



House Committee on Public Health Interim Hearing April 7, 2014

Department of State Health Services

Charge #1: Non-Medical Prescription Drug Abuse

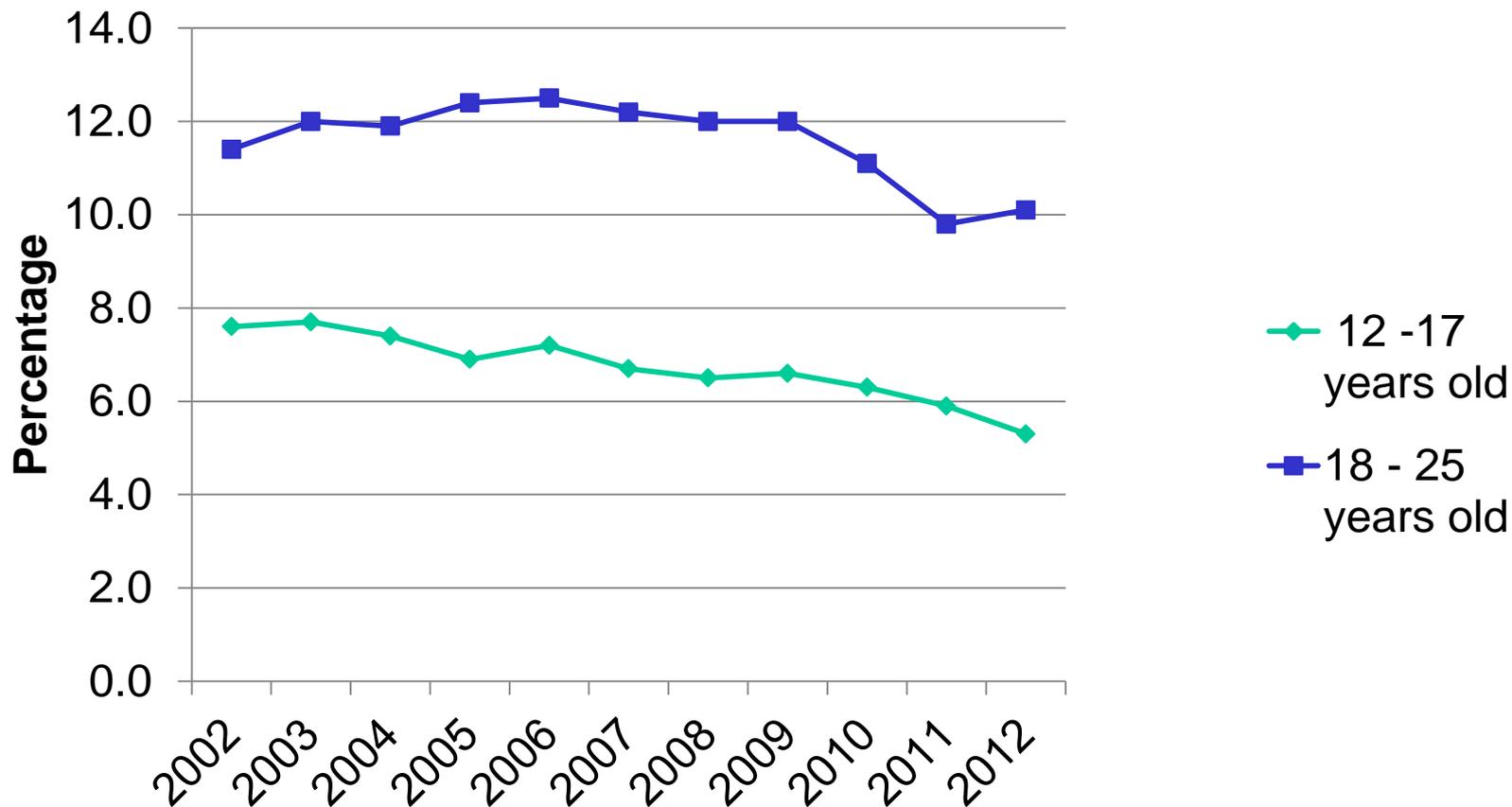
Mike Maples
Deputy Commissioner



Prescription Drug Abuse: Recent Trends and Consequences in Texas

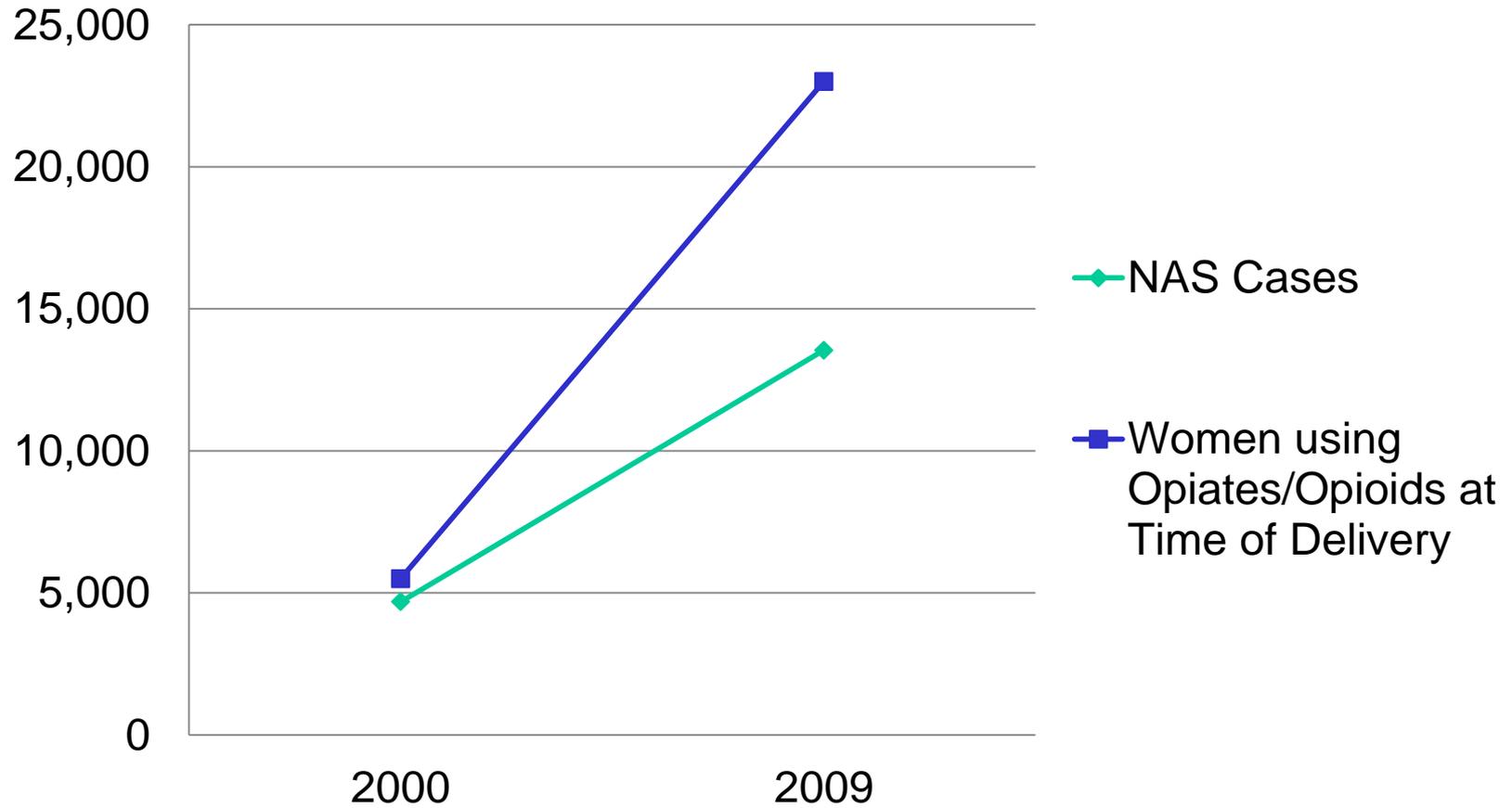
- Prescription drug abuse remains a serious problem in Texas
- For over a decade, from late 1990s until around 2009, there was an escalation of nonmedical prescription drug use, which appears to have leveled off and in some cases even declined
- However, nonmedical prescription drug use and deaths due to overdose continue to increase in certain populations, such as in pregnant substance dependent women

Past Year Nonmedical Pain Reliever Use Among Youths and Young Adults: Texas 2002-2012



Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH)

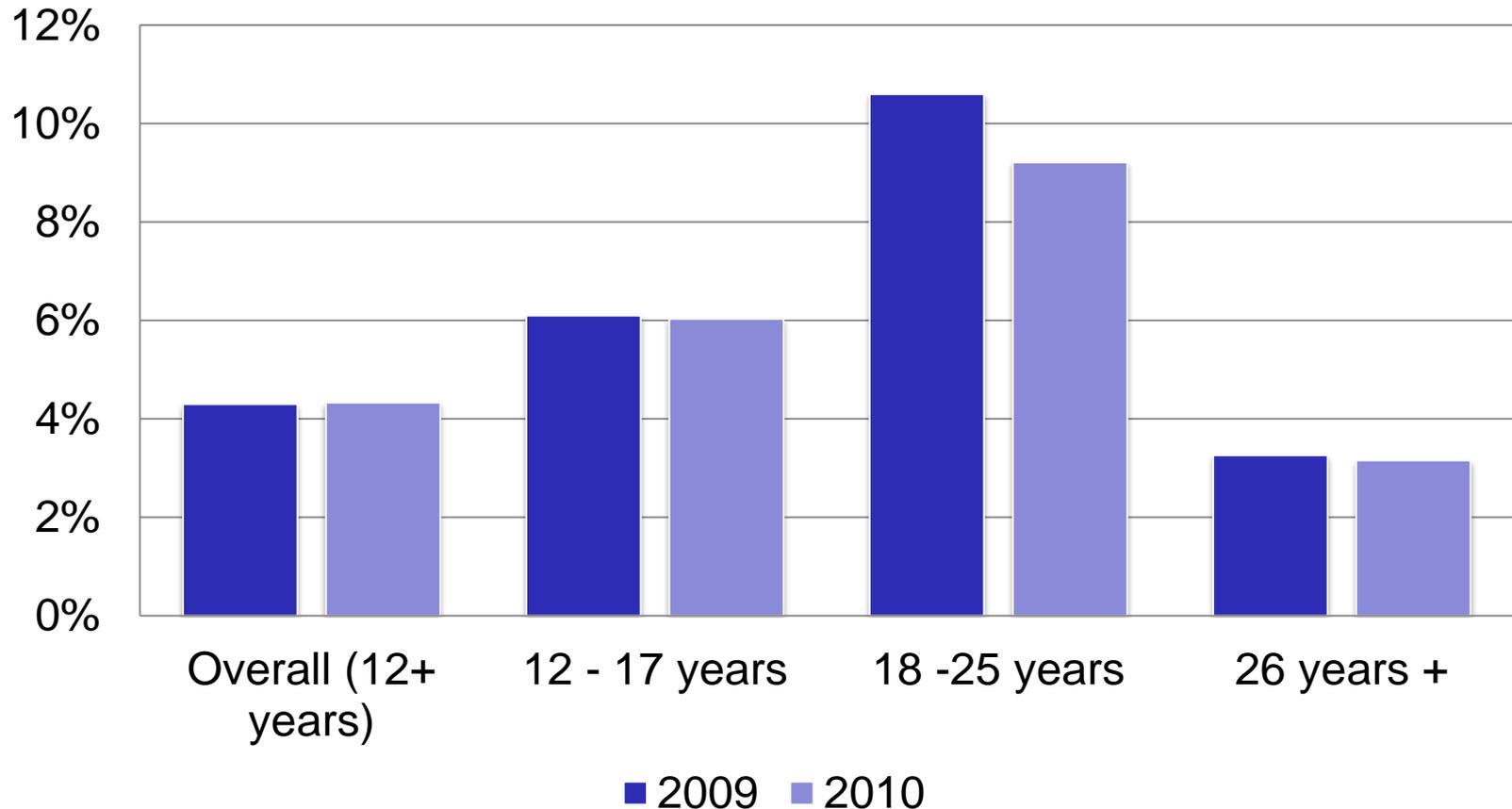
Changing Incidence of Neonatal Abstinence Syndrome (NAS) and Opiates/Opioids at Time of Delivery



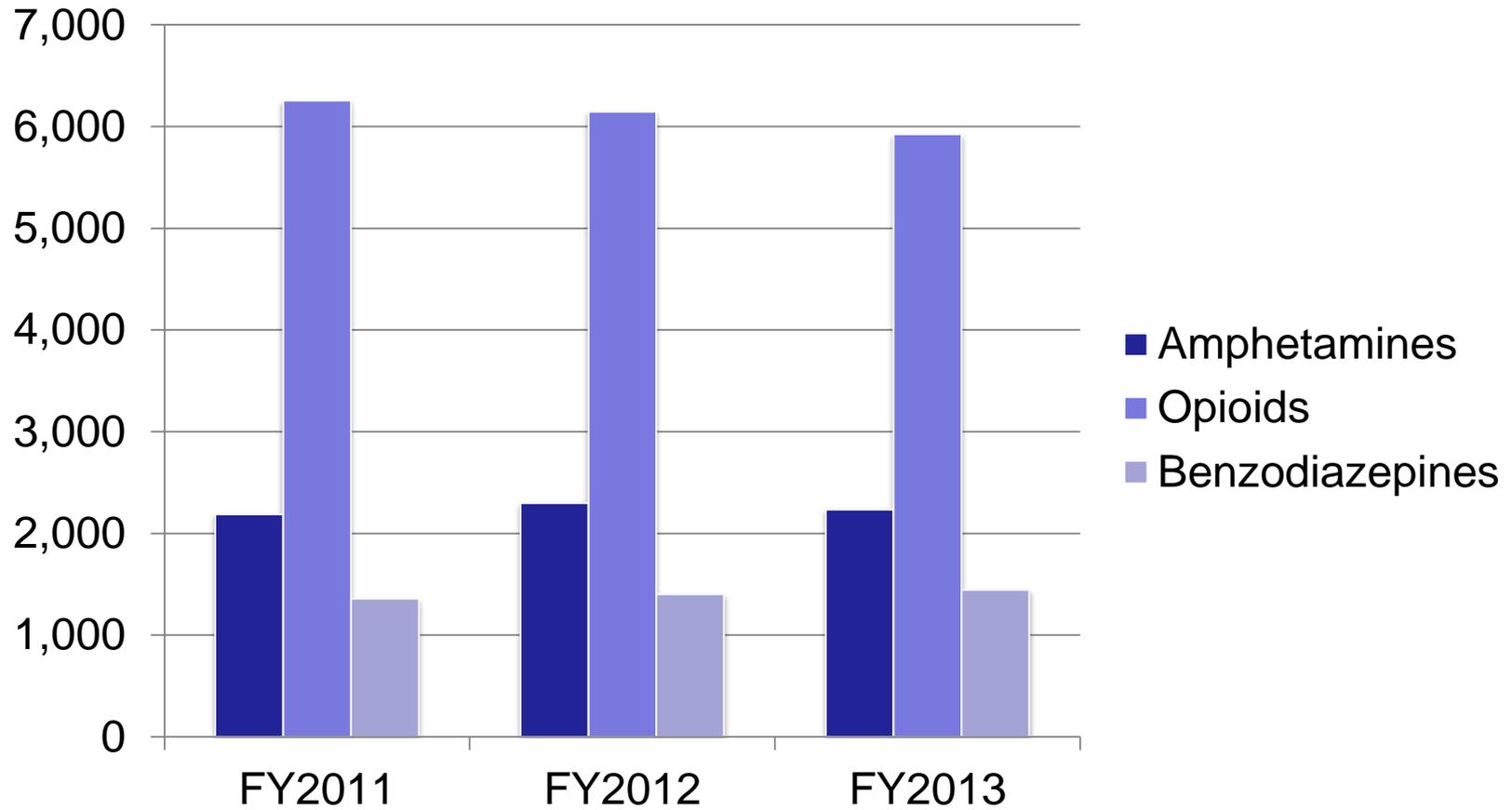
Neonatal Abstinence Syndrome (NAS)

- 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
- Most commonly seen with opioid exposure, but also seen after exposure to sedatives, poly-substance abuse, and occasionally barbiturates and alcohol
- Develops in 55-94% of drug-exposed infants
- Symptoms of NAS fall under three categories: neurological, gastrointestinal, and autonomic
- Symptoms can range from mild to severe including sneezing, diarrhea, tremors, and seizures. Hospitalization is required for administration of medications but symptoms can be managed at home once they become less severe

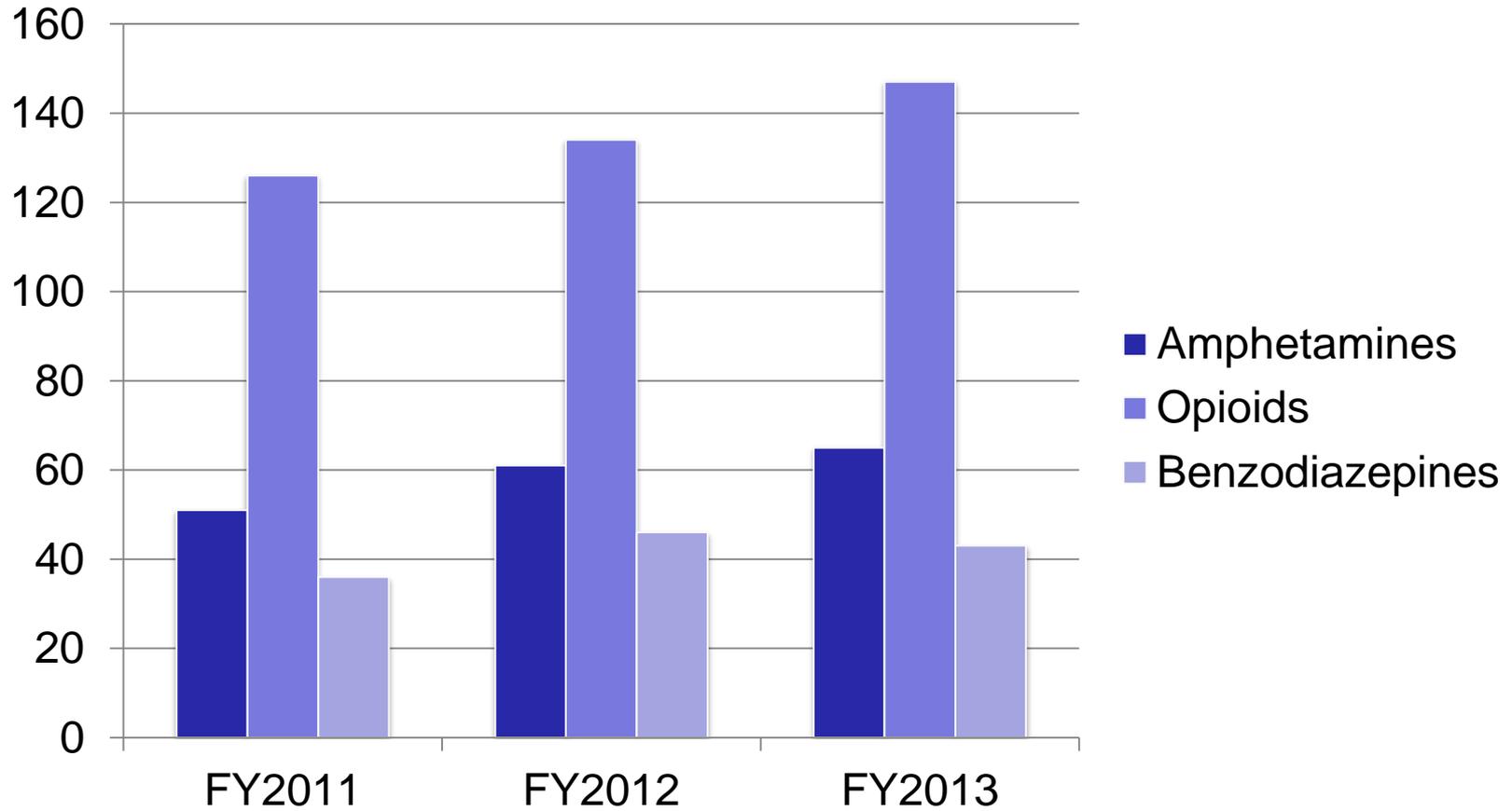
Texas Estimates of Nonmedical Use of Prescription Pain Relievers in Past Year, 2009-2010



Nonmedical Prescription Use Reported at Admission to State Contracted Service Providers: Adults

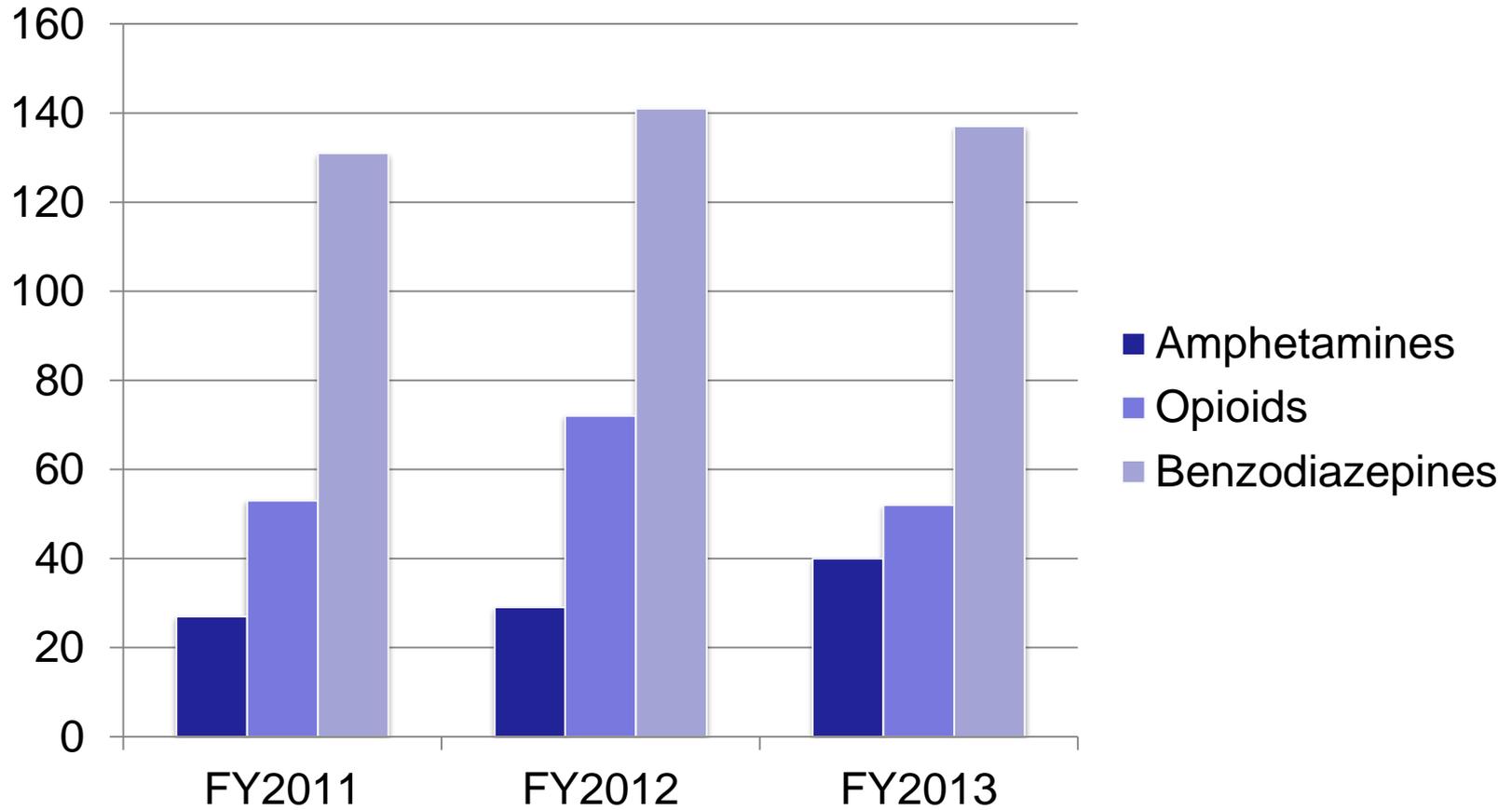


Nonmedical Prescription Use Reported at Admission to State Contracted Service Provider: Pregnant Women



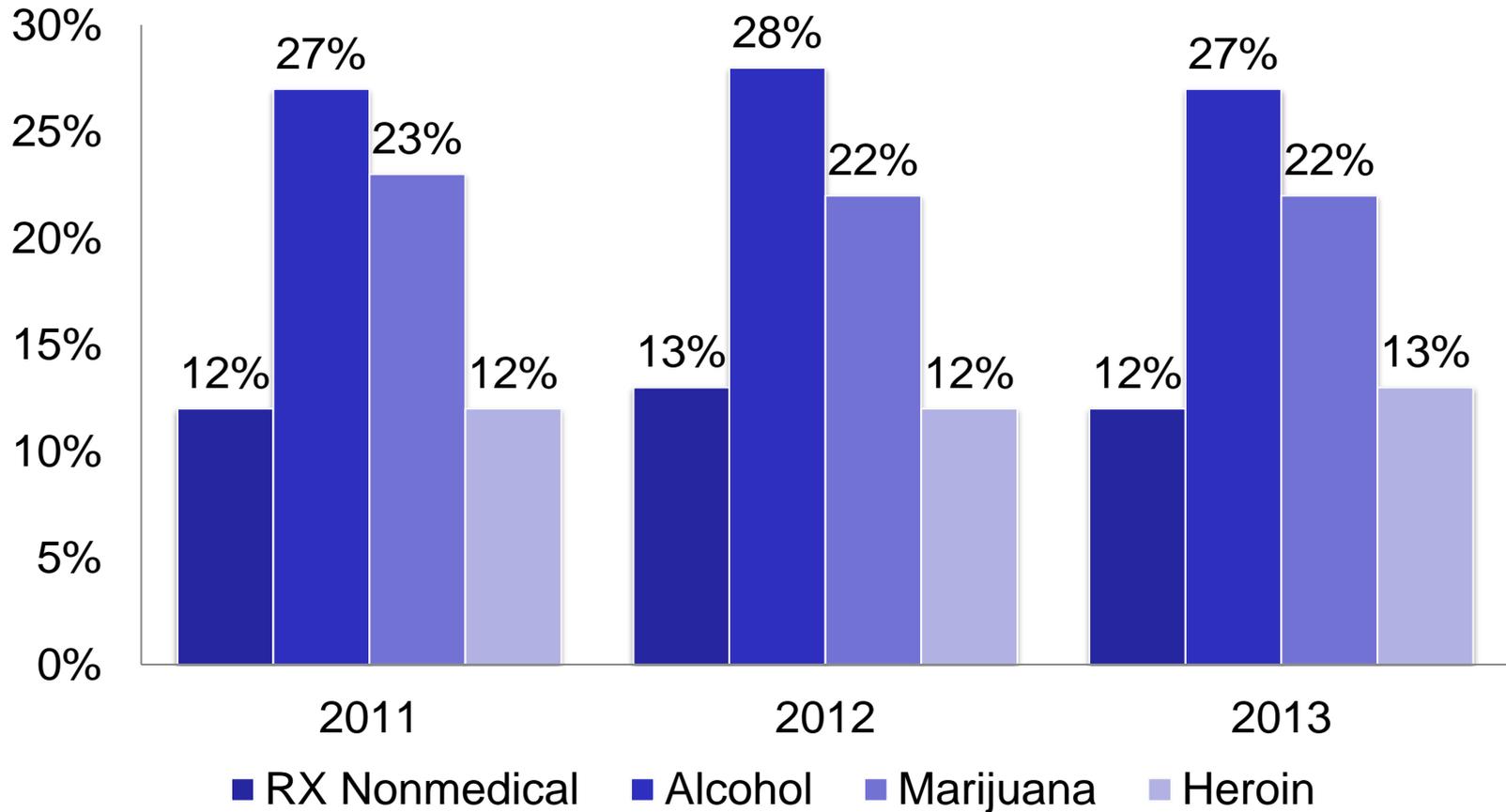
Source: DSHS Clinical Management for Behavioral Health Services (CMBHS)

Nonmedical Prescription Use Reported at Admission to State Funded Service Providers: Youth



Source: DSHS Clinical Management for Behavioral Health Services (CMBHS)

Primary Substance Reported at Admission to State-Funded Service Providers



Source: DSHS Clinical Management for Behavioral Health Services (CMBHS)

Adverse Health Impacts of Prescription Drug Misuse

- Death from accidental overdose and drug combining
- Hepatitis C and HIV transmission
- Migration from prescription pain reliever dependence (opioids) to heroin dependence
- Abruptly discontinuing the use of prescription opioids by pregnant women can result in fetal demise
- Neonatal distress including withdrawal symptoms (neonatal abstinence syndrome)

Increased Opioid Use During Pregnancy

- Nationally, in 2009 there were more than 23,000 pregnant women using opiates and/or opioids when they delivered, an increase of 475% from 2000
- NAS, acute post-natal withdrawal symptoms in a newborn, has tripled in 10 years
- Nationally, about one child every hour is born with NAS. 13,539 born with NAS in 2009 compared to 4,682 in 2000

Prescription Medication Overdose Women of Childbearing Age

- Deaths from prescription drug overdoses in Texas among women of child-bearing age (20 to 44) have increased more than 340%, compared to 225% among men aged 20 to 44 (2000-2010)
 - For women, the number of deaths increased from 92 to 213
 - For men, the number of deaths increased from 200 to 394

Overdose Mortality Rate Increasing

- A 2013 report shows that the drug overdose mortality rate in Texas is 9.6 per 100,000. This is an increase from 5.1 per 100,00 in 2002
- Nonmedical prescription drug use has increased in vulnerable populations, especially pregnant opioid dependent individuals
- Pregnant opioid dependent women are using heroin to avoid withdrawal from opioids. The transition from prescription pain relievers to heroin increases potential of death by overdose

Opioid/Opiate Dependency During Pregnancy

Strategies

- Immediate induction to opioid substitution therapy (OST)
- Management of behavioral health including co-occurring disorders
- Management of medical and obstetric issues
- Intensification of recovery support services

Results

- Improved fetal outcomes
- Reduction in relapse to short-acting opiate/opioids
- Enhancement of potential for earlier discharge of newborn to home care
- Enhancement of parenting skills and aptitude

Outcomes: Opioid Substitution Therapy



Curbing Neonatal Abstinence Syndrome “Mommies Program”

- The Mommies Program was initiated in San Antonio in 2007 as Project Carino
- The program integrates high quality pre-natal care provided by a University Hospital with opioid maintenance treatment
- A recovery-oriented approach that has decreased the DFPS removal rate and improved health outcomes in both the newborn and in mothers

The “Mommies Program”

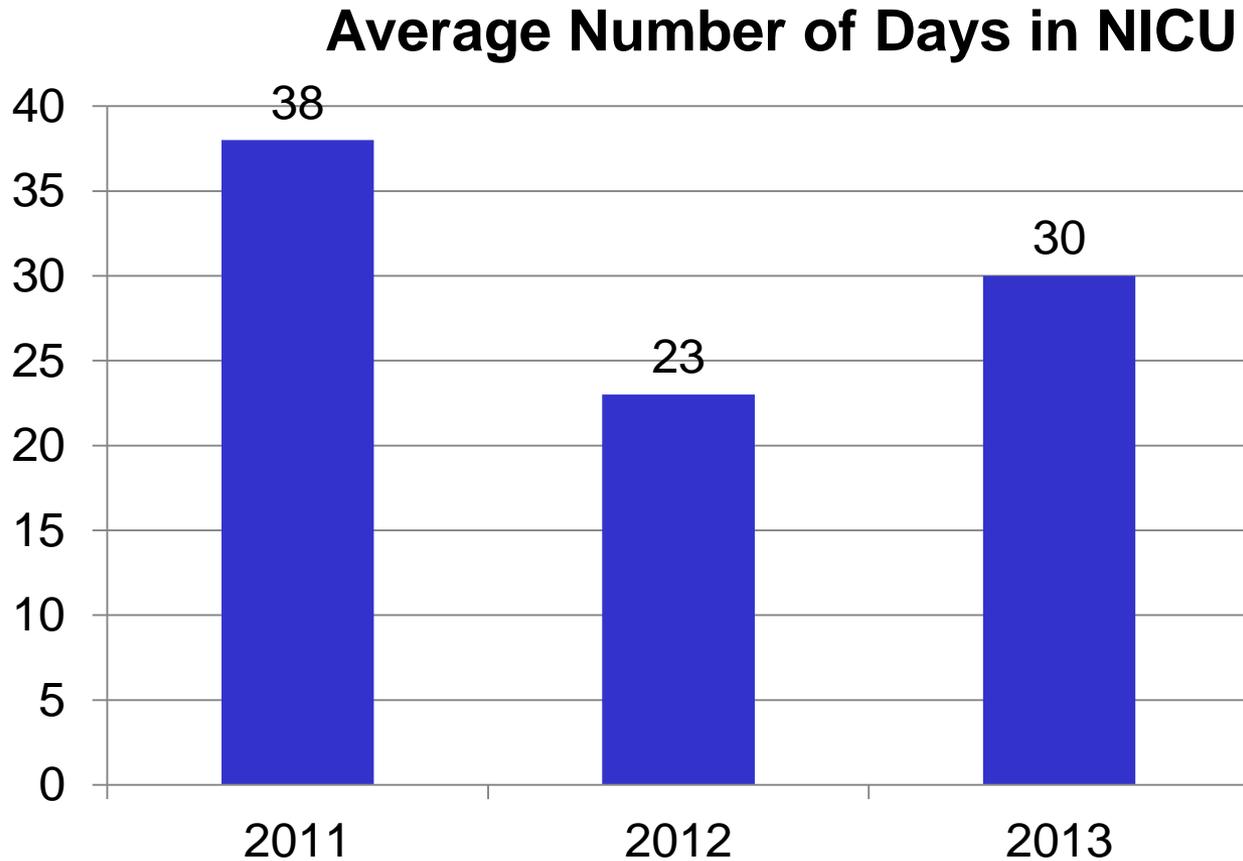
The Mommies Program includes:

- Substance dependency focused prenatal obstetrical care
- Emphasis on OST throughout pregnancy and in the early post-partum period
- Emphasis on identification and treatment of co-occurring mental health challenges
- Strong clinical focus on peer and family support services and trauma mitigation

The “Mommies Program”

- Collaboration between hospital staff and substance abuse treatment staff to prepare “mommies” for the labor and delivery, the NICU experience, and immediate postpartum period
- The program includes 13 2-hour classes, with a focus on how to provide “intensive mothering” care to the newborn in the NICU and assist nursing staff with their evaluations of the newborn

University Health System “Mommies” program Neonatal Intensive Care Unit (NICU) Length of Stay



Source: University Health System-San Antonio

Substance Abuse Prevention

- The Texas Behavioral Health Strategic Prevention Plan of June 2012 identified the state's three prevention priorities of:
 - Alcohol (underage drinking)
 - Marijuana
 - Prescription drugs
- The Behavioral Health Prevention Framework was subsequently aligned with this plan

Substance Abuse Prevention

All the DSHS-funded substance abuse prevention programs are mandated to address the state's three prevention priorities, including prescription drugs.

- Youth Prevention programs
 - DSHS funds 133 (\$33,426,844)
 - Primarily target youth and young adults through evidence-based curricula and effective program strategies
- Community Coalitions
 - DSHS funds 44 (\$6,012,536)
 - 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 (\$3,631,238)
 - Serves as a central data collection repository and substance abuse prevention training liaison for the region

Charge #5: Immunization Registry Replacement Project and Pertussis

Janna Zumbrun, MSSW
Assistant Commissioner
Disease Control and Prevention Services

Background: ImmTrac

- House Bill 3054, 75th Legislature
 - Authorized the Texas Immunization Registry (ImmTrac)
 - Texas Health And Safety Code, Chapter 161
 - Participation based on voluntary parental consent for children under 18 years old
- Senate Bill 346, 81st Legislature
 - ImmTrac changed from a children's only registry to a lifetime registry
 - Implemented in February 2011
 - Adults may grant consent at any time to participate

Background: Electronic Vaccine Inventory

- Texas Vaccines for Children (TVFC)
 - Provides vaccine for children who are uninsured or underinsured for the purposes of immunization
- Adult Safety Net (ASN)
 - Provides vaccine for uninsured adults
- Electronic Vaccine Inventory (EVI) System
 - Supports vaccine inventory ordering for TVFC and ASN providers
 - Allows accountability for these publicly-purchased doses

ImmTrac and EVI Statistics

- ImmTrac
 - 10,000 active users at authorized medical provider sites
 - 120 million immunization records
 - 7 million children
 - 270,000 adults
- EVI System
 - Over 3,600 enrolled provider sites
 - Serving more than 4 million financially-vulnerable Texas children

ImmTrac Upgrade

- Integration of Texas' immunization registry with the EVI system.
- Upgrade to nationwide technology standards.
 - Current ImmTrac registry is 18 years old
- Benefits
 - Timely Immunization
 - Clinical Decision Support
 - Privacy and Confidentiality
 - Provider Support
 - TVFC Provider Accountability
 - Consolidated Records

Project Details

- CDC-Funded Project
 - An estimated cost of \$4 million
 - Covered by CDC immunization funding awards
- Wisconsin Immunization Registry (WIR) Software
 - Open source software jointly developed by CDC and the State of Wisconsin
 - Available free of charge to states to use and customize based on their needs and legal requirements

Project Status

- Current Estimated Target Completion: Spring 2015
- Completed Activities
 - Hewlett-Packard is on board as the customization contractor
 - Servers installed and WIR application uploaded
- Current Activities
 - Customization of WIR software
- Going Forward
 - Data migration from ImmTrac and EVI into the new system.
 - Training and pilot this summer
 - Progressive roll out in Fall 2014 – Spring 2015
 - Legacy systems retire after roll out has been completed

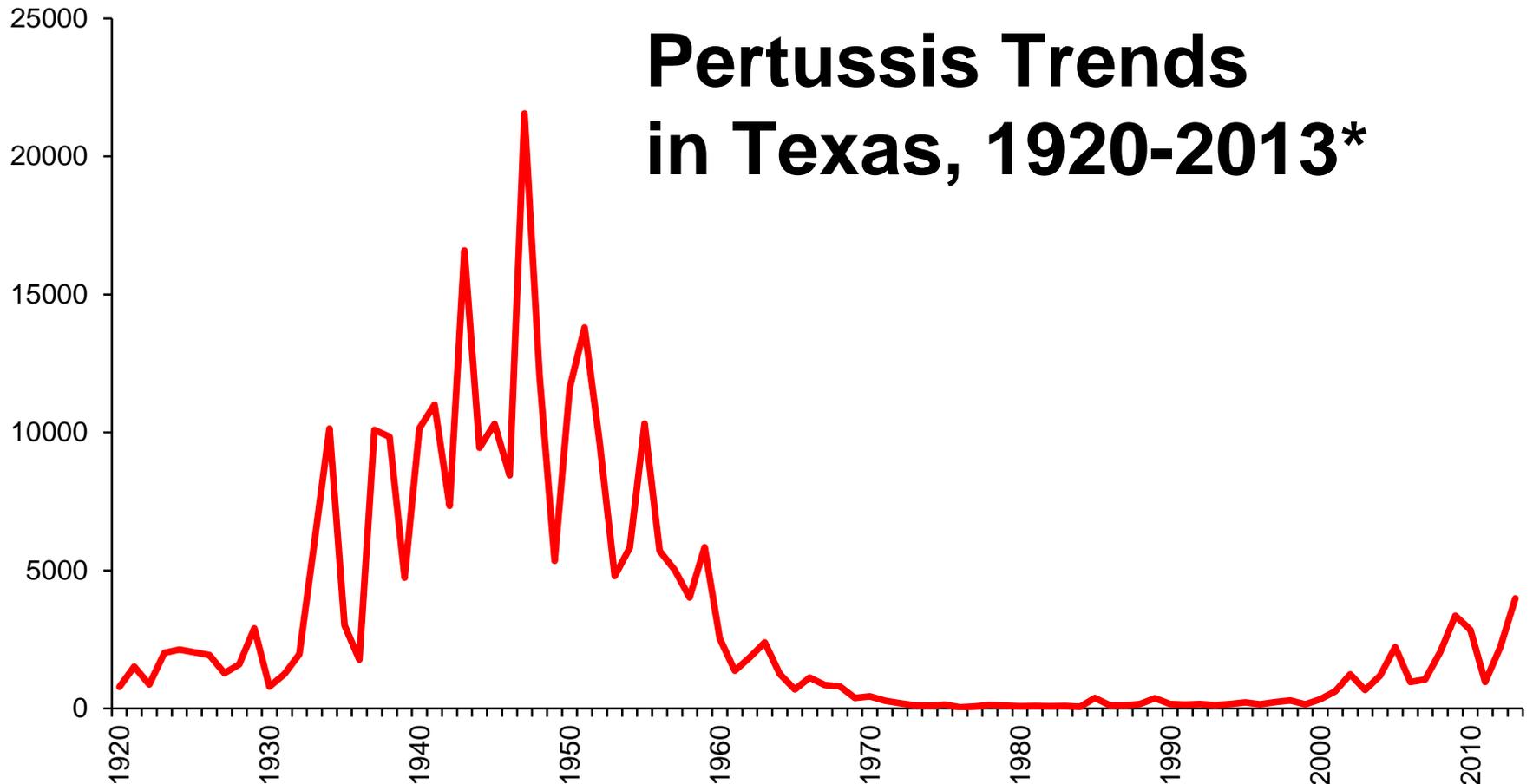
ImmTrac and Reducing Vaccine-Preventable Disease

- ImmTrac remains a **key tool**:
 - Simplifies the process of keeping Texans up to date on their vaccines
 - Improves information available to providers and to parents
 - Helps ensure children receive critical vaccines on schedule and avoid over-vaccination

Pertussis

- Pertussis or “whooping cough” exemplifies the importance of prevention measures.
 - On the rise. Likely reasons include:
 - Change in vaccine in 1997
 - Better detection methods
 - Increased awareness (leads to increased diagnoses)
 - Infants are vulnerable
 - Often preventable through immunization

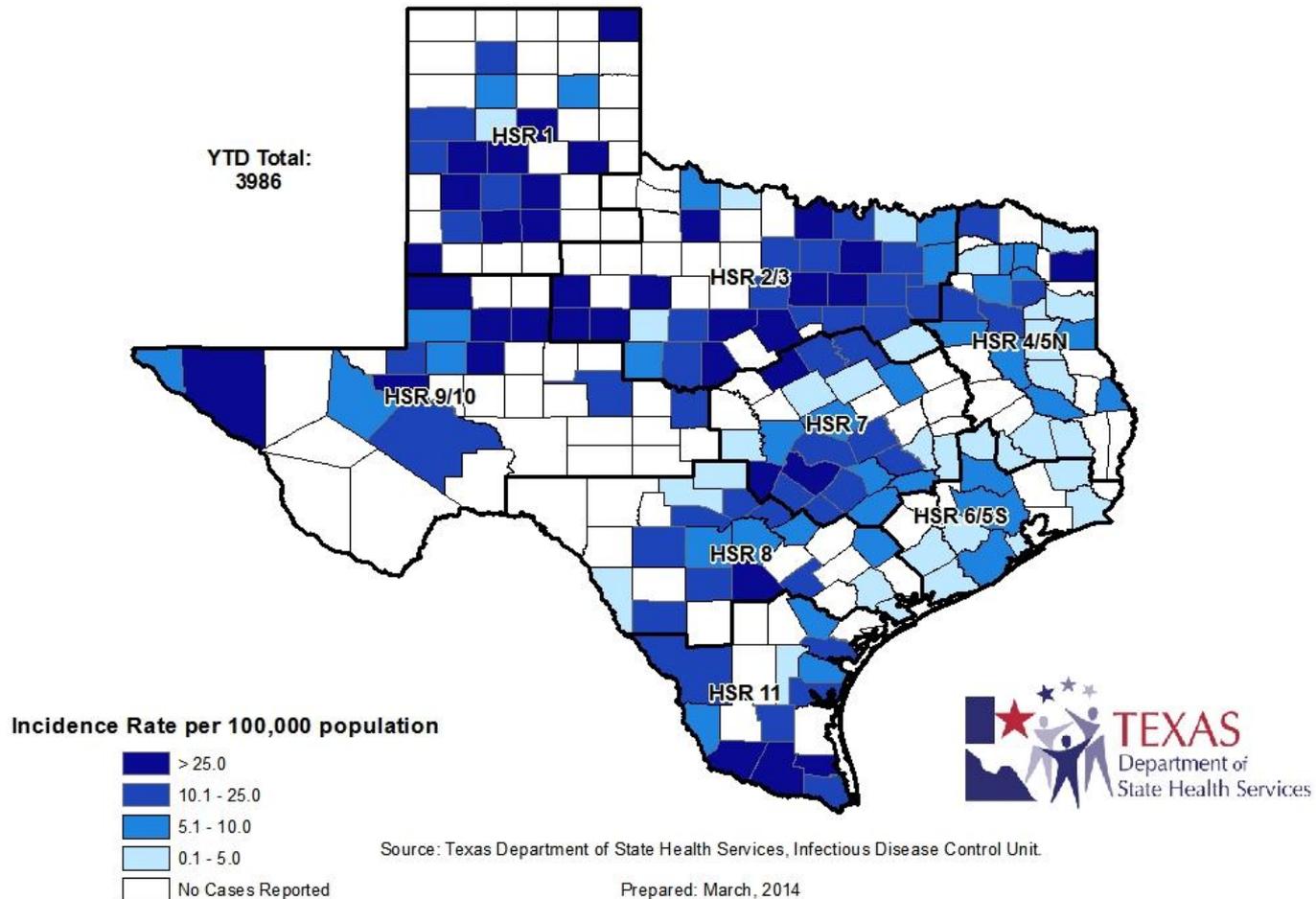
Pertussis: Historical Context



Pertussis Incidence, 2013

Incidence Rates of Pertussis Cases in Texas, 2013*

* as of 03/31/2014



Pertussis in Infants, 2013

- Children under 12 Months
 - 23% of all 2013 cases: 906 infants
 - 40% of infant pertussis cases required hospitalization
- Infant Mortality
 - 5 deaths, all in infants too young to be vaccinated
 - None of the mothers had received the pertussis vaccine during pregnancy
 - One death so far in 2014

DSHS Activities

- Current Efforts
 - Educational outreach to providers and the public
 - Particular efforts in reaching out to pregnant women
 - Continuing investigation of all reports of pertussis
 - Developed tools to enable rapid, consistent response to outbreaks
- New Efforts
 - Expanded access to antibiotics for those exposed
 - Identification of risk factors for infant hospitalization
 - Application for CDC grant to determine molecular characterization of *B. pertussis* in Texas