Presentation to Senate Health and Human Services Committee: Prescription Drug Abuse in Texas

David Lakey, MD
Commissioner, Department of State Health Services

Lauren Lacefield Lewis
Assistant Commissioner, Mental Health and Substance Abuse

August 15, 2014
Prescribing Practices in Texas

• Texas is below the national average for prescribing opioids
  ▪ Texans prescribe fewer long-acting opioids and high-dose pain relievers than any other state

• Texas is below the national average for prescribing benzodiazepines
Prescription Drug Misuse and Heroin

• Evidence indicates that individuals who are unable to obtain prescription drugs may begin to use heroin, which is more readily available and less expensive
• Of those who report heroin use, 80.5% report having engaged in non-medical use of prescription drugs
• Of youth and young adults who report non-medical use of prescription drugs, 14.9% also report using heroin
Non-medical Use of Prescription Drugs by Secondary School Students in Texas

Source: Texas School Survey, 2010
Prescription Drug Abuse Prevalence

Nonmedical Use of Prescription Pain Relievers

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health
Overdose Fatalities in Texas

Texas Deaths Related to Certain Opioids

Note: Includes overdose deaths related to codeine, morphine, oxycodone, vicodin, etc. (opioids other than opium, heroin, methadone, and other synthetic narcotics)
Source: DSHS Vital Statistics
Opioid Related Deaths by County 2012

Deaths Per 100,000

- Rate not Presented
- 0.0
- 0.1 - 3.3
- 3.4 - 5.6
- 5.7 - 8.3
- 8.4 - 12.9

Data Source: Texas Vital Events Death Data Files, Texas Residents
Prepared by: Texas Department of State Health Services, Center for Health Statistics
Map Source: Center for Health Statistics, GIS July, 2014
High Risk Populations

- High Risk for Dependency, Addiction, and Overdose
  - Chronic pain sufferers taking long and short acting opioids
  - Anyone who combines opioids and other sedatives (benzodiazepines, barbiturates, and alcohol)
  - Novice drug users (especially adolescents and young adults)
  - Pregnant women
- High Risk of Overdose
  - Individuals with suppressed immune systems, active infections, and certain other chronic illnesses
  - Intravenous opioid users who relapse following detox/abstinence
  - People transitioning from opioids orally ingested to intravenous use
Texas received $116.8 million through the Substance Abuse Prevention and Treatment Block Grant in fiscal year 2014. Approximately 60% of the funds are used for treatment and 40% for prevention and intervention.

<table>
<thead>
<tr>
<th>Breakdown of Funding Source by Strategy FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>GR</td>
</tr>
<tr>
<td>----</td>
</tr>
<tr>
<td>Prevention</td>
</tr>
<tr>
<td>Intervention</td>
</tr>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Note: Funding data as of June 20, 2014
*Mental Health Block Grant funds used for treatment of co-occurring psychiatric and substance abuse disorder
All DSHS-funded substance abuse prevention programs are mandated to address the state’s three prevention priorities: underage drinking, marijuana, and prescription drugs

- **Youth Prevention programs**
  - DSHS funds 133
  - Primarily target youth and young adults through evidence-based curricula and effective program strategies

- **Community Coalitions**
  - DSHS funds 44
  - Encourage community mobilization to implement evidence-based environmental strategies with a primary focus on changing policies and social norms in communities to prevent and reduce alcohol and other drug use across Texas

- **Prevention Resource Centers**
  - DSHS funds 11
  - Serves as a central data collection repository and substance abuse prevention training liaison for the region
DSHS-funded Substance Abuse Intervention Services

• Outreach, Screening, Assessment, and Referral (OSAR)
  ▪ DSHS funds 13
  ▪ Coordinated access to a continuum of substance abuse services by screening and assessing both clinical and financial eligibility

• Pregnant and Post-Partum Intervention
  ▪ DSHS funds 19
  ▪ Improve birth outcomes, reduce number of infants born with drug exposure, and reduce child exposure to parental substance abuse through prevention and intervention

• Parenting Awareness and Drug Risk Education (PADRE)
  ▪ DSHS funds 9
  ▪ Community-based, gender-specific intervention for parenting men referred by DFPS
• Rural Border Intervention
  ▪ DSHS funds 5
  ▪ Integrated prevention and intervention to address the specific needs of the rural border communities
• HIV outreach
  ▪ DSHS funds 14
  ▪ Street and community outreach in HIV prevention, education, and testing to people at high risk for HIV/AIDS due to substance abuse and high risk sexual behaviors
  ▪ HIV Early Intervention
    ▪ DSHS funds 12
    ▪ Comprehensive service coordination and case management services to people with HIV/AIDS who also have substance abuse and/or mental health issues or are new to recovery
DSHS-funded Substance Abuse Treatment Services

• Residential Treatment
  ▪ DSHS contracts with 26 providers
  ▪ Group and individual counseling in a residential setting

• Outpatient Treatment
  ▪ DSHS contracts with 64 providers
  ▪ Individual counseling and education in an outpatient setting

• Detoxification
  ▪ DSHS contracts with 18 providers
  ▪ Physician monitored withdrawal from drugs or alcohol in an outpatient or residential setting

• Opioid Substitution
  ▪ DSHS contracts with 9 providers
  ▪ Medication (methadone, buprenorphine) along with counseling and behavioral therapies

• Specialized Treatment Programs
  ▪ DSHS contracts with 103 providers
  ▪ Programs tailored to meet the needs of specific populations including youth, women, people with a co-occurring disorder, and people with HIV
Primary Substance Reported at Admission to DSHS-funded Service Providers

Source: DSHS Clinical Management for Behavioral Health Services (CMBHS)
Heroin and Other Opiate Admissions to DSHS-funded Service Providers

Source: DSHS Clinical Management for Behavioral Health Services (CMBHS)
# ASTHO Prescription Drug Misuse and Abuse Strategic Map 2013-2015

## Achieve Measurable Reductions in Controlled Prescription Drug Misuse, Abuse, and Overdose Using a Comprehensive Approach

### Expand and Strengthen Prevention Strategies
- Promote & Implement Primary Prevention Strategies
- Provide Education/Tools for Consumers, Families & Health Care Professionals
- Expand Use of Best Practices by Health Care Professionals
- Engage & Empower Individuals & Communities in Effective Strategies
- Implement Evidence-Based Community Interventions
- Implement Overdose Prevention & Intervention Strategies

### Improve Monitoring and Surveillance
- Increase the Use of Clinical Monitoring Tools for Patient Care
- Optimize Effectiveness of PDMPs
- Develop, Implement, Link & Evaluate Other Data Sources
- Prioritize & Enhance Surveillance for High Risk Populations
- Use Monitoring & Surveillance to Improve Public Health & Clinical Practice

### Expand & Strengthen Control & Enforcement
- Provide Prescriber/Dispenser Education & Training on Control & Enforcement
- Improve Collaboration Between Public Health & Law Enforcement
- Strengthen & Standardize Licensure Board Oversight of Practitioners
- Implement Framework for Regulation of “Pill Mills”
- Expand Utilization of Treatment Alternatives to Incarceration
- Implement Insurance Policies/Practices that Improve Clinical Care and Reduce Abuse

### Improve Access to & Use of Effective Treatment & Recover Support
- Approach & Manage Addiction as a Treatable Chronic Illness
- Make a Powerful Business Case for Treatment & Recovery Support
- Address Legal Barriers to Seeking & Receiving Treatment
- Secure Payer Funding for the Full Spectrum of Evidence-Based Care
- Provide SBIRT Training & Funding for Health Care Professionals
- Expand & Strengthen Effective Infrastructure & Interdisciplinary Workforce

## Expand & Strengthen Key Partnerships & Collaborative Infrastructure

## Secure/Align Resources and Infrastructure to Implement Comprehensive Approaches

## Use Data, Evaluation & Research to Inform Interventions & Continuous Improvement

Source: Association of State and Territorial Health Officials
Reducing the Prevalence of Prescription Drug Abuse

• Prescriber and pharmacist education
• Support the issuance of warnings on certain narcotics
• Opioid dosage and quantity prescribing limits for chronic non-cancer pain
• Collaboration between local substance abuse providers and prescribers to facilitate referrals and care coordination
• Public awareness regarding prescription take-back programs and the risks of combining medications and alcohol
Neonatal Abstinence Syndrome (NAS)

• NAS is neonatal withdrawal after exposure to certain drugs (illicit or prescription) in the womb, which occurs with the abrupt cessation of the drug exposure at birth

• Along with the increase in the prevalence of prescription opioid abuse, there has also been an increase in the incidence of NAS
  - In 2000, there were 1.20 cases per 1,000 US births
  - In 2009, there were 3.30 cases per 1,000 US births

• Bexar, Harris, and Dallas counties have the highest incidence of NAS
  - NAS cases in Bexar County account for over 30% of all NAS cases in Texas
## Texas Incidence of NAS and Associated Costs

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid NAS Births</th>
<th>Average Inpatient Hospital Cost</th>
<th>Total Inpatient Hospital Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2011</td>
<td>854</td>
<td>$37,263</td>
<td>$31,822,422</td>
</tr>
<tr>
<td>FY 2012</td>
<td>994</td>
<td>$30,517</td>
<td>$30,334,312</td>
</tr>
<tr>
<td>FY 2013</td>
<td>1,009</td>
<td>$31,321</td>
<td>$31,602,668</td>
</tr>
</tbody>
</table>

Sources: AHQP Claims Universe, TMHP; Encounters Best Picture Universe, TMHP; Vendor Drug Universe, HHSC; Medicaid Provider Universe, HHSC
A State-level Approach to Neonatal Abstinence Syndrome (NAS)

• **Surveillance** for NAS-affected infants and the sources of maternal opiate use

• **Reimbursement** for utilizing screening protocols to detect substance abuse early in pregnancy and withdrawal signs in newborns

• **Measures** to ensure follow-up with opioid-dependent women and receipt of comprehensive services

• **Collaborative efforts** to strengthen clinical standards for identification, management, and follow-up with NAS-affected infants and their families

Source: Association of State and Territorial Health Officials  *Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care*
Reducing the Prevalence of Neonatal Abstinence Syndrome (NAS)

- **Develop best practice guide** for working with women of childbearing age who are using narcotics
- **SBIRT** (screening, brief intervention, referral, treatment) in clinics that provide reproductive healthcare services
- **Outreach** to pregnant substance users
- **Enhance prenatal care** for opioid dependent pregnant clients including: counseling, parenting classes, breast feeding education, opioid substitution therapy, and preparation for labor and delivery.

A pilot, the Mommies Program, has been implemented in San Antonio