



Mission:

The ***Oregon Coalition for Responsible Use of Meds (OrCRM)*** is a Statewide Coalition launched to prevent overdose, misuse and abuse of amphetamines and opioids, both prescription and illicit, among Oregonians

Number of opioid pills prescribed - 2016



Pain Treatment is Fueling Opioid Dependence



- ❑ 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)
 - ❑ Jane Ballantyne-”a lost generation”

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

THIS SLIDE COURTESY OF DR GARY FRANKLIN, WASHINGTON DEPARTMENT OF LABOR AND INDUSTRIES

4 out of 5 heroin users

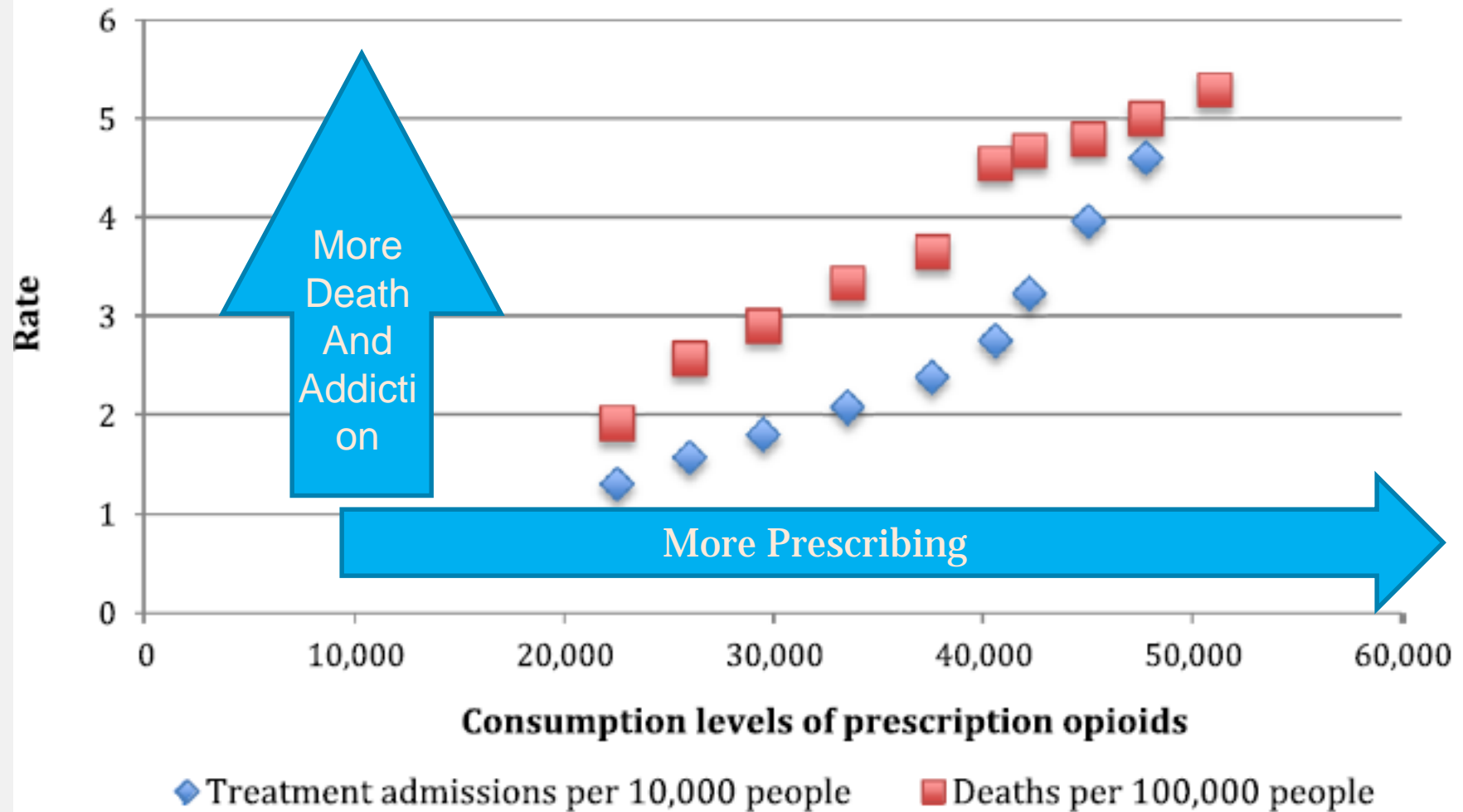


had previously used *painkillers*.

Source: White House Office of National Drug Control Policy



Substance abuse treatment admissions for prescription opioids and prescription opioid overdose deaths by consumption levels of prescription opioids

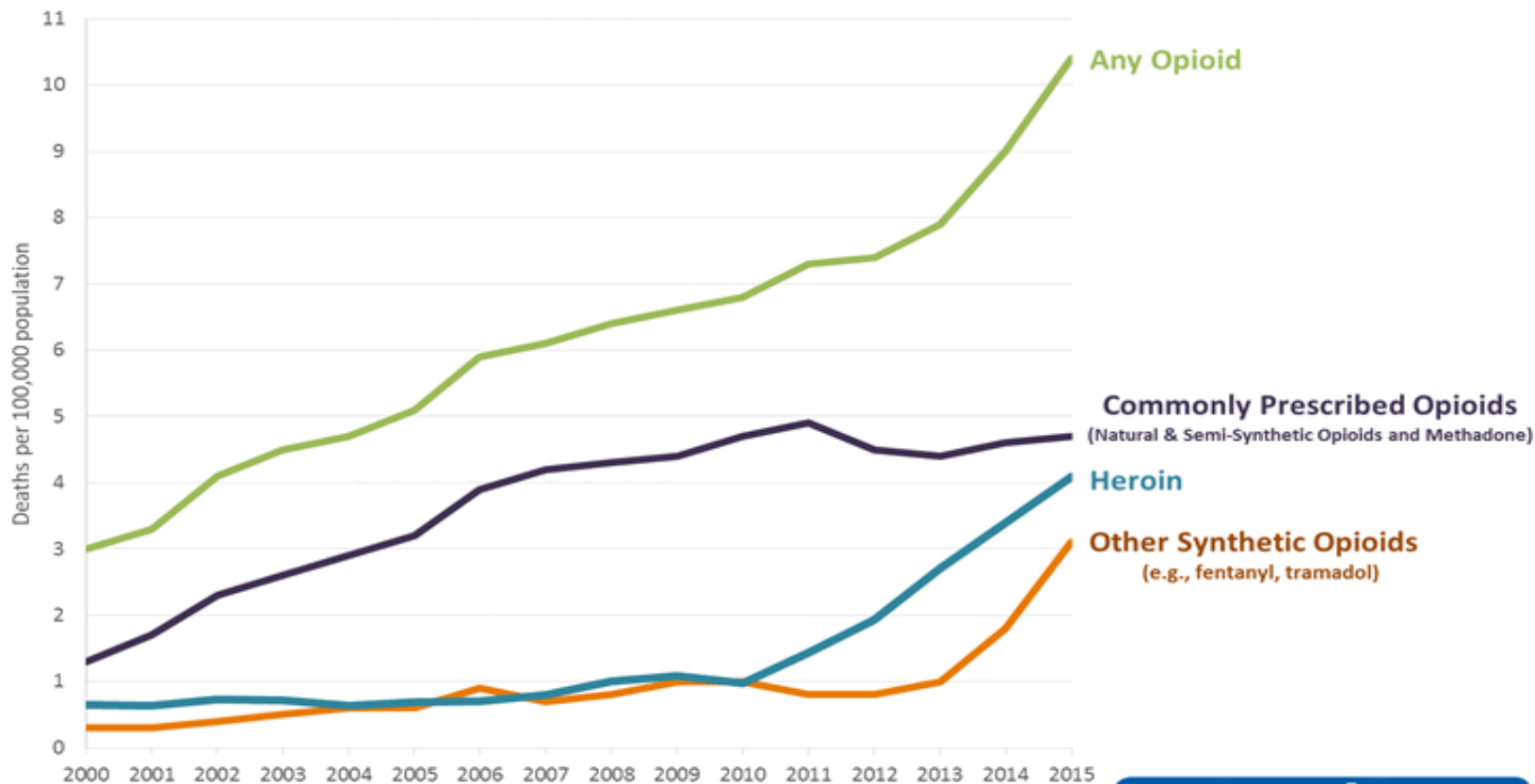


4 simultaneous opioid epidemics



National Deaths, Up

Overdose Deaths Involving Opioids, United States, 2000-2015



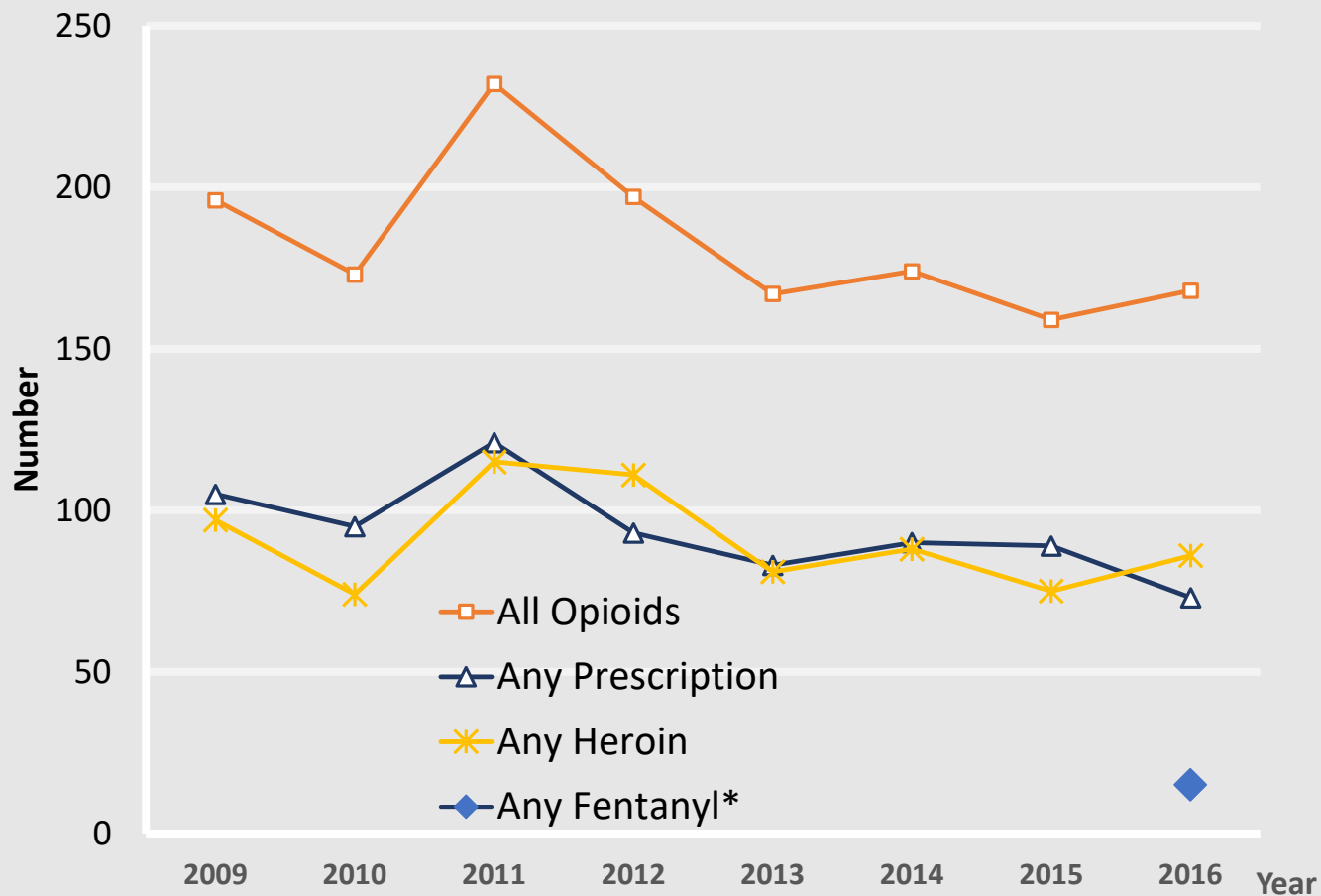
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

Metro Area Deaths Stable, for now

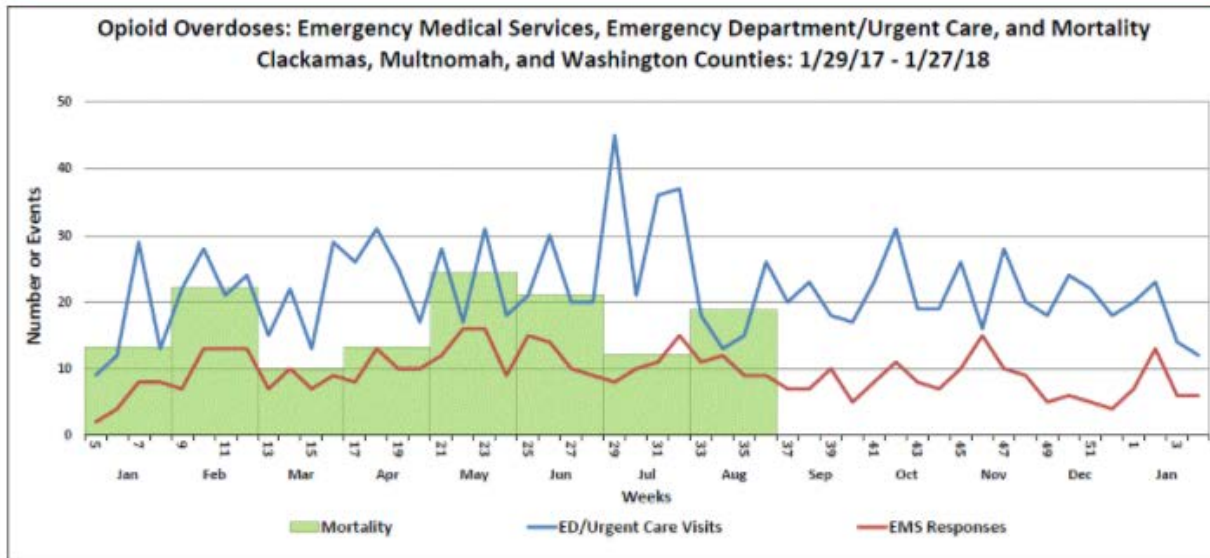
Portland Metro Trcounty Opioid Overdose Deaths, 2009-2016

Data Source: Oregon Medical Examiner



Almost Live Overdose Surveillance

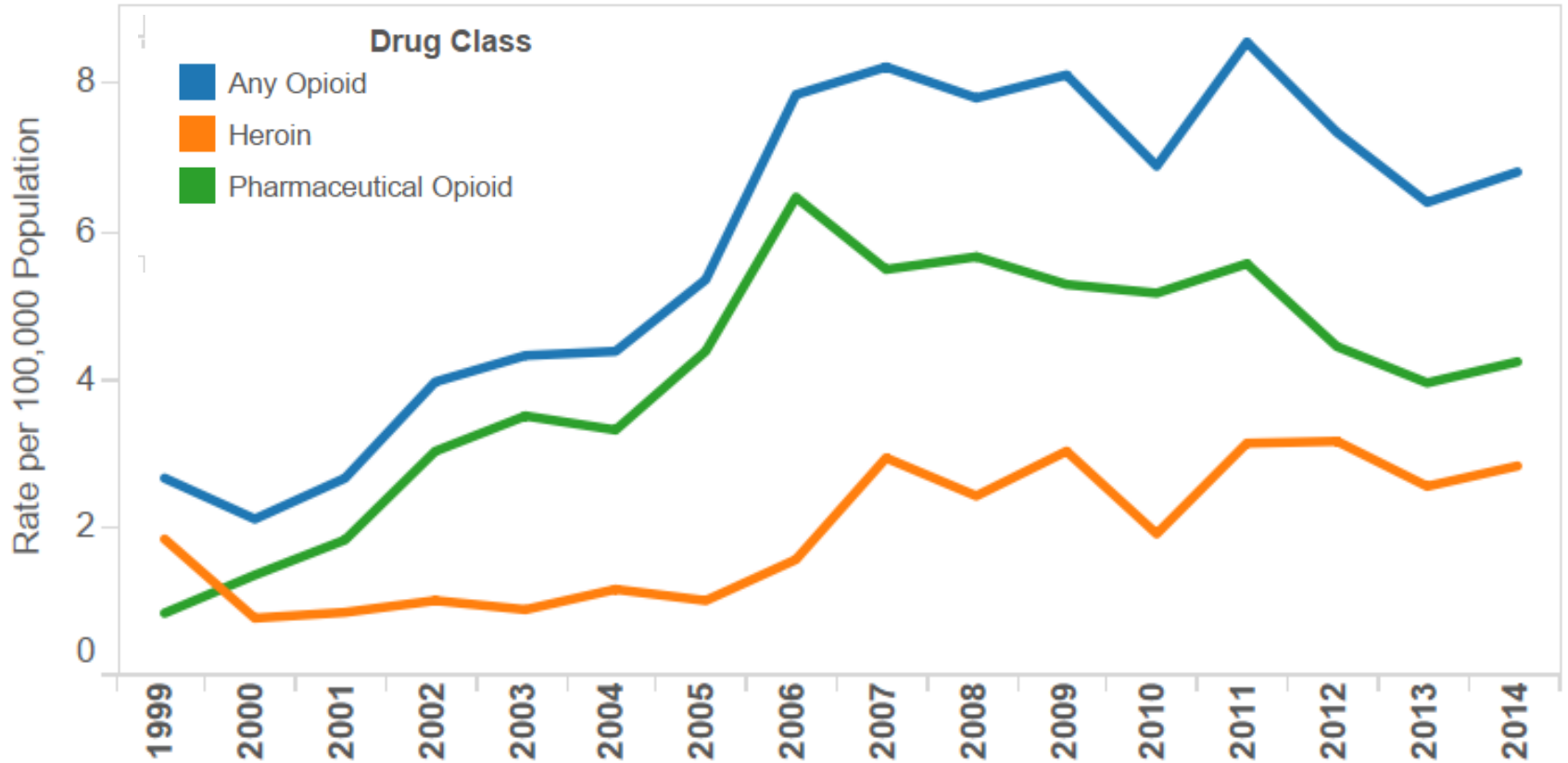
No short- or long-term increase in opioid overdoses detected in number of emergency medical responses or emergency department/urgent care visits.



<https://portlandprofessional.oregonpainguidance.org/>

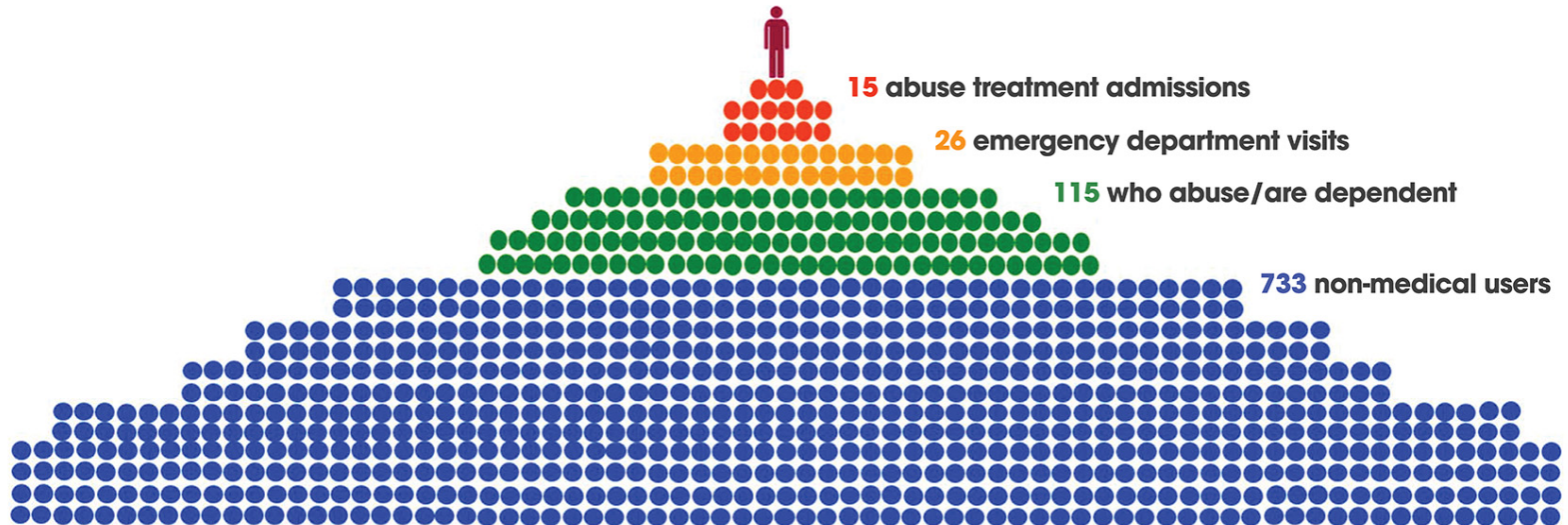
Oregon Deaths Stable

Statewide Drug Overdose Deaths



OVERDOSE DEATHS ARE THE TIP OF THE ICEBERG

For every **1** opioid overdose death in 2010 there were...

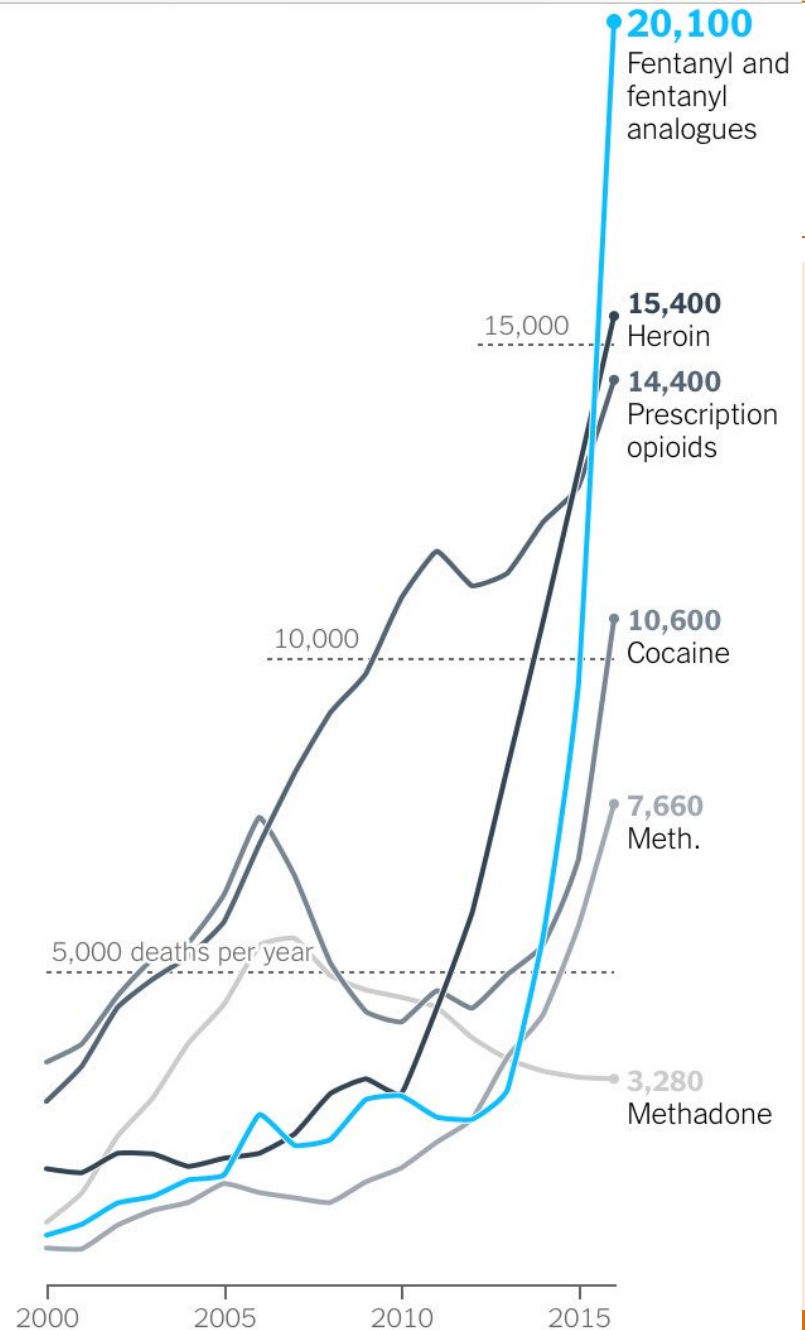


\$4,350,000 in healthcare-related costs

Will Fentanyl become the main danger in Oregon?

NY Times, Sept 2, 2017

https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html?_r=0



OrCRM's Action Plan



REDUCE THE NUMBER OF PILLS IN CIRCULATION

- ✓ **Better implementation of safe opioid prescribing guidelines** in health systems & clinics
- ✓ **Better use of PDMP** in health systems & clinics to improve monitoring, safety
- ✓ **Better access to safe drug disposal** by expanding pharmacy-based disposal programs

BETTER PAIN MANAGEMENT

- ✓ **Better access to effective & safer alternatives to opioids for pain treatment** by increasing benefit coverage & availability of alternative treatment services
- ✓ **Better provider education** on acute & chronic pain; best practices for safer pain treatment

EXPAND ACCESS TO TREATMENT AND NALOXONE

- ✓ **Better access to substance use disorder treatment** by removing barriers to treatment programs & medicated-assisted treatment
- ✓ **Better coordinated care** by integrating behavioral health services into primary care
- ✓ **Better/ wider naloxone distribution** for overdose rescue through pharmacies, first responders, social service organizations & others

EDUCATE THE PUBLIC ABOUT THE PROBLEM

- ✓ **Better understanding** about pain & opioids; risks & dangers of Rx; safe medication storage and disposal; & Oregon's opioid abuse problem through **data collection and monitoring**

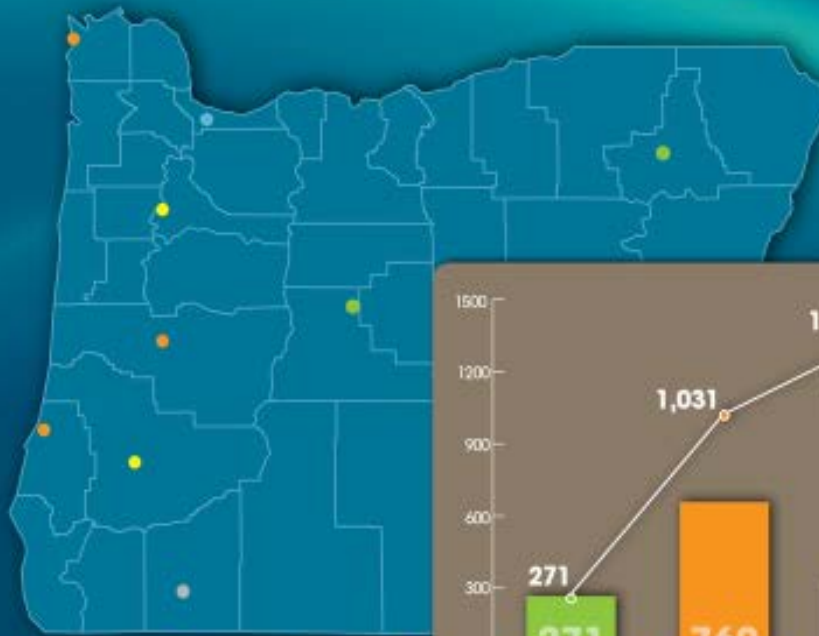
OrCRM's Core Strategy: Regional Summits



Summits bring diverse stakeholders together to:

- ❑ **Identify** *barriers/solutions/champions*
- ❑ **Implement** *regional action plans* to:
 - implement safe and effective pain treatment strategies
 - reduce opioid abuse and overdose
 - support treatment and recovery for those addicted to opioids
- ❑ **Generate** *community support & momentum* for *statewide change*

Prevention: Prescription Drug Summits



2010 ● | 2011 ● | 2015 ● | 2016 ● | 2017 ●



Action Steps & Commitments Identified at Regional Summits

	Eastern Oregon	Central Oregon	Lane County	North Coast	SW Oregon	Douglas County	Mid-Willamette Valley
REDUCE THE NUMBER OF PILLS IN CIRCULATION	<ul style="list-style-type: none"> Form Eastern Oregon Pain Guidance Group Partner with OrCRM to Encourage Local Pharmacies to Become Collectors of Disused Meds 	<ul style="list-style-type: none"> Promote Community-Wide Safer Prescribing Practices Develop PDMP Task Force Use Law Enforcement Leverage to Encourage More Pharmacies to Become Collectors of Disused Meds 	<ul style="list-style-type: none"> Trillium to continue work on expanding access to non-opioid therapies Explore how to leverage pharmaceutical industry to pay for disposal 	<ul style="list-style-type: none"> CPCCO to implement CAP taskforce recommendations CPCCO continue efforts to connect with ED & Dentists Rhinehart Clinic, Providence Seaside & Columbia Memorial Hospital agreed to become collectors of disused meds 	<ul style="list-style-type: none"> Form SW OR pain guidance group CCO's/payers to identify high prescribers Corner Drug as possible collector of disused meds Community support for statewide disposal ordinance 	<ul style="list-style-type: none"> Establish a learning collaborative with OPG Disseminate OHP back pain guidelines through pain group Expand outreach to pharmacies to adopt safe medicine return 	<ul style="list-style-type: none"> Establish a leadership team to champion system level strategies that incentivize high-quality, coordinated pain care and safe opioid prescribing practices Develop supports for practice level data to reduce number of opioids prescribed and advance best practice pain care
BETTER PAIN MANAGEMENT	<ul style="list-style-type: none"> Expand & Improve Provider Education EOCCO to Develop Pain Schools 	<ul style="list-style-type: none"> Educate Providers on PSTF Guidelines 	<ul style="list-style-type: none"> Increase provider education & training opportunities 	<ul style="list-style-type: none"> Continuing to assess and expand alternative options for pain 	<ul style="list-style-type: none"> Explore adoption of pain school curriculum 	<ul style="list-style-type: none"> Explore pain school model 	<ul style="list-style-type: none"> Provide ongoing and consistent patient education Support implementation of a team-based approach Bring risk management to the table
EDUCATE THE PUBLIC ABOUT THE PROBLEM	<ul style="list-style-type: none"> Use OrCRM Info to Develop Local Messaging for Prevention Activities 	<ul style="list-style-type: none"> Local Prevention Organizations will coordinate Prevention Education Messaging with OrCRM 	<ul style="list-style-type: none"> Shift social norms around pain by changing patient expectations about outcomes 	<ul style="list-style-type: none"> CPCCO to increase community outreach efforts CPCCO partner w/LFL 	<ul style="list-style-type: none"> Screening of Paper Tigers > ACES training Wed nights w//Coquille tribe 	<ul style="list-style-type: none"> Use regional portal to OPG platform as a tool for community outreach Build new partnerships to foster community engagement 	<ul style="list-style-type: none"> Launch public education campaign to decrease stigma around addiction and addiction treatment
EXPAND ACCESS TO TREATMENT AND NALOXONE	<ul style="list-style-type: none"> Develop Buprenorphine Access Task Force EOCCO to Launch Pilot to Test Model of Integrated Care 	<ul style="list-style-type: none"> Develop Task Force to Provide Continuum of Care Post-Incarceration Develop Task Force to Expand "Hub and Spoke" Model 	<ul style="list-style-type: none"> Develop integration toolkit to improve delivery of BH services to patients 	<ul style="list-style-type: none"> CPCCO to strengthen integration efforts and connections with BH Expand MAT service delivery model through telemedicine 	<ul style="list-style-type: none"> Develop regional MAT taskforce Expand X waiver training Improve integration of care between primary care and other agencies 	<ul style="list-style-type: none"> Educate the community on available on treatment services, overdose prevention and distribution of naloxone 	<ul style="list-style-type: none"> Launch local MAT provider support network Connect Patients Who Present with Opioid Overdose and/or Opioid Use Disorder in the Emergency Department and Inpatient Care to Recovery Services
	<ul style="list-style-type: none"> EOCCO Provide Coverage & Support Development of Co-Prescribing Guidelines 	<ul style="list-style-type: none"> Deploy Naloxone through Patrol Cars and County Jail in Deschutes Explore distribution of Naloxone Through Local Needle Exchange Program 	<ul style="list-style-type: none"> Build community awareness to promote HIV Alliance's naloxone initiative 	<ul style="list-style-type: none"> Explore local needle exchange programs Expand efforts to deploy naloxone through drug court by fostering local partnerships 	<ul style="list-style-type: none"> Expand efforts to deploy naloxone in the community and through law enforcement 	<ul style="list-style-type: none"> Ensure leadership team advances harm reduction strategies in the community such as syringe exchange and naloxone distribution 	

Tri-County: A Stepped Up Approach



- ❑ All Electeds
 - Commissioners, District Attorneys, Sheriffs

- ❑ Identify Key Policy Priorities

- ❑ Consider Specific Proposals re: Each Priority

- ❑ Concrete Action List to Address each Priority

Pre-Summit Curriculum



- I. Primer on the Crisis
- II. Equity and the Opioid Crisis
- III. Addiction Treatment System Primer
- IV. Law Enforcement / Behavior Health Gaps Fueling the Opioid Crisis
- V. Legal landscape / nuisance litigation: how does it fit
- VI. Harm Reduction Opportunities
- VII. Disposal
- VIII. Fentanyl early warning and response
- IX. County Leadership: Models of Success from Around the Nation

Equity	Harm Reduction	Treatment and Recovery	Behavioral Health/ Law Enf Gaps	Disposal	Fentanyl
Stigma reduction	Naloxone 2.0: linkage to treatment,	Addiction Treatment on Demand	MAT continuity: pre, during post incarceration	Pharmacy-based disposal	Early warning <u>and</u> response system
Upstream efforts to address root causes of addiction -family supports -employment	-Emergency room bupe induction plus Hub and Spoke	Recovery supports in the community: -housing -employment -peer support	MAT in jail	Opioid Tax to support disposal and naloxone	Addressing impacts on policing
	Expanded syringe disposal/exchange	Opioid Tax to support Addiction Tx on Demand and Recovery Supports	Treatment on discharge connection and capacity system [Treatment openings identifier]	Disposal in County Pharmacies	
	Supervised injection sites	Capacity: white paper on what counties can do	Recovery supports -in jail -in supervision		
			LEAD diversion linkages to treatment		
			-Naloxone upon discharge		

Current Proposed Summit Flow



- ❑ Call to Action
- ❑ Our Neighbors, Our Families, Our Communities
- ❑ State of the County
- ❑ Policy Session 1: Bridging the Public Safety Behavioral Health Gap
- ❑ Policy Session 2: Expanding Access to Treatment
- ❑ Policy Session 3: Disposal and Revenue
- ❑ Next Steps and Discussion

Medication-Assisted Treatment MAT

- × MAT uses FDA-approved medication plus counseling
- × MAT, not abstinence, is the standard of care for opioid use disorder (OUD)
 - + More effective than counseling or medication alone
- × Inadequate and inconsistent access to MAT

Figure 1
How OUD Medications Work in the Brain



Methadone



*Full agonist:
generates effect*

Buprenorphine



*Partial agonist:
generates limited effect*

Naltrexone



*Antagonist:
blocks effect*