CDC’s Prevention Efforts to Address Prescription Opioid Epidemic

Jan Losby, PhD, MSW
Prescription Drug Overdose Health Systems and State Support Team
Division of Unintentional Injury Prevention

Great Lakes & Mid-Atlantic Violence and Injury Prevention
Regional Network Webinar
April 21, 2016
Today’s Topics

Public Health Burden
- Prescription Opioids
- Heroin
- Fentanyl

CDC’s Prevention Work
- Improve data quality and track trends
- Supply healthcare providers with resources to improve patient safety
- Strengthen state efforts through effective public health interventions
Chronic Pain and Prescription Opioids

- 11% of Americans experience daily (chronic) pain
- Opioids frequently prescribed for chronic pain
- Primary care providers commonly treat chronic, non-cancer pain
  - account for ~50% of opioid pain medications dispensed
  - report concern about opioids and insufficient training
Quarter billion opioid prescriptions in 2013
Since 1999, there have been more than 165,000 deaths from overdose related to prescription opioids.
Sharp increases in opioid prescribing coincides with sharp increases in Rx opioid deaths
2002 Rapid Increase in Drug Overdose Death Rates by County

SOURCE: NCHS Data Visualization Gallery
2007 Rapid Increase in Drug Overdose Death Rates by County

SOURCE: NCHS Data Visualization Gallery
2014 Rapid Increase in Drug Overdose Death Rates by County

SOURCE: NCHS Data Visualization Gallery
States with more opioid pain reliever sales tend to have more drug overdose deaths.

Half of US opioids market is treatment for chronic, non-cancer pain

U.S. opioids market revenues for 7 leading indications, 2010

Risk of opioid-related overdose increases with daily use

- All patients (N=7,405,800):
  - 89% Non-users
  - 10% Other users
  - 1% Daily users

- Opioid overdoses (N=188):
  - 31% Non-users
  - 44% Other users
  - 25% Daily users

As Dose Goes Up Risk Goes Up

Majority of opioid overdose deaths associated with multiple sources and/or high dosages

- Multiple sources (>3 prescribers or pharmacies) and/or high dosages (>100 MME) of opioids: 94% control patients, 55% patients with fatal overdose
- Fewer sources and dosages of opioids: 6% control patients, 45% patients with fatal overdose

Nearly 2.0 million Americans, aged 12 or older, either abused or were dependent on prescription opioids in 2014.
As many as 1 in 4 people receiving prescription opioids long term in a primary care setting struggles with opioid use disorder.
Longer durations and higher doses of opioid treatment are associated with opioid use disorder

adjusted OR for opioid use disorder (abuse or dependence) compared with no opioid use

- Low (36 mg or less)
- Medium (36 to 120 MME)
- High (120 MME or more)

More than 90 days:
- Low: 3
- Medium: 29
- High: 122

90 or fewer days:
- Low: 3
- Medium: 15
- High: 3

Rise in Rx overdose deaths since 2000 and recent increase in heroin & fentanyl deaths

- Commonly Prescribed Opioids like oxycodone or hydrocodone
- Methadone
- Heroin
- Synthetic opioids like fentanyl

Today’s Heroin Epidemic

2x

Heroin use more than doubled among young adults ages 18-25 in the past decade.

www.cdc.gov/vitalsigns/heroin
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug. Most used at least 3 other drugs.

People who are addicted to...

- Alcohol are 2x more likely to be addicted to heroin.
- Marijuana are 3x more likely to be addicted to heroin.
- Cocaine are 15x more likely to be addicted to heroin.
- Rx Opioid Painkillers are 40x more likely to be addicted to heroin.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

Prescription opioid misuse is a major risk factor for heroin use

3 out of 4 people who used heroin in the past year misused opioids first

7 out of 10 people who used heroin in the past year also misused opioids in the past year

Fentanyl

- Synthetic and short-acting opioid analgesic
- 100X more potent than Morphine
- 50X more potent than Heroin
- Primary use is for managing acute or chronic pain associated with advanced cancer
Illicitly-Made Fentanyl (IMF)

- Illicitly-made fentanyl and fentanyl analogs
- Most recent increases in nonfatal and fatal fentanyl-involved overdoses linked to IMF
- Often mixed with heroin or sold as heroin


U. S. Department of Justice, Drug Enforcement Administration, DEA Investigative Reporting, January 2015
More than 80% of 2014 Fentanyl Seizures Occurring in 10 States

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Number of Fentanyl seizures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ohio</td>
<td>1245</td>
</tr>
<tr>
<td>2</td>
<td>Massachusetts</td>
<td>630</td>
</tr>
<tr>
<td>3</td>
<td>Pennsylvania</td>
<td>419</td>
</tr>
<tr>
<td>4</td>
<td>Maryland</td>
<td>311</td>
</tr>
<tr>
<td>5</td>
<td>New Jersey</td>
<td>238</td>
</tr>
<tr>
<td>6</td>
<td>Kentucky</td>
<td>232</td>
</tr>
<tr>
<td>7</td>
<td>Virginia</td>
<td>222</td>
</tr>
<tr>
<td>8</td>
<td>Florida</td>
<td>183</td>
</tr>
<tr>
<td>9</td>
<td>New Hampshire</td>
<td>177</td>
</tr>
<tr>
<td>10</td>
<td>Indiana</td>
<td>133</td>
</tr>
</tbody>
</table>

CDC Health Advisory on fentanyl available at: http://emergency.cdc.gov/han/han00384.asp
Three Pillars of CDC’s Opioid Prevention Work

1. **Improve data** quality and track trends

2. **Supply healthcare providers with resources** to improve patient safety

3. **Strengthen state efforts** by scaling up effective public health interventions
CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Purpose, Use, and Primary Audience

• Primary Care Providers
  - Family medicine, Internal medicine
  - Physicians, nurse practitioners, physician assistants

• Treating patients ≥18 years with chronic pain
  - Pain longer than 3 months or past time of normal tissue healing

• Outpatient settings

• Does not include active cancer treatment, palliative care, and end-of-life care
Why primary care providers?

Opioid Prescription by Specialty, 2012

IMS Health, National Prescription Audit, United States, 2012
Guideline Development Process

ANALYZE

Systematic Literature Review

CDC Draft Recommendations

Core Expert Group Consultation

CDC Draft Guideline

CONSULT

Core Expert & Stakeholder Review

Federal Partner Review

Peer Review

Constituent Input (Webinar)

COMMENT

CDC Revised Guideline

FRN Public Comment

Federal Advisory Committee Review

Publication of Guideline (March 15, 2016)

REVIEW
Organization of Recommendations

12 recommendations are grouped into three conceptual areas:

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use

http://www.cdc.gov/drugoverdose/prescribing/guideline.html
Implementation Activities
Promoting Uptake

• Websites
  – CDC Opioid Overdose Prevention Website
    www.cdc.gov/drugoverdose
  – HHS Prescription Drug & Heroin Overdose Epidemic
    www.hhs.gov/opioids
  – Media toolkit
    CDC Newsroom

• Press releases
• Provider tools and resources
• Training materials
• Social Media promotion
• Partnership and collaboration
Tools and Materials

• Provider and patient materials
  – Checklist for prescribing opioids for chronic pain
  – Fact sheets
  – Posters
  – Web banners and badges
  – Social media web buttons and infographics

• Media materials
  – Matte press release
  – Digital ads, social media posts and graphics
  – Partner communications
Training and Resources

- Fact sheets
  - New Opioid Prescribing Guideline
  - Assessing Benefits and Harms of Opioid Therapy
  - Prescription Drug Monitoring Programs
  - Calculating Total Daily Dose of Opioids for Safer Prescribing
  - Pregnancy and Opioid Pain Medications
Additional Resources: Coming soon

- Mobile “app” with MME calculator
- Videos and podcast
- Brochures and pocket guides
- Online training for providers
- Additional materials, such as matte articles, blogs, infographics
- Training modules
  - Enhancing provider education
  - CME credits
3rd CDC Pillar:
Strengthen state efforts by scaling up effective public health interventions

CDC-Funded Prescription Drug Overdose Prevention for States Program
CDC’s Prescription Drug Overdose Prevention For States (PDO PfS) Program

- Launched in 2015
- 4-year cooperative agreement
- 29 states funded (13 of these added in 2016)
- Average award $850K each year
- Focus on high impact, data driven activities and give states flexibility to tailor their work
<table>
<thead>
<tr>
<th>Arizona</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>Colorado</td>
<td>Oregon</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>Delaware</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>Illinois</td>
<td>South Carolina</td>
</tr>
<tr>
<td>Indiana</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Utah</td>
</tr>
<tr>
<td>Maine</td>
<td>Vermont</td>
</tr>
<tr>
<td>Maryland</td>
<td>Virginia</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Washington</td>
</tr>
<tr>
<td>Nebraska</td>
<td>West Virginia</td>
</tr>
<tr>
<td>Nevada</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>New Mexico</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
</tr>
</tbody>
</table>
PDO Prevention for States Strategies

1. Enhance and Maximize PDMPs
2. Community, Insurer or Health System Interventions
3. State Policy Evaluation
4. Rapid Response Projects
Prescription Drug Monitoring Programs (PDMPs)

- State run database
- 49 states + DC + Guam
- Pharmacies submit dispensing information on controlled substance prescriptions to a centralized database
- Operating agency varies
  - Public health
  - Board of pharmacy/licensing entity
  - Law enforcement
- Under-used resource
State-based interventions are improving outcomes

**New York**
- **75%**

**2012 Action:**
New York required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

**2013 Result:**
Saw a **75% drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

**Florida**
- **50%**

**2010 Action:**
Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

**2012 Result:**
Saw more than **50% decrease in overdose deaths** from oxycodone.

**Tennessee**
- **36%**

**2012 Action:**
Tennessee required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

**2013 Result:**
Saw a **36% drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

**Sources:**
PDO Prevention for States Strategies

1. Enhance and Maximize PDMPs
2. Community, Insurer or Health System Interventions
3. State Policy Evaluation
4. Rapid Response Projects
Prevention for States: Insurer/Pharmacy Benefit Manager Strategies

- **Prior Authorization**
  - Coverage requires review to ensure criteria met

- **Drug Utilization Review**
  - Retrospective claims review to identify inappropriate prescribing

- **Patient Review and Restriction**
  - Require patients to use **one** prescriber and/or pharmacy for controlled substance prescriptions
PDO Prevention for States Strategies

1. Enhance and Maximize PDMPs
2. Community, Insurer or Health System Interventions
3. State Policy Evaluation
4. Rapid Response Projects
HHS Secretary’s Opioid Initiative

Focus on three priority areas that tackle the opioid crisis and significantly impact those struggling with substance use disorders to help save lives

1. Providing training and educational resources to assist health professionals in making informed prescribing decisions

2. Increasing use of Naloxone

3. Expanding the use of Medication-Assisted Treatment
Conclusions

**BURDEN:** Overdose deaths from prescription opioids at epidemic levels in U.S.

**KEY DRIVERS:** Understanding drivers of epidemic critical for effective action

**SCOPE OF SOLUTION:** Multifaceted and multi-sector approach

**KNOWN EFFECTIVENESS:** Evaluate interventions to determine effectiveness and need for state-specific adaptation