VAYAHEALTH

North Carolina Opioid Settlements: An Opportunity to Help our Communities

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North Carolina Opioid Settlements

- **Historic $26 billion agreement** resolves litigation over the role of 4 companies in fueling the opioid epidemic
- Memorandum of Agreement (MOA) between the State and local governments directs **how opioid settlement funds are distributed** and utilized
- Complicated process and schedule of **payments through 2038**
- Before spending funds, every county or municipality must **select which opioid mitigation strategies to fund**
- Local governments required to file annual **financial reports and impact** information

NC Opioid Settlements

Option A: High-impact Opioid Abatement Strategies

- **Collaborative** strategic planning
- **Evidence-based** addiction treatment
- **Recovery support** services
- **Recovery housing** support
- **Employment-related** services
- **Early intervention**
- **Naloxone** distribution
- **Post-overdose response** team
- **Syringe Service** Program
- Criminal justice **diversion programs**
- **Addiction treatment for incarcerated** persons
- **Reentry** programs

NC Opioid Settlements

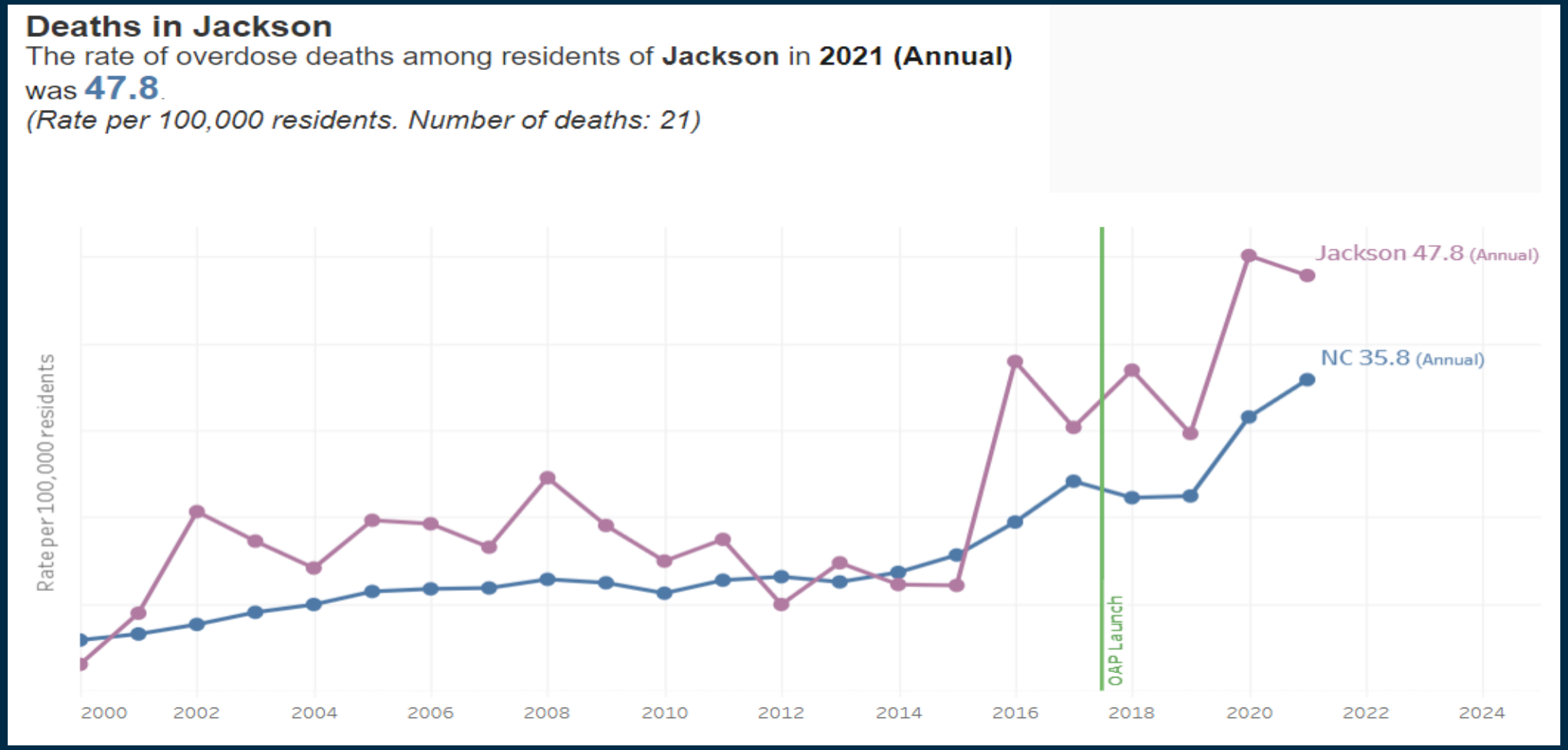
Option B: Additional Opioid Remediation Activities

- **Collaborative** strategic planning with diverse array of stakeholders
- **Array of Core Abatement** Strategies (26 strategies in 9 categories)
- **Expanded array of evidence-based or evidence-informed programs** or strategies
  - **Expands High-Impact** and Core Abatement Strategies
  - Offers **more specific funding opportunities** to implement High-Impact and Core Abatement Strategies
  - Includes **special populations**
  - **Expands prevention, education, training**, planning, coordination, and research opportunities
- Before spending funds, a **local government must formally authorize** the expenditure in its budget or through a separate resolution or ordinance

NC Opioid and Substance Use Action Plan 3.0 - Priorities

- ✓ Equity and Lived Experiences
  - Communities of color marginalized through decades of criminalized response to addiction
- ✓ Prevention
  - Prevent future addiction and address trauma by supporting children and families
- ✓ Harm Reduction
  - Move beyond just opioids to address polysubstance use
- ✓ Care Connection
  - Increase treatment access for justice-involved people
  - Expand access to housing and employment supports
  - Recovery from the pandemic
- Goal: Reduce All Drug Overdoses by 20% from expected by 2024

Opioid and Substance Use Action Plan Data Dashboard



What is an Opioid?

- Class of drugs found in the opium poppy plant that work in the brain to produce a variety of effects, including pain relief
  - Block pain signals between the brain and body
  - Also, make some people feel relaxed, happy, and “high”
  - Additional effects-slowed breathing, constipation, nausea, confusion, drowsiness
  - Highly addictive
- Natural, naturally derived, and synthetic opioids

How does addiction to opioids occur?

- Personal history and length of time using opioids play major role
- Hallmarks of addiction are irresistible craving for a drug, out-of-control and compulsive use of the drug, and continued use despite consequences
- Opioids activate powerful reward centers in the brain
  - Trigger release of endorphins, our brain's feel-good neurotransmitters
  - When it wears off, it feels uncomfortable (withdrawal), leading to desire to get the good feeling back
  - Over time, body slows production of endorphins, and same dose does not give as strong a response—tolerance

Factors related to substance abuse

- Vulnerability due to family history and life experiences
- Trauma
- Psychosocial determinants-unemployment, housing difficulties, poverty, stigma, discrimination, social isolation
- Chronic pain and other medical problems
  - Well meaning prescriptions provided
  - Self medicating
- Access/availability

What does the evidence suggest?

(Adapted from MAHEC presentation, *Introduction to Medication-Assisted Treatment/Medication for Opioid Use Disorder, 1/24/22)*

- Opioid Use Disorder (OUD)Treatment Approaches and Rates of Adherence
  - Buprenorphine- ~46-54%
  - Methadone-~43-53%
  - Naltrexone-~35%
  - Detox then abstinence-~7-13%
- Those receiving MOUD medications as part of treatment are 75% less likely to die due to their addiction than those not receiving medication
- Every $1 invested in addiction treatment yields return of $4 to $7 in reducing drug related crimes
- Only an estimated 10-20% of people with OUD are receiving any treatment at all

Buprenorphine

Partial agonist at mu receptor

- Comparatively minimal respiratory suppression and no respiratory arrest when used as prescribed

Long acting

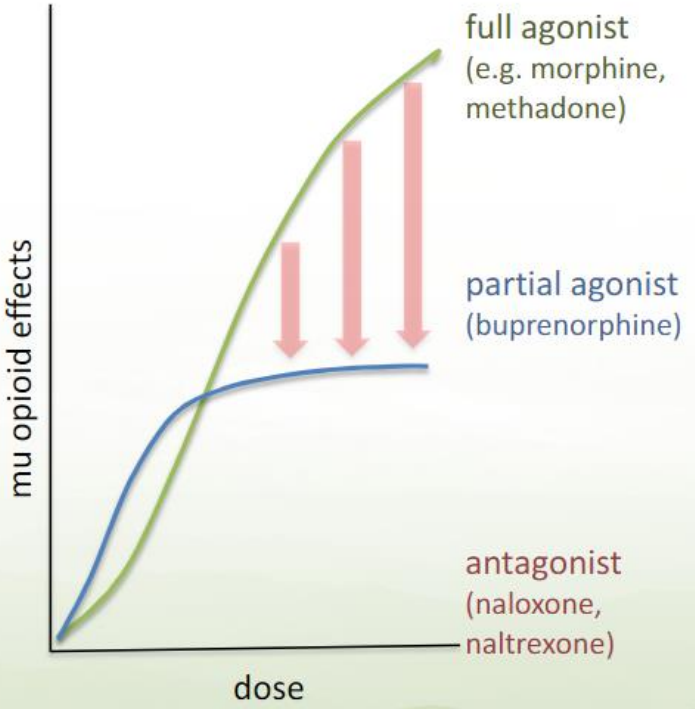
- Half-life ~ 24-36 Hours

High affinity for mu receptor

- *Blocks* other opioids
- *Displaces* other opioids
  - Can precipitate withdrawal

Slow dissociation from mu receptor

- *Stays on receptor for a long time*



[1] SAMHSA 2018
[2] Oman & Keating, 2009

Methadone

***Full Agonist* at mu receptor**

Long acting

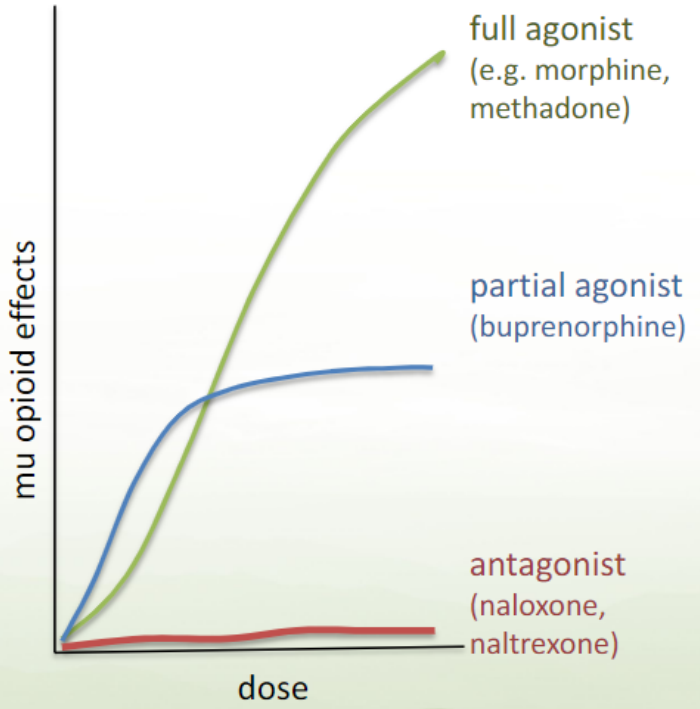
- Half-life ~ 15-60 Hours

Weak affinity for mu receptor

- *Can be displaced by partial agonists (e,g. burprenorphine) and antagonists (e.g.naloxone, naltrexone),* which can both precipitate withdrawal

Monitoring

- Significant respiratory suppression and potential respiratory arrest in overdose
- QT prolongation



[1]CSAT 2005

Naltrexone

Full Antagonist at mu receptor

- Competitive binding at mu receptor

Long acting

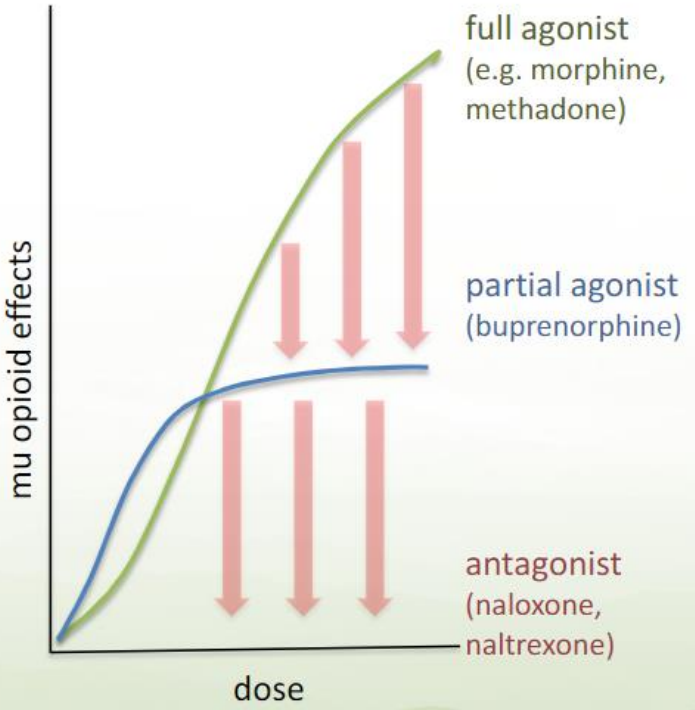
- Half-life:
  - Oral ~ 4 Hours
  - IM ~ 5-10 days

High affinity for mu receptor

- *Blocks* other opioids
- *Displaces* other opioids
  - Can precipitate withdrawal

Formulations

- *Tablets: Revia®: FDA approved in 1984*
- *Extended-Release intramuscular injection: Vivitrol®: FDA approved in 2010*



[1]SAMHSA 2018

What Does the Evidence Suggest?

- **Emphasize evidence-based treatments**
  - Newer/novel forms of MOUD
    - Long-acting injectable buprenorphine (Sublicade)
    - Buprenorphine implants (probuphine)
    - Long-acting injectable naltrexone-growing but still underutilized
  - Behavioral therapies
    - Limited efficacy when delivered alone
    - Most effective when combined with MOUD
    - Contingency management approaches
    - Cognitive behavioral approaches
    - Motivational interviewing/counselling
    - Structured family approaches
  - Treatment of comorbid conditions
    - Other substance use disorders, including nicotine
    - Depression, anxiety, psychosis, PTSD

What Does the Evidence Suggest? (cont'd)

Centers for Disease Control and Prevention. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. Accessed [date] from http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf.

- **Evidence-based strategies for preventing opioid overdoses**
  - Targeted naloxone distribution
  - MAT
  - Academic detailing
  - Eliminating prior-authorization requirements for medications for OUD
  - Screening for fentanyl in routine clinical toxicology testing
  - 911 Good Samaritan laws
  - Naloxone distribution in treatment centers and criminal justice settings
  - MAT in criminal justice settings and upon release
  - Initiating buprenorphine-based MAT in emergency departments
  - Syringe services programs

Current Challenges in the Opioid Epidemic

- **Comorbid addictions** with stimulants, central nervous system depressants, nicotine
  - ➢ Accessibility of benzodiazepine and benzo variants online, with contamination by fentanyl
  - ➢Additive effects of other centrally acting drugs including gabapentin
- **Higher prevalence of fentanyl** (compared with heroin previously)
  - ➢ More difficult to treat since not as competitively inhibited by buprenorphine and methadone
  - ➢Presence in methamphetamine and cocaine adds to addictive potential
- **Newer, more potent variants** of fentanyl and other opioids

Vaya Opioid Misuse Prevention and Treatment Program –

Areas of Focus

- ✓State Opioid Action Plan Alignment
- ✓Member Empowerment and Engagement
- ✓Access to Care
- ✓Community Education and Resource Deployment
- ✓Provider Education and Monitoring
- ✓Annual Reports and Outcomes Monitoring

Opioid and Substance Use –

Vaya's Current Actions

1. **Access to NARCAN:** Since July 1, 2021, **Vaya purchased and disseminated over 15,000 doses of Naloxone (NARCAN)** to Vaya providers for free distribution to members at risk of opioid overdose.

2. **Expanding Medication-Assisted Treatment Programs:** Exploring partnerships with local DHHS and jails to support **medications for OUD** (MOUD) in areas withdecreased access.

3. **Increasing Follow-Up After Substance Use-Related Hospitalization and Detox:** Vaya Care Management has **increased engagement** with members prior to discharge from ADATC facilities to facilitate follow up.

Opioid and Substance Use –

Vaya's Current Actions (cont'd)

4. **<u>Increasing Recovery Housing:</u>** The State has provided **$500,000** to Vaya to allocate towards support in recovery housing. Criteria for applying funds currently in development.

5. **<u>Fentanyl Test Strips:</u>** Vaya is exploring opportunities to purchase Fentanyl test strips to also disseminate to providers to **distribute to members at risk of fentanyl overdose**.

6. **<u>Implementing Substance Use Waiver:</u>** Effective 12/1/22, the SUD Waiver will ensure that **Vaya offers the complete ASAM continuum**, which will include development of new programs in the Provider Network.

Principles to Consider for Use of Settlement Funds

(adapted from RAND Healthcare, *Strategies for Effectively Allocating Opioid Settlement Funds)*)

- Spend money to save lives
- Use evidence-based strategies to guide spending
- Invest in youth and family prevention
- Focus on racial equity
- Develop fair and transparent process for deciding
- Root causes of opioid deaths are diverse; however, lack of economic opportunity, financial and housing instability, persistent physical and emotional pain, untreated mental health problems are common factors
- Access and retention in Medication-Assisted Treatment
- Opioid crisis is now a polysubstance crisis