

Opiate
ACTION TEAM



John R. Kasich, Governor
Orman Hall, Director



***Prescription Drug Abuse &
Healthcare Reform Committee***

Director Orman Hall

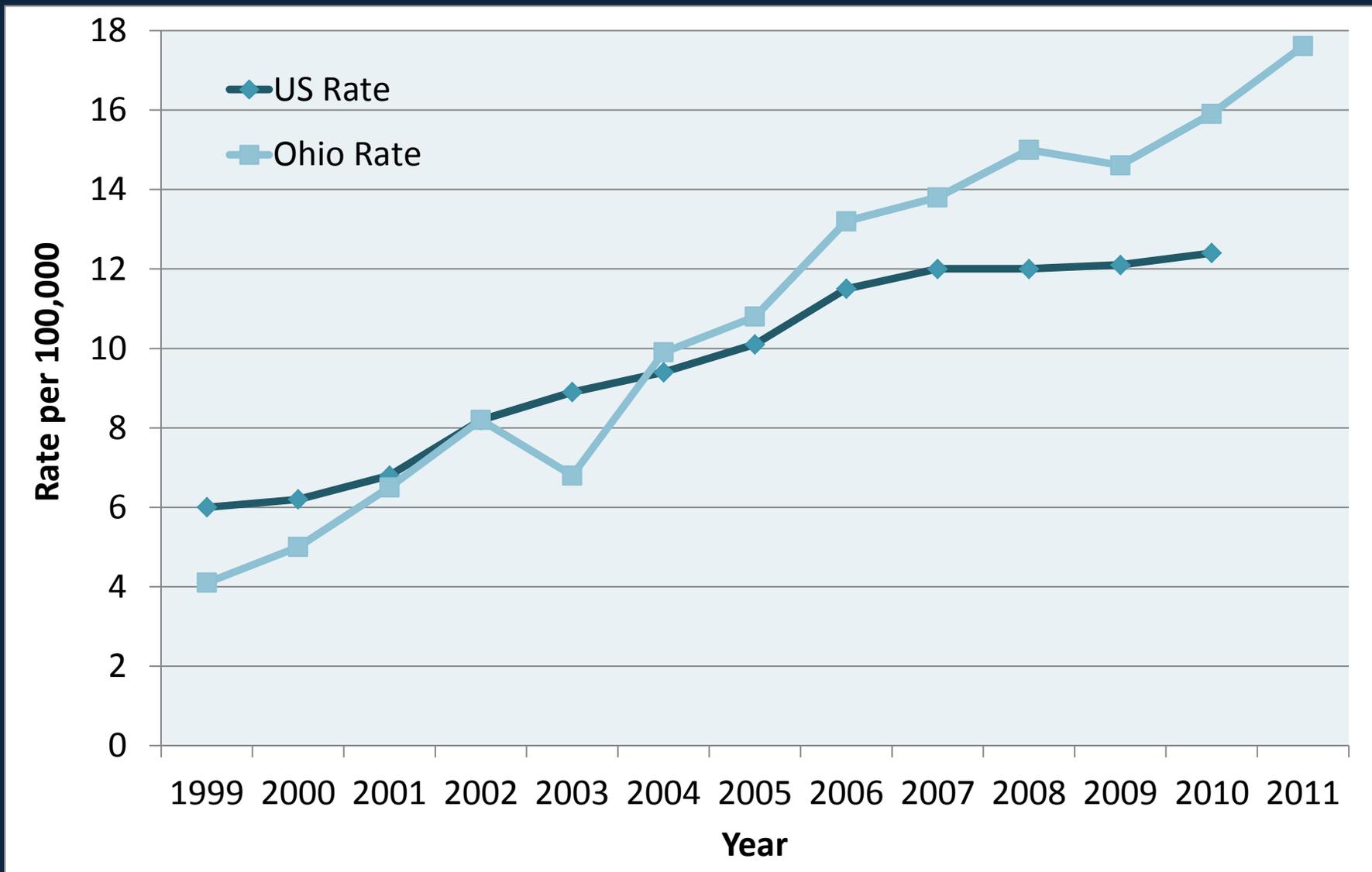
August 27, 2013



THE SCOPE OF THE PROBLEM IN OHIO

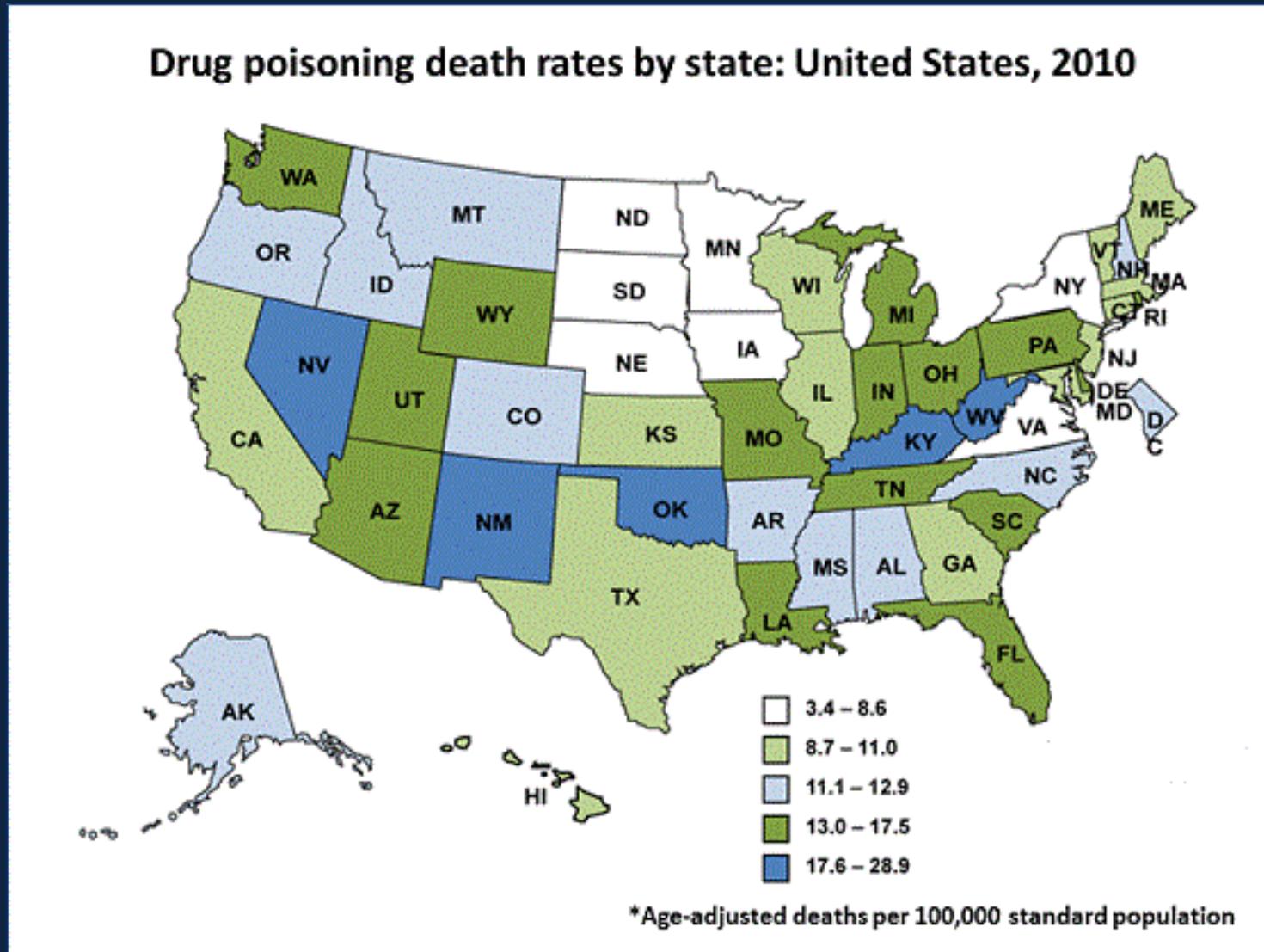


DEATH RATES PER 100,000 FOR DRUG POISONING (ALL MANNER), BY YEAR, OHIO VS. US, 1999-2011



Source: ODH Office of Vital Statistics

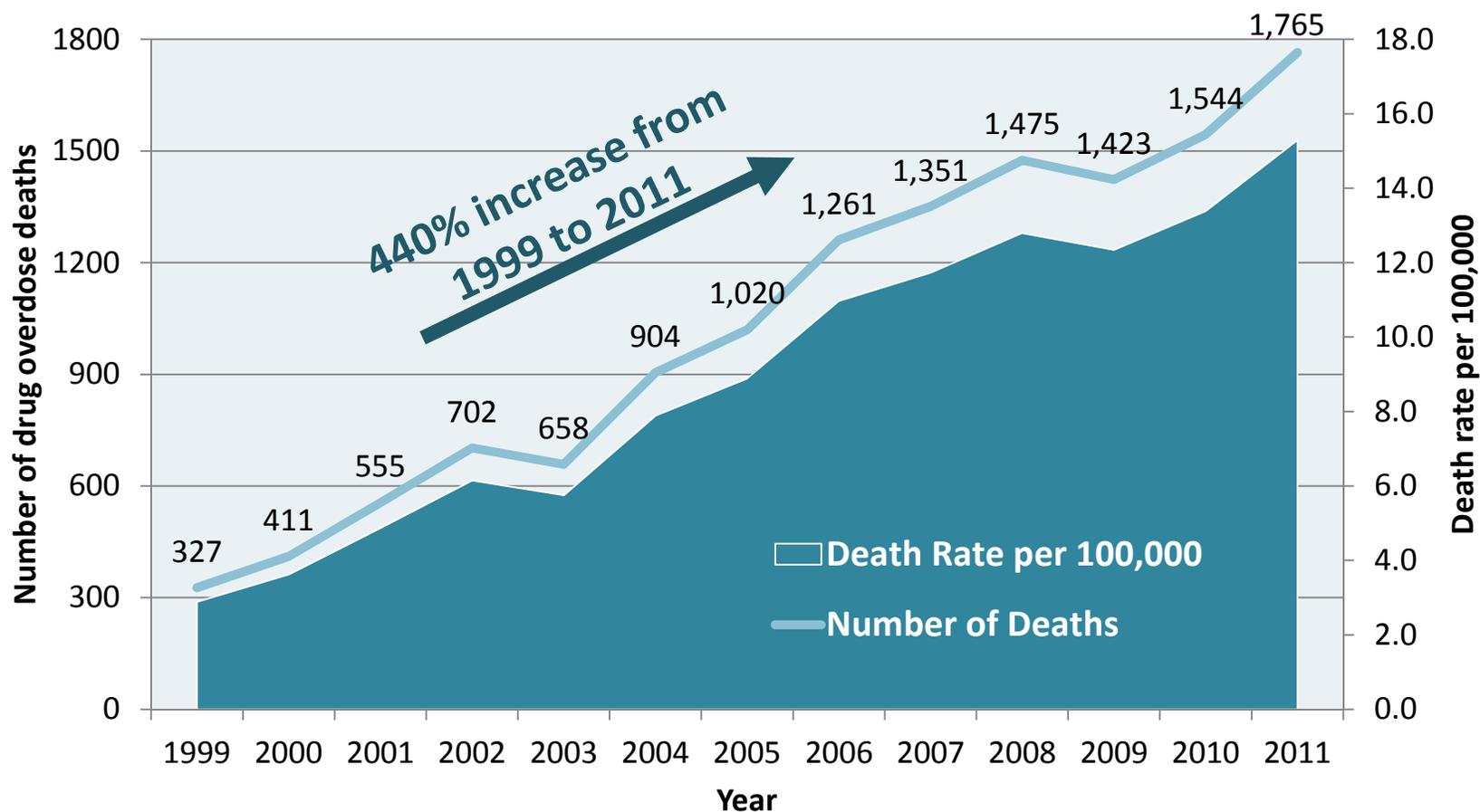
NATIONAL DATA: Unintentional and Undetermined Intent Drug Overdose Death Rates by State, 2010



Source: National Vital Statistics System 2010. <http://www.wonder.cdc.gov/>

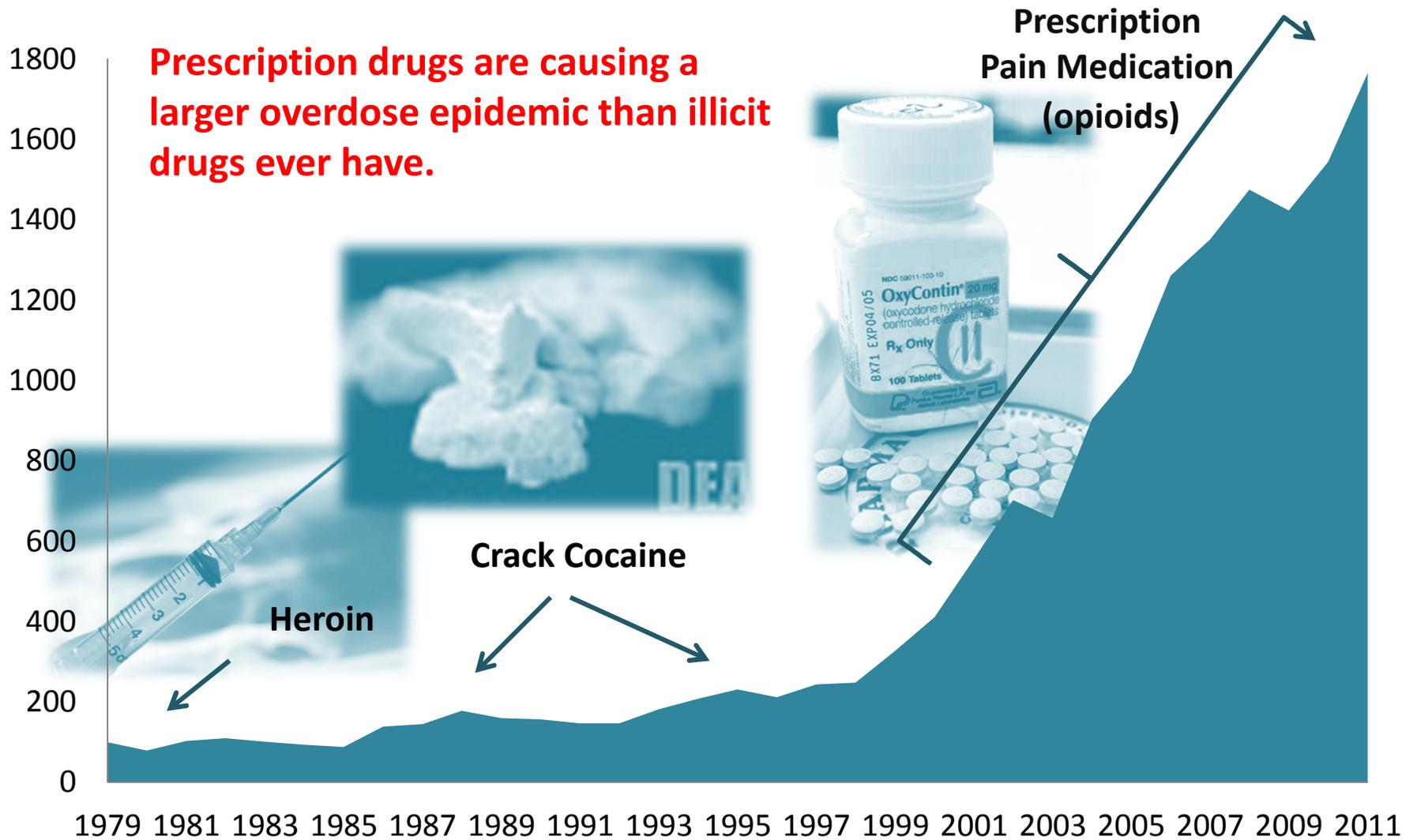
OHIO DRUG OVERDOSE DATA 1999-2011

Number of deaths and death rate per 100,000 from unintentional drug overdose by year, Ohio residents, 1999-2011¹



1. Source: Ohio Department of Health: Office of Vital Statistics, Analysis by the Violence & Injury Prevention Program.

Epidemics of unintentional drug overdoses in Ohio, 1979-2011^{1,2,3}



Source: ¹WONDER (NCHS Compressed Mortality File, 1979-1998 & 1999-2005) ²2006-2011 ODH Office of Vital Statistics, ³Change from ICD-9 to ICD-10 coding in 1999 (caution in comparing before and after 1998 and 1999) ⁶

PRESCRIPTION OPIOIDS STILL ASSOCIATED WITH MORE FATAL OVERDOSES

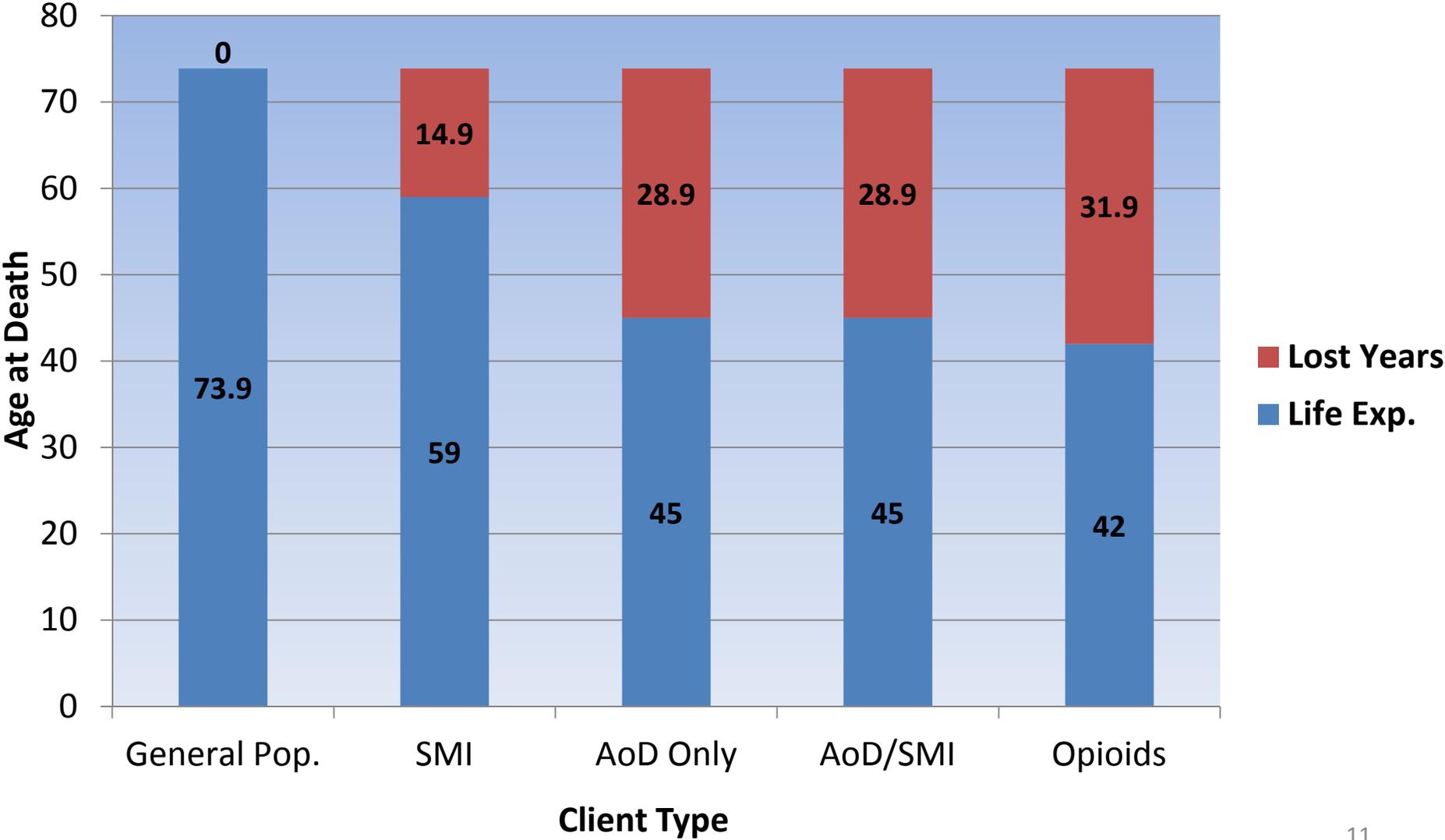
- 2011 saw a shift toward increasing heroin abuse:
 - Heroin-involved deaths increased from 16% (233) in 2008 to 24.1% (426)* of all drug overdoses in 2011.
- Prescription opioids (pain medications) remain associated with more fatal overdoses than any other prescription or illegal drugs including cocaine, heroin and hallucinogens and combined:
 - More than ¼ of the overdoses involved commonly-prescribed opioids such as oxycodone, hydrocodone and morphine (505; 28.6%*).
 - 9% involved methadone (prescription opioid), demonstrating a slight reduction from 2010 (10%).



WHO IS AFFECTED?



Mortality Comparisons for Clients Served in the Public Behavioral Health System
Clients who Died while being Treated within the Last Year of Treatment
Deaths from January 1, 2007 through December 31, 2010





TREATMENT ADMISSIONS

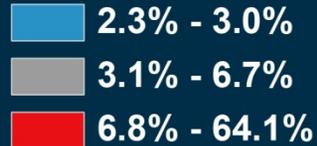


Client Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - 2009

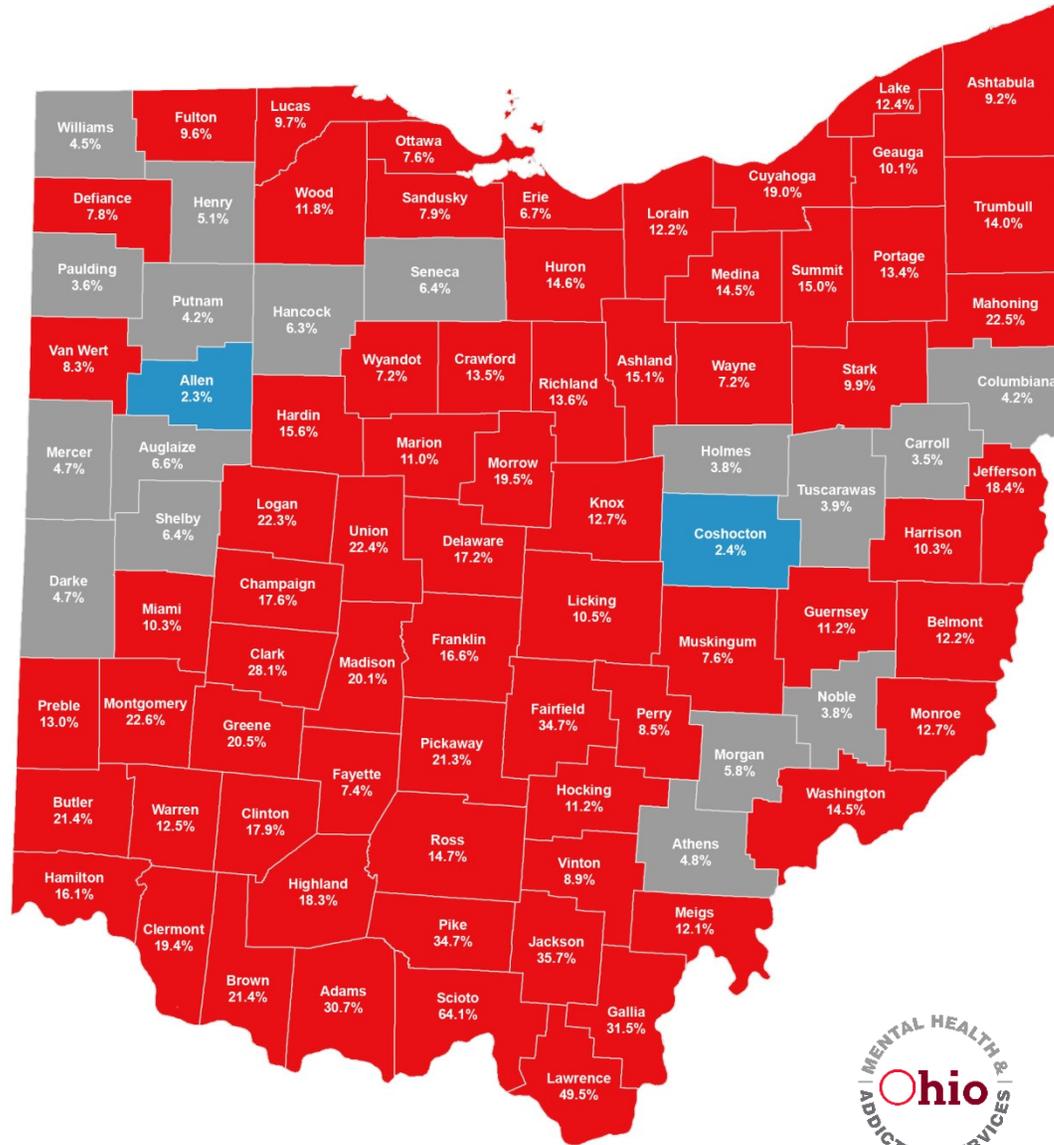
Legend

Opiate Addicts (%)



Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). The highest concentrations for opiate admissions are in Scioto (64.1%), Lawrence (49.5%) and Jackson (35.7%) counties. The counties with the lowest concentrations of an opiate-related diagnosis are Allen (2.3%), Coshocton (2.4%) and Carroll (3.5%).



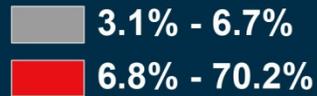
Data Source:
Data from Multi Agency Community
Information Systems (MACSIS)
Map produced April 2013

Client Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - 2011

Legend

Opiate Addicts (%)



Map Information:

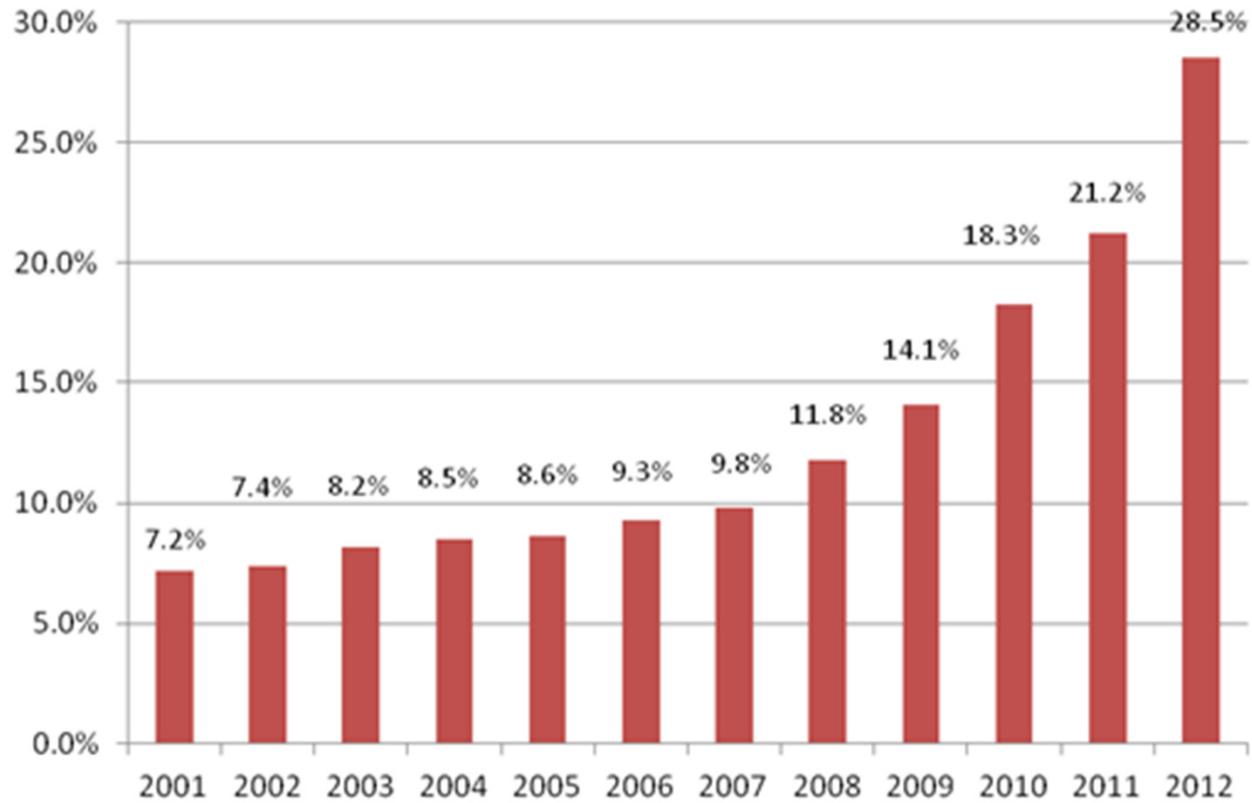
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). The highest concentrations for opiate admissions are in Scioto (70.2%), Lawrence (56.2%) and Athens (41.9%) counties. The counties with the lowest concentrations of an opiate-related diagnosis are Tuscarawas (5.5%), Holmes (4.4%) and Morgan (3.1%).



Data Source:
Data from Multi Agency Community
Information Systems (MACSIS)
Map produced April 2013

PERCENTAGE OF ODADAS CLIENTS WITH AN OPIATE DIAGNOSIS: SFY 2001 THROUGH SFY 2012

Percentage



Data Source: Multi-Agency Community Services Information System (Claims), SFY 2001-SFY2010, Note: SFY 2011 and SFY 2012 data are preliminary

Year



IMPORTANT OPIATE PROJECTS UNDERWAY

SOUTHERN OHIO TREATMENT CENTER
DRUG COURT/MEDICATION ASSISTED TREATMENT PILOT PROJECT
NEONATAL ABSTINENCE SYNDROME PROTOCOL
BUPRENORPHINE PROTOCOL
ADDITIONAL MAT PROTOCOL

Southern Ohio Treatment Center

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- First rural Opiate Treatment Program in Ohio
- Clinical emphasis on Buprenorphine v. Methadone
- Site of Buprenorphine clinical evaluation
- Funded through a partnership between OhioMHAS and the Ohio Development Services Agency
- Administered by Health Recovery Services in Jackson, Ohio

Addiction Treatment Pilot Program

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- The General Assembly established a \$5 million line item for FY 2014 to be administered by OhioMHAS.
- Pilot program will provide addiction treatment, including MAT, to persons who are addicted offenders within the criminal justice system.
- Counties identified in legislation: Crawford, Franklin, Hardin, Mercer and Scioto.
- Goal is to determine the effectiveness of partial agonist and antagonist therapies in drug court settings.

Addiction Treatment Pilot Program

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Important Dates:

- October 1, 2013: Paperwork from prospective drug courts must be received by the Supreme Court of Ohio in order to achieve initial certification needed to be eligible for the project.
- November 14-15, 2013: Two-day judicial symposia conducted with the judges and staff from the counties involved in the project.
- January 1, 2014: Planned program rollout.
- January – July, 2014: Participants accepted into the programs; information is gathered by evaluation vendors.
- July 2015: Pilot project ends.
- July – December, 2015: Post-project data analyzed by evaluation vendors and final report completed.

Addiction Treatment Pilot Program

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Projected Cost:

- In process of choosing final funding approach— OhioMHAS could solicit proposals for a single vendor to provide treatment and medication in one or all counties, pay the selected drug courts directly, pass money to the treatment providers through local boards, or vary the method for each participating county.
- Maximum medication cost (any kind): **\$850.00** per month, per participant.
- Maximum cost of treatment per month, per participant: **\$1,455.83**.
- This brings a total monthly cost of **\$2,305.83** per participant, giving the project a likely target of **175** people served throughout the eighteen month period.

Neonatal Abstinence Syndrome

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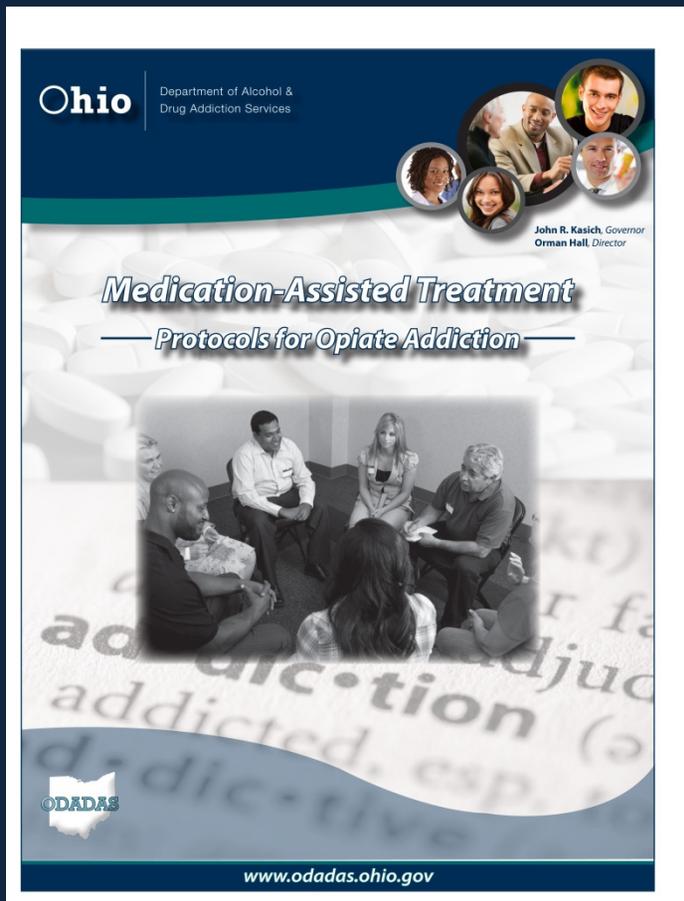
Maternal Opiate Medical Support (MOMS) Project

In Ohio, the majority of opioid dependent pregnant women are not engaged in prenatal treatment, though evidence-based treatment practices are known. Interventions to increase prenatal treatment will improve outcomes for the mother and child and reduce the cost of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by shortening length of stay in the Neo-Natal Intensive Care Unit (NICU) for an NAS baby.

Primary Project Goals:

1. Develop an integrated maternal care practice model with timely access to appropriate mental health and addiction services that extend postpartum, including intensive home-based or residential treatment.
2. Identify best practices for obstetrical services relating to medication assisted treatment (MAT), before, during and after delivery and develop a toolkit to support clinical practice.
3. Conduct a pilot and evaluation with promising practices at 2-3 sites that will integrate this model into their practice.

Total program budget: \$4.2 million dollars. Project partners include the Ohio Department of Health, Ohio Medicaid, and the Office of Health Transformation.



Buprenorphine Protocol: Why Now?

- Improve the effectiveness of buprenorphine therapy
- Reduce the overall cost of buprenorphine therapy
- Decrease the illegal diversion of buprenorphine

Buprenorphine & Suboxone®

Buprenorphine

- Partial opioid agonist
- Forms: daily sublingual tablet
- DEA Schedule III drug; FDA-approved in 2002

Suboxone®

- Partial opioid agonist – combination of buprenorphine and naloxone
- Forms: daily sublingual tablet or film.
- DEA Schedule III drug; FDA-approved in 2002
- Office-based availability: May be prescribed and dispensed by waived physicians in treatment settings other than the traditional Opioid Treatment Program (methadone clinic) setting.
- Target population: Individuals aged 16 and over with short histories of opioid dependence.

Naltrexone & Vivitrol®

Naltrexone

- Approved for opioid addiction treatment in 1984.
- Only pure opioid antagonist.
- Forms: oral and injectable.

Vivitrol®

- First approved to treat alcohol dependence in 2006.
- Approved to treat opiate dependence in 2010.
- Form: monthly injectable.
- Most useful for motivated patients who have undergone detoxification and need support to avoid relapse.
- Helps some patients in beginning stages of opioid use and addiction.
- Can be prescribed by any healthcare provider who is licensed to prescribe medications- no special training required.

Methadone

- One of the first opiate treatment medications to be made widely available in the United States.
- Full agonist.
- DEA Schedule II drug (not available for office-based practice).
- Form: oral solution, pill.
- Available only in nationally accredited clinics overseen by the DHHS/Center for Substance Abuse Treatment and the Drug Enforcement Administration.
- Ohio programs located in Columbus (2), Cleveland (2), Cincinnati-area (3), Dayton, Akron, Canton, Youngstown and Toledo.
- Target population: All adults over 18, including pregnant women.

Additional MAT Protocol

To be developed by the Addiction Clinical Roundtable:

Naltrexone/Vivitrol

- Develop clinical guidance/considerations
- Long-term efficacy will be studied in Addiction Treatment Drug Court Pilots
- Oral and injectable versions

Methadone

- 12 licensed programs in Ohio
- Over 5,200 clients on average in Ohio methadone programs
- Evaluate dosing level determinations

The Importance of MAT & Treatment

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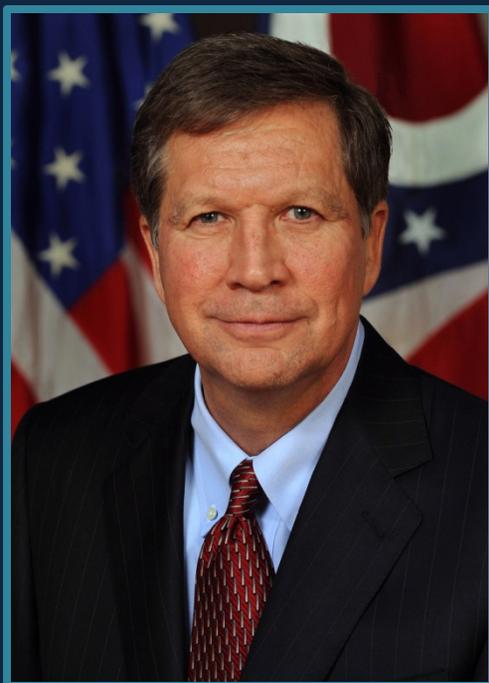


NIDA Principles of Effective Drug Addiction Treatment: A Research-Based Guide:

- Effective treatment attends to multiple needs of the individual.
- Counseling and other behavioral therapies are critical components of effective treatment.
- **Medications, especially combined with behavioral therapies, are an important element of treatment for many patients.**



OPIATE PAINKILLER MISUSE, ABUSE & ADDICTION



“It's something that a lot of people don't understand. They don't even know that it's out there. But it is as significant and dangerous as heroin addiction.”

-- Ohio Governor John R. Kasich

Contact Information

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