DUPAGE COUNTY HEALTH DEPARTMENT
Everyone, Everywhere, Everyday

111 N. County Farm Rd., Wheaton, IL 60187

Written Testimony submitted to the House Committee on Oversight and Government Reform
Subcommittee on Healthcare, Benefits, and Administrative Rules
On behalf of the DuPage County Health Department
Prepared by Karen Ayala, MPH Executive Director

Thank you for allowing me this opportunity to provide a picture of the opioid crisis and how our local efforts to address this public health crisis have unfolded at the local level through public health efforts. My name is Karen Ayala and I serve as the Executive Director of the DuPage County Health Department. In that role, I've witnessed the crisis unfold as well as the efforts to reduce opioid deaths and substance use disorders.

Please understand some of the contextual backdrop of our experience—Illinois has some of the lowest rates of prescribers writing prescriptions for opioids, DuPage County has consistently received honors for the health outcomes that are the result of proper planning, community assessment, prioritization of funding and dedication to protecting the public health. In fact, DuPage County was recently named the healthiest county in Illinois by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

And yet, even though our response to this epidemic began over 5 years ago, we are not even close to seeing the peak of this crisis, let alone the successful conclusion of this epidemic. Like all epidemics, the opioid crisis has created a public health problem for DuPage, its neighboring 101 counties in Illinois, and every community in the United States. Opioid addiction and prescription drug abuse may be considered one of the biggest public health threats of this era.

Members of Congress, like any American citizen may question why Americans of all ages and demographic groups are struggling with addiction to illegal drugs and opioids. In a study published in the May 2016 issue of the *Journal of General Internal Medicine*, researchers at Boston University School of Medicine and Boston Medical Center concluded that the majority of patients misusing drugs and alcohol have chronic pain and many are using these substances to "self-medicate" their pain.[1] In fact, according to the National Safety Council, over 80% of individuals who identify themselves as being addicted to heroin, indicate their journey of addiction began with prescription medication.[14]

So, if chronic pain (real or perceived) is part of the answer to the question of why we have this struggle with addiction, there must be an understanding that self-medication may be one of the driving factors that has resulted in a massive substance use disorder epidemic that is claiming lives, overburdening our criminal justice system, adding to healthcare costs and reducing economic productivity.

Pharmaceutical companies paid little or no attention to direct to consumer marketing until 1981 which led to federal regulations in 1985 that required “fair balance” and a brief summary that was designed to provide a safeguard against deceptive advertising.

However, it wasn’t until the 1990’s that the proliferation of television ads for pharmaceuticals began hitting the consumer directly, giving healthcare consumers the idea that there is a pharmaceutical solution to rid oneself of nearly any discomfort or malady. Further regulatory action in 1995 through 1999 attempted to provide further guidance and redefine rules and regulations.

The history of self-medication is intrinsically connected to pharmaceutical companies encouraging the long-term use of opioids for chronic non-cancer pain. In 1989, total direct to consumer advertising was estimated at $12 million; it reached $340 million in 1995, tripled to $1.1 billion in 1998, and doubled again to $2.2 billion by 1999.[15]

Specifically, between 1996 and 2002, Purdue Pharmaceuticals funded more than 20,000 pain-related educational programs through direct sponsorship or financial grants and launched a multifaceted campaign to encourage long-term use of Opioids for chronic non-cancer pain.[2] A key component of their program was unequivocal assurance that the risk of long term dependence and opportunity for misuse was not a concern for either patients or prescribers.

Further, in the mid 1990’s the American Pain Society introduced a campaign entitled “Pain is the Fifth Vital Sign” at the society's annual meeting. This campaign encouraged health care professionals to assess pain with the “same zeal” as they do with vital signs and urged more aggressive use of opioids for chronic non-cancer pain.[3]

The Veterans' Affairs health system, as well as the Joint Commission, which accredits hospitals and other health care organizations, followed suit and embraced the Pain is the Fifth Vital Sign campaign to increase the identification and treatment of pain. This led to efforts to tie funding incentives to providers’ treatment of pain, which although those incentives have been realigned, there is still further work to be done.

At the same time, professional health associations were cautioning against the imprudent prescription of opioids, the public and the medical community were being told that the risk of addiction and tolerance was low.

It is no wonder that the public demand for opioids, fueled by years of direct advertising, and the resulting prescriptions to meet those demands has produced staggering statistics that includes the fact that eighty percent (80%) of the global opioid supply is consumed in the United States although we represent only five (5%) of the world’s population.[16]

Years later, we have a public health crisis.

More than 64,000 Americans died from drug overdoses in 2016 alone, including illicit drugs and prescription opioids--nearly double in a decade.[4] In comparison, automotive related fatalities stood at 40,000 deaths at the height of concern and when highway and transportation administrators began multiple interventions to address. Currently, every day 115 American's die from an opioid overdose. That fact, more than any other, indicates that we have a public health problem that must be solved with public health solutions.

Public health issues, by definition, are complex, cross-sectoral issues that must be addressed through a coordinated, diverse group of community representatives. In addition, public health issues require strategies to deal with prevention, early intervention, treatment and then recovery. DuPage County has been addressing this public health crisis through a comprehensive approach, including educating students, collecting unused medications, increasing Narcan use, partnering with hospitals for mental health services, and diversion programs.

The Heroin Opioid Prevention and Education (HOPE) Taskforce was formed, in DuPage, as the successor to the DuPage Coalition Against Heroin. HOPE Taskforce has three stated goals: (1) Professionally and comprehensively assess opioid use within DuPage County; (2) Recommend effective and actionable policies, initiatives, and programs; and (3) Measure success from desired program and initiative benchmarks and deliverables.

The HOPE Taskforce will leverage the success of other programs utilized in DuPage County, and across the country. The DuPage Narcan Program was the first countywide naloxone program in Illinois and has become the model for counties throughout the State of Illinois. The program was modeled after a similar response developed in Glouchester, Massachusetts. In the absence of external funding, the members of the DuPage County Board of Health redirected $50,000 of their limited funds to supply the first year of product for police officers.

The program, administered by the health department, has reversed over 462 overdoses since January 2014. This model leveraged the existing relationships we had with law enforcement partners throughout the community that had been established to address other public health emergencies. As a result, we have trained over 3800 law enforcement officers to better understand the nature of opioids, the path of substance use disorders, and the administration of the antidote, itself.

Despite the relative success for the program, the DuPage County Coroner noted that there were 126 people who died of heroin overdoses between 2014 and 2017. Just as alarming, another 108 died from a combination of heroin and fentanyl or strictly through an overdose on fentanyl. This is a long-term concern that must have resources, commitment and focus over the course of the next generation.

Through the First Responder Comprehensive Addiction and Recovery Act federal grant, the DuPage Health Department has made naloxone more accessible to first responders. In addition, new state laws and available funding have allowed the health department to make naloxone more accessible to bystanders and family members of those at risk for overdosing. The DuPage Narcan Program currently has over 4,155 trained participants and 59 program sites.

Prevention has always been part of the effort to curb the use of opioids here in DuPage. The health department operates an RxBox program wherein residents drop off unused drugs to 17 police stations in the community, thereby taking dangerous unused opioids off the street and potentially out of the hands of those that may become addicted. Between 2009 and the most recent quarterly pick up, we have collected over 46 tons of unused medications in our program alone. The challenge with this program takes me back to my earlier comment regarding the self-medicating predisposition that our country has adopted. It also is a reminder that while the collection of the unused medication is a fairly straight forward and simple process, the challenges faced by communities is the safe disposal of these medications. Safe disposal of controlled substances is an expensive endeavor and while we have received funding through the Illinois Environmental Protection Agency to support this effort, those funds are extremely limited.

In other examples of a product creating a public health hazard, the manufacturer of that product is ultimately held responsible for the proper disposal and clean-up of the product. This appears to be one of the simplest ways that the pharmaceutical companies can assist in pushing back against this epidemic.

Despite developing education and prevention programs, there is a huge, growing gap of resources that exists in the effort to combat this public health crisis. This huge and growing gap of unmet need exists in the area of treatment for substance use disorders.

The DuPage County Health Department, which serves residents with behavioral health illnesses—primarily mental health disorders, has an added burden to reach and treat clients. Research demonstrates the alarming frequency of the co-occurrence of mental health and substance use disorders is well over 70%.

In fact, opioid use disorder has been linked to higher rates of depression, anxiety, and bipolar disorders.[5] Left untreated, the individuals suffering from substance use disorders will often find themselves within the court justice system, making recovery difficult if not impossible.

For that very reason, public health practitioners have provided integrated care on issues that treats co-existing issues together. SAMHSA defines integrated care as the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.[6]

Integrated care, however, requires the sharing of information between health professionals. Unfortunately, the complaint most often cited by treatment providers is that federal regulations prohibit the sharing of information about substance use disorders. Specifically, 42 CFR Part 2 prohibits the sharing of information without the written consent of the patient. The provision was at one time useful when everyone, including treatment providers stigmatized those that were addicted.

42 CFR part 2 was designed in an era when addiction treatment occurred exclusively in the old systems that failed to integrate addiction treatment into mainstream medicine. When a primary physician treats a patient's opioid use disorder with an addiction treatment medication within a primary care setting, the records of this care are protected by HIPAA but can be viewed by other practitioners within the health system treating that patient.

In that same example, however, with the same medication in an addiction treatment provider clinic, the information cannot be shared because of the rules in 42 CFR Part 2. The negative impact on care should be obvious since integrated care allows all the practitioners to understand the issues affecting the patient and is the gold standard of care. The obvious downside of the rule is that a physician can unknowingly prescribe opioids to a patient that has an opioid use disorder because the doctor was not provided with the full picture of the patient's treatment needs.

Earlier this year, the President's Commission on Combatting Drug Addiction and the Opioid Crisis also identified a need to update privacy laws, specifically citing 42 CFR Part 2, to ensure that information about substance used disorders are made available to all medical professionals treating and prescribing medication to patients.[7]

While 42 CFR Part 2 may have been well intentioned at one time, the passage of HIPAA has made the provision antiquated when it comes to treatment. The provision also perpetuates the stigma associated with the disease of addiction.

By treating addiction treatment as secretive, it perpetuates the old idea that opioid use disorder is a moral failure rather than a treatable disease. Public health practitioners, as well as all medical providers, would like to remove the stigma but the failure to treat this disease like any other stigmatizes the patient and makes treatment more difficult. It also creates an artificial barrier to much needed treatment resources that would be available through mainstream medical providers.

In the final analysis, identifying the problem is useless without also suggesting solutions. A comprehensive national system for treatment must be established. The President's Commission on Combatting Drug Addiction and the Opioid Crisis also recommended improving access to and the quality of drug addiction treatment.[7]

According to the CDC, expanding access to medication assisted treatment (MAT) is essential to an effective response to the dramatic increase in opined-related problems.[8] Research evidence indicates that MAT for clients with opioid use disorder, particularly outpatient methadone treatment (OMT), has the potential to save significantly more money than other forms of treatment. [9] These cost saving impacts of MAT are attributable to a wide range of improvements in the health inequities that are commonly experienced by primary opioid clients, to include reduced rates of drug use, increased access to health care and other recovery support services, improved interpersonal relationships and living conditions, and decreased involvement in high-risk behaviors such as injection drug use. It has been observed that the regular, long-term involvement of opioid users in MAT plays a significant role in overall harm reduction practices.

Additionally, there is evidence of harm reduction benefits among both primary opioid clients who continue to use while in MAT, and those who prematurely discontinue treatment.[10]

In Illinois there are only 82 substance use disorder treatment centers.[11]
Unfortunately, with 2.1 million individuals addicted to opioids nationally, the need far outweighs the treatment nationally and in Illinois.

The State of Illinois Department of Human Services released "The Opioid Crisis in Illinois" that reviewed the number of individuals afflicted and the need for treatment.

The Opioid Crisis in Illinois report noted that the CDC has concluded that for every opioid overdose death it can be estimated that there are 130 individuals who have some form of Opioid Use Disorder (OUD). If this estimation factor is applied to Illinois, it can be estimated that there are about 180,000 persons in our state with an OUD.

Using the same approach, the CDC also estimates that for every opioid overdose death there will be about 35 hospital emergency department (ED) visits. It is also worth noting that application of CDC's projection factor of 35 opioid-related ED visits for every opioid overdose death would yield over 48,000 expected opioid-related visits. This is substantially lower than the actual number of visits that were reported in 2015. This would seem to indicate the likelihood of substantial underreporting of these events.[12]

One possible solution is the use of the Federal Qualified Health Centers (FQHC) which number about 1367 Community Health Centers with 10,404 delivery sites across the United States. In Illinois, there are 45 Centers, with a total of 402 delivery sites. In Illinois alone, if there was an expansion of MAT and other outpatient substance use disorder treatments at only 82 of the 402 delivery sites, we would increase the capacity by 100%. If all FQHCs were equipped to provide these services, there would be 500% increase in capacity.[13]

FQHCs are safety net providers that include community health centers, migrant health centers, health care for the homeless health centers, public housing primary care centers, and health center program homes. FQHCs are paid based on the FQHC Prospective Payment System (PPS) for medically-necessary primary health services and qualified preventive health services furnished by an FQHC practitioner. Those services have, in some instances, included substance use disorder treatment.

Incentives for Medicaid reimbursement and to encourage providers to offer substance use disorder treatment should be part of any plan to combat the opioid crisis moving forward. Thank you for allowing me the opportunity to provide a local public health perspective to this problem.

Although DuPage County has been successful in leveraging federal grant support, at the local level we have been focused on responding to the urgent need and stemming the epidemic rather than calculating the comprehensive costs on our communities. I am very confident, however, that the costs of developing systems to support substance use disorder prevention, early intervention treatment, and recovery pale in comparison to the price of inaction and complacency.

Sources

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HEROIN OPIOID PREVENTION & EDUCATION

HOPE TASKFORCE

CHARTER

Taskforce Overview

The Taskforce is a joint operation of the DuPage County Board and the DuPage County Board of Health. The Taskforce will consist of members from across many sectors in our community, specializing in mental health, law enforcement, adjudication, substance abuse treatment, prevention, and education.

The Taskforce is responsible for advising DuPage County elected leaders on needed program development, supporting infrastructure, and policy recommendations to address DuPage County's opioid issues and may assist with other related issues as necessary. The Taskforce reports jointly to the County Board Chairman (through the Judicial Public Safety Committee) and the President of the DuPage County Board of Health. The HOPE Taskforce shall convene at least quarterly and more frequently, as needed. All meetings shall adhere to the Illinois Open Meetings Act.

Taskforce Goals

The HOPE Taskforce is an interagency-interdisciplinary advisory task force that will:
(1) Professionally and comprehensively assess opioid use within DuPage County;
(2) Recommend effective and actionable policies, initiatives, and programs; and
(3) Measure success from desired program and initiative benchmarks and deliverables.

Membership

The HOPE Taskforce will be co-led by Board of Health Vice President Dr. Lanny Wilson and County Board Member Grant Eckhoff.

The HOPE Taskforce consists of 17 members appointed as follows:

- DuPage County Board / Chairman Representative
- DuPage County State's Attorney Representative
- DuPage County Health Department / Board of Health Representative
- DuPage County Coroner Representative
- DuPage County Regional Office of Education Superintendent Representative
- DuPage County Sheriff Representative
- DuPage County Public Defender Representative
- DuPage County Chiefs of Police Association Representative
- DuPage County Drug Court Representative
- DuPage Mayor and Managers Representative
- IL Department of Alcoholism and Substance Abuse Licensed Treatment Provider Representative (2)
- DuPage County Hospital/ Healthcare System Representatives (2)
- DuPage County Fire Chiefs Representative
- National Safety Council Representative

Interested members of the community are invited to attend the HOPE Taskforce meetings, which will be open and announced on the DuPage County Board and DuPage County Health Department websites.

HEROIN OPIOID PREVENTION & EDUCATION

HOPE TASKFORCE

FRAMEWORK

1. Reduce Access to Drugs

a. Expand RxBox and other drug take back programs
   i. Provide education for patients on importance of disposing properly of medications and engaging hospice providers for the same
   ii. Provide community education on importance of disposing medications properly
b. Provide education or technical assistance to healthcare organizations on how to set-up take back programs
c. Reduce supply of illicit drugs through law enforcement

2. Reduce Opioid Use and Misuse

a. Reduce the number of opiates prescribed
b. Increase use of Prescription Drug Monitoring Program (PDMP) by prescribers in DuPage County
c. Educate consumers about identifying opioid medications and advocating for alternatives
d. Increase use of non-opioid treatment options
e. Promote consistent safe prescribing messages and policies used by healthcare providers and health systems
f. Promote and provide safe prescriber training

3. Increase Overdose Response

a. Make naloxone more accessible to first responders
b. Make naloxone more accessible to bystanders and those most at-risk for overdose
c. Communication campaign to increase awareness of 911 Good Samaritan Law and provision of treatment and harm reduction resources
d. Expand overdose follow-up provided by hospitals, fire departments, police departments, and social workers

4. Integrated Mental Health & Substance Use Disorder Treatment and Recovery

a. Increase treatment community capacity
b. Increase primary care and other healthcare provider referral to treatment
c. Coordinate with criminal justice system partners to increase screening and referral to treatment
d. Increase availability of Medication-Assisted Treatment
e. Promote integration of mental health and substance use disorder treatment

5. Substance Use Prevention and Education

a. Enhance and promote prevention efforts (i.e. evidence-based curriculum for youth and messaging for general population)
b. Promote substance use disorder stigma reduction campaigns

Cross-cutting Goals of the Taskforce

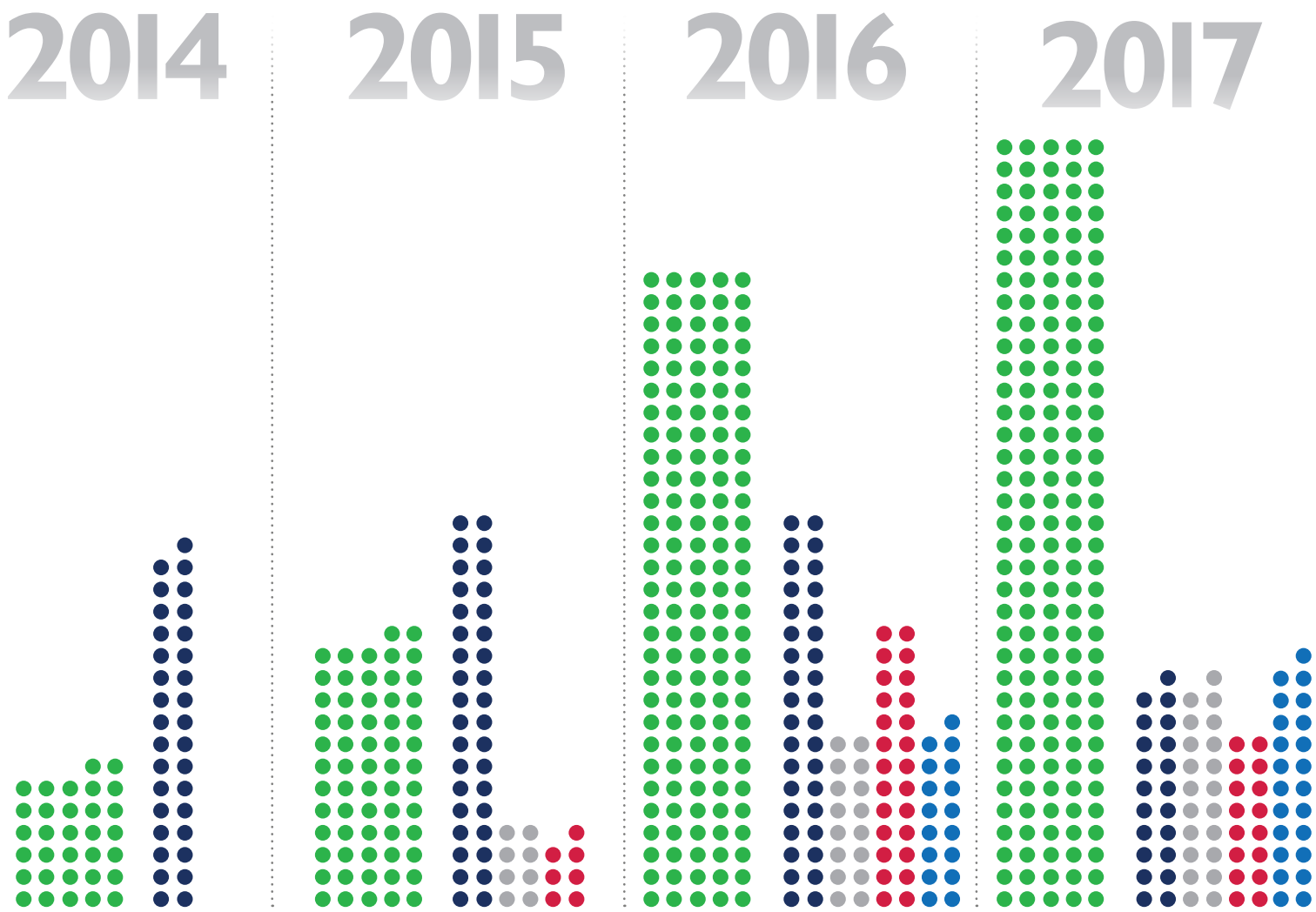
- Communication (i.e. media, social media, health promotion)
- Data collection (i.e. Illinois Youth Survey, DuPage Narcan Program, EMS, Morbidity and Mortality)
- Evaluation of efforts

Opioid Reversal Statistics

January 1, 2014 – December 31, 2017

DNP
DuPage Narcan Program

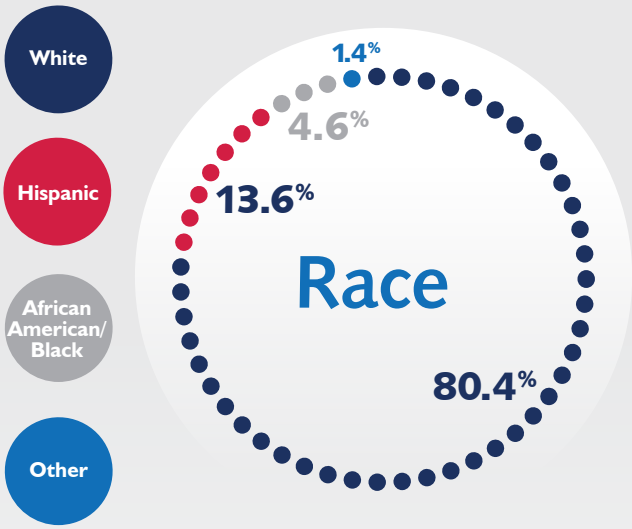
saves
heroindeath
fentanyl death
heroin combined with fentanyl death
opioid prescription medications death

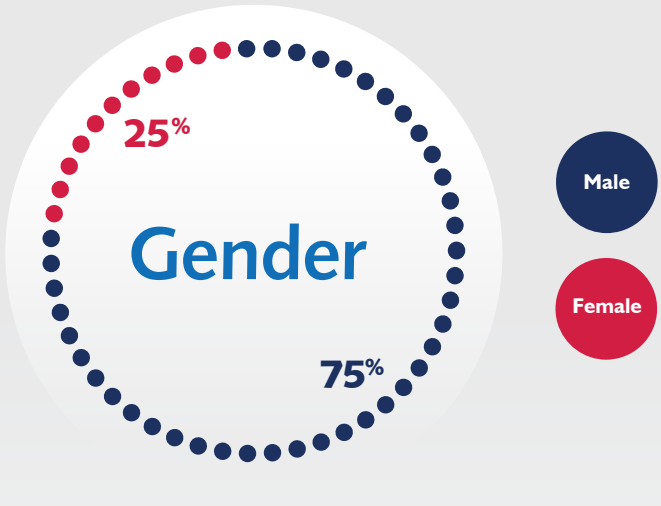


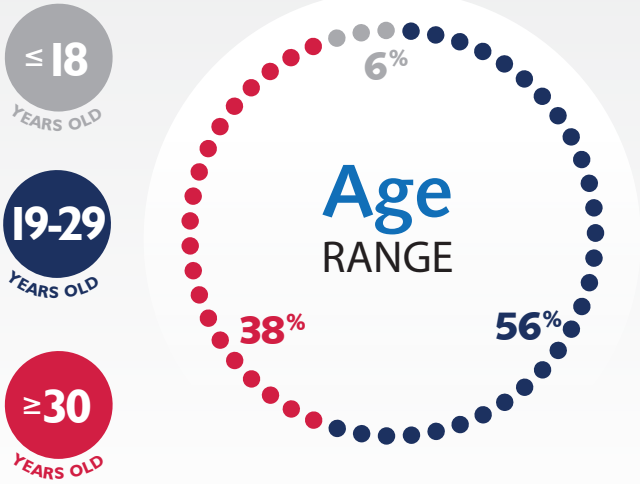
2014		2015		2016		2017	
32 saves	33 deaths	62 saves	51 deaths	145 saves	95 deaths	175 saves	95 deaths

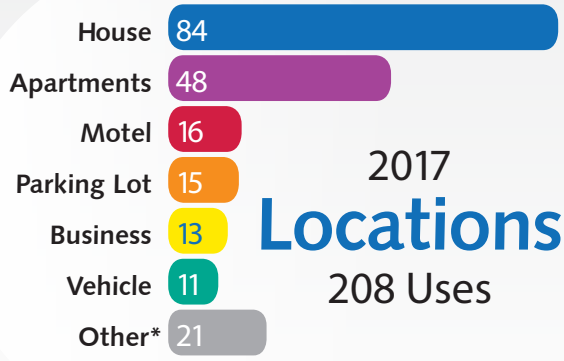
Opioid Reversal Statistics

January 1, 2014 – December 31, 2017



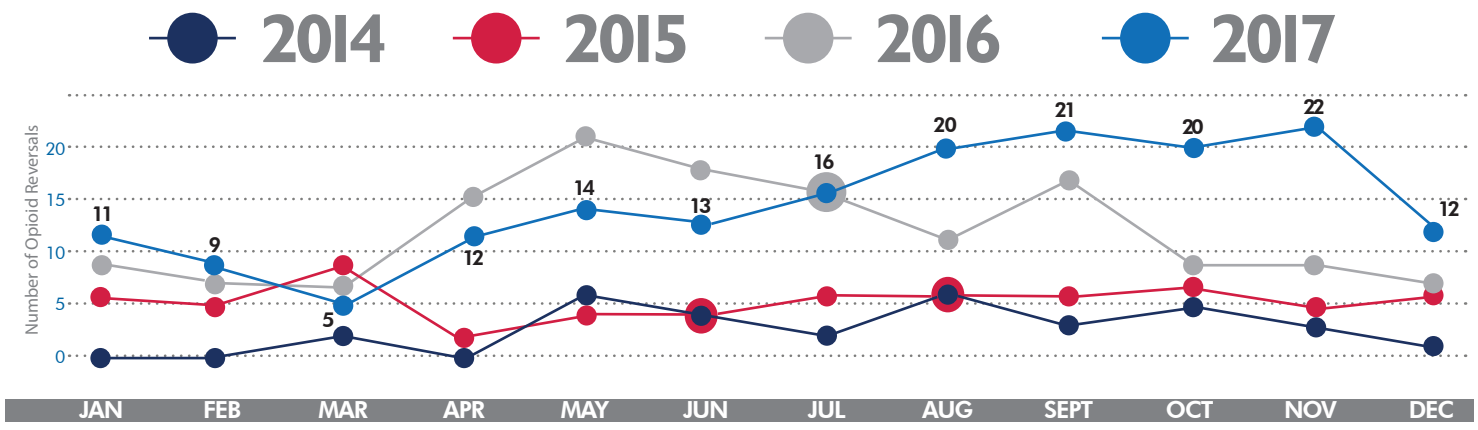






***Consists of the following:** Street – 7, Public Transportation – 5, Jail – 3, School – 2, Not Specified – 2, Park – 1, House/Apartment Unknown – 1

Opioid Reversal Statistics by Month



These statistics represent the opioid saves/reversals in the DNP and are not a comprehensive summary of naloxone activity in DuPage County.

Disposing Meds Safely

Bring your expired and unused medications to an RxBOX location that is convenient for you. The medications will then be incinerated in collaboration with the Illinois Environmental Protection Agency using state-of-the-art technology.

The medications will not be reused in any way.

Disposal Recommendations

- Bring household medication including over-the-counter, prescription medications, ointments and liquid medications that are expired or unused.
- Also drop off asthma inhalers.
- You can bring medications as they are in their original containers or, for spill-free disposal, place the pills or liquid medication bottles in a zipper top plastic bag.

- Cross off any personal information on the label to reduce concerns about personal identification information.

Items NOT Accepted

- Sharps, needles or EpiPens®
- Radioactive medicines
- Any other medical waste
- Household chemical waste; these items need to be disposed of using other methods.

Household hazardous waste (HHW) can be disposed of at the HHW facility in Naperville.

Sources

- CDC.gov
- Drugabuse.gov
- Drugfreeworld.org
- National Institute on Drug Abuse

DUPAGE COUNTY HEALTH DEPARTMENT

Everyone, Everywhere, Everyday

THE COUNTY OF DUPAGE · WHEATON, ILLINOIS ·

DUPAGE COUNTY PREVENTION LEADERSHIP TEAM PLT LEAVE YOUR MARK

2/15/2018 Version 1.8

The Solution is Simple...

Reduce the amount of unused and expired medications in our households and dispose of them in a way that is the safest for our environment.

RxBOX

Locations

Addison Police Department
3 Friendship Plaza, Addison, IL 60101

Bensenville Police Department
345 E Green Street, Bensenville, IL 60106

Bloomingdale Police Department
201 S. Bloomingdale Road, Bloomingdale, IL 60108

Burr Ridge Police Department
7700 S. County Line Road, Burr Ridge, IL 60527

Carol Stream Police Department
505 E. North Avenue, Carol Stream, IL 60188

Clarendon Hills Police Department
448 Park Avenue, Clarendon Hills, IL 60514

Darien Police Department
1710 Plainfield Road, Darien, Illinois 60561

DuPage County Sheriff
501 N. County Farm Road, Wheaton, IL 60187

Elmhurst Police Department
125 E 1st Street, Elmhurst, IL 60126

Glendale Heights Police Department
300 Civic Plaza, Glendale Heights, IL 60139

Glen Ellyn Police Department
65 S Park Blvd, Glen Ellyn, IL 60137

Hanover Park Police Department
2011 W. Lake Street, Hanover Park, IL 60133

Itasca Police Department
540 W. Irving Park Rd., Itasca, 60143

Lisle Police Department
5040 Lincoln Avenue, Lisle, IL 60532

Roselle Police Department
103 S Prospect Street, Roselle, IL 60172

Schaumburg Police Department
1000 W. Schaumburg Road, Schaumburg, IL 60194

Villa Park Police Department
40 S Ardmore Avenue, Villa Park, IL 60181

Wood Dale Police Department
404 N. Wood Dale Road, Wood Dale, IL 60191

Rx BOX

Disposing Meds Safely

The Problem:

Unused medication is a risk to families, the community and our environment.

DUPAGE COUNTY HEALTH DEPARTMENT
Everyone, Everywhere, Everyday

THE COUNTY OF DUPAGE · WHEATON, ILLINOIS ·

DUPAGE COUNTY PREVENTION LEADERSHIP TEAM PLT LEAVE YOUR MARK

The Solution is Simple...

The Problem

Nationally, regionally and even locally there has been growing concern about what we all do with the medicines that are left over in our cabinets. We take medication for so many reasons - for minor injuries, the occasional headache, back or muscle pain, to help relieve cold symptoms, for our high blood pressure or cholesterol. Over-the-counter medication, prescriptions, ointments and liquids....we often have medications that may be expired or no longer needed.

Unused Medications

- One-third of prescription and over-the-counter medicines go unused or expire.
- Unused medications left in the home increase accessibility, the number one contributing factor to all misuse and abuse of prescriptions and over-the-counter drugs.

Risks of Poisoning

- Accidental poisoning is the leading cause of unintentional injury death in the U.S. Nearly 9 out of 10 poisoning deaths are caused by drugs.
- Children, even when well-supervised, are exploratory and curious, they often have lots of opportunities to get into medicines in purses, cabinets and counter tops.

Teen Drug Abuse

- Prescription and over-the-counter drugs are the most commonly abused substances by Americans age 14 and older, after marijuana and alcohol.
- As many as 1 in every 4 teens in America say they have taken a prescription drug that was not prescribed for them.
- 90% of all teens who abused pharmaceutical drugs obtain their drugs from their home medicine cabinet or from a friend's medicine cabinet.
- A dangerous misconception teens have is that these drugs are safer to abuse than illegal drugs because they are prescribed by doctors.

Our Environment

- Whether they are put in the trash or in our water supplies, medications may pollute or have risks to our environment.
- Even though our drinking water is safe, low levels of pharmaceuticals have been recently found in drinking water of 24 U.S. cities.
- Studies are being done to help understand whatimpact these contaminates may have on our environment and our water supplies. In the mean time we know that we can reduce any potential risks by seeking out safe disposal methods.

DuPage Narcan Program

Total (DNP) Narcan Saves by Municipality