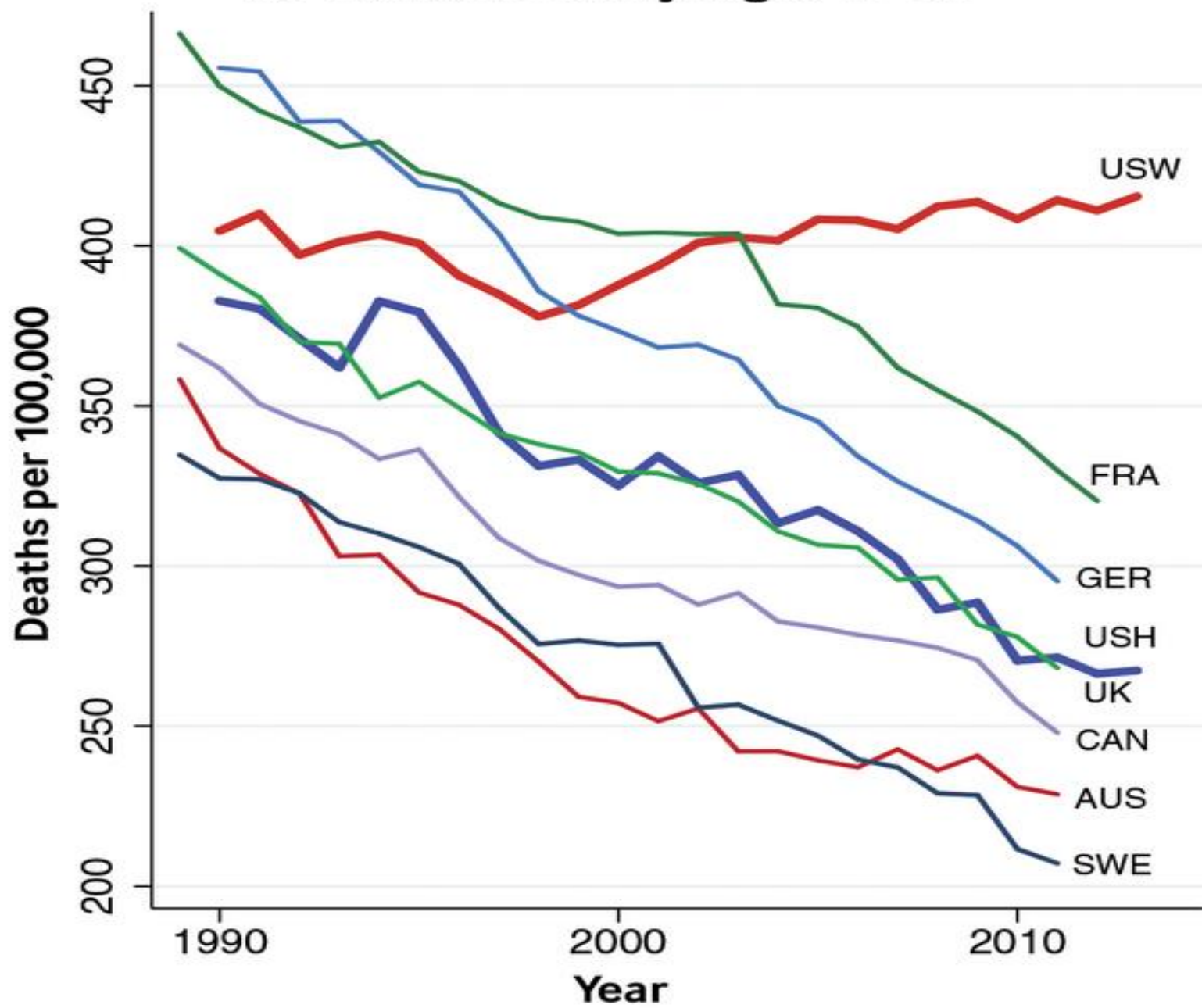


# Preventing Opioid Overdose in Oregon

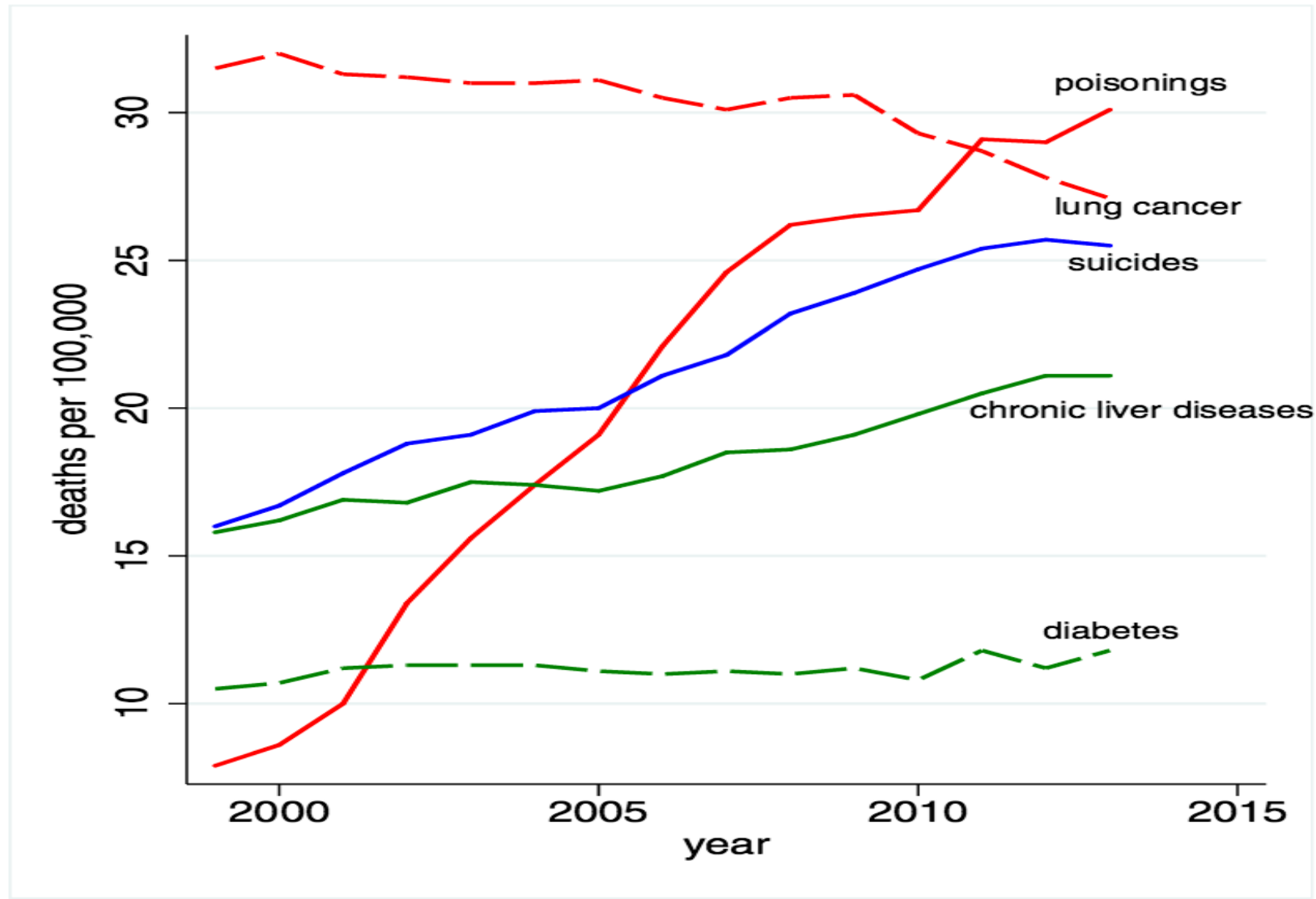
Katrina Hedberg, MD, MPH  
Health Officer & State Epidemiologist  
Oregon Public Health Division



### All-Cause Mortality, Ages 45–54



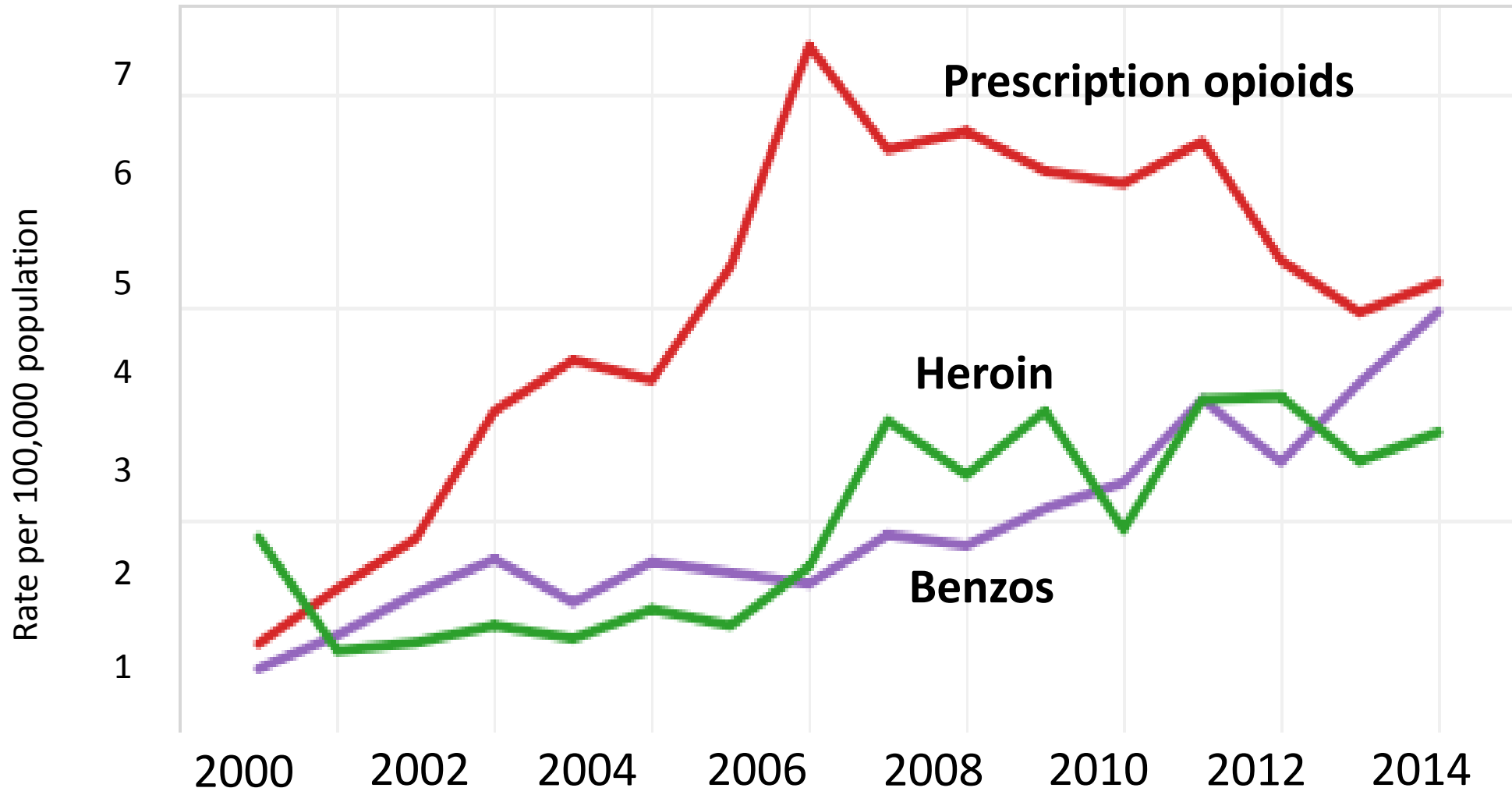
# Death rates in middle-aged white Americans



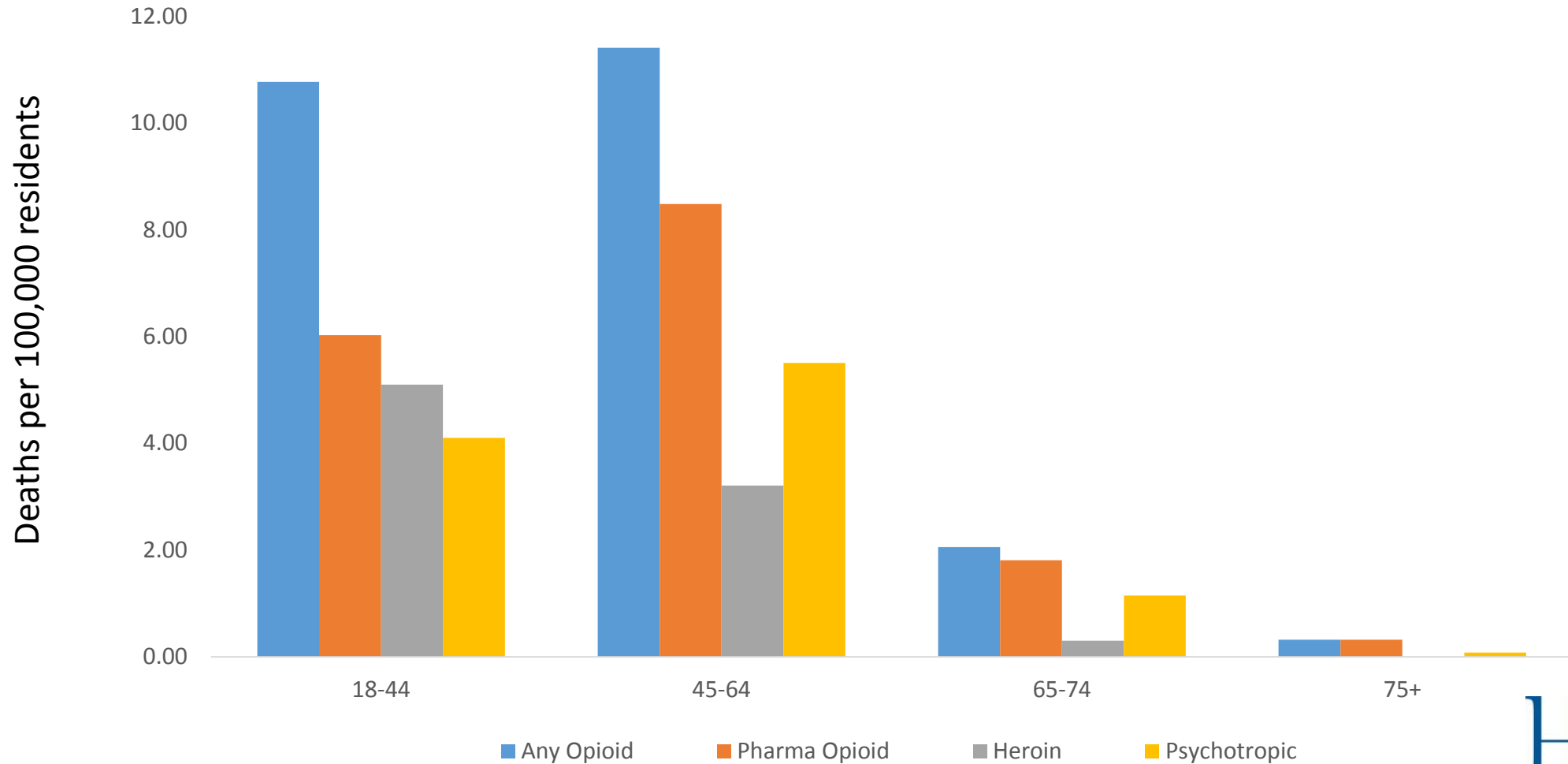
# Oregon Prescription Opioids: The Problem

- **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: 2012-2013**
  - 212,000 Oregonians (5% of population) self-reported non-medical use of prescription pain relievers

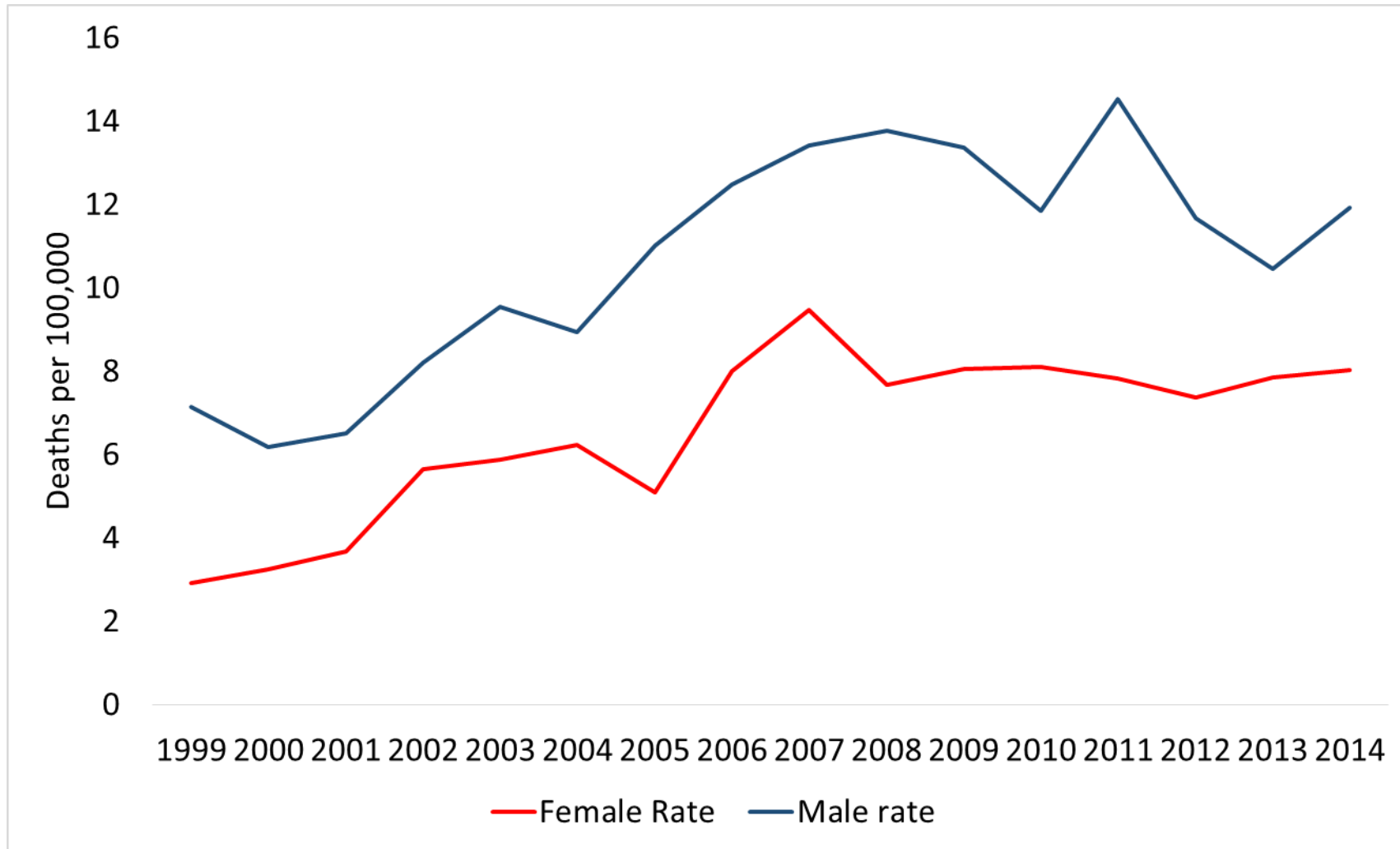
# Drug overdose deaths, Oregon 2000-2014



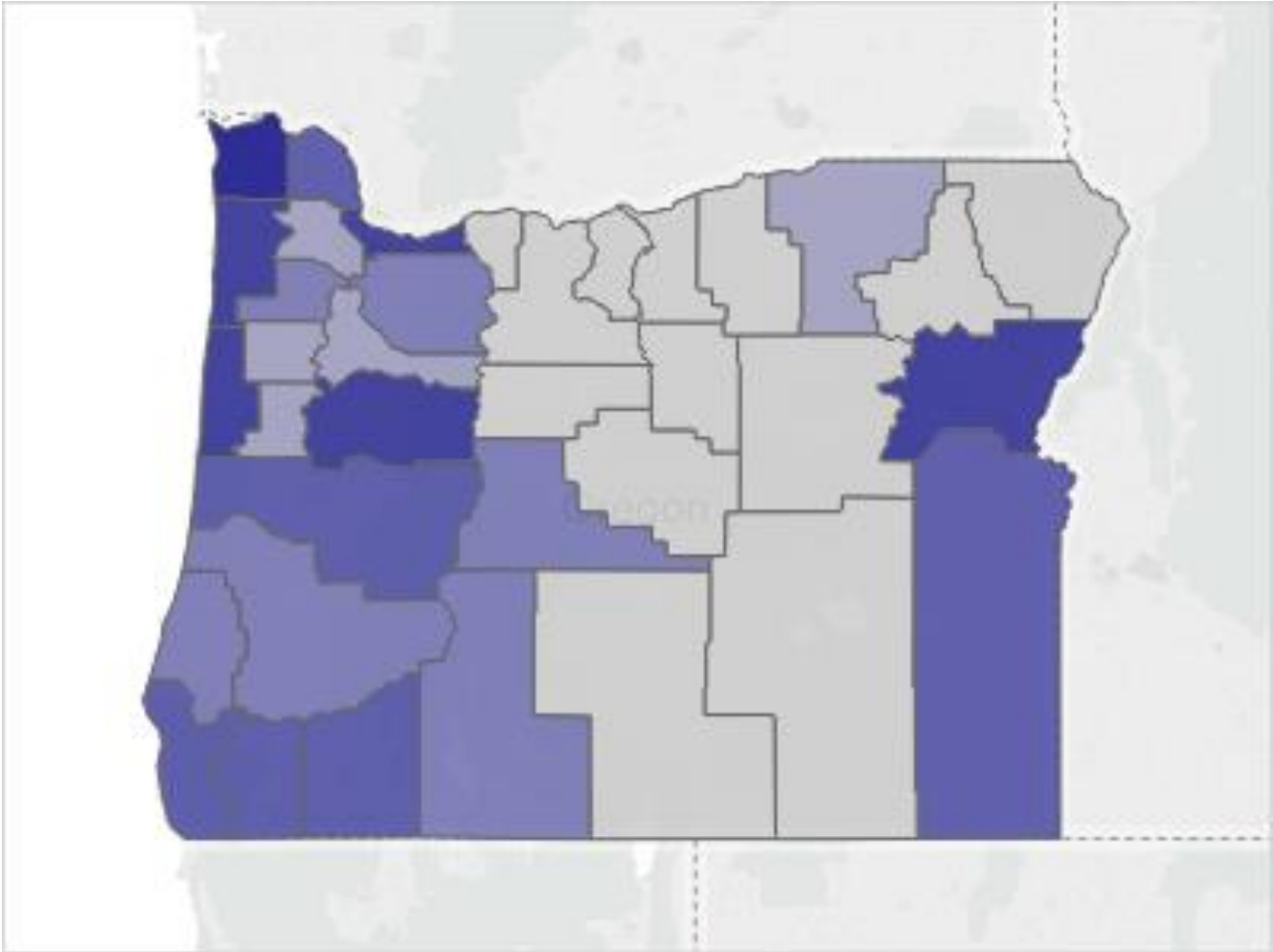
# Drug Overdose Deaths by Age, Oregon 2010-2014



# Oregon Overdose Deaths by Sex



# Opioid Overdose Deaths: 2010-14





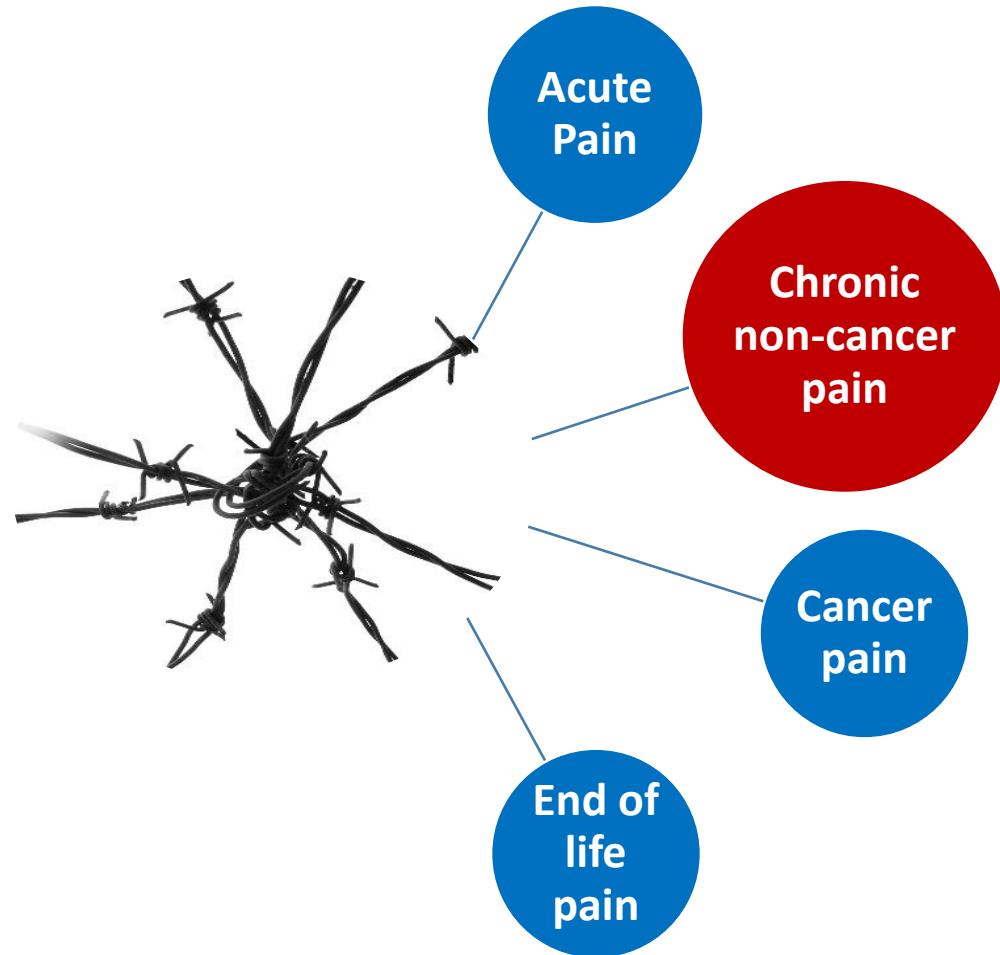
# Oregon Opioid Initiative Goals

- 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;
  - Prescribing guidelines, drug take-back
- Increase availability of naloxone rescue for overdoses
- Ensure availability of treatment of opioid misuse disorder
- Use data to target and evaluation interventions

# General Categories of Pain



Pain lasting > 3 months, or past time of tissue healing  
Prevalence: ~15% of US adults

# CDC prescribing guidelines

Centers for Disease Control and Prevention

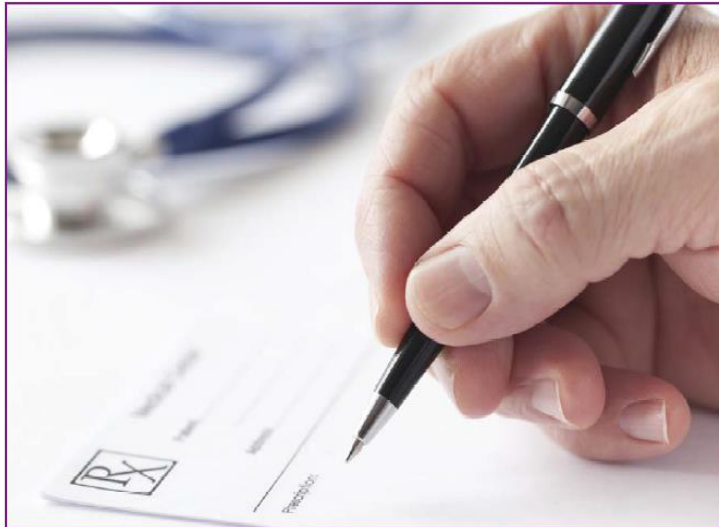
**MMWR**

Morbidity and Mortality Weekly Report

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March 18, 2016

## CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



- Initiate or continue opioid for chronic pain
- Opioid selection, dosage, duration, follow up, discontinuation
- Risk Assessment and addressing harms

# Opioid Prescribing Recommendations

- **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

# Increase Availability of Naloxone

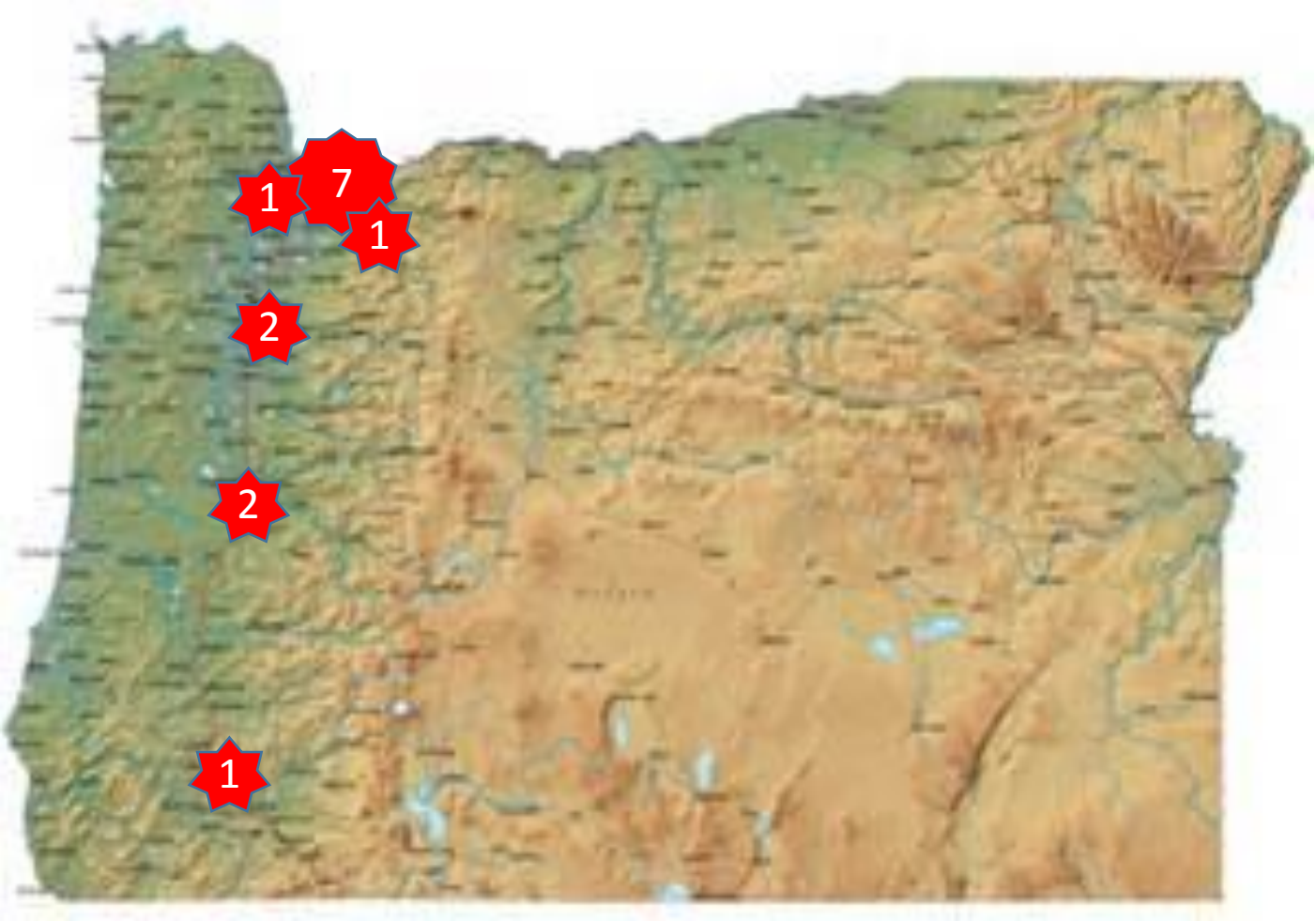
- Co-prescribe naloxone with opioids for at-risk patients
- Implement recent statutory change that allows naloxone prescription by pharmacists
- Improve infrastructure for naloxone rescue by EMTs and law enforcement
- Promote knowledge of Oregon's "Good Samaritan Law"

# 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



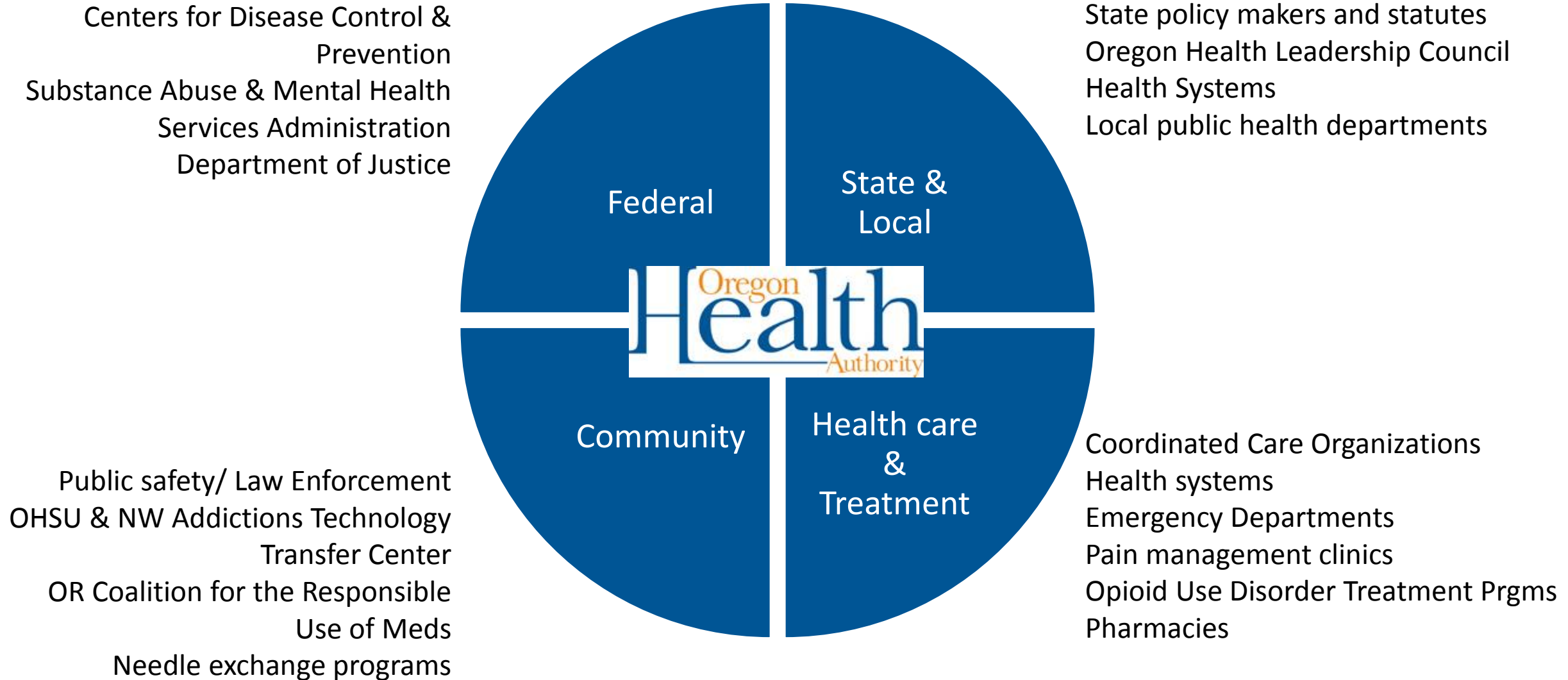
# Data to Guide/ Evaluate Interventions

- 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

- 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 Initiative Partnerships



# OHA Opioid Initiative Activities

- Opioid prescribing guidelines task force
- Prescription Drug Monitoring Program
- CCO Performance Improvement Project
  - Tool kit for CCOs
- CDC grant funding for LHD and CCO partnerships in areas with high opioid overdose
- Opioid website with links to resources
- Local data to support policy: interactive data dashboard

# Questions?

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