A nasty habit

Oregon practitioners are overprescribing opioids, prompting local and state officials to ramp up efforts to prevent abuse and overdoses

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It only took Oregon practitioners six months to write more than 1.4 million prescriptions for hydrocodone and oxycodone, according to Oregon Prescription Drug Monitoring Program's report encompassing the first half of 2015.

"Oregon and other states have realized they're actually prescribing way more of these drugs than they did 10 years ago," says Multnomah County Health Officer Dr. Paul Lewis, adding, "the more that's prescribed, the more overdose deaths there are."

He says preliminary analysis shows opiates were involved in 109 deaths in Multnomah County in 2014, with about half involving prescription opiates.

The Centers for Disease Control and Prevention estimates 46 Americans die of prescription opiate overdose every day – that's almost one death every half hour. In an effort to combat this nationwide epidemic, the CDC created a grant program to help select states prevent opiate related deaths, and in September named Oregon one of 16 states to be awarded between $750,000 and $1 million annually in federal funds over the next four years.

The grant coincides with coordinated efforts among health professionals already underway in the Portland-metro region. On Tuesday, Oregon Health Authority approved its State Health Improvement Plan, which places opioid overdose as a top priority for the state. Among the plan's targets is lowering prescription opioid deaths from 4 per 100,000 Oregonians to less than 3 per 100,000.

Since June 2014, the Healthy Columbia Willamette Collaborative, a workgroup composed of HealthShare, FamilyCare, health providers, hospitals and officials within Multnomah, Washington, Clackamas and Clark county health departments, including Lewis, has been developing guidelines and standards for prescribing opiates and looking at ways to reduce the risk of overdose.

The tri-county area was one of the regions selected by Oregon Health Authority to receive support from the CDC grant. Both the local collaborative and state health authority are ramping up efforts this fall, with regional educational outreach and a statewide, two-year performance improvement project aimed at improving opioid management.

At both levels, officials aim to decrease opioid prescriptions, reduce overlapping prescriptions and co-prescribing medications, and make naloxone, an opiate overdose-reversing drug, more widely available.

Naloxone stops an overdose by blocking the opiate receptors in the brain. Someone other than the person who is overdosing administers the life-saving drug.

Currently, in order to obtain naloxone in Oregon, a person must get a doctor's prescription and obtain a training certification card, says Marcus Watt, executive director of Oregon Board of Pharmacy.

"I know there are concerns that access isn't open enough, and there may be some other future legislative activity to open up access even more," said Watt.

According to Oregon Health Authority's Lisa Millet, "We are in conversations with the Board of Pharmacy about establishing a standing order that would allow anyone to view the training video on the OHA website, download and sign the training certificate, and then take that certificate to a pharmacist to obtain naloxone."

"The current law doesn't allow this," she said.

Naloxone comes in several forms. There's an injectable version, a nasal spray, and even an auto injector that talks the person administering the drug through the process. The more complex the medical device, the more expensive it gets, said Watt. "Cost has been one of the barriers."

Most common is the nasal adapter, and some police departments around the state are keeping it in their squad cars, said Watt.

"I actually saw it used once, and it's just incredible," he said, "the person was half dead and all of a sudden – boink – they're sitting up."

In Oregon, unintentional prescription opioid hospitalizations increased 285 percent between 2000 and 2013, according to state health authority reports.

In 2013, the federal Substance Abuse and Mental Health Services Administration reported Oregon had the highest rate of prescription pain reliever abuse in the nation, with 6.37 percent of people 12 and older reporting they took pain relievers recreationally.

Opioid prescriptions in the U.S. have increased four-fold since 1999, despite no change in the amount of pain Americans report, according to the CDC.

Dr. Richard Deyo, a primary care physician at Oregon Health and Science University, has researched issues around opiate prescriptions for approximately seven years. He said the drastic increase in opiate prescription rates correlates with a marketing campaign.

"In retrospect many people would acknowledge the pharmaceutical companies have had an important role in this," says Deyo, "the most dramatic increase in opioid prescribing really began approximately 20 years ago with the introduction of OxyContin and a brilliant marketing strategy that basically tried to argue that opioids are safer than doctors had previously thought – and more effective – and that it would be simply unethical not to prescribe them more frequently and at higher doses."

In 2007, Purdue Pharma, the maker of OxyContin, which is a high-strength version of oxycodone, was found guilty of misbranding the drug by claiming it was less addictive than other opiates without any evidence, and was ordered to pay more than $600 million in fines and other payments.

In Oregon, unintentional prescription opioid hospitalizations increased 285 percent between 2000 and 2013, according to state health authority reports, with 156 Oregonians dying from prescription opioid overdose or poisoning in 2013.

"There are now far more deaths from prescription pill overdoses than there are from heroin," said Lewis.

Starting this fall, Lewis says the Portland-area collaborative tasked with finding solutions to opioid abuses will begin the outreach phase of its plan by educating prescribers, patients and the public about safer opiate prescribing standards and overdose prevention. It will focus on the guidelines its members agreed upon this summer.

Those recommendations include: screen for opioid risk and evaluate a patient's substance abuse history before prescribing an opioid, refer those who become addicted during treatment to an addiction specialist or addiction treatment, consider a prescription for a naloxone rescue kit to high-risk patients, and discontinue opioids in favor of alternatives if goals are not met.

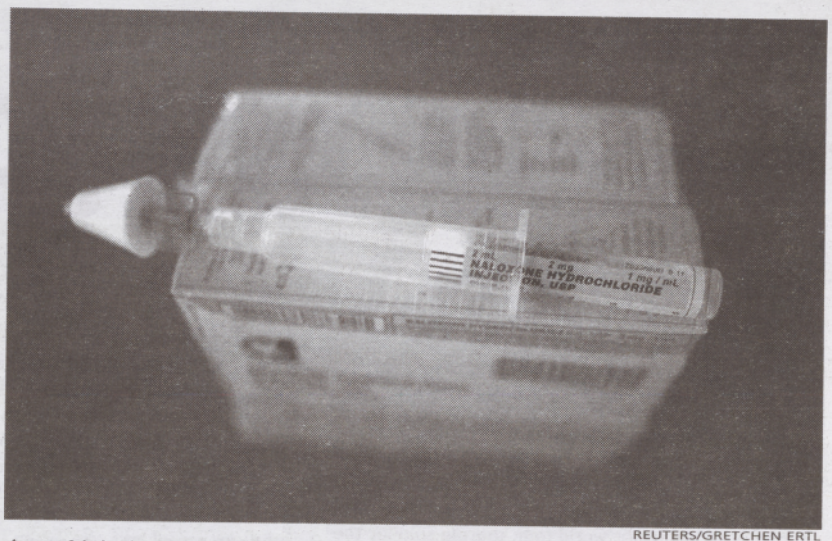
Deyo said there's been a shift toward non-pharmaceutical approaches to treating chronic pain, and treatments such as spinal manipulation, acupuncture, massage, physical therapy and exercise have seemed to have a greater effect in returning patients to normal functioning – and they're safer.

As concerns over drugs like OxyContin grew, pharmaceutical companies responded.

"What we've seen in recent years is a strategy of creating new opioids products to market and trying to develop strategies that either make them safer or less likely to result in addiction," said Deyo. But in terms of their addictive qualities or levels of safety, he said, "we don't know really what the long-term results will be."

On Sept. 10, the FDA voted 23 to 1 against the approval of Purdue Pharma's newest opioid painkiller over concerns there would likely be errors in administering the drug, leading to overdose.

Naloxone has effectively reduced heroin overdose deaths in areas where it's made available to intravenous drug users. In an interview with Street Roots in September, Kim Toevs, harm reduction manager for Multnomah County, said more deaths could be prevented if there were a way to get naloxone to prescription opiate users as well. This, said Lewis, is another goal the collaborative will continue to work on.



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A nasal injection containing the overdose-reversing drug naloxone is seen at the police headquarters in Quincy, Mass., June 13, 2014. In 2010, Quincy became the first U.S. city to make the drug standard equipment for its police officers.

On Sept. 23, CVS pharmacy announced it is now dispensing naloxone without a prescription at its retail stores in 12 additional states – having already made the drug available in Rhode Island and Massachusetts. More than 50 CVS pharmacies in California will make the drug available. California passed a bill allowing the drug to be sold without a prescription in 2014, and CVS is the first pharmacy to stock the drug since the bill's passage.

According to Michael DeAngelis, spokesperson for CVS, both the nasal and injectable versions of the drug will be available at participating pharmacies at a cost of about $40 to $50 per dose.

"What we've heard," said Lewis, "is even when it's legal, if pharmacies don't stock it, there's no way for people to get it, so CVS seems to be filling that vacuum."

For this reason he said the collaborative will soon be asking local retail pharmacists whether or not they would stock naloxone and what it would cost.

"Why don't we make this life saving drug easy to get to?" said Lewis. "You can look back and say, 'Why didn't we do it 10 years ago,' and the answer is, 'Yeah – I wish we had.'"