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Health and Social Services

F-4 The Opioid Crisis

Background, Definitions, and Statistics

According to the Centers for Disease Control and Prevention (CDC), drug overdose is now the leading cause of accidental death in the United States, with around 64,000 deaths in 2016. Over 53,000 of these deaths can be attributed to opioids, with 20,145 related to synthetic opioids, and over 15,000 related to heroin, leading many to label this an opioid crisis.[1] For perspective, on an average day in 2015, more than 650,000 opioid prescriptions were dispensed, 3,900 people began abusing prescription opioids, and 580 people began using heroin for the first time.[2] Currently, the CDC states an average of 91 people die every day from an opioid-related overdose. This includes all opioids, not just prescription opioids. Nearly 80 percent of new heroin users began by abusing prescription opioids according to the U.S. Attorney's Office. In 2015, almost 2.0 million people suffered from prescription opioid abuse disorders, and nearly 600,000 suffered from a heroin use disorder, according to the CDC. While the crisis has affected every demographic group in the United States, non-Hispanic whites between the ages of 18-25 seem to be most hard hit.[3] As of 2013, the CDC estimated the total economic burden of the opioid crisis at about $78.5 billion a year. This includes the cost of health care, lost productivity, addiction treatment, and criminal justice involvement.

New synthetic opioids that have begun to appear more frequently in the United States are intensifying the opioid crisis and increasing overdoses. A White House press briefing stated deaths due to synthetic opioids increased by almost 75 percent between 2014 and 2015, with a total of 9,580 deaths in 2015.[4] Fentanyl, which is 50 times more potent than heroin, is one of the driving forces behind the continued opioid crisis. While some fentanyl is made in professional labs, much of what is on the street is illicitly manufactured and often mixed with heroin or cocaine, sometimes without the user's knowledge. Just 2.0 milligrams of fentanyl is enough to be lethal. Police officers and first responders are particularly at risk as inhaling even a few airborne particles can induce an overdose. Fentanyl analogues have also been increasing in recent years. These opioids can be so strong that multiple doses of naloxone may be required to reverse an overdose.

National Opioid Legislation

The opioid epidemic has been addressed by Congress and the President many times in the past two years. President Obama signed into law the Comprehensive Addiction and Recovery Act and appropriated funds to each of the 50 states through the 21st Century Cures Act. To date, 67 bills have been introduced in the 115th Congress that address the opioid epidemic in some capacity. President Trump issued an executive order that created a national opioid commission, and through 2017 HR 244, appropriated $153 million to combat the opioid crisis.

States' Responses

The opioid crisis has now become a top priority in every state. However, the impact varies considerably between states, with West Virginia, New Hampshire, Kentucky, Ohio, and Rhode Island experiencing the largest number of overdoses. And while the opioid crisis has shown few signs of slowing, there has been some progress among states to combat further acceleration. Below are some of the approaches states have initiated.

Compact to Fight Opioid Addiction

In response to the crisis, 46 governors including Governor Brownback, signed the Compact to Fight Opioid Addiction at the 2016 National Governors Association Winter Meeting.[5] The Compact states its goals are to: reduce inappropriate opioid prescribing; change the nation's understanding of opioids and addiction; and ensure a pathway to recovery for individuals with addiction.

Prescription Drug Monitoring Programs

All 50 states have a prescription drug monitoring program (PDMP) in place. A PDMP is a statewide database that tracks the prescribing and dispensing of all controlled substances. State requirements vary concerning who and what is tracked, who is required or authorized to check or submit information, and the frequency information needs to be checked and updated. Many states share their data with other state's PDMPs and authorized users in those states. However, there are no federal regulations requiring states to share their information with all other states or the federal government.

Limiting Prescriptions

Some states have begun looking into placing limitations on opioid prescriptions. The Association of State and Territorial Health Officials (ASTHO) says 9 states currently have laws limiting initial opioid prescriptions to a 7-day supply instead of the previous 30-day supply. The only exception is New Jersey with a 5-day prescription limit. More states have begun to consider similar legislation as well. Other states, and even health insurance companies, are also utilizing prior authorization as a tool to limit the quantities of opioids dispensed. As of the end of 2016, 18 states had some form of legislation in place concerning prior authorization for prescription opioids.

Opioid Intervention Court

Buffalo, New York, created the nation's first opioid crisis intervention court after determining its ordinary drug treatment court was not enough to combat the opioid crisis. The court can get addicts into treatment in a matter of hours, instead of days; requires them to check in with a judge every day for a month; and utilizes strict curfews. It has been funded *via* a U.S. Justice Department grant with the intent of treating 200 people in a year. During the 2 months since the program began, none of the 80 people in the program had overdosed.

Good Samaritan Overdose Immunity Laws

Forty states and the District of Colombia have enacted some form of a Good Samaritan or 911 drug immunity law according to the National Conference of State Legislatures (NCSL). These laws provide immunity from arrest, charge, or prosecution for certain controlled substance possession and paraphernalia offenses, when someone is either experiencing an opioid-related overdose or is calling 911 to seek medical

attention for someone else suffering from an opioid-related overdose. What is covered under the law varies depending on the state.

Naloxone Access

Forty-seven states have passed legislation to expand access to naloxone in some form.[6] Naloxone, also known by the brand name Narcan, is an opioid antagonist, which means it can bind to opioid receptors and reverse or block the effects of other opioids, thereby reversing opioid induced overdoses. It can be administered *via* nasal spray or injected into the outer thigh muscle, veins, or under the skin. New evidence has shown that opioid-related deaths have been reduced by 9 to 11 percent in states that have promoted naloxone.[7] Most states have also passed laws to allow first responders to carry and administer naloxone. As of July 2017, the Prescription Drug Abuse Policy System (PDAPS) stated all 50 states have expanded the law to include the general public as well. Some states, such as Arizona, Maryland, and New Mexico, have utilized Medicaid to purchase naloxone to promote access for the public. Some states are also providing at-risk inmates naloxone and training on how to use it upon their release from jail. Officials hope this will reduce overdose deaths as well as expand the community's knowledge about naloxone and how to use it to save others.

Medication Assisted Treatment

Substance Abuse and Mental Health Services Administration (SAMHSA) states 49 states have federally certified treatment locations.[8] However, the laws concerning the programs and requirements vary by state. Medication assisted treatment (MAT) works to normalize brain chemistry and body functions, block the euphoric effects of opioids, and relieve physiological cravings. All three Food and Drug Administration (FDA)-approved medications have different licensure requirements, with Methadone requiring a SAMHSA certification, Buprenorphine requiring federal licensure, and Naltrexone requiring an individual licensed to prescribe medicines.[9] According to the Commission on Combating Drug Addiction, only about 10 percent of conventional drug treatment facilities in the United States provide MAT for opioid addiction.

Needle Exchanges

Forty states and the District of Columbia have some form of a needle exchange program.[10] Currently, only one in four drug users obtains all their needles from a sterile source. With the increase in heroin and other drugs injected *via* needle, there is also a rise in the number of HIV and hepatitis B and C. One way to help combat the spread of disease is to facilitate access to sterile needles *via* needle exchanges. The federal government lifted a ban on federal funding for needle exchanges in early 2016. Some states have also followed suit by making it easier for the establishment of needle exchanges. Many locations not only provide sterile needles but will also test for HIV and hepatitis B and C and provide condoms and naloxone. They will also help those who want to enter treatment find a program.

States and Cities Sue Drug Makers

Some cities and states have taken the fight against opioids to the door of opioid manufacturers. Mississippi was the first state to sue opioid manufacturers, Purdue Pharma and seven other companies, earlier this year. Ohio filed a lawsuit soon after against five drug manufacturers. Missouri and Oklahoma have also launched suits against opioid manufacturers. All the lawsuits allege that opioid manufacturers misrepresented the risks of opioids. Most recently, a group of state attorneys general announced a joint investigation into the marketing and sales practices of opioid manufacturers who they feel contributed to the opioid crisis.

Kansas

While Kansas has not been as deeply affected as other states by the opioid crisis, there were 150 deaths related to opioids in 2015.[11] The Kansas Bureau of Investigation also saw heroin importation increase 36 percent in 2015.[12] In response to the growing threat of the opioid

crisis, Kansas has begun to implement measures to mitigate the effects. Below are some of the measures Kansas has implemented.

Prescription Drug Monitoring Programs

K-TRACS, the state prescription drug monitoring program authorized by law in 2008, has been operating since April 1, 2011. The program provides a database of controlled substance prescriptions that have been dispensed by Kansas pharmacies and from out-of-state pharmacies to Kansas residents. The purpose of the database is to provide up-to-date web-based patient information to assist prescribers in providing appropriate treatment for their patients. Additionally, drugs federally scheduled in levels II through IV are monitored.

The program requires pharmacists to document prescription dispensing data on every written controlled substance prescription and allows both prescribers and pharmacists to check prescription histories to determine, in advance, if patients are acquiring drugs from multiple prescribers or pharmacies.

Drug Treatment Courts

Kansas has not established a statewide program for drug treatment courts. However, the cities of Kansas City, Lawrence, Topeka, and Wichita have developed their own municipal- or county-level programs. Drug treatment courts are established as an alternative to incarceration for those convicted of misdemeanors and offer treatment, support, and counseling. Many times, those who suffer from mental health disorders also suffer from addiction to drugs such as opioids. For some mental health courts, diagnosis of a major mental health disorder is required for participation. However, if the participant is also addicted to drugs, treatment for that addiction will coincide with treatment for the underlying mental health disorder.

Naloxone Access

On April 7, 2017, Governor Brownback signed HB 2217 into law expanding access to naloxone. HB 2217 amended the Kansas Pharmacy Act to create standards governing the use and administration of emergency opioid antagonists approved by the FDA to inhibit the effects of opioids and for the treatment of an opioid overdose. The bill required the Kansas Board of Pharmacy (Board) to issue a statewide opioid antagonist protocol, define applicable terms, establish educational requirements for the use of opioid antagonists, and provide protection from civil and criminal liability for individuals acting in good faith and with reasonable care in administering an opioid antagonist. The bill also requires the Board to adopt rules and regulations necessary to implement the provisions of the bill prior to January 1, 2018. The Board met this requirement in June 2017 (KAR 68-7-23).

Additionally, 2015 SB 102 would have required insurance providers to cover abuse-deterrent opioid analgesic drugs as preferred on their formulary.

Grant Moneys Received

Pursuant to the 21st Century Cures Act, each of the 50 states were authorized to receive federal grant money to combat the opioid epidemic. The first half of the funding was distributed on April 17, 2017, at which time, Kansas received $3.11 million from SAMHSA.

The FY 2017 Adult Drug Court and Veteran Treatment Courts Discretionary Grant Programs, administered by the U.S. Department of Justice, awarded the City of Wichita $398,972 to enhance its mental health court program.

Additionally, the Board is designated to receive $178,000 under the Harold Rogers Prescription Drug Monitoring Program, administered by the U.S. Department of Justice. The funds will allow prescribers in the state to submit quarterly reports and to compare their prescribing activity with other practitioners.

1 CDC. (2017, August 6). PROVISIONAL COUNTS OF DRUG OVERDOSE DEATHS, as of 8/6/2017. Retrieved from https://www.cdc.gov/nchs/data/health_policy/monthly-drug-overdose-death-estimates.pdf

2 HHS.(2016, June). The Opioid Epidemic: By the Numbers. Retrieved from https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf

3 Kaiser Family Foundation. (2017, August 03). Opioid Overdose Deaths by Race/Ethnicity. Retrieved from http://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D

4 The White House. (2016, December 8). Continued Rise in Opioid Overdose Deaths in 2015 Shows Urgent Need for Treatment. Retrieved from https://obamawhitehouse.archives.gov/the-press-office/2016/12/08/continued-rise-opioid-overdose-deaths-2015-shows-urgent-need-treatment

5 National Governors Association. (2016, July 13). A Compact to Fight Opioid Addiction. Retrieved from https://www.nga.org/cms/news/2016/opioid-compact

6 Commission on Combatting Drug Addiction. (2017). *Commission Interim Report.* https://s2.washingtonpost.com/6f60/59807b8a085699271dc7cd54/a2F0ZWxpbi5uZWlraXJrQGtscmQua3MuZ292/39/82/861f1b7953b0776f82d4279d7666c17a

7 Common Wealth Fund. (2017, July 5). Medicaid Expands Access to Lifesaving Naloxone. http://www.commonwealthfund.org/publications/blog/2017/jul/medicaid-helps-expand-lifesaving-naloxone

8 SAMHSA. (2017). Opioid Treatment Program Directory. http://dpt2.samhsa.gov/treatment/directory.aspx

9 AMHSA. (2016, March). Medication-Assisted Treatment of Opioid Use Disorder. https://store.samhsa.gov/product/Medication-Assisted-Treatment-of-Opioid-Use-Disorder-Pocket-Guide/SMA16-4892PG

10 NASEN. (2017). Directory of Syringe Exchange Programs. https://nasen.org/directory/

11 Kaiser Family Foundation. (2017). Opioid Overdose Deaths by Race/Ethnicity. http://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?currentTimeframe=0&selectedDistributions=total&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

12 Keri. (2017, February 12). A heroin epidemic in Kansas. http://cjonline.com/blog/keri/2017-02-12/heroin-epidemic-kansas-0

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