

Charting the Road to Recovery: Nebraska's Response to Opioid Abuse



**Nebraska Coalition to Prevent Opioid Abuse
2017 Strategic Initiative**

“The ideas, partnerships, and energy that result from this summit will truly make a difference in the fight against this national epidemic.”

- Jeffrey P. Gold, M.D.,
Chancellor, UNMC



Background

On October 14, 2016 nearly three hundred leaders in the fields of medicine, public health, social services, governmental policy and law enforcement gathered at the Thrulsen Center on the campus of the University of Nebraska Medical Center for a summit entitled, “Charting the Road to Recovery: Nebraska’s Response to Opioid Abuse,” intended to *proactively* address the growing rate of abuse of prescription and illicit opioids in Nebraska.¹ Unlike prior national illicit drug epidemics, the current opioid problem extends beyond boundaries of region, age, gender, and socio-economic condition. As Nebraska’s present experience with this problem is relatively less than other states, the “Charting the Road to Recovery” summit was convened as the first in a series of proactive steps to reduce the incidence of prescription opioid related hospitalizations and fatalities and to stem the tide of heroin use throughout Nebraska. The summit was the result of a collaborative effort of the U.S. Attorney’s Office for the District of Nebraska, the University of Nebraska Medical Center, the Nebraska Department of Health and Human Services, and the Nebraska Attorney General’s Office. As other states have done after the magnitude of the problem has reached epidemic proportions, the sponsoring partners of this summit initiated a multi-disciplinary approach utilizing experts in prevention, treatment and law enforcement. These sponsoring partners have maintained their collaboration and have initiated the *Nebraska Coalition to Prevent Opioid Abuse*. The strategic purpose of this coalition is to substantially reduce the incidence of abuse of prescription and illicit opioid drugs in Nebraska through ongoing collaboration between practitioners, experts and leaders in prevention, treatment, and law enforcement. The following represents an initial strategic initiative based upon recommendations derived from the summit.

Statement of the Problem

On November 17, 2016 the Surgeon General published a comprehensive report entitled, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.² According to the Surgeon General's report, "opioid analgesic pain relievers are now the most prescribed class of medications in the United States, with more than 289 million prescriptions written each year. The increase in prescriptions of opioid pain relievers has been accompanied by dramatic increases in misuse and by a more than 200 percent increase in the number of emergency department visits from 2005 to 2011. In 2014, 47,055 drug overdose deaths occurred in the United States, and 61 percent of these deaths were the result of opioid use, including prescription opioids and heroin. Heroin overdoses have more than tripled from 2010 to 2014. Heroin overdoses were more than five times higher in 2014 (10,574) than ten years before in 2004 (1,878). ... In 2014, there were 17,465 overdoses from illicit drugs and 25,760 overdoses from prescription drugs. Drug overdose deaths also occur as a result of the illicit manufacturing and distribution of synthetic opioids, such as fentanyl, and the illegal diversion of prescription opioids. Illicit fentanyl, for example, is often combined with heroin or counterfeit prescription drugs or sold as heroin, and may be contributing to recent increases in drug overdose deaths."ⁱⁱ In Nebraska, the age-adjusted rate of death from drug overdose has increased from 5.4 per 100,000 in 2005 to 8.0 per 100,000 in 2015.³

The opioid problem is not only captured in terms of emergency department visits and death rates but also in the exacerbation of or contribution to other health conditions. Long-term use of opioid drugs is associated with pharmacological effects that include depression, anxiety, endocrine dysfunction, immune system suppression, and hyperalgesia, that is, increased pain from any stimulus due to opioid administration. Persons for whom opioid use develops into addiction face increased risk of tuberculosis, HIV infection, pneumonia, and other opportunistic infections from a variety of pathogens.

Nebraska Drug and Opioid related overdose fatalities, 2005-2015*



Data source: Nebraska Vital Records *2015 Data is preliminary. Extracted 05/02/2016

The increased production of the neurotransmitter, dopamine, when opioid drugs are administered can create substantial negative reinforcement upon withdrawal. The physiological and psychological effects of decreased dopamine levels, in turn, create additional barriers to treatment for opioid use disorder.

The incidence of opioid drug abuse not only impacts our health care system but also our criminal justice system. The State of Wisconsin, for example, experienced a 316% increase in the number of heroin jury trials in a six-year period from 2008 through 2014. Law enforcement not only face an increased need to be prepared to respond to opioid overdose but also increased risk of transdermal exposure to dangerously potent synthetic opioids such as fentanyl and carfentanyl.

Strategic Initiative

To proactively address the opioid problem in Nebraska, the Nebraska Coalition to Prevent Opioid Abuse will undertake the following initial steps in 2017 guided by the three prongs of the summit: prevention, treatment, and law enforcement.

Prevention

1. Educate opioid prescribers and dispensers regarding best practices and requirements for Nebraska's Prescription Drug Monitoring Program.
2. Expand public awareness of opportunities for prescription drug take back.
3. Promote awareness of opioid abuse through the "Dose of Reality" advertising campaign, school presentations, and other forums.
4. Educate prescribers and dispensers on comprehensive pain management guidelines.

Treatment

5. Expand the number of Medication-Assisted Treatment (MAT) providers for opioid use disorders
6. Provide training for health professions students and providers on evidence-based diagnosis and treatment of pain and opioid use disorders, including the exploration of an addiction fellowship for physicians
7. Reduce barriers for treating opioid use disorders in primary care settings

Law Enforcement

8. Partner with the Drug Enforcement Administration to develop a "DEA 360" program in Nebraska.
9. Expand Naloxone availability and training for law enforcement.

Prevention: Nebraska's Prescription Drug Monitoring Program (PDMP)

In 2016, the Nebraska Legislature passed LB471, allowing for the development of a robust Prescription Drug Monitoring Program (the "PDMP"), collaboratively administered by the Nebraska Department of Health and Human Services ("DHHS") and the Nebraska Health Information Initiative ("NeHII"). Under the PDMP, beginning in January of 2017 all dispensers are required to report, daily, all dispensed controlled substances and, beginning in January of 2018, all dispensed prescription drugs. Prescribers and dispensers are able to access the PDMP at no cost. NeHII has issued a revised PDMP Dispenser's Implementation Guide and together with DHHS have been educating dispensers and providers about the PDMP. Further education on PDMP requirements and best practices for its use will continue through 2017 in conjunction with the Nebraska Pharmacists Association and the Nebraska Medical Association.

Prevention: Prescription Drug Take Back

Prescription drugs are often diverted from the medicine cabinets of family or friends. Use of illicit opioids such as heroin most often stems from abuse of prescription opioids. It is therefore imperative that "leftover" prescription opioids be recovered in order to reduce the supply of diverted drugs. Nebraska MEDS, an existing coalition that includes DHHS, the Nebraska Pharmacists Association, the Nebraska Medical Association, and the Nebraska Regional Poison Control Center, has created a network of pharmacies throughout the state that receive "leftover" prescriptions. Nebraska MEDS has collected over 37,000 pounds of medications (August 2012-December 2016) and continues to enroll additional pharmacies in the program. Participating pharmacies can be found at nebraskameds.org. The Nebraska Coalition to End Opioid Abuse will continue efforts to create awareness of the Nebraska MEDS project.

Prevention: Dose Of Reality

Prevention, awareness, and direction to treatment are most important in tackling the opioid problem. The Wisconsin Attorney General's Office has expended significant resources in developing an effective advertising campaign entitled, "Dose of Reality" to alert the public as to the prevalence and dangers of prescription opioid abuse and has made use of the campaign available for other states. The Nebraska Coalition to End Opioid Abuse will partner with the Nebraska Broadcasters Association to bring this important awareness campaign to Nebraskans.

Prevention: Pain Management Guidelines

In March of 2016, The Centers for Disease Control and Prevention published a Guideline for Prescribing Opioids for Chronic Pain. This guideline addresses when to initiate opioids for chronic pain, dosage, duration, discontinuation, and risk assessment of opioid use. The CDC Guideline is intended for primary care physicians treating patients with chronic pain in outpatient settings. DHHS and clinical members of the Nebraska Coalition to Prevent Opioid Abuse will continue to undertake efforts to

educate primary care clinicians throughout Nebraska on best practices for opioid prescription.

In addition, DHHS is working collaboratively with Nebraska Medical Association and various subject matter experts to develop Nebraska Pain Management Guidelines. The Guidelines will align with the CDC Guideline for Prescribing Opioids for Chronic Pain and provide more comprehensive guidance in treating patients with acute and chronic pain. Physicians will be educated on the Nebraska Pain Management Guidelines with a focus on promoting consistent, safe, and effective pain management practices.

Treatment: Medication-Assisted Treatment (MAT) Providers

Nebraska currently has less than 30 healthcare providers who have completed the federal SAMHSA buprenorphine waiver as individual prescribers. Buprenorphine is a form of Medication-Assisted Treatment (MAT) and is an outpatient medication that is prescribed to individuals for treatment of mild to moderate opioid use disorders, as opposed to methadone which is typically used for more severe opioid use disorders and requires daily supervised administration at specialized programs. As a result, patients and families often have to wait long periods or drive long distances to access Medication-assisted Treatment (MAT) which is a national best practice for opioid use disorders (i.e. opioid abuse). The Department of Health and Human Services (DHHS) Division of Behavioral Health will partner with the Mid-America Addiction Technology Transfer Center and the Behavioral Health Education Center of Nebraska (BHECN) to coordinate training of advanced practice nurses, physician assistants, and physicians to prescribe buprenorphine.

Treatment: Training of Health Professionals

Training in the proper diagnosis and treatment of pain and opioid use disorders is critical for graduate students in all of the health professions. Continuing education for practicing professionals is also critical so that they are aware of current prescribing guidelines for opioids for pain disorders, how to access and integrate the NE Prescription Drug Monitoring Program (PDMP) into routine care, and how to diagnose, refer or treat opioid use disorders. This training and continuing education will be undertaken by a coalition of healthcare providers and leaders from UNMC, the Department of Health and Human Services (DHHS) Division of Behavioral Health, the Mid-America Addiction Technology Transfer Center, the Behavioral Health Education Center of Nebraska, and other entities. There will also be an exploration of the feasibility of an addiction medicine or addiction psychiatry fellowship for physicians at an academic medical center to develop providers with additional expertise in opioid use and other substance use disorders.

Treatment: Primary Care

Primary care providers will need to understand how to integrate efficient screening, diagnosis, referral and treatment services for opioid use disorders into their clinics. UNMC will dialogue with primary care leaders around the state to reduce barriers to the swift and effective treatment of opioid use disorders in rural and metropolitan counties of Nebraska.

Law Enforcement: DEA 360

Adequately combating drug trafficking at the state and local level necessitates collaboration with the United States Drug Enforcement Administration. In 2015, the DEA developed its “360 Strategy” which is a three-pronged approach that (a) coordinates law enforcement actions against drug cartels and heroin traffickers (b) initiates diversion control enforcement actions against DEA registrants operating illegally and (c) develops local community partnerships to provide empowering outreach. In 2016 the DEA developed four pilot cities for this strategy: Louisville, Milwaukee, St. Louis, and Pittsburgh. The Nebraska Coalition to Prevent Opioid Abuse will request expansion of the DEA 360 strategy to Omaha.

Law Enforcement: Naloxone

A rise in the incidence of overdose necessitates that first responders and law enforcement possess adequate resources to respond rapidly when faced with an overdose victim. Naloxone, an opioid antagonist that reverses the effects of opioid overdose, is such a resource. With recent amendments to Nebraska law removing barriers for administration of Naloxone, training and cost are the current barriers to its utilization. The Nebraska Coalition to Prevent Opioid Abuse will therefore collaborate with the Nebraska Association of County Officials to reduce these barriers for law enforcement agencies to obtain Naloxone.

In addition, DHHS is focusing efforts on conducting a needs assessment on naloxone to identify barriers and gaps to accessing Naloxone for first responders, law enforcement, physicians, and pharmacists. The assessment will also capture the level of awareness regarding expanded access for physicians, pharmacists, fire departments, law enforcement, EMT/EMS, and substance abuse treatment providers. Results from the needs assessment will be used to develop a comprehensive education and media campaign to increase awareness about naloxone.

¹ Videos and print materials from the conference may be found at <https://www.unmc.edu/cce/opioid/>

² U.S. Department of Health and Human Services, Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

³ Nebraska Data and Prescription Drug Monitoring Program Presentation at 2016 “Charting the Road to Recovery: Nebraska’s Response to Opioid Abuse” Summit, 2005-2015 Nebraska Vital Records data.