HARM REDUCTION

NEEDLE-BORNE DISEASE AND SUBSTANCE ABUSE

Tuesday, Aug. 18, 2 p.m. EDT
CSG eCademy Webcast
Representative Ed Clere
New Albany, Indiana
Chair, Indiana House Public Health Committee
Co-Chair, CSG Health Public Policy Committee
The HIV Epidemic in Rural Indiana
A timeline in images

Maureen Hayden
mhayden@cnhi.com
@MaureenHayden
HIV Outbreak in Southeastern Indiana

**Start Date:** 2/25/2015  **Start Time:** 12:00 AM

**End Date:** 2/25/2015

**Entry Description**

INDIANAPOLIS—State health officials announced today a quickly spreading outbreak of HIV in the southeastern portion of the state. There have been 26 confirmed and four preliminary HIV positive cases since mid-December. The large majority of cases are linked through injection drug abuse of the prescription drug, opana, in addition to a small number of cases linked through sexual transmission. Opana is a powerful opioid painkiller containing oxymorphone. It is more potent, per milligram, than Oxycontin.
Opana abuse in USA overtakes OxyContin

By Donna Leinwand Leger, USA TODAY

Updated 7/11/2012 12:13 PM

In many cases, robbers are asking specifically for Opana when they enter pharmacy stores. This attempted robbery occurred on Feb. 27 at a Kroger Pharmacy in Fort Wayne, Ind.

Fort Wayne Police Department
Area HIV outbreak continues to worsen

Clark County health officer heading up response calls situation a ‘crisis’

BY MAUREEN HAYDEN
CNHI State Reporter

INDIANAPOLIS — New HIV cases have more than doubled in Scott County in recent weeks, and health officials fear the virus is still spreading as they struggle to identify those who are infected.

The cluster of HIV cases, centered in the small town of Austin along Interstate 65, is the largest single outbreak of the AIDS-causing virus in Indiana history, according to state health officials. The growing number of cases among intravenous drug users and prostitutes — at 55 confirmed cases Thursday — is prompting the U.S. Centers for Disease Control and Prevention to dispatch a team of specialists next week to help contain the virus.

“This is a crisis,” said Dr. Kevin Burke, the Clark County public health officer who detected the outbreak’s first case in late December.

SEE HIV, PAGE A6
"We should have had a handle on a lot of this stuff for a long time. We've let this community run wild."
— Austin City Council President Jim Kallembach

At the epicenter of
AN OUTBREAK

A syringe is found along West Main Street in downtown Austin in Scott County on Tuesday afternoon. A recent outbreak of HIV infections in the county has been traced by health officials to intravenous drug use in the area, and a team with the Centers for Disease Control and Prevention is currently working with local officials to contain the outbreak.

Rampant drug abuse at root of Scott County HIV explosion
HALTING AN EPIDEMIC
Gov. Pence to declare emergency in Scott County over HIV outbreak

BY ELIZABETH BEILMAN
elizabeth.beilman@newsandtribune.com

SOTTSBURG — In the throes of the largest HIV outbreak in Indiana history, officials in Scott County have known for years that drug use is at the heart of the crisis.

“This is just a result of some of the struggles that we’re going through here,” Scott County Sheriff Dan McClain said Wednesday, adding his department will focus on stopping the flow of drugs from entering the county.

State and federal officials are taking action to stop the HIV outbreak — now called an epidemic — in its tracks.

Gov. Mike Pence is signing an executive order today declaring a public health emergency in Scott County, where most of the outbreak is concentrated.

SEE EMERGENCY, PAGE A6
INDEPENDENCE — Gov. Mike Pence set aside his longtime opposition to programs that give needles to drug users amid pleas from health officials and conservative legislators to respond to the spreading HIV outbreak in Scott County.

On Thursday, Pence announced that he would suspend state laws barring health officials from distributing needles to intravenous drug users on an emergency basis. The decision — part of an executive order declaring a public health emergency — makes room for health officials in Scott County to start a needle-exchange program to help fight an outbreak that now includes at least 79 new cases of HIV.

FLOYD HEALTH DEPARTMENT OFFERING HIV TESTING

The Floyd County Health Department, along with the Indiana State Department of Health division of HIV/STD/Viral Hepatitis, will begin offering free HIV testing at the New Albany office, 1917 Bono Road, behind Floyd Memorial Hospital and Health Services.

Testing will be offered April 9 and 16 from 10 a.m. to 4 p.m. Call 812-948-4726 ext. 656 for more information.

Indiana Gov. Mike Pence speaks during a press conference surrounding the recent HIV outbreak in Scott County at the Mid-America Science Park in Scottsburg on Wednesday afternoon. | STAFF PHOTO BY CHRISTOPHER FRAYER

SEE HIV, PAGE A4
Indiana Law Denounced as Invitation to Discriminate Against Gays

By MICHAEL BARBARO and ERIK ECKHOLM  MARCH 27, 2015

Protesters turned out last week in Indianapolis against an Indiana measure that lets businesses refuse to serve same-sex couples. Robert Scheer/The Indianapolis Star, via Associated Press
Drug-Related HIV Outbreak Sparks Emergency in Indiana

CDC medical team helps with swelling case load in southeastern part of state

Indiana Gov. Mike Pence declares a public health emergency after the state confirms 79 cases of HIV in one county. WSJ’s Matthew Dolan reports. Photo: AP
Growing Problem

HIV and hepatitis C infections have risen recently. With hepatitis C, many acute infections go unreported and usually progress to chronic hepatitis C, a long-term illness affecting an estimated 2.7 million Americans.

New diagnoses of HIV, 2012 (47,746 nationwide)

<table>
<thead>
<tr>
<th>Rate per 100,000</th>
<th>National rate, per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>20</td>
</tr>
<tr>
<td>5 to 10</td>
<td>15</td>
</tr>
<tr>
<td>10.1 to 20</td>
<td>10</td>
</tr>
<tr>
<td>More than 20</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2012 18.3</td>
</tr>
</tbody>
</table>

Reported cases of acute hepatitis C, 2012 (1,778 nationwide)

<table>
<thead>
<tr>
<th>Rate per 100,000</th>
<th>National rate, per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012 0.6</td>
</tr>
</tbody>
</table>

Note: Data for 2012 are most recent available. Source: Centers for Disease Control and Prevention
Pence resists expanding needle exchange for HIV outbreak

Maureen Hayden, Tribune-Star CNHI Statehouse Bureau Chief

Gov. Mike Pence has set aside his longtime opposition to programs that give needles to drug users amid pleas from health officials and conservative legislators to respond to the spreading HIV outbreak in Southeast Indiana.

On Thursday, Pence announced that he would suspend, on an emergency basis, state laws barring health officials from distributing needles to intravenous drug users. The decision makes room for health officials in Scott County to start a needle-exchange program to help fight an outbreak that now includes at least 79 new cases of HIV.

Among those who pushed Pence on the issue was Sen. Jim Smith, a conservative Republican whose district includes Scott County, the epicenter of the outbreak that began when an HIV-infected drug user started sharing dirty needles.

Local health officials have said all 79 cases involve intravenous drug use, though they warn the virus is also spreading through sexual contact.
Indiana HIV outbreak triggers national alert

Centers for Disease Control warns state health departments to identify and track cases of HIV and hepatitis C, often a precursor for potential outbreaks of the virus.
Rural Indiana Struggles to Contend With H.I.V. Outbreak

By ABBY GOODNOUGH  MAY 5, 2015

Containers holding discarded syringes as part of a needle exchange program in Austin, Ind.
Aaron P. Bernstein for The New York Times
Welcome to the Red State HIV Epidemic
Republican governors face tough decisions as the disease spreads in middle America.
By ADAM WREN | May 28, 2015
They’re the most powerful painkillers ever invented.
And they’re creating the worst addiction crisis America has ever seen.

By Massimo Calabresi
Representative Ed Clere
New Albany, Indiana
Chair, Indiana House Public Health Committee
Co-Chair, CSG Health Public Policy Committee
Management Options for Opioid Dependence:
Policy Implications and Recommendations

Courtney Cunningham, MPH
Program Director, CEPAC
New England CEPAC

- Core program of Institute for Clinical and Economic Review (ICER)
- **Goal:**
  - To improve the application of evidence to guide practice and policy in New England
- **Structure:**
  - Evidence review from ICER
  - Deliberation and voting by CEPAC in public meetings: independent clinicians, scientific review experts, and public members from New England states
- **Funding:**
  - State Medicaid programs
  - Regional private payers
  - Regional provider groups
Why now?

- 2.5 million Americans are addicted to opioids.
- Epidemic caused in part by overprescribing and diversion of painkillers; low cost, increased potency and availability of heroin.
- SAMHSA reports that four out of five heroine users started abusing prescription drugs first.
REVIEW OF PUBLISHED EVIDENCE
Scope and Areas of Interest

- Identified existing treatment options available for opioid addiction
- Examined existing systematic randomized control trials, supplemental randomized control trials, comparative cohort studies, and case studies that were published between 2003 and 2014
Treatment

- **Detox**: any treatment program with opioid abstinence as a goal that is less than 30 days in duration

- **Medication Assisted Maintenance Treatment**: programs that treat opioid addiction using a medication.
  - Medications include methadone, buprenorphine, buprenorphine/naloxone (Suboxone ®), and naltrexone (Revia ®, Vivitrol ®)
Maintenance vs. Detox

- Systematic reviews and recent clinical studies have consistently shown superiority of maintenance treatment to detox and other short-term strategies for stopping all opioid use:
  - Greater retention in treatment programs
  - Less use of illicit opioids like heroin
Suboxone vs. Methadone

- Maintenance treatment with methadone and Suboxone® (buprenorphine/naloxone) appear to be comparably effective:
  - No differences in mortality, criminal activity, or illicit drug use
  - Somewhat better treatment retention with methadone
    - In US settings, may be correlated with greater regulation and treatment oversight of methadone clinics vs. office-based Suboxone prescribing
Naltrexone

- Not an opioid replacement therapy
  - Used to block cravings in patients who have stopped opioid use
- Clinical trials of oral naltrexone suggest it is no better than placebo at keeping patients in treatment or controlling illicit drug use
- Data on injectable (Vivitrol) suggest better compliance, but limited evidence
Dosing and Duration

- Attempts to taper maintenance medication to opioid abstinence have been largely unsuccessful.
- Observational studies suggest that longer and gradual tapers have better chance for success.
- Data suggest a meaningful subset of patients who might benefit from tapering and other detox strategies:
  - Relatively short duration of addiction
  - Not an injectable drug user
  - Employed, well educated
  - Good support system at home
ECONOMIC EVALUATION:
POPULATION BUDGET IMPACT
Budget Impact Model: Change in Total Costs over 2 Years

In New England, every $1 spent expanding access to treatment would result in $1.80 in savings.
ACCESS TO TREATMENT AND POLICY OPTIONS
Access to Treatment

- Availability of facility-based and office-based opioid dependence treatment falls far short of clinical need

- DATA 2000 legislation sets prescribing limits for buprenorphine and Suboxone:
  - Approximately one-third of licensed physicians have obtained a waiver to move from a patient cap of 30 – 100 patients
Access to treatment

- Highly regulated environment for methadone clinics
  - Medication must be taken under observation unless take-home privileges are granted
  - Long wait-lists are common at most facilities

- Treatment unavailable in most correctional facilities
  - only 10% of individuals that require MAT receive it as part of their justice system supervision (SAMHSA, 2013)
Key CEPAC Votes

- Maintenance therapy with any medication has **superior** effectiveness to short-term detoxification and has **high comparative value**

- Expanding access to maintenance therapy has **high comparative value** to the status quo.
  - Value judgment adopts Medicaid perspective and includes both societal and direct health care costs
Key Policy Recommendation #1

- Coordinated efforts are needed to improve access to opioid dependence treatment. Key mechanisms to consider:
  - Change regulations that isolate methadone treatment from the rest of clinical care
  - Establish resources to support waived physicians in increasing their capacity & willingness to serve more patients
  - Relax limits on the number of patients that can be treated by qualified clinical teams
  - Broaden the scope of DATA 2000 to allow qualified psychiatric nurse practitioners to prescribe buprenorphine-containing medications
Example: Med-O-Wheel

Using new technology to help patients on waiting lists access some level of MAT:

- Device dispenses a single dose of buprenorphine for a limited two-hour window each day, making it difficult for patients to abuse medication
Key Policy Recommendation #2

- Develop systems to triage patients to the level of care most appropriate for their individual needs. Mechanisms to consider:
  - Coordinated care networks in which patients receive short-term intensive outpatient care until stabilized, and then are referred to lower levels of ongoing care and MAT in primary care settings or community-based practices.
Example: Vermont Hub and Spoke
Thanks!

- For more information, visit: cepac.icer-review.org
- Email: ccunningham@icer-review.org
- Phone: 617-528-4013 ext. 7013
Questions?

Please submit them in the question box of the GoToWebinar taskbar.