The Opioid Epidemic

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Slides are courtesy of:

Wisconsin Department of Health Services

Opioid Pain Relievers Driving U.S. Overdose Epidemic, Heroin Catching Up

(overdose deaths can involve multiple drugs - not mutually exclusive)

Original Data Matt Gladden, CDC
**Epidemiology**

Wisconsin

**Surveillance: Data Sources and Systems**

- Death certificates
- Hospital discharge and emergency department data
- Prescription Drug Monitoring Program (PDMP)
- Medical Examiner or Coroner data
- Emergency department encounter data
- Wisconsin Ambulance Run Data System
Wisconsin Age-Adjusted Injury Death Rate, 1999-2013

27% increase

CDC WISQARS, 9/2/2015

Leading Injury Death Rates, Wisconsin Residents, 1999-2013

Deaths per 100,000 people

Falls
Drug Overdose
Motor Vehicle Traffic-related

Age-adjusted, Source: DHS, OHI
Wisconsin Unintentional Drug Poisoning, Age-Adjusted Death Rates, 1999-2013
All Races, Both Sexes, All Ages—ICD-10 Codes: X40—X44

2.3
3.0
3.3
4.4
5.0
5.3
6.7
7.9
8.4
7.7
8.1
8.3
9.5
10.1
12.5

Rates per 100,000


708 deaths

122 deaths

Wisconsin Unintentional Drug Poisoning, Age-Adjusted Death Rates, 1999-2013
All Races, Both Sexes, All Ages—ICD-10 Codes: X40—X44

Number of Drug Overdose Deaths Involving Opioid (morphine-like) Pain Relievers and Other Drugs, Wisconsin, 1999–2014

Opioid pain relievers (T40.2-T40.4)
Benzodiazepines (T42.4)
Heroin (T40.1)
Cocaine (T40.5)

3.5X increase in heroin, from 2009 (77) to 2014 (267)

Source: DHS, OHI

Overdose Deaths by Age Group and Opioid Type, 2010-2014 (Any Mentions)

Rate of Deliveries With Maternal Opioid Use, Rate of Neonatal Abstinence Syndrome, Wisconsin, 2009–2014

4b=All Prescription Opioid Analgesics, except Methadone

Rate per 1000 live births deliveries

<table>
<thead>
<tr>
<th>Year</th>
<th>Maternal Opioid Use</th>
<th>NAS</th>
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<tbody>
<tr>
<td>2009</td>
<td>335</td>
<td>N=227</td>
</tr>
<tr>
<td>2010</td>
<td>506</td>
<td>305</td>
</tr>
<tr>
<td>2011</td>
<td>719</td>
<td>384</td>
</tr>
<tr>
<td>2012</td>
<td>842</td>
<td>398</td>
</tr>
<tr>
<td>2013</td>
<td>1001</td>
<td>540</td>
</tr>
<tr>
<td>2014</td>
<td>1041</td>
<td>508</td>
</tr>
</tbody>
</table>
Chronic untreated heroin use is associated with:

- Risk of fetal growth restriction
- Abruptio placentae
- Fetal death
- Preterm labor
- Exposure to episodes of withdrawal

The lifestyle issues associated with illicit drug use also create risk for the mother and developing fetus.

Neonatal Abstinence Syndrome

Infants with neonatal abstinence syndrome may have uncoordinated sucking reflexes leading to poor feeding, become irritable, and produce a high-pitched cry.

Long term outcome study of infants with in utero exposure to opioid exposure are limited.

Actions to Prevent Opioid Harm and Abuse

**Education**
- Prescriber education
- Community education
- Naloxone access

**Tracking and Monitoring**
- Prescription Drug Monitoring System (PDMP)
- Surveillance

**Enforcement**
- Identification verification at pharmacies
- Law enforcement training on prescription drug misuse and diversion

**Reversal**
Naloxone Access

**Medication Disposal**
- Keeping medications safe at home
- Proper medication disposal guidelines consistent with FDA standards
- Community take-back programs

**Treatment Options**
- Treatment Centers
- Outpatient and residential treatment at state-funded treatment providers

**Policies**
Supporting all sectors

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Our local project:

**Sauk County Medication Assisted Treatment Grant**

The grant’s goals:
1. Increase medication assisted treatment as an option for sobriety and increase the number of providers in each area to provide better access to treatment.

2. Utilize the C.A.R.E. concept/process (Community Activated Recovery Enhancement) as a model in four (4) strategic locations and include community stakeholders in all aspects of developing a coordinated response to this alarming health issue.

3. Utilize all existing funding resources FIRST for treatments including individual’s existing health care funding such as private insurance/Medical Assistance.

4. With oversight and State approval some funds (about 25%) are designated for gap populations—individuals who are particularly vulnerable and in need of services and community support (individuals transitioning from incarceration, pregnant, individuals with Hepatitis C, and uninsured individuals.)
Medication-Assisted Treatment

FDA approved medications

- Buprenorphine products (Suboxone and Subutex)
- Naltrexone (Vivitrol)
- Methadone

Buprenorphine Products (Suboxone and Subutex)

Schedule III narcotic medication for the maintenance treatment of opioid dependence

- Reduces cravings and withdrawal symptoms
- Available at OTPs and from DATA waived physicians
Naltrexone (Vivitrol)

A prescription injectable medication containing naltrexone

- Administered once a month to prevent relapse to opioid dependence after detox
- Must stop all opiates 7-10 days prior to injection

Medication-Assisted Treatment (MAT)

- Provides comprehensive services
  - Medication
  - Counseling
  - Case management
  - Recovery supports
- Uses many paths to recovery
  - Medical intervention
  - Professional treatment
  - Mutual support groups
  - Peer supports
  - Family supports
  - Faith supports
Medication-Assisted Treatment (MAT)

- Develops diversion practices and policies
- Develops Recovery-Oriented Systems of Care (ROSC), an integrated care model:
  -- A framework to guide system transformation
  -- A value-driven approach to structuring behavioral health systems
  -- A network of clinical and non-clinical supports
  -- An initiative to find service gaps and community needs to transform the community into a stronger support for life-long recovery

William White on Recovery Oriented Systems of Care (ROSC)

“This movement represents a shift away from crisis-oriented, professionally directed, acute-care approach with its emphasis on isolated treatment episodes, to a recovery management approach that provides long-term supports and recognizes the many pathways to healing.”
Assertive Outreach and Engagement
- Screen and intervene in health care facilities
- Establish relationships with natural supports to promote early identification
- Offer pre-treatment peer support groups
- Use peers to welcome consumers
- Offer peer mentors at first contact
- Build linkages between levels of care through peer-based recovery support services

DHS Efforts
State Funded
- Medication-assisted treatment training for prescribers and providers
- Heroin Opiate Prevention and Education (H.O.P.E.) Programs

Federally Funded (Grants)
- Community Activated Recovery Enhancement (C.A.R.E.) Project
- Prescription Drug Monitoring Program enhancement
- Prevention grants focus on prescription drugs
Medication-Assisted Treatment

Programs Offering Methadone for Opioid Addiction

Newly Funded Opioid Treatment Programs

H.O.P.E. Programs

Northern tier of Wisconsin:

- Provide medication-assisted treatment to the underserved and high-need areas in Wisconsin
- Provide residential detoxification and stabilization services
- Reduce the rate of relapse and number of deaths
- Reduce the number of infants born to untreated opioid addicted women
- Create relationships with community providers to improve treatment availability
C.A.R.E. Project

Sauk, Columbia, Richland counties:

- Replicates a program originated by St. Vincent DePaul in Prairie Du Sac
- Involves community stakeholders committees
- Expands the provision of medication-assisted treatment
- Employs Community Recovery Specialists
  Employs dually credentialed clinician for assessments and treatment planning
- Adds a mobile nurse to support individuals who choose to detox at home
- Contracts with providers for treatment services, detox, outpatient, inpatient residential, etc.

For More Information

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