

Indiana University - Grand Challenge

Responding to the Addictions Crisis

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Distinguished Professor and Dean
Indiana University School of Nursing

The Indianapolis Coalition for Patient Safety (ICPS) and St Vincent Nursing Leadership Forum
Substance Use Disorder (SUD)

July 31, 2018

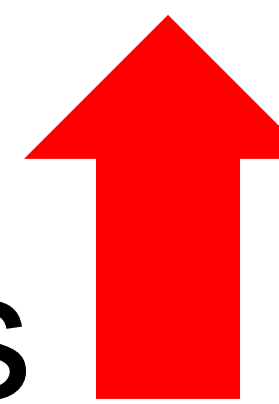

St Vincent Ruth Lilly Conference Center, Auditorium
Indianapolis, IN

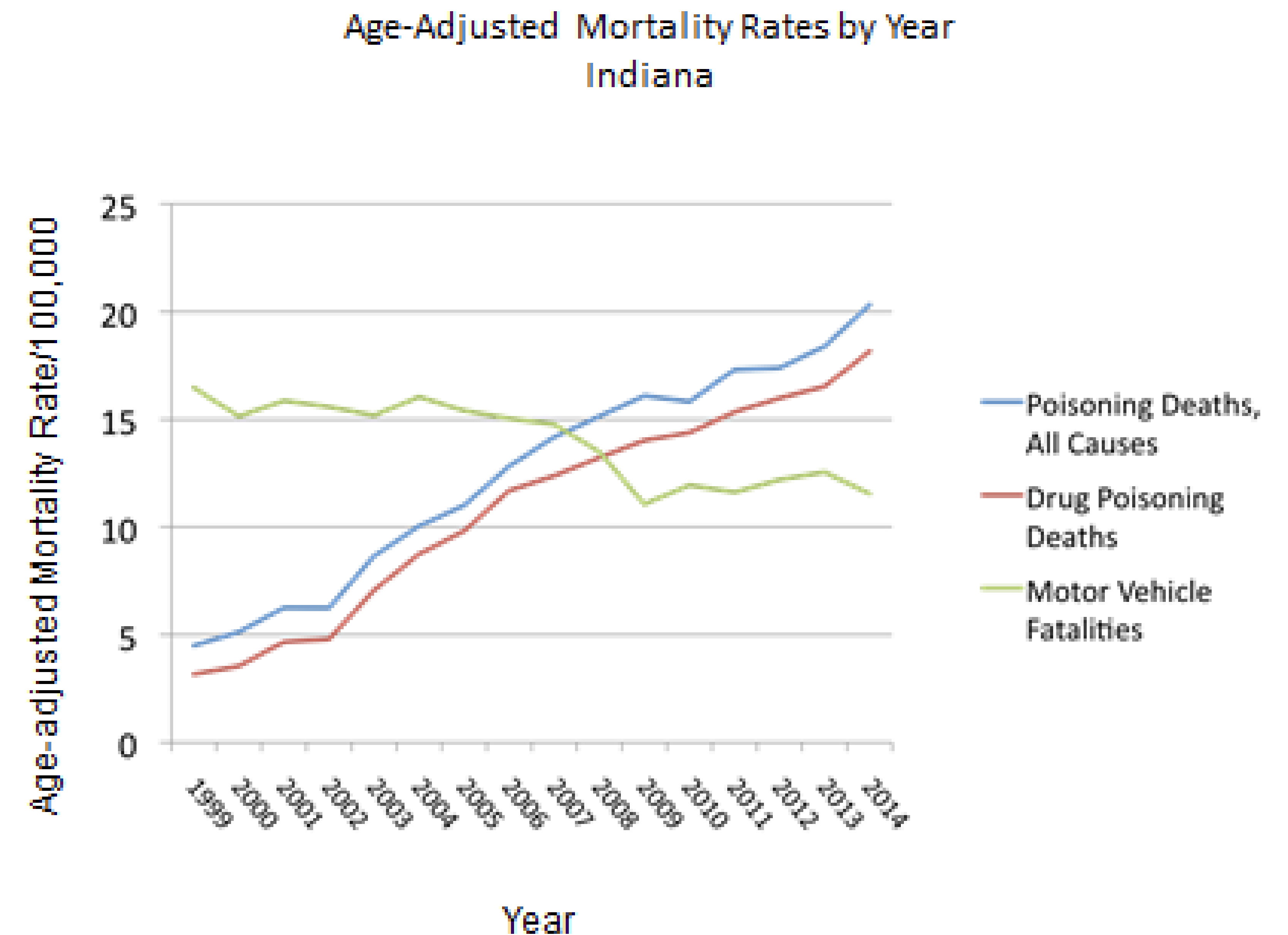
Objectives:

1. Describe three elements of IU's response to addictions.
2. Consider your organizational response to addictions.
Reflect on one problem in your clinical setting and consider one solution.



The Addiction Crisis in Indiana

- An adult in Indiana is **more likely to die of a drug overdose than a car accident.**
- Fatal drug overdoses  by 150% since 2005; fatal opioid overdoses  by 400%.
- Adverse health outcomes related to addiction are rampant – HIV in Scott County (2015-16) is a prime example (10 cases over 10 years ... **191 cases in 15 months**)
- The total annual cost of drug overdoses in Indiana tops \$1 billion (measured in medical expenses and lifetime earnings losses)



□ Data Source: CDC Wisqars, http://webappa.cdc.gov/sasweb/ncipc/dataRestriction_inj.html

Responding to the Addictions Crisis

- A partnership with Governor Eric Holcomb, IU Health, Eskenazi Health, and a growing number of communities and social service agencies
- IU's investment: \$50 million over 5 years
- We anticipate additional investments from partners, foundations, industry, and NGOs

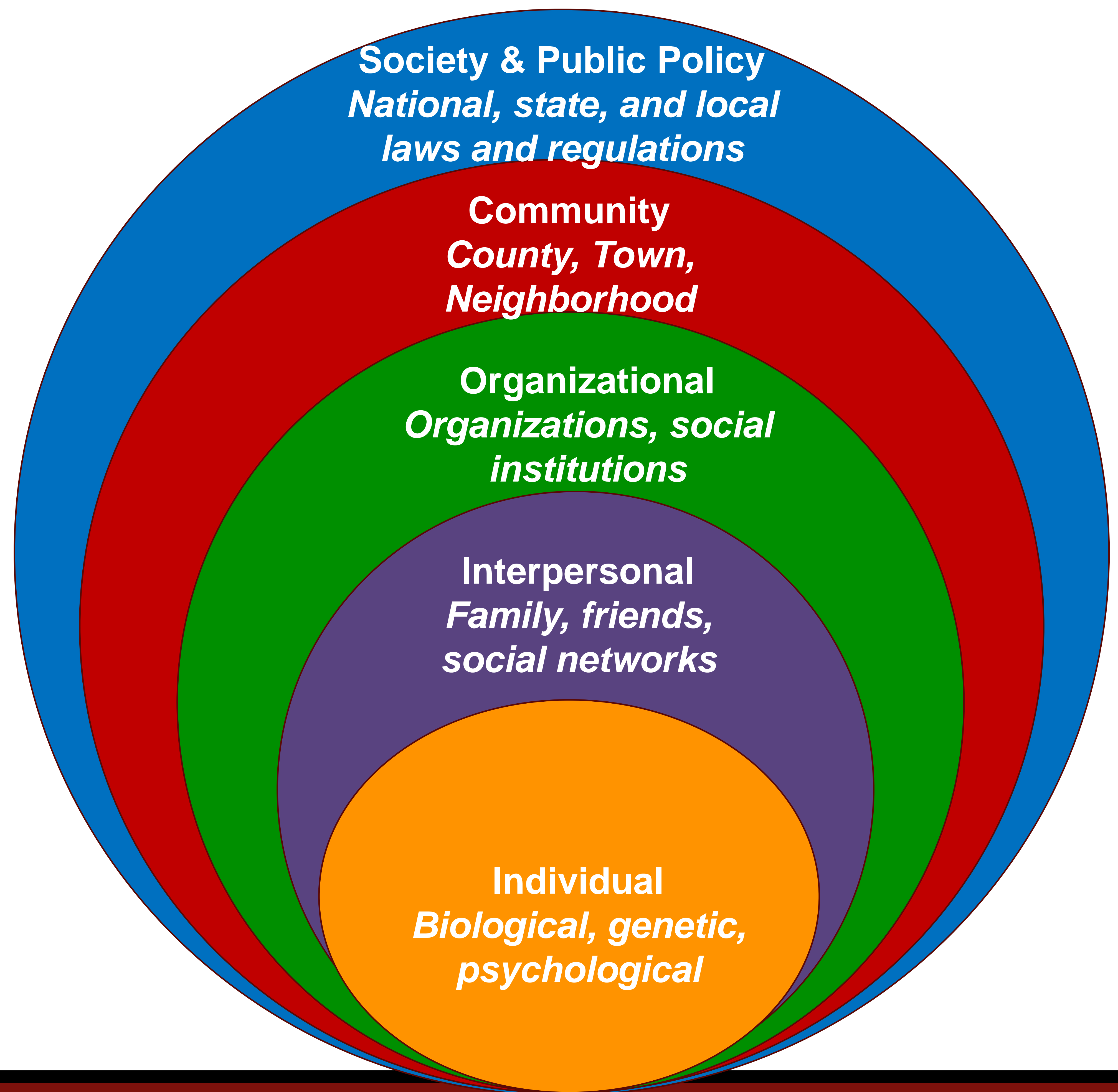
Together, we will

- Reduce the incidence of Substance Use Disorders (SUD)
- Decrease opioid deaths
- Decrease the number of babies born with Neonatal Abstinence Syndrome (NAS)

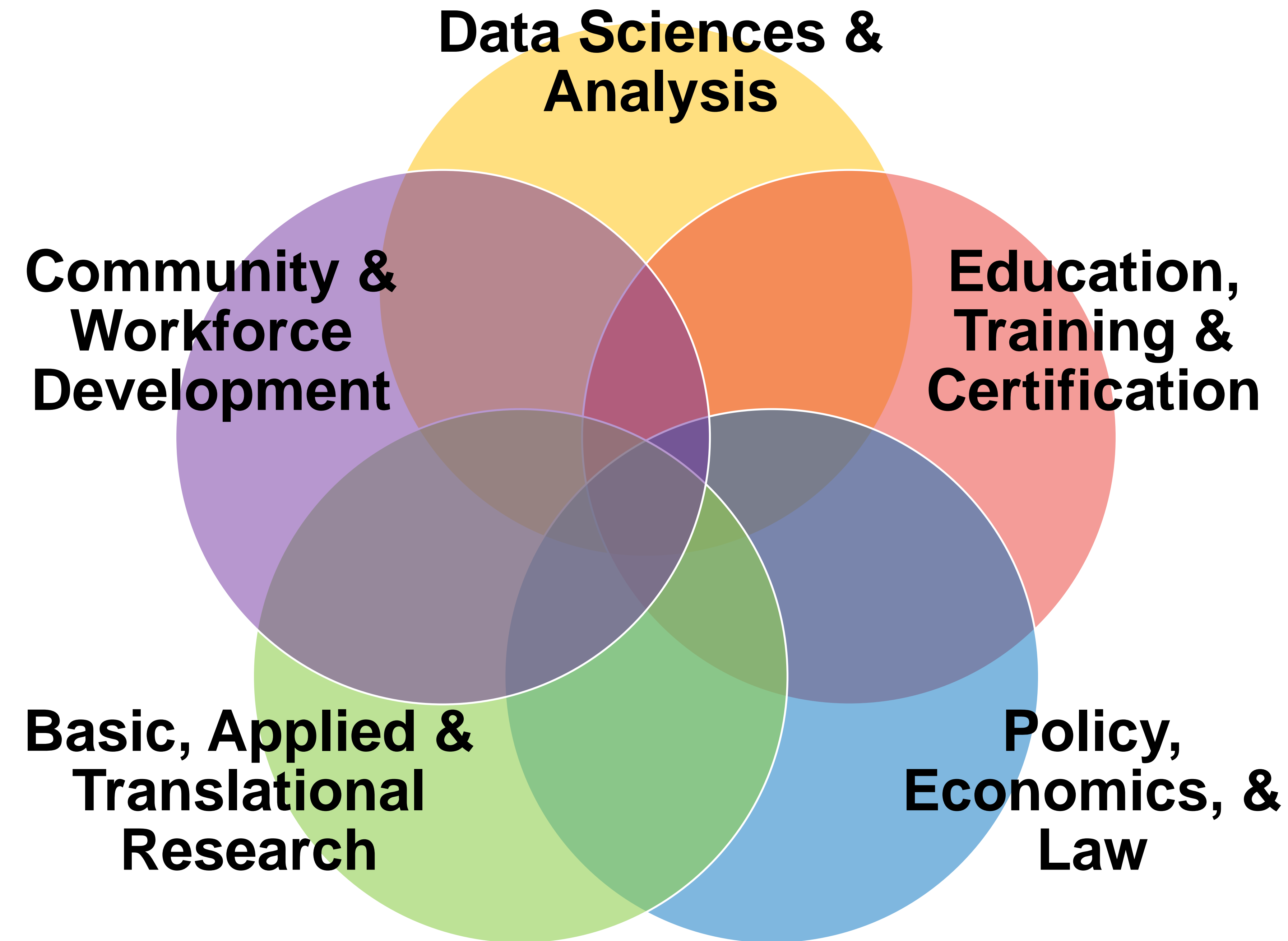
A Socio-Ecological Model of Substance Use Disorder

A father whose son died of a heroin overdose is quoted in Sam Quinones' book *Dreamland* reflecting on the need for a united response to the addictions crisis:

"Nobody can do it on their own," he said. "But none can stand against families, schools, churches, and communities united together."



To address the complexity of addictions, we will focus our work in 5 key, interrelated areas



Phase 1 - 16 Projects Funded

- *The Family-Based Justice-Improvement Project* (Matt Aalsma, PI)
- *Opioid Use, Substance Use Disorders, and Opioid Overdose Outcomes After Traumatic Injury in Adolescents* (Teresa Bell, PI)
- *Modeling the impact of early life environmental (living) conditions on drug intake and related behavior* (Stephen Boehm, PI)
- *Computer Adaptive Testing: Dissemination and Implementation* (Brian D'Onofrio, PI)
- *2018 Indiana Public Health Conference – Reframing Harm Reduction as a Public Health Imperative* (Joan Duwve, PI)

- *Project ECHO Center* (Joan Duwve, PI)
- *The Indiana Addictions Data Commons* (Peter Embi, PI)
- *Can State Policy, and Healthcare Environment Affect Opioid Prescribing? Research on Market Competition, and Physician Prescribing Behaviors in Rural v. Urban Settings* (Hsien-Chang Lin, PI)
- *CARE Plus: A Community--based Addiction Reduction plus Policy Innovations Program* (Debra Litzelman, PI)
- *PharmNet: Strengthening Overdose and HIV/HCV prevention access* (Beth Meyerson, PI)
- *Workforce and Capacity Assessment for People Referred to Treatment post-Hospital Discharge* (Robin Newhouse, PI)

- *Leveraging Interprofessional Education to Improve Training for Future Health Professionals in Pain Management, Alternatives to Opioids, and Better Prescribing* (Andrea Pfeifle, PI)
- *Legal & Best Policy Practices in Response to the Substance Use Crisis* (Ross Silverman & Nicolas Terry, PIs)
- *Education & Training in Addictions Counseling* (Ellen Vaughan, PI)
- *Optimizing Health among Opioid-Addicted Women and their Children* (Sarah Wiehe, PI)
- *Brief DBT Skills Program to Reduce Adolescent Drug Use in a School-based Setting* (Tamika Zapolski, PI)

Phase 2 Funding

- IU faculty and researchers invited to submit proposals for projects to be funded in 2018.

Community partners can work with IU personnel, but cannot submit proposals independently.

- Required Letters of Intent received June 5th
- Full proposals received June 26th and are under review
- Funded projects begin implementation in October, 2018
- Information available at <https://grandchallenges.iu.edu/>

Second Quarter Updates from Indiana University

- Delivering policymakers evidence-based responses to the opioid crisis
- Community Advisory Board established
- Ideas Lab yielded new, collaborative ideas to address addictions crisis
- Indiana Addictions Data Commons project making progress

Policy Recommendations (Terry, Silverman & Hoss, 2018)

- Harm Reduction
- Healthcare Interventions
- Care Coordination and Wraparound Services
- Drug Take Back Programs
- Patient Privacy Protections
- Courts
- Proceeds from Opioids Litigation
- Stigma

Full report available at <https://grandchallenges.iu.edu/addiction/hill-briefing.html>



Grand Challenge
Responding to the Addictions Crisis



INDIANA UNIVERSITY

Responding to the Addictions Crisis: a unique model

- First of its kind collaboration across sectors in response to a public health crisis:

Research university + state government + health care industry + communities + NGOs + other businesses and nonprofits

- Each partner contributes unique expertise and perspective
- Integrated, coordinated, and comprehensive
- Responsive to the health needs of the people of Indiana

Questions?

Organizational responses to addictions?

Problems, issues or solutions?

Learn more at
grandchallenges.iu.edu

Contact us at
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Substance Use Disorder: Setting the Stage at Franciscan

Dr. Marty Cangany RN, ACNS-BC

Clinical Nurse Specialist

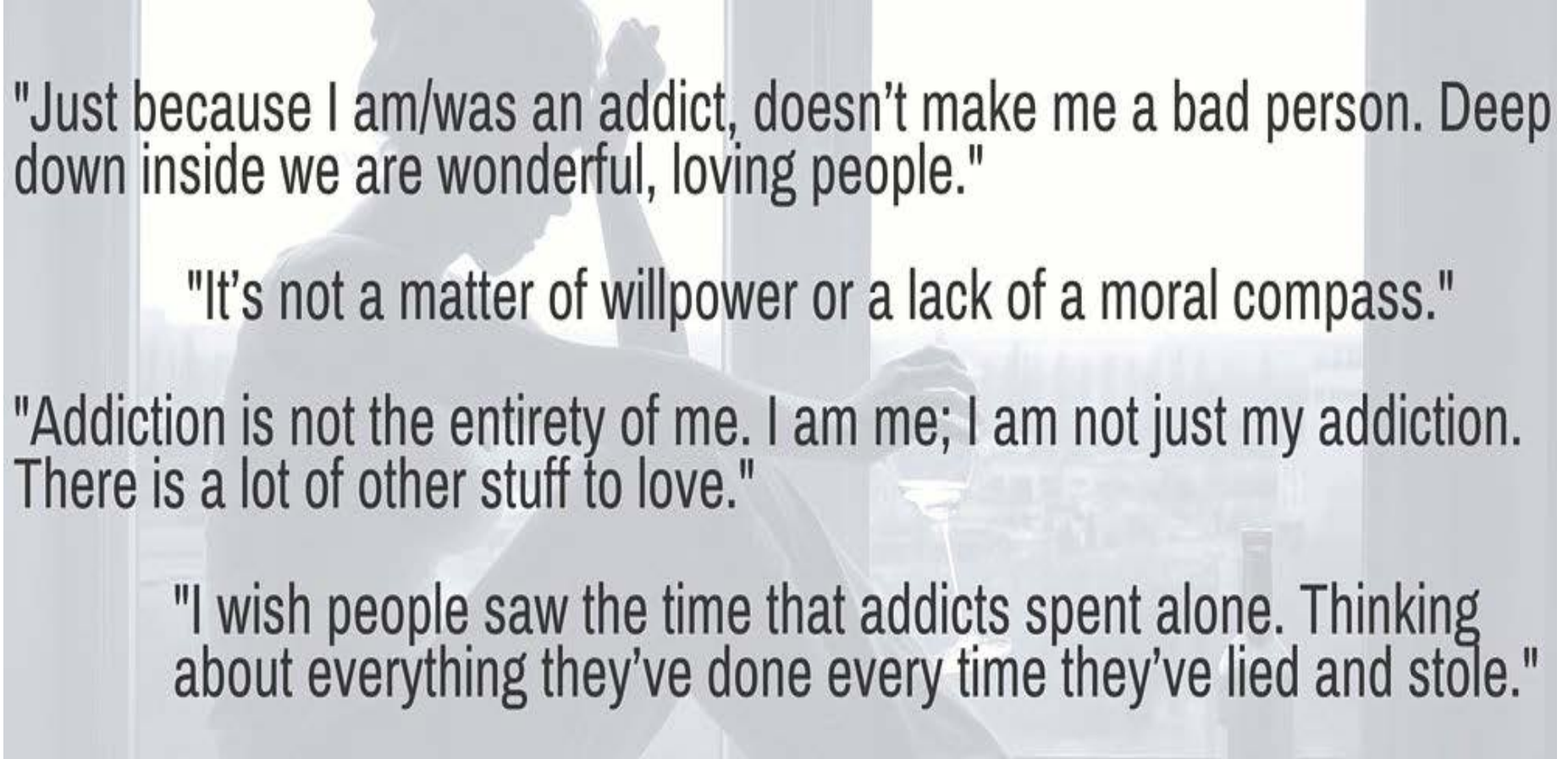
Franciscan Alliance Indianapolis Campus

Purpose/Objectives

- Verbalize the role of the Substance Use Disorder subgroup of the Indianapolis Coalition for Patient Safety (ICPS)
- Discuss the status of the Guidelines for Opioid prescribing in the Emergency Department and additional specific approaches in other populations
- Discuss current efforts being implemented in the Emergency Department at Franciscan Health and other areas of Franciscan CIR

Substance Use Disorder

Words of those who suffer this disease.....



"Just because I am/was an addict, doesn't make me a bad person. Deep down inside we are wonderful, loving people."

"It's not a matter of willpower or a lack of a moral compass."

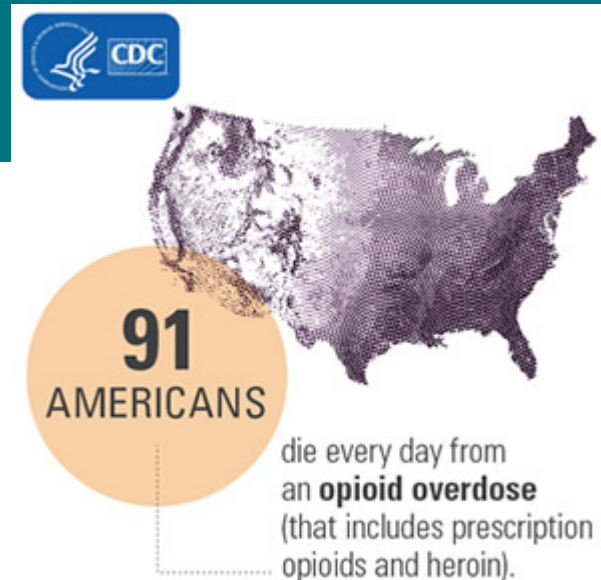
"Addiction is not the entirety of me. I am me; I am not just my addiction. There is a lot of other stuff to love."

"I wish people saw the time that addicts spent alone. Thinking about everything they've done every time they've lied and stole."

Complex, Multi-faceted, Ongoing



Substance Use Disorder



Drug overdose is the leading cause of accidental death in the US, with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015.



Substance Use Disorder

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), addiction affects approximately 23.5 million Americans every year, and roughly 11 percent receive treatment.

Substance Use Disorder

Since 1999, sales
of prescription
opioids in the U.S.
have **quadrupled**.

4x



In 2012, 259 million prescriptions
were written for opioids—
enough to provide a bottle to
every adult in the US.

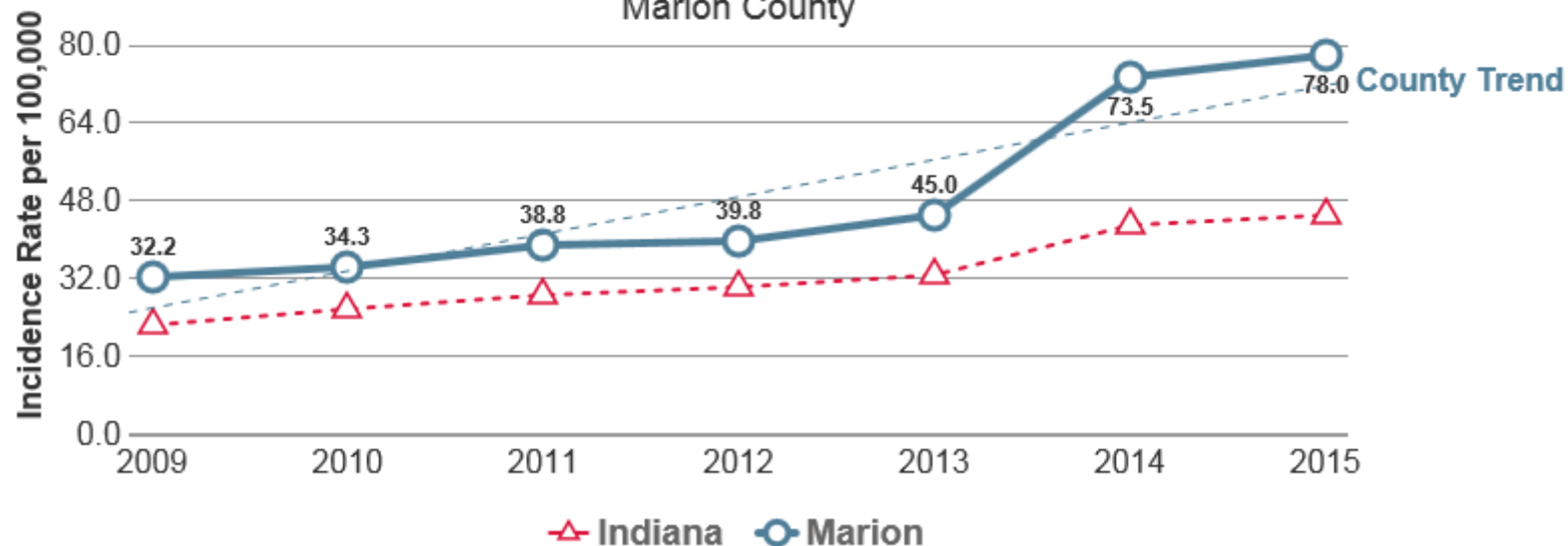
Substance Use Disorder



- In 2011, all drug related ED visits surpassed 125 million visits.
- 2.5 million ED visits resulted from medical emergencies involving drug misuse or abuse.
- Out of all drug misuse or abuse ED visits involved:
 - 1.25 million or 51% involved illicit drugs
 - 1.24 million or 51% involved non-medical use of pharmaceuticals; and
 - .61 million or 25 % involved combining drugs with alcohol

Emergency Department Visits due to Any Opioid Overdose

Marion County



<http://www.in.gov/isdh/27393.htm>

Indiana's Story 14th in the Nation

Significance of Opioid Use in Indiana

In 2014, 1,152 Hoosiers **died** from drug poisoning (500% increase since 1999)

Newborns exposed to opioids in utero have a 60-80% likelihood of suffering from neonatal abstinence syndrome (NAS)

Drug overdoses overtook the number of motor vehicle deaths in 2008

Indiana **leads the nation** in pharmacy robberies

80% of Indiana employers have observed prescription drug misuse by their employees

In 2014, nearly 13 million prescription drugs (controlled substances) were dispensed to Indiana residents; approximately half of which were pain relievers

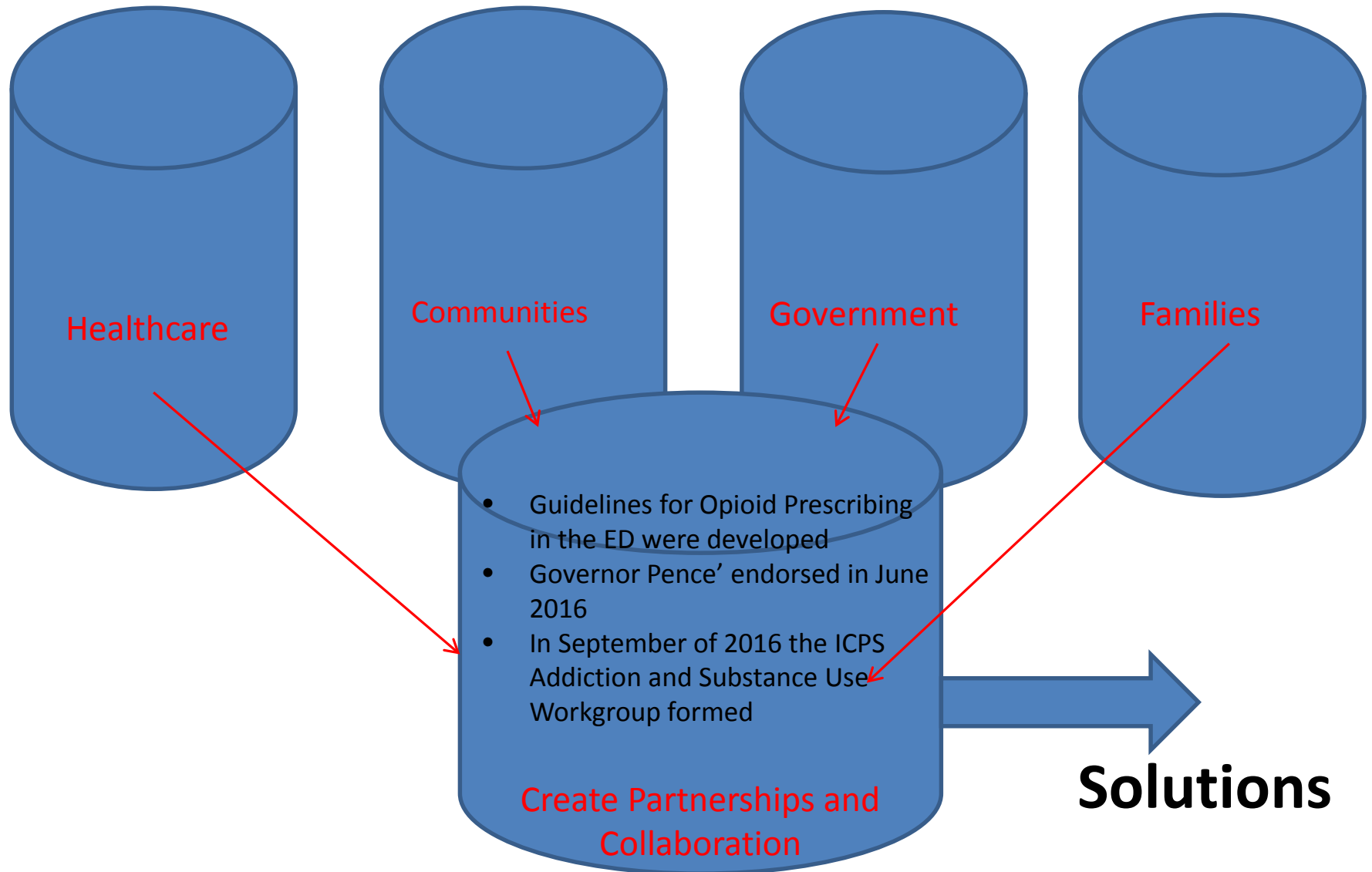
Opioid use disorder in Indiana resulted in:

- \$31.9 million for nonfatal ER visits
- \$64.1 million for hospitalization of babies with NAS
- \$350 million for related hospitalizations

Injection drug use has fueled an outbreak of HIV in rural Indiana, a nationwide surge in Hepatitis C infections, as well as an increase in the number of babies born addicted to drugs.

With drug overdose fatalities costing \$1.4 billion (including medical costs and lost lifetime earning for victims)

Created Silos





Substance Use Disorder

- In June of 2016 Governor Mike Pence endorsed a set of guidelines for managing pain in the Emergency Departments in efforts to decrease the availability of opioids being prescribed.
- These guidelines were a joint venture of many stakeholders.
 - Indiana Hospital Association
 - Advancing Emergency Care
 - Indianapolis Coalition for Patient Safety
 - Indiana State Medical Association



Indiana Guidelines for Opioid Prescribing in the ED

1. Total of 8 individual recommendations
2. Guidelines to assist providers to enlist a general approach to prescribing opioids and other controlled substances in the ED and are intended to compliment the Indiana Chronic Pain Management Rules and any other laws governing prescribing practices or patient treatments.
3. Have assisted in decreasing the number of prescriptions being written in the ED as well as the number of pills being dispensed. No more than a 5 day supply per guideline recommendations.
4. Facilitated the increase in utilization of INSPECT (PDMP) in the ED to identify potential abuse and hospital and doctor hopping

Current Law

- An Indiana law that went into effect in July 2017 which prohibits doctors from prescribing more than a seven-day supply to patients under 18 or to adults for whom that is their first prescription from that provider.
- Within the first few months of the law going into effect, there were 100,000 fewer prescriptions written, said Dr. John McGoff, president of the Indiana State Medical Association.

ICPS Subgroup on Substance Use Disorder

**Working together to make
Indianapolis the safest place to
receive healthcare in the nation.**



Substance Use Disorder

ICPS Members



We will not compete on safety and will share openly best practice



Substance Use Disorder

Substance Use Disorder (SUD) Workgroup

- Substance Use Disorders (SUD): chronic medical conditions that require long term care, monitoring, management strategies and follow up as part of routine medical care across the patient's lifespan.



SUD Workgroup

Contributors:

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SUD Consensus Statement

I. Staff and provider education

- a. Stigma reduction
- b. SUD
- c. Anti-Diversion strategies
- d. Prescribing guidelines
- e. INSPECT requirements



SUD Consensus Statement

II. Screening and Identification

- a) SUD screening tools in place
- b) UDS in place

III. Brief Intervention

- a) Mandatory SBIRT, referral and naloxone info when appropriate



SUD Consensus Statement

IV. Treatment Intervention

- a. Overdose Reversal Agents (Naloxone)
- b. Detoxification
- c. Medication Assisted Treatment (MAT)
- d. Psycho-social treatments



SUD Consensus Statement

V. Long Term Follow up

- a) Coordinated and chronic care management strategies in place

VI. Patient educational resources and treatment resources / referral

- a) Local resource guide available
- b) Advance Directives for SUD available
- c) Medication Disposal strategies in place
- d) Diversion education in place



SUD Consensus Statement

VII. Medication Disposal

- a) Medication take back programs in place

See complete ICPS SUD workgroup consensus statement at:

http://indypatientsafety.org/documents/resources/DRAFT_ICPS_Addictions_consensus_statement_Aug302017_with_embedded_documents.docx





I want to be able to look back at the year 2018 and say that we acted with fierce urgency.

Next Steps Where to Start

How Are We Setting the Stage?

- Initiate a Substance Use Committee
- Charter Developed
 - Key stakeholders, interdisciplinary
 - Prioritize work to be done
 - Identify key metrics
 - Education for all staff
 - Spread the work throughout
 - What are the buckets
 - ED, Physician Practice Offices, Acute Care, Mother/Baby and the OR

ICPS ED Workgroup Recommendations

Objective 1:

All staff that work in health-care receive **annual SUD education**. At a minimum, education should include an overview of SUD, stigma reduction, and treatment strategies associated with SUD

Short term (6 months) – education for all clinical staff

Long terms – education for all clinical and non-clinical staff

ICPS ED Workgroup Recommendations

Objective 2:

Regular screening of all patients for substance use disorders using a standardized and evidence based assessment tool as part of routine care delivery.

Short term (6months) implement standard screening tool for use city-wide in the Emergency Department

ICPS ED Workgroup Recommendations

Objective 3:

If screening is positive, patients should be provided with **brief interventions** and directed toward recommended treatment.

Brief intervention focuses on education, increasing patient insight and awareness about risks related to unhealthy substance use, and enhances motivation toward healthy behavioral change.

ICPS ED Workgroup Recommendations

Objective 4:

Reversal Agents: Naloxone will be available to all at risk patients and families in any setting. When treating patients who have overdosed, naloxone kit will be directly provided upon discharge.

Short term (6 months) Initiate within 6 months in all ED's

ICPS ED Workgroup Recommendations

Objective 5:

All participating health-systems develop systems for the use of **Medication Assisted Treatments (MAT)** in medical care settings as well as psychiatric care settings.

MAT to include:

- i. Buprenorphine products
- ii. Naltrexone formulations
- iii. Methadone for addiction treatment

Objective 6:

INSPECT reports are integrated with all Electronic Health Records (EHR's)

ICPS ED Workgroup Recommendations

Objective 7:

Treatment Resource Guide: Education and discussion of available resources must be incorporated into the discharge plan of all patients who present with SUD or overdose. Patients and families must be provided with options of treatment, other community resources and where to reach out for help when it is needed.

Request that FSSA or other governing body take responsibility for creating and maintaining list of all licensed facilities and that this list be well vetted to assure all standards of care are met.

Franciscan Alliance ED Work

- Guidelines for Prescribing Opioids in the ED are well under way for complete implementation
- Leadership and Staff nurse workgroup formed for implementation of 7 new ED objectives
- Extensive staff education being worked on
- Continual work on best practices for pain management
- Implementation of a Recovery Coach in our ED

ED Substance Use Disorder Work

- Identification of a screening process in the ED for substance Use Disorder
- Working with our Pharmacy Counterparts to look at opportunities for Naloxone Education in the ED
- How will we measure success? Working with an interdisciplinary team to identify key metrics.

Mother/Baby Substance Use

- Work initiated in this area
- Urine Drug Screens mandatory for moms
- Working to implement new evidence based care for NAS babies called Eat, Sleep Console
- Staff Education

Additional Areas of Focus

- Meetings with the Educational Department to identify objectives, timelines and best methodology to deliver ongoing education related to substance use disorder
- Violence Prevention Committee work to implement new process to assist in keeping staff safe. Initiate Calm the Storm training for staff which is a de-escalation methodology

Focus Areas

- Inclusion of a Medication Assisted Treatment Program (MAT) as an option to assist those with Substance Use Disorder
- Applied for a grant to begin to screen for substance use in physician practice offices

NEXT UP STIGMA

- Education coming in the near future
- Multimodal methodologies
 - Initially a LMS module
 - Follow up with focus groups for discussion
 - New Study release just yesterday
 - Including nonessential, "stigmatizing" notes in a patient's health record may lead them to receive inadequate care in the future, according to a study out of Baltimore-based Johns Hopkins University School of Medicine and published in the [*Journal of General Internal Medicine*](#).

Making the SHIFT

- If Narcan is free for addicts, why isn't chemo free for cancer patients?

Making the SHIFT

- Because EMT's have an obligation to revive you in an emergency, NOT treat you.
- Narcan is NOT a treatment for addiction. If an addict calls 911, they do NOT get free treatment or free methadone/suboxone. They get revived, that's it.
- If a cancer patient's heart gives out and 911 is called, they don't get free chemo, they get revived, that's it.
- And BOTH will be revived repeatedly in emergencies until they either get treatment, die, or sign a DNR form and BOTH will be given ambulance bills each time.
- Narcan is to overdose as electric heart paddles are to heart failure. Both may revive you temporarily but neither will beat the underlying disease.

Questions



Thank You

Bibliography

- 1 National Institute on Drug Abuse. (2015). Drugs of Abuse: Opioids. Bethesda, MD: National Institute on Drug Abuse. Available at <http://www.drugabuse.gov/drugs-abuse/opioids>.
- 2 American Society of Addiction Medicine. (2011). Public Policy Statement: Definition of Addiction. Chevy Chase, MD: American Society of Addiction Medicine. Available at http://www.asam.org/docs/public-policy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=2.
- 3 Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>.
- 4 National Institute on Drug Abuse. (2014). Drug Facts: Heroin. Bethesda, MD: National Institute on Drug Abuse. Available at <http://www.drugabuse.gov/publications/drugfacts/heroin>.
- 5 Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm655051e1>

Online Pharmacies:

What You Need to Know:
How to Keep Hoosiers Safe

Tuesday, July 31, 2018

Speaker

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Today's Discussion Agenda

- ▶ Framing the Issue: Illegal Online Pharmacies
- ▶ Understanding Hoosier Perceptions and Behaviors Regarding Online Pharmacies
- ▶ Available Tools to Ensure Safety Online
- ▶ Concluding Remarks & Next Steps

About ASOP Global

ASOP Global is dedicated to addressing the growing public health threat of illegal online drug sellers through strategic efforts around the globe, concentrating its activities in research, education, Internet commerce company voluntary actions, and policy and advocacy.

<http://buysaferx.pharmacy/>

Cost, Convenience and Access to Care



Cost, Convenience and Access to Care

CVS pharmacy™

Pharmacy MinuteClinic® Shop ExtraCare® Optical Photo Easy Reorder Basket

Home | Drugs | **Cialis** | Oral tablet | 10mg

Cialis: Oral tablet (10mg)

Detailed Information

ON THIS PAGE:

- [What is this Medicine?](#)
- [CVS Patient Statistics](#)
- [In-Depth Information](#)
- [Learn More](#)
- [Patient Experiences](#)

Also see:

- Get answers to Frequently Asked Questions (FAQs)
- Find other class related drugs
- Find additional patient usage statistics

Visit Drug Summary Page [Go](#)

Item 1 of 1

Cialis 10mg Tablets
Eli Lilly and Company
Pill Identification:

\$54/pill

BLINK-HEALTH

Search for a medication About Blink Help

1. SEARCH 2. PAY 3. PICK UP

Cialis

Tadalafil 10 mg, 10 Tablets

Tadalafil is used to treat male sexual function problems (impotence or erectile dysfunction-ED). In combination with sexual stimulation, tadalafil works by increasing blood flow to the penis to help a man get and keep an erection. Tadalafil is also used to treat the symptoms of an enlarged prostate (benign prostatic hyperplasia-BPH).

[Medication info, side effects, uses & more →](#)

Blink Price
\$546.54
With promo: \$541.54

You must have a valid prescription doctor. ⑦

Form
Tablet

Dosage
10 mg

Quantity
10 Tablets

[Add to Cart](#)

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Cialis	\$4.00	SAVE 40%	Now only \$2.40 >
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Cost, Convenience and Access to Care

International Business Times



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BUSINESS

US Patients Turn To Online Pharmacies For Cheap Meds, But Drug Companies Say The Sites Endanger Consumers

Daily Mail .com

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THE DREAM TEAM AGAINST DRYNESS & DIRT

SHOP NOW

Patients who pay £1,000 for life-saving drugs online that would cost NHS £35,000: More and more are doing it - but doctors warn it's a big risk

- Kim Crisell, 60, from Witham, Essex, was told he faced certain death
- He had been diagnosed liver disease three years ago, and looked online
- The best hope was to wait for a new wonder drug called Harvoni

News - Canada

thestar.com

Americans turn to Canada for cheaper EpiPens

Canadian price for the life-saving allergy antidote syringe remains at about \$100, versus \$600 or more in the U.S.



Mylan said it would reduce the out-of-pocket cost of its severe allergy treatment EpiPen through a discount program, a day after Democratic Presidential candidate Hillary Clinton criticized the drug's high price. Bobbi Rebell reports.

HEALTH NEWS

HEALTH CARE | DIET & FITNESS | MENTAL HEALTH | MEN'S HEALTH | WOMEN'S HEALTH

Patients Seeking Cheaper Drugs Join Buyers Clubs

by REUTERS

Frustrated by the high price of antiviral drugs, thousands of patients from London to Moscow to Sydney are turning to a new wave of online "buyers clubs" to get cheap generic medicines to cure hepatitis C and protect against HIV infection.

While regulators warn that buying drugs online is risky, scientific data presented at a recent medical conference suggest that treatment arranged through buyers club can be just as effective as through conventional channels.



A doctor holds Truvada pills at her office in San Francisco in 2012. Jeff Chiu / AP file

Will Nutland, who supports a drug-buying network in London and takes Indian-made generic drugs that are not available through the health service to prevent HIV infection, thinks the latest research will build confidence in such schemes.

"This new data shows that so far we've got it right," the HIV activist



Why Is This A Problem?

Hidden Poisons in Counterfeit Medications

There are a lot of shady ingredients that go into counterfeit medications that consumers can be exposed to by buying directly from unlicensed drug sellers on the internet, or when medical professionals purchase medications from outside the secured supply chain.

Investigators have found these dangerous ingredients in fake medicine.

Heavy metals



mercury
aluminum
lead
cadmium
arsenic
chrome
uranium
strontium
selenium

Actual poison



PCBs
benzopyrenes
rat poison
boric acid
antifreeze

Common household items



road paint
wall paint
brick dust
floor wax
sheet rock
paint thinner

Drugs you didn't ask for



aminotadalafil
homosildenafil
xanthoanthrafil
pseudovardenafil
hongdenafil
sibutramine
haloperidol

No drugs at all



dextrose
dextrin
lactose
starch
saline
salt



FAKE



Brick Dust: Used by counterfeiters to provide color and texture to pills, brick dust can contain poisonous heavy metals and other chemicals.

Why Is This A Problem?

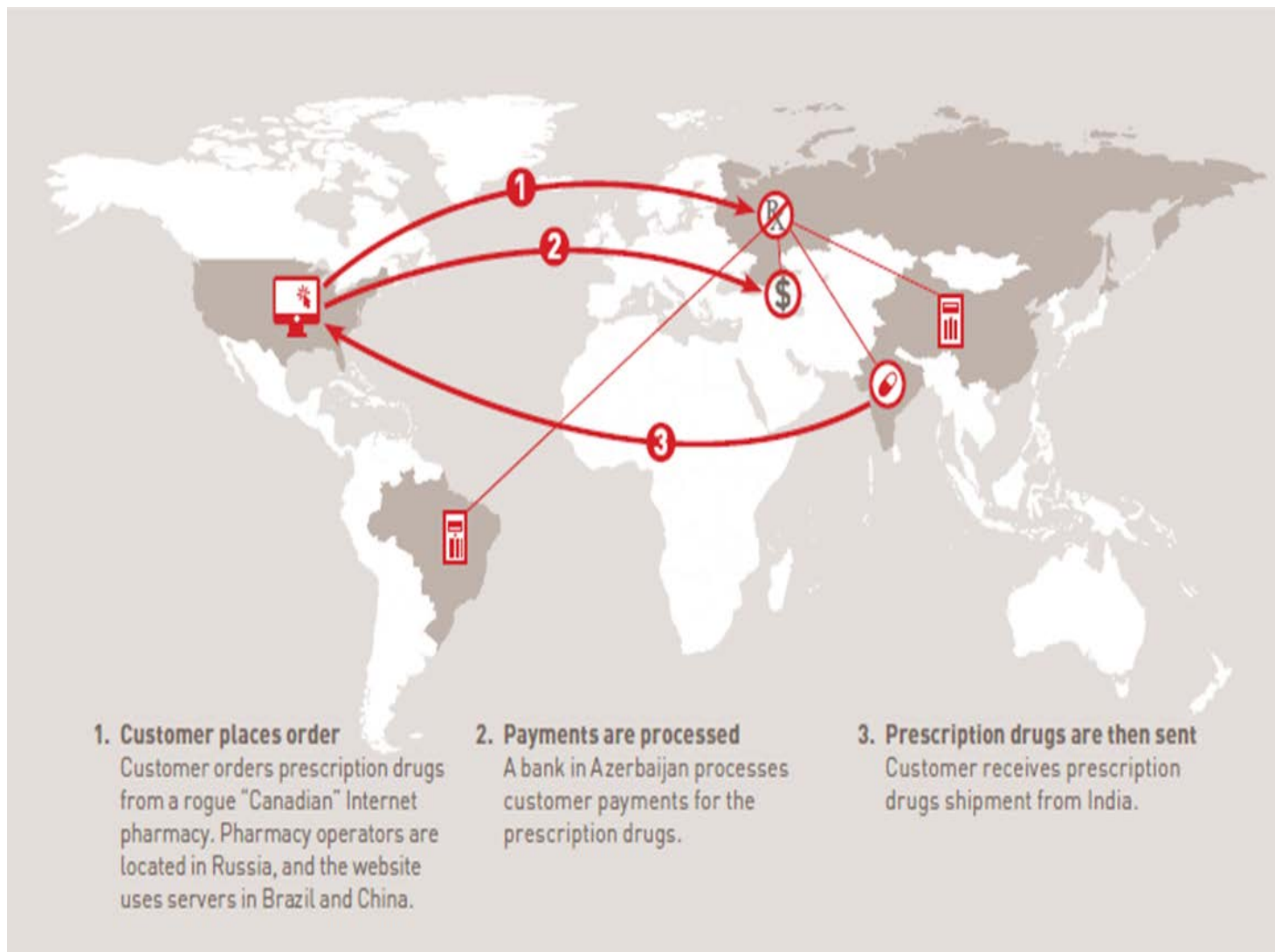
- ▶ Every day, approximately **20 new illegal** online pharmacy websites go live globally.
- ▶ **3,300** sites sell controlled substances like **opioids**, often without a prescription.
- ▶ In searching online for **prescription opioids** across the three major search engines, nearly **91% of the first search results** led users to an illegal online drug seller offering prescription opioids.



Why Is This A Problem?

- ▶ Common violations by illegal drug sellers include:
 - ▶ Selling **falsified, adulterated and unapproved medicines**;
 - ▶ Selling prescription **medications without a prescription**; and
 - ▶ Operating with **no pharmacy license**.
- ▶ Risks of over/under-dosing, drug interactions, adverse events and financial fraud.
- ▶ Online drug sellers can make between **\$1 – 2.5 million** in sales each month.
- ▶ Counterfeiters make **10x more profit** than that of illicit drug traders.

Rogue Internet Pharmacy Operations



Patient Harms



Woman Dies After Taking 'Diet Pills' Bought Over the Internet
The Guardian (April 2015)



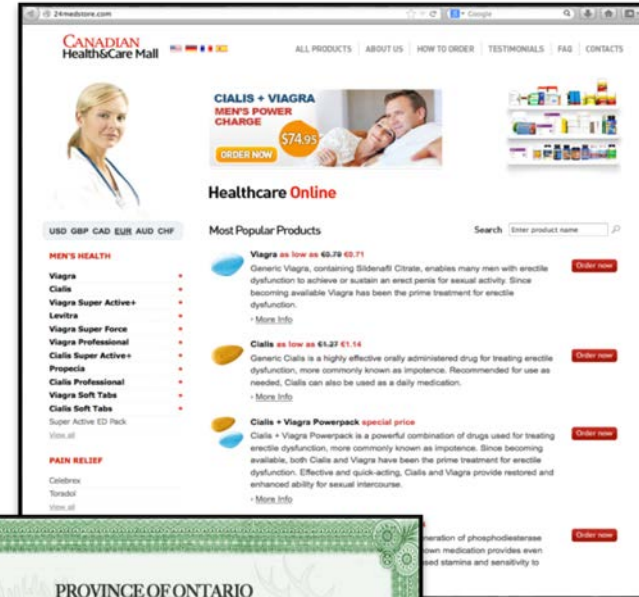
Banned Slimming Drug Kills Medical Student: Coroner Attacks Online Dealers who Target the Vulnerable – Daily Mail (April 2013)



Paramedic Died After Taking Tablets She Bought Over the Internet to Help Her Sleep – Daily Mail (May 2011)

Spotting a Fake Online Pharmacy

- ▶ Is the online pharmacy in compliance with the laws in *both* the *country of origin* and the *country of destination*?
 - ▶ Approved Medicines.
 - ▶ Licenses in Jurisdictions of Business
- ▶ Does it require a *valid prescription* for prescription medications?
 - ▶ No 'Form-Only' Medical Consultations
 - ▶ No Waivers
 - ▶ Real Doctor-Patient Relationships





Shopping Cart Items: 1 Subtotal: \$139.80 **CHECKOUT**

Fraudulent use of NABP VIPPS seal

Search

GO

Products by Name: [A](#) [B](#) [C](#) [D](#) [E](#)

Red Hot Deals!

SAVE 50%



Viagra
\$3.70
Now only \$1.85 >

SAVE 40%



Cialis
\$2.92
Now only \$1.75 >



Verified by VIPPS



American Pharmacists Association



ExtraCare



Comodo Authentic Site

CVS Pharmacy is a licensed online pharmacy. International license number 03489044 issued 03 Dec



VIEW LICENSE
CVS Pharmacy is licensed by the Minnesota Board of Pharmacy

OUR ADDRESS:
Headquarters
1210 Midhurst Dr,
Arlington, TX 76013,
USA

WE SHIP WORLDWIDE:
TO ALL COUNTRIES AND
DESTINATIONS, FEEL FREE TO
ORDER



CVS Pharmacy - Windows Internet Expl...
http://www.cvsrxpharmacy.com/certificates/vipps/

Verified Internet Pharmacy Practice Sites™(VIPPS)

Corporation	CEO
CVS Pharmacy	Michael D. Bryan
Address	Experience Operating a Pharmacy since June 1999
5900 Shingle Creek Pkwy, Minneapolis, MN, USA	

Dispensing Pharmacies	
Pharmacy Name	Address
CVS Pharmacy	1210 Midhurst Dr Arlington, TX 76013, USA

Original VIPPS Certification Date	Next Verification Date
January 20, 2010	January 20, 2014

Donald McCormack

Internet

Fake pop-up when seal is clicked to create appearance of legitimacy

What is NABP?

- ▶ The National Association of Boards of Pharmacy.
- ▶ Nonprofit, international, impartial professional organization that supports its member boards of pharmacy in protecting the public health.
- ▶ Has been certifying US-based internet pharmacy sites since 1999.
- ▶ Acquired the “.pharmacy” TLD in 2014 to create a safe online environment for internet pharmacy transactions, health products and health information.
- ▶ Public health protection – foundation for all NABP programs and services.

.Pharmacy Consumer Education is KEY

- ▶ Consumers should recognize .Pharmacy as the valid designation for a legitimate pharmacy or related website.
- ▶ Message: *"Look to the right of the dot".*
- ▶ Increased public awareness will decrease the impact of rogue online drug sellers masquerading as pharmacies.
- ▶ As consumer recognition increases, .Pharmacy will be the desired website domain for consumers & legitimate pharmacy businesses.

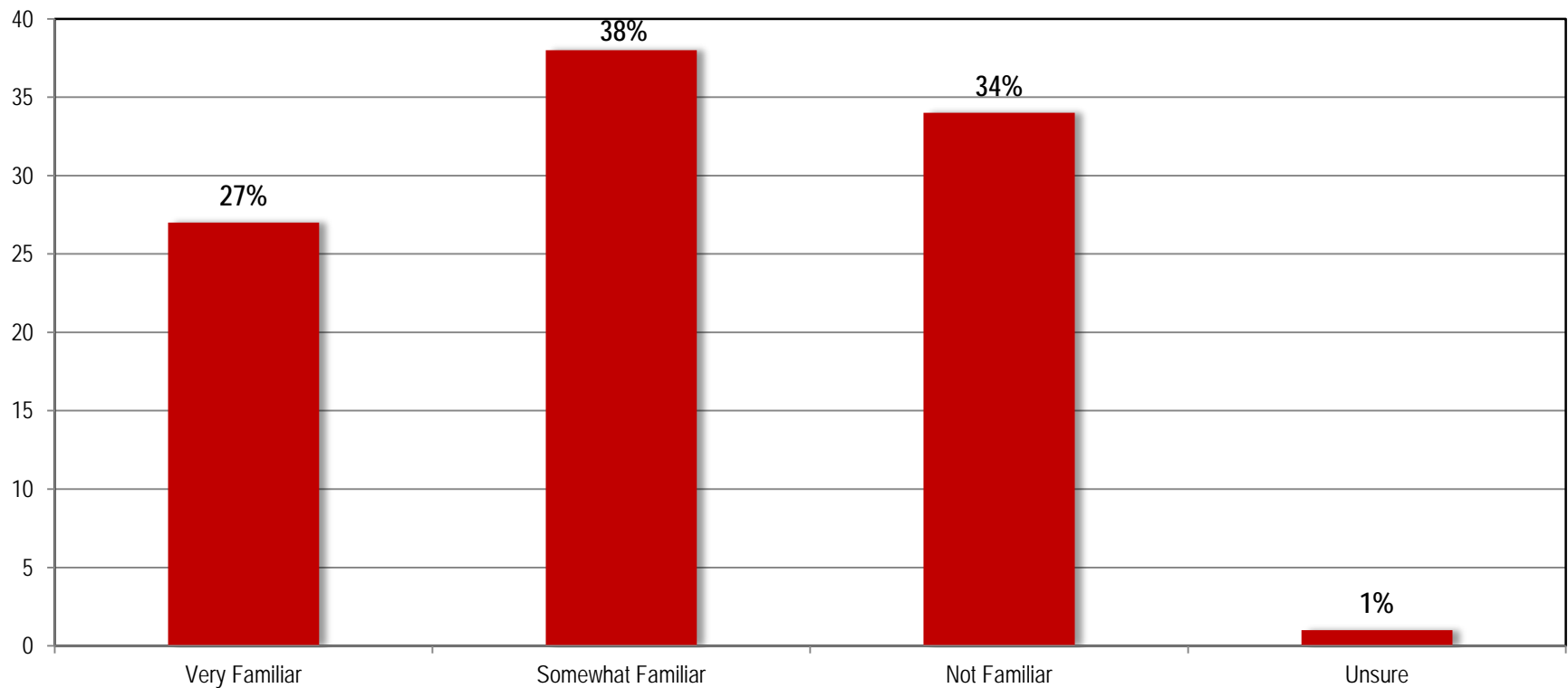
ASOP Global Hoosier Survey

Methodology and Demographics

- ▶ ASOP Global partnered with Baseline, a nationally-recognized polling firm, to conduct a consumer survey over five days in May 2017.
- ▶ Margin of error: (+/-) 4%.
- ▶ 33% online panel; 37% landline phone; 30% mobile phone.
- ▶ 500 interviews (48% male/52% female)
 - ▶ Age distribution, race/ethnicity and partisanship representative of Indiana voters.
 - ▶ Respondent ages reflect national averages.
- ▶ 76% of participants or a member of their household currently taking a prescription medication.

Key Consumer Behavior Findings

While only 27% of consumers are very familiar with online pharmacies, **a majority (55%) has or would consider buying medication online.**



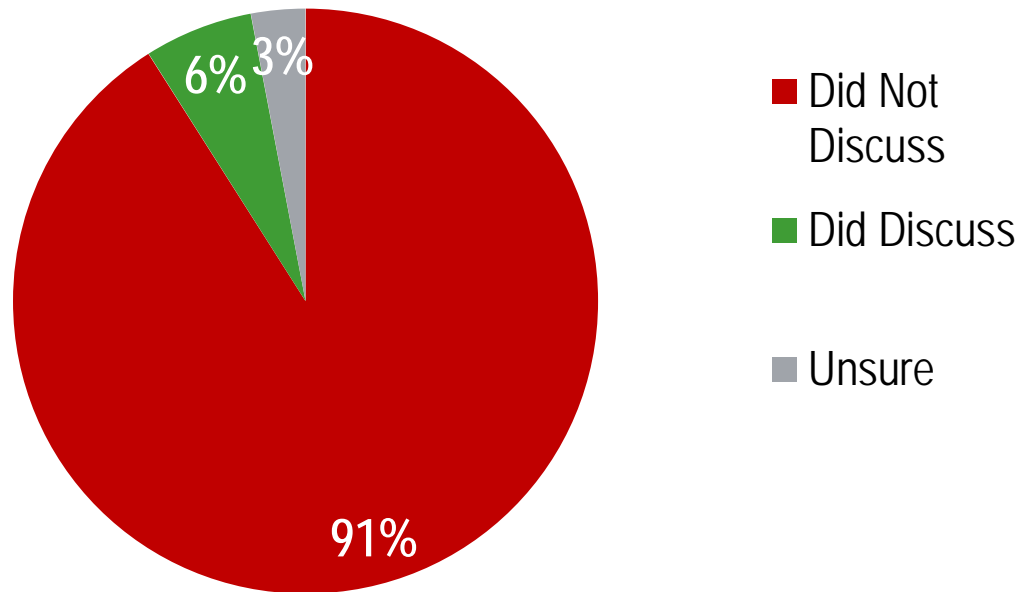
Key Consumer Behavior Findings

- ▶ **1/3** of respondents had purchased from an online pharmacy for themselves or someone under their care.
- ▶ Adults **over the age of 55** were most likely to have purchased from an online pharmacy.
- ▶ **Lower household income** correlates with willingness to **accept higher risks** of online pharmacy use.
- ▶ **72% of daily social media users** would consider purchasing medications online compared to 75% of non-social media users who would not consider using an online pharmacy.

Key Consumer Behavior Findings

88% of people who have purchased prescription drugs online (purchasers) did not discuss it with their healthcare provider.

Of *all* respondents, 91% do not discuss where they get their medicines with from a provider.



What Medicines Would Consumers Purchase Online?

- ▶ 42% have bought or would consider buying **chronic disease medicines** online, such as products for blood pressure or high cholesterol.
- ▶ 21% have bought or would consider buying **specialty medications** online, such as chemotherapies or hormone replacement therapy.
- ▶ 17% of consumers have considered buying **chronic pain medications** online *(we didn't ask if they had bought in this category for fear of under self-reporting)*.

However, Less than 5% of consumers are aware of tools available to help them find safe online pharmacies.

Key Consumer Perception Findings

After learning the facts, **59% of consumers oppose** prescription drug importation from Canada.

- ▶ 53% of consumers **perceived Canadian online pharmacies as risky.**
- ▶ 57% of consumers believe their **privacy and/or identity theft** is at risk.
- ▶ 15% of consumers **would consider using a Canadian online pharmacy** and are willing to accept moderate-to-high risk to do so.

Top Facts that Impact Consumers

- ▶ Many foreign online pharmacies **do not require prescriptions** for medication, making it easier to evade law enforcement and get drugs, **worsening our the US opioid epidemic**.
- ▶ Since 2010 there have been more than **200 felony counts** against networks affiliated with Canadian online pharmacies.
- ▶ While the Canadian government requires Canadian online pharmacies to sell Canadian approved drugs to their own citizen, they **cannot ensure** Americans will receive Canadian medicines. According to the US FDA, **85%** of medicines that are sold to Americans by Canadian online pharmacies **are not Canadian**.

Top Three Survey Takeaways

- ▶ 55% of Hoosiers have or would buy online, yet less than 5% know how to do so safely.
- ▶ Educated consumers take less risks.
- ▶ More education is needed – to healthcare providers and consumers/employees.

For more survey takeaways, please visit:

<https://goo.gl/pTwvUJ>

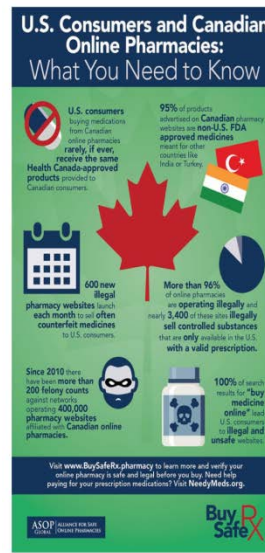
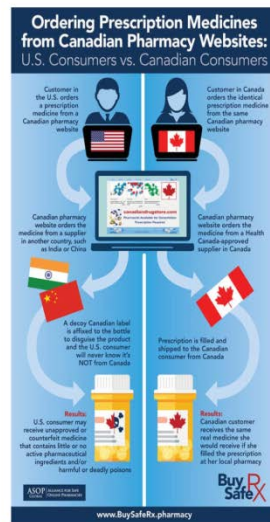
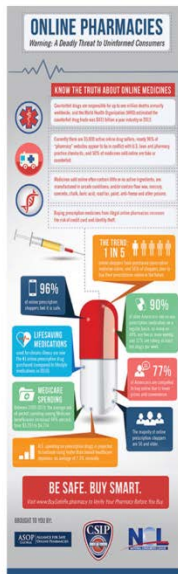
What Can Employers Do?

1. **Remember** the majority of patients never think about the issue, but it could be adding to your insurance claims (ineffective treatment, adverse events).
2. **Partner** with ASOP Global to educate your employees – trainings, seminars, etc.
3. **Use** free ASOP Global and NABP resources: videos, factsheets, downloadable brochures.
 - a. <https://buysaferx.pharmacy/healthcare-providers-toolkit/>
 - b. <https://nabp.pharmacy/>

Develop Your Own Toolkits to Educate Employees

Go to the following website and download infographics at NO CHARGE:

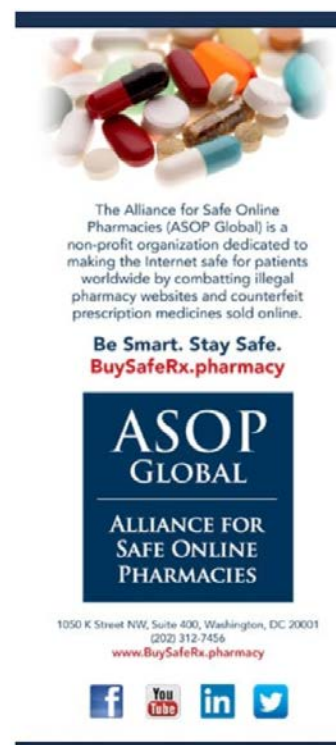
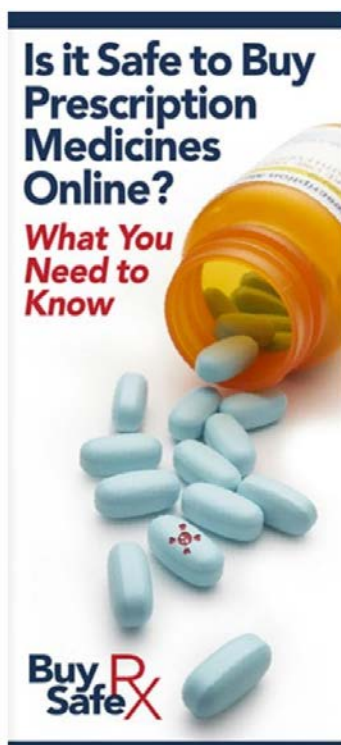
<https://buysaferx.pharmacy/for-the-media/infographics/>



More Information for you to Customize your Toolkits

► Brochures

<https://buysaferx.pharmacy/asop-global-brochures/>



More Information for you to Customize your Toolkits

► <https://buysaferx.pharmacy/for-the-media/fact-sheets/>

Fact Sheets

[About Online Pharmacies and Canadian Pharmacy Websites](#)

[Healthcare Providers Campaign Fact Sheet](#)

[How to Save Money on Medications and Stay Safe](#)

[Illegal Online Drug Sellers Fact Sheet](#)

[Key Data About Controlled Substances Sold Online](#)

[Key Data About Illegal Online Drug Sellers and Counterfeit Medicines](#)

[Law Enforcement Actions](#)

[Older Americans and Caregivers Campaign Fact Sheet](#)

[Online Pharmacy Consumer Behavior and Perception Survey](#)

[Patients Harmed by Medicines Purchased From Illegal Online Pharmacies](#)

[Toxins Found in Counterfeit and Falsified Medicines](#)

[Transshipment of Drugs Through Canada](#)

Three Options to Make Your Own Toolkits

1. Download whatever you like from ASOP website at no charge and print documents yourself.

-This option has ASOP branding noted on all education material.

2. If you wish to **co-brand** with ASOP, to include your organization name and/or logo, you will need to complete an ASOP licensing agreement which is offered at no charge. If interested, contact Matt Rubin at matthew.rubin@FaegreBD.com

3. If you wish to would like to order toolkits from ASOP and pay for printing/mailing costs, contact Matt Rubin at matthew.rubin@FaegreBD.com

FINAL MESSAGE: #BuySafeRx

Visit <https://buysaferx.pharmacy/find-a-safe-online-pharmacy/> to verify before buying medicine online



Trust websites ending in the **“.pharmacy”** (dot-pharmacy) domain.

Thank You



Marion County Public Health Department

SAFE SYRINGE ACCESS AND SUPPORT (SSAS) PROGRAM



MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.

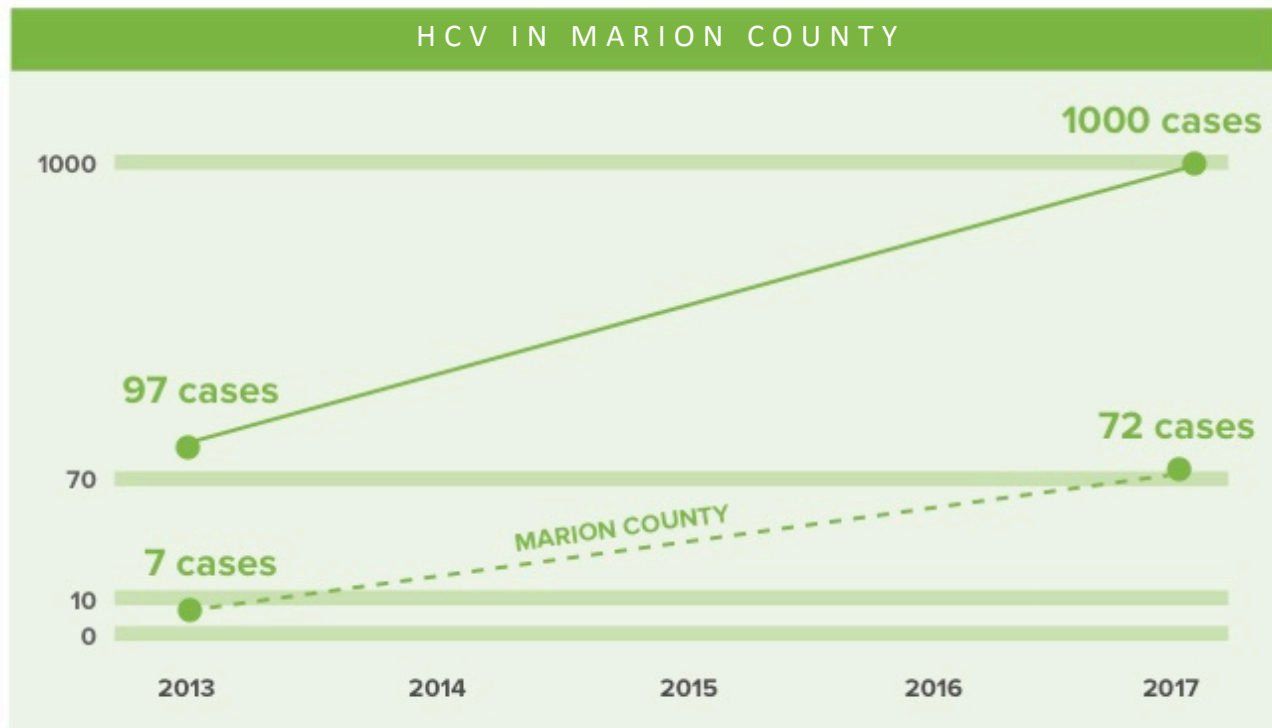
Learning Objectives

- Recognize the increase in Hepatitis C in Marion County.
- State the benefits of using Harm Reduction techniques for IVDU.
- Learn about the Marion County Health Department's Safe Syringe Access and Support (SSAS) Program

Hepatitis C Virus

- Contagious viral liver disease
- Acute hepatitis C: short-term illness occurring within first 6 months of exposure to HCV
- 80% who develop acute HCV have no symptoms
- 75% to 85% of acute cases lead to chronic HCV infections
- Potential for cirrhosis, hepatocellular carcinoma, and liver transplantation

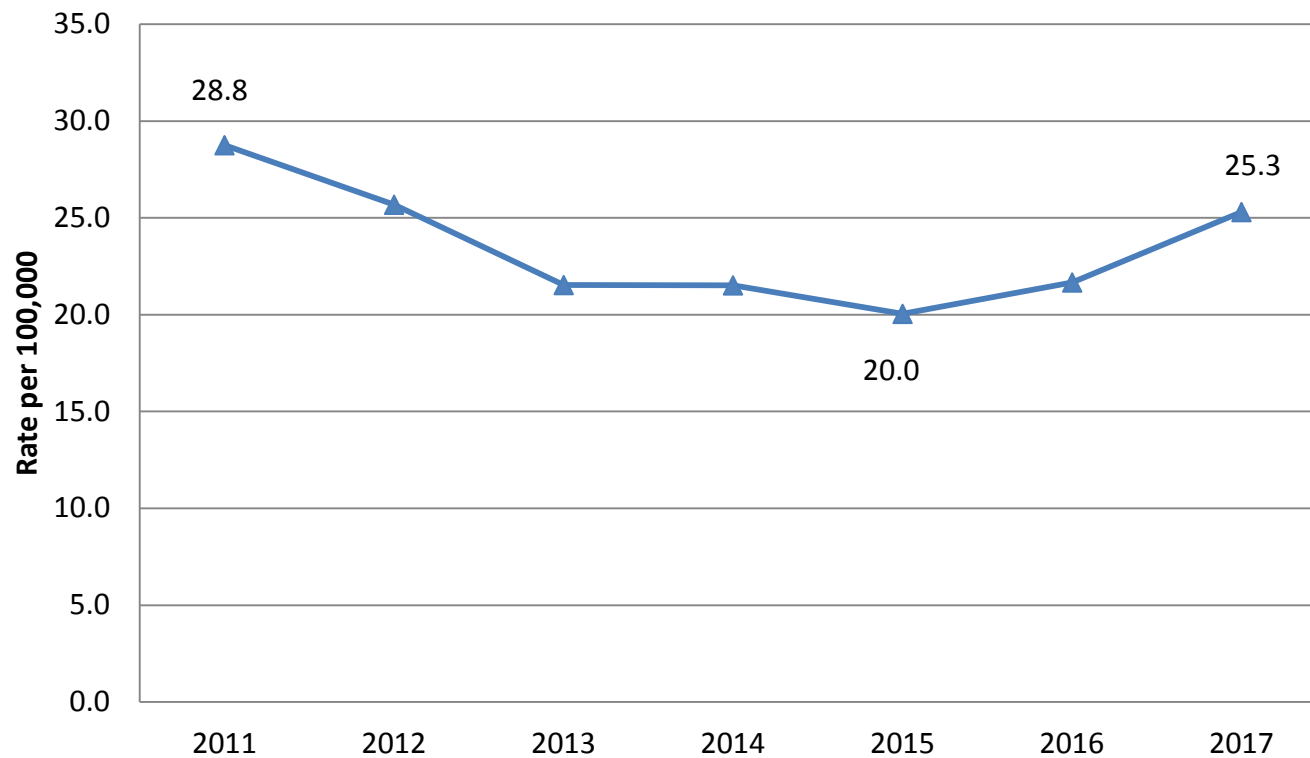
Hepatitis C Virus



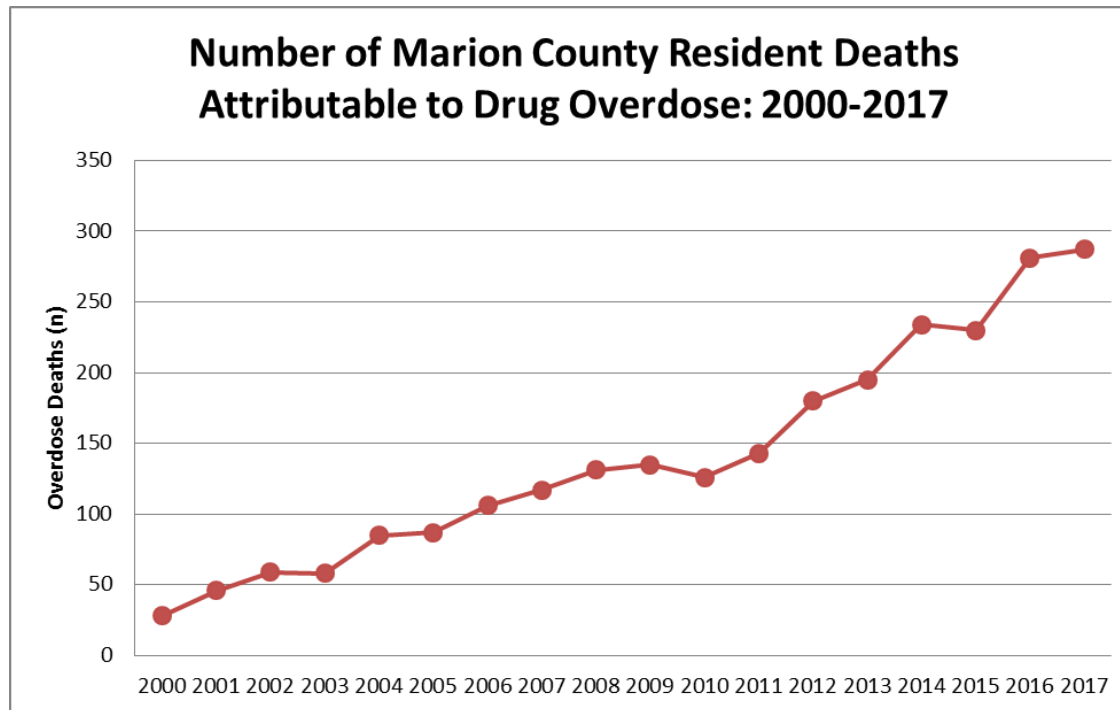
More than 86% of newly diagnosed cases cite injection drug use as their primary risk.

Marion County HIV

HIV Rate per 100,000
2011-2017, Marion County



In 2017, there were 287 deaths from overdose, accounting for 3.7% of all deaths among Marion County residents (an increase from 0.4% in 2000)

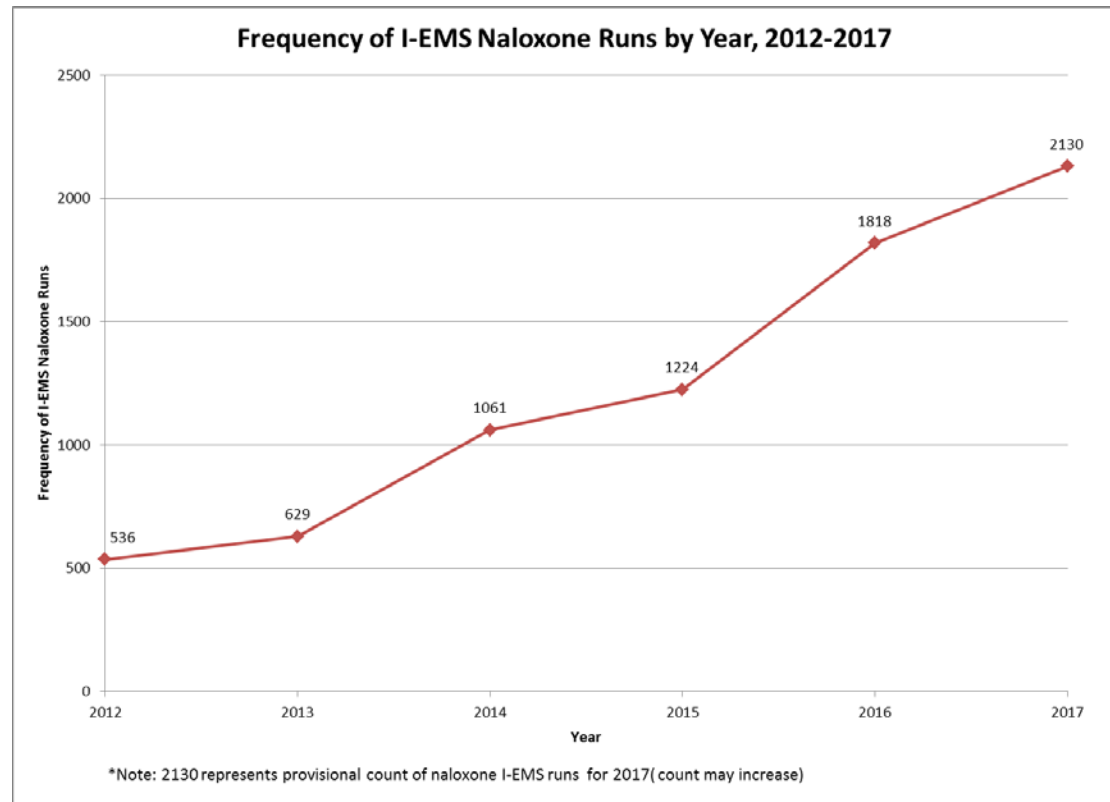


DR3323 Marion County Overdose Deaths. Department of Epidemiology, Marion County Public Health Department

Overdose ambulance runs quadruple: 2012-2017

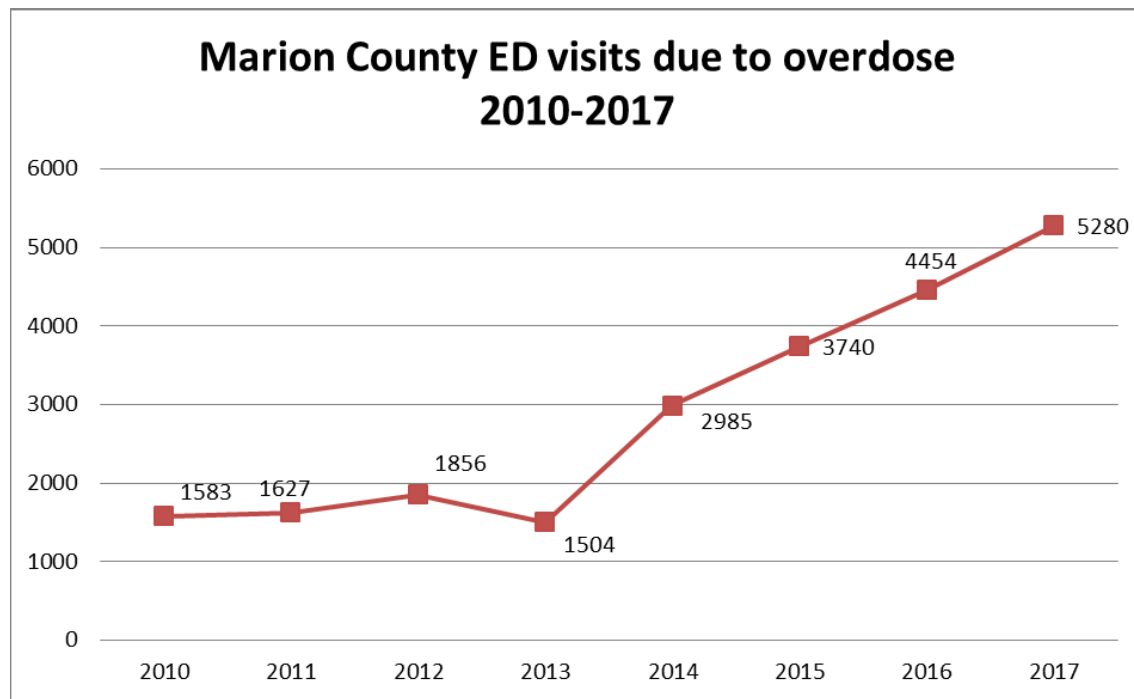
Indianapolis Emergency Medical Services has seen a 4-fold increase in naloxone runs from 2012 to 2017.

- In 2012, I-EMS responded to 536 overdoses with naloxone.
- In 2017, I-EMS responded to 2,130 overdoses with naloxone.



ED visits due to overdose triple: 2010-2017

In 2017, Marion County emergency departments treated 5,280 overdose victims, up from 1,583 in 2010



Goal of SSAS

Reduce the growing number of hepatitis C infections within the county and **prevent an HIV outbreak**, such as the one in Scott County in 2015.

Risks of Injection Drug Use

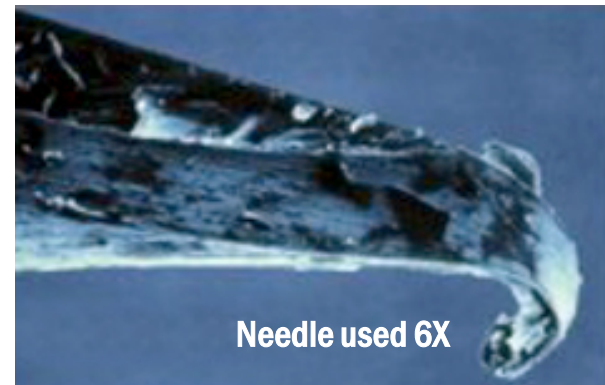
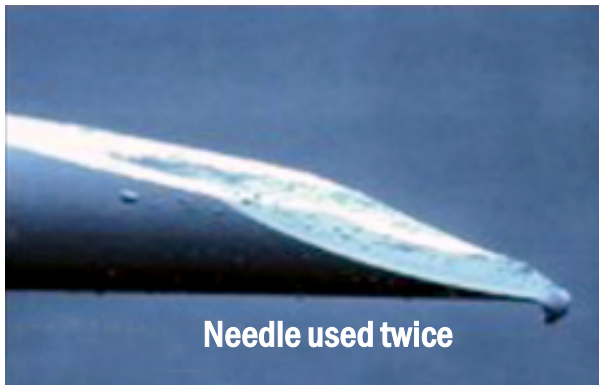
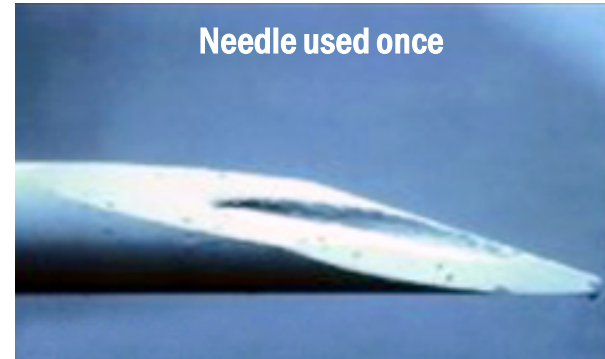


- Extremely small amounts of blood are able to **transmit HIV and hepatitis C.**



- During injection, **users draw a small amount of blood into the syringe** to ensure proper placement in the vein.
- Drug preparation equipment that is re-used serves as a **reservoir for infectious agents.**

Needle Wear Over Time



Staggering Healthcare Costs

Infection	Cost of Treatment Per Person
HIV	\$379,668 - \$648,000
Hepatitis C	\$54,600 - \$95,000* (*Plus disease progression qualifiers mean not everyone is eligible for treatment.)
Bacterial Endocarditis	Median cost of \$54,281 per hospital stay.

Scott County, Indiana HIV Outbreak

- Nearly 500 sexual and injection equipment sharing partners identified and tested
- 220 cases of HIV in 2015-2016 that historically reported fewer than 5 cases annually

Scott County, Indiana SSP Results

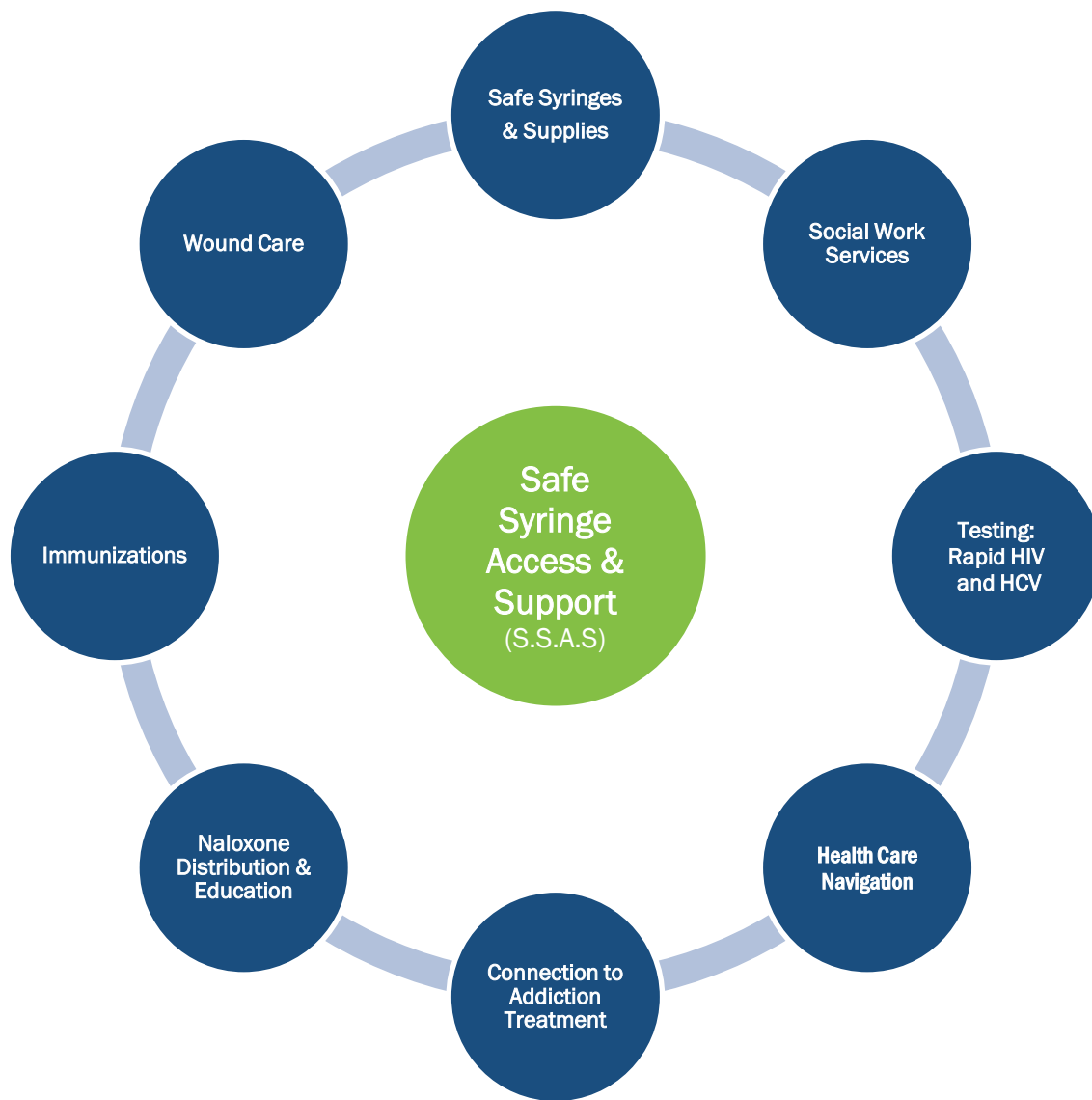
- High HIV treatment compliance
- 86% of participants stopped sharing syringes
- Greater than 95% return rate on syringes
- Fewer ED visits secondary to injection drug use

Potential HIV Outbreak in Marion County

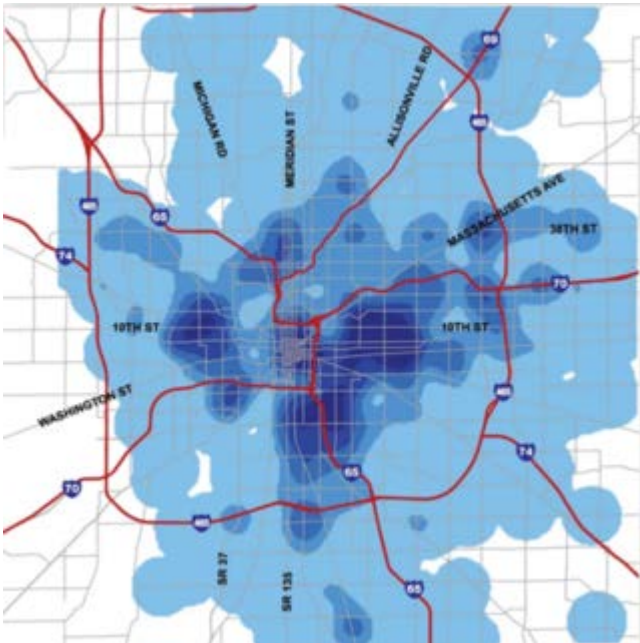
- Scott County: **45 fold increase** in HIV diagnoses in 1 year
 - **540 cases** in Marion County related to injection drug use
- Cost: **\$500 Million**

Syringe Exchange Program (SEP) Cost Effectiveness

- Estimated savings per HIV infection prevented by a SEP is **\$7.58** for every **\$1** spent.
- Cities with SEPs report **6% decrease** in HIV.
- SEPs **reduce number of ER visits** for injection drug use-related illnesses, such as abscesses



Location Strategies



Location of Naloxone
I-EMS Runs

- Mobile Unit
- Sites will be based on risks:
 - Overdose deaths by location
 - EMS administration of Narcan
 - Recommendations by IMPD
- Proximity to community resources
- Neighborhood association approval




Do
SSPs
work?


30 years of research prove that SSPs:

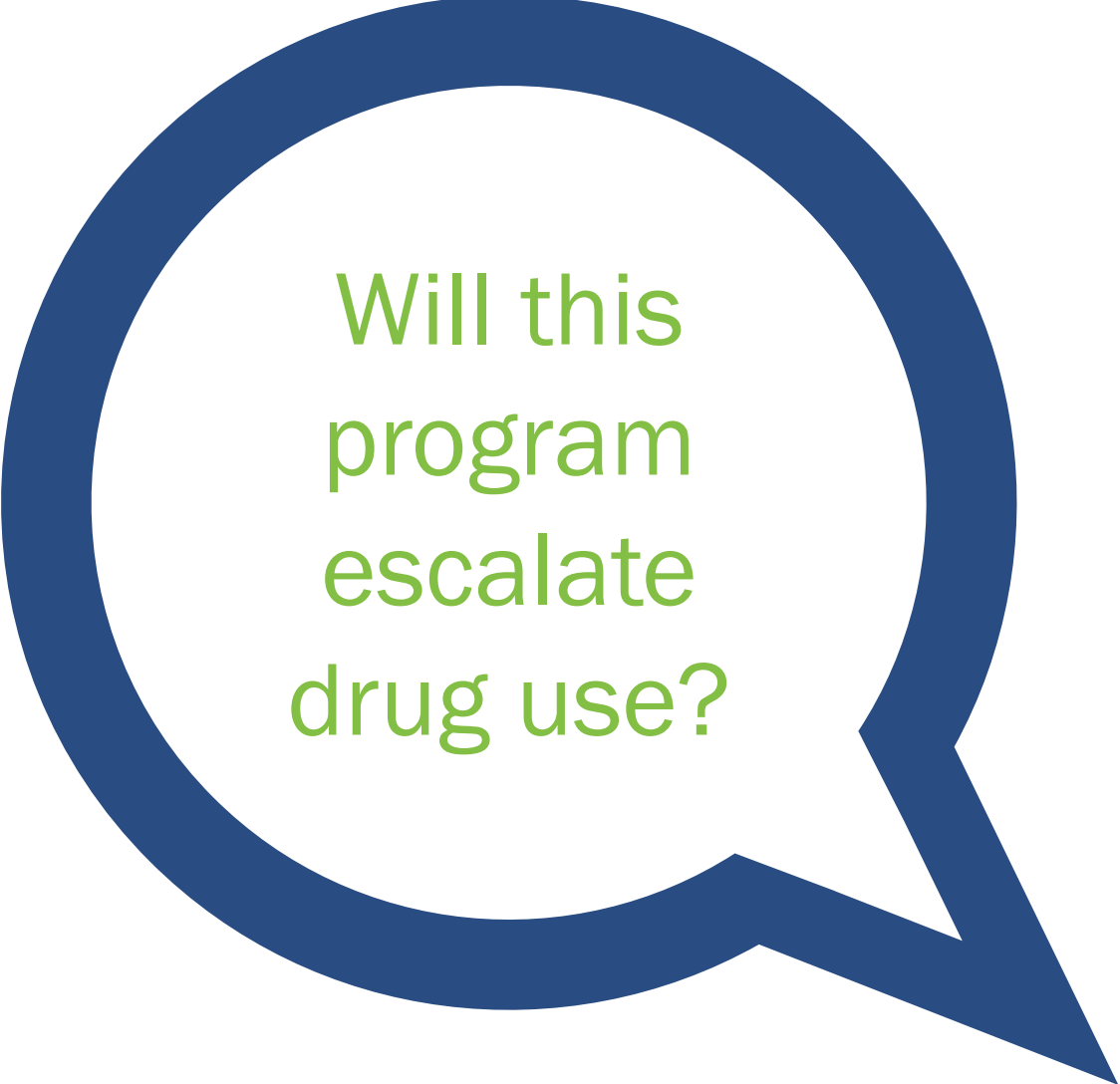


- **Reduce** the rate of HIV and hepatitis C.
- **Increase** the number of users who enroll in treatment.
- **Reduce high risk behaviors** in users.
- **DO NOT** lead to an increase in crime or drug use in the community.



Studies show that participants in a syringe exchange program are **five times more likely** to enter drug treatment than those who do not participate in such a program.





Will this
program
escalate
drug use?

Positive Choices Promote Positive Choices.



- Participation in a SEP is considered by many to be the **first step** toward treatment.
- It demonstrates a **step toward** better health and disease prevention.
- It allows access to additional services to **improve health.**

Public Hearing with Community Support





Indiana University Health



City-County Council Approval

On June 18, 2018 the Indianapolis City-County Council voted ***unanimously*** for the safe syringe program.



References

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2017, August). Reducing Harms from Injection Drug Use & Opioid Use Disorder with Syringe Services Programs. Retrieved from <https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>
- Center for Health Policy. (2016, January). Injection drug use in Indiana: A major risk for HIV transmission. IUPUI Richard M Fairbanks School of Public Health.
- Centers for Disease Control and Prevention. (2016). Hepatitis C and injection drug use. *U.S. Department of Health and Human Services*. Retrieved from www.cdc.gov/hepatitis/hcv/pdfs/factsheet-pwid.pdf
- Centers for Disease Control and Prevention. (2016, December). HIV and injection drug use. *CDC Vital Signs*. Retrieved from www.cdc.gov/vitalsigns/hiv-drug-use



Beyond the Whiteboard

Jennifer Walthall, MD MPH

Secretary, Indiana Family and
Social Services Administration

Objectives



- Describe the current impact of the opiate epidemic in Indiana
- Propose best practice interventions that intersect with community and health care
- Discuss next steps for partnership and sustainability

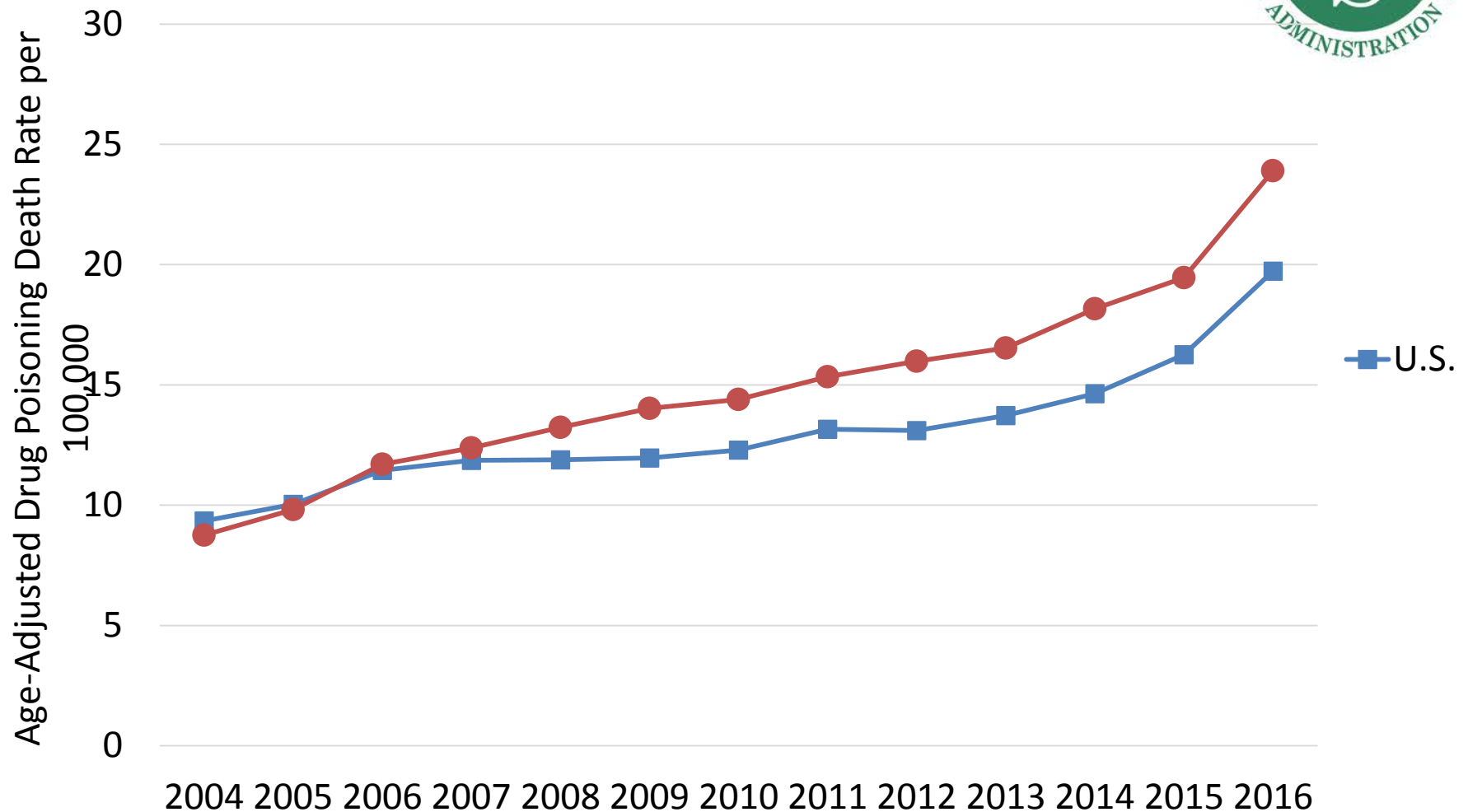


Data matters, but stories
convince.



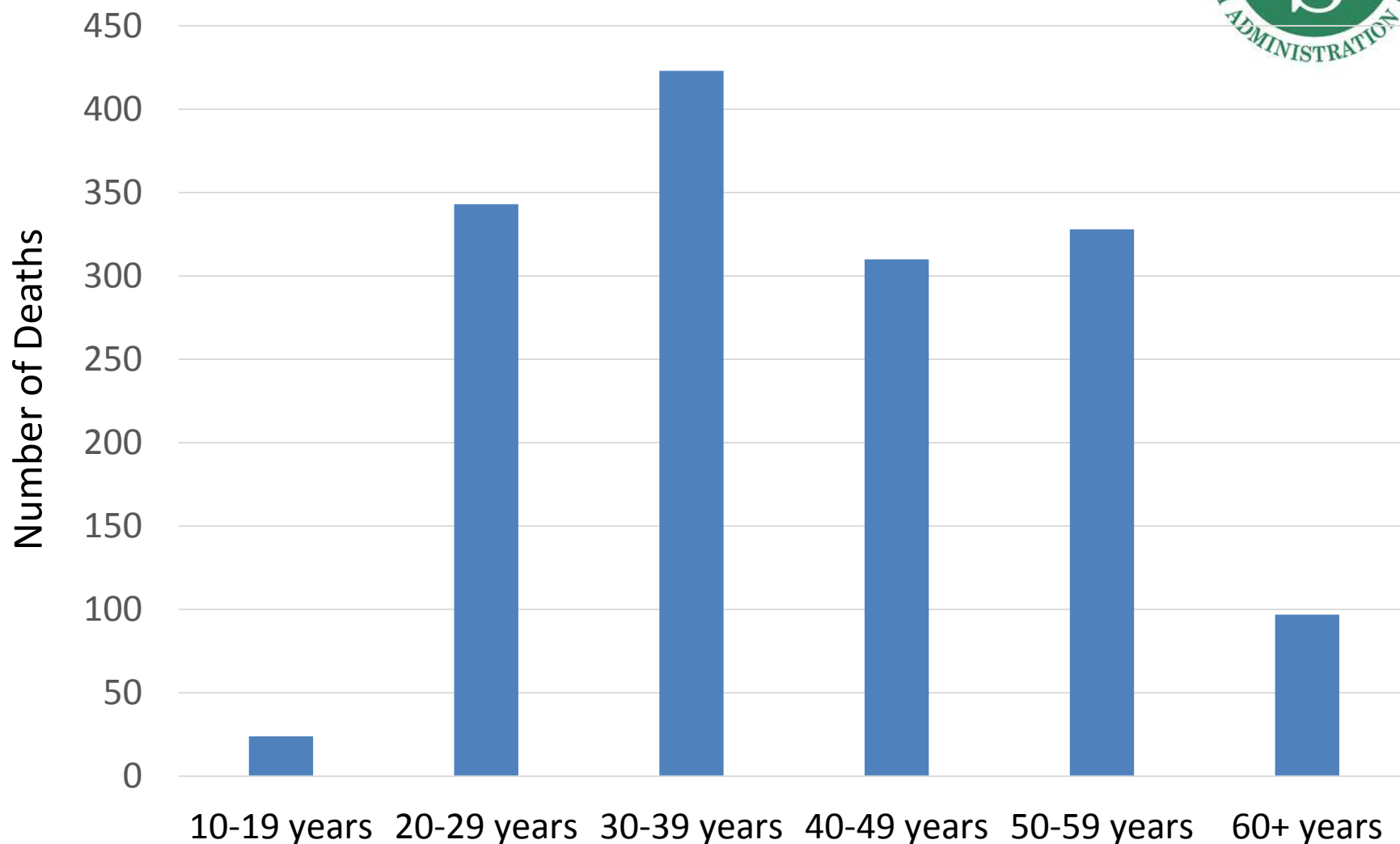
The data

Drug Poisoning Death Rates by Year, Indiana and U.S., 2004-2016



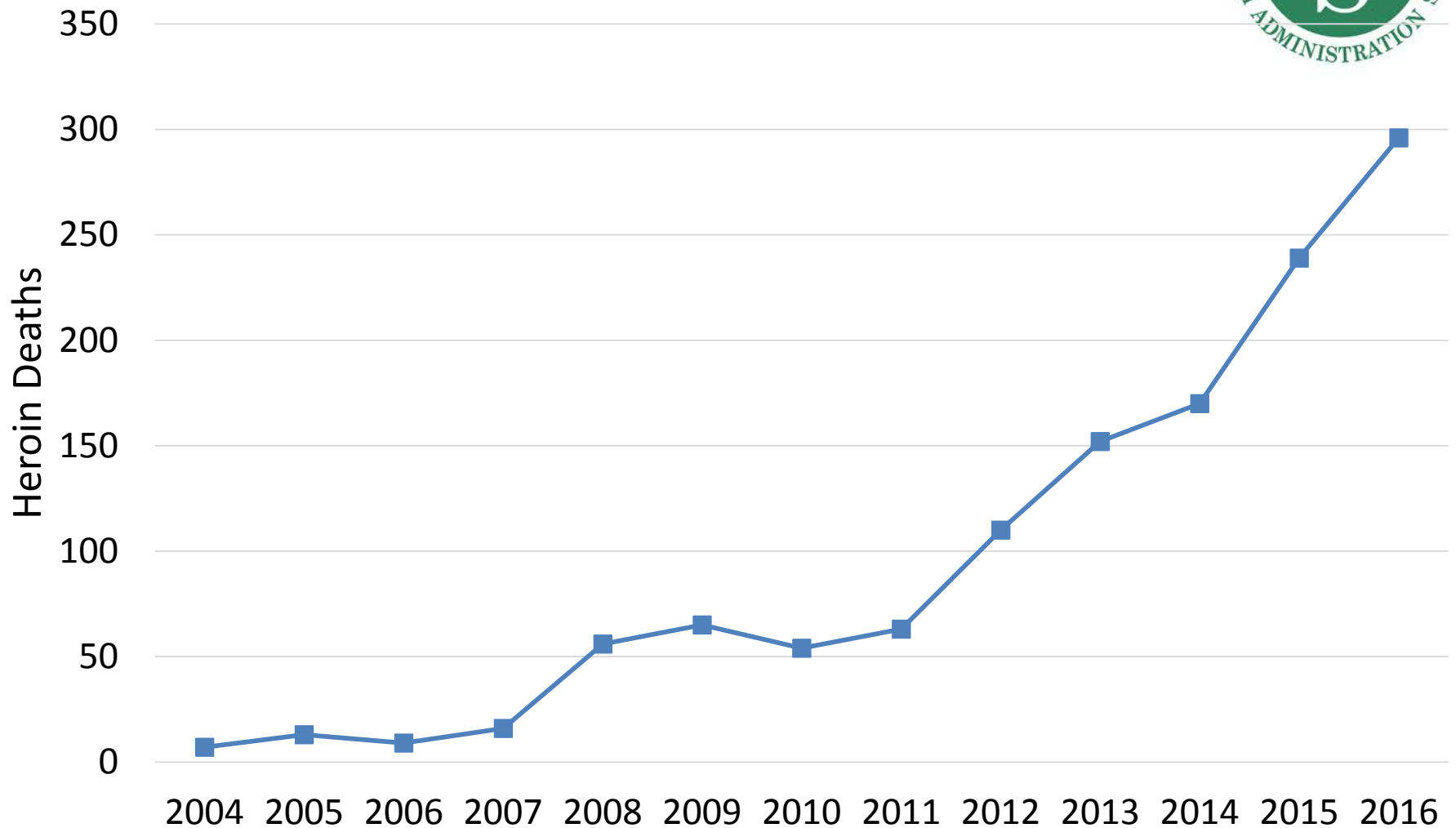
Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention

Drug Poisoning Deaths by Age Group, Indiana, 2016



Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention

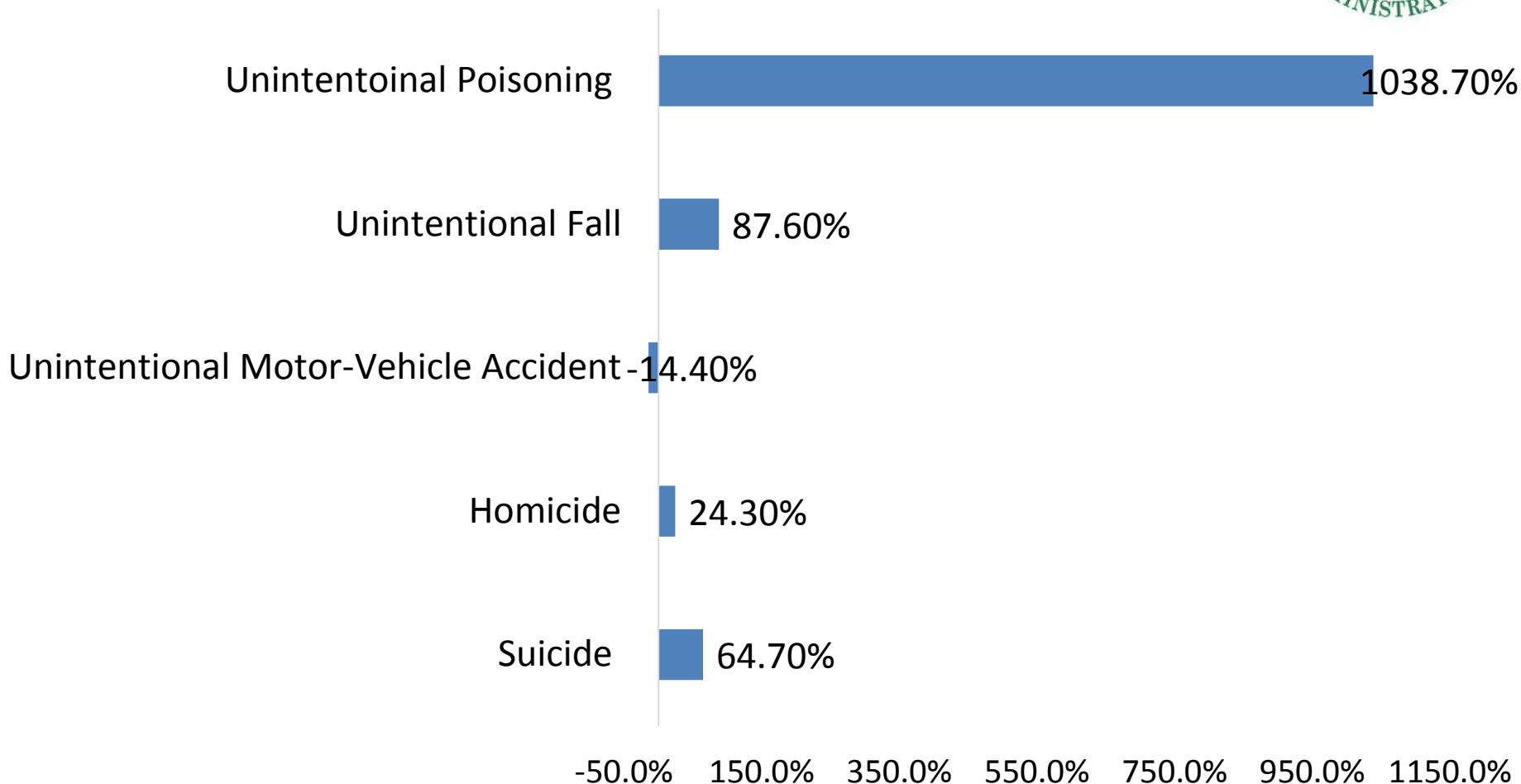
Drug Deaths Involving Heroin by Year, Indiana, 2004-2016



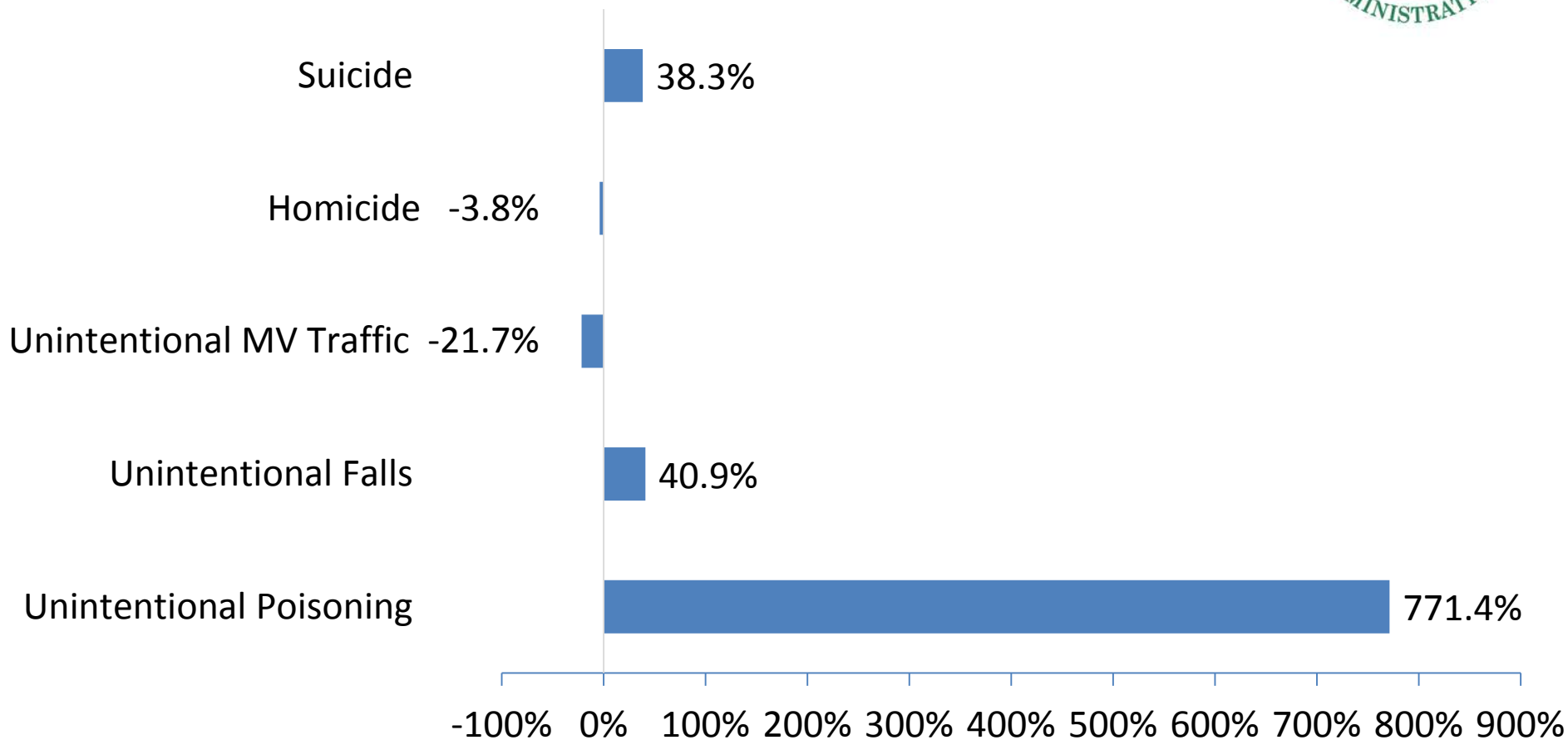
Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Prepared by: ISDH Division of Trauma and Injury Prevention

Percent Change in Leading Cause of Injury Death in Indiana, 1999-2016



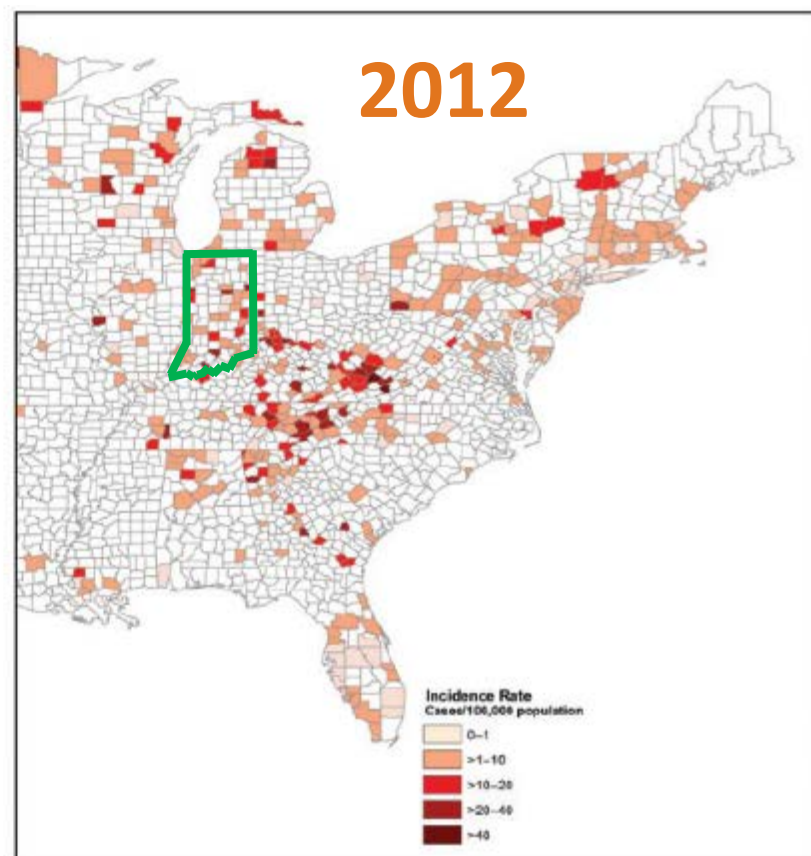
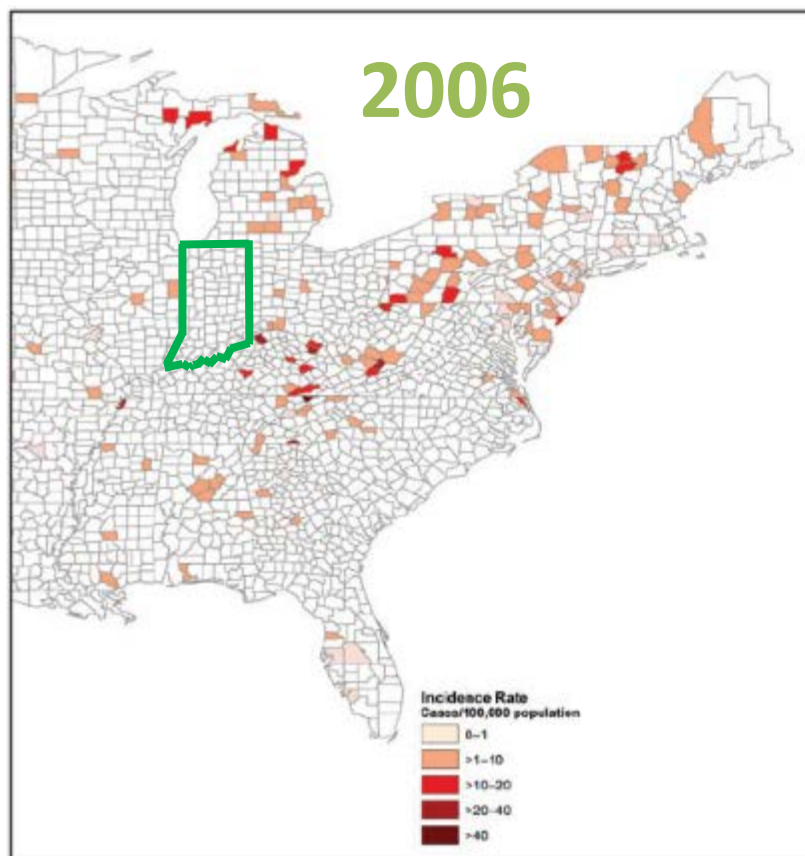
Percent Change in Leading Causes of Injury Death Indiana, 1999-2015



**Age-adjusted rates*

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention

Emerging Epidemic of Hepatitis C Virus Infections Among Young Non-Urban Persons who Inject Drugs in the United States, 2006-2012





The story

How to create an opiate epidemic in three easy steps



- 1) Create a culture with an expectation of pain free experience with powerful support
- 2) Change the practice of a generation of physicians
- 3) Enact regulations to change practice without accounting for a population with substance use and behavioral health infrastructure needs



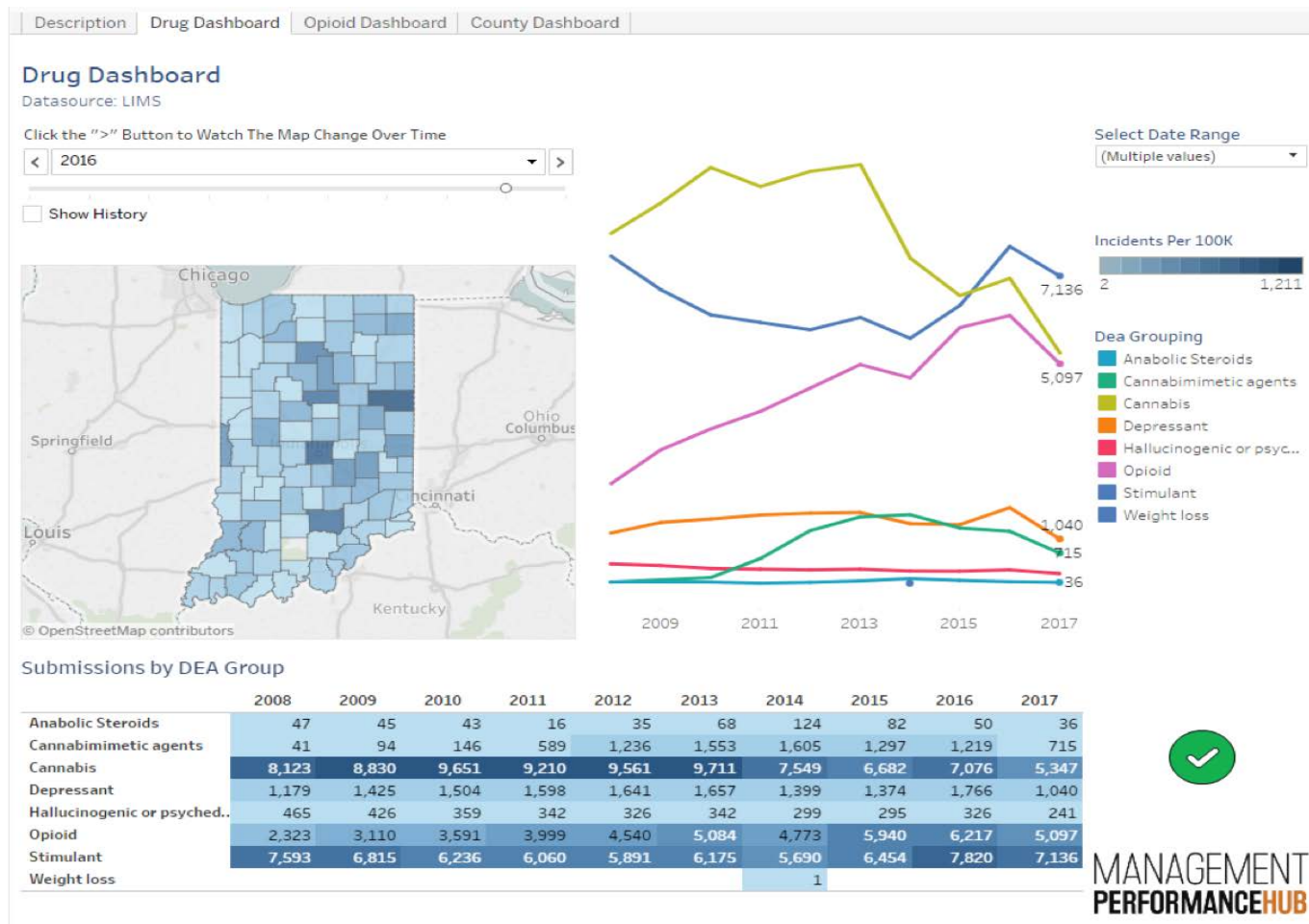
- Emergency Interventions
- Treatment expansion
- Prevention and System Change
- Sustainability

The whiteboard



- Dashboard
- Open source Medicaid data sets
- INSPECT

Data build

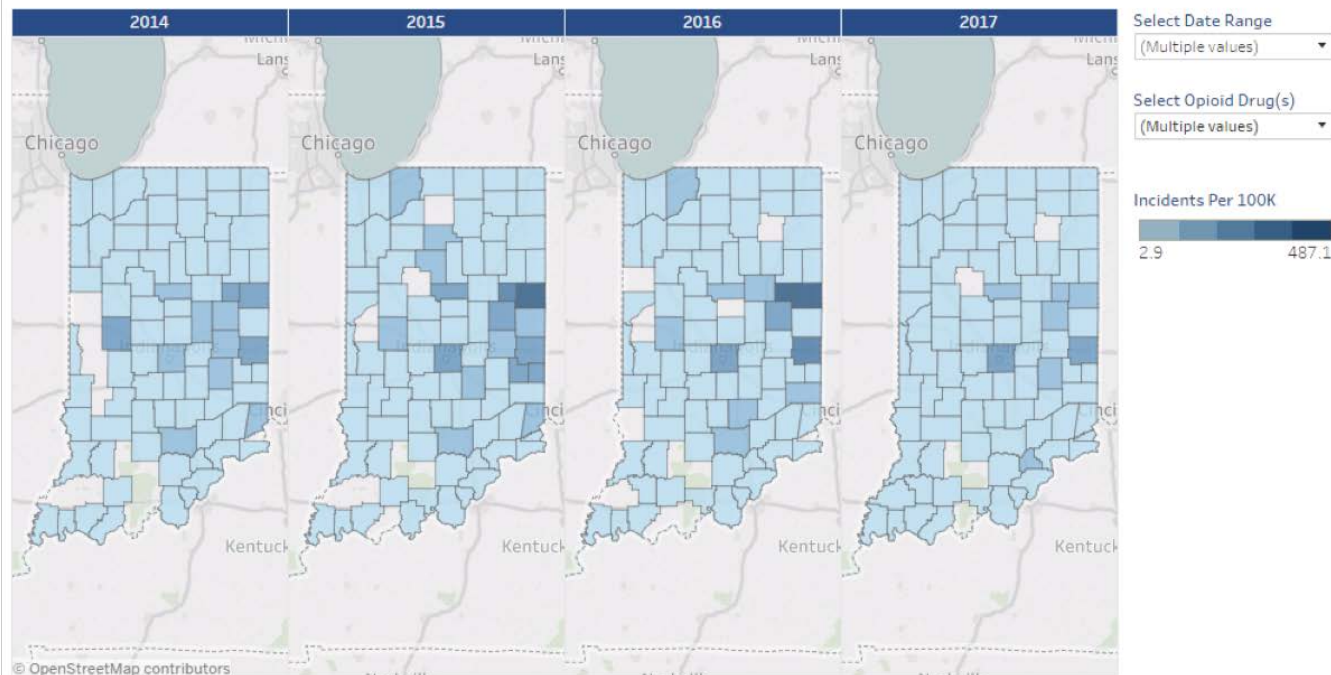




Description Drug Dashboard Opioid Dashboard County Dashboard

Opioid Dashboard

Datasource: LIMS



	2014	2015	2016	2017
BUPRENORPHINE	295	315	347	317
FENTANYL	140	224	623	713
FURANYL FENTANYL			45	29
HEROIN	2,438	3,554	3,468	2,683
HYDROCODONE (DIHYDR..	810	729	655	417
METHADONE	117	93	82	48
MORPHINE	178	169	127	90
TRAMADOL	80	118	134	106



MANAGEMENT
PERFORMANCEHUB



- Naloxone
- SSP
- MAT coverage
- Coroner reporting
- OTP expansion
- Access

Policy Needs

Optin.in.gov



Indiana State Department of Health

A State that Works

ISDH



Home

About

Contact

Find Naloxone Entity

Naloxone FAQs

Training/Treatment Resources ▾

Next Level Recovery

Save a Life.
Help prevent overdose deaths.



This website provides resources around naloxone. If you have a questions, are looking for a location that is stocked with naloxone, need answers to frequently asked questions, or would like a list of training/treatment resources, please see the appropriate tab at the top of the page.

Information on opioid misuse, prevention, and fatal overdoses may be found on the main overdose prevention web page: <https://www.in.gov/isdh/27387.htm>.

Pursuant to Indiana law, a Naloxone entity that seeks to act under the Indiana Statewide Naloxone Standing Order or other standing order or prescription issued by a prescriber for an overdose intervention drug (e.g., Narcan/naloxone), must annually register via this Indiana State Department of Health website and make changes when warranted (e.g. new address or contact information, etc.). Use the buttons below to find a location that carries naloxone, register as a naloxone entity, or update/submit annual registration, report, or standing order.

Locate Current Naloxone Entities

Provider Search

LEGEND (click Pins to Filter)

501(c) Non-Profit

Corrections

Pharmacy

Other

Addiction Treatment

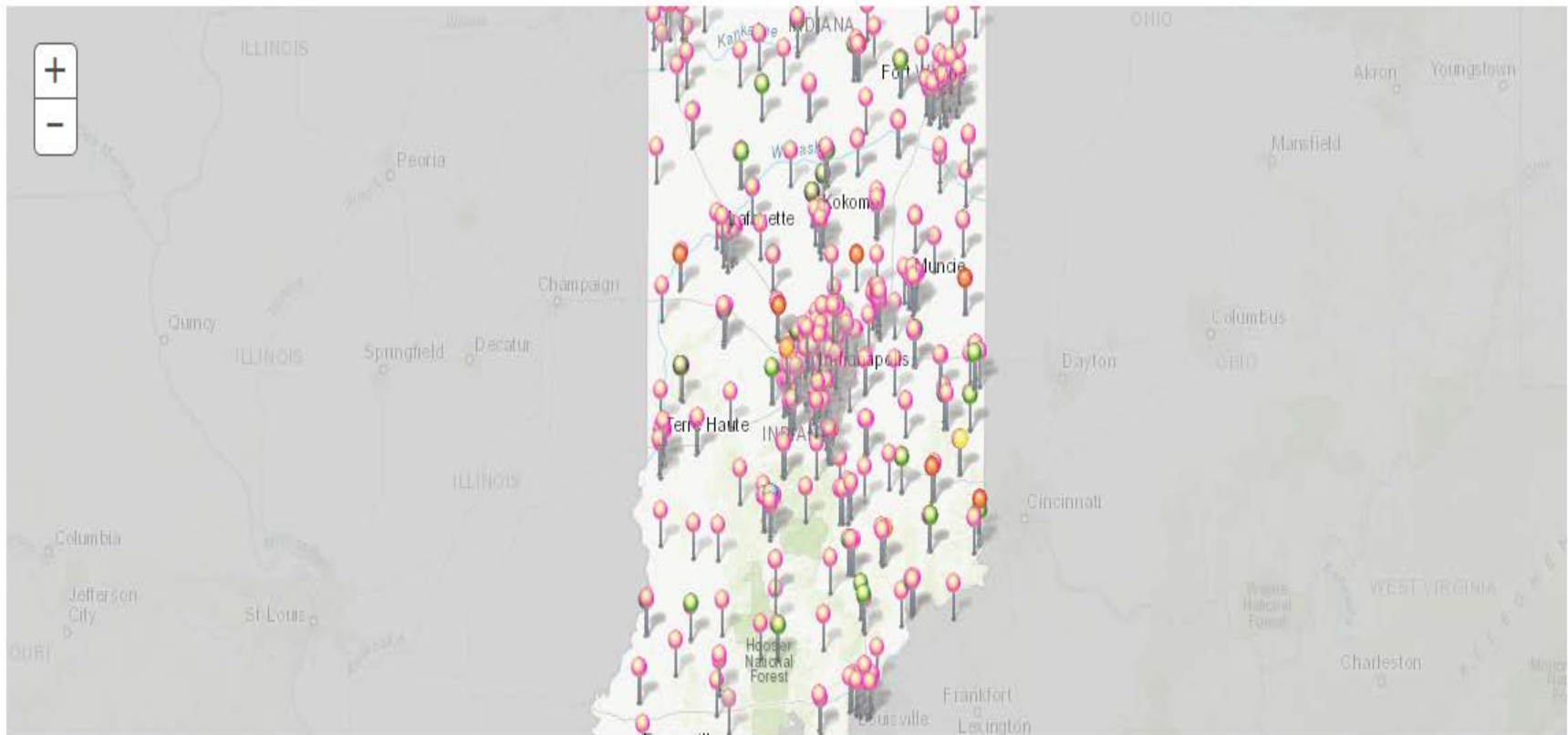
Health Department

School

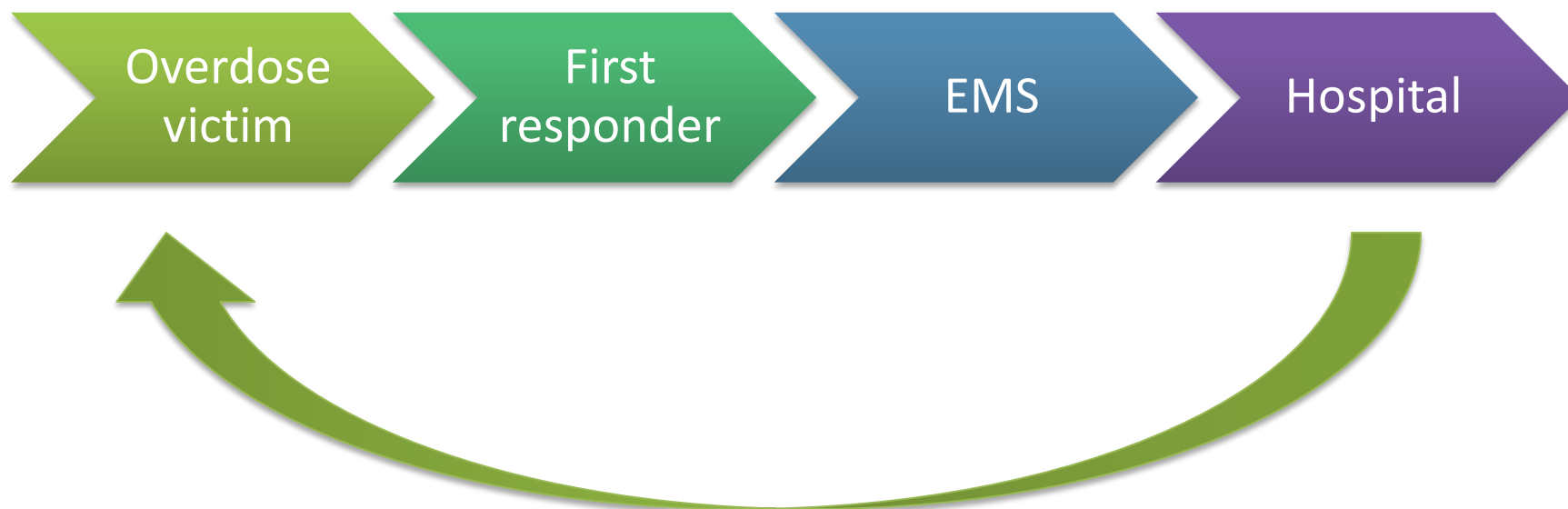


Are you having trouble finding Naloxone?

[Click here](#)



Future state naloxone continuum



Naloxone stocking and reimbursement



- HIP history
- 1115 renewal
- Cures overview
- Block grant efficiency

Payment Infrastructure

A Brief History of HIP



- HIP 1.0 – cigarette tax expanded coverage for 40,000
- HIP 2.0 – partnership with federal government, hospitals, and cig tax expanded coverage for 400,000
 - POWER account
 - Medicare reimbursement
 - Incentives for behavior change

HIP today



- 415,627 members
- 42.9% <5% FPL (62% opt into PLUS)
- 66.2% in PLUS overall
- 18% medically frail
- Improved preventive care

HIP Enhancements



Substance Use Disorder:

- Fill treatment gaps by adding new services: inpatient detox, residential treatment, and addiction recovery services (recovery education, peer recovery support services, housing support services, recovery focused case management and relapse prevention)
- Lift current Medicaid restriction on IMD providers – expand access of at least 15 more facilities with 12 additional in queue
- Within HIP, member incentive programs will target SUD treatment

HIP renewal and the opiate epidemic



- Waiver of current IMD exclusion
 - Allows Medicaid to reimburse for short-term services (30-days of treatment) provided in an Institution for Mental Disease (IMD)—a mental health medical facility of more than 16 beds.
 - Currently able to reimburse for 15-day IMD stays through managed care programs only (HIP, Hoosier Healthwise, Hoosier Care Connect), but not fee for service.
 - Expands access
 - New Medicaid access at nearly 15 new facilities and possible increased capacity at 12 others





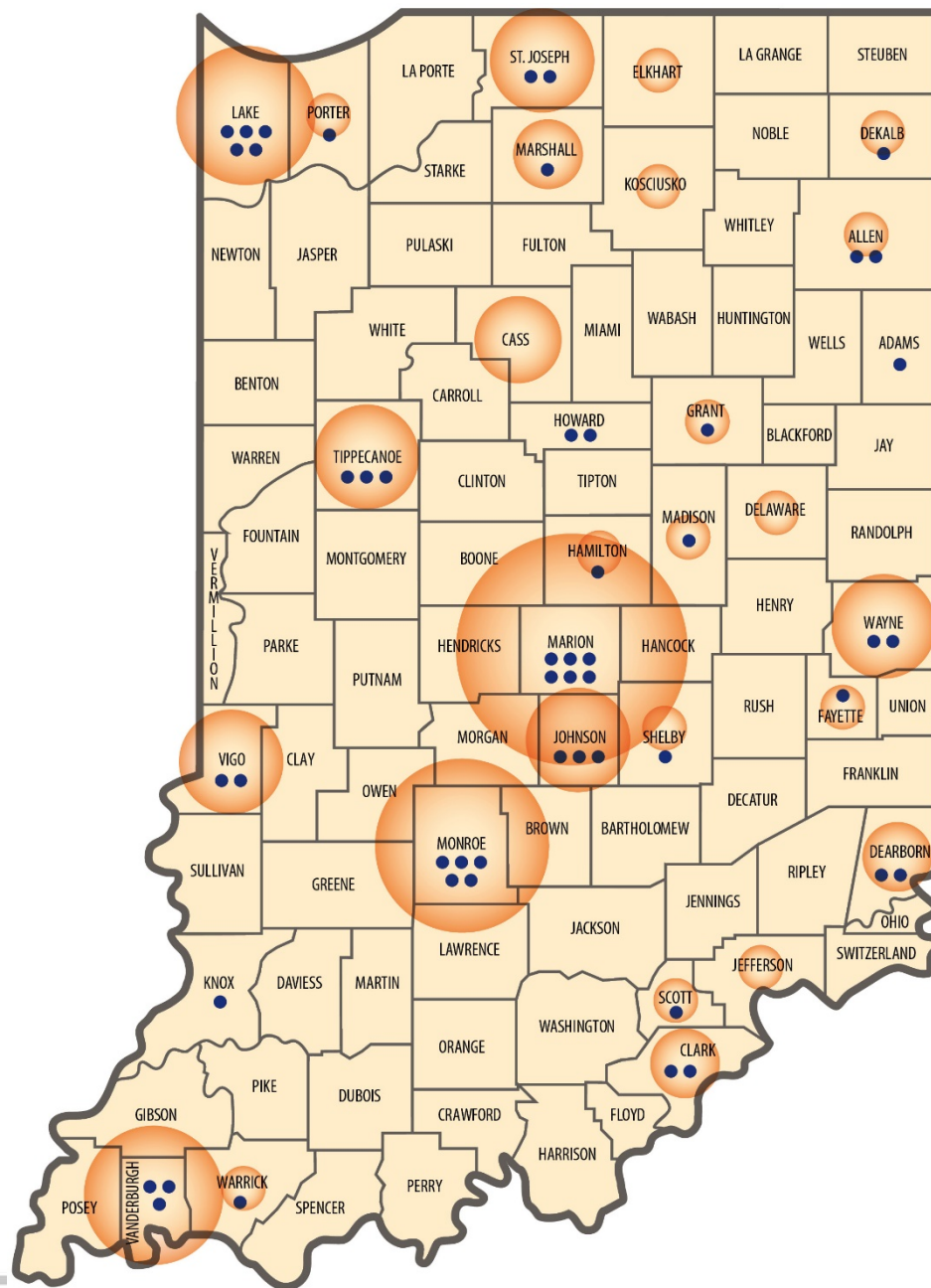
**Division of Mental
Health and Addiction**

Addiction Inpatient Units and Residential Facilities





New or Expanded Points of Access



21st Century Cures Grant - Year 1



Residential capacity has grown from 800 beds to 1008 (26% increase)

Project ECHO launches in March 2018 with a focus on physicians, social workers, community health workers

Provide peer supports in Eds. Adds 65 peers to the workforce

Supporting integration of PDMP into health care records

Two mobile addiction teams covering 14 rural counties (15% of the state)

21st Century Cures - Year 1



8500 naloxone kits distributed to State Police, DNR, and local health departments

Skills training for providers (DBT/12 step, Motivational Interviewing, and Effective Use of MAT)

Establish local Recovery Oriented Systems of Care (ROSC). DMHA will provide a toolkit for other interested communities

Humanizing campaign. KnowtheOFacts.org



- Physicians
- Hospitals
- Stakeholders
- SUD providers
- Public Health
- General public
- Elected officials

Culture change



- OTP expansion
- ECHO MAT
- ECHO HCV
- Open Beds/2-1-1
- NAS pilots
- Recovery Works

Program Build

FSSA - OpenBeds® State Referral Process



Acute Care Hospitals



Social Workers
Case Managers



Drug Courts



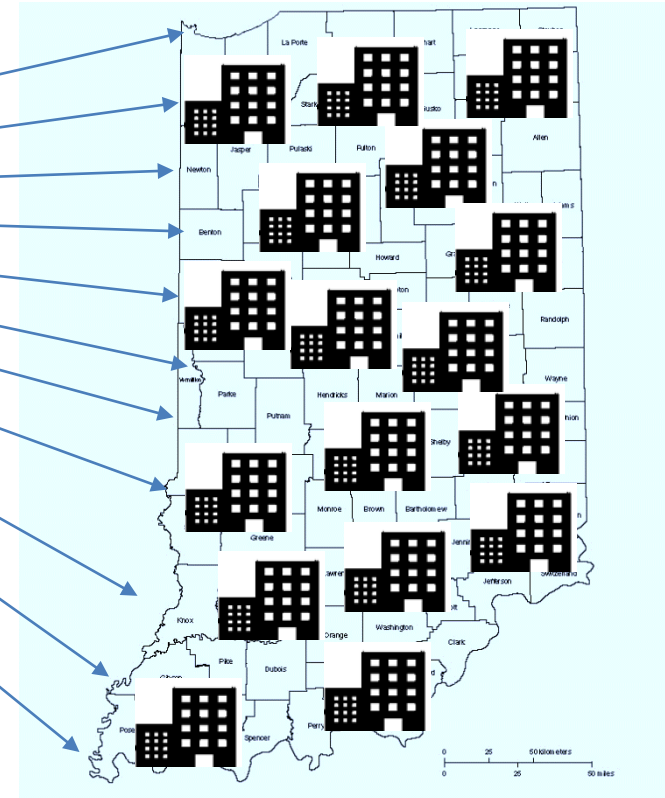
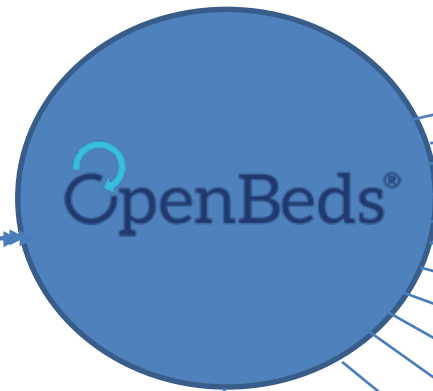
EMS



Individuals



Referrals

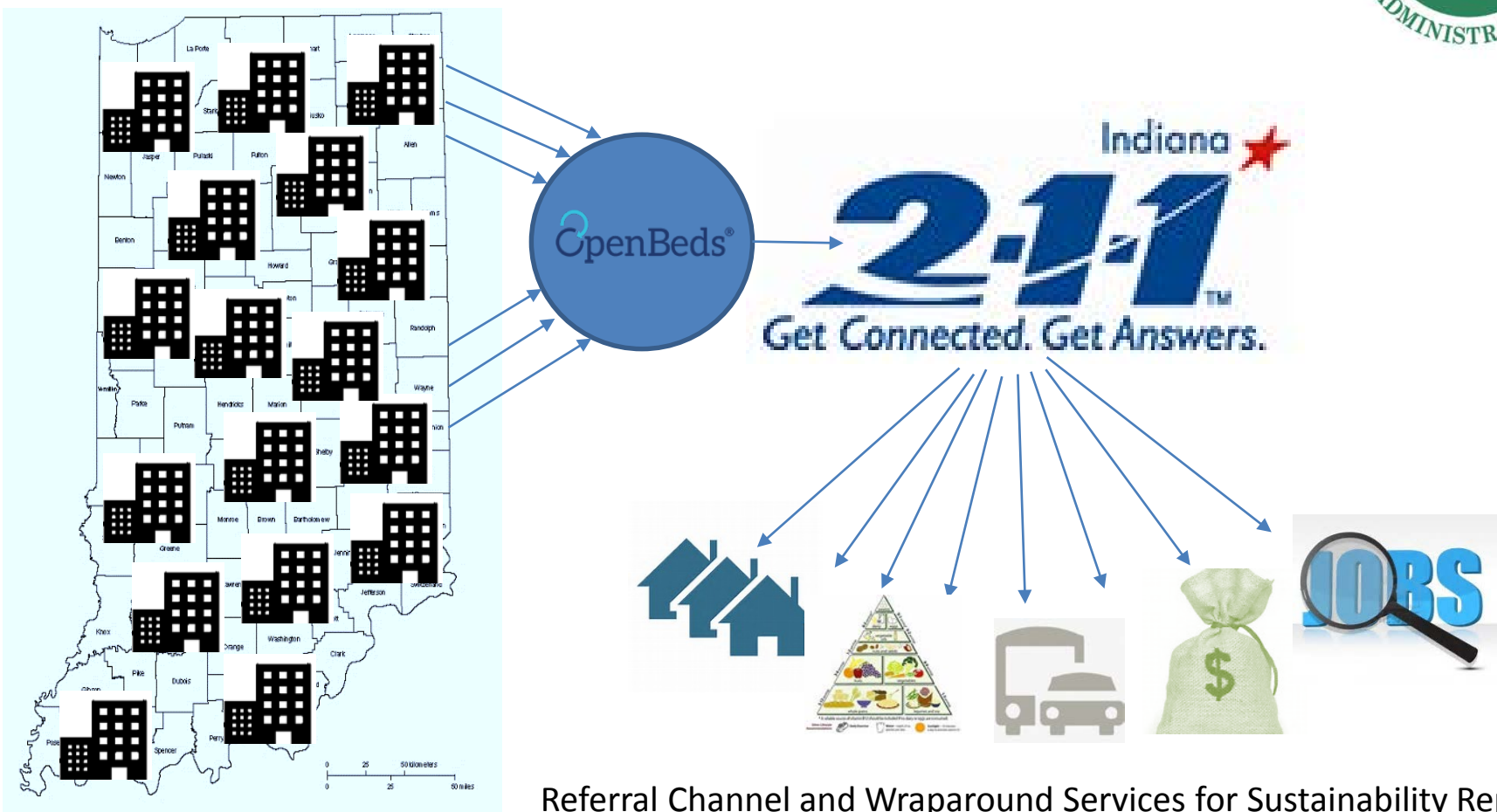


Providers



Referral Channel and Wraparound Services for Sustainability Reporting

FSSA - 211 Wrap Around Services Process



Referral Channel and Wraparound Services for Sustainability Reporting

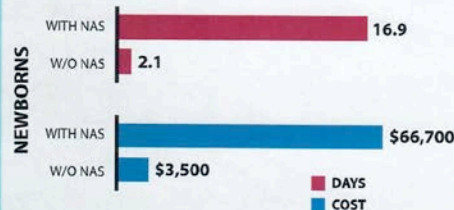
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME (NAS)**, WHICH CAUSES **LENGTHY** AND **COSTLY** HOSPITAL STAYS. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732 BABIES** WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.

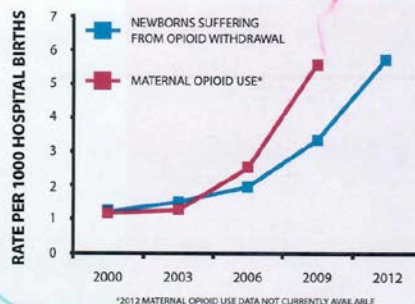


**EVERY 25 MINUTES,
A BABY IS BORN SUFFERING
FROM OPIOID WITHDRAWAL.**

AVERAGE LENGTH OR COST OF HOSPITAL STAY



NAS AND MATERNAL OPIOID USE ON THE RISE



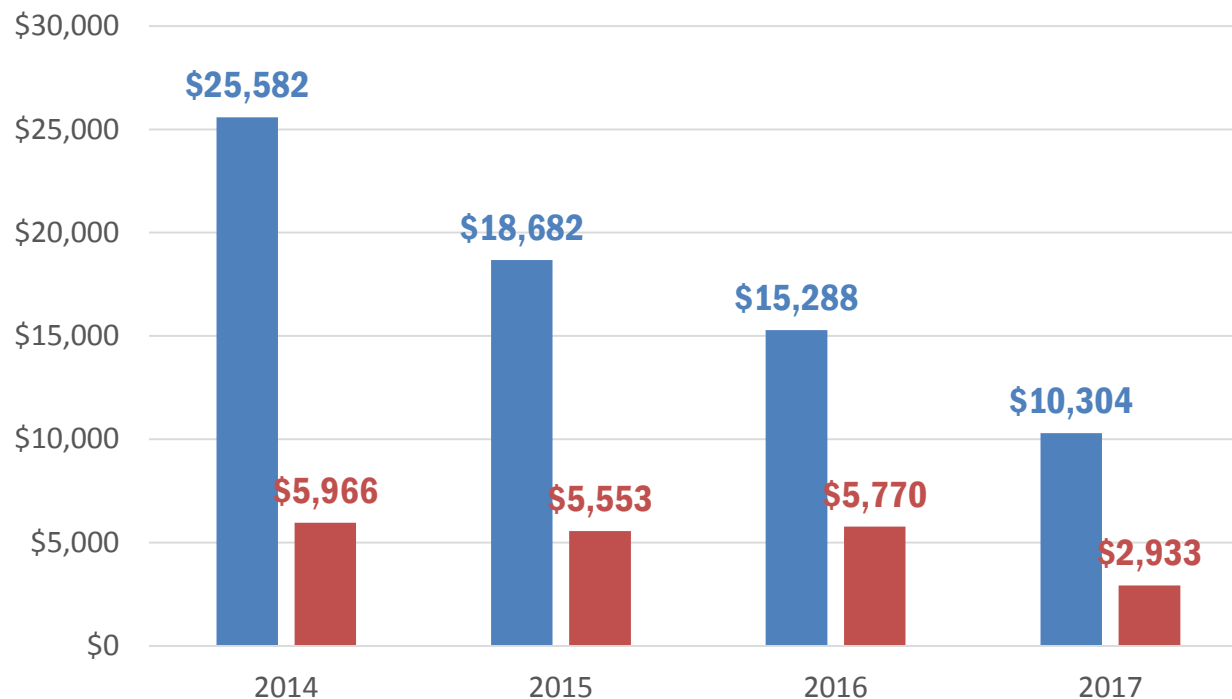
National Institute
on Drug Abuse

Source: [Patrick et. Al., JAMA 2012](#), [Patrick et. Al., Journal of Perinatology 2015](#)





Newborns with Neonatal Abstinence Syndrome (NAS) vs. Newborns without NAS: Average Cost

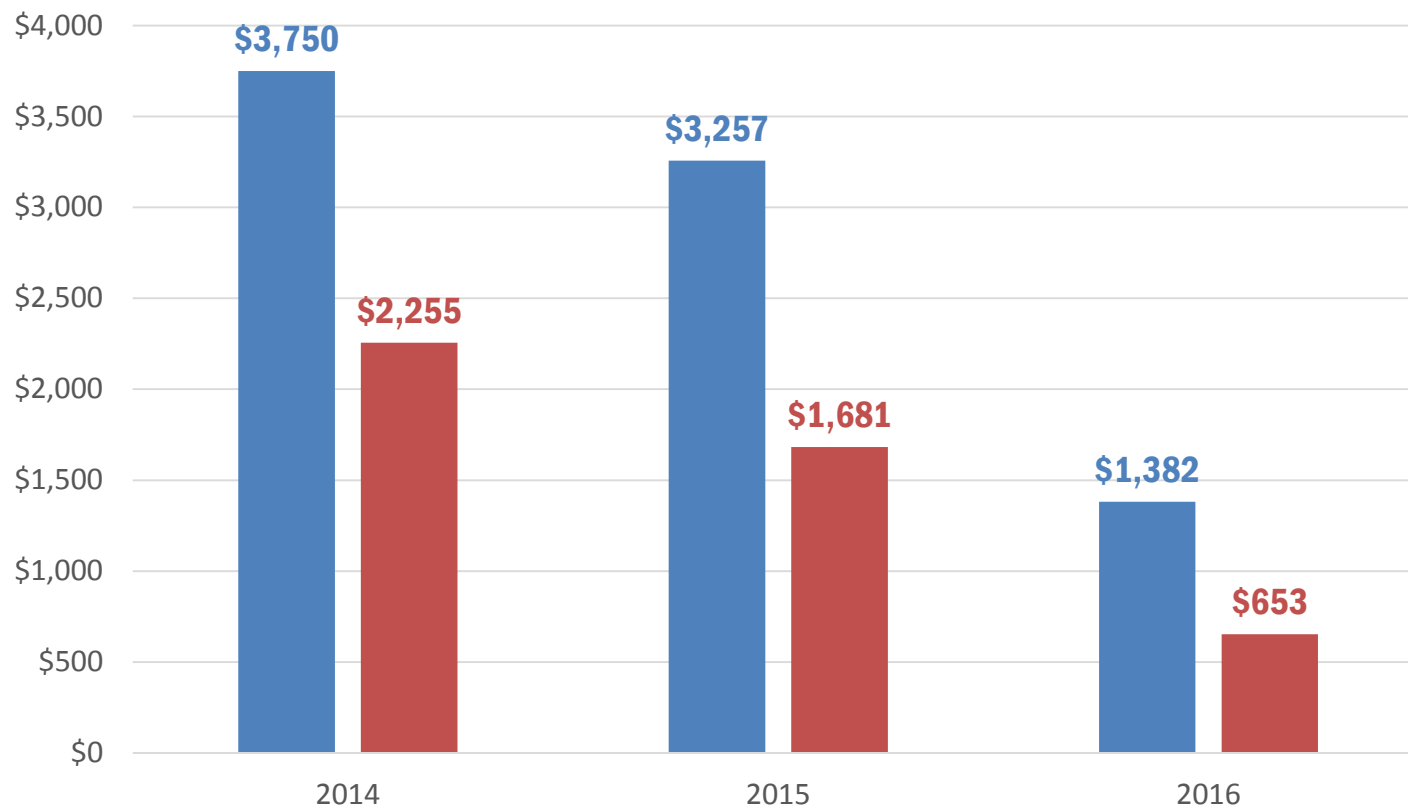


- Newborn with NAS
(Aid Category MA X - Diag P96.1, 779.5)
- Newborn without NAS
(Aid Category MA X - Diag P96.1, 779.5)





Initial Aid Category MA X with NAS vs. MA X without NAS: Average 1-3 Years Claim



- Initial Aid Category MA X with NAS
(Babies 1st - 3rd Year - Diag P96.1, 779.5)
- Initial Aid Category MA X without NAS
(Babies 1st - 3rd Year - Diag P96.1, 779.5)





Best or same?



www.IN.gov/recovery

education

```
graph TD; A[education] --> B[understanding]; B --> C[empathy]; C --> D[hope]; D --> E[recovery];
```

understanding

empathy

hope

recovery

FACTS:

**OPIOID USE DISORDER
IS A DISEASE**

THERE IS TREATMENT

RECOVERY IS POSSIBLE



Stigma reduction

PDMP

Counseling and referral - SBIRT

Naloxone kits

Take back programs

Partial fills and prescriber rules

Working the whiteboard together



- HIV continuum of care
- Treatment capacity
- Overdose information
- Reduced rates of SUD
- Reduced need for naloxone

Assessment - what is success?

“The world is indeed full of peril, and in it there are many dark places; but still there is much that is fair, and though in all lands love is now mingled with grief, it grows perhaps the greater.”





In a world filled with despair, we must still dare to dream. In a world full of distrust, we must still dare to believe.

FSSA Indiana

Daring to dream and believe since 1991



THE DEPARTMENT OF EMERGENCY MEDICINE

Project POINT

Meeting post-overdose patients where they are

Krista Brucker, MD

Indiana University School of Medicine

Eskenazi Health

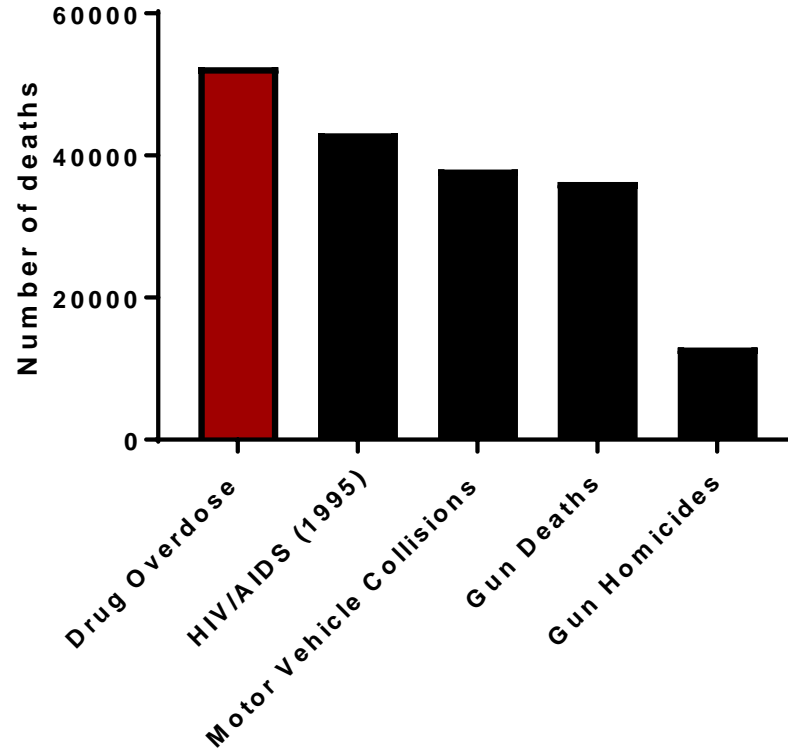
Objectives

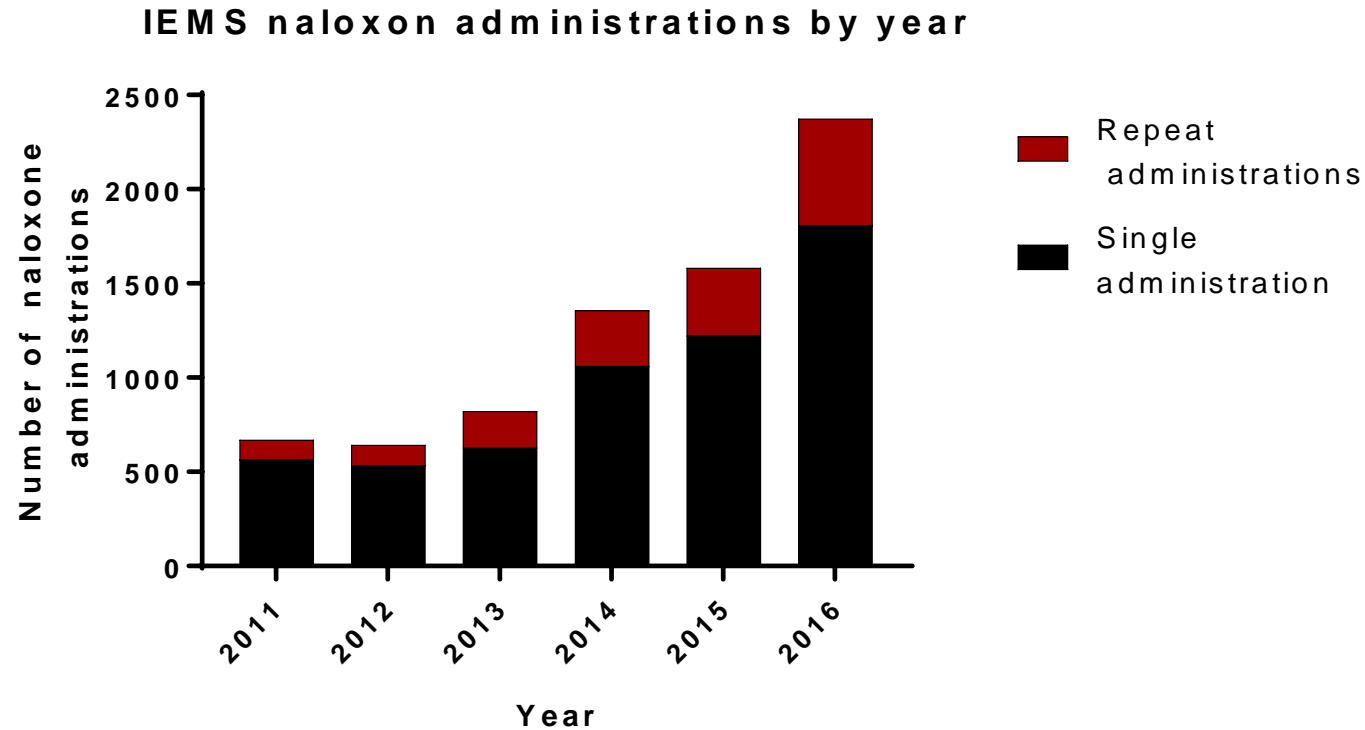
Outline the scope of the opioid epidemic for Marion County's first responders

Describe project POINT's work to connect overdose survivors to ongoing care

Outline steps that healthcare providers can play in preventing overdose deaths and engaging patients in ongoing care

Causes of death in the United States 2015

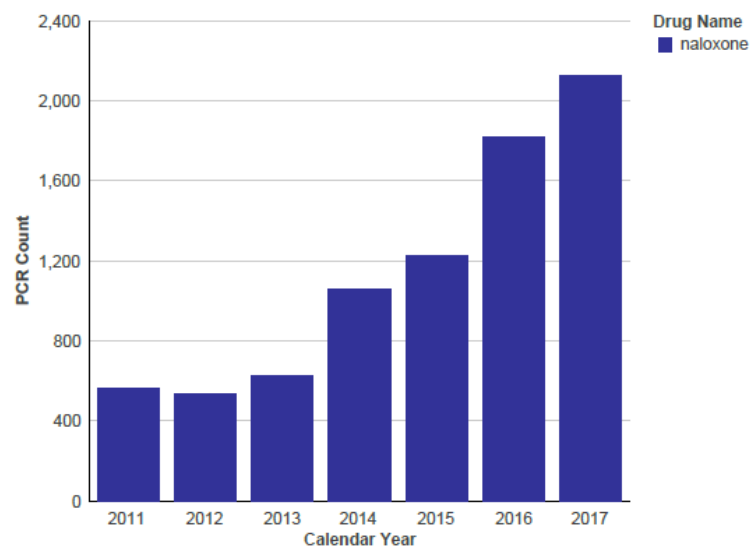




IEMS Naloxone Report

Drug Name: naloxone

PCR Count	2011	2012	2013	2014	2015	2016	2017
Jan	30	42	42	47	45	104	195
Feb	42	50	28	62	71	113	170
Mar	42	52	51	73	88	116	148
Apr	52	48	48	82	107	139	138
May	45	48	61	103	86	142	230
Jun	61	48	67	111	99	154	187
Jul	66	50	48	89	121	170	177
Aug	35	50	59	126	131	177	215
Sep	45	39	43	106	110	164	209
Oct	50	31	67	101	137	173	211
Nov	41	43	63	93	110	166	152
Dec	56	35	52	68	119	200	98
Total	565	536	629	1,061	1,224	1,818	2,130





Fatalities/Mortality

- In a sample of IEMS Naloxone administrations over a FIVE year period
 - 9.4% have died
 - 3.3% from a drug related issue
- Having multiple incidents requiring EMS naloxone increases hazard of death by 65%
 - Hazard of death from drug related causes by 200%





INDIANA UNIVERSITY

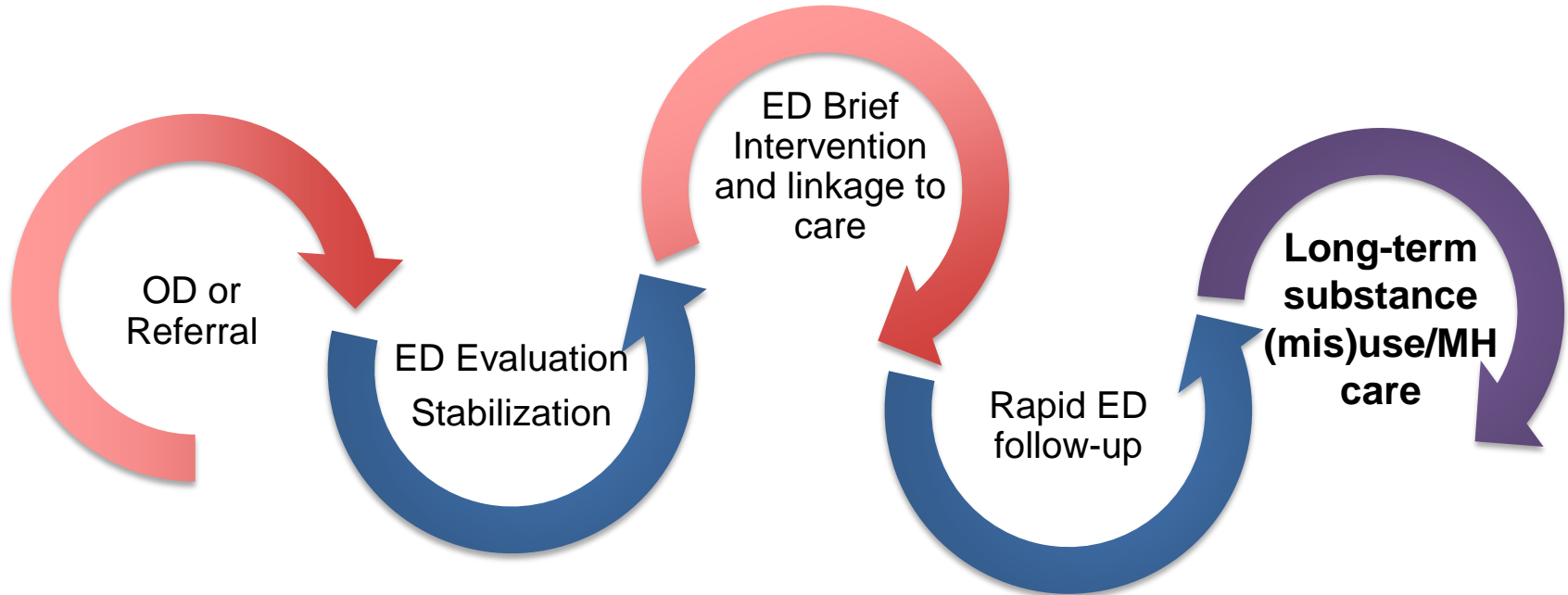
So, now
what
happens?



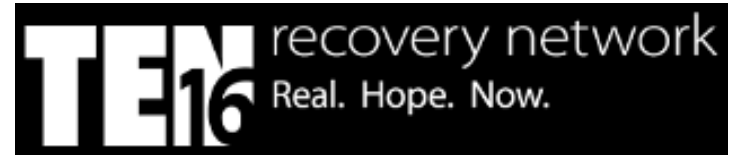
INDIANA UNIVERSITY SCHOOL OF MEDICINE

What if we
treated an
overdose
like a heart
attack?





Anchor **ED**





INDIANA UNIVERSITY

Lessons from POINT's 1st years



INDIANA UNIVERSITY

The VAST majority of overdose survivors want help



POINT Observational data

Feb-Dec 2016

	<u>Total</u>	<u>Percentage</u>
Interested ED intervention		
Treatment referral	73	89.0%
HIV testing	57	69.5%
Hepatitis C testing*	23	41.1%
*56 without known hep C		

Source: Project Point Data Set





INDIANA UNIVERSITY

The role of healthcare system dysfunction

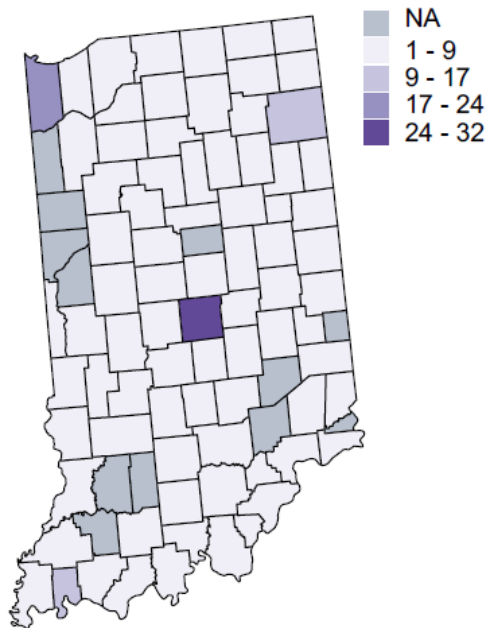
**“the struggle to get help is real and it’s
devastating my family”**

-POINT parent

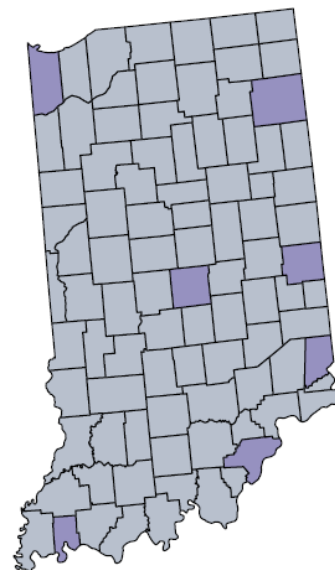


INDIANA UNIVERSITY

Facilities Providing Substance Abuse Services



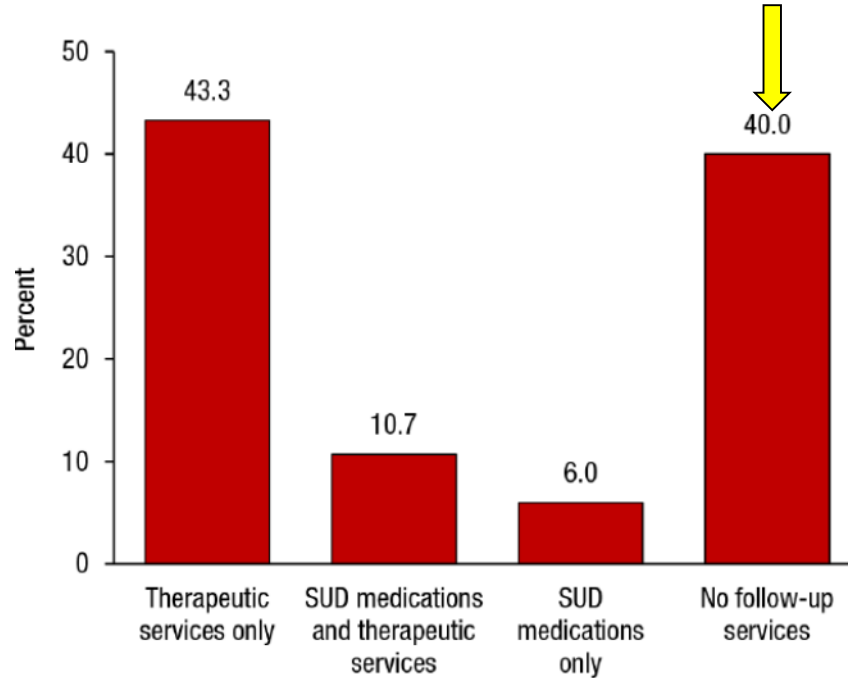
Facilities Providing All Medication Assisted Treatments



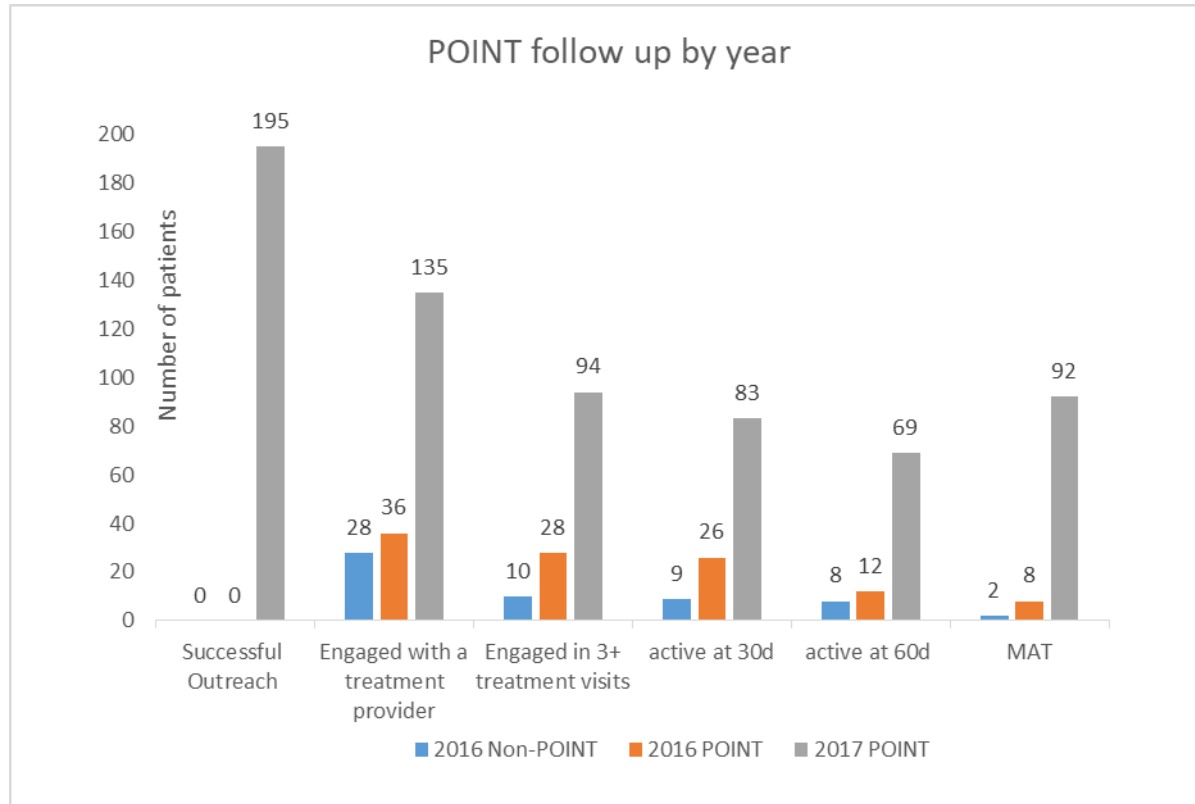
<http://opioid.amfar.org/IN>



INDIANA UNIVERSITY SCHOOL OF MEDICINE



Post-discharge services provided within 30 days following an opioid-related hospitalization among the privately insured: 2010-14



The role of healthcare system dysfunction

Out 2016 POINT patients

59% had been prescribed a controlled substance in the year prior to their OD

Of these, 12.5% had an active opioid script at the time of OD

39% were prescribed a controlled substance after the OD

59% (24% of TOTAL) were prescribed an opioid (not buprenorphine) in the six months AFTER their overdose



The role of psychiatric disease

Mental Health History POINT Feb-Dec 2016

	<u>Total</u>	<u>Percentage</u>
Total Interviews	82	
Reported hx mental illness	31	37.8%
Previous Visits at Midtown	45	54.9%

Source: Project Point Data Set





The role of psychiatric disease

Table 3: Reported Mental Health History
Feb-Dec 2016

	<u>Total</u>	<u>Percentage</u>
Total Interviews	82	
Hx mental illness	31	37.8%
Depression	17	20.7%
Bipolar	10	12.2%
Anxiety	8	9.8%
PTSD	8	9.8%
Schizophrenia	2	2.4%
Previous Visits at Midtown	45	54.9%

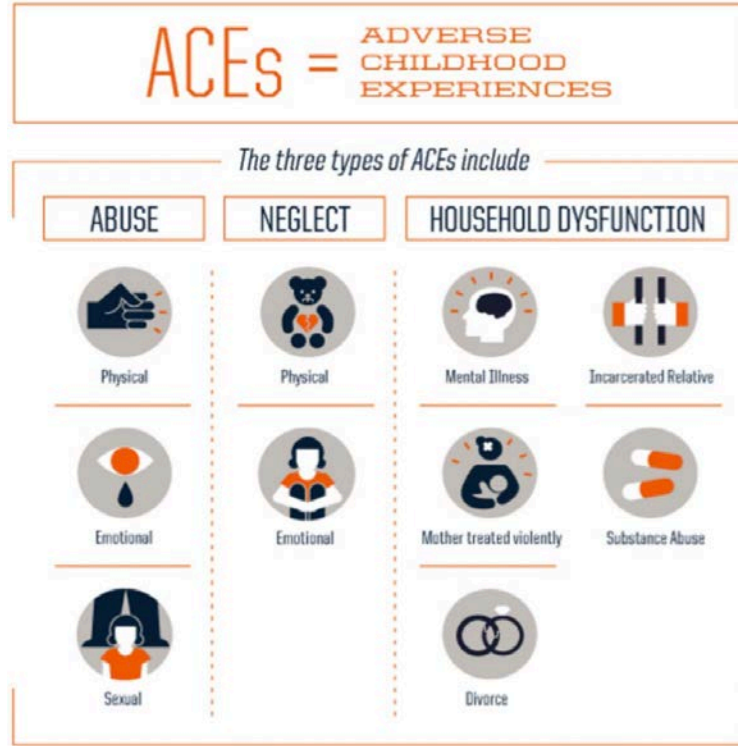
Source: Project Point Data Set

“Heroin is the only way to make my mind stop racing.”

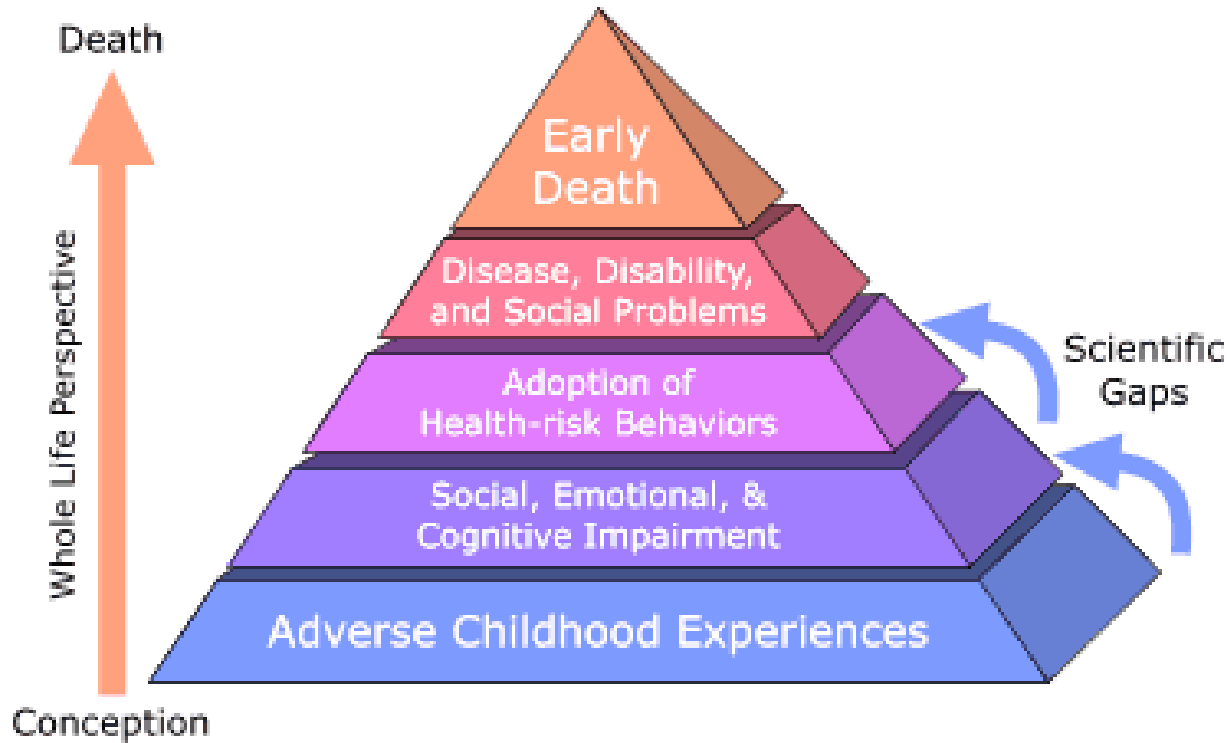
“I am on a whole bunch of meds, but they just don’t work.”



The role of childhood trauma

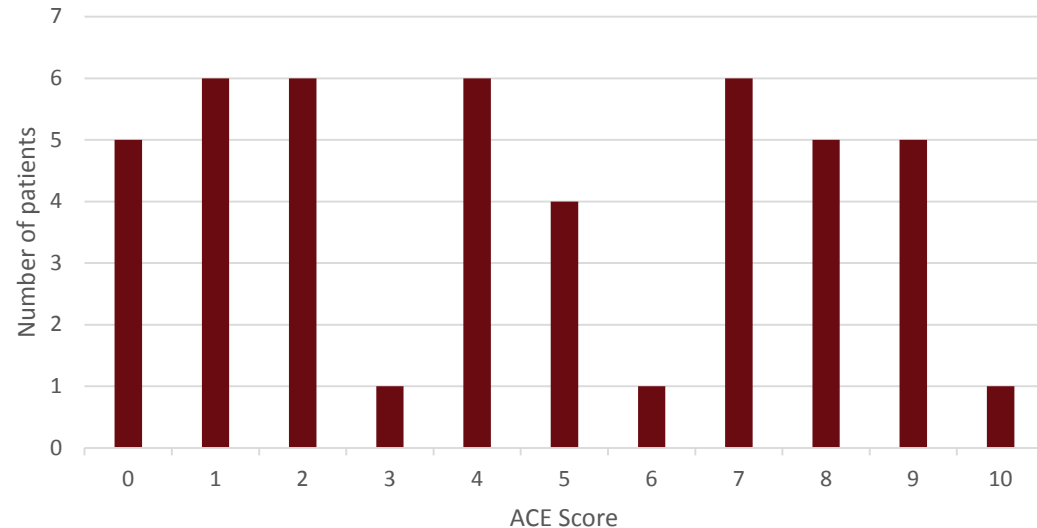


The role of childhood trauma



The role of childhood trauma

ACE Scores



“I was abused in foster care and pills were the only way to make it through the night.”

“It’s the only way I can forget, just for a little bit, what happened.”

“My mom gave me my first hit when I was eight.”

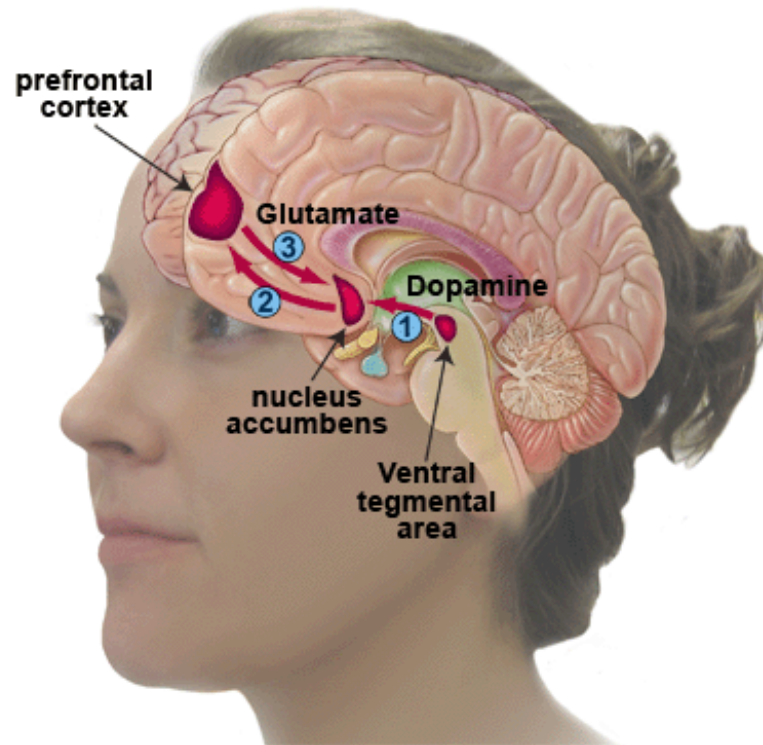


So what can we do?

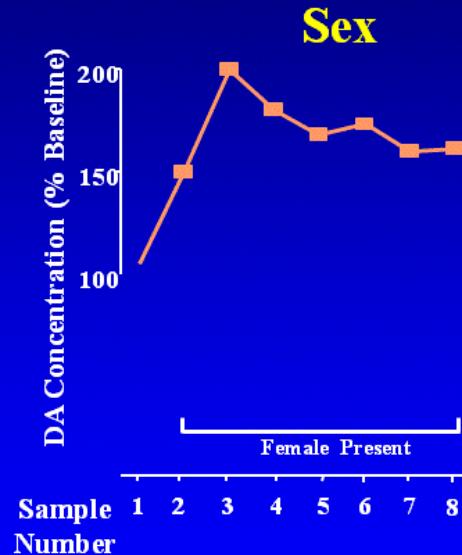
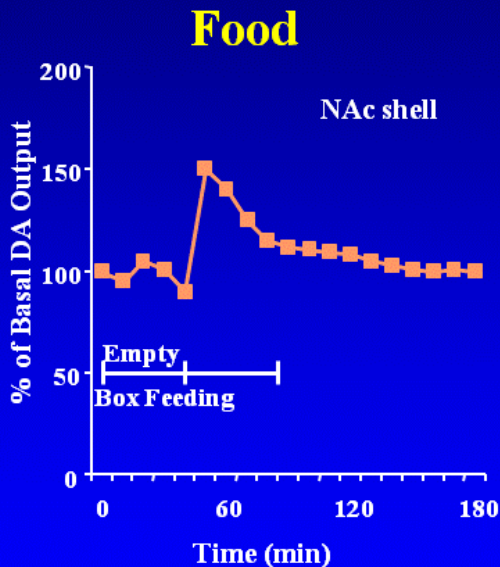


Support medication assisted treatment in your hospital system



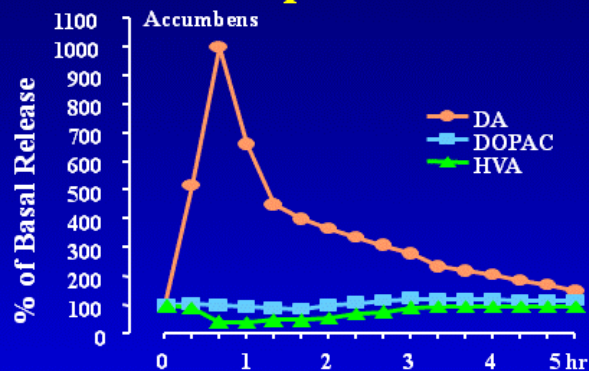


Natural Rewards Elevate Dopamine Levels

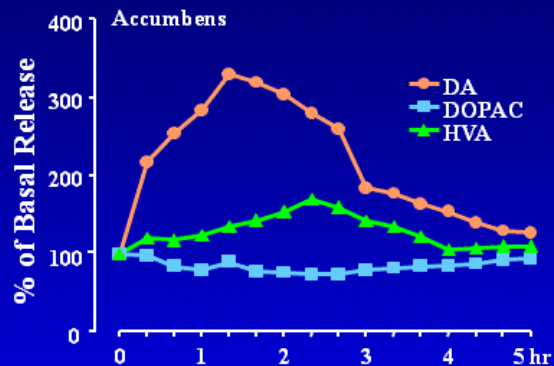


Effects of Drugs on Dopamine Release

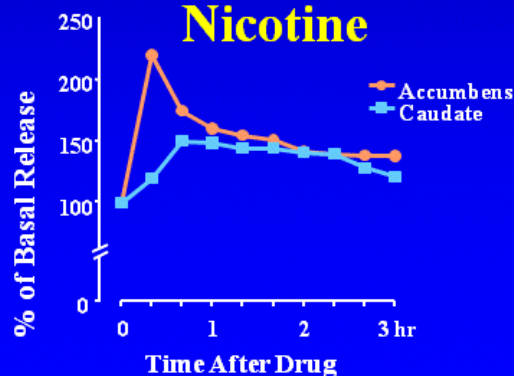
Amphetamine



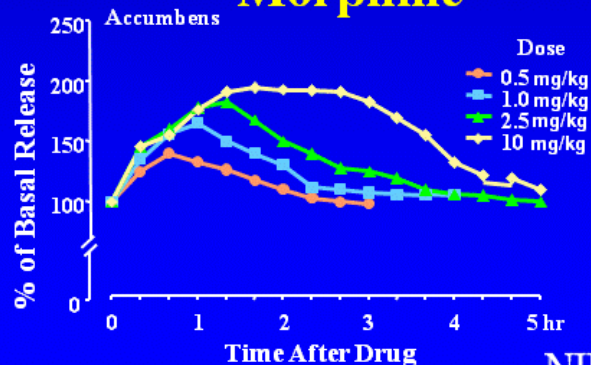
Cocaine

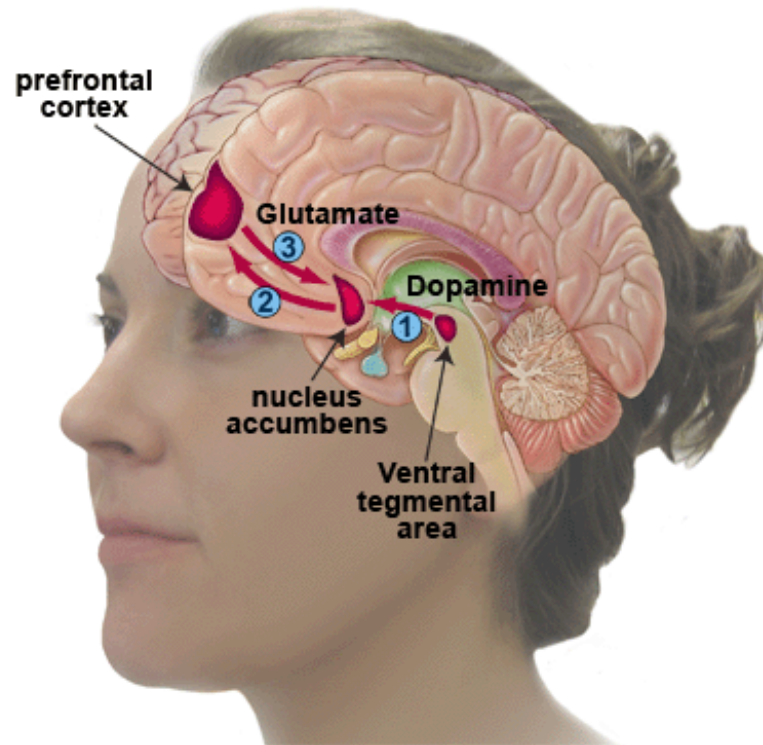


Nicotine



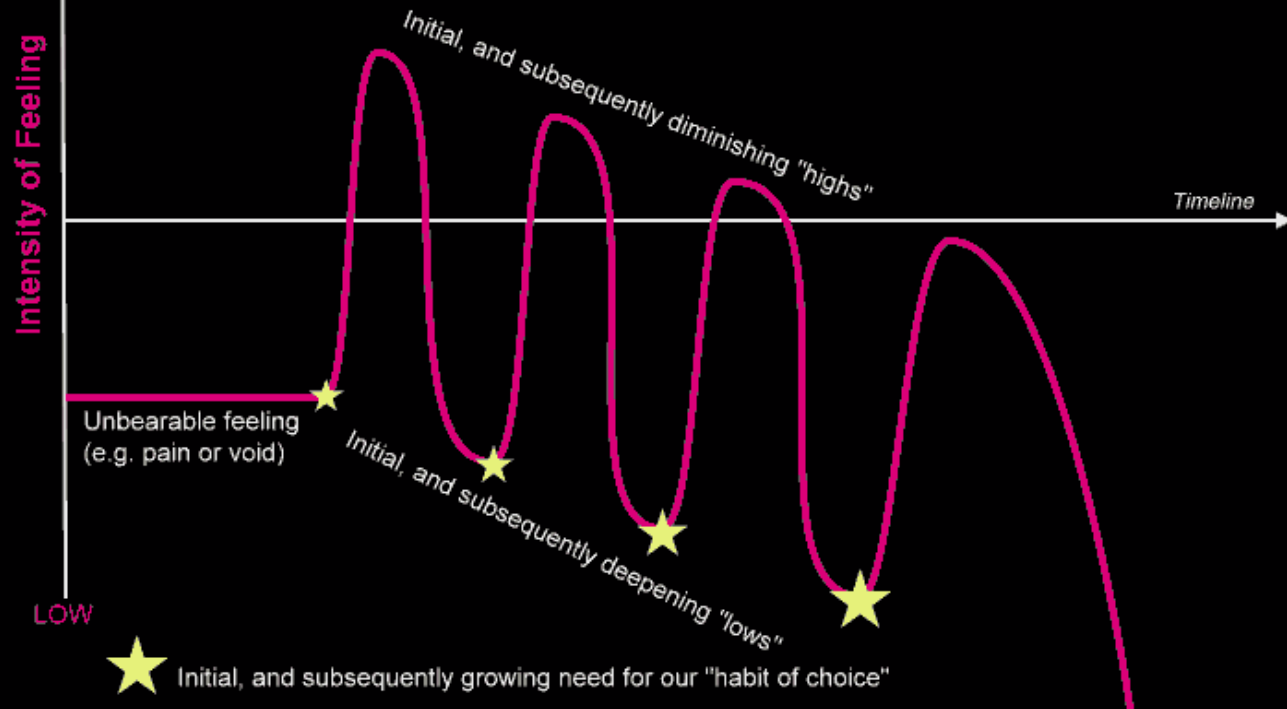
Morphine

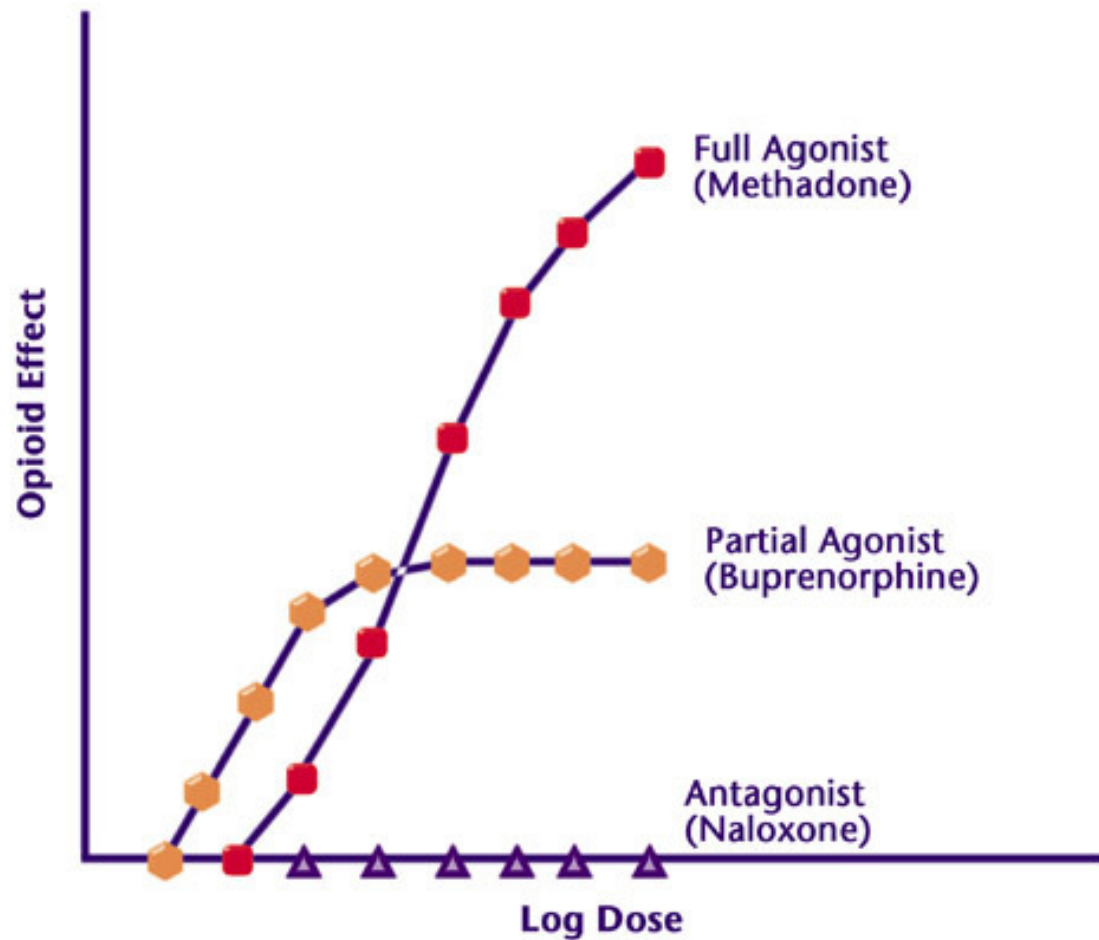




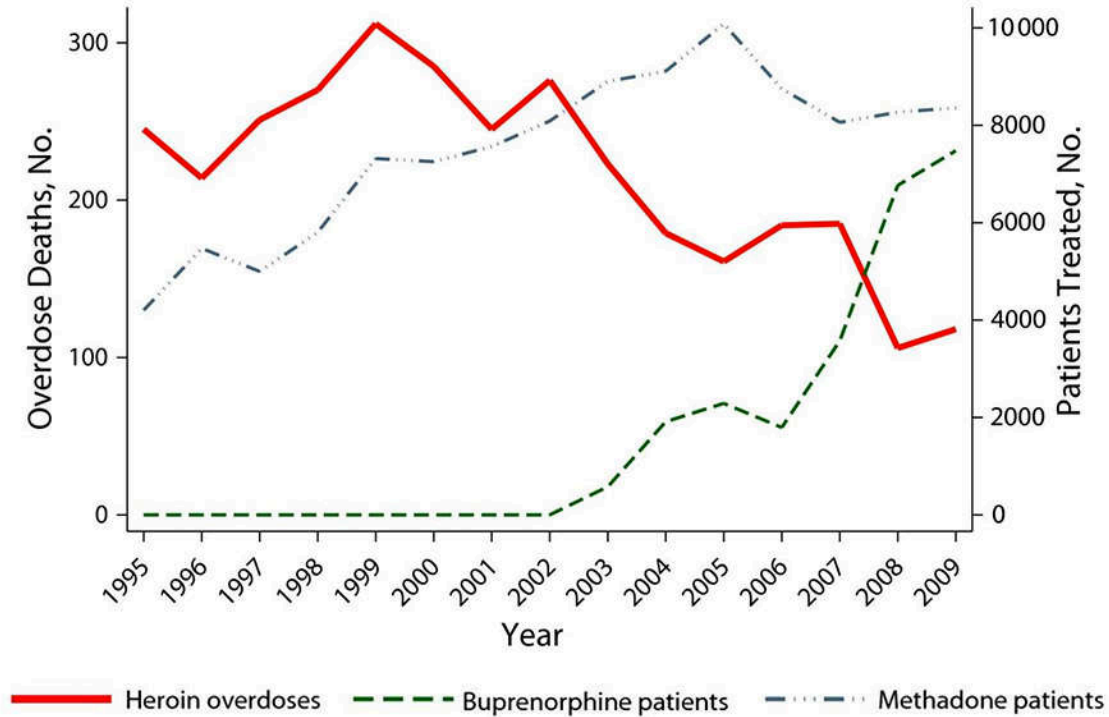
High-Low Model of Addiction

Influence of our "habit of choice" on our overall feeling over time





MAT REDUCES HEROIN OD DEATHS



Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System

- Provided access to all 3 forms of MAT in RI-DOC
- Increased number of inmates on MAT
- 60.5% reduction in mortality post incarceration
- Number needed to treat 11



Original Investigation

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

- Randomized ED patients
 - Buprenorphine vs regular care
- 30 day follow up
 - Significant increase in treatment rates
 - 78% vs. 35%

Engage recovery support services



Why peers coaches for the ED?



Patient Preference

Who do you want to talk to in the ER?

“Definitely someone who has been there and knows what you’re going through and has gotten past it.”

“You don’t know me. You don’t know what I’m feeling. Some of it is having someone to actually relate to.”



SAMHSA Guidelines

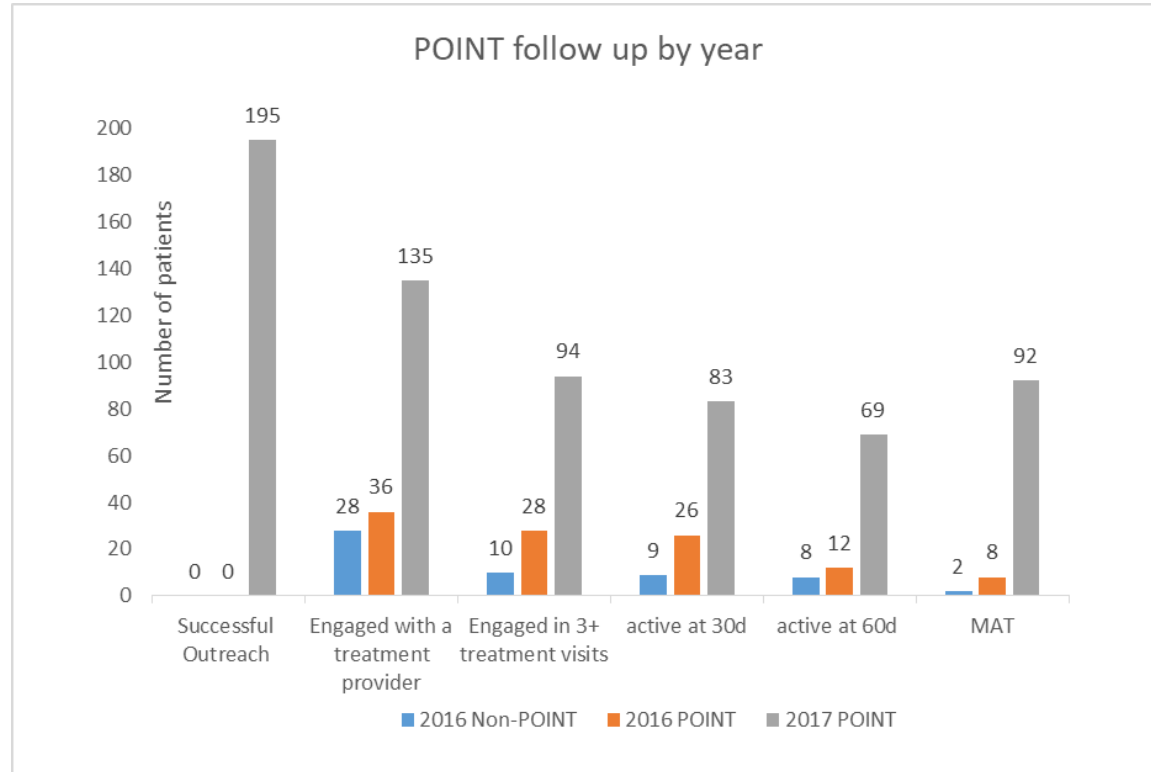
Recovery Oriented Systems of Care:

- Person-centered
- Continuity of care
- Strengths-based
- Responsive to personal belief systems
- Commitment to peer recovery support services
- Inclusion of voices of recovering individuals
- Integrated services

Kaplan, L., The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration, 2008.



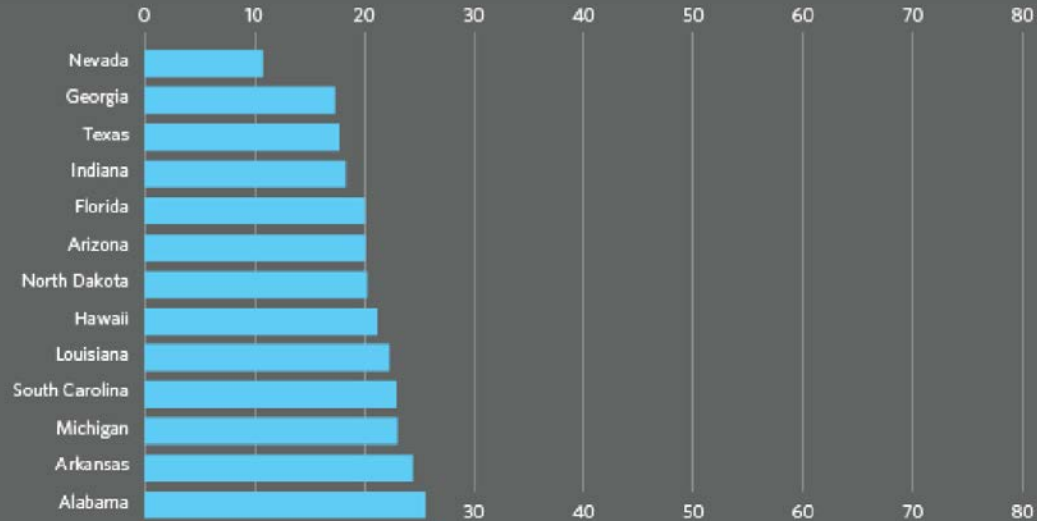
Increased engagement and re-engagement



The workforce shortage

Number of Providers per 1,000 Adults with Addictions

The prevalence of drug and alcohol addiction varies widely among states, as does the number of behavioral health professionals available to treat them. The number of providers per 1,000 non-elderly adults with a drug or alcohol addiction ranges from a high of 70 in Vermont to a low of 11 in Nevada. The national average is 32.



<http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/4/01/how-severe-is-the-shortage-of-substance-abuse-specialists>



The potential for culture change

- Subtle but real changes in ED culture
- Honest broker between patients and the healthcare system
- Stigma reduction
- Addressing HR policies around hiring
- Providing professional employment opportunities for people in recovery
- Opportunity to address race/class disparities through meaningful partnerships



Support Needle Exchange and Naloxone Distribution



Observational data from POINT 2017

	<u>Total</u>	<u>Percentage</u>
Total Assessments	390	
Known Hepatitis Positive	53	13.6%
Sharing needles	30	56.6%

- April—December of 2017 POINT provided 291 point of care HCV tests
 - diagnosed 46 NEW cases of HCV




Observational data from POINT 2017

	<u>Total</u>	<u>Percentage</u>
Total Assessments	390	
Naloxone		
Knowledge	233	59.7%
Has access	35	9.0%

- Since April 2017 through February 2018
401 Naloxone kits given to overdose survivors





“Each day we are losing 115 Americans to an opioid overdose - that’s one person every 12.5 minutes.

More than half of opioid overdose deaths occur at home.

If you or someone you know is at risk for an opioid overdose I urge you to get Naloxone, a lifesaving medication that can reverse the effects of an overdose”

- VADM Jerome Adams
U.S. Surgeon General

#GetNaloxone #SaveALife





Thank you

POINT team

Dr. Dan O'Donnell, Jennifer Hoffman, Melissa Reyes, Gloria Haynes, Jen Haffley

Early Supporters

Andy Chambers, MD, Dean Babcock, Dan Rusyniak, MD, Dennis Watson, Ph.D.

- **Eskenazi Health and the Eskenazi Health Foundation**
- **Midtown Mental Health Adult Addictions Team**
- **Fairbanks School of Public Health**
- **IU School of Medicine, Department of Emergency Medicine**
- **Drug Free Marion County**
- **Richard M. Fairbanks Foundation**





Questions?

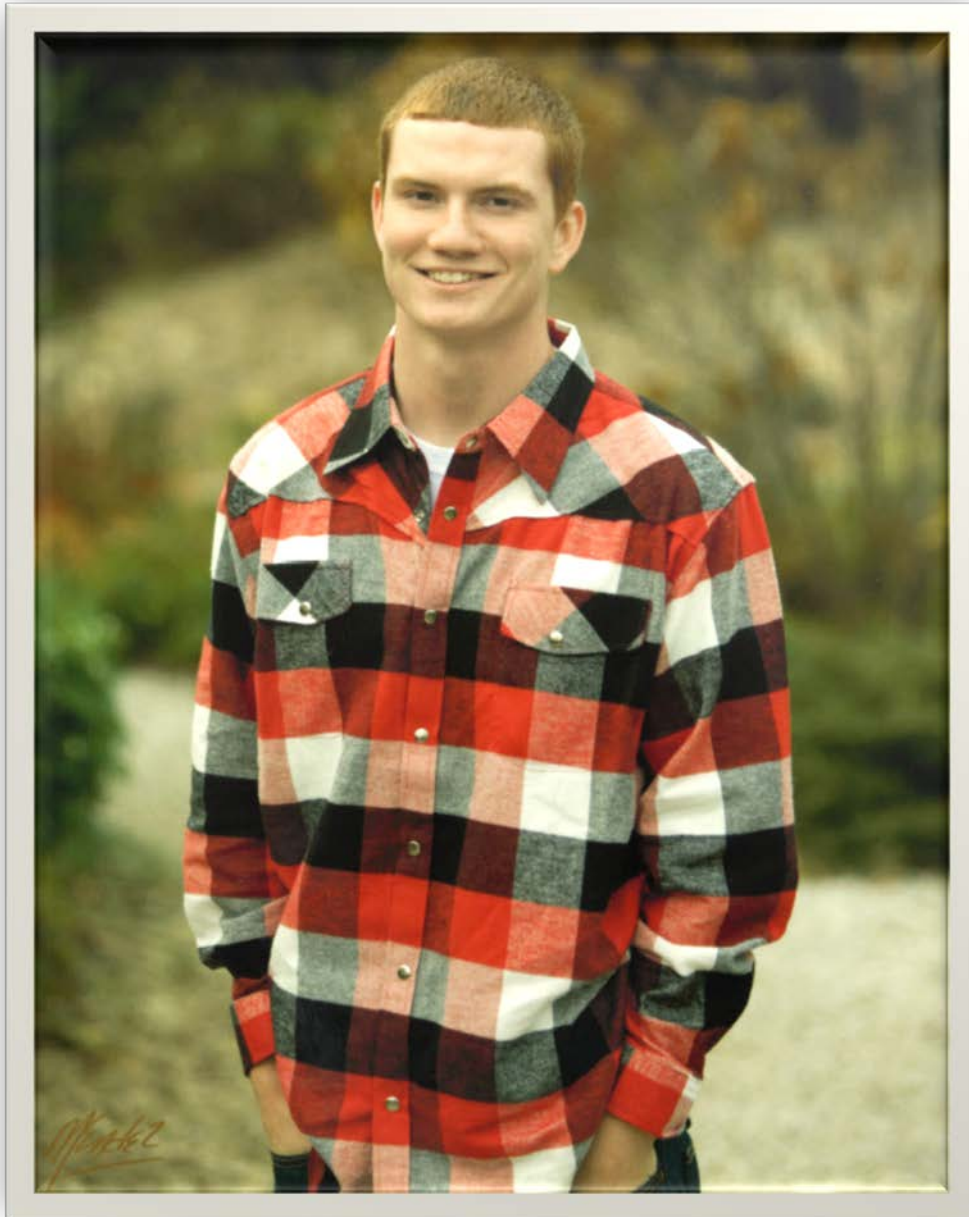
Krista Brucker, MD
krnbruc@iu.edu

Overdose Lifeline, Inc.

Indiana-based nonprofit , 501(3)(c)
Helping Individuals, Families, and
Communities Affected by the Disease of
Addiction / Substance Use Disorder

OVERDOSELIFELINE.ORG





A woman with long, dark, wavy hair is shown in profile, looking down and to the left with a contemplative expression. She is wearing a dark jacket. The background is a blurred outdoor setting with greenery and a wooden fence.

A LIFE AND A WORLD WITH NO STIGMA

We envision a time when the disease of addiction does not carry a stigma in society but instead is provided the attention and care required of a chronic disease.





1,500+ Naloxone Kits
Distributed to Layperson,
Families and Individuals



264 First Responder
Departments Participating
15,000+ Trained and Kits
Distributed

On the front-lines of the opioid epidemic since 2014

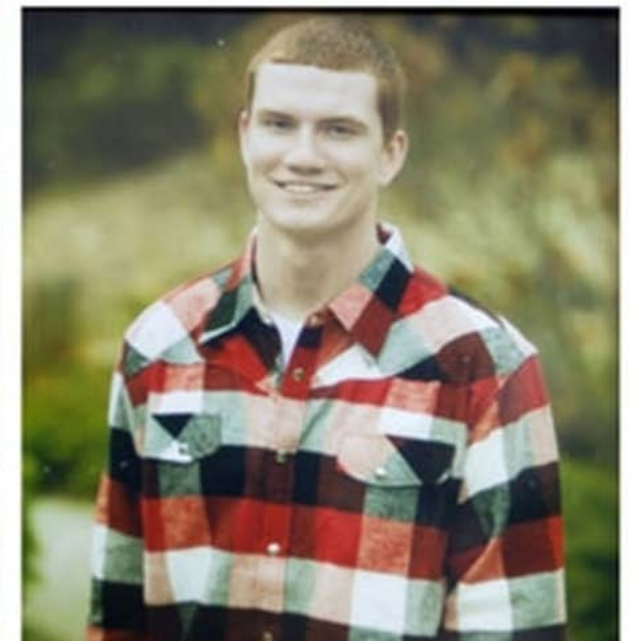


1,450+ Indiana Lives Saved -
Brothers, Sisters, Mothers,
Fathers, Sons, Daughters.



Across 70+ Indiana Counties -
Keeping Indiana Safe and
Providing the Opportunity for
Recovery





HOME - BRIEFING ROOM - LIVE EVENTS



Meeting of the President's Commission on Combating

Advocacy – Subject Matter Expert





Harm reduction is ...

Sunscreen	Bike Helmets	Vaccines
Bug Spray	Condoms	Nicotine Gum / Patch

Automotive Harm Reduction

Seat Belts
Car Seats
Air Bags
Designated Drivers

Opioid Harm Reduction

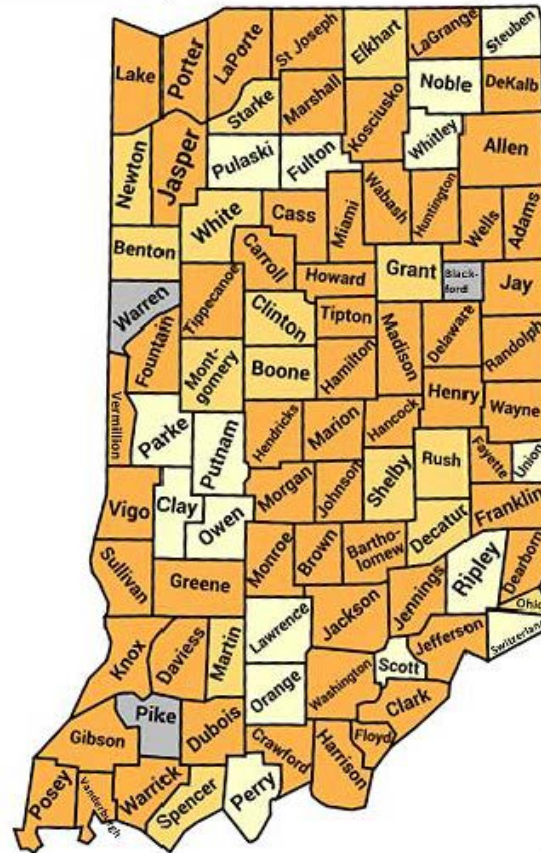
Syringe Exchange Programs
Naloxone – Overdose Reversal Drug
Medication-Assisted Treatment (MAT)
Methadone, Suboxone, Vivitrol



Overdose Lifeline Naloxone Distribution by County

KEY:

- Leypersone and First Responders
- Leypersone
- First Responders
- None



Naloxone

Naloxone Administration

CPR or Rescue Breathing should only be used if you are trained or certified.

Naloxone delivery devices



INTRAVENOUS – Healthcare / Hospital Settings



INTRAMUSCULAR

- Needle draw and injection
- Autoinjector (Evzio)



INTRANASAL

- Amphastar with MAD
- Narcan[®] Nasal Spray by Adapt



Myths about naloxone

1. Naloxone encourages people to use opioids more.
False. Studies have shown that areas where narcan is commonly used and available have seen decreases in opioid misuse.
2. Naloxone makes the recovered violent.
Not quite. Less than 3%. Naloxone at high dose can cause a quick reversal of an overdose, leading the body to go to “fight-or-flight” mode. This is because the user’s addiction relies on the opioid for survival, without it withdraw kicks in and a person may become combative.
3. Naloxone prevents people from seeking treatment.
False. Areas with naloxone distribution have seen higher rates of treatment seeking among those saved by the drug.



Naloxone starts a conversation

Naloxone can help start the conversation about opioid use and addiction

A 2016 Staten Island, NY study found that 99% of study participants (opioid users) would be more open with their healthcare provider about drug use history and relapse, if offered a naloxone rescue kit.

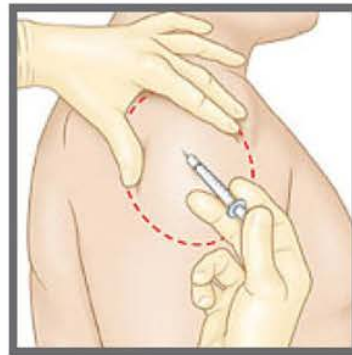
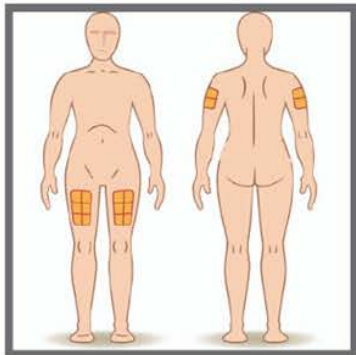
Not only can naloxone save a life, but it can start needed communication.

Source: Kirane H et al *Awareness and Attitudes Toward Intranasal Naloxone Rescue for Opioid Overdose Prevention*, Journal Substance Abuse Treatment, 2016 Oct



Intramuscular Naloxone Administration

1. Confirm overdose. Ensure 911 has been called and EMS is on the way.
2. Remove orange cap from naloxone vial, and uncover needle.
3. Insert needle through rubber plug, upside down.
4. Pull back on plunger and draw up 1cc. (1cc = 1mL = 100u).
5. Inject at a 90° straight in to the muscle on the shoulder or thigh.
6. Place individual on their side in the recovery position.
7. If there is no change after 2-3 minutes, administer another 1cc of naloxone.
8. Handle and dispose of needle/syringe in a safe manner to prevent accidental needle stick.



CPR or Rescue Breathing should only be used if you are trained or certified



Recovery Position

Turn the person on their left side, if the person vomits this helps clear the airway.

1. Tilt head back, lift chin to open airway
2. Turn to one side, place hand against chin
3. Bend knee against floor
4. Tilt head back, check breathing
5. Wait for EMS to arrive





Youth Educational Program in Response to the Opioid Public Health Crisis

Young adults / youth

15

**Age of First
Misuse**

**Perception: Low Risk
Misuse of RX Pills - Socially
Accepted w/ Peers
Get from Family/Friends
Medicine Cabinets**

Source CDC <https://www.cdc.gov/drugoverdose/opioids/heroin.html>

Age and hereditary risk factors



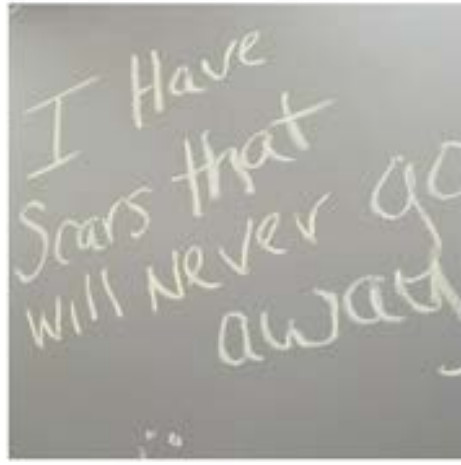
There are two main factors that lead to substance use disorders/addiction – early onset of use and biologic factors.

Taking precaution to reduce/ eliminate youth exposure to addictive substances should be a priority.



Youth Prevention and Education

200+ Delivery Partners | 16+ U.S. States



Learning Objectives

After completing the lesson, students will know and understand:

- The risks of prescription pain drug misuse
- How misuse can lead to addiction, heroin use, overdose, and death
- Understand the disease of addiction and the impact on the individual and the family and friends
- Encourage students to make good choices
- Alternatives to using substances in dealing with life stresses
- The many ways to ask for help and available information and resources



This is (Not) About Drugs

An outcomes-driven, science-based youth opioid prevention program - incorporating NIDA principles, risk and protective factors which meets with health and wellness education standards.

Takes a peer-to-peer approach and makes use of personal stories to educate and influence the decisions – or choices – someone makes about their own body and health.



Specifically Addresses the National Opioid Health Crisis

Designed to Prevent the First Misuse

Fits 45 Minutes Classroom Schedule | Ability to Expand

Pre-Post Student Survey } 3rd Party Evidence-Based Study

200+ Delivery Partners, Across 16+ U.S. States





Preventure Program

Personality Targeted Approach - Adolescent Substance Use Prevention

Sensation Seeking

Impulsivity

Anxiety Sensitivity

Negative Thinking



PreVenture in Indiana

- First implementation of PreVenture in the United States
- Examining the American context of substance use, particularly concerns with opioid misuse
- Made possible through Division of Mental Health and Addiction
- Process began Summer 2017 and continues through December 2018

Pilot Numbers:

- 6 Counties
- 11 Schools Screened - 10 Implemented
- 1154 Total 9th Graders Screened
- 600 Deemed eligible (53% of 1154 screened students)
- 348 Participated in 1st Session (58% of the 600 eligible students)
- 292 Completed both Sessions (84% of the 348 who initiated)
-



Solutions

Treatment & Recovery

Treat addiction as the chronic disease that it is - through accessible, clinically-proven treatment and recovery continuum of care. Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.

Harm Reduction

Reduce the harmful consequences associated with opioid use disorder and misuse.

Reduce the Stigma of Addiction

Changing how we talk can remove the barriers for someone getting help with their disease.

Screening and Early Intervention

Early screening and intervention can address mild misuse problems and disorders, prior to developing into something more severe.



Education & Prevention

Understand the risks associated with opioid misuse, addiction, and overdose. Support age-based prevention education.

Safe Prescribing

Familiarize yourself with CDC safe prescribing guidelines. Ask your physician if they are familiar with these guidelines. Seek non-opioid options first/whenever possible.

Prescription Management

Manage your/your family's prescriptions. Safely store and dispose of your prescriptions.

Data & Prescription Drug Monitoring

Improved reporting and access to data for action and decision-making. Participation in prescription drug monitoring systems.





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Continuing Education (Certificate)

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