

AGENDA
NALOXONE SUBCOMMITTEE
OCTOBER 4, 2017 1:00
BCMS HQ

1. Review of September meeting
2. Mission: Increase use of naloxone by first responders (define !!)
3. Known barriers: cost; training time
4. Bexar County Emergency Districts
5. Maternal Mortality Task Force
6. Grant discussion
7. Other business

ADDITIONAL MEASURES - DRUG OVERDOSE DEATHS

Summary Information

Range in Texas(Min-Max):	3-26
Overall in Texas:	9
Years of Data Used:	2013-2015

Drug overdose deaths

Number of drug poisoning deaths per 100,000 population.

Place	# Drug Overdose Deaths	Drug Overdose Mortality Rate
Anderson	21	12
Andrews		
Angelina	22	8
Aransas	15	20
Archer		
Armstrong		
Atascosa		
Austin		
Bailey		
Bandera		
Bastrop	25	11
Baylor		
Bee		
Bell	72	7
Bexar	575	10
Blanco		
Borden		
Bosque		
Bowie	20	7
Brazoria	81	8
Brazos	56	9
Brewster		
Briscoe		
Brooks		
Brown	18	16
Burleson		
Burnet		
Caldwell		
Calhoun	11	17
Callahan		
Cameron	32	3
Camp		

The rates per 100,000 for Texas counties vary. Only 9 counties had reliable overdose death rates per 100,000 for opiates according to 2014 data from CDC, but they provide evidence of the extent of the opiate overdose problem in the largest Texas counties.

Exhibit 3. 2014 Overdose Death Rates per 100,000 in Texas Counties Due to Heroin, Other Opiates, Other Synthetic Opiates, and Methadone	
Bexar County	5.1
Collin County	3.7
Dallas County	6.8
Denton County	2.8
El Paso County	3.2
Harris County	5.1
Nueces County	10.4
Tarrant County	4.9
Travis County	2.3
Counties not listed had unreliable rates	
Source: CDC Wonder, Data downloaded on March 1, 2016	

In 2012, there were an estimated 1.5 million opioid users who received medication treatment such as methadone or buprenorphine, but there were also more than 2.5 million Americans who met the criteria for dependence or abuse of prescription pain pills or heroin who were not in treatment and another 2 million who began using these drugs in 2012. This means there may be 4.6 million opioid-addicted people, but medication assisted treatment is available to less than 1.5 million.

Although the media has focused on heroin overdoses, the number of deaths involving other opioids is far greater, and naloxone should be seen as an adjunct to be prescribed along with any opioid that could cause overdose. Naloxone would be particularly appropriate for new inductees to methadone treatment, those with cognitive impairments, those on heavy doses of pain pills who may not remember their medication schedules, or who may have previously suffered overdoses. Positioning naloxone as an adjunct to pain medication would also lessen the stigma it now suffers from some that it is a form of being “soft on drugs.”³

¹ Tatyana Lyapustina, Lainie Rutkow, Hsien-Yen Chang, Matthew Daubresse, Alim F. Ram, Mark Faul, Elizabeth A. Stuart, G. Caleb Alexander, Effect of a “pill mill” law on opioid prescribing and utilization: The case of Texas, *Drug and Alcohol Dependence*, 159, 190-197, 2015.

² Theodore Cicero, Matthew Ellis, Hilary Surratt, Steven Kurtz, The changing face of heroin use in the United States: A retrospective analysis of the past 50 years. *JAMA Psychiatry*, 71 (7), 821-826, 2014.

³ Jane C. Maxwell, The pain reliever and heroin epidemic in the United States: Shifting winds in the perfect storm. *Journal of Addictive Diseases*, 34 (2-3), 127-140, 2015.



Texas Department of State
Health Services

Preventing Maternal Mortality and Morbidity

Lisa Hollier, MD, MPH

**Chair, Texas Maternal Mortality & Morbidity
Task Force**



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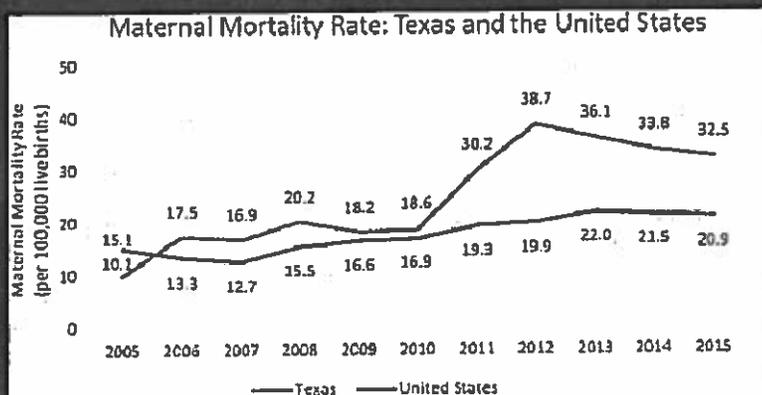
Overview

- 1) Maternal morbidity and mortality data
- 2) Prevention strategies
- 3) Collaboration



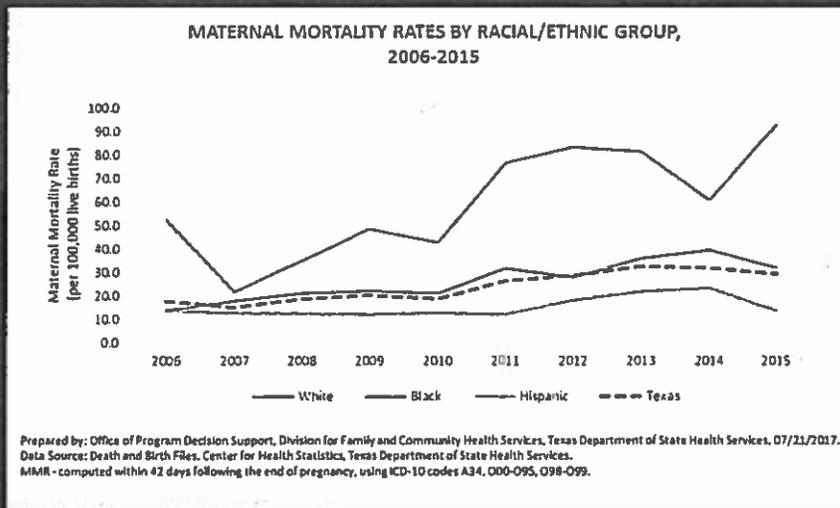
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Maternal Death Data Trends



Prepared by: Office of Program Decision Support, Division for Family and Community Health, Texas Department of State Health Services
Data Sources: Centers for Disease Control and Prevention, National Center for Health Statistics
Underlying Cause of Death and Statutory public use data 2005-2015 on CDC WONDER Online Database
NMR computed within 42 days following the end of pregnancy, using ICD-10 Codes A14, O00, O45, O78, O99

Maternal Death Data Trends (cont'd)



Top Causes of Confirmed Maternal Death: Within 1 Year Following End of Pregnancy

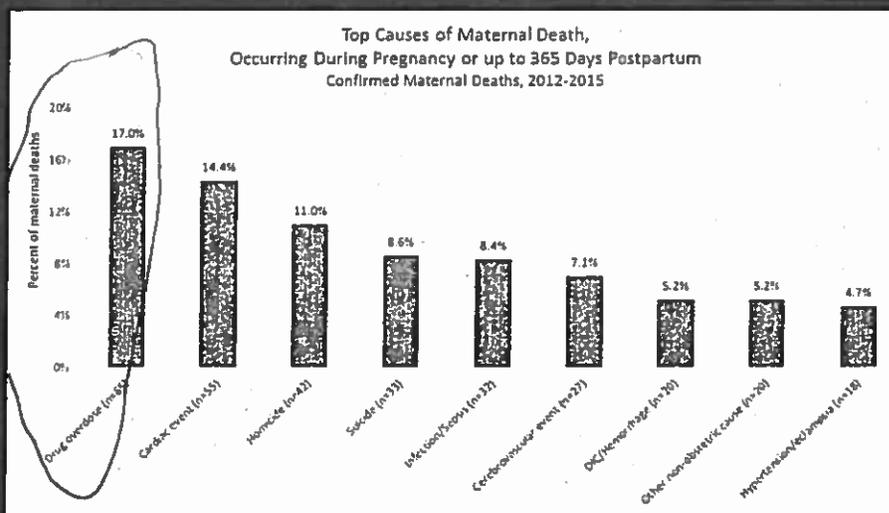
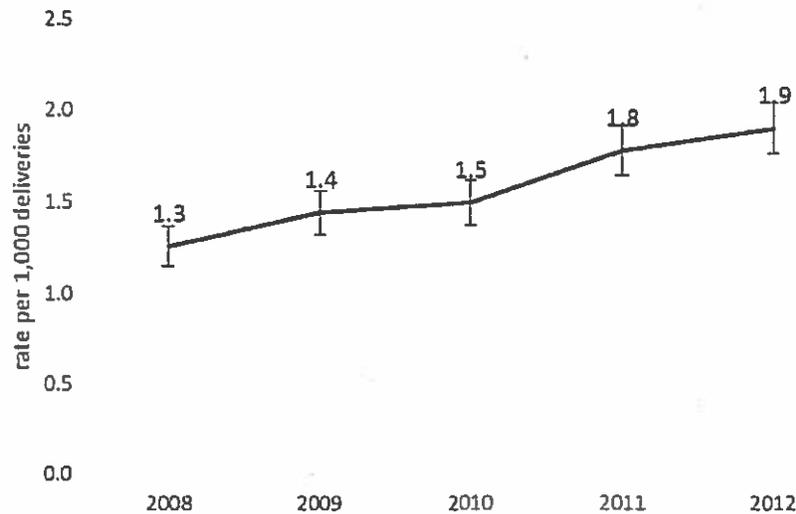


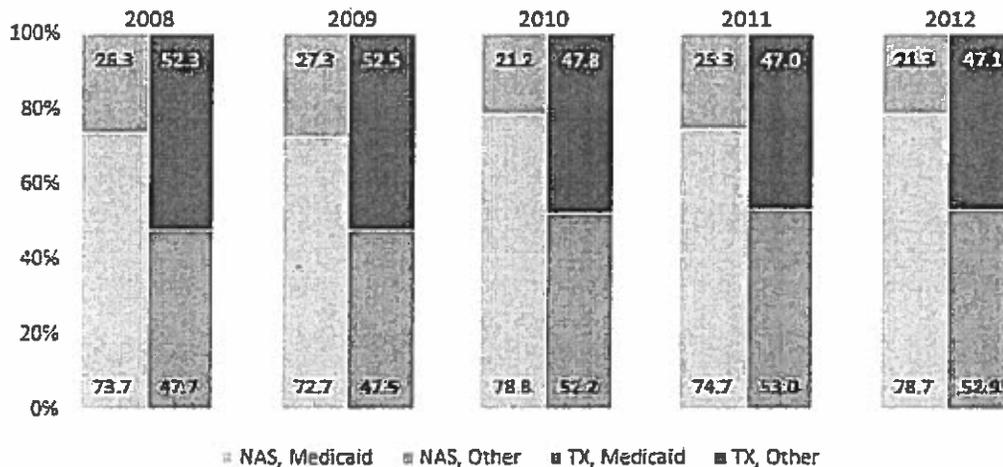
Figure 9. Five year trend of Neonatal Abstinence Syndrome hospitalizations, 2008-2012



Source: CHS Hospital Inpatient Discharge Public Use Data Files, 2008-2012
 Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

Figure 9 shows rates of NAS in Texas per 1,000 deliveries from 2008 to 2012. Rates of NAS have steadily increased during this time period, which suggests that more pregnant women are using opioids.

Figure 10. Neonatal Abstinence Syndrome cases and all Texas resident births by payer source, 2008-2012



Source: CHS Birth and Hospital Inpatient Discharge Public Use Data Files, 2008-2012
 Prepared by: Office of Program Decision Support, FCHS, DSHS, 2016

Figure 10 compares the percentage of NAS cases according to payer source (Medicaid vs. Other) with the percentage of all births in Texas according to payer (Medicaid vs. Other) in each

