Implementing the 2017 President’s Challenge: Primary, Secondary & Tertiary Prevention of Addiction & Substance Misuse

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2017 President’s Challenge

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A Web of Cause and Effect

- HIV, Sexually Transmitted Infections, Viral Hepatitis
- Self-Harm and Interpersonal Violence
- Limited Access to Care
- Low Educational Attainment
- Poverty
- Social Isolation
- Imprisonment and Recidivism
- Substance Misuse and Addictions
- Mental Illness
- Human Trafficking
- Adverse Childhood Experiences
- Historic Trauma
- Other Factors
2017 Challenge:
Public Health Approaches to Preventing Substance Misuse and Addictions
Building on Past Challenges

- 2009: Injury Prevention
- 2010: Promoting Health Equity
- 2011: Walk the Talk
- 2012: Healthy Babies
- 2013: Reintegration of Public Health and Healthcare
- 2014: Prescription Drug Abuse
- 2015: Healthy Aging
- 2016: Advancing Health Equity and Optimal Health for All
- 2017: New Focus

Scope of Substance Misuse and Addictions

- **Legal Substances**: Alcohol, Marijuana
- **Illicit Substances**: Heroin, Methamphetamines, Synthetic Cannabinoids, Cathinones
- **Therapeutic Substances and Prescription Drugs**: Opioids, Amphetamines, Benzodiazepines
- **Emerging Technologies**: Powdered Alcohol, Vaping Devices, Designer Psychoactives
Substance Misuse in the United States

- Overdose is the **leading cause of injury-related death** in the United States.

- **1 in 10** Americans aged 12 or older used illicit drugs in the past month.

- **3.8 million** young adults aged 18 to 25 reported heavy alcohol use in the past month.

- From 2002 to 2014, the prevalence of daily or almost daily marijuana use in the past year increased by **92 percent**.

- Misuse of tobacco, alcohol, and illicit drugs costs more than **$700 billion** annually.

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**Past Year Substance Use Disorder**

**Total = 20.8 Million People**

- Alcohol: 15.7
- Illicit Drugs: 7.7
- Marijuana: 4.0
- Misuse of Prescription Pain Relievers: 2.0
- Cocaine: 0.9
- Methamphetamine: 0.9
- Heroin: 0.6
- Misuse of Prescription Stimulants: 0.4

*Source: National Survey on Drug Use and Health, 2015*
Substance Misuse and Addictions: Prevention Framework

PUBLIC HEALTH PRACTICE PARADIGMS

ACUTE HEALTH EVENT
CONTROL AND PREVENTION

3° Prevent life-threatening adverse outcomes
- SNEPs
- Naloxone
- Ignition Interlock

CHRONIC DISEASE
SCREENING AND MANAGEMENT

2° Diagnose and treat addictions and substance use disorders
- Screening and Treatment
- Remove Stigma
- Understanding of Addiction as a Chronic Condition of the Brain

ENVIRONMENTAL CONTROLS
AND SOCIAL DETERMINANTS

1° Reduce the need to self-medicate, control access to addictive substances, and promote protective factors
- Taxation
- Age Restrictions
- Limited Advertising
- Prevention of ACEs
- Personal and Community Resiliency
- Adolescent Risk Reduction
- Promote Mental Wellness
- Effective PDMPs and Use of Data
- Rational Pain Management
- Judicious Prescribing

STRATEGIC PRIORITIES
Develop and Leverage Public Health Approaches to Prevent Substance Misuse, Addictions, and Related Consequences

- Reduce Stigma and Change Social Norms
- Increase Protective Factors and Reduce Risk Factors in Communities
- Strengthen Multi-Sectoral Collaboration
- Strengthen Prevention Infrastructure
- Optimize the Use of Cross-Sector Data for Decisionmaking

Foster Cultural Competence and Relevance
Cross-Sectoral Collaboration is Key

- Public Health Agencies
- Attorneys General Offices
- Justice and Corrections
- Medical Boards
- Healthcare Providers
- Hospitals and Clinics
- Community Coalitions
- Businesses and Labor
- Media
- Emergency Medical Services
- Social Services Agencies
- Faith Communities
- Pharmaceutical Industry
- Educators
- Third-Party Payers
- Others
What Can We Do?

• **Increase access to naloxone**
  • Provide public and professional education on administering naloxone and managing overdose
  • Eliminate liability and financial barriers
  • Authorize standing orders, third-party prescribing, and pharmacist independent dispensing

• **Support clean needle use**
  • End “drug paraphernalia laws” that restrict access
  • Support syringe and needle sales and exchange programs

• **Reduce impaired driving**
  • Support widespread and sustained use of ignition interlocks
  • Implement sobriety checkpoints
What Can We Do?

- **Reframe “addictions”**
  - Promote a science-based understanding of addictions
  - Increase awareness of addictions as chronic health conditions

- **Increase screening and diagnosis**
  - Incorporate Screening, Brief Intervention and Referral to Treatment (SBIRT) into healthcare and social services

- **Improve access to withdrawal symptom management and support for recovery**
  - Remove barriers to access to therapy for withdrawal symptom management and maintenance of recovery
  - Train prescribers and dispensers on identifying and managing addictions
  - Increase facilities and providers
  - Encourage third-party payer coverage
What Can We Do?

- **Promote healthy families and increase resiliency**
  - Promote maternal and early childhood health programs
  - Prioritize pregnant women for screening and access to treatment
  - Utilize tools outlined in CDC’s 2016 technical package, “Preventing Child Abuse and Neglect”

- **Reduce the prescription supply of opioids in communities**
  - Develop and utilize user-friendly, robust PDMPs

- **Support safer pain management and judicious prescribing**
  - Expand public and professional education, including evidence-based pain management guidelines and non-opioid pain management strategies
  - Encourage providers to take the Surgeon General’s pledge
  - Develop and promote safe medication storage practices and drug return programs
What Can We Do?

Use data for assessing the problem and measuring progress

• Standardize and enhance post-mortem toxicological testing in investigation of suspected overdose and suicide deaths (e.g., testing for fentanyl)
• Leverage Violent Deaths Reporting System to increase timeliness and accuracy of data collection and analysis
• Develop syndromic surveillance methodology to identify clusters of overdose and substance toxicity
• Increase capacity to determine risk factors for HCV infection
• Establish access to and capacity to analyze PDMP data
• Utilize BRFSS module assessing ACEs
• Create lines of communication to assure cross-sectoral data sharing
What Will Success Look Like?

**Near horizon (next 3 years)**

- Reduced deaths from drug overdose
- Declines in motor vehicle crashes from impaired driving
- Fewer self-injection related HIV and HCV infections
- Less unintentional injuries and self-harm related to drugs and alcohol

**Further horizons**

- Lower rates of drug misuse and addiction, including underage use
- Reduced drug- and alcohol-related incarceration and re-incarceration of persons with addictions
- Lower rates of crime and referrals to child protective services
- Less interpersonal violence, self-harm, and child neglect
- Prevention of excessive prescriptions for controlled substances while improving wellness and function
Thank you!