Operation Deadly Drugs: The Opioid Crisis

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July 22–25, 2019 • San Diego, CA
THE OPIOID EPIDEMIC
What are Opioids?

• A class of drugs that work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract to diminish the body’s perception of pain.

• Opioids can also have an impact on other systems of the body, such as altering mood, slowing breathing, and causing constipation.

• Include medications such as: codeine, fentanyl, hydrocodone, morphine, oxycodone, and more.
Major Public Health Concern

• From 1999 to 2017, more than 700,000 people have died from a drug overdose.

• U.S. overdose deaths involving opioids (i.e., unintentional, intentional, homicide, and undetermined) increased to more than 42,000 deaths in 2016.
Risk Factors for Prescription Abuse and Overdose

- Obtaining overlapping prescriptions from multiple providers and pharmacies.
- Taking high daily dosages of prescription opioid pain relievers.
- Having mental illness or a history of alcohol or other substance abuse.
- Living in rural areas and having low income.
ADMINISTRATION RESPONSES
President Obama’s Opioid Response

- October 2015 Presidential Memorandum
  - Prescriber Training
  - Improving Access to Treatment

- FY 2017 Budget
  - Medication-assisted Treatment grants to states
  - Expanded access to substance use treatment providers
  - Evaluation of the effectiveness of treatment programs employing medication-assisted treatment
Presidential Initiative

“We will work to strengthen vulnerable families and communities, and we will help to build and grow a stronger, healthier, and drug-free society.”

President Donald J. Trump

– Reduce drug demand through education, awareness, and preventing over-prescription.
– Cut off the flow of illicit drugs across our borders and within communities.
– Save lives now by expanding opportunities for proven treatments for opioid and other drug addictions.
WHAT IS THE OIG SEEING?
OIG and Opioids

- Drug diversion not new for us
- Began at formation of OIG in 1970’s in Medicaid
- Then expanded with MMA in 2003 (2006)
- High dose; longer acting opioids in 1990’s
OIG Medicare Concerns

• Medicine cabinet diversion
• Over prescribing to elderly for pain syndromes
• Potential interaction with other medications
• Seeing multiple prescribers for various illnesses who don’t know what each other is prescribing
• Younger population on disability
The Perfect Storm

- Use of Medicare/Medicaid/Insurance to fund drug habit
- Internet information
- Cultural norms
- Unreasonable quantities being prescribed
- The “5th vital sign” (BP, pulse, RR, temp objectively measured)
- Industry producing wider variety of CS; until last year providers prescribing more more. Why?
Starting Young

• 1 in 4 teens report misuse/abuse of at least one prescription drug in their lifetime
• 1 in 5 abused before age 14
• 27% believe prescription drugs are “safer” than illicit drugs
• 33% believe it’s okay to use a prescription drug not prescribed to them

Partnership Attitude Tracking Study Report, 2013
Parental Sources of Concern

• 20% report giving their child prescription drug not prescribed to them
• 17% do not throw away expired medication
• 49% say anyone can access their medicine cabinet
• 56% of teens say it’s easy to get medication from parent’s medicine cabinet
• 42% teens obtained meds from parents medicine cabinet; 49% obtained it from a friends.
Order of Most Commonly Prescribed (Medicare)

- Tramadol
- Oxycodone
- Hydrocodone
- Fentanyl
Fentanyl Danger
Spending for Part D Drugs 2006-2017

- 2006: $51
- 2007: $62
- 2008: $68
- 2009: $74
- 2010: $78
- 2011: $85
- 2012: $90
- 2013: $104
- 2014: $121
- 2015: $137
- 2016: $146
- 2017: $155

2019 SMP/SHIP National Conference
July 22–25, 2019 • San Diego, CA
Percentages

• What percent of Part D drugs are controlled drugs?
Controlled vs. Non-Controlled

• Controlled Drugs
  – Around $9.3 Billion (6%)

• Non-Controlled Drugs
  – Around $145 Billion
DEA & HHS/OIG Authority
Polysubstance Use and Potentiators

• Nearly all people who used heroin in 2013 also used one other drug, and most used at least three other drugs
• Use of potentiator medications
• E.g. muscle relaxants, HIV meds, ADHD, gabapentin
Misleading Graphs
Deaths Increasing

Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2017

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018.
Opioid Prescribing Before and After Non-fatal Overdoses at VA

![Bar chart showing opioid prescribing percentages before and after non-fatal overdoses at VA.](chart.png)
WHAT CAN WE DO?
Educate

• Train counselors and partners on opioid misuse/abuse
• Utilize the CMS Part D Prescribing Mapping Tool to target outreach
• Include information on the opioid epidemic in outreach to the public
• Connect partners and beneficiaries to resources
CMS Prescriber Roadmap

1) **prevention** of new cases of opioid use disorder (OUD);

2) **treatment** of patients who have already become dependent on or addicted to opioids; and

3) utilization of **data** from across the country to better target prevention and treatment activities.

CMS Medicare Part D Prescribing Mapping Tool

Opioid Prescribing Rate
ACL & HHS Created Resources

• SHIP/SMP PPT for the public
• Fact Sheets:
  – Opioids and Older Adults
  – Combating the Opioid Crisis
• Toolkits:
  – Several developed by SAMHSA
• ACL Opioid Page:
Additional Resources Located on Center Sites

• Will be available on the password protected side of both https://www.shiptacenter.org/ and https://www.smpresource.org/.

• Includes:
  – A PPT that can be used for counselor training and/or beneficiary outreach;
  – Information from HHS, CMS, SAMSHA, and other agencies;
  – Access to toolkits, drop-in articles, a commonly prescribed drug list, and other resources.
REPORTING
Reporting in SIRS

• Added “Opioid Fraud and Abuse” to the Topic(s) Discussed Field
Reporting in STARS

• Use Special Use Fields - Field 3
### Reporting in STARS

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QUESTIONS?