

State of the Region Report



Eastern Oregon Summit to Reduce Rx Abuse

Eastern Oregon University, La Grande

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State of the Region Survey: Goals



- Avoid duplication of effort and get a better understanding of the problems tied to prescription drug abuse in Eastern Oregon by identifying community efforts to reduce Rx abuse and barriers to implementation of community prevention strategies
- Inform summit agenda, provide “real” data at the community level to generate discussion among participants and guide development of local action plans to address Rx abuse including strategies to:
 - REDUCE THE NUMBER OF PILLS IN CIRCULATION
 - EXPAND USE OF PRESCRIPTION DRUG MONITORING PROGRAM
 - EDUCATE PATIENTS AND THE PUBLIC
 - CHANGE ATTITUDES AND PERCEPTIONS
 - REDUCE THE VOLUME OF UNWANTED PILLS
 - IMPROVE & EXPAND ACCESS TO COMPREHENSIVE TREATMENT SERVICES

State of the Region Survey



- Sent email invitation to local behavioral health, law enforcement, education, healthcare, government, public health, prevention and other stakeholder organizations to complete online survey.
- Total number of survey participants = 35
- Most represented Healthcare Organizations - 60% (21/35)
- Survey participants were directed to topic areas based on organization type

Reduce the Number of Pills in Circulation: Use of Prescribing Guidelines



- 10 out of 17 of healthcare organizations surveyed have implemented prescribing guidelines for controlled medications.
- 4/10 reported specific dosing recommendations for opioids (< 120 MED).
- Almost all reported guidelines included recommendations on:
 - Monitoring overlapping prescriptions
 - Avoiding co-prescription of Benzos/Opioids,
 - Reassessment after 90 days
 - Screening for drug and alcohol abuse and use of PDMP
- 2 out 10 included recommended days for care of acute conditions.

Expand Use of Prescription Drug Monitoring Program



- About half (9/17) make providers aware of the PDMP through trainings, meetings or policy procedures.
- None use materials to educate providers about the PDMP.

Educate Patients and the Public



- 59% (20/34) reported their organization provides education on opioids.
- Most education materials include information:
 - Locking up medications,
 - Dangers of using medicines for non-medical purposes,
 - Taking medication as prescribed
 - Dangers of combining Rx with alcohol
- However, less than half surveyed reported these materials include information on the illegality of sharing medications and lack of efficacy of opioids for long-term pain management.

Change Attitudes and Perceptions



- A few (9/31) have sponsored a media or education campaign on opioids.
- Over half (17/30) provide community outreach on the issue of Rx abuse.
- Most held events such as health forums and presentations (15/16).

Reduce the Volume of Unwanted Pills: Take Backs



- 5 of the 29 surveyed reported their organization participated in a Take Back event(s).
- Most used media to raise awareness.
- One group purchased a drug disposal unit and put it in the local justice center.

Improve and Expand Access to Comprehensive Services for Persistent Pain



- Nearly all survey participants reported insurance coverage as the biggest barrier faced by patients.
- Access (geography, childcare, transportation) and availability of services was next.
- Most information about pain management resources was given to patients through discussion with a healthcare provider during office visits.

Available Pain Management Resources



• Community Counseling Solutions	• Outpatient injections
• South Gilliam Health Center	• Chiropractor
• Winding Waters Clinic	• Wallowa Valley Center for Wellness
• Local community and mental health clinics	• Primary Care Physicians
• Physical Therapy	• Regional Medical Clinic
• GRH Physical Therapy	• Local support groups (forming)
• Eastern Oregon Physical Therapy	• Blue Mountain Behavioral Therapy and Addiction
• Fitness clubs	• Center for Human Development
• Support groups	

Improve and Expand Access to Comprehensive Services for Opioid Dependence



- Most cited lack of available providers/services as the primary barrier.
- Other barriers included insurance coverage, provider time and interest in training and access to services.
- None reported any promotion of Naloxone or Naloxone rescue programs in their community.
- Cost and lack of training were reported as the biggest barriers that limit access to Naloxone and Naloxone rescue programs.

REGIONAL DATA



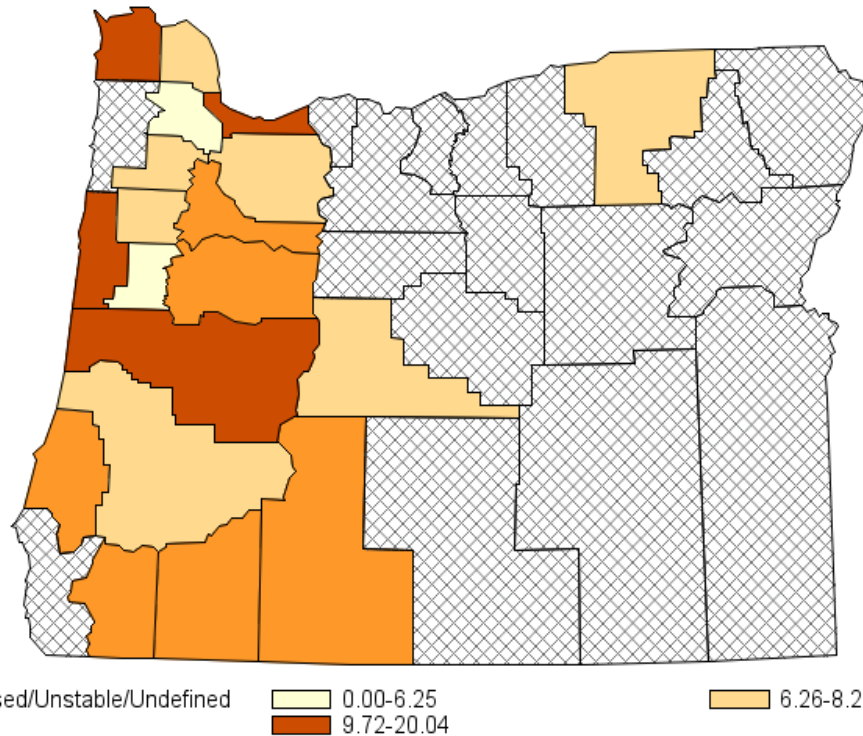
“SNAPSHOT” OF REGIONAL – LEVEL DATA

Nonmedical Use of Pain Relievers in the past year among persons aged 12 or older, by state and substate regions: percentages, annual averages based on 2010, 2011, and 2012 NSDUHs

State/Substate Region	Estimate	95% CI (Lower)	95% CI (Upper)
Oregon	6.14%	5.21%	7.23%
Region 1 (Multnomah)	7.11%	5.47%	9.18%
Region 2	5.86%	4.50%	7.60%
Region 3	6.19%	4.97%	7.69%
Region 4	5.52%	4.18%	7.26%
Region 5 (Central)	5.80%	4.24%	7.87%
Region 6 (Eastern)	5.70%	4.13%	7.81%

Region 6 – Eastern Oregon Counties include: Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler

Location of overdose deaths Oregon, 2004-2012



Reports for All Ages include those of unknown age.

* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have an asterisk.

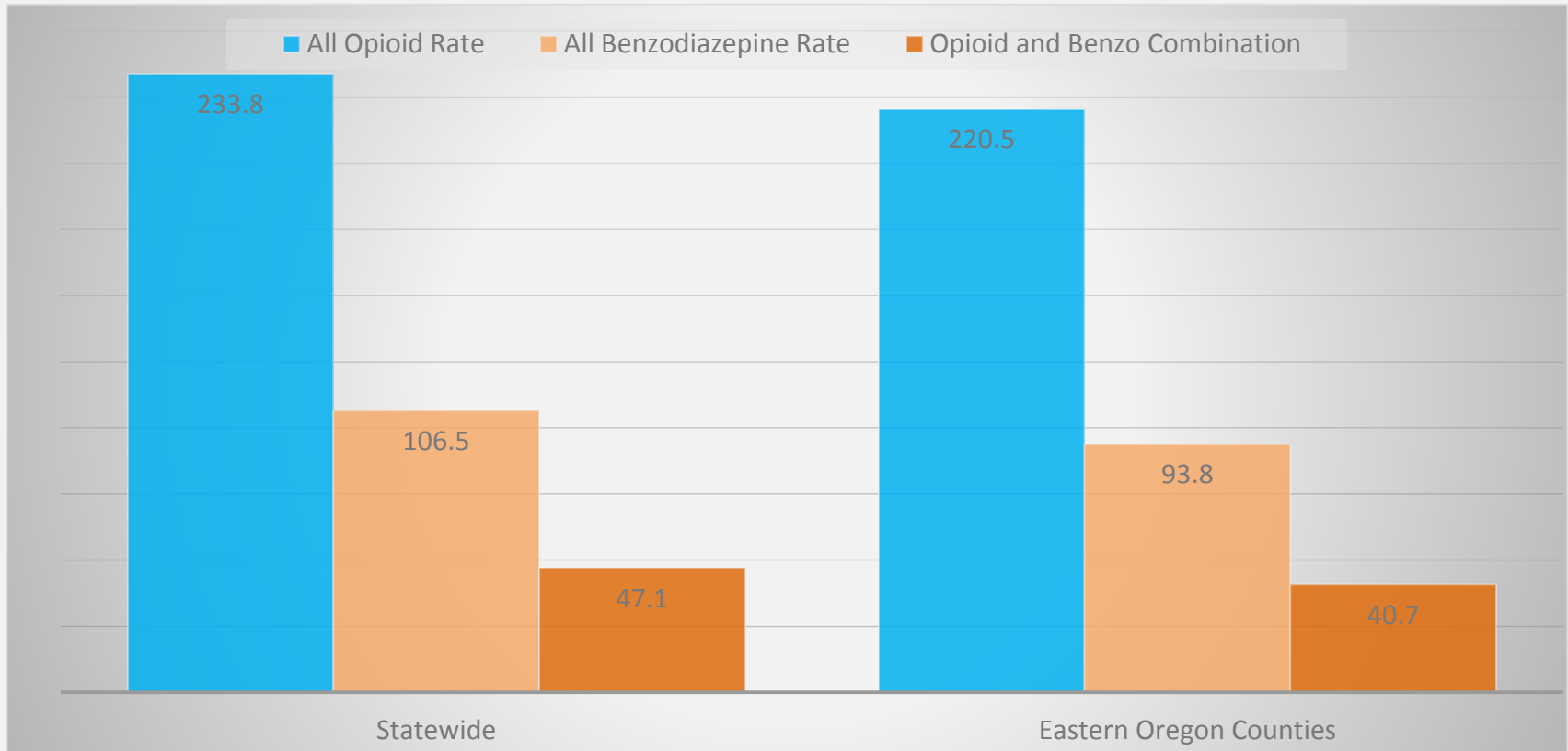
Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

Number of residents per 1,000 receiving an opioid, by Rx type, Eastern counties and statewide, Oregon, 2012



	All Opioids	Hydro-codone	Oxy-codone	Morphine	Methadone	Hydro-morphone	Opioid & Benzo
Statewide	233.8	174.1	86.2	10.3	4.2	5.9	47.1
Baker	218.5	175.0	58.1	14.1	6.5	2.7	40.4
Gilliam	237.4	182.6	74.2	13.2	4.2	5.3	36.8
Grant	217.0	162.4	74.2	11.3	3.8	4.2	39.2
Harney	219.4	156.1	83.8	18.0	4.1	17.9	47.7
Hood River	185.7	142.6	57.9	8.4	5.8	3.7	31.0
Lake	209.7	162.1	63.6	12.5	4.0	5.4	54.0
Malheur	181.1	163.6	29.0	7.4	4.8	1.5	36.9
Morrow	231.4	191.1	70.0	6.8	2.9	4.9	28.6
Sherman	289.5	224.4	90.1	13.6	29.5	6.2	53.3
Umatilla	204.7	167.4	61.6	6.7	2.3	5.3	30.7
Union	214.4	160.2	80.6	9.4	2.6	4.9	37.6
Wallowa	196.9	156.2	58.2	13.8	3.7	2.0	41.5
Wasco	230.4	175.4	78.6	12.9	9.2	4.4	43.7
Wheeler	226.0	169.1	73.0	12.6	2.8	5.6	41.4

Average number of people receiving opioids, benzodiazepines, and combined opioid & benzodiazepine prescriptions per 1,000 residents, statewide and Eastern Oregon counties rates, 1/1/12 to 12/31/12

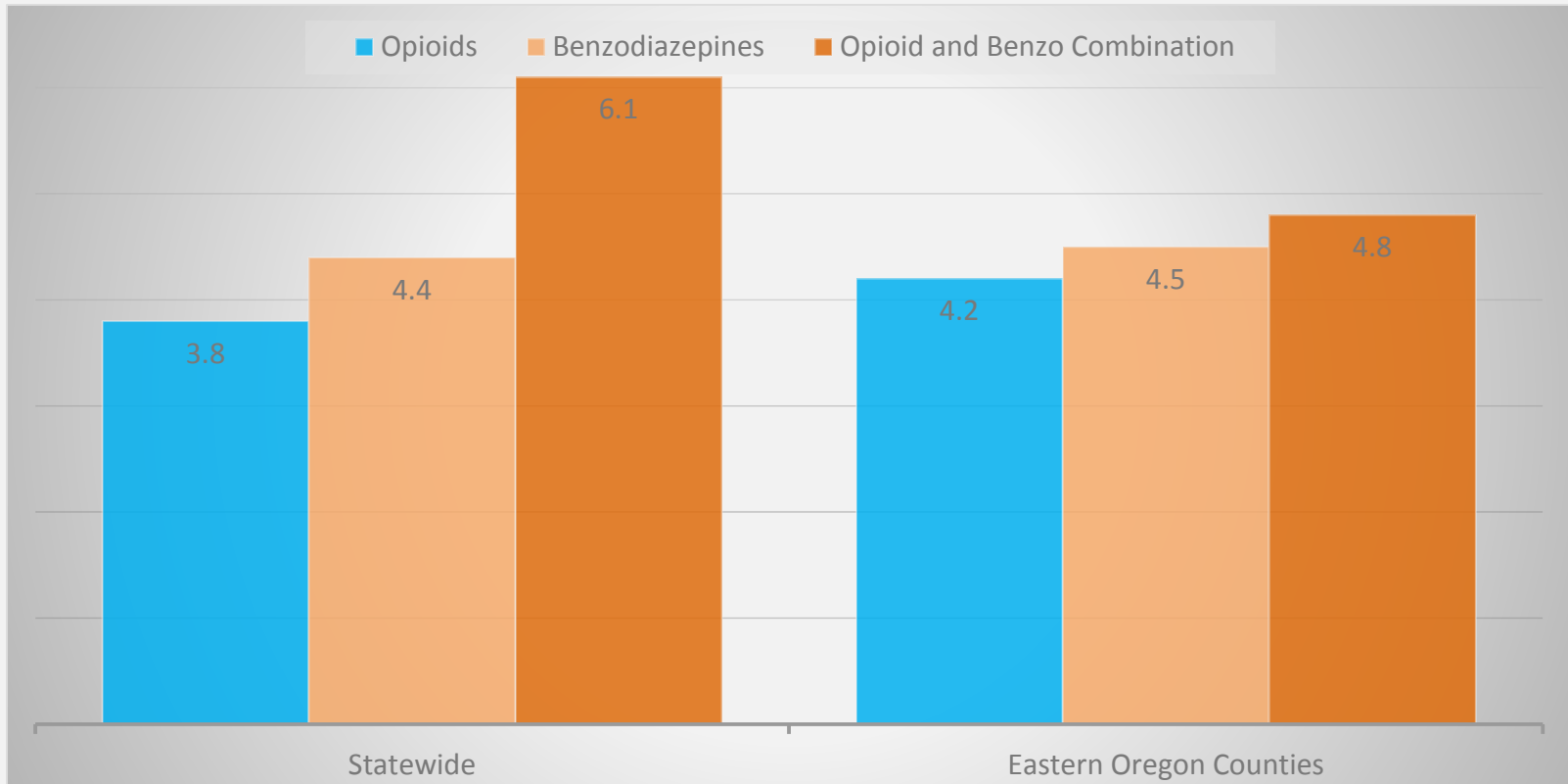


Opioids include: Hydrocodone, Oxycodone, Methadone and Hydromorphone.

Benzodiazepines include: Alprazolam, Clonazepam, Diazepam, Lorazepam, and Zolpidem.

Opioid- Benzo Combo: Opioids include all listed above. Benzodiazepines include all listed above except Zolpidem which represents a chemically different class of benzodiazepine, and in which the risk of combination with opioids is thought to be somewhat lower

Average number of opioid, benzodiazepine, and combined opioid & benzodiazepine prescriptions dispensed annually per recipient, statewide and Eastern Oregon counties, 1/1/12 to 12/31/12



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Number and percent of residents dispensed opioids for three or more consecutive months, Eastern counties and statewide, Oregon, 2012



	Number of unique residents	Number of residents dispensed opioids for three or more consecutive months	Percent of residents dispensed opioids for three or more consecutive months
Statewide	908,162	320,738	35%
Baker	3,542	1,450	41%
Gilliam	451	203	45%
Grant	1,617	658	41%
Harney	1,605	706	44%
Hood River	4,247	1,369	32%
Lake	1,661	766	46%
Malheur	5,685	2,259	40%
Morrow	2,615	927	35%
Sherman	511	233	46%
Umatilla	15,790	5,554	35%
Union	5,612	2,236	40%
Wallowa	1,381	563	41%
Wasco	5,871	2,395	41%
Wheeler	322	123	38%

Estimated Number of Prescribing Providers Registered for a PDMP Account by Eastern Oregon County as of December 2013

County	Number of Prescribing Providers with Accounts	Number of Prescribing Providers who Prescribed at Least 1 Rx from 9/1/2011 to 12/31/2012
Baker	21	53
Gilliam	3	6
Grant	12	21
Harney	14	15
Lake	9	14
Malheur	28	115
Morrow	5	17
Sherman	0	4
Umatilla	63	193
Union	32	106
Wallowa	9	24
Wheeler	0	3

Summary



- Although the number of respondents was small, those who answered open-ended questions provided very thoughtful responses. The goal of the survey was to get a “snapshot” of the barriers to reducing Rx abuse in this region.
- Survey responses do support initial assumptions about access barriers (insurance coverage, geography, availability of services) to Medicated Assisted Therapies, pain specialists and alternative therapies as Regional road blocks to patient access of comprehensive treatment for opioid dependence and chronic pain management.
- Survey responses indicate education about Naloxone rescue programs is also needed.
- Examination of County level PDMP data: no significant differences in number of prescriptions dispensed regionally verses Statewide. Variances across counties are difficult to determine due to significant differences among populations.