Federal Initiatives for Prescription Opioids and Heroin

NIHCM Webinar on Opioid Abuse in the United States: An Urgent Public Health Crisis

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Cecelia Spitznas, Ph.D.
Senior Science Policy Advisor
Office of National Drug Control Policy
In 1999, there was one drug overdose death every 30 minutes.
In 2013, there was one drug overdose death every 12 minutes.
Change in NAS, 2000-2009

Change in NAS 2009-2012

- From 2009 to 2012, NAS incidence increased from 3.4 to 5.8 per 1,000 hospital births
- On average, this is one infant born every 20 minutes in the U.S. with the syndrome
- Highest prevalence in Southern states, followed by New England
- Aggregate inflation-adjusted national hospital charges grew from $732M to $1.5B
- More than 80% of these were attributed to state Medicaid programs.

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Office of National Drug Control Policy

- Component of the Executive Office of the President
- Coordinates drug-control activities and related funding across the Federal Government
- Produces the annual *National Drug Control Strategy*
National Drug Control Strategy

• The U.S. President’s science-based plan to reform drug policy:
  1) Prevent drug use before it ever begins through education
  2) Expand access to treatment for Americans struggling with addiction
  3) Reform our criminal justice system
  4) Support Americans in recovery

• Signature initiatives:
  – Prescription Drug Abuse
  – Prevention
  – Drugged Driving
Rx Elements of the 2010 National Drug Control Strategy

- Prevention
  - School-based and Community
  - Media Campaign

- Opioid Use/Nonmedical Prescription Use
  - Early Intervention, Treatment and Recovery/Family based treatment
  - Naloxone for First Responders, including law enforcement
  - Syringe Exchange Services
Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal Government
- Four focus areas:
  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Disposal of Medication
  4) Enforcement
Preventing Heroin, Injection-Drug Use, and Medical Consequences

- Non-Medical Use of Prescription Drugs and Prescription Drug Diversion (Rx Plan Pillars)
- Overdose Education and Naloxone Distribution
- Earlier Treatment as Prevention
- Public Health Prevention Interventions for HIV/HEP C
- Medication-Assisted Treatment (Maintenance)
- Maternal and Infant Best Practices
"It touches everybody – from celebrities to college students, to soccer moms, to inner city kids. White, black, Hispanic, young, old, rich, poor, urban, suburban, men and women. It can happen to a coal miner; it can happen to a construction worker; a cop who is taking a painkiller for a work-related injury. It could happen to the doctor who writes him the prescription.”
Presidental Memorandum—Addressing Prescription Drug Abuse and Heroin Use

- Purpose: To reduce prescription pain medication and heroin overdose deaths, promote the appropriate and effective prescribing of pain medications, and improve access to treatment

Linked to October 29, 2015
Additional 2015 White House Announcements

- Federal Actions
- FY2016 Budget
- State/Local/Private Sector Commitments

Linked to October 29, 2015.
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Federal NAS Policy Stance

- NAS is an expected side effect of treatment with opioids;
- Policy initiatives should focus on ensuring prenatal care and stability for mom and babies;
- Women must feel safe to enroll in prenatal and substance use care;
- Unlike Fetal Alcohol Syndrome, NAS is treatable and does not generally contribute to lifelong negative outcomes;
- Treatment with opioids during pregnancy may be necessary for some conditions, especially opioid use disorder treatment; and
- Treatment with opioids should not be discontinued during pregnancy except under medical supervision.