



## NEWS RELEASE

**Marty J. Jackley**  
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**FOR IMMEDIATE RELEASE:** Thursday, June 15, 2017

**\*EMBARGO UNTIL 11 am CDT today**

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### **Attorney General Jackley Joins National Attorneys General Investigation on Opioids**

**PIERRE, S.D.** – Attorney General Marty Jackley is working with a bipartisan coalition of Attorneys General from across the country in an investigation to evaluate whether manufacturers have engaged in unlawful practices in the marketing and sale of opioids. The Attorneys General are investigating what role the opioid manufacturers may have played in creating or prolonging this epidemic.

“There is a growing national opiate epidemic that is affecting South Dakota and our families and communities,” said Jackley. “Although we have worked hard as a State on the prevention of prescription drug abuse with our doctors, pharmacists and our Prescription Drug Monitoring Program, I remain concerned on the public health reports coming out of Ohio. Working with other State Attorneys General to investigate the facts and to find solutions will benefit us all.”

The State of South Dakota is proactively working to keep the opioid epidemic at bay. Some local efforts include the Prescription Drug Monitoring Program (PDMP), which provides physicians and pharmacists the opportunity to voluntarily access the prescription repository in order to have available additional medical history. At the request of Attorney General Jackley, the PDMP was passed into law during the 2010 legislative session. The purpose of this program was to improve patient care by providing physicians and pharmacists with a controlled substance dispensing history for their patients

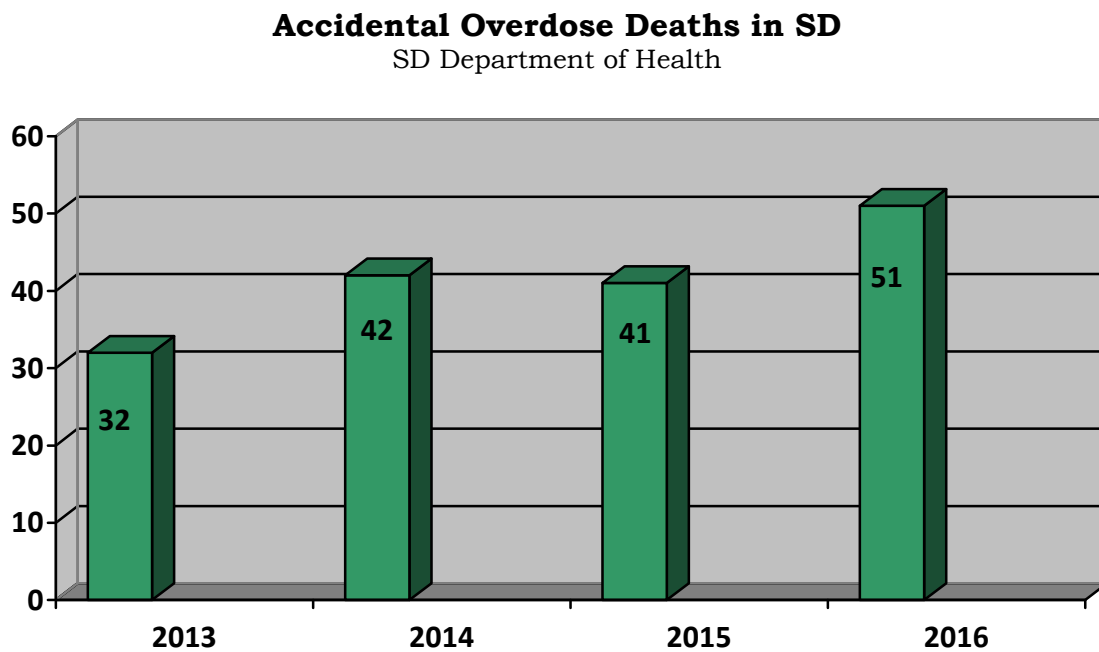
Secondly, Attorney General Jackley sponsored legislation in 2015 that would enable all first responders to carry naloxone, a medicine to reverse the effects of opioid overdoses. Having naloxone available is a cost-effective way to save lives especially to our rural first responders. The Attorney General’s Office has authorized the use of available drug control funds to assist units of local government and first responders with the purchase of the Narcan agent.

The State of South Dakota is currently working on a Prescription Opioid Abuse Prevention Initiative and as part of that, the Attorney General’s Office is a participating member of Opioid Advisory Committee. The Committee is reviewing opioid use data for

the state and developing strategies for preventing prescription opioid misuse and abuse.

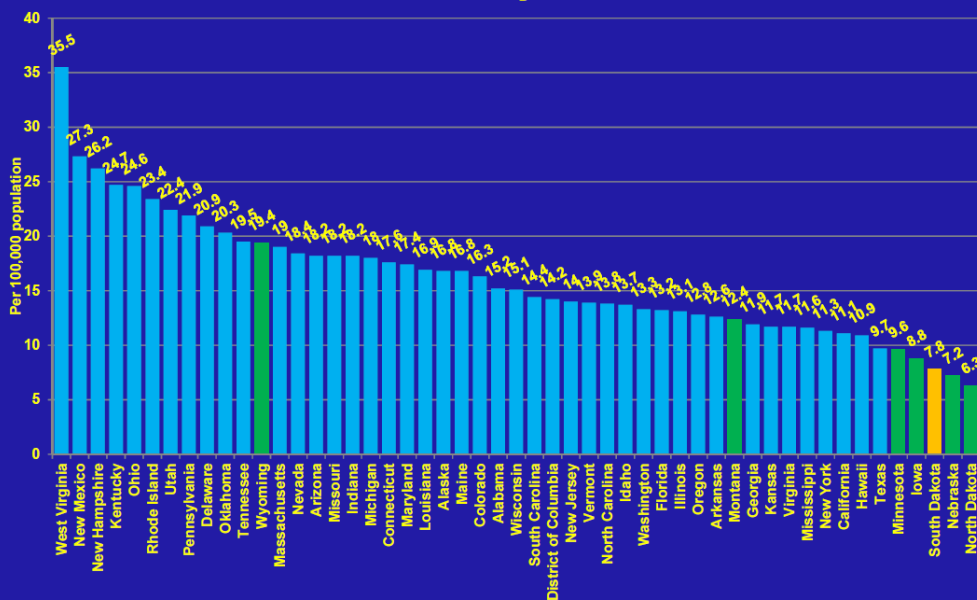
Attached Charts:

1. Accidental overdose deaths in South Dakota (SD Department of Health)
2. 2014 State ranking of drug overdose deaths showing South Dakota 49 out of 51 states. Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. (Centers for Disease Control and Prevention)
3. 2015 age-adjusted drug overdose rates national comparison showing South Dakota 20 out of 21 states (U.S. Department of Health and Human Services-National Center of Health Statistics)



## 2014 Age-Adjusted Drug Overdose Death Rates by State

US Rate: 14.7

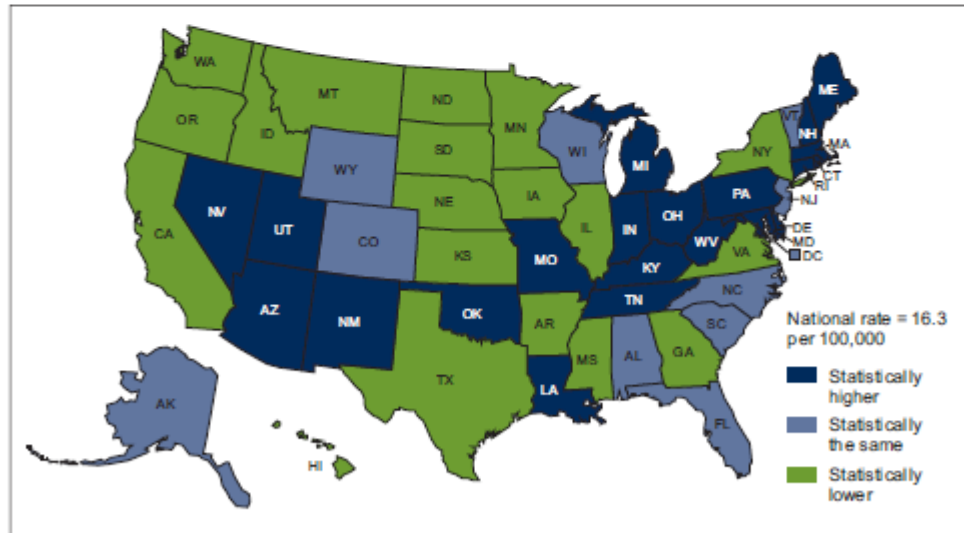


Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). Drug overdose deaths are identified using underlying cause of death codes X40-X44, X60-X64, X85, and Y10-Y14. Age-adjusted death rates were calculated by applying age-specific death rates to the 2000 U.S. standard population age distribution.

In 2015, 21 states had age-adjusted drug overdose rates that were statistically higher than the national rate.

- In 2015, the four states with the highest age-adjusted drug overdose death rates were West Virginia (41.5 per 100,000), New Hampshire (34.3), Kentucky (29.9), and Ohio (29.9) (Figure 4).
- Other states with rates that were statistically higher than the national rate of 16.3 per 100,000 included Rhode Island (28.2), Pennsylvania (26.3), Massachusetts (25.7), New Mexico (25.3), Utah (23.4), Tennessee (22.2), Connecticut (22.1), Delaware (22.0), Maine (21.2), Maryland (20.9), Michigan (20.4), Nevada (20.4), Indiana (19.5), Louisiana (19.0), Arizona (19.0), Oklahoma (19.0), and Missouri (17.9).
- States with rates that were statistically lower than the national rate included Washington (14.7 per 100,000), Idaho (14.2), Illinois (14.1), Arkansas (13.8), Montana (13.8), New York (13.6), Georgia (12.7), Virginia (12.4), Mississippi (12.3), Oregon (12.0), Kansas (11.8), California (11.3), Hawaii (11.3), Minnesota (10.6), Iowa (10.3), Texas (9.4), North Dakota (8.6), South Dakota (8.4), and Nebraska (6.9).

Figure 4. Age-adjusted drug overdose death rates, by state: United States, 2015



NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug overdose deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 4 at: [https://www.cdc.gov/nchs/data/databriefs/db273\\_table.pdf#4](https://www.cdc.gov/nchs/data/databriefs/db273_table.pdf#4). SOURCE: NCHS, National Vital Statistics System, Mortality.