

Prescription opioid overdose & misuse in Oregon



Lisa Millet, MSH
Center for Prevention and Health Promotion
Oregon Health Authority
Governor's Workgroup on Prescription Drug Misuse
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Acknowledgements

Dagan Wright, PhD, Lead Research Analyst, Public Health Division

Heidi Murphy, MPH, Research Analyst, Public Health Division

Bruce Gutelius, MD, MPH, Administrator Center for Prevention & Health Promotion

Katrina Hedberg, MD, MPH, Chief Science Officer, Public Health Division

Todd Beran, MA, Prescription Drug Monitoring Program Coordinator, Public Health Division

David Dowler, PhD, MPH, Research Analyst, Program Design and Evaluation Services, Public Health Division

Data workgroup for the PDMP

Gary Schnabel, RN, RPh, Executive Director, Board of Pharmacy

Brad Anderson, MD, Kaiser Permanente, Chief Department of Addiction Medicine

Wayne Wakeland, PhD, Associate Professor, Systems Science Program, Portland State University

Ted Williams, Pharm.D, Pharmacy Director for Oregon Health Plan, and Oregon State University College of Pharmacy

Rick Deyo, MD, Professor, Department of Family Medicine, Oregon Health Sciences University

Sally Logan, RPh, Kaiser Permanente, Outpatient Pharmacy Quality Coordinator

Objectives

- Describe prescription opioid overdose
- Identify some known and possible risk factors
- Describe what you can expect from prescription drug monitoring
- Describe PDMP next steps and ongoing work

Think about how many Oregonians have medically necessary treatment with controlled substances

- 760,000 live with chronic pain (20% of Oregonians)
- 100,000+ are treated for injury in ED annually
- 213,000 have surgical visits each year (5.5%)
- 8,000 die of cancer
- 20,000 new cases of cancer each year
- Uncounted dental encounters to reduce pain

- 611,000 Oregonians received an opioid prescription from 10/2011 to 3/2012

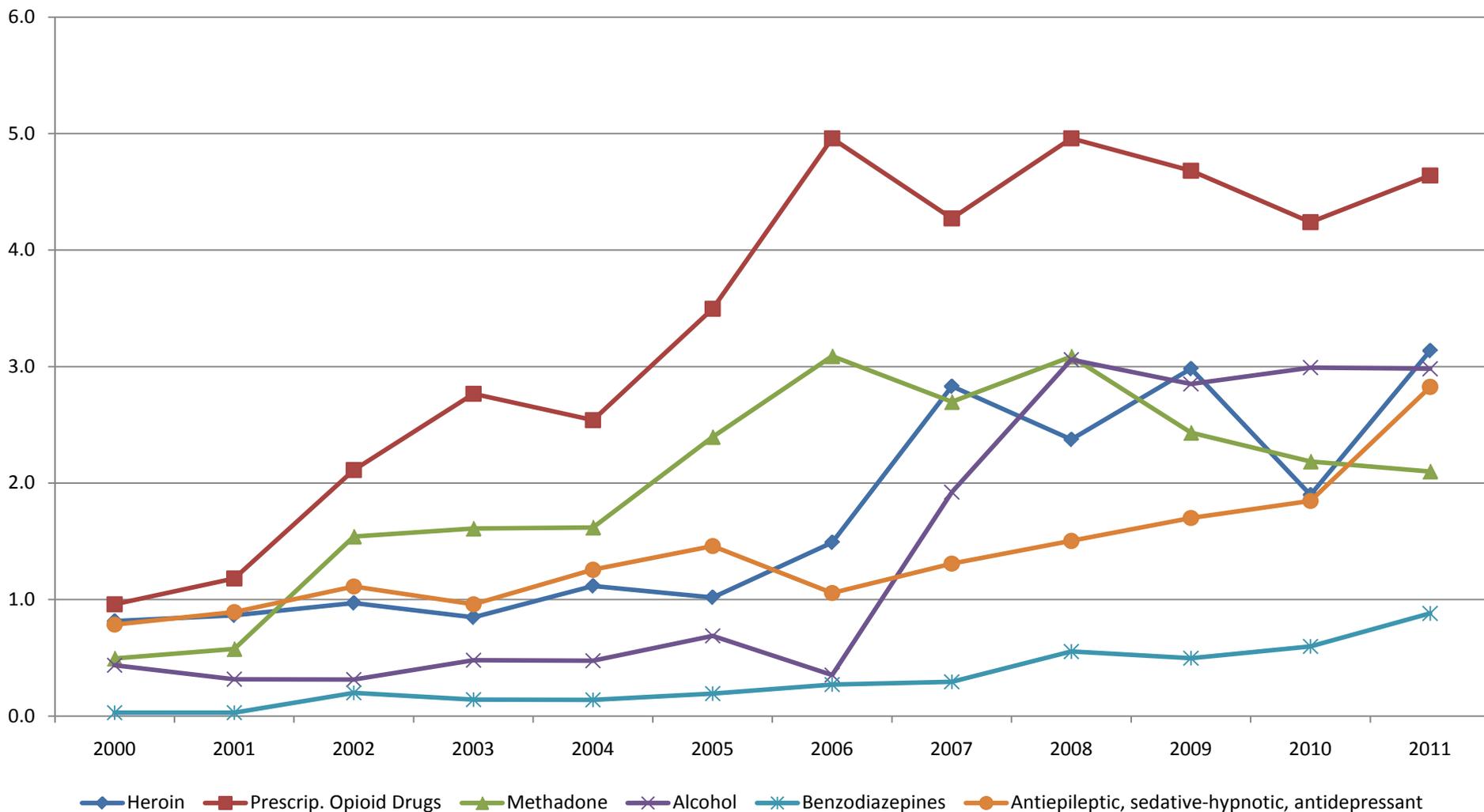
Patients filling prescriptions from multiple prescribers at multiple pharmacies, OR, 10/2011 - 3/2012

Patients*	Providers/Pharmacies
1,746	5 - 9 providers and pharmacies
69	10 - 14 providers and pharmacies
18	15 or more providers and pharmacies

**A total of 897,815 patients received at least one controlled substance prescription during this timeframe (611,000 were for opioids).*

Overdose death rate by drug type per 100,000 OR, 2000-2011

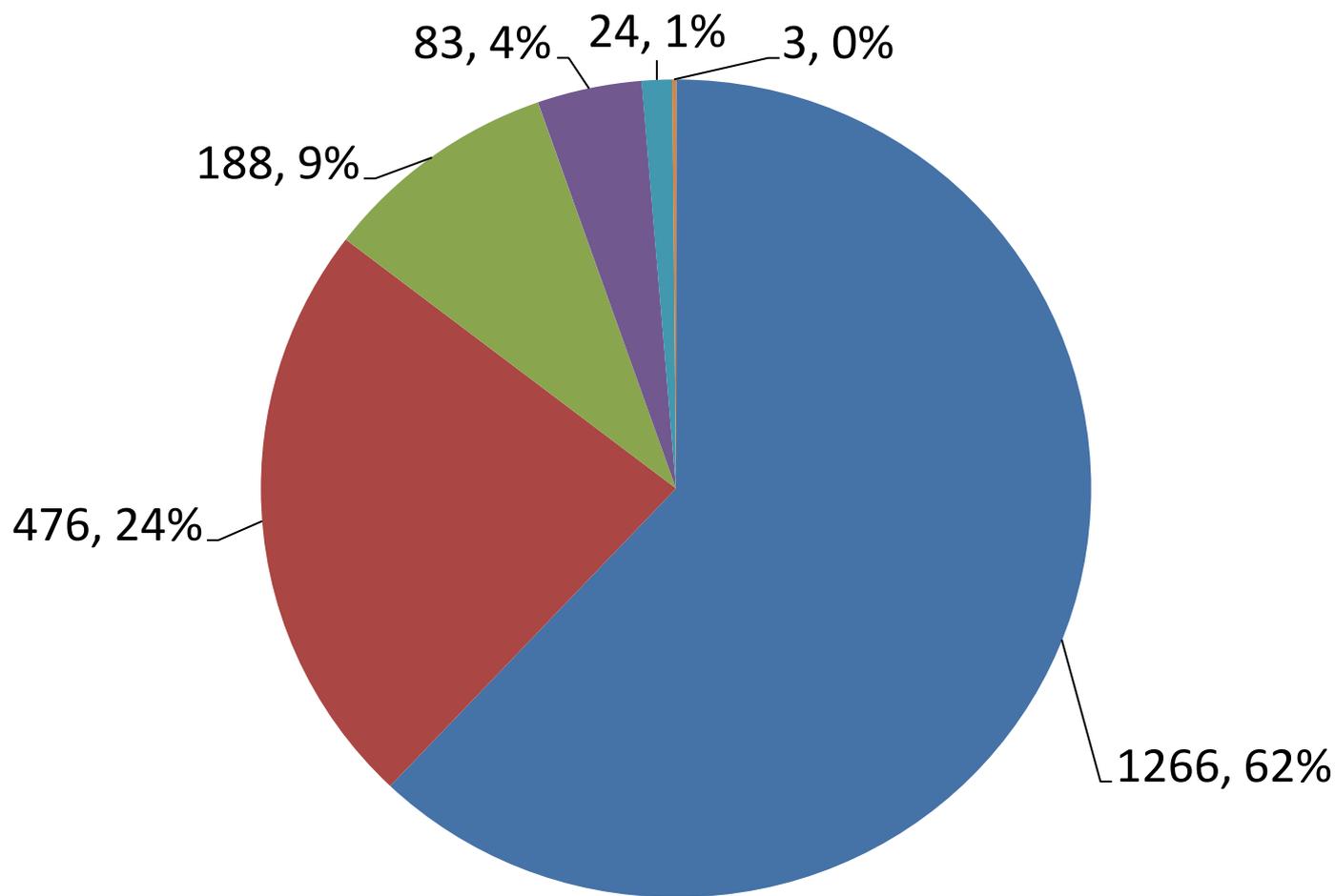
Note: a person can have more than 1 contributing drug related to their death



Increase in overdose death & hospitalization rate per 100,000 involving selected drugs, OR, 2000 to 2011

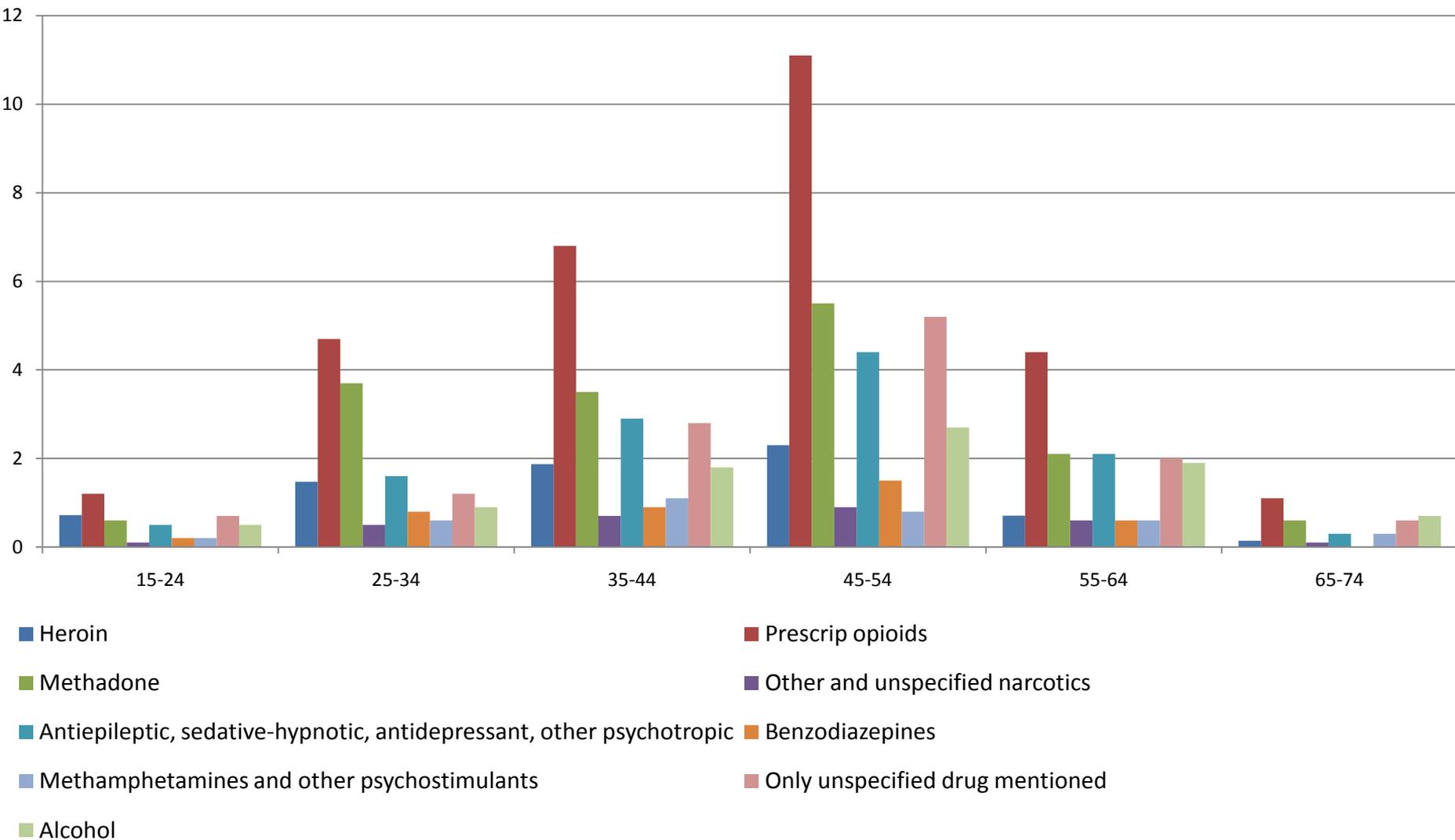
Drug	Deaths			Hospitalizations		
	2000	2011		2000	2011	
Heroin	0.8	3.1	3.8	0.6	1.8	2.8
Prescription opioid drugs	1.0	4.6	4.8	2.0	10.0	5.1
Methadone	0.5	2.1	4.2	0.3	2.4	7.6
Benzodiazepines	0	0.9	30.3	1.3	3.9	3.0
Antiepileptic, sedative-hypnotic, antidepressant	0.8	2.8	3.6	5.6	13.1	2.4
Methamphetamines and other psychostimulants	0.5	1.4	3.1	0.8	2.0	2.5
Alcohol	0.4	3.0	6.8	0.7	1.2	1.6

Frequency and percent of unintentional drug overdose deaths from more than one drug, OR, 2007-2011



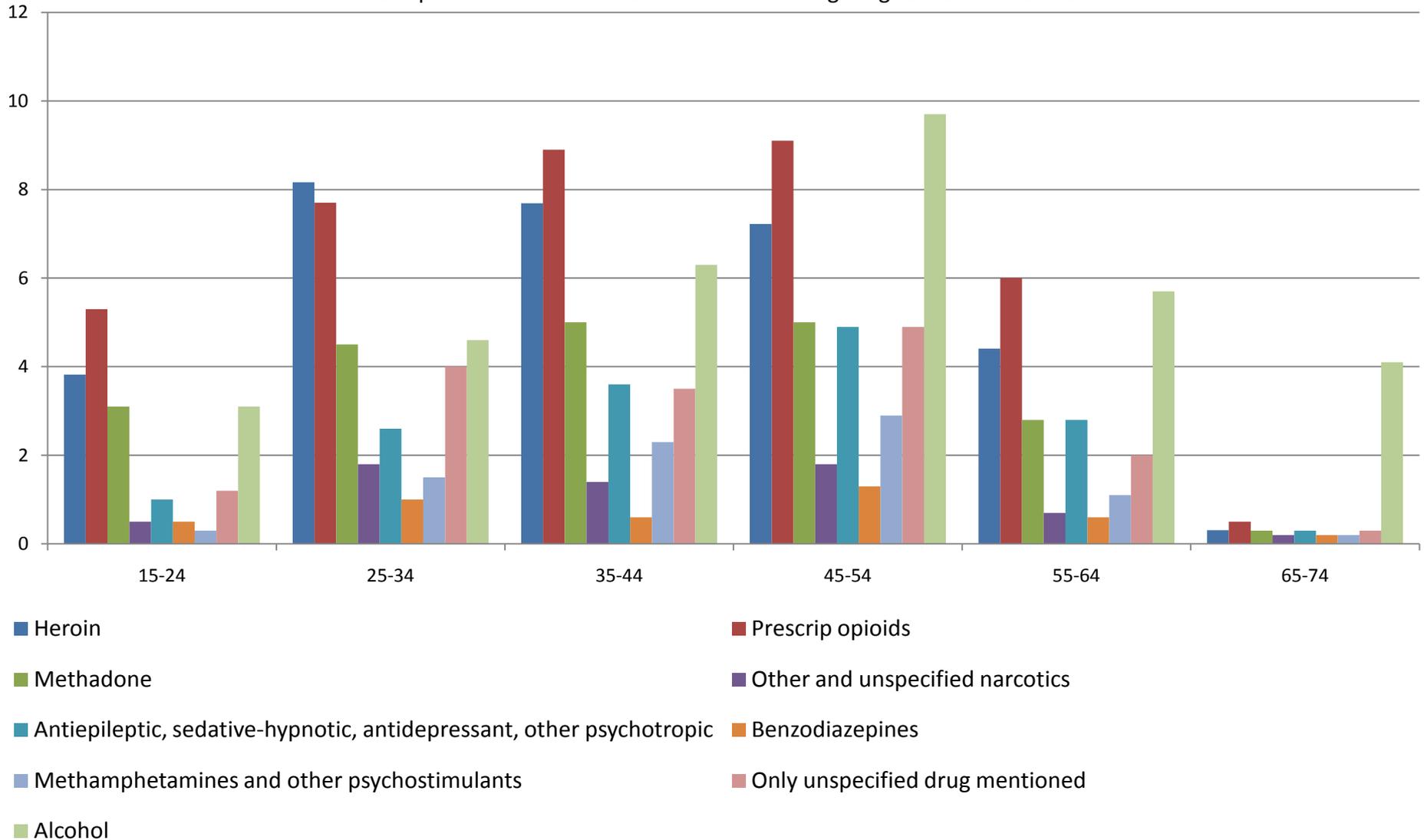
Overdose death rate by drug type per 100,000 among females by age group, OR, 2007-2011

Note: a person can have more than 1 contributing drug related to their death



Overdose death rate by drug type per 100,000 among males by age group, OR, 2007-2011

Note: a person can have more than 1 contributing drug related to their death



Selected drugs dispensed in Oregon, 10/2011 – 3/2012

Drug or drug type	Prescription recipient count in 6 months	Number of prescriptions dispensed to recipient in 6 months	Number of prescriptions dispensed per prescription recipient in 6 months	Number of people receiving prescriptions per 1,000 residents	Number of prescriptions dispensed per 1,000 residents
Methadone	14,268	64,674	4.5	3.7	16.8
Oxycodone	213,500	577,689	2.7	55.3	149.8
Hydrocodone	438,275	1,030,866	2.4	113.6	267.2
All opioids	611,985	1,872,534	3.1	158.6	485.4

METHADONE* by age group, statewide, OR, 10/01/11 to 03/31/12

Age (in years)	Prescription Recipient Count in 6 months	Number of prescriptions dispensed in 6 months	Number of prescriptions dispensed per prescription recipient in 6 months	Number of people receiving prescriptions, per 1,000 residents	Number of prescriptions dispensed per 1,000 residents
1 - 14	21	66	3.1	0.0	0.1
15 - 24	153	519	3.4	0.3	1.0
25 - 34	1,298	5,626	4.3	2.5	10.6
35 - 44	2,333	10,855	4.7	4.6	21.5
45 - 54	4,086	19,238	4.7	7.6	36.0
55 - 64	4,083	19,200	4.7	8.0	37.4
65 - 74	1,437	6,135	4.3	4.7	20.1
75 - 84	565	2,052	3.6	3.3	12.1
85+	292	983	3.4	3.7	12.6
TOTAL	14,268	64,674	4.5	3.7	16.8

* Does not include methadone used to treat addiction.

OXYCODONE by age group, statewide, OR, 10/01/11 to 03/31/12

Age (in years)	Prescription Recipient Count in 6 months	Number of prescriptions dispensed in 6 months	Number of prescriptions dispensed per prescription recipient in 6 months	Number of people receiving prescriptions, per 1,000 residents	Number of prescriptions dispensed per 1,000 residents
1 - 14	1,656	2,113	1.3	2.3	2.9
15 - 24	20,491	34,323	1.7	40.4	67.7
25 - 34	35,791	83,440	2.3	67.7	157.9
35 - 44	35,349	96,074	2.7	69.9	189.9
45 - 54	42,693	135,457	3.2	79.9	253.4
55 - 64	40,757	127,373	3.1	79.5	248.4
65 - 74	22,603	61,982	2.7	74.1	203.3
75 - 84	10,109	26,316	2.6	59.7	155.4
85+	4,051	10,611	2.6	52.0	136.1
TOTAL	213,500	577,689	2.7	55.3	149.8

HYDROCODONE by age group, statewide, OR, 10/01/11 to 03/31/12

Age (in years)	Prescription Recipient Count in 6 months	Number of prescriptions dispensed in 6 months	Number of prescriptions dispensed per prescription recipient in 6 months	Number of people receiving prescriptions, per 1,000 residents	Number of prescriptions dispensed per 1,000 residents
1 - 14	8,442	10,490	1.2	11.8	14.6
15 - 24	47,183	72,590	1.5	93.0	143.1
25 - 34	68,100	138,192	2.0	128.9	261.6
35 - 44	67,805	159,488	2.4	134.0	315.2
45 - 54	81,033	220,199	2.7	151.6	411.9
55 - 64	80,197	216,647	2.7	156.4	422.5
65 - 74	48,505	122,290	2.5	159.1	401.0
75 - 84	25,679	63,739	2.5	151.7	376.4
85+	11,331	27,231	2.4	145.4	349.4
TOTAL	438,275	1,030,866	2.4	113.6	267.2

Unique recipient count for opioids by age group, statewide, OR, 10/01/11 to 03/31/12

Age (in years)	Prescription Recipient Count in 6 months	Number of prescriptions dispensed in 6 months	Number of prescriptions dispensed per prescription recipient in 6 months	Number of people receiving prescription, per 1,000 residents	Number of prescriptions dispensed per 1,000 residents
1 - 14	9,952	12,968	1.3	13.9	18.1
15 - 24	62,147	109,811	1.8	122.5	216.5
25 - 34	93,963	239,079	2.5	177.9	452.5
35 - 44	94,613	291,795	3.1	187.0	576.7
45 - 54	115,510	425,036	3.7	216.1	795.0
55 - 64	115,134	419,282	3.6	224.5	817.6
65 - 74	68,201	218,115	3.2	223.7	715.3
75 - 84	35,583	107,866	3.0	210.1	637.0
85+	16,882	48,582	2.9	216.6	623.3
TOTAL	611,985	1,872,534	3.1	158.6	485.4

Opioids include: Hydrocodone, Oxycodone, Morphine, Methadone, Fentanyl, and Hydromorphone.

Factors among decedents in methadone overdose, OR, N=56

- 41% had prescriptions - 30% did not
- Misuse or abuse contributed to death in 77%
- Hx of substance abuse in 75%
- Hx of substance abuse treatment in 21%
- Hx of mental illness in 52%

Opioid overdose: factors among decedents

Washington:

- Medicaid population at high risk - 5.7 times higher risk of death*

Utah:

- 40% of decedents had Hx of substance abuse;
- 49% diagnosed with mental illness**

**Centers for Disease Control and Prevention (CDC). Overdose deaths involving prescription opioids among Medicaid enrollees - Washington, 2004-2007. MMWR Morb Mortal Wkly Rep. 2009 Oct 30;58(42):1171-5*

***Utah Drug Overdose Mortality Project: <http://www.health.utah.gov/prescription/>*

Data recap

- Over 600k Oregonians were prescribed opioids last year
- 53% of drug overdoses in Oregon associated with prescription opioids
- Over 40% of deceased have multiple drugs on board
- Patients with hx of substance abuse hx and/or mental illness have greatly increased risk for overdose
- Medicaid population over represented in overdose data
- About 30% of all drug-related deaths associated with methadone
- Misuse, abuse, and potentiating effects contribute to deaths

Prevention and countermeasures

- Mandatory provider education on opioid use for pain
- Practice guidelines for dosing and patient management
- Single copy, serialized paper prescription forms
- E-prescribing
- Lock-in programs in Medicaid
- Naloxone programs
- Drug courts
- Drug Take Back events
- Prescription Drug Monitoring Programs
- Addiction treatment
- Pain management specialty clinics
- LEA efforts to combat drug crime

Purposes of prescription monitoring

- Support access to legitimate medical use of controlled substances
- Identify and deter or prevent drug misuse, abuse and diversion
- Facilitate and encourage the identification, intervention and treatment of persons addicted to prescription drugs
- Inform public health initiatives through use of aggregated data.
- Educate individuals about PDMPs and the use, misuse, abuse and diversion of and addiction to prescription drugs

Other potential benefits...

- Improve health outcomes by reducing overdose rates
- Improve pain management
- Increase public awareness of prescription drug abuse problem
- Reduce hospital emergency room visits attributed to prescription drug overdose and misuse
- Reduce drug diversion
- Reduce patient data shopping
- Reduce financial losses to health care providers, hospitals and pharmacies due to lost time and productivity
- Reduce costs due to lost productivity to employers, employee lost wages, drug rehabilitation expenses

Prescription Drug Monitoring: Oregon

OREGON.gov

Oregon TEST Prescription Drug Monitoring Query

Oregon Prescription Drug Monitoring
test Menu (192.168.216.15)
pdmpquery1.hidinc.com

- [Provider/Pharmacist Query](#)
 - [View Query Status](#)

[Log Out](#)

Web based Prescription Drug Monitoring System
Provider/Pharmacist Access Website

Welcome to the Health Information Designs system for monitoring Controlled Substance Use for Oregon.

Prescription Drug Monitoring Program | 800 NE Oregon St., Suite 772
Portland, OR 97232 Phone: 971-673-0741 | Fax: 971-673-0990
E-mail: ndmn.health@state.or.us

Internet 100%

Web based system launched in September 2011
Collects data from pharmacies
Users have passed an authentication process and are
allowed to access to patient data

Program evaluation – Result: Overall positive - program shows promise

Providers who “strongly agreed” or “agreed” that it would....

- likely improve management of patient prescriptions for controlled substances - 92%
- likely engender interest for most providers and pharmacists for registering as users - 92%
- likely increase communication between providers – 80%
- likely have an impact – 82%

Result: Most registered users indicated that the program had been “very helpful” in:

- helping to monitor patients’ controlled substances prescriptions (65%), and
- helping to control “doctor shopping” (64%).

Result: Top reasons for using the system

1. Assess controlled substance use for patients who might be over using (71% of pharmacists and 86% of providers).
2. Assess controlled substance use of new patients (59% of pharmacists and 72% of providers).

Result: Actions taken after using system

- Spoken with a patient about controlled substance use - 78%
- Confirmed patient not misusing prescriptions – 68%
- Confirmed patient was doctor shopping – 59%
- Reduced or eliminated prescriptions for a patient – 59%
- Contacted other providers or pharmacies – 49%

Result: Increased communication

About 2 in 3 system users reported communicating more as a result of using the system with...

- Clinicians and staff inside my practice (64%)
- Providers who write prescriptions (67%)
- Pharmacists (63%)
- Patients (79%)

Result: Suggestions

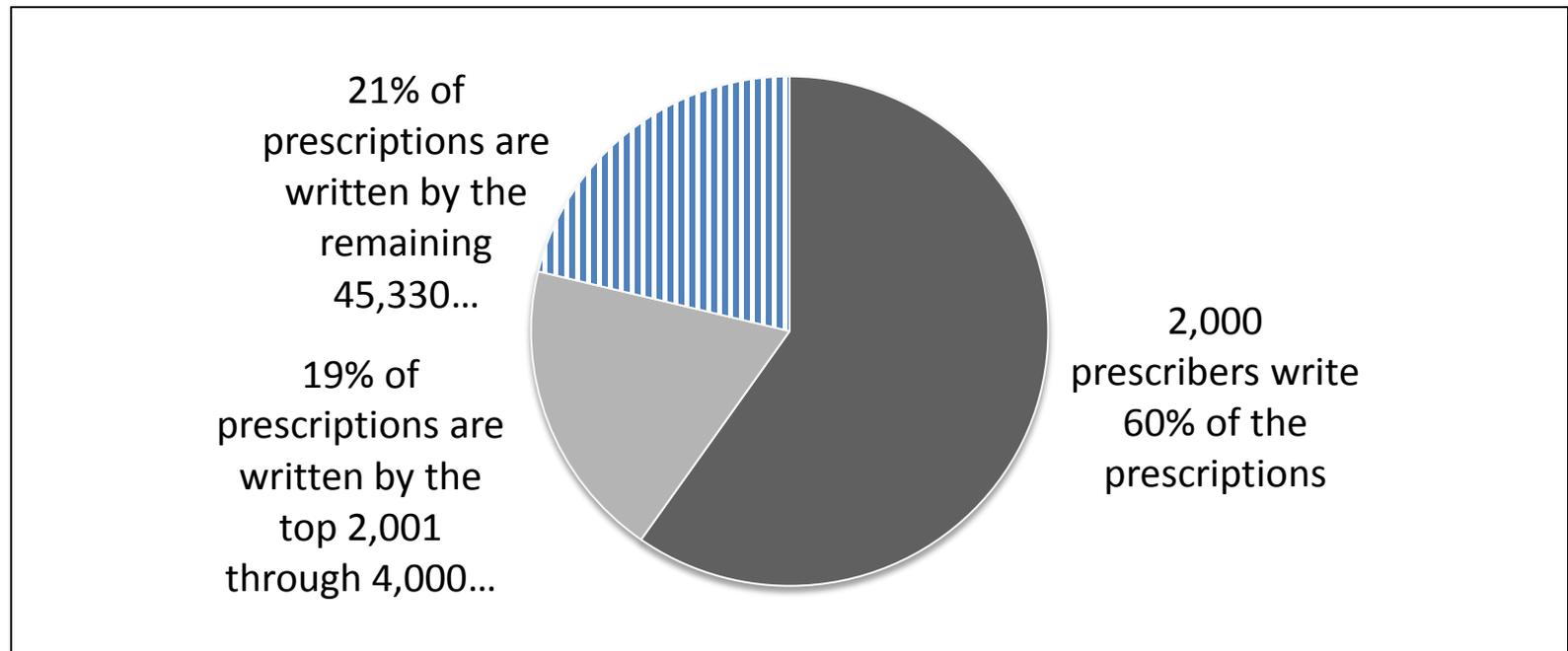
Important themes for registered providers:

- Allow for support staff to have access to the program (#1 theme)
- Encourage wider participation
- Make login and overall interface easier to use and more responsive (faster)
- Improve technical issues related to registering
- Allow for information to be more up-to-date

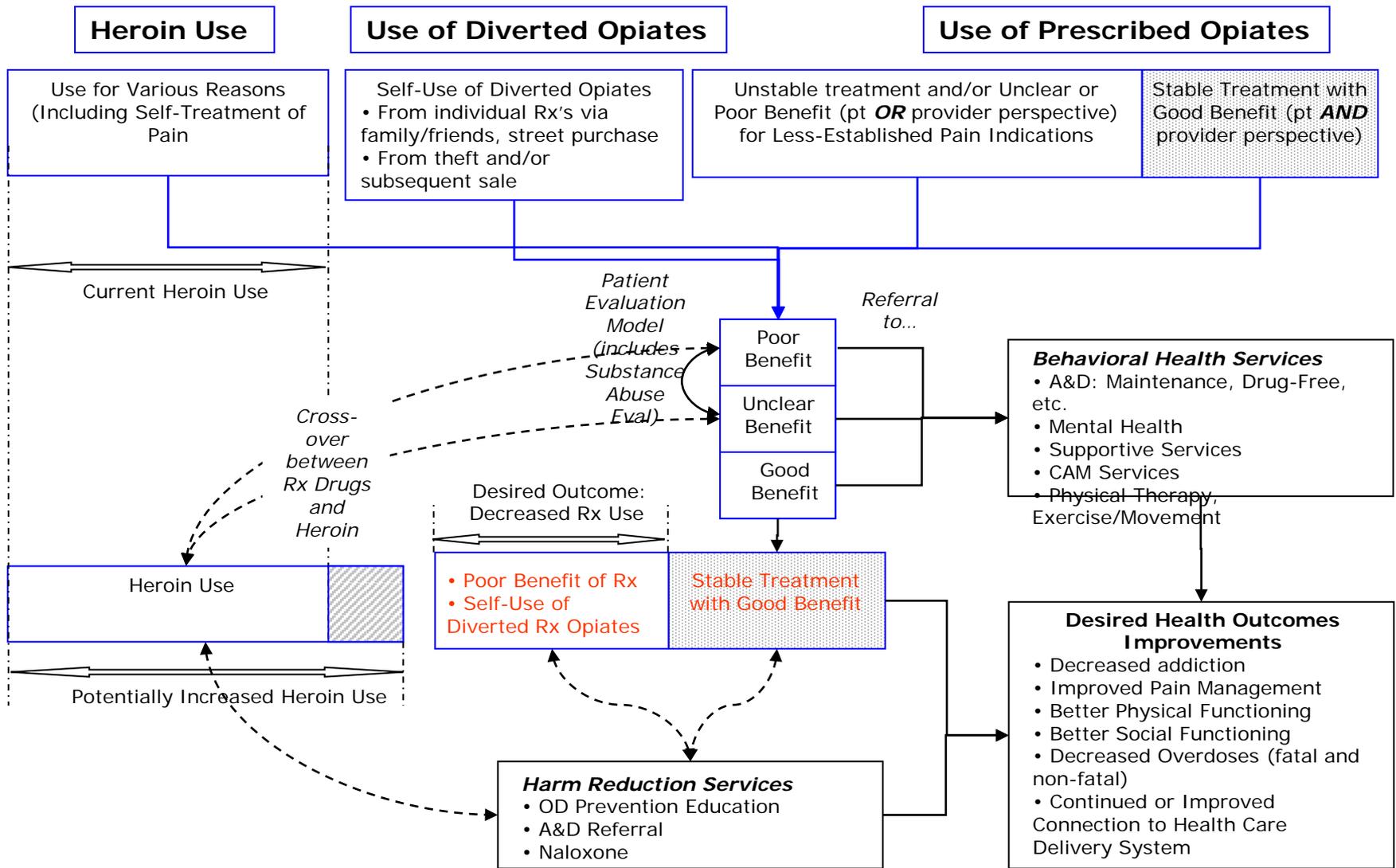
Ongoing work aimed at prevention

1. Enroll 100% of top 2,000 prescribers.

Percentage of CS II-IV prescriptions written by prescriber cohort, OR, 1/2012 to 9/2012, n = 49,330



2. Engage local public health officials in efforts to increase use of prescribing guidelines & practice improvements



3. Disseminate toolkit resources

Prescription controlled substance toolkit

Health System Level Interventions

Strategies	Links	References
<p>Integrate PDMP patient data reviews when prescribing a new controlled substance, for early refill requests, and as part of pain management routines; enroll providers and develop system use protocols.</p>	<p>Oregon Prescription Drug Monitoring Program http://www.orpdmp.com/</p>	<p>Joranson et al., 2002 ¹ GAO 2002 ² Brushwood 2003 ³ Manchikanti 2007 ⁴ MITRE 2012 ⁵</p>
<p>Integrate mental health and substance abuse screening into the health care standard of care for all ages; refer to behavioral health services and detoxification centers.</p>	<p>Screening, brief intervention, and referral to treatment http://www.sbirtoregon.org/</p> <p>Depression Screening http://www.jfponline.com/pdf/5202/5202jfp_appliedevidence1.pdf</p> <p>Clinical Drug Testing http://www.kap.samhsa.gov/products/manuals/pdfs/TAP32.pdf</p> <p>SAMHSA Mental Health Treatment Locator http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jsp</p> <p>SAMHSA Drug and Alcohol Abuse Treatment Locator http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jsp</p>	<p>Grattan et al., 2012 ⁶ Nease and Maloin 2003 ⁷</p>
<p>Lock at-risk patients into one prescriber and one dispenser.</p>	<p>SAMHSA TIP 54: Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorder http://store.samhsa.gov/product/TIP-54-Managing-Chronic-Pain-in-Adults-With-or-in-Recovery-From-Substance-Use-Disorders/SMA12-</p>	<p>Cantrill et al., 2012 ⁸</p>

4. Develop and disseminate a tool on use of PDMP report w/ patients.
5. Engage county substance abuse prevention specialists to disseminate public information.
6. Develop and test social norm change messages.
7. Maintain data workgroup activities.
8. Continue evaluation activities aimed at measuring community health outcomes.

Questions

Contact:

Dagan.Wright@state.or.us

Lisa.M.Millet@state.or.us

Todd.Beran@state.or.us