The Prescription Opioid Overdose Epidemic: The Public Health Perspective

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Dramatic increase in overdose deaths related to opioid pain relievers

Opioid Pain Relievers

Cocaine

Heroin

CDC, National Center for Health Statistics, National Vital Statistics System
Opioid deaths, sales, and treatment admissions have increased in lock step.

Sales (kg per 10k)

Deaths (per 100k)

Treatment Admissions (per 10k)

National Vital Statistics System, DEA’s Automation of Reports and Consolidated Orders System, SAMHSA’s TEDS
Opioid prescribing can vary 3-fold between states.
Who is at risk?

Risk Factors
- Patients receiving opioids from multiple prescribers and/or pharmacies
- Patients taking high daily doses of opioids

Demographics
- Men
- 35-54 year olds
- Whites
- American Indians/Alaska Natives

Socioeconomics & Geography
- Medicaid
- Rural
Heroin abuse and dependence is also increasing

![Graph showing the estimated number of persons 12 years and older reporting abuse/dependence on heroin and opioids from 2002 to 2012. The graph shows a significant increase in heroin abuse and dependence, with a peak of >2 million cases in 2012.](image-url)
Increased heroin use is an offshoot of the opioid epidemic

3 out of 4 people seeking treatment for heroin dependence were exposed to opioids before heroin.

7 out of 10 people who used heroin in the past year also misused prescription opioids in the past year.


Prescription Drug Monitoring Programs (PDMPs)

Patient Review & Restriction Programs

PDMP Graphic: PDMP Center of Excellence at Brandeis University.
After policy changes, Florida opioid overdoses fell sharply between 2010 and 2012

Three Pillars of CDC’s PDO Prevention Work

- Improve data quality and track trends
- Strengthen state efforts by scaling up effective public health interventions
- Supply healthcare providers with resources to improve patient safety
CDC’s Pillars in Action

Prescription Drug Overdose: Prevention Boost
 West Virginia, Kentucky, Tennessee, Utah, Oklahoma

Expanding state-level investments in FY15
 $15.6 million to scale up state-level prevention

Advancing research on the epidemic
 Evaluating what works to save lives
 Building new tools for monitoring the epidemic
Thank You