



Director's Update

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Director

Board of Scientific Counselors Meeting

June 19, 2018

Update on Director's Priorities



**Opioid overdose
prevention**



Suicide prevention



**Adverse childhood
experiences (ACEs)
prevention**

March Vital Signs on opioid overdoses treated in the ED

- 995 news articles

- Almost 250,000 webpage views that month alone

- Social media reach of over 9.9 million

- Expansive coverage by medical organizations/outlets such as ACEP, NEJM Journal Watch, Medscape, etc.

A rise in opioid overdoses is detected. What now?

Local Emergency Department

- Offer naloxone and training to patient's family and friends, to ease the patient's health care burden.
- Connect patients with hospital case management or other programs to help them follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related overdoses, and withdrawal.

Mental Health and Substance Abuse Treatment Providers

- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for populations that often receive no OUD treatment.

Community-Based Organizations

- Assist in mobilizing a community response to these events.
- Provide resources to reduce harm that can occur when injecting drugs, including one that offer counseling for HIV and hepatitis B and C, in combination with referral to treatment and substance prevention.

Local

- Alert communities to rapid increases in overdoses seen in EDs in an informed and timely response.
- Increase naloxone distribution (an overdose-reversing drug) to first responders, family and friends, and other community members in affected areas, as policies permit.
- Increase availability of and access to treatment services, including mental health services and MAT for OUD.
- Support programs which reduce harm from injecting opioids, including those offering counseling for HIV and hepatitis B and C, in combination with referral to treatment.
- Support the use of the CDC Guideline for Prescribing Opioids for Chronic Pain, which encourages using prescription drug monitoring programs (PDMPs) to inform clinical practice. <https://aas.fda.gov/oc/>

First Responders | Public Safety | Law Enforcement Officers

- Get adequate supply and training for naloxone administration.
- Identify changes in 911 dispatch supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

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Coordinated, informed efforts can better prevent opioid overdoses and deaths

Vital Signs™

Opioid Overdoses Treated in Emergency Departments
Identify opportunities for action

Emergency department (ED) visits for opioid overdoses rose 30% in all parts of the US from July 2016 through September 2017. People who have had an overdose are more likely to have another, so being seen in the ED is an opportunity for action. Repeat overdoses may be prevented with medication-assisted treatment (MAT) for opioid use disorder (OUD), which is defined as a problematic pattern of opioid use. EDs can provide naloxone, link patients to treatment and referral services, and provide health departments with critical data on overdoses. ED data provide an early warning system for health departments to identify increases in opioid overdoses more quickly and coordinate response efforts. This fast-moving epidemic does not stay within state and county lines. Coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death.

Health departments can

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Statistics:

- Opioid overdoses went to 30% from July 2016 through September 2017 in 52 areas in 45 states.
- The Midwestern region saw opioid overdoses increase 170% from July 2016 through September 2017.
- Opioid overdoses in large cities increased by 154% in 16 states.

Abstract

Introduction: From 2015 to 2016, opioid overdose deaths increased 27.7%, indicating a worsening of the opioid overdose epidemic and highlighting the importance of rapid data collection, analysis, and dissemination.

Methods: Emergency Department (ED) syndromic and hospital billing data on opioid-overdosed overdoses during July 2016–September 2017 were examined. Temporal trends in opioid overdoses from 52 jurisdictions in 45 states were analyzed at the regional level and by demographic characteristics. To assess trends based on urban development, data from 6 states were analyzed by state and urbanization level.

Results: From July 2016 through September 2017, a total of 142,557 ED visits (15.7 per 10,000 visits from 52 jurisdictions in 45 states were suspected opioid-overdosed overdoses). The rate increased an average by 54% per quarter. Rates increased in nine demographic groups in all of the U.S. regions, with largest increases in the Southeast, Midwest, and West (approximately 7%–11% per quarter). In 16 states, 115,198 ED visits (26.7 per 10,000 visits) were suspected opioid-overdosed overdoses. Top states (Illinois, Hawaii, Indiana, Mass., Missouri, Nevada, North Carolina, Ohio, Pennsylvania, and Wisconsin) experienced significant quarterly rate increases from third quarter 2016 to third quarter 2017, and in one state (Kentucky), rates decreased significantly. The highest rate increases occurred in large central metropolitan areas.

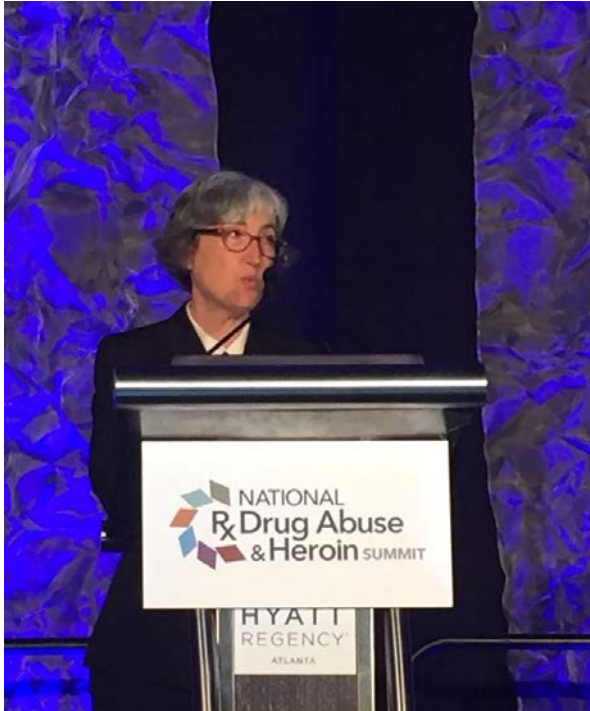
Conclusions and Implications for Public Health Practices: With continued increases in opioid overdoses, availability of timely data is important to inform actions taken by EDs and public health practitioners. Increases in opioid overdoses noted by region and urbanization level, indicating a need for localized responses. Educating ED physicians and staff, educate case and treatment and implementing a post-overdose protocol that links into treatment could assist EDs with preventing overdose.

Source: CDC MMWR Weekly Report

Want to learn more?
Visit: www.cdc.gov/vitalsigns

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

Significant CDC presence at April's Rx Summit



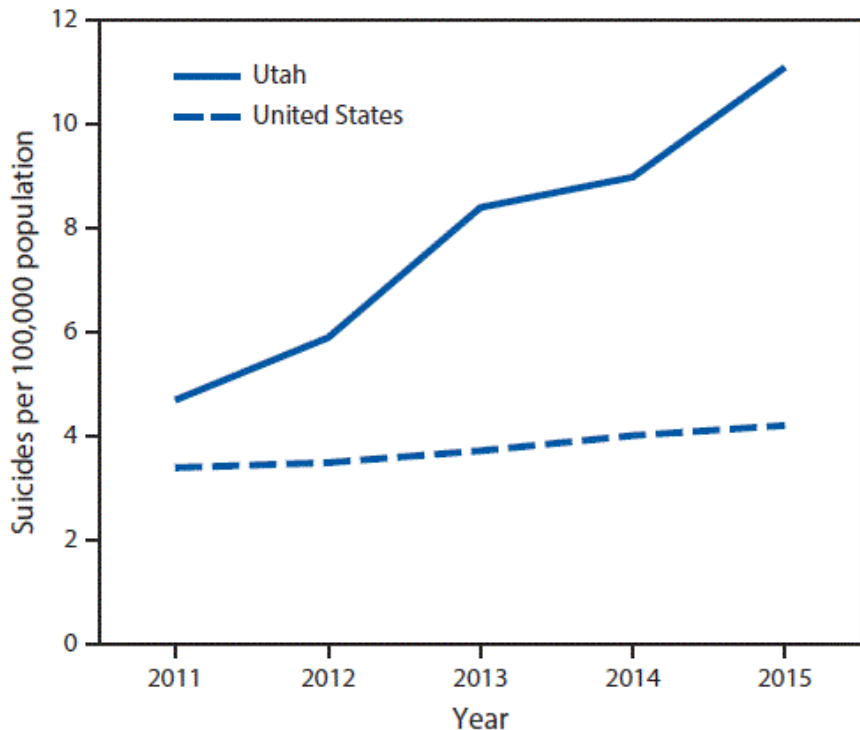
Takeaways from the HIDTA/CDC Heroin Response Strategy and an Assessment of 911 Good Samaritan Laws

Faster Data: The CDC-Funded Enhanced State Opioid Overdose Surveillance Program

Using EHR-Based Clinical Decision Supports to Affect Opioid Prescribing Behavior

CDC Guideline: Implementing Clinical and Practice-Level Strategies

Recent MMWRs on suicide among Utah youth



Herbert Speaks of Youth Suicides, #MeToo in State of State

Utah Gov. Gary Herbert is using his 9th annual State of the State speech to focus less on specific policies he'd like to see lawmakers tackle this year and instead giving them broad directives to take on big challenges.

Utah's governor launches youth suicide task force as state reveals 44 suicide deaths among 10-to-17-year-olds in 2017

June *Vital Signs* on suicide—the first ever!

- What's unique:
 - Report changes in suicide over time across states
 - Compare suicide in those with and without mental health conditions
- Various opportunities to engage and learn more
 - June 7th Telebriefing w/Dr. Schuchat and Surgeon General
 - June 11th Twitter chat
 - June 12th Town Hall 'Rising Suicide Rates Across the Country'
 - August 27th Medscape commentary
 - And so much more!

Essentials for Childhood NOFO posted to Grants.gov



Assuring safe, stable, nurturing relationships and environments for all children



Safe



Stable



Nurturing

Number of awards: **5**

Total funding: **\$7.75 million**

Avg. one year award: **\$225,500**

Total period of award: **5 years**

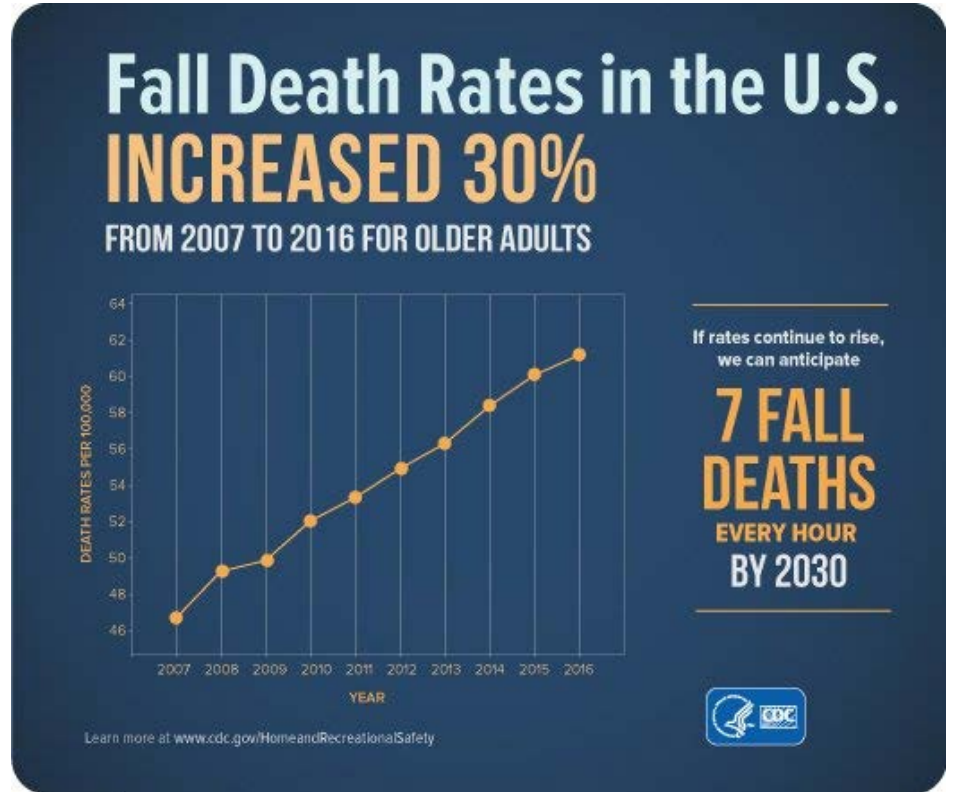
Closing date: **June 18th**

Award date: **September 1st**

Other Recent Releases

New older adult falls data

- MMWR article—Deaths from Falls Among Persons Aged ≥ 65 Years — United States, 2007–2016
- JPHMP article— Estimating the Economic Burden Related to Older Adult Falls by State



New data and tools related to sexual violence

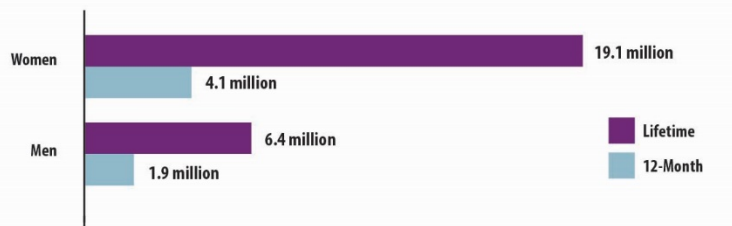
1 in 5 women
experienced completed
or attempted rape during
her lifetime.

1 in 14 men
was made to penetrate someone
(completed or attempted) during
his lifetime.



Figure 5

Lifetime and 12-Month Estimated Number of Stalking Victims—NISVS 2015^{1,2}



¹ Rounded to the nearest thousand.

² All estimated number of victims are weighted to the U.S. adult population.

Reporting on Sexual Violence

This media guide includes definitions and key terms, statistics, language considerations, and resources to aid in reporting about sexual violence.

Everyone plays a role in preventing sexual violence. The news media can increase the public's understanding of what sexual violence is and how to prevent it. Journalists can impact prevention by:

- including up-to-date statistics,
- placing isolated events in the larger context of a broad public health issue,
- using non-biased, neutral language, and
- providing comprehensive coverage that highlights prevention approaches with the greatest potential to reduce sexual violence and its consequences.



nearly **1 in 3** women
nearly **1 in 6** men

have experienced some form of
sexual violence victimization
involving physical contact
at some point in their lives.¹

Sexual Violence (SV) refers to any sexual activity when consent is not obtained or given freely. Sexual violence impacts every community and affects people of all genders, sexual orientations, and ages—anyone can experience or perpetrate sexual violence. People who perpetrate are usually someone the victim knows such as a friend, current or former intimate partner, coworker, neighbor, or family member.²

https://vetoviolence.cdc.gov/sites/all/themes/veto_bootstrap/assets/sv-landing/SV_Media_Guide_508c.pdf

On the horizon



- Getting FY18 Omnibus funding out the door
- Onboarding surge staff
- Additional exploration of the intersection of ACEs-opioids-suicide

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

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.

