Policy Implications: Addressing Substance Use Disorder as a Matter of Public Health

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“As someone who has spent their entire career in law enforcement, I know we cannot arrest our way out of the drug problem.”

Former Director Kerlikowske, Executive Office of the Presidency, United States Office of National Drug Control Policy
Substance Use Disorder is a brain disease
- Chronic, relapsing brain disease
- Relapse rates similar to other chronic illnesses such as asthma, diabetes and heart disease.
- Developmental disease typically beginning in childhood

Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percentage of Patients Who Relapse

**Type 1 Diabetes**
- 30 to 50%

**Drug Addiction**
- 40 to 60%

**Hypertension**
- 50 to 70%

**Asthma**
- 50 to 70%

Why is addiction treatment evaluated differently?
Both require ongoing care

Hypertension Treatment

Addiction Treatment

Cost-Effectiveness of Treatment

Invest

Return

Source: National Institutes for Health, National Institute on Drug Abuse:
Supply Side

- Prescription Drug Monitoring Programs
- Drug Disposal
- Prescribing guidelines
- Traditional interdiction efforts
Demand Reduction Strategies

• Overdose prevention and education
• Treatment Access
• Medication Assisted Treatment access & reform
• Primary prevention
Changing Landscape

- 2008 Recession
- Prescription Drug Epidemic
- Change of Demographics
- Bi-partisan
- New Stakeholders
- Affordable Care Act
- Parity Implementation
“Drug overdose death rates in the United States have never been higher”

Source: Unintentional Drug Poisoning in the United States – CDC Issue Brief – March 19, 2010

Training part 2 overview:

- Assessment
- Strategies for incorporating OD prevention into our work
- Addressing barriers
- Developing a plan for integration—Group Activity

Figure 1: Rate of unintentional drug overdose death in the United States, 1970-2007

Source: National Vital Statistics System
Figure 2: Unintentional drug overdose deaths by major type of drug, United States, 1999-2007

Source: National Vital Statistics System
Overdose in the U.S.

• More than 24,000 deaths from opioids in 2013

• Non-heroin opioid treatment admissions up 345%

Center for Disease Control and Prevention 2013 Mortality data
http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

Naloxone (Narcan)

What is an opioid overdose?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or OxyContin, fits in too many receptors slowing and then stopping the breathing.

Narcan reversing an overdose

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.

Graphics: Maya Doe-Simkins
Overdose Prevention Education & Naloxone Distribution

Prescribed opioid antagonist which rapidly reverses opioid related sedation and respiratory depression and may cause withdrawal

Naloxone access may be expanded in two major ways:
1- Community and public agency programming (distribution model)
2- Integration into healthcare delivery system (co-prescription)
Overdose prevention programs: US

- As of 2010, there were 48 known programs, representing 188 community-based sites in 15 states and DC.
- 53,032 individuals have been trained in naloxone administration and overdose response.
- **10,171 overdose reversals reported**

CDC MMWR February 17, 2012
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm
Survey completed by Eliza Wheeler wheeler@harmreduction.org
Legal issues

• All state laws allow for prescription of naloxone by a physician to those at risk of overdose.
• Some states have passed legislation to allow for prescribing to anyone potentially at risk of witnessing an overdose (including family, friends or service providers).
• Other jurisdictions have passed local laws or initiated pilot programs.
2013 State Legislative Action

Legislation expanding naloxone passed:
• Colorado, District of Columbia, Kentucky, Maryland, New Jersey, North Carolina, Oklahoma, Oregon, Vermont, and Virginia.

Legislation to expand naloxone pending:
• California, Connecticut, Illinois, Massachusetts, New Mexico, New York Ohio, and West Virginia.

Good Samaritan legislation introduced/enacted:
• Massachusetts, Mississippi, Missouri, and New Jersey.
State Naloxone and Good Samaritan Legislation

as of November, 2014

(Please check the individual statute as the language is nuanced and varies from state to state.)

1. Only if person has received training.
2. Only applies to 1st responders.
3. In Utah and Indiana, evidence of providing assistance to someone experiencing an overdose can be presented as a mitigating factor at sentencing to a conviction for possession of a controlled substance and/or paraphernalia. Utah allows evidence of providing assistance to someone experiencing an overdose to be used as an affirmative defense to an allegation of possession of a controlled substance and/or paraphernalia.
4. Only applies to peace officers.

Source: Office of National Drug Control Policy (ONDCP) searches of state legislative information from the following online databases yielded the information on the chart, and were current as of November, 2014:
https://advance.laws.com
http://www.capitoltech.com/
http://apnstates.org/

Created by ONDCP: December 1, 2014
BUREAUCRACY

PLEASE USE NEXT WINDOW
In Conclusion

120 Americans are lost everyday to overdose, an epidemic with mortality rates similar to the peak of the HIV/AIDS epidemic.

[Image of a character from Glee]
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American Society of Addiction Medicine Report:
- Reimbursement and coverage discrimination (medication and counseling)
  - Few treatment providers
  Structural discrimination and stigma
Cultural resistance to treating addiction as a disease with medical interventions
Poor referral networks