



Evidence-Based Practices for Opioid Overdose Prevention

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NCSL Opioid Policy Fellows Kick-Off Meeting

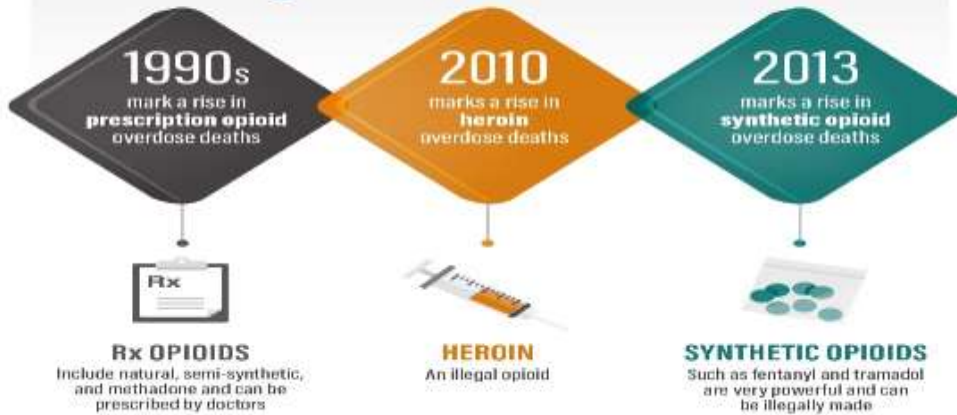
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Overview of the Opioid Epidemic

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

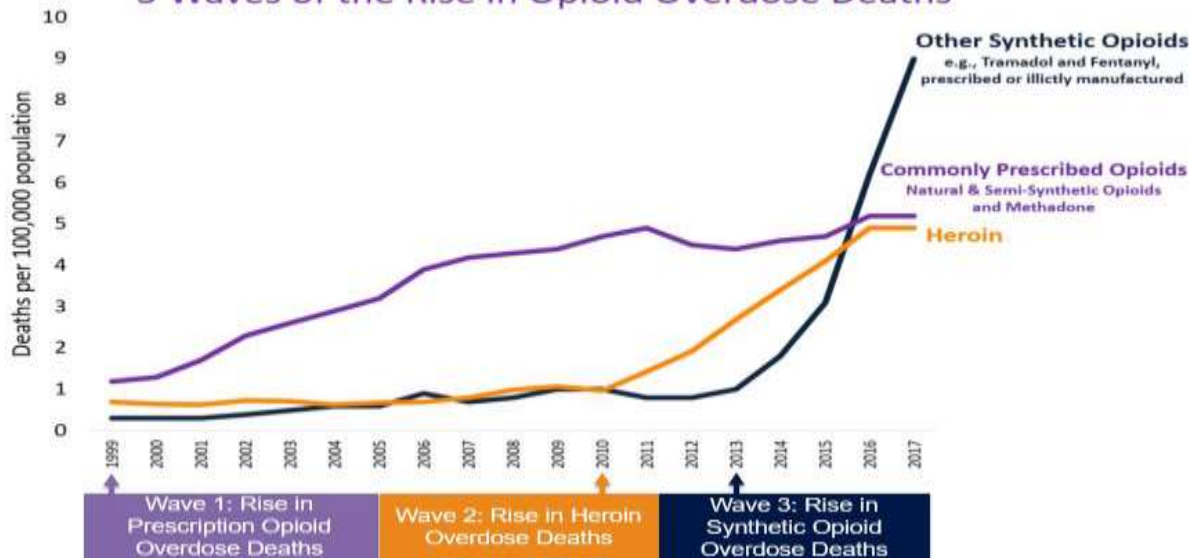
A Multi-Layered Problem in Three Distinct Waves

399,000 people died from an opioid overdose (1999–2017)



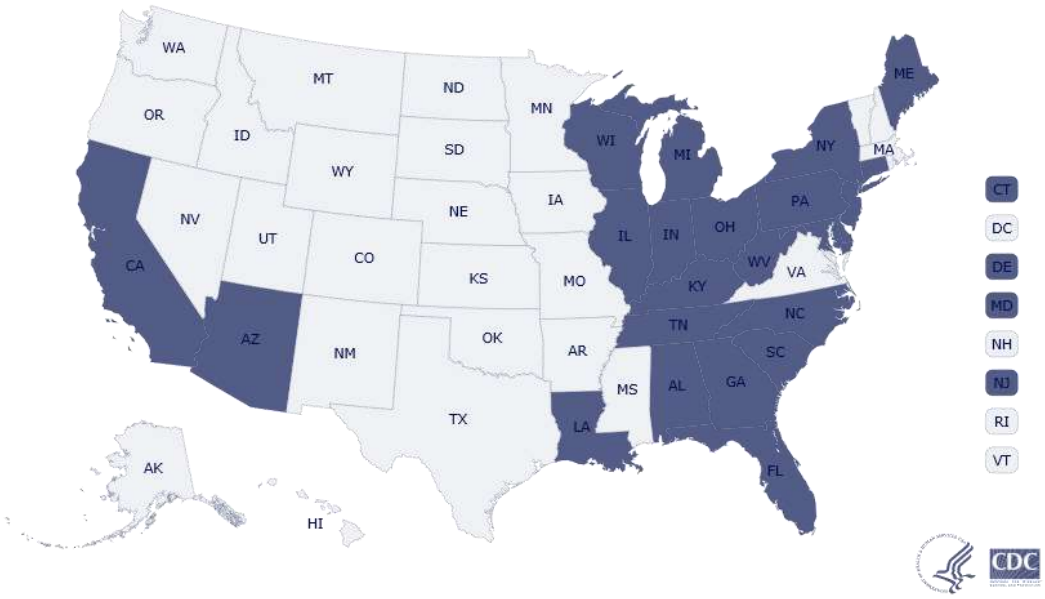
Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

Statistically significant drug overdose death rate increase from 2016 to 2017



Illicit Opioids

Comparison of Potentially Lethal Doses

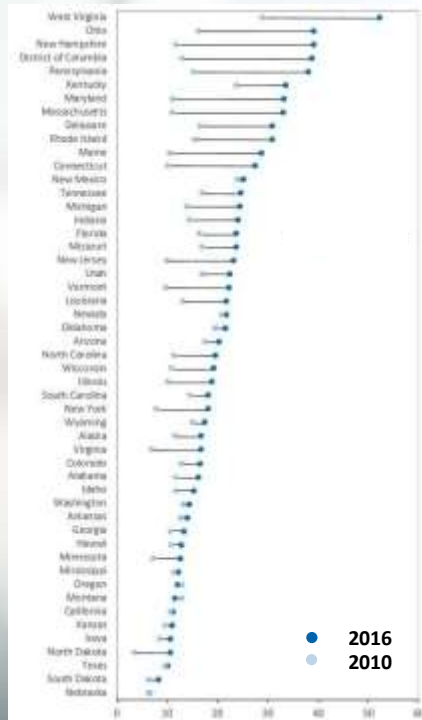


IP500 - Basics of Public Health - 2017

Variation in Trends of Fatal Drug Overdoses

2010–2016

- A total of 47 states had an increase in their drug overdose mortality rate.
- WV had the highest absolute rate at both time points.
- NH and DC had the largest absolute rate increase – each over 25 deaths per 100,000
- ME, CT, MD, MA, NH, NJ, VT each moved up over 20 spots in the ranking of states.



SOURCE: <https://www.cdc.gov/drugoverdose>

Vital Signs: Opioid Overdoses Treated in Emergency Departments

↑30%

Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas in 45 states.

↑70%

The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017.

↑54%

Opioid overdoses in large cities increased by 54% in 16 states.

Opioid overdose ED visits continued to rise from 2016 to 2017.

Detecting recent trends in opioid overdose ED visits provides opportunities for action in this fast-moving epidemic.

PERCENT CHANGE
 Increase Increase 1 to 24% Increase 25 to 49% Increase 50% or more
 Not available



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOS) Program, 16 states reporting percent change from July 2016 through September 2017

Vitalsigns^{CDC}

CDC's Response

Preventing Opioid Overdoses and Opioid-Related Harms



CDC Overdose Prevention in States Initiative



Five Components



PDMPs



System-Level



Evaluate Policy



Surveillance



Rapid Response

Evidence Practices that Work

A small subset

Declaring a Statewide Emergency

- The 7 P's – Potential Accrued Benefits of Declaration
- **PERSONNEL.** States that issue declarations have reassigned and/or appointed new personnel to better address the epidemic.
- **PAY-FORS.** Declarations may provide governors and states with additional options to supplement existing opioid funding. State emergency orders can allow the governor to redirect previously allocated funding or use certain reserve funding.
- **PROCUREMENT.** State emergency declarations have allowed for accelerated procurement practices for certain supplies.
- **PRACTICE.** Executive orders have been used to force changes in practice among public or private actors.
- **POLICY.** Declaration states have used their emergency orders to address larger policy issues and address existing regulatory barriers.

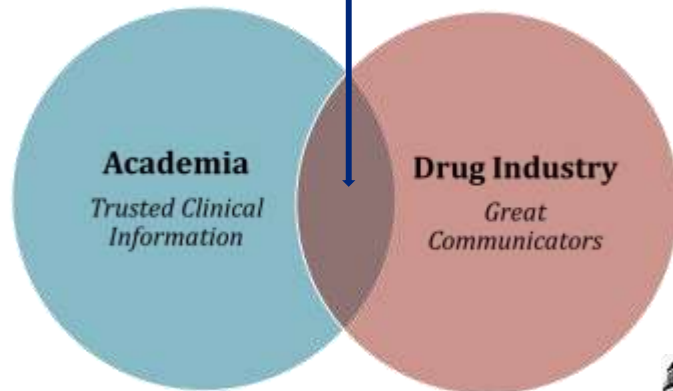
Support Better and Faster Data - PDMPs

Prescription Drug Monitoring Programs

Evidence-based practices to optimize prescriber use

<http://www.pewtrusts.org/en/research-and-analysis/reports/2016/12/prescription-drug-monitoring-programs>

Academic Detailing



Additional Evidence-Based Practices

- Targeted Naloxone Distribution
- Medication-Assisted Treatment (MAT) Eliminating Prior-Authorization Requirements for Medications for Opioid Use
- Disorder 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

Resources



- **CDC Resource Center:**
<https://www.cdc.gov/druoverdose/resources/index.html>

Questions?

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

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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.

