The Opioid Epidemic: A Community Response in Bexar County

TAHFA & South Texas HFMA Fall Symposium

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National Statistics

• Since 1999, the number of overdose deaths involving opioids quadrupled
• In 2017, more than 72,000 Americans died from drug overdoses
• Over 100 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
• More Americans died from overdoses in 2017 than peak yearly deaths from car crashes, gun deaths, or HIV
• Single greatest cause of unintentional death in U.S.
Opioids

• Substance that acts on opioid receptors in the nervous system that can treat pain but can also be addictive
• First was opium – from a kind of poppy & used for thousands of years
• From opium derived other drugs with similar properties – morphine & codeine
• Many opioids are synthetic or semi-synthetic:
  • Hydrocodone & Oxycodone
  • Hydromorphone & Oxymorphone
  • Buprenorphine & Methadone
  • Heroin & Fentanyl
Epidemic Changes over Time

**Distribution of drug deaths by age**

- First wave of drug overdose deaths, primarily from prescription opioids
- 2000
- 1200 deaths per year
Epidemic Changes over Time

Distribution of drug deaths by age

2008

1200 deaths per year

1000

800

600

400

200

10 20 30 40 50 60 70 80 90
Epidemic Changes over Time

Distribution of drug deaths by age

- Second wave, primarily heroin and fentanyl

2015
Drug Overdose Deaths
Fentanyl Effect

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

• Fentanyl is 50 to 100 times more potent than morphine

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

• Majority of illicit fentanyl in the U.S. is manufactured either in China or in Mexico

• San Antonio couple arrested as suspects for operating the “most prolific dark net fentanyl vendor in the country”

• Carfentanil is 10,000 times more potent than morphine and has been available online from China through the mail
Overdose Death Rates
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 to patients 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
• What started with prescription medications evolved into an epidemic of heroin and now fentanyl
• Pill mills popping up around the country as communities were flooded with prescription opioids
Addressing the Issue is Multifactorial

- Reduce unnecessary or high volume of opioid prescriptions
- Encourage or require providers use state prescription drug monitoring programs (PDMP or PMP in Texas)
- Expand availability of naloxone to treat overdoses in the field – through first responders and over-the-counter
- Expand use of Medication Assisted Treatment (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 HHIN 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 33,091 U.S. deaths in 2015 and most likely will exceed 59,000 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 opioid-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.

Nelson Wolff
County Judge

Sergio “Chico” Rodriguez
Commissioner Precinct 1

Paul Elizondo
Commissioner Precinct 2

Kevin Wolff
Commissioner Precinct 3

Tommy Calvert
Commissioner Precinct 4
July 24, 2017: Bexar County Judge Nelson Wolff and San Antonio Mayor Ron Nirenberg

August 8, 2017: City-County Joint Opioid Task Force began meeting

Primary goal: focus on strategies to prevent opioid overdose deaths in Bexar County and San Antonio
Joint Opioid Task Force

• **Co-chairs**
  • Dr. Colleen Bridger, Director, San Antonio Metropolitan Health District
  • Dr. Bryan Alsip, Chief Medical Officer, University Health System

• **Task Force included more than 30 members**
  • Public health, healthcare, and mental health experts
  • Medical and pharmaceutical professionals
  • First responders
  • Substance use disorder prevention & treatment agencies
  • Educators
  • Policymakers

• Recommended to present findings to Bexar County Commissioners Court, San Antonio City Council and the University Health System Board of Managers
Task Force Workgroups & Objectives

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

- **Provider Education Workgroup** - improve training for healthcare providers on prescribing protocols and use of the statewide prescription drug monitoring database

- **Community Education Workgroup** - educate the community on safe disposal of prescribed opioids and the risks that accompany the use of heroin and other opioids

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

Accomplishments

• Secured two grants expand access to naloxone (total > $5M)

• 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

• Conducted naloxone trainings for law enforcement and community responders

• Deployment of reversal tracking database to evaluate naloxone distribution program

• Piloting the creation of a 24-Hour Opioid Drop-In Center in partnership with the Center for Health Care Services
Provider Education Workgroup

Accomplishments

• First inaugural “San Antonio Substance Use Symposium,” held at UT Health San Antonio — 1.5-day (CME) session

• Dedicated Medication Assisted Treatment (MAT) waiver training

• Launching a “Get Waivered SA” website

• An opioid-related trainings curriculum map developed for use by clinical providers and students

• Trainings available in the area regarding safe prescribing of opioids, and how to use the Texas Prescription Monitoring Program (PMP)

• Statewide, only about 45% of licensed physicians and 22% of licensed dentists are registered to use the Prescription Monitoring Program
Community Education Workgroup

Accomplishments

• Established permanent drug drop boxes at three police department substations
• Map was created for posting on websites to help Bexar County residents find closest permanent medication drop off location
• Distributed Deterra® drug deactivation system to safely deactivate and dispose of unused, expired, or unneeded medications
• Developed a youth prevention toolkit and videos to help educate teens on the dangers of opioids
• Shared with Education Service Center, Region 20 for use by all Independent School Districts in Bexar County and wider distribution
• Developed online resource map indicating locations for substance use prevention, recovery, and treatment services available in Bexar County
• Invited by SAMHSA to present at national broadcast on 6 September on community work and Task Force
Treatment Workgroup

Accomplishments

• Identified existing treatment providers

• Explored various treatment options and a framework to determine which treatment options will be mapped

• Worked with Community Education Workgroup to develop and publish treatment map for the community

• Identified substantial gaps still exist for access to treatment complicated by the comorbidities of mental health issues for many

• State legislative initiatives call for increasing the number of treatment locations and further assessments

• Allow organizations in San Antonio to respond to future grant opportunities and to work with state legislators on specific proposals
Legislative Initiatives

Accomplishments

• Invited to testify before the Texas House Select Committee on Opioids and Substance Abuse on June 26, 2018
  • Testimony provided by Dr. Bridger, SAPD Lt. Kevin Luzius, and T.J. Mayes

• Invited by State Representative Ina Minjarez to provide written recommendations for the Select Committee report
  • Convened a working group consisting of 15 stakeholders to draft and submit the recommendations in July

• Met with Texas congressional delegation and Substance Abuse and Mental Health Services Administration during SA to DC 2018
  • SA Councilwoman Viagran joined Dr. Bridger and T.J. Mayes in a meeting with SAMHSA Chief of Staff
Complementary 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
  • Partnerships to re-purpose a fifteen-bed facility to provide women with recovery housing in a stable living environment
  • Women staying there will have access to intensive, outpatient treatment services already available in the community to avoid replicating or competing with existing services
  • The availability of stable housing was identified as an essential requirement during the community needs assessment for treatment services

• **Syringe Services Programs**
  • Working to establish a Syringe Services Program (SSP) in Bexar County to reduce transmission of communicable diseases such as HIV and Hepatitis C
  • Program would provide sterile syringes and aid in the safe disposal of used syringes
  • Hosted a “Syringe Services Summit” in May 2018 and a hands-on training in July 2018 for organizations interested in participating
  • Group has met with and gained approval from the current District Attorney (and both DA candidates) and is in the process of mapping syringe disposal sites in Bexar County
Joint Opioid Task Force Website

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