Tackling the Prescription Drug and Opioid Abuse Epidemic

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• Be aware
• Look for touchpoints and opportunities to uniquely intervene
• Partner
Prescribing correlates with injection drug use (IDU), unsafe injection practices

- Expanding epidemic of IDU heralded by dramatic increase in acute Hepatitis C (HCV) infections…

2006

2012

Suryaprasad Clin Infect Dis; 2014, 59(10):1411-1419
Rates of motor vehicle traffic and drug overdose deaths, United States

Source: DHHS, Addressing Prescription Drug Abuse in the United States Current Activities and Future Opportunities, September 2013

Scott County HIV Outbreak

- Late 2014: 3 new HIV diagnoses identified in Indiana’s Preparedness District 9
- Disease Intervention Specialist (DIS) learned 2 had shared needles → contact tracing
- Identified 8 more new infections in jurisdiction with <5 new HIV infections annually—traced to Austin
- Indiana State Department of Health HIV/STD Division creates contact maps, determines cluster description and cause
Scott County HIV Outbreak

- Rural injection of Rx oral opioid = largest ever HIV outbreak in IN, largest IDU HIV outbreak in US
- 181 HIV cases in a rural county that never had more than 3 in one year
- All cases report injection of the extended release (ER) opioid analgesic oxymorphone (Opana® ER and generic ER)
- Male = female, all white, significant poverty (19.0%), unemployment (8.9%), lack of education (21% no high school), and lack of insurance

Drug Use Among HIV+ Cases

- Multigenerational sharing of injection equipment (insulin syringe)
- Daily injections: 4-15
- Number of partners: 1-6 per injection event

OPANA® ER – crush-resistant formulation: half-life 7-9 hours
**Disease Phylogenetics**

- **Heterogeneity of HCV strains suggests earlier introduction of HCV compared with HIV**
- **HIV specimens**
  - Almost all analyzed specimens are one cluster
  - Most infections acquired within prior 6 months
- **HCV specimens**
  - Multiple strains and clusters
  - HCV has been repeatedly introduced over years to decades
  - Many infections are recent

**HIV Infection: Tip of a High-Mortality Iceberg**

- 181 diagnoses
- 5 deaths during contact tracing
- 287 HCV+ total, 92% of HIV+ coinfected with HCV
- Network of at least 500 People Who Inject Drugs

Adapted from and with permission of Phil Peters, CDC
Outbreak Control Interventions

- **Very few insured**: established “one-stop shop”
- **No HIV/HCV care**: state provided resources - Indiana University Health, Health Resources and Services Administration (HRSA), Pre-Exposure Prophylaxis (PrEP)
- **Little HIV awareness**: multiple educational efforts including billboards, infographics, webinars, TV/radio, newspaper, Jeannie White Ginder community event at Austin High School. #URNotAlone*
- **Syringe exchange illegal**: executive orders followed by new law
- **Limited addiction services (methadone moratorium)**: raise awareness of medication-assisted treatment (MAT), train and accredit providers to prescribe Suboxone®, local mental health provider designated as a Federally Qualified Health Center, Substance Abuse and Mental Health Services Administration collaboration
- **Most focus on HIV infection**: HCV effort gaining momentum as extent of HIV epidemic better defined and addressed

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**Bending the transmission curve…**

![Graph showing HIV transmission data](https://example.com/graph.png)
Indiana Syringe Exchange Law

• Local health officer declares to county/municipality:
  – **There is an epidemic** of hepatitis C or HIV;
  – The primary mode of transmission is intravenous (IV) drug use;
  – Syringe exchange is medically appropriate as part of the comprehensive public health response.
• The executive/legislative body of county/municipality:
  – Conducts a **public hearing**
  – Votes to adopt the declaration of the local health officer
• The county/municipality notifies the ISDH Commissioner and:
  – Requests the Commissioner to declare a public health emergency
  – **Other measures** to address the epidemic have not worked
• Commissioner must approve or deny within 10 days from submission
  – Can request additional information extending the deadline for an additional 10 days

What I learned as an advocate

Public health does not always easily translate to public policy, particularly in areas with different value systems or which are rural or resource poor… We must truly understand community beliefs and obstacles, and speak to citizens in ways that resonate. You can’t “educate” away firmly held beliefs.
Transformative public health leadership is less about knowing what to do, and more about knowing how to get people to do it…

Syringe exchange programs

- Need comprehensive programs, not handouts
  - Handouts don’t facilitate clean up, or connection to services
  - Actually hurt our cause in Austin
- Need local buy in, local control, targeted effort, community convinced of “epidemic”
  - Not proven to be a barrier in Indiana so far*
Testing at high risk venues presents challenges

- Need for testing in jails
  - Sheriffs don’t want the hassle or the cost of diagnosis
- Need to test in Emergency Rooms and inpatient settings (e.g., skin infections, endocarditis)
  - Extra time? Reporting? Who is going to pay? Follow up? Stigma?
- Syringe exchanges and substance use disorder treatment venues
  - Already overworked? Reporting?

Medication assisted treatment (MAT) ≠ Meds as alternative to treatment

- People don’t understand the concept, or the options: Methadone vs Suboxone® vs Vivitrol®
  - Think we are substituting one addiction for the other
  - Rural/conservative communities more likely to embrace Vivitrol initially*
- MAT can and is being misused and abused
  - This is hurting our credibility with decision makers
  - “I believe the science on MAT, I just don’t trust the people I see applying it…”
  - Need more education about comprehensive recovery approaches (not a magic bullet), and need increased oversight of MAT practices.
Drug Diversion/ Special Courts

- Need more of them/ can’t incarcerate our way out of this problem
  - All local jails in the area at over 2x capacity
- Police, prosecutor, defender, judge, legislators, all key
  - Lots of fear that weaker enforcement hurts the case. Need both sticks and carrots to change behavior
- But very labor intensive to do it right; hard to implement in resource-poor area. Ratio of 10:1 in Hamilton vs. 100s:1 in Scott
- Not being made equally available to all offenders.
  - Income? Race? Fair assessment of support systems/ most likely to be successful?

Treatment for all? Then what?

- Need to increase capacity, but will never be enough beds to give everyone inpatient treatment
  - Missing opportunities to intervene at critical moments
  - Need regional centers, and increased outpatient capacity
- Need more housing, halfway houses, jobs
  - “Veterans win the war and come home a hero, addicts win one war and come home to another war.”
  - “I’ve been clean 6 months, but I know I can never go home.”
  - “The best drug recovery program is a good job”
  - Must empower (via funding and technical assistance) and lean on community groups, especially faith based
• Indiana’s alternative to Medicaid expansion
• Reimburses at Medicare rates, so coverage = access, incentivizes preventive care
• Provides coverage and parity for mental health and addiction/recovery programs
• Integral to our response in Scott County!!!

Be aware

• Need to do state and local vulnerability assessments
  – CDC to release soon, but can and should supplement
  – Prescription Drug Monitoring Programs
  – We put together county reports (HIV/HCV/Overdose)
  – Look at your reporting processes
  – People don’t believe you unless you can show them local data, compared to peers

• Hepatitis rates are an indicator of intravenous drug use, and harbinger of potential HIV outbreak.
Look for opportunities to uniquely intervene

- Test at high risk venues
- Comprehensive Syringe Exchange Programs
- Consider PrEP among high risk individuals
- Need to have conversations about who receives treatment for HCV, who prescribes, and how to pay
- Increase availability of addiction recovery services and increase awareness, acceptance, proper administration of MAT

Partner

- Law enforcement
  - Local, County, State police all play different but important roles
  - Prosecutors and judges have particular power to help or to veto initiatives
- Legislators
  - Key to convincing public, getting laws changed
  - Can advocate on your behalf to your boss/bosses
Partner

- Hospitals
  - Major touchpoint (emergency room)
  - Have resources
  - Have community standing
  - Can advocate

- Faith based community
  - Essential for community outreach
  - Set the tone for controversial moral interventions
  - Already have infrastructure and contacts
  - Perfect for counseling (e.g., with MAT) and “after” care

Partner

- Federal partners
  - CDC, SAMHSA, Health and Human Services, etc.

- Other state agencies
  - Attorney General, Judicial, Mental Health, Medicaid, etc.
Be Aware...

Look...

Partner...