Oregon’s Response to Opioids
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Disclosure

• No disclosures
Presentation Outline

- Scope of opioid problem in Oregon
- Reasons for the epidemic
  - Prescribing for pain, abundant diverted and illegal opioids, susceptibility, adverse childhood experiences, ‘despair’
- Statewide strategies
  - Progress in problem prescribing
  - Efforts to reach all parts of state
- Poly-substance use being acknowledged
Overdose Deaths Involving Opioids, United States, 2000-2015

3+X increase

Prescription Opioids in Oregon: Scope of the Problem

Non-Medical Use of Prescription Opioids

- 6th in the nation in 2013-2014\(^1\)
- 5.3% of 12-17 year olds reported misuse of prescription opioids

Hospitalizations

- 330 hospitalizations for overdose; 4300 for opioid use disorder
- $8 million in hospitalization charges in 2014

Death Rate

- 149 deaths (3.6 per 100,000 residents) for pharmaceutical opioid overdose in 2016

Source: National Survey on Drug Use Health (NSDUH)\(^1\), Oregon Health Analytics Hospital Discharge Dataset\(^2\), Oregon Vital Records: Death Certificates\(^3\)
Drug Overdose Deaths, Oregon 2000-2016

Pharmaceutical and Synthetic Opioids
Heroin
Methamphetamine and stimulants

Rate per 100,000 population

Source: Oregon Vital Statistics, Death Certificates [healthoregon.org/opioids](http://healthoregon.org/opioids) Data dashboard
Nationally and in many states, drug overdose deaths increased from 2010 to 2015.

Unlike most states, the total drug overdose death rates fell slightly in Oregon from 2010-2015.
Some Causes of the Opioid Crisis

• Over prescribing
• Abundant, cheap opioids
• Human susceptibility
• Small overdoses can kill
• Opioid Use Disorder (OUD) is a chronic, relapsing disease
• Poverty, genetics and adverse childhood experiences (ACEs) underlie OUD
Opioid Misuse: Risk Factors

**Fixed**
- Male > Female
- Youth > Older Adult
- Genetic Variants
  - Dopamine, GABA, serotonin, opioid receptors, enzymes, transporters

**Changeable**
- Education
- Poverty
- Length of exposure to opioids
- Adverse Childhood Experiences
Controlled Substance Prescriptions
Oregon, 2016

<table>
<thead>
<tr>
<th>Medication</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>22.8%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>17.8%</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>6.0%</td>
</tr>
<tr>
<td>Tramadol</td>
<td>5.9%</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>5.9%</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>5.5%</td>
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<tr>
<td>Alprazolam</td>
<td>5.0%</td>
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<tr>
<td>Clonazepam</td>
<td>4.7%</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>3.9%</td>
</tr>
<tr>
<td>Pseudoephedrine</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Source: Oregon Prescription Drug Monitoring Program
Oregon Health Authority
Opioid Initiative Summary

- Prioritized List Back Condition Benefit Coverage (7/1/2016)
- Prescription Drug Overdose Grant

- HB 4124 Naloxone Availability
- Collaboration with law enforcement and EMT
- Medication Assisted Treatment (MAT)
- STR Grant

- Statewide Prescribing Guidelines
- Statewide Dental Prescribing Guidelines
- Statewide Performance Improvement Project (PIP)

1. Reduce Risk
2. Reduce Harms/Support Recovery
3. Reduce number of pills
4. Data Availability

- HB 4124: Prescription Monitoring
- Interactive opioid dashboard
- CCO PIP: $120 MED and $90 MED tracked
The New Back Care Paradigm: Medicaid Coverage

**Increased Coverage:**
- Cognitive Behavior Therapy
- Spinal Manipulation
- Acupuncture
- PT/OT
- Non-opioid medications
- Yoga *
- Interdisciplinary Rehab *
- Supervised exercise *
- Massage Therapy *

* If available

**Decreased Coverage:**
- Surgeries
- Opioids
- Epidural Steroid Injections
Oregon Prescribing Guidelines

- Endorse CDC guideline as the foundation for opioid prescribing in Oregon
- Oregon-specific addenda:
  - Marijuana use
  - chronic (legacy) patients
  - naloxone
  - Oregon Prescription Drug Monitoring Program
  - Oregon Medical Board Material Risk Notice
Oregon’s Prescription Drug Monitoring Program

- Provide data on controlled substance prescriptions to improve patient safety and health
- Pharmacies enter data; authorized providers have 24/7 Web-based access to their patients’ data

Recent changes:
- Clinical review subcommittee—high prescribers who can benefit from education
- Mandatory registration
2015-2017 Oregon Opioid Prescribing: Decreased by 24%

Q3 2015: 236 opioid prescriptions per 1,000 residents

Q3 2017: 179 opioid prescriptions per 1,000 residents

Source: Oregon Prescription Drug Monitoring Program healthoregon.org/opioids Data dashboard
Oregon Opioid High Dose Prescribing by Age

Patients receiving a >120 MED opioid fill

Recipients per 1,000 residents

Age Group
- Less than 18
- 18-29
- 30-44
- 45-64
- 65-74
- 75+

Source: Oregon Prescription Drug Monitoring Program. [healthoregon.org/opioids](http://healthoregon.org/opioids) Data dashboard
OHA opioid grant projects

**CDC PDO Prevention for States**

- Fund high-burden regions to coordinate prevention infrastructure
- Develop toolkit and training for implementation of opioid prescribing guidelines
- Pain Management Improvement Team providing TA and trainings to health systems and clinics
- Tele-Pain for rural providers
- Enhance OPC pain training module
- Regional opioid/pain summits

**SAMHSA State Targeted Response 2017 - 2019**

- Expands and enhances CDC PDO grant
- Increase MAT and OTPs in rural/frontier counties
- OHSU Project ECHO for rural providers
- Enhanced Coordination
  - Transition out of corrections; peer navigators
  - Individual and family support, housing for community transitions
- Collaboration with tribes
  - Needs assessment
- Public Education
  - Media Campaign; pain management
PDO Grant: Funded 8 High-burden regions

Based on prescribing data, opioid overdose outcome rates, and population
Multiple On-going OHA Efforts for a Complex Problem

- Oregon Health Plan Coverage Policies
- State Opioid Treatment Authority Policies
- Opioid Initiatives to Support Regions in Prevention and Treatment
- Data Availability to Monitor Progress and Identify Issues
- Safety and Prevention Campaign