

Welcome

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

CDC Vital Signs

Success Stories: States Take Action to Combat Overprescribing

July 8, 2014

2:00–3:00 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
Associate Director for External Partner Outreach and Connectivity,
Office for State, Tribal, Local and Territorial Support |
| 2:04 pm | Presentations | Leonard J. Paulozzi, MD, MPH
Medical Epidemiologist, Division of Unintentional Injury Prevention,
National Center for Injury Prevention and Control, CDC

Andrew Holt, PharmD
Director, Tennessee Controlled Substance Monitoring Database, Tennessee
Department of Health

Terence O'Leary, JD
Director, Bureau of Narcotic Enforcement, New York State Department of
Health |
| 2:30 pm | Q&A and Discussion | Dan Baden, MD |
| 2:55 pm | Wrap-up | |
| 3:00 pm | End of Call | |



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





Interstate Variation in Prescribing of Opioid Pain Relievers and Benzodiazepines

Len Paulozzi, MD, MPH

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

CDC *Vital Signs* Town Hall

July 8, 2014

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



Key Findings

- ❑ In 2011, opioid pain relievers (OPR) caused 16,917 overdose deaths in the United States
 - Benzodiazepine sedatives were involved in 31% of those deaths
- ❑ Use of these drugs varied greatly among states in 2012
- ❑ Highest prescribing rates were found in the southern region

Centers for Disease Control and Prevention

MMWR

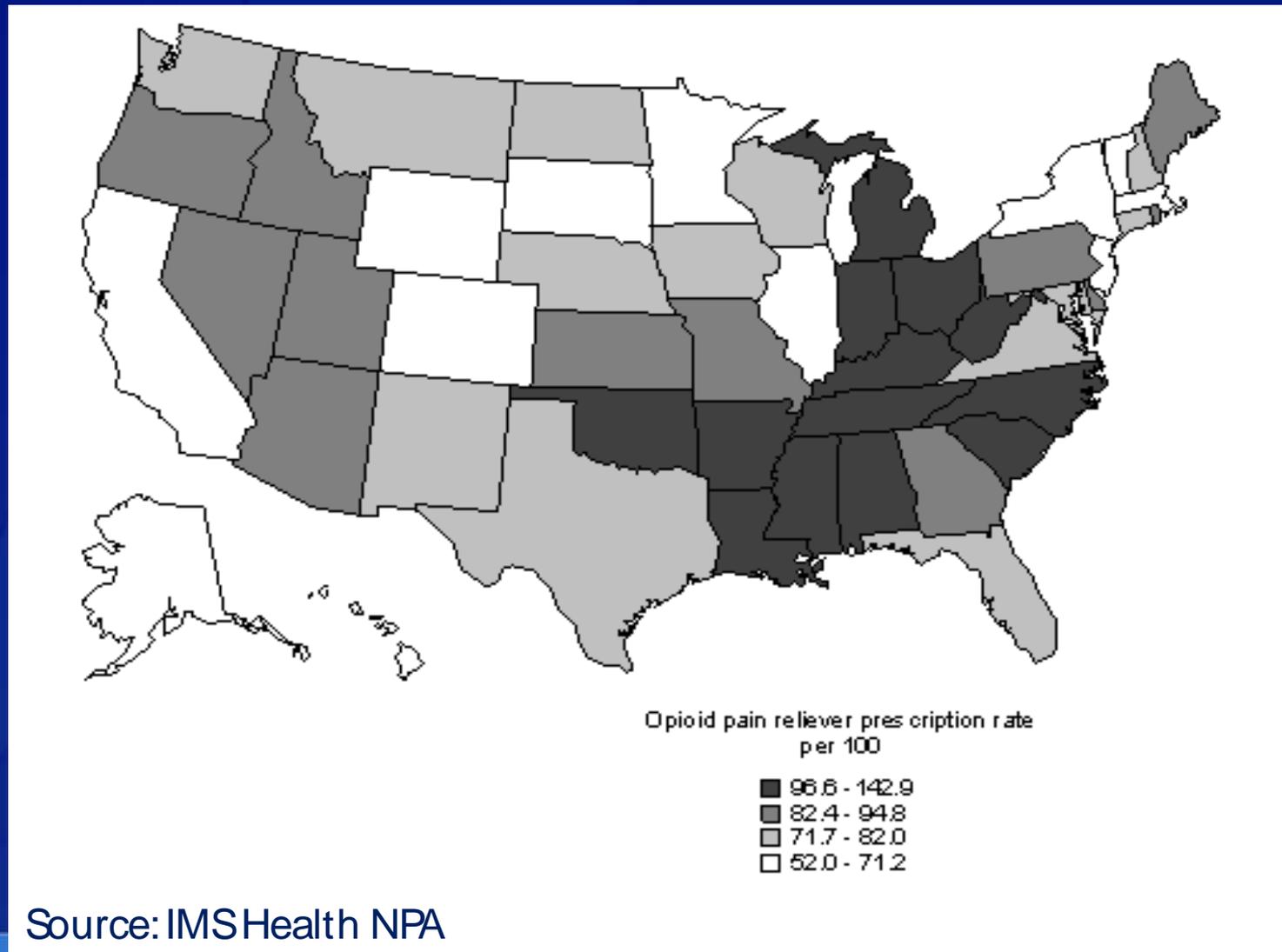
Morbidity and Mortality Weekly Report

Early Release / Vol. 62

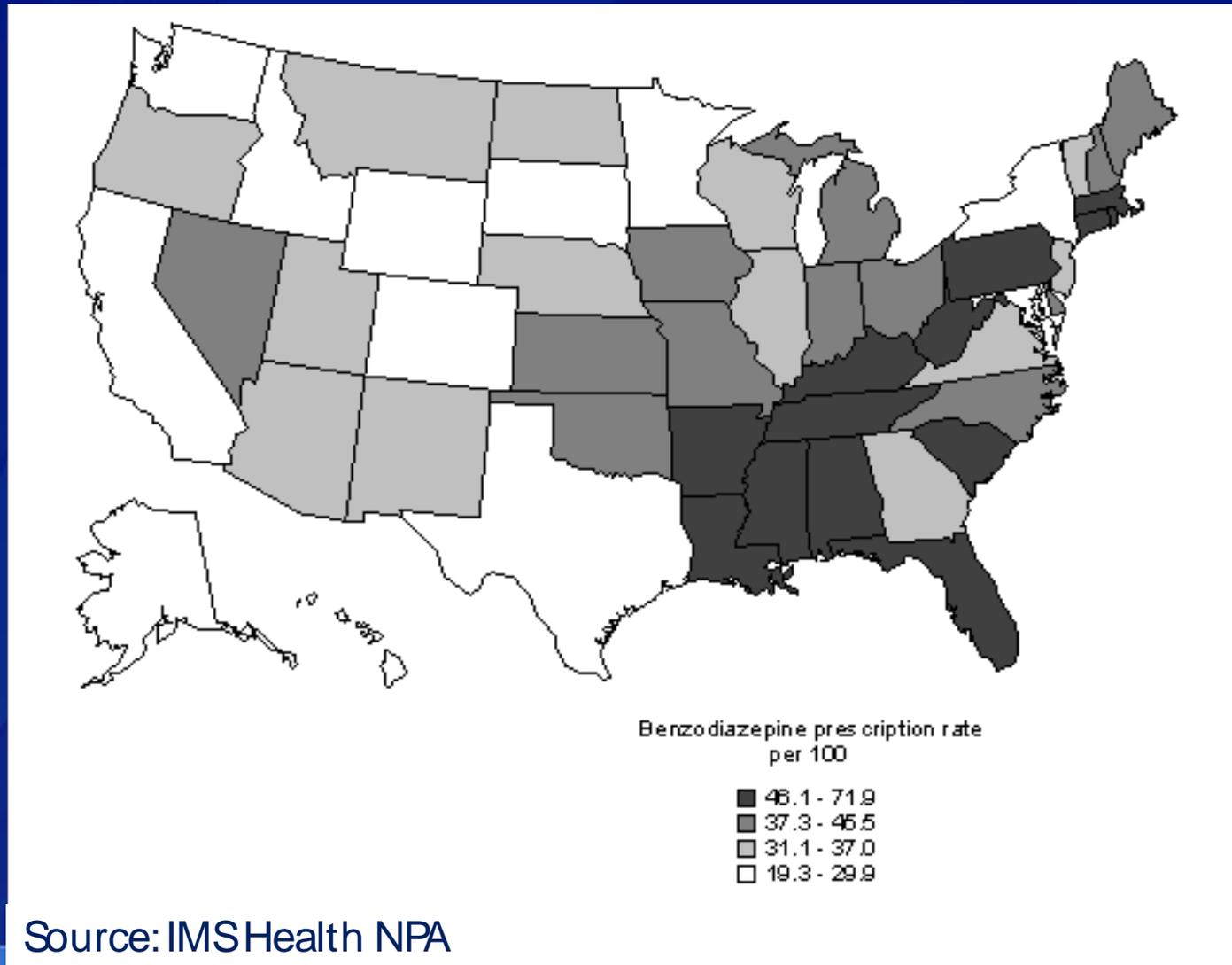
July 2, 2013

Vital Signs: Interstate Variation in Prescribing of Opioid Pain Relievers and Benzodiazepines — United States, 2012

Opioid Pain Reliever Prescriptions per 100 People, 2012



Benzodiazepine Prescriptions per 100 People, 2012



Regional Patterns in Prescribing, 2012

- ❑ South – highest OPR and benzodiazepines
 - Alabama – highest OPR
 - West Virginia – highest benzodiazepines
- ❑ Northeast – highest rates for long-acting/extended-release OPR and high-dose OPR
 - Maine – highest for long-acting OPR
 - Delaware – highest for high-dose OPR
- ❑ Adjacent states vary widely
 - New York – 2/3 of OPR and benzodiazepine rates of Pennsylvania
 - Illinois – 60% of the OPR rate in Indiana

Reasons for Interstate Prescribing Variation

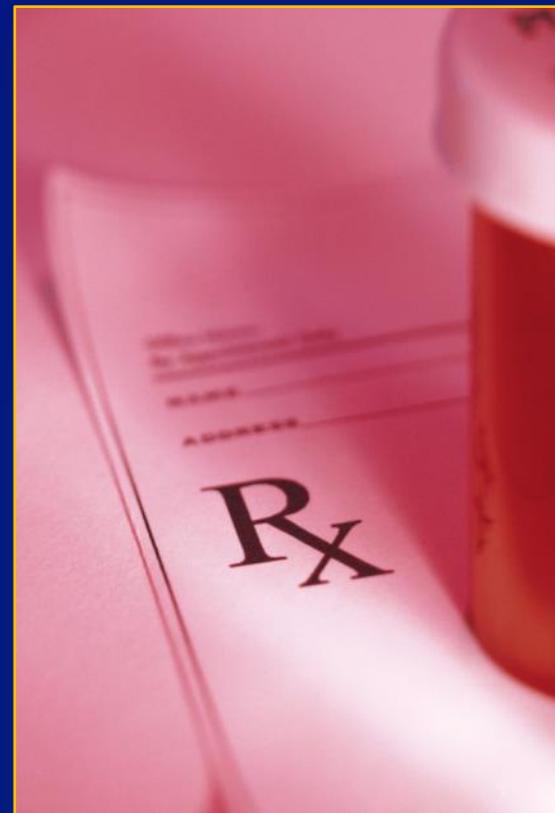
- ❑ State prevalence of painful conditions
 - Northeast – oldest, 14.1% aged 65+ years; Midwest – second, 13.5%
- ❑ Poverty rates
 - South – highest rates of poverty
- ❑ Proportion of minorities
 - Minorities represent larger proportion in south and west
 - Prescribing rates lower among minorities
- ❑ Other reasons for variation
 - Prescriber norms
 - ✓ South – highest rates prescribing of stimulants to children and antibiotics
 - Rates of misuse and abuse
 - State policies

Why Is This a Problem?

- ❑ High prescribing correlates with overdose risk
- ❑ Unnecessary prescribing in some areas might help drive the epidemic of prescription overdoses
- ❑ No national consensus on when OPRs should be used
- ❑ Non-adherence to standard prescribing guidelines
- ❑ Might reflect high rates of abuse

To Work with Their Providers, States Can...

- ❑ Make it easier for prescribers to use prescription drug monitoring programs (PDMPs) by providing them unsolicited reports and making data available in real-time
- ❑ Use PDMPs to identify prescribers that are out of step and contact them
- ❑ Require adherence to safe prescribing by any providers who treat state-insured populations – e.g., Medicaid

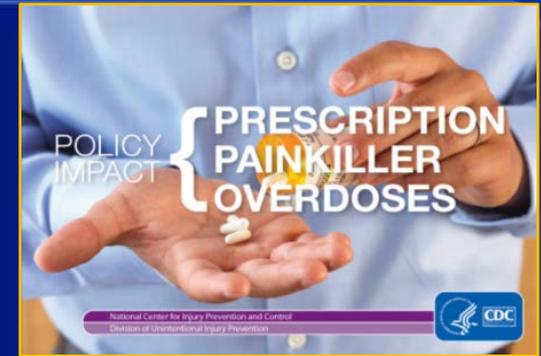


Policies for States to Consider

- ❑ Pain clinic laws
- ❑ Universal prescriber use of PDMPs when prescribing controlled substances
- ❑ Enhanced coverage for non-drug treatments for chronic pain
- ❑ Increased access to substance abuse treatment



State Resources



❑ Policy

- ❑ Policy Impact: Prescription Painkiller Overdoses

www.cdc.gov/HomeandRecreationalSafety/rxbrief

❑ Surveys of state legislative strategies related to prescription drug use and overdose prevention

- ❑ CDC: www.cdc.gov/homeandrecreationalafety/Poisoning/laws

- ❑ National Alliance Model State Drug Laws: www.namsdl.org/index.cfm

- ❑ Laws Atlas: <http://lawatlas.org/welcome>

Thank you!



Len Paulozzi, MD, MPH
Lpaulozzi@cdc.gov

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

1600 Clifton Road NE, Atlanta, GA 30333

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 presenter has no conflicts of interest to report.



National Center for Injury Prevention and Control

Division of Unintentional Injury Prevention





Andrew Holt, PharmD
Tennessee Department of Health
Vital Signs Town Hall Teleconference
July 8, 2014

INTERSTATE VARIATION IN PRESCRIBING OF OPIOID PAIN RELIEVERS AND BENZODIAZEPINES

Addressing Prescription Drug Abuse

- Governor Haslam forms Public Safety Subcabinet
 - Departments of Safety and Homeland Security, Mental Health and Substance Abuse Services, Health, Children's Services, Correction, Board of Parole, Finance & Administration, Office of Criminal Justice, Transportation, Governor's Highway Safety Office, Commerce & Insurance, Law Enforcement and Training Academy, Military, and the Tennessee Bureau of Investigation.
 - Commissioner or Director-level participation
- Prescription Safety Act of 2012
 - Administration bill introduced as a work product of the Governor's Public Safety Subcabinet
 - Amended during the legislative process
 - Passed by unanimous votes of both chambers on May 1, 2012



Prescription Safety Act of 2012

- Mandatory PDMP registration
- Mandatory PDMP usage
- Shortened PDMP reporting window
- Mandatory reporting of doctor shoppers to law enforcement by practitioners
- Enabled interstate data sharing
- Established delegate accounts – “extenders”
- Increased administrative staffing



Neonatal Abstinence Syndrome (NAS) Subcabinet Workgroup

- A collection of leaders (commissioners or their designees) from the departments of Health, Mental Health and Substance Abuse Services, Children's Services, Human Services, and the Bureau of TennCare
- "Black Box Warning" to increase awareness of the possibility of unintended harm to a newborn from the mother's use of narcotics
- Department of Health made NAS a reportable condition effective Jan. 1, 2013, allowing for data collection and surveillance
- Creation of a multi-institutional, multi-disciplinary research consortium dedicated to better understanding prevention and treatment of NAS

Neonatal Abstinence Syndrome

Drug Dependent Newborns (Neonatal Abstinence Syndrome) Surveillance Summary For the Week of August 25-31, 2013 (Week 35)¹

Reporting Summary (Year-to-date)

Cases Reported: 564

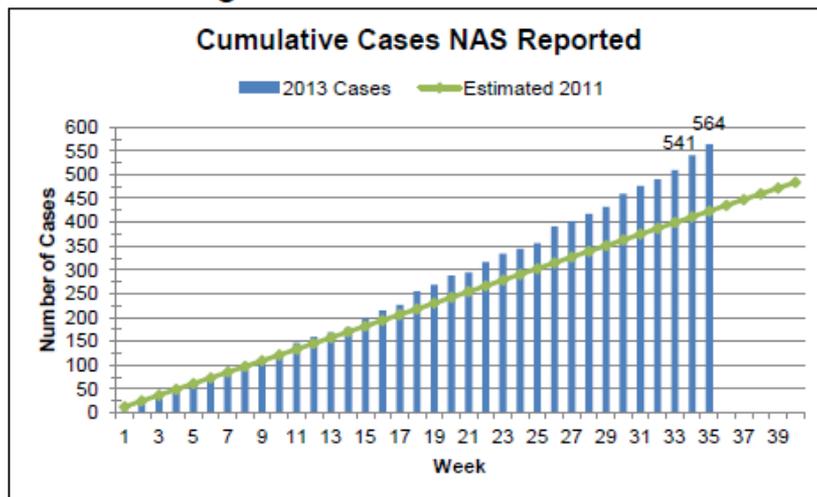
Male: 323

Female: 238

Unknown at time of report: 3

Unique Hospitals Reporting: 47

Maternal County of Residence (By Health Department Region)	# Cases	% Cases
Davidson	29	5.1%
East	150	26.6%
Hamilton	9	1.6%
Jackson/Madison	1	0.2%
Knox	64	11.3%
Mid-Cumberland	38	6.7%
North East	87	15.4%
Shelby	11	2.0%
South Central	20	3.5%
South East	8	1.4%
Sullivan	58	10.3%
Upper Cumberland	71	12.6%
West	18	3.2%
Total	564	100%



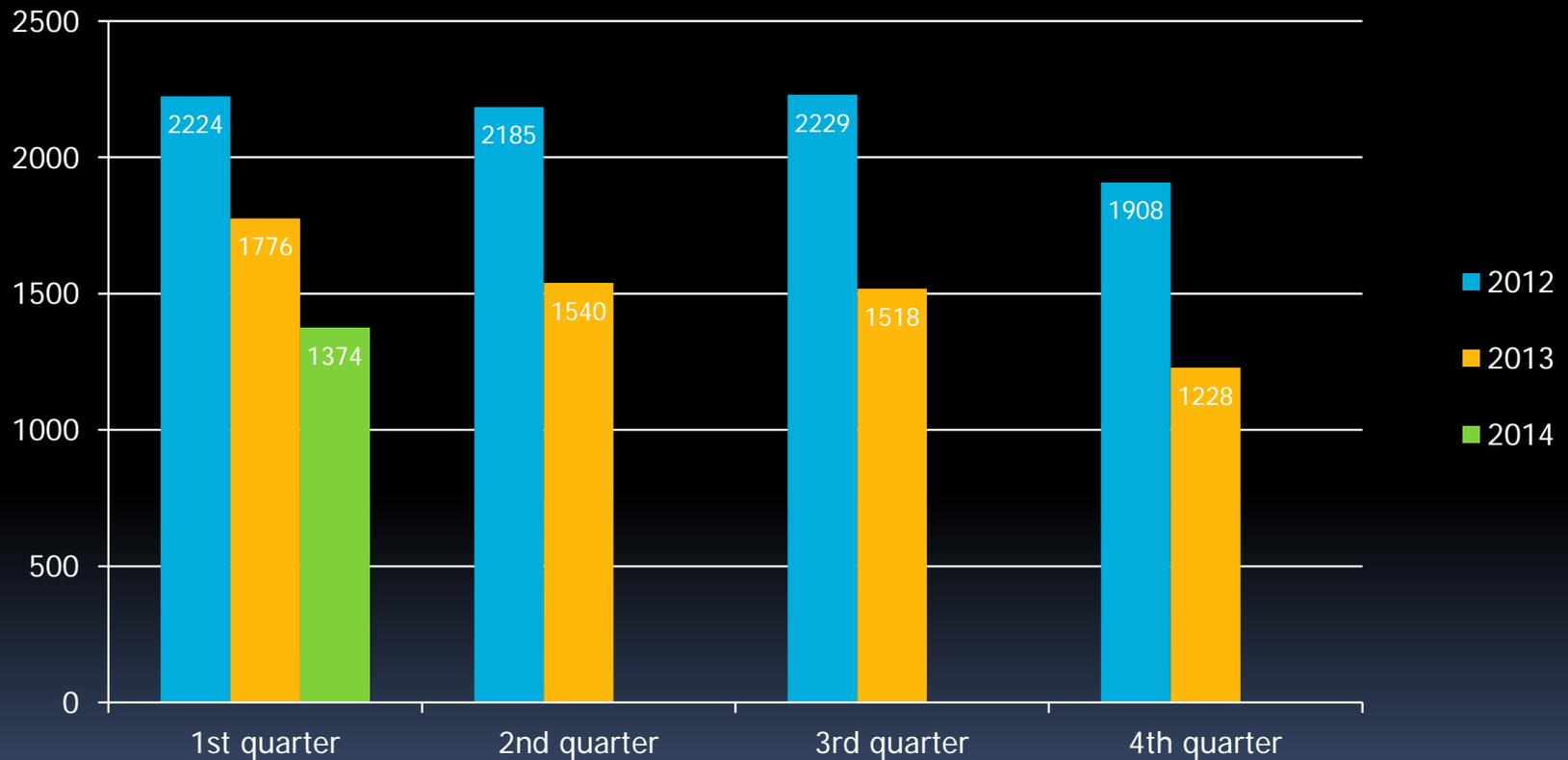
Source of Maternal Substance (if known) ²	# Cases ²	% Cases
Supervised replacement therapy	249	44.1%
Supervised pain therapy	117	20.7%
Therapy for psychiatric or neurological condition	45	8.0%
Prescription substance obtained WITHOUT a prescription	220	39.0%
Non-prescription substance	158	28.0%
No known exposure but clinical signs consistent with NAS	11	2.0%
No response	14	2.5%

1. Summary reports are archived weekly at: http://health.tn.gov/MCH/NAS/NAS_Summary_Archive.shtml

2. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.

High-Utilization Patients

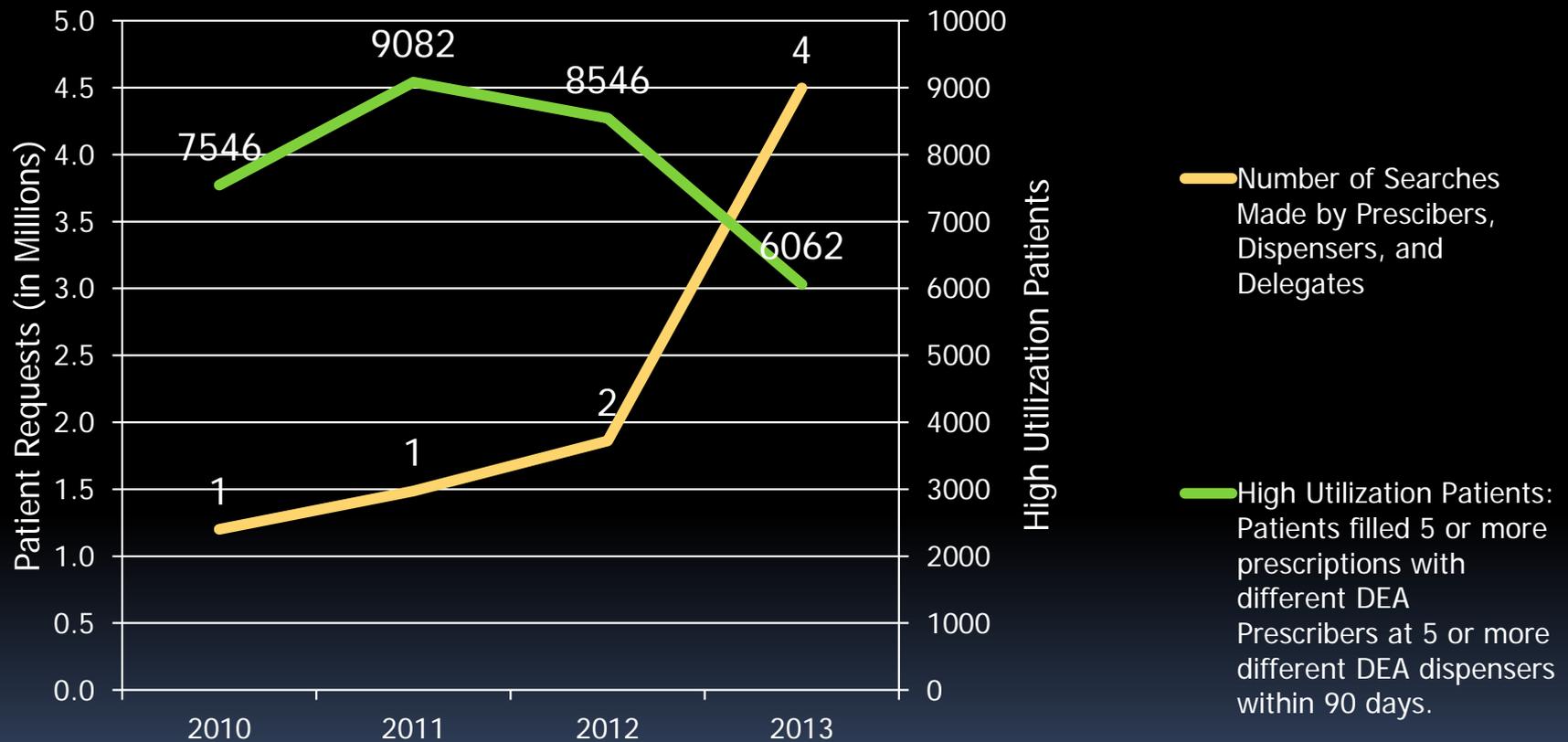
Number of High-Utilization Patients* in PDMP 2012–2014



* Individual who obtained controlled substance prescriptions from five or more prescribers and utilized five or more pharmacies within the quarter.

Source: Tennessee Department of Health Internal files, May 2014.

More PDMP Queries, Fewer High-Utilization Patients



Source: Tennessee Department of Health Internal Files, February 2014



2013 Legislative Initiatives

- Chronic Pain Treatment Guidelines
- ARCOS reporting to state
- Identification of top 50 prescribers
- 30-day limits for dispensing of opioids and benzodiazepines
- Safe harbor law for pregnant women who seek treatment
- Prohibit dispensing from pain clinics



2014 Legislative Initiatives

- PDMP reporting window reduced to daily by 2016
- Immunity to those who prescribe or administer naloxone to patients
- Prohibit dispensing of opioids and benzodiazepines directly from a clinic
- Require identification from those who pick up controlled substance prescriptions



2014 and Beyond

- “Prescription for Success”
 - Decrease the number of Tennesseans who abuse controlled substances
 - Decrease the number of Tennesseans who overdose on controlled substances
 - Decrease the amount of controlled substances dispensed in Tennessee
 - Increase access to drug disposal outlets in Tennessee
 - Increase access and quality of early intervention, treatment, and recovery services
 - Expand collaborations and coordination among state agencies
 - Expand collaboration and coordination with other states



Contact Information

Andrew Holt, PharmD

Director, Tennessee Controlled Substance Monitoring
Database

665 Mainstream Dr.

Nashville, TN 37243

615-253-1300

Andrew.holt@tn.gov

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF NARCOTIC ENFORCEMENT**

The seal of the New York State Department of Health is positioned between the words 'BUREAU' and 'OF'. It features a central shield with a sunburst, flanked by two female figures representing Liberty and Justice. Above the shield is an eagle with wings spread, and below it is a banner with the motto 'EXCELSIOR'.

New York State's Prescription Drug Reform

Terence O'Leary, JD

Director

Bureau of Narcotic Enforcement

New York State Department of Health



New York's Prescription Drug Reform

New York's law, called I-STOP, took effect on 8/27/2013.

This law

- Overhauled New York's Prescription Monitoring Program
- Required practitioners consult the PMP before prescribing
- Required dispensing data be reported within 24 hours
- Required electronic prescribing
- Placed hydrocodone on C-II and tramadol on C-IV

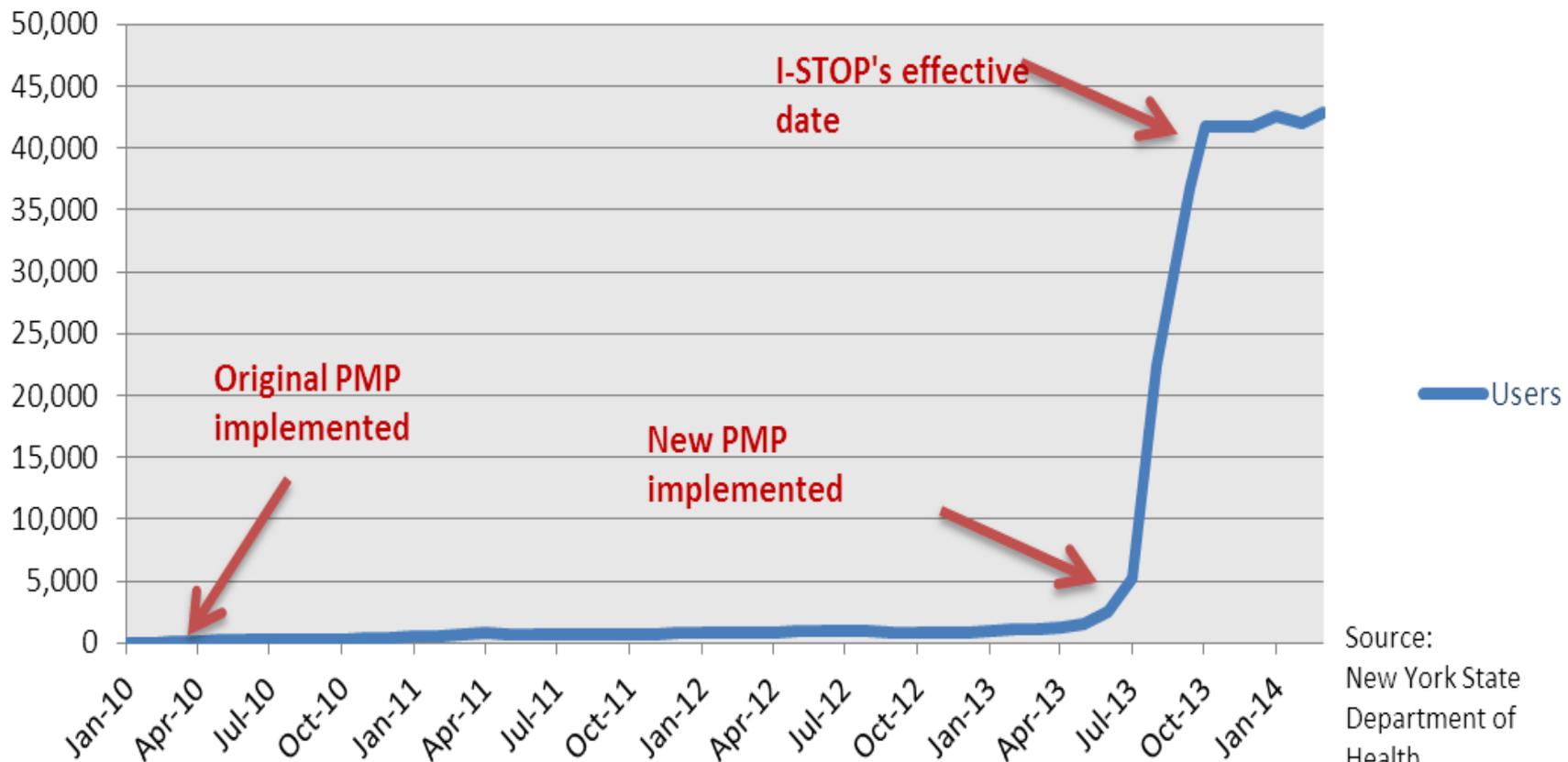


Duty to Consult PMP

- Practitioners must consider their patient's information presented in the PMP Registry prior to prescribing or dispensing any controlled substance listed in Schedule II, III, or IV.
- The data considered by the practitioner must be obtained from the PMP Registry no more than 24 hours before the prescription is issued.

Increase in PMP Registry Use

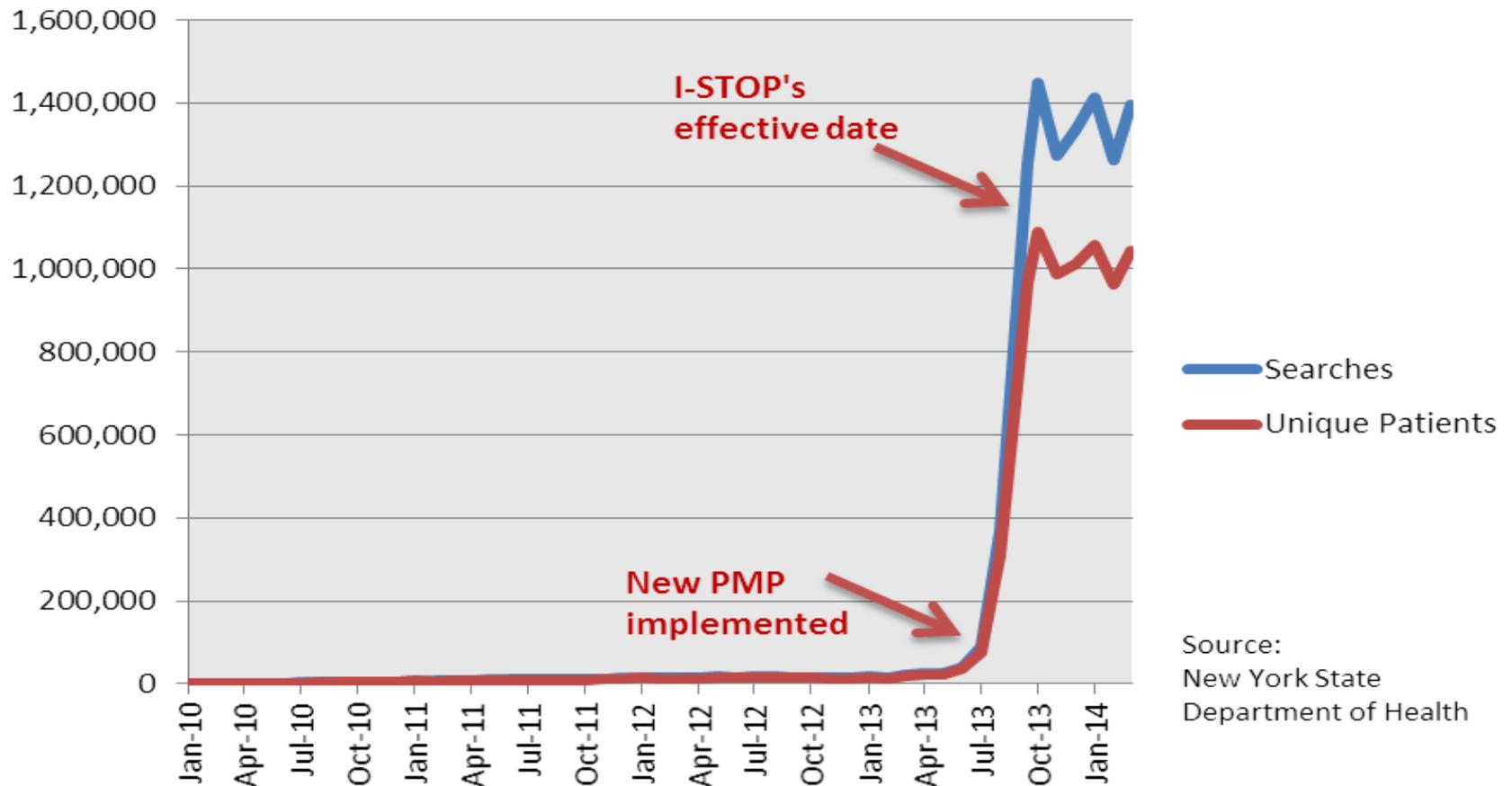
Unique PMP Registry Users



Source:
New York State
Department of
Health

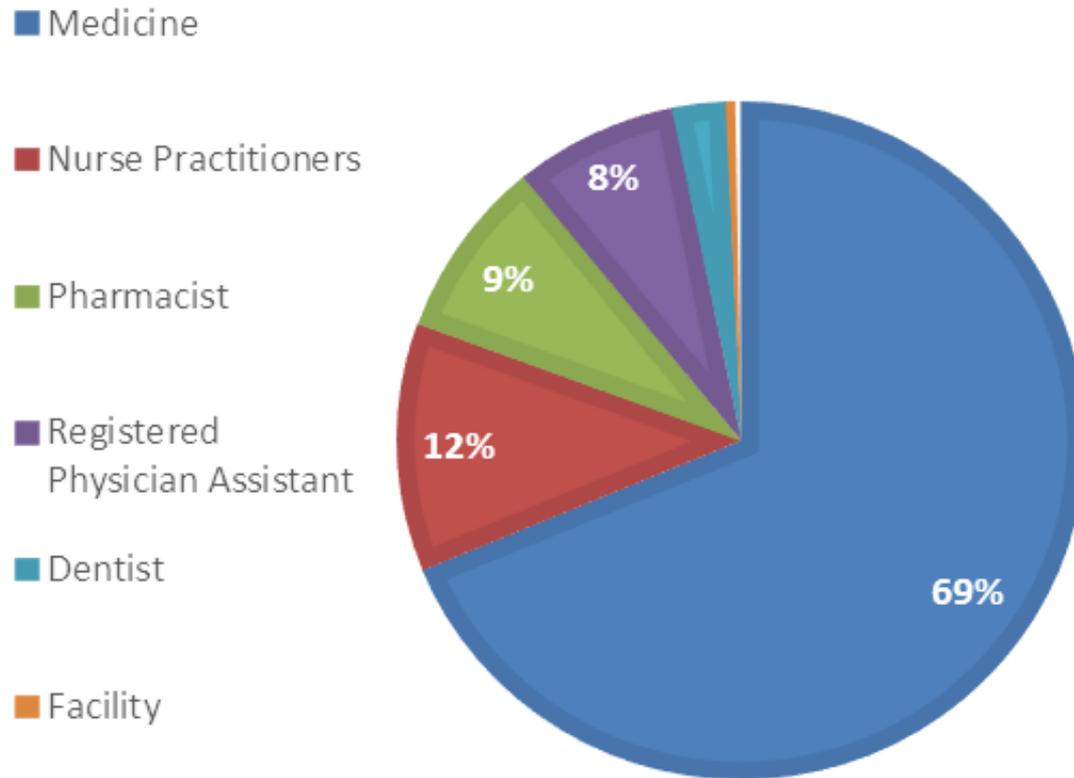
Increase in PMP Searches

PMP Registry Activity by Month



Who Performs PMP Searches

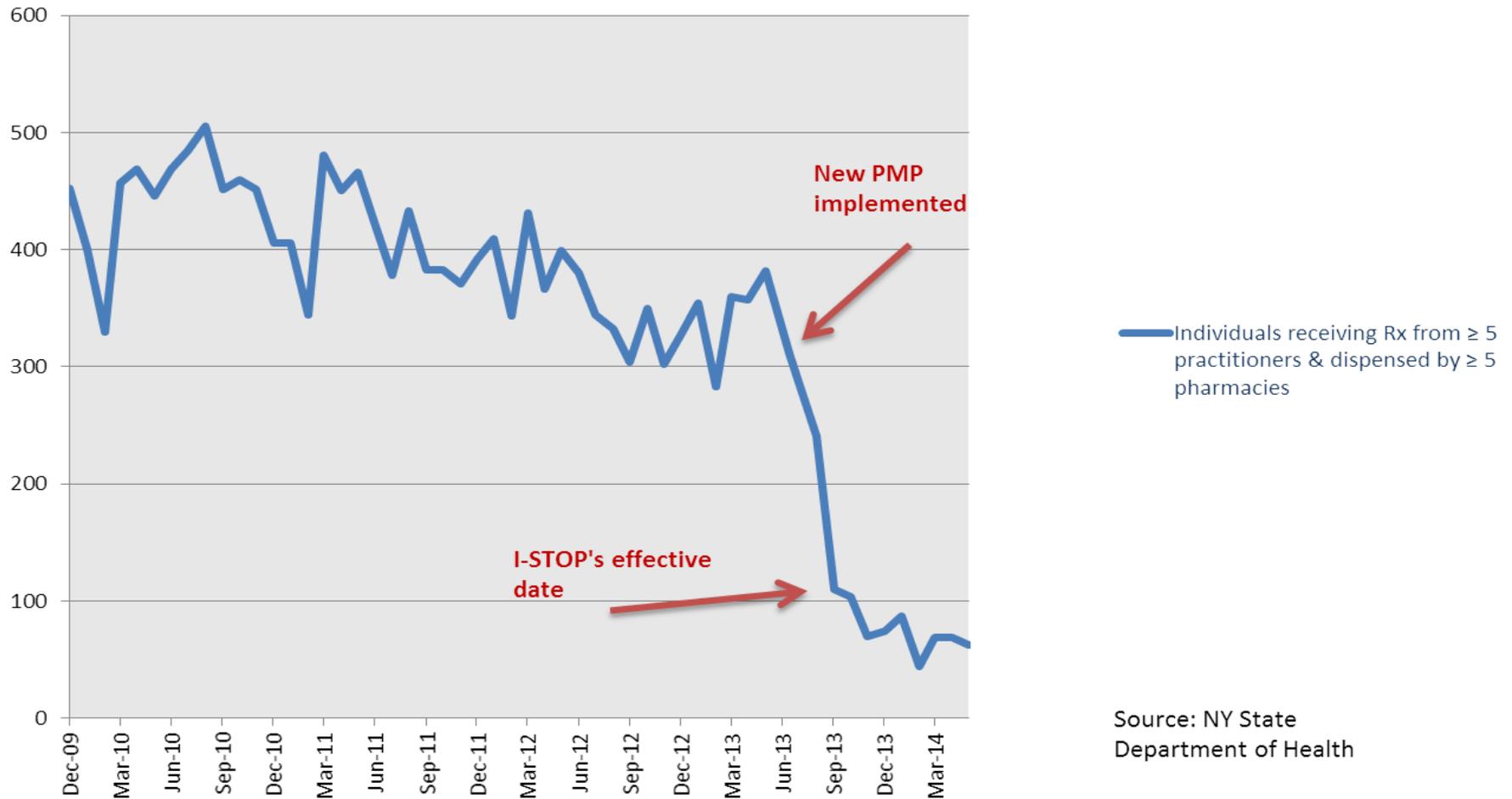
PMP SEARCHES BY LICENSE



Source:
NYS Department
of Health

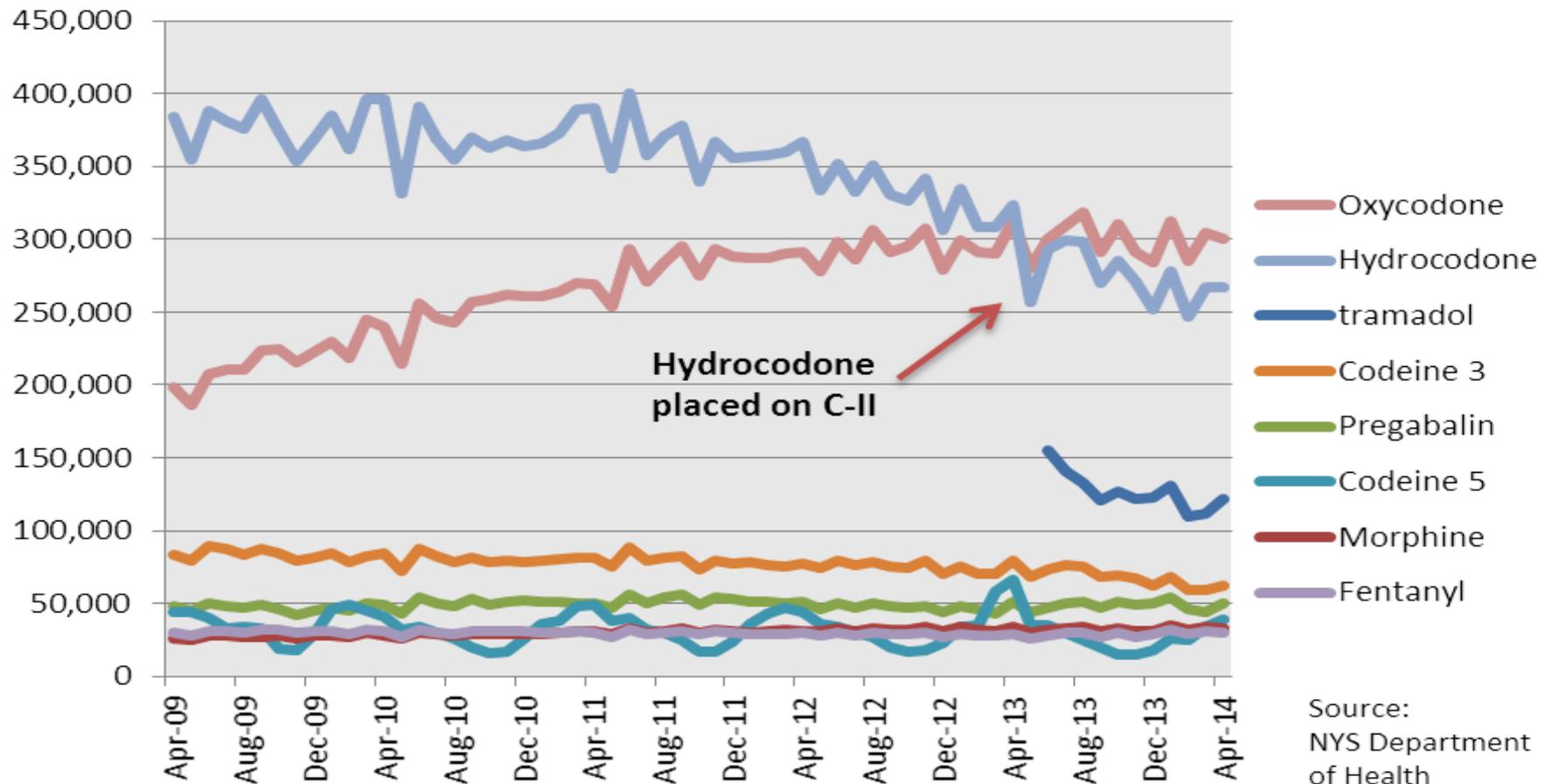
Decrease in Multi-Prescriber Events

Use of Multiple Prescribers and Pharmacies in New York



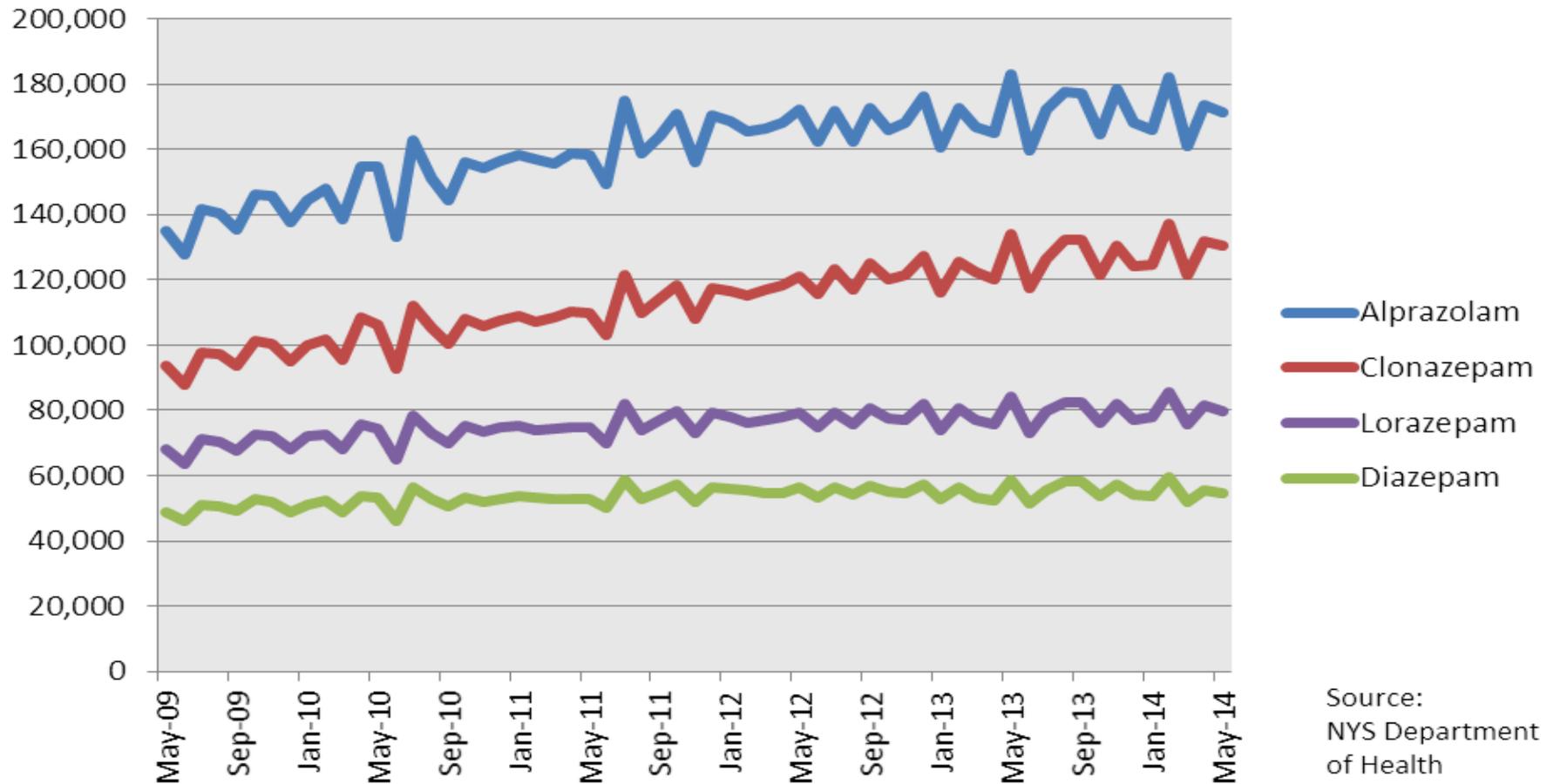
Opioid Prescribing

Rxs for Opioids and Selected Drugs



Benzodiazepine Prescribing

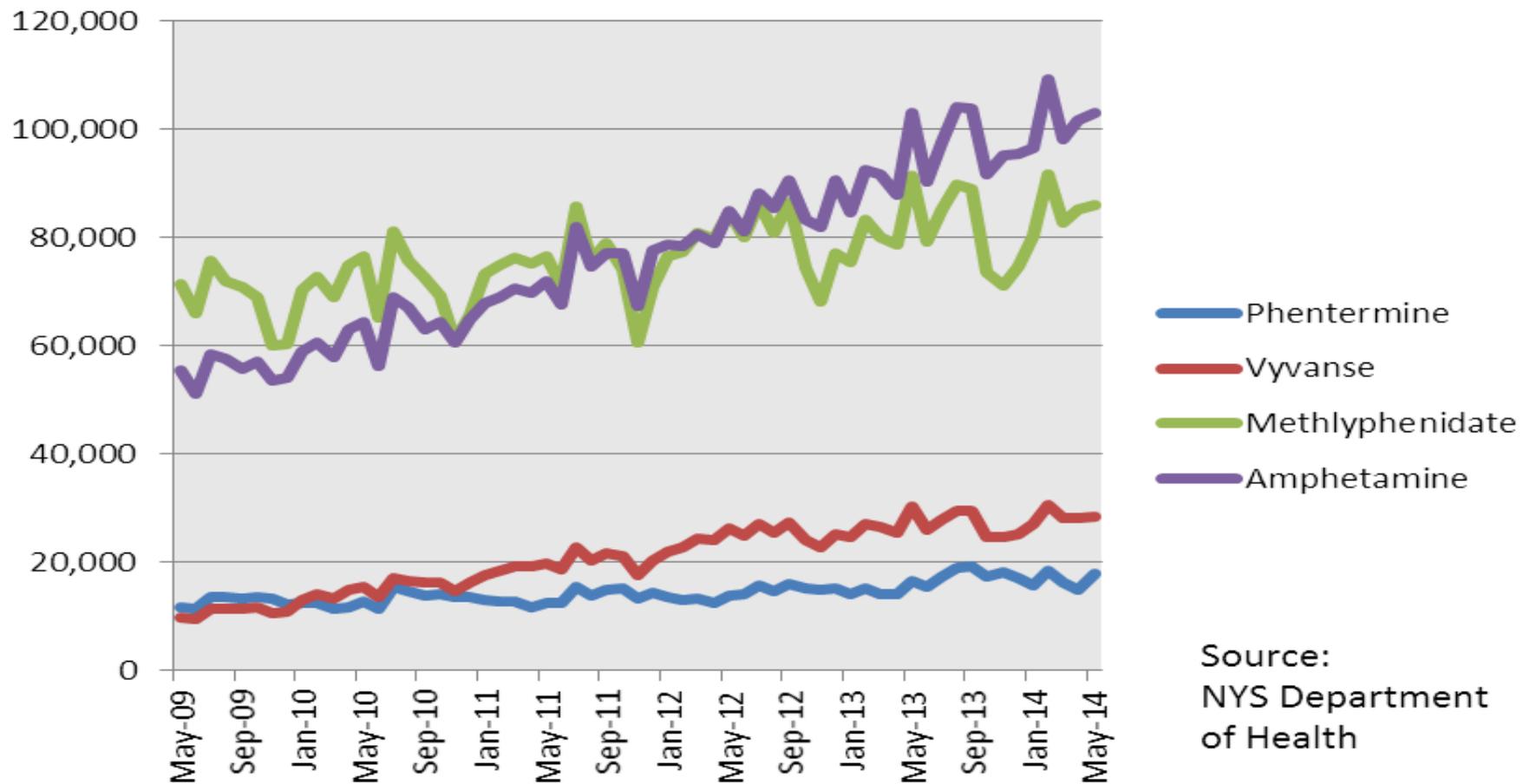
Prescriptions for Selected Benzodiazepines



Source:
NYS Department
of Health

Stimulant Prescribing

Prescriptions for Selected Stimulants





Recent New York Legislation

In June 2014, New York enacted a series of further reforms. These laws

- Allow for the expanded availability of naloxone
- Require expanded coverage for addiction treatment services
- Create increased penalties for practitioners and pharmacists who illegally dispense controlled substances



Contact Information

Terence O'Leary

Director

Bureau of Narcotic Enforcement,
New York State Department of Health

terence.oleary@health.ny.gov

www.nyhealth.gov

CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook

www.facebook.com/cdc

Follow us on Twitter

twitter.com/CDCgov/

Syndicate *Vital Signs* on your website

<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

Public Health Practice Stories from the Field

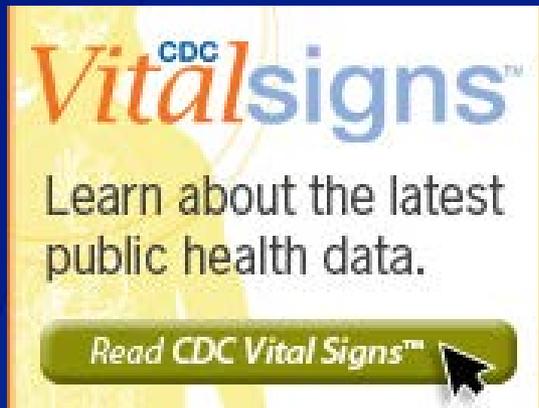
- Stories about the implementation of Public Health Practice Stories from the Field



www.cdc.gov/stltpublichealth/phpracticestories

Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
Vital Signs Town Hall Teleconference

August 12, 2014

2:00–3:00 pm (EDT)

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

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Email: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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