

Minneapolis, MN

# Drug Overdose Prevention and Response: CDC Perspective and Activities

**Grant Baldwin, PhD, MPH**  
Director, Division of Overdose Prevention

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*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.*

# Current State of the U.S. Drug Overdose Crisis

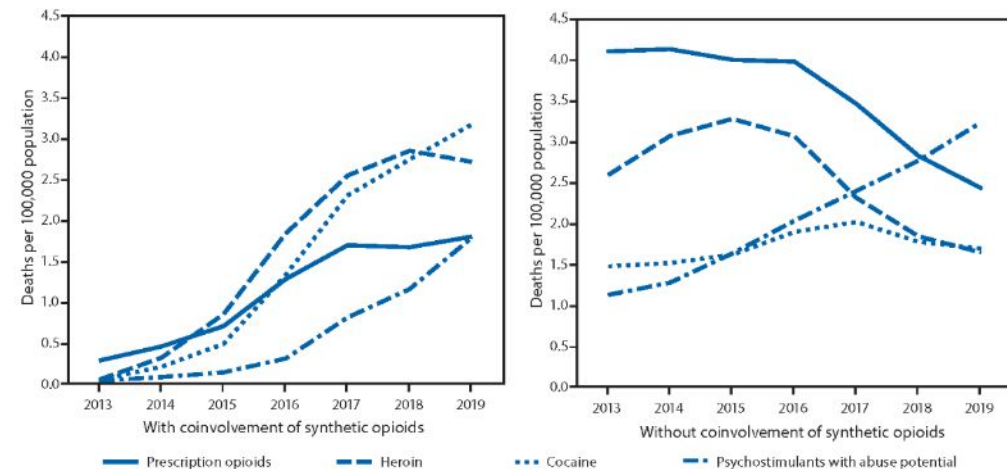
# 109,680

## Estimated Overdose Deaths in 2022

A growing proportion of ALL drug overdose deaths in the U.S. involve synthetic opioids from 2013-2019

## DRIVERS

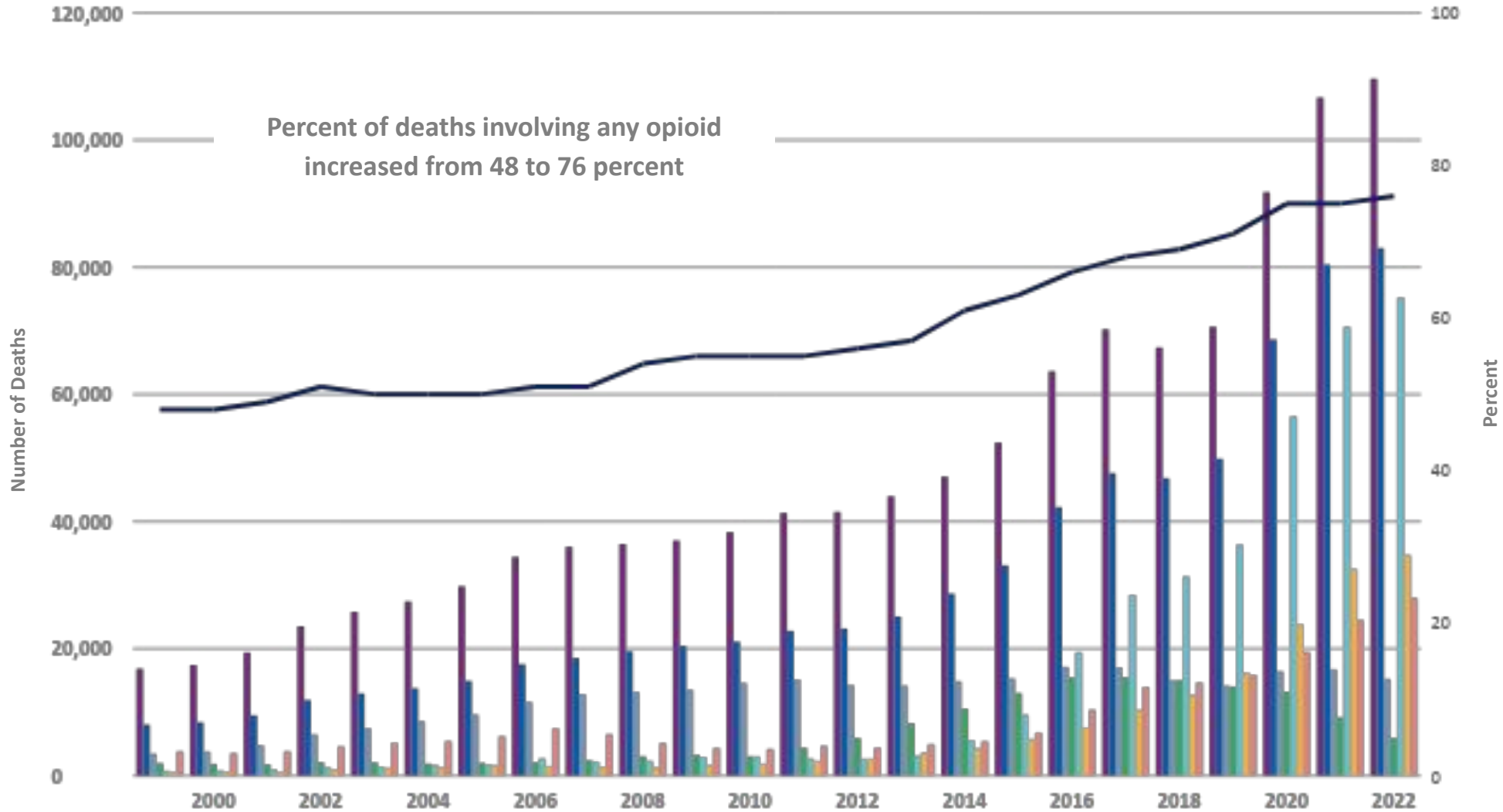
- Continued increase in burden caused by illicitly manufactured fentanyl
- Increasing co-involvement of substances in overdose deaths – including xylazine
- Resurgent methamphetamine deaths



Source: Mattson, Tanz, Quinn, Kariisa, Patel, and Davis (2021). MMWR. 70(6), 202

# Historical Trends in U.S. Drug Overdose Deaths

## 1999-2022\*



Percent of deaths involving any opioid increased from 48 to 76 percent

SINCE 1999

Drug overdose deaths increased 6.5-fold

Opioid overdose deaths increased 10-fold

Rx opioid overdose deaths increased 4.4-fold

Heroin overdose deaths increased 3-fold

Synthetic opioids excluding methadone overdose deaths increased 103-fold

Psychostimulant w/ Abuse Potential overdose deaths increased 63-fold

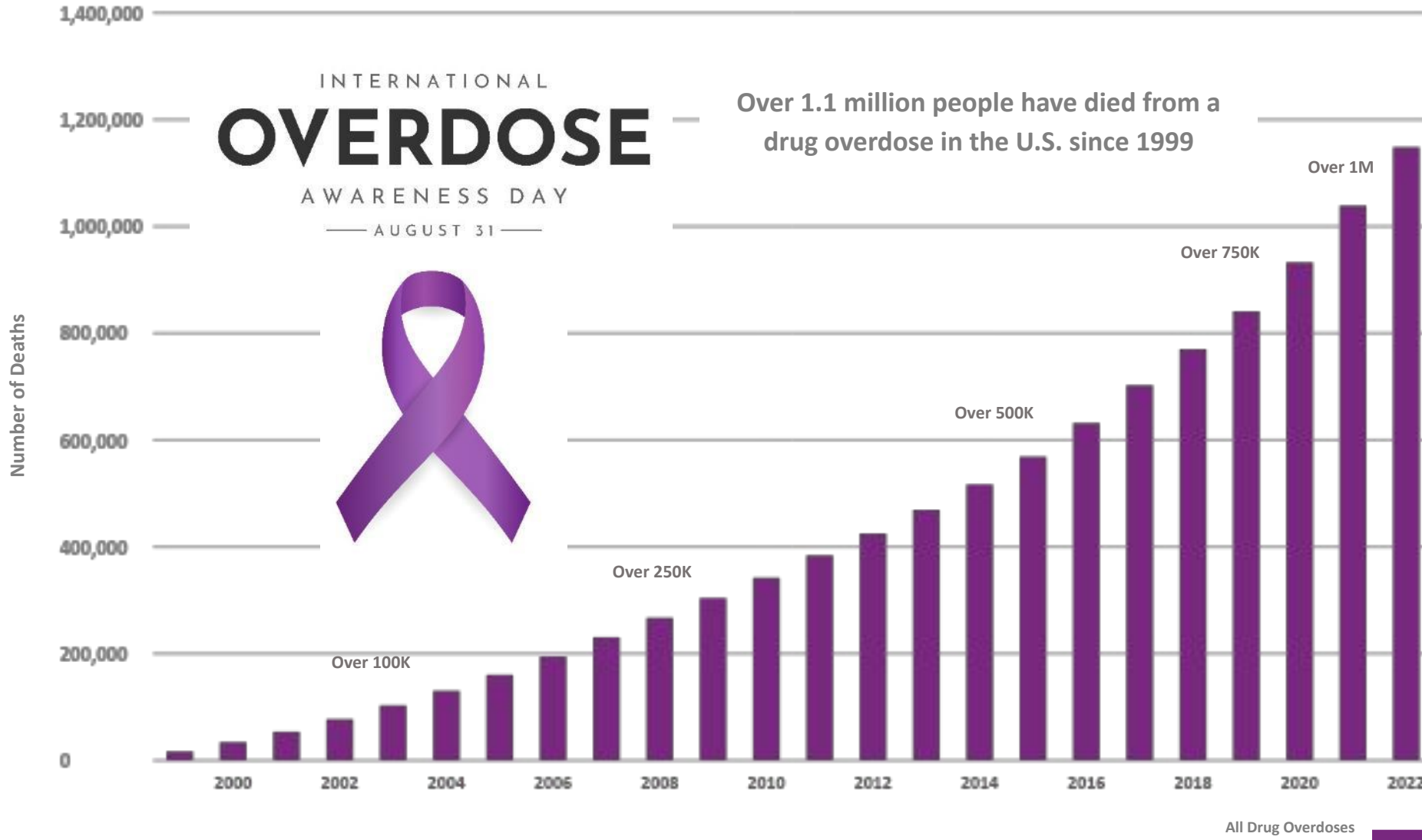
Cocaine overdose deaths increased 7.3-fold

- All Drug Overdoses
- Any Opioid
- Rx Opioid
- Heroin
- Synthetic Opioid excluding Methadone
- Psychostimulant w/ Abuse Potential
- Cocaine
- Percent of Drug Overdose Deaths involving Any Opioid

SOURCE: National Vital Statistics System Mortality File

\* 2022 data are provisional

# Cumulative Number of U.S. Drug Overdose Deaths 1999-2022\*

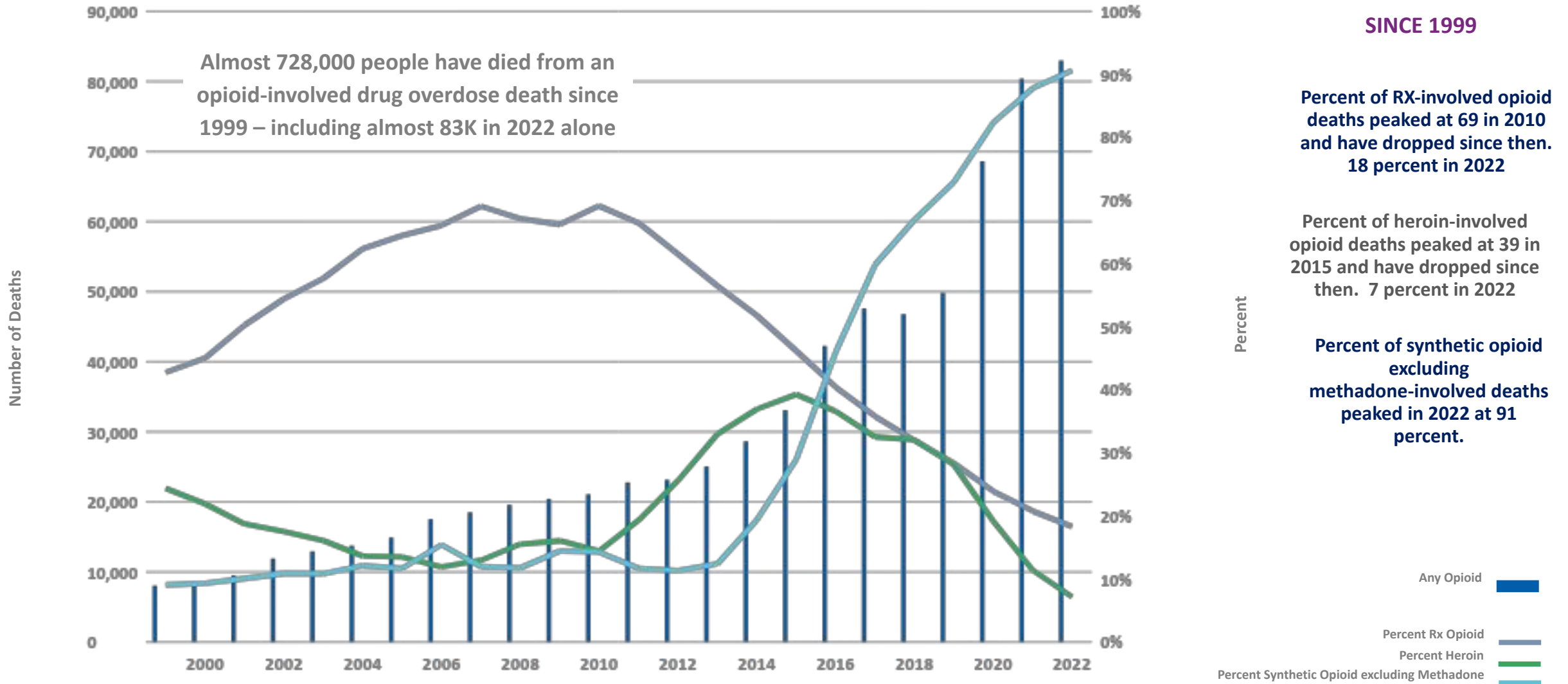


| Average Annual Increase  |
|--|
| <p>Wave 1 – Rise in Prescription Opioid Overdose Deaths</p> <p>1999-2009</p> <p>2,016 Deaths</p>   |
| <p>Wave 2 – Rise in Heroin Overdose Deaths</p> <p>2010-2012</p> <p>1,499 Deaths</p>  |
| <p>Wave 3 – Rise in Synthetic Opioid Overdose Deaths</p> <p>2013-2019 (Pre-Pandemic)</p> <p>4,161 Deaths</p> <p>2020-2022 (During Pandemic)</p> <p>13,017 Deaths</p> |

SOURCE: National Vital Statistics System Mortality File

\* 2022 data are provisional

# Historical Trends in U.S. Opioid-Involved Drug Overdose Deaths 1999-2022\*



SOURCE: National Vital Statistics System Mortality File

\* 2022 data are provisional

# Changes in State-Level Drug Overdose Death Rates 2019 to 2022\*

- A total of 49 states and DC had increases in their drug overdose death rate. Only NJ declined.
- West Virginia had the highest rates in 2019 and 2022.
- Rates in OR, WA, MS, and SC more than doubled.
- Seventeen states had an over 75 percent increase in their death rate; 40 states increased over 25 percent.
- 5 states and DC had death rates over 35 per 100,000 in 2019. 21 states and DC had death rates over 35 per 100,000 in 2022.
- In 1999, the US drug overdose death rate was 6.1 per 100,000 population. The overall US drug overdose death rate in 2022 was 32.6 per 100,000 population.



SOURCE: CDC Wonder.

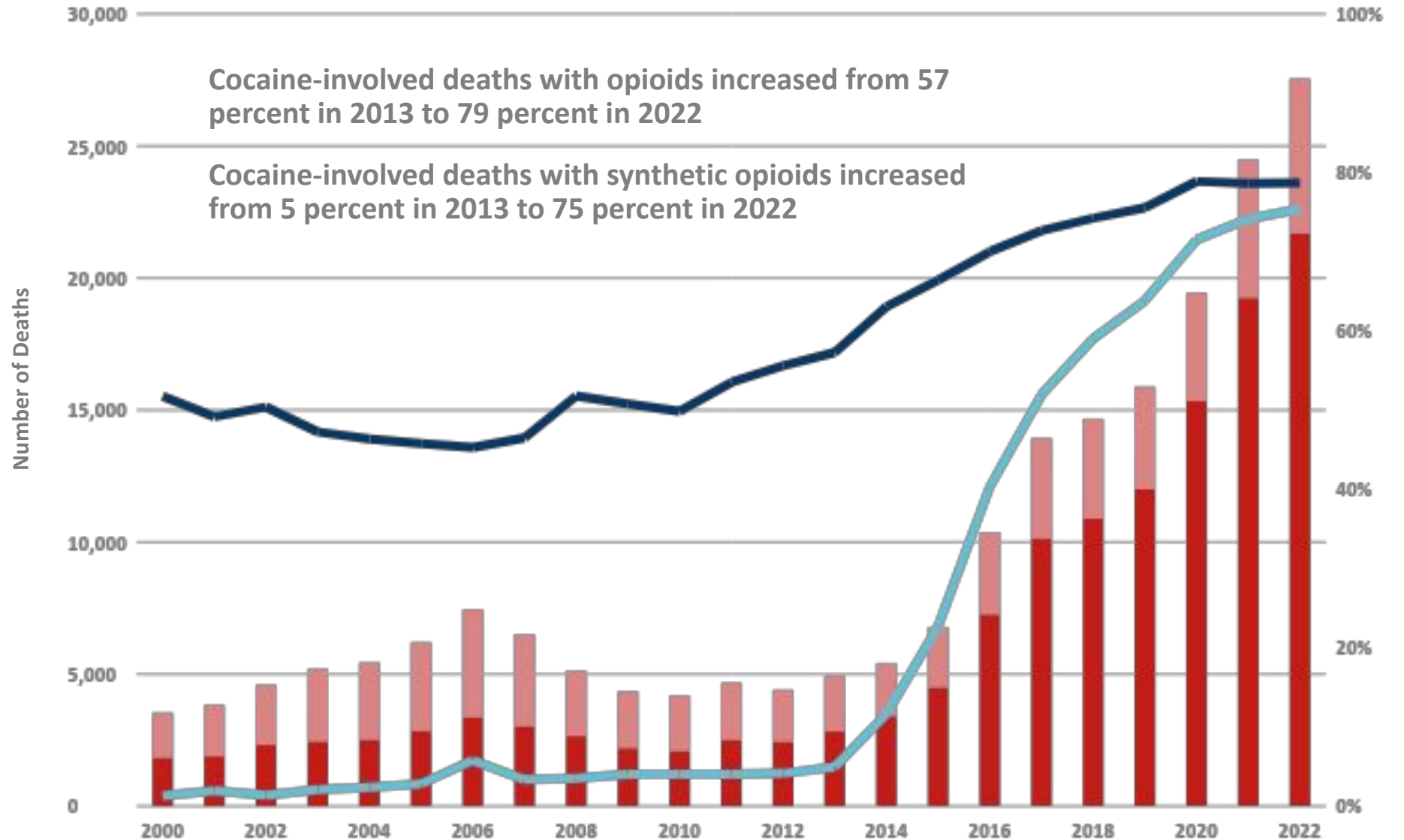
\* 2022 data are provisional

# Cocaine-Involved Overdose Deaths With and Without Opioids\*

**SINCE 2013**

Cocaine-involved overdose deaths w/ synthetic opioids increased over 8,300 percent

Cocaine-involved overdose deaths w/ synthetic opioids increased from approximately 250 to over 20,700



\* 2022 data are provisional

# Psychostimulant with Abuse Potential-Involved Overdose Deaths With and Without Opioids\*

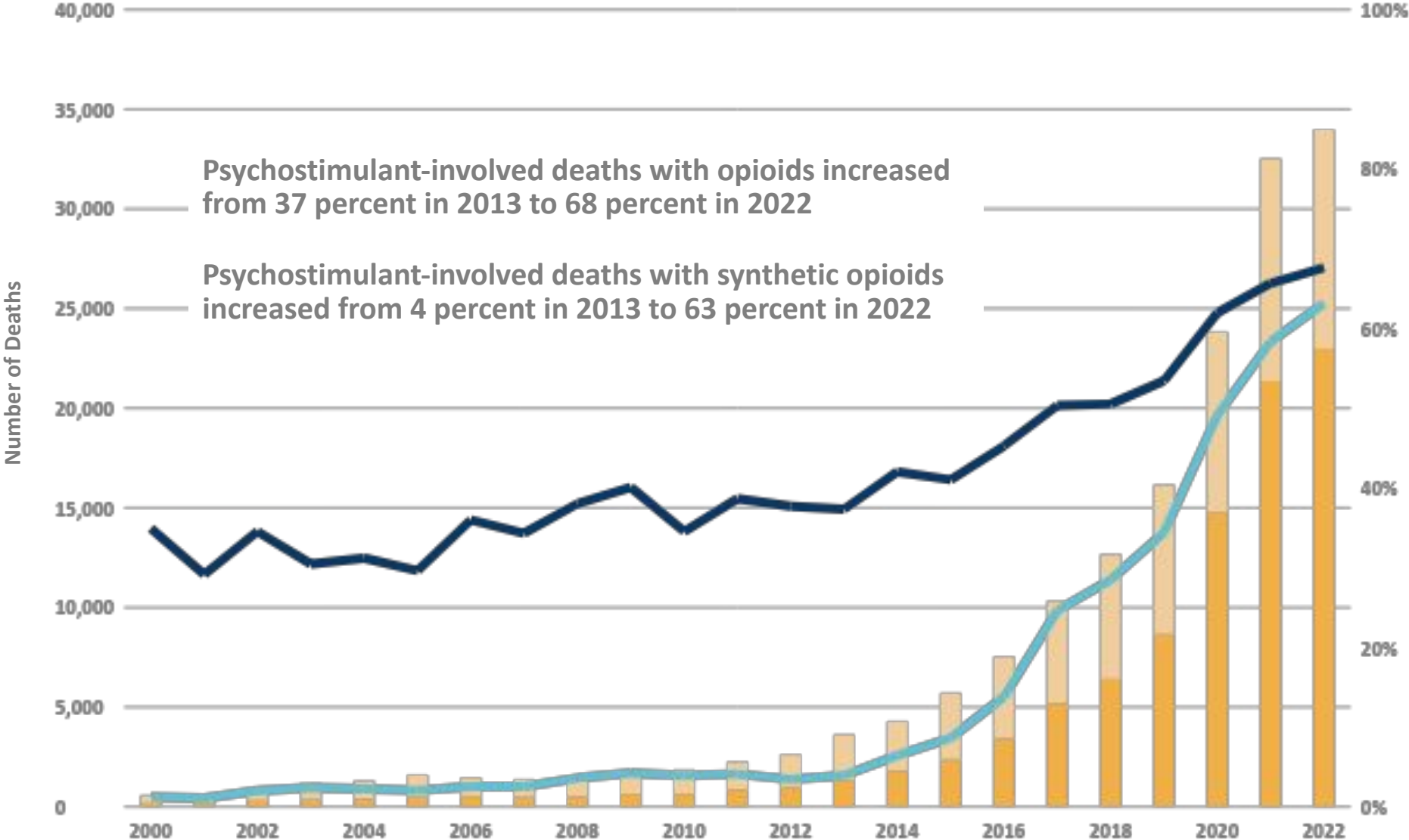
SINCE 2013

Psychostimulant-involved deaths w/o opioids increased almost 385 percent

Psychostimulant-involved deaths w/ synthetic opioids increased over 15,000 percent

Psychostimulant-involved deaths w/ synthetic opioids increased from approximately 140 to almost 21,500

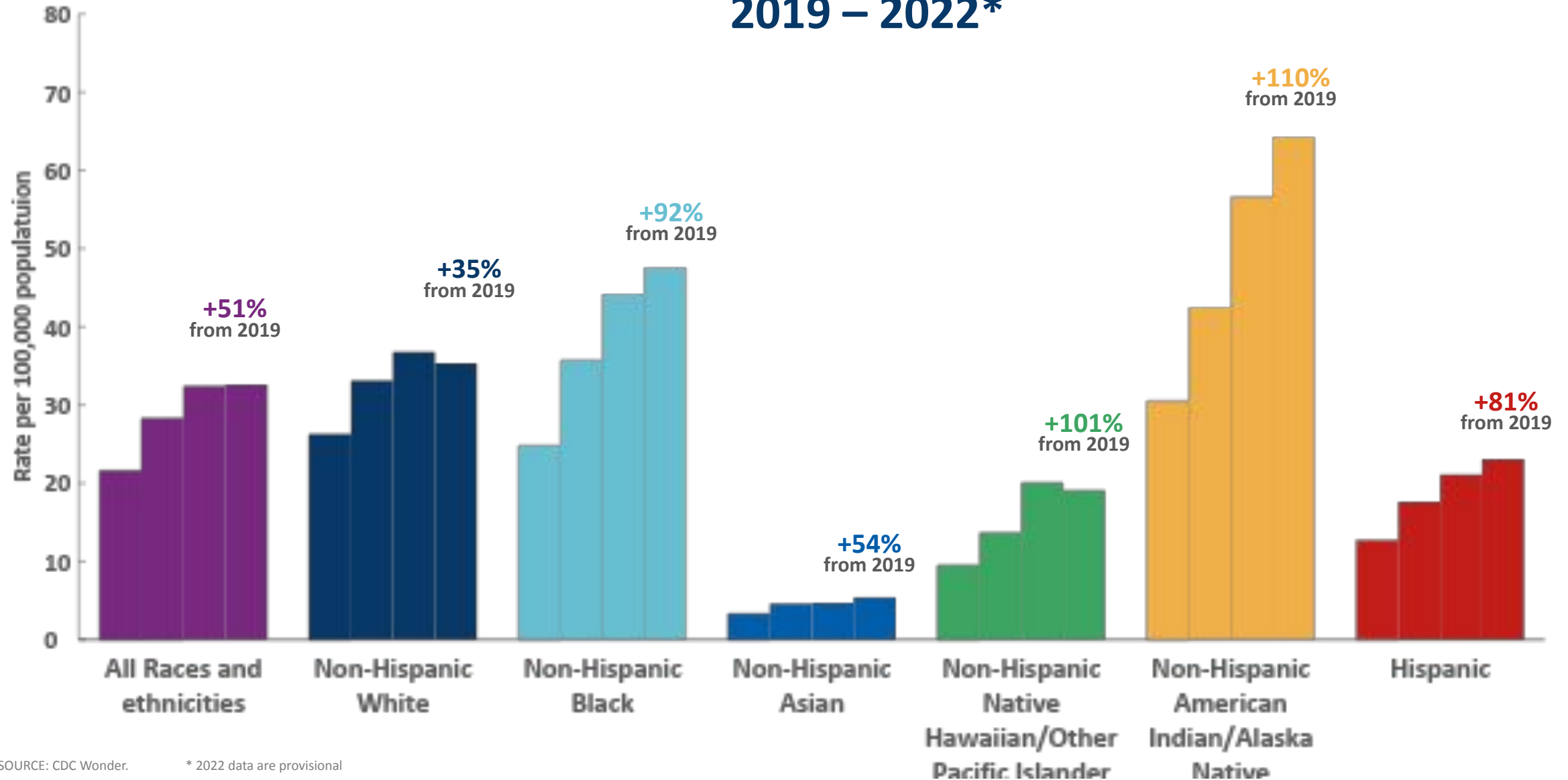
- Psychostimulant WITHOUT Opioids
- Psychostimulant WITH Opioids
- Percent with ANY Opioid
- Percent with Synthetic Opioids Excluding Methadone



\* 2022 data are provisional



# Drug Overdose Death Rates BY Year Vary by Race and Ethnicity 2019 – 2022\*



SOURCE: CDC Wonder.

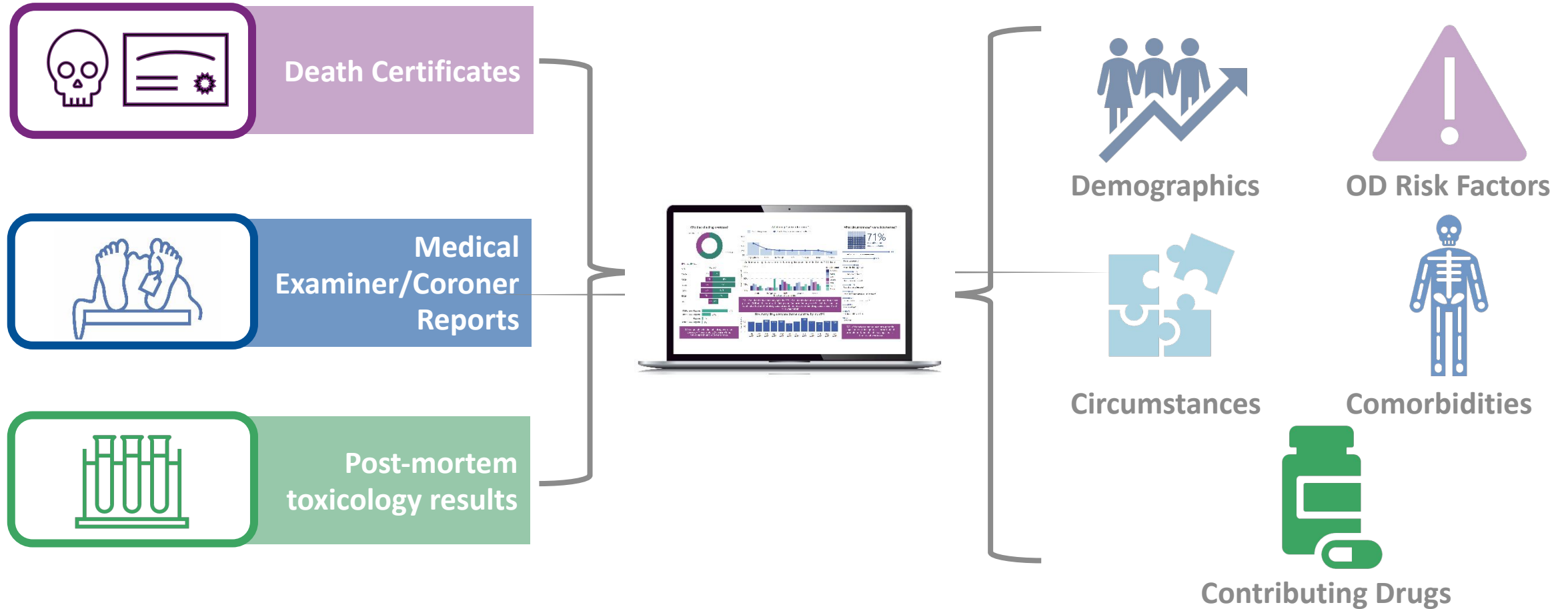
\* 2022 data are provisional



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

# SUDORS Data Sources and Data Flow

## State Unintentional Drug Overdose Reporting System



# Visualizing Drug Overdose Data

*Using more timely, comprehensive, localized, and actionable data*

## Data Dashboards & Alerts

Nonfatal Overdose Dashboards

SUDORS Dashboard: Fatal  
Overdose Data

Data Alerts from CDC

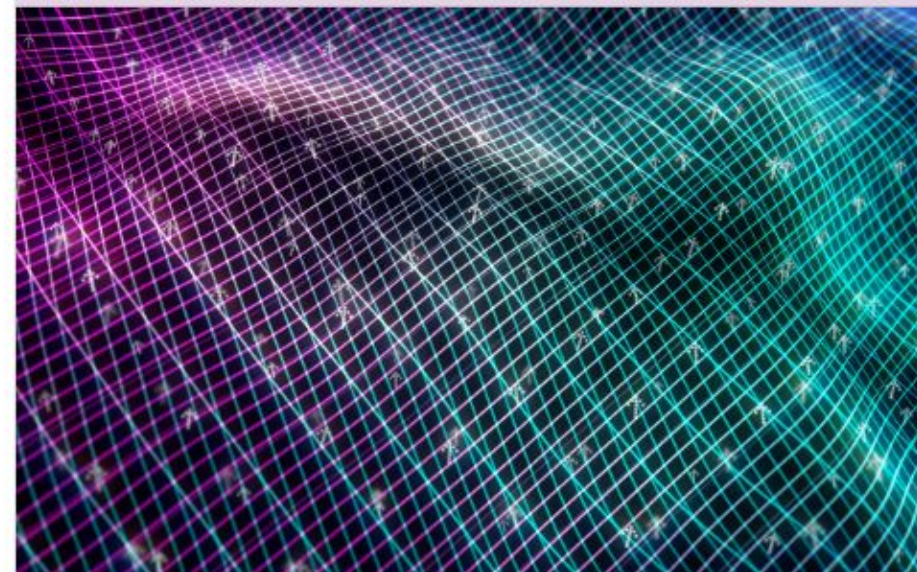
## Nonfatal Overdose Dashboards



Interactive data on **nonfatal overdoses** from CDC's Drug Overdose Surveillance and Epidemiology (DOSE) system and from the Fentalog Study.

See Dashboards

## SUDORS Dashboard



Interactive data on **fatal overdoses** from CDC's State Unintentional Drug Overdose Reporting System (SUDORS).

See Dashboard

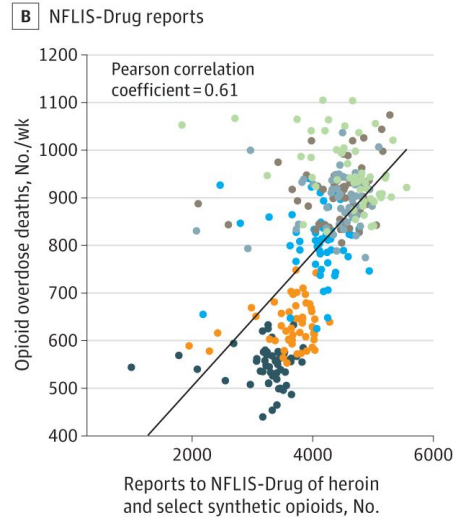
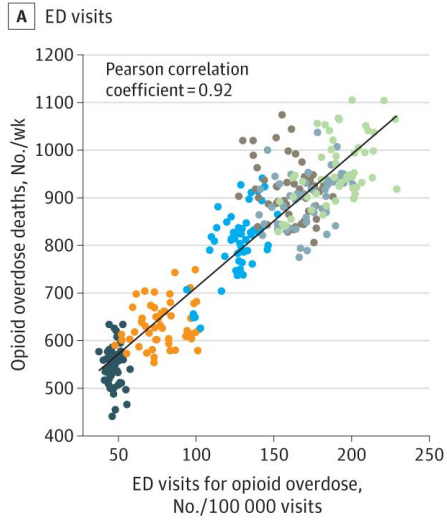


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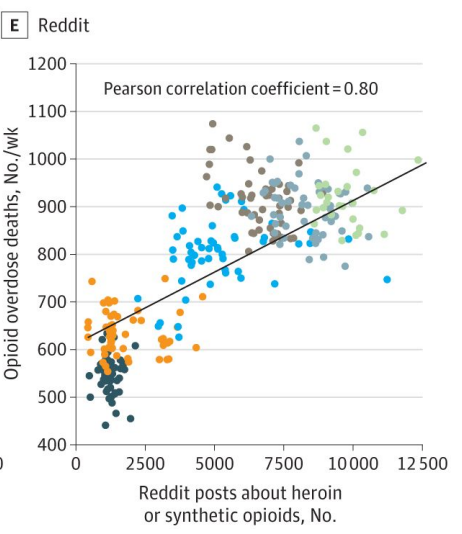
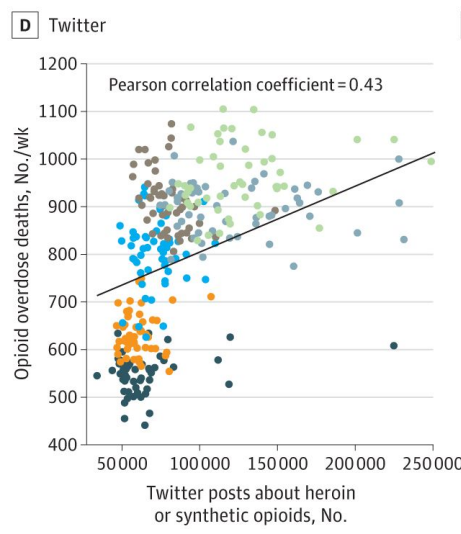
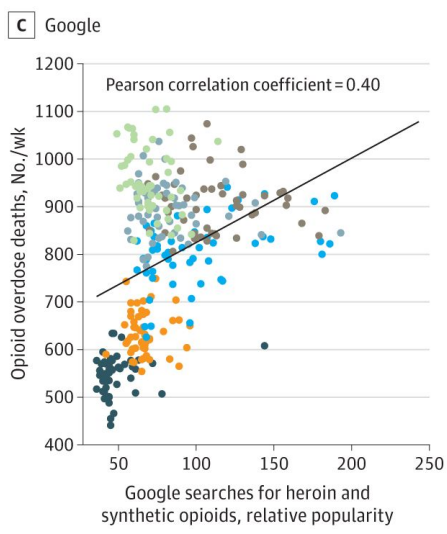
<https://www.cdc.gov/drugoverdose/dashboards/>


Also Check Out - Provisional Drug Overdose Data (4 Month Lag) - <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

# Estimating Weekly National Opioid Overdose Deaths in Near Real Time Using Multiple Proxy Data Sources



*Nowcasting uses proxy data sources that are available in near real time to impute or estimate trends in an outcome lacking real-time data*



An elephant is shown in profile, standing in a dark room. A single spotlight hangs from the ceiling, casting a bright, circular pool of light on the elephant's side and the wall behind it. The rest of the room is in deep shadow.

**69 percent of all drug overdose deaths &  
91 percent of opioid-involved overdose deaths involved  
synthetic opioids excluding methadone**

**December 2021 – December 2022 – Provisional Drug Overdose Deaths**

Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

# Fentanyl

# The changing calculus of risk of drug use in an illicit marketplace with fentanyl

## Continuum of Use



- The risk of drug overdose is elevated with any use of illicitly manufactured fentanyl, given its potency, lethality, and the variability in the illicit supply.
- Historically, risk for a non-fatal or fatal overdose grew as frequency of use grew.
- In an environment rife with fentanyl the calculus changes. Risk of death is elevated upon initiation and at every point on the continuum.
- The increases in deaths among youth and young adults as well as the increase in polydrug deaths involving fentanyl in all age groups are two markers of this elevated risk.

# Counterfeit Pills Mirror the Look of Commonly Prescribed Medications



Between 2021 and 2022, the percentage of counterfeit pills seized that contained a potentially lethal dose increased from 40 percent to 60 percent



Source of Pictures: NY Times – May 19, 2022 – From the DEA



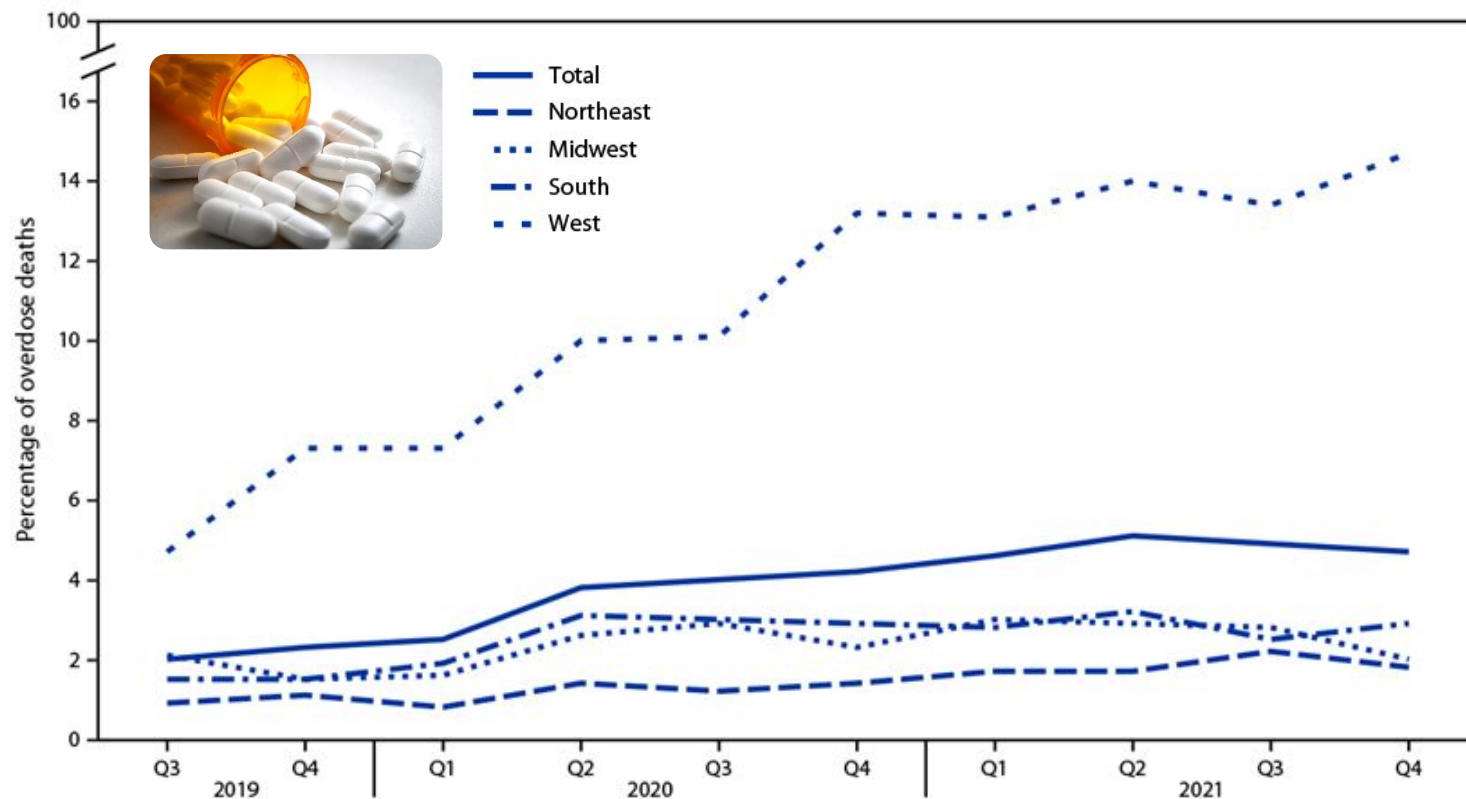
“Social media – such as Snapchat and Instagram - has emerged as a flourishing new marketplace made up of thousands of small-time dealers who sell both large and small amounts of drugs to individual users in local communities.” – DEA – July 23, 2021

## Increasing percentage of overdose deaths are related to counterfeit pill use

Drug Overdose Deaths with Evidence of Counterfeit Pill Use — United States, July 2019–December 2021

- The percentage of overdose deaths involving counterfeit pills more than doubled from July–September 2019 (2.0%) to October–December 2021 (4.7%), and more than tripled in the West (4.7% to 14.7%).
- In 2021, people who died from overdoses involving counterfeit pills were more often under the age of 35, and Hispanic, compared to those without counterfeit pill evidence.
- These pills are especially dangerous because they appear as pharmaceutical pills but often contain illegally made fentanyl and illegal benzodiazepines (such as bromazolam, etizolam, and flualprazolam) or other drugs, with or without people’s knowledge.

SOURCE: O’Donnell et al., September 2023



State Unintentional Drug Overdose Reporting System (SUDORS) – 29 States and DC



# Xylazine

- An tranquilizer called xylazine (also called “tranq”) is increasingly being found in the US illicit drug supply and linked to overdose deaths.
- Xylazine—which is not approved for use in people—can be life-threatening and is especially dangerous when combined with opioids like fentanyl.
- Declared an emerging threat by the White House’s Office of National Drug Control Policy in April 2023.
- DEA has seized xylazine and fentanyl mixtures in 48 of 50 states.
- In samples from eight syringe service programs in Maryland tested between 2021 and 2022, xylazine was found in almost 80% of drug samples that contained opioids. 86% of users unknowingly exposed to xylazine.
- In Philadelphia, xylazine found in 31% of heroin and/or fentanyl overdose

SOURCE: CDC What You Should Know About Xylazine and References Listed on the Webpage (May 2023)

deaths in 2019.

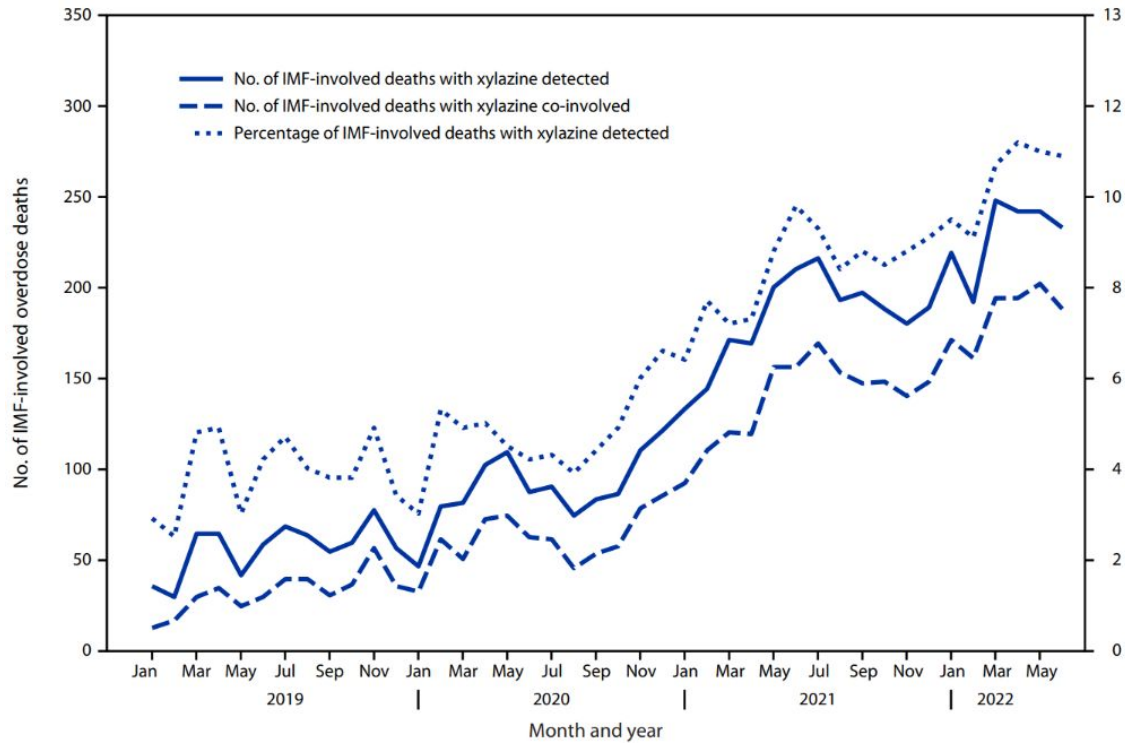


PHOTO: NYTimes – Jan 7, 2023

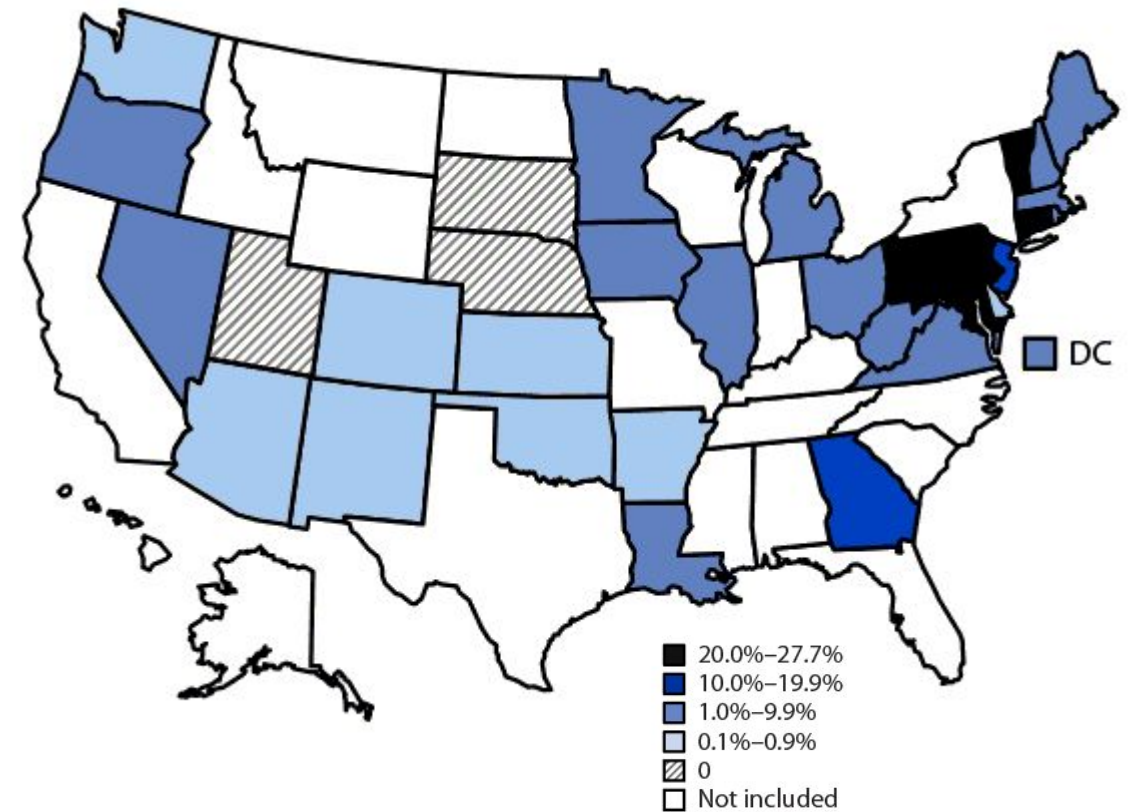
# Illicitly Manufactured Fentanyl-Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022

Released June 30, 2023

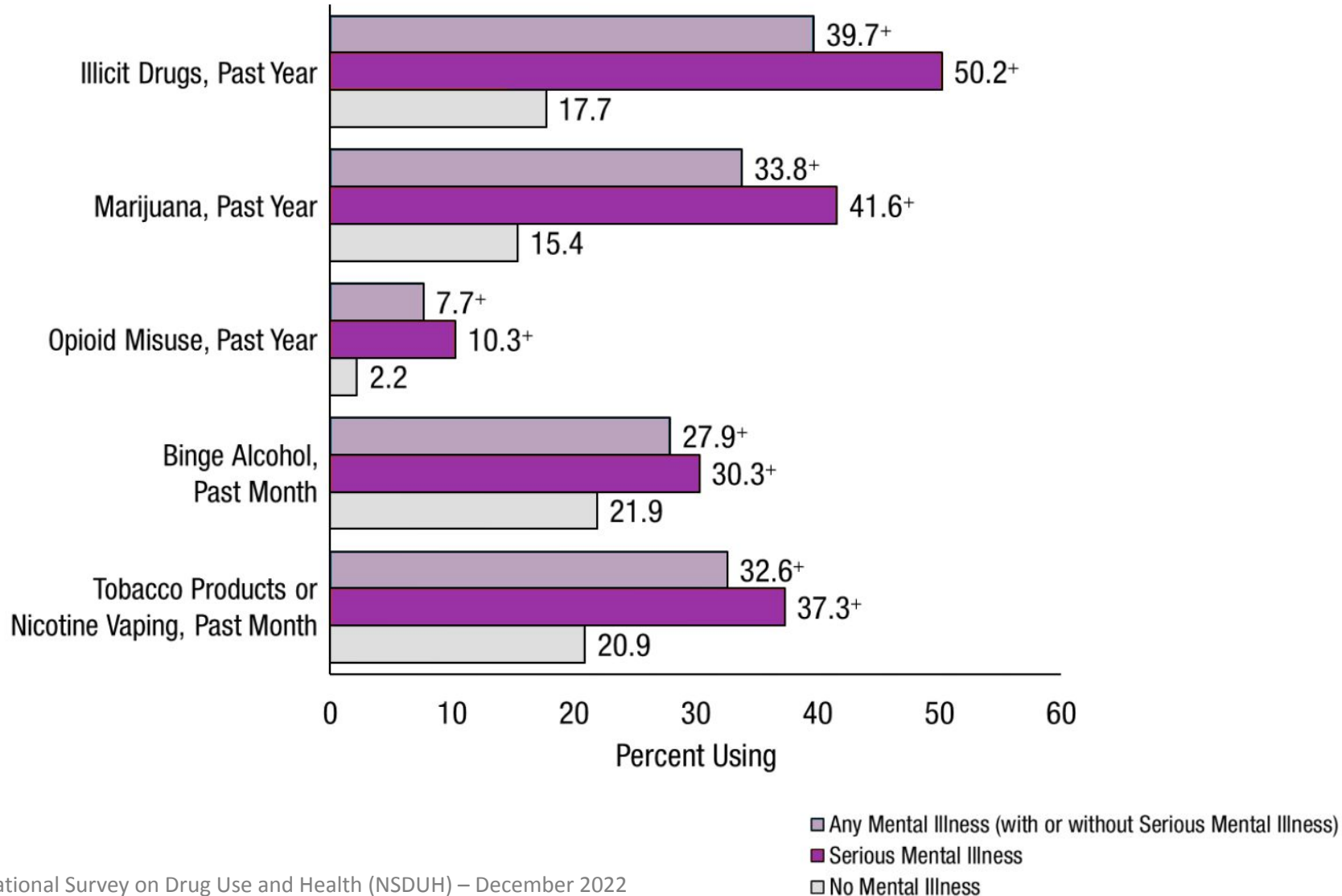
The monthly proportion of IMF-involved deaths with xylazine detected increased 276% from January 2019 (2.9%) to June 2022 (10.9%)



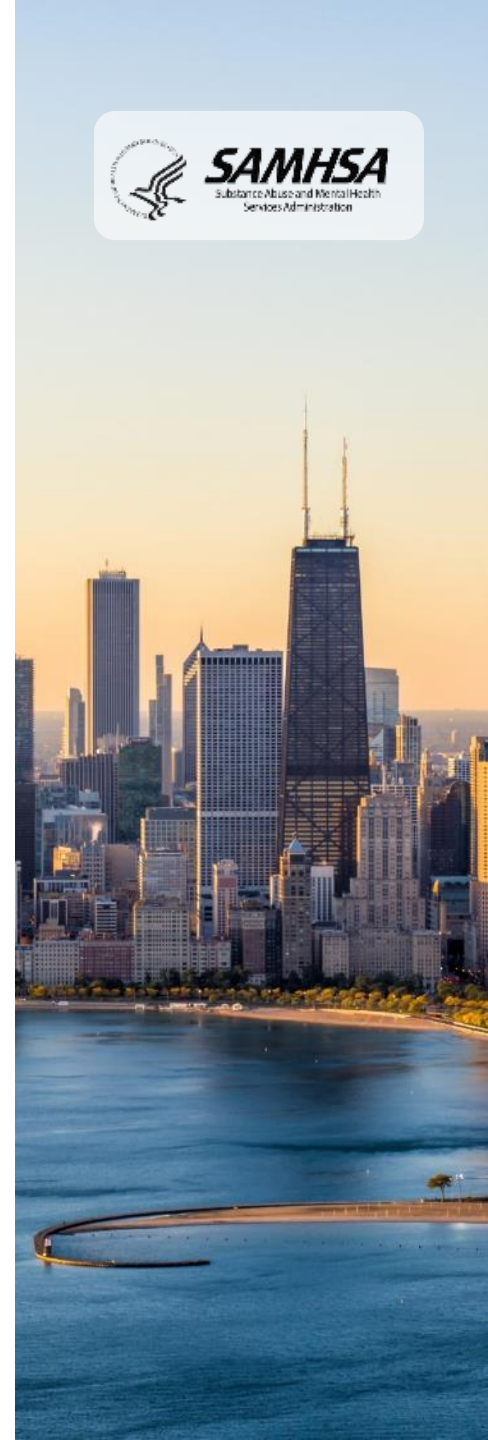
The percentage of IMF-involved deaths with xylazine detected was highest in the Northeast, and Midwest



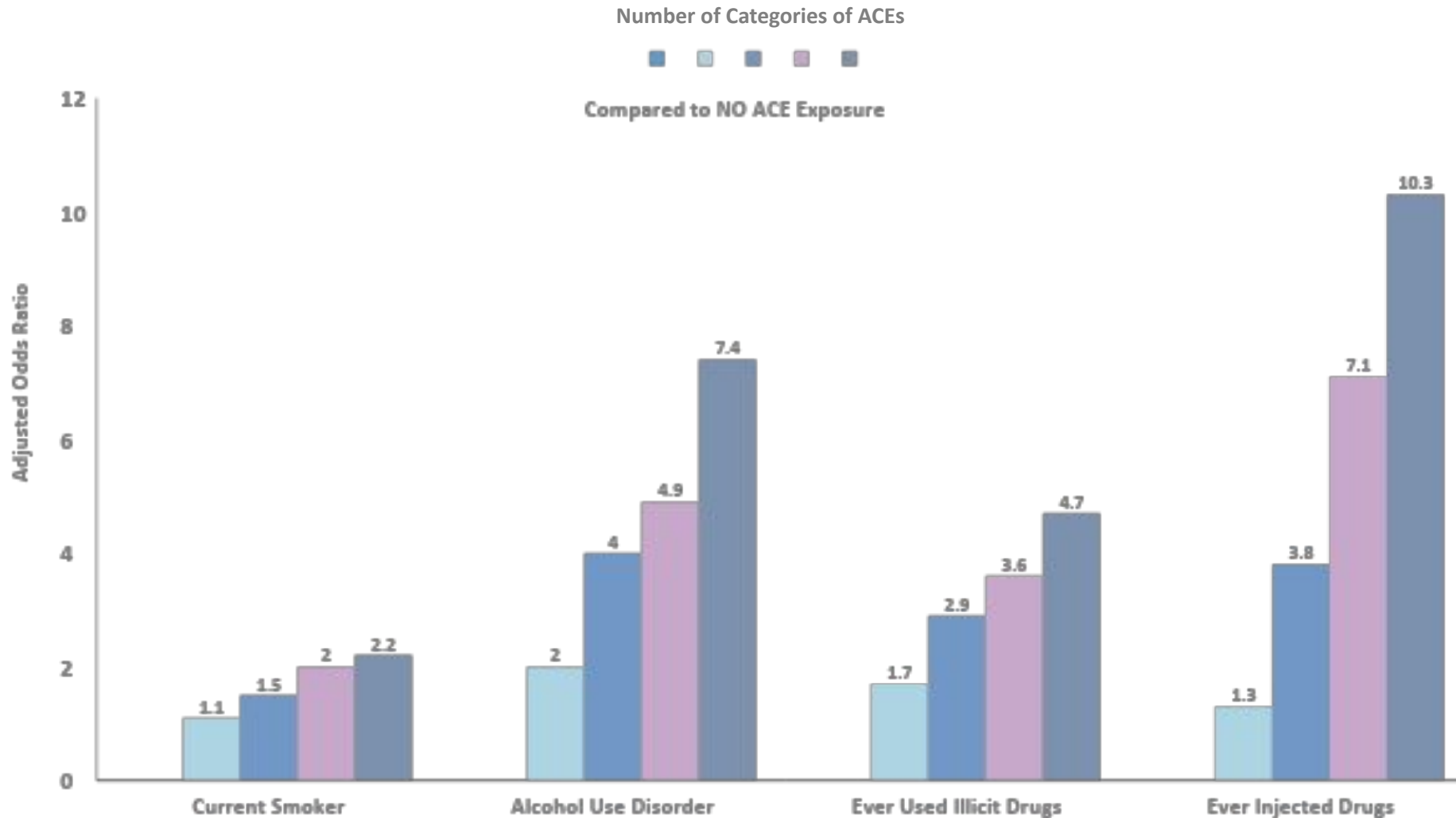
# Substance use among adults aged 18 and older is greater with any mental illness and greater still with a serious mental illness



SOURCE: National Survey on Drug Use and Health (NSDUH) – December 2022



# ACEs and Increased Risk for Substance Use



Research shows ACEs increase risk for:

- Rx opioid misuse, illicit opioid use, opioid use disorder, opioid injection
- Cocaine and amphetamine use and use disorder
- Earlier age of initiation of substances

# Where do we go from here?



Strengthen upstream prevention with a focus on addressing adverse childhood experiences (ACES)



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 – including wrap around services and supports



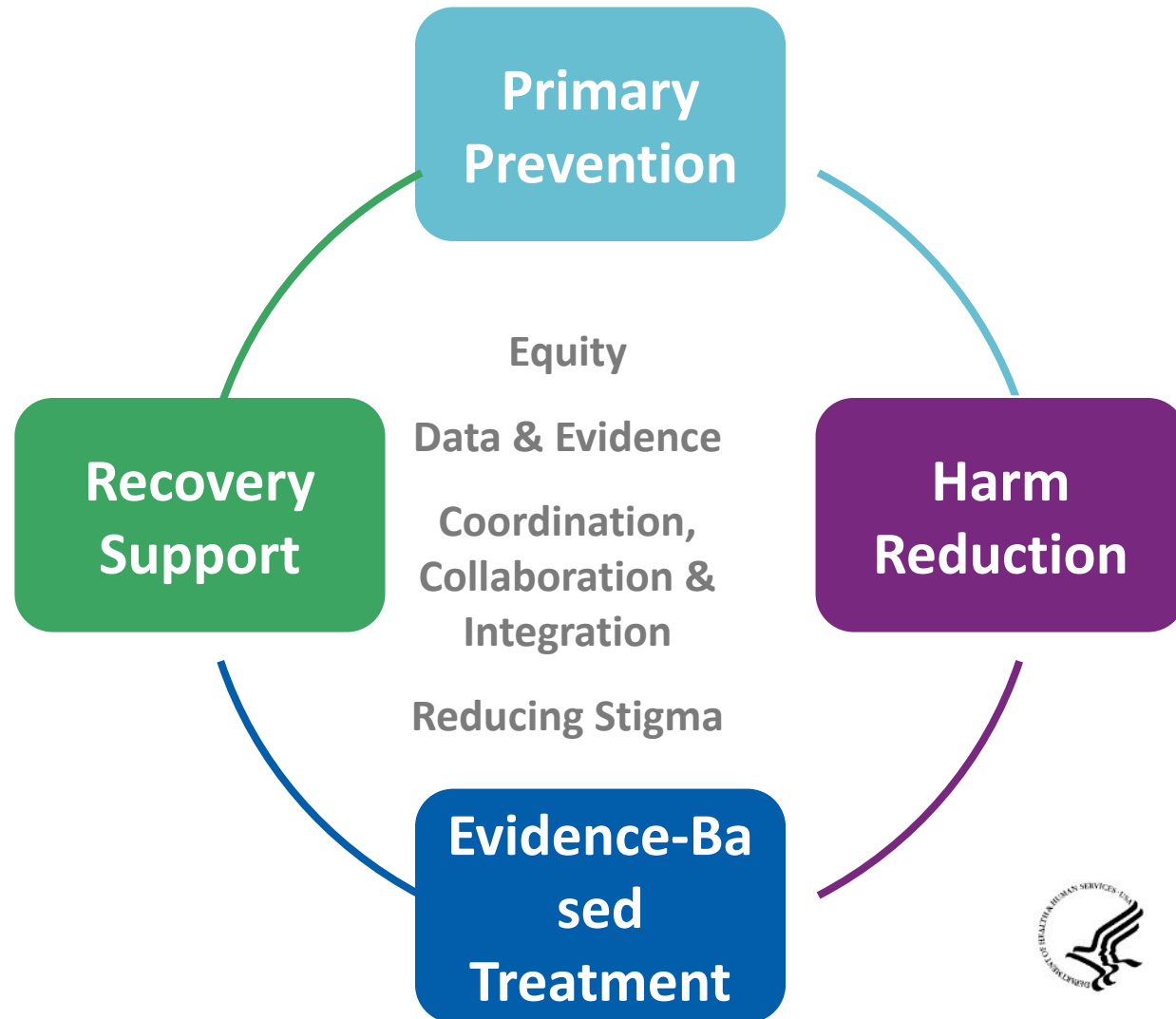
Intervene early with individuals at the highest risk for overdose and address co-morbidities such as mental illness



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

# HHS Overdose Prevention Strategy 2021

## Alignment of Key CDC Investments



**ASPE**  
ASSISTANT SECRETARY FOR  
PLANNING AND EVALUATION



Baltimore, MD

# CDC Approach to Prevent Overdoses and Substance Use-Related Harms

## GUIDING PRINCIPLES



Promote Health Equity



Address Underlying Factors



Partner Broadly



Take Evidence-Based Action



Advance Science



Drive Innovation

## STRATEGIC PRIORITIES



Monitor, Analyze, and Communicate Trends



Build State, Tribal, Local, and Territorial Capacity



Support Providers, Health Systems, Payors, and Employers



Partner with Public Safety and Community Organizations



Raise Public Awareness and Reduce Stigma



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Control and Prevention

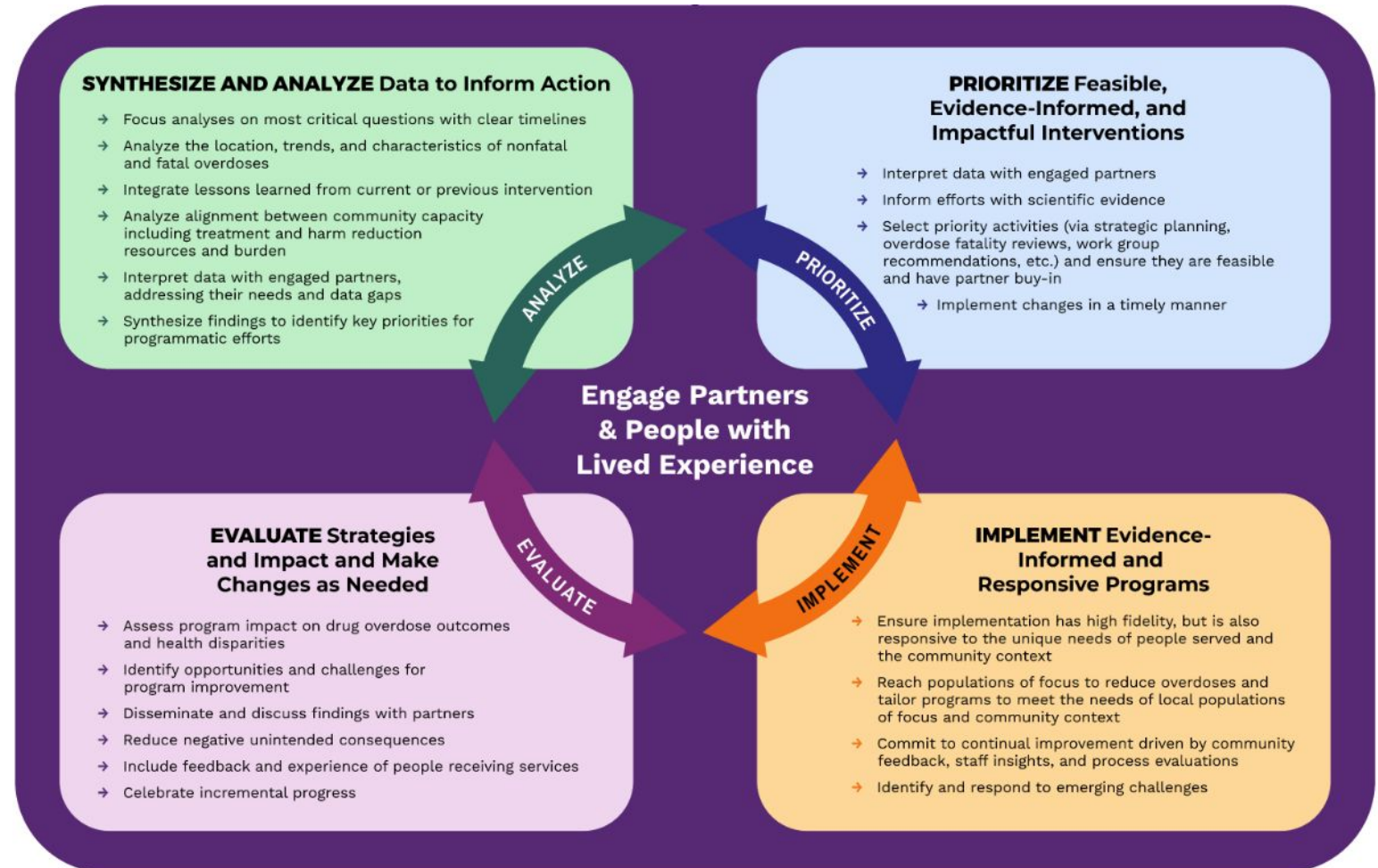




U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

# Overdose Data to Action (OD2A) NEW Notices of Funding Opportunity

- Focuses on the complex and changing nature of the drug overdose epidemic
- Highlights the need for public health approach to reduce drug overdoses, deaths, and related harms
- Overdose to Action in States (OD2A-S)
- Overdose to Action LOCAL (OD2A:LOCAL)



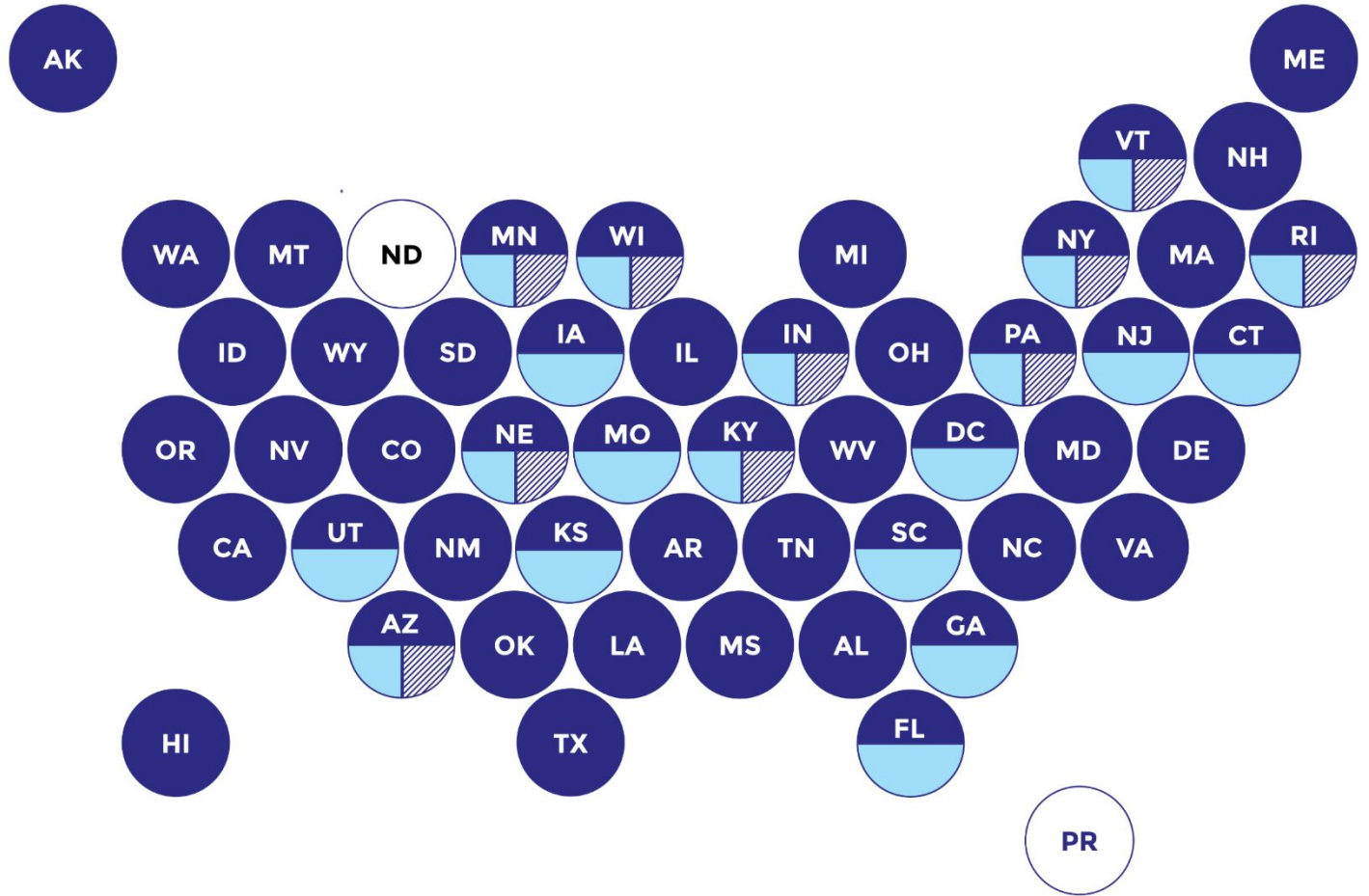
Began September 1, 2023





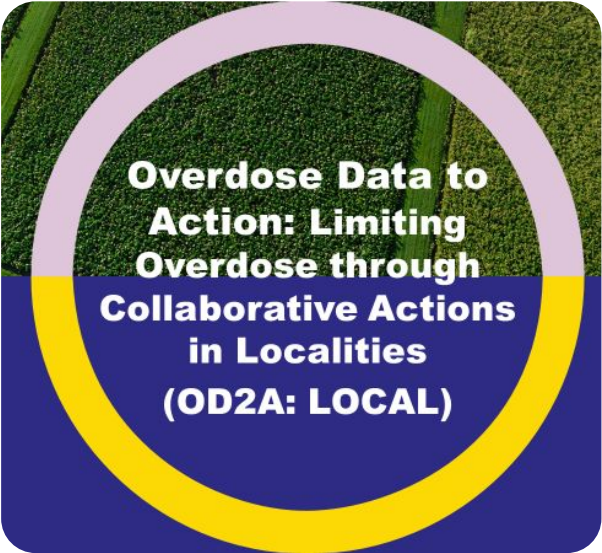
**Overdose Data to  
Action in States  
(OD2A-S)**

**Five Years**  
September 2023 to August 2028



**LEVEL OF JURISDICTION FUNDING**

- OD2A in States
- Biosurveillance
- Data linkage



**Overdose Data to  
Action: Limiting  
Overdose through  
Collaborative Actions  
in Localities  
(OD2A: LOCAL)**

**Five Years**  
September 2023 to August 2028



**Foundational  
Activities**

- Use data to inform action
- Establish partnerships
- Focus on health equity



**Settings**

- Community
- Public safety
- Health systems



**Strategies**

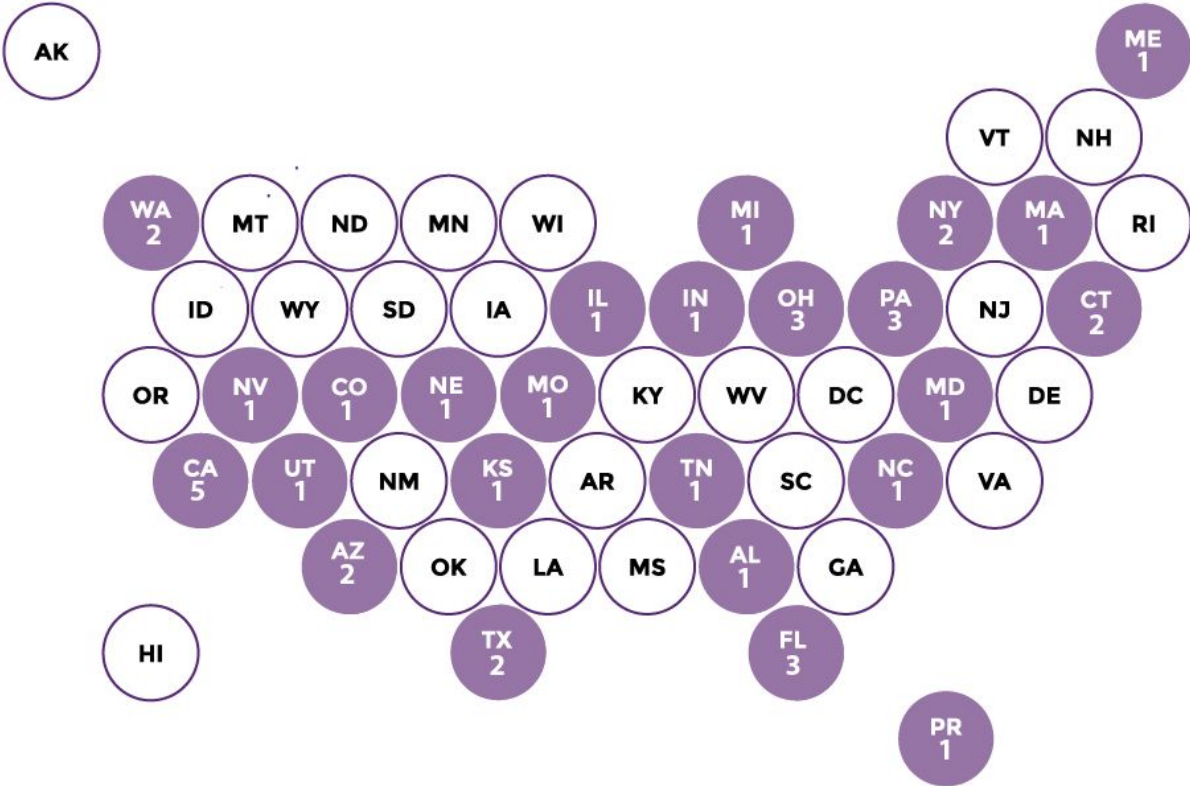
- Linkage to care and retention in care
- Harm reduction
- Stigma reduction
- Clinician and health systems best practices
- Health IT enhancements
- Overdose surveillance infrastructure
- Drug product and paraphernalia testing
- Surveillance of linkage to care and retention in care



**Central Goals**

- Decreased fatal AND nonfatal drug overdoses, overall:
  - Primarily involving opioids and/or stimulants
  - Among disproportionately affected and underserved populations
- Decreased illicit opioid and stimulant use, including polysubstance use, OUD, and SUD
- Improved health equity among groups disproportionately affected by the overdose epidemic and those previously underserved, identifying and closing gaps in access to care and services
- Integrate harm reduction strategies and principles with a focus on meeting people where they are with empathy and in a non-judgmental manner
- Build overdose surveillance infrastructure
- Expanded tracking and mitigation of emerging drug threats
- Collection and use of data on linkage to and retention in care among people at high risk of overdose to improve care

# Overdose Data to Action (OD2A)



## LEVEL OF JURISDICTION FUNDING

● OD2A: LOCAL

| Name   | State | Name  | State |
|--|-------|---|-------|
| Jefferson County Department of Health              | AL    | Douglas County Health Department            | NE    |
| Maricopa County Public Health Department           | AZ    | Southern Nevada Health District             | NV    |
| Pima County Health and Community Services          | AZ    | Fund for Public Health in New York City     | NY    |
| Alameda County Health Care Services Agency         | CA    | Broome County Health Department             | NY    |
| Santa Clara County Public Health                   | CA    | Franklin County Public Health               | OH    |
| Riverside University Health System - Public Health | CA    | Cuyahoga County Board of Health             | OH    |
| Los Angeles County Department of Public Health     | CA    | Hamilton County Public Health               | OH    |
| San Francisco Department of Public Health          | CA    | Allegheny County Health Department          | PA    |
| Denver Department of Public Health and Environment | CO    | Philadelphia Department of Public Health    | PA    |
| City of New Haven Health and Human Services        | CT    | Montgomery County Health and Human Services | PA    |
| City of Hartford Health and Human Services         | CT    | Puerto Rico Department of Public Health     | PR    |
| Florida Department of Health - Palm Beach County   | FL    | Knox County Health Department               | TN    |
| Florida Department of Health - Duval County        | FL    | Dallas County Health and Human Services     | TX    |
| Florida Department of Health - Broward County      | FL    | Harris County Public Health                 | TX    |
| Chicago Department of Public Health                | IL    | Salt Lake County Public Health              | UT    |
| Health & Hospital Corporation of Marion County     | IN    | Public Health - Seattle & King County       | WA    |
| Sedgwick County Health Department                  | KS    | Snohomish County Health Department          | WA    |
| Boston Public Health Commission                    | MA    |   |       |
| Baltimore County Department of Health              | MD    |   |       |
| City of Portland, Maine, Public Health Division    | ME    |   |       |
| Barry-Eaton District Health Department             | MI    |   |       |
| St. Louis County Department of Public Health       | MO    |   |       |
| Mecklenburg County Health Department               | NC    |   |       |

# Innovative Surveillance in Overdose Data to Action



## Biosurveillance

STATE

- Collect standardized set of laboratory data from biological specimens from suspected overdoses in the emergency department (ED)



## Data Linkage - Link key data sources at the person level

STATE

- Nonfatal - fatal overdose data
- Nonfatal or fatal overdose data - criminal justice, PDMP, & social determinants of health data



## Drug Product / Drug Paraphernalia Testing

LOCAL

- Comprehensive testing of  $\geq 500$  drug product/paraphernalia samples every 12 months
  - Drugs (powder, pills/tablets, crystal)
  - Drug paraphernalia (plastic bags, cookers, syringes, pipes, vials & wipes of paraphernalia)



## Linkage to and Retention in Care Surveillance

LOCAL

- Improve and standardize surveillance of linkage to and retention in care
- Provide data to inform linkage to care prevention activities

# Prevention Strategies – OD2A - States



Clinician/Health System Engagement and Health IT/PDMP Enhancement



Public Safety Partnership/Intervention



Harm Reduction



Community-Based Linkage to Care

\* Recipients are required to implement interventions in all four prevention strategies.



# Prevention Strategies – OD2A - States



## Clinician/Health System Engagement and Health IT/PDMP Enhancement

- Expanding PDMP data sharing across state lines/interstate interoperability. **[REQUIRED]**
- Implementing universal use among clinicians and their delegates within a state.
- Possessing more timely or real-time data contained within a PDMP.
- Actively managing the PDMP in part by sending proactive (or unsolicited) reports to clinicians to inform prescribing and patient care.
- Ensuring that PDMPs are easy to use and access by clinicians.

*5 Categories of Health IT/PDMP Enhancements*

# Leveraging Prescription Drug Monitoring Program (PDMP) Data in Overdose Prevention and Response



March 2021

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## Using PDMP Data Effectively

- This new resource provides key information about:
  - PDMP history;
  - Why access to PDMP data is important;
  - Considerations for increasing access to and utilization of PDMP data; and
  - Implications for PDMPs located within and outside of the state health department.

OD2A helps support recipients as they implement strategies to advance the development and expansion of existing PDMPs and increase their utilization as public health surveillance and clinical decision-making tools.

This document highlights the value of Prescription Drug Monitoring Programs (PDMPs) as public health tools and to support OD2A recipients, PDMP administrators, state and local policymakers, and public safety officials in utilizing PDMP data to inform public health interventions and clinical decision-making.



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

## Example OD2A 1.0 PDMP Success Stories



Louisville, KY

- **Kentucky:** Kentucky has integrated both de-identified and identified health data with PDMP data. For example, the Cabinet has used aggregate PDMP data combined with de-identified data from the Department for Public Health's Division of Maternal and Child Health. With these combined data, they can compare geographic patterns of neonatal abstinence syndrome in the state with opioid prescribing. They also use PDMP data to generate quarterly trend reports at the county and 3- digit ZIP code level.



Harrisburg, PA

- **Pennsylvania:** The PA State Department of Health successfully utilized identified PDMP data in several ways. In one novel initiative, the Department proactively attempted to ensure that, where a provider is unable to continue to prescribe controlled substances due to regulatory or law enforcement works with regulatory agencies and law enforcement action, the clinician's patients are connected with appropriate medical services the Department works with regulatory agencies and law enforcement officials so that they are notified either before or shortly after a clinician quits prescribing. It then notifies the patient's health insurer, which works with the patient to find another source of pain management or opioid treatment, as appropriate.



Charleston, WV

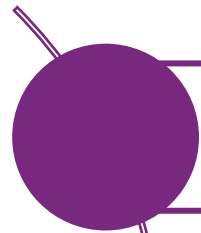
- **West Virginia:** Successfully integrated non-fatal overdose data, provided by the state Office of Emergency Medical Services (OEMS) into the state's PDMP. This success is pursuant to state law and a DUA between the Board of Pharmacy, where the PDMP is located, and the Department of Health and Human Resources, which houses OEMS.



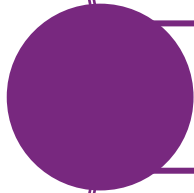
# Prevention Strategies – OD2A - States



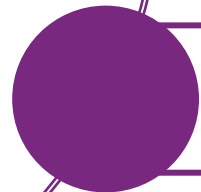
## Clinician/Health System Engagement and Health IT/PDMP Enhancement



Clinician education on best practices for acute, subacute, and chronic pain - including opioid prescribing **[REQUIRED]**



Training clinicians on screening, diagnosis, and linkage to care and retention in care for Opioid Use Disorder (OUD) and Stimulant Use Disorder (StUD) **[REQUIRED]**



Building and implementing health system-wide clinical capacity to screen, diagnose, and support (or connect to) trauma-informed longitudinal care for OUD and StUD. Must use peer navigators. **[REQUIRED]**

*3 Categories of Clinician/Health System Engagement*





## Navigators in Linkage to Care

- Navigators must be utilized in at least one linkage to care intervention in OD2A:
  - Peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, and other individuals who link PWUD to care and harm reduction resources
- CDC defines linkage using navigators as:
  - Linkage to evidence-based treatment for substance use disorders
  - Linkage to harm reduction services

## Linking People with Opioid Use Disorder to Medication Treatment:

A Technical Package of Policy,  
Programs, and Practices



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

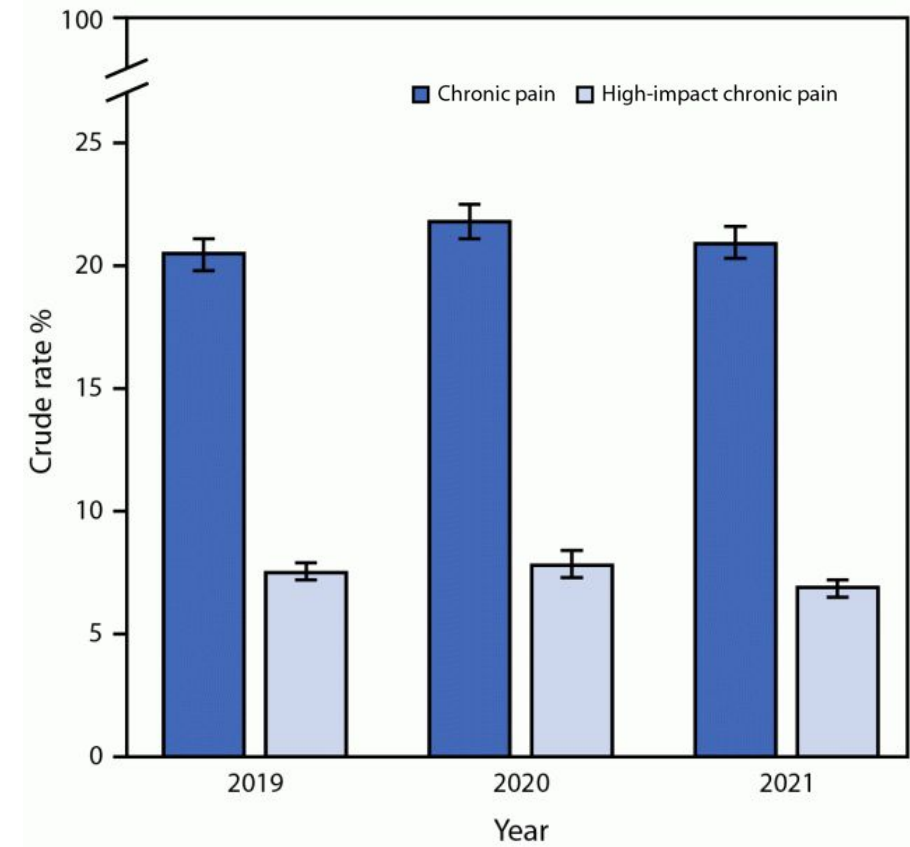
## Apply Best Practices for Linkage to Care

- Linkage to evidence-based care with medications for opioid use disorder (MOUD) is vital for public health.
- Outpatient care programs, hospital departments (including emergency departments), harm reduction and syringe services programs, and criminal justice settings all present opportunities for linkage to care.
- This technical package describes opportunities and established best practices as well as summaries of current research. It offers practical advice for providing trauma-informed and culturally appropriate care to certain populations at increased risk of OUD and other opioid-related harms.
- Organizations that have developed innovative approaches for linking patients with MOUD are highlighted, offering real world examples to help guide and inspire action.



## Chronic Pain and High Impact Chronic Pain Impacts Millions of Americans – 1 in 5

- CDC analyzed data from the 2019-2021 National Health Interview Survey to assess the prevalence of chronic pain and high-impact chronic pain among adults in the US.
- The analysis found that in 2021:
  - 20.9% of U.S. adults (51.6 million) experienced chronic pain
  - 6.9% (17.1 million) experienced high-impact chronic pain, defined as having pain most days or every day in the past three months that limited life or work activities
- There is a disproportionate burden of chronic pain among certain population groups which have not been previously reported, including American Indian and Alaska Native adults, adults identifying as bisexual, and adults who are divorced or separated





# 2022 CDC Clinical Practice Guideline for Prescribing Opioids

- Released November 13, 2022.
- Guiding Principles include:
  - Acute, subacute, and chronic pain need to be appropriately and effectively treated independent of whether opioids are part of a treatment regimen;
  - Recommendations are voluntary and are intended to support, not supplant, individualized, person-centered care;
  - A multimodal/multidisciplinary approach to pain management is critical;
  - Avoid misapplying the clinical practice guideline beyond its intended use;
  - Attend to health inequities vigilantly and ensure access to an appropriate, affordable, diversified, coordinated, and effective pain treatment for all persons.
- The Guideline is NOT:
  - A replacement for clinical judgment or individualized, person-centered care;
  - Intended to be applied as inflexible standards of care across patients, and/or patient populations by healthcare professionals, health systems, pharmacies, third-party payers, or governmental jurisdictions or to lead to the rapid tapering or abrupt discontinuation of opioids for patients;
  - A law, regulation, and/or policy that dictates clinical practice or a substitute for FDA-approved labeling;
  - Focused on opioids prescribed for opioid use disorder.



## 4 Domains Covered

Determining whether or not to initiate opioids for pain

Selecting opioids and determining opioid dosages

Deciding duration of initial opioid prescription and conducting follow-up

Assessing risk and addressing potential harms of opioid use



Opioid Prescribing Resources



CDC's Clinical Practice Guideline for Prescribing Opioids for Pain



Prescription Drug Monitoring Programs (PDMPs)



Trainings



Opioid Therapy and Different Types of Pain



Nonopioid Therapy Options



Risks and How to Reduce Them



Helpful Materials for Patients



2022 Clinical Practice Guideline for Prescribing Opioids for Pain



Patients' Frequently Asked Questions

SOURCES: [www.cdc.gov/opioids/healthcare-professionals/index.html](http://www.cdc.gov/opioids/healthcare-professionals/index.html)  
[www.cdc.gov/opioids/patients/index.html](http://www.cdc.gov/opioids/patients/index.html)

**Revised.  
Clarified.  
Updated.**



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**Buprenorphine for the Treatment of Opioid Use Disorder**



**Assessing and Addressing Opioid Use Disorder**



**Motivational Interviewing**



**Tapering Opioids**



**Managing Pain and Treating Opioid Use Disorder in the ED**



**2022 CDC Clinical Practice Guideline**

**CDC developed trainings to assist clinicians and other healthcare personnel to provide patient-centered care. Trainings are offered as full or mini modules and patient cases. Many of the trainings offer continuing education (CE)**

SOURCE: <https://www.cdc.gov/opioids/healthcare-professionals/training/index.html>



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# Implementing the CDC Opioid Prescribing Guideline Companion Resources



Quality Improvement  
and Care Coordination:

## Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain



Intended to help healthcare systems and providers integrate QI measures and care coordination into their clinical practice



Creating a Culture of Safety for  
Opioid Prescribing:

## A Handbook for Healthcare Executives



Insights and advice from healthcare executives to improve patient outcomes, quality of care, and safety related to opioid prescribing





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# 16 Clinical Quality Improvement Measure to Understand Opioid Prescribing Practices

## NEW OPIOID PRESCRIPTION MEASURES

1. The percentage of patients with a new opioid prescription for an immediate-release opioid.
2. The percentage of patients with a new opioid prescription for chronic pain with documentation that a PDMP was checked prior to prescribing.
3. The percentage of patients with a new opioid prescription for chronic pain with documentation that a urine drug test was performed prior to prescribing.
4. The percentage of patients with a follow-up visit within 4 weeks of starting an opioid for chronic pain.
5. The percentage of patients with a new opioid prescription for acute pain for a three days' supply or less.



## LONG TERM OPIOID THERAPY MEASURES

6. The percentage of patients on long-term opioid therapy who are taking 50 MMEs or more per day.
7. The percentage of patients on long-term opioid therapy who are taking 90 MMEs or more per day.
8. The percentage of patients on long-term opioid therapy who received a prescription for a benzodiazepine.
9. The percentage of patients on long-term opioid therapy who had a follow-up visit at least quarterly.
10. The percentage of patients on long-term opioid therapy who had at least quarterly pain and functional assessments.
11. The percentage of patients on long-term opioid therapy who had documentation that a PDMP was checked at least quarterly.
12. The percentage of patients on long-term opioid therapy the clinician counseled on the risks and benefits of opioids at least annually.
13. The percentage of patients on long-term opioid therapy with documentation that a urine drug test was performed at least annually.
14. The percentage of patients with chronic pain who had at least one referral or visit to nonpharmacologic therapy as a treatment for pain.
15. The percentage of patients on long-term opioid therapy who were counseled on the purpose and use of naloxone, and either prescribed or referred to obtain naloxone.
16. The percentage of patients with an opioid use disorder (OUD) who were referred to or prescribed medication assisted treatment.



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# Implementing the CDC Opioid Prescribing Guideline Success Story – Quality Improvement (QI) Collaborative

- Owensboro Health reaches an 18-county area, serving nearly 500,000 people in western Kentucky and southern Indiana.
- Owensboro Health provides regional access to patients with three hospitals that house more than 30 specialties. The system includes Owensboro Health Regional Hospital, Owensboro Health Muhlenberg Community Hospital, Owensboro Health Twin Lakes Medical Center, and the Owensboro Health Medical Group which comprises over 250 clinicians at more than 30 locations.
- The QI team worked with system and local leadership to identify four clinics suited to participate in the CDC Opioid QI Collaborative.
  - Owensboro Health created and released a new policy to support safer opioid prescribing - including a standardized medication agreement and urine toxicology screen requirements.
  - Owensboro Health used in-house data experts to develop & implement tools including an opioid prescribing dashboard to be viewed at the clinician-level by clinicians, physician leads, & the system VP.
  - Owensboro Health consolidated the controlled substance agreements in the EHR and developed a best practice alert for clinicians when the agreement was due to expire or had expired for their patients.
  - Owensboro Health identified physician champions at each clinic to lead the initiative and provide insight to the QI team about implementation.

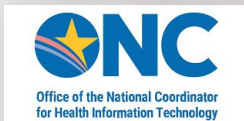


## Electronic Clinical Decision Support for Implementing 2022 Clinical Practice Guideline for Prescribing Opioids for Pain

- Electronic clinical decision support (CDS) tools are integrated into some electronic health records (EHR) & similar systems.
- Some CDS tools can provide prompts and reminders to assist healthcare professionals, clinical teams, patients, and administrators, in implementing evidence-based clinical guideline recommendations. Data from the EHR can be used to analyze organizational practices and progress.
- CDC approach is to provide point-of-care, standards-based decision support. Initially implemented with 2016 CDC Prescribing Guideline.
- CDC is working with the Office of the National Coordinator for Health Information Technology to refine and update the electronic CDS tools for the 2022 Guideline.



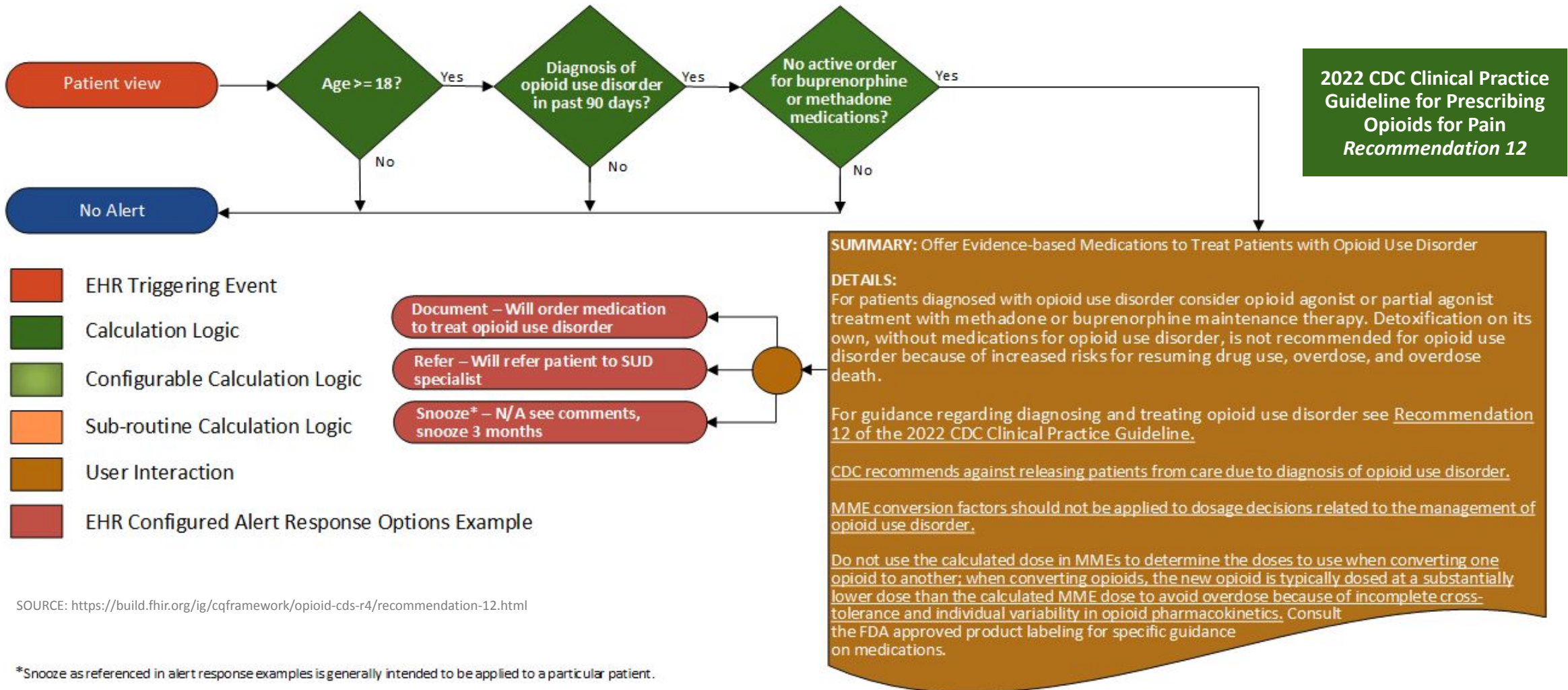
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Office of the National Coordinator  
for Health Information Technology

# Electronic Clinical Decision Support In Action

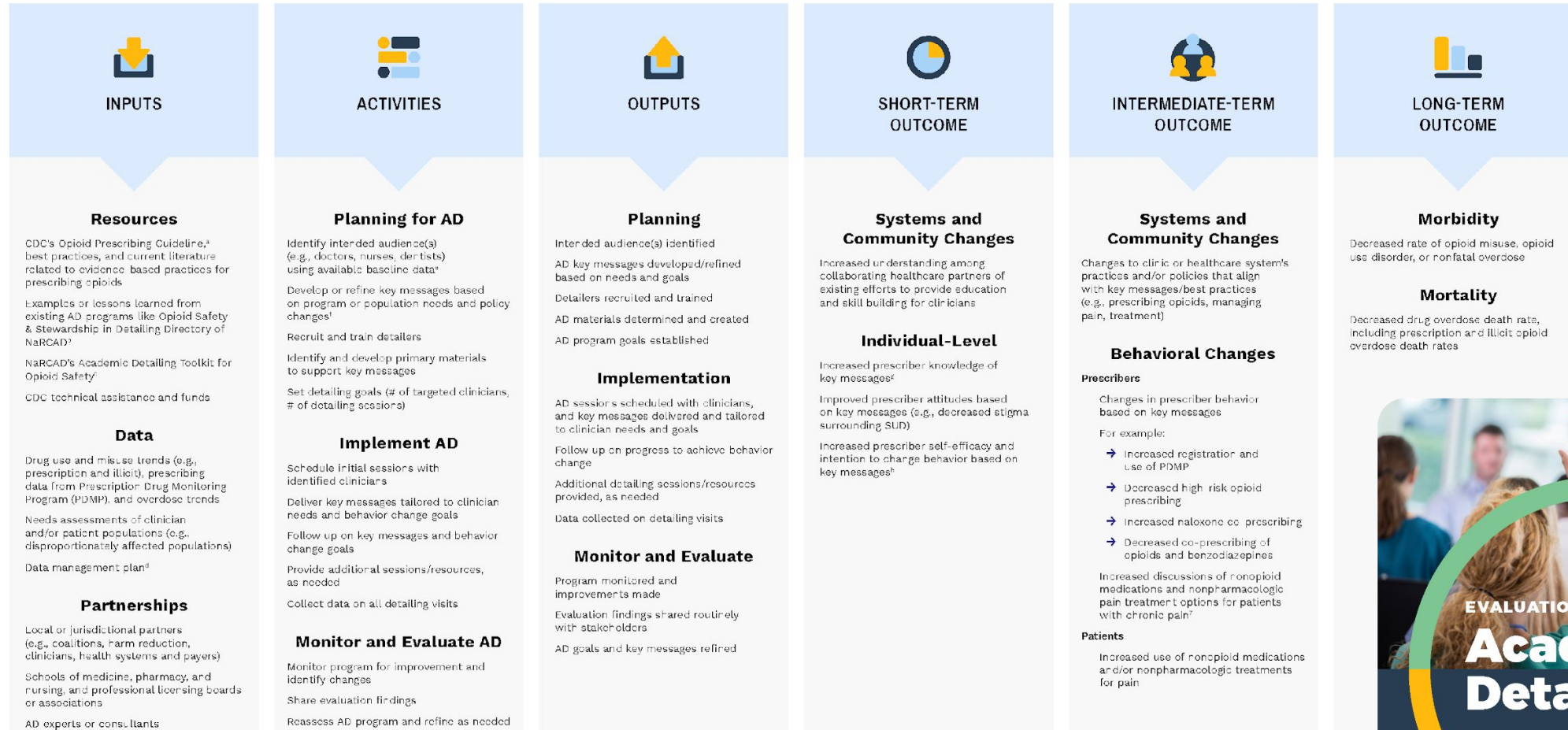
## Offer Evidence-based Medication to Treat Patients with Opioid Use Disorder



# Health System Success in Implementing Clinical Decision Support on the CDC Opioid Prescribing Guideline

Each participating health system developed EHR-embedded CDS tools that align directly with the CDC Guideline recommendations and integrated directly into system clinical workflow.

| HEALTH SYSTEM  | SUCCESS METRIC   |
|--|--|
| <b>Houston Methodist</b><br>Houston, Texas             | <ul style="list-style-type: none"><li>• Increased the number of patients being counseled on the purpose and use of naloxone, and either prescribed or referred them to obtain it.</li><li>• Increased the number of patients for whom the prescription drug monitoring program (PDMP) was checked prior to a new opioid prescription for chronic pain.</li></ul> |
| <b>Montefiore Medical Center</b><br>Bronx, New York    | <ul style="list-style-type: none"><li>• Increased completion of controlled substance agreements, urine drug testing, and naloxone distribution.</li><li>• Decreased the number of patients on long-term opioid therapy and high-dose opioid therapy.</li></ul>   |
| <b>Stormont Vail Health</b><br>Topeka, Kansas          | <ul style="list-style-type: none"><li>• Increased the number of naloxone prescriptions.</li><li>• Reduced the duration of short-term opioid prescription.</li><li>• More than 85% of primary care clinicians now consult the PDMP before writing an opioid prescription.</li></ul>   |
| <b>Yale New Haven Health</b><br>New Haven, Connecticut | <ul style="list-style-type: none"><li>• Achieved a nearly 100% naloxone prescription rate for patients on daily opioid dosages <math>\geq 50</math> morphine milligram equivalents (MME) cared for by house staff in the primary care clinic.</li></ul>  |



## Using CDC Evaluation Profiles to Guide Action



# Addiction Medicine Toolkit

The Addiction Medicine Toolkit is designed to provide an introductory overview of addiction medicine for clinicians and provide strategies that can be implemented in your practice. CDC and the American Society of Addiction Medicine (ASAM) have additional resources to continue to build your knowledge on this complex subject.



Addiction Medicine Primer



Addiction Medicine Checklist



Training Modules



Patient Cases



Conversation Starters

*The toolkit includes a wide variety of resources including instructive patient case studies*

Interactive Patient Case: Luis A.



Treat a patient in the emergency department after an opioid overdose.

Interactive Patient Case: Allison H.



Help a patient concerned about her daughter's drug use.

Interactive Patient Case: Ronya M.



Practice managing SUDs for a post-surgical patient.

Interactive Patient Case: Robert Z.



Treat a patient with long-term opioid use who asks to increase his dosage.



# Overdose Response Strategy

33 High Intensity Drug Trafficking Areas across 50 States, DC, Puerto Rico, & US Virgin Islands



## National Program



Share data systems between public health and safety

Implement overdose prevention and response strategies

Evaluate promising public health and safety strategies





## Public Health Analyst

- Analyze and disseminate drug-related data to inform action
- Contribute knowledge on evidence-based strategies
- Support evaluation of promising and innovative strategies

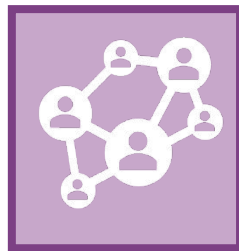
- Promote and model cross-sector efforts and information sharing
- Enhance overdose reporting systems and increase interagency collaboration
- Equip communities to better collaborate between public health and public safety
- Facilitate rapid response strategies among key stakeholders during overdose events

## Drug Intelligence Officer

- Notify local law enforcement agencies when residents are arrested on felony drug charges in other parts of the state or country
- Receive rapid/real-time data and information for dissemination
- De-identify LES content to share with public health where possible/relevant



GUIDE



CONNECTOR



BRIDGE



TRANSLATOR



DIPLOMAT



A Practitioner's Guide to Implementation

## Overdose Fatality Review

### OFR Team Members

- Local health department official
- Local law enforcement representative
- Medical examiner/coroner
- Prosecutor
- Local human services department official
- Substance use treatment provider
- Medication for opioid use disorder (MOUD)\* provider\*
- Mental health social worker
- Pain management clinician
- Emergency department physician
- Primary care provider
- Pharmacist/toxicologist
- High Intensity Drug Trafficking Area (HIDTA) public health analyst
- Sheriff
- Probation and parole office
- Emergency medical service provider
- Drug treatment court representative
- Patient advocate
- Child protective services representative
- Substance use prevention professional
- School counselor
- Tribal elder, traditional leader
- Community leader
- Housing authority representative
- Harm-reduction outreach professional

For more information about Overdose Fatality Reviews, visit

[www.cossapresources.org](http://www.cossapresources.org)

**Overdose Fatality Reviews (OFR) involve a series of confidential individual death reviews by a multidisciplinary team to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies.**

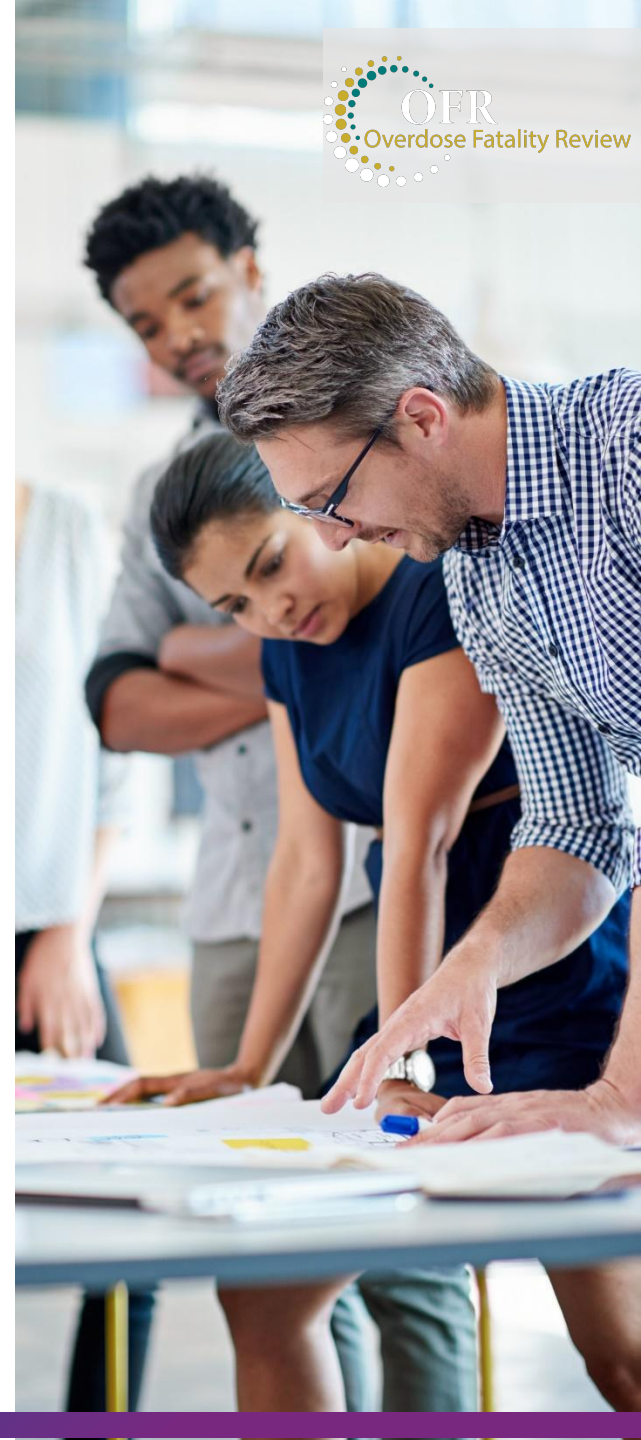
### Key Questions Answered To Inform Recommendations

What are the missed opportunities?

What are the system gaps?

What can be done to improve service delivery or intervention?

How would this be implemented and in what settings?





## TOOLKIT

Guidance for Data-driven Overdose Response  
Coordination Among Public Health, Criminal  
Justice, Law Enforcement, and First Responders



Designed to provide jurisdictions a step-by-step process and action steps to:

- Work together to understand the local overdose situation by examining case-level and aggregate data
- Identify key overdose prevention strategies and ways to implement them



MODULE 1: Building or  
Formalizing a PHAST




MODULE 2: Collaborative Data  
Sharing and Data Use



MODULE 3: Collaborative Problem  
Solving and Coordinated Interventions

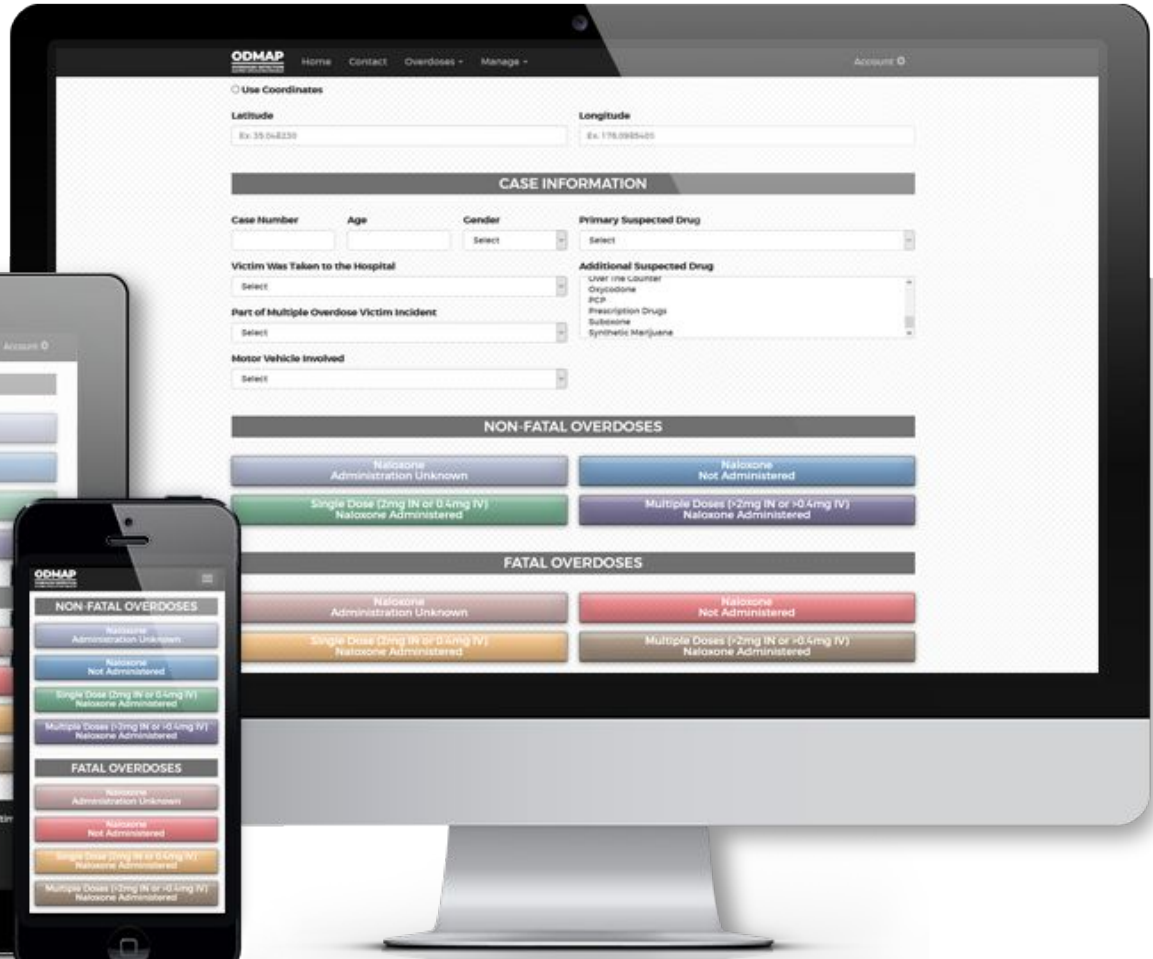


MODULE 4: Monitoring and  
Maintaining Progress



# ODMAP

## OVERDOSE DETECTION MAPPING APPLICATION PROGRAM



ODMAP Home Contact Overdoses Manage Account

Use Coordinates

Latitude: Ex: 39.048230 Longitude: Ex: 119.2905400

### CASE INFORMATION

|   |  |        |                        |
|---|--|--------|------------------------|
| Case Number                               | Age  | Gender | Primary Suspected Drug |
| <input type="text"/>                      | <input type="text"/>   | Select | Select                 |
| Victim Was Taken to the Hospital          | Additional Suspected Drug  |        |                        |
| Select                                    | <input type="text"/><br><input type="text"/><br><input type="text"/> |        |                        |
| Part of Multiple Overdose Victim Incident | Motor Vehicle Involved   |        |                        |
| Select                                    | Select   |        |                        |

### NON-FATAL OVERDOSES

|  |   |
|--|---|
| Naloxone Administration Unknown                        | Naloxone Not Administered                                   |
| Single Dose (2mg IN or 0.4mg IV) Naloxone Administered | Multiple Doses (>2mg IN or >0.4mg IV) Naloxone Administered |

### FATAL OVERDOSES

|  |   |
|--|---|
| Naloxone Administration Unknown                        | Naloxone Not Administered                                   |
| Single Dose (2mg IN or 0.4mg IV) Naloxone Administered | Multiple Doses (>2mg IN or >0.4mg IV) Naloxone Administered |



### NON-FATAL OVERDOSES

|  |   |
|--|---|
| Naloxone Administration Unknown                        | Naloxone Not Administered                                   |
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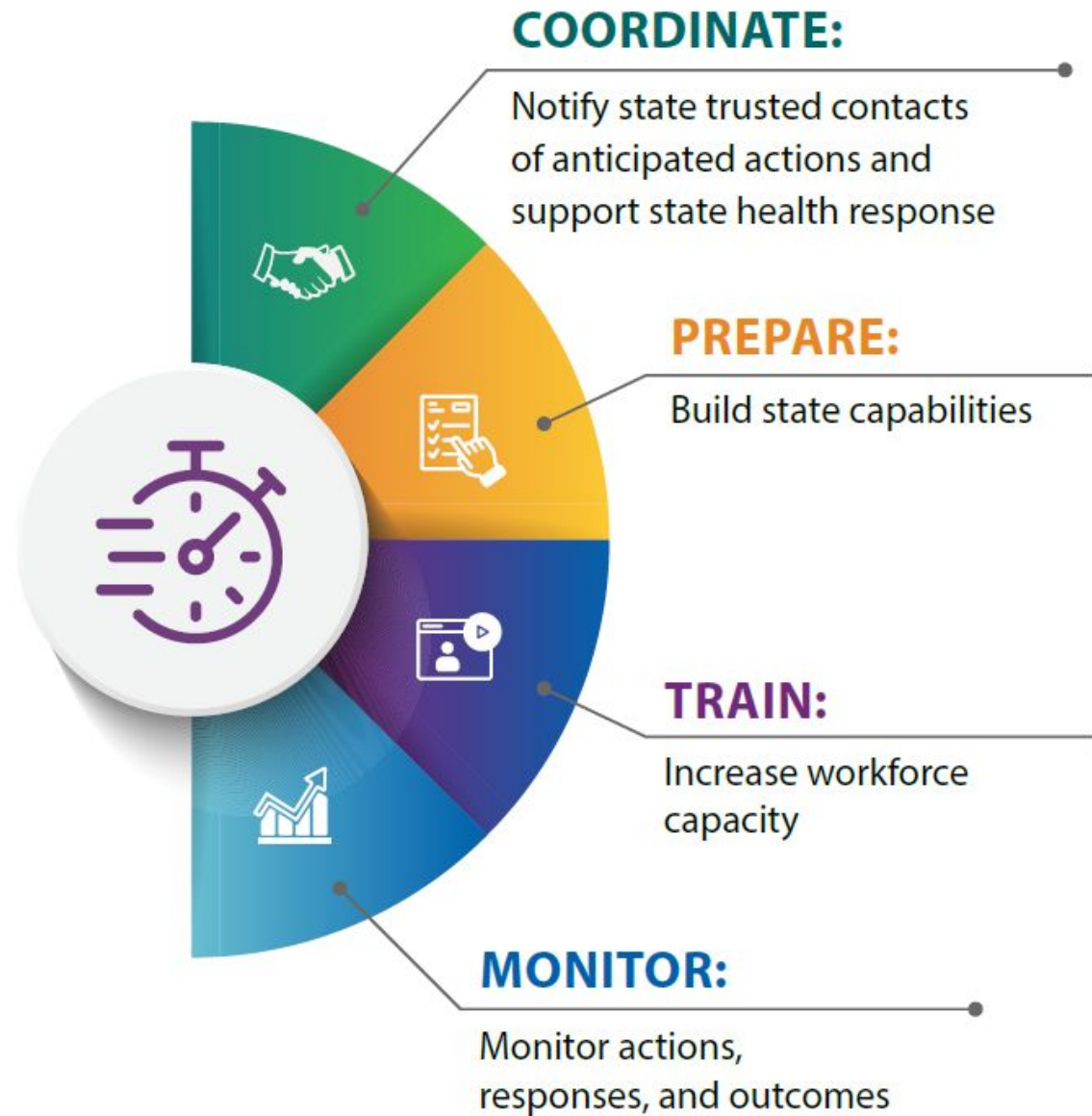
### FATAL OVERDOSES

|  |   |
|--|---|
| Naloxone Administration Unknown                        | Naloxone Not Administered                                   |
| Single Dose (2mg IN or 0.4mg IV) Naloxone Administered | Multiple Doses (>2mg IN or >0.4mg IV) Naloxone Administered |

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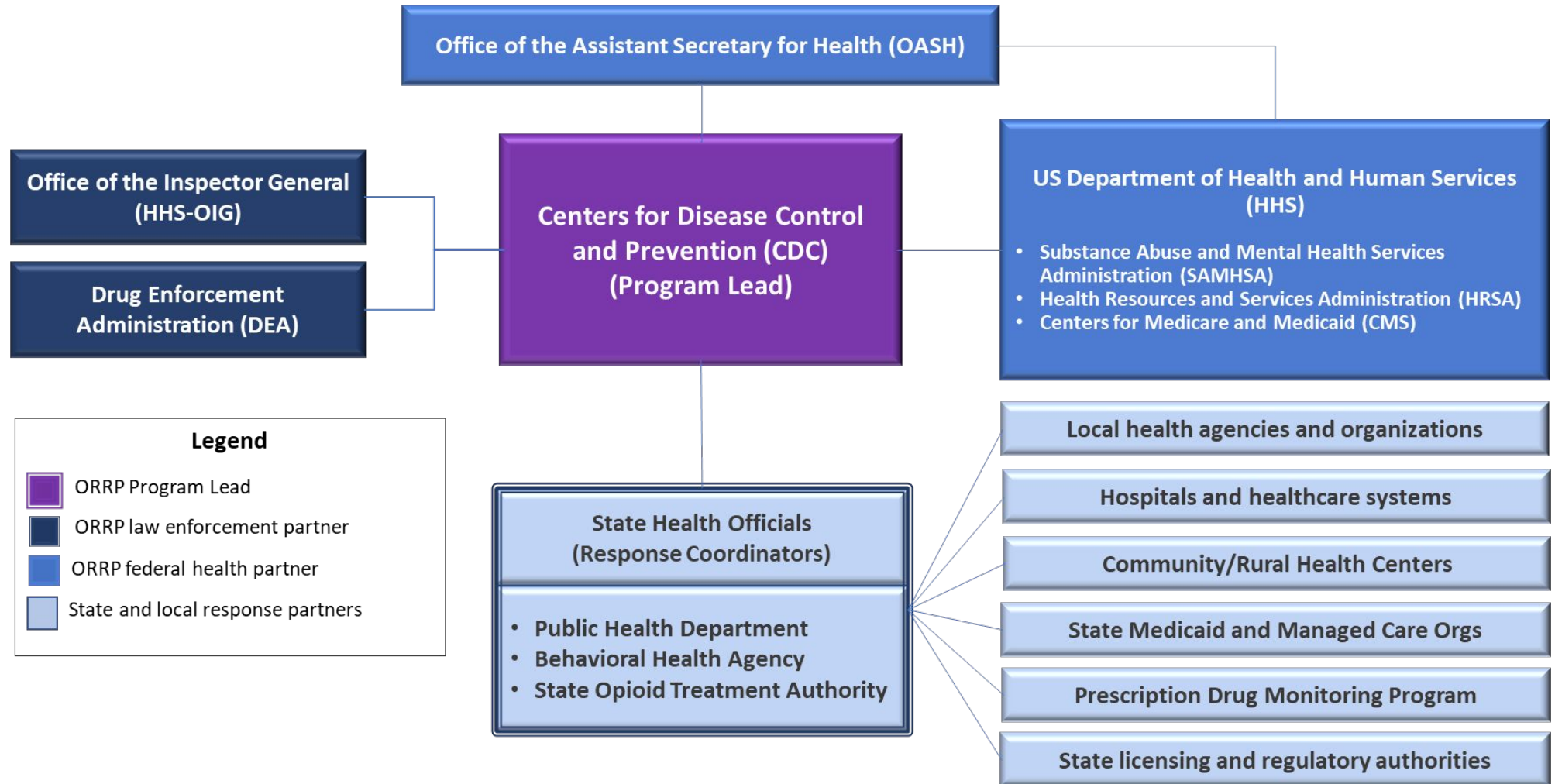
# Opioid Rapid Response Program





# Opioid Rapid Response Program

## Federal and State Partners





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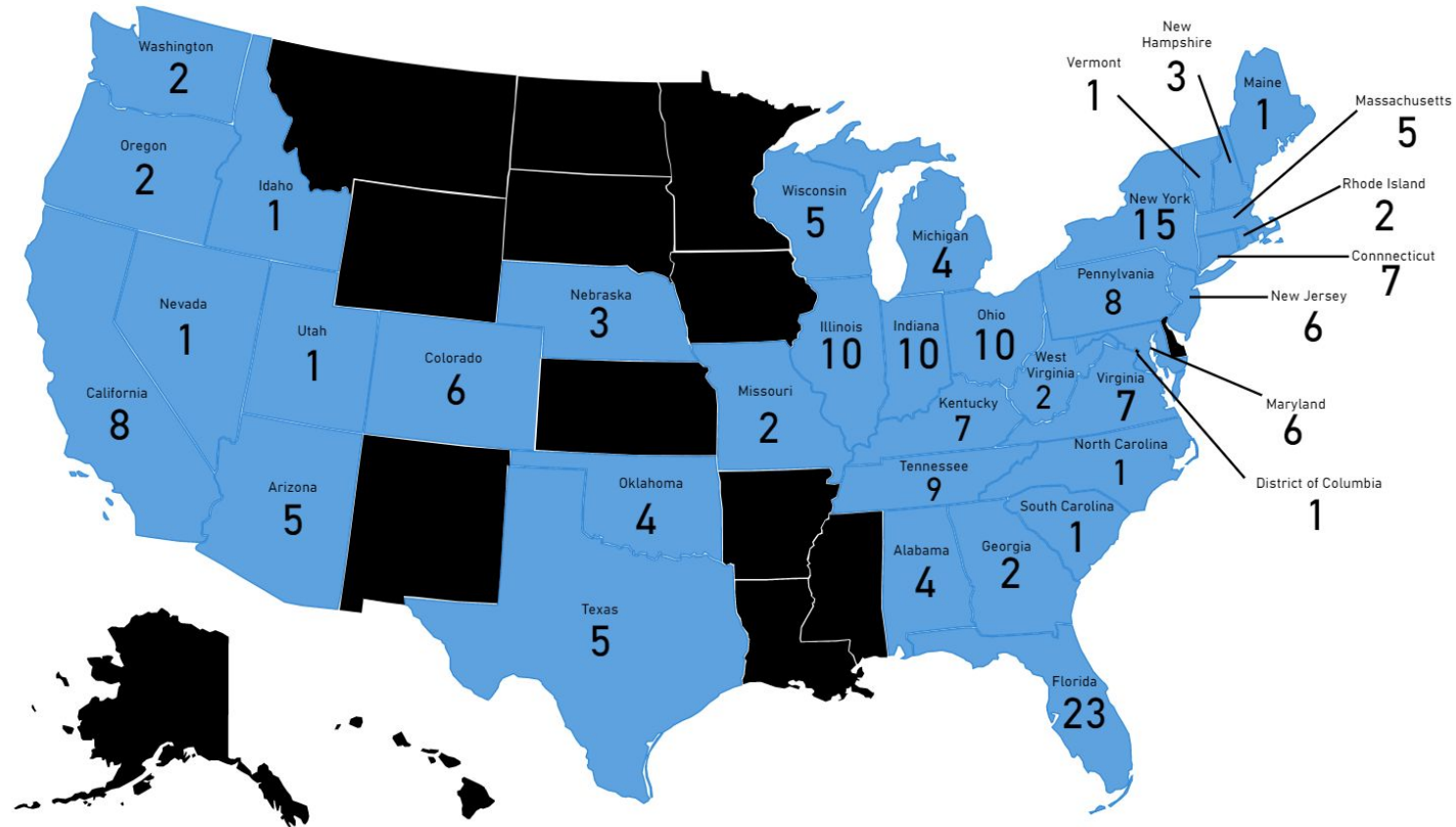
# Opioid Rapid Response Program Notifications and Actions

## Since 2019

- 208 notifications
- 191 completed actions
- 38 US states/territories engaged

## FY 2023

- 87 notifications
- 75 completed actions
- 30 US states/territories engaged





# Opioid Rapid Response Program

## Preparedness Exercises



Updated Sept 30, 2023

- No completed exercises
- 1 or more exercises completed



# CDC Rx Awareness Campaign

There is hope.  
Recovery is possible.

## Real stories from real people

New Stories Added July 2020



Tele



Jeni



David



Britton



Tessa

# Rx Awareness Campaign in the Field



# STOP OVERDOSE



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## FACTS ON FENTANYL

Fentanyl is up to 50x more potent than heroin and 100x more potent than morphine. **Learn more about the dangers of fentanyl and how it has taken over the drug supply.**

## POLYSUBSTANCE USE FACTS

Polysubstance use occurs when two or more drugs are taken together, either intentionally or unintentionally. **Learn more about the risks and consequences of mixing different types of drugs.**

## LIFESAVING NALOXONE

Naloxone is a safe medication that can reverse an overdose from opioids, including heroin and fentanyl. **Learn more about where to get naloxone and how to use it.**

## STIGMA REDUCTION

Addiction is a disease, not a character flaw. There are many ways to treat substance use disorders. **Learn more about what options are available and how to support loved ones on their recovery journey.**



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# This Season, There Are More Ways than Ever to Protect Our Health



**Safe, updated vaccines** – For the first time ever, vaccines and other preventive antibodies are available for all three major fall and winter respiratory viruses: flu, COVID-19, and RSV.



**Widely available effective treatments** – **Treatments** available for flu and COVID-19 can reduce the risk of severe illness, hospitalization, and death.



**Rapid antigen tests** – These tests, some of which can be used at home, can quickly detect viruses so there are no delays in getting treatment and taking steps to protect family and coworkers.



**Everyday actions** – **Covering** coughs and sneezes, frequent handwashing, wearing masks, improving air quality, and staying home if you **are sick can help reduce the spread of respiratory viruses.**



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# Fall/Winter 2023-2024 Vaccine Recommendations

- **COVID-19 Vaccine - Updated COVID-19 vaccine recommended by CDC for all persons 6 months and older**
- **Influenza Vaccine - Recommended for persons 6 months and older; people 65 and older should get a higher dose or adjuvanted flu vaccine**
- **RSV Vaccine for Older Adults - Adults 60+ should talk to their medical provider to see if the vaccine is right for them**
- **RSV Immunization to Protect Infants during RSV Season - We have two ways to protect infants from RSV. Most infants will not need both.**
  - **Maternal RSV vaccination** at 32-36 weeks of gestation
  - **Nirsevimab (RSV immunization):** Infants younger than 8 months entering RSV season and some older children between 8-19 months with increased risk for severe RSV

**The most important  
pitch is the next one.**



# QUESTIONS



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