

# **Health Care Association of NJ Annual Convention & Expo**

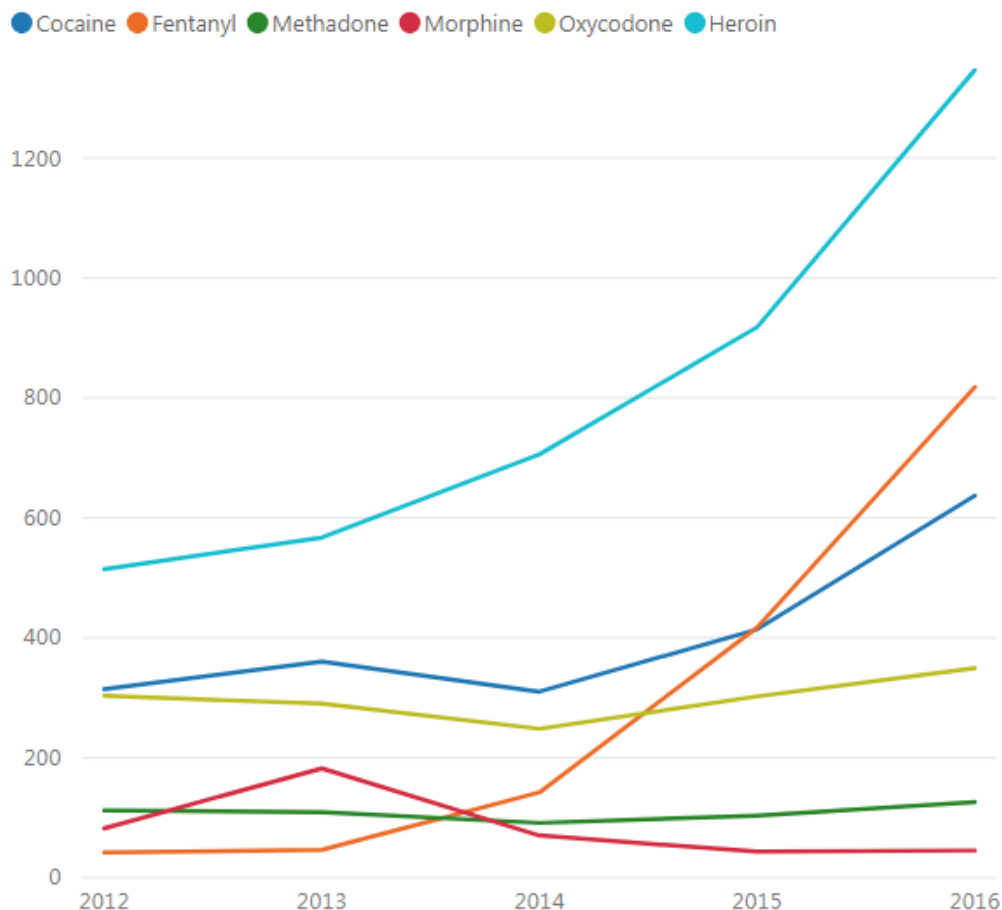
October 24, 2018



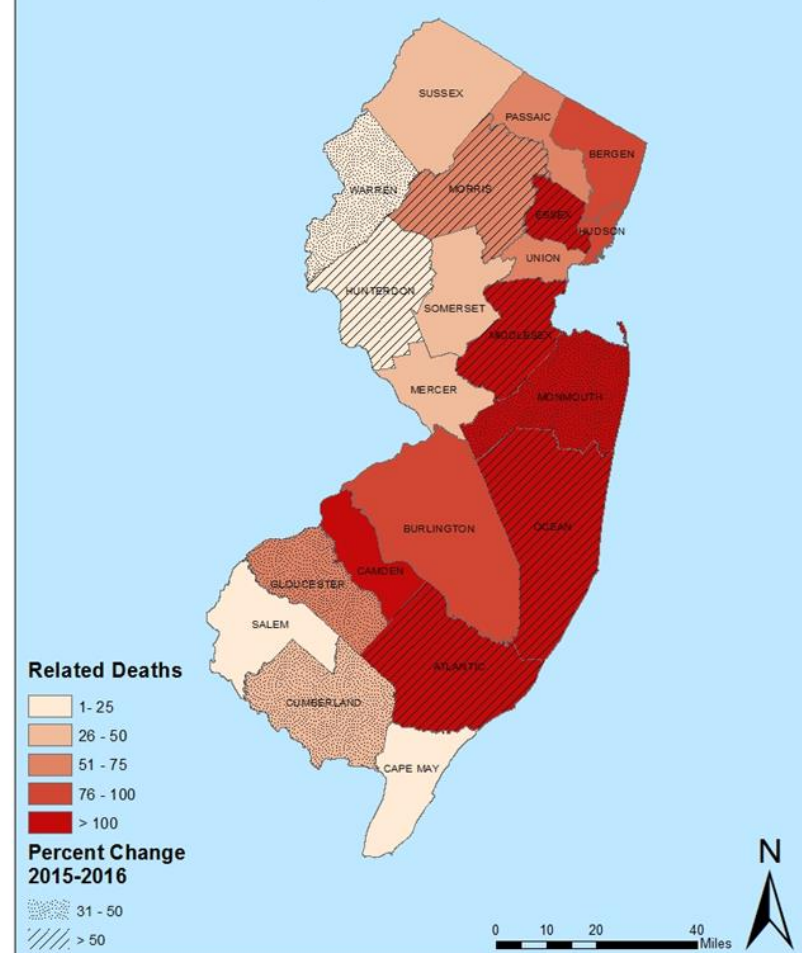
Shereef Elnahal, M.D., M.B.A.  
Commissioner  
New Jersey Department of Health

# Eradicating the Opioid Epidemic

Drugs Mentioned in Decedent Toxicology



2016 Opioid-Related Deaths



# Eradicating the Opioid Epidemic

## \$100M FY19 Budget

- Prevention, Treatment and Recovery: MAT, Peer Coaches
- Social Risk Factors: housing & employment training
- Infrastructure and Data: EHRs, workforce development

## \$30.6M Federal Funds

- \$21.5M to expand access to MAT, Narcan, and alternatives to opioids
- \$5.6M integrated substance use /mental health services at Community Health Centers
- \$3.4M to assist counties in expanding treatment, preventing infants born addicted and increasing alternatives to opioids

# Intervening Before Neonatal Abstinence Syndrome



**Help Yourself...  
Help Your Baby...  
Get Treatment!**

Prescription pain medications and heroin can harm your baby.

❖ Possible risks to your baby include:

- ❖ premature birth
- ❖ low birth weight
- ❖ birth defects
- ❖ withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever)

Talk to your doctor about what drugs you are taking.

**Get Treatment:**  
1-844-276-2777 (24/7)  
Get #Treated4Baby

[nj.gov/health/treated4baby](http://nj.gov/health/treated4baby)

**NJ Health**  
New Jersey Department of Health

Since 2008, cases of NAS in NJ have doubled to 685 babies diagnosed in 2016

- Most common substances used by NJ's pregnant women:
  - Heroin (59.8%)
  - Other opiates (9.7%)
  - Marijuana (13.5%);
  - and Alcohol (9.3%)

# Treating “Behind the Wall”

- About 65% of 2.3M U.S. inmates meet medical criteria for substance abuse addiction
  - But only about 11% actually receive treatment
- Risk of death from overdose in 2 weeks following release is **129 times general population**

## DMHAS Pilot Program

- John Brooks Recovery Center Mobile Van/Atlantic County Jail
- Began in August 2017
  - Served 345 people to date

*Source: National Center on Addiction and Substance Abuse Behind Bars II, Substance Abuse and America's Prison Population.  
Binswanger IA, Stern MF, Deyo RA, et al. Release from prison—a high risk of death for former inmates. N Engl J Med 2007*



# Integrated Health

## **DOH supports an overall system of integrated health care in NJ**

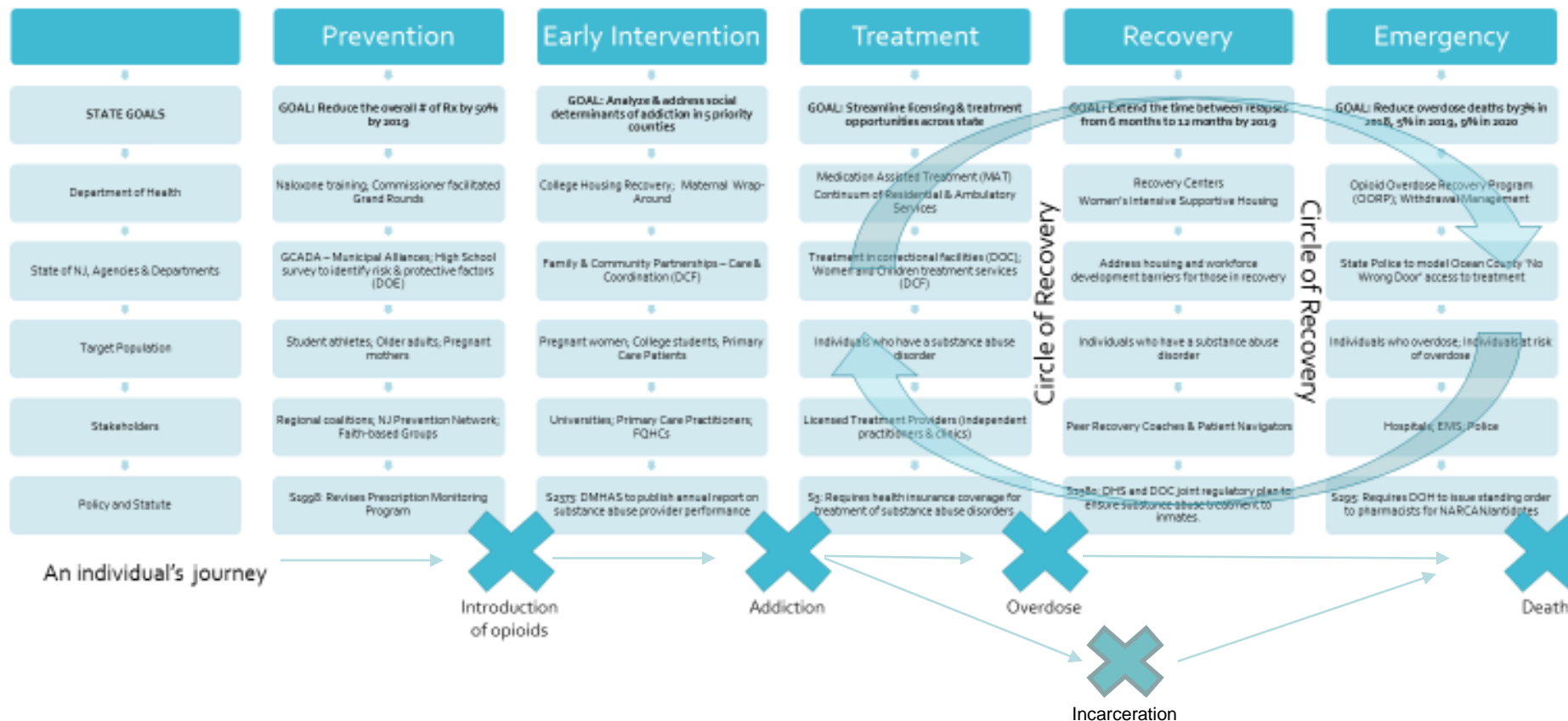
- Creating a single license for integrated care
- Modernizing/streamlining its licensing process for all types of healthcare facilities
- Addressing barriers to integrated health



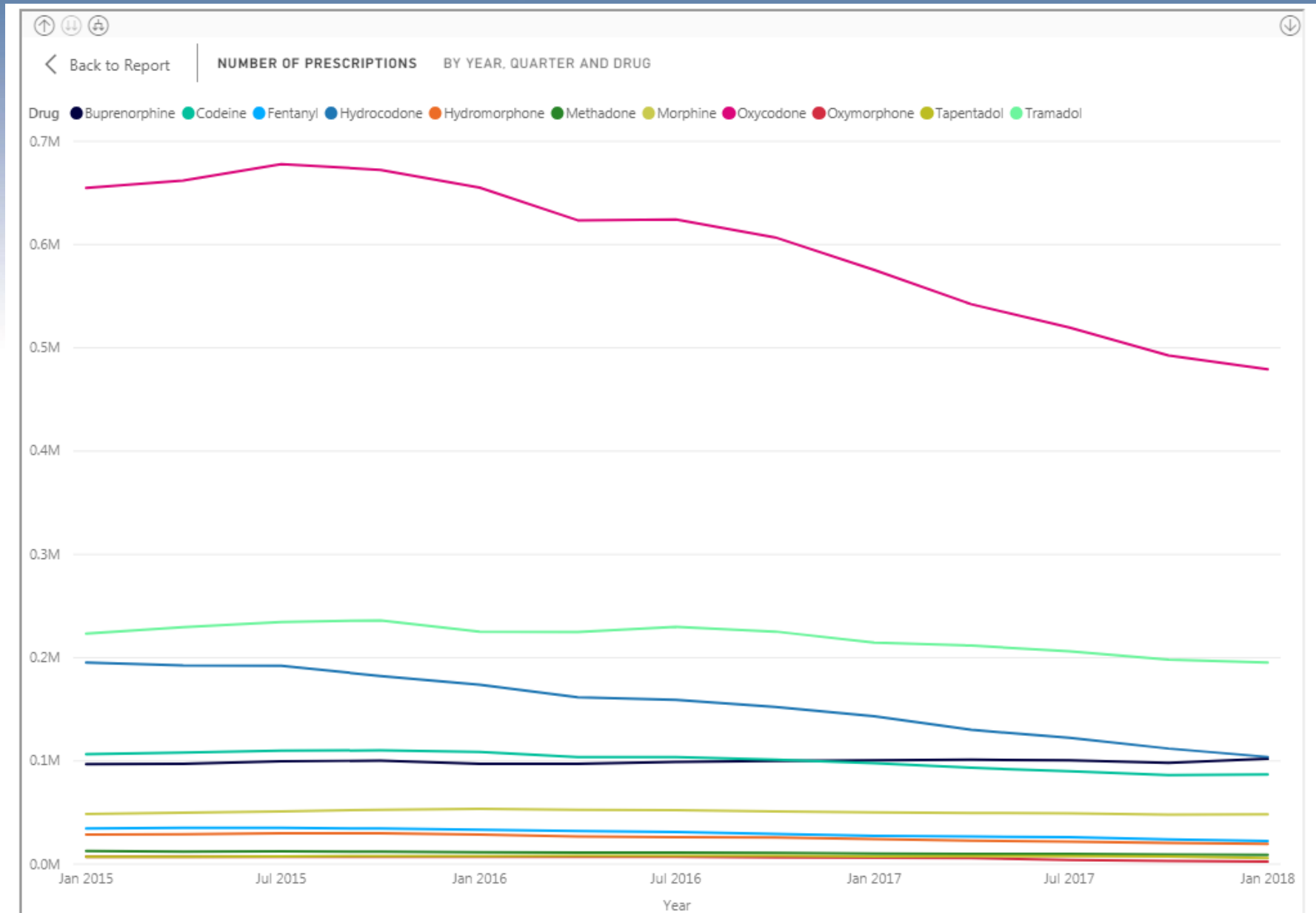


# Eliminating the Opioid Epidemic in NJ: A Comprehensive, Public Health Approach

## Journey Map of Opioid Crisis



# Prescription Monitoring Data





# Expanding access to medicinal marijuana

## New Jersey Department of Health Medicinal Marijuana Program

The infographic illustrates the five-step process for obtaining medicinal marijuana in New Jersey:

- See if you have a qualifying condition.** (Icon: Green person with a green 'X' on their chest)
- Your physician will certify your condition.** (Icon: Green person in a white lab coat with a stethoscope)
- You\* provide information, proof of ID, and payment.** (Icon: Green person with a yellow dollar sign and a document icon)
- Your name is added to the New Jersey Department of Health Registry.** (Icon: Hand writing on a document with the NJ Health logo)
- You may now obtain medicinal marijuana at any of the alternative treatment centers.** (Icon: Map of New Jersey with stars marking treatment centers in Montclair, Secaucus, Woodbridge, Cranbury, Bellmawr, and Egg Harbor Township)

**There are five new categories of debilitating conditions:**

Anxiety	Chronic pain related to musculoskeletal disorders	Chronic pain of visceral origin	Migraine	Tourette's Syndrome
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**There is a \$100 registration fee for patients and caregivers.**

**Reduced \$20 fee available for:**

- ❖ Veterans
- ❖ Seniors
- ❖ Individuals receiving government assistance

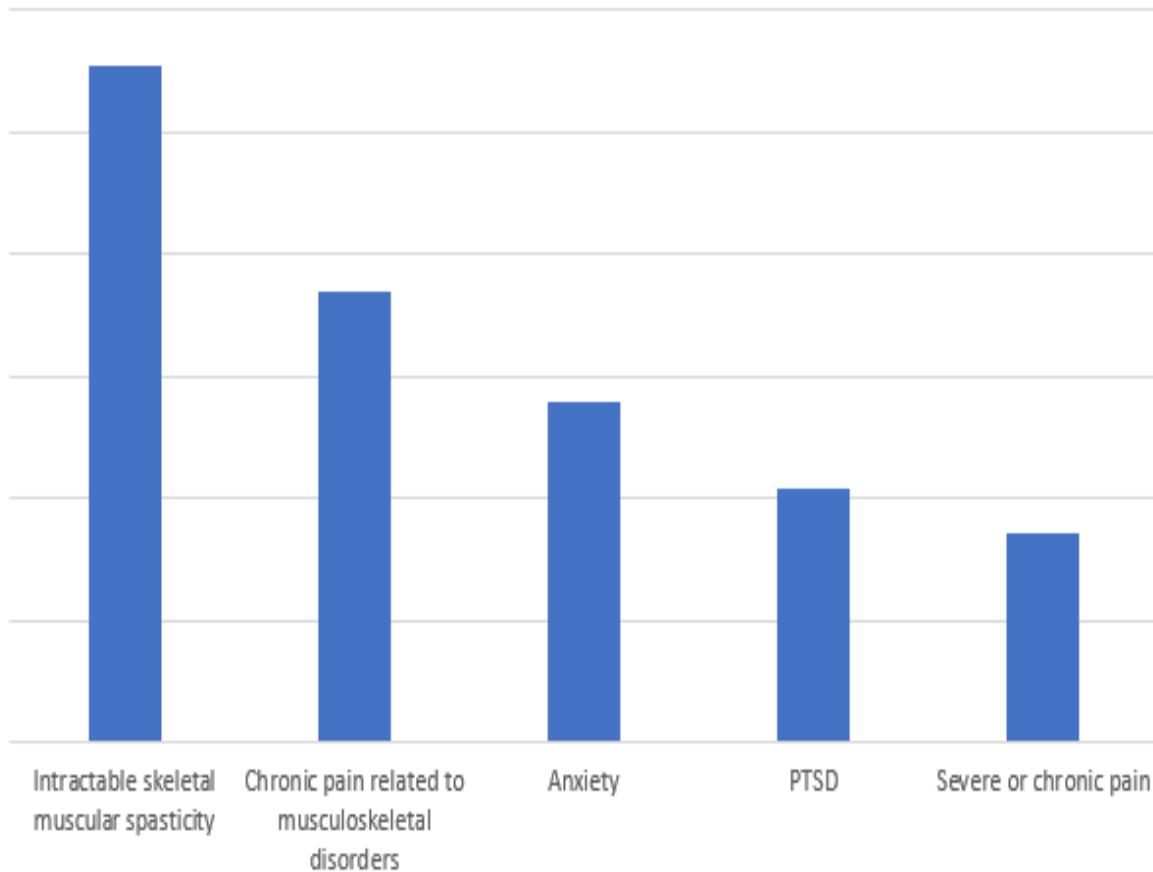
\* A caregiver may represent a patient by applying and meeting conditions including a background check.

**NJ Health**  
New Jersey Department of Health

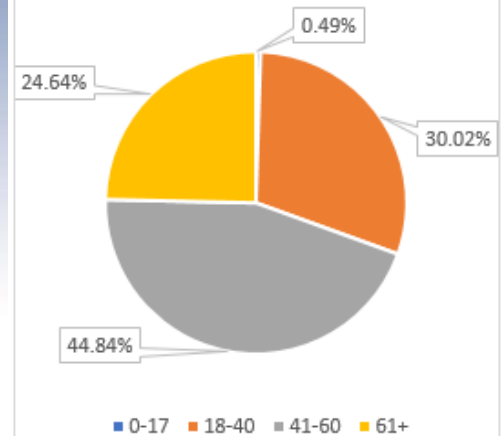
- 34,000 patients
  - Increase of 17,000 since new administration began, including 14,100 with new medical conditions
- 800 physicians
- 1,345 caregivers
- 6 Alternative Treatment Centers (ATC)
- 146 Applications rec'd 8/31 for up to 6 new ATCs

# Patient Demographics

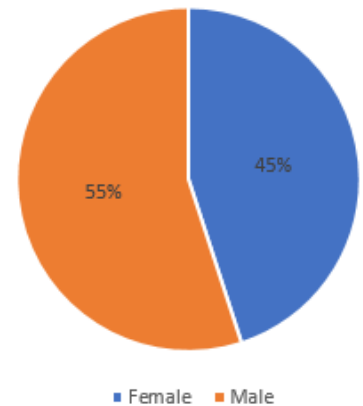
Top five conditions, by patient total (approximated)



By age group



By gender



# Forms of Therapy

## Current forms of medicinal marijuana in NJ

### All Patients:

- Oral – primarily lozenges that dissolve in the mouth
- Topical– oils, ointments, and other formulations that are meant to be absorbed through the skin
- Flower – the “buds” that can be smoked, vaporized, or baked

### Adults:

- Oil – oils that contain extracted THC and CBD that can be vaporized
  - Pre-filled vape cartridges authorized mid-September 2018

### Minors:

- Edibles – tablets, capsules, drops or syrups that are ingested

# Requirements and Eligibility

## Qualifying Conditions

### Debilitating:

- ▶ Amyotrophic lateral sclerosis
- ▶ Multiple sclerosis
- ▶ Terminal cancer
- ▶ Muscular dystrophy
- ▶ Inflammatory bowel disease (IBD), including Crohn's disease
- ▶ Terminal illness, if the physician has determined a prognosis of less than 12 months of life.

### Resistance, or intolerance, to conventional therapy:

- ▶ Seizure disorder, including epilepsy
- ▶ Intractable skeletal muscular spasticity
- ▶ Glaucoma
- ▶ Post-Traumatic Stress Disorder (PTSD)

### Severe or chronic pain, severe nausea or vomiting, cachexia or wasting syndrome resulting from the condition or treatment of:

- ▶ Positive status for human immunodeficiency virus (HIV)
- ▶ Acquired immune deficiency syndrome (AIDS)
- ▶ Cancer

# New Qualifying Medical Conditions

**Added in March 2018:**

- **Chronic pain related to musculoskeletal disorders**
- **Migraine**
- **Anxiety**
- **Chronic pain of visceral origin**
- **Tourette's Syndrome**

# Opioid Use Disorder

**Table 1. Diagnostic Criteria for an Opioid-Use Disorder.\***

Use of an opioid in increased amounts or longer than intended
Persistent wish or unsuccessful effort to cut down or control opioid use
Excessive time spent to obtain, use, or recover from opioid use
Strong desire or urge to use an opioid
Interference of opioid use with important obligations
Continued opioid use despite resulting interpersonal problems, social problems (e.g., interference with work), or both
Elimination or reduction of important activities because of opioid use
Use of an opioid in physically hazardous situations (e.g., while driving)
Continued opioid use despite resulting physical problems, psychological problems, or both
Need for increased doses of an opioid for effects, diminished effect per dose, or both†
Withdrawal when dose of an opioid is decreased, use of drug to relieve withdrawal, or both†

\* If two or three items cluster together in the same 12 months, the disorder is mild; if four or five items cluster, the disorder is moderate; and if six or more items cluster, the disorder is severe. Criteria are from the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition.<sup>8</sup>

† If the opioid is taken only as prescribed, this item does not count toward a diagnosis of an opioid-use disorder.

- Petitioned on 9/7/2016
- Reviewed and recommended by Review Panel in 2017 for patients w OUD w chronic pain
- Accepted on 3/22/2018, but only for patients where opioid use disorder resulted from the use of opioids for chronic pain
- DOH recommending considering adding condition for SUD when using MAT
  - MMP Review Panel will consider when it reconvenes

# Evidence: Opioids and Opioid Abuse

## Association of Medical and Adult-Use Marijuana Laws With Opioid Prescribing for Medicaid Enrollees

Wen et al., JAMA Intern Med. 2018;178(5):673-679. doi:10.1001/jamainternmed.2018.1007

### Design:

- Population-based, cross-sectional, longitudinal analysis of Medicaid prescription claims data for 2011 to 2016

### Results:

- State implementation of medical marijuana laws was associated with a 5.88% lower rate of opioid prescribing (95% CI -11.55% to approximately -0.21%)
- The implementation of adult-use marijuana laws in states with existing medical marijuana laws was associated with a 6.38% lower rate of opioid prescribing (95% CI -12.20% to approximately -0.56%)

### Conclusion:

- **The potential of marijuana liberalization to reduce the use and consequences of prescription opioids among Medicaid enrollees deserves consideration during the policy discussions about marijuana reform and the opioid epidemic.**



# Evidence: Opioids and Opioid Abuse

## Association Between US State Medical Cannabis Laws and Opioid Prescribing in the Medicare Part D Population

Bradford et al., JAMA Intern Med. 2018;178(5):667-672. doi:10.1001/jamainternmed.2018.0266

### Design:

- Longitudinal analysis of the daily doses of opioids filled in Medicare Part D for all opioids as a group and for categories of opioids by state and state-level Medical Cannabis Law (MCL) from 2010 through 2015.

### Results:

- Analysis results found that patients filled fewer daily doses of any opioid in states with an MCL
  - States with active dispensaries saw 3.742 million fewer daily doses filled

### Conclusion:

- Medical cannabis laws are associated with significant reductions in opioid prescribing in the Medicare Part D population. This finding was particularly strong in states that permit dispensaries, and for reductions in hydrocodone and morphine prescriptions.

# Medicinal Marijuana as Treatment

- **HIV/AIDS** – improved mood, sleep, reduced neuropathic pain (Haney, et al. *J Acquir Immune Defic Syndr.* 2007; Abrams, et al. *Neurology* 2007)
- **Arthritis** – reduced inflammation (Blake, et al. *Rheumatology.* 2006; Croxford, et al. *J Neuroimmunol.* 2005)
- **Cancer** – preventing nausea, pain, slowing cell growth (Galve-Roperh, et al. *Nature Medicine* 2000; Manuel *Nature Reviews Cancer.* 2003)
- **Crohn's/IBD** – reduced symptoms of pain, diarrhea (Lahat, et al. *Digestion.* 2012)
- **Epilepsy** – reduce seizures (Davinsky et al. NYU Langone Medical Center. 2015)
- **MS** – reduced muscles spasms, pain, stiffness (Zajicek, et al. *J Neurol Neurosurg Psychiatry.* 2012)



# Short term side effects

<b><u>Marijuana</u></b>	<b><u>Benzodiazepines</u></b>	<b><u>Opioids</u></b>	<b><u>Steroids</u></b>
Sedation	Sedation	Sedation	Fluid retention
Impaired short-term memory	Dizziness	Dizziness	High blood pressure
Impaired motor coordination	Weakness	Nausea	Problems with mood, memory, behavior
Altered judgement	Unsteadiness	Vomiting	Weight gain
Paranoia	Loss of orientation	Constipation	Insomnia
	Confusion	Respiratory depression	Blurred vision

# Effects of long term use

<b><u>Marijuana</u></b>	<b><u>Benzodiazepines</u></b>	<b><u>Opioids</u></b>	<b><u>Steroids</u></b>
Associated with greater risk of developing psychoses	Cognitive impairment	Constipation	Cataracts
Increased risk of social anxiety disorder	Adverse effects on sleep	Sleep-disordered breathing	High blood sugar
Potential lasting cognitive deficits	Increased risk of fall and fracture	Increased risk of overdose (2 in 1000 risk of death)	Increased risk of infections
Increased risk of bronchitis (smoking only)	Increased risk of depression, anxiety, other mental health conditions	Depression	Thinning bones
	Risk of severe withdrawal after only 1 month of regular use	Increased risk of fall and fracture	Suppressed adrenal gland hormone production
		87% increase in all cause mortality	Thin skin, bruising, slower wound healing

# Addiction, Withdrawal and Overdose

	<b><u>Marijuana</u></b>	<b><u>Prescription Benzodiazepines</u></b>	<b><u>Prescription Opioids</u></b>
Use disorder prevalence	9%	As many as 23% of long term users	8-12% develop addiction
Severity of withdrawal	Minor	Major	Major
Worst Symptoms	Dysphoria, Disturbed Sleep, Decreased Appetite	Severe Depression, Catatonia, Convulsions, Death	Abdominal Cramps, Pain, Anxiety, High Blood Pressure, Severe Cravings, Depression
Overdose Deaths (2015)	0	8,791	22,598

# Program Improvements:

- **Expanding Access:**
  - 146 Applications rec'd 8/31 for up to 6 new ATCs
- **Physician Friendly:**
  - Doctors no longer required to be listed on public website (optional)
- **ATCs Can Post Prices so patients can comparison shop**
- **Provisional Caregiver Status (temp cards)**
- **New Patient processing time down to 2 weeks**
- **Expanding Product:**
  - Oil – oils that contain extracted THC and CBD that can be vaporized
    - Authorized pre-filled vape cartridges authorized mid-September 2018
- **Mobile Access:**
  - Patients, caregivers & physicians can access register, upload documents & make payments on Smart phones & tablets (April 2018)
- **Revised Rules:**
  - Reviewing Comments; finalized soon

# AL Considerations

- State law/regulations do not prohibit medicinal marijuana administration to residents of Assisted Living facilities
- Facilities should consult with counsel on policies, procedures, and guidance to ensure compliance with the medical marijuana rules and Assisted Living regulations
- When DOH survey staff conduct surveys/investigate complaints will assess:
  - compliance with smoking regulations
  - the facility policies
  - and safety of residents



# Advanced Standing

- Pilot began in 2012
- Special designation when quality standards achieved
- 3-year extension via Memorandum of Agreement
- Development of rules to support continuation

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