Opioid Abuse Advisory Committee Meeting

January 7, 2022
9:00 – Noon CT

Hosted by South Dakota Dept. of Health
Welcome & Introductions
Prescription Opioid Abuse Advisory Committee

Laura Streich, South Dakota Department of Health, Chair
Becky Heisinger, South Dakota Association of Healthcare Organizations
Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
Maureen Deutscher, Family Representative
Mark East, South Dakota State Medical Association
Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners
Amy Hartman, Volunteers of America – Dakotas
Tiffany Wolfgang, South Dakota Department of Social Services
David Natvig, South Dakota Office of Attorney General
Kristen Carter, South Dakota Pharmacists Association

Dayle Knutson, Great Plains Indian Health Services
Kari Shanard-Koenders, South Dakota Board of Pharmacy
Rep. Taylor Rehfeldt, South Dakota Legislature
Dr. Aaron Hunt, South Dakota State University, College of Pharmacy & Allied Health Professions
Dr. Melanie Weiss, OD
Dr. John Rounds, PT
Tosa Two Heart, Great Plains Tribal Leaders Health Board
Dr. Jennifer Ball, PharmD, Center for Family Medicine
Funding Updates

- DOH Grants (Laura Streich)
- DSS Grants (Tiffany Wolfgang)
South Dakota’s Opioid Road Map: Data & Surveillance

- Prescription Drug Monitoring Program Updates
- Prevalence Data Updates
- Enhanced Surveillance Activities
Prescription Drug Monitoring Program Update

Melissa DeNoon, R.Ph., SD PDMP Director
What’s New at the PDMP?

- Interstate Data Sharing set up with St. Louis County, MO and Alaska (38 total)
- SUPPORT Act – BOP/PDMP collaborated with SD Medicaid on the Act’s required PDMP query of C2s effective October 1, 2021
- Masked Data Extracts’ Preliminary Results
- License Integration
- 2018 BJA COAP PDMP Grant ended September 30, 2021
- 2021 BJA Harold Rogers PDMP Enhancement Grant – pending acceptance
Clinical Alerts

- 2018 enhancement to SD’s PMP AWARxE platform
- Provide notifications on patients that meet or exceed one or more of three thresholds:
  - Multiple provider episodes within a specified time period
  - Daily active morphine milligram equivalents (MME)
  - Concurrent opioid and benzodiazepine prescribing
- Goal is to inform practitioners of patients at risk and aid in clinical decisions for best patient care
## Clinical Alert Trends

<table>
<thead>
<tr>
<th>Clinical Alerts Measures</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Alerts for All Prescribers</td>
<td>90,879</td>
<td>72,963</td>
<td>66,931</td>
<td>65,176</td>
</tr>
<tr>
<td>Total Prescribers Received Alerts</td>
<td>13,029</td>
<td>12,350</td>
<td>11,579</td>
<td>11,570</td>
</tr>
<tr>
<td>Multiple Provider Threshold Alerts</td>
<td>515</td>
<td>407</td>
<td>229</td>
<td>263</td>
</tr>
<tr>
<td>Daily Active MME Threshold Alerts</td>
<td>34,592</td>
<td>25,949</td>
<td>22,389</td>
<td>21,153</td>
</tr>
<tr>
<td>Opioid &amp; Benzo Threshold Alerts</td>
<td>55,772</td>
<td>46,607</td>
<td>44,313</td>
<td>43,760</td>
</tr>
</tbody>
</table>
Trending PDMP Utilization by SD Drs & RPhs

Queries via Gateway Integration

Total Queries via Gateway & Web Portal
Trending SD Patients’ Opioid Prescriptions
Trending SD Patients’ Opioid Prescriptions

RX Total Quantity

2019: 29,376,211
2020: 25,700,912
2021: 24,660,491
Trending SD Patients’ Opioid Prescriptions
PharmaDrop Drug Take-Back Program

**Receptacles**

- 2017: 2
- 2018: 12
- 2019: 38
- 2020: 83
- 2021: 84

**Lbs. Returned**

- 2017: 35
- 2018: 1,496
- 2019: 4,287
- 2020: 7,302
- 2021: 9,985
Questions?
Prevalence Data Updates & Enhanced Surveillance Activities

Amanda Weinzel - DOH
Drug Related Deaths, South Dakota 2011-2020

Number of Deaths


All Drug: 56 42 54 64 66 67 74 58 86 84
Opioids: 31 21 32 32 24 38 35 27 37 43
Provisional* Drug Related Deaths by Drug Type, South Dakota

*2021 data is provisional, subject to change, and reflects death records filed with the South Dakota Department of Health as of 11/21/2021.
State Unintentional Drug Overdose Reporting System (SUDORS)

What is SUDORS?
• Surveillance strategy of the OD2A funding
• Collects information on unintentional and undetermined overdose deaths
  • Death certificates
  • Coroner reports
  • Toxicology reports
• No personally identifiable information is entered into the web-based data system (NVDRS)

SUDORS Case Inclusion:
• Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
• Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
• Deaths that occurred in South Dakota

Data in the next couple slides reflects numbers and information based on the point in time the data was pulled from the system. Changes in data could occur after initial analysis.
State Unintentional Drug Overdose Reporting System (SUDORS)

2020 SUDORS Data
63 Unintentional or Undetermined overdose deaths in SD
  • 97% unintentional
  • 3% undetermined

SUDORS Cases by Quarter, 2020

SUDORS Cases by Race, 2020

SUDORS Cases by Age Group, 2020

Substances Identified as Cause of Death, 2020
Some deaths may be attributed to multiple substances

- Opioid: 56%
- Fentanyl: 32%
- Heroin: 6%
- Methamphetamine/Amphetamine: 41%
- Cocaine: 6%
- Antidepressant/Antipsychotic: 13%
- Kratom: 6%

SUDORS Cases by Sex
63% Male
37% Female

Some deaths may be attributed to multiple substances
State Unintentional Drug Overdose Reporting System (SUDORS)

Contributing Circumstances
- 57% had a known/reported substance problem
- 22% had a known/reported alcohol problem
- 19% had a known/reported mental health problem
- 17% had ever received treatment for a mental health/substance problem
- 6% were receiving treatment for mental health/substance problems at time of death

Overdose Specific Circumstances
- 87% of cases were related to substance abuse
- 49% of cases had evidence of drug use
  - 42% had evidence of Rx drugs (ex: Rx pills, pill bottles, witness report)
  - 26% had evidence of illicit drugs (ex: powder, crystal, counterfeit pills, positive field test, witness report)
  - 16% had evidence of both Rx & illicit drugs
- 32% had a bystander present during or shortly preceding the overdose
- 27% had a medical history reported
  - 14% obesity reported
  - 11% heart disease reported
  - 8% asthma/other breathing problems reported
- 49% of deaths occurred at the victim’s home
  - 32% other place/residence
  - 19% outpatient/inpatient facility

Note: Circumstances surrounding overdose deaths were documented in reports by coroners. Persons who died by overdose may have had multiple circumstances. It is possible that other circumstances could have been present and not diagnosed, known, or reported.

Full report coming soon!

Thanks to our partners and contributing staff for making this work possible!
Project Spotlight: Emergency Department Toolkit

- Presented by Laura Streich, in partnership with SDAHO
Priorities & Activities
Moving Forward

- Are there existing or developing projects that complement the strategic plan priority areas? How can we collaborate?
- What public awareness activities are ongoing, and how can we work together or build off one another’s work?
- What events/meetings/conferences are upcoming that may be of interest to participate in?
- What tools, resources, etc would be helpful for coalition members as they work in their own agencies as it relates to opioid prevention, treatment or recovery?
## Prevention and Early Identification

1. Promote and provide professional education and training on evidence-based practices for opioid misuse prevention and early intervention.

2. Support continued practice improvement through tools that help providers and health systems implement evidence-based care for opioid use disorder such as prescription drug monitoring program utilization.

3. Continue to raise awareness around resources and information available through community-based prevention and media strategies that address the risks associated with opioid misuse or abuse.

4. Enhance supports for alternative pain management strategies through expanded partnerships and awareness efforts.

## Treatment & Recovery

5. Support awareness of and access to Medication-Assisted Treatment (MAT) and recovery supports through continued training and education, enhanced referral systems, linkages to care, connection to resources, and treatment cost assistance.

6. Improve treatment engagement and retention through care coordination and follow-up services, peer and family support services, recovery housing, case management, and other recovery support services.

## Reducing Illicit Supply

7. Increase access to safe medication storage and disposal through drug take-back programs and at-home medication storage and disposal options.

## Response to Opioid Misuse or Abuse

8. Enhance overdose education and naloxone distribution across South Dakota through expanded training and continued, coordinated distribution.
Committee & Partner Updates

- Roundtable updates from Committee members
- Updates from other partners on shared strategies

Facilitated by Laura Streich
Public Input