



A Call To Action

North Coast Opioid Summit
April 28, 2016

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David Labby MD PhD



Worst man-made epidemic in modern medical history

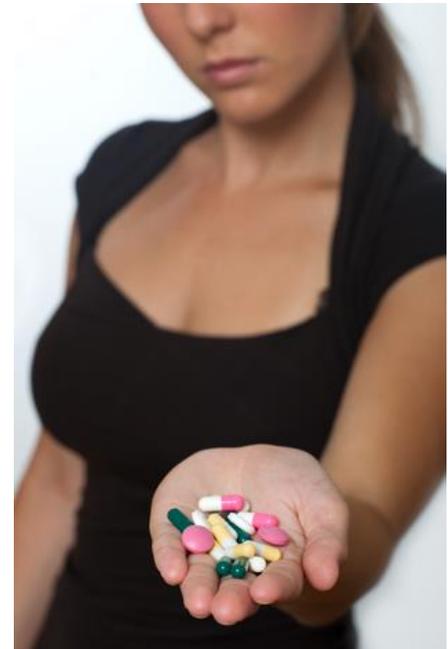


- Over 200,000 deaths in the US
- More deaths from prescription drug overdoses than from motor vehicle crashes
- Number of OD deaths reached a new peak in 2014:
 - 47,055 people
 - 125 Americans daily
- Deaths from OD reaching similar levels to the HIV epidemic at its peak
- OD death of “community pill” and from abuse of prescribed medications
- Millions addicted and/or dependent
- Spillover effect to heroin and to SSDI

Degenhardt et al Lancet Psychiatry 2015; 2: 314-22; POINT prospective cohort: DSM-5 opioid use disorder: **29.4%**

Public Health Epidemic

- **In 2014, 212,000 Oregonians reported using opioids non-medically**
- Based on number of Rx written to death ratio almost certainty that every prescriber has had a death related to opioids!
- Fastest growing prescription opioid use rate: 15-17yo!
 - Pill parties



Remember When Cigarettes Were Cool?



20,679* Physicians
say "LUCKIES
are less irritating"

"It's toasted"

Your Throat Protection against irritation against cough



How The Tide Changed...

Cigarette Health Warnings

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

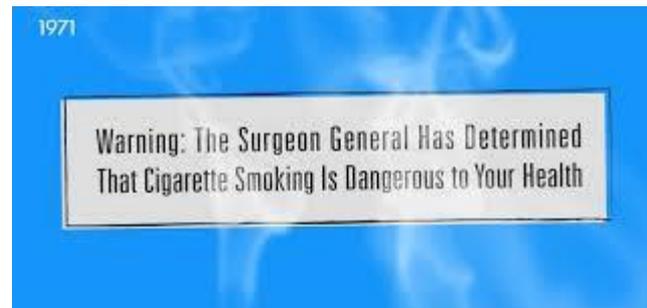
SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

- First warning related to cigarettes and health came out in 1964
- This was followed by the Federal Cigarette Labeling and Advertising Act of 1965 and the Public Health Cigarette Smoking Act of 1969
- Public Health campaigns
- Medical community support

2014 18% of American adults smoke compared to 42% in 1964



This was a vital cultural shift...

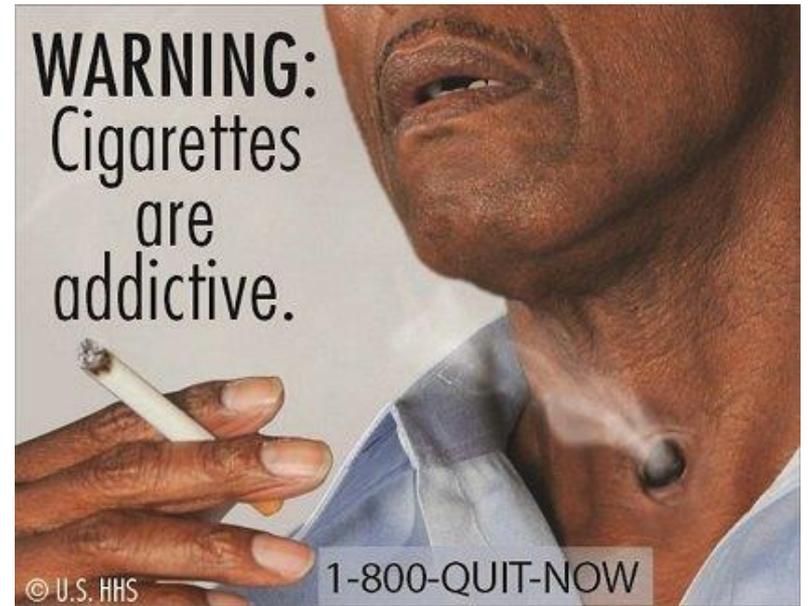


* The figures quoted have been checked and certified to by LYBRAND, ROSS ROSS AND MONTGOMERY, Accountants and Auditors.

20,679* Physicians
say "**LUCKIES**
are *less irritating*"

"It's toasted"

Your Throat Protection against irritation against cough



WARNING:
Cigarettes
are
addictive.

© U.S. HHS 1-800-QUIT-NOW

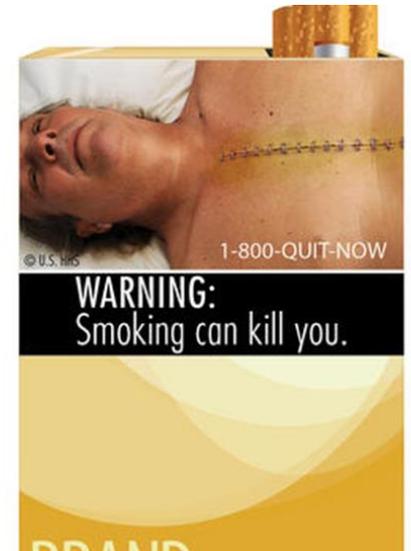


1-800-QUIT-NOW

© U.S. HHS

WARNING: Cigarettes
cause fatal lung disease.

BRAND



1-800-QUIT-NOW

© U.S. HHS

WARNING:
Smoking can kill you.

BRAND

How Did The Opioid Epidemic Begin?

N Engl J Med. 1980;302:123.

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
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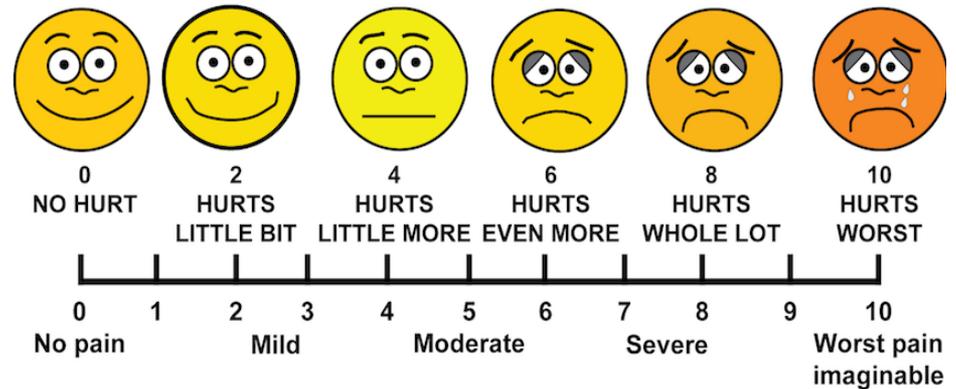
Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. *JAMA*. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. *J Clin Pharmacol*. 1978; 18:180-8.

Pain as the 5th Vital Sign



PAIN MEASUREMENT SCALE



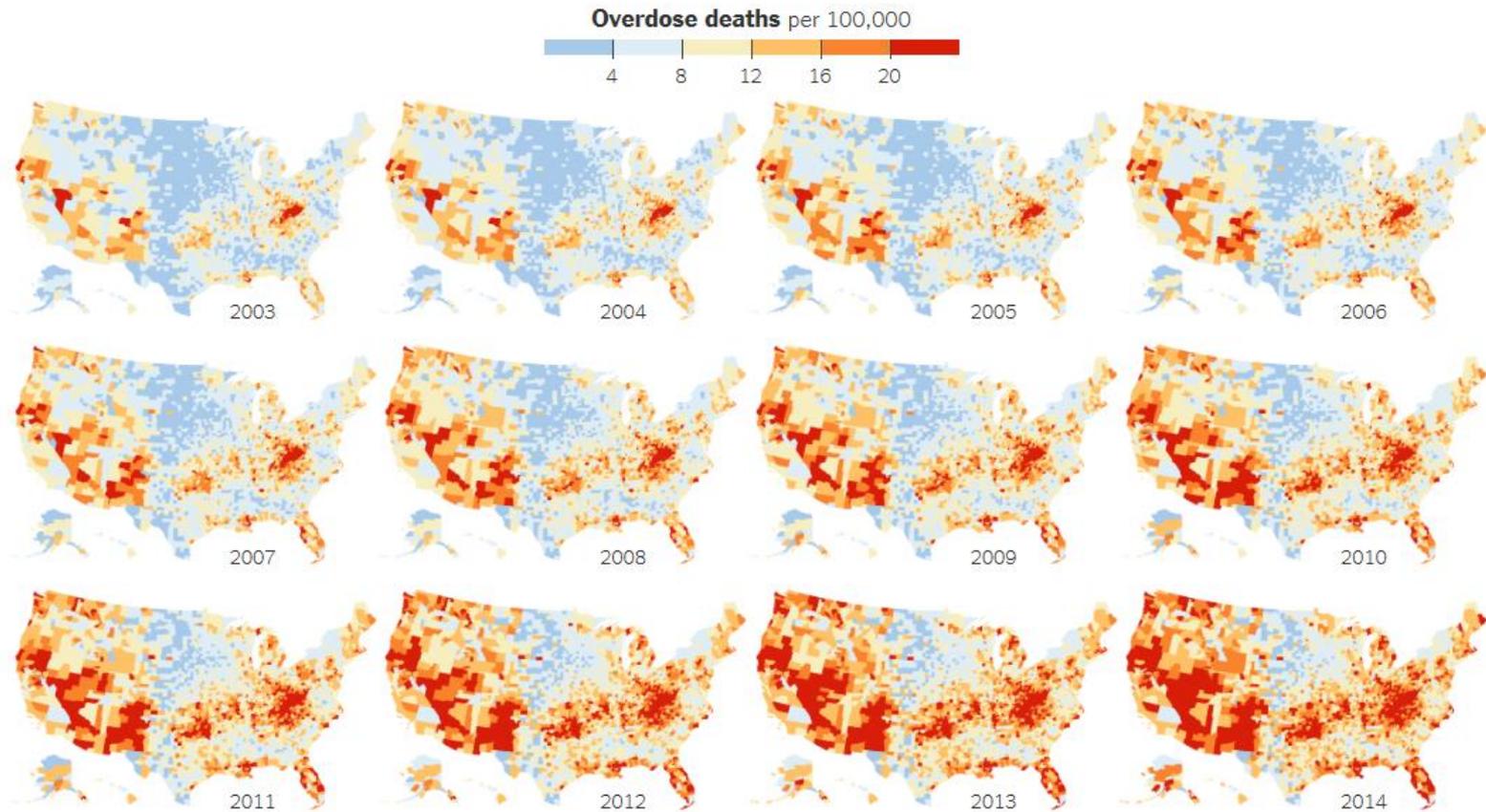
From Weak Science To Bad Policy

- ❑ By the late 1990s, at least 20 states passed new laws, regulations, or policies moving from near prohibition of opioids to use without dosing guidance
 - **WA law: “No disciplinary action will be taken against a practitioner based solely on the quantity and/or frequency of opioids prescribed.” (WAC 246-919-830, 12/1999)**
- ❑ Laws were based on weak science and good experience with cancer pain:
Thus, no ceiling on dose and axiom to use more opioid if tolerance develops



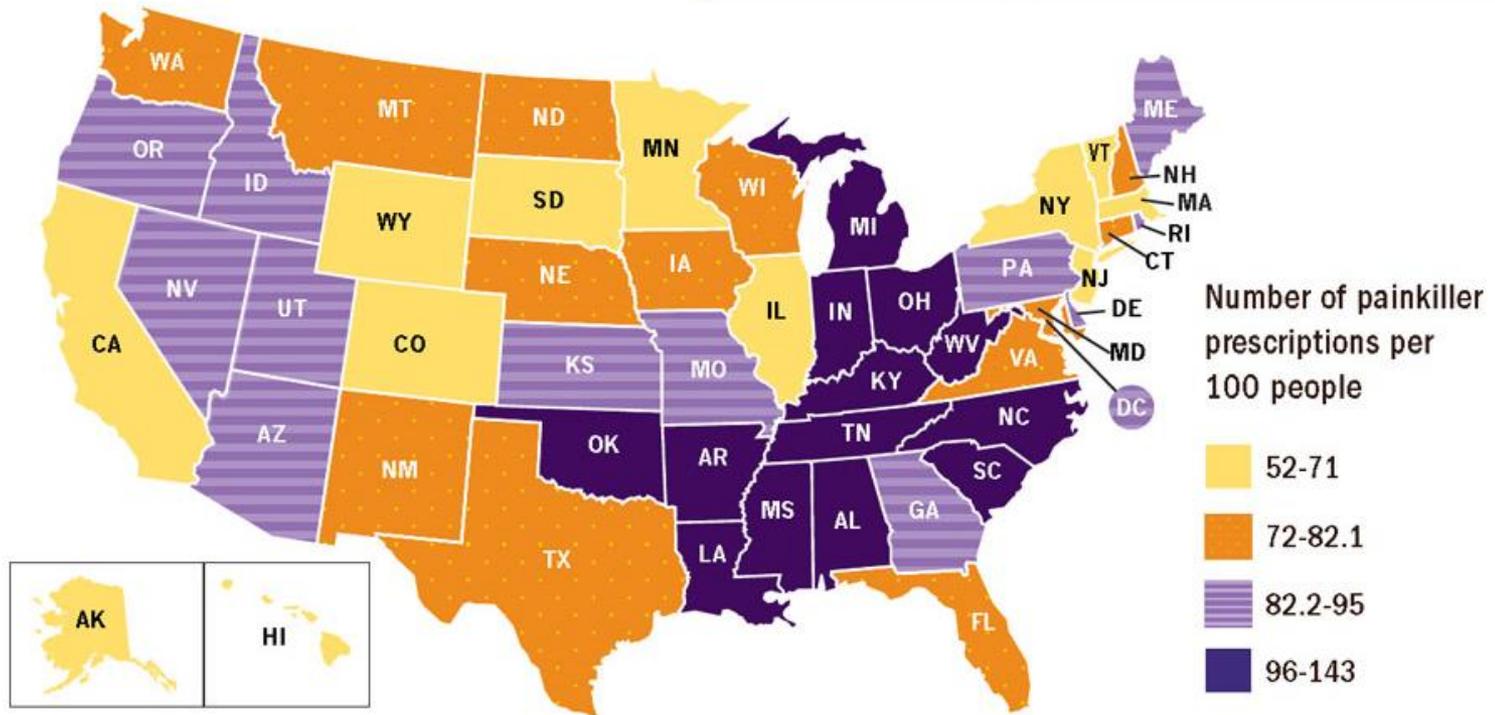
WAC-Washington Administrative Code

How the Epidemic of Drug Overdose Deaths Ripples Across America



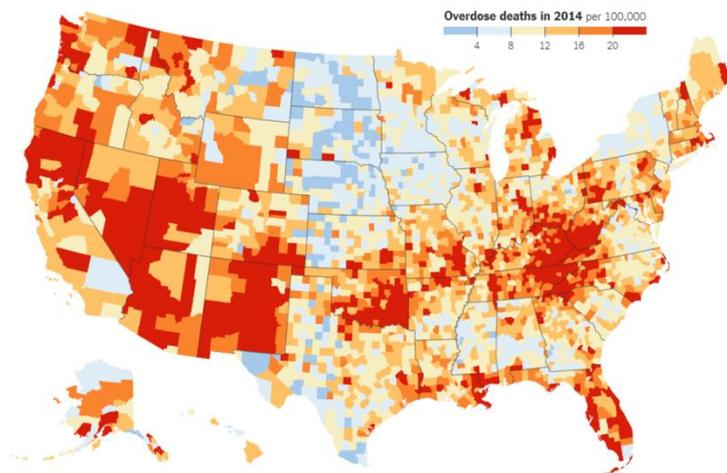
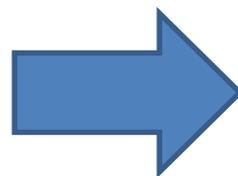
High Number of Pills

Some states have more painkiller prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

We need another major cultural shift...
Perhaps the most vital in decades



Limitations of Long-term (>3 Months) Opioid Therapy

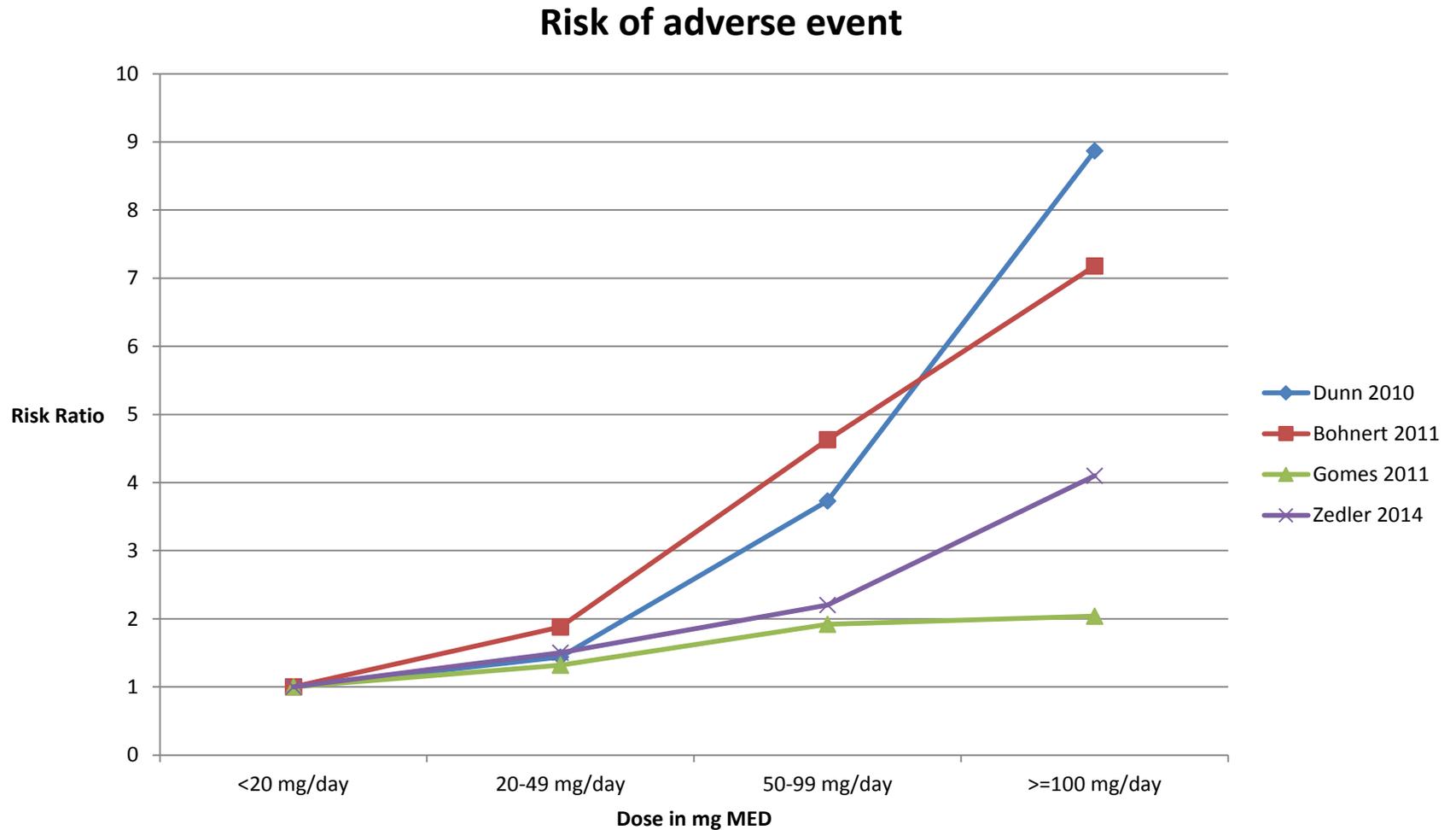
- ❑ Overall, the evidence for long-term analgesic efficacy is weak
- ❑ **100% of patients on opioids chronically develop dependence**
 - ❑ **Discontinuation studies:**
 - ❑ **60% of patients on opioids for 3 months will still be on opioids 5 years later (Martin et al)**
 - ❑ **47% of patients on opioids for 30 days in the first year of use will be on opioids 3 years later (Express Scripts study)**

Ballantyne J. Pain Physician 2007;10:479-91; Martin BC et al. J Gen Intern Med 2011; 26: 1450-57;
Express Scripts study: URL: <http://lab.express-scripts.com/publications/~media/d48ef3ee579848e7bf3f14af536d7548.ashx>, Accessed 3/4/2015

Evidence of Effectiveness of Chronic Opioid Treatment

The Agency for Healthcare Research and Quality's (AHRQ) recent draft report, "The Effectiveness and Risks of Long-term Opioid Treatment of Chronic Pain," found **insufficient data on long term effectiveness to reach any conclusion, and "evidence supports a dose-dependent risk for serious harms."**

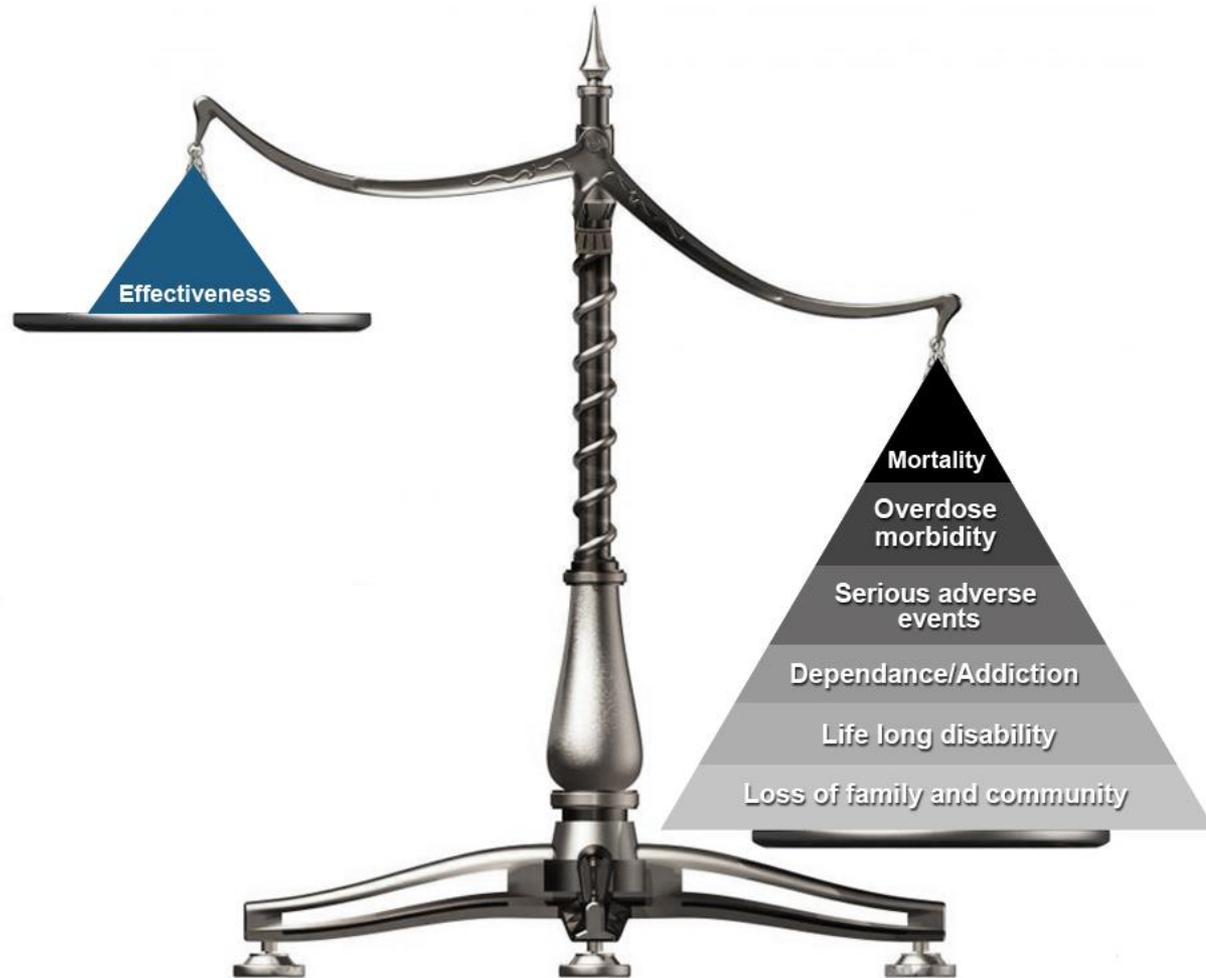
Risk – 4 studies



Risk/Benefit of Opioids for Chronic Non-Cancer Pain

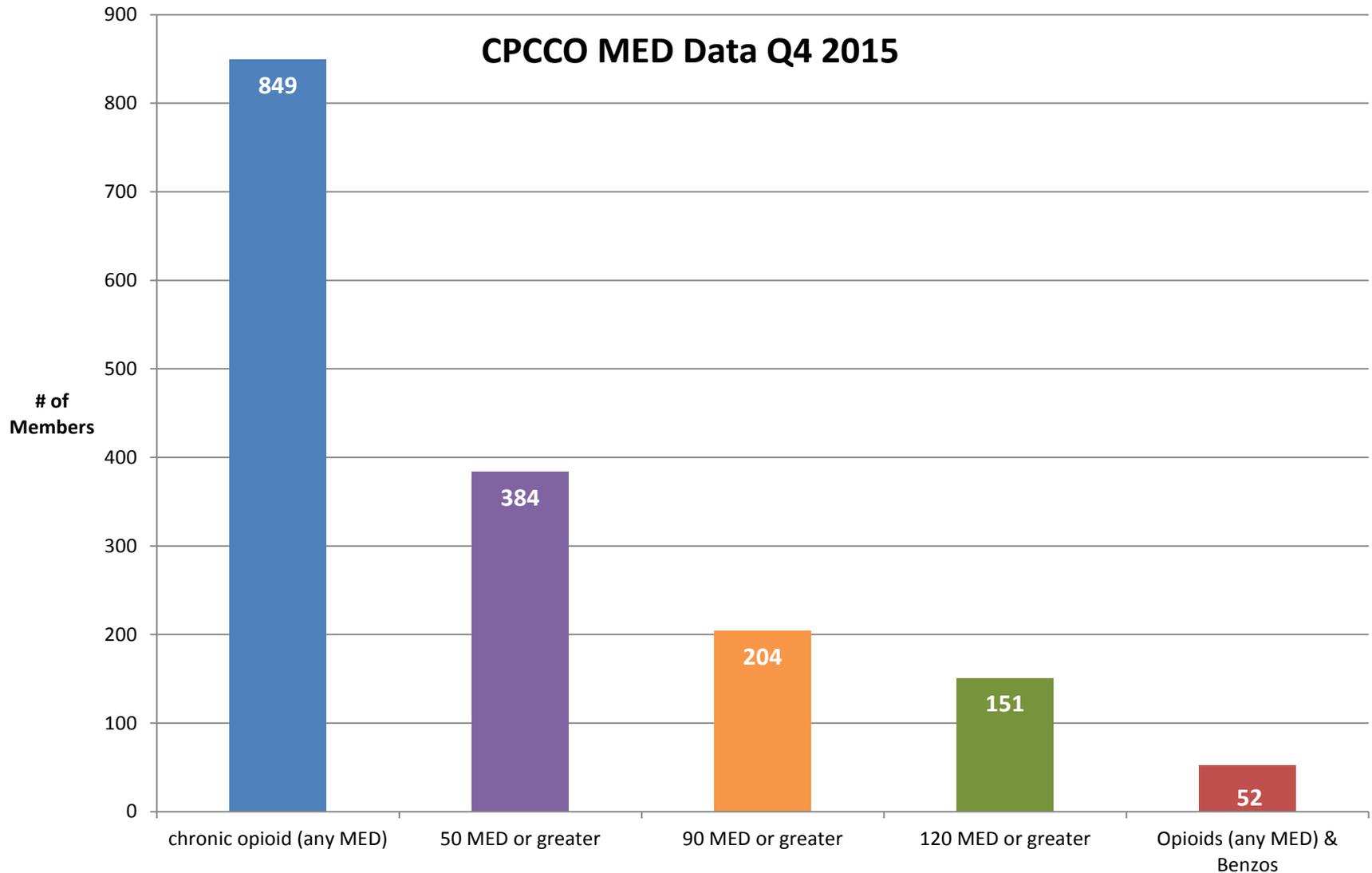
Position paper of the American Academy of Neurology

Franklin; Neurology; Sept 2014--



Slide Adapted from Dr. Gary M. Franklin MD MPH

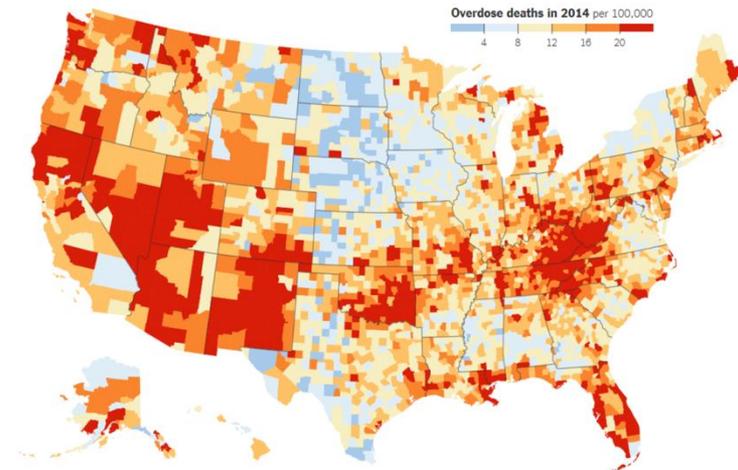
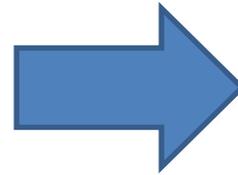
CPCCO Patients at Increased OD Risk



Our Community at Risk

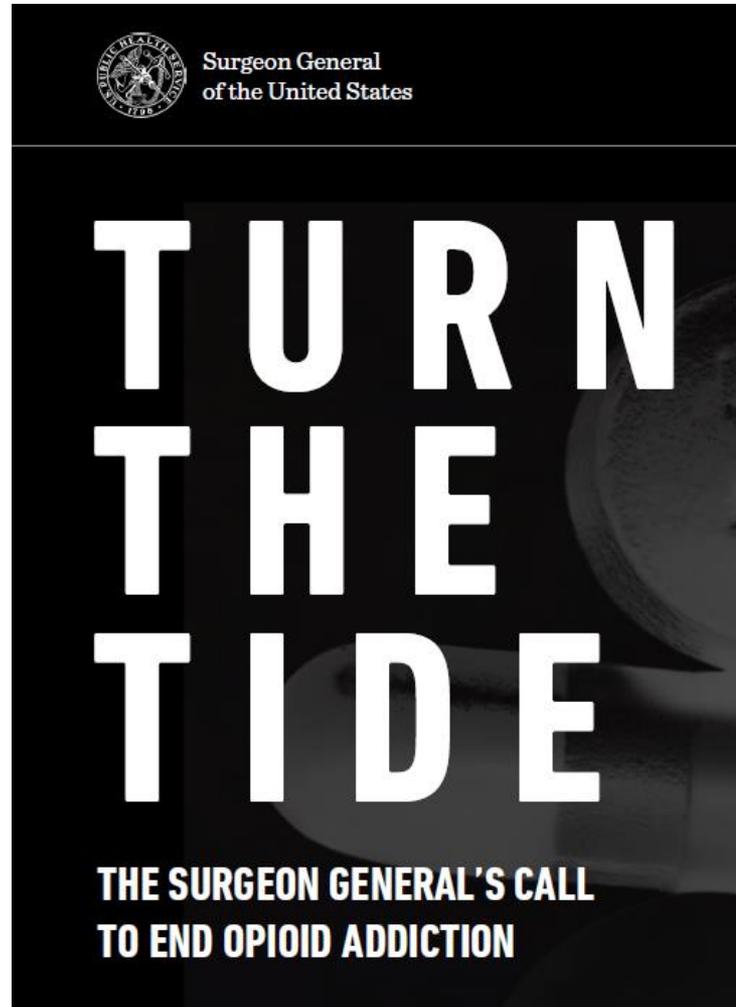
- At least **791** patients in Columbia, Tillamook Clatsop Counties are currently at increased risk of harm (>50MED)
- At least **407** patients in Columbia, Tillamook and Clatsop Counties are currently at high risk of harm (>90 MED)

What is Our Responsibility?



How Do We Turn The Tide??

Surgeon General to Urge Prescribers to Fight Opioid Epidemic



CDC Guidelines 2016

Morbidity and Mortality Weekly Report (*MMWR*)

[CDC](#) > [MMWR](#)

CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016

Recommendations and Reports / March 18, 2016 / 65(1);1-49

- Non-medication therapy are preferred for chronic pain
 - CBT
 - Mindfulness
 - Activity/exercise
- Measure functional improvement not only pain control
- Discuss and highlight risks of medication, including:
 - Dependence and addiction
 - Overdose/death
 - Community pill
- Recommendations on level of prescribing

CPCCO Opioid Model of Care

Public Health

- Needle exchange programs
- Naloxone
- Social marketing
- OPDMP grant

Addictions Treatment

- Medication Assistance Treatment
- Detox Center
- Naloxone

Community

- Social Marketing
- Community events
- Awareness of risks
- Community Action

Behavioral Health

- Integrated behaviorist
- Increasing access to specialty mental health
- Crisis Respite

Pharmacy

- Taper Plan Education
- Drug take backs
- Naloxone
- Data/Opioid Risk Score



**Addressing the Opioid Epidemic
through multifactorial system
of care**

Health Care Providers

- Prescribing guidelines
- Ceiling dose and tiered goal
- Opioid dashboard
- Community of Practice
- Changing paradigm of chronic pain
- Clinical Up-skilling
- ED/Surgeons/Dentists

Non-pharmaceutical Treatments

- Behavior Based pain clinics
- Acupuncture coverage
- PT benefit
- Yoga resources
- CBT/Behavioral health

“Turn The Tide!”

But How?



- Complex Issue: multiple issues, stakeholders, organizations – all important
- Its urgent... but where do we start?
- We can't do this alone...

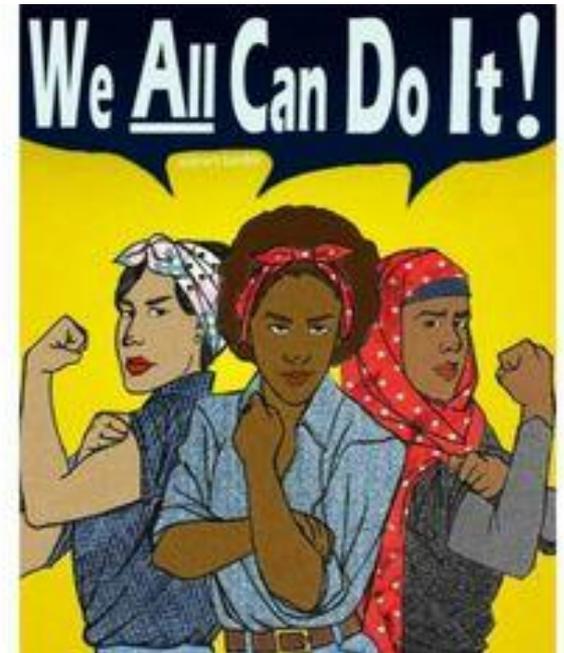
- No one has it all figured out.
- We can learn from each other
- **But we know what doesn't work:**
 - **What we are currently doing....**

Black Box Warning



Building A “Community Campaign”

- **Lots of models to learn from:**
Fund Raising, Politics, Ebola / H1N1 Influenza responses
- **Key elements:**
 1. Committed Leadership
 2. Committed Partnerships
 3. Effective “Back bone” Organization
 4. Community Engagement
 5. Willingness to Learn and Change



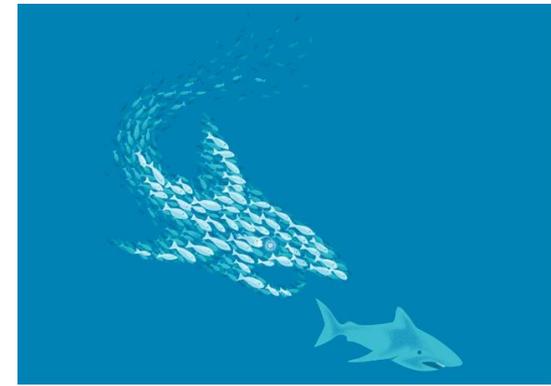
“Never doubt that a small group of committed people can change the world. Indeed, it’s the only thing that ever has.”



Committed Leadership

- **Change happens when people step forward:**
 - **Health Care Providers particularly are called to step forward on the opioid epidemic:**
 - Prescribed opioids come from us: the major prescribers are primary care, dentists, ER
 - But everyone has a role to play and can step forward...
 - Beyond declaring our concern, **we must act**
 - If we don’t change, how can we expect others to change?
 - If we don’t feel urgency, how can we expect others to feel it?
- **What *measurable* changes are we willing to make in our practices by when?**

Partnerships: Find Allies



- **Who do you need to ask for help?**
 - What is critical to success? What of that can you do?
What do you need from others?
- **Who is already engaged on the issue?**
 - Whose campaign can you join?
 - Who is in the room? (Who isn't?)
- **Who are your natural allies?**
 - Who would want to accomplish what you do?
- **What do they want from you?**

Effective Organization: “Collective Impact Framework”

Stanford SOCIAL
INNOVATION REVIEW
Informing and inspiring leaders of social change

John Kania & Mark
Kramer [Winter 2011](#)

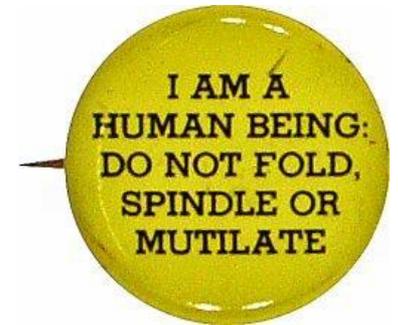
*It's not just
Health Care*



**Who
Does
This?**

Building A Community Campaign

- What are the **key messages** for patients (FAQs)?
 - Are we “swinging the pendulum too far”
 - Cancer patients? Patients at end of life? Others?
 - Are we just pushing “people onto heroin?”
 - Reducing harms without abandoning patients
 - How do we present this to patients
 - What alternatives can we offer?
- How can we **start** community education and engagement? About:
 - The risks of opioid pain meds; about alternatives
 - Pill take back programs
 - About Naloxone rescue
 - About the stigma of addiction
 - About helping family and friends...



Willingness To Learn And Change

- **There is no one way** to solve the opioid epidemic
 - Every community will build its own campaign ... but we can all learn from each other within and across communities
- **But it all starts with someone stepping forward on the issue ... and that person is you.**



A Call to Action: Goals for Today

- All stakeholders develop and commit to action plan to effect change in the community
 - Pharmacists, public health, behavioral health, law enforcement, schools, community members
- Prescribers commits to changing practice patterns and following new guidelines and recommendations
 - Plan to move prescribing community forward
 - Primary Care
 - Dental, specialists, ED
- Commit to developing communications strategy for the community
- Commit to developing a community-wide steering committee to guide work
- Take advantage of state-wide and national learning opportunities