

Opioid Use Disorder in North Dakota : Taking Stock and Moving Forward - Project Echo and Beyond

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Objectives

- 1. Expand knowledge of where North Dakota is at with the current Opioid Crisis
- 2. Increase Awareness of opportunities to address this crisis in your communities
- 3. Introduce what is available to improve your response to this rural crisis, and start moving toward treatment of Opioid Use Disorder (OUD) in our communities



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Disclosures

- David Schmitz, MD is a co-medical director of the Project ECHO Management of Opioid Use Disorder Clinic, supported by HRSA and HHS contract number HSH250201600015C.



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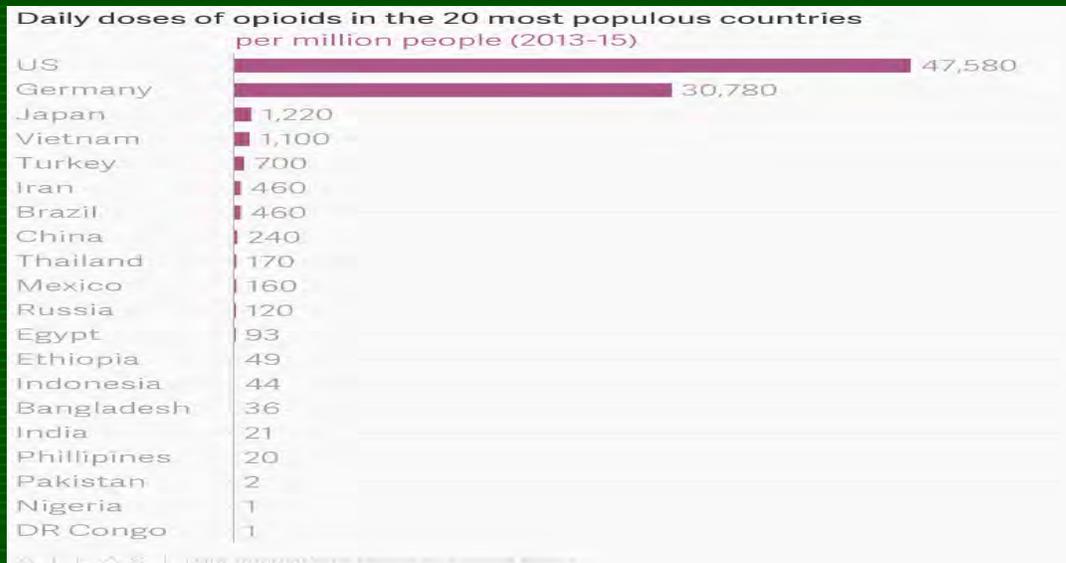
Opioid Crisis - A US Crisis

- A major Crisis in the United States
- The US accounts for a majority of the worlds use of Narcotics
- The contributing factors cited include:
 - a. misguided guidelines on pain medication use – pain as the 5th VS
 - b. pharmaceutical companies misleading providers into believing newer prescription opioid medications were less addicting
 - c. increasing emphasis on patient satisfaction – untoward effects of patient satisfaction surveys
 - d. poor training on pain management, and substance use and abuse.



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Daily Doses of Opioids



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Opiate Crisis US

2011 Office of the President:

- “The growth of opioid use and the related health care and social problems call for a comprehensive community-based approach”



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Opiate Crisis in America

- In 2016 about **11.5 million** people in the US over 12 years old **misused** opioid pain meds, and **1.8 million** had a **substance use disorder**, between 2000 and 2015 over **500,000 people** died from **opioid overdose**, in 2012 **259 million opioid prescriptions** were written, enough for every adult in the US. Primary care providers are the leading prescribers of opioids.
- Few prescribe buprenorphine, for medication-assisted therapy (MAT); particularly limited in rural areas. (2)



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Rural Problem

- 2010 Big Sky NDAFP conference – use in Rural America has increased by 300% (3x) over the 90's to early 2000's in the rural areas
- “Nonmedical use of opioid pain relievers and heroin has grown significantly in recent years and is higher among rural adolescents, young adults, and in states with large rural populations such as Kentucky, West Virginia, Alaska and Oklahoma” (North Dakota) (1)
- Tom Frieden, Director of CDC – increased number of rural American's are set up for heroin addiction “primed for heroin addiction because they are addicted to or exposed to prescription opioid painkillers” (1)



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Case Study

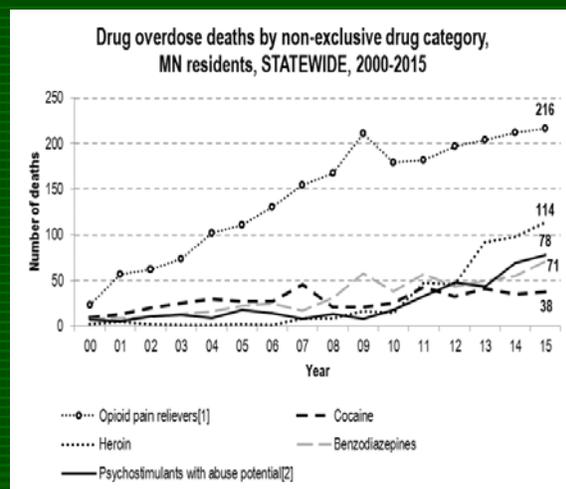
- 49 yo male
- Rural MN
- TBI and chronic pain from occupational injury in the mid-90's
- Previous use of marijuana and alcohol without treatment as a teen
- Disabled, started own taxidermy business 2000's
- Married early 2000's
- Initial use of narcotic pain medication escalated,
- Treatment multiple times
- Arrested for indecent exposure, polysubstance use
- Started using heroin, became Hepatitis C positive



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Minnesota Statistics

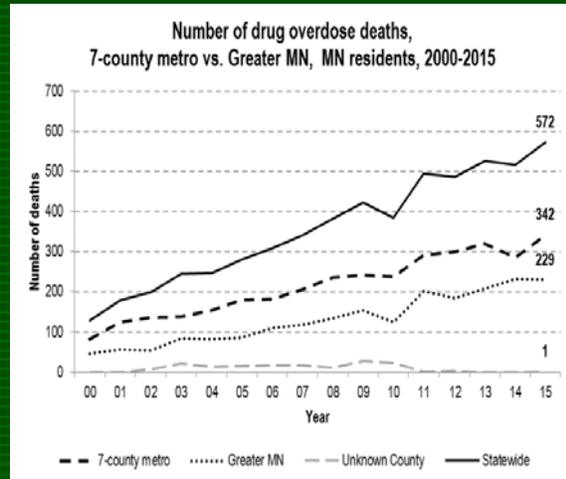
- Drug overdoses are still on the rise, as well as opioid deaths
- Number of opioid prescriptions are falling
- Increase in heroin deaths
- Statistics do not show deaths as a result of or contributed to by opioid use



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Rural Vs. Urban

- Drug overdose deaths in rural are keeping pace with the metropolitan areas
- Rates in rural and urban have gone up < 3/100,000 in 2000
11.6/100,000 in metro in 2015,
9.3/100,000 in rural
- ND rates 2010 3.4/100,000;
10.6/100,000 in 2016
statistically we are all rural



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Case Discussion

- Lost his home and wife 2014
- Failed treatment again 2016
- Mentions to cousin – “I don’t think I will ever be able to quit”
- Homeless, living with family
- Threatens family at gunpoint at Christmas, stopped by brother tackling him, sister will no longer visit family, mother kicks him out of their home
- No one hears from him for over a week,
- Father finds him in the hunting cabin dead from a self inflicted gunshot wound 4/2018



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Diagnostic Criteria for Opioid Use Disorder

1. A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance as defined by either of the following:
 1. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
 2. A markedly diminished effect with continued use of the same amount of an opioid.
11. Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.
12. Withdrawal, as manifested by either of the following:
 1. The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
 2. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.
13. Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision



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OUD

• Opioid Use Disorder –

Specify current severity:

Mild: Presence of 2–3 symptoms.

Moderate: Presence of 4–5 symptoms.

Severe: Presence of 6 or more symptoms.



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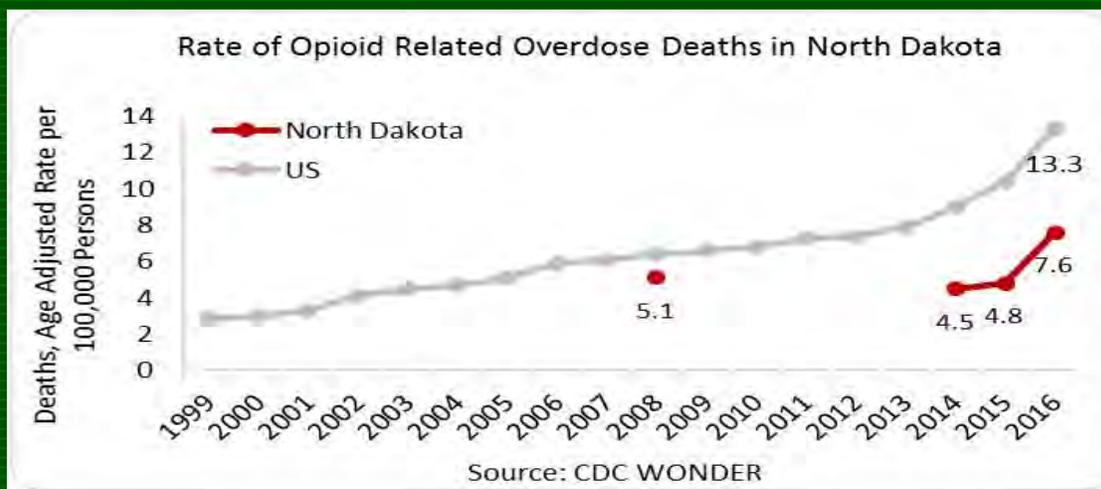
Opioid Use in North Dakota

- Kept pace with national trends
- Handful of providers with schedule X, few actively prescribing buprenorphine
- Deaths from drug overdoses in the State – 2014-2016 increasing, in 2016 **54 deaths, rate of 7.6/100,000**, over 60 in 2017, rate increasing, sudden rise from 4.5/100,000 in 2014. Rising for heroin and synthetic opioid-related deaths
- Increasing deaths attributed to many factors, multiple drugs, and combinations, with increased use of injectable non-prescription narcotics (heroin)
- Rates of **narcotic prescriptions falling** dramatically across the state (60/100, national 70/100)
- HIV prevalence and HIV diagnoses increasing, 22 new cases in ND, about 10% were from Injectable drug use (IDU), HCV from injectable drug use rising nationally.



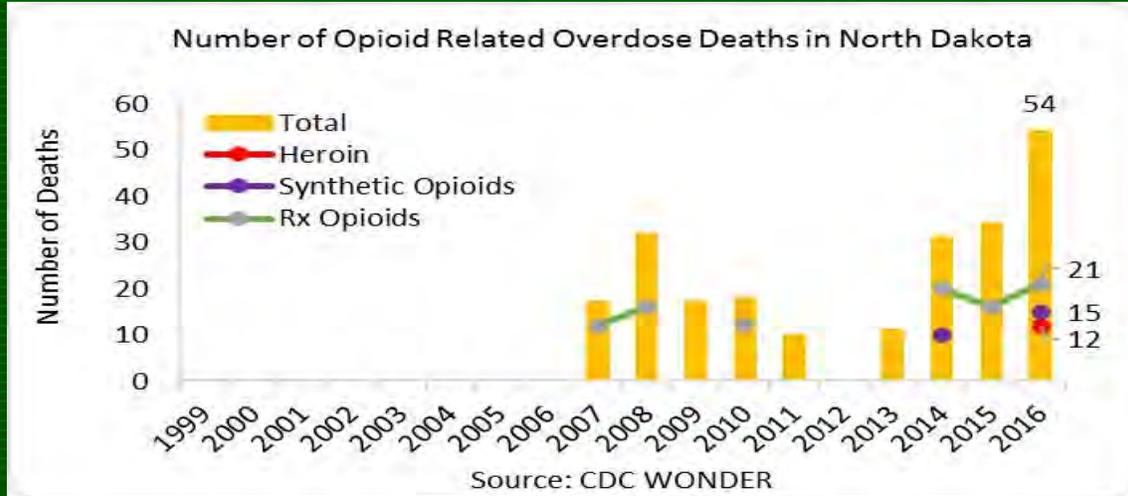
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Opioid Use in North Dakota



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Opioid Use in North Dakota



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Opioid Use in North Dakota

- Discussion :
- Why ?



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Project ECHO (Extension for Community Health Outcomes)

- Rural Communities in Crisis identified many areas in need of improvement in the fight to combat the Opiate Use Crisis, a few examples:
 - Expand the Substance use workforce in rural communities
 - Promote use of evidence-based prescribing guidelines developed by appropriate professional organizations
 - Strengthen state prescription drug monitoring program (PDMP's) and sharing across state lines
 - Expand access to substance use treatment services including medication assisted treatment and traditional psychosocial substance use treatment programs*



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Project Echo

- To address the opioid epidemic, Project ECHO is considered the “next step” in support of continued education for North Dakota providers, integrating with the [Champion Prescribers initiative](#).
- Project ECHO is an educational Hub and Spoke model.
- Champion Prescribers is a clinical Hub and Spoke model.



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Project ECHO

- collaboration between the **Center for Rural Health**, Departments of **Family and Community Medicine** and **Psychiatry and Behavioral Sciences**, University of North Dakota, School of Medicine & Health Sciences, **Blue Cross Blue Shield of North Dakota**, and the **North Dakota Department of Human Services**



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Project ECHO



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Project ECHO

- Project ECHO is ?
- Project ECHO is not ?
- Goal – more access to MAT for North Dakotans
 - In order to help address the opioid epidemic, treatment of Opioid Use Disorder



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Outcomes ?

- We are already seeing with the emphasis placed on over prescribing and the increased education and pressure, a drop in prescribing rates
- That is only part of the answer – addicted individuals now pose a risk from a public health standpoint, and are a risk for themselves and others and should be cared for appropriately
- Will project ECHO have an impact – study, opiate prescribing and access to MAT for people closer to home



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Summary

- OUD is a problem nationally and is a uniquely US crisis
- Overprescribing in the past provided easy access to inexpensive narcotics, and diversion and overuse created a new epidemic of opiate addiction and OUD
- Rates of prescribing in ND have gone down, but Drug Overdose deaths are on the rise in North Dakota and in part due to a shift to Injectable Drug Use (IDU)
- Project ECHO is a response to this that has the potential to help train and educate rural providers to provide access to Medication Assisted Treatment (MAT)
- We are still recruiting communities to participate
- We hope to study the effects of this program and its impact on prescribing as well as its impact on availability of MAT throughout the rural communities in North Dakota



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How to Join Project ECHO

- Kylie Nissen – North Dakota Center for Rural Health
- Julie Reiten – North Dakota Center for Rural Health
- Dr. David Schmitz MD Department of Family and Community Medicine

- Lead Investigator Lynette Dickson



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Expanding the Circle – Beyond ECHO

- Medical Student Research Project SLIDE
 - Quinci Paine MS II



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- 2. Zoorob, R., Kowalchuk, A, Mejia de Grubb, M., Buprenorphine Therapy for Opioid Use Disorder, American Family Physician, 1 Mar 2018
- 3. NIH: National Institute on Drug Abuse, North Dakota Opioid Summary; revised 2/2018
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