

Opioid Safety

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

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Tricounty Health Officer





Acknowledgements

- Gary Oxman, former Tricounty Health Officer
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- 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

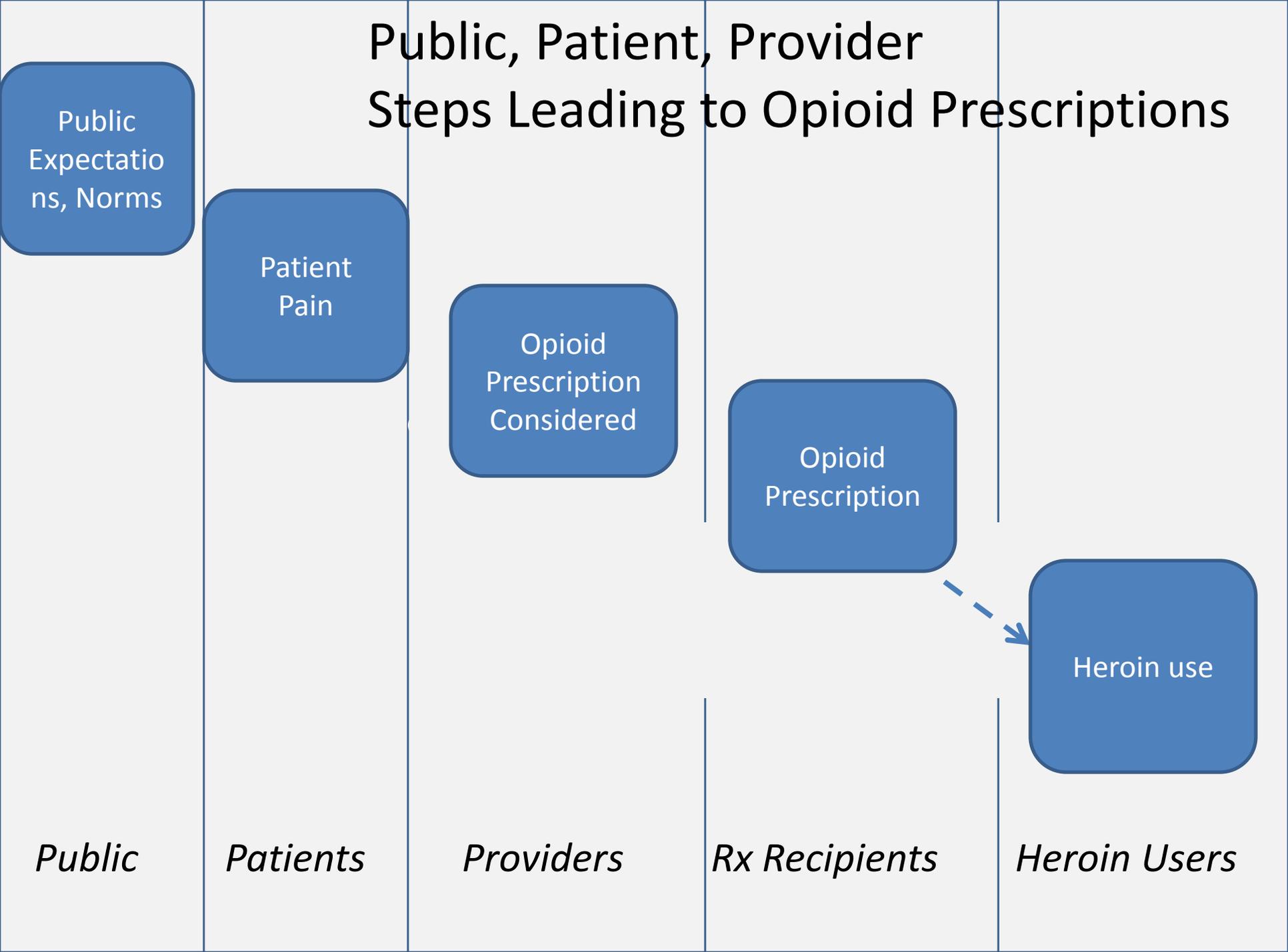
Appropriate Rx

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

Dependence and Addiction

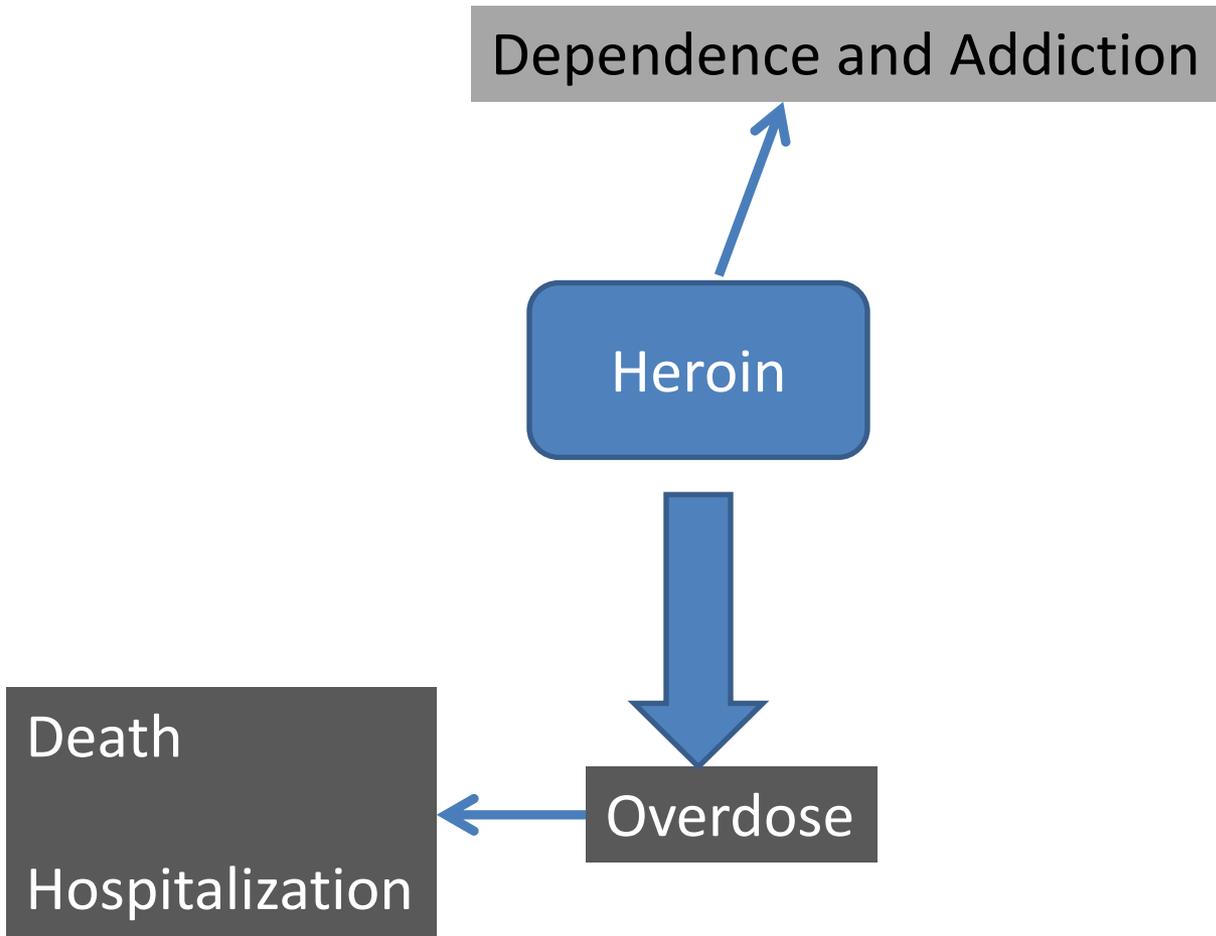
Heroin

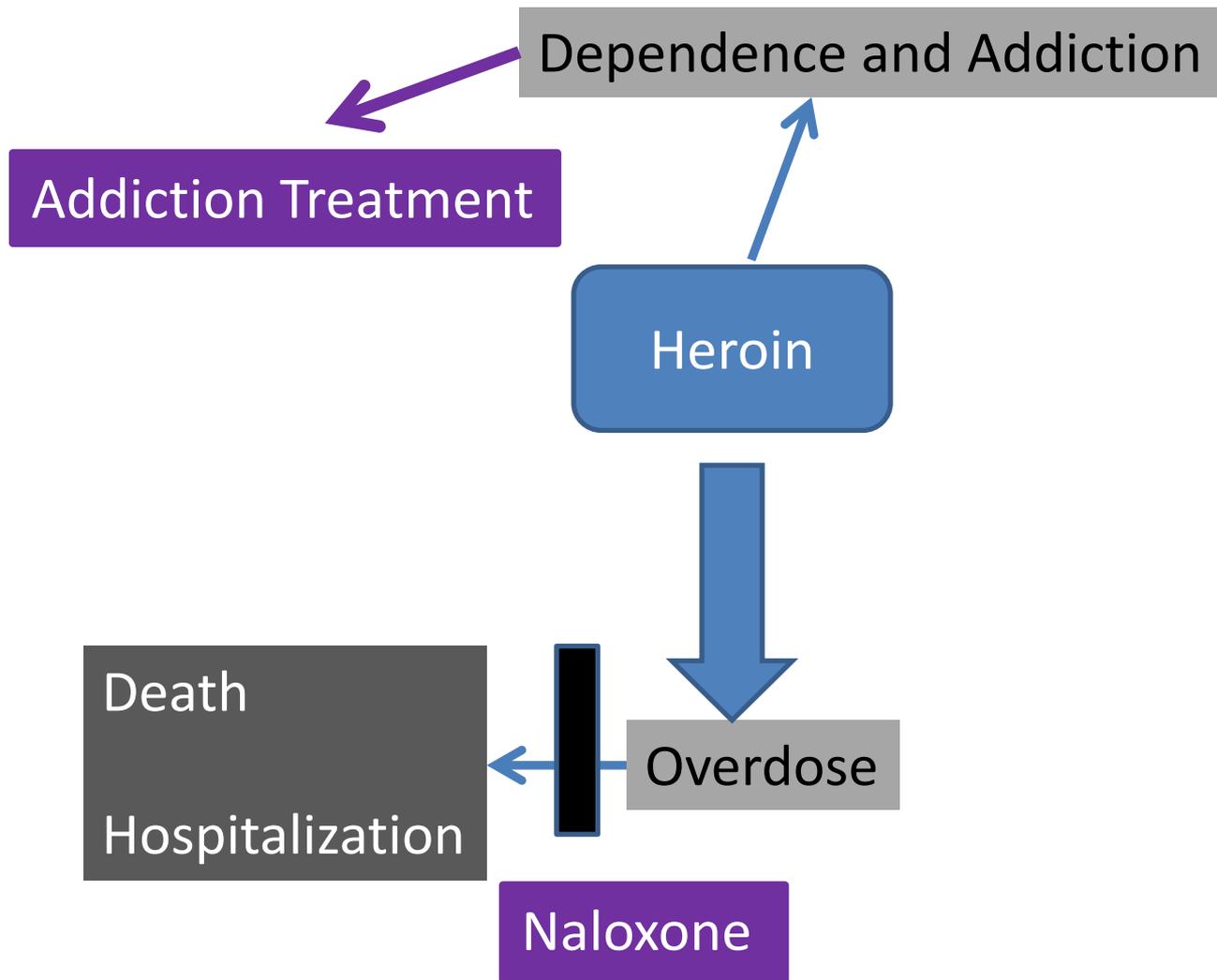
Death

Hospitalization

Overdose

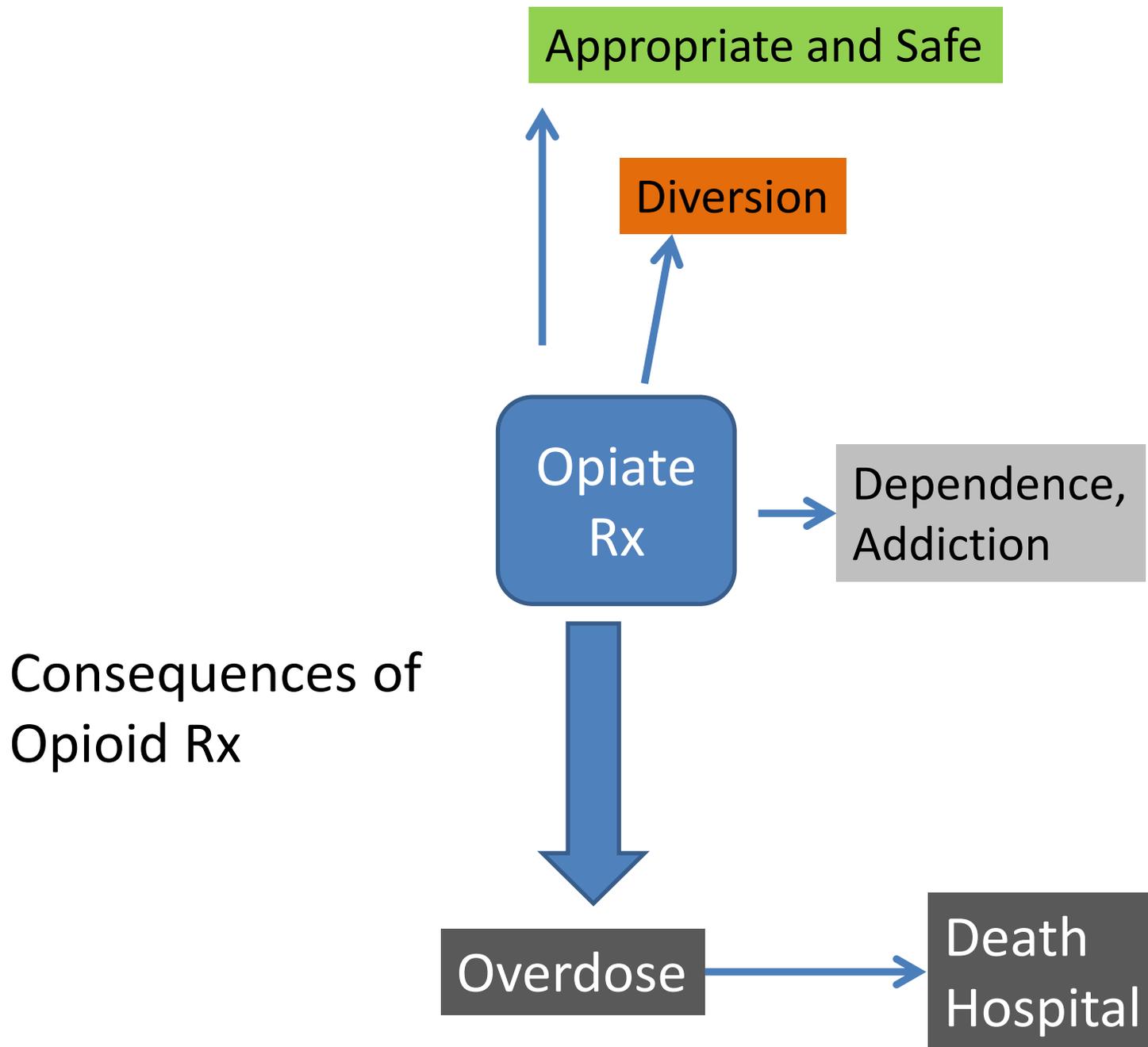
Medical Consequences of Heroin Use



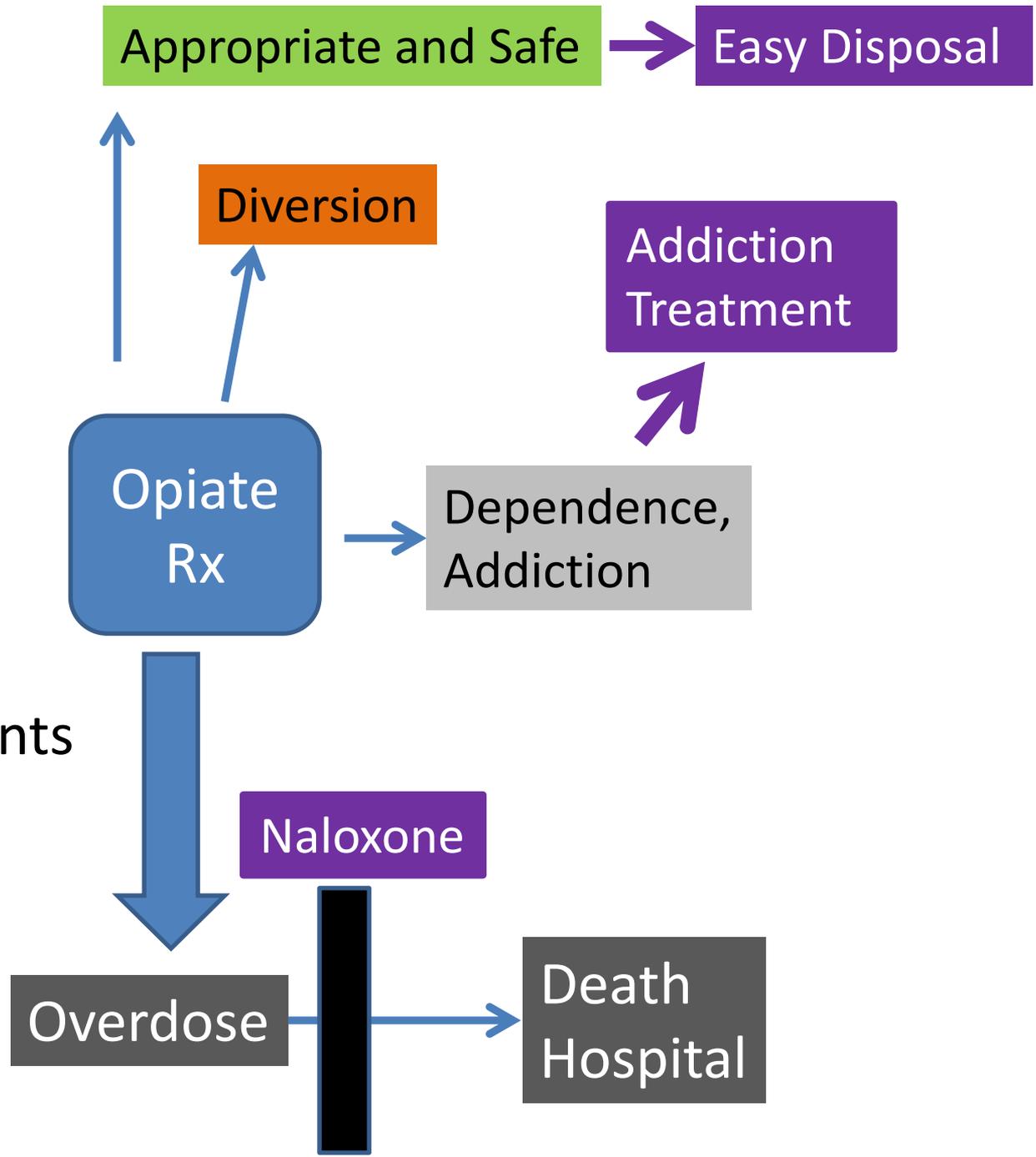


Interventions for Heroin Users- *downstream*

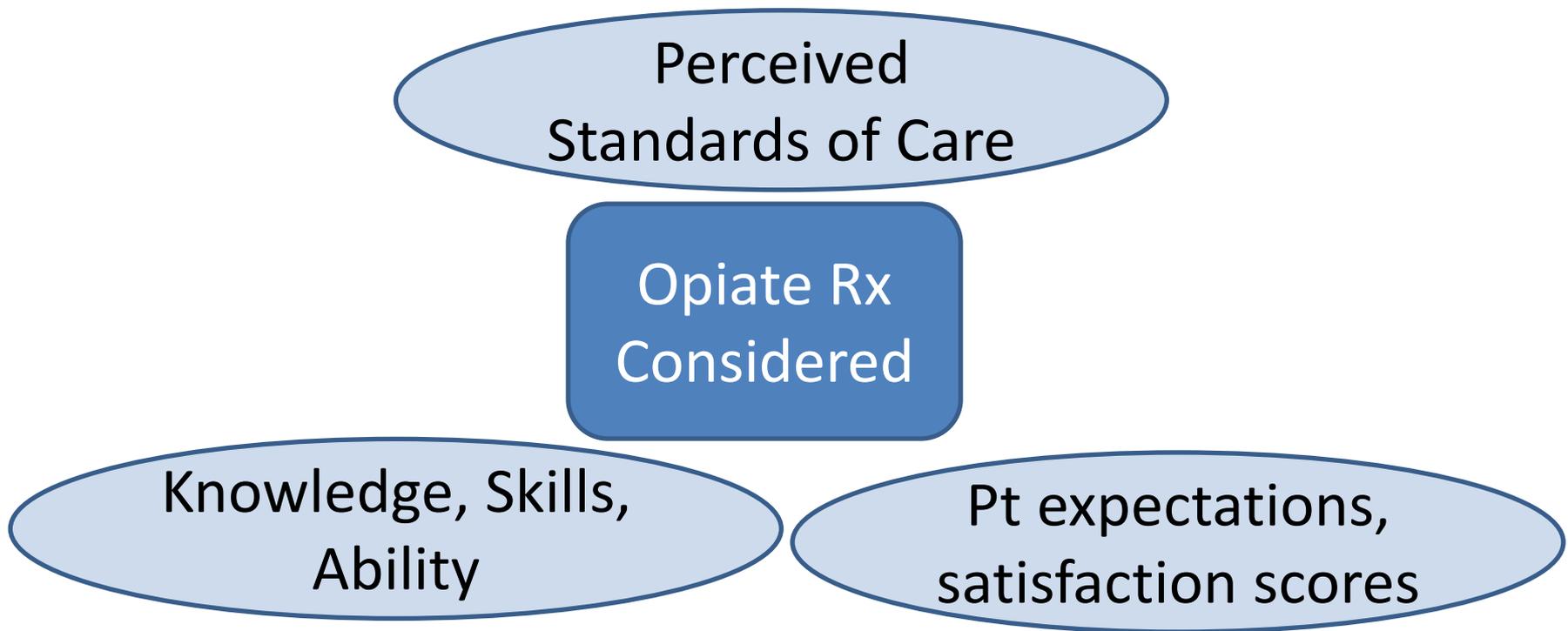




Interventions for
Opioid Rx Recipients
Downstream

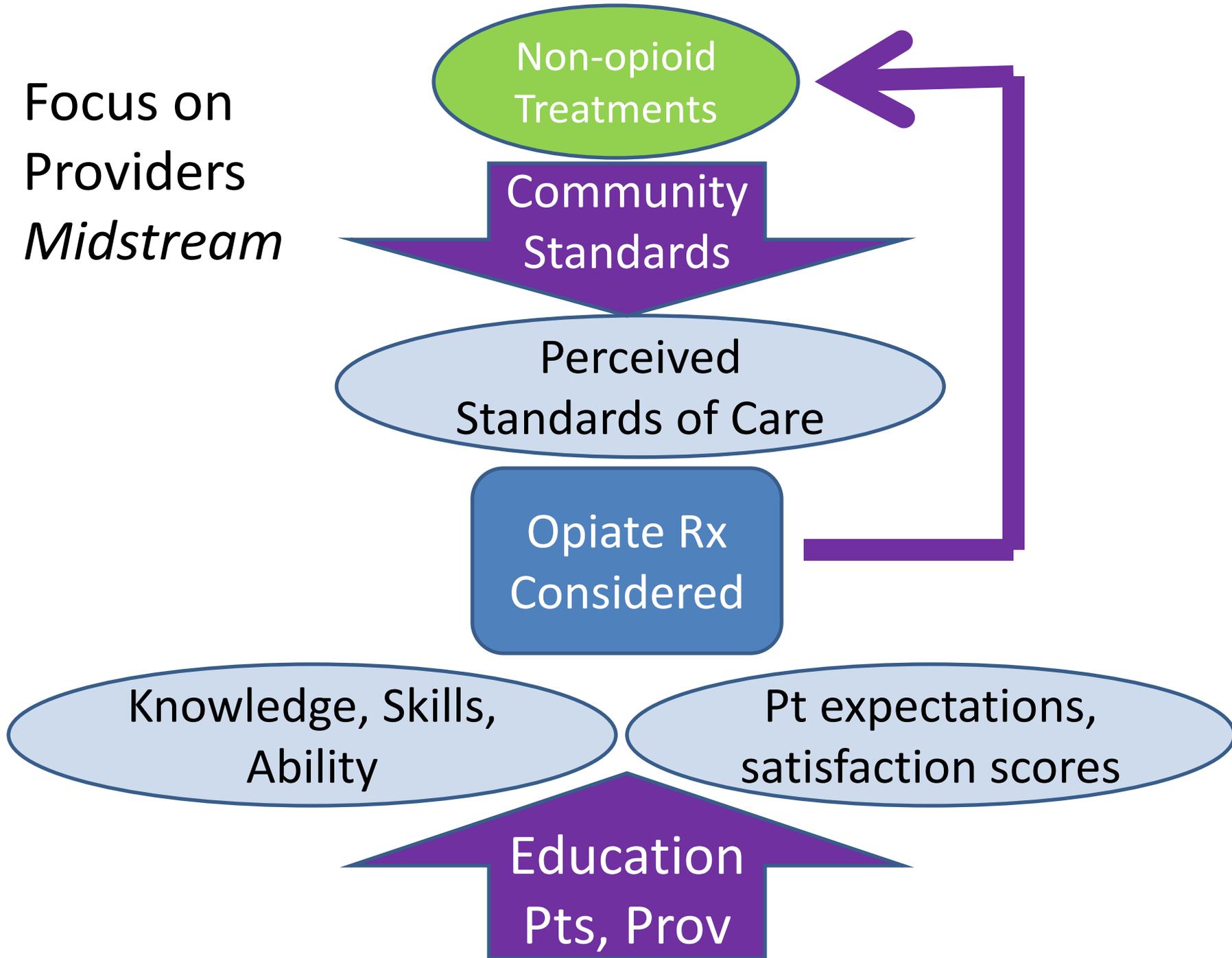






Factors influencing Prescribers

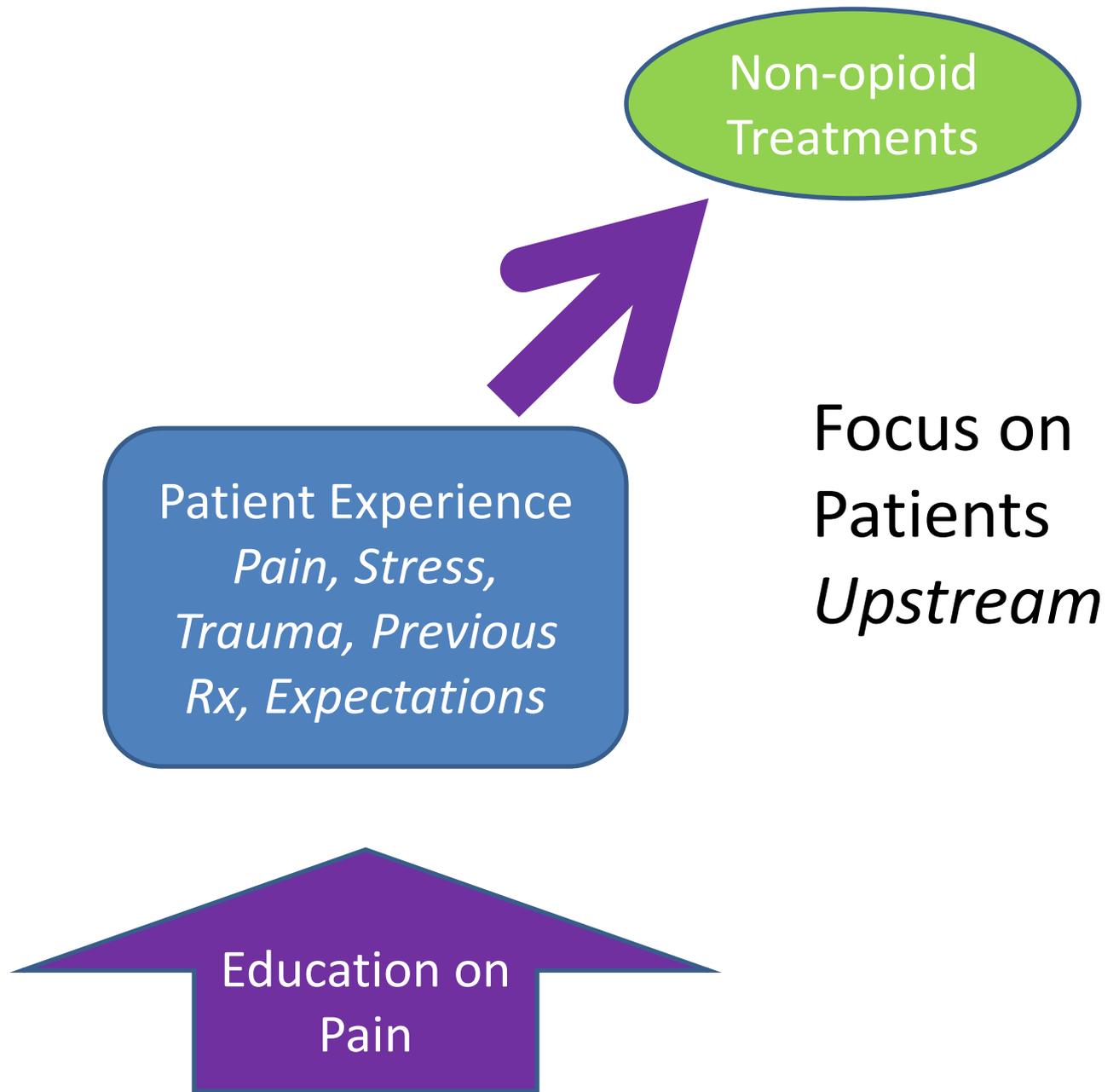
Focus on
Providers
Midstream





Patient Experience

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



Public Expectations

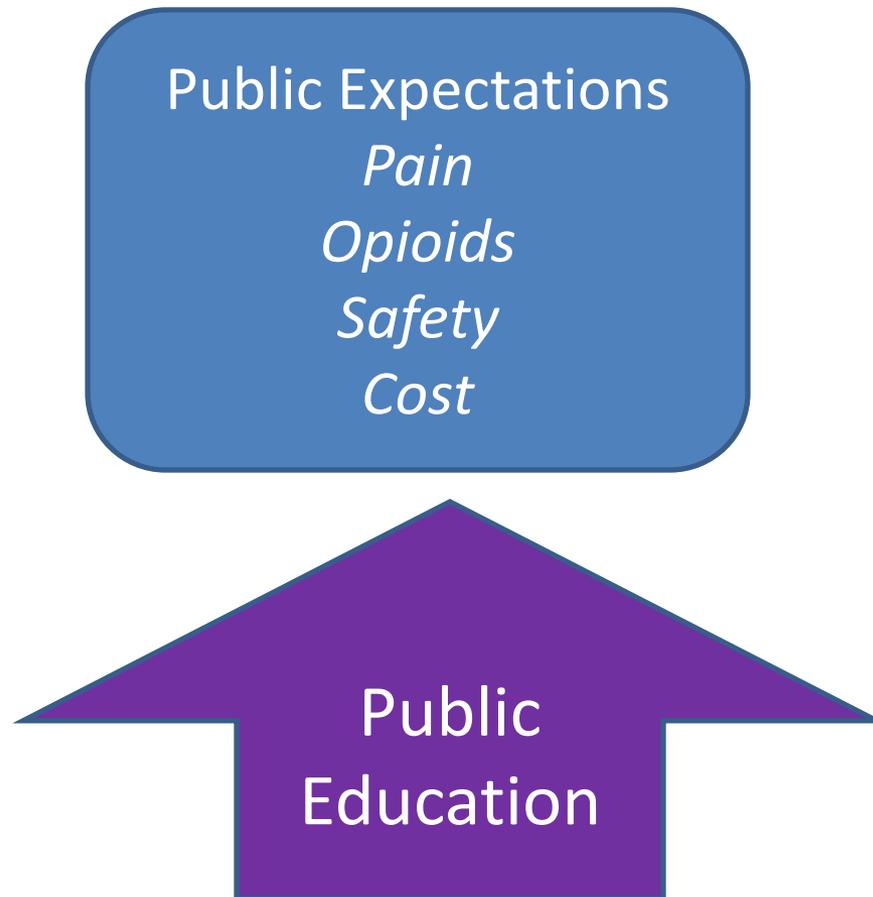
Pain

Opioids

Safety

Cost

Focus on Public *Upstream*

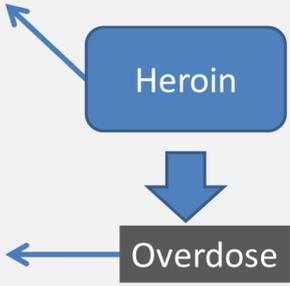
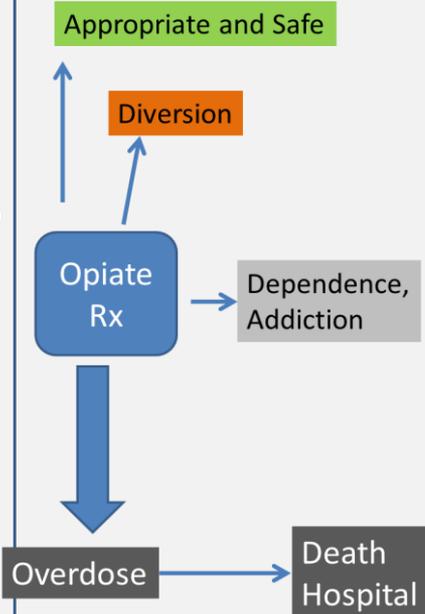


Consequences of Opioid Prescriptions

Public Expectations
Re:Pain

Patient *Pain*

Perceived Standards of Care
Opiate Rx Considered
Knowledge, Skills, Ability



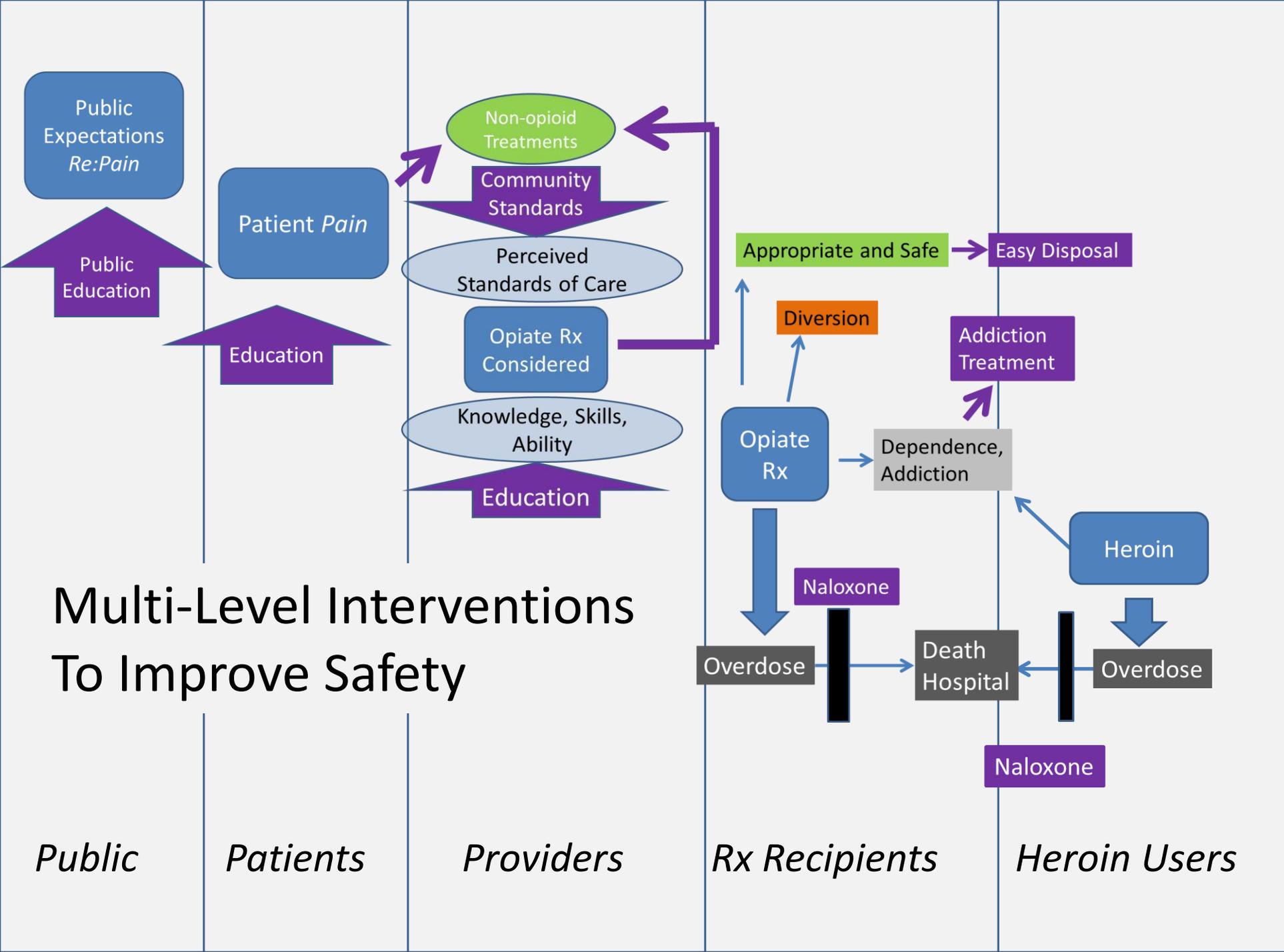
Public

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

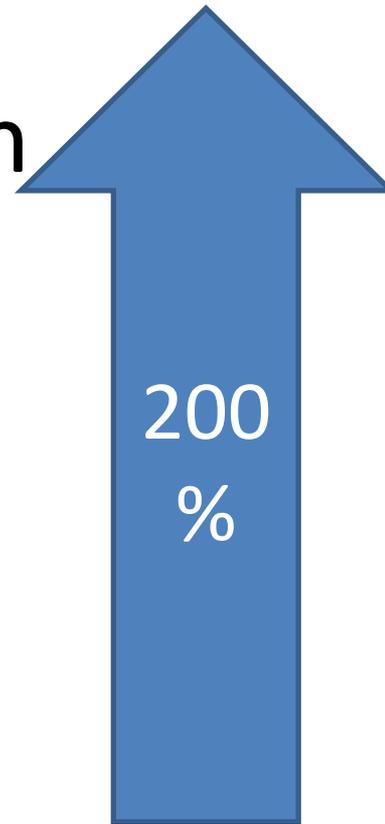
Dangerous Substance

Deaths

2000-2012, Oregon



Heroin
Deaths



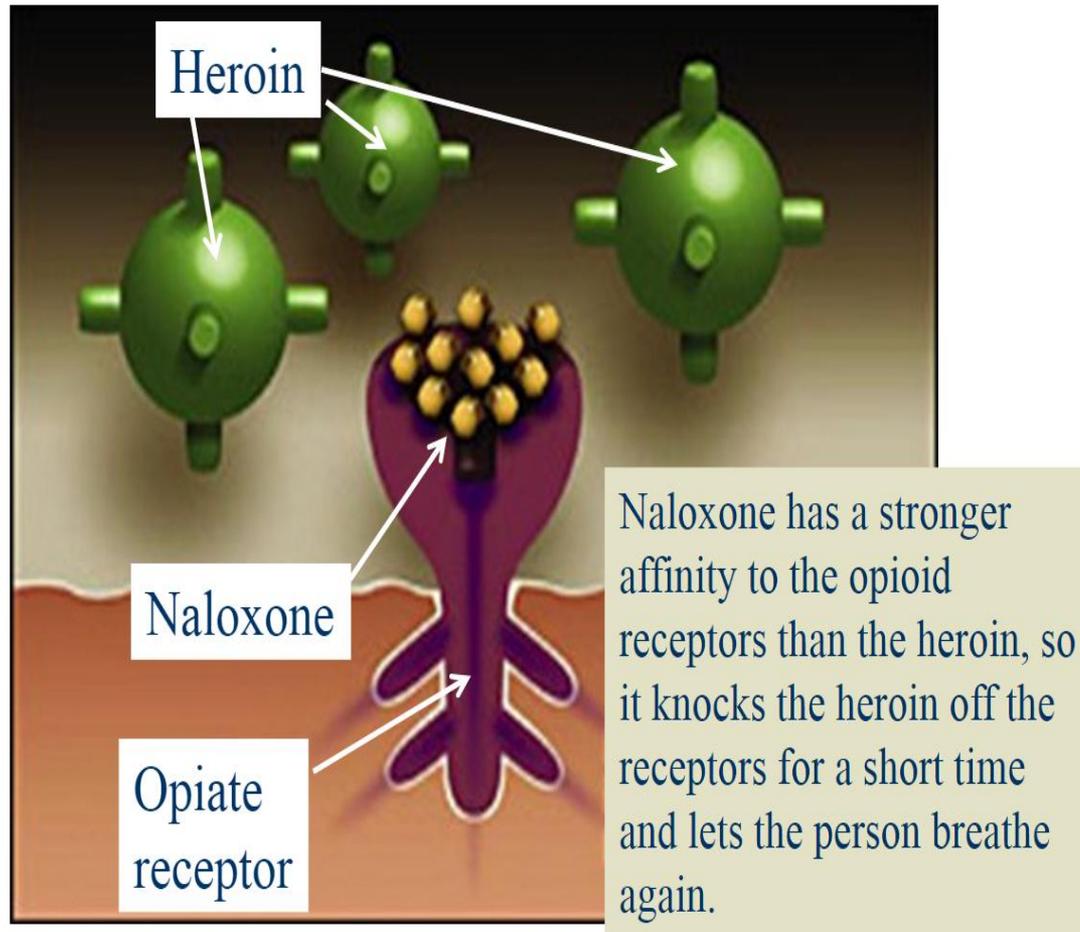
Rx Opioid
Deaths

Community Placement of Lifesaving Equipment



Naloxone – mechanism of action

- ◆ Displaces heroin (any opiate) off the receptor

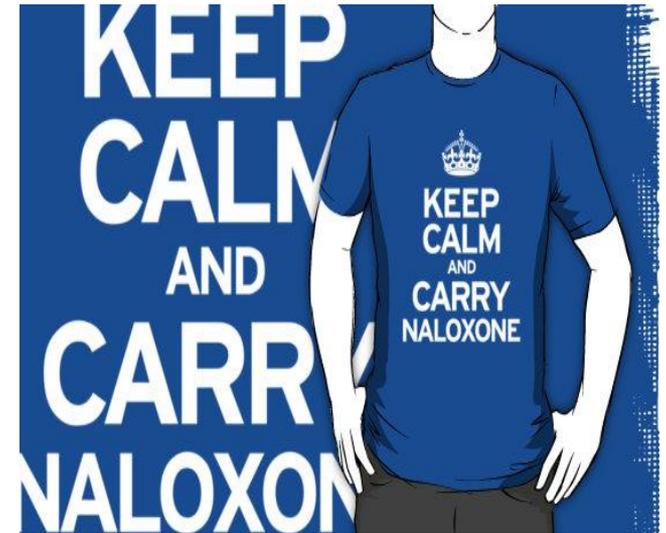


Slide courtesy Jennifer O'Neil

Why Naloxone?

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

37-
90%



DO YOU
WANT

NALOXONE?

RESPOND TO OVERDOSE + SAVE LIVES!

* ONLY TAKES 20 MIN TO TRAIN!

* BE AWESOME + HELP YOUR FRIENDS!

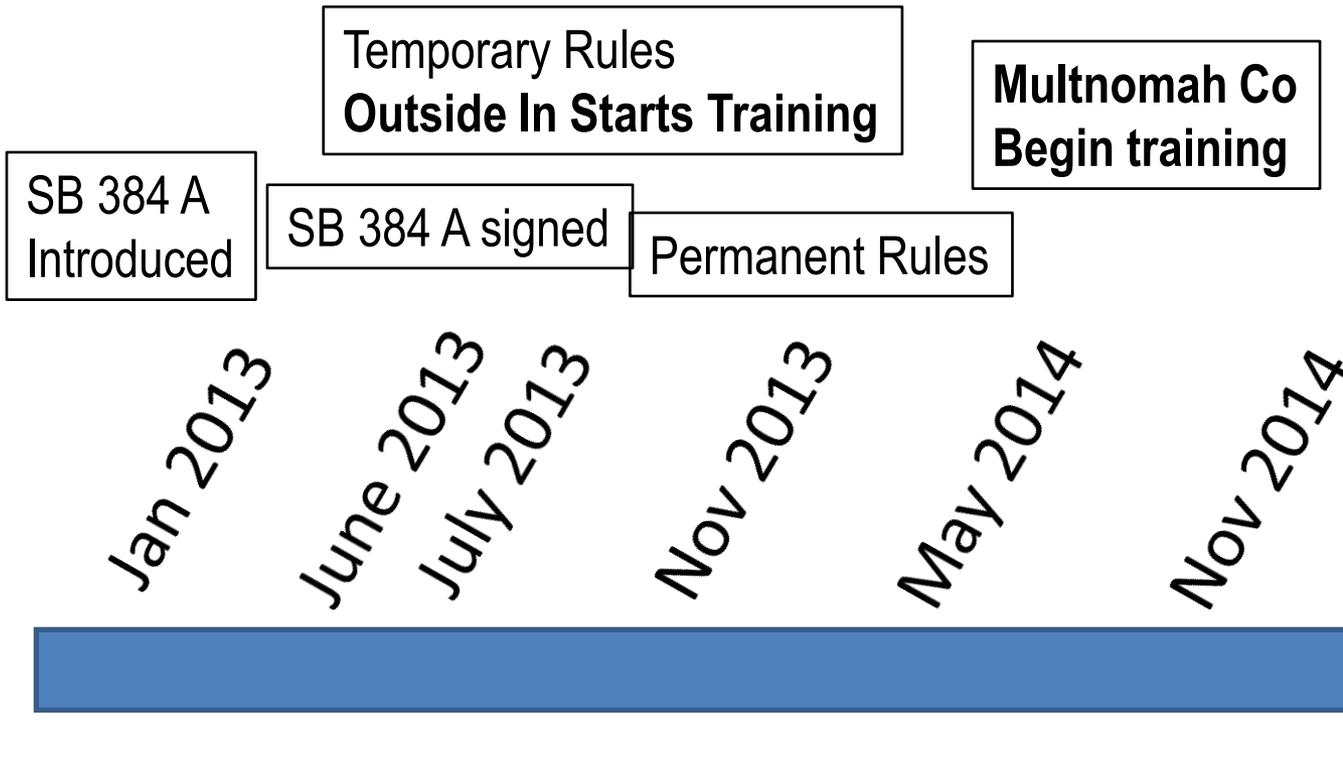
* TALK TO HAVEN OR MIKE

AVAILABLE MOST DAYS

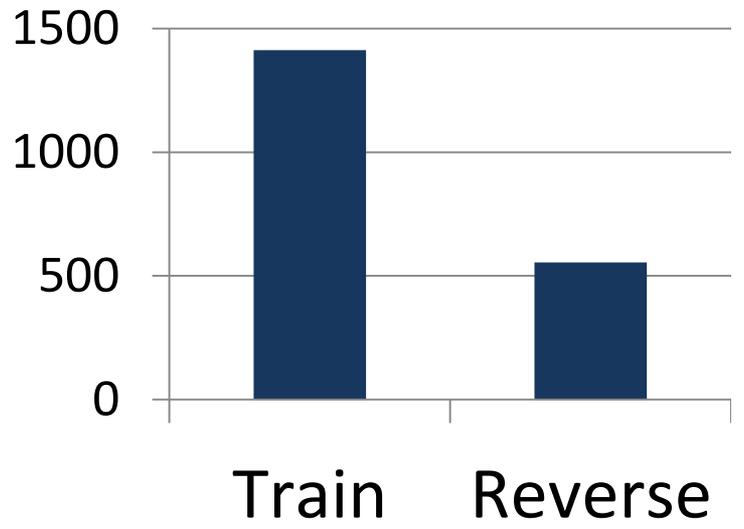
NOON - 4PM





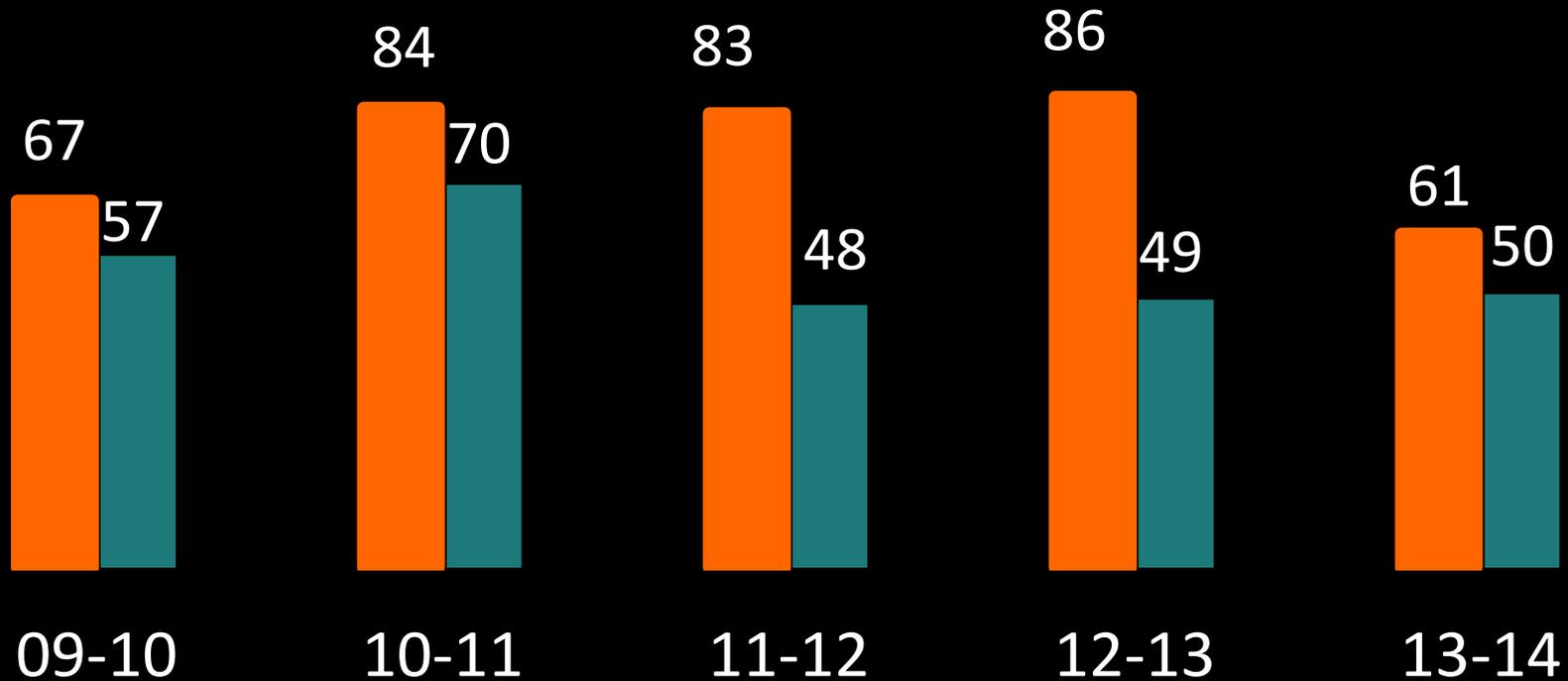


Training and Overdose Reversals Through 11/30/14



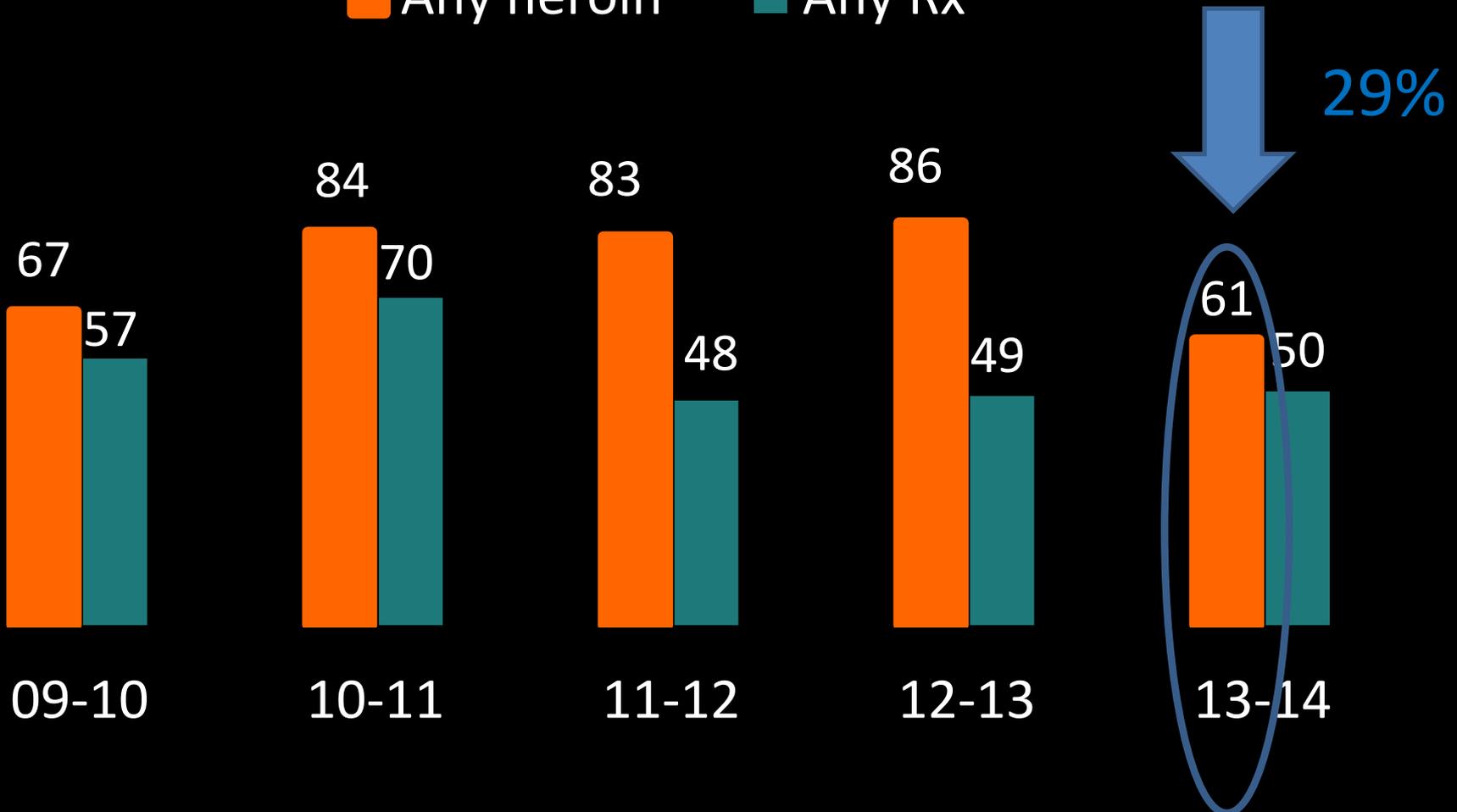
Opiate-Related Deaths by Year (July 9 – July 8), Multnomah County

Any heroin Any Rx



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

Any heroin Any Rx

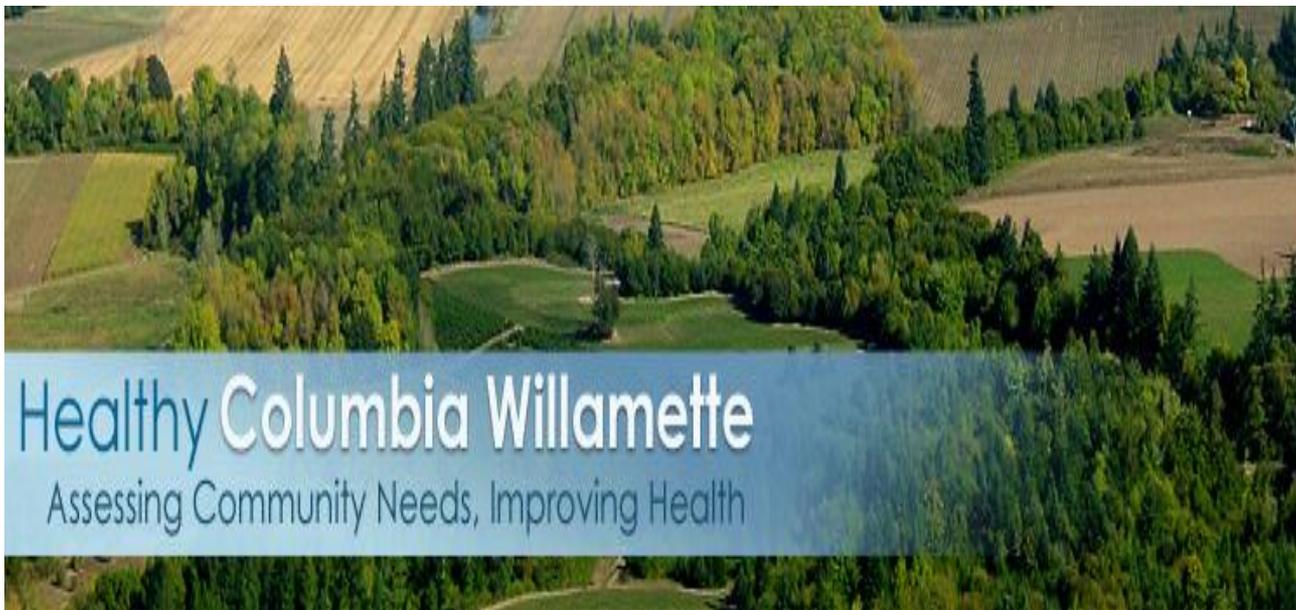


29%

Naloxone Future Directions

Objectives

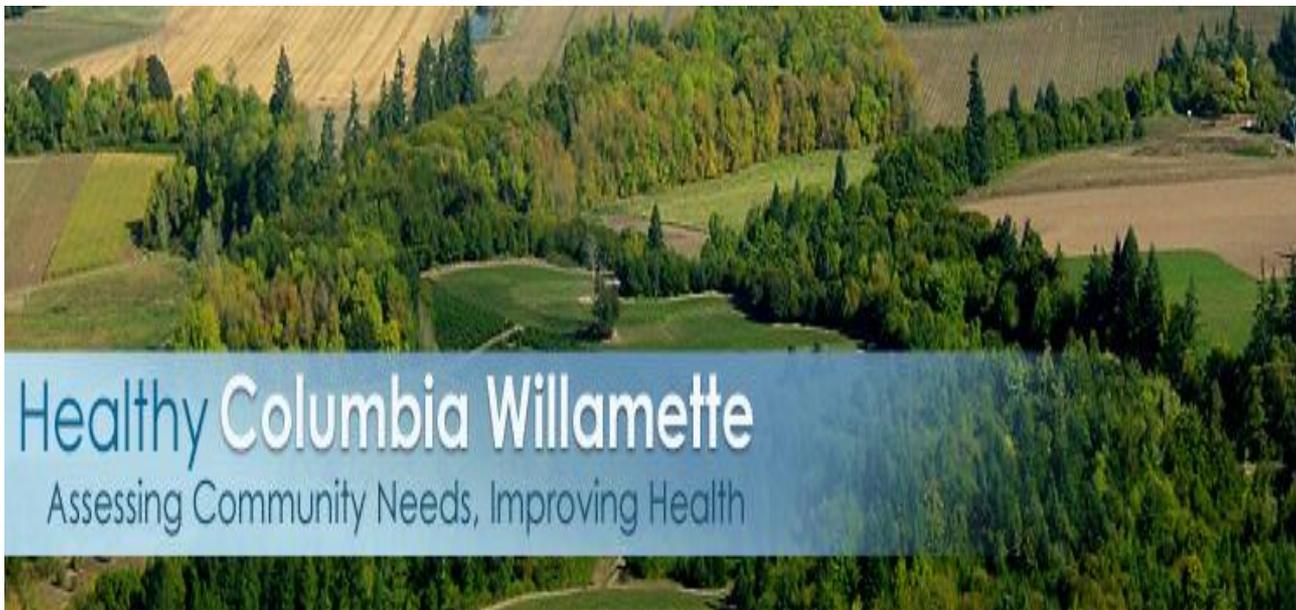
- Train more community members to reverse overdose
 - Friends, family
 - Prescription opioid, diverted opioid, and heroin users
 - Inmates
- Recruit local pharmacies to dispense naloxone for trained community members
- Explore having providers co-prescribe Naloxone with opioids
- Engage and train law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



2 CCOs: Family Care, HealthShare Oregon

4 Counties: Clackamas, Clark, Multnomah, Washington

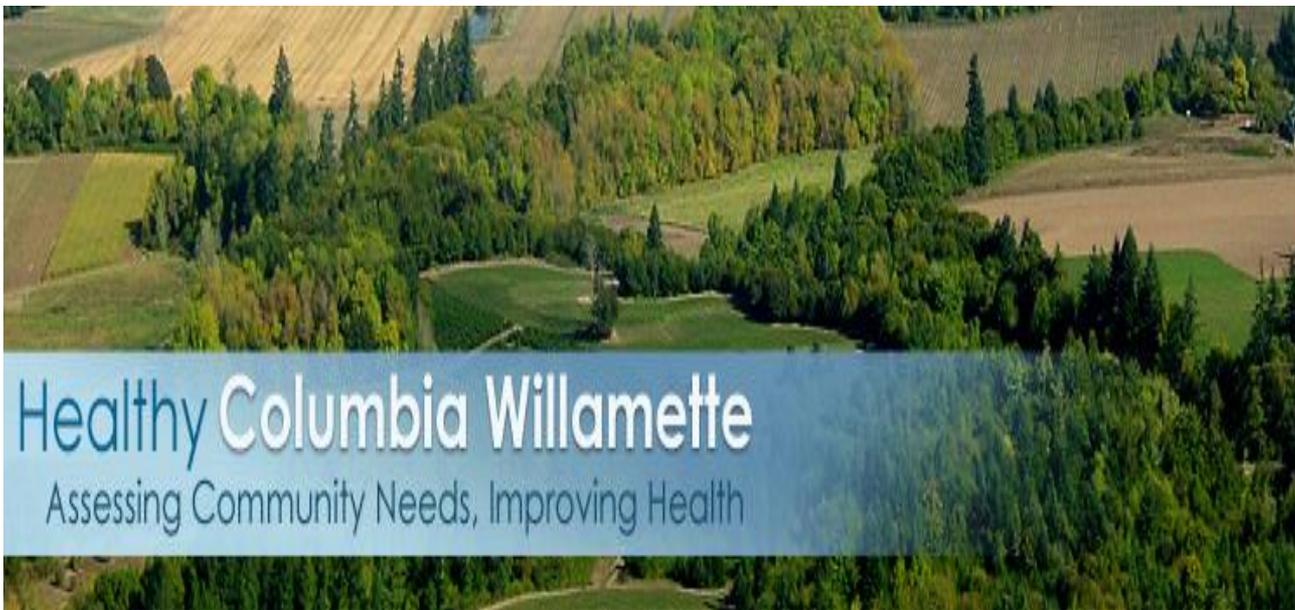
7 Healthcare Systems: Adventist, Kaiser, Legacy, OHSU,
Peace Health, Providence, Tuality



Healthy Columbia Willamette
Assessing Community Needs, Improving Health

2014-16 Health Improvement Projects

- Safe Opioid Prescribing
- Breast Feeding Promotion



Healthy Columbia Willamette
Assessing Community Needs, Improving Health

Opioid Workgroups

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