Tri-County Opioid Safety Coalition
Clackamas, Multnomah, and Washington Counties, Oregon

January/February 2017

Double Edition!!

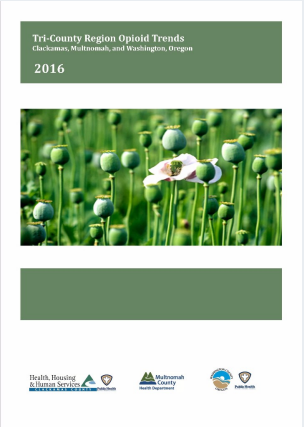
Oregon Leads the US in Inpatient Rate Increase for Opioid-Related Conditions

The rate of opioid-related inpatient stays increased in most States between 2009 and 2014, with the greatest increases in Oregon (88.9 percent), North Carolina (81.8 percent), and South Dakota (74.1 percent).

--Opioid-Related Inpatient Stays and Emergency Department Visits by State, 2009–2014.

Tri-County Region Opioid Trends Report now Available

Check our the Tri-County Region's Opioid Safety website for the *Tri-County Region Opioid Trends, 2016*



Newly Released Oregon Pain Management Commission Legislative Report

Read The Oregon Pain Management Commission's *2017 Legislative Report* report on health care educational institutions' curricula on pain and pain management, per the legislative requirement in Oregon Revised Statute 413.572

Amid Opioid Overdoses, Ohio Coroner's Office Runs Out of Room for Bodies

The New York Times reports on a troubling occurrence in Ohio.

Tri-County Opioid Safety Coalition's 2016 Accomplishments

I would like to take this opportunity to highlight the Tri-County Opioid Safety Coalition's accomplishments. This list does not include all the work our individual organizations have been working on; it includes only those things in which the Tri-County Coalition was directly involved and statewide efforts in which members were actively engaged.

1) The *"Anyone can become addicted to pain killers"* public awareness campaign.

2) Proposal for a one-time, pain education benefit to be presented to payers.

3) *Tri-County Region Opioid Trends, 2016* report.

4) Oregon's Opioid Prescribing Guidelines.

5) Oregon Coalition for Responsible use of Meds' (OrCRM's) *Opioid Safety: Federal, State, Local, and CCO Policy Options* draft report.

Moving Forward: Tri-County Priorities for 2017

During its December 2016 meeting, the Tri-County Opioid Safety Coalition's Coordinating Committee selected three priorities for the new year.

- Improve access to chronic pain care.
- Improve access to MAT and other substance use treatment.
- Support prescribers and patients on changing prescribing practices and thinking and treating pain.

In addition to these three areas, work is continuing from last year:

- The Tri-County's *Naloxone and Safe Disposal work group* is developing a naloxone toolkit for pharmacists across the state.
- Tri-County's *Improving Access to Pain Care work group's* Co-Chairs will reach out to insurance payers to explore interest in piloting a one-time pain education benefit.
- The Tri-County *Monitoring and Metrics work group* will convene to develop a process and tool to replace the annual Opioid Trends report so that data can be published more frequently when possible.

Substance Use in the News

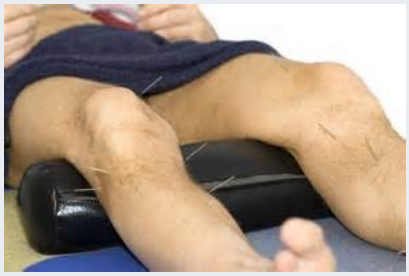
SAMHSA releases substance use disorder privacy rule

The Substance Abuse and Mental Health Service Administration *issued* a final rule to finalize changes to confidentiality of alcohol and drug abuse patient records regulations. The rule eases sharing of substance abuse treatment records among providers and restores researchers' access to CMS data on the disorders.

Substance use as prevalent as diabetes

The U.S. Surgeon General's new report on alcholol, drugs and heatlh has been released. The report makes the case that our opioid crisis is a public health concern--up there with other chronic diseases, *"20.8 million people in the USA have a substance use disorder (not limited to opioids), equivalent to the number of Americans with diabetes"* -- *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*

Acupuncture Arrives at the Clackamas County Health Centers



In late September 2016, the Clackamas County Health Centers entered into a partnership with National University of Natural Medicine (NUMN) to provide low-cost, high-quality group acupuncture at their Beavercreek Clinic once a week. Many of the Health Centers' insurance partners include this as a covered service for their members, so for most patients, there is no cost. Both patients and medical providers have been very excited about this opportunity to help with chronic pain management, and schedules have remained full for treatment. The Health Centers hope to continue the partnership and grow this opportunity to their other clinics.

--Apryl Herron, Public Health Program Coordinator, Clackamas County Public Health Division

FamilyCare and Washington County to Provide Buprenorphine Training

On April 27, 2016, FamilyCare (with support from Washington County) will host its first training in a four- part series on addressing a population health perspective on opioid epidemic. *"Buprenorphine: What we know and what we don't. Prescribing safely for pain management and Opioid dependence*," will feature Andrea Rubinstein, MD, from the Departments of Anesthesiology and Chronic Pain Management, Kaiser Permanente Santa Rosa, California.

Dr. Rubenstein will review persistent pain, taper planning, and the use of buprenorphine. The training event will also feature a presentation on integrating Suboxone prescribing into primary care. By the end of this session, participants will be able to:

- Describe how buprenorphine products fit into the overall picture of opioid over-utilization and appropriate use of opioids in the setting of pain (acute vs. persistent)
- Identify what is the appropriate patient population for these products
- Distinguish when to use buprenorphine vs. buprenorphine/naloxone
- Formulate a plan for how to use buprenorphine, including dosing, titration, and conversion

This event will be at the Sherwood Arts Center from 8AM to 12PM and is intended for any prescriber of opioids. Space is limited for program support staff.

For more information contact: Matt Morscheck, Director, FamilyCare Education & Development
mattm@familycareinc.org

Expanding Access to Naloxone in Clackamas County

Clackamas County Corrections staff in partnership with Clackamas County Public Health will roll out their naloxone distribution project to clients of the Transition Center this month. Research has shown that individuals with substance use histories who experience a period of incarceration are at increased risk of overdose and overdose-related death upon re-entering the community. The Transition Center provides the perfect opportunity to

screen clients post-release, educate on opioid addiction, and distribute naloxone kits to those who are at risk and transitioning back into the community.

In addition, over 50 parole and probation officers and staff of the Community Corrections residential drug and alcohol treatment program received naloxone training in November. Through these efforts, Clackamas County has been able to improve the infrastructure of naloxone access and rescue by expanding to an extremely vulnerable population and those likely to encounter an overdose situation.

--Apryl Herron, Public Health Program Coordinator, Clackamas County Public Health Division

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PHYSICAL THERAPIST PERSPECTIVE

Conversation on Pain -- A positive spin on opioid reduction

Historically, we have treated pain as largely related to nociceptive input, related to direct damage or harm to bodily tissues, or to a degenerative process. Of course, this is inadequate to explain things like “failed back,” where a surgery was successful but the outcome was not, or phantom limb pain, where there is no longer any tissue at all, but profound pain experienced in the remembered limb. And our patients believe that ongoing pain means ongoing harm, that they are damaged, and it is not safe to move. This belief leads to an emphasis on external approaches, “give me an injection, a surgery, a pill to take, there is something wrong and I need to be fixed.” And we dread these appointments because we don’t know what to do.

In recent years there has been increased awareness of the biopsychosocial nature of pain, but of course, changing our clinical habits is hard and takes time and practice. There is considerable evidence that pain education itself is an important treatment intervention that allows us to create a different conversation about pain and decrease the struggles associated with patients’ misunderstanding.

Providence Medical Group and Providence Rehabilitation Services have been partnering since 2012 in improving patient understanding of pain as a basis for better pain care and reduction in opioid prescribing. This has created a new approach to pain care and a more positive relationship between prescribers concerned about patient safety and their patients living with pain and fear.

To create an easy and efficient way for busy clinicians to bring pain education to their patients, we created the Rethinking Pain Toolkit, which provides clinician training and pain education in the form of phrasing, written material, patient teaching aids, videos on pain education and relaxation training, and 2-hour pain education classes for patients in-person and through on-line webinar. These tools can be used in primary care, mental health, rehabilitation services, surgical services, emergency/urgent care, and in acute care, and help create a more positive patient/clinician interaction. The toolkit and training are available for purchase. For more information on the Persistent Pain Toolkit, please visit Providence.org/pain toolkit or email us at *Knowaboutpain@providence.org*

--Nora Stern, Program Manager, Persistent Pain Project, Providence Health & Services and Co-Chair of the Tri-County "Improving Access to Pain Care" group

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PATIENT PERSPECTIVE

Providers’ Responsibility in Reducing Opioids and Increasing Pain Education

Any discussion of providers reducing opioid prescribing must acknowledge a key point: patients in pain began asking for opioids not simply because we don't have knowledge of the neurophysiological workings of pain nor just because we want a quick fix. Patients started asking for opioids because that is what providers have

historically given us to treat pain. Opioid addiction can affect anyone, but people who live with chronic pain are at disproportionate risk because doctors often offer us no other treatment. Many of us have also experienced doctors who offer us no treatment at all.

Changing the way providers and patients understand and talk about pain and its treatment is definitely a needed breakthrough in the field. This shift will hopefully raise awareness on both sides about the variety of treatment modalities that can successfully and safely treat pain. Recognition of pain education, itself, as a component of pain care has the potential to increase access and utilization of these modalities. However, as a patient who has had numerous experiences of ineffective care, I foresee ways this paradigm shift could go wrong.

Providers, especially primary care providers, must remember that their role cannot end with pain education. Just because you have equipped a patient with the knowledge that explains why you cannot "fix" them with a quick, external approach, like an opioid prescription, does not mean you have provided pain care. Understanding the workings of pain means realizing the necessity for multiple complementary approaches, and failing to navigate a patient through these options is a failure to provide care. Providers must serve as guides and advocates to help patients identify, access, and try different treatments, especially since doctors are often gatekeepers to specialty services. Moreover, though, providers must follow up to see if a referral has proven helpful, help the patient know when to move on from a treatment that has not been helpful, and continue working with the patient to find a combination of treatments that manages their pain and restores their quality of life. The spread of pain education should increase the commitment a provider feels toward a patient, not allow them to feel off-the-hook because the patient understands they cannot be the sole source of treatment.

--Claire, Community Member on the Tri-County "Improving Access to Pain Care" group

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An Oregon Pharmacist's Experience with Medication Disposal

Rebecca Wood from OrCRM/Lines for Life sat down with Chris Laman, Pharmacy Director, to learn about Columbia Memorial Hospital's experience installing a medication disposal box in its pharmacy.

RW: *What motivated you to install a medication disposal box in the Columbia Memorial pharmacy?*

CL: For me it's that so many patients in the outpatient pharmacy and hospital patients would ask the question "what do I do with my leftover medications." Our standard answers were to take them to the police station or mix them with coffee grinds and kitty litter and throw them away. These answers just weren't a good solution: the police station wasn't always convenient, and our police station had put a lock on the box so that people had to get a police officer any time they wanted to put something in the box. It was just awkward for everyone. We just didn't have a good solution so as soon as I heard at the opioid summit that there was the possibility for us to do it in our pharmacy I was excited to do it.

RW: *What was the biggest challenge you faced in starting the program?*

CL: I haven't really had any huge challenges. The guides from Sharps have been really helpful with figuring out policies. My hospital administration understood the need and felt like it was an important service to provide to the community. It was a bit tricky fastening the box to the ground in order to secure it. It was tricky (to fasten the box to the building) because the hospital doesn't own the pharmacy building. Our hospital administration solved it by working collaboratively with the owner of the building and the maintenance guys.

RW: *How has the community responded to the installation of the disposal box?*

CL: The response from people who know about it has been good. Judging by the way it has filled up we've done a good job getting the word out. We did a direct mailer in Astoria and we put an ad in our quarterly hospital newsletter. I still talk to patients who don't know about it or haven't heard about it. It is a challenge making the community aware of a new thing.

RW: *Has anyone expressed concern about the disposal box?*

CL: Before we implemented it, I heard some concerns from pharmacists like, "Hey we're going to have all these medications in a box right by the door" and they were concerned about the security of that, but since installation I

haven't heard any concerns. We have security cameras on the box and staff all have panic buttons. I think it was more of a concern when it was unknown, before we had it installed and they couldn't see what it was like.

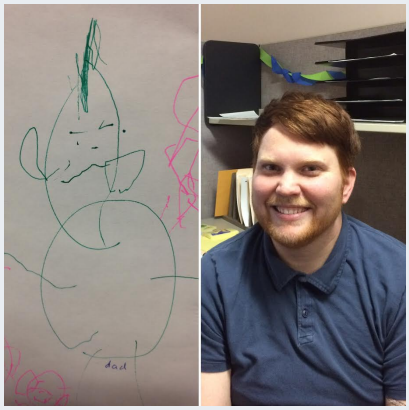
--Rebecca Wood, Project Coordinator, Lines for Life/OrCrm

Legislation Update

The following Oregon House and Senate Bills are currently under discussion.

Prohibits issuing initial prescription for opioids or opiates to adults for outpatient use in quantity exceeding seven-day supply	HB 2114
Directs each manufacturer of certain types of drugs that are sold within this state to develop and implement drug take-back program for purpose of collecting from individuals and nonbusiness entities those types of drugs for disposal	HB 2386
Requires pharmacy to report de-identified information to prescription monitoring program upon dispensing prescribed naloxone	HB 2519
Prohibits issuing initial prescription for opiates to adults for outpatient use in quantity exceeding seven-day supply	SB 270
Allows physician assistants to dispense controlled substances in schedules III and IV under federal Controlled Substances Act	SB 423

Tri-County Staff Updates



We are very pleased to announce that Tyler Swift has joined our Tri-County Coordinating Staff. Tyler has 15-years' experience working in public health, most recently leading a multi-jurisdictional, interagency HIV project. He has specific interests in health equity, harm reduction, and working with communities to find innovative solutions to public health issues.

Tyler will be staffing Tri-County naloxone efforts and lead a new grant studying overdose risks facing people newly released from jail and prison.

He has an artist in his family, Senna, who provided a portrait of her dad.

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