



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

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Prescribing Practices in Texas

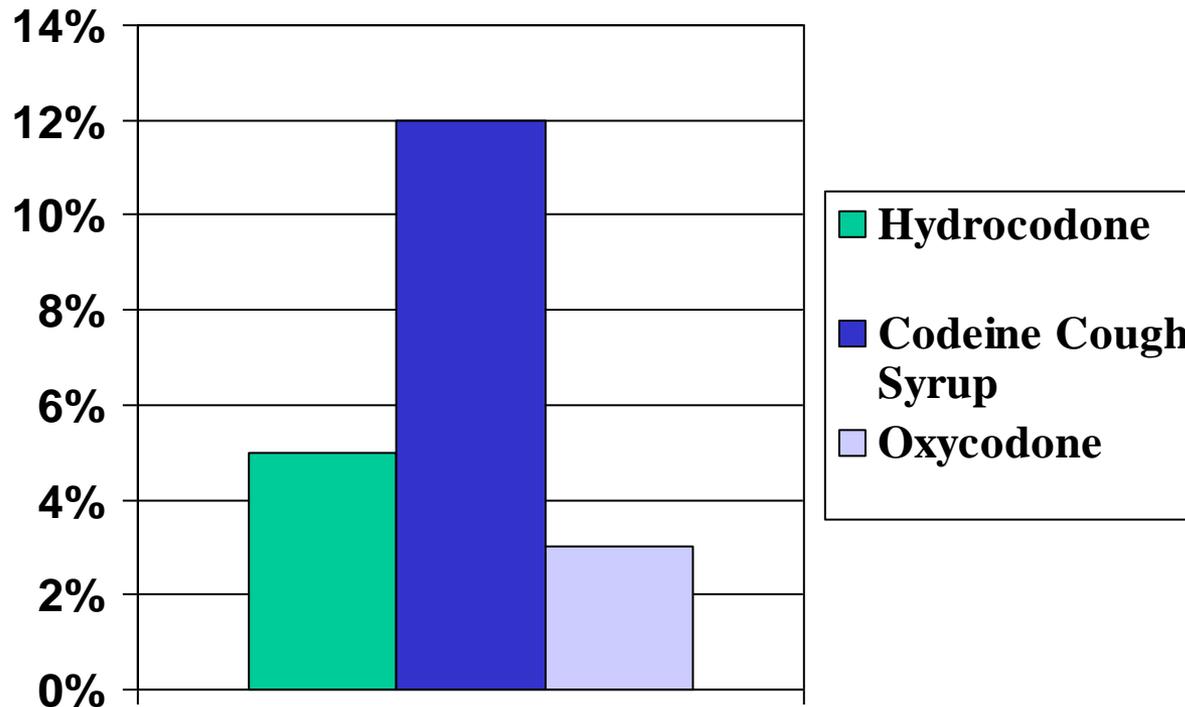
- Texas is below the national average for prescribing opioids
 - Texans prescribe fewer long-acting opioids and high-dose pain relievers than any other state
- Texas is below the national average for prescribing benzodiazepines

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

Prescription Drug Abuse Prevalence

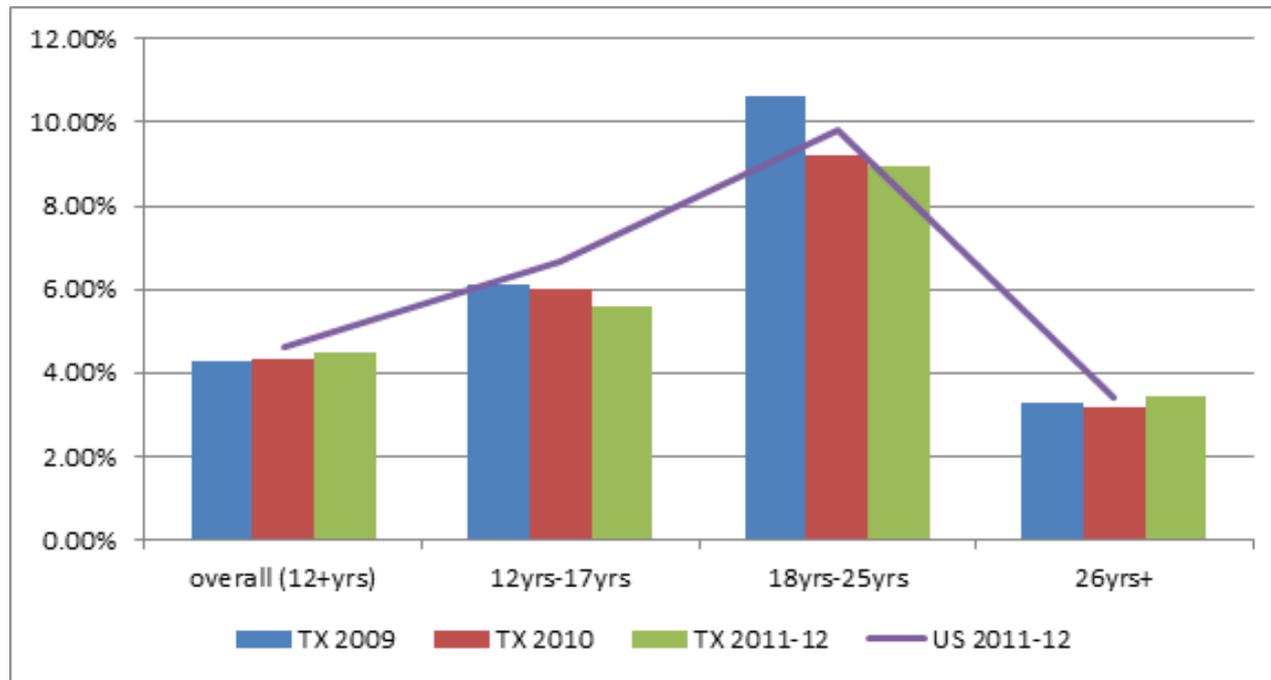
Non-medical Use of Prescription Drugs by Secondary School Students in Texas



Source: Texas School Survey, 2010

Prescription Drug Abuse Prevalence

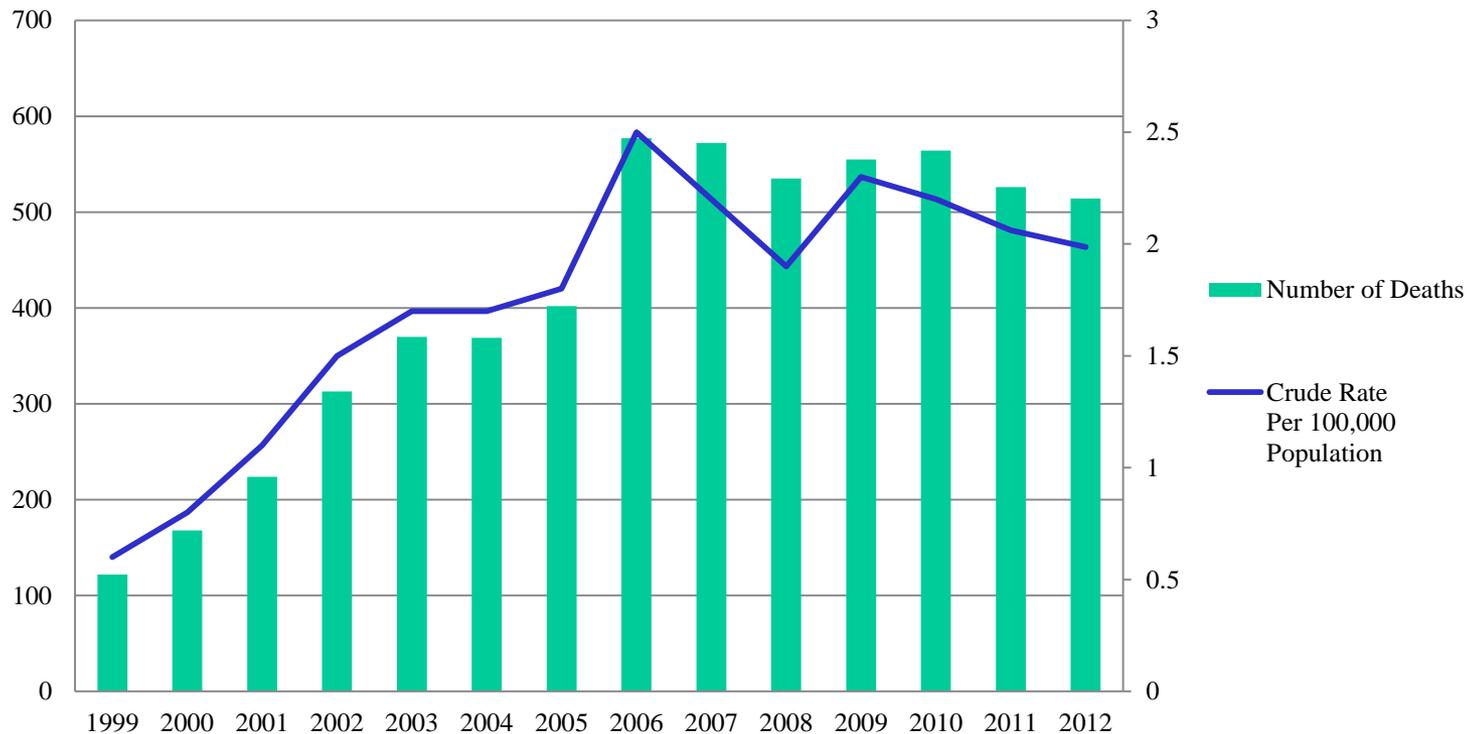
Nonmedical Use of Prescription Pain Relievers



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

Overdose Fatalities in Texas

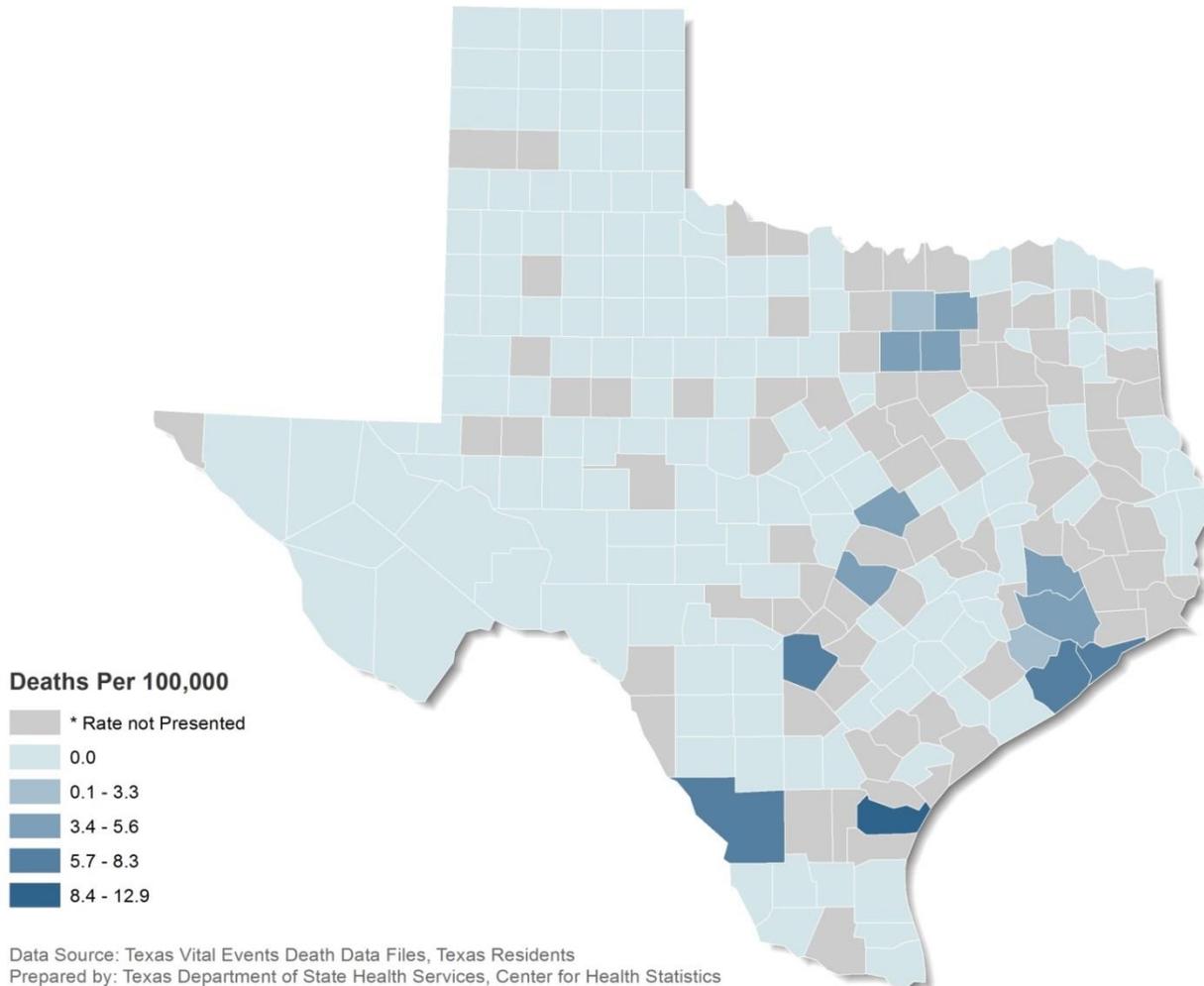
Texas Deaths Related to Certain Opioids



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



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

Substance Abuse Funding in Texas

- 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

Breakdown of Funding Source by Strategy FY 2014				
	GR	SAPT	MHBLK*	Total
Prevention	\$5,977,835	\$37,595,491	--	\$43,573,326
Intervention	\$5,747,835	\$13,980,385	--	\$19,728,220
Treatment	\$22,042,827	\$65,260,236	\$371,611	\$87,674,674
Total	\$33,768,497	\$116,836,112	\$371,611	\$150,976,220

Note: Funding data as of June 20, 2014

*Mental Health Block Grant funds used for treatment of co-occurring psychiatric and substance abuse disorder



DSHS-funded Substance Abuse Prevention Services

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



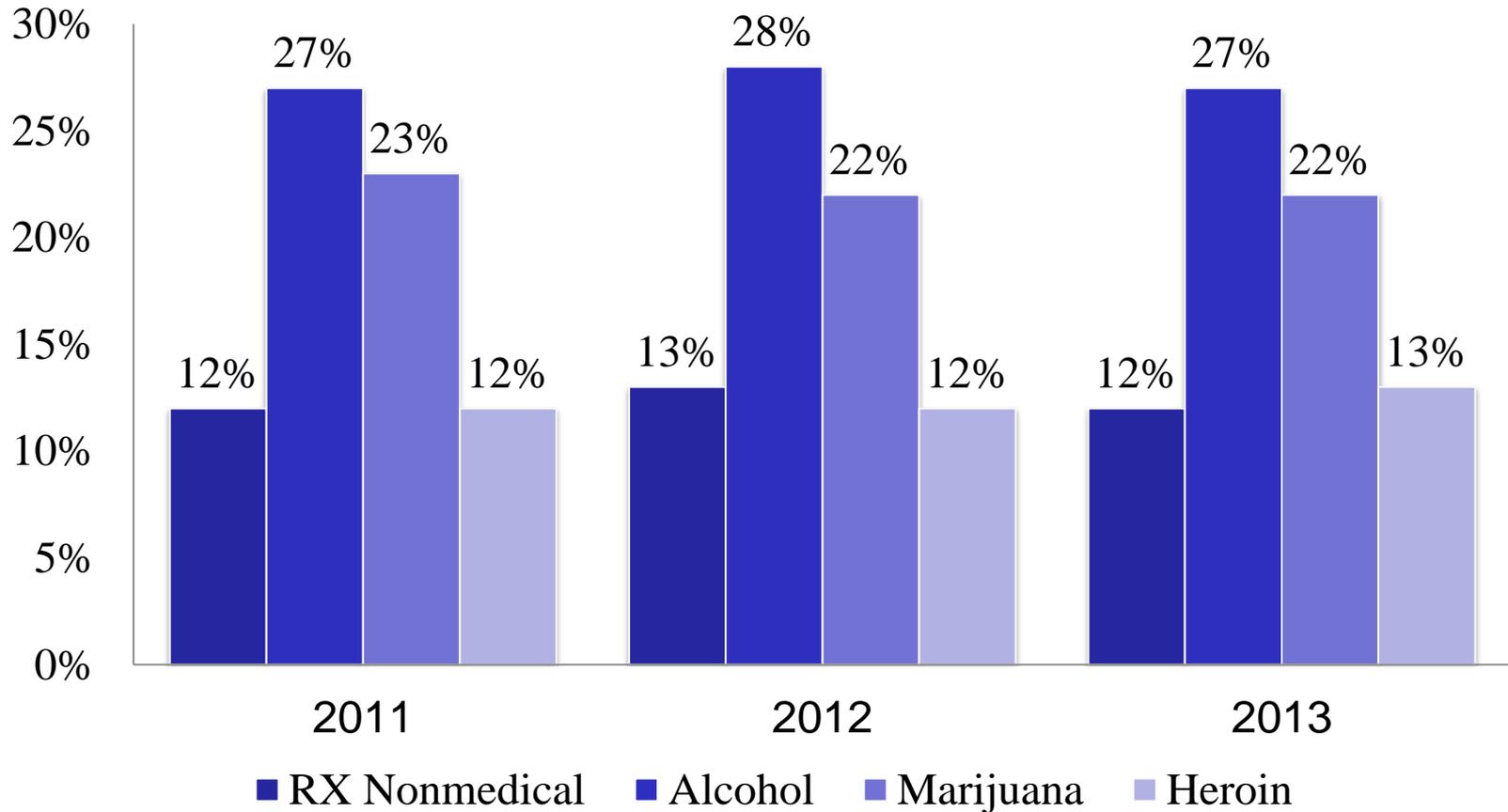
DSHS-funded Substance Abuse Intervention Services, Cont.

- 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

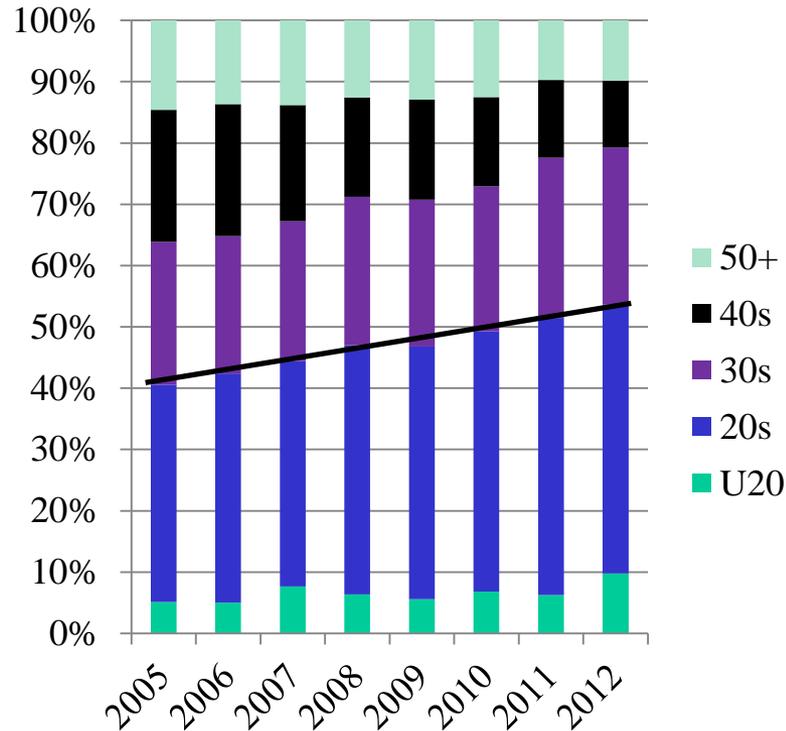
Primary Substance Reported at Admission to DSHS-funded Service Providers



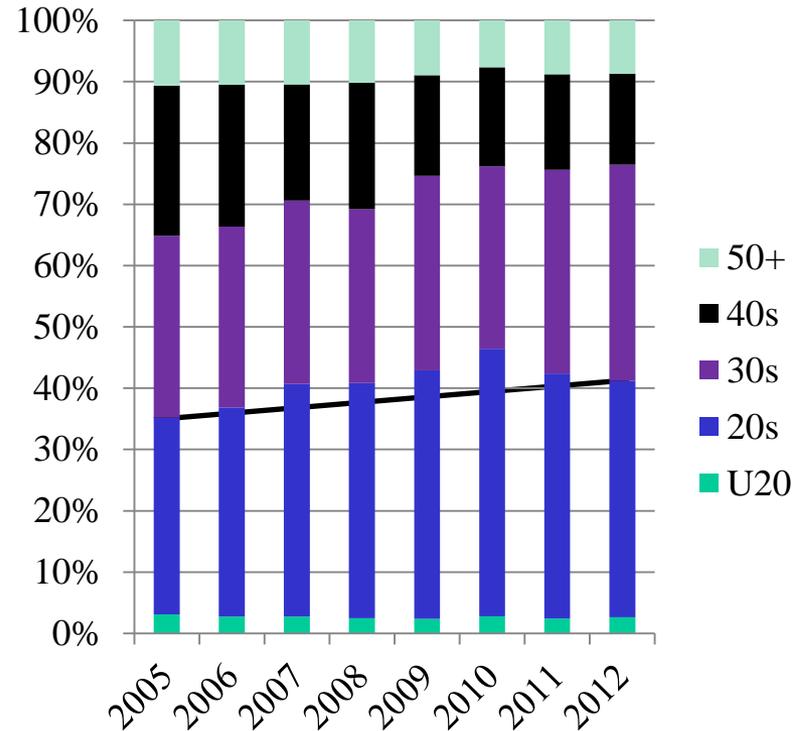
Source: DSHS Clinical Management for Behavioral Health Services (CMBHS)

Heroin and Other Opiate Admissions to DSHS-funded Service Providers

Heroin



Other Opiates



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	Improve Monitoring and Surveillance	Expand & Strengthen Control & Enforcement	Improve Access to & Use of Effective Treatment & Recover Support
Promote & Implement Primary Prevention Strategies	Increase the Use of Clinical Monitoring Tools for Patient Care	Provide Prescriber/Dispenser Education & Training on Control & Enforcement	Approach & Manage Addiction as a Treatable Chronic Illness
Provide Education/Tools for Consumers, Families & Health Care Professionals	Optimize Effectiveness of PDMPs	Improve Collaboration Between Public Health & Law Enforcement	Make a Powerful Business Case for Treatment & Recovery Support
Expand Use of Best Practices by Health Care Professionals	Develop, Implement, Link & Evaluate Other Data Sources	Strengthen & Standardize Licensure Board Oversight of Practitioners	Address Legal Barriers to Seeking & Receiving Treatment
Engage & Empower Individuals & Communities in Effective Strategies	Prioritize & Enhance Surveillance for High Risk Populations	Implement Framework for Regulation of "Pill Mills"	Secure Payer Funding for the Full Spectrum of Evidence-Based Care
Implement Evidence-Based Community Interventions	Use Monitoring & Surveillance to Improve Public Health & Clinical Practice	Expand Utilization of Treatment Alternatives to Incarceration	Provide SBIRT Training & Funding for Health Care Professionals
Implement Overdose Prevention & Intervention Strategies		Implement Insurance Policies/Practices that Improve Clinical Care and Reduce Abuse	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

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

Neonatal Abstinence Syndrome (NAS) Incidence in Texas

Texas Incidence of NAS and Associated Costs			
Year	Medicaid NAS Births	Average Inpatient Hospital Cost	Total Inpatient Hospital Cost
FY 2011	854	\$37,263	\$31,822,422
FY 2012	994	\$30,517	\$30,334,312
FY 2013	1,009	\$31,321	\$31,602,668

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



Reducing the Prevalence of Neonatal Abstinence Syndrome (NAS)

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- **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