

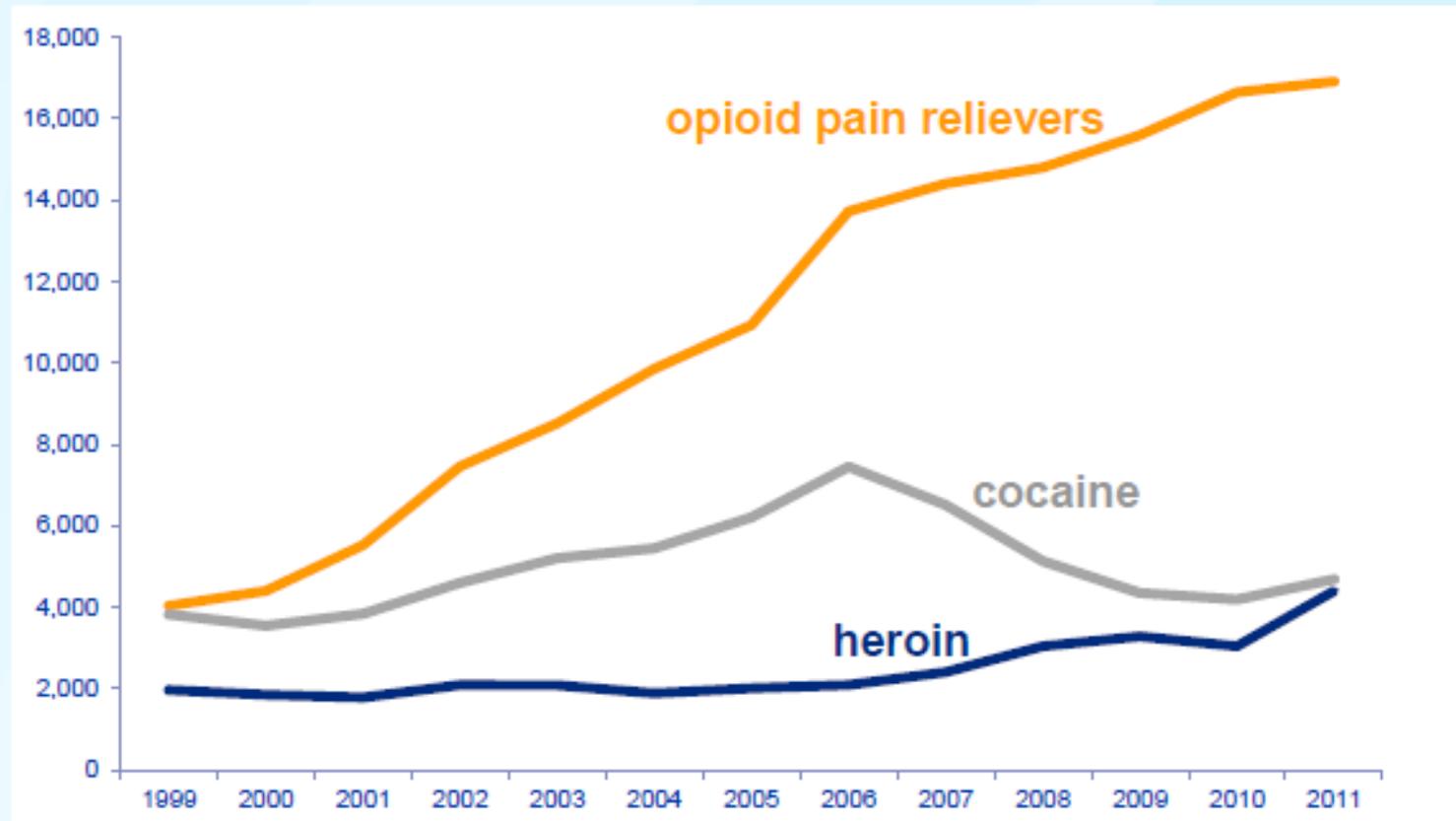
Prescription Opioid Misuse and Overdose Prevention Workgroup:

Karen L. Smith, MD, MPH
Director & State Health Officer
California Department of Public Health

**CCLHO Semi-Annual Meeting
October 14-15, 2015**



Drug overdose deaths by major drug type— United States, 1999–2011

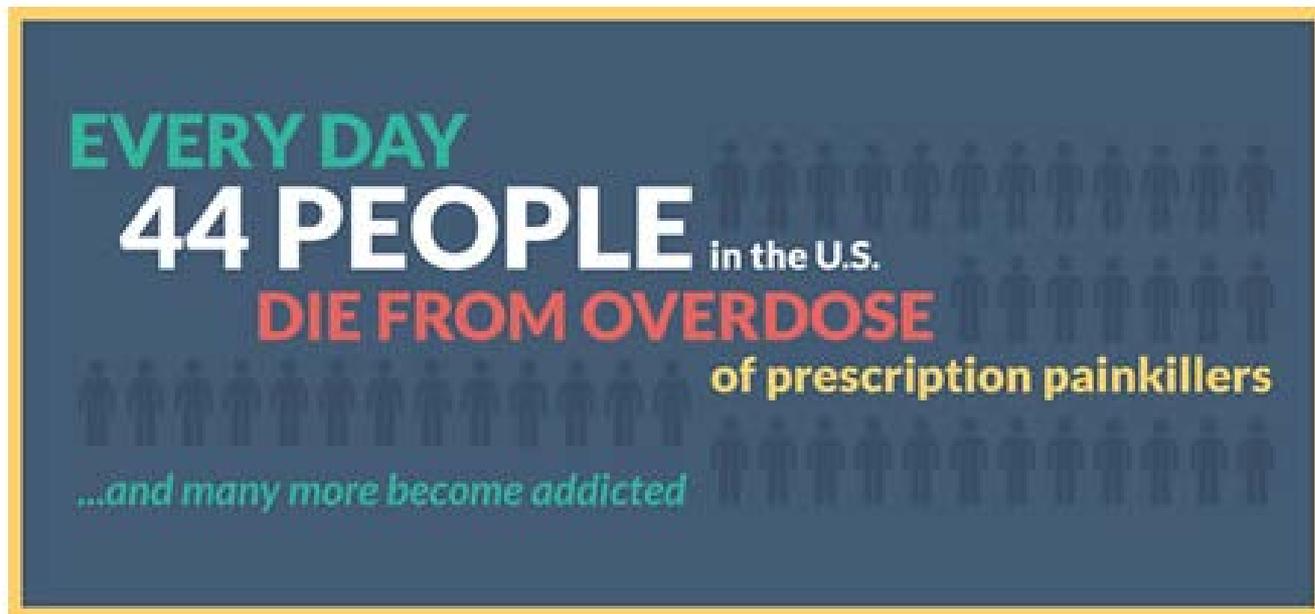


CDC, National Center for Health Statistics, National Vital Statistics System

Impact of Misuse and Overdose:

Centers for Disease Control (CDC) has declared prescription drug misuse to be a nationwide epidemic.

In California: there were over 1,800 deaths from all types of opioids in 2013 - **72% involved prescription opioids.**



Changing Culture of Opioid Prescribing

1980 - 1990s	Doctors are encouraged to prescribe opioids liberally. New long-acting opioids are heavily marketed.
2000	Standards published requiring pain assessment as “fifth vital sign”
2005 - 2010	Evidence grows about the harms of long-term use of opioids, including addiction
2010	Opioid-related deaths increase 7-fold since 2000
2013	New guidelines emerge recommending lower doses and judicious prescribing

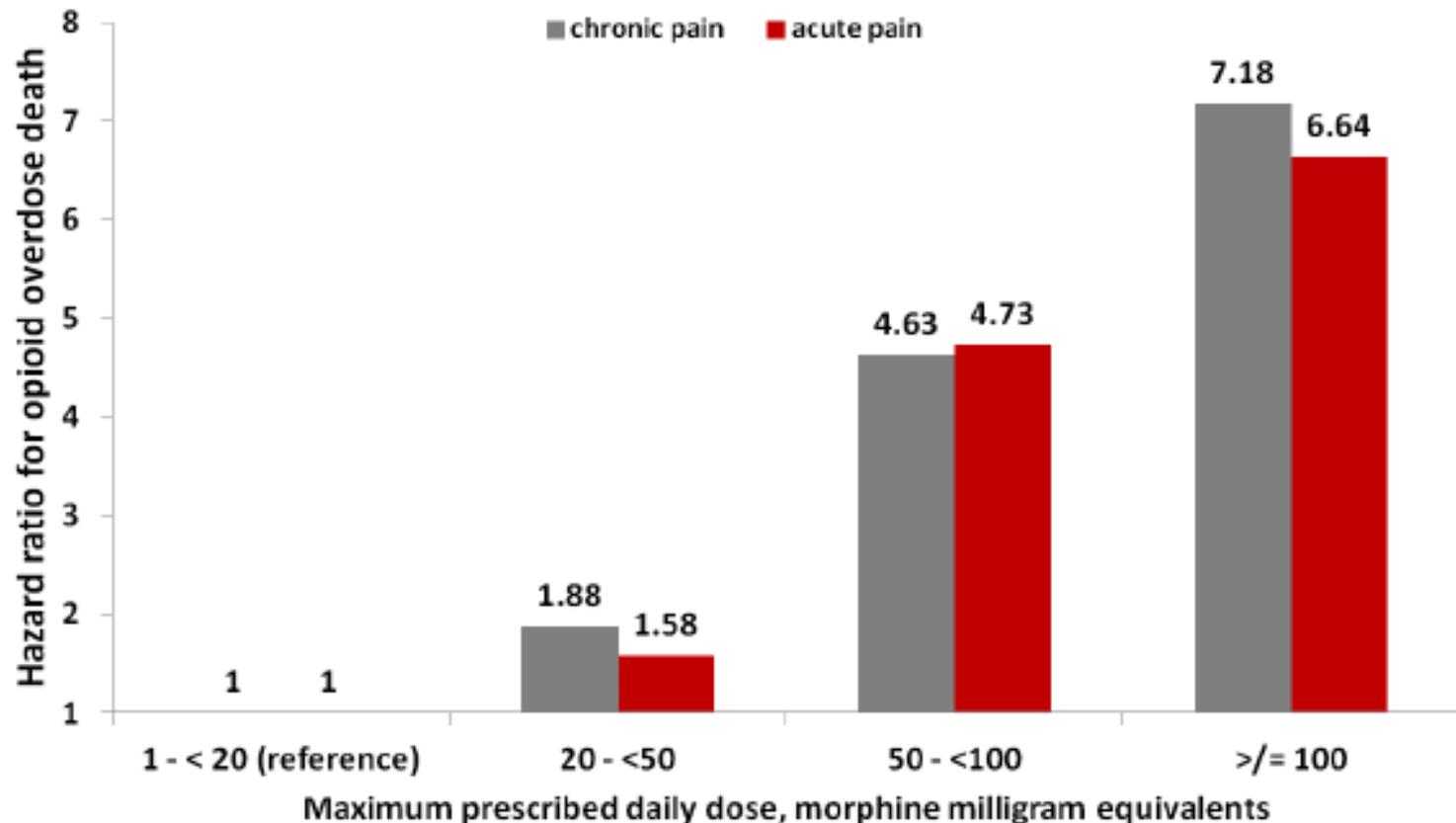
From 1999 to 2013,
the amount of prescription painkillers prescribed
& sold in the U.S. nearly **QUADRUPLED.**



Yet there has not been an overall change in
the amount of pain that Americans report.

Amy S. B. Bohnert, PhD
Marcia Valenstein, MD
Matthew J. Bair, MD
Dara Ganoczy, MPH
John F. McCarthy, PhD
Mark A. Ilgen, PhD
Frederic C. Blow, PhD

Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths



Additional Public Health Impacts:

Indiana Community Outbreak of HIV Infection Linked to Injection Drug Use of Prescription Opioid Oxymorphone



Scott County, Indiana:

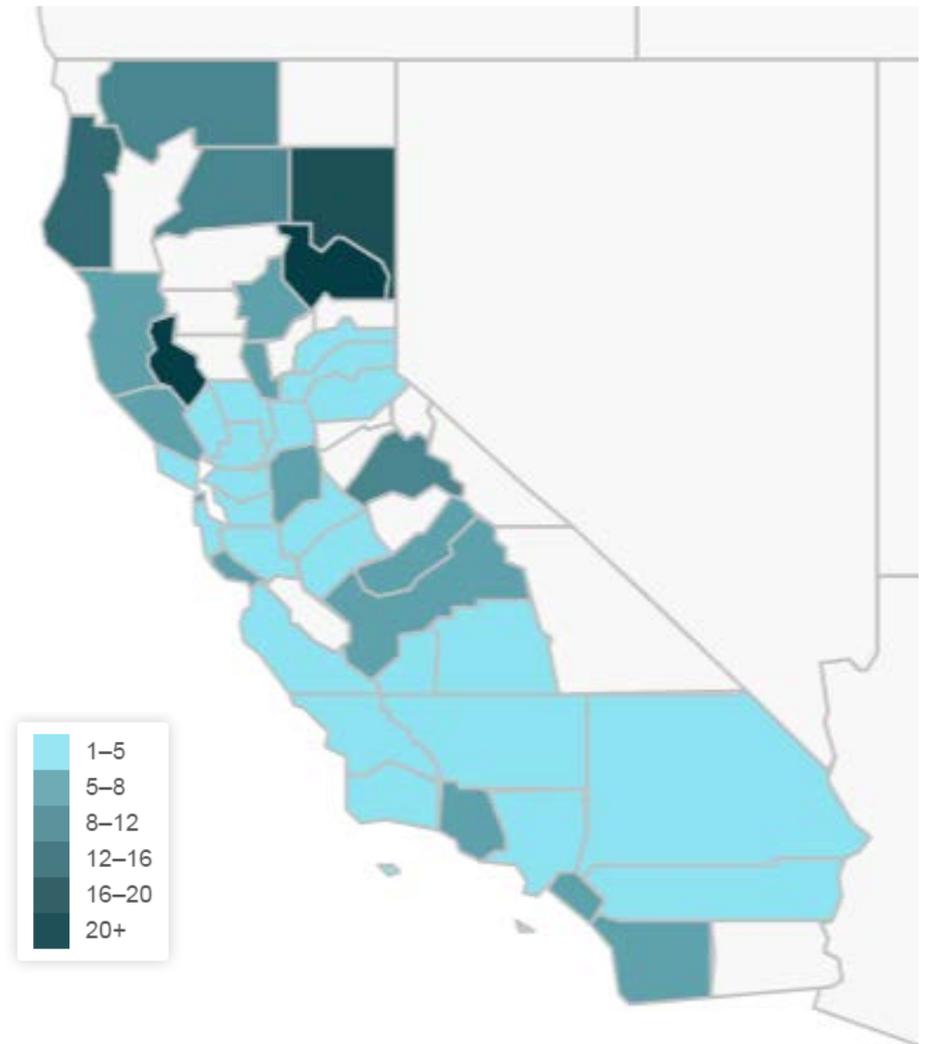
- Prior to outbreak, no more than five cases of HIV in a given year
- HIV infection spread rapidly in a large network of persons injecting prescription opioids
- 142 cases in four months (Dec 2014 - Mar 2015)
- 85% of the patients newly diagnosed with HIV also have Hepatitis C

Prescription Opioid-Related Deaths

Prescription Opioid-Related Deaths
Rate per 100,000 Residents
by County, California, 2009-2013

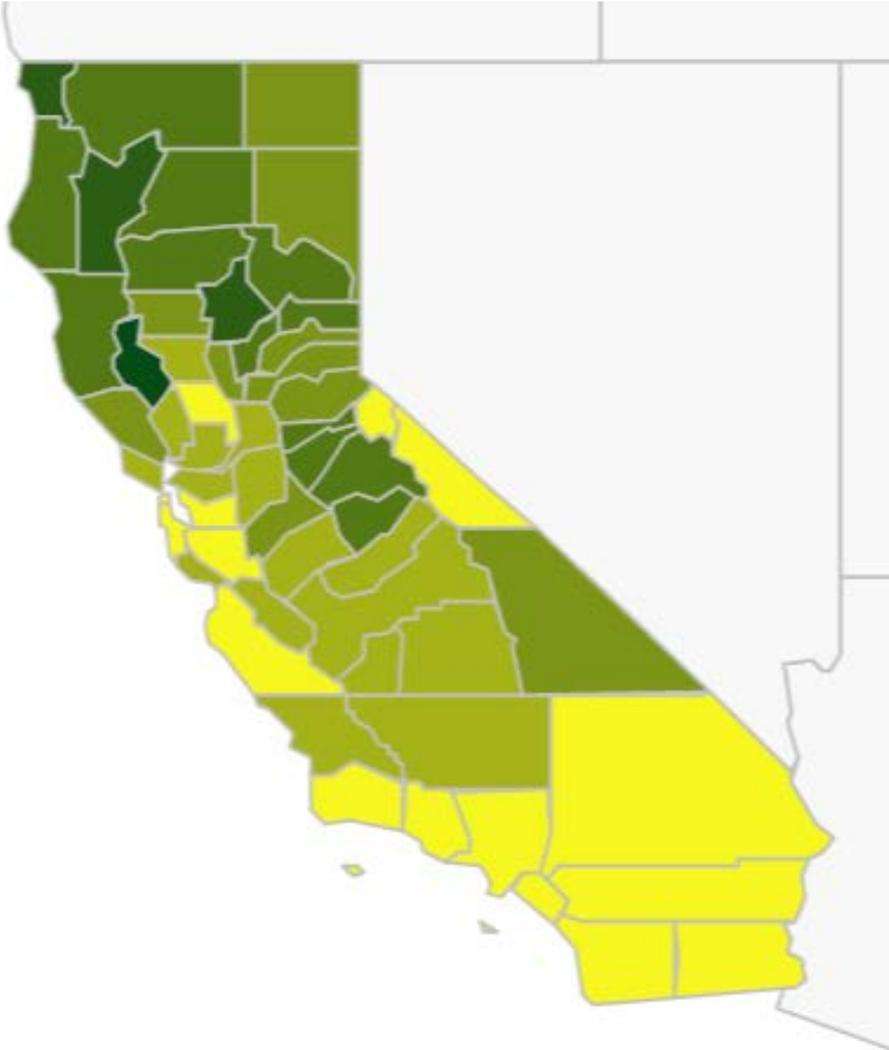
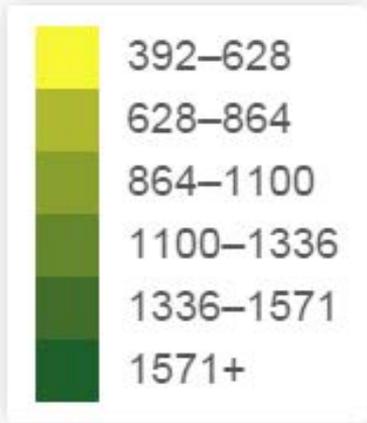
Prescription Opioid-Related Deaths
Number of Cases (2009-2013)

County	# of Cases
Orange	1042
San Diego	1038
Los Angeles	938



*Age adjusted rate per 100,000 California residents. Rates are not presented for counties with less than 20 deaths total for the five year period (shown in white).
Data source: Death Statistical Master and Multiple Cause of Death files, California Department of Public Health (CDPH). Prepared by: Safe and Active Communities Branch, CDPH, 2015.

Number of Opioid Prescriptions per 1,000 Residents by County, California, 2013



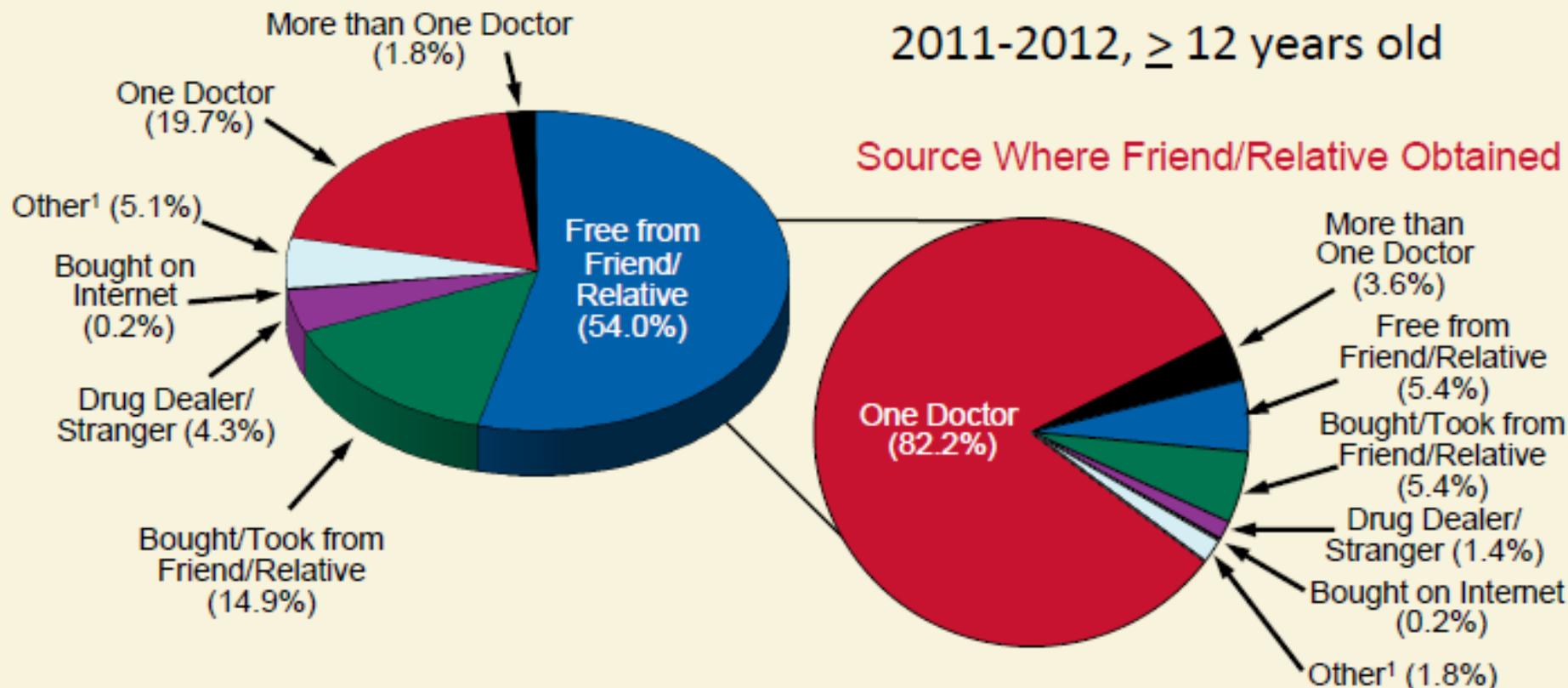
Data source: California Department of Justice, Controlled Substance Utilization Review and Evaluation System. Prepared by: Brandeis University, Prescription Monitoring Program Center of Excellence, 2015.



SAMHSA's Epidemiologic Surveillance & Analyses: The National Survey on Drug Use & Health

Where Are Users Obtaining Pain Rx for NMU?

2011-2012, ≥ 12 years old



SAMHSA NSDUH 2013
NMU = non-medical use

¹ The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

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.

Based on 2015 report: see next slide

Opportunity to Demonstrate How Public Health Works

- Opportunity for prevention
- Need to respond simultaneously on multiple fronts
- Bring public health capacity for:
 - Convening
 - Surveillance
 - Education
- Engaging the spectrum of partners
 - Providers, community, law enforcement, policy makers, etc.
- Building relationships for future collaboration



Prescription Opioid Misuse and Overdose Prevention Workgroup: Background

- In 2014, CDPH and several state partners convened the Prescription Opioid Misuse and Overdose Prevention Workgroup for the purpose of:
 - Decreasing prescription opioid misuse and overdose
 - Improving collaborative partnerships to address the epidemic (particularly through joint data and awareness activities)
- The workgroup effort began as information sharing among state agencies and is now expanding to link state and local efforts with a wide range of partners.



Workgroup Participants

State Agencies

California Department of Public Health
Department of Health Care Services
Department of Justice – CURES-PDMP
Department of Consumer Affairs
California State Board of Pharmacy
Medical Board of California
Dental Board of California
Board of Registered Nursing

Emergency Medical Services Authority
California Department of Education
Division of Workers Compensation
Department of Corrections
Department of Managed Health Care

New Participants: Local Public Health, Federal, Foundation and Academic Partners

California Conference of Local Health Officers (CCLHO)
County Health Executives Association of California (CHEAC)
Drug Enforcement Administration (DEA)
Department of Motor Vehicles (DMV)

California Health Care Foundation (CHCF)
UC Davis Medical Center

Building a Comprehensive Approach



Leveraging Multi-Sector Collaboration
at State and Local Level

Workgroup Awareness Activities

Priority Awareness Audience – Phase 1:

Opportunities for upstream intervention with providers, health systems and health plans

- Collaboration to promote new pain management guidelines by the Medical Board of California
- All Facilities Letter: Preventing Opiate Overdose Death with Naloxone, addition of naloxone to Medi-Cal formulary

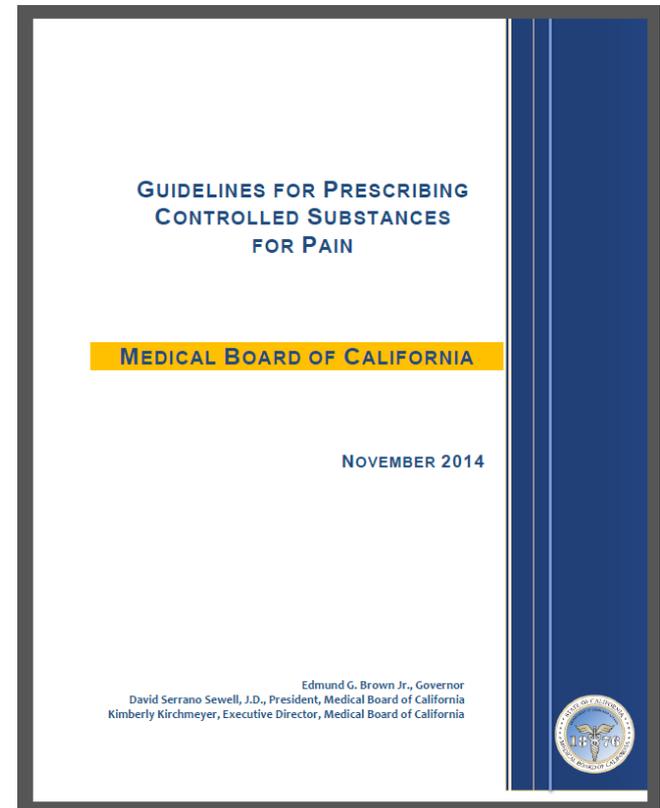


Medical Board of California Release of Revised Guidelines

Established a messaging sub-team

Initiated a collective awareness effort using existing channels and tools from each partner department, including:

- Joint news release
- Stakeholder emails
- Media coverage
- Workgroup webpage
- Linked webpages with common content



http://www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf

Linked Websites - Common Themes

CA .GOV California Department of Public Health CDPH

Home Programs Services Health Information Certificates & Licenses Publications & Forms Data

en Español
→ Su salud en su idioma

Most Popular Links
→ Birth, Death, & Marriage Certificates
→ Licensing and Certification
→ WIC

Quick Links
→ About Us
→ CDPH Open Data Portal
→ Decisions Pending & Opportunities for Public Participation
→ Diseases & Conditions
→ Job Opportunities
→ Local Health Services
→ Newsroom
→ Public Availability of Documents

Related Links
→ California Health and Human Services Agency
→ Department of Health Care Services (incl. Medi-Cal)
→ State Agencies Directory

California Department of EDUCATION

Curriculum & Instruction Testing & Accountability
Finance & Grants Data & Statistics Learning Support

Home » Learning Support » Health » Alcohol, Tobacco & Other Drug Prevention

Prescription Medication Misuse and Abuse

Information and resources regarding prescription medication misuse and abuse.

Prescription medication abuse and misuse is a national epidemic, according to the Centers for Disease Control and Prevention (CDC).

Statistics

- Ninety percent of drug addictions start in the teenage years
- One in six teens have used a prescription drug in order to get high
- Two-thirds of teens who abuse pain relievers say they get them without a prescription

California Department of Education partnered with the California Department of Public Health on Opioid Misuse and Overdose Prevention Work Group. The workgroup is exploring opportunities to improve collaboration and expand joint efforts at improvement of monitoring and surveillance. Initial workgroup discussions have focused on information sharing about existing efforts and

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Prescription Drug Abuse Prevention

PRESCRIPTION DRUG ABUSE PREVENTION PUBLIC SERVICE ANNOUNCEMENT

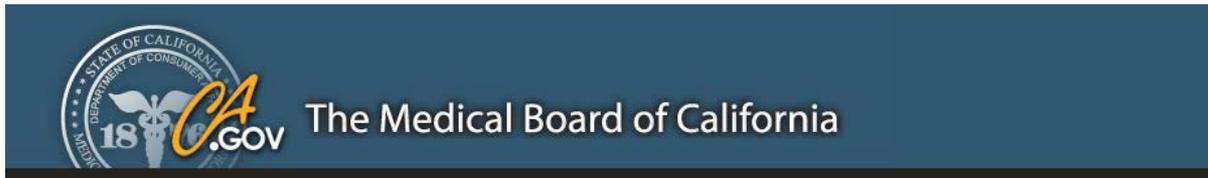
QUICK HITS

- Verify a License
- Change of Address/Name
- License Renewal
- File a Complaint

- [60-second video](#)
- [30-second video](#)
- [Medical Board Prescription Drug Abuse PSA Video](#)



Leveraging PSAs and Media Coverage



Workgroup Data Activities

Establishing interagency collaboration among data subject matter experts from participating partners:

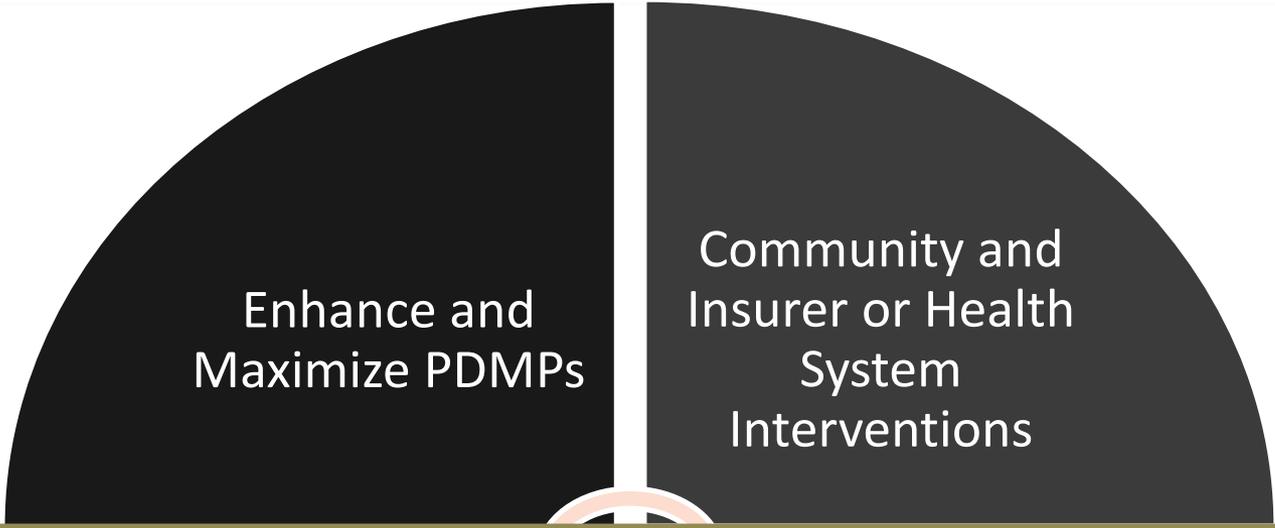
Improve access, sharing and use of existing data

- Promote data sharing and collaborative analysis
- Support enhancement of CURES
- Opioid Data Mapping Project
- Exploring Risk Factors for Overdose Fatality

Ramping Up Statewide Capacity:

- Prescription Drug Overdose Prevention for States (CDC Prevention Grant), CDPH and partners
- Opioid Safety Regional Coalitions Grant (California Health Care Foundation)
- 2015 Harold Rogers Grant (Bureau of Justice Assistance), DOJ-CURES





Enhance and
Maximize PDMPs

Community and
Insurer or Health
System
Interventions

**CDC Prescription Drug Overdose
Prevention for States**
Key Selected Strategies

1. Promote CURES Enhancement for Effective Use and Surveillance
2. Health Insurance Plan and Health Care System Engagement
3. Physician and Pharmacist Educational Outreach
4. Local Health Department and Community Coalition Support

First Year Deliverables

- Enhanced use of CURES 2.0
 - Promote increased registration and use
 - Data sharing agreements
 - Surveillance reports to county partners
 - Data technical assistance to support counties
- Engagement with health plans, health care systems and local health departments on safe prescribing policy and practice changes
 - Two policy interventions to improve Medi-Cal
 - Two policy/practice interventions in high burden areas
 - Local prescribing and health consequence data profiles
 - TA and training to two health departments and three coalitions

First Year Deliverables

- Academic detailing project
 - 40 high risk prescribers receive education and training on safe prescribing, referrals and Naloxone distribution
- Evaluation plan
 - Track CURES 2.0 usage
 - Assess de-duplication options for provider, dispenser & patient data
 - Track prescribing and referral behavior
 - Track state and local policy and intervention changes
 - Track CDC outcomes



Logic Model

Prescription Drug Overdose Prevention for States

State-Level Outcomes

Short-Term Policy/Program Development

PDMPs

Reduced barriers to PDMP registration and use
Shorter data collection interval
Increased rate of unsolicited reports
Increased use of standard PDMP reports for surveillance

High-burden Communities

Implementation of community level interventions in state "hot spots"

Insurers & Health Systems

Expanded opioid management programs
Implementation of opioid prescribing interventions
Expanded uptake and use of evidence-based opioid prescribing guidelines

Indicators of system or practice change

Evidence of implementation of law, policy, or regulation

Intermediate-Term Behavior Change

Providers

Increased registration and use of PDMPs
Decreased rate of high dose (>100 MME/day) opioid Rx
Increased treatment referrals for opioid use disorder
Increased use of non-opioid therapies for pain
Reduced problematic drug co-prescribing (e.g., opioid/benzo)

Patients

Decreased use of multiple prescribers for opioids

Insurers & Health Systems

Decreased rate of high dose (>100 MME/day) opioid Rx
Increased use of claims reviews to identify high-risk prescribing
Increased # of patients in opioid mgmt. programs

Oversight/Enforcement

Increased enforcement actions against outlier providers
Decreased number of outlier pain clinics ("pill mills")

Long-Term Health Outcomes

Decreased rates of opioid abuse

Increased opioid use disorder treatment
(ultimately want decrease)

Decreased rate of ED visits related to opioids

Decreased drug overdose death rate, including both opioid and heroin death rates

Improved health outcomes in state "hot spots"

Workgroup Next Steps

Planning for a stakeholder convening (early 2016)

- Engage providers, health systems and health plans
- Invite local communities to share examples of effective approaches

Connect data and awareness activities with additional partners

- Publish opioid data map and extend to county level data reports
- Develop resources to assist providers in responding to at-risk patients

Collaborate with existing and emerging initiatives

- Upcoming grant projects
- Support and promote local efforts

Thank you!

