Governor Raimondo's Task Force on Overdose Prevention and Intervention

July 10, 2019

DIRECTOR NICOLE ALEXANDER-SCOTT, MD, MPH; RHODE ISLAND DEPARTMENT OF HEALTH

DIRECTOR REBECCA BOSS, MA; RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS

SENIOR ADVISOR TOM CODERRE; OFFICE OF GOVERNOR GINA M. RAIMONDO

WELCOME & ANNOUNCEMENTS

Rhode Island Levels of Care Implementation Update

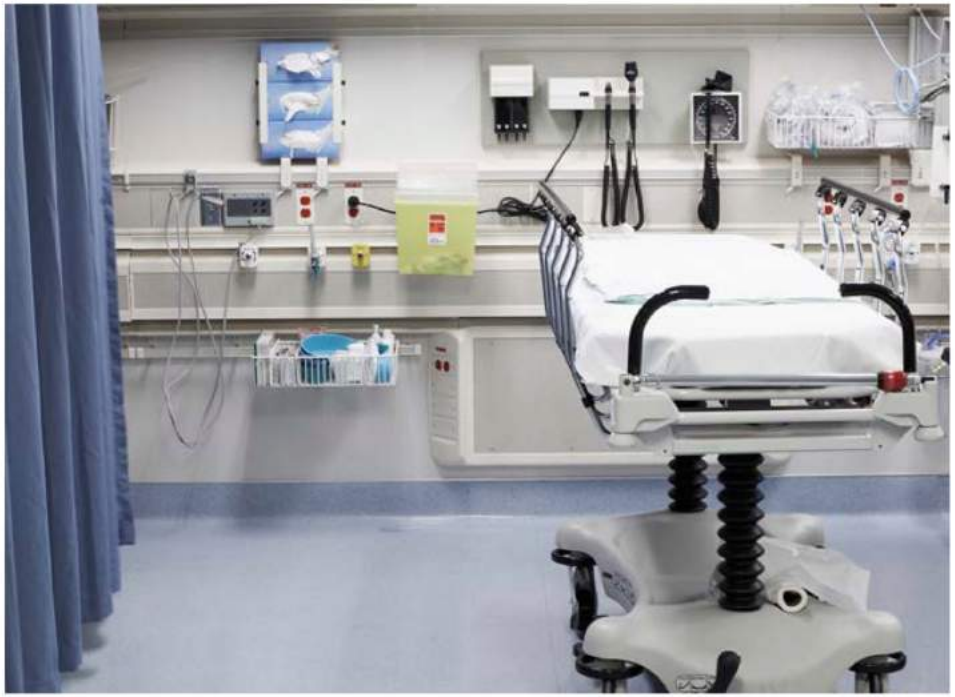
Emergency Department Naloxone Distribution, Behavioral Counseling, and Referral to Treatment

Elizabeth A. Samuels, MD, MPH, MHS
Governor's Overdose Prevention and Intervention Task Force
July 10, 2019

Outline

1. Rhode Island Levels of Care
2. Implementation Review
3. Primary Outcomes:
    - Naloxone Distribution
    - Behavioral Counseling
    - Referral to Treatment
4. Emergency Department (ED) Buprenorphine
5. Next Steps

Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder



RHODE ISLAND DEPARTMENT OF HEALTH

DEPARTMENT OF BEHAVIORAL HEALTHCARE DEVELOPMENTAL DISABILITIES & HOSPITALS
BHDDH

Rhode Island Levels of Care

Level I

Able to initiate, stabilize, and maintain patients on medication for opioid use disorder

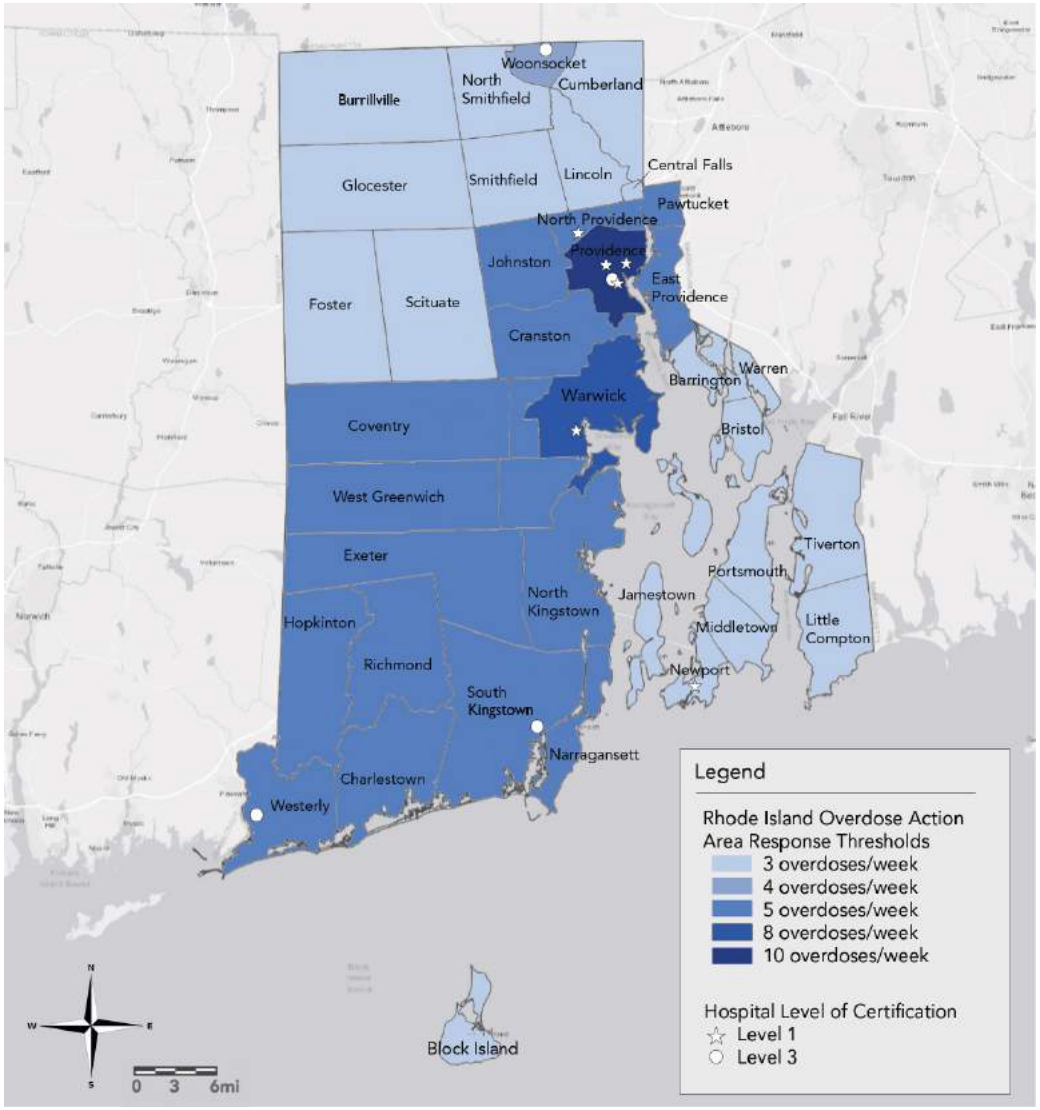
Level 2

1. Conducts comprehensive, standardized substance use assessments
2. Has addiction specialty services

Level 3

1. Follows discharge planning law
2. Standardized substance use disorder screening
3. Patient education on opioid storage and disposal
4. Dispenses naloxone
5. Offers peer recovery support services
6. Referral to community providers
7. 48-hour overdose reporting
8. Laboratory fentanyl drug screening on overdose patients

Rhode Island Levels of Care



Sept 2017- June 2018

<u>10 Hospitals Certified</u>

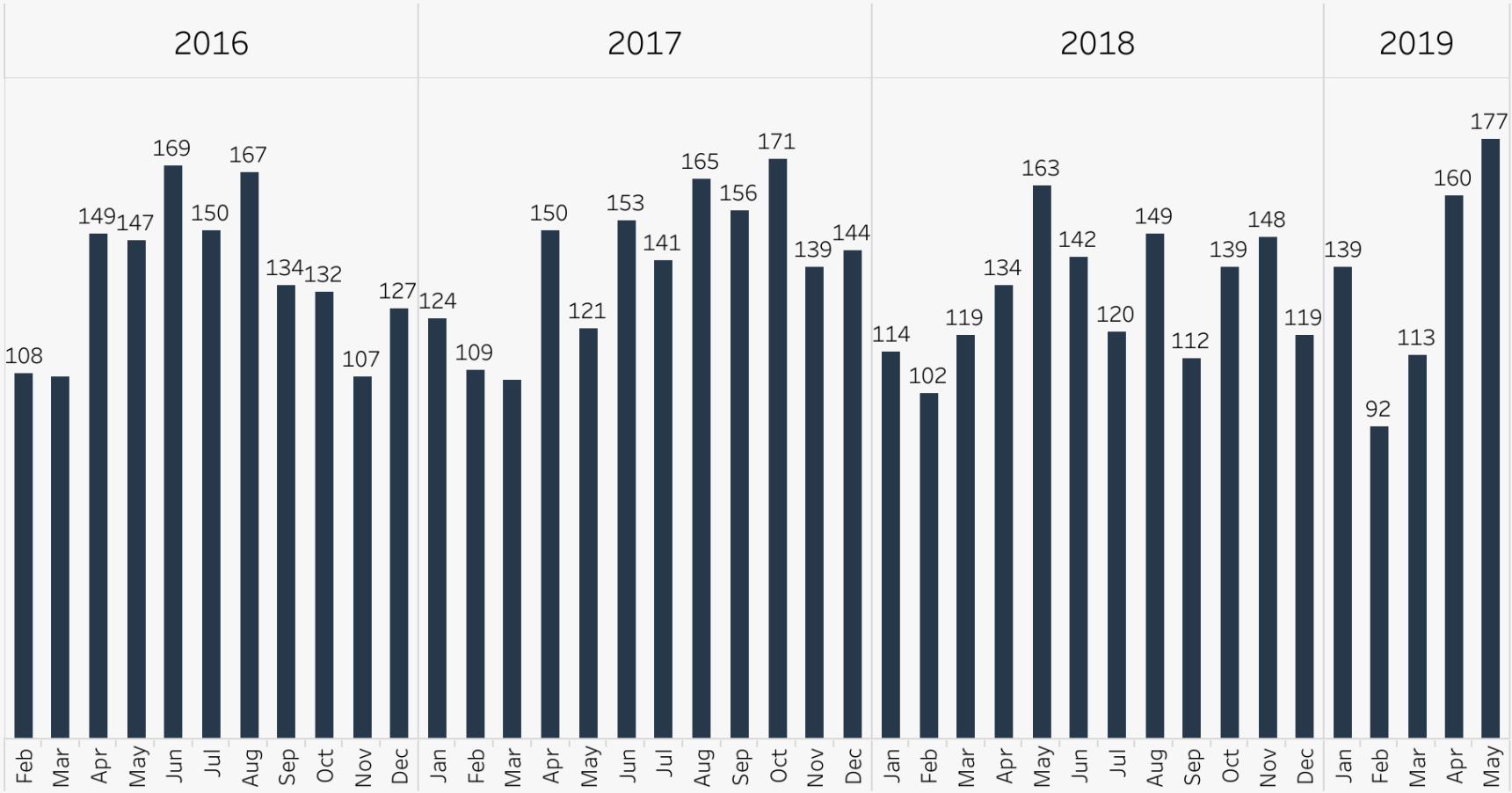
Level 1:

- Our Lady of Fatima
- Roger Williams
- The Miriam
- Rhode Island
- Newport
- Kent

Level 3:

- Landmark
- Women & Infants
- South County Health
- Westerly

Monthly Opioid Overdose ED Visits, February 2016-May 2019

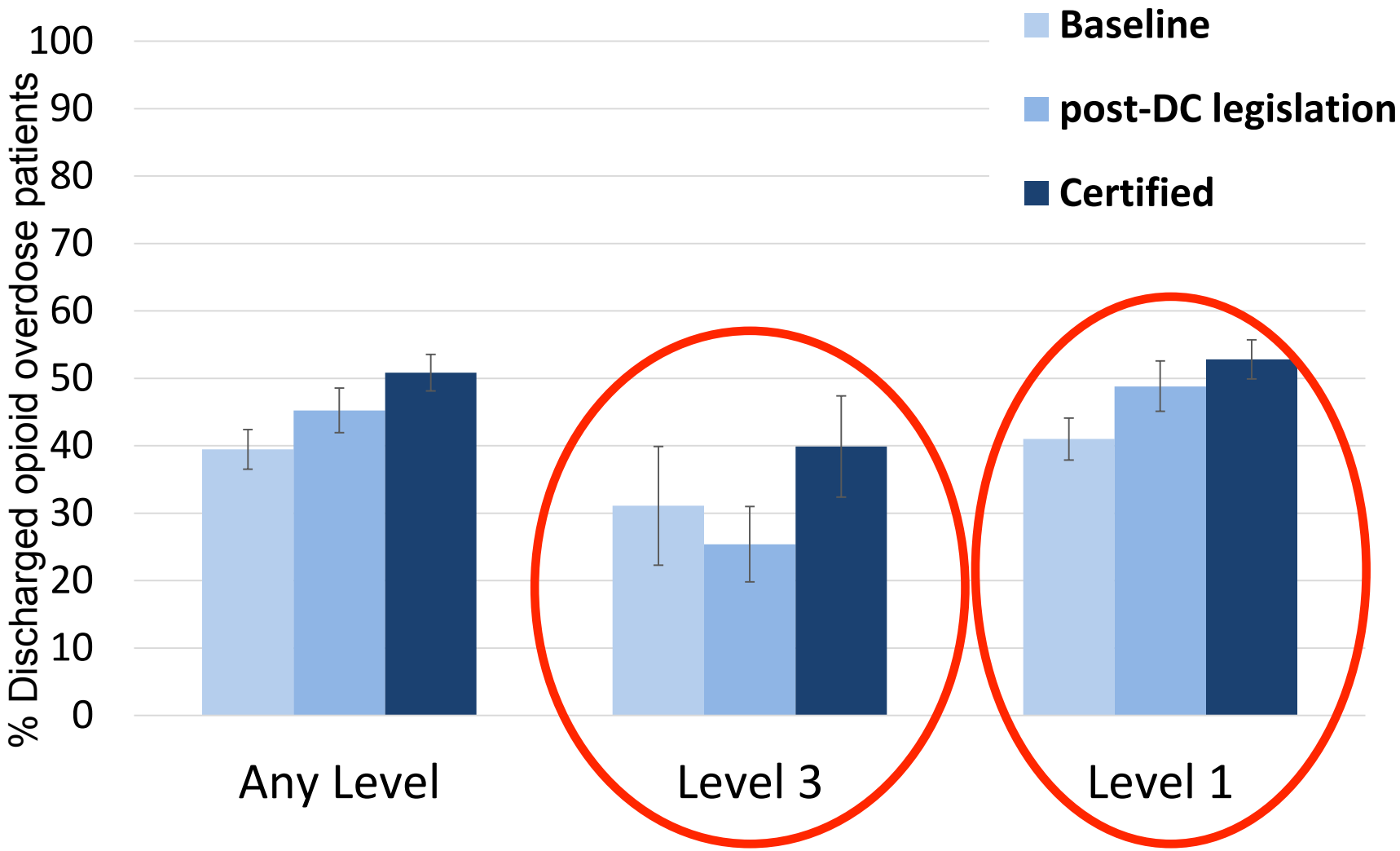


Source: 48-Hour Overdose Reporting System, Rhode Island Department of Health

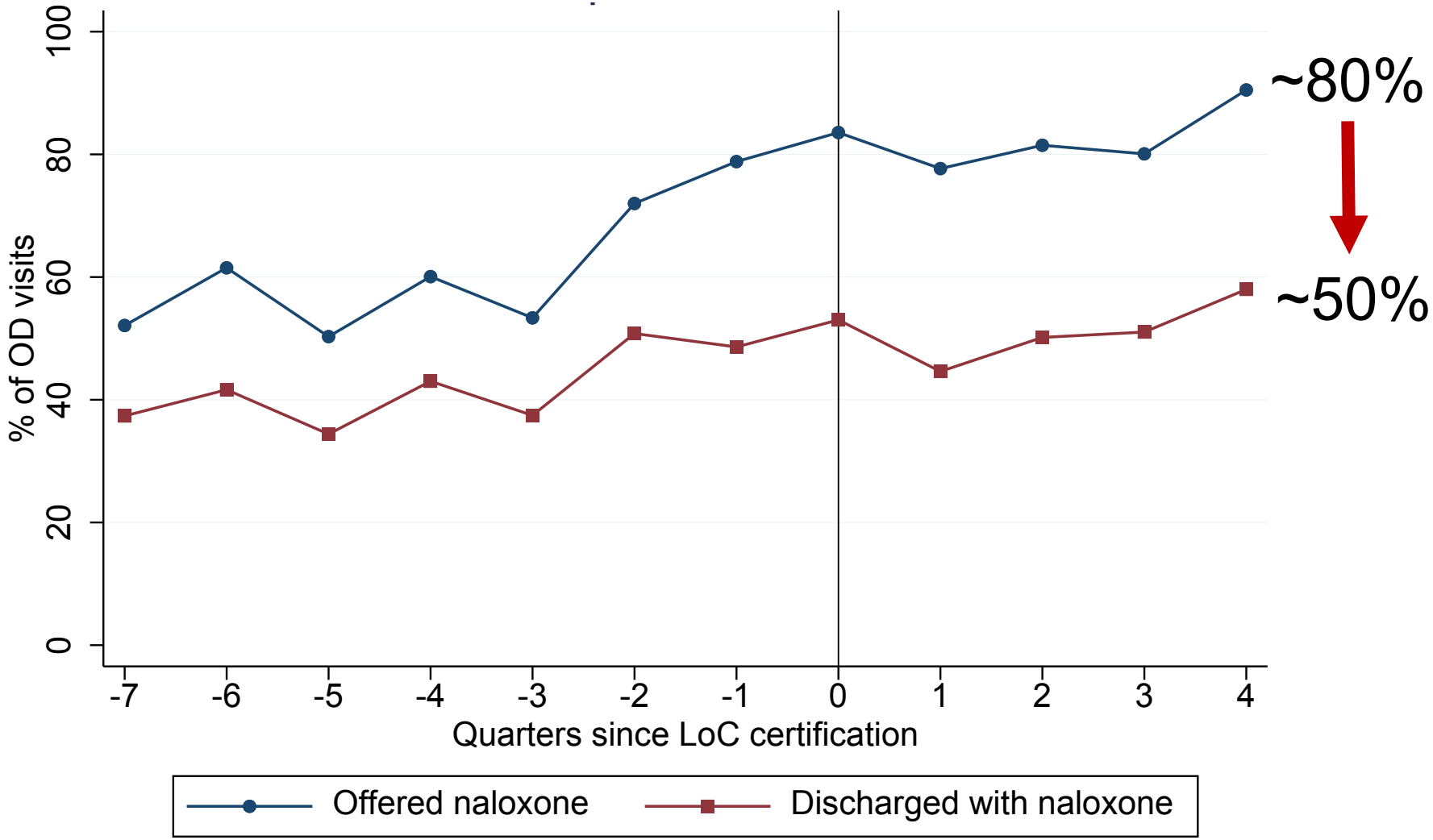
Primary Outcomes


4 mg
NARCAN® NASAL SPRAY
(naloxone HCl)
FOR USE IN THE NOSE ONLY
NDC 69547-353-02
A1014 01

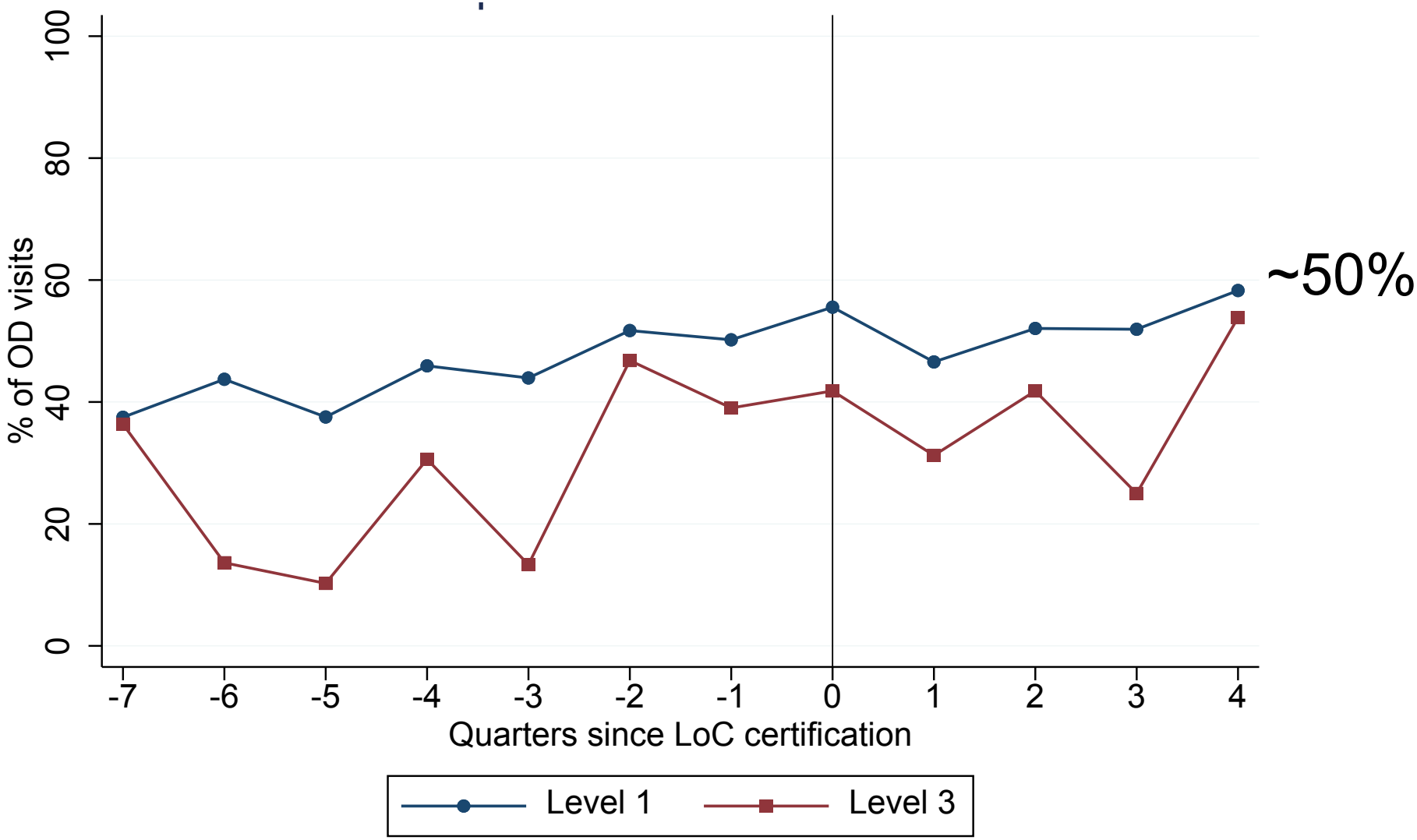
Proportion of ED Patients Discharged with Take-Home Naloxone After An Opioid Overdose, 2016-2018

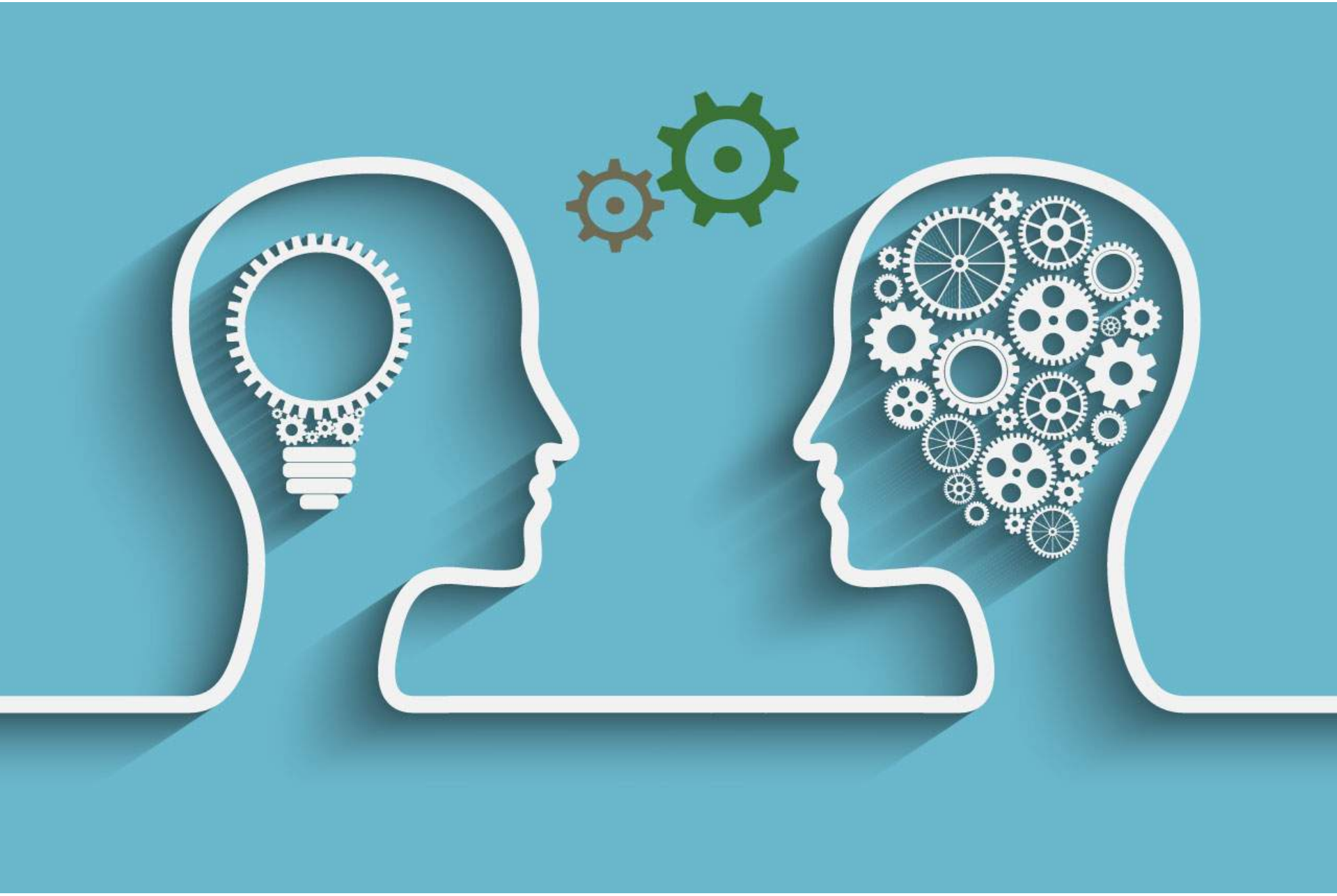


Proportion of Patients Offered and Given Take-Home Naloxone After An ED Visit for Opioid Overdose, 2016-2018

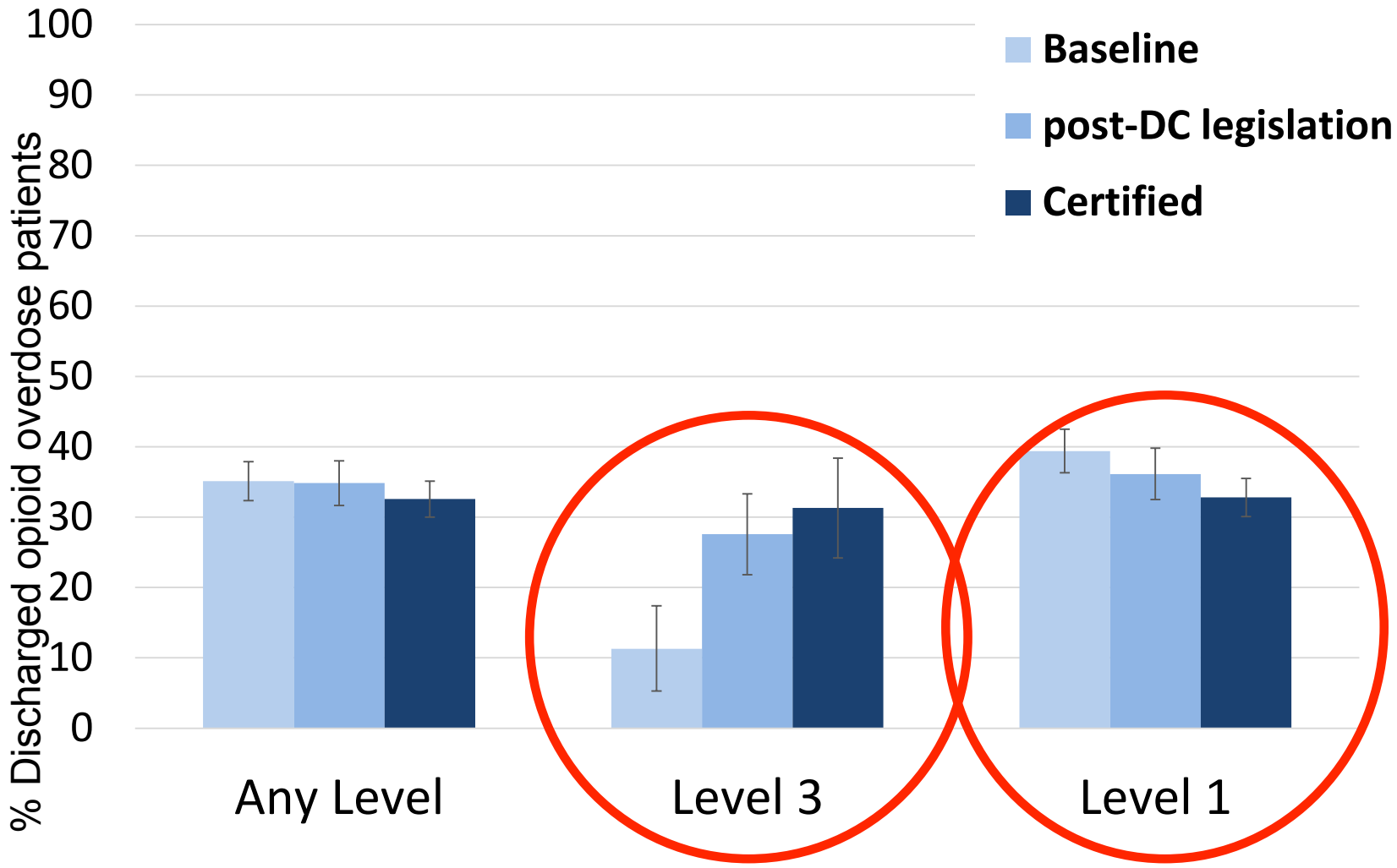


Discharged Opioid Overdose ED Patients Given Take-Home Naloxone by Hospital Level of Care, 2016-2018

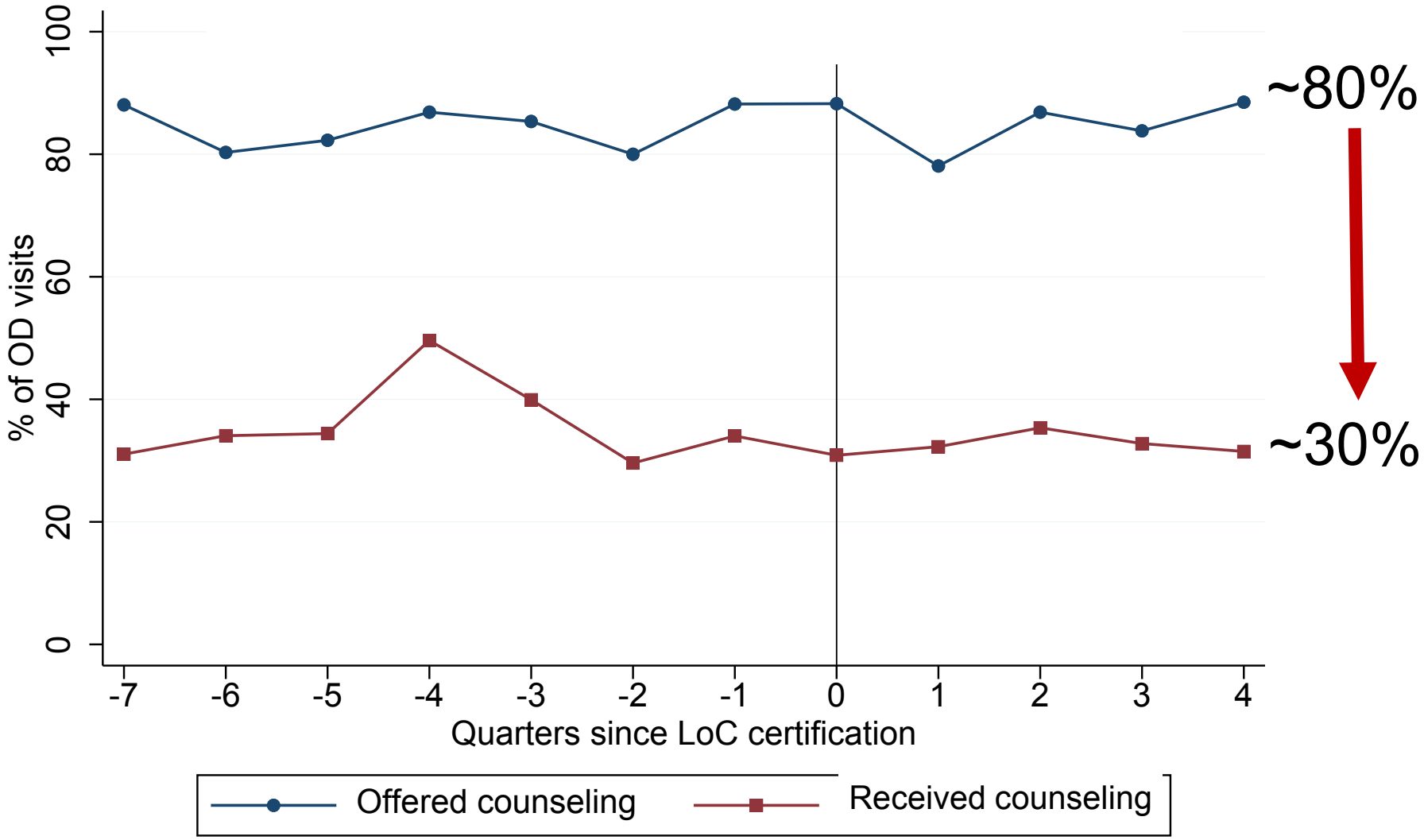




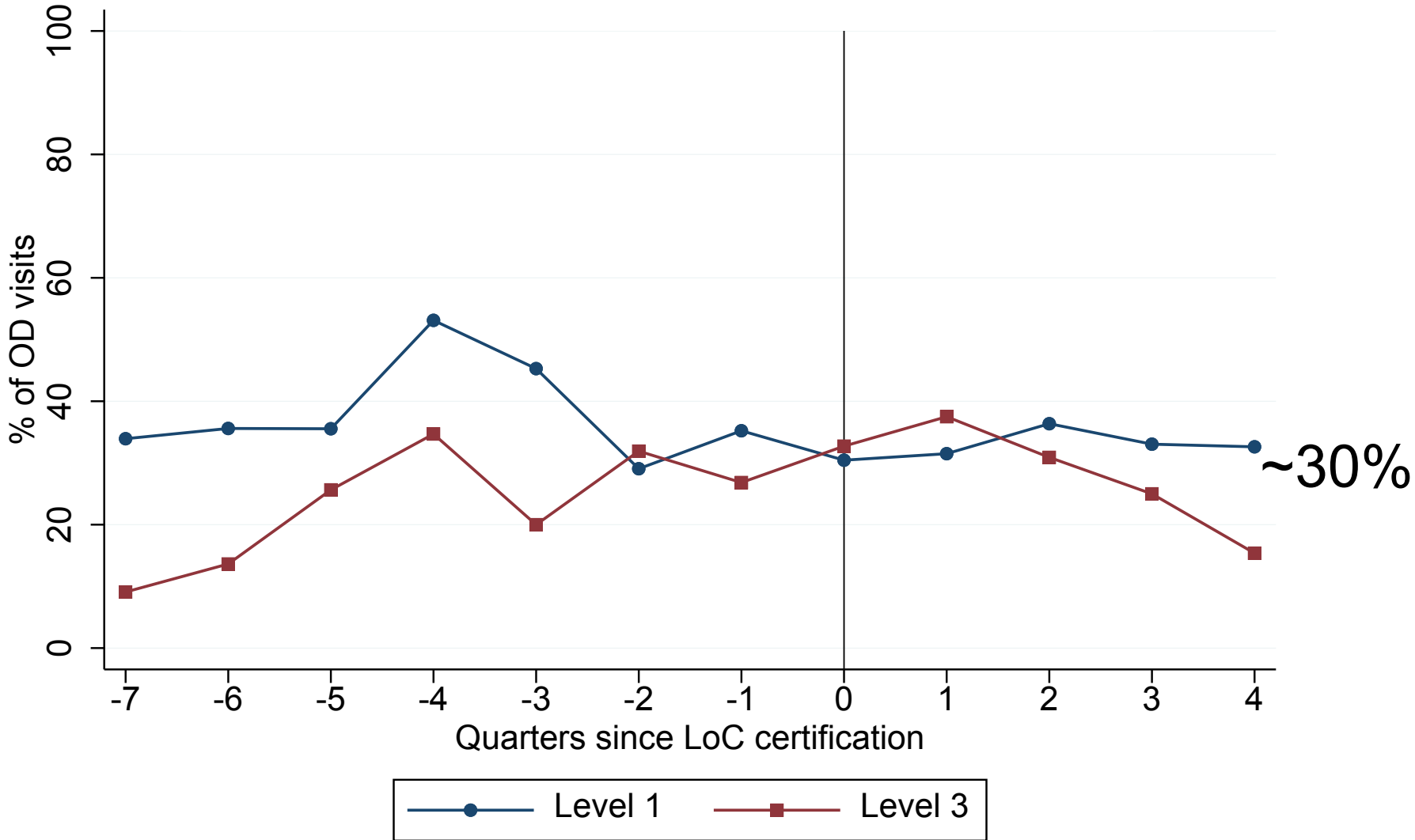
Proportion of ED Overdose Patients Receiving Behavioral Counseling 2016-2018



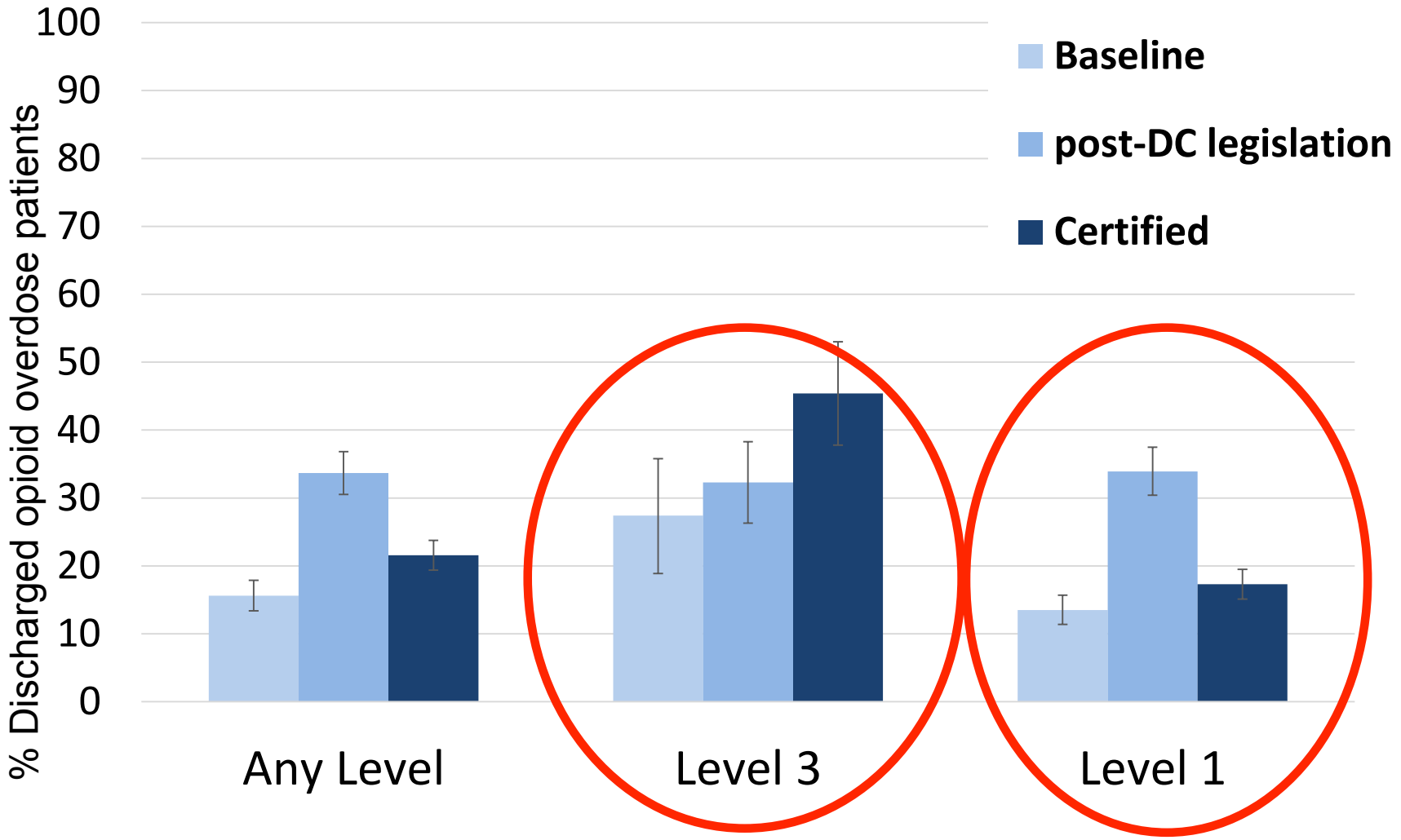
Proportion of Patients Offered and Provided Behavioral Counseling During an ED Visit for Opioid Overdose, 2016-2018



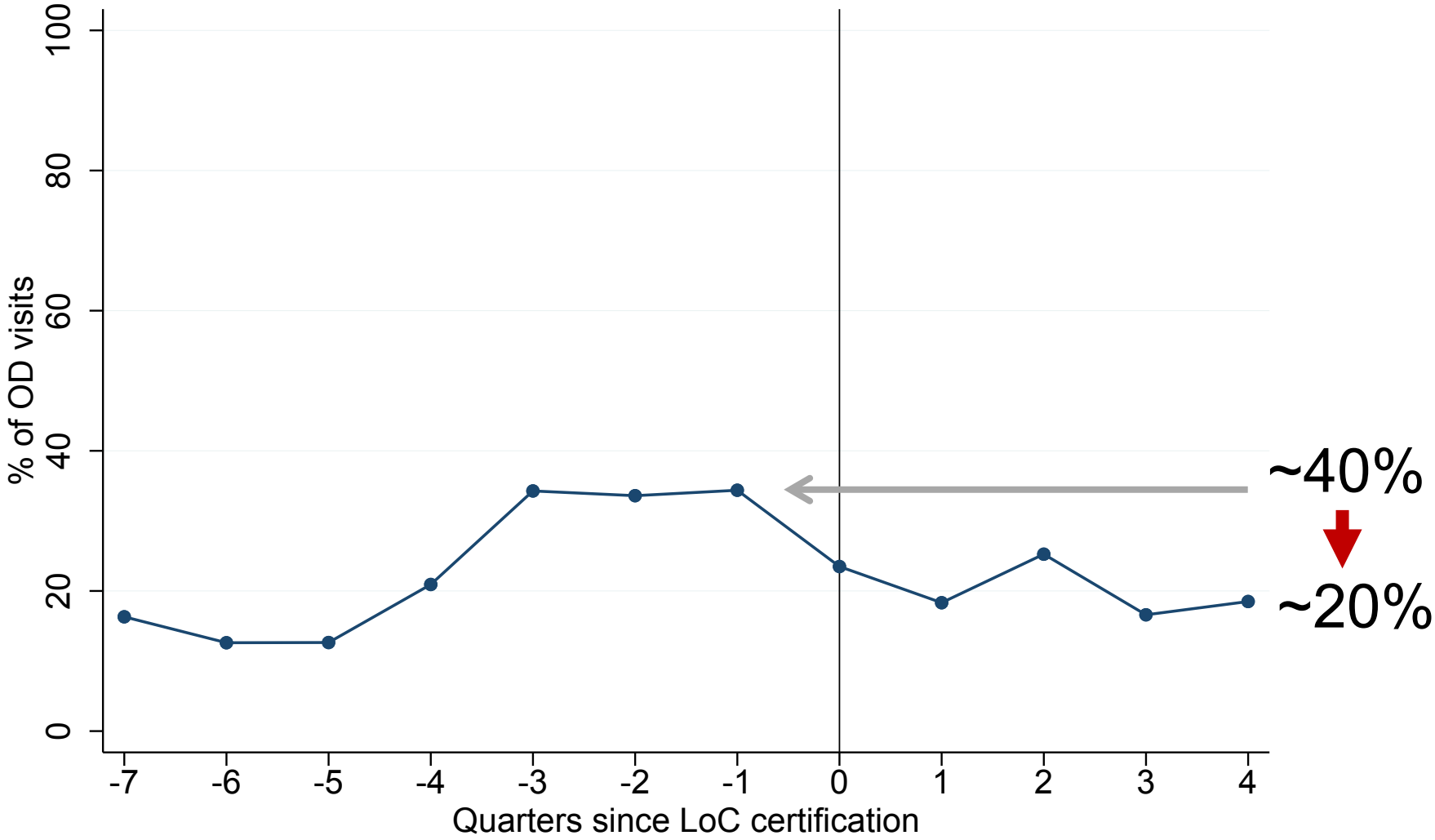
Discharged Opioid Overdose ED Patients Receiving Behavioral Counseling by Hospital Level of Care, 2016-2018



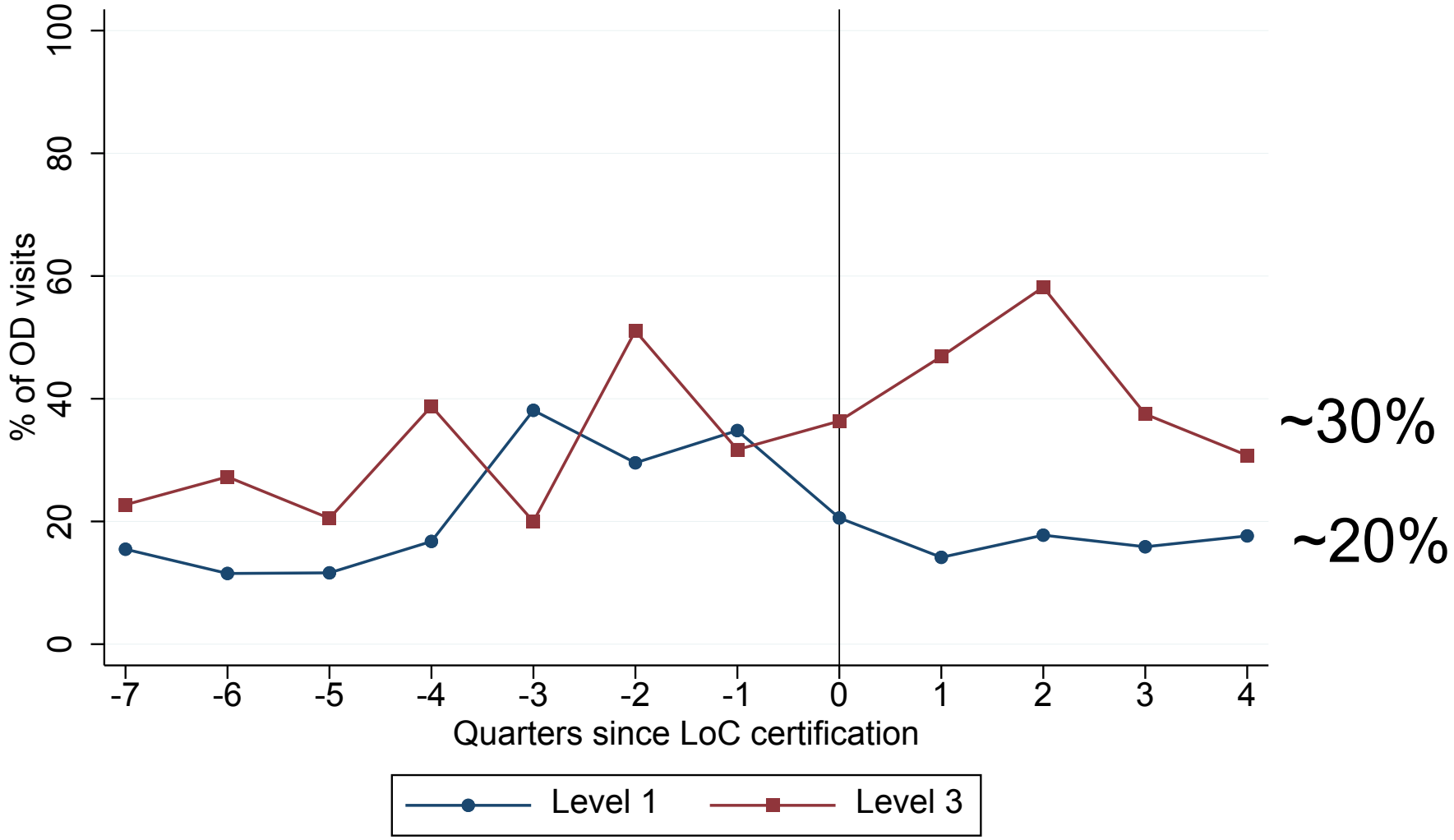
Proportion of ED Patients Referred to Treatment After An Opioid Overdose 2016-2018



Proportion of Discharged Patients Referred to Treatment After an ED Visit for Opioid Overdose, 2016-2018



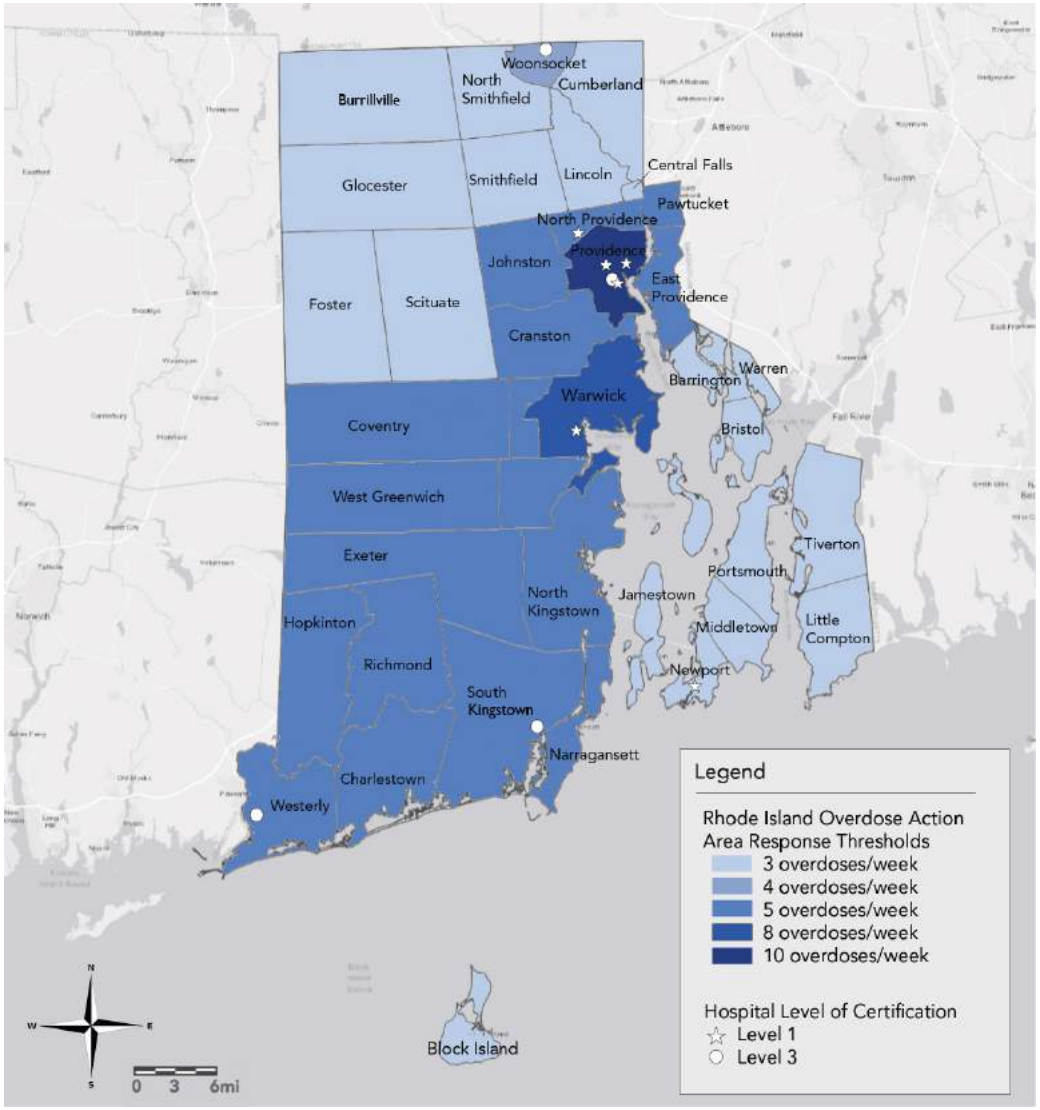
Discharged Opioid Overdose ED Patients Referred to Treatment by Hospital Level of Care, 2016-2018



ED Buprenorphine

ED Buprenorphine

Rhode Island Levels of Care



Sept 2017- June 2018

10 Hospitals Certified

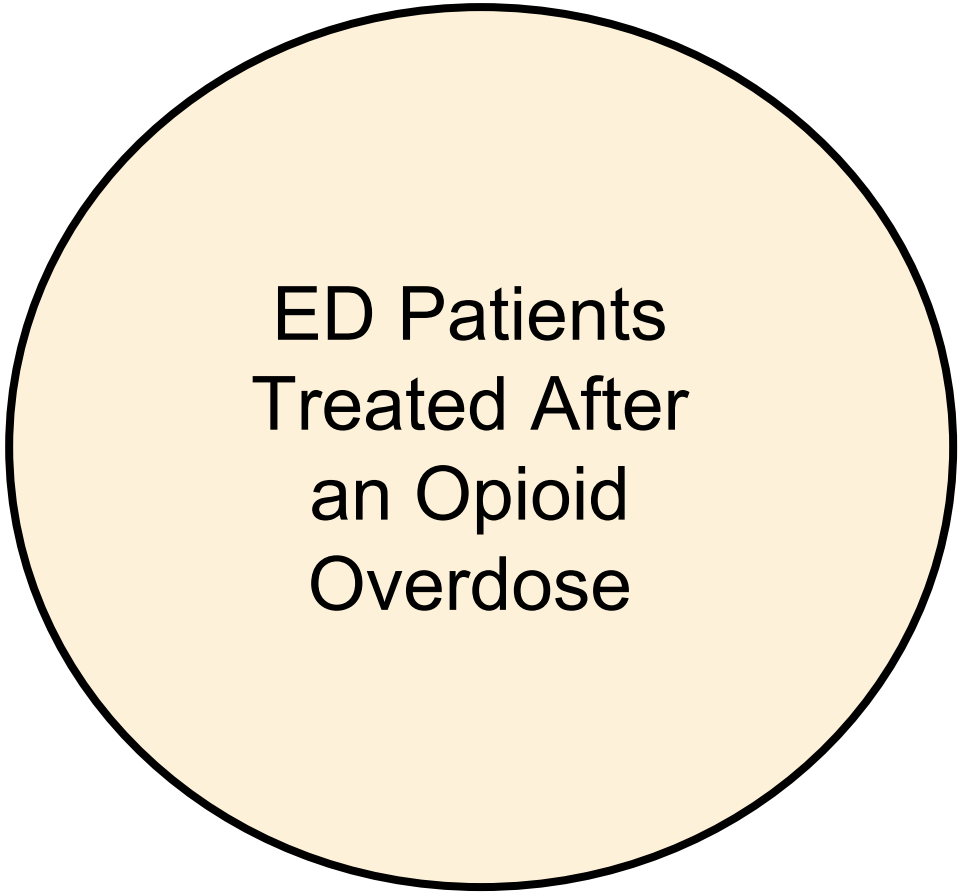
Level 1:

- Our Lady of Fatima
- Roger Williams
- The Miriam
- Rhode Island
- Newport
- Kent

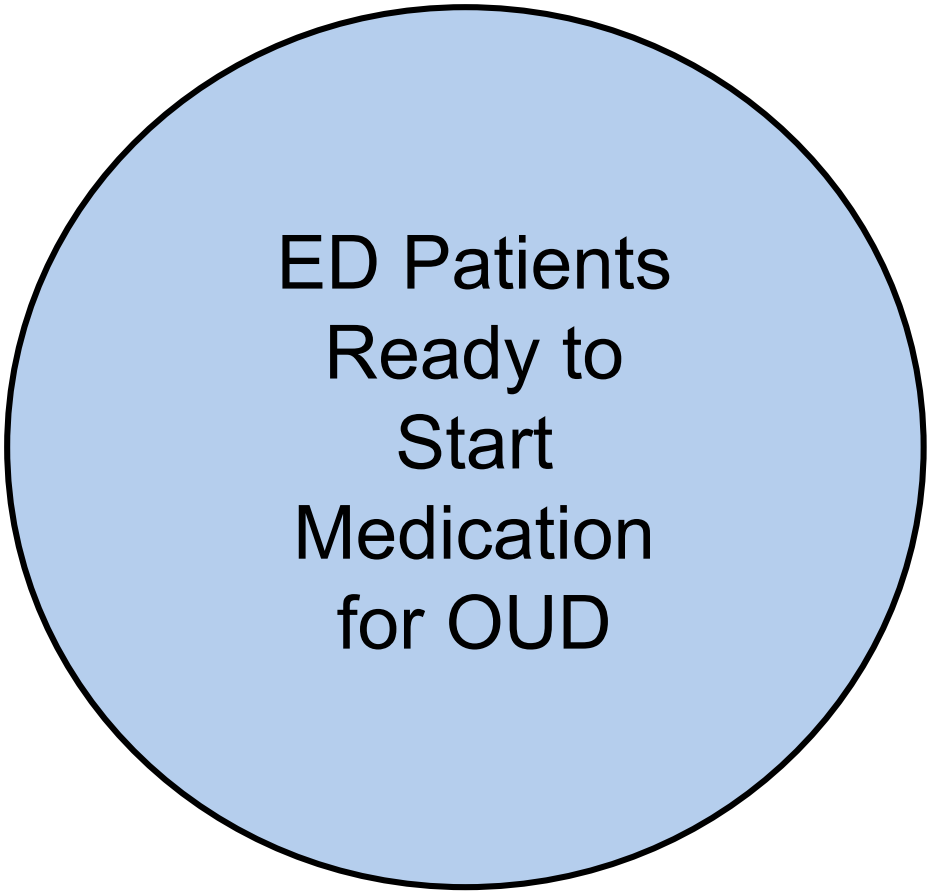
Level 3:

- Landmark
- Women & Infants
- South County Health
- Westerly

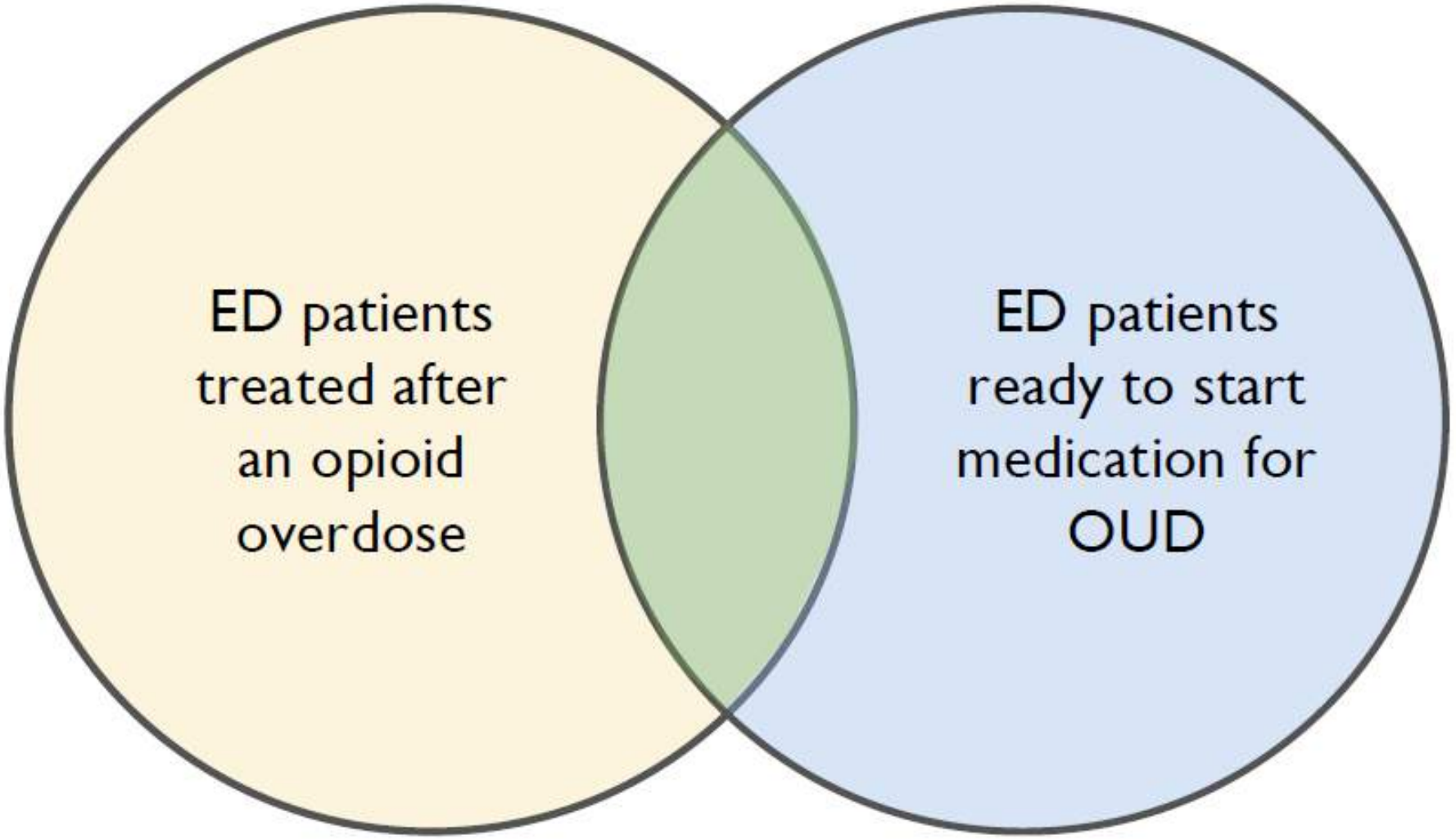
ED Buprenorphine



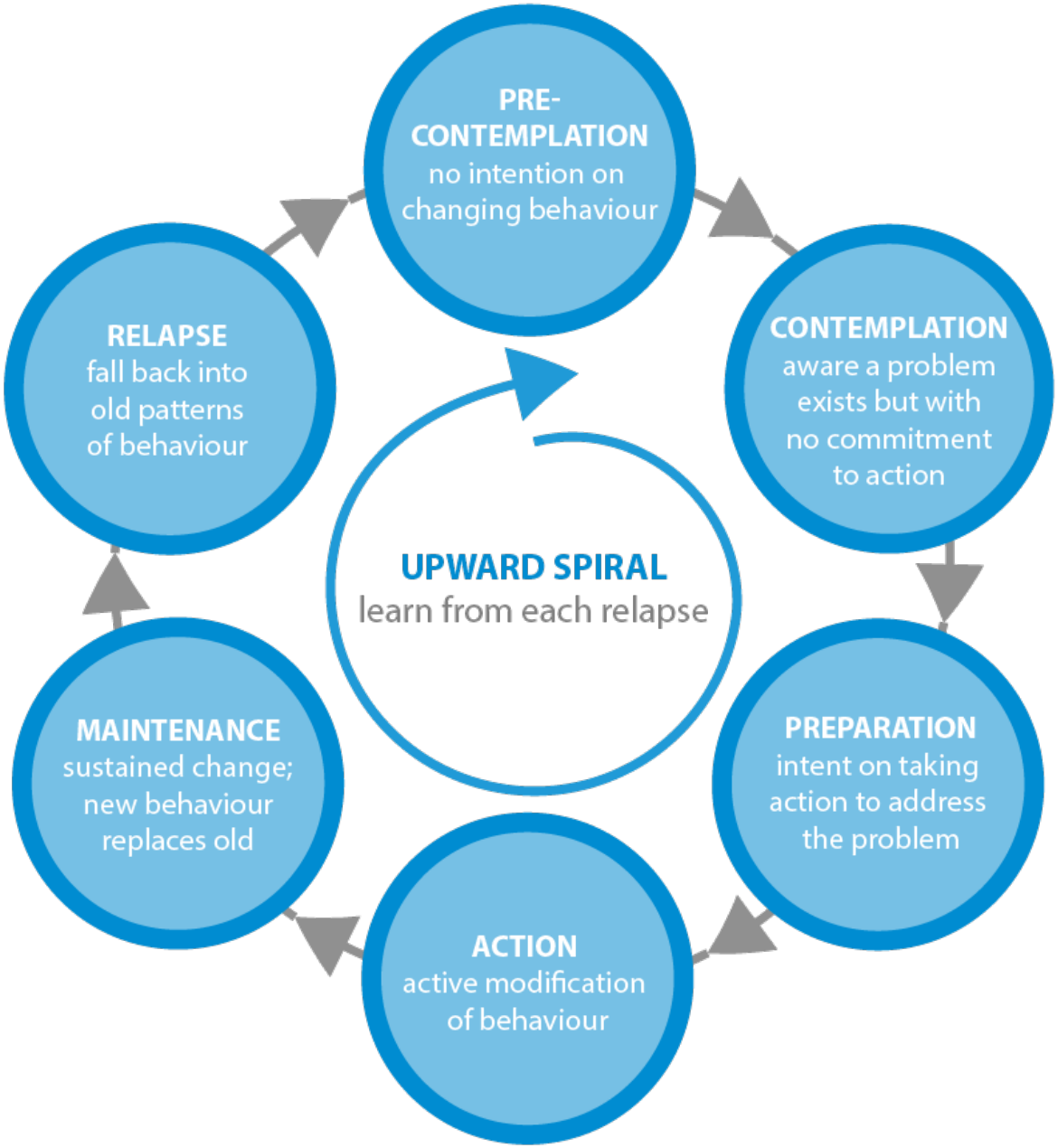
ED Buprenorphine



ED Buprenorphine



STAGES OF CHANGE



“We can’t push or pull people into recovery; however, ***we can remove barriers*** *so when people are ready for recovery, recovery is ready for them.”*

- Dr. James McDonald, Medical Director; RIDOH

Naloxone Offered and Received

Counseling Offered and Received

Take Home Points

- Naloxone distribution increasing over time
- Behavioral Counseling: Offering ~80% visits, ~30% receive
  - Greatest increase at Level 3 sites
- Referral to Treatment ~20-30% visits
  - Initial increase with decline over time
  - Greatest increase at Level 3 sites

Next Steps

- Address barriers and identify opportunities to improve:
  - Naloxone distribution
  - Behavioral counseling
  - Referral to treatment
  - ED buprenorphine initiation

- Develop new strategies for ED treatment navigation

Next Steps: *Levels of Care 2.0*

- One set of hospital treatment standards
- Adolescent and Pregnancy-specific recommendations
- ED buprenorphine support guide
- Home inductions
- Pilot ED overdose engagement specialists

Elizabeth A. Samuels, MD, MPH, MHS
Consulting Assistant Medical Director
Drug Overdose Prevention Program
Rhode Island Department of Health
Liz.Samuels@health.ri.gov

Number Needed to Harm (NNH) from Opioid Prescribing

Luke Barré, MD, MPH
Governor Raimondo's Overdose Prevention and Intervention Task Force
July 10, 2019

Rhode Island's March 2017 Updated Pain Management Regulations

Rhode Island's Updated Acute Pain Management Regulations [216-RICR-20-20-4]

- **Section 4.4: Initial Prescriptions**
  - Initial prescriptions for acute pain be limited to **20 doses** and **no more than 30 Morphine Milligram Equivalents (MMEs)** per day;
  - **Long-acting or extended-release opioids** for initial prescriptions for acute pain – like methadone- **are prohibited for initiates**.

Opioid Prescription Pain Medications and Long-Term Use

Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015

Weekly / March 17, 2017 / 66(10);265–269

Anuj Shah[1]; Corey J. Hayes, PharmD[1,2]; Bradley C. Martin, PharmD, PhD[1] (View author affiliations)

In a representative sample of opioid naïve, cancer-free adults who received a prescription for opioid pain relievers, the likelihood of chronic opioid use increased with each additional day of medication supplied starting with the third day, with the sharpest increases in chronic opioid use observed after the fifth and thirty-first day on therapy, a second prescription or refill, 700 morphine milligram equivalents cumulative dose, and an initial 10- or 30-day supply. The highest probability of continued opioid use at 1 and 3 years was observed among patients who started on a long-acting opioid followed by patients who started on tramadol.

Opioid Prescription Pain Medications and Long-Term Use

Original Investigation ONLINE ONLY

June 21, 2017

New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults

Chad M. Brummett, MD[1,2]; Jennifer F. Waljee, MD, MPH, MS[2,3]; Jenna Goesling, PhD[1]; et al

» Author Affiliations

JAMA Surg. 2017;152(6):e170504. doi:10.1001/jamasurg.2017.0504

Key Points

Question What is the incidence of new persistent opioid use after surgery?

Findings In this population-based study of 36 177 surgical patients, the incidence of new persistent opioid use after surgical procedures was 5.9% to 6.5% and did not differ between major and minor surgical procedures.

Meaning New persistent opioid use is more common than previously reported and can be considered one of the most common complications after elective surgery.

Abstract

Importance Despite increased focus on reducing opioid prescribing for long-term pain, little is known regarding the incidence and risk factors for persistent opioid use after surgery.

Objective To determine the incidence of new persistent opioid use after minor and major surgical procedures.

Opioid Prescription Pain Medications and Long-Term Use

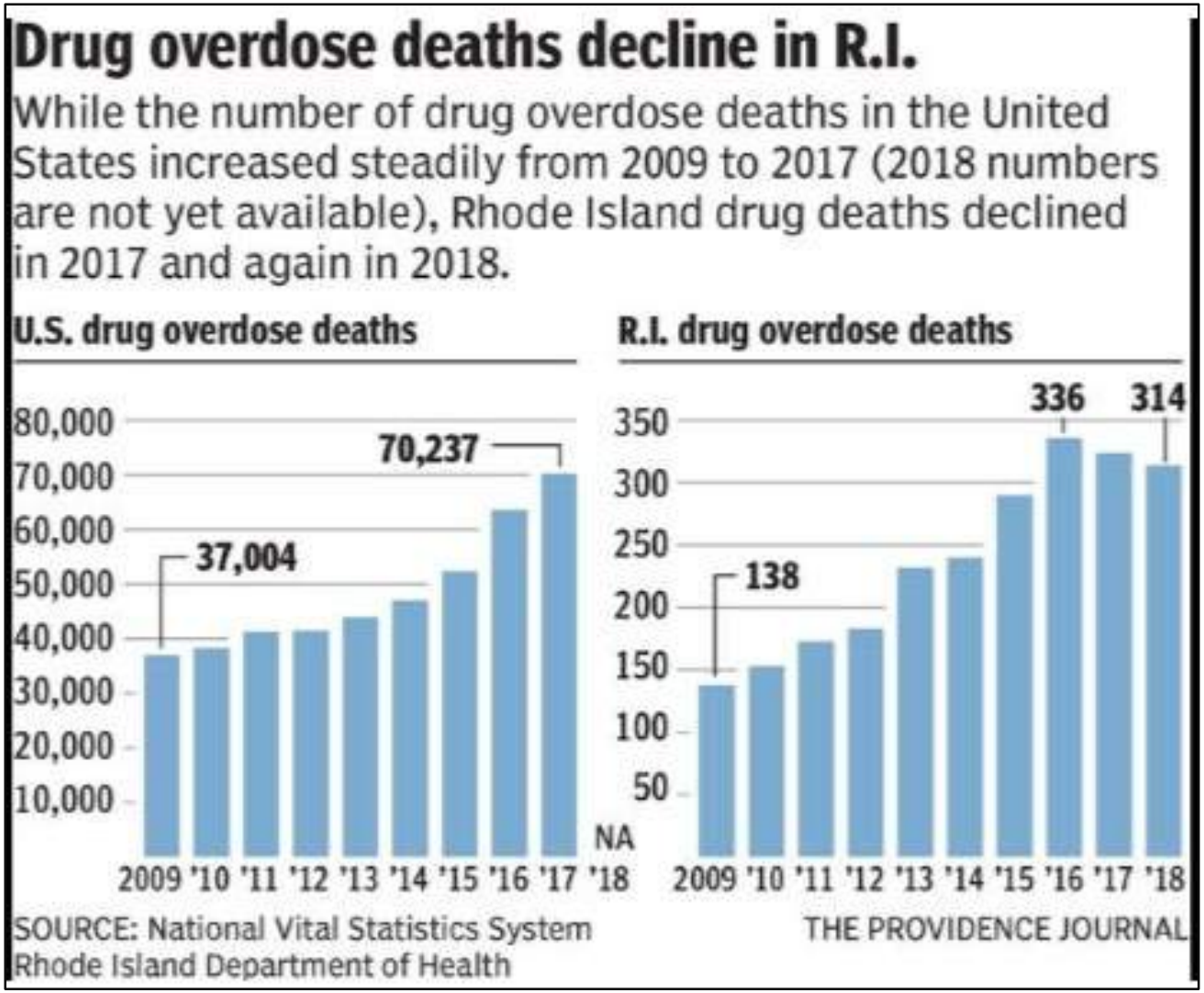
J Bone Joint Surg Am. 2018 Aug 1;100(15):1332-1340. doi: 10.2106/JBJS.17.01239.

Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or Surgery: A Systematic Review and Meta-(Regression) Analysis.

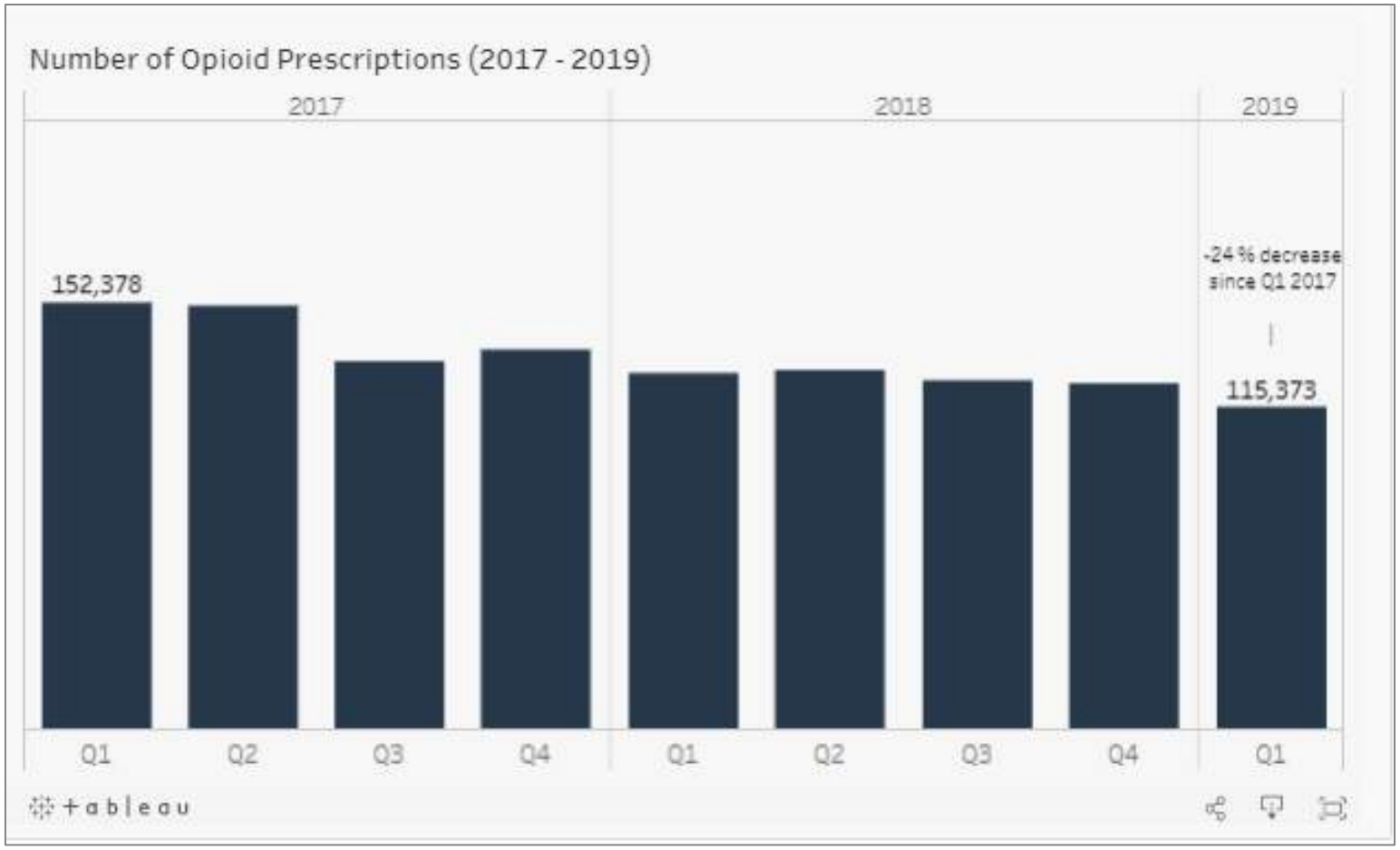
Mohamadi A[1], Chan JJ[2], Lian J[3], Wright CL[1], Marin AM[1], Rodriguez EK[1], von Keudell A[1,4], Nazarian A[1,5].

RESULTS: Thirty-seven studies with 1,969,953 patients were included; 4.3% (95% confidence interval [CI] = 2.3% to 8.2%) of patients continued opioid use after trauma or surgery. Prior opioid use (number needed to harm [NNH] = 3, odds ratio [OR] = 11.04 [95% CI = 9.39 to 12.97]), history of back pain (NNH = 23, OR = 2.10 [95% CI = 2.00 to 2.20]), longer hospital stay (NNH = 25, OR = 2.03 [95% CI = 1.03 to 4.02]), and depression (NNH = 40, OR = 1.62 [95% CI = 1.49 to 1.77]) showed some of the largest effects on prolonged opioid use ($p < 0.001$ for all but hospital stay [$p = 0.042$]). The rate of prolonged opioid use was higher in trauma (16.3% [95% CI = 13.6% to 22.5%]; $p < 0.001$) and in the Workers' Compensation setting (24.6% [95% CI = 2.0% to 84.5%]; $p = 0.003$) than in other subject enrollment settings. The temporal trend was not significant for studies performed in the U.S. ($p = 0.07$) while a significant temporal trend was observed for studies performed outside of the U.S. ($p = 0.014$).

Rhode Island Data on Opioid Prescription Pain Medications



Rhode Island Data on Opioid Prescription Pain Medications

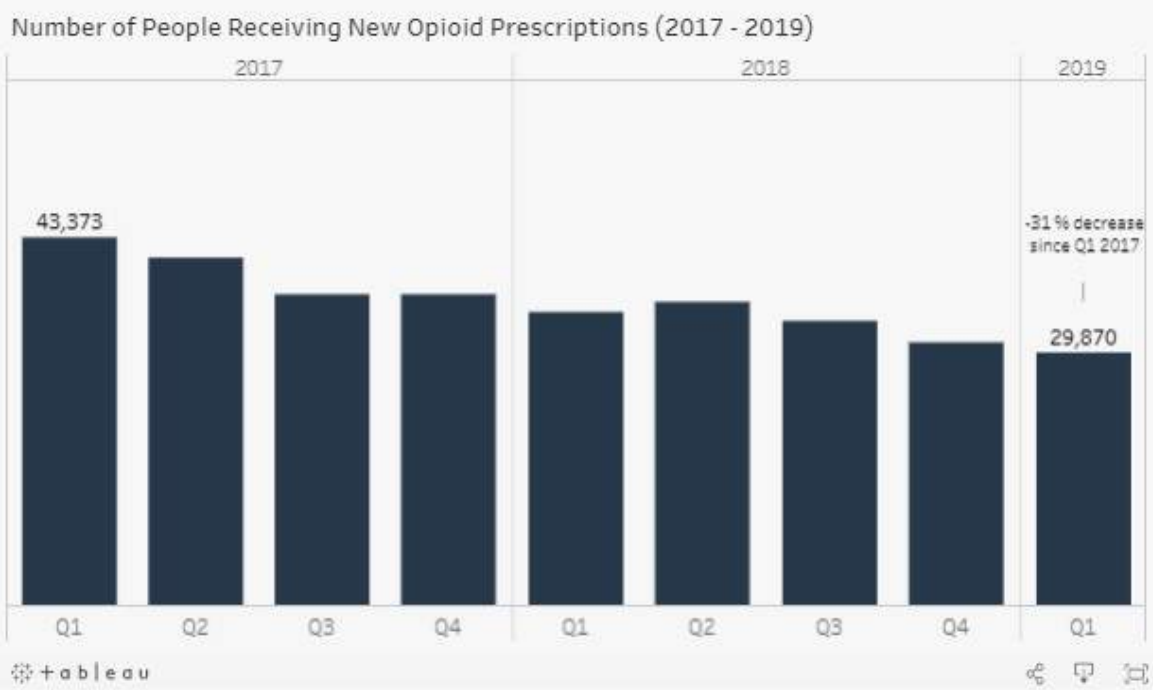


Rhode Island Data on Opioid Prescription Pain Medications

New opioid prescriptions can lead to addiction in some people

Some people inherit a gene that makes them more likely than others to become addicted to an opioid prescription pain medication even after a few doses. Healthcare providers are looking into new ways to manage pain, since opioid medications are not always the right answer. Non-pharmacologic therapies like exercise, physical therapy, chiropractic care, acupuncture, and cognitive behavioral therapy are also effective options for treating pain. **Learn more about non-opioid pain management therapies for treat pain.**

Source (RIDOH)



Note: *A new opioid prescription is one that starts 60 or more days after the last opioid prescription ends.*

Opioid Naïve Patients and Persistent Opioid-Use

Long-term opioid use with initial script duration:

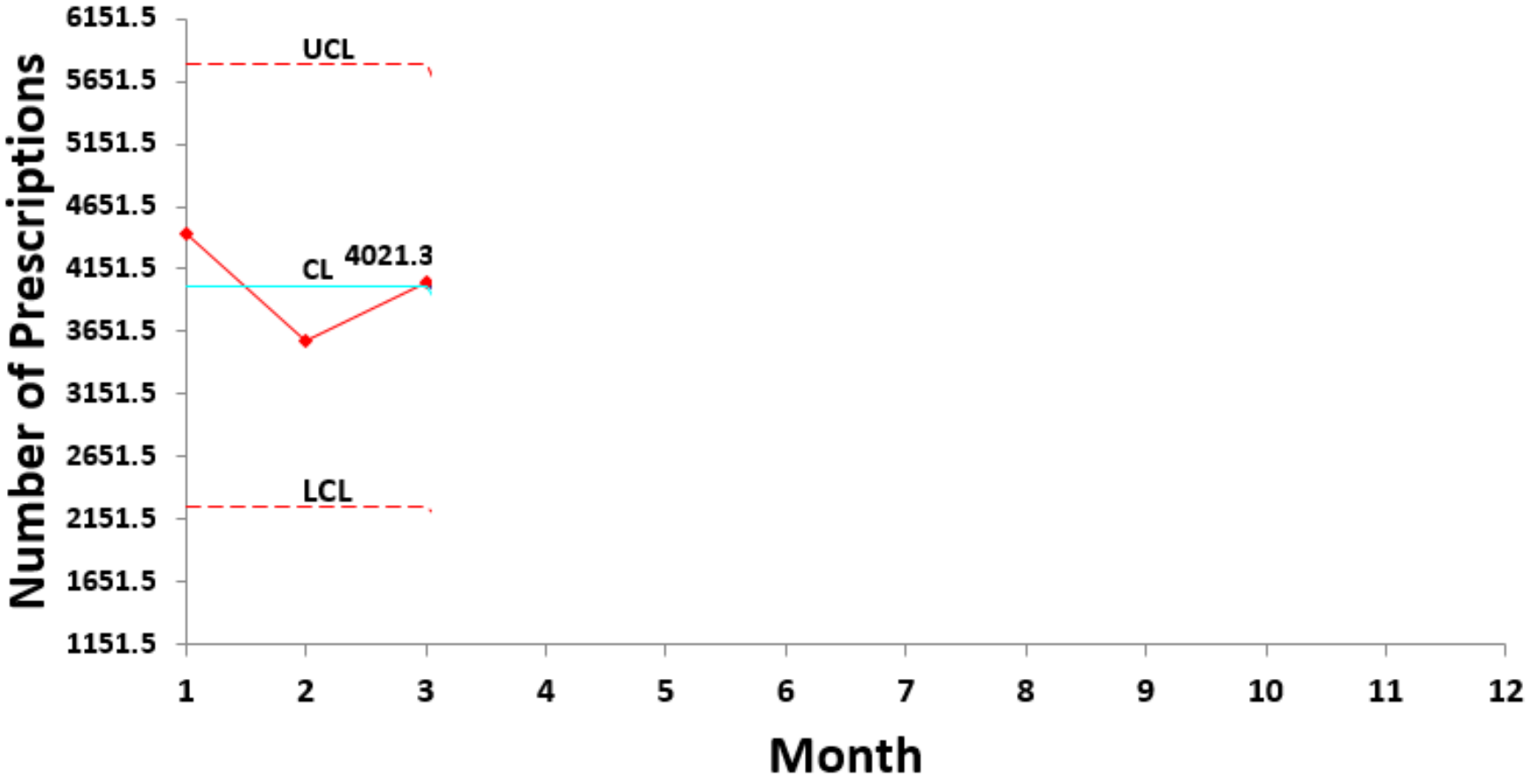
- < 8 day initial, 6% have long-term opioid use.
- ≥ 8 day initial, 13.5% have long-term opioid use.

Number Needed to Harm (NNH) is 14 (13.3)

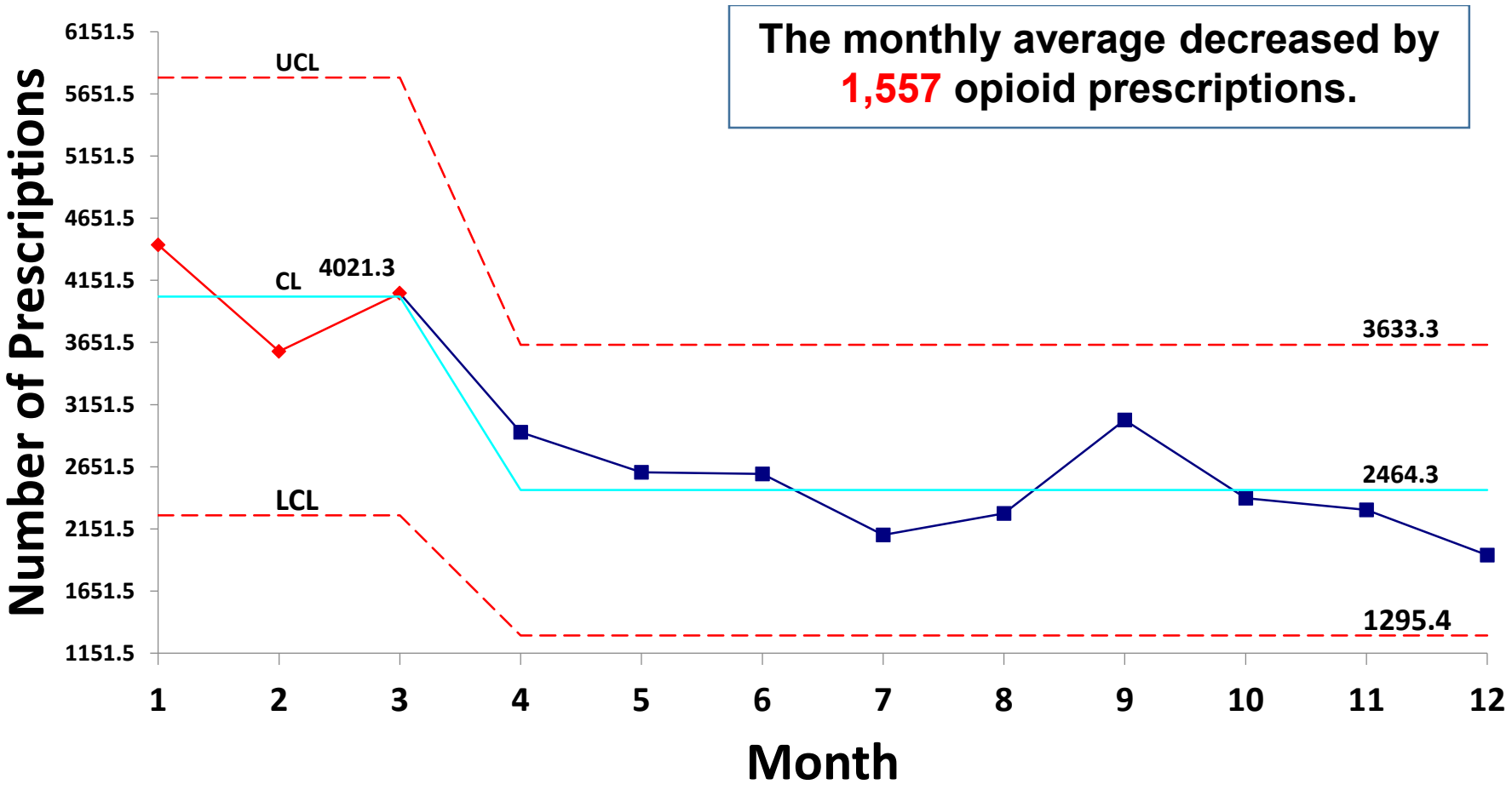
In other words:

- Giving 14 patients eight or more days' supply initially, (versus < 8 days), will result in one additional, long-term opioid user.
- Compared to Rituximab and PML the NNH is 28,571.
- Compared to gastrointestinal bleeding in patients taking dual antiplatelet therapy (aspirin and Plavix), the NNH is 91.

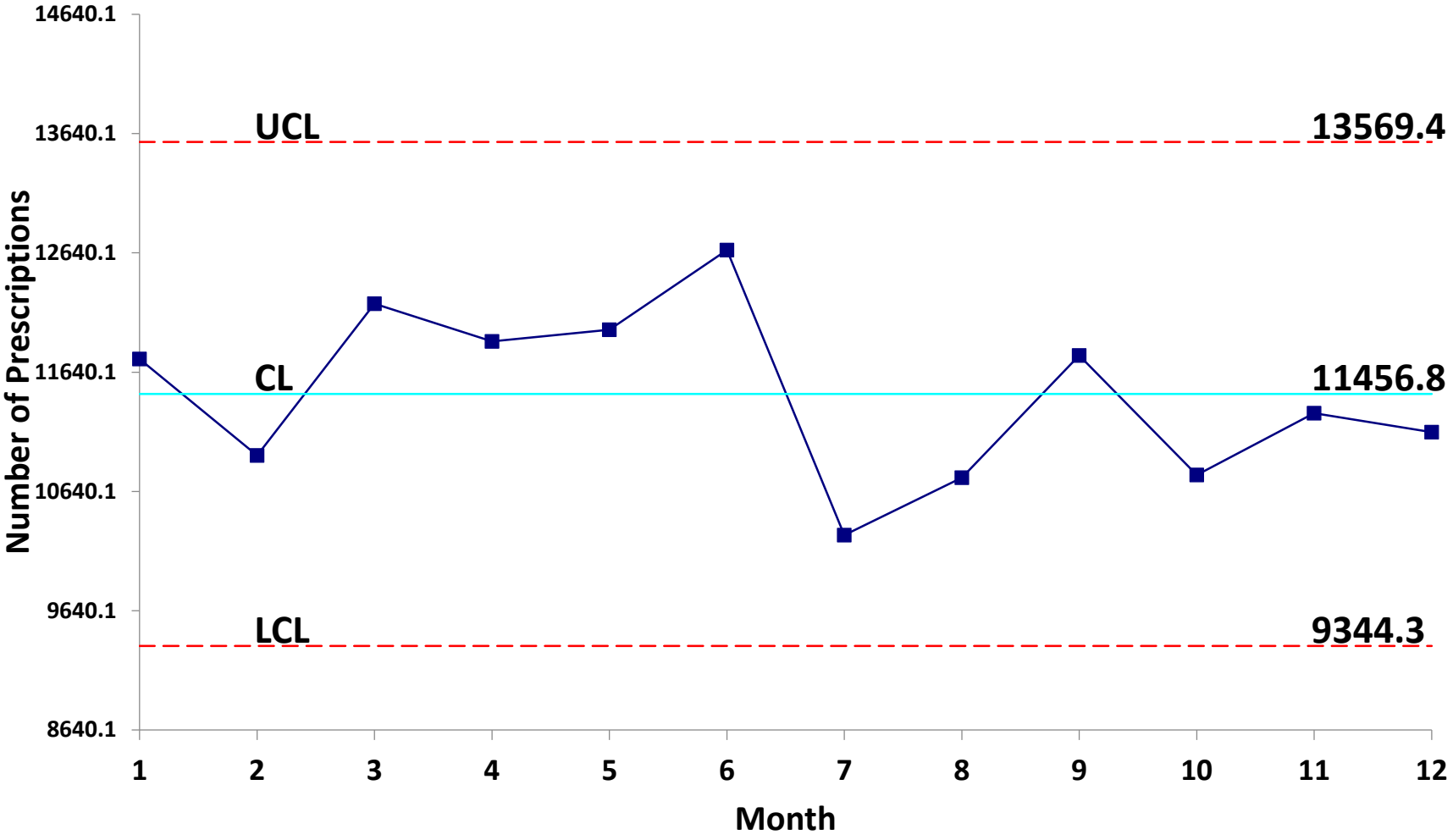
Initiate Prescriptions of Eight or More Days by Month, 2017



Initiate Prescriptions of Eight or More Days by Month, 2017



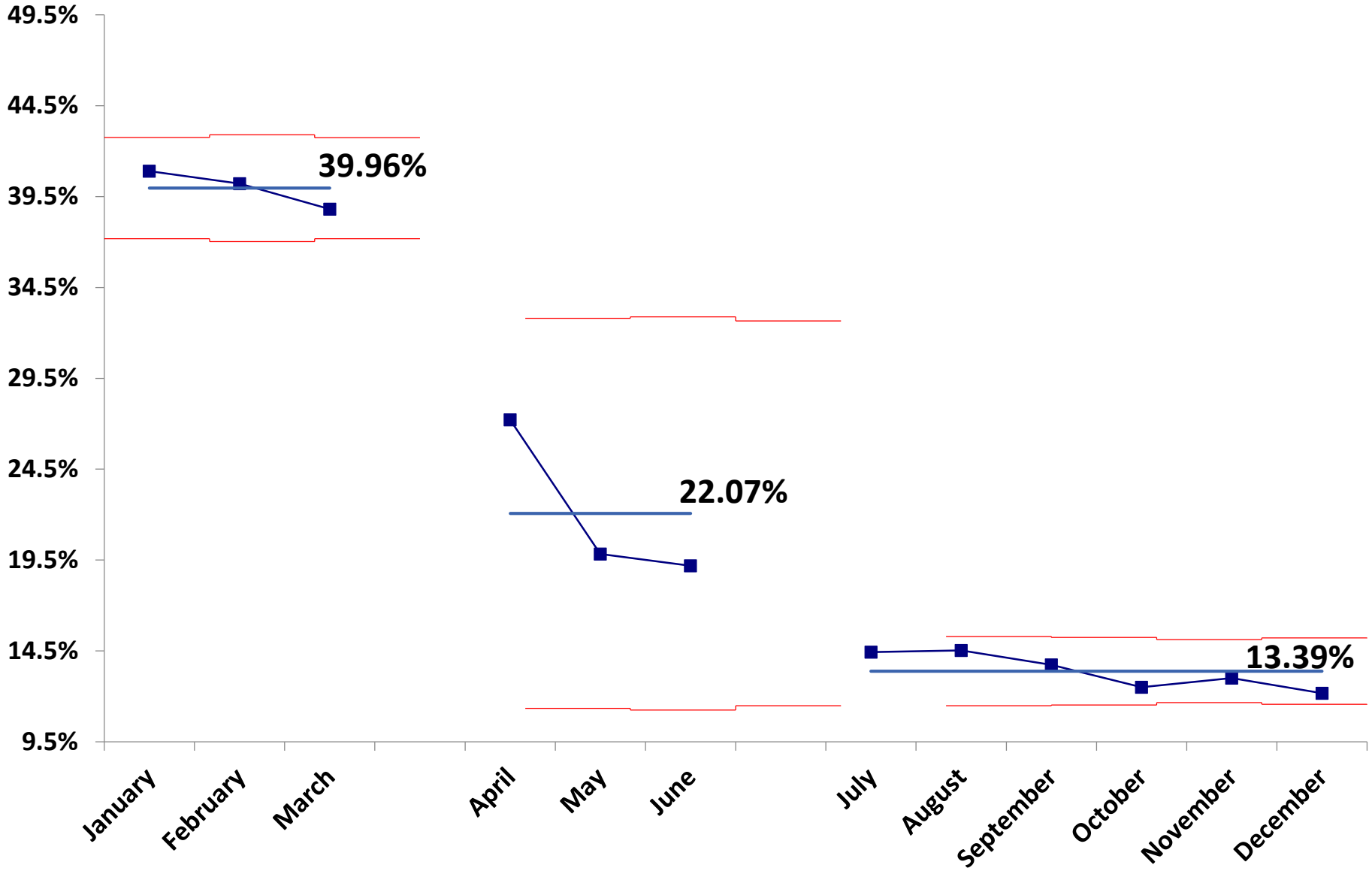
Total Initiate Prescriptions by Month, 2017



Opioid Harm Avoided

- The monthly average decreased by **1,557** opioid prescriptions.
- There was no significant change in the total number of new opioid prescriptions in 2017.
- Since the NNH is 14 (13.3), there would be a theoretical decrease of 111 new, long-term opioid users per month.

Percent >30 MME for Initiates, 2017



In the National News

OPIOID CRISIS · **Published** 21 hours ago · **Last Update** 20 hours ago

Former US drug czar says national focus on opioid epidemic is overlooking real culprit

William Bennett, the nation's first drug czar, said Monday that the debate about the opioid overdose epidemic wrongly focuses on prescription drugs.

While the government's opioid crackdown has involved reducing the supply of legal opioids and reducing painkiller prescription rates, black market opioids such as illicit fentanyl and heroin actually have been the driving force of the epidemic in recent years,

The Past of Medicine

Original Article

Prescription Opioid Use among Acute Gout Patients Discharged from the Emergency Department

Deepan S. Dalal ✉, Nadine Mbuyi, Isha Shah, Steven Reinert, Ross Hilliard, Anthony Reginato

FROM THE JOURNALS

Almost one-third of ED patients with gout are prescribed opioids

Conclusions

Despite the availability of effective treatments, opioids are commonly used for the management of acute gout. The study highlights an opportunity to curb the opioid epidemic among gout patients

The Present and Future of Medicine

Rheumatologic conditions are a major cause of chronic, non-cancer pain.

- i.e., rheumatoid arthritis, gout, vasculitic neuropathies.

- In the past, opioids were given to patients:
  - Only to **mask** pain; they were not disease-modifying.
  - Uncontrolled inflammation leads to further morbidity.

- In the future of medicine, we will try to control a patient's underlying inflammation with medications that target the underlying disease, and if necessary, use alternative analgesic regimens.

Luke Barré, MD, MPH
Staff Rheumatologist, Medical Director
CharterCARE Medical Associates
Luke.Barre@gmail.com

Briefing on Substance Use Disorder (SUD)-Related Legislation in 2019

Presentation to Governor's Overdose Prevention and Intervention Task Force

Sen. Josh Miller, Chairman of Committee on Health and Human Services, Rhode Island Senate

Rep. John Edwards, Majority Whip, Rhode Island House of Representatives

July 10, 2019

Legislative Session in Review: SUD Legislation

In Budget

- **Article 13 - Opioid Stewardship Fund - $5 million**

  Establishes requirement for pharmaceutical manufacturers, distributors, and wholesalers in Rhode Island to pay an "Opioid Stewardship Fee."

  - Fee is based on market share from opioid sales in Rhode Island
  - Restricted receipt account where funds are deposited by December 31st every year starting in 2019
  - Uses include opioid treatment, recovery, prevention, education services, and other related programs, subject to appropriation by the general assembly
  - Approval required by RIDOH and BHDDH directors

Legislative Session in Review: SUD Legislation

Passed

- **S 139 / H 5383 - Comprehensive Discharge Planning**
  - **Sponsor:** Sen. Josh Miller / Rep. John G. Edwards
- **S 291 / H 5184 – Pharmacies – Warning Notices**
  - **Sponsor:** Sen. Bridget Valverde / Rep. Justine Caldwell
- **S 409 / H 6086 - Health And Safety Of Pupils**
  - **Sponsor:** Sen. Valerie Lawson / Rep. Jose Serodio
- **S 799 / H 6184 - Life Insurance Policies and Naloxone**
  - **Sponsor:** Sen. Dominick Ruggerio / Rep. Justine Caldwell
- **S 953 / H 5536 - Good Samaritan for HOPE Initiative**
  - **Sponsor:** Sen. Dominick Ruggerio / Rep. Nicholas A. Mattiello

Legislative Session in Review: SUD Legislation, cont'd

Passed, cont'd

- **S 1032 / H 5253 – Info to student about mixing opioids/alcohol**
  - **Sponsor:** Sen. James Seveney / Rep. William W. O'Brien
- **S 962 / H 6164 – Creates a Superior Court diversion program**
  - **Sponsor:** Sen. Michael McCaffrey / Rep. Robert Jacquard

Commissions

- **H 5751 – To study the efficacy of involuntary inpatient treatment**
  - **Sponsor:** Rep. Stephen Casey
- **S 1038 – To study the impact of insurer payments**
  - **Sponsor:** Sen. Josh Miller

Legislative Session in Review: SUD Legislation, cont'd

Unfinished Business / Next Session

- Reclassification of Possession to Misdemeanors (Attorney General)
- Excluding possession of buprenorphine from criminal penalties
- Harm Reduction Center Advisory Committee and Pilot Program
- Removing Preauthorization for Medication Assisted Treatment (MAT)
- Justice Reinvestment initiatives

Action by Governor

- After all bills are transmitted to the Governor, she will likely hold a ceremonial event to sign the legislation.

PUBLIC COMMENT