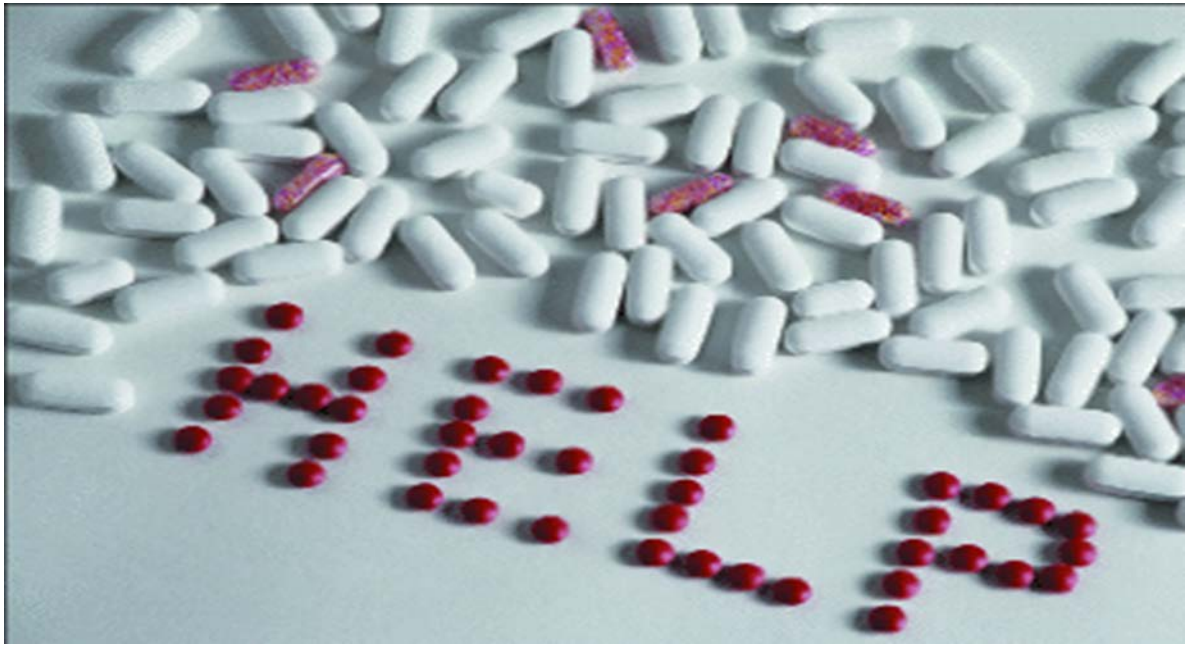
Opioids and the Public's Health



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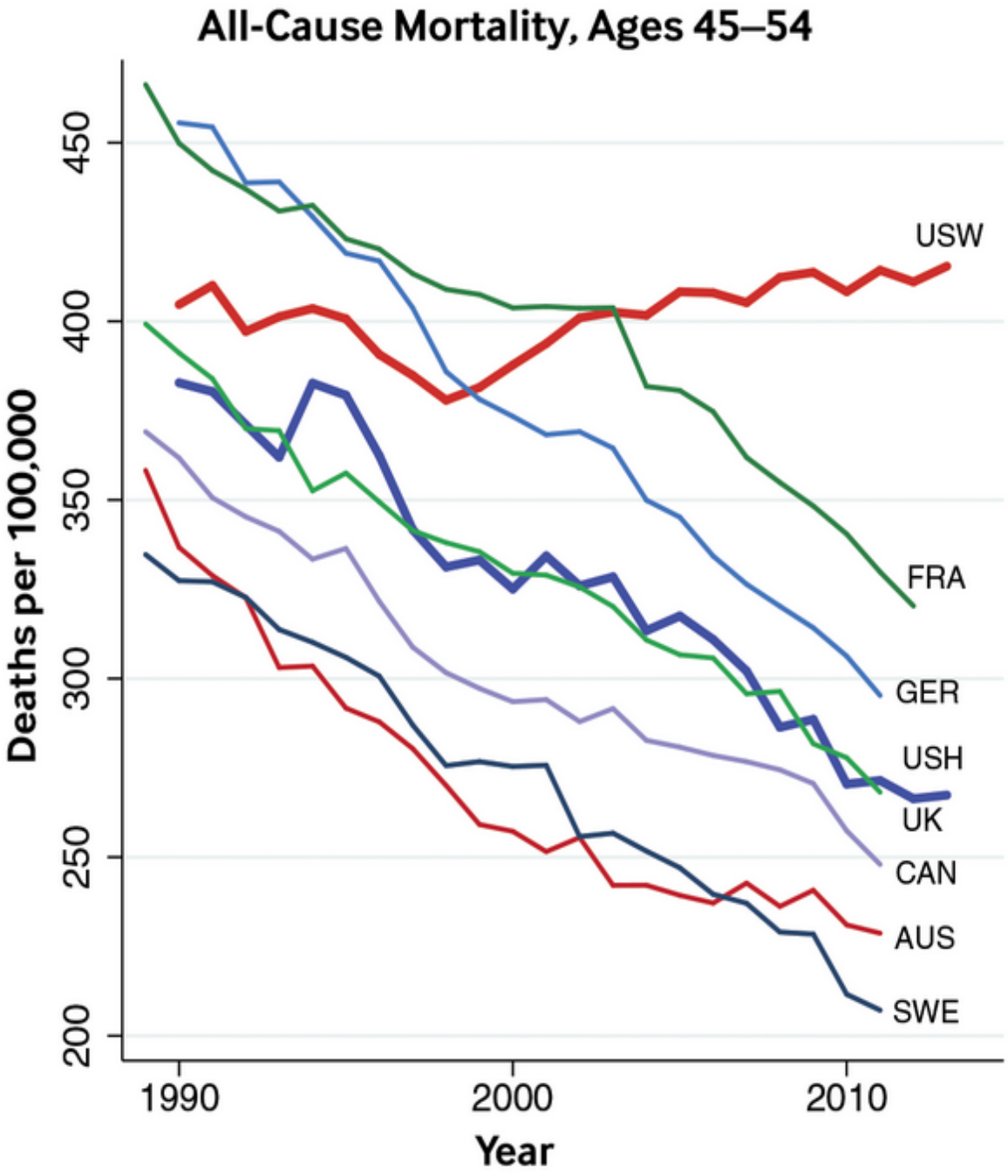
- NIDA

I accept no gifts, lunches, books, etc., from pharmaceutical companies.


All-Cause Mortality, Ages 45–54
Deaths per 100,000
450
400
350
300
250
200
1990
2000
2010
Year
USW
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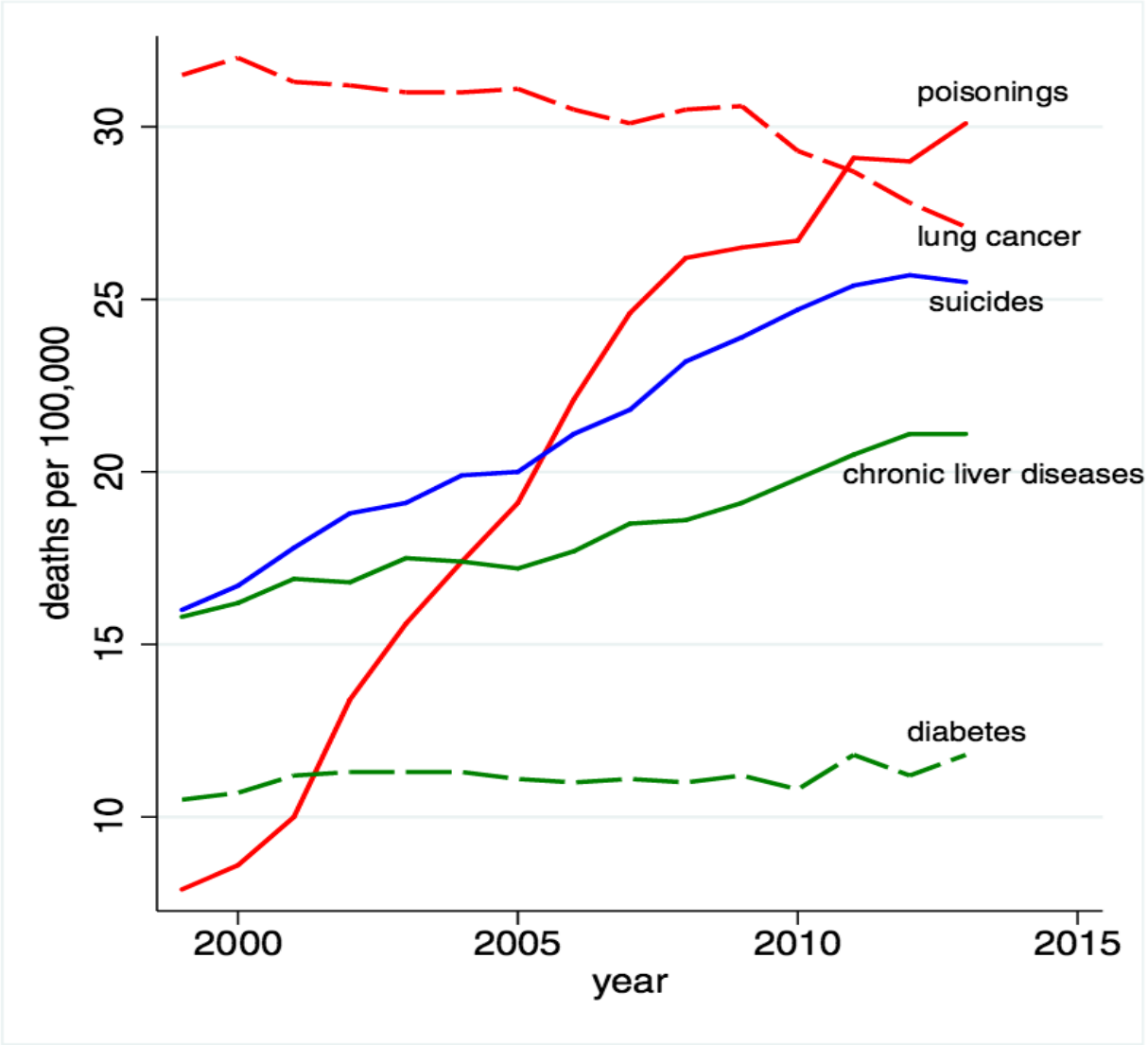
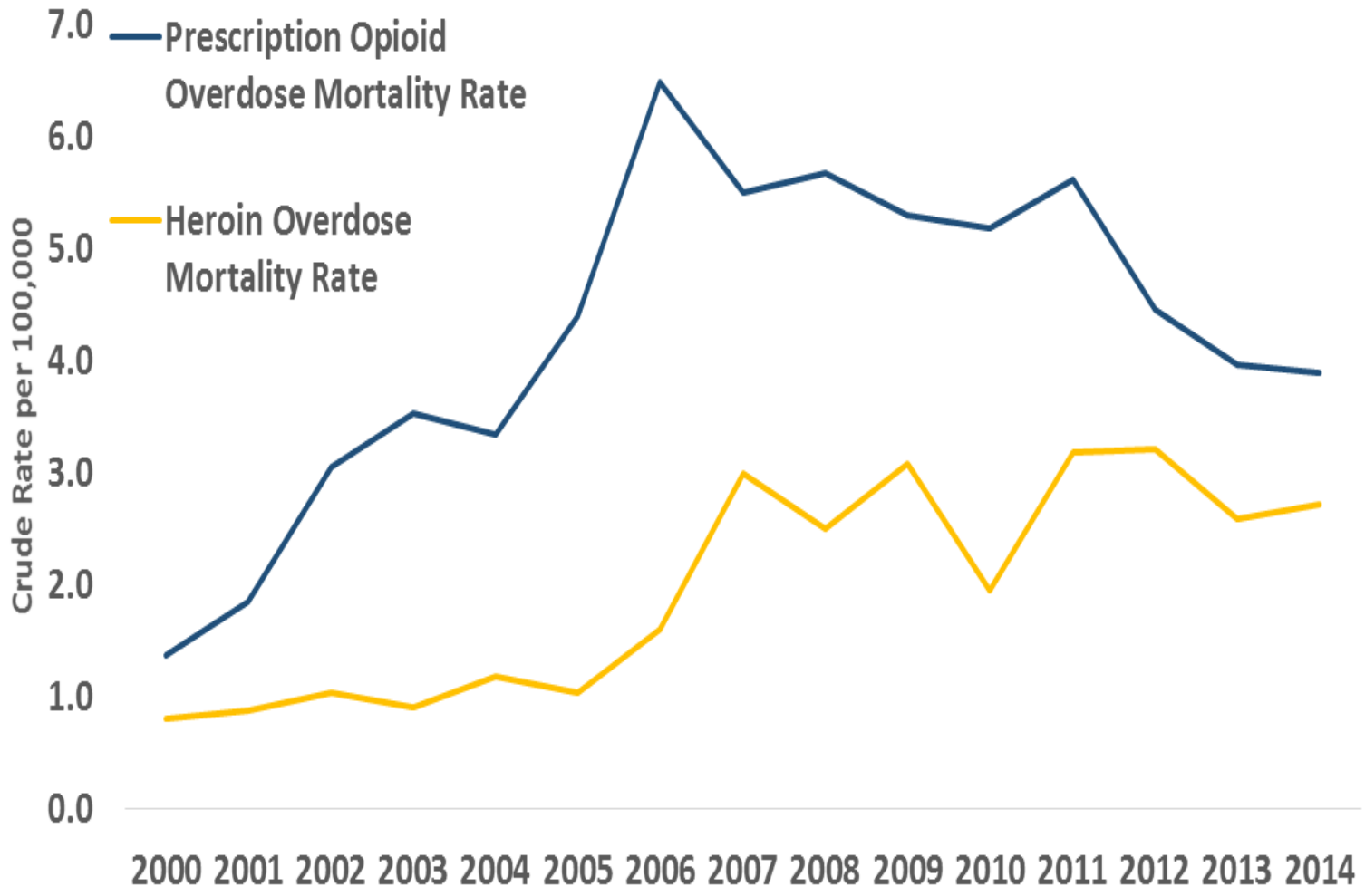
Death rates in middle-aged white Americans



Oregon Prescription Opioids: The Problem

- **Deaths in 2014**
  - 154 Oregonians died (prescription opioids)
  - Rate of opioid deaths declined 40% between 2006 and 2014
- **Hospitalizations in 2013**
  - 330 Oregonians hospitalized
  - Cost of care was $9.1 million
  - 4,300 hospitalized patients had opioid use disorder diagnosis
- **Misuse**
  - 212,000 Oregonians (5% of population) self-reported non-medical use of prescription pain relievers in 2012-13

Annual Rates of Overdose Mortality, Prescription Opioids and Heroin, Oregon, 2000-2014



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
- Increase availability of naloxone rescue for overdoses
- Ensure availability of treatment of opioid misuse disorder
- Use data to target and evaluation interventions

Oregon Health Authority

Opioid Consumption in USA

- We are 4.4% of the world's population yet consume most of the world's opioid supply.

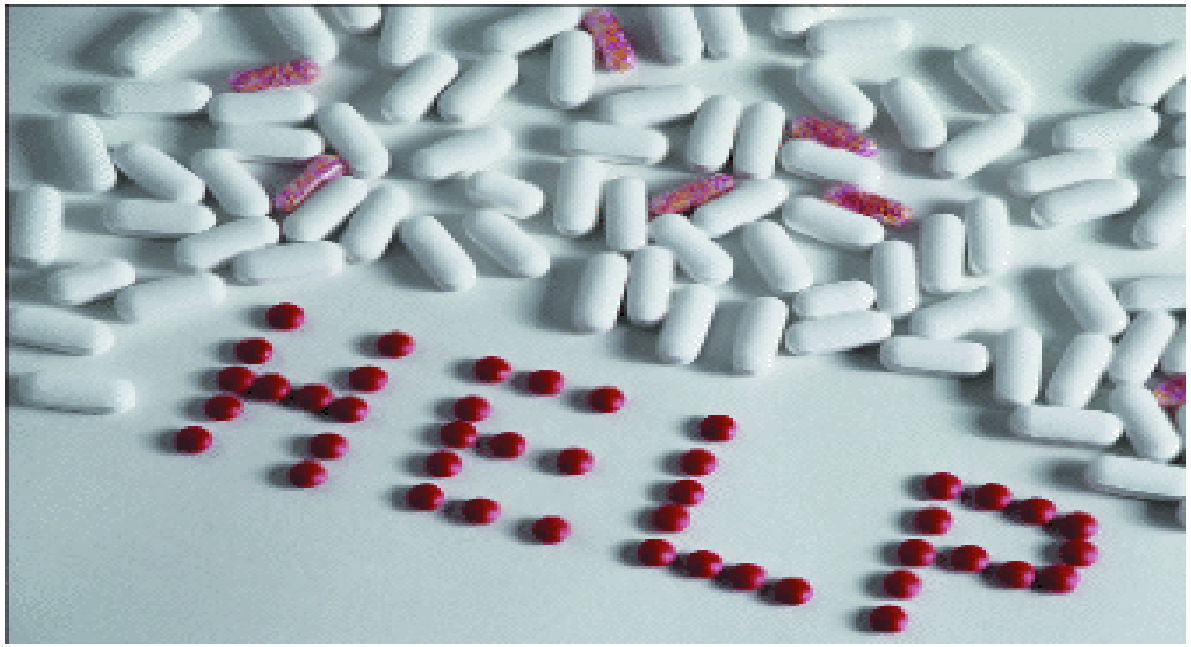
---hydrocodone (e.g., Vicodin) ~100%

---oxycodone (e.g., Percocet) = 81%

---hydromorphone (e.g., Dilaudid) = 51%

---Data Source: 1.) "America's Addiction to Opioids" (NIDA director Nora D. Volkow, MD)

2.) United Nations: International Narcotics Control Board



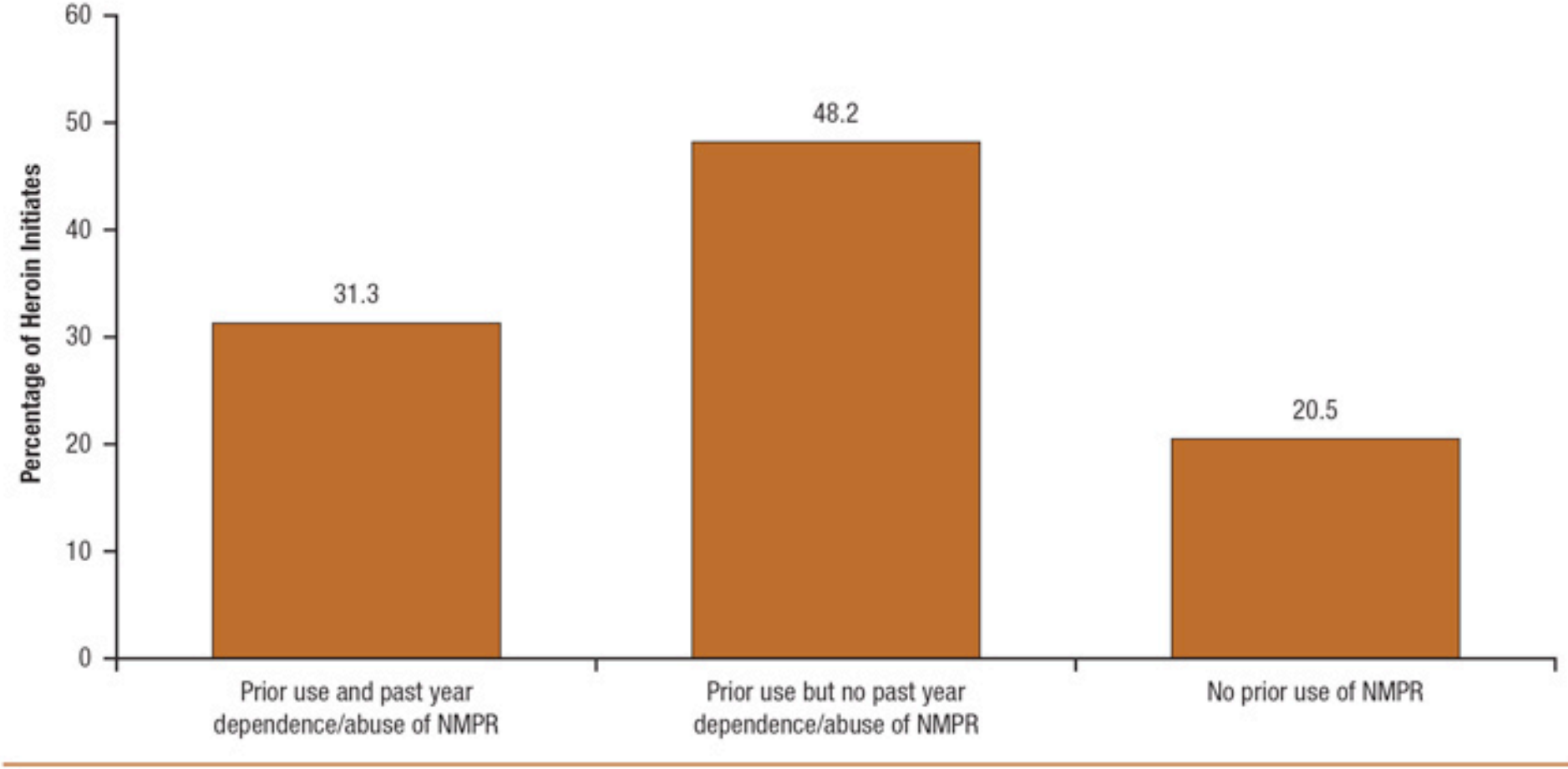
Changes in medical practice

- Providers have less time with their patients
- They are more reliant on pharmaceuticals for their treatments
- The patient and physician expect a “pill” transaction.

Why does it matter?

- We might be mistreating our patients
- We might be making their pain worse
- We might be contributing to an epidemic of opioid overdoses and long term morbidity
- We might get in trouble with our licensing board.

4 out of 5 recent heroin users started with prescription opioids



Note: Past year NMPR users are those who had initiated NMPR use prior to initiation of heroin use in the past 12 months. Past year NMPR users who initiated NMPR subsequent to initiation of heroin use in the past 12 months are not included. Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2004, 2005-2010 (revised March 2012), and 2011.

The 3 legged stool for community engagement: The 3 Ps

- Prescribers (Health Professionals): Need to learn about current best practices concerning the treatment of Chronic Complex Non-Cancer Pain (CCNP)
- Patients: Need behavioral and other supports to learn to manage their chronic pain without reliance on opioids
- Public: Need to understand the changes in scientific understanding of pain management so they can support their loved ones. Need to learn about naloxone.

The paradigm shift