Welcome!

Office for State, Tribal, Local and Territorial Support

presents...

CDC Vital Signs: Prescription Drug Overdose

November 8, 2011
2:00pm – 3:00pm EDT
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  Vital Signs 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
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
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.
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

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](http://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](http://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

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 New York Approach

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

<table>
<thead>
<tr>
<th>Region of Residence</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>Percent increase 2008-2010</th>
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<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>Rate</td>
<td>N</td>
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<td>New York State</td>
<td>329,805</td>
<td>17.2</td>
<td>408,105</td>
<td>21.1</td>
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<td>New York City</td>
<td>117,903</td>
<td>14.6</td>
<td>149,497</td>
<td>18.1</td>
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<td>NYS excluding NYC</td>
<td>211,902</td>
<td>19.1</td>
<td>258,608</td>
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<td><strong>Age Group</strong></td>
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<td>0 To 9</td>
<td>110</td>
<td>0.0</td>
<td>132</td>
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<td>10 To 19</td>
<td>1,214</td>
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<td>20 To 29</td>
<td>28,559</td>
<td>1.5</td>
<td>39,316</td>
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<td>30 To 39</td>
<td>53,946</td>
<td>16.7</td>
<td>68,127</td>
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<td>40 To 49</td>
<td>99,990</td>
<td>30.0</td>
<td>119,031</td>
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<td>50 To 59</td>
<td>90,347</td>
<td>27.4</td>
<td>111,650</td>
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<td>60 To 69</td>
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<td>45,703</td>
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<td>70 To 79</td>
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<td>15,826</td>
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<td>80 Plus</td>
<td>5,950</td>
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<td>6,681</td>
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<td>Unknown Age</td>
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<td>0</td>
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<td><strong>Gender</strong></td>
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<td>Male</td>
<td>187,889</td>
<td>57</td>
<td>233,291</td>
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<tr>
<td>Female</td>
<td>142,701</td>
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<td>0</td>
<td>553</td>
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<td><strong>Daily Dose</strong></td>
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<td>Med-High (100-119 Med)</td>
<td>95,644</td>
<td>29.0</td>
<td>107,151</td>
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<td>Very-High (120+ Med)</td>
<td>234,161</td>
<td>71</td>
<td>300,954</td>
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<td><strong>Prescriber Type</strong></td>
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<td>Physician (MD)</td>
<td>274,980</td>
<td>83</td>
<td>331,891</td>
<td>81</td>
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<td>Resident Or Intern</td>
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<td>12,708</td>
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<td>PA, NP, Or CNM</td>
<td>42,612</td>
<td>13</td>
<td>61,036</td>
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<td>Dentist (DDS)</td>
<td>1,240</td>
<td>0.0</td>
<td>1,614</td>
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<td>Podiatrist (DPM)</td>
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<td>0</td>
<td>848</td>
<td>0</td>
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<td>Veterinarian (DVM)</td>
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<td>0</td>
<td>6</td>
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<td><strong>Payment</strong></td>
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<td>Government Ins</td>
<td>88,870</td>
<td>22</td>
<td>122,748</td>
<td>24</td>
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<td>Private Ins</td>
<td>196,290</td>
<td>48</td>
<td>242,203</td>
<td>47</td>
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<td>Cash</td>
<td>56,525</td>
<td>14</td>
<td>79,723</td>
<td>16</td>
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<tr>
<td>Other</td>
<td>47,715</td>
<td>12</td>
<td>64,999</td>
<td>13</td>
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<td>Unknown Payment</td>
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<td>1,334</td>
<td>0</td>
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<td><strong>Rural-Urban Categories</strong></td>
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<td>Metro Area Core</td>
<td>270,520</td>
<td>82</td>
<td>337,231</td>
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<tr>
<td>Metro Area High Commuting</td>
<td>17,496</td>
<td>5</td>
<td>21,386</td>
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<td>3,822</td>
<td>1</td>
<td>4,629</td>
<td>1</td>
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<tr>
<td>Micro Area Core</td>
<td>13,802</td>
<td>4</td>
<td>16,542</td>
<td>4</td>
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<tr>
<td>Micro Area High Commuting</td>
<td>3,265</td>
<td>1</td>
<td>3,827</td>
<td>1</td>
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<tr>
<td>Micro Area Low Commuting</td>
<td>695</td>
<td>0</td>
<td>861</td>
<td>0</td>
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<tr>
<td>Small Town Core</td>
<td>7,860</td>
<td>2</td>
<td>9,389</td>
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<tr>
<td>Small Town High Commuting</td>
<td>587</td>
<td>0</td>
<td>622</td>
<td>0</td>
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<tr>
<td>Small Town Low Commuting</td>
<td>909</td>
<td>0</td>
<td>1,102</td>
<td>0</td>
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<tr>
<td>Rural Area</td>
<td>10,057</td>
<td>3</td>
<td>11,722</td>
<td>3</td>
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<tr>
<td>Unknown Residence</td>
<td>6</td>
<td>0</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>
Oxycodone Prescriptions per County, NYS, 2010

Age Adjusted Rate per 1000 residents
- Light green: 71 - 113
- Greenish: 114 - 135
- Light blue: 144 - 161
- Dark blue: 161 - 184
- Blue: 189 - 399

Bar chart showing the number of oxycodone prescriptions per county in New York State for the year 2010.
High Dose Oxycodone Prescriptions per County, NYS, 2010
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
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 non-cancer pain patients with opioids and the prescription monitoring 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

Opioid Use among Total Population
Opioid users, males
Opioid users, females

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, Rxs
  – PDMP

• Cooperation between PDMP and licensing boards

• Improve understanding of risk of death associated with opioid and sedative/hypnotic use
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-

*Vital Signs* interactive buttons and banners-
http://www.cdc.gov/vitalsigns/SocialMedia.html
Provide feedback on this teleconference: OSTLTSFeedback@cdc.gov

Please mark your calendars for the next OSTLTS Town Hall Teleconference:
December 13, 2011
2:00pm – 3:00pm EST

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