



CDC in Action: 2018 Response to the Opioid Crisis



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

The opioid overdose epidemic is the public health crisis of our time, devastating families and communities across the United States. Over the past few years, U.S. life expectancy has declined, a trend largely driven by deaths from drug overdose. In 2017, there were over 70,000 drug overdose deaths in the U.S.—more than 47,000 of these involved prescription or illicit opioids. CDC's national leadership is turning the tide. While drug overdose deaths remain high, new data show that increases have slowed; from 2016 to 2017, the number of drug overdose deaths increased 10%, which is a smaller increase compared to the 21% increase from 2015 to 2016. This report, organized around [CDC's Strategic Framework for Prevention](#), describes CDC's response to the opioid crisis, and while there have been significant improvements, CDC looks toward the horizon for actions that will help continue to curb the opioid overdose epidemic.



Conduct Surveillance and Research

Over the past year, CDC has made considerable investments in opioid overdose surveillance and research to help track public health outbreaks, quickly identify changes in opioid overdoses, and develop more targeted interventions.

- The [Enhanced State Opioid Overdose Surveillance \(ESOOS\)](#) program uses emergency department (ED) hospital billing and syndromic surveillance data to improve prevention and response activities. In 2018, CDC continued to support 32 states and the District of Columbia through ESOOS to help improve the quality and timeliness of opioid overdose data and inform response.
- Using ED data from the [National Syndromic Surveillance Program](#), CDC identifies and characterizes opioid overdoses across the country and provides a national look at overdose trends. Funding in 2018 supported the onboarding of 71 participating facilities and enhanced timeliness and quality of opioid overdose data for syndromic surveillance.
- [Vital statistics](#) form the foundation of mortality data for all drug deaths, including opioids. CDC now produces monthly provisional counts of deaths from drug overdose, increasing the timeliness of the nation's understanding of opioid-related deaths. CDC receives an estimated 63% of mortality records from jurisdictions within 10 days—up dramatically from just 7% in 2010.
- CDC is developing opioid reference materials and high quality tests for fentanyl analogs, which state, local, and private laboratories will use to expand and improve their measurements of synthetic opioids.

Publications

- Emergency department visits for opioid overdoses [rose 30%](#) in all parts of the U.S. from July 2016 through September 2017. Rates increased across demographic groups and all U.S. regions, with largest increases in the Southwest, Midwest, and West. The highest rate increases occurred in large central metropolitan areas. Increases in opioid overdoses varied by region and urbanization level, indicating a need for localized responses.
- [Data from the State Unintentional Drug Overdose Reporting System \(SUDORS\)](#) identified an alarming number of recent deaths involving fentanyl and fentanyl analogs in 10 states. Carfentanil, which is the most potent fentanyl analog detected in the U.S., is responsible for the largest number of deaths in these states.
- The second [annual surveillance report](#) describes health outcomes and health behaviors related to the opioid overdose epidemic in America, including the latest information at the national level for prescribing patterns, drug use, and fatal and nonfatal overdose. This report serves as a resource for persons charged with addressing the ongoing national opioid crisis.
- A [MMWR](#) analyzed drug overdose deaths by occupation to understand what role the workplace plays in the opioid overdose epidemic. This study identified occupation groups with a higher proportion of drug and opioid-specific overdose mortality.
- Rates of opioid use disorder (OUD) among pregnant women documented at delivery have more than quadrupled from [1999-2014](#). Opioid use during pregnancy is associated with adverse maternal and neonatal outcomes underscoring the need for [strategies](#) to address OUD among pregnant women.
- Neonatal abstinence syndrome (NAS), a drug withdrawal syndrome in newborns, has increased sharply over the last decade. [Analysis of long-term outcomes](#) of NAS found that children born with NAS were more likely to have a developmental delay or speech or language impairment in early childhood compared to children born without NAS.



Build State, Local, and Tribal Capacity

In the last year, communities across the U.S. have experienced sudden spikes in opioid overdoses and opioid-related harms. CDC has taken considerable strides to equip communities with the resources they need to take action and keep families safe.

CDC is increasing support to states, territories, tribes, and non-governmental organizations working to prevent opioid-related overdoses, deaths, and other outcomes.

- CDC awarded \$155 million in new funding to states and four U.S. territories to advance the understanding of the opioid overdose epidemic and to scale-up prevention and response activities, including improving the timeliness and quality of surveillance data.
- CDC distributed an additional \$27 million to nine non-governmental organizations. Funded entities will support states and territories with staffing, procurement, and training to enhance local public health capacity.
- CDC allotted \$12 million in funds to support 11 Tribal Epidemiology Centers and 15 tribal entities.
- CDC awarded nearly \$9 million to enhance surveillance and support states in identifying and treating pregnant and postpartum women with OUD. CDC funded a Pregnancy Risk Assessment Monitoring System (PRAMS) supplement in 32 states to rapidly collect and disseminate data on opioid use and misuse. Funding also supports Maternal Morality Review Committees, which review pregnancy-associated overdose deaths to provide a deeper understanding of the factors leading to death, and state teams to implement policies and programs that address OUD during the pregnancy and postpartum period.

In addition to resources, CDC also provided technical support through more than two dozen deployments of public health staff to combat the opioid crisis. Deployments included seven opioid-related “Epi-Aids” to provide short-term technical assistance to hard-hit communities experiencing sudden spikes in opioid overdoses and harms, and five “Info-Aids” to assist state partners in handling opioid surveillance data and working on informatics needs.

The opioid crisis has fueled increases in infections, like MRSA, viral hepatitis, and HIV, associated with injection drug use. CDC investigated the effects of the opioid crisis on invasive MRSA infection among persons who inject drugs. Findings underscored the importance of preventing opioid misuse and providing medication-assisted treatment to address underlying opioid addiction.

CDC, in partnership with the National Governors Association, assisted seven states in developing action plans to focus on treating and preventing infectious diseases associated with opioid use. Plans include comprehensive community-level prevention strategies, like syringe services programs, and vulnerability assessments to identify high-priority areas.

Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States, consolidates the best evidence available for 10 opioid overdose prevention strategies aimed to equip community leaders, public health, law enforcement, local organizations, and others to prevent opioid overdoses in their community.



Support Providers, Health Systems, and Payers

Providers and the health systems in which they work are crucial in promoting safer and more effective opioid prescribing for pain management, as well as linking patients to appropriate care for OUD. In the last year, CDC has focused on developing provider education and resources for improving the quality of care in clinical practice.

- In 2018, CDC evaluated the CDC Guideline for Prescribing Opioids for Chronic Pain, finding the release of the Guideline may have contributed to improved prescribing behaviors with about 14.2 million fewer opioid prescriptions filled from March 2016 to December 2017 than would have been expected if pre-CDC Guidelines trends had continued. To support the continued implementation of the Guideline, CDC released five new modules to an interactive online training series to help providers apply CDC recommendations in clinical settings.

- The Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain resource is designed to encourage careful and selective use of long-term opioid therapy in the context of managing chronic pain through an evidence-based prescribing guideline; quality improvement measures to advance the integration of the guideline into clinical practice; and practice-level strategies to improve care coordination.





Partner with Public Safety

In the past year, the opioid overdose epidemic has worsened with the rise in illicitly made synthetic opioids. First responders including police, fire, and paramedics are on the frontlines of the epidemic. CDC is developing innovative strategies to foster collaboration between law enforcement and public health.

- CDC works to protect first responders by understanding exposure prevention recommendations, increasing awareness of the potential risks associated with opioid exposure, and educating responders about safe work practices when exposure to opioids is suspected or confirmed.
- In 2018, CDC completed six opioid-related field investigations to look at the health effects among responders exposed to fentanyl and other controlled substances during the course of their work. The investigations helped CDC provide specific

recommendations on how to minimize future exposures, and helped identify knowledge gaps in exposure and hazard characterization, including how appropriate personal protective equipment can help minimize exposures among responders.

- To respond to the rise in deaths due to illicit opioids, CDC supports a groundbreaking approach with the High Intensity Drug Trafficking Area (HIDTA) program's Opioid Response Strategy. This cross-disciplinary approach develops partnerships among public safety and public health agencies at the federal, state and local levels to reduce drug overdose fatalities and disrupt trafficking in illicit opioids. CDC funds 13 evidence-based community-level interventions to combat the opioid overdose epidemic in HIDTA states.



Empower Consumers to Make Safe Choices

Improving public awareness about the risks of prescription opioids is essential to reducing exposure and preventing OUD long-term. In 2018, CDC focused efforts on educating consumers about the risks of opioids.

- The CDC RxAwareness campaign is an evidence-driven awareness campaign that tells the real stories of people whose lives have been negatively impacted by prescription opioid use and abuse. RxAwareness expanded to 27 states in 2018.

- CDC supported HHS's priorities to empower local communities on the frontline of the opioid crisis including the development of a public health advisory, the release of Facing Addiction in America: The Surgeon General's Spotlight on Opioids, and a co-branded branded digital postcard highlighting actions Americans can take to raise awareness, prevent opioid misuse, and reduce overdose deaths.



The United States Department of Health and Human Services (HHS) is committed to addressing opioid abuse, dependence, and overdose and has developed a five-point comprehensive opioid strategy. CDC efforts align with the five areas of the HHS Opioid Strategy with a primary focus on strengthening the public health data reporting and collection to improve the public health response.

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