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BREAKOUT IIIE. OPTIONS TO ADDRESS OPIOID ABUSE

Regina Labelle, LaBelle Strategies
The Honorable Ron Miller, West Virginia

An **American Farm Bureau survey** found that 45 percent of rural adults and 75 percent of farmers and farm workers have been impacted by the opioid epidemic. A majority of farm workers said getting access to a prescription opioid without a prescription would be very easy. Most also felt getting access to addiction treatment that is effective, convenient, affordable and/or covered by insurance could be very difficult.

Drug overdose death data released by the **Centers for Disease Control and Prevention** for 2016 totaled 63,000 deaths of which 42,000 involved opioids, a rate five times higher than in 1999. The five states with the highest rates of death due to drug overdose (over 33 per 100,000) were Kentucky, New Hampshire, Ohio, Pennsylvania and West Virginia. Deaths from synthetic opioids (illicit fentanyl and tramadol) doubled. Opioid has overtaken the peak years for deaths from HIV infection, traffic crashes and guns. 2016 was the second year in a row where life expectancy has fallen, primarily among white men, due to unintentional drug overdoses and unintentional injuries.

FACTORS CONTRIBUTING TO CURRENT EPIDEMIC

Fentanyl (synthetic opioid) abuse is driven by economics. Illicit drugs are coming into the US via sales through the dark web. They are often mixed with heroin to increase its effect while reducing its cost for the supplier or are pressed into pills to look like oxycontin and shipped via regular mail services to users who simply pay with a credit card.
Oxycontin was introduced in 1995 and aggressively marketed to doctors for pain treatment. Incentives to doctors from the pharmaceutical industry and Medicaid restrictions push doctors to prescribe meds instead of alternatives. Doctors were instructed that their patients would not become addicted if a pain-treatment drug was taken as directed. Hospitals and the medical community were being judged on how well they treated pain. In addition, doctors do not receive training in addiction treatment.

Mental health and drug abuse is a separate treatment system. Only ten percent of people with any abuse disorder receive treatment for reasons including: the chronic nature of the condition, users lack of awareness that they need treatment, lack of access and lack of evidence-based treatment.

HOW DO WE ADDRESS THE PROBLEM?

Evidence-based treatment
A draft report by President Trump's Commission on Combating Drug Addiction and the Opioid Crisis contains 56 recommendations. One item looks at this disease as a continuum that needs to be prevented through evidenced-based, school-based and community-based prevention programs. Convenient and affordable treatment keeps people in treatment longer and has better outcomes.

Treatment is a big growth industry with public funding. It needs to be regulated. Some programs are little better than spas while others show reductions in their caseloads by giving recipients one-way bus tickets out of state. Programs should have a scorecard with outcomes that are linked to funding. Florida and California are moving in this direction as is Shatter Proof, a national nonprofit.

Role of law enforcement
Addiction is a chronic relapsing disease. Physicians can avoid treating chronic, complicated cases whereas law enforcement cannot avoid dealing with the issue. Many people with substance abuse disorders end up in the criminal justice system which is currently the second most frequent referral system for treatment.

Law enforcement and other first responders need training in how to spot mental health issues and substance abuse. Police Aided Assistance Recovery Initiative (former Angel program) has shown efficacy in getting people into treatment. Pre-arrest interventions avoid arrest records that affect employment and drug courts provide options to incarceration.

Youth counseling
Motivational interviewing has a better prospect for getting people into treatment than taking a "scared straight" approach. **Aspirational counseling** – such as Above the Influence – give people at risk something to say yes to. *Talk They Hear You* is an intervention video produced by the Substance Abuse and Mental Health Services Administration that shows parents how to talk to their children about substance abuse and delaying use until mental, emotional and physical capacities have matured.

Community-based services
Out-patient services by community clinics, syringe exchange program, methadone clinics, faith-based groups and other recovery support systems can provide early intervention. Rhode Island and Pennsylvania have recovery coaches in the ERs. Regular pediatric visits and routine screenings can include questions about risky substance use rather than waiting for patients to diagnose themselves.

In some European countries addicts can use under medical supervision that prevents overdose in **safe drug consumption rooms**. The longest serving site and only one in North America is in Vancouver, British Columbia. Seattle is poised to become the first city in the US to open a safe injection site.

In December 2015 Congress lifted the federal funding ban on needle exchange programs. It kept the ban on syringes themselves, but ended the ban on all other aspects of the programs — such as staff, vehicles and rent. The worst ever HIV epidemic in Indiana prompted then Governor Mike Pence to allow needle exchange programs in his state. Surpluses of **unused pills** become street drugs. Unused drugs should be removed from the home preferably through take-back and drug disposal programs. Pharmaceutical companies should pay for product stewardship programs.

Workforce enhancement
CDCP put out a Guideline for Prescribing Opioids for Chronic Pain in 2016. The basic premise is "start low and go slow." We are starting to see a decrease in prescription rates. In 2007 55% of US counties, all of them rural, had no practicing psychiatrists, psychologists or social workers who form the backbone of the behavioral healthcare system. According to West Virginia data 86 percent of fatal overdoses had interacted with a provider in the last twelve months.

Insurance coverage
Alternatives for pain treatment need to be covered by insurance. Federal parity law mandates that insurance companies must cover behavioral health programs at the same level as other diseases. However, enforcement is weak. Medicaid and other reimbursement rates for doctors are low. State Medicaid directors need to galvanize to increase coverage.

Fight the stigma
The attitude that drug abusers and their families are bad people restricts discussion about the issue and prevents treatment. Developing and maintaining relationships with chronic addicts is often stressful, time-consuming and frustrating. Doctors and nurse practitioners must recognize addiction as a chronic relapsing disease that requires empathy and a long-term commitment.