What is the Opioid Epidemic?
In 2016, there were 63,632 drug overdose deaths in the United States.

In 2017, there were 72,000+ overdose deaths, 2/3 of which were linked to opioids.

More than were ever killed by: guns, MVA, or HIV/AIDS in a single year.

There are more deaths caused by drug poisonings than deaths caused by motor vehicle accidents, firearms, and HIV ever in U.S. History.

Crack-cocaine epidemic

Beginning of the Opioid Crisis

Peak MVA Deaths (1976)
60,000

Peak HIV Deaths (1995)
50,000

Peak firearm-related Deaths (1993)
40,000

59,000 to 66,000 people died from drug overdoses in the U.S. in 2016
63,632

[Image Source: https://www.nytimes.com/interactive/2017/06/05/health/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html]
Background

- In 2016, there were 63,632 drug poisoning deaths in the United States.
- Drug poisoning is the leading cause of unintentional injury death in the U.S.
- Unintentional injuries became the 3rd leading cause of death in 2016.
- U.S. life expectancy decreased in 2015 and 2016.
• Drug poisonings are the leading cause of unintentional injury death in the U.S.
• Unintentional injuries became the 3rd leading cause of death in the U.S. in 2016
• The U.S. population’s average life expectancy decreased by 0.1 year in both 2015 and 2016
• 2017 trending toward another drop in life expectancy due to drug related deaths.

Figure 4. Age-adjusted death rates for the 10 leading causes of death in 2016: United States, 2015 and 2016

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3 Waves of the Rise in Opioid Overdose Deaths

Image Source: CDC. Available at: https://www.cdc.gov/drugoverdose/epidemic/index.html
Division of Public Health
The Opioid Crisis - National and State Perspectives

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

42,249 of the 63,632 U.S. drug overdose deaths involved a prescription or an illicit opioid.
National Drug Overdose Mortality Rates

- Gender – Males (26.2 deaths per 100,000)
- Age – 35-44 (35.0 deaths per 100,000)
- Race – Non-Hispanic whites (25.3 deaths per 100,000)
Most who reported prescription opioid abuse prior to heroin cited accessibility and cost as primary factors for the heroin use/transition.
What is Happening in Kansas?
There were 63,632 drug overdose deaths in the United States in 2016, according to CDC. That is 174 deaths per day, one per every 8.28 minutes. 66.4% were linked to opioids.

Kansas overdose death rate: 11.1 per 100,000 (45th in nation)
Oklahoma: 21.5 per 100,000
Missouri: 23.6 per 100,000
Nebraska: 6.4 per 100,000 (lowest in nation)

West Virginia: 52 per 100,000 (highest in nation)
Kansas Drug Poisoning Death Rates/Counts 2005-2016

Figure 1. Age-adjusted drug poisoning death rates and total death counts by Year, Kansas residents, 2005-2016*

*Data Sources: 2005-2016 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics. Drug poisoning death rates were computed based on the underlying cause of death and age-adjusted using the 2016 Vintage single-year of age bridged-race population estimates for years 2010 to 2016 and the 2000-2009 revised intercensal bridged-race population estimates for years 2005-2009. The U.S. 2000 standard population was used as a reference population for comparable rates between years and to the rates reported by the National Center for Health Statistics. Rate ratio confidence intervals were calculated based on the approximate F-ratios proposed by Fay (1999), for more information: Fay MP. Approximate confidence intervals for rate ratios from directly standardized rates with sparse data. Communications in Statistics-Theory and Methods. 1999 Jan 1;28(9):2141-60.
Drug Poisoning Mortality in Kansas

- 310 drug poisoning deaths in 2016
- 104 caused by natural or semi-synthetic opioids
- 36 caused by heroin
- Drug poisoning death rate decreased 8% in 2016 compared to 2015
What is K-TRACS?

1. Secure, 24/7 web-accessible database, that monitors Schedule II-IV controlled substance prescriptions, and drugs of concern dispensed in Kansas.

2. Pharmacies are required to report outpatient prescriptions daily. (Exempt – hospitals for inpatient care, LTC, veterinarians, hospice).

3. K-TRACS data is privileged and confidential
   • Pharmacists and Prescribers MAY access
   • De-identified data available for statistical, research or educational purposes

4. PMP Advisory Committee composed of prescribers and pharmacists meets quarterly and has authority to review/refer providers and patients.

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Opioid Prescribing Rate, Kansas Counties 2016

CDC. Rate = Retail opioid Rxs per 100 residents https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html

<table>
<thead>
<tr>
<th>County</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedgwick County</td>
<td>99.9</td>
</tr>
<tr>
<td>Butler County</td>
<td>96.6</td>
</tr>
<tr>
<td>Harvey County</td>
<td>84.8</td>
</tr>
<tr>
<td>Reno County</td>
<td>106.7</td>
</tr>
<tr>
<td>Pratt County</td>
<td>184.8 - highest in state</td>
</tr>
</tbody>
</table>

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Annual Average Age-adjusted Drug Poisoning Mortality Rate per 100,000 population by County, Kansas residents, 2010-2016

Data Source: 2010-2016 Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment, Kansas Mortality Files. Only counties with at least 5 expected deaths per 100,000 population are shown due to unstable rates.
Annual Average Age-adjusted Opioid Poisoning Mortality Rate per 100,000 population by County, Kansas residents, 2010-2016

- 1,077 deaths from 2010 to 2016 were opioid-related deaths – any prescription opioids, heroin, or illicit opioid contributed to the death.

Data Source: 2010-2016 Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment, Kansas Mortality Files. Only counties with at least 5 expected deaths per 100,000 population are shown due to unstable rates.
Annual Average Age-adjusted Opioid Poisoning Mortality Rate per 100,000 population by County, Kansas residents, 2010-2016

- Six counties in Kansas had a rate higher than the 2016 national average of 13.3.

- This is potentially an underestimate since there are drug poisoning deaths in Kansas that do not specify a drug.

(Data Source: 2010-2016 Kansas Bureau of Epidemiology and Public Health, Kansas Department of Health and Environment, Kansas Mortality Files. Only counties with at least 5 expected deaths per 100,000 population informatics are shown due to unstable rates.)
Patients with **concurrent prescriptions for opioids and benzodiazepine** is a risk factor for opioid poisoning and developing an opioid use disorder.

In 2017, there were 8 counties with at least 7% of county residents with concurrent prescriptions for opioids and benzodiazepine in 2017.
Having a mental illness, history of alcohol use disorder, or other substance use disorder is a risk factor for opioid poisoning and developing an opioid use disorder.

**County Level Prevalence of Binge Drinker, Kansas BRFSS 2015**

Numerator: Male respondents having five or more drinks on one occasion in the past 30 days or females having four or more drinks on one occasion in the past 30 days.

Denominator: All respondents, excluding unknowns and refusals.

**County Level Prevalence of Depressive Disorder, Kansas BRFSS 2015**

Numerator: Respondents who reported they had ever been told by a doctor, nurse or other health professional that they have a depressive disorder (including depression, major depression, dysthymia, or minor depression).

Denominator: All respondents, excluding unknowns and refusals.
Decreasing the Risk in the High Risk Population in Kansas?
Kansas Response

• Established Kansas Prescription Drug and Opioid Advisory Committee to:
  • Development and implementation of a statewide strategic plan across multiple sectors to facilitate primary, secondary, and tertiary prevention activities for prescription and illicit drug abuse and overdose
  • Components: needs assessment, state plan, evaluation plan, and dissemination plan
  • Advisory Committee provides support to Governor’s Task Force on Substance Use Disorders

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Kansas Response

Substance Use Disorder Task Force

- We have had six meetings since April 2018. The Task Force evaluated and prioritized recommendations by the Opiate Prescription Advisory Committee, as well as creating new recommendations in all aspects of SUD, including prevention, education, neonatal abstinence syndrome, treatment, law enforcement and corrections.
- The SUD Task Force submitted its final recommendations to Governor Colyer Sept. 1.
Advisory Committee

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Multidisciplinary Approach

• A multi-faceted problem requires a multi-disciplinary approach
• Primary prevention – Prevent opioid use disorder
• Secondary prevention – Surveillance and early detection of OUD
• Tertiary prevention – Prevent mortality
  • Harm reduction
  • Access to treatment
Recommendations

**TOP TEN RECOMMENDATIONS FOR ACTION**

1.1 Mandate prescriber PDMP registration and use.
2.1 Work with state medical boards to enact policies reflecting the Centers for Disease Control and Prevention's (CDC's) Guideline for Prescribing Opioids for Chronic Pain.
3.1 Inform and support evaluation research of PBM and pharmacy interventions to address the opioid epidemic.
4.3 Secure funding for research to assess the effectiveness of innovative packaging and designs available and under development.
5.4 Provide clear and consistent guidance on safe disposal of prescription opioids; expand take-back programs.
6.1 Invest in surveillance of opioid misuse and use disorders, including information about supply sources.
7.4 Allocate federal funding to build treatment capacity in communities with high rates of opioid addiction and limited access to treatment.
8.1 Partner with product developers to design naloxone formulations that are easier to use by non-medical personnel and less costly to deliver.
9.1 Establish and evaluate supervised consumption spaces.
10.2 Avoid stigmatizing language and include information about the effectiveness of treatment and the structural barriers that exist to treatment when communicating with the public about opioid-use disorders.

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Kansas Prescription Drug and Opioid Strategies

**PREVENTION**

1. Develop a collaborative, state website as an informational hub to increase public awareness and facilitate a coordinated response to prescription drug and prescription/illicit opioid misuse, abuse, dependence, and overdose
2. Implement coordinated statewide health communication campaigns
3. Promote safe use, storage, and disposal of prescription drugs
4. Develop and disseminate educational materials for professional and non-professional audiences
5. Increase the number of community coalitions addressing prescription drug and illicit opioid misuse/overdose
6. Collect, analyze, use, and disseminate surveillance data to inform prevention efforts and monitor trends

**PROVIDER EDUCATION**

1. Provide educational opportunities on evidence-based practices for opioid use disorder (OUD), medication assisted treatment (MAT), and pain management
2. Develop a joint committee to engage subject matter experts to identify and promote best practices
3. Increase registration and use of Kansas’s prescription drug monitoring program, K-TRACS
4. Develop and disseminate a comprehensive resource toolkit for prescribers
5. Develop and implement opioid prescribing policies and prior authorizations
6. Increase access and utilization of SBIRT
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<table>
<thead>
<tr>
<th>TREATMENT AND RECOVERY</th>
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</thead>
<tbody>
<tr>
<td>1. Expand access and utilization of MAT for OUD</td>
</tr>
<tr>
<td>2. Expand peer support services, to support a comprehensive treatment and recovery-oriented system of care</td>
</tr>
<tr>
<td>3. Increase access to sober living programs in Kansas accepting MAT/OUD patients</td>
</tr>
<tr>
<td>4. Increase access to residential and medically managed withdrawal treatment services for OUD</td>
</tr>
<tr>
<td>5. Recommend Kansas implement workforce development programs to increase appeal of the addiction profession</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAW ENFORCEMENT</th>
</tr>
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<tbody>
<tr>
<td>1. Increase utilization of evidence-based OUD treatment and recovery services among justice-involved populations</td>
</tr>
<tr>
<td>2. Increase awareness, availability, and utilization of Naloxone within Kansas law enforcement agencies</td>
</tr>
<tr>
<td>3. Provide face to face and online training opportunities to current and prospective law enforcement officers</td>
</tr>
<tr>
<td>4. Recommend that Kansas enact a 911 Good Samaritan Law</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEONATAL ABSTINENCE SYNDROME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote prevention activities for OUD prior to pregnancy</td>
</tr>
<tr>
<td>2. Promote standardized universal screenings to identify those at risk</td>
</tr>
<tr>
<td>3. Increase access of substance use treatment for pregnant women with OUD</td>
</tr>
<tr>
<td>4. Identify standardized best practices for diagnosis, coding, and tracking of neonatal abstinence syndrome (NAS)</td>
</tr>
<tr>
<td>5. Establish a reporting protocol for tracking NAS cases</td>
</tr>
<tr>
<td>6. Facilitate connection/access to services for mom and baby</td>
</tr>
<tr>
<td>7. Provide NAS training opportunities for healthcare professionals through the Vermont Oxford Network (VON)</td>
</tr>
</tbody>
</table>
Medicaid Opioid Strategy for Pain Management

Medicaid Opioid Policy
• Opioid policy and prior authorization criteria implemented June 1.
• New limitations include initial day supply and daily dosing limits.
• Grandfathering implemented for current opioid users to ensure continuity of care and to allow providers adequate time to address current opioid users.

Action Steps:
• Opioid Products Indicated for Pain Management PA criteria was revised by the DUR Board in July 2018, to address provider feedback given since PA implementation.

Approved Criteria:
• Revisions include:
  • An exemption from PA criteria is allowed for patients residing in an assisted or custodial care environment and whose medications are facility administered.
  • A short-term approval duration exception added to allow for a secondary prescriber of opioids for patients with an acute-on-acute or an acute-on-chronic pain situation (i.e. hospital discharge, post-surgical, acute trauma).
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Since 2014, the percentage of all prescriptions that are opioid have decreased from 48% to 44%.

**2013 is missing some data from February to June 2013.**

**2018 is YTD as of February 2018.**
New Technology and Updates

Top Diagnoses Per Pain Population Type

<table>
<thead>
<tr>
<th>Chronic Non-Cancer Pain</th>
<th>Acute Pain</th>
<th>Cancer/End of Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>M54.5 Low back pain</td>
<td>S09.90XA Unspecified injury of head initial encounter</td>
<td>T2046 Hospice long term care room and board</td>
</tr>
<tr>
<td>G89.29 Other chronic pain</td>
<td>G89.18 Other acute post-procedural pain</td>
<td>G0299 Direct skilled nursing in hospice setting</td>
</tr>
<tr>
<td>R51 Headache</td>
<td>S00.83XA Contusion of other part of head initial encounter</td>
<td>Z51.5 Encounter for palliative care</td>
</tr>
</tbody>
</table>
Pain Management – Provider Specialties

Provider Specialties by Utilization

Provider Specialty Adjusted: Nurse Practitioner (Other)
Number of Distinct Providers: 5,451
% of Total Distinct Beneficiaries Treated: 31.87%
% of Total Distinct Claims: 25.25%

Top 10 Provider Specialties treating the pain population

Ranked by number of distinct providers utilized

Data Date Range: 7/1/2017-06/30/2018

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Top Opioid/Practicing Providers and Receiving Beneficiaries

Data Date Range: 7/1/2017-06/30/2018

Filterable by:

- Provider Specialty
- Potency and Quantity of Prescription

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Pain Management Treatment Subtypes

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Data Date Range: 7/1/2017-06/30/2018

Treatment Subtype: **Opioid**
- Claims: 183,725
- Beneficiaries: 39,626

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Pain Management Treatment Group Trends

Top 3 Alternative Only Treatments

97110 Therapeutic Procedure, one or more areas each 15 minutes; Therapeutic exercises

90791 Psychiatric Diagnostic Evaluation

97112 Therapeutic Procedure, one or more areas each 15 minutes; Neuromuscular Reeducation of movement, balance, coordination

Data Date Range: 7/1/2017-06/30/2018

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Who is Affected by the Epidemic?
IV USE
IV USE
Reactive States > Reactive Mind

• The part of the mind which works on a totally stimulus-response basis, which is not under a person’s volitional control, and which exerts force and the power of command over his awareness, purposes, thoughts, body and actions

• Possible reasons that mental illnesses and substance abuse tend to co-occur include:
  • (1) the propensity for people to self-medicate in order to relieve mental distress or illness;
  • (2) the increased risk for mental illness brought on by drug abuse, especially in those with genetic or other vulnerabilities;
  • (3) the overlap of risk factors for both conditions.
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Thank you/Questions

Dr. Greg Lakin
Chief Medical Officer
Kansas Substance Use Disorder Central Authority
Kansas Department of Health and Environment

Visit our website! www.preventoverdoseks.org

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