Greater Atlantic City Chamber
2019 Leadership Series:
Opioid Epidemic and its Impact in the Workplace

June 18, 2019

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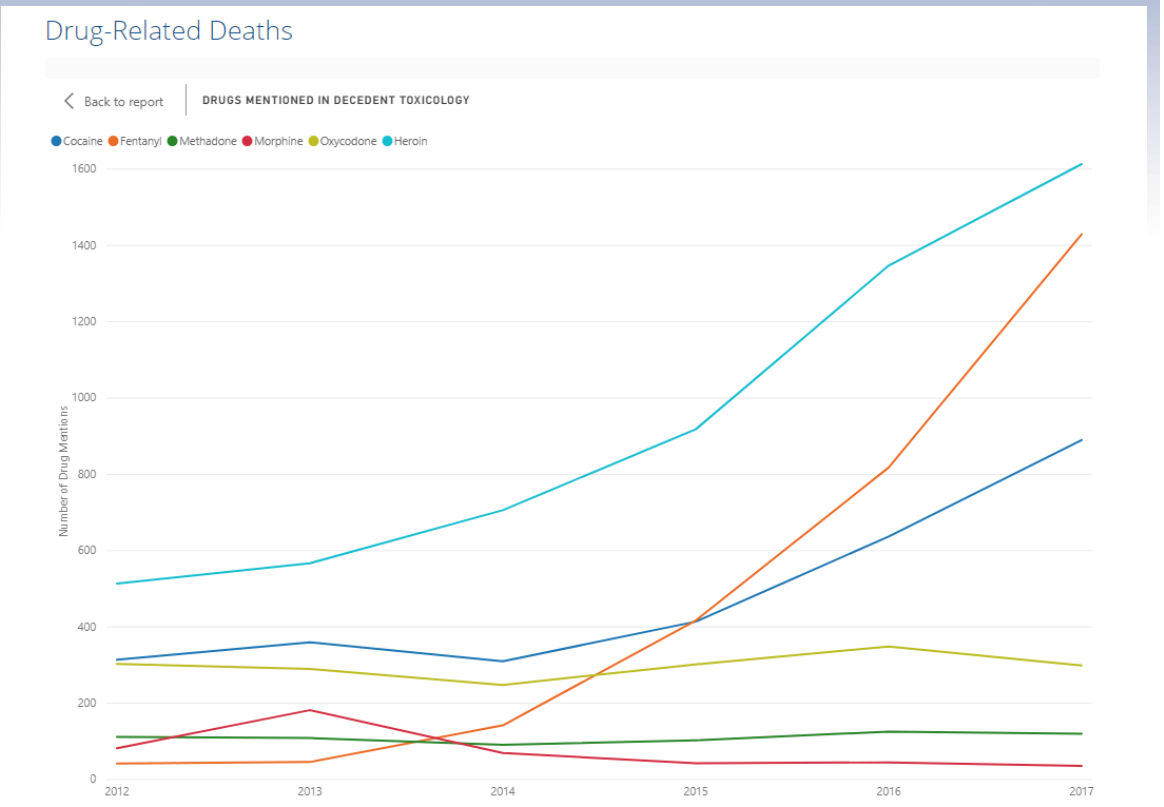
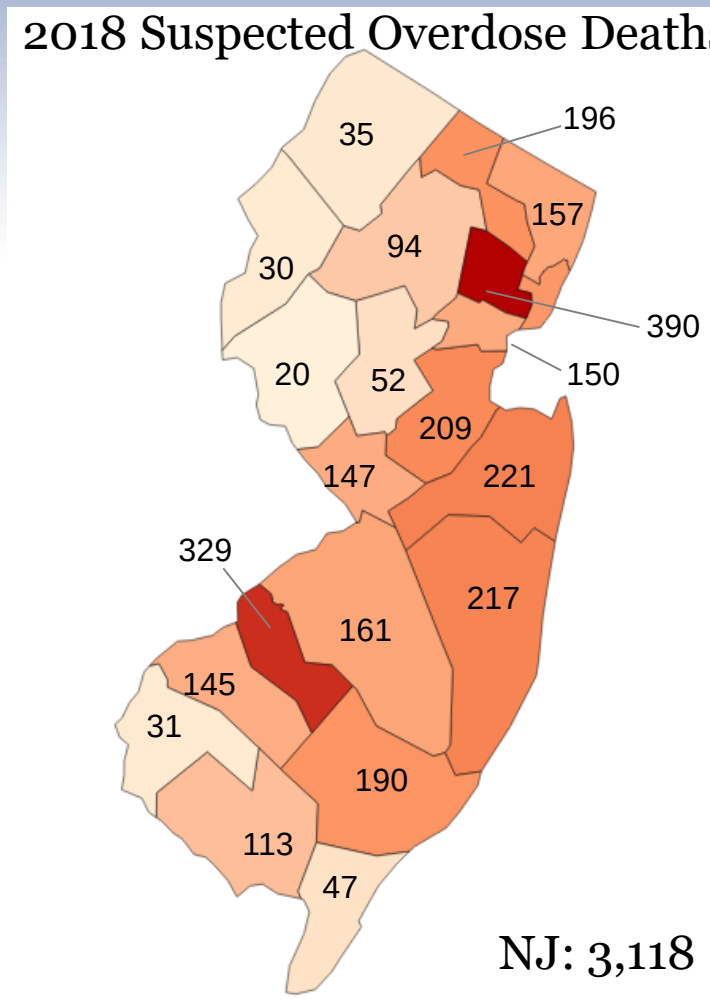
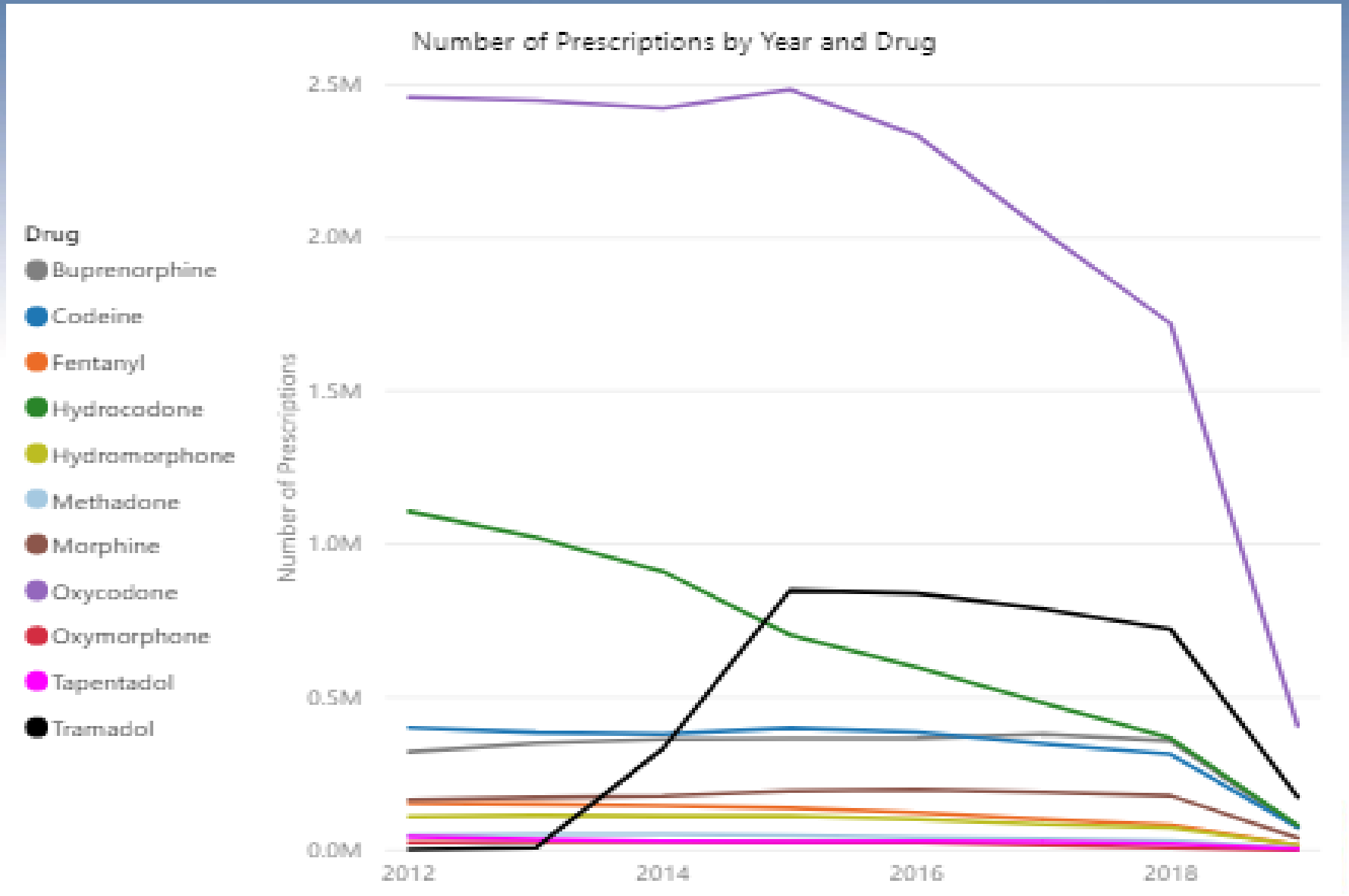
Commissioner
New Jersey Department of Health

Opioid Epidemic in NJ
A Public Health Emergency





Prescription Monitoring Data



Eradicating the Opioid Epidemic: Murphy Administration Plan

1. Increasing access to evidence-based prevention and treatment programs

2. Supporting individuals on their path to and maintenance of recovery

3. Building sound data systems and strengthening system-wide infrastructure for the addiction community

4. Delivering robust law enforcement to stem the supply of illicit drugs, while also supporting diversion programs

874 overdose deaths so far this year

Eradicating the Opioid Epidemic

DOH-Led Elements

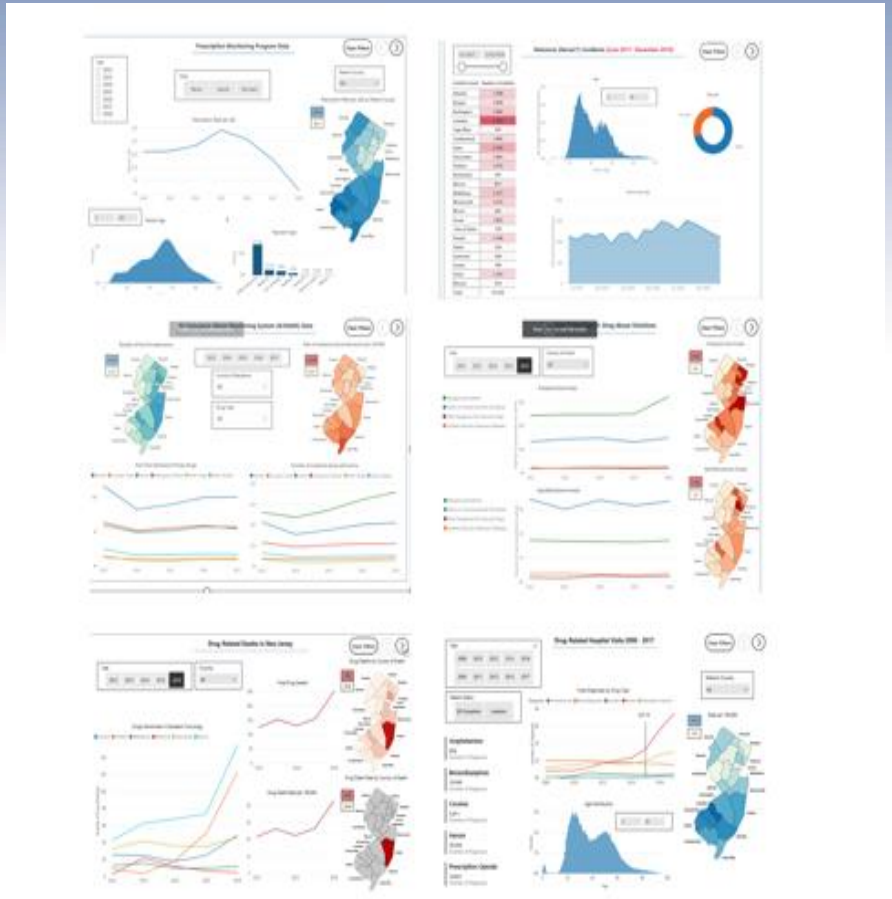
- Surveillance/Data Infrastructure
- SUD Interoperability
- Single license for PC/MH/SUD
- Opioid Reductions Options
- Harm Reduction Centers
- Naloxone
- MAT

Surveillance, Data Infrastructure

Data Sources

- Office of Emergency Medical Services
- New Jersey State Police
- Office of the Chief State Medical Examiner (OSME)
- Division of Mental Health and Addiction Services
- Division of Consumer Affairs
- Healthcare Quality and Informatics
- Communicable Disease Service
- U.S. Census Bureau
- Division of HIV, STD and TB Services

Current Opioid Dashboard



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Enhanced Opioid Dashboard for Actionable Policy Decisions

Atlantic County: Demand

- Drug-related deaths: 190
- Drug-death rate (per 100,000): 63.5
- Naloxone Incidents: 1,527
- Rate of substance use admissions (per 100,000): 10,749
- Number of 1st time admissions: 29,312
- Drug-related hospital visits (rate per 100, 000): 290.5
- Opioid prescription rate (per 100): 67.6
- Arrests (possession/use): 7,285
- Arrests (sale/manufacture):2,430

Atlantic County: Supply

- Inpatient treatment capacity (available beds)
- Ambulatory treatment capacity (SUD clinics, AWD services, etc.)
- Primary care/family medicine provider slots (Outpatient-Based Addiction Treatment, OBAT)
- ED with suboxone induction
- Peer recovery specialist supply
- Harm Reduction Center (HRC) capacity
- ALTO-trained ED
- ALTO-trained providers

Smarter Policy Decisions:

- SUD/integrated license prioritization by region
- Targeted OBAT training
- New HRC locations
- Targeted deployment of ALTO training

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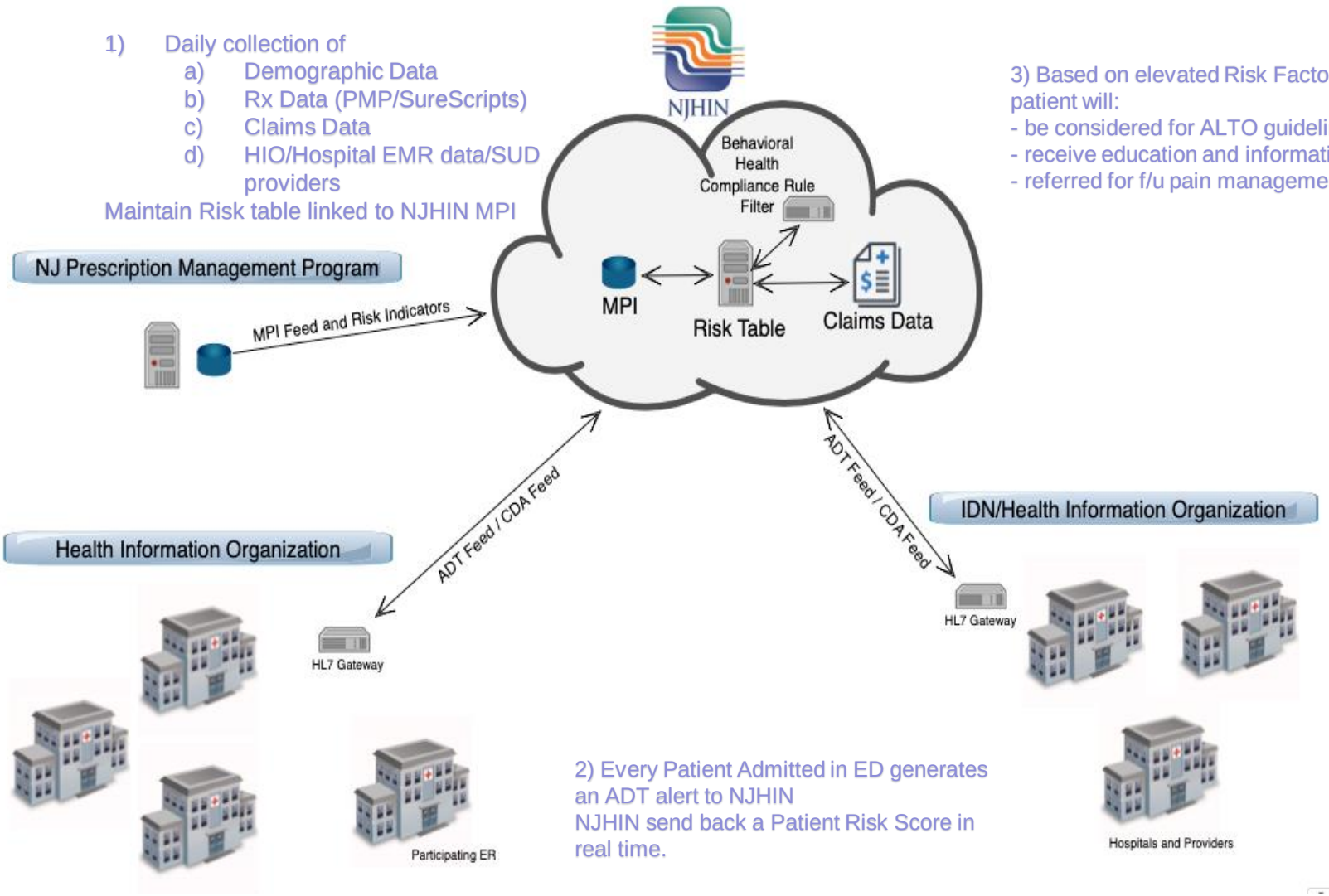
Promoting Interoperability

1) Daily collection of
   a) Demographic Data
   b) Rx Data (PMP/SureScripts)
   c) Claims Data
   d) HIO/Hospital EMR data/SUD providers

Maintain Risk table linked to NJHIN MPI



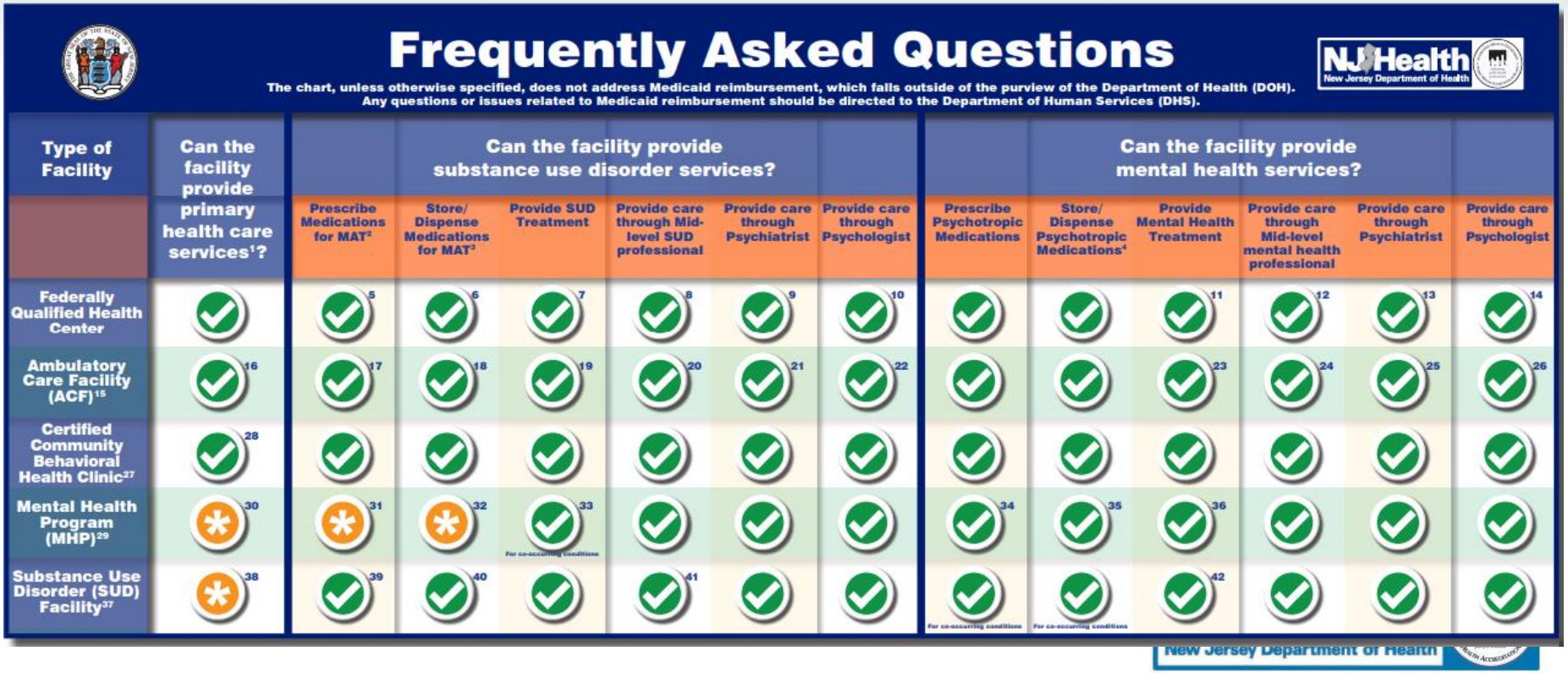
3) Based on elevated Risk Factor patient will:
- be considered for ALTO guidelines
- receive education and information
- referred for f/u pain management

2) Every Patient Admitted in ED generates an ADT alert to NJHIN
NJHIN send back a Patient Risk Score in real time.

Integrated Health for Physical, Mental, and Addiction Care

DOH supports an overall system of integrated health care in NJ

- **Relaxed regulatory barriers for all types of healthcare facilities to provide MAT**
- Creating a single license for integrated care



Frequently Asked Questions

The chart, unless otherwise specified, does not address Medicaid reimbursement, which falls outside of the purview of the Department of Health (DOH). Any questions or issues related to Medicaid reimbursement should be directed to the Department of Human Services (DHS).

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Type of Facility	Can the facility provide primary health care services[1]?	Can the facility provide substance use disorder services?						Can the facility provide mental health services?					
		Prescribe Medications for MAT[2]	Store/ Dispense Medications for MAT[3]	Provide SUD Treatment	Provide care through Mid-level SUD professional	Provide care through Psychiatrist	Provide care through Psychologist	Prescribe Psychotropic Medications	Store/ Dispense Psychotropic Medications[4]	Provide Mental Health Treatment	Provide care through Mid-level mental health professional	Provide care through Psychiatrist	Provide care through Psychologist
Federally Qualified Health Center	✓	✓ 5	✓ 6	✓ 7	✓ 8	✓ 9	✓ 10	✓	✓	✓ 11	✓ 12	✓ 13	✓ 14
Ambulatory Care Facility (ACF)[15]	✓ 16	✓ 17	✓ 18	✓ 19	✓ 20	✓ 21	✓ 22	✓	✓	✓ 23	✓ 24	✓ 25	✓ 26
Certified Community Behavioral Health Clinic[27]	✓ 28	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental Health Program (MHP)[29]	* 30	* 31	* 32	✓ 33 For co-occurring conditions	✓	✓	✓	✓ 34	✓ 35	✓ 36	✓	✓	✓
Substance Use Disorder (SUD) Facility[37]	* 38	✓ 39	✓ 40	✓	✓ 41	✓	✓	✓ For co-occurring conditions	✓ For co-occurring conditions	✓ 42	✓	✓	✓

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Prevention: Reducing ED opioid prescriptions

NJ initiative to reduce opioid prescribing in hospital EDs

The Opioid Reduction Options Project:
Provide training/support to ED staff who assist in acute-pain management while decreasing an individual's reliance on opioids

Goal: Reduce number of opioids prescribed in all state EDs to at least **12% by 2020**

- In 2018, 43 out of every 100 persons received a prescription opioid in NJ.
- Studies have found that **17%** of all ED discharges included a prescription for opioids
- **The best hospital EDs in NJ reduced opioid prescribing by 82%**
- **If 12% target is achieved, could have serious impact on reducing opioid scripts and overdose deaths**

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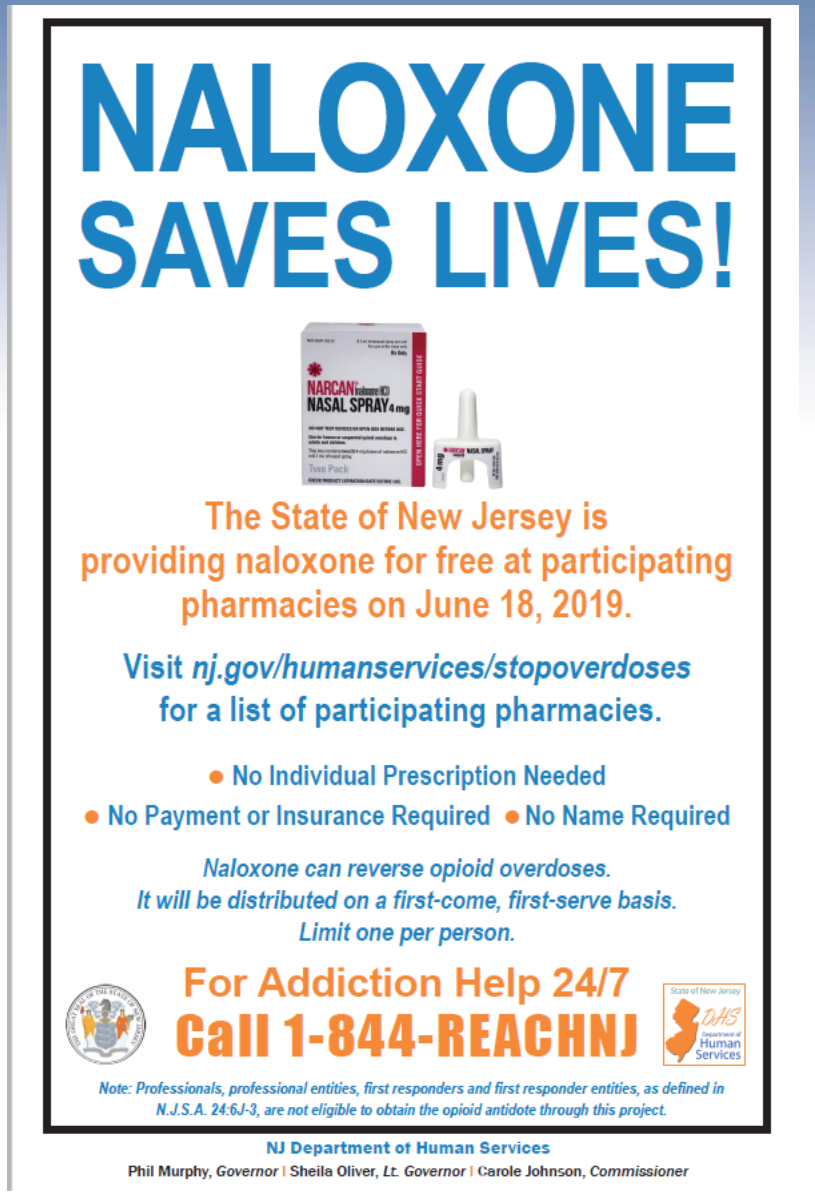
Increasing Naloxone Access

Naloxone (Narcan ®):

As of June 12, 2019, a total of **526** standing orders to distribute naloxone without a prescription have been issued, which represents **958** pharmacists working at **429** pharmacies throughout the state since October 31, 2017.



Harm Reduction

Syringe Access Programs (SAPS):

- NJ currently operates 7 Syringe Access Programs (SAPs).
- DOH intends to expand services in the state, and bolster types of services SAPS provide through services called "Harm Reduction Centers," which may provide:

- HIV and HCV testing and counseling;
- Harm reduction counseling;
- Condom distribution;
- Pre-exposure Prophylaxis (PrEP) counseling and prescription;
- Referral and linkage to medical care, mental health and social services, and substance use disorder treatment;
- Overdose prevention education and access to Naloxone;
- Fentanyl test strips and training on how to use them;
- Reproductive care for women;
- Safe disposal of injection equipment education; and
- Education on safer injection practices and wound care

Medication Assisted Treatment

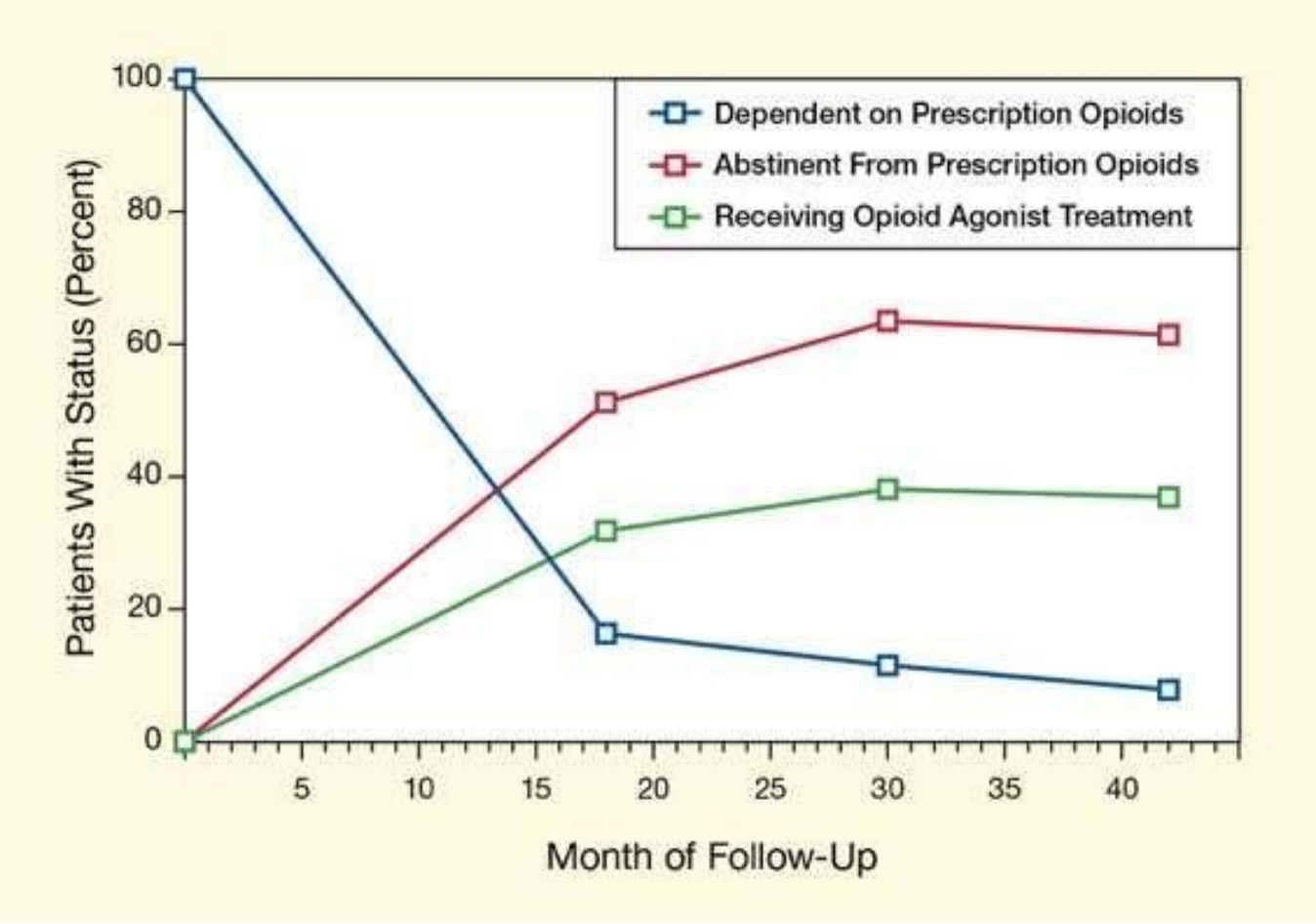


Figure. Abstinence Rate Exceeds 60 Percent in Long-Term Follow-Up of Medication-Assisted Therapy for Dependence on Opioid Pain Relievers

Potter, J.S.; Dreifuss, J.A.; Marino E.N. et al. The multisite prescription opioid addiction treatment study: 18-month outcomes. Journal of Substance Abuse Treatment (48)1:62-69, 2015.

Weiss, R.D.; Potter, J.S.; Griffin, M.L. et al. Long-term outcomes from the National Drug Abuse Treatment Clinical Trials Network Prescription Opioid Addiction Treatment Study. Drug and Alcohol Dependence 150:112-119

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MAT Access Expansion

Marijuana to treat OUD:

- **Final rule, Medicinal Marijuana Program**
  - Codifies opioid addiction as a condition for which physicians can use medical marijuana for treatment in cases with chronic pain, which has been in effect since March 2018
- **Updated Final Agency Decision on new Conditions to add OUD even in cases without chronic pain**
  - Expands usage of medicinal marijuana as an adjunct to traditional MAT for patients suffering from OUD who don't have chronic pain

Medicated Assisted Treatment in county jails:

- 80% of incarcerated have a substance use disorder (SUD)
- Inmates are over 120x more likely to die from opioid overdose on release, or 3-4% of inmates per year (650 deaths/year, 22% of all overdose deaths in the state)
- DOH, DOC, and DHS working together on plans to provide MAT, therapy, and patient navigator services in county jails across NJ.
  - Funding for programs in at least 10 counties
  - Successful programs achieved 61% decrease in post-incarceration deaths

Medical Marijuana Evidence: Opioids and Opioid Abuse

Association of Medical and Adult-Use Marijuana Laws With Opioid Prescribing for Medicaid Enrollees

Wen et al., JAMA Intern Med. 2018;178(5):673-679. doi:10.1001/jamainternmed.2018.1007

Design:

- Population-based, cross-sectional, longitudinal analysis of Medicaid prescription claims data for 2011 to 2016

Results:

- State implementation of medical marijuana laws was associated with a 5.88% lower rate of opioid prescribing (95% CI-11.55% to approximately -0.21%)
- The implementation of adult-use marijuana laws in states with existing medical marijuana laws was associated with a 6.38% lower rate of opioid prescribing (95% CI-12.20% to approximately -0.56%)

Conclusion:

- **The potential of marijuana liberalization to reduce the use and consequences of prescription opioids among Medicaid enrollees deserves consideration during the policy discussions about marijuana reform and the opioid epidemic.**

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Medical Marijuana Evidence: Opioids and Opioid Abuse

Association Between US State Medical Cannabis Laws and Opioid Prescribing in the Medicare Part D Population

Bradford et al., JAMA Intern Med. 2018;178(5):667-672. doi:10.1001/jamainternmed.2018.0266

Design:

- Longitudinal analysis of the daily doses of opioids filled in Medicare Part D for all opioids as a group and for categories of opioids by state and state-level Medical Cannabis Law (MCL) from 2010 through 2015.

Results:

- Analysis results found that patients filled fewer daily doses of any opioid in states with an MCL
  - States with active dispensaries saw 3.742 million fewer daily doses filled

Conclusion:

- Medical cannabis laws are associated with significant reductions in opioid prescribing in the Medicare Part D population. This finding was particularly strong in states that permit dispensaries, and for reductions in hydrocodone and morphine prescriptions.

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Medical Marijuana Evidence: Opioids and Opioid Abuse

Association Between Medical Cannabis Laws and Opioid Overdose Mortality has Reversed Over Time

Chelsea L. Shover, Corey S. Davis, Sanford C. Gordon, Keith Humphreys. Proceedings of the National Academy of Sciences, 2019; 201903434 DOI: 10.1073/pnas.1903434116

Design:

- Longitudinal analysis that revisited 2014 JAMA study which found that states with medical marijuana laws had lower opioid overdose death rates.

Results:

- Analysis results found that while states that enacted a medical marijuana law between 1999 and 2010 saw about a 25% drop in opioid overdose deaths
  - Between 1999 and 2017 states with medical marijuana laws eventually saw, on average, a 22.7% increase in opioid overdose deaths

Conclusion:

- Cannabinoids have demonstrated therapeutic benefits (13), but reducing population-level opioid overdose mortality does not appear to be among them. There is no evidence that either broader (recreational) or more restrictive (low-tetrahydrocannabinol) cannabis laws are associated with changes in opioid overdose mortality.

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