CDC’s Approach to Addressing the Opioid Overdose Epidemic

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500,000 drug overdose deaths since 2000

4x as many opioid deaths in 2014 as 1999
Overdose deaths since 1999

Mortality Rate per 100,000
- 1.9 - 6.2
- 6.3 - 8.6
- 8.7 - 10.9
- 11.0 - 13.6
- 13.7 - 28.9
- Unreliable
For every Rx opioid overdose death in 2011, there were...

12 treatment admissions for opioids

25 emergency department visits for opioids

105 people who abused or were dependent on opioids

659 nonmedical opioid users

SAMHSA NSDUH, DAWN, TEDS data sets.
The amount of opioid prescriptions dispensed has **QUADRUPLED** since 1999 but the pain that Americans report remains **UNCHANGED**.
prescriptions for opioids were written by healthcare providers in 2013

enough prescriptions for every American adult to have a bottle of pills
Sharp increases in opioid prescribing coincides with sharp increases in Rx opioid deaths

Opioid Sales
(kg per 10k)

Opioid Pain Reliever Deaths
(per 100k)

National Vital Statistics System, DEA’s Automation of Reports and Consolidated Orders System.
Opioids Driving an Epidemic of Overdose Deaths

CDC’s prescription drug overdose prevention work

• **Improve data** quality and track trends

• **Supply healthcare providers with resources** to improve patient safety

• **Strengthen state efforts** by scaling up effective public health interventions
Improve Data Quality and Track Trends

New Funding Opportunity: Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality

- ~$3.5M to fund state health departments, all eligible
- Improve timeliness of surveillance of nonfatal and fatal opioid overdoses
- Speed up non-fatal surveillance by using ED syndromic or EMS data
- Abstract information from death certificates and medical examiner/coroner reports
Health system strategies to prevent prescription drug overdose

• Guidelines and other guidance for providers

• Prescription Drug Monitoring Programs (PDMPs)

• Insurance/payer strategies
  ▪ Patient Review and Restriction (PRR) programs
  ▪ Drug Utilization Review
  ▪ Drug Utilization Management (e.g. prior authorization)
Prescribing Guideline: Purpose, Use, and Primary Audience

• Recommendations for the prescribing of opioid pain medications
  ▪ for patients 18 and older
  ▪ in outpatient, primary care settings
  ▪ in treatment for chronic pain

• Not intended for use in active cancer treatment, palliative care, or end-of-life care

• Primary Audience: Primary Care Providers
  ▪ Family Practice, Internal medicine
  ▪ Physicians, nurse practitioners, physician assistants
Organization of Recommendations

- The 12 recommendations are grouped into three conceptual areas:
  - Determining when to initiate or continue opioids for chronic pain
  - Opioid selection, dosage, duration, follow-up, and discontinuation
  - Assessing risk and addressing harms of opioid use
Training

• Training modules for clinicians
  – Online modules
  – CME credits
• Guideline-concordant education
  – Medical schools
  – Nursing schools
  – Pharmacy schools
Strengthen state efforts by scaling up effective public health interventions

– Prevention for States
– Data Driven Prevention Initiative
- Move toward universal PDMP registration and use
- Make PDMPs easier to use and access
- Move toward a real-time PDMP
- Expand and improve proactive reporting
- Conduct public health surveillance with PDMP

- Implement or improve opioid prescribing interventions for insurers, health systems, or pharmacy benefit managers. This includes:
  - Prior authorization, prescribing rules, academic detailing, CCPs, PRRs,
  - Enhance adoption of opioid prescribing guidelines

- Allow states to move on quick, flexible projects to respond to changing circumstances on the ground and move fast to capitalize on new prevention opportunities.

- Build evidence base for policy prevention strategies that work like pain clinic laws and regulations, or naloxone access laws

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**1. Enhance and Maximize PDMPs**

**2. Community or Health System Interventions**

**3. State Policy Evaluation**

**4. Rapid Response Projects**

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**Prevention for States Program**
Prevention Success Stories

- Innovative uses of data dashboards and data visualization

- Technology upgrades/PDMP infrastructure

- Academic detailing and targeted physician outreach

- Policy evaluation for quality improvement

- Community coalitions to build resources for multiple audiences
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.
Enhance and Maximize Prescription Drug Monitoring Programs (PDMPs)

**Strategy 1 Overview**

- Require pharmacies to submit information on controlled substance prescriptions to a centralized database; accessible by providers
- 49 states with operational PDMPs
- Operating agency varies
- Optimal components
  - Universal registration/use
  - Real-time reporting
  - Actively managed
- Intent: Inform providers about patient medications and identify patients at risk for overdose or opioid use disorder
Implement Community or Insurer/Health System Interventions

**Strategy 2 Overview**

- Clinical Guidelines
  - Issued by federal, state, and national organizations
- Academic detailing
- Hot spots analysis and associated deployment of resources
- Coordinated Care Plans
- Prior authorization
- Drug utilization review
- Patient review and restriction
Policy Evaluation

**Strategy 3 Overview**

- **Pain clinic regulation**
  - Requires state oversight and contains requirements concerning ownership and operation (e.g., personnel requirements, inspection, license procedures)

- **Good Samaritan laws**
  - Criminal immunity for help seeking; immunity for possession or administration of naloxone

- **Doctor shopping laws**
  - Prohibition of obtaining substances from without

- **Naloxone Distribution**