

AUGUST 2016

PORTLAND TRI-COUNTY OPIOID SAFETY COALITION

Clackamas, Multnomah, and Washington

MISSION

Decrease opioid misuse and harms by coordinating the efforts of public health, medical, behavioral health, payer, and patient communities.

LETTER FROM THE HEALTH OFFICER: TRI-COUNTY RESPONSE TO THE CLOSING OF PORTLAND PAIN CLINIC—ALLEGED OF ILLEGAL OPIOID DISTRIBUTION

On July 27, 2016 the [Drug Enforcement Administration](#) charged nearly two dozen individuals with conspiring to dispense and distribute oxycodone and hydrocodone from the Fusion Wellness Clinic in southeast Portland. We do not yet know how many of the estimated 400 clients served since January 2015 have underlying medical conditions versus how many are involved in diversion of prescription opioids for non-medical use.

In response to this news, members of the Portland Tri-County Opioid Safety Coalition convened immediately by phone conference and identified multiple potential concerns for former Fusion Wellness clients, including risk of overdose, withdrawal, living with opioid substance use disorder, and/or transitioning to heroin. A communication plan was developed within 24 hours that updated the following groups so they would be prepared to respond to requests:

- The crisis lines in all three metro counties and Lines for Life
- Addiction provider network
- 1000 licensed medical providers on the Tri-County Public Health Update Network

I want to thank everyone involved for the quick, collective response. I also want to call out a great message developed by CODA that may help you in your work with people with opioid substance use disorder. See below.

—Paul Lewis, Tri-County Public Health Officer

“To those who may wish to end a cycle of opioid misuse: There’s hope. Providers and peers in your community understand this struggle. We know that asking for help is not easy. If you are ready to begin your recovery, or just have questions about your options, please reach out today.”

— Alison Noice, CODA Deputy Director

WORK GROUP PROGRESS

By the end of October, the **Improving Access to Chronic Pain Care** work group plans to have proposals and a plan to present them to public payers. The proposals will make the case for benefits covering comprehensive pain education and supporting childcare & transportation to improve participation in pain care services.

The **Naloxone** and **Safe Disposal** work group will have a draft of their pharmacists’ naloxone toolkit next month. The toolkit will be finalized once the Board of Pharmacy releases their administrative rules.

The **Monitoring** work group held its launch meeting on August 10. The group will work to support the availability and use of data to improve practice; assess the deaths and harms due to opioids; inform policy; and inform the public. Work group members are involved in current groups such as Heath Share of Oregon’s Data Analysis & Reporting Workgroup and the Oregon Health Authority’s group selecting metrics for its evaluation/QI efforts. The work group will build on and link with these existing efforts.

The group will use the *2016 Tri-County Opioid Trends* report to help identify data gaps. This report is a collaborative effort of Clackamas, Multnomah, and Washington Counties and will be release in late Fall.



MIT TECHNOLOGY REVIEW

[The Painkillers that Could End the Opioid Crisis](#)

NEONATAL ABSTINENCE INCREASES IN OREGON

[Incidence of neonatal abstinence syndrome](#) (NAS) tripled between 1999 and 2013 in the 28 states in which data are available, according to the Centers for Disease Control and Prevention. Oregon has seen a 500% increase in the same time period—from 1 per 1,000 hospital births to 5 per 1,000.

In the U.S., an estimated 80% of hospital charges for NAS are covered by state Medicaid programs. —MMWR 8/16/16



A [new guide](#) has been published promoting collaborative efforts among agencies and providers that serve pregnant and postpartum women with opioid dependence and their infants.

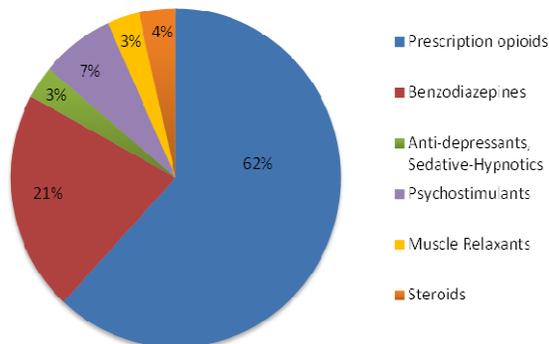
The region’s public awareness campaign about the risks of Rx opioids has launched! www.anyonepdx.org

LAW ENFORCEMENT SURVEY & DRUG SEIZURE

The most recent Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) [Threat Assessment](#) includes survey results from law enforcement officers regarding the availability of prescription drugs for non-medical use. Over half of Oregon and Idaho law enforcement officers surveyed in **2016** indicated a high level of illicit controlled prescription drugs (CPDs) available in their area. Approximately 60% of officers surveyed indicated a high level of narcotics, such as oxycodone and hydrocodone, were diverted in their region. Of the CPDs seized by HIDTA task forces in 2015, 62% were prescription opioids (including methadone).

—Chris Gibson, HIDTA

Figure 21. Controlled Prescription Drugs Seized in the Oregon-Idaho HIDTA, 2015



Prescription Opioids: Buprenorphine, Fentanyl, Gabapentin, Hydrocodone, Hydromorphone, Methadone, Morphine, Oxycodone/Oxycontin, Percocet, Suboxone, Tramadol.
Benzodiazepines: Alprazolam/Xanax, Clonazepam/Klonopin, Diazepam/Valium, Lorazepam.
Anti-Depressants/Sedative-Hypnotics: Hydroxyzine Hydrochloride, Trazodone.
Psychostimulants: Adderall, Amphetamine, Methylphenidate, Ritalin, Vyvanse.
Muscle Relaxants: Carisprodol, Cyclobenzaprine.
Source: Oregon-Idaho HIDTA Performance Management Program data, April 2016.

PROVIDENCE HEALTH & SERVICES TOOLKIT

Providence Health & Services released their patient pain education toolkit, *Rethinking Pain*. Developed by the Providence Persistent Pain Project and evidence-based, the toolkit combines live, interactive training for clinicians; concise, user-friendly teaching materials for patient education; and engaging patient education videos. Together these materials offer clinicians and patients a powerful way to change the conversation about pain and move towards self-efficacy.

For more information contact: Knowaboutpain@providence.org

TRAINING OPPORTUNITY

Addiction Health Services Research
October 13-15, 2016
New Frontiers in Addiction Health Services: Science, Practice, & Policy

For more information, or if you have something for a future edition, please contact: Chris Sorvari, christine.e.sorvari@multco.us

OVERDOSE AWARENESS DAY MEMORIAL

Please join in remembering those who we have lost to overdose and committing ourselves to preventing overdose death.

Wednesday, August 31 6:00 PM

The Courtyard at [Outside In](#)
1132 SW 13th Ave, Portland OR



More information: havenw@outsidein.org

QUEST CENTER & PAIN MANAGEMENT

In 2015, [Quest Center for Integrative Health](#) created an innovative program to confront Oregon's chronic pain and opioid addiction epidemics. In partnership with FamilyCare Health, Quest Center launched the WISH Pain Management Program. After the initial six months, 90% of program patients reported less pain at its worst and 80% reported less pain on average.

Wellness, Integrity, & Sustainable Health or WISH is an integrated medical and behavioral health pain management program designed to restore function and reduce pain, primarily through the use of non-opioid interventions. The program utilizes acupuncture, yoga, mental health, medication management, treatment from substance use disorders, nutrition, and peer support in a community setting. The program is manageable and sustainable for Quest Center's patients and the non-profit's bottom line.

—Scott Taylor Moore, Director of Development & Communications Qwest

[Their work](#) was recently highlighted by OPB.

FREE NALOXONE FOR HIGH SCHOOLS

Adapt Pharma is offering one carton of [NARCAN® Nasal Spray](#) at no cost to high schools in an effort to prepare every high school in the country for an opioid overdose emergency.

For ordering information, please download the [form](#) and send to customerservice@adaptpharma.com or call Adapt at (844 462-7226).

PRESCRIPTION DRUG MONITORING ACT

The Federal [Prescription Drug Monitoring Act](#), introduced last month, would require the use of prescription drug monitoring programs in all states that receive certain federal funding to combat opioid abuse and also requires states to make their PDMP data available to other states.