



## Announcements

### **[New Funding Opportunity Announcement: Research to Evaluate Medication Management of Opioids and Benzodiazepines to Reduce Older Adult Falls \(RFA-CE-18-004\)](#)**

CDC's Injury Center intends to commit approximately \$3,000,000 over a 4-year project period with a maximum of \$750,000 per year. This funding will support one application to better understand how reducing the dose or stopping the use of opioids and benzodiazepines can reduce injury and improve safety in older adult patients. Specifically, the research will evaluate the effectiveness of medication tapering and discontinuation strategies to reduce falls and unintentional injury among older adults. The purpose is to advance knowledge about how health professionals can improve prescribing practices for medications in which the risks may outweigh the benefits, contributing to falls, overdose, and other injuries in community dwelling older adults.



For healthcare providers, this research will develop evidence-based strategies that can be integrated into the workflow and can be adopted to taper and/or discontinue opioids, benzodiazepines, and other CNS-active medications and improve patient safety. Additionally, the research could be used to inform future trainings and provider education.

The funding opportunity announcement can be found at <http://www.grants.gov/>. Note that amendments to the announcement focus and application dates are possible. Please check for updates on grants.gov.

Deadlines:

- Letter of Intent Due: January 30, 2018
- Application Due: March 23, 2018

### **[New Funding Opportunity Announcement: Clinical Trials or Observational Studies of Behavioral Interventions for Prevention of Opioid Use Disorder or Adjunct to Medication Assisted Treatment-SAMHSA Opioid STR Grants \(R21/R33\)](#)**

This National Institutes of Health (NIH) funding will help examine the impact of behavioral interventions, such as mindfulness meditation, cognitive behavioral therapy, or multidisciplinary rehabilitation for primary or secondary prevention for opioid use disorder or as an adjunct to medication assisted treatment. The funding is within the context of states' plans for use of the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid State Targeted Response (STR) grant funds authorized under the 21st Century Cures Act.

Deadline: January 18, 2018

### **[New Opioid Training for Providers: Reducing the Risks of Opioids](#)**

CDC launched [Reducing the Risks of Opioids](#), the fourth module of a series of interactive, online trainings for healthcare providers. Healthcare providers will be able to recognize situations that can increase risk for harmful outcomes for patients on opioid therapy and explain the range of clinical tools that can help in risk assessment and clinical decision-making, such as prescription drug monitoring program (PDMP) data and urine drug testing (UDT). This training features recommendations from the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) and provides sample scenarios and clinical tools and resources. This training is part of a series that is available for free continuing education credit and is located on our [Training for Providers](#) webpage.



## **NCHS releases 2016 data on opioid overdose deaths**

CDC's National Center for Health Statistics has released their [Data Brief: Drug Overdose Deaths in the United States, 1999-2016](#). This data comes from the National Vital Statistics System (NVSS), showing that deaths from drug overdose are an increasing public health burden in the United States. Some key findings include:

- More than 63,600 Americans died from a drug overdose in 2016.
- The age-adjusted rate of drug overdose deaths increased by 21% from 2015 to 2016.
- Drug overdose deaths were highest among adults aged 25–54, at around 35 deaths per 100,000 Americans.
- West Virginia, Ohio, New Hampshire, the District of Columbia, and Pennsylvania had the highest observed age-adjusted drug overdose death rates in 2016.
- The drug overdose deaths involving synthetic opioids other than methadone (drugs such as fentanyl, fentanyl analogs, and tramadol) doubled between 2015 and 2016.

## **Upcoming 2018 RxSummit**

The [National Rx Drug Abuse & Heroin Summit](#) is the largest annual gathering for stakeholders to discuss what is working in prevention and treatment for prescription and illicit opioids. Be part of the international discussion on addressing the opioid crisis by attending the 2018 National Rx Drug Abuse & Heroin Summit in Atlanta. [Registration](#) is now open.

## **Recent Articles and Publications**

- [Physical and Sexual Dating Violence and Nonmedical Use of Prescription Drugs](#): Examination of the associations between nonmedical use of prescription drugs and dating violence victimization among high school students.
- [Effect of a High Dosage Opioid Prior Authorization Policy on Prescription Opioid Use, Misuse, and Overdose Outcomes](#): This evaluation of the effects of an Oregon Medicaid prior authorization policy for high dose opioid prescription focused on changes in utilization, prescribing patterns, and health outcomes. The study found a reduction in high dosage opioid prescriptions, a decline in multiple pharmacy use, but no significant changes in ED visits or hospitalizations for opioid overdose.
- [Emergency Department Visits Involving Opioid Overdoses in the United States, 2010-2014](#): In 2014, there were more than 81,000 ED visits for non-heroin opioid overdoses and more than 66,000 visits for heroin overdoses. The rate of heroin overdose emergency department (ED) visits increased across all demographic groups and regions. Medicaid and uninsured patients were the largest payers of heroin overdoses, and Medicare was the largest payer among non-heroin opioid overdoses.

- [Prescription Drug Monitoring Programs and Opioid Death Rates—Reply](#): A response article by CDC leadership comments on the impact that prescription drug monitoring programs (PDMP) and policies have on different types of opioid overdose death rates.

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