

CDC's Prevention Efforts to Address Prescription Opioid Epidemic

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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

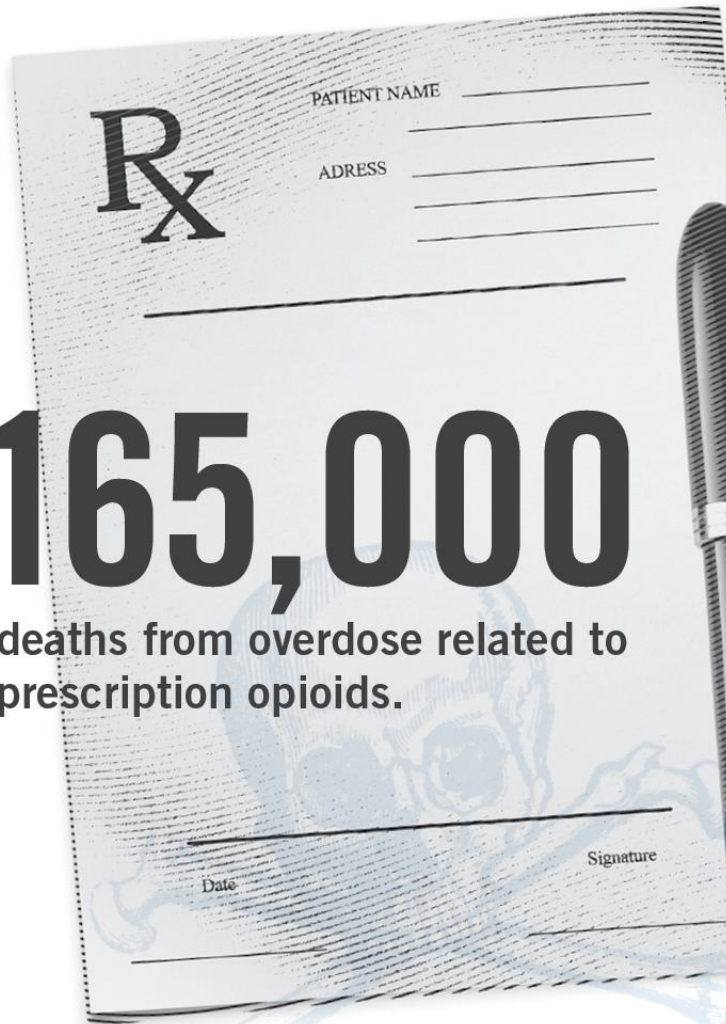
opioid prescriptions in 2013



Since 1999, there
have been more than

165,000

deaths from overdose related to
prescription opioids.



PATIENT NAME _____

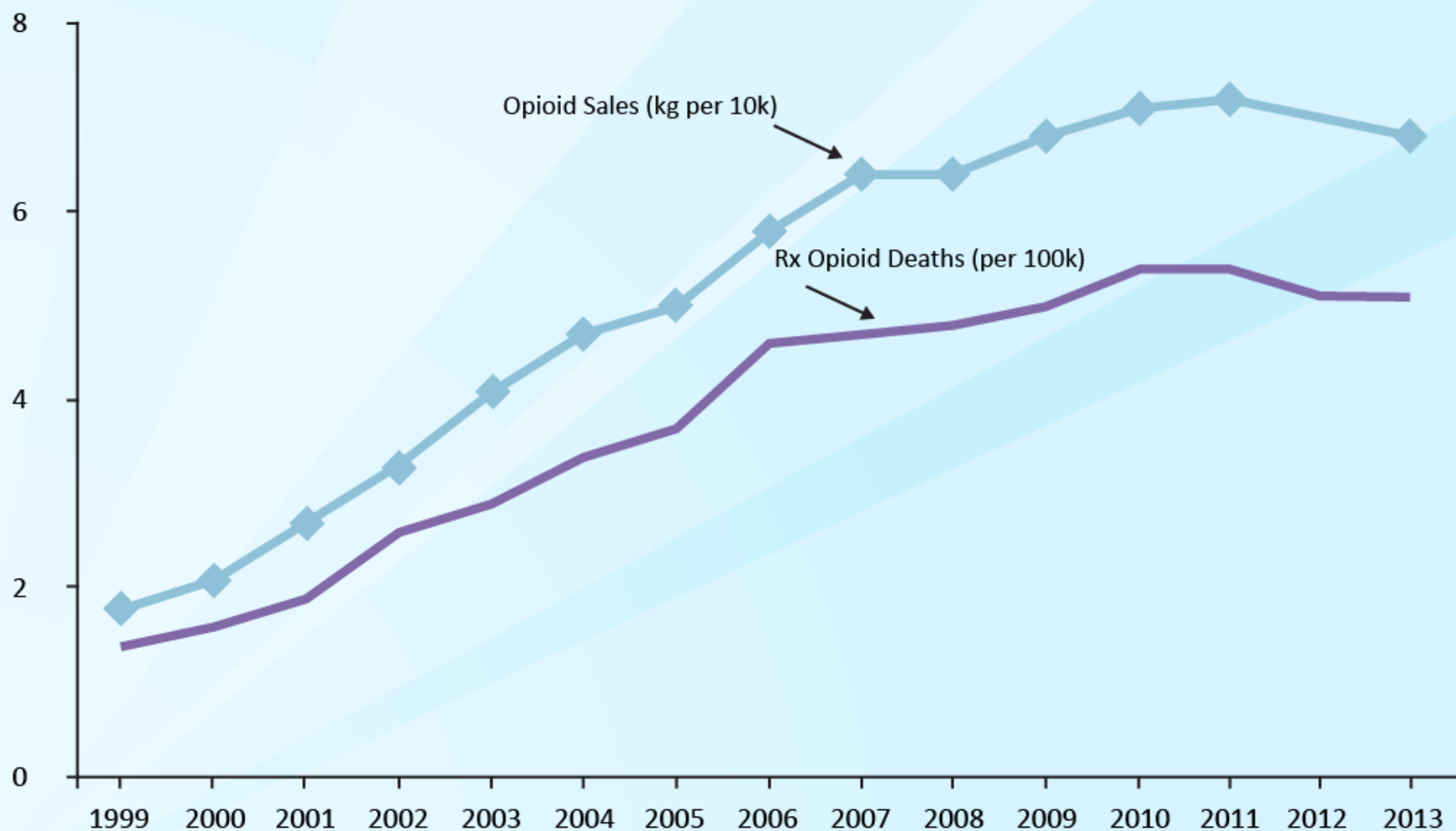
ADDRESS _____

Date _____

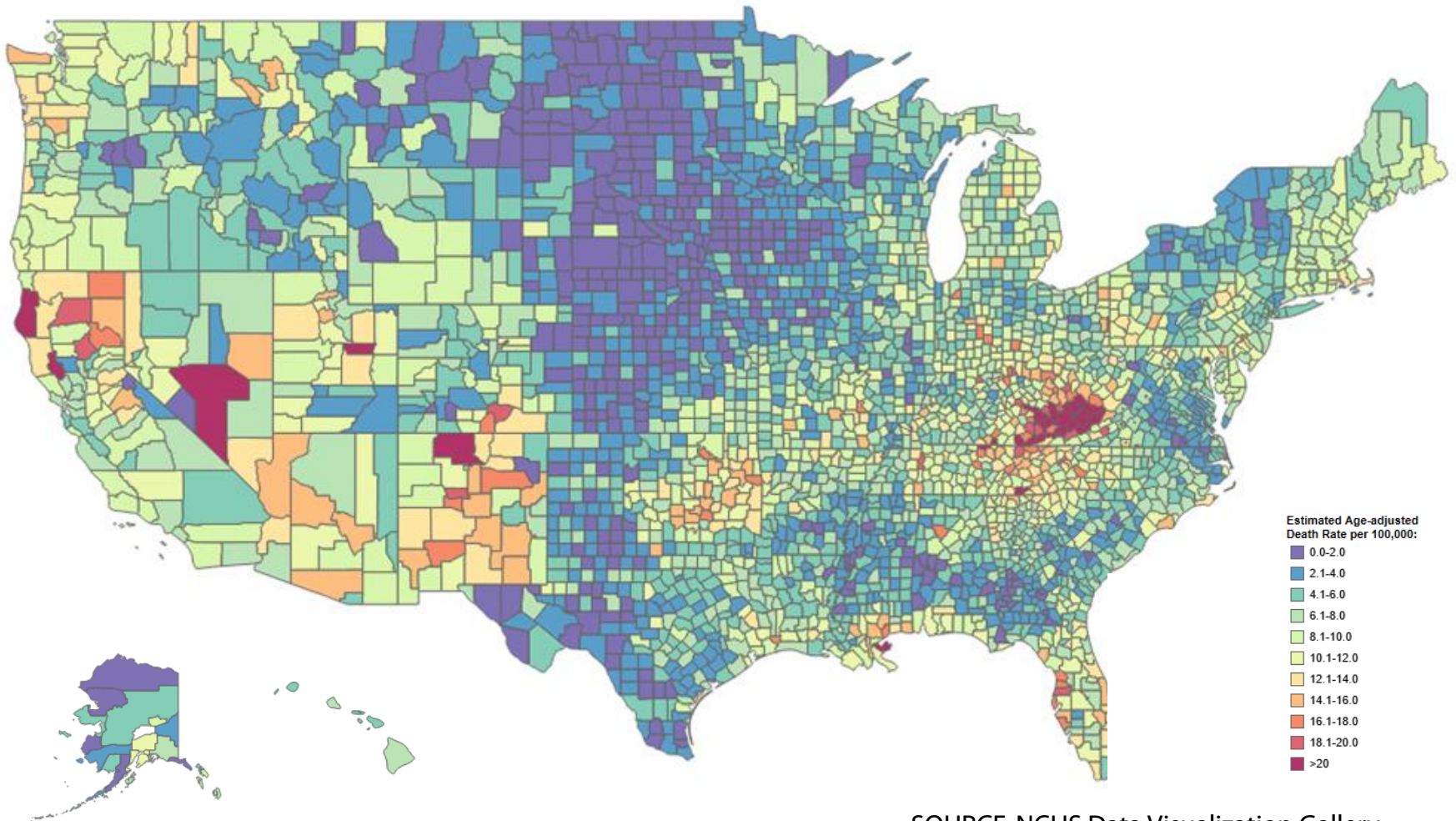
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Sharp increases in opioid prescribing coincides with sharp increases in Rx opioid deaths

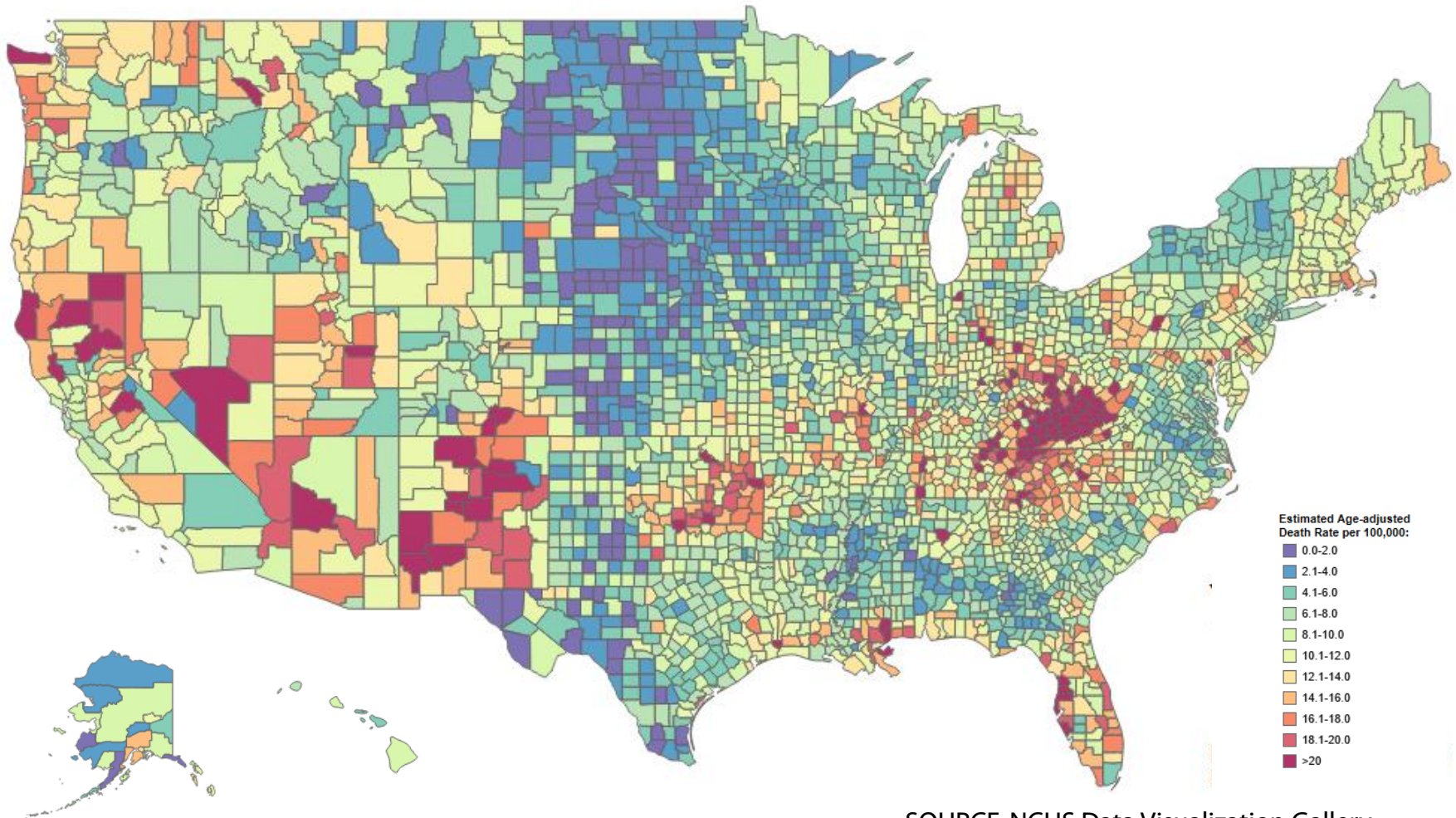


2002 Rapid Increase in Drug Overdose Death Rates by County



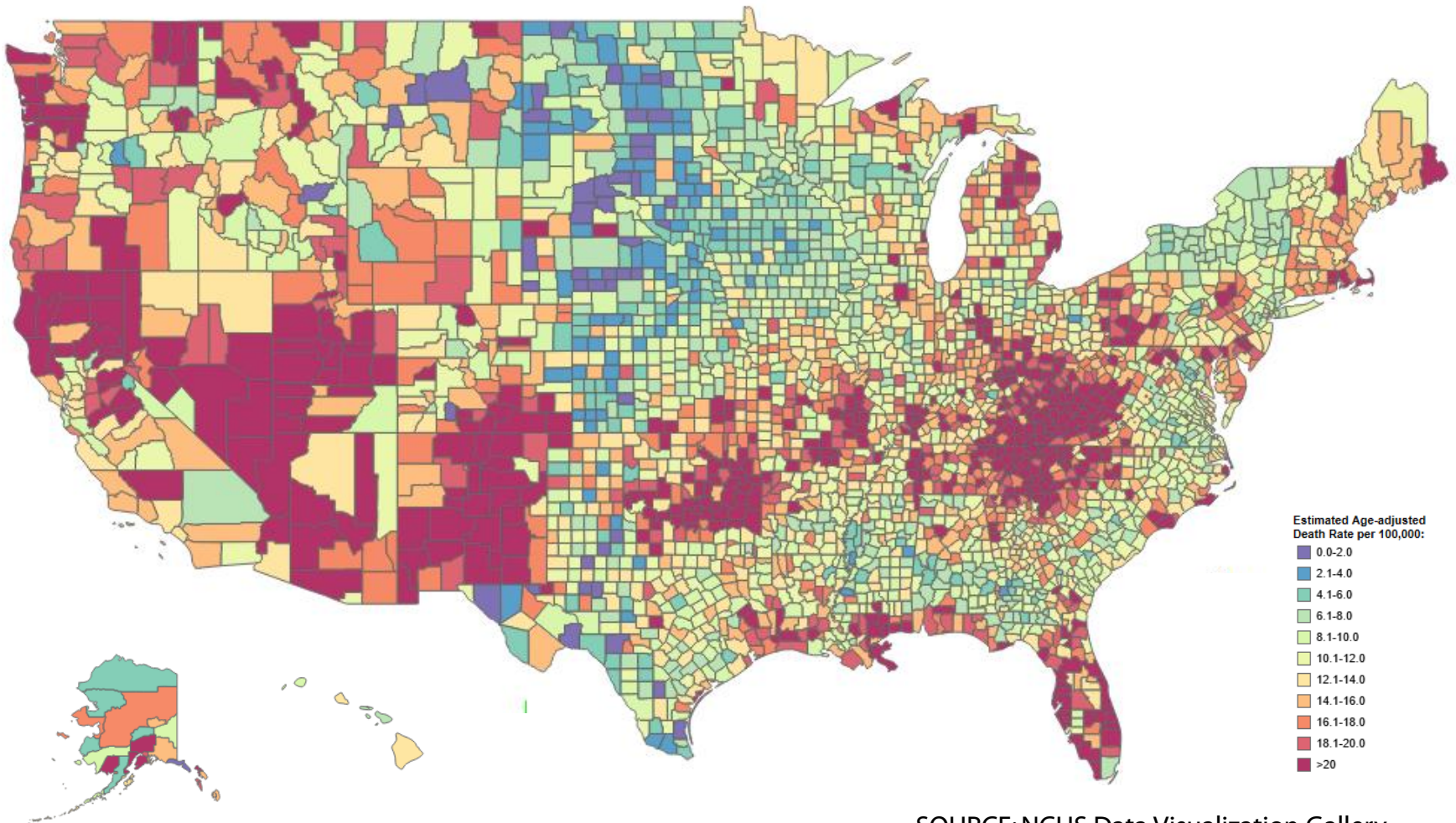
SOURCE: NCHS Data Visualization Gallery

2007 Rapid Increase in Drug Overdose Death Rates by County



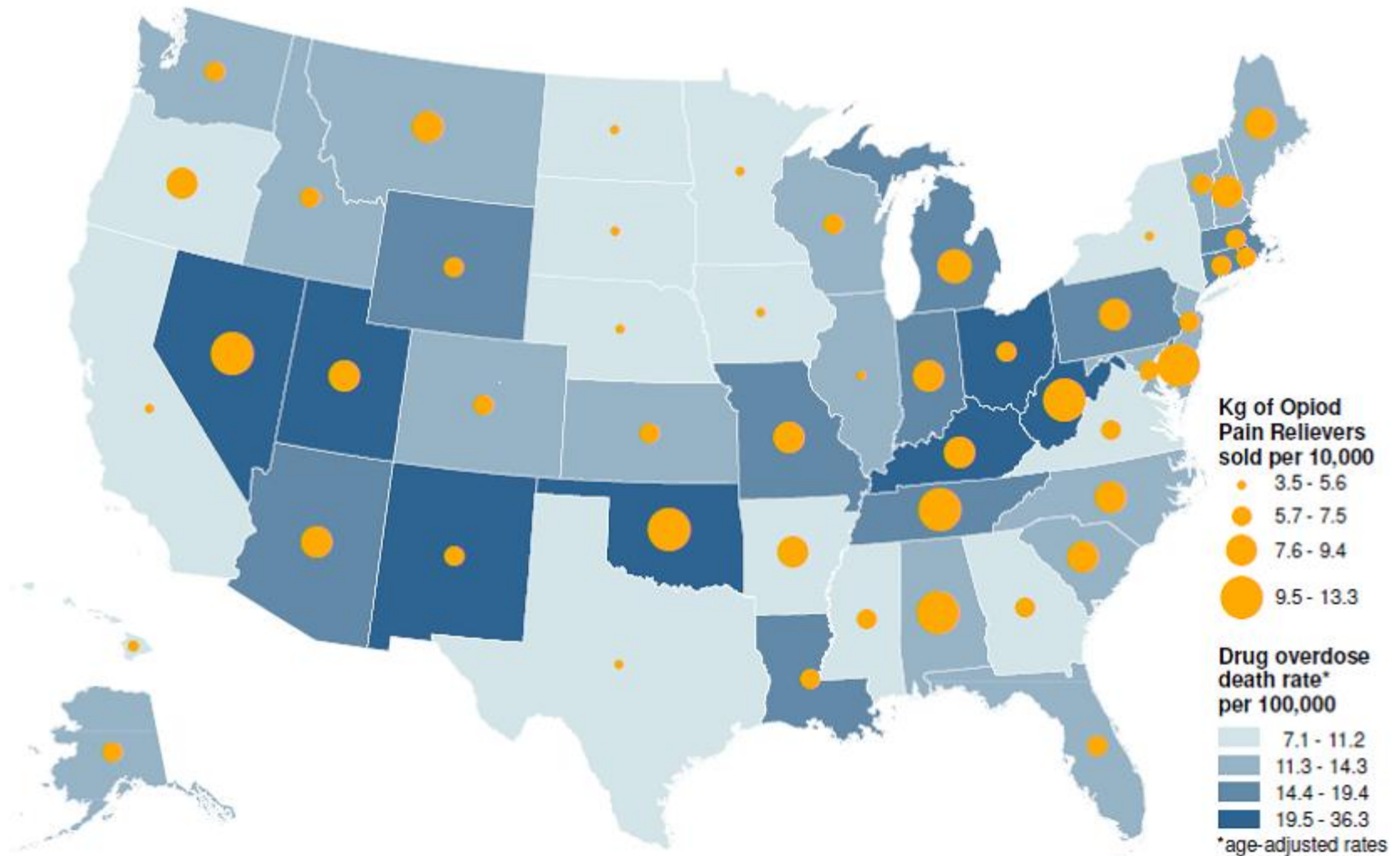
SOURCE: NCHS Data Visualization Gallery

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

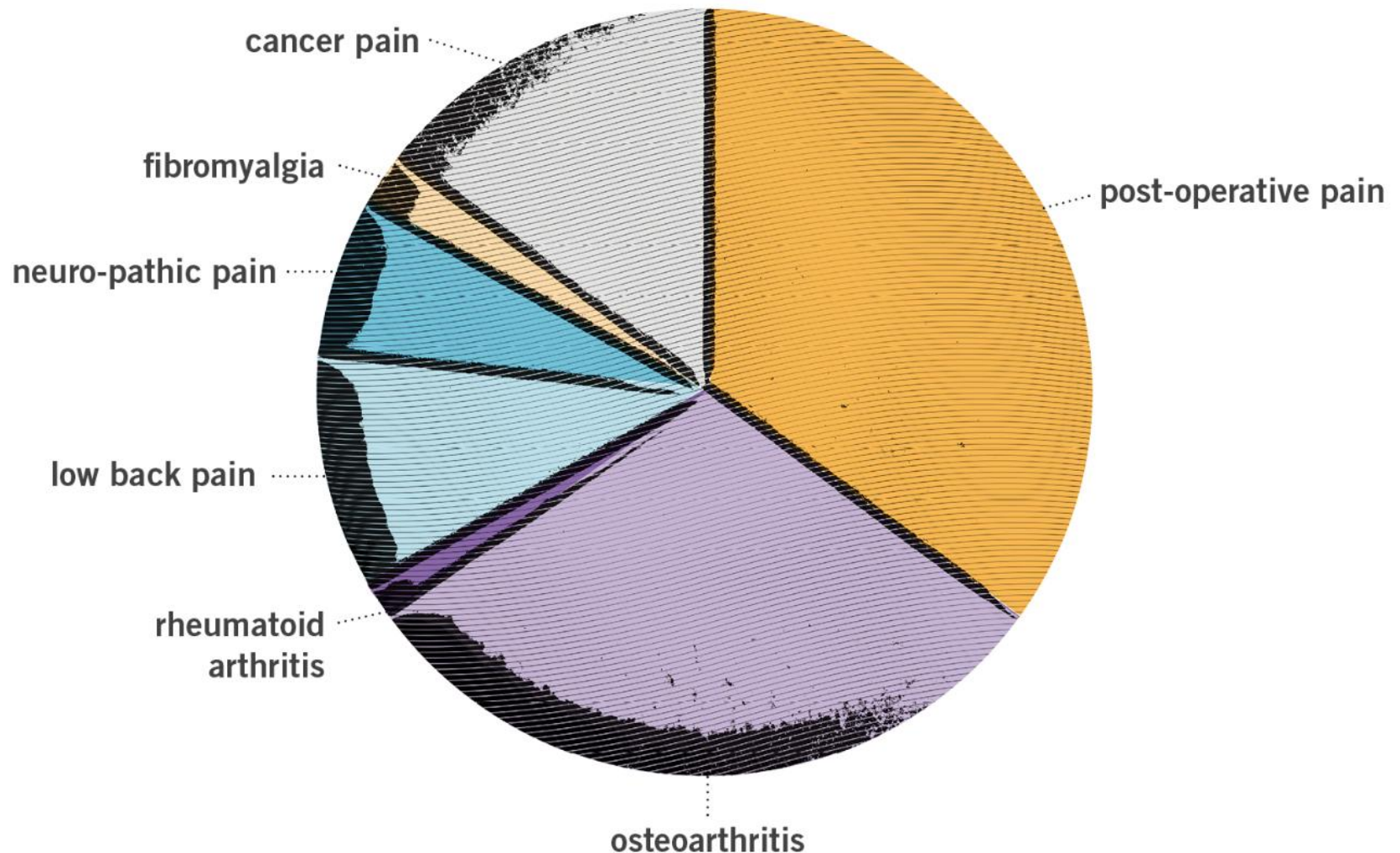


Death rate, 2013, National Vital Statistics System. Opioid pain reliever sales rate, 2013, DEA's Automation of Reports and Consolidated Orders System

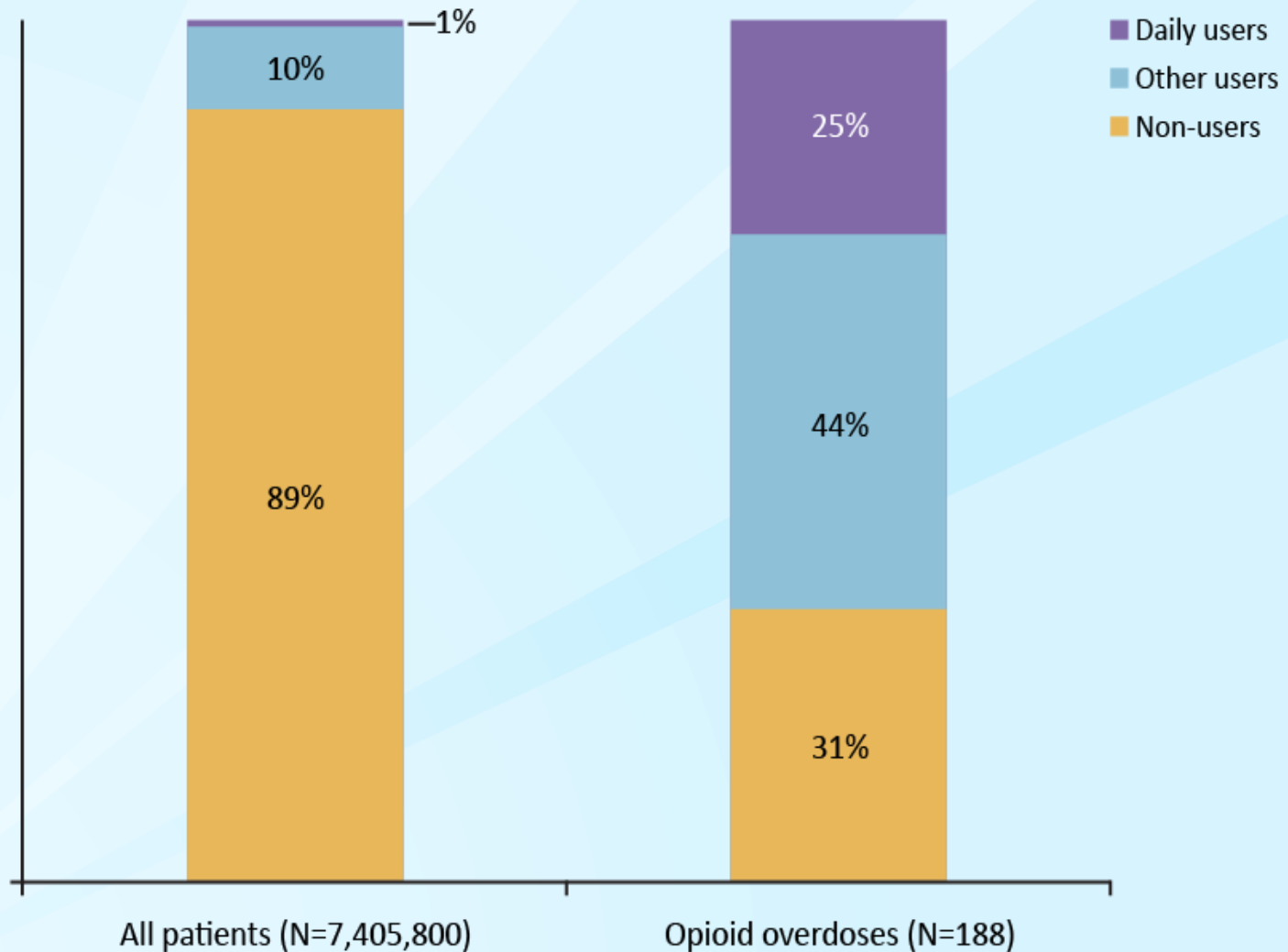
Half of US opioids market is treatment for chronic, non-cancer pain

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

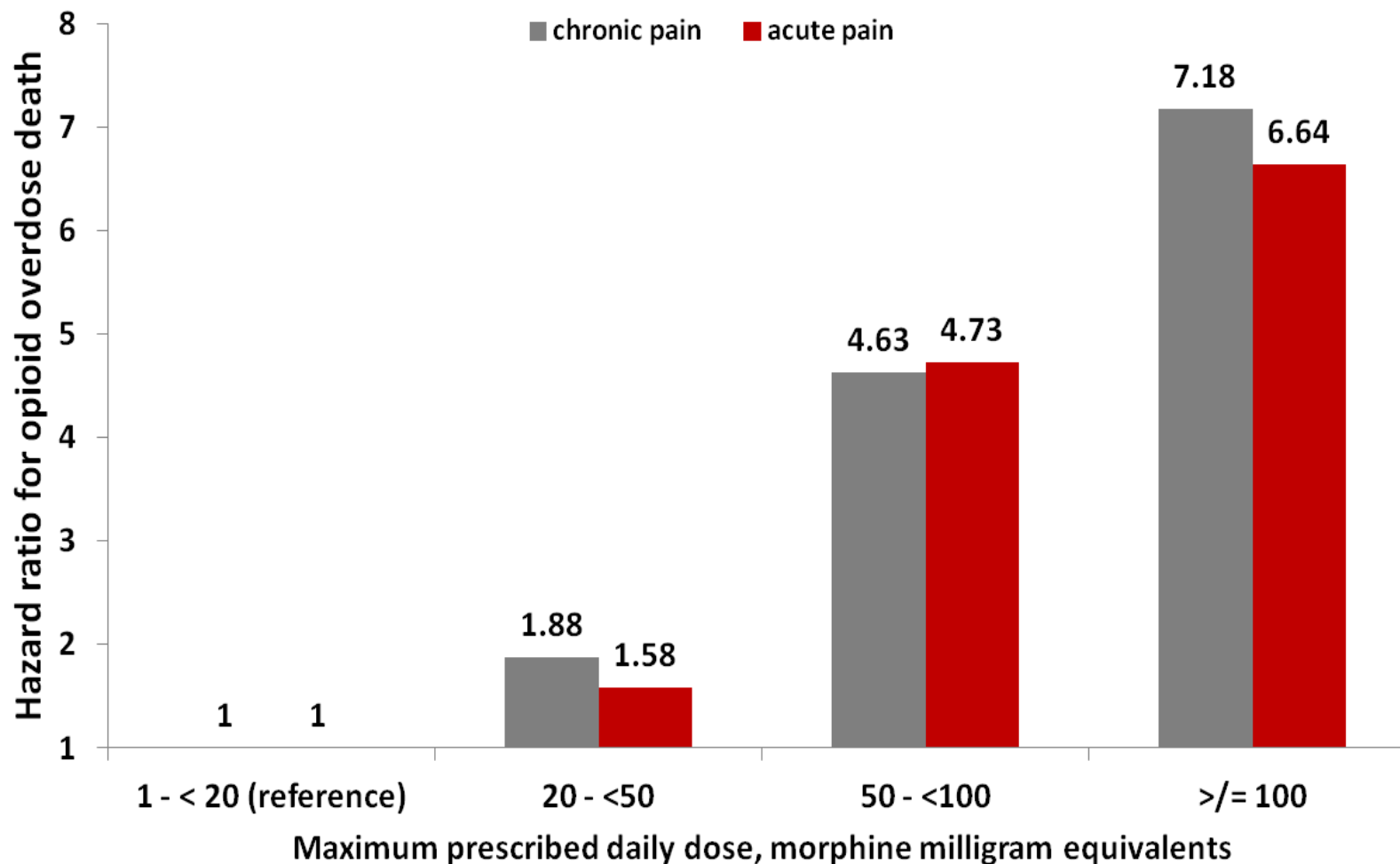
Source: GBI Research. Opioids Market to 2017. June 2011



Risk of opioid-related overdose increases with daily use

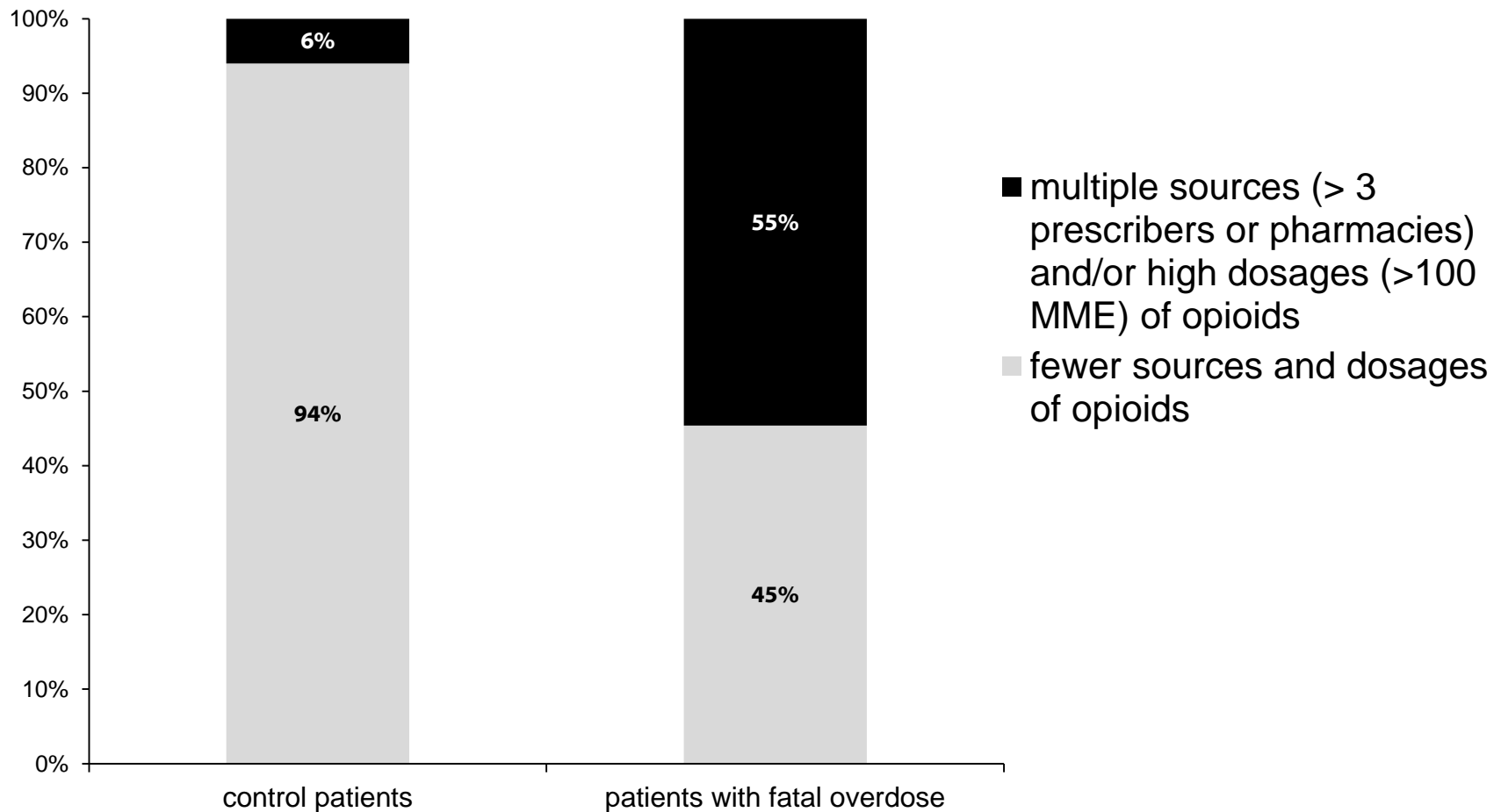


As Dose Goes Up Risk Goes Up



Source: Bohnert, Amy SB, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. *Jama* 305.13 (2011): 1315-1321.

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

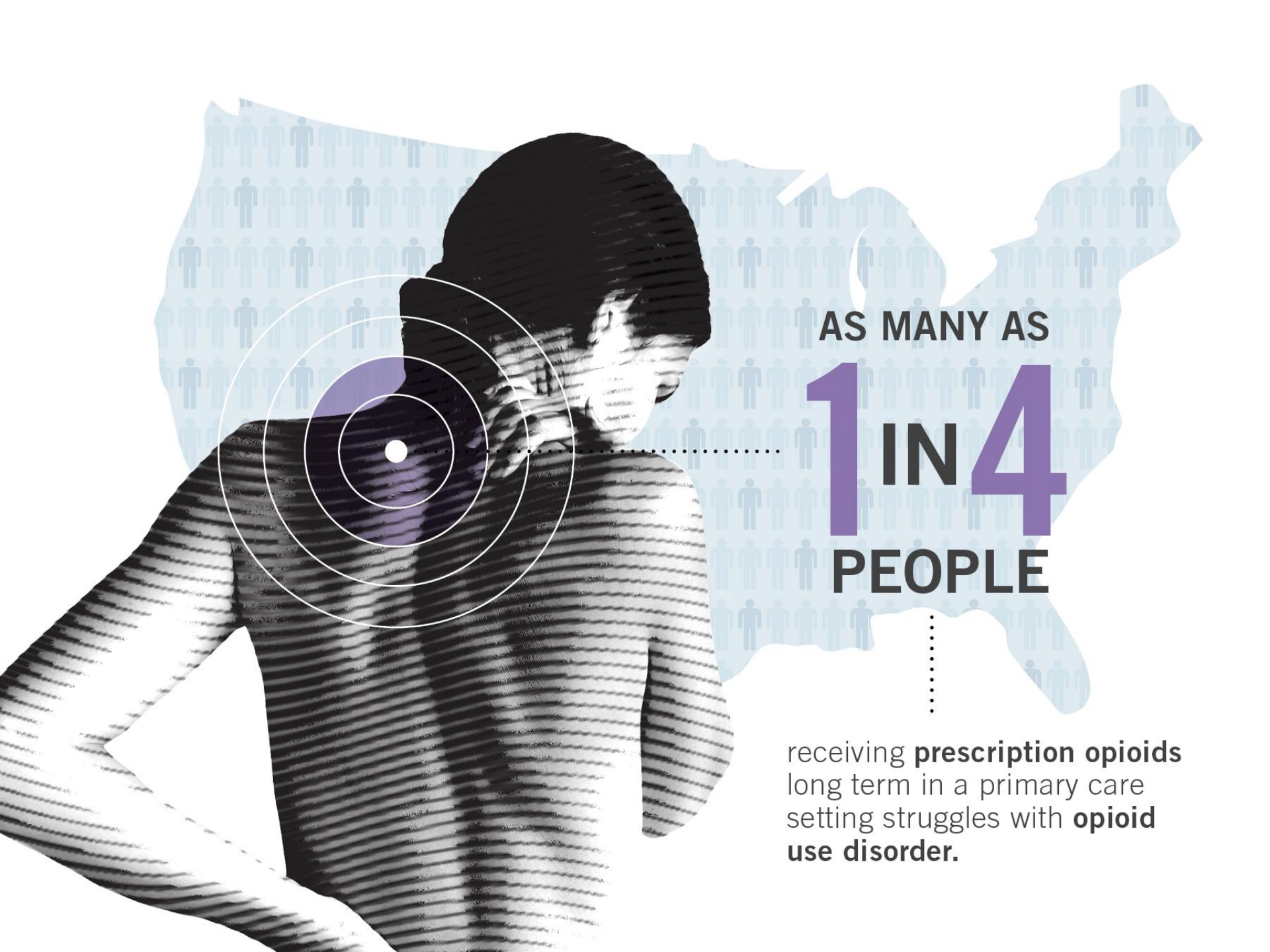


Source: Baumberg JAG et al. High Risk Use by Patients Prescribed Opioids for Pain and its Role in Overdose Deaths. *JAMA Intern Med* 2014; 174: 796-801.



**NEARLY
2M**

- **Americans, aged 12 or older, either abused or were dependent on prescription opioids in 2014.**

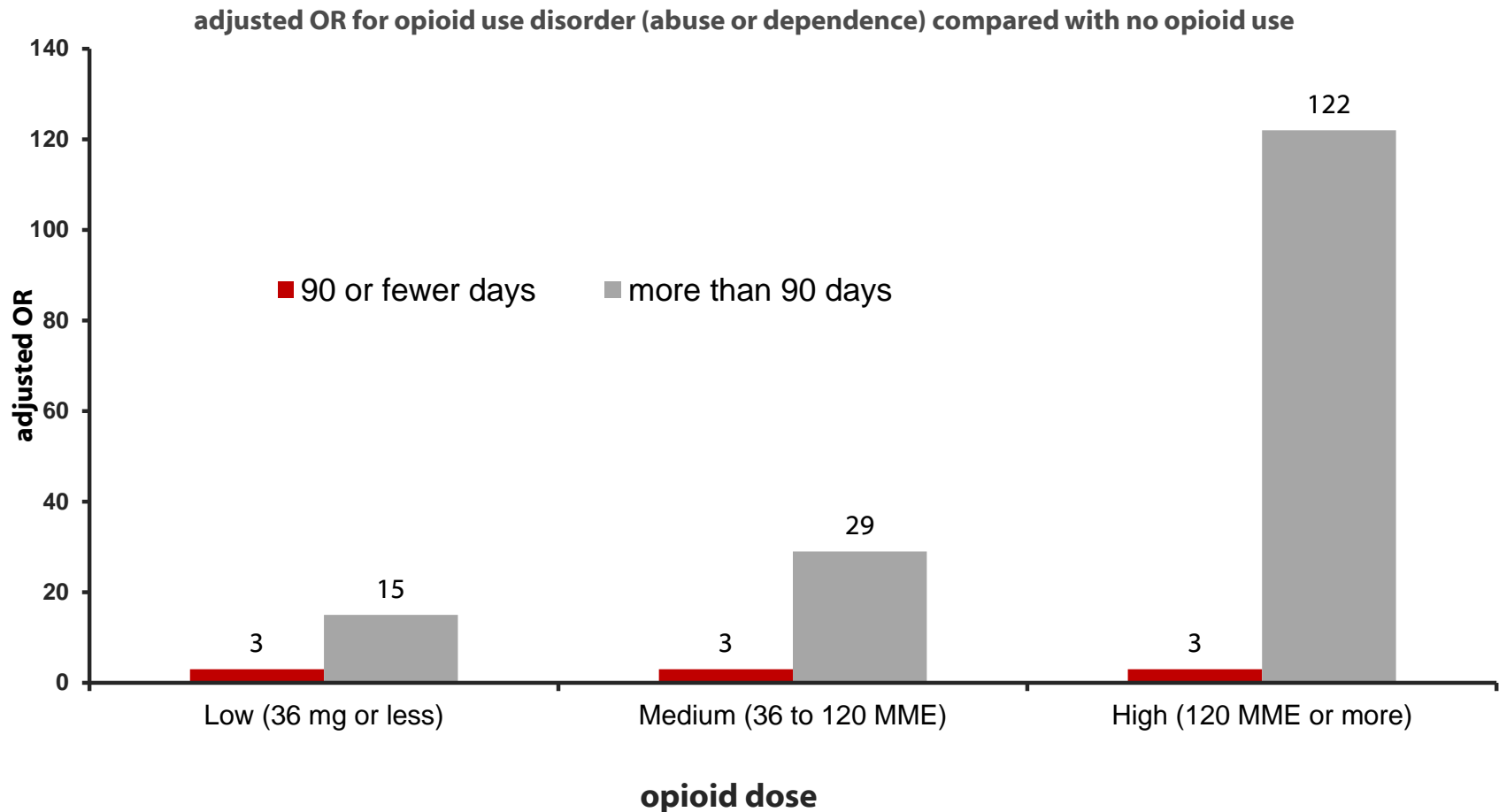


AS MANY AS

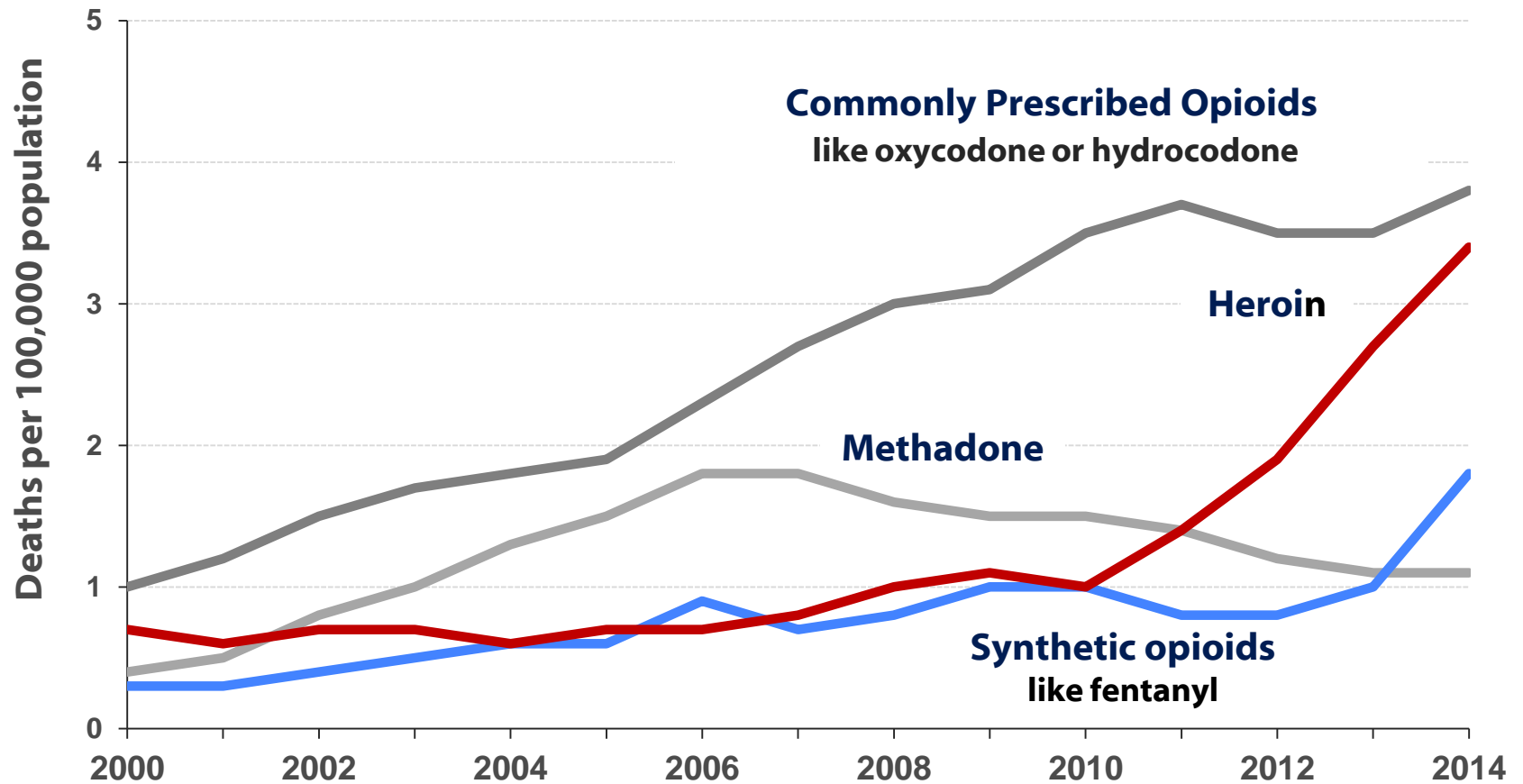
1 IN 4
PEOPLE

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



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



SOURCE: National Vital Statistics System Mortality File.

JULY 2015

Vital^{CDC}signs™

Today's Heroin Epidemic



2x

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



Vital^{CDC}signs™

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.

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

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

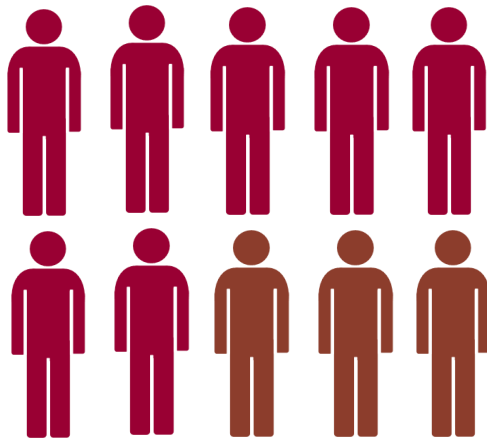
...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

Prescription opioid misuse is a major risk factor for heroin use



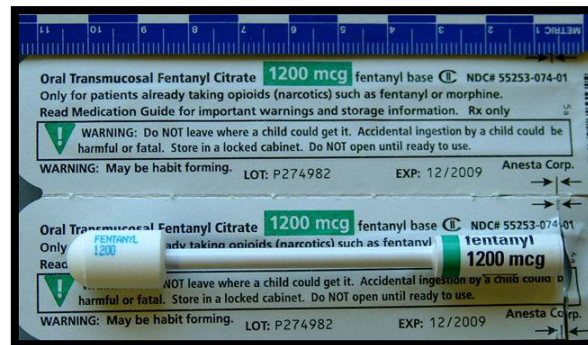
3 out of 4 people
who used heroin in the
past year misused
opioids first



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



More than 80% of 2014 Fentanyl Seizures Occurring in 10 States

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

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



Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 65 / No. 1

March 18, 2016

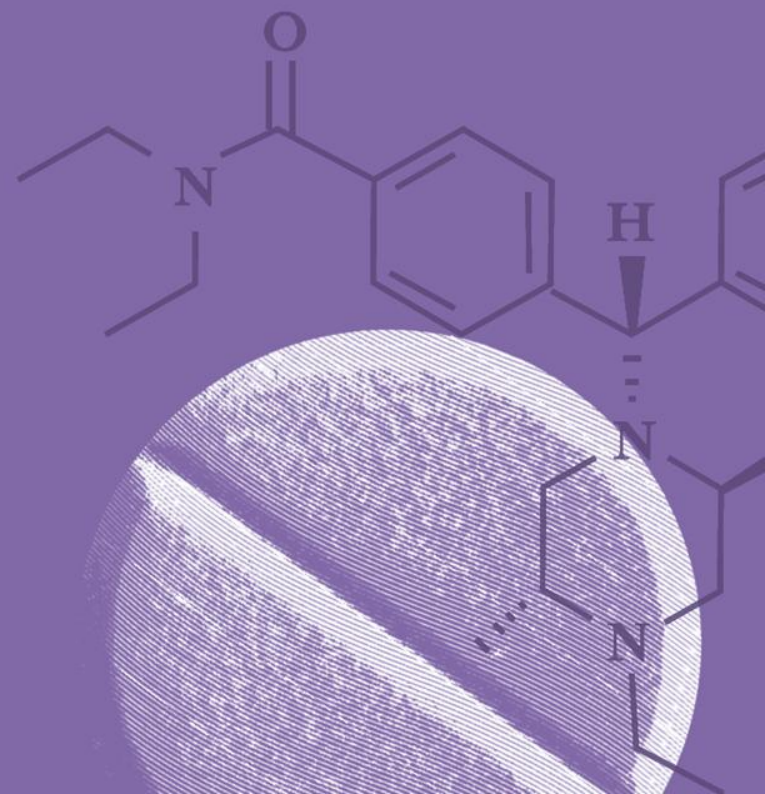
CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



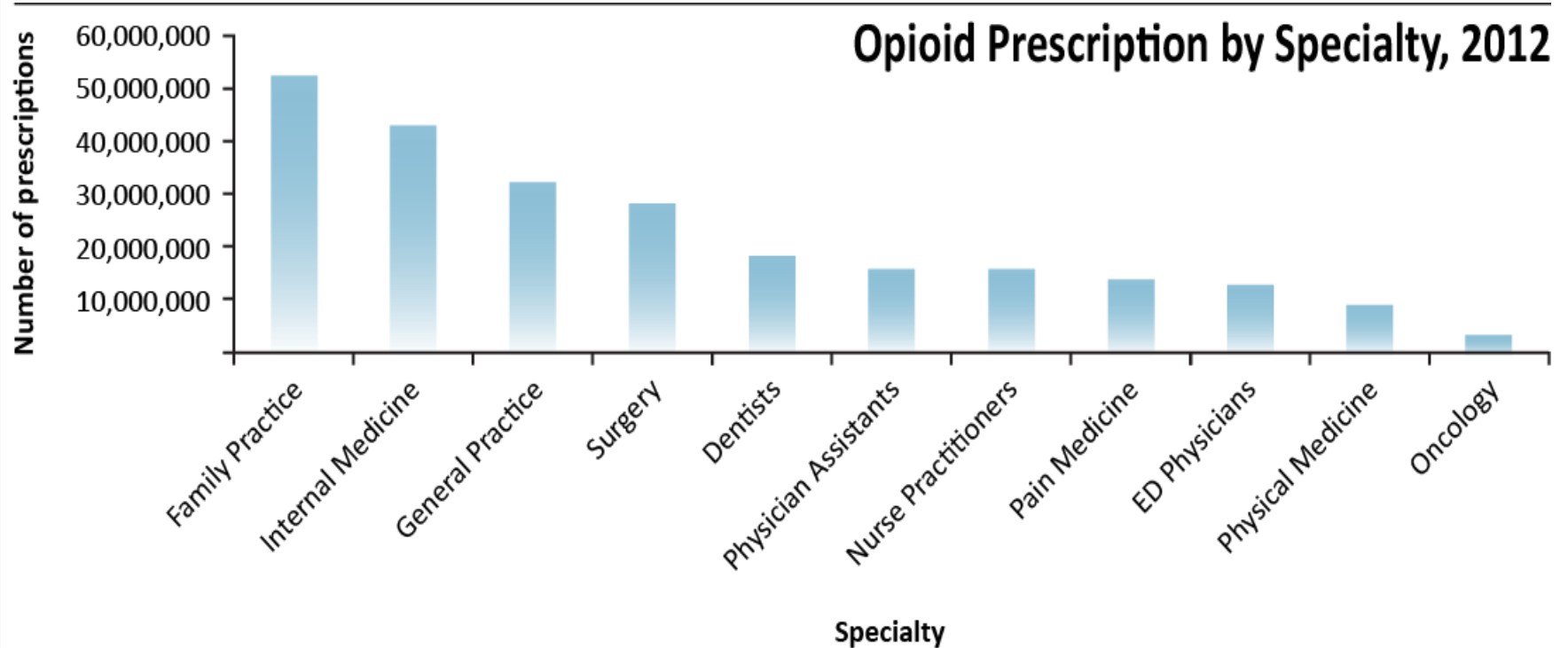
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Purpose, Use, and Primary Audience

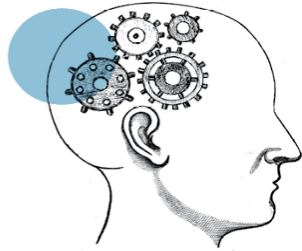
- **Primary Care Providers**
 - Family medicine, Internal medicine
 - Physicians, nurse practitioners, physician assistants
- **Treating patients ≥ 18 years with chronic pain**
 - Pain longer than 3 months or past time of normal tissue healing
- **Outpatient settings**
- **Does not include active cancer treatment, palliative care, and end-of-life care**

Why primary care providers?



Guideline Development Process

ANALYZE



Systematic Literature Review

CDC Draft Recommendations

Core Expert Group Consultation

CDC Draft Guideline



CONSULT

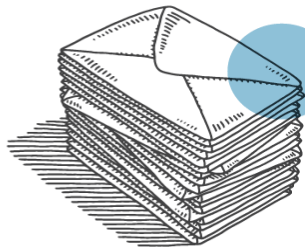
Core Expert &
Stakeholder Review

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

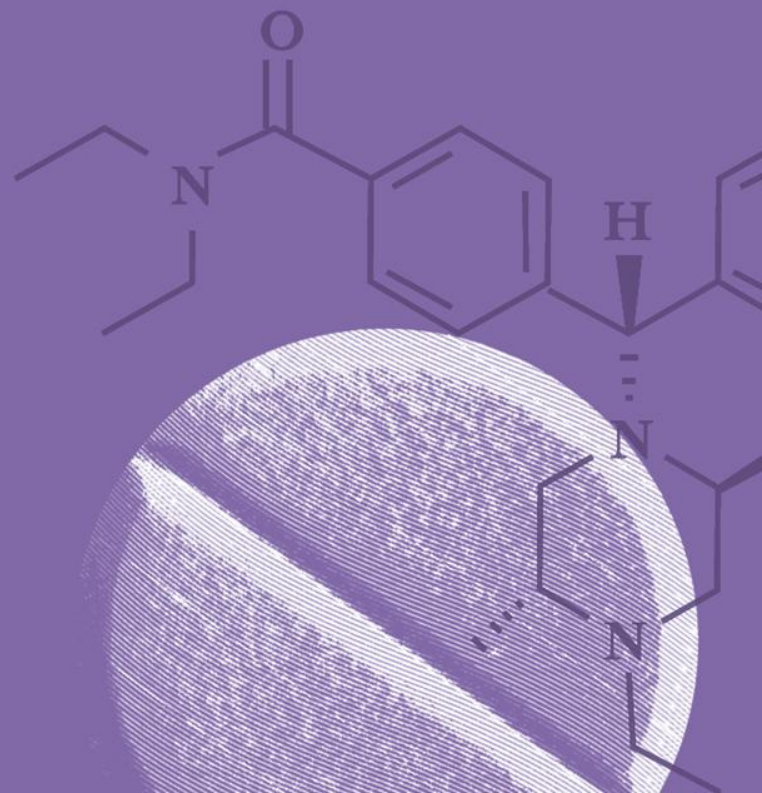
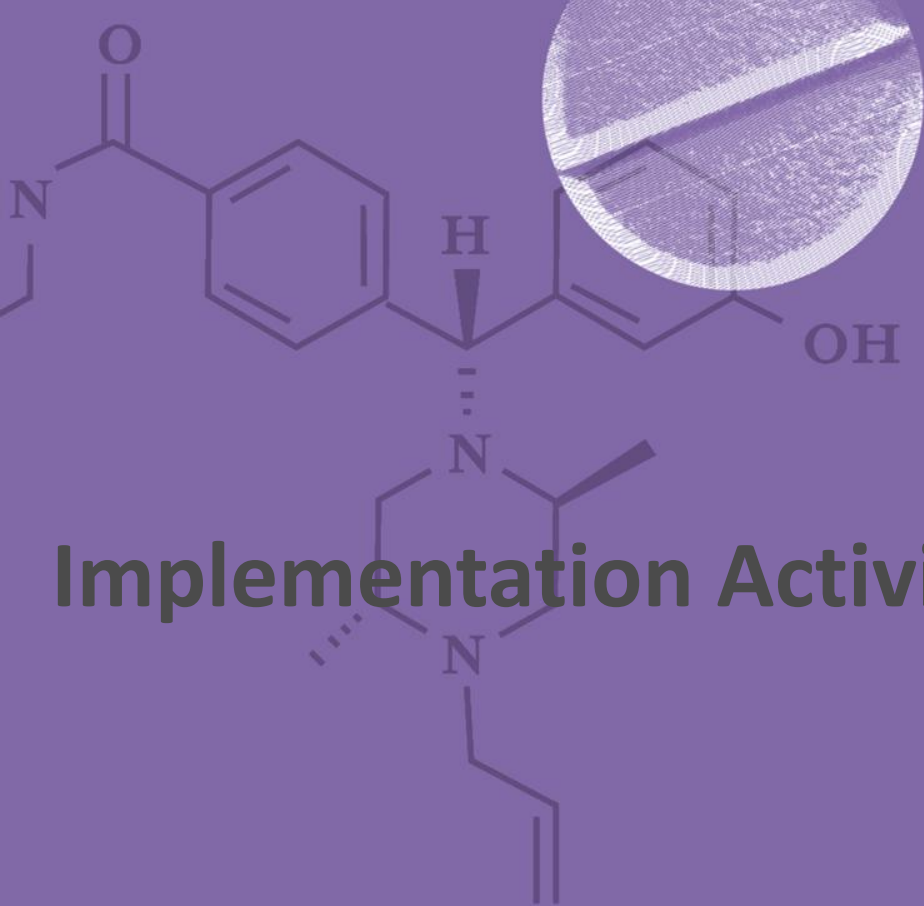
Organization of Recommendations

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

Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥ 3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (eg, addiction, overdose) with patient.
- Evaluate risk of harm or misuse.
 - Discuss risk factors with patient.
 - Check prescription drug monitoring program (PDMP) data.
 - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (eg, PEG scale).
- Schedule initial reassessment within 1–4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

If RENEWING without patient visit

- Check that return visit is scheduled ≤ 3 months from last visit.

When REASSESSING at return visit

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- Assess pain and function (eg, PEG); compare results to baseline.
- Evaluate risk of harm or misuse:
 - Observe patient for signs of over-sedation or overdose risk.
 - If yes: Taper dose.
 - Check PDMP.
 - Check for opioid use disorder if indicated (eg, difficulty controlling use).
 - If yes: Refer for treatment.
- Check that non-opioid therapies optimized.
- Determine whether to continue, adjust, taper, or stop opioids.
- Calculate opioid dosage morphine milligram equivalent (MME).
 - If ≥ 50 MME/day total (≥ 50 mg hydrocodone; ≥ 33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
 - Avoid ≥ 90 MME/day total (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone), or carefully justify; consider specialist referral.
- Schedule reassessment at regular intervals (≤ 3 months).

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- Benefits of long-term opioid therapy for chronic pain not well supported by evidence.
- Short-term benefits small to moderate for pain; inconsistent for function.
- Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.

NON-OPIOID THERAPIES

Use alone or combined with opioids, as indicated.

- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anti-convulsants).
- Physical treatments (eg, exercise therapy, weight loss).
- Behavioral treatment (eg, CBT).
- Procedures (eg, intra-articular corticosteroid).

[EVALUATING RISK OF HARM OR MISUSE]

Known risk factors include:

- Illegal drug use; prescription drug use for nonmedical reasons.
- History of substance use disorder or overdose.
- Mental health conditions (eg, depression, anxiety).
- Sleep-disordered breathing.
- Concurrent benzodiazepine use.

Urine drug testing: Check to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.

Prescription drug monitoring program (PDMP): Check for opioids or benzodiazepines from other sources.


ASSESSING PAIN & FUNCTION USING PEG SCALE

PEG score = average 3 individual question scores
 100% improvement from baseline is clinically meaningful

Q1: What number from 0–10 best describes your pain in the past week?
 0 = “no pain”; 10 = “worst you can imagine”

Q2: What number from 0–10 describes how, during the past week, pain has interfered with your enjoyment of life?
 0 = “not at all”; 10 = “complete interference”

Q3: What number from 0–10 describes how, during the past week, pain has interfered with your general activity?
 0 = “not at all”; 10 = “complete interference”



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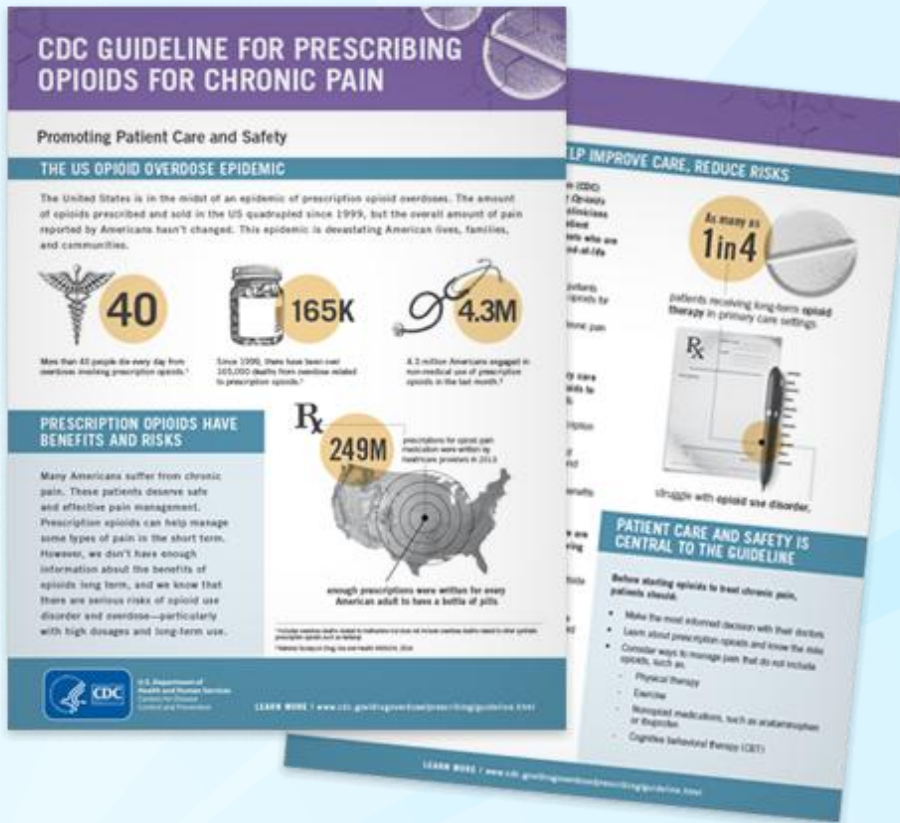
TO LEARN MORE
www.cdc.gov/ncjpd/painmanagement/prescribingguidelines.html

March 2014

- 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 matre articles, blogs, infographics
- Training modules
 - Enhancing provider education
 - CME credits

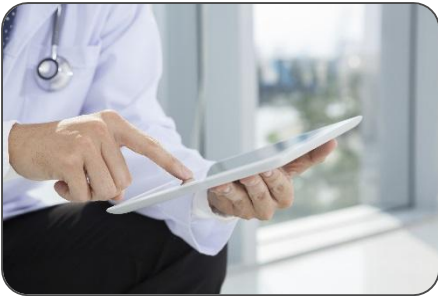
3rd CDC Pillar:

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

CDC's Prescription Drug Overdose Prevention For States (29 states)

Arizona

California

Colorado

Connecticut

Delaware

Illinois

Indiana

Kentucky

Maine

Maryland

Massachusetts

Nebraska

Nevada

New Mexico

New York

North Carolina

Ohio

Oklahoma

Oregon

Pennsylvania

Rhode Island

South Carolina

Tennessee

Utah

Vermont

Virginia

Washington

West Virginia

Wisconsin



PDO Prevention for States Strategies

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



Prescription Drug Monitoring Program

Pharmacies

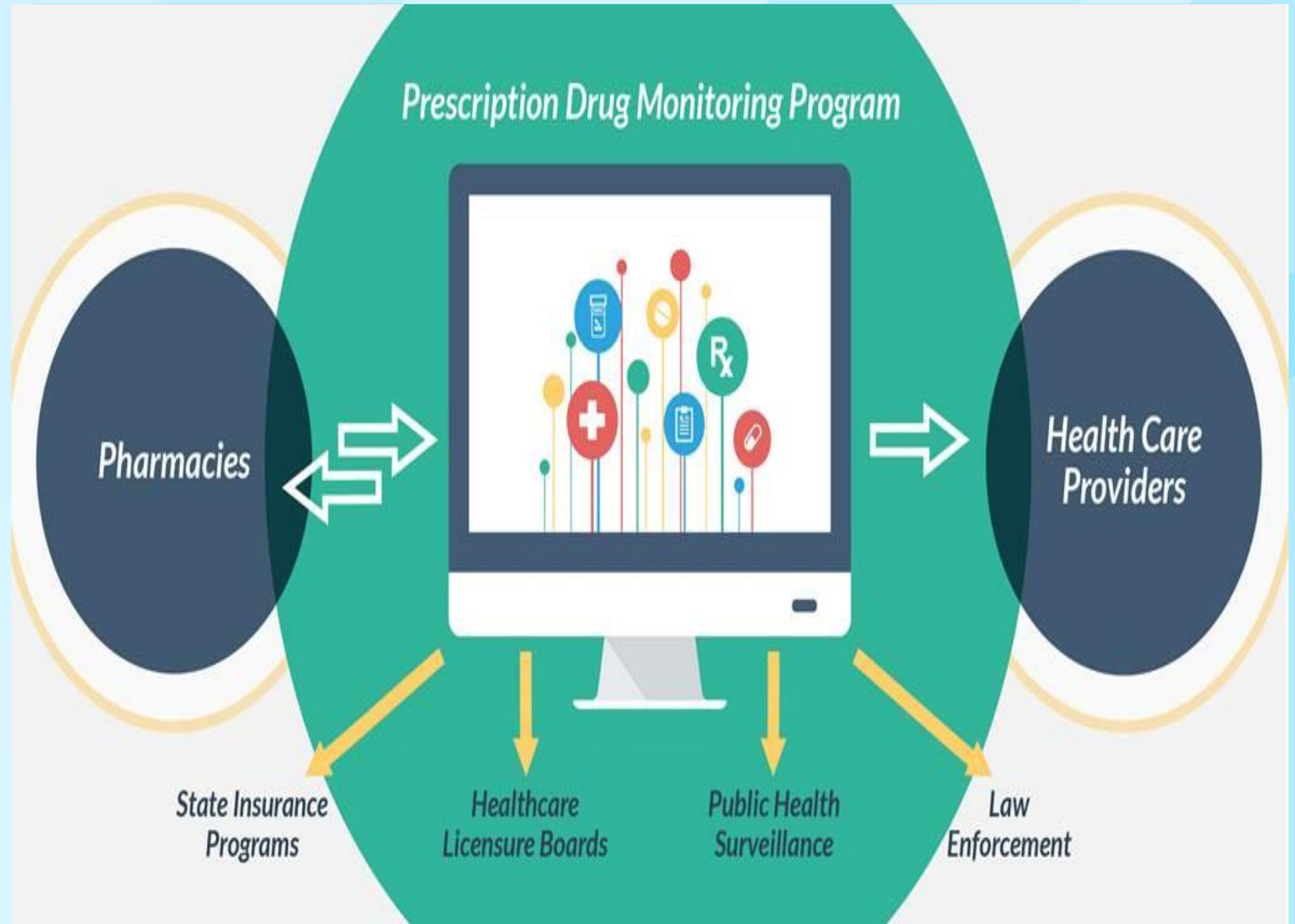
Health Care
Providers

State Insurance
Programs

Healthcare
Licensure Boards

Public Health
Surveillance

Law
Enforcement



State-based interventions are improving outcomes



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.



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.



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.

1
Enhance and
Maximize PDMPs

2
Community,
Insurer or Health
System
Interventions

PDO Prevention for States Strategies

State Policy
Evaluation

Rapid Response
Projects

3

4

Prevention for States: Insurer/Pharmacy Benefit Manager Strategies

❑ Prior Authorization

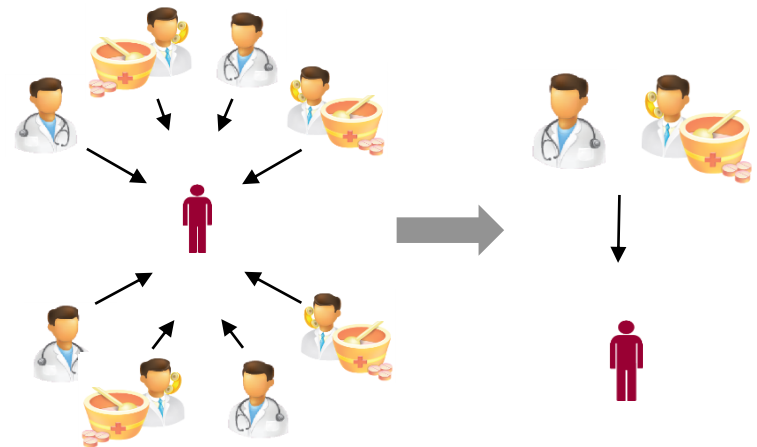
- Coverage requires review to ensure criteria met

❑ 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



1

Enhance and
Maximize PDMPs

2

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4



HHS Secretary's Opioid Initiative

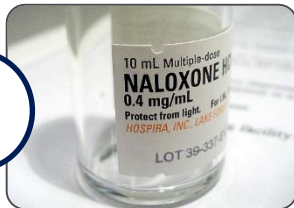
Focus on three priority areas that tackle the opioid crisis and significantly impact those struggling with substance use disorders to help save lives

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



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CAMPUS

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