Overview

• Prescription opioid and heroin-related trends
• HHS Opioid Initiative to reduce opioid-related morbidity and mortality
  – Improve opioid prescribing
  – Increase use of naloxone
  – Expand access to and use of medication assisted treatment
• Conclusions
Rx opioid trends

Past Year Use

Source: SAMHSA National Survey on Drug Use and Health, 2002-2014
Rx opioid and heroin overdose deaths

Source: CDC/NCHS NVSS Multiple Cause of Death Files 1999-2013.
Risk factors for Rx opioid overdose

Demographics
- Men
- 35-54 year olds
- Non-Hispanic Whites
- American Indians/Alaska Natives

Socioeconomics and Geography
- Medicaid
- Rural

Clinical Characteristics
- Chronic pain
- Substance abuse
- Mental health
- Nonmedical use
- Multiple prescriptions
- Multiple prescribers
- High daily dosage
Heroin trends

Source: SAMHSA National Survey on Drug Use and Health, 2002-2014
Rise in heroin overdose deaths strongly correlated with increase in heroin abuse or dependence

Groups at increased risk for heroin abuse or dependence

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Past-year heroin abuse or dependence</th>
<th>aOR</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>2.1††</td>
<td>(1.4–3.0)</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Age (yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12–17</td>
<td></td>
<td>0.3††</td>
<td>(0.1–0.6)</td>
</tr>
<tr>
<td>18–25</td>
<td></td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>0.6††</td>
<td>(0.4–0.9)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
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</tr>
<tr>
<td>Non-Hispanic white</td>
<td></td>
<td>3.1†††</td>
<td>(1.8–5.1)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Geography</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residing in CBSA with &gt;1 million persons</td>
<td></td>
<td>2.4†††</td>
<td>(1.5–3.6)</td>
</tr>
<tr>
<td>Residing in other area</td>
<td></td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Household income (annual)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;20,000</td>
<td></td>
<td>1.0</td>
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<tr>
<td>$20,000–$49,999</td>
<td></td>
<td>0.5††</td>
<td>(0.3–0.7)</td>
</tr>
<tr>
<td>≥$50,000 or more</td>
<td></td>
<td>0.6†</td>
<td>(0.3–0.9)</td>
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<tr>
<td>Insurance coverage</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>None</td>
<td></td>
<td>3.1†††</td>
<td>(2.2–4.3)</td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td>3.2†††</td>
<td>(1.9–5.4)</td>
</tr>
<tr>
<td>Private or other</td>
<td></td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Past-year substance abuse or dependence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td>1.8††</td>
<td>(1.2–2.9)</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td>2.6††</td>
<td>(1.5–4.6)</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td>14.7†††</td>
<td>(7.4–29.2)</td>
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<td>Opioid pain relievers</td>
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<td>40.0†††</td>
<td>(24.6–65.3)</td>
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<td>Other psychotherapeutics</td>
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<td>1.6</td>
<td>(0.8–3.2)</td>
</tr>
</tbody>
</table>


- Men
- 18-25 year olds
- Non-Hispanic whites
- People living in large urban areas
- People with household income ≤ $20,000 annually
- The uninsured & People in Medicaid
- People with substance use disorders
  - Alcohol – 1.8X
  - Marijuana – 2.6X
  - Cocaine – 14.7X
  - Prescription opioids – 40.0X
Heroin overdose deaths by demographics

The emerging fentanyl crisis

74 overdoses in 72 hours: Laced heroin may be to blame

Fentanyl reports in NFLIS, by State
July – December 2014

Notes from the Field

Acetyl Fentanyl Overdose Fatalities — Rhode Island, March–May 2013

In May 2013, the Rhode Island State Health Laboratories noticed an unusual pattern of toxicology results among 10 overdose deaths of suspected illicit drug users that had occurred during March 7–April 11, 2013. An enzyme-linked immunosorbent assay (ELISA) for fentanyl in blood was positive for fentanyl in all 10 cases, but confirmatory gas chromatography/mass spectrometry (GC/MS) did not detect fentanyl. The mass spectrum was instead consistent with acetyl fentanyl, a fentanyl analog. Acetyl fentanyl, a synthetic opioid, has not been documented in illicit drug use or overdose deaths, and is not available as a prescription drug anywhere. Animal studies suggest that acetyl fentanyl is up to five times more potent than heroin as an analgesic (1).

During May 14–21, 2013, CDC and Rhode Island public health officials conducted a field investigation to determine whether this cluster of 10 deaths represented an increase in the typical number of overdose deaths and what role might have been played by acetyl fentanyl. Data on illicit drug (cocaine, heroin, synthetic cathinones [bath salts], gamma-hydroxybutyric acid, and methamphetamine) overdose deaths...
Addiction as a brain disease
HHS Opioid Initiative

- Launched by Secretary Burwell in March 2015
- Three focus areas
  - Improve opioid prescribing
  - Increase use of naloxone to reverse opioid overdose
  - Expand use of Medication-Assisted Treatment (MAT) for opioid use disorders
Conclusions

- Prescription opioid and heroin use and overdose are a serious public health problem in the United States
- HHS is focusing on a three-pronged initiative to:
  - Improve opioids prescribing
  - Increase use of naloxone
  - Expand access to medication assisted treatment for opioid use disorders
- HHS is also engaging with our federal, state, local, and private sector partners to support the critical work they are doing
- The data are clear that success will come through collaboration
THANK YOU

QUESTIONS?