

CDC *Vital Signs* Town Hall Teleconference

**Prescription Drug Overdose
Q & A Transcript**

November 8, 2011
2:00pm – 3:00pm EST

Kim Wilson: Thank you everyone for those great presentations. In just a minute the operator will be opening the lines for the question and answer session. As a courtesy to everyone that's on the call we ask that everyone please mute your phone by pressing star 6 when you are not talking.

Operator can we open those lines now?

Coordinator: One moment. All lines are open. At this time if you'd like to ask a question, go ahead with your question.

Dr. (Becker): This is Dr. (Becker). Can you all hear me?

Kim Wilson: Yes please go ahead.

(Becker): I was just curious as if to New Mexico could speak or could talk about why New Mexico is the number one state, is it the poverty? Is it something from Mexico?

I guess I wasn't really quite sure at the end of the day as to why New Mexico is so high.

Dr. Michael Landen: Well if anybody can help figure it out for us that would be great. We're really - you know we've been concerned about this for quite some time. You

know I went back and looked at some data, I mean in basically '89, '90 we were not leading the nation, we were sort of in the middle of the pack.

In '91 it sort of seemed to take off. As I mentioned for all but two of those years since then we've been leading the nation in poisoning deaths. New Mexico is a very high rate of poverty as you mentioned, I think that definitely contributes we think.

Also, New Mexico also leads the nation or along with Alaska, you know we sort of take turns, but we lead the nation in alcohol related mortality. So we've had a problem for a long time with substance abuse related death.

And whether it's alcohol, whether it's heroin, whether it's cocaine and now prescription drug overdose death, we just - we tend to have a big problem with substance abuse.

Dr. (Becker): So, you're not thinking it's really coming from like Indian reservations or reservation prescribing or...

Dr. Michael Landen: No, in fact if you look at the - you know you look at subpopulation by state, American Indian drug overdose death rates in New Mexico do not really take off until much later than Hispanics, non-Hispanic whites, that sort of thing.

And the border, living on the border is actually protective for drug overdose death in New Mexico.

So you know it's more of a northern part of the state phenomenon.

Dr. (Becker): It's all in Taos, huh?

Dr. Michael Landen: Not all in Taos, but you know in that general area.

Man: Question? I have a question regarding the parallel between the demographics for overdose deaths and suicide, ethnicity, age, rural preponderance and the tendency for it to be (unintelligible).

Anybody looking into whether some of the risk factors and driving factors are similar?

Dr. Len Paulozzi: This is Len Paulozzi at the CDC. My only comment would be...

Dr. Len Paulozzi: We are seeing an increase in drug related suicide deaths nationwide during this same time period with again a large fraction of them due to prescription pain killers and other psychotherapeutic drugs including antidepressants.

Otherwise yes, I agree that there's a connection or at least an association between places with high rates, demographic groups with high rates of the unintentional and suicide drug overdose deaths.

Dr. Michael Landen: One difference in our state, in New Mexico is that you know the age groups are a little bit different though. You had sort of the middle aged peak for drug overdose deaths in our state and then you have sort of a more elderly peak in suicide deaths.

Dr. Len Paulozzi: Actually suicide deaths typically have a bimodal occurrence, one in middle age and one in the elderly, that's a global phenomenon.

(Gary Franklin): This is (Gary Franklin). I'd like to ask the New Mexico folks what you're doing about dosing guidance in your new guidelines?

Dr. Michael Landen: We basically have sort of - we made use of Washington's guidelines and we - basically their licensing board recommendations, we took advantage of those. We feel they're very well worked out.

We're just like Washington state, we're basically recommending that a consultation of a pain management specialist that we've defined occur with doses 120 milligrams equivalent of morphine per day.

I personally actually think that should be lower but that's about the best we could do at this time. Did that answer your question?

(Gary Franklin): Yes it did, thank you.

Woman: Question, I don't know if anybody's data was able to tease out whether there was a significant proportion of overdose deaths from diverted prescribed medications versus used by the person they were actually prescribed for?

Dr. Len Paulozzi: This is Len Paulozzi again, nationally we don't know what that proportion is. It's individual state studies suggest that it may vary from state to state. In west Virginia study Kansas City and the West Virginia Health Department did jointly there was a majority of the prescription overdose deaths involved either diversion of the drug, using without a prescription, using in concert with illicit drugs or injection, all markers of misuse and abuse of drugs.

I know that in Utah studies would indicate that would be more like a minority of the deaths so it does vary by state and it's also varied depending on what your definition is of diversion of the drugs. Many people who die of overdoses of course also have a history of chronic pain.

And a prescription for that and it's hard to know at the time of death whether the person was indeed using it for that medical condition or for other reasons.

Woman: Thank you.

Dr. Michael Landen: And for this reason I mean because states vary so widely, very important that we establish good state based surveillance of this problem in every state.

(Carol): This is (Carol) from Washington State, I was curious as to if the CDC had any recommendations in terms of looking at the patient history and going after the patients that are using the drugs?

Dr. Len Paulozzi: Well I think this fits into recommendations first to make use of prescription drug monitoring program data to identify patients who are at greater risk and who may need interventions or referral to substance abuse services.

It's on the patterns apparent in the state prescription monitoring program data. Thirty six states now have active PMPs, in other states it who's PMPs aren't yet active, claims data might be used from Medicaid, state worker's compensation data to look at prescription history.

HMOs, healthcare systems of course can look within their own databases and look for patterns of usage, multiple providers, multiple pharmacies and so on.

All of these things are markers that indicate the patient's at risk for overdose and so yes, I think we would say it's important to do that for providers to do that and agencies to get involved in identifying those patterns in the population as a whole and tracking changes all the time.

Dr. Nirav Shah: In New York we're planning to not pay Medicaid will not pay back if they are in that abuse category, if they're far off of the curve. And that will really push prescribers, it will push pharmacies to check the database on a regular basis.

Dr. (Becker): This is Dr. (Becker), back to New York and the Medicaid, did you do some kind of link between physicians who were investigated with abuse and the Medicaid database?

I mean how did you get that information to Medicaid that you shouldn't pay for it?

Dr. Nirav Shah: Well we certainly have that experience, there have been a number of high profile cases in the news lately in New York. And the challenge is the laws are pretty strict about how we can go after some of these docs.

The reality is the laws need to change and the workgroup, this cross agency workgroup has really helped us move that agenda forward. We have the prescriber level data for every single scrip in an electronic database going back to 2007.

So we have all of that in hand, we just don't have the resources to fully go through it.

(Jim Haga): Hi, this is (Jim Haga) from North Carolina, a rural county and I have a question about supply issues versus demand. Our county has a high rate of prescription drug abuse and we have a task force working on that.

And we are working on the supply issues that have been talked about today. But we are looking at starting a program to address developmental assets or the 40 assets concept if you're familiar with that.

I think the search institute pioneered that to look at protective aspects in our young people to keep them from having a desire for substance abuse. It seems like when we put controls on one substance another substance of abuse rears its head.

And I wonder if any of the people listening or the speakers have thoughts on the supply versus demand issues and whether we have any good ways to get at the desire or demand for mood altering or various substances of abuse.

Dr. Len Paulozzi: This is Len Paulozzi again, that's a very good question and people talk about whether we're talking about supply side or demand side intervention.

I think there's potential benefits from both and from both sides I think we really need to think hard about what's likely to be affected and cost effective and to try to identify the interventions where evidence of effectiveness.

And there certainly have been a lot of interventions that are educational in nature for example that are only educational, that have had a mixed track record in terms of changing actual drug using behavior in past studies.

I think it's best probably to consider interventions like this in concert with other kinds of interventions so that it's this kind of capacity development improvement or education program you're talking about in concert with other strategies that also can address the supply side simultaneously.

(Don Eluer): (Don Eluer) from Shasta County California and I have two questions. One, I was wondering what role you all see for the drug companies that manufacturer these pharmaceuticals in preventing these deaths.

Number two, what role do you see for local health departments say on the county level?

Dr. Nirav Shah: I can speak from New York, at the county level you know different counties have different parts of the problem to deal with and what we're trying to do is share the data with them.

Create dashboards at the county level about what the problem means in their community. Along with resources tied to those parts of the problem so they can best focus their efforts.

Dr. Michael Landen: Regarding drug companies, you know it seems that they should have a role in working to prevent these deaths. I don't think the ideal collaboration with drug companies has been uncovered with respect to this problem.

You know I mean again going back to Dr. Paulozzi's fundamental slide you know overdose almost a linear relationship between drug overdose deaths and sales.

Linear relationship, so if you're trying to make money off of selling drugs then you would probably want - you might want consumption to increase. So I mean it's quite a dilemma I think to get them - to see if we can engage them in helping to address this problem.

Dr. Jennifer Sabel: This is Jennifer Sabel from Washington, just regarding the second question about local public health we do have several local public health departments that participate in our interagency workgroup and I think that they obviously are much closer to the providers than we are even at the state level.

And can work with them to help address this issue.

(Gary Franklin): This is (Gary Franklin) in Washington, it's also been very helpful for all of the healthcare delivery agencies in Washington to work together with the Department of Health.

We have a lot at stake with our deaths and morbidity and even our expenses so I would encourage collaboration across these health agencies.

Dr. Len Paulozzi: This is Len Paulozzi at the CDC. With respect to the role of the pharmaceutical industry I can think of several things. They have an increasing role in developing abuse resistant formulations.

There was an abuse resistant formulation of OxyContin that was introduced in the latter half of 2010 for example. They also have a role in not doing certain things, not letting their sales forces push off label uses of opioid analgesics and psychotherapeutic drugs.

There's many high profile examples of sales reps encouraging healthcare providers to use drugs off label. And thirdly not overselling the benefits of opioid analgesics and minimizing their risk.

They must present more accurate information of the asset cost ratio from these drugs as well as the benzodiazepine category of drugs, sleep aids, etcetera.

Kim Wilson: All right, we're coming to the end of our time, I think we've got time for one more question before we wrap up.

(Tom Margo): Hi, this is (Tom Margo) in Michigan. Jennifer Sabel, I'm just wondering why you believe the death trend in your state was going down the last few years. Any ideas?

Dr. Jennifer Sabel: We - you know we just got that data about a month ago and we haven't had time to delve into it yet. We do know that among the worker's compensation system the dosing of long acting opioids has been going down. So we're hopeful that some of the programs that we've been working on are coming to fruition but we need to look at that some more before we can determine that.

Kim Wilson: All right, thank you everyone for participating in that lively discussion today. Before we wrap up the call please do take a moment to look at the next to last slide in the PowerPoint presentation and this is where you can find a number of links to help you integrate *Vital Signs* into your own website and social media channels for free.

You can become Facebook, follow us on Twitter, you can syndicate Vital Signs, it will automatically appear and update on your own website for free.

And you can download interactive buttons and banners for use on your own website. The last slide in the PowerPoint deck has our email address which is ostltsfeedback@cdc.gov and again OSTLTS is O-S-T-L-T-S.

Please let us know how we can improve these teleconferences to be more beneficial to you. Again I'd like to thank our presenters for today and everyone who participated in our call and we hope that you will join us again for next month's *Vital Signs*.

It will be held on December 13, and will include a discussion on HIV prevention through testing, care and treatment. Thank you all very much and goodbye.

Coordinator: Thank you, that does conclude today's conference call, thank you for participating and you may disconnect at this time.