

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# *Prevention of Opioid Misuse*

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**Regional Opioid and Substance Abuse Summit**  
**May 9, 2017**  
**Linthicum, Maryland**

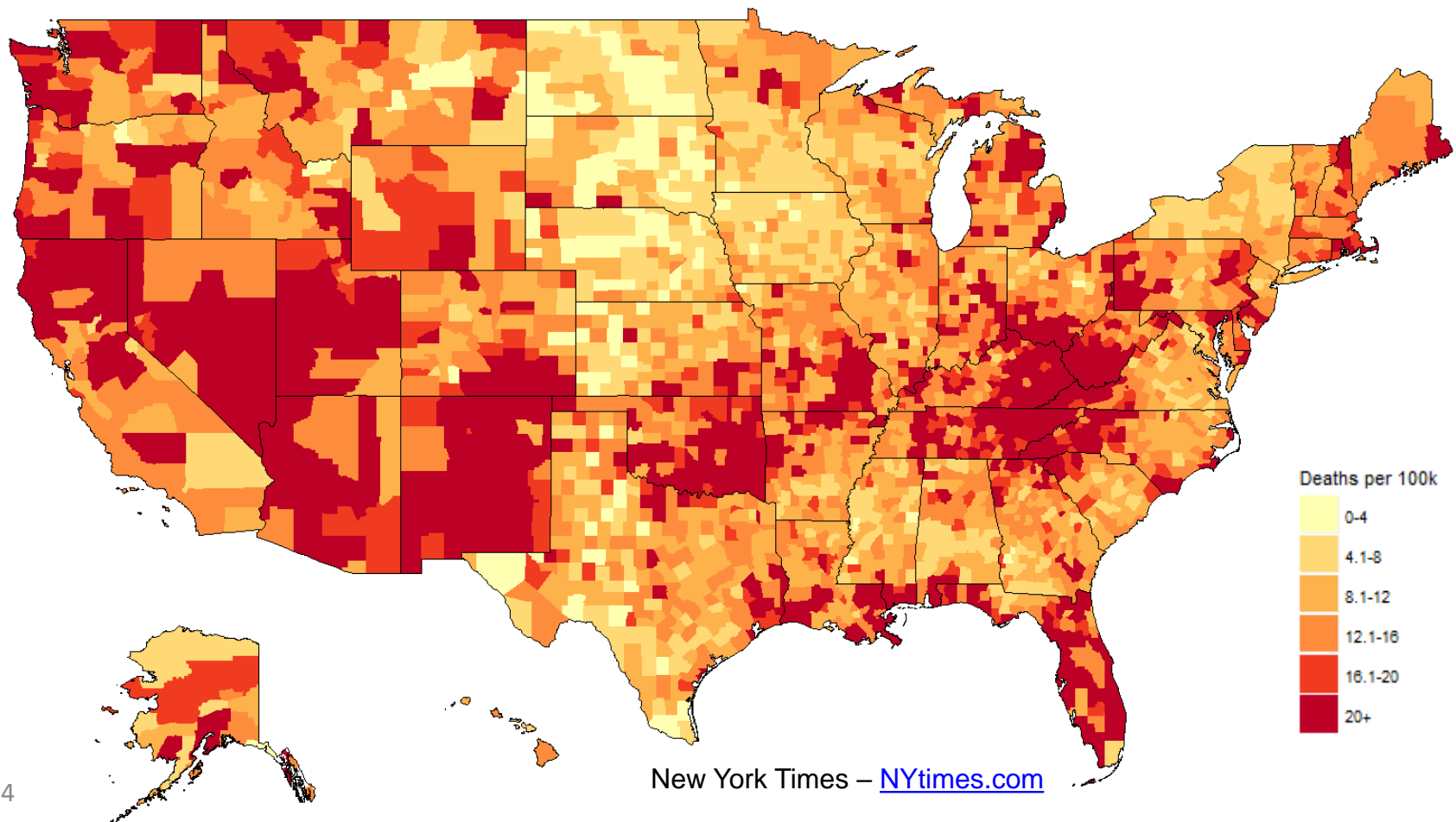


# Objectives

- Provide an overview of the opioid crisis
- Discuss the spectrum of prevention
- Identify opportunities to collaborate with prevention partners.
- Provide SAMHSA opioid prevention resources

# The Growing Drug Overdose Epidemic

2014



# Prescription Opioids and Heroin: Public Health Challenge

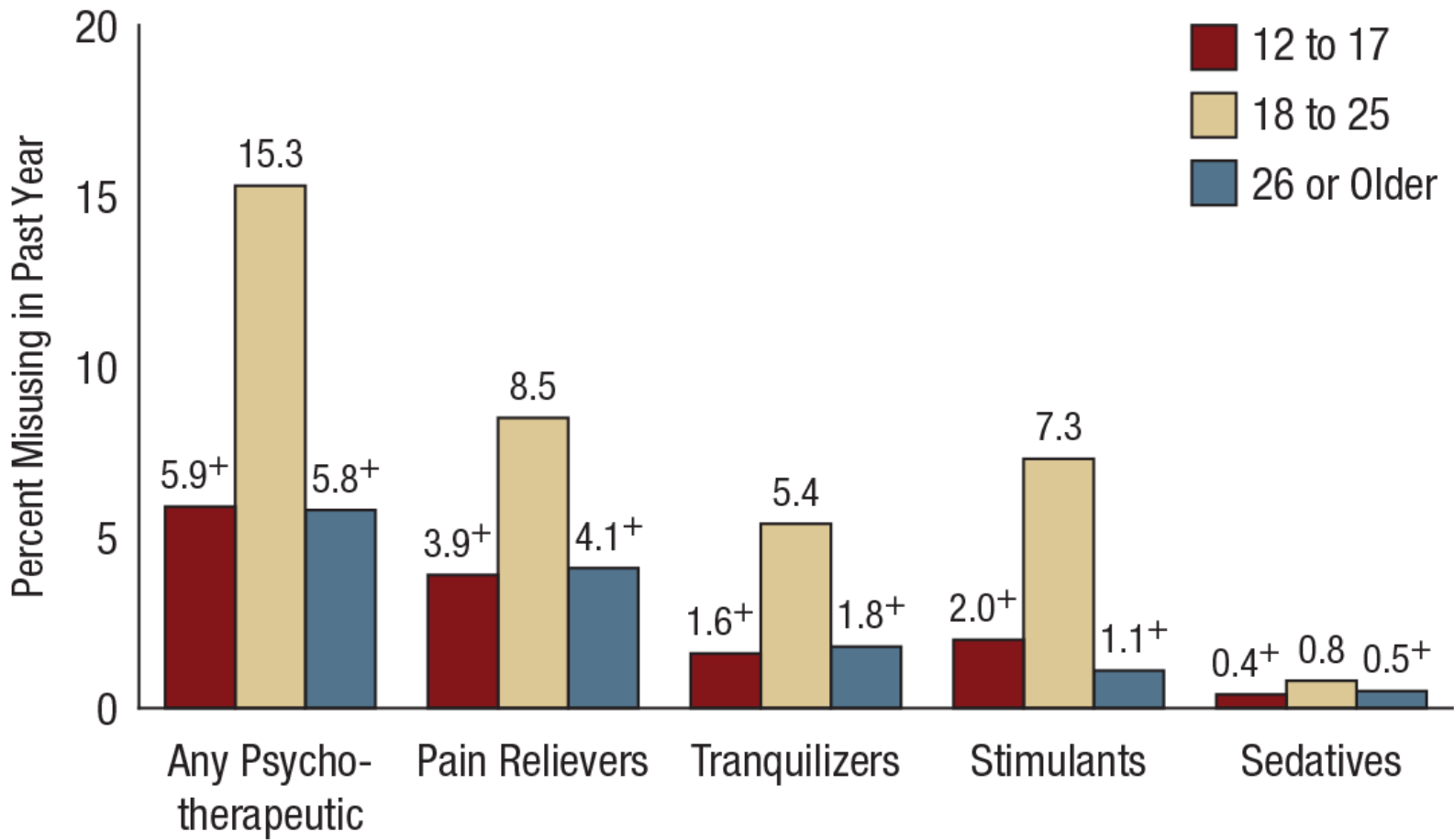
In 2015, 2 million people had a pain reliever use disorder and nearly 600,000 had a heroin use disorder. The national data on overdose deaths are startling: in 2015, there were 33,091 (2014 - 28,647) overdose deaths involving prescription opioid medications and/or heroin.

**That is equivalent to an average of  
one death every 16 minutes.**



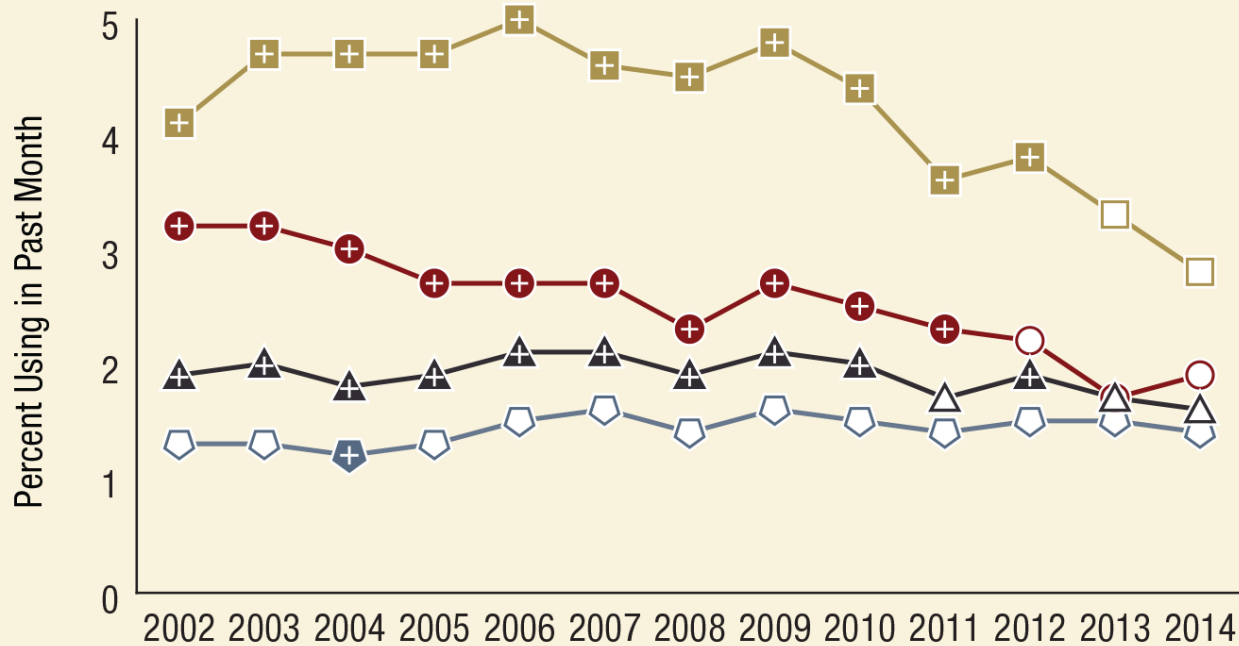


# Past Year Misuse of Prescription Psychotherapeutics Aged 12 or Older, by Drug Type and Age Group, NSDUH 2015





# Past Month Nonmedical Use of Pain Relievers among People Aged 12 or Older, by Age Group: 2002-2014

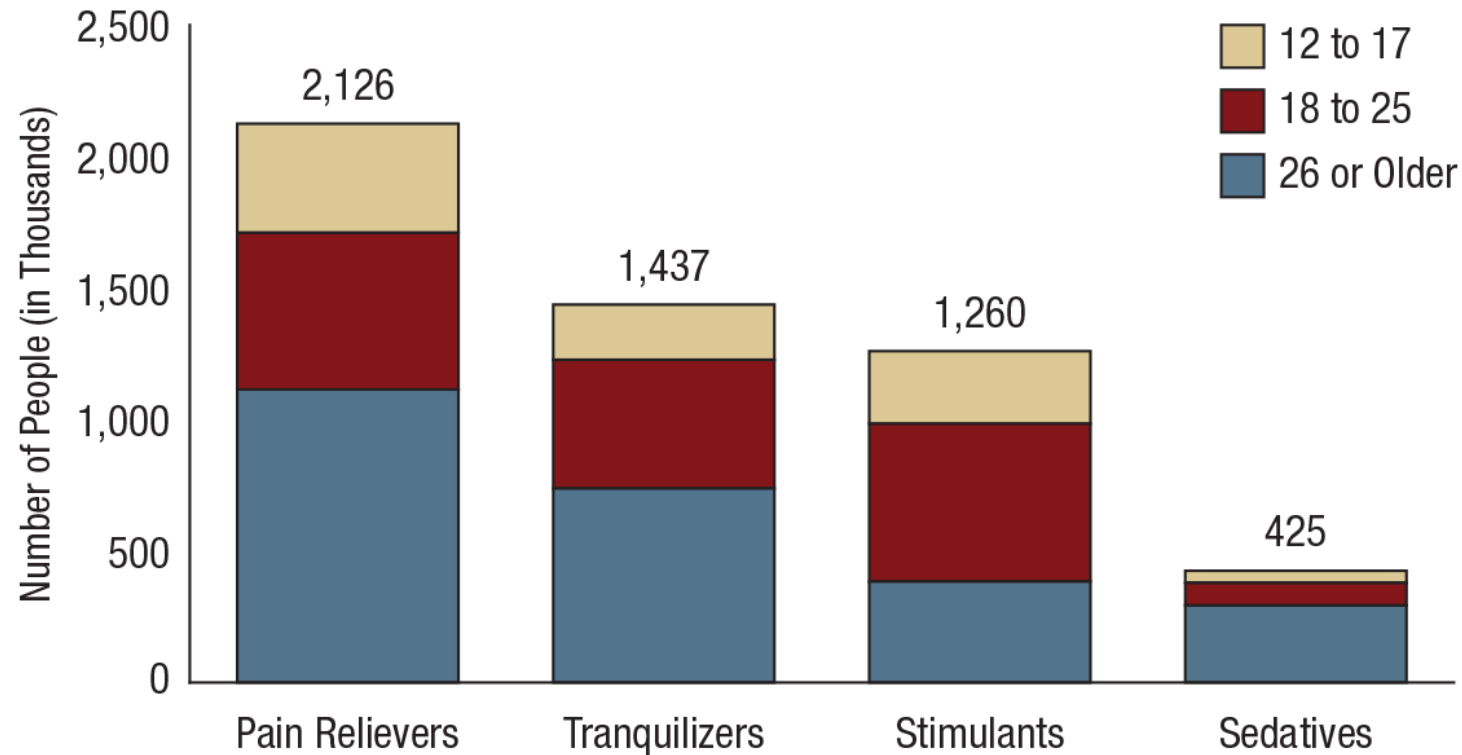


▲ 12 or Older   
 ● 12 to 17   
 □ 18 to 25   
 ◑ 26 or Older

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
12 or Older	1.9+	2.0+	1.8+	1.9+	2.1+	2.1+	1.9+	2.1+	2.0+	1.7	1.9+	1.7	1.6
12 to 17	3.2+	3.2+	3.0+	2.7+	2.7+	2.7+	2.3+	2.7+	2.5+	2.3+	2.2	1.7	1.9
18 to 25	4.1+	4.7+	4.7+	4.7+	5.0+	4.6+	4.5+	4.8+	4.4+	3.6+	3.8+	3.3	2.8
26 or Older	1.3	1.3	1.2+	1.3	1.5	1.6	1.4	1.6	1.5	1.4	1.5	1.5	1.4

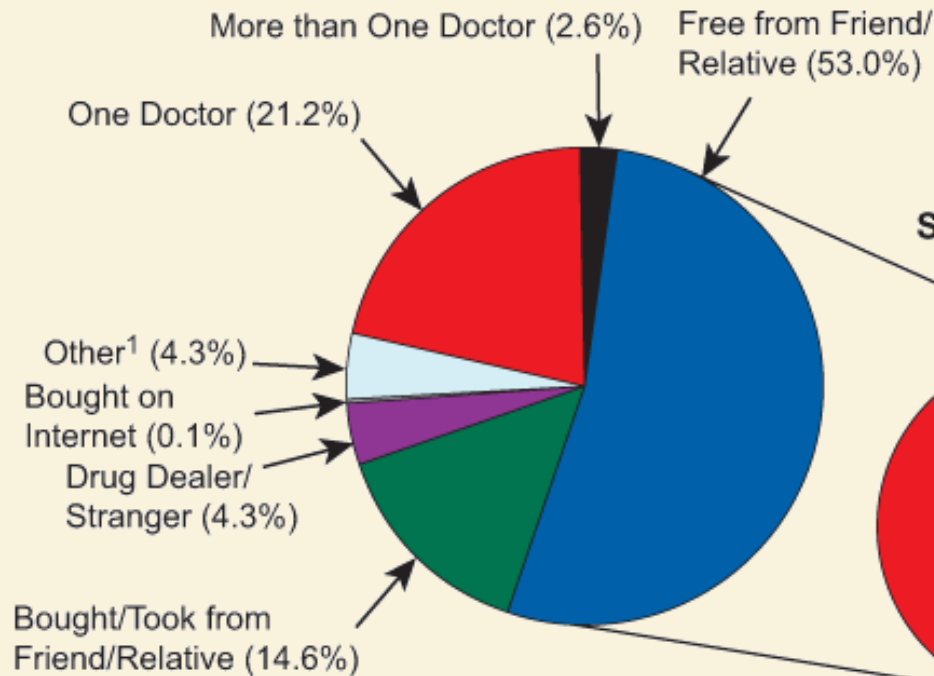
+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

# Numbers of People Aged 12 or Older (in Thousands) Who Initiated Prescription Drug Misuse in the Past Year, by Age Group: 2015

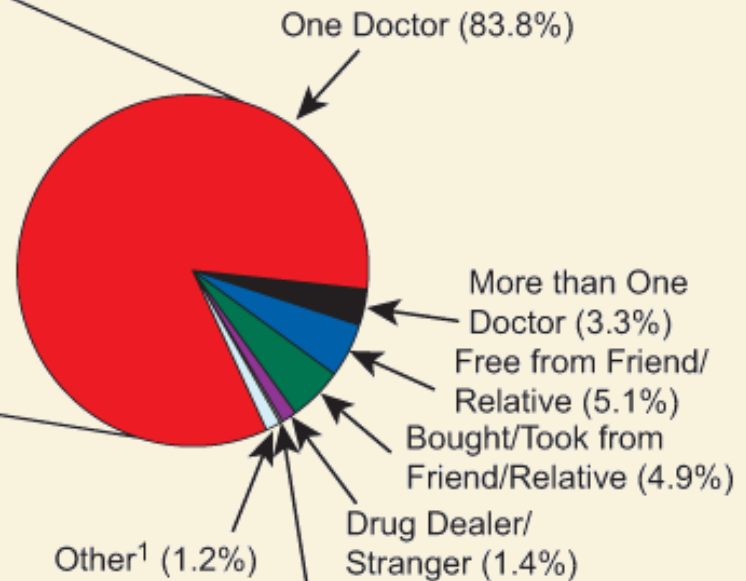


# Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2012-2013

Source Where User Obtained



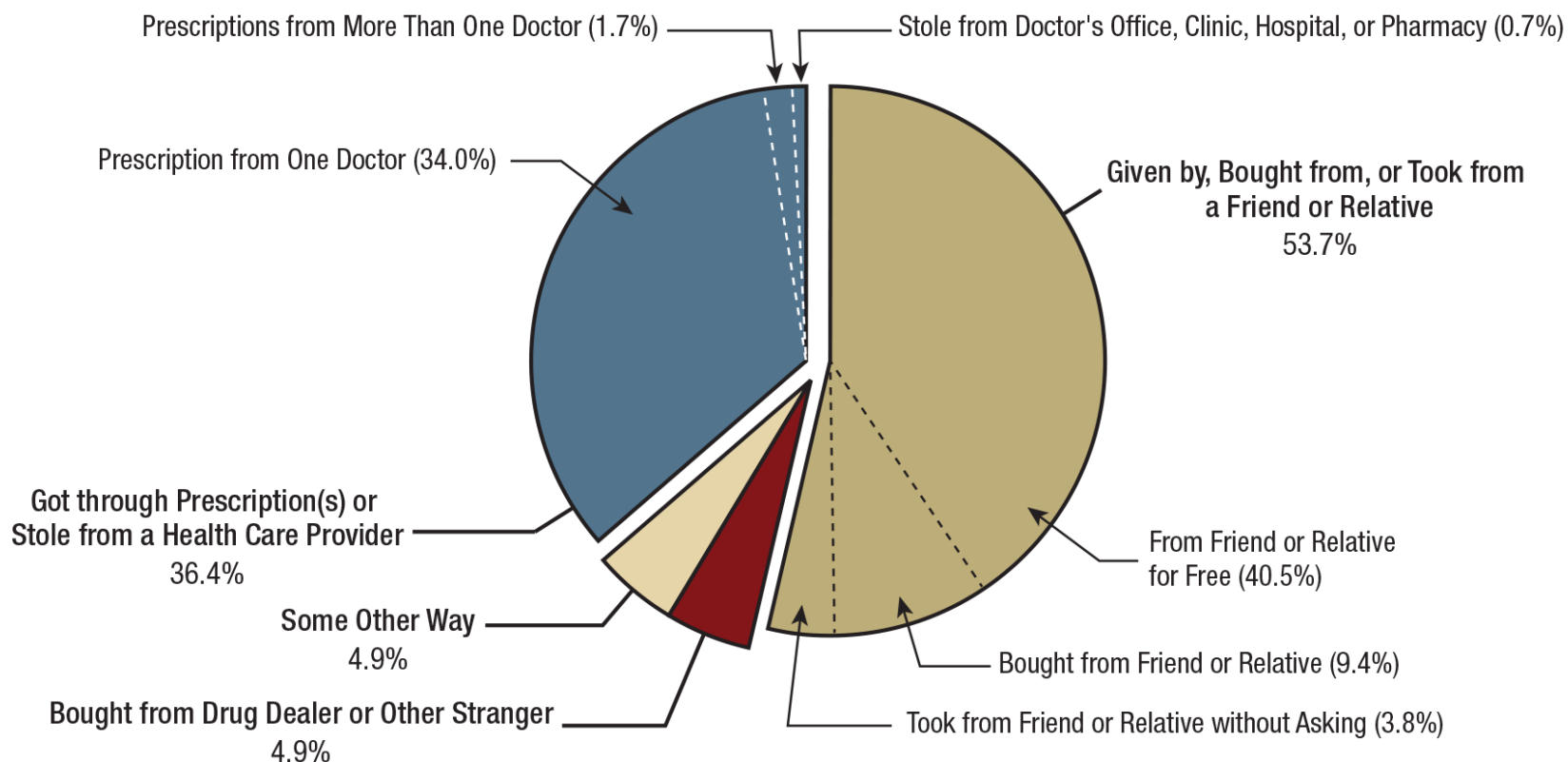
Source Where Friend/Relative Obtained



Note: The percentages do not add to 100% due to rounding.

<sup>1</sup>The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

# Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2015



**12.5 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year**

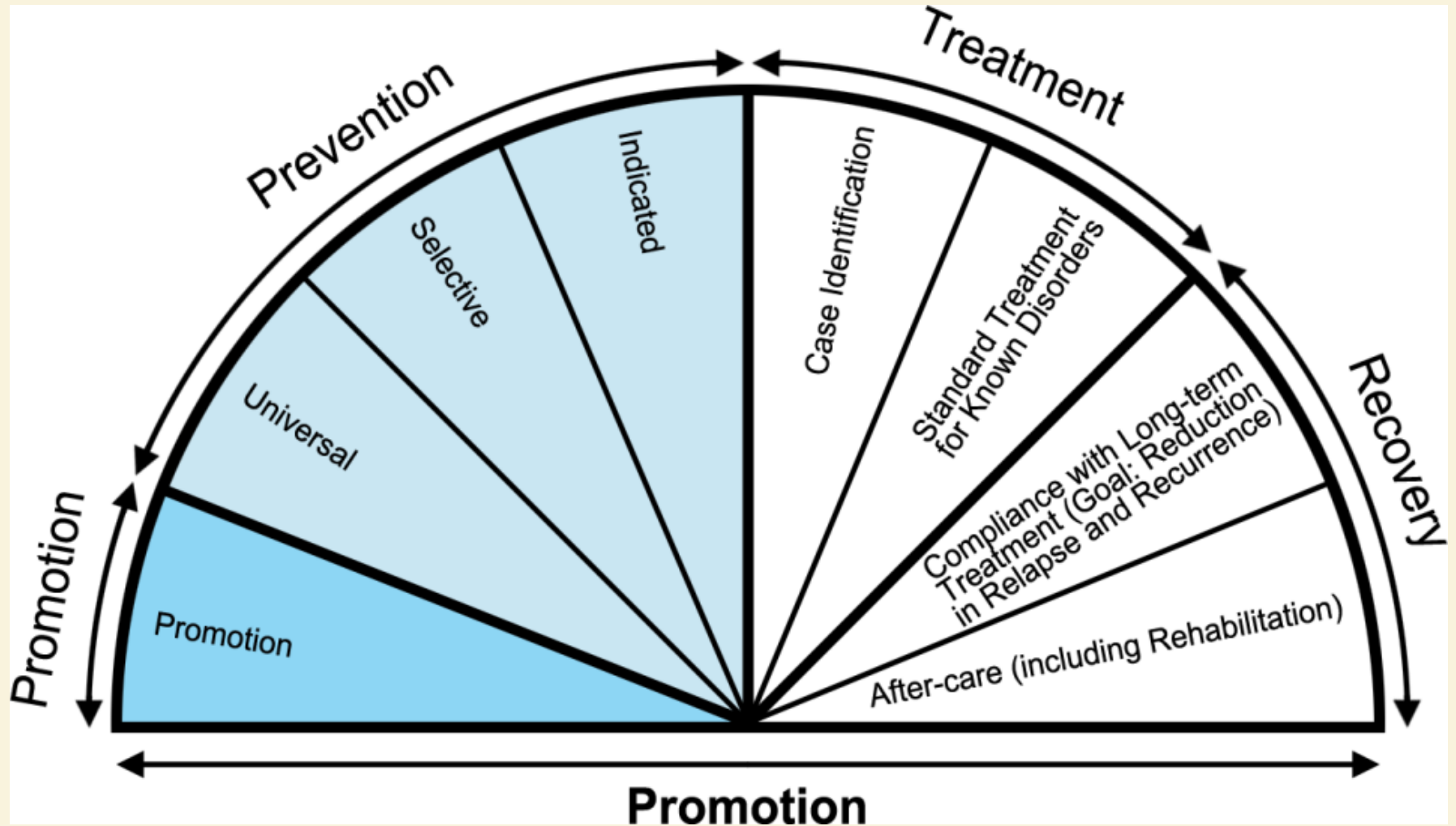
# 2016 Surgeon General's Report

## FACING ADDICTION IN AMERICA

*The Surgeon General's Report on  
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

# Moving Toward Alignment: Continuum of Care



# SAMHSA's Rx Drug/Opioid Abuse Prevention Efforts

- Prescriber Education
- PCSS-Opioids and PCSS-MAT
- Screening, Brief Intervention, and Referral to Treatment – SBIRT
- SAMHSA/CDC Prescription Drug Abuse Prevention Campaign
- Not Worth the Risk, Even If It's Legal (pamphlet series)
- Federal Drug-Free Workplace Program
- Prescription Drug Monitoring Program (grants and pilots)
- Opioid Overdose Prevention Toolkit
- Drug Free Communities Support Program
- Substance Abuse Prevention and Treatment Block Grant
- Partnerships for Success grants
- Strategic Prevention Framework (SPF) Prescription Drug grants **(new)**
- Prescription Drug/Opioid Overdose grants **(new)**
- State Targeted Response to the Opioid Crisis Grants **(new)**
- Tribal Behavioral Health Grants **(new)**

# Education: Prescriber



## OpioidPrescribing.com

Safe & Effective Opioid Prescribing for Chronic Pain



Overview

Accreditation

Needs Assessment

Faculty

Resources

Contact Us

My Account

BOSTON  
UNIVERSITY

Register for New  
Account

REGISTER

## Safe and Effective Opioid Prescribing for Chronic Pain

Excessive or inappropriate use of opiates in the treatment of pain is a major national problem in the delivery of healthcare. Opioids are both underprescribed and overprescribed. Prescribing clinicians need training in effective communication skills as well as an understanding of when and how to prescribe opioids.

In addition to the specialists who frequently prescribe opioids (pain specialists, orthopedists, rheumatologists), primary care clinicians have increasingly taken on the burden of managing pain effectively. Safe and Effective Opioid Prescribing for Chronic Pain offers clinicians necessary education in how to work with their patients who are living with chronic pain – how to define chronic pain, how to manage its treatment, the tools available to assess pain and the risk involved in prescribing opioids, and how to discontinue treatment if necessary.

## SAMHSA Funded Free Courses



# Providers Clinical Support System for Opioid Therapies (PCSS – O)



# Strategic Prevention Framework Partnerships for Success

## Purpose

- Provides funding to eligible states, territories, and tribal entities to address two of the nation's top substance use prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.
- Provides an opportunity for states and tribal entities to acquire additional resources to implement the SPF process at the state/tribe and community levels. The program is based on the premise that changes at the community level will, over time, lead to measurable changes at the state/tribal level.
- Four (4) Active Cohorts:
  - PFS 2013- September 30, 2013 – September 29, 2018 (5 yrs.)
  - PFS 2014- September 30, 2014 – September 29, 2019 (5 yrs.)
  - PFS 2015- September 30, 2015 – September 29, 2020 (5 yrs.)
  - PFS 2016- September 30, 2016 – September 29, 2021 (5 yrs.)

# State Targeted Response to the Opioid Crisis Grants

## Short Title: Opioid STR

- Purpose: The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).
- Eligibility: Eligibility is limited to Single State Agencies (SSAs).
- Award Period(s): Applications are currently in review process \*
  - Anticipate a May 1, 2017 start date\* (2 yrs.)
- Number of Awards: Up to 60

# Strategic Prevention Framework for Prescription Drugs (SPF-Rx)

- Purpose: SPF Rx is designed to assist grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP).
- Eligibility: States, U.S. territories, pacific jurisdictions (herein referred to as “states”), and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG). Applicants also are required to have an operational state run PDMP.
- Number of Awards: 25
  - Awardees: Twenty-one (21) states (MD, NJ, WV, ME, TX,, DE, OH, OK, GA, NC, UT, MN, IA, VT, LA, PA, AL,TN, WI, NM, CT)
  - Four (4) Tribes (Cherokee Nation, Southern Plains inter-tribal, Nooksack, and Little Traverse Bay Band of Odawa Indians )

# Substance Abuse Prevention and Treatment Block Grant

- Grantees use the block grant programs for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services. Specifically, block grant recipients use the awards for the following purposes:
- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.
- Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment. (20% set-aside)
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

# Substance Abuse Prevention and Treatment Block Grant (Cont'd)

- July 2014 SAMHSA Letter
  - Primary prevention set-aside funds may be utilized to support overdose prevention education and training consistent with 42 USC §300x-22(a) and 45 CFR §96.125; and
  - SABG funds (other than primary prevention set-aside funds) may be utilized to purchase naloxone and the necessary materials to assemble overdose kits and to cover the costs associated with the dissemination of such kits.

# Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)

- Purpose: The purpose of this program is to reduce the number of opioid related overdose deaths and adverse events among individuals 18 years of age and older through the use of SAMHSA's Opioid Overdose Prevention Toolkit. The program will educate key community sectors and implement secondary prevention strategies such as the distribution of naloxone.
- Eligibility: State governments, including the District of Columbia, U.S. territories, Pacific jurisdictions, and the Red Lake Band of the Chippewa, that receive the Substance Abuse Prevention and Treatment Block Grant (SABG). Eligibility is limited to the agency in the state that manages the 20 percent prevention set-aside of the SABG and has completed a comprehensive substance abuse prevention strategic plan.
- Award Period(s): September 1, 2016 – August 29, 2021 (5 yrs.)
- Number of Awards: 12 (AR, IL, MO, NJ, NM, OK, SC, WA, WI, WV, WY, AK)

# Naloxone Formulations





# Opioid Overdose Prevention Toolkit

## SAMHSA Opioid Overdose Prevention TOOLKIT:

Facts for Community Members  
Five Essential Steps for First Responders  
Information for Prescribers  
Safety Advice for Patients & Family Members  
Recovering From Opioid Overdose



# Prevention is Vital



# QUESTIONS?



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