Opioid Policy Inventory
State Response Highlights

Naloxone

Naloxone is an opioid antagonist and is used to reverse the effects of an opioid overdose. In April 2018, the U.S. Surgeon General issued an advisory urging greater access to the drug and encouraging greater public knowledge of when and how to use Naloxone in the event of an opioid overdose.

Every state has implemented legislation to increase access to naloxone, and most have implemented standing orders which allow non-medical personnel to obtain a naloxone and administer the life-saving drug. The vast majority of states allow Naloxone to be dispensed without a patient-named prescription under a standing or protocol order. Naloxone is covered under Medicare and all state Medicaid programs. Many private insurance plans also cover the drug.

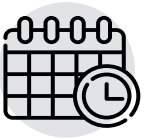
Restrictions on Opioid Dosage

The CDC's Guideline for Prescribing Opioids for Chronic Pain recommends starting opioids at the lowest possible dosage and further recommends careful reassessment of benefits and risks when considering opioid dosing of >= 50 morphine milligram equivalents (MME)/day and recommends avoiding (or carefully justifying) dosing of >= 90 MME/day. A growing number of states have implemented daily opioid dosage restrictions ranging from 30 MME to 100 MME for acute pain; and 15 MME to 120 MME for chronic pain.

Mandatory: AR, KY, LA, MA, MN*, NY**, VA, WA
Voluntary: CA, CO, GA, OH, OR, TN

**Minnesota: Opioid dosage restrictions are currently pending and are mandatory for Medicaid providers.*

***New York: Restrictions apply only to workers' compensation cases.*



Restrictions on Opioid Days' Supply

In addition to restrictions of opioid dosage per day, some states have restricted the number of days' supply for an initial opioid prescription for acute pain. Restrictions on the days' supply of opioid prescriptions is intended to reduce the amount of time a patient is on opioids and reduce the number of pills that can be used or circulated beyond the patient. State restrictions range from 3 days to 30 days.

Days' supply restrictions: AK, AZ, CO, CT, FL, HI, KY, LA, ME, MD, MA, MI, MN, NE, NV, NJ, NY, NC, PA, RI, TN, UT, and WV

****Minnesota: Restrictions on opioid days' supply is currently pending in Minnesota. The opioid prescribing workgroup is developing these protocols. The workgroup is recommending two thresholds directed at MN Health Care Program (MN HCP) enrolled providers with persistently concerning prescribing practices and another threshold that will trigger quality improvement and the other termination from MN HCP.*

Substance Abuse, Recovery, and Mental Health Treatment

The abuse and misuse of prescription or illicit drugs often accompanies mental health issues. There is growing acceptance of the need to have a coordinated approach for mental health and addiction treatment services in the recovery process.

Medication Assisted Treatment (MAT) is commonly used to help patients with opioid dependence. MAT combines prescription medication to reduce opioid withdrawal symptoms with counseling to address addiction and mental health challenges. Methadone, buprenorphine, and naltrexone are the three primary medications approved for use in MAT.

One coordinated approach recently highlighted was the Hub-and-Spoke Model[15] developed in Vermont. Nine regional "Hubs" provide MAT and auxiliary services are provided at community-based "Spokes." Spokes offer family services, mental health services, substance abuse outpatient treatment, medical homes, pain

[15] Vermont Hub-and-Spoke Model of Care for Opioid Use Disorder: Development, Implementation, and Impact, *Journal of Addiction Medicine*, 11(4): 286-292, July 2017

management clinics, in-patient service, residential services, and corrections. The model has resulted in an overall increase in the state's treatment capacity.

Insurance coverage for treatment and mental health services is still an issue impacting access to treatment programs across the country.[16] Federal legislation[17] in the last ten years has promoted coverage and parity for behavioral health services and addiction treatment by private insurers. Mental health and substance abuse disorders are included as "Essential Health Benefits" and insurers cannot have different payment rules (deductibles, etc.) for these services. Recent federal legislation has sought to enhance compliance with these rules. State legislative efforts support and enhance coverage and parity efforts as well.

Safe Use Facilities

Just as efforts to reduce inappropriate opioid use began to have an impact; the US saw a rise in heroin overdose deaths.[18] This cruel trend continues today and has evolved into illicit synthetic opioids; fentanyl is now the leading cause of overdose deaths in the US.[19] Heroin overdose deaths increased more than 500% from 2010 to 2016.[20] The link between opioid and heroin use is multi-faceted, but addressing the opioid epidemic requires attention to illicit drug use as well.

Several states have needle exchange programs (CO, ME, NJ, NY, OH, VA) which give access to sterile needles for illicit drug use. Safe use facilities provide a place where illicit drugs can be taken using clean needles and under the supervision of trained medical staff, often co-domiciled with a substance use disorder treatment facility. Canada, Australia, and Europe have used the concept and seen declines in drug behavior and consequences.[21] Several cities – Philadelphia, San Francisco, and Seattle – have announced plans to open safe use facilities.

Statistics

One of the catalysts for urgency related to the opioid epidemic was the publication of statistics that charted the alarming rise of deaths and overdoses stemming from opioid use. Understanding the magnitude of the problem was just the first step. It is critical for agencies and organizations to analyze and report on the outcomes of various strategies that have been implemented.

States have developed different tools to monitor trends related to opioids. California created the **"California Opioid Overdose Surveillance Dashboard"** to chart progress on the state's short and long-term goals related to opioids.

Minnesota and Oregon have similar dashboards which monitor key metrics within the state. (**Minnesota** and **Oregon**) Dashboards are particularly user-friendly, displaying statistics and trends visually.

PDMP data is utilized in Colorado, Florida, and Washington to develop measures and profiles of prescription drug use within the state. (**Colorado Prescription Drug Profiles** and **Florida E-FORCSE Quarterly Dashboard**)

Other states issue annual reports that describe the implementation and results of opioid reduction strategies. Examples of state reports include **Kentucky** and **Illinois.**

[16] A December 2017 report by Milliman examined disparities between coverage and reimbursement of mental health and addiction treatments compared to physical health treatments. Despite federal and state parity laws, significant network and reimbursement rates still exist. These gaps contribute to the difficulties in accessing treatment programs and medical health services. **Full report.**

[17] Federal legislation addressing these issues includes The Mental Health Parity and Addiction Equity Act (2008), The Affordable Care Act (2010), and 21st Century Cures Act (2016)

[18] Decline in Drug Overdose Deaths After State Policy Changes – Florida, 2010-2012. Johnson H, Paulozzi L, Porucznik C, Mack K, Herter B. *Morbidity and Mortality Weekly Report* (MMWR). Atlanta, GA: Centers for Disease Control and Prevention, 2014.

[19] **Fentanyl Leading Cause of Drug Overdose Deaths in U.S., Study Says.** Dennis Thompson. *Health Day News.* May 2, 2018.

[20] See **Overdose Death Rates** (Revised August 2018) from the National Institute on Drug Abuse.

[21] Using Drugs in Un/safe Spaces: Impact of Perceived Illegality on an Underground Supervised Injecting Facility in the United States. *International Journal of Drug Policy*, December 2017.

Addressing the Nation's Opioid Epidemic: Lessons from an Unsanctioned Supervised Injection Site in the US. *American Journal of Preventive Medicine*. December 2017

Drug Consumption Rooms: An Overview of Provision and Evidence. European Monitoring Centre for Drugs and Drug Addiction.