

2020 CEPOP Annual All-Participants Strategy Session

Monday, January 27, 2020

3:00pm – 4:30pm

Washington, DC



WiFi: *FaegreBD-Guest*

Password: *ClientsFirst*

Today's Agenda

Welcome, Introduction and Meeting Goals

Focus Topic Presentation

- **CDC:** Understanding the Data – The Scope and Evolution of the Opioid Epidemic

2019 In Review: CEPOP Successes and Deliverables

Developing CEPOP's 2020 Agenda

- Strategic Priorities
- Building Consensus
- Raising Visibility and Negagement

Moving Forward: Setting an Agenda into Action

Focus Topic Discussions:
*Understanding the Data –
The Scope and Evolution of
the Opioid Epidemic*

Michelle Putnam

*Division of Unintentional Injury Prevention, National Center for
Injury Prevention and Control*

Centers for Disease Control and Prevention

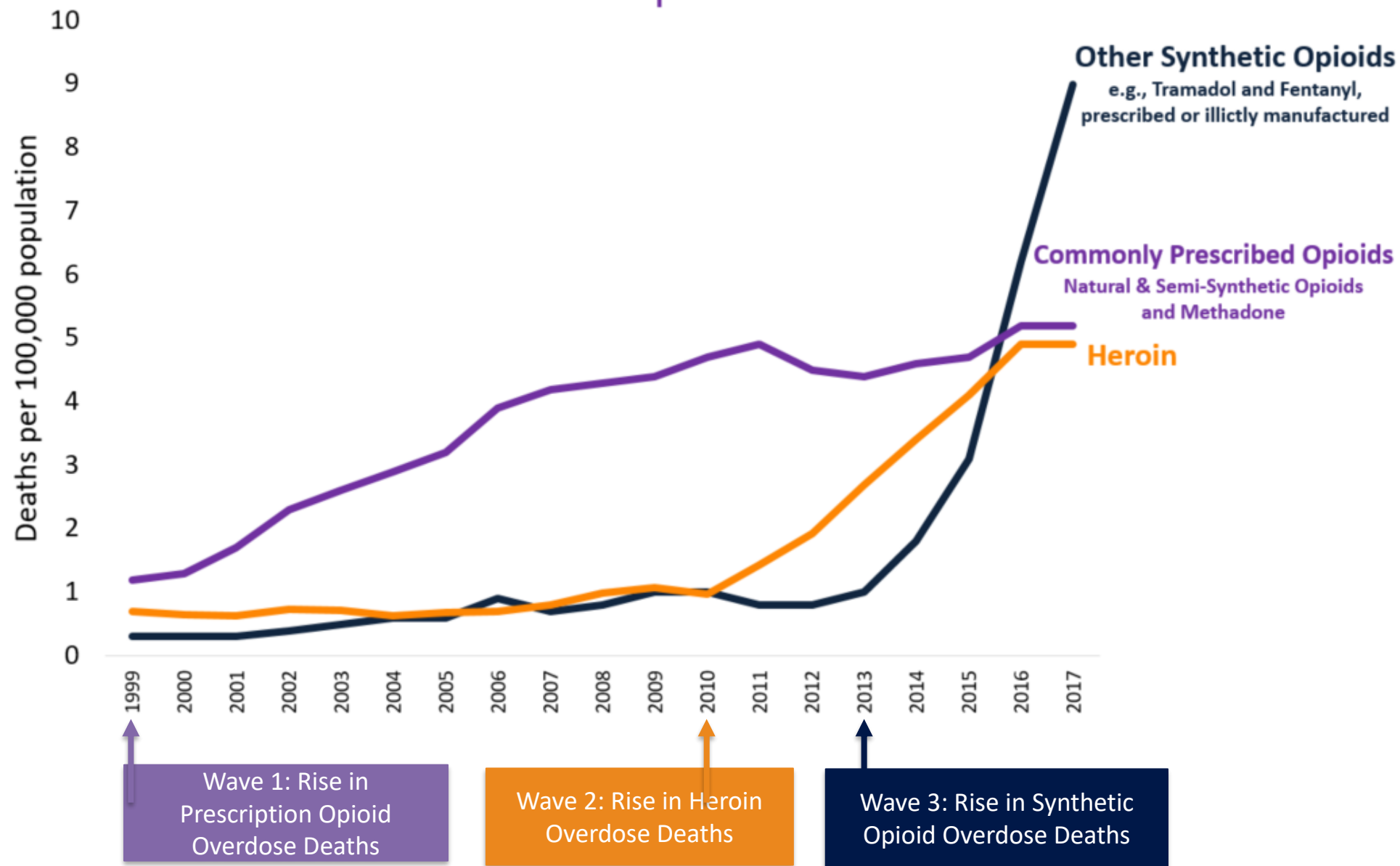
The Opioid Overdose Epidemic

CEPOP Annual Strategy Session

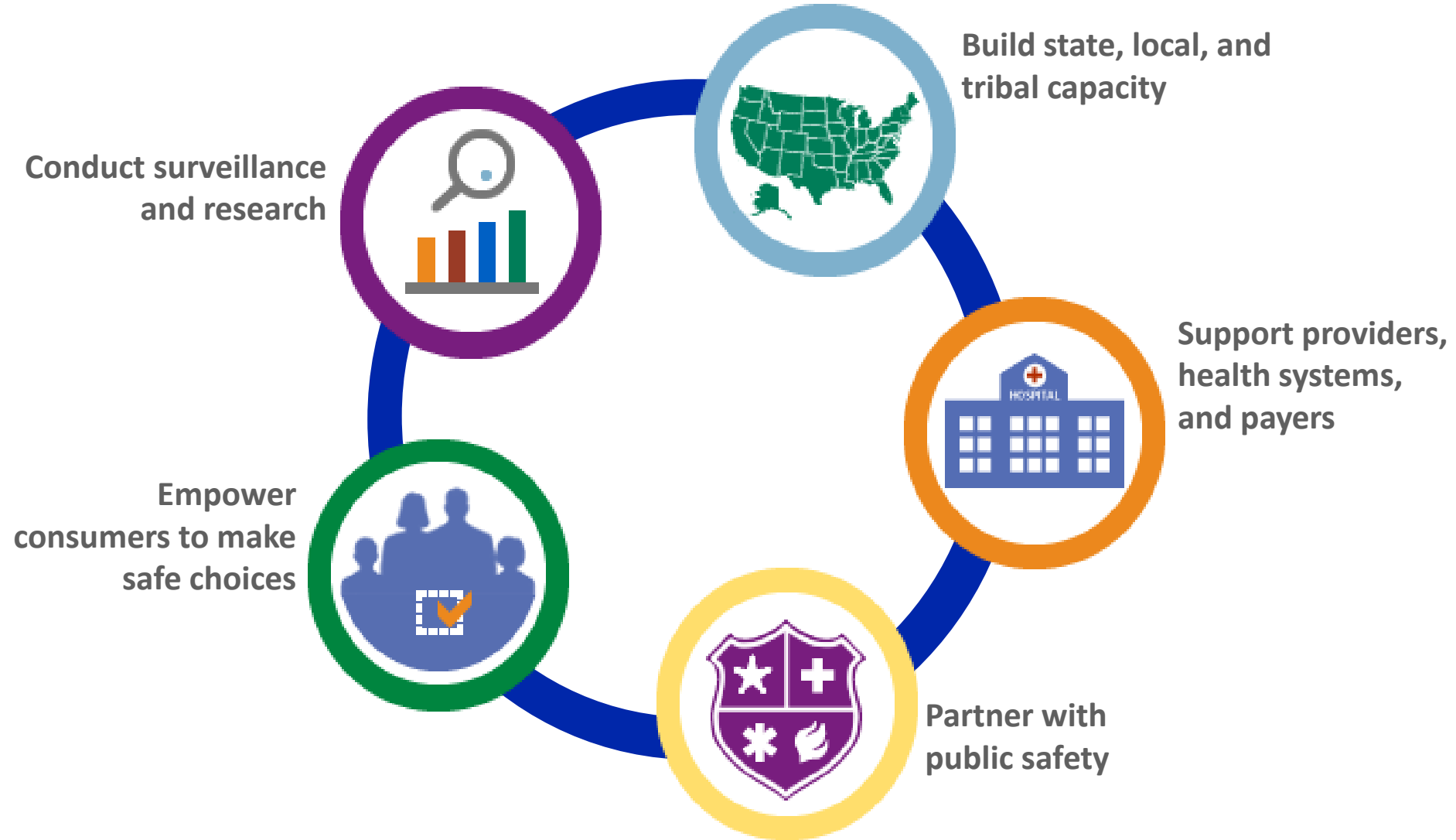
Michelle Putnam, MPH
Lead, Policy and Partnership
Division of Overdose Prevention

January 27, 2020

3 Waves of the Rise in Opioid Overdose Deaths



CDC's Approach: Opioid Overdose Prevention



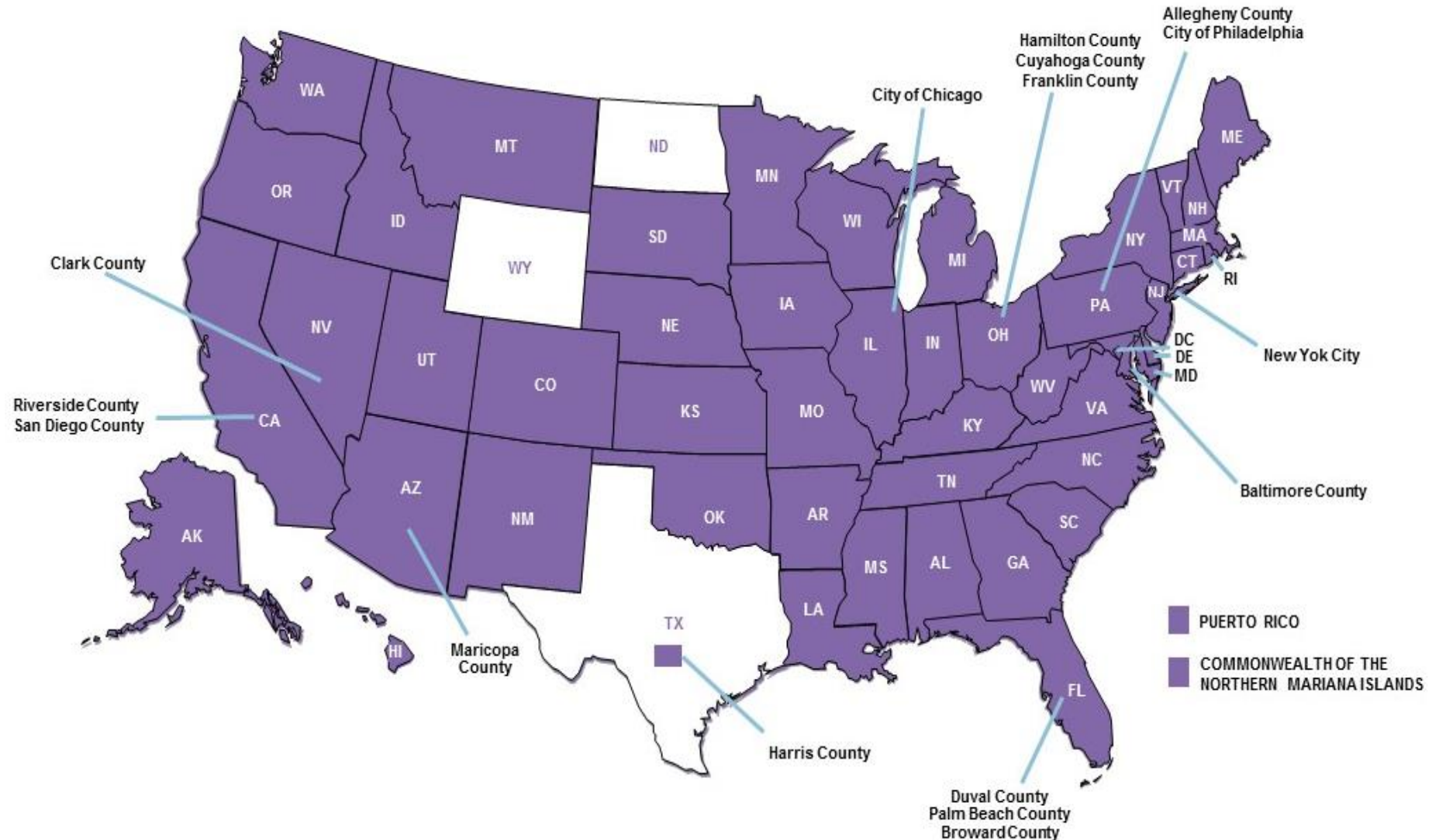


Division of Overdose Prevention GOALS

- 1 Reduce opioid overdose now
- 2 Identify and address emerging drug trends and associated public health outcomes
- 3 Prevent drug use initiation or drug misuse among youth and young adults

Overdose Data to Action (OD2A)

- Competitive award process
- Integrates previous funding into one announcement
- \$300M per year for 3 years (starting in 2019)
- States, cities, counties, and territories
- Seamless integration of data and prevention



Surveillance

Required Strategies

- Morbidity
 - Reporting every 2 weeks, monthly, or quarterly
- Mortality
 - Lag of 6-11 or 8-13 months
- Innovative project(s)

Optional Strategies

- Additional quarterly reporting of hospital billing data
- Suspected opioid overdose death collection (<1 month)

Prevention

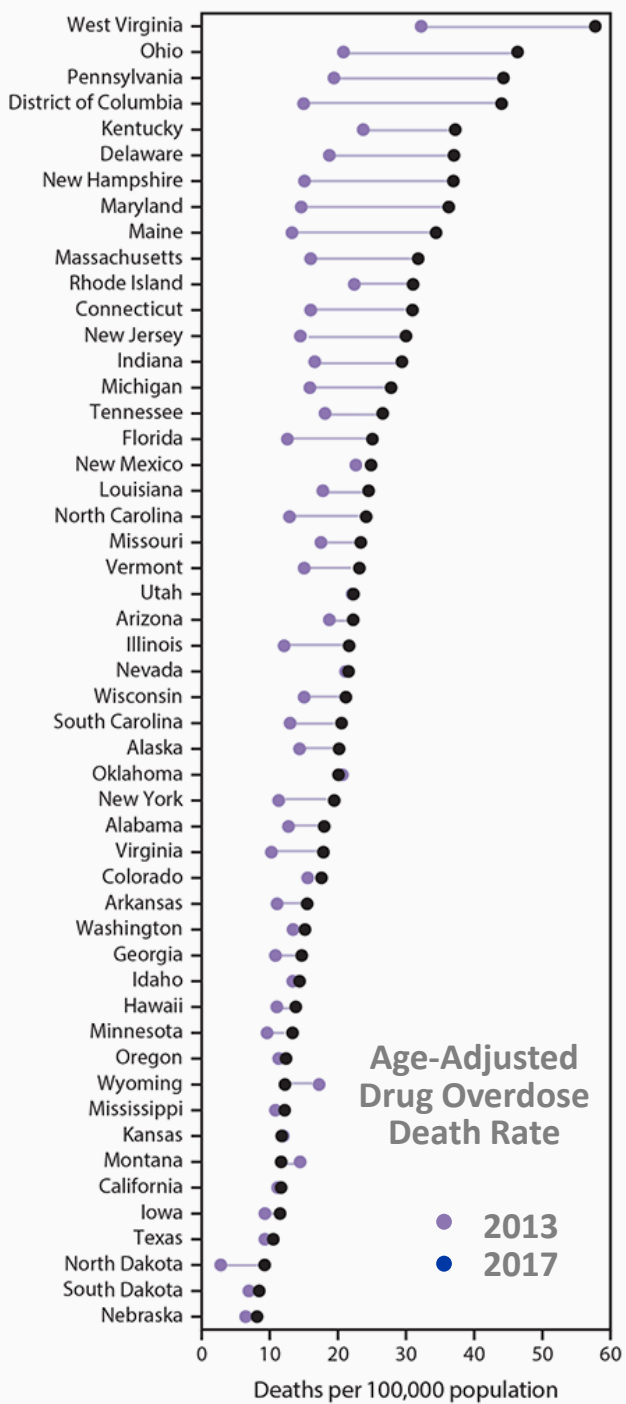
Required Strategies

- Improving PDMP
- State/local integration
- Linkages to care
- Providers and health systems support

Optional Strategies

- Public safety partnerships
- Empowering individuals
- Prevention innovation project
- Peer-to-peer learning coordination

Drug overdose deaths increasing across America from 2013 to 2017



- The number of opioid deaths in the United States almost doubled from 25,052 to 47,600
- For context, there were 8,050 opioid deaths in 1999
- A total of 35 states had a statistically significant increase in their drug overdose death rate
- WV had the highest absolute rate at both time points
- DC, WV, OH, PA, NH, MD and ME had the largest absolute rate increase – each over 20 deaths per 100,000 people
- The death rate over doubled in 10 areas – ND, DC, ME, MD, NH, PA, OH, NJ, FL, MA

Based on data available for analysis on:

1/5/2020

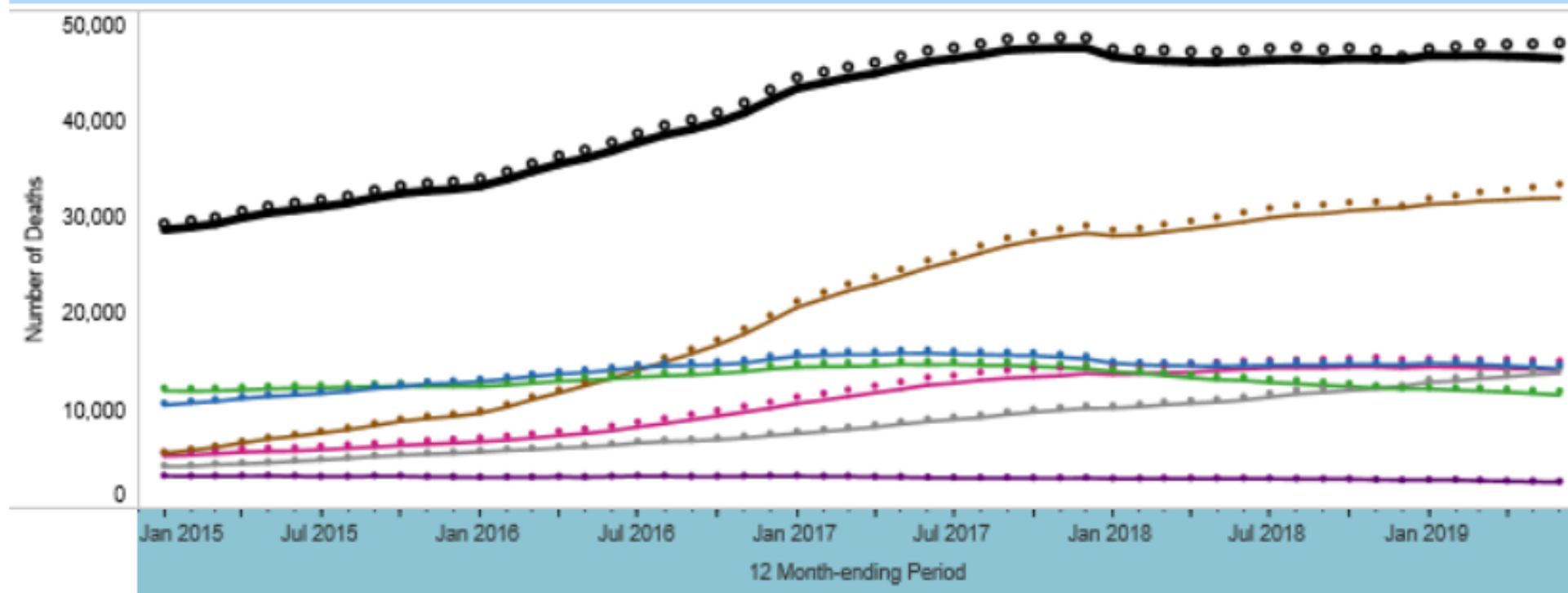
Select Jurisdiction

United States

Select specific drugs or drug classes

(Multiple values)

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

Opioids (T40.0-T40.4, T40.6)

Heroin (T40.1)

Natural & semi-synthetic opioids (T40.2)

Methadone (T40.3)

Synthetic opioids, excl. methadone (T40.4)

Cocaine (T40.5)

Psychostimulants with abuse potential (T43.6)

— Reported Value

○ Predicted Value

Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential in the US

Opioid Deaths Nested in a Broadening Drug Overdose Epidemic. . .

Death Rates

Percent Increase from 2010 - 2017

Cocaine Overall	231
Cocaine <u>without</u> ANY Opioids	83

Psychostimulant Overall	433
Psychostimulant <u>without</u> ANY Opioids	300

Deaths

Percent of Deaths 2017

Cocaine <u>with</u> ANY Opioid	72.7
Psychostimulant <u>with</u> ANY Opioid	50.4

Number of opioid overdose deaths by opioid type in 25 states from January to June 2018

Opioid deaths with information on involved opioids, Jan–Jun 2018, no. (%)

Characteristic	
Total opioid overdose deaths	13,415 (100)
Opioid drug class or drug involved in opioid deaths	
Any prescription opioid	3,853 (28.7)
Any illicit opioid	11,124 (82.9)
Any suspected IMF	9,105 (67.9)
Any suspected heroin	5,281 (39.4)
Any fentanyl analog	2,678 (20.0)
Any U-series	63 (0.5)
Common mutually exclusive combinations of opioids involved in opioid deaths	
Opioid combinations co-involving IMF	
IMF with no other illicit opioids	4,320 (32.2)
IMF with heroin	2,566 (19.1)
IMF with fentanyl analogs	1,172 (8.7)
IMF with heroin and fentanyl analogs	1,008 (7.5)
Illicit opioid combinations not co-involving IMF	
Heroin with no other illicit opioid	1,534 (11.4)
Fentanyl analogs with no other illicit opioid	312 (2.3)
Prescription opioid with no illicit opioid	2,291 (17.1)
All other combinations of opioids	212 (1.6)

Note: IMF is illicitly manufactured fentanyl. Refer to source for other footnotes

Polysubstance epidemic driven by illicitly-manufactured fentanyl



Centers for Disease Control and Prevention

MMWR

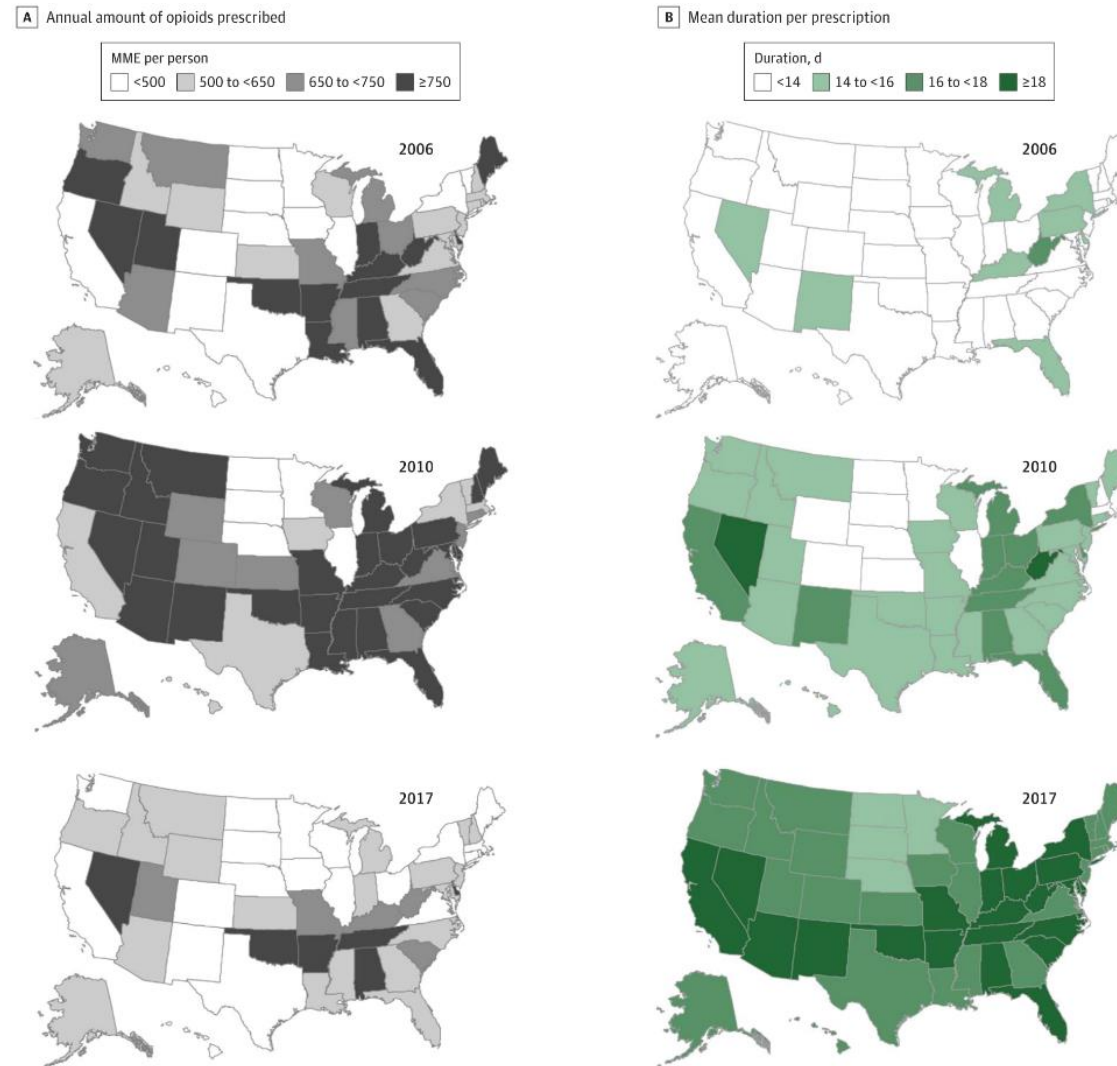
Morbidity and Mortality Weekly Report

August 30, 2019

Weekly / Vol. 68 / No. 34

Source: Gladden, O'Donnell, Mattson, Seth (2019)
Data = State Unintentional Drug Overdose Reporting System (SUDORS)

Patterns in Amount of Opioids Prescribed and Mean Duration per Prescription, United States, 2006-2017





#vitalsigns
AUG. 2019

Life-Saving Naloxone from Pharmacies

More dispensing needed
despite progress

^{CDC}
Vitalsigns™

2x

The number of prescriptions for naloxone doubled from 2017 to 2018.

1 in 70

Only 1 naloxone prescription is dispensed for every 70 high-dose opioid prescriptions.

3x

Rural counties are nearly 3 times more likely to be ranked low dispensing than metropolitan counties.

High-dose opioid prescriptions

2017:
48 Million

Rx

2018:
38 Million

21%



Naloxone prescriptions

2017 **270,000**

2018 **556,000**



[www.cdc.gov/
drugoverdose](http://www.cdc.gov/drugoverdose)

Opioid Overdose

[CDC](#) > [Opioid Overdose](#)



Opioid Overdose

[Opioid Basics](#) +

[Data](#) +

[Overdose Prevention](#) +

[Information for Patients](#) +

[Information for Providers](#) +

[State Information](#) +

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CDC Publications

Featured Article



[An Examination of Concurrent Opioid and Benzodiazepine Prescribing in Nine States, 2015](#)

This report analyzes concurrent prescribing of opioid and benzodiazepine in nine states using the 2015 Prescription Behavior Surveillance System. More than half of patients with concurrent opioids and benzodiazepines received prescriptions from two or more different providers. Despite the known risks of taking these medications in combination, concurrent prescribing of opioids and benzodiazepines is common. These findings highlight the need for public health action, such as evidence-based guidelines and prescription drug monitoring programs to reduce concurrent prescribing.

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CENTERS FOR DISEASE
CONTROL AND PREVENTION

For more information please contact Centers for Disease Control and Prevention

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Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov

Web: www.cdc.gov

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

2019 in Review: CEPOP Successes *Advocacy Agenda*



FY2020 Appropriations Letters
Submitted



Implementation of
the October 2018
SUPPORT for Patients
and Communities Act

Drug Packaging
and Disposal
Medicare Access
to All FDA-
Approved MAT
Products



Continued focus on fraud, waste
and abuse within SUD treatment
and recovery and potential
preventative measures.

2019 in Review: CEPOP Successes *Policy Development*

CEPOP's Webinar on *Combatting the Opioid Epidemic Through Safe Disposal Strategies*

June 2019 Hill Briefing on Safe Opioid Management in the Acute Care Setting

Continued collaboration with state and federal agency partners, policymakers, regulators and others around CEPOP priorities.

2019 in Review: CEPOP Successes *External Visibility*



Monthly *All-Participants Meetings* with Focus Topic Speaker presentations.

Public- and private-sector initiatives highlighted.
Expansion of CEPOP membership via focus topics.



Circulation of Weekly Opioid Policy Report (substantial growth of recipients)



National Rx Drug Abuse Summit
Session Participation and Member Reception



Continued expansion of CEPOP participation.

Developing a 2020 Agenda

Identification of organizational priorities and advancing consensus around a 2019 workplan.



CEPOP's Strategic Priorities



Prevention

Safe Disposal & Anti-Diversion

Safe Use

Federal Budget and Appropriations

Framing Prevention: *Evidence-Based Community Interventions*

Sue Thau, CADCA



CADCA's Model for Community Change

Sue Thau

Public Policy Consultant

CADCA



cadca.org

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Keys to Pushing Back Against the Use and Abuse of Rx Drugs

com·pre·hen·sive

/ˌkæmprəˈhensiv/

adjective

1. complete; including all or nearly all elements or aspects of something.
"a comprehensive list of sources"

- Approach that appropriately mobilizes each of the key sectors and actors who have a role in reducing access to and availability of prescription drugs

Key Sectors

- Coalitions convene and combine talent and resources to address local substance misuse issues:
 - Law enforcement
 - Youth
 - Parents
 - Businesses
 - Media
 - Schools
 - Youth serving organizations
 - Faith based community
 - Civic and volunteer groups
 - Health care professionals
 - State, local or tribal agencies
 - Other organizations involved in reducing substance misuse

Community Problem Solving



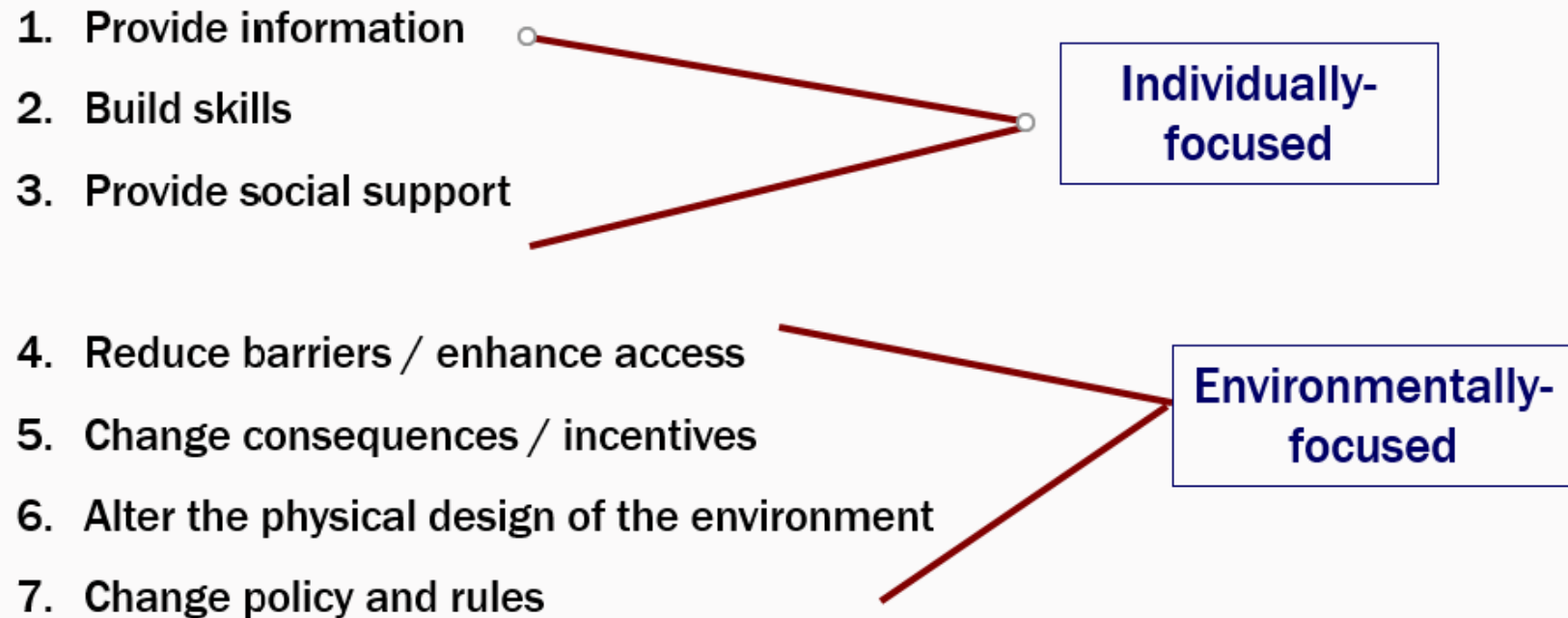
Strategic Prevention Framework

CADCA's Specialized Training (Required of All Year 1 DFCs)

Results in successful completion of 5 products:

- Community Assessment
- Logic Model
- Strategic & Action Plan
- Education Plan
- Sustainability Plan

CADCA's 7 Strategies for Community Change



Source: KU Work Group for Community Health and Development, 2007

CASE STUDY: CARTER COUNTY DRUG FREE COALITION

Carter County, Kentucky



Building Drug-Free Communities

cadca.org



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Case Study: Carter County Drug Free Coalition

1. Providing Information

- Media Campaigns (Inundated the community)
 - Lock Em' Up
 - Doctor Shopping
 - Forget Everything Your Mother Taught You About Sharing
- Social Norms Media Campaign-Billboards, newspaper ads, radio PSAs, push cards, bulletin inserts, posters, school athletic program ads, movie theater ad/commercial, at local events

Case Study: Carter County Drug Free Coalition

2. Building Skills

Provided training in Teens As Teachers in ATOD training

Parent/Guardian/Adult trainings

School Faculty/Staff trainings

Health Professional Training-”Pharmacology, Polypharmacy and Addiction”

Lifeskills Curriculum in 3rd-9th grades

Generation Rx Curriculum 9th Grade and community groups (ex. Boy Scouts and Church Youth Groups)

Case Study: Carter County Drug Free Coalition

3. Providing Support

- Provided funding for law enforcement to attend NADDI and other drug suppression trainings

- Secured funding for drug investigation overtime

- Secured funding for one and one-half substance abuse counselors

- Provided support for Lifeline Recovery Support Groups

- Health Professionals Toolkit

Case Study: Carter County Drug Free Coalition

4. Enhancing Access/Reducing Barriers

Prescription Drop Box-started as an event now permanent at Sheriff's Office

Safe Homes Network

5. Changing Consequences (incentives/disincentives)

Increased DUI/Drug Suppression Checks

Drug Free Workplace Initiative throughout the community

Case Study: Carter County Drug Free Coalition

6. Change Physical Design

- Create a campaign to get people to “lock their meds”

- Collaborate with builders and realtors to ensure “Rx Safe Boxes” are installed or available in homes for sale

- GIS mapping

- Promote signage at key locations (e.g. pharmacies, doctors, dentists or therapists offices)

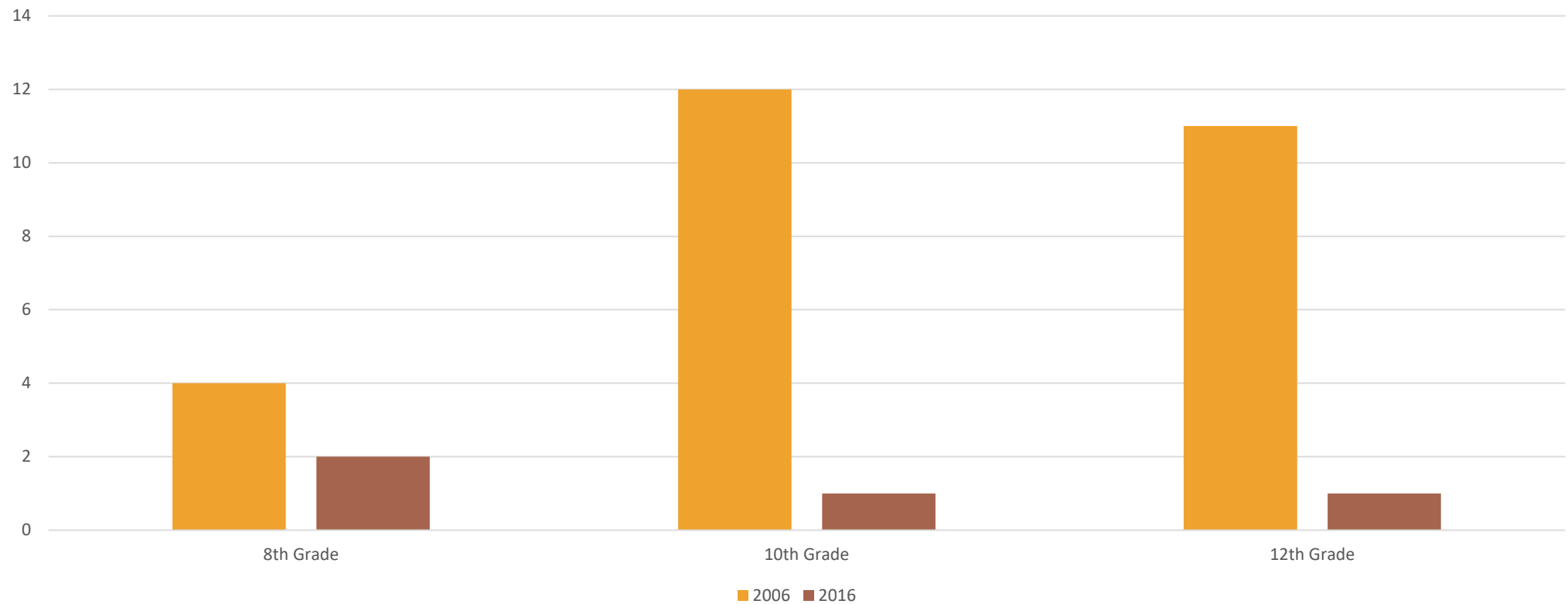
7. Modify and Change Policies

- First Pain Clinic Ordinance for the county passed in Kentucky

- Worked to help businesses pass Drug Free Workplace policies-worked with local Chamber of Commerce

- Have a drug free policy veteran’s must sign to move into the tiny homes built to reintegrate veterans when they come back from deployment and reintegrating them to civilian life

30-day Prescription Drug Use



A blue triangle is in the top-left corner, and a large orange arrow points upwards from the bottom-left towards the center of the slide.

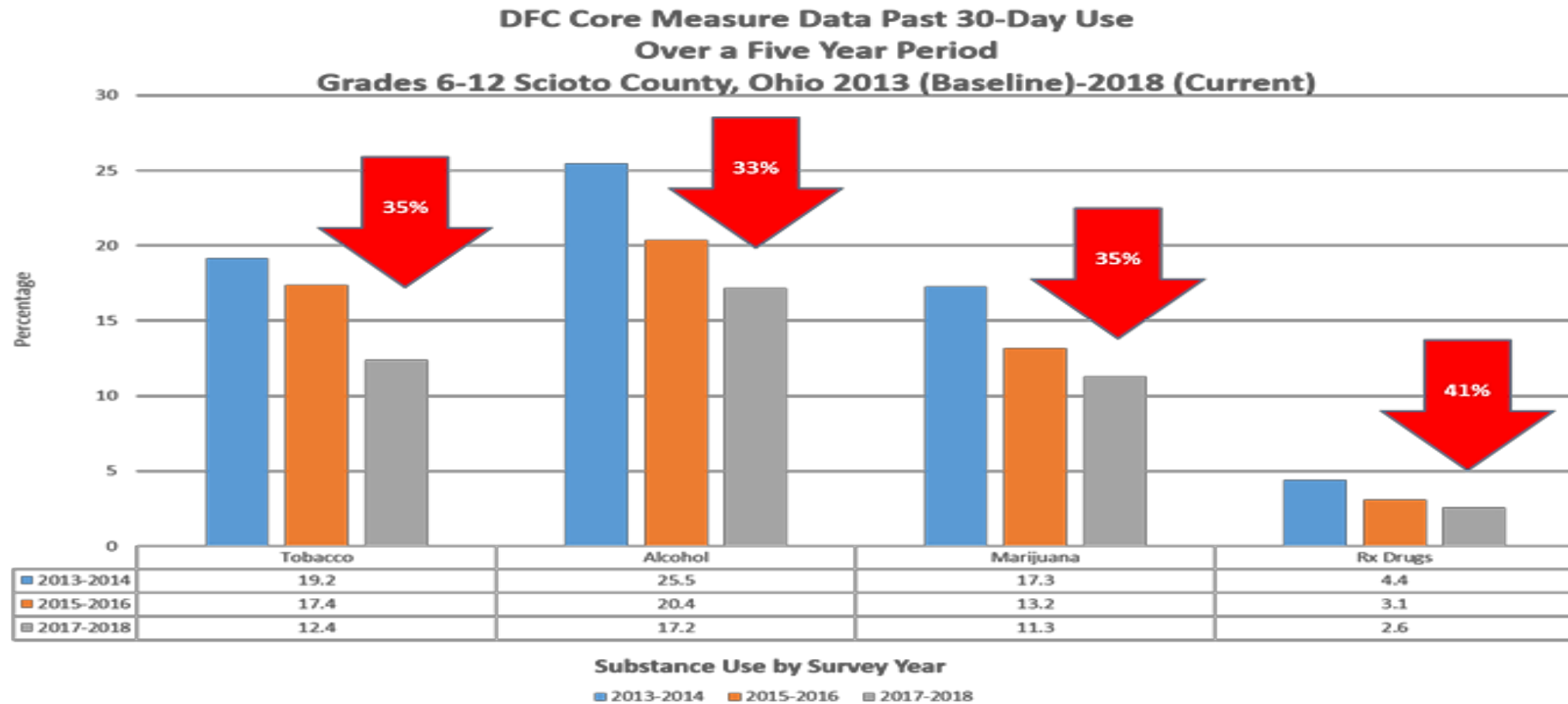
School test scores have risen so that Carter County Schools were awarded a **Distinguished District/District of Distinction** and East Carter High School a **Distinguished School/School of Distinction and Kentucky HUB School!**

College and Career Readiness scores from 23% in 2010 to 87% in 2017; **ACT** scores from 16.8 in 2007 to 19.3 in 2017; **Graduation** rates from 83.6% in 2007 to 99.5% in 2017.

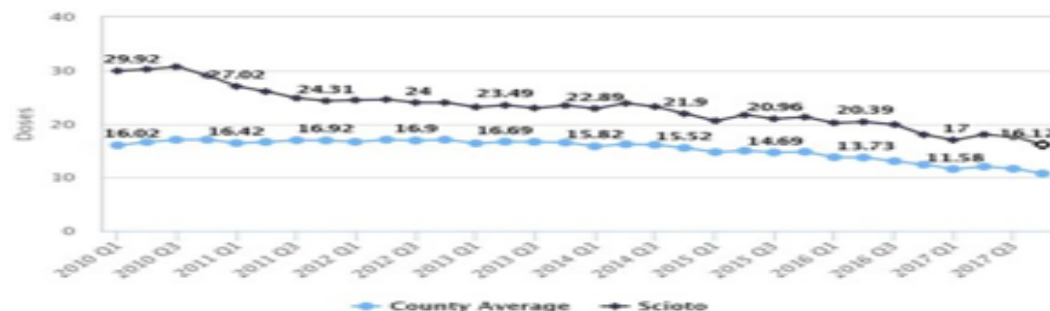
Scioto County, Ohio

- Received DFC grant (2012-2018)
- Attended CADCA Institute Academy Training
- Full implementation of the CADCA model

RESULTS



Opioid Doses Dispensed Per Capita to Ohio Patients by County and Quarter

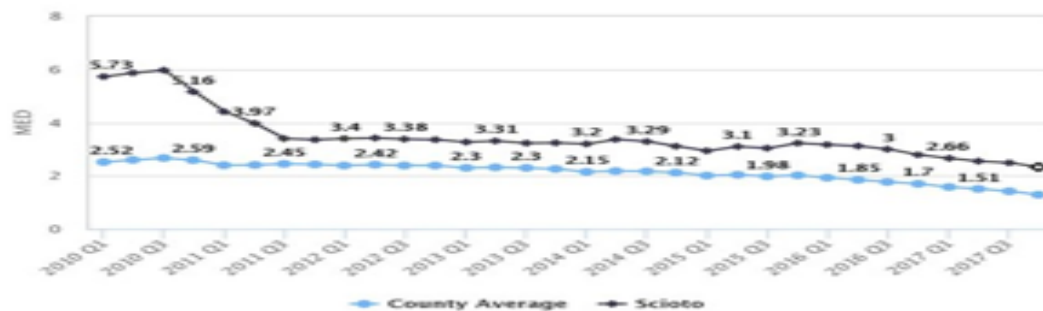


source: Ohio Automated Rx Reporting System



**46% decrease in
Rx opioids
dispensed per
capita (quantity)**

Average Daily MED Per Capita to Ohio Patients by County and Quarter

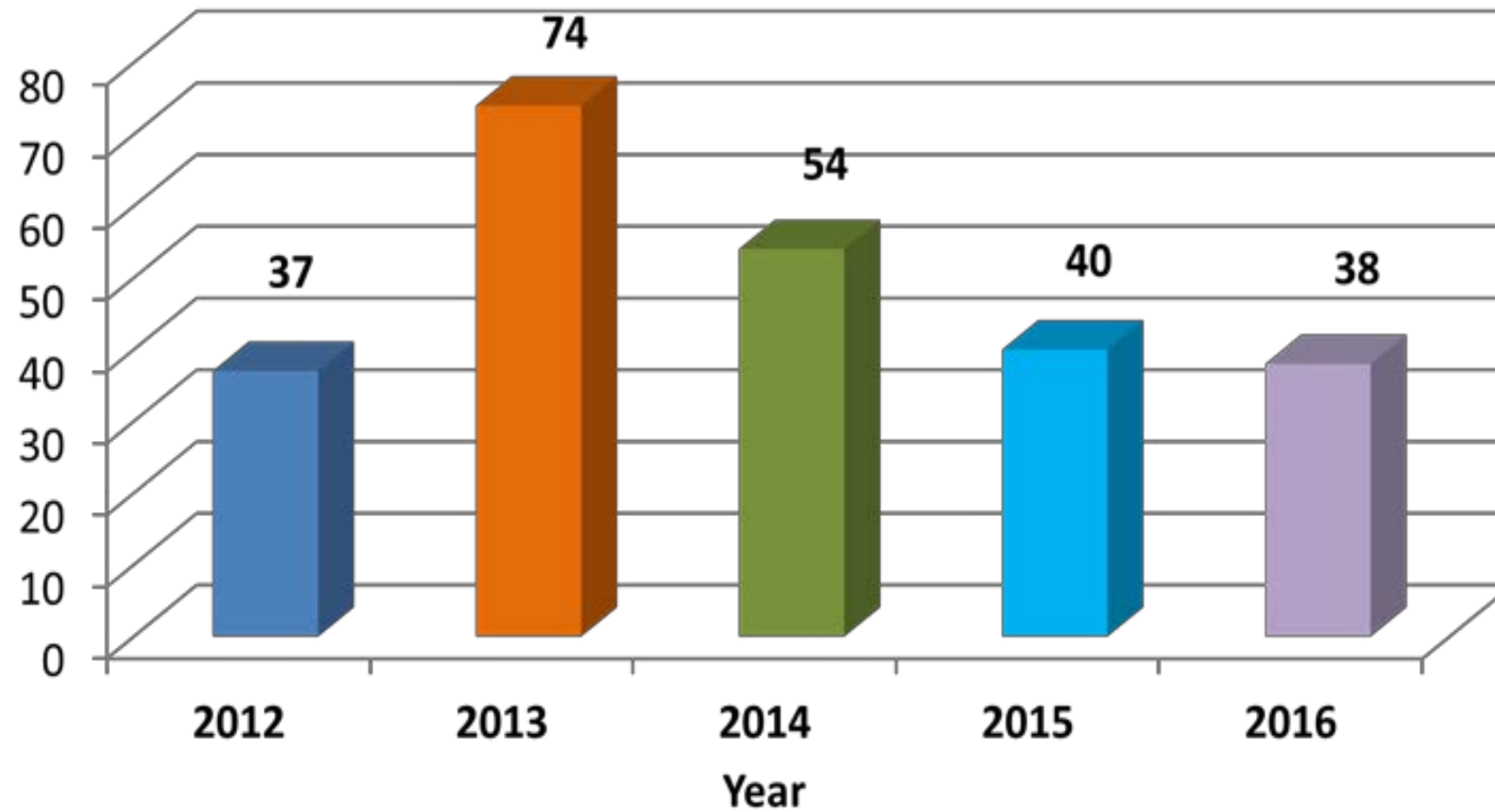


source: Ohio Automated Rx Reporting System



**59% decrease in
average daily MED
per capita
(strength)**

Newborns Treated Pharmacologically for NAS Scioto County, Ohio 2012-2016

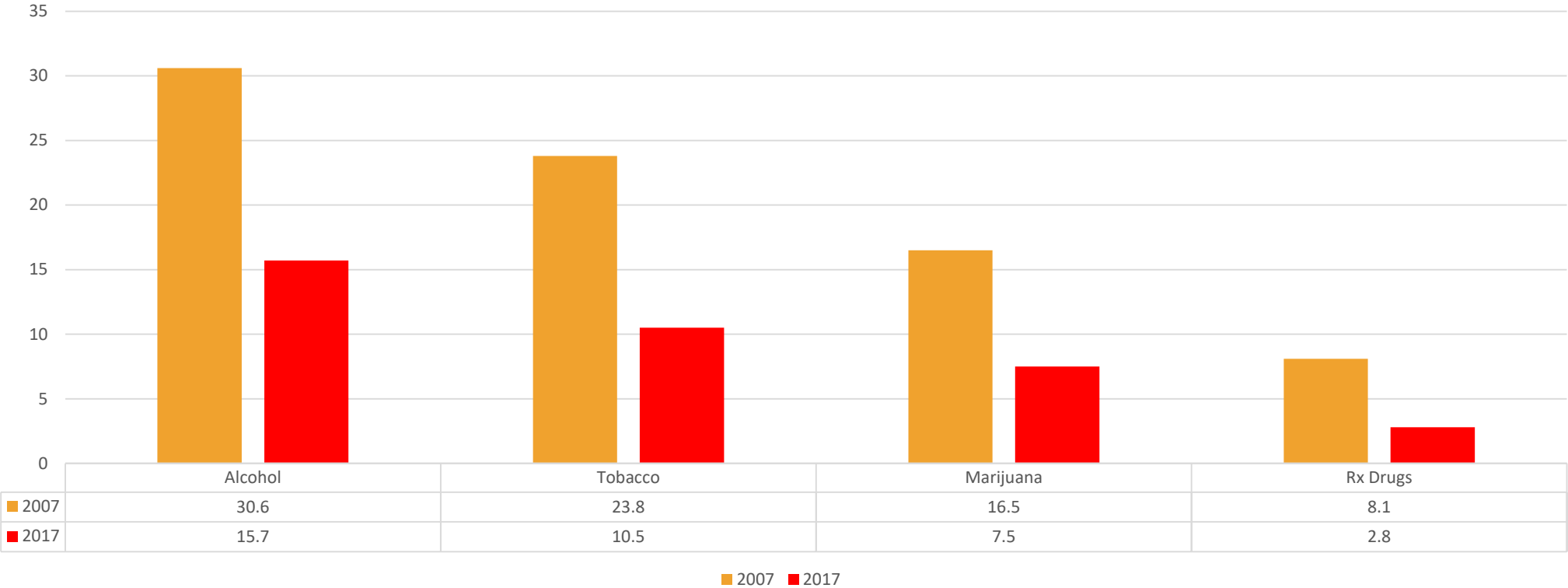


Jackson County, West Virginia

- Received DFC grant (2007-2017)
- Attended CADCA Institute Academy Training
- Full implementation of CADCAModel

RESULTS

Change in 30-Day Prevalence of Use
Jackson County High School Students



In Closing

- The **comprehensive coalition approach** is the **best local solution to address any public health threat** – and is especially critical with the complex opioid and heroin crisis we face as a nation.
- Data shows that **DFC coalitions** are having success in this area and **CADCA's National Coalition Institute** is a factor in making coalitions more effective.



Strategic Priority *Prevention*

- Development of targeted policy, funding, or educational campaigns.
 - Demography?
 - Geography?
- What do future initiatives look like?
- Who are partners for this?
- How does this tie-in to the evolving substance abuse epidemic?



Strategic Priority

Safe Disposal & Anti-Diversion

- Where do we go from CEPOP's National Webinar given its interest and success?
- How does these efforts tie-in to:
 - SUPPORT Act Provisions?
 - FDA's Remove the Risk Campaign?
 - Environmental concerns?
 - Clearinghouse legislation?
- Emphasis around closing the pharmaceutical life cycle.



Strategic Priority

Safe Use

- How do we improve access to safer acute and chronic pain therapies?
- Is there a demographic-specific component to this workstream (e.g. pediatrics or older adults)?

Strategic Priority:

Federal Budget and Appropriations

Do we continue this core advocacy work? If so, where do we emphasize?

Developing a 2020 Agenda: Building Consensus

Are these the right areas of focus? How does CDC's presentation impact our future efforts?



Raising Visibility & External Engagement

2020 Presidential Election –
Opportunities and Implications

Events & Convenings (Rx
Summit, Briefings, etc.)



Resources (e.g. Website and
Policy Report)

Growth in Membership

Developing a 2020 Agenda

Where do we go from here?



Moving Forward: Setting an Agenda into Action

Our Next ***CEPOP All-Participants Teleconference:***

Monday, February 24, 2020
3:00pm – 4:00pm

Calendar Appointment Forthcoming



Thank You!

We look forward to continuing our efforts together in combatting the opioid epidemic in 2020 and beyond!