

Chronic Pain in Women and Relationship to Opioid Addiction IN State Perspective

Women's Congressional Policy Institute

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State Health Commissioner
July 12, 2017

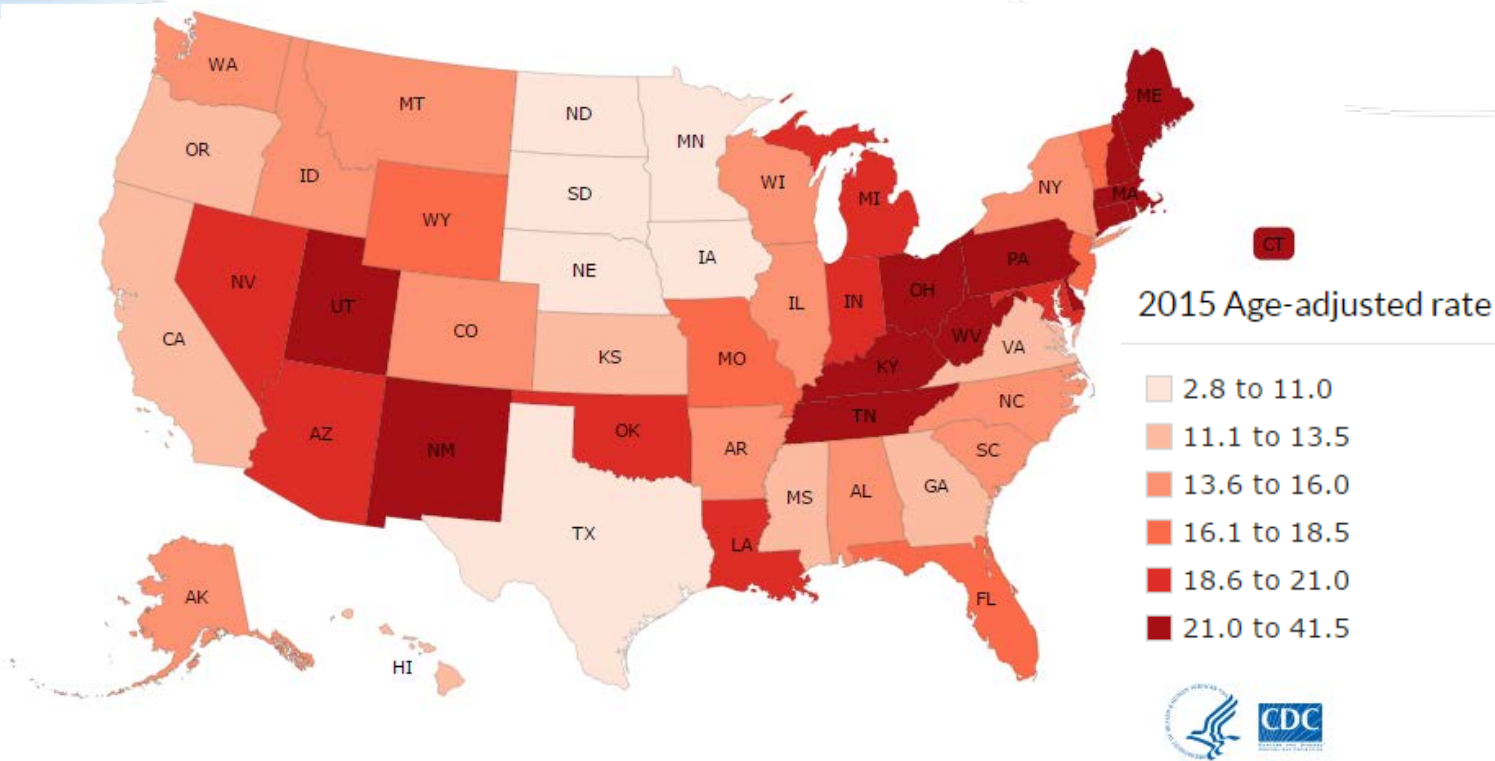


Indiana State
Department of Health

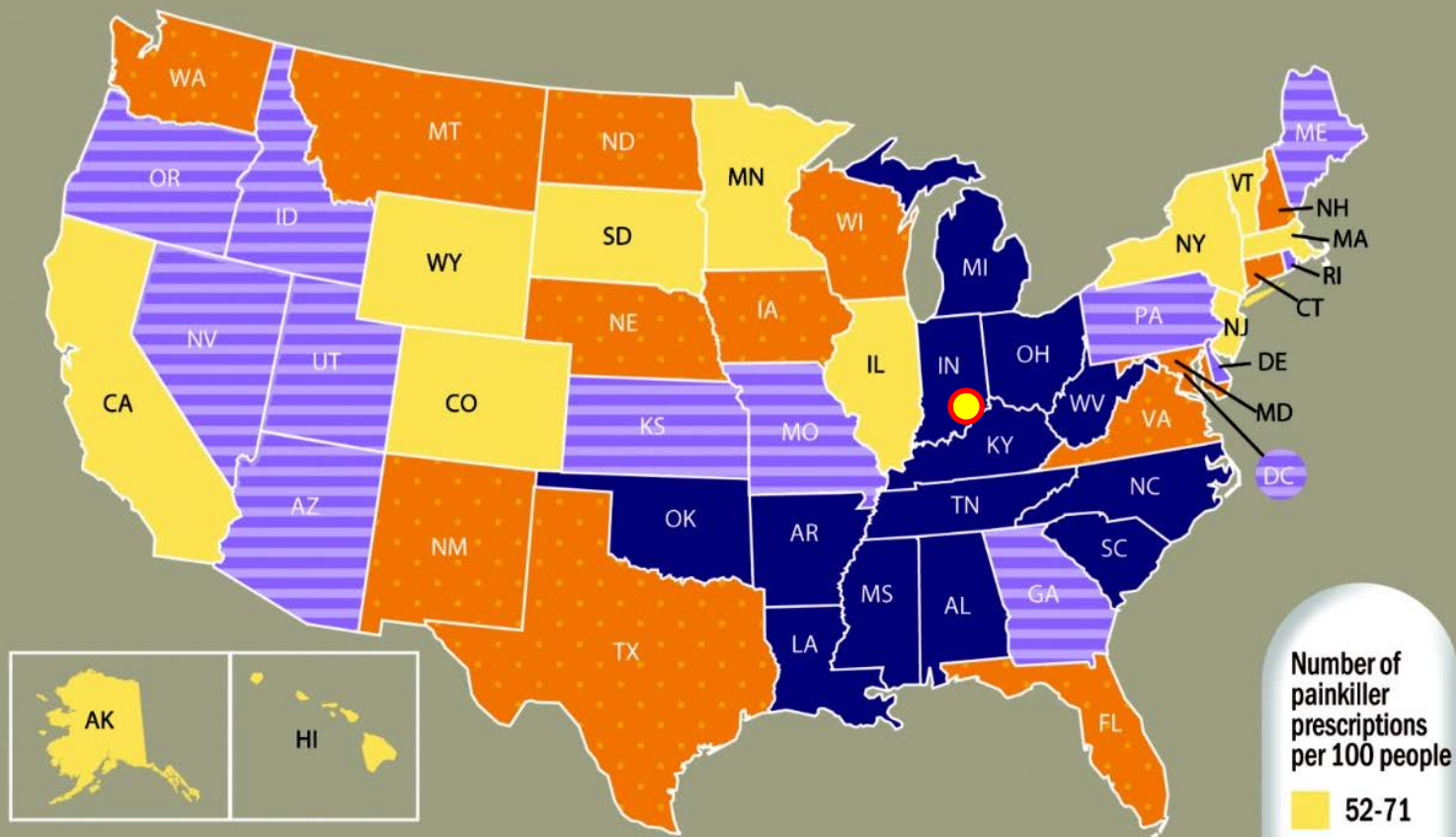
View from Middle America

- Increased burden of opioid epidemic
- Scott County HIV epidemic
- Significant concerns regarding neonatal abstinence syndrome (NAS) and infant mortality
- Increased burden on Department of Child Services (DCS)

Age-Adjusted Rates of Drug Overdose Deaths by State--US, 2015

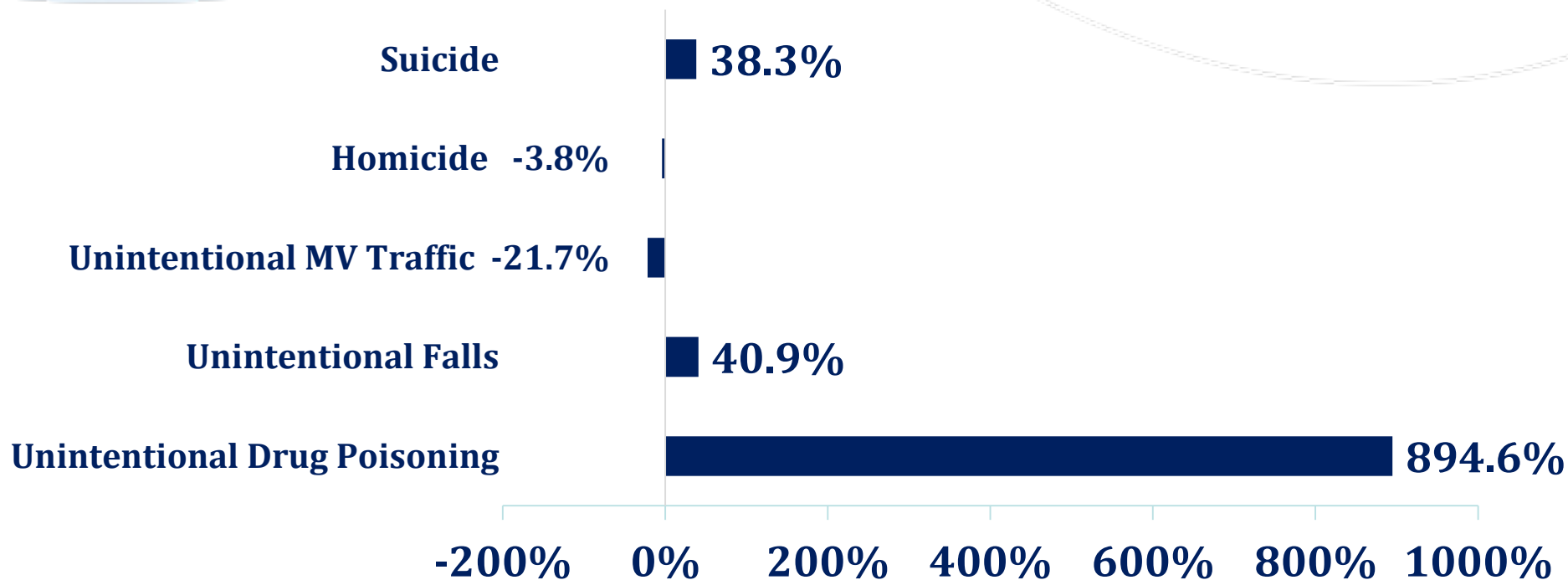


Location ^	Range category	2015 Age-adjusted rate	2015 Number of deaths
■ Indiana	18.6 to 21.0	19.5	1,245



Some states have more painkiller prescriptions per person than others.

Percent Change in Leading Causes of Injury Death— Indiana, 1999-2015

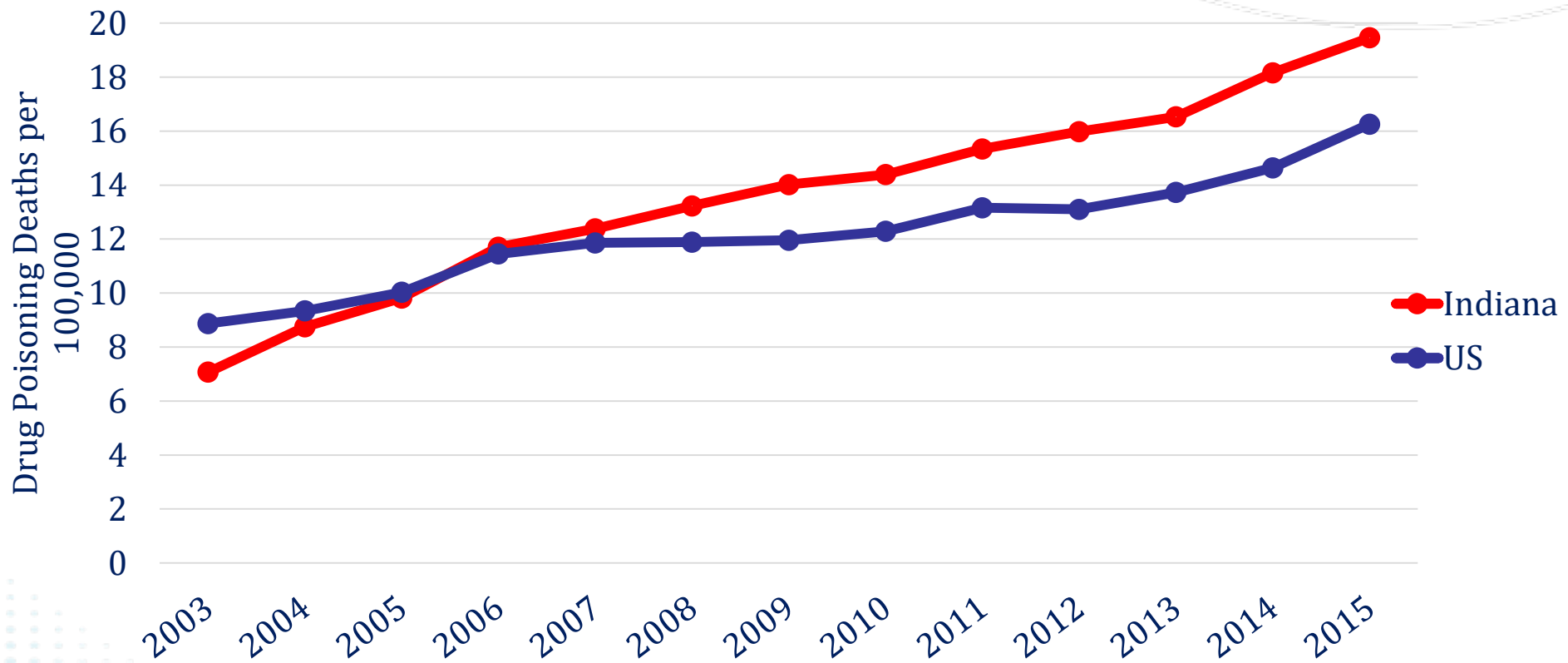


Data Source: CDC WISQARS

Prepared by: ISDH Division of Trauma and Injury Prevention

**Age-adjusted rates*

Drug Poisoning Death Rates by Year, Indiana and US--2003-2015



Data Source: CDC WISQARS

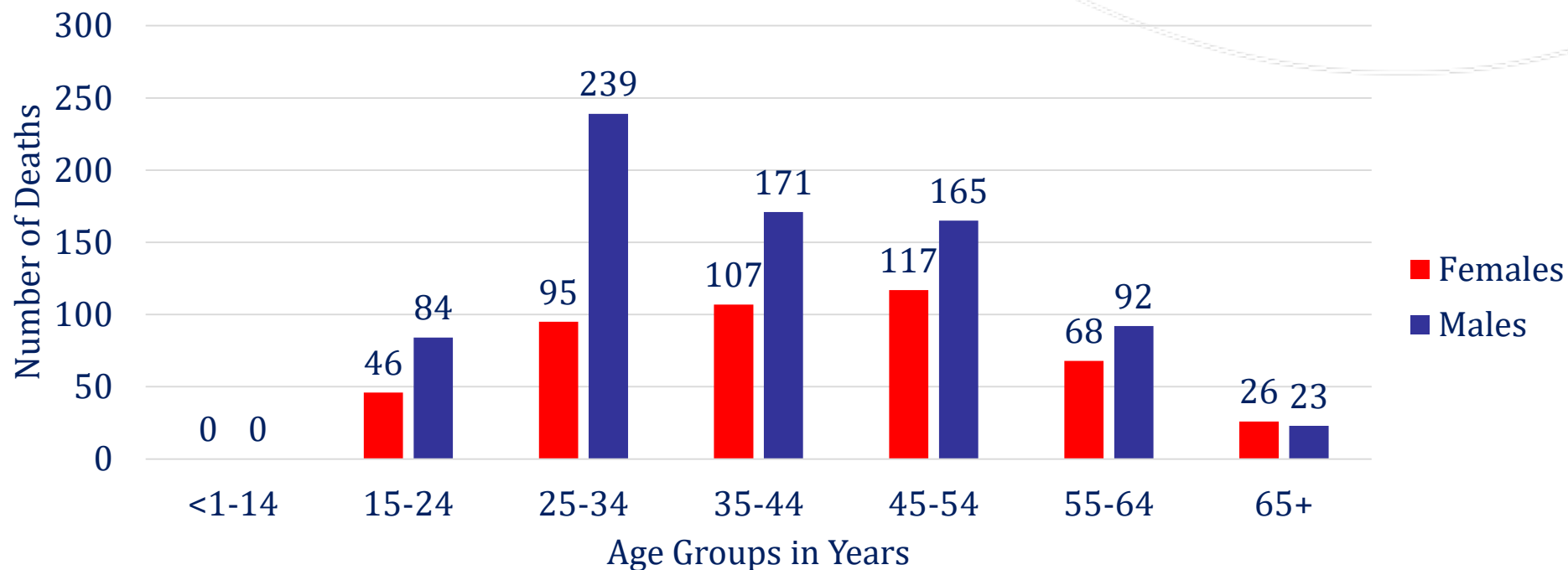
Prepared by: ISDH Division of Trauma and Injury Prevention

*Age-adjusted rates

Prescription Painkiller Problem May Affect Women Differently

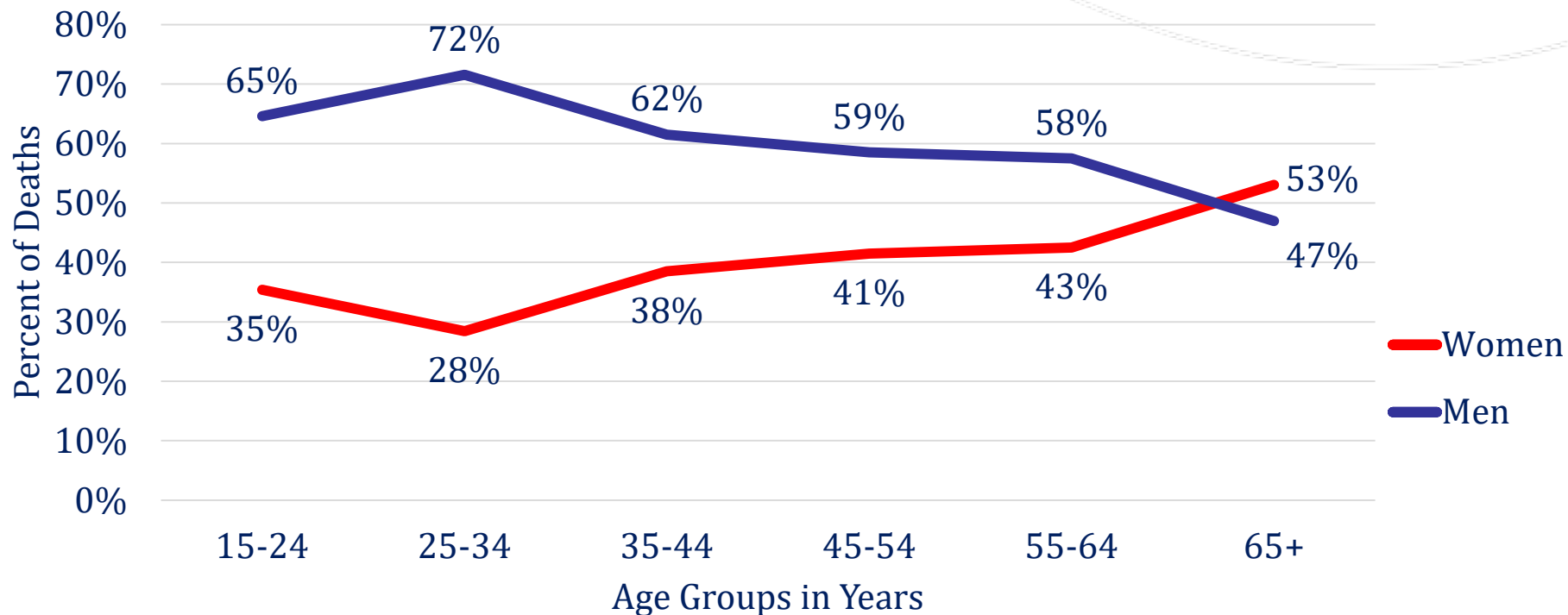
- Women more likely to have:
 - chronic pain
 - be prescribed prescription painkillers
 - be given higher doses
 - use them for longer time periods than men
- May be more likely to engage in “doctor shopping”
- May become dependent more quickly

Drug Poisoning Deaths by Age Group and Sex, Indiana--2015



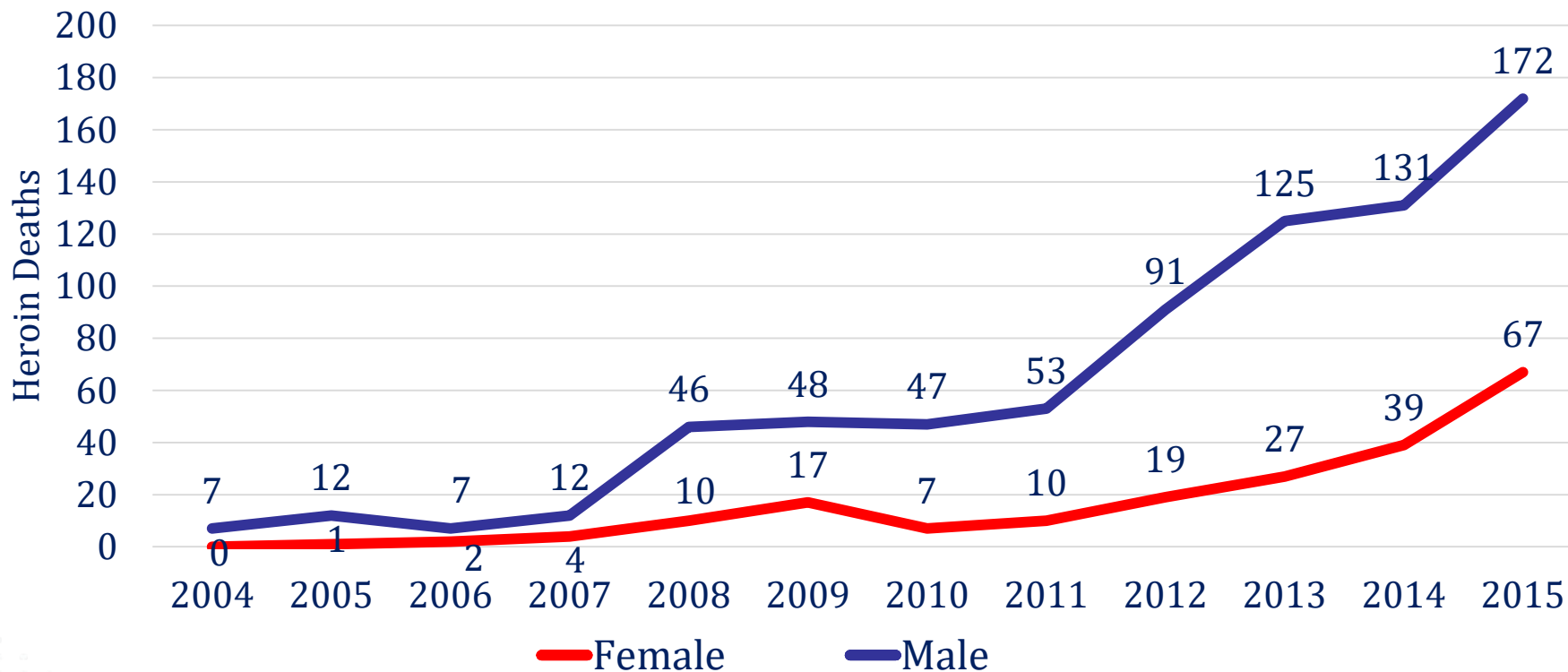
Data Source: Indiana State Department of Health (ISDH), Vital Records
Mortality dataset: ISDH Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH Division of Trauma and Injury Prevention
*Counts under 5 suppressed

Drug Poisoning Deaths by Age Group and Sex, Indiana, 2015

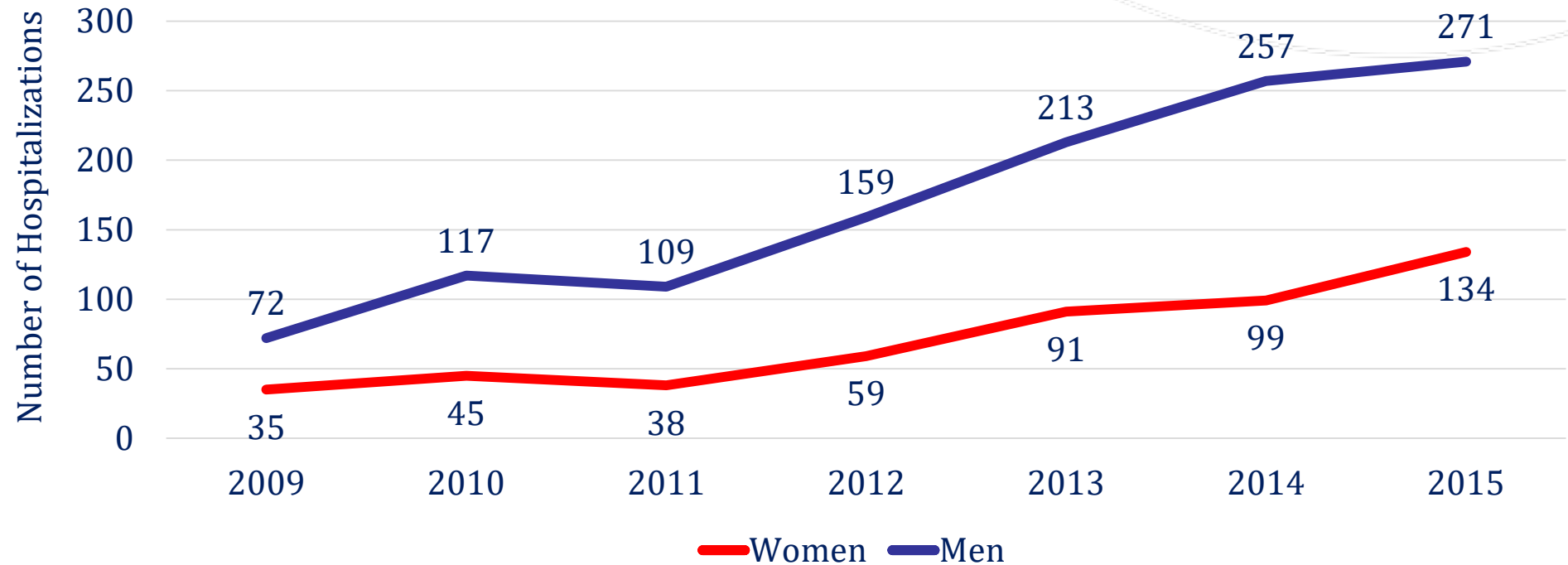


Data Source: Indiana State Department of Health (ISDH), Vital Records
Mortality dataset: ISDH Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH Division of Trauma and Injury Prevention
*Counts under 5 suppressed

Drug Deaths Involving Heroin by Year, Indiana and US--2004-2015



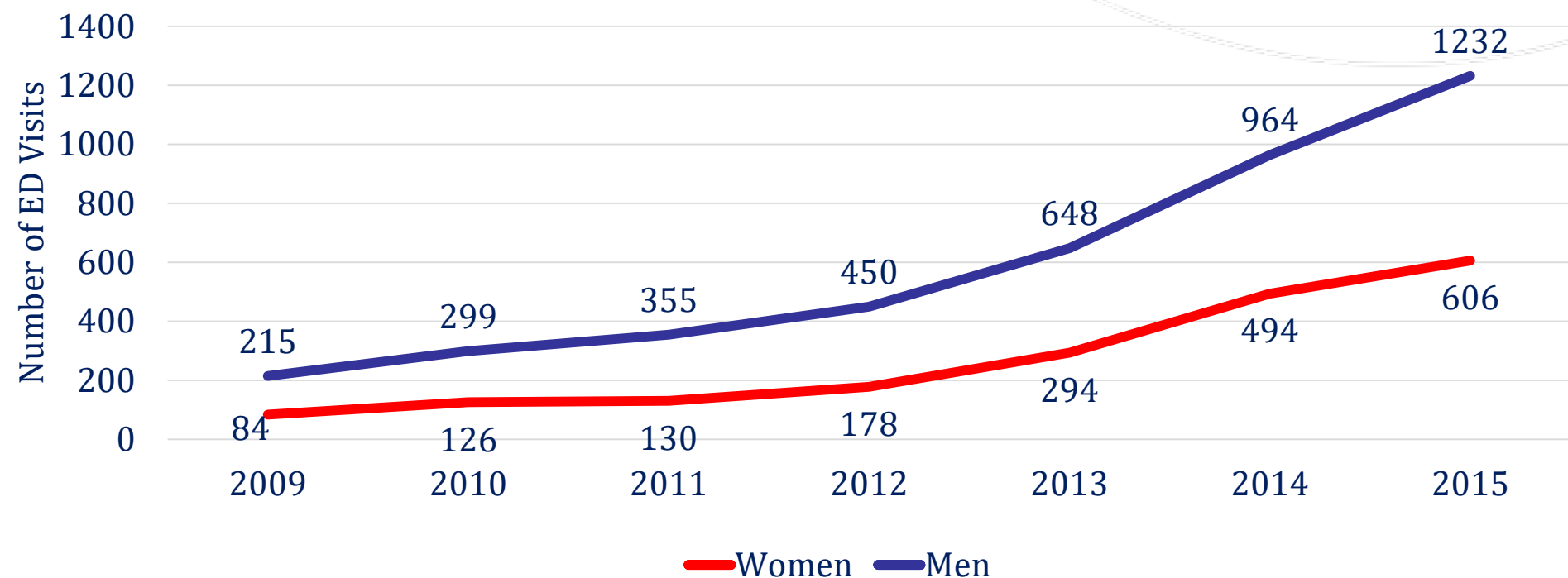
Non-Fatal Hospitalizations due to Heroin by Year and Sex, Indiana, 2009-2015



Source: ISDH Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH Division of Trauma and Injury Prevention
ICD-9-CM: 965.01
ICD-10-CM: T40.1

Percent increase for Women: 282.8%
Percent increase for Men: 276.3%

Non-Fatal ED Visits due to Heroin by Year and Sex, Indiana, 2009-2015



Source: ISDH Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH Division of Trauma and Injury Prevention
ICD-9-CM: 965.01
ICD-10-CM: T40.1

Percent increase for Women: 621.4%
Percent increase for Men: 473.0%

Scott County HIV Outbreak

- Rural injection of Rx oral opioid = largest HIV outbreak in IN, largest IDU HIV outbreak in US
- 219 confirmed HIV cases
 - Rural county that never had more than 3 in one year
 - 132 males, 87 females
 - All white, significant poverty (19.0%), unemployment (8.9%), lack of education (21% no high school), and lack of insurance
- 95% co-infected with hepatitis C
- All report injection of opioid analgesic oxymorphone (Opana® ER and generic ER)
- Community immediately next to a major highway truck stop
 - link between IDU and sex work

☰ The Washington Post

How an HIV outbreak hit rural Indiana – and why we should be paying attention

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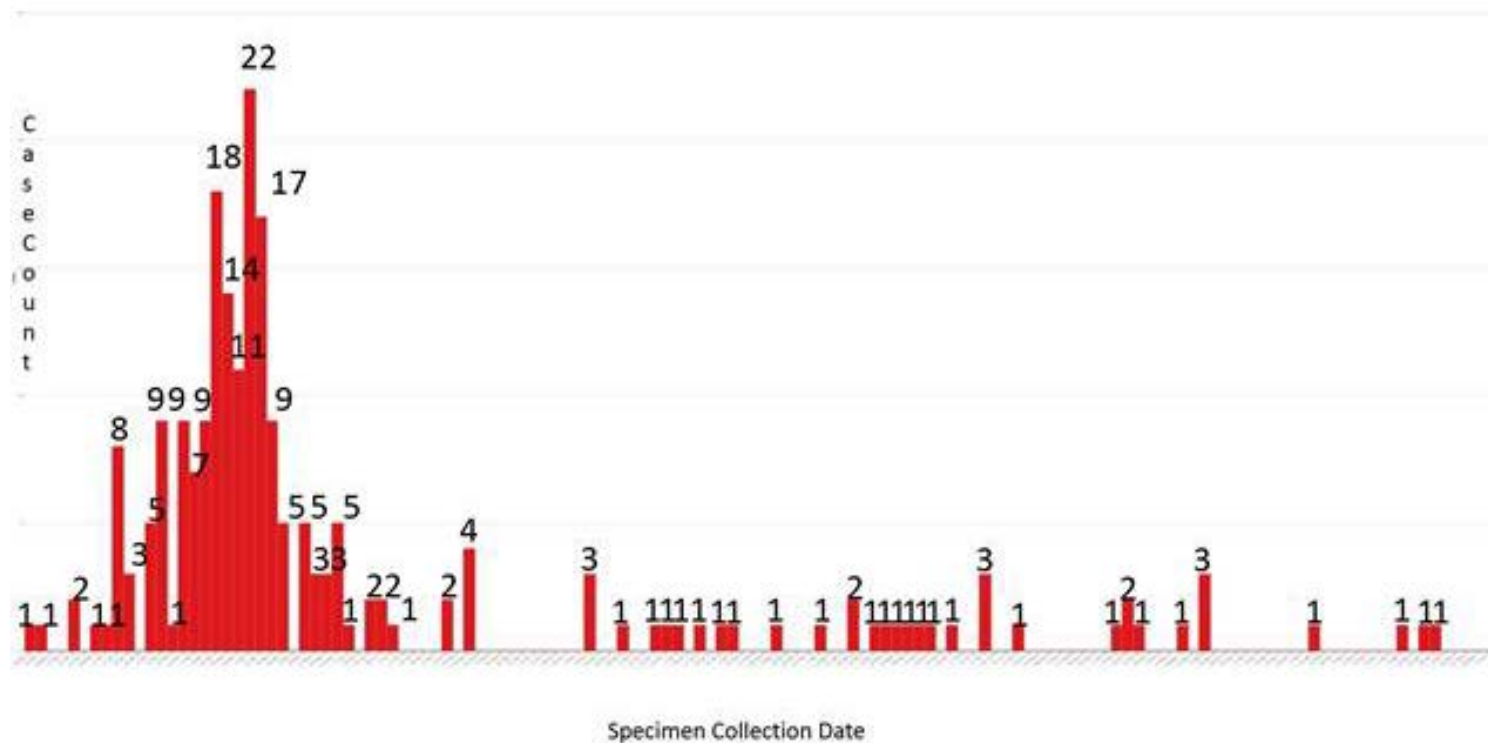
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By **Danielle Paquette** March 30

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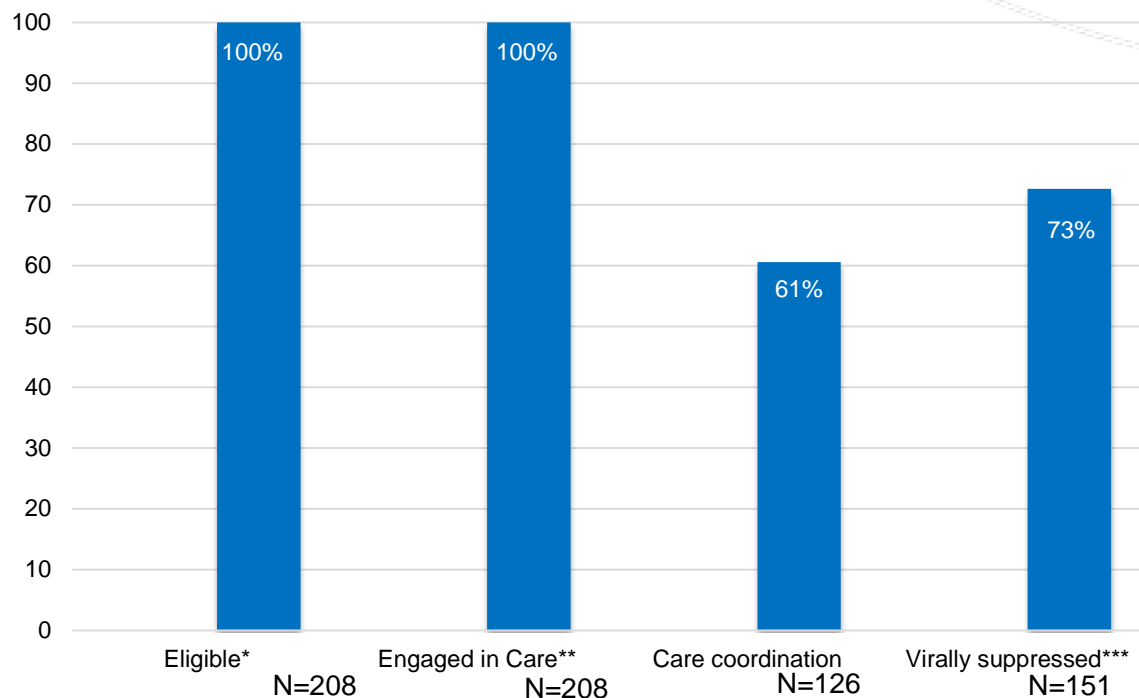


Scott County Epidemic Curve



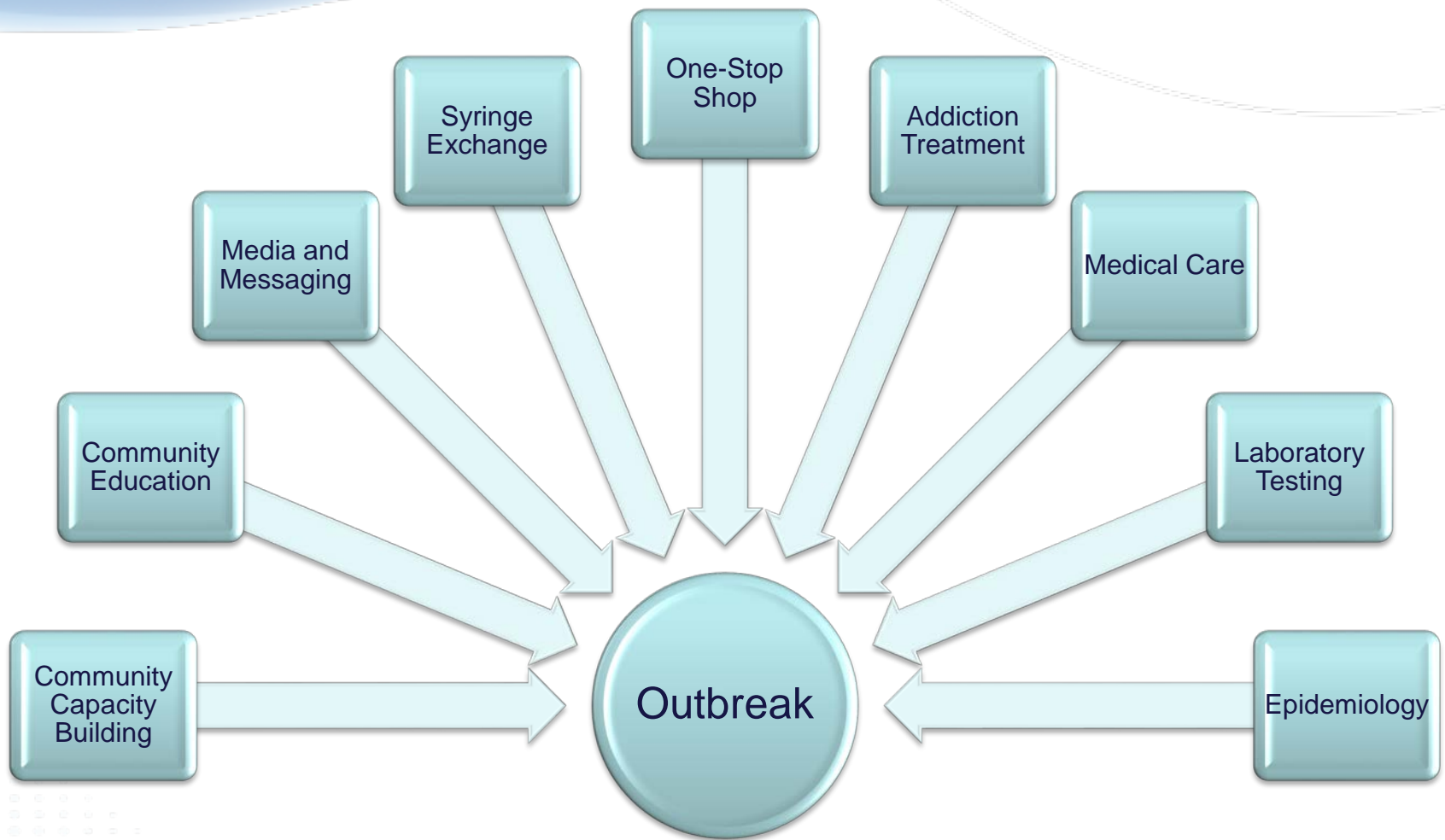
Continuum of HIV Care--Austin, Indiana

June 9, 2017



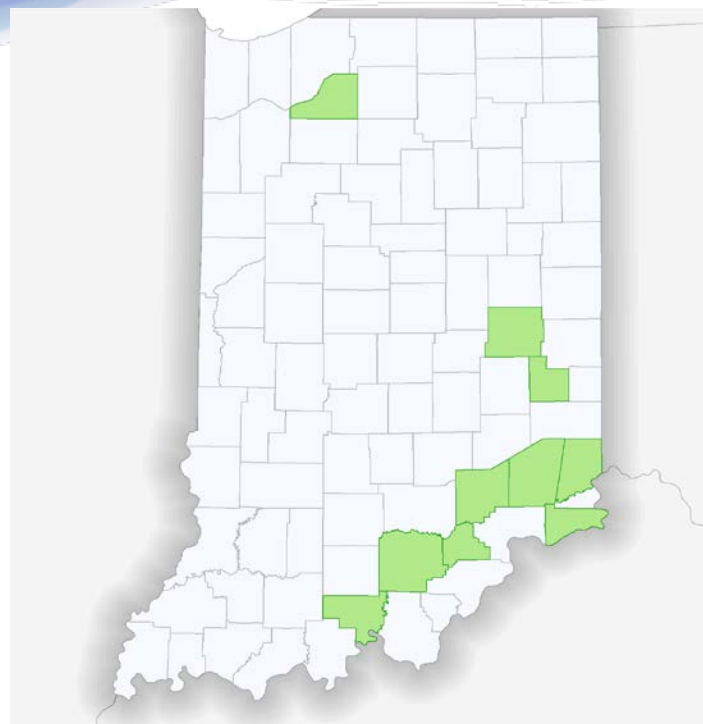
Total diagnosed=219 (219 confirmed). Persons were ineligible if deceased (n=7) or outside of the jurisdiction (n=4); estimates are based on the number of eligible persons (n=208); ** Patients engaged in care if have at least one VL or CD4 *** Percent virally suppressed is stable at 73% when denominator changed to number engaged in care. Clinical services were initiated 3/31/15.

Scope of Response



INDIANA

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs

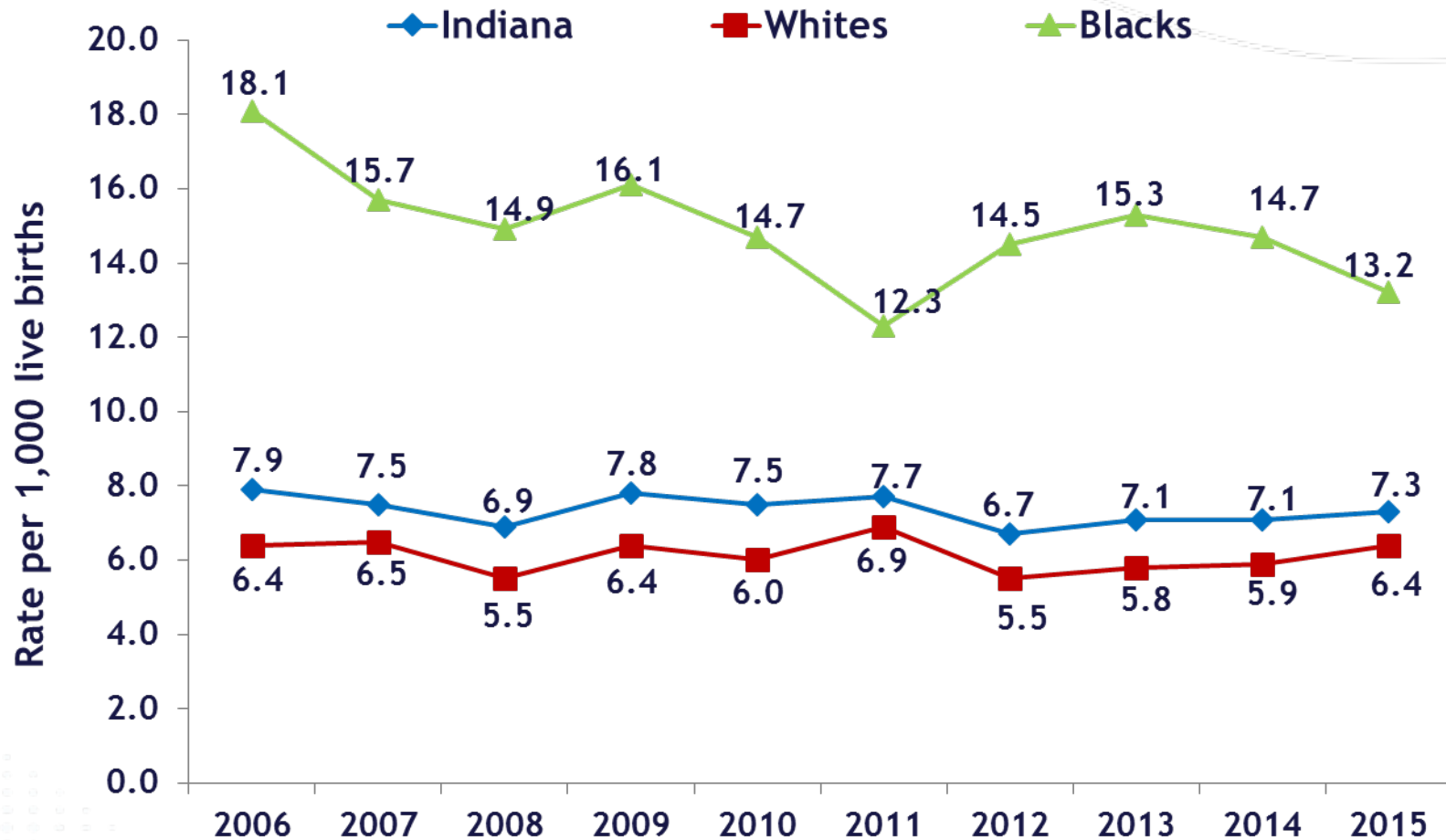


Notes: Map and Analysis provided by the Geospatial Research, Analysis, and Services Program (GRASP), Div of Toxicology and Human Health Sciences, ATSDR (2015). Data Sources: American Community Survey 2012-2013; DEA ARCOS 2013; NCHS/NVSS 2012-2013; SAMHSA DATA 2000 Program Info 2014.

Vulnerable Counties and National Ranks (from 1-220)

Scott	32	Switzerland	94	Ripley	195
Washington	57	Crawford	112	Dearborn	213
Starke	70	Henry	128		
Fayette	81	Jennings	158		

Infant Mortality Rates by Race Indiana 2006 - 2015



Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [January 24, 2017]
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Perinatal Substance Use Hospital Pilot

- Code established by the Indiana General Assembly
- Included permissive language to develop a hospital pilot process for appropriate and effective models for identification, data collection and reporting related to NAS
- Focuses on hospital activity beginning with arrival for delivery
- Encourages prenatal screening at first office visit

Hospital Pilot Findings

- Drug of choice changes depending on location
- Comorbidities can affect the outcomes
- Lack of treatment programs
- Interruption in care when referral is made
- Support services needed during and after pregnancy
- Need to change the culture of providers and pregnant women

<div> <div>2017 Testing Results</div> <div>Represents 13 hospitals over 4 months</div> <div>(as of April 30, 2017)</div> </div>	Drug	Total	Positive	Indiana Percentage Positive	National Percentage Positive
	AMPHETAMINES	540	13	2.41%	5.0%
	COCAINE	540	23	4.26%	7.2%
	OPIATES	540	84	<u>15.56%</u>	<u>8.5%</u>
	CANNABINOIDS	540	107	19.81%	24.2%
	BARBITURATES	540	15	2.78%	1.3%
	METHADONE	540	12	2.22%	2.6%
	BENZODIAZEPINE	540	8	1.48%	1.8%
	OXYCODONE	540	21	3.89%	8.8%
	TRAMADOL	540	6	1.11%	0.9%
	BUPRENORPHINE	540	14	<u>2.59%</u>	²¹ <u>8.7%</u>

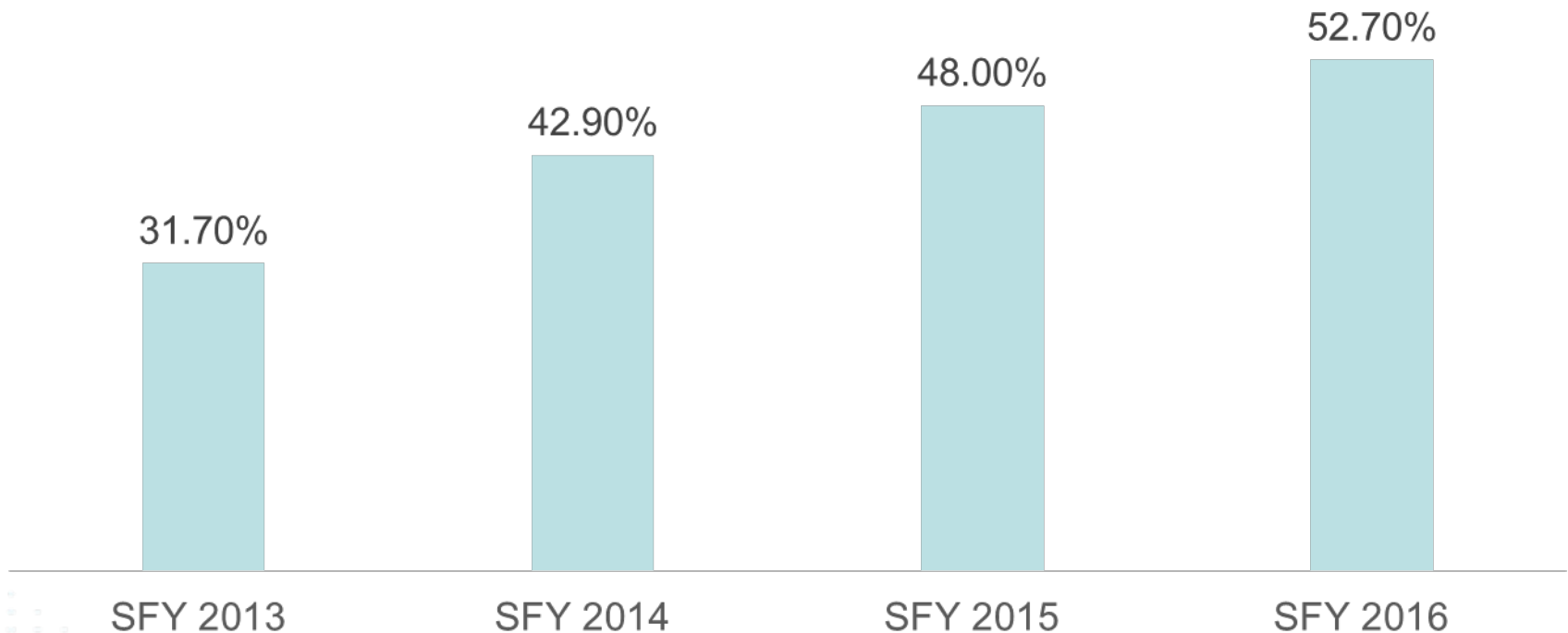
Substance Use Disorders and Department of Children and Families

Challenge:

- An increased number of children/families involved with DCS have substance use disorders, many of whom are multi-substance users.
- Number of children in need of services (CHINS) has increased from 13,048 in June 2012 to 23,950 in June 2017
- That is an 84% increase

Substance Use Disorders

Percentage of Children Removed from the Home with Alcohol and/or Substance Use Indicated as one of the Removal Reasons



Substance Use Disorders

Goals:

- Earlier identification of and intervention in families who are at-risk of substance use
- Expand service options for youth and families experiencing substance use

Substance Use Disorders

Strategies:

- Supporting implementation of evidence-based practices and interventions for children and families with substance use disorders
- Contracting for specialized residential treatment services that enable mothers with substance use disorders to receive treatment while remaining with their young children

Substance Use Disorders

Strategies:

- Contracting for transitional housing programs for clients transitioning from residential treatment programs
- Expanding the Sobriety Treatment and Recovery Teams (START) model to additional communities

Parting Thoughts...

- Surveillance is key--must know what's going on in communities
 - >Epidemic looks different in different places
- More education (public, providers, policy makers) on prescribing, harm reduction, naloxone, MAT
- Focus on needs of the medical community
 - >education to increase awareness of substance use
 - >support for ongoing monitoring, referral, and treatment

Parting Thoughts...

- Continue to support expansion of recovery support services through state and local collaboration - it takes a village
- Consider universal screening of pregnant women to eliminate and/or mitigate long term developmental impact of NAS
- Remember the unique impact of opioid epidemic on women and children/families
 - ->An entire generation will be affected for decades to come

Thank You

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