



WEST VIRGINIA INTEGRATED BEHAVIORAL HEALTH CONFERENCE

What Public Policies Can Help West Virginia Respond to Addiction?

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WHO AM I? WHY AM I HERE?



Effective Public Policy Regarding Abusable Psychoactive Drugs

- Will be informed by systematic evidence
- Will protect public health
- Will protect public safety
- Will reject slogans, demagoguery and simple answers to complex problems



WHAT ARE WE TRYING TO FIX?



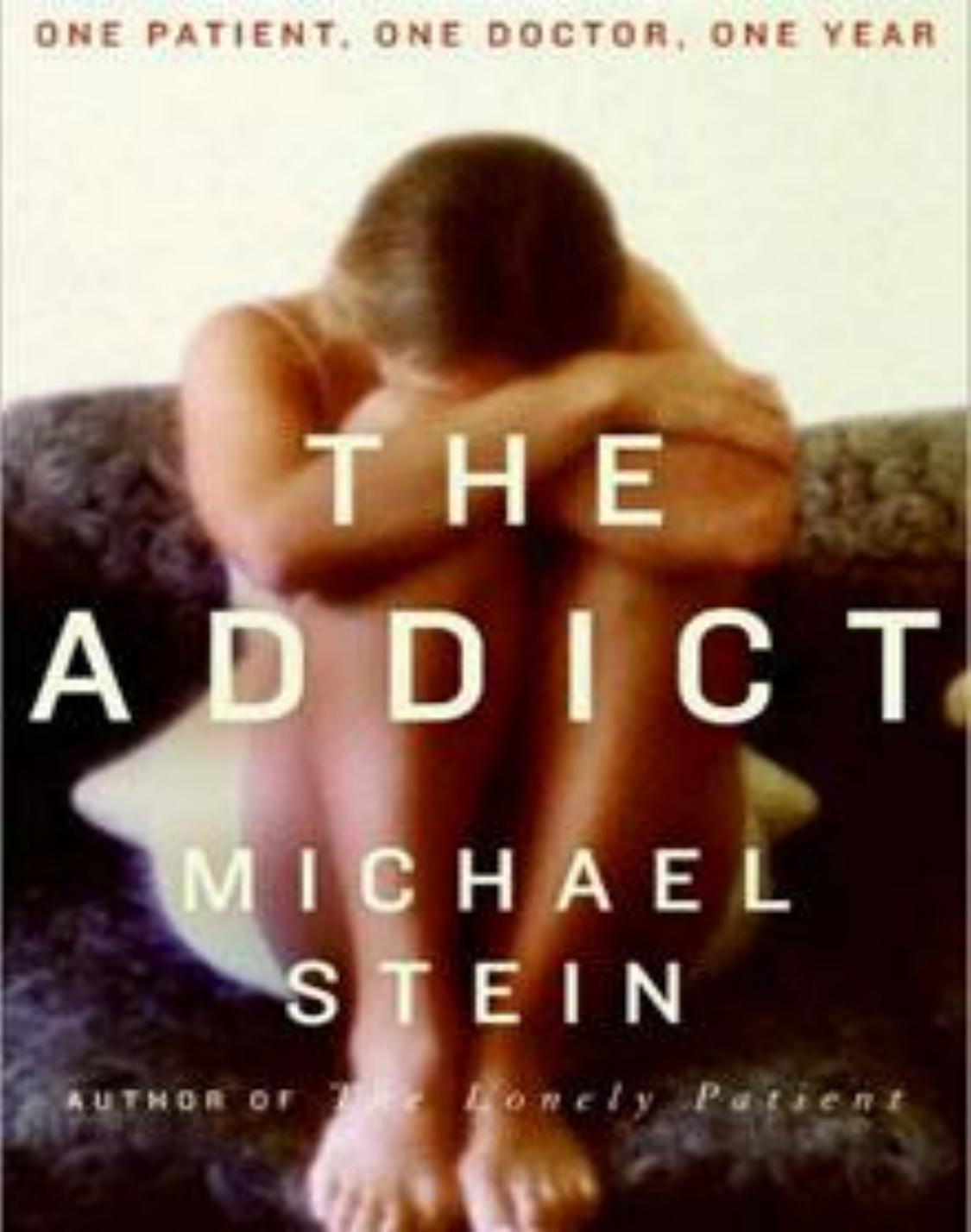
West Virginia's Recent Package of New Policies was Heavily Focused on Prescription Opioid Medications



"I don't remember what normal looks like. What you feel every day, I feel only when I take my pills."

---Lucy

ONE PATIENT, ONE DOCTOR, ONE YEAR



THE
ADDICT
MICHAEL
STEIN

AUTHOR OF *The Lonely Patient*

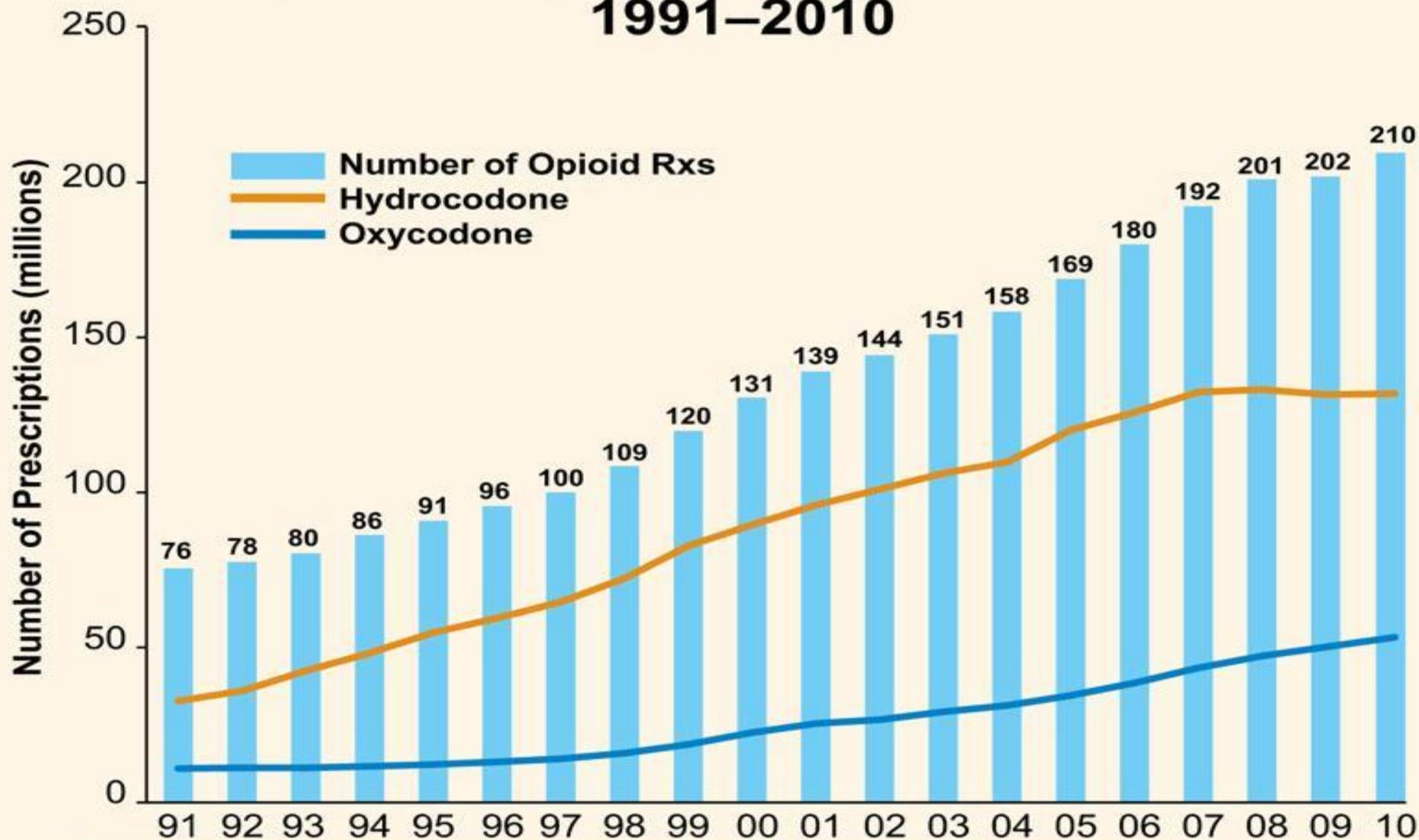


“The most terrifying thing about my cancer is not my coming death. It’s the memory of my grandfather in the hospital screaming for God for kill him because he was in so much pain.”

--Hospice patient



Total Number of Opioid Prescriptions Dispensed by U.S. Retail Pharmacies, 1991–2010

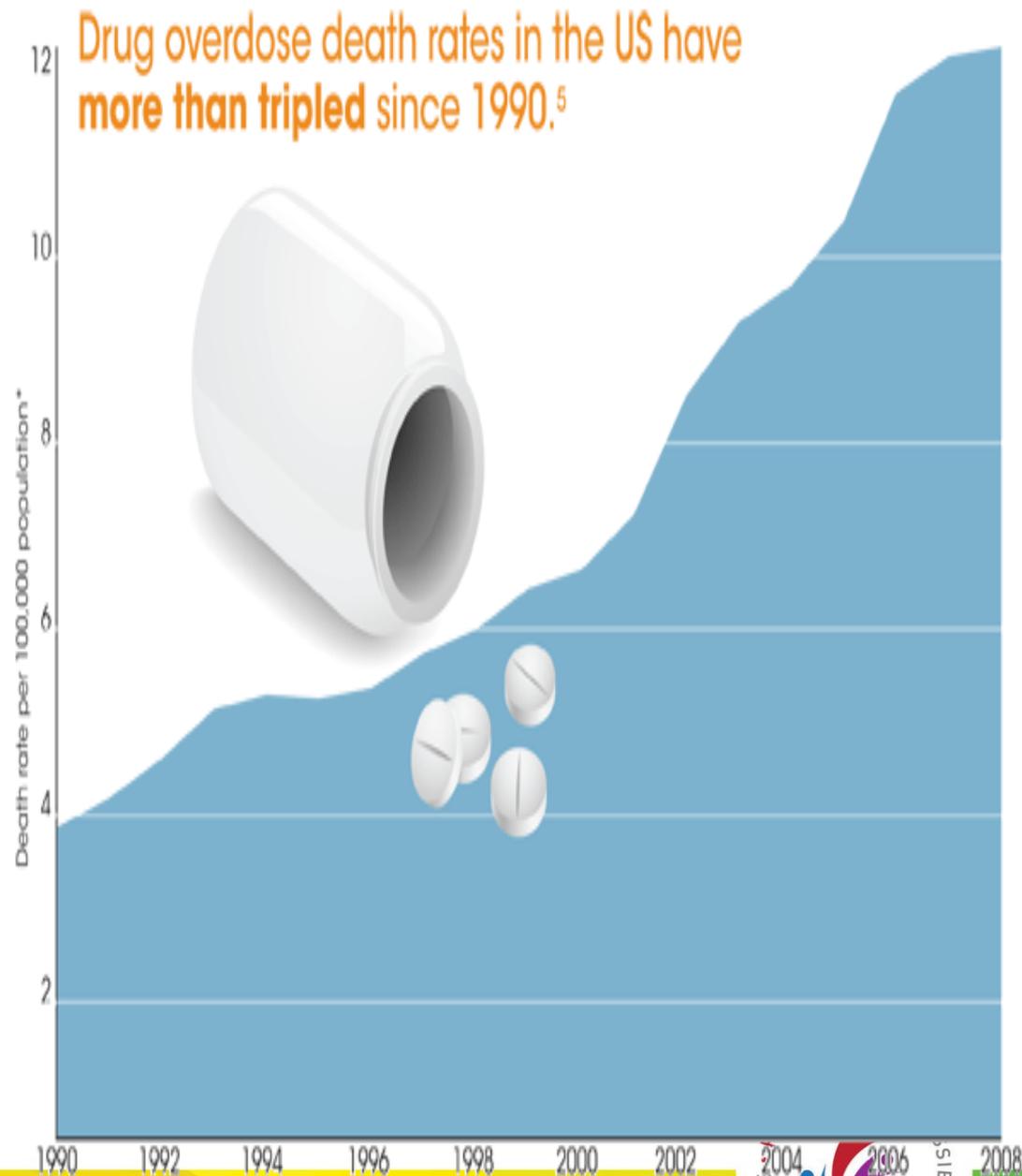


Available on line at the National Institute on Drug Abuse

<http://www.nida.nih.gov/ResearchReports/Prescription/prescription2.html>

“The unfortunate and shocking news is that we are in the midst of an epidemic of prescription overdose in this country”

-- Dr. Thomas R. Frieden, director of the U.S. Centers for Disease Control and Prevention



*Deaths are those for which poisoning by drugs (fatal, prescription and over-the-counter) was the underlying cause.





Pharmaceutical Industry/Pain Medicine Representative: “Every time you people tighten control on opioids, people in pain suffer!”

DEA/Addiction Treatment Representative: “And every time you people get the controls loosened, criminals get rich and people die!”



Policy About Drugs, Like All Public Policy, is About Choices



S.B. 437 Contains Multiple Policies That Could Help Reduce West Virginia's Prescription Opioid Problem

- Licensing/Regulation of Pain Clinics
- Strengthening of Prescription Monitoring
- Required Training for Prescribers



LICENSING/REGULATION OF PAIN CLINICS



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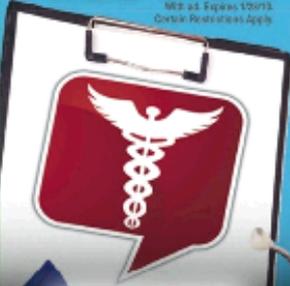
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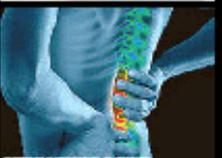
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STRENGTHENING PRESCRIPTION MONITORING

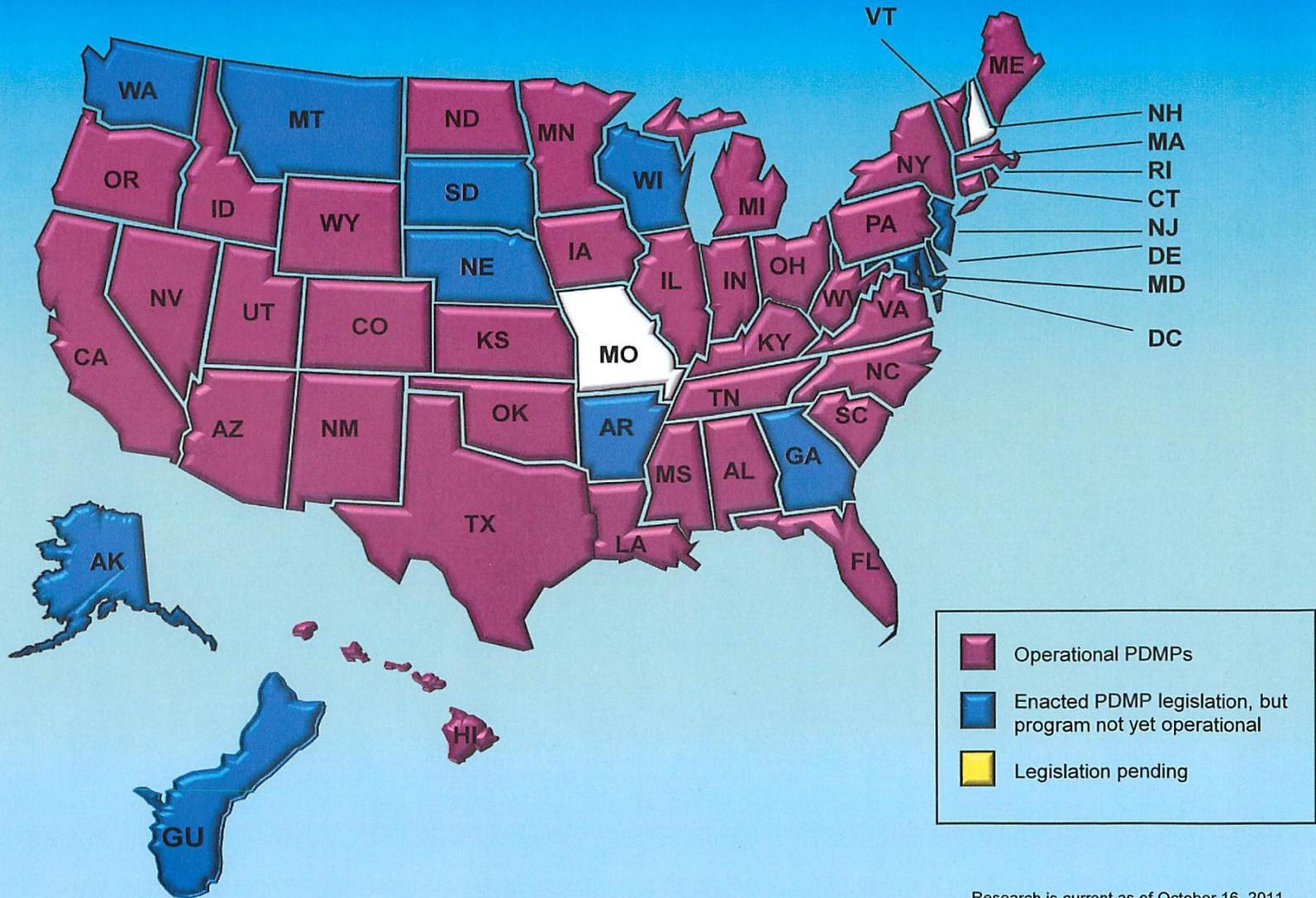


Prescription Monitoring Programs

- Early systems were slow, hard to use and rarely accessed
- Coverage, utilization, technological sophistication, proactiveness are improving (including in WVa)



Status of Prescription Drug Monitoring Programs (PDMPs)



Impact of Florida's Strengthened Monitoring Program

- 35% drop in number of individuals visiting 5+ physicians/pharmacies in a 90-day period
- After rising every year from 2003-2011, oxycodone overdose deaths in Florida decreased by 17.7% (268 fewer deaths)



MANDATORY TRAINING FOR PRESCRIBERS



The Status of Clinical Knowledge

- Addiction receives little attention in U.S. medical education
- Health care providers are poor at recognizing addiction
- Prescription Monitoring Programs suffer from low awareness



NOT EVERYTHING HAS TO COME FROM CHARLESTON!

Changing Opioid-Related Medical Practice

- Educating patients and fellow providers that opioids are not the only response to pain
- Breaking the “30-day” habit
- Communicating to patients that sharing opioids is dangerous and illegal
- Learning how to recognize addiction



Creating A Culture of Learning and Monitoring Around Opioid Prescribing

SUBSTANCE ABUSE & MENTAL HEALTH

By Claire E. Trescott, Randi M. Beck, Michelle D. Seelig, and Michael R. Von Korff

PRACTICE INNOVATION Group Health's Initiative To Avert Opioid Misuse And Overdose Among Patients With Chronic Noncancer Pain

ABSTRACT Increased opioid prescribing for chronic pain that is not due to cancer has been accompanied by large increases in abuse and overdose of prescription opioids. This paper describes how Group Health, a Seattle-based nonprofit health care system, implemented a major initiative to make opioid prescribing safer. In the initiative's first nine months, clinicians developed documented care plans for almost 6,000 patients receiving long-term opioid therapy for chronic pain. Evaluation of the initiative's effects on care processes and trends in adverse events is under way.

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The People-to-People Health
Foundation, Inc.

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Other Policies That Could Help

- Expanded access to naloxone
- Locking potential doctor-shoppers into a single provider through reimbursement
- Funding for Addiction Treatment (Not just for opioid addiction)

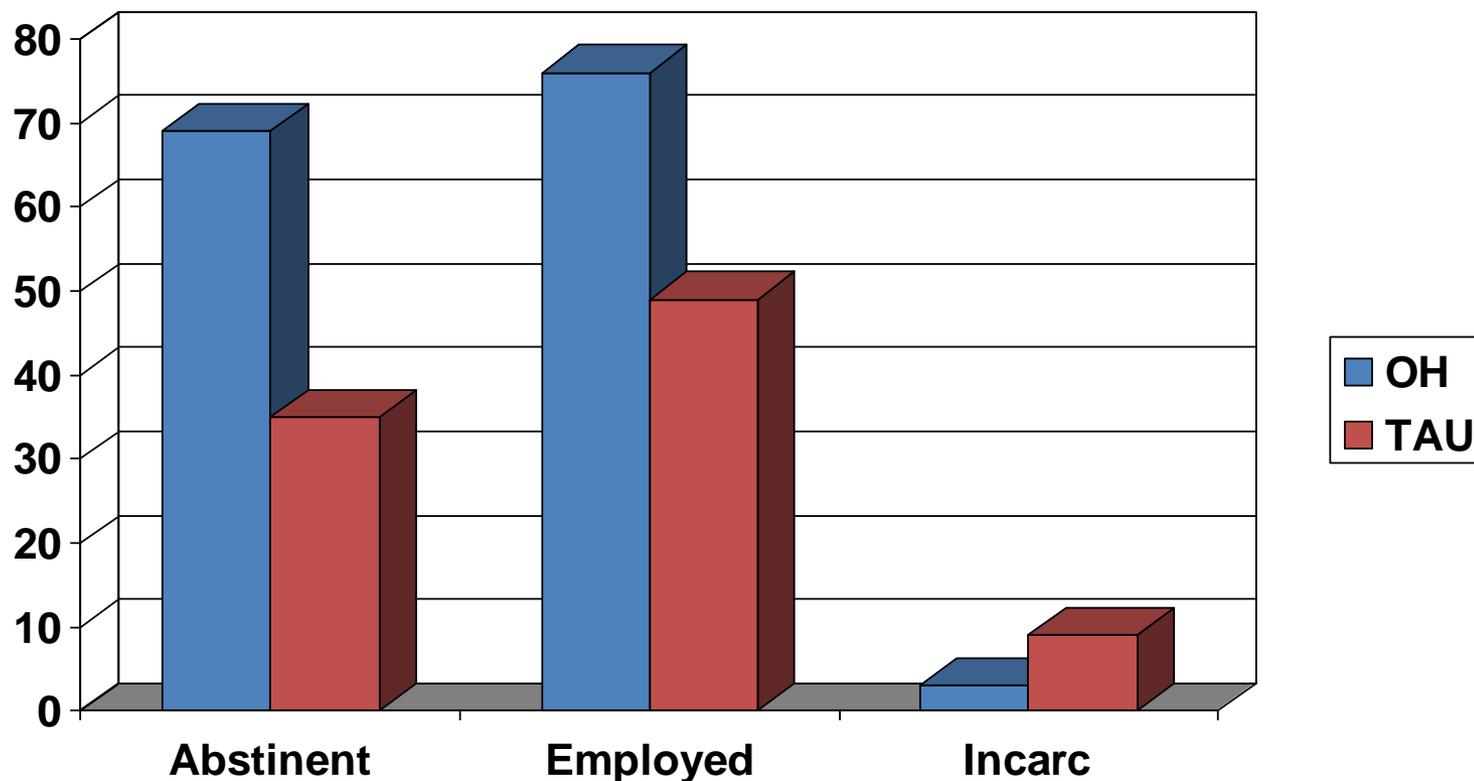


Clinical trial of Oxford House

- Oxford House is a democratic, self-supporting, peer-managed residential setting
- 150 Patients randomized after inpatient treatment to Oxford House or TAU
- 77% African American; 62% Female
- Follow-ups every 6 months for 2 years, 90% of subjects re-contacted



At 24-months, Oxford House (OH) produced
1.5 to 2 times better outcomes



Three Influential, Inter-Related Laws that will help with treatment

- 2008 Mental Health Parity and Addiction Equity Act
- 2010 Affordable Care Act
- 2008 Medicare Improvement Act



MHPEA

- Covers Large-Group Insurance Plans + Medicaid Managed Care Plans (Over 100 million people)
- Mandates that any offered benefits for MH/SUD are at parity with those offered for other conditions
- Does not mandate the offering of MH/SUD Benefits



ACA

- Builds on parity
- Expands Medicaid, creates state insurance exchanges, subsidizes purchase of insurance
- Defines MH/SUD as part of an “essential health care benefit”
- Mandates that all new individual and small group plans, in the exchanges or not, must cover MH/SUD



Combined Impact of ACA

	Gain MH/SUD benefits at parity	Have some MH/SUD benefits that will move to parity under ACA	Total with either new or enhanced MH/SUD benefits
Individuals currently in individual plans	3.9 Million	7.1 Million	11.0 Million
Individuals currently in small group plans	1.2 Million	23.3 Million	24.5 Million
Individuals currently uninsured	27.0 Million	n/a	17.0 Million
TOTAL	32.1 Million	30.4 Million	62.5 Million



2008 MIPPA

- Historically, outpatient MH/SUD had a 50% co-pay versus 20% for all other services
- Being phased out, co-pay is 35% in 2013 and 20% starting January 1, 2014
- About 150,000 new Medicare enrollees a month
- Boomers use more MH/SUD services
- Welcome to Medicare exam includes a depression and problem drinking screen



WHAT ABOUT METHAMPHETAMINE AND ITS PRECURSORS?



New Approach to Precursors in WV

- Electronic tracking of cold medicine sales
- Designed to ensure compliance with PSE cold medicine purchase limits
- Meth lab incidents have gone up since implemented (and not just in West Virginia)
- Judged ineffective by U.S. Government Accountability Office (GAO
www.gao.gov/products/GAO-13-204)



What Does Work for Reducing Meth Use (Some) and Meth Labs (A Lot)?

State-level and/or local level requirements for PSE-containing cold medicines to be available by prescription only

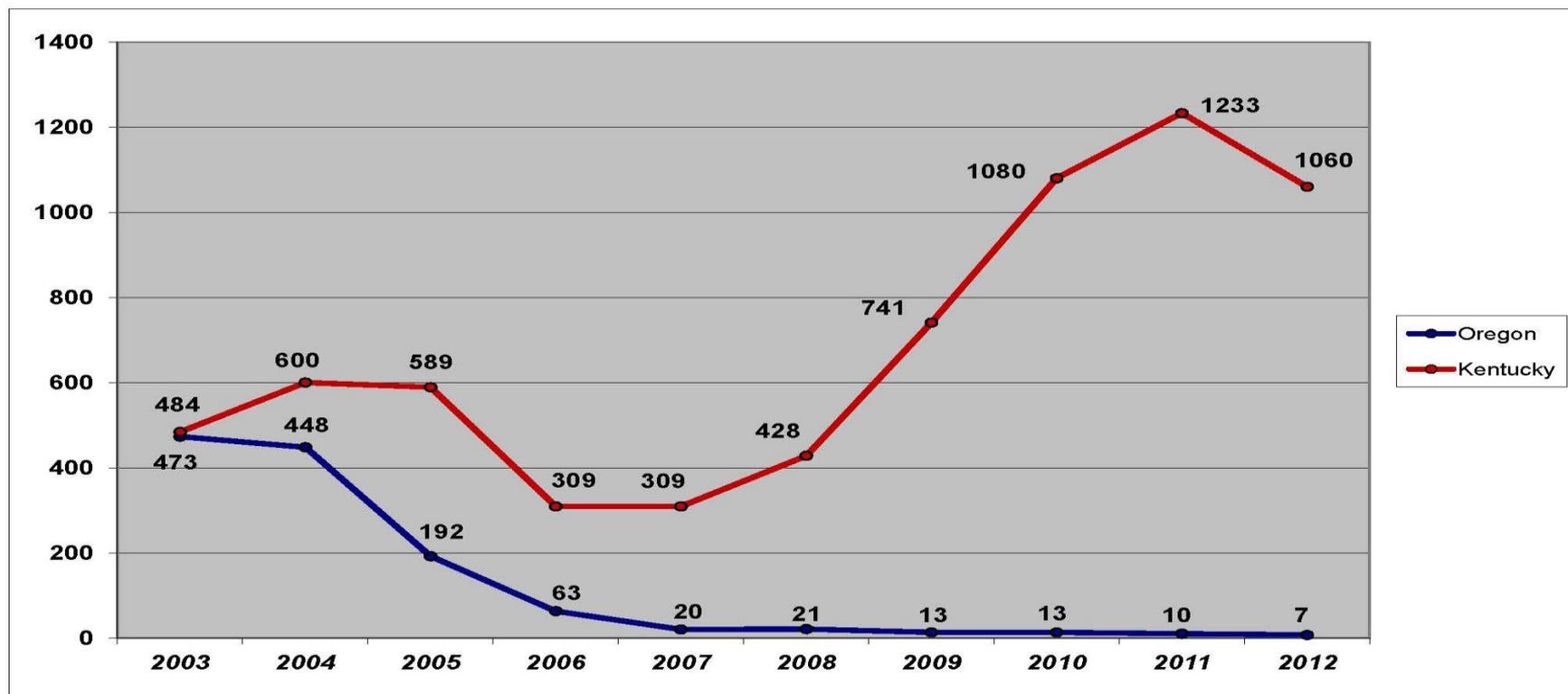


Impact of returning PSE to prescription only status

- Meth lab incidents post-prescription-only dropped 96% in Oregon, treatment admissions by 1/3
- In Oregon, not a single child removed from a meth lab house since the law (7 years)
- 81% decline in drug-endangered children in Mississippi



Meth Lab Incidents in Kentucky (First NPLEX state) versus Oregon (First Prescription Only PSE state)



SUBSTANCE-INVOLVED CRIMINAL OFFENDERS







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Johnny, if you don't clean up your room
right now there is a 40% chance that a
month from now, I will ground you for
two years!

Criminologist James Q. Wilson's analogy for how
we respond to criminal offenders

HOPE Probation for Drug-involved offenders in Hawaii

- All probationers given full orientation to rules and onus of responsibility placed on them
- Dirty or missed random urinalysis results in *prompt* arrest and *certain, modest* punishment (brief jail stay)
- Treatment offered by not required
- Inexpensive because it reduces return to prison

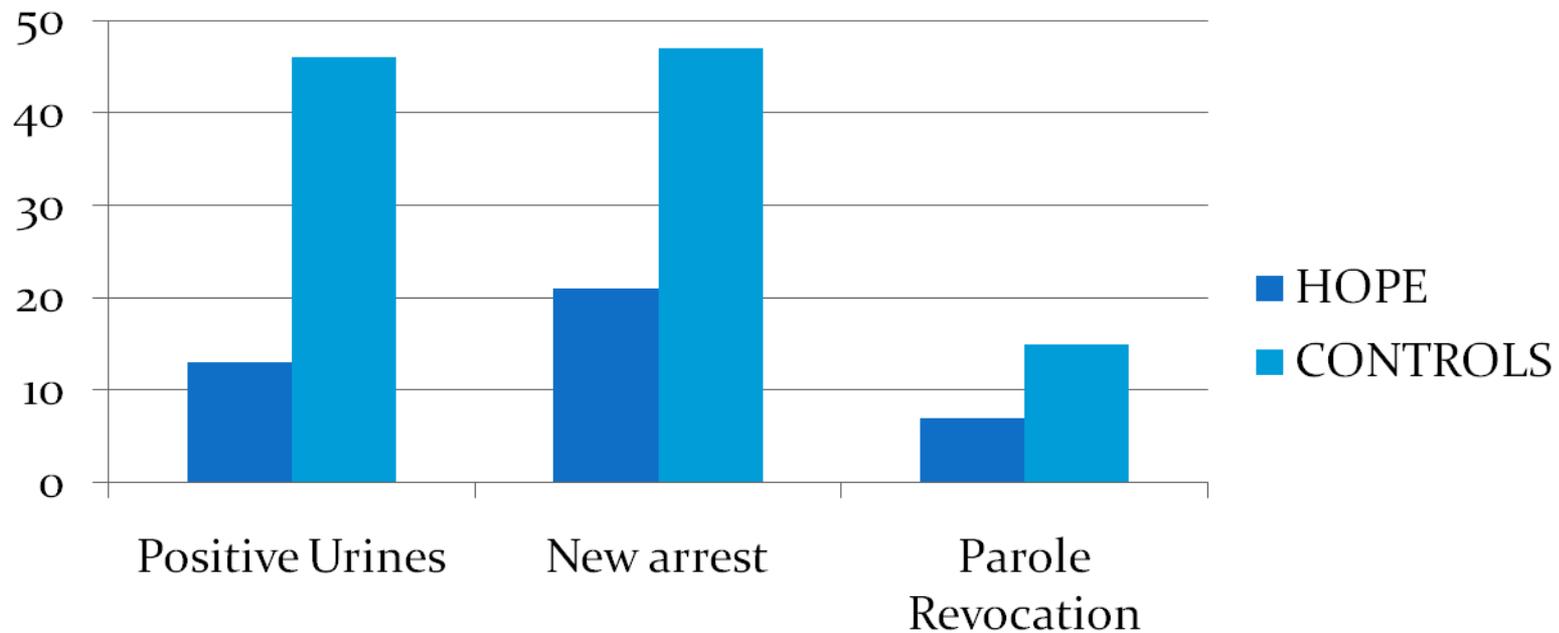


Randomized evaluation of HOPE

- Included all probation officers, average caseload 87 clients, average experience 4 years
- 493 Felony Probationers, average 17 prior arrests
- Primary drug: Crystal methamphetamine



Major 1-year trial findings of HOPE versus usual probation



What About Offenders Who Will Not Change Without Treatment and/or Need Even More Intense Monitoring?

- Drug Courts provide regular monitoring for public safety
- Mandatory treatment and other services with judicial monitoring



Regarding Legal Substances

**NOTHING BUT NOTHING WORKS
LIKE PRICE!**



Price, Alcohol and Tobacco

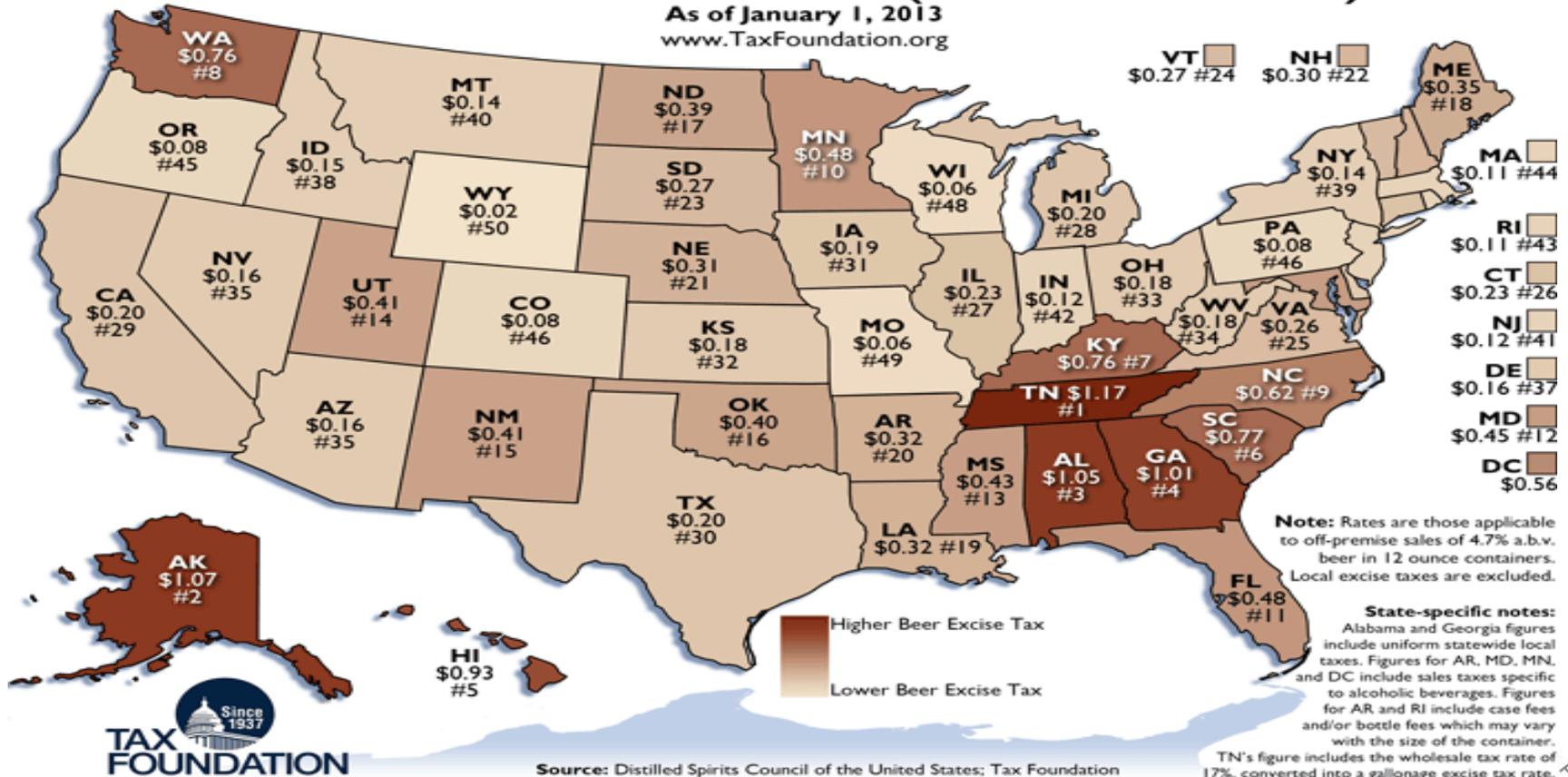
- Decades of research show that as with any other commodity, willingness to consume responds to price
- Particularly true for teenagers!



So is beer

State Beer Excise Tax Rates (Dollars Per Gallon)

As of January 1, 2013
www.TaxFoundation.org



Source: Distilled Spirits Council of the United States; Tax Foundation



West Virginia's 55 cents/pack cigarette tax in perspective

- Virginia 30 cents
- Kentucky 60 cents
- Ohio \$1.25
- Pennsylvania \$1.60
- Maryland \$2.00



Summary of Key Points, I

- New policies in recent legislative package should help with opioid epidemic
- Could improve though on naloxone availability, reimbursement locking of doctor shoppers
- Treatment must be expanded, new laws and regulations can help



Summary of Key Points, II

- Electronic track of cold medicine sales will not reduce meth use or labs, but prescription-only restrictions will
- Mass incarceration of addicted offenders is costly, ineffective and inhumane
- Drug courts and supervised probation/parole models provide an effective alternative
- Taxes on alcohol and tobacco are very low, increasing use and addiction



Thank you for your attention!

