Prescription Opioid Overdose in Oregon: A public health perspective

Katrina Hedberg, MD, MPH
Health Officer & State Epidemiologist
Oregon Public Health Division
Oregon Health Authority
Death rates in white, middle-aged Americans

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

2014: 47,055 drug overdose deaths (100 per day); 28,647 (60%) involved opioids
More than 40 people die every day from overdoses involving prescription opioids.

At least half of all opioid overdose deaths involve a prescription opioid.
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
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

Age Groups:
- 18-44
- 45-64
- 65-74
- 75+
Oregon Overdose Deaths by Sex

Office of the State Public Health Director
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: in top 5 US states for nonmedical use of prescription painkillers*
  – 4.7% of persons ≥12 years
  – 5.3% of persons 12-17 years
  – 9.1% of persons 18-25 years

*SAMHSA- 2013-14 National Survey on Drug Use and Health
Pain Categories

- Acute Pain
- Chronic non-cancer pain
- Cancer pain
- End of life pain

• Pain lasting > 3 months/past time of tissue healing
• ~15% of US adults
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
Limit Amount of Opioids Prescribed

- Implement Opioid Prescribing Guidelines for Pain Management
- Use Prescription Drug Monitoring Program to Assess
- Provide reimbursement for non-opioid pain treatment therapies
- Increase drug take-back availability
CDC Prescribing Guideline

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016
Opioid Prescribing Recommendations (1)

• 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 Prescribing Recommendations (2)

- 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 (3)

• Risk assessment / addressing harms
  • physical exam, patient history: pain, medical, family/social
  • PDMP to monitor prescribing / dispensing
  • pain treatment agreements; document progress
  • limit co-prescribing opioids, benzodiazepines, 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
“…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
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) | Fills Per 1,000 Residents
--- | ---
<18 | 0
18-29 | 400
30-44 | 1200
45-64 | 1800
65-74 | 1800
75+ |
Increase Naloxone Availability

- Co-prescribe naloxone with opioids for at-risk patients
- Implement statute 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

- Collective 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

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 Prgms
Pharmacies

Office of the State Public Health Director
Balance Needs

Guidelines/PDMP/Regulation

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

Office of the State Public Health Director
Questions?

Katrina Hedberg, MD, MPH
Katrina.Hedberg@state.or.us

Website: <healthoregon.org/opioids>