The Opioid Epidemic & Bexar County’s Response

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National Statistics

• Since 1999, the number of overdose deaths involving opioids quadrupled

• In 2016, more than 64,000 Americans died from drug overdoses (> 60%) involved opioids

• 91 Americans die every day from an opioid overdose that includes prescription opioids and heroin

• Among new heroin users, approximately 75% report abusing prescription opioids prior to using heroin

• Opioids killed more Americans in 2016 than car crashes in 1972 or HIV in 1995—the peak years of each respective epidemic

• Single greatest cause of unintentional death in U.S.
What Is an Opioid?

• Something that acts on opioid receptors in the nervous system that can treat pain but can also be addictive

• The first drug was opium – obtained from a kind of poppy, has been used for thousands of years

• From opium we derived other drugs with similar properties like morphine & codeine

• Many opioids are synthetic or semi-synthetic:
  – Hydrocodone & Oxycodone
  – Hydromorphone & Oxymorphone
  – Buprenorphine & Methadone
  – Heroin & Fentanyl
How Has the Epidemic Changed over Time?

Distribution of drug deaths by age

1200 deaths per year

First wave of drug overdose deaths, primarily from prescription opioids

University Health System
How Has the Epidemic Changed over Time?

Distribution of drug deaths by age

2008

1200 deaths per year

1000

800

600

400

200
How Has the Epidemic Changed over Time?

Distribution of drug deaths by age

1200 deaths per year

1000

Second wave, primarily heroin and fentanyl

800

600

400

200

10 20 30 40 50 60 70 80 90

2015

University Health System
Where is it Happening?

[Map of the United States showing overdose deaths per 100,000 residents in 2015.]
How Did we Get Here?

- The current crisis started in the 1980s
- Medical journal articles were interpreted to show that opioids were not addictive
- The pharmaceutical industry began aggressively marketing opioids in the 1990s
- Physicians were pressured to address “patient satisfaction” as the elimination of pain – 5th vital sign
- Diversion of medications occurred on a large scale
- Pill mills popping up around the country as communities were flooded with prescription opioids
- What started with prescription medications evolved into an epidemic of heroin and fentanyl
Opioid Drug Overdose Deaths

Source: National Center for Health Statistics, Centers for Disease Control and Prevention
What Facilitated Heroin and Fentanyl Epidemic?

- Availability & Economics – heroin and fentanyl are easier to get and cheaper than prescription opioids

- Fentanyl is used effectively for surgical anesthesia and to treat pain, but almost all of the fentanyl on the streets is illicitly manufactured

- Fentanyl is 50 to 100 times more potent than morphine

- According to the DEA, the majority of illicit fentanyl in the U.S. is manufactured either in China or in Mexico

- Carfentany is 10,000 times more potent than morphine and has been available online from China through the mail
Addressing the Issue is Multifactorial

- Reduce unnecessary or high volume of opioid prescriptions
- Encourage or require providers use state prescription drug monitoring programs (PDMP)
- Expand availability of naloxone to treat overdoses in the field – through first responders and over-the-counter
- Expand use of Medication Assisted Therapy (MAT)
- Educate the public about the safe use, storage, and disposal of opioid medications
- Encourage or require pharmaceutical companies to develop non-opioid pain medications
- Encourage or require payers to cover non-pharmaceutical alternatives to treat chronic pain
- Federal declaration of a national or public health emergency
RESOLUTION

WHEREAS. There has been a sharp rise in the usage of synthetic opioids and cannabinoids; and

WHEREAS. Legal prescribed opioids painkillers has quadrupled since 1999, and;

WHEREAS. More than 650,000 opioid prescriptions are dispensed every day, and;

WHEREAS. According to HHS in 2016, more than 10 million people reported nonmedical use of prescription opioids, and;

WHEREAS. Chronic misuse of opioids can lead to negative health results, increases risk of infection, HIV and Hepatitis, and;

WHEREAS. Opioid-dependent infants have a higher risk for respiratory and neurological diseases, and;

WHEREAS. Opioid-related overdose deaths is now the leading cause of accidental death with 13,091 U.S. deaths in 2015 and most likely will exceed 50,000 deaths in 2016, and;

WHEREAS. The “Dark Web” has become a major distribution venue for synthetic opioids such like Fentanyl and Carfentanil, and;

WHEREAS. Legally prescribed opioids have spurred the recent spike in illegal drugs, such as Heroin, and;

WHEREAS. Texas had 1,186 opioid-related deaths in 2015, and;

WHEREAS. Texas Attorney General Ken Paxton recently joined a multi-state investigation into the marketing and sales of prescription opioids.

NOW, THEREFORE BE IT RESOLVED that the Bexar County Commissioners Court approve the creation of a taskforce to develop a plan to educate and disseminate information to the public about the hazards of synthetic and opiate-related compounds. The task force will also explore various treatment programs, law enforcement policies and federal and state laws and regulations that are needed to curtail distribution.

PASSED AND APPROVED by the Bexar County Commissioners Court on this 20th day of June, 2017, in Bexar County, Texas.

[Signatures]

Nelson Wolff
County Judge

Sergio “Chico” Rodriguez
Commissioner Precinct 1

Paul Elizondo
Commissioner Precinct 2

Kevin Wolff
Commissioner Precinct 3

Tomy Calvert
Commissioner Precinct 4
Joint Opioid Taskforce

• At the urging of Judge Nelson Wolff and Mayor Ron Nirenberg, Bexar County, the City of San Antonio, and University Health System decided in June 2017 to convene a Joint Opioid Task Force

• Goal to address the increase in opioid overdose deaths in Bexar County and San Antonio

• Our community leads the state in infant opioid withdrawal and has the third highest per capita rate of overdose deaths in Texas

• The Task Force held its first meeting August 8, 2017
Taskforce Membership

• Co-chairs
  – Dr. Colleen Bridger, Director, San Antonio Metropolitan Health District
  – Dr. Bryan Alsip, Executive Vice President and Chief Medical Officer, University Health System

• The Task Force includes more than 30 members, including:
  – Public health, healthcare, and mental health experts
  – Medical and pharmaceutical professionals
  – First responders
  – Social service agencies
  – Educators
  – Policymakers

• Charged with producing a final report of findings and recommendations to be presented to Bexar County Commissioners Court, San Antonio City Council and the Bexar County Hospital District Board of Managers by September 30, 2018
Taskforce Workgroups

- **Naloxone Workgroup** - expand the availability and use of overdose reversal medications

- **Provider Education Workgroup** - improve training for health care providers on evidence-based opioid prescribing protocols including the use of the statewide prescription drug monitoring database

- **Community Education Workgroup** - educate the community on how to safely dispose of prescribed opioids and the risks that accompany the use of heroin and other opioids, particularly in adolescents

- **Treatment Workgroup** - improve access to and navigation of treatment services for addiction
Naloxone – Update

• Secured two grants to expand access to naloxone and improve access to treatment
  – TTOR grant: $1.875 million
  – FR-CARA grant: $3.2 million
• Began monitoring the use of naloxone in the community and worked with EMS to map utilization by zip code
• Purchased $1 million worth of naloxone for distribution to law enforcement and community

• **Goals by August, 2018**
  • Naloxone trainings for law enforcement and community
  • Deployment of reversal tracking database to evaluate naloxone distribution program
  • Work with Task Force to prepare “shovel-ready” grant ideas for rapid submission
Provider Education – Update

- Opioid-related trainings curriculum map developed for use by medical students
- San Antonio Substance Use Symposium, 1.5 day CME training for physicians and community members, including 4 hours of Medication Assisted Therapy (MAT) waiver training
- Launch of the “Get Waivered SA” website to facilitate providers access to and understanding of the waiver process
- Preliminary discussions with HASA to link with the prescription monitoring program (PMP)

- **Goals by August, 2018**
  - Provider education about the required use of the TX prescription monitoring program in 2019
  - An increase in the number of waivered prescribers for MAT
  - Work with Task Force to prepare “shovel-ready” grant ideas for rapid submission
Community Education – Update

- Gap analysis of permanent drug drop off locations available in San Antonio & Bexar County
- Commitment from SAPD to fill those gaps with permanent drug drop boxes in three (3) police department substations
- Distribution of Deterra® drug deactivation system packets at various community events
- Youth prevention toolkit and videos developed for use by ISDs

- **Goals by August, 2018**
  - Work with Treatment Workgroup to develop treatment map for the community
  - Work with naloxone group on community trainings
  - Share Toolkit and videos in community settings for wider distribution and use
  - Work with Task Force to prepare “shovel-ready” grant ideas for rapid submission
Treatment – Update

- Identified existing treatment providers
- Explored various existing and emerging treatment options and determined a federal framework to determine which treatment options will be mapped

- **Goals by August, 2018**
  - Work with Community Education Workgroup to develop treatment map for the community
  - Work with Task Force to prepare “shovel-ready” grant ideas for rapid submission
Additional Interest Groups

• **Neonatal Abstinence Syndrome (NAS)**
  – One-third of all babies born with NAS in Texas are born in Bexar County
  – Exploring treatment and recovery options for these mothers and their babies

• **Syringe Services Programs**
  – Supply clean needles and help with disposal of used needles to reduce transmission of communicable diseases like HIV and Hepatitis C
  – People who inject drugs and who have access to syringe services programs are more likely to enter into drug treatment
  – This group has met with the DA (and both candidates) and is hosting a “Syringe Services Summit” to be held on 23 May 2018
    • Share state and local resources available for providers of these programs and their clients
The national opioid epidemic is beginning to reach Bexar County. In an effort to confront this public health emergency head-on, Bexar County, the City of San Antonio, and University Health System convened the Joint Opioid Task Force in the summer of 2017. The interagency public-private collaboration is seeking to decrease the number of opioid deaths in Bexar County and develop strategies to address the opioid crisis in a comprehensive manner.

The Joint Opioid Task Force, which includes representatives from the law enforcement, public health, treatment, and school district communities, will meet for one year and provide recommendations to the Bexar County Commissioners Court, San Antonio City Council, and UHS Board of Managers in September 2018.

The task force is focusing on four key initiatives:

1. Increasing the use of overdose reversal drugs by first responders
2. Improved provider training on evidence-based prescribing and dispensing of opioid-based pharmaceutical products
3. Increasing access to and awareness of treatment options
4. Improving community education on the safe disposal of prescribed drugs and the effects of prescription opioids and heroin.

Scheduled Meetings

- February 13, 2018, 9:30-11:00
- April 17, 2018, 9:30-11:00
- June 12, 2018, 9:30-11:00
- August 21, 2018, 9:30-11:00

***All meetings are held at the Robert B. Greene Pavilion at 903 West Martin Street***

http://www.bexar.org/2588/Joint-Opioid-Task-Force
QUESTIONS