



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Public Health Opioid Update

Mississippi Opioid Crisis

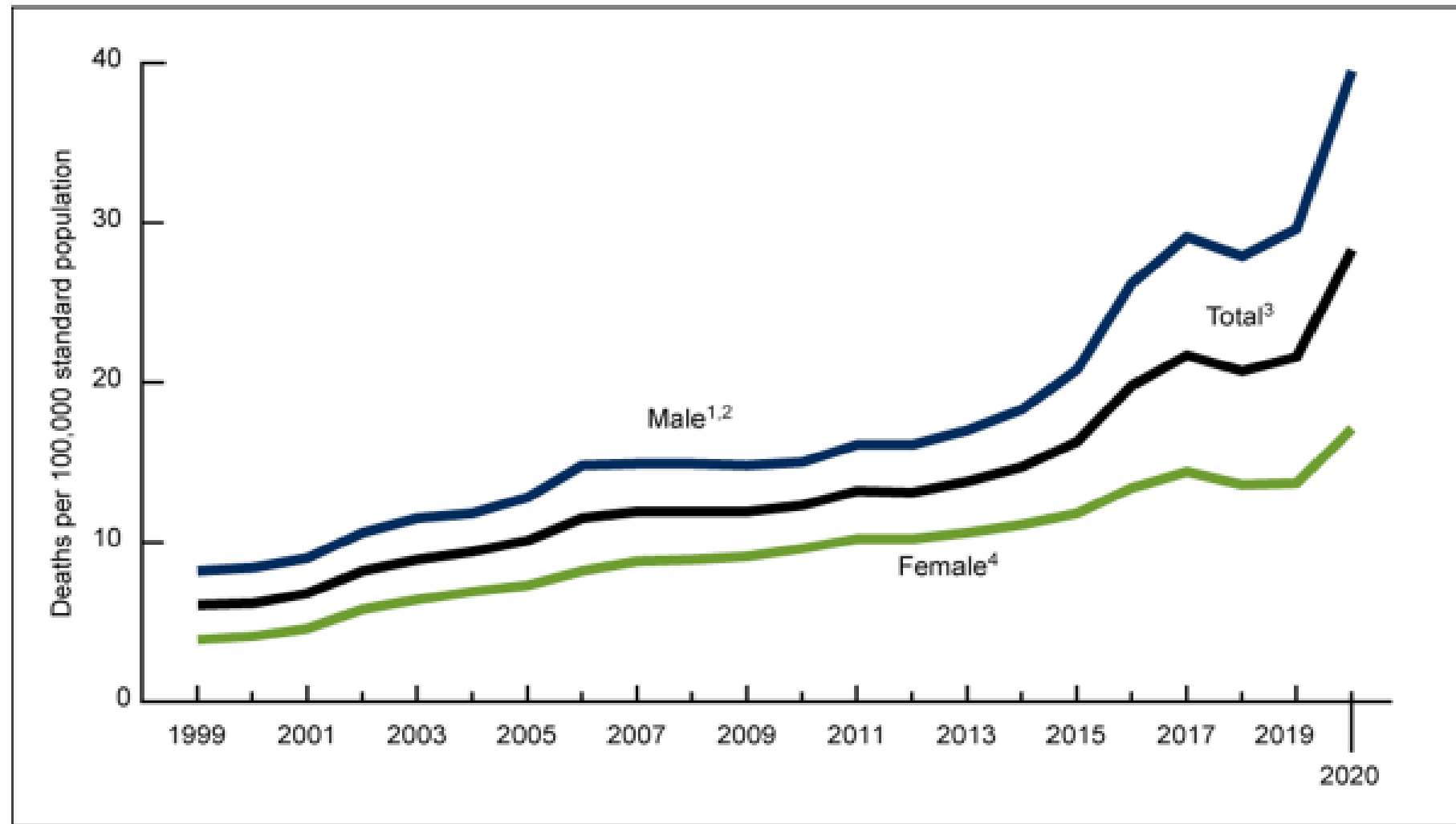
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State Health Officer

THE COMPLEX CAUSALITY OF THIS EPIDEMIC

Will the decreasing number of prescriptions solve the crisis?



Figure 1. Age-adjusted drug overdose death rates, by sex: United States, 1999–2020



¹Rates for males were significantly higher than for females for all years, $p < 0.05$.

²Significant increasing trend from 1999 to 2006, stable trend from 2006 to 2012, and increasing trend from 2012 through 2020, $p < 0.05$.

³Significant increasing trend from 1999 to 2006, stable trend from 2006 to 2013, and increasing trend from 2013 through 2020, $p < 0.05$.

⁴Significant increasing trend from 1999 through 2020, with different rates of change over time, $p < 0.05$.

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision (ICD-10)* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The number of drug overdose deaths in 2020 was 91,799. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db428-tables.pdf#1>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



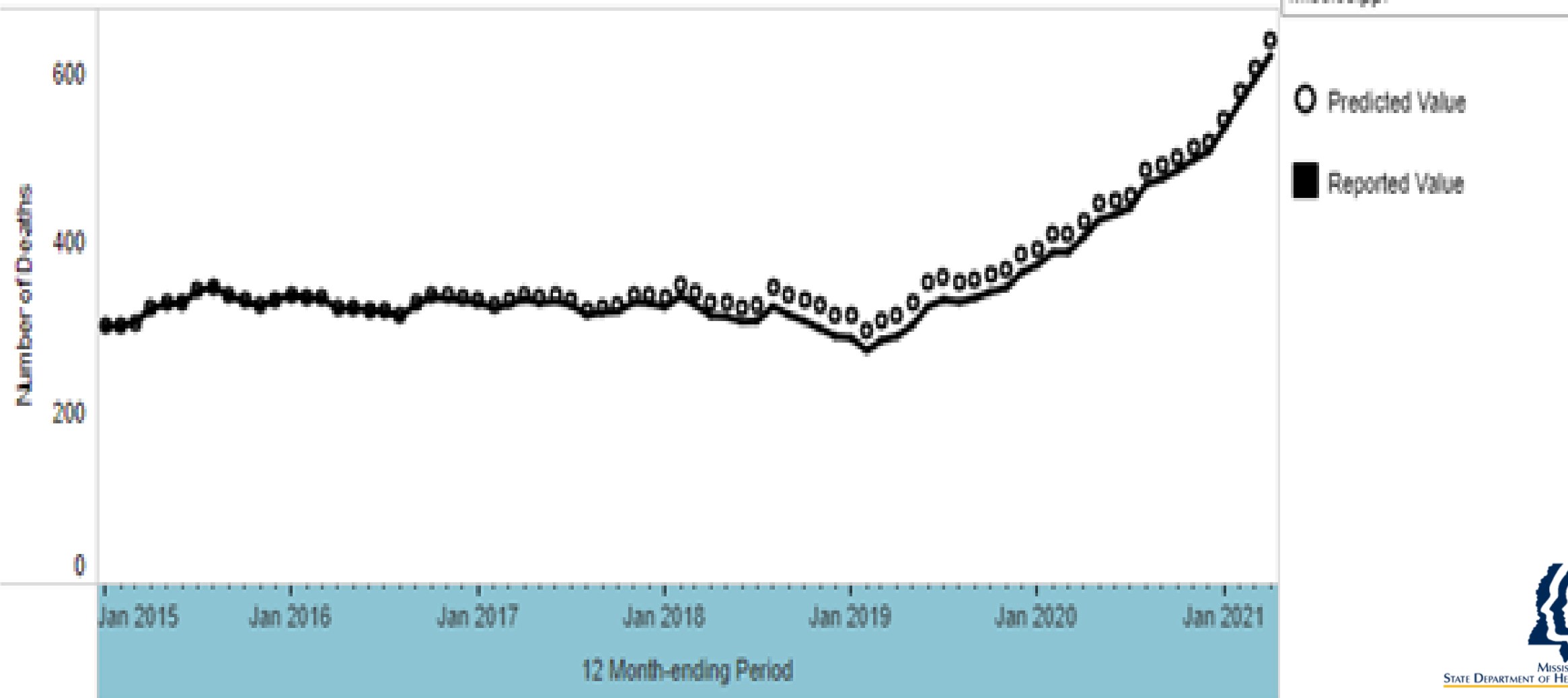
Based on data available for analysis on:

11/7/2021

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Mississippi

Select Jurisdiction

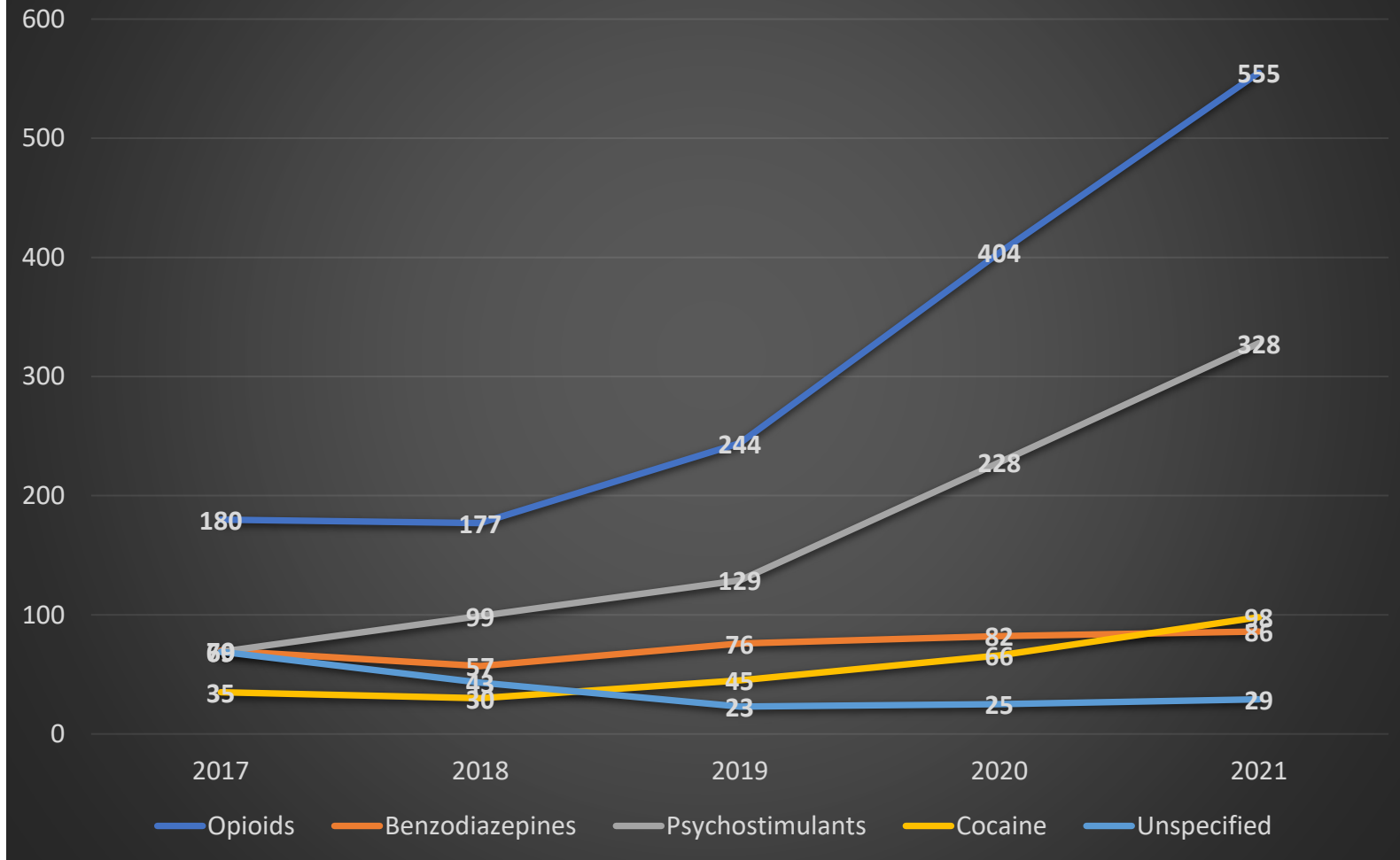
Mississippi



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THE MS DRUG-OVERDOSE MORTALITY

Overdose Deaths by Drug Type in MS, 2017-2021

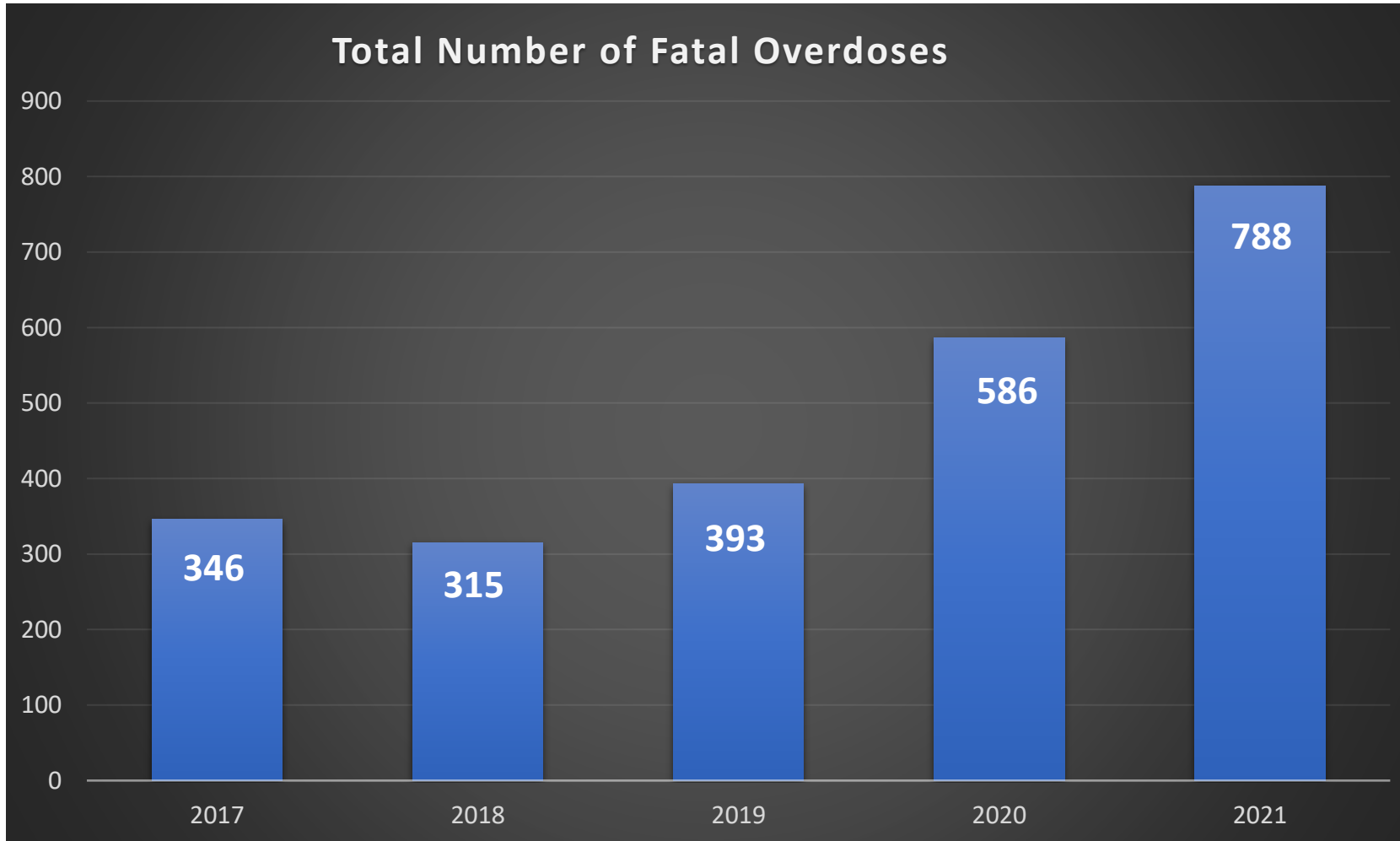


FROM 2017 TO 2022 IN MS:

- Deaths involving opioids increased by **208.3%**
- Deaths involving benzodiazepines increased by **22.9%**
- Deaths involving psychostimulants increased by **420.6%**
- Deaths involving cocaine increased by **180%**



HOW CAN WE TURN THE TIDE?



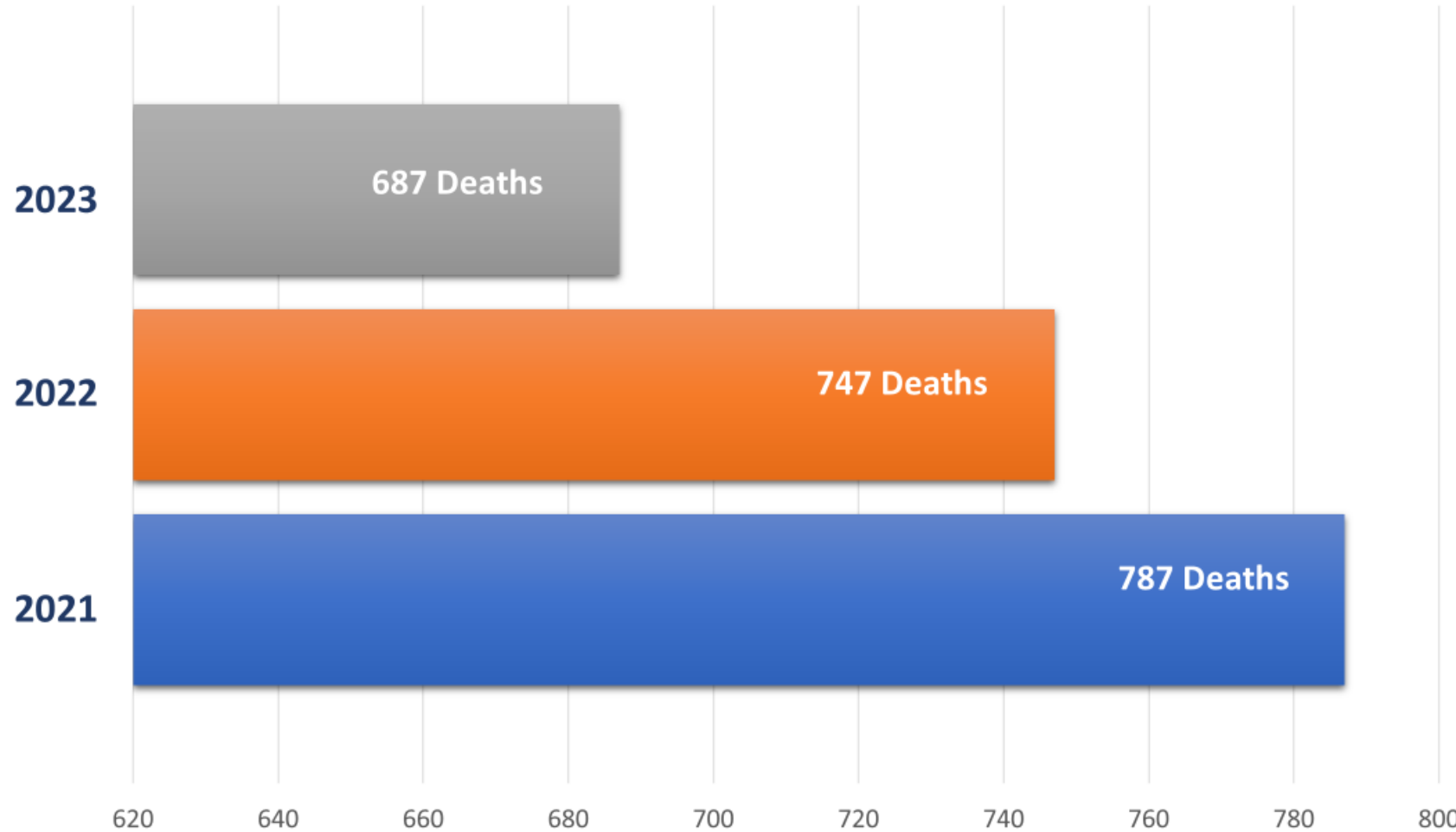
What can be done to reverse this troubling trend?

- Increasing public awareness of the risks associate with opioid use.
- Improving access to naloxone for all MS
- Enhancing access to MAT/MOUD for MS

The number of overdose deaths in MS increased by **442 cases**, from **346 in 2017** to **788 in 2021**.

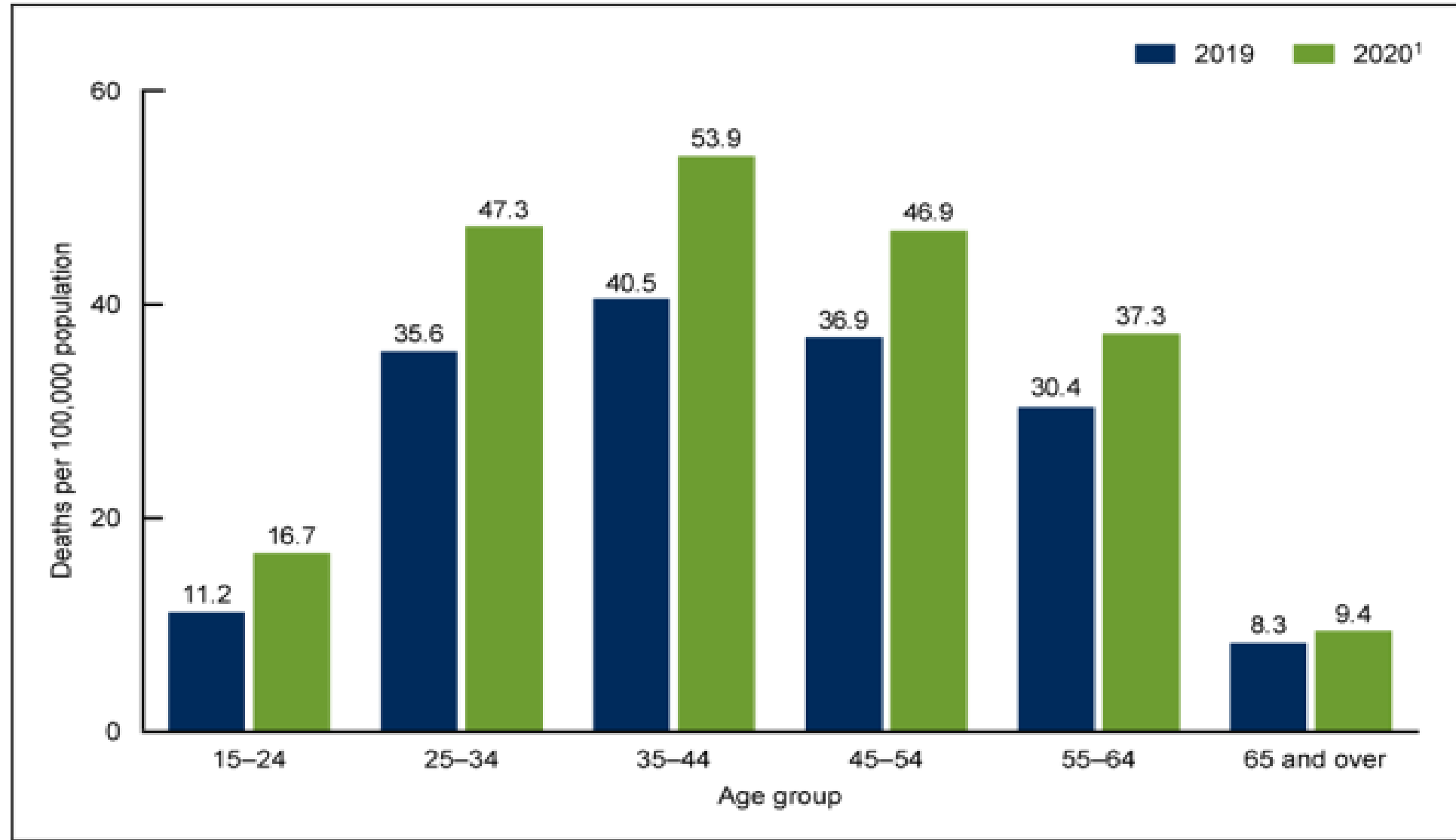


Opioid Deaths in MS



- 5% Reduction in 2022
- 8% Reduction in 2023
- MS ranks approx. 33rd nationally

Figure 2. Drug overdose death rates among those aged 15 and over, by selected age group: United States, 2019 and 2020



¹Rates in 2020 were significantly higher than in 2019 for all age groups, $p < 0.05$.

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision (ICD-10)* underlying cause-of-death codes X40-X44, X60-X64, X85, and Y10-Y14. Access data table for Figure 2 at: <https://www.cdc.gov/nchs/data/databriefs/db428-tables.pdf#2>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

The Role of Mississippi State Department of Health

1. Conduct public health research and maintain a drug epidemic surveillance system
2. Convey findings to the public and stakeholders through epidemiological reports
3. Work with the medical community:
 - Present on the scope of the MS opioid epidemic
 - Provide updates on current prevention, treatment, and recovery efforts
4. Collaborate with external agencies and organizations on data surveillance
5. Provide internal and external financial support for surveillance and prevention activities
6. Ensure appropriate prevention and treatment options are available to the most vulnerable



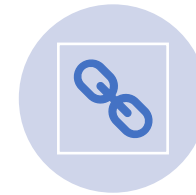
PUBLIC HEALTH STRATEGIES



Primary
Prevention



Naloxone
Saturation



Linkage to Care



Stigma
Mitigation



Harm Reduction



PUBLIC HEALTH COALITION

MSDH

DMH

MSDPS

CMHCs

CHCs

Academic Institutions

MSPHI



Action the MSDH is taking

- Disseminating rapid overdose reports through the Mississippi Surveillance Overdose System:
<https://msdh.ms.gov/page/44,0,382,740.html>
- Developing a SUD Statewide Resource Directory
- Distributing naloxone kits (\$0.00 out of pocket cost) direct to clients
- Implementing EMS naloxone Leave Behind Kits
- Improving access to care for opioid use disorder via telehealth
- Implementing naloxone for first-responder administration
- Planning and implementing a state-led response effort for Harm, Demand, and Supply Reduction Initiatives



MSDH

ACTION PLAN OVER THE NEXT 12 MONTHS

Management and Policy

- Evaluate the actions taken to confront the misuse of drugs in our state
- Scale up promising public health interventions
- Improve access to naloxone through EMS leave behind kits and direct requests through the Public Health Pharmacy
- Ensure delivery of quality MOUD treatment services through the MSDH
- Report of state and local level policies

Successful Public Health Strategies



Odfree.org

Naloxone Distribution

@danedneymd “Mississippi SHO”

@msdh

@MakeMSODFree



Thank You!

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Diverging Trends

Between 2017 and 2021, opioid prescription rates decreased nationwide and MS; but rates of opioid-related overdose deaths continued to climb. Why?

NUMBER OF OPIOID-RELATED DEATHS IN MS, 2017-2021



NUMBER OF OPIOID PRESCRIPTIONS IN MS, 2017-2021



2017

2018

2019

2020

2021

What has been done?

Mississippi State Board of Medical Licensure Prescribing Rules Summary, October 2018

Acute Pain	<ul style="list-style-type: none"> • Recommended < 3 days • Max 10 days, may give 1 additional (max 10 day) prescription
Chronic Pain	<ul style="list-style-type: none"> • Use lowest effective dose • Recommend ≤ 50 MME daily • Should not exceed 90 MME daily • If > 100 MME must be in pain clinic • Methadone for chronic pain only through pain clinics (by physician)
Benzodiazepines	<ul style="list-style-type: none"> • Max 90 days per prescription • Should not co-administer with opioids <ul style="list-style-type: none"> • Short term acceptable • Patients on chronic benzodiazepines and opioids should be gradually weaned off one or both • Chronic co-administration in rare, extreme circumstances
Mississippi Prescription Monitoring Program (MPMP)	<ul style="list-style-type: none"> • All licensees must register with MPMP • Must check on all opioid prescriptions for acute and/or chronic non-cancerous/non-terminal pain upon issuance • Must utilize the MPMP upon initial contact with new patients and at least every 3 months thereafter for all controlled medications other than opioids • Must document MPMP review (must include time from last check) • PMP check not required for inpatients but must be checked if discharged on opioids
Drug Screening	<ul style="list-style-type: none"> • Point of Service Drug Testing must be done at least 3 times per calendar year when Schedule II medications is written for the treatment of chronic non-cancerous/non-terminal pain • Applies also for Benzodiazepines for chronic medical and/or psychiatric conditions which are non-cancerous/non-terminal • Inpatient treatment/hospice patients exempt

Medical Cannabis

Treat as any controlled substance

Consider being a cannabis program provider

Be careful and do it right



MISSISSIPPI'S DRUG EPIDEMIC SURVEILLANCE SYSTEM

Mortality Data (Vital Records)

MSDH

2 published reports

Morbidity Data (Hospital Discharge and ED Data)

MSDH and MS Hospital Association

3 published reports

Prescription Data (Prescription Monitoring Program Data)

MS Board of Pharmacy

6 published reports

Guiding Principles

Comprehensive monitoring

Timely reporting

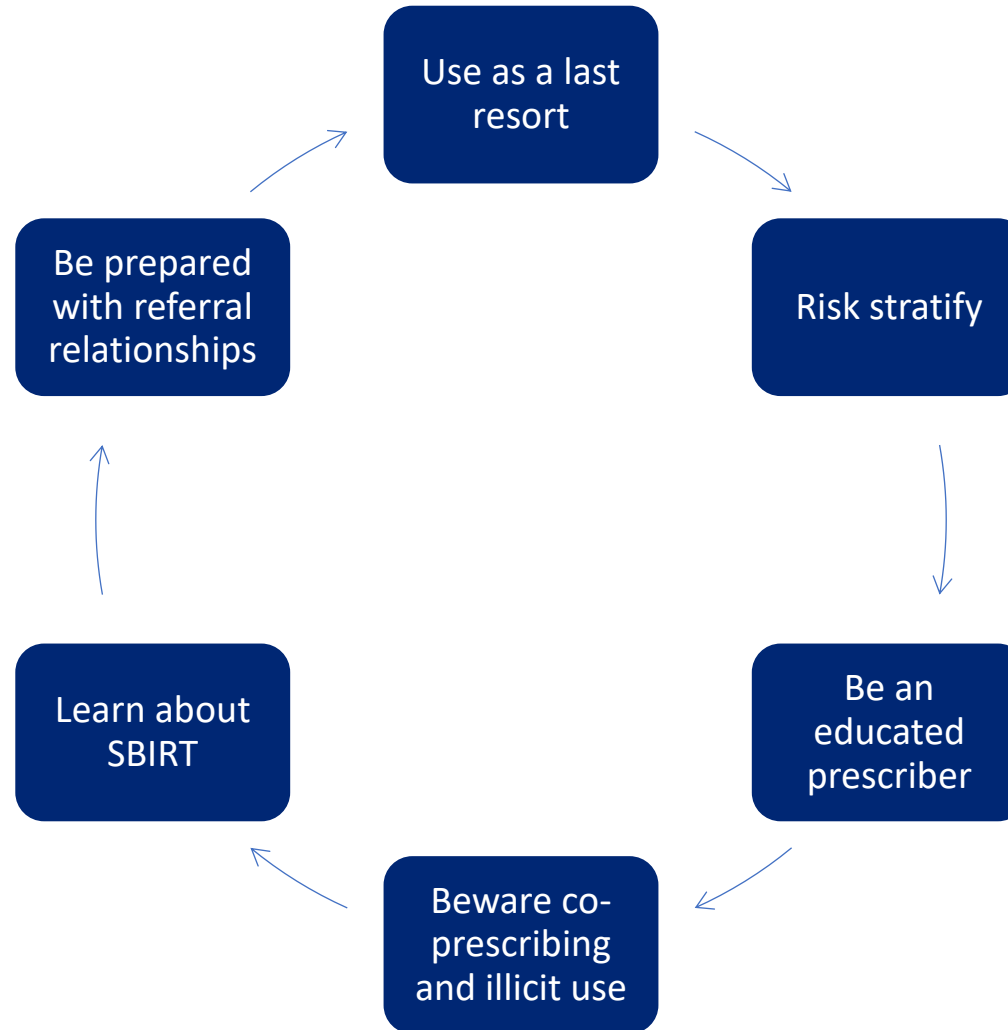
In-depth epidemiological analyses

Search for causal relations

Meaningful data interpretations



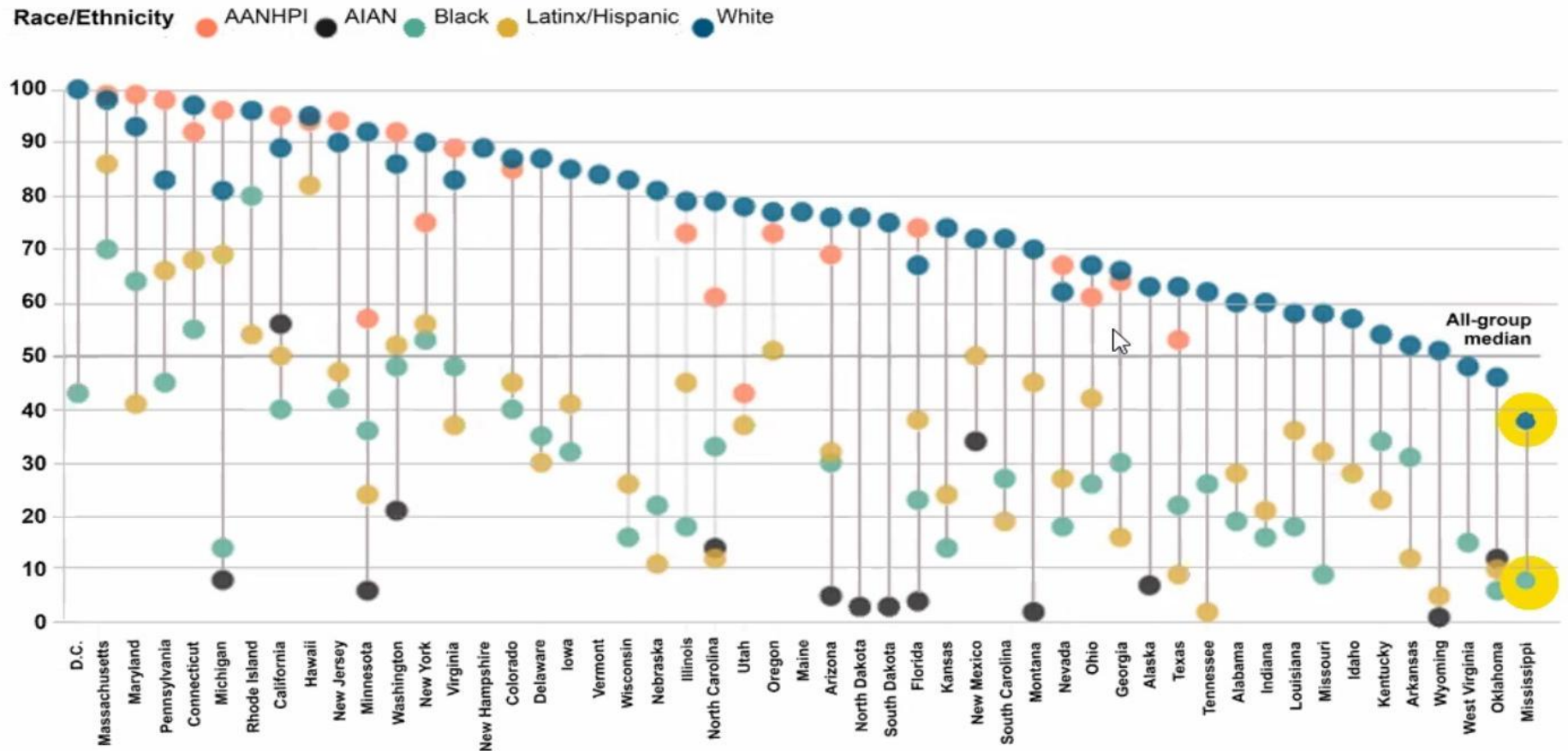
What can you do in your practice?



Change Can't Wait

Moving Mississippi out of Last Place

- **Getting People Healthy**
(health outcomes)
- **Giving everyone a ticket**
(access to healthcare)
- **Granting everyone the tools:**
screening, check-ups,
education, health literacy
(healthcare utilization)



Notes: Scores are based on the percentile distribution of each group's final composite z-score across all indicators/dimensions; rank-ordered by score of state's highest group. The 50th percentile represents the median health performance score among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing



MORE CHALLENGES

Solving the crisis is not possible without:

Addressing the treatment gap: How do we provide treatment for everyone in need?

Promising models to address treatment challenges within remote locations:

- The MSDH and the UMMC Department of Psychiatry and Human Behavior have developed a collaborative model of care utilizing the MSDH county health departments to provide MOUD services and behavioral health interventions via telehealth.
- The establishment of structures to initiate buprenorphine treatment during emergency department visits for survivors of opioid overdoses.