

OPIOID ABUSE AND PREVENTION





“Prescription Painkiller Overdoses are a Public Health Epidemic” - CDC



FOR IMMEDIATE RELEASE
October 26, 2017

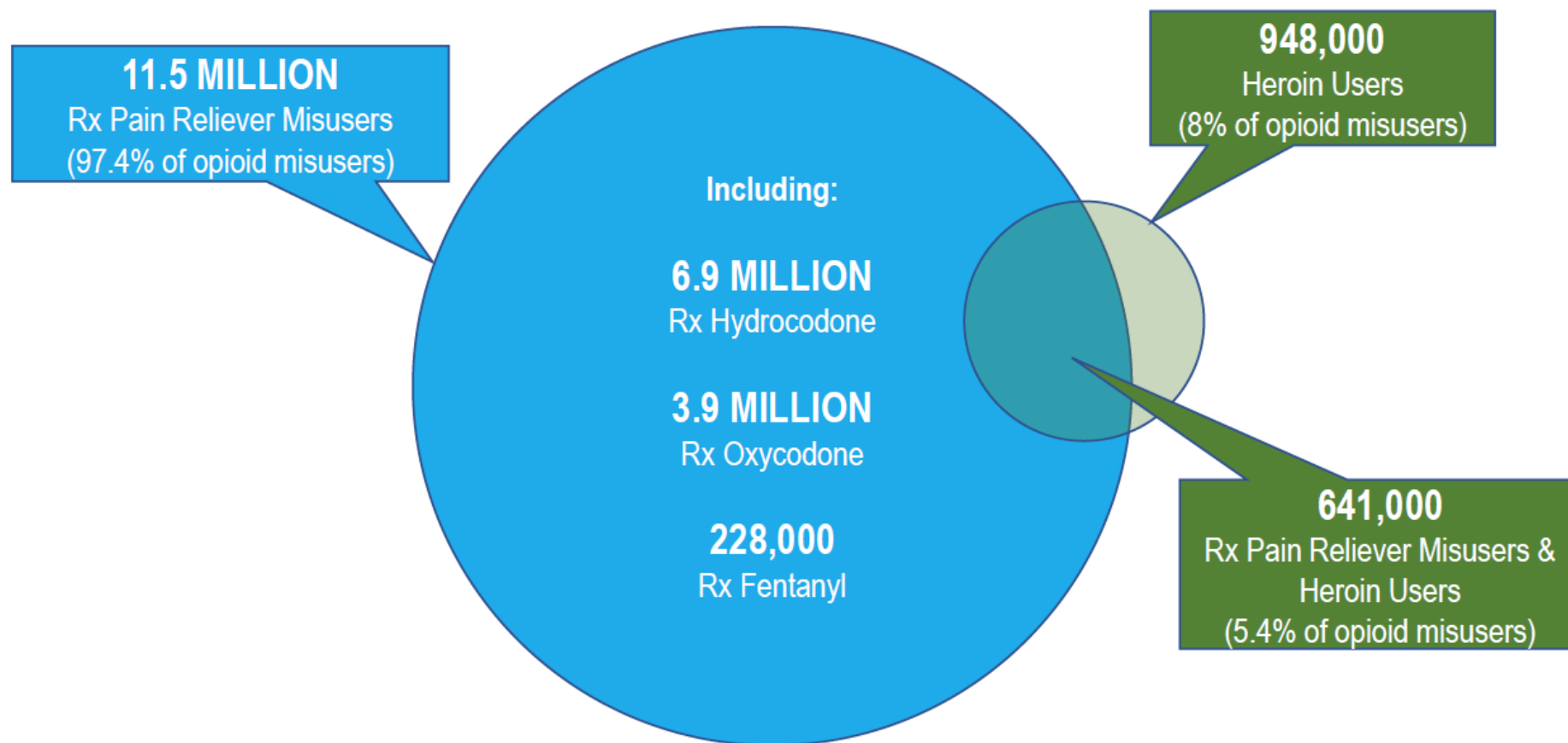
Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Acting Secretary Declares Public Health
Emergency to Address National Opioid Crisis

OPIOID'S GRIP: MILLIONS CONTINUE TO MISUSE RX PAIN RELIEVERS

PAST YEAR, 2016, 12+

11.8 MILLION PEOPLE WITH OPIOID MISUSE (4.4% OF TOTAL POPULATION)





THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



116

People died every day
from opioid-related
drug overdoses



11.5 m

People misused
prescription opioids¹



42,249

People died from
overdosing on opioids²



2.1 million

People had an opioid use
disorder¹



948,000

People used heroin¹



170,000

People used heroin for
the first time¹



2.1 million

People misused prescription
opioids for the first time¹



17,087

Deaths attributed to
overdosing on commonly
prescribed opioids²



19,413

Deaths attributed to
overdosing on synthetic
opioids other than
methadone²



15,469

Deaths attributed to
overdosing on heroin²

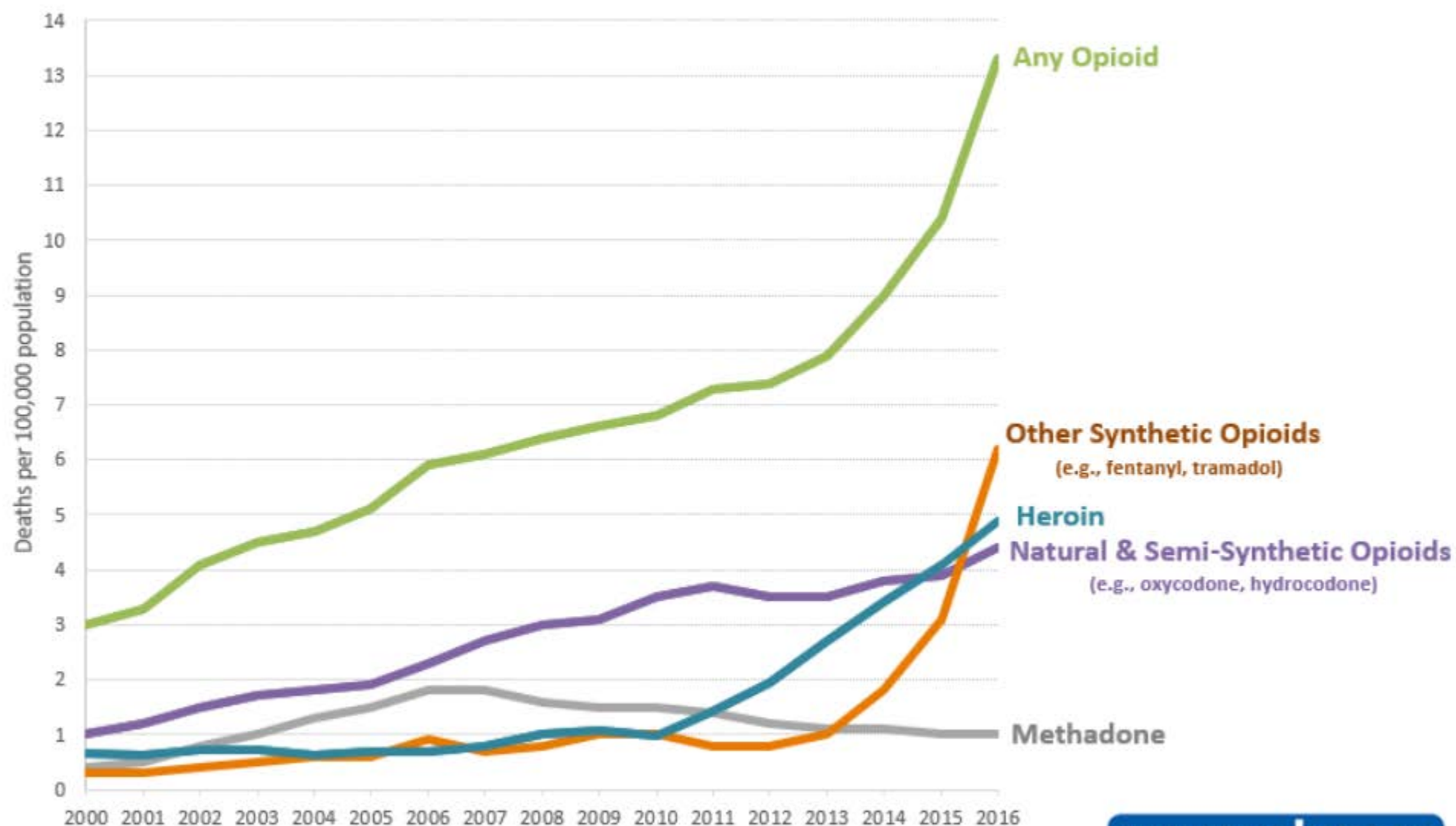


504 billion

In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017

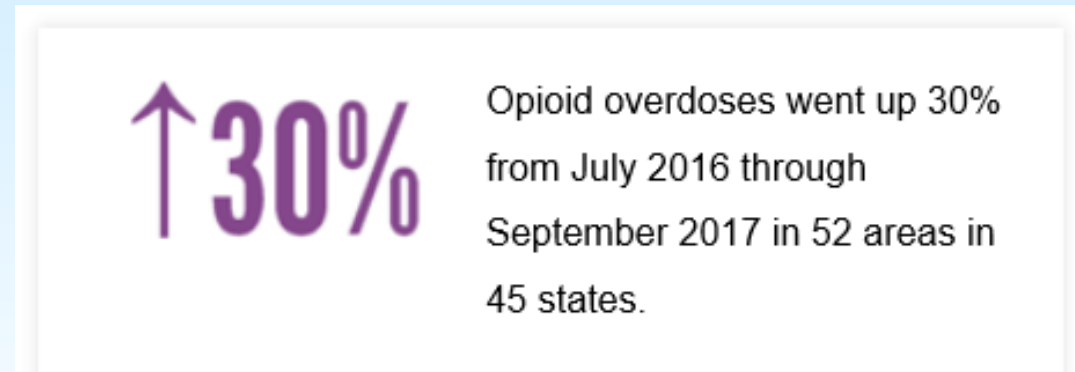
Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017.
<https://wonder.cdc.gov/>.

Opioid Overdoses Continue to Rise

- Emergency Department Visits For Opioid Overdoses Rose 30% in all Parts of the U.S. from July 2016 through September 2017



Opioids Overdoses Were Up the Most in the Midwest



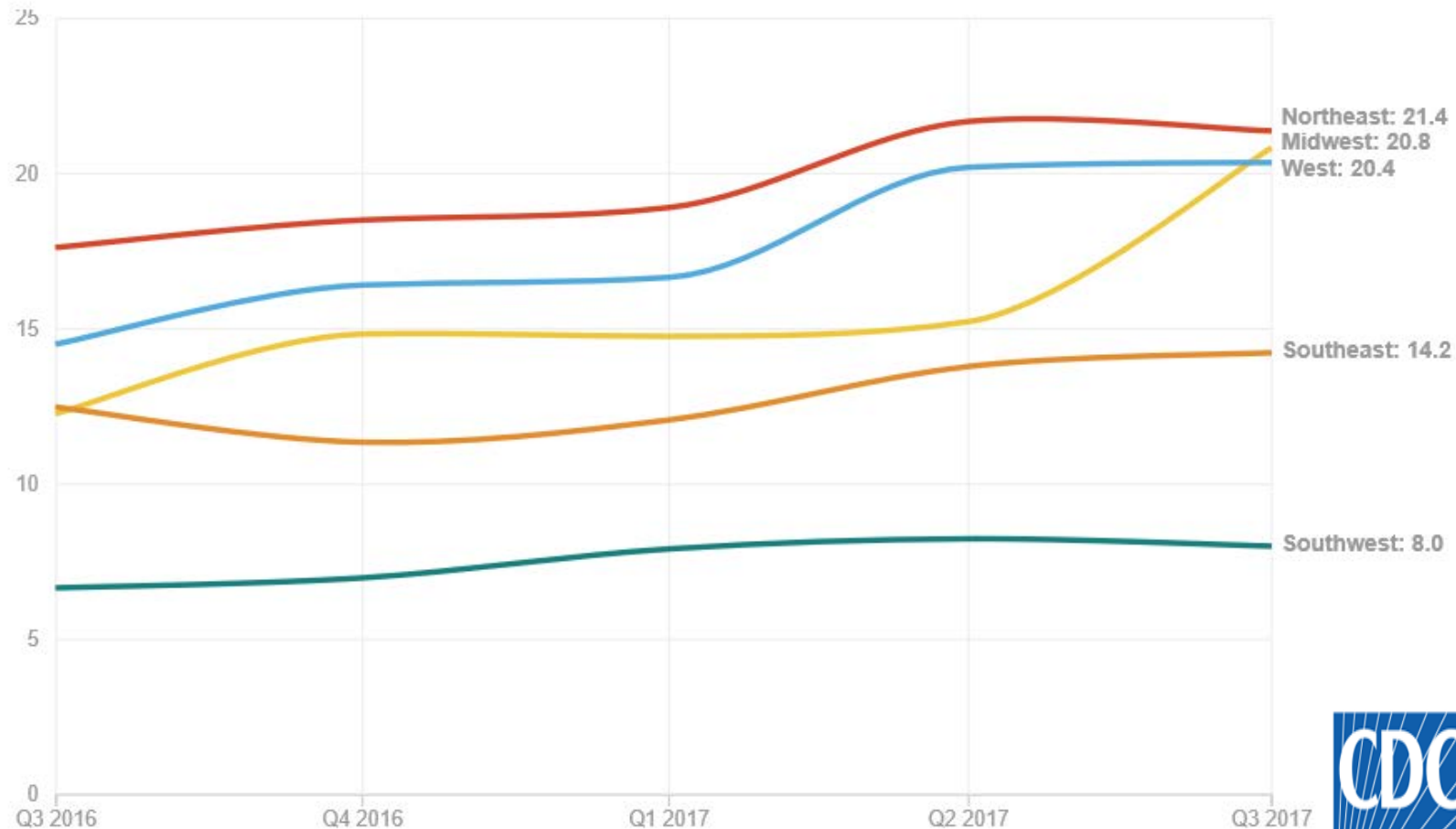
↑70%

The Midwestern region witnessed opioid overdoses increase 70% from July 2016 through September 2017.

The Midwest Has Among the Highest Opioid Overdose Rates in the Nation

Opioid overdose rates rose across the country

Suspected opioid overdose rate per 10,000 emergency hospital visits



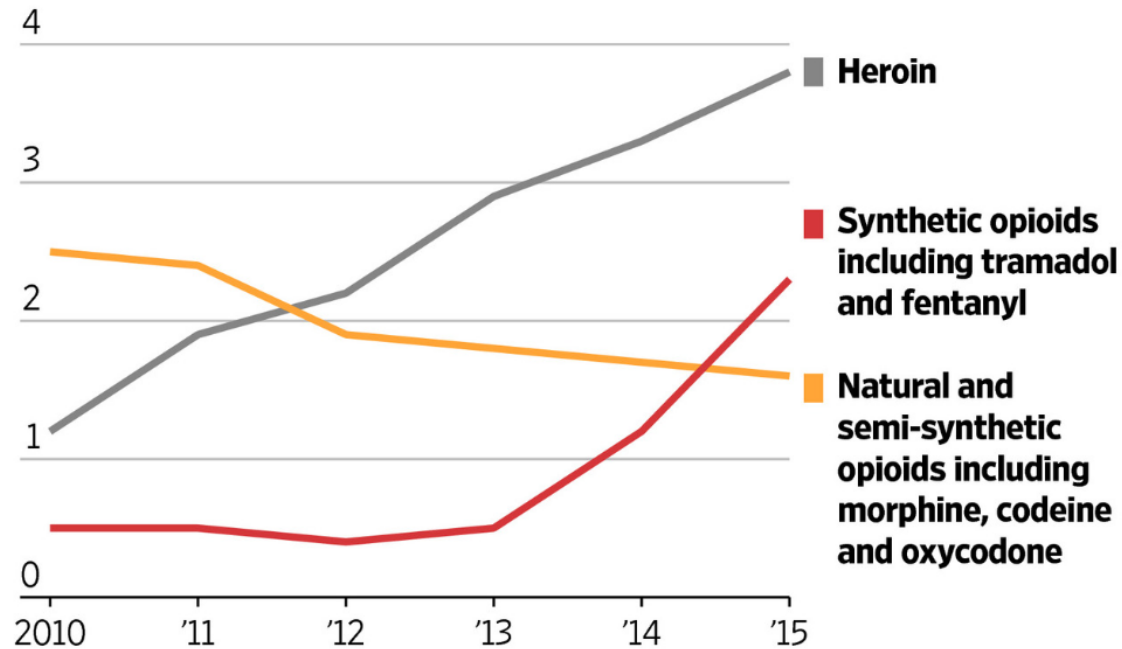
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Source: Centers for Disease Control and Prevention

The Opioid Overdose Epidemic Affects Everyone -- From the Young

Vulnerable Age

Opioid deaths per 100,000 for both students and nonstudents between ages 15 and 24.



Fatal Student Opioid Overdoses Prompt Colleges to Action

As deaths rise, schools stock up on medicine that can reverse overdoses and establish recovery programs

Note: Some individuals die with multiple drugs in their systems

Source: Centers for Disease Control and Prevention

THE WALL STREET JOURNAL.

... to the Old

JOURNAL REPORTS: RETIREMENT

Opioid Use Soars Among Middle Aged and Elderly

JOURNAL REPORT | ENCORE

HEALTH MATTERS

Opioid Abuse Soars for the Middle-Aged and Elderly

A big part of the problem:
Uninformed doctors who
prescribe too many painkillers

BY LAURA LANDRO

COULD YOUR DOCTOR be prescribing too many pain pills?

The epidemic of opioid abuse sweeping the U.S. might seem like a distant phenomenon to the average middle-aged patient who is getting a joint replacement, visiting an emergency room or seeking help with persistent pain from a primary-care physician.

But according to the Centers for Disease Control and Prevention, Americans age 45 to 64 accounted for about 44% of deaths from overdoses in 2013 and 2014. And the proportion of adults 50 and older seeking treatment for opioid addiction has increased dramatically in recent decades.

While many deaths and overdoses are linked to illicit street drugs, the CDC reported in December that there is a continuing problem with prescription opioids, a class of narcotic painkillers that can be highly addictive and deadly when misused. Experts say many doctors are uninformed about the risks of opioids and are insufficiently trained in how to prescribe them.

Hair trigger

"Even one prescription can be a trigger for long-term use," says Michael Barnett, assistant professor of health policy and management at the Harvard T.H. Chan School of Public Health. "We have to figure out how to encourage safe prescribing without undertreating pain."

Last year, the CDC issued new guidelines for primary-care providers, who write 50% of the prescriptions for opi-

oids. The new regimen discourages use of opioids for chronic pain—defined as lasting more than three months—other than for cancer patients and those at the end of life. For acute pain, following surgery or injury, CDC says, "start low and go slow," urging doctors to prescribe the lowest effective dose in no greater quantity than needed for the duration of pain severe enough to require a narcotic.



in the ER who might not otherwise use the drugs, one will become a long-term user.

Patients should speak up about any concerns with an opioid prescription, even in an emergency setting, says Dr. Barnett. "It is OK to say, 'I've heard these drugs have a lot of side effects, can I get something else or a lower dose?'"

A study of which medical specialists are prescribing medications to patients who die of prescription-drug abuse in San Diego County, published in the American Journal of Emergency Medicine in 2015, found that some doctors tended to prescribe more pills per bottle. Emergency-room doctors wrote

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to treat pain aggressively. "The traditional approach was to give a prescription for 30 or even 90 days, but this has turned into a tremendous problem," Barnett says.

Doctors apply the new CDC guidelines in their practice and help patients manage pain safely with other approaches including the over-the-counter

Surgery 8%
Dentistry 4%

land Journal of Medicine, found wide variations in the rates of opioid prescribing among doctors practicing in the same emergency depart-

ment in the prescribed doses and intervals and weren't combining their medication with other drugs or alcohol. "Patients in pain can and

Studies find that uninformed doctors prescribe too many painkillers for their patients

oids. The CDC issued new guidelines for primary-care providers, who write 50% of the prescriptions for opi-

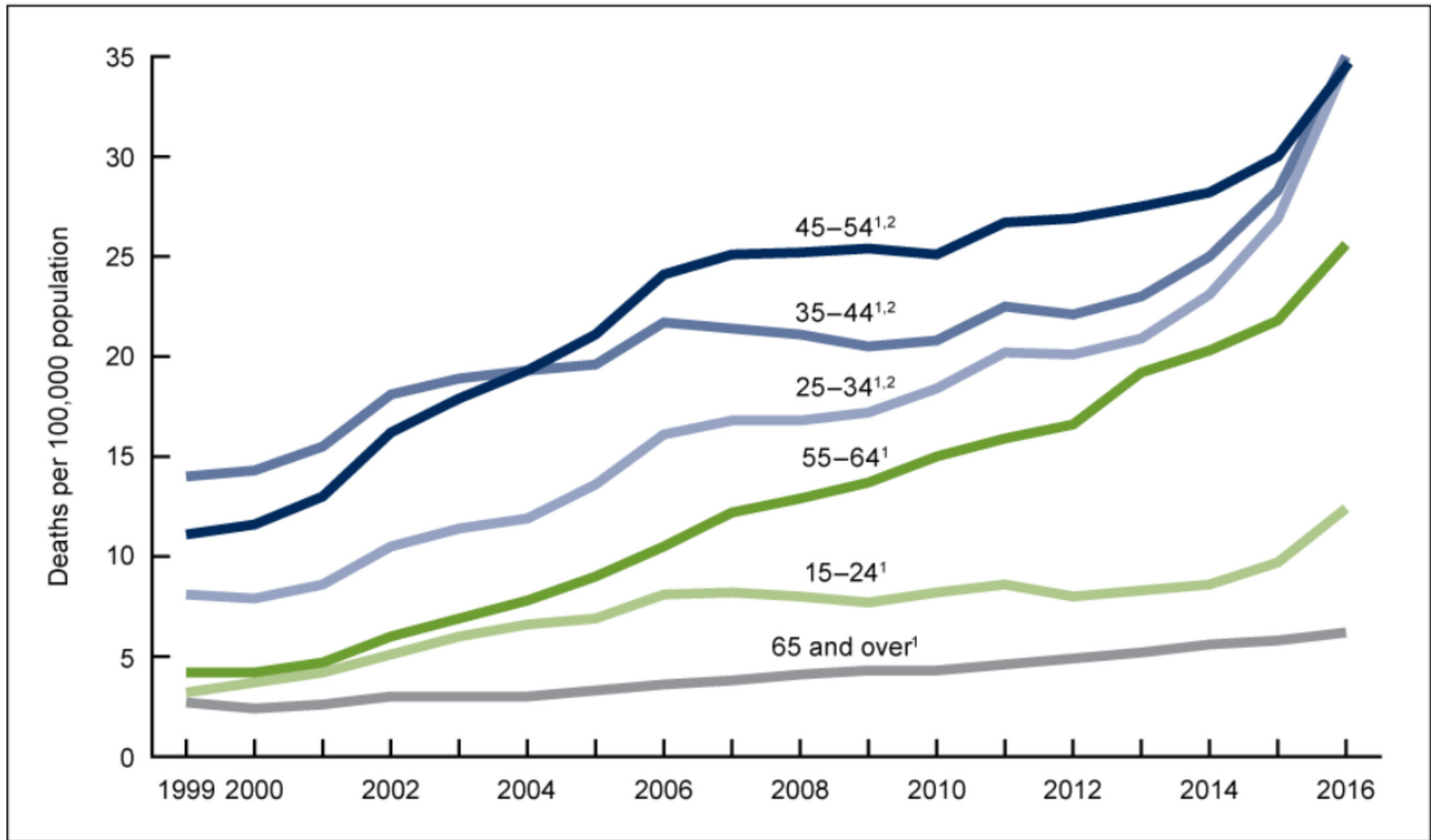
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Drug Overdose Death Rates By Age, 1999 - 2016

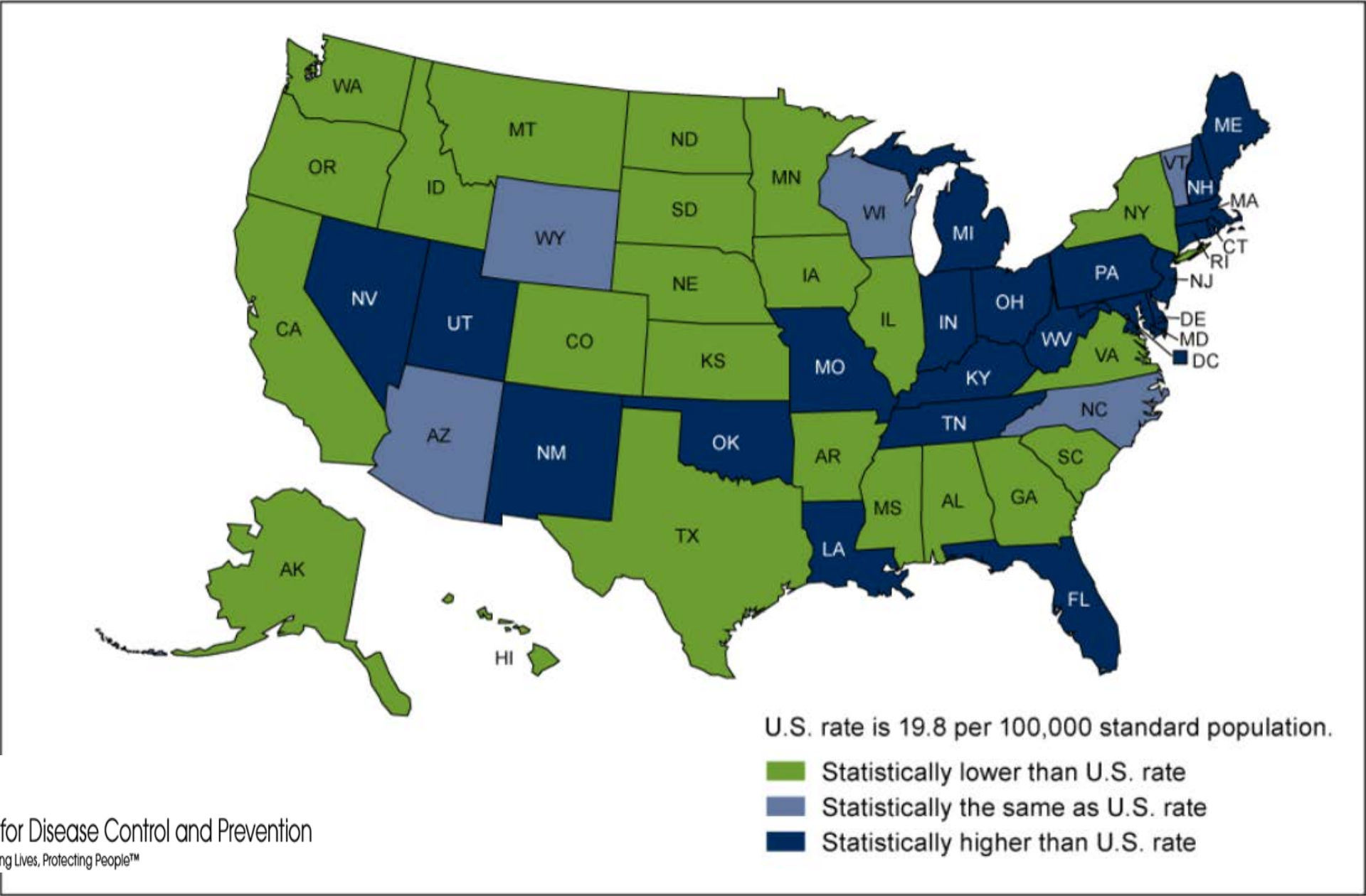


Michigan Continues to Have One of the Highest Overdose Rates in the Nation

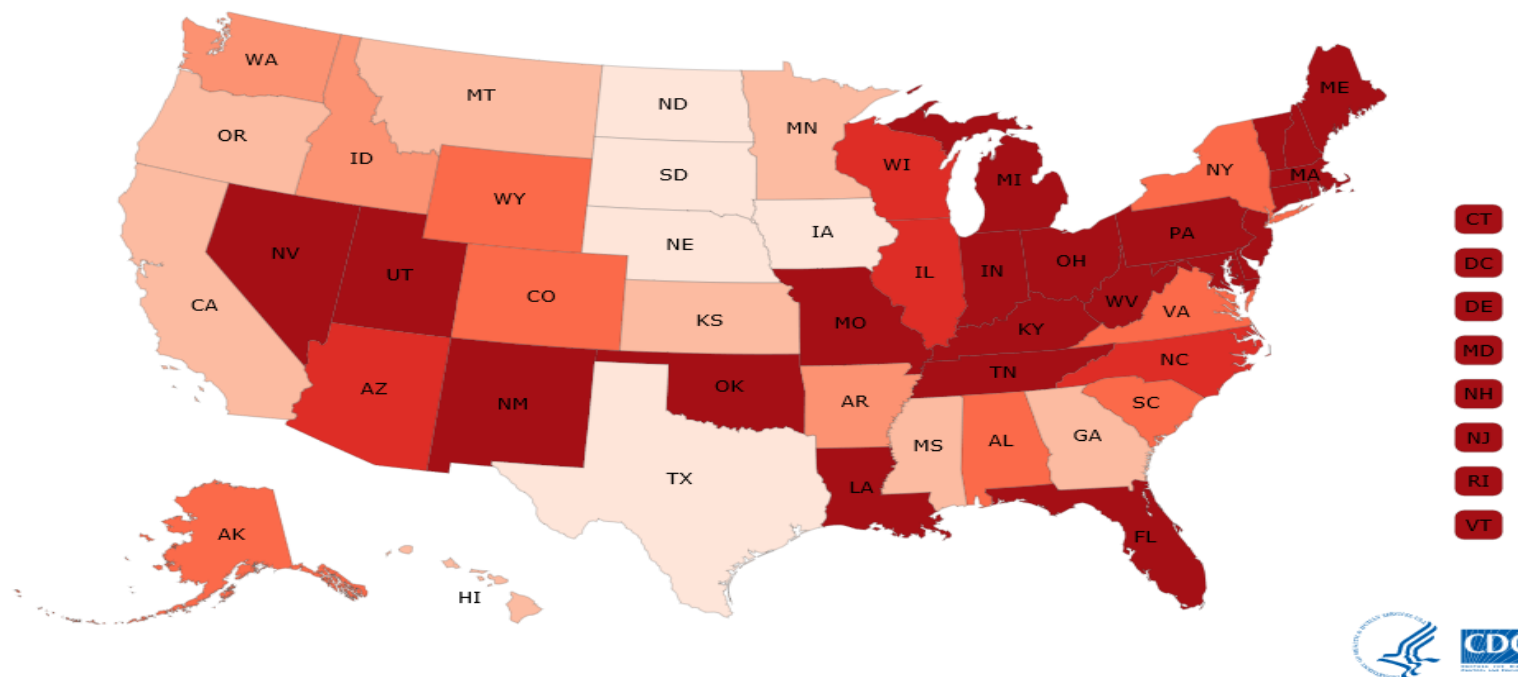


Michigan Has One of the Highest Drug Overdose Death Rates in the Nation

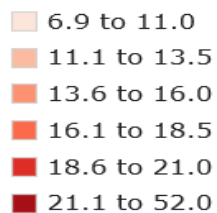
Figure 3. Age-adjusted drug overdose death rates, by state: United States, 2016



Number and age-adjusted rates of drug overdose deaths by state, US 2016



Legend



Michigan

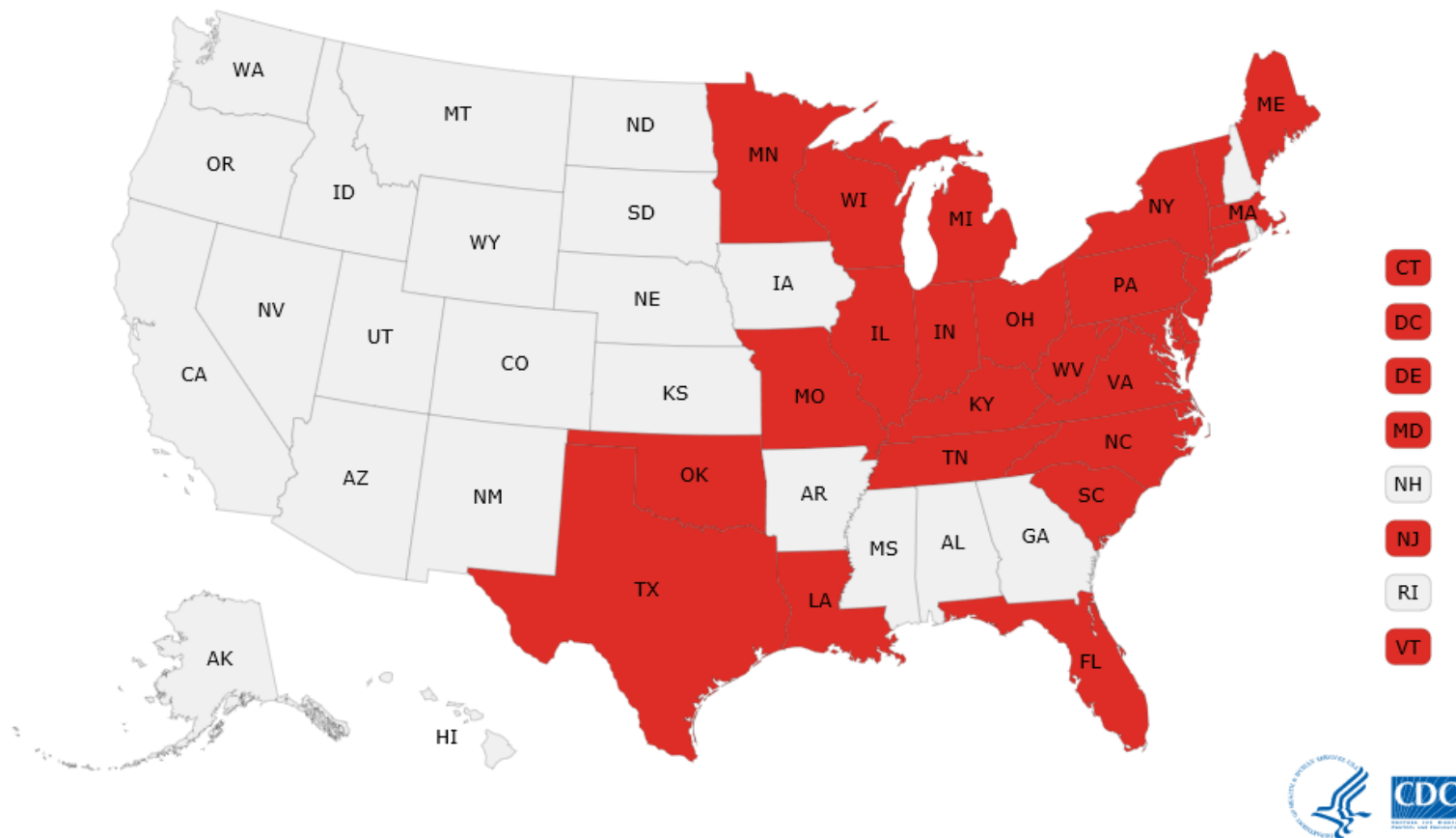
21.1 to 52.0

24.4

2,347

With 2,347 Drug Overdose Deaths in 2016, Michigan Had One of the Highest Drug Overdose Death Rates in the Nation – 24.4 per 100,000 people.

Statistically significant drug overdose death rate increase from 2015 to 2016, US states



Michigan's
Overdose Death
Rate Increased
19% Between
2015 and 2016

Statistically significant increase

Statistically significant increase from 2015 to 2016

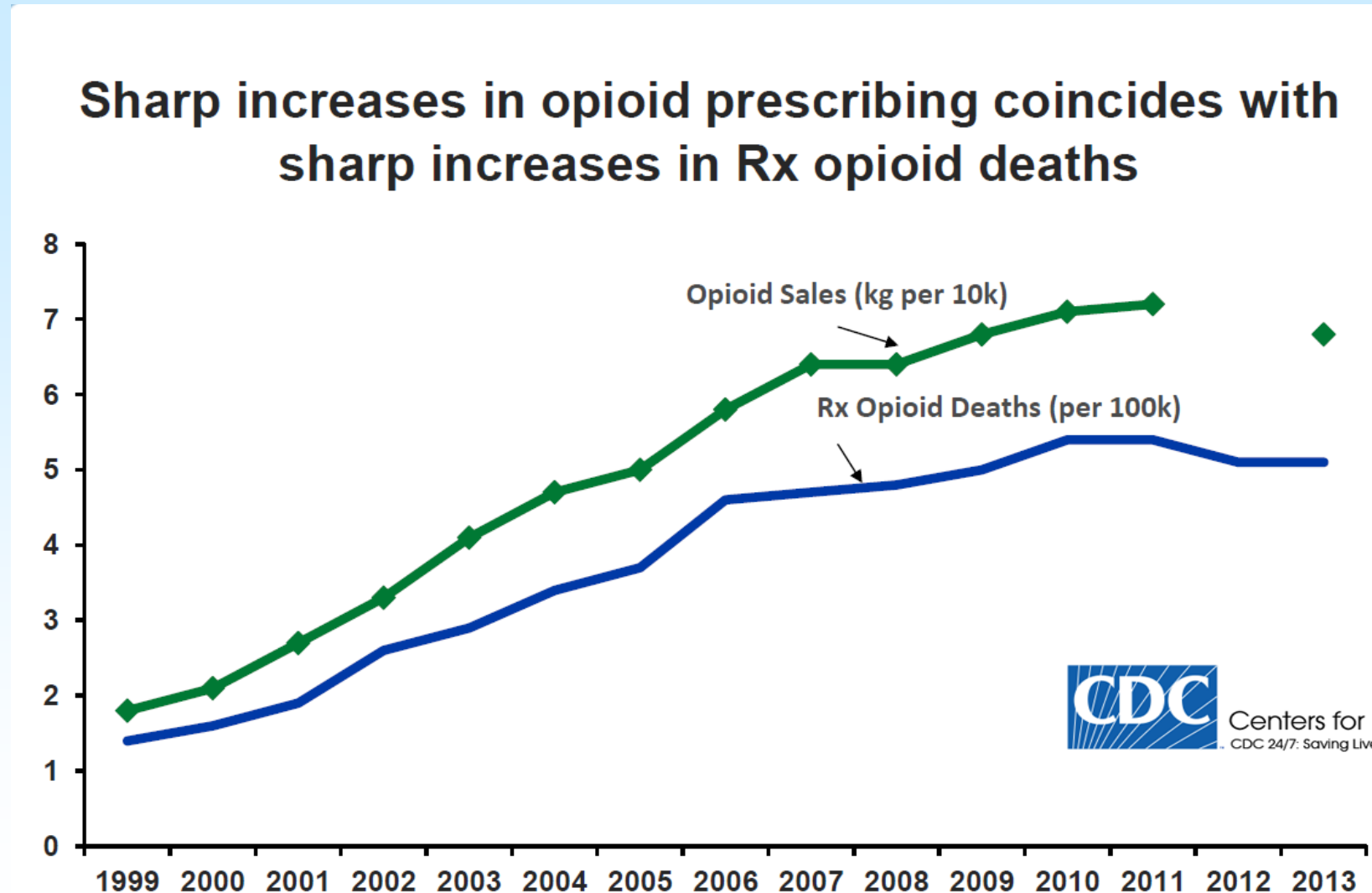
No
Yes

Michigan

Yes

19.6

There is a Direct Correlation Between the Amount of Opioid Prescriptions and the Number of Overdoses ...



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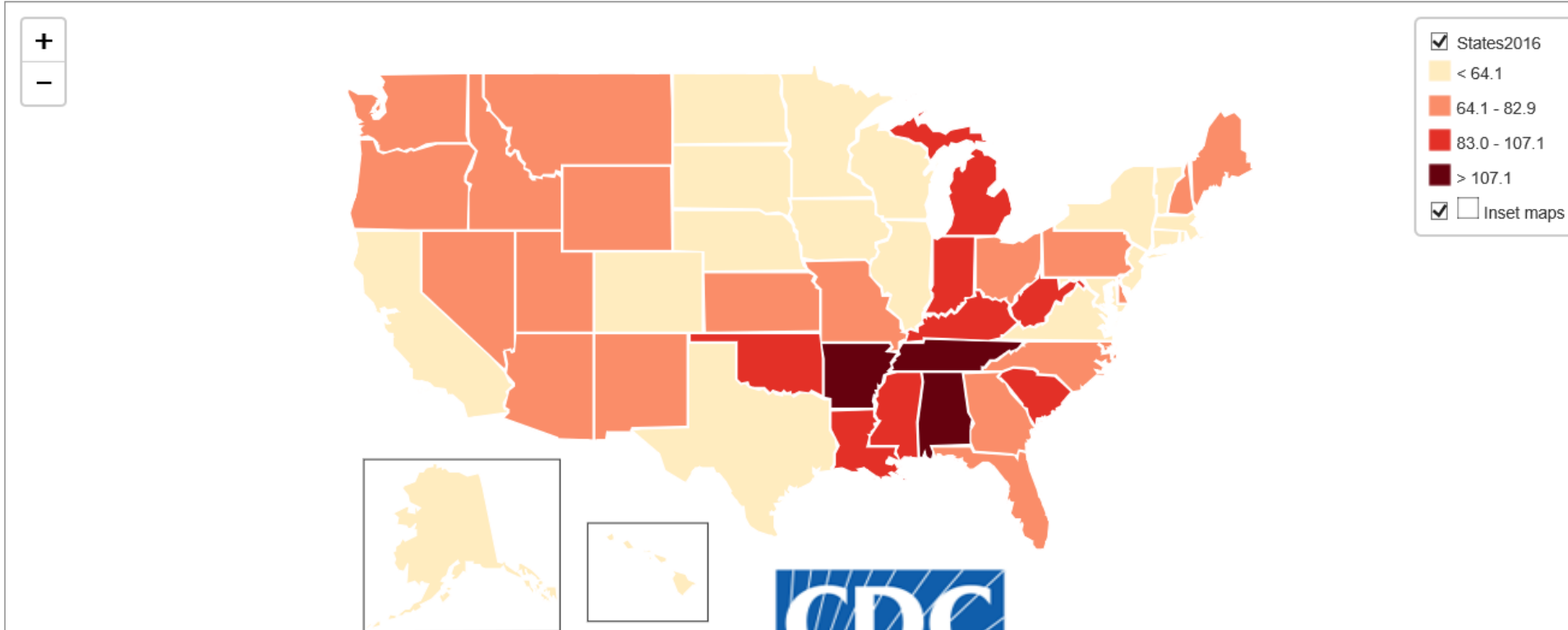
.. And In 2016, Michigan Had One of the Highest Opioid Prescribing Rates in the Nation – 84.9 Opioid Prescriptions per 100 Residents. Only 9 States Were Higher

U.S. State Prescribing Rates, 2016



[U.S. State Prescribing Rates, 2015](#)

[U.S. Prescribing Rate Maps](#)



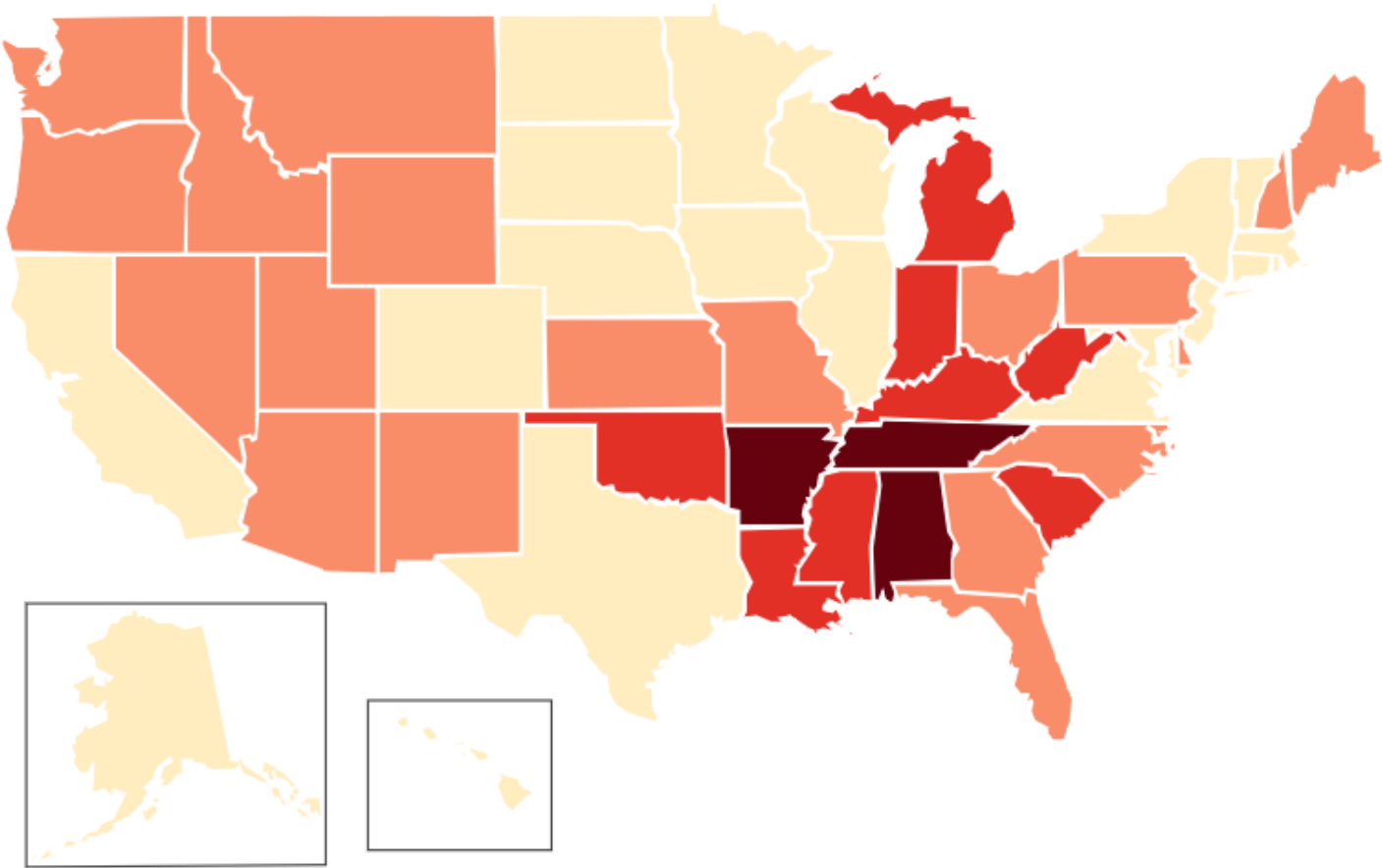
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U.S. State Prescribing Rates, 2016



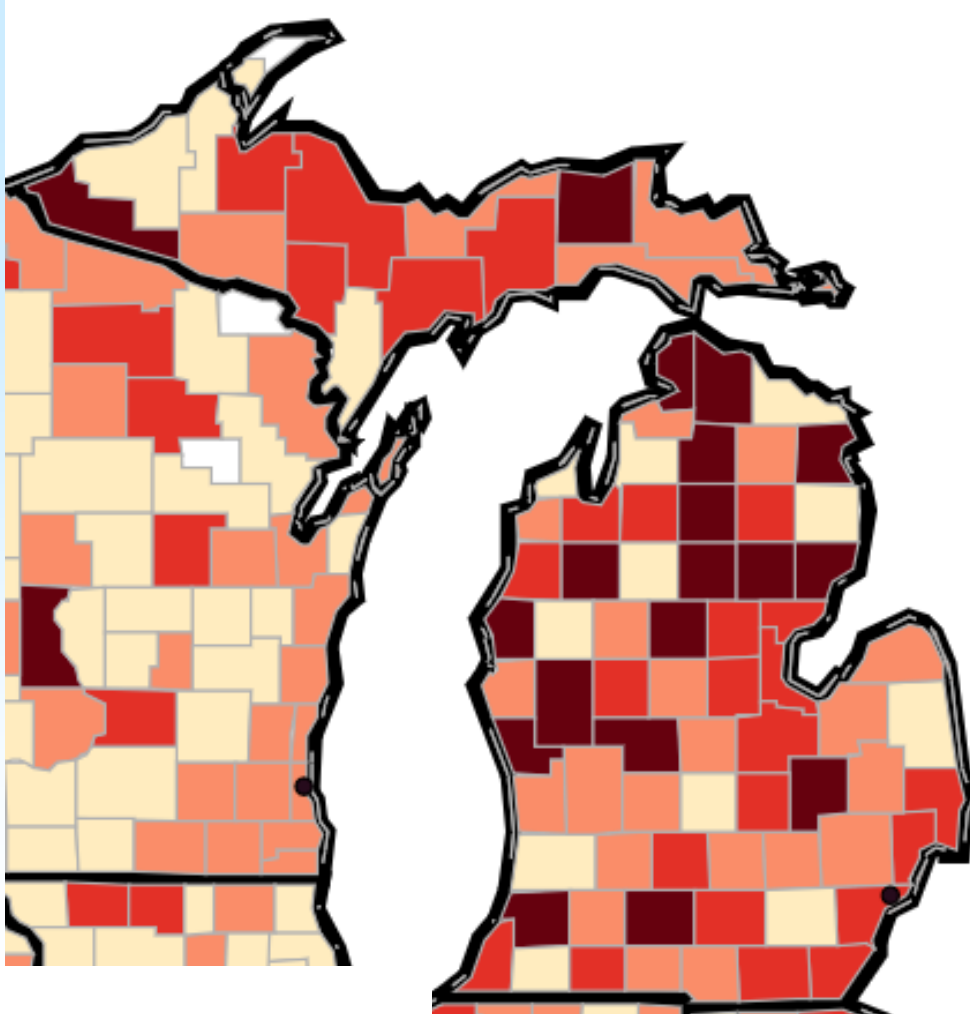
[U.S. State Prescribing Rates, 2015](#)

[U.S. Prescribing Rate Maps](#)



- ☒ States2016
- ☐  < 64.1
- ☐  64.1 - 82.9
- ☐  83.0 - 107.1
- ☐  > 107.1
- ☒ ☐ Inset maps

19 Counties Had Prescribing Rates of more than 112.5 Opioid Scripts per 100 residents in 2016



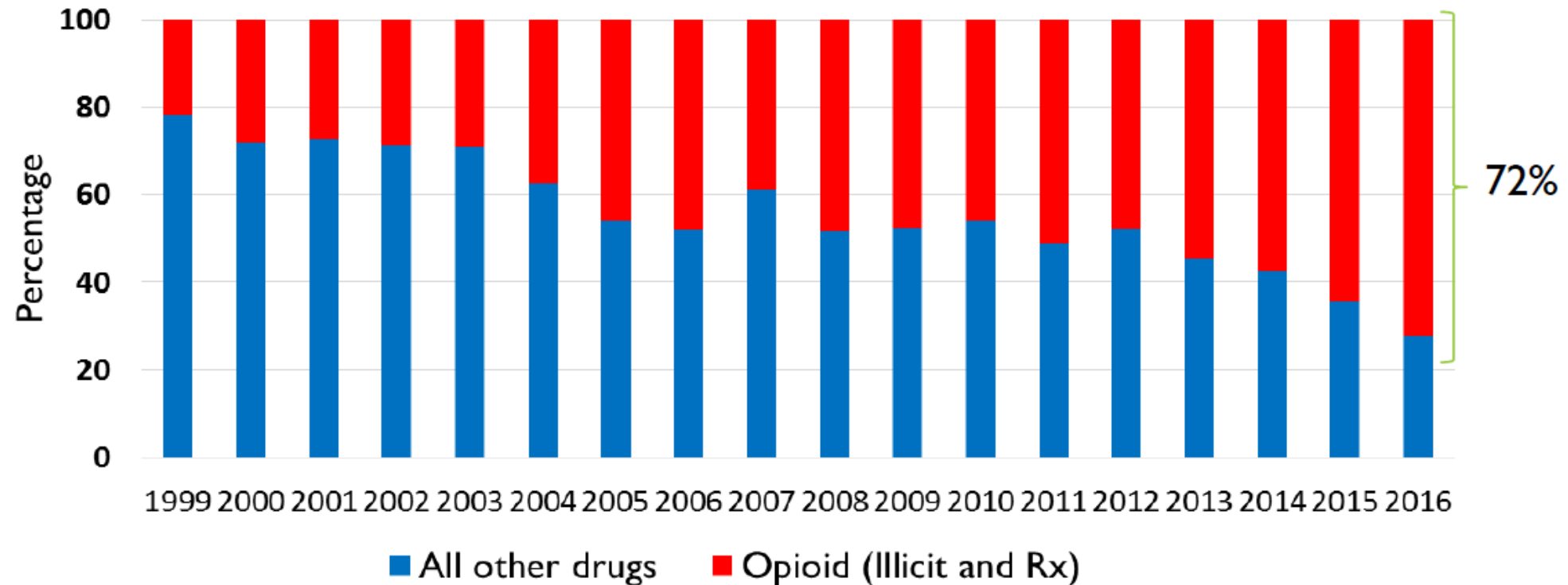
•	Alpena	118.8
•	Calhoun	120.4
•	Cheboygan	121.5
•	Clare	125.3
•	Crawford	127
•	Emmet	127.1
•	Gogebic	113
•	Iosco	124.5
•	Luce	132.8
•	Mason	124.5
•	Montcalm	115.9
•	Muskegon	126.7
•	Newaygo	116
•	Ogemaw	148.3
•	Otsego	150.3
•	Roscommon	147.5
•	Van Buren	112.8
•	Wexford	144.7

Total Drug Poisoning Deaths in Michigan, 1999-2016*



Source: Michigan Death Certificates, Division for Vital Records and Health Statistics, MDHHS

Drug Poisoning Death by Opioids vs All Other Drugs, Michigan, 1999-2016*



Source: Michigan Death Certificates, Division for Vital Records and Health Statistics, MDHHS

Opioid Overdoses Continue to Rise in Kent County

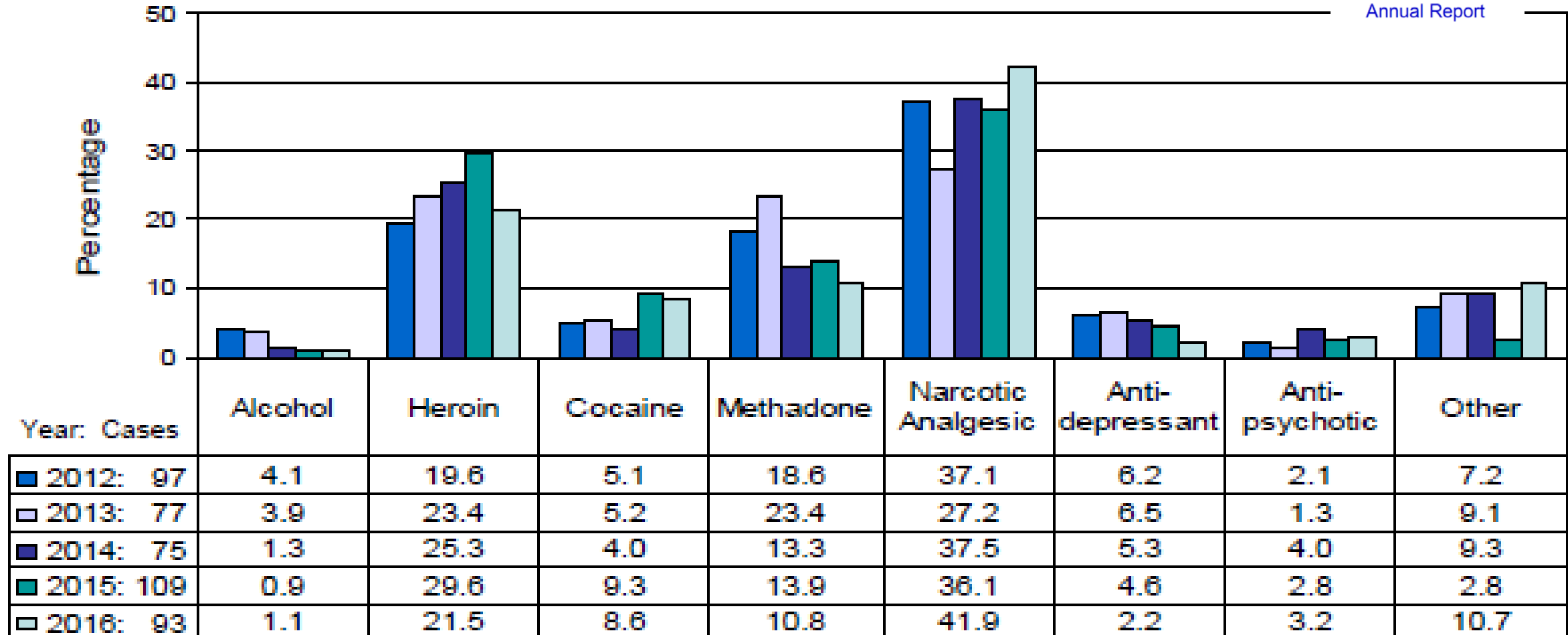
Cause of Death

Kent County
Medical Examiner



2016
Annual Report

Figure 18: Drug Deaths by Drug of First Mention, 2012-2016



Southwest Michigan Overdoses Continue to Rise

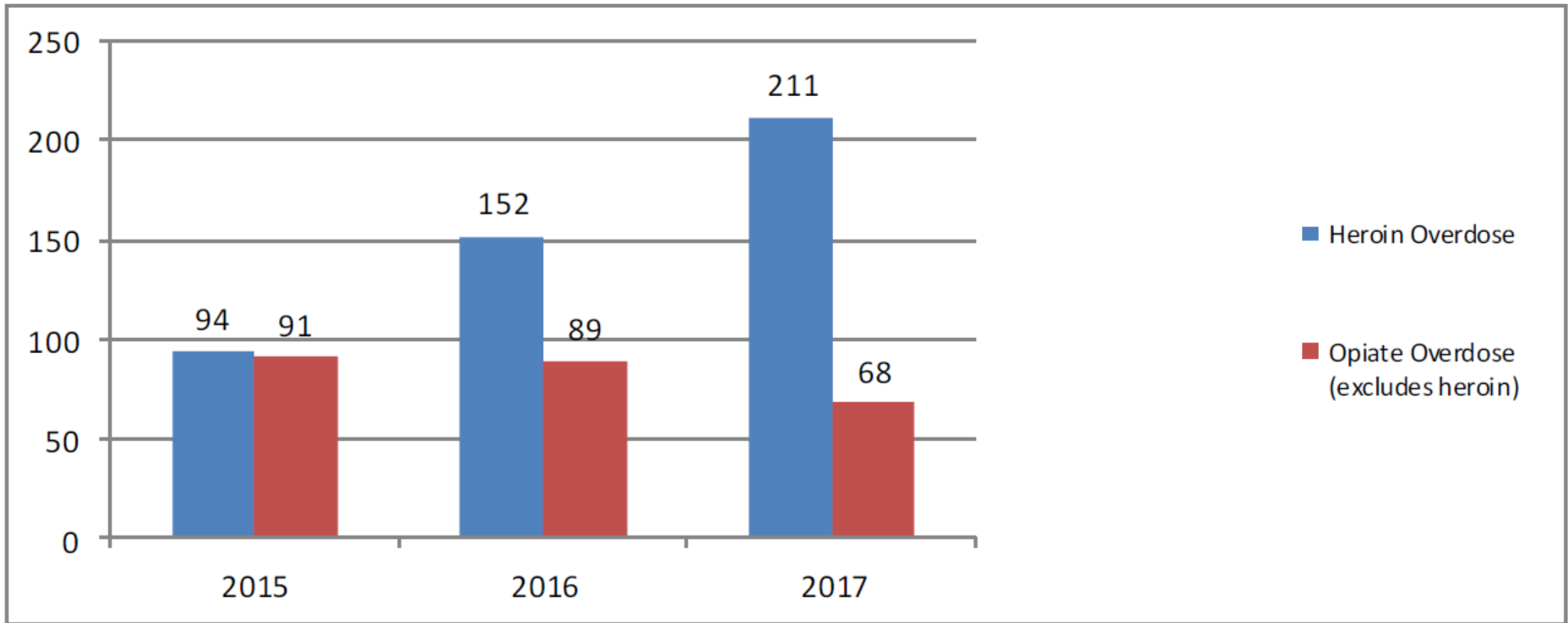
	2012			2013			2014			2015			2016		
County \ Area	Opioids	Heroin	Total	Total	Heroin	Total	Opioids	Heroin	Total	Opioids	Heroin	Total	Opioids	Heroin	Total
Barry	4	0	7	5	0	6	3	1	5	6	0	8	5	1	9
Berrien	3	1	21	1	2	19	3	4	32	13	3	32	10	12	35
Branch	2	0	7	2	0	5	1	1	5	1	1	7	1	0	7
Calhoun	6	0	35	3	2	32	20	6	30	26	12	45	32	9	49
Cass	0	0	2	3	0	8	4	2	8	5	0	6	5	0	8
Kazoo	14	3	27	23	7	42	27	4	37	13	5	27	42	12	62
St. Joe	1	0	6	3	0	8	4	2	9	1	1	6	6	1	9
Van Buren	5	1	12	5	0	15	6	1	11	6	0	11	4	1	9
SWMBH (total)	35	5	117	45	11	135	68	21	137	71	22	142	105	36	188
State Total	426	222	1300	472	369	1535	568	433	1745	887	392	1991	1404	329	2376

Source: Michigan Death Certificates, Division for Vital Records and Health Statistics / MDHHS

Drug poisoning deaths are those with ICD-10 underlying cause code X-40 – X-44, X-60- X-64, X-85, and Y-10 – Y-14.

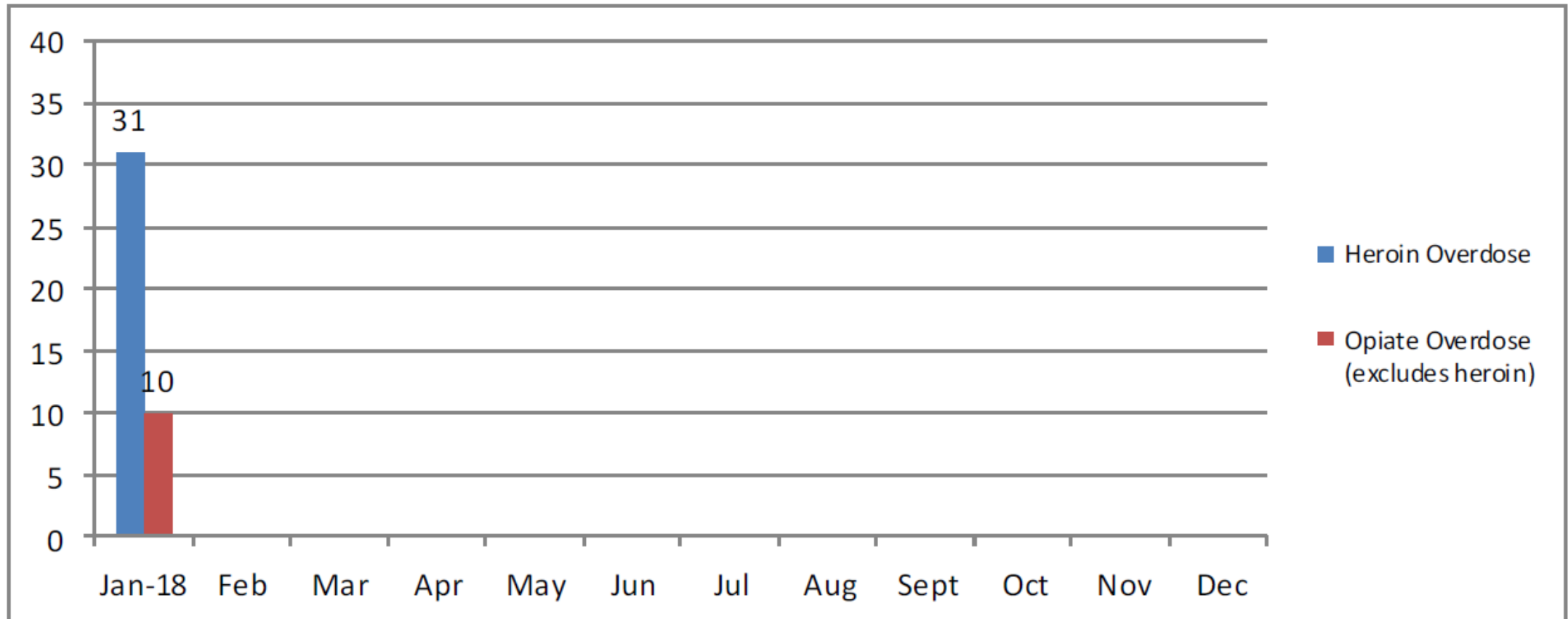
Calhoun County

NON-FATAL OVERDOSE BY YEAR - Calhoun County

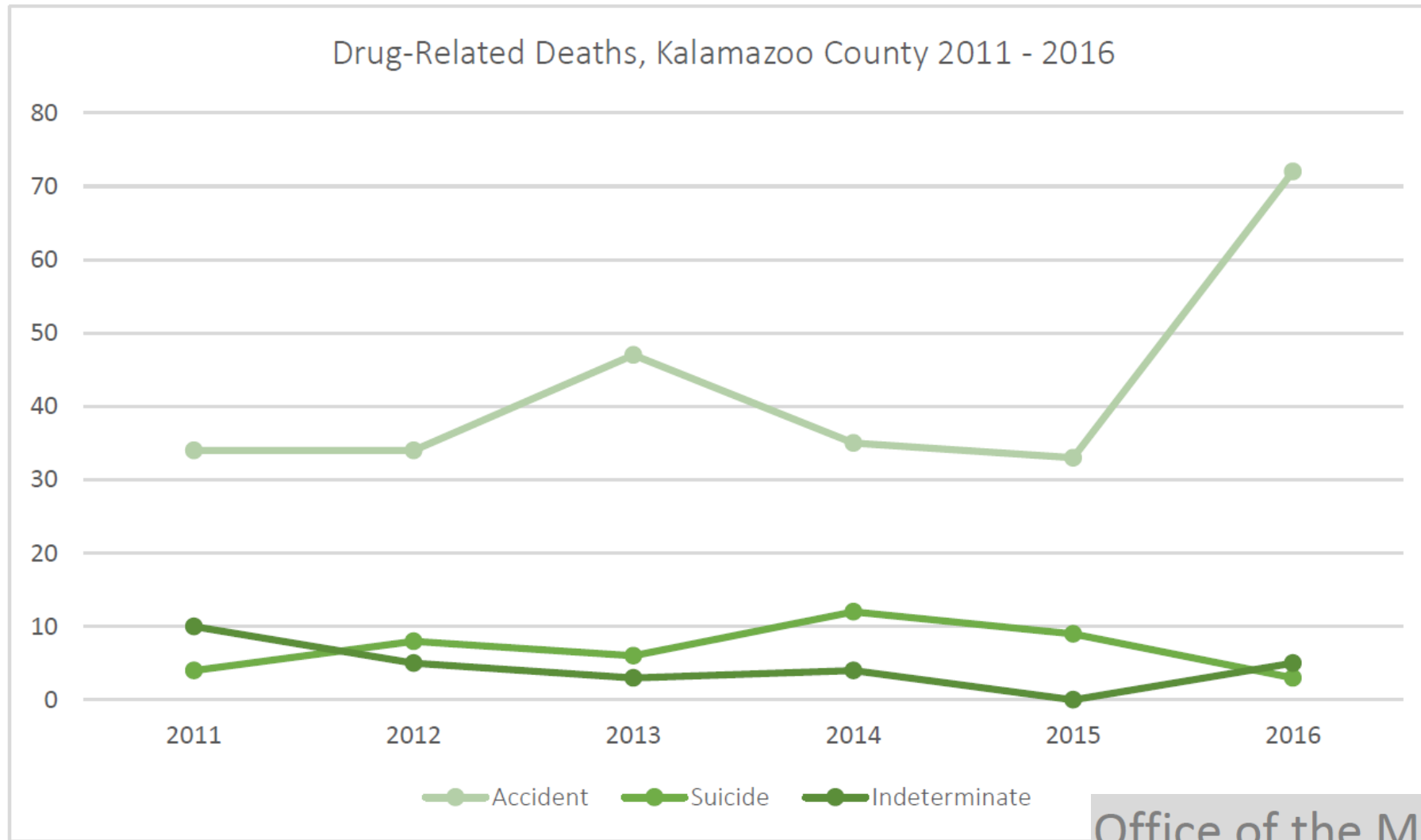


Calhoun County 2018 – the Upward Trend Continues

NON-FATAL OVERDOSE BY MONTH - Calhoun County 2018

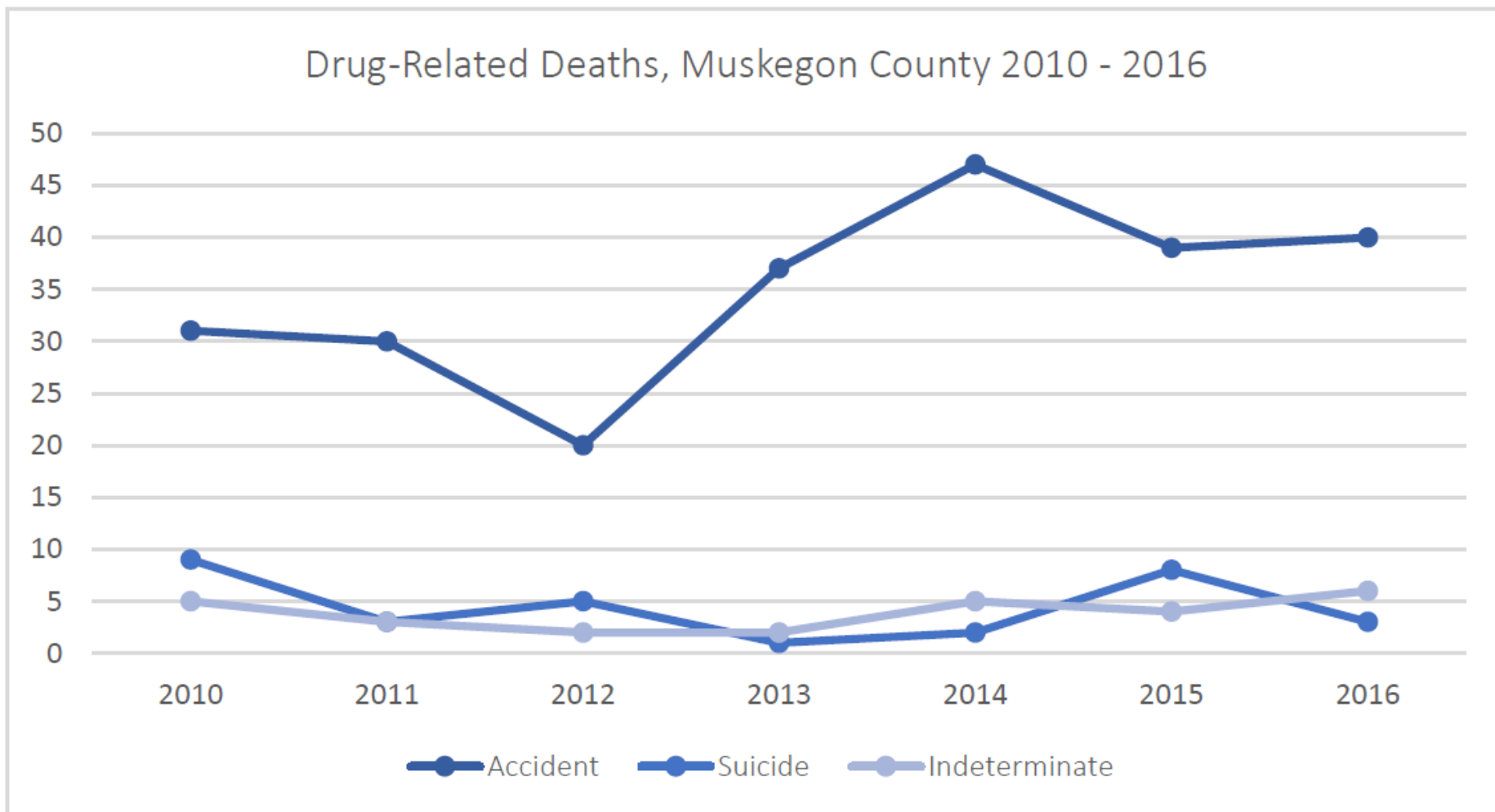


Kalamazoo County Drug Deaths Up Sharply



Office of the Medical Examiner

Muskegon County Drug Deaths Remain High



Early Opioid Prescribing Patterns Are Associated With Long Term Use

- In a March 2017 Study, the Centers for Disease Control Found:
 - **Even One Prescription for an Opioid Can Be a Trigger For Opioid Abuse**
 - The Likelihood of Chronic Opioid Use Increases Most Sharply When:
 - **Patients Are Given a Long-Acting Pain Reliever**
 - **Patients Are Given an initial 10 to 30 Day Supply of Opioids,**
 - **Patients Are Given More than 700 Morphine Milligrams Cumulative Dose,**
or
 - **A Second Prescription or Refill**



Doctor Shopping

Trafficking Organizations

- Recruit individuals to obtain narcotics
 - Patients with legitimate medical conditions (elderly/homeless)
 - False identification, obtained from consenting individuals, used to “create” medical records and obtain scripts
 - Pay patients for their narcotics and services (with \$\$ or narcotics)
 - Bring patients to distant locations

Prescription Drugs that Are Especially Risky



Most Commonly Overdosed Opioids

The most common drugs involved in prescription opioid overdose deaths include:

- Methadone
- Oxycodone (such as OxyContin®)
- Hydrocodone (such as Vicodin®)³

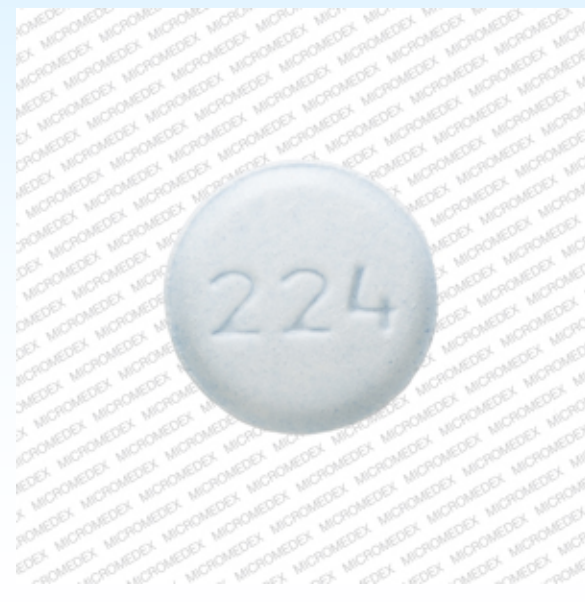


Centers for Disease Control and Prevention

CDC 24/7: Saving Lives, Protecting People™

Oxycodone

- Schedule II – Most Potential for Abuse
- Brand names:
OxyContin, Tylox,
Percocet, Percodan



Hydrocodone

- Schedule II – Most Potential for Abuse
- Brand Names Vicodin, Lorcet, Lortab, Norco
- Since 2007, hydrocodone has been the most prescribed drug in the United States



Methadone Is Particularly Lethal



Methadone accounted for approximately 1% of all opioids prescribed for pain but accounted for approximately 23% of all prescription opioid deaths in 2014.



Methadone is an opioid prescribed for pain management and is also provided through opioid treatment programs to treat opioid use disorders.

Because methadone might remain in a person's system long after the pain-relieving benefits have been exhausted, it can cause slow or shallow breathing and dangerous changes in heartbeat that might not be perceived by the patient.



The Combination of an Opioid with a Benzodiazepine (Xanax, Klonopin, Ativan) is Deadly

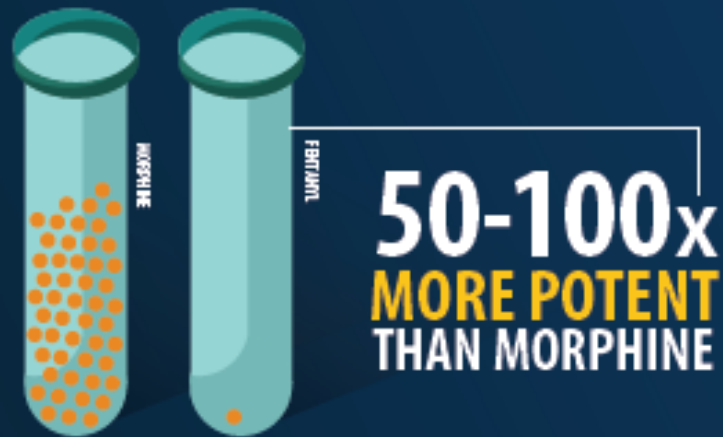


- Increased risk of overdose
- CDC Recommends against the concurrent prescribing of an opioid with a benzodiazepine “unless absolutely necessary”
- FDA Black Box Warning
- Sought by addicts

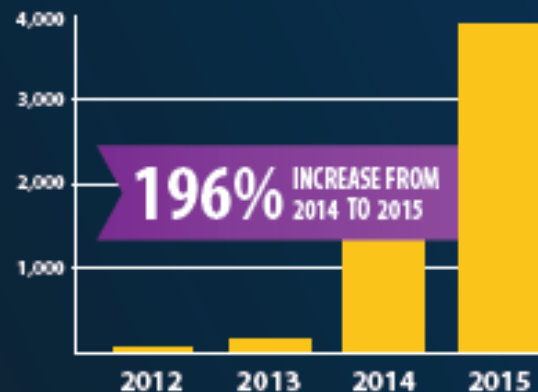
Fentanyl – Found in Almost 100% of Heroin Seizures

FENTANYL: Overdoses On The Rise

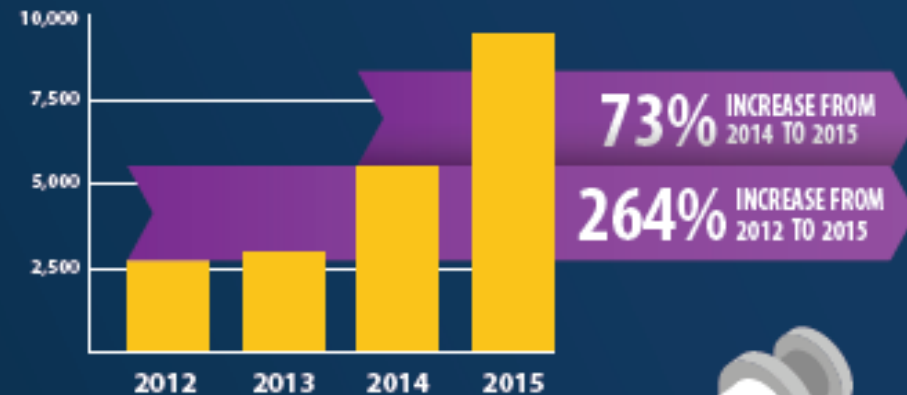
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

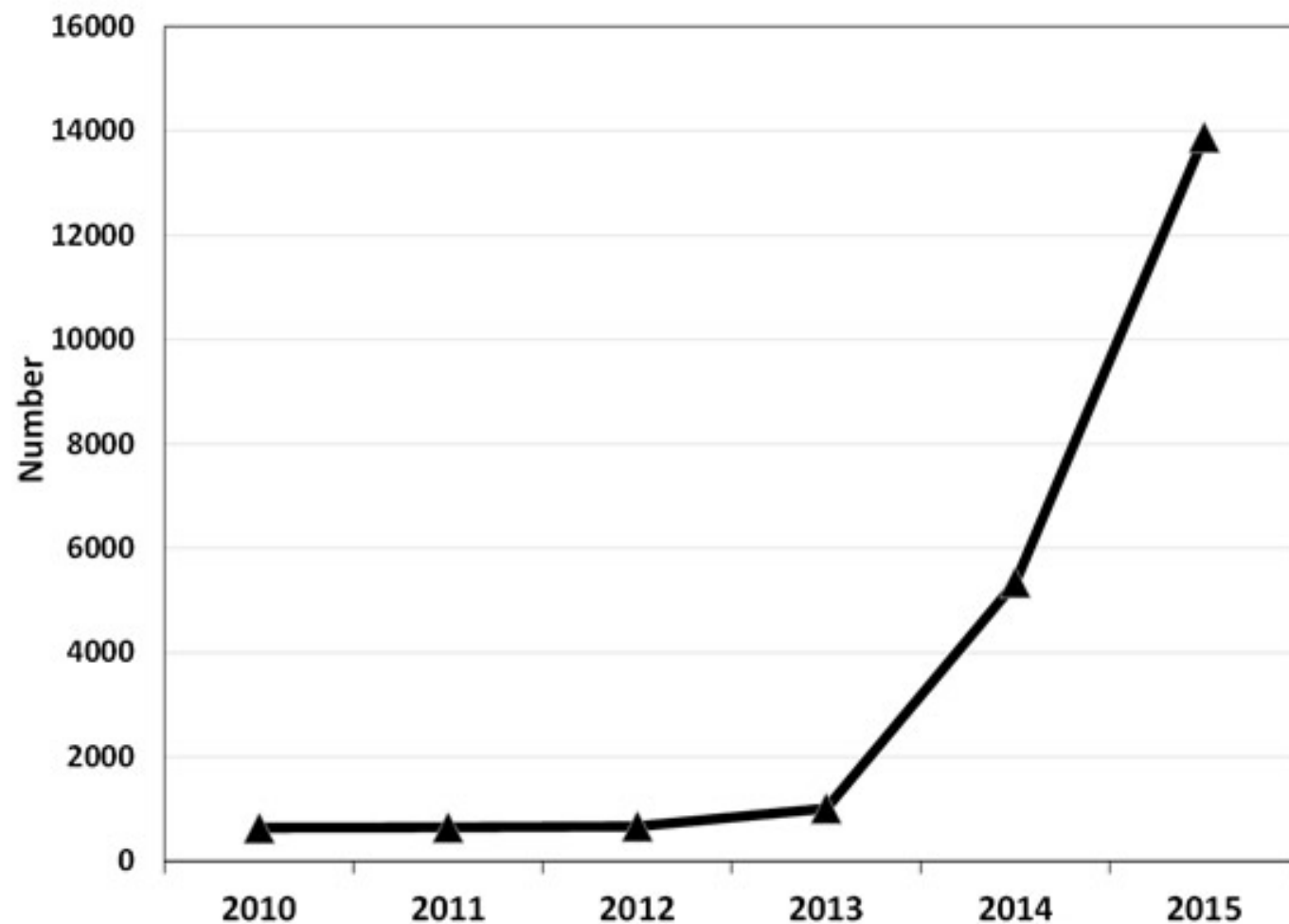


ILICITLY MANUFACTURED FENTANYL

Although prescription rates have fallen, overdoses associated with fentanyl have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.

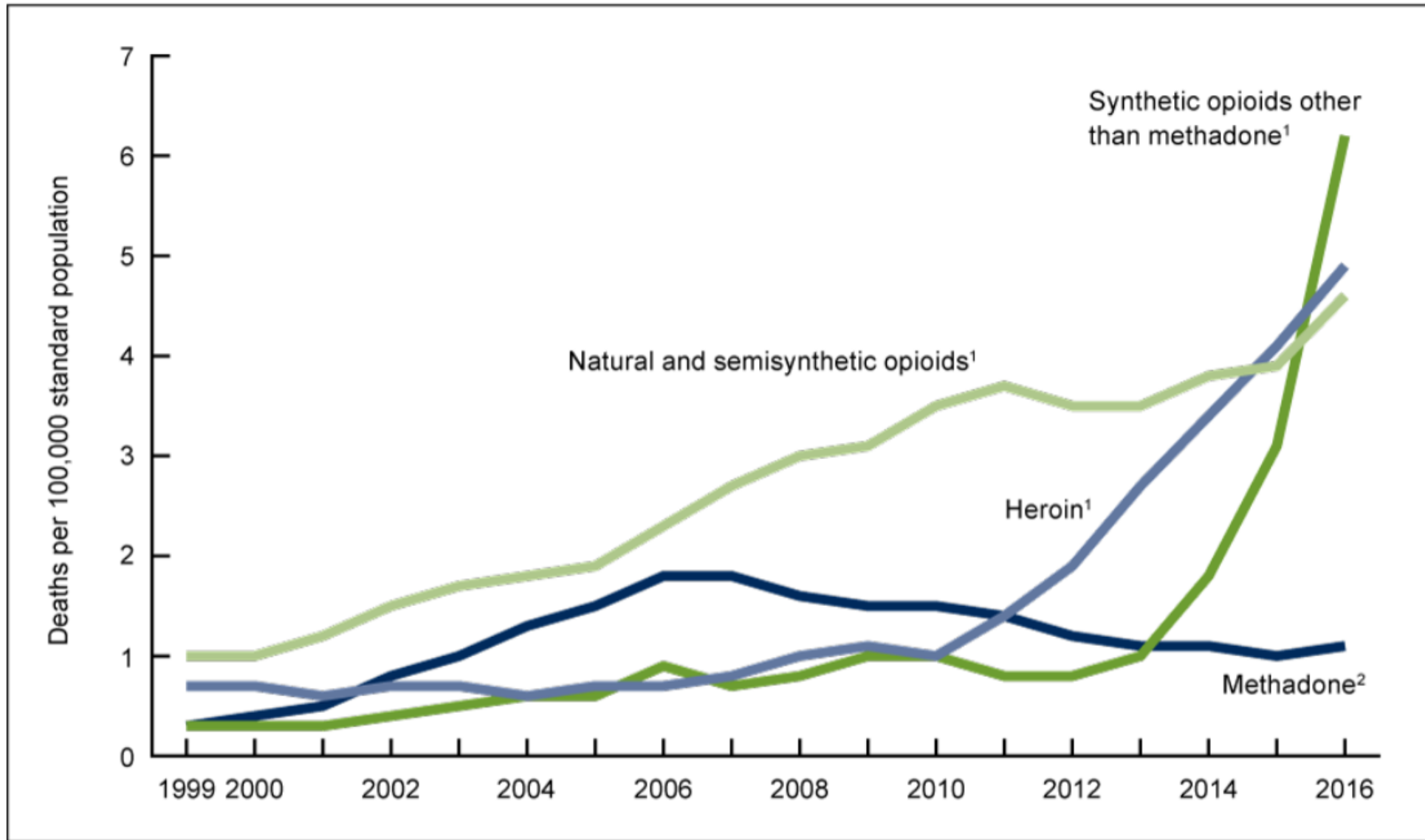


Number of Reported Law Enforcement Encounters
Testing Positive for Fentanyl in the US: 2010 - 2015



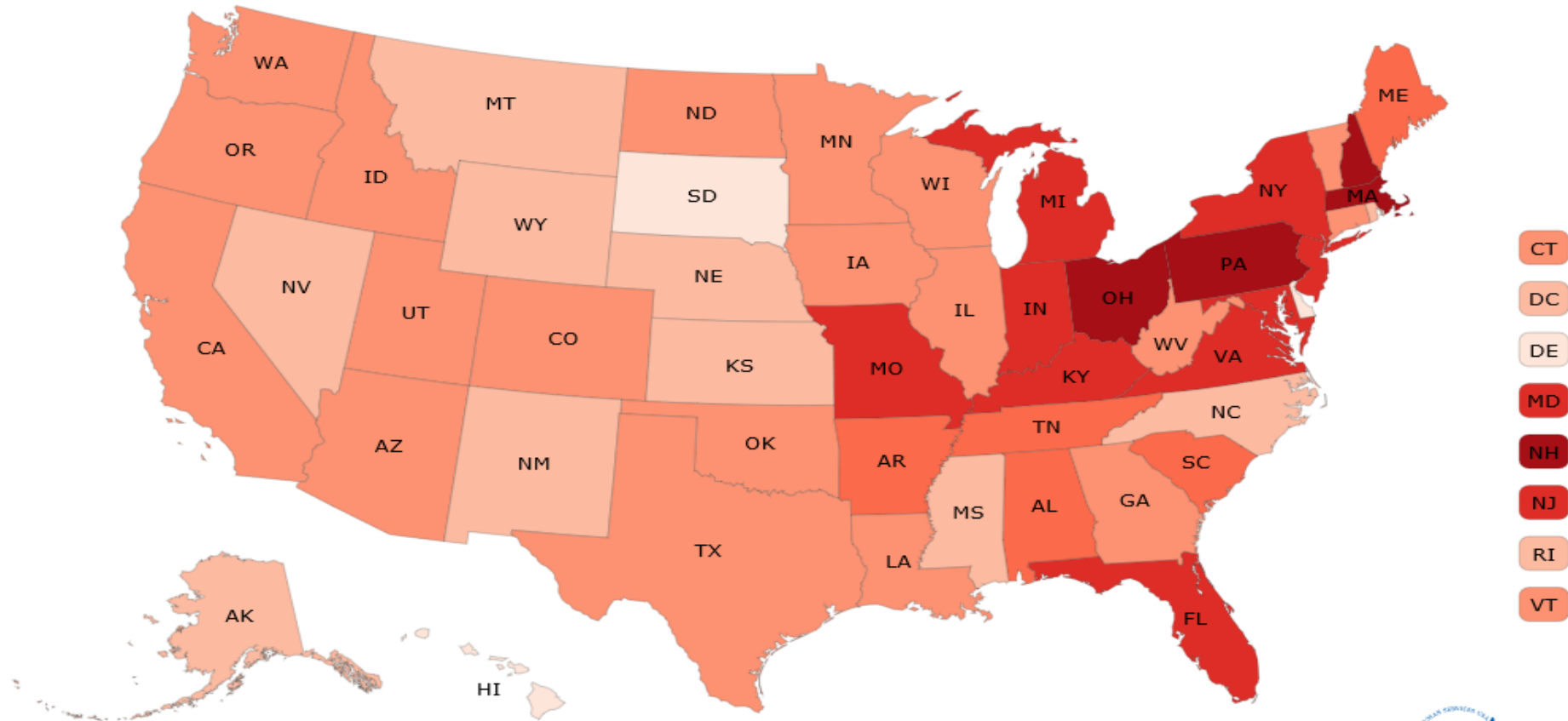
Fentanyl is Increasingly Responsible for Opioid Overdose Deaths

Figure 4. Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2016



Michigan Has More Fentanyl Than Other States

Change in Reported Law Enforcement Fentanyl Encounters 2014-2015

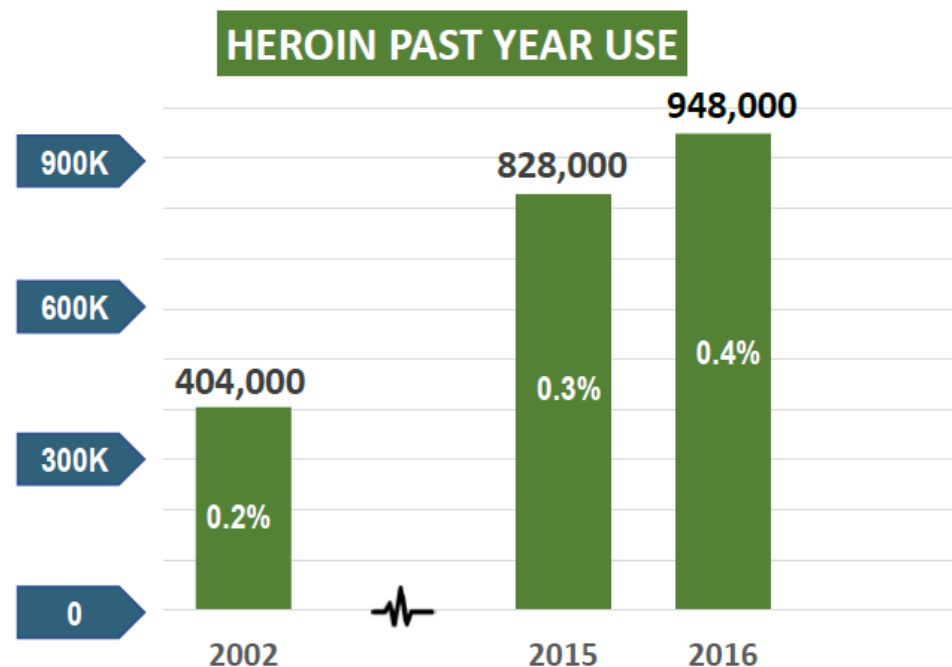


Change in Reported Law Enforcement Fentanyl Encounters 2014-2015

Prescription Drugs Are A Gateway to Heroin Abuse

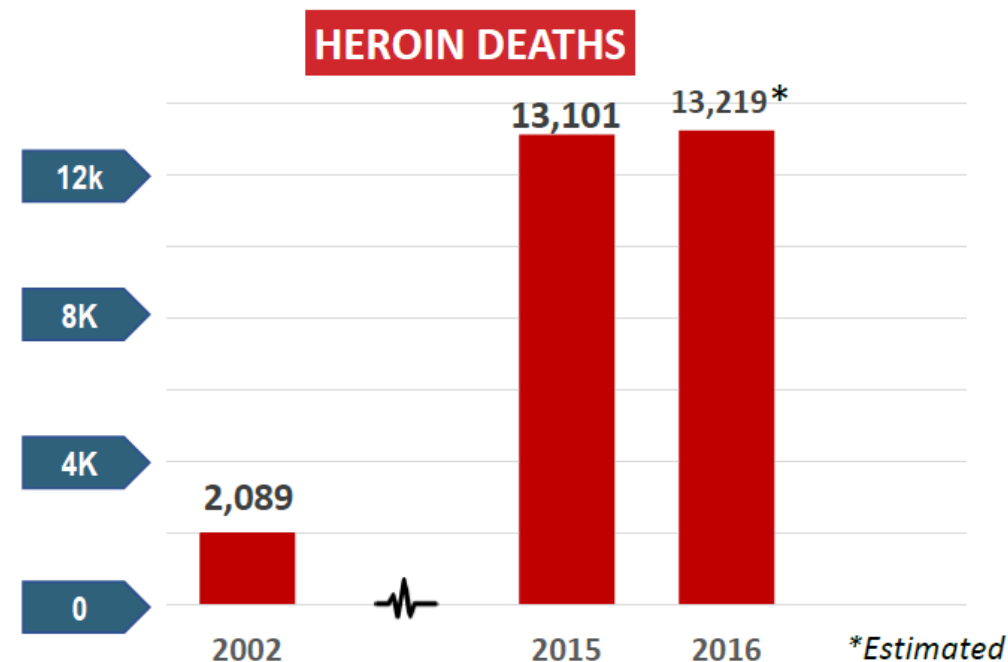


HEROIN DEATHS HAVE SKYROCKETED



The number of heroin users increased 2.35 fold (135%)

Source: SAMHSA

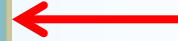
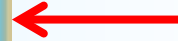


The number of heroin deaths increased 6.33 fold (533%)

Source: CDC National Vital Statistics System (NCHS)

Heroin Use Has INCREASED Among Most Demographic Groups

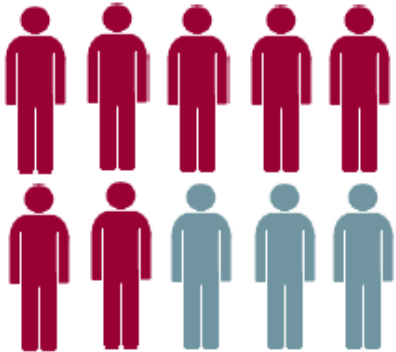
	2002-2004*	2011-2013*	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE, YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than \$20,000	3.4	5.5	62%
\$20,000-\$49,999	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%



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

Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. *Drug Alcohol Depend.* (2013).

80%

Nearly 80% of heroin users reported misusing prescription opioids prior to heroin.



Prescription Drugs Are A Gateway to Heroin Abuse

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.

What Can Be Done



Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

What Can Be Done

What can be done?

We need to improve prescribing of opioids, expand treatment of addiction, and reduce access to illegal opioids.

- [Improve opioid prescribing](#) to reduce exposure to opioids, prevent abuse, and stop addiction.
- Expand access to evidence-based substance abuse treatment, such as Medication-Assisted Treatment, for people already struggling with opioid addiction.
- Expand access and use of naloxone—a safe antidote to reverse opioid overdose.
- Promote the use of state [prescription drug monitoring programs](#), which give health care providers information to improve patient safety and prevent abuse.
- Implement and strengthen [state strategies](#) that help prevent high-risk prescribing and prevent opioid overdose.
- Improve detection of the trends of illegal opioid use by working with state and local public health agencies, medical examiners and coroners, and law enforcement.

