

# OPIOID EPIDEMIC IN SOUTHERN NEVADA

## SCOPE OF THE OPIOID PROBLEM IN SOUTHERN NEVADA

Since 2008, more Clark County residents have died each year from opioid overdoses than firearms or motor vehicle traffic accidents. In 2012-2014, the mortality rate from opioid overdoses in Clark County was almost 70% higher than the national rate.

**“Our nation is struggling with a prescription drug epidemic and we must take advantage of every tool at our disposal to address this public health and safety crisis.”**

R. Gil Kerlikowske – Director, White House Office of National Drug Control Policy

### Opioids are a class of narcotics prescribed to treat moderate to severe pain.

Common examples include: codeine, morphine, Lortab (hydrocodone), OxyContin (oxycodone). More potent preparations include Dilaudid (hydromorphone) and fentanyl, used for severe pain or for anesthesia. Heroin is an illicit opioid that is procured on the streets. It may be used to supplement or replace prescribed opioids.

### RISK FACTORS

Opioid pain relievers, even when legally prescribed, are highly addictive substances putting consumers at risk for addiction. According to the CDC, there are four major risk factors that make someone particularly vulnerable to prescription opioid abuse and overdose, including:

- Obtaining overlapping prescriptions from multiple providers and pharmacies
- Taking high daily dosages of prescription pain relievers
- Having mental illness or a history of alcohol or other substance abuse
- Living in rural areas or having low income.

### FACT

**People addicted to prescription opioids are 40 times more likely to become addicted to heroin.**

Although partial agonists (drugs that only have partial efficacy relative to full agonists, such as buprenorphine) may carry a lower risk of dependence, prescription opioids that are full opioid-receptor agonists (nearly all the products on the market) are no less addictive than heroin.

### COST

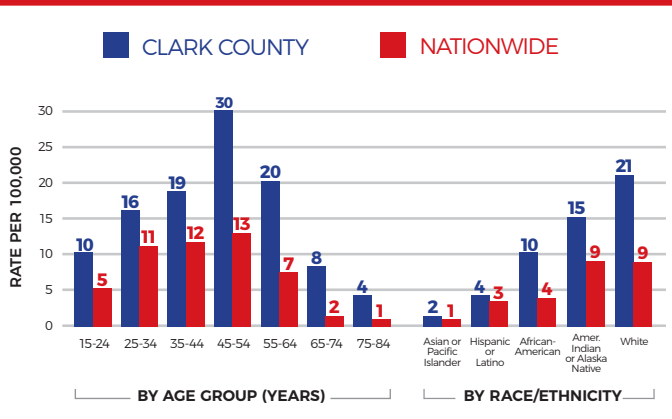
The opioid epidemic creates substantial burden on health care utilization and expenditures. In Clark County, opioid use and misuse were implicated in over 1,700 emergency visits and 1,700 inpatient hospitalizations annually 2013-2015.

**\$13 MILLION** EMERGENCY DEPT. DISCHARGE CHARGES (SOUTHERN NEVADA, 2015) + **\$94 MILLION** INPATIENT DISCHARGE CHARGES (SOUTHERN NEVADA, 2015)

**IS EQUIVALENT TO**

**COST OF PROVIDING MORE THAN 4,200 PEOPLE WITH INPATIENT TREATMENT AT AN AVERAGE-PRICED 28-DAY DRUG AND ALCOHOL REHAB FACILITY**  
(~\$25,000/PER PERSON)

### OPIOID-RELATED DEATHS (2005-2015)



# PUBLIC HEALTH INTERVENTIONS AND BEST PRACTICES

In 2015, the Nevada legislature passed the Good Samaritan Drug Overdose Act that requires all prescribers to register and query the state prescription drug monitoring program (PMP), grants protection for those distributing and administering naloxone (e.g., Narcan) to reverse the life-threatening effects of an opioid overdose, and provides immunity for people who witness an overdose and call emergency services.

## CDC GUIDELINES

A comprehensive, evidence-based guideline exists from the Centers for Disease Control and Prevention (<http://www.cdc.gov/drugoverdose/prescribing/guideline.html>) and includes many of the following recommendations covering responsible practices for dealing with the opioid epidemic:

### **Recommendation: Enhance public protection through active evaluation of prescribing behavior.**

- Currently, licensing boards lack authority to initiate investigations based on prescribing data alone.
- There is an average of 94 painkiller prescriptions per 100 people in Nevada.
- A higher opioid prescribing rate is linked to an increase in mortality from drug-related poisonings.

### **Recommendation: Co-prescribe naloxone when prescribing long-term opioid treatment in primary care settings.**

- Research by the National Institutes of Health found that patients who received a naloxone prescription had 47% fewer opioid-related ED visits per month at 6 months, and 63% fewer visits after 1 year compared with patients who did not receive naloxone.
- The American Medical Association (AMA) recommends co-prescribing. It is already in practice by many health systems, including the Veteran's Administration.

## FACT

**A recent *Health Affairs* article found there is no evidence to support the claim that policies to curb opioid prescribing are leading to heroin overdoses. These policies may in fact reduce the number of people initiating heroin use in the longer term by reducing the number of people exposed to opioids both for use as prescribed and for nonmedical use.**

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## AN OPIOID ANTAGONIST

Naloxone, also commonly known by the trade name Narcan® or EVZIO® is an opioid antagonist that rapidly reverses the effects, including respiratory depression, of opioid drugs by competitively occupying the opioid receptor site. Naloxone has been used in healthcare facilities for decades, and it is increasingly being used in community settings as an antidote to opioid overdoses.

### **Recommendation: Establish and consider reimbursement for non-opioid treatments for pain.**

- Non-pharmacologic therapies can reduce chronic pain while posing substantially less risk to patients. In some instances, other therapies result in better outcomes than opioids.
- Evidence-based therapies may include: exercise therapy, weight loss, acupuncture, cognitive behavioral therapy, interventions to improve sleep, and other procedures.

### **Recommendation: Reduce the price of naloxone for public insurance (e.g., Medicare, Medicaid) in Nevada.**

- Good Samaritan Drug Overdose Act covers the use of the auto-injector and nasal spray by Medicaid.
- Price of naloxone (2016): Naloxone varied from \$150-\$4,000 per dose.

### **Recommendation: Document and track pre-hospital naloxone administration by first responding agencies.**

- Massachusetts and other states have successfully implemented this registry to develop a comprehensive approach to opioid overdose prevention targeted toward areas in the state with the highest numbers of fatal and non-fatal overdoses.

