

# Addressing Heroin Addiction on the Kenai Peninsula

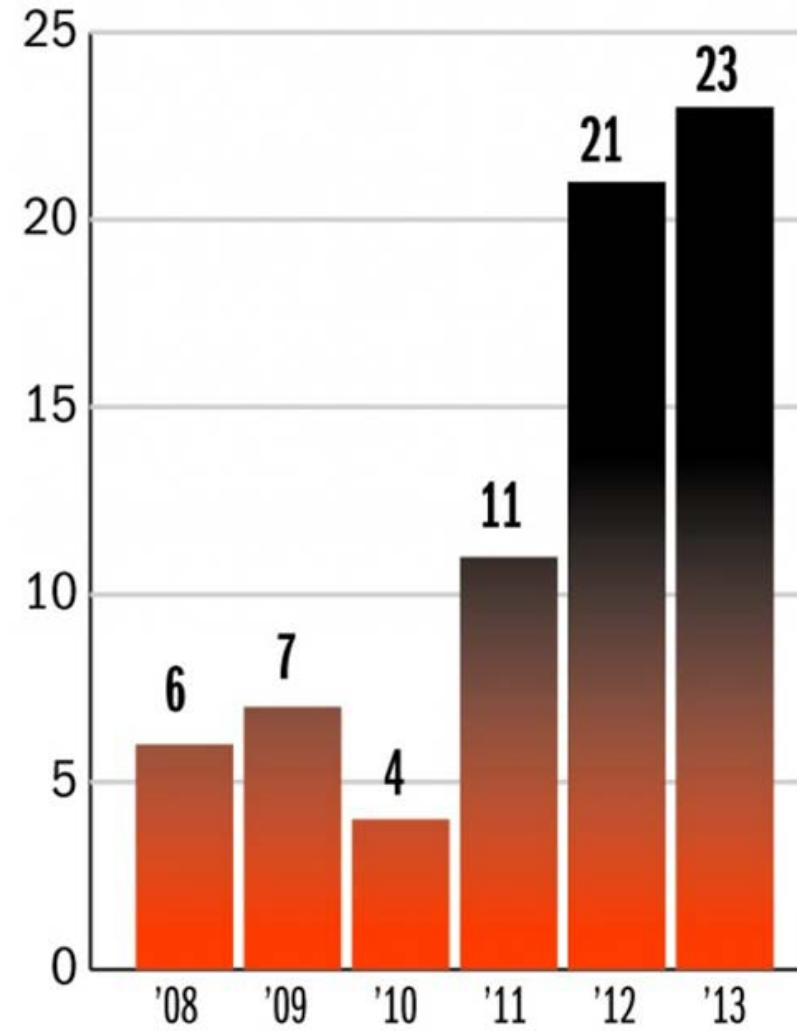
Kenai Peninsula Borough Assembly Meeting

December 8<sup>th</sup>

Dr. Sarah Spencer

# Heroin deaths\* in Alaska

2008-2013

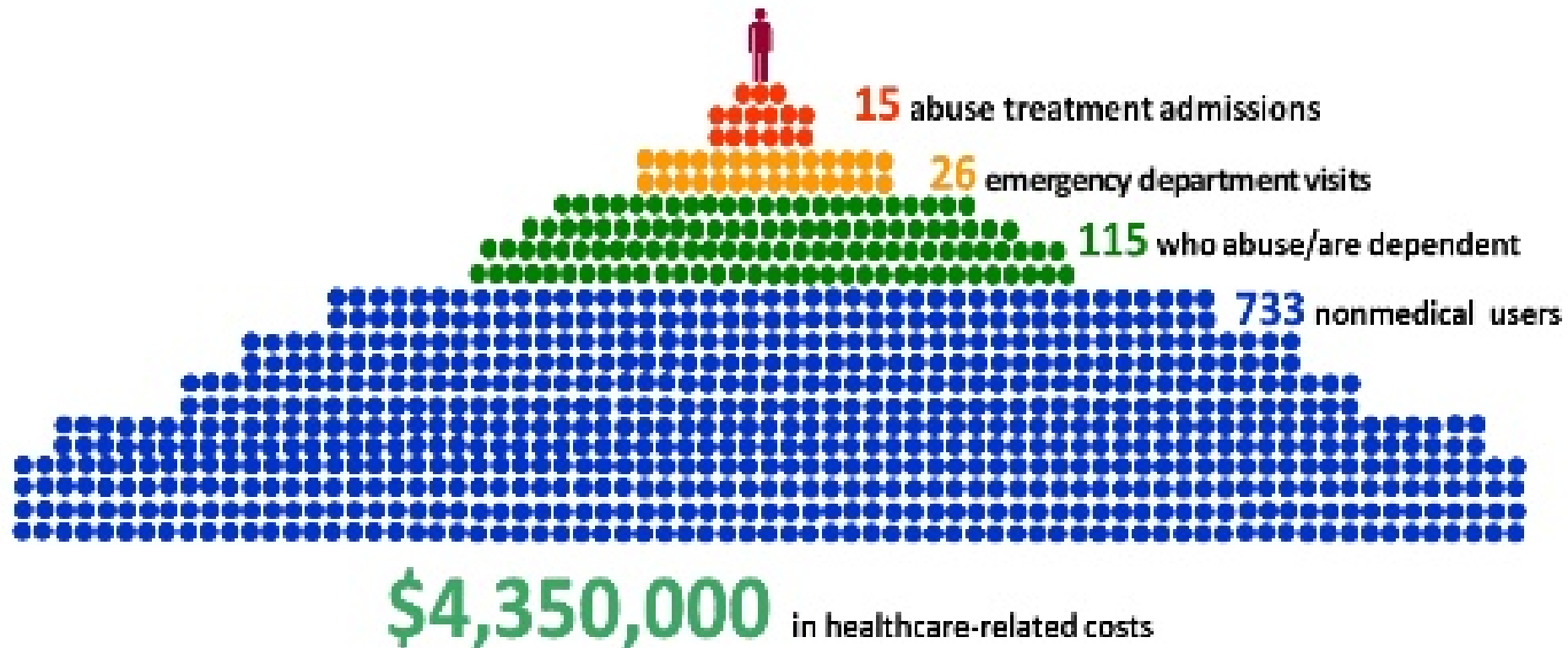


\*Deaths where heroin was either the underlying cause of death or contributed to it.

Source: Alaska Division of Public Health

At South Peninsula Hospital  
For Fiscal year 2015 (7/14-7/15)  
There were documented:  
10 opioid overdoses  
75 visits related to opioid addiction  
and abuse

For every **1** prescription opioid overdose death in 2010 there were...



# Responding to the Heroin Epidemic



## **PREVENT** People From Starting Heroin

### **Reduce prescription opioid painkiller abuse.**

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



## **REDUCE** Heroin Addiction

### **Ensure access to Medication-Assisted Treatment (MAT).**

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

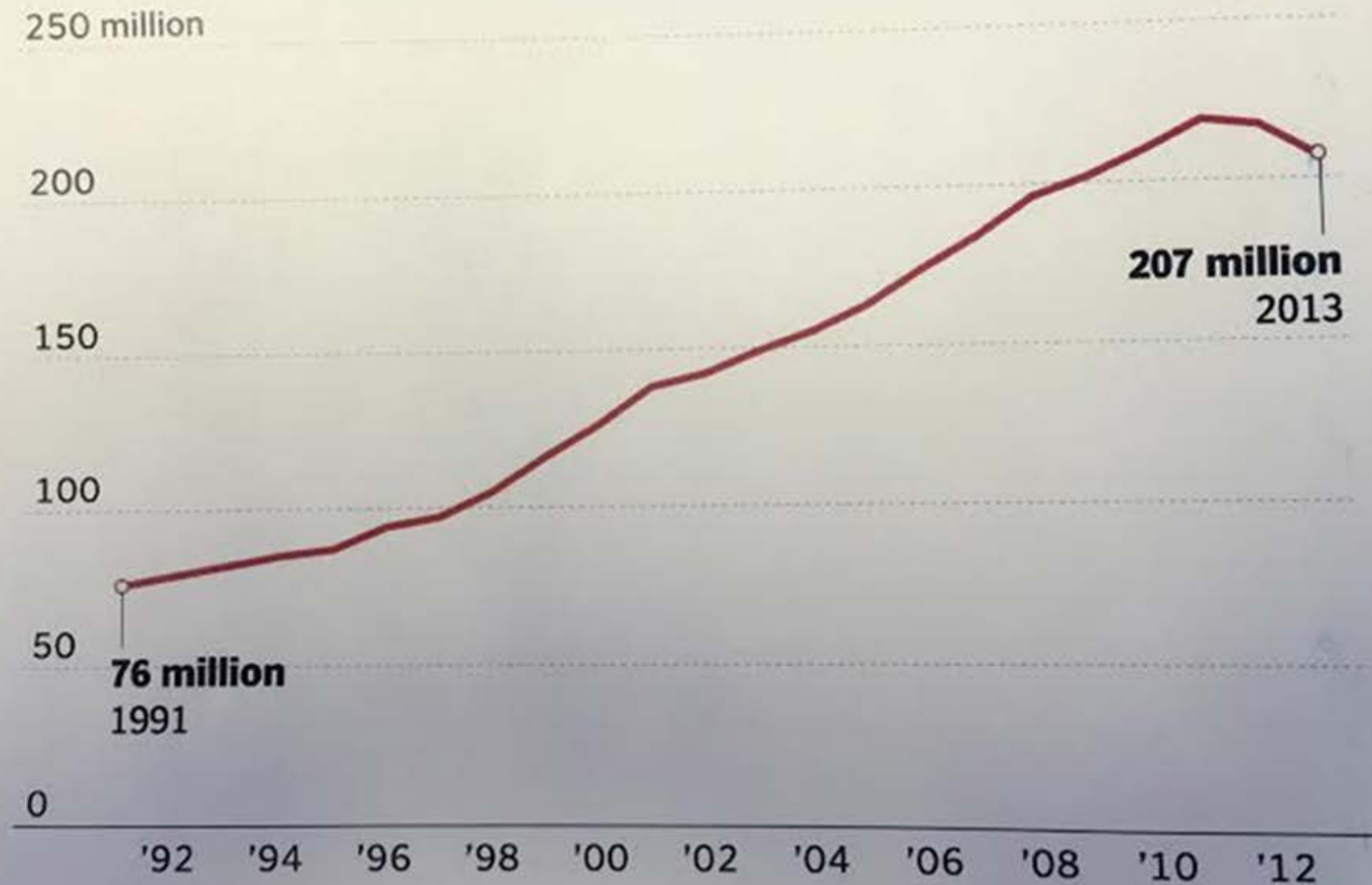


## **REVERSE** Heroin Overdose

### **Expand the use of naloxone.**

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

# US opiate prescriptions



SOURCES: IMS Health, National Institutes of Health

PATRICK GARVIN/GLOBE STAFF

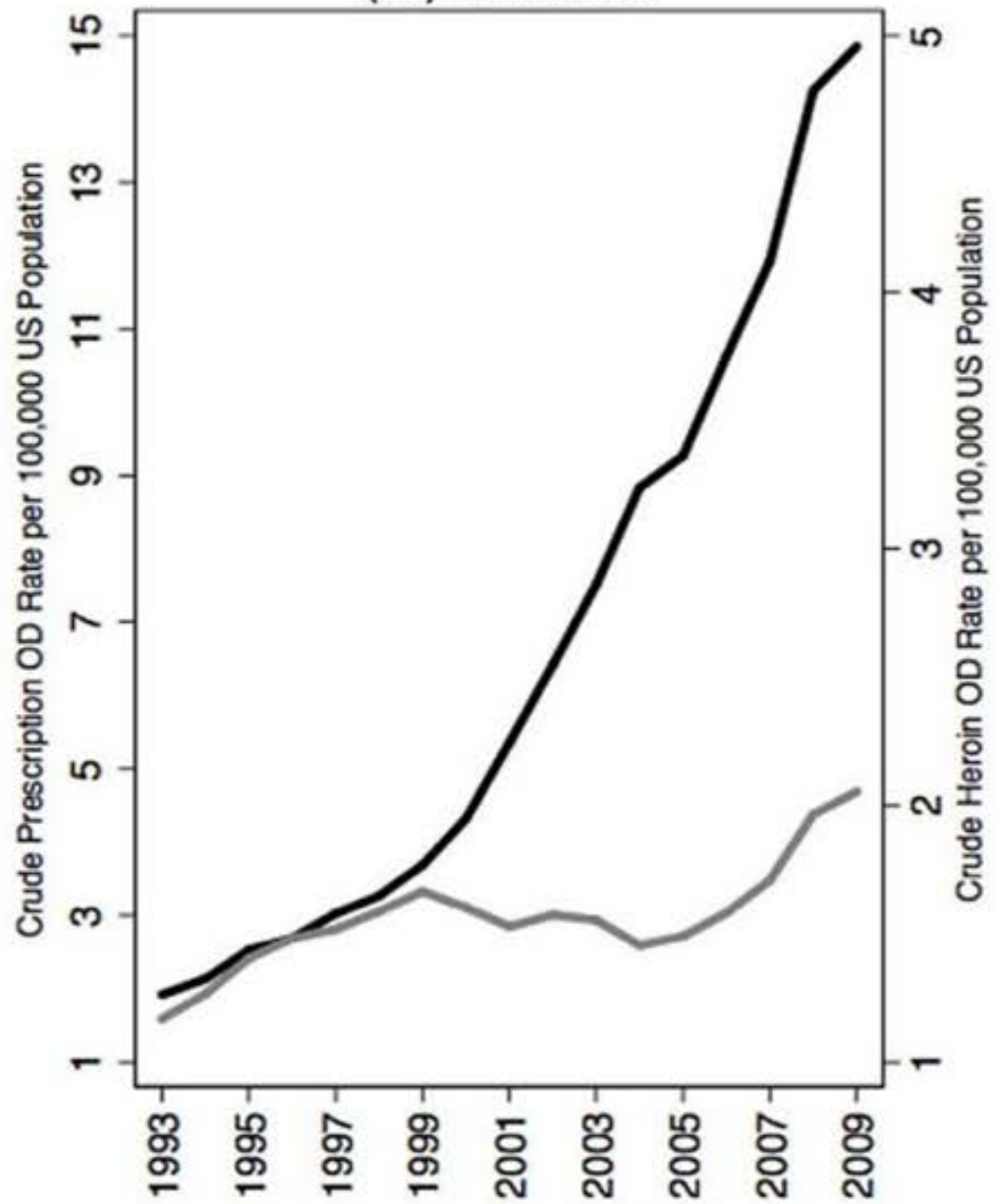
# EPIDEMIOLOGY OF OPIATE ADDICTION

2 million people in the US suffer from substance abuse disorders from prescription painkillers

500,000 people are addicted to heroin.

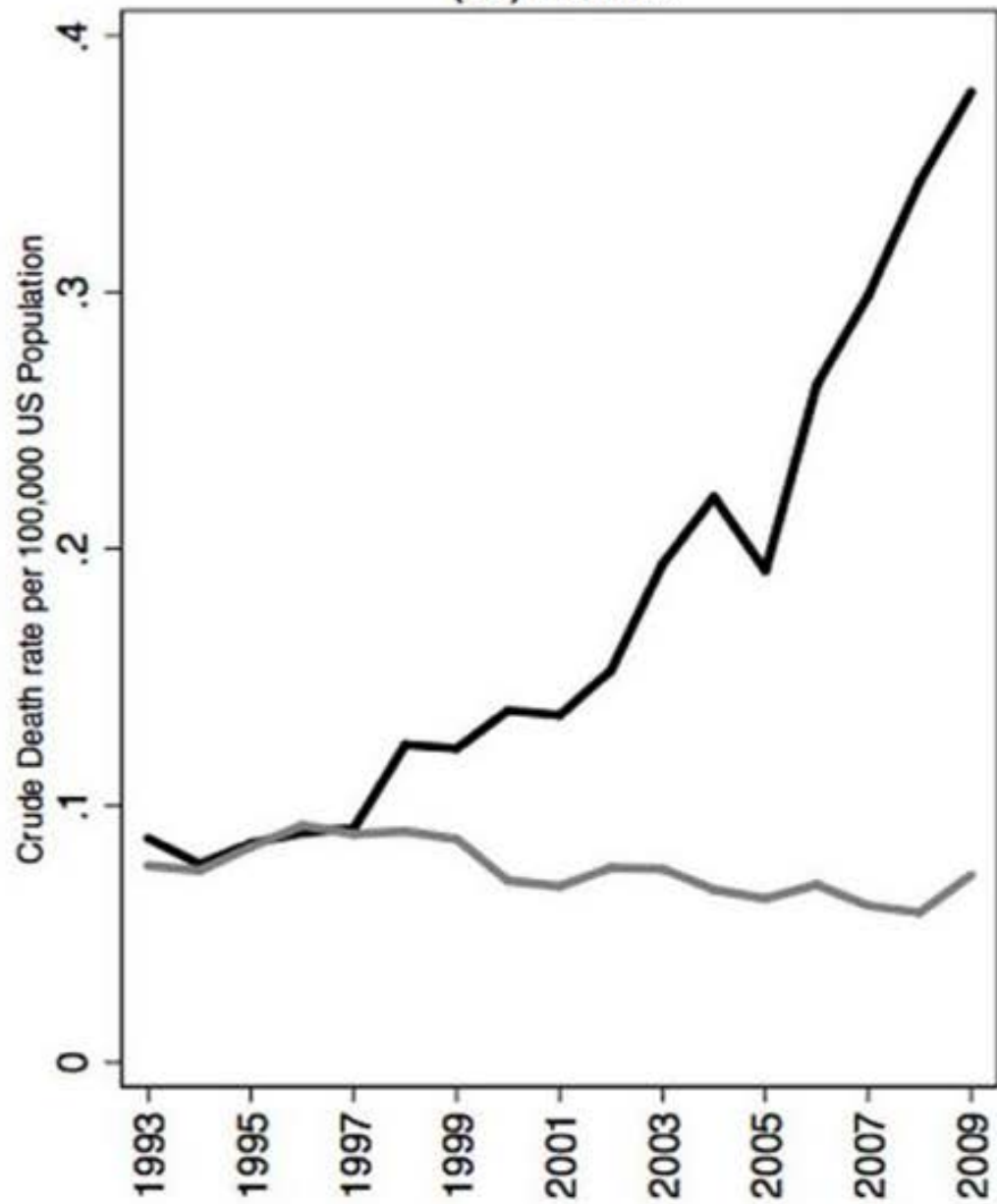
Overdose deaths from prescription painkillers have quadrupled in the past 15 years.

(1a) Overdoses



— Prescription Opiates

(1b) Deaths



— Heroin (Smoothed)



## Every day in the United States

- 120 people die as a result of drug overdose
- 6,748 are treated in emergency departments (ED) for the misuse or abuse of drugs.

**Drug overdose was the leading cause of accidental death in 2012, killing more people than car accidents.**

cdc.gov

24 K opioid deaths/year (18K rx painkillers, 6K Heroin)

# IS DRUG ADDICTION TREATMENT WORTH ITS COST?

Substance abuse costs our Nation over **\$600 billion** annually

A cost for 1 full year of methadone maintenance treatment is approximately \$4,700 per patient, whereas 1 full year of imprisonment costs approximately \$24,000 per person.

According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.

Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths.

## Medication assisted Addiction Therapy Reduces:

- Use of other opioids by 80-90%;
- Use of other substances, e.g. cocaine;
- Criminal activity reduced by 80%
- Mortality reduced by 70%
- Injection-related risk behaviors;
- Transmission and risk factors for transmission of blood born pathogens (HIV/Hep C)

## MAT Improves:

- physical and mental health
- social functioning
- quality of life
- pregnancy outcomes

# Do you take strong pain medications?

For example:

Percocet, Vicodin, methadone, oxycodone, morphine, MSContin, Dilaudid, fentanyl, or any other “opiate” medication?



## Ask your provider for naloxone!!

Naloxone is an antidote sprayed into the nose if you are too sleepy or can't be woken up due to these pain medications.

Talk to your provider for more information.

**PREVENT  
DRUG  
OVERDOSE**

4.000000

Rx Only    100% TALKER 350000    10000000

**NALOXONE  
HYDROCHLORIDE**  
(Nal-LOX)  
(1 mg/mL)

2 mg  
per  
2 mL

LOCK-BY™ LOCK-LOCK PROTECTED SPRINGS

**OVERDOSE PREVENTION RESCUE KIT**  
**PREVENCIÓN DE SOBREDOSIS**  
**EQUIPO DE RESCATE**



## **Resources:**

CDC.gov

SAMHSA.gov: excellent clinical guidelines, electronic and printed books

TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, DHHS Publication #(SMA)04, 3939, 2004.

TIP 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs, DHHS Publication #(SMA) 05, 4048, 2005

NIDA.gov (NIH data) Methadone research web guide “20 questions”

NAABT.org (national alliance of advocates of buprenorphine treatment)

Patient Support Resources:

Addictionsurvivors.org (from NAABT) support groups online

SAMHSA.gov (printable brochures and booklets)

Watch “**Oxycontin Express**” on  
Youtube

Watch “**Oxyana**” on Vimeo

Contact me with any questions:

**Dr. Sarah Spencer D.O.**

sarahspencerak@gmail.com

Ninilchik Clinic M,W,F 9-5: (907)

567-3970



## **S.524 The Comprehensive Addiction and Recovery Act of 2016**

With overdoses from heroin, prescription drugs and opioid pain relievers surpassing car accidents as the leading cause of injury-related death in America, and heroin overdoses having tripled in the last five years, lawmakers are acknowledging the devastating effect addiction has on public health and safety.

S. 524, the Comprehensive Addiction and Recovery Act of 2016 is a bill to authorize the U.S. Attorney General to establish programs in the Department of Health and Human Services and Department of Justice to provide an array of incentives and resources designed to combat addiction.

The Congressional Budget Office says the bill will authorize the appropriation of \$312 million from 2016 through 2021 for various federal programs. The bill will also authorize the Secretary of Health and Human Services to award as much as \$413 million in grants from 2017 to 2021 through the Substance Abuse and Mental Health Services Administration (SAMHSA).

S. 524 garners bipartisan support; it passed the Senate on March 10, 2016 by a vote of 94-1 and is currently awaiting action in the House of Representatives. If you want to follow the bill's progress, you can sign up for alerts at <https://www.congress.gov/bill/114th-congress/senate-bill/524/cosponsors>.

S.524 has seven sections. Snapshots of Titles I – III (the most relevant for potential grant funding are provided here.) (A more thorough section-by-section analysis written by the National Association of State Alcohol and Drug Abuse Directors can be accessed at <http://nasadad.org/wp-content/uploads/2016/02/CARA-Section-by-Section-Feb.-2016.pdf>.)

Title I covers prevention and education, including:

- the development of a task force to review, modify and update " best prescribing practices" for pain management;
- a national education/awareness campaign; and
- grants to implement comprehensive community-wide strategies that address local drug crises. A local crisis is defined as data documented sudden increase in the abuse of opioids or methamphetamines or in opioid-related deaths as documented by local data; or the abuse of prescription medications, specifically opioids or methamphetamines, that is significantly higher than the national average, over a sustained period of time.

Title II focuses on law enforcement, including:

- grants to develop, implement or expand treatment alternatives to incarceration for individuals who suffer from substance abuse and come into contact with the criminal justice system without a charge of a violent crime or a serious drug offense. This includes (among other things) law enforcement training on substance use disorders and co-occurring mental illness and substance use disorders and receiving centers as alternatives to jail incarceration.



- grants to provide technical assistance and training on police officer and first responder use of an opioid overdose reversal drug, such as naloxone, to respond to an individual who has experienced, or has been determined to have likely experienced, a prescription opioid or heroin overdose, and mechanisms for referral to appropriate treatment. Naloxone is likened to the other medications in the police cruiser's first-aid kit, like an epi-pen to help someone allergic to a bee sting or sugar and insulin to alleviate a diabetic reaction. Heroin is a poison that happens to be called an overdose, and the treatment for that is naloxone.
- This section also calls for expansion of prescription drug take-back programs to keep surplus drugs away from young people.

Title III covers treatment and recovery, providing grants for activities based on reliable scientific evidence of effective treatment of problems related to heroin or other opioids:

- to State substance abuse agencies, units of local government, nonprofit organizations, etc. in areas that have a high rate, or have had a rapid increase in heroin or other opioids use. Funds are to (1) expand activities, including the availability of medication-assisted treatment and other clinically appropriate services to treat addiction and (2) provide recovery coaches responsible for mentorship and transition plans to individuals re-entering society following incarceration or alternatives to incarceration programs.
- to high schools and non-profits to provide recovery support services to youth in high school and institutions of higher education. Includes the development and maintenance of a dedicated physical space for recovery programs, health-wellness and community engagement activities.
- to non-profits (principally governed by people in recovery) that mobilize resources within and outside the recovery community for building "communities of recovery" with expanded and enhanced community and statewide recovery support services.

The next three titles in the bill address:

- collateral consequences of opioid/heroin addiction by funding correctional education demonstration programs and forming a task force on recovery and collateral consequences (i.e. disadvantages imposed on individuals who is in recovery for a substance use disorder);
- treatment for pregnant and postpartum women through a competitive state grant program;
- incentives (planning and implementation grants) to the states to combat addiction by establishing a "comprehensive response to opioid abuse." An example is improving prescription drug monitoring programs to help states monitor and track prescription drug diversion and help at-risk individuals access services because inefficiencies and loopholes in current programs allow people to game the system and obtain more drugs than they should.

Finally, Title VII addresses miscellaneous aspects and funding of the provisions in the bill.

## From 2009-15, there were 774 drug overdose deaths in Alaska

Posted: March 30, 2016 - 3:38pm

By Ginny Espenshade

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Thank you to the Homer News for providing me the opportunity and space for my commentary about the opioid problem facing our community. Thank you also to the many community members who have shared their stories with me as this conversation becomes more public.

Hopefully, we will all continue to face this problem head on as the public health issue it is. While my previous commentaries addressed prevention and treatment strategies, this final one focuses on strategies to reduce the harm to active opioid users.

While prevention addresses potential users and treatment involves those working on recovery, reduction of harm measures can improve the health and outcomes of the active users. I understand that this user group may inspire less empathy or sympathy among the rest of us, but I remind you that this group has many subsets besides the active user with no present inclination to stop.

This group also includes the persons waiting for the available bed, money, insurance coverage or even child care to be able to access treatment, or the persons momentarily relapsing after weeks or years in recovery. In addition, harm reduction measures also benefit the partners and families of the user, and public health in general.

Opioid overdose can cause death from fatal respiratory depression, i.e., the user stops breathing because the drug changes the neurochemical activity in the brain stem. A recent bulletin from the Epidemiology Office of the State Division of Public Health provides the most current statistics on drug overdose mortality. It breaks down the total drug overdose deaths in Alaska from 2009 to 2015 (774 deaths) into categories of drugs, including prescription opioid pain relievers (400 deaths) and heroin (127 deaths).

The report also notes that while the prescription pain killer deaths have been relatively consistent over those years, the heroin death toll has increased steadily every year since 2010. While the high death rate is great motivation to increase prevention and treatment, it also demonstrates the need to do what we can today to prevent death.

Timely administration of a medication called naloxone can reverse the effects of opioid overdose and save lives. This substance has been available to emergency responders for years, but its effectiveness depends greatly on its prompt administration. Its effectiveness is often thwarted when witnesses to an overdose hesitate to call 911, or when it takes too long for emergency responders to reach the patient.

In 2014 Alaska passed a "make the call" Good Samaritan law, offering some immunity from prosecution when a witness calls for help for another's overdose. While this approach encourages earlier reporting, newer legislation, signed into law by Gov. Bill Walker on March 14, goes further to equip Alaskan communities with the tools to reverse overdoses, saving lives. The new law removes civil liability for the prescription of naloxone by physicians and its administration by trained bystanders. The law also provides over the counter access to the substance.

Locally, Dr. Sarah Spencer and the South Peninsula Hospital have already organized a training for just that purpose. Saturday, April 9, at the South Peninsula Hospital Training Center, 203 West Pioneer, from 10-11 a.m. Dr. Spencer will provide education and training that will prepare attendees to respond to an opioid overdose. For \$90, all attendees will leave with the knowledge, training certificate, and a complete naloxone rescue kit. Since space is limited, please pre-register by calling 235-0285.

The other reduction of harm measure being proposed in Homer is a syringe exchange program. By providing free sterile needles and collecting used ones, a syringe exchange program will reduce the transmission of HIV, Hepatitis B and C viruses, and infectious diseases.

According to the Centers for Disease Control, needle sharing during injection drug usage accounts for about 60 percent of new Hepatitis C virus transmissions every year. Alaska sees more than 1,000 new cases of Hepatitis C a year, and more than 100 new cases of HIV/AIDS.

While addressing the immediate health concern of disease transmission among injection drug users (and their partners and loved ones) the syringe program will also provide an opportunity for outreach and education that can begin the path to treatment. Studies have shown that needle exchange programs do not encourage illicit drug use. Finally, a syringe exchange will also reduce the more general public health concern of used needles showing up on our beaches, trails and parking lots.

In closing, I hope this discussion continues. As I mentioned before, people are already working on these efforts, including the Kachemak Bay Narcotics Anonymous (Saturdays 5:30 p.m. upstairs at Methodist Church); Dr. Sarah Spencer, board certified in addiction medicine; and a group working on the syringe exchange (HomerExchange@gmail.com).

I also commend the Homer City Council, which on Jan. 11 unanimously approved Resolution 16-008 “Supporting the Establishment of a Syringe Exchange Program in Homer.”

Another resource is the Facebook group Peninsula Drug Awareness, Education and Prevention, which shares important information and support.

Let’s work together on this at the grass roots level. I feel a Homer-based response, built on our strengths, will have the most success.

Ginny Espenshade has worked in juvenile justice for 20 years as executive director of the Kenai Peninsula Youth Court.

[Comment](#)

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**CITY OF HOMER  
HOMER, ALASKA**

Lewis

**RESOLUTION 16-008**

A RESOLUTION OF THE CITY COUNCIL OF HOMER, ALASKA,  
SUPPORTING THE ESTABLISHMENT OF A SYRINGE EXCHANGE  
PROGRAM IN HOMER.

WHEREAS, Syringe exchange programs (SEPs) provide free sterile syringes and collect used syringes from injection drug users to reduce transmission of blood borne pathogens, including HIV, and Hepatitis B and C viruses; and

WHEREAS, Most SEPs also offer HIV/Hepatitis counselling and testing and referral to substance abuse treatment; and

WHEREAS, There are over 1,000 new cases of Hepatitis C and over 100 new cases of HIV in Alaska each year; and

WHEREAS, SEPs reduce virus transmission by about 30%; and

WHEREAS, There is significant cost savings associated with reducing instances of Hepatitis C, HIV, and injection drug related bacterial infections; and

WHEREAS, According to the World Health Organization there is compelling evidence that increasing the availability and utilization of sterile injection equipment by injection drug users reduces HIV infection substantially; and

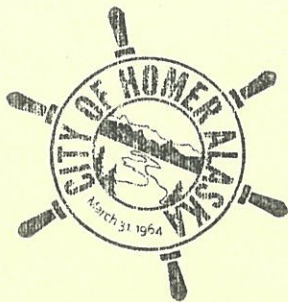
WHEREAS, In 2000 U.S. Surgeon General Dr. Satcher issued a statement that SEPs are an effective HIV prevention strategy and do not encourage the use of illegal drugs; and

WHEREAS, SEPs have the added benefit of increasing recruitment into drug treatment programs and primary care.

NOW, THEREFORE, BE IT RESOLVED by the City Council of Homer, Alaska, that the City of Homer supports the establishment of a Syringe Exchange Program in the City of Homer.

PASSED AND ADOPTED by the Homer City Council this 11<sup>th</sup> day of January, 2016.





CITY OF HOMER

*Mary E. Wythe*  
MARY E. WYTHE, MAYOR

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ATTEST:

*Jo Johnson*  
JO JOHNSON, MMC, CITY CLERK

Fiscal information: N/A