

Welcome!

Office for State, Tribal, Local and Territorial Support
presents...



CDC Vital Signs : **Prescription Drug Overdose**

November 8, 2011

2:00pm – 3:00pm EDT

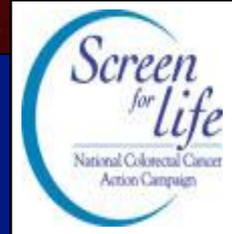


Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

Agenda

2:00 pm	Welcome & Introduction	Gregory S. Holzman, MD, MPH Deputy Director, OSTLTS, CDC
2:02 pm	Speaker Introductions	Kimberly Wilson Knowledge Management Branch, OSTLTS
2:04 pm	<i>Vital Signs</i> Overview	Leonard J. Paulozzi, MD, MPH Medical Epidemiologist, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC Nirav R. Shah, MD, MPH New York State Commissioner of Health
2:20 pm	Presentations	Jennifer Sabel, PhD Epidemiologist, Injury and Violence Prevention Program, Washington State Department of Health Michael Landen, MD, MPH Deputy State Epidemiologist, New Mexico Department of Health
2:40 pm	Q&A and Discussion	Kimberly Wilson
2:55 pm	Wrap – up	Gregory S. Holzman, MD, MPH
3:00 pm	End of call	



CDC VitalSigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*





Prescription Painkiller Overdoses in the US

Len Paulozzi, MD, MPH

Division of Unintentional Injury Prevention

CDC Vital Signs Town Hall

November 8, 2011

National Center for Injury Prevention and Control

Division of Unintentional Injury Prevention



Key Findings

- ❑ **In 2008, drug overdoses in the United States caused 36,450 deaths.**
 - Opioid pain relievers—prescription painkillers—were involved in 14,800 deaths.
- ❑ **States with higher prescription painkillers sales per person and more nonmedical use tend to have more deaths from drug overdoses.**

Centers for Disease Control and Prevention

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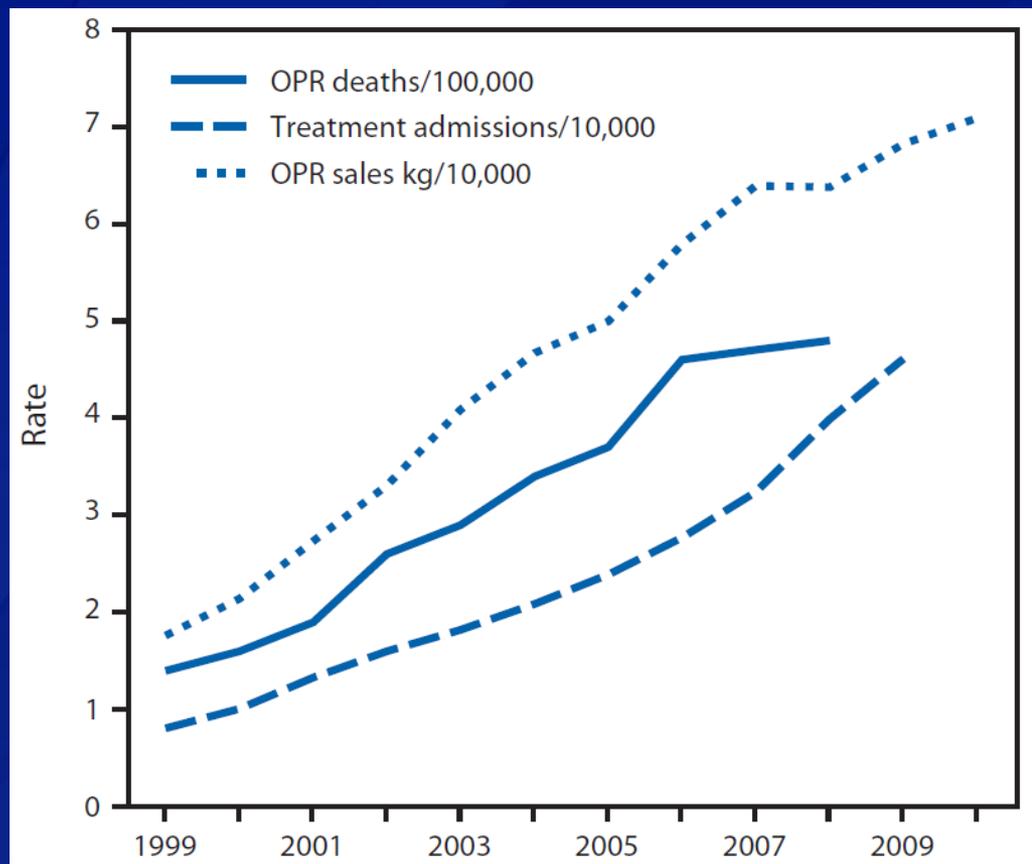
Morbidity and Mortality Weekly Report

Early Release / Vol. 60

November 1, 2011

**Vital Signs: Overdoses of Prescription Opioid Pain Relievers
— United States, 1999–2008**

Opioid pain reliever (OPR) death rates, sales, and substance abuse treatment admission rates increased in parallel



National Vital Statistics System (99-08); Automated Reports Consolidated Orders System (99-10); Treatment Admissions Data Set (99-09)
Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.

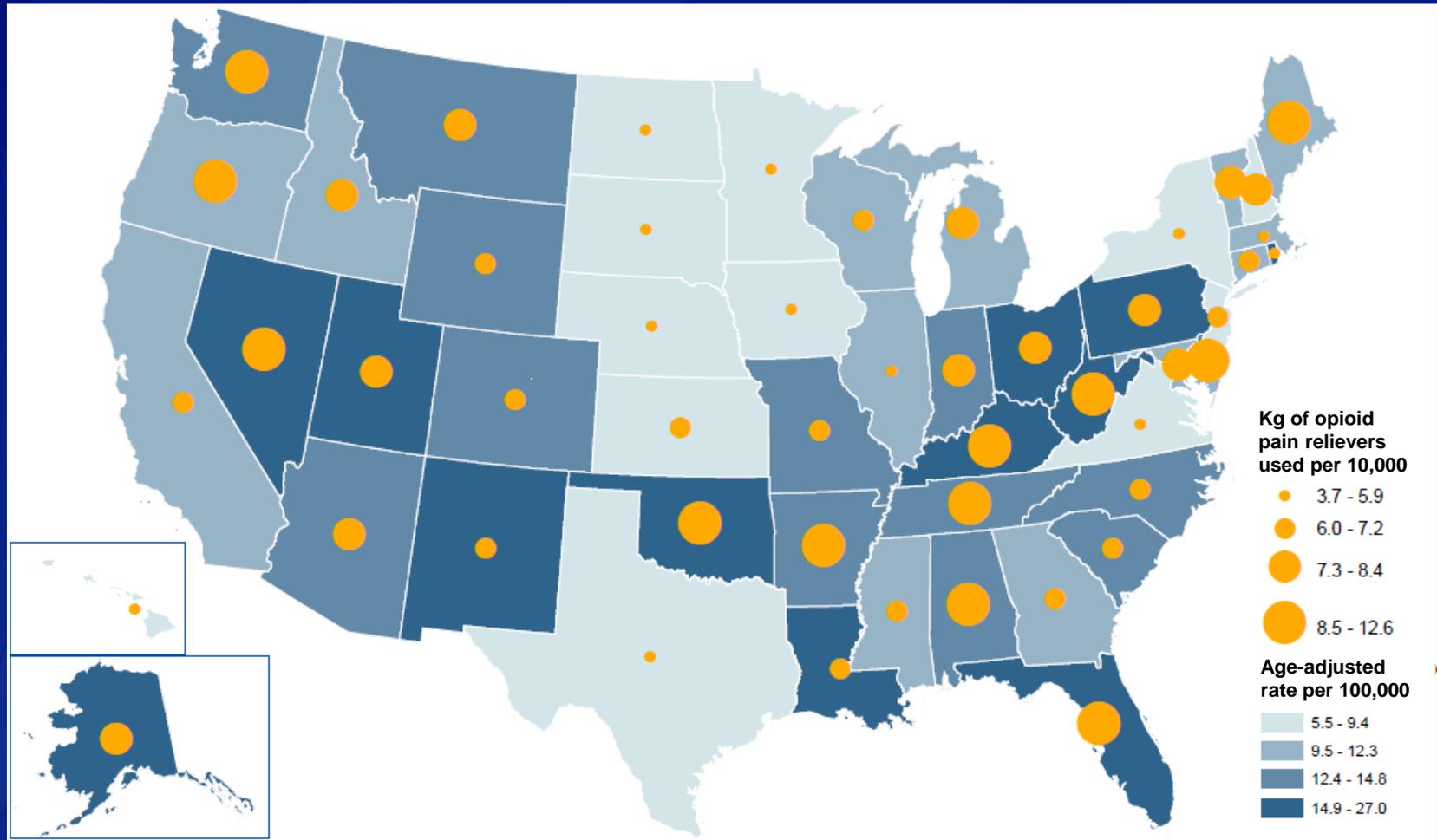
Certain groups are more at risk for misuse and overdose

- ❑ About 1 in 10 non-Hispanic American Indian or Alaska Natives aged 12 or older used prescription painkillers for nonmedical reasons in the past year.**
- ❑ Many more men than women die of overdoses from prescription painkillers.**
- ❑ Middle-aged adults have the highest prescription painkiller overdose rates.**
- ❑ People in rural counties are 1.5 times more likely to overdose on prescription painkillers than people in big cities.**

Some states have a bigger problem than others

- ❑ **Prescription painkiller sales per person were more than 3 times higher in Florida, which has the highest rate, than in Illinois, which has the lowest.**
- ❑ **In 2008/2009, nonmedical use of painkillers in the past year ranged from 1 in 12 people (aged 12 or older) in Oklahoma to 1 in 30 in Nebraska.**
- ❑ **States with higher sales per person and more nonmedical use of prescription painkillers tend to have more deaths from drug overdoses.**

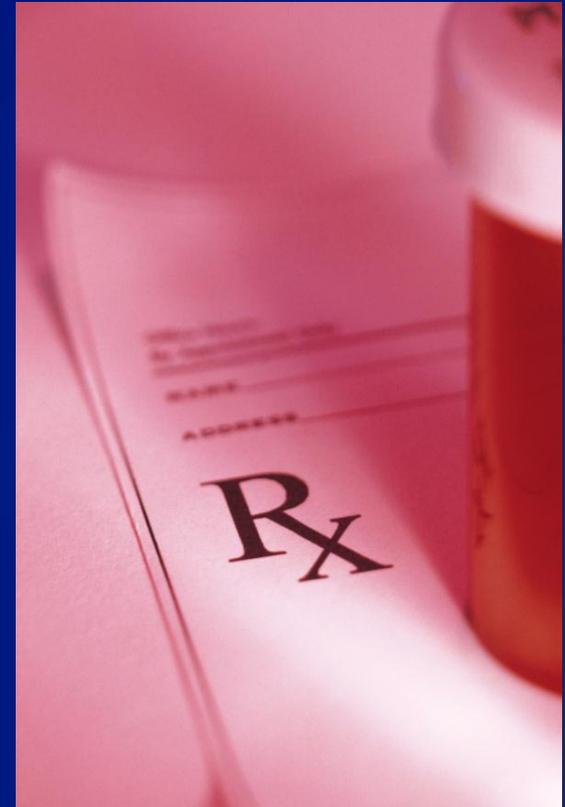
Drug overdose death rate in 2008 and opioid pain reliever sales rate in 2010



National Vital Statistics System, 2008; Automated Reports Consolidated Orders System (2010)

States can play a critical role in reversing this epidemic

- ❑ Start or improve prescription drug monitoring programs (PDMPs), which are electronic databases that track all prescriptions for painkillers in the state.
- ❑ Use PDMP, Medicaid, and workers' compensation data to identify improper prescribing of painkillers.
- ❑ Set up programs for Medicaid, workers' compensation programs, and state-run health plans that identify and address improper patient use of painkillers.



States can play a critical role in reversing this epidemic

- ❑ Pass, enforce and evaluate pill mill, doctor shopping and other laws to reduce prescription painkiller abuse.
- ❑ Encourage professional licensing boards to take action against inappropriate prescribing.
- ❑ Increase access to substance abuse treatment.



State Resources

❑ Policy Impact: Prescription Painkiller Overdoses

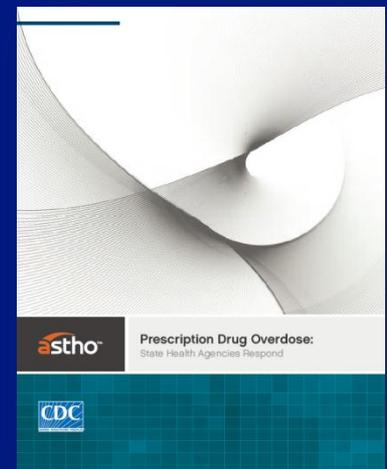
- A short issue brief on promising state policies that CDC recommends for prevention of prescription painkiller overdoses.

- www.cdc.gov/HomeandRecreationalSafety/rxbrief

❑ State Health Agencies Respond

- Joint ASTHO – CDC publication; outlines state perceptions, policies, and more.

- www.cdc.gov/HomeandRecreationalSafety/Poisoning/prescription_overdose.html



“The significant problems we face today cannot be solved at the same level of thinking we were at when we created them.”

*Albert Einstein (1879-1955),
Physicist and Nobel Laureate*

For more information please contact Centers for Disease Control and Prevention

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Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: 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.

The New York Approach

Nirav R. Shah, M.D., M.P.H.

*The STATE of
Commissioner*

*Compiled from the most
1796*
New York State Department of Health



New York's Approach

Developed Interagency Collaboration

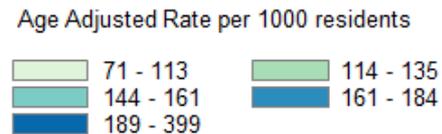
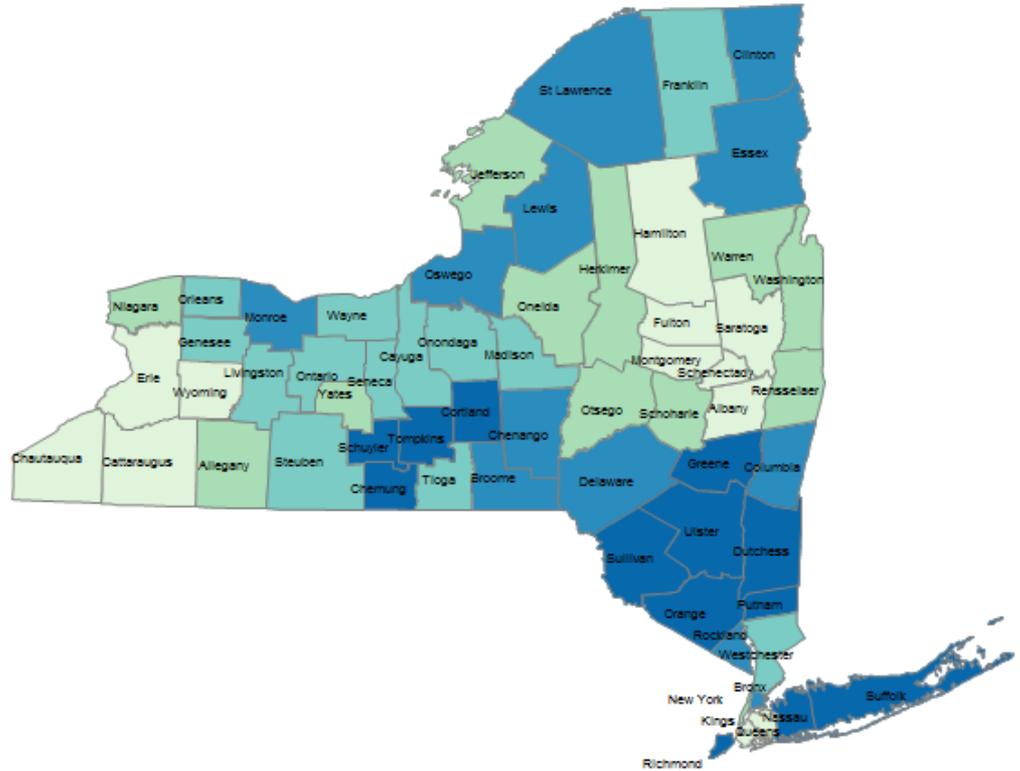
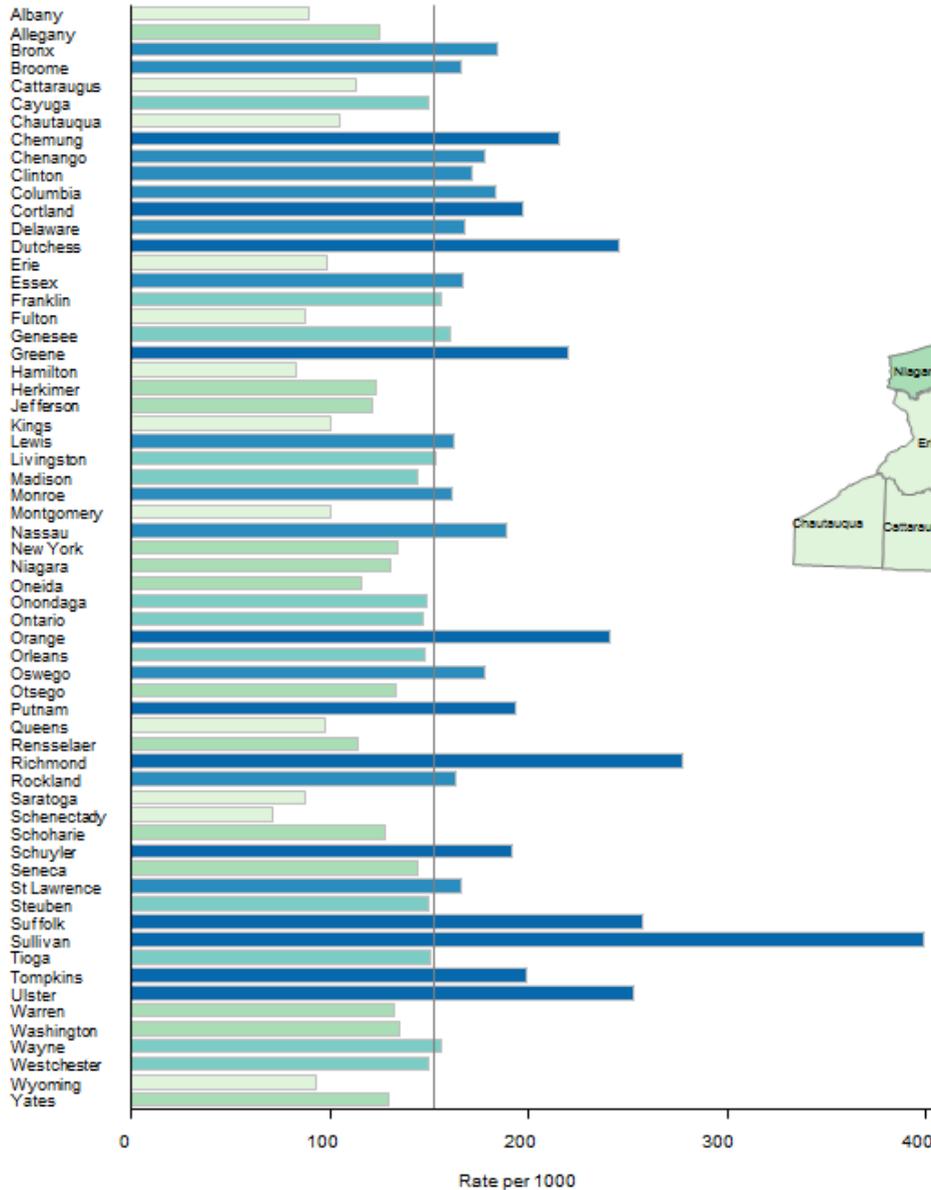
- Strong focus on enhancing data monitoring
 - Descriptive analysis narcotics by county, age, prescriber type, payment, and daily dosage
 - Regional mapping of narcotic dispensing by drug and county with an emphasis on high daily dosing (100mg/day MED)
- Changes to New York State law
 - Enhance data sharing with enforcement bodies and local health departments
 - Increase use of prescription monitoring program by physicians and pharmacists
 - Require practitioner training

**New York State Prescription Drug Monitoring Program
Oxycodone with 100 MED or More Daily Dose Prescriptions**

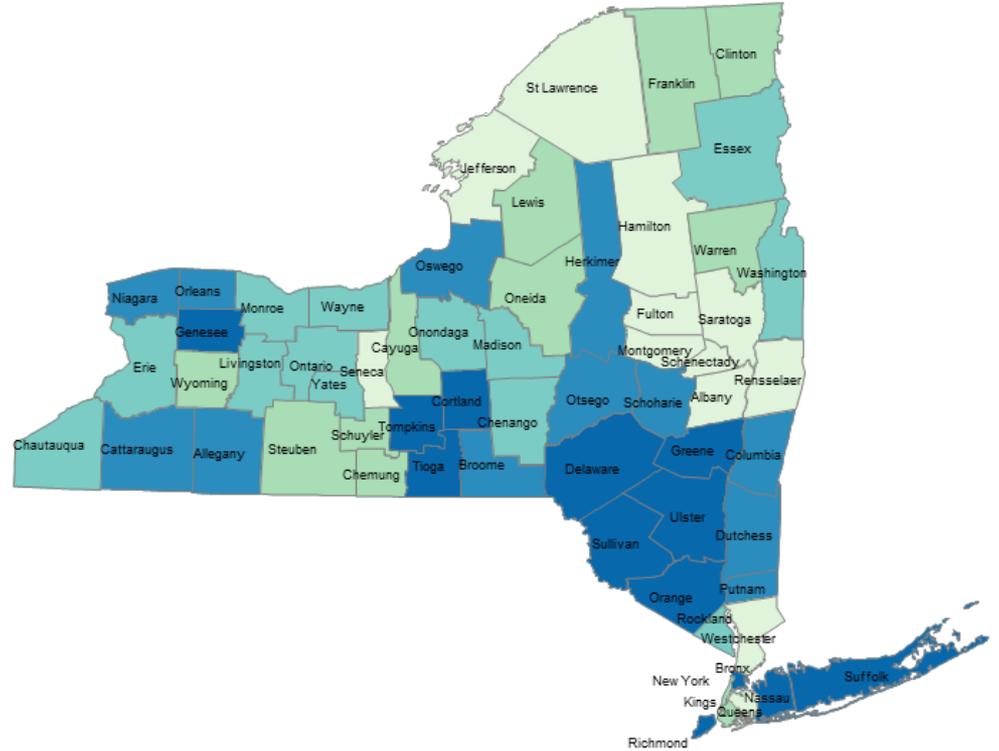
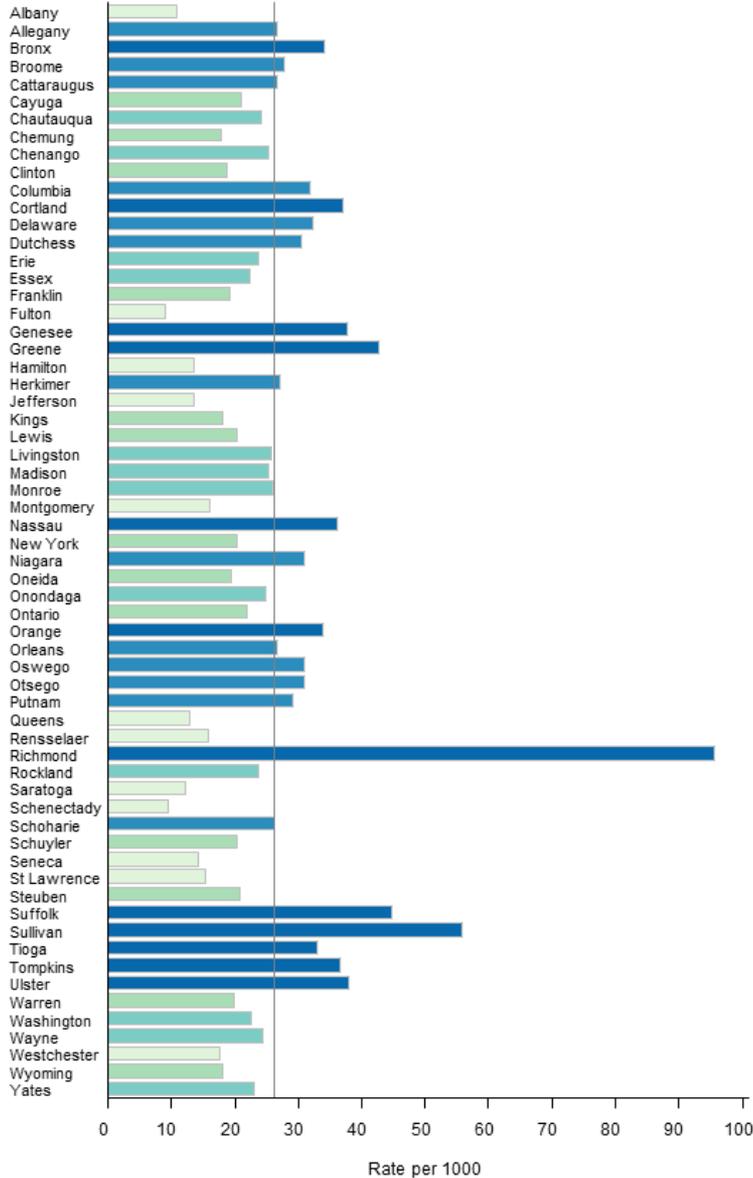
Draft
10/24/2011

		2008			2009			2010			Percent increase 2008-2010
		N	%	Rate	N	%	Rate	N	%	Rate	
Region of Residence	<i>New York State</i>	329,805		17.2	408,105		21.1	511,007		26.1	52
	<i>New York City</i>	117,903	36	14.6	149,497	37	18.1	200,426	39	23.9	64
	<i>NYS excluding NYC</i>	211,902	64	19.1	258,608	63	23.6	310,581	61	28.0	46
Age Group	<i>0 To 9</i>	110	0	0.0	132	0	0.0	130	0	0.0	19
	<i>10 To 19</i>	1,214	0	0.1	1,637	0	0.1	1,904	0	0.1	59
	<i>20 To 29</i>	28,559	9	1.5	39,316	10	2.0	55,714	11	2.8	90
	<i>30 To 39</i>	53,946	16	2.7	68,127	17	3.5	88,762	17	4.5	66
	<i>40 To 49</i>	99,990	30	5.0	119,031	29	6.1	143,096	28	7.3	45
	<i>50 To 59</i>	90,347	27	4.8	111,650	27	5.9	138,954	27	7.1	48
	<i>60 To 69</i>	36,094	11	2.0	45,703	11	2.4	56,528	11	2.9	44
	<i>70 To 79</i>	13,579	4	0.7	15,828	4	0.8	18,292	4	0.9	33
	<i>80 Plus</i>	5,950	2	0.3	6,681	2	0.3	7,627	1	0.4	24
	<i>Unknown Age</i>	16	0		0	0		0	0		
Gender	<i>Male</i>	187,089	57	20.2	233,291	57	25.0	296,259	58	31.2	55
	<i>Female</i>	142,701	43	14.3	174,261	43	17.4	214,615	42	21.2	49
	<i>Unknown Gender</i>	15	0		553	0		133	0		
Daily Dose	<i>Med-High (100-119 Med)</i>	95,644	29	5.0	107,151	26	5.6	118,035	23	6.0	21
	<i>Very-High (120+ Med)</i>	234,161	71	12.2	300,954	74	15.6	392,972	77	20.1	65
Prescriber Type	<i>Physician (MD)</i>	274,980	83	14.3	331,891	81	17.2	409,388	80	20.9	46
	<i>Resident Or Intern</i>	10,229	3	0.5	12,708	3	0.7	15,494	3	0.8	49
	<i>PA, NP, Or CNM</i>	42,612	13	2.2	61,038	15	3.2	82,635	16	4.2	90
	<i>Dentist (DDS)</i>	1,240	0	0.1	1,614	0	0.1	2,134	0	0.1	70
	<i>Podiatrist (DPM)</i>	737	0	0.0	848	0	0.0	1,351	0	0.1	81
	<i>Veterinarian (DVM)</i>	7	0	0.0	6	0	0.0	5	0	0.0	-28
Payment	<i>Government Ins</i>				88,870	22	4.6	122,748	24	6.3	
	<i>Private Ins</i>				196,290	48	10.2	242,203	47	12.4	
	<i>Cash</i>				56,525	14	2.9	79,723	16	4.1	
	<i>Other</i>				47,715	12	2.5	64,999	13	3.3	
	<i>Unknown Payment</i>				18,705	5		1,334	0		
Rural-Urban Categories	<i>Metro Area Core</i>	270,520	82	16.9	337,231	83	20.9	429,290	84	26.2	55
	<i>Metro Area High Commuting</i>	17,496	5	18.7	21,386	5	23.1	24,180	5	26.1	40
	<i>Metro Area Low Commuting</i>	3,822	1	22.5	4,629	1	28.0	5,263	1	31.8	41
	<i>Micro Area Core</i>	13,802	4	16.8	16,542	4	20.3	18,873	4	23.2	38
	<i>Micro Area High Commuting</i>	3,265	1	15.9	3,827	1	18.6	4,206	1	20.6	30
	<i>Micro Area Low Commuting</i>	695	0	13.4	861	0	16.8	1,120	0	21.7	61
	<i>Small Town Core</i>	7,860	2	19.4	9,389	2	23.3	11,067	2	27.4	41
	<i>Small Town High Commuting</i>	587	0	22.4	622	0	24.2	596	0	23.1	3
	<i>Small Town Low Commuting</i>	909	0	23.0	1,102	0	28.1	1,242	0	31.7	38
	<i>Rural Area</i>	10,057	3	18.9	11,722	3	22.1	14,053	3	26.4	40
	<i>Unknown Residence</i>	6	0		16	0		29	0		

Oxycodone Prescriptions per County, NYS, 2010



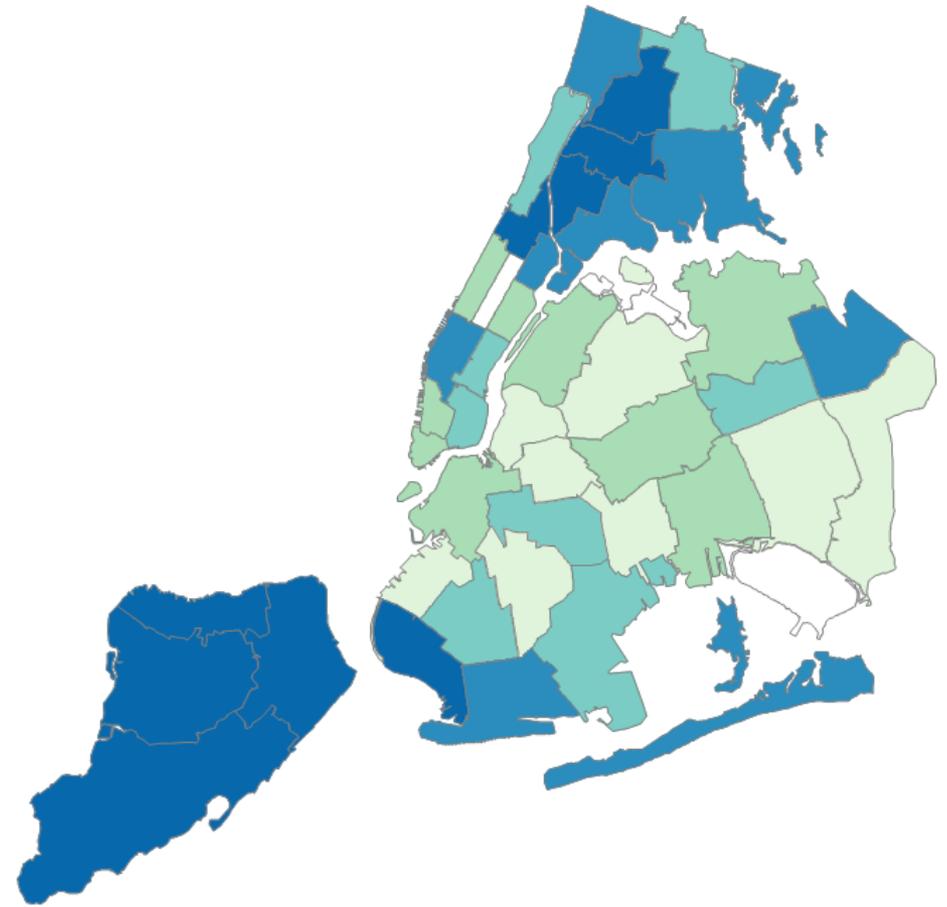
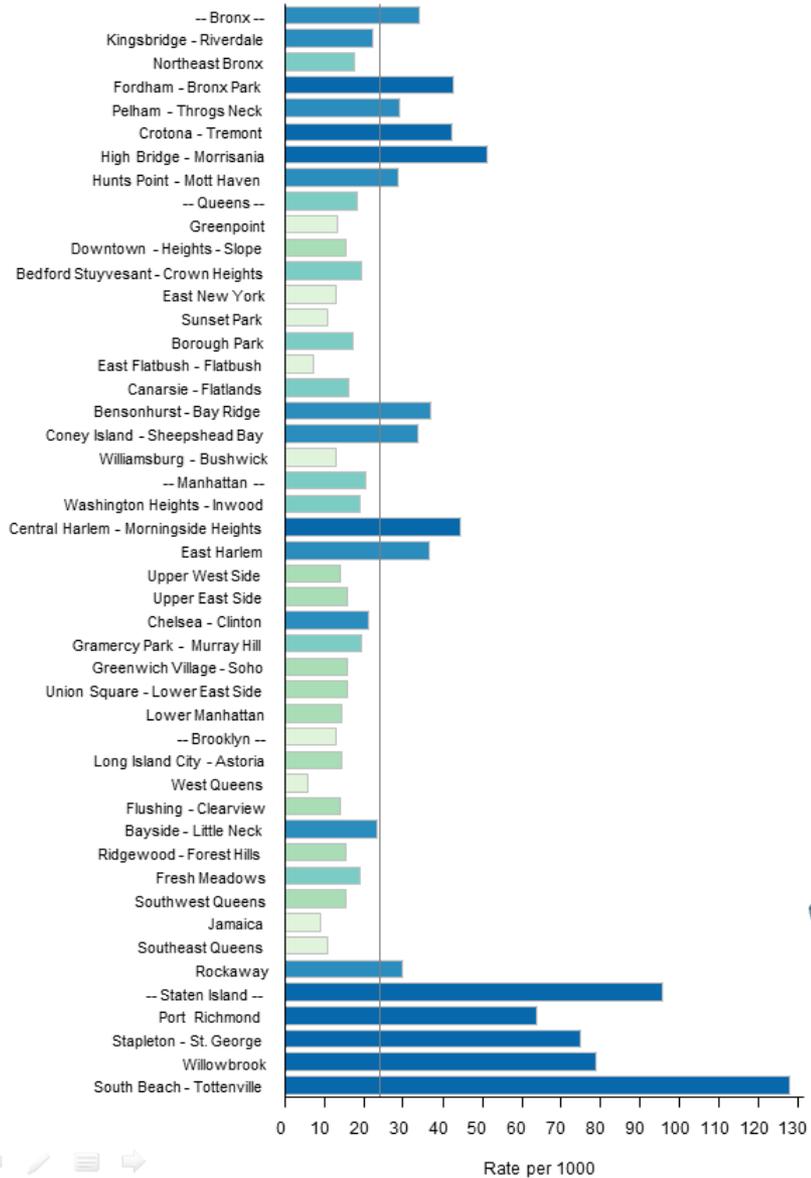
High Dose Oxycodone Prescriptions per County, NYS, 2010



Age Adjusted Rate per 1000 residents

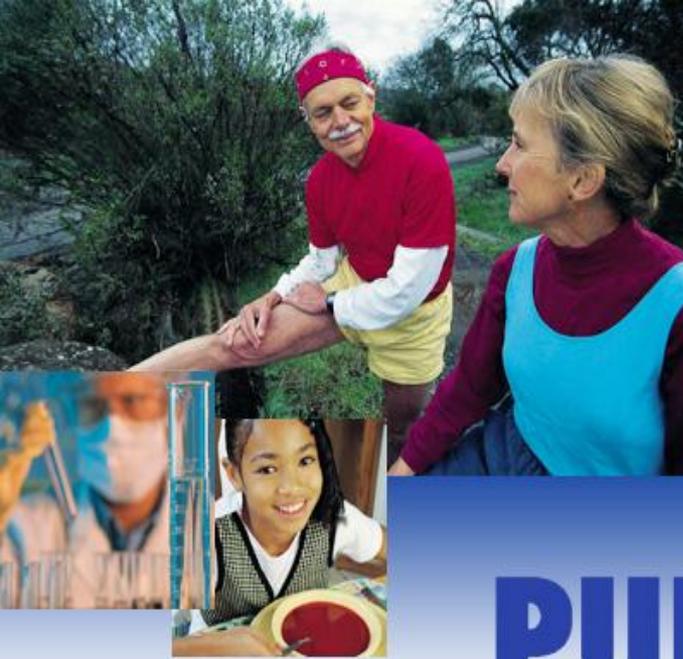


High Dose Oxycodone Prescriptions per Neighborhood, NYC, 2010



Final thoughts

- States can lead
 - Closer to the “front lines” of the problem
 - Easier to span silos than at other levels of govt
 - Legislation to support activities can happen in real time
- Feds can help
 - Setting privacy and security standards
 - Targeted funding of pilot programs
 - Bringing expertise and focus on programs



PUBLIC HEALTH

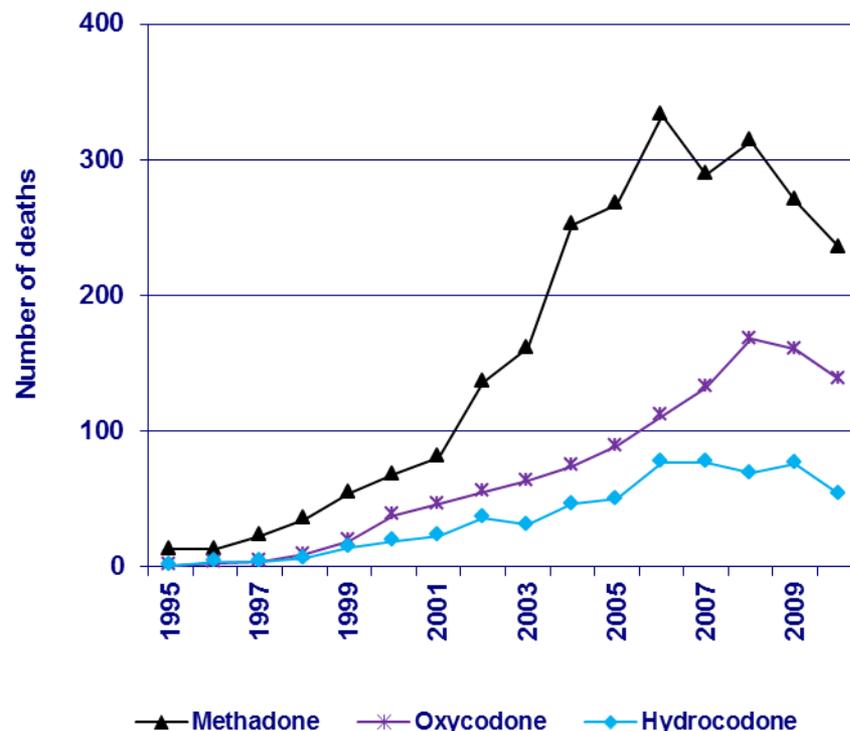
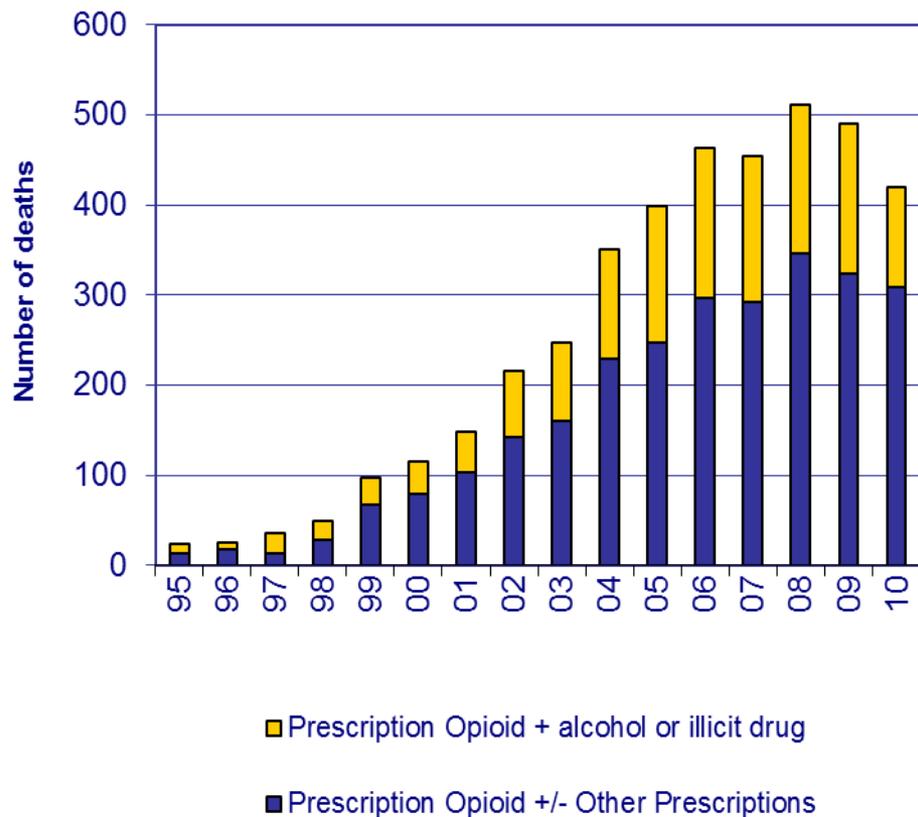
**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

Washington State's Promising Strategies To Address Prescription Drug Abuse

November 8, 2011

Jennifer Sabel, PhD

Surveillance of Unintentional Prescription Opioid Overdose Deaths Washington 1995-2010



Source: Washington State Department of Health, Death Certificates

Interagency Workgroup to Prevent Prescription Opiate Misuse, Abuse and Overdose

- Began quarterly meetings in June 2008
- Includes representatives from:
 - Workers Compensation System, Medicaid & Mental Health, Medical boards/commissions with prescriptive authority, health plans, emergency room physicians, Washington Poison Control Center, Attorney General's Office & law enforcement, UW-Harborview and Alcohol and Drug Abuse Institute, and local public health.
- Developed short-term actions
 - Increase provider and public education.
 - Identify methods to reduce diversion through emergency departments.
 - Increase surveillance.
 - Support evaluation of practice guidelines for prov non-cancer pain patients with opioids and the pre program.

Emergency Department Specific Activities

- Guidelines for Opioid Prescribing
 - Adopted and distributed by WA chapter of American College of Emergency Physicians
<http://washingtonacep.org/painmedication.htm>
 - Accompanied by patient education poster
<http://here.doh.wa.gov/materials/prescribing-pain-medication>
- Information Exchange
 - Shares patient information between EDs, focus frequent ED visitors

Chronic, Non-Cancer Pain Management Rules What was required by the law?

- “Dosing criteria” including a dosage threshold requiring pain management specialist consultation before it can be exceeded.
- Methods to increase consultation availability.
- Minimizing burden on practitioners and patients.
- Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome.
- Guidance on tracking the use of opioids.

Medicaid Program Initiatives

Narcotic Review Program (> 1,000 mg ME/d).

- In 2009, developed a multidisciplinary team to review client's prescriptions based on pain and function.
- Nurse case manager worked with providers in some cases to taper to safer doses. Required second opinion if provider was not comfortable with prescribing change.

Patient Review and Coordination (inappropriate use or misuse of health care services)

- Clients are restricted to one primary care provider, pharmacy, narcotic prescriber, and hospital for non-emergent services.
- Clients are case-managed with primary care provider.

Top 25 Prescribers

- Letter of concern is being sent to the prescribers based on the dosages, frequency, and diagnoses noted in the claims records.

Summary of Washington State's Efforts

- Increased surveillance
- Interagency workgroup
- Emergency department initiatives
- Pain management rules
- Medicaid initiatives

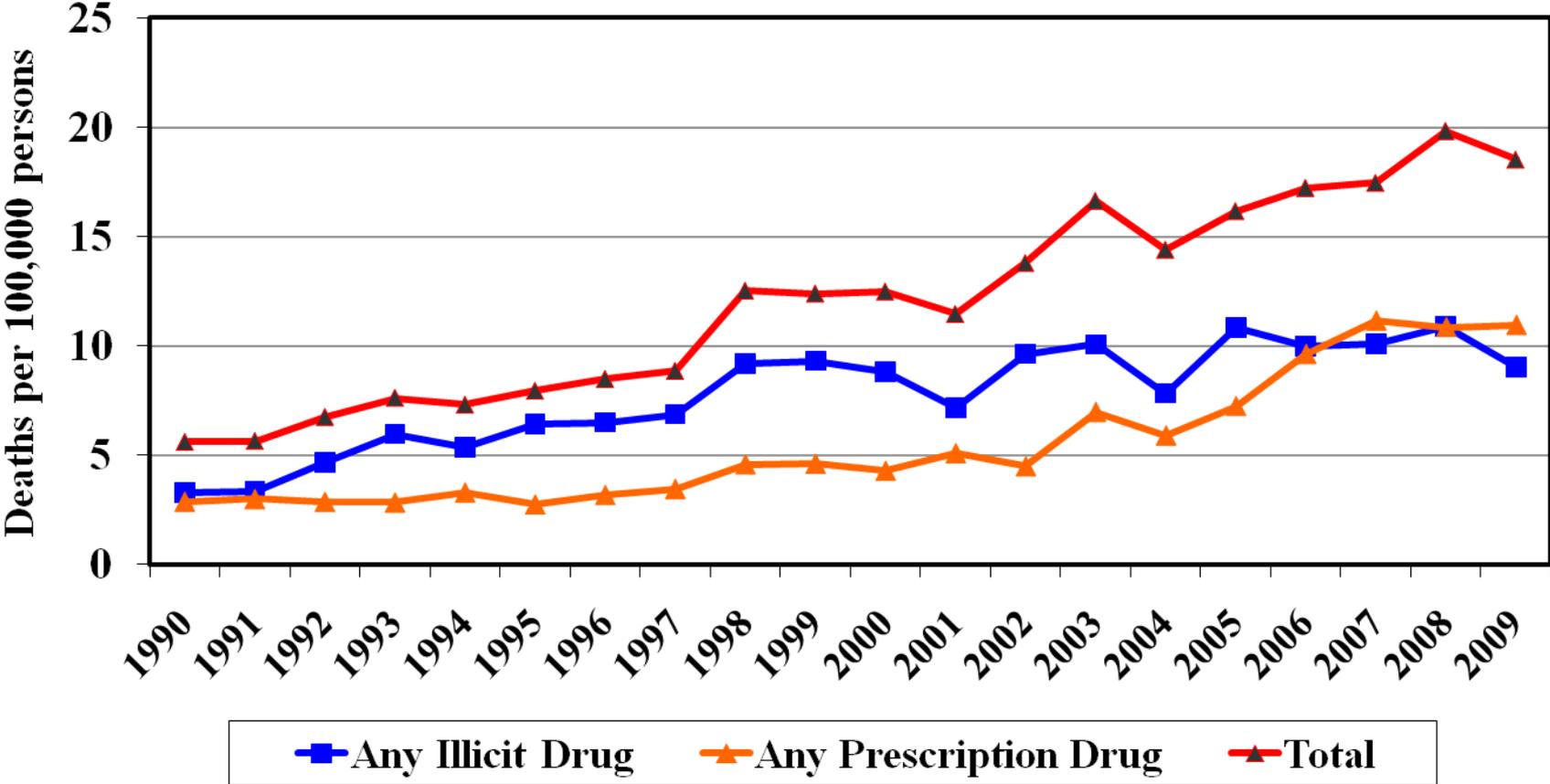
Prescription Drug Overdose Death in New Mexico

Michael Landen, MD, MPH

Deputy State Epidemiologist

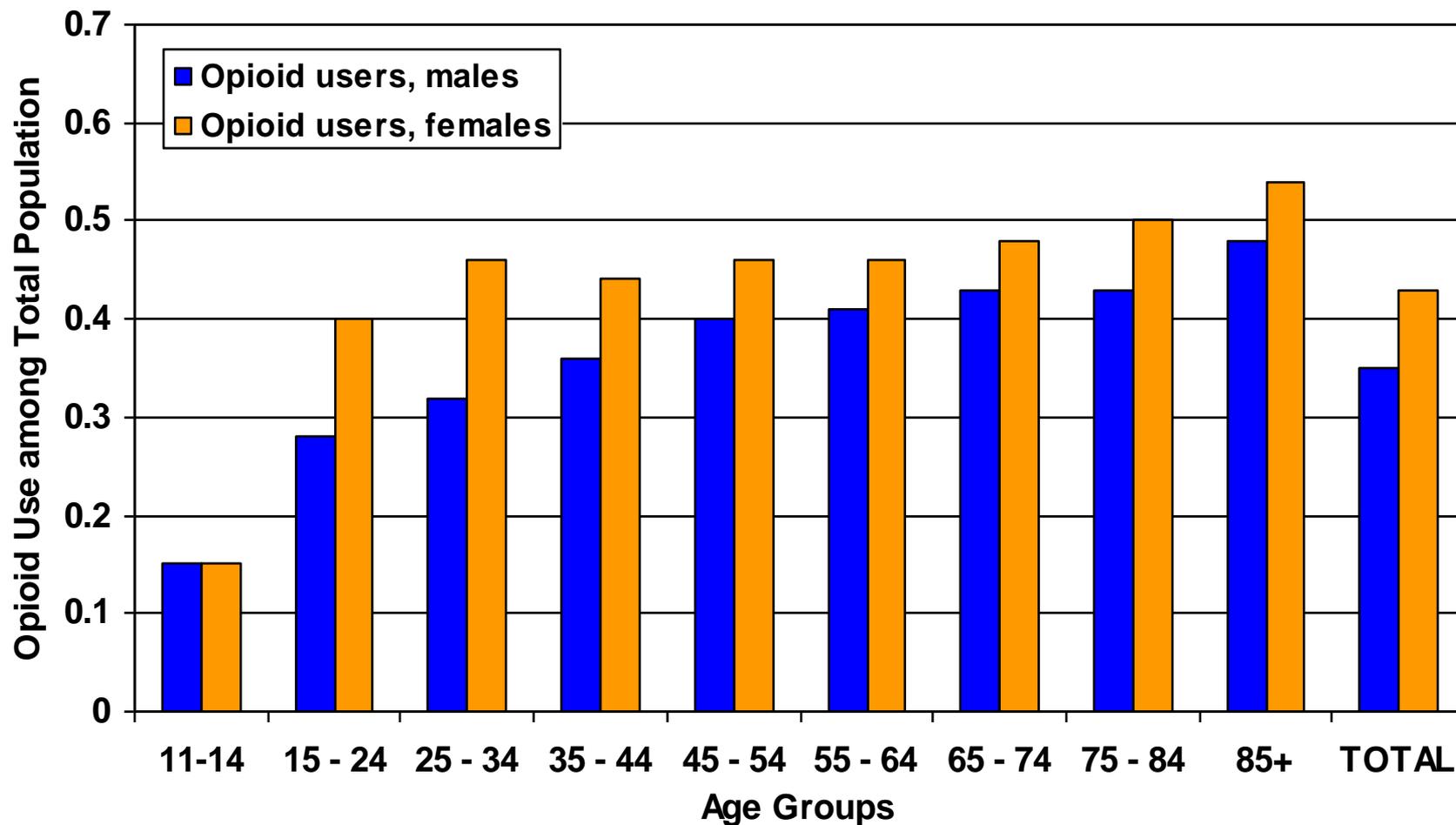
New Mexico Department of Health

Unintentional Overdose Death Rates by Type of Drug, New Mexico, 1990-2009



Note: Groups are not mutually exclusive
Data Source: The New Mexico Office of the Medical Investigator
Rates are age-adjusted to the 2000 US Standard Population

Proportion Filling Rx for At Least One Opioid by Age New Mexico, January 2006-March 2008



U.S. Census population denominators

Source: The New Mexico Prescription Drug Monitoring Program, Board of Pharmacy

NM Prescription Drug Monitoring Program

- Established in 2004 at Board of Pharmacy by state regulation
- Dispensers reported at least every month – starting this year at least every 7 days
- Currently not real-time – providers (and now staff) must request during 8a-5p on weekdays
- By January 2012 real-time, Web-accessible
- Developing Web-based provider training

NM Prescription Drug Abuse and Overdose Task Force, 2011

- 2011 Legislative Memorial
- Recommendations for health care provider licensing board regulations
- Recommendations for revisions to NM Pain Relief Act
- Recommendations for Prescription Drug Monitoring Program and integrative approaches to pain management
- NM Clinical Guidelines for Pain Treatment
- Letters to providers around deaths

Prescription Drug Overdose Prevention Recommendations

- Reduce consumption of opioids
 - and increase use of alternatives for pain treatment
 - Community Guide Chapter
- State-based unintentional drug overdose death and opioid consumption surveillance
- Assure provider awareness of patient's current controlled substance, particularly opioid, Rx
 - PDMP
- Cooperation between PDMP and licensing boards
- Improve understanding of risk of death associated with opioid and sedative/hypnotic use

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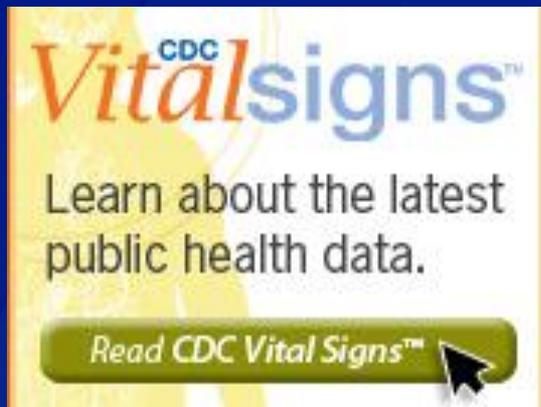
<http://tools.cdc.gov/register/cart.aspx>

***Vital Signs* interactive buttons and banners-**

<http://www.cdc.gov/vitalsigns/SocialMedia.html>



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for the next **OSTLTS Town Hall
Teleconference:**
December 13, 2011
2:00pm – 3:00pm EST

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CDC 24/7: Saving Lives. Protecting People. Saving Money Through Prevention.**

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