



Opioid Abuse Advisory Committee Meeting

January 7, 2020

9:30 am – Noon CT

Hosted by South Dakota Dept. of Health





Welcome & Introductions



Prescription Opioid Abuse Advisory Committee

Laura Streich, South Dakota Department of Health, Chair

Kristen Bunt, South Dakota Association of Healthcare Organizations

Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation

Maureen Deutscher, Family Representative

Chris Dietrich, MD, South Dakota State Medical Association

Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners

Amy Hartman, Volunteers of America - Dakotas

Amy Iversen-Pollreisz, South Dakota Department of Social Services

Kristen Carter, South Dakota Pharmacists Association

Jon Schuchardt, Great Plains Indian Health Services

Kari Shanard-Koenders, South Dakota Board of Pharmacy

Senator Jim White, Huron

Brian Zeeb, South Dakota Office of Attorney General





SOUTH DAKOTA

CHIROPRACTORS
ASSOCIATION

Dr. Christine Brandner

Sioux Falls, SD



**Chiropractic
is a safe,
drug-free,
pain management
option.
Prescription rights
has always been
out of our scope.**

Washington DC • March 2017



U.S. Surgeon General Directive



Mortality
vs.
Morbidity



Chiropractic
can help chronic
pain without
prescription
drugs or surgical
intervention.

New Research

Neuroscience 101: Understanding Opioid Addiction and How Chiropractic Can Help



Read full study here:

Dynamic Chiropractic – February 1, 2019, Vol. 37, Issue 02



It takes a
team.
How can we
help each
other?



Annual Report - 2019

- Review of report prepared by DOH and DSS for the Joint Commission on Appropriations
- Question & Answer





South Dakota's Opioid Road Map: *Data & Surveillance*

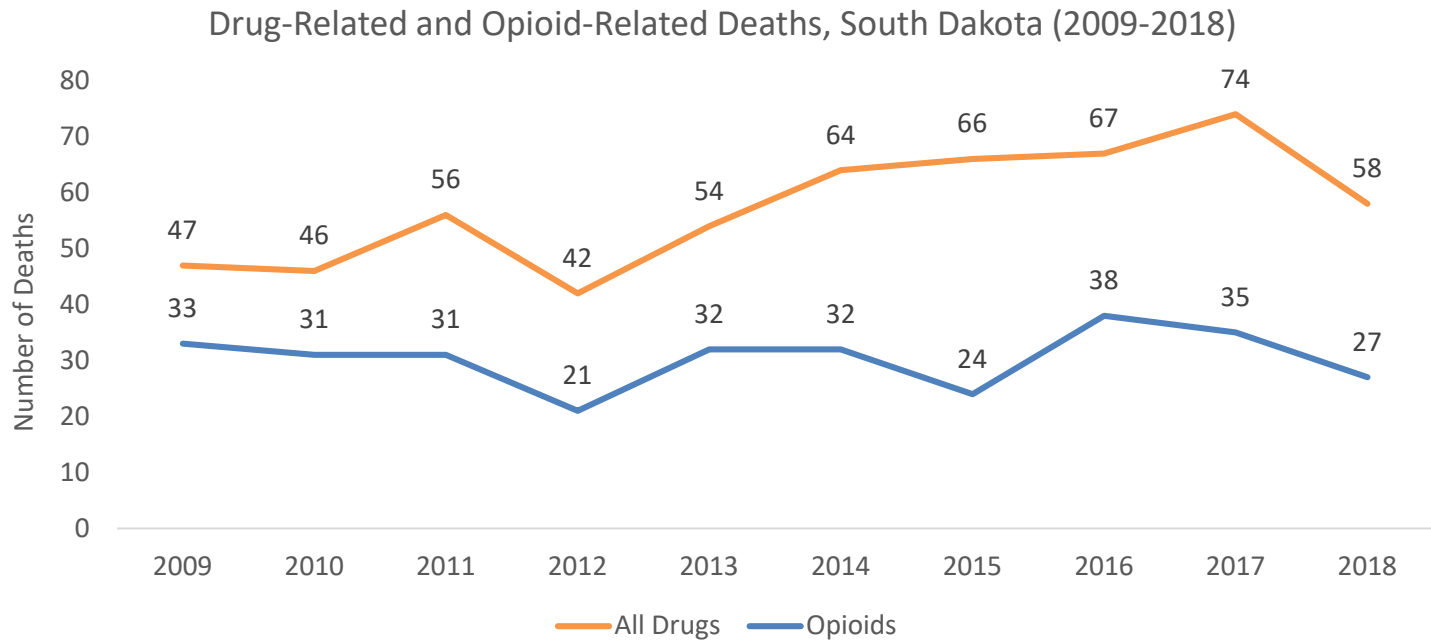
- Data Updates
- Prescription Drug Monitoring Program Updates





SOUTH DAKOTA
DEPARTMENT OF HEALTH

Drug-Related Deaths in South Dakota



2nd lowest age-adjusted rate of drug overdose deaths in 2017

SD = 8.5 per 100,000 population

US = 21.7 per 100,000 population

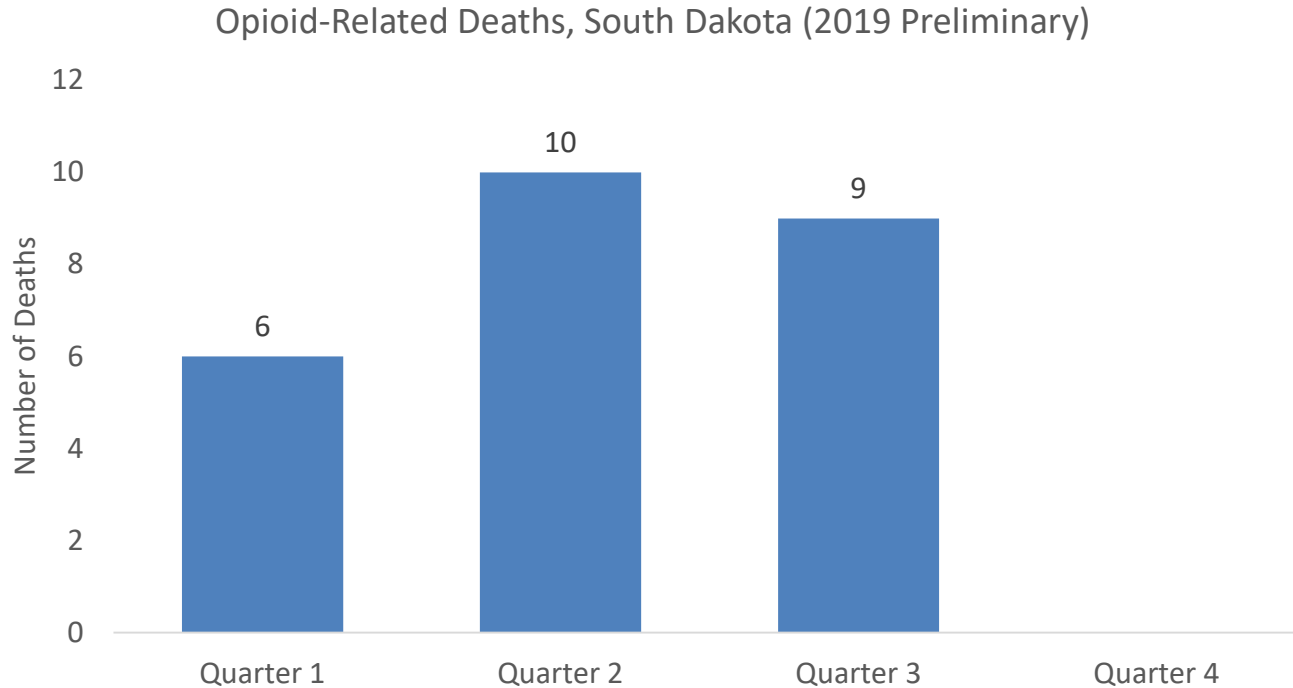
4th lowest age-adjusted rate of opioid overdose deaths in 2017

SD = 4.0 per 100,000 population

US = 14.9 per 100,000 population



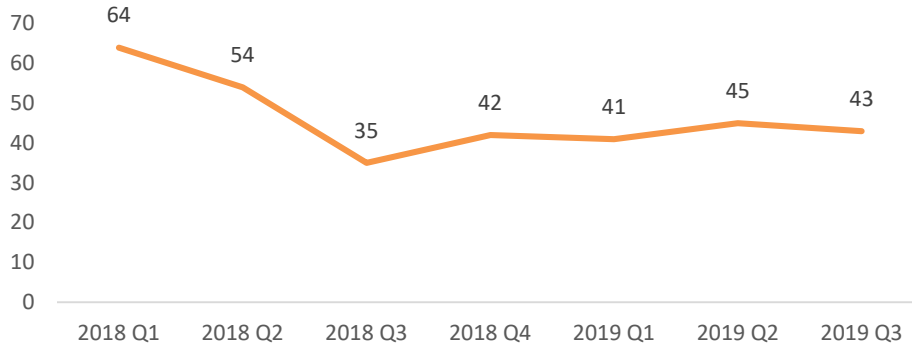
Preliminary Opioid Related Deaths: 2019



Suspected Opioid Overdoses in South Dakota



Suspected Opioid Overdoses by Quarter, South Dakota, 2018-2019



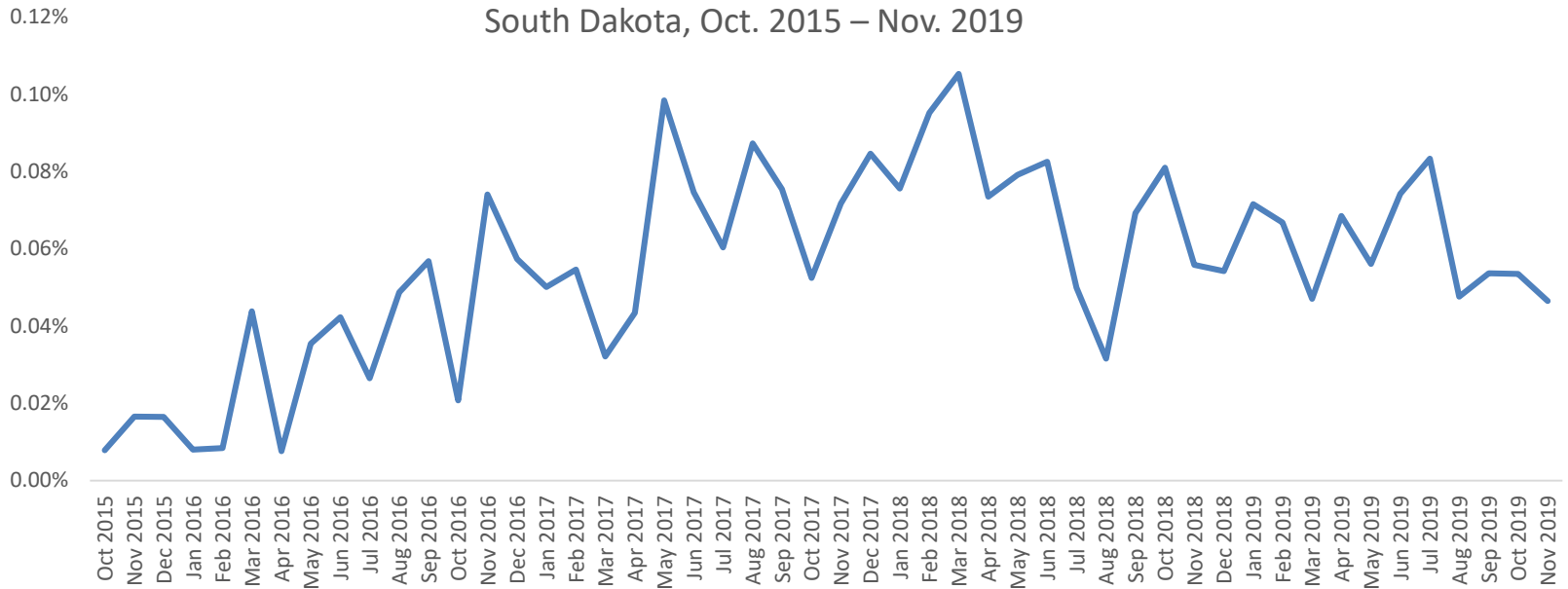
Syndromic Surveillance: data based on chief complaints from hospital emergency departments.

Use caution when evaluating trends over time in data. The addition of new hospitals can impact the proportion of visits due to suspected opioid overdose. Data does not include chief complaint data from Indian Health Services, Veterans Affairs, and 6 other hospitals across South Dakota.

Total Facilities Reporting:
30 (as of May 2015)
42 (as of November 2016)
44 (as of June 2017)

Suspected opioid overdoses include T40.0-T40.4, T40.6, T40.69, F11.12, F11.22, F11.92, or key word match of 'overdose' and related spellings. ICD-10-CM codes became standard starting in October 1, 2015.

Proportion of Suspected Opioid Overdoses Seen in Emergency Departments, South Dakota, Oct. 2015 – Nov. 2019



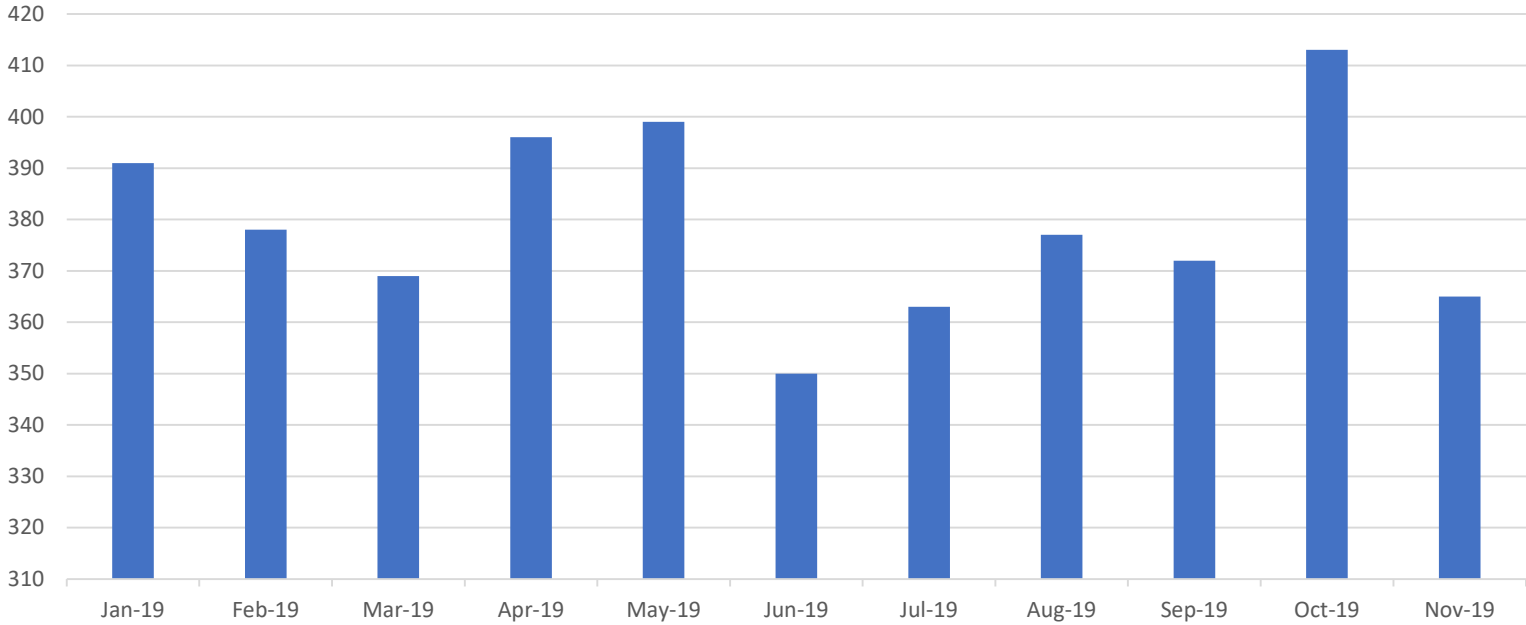
SD PDMP UPDATE

Opioid Abuse Advisory Committee

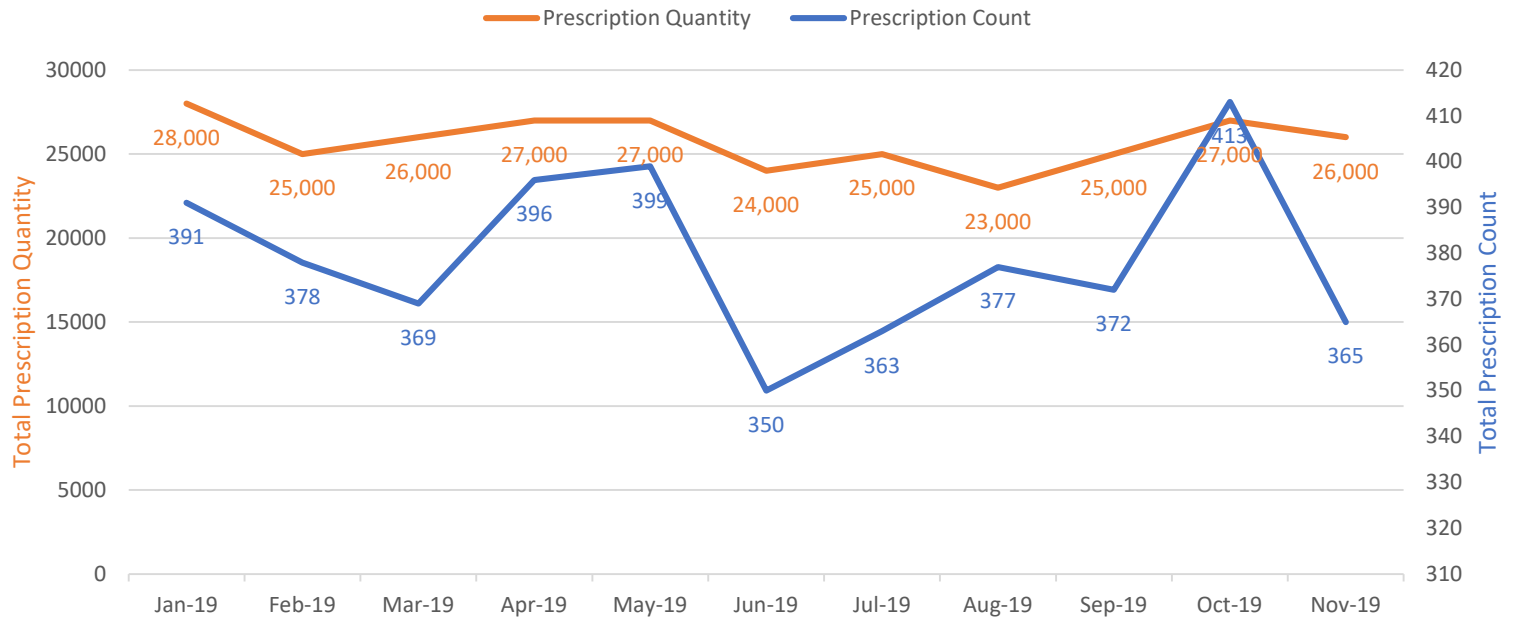
January 7, 2020

Melissa DeNoon, R.Ph., SD PDMP Director

Spink County Opioid Prescription Count

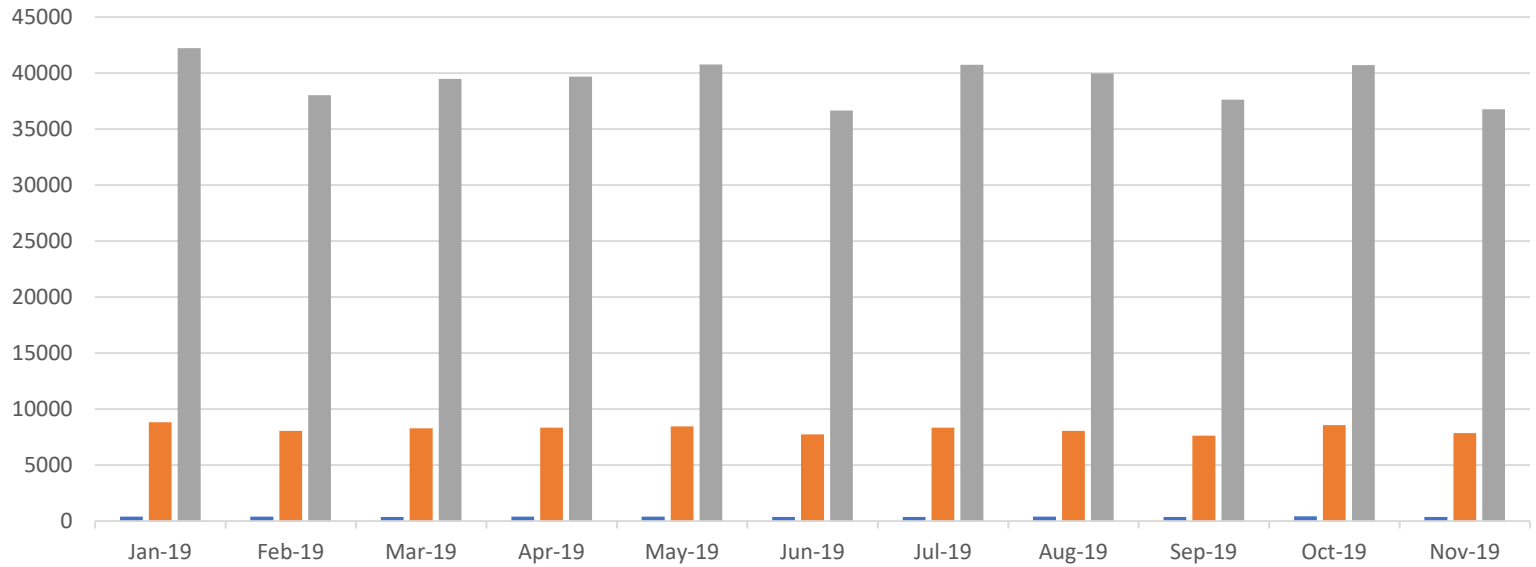


Spink County Opioid RXs



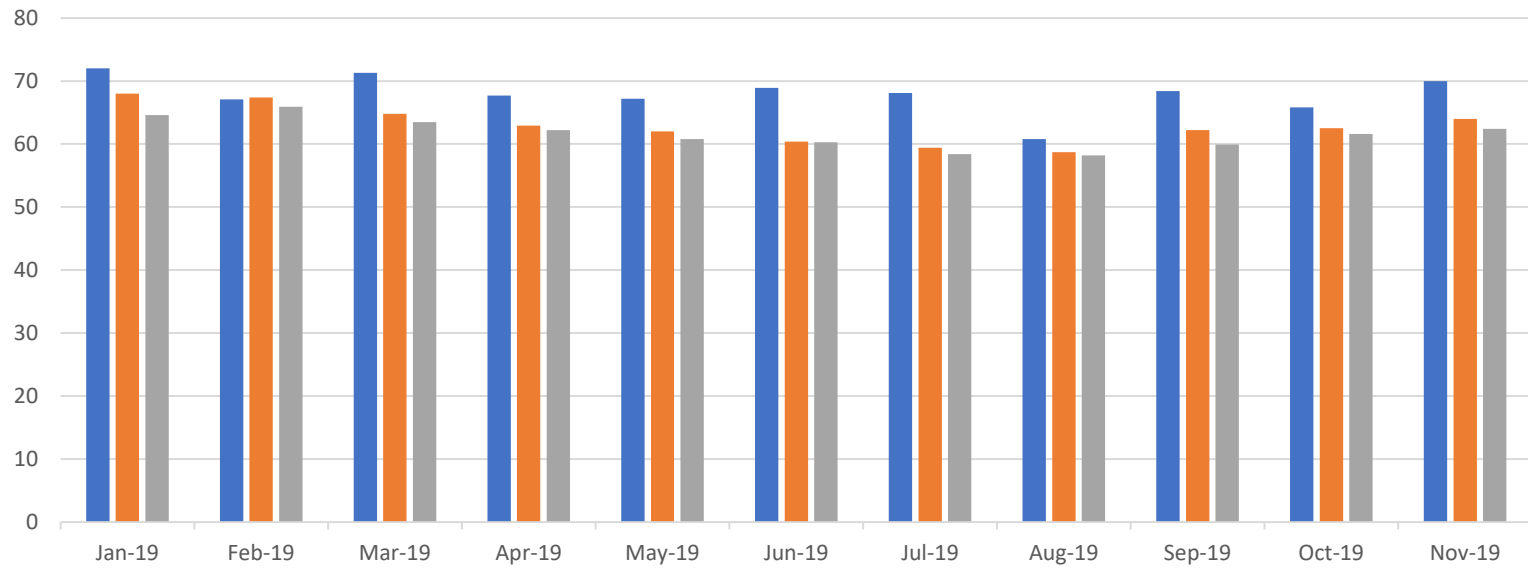
Opioid Prescription Count

■ Spink County ■ Minnehaha County ■ All SD Patients



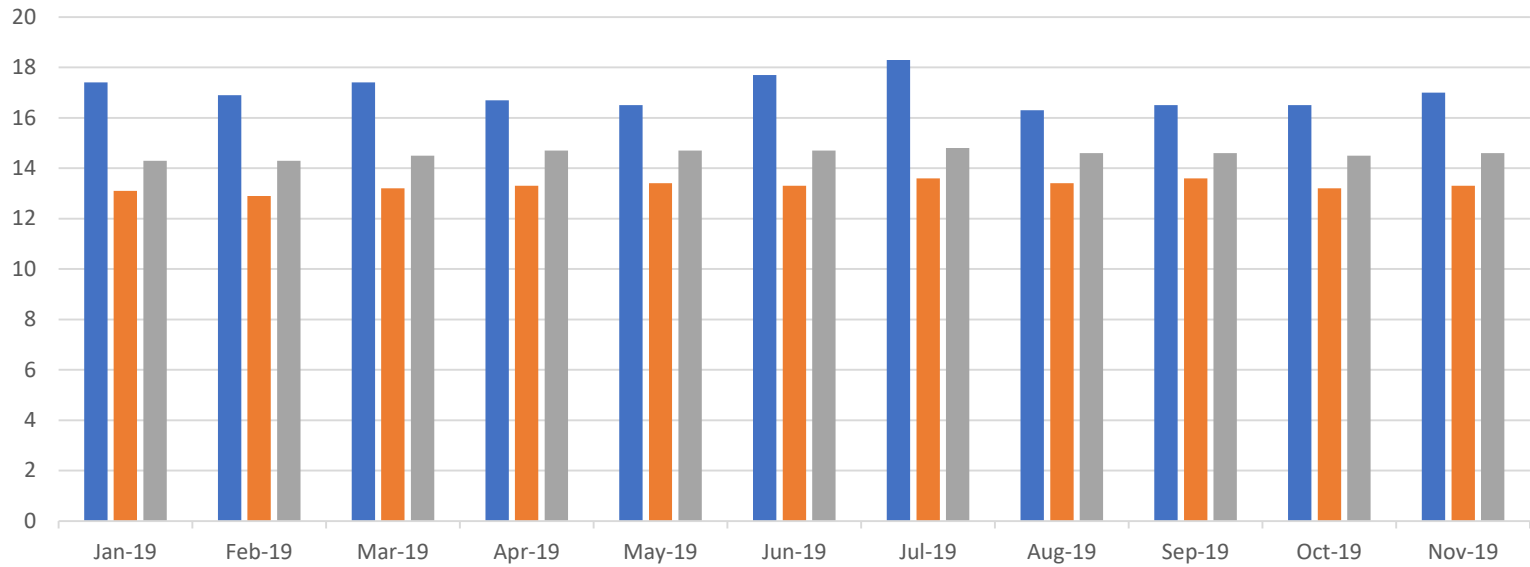
Opioid Average Quantity/RX

■ Spink County ■ Minnehaha County ■ All SD Patients



Opioid Average Days of Supply/RX

■ Spink County ■ Minnehaha County ■ All SD Patients





OD2A Surveillance Projects

- State Unintentional Drug Overdose Reporting System
- Drug Overdose Surveillance and Epidemiology System
- South Dakota Public Health Lab Blood Toxicology Screening



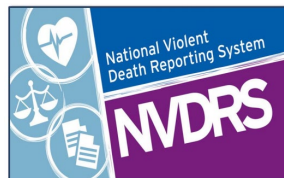
State Unintentional Drug Overdose Reporting System (SUDORS)



Overdose Data to Action

Strategy 2: SUDORS

- Surveillance system designed to collect information on drug overdose deaths of unintentional or undetermined intent to enhance state surveillance of drug overdoses
 - Data Sources
 - Death Certificates
 - Coroner Reports
 - Toxicology Reports
 - SUDORS uses the web-based National Violent Death Reporting System (NVDRS) for data entry
 - National Violent Death Reporting System (NVDRS)
 - State-based anonymous system that collects information on all violent deaths using death certificates, coroner reports, toxicology reports, and law enforcement reports
 - South Dakota Department of Health received funding from the CDC in 2018 and started collecting data in 2019





SUDORS Data Variables

- **Demographics:** age, sex, race, ethnicity, relationship status, place of residence, birthplace, industry, occupation, and education
- **Injury and Death:** manner of death, injury location and time, underlying causes of death, location of death, and wounds
- **Circumstances:** mental health, substance abuse and other addictions, relationships, life stressors, crime and criminal activity, and manner specific circumstances
- **Toxicology Results**
- **Overdose**
 - Drug Overdose/Poisoning: type of drug poisoning, time and date of last known alive
 - Substance Abuse: previous drug overdose, recent relapse, history of abuse, recent ED visit, substance abuse treatment
 - Evidence of Drug Use: route of drug administration, physical evidence of drugs
 - Response to Drug Overdose: bystanders present, naloxone administration, first-responder interventions, medical history
 - Prescription information

*NO personally identifiable information is entered into the web-based system



Victim 1:

Demographics

Injury and Death

Circumstances

Weapon(s)

Suspect(s)

Toxicology

OD

IPV

CFR

SUDORS CASE

Drug Overdose/Poisoning

Type of drug poisoning

Time last known alive before overdose (Military Time format e.g., 0000-2359,9999)

Substance Abuse

Previous drug overdose

Recent opioid use relapse

History of prescription opioid/heroin abuse

Recent emergency department visit

Treatment for substance abuse

Type(s) of substance abuse treatment (Check all that apply)

- Inpatient/outpatient rehabilitation
- Medication-assisted treatment, or MAT (with cognitive/behavioral therapy)
- Medication-Assisted treatment, or MAT (without cognitive/behavioral therapy)
- Medication-assisted therapy, or MAT (cognitive/behavioral therapy unknown)
- Cognitive/behavioral therapy
- Narcotics Anonymous


Questions?




Drug Overdose Surveillance and Epidemiology System (DOSE)

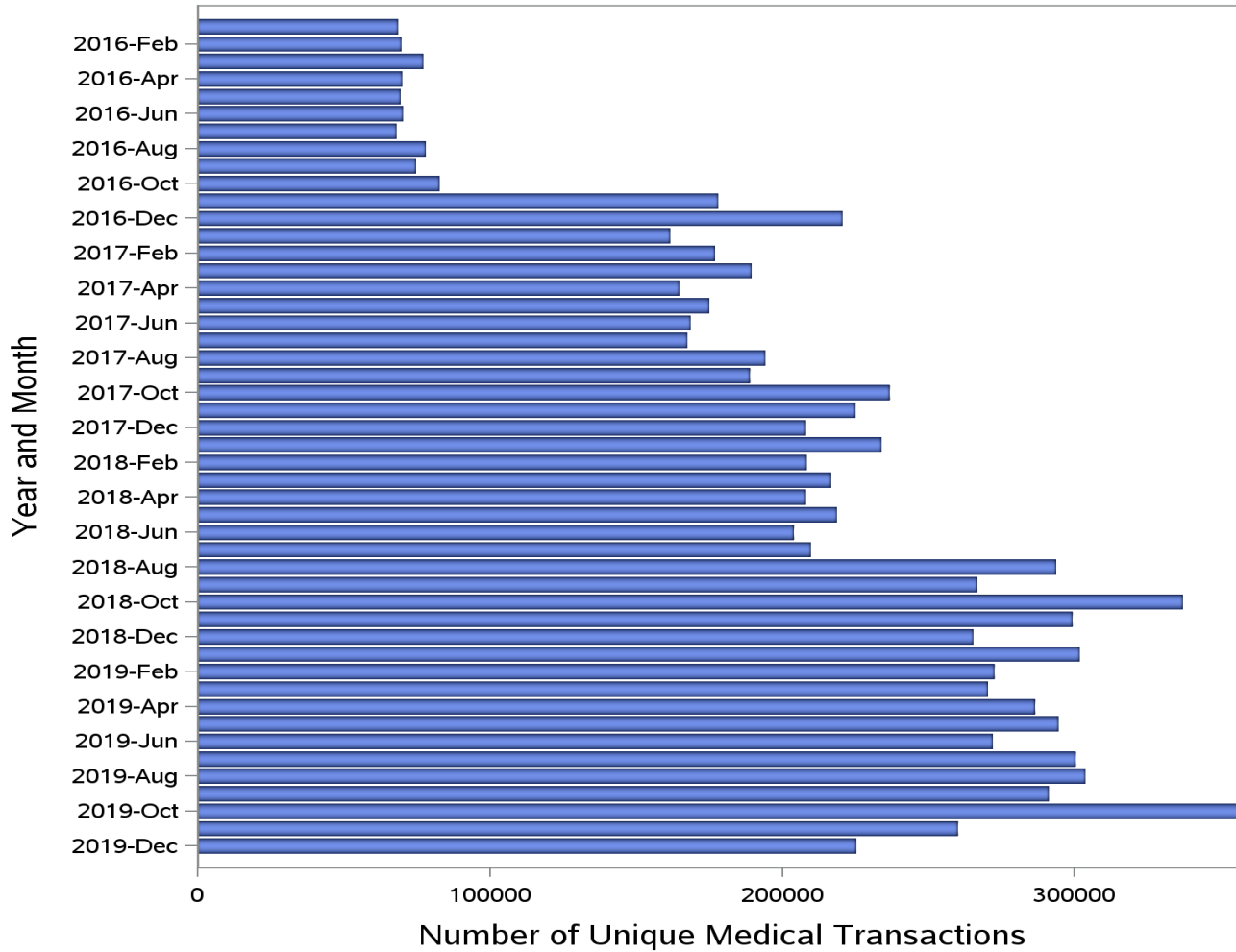
Syndromic Surveillance

Variable Name	Variable Type	Description
Facility Region	Character	Identifies in which region of the state the facility is located.
Gender	Character	Gender of patient. Male; Female.
Race	Character	White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other Race
Age	Numeric	Age of patient.
Age Units	Character	Denotes the units for the age variable. Year; Month; Week; Day.
Patient Zip Code	Character	Patient's zip code of residence.
Smoking Status	Character	Smoking status of patient. Current smoker; Former smoker; Never smoker.
Message Date Time	Date	Emergency department admission date.
First Message Received	Date	Date syndromic message first received at DOH.
Last Message Received	Date	Date the syndromic message was last updated and received at DOH.
Chief Complaint	Character	Text field with description of the medical concern that brought the patient to the emergency department.
Primary/Secondary Diagnosis	Character/Numeric	ICD-10-CM code(s) that was/were submitted to the patient's insurance for payment.

Facility Name	Mobridge Regional Hospit		
Facility Region	Northeast		
Message Last Received <input type="checkbox"/>	02/08/2017	 02:56 PM	Add New
* Record Number	E12345		
Age	24		
Age Units	year ▼		
Gender	Female ▼		
Race	American Indian or Alaska Native ▼		
Patient Zip Code	57000		
Chief Complaint / Reason for visit	overdose		
* Encounter / Admit Date	02/01/2017	09:38 PM	
* First time a message was received	02/01/2017	09:38 PM	
Primary Diagnosis (non-morbidity related)	F32.9		
Description	Major depressive disorder		
Secondary Diagnosis	T14.91		
Description	Suicide attempt		
Secondary Diagnosis	T40.3X2A		
Description	Poisoning by methadone,		
Triage Notes			
Facility / Visit Type	Emergency Care		

Facility Name	SANFORD ABERDEEN M		
Facility Region	Northeast		
Message Last Received <input type="checkbox"/>	11/02/2018	 01:28 AM	Add New
* Record Number	1234564		
Age	23		
Age Units	year ▼		
Gender	Female ▼		
Race	American Indian or Alaska Native ▼		
Patient Zip Code	57000		
Chief Complaint / Reason for visit	Drug Overdose		
* Encounter / Admit Date	11/01/2018	10:08 PM	
* First time a message was received	11/01/2018	10:08 PM	
Primary Diagnosis (non-morbidity related)	T40.604A		
Description	Poisoning by unspecified		
Triage Notes	<p>Pt arrived via private vehicle from home accompanied by boyfriend who report pt took approximately 5 hydromorphone pills, along with marijuana and whiskey tonight about 1 hour PTA. Discussed with patient and her significant other the reason for a urine sample. The significant other continued to ask the need for the urine sample when we took the patient's blood sample. Educated that the rest of the labs we need are gathered from the urine sample. Notified Dr. of the patient's significant others concerns. Called Poison Control to discuss patient's situation and plan of care. Notified Dr. of poison control recommendations and will await any further orders. Patient stated she did not want to stay over night in the hospital. Patient's significant other continued to state "she has a right to leave if she wants." Educated patient on the reason for her to stay in the hospital. After this discussion the patient decided she did not want to stay in the hospital and requested to leave.</p>		
Facility / Visit Type	Emergency Care		
Tobacco Smoking Status	Current every day smoker		
Pregnancy Status	No		

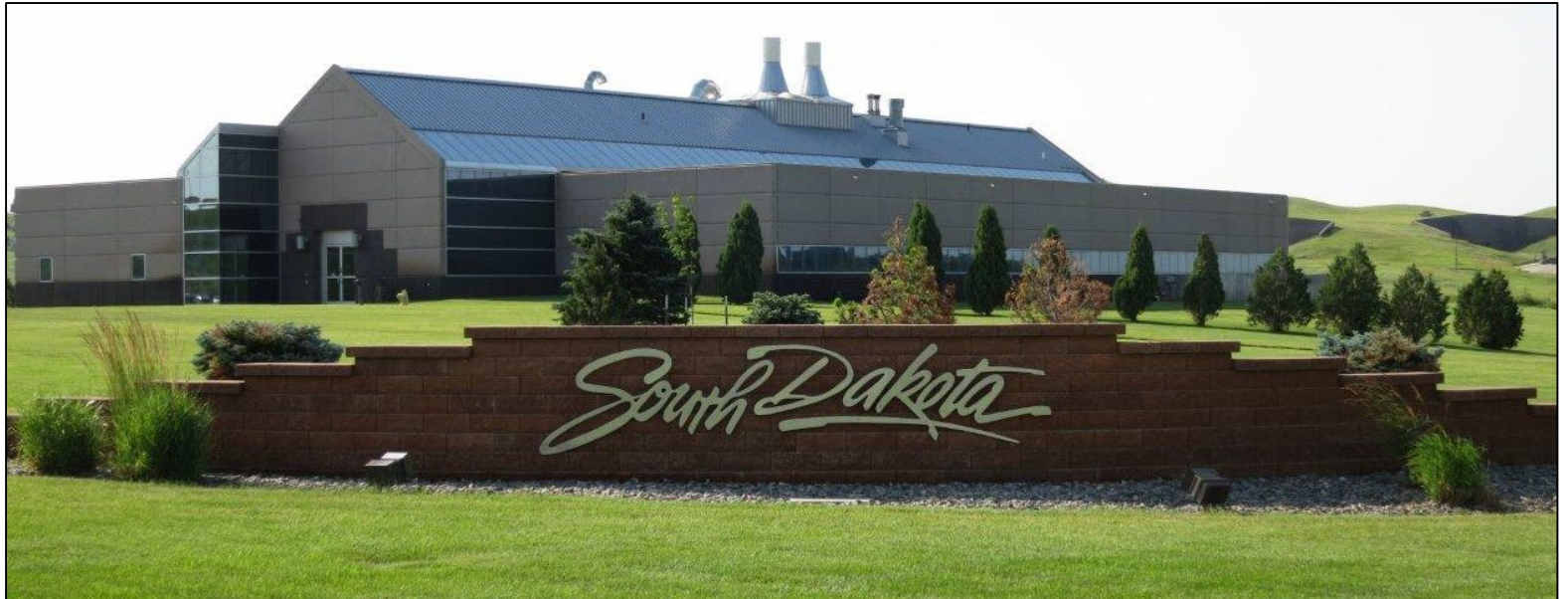
Total Unique Syndromic Surveillance Records



Questions?



South Dakota Public Health Laboratory Forensic Chemistry Section Opioid Initiatives 2019-2022



CDC Grant: Opioid Preparedness & Response (FY19)

SDPHL received one-time federal funds to support opioid program development. Funds were used to purchase the following:

- High-throughput analyzer to automate blood toxicology screens
- GC/MS to support drug testing
- GC/MS to support confirmation testing
- Support equipment for GC/MS confirmation testing
- Minor remodeling of existing PHL Building space for improved drug/sample in-take
- Funds to support reduced cost opioid testing

CDC Grant: Overdose Data to Action (FY20-22)

SDPHL received federal funds to support opioid program development and expansion. Funds will be dedicated to the following projects:

- No-cost drug and toxicology testing for suspected drug overdose deaths.
- No-cost drug and toxicology testing for suspected non-fatal overdoses.
- Support Medical Examiner/Coroner community in SD with enhanced toxicological testing of suspect overdose deaths.

Blood Toxicology

- Analysis of blood for compounds from 6 drug classes
- Screening is performed with confirmation of positive results

Method: Immunoassay Screen

Instrument: Radox Evidence

Performance: Automated, Sensitive



Method: GC/MS Confirmation

Instrument: Agilent Intuvo

Performance: Sensitive, Accurate



Urine Analysis

- Analysis of urine for compounds in 6 drug classes
- Screening is performed with confirmation of positive results

Method: Immunoassay Screen

Instrument: Siemens V-Twin

Performance: Automated, Sensitive



Method: GC/MS Confirmation

Instrument: Agilent Intuvo

Performance: Sensitive, Accurate



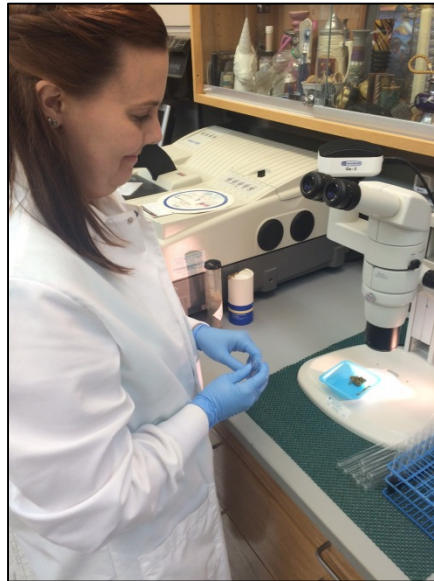
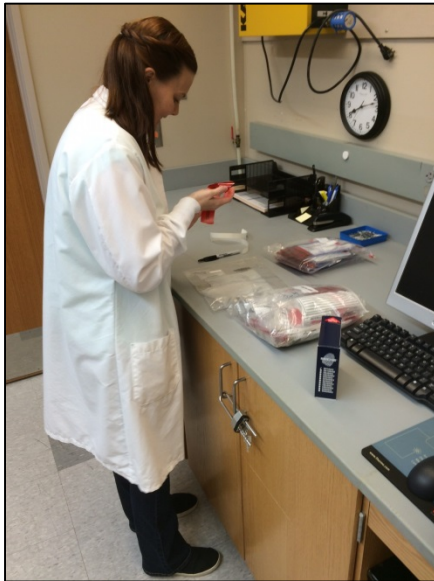
Drug Testing

- Identification of unknown substances including trace analysis

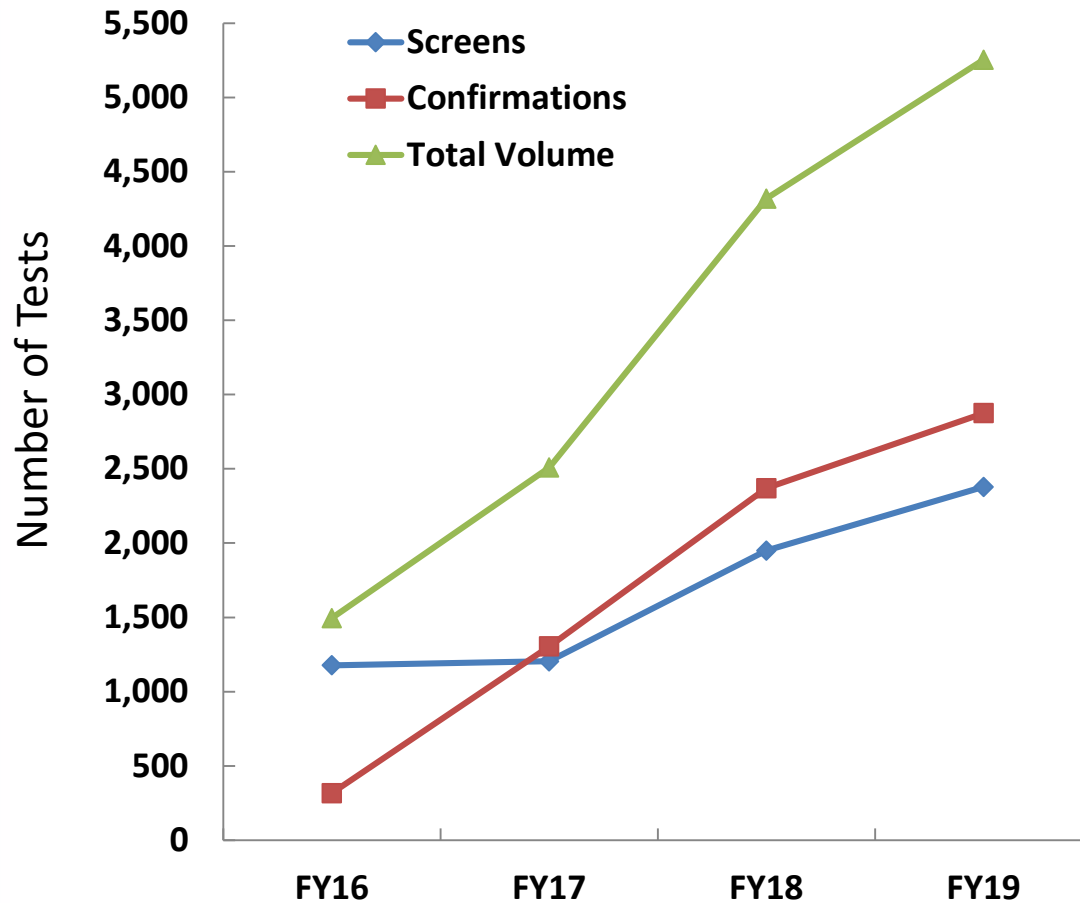
Methods: Macroscopic, Microscopic, Biochemistry, GC/MS

Instrument: Agilent Intuvo; Microscopy

Performance: Varies by method but overall very accurate

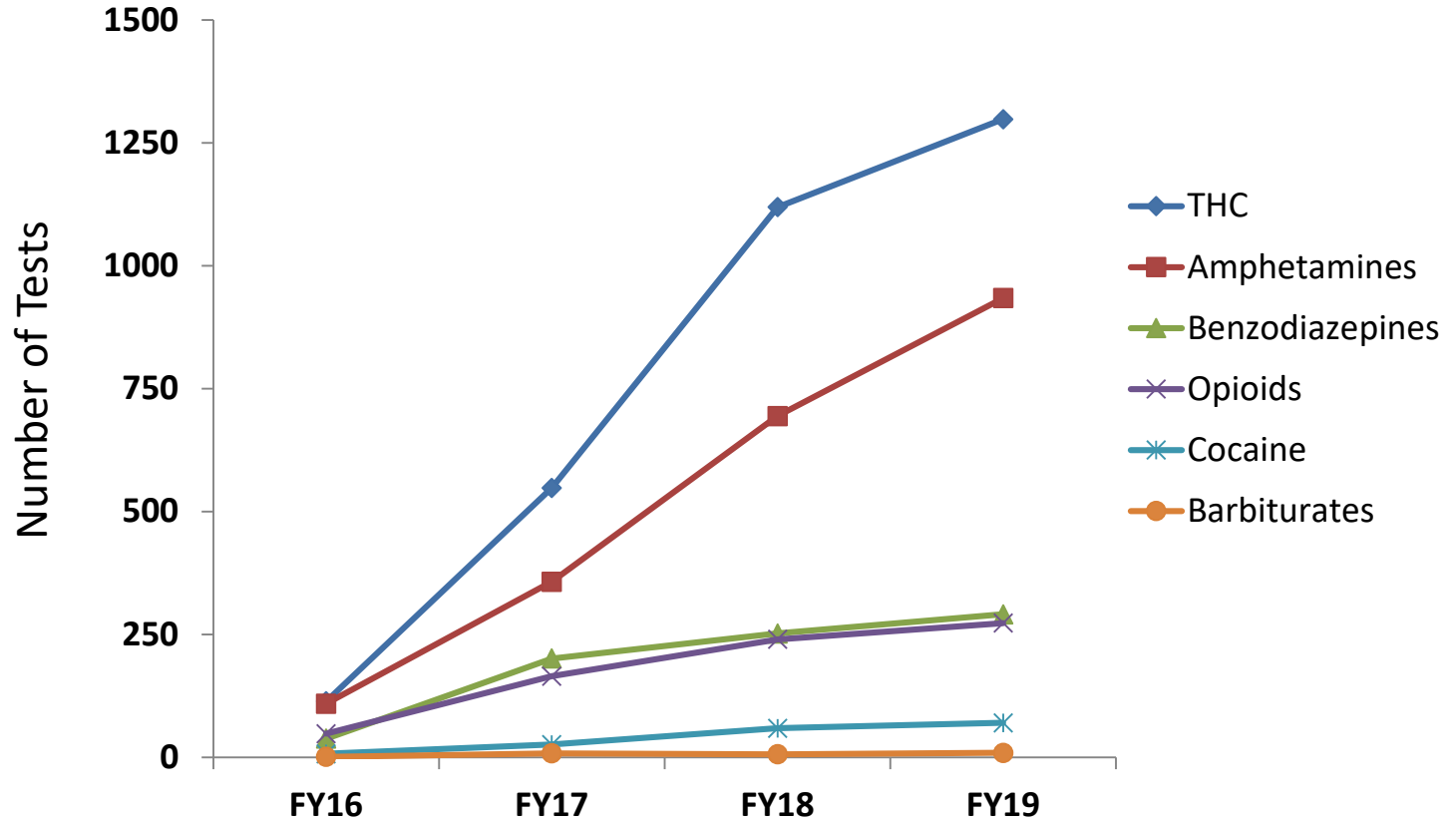


Blood Toxicology: Screens

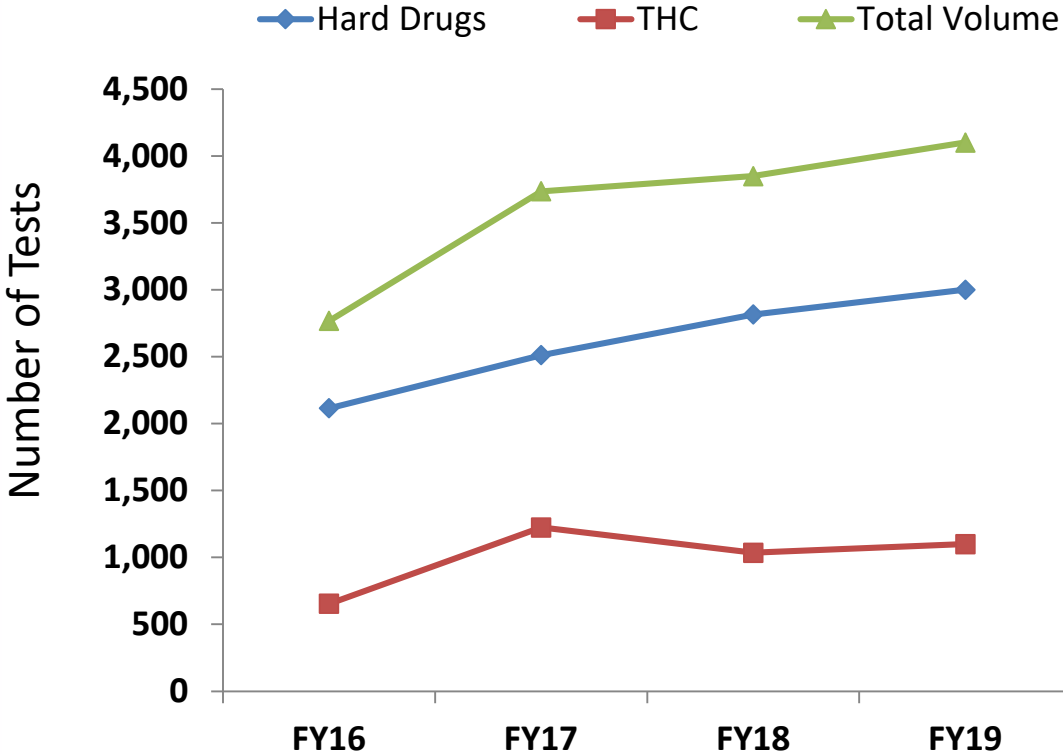


FY	% Change
2016-2017	68%
2017-2018	72%
2018-2019	22%
2016-2019	251%

Blood Toxicology: Confirmations



Drug Testing



FY	% Change
2016-2017	35%
2017-2018	3%
2018-2019	7%
2016-2019	48%

Questions?





Advisory Committee & Grant Updates

- *Round-table updates from representatives on matters relevant to opioid abuse in SD*





Public Input





Closing Remarks



PRESCRIPTION ADDICTION

You just might save a life.

South Dakota Opioid Resource Hotline 1-800-920-4343