

# **KDHE Efforts to Prevent Overdoses in Kansas**

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# Opioid Prevalence in Kansas

- From April – June 2017, Kansans filled 181,172 opioid prescriptions for 12,785,399 pills per month
- Equivalent to 4 pills per person and 71 pills per prescription
- There were enough opioids to give every Kansan a Hydrocodone, Oxycodone ER, or a Methadone tablet (pill) every day
- 54 morphine milligram equivalent (MME) per RX, per Kansan on average
- What is 50 MME?
  - 10 tablets of hydrocodone-acetaminophen 5-mg morphine per day
  - 2 tablets of oxycodone extended-release (ER) 15-mg morphine per day
  - 3 tablets of methadone 5-mg per day

**Data:** 2017 Kansas Tracking and Reporting of Controlled Substances, Kansas Board of Pharmacy. Opioids represent tablet and capsule formularies dispensed in milligram units.

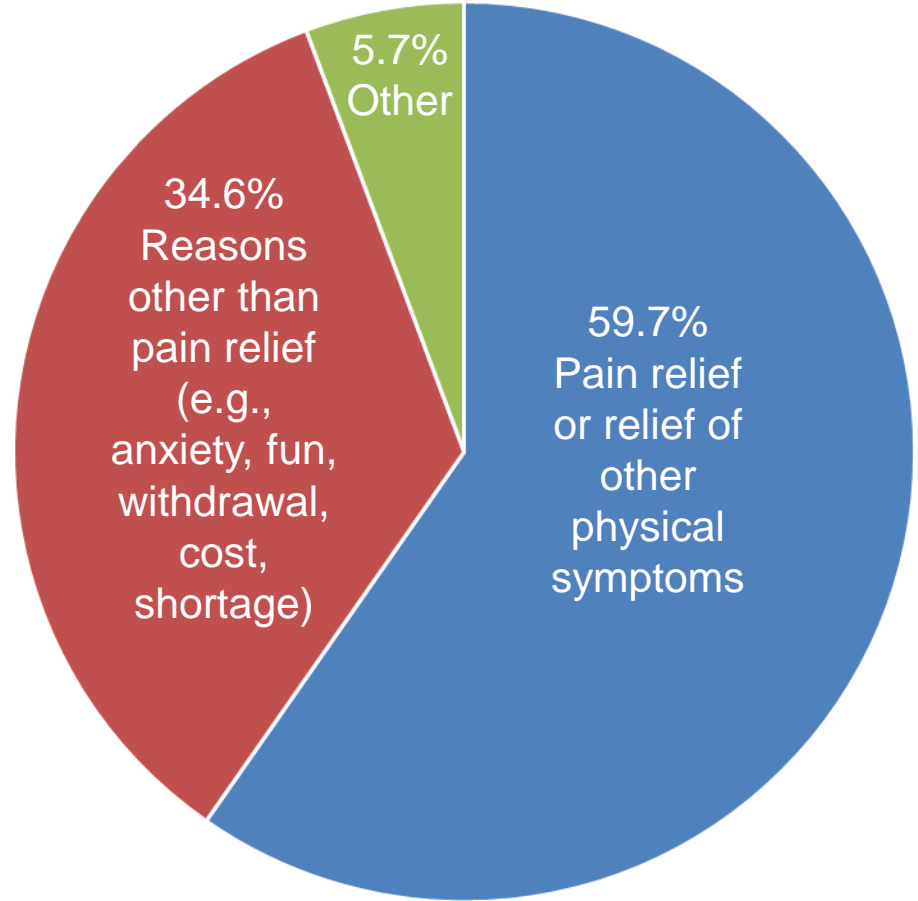
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# 2015 Kansas BRFSS Data

- 2.2% of adult Kansans used a prescription pain medication without a prescription in 2015
- Most Kansans who misused prescription pain medication cited pain relief as a reason



**Data:** 2015 Kansas BRFSS. State-added Module. Kansas Department of Health and Environment, Bureau of Health Promotion. 2005-2016 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics. Drug poisoning death rates were computed based on the underlying cause of death

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# Neonatal Abstinence Syndrome (NAS) in Kansas

- NAS is a postnatal drug withdrawal syndrome that results from in utero exposure to addictive prescription or illicit drugs.<sup>1</sup> Between 2000 and 2012 the incidence of NAS increased 5-fold nationwide<sup>2-3</sup>
- NAS incidence significantly increased from 0.3 per 1,000 hospital births in 2000 (95% confidence interval (CI): 0.1, 0.5) to 2.9 per 1,000 hospital births in 2014 (95% CI: 2.3, 3.4)<sup>4</sup>
- Although the incidence rate is lower in Kansas compared to other states, the increase in incidence for Kansas is much higher than national estimates
- Results link NAS diagnoses with serious comorbid conditions such as respiratory complications including meconium aspiration and respiratory distress syndrome, feeding difficulties, possible sepsis and seizures
- Most patients were insured by Medicaid (65.4%)<sup>4</sup>

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# Prescription Drug Overdose: Data-Driven Prevention Initiative

- KDHE received a cooperative agreement with the CDC Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI) to address the opioid epidemic in Kansas on September 1, 2016.
- Outcomes:
  - Decrease rates of opioid abuse
  - Decreased rate of ED visits related to opioids
  - Decreased drug overdose death rate, including both opioid and heroin death rates
  - Improved health outcomes

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# KsDDPI – Planning

- Established Kansas Prescription Drug Overdose Prevention State Plan Planning Committee
- Development and implementation of a statewide strategic plan to facilitate prevention activities for prescription and illicit drug abuse and overdose
  - Needs assessment
  - Evaluation plan
  - Dissemination plan

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# KsDDPI – Data

- Necessary to improve data collection/analysis, to better understand the epidemic and assess progress toward program goals
- Strategies
  - Enhance surveillance of RX drug and heroin abuse/overdose
  - Enhance public health access and application of prescription drug monitoring program (PDMP) data (KTRACS is the system in Kansas)
- Activities
  - Access drug-related mortality data
  - Access real-time syndromic surveillance drug poisoning data from EDs
  - Use KTRACS on a near-real time basis
  - Access de-identified data from the Prescription Monitoring Program Interconnect (PMPi)
  - Work with coroners to increase specificity of drug poisoning deaths
  - BRFSS

# KsDDPI – Prevention in Action

- Main focus: Enhance Kansas's PDMP (KTRACS) and increase its use by providers and dispensers
- Aligns with best practices and current recommendations
- Strategies
  - Enable registration, use, and access of KTRACS
  - Expand proactive reporting
  - Public health surveillance with KTRACS

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# References

1. Hudak, M.L. and Tan R.C. Neonatal drug withdrawal. *Pediatrics*, 2012. 129(2): p. e540-e560.
2. Patrick, S.W., et al. Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000-2009. *JAMA: Journal of the American Medical Association*, 2012. 307(18): p. 1934-1940.
3. Patrick, S.W., et al. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *J Perinatol*, 2015.
4. Kim, J.S. and Stabler, M.E. Neonatal Abstinence Syndrome: What do we know about Kansas? Poster presented at: AMCHP 2017 Annual Conference. 2017 March 4-7; Kansas City, MO.

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