

Welcome

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

CDC Vital Signs: Prescription Drug Overdoses

July 17, 2012

2:00 pm – 3:00 pm (EDT)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

- | | | |
|---------|-----------------------------|---|
| 2:00 pm | Welcome & Introductions | Dan Baden, MD
Senior Liaison, OSTLTS, CDC |
| 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 |
| 2:10 pm | Presentations | Christina (Christy) Porucznik, PhD, MSPH
Assistant Professor, Division of Public Health, Department of Family
and Preventive Medicine, University of Utah

J. Timothy Whitmore, PhD
Social and Clinical Research Specialist, State Center for Health
Statistics, North Carolina Department of Health and Human Services |
| 2:30 pm | Q&A and Discussion | Dan Baden |
| 2:55 pm | Wrap-up | Dan Baden |
| 3:00 pm | End of Call | |



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





Risk for Overdose from Methadone Used for Pain Relief

Len Paulozzi, MD, MPH

Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control

CDC Vital Signs Town Hall

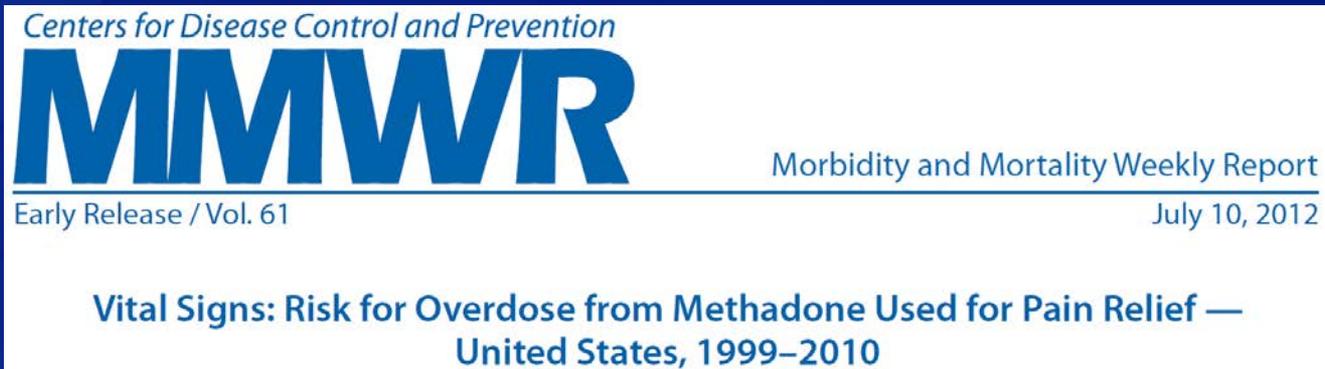
July 17, 2012

National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention

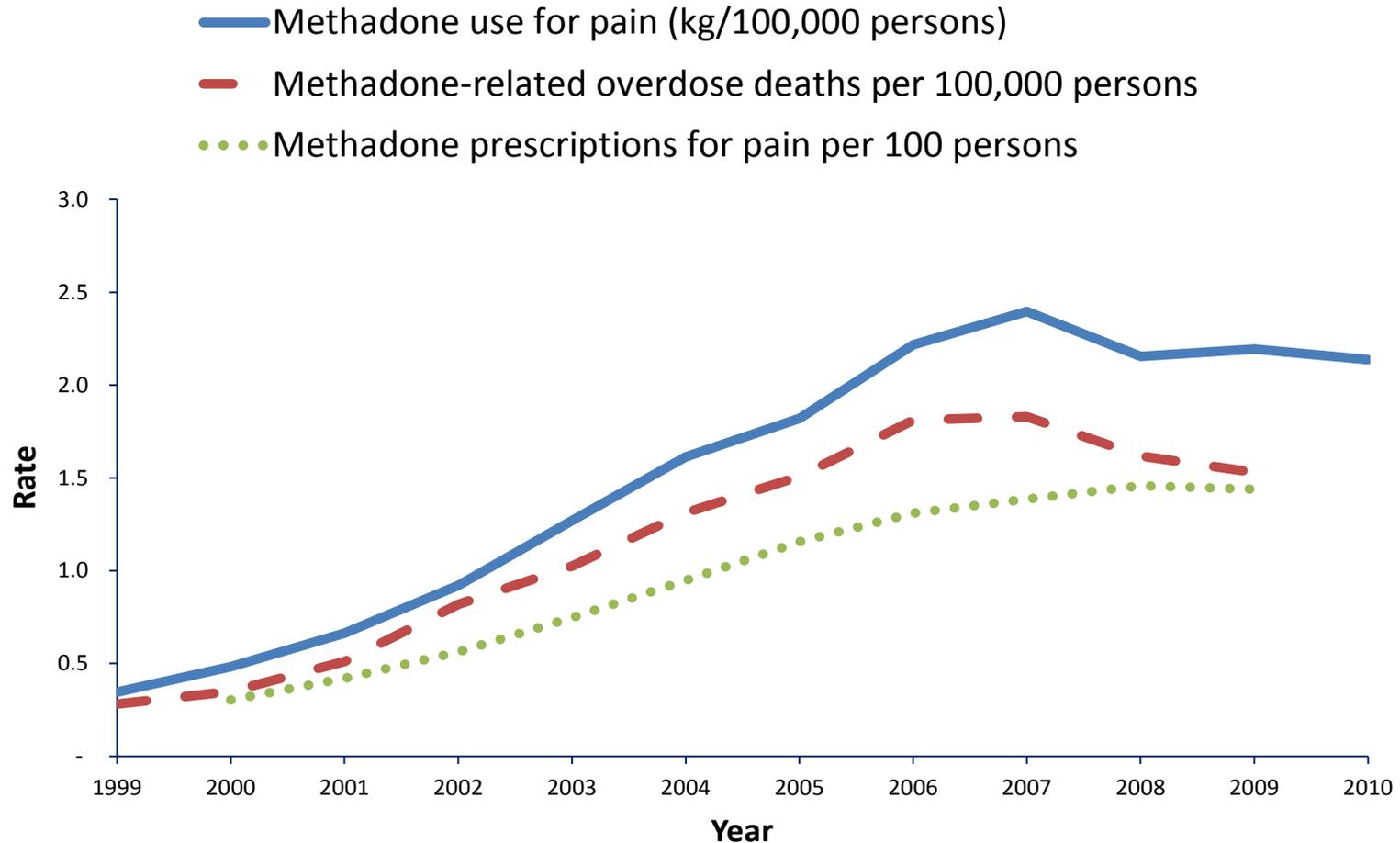


Key Findings

- ❑ Methadone contributed to nearly 1 in 3 opioid pain reliever (OPR) deaths in 2009.
 - Yet only 2% of OPR prescriptions are for methadone.
- ❑ About 5,000 people die every year of overdoses related to methadone.
- ❑ Six times as many people died of methadone overdoses in 2009 as died in 1999.

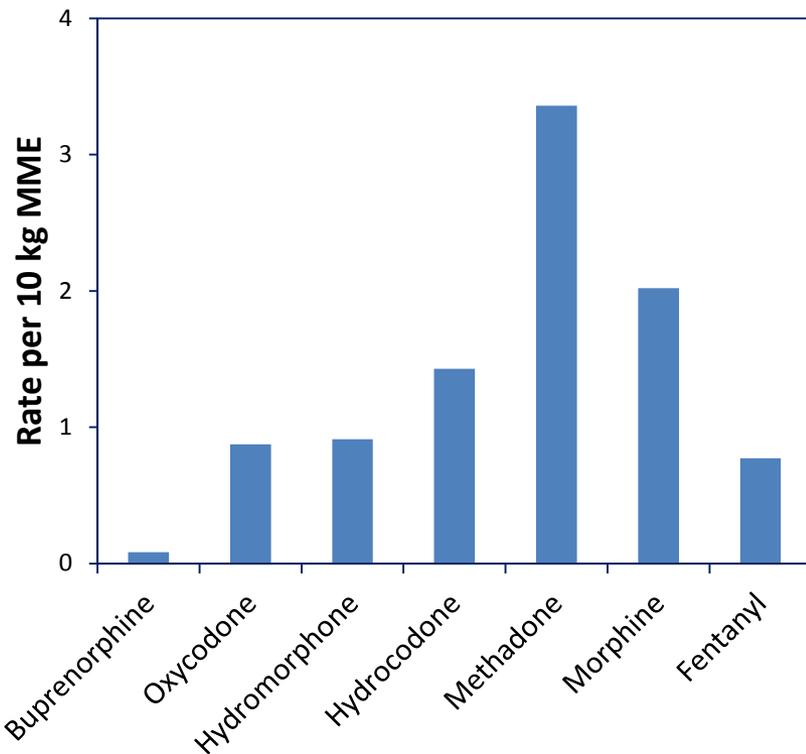


Rising Rates of Methadone Use for Pain, Methadone-related Overdose Deaths, and Methadone Prescriptions for Pain, United States

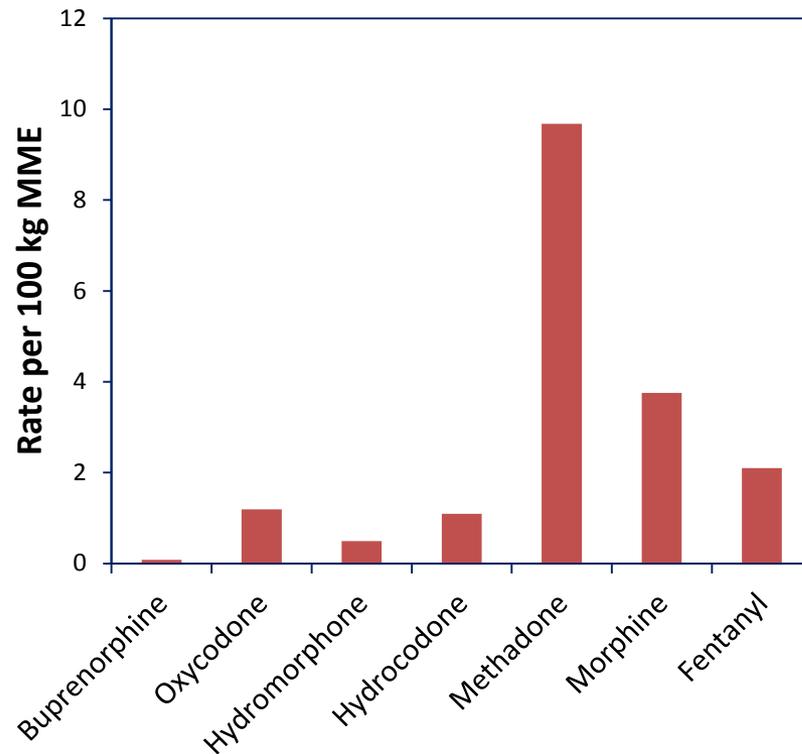


Drug-related Deaths Involving Opioids, by Type of Opioid—Drug Abuse Warning Network Medical Examiner System, 13 states*, 2009

All Drug-Related Deaths



Single-Drug Deaths



*DE, MA, MD, ME, NH, NM, OK, OR, RI, UT, VA, VT, and WV
MME = morphine milligram equivalent

Methadone Has Some Advantages

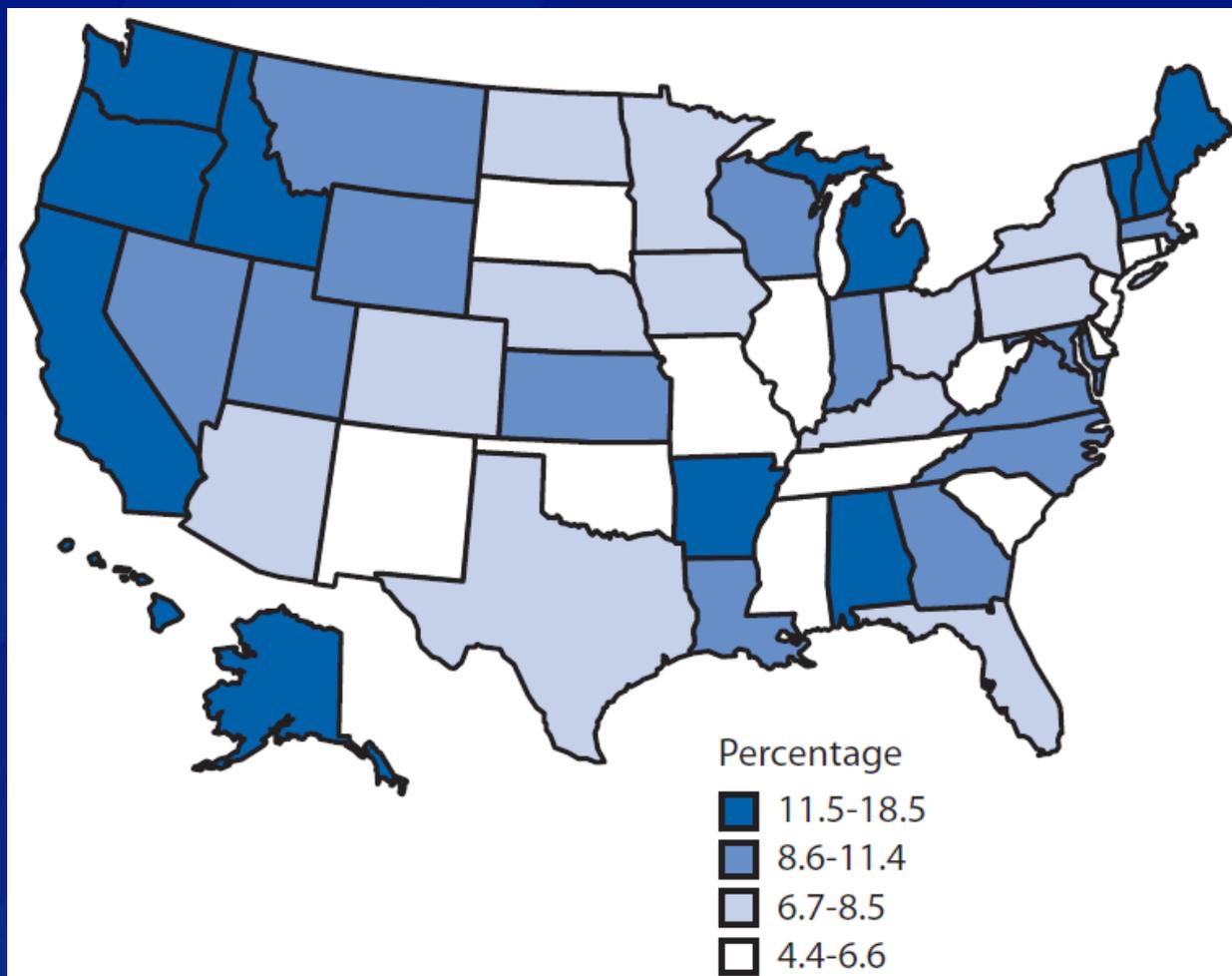
- ❑ Long duration of action so it can be taken only 2 to 3 times a day rather than 4 to 6 times a day.
- ❑ Lower cost than other prescription painkillers. It is often listed as a preferred drug by insurance companies.
- ❑ Availability in a liquid formulation.

Methadone has Special Risks as a Painkiller

- ❑ Taking methadone more than three times a day can cause the drug to build up in a person's body, leading to dangerously slowed breathing.
- ❑ Methadone can be particularly risky when used with tranquilizers or other prescription painkillers.
- ❑ Methadone at high doses can cause major disturbances of cardiac rhythm.

Percentage of Opioid Distribution Accounted for by Methadone Prescribed for Pain by State

United States, 2010





Role of Health Care Providers

- ❑ Follow guidelines for prescribing methadone and other prescription painkillers correctly.
- ❑ Educate patients on how to safely use, store, and dispose of methadone.

Health Insurers Are Also Crucial

- ❑ Evaluate methadone's place on preferred drug lists.
- ❑ Consider strategies to ensure that pain treatment with any dose higher than 30 mg of methadone a day (the recommended maximum daily starting dose) is appropriate.

States Have an Important Role to Play

- ❑ Develop and promote the use of safe prescribing guidelines for methadone.
- ❑ Use prescription drug monitoring programs to identify patients who are using methadone or other prescription painkillers for nonmedical purposes.
- ❑ Continue to support the use of methadone as a treatment for opioid dependence in opioid treatment programs.

New CDC Prescription Drug Law Resource

- Website surveys seven types of state laws and regulations related to prescription drugs:
 - “Doctor shopping” laws
 - Prescription limits
 - Physical examination requirements
 - Tamper-resistant form requirements
 - Identification requirements
 - Pain clinic regulations
 - Immunity/mitigation at sentencing for seeking assistance during an overdose

<http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/index.html>

Thank You

www.cdc.gov/homeandrecreationalafety/poisoning

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.

Prescription Drug Poisoning in Utah: Methadone

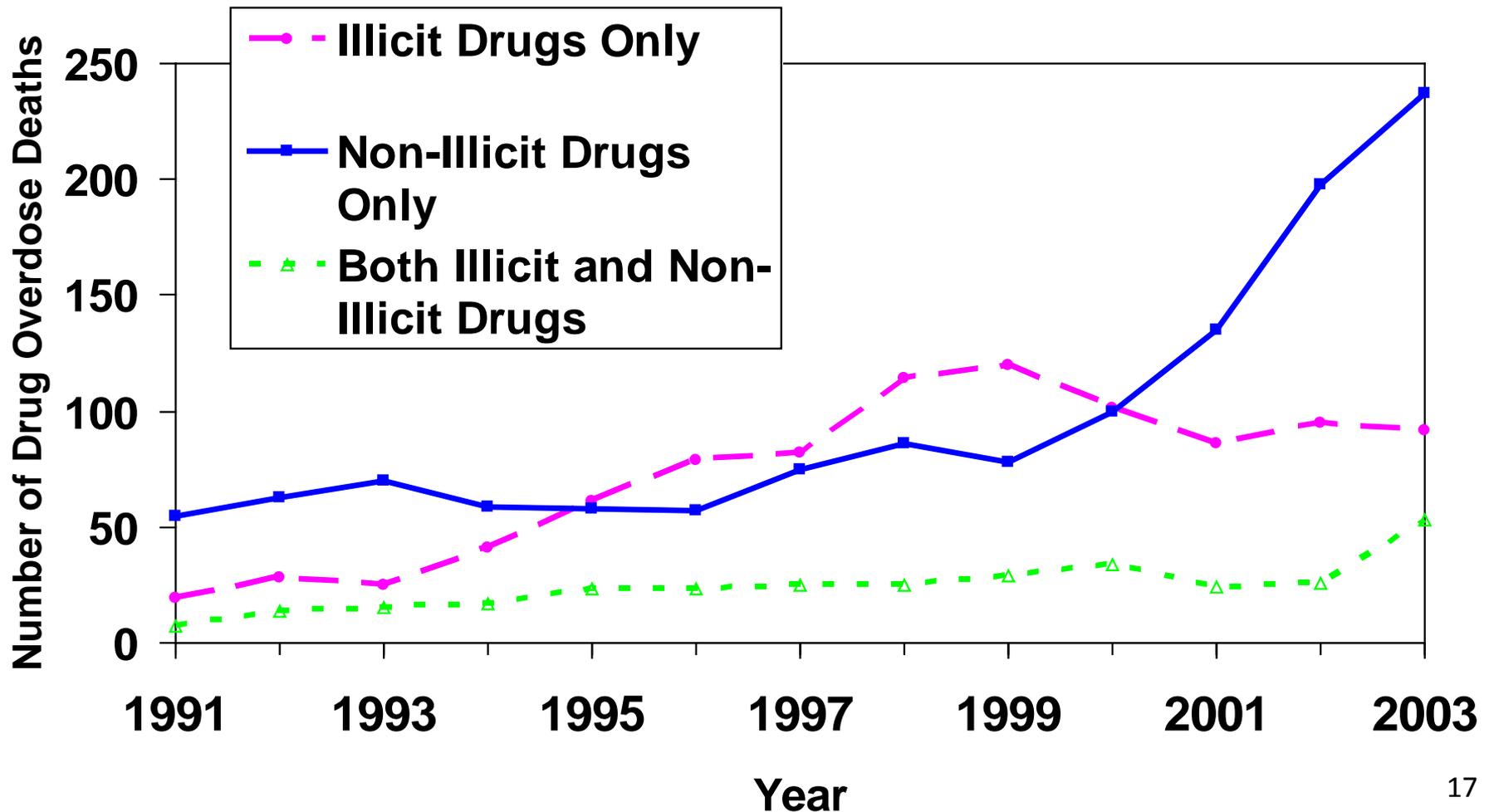
Christy Porucznik, PhD, MSPH



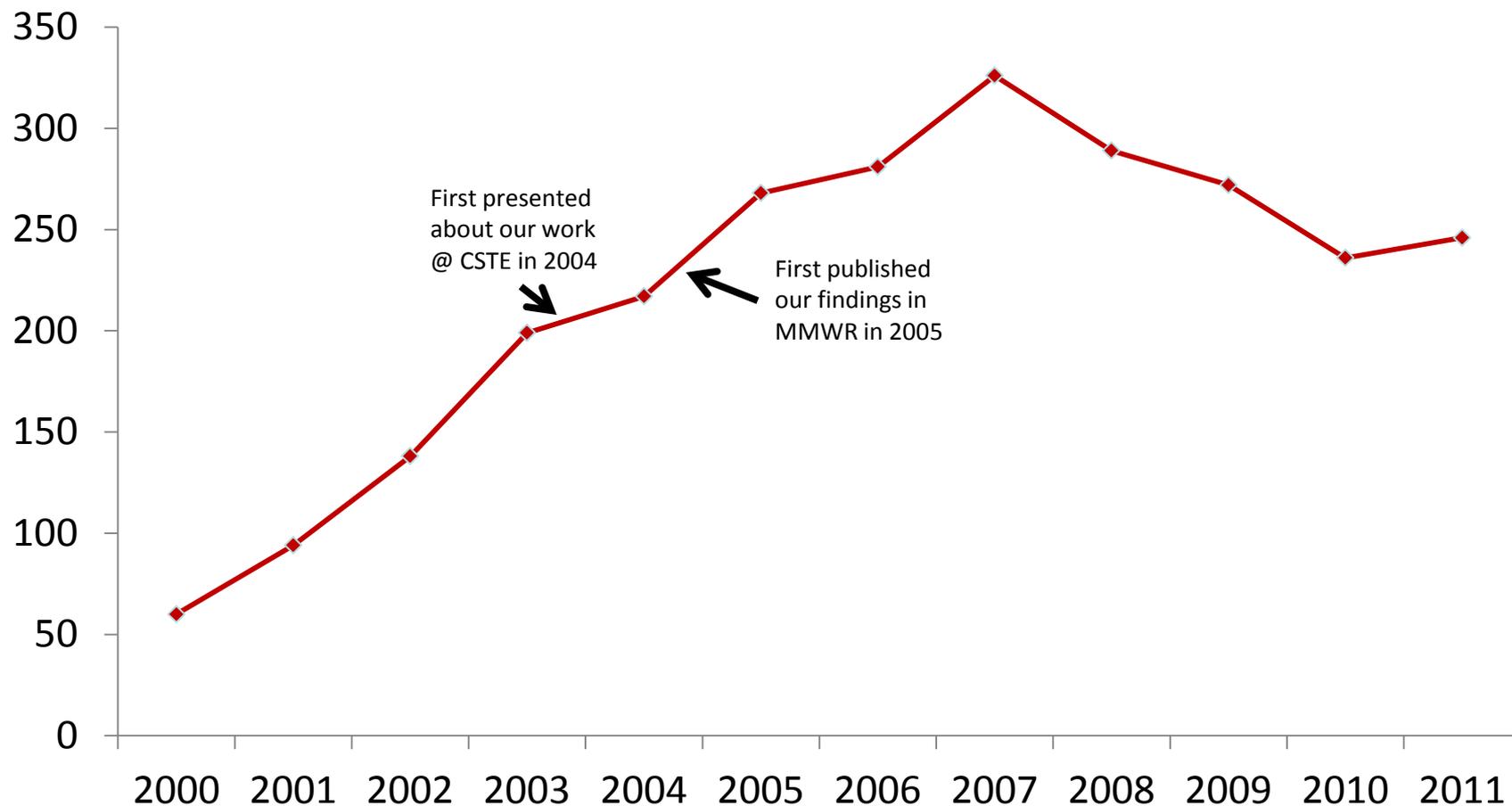
The University of Utah

Department of Family and Preventive Medicine
Division of Public Health

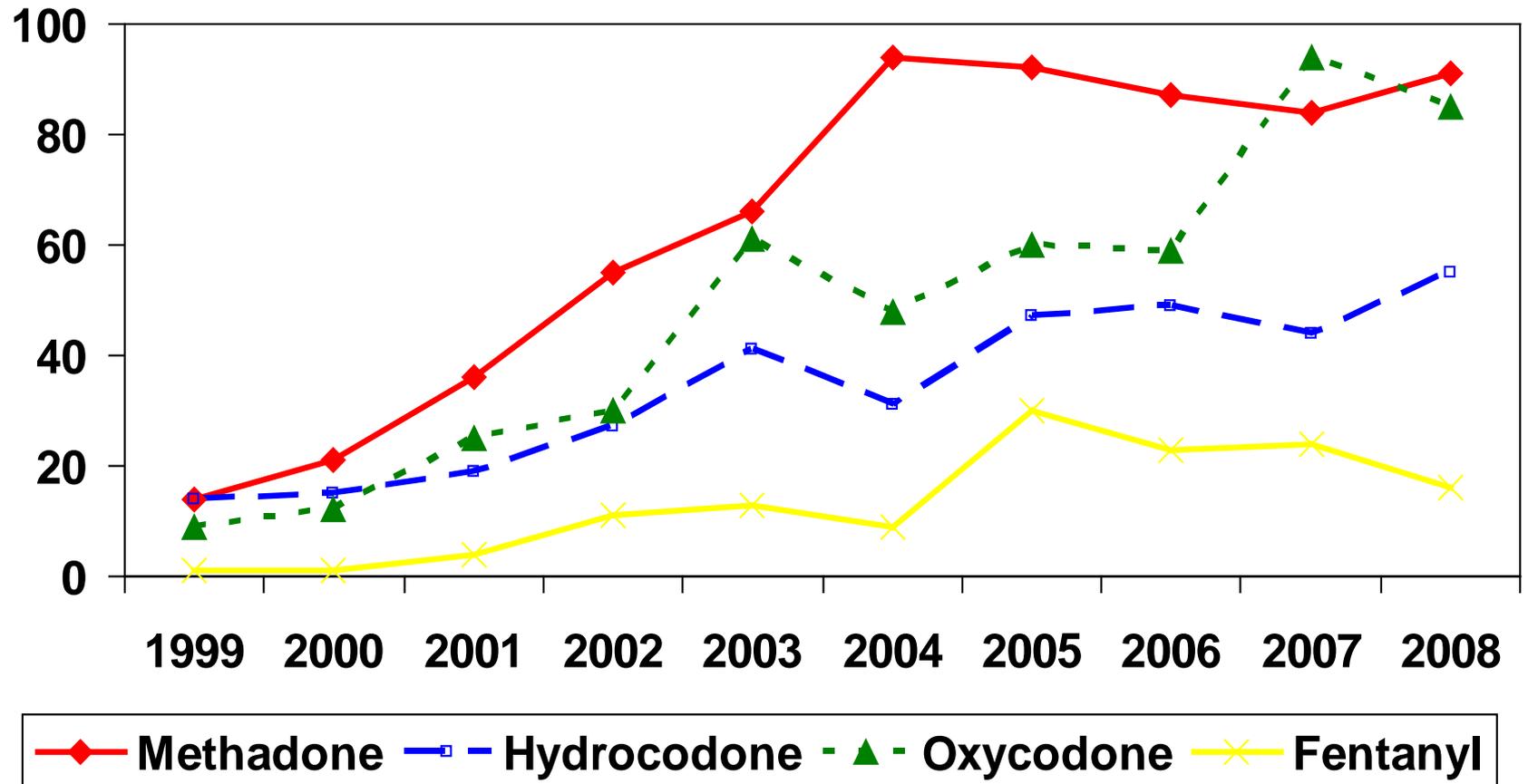
Number of Drug Poisoning Deaths by Drug Category and Year—Utah 1991–2003



Rx Opioid-related Deaths Investigated by the Medical Examiner, Utah 2000–2011



Number of Non-Illicit, Accidental and Intent Undetermined Deaths by Year and Drug



Increase in Number of Methadone-related Deaths

- Office of the Medical Examiner case files for methadone-related deaths
- Year 2000 on the left, 2004 on the right





Use only as directed.

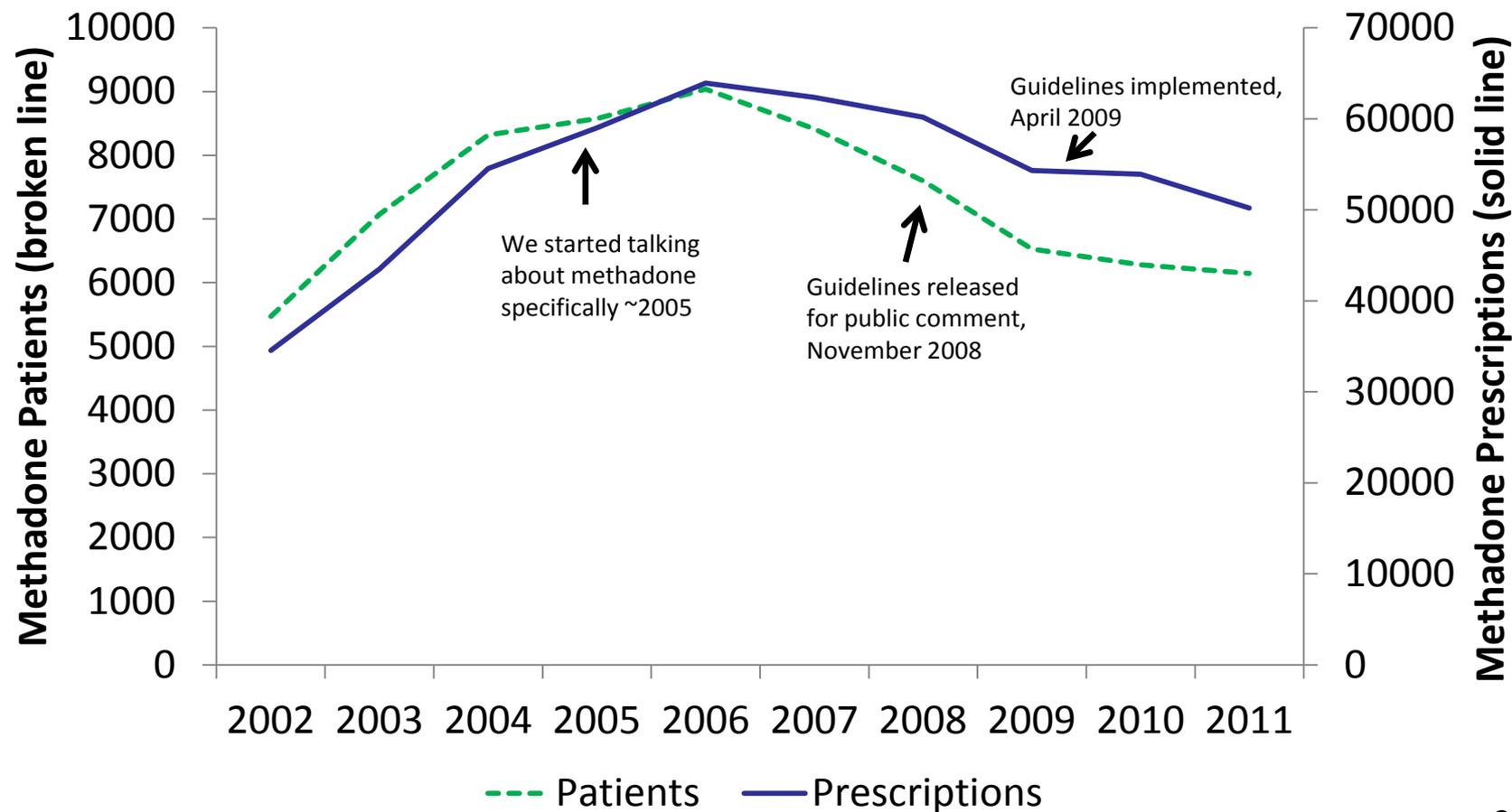
Utah Opioid Guidelines

- **Based on 7 evidence-based guidelines**
- **Utah consensus product 2008/9**
- **Included public and physician educational components**
- **Related to methadone specifically**

“Long duration-of-action opioids should not be used for treatment of acute pain, including post-operative pain, except in situations where adequate monitoring and assessment for adverse effects can be conducted.”

“Methadone should only be prescribed by clinicians who are familiar with its risks and appropriate use.”

Methadone Prescribing in the Utah Controlled Substances Database, 2002-2011





More Utahns died last year from unintentional
prescription pain medication overdoses than
in car crashes.



Use only as directed.

www.useonlyasdirected.org



North Carolina Examines Methadone Deaths

Presented by

J. Timothy Whitmire, PhD
State Center for Health Statistics

Based on the study by
J. Timothy Whitmire and Glenda Waslaski Adams
*Unintentional Poisoning Deaths in the North Carolina Medicaid Population:
Prevalence, Prescription Drug Use, and Medical Care Costs*
http://www.schs.state.nc.us/schs/pdf/schs_162_WEB_081310.pdf

Town Hall Teleconference
July 17, 2012

“Working for a healthier and safer North Carolina”



Background

- Mortality data from the State Center for Health Statistics show that between 2000 and 2007, the unintentional overdose death rate in North Carolina increased from 4.8 to 9.9/100,000, representing a 106.3 percent change.
- The majority of these unintentional overdose deaths in 2007 were caused by opioid analgesic use, and methadone was associated with 34.1 percent of the deaths.
- To gain a better understanding of unintentional overdoses, medical and prescription drug paid claims were examined among a North Carolina Medicaid death population.

Methods

- All unintentional overdose deaths in 2007 were identified (N=901).
- Deaths were matched to 2007 Medicaid enrollment records using Social Security numbers.
- Medicaid identification numbers for the 2007 decedent Medicaid population were used to pull all of their medical and prescription claims for 2006 and 2007 for analysis.
- Of the 901 North Carolina unintentional overdose deaths, 301 (33.4%) were identified as Medicaid recipients in 2007.
- A random sample was drawn for a Medicaid population ages 25–64 and having a similar demographic distribution as the Medicaid unintentional overdose death population.

Top Prescriptions within One Year for Medicaid Methadone Death Population (N=98)

Rank	Generic Drug	Number of Claims	Number of Decedents	Percentage of Total Decedents ^{††}
1	Hydrocodone/ Acetaminophen (narcotic analgesic)	240	43	43.9 ***
2	Alprazolam (benzodiazepine antianxiety)	334	40	40.8 ***
3	Oxycodone/ Acetaminophen (narcotic analgesic)	165	37	37.8 ***
4	Clonazepam (benzodiazepine antianxiety)	238	35	35.7
5	Methadone (narcotic analgesic)	141	18	18.4***
6	Promethazine (antinausea)	64	18	18.4 ***
7	Quetiapine Fumarate (atypical antipsychotic)	106	18	18.4 ***
8	Zolpidem Tartrate (sedative hypnotic)	93	17	17.3 **
9	Diazepam (benzodiazepine antianxiety)	84	16	16.3***
10	Trazodone (antidepressant)	72	16	16.3***

†Testing significant difference between decedent population and comparison sample* p < .05 ** p < .01 *** p < .001

Diagnoses on Medicaid Claims within One Year for Medicaid Methadone Death Population (N=98)

ICD-9-CM Group	Medicaid Methadone Death Population		Comparison Medicaid Sample	
	(N=98)		(N=2,500)	
	Number of Recipients	Percent	Number of Recipients	Percent
Musculoskeletal/Connective Tissue	52	53.1 ***	623	24.9
Mental Disorders (excluding Drug Dependence)	47	48.0 ***	525	21
Injury and Poisoning	45	45.9 ***	397	15.9
Respiratory System	34	34.7 ***	497	19.9
Circulatory System	25	25.5	500	20
Drug Dependence	23	23.5 ***	91	3.6

†Testing significant difference between decedent population and comparison sample.

* p < .05 ** p < .01 *** p < .001

Summary of Findings for the Medicaid Methadone Death Population

- The Medicaid methadone death population received more Medicaid-paid services for drug dependence, mental disorders, joint and back disorders, diseases of the musculoskeletal or connective tissue, and diseases of the respiratory system than the comparison sample.
- Diagnoses for mental disorders for the methadone death population were twice as high as the comparison sample.
- Several drugs on the Top 10 list were for the treatment of mental health disorders, such as anxiety.
- One-quarter (26.5%) of the Medicaid methadone death population had one or more methadone prescriptions or methadone administration within one year of death.

Policy Implications

- With only a quarter of the methadone death population having received a Medicaid-paid prescription for methadone or methadone clinic administration, the findings suggest a large proportion of methadone deaths occurred as a result of taking methadone that was unauthorized or purchased illegally.
- Since the findings suggested that methadone deaths may be closely associated with substance abuse and mental disorders than with routine medical care for pain management, a broad set of prevention strategies are needed.
- Methadone deaths may be reduced by narcotics “lock-in” programs, educating the general public, and educating physicians.

CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook:

<http://www.facebook.com/cdc>

Follow us on Twitter:

<http://twitter.com/cdcgov/>

Syndicate *Vital Signs* on your website:

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

Vital Signs interactive buttons and banners:

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

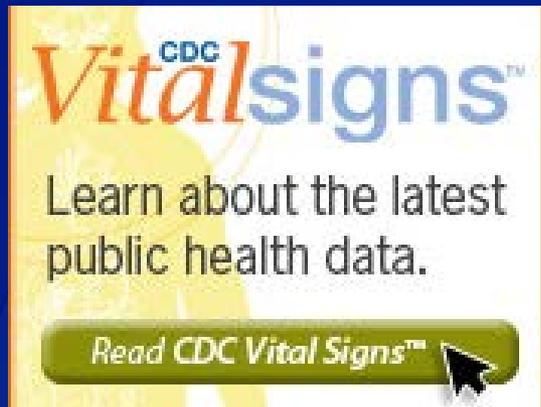
Public Health Practice Stories from the Field

- Stories about the implementation of public health practices in the field



www.cdc.gov/stltpublichealth/phpracticestories

Provide feedback on this teleconference:
OSTLTSFeedback@cdc.gov



Please mark your calendars
for the next **OSTLSTown
Hall Teleconference:**
August 14, 2012
2:00 pm–3:00 pm (EDT)

For more information, please contact Centers for Disease Control and Prevention.

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