Policy Initiatives to Combat Opioid Abuse

NAAG Eastern Region Meeting

Massachusetts Office of the Attorney General
Friday, October 30, 2015
Massachusetts Opioid-related Deaths in 2009

Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health

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Massachusetts Opioid-related Deaths in 2014

Total Deaths 1256

Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health

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Massachusetts Opioid-related Deaths vs. Motor Vehicle-related Injury Deaths

Unintentional Opioid-related Overdose Deaths vs. Motor Vehicle-related Injury Deaths
Massachusetts 2000-2013

Source: Registry of Vital Records and Statistics, Massachusetts Department of Public Health

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Fentanyl Reports per State

July – December 2014

Reports Per State

Source: Centers for Disease Control and Prevention (CDC), October 2015
By: Drug Enforcement Administration, Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit

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## Top 10 States for Fentanyl

### Table 1: Top 10 states by total Fentanyl Seizures, 2014, unpublished NFLIS data

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Number of Fentanyl seizures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ohio</td>
<td>1245</td>
</tr>
<tr>
<td>2</td>
<td>Massachusetts</td>
<td>630</td>
</tr>
<tr>
<td>3</td>
<td>Pennsylvania</td>
<td>419</td>
</tr>
<tr>
<td>4</td>
<td>Maryland</td>
<td>311</td>
</tr>
<tr>
<td>5</td>
<td>New Jersey</td>
<td>238</td>
</tr>
<tr>
<td>6</td>
<td>Kentucky</td>
<td>232</td>
</tr>
<tr>
<td>7</td>
<td>Virginia</td>
<td>222</td>
</tr>
<tr>
<td>8</td>
<td>Florida</td>
<td>183</td>
</tr>
<tr>
<td>9</td>
<td>New Hampshire</td>
<td>177</td>
</tr>
<tr>
<td>10</td>
<td>Indiana</td>
<td>133</td>
</tr>
</tbody>
</table>

Source: National Forensic Laboratory Information System, state and local laboratories
<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>Mid-August 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samples</td>
<td>5 samples</td>
<td>170 samples</td>
<td>473 samples</td>
</tr>
</tbody>
</table>

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An Act Relative to the Trafficking of Fentanyl

The Commonwealth of Massachusetts

PRESENTED BY:

John V. Fernandes

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to the trafficking of Fentanyl.

PETITION OF:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DISTRICT/ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>John V. Fernandes</td>
<td>10th Worcester</td>
</tr>
<tr>
<td>Attorney General Maura Healey</td>
<td>One Ashburton Place, Boston, MA</td>
</tr>
<tr>
<td>Peter V. Kocot</td>
<td>1st Hampshire</td>
</tr>
<tr>
<td>James Arciero</td>
<td>2nd Middlesex</td>
</tr>
<tr>
<td>Cory Atkins</td>
<td>14th Middlesex</td>
</tr>
<tr>
<td>F. Jay Barrows</td>
<td>1st Bristol</td>
</tr>
<tr>
<td>Paul Brodeur</td>
<td>32nd Middlesex</td>
</tr>
</tbody>
</table>
1. Sets the threshold for fentanyl trafficking at more than 10 grams.

2. Includes any derivative of or mixture containing fentanyl.

3. Authorizes incarceration in state prison up to 20 years.
## Naloxone Price Increases in MA

<table>
<thead>
<tr>
<th>Date</th>
<th>Price Per Naloxone “Kit” 2 Naloxone Doses and 2 Atomizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2007</td>
<td>$22.98</td>
</tr>
<tr>
<td>March 2008</td>
<td>$31.55</td>
</tr>
<tr>
<td>January 2009</td>
<td>$31.87</td>
</tr>
<tr>
<td>September 2009</td>
<td>$31.49</td>
</tr>
<tr>
<td>June 2011</td>
<td>$31.77</td>
</tr>
<tr>
<td>March 2012</td>
<td>$32.35</td>
</tr>
<tr>
<td>May 2012</td>
<td>$40.56</td>
</tr>
<tr>
<td>January 2014</td>
<td>$42.82</td>
</tr>
<tr>
<td>July 2014</td>
<td>$41.69</td>
</tr>
<tr>
<td>November 2014</td>
<td>$74.06</td>
</tr>
<tr>
<td>May 2015</td>
<td>$74.06</td>
</tr>
</tbody>
</table>

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AGREEMENT

This agreement (the “Agreement”) is made as of the 26th of August, 2015 (the “Effective Date”) by and between Amphastar Pharmaceuticals, Inc., a Delaware Corporation, with its principal offices and place of business at 11570 6th Street, Rancho Cucamonga, California 91730 (“Amphastar”) on the one hand, and the Office of the Massachusetts Attorney General, with offices at One Ashburton Place, Boston, Massachusetts 02108 (“OAG”), on the other hand. Each of Amphastar and the OAG is a “Party” and together they are the “Parties.”

RECITALS

WHEREAS, in March 2014, former Massachusetts Governor Deval Patrick declared a public health emergency in Massachusetts in response to the growing opioid addiction epidemic;

WHEREAS, naloxone generally is indicated for the complete or partial reversal of narcotic depression induced by opioids, as well as the diagnosis of suspected acute opioid overdose;

WHEREAS, in April 2014, the Massachusetts Department of Public Health (“DPH”) issued emergency regulatory amendments permitting Massachusetts first responders to carry and administer naloxone;

WHEREAS, since April 2014, numerous Massachusetts first responders have purchased naloxone kits for use in reversing the effects of a heroin overdose;

WHEREAS, Section 48 of Chapter 46 of the Acts of 2015 created a Municipal Naloxone Program.
Terms of Agreement with Amphastar Pharmaceuticals

1. Payment Amount: Amphastar will make a one-time lump sum payment in the amount of $325,000.

2. Payment Terms: AGO will direct the payment to the acquisition of naloxone for Massachusetts municipalities and first responders.

3. Covenant Not to Sue: AGO agrees not to take legal action against Amphastar in connection with its 2014 pricing of Naloxone.

4. Disclaimer: Amphastar expressly disclaims any endorsement or promotion of off-label use by the AGO and/or any Massachusetts first responders.
Addressing Prescribing Practices

Global Opioid Consumption Map — Morphine Equivalence, mg/capita, 2012

Source: International Narcotics Control Board (INCB)
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2014

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Safe Prescribing Guidelines

- Massachusetts Medical Society safe prescribing guidelines
- Massachusetts Hospital Association Emergency Department guidelines

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Patient Discharge Instructions

Myth

Pain medication will lead to addiction. Some people mistakenly think that drugs such as Percocet will lead to drug addiction.

Myths vs. Facts

Some people have poor pain control at home because they believe:

Myth: Pain medications will lead to addiction. Some people mistakenly think that drugs such as Percocet will lead to drug addiction.

Fact: Many studies have shown that this is not true. Less than one percent of people who take narcotics for pain become addicted.

Myth: It’s better to “tough it out”. Some people believe that pain is an unavoidable consequence of their condition or surgery and think they should just “tough it out”.

Fact: There is no benefit to suffering with pain. In fact, it can be counterproductive to a speedy recovery.

Fears about Side Effects

There’s no need to suffer with negative side effects. If you develop a side effect from your pain medication, you should talk to your physician immediately. He or she can make changes in your medications as needed. Do not stop or change your medication without your physician’s involvement.

Common Pain Medications

• Your pain management plan will probably include medications such as Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin) and/or narcotics such as Percocet or Vicodin.
• Do not take more than a total of 3,000 mg of Acetaminophen in a 24-hour period. Acetaminophen is found in many prescription pain medications (for example, Percocet, Vicodin, Darvocet) as well as many over-the-counter medications.
• Do not take more than 3,200 mg of Ibuprofen in a 24-hour period. Ibuprofen should be taken with food to avoid stomach upset.
• Sometimes a long-acting narcotic such as Oxycontin, MS Contin or Kadian is used. It is very important that these medications are SWALLOWED WHOLE. DO NOT CRUSH OR CHEW any long-acting narcotic. Crushing or swallowing these drugs will release too much medication at one time and can be VERY DANGEROUS.

If You’re Taking Narcotic Medication

• Narcotics always cause constipation. Continue with the use of the stool softener, Colace, you received in your self-medication kit. If you find that you need a laxative, consider the use of Senokot or Dulcolax. Drinking plenty of fluids and including fruits and vegetables in your diet will also help with constipation.
• Do not drink alcohol, drive a car or operate hazardous equipment while taking pain medicine.

Additional Ways of Treating Pain

• Relaxation, deep breathing, distractions (listening to music or thinking pleasant thoughts), massage or heat and ice can help relieve some levels of pain and discomfort.
• Check with your doctor before using heat or ice.
$5,044 / month pre-treatment vs. $1,556 / month addiction treatment

Average monthly health care costs in dollars

Source: Berkshire Health Systems

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Examination of Health Care Cost Trends and Cost Drivers

Pursuant to G.L. c. 6D, § 8

JUNE 30, 2015

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Unlawful Billing Practices

- Charging patients in cash for Suboxone treatment covered under the state Medicaid program (MassHealth)
- Injunction prohibits practice from removing any current MassHealth patients
- Worked closely with state suboxone program to identify alternate treatment facilities

**INTRODUCTION**
1. The Commonwealth of Massachusetts, by and through its Attorney General, Maura Healey, brings this civil enforcement action in the public interest and pursuant to the Massachusetts Consumer Protection Act, G.L. c. 93A, § 4 against Center for Psychiatric Medicine, P.C. (“CPM”) for preliminary injunctive relief, permanent injunctive relief, civil monetary penalties and costs. The Commonwealth alleges that CPM, a MassHealth provider, committed unfair and deceptive acts or practices by charging MassHealth patients cash for Suboxone treatment instead of seeking reimbursement from MassHealth, in violation of state law applicable to MassHealth providers.

**JURISDICTION AND VENUE**
2. The Court has jurisdiction over the subject matter of this action pursuant to G.L. c. 93A, § 4 and over the defendant under G.L. c. 223A §§ 2 and 3.
3. Venue is proper under G. L. c. 223 § 5 and G. L. c. 93A § 4 because CPM has a usual place of business in North Andover, Massachusetts, in Essex County.

**THE PARTIES**
4. The Plaintiff is the Commonwealth of Massachusetts and is represented by the...
Community Outreach and Prevention

Know the Signs of Overdose
Save a Life
Call 9-1-1

DEPOSIT YOUR UNWANTED PRESCRIPTION DRUGS HERE!
Keep prescription medicine away from our children and out of our water supply!

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SEE AN OVERDOSE?
SAVE A LIFE
CALL 911

An overdose is a medical emergency. Look for these signs:

- The person has passed out or collapsed, or will not wake up.
- The person is breathing slowly or not at all.
- The person’s lips or nails are turning blue.
- The person is having difficulty talking or walking.
- The person is experiencing seizures or convulsions.

The Massachusetts Good Samaritan Law

The Good Samaritan Law protects victims and those who call 911 for help from charge, prosecution, and conviction for possession or use of controlled substances.

Do you know someone struggling with addiction?
Call 1-800-327-5050

Operated by the Bureau of Substance Abuse Services.
Hotline hours: 8am-10pm M-F; 9am-5pm Saturday and Sunday

Commonwealth of Massachusetts - Office of the Attorney General - August 2015
Statewide Partnerships

- Governor’s Office
- Executive Office of Health and Human Services
- Legislature
- District Attorneys, Police, and Fire
- Medical professionals (doctors, dentists, nurses), insurers, hospitals
- Courts
- Municipalities
- Community coalitions across Massachusetts
Contact

Joanna Lydgate
Director of Policy & Assistant Attorney General
Joanna.Lydgate@state.ma.us
617-963-2955

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