In 1999, there was one drug overdose death every 30 minutes.
In 2013, there was one drug overdose death every 12 minutes.

Faces of the Opioid Overdose Epidemic

JOSEPH BARTOLUCCI
March 5, 1984 - February 28, 2009
West Palm Beach, Florida

TODD PARKINSON
Ft. Lauderdale, Florida

STEPHANIE PARKINSON
November 7, 1982 – November 22, 2008
Ft. Lauderdale, Florida

RONNIE POWELL
1989 - 2008
Souderton, Pennsylvania

SAVANNAH KIMBICK, 1986 - 2008
SARAH SHAW, 1987 - 2006
Morehead, Kentucky
Taylor Smith, Holly Springs Georgia Died in 2013 at Age 20 from Overdose

**Major Causes of Death from Injury, 1999-2013**

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</thead>
<tbody>
<tr>
<td>MOTOR VEHICLE ACCIDENTS</td>
<td>50,000</td>
<td>45,000</td>
<td>40,000</td>
<td>35,000</td>
<td>30,000</td>
<td>25,000</td>
<td>20,000</td>
<td>15,000</td>
<td>10,000</td>
<td>5,000</td>
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<tr>
<td>SUICIDE</td>
<td>30,000</td>
<td>25,000</td>
<td>20,000</td>
<td>15,000</td>
<td>10,000</td>
<td>5,000</td>
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<tr>
<td>DRUG POISONING</td>
<td>20,000</td>
<td>15,000</td>
<td>10,000</td>
<td>5,000</td>
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<tr>
<td>HOMICIDE</td>
<td>10,000</td>
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<td>FIREARMS</td>
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</table>

% CHANGE 2008 to 2013:
- HOMICIDE: -10%
- DRUG POISONING: +6%
- SUICIDE: +14%
- MOTOR VEHICLE ACCIDENTS: +21%
- FIREARMS: -11%

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2012 on CDC WONDER Online Database, released 2014. Data for 1999 to 2012 were extracted by ONDCP on December 2, 2014. Data for 2013 are from Detailed Tables for the National Vital Statistics Report "Deaths: Final Data for 2013" (December 30, 2014).
Prescription Drug Abuse Prevention Plan

• Coordinated effort across the Federal Government

• Four focus areas:
  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Disposal of Medication
  4) Enforcement

Ways ONDCP & Federal Partners Are Working To Expand Access to Evidence-Based Treatment

• With Federal partners convened a Treatment Coordination Group to leverage Federal resources to increase awareness about and use of medication-assisted treatment (MAT).

• With State Policy Teams to expand MAT for treatment of substance use disorders as the standard of care (i.e., buprenorphine/naltrexone [Suboxone], methadone, Vivitrol).

• With health plans and pharmacy organizations to offer adequate coverage for screening and treatment for substance use disorders, including MAT.

• With Center for Medicare and Medicaid Services to inform states of substance use disorder health benefits that insurance policies should contain.

• Inventory treatment availability and work within Affordable Care Act/state-run health marketplaces to ensure proper resourcing.
2006 IOM Report: Improving the Quality of Healthcare for Mental Health and Substance Use

- Mental health, substance use and general illnesses are highly interrelated with respect to chronicity.
- Improving care delivery for any one of the three depends upon improving care delivery and outcomes for the others.
- Factors that contributing to the Behavioral Health “Quality Chasm” include:
  - separate care delivery systems,
  - a less developed quality measurement infrastructure,
  - and a differently structured marketplace.

Sources of Referral to Treatment, 2012

- Self or Individual: 35.8%
- Criminal Justice/DUI: 33.9%
- Substance abuse care provider: 9.3%
- Other healthcare provider: 7.2%
- Other community referral: 12.1%
- Other*: 1.6%

Total 2012 admissions = 1.7 million

*Other referrals include school (educational) and employer EAP.

Source: SAMHSA, 2012 Treatment Episode Data Set (July 2014).
For More Information:
WHITEHOUSE.gov/ONDCP