Prescription Opioid Overdose in Oregon: A public health perspective

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All-Cause Mortality, Ages 45-54


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Death rates in white, middle-aged Americans

Fig. 2. Mortality by cause, white non-Hispanics ages 45–54.
Drug overdose deaths in US; 2000-2014

2014: 47,055 drug overdose deaths (100 per day); 28,647 (60%) involved opioids
Amount prescribed in US

- 2012: 259 million prescriptions for opioid pain medications

  Enough for every adult in US to have a bottle of pills

- Opioid dependency
  - 2013: 1.9 million persons diagnosed
Oregon Prescription Opioids: The Problem

• Deaths in 2014
  – 154 Oregonians died (prescription opioids)

• Hospitalizations in 2013
  – 330 Oregonians hospitalized
  – Cost of care was $9.1 million
  – 4,300 hospitalized patients had opioid use disorder

• Misuse: 2011-2012
  – Estimated 212,000 Oregonians (5% of population) self-reported non-medical use of prescription pain relievers
Drug overdose deaths, Oregon 2000-2014

Rate per 100,000 population

- Prescription opioids
- Heroin
- Psychotropic (e.g. benzos)
Drug Overdose Deaths by Age, Oregon 2010-2014

Deaths per 100,000 residents

- Any Opioid
- Pharma Opioid
- Heroin
- Psychotropic

18-44
45-64
65-74
75+
Oregon Overdose Deaths by Sex
Opioid Overdose Deaths: 2010-14
Risk Groups for Opioid Overdose Deaths

- Men > women
- Ages: 25-55 years
- White > black, Latino
- Poor, rural > higher SES, urban
- Pre-existing mental health issues
Pain Medication Misuse

• Oregon: highest state for nonmedical use of prescription painkillers*
  – 6.4% of persons ≥12 years
  – 7.4% of persons 12-17 years
  – 15.0% of persons 18-25 years

*SAMHSA- 2010-11 National Survey on Drug Use and Health, state level data
Pain can be Divided into Four Classes

1. Acute Pain
2. Chronic non-cancer pain
3. Cancer pain
4. End of life pain

- Pain lasting > 3 months/past time of tissue healing
- ~15% of US adults
Oregon Opioid Initiative Goals

• Improve Population Health
  – Decrease drug overdose deaths
  – Decrease drug overdose hospitalizations/ ED visits
  – Decrease opioid misuse

• Improve Care
  – Improve pain management practice, including use of alternative pain therapies
  – Increase medication assisted treatment for opioid use disorder

• Decrease Health Care Costs
Spectrum of Interventions

- Decrease amount of opioids prescribed
- Increase availability of naloxone rescue for overdoses
- Ensure availability of treatment of opioid misuse disorder
- Use data to target and evaluation interventions
Decrease Amount of Opioids Prescribed

– Implement Opioid Prescribing Guidelines for Pain Management
  • Acute, Chronic, End-of-life
  • Primary care; Emergency Departments
– Use Prescription Drug Monitoring Program to Assess
– Provide reimbursement for non-opioid pain treatment therapies
– Increase drug take-back availability
CDC prescribing guidelines

- When to initiate or continue opioid for chronic pain
- Opioid selection, dosage, duration, follow up, discontinuation
- Risk Assessment and addressing harms
Opioid Prescribing Recommendations

• When to initiate / continue opioid for chronic pain
  • Alternative pain treatment options preferred
  • Treatment goals for pain and function
  • Discuss risks and benefits of opioid treatment

• Opioid selection, dosage, duration, follow up, discontinuation
  • Immediate release opioids rather than extended release
  • Low initial dose; max 90 mg daily morphine equivalent dose (MED); <3 days if possible
  • Methods for discontinuing opioids (e.g., taper, referrals to substance use Rx)
Opioid Prescribing Recommendations

- **Risk Assessment and addressing harms**
  - physical exam, patient history: pain, medical, family/social
  - PDMP to monitor prescribing; and dispensing
  - pain treatment agreements; documenting progress
  - limit co-prescribing opioids, benzodiazepines, and sedatives
  - access to medication assisted therapy
Oregon Opioid Prescribing Guidelines Task Force

- Endorse CDC guideline as the foundation for opioid prescribing in OR
- Oregon-specific addenda: marijuana use; chronic patients (consultation/documentation); MAT; naloxone
- Implementation/communication strategies and plans
Next steps for Guideline Implementation

• **IMPLEMENTATION & COMMUNICATION**
  Working to ensure consistent and coordinated communication throughout all work underway.

• **LEVERAGING RESOURCES**
  CDC grant will support education, outreach and regional summits.

• **CONVENE DIVERSE MEMBERSHIP**
  Create new and diverse opioid overdose prevention task force for next phase.
Oregon Prescription Drug Monitoring Program (PDMP)

“…establish and maintain a prescription monitoring program for monitoring and reporting prescription drugs dispensed by pharmacies in Oregon that are classified in schedules II through IV under the federal Controlled Substances Act…” ORS 431.962
Purpose of Oregon PDMP

• Provide data on controlled substance prescriptions to improve patient safety and health
  – Patients at risk for: overdose, side effects, increased risk from other drugs, physical dependence, drug abuse
  – Provider tool to assess these issues
Oregon PDMP: Overview

- Oregon Health Authority
- 24/7 Web-based access
- Authorized and authenticated users only
- Queryable by providers and pharmacists on their patients only
- Voluntary use – liability protection
Information Collected

3-year prescription history

Patient information
- First, last names, middle initial
- Date of birth
- Full address
- Drug: date prescribed; date dispensed; quantity

Pharmacy and practitioner information
- Dispensing pharmacy ID
- Prescribing practitioner ID
PDMP Data

- 7.5 million controlled prescriptions annually
- 4,000 prescribers write 80% of scheduled substance prescriptions
- Opioids (e.g., hydrocodone, oxycodone) account for >50% of prescriptions
- Benzodiazepines 2nd most frequent prescription
Opioid Prescription Fills by Age, Oregon, 2015

Age group (years)  
<18 18-29 30-44 45-64 65-74 75+

Fills Per 1,000 Residents
Increase Naloxone Availability

– Co-preserve naloxone with opioids for at-risk patients
– Implement recent statutory change that allows naloxone prescription by pharmacists
– Improve infrastructure for naloxone rescue by EMTs and law enforcement
– Promote knowledge of Oregon’s “Good Samaritan Law”
Medication-Assisted Treatment

– Improve access to MAT services throughout Oregon
– Ensure that CCOs cover MAT
– Increase number of Oregon physicians “waivered” to provide buprenorphine
Medication Assisted Treatment Programs in Oregon
Data to Guide/ Evaluate Interventions

– Overdose death, hospitalizations
– Percent population with daily MED >120 mg
– Opioid disorder treatment data

– Focus on: demographics, geography, health disparities (e.g. SES, homelessness, veteran status)
Community/Policy

- Everyone has a role in communication and meeting statewide goals
- Education of patients/ providers/ policy makers
- Provider groups to develop best-practices in local area
- Implement statutory changes:
  - PDMP: incorporate into EDIE; use for public health practice/ research; automated notifications
  - Naloxone prescribing by pharmacists
Oregon Opioid Initiatives

- PDMP usage
- Statewide Prescribing Taskforce
- Statewide Performance Improvement Project (PIP)
- Prescription Drug Overdose Grant

- Interactive data dashboard
- Initiative dashboard dev.
- CCO PIP: ≥ 120 MED and ≥ 90 MED tracked
- Hospital Transformation Program metric development

- HB 4124: Prescription Monitoring / Naloxone Availability
- Collaboration with law enforcement and EMT

- Medication Assisted Treatment (MAT)
- Prioritized List Back Condition Benefit coverage (7/1/2016)
Oregon Opioid Initiative Partnerships

Federal

State & Local

Community

Health care & Treatment

Centers for Disease Control & Prevention
Substance Abuse & Mental Health Services Administration
Department of Justice

Public safety/ Law Enforcement
OHSU & NW Addictions Technology Transfer Center
OR Coalition for the Responsible Use of Meds Needle exchange programs

State policy makers and statutes
Oregon Health Leadership Council
Health Systems
Local public health departments

Coordinated Care Organizations
Health systems
Emergency Departments
Pain management clinics
Opioid Use Disorder Treatment Programs
Pharmacies

Office of the State Public Health Director
Balance Needs

Guidelines/PDMP/Regulation

- Protect & promote pain mgmt
- Inform clinicians
- Control diversion
- Inform public policy
- Increase SA treatment referrals
- Public education prevention practice
- Honor legislative intent
- Privacy & Security

Office of the State Public Health Director
Questions?

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