National Center for Injury Prevention and Control

NCSL Opioid Policy Fellows Kickoff

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National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

January 26, 2019

Our Mission
To prevent injuries and violence through science and action
www.cdc.gov/injury
Injury Appropriation (in millions)

- **FY 2015:** $170,447
- **FY 2016:** $236,059
- **FY 2017:** $286,059
- **FY 2018:** $648,559
- **FY 2019:** $648,559

*Categories:*
- Opioid Overdose
- Suicide
- ACEs
- Motor Vehicle Injury
- Traumatic Brain Injury
- Sexual Violence
Adverse Childhood Experiences (ACEs)

Suicide Vital Signs
Helping States and Communities Take Advantage of the Best Available Evidence

https://www.cdc.gov/violenceprevention/pub/technical-packages.html

CDC’s Approach: Opioid Overdose Prevention

- Conduct surveillance and research
- Empower consumers to make safe choices
- Partner with public safety
- Build state, local, and tribal capacity
- Support providers, health systems, and payers
### CDC Opioid Investments

<table>
<thead>
<tr>
<th>FY 2018 Opioid Activity</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State, territorial, tribal, and partner support</td>
<td>$335 million</td>
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<tr>
<td>Communication, education, and training</td>
<td>$17 million</td>
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<tr>
<td>Health systems, health information technology, and surveillance improvements</td>
<td>$25 million</td>
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<tr>
<td>Building the evidence base through science</td>
<td>$7 million</td>
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<tr>
<td>CDC-specific projects in core focus areas</td>
<td>$40 million</td>
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<table>
<thead>
<tr>
<th>FY 2019 Opioid Activity</th>
<th>Funding Amount*</th>
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</thead>
<tbody>
<tr>
<td>State, territorial, tribal, and partner support</td>
<td>$309 million</td>
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<tr>
<td>Communication, education, and training</td>
<td>$17 million</td>
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<tr>
<td>Health systems, health information technology, and surveillance improvements</td>
<td>$11.5 million</td>
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<tr>
<td>Building the evidence base through science</td>
<td>$10.9 million</td>
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<tr>
<td>HHS &amp; CDC-specific projects in core focus areas</td>
<td>$40 million</td>
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*Estimated amounts

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According to the Vital Signs report from March 2018:

- Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas across 45 states.
- The Midwestern region saw opioid overdoses increase by 70% from July 2016 through September 2017.
- Opioid overdoses in large cities increased by 54% in 16 states.
New NOFO: Overdose Data to Action

- Forecasted to post February 1, 2019 - 3 year opportunity that integrates work funded through previous programs: Increasing comprehensiveness and timeliness of surveillance data
  - Building state and local capacity for public health programs
  - Making PDMPs easier to use and access
  - Working with health systems, insurers, and communities to improve opioid prescribing
  - Adds a new component focused on linkages to care and other areas of innovation supported by evidence-based practice
- Open to state health departments, U.S. territories, local/county health departments
Insurer and Health Systems Interventions

1. Cover evidence-based non-pharmacologic therapies like exercise and cognitive behavioral therapy
2. Make it easier to prescribe non-opioid pain medications
3. Reimburse patient counseling, care coordination, and checking PDMP
4. Promote more judicious use of high dosages of opioids using drug utilization review and prior authorization
5. Remove barriers to evidence-based treatment of opioid use disorder

Opportunities Ahead

- Collaboration across state and local government
- Scaling up innovative and promising practices
- Implementing evidence-based interventions
- Multisector engagement
- Connecting the dots
A Look Ahead

- Leverage all public health prevention activities to predict changes and ensure a comprehensive response
- Continue supporting providers through education, training, and provision of resources most needed
- Enhance community-level interventions to target those at highest risk

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
www.cdc.gov/injury

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.