

Knock Out Opioid Abuse Day

CDC Initiatives to Address the Evolving Drug Overdose Epidemic in the US

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Lieutenant Commander, US Public Health Service

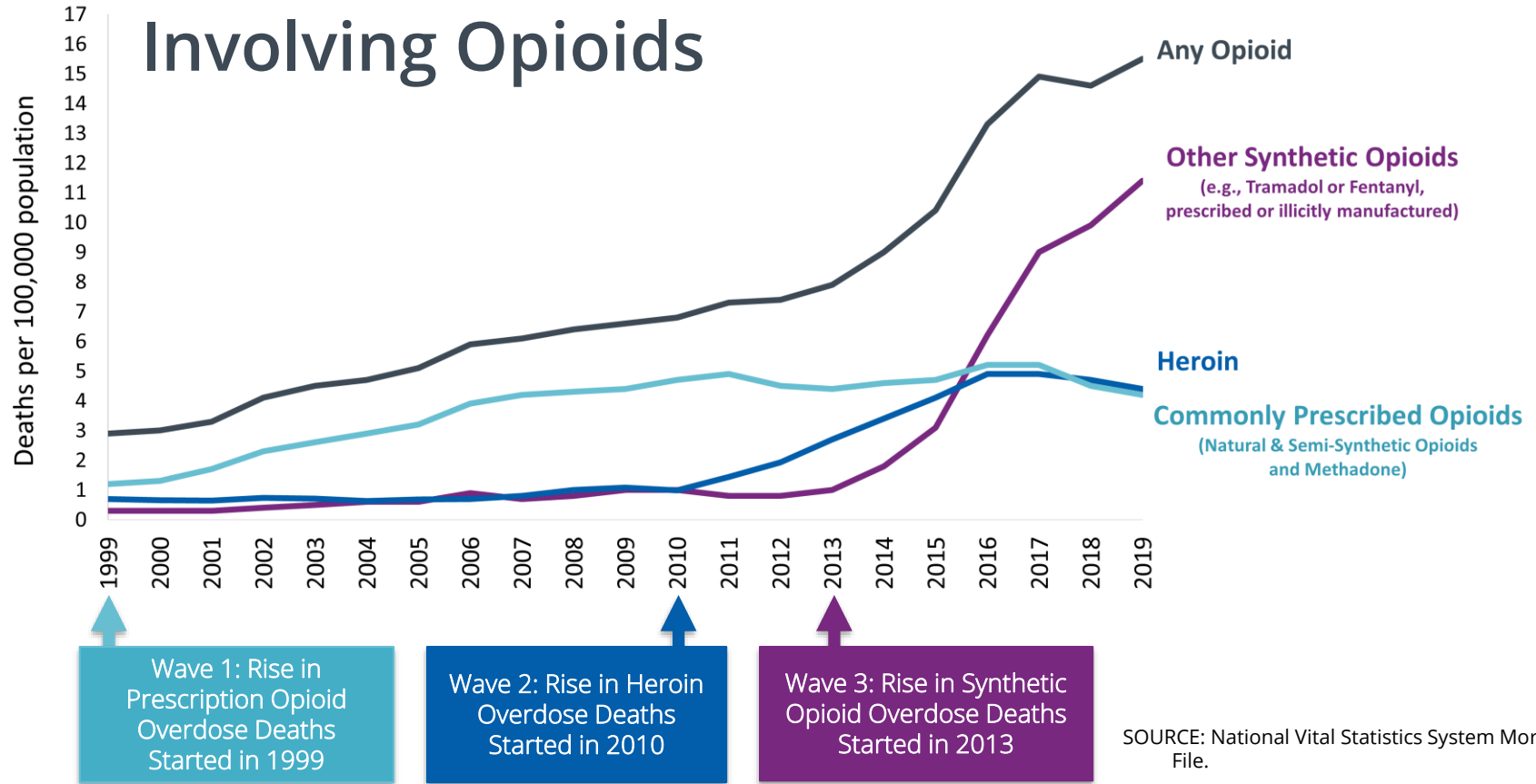
Division of Overdose Prevention

Coordinator: Overdose Data to Action Program

Learning Objectives

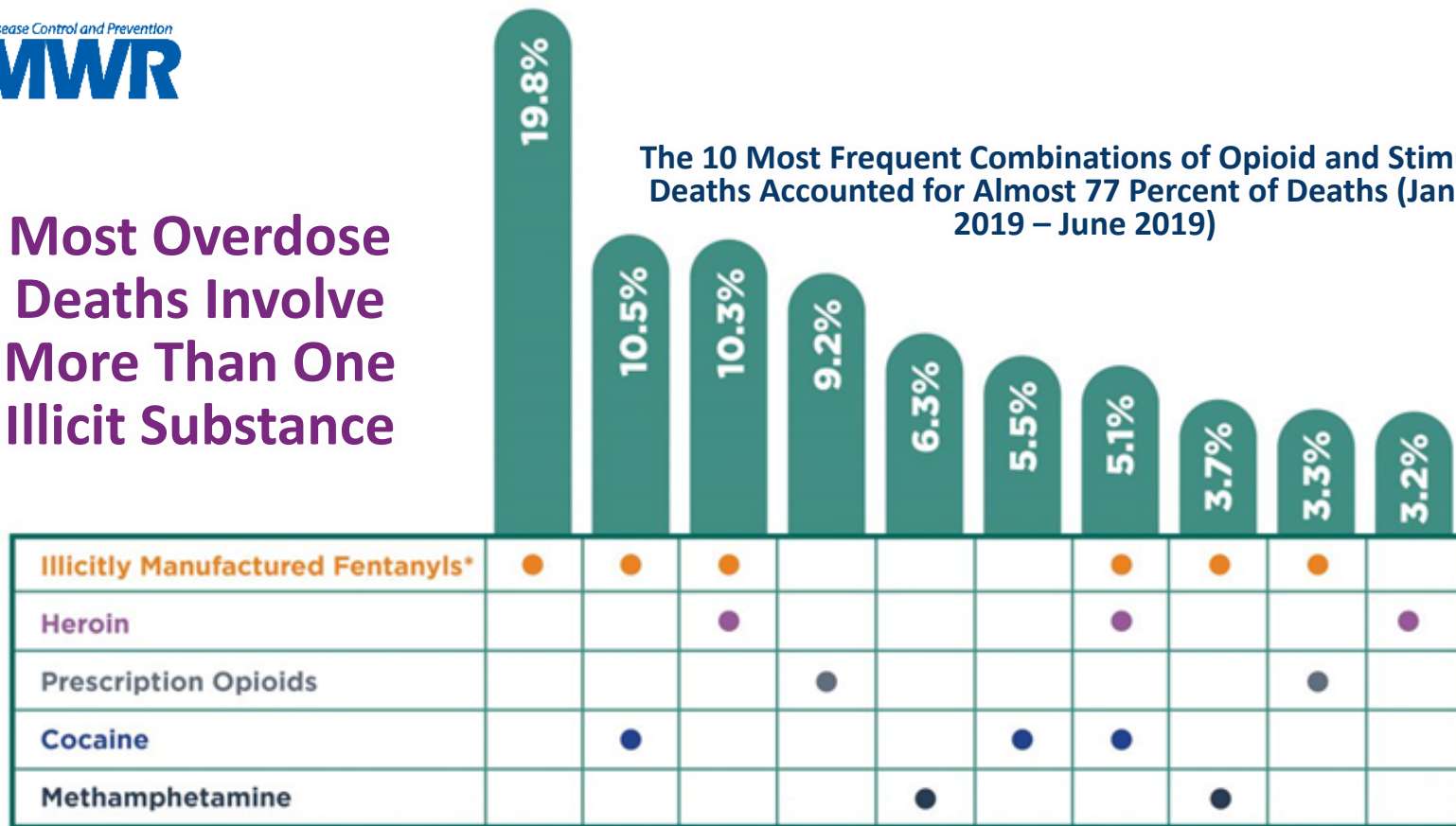
- Basic understanding of the opioid overdose epidemic and the rising polysubstance crisis
- Evidence-based practices for preventing prescription opioid misuse and illicit drug use
- Surveillance and prevention strategies that communities can engage in to prevent substance misuse

Three Waves of the Rise in Overdose Deaths Involving Opioids



Most Overdose Deaths Involve More Than One Illicit Substance

The 10 Most Frequent Combinations of Opioid and Stimulant Deaths Accounted for Almost 77 Percent of Deaths (January 2019 – June 2019)

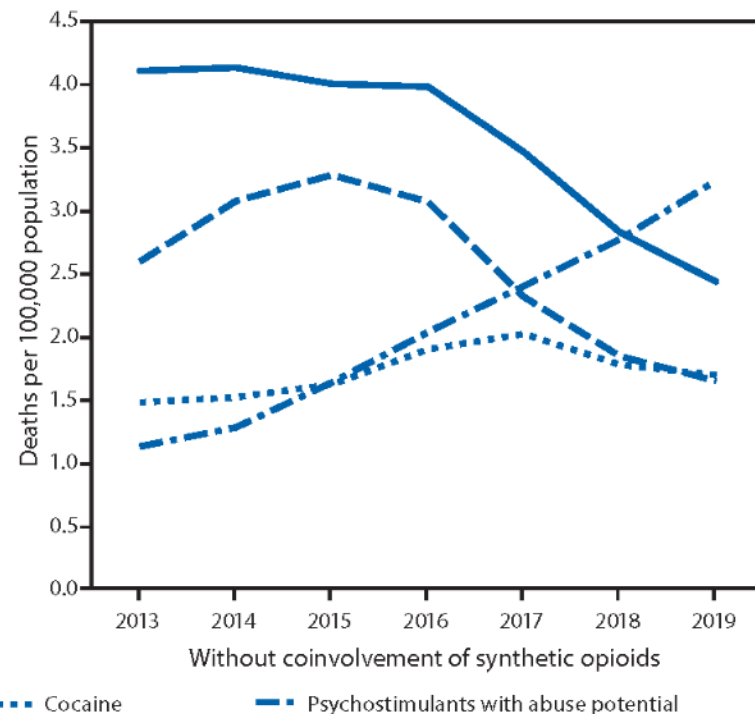
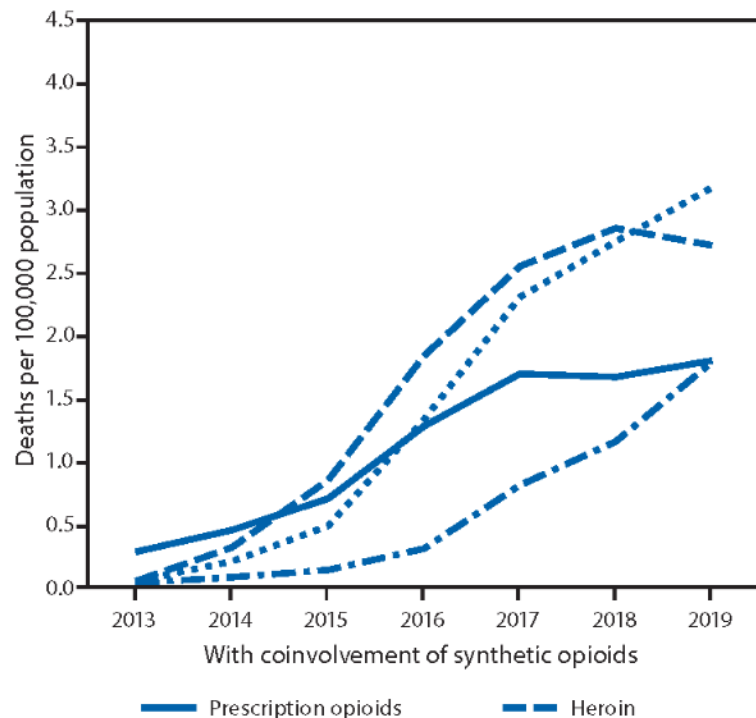


* IMFs include fentanyl and fentanyl analogs

More than 3 in 5 people who died from drug overdose had an identified opportunity for linkage to care or life-saving actions.

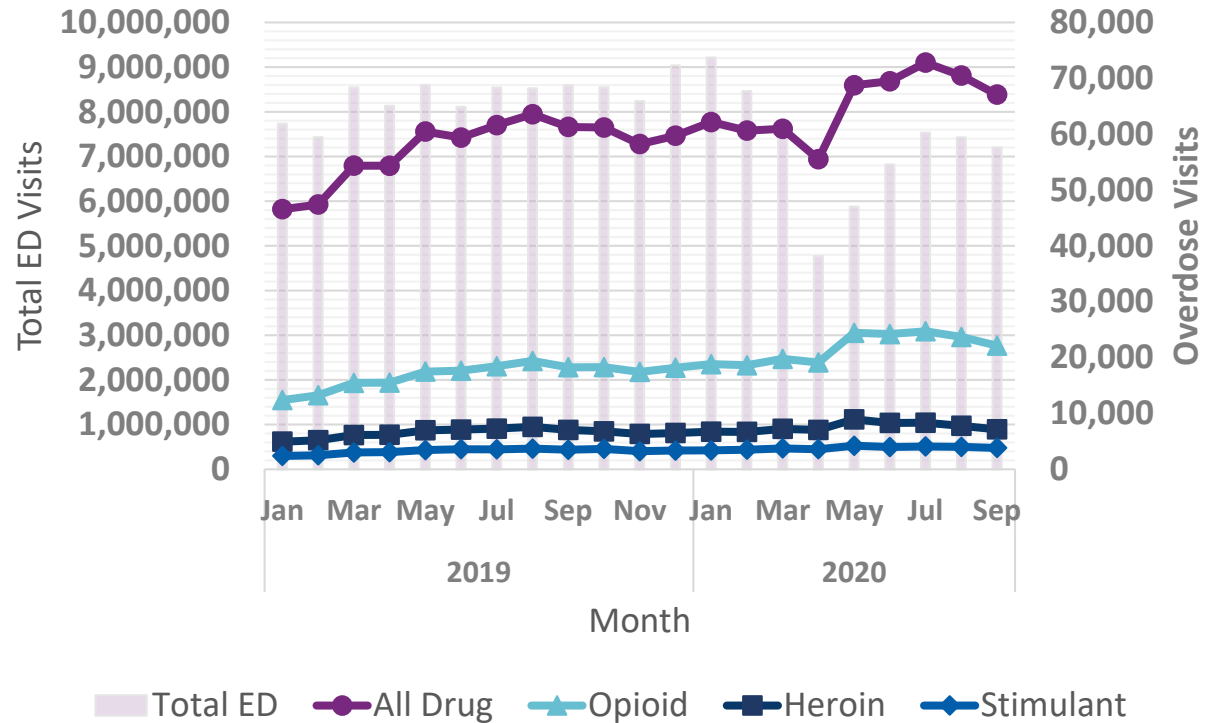
February 12, 2021

A growing proportion of ALL drug overdose deaths in the U.S. involve synthetic opioids since 2013





Emergency Department (ED) Visit Totals and Suspected Nonfatal Drug Overdose Numbers for 42 States: Jan. 2019 – Sept 2020



Source: <https://www.cdc.gov/drugoverdose/data/nonfatal/states/covid-19.html>

Opportunities to Intervene

Nonfatal Drug and Polydrug Overdoses Treated in Emergency Departments — 29 States, 2018–2019

Rates of ED-treated suspected nonfatal drug overdoses involving opioids, cocaine, and amphetamines, and of polydrug overdoses co-involving opioids and amphetamines increased from 2018 to 2019.

Nonfatal overdoses treated in emergency departments provide opportunities to link people to treatment.



Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019

Nearly 85% of overdose deaths involve illicitly manufactured fentanyl, heroin, cocaine, and/or methamphetamine. Learn more in this month's #VitalSigns.



**HEROIN
COCAINE
FENTANYL
METHAMPHETAMINE**

Vitalsigns

www.cdc.gov

3 in 5

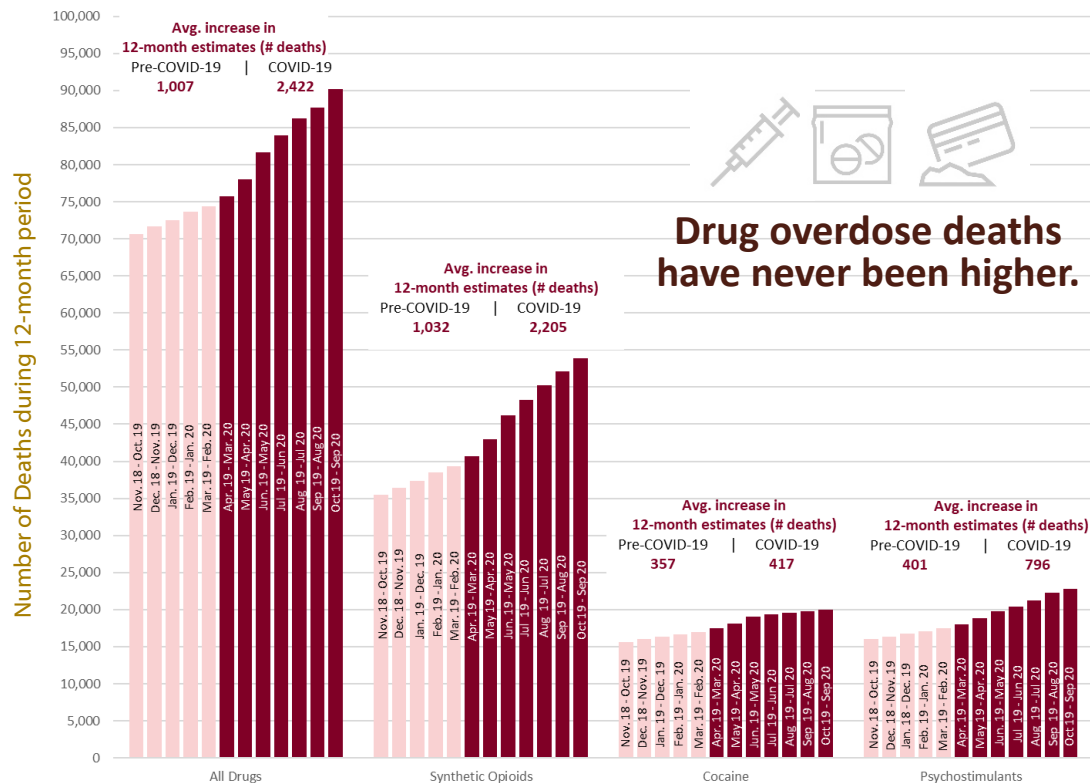
More than 3 in 5 people who died from a drug overdose had an identified opportunity for linkage to care or life-saving actions.



Vitalsigns

www.cdc.gov

The Drug Overdose Epidemic Appears to Have Worsened During COVID-19 Pandemic – By Drug Class

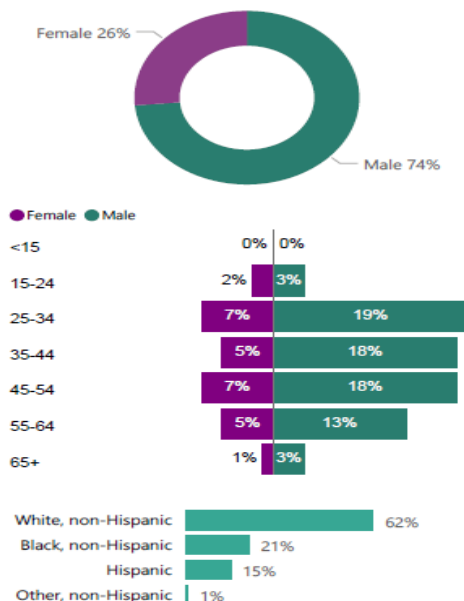


- Approximately 90,000 drug overdose deaths occurred in the United States in the 12-months ending in Sept 2020
- Increase began in 2019 and appears to have accelerated during the COVID-19 pandemic.
- Synthetic opioids are the primary driver - 12-month count of these deaths increased 51.8% ending in Sept 2020.
- Overdose deaths involving cocaine (27.4%) and psychostimulants (45.7%) also increased in the same period.

Summary of Unintentional and Undetermined Intent Drug Overdose Deaths in New Jersey – 2019

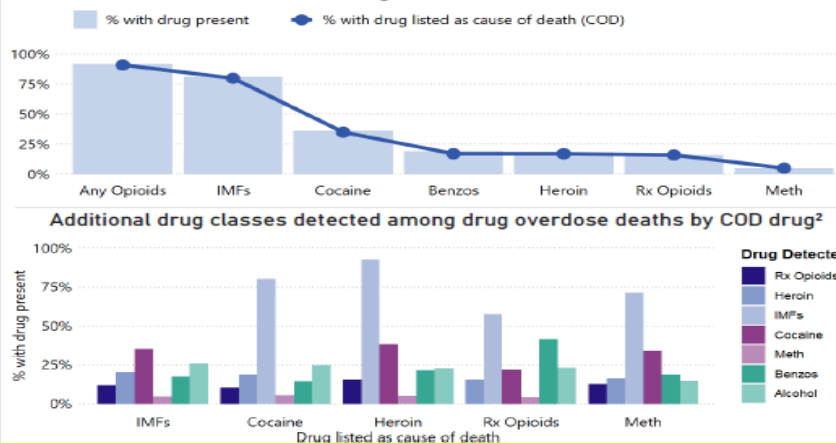
2,757 total deaths (31 per 100,000 population)

Who died of a drug overdose?



26% of people who died of a drug overdose were 25-34 years old, 62% were White, non-Hispanic, and 74% were male.

What drugs¹ were identified?

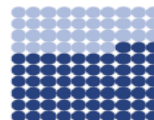


92% of all deaths involved any opioids. 63% of all deaths had more than one drug class present. 56% of all deaths with illicitly manufactured fentanyl (IMFs) listed as cause of death also had another drug class present; the most common drug class present with IMFs was cocaine.

How many drug overdose deaths occurred by month³?



What circumstances⁴ were documented?



Current or past substance use/misuse

Bystander present⁵

Mental health diagnosis⁶

Recent release from institution^{5,6}

Ever treated for substance use disorder⁶

Naloxone administered

Fatal drug use witnessed⁵

Homeless

Prior overdose⁵

Current pain treatment

Recent opioid use relapse⁷

33% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action⁵ at the time of overdose.

Data come from death certificate information, medical examiner or coroner reports, and forensic toxicology results entered into the State Unintentional Drug Overdose Reporting System (SUDORS); the number of deaths in SUDORS might not match the number in CDC WONDER. Percentages are among decedents with known information. Abbreviations - COD: Cause of death; Meth: Methamphetamine; IMFs: Illicitly manufactured fentanyl and fentanyl analogs; Benzos: Benzodiazepines. ¹Drugs within a graph are not mutually exclusive. ²Graph is among decedents with multiple drug categories present. ³Based on date of death where available; if date of death is missing, date pronounced dead is used. Trend bars representing 1-9 decedents are suppressed. ⁴Circumstances represent evidence available in source documents; these are likely underestimated as death investigators might have limited information. Percentages are among decedents with a medical examiner or coroner report and at least one field completed on the tab that captures overdose-specific circumstances in the NVDAS/SUDORS web-system except death location which is among all decedents. ⁵Potential opportunity for linkage to care or life-saving action includes recent institutional release, previous nonfatal overdose, mental health diagnosis, ever having been treated for substance use disorder, bystander present when fatal overdose occurred, and fatal drug use witnessed. ⁶Release within a month before death from institutional settings such as prisons/jails, residential treatment facilities, and psychiatric hospitals. ⁷Recent period of opioid use abstinence followed by relapse.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

An Everybody Problem

From 2015 to 2018

- Opioid overdose death rates increased among both sexes, persons aged ≥ 25 years old, all races/ethnicities, and all levels of urbanization.
- The largest relative change occurred among males (47%), blacks (25%), persons aged 35-44 years old (51%), and in large fringe metro (52%) and large central metro areas (50%)

- Opioid overdoses took the lives of 49,858 Americans in 2019. This is a double the number in 2013 (25,052) and nearly 6 times the number in 2000 (8,047)

The Drug Overdose Epidemic Impacts Our Families

- Increase in overdose deaths
- Increase in individuals living with opioid use disorder
- Increase in babies exposed to drugs, such as opioids, during pregnancy (born with neonatal abstinence syndrome)
- Greater risk for outbreaks of HIV and Hepatitis C among injection drug users

2021

How Did We Get Here?



UNITED STATES OPIOID OVERDOSE EPIDEMIC

1

Pain Being Designated the Fifth Vital Sign

2

Misrepresentation of the Addictive Potential of Prescription Opioids

3

Aggressive Marketing of Prescription Opioids to Clinicians

4

Clinicians Who Ran Pill Mills that Profited from Over Prescribing

5

Sophisticated Actions of Drug Traffickers to Open New Heroin Markets

6

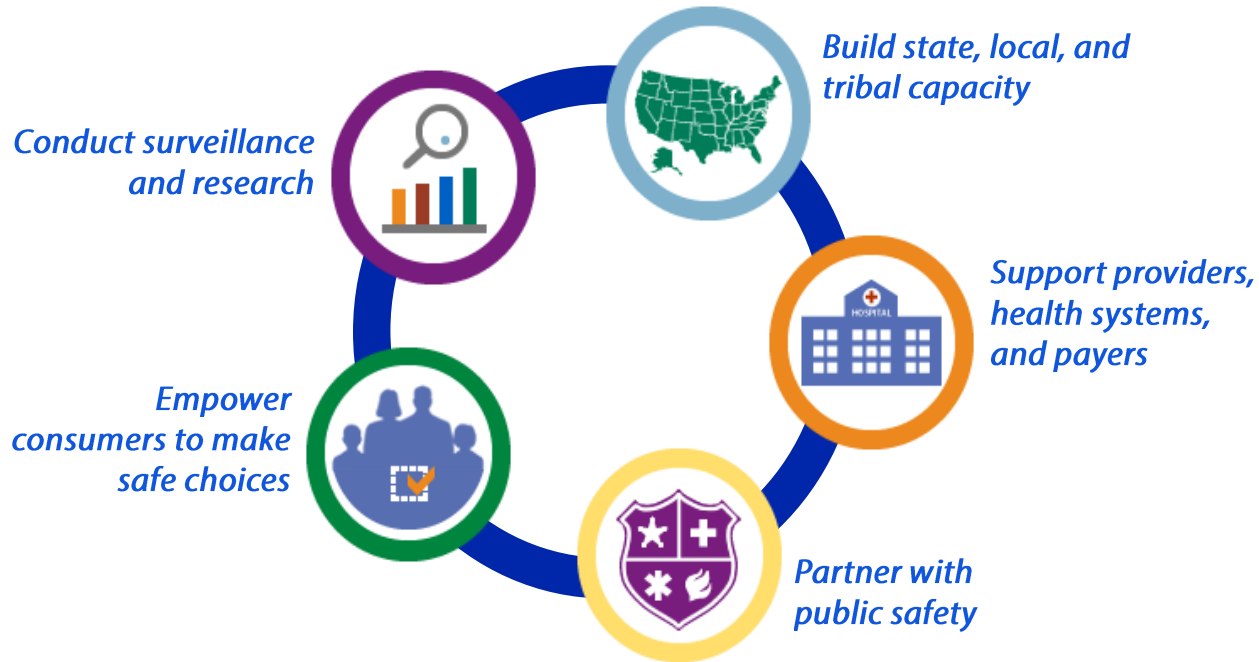
Potency and Ease of Making, Trafficking, & Profiting from Illicitly Fentanyl and Fentanyl Analogs

7

Mixing or Co-Use of Illicit Fentanyl with Other Drugs – Especially Cocaine and Methamphetamines

**CDC Initiatives- evidence base approaches
that work!**

CDC's Strategy to Prevent Opioid Overdoses and Opioid-Related Harms





Overdose Data to Action (OD2A) 4 YEAR FUNDING

- Integrates previous funding into one announcement.
- Streamlines reporting, staffing, budget.
- Creates seamless integration of data and prevention programs.

Components and Strategies: At-a-glance

- **Surveillance Component**
 - *Morbidity*
 - *Mortality*
 - *Innovative Projects*
- **Prevention Component**
 - *Prescription Drug Monitoring Programs (PDMPs)*
 - *State-local integration*
 - *Linkage to Care*
 - *Providers and Health Systems Support*
 - Public Safety Partnerships
 - Empowering Individuals
 - Innovation Projects

Italicized strategies are required for state funded recipients

Promoting What Works In Communities

- CDC reference document showcasing 10 best practices to prevent opioid overdose.

Harm Reduction Strategies:

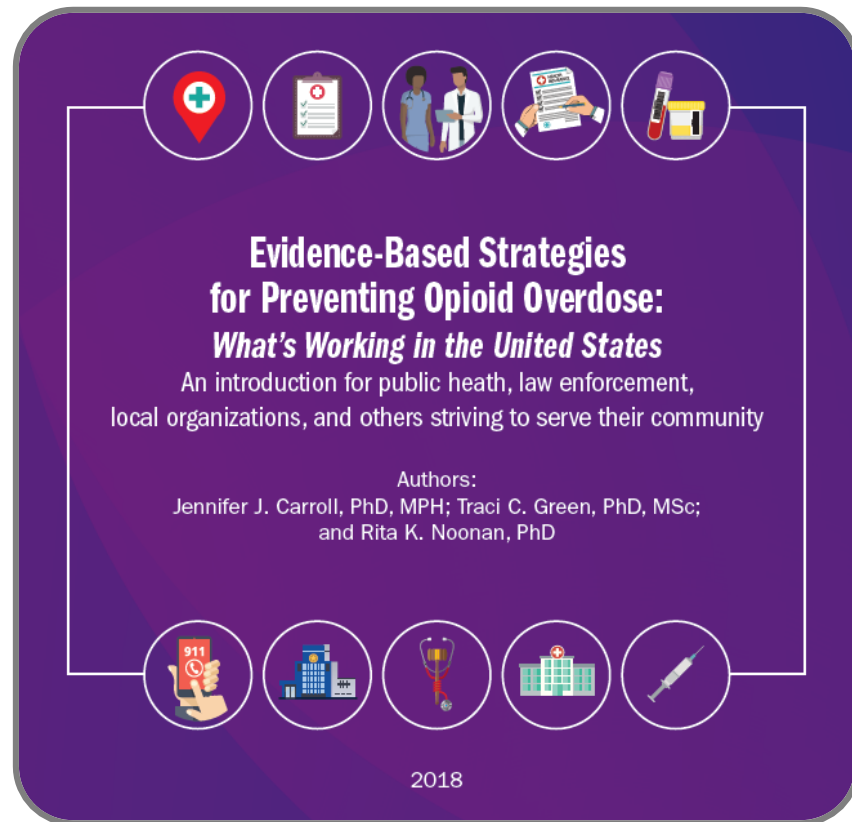
- Targeted Naloxone Distribution
- 911 Good Samaritan Laws
- Syringe Services Programs

Medication Assisted Treatment (MAT):

- MAT Prior-Authorization
- MAT in Criminal Justice Settings and Upon Release
- ED Buprenorphine Initiation

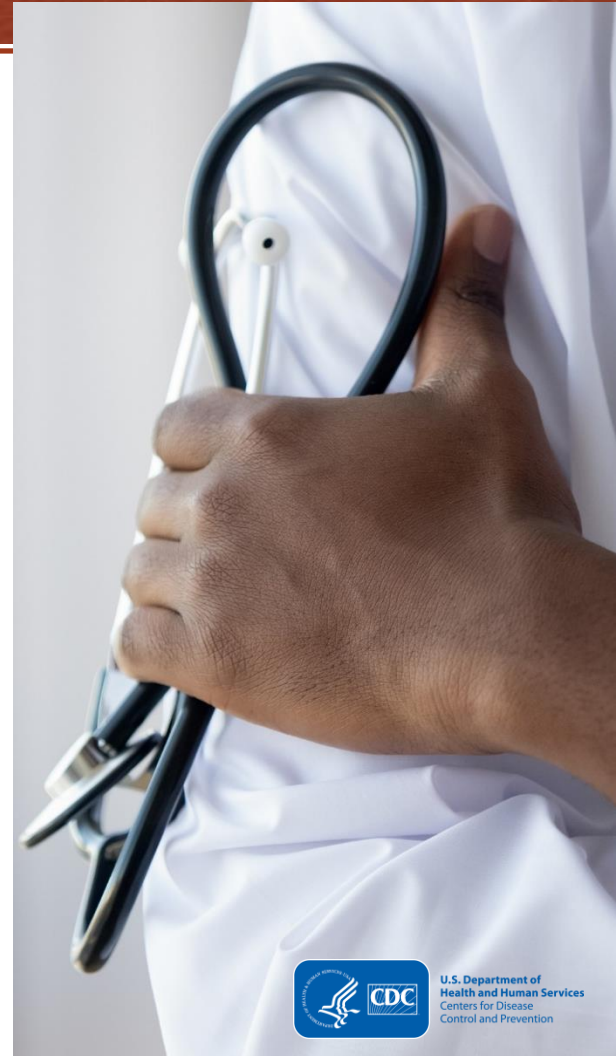
Academic Detailing

Fentanyl Toxicology Screening



Updating the CDC Opioid Prescribing Guideline

- CDC funded the Agency for Health Care Research and Quality to update or conduct a total of 5 systematic reviews.
- Areas updated in the CDC Guideline include:
 - Additional detail on non-pharmacologic and non- opioid pharmacologic therapies for chronic pain;
 - Updated information on benefits and risks of nonpharmacologic, nonopioid pharmacologic, and opioid therapies for chronic pain;
 - Expanded guidance on acute pain;
 - Expanded guidance on opioid tapering.
- CDC Injury Center established and requested observations from an expert workgroup under its Board of Scientific Counselors. The workgroup's draft report can be found at: [Observations on the Updated CDC Guideline for Prescribing Opioids for Chronic Pain](#).
- The updated Guideline is anticipated to be released in late 2022.



CDC

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

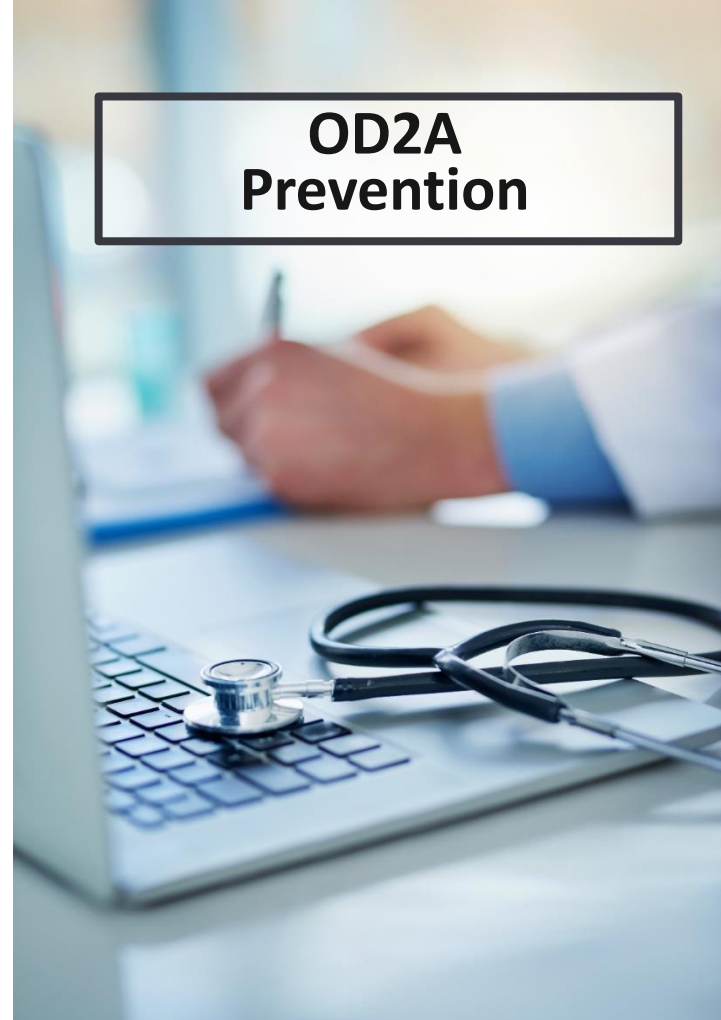
CDC's Overarching Goal for PDMPs

Maximize and Enhance the Use

- Increase the timeliness and comprehensiveness of data
- Incentivize health care providers to use the Prescription Drug Monitoring Program (PDMP)
- Actively manage PDMP data to monitor practice
- Integrate PDMP data into clinical workflow
- Provide clinical decision support for clinicians
- Leverage PDMPs for public health surveillance

Example Prevention Strategy

**OD2A
Prevention**



Overdose Response Strategy: New Partnerships between Public Health and Public Safety

- Collaboration between CDC and the Office of National Drug Control Policy's (ONDCP) - High Intensity Drug Trafficking Areas (HIDTA).
- The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.
- As of July 2021, every state now has a Drug Intelligence officer and Public Health Officer



Connect with Your ORS State
Team:
www.hidtaprogram.org/ors.php



Bureau of Justice Assistance Partnerships

Rural Responses to the Opioid Overdose Epidemic

Overdose Detection Mapping Application Pilot States & Tribes

Building Bridges Between Jails and Community Based Treatment for Opioid Use Disorder

Harm Reduction Training and Education for Law Enforcement

Overdose Fatality Review Project



BJA's

Comprehensive

Opioid, Stimulant,
and Substance Abuse

Program

Opioid Rapid Response Program

Training

Increase Workforce
Capacity

Preparedness

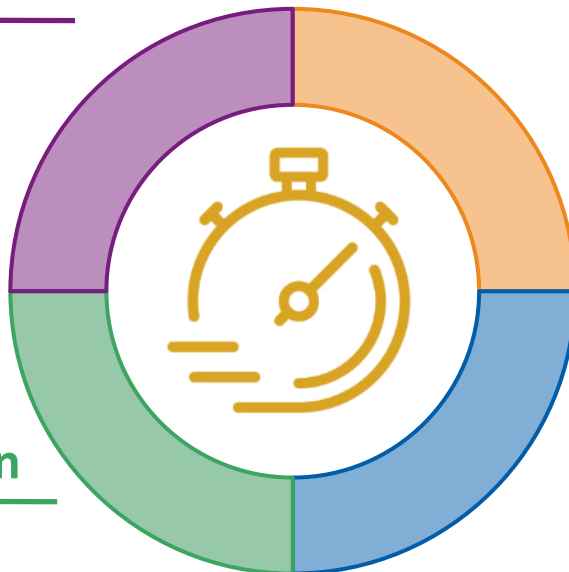
Build State Capabilities

Communication

Establish Trusted
Contacts

Deploy Resources

Enhance State and
Local Capacity





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

Real stories from real people



CDC RX Awareness Campaign

There is hope.
Recovery is possible.



Tele



Jeni



David



Britton



Tessa

700+ COMMUNITY COALITIONS

PARTNERSHIP



Source: Office of National Drug Control Policy (ONDCP), Art Explosion (slip art). | QAO-17-120



CADCA

*Preventing and reducing substance use
among youth 18 and younger*



Connecting Community Infrastructure

COORDINATED

Prevention and
Response
Activities



Naloxone is a drug that can reverse the effects of opioid overdose and can be life-saving if administered in time.



Medication-assisted treatment (MAT) for opioid use disorder (OUD) can aid in preventing repeat overdoses. MAT combines the use of medication (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

- Offer naloxone and training to patient's family and friends, in case the patient has another overdose.
- Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

Local Emergency Department



First Responders | Public Safety | Law Enforcement Officers



- Get adequate supply and training for naloxone administration.
- Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

Mental Health and Substance Abuse Treatment Providers



- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for conditions that often occur with OUD.

**Coordinated,
informed efforts
can better prevent
opioid overdoses
and deaths**

Community Members



- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

Community-Based Organizations



- Assist in mobilizing a community response to those most at risk.
- Provide resources to reduce harms that can occur when injecting drugs, including ones that offer screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

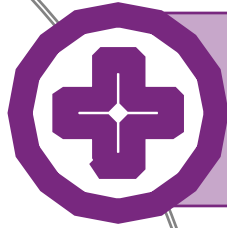
Local Health Departments



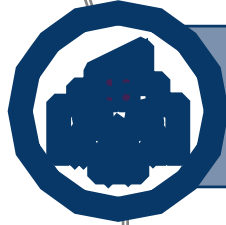
- Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
- Ensure an adequate naloxone supply.
- Increase availability and access to necessary services.
- Coordinate with key community groups to detect and respond to any changes in illicit drug use.

SOURCE: CDC Viral Signs, March 2018.

**Where do
we go
from
here?**



Support harm reduction and expand the provision and use of naloxone, and overdose prevention education



Expand access to and provision of treatment for substance use disorders



Intervene early with individuals at the highest risk for overdose



Improve detection of overdose outbreaks due to fentanyl, fentanyl analogs, and other drugs to facilitate an effective response

CDC Drug Overdose Prevention – Areas for Further Investment

Injury Center Perspective

Increase support for local communities

Strengthen post-overdose outreach – via peer recovery specialists or navigators

Expand Overdose Response Strategy

Increase investments in laboratory and clinical data sources

Address stimulants and polysubstance use

Focus on strategies that can save more lives right now – like naloxone distribution

Broaden awareness of illicit opioids and decrease stigma

Expand locations for overdose prevention education and mobile outreach

Expand efforts to collect data on suspected overdose deaths within one month of death

Fortify efforts to address the highest risk populations and circumstances

Increase education & training to decrease stigma among clinicians

Support innovative approaches to surveillance, modelling, and data linkage

Implement “Adoption Accelerator” model of evidence-based programs

Update and expand the CDC opioid prescribing guideline

Strengthen linkage to and retention in care and track outcomes

Implement programs to strengthen families, support effective life skills, & foster supportive communities

Scale up the Public Health and Safety Team (PHAST) approach for collaboration

BRAINSTORM



What are Your
Ideas?

Learn from
the Past

Think of
the Future

QUESTIONS



Thank you! Questions?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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

