



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

# Opioid Crisis: HHS Strategy and Advancing Pain Management

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**Texas Pain Society 10th Annual Scientific Meeting**

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# HHS Secretary Alex M. Azar II Priorities

- Combating the opioid crisis
- Bringing down the high price of prescription drugs
- Addressing the cost and availability of health insurance
- Value-based transformation of our healthcare system



# Office of the Assistant Secretary for Health

- ADM Brett P. Giroir, M.D.
- Assistant Secretary for Health
- Senior Advisor to the HHS Secretary for Mental Health and Opioid Policy





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# CDC's Unique Work In Action: *Overdose Deaths are the Tip of the Iceberg*

For every **1** prescription or illicit opioid overdose death in 2016 there were...



**15** people who reported having a substance abuse disorder involving heroin

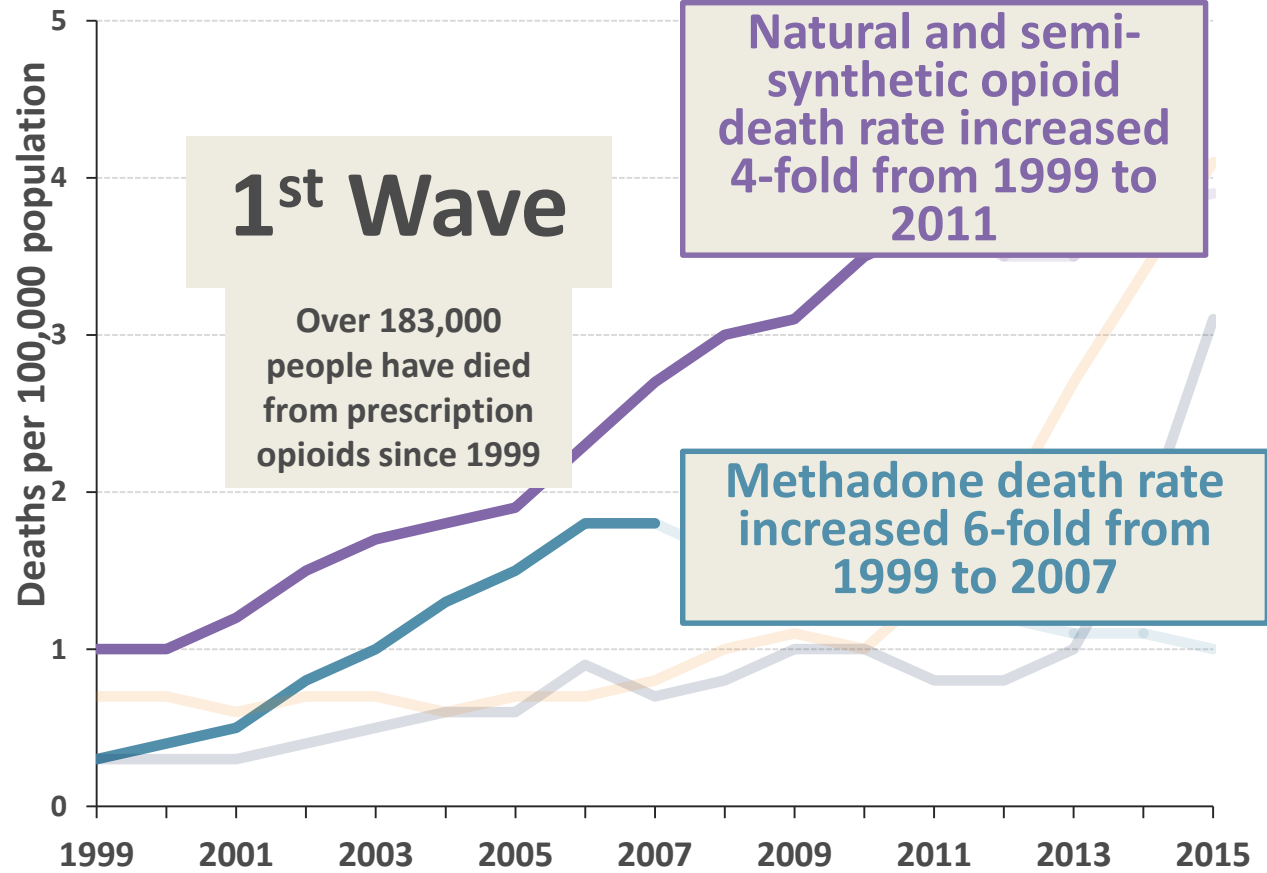
**41** people who reported having a substance abuse disorder involving prescription opioids

**273** people who reported misusing prescription opioids in the last year

**2,174** people who reported using prescription opioids in the last year

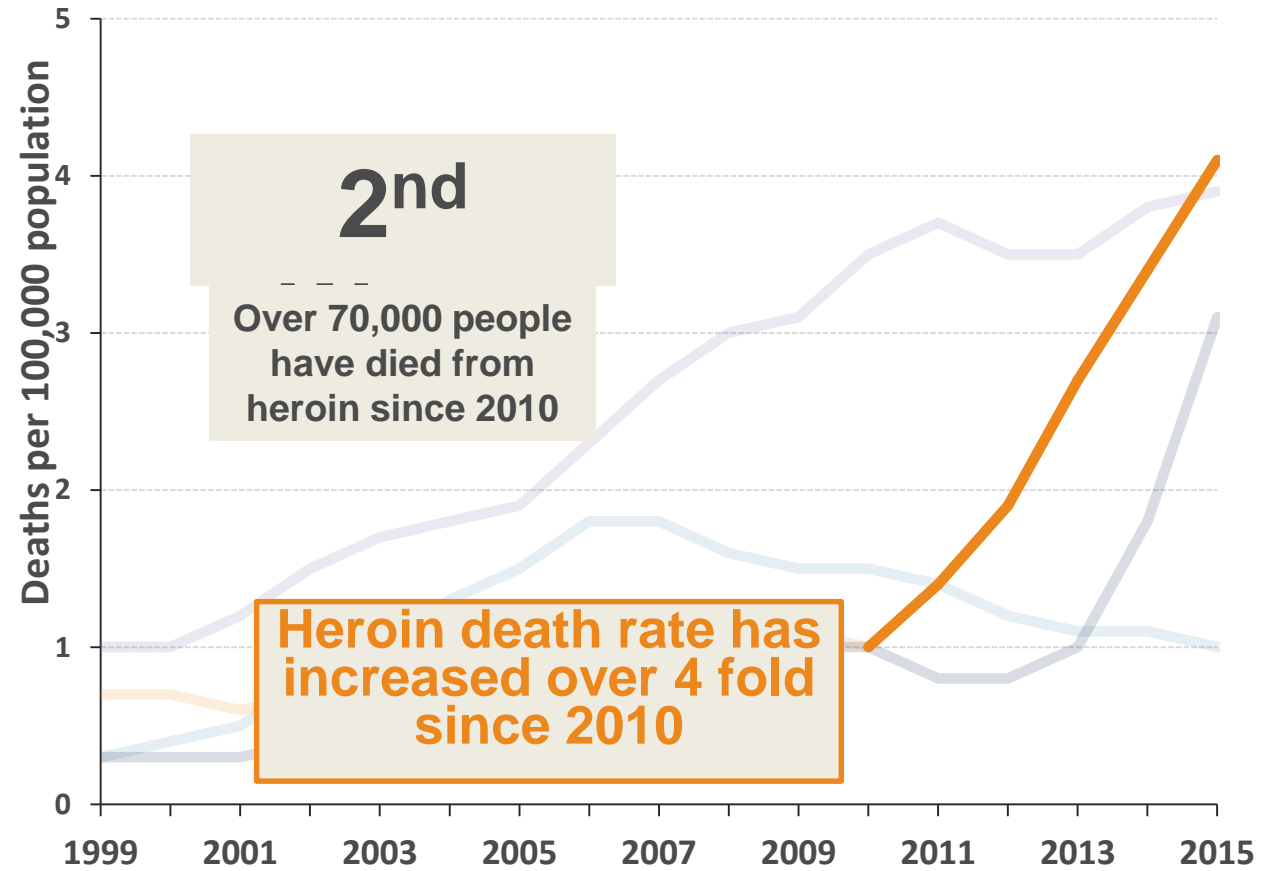
Source: SAMHSA (Detailed tables: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm>), National Center for Health Statistics (NCHS): <https://www.cdc.gov/nchs/data/databriefs/db294.pdf>

# Rise in Prescription Opioid Deaths in United States



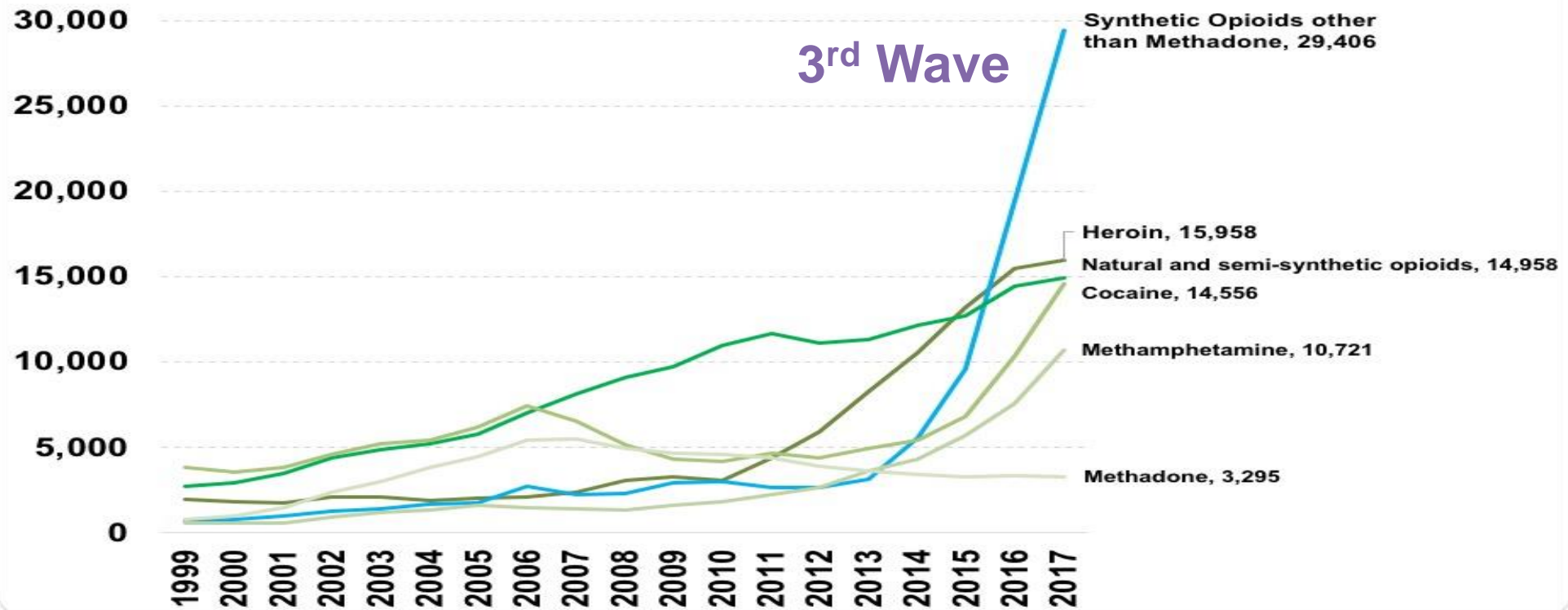
SOURCE: National Vital Statistics System Mortality File.

# Rise in Heroin Deaths in United States



SOURCE: National Vital Statistics System Mortality File.

## Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



\*Provisional mortality data (CDC, 2018) indicate historically high numbers of overdose deaths, overwhelmingly due to synthetic opioids. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



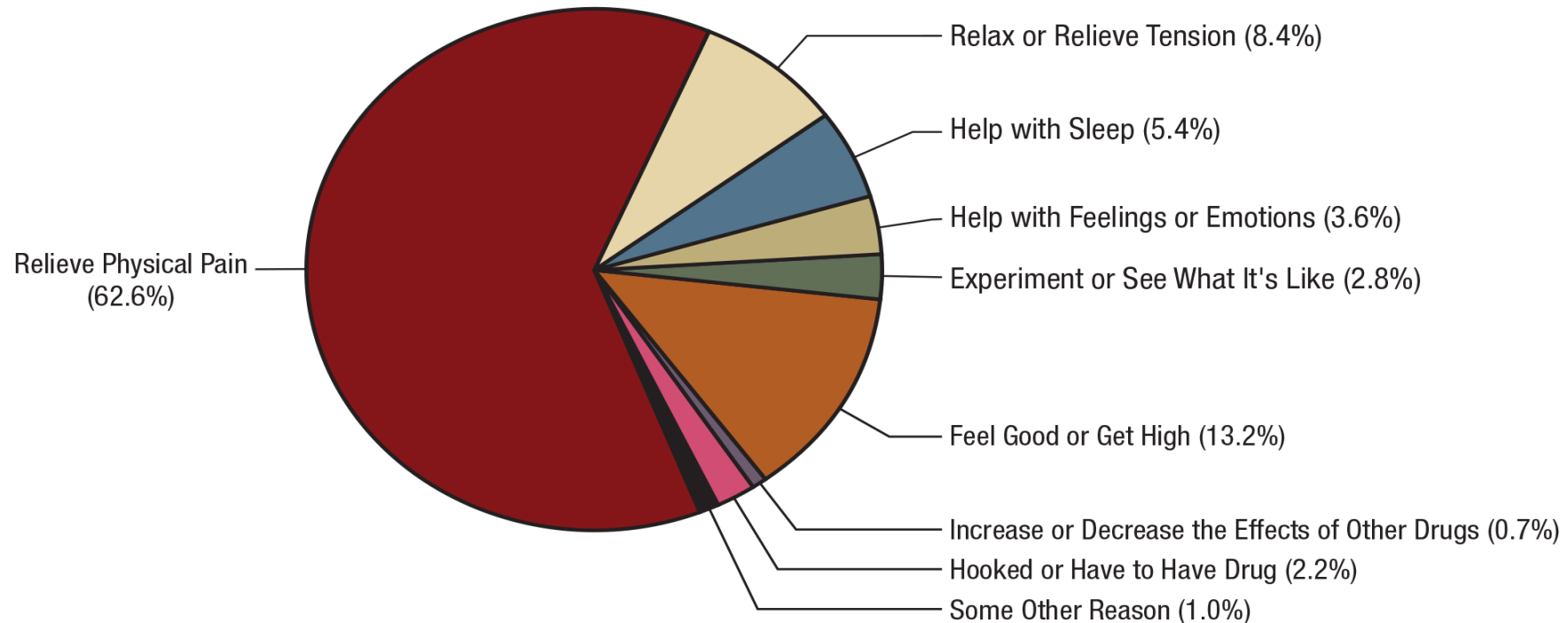


# Latest: Prescription Opioid Misuse Decreasing

- National Survey on Drug Use and Health
- Approximately 11.4 million individuals misused opioids in 2017—of those, 11.1 million, were misusing prescription pain relievers.
- This is down by 1.4 million from 2015



# Main Reason for the Most Recent Prescription Pain Reliever Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2017

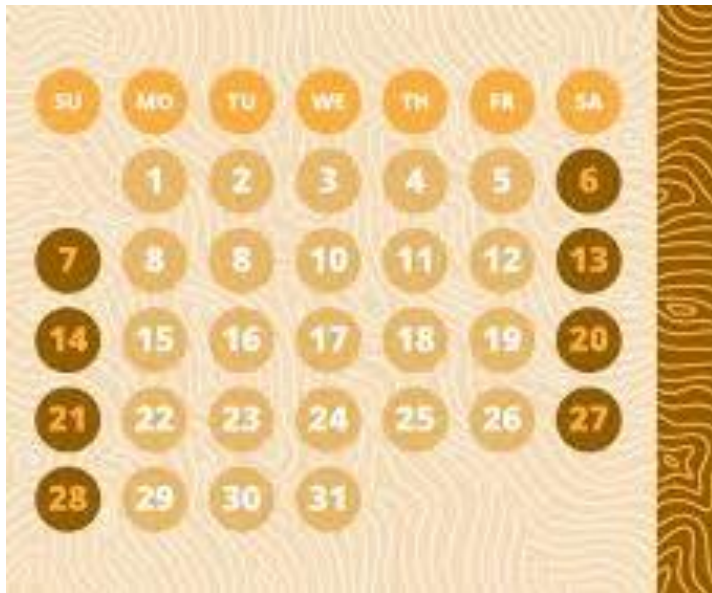


**11.1 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year**

**\*Misuse of prescription drugs means:** taking a medication in a manner or dose other than prescribed; taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high).

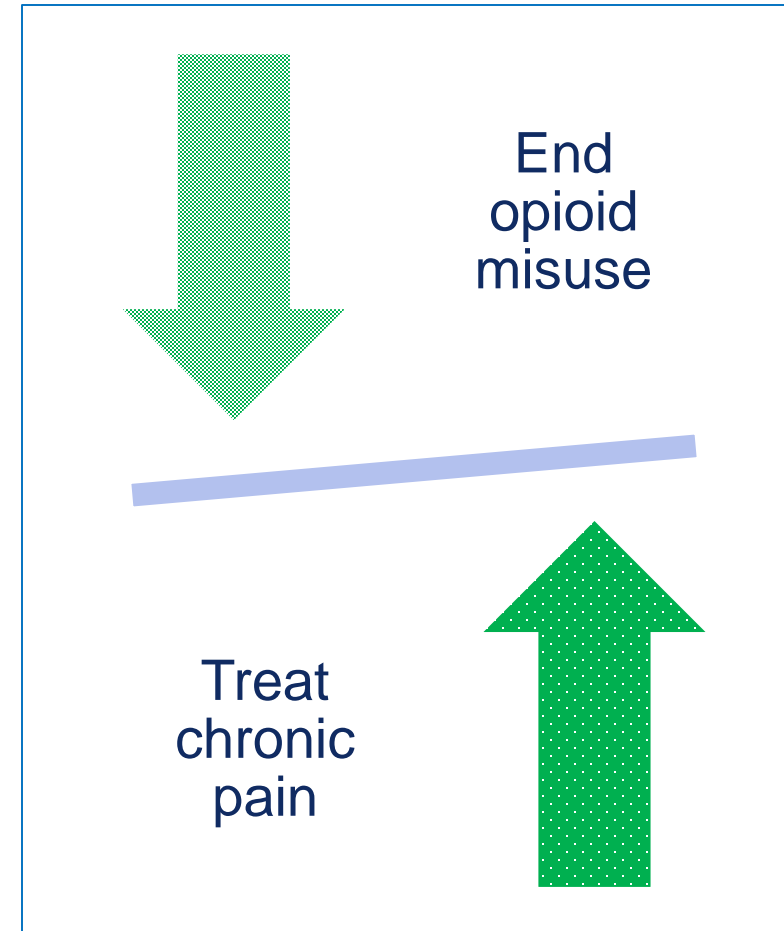
# Latest: Pain in the U.S. (CDC, 2018)

- **50 million** American adults suffer from **chronic pain** daily or almost daily
- **19.6 million** American adults have **high-impact** chronic pain



## Goal: “Strike a Balance”

- Important to balance the need to end the devastating effects of opioid misuse while also ensuring that pain patients can work with their doctors to develop an integrative pain treatment plan that **optimizes function, quality of life, and productivity.**



## HHS RESPONSE TO THE OPIOID CRISIS



1

improving access to treatment and recovery services



2

promoting use of overdose-reversing drugs



3

strengthening our understanding of the epidemic through better public health surveillance



4

providing support for cutting-edge research on pain and addiction



5

advancing better practices for pain management



National Institute on Drug Abuse

For more information about finding treatment for yourself or a loved one, visit [drugabuse.gov/related-topics/treatment](https://drugabuse.gov/related-topics/treatment).



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# Pain Management Best Practices Inter-Agency Task Force

- Comprehensive Addiction and Recovery Act of 2016
- Led by the Office of the Assistant Secretary for Health with participation from the Departments of Defense and Veterans Affairs, and Office of National Drug Control Policy
- Purpose: Propose updates and recommendations to address identified gaps or inconsistencies in pain management best practices

<https://www.hhs.gov/ash/advisory-committees/pain/index.html>







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# Broad spectrum of pain management stakeholders

- **physicians, dentists, and non-physician prescribers**
- **pharmacists and pharmacies**
- **pain research and addiction research, adolescent and young adult addiction research**
- **pain management professional organizations**
- **mental health treatment community**
- **addiction treatment community, individuals in recovery from substance use disorder**
- **pain advocacy groups, including patients**
- **veteran service organizations**
- **overdose reversal, including first responders**
- **state medical boards and hospitals**
- **prescription opioid use disorders in, members of the Armed Forces and veterans**
- **minority health**





# Pain Management Best Practices Inter-Agency Task Force

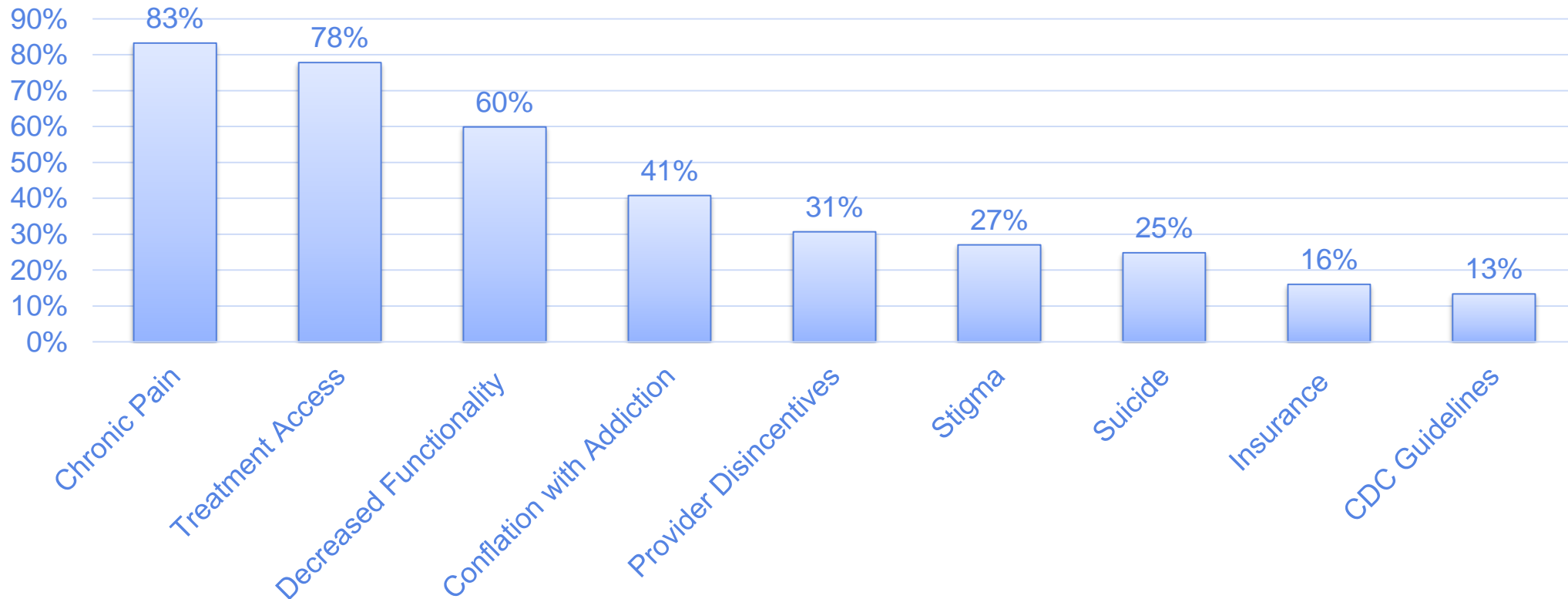
## Key Points

- Multi-disciplinary, multi-modal approach to acute and chronic pain
- Perioperative Surgical Home & ERAS; nerve block; preop consultation
- Drug shortage
- Acute pain guidelines common surgical procedures
- Risk assessment, stigma, education, access to care
- Special populations considerations



# Nearly 3000 comments were received and analyzed over two Public Comment Periods

## Prevalence of Mentions in Public Comments 1 and 2

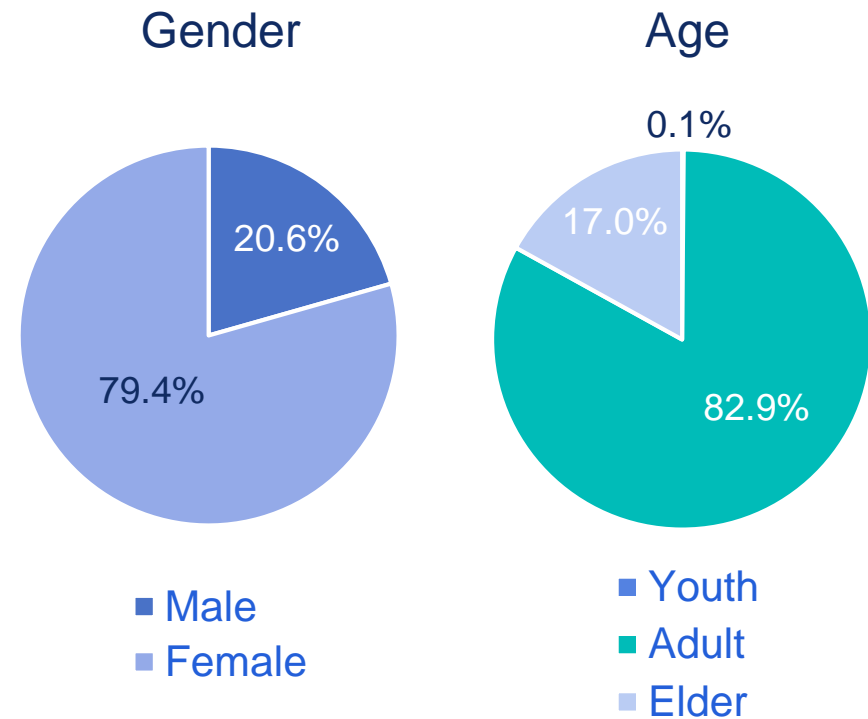


# Comments predominantly came from Adults affected by pain in the prime of their lives

## PUBLIC COMMENT

*I'm a normal American 43 year old women. I am a wife and a mother. I used to volunteer and cook and was your typical soccer mom. Now I can't get thru a single day without debilitating pain. My doctors agree that I need the pain medication. But they are all afraid to prescribe any to me. And I have been warned in the past several times that pain clinics are not a good solution. Now I'm being told that's my only option thanks to this new law. But as the powers that be made these sweeping changes they have placed fear in doctors in pharmacies and in patients. A law should not dictate my care. Only my doctors should.*

## PUBLIC COMMENT DATA

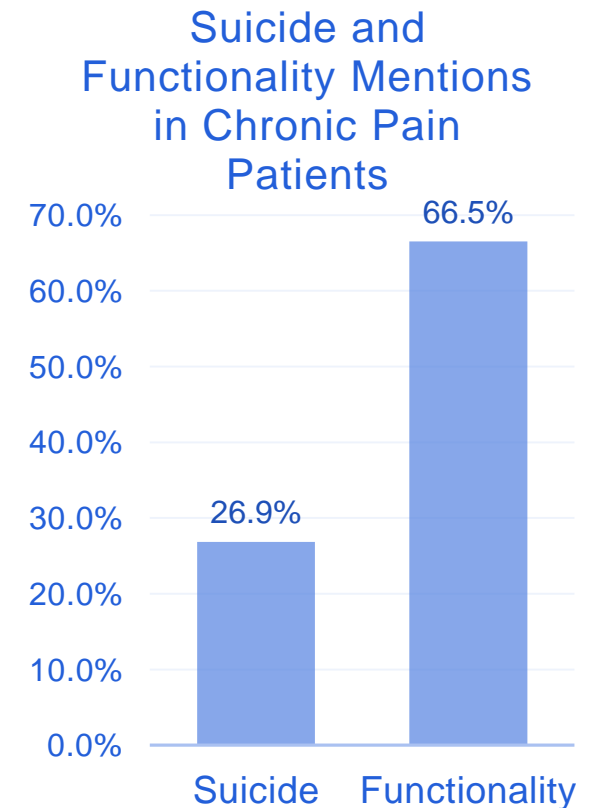


# Chronic pain patients frequently mentioned Suicide and reduced Functionality

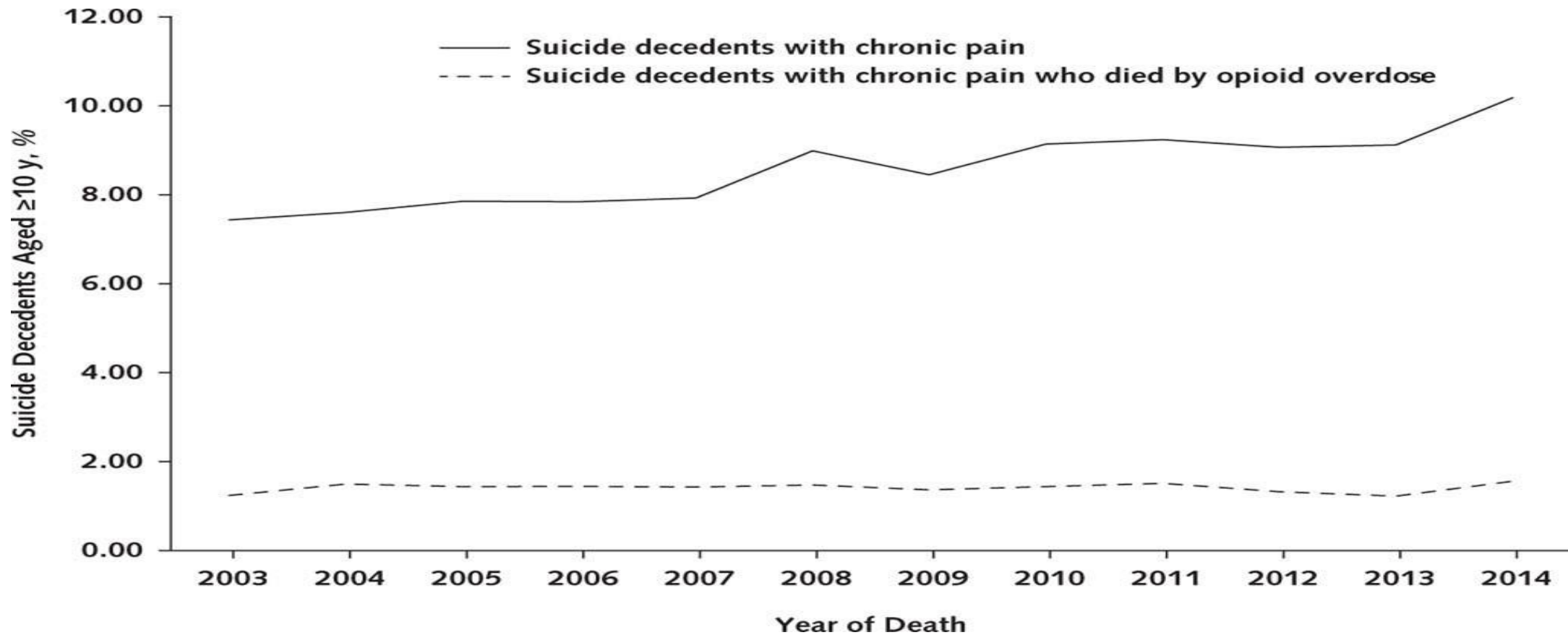
## PUBLIC COMMENT

I used to be a productive member of society. Now, I'm limited to a life mostly in bed, in the dark, fighting my own health and my own body. I've lost 20 plus pounds and counting due to the acute nature of my chronic illness and no relief. I cant interact with family and friends and I feel so out of touch with "normal" people now. Besides the physical effects from my incurable disease, there also comes many mental issues. ***I fight every day for my children and for too many that are lost due to suicide from chronic pain. I had hoped I'd get better, but no. My disease is also known as the "suicide disease". I'm literally a shell of a person now.***

## PUBLIC COMMENT DATA



# Chronic Pain Among Suicide Decedents, 2003 to 2014: Findings From the National Violent Death Reporting System





# National Pain Strategy

A Comprehensive Population Health-Level Strategy for Pain

- Office of the Assistant Secretary for Health and the National Institutes of Health co-lead
- First coordinated plan to reduce the burden of chronic pain in the U.S.; and to achieve a system of care in which all people receive high quality, evidence-based pain care



# Behavioral Health Coordinating Council

- Assistant Secretary for Health and Assistant Secretary for Mental Health and Substance Use co-lead
- Convening body provides guidance and recommendations on HHS behavioral health agenda
- Areas of focus (examples)
  - Prescription Drug and Opioid Abuse
  - Behavioral Health and Primary Care Integration
  - Serious Mental Illness
  - Workforce



## HHS Regions – (10 Across United States)

### Region 9 includes :

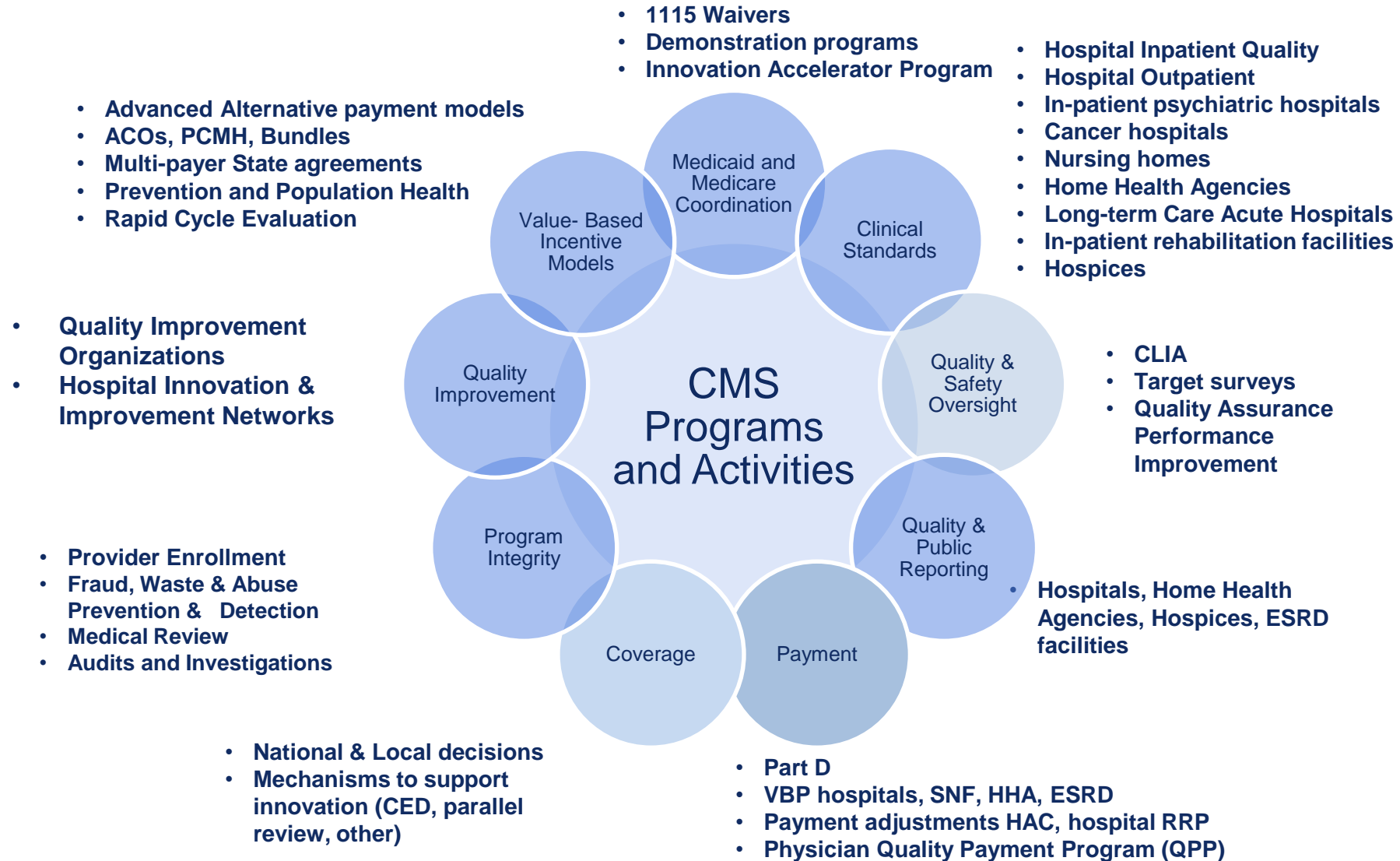
AZ, CA, HI, NV, AS, MP, FM, GU, MH, and PW  
(America Samoa, Commw. Of N. Mariana Islands, Federated States of  
Micronesia, Guam, Rep. of the Marshall Islands,  
Rep. of Palau)

Region 9 States, Tribal Nations, local communities, as well as Federal agencies work together for comprehensive and coordinated responses to the public health crisis of prescription drug misuse and opioid addiction.





# CMS Programs & Activities





Bolsters research across the National Institutes of Health to:

- Prevent Addiction through Enhanced Pain Management
- Improve Treatments for Opioid Misuse Disorder and Addiction

New Acute to Chronic Pain Signatures (A2CPS) program

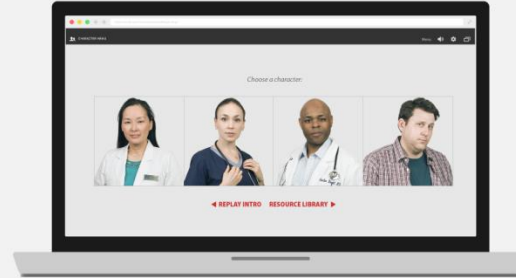




Physicians, nurses, and pharmacists: Learn about safe and appropriate practices for prescribing opioids.

**PATHWAYS**  
**TO Safer Opioid Use**

now offers CME and CPE credit!



**ODPHP** | Office of Disease Prevention and Health Promotion



Get free CME or CPE credit toward requirements for pain management and controlled substances.



**ODPHP** | Office of Disease Prevention and Health Promotion

**PATHWAYS**  
**TO Safer Opioid Use**

<https://health.gov/hcq/training-pathways.asp>



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# Reach Out

800-662-HELP (4357)  
**NATIONAL HELPLINE**  
www.samhsa.gov/treatment

**NIDA FOR TEENS**  
National Institute on Drug Abuse for Teens  
*Advancing Addiction Science*

**SUICIDE PREVENTION LIFELINE**  
1-800-273-TALK (8255)

**24/7 Treatment Referral Line**  
1-800-662-HELP (4357)

**Disaster Distress Helpline**  
1-800-985-5990  
Text **TalkWithUs** to **66746**

  
**POISON HELP LINE**  
1-800-222-1222

  
**POISONHELP.ORG**

  
Text **POISON** to **797979**  
for contact info



# Thank You



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