

A stylized graphic on the left side of the slide. It features two dark green mountain peaks in the background. In the foreground, there is a dark green wavy band representing a forest or a middle ground. At the bottom, there is a blue wavy band representing a body of water. The entire graphic is composed of solid-colored shapes with no outlines.

Opioid Safety

Multi-level Interventions to Prevent
Overdose, Addiction, and
Dependence

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Multnomah County and
Tricounty Health Officer



Acknowledgements

- Gary Oxman, former Tricounty Health Officer
- Haven Wheelock and Outside-In
- Lindsay Jenkins, Maayan Simckes, Kim Toevs, Multnomah County Health Department
- Healthy Columbia Willamette Collaborative

Outline

- Prescription Opioid Social-ecological Model
- Pathways to prescribing
 - Consequences of prescribing
 - Interventions to prevent complications
- Local success with community-based Naloxone training and overdose reversal
- Efforts toward prescribing standards of care and multi-level education

Social Environment

Healthcare Environment

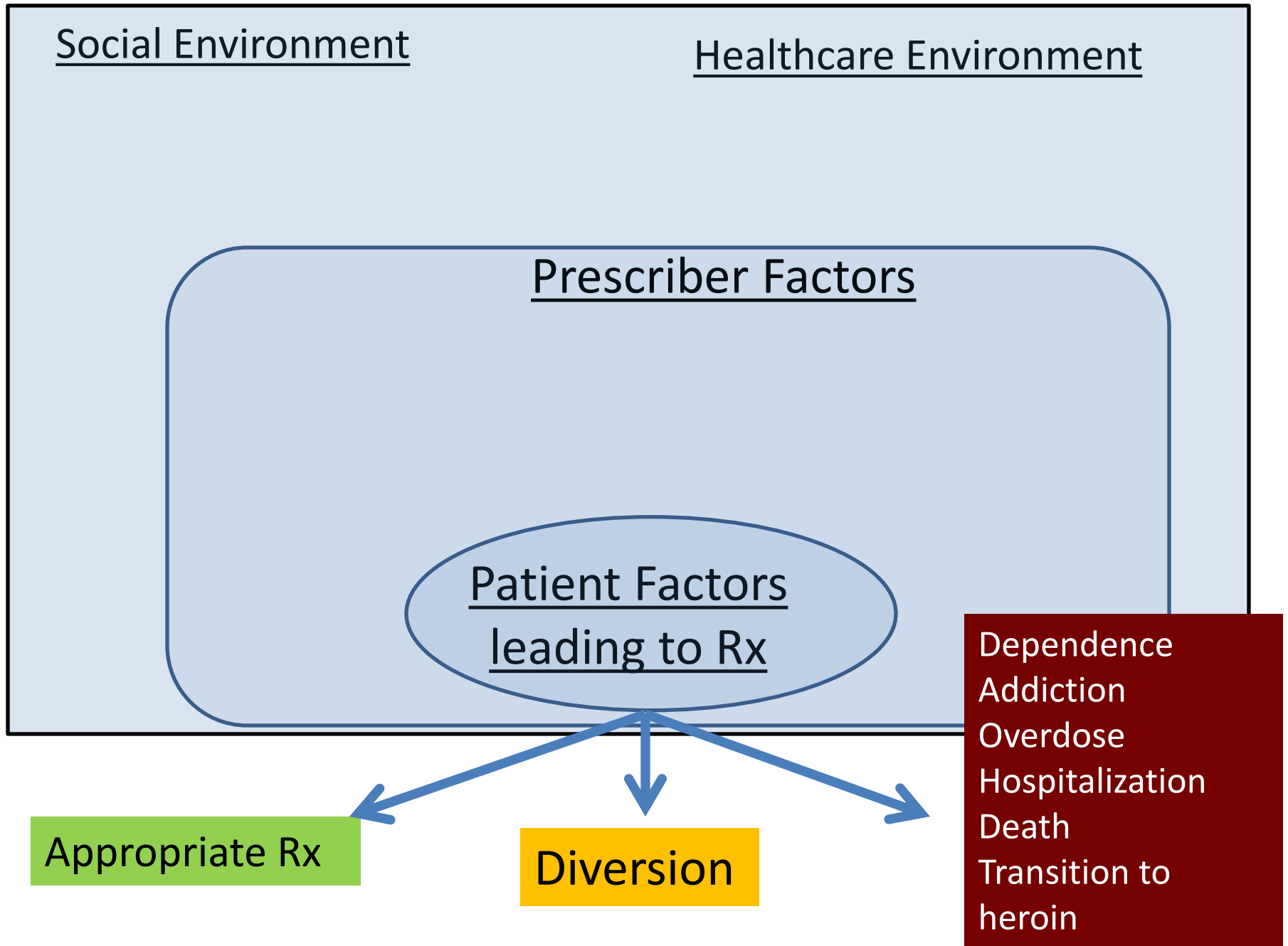
Prescriber Factors

Patient Factors
leading to Rx

Appropriate Rx

Diversion

Dependence
Addiction
Overdose
Hospitalization
Death
Transition to
heroin



Social Environment

Expectation about effectiveness and safety of opioids
Family and peer experiences
Social and financial stress
Lack of social services and support

Healthcare Environment

No insurance coverage for alternative treatments
Few providers for alternative treatments
Limits on Medically Assisted Treatment
Shortage of addiction providers
Inadequate or ineffective guidelines

Prescriber Factors

Increased Pain Awareness
Concern re: Pt
satisfaction/liability
Pharma promotion of opioids
Professional norms

Short appointments
Perceived lack of options
Lack of pain specialists
Knowledge, Skills, Abilities re: chronic pain
Inadequate mentoring, monitoring of practice
Deception by patients

Patient Factors leading to Rx

Adv Childhood Events,
Pain, Stress, Anxiety, Depression
Expectations, Lack of Trust

Appropriate Rx

Diversion

Dependence
Addiction
Overdose
Hospitalization
Death
Transition to
heroin

(Over) Simplified Model of Opioid Prescribing

Public, Patient, Provider Steps Leading to Opioid Prescriptions

Public
Expectations,
Norms

Patient
Pain

Opioid
Prescription
Considered

Opioid
Prescription

Heroin use

Public

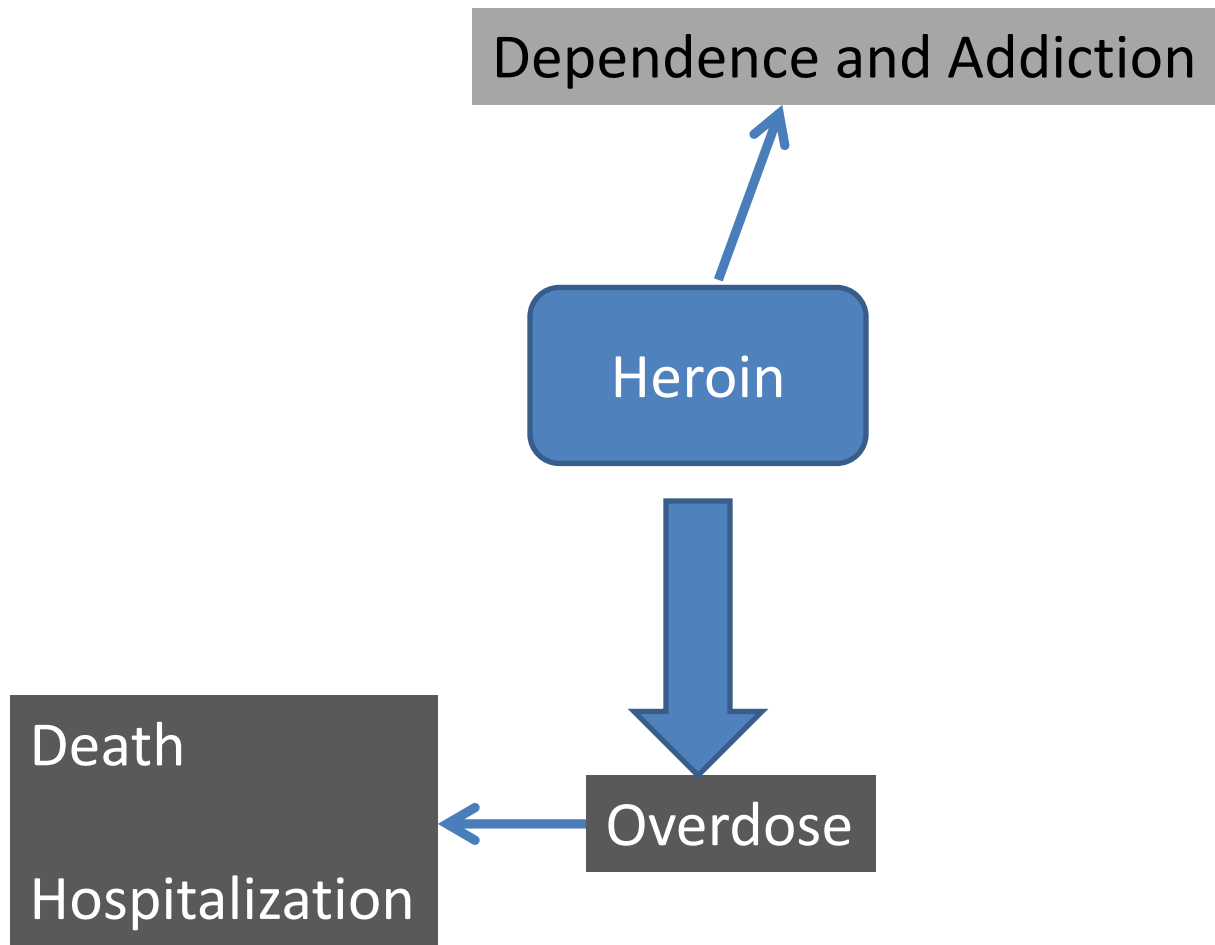
Patients

Providers

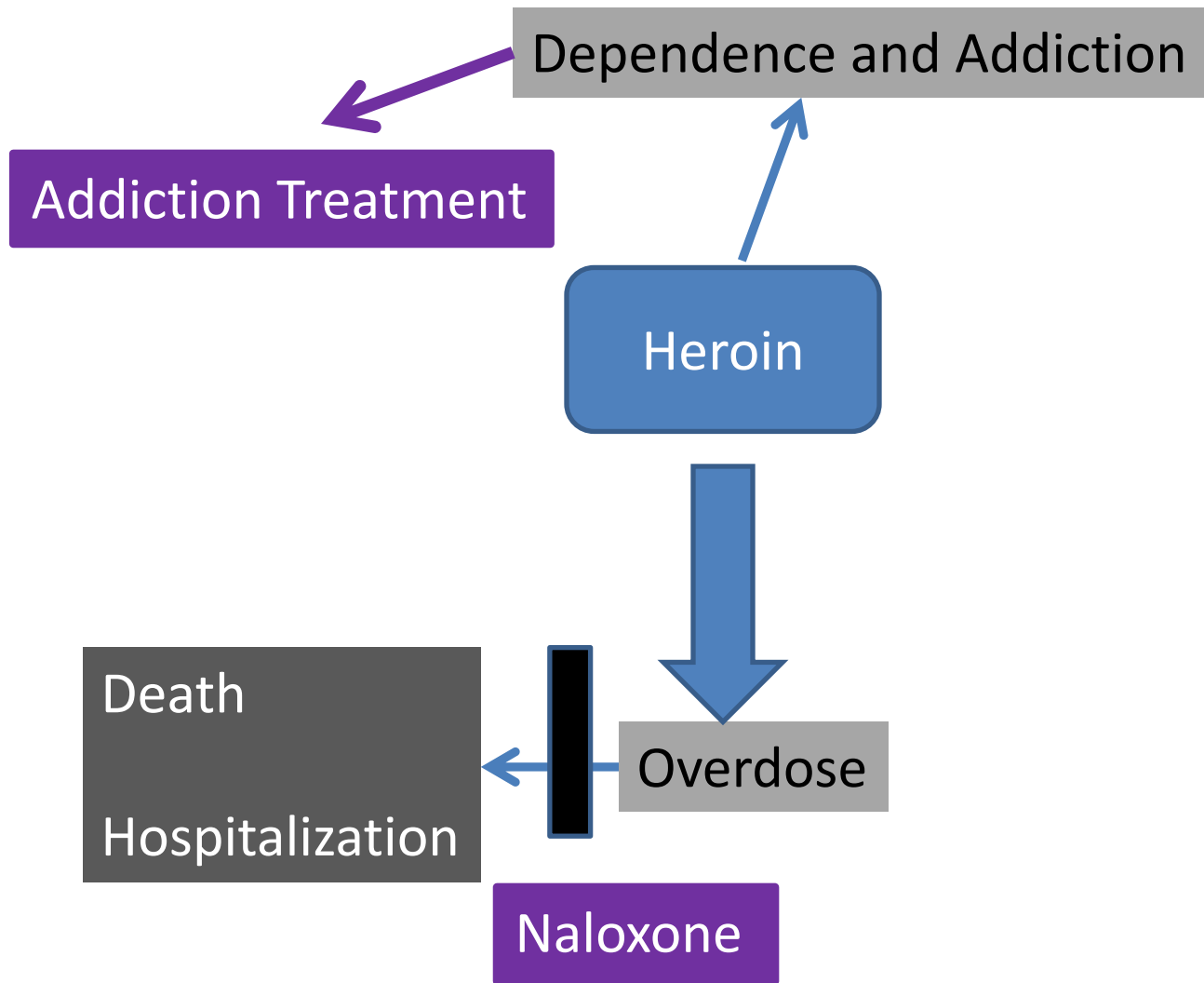
Rx Recipients

Heroin Users





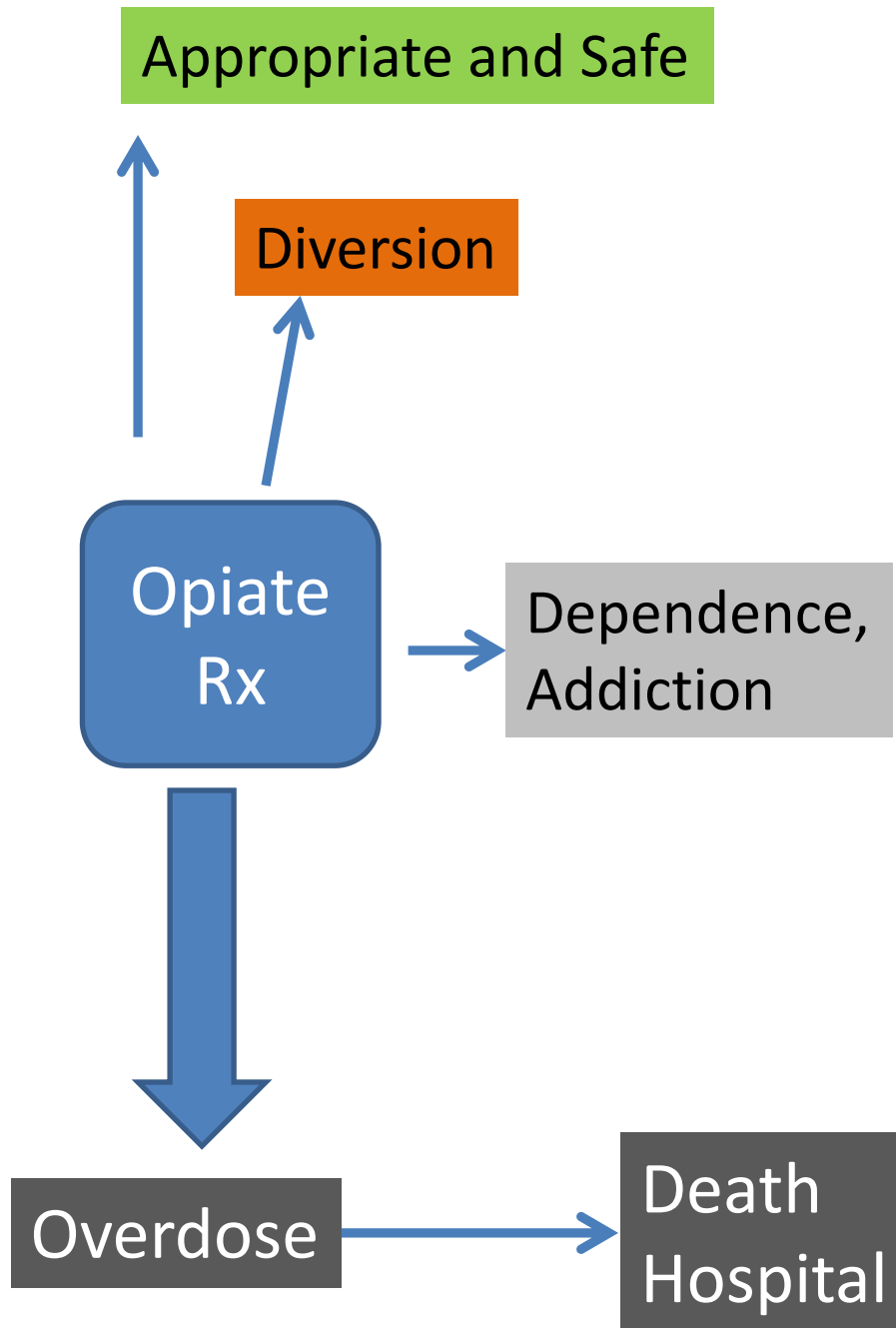
Medical Consequences of Heroin Use



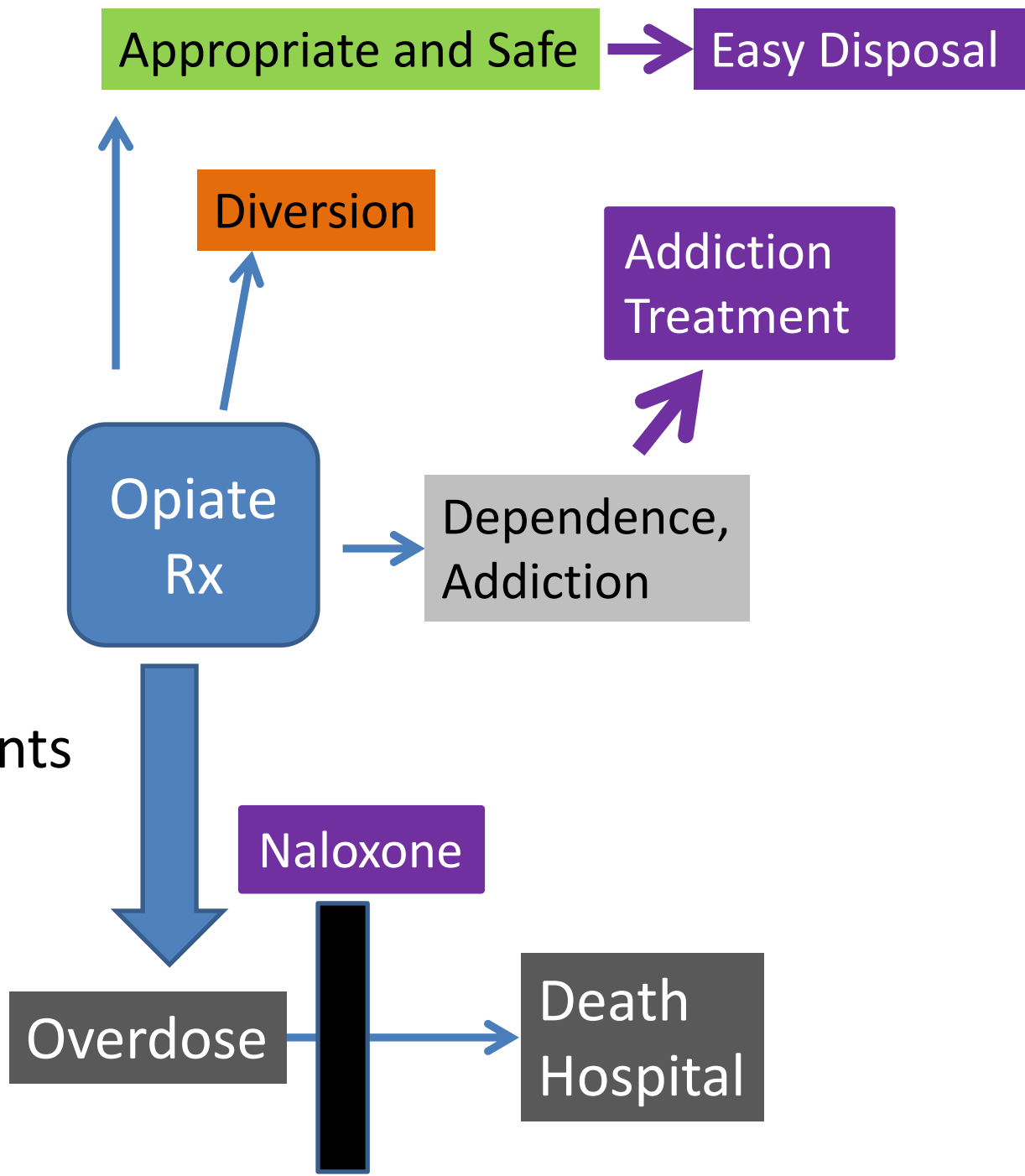
Interventions for Heroin Users- *downstream*



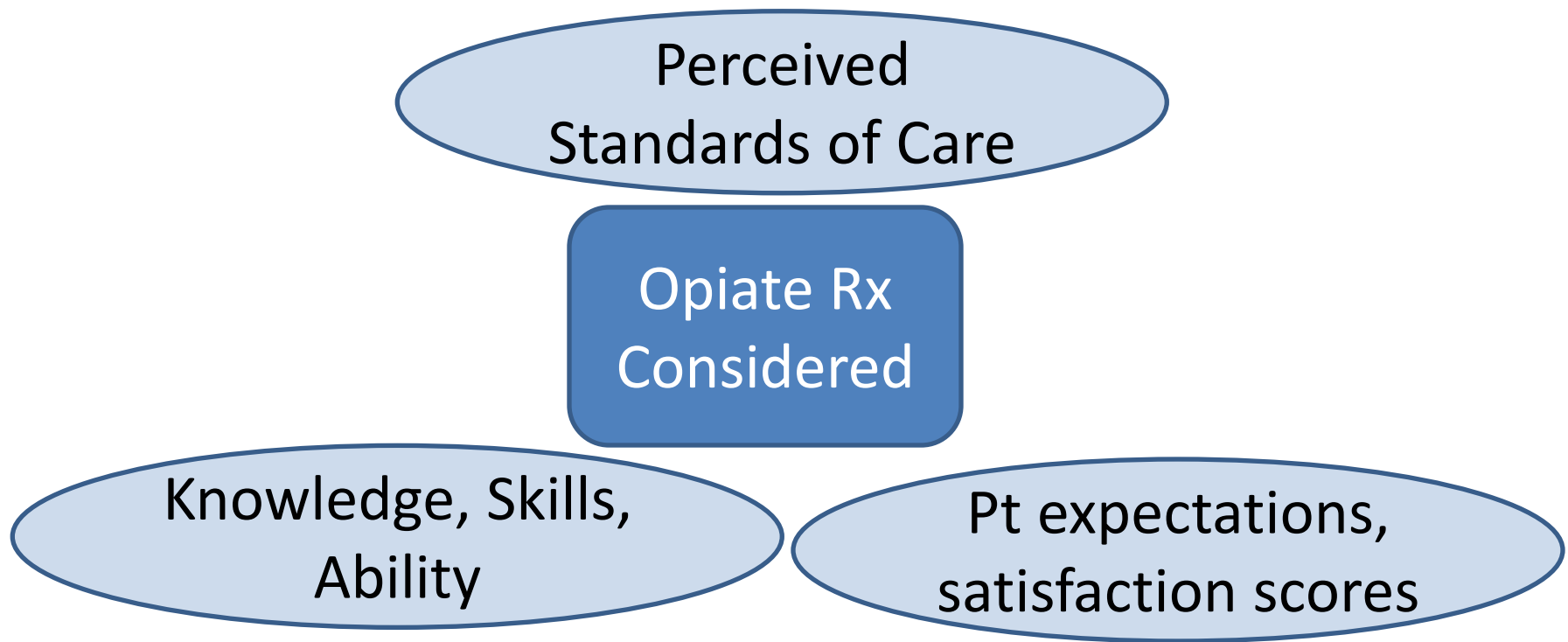
Consequences of Opioid Rx



Interventions for
Opioid Rx Recipients
Downstream

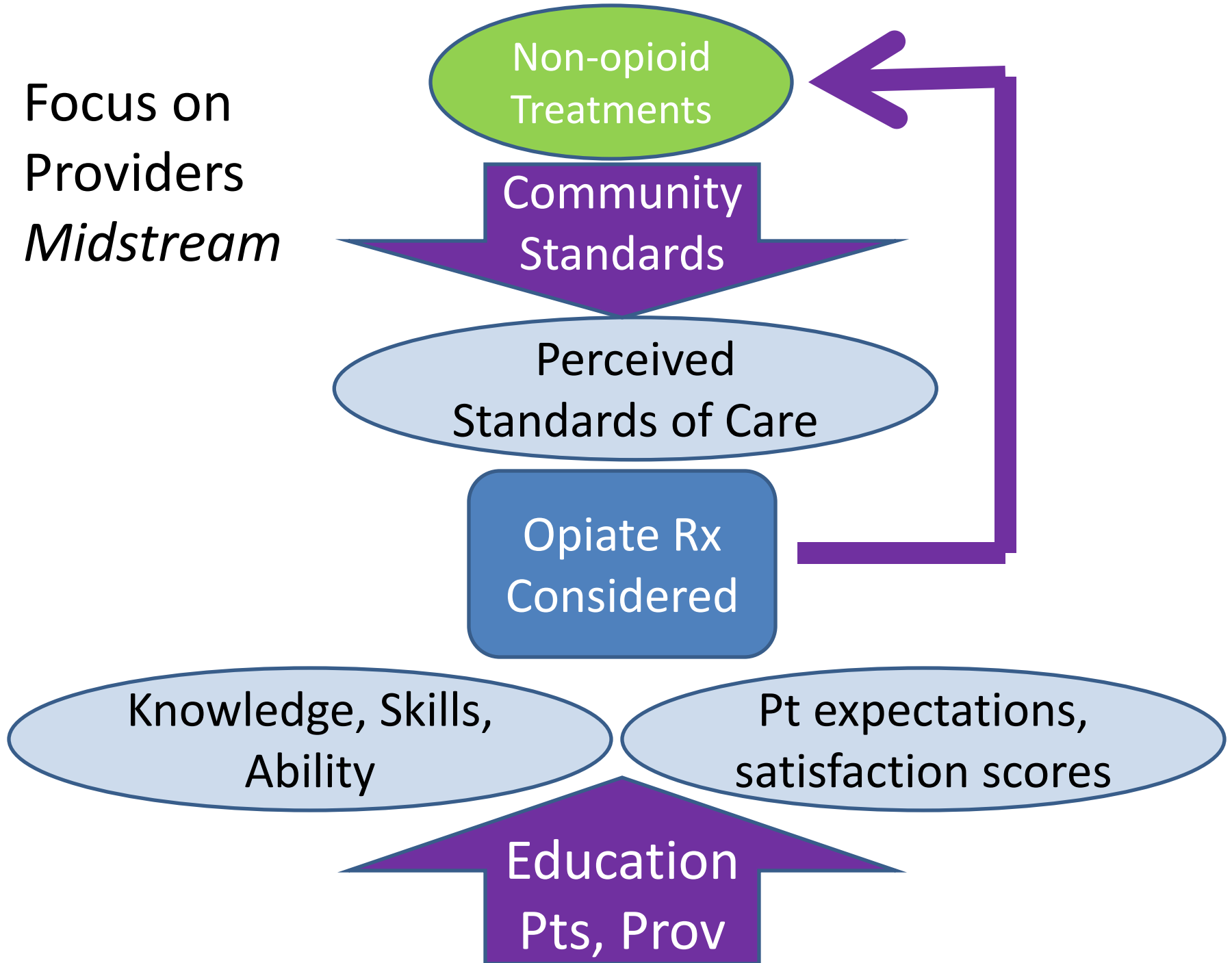






Factors influencing Prescribers

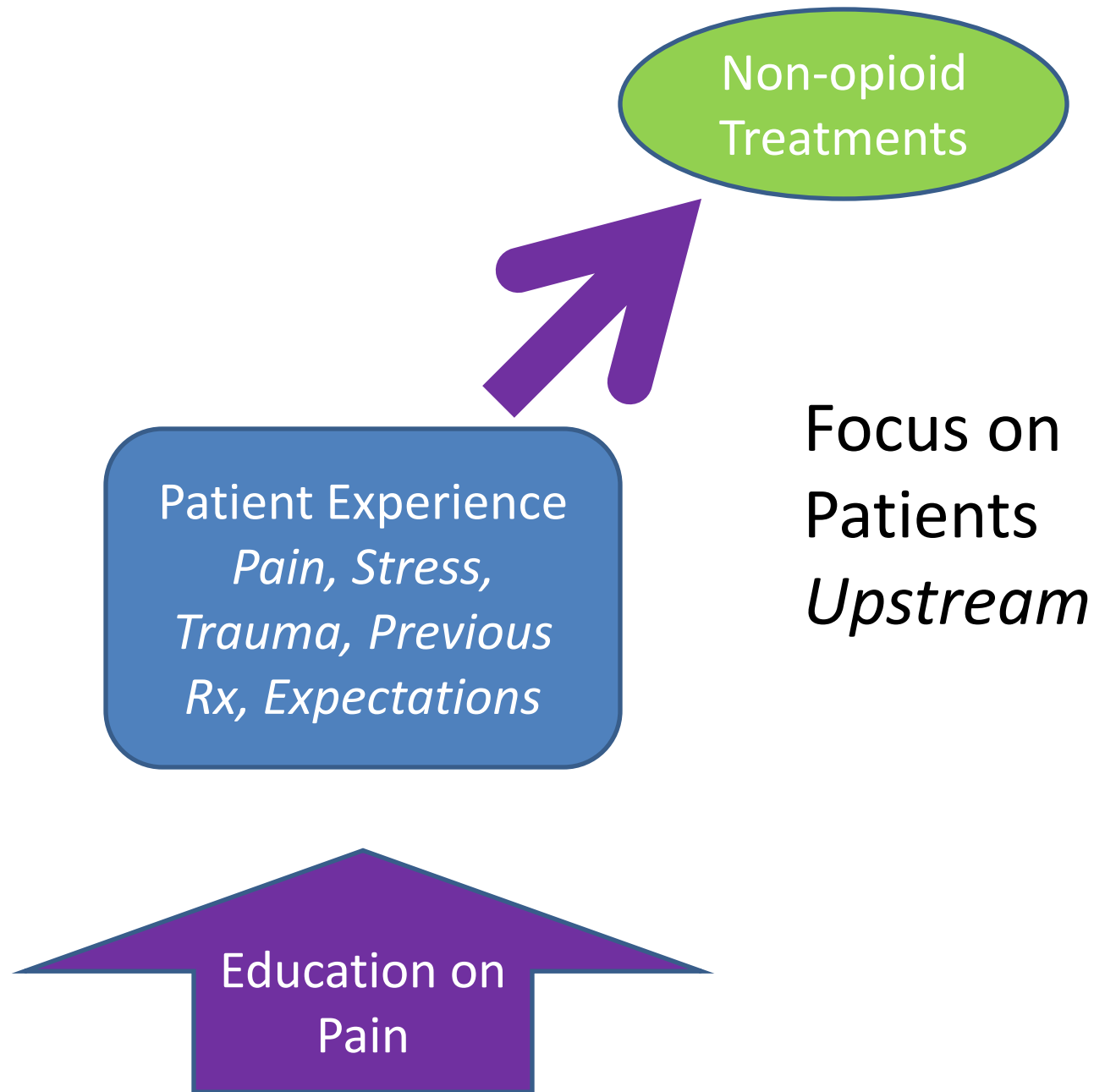
Focus on
Providers
Midstream





Patient Experience

*Pain, Stress,
Trauma, Previous
Rx, Expectations*



Public Expectations

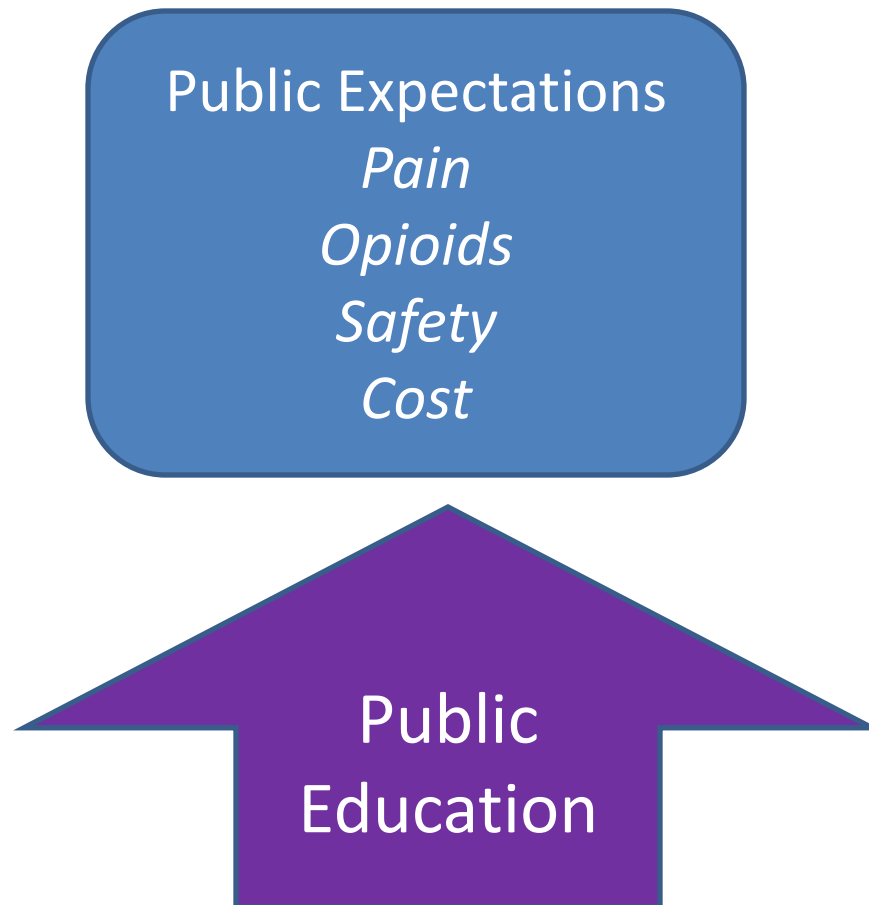
Pain

Opioids

Safety

Cost

Focus on Public *Upstream*



Consequences of Opioid Prescriptions

Public
Expectations
Re:Pain

Patient *Pain*

Perceived
Standards of Care

Opiate Rx
Considered

Knowledge, Skills,
Ability

Appropriate and Safe

Diversion

Opiate
Rx

Dependence,
Addiction

Overdose

Death
Hospital

Heroin

Overdose

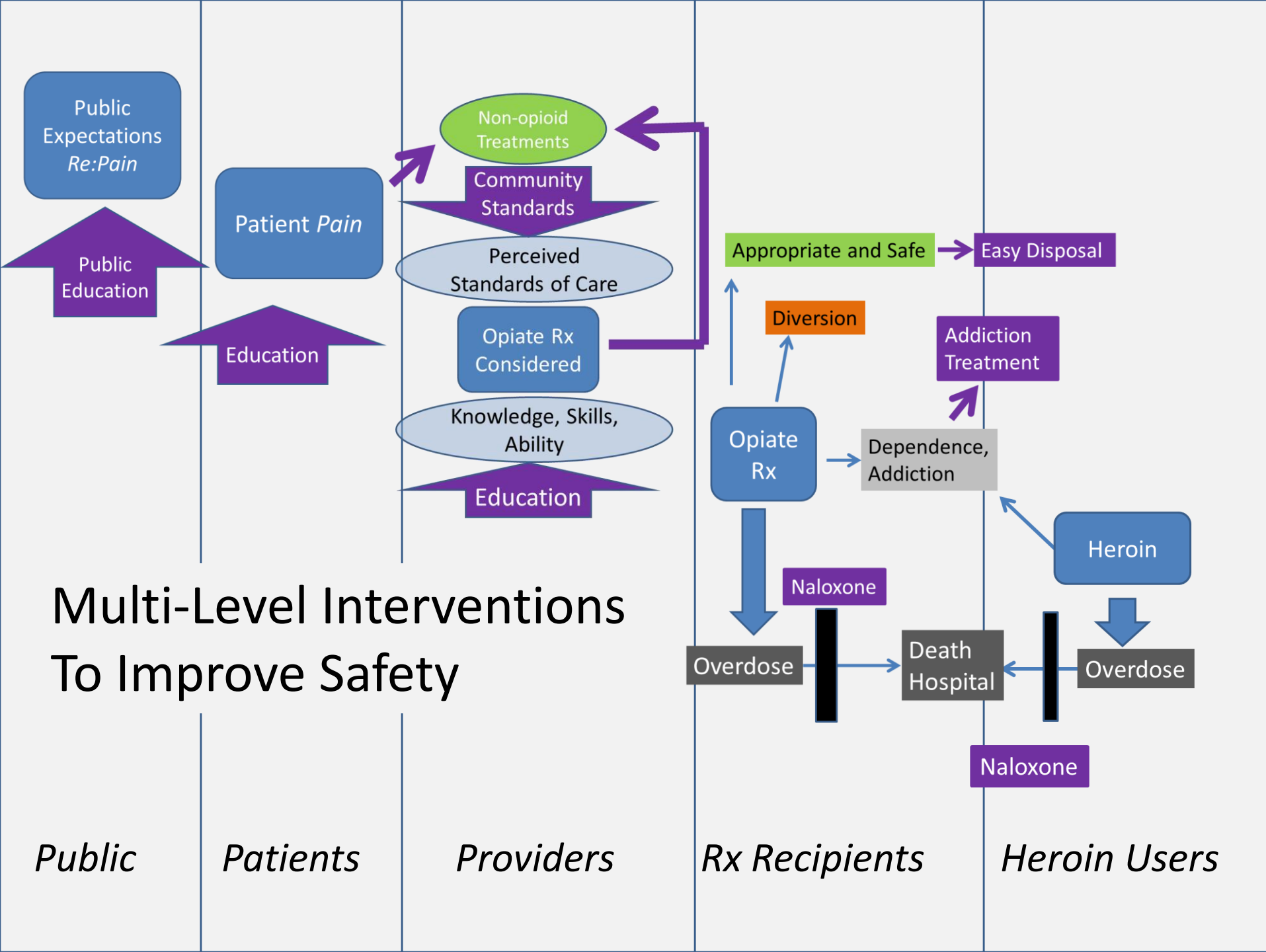
Public

Patients

Providers

Rx Recipients

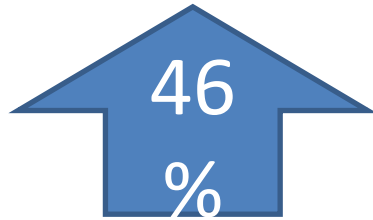
Heroin Users



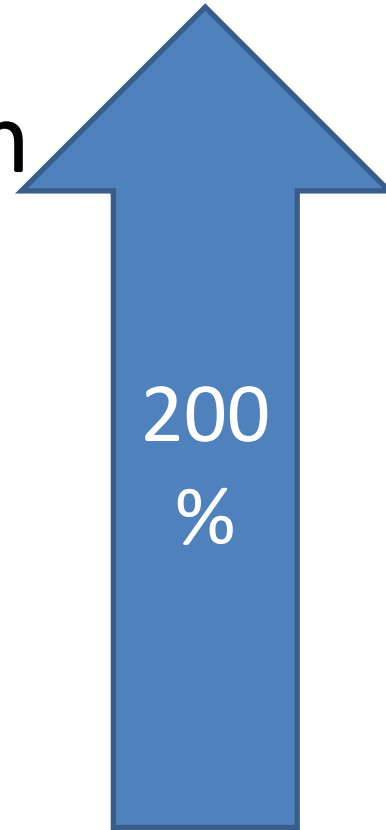
Naloxone Distribution in the Tri- County Area & Healthy Columbia Willamette Opioid Projects

Multnomah County Health Department
Outside In
Clackamas County Public Health
Washington County Health & Human Services
Urban League
Healthy Columbia Willamette Collaborative

Dangerous Substance Deaths 2000-2012, Oregon



Heroin
Deaths



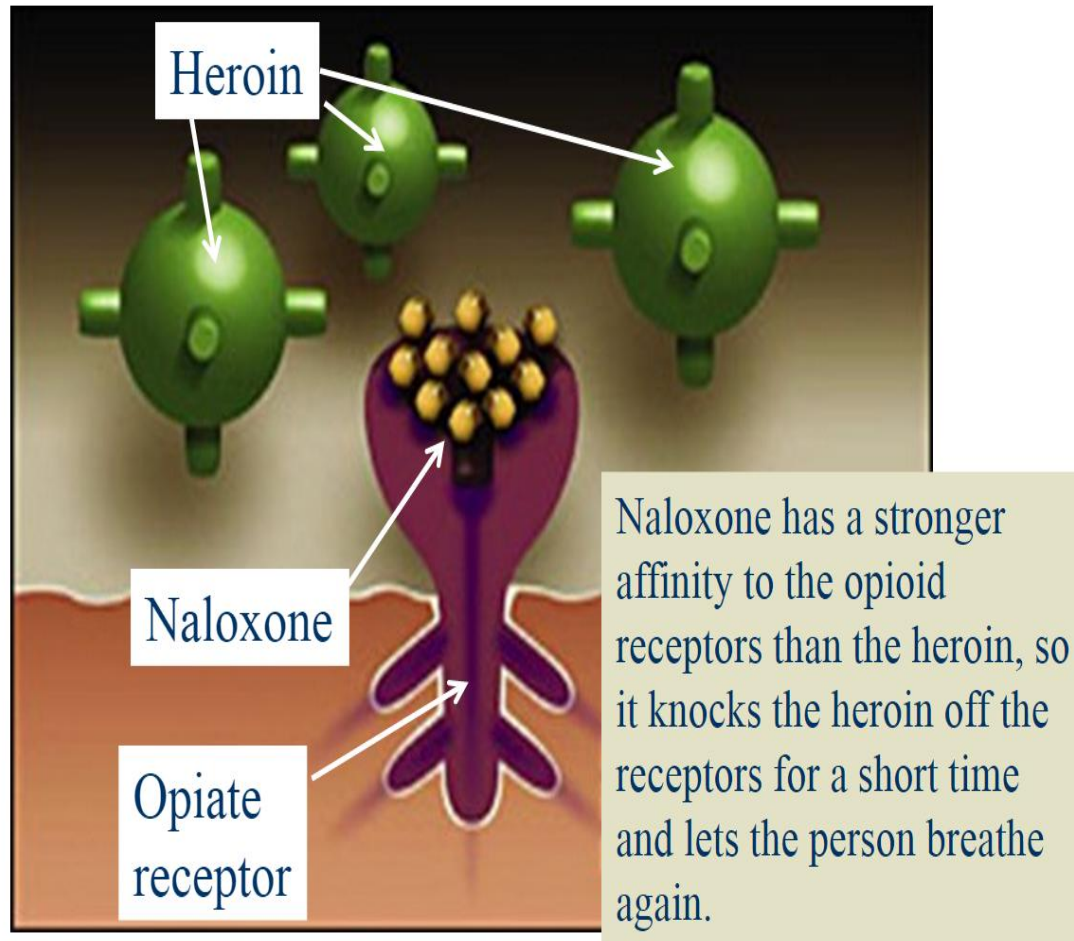
Rx Opioid
Deaths

Community Placement of Lifesaving Equipment



Naloxone – mechanism of action

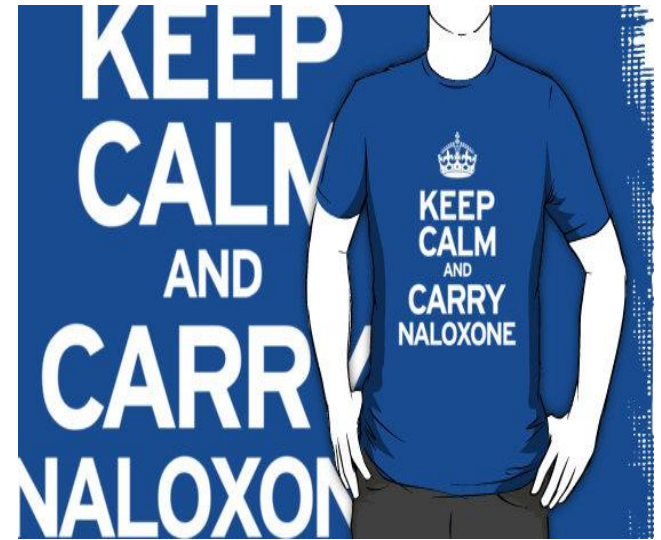
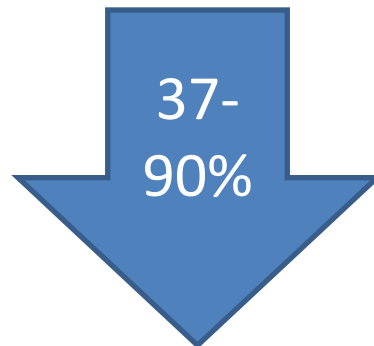
- ◆ Displaces heroin (any opiate) off the receptor



Slide courtesy Jennifer O'Neil

Why Naloxone?

- More naloxone training, greater reduction in deaths
- >200 programs in US;> 50,000 trained
- Cost-effective
- Death rates
In community
settings



DO YOU
WANT

NALOXONE?

RESPOND TO OVERDOSE + SAVE LIVES!

* ONLY TAKES 20 MIN TO TRAIN!

* BE AWESOME + HELP YOUR FRIENDS!

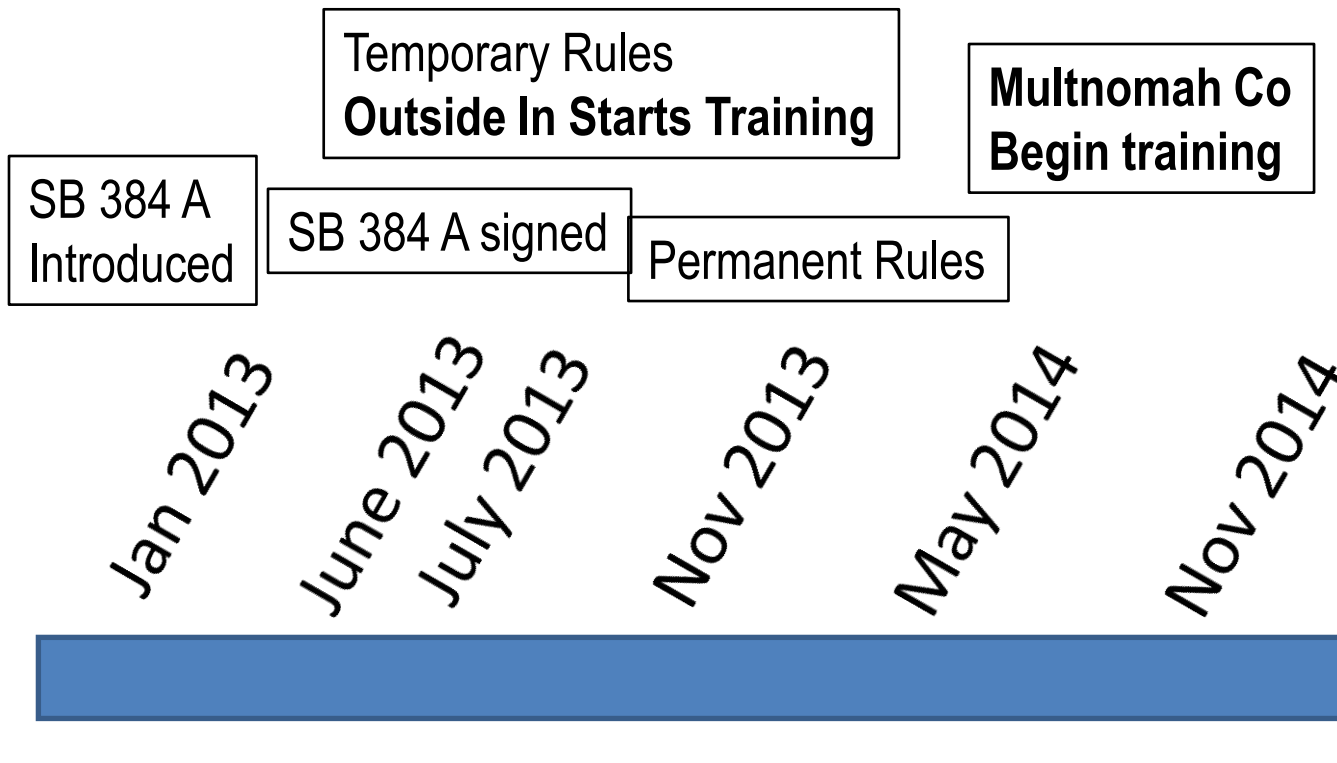
* TALK TO HAVEN OR MIKE

AVAILABLE MOST DAYS

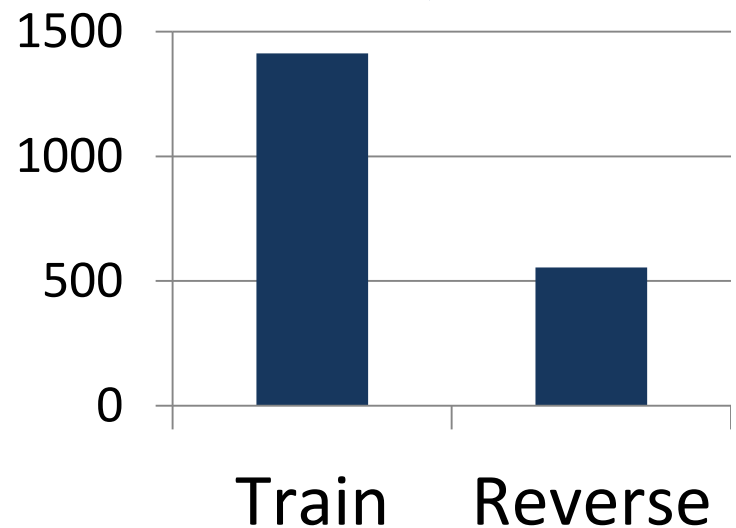
NOON - 4PM



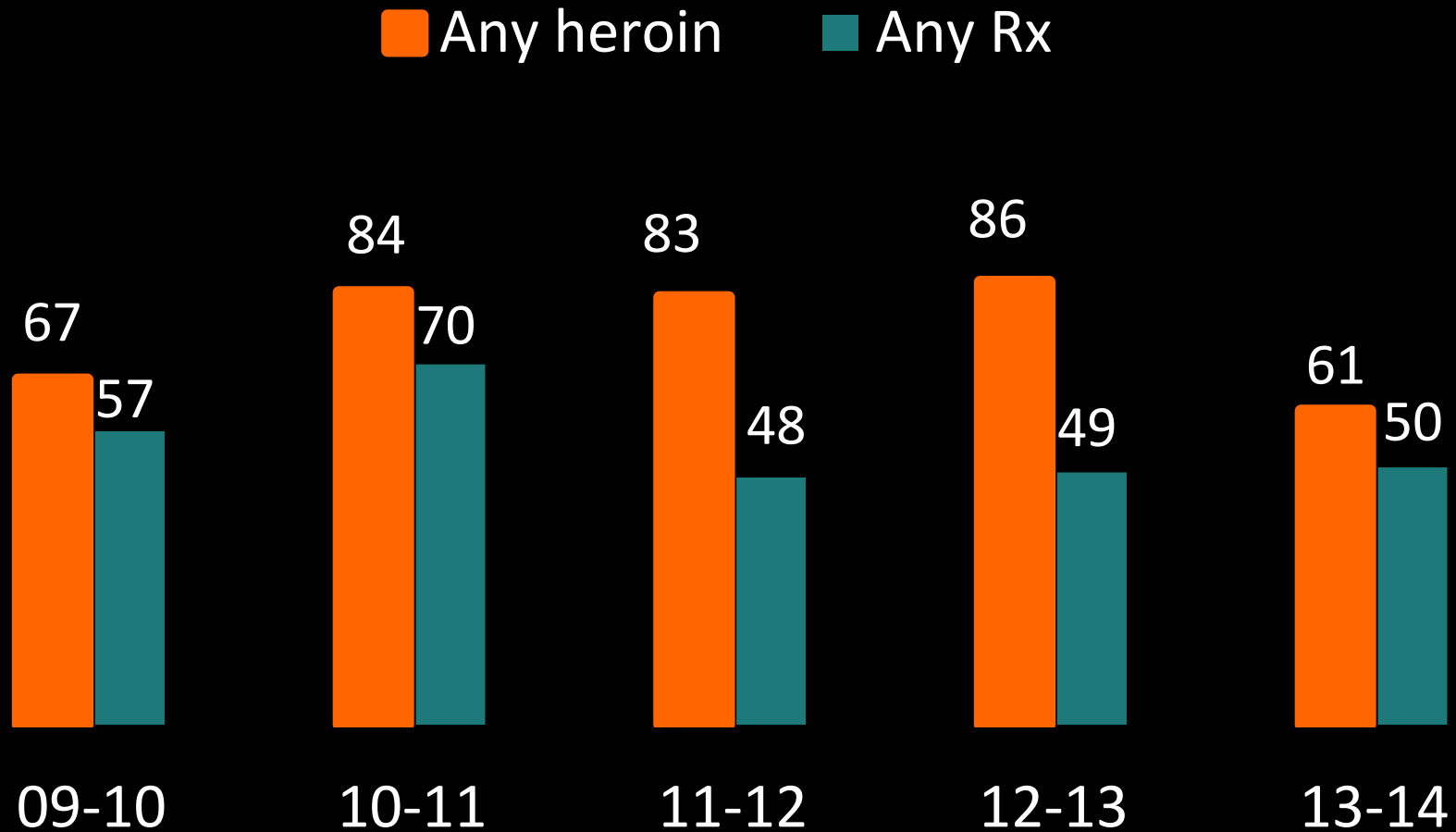




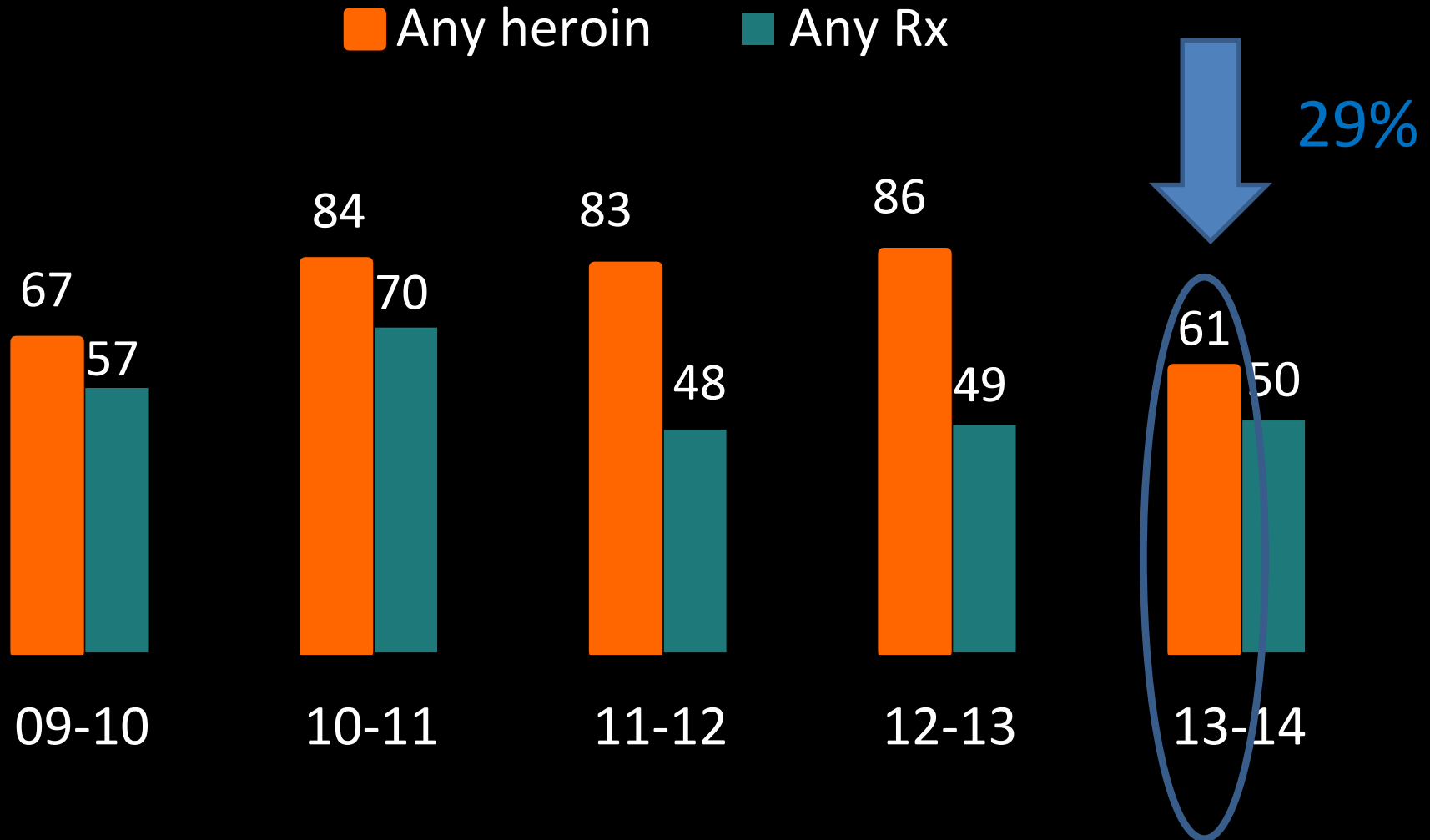
Training and Overdose Reversals Through 11/30/14



Opiate-Related Deaths by Year (July 9 – July 8), Multnomah County



Opiate-Related Deaths by Year (July 9 – July 8), Multnomah County Analysis by Maayan Simckes



Source: "Trends in Opiate Related Deaths in Multnomah County," Multnomah County Health Department

Naloxone Future Directions

Objectives

- Train more community members to reverse overdose
 - Friends, family
 - Prescription opioid, diverted opioid, and heroin users
 - Inmates
- Recruit local pharmacies to dispense naloxone for trained community members
- Explore having providers co-prescribe Naloxone with opioids
- Engage and train law enforcement partners to use Naloxone



2 CCOs: Family Care, HealthShare Oregon

4 Counties: Clackamas, Clark, Multnomah, Washington

7 Healthcare Systems: Adventist, Kaiser, Legacy, OHSU,
Peace Health, Providence, Tuality



2014-16 Health Improvement Projects

- Safe Opioid Prescribing
- Breast Feeding Promotion



Opioid Workgroups

Safe prescribing 'Community Standards
Monitoring of Opioid Prescribing
Public, Patient, Provider Education