



CHALLENGE OF TARRANT COUNTY
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A Prescription for Prevention

FOR: *Tarrant County's Response to the Opioid Crisis*

DATE: *Thursday, August 29, 2019, 8:30 AM to 4:30 PM*



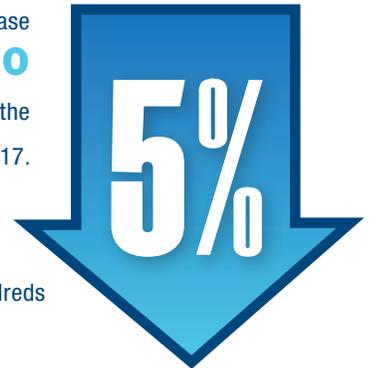
For every **\$1** spent on prevention, **\$20** would be saved in healthcare, social, law enforcement and other public costs.

Center for Substance Abuse Prevention. (March 2007). Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis. Rockville, MD: United States Substance Abuse and Mental Health Services Administration

“People are dying of opioid overdose not knowing they have taken opioids.”

Dr. Joshua Sharfstein, Vice Dean at Johns Hopkins Bloomberg School of Public Health

According to preliminary data from the Centers for Disease Control and Prevention, there were more than **68,000** drug overdose deaths in 2018 – a decrease of 5% from the **72,000** overdose deaths reported in the data for 2017. The provisional data, still subject to change when final numbers are released later this year, shows the first major decline during an addiction epidemic that has claimed hundreds of thousands of lives this decade.



“The addiction crisis in America is not solved. It has morphed into a polysubstance use crisis. Something we need to be really concerned about is the increase in stimulant-related deaths, including cocaine, methamphetamine and other amphetamine derivatives.”

Adam Leventhal, Director of the University of Southern California's Institute for Addiction Science

“American dentists prescribe about 70 times more opioids than dentists in England do.”

JAMA Network Open, 2019

\$270 billion is the cost in crime, healthcare and lost work productivity if nothing is done to address opioid abuse.

Florence, C., Zhou, C., Luo, F., & Xu, L. (October 2016). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Medical Care, 54(10), 901-906



BETTER ADDICTION PREVENTION, TREATMENT, AND RECOVERY SERVICES



Since Challenge's 2016 "When the Prescription Becomes the Problem" symposium, 27 permanent prescription drop boxes have been placed in Tarrant County at police stations and pharmacies. There is also a website [meddropbox.org] where the community can access the location, hours and what can and cannot be accepted at each site.



Through partnership with the DEA National Drug Take Back, over 40 sites in Tarrant County have collected **65,292** pounds of unused or expired prescription medication for safe disposal in the last three and a half years.

Challenge of Tarrant County prevention coalitions **SMART, Power2Choose, Follow Our Lead and Stay on Track** provided over 7,500 **Deterra Drug Deactivation Bags** to the community at health fairs, educational seminars and other events.



Less than seven percent of U.S. physicians currently have DEA waivers to prescribe buprenorphine.

<https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources>

Tarrant County currently lists 82 doctors licensed to prescribe buprenorphine.

https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator?field_bup_physician_us_state_value=TX

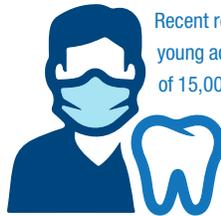


BETTER DATA



"With a population of roughly 28 million, Texas reported only 1,458 opioid deaths in 2017, with a mortality rate of 5.1 per 100,000 population. But the data are incomplete, as the state's system to record these deaths is 'extremely deficient.'"

Joy Alonzo, Texas A&M.



Recent research suggests that opioids dispensed after wisdom teeth extractions could place teens and young adults at risk for addiction. A 2015 JAMA Internal Medicine analysis found that nearly six percent of 15,000 people between ages 16 and 25 were diagnosed with opioid abuse within a year of receiving initial opioid prescriptions from dentists. In comparison, only 0.4 percent of a similar group who didn't get dental opioids were diagnosed with opioid abuse.

"Unwise Rx: Dentists Giving Teens Opioids"

Ronnie Cohen, The Washington Post, Published March 3, 2019

TOTAL OPIOID-RELATED EMERGENCY DEPARTMENT VISITS IN TEXAS IN 2017



9,121

Top 5 Counties for Any Opioid-Related Emergency Department Visits in 2017

Harris	1,062
Dallas	962
Tarrant	833
Bexar	655
Travis	508

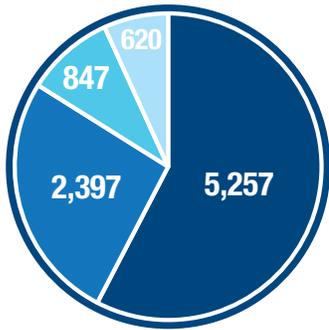
The presence of one or more family members using long-term opioids before a procedure was associated with a higher likelihood that adolescents prescribed opioids for the first time would do the same.



Harbaugh CM, Lee JS, Chua K, et al. Association Between Long-term Opioid Use in Family Members and Persistent Opioid Use After Surgery Among Adolescents and Young Adults. JAMA Surg. Published online April 01, 2019

Total by age group of any opioid-related emergency department visits in Texas in 2017.

Texas Department of State Health Services (2019). Texas Health Data: Opioid-Related Emergency Department Visits, 2016-17.



Race/ethnicity in Texas in 2017 for any opioid-related ED visits.

- White / Non-Hispanic
- Hispanic
- Black / Non-Hispanic
- Other / Unknown

Texas Department of State Health Services (2019). Texas Health Data: Opioid-Related Emergency Department Visits, 2016-17.

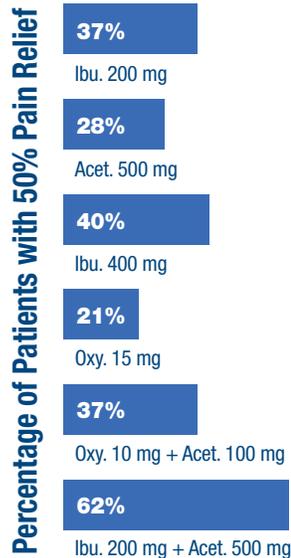
According to recent research by a University of Michigan team, suicides and drug overdoses kill American adults at twice the rate today as 17 years ago, and opioids are a primary reason for the rise. Opioids were implicated in more than two-thirds of all unintentional overdose deaths in 2017 and one-third of all overdose-related suicides.



Amy S.B. Bohnert, Mark A. Ilgen. Understanding Links among Opioid Use, Overdose, and Suicide. New England Journal of Medicine, 2019; 380 (1): 71 DOI: 10.1056/NEJMr1802148



BETTER PAIN MANAGEMENT



We can tell how effective medication is based on how many people taking it feel better. This metric is called **Number Needed to Treat (NNT)**. When people get half their pain reduced, they start feeling better and can do more. A low NNT means the medicine is more effective.

Ibuprofen + Acetaminophen	Oxycodone
NNT score of 1.5	NNT score of 4.6
Got Relief 	Got Relief
Did Not Get Relief 	Did Not Get Relief

CDC Clinical Reminders for Prescribing Opioids for Chronic Pain



Opioid Selection, Dosage, Duration, Follow-Up and Discontinuation

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe extended-release/long-acting opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed

200 mg Ibuprofen can be just as effective as a 10 mg morphine shot.

National Safety Council; "Mathematics of Pain Relief;" <https://www.nsc.org/home-safety/tools-resources/infographics/mathematics-of-pain-relief>



BETTER TARGETING OF OVERDOSE REVERSING DRUGS

From January 2018 throughout April 2019, Tarrant Opiate Reduction and Recovery Initiative (TORRI), has educated a total of **1,344** unique individuals on opioid use, the dangers of this use, how to recognize a possible opioid emergency, and how to administer Narcan for an identified possible opioid overdose.

NARCAN DISTRIBUTION

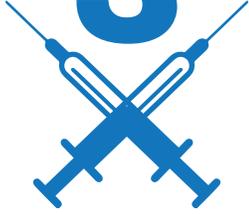
TORRI has distributed 781 kits of Narcan to various group as listed below from January 2018 throughout April 2019

359 Individuals in treatment	236 Community members
46 Family of Individuals in treatment	- 200 Integrated Outreach Services
119 First Responders	- 36 Community member TORRI Trainings
- 47 First Responder TORRI Training, Jan. 2019	21 Community members trained to be TORRI Trainers
- 10 Replenished a police department	- 17 Train the Trainer TORRI Session
- 62 Distributed for a future training	- 4 Distributed for a future training

RESULTS { January 1, 2018 through April 30, 2019:
329 – Overdose Reversals / 28 – Deaths / 94 – Unknown outcomes
67 – Event was not likely an opioid overdose



3



Individuals with family members who previously received opioid prescriptions were 3 times likelier to report overdoses ending with a hospitalization or an ER visit compared to those whose family members did not get opioids. And the more opioids a family member was prescribed, the higher the risk of such an overdose.

Khan NF, Bateman BT, Landon JE, Gagne JJ. Association of Opioid Overdose With Opioid Prescriptions to Family Members. JAMA Intern Med. Published online June 24, 2019. doi:10.1001/jamainternmed.2019.1064

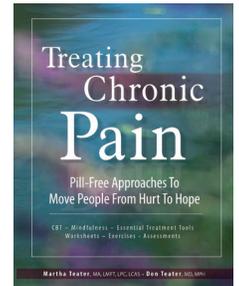


Visit meddropbox.org to find your nearest location. Proper disposal is the only way to ensure outdated prescriptions won't end up in the wrong hands.

Treating Chronic Pain: Pill-Free Approaches to Move People From Hurt to Hope

by Martha Teater and Donald Teater

Written by a mental health professional and a physician with over fifty years combined experience, this skills manual will teach you how to treat pain without pills and with confidence using cutting-edge assessments, insights and interventions.



According to the CDC, physicians should consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy when their patient:

- requests dosage reduction.
- does not have clinically meaningful improvement in pain and function (e.g., at least 30% improvement on the 3-item PEG scale).
- is on dosages greater or equal to 50 morphine mg equivalent a day without benefit or opioids are combined with benzodiazepines.
- shows signs of substance use disorder (e.g., work or family problems related to opioid use, difficulty controlling use, etc.).
- experiences overdose or other serious adverse event.
- shows early warning signs for overdose risk such as confusion, sedation, or slurred speech.

Tapering plans should be individualized and should minimize symptoms of opioid withdrawal, while maximizing pain treatment with nonpharmacologic therapies and non-opioid medications. A decrease of 10% of the original dose per week is a reasonable starting point. Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10% per month) easier. If a patient quickly returns to a previously prescribed higher dose, the risk of overdose is dramatically increased.

In general — go slow, consult with other providers and care givers, support your patients with additional mental health services, and be positive and encouraging.



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