in the past year, 3 out of 4 people first misused prescription opioids. Among those who used heroin in the past year, 7 out of 10 people also misused prescription opioids in the past year. As of 2013, 2.1 million people in the United States had an opioid use disorder.

Sustained Impact of the Opioid Crisis

Drug Overdose Deaths, 1968-2016

Drug overdose deaths per 100,000 population (age-adjusted)

http://okimready.org/the-epidemic/  Oklahoma Opioid Statistics
Evidenced Based Prevention, Treatment, and Recovery

Decisions in Recovery: Treatment for Opioid Use Disorder

Medication Assisted Treatment

Combination of FDA-approved medication (Medication Assisted Treatment (MAT)): for as long as the person benefits from the care

- Naltrexone: blocks effects of opioids (long lasting injectable)
- Methadone: long acting, once-daily, opioid from specially licensed programs
- Buprenorphine/naloxone: long acting, once-daily, opioid from doctor’s offices; available by prescription (film, pill, implant)

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
Medication Assisted Treatment
Isn’t this just substituting one drug for another?

These medications relieve withdrawal symptoms and psychological cravings that cause chemical imbalance in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. Research has shown that when provided at the proper dose, MAT medications have no adverse effects on a person’s intelligence, mental capacity, physical functioning and employability.
MAT

- Stabilizes brain chemistry
- Blocks the euphoric effects of opioids
- Relieves physiological cravings
- Normalize body functions
- Reduces risk of overdose
- Prevents injection behaviors
- Reduces criminal behavior
Medication Assisted Recovery
From MAT to MARS

**Psychosocial therapies/treatment components:**
- Counseling: Coping skills/relapse prevention
- Education about issues related to substance use
- PDMP use
- Toxicology screening

**Plus Recovery Supports: Rebuilding One’s Life**
- Peer Recovery Support Services
- Social supports to bring the person back into the healthy community: family, friends, faith-based supports
- Recovery Housing/Residential Treatment Facilities
- Employment/Vocational training/education
- Assistance with transportation
- Assistance with child care

**Creating a Recovery Oriented System of Care**

facesandvoicesofrecovery.org
Studies have shown that MAT reduces illicit drug use, disease rates, and related harmful behaviors, including criminal activity. People in MAT are up to 75% less likely to die from a cause related to their addiction. Despite what the National Institute of Health says is “unequivocal” evidence of MAT’s effectiveness and safety, many myths persist about MAT. As a result, people are denied potentially life saving addiction treatment.
Overdose Reversing Medications (Naloxone)
Place of death for opioid-related overdoses:

- **Decedent's Home**: 53.1%
- **Medical Facility**: 22.8%
- **Other Place of Death**: 21.7%
- **Medical Facility DOA**: 2.0%
- **Hospice/Nursing Home/LTCF**: 0.4%
- **Unknown**: 0.0%
I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, knowing how to use naloxone and keeping it within reach can save a life.

BE PREPARED. GET NALOXONE. SAVE A LIFE
HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS

- BETTER DATA
- BETTER PAIN TREATMENT
- PREVENTION, TREATMENT & RECOVERY
- MORE OVERDOSE REVERSERS
- BETTER RESEARCH
Plan to Address the Opioid Crisis

Support for evidence-based prevention, treatment, recovery services for opioid use disorder

• Opioid State Targeted Response Grant/State Opioid Response Grant
• Medication Assisted Treatment-Prescription Drug Opioid Addiction
• Block grants to states* -Pregnant Post-Partum Women
• Provider Clinical Support System https://pcssnow.org/
• Technical Assistance on EBP: MAT, psychotherapies, toxicology screens, pain management, Prescription Drug Monitoring Use*
• Naloxone access/First Responders/Peers
• Pregnant/Post Partum Women/Neonatal Abstinence Syndrome
• Criminal Justine programs with MAT*
• Peer Recovery Coaches*
• HIPAA/42 CFR: Family inclusion in medical emergencies: overdose
• Public Outreach: Prevention
• Drug Abuse Warning Network (DAWN)
Workforce Development

- Continue SAMHSA training initiatives: ATTCs, PCSS-type programs
- STR TA/T grant: national network of trainers that focus on local communities
- DATA waiver training in pre-graduate settings: Medical, advance practice nursing, physician assistant programs
- Encourage national certification program for peer workforce
- With HRSA:
  - Encourage entry to the field through incentives: e.g.: loan forgiveness programs: NHSC
  - Integration of BH including OUD treatment into primary care/FQHCs
- Telehealth/HIT
Criminal Justice

• Support these high risk populations through establishment of MAT in jails/prisons and linkage to care on release

• Require the use of MAT to reduce opioid overdose deaths and lessen drug demand

• Detox in a residential setting is not an appropriate treatment for the great majority of patients: lack of efficacy, greatest expense, increases risk of death
Promising Practices

- Emergency Department-Initiated Buprenorphine Naloxone (Yale-New Haven Project ASSERT, Boston Medical Center’s Faster Paths to Treatment and Project ASSERT)
- Screening, Brief, Intervention, and Referral to Treatment (integration.samhsa.gov)
- Mobile Health Units (BestSelf Behavioral Health, New York)
- Project ECHO (University of Arkansas for Medical Sciences)
Resources

pcssmat.org/mentoring

https://www.samhsa.gov/atod/publications-resources

https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA18-5063FULLDOC
Partnering for effectiveness

https://findtreatment.samhsa.gov/

http://prescribetoprevent.com/
Addiction Transfer Technology Centers

ATTC Network Coordinating Office
University of Missouri-Kansas City

Region 1
Northeast ATTC
Brown University

Region 2
Northeast & Caribbean ATTC
NDRI, Inc.

Region 3
Central East ATTC
Danya Institute

Region 4
Southeast ATTC
Morehouse School of Medicine

Region 5
Great Lakes ATTC
University of Wisconsin

Region 6
South Southwest ATTC
University of Texas

Region 7
Mid-America ATTC
Truman Medical Center

Region 8
Mountain Plains ATTC
University of North Dakota

Region 9
Pacific Southwest ATTC
University of California
Los Angeles

Region 10
Northwest ATTC
University of Washington

National American Indian and Alaska Native ATTC
University of Iowa

American Samoa, Commw. of the Northern Mariana Islands,
Federated States of Micronesia,
Guam, Rep. of the Marshall Islands,
Rep. of Palau

U.S. Virgin Islands
Puerto Rico

http://attcnetwork.org/home/
YOU GET TA, YOU GET TA

EVERYONE GETS TA!!!!!!
Navigating Toward Healthier Communities

SAMHSA’s STR-TA Consortium is here to assist you. Our goal is to provide the resources and technical assistance you need to address the opioid crisis in your communities.

If you need technical assistance to support evidence-based practices in the prevention, treatment and recovery of opioid use disorders in your community, submit a request to www.getSTR-TA.org.

www.getSTR-TA.org | str-ta@aaap.org | 401-270-5900

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https://getstr-ta.org/Index.aspx
The Tool Kit equips providers, individuals, communities, and governments on ways to prevent/respond to opioid overdose. It addresses issues for first responders, treatment providers, and those recovering from opioid overdose.

store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742
This document offers best practices to states, tribes, and local communities on collaborative treatment approaches for pregnant women living with opioid use disorders, and the risks and benefits associated with MAT.

This Treatment Improvement Protocol (TIP) reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat opioid use disorder (OUD)—methadone, naltrexone, and buprenorphine—and the other strategies and services needed to support recovery for people with OUD.
MATx empowers health care practitioners to provide effective, evidence-based care for opioid use disorders. This free app supports practitioners who provide medication-assisted treatment (MAT), as well as those who plan to do so in the future.

OTAP
Office of Tribal Affairs and Policy

SAMHSA
Substance Abuse and Mental Health Services Administration
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities

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