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## **Confronting the Crisis of Opioid Addiction: An Overview of Beacon's White Paper**

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# Opioid Addiction Is Headline News

**2 million**  
Americans  
are addicted to  
prescription opioids



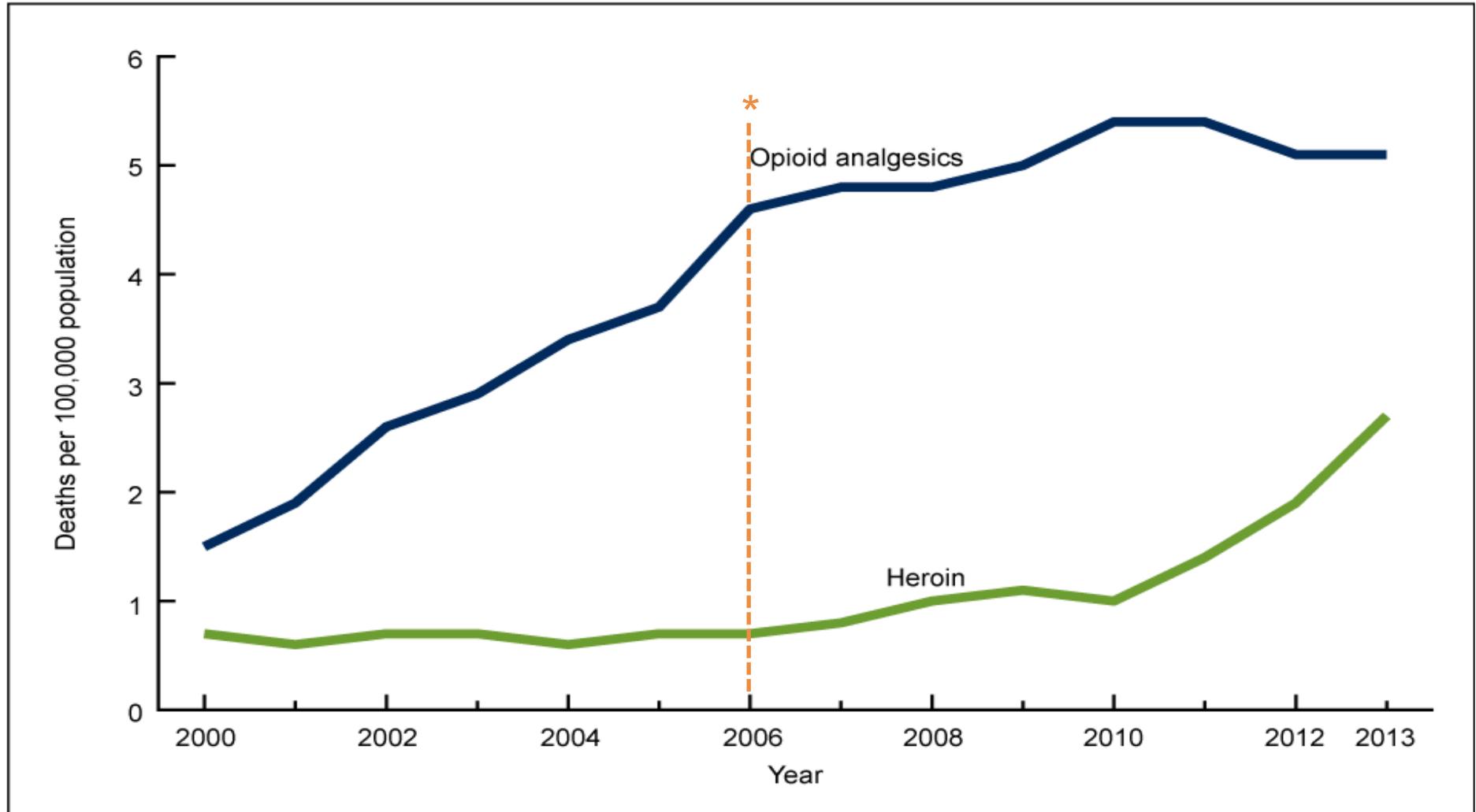
**Deaths from opioids outnumber deaths  
from motor vehicle accidents per annum**

## Why?

- There has been massive overprescribing of opioid painkillers
- Heroin abuse is growing
- Treatment is fragmented and hard to access

# Drug-poisoning Deaths Involving Heroin: United States, 2000–2013

Figure 1. Age-adjusted rates for drug-poisoning deaths, by type of drug: United States, 2000–2013



NOTES: The number of drug-poisoning deaths in 2013 was 43,982, the number of drug-poisoning deaths involving opioid analgesics was 16,235, and the number of drug-poisoning deaths involving heroin was 8,257. A small subset of 1,342 deaths involved both opioid analgesics and heroin. Deaths involving both opioid analgesics and heroin are included in both the rate of deaths involving opioid analgesics and the rate of deaths involving heroin. Access data table for Figure 1 at: [http://www.cdc.gov/nchs/data/databriefs/db190\\_table.pdf#1](http://www.cdc.gov/nchs/data/databriefs/db190_table.pdf#1).

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

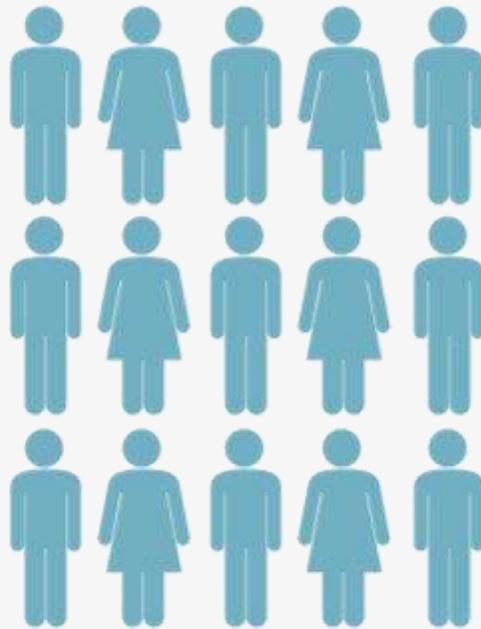
# Issues Unique to Addiction Treatment

- Widest gap between science and clinical practice
- About 50 percent of family members would help a family member obtain treatment
- About 5 percent of treatment referrals are from health care providers
- Forty-four (44) percent of referrals from legal system
- Most do not receive best practice care
- Only minority of states monitor treatment outcomes
- Quality measures not standardized
- Many programs exempt from state regulation or medical oversight

# Medication-assisted Treatment (MAT) Reduces All-cause Mortality



Receiving  
treatment



Untreated

“...the all-cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population, whereas the mortality rate of untreated individuals using heroin was more than 15 times higher.”

Modesto-Lowe et al., 2010; Gibson, 2008; Mattick, 2003; Bell and Zador, 2000; Marsch, 1998

# MAT as *Part* of Treatment Program

- Four approved medications for treatment of opiate dependency:
  - Buprenorphine
  - Methadone
  - Naltrexone oral
  - Naltrexone injectable
- MAT is an evidence-based treatment for opioid addiction; however, it is not a stand-alone treatment choice.
- MAT has proven to be very effective as part of a holistic, evidence-based treatment program that includes behavioral, cognitive and other recovery-oriented interventions, treatment agreements, urine toxicology screens and checking of PDMP.

# Opioid Addiction: A Chronic Illness Should Be Treated Through Chronic Disease Model

## Recommended Interventions

## Description

Increase community resources and policies

- Make naloxone widely available
- Remove barriers to non-acute provider capacity:
  - Methadone, Suboxone
  - Extenders - mid-level administrators under supervision
- Public awareness campaign targeting citizens, prescribers & policymakers about the chronic disease model

Increase collaboration between payers and providers

- Encourage bundled payments for high-quality providers to encourage community care instead of institutional care:
  - Peers, office and home-based formats
  - De-stigmatize long-term treatment options. More than just abstinence

Improve access to resources for self management

- Promote verbal and written explanation of treatment options, alternatives, risks and benefits, including Medication-Assisted Therapies (MAT)

Improve design of delivery system

- Re-unify the system of care (e.g. Department of Health carve-outs) in accordance with ASAM criteria
- Require case/care management/pain management services to be part of full-service addictions treatment

Increase decision support

- Apply evidence-based clinical practice guidelines to MAT, including real time support for prescribers (e.g. expert staffed support hotline for prescribers treating addictions)

Implement clinical information systems

- Registries
- Implement EHR technology to ensure real-time access to pertinent clinical information (i.e., diagnoses, co-morbidities, medications, treatment goals)
- Clear interpretation that SA-related personal health information will not be used for prosecutorial purposes

# Summary

1. Prescription opioid addiction has reached crisis proportions.
2. Social bias and a pervasive view of addiction as a moral failing has limited access to effective, evidence-based treatments.
3. Implementing the six tenets of the chronic disease model of care signifies a major redesign of the current health care system to appropriately treat the chronic disease of opioid addiction and combat the opioid crisis.
4. As the path to addiction often begins with prescribed opioids for the treatment of pain, a comprehensive treatment continuum needs to include pain management.
5. Legislation could be instrumental in realizing this goal.

# Thank you



**For questions**

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