Medically Assisted Treatment

Orman Hall
Supreme Court of Ohio

NACM Annual Conference
July 12 – 16, 2015
Prescription Opiate and Heroin Addiction In Ohio
Important Opiate Effects

• Analgesia
• Euphoria
• Respiratory Depression
• Rapid Increase in Tolerance
• Rapid Decrease in Tolerance
• Overdose
Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011\textsuperscript{1-3}

Opioid analgesic grams distributed

Unintentional Drug Overdoses & Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011

Epidemics of Unintentional Drug Overdoses in Ohio, 1979-2012\textsuperscript{1,2,3}

Prescription drugs led to a larger overdose epidemic than illicit drugs ever have.

Prescription Opioid Doses per Capita
Ohio's Automated Rx Reporting System - 2013

Legend

- ADAMHS Board

Doses Per Capita

- 22.0 - 61.2
- 61.3 - 84.0
- 84.1 - 117.6

Map Information:
This map displays per capita prescription opioid consumption. In 2013, the statewide average per capita dosage rate was 64.9 doses for every man, woman and child. Counties with the highest per capita rates were Jackson (117.6), Perry (106.1) and Vinton (105.9). Counties with the lowest per capita dosage rates were Holmes (22.0), Mercer (38.5) and Geauga (41.8). Per capita rates are based on oral solids and transdermal patches. All opioid solutions and most buprenorphine combinations are excluded from the analyses except for Butrans, which is primarily used for pain management and not medication assisted treatment.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data adapted by OhioMHAS from The Ohio State Board of Pharmacy
Map produced May 2014
Unduplicated Admissions for Opiate Abuse and Dependence
Ohio MACSIS Data - State Fiscal Year (SFY) 2001

Legend
- ADAMHS Board
- Opiate Addicts (%)
  - 0.0% - 3.0%
  - 3.1% - 6.7%
  - 6.8% - 14.3%

Map Information:
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 6.6 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2001. The highest concentrations of opiate admissions were in Cuyahoga (14.3%), Montgomery (12.5%) and Mahoning (12.2%) counties. Noble, Paulding, Putnam and Wyandot counties did not have residents with any opiate-related admissions in the public behavioral health system.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Unduplicated Admissions for Opiate Abuse and Dependence
Ohio MACSIS Data - State Fiscal Year (SFY) 2003

Legend

ADAMHS Board

Opiate Addicts (%)

- 0.0% - 3.0%
- 3.1% - 6.7%
- 6.8% - 16.3%

Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 8.6 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2003. The highest concentrations of opiate admissions were in Cuyahoga (16.3%), Mahoning (15.8%) and Montgomery (14.9%) counties. Paulding, Putnam and Wyandot counties did not have residents with any opiate-related admissions in the public behavioral health system.

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Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Unduplicated Admissions for Opiate Abuse and Dependence
Ohio MACSIS Data - State Fiscal Year (SFY) 2005

Legend
- ADAMHS Board

Opiate Addicts (%)
- 1.0% - 3.0%
- 3.1% - 6.7%
- 6.8% - 34.4%

Map Information:
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 10.6 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2005. The highest concentrations of opiate admissions were in Scioto (34.4%), Clark (21.1%) and Jackson (20.9%) counties. The counties with the lowest concentrations of opiate-related admissions were Holmes (1.0%), Morgan (1.0%) and Henry (1.1%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Unduplicated Admissions for Opiate Abuse and Dependence
Ohio MACSIS Data - State Fiscal Year (SFY) 2007

Legend
- **ADAMHS Board**
- **Opiate Addicts (%)**
  - **0.0% - 3.0%**
  - **3.1% - 6.7%**
  - **6.8% - 31.4%**

Map Information:
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 11.2 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2007. The highest concentrations of opiate admissions were in Jackson (31.4%), Scioto (30.8%) and Lawrence (22.7%) counties. The counties with the lowest concentrations of opiate-related admissions were Putnam (0.0%), Coshocton (1.9%) and Holmes (2.0%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Unduplicated Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - State Fiscal Year (SFY) 2009

Legend

ADAMHS Board

Opiate Addicts (%)
- 2.3% - 3.0%
- 3.1% - 6.7%
- 6.8% - 64.1%

Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 15.4 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2009. The highest concentrations of opiate admissions were in Scioto (64.1%), Lawrence (49.5%) and Jackson (35.7%) counties. The counties with the lowest concentrations of opiate-related admissions were Allen (2.3%), Coshocton (2.4%) and Carroll (3.5%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Unduplicated Admissions for Opiate Abuse and Dependence
Ohio MACSIS Data - State Fiscal Year (SFY) 2011

Legend

- ADAMHS Board
- Opiate Addicts (%)
  - 3.1% - 6.7%
  - 6.8% - 70.2%

Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 21.3 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2011. The highest concentrations of opiate admissions were in Scioto (70.2%), Lawrence (56.2%) and Athens (41.9%) counties. The counties with the lowest concentrations of opiate-related admissions were Morgan (3.1%), Holmes (4.4%) and Tuscarawas (5.5%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Unduplicated Admissions for Opiate Abuse and Dependence
Ohio MACSIS Data - State Fiscal Year (SFY) 2011

Legend
- **ADAMHS Board**
- Opiate Addicts (%)
  - **3.1% - 6.7%**
  - **6.8% - 70.2%**

Map Information:
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 21.3 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2011. The highest concentrations of opiate admissions were in Scioto (70.2%), Lawrence (56.2%) and Athens (41.9%) counties. The counties with the lowest concentrations of opiate-related admissions were Morgan (3.1%), Holmes (4.4%) and Tuscarawas (5.5%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Unduplicated Admissions for Opiate Abuse and Dependence
Ohio MACSIS Data - State Fiscal Year (SFY) 2012

Legend
- ADAMHS Board
- Opiate Addicts (%)
  - 4.0% - 6.7%
  - 6.8% - 69.7%

Map Information:
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 25.2 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2012. The highest concentrations of opiate admissions were in Scioto (69.7%), Lawrence (55.7%) and Jackson (53.7%) counties. The counties with the lowest concentrations of opiate-related admissions were Morgan (4.0%), Coshocton (4.5%) and Tuscarawas (7.9%).

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Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014
Percentage of AoD Clients with an Opiate Diagnosis: SFY 2001 through SFY 2012

Data Source: Multi-Agency Community Services Information System (Claims), SFY 2001-SFY2010, Note: SFY 2011 and SFY 2012 data are preliminary
Medication Assisted Treatment
Medications Available for the Treatment of Opiate Addiction

Methadone

Buprenorphine

Naltrexone
Methadone

Full Agonist Medication
Licensed in early 1970’s
The most regulated and researched addiction treatment in history, and
The most misunderstood treatment ever.

What’s a good Methadone Program?
Release of information for all providers,
Frequent urine or other tox screening,
Counseling
Flexible treatment plan that embraces harm reduction or abstinence
Discourage use of other controlled substances
Increasing intensity of treatment over time if patient is not compliant
Buprenorphine

Partial Agonist Medication
Licensed in 2002
Combined with Naloxone to discourage abuse
Ceiling Effect
Overdose less likely than Methadone

What’s a good Buprenorphine Program?
Release of information for all providers,
Frequent urine screens,
Counseling,
Dose <=16mg
No other controlled substances should be allowed
Increasing intensity of treatment over time if non-adherent.
Accepts insurance payments for visits.
Naltrexone

Antagonist Medication
Available in oral and extended release shot (Vivitrol)
Blocks opiate effects
Has no opiate effects

Extended Release Advantages
Approved for alcohol dependence in 2006 and opiate dependence in 2010
Most useful for motivated patients who have undergone detoxification and need support to avoid relapse
Once monthly injection
Opioid Intrinsic Activity

Efficacy

Opioid effect
- Analgesia
- Sedation
- Respiratory depression

% Efficacy

Log Dose of Opioid

Full Agonist
Morphine, Oxycodone
METHADONE

Partial Agonist
Buprenorphine

Antagonist
Naloxone, Naltrexone
Questions?