A stylized graphic on the left side of the slide. It features two dark green mountain peaks of different heights. Below the mountains is a dark green wavy line representing a shoreline or a body of water. At the bottom is a blue wavy line representing water. The graphic is composed of solid-colored shapes with no internal details.

Opioid Overdose Prevention Multnomah County

April 21, 2016

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Multnomah County Health Officer

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- Community Partners
 - Lines for Life
 - Adventist
 - Kaiser
 - Legacy
 - Providence
 - Tuality
 - VA
 - CODA
 - Oregon Pain Commission
 - Clackamas County
 - Washington County
 - Oregon Health Leadership Council



What are opioids, opiates, narcotics?

- Class of drugs with many variants
- Originally derived from opium poppies; can also be synthetic
- Reduce perception of pain by binding to receptors on nerves, the spine, and the brain
- Short-term side-effects
 - Drowsiness
 - Confusion
 - Nausea, constipation
 - Slow breathing-potentially fatal
 - Euphoria
- Long-term side-effects
 - Physical dependence
 - Opiate addiction
 - Drug seeking regardless of consequences



Heroin vs Prescription Opioids

- Heroin

Opium poppy



Morphine



Heroin

- Rapidly reaches brain after smoking, snorting, or injecting

- Prescription Opioids

- Short-acting

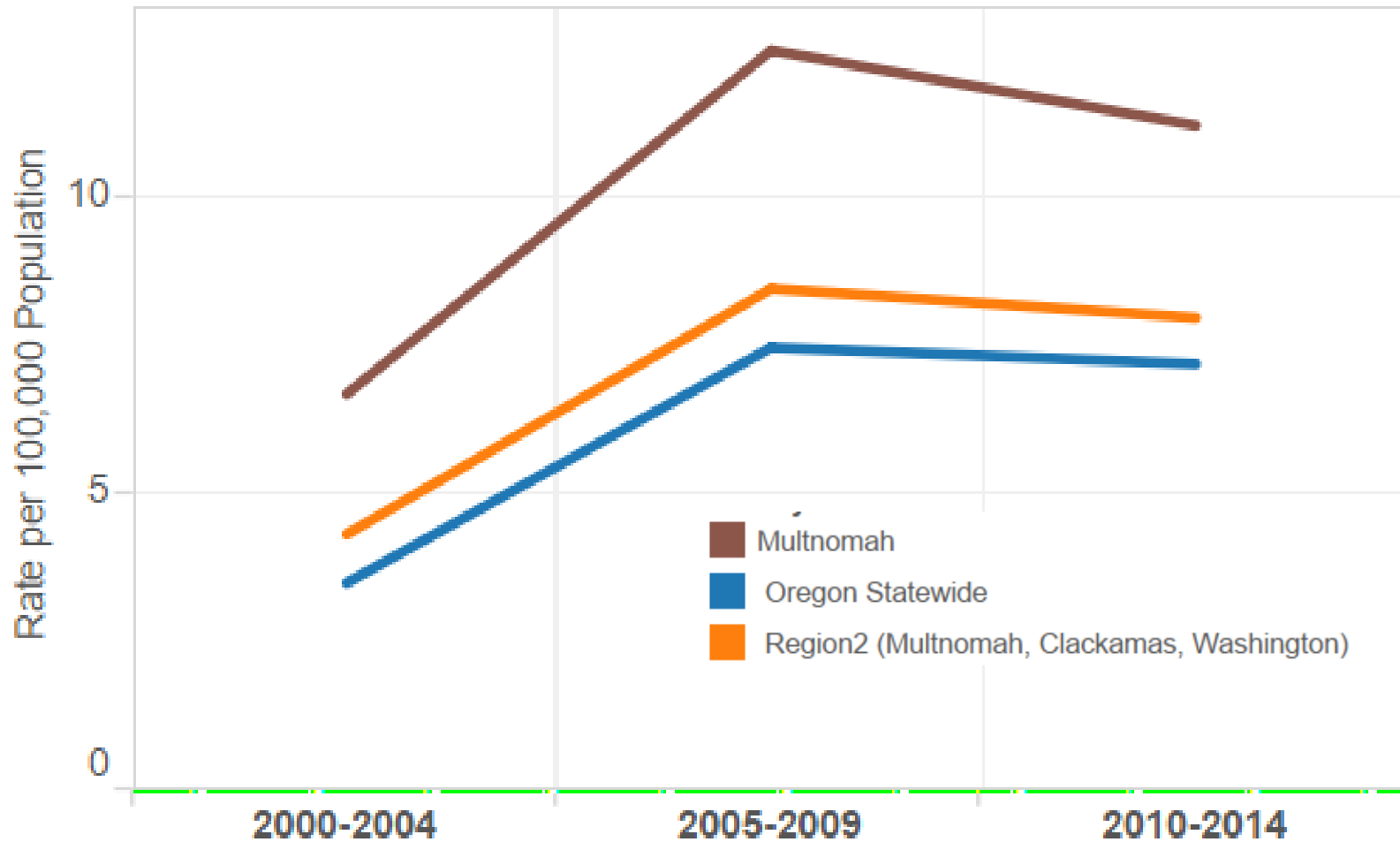
- Hydromorphone-*Dilaudid*
- Meperidine-*Demerol*
- Oxymorphone- *Opana*
- Oxycodone- *Percocet*
- Hydrocodone-*Vicodin*

- Long-acting pills

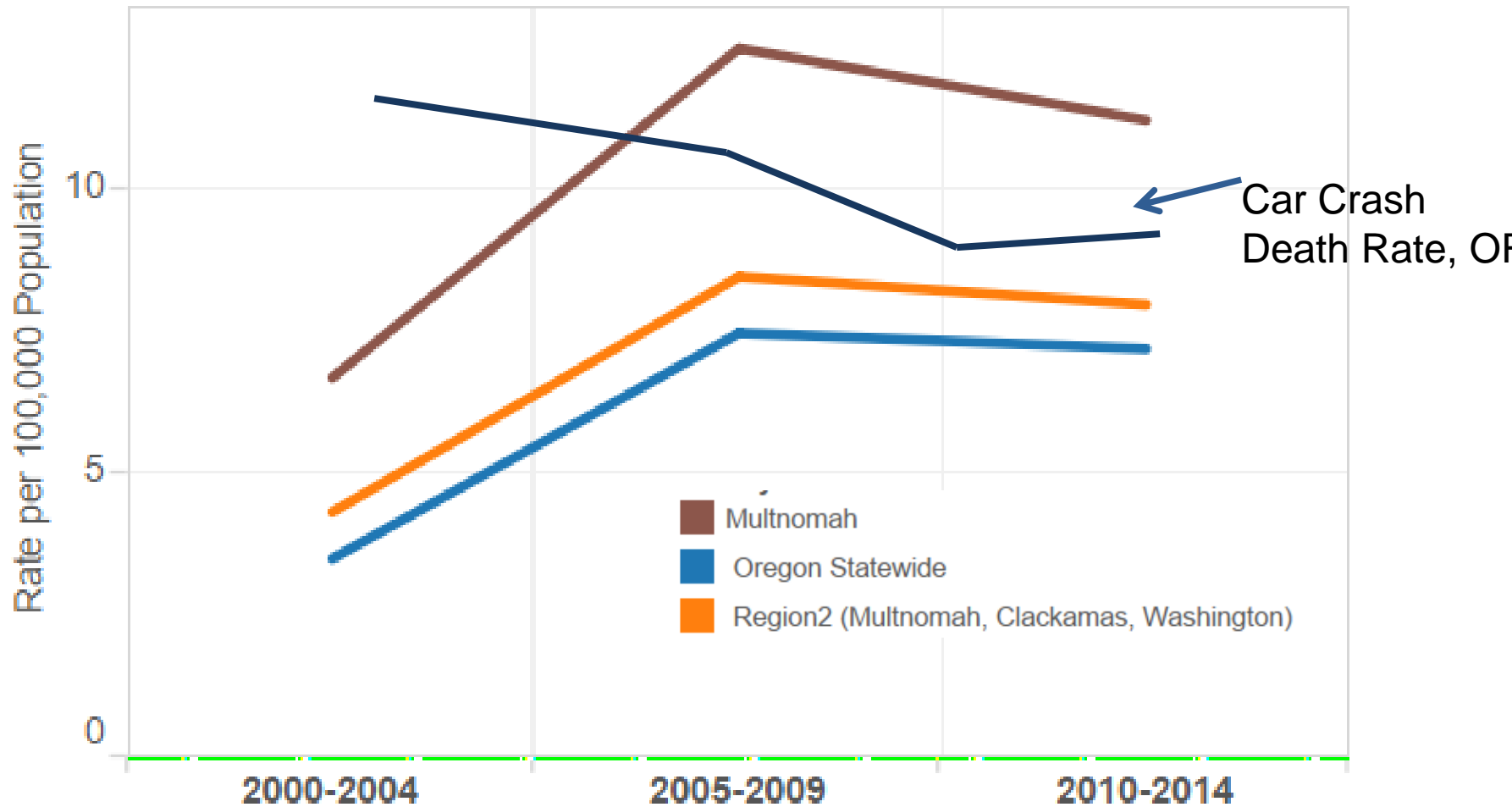
- Morphine-MS Contin
- Oxycodone-Oxycontin
- Oxymorphone-Opana ER
- Methadone
- Fentanyl patch



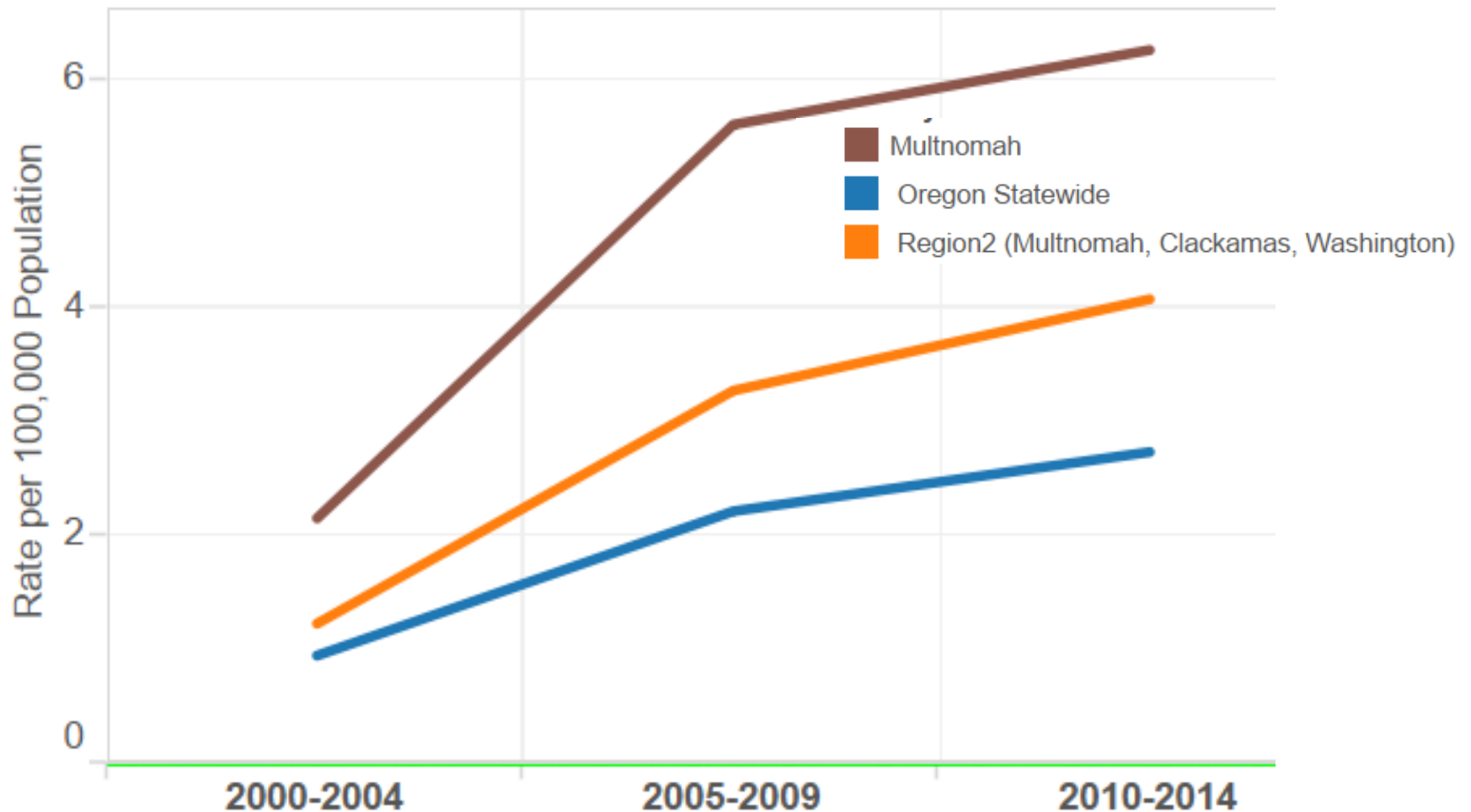
Opioid Death Rates, Oregon, Region 2, Multnomah County, 2000-2014



Opioid Death Rates, Oregon, Region 2, Multnomah County, 2000-2014

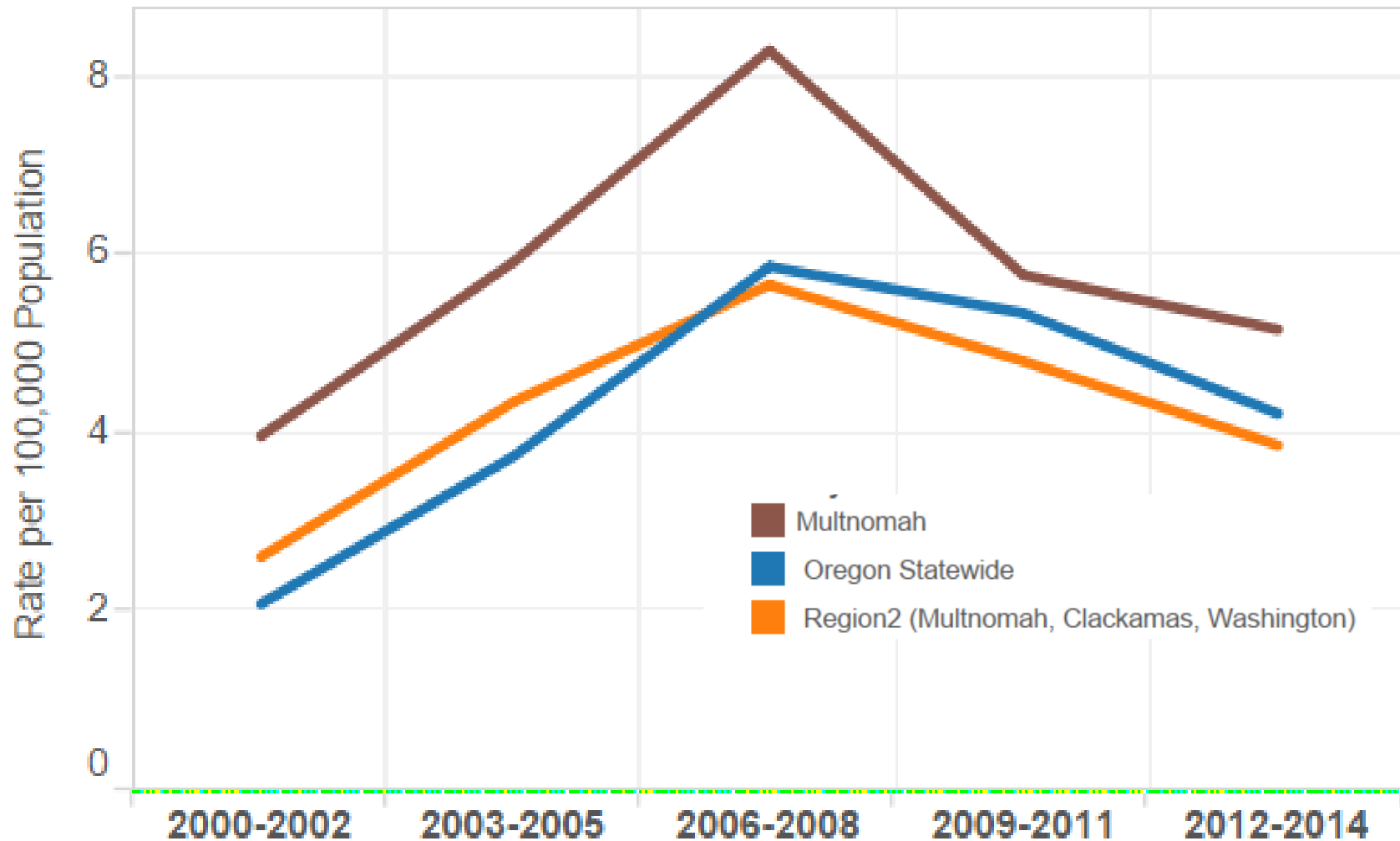


Heroin Death Rates, Oregon, Region 2, Multnomah County, 2000-2014



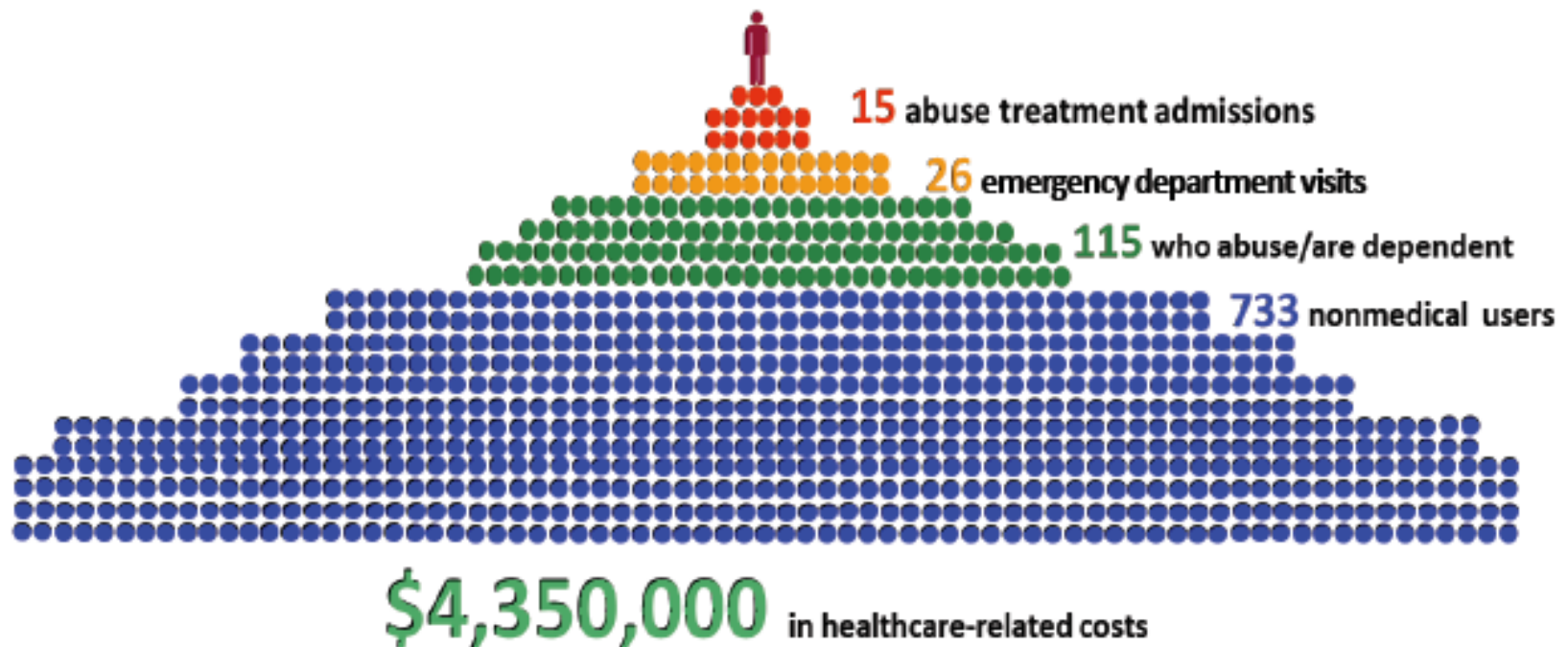
Prescription Opioid Death Rates

Oregon, Region 2, Multnomah County, 2000-2014



Overdose deaths are the tip of the iceberg

For every **1** prescription opioid overdose death in 2010 there were...



SAMHSA NSDUH, DAWN, TEDS data sets.

Coalition Against Insurance Fraud. Prescription for Peril. <http://www.insurancefraud.org/downloads/drugDiversion.pdf> 2007.

Slide from Presentation of
Dr. Steven R. Friedman
Director of the Center for Disease Control
April 23, 2014 National Rx Summit
Centers for Disease Control

Many other harms of Prescription Pain Killers

- Non-fatal overdose
 - 911 Response
- Long-term impairment
- Substance Use Disorder
 - Link to heroin initiation
- Social consequences



4 out of 5 heroin users



had previously used *painkillers*.

Source: White House Office of National Drug Control Policy



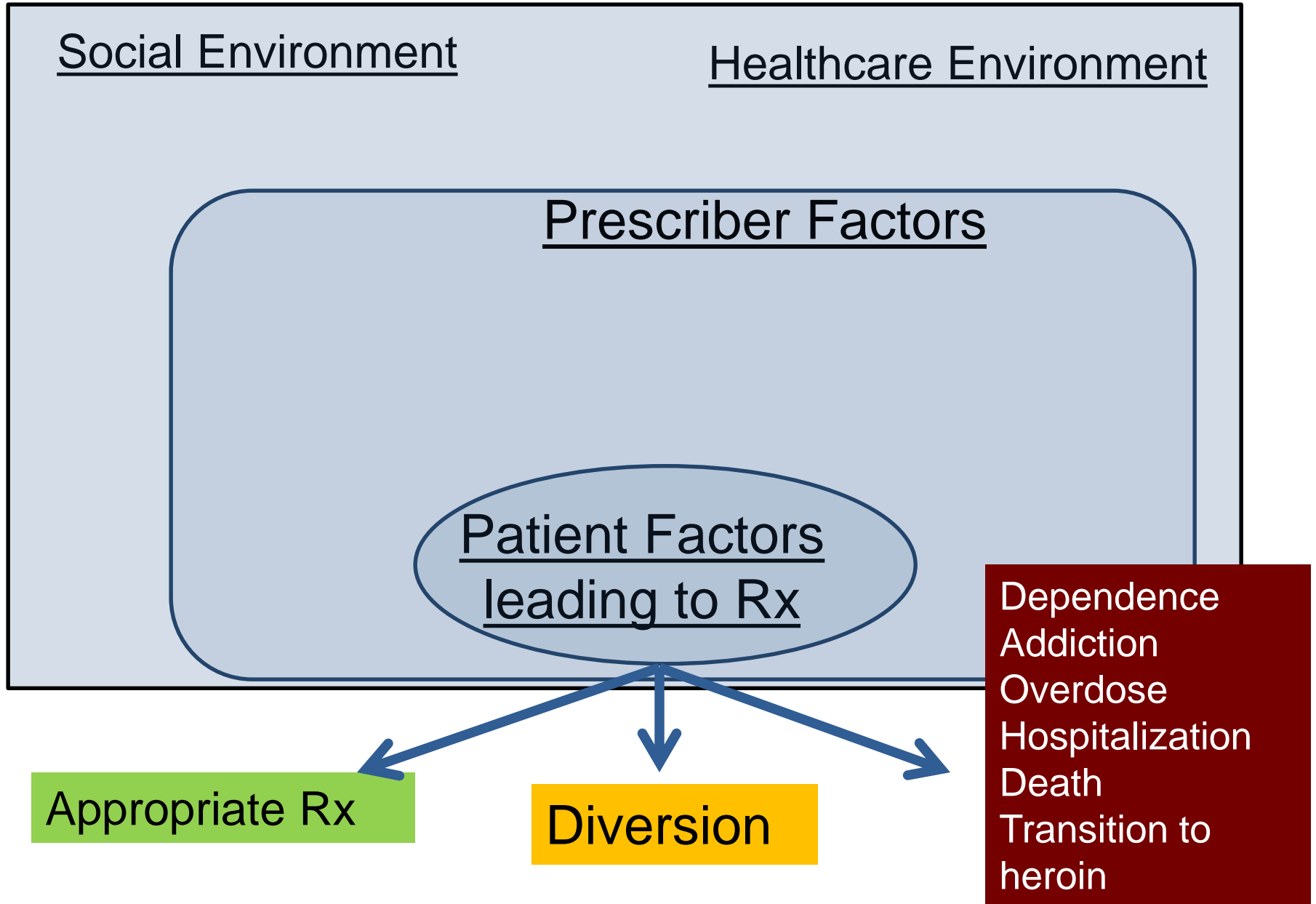
How much do we prescribe?

Table 1. Prescription Controlled Substances Dispensed to Oregonians in 2012

Controlled Substance	Prescription recipient count in 12 months*	Number of prescriptions dispensed in 12 months*	Number of prescriptions dispensed per prescription recipient in 12 months	Number of people receiving prescription, per 1,000 residents	Number of prescriptions dispensed per 1,000 residents
Opioids¹	908,162	3,495,888	3.8	233.8	900.1
Hydrocodone	676,105	1,947,074	2.9	174.1	501.3
Oxycodone	334,805	1,122,642	3.4	86.2	289.1
Morphine	40,004	234,233	5.9	10.3	60.3
Hydromorphone	22,998	68,274	3	5.9	17.6
Methadone ²	16,259	123,665	7.6	4.2	31.8
Fentanyl	14,941	88,331	5.9	3.8	22.7



Why do we prescribe so much?



Social Environment

Expectation about effectiveness and safety of opioids
Family and peer experiences
Social and financial stress
Lack of social services and support

Healthcare Environment

No insurance coverage for alternative treatments
Few providers for alternative treatments
Limits on Medically Assisted Treatment
Shortage of addiction providers

Inadequate or ineffective guidelines

Prescriber Factors

Increased Pain Awareness
Concern re: Pt satisfaction/liability
Pharma promotion of opioids
Professional norms

Short appointments
Perceived lack of options
Lack of pain specialists
Knowledge, Skills, Abilities re: chronic pain
Inadequate mentoring, monitoring of practice
Deception by patients

Patient Factors leading to Rx

Adv Childhood Events,
Pain, Stress, Anxiety, Depression
Expectations, Lack of Trust

Appropriate Rx

Diversion

Dependence
Addiction
Overdose
Hospitalization
Death
Transition to heroin

Consequences of Opioid Prescriptions

Public
Expectations
Re:Pain

Patient *Pain*

Perceived
Standards of Care

Opiate Rx
Considered

Knowledge, Skills,
Ability

Appropriate and Safe

Diversion

Opiate
Rx

Dependence,
Addiction

Overdose

Death
Hospital

Heroin

Overdose

Public

Patients

Providers

Rx Recipients

Heroin Users

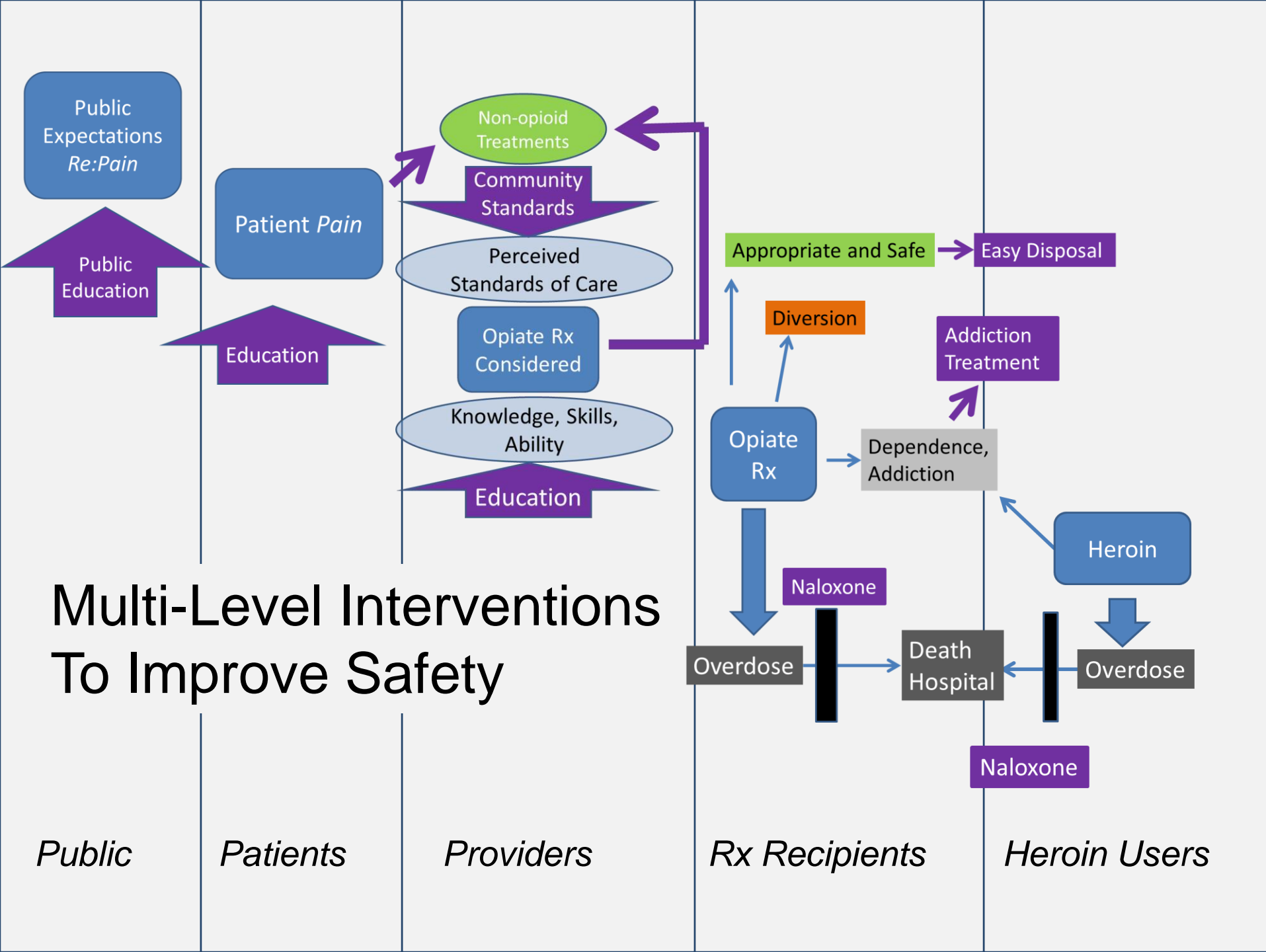


Figure 1. Opiate-Related Deaths by Drug Type and Year, Multnomah County

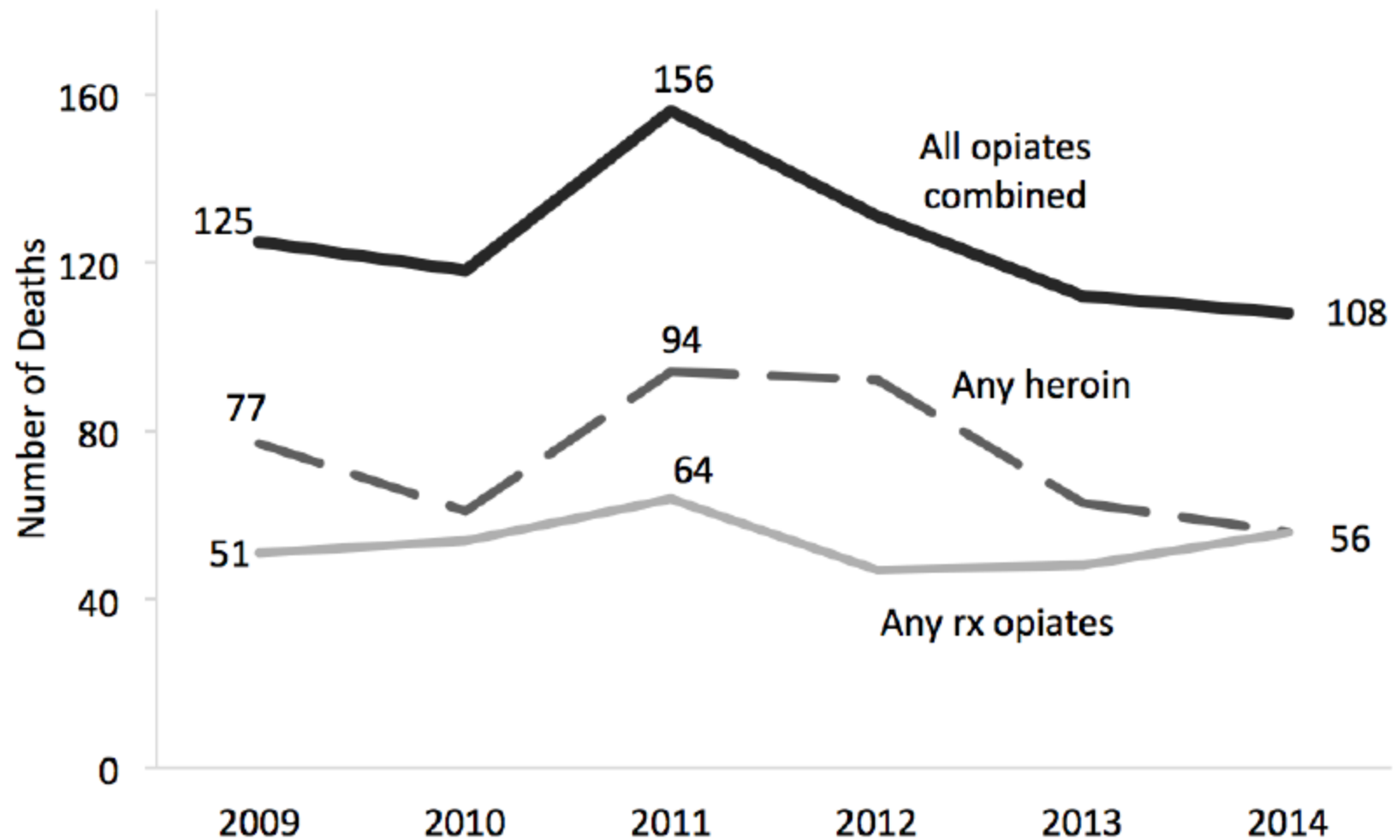
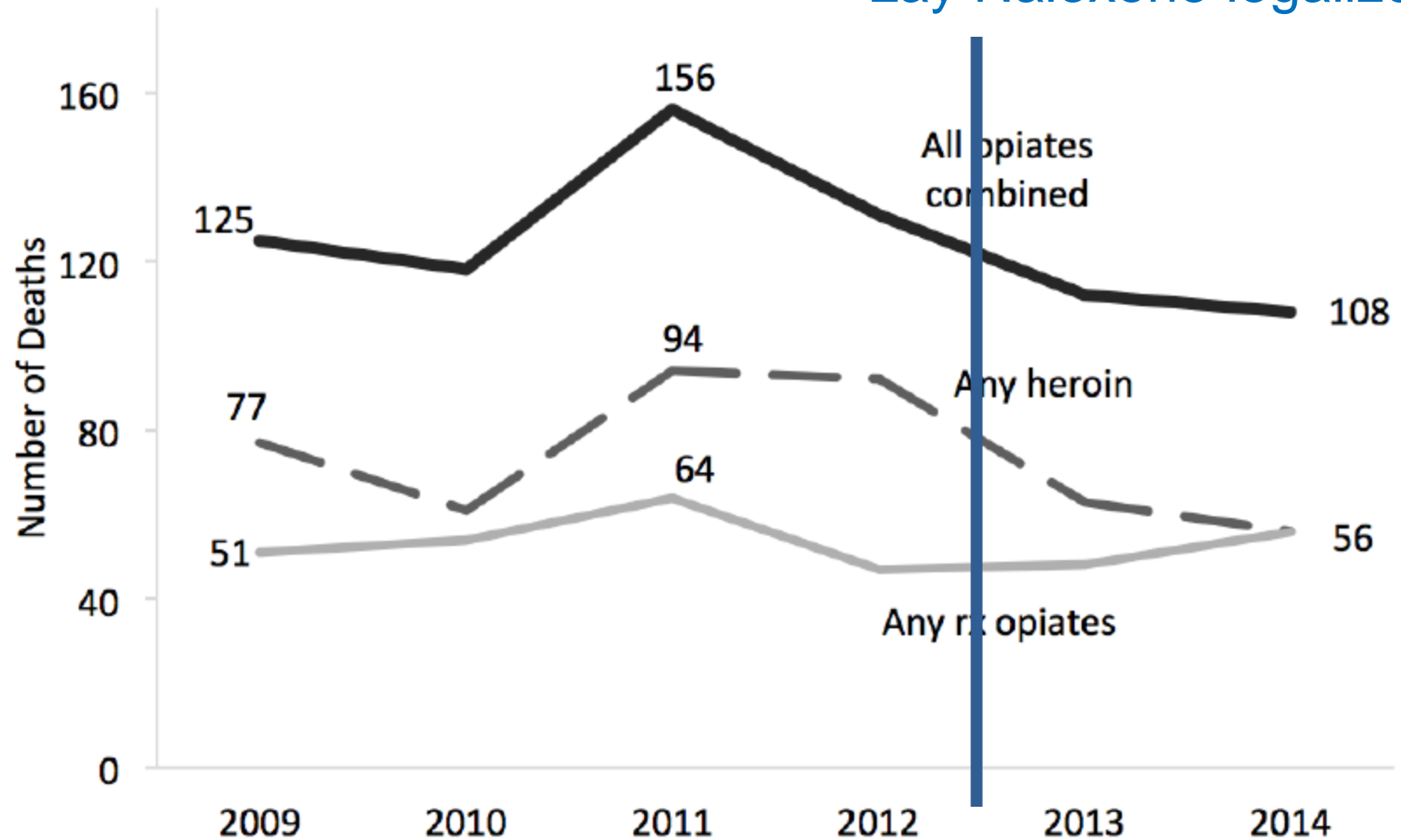


Figure 1. Opiate-Related Deaths by Drug Type and Year, Multnomah County

Lay Naloxone legalized



Tricounty Regional Opioid Safety

2014

2015

2016

HCWC Support
Half-day Summit
Workgroup(s)
Draft Standard
Developed

WGs expand
Standard Finalized
Appendix written
Implementation
Communication
Plan Multi-partner
Agreement
announcement
2nd Opiate Safety
Initiative Launched

*Public Education
Patient/Provider Ed
Expand MAT
Expand Addiction Rx
Replicate successful
Chronic Pain Models
Monitor Outcomes
Expand Naloxone
Availability
Drug Disposal
Regional Summit*

2016 Portland Tricounty Opioid Safety Coalition



- Clackamas, Multnomah, Washington Counties
- FamilyCare Inc
- HealthShare of Oregon
- Care Oregon
- Kaiser
- Legacy
- OHSU
- Providence
- Lines for Life
- Oregon Health Authority
- Central City Concern
- CODA

2016 Portland Tricounty Opioid Safety Coalition



Initial Focus Areas

Compassionate Treatment of Chronic Pain

Prompt Access to Addiction Treatment

Naloxone Availability