The Opioid Epidemic: The Need for Health Educators

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Igniting Change and Innovation: The Impact of Health Education
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Defining the Problem
U.S. Opioid Prescriptions: Still High Despite Recent Declines

Too many opioid prescriptions for too many days at too high a dose.

**Too Many Days**

- Average prescription days supply
- Increased 33% from 2006 to 2015

**Too High A Dose**

- A dose of 50 MME or more per day doubles the risk of opioid overdose death, compared to 20 MME or less.

**Too Many Prescriptions**

- In 2015, there were enough prescriptions for every American to be medicated around the clock for three weeks.

**Nationwide Inconsistencies**

- The total amount of opioids prescribed (per person for the year 2015) varied widely from county to county.

- 1,319 MME: Average of highest 25% of US counties in 2015
- 203 MME: Average of lowest 25% of US counties in 2015
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.

50-100x MORE POTENT THAN MORPHINE

Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl

ILlicitly MANUFACTURED FENTANYL

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

SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

73% INCREASE FROM 2014 TO 2015
264% INCREASE FROM 2012 TO 2015

often mixed with heroin or cocaine with or without user knowledge
A Brief Review of the Epidemiology

- Key Points
  - Trend
  - Types of Drugs
  - Intentionality of Deaths
  - Other observations
- 2016 Data
  - 64,000 deaths
  - Increases in heroin and fentanyl
Many Ways to Define the Problem

• Supply: Manufacture
• Supply: Prescribing
• Supply: Illicit Drug Network

• Demand: Medicating Diseases of Despair
• Demand: Risk Taking among Youth, Others
Assessing the Evidence
1. Optimizing PDMPs
2. Standardizing Clinical Guidelines
3. Engaging PBMs and Pharmacies
4. Implementing Innovative Engineering Strategies
5. Engaging Patients and the Public
6. Improving Surveillance
7. Treating Opioid Use Disorders
8. Improving Naloxone Access and Use
9. Expanding Harm Reduction Strategies
10. Combatting Stigma
Select Policy Responses
Current Policy Activity

Federal Proposals
- Comprehensive Addiction and Recovery Act (CARA 2.0)
- Representative Cummings Senator Warren proposal
- Surgeon General’s Advisory on Naloxone

Select State and Local Proposals: Harm Reduction
- Syringe exchange
- Naloxone distribution
- Supervised consumption sites
A Need for Health Education
Considering Policy Environment

A Challenge:
Shifting the frame from criminal to medical

Responding to the Challenge:
Education and Communication
1. Optimizing PDMPs
2. Standardizing Clinical Guidelines
3. Engaging PBMs and Pharmacies
4. Implementing Innovative Engineering Strategies
5. Engaging Patients and the Public
6. Improving Surveillance
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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 misused prescription opioids for the first time³

2.1 million People had an opioid use disorder⁴

17,087 Deaths attributed to overdosing on commonly prescribed opioids⁹

948,000 People used heroin¹⁰

19,413 Deaths attributed to overdosing on synthetic opioids other than methadone¹⁰

170,000 People used heroin for the first time¹⁰

15,469 Deaths attributed to overdosing on heroin¹⁰

504 billion In economic costs¹

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Vitality in the United States, 2016 NCHS Data Brief No. 294, December 2017, ³ CBP Report: The underestimated cost of the opioid crisis, 2017

Updated January 2018. For more information, visit: http://www.hhs.gov/opioids/