

Opioid Misuse and Response The Backstory

Tri-County Opioid Summit

April 13, 2018

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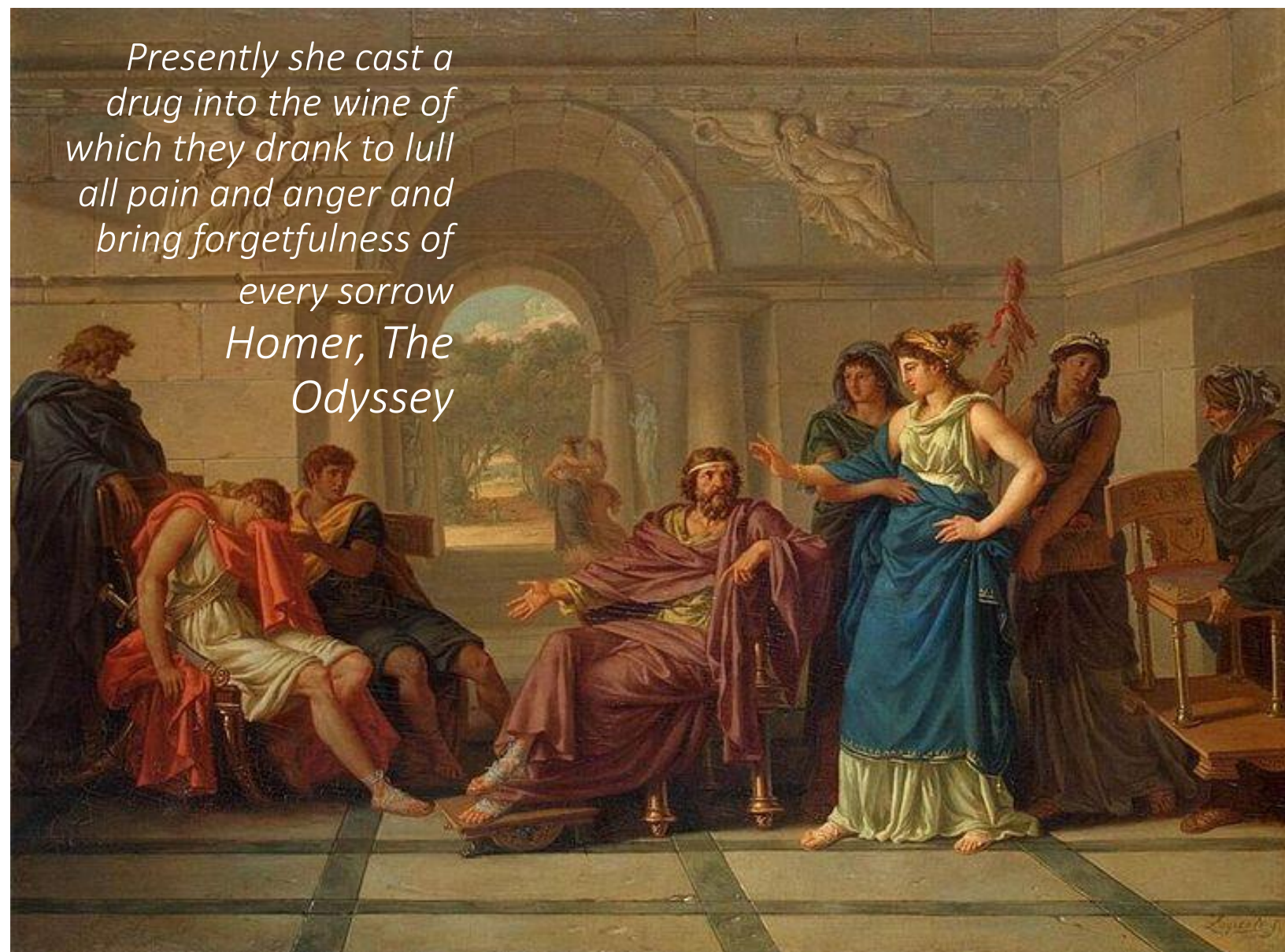
Multnomah County Health Officer



Things to Remember

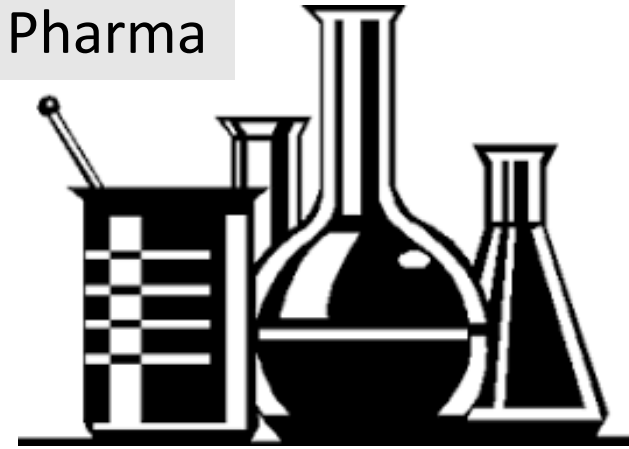
- Racial inequity
- Many substances are misused
- Biologic and social risks are common to all substance misuse
- Housing and mental illness have a complex relationship with substance misuse







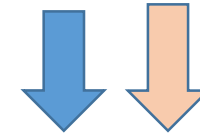
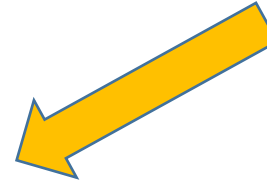
Chemical Industry and Pharma



Black Tar Heroin



Fentanyl and
analogs
Powder,
counterfeit pills



Pain Pills

Oxycontin
Percocet
Vicodin
Others



Opioid Crisis

Causes

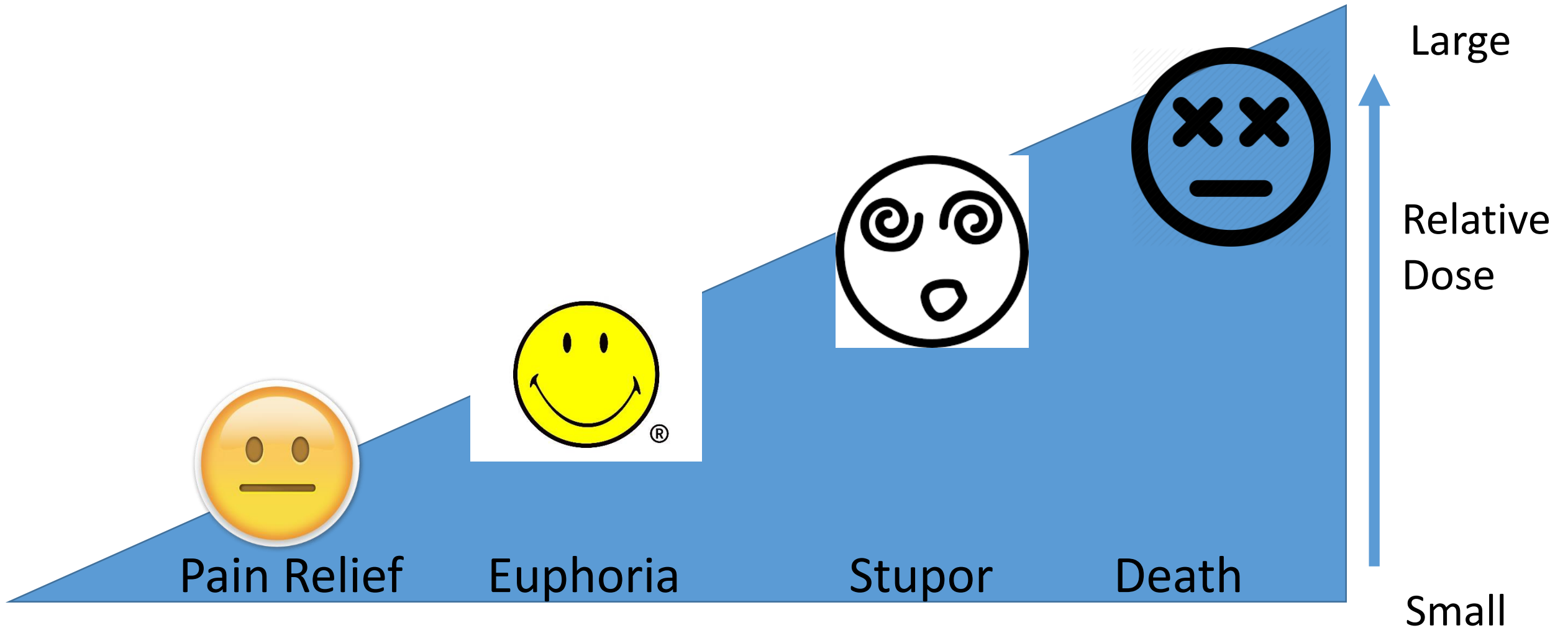
- Human susceptibility
- Poverty, mental illness, genetics and adverse childhood experiences (ACEs) underlie OUD
- Opioids are abundant and cheap
- A small overdose can kill
- Opioid Use Disorder (OUD) is a chronic, relapsing disease

Consequences

- Suffering: Individual, families, intergenerational, community
- Lost productivity
- Costs: Healthcare, social service, law enforcement
- Justice system overload
- Community livability
- Urgent need for effective treatment and prevention



Problem 1, Large opioid doses do more than reduce pain



Naloxone is an antidote

WHEN TO USE NARCAN



Inability to wake
the person



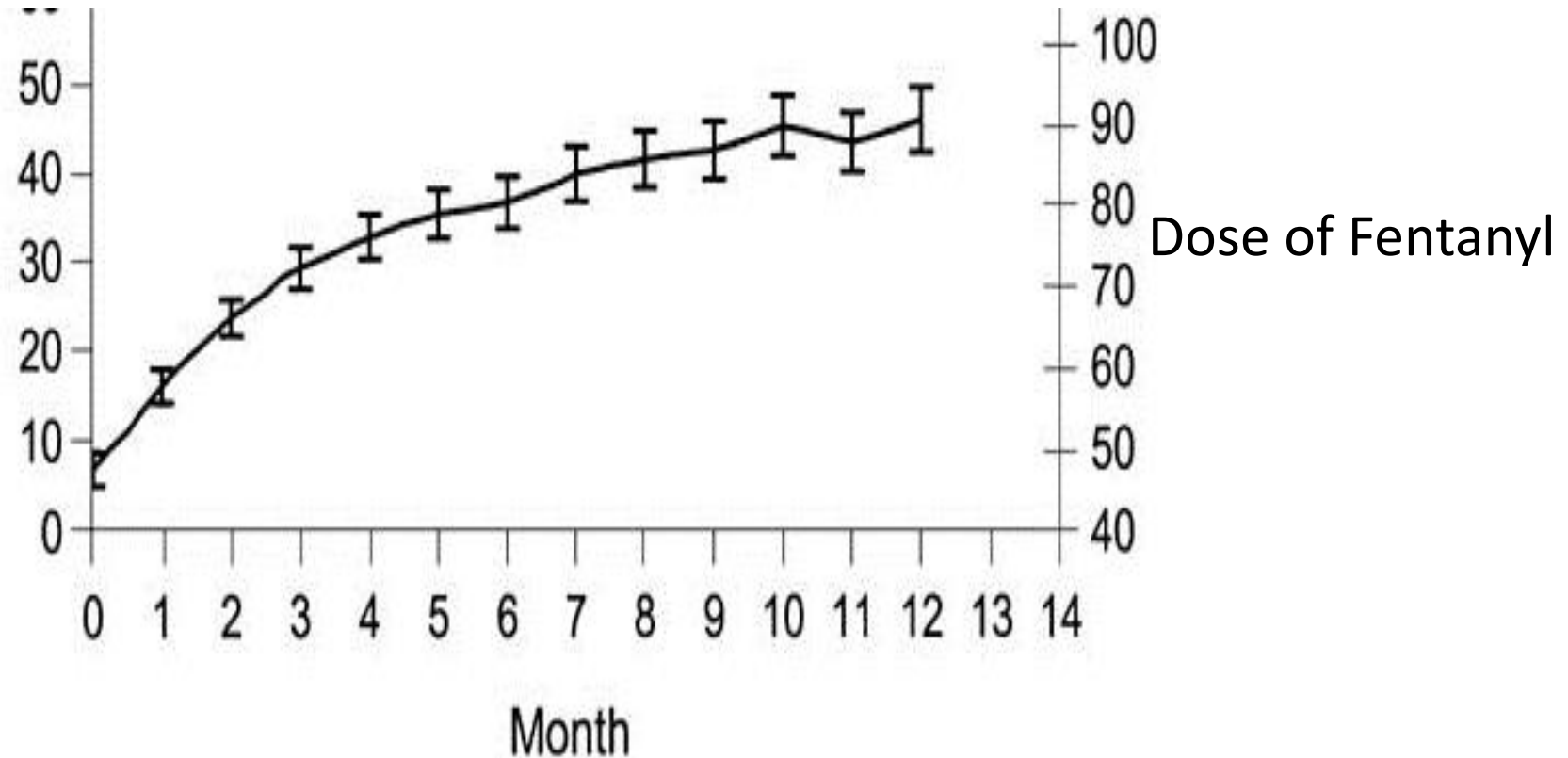
Slow (or no)
breathing



Pinpoint
pupils



Problem 2: Higher opioid dose needed over time for same effect



Miligan et al Evaluation of long-term efficacy and safety of transdermal fentanyl in the treatment of chronic noncancer pain
[The Journal of Pain, Volume 2, Issue 4](#), August 2001, Pages 197-204



Problem 3, Chronic Use causes Physical Dependence; Halting Drug causes Withdrawal, an Illness



Mood Swings
Anxiety
Shakes, Chills, Sweats
Tears, Runny Nose
Bone Pain
Vomiting
Diarrhea
3-7 day duration



I'm Withdrawing; What are my Options?

1. Use a drug again (8-12 hrs of relief); use less over time (taper)
2. Suffer without treatment (cold turkey)
3. Medicine to treat symptoms, not disease
4. Begin Medication Assisted Treatment (MAT) to treat symptoms AND disease

'The choices you make are the choices you have'



Problem 4, The Opioid Use Disorder Cycle, The Primitive Brain in Charge

The addiction cycle is triggered by intoxication and pleasure (blue)

When intoxication wears off, the Individual feels worse (red)

More substances are sought (green) to relieve distress, the cycle continues

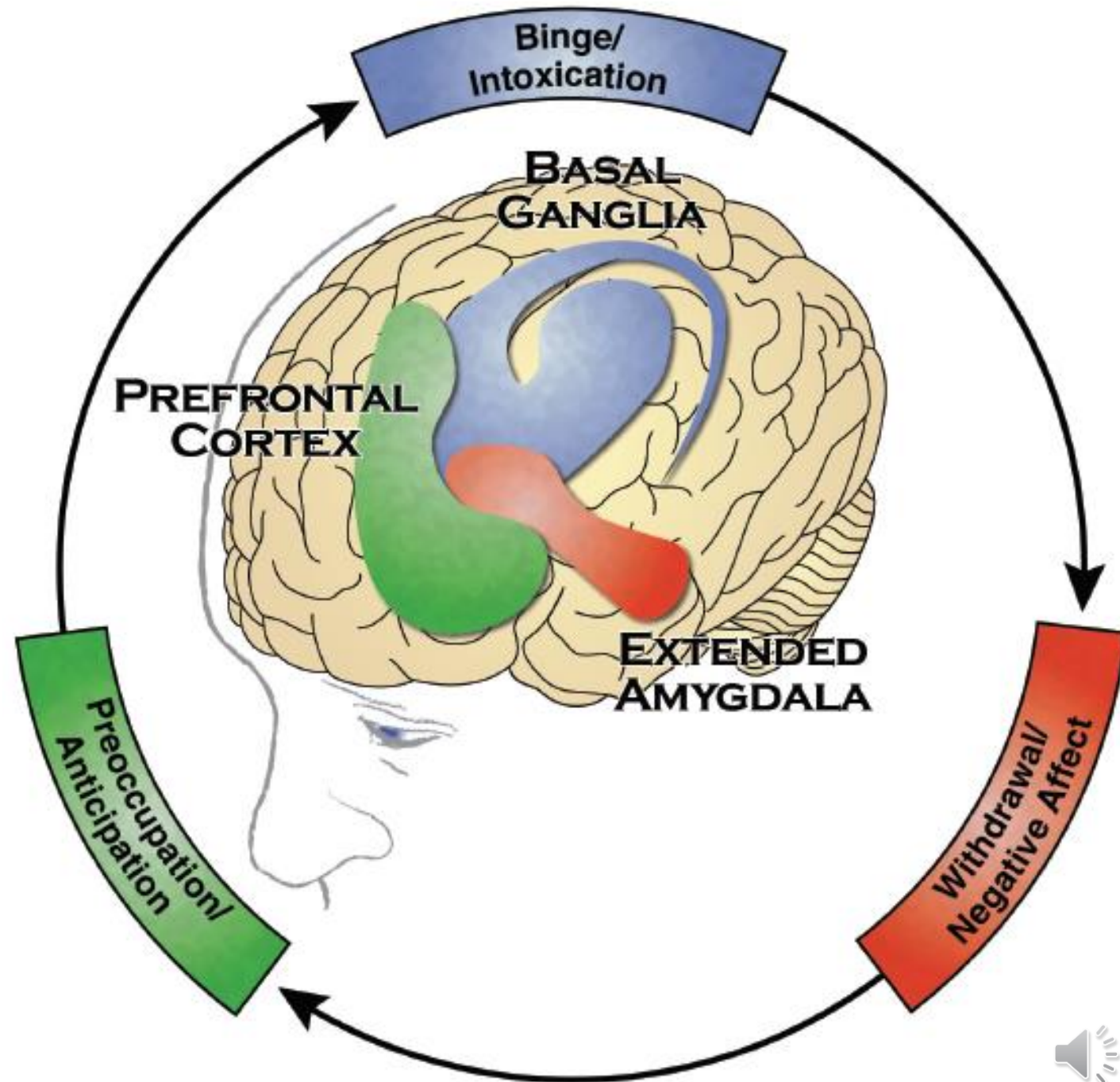


Figure 1

How OUD Medications Work in the Brain



Methadone



*Full agonist:
generates effect*

Buprenorphine



*Partial agonist:
generates limited effect*

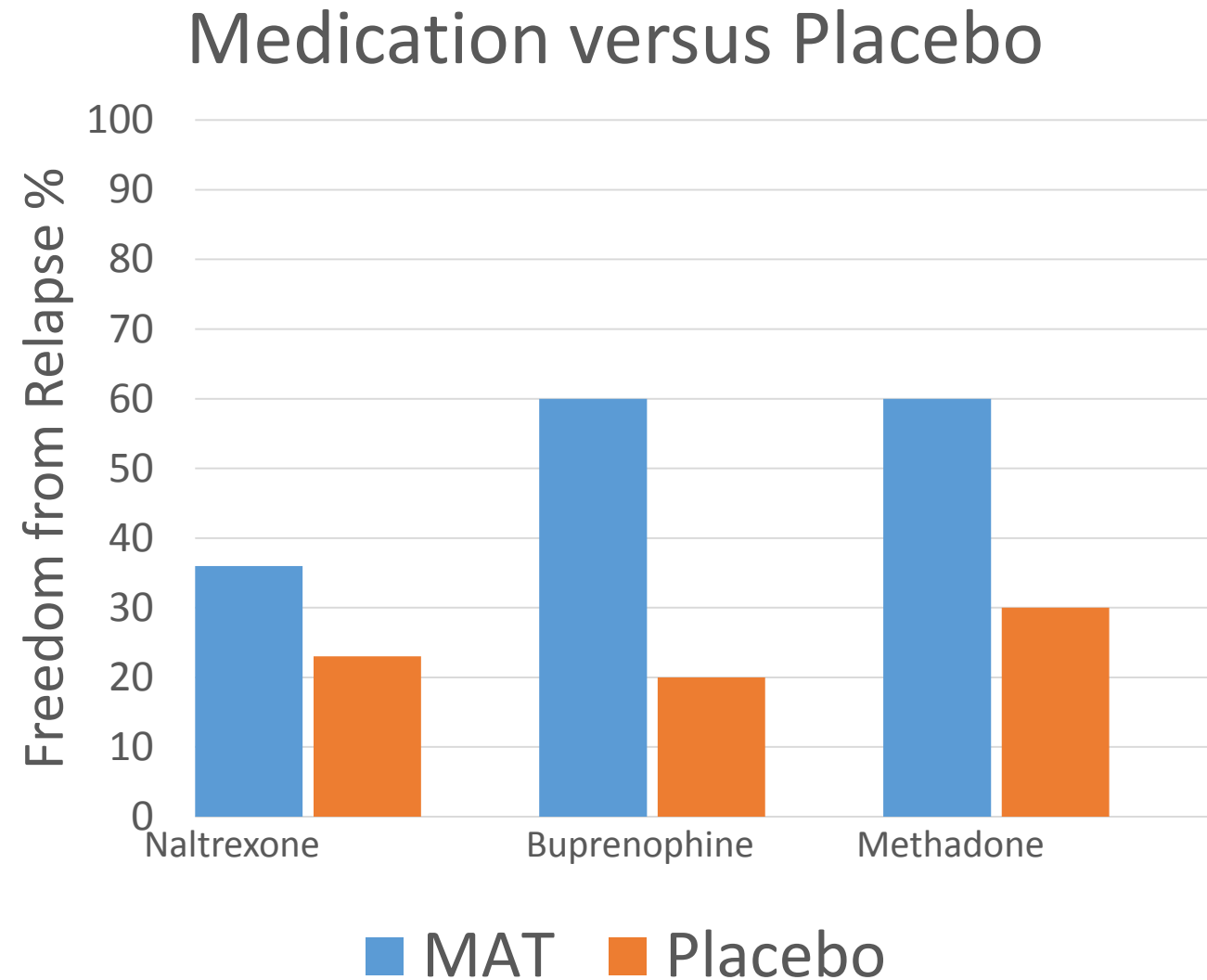
Naltrexone



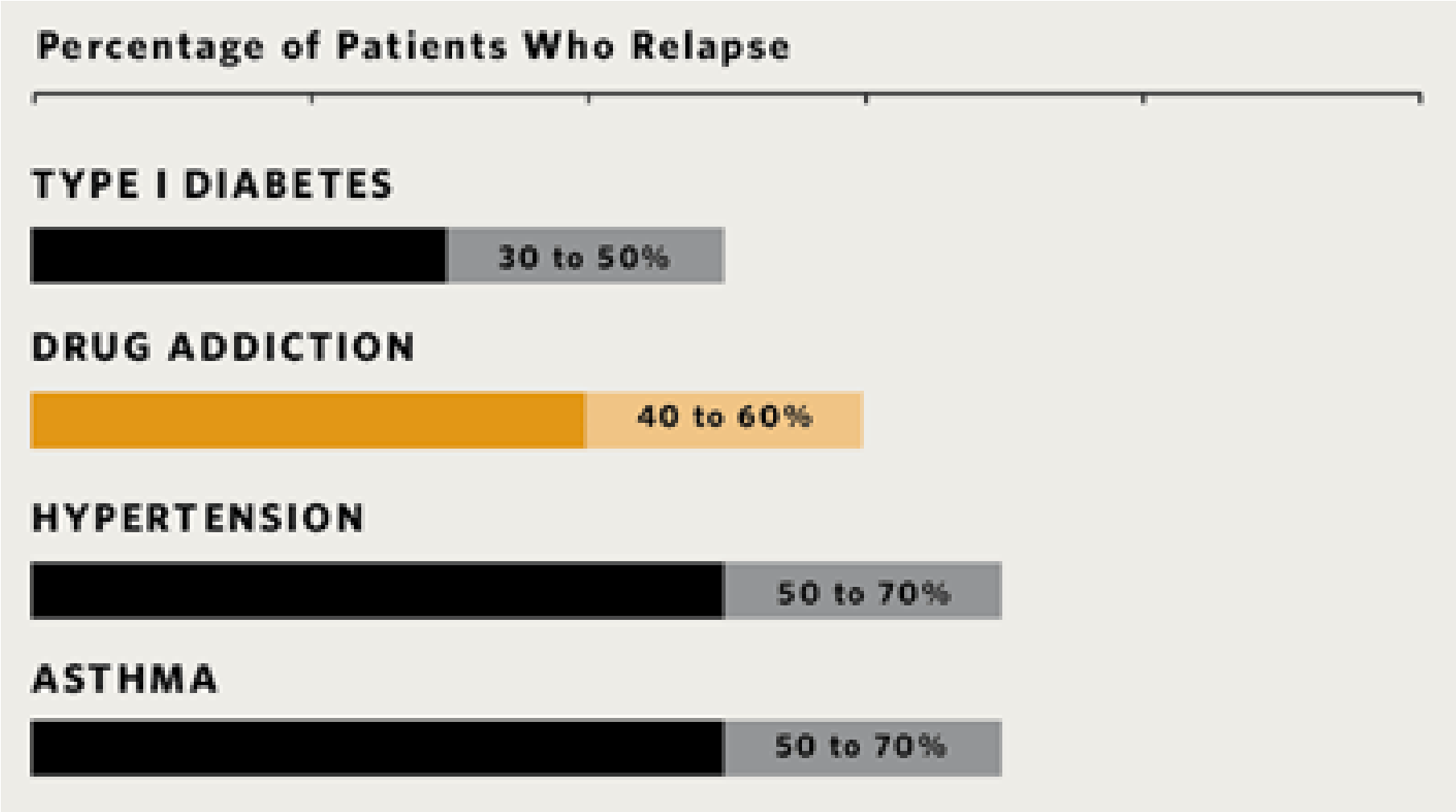
*Antagonist:
blocks effect*



All Patients Deserve to Know that Medication Aids Recovery



OUD is a Chronic Disease

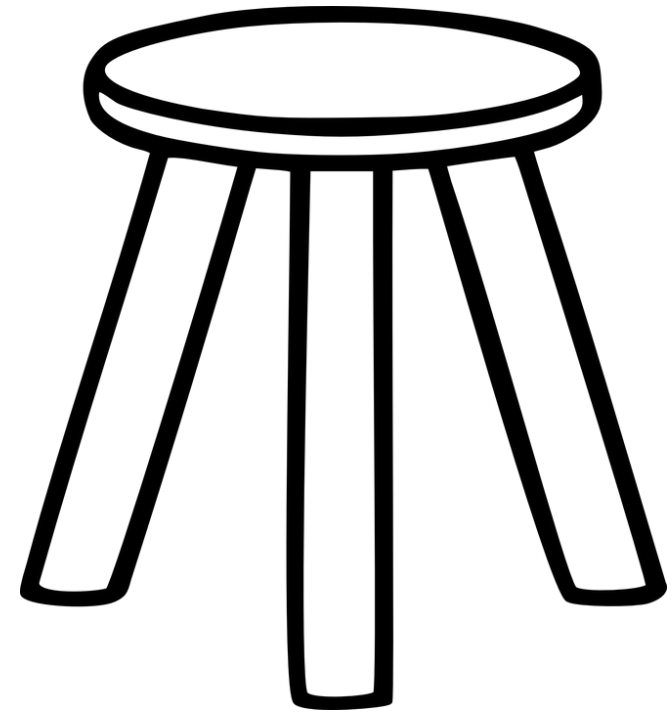


Genetic factors	Environ Factors	Chronic	Various Meds
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes



Integrated Components of Successful OUD Treatment

- Medication to break the intoxication-withdrawal-craving cycle
- A Safe Place to Call Home
- Living Wage Employment
- Meaningful Relationships
- Behavioral Therapy



Opioid Misuse: Risk Factors

Fixed

- Male > Female
- Youth > Older Adult
- Genetic Variants
 - Dopamine, GABA, serotonin, opioid receptors, enzymes, transporters

Changeable

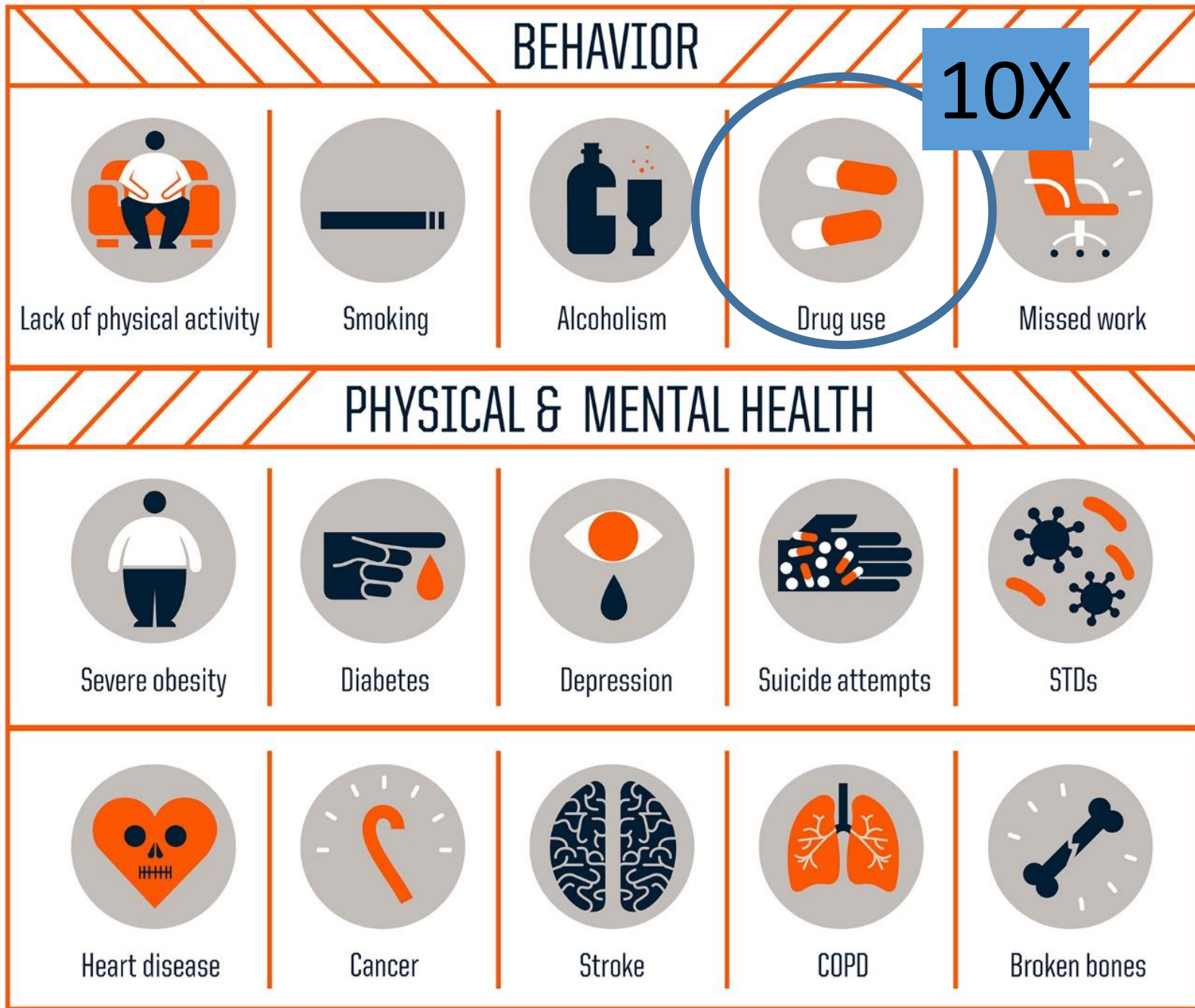
- Education
- Poverty
- Length of exposure to opioids
- Adverse Childhood Experiences



What are Adverse Childhood Experiences (ACEs)?

- Abuse
 - Emotional
 - Physical
 - Sexual
- Neglect
 - Emotional
 - Physical
- Household Challenges
 - Mother treated violently
 - Household substance abuse
 - Mental illness in household
 - Parental separation or divorce
 - Criminal household member





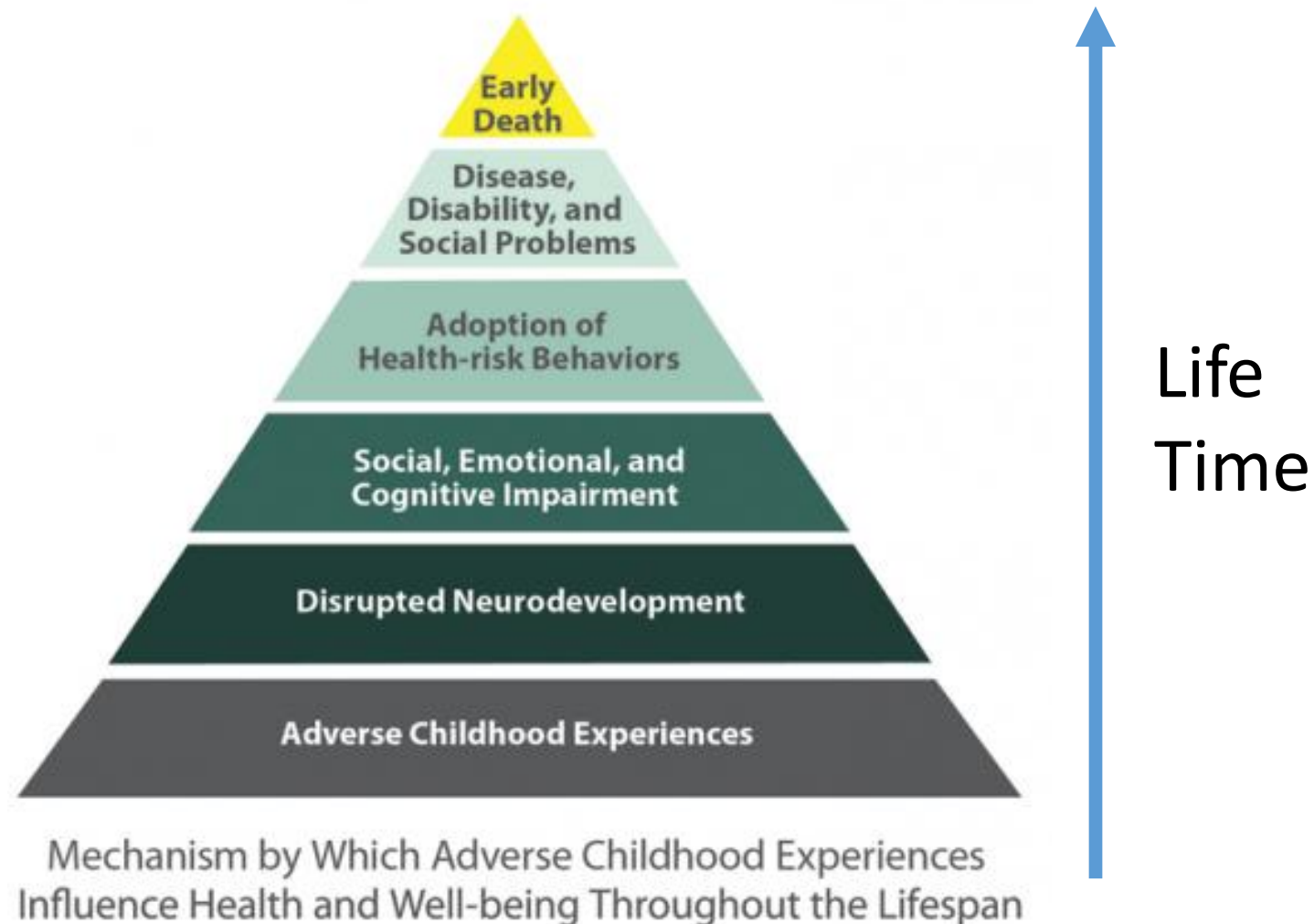
10X

ACEs are not Destiny

ACES are Risk Factors
Health Behavior
Health Outcomes

High (≥ 4) vs Low (0)
Alcoholism 6X
SUD 10 X

How do Adverse Childhood Experiences (ACEs) Hurt?



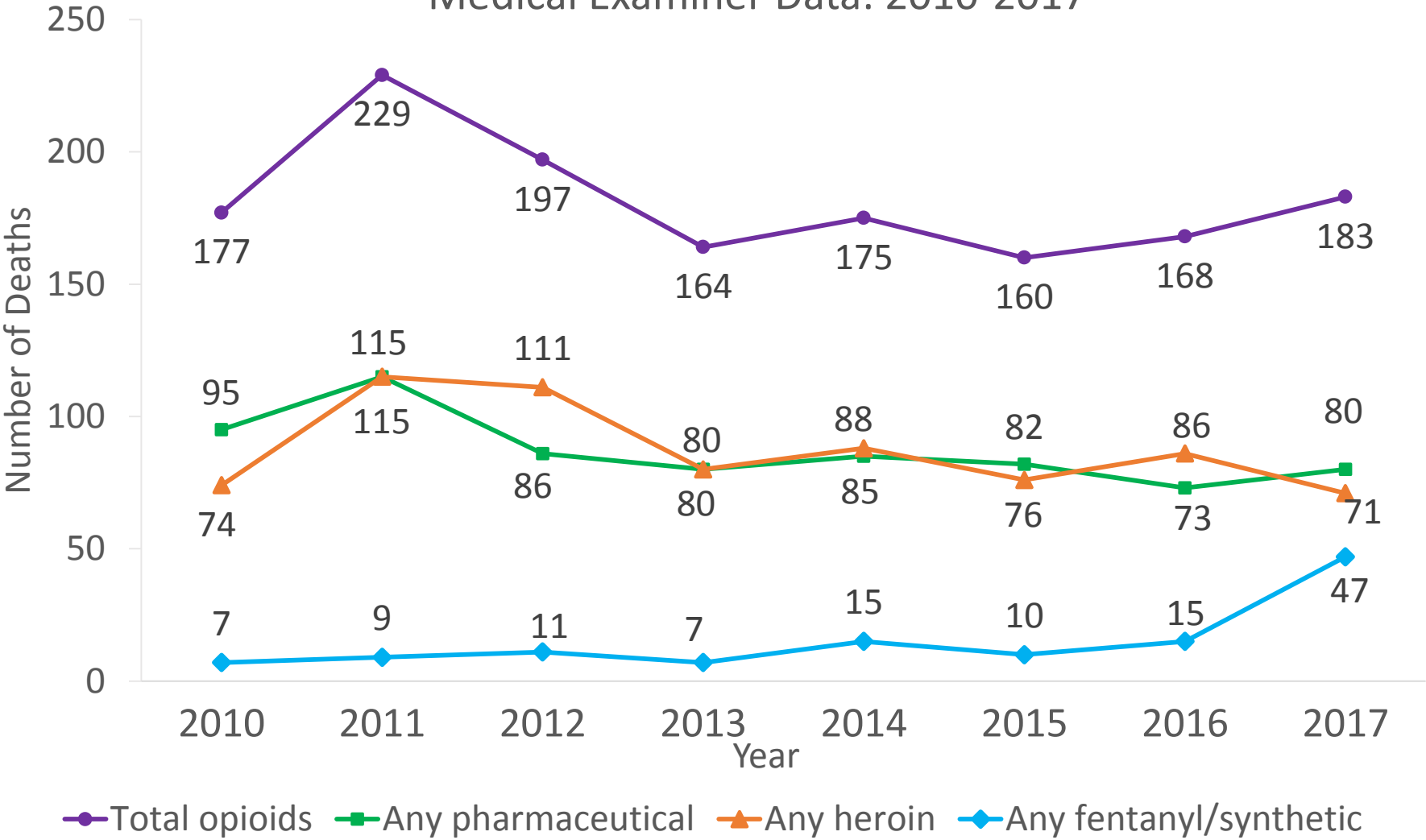
Report Card on Fatal and non-fatal Overdose

- Summary
 - Stable, high death rate
 - Worsening in 2017 because of fentanyl
 - Broad age range in fatalities
 - Death rates highest in Native American, White, African-American > Hispanic and Asian/PI
 - Mostly accidents but up to 20% suicide
 - ~40% multiple substances



Regional Opioid Deaths- Trending Up

Tri-County Opioid Overdose Deaths by Drug Type,
Medical Examiner Data: 2010-2017

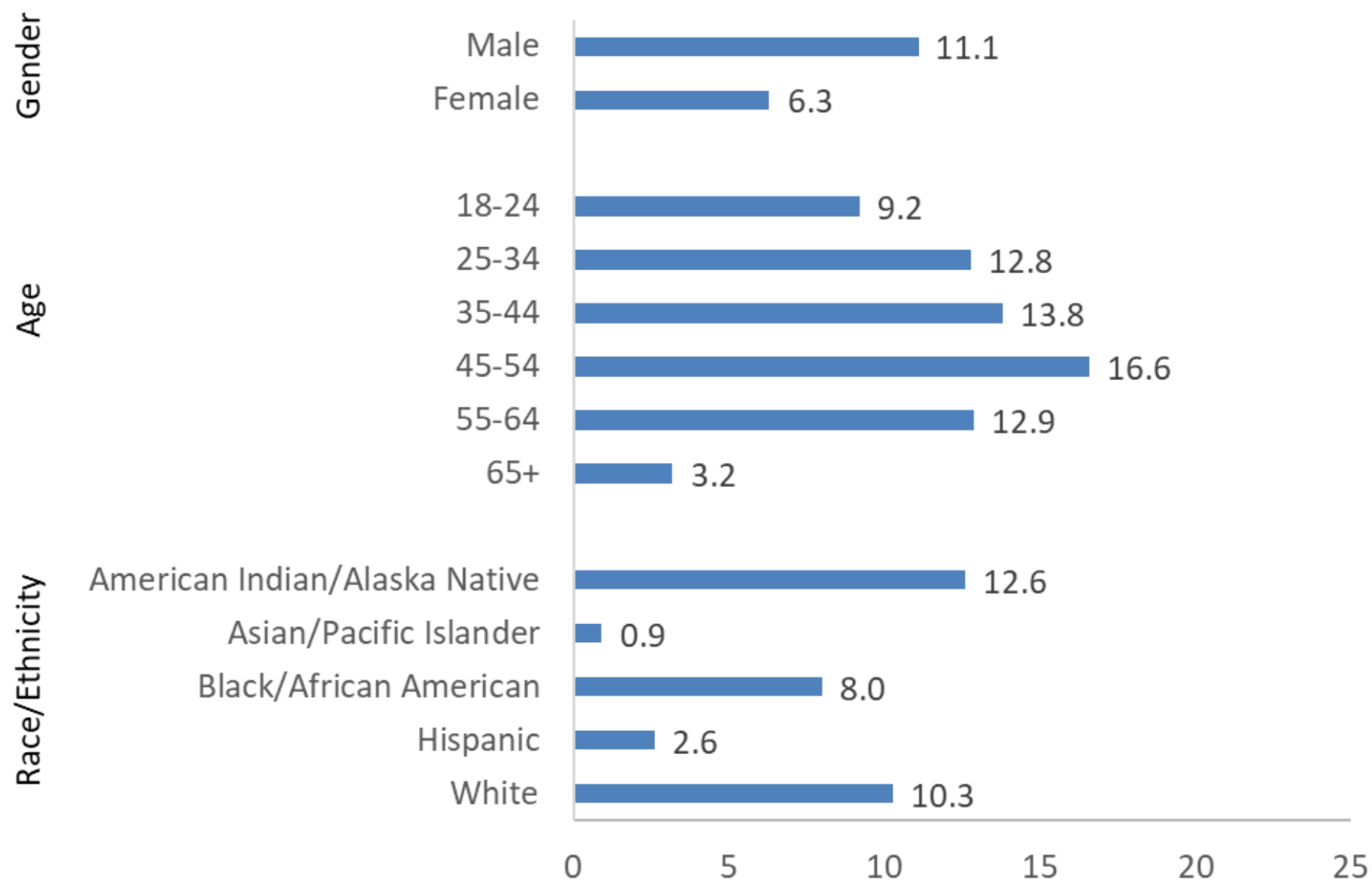


Other Associated Medical Conditions
HIV
Hepatitis B, C
Heart Infections
Skin infections and abscesses

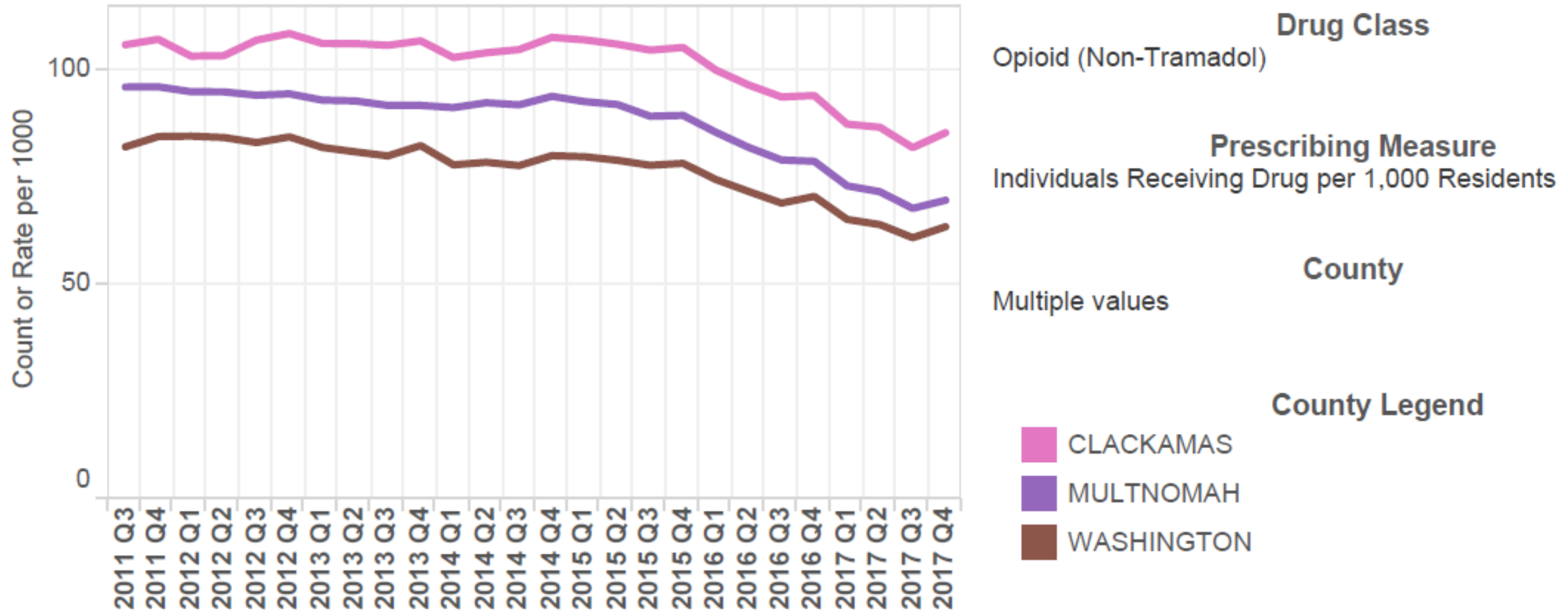
Oregon State Medical Examiner data



Figure 11 - Tri-County Opioid Overdose Death Rate by Gender and Age (2010-2016) and Race/Ethnicity (2000-2016), CDC WONDER data



Less than 10% of Population gets an opioid prescription every 3 months



Chronic Disease Model

- Relapses and recovery
- Evidence-based treatment
- Combined Medical and Social components of Recovery

Anyone
can become
addicted to pain pills

Anyone



Call 800-923-4357 (HELP)



We know where we encounter people needing treatment?

Site	Estimated Number per year
Detox	2500 (Hooper, CODA, DePaul)
Emergency Room Overdose	1000+
Jail Booking	>10,000 encounters (All substances, Multco only)
Total	> 13,000 opportunities



Final Thoughts

- Everyone is susceptible
 - Supply of drugs is abundant
 - Social conditions are a major risk
- Opioid Use Disorder is a chronic medical condition
- Opioid Misuse can be Prevented
 - Eliminate adverse childhood experiences
 - Reduce poverty
 - Enhance education
- Short-term Local Policies can Address:
 - Justice-related pathways to recovery
 - Lowering barrier access to effective treatment; integrating recovery system
 - Integrated approach to recovery including housing, employment, social support, and medication

