KLRD

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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), between 1999 and 2016, more than 630,000 people died from a drug overdose in the United States. Just over 63,000 overdose deaths occurred in 2016, with the CDC reporting that in 2016 more than 99 people died every day from an opioid-related overdose. While some deaths involve more than one drug, more than 43,000 of these deaths can be attributed to opioids, with 19,413 related to synthetic opioids, 17,087 related to prescription opioids, and more than 15,000 related to heroin.

In 2017, approximately 17.4 percent of the U.S. population filled an opioid prescription. 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 Substance Abuse and Mental Health Services Administration (SAMHSA). In 2016, an estimated 11,824,000 individuals, or 4.4 percent of persons aged 12 and older, reported opioid misuse in the past year. According to the SAMHSA, nearly 80.0 percent of new heroin users began by abusing prescription opioids.

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 heavily impacted. In 2013, the CDC estimated the total economic burden of the opioid crisis at about $78.5 billion a year. This includes the costs 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. 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 available 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 cause an overdose. Fentanyl analogues have also been more prevalent in recent years and can be so strong that multiple doses of naloxone are required to reverse an overdose.

National Opioid Legislation

The opioid epidemic has been addressed by Congress and Presidents many times in the past three 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. Several hundred 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 Congress, through 2017 HR 244, appropriated $113.0 million to combat the opioid crisis.

States' Responses

The opioid crisis has now become a priority in every state. However, the impact varies considerably between states, with Kentucky, New Hampshire, Ohio, Pennsylvania, and West Virginia 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. The Compact's 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.

On March 1, 2018, Governor Colyer issued an Executive Order creating the Governor's Task Force to Address Substance Use Disorders. The Order stated the crisis of substance use disorder, particularly addiction to opioids, heroin, and methamphetamine, has truly become an epidemic in Kansas and the country. The Task Force's report is dated September 2018 and can be accessed at http://www.preventoverdoseks.org/.

Prescription Drug Monitoring Programs

Forty- nine states have a prescription drug monitoring program (PDMP) in place to track the prescribing and dispensing of all controlled substances. (*Note:* Missouri does not have a statewide PDMP; however, some Missouri counties and cities do participate in a PDMP.) 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 states' 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 previously allowed 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 April 2018, at least 28 states had enacted legislation concerning prescription limits.

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 gets 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 first 9 months of the program, only 1 of the 92 people in the program had overdosed.

Good Samaritan Overdose Immunity Laws

Forty states and the District of Columbia 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 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

All 50 states have passed legislation to expand access to naloxone in some form. Naloxone, also known by the brand name Narcan, is an opioid antagonist that 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 9.0 to 11.0 percent in states that have promoted naloxone. 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 naloxone to at-risk inmates 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

According to SAMHSA, 49 states have federally certified treatment locations. 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. According to the Commission on Combating Drug Addiction, only about 10.0 percent of conventional drug treatment facilities in the United States provide MAT for opioid addiction.

Needle Exchanges

Forty-one states and the District of Columbia have some form of a needle exchange program. Currently, only one in four drug users obtains needles from a sterile source. With the increase in the use of heroin and other drugs injected *via* needle, there is also a rise in the number of cases 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 to establish needle exchanges. Many locations provide sterile needles, test for HIV and hepatitis B and C, and provide condoms and naloxone. They will also help those who want to find treatment enter 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, filing lawsuits against Purdue Pharma and seven other companies. Ohio filed a lawsuit against five drug manufacturers. Missouri and Oklahoma have also initiated suits against opioid manufacturers. All the lawsuits filed by states allege that opioid manufacturers misrepresented the risks of opioids. Recently, a group of state attorneys general announced a joint investigation into the marketing and sales practices of opioid manufacturers, which they contend contributed to the opioid crisis.

Kansas

While Kansas has not been as deeply affected as other states by the opioid crisis, there were 146 opioid-related deaths in 2016. The Kansas Bureau of Investigation also saw heroin-related cases increase 87.0 percent in 2016. 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, Topeka, and Wichita have developed their own municipal- or county-level programs. Chase, Geary, and Lyon counties also have a drug court program. 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 like 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. The bill 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 requires 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 required 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).

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. Kansas' second installment of $3.11 million was released on April 18, 2018.

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, in FY 2017 the Board was awarded $178,000 under the Harold Rogers Prescription Drug Monitoring Program, administered by the U.S. Department of Justice. The funds allow prescribers in the state to submit quarterly reports and to compare their prescribing activity with other practitioners.

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