

Pain pills: Oregon pharmacists ordered millions of opioid pills

Continued from Page A1

data from the Drug Enforcement Administration tracking the path of every prescription pain pill in the United States between 2006 and 2012. It shows millions of opioids were flowing into Eastern Oregon each year.

From 2006 to 2012 Oregon received more than 1.3 billion prescription pain pills, according to the *Post's* database. Of those, 22,583,610 were supplied to Umatilla County pharmacies — enough for every person in the county to receive 43 pills per year. Morrow County pharmacies received 1,235,200 pills, enough for 15 pills per person per year. Those numbers don't include prescriptions patients received directly via mail order.

John Murray said the database has its limits — their Condon pharmacy, for example, shows a high “pills per person” count for Gilliam County because it doesn't take into account that they also serve neighboring counties, such as Wheeler and Sherman, which don't have any pharmacies.

“I applaud looking at these numbers, though, because you have to start somewhere,” he said.

Since the *Post's* database came out, some pharmacists have shifted blame for opioid overuse on doctors, saying they didn't feel they could say no to filling prescriptions. But legally, pharmacists do have a right to step in when they have suspicious of abuse or other worries.

The Murrys say they often do just that.

They cross-reference the patient's prescription history through the Prescription Drug Monitoring Program and will call up a physician to ask if they were aware the patient is already receiving drugs from another provider, are a first-time opioid patient or on other medicines, such as muscle relaxants that make opioid use more dangerous. The calls sometimes result in an agreement that the dosage should be adjusted.

They even worked with police when someone at an area clinic was illegally calling in prescriptions not authorized by the doctor.

“We're the last line of defense people have (against misuse),” John said. “We have a co-responsibility with providers.”

Patients are also more likely to self-police their use these days after reading about the dangers or seeing someone close to them battle addiction.

“People will say, ‘This was written for 30 days but please just give me 10,’” Ann said.



Staff photo by Ben Lonergan

Ann and John Murray pose in front of the Heppner location of Murray's Drug Friday afternoon.

Preventing abuse

On the other end of the spectrum are people still trying to game the system. Steven Hardin, emergency department manager for St. Anthony Hospital in Pendleton, said ER doctors are no strangers to people making up stories about having injured themselves while traveling or getting their medication stolen.

St. Anthony doesn't replace prescriptions patients claim were lost, stolen or “eaten by the dog,” Hardin said. And when someone comes in looking for a new prescription for an injury, the department can use the Emergency Department Information Exchange to check their story.

“We'll ask if they tried anyone else and they'll say no, but EDIE will tell us Joe already hit up two other emergency rooms in the last 30 days,” Hardin said.

The emergency room hands out significantly fewer opioids than it used to. In the past, someone with an injury that would be expected to heal in a few days might have automatically been given a 30-day supply. Now, they will get two or three days' worth.

ER departments have shifted from “just believing patients,” Hardin said, to checking history, alerting primary care providers of ER visits and comparing the pain level patients claim with what X-rays and other tests are actually showing.

“We say no a lot, which isn't popular,” he said.

Safe use of opioids

On the other hand, Hardin said, they don't want to scare off people who legitimately need something stronger than ibuprofen. Opioids can help someone function in the early stages of healing from surgery or serious injury, which can be healthier than lying down all day just thinking about their pain.

The Centers for Disease Control provides guidelines for taking pain medications safely, encouraging people to never take more than prescribed or for longer than prescribed, and to step down their use as their pain decreases.

Jaine Crowell, community health educator for Good Shepherd Health Care System in Hermiston, said mixing opioids with other medications or alcohol is one of the main causes of overdoses. The hospital is starting to hold trainings for the public on how to administer Naloxone, which reverses the effects of an overdose.

Those who have prescription medications in the house are encouraged to lock up the drugs they're actively using and safely dispose of anything extra, cutting off opportunity for theft by friends or family secretly battling addiction. Area police departments have secure drug take-back boxes, and Good Shepherd recently added one to their pharmacy for people who don't feel comfortable dropping off unused pills at the police station.

Crowell said they are also working with other partners in the area

on a campaign to reduce the stigma of admitting an addiction to opioids — something she said can affect people of any demographic.

Juli Gregory, education director for Good Shepherd, said there are a lot of resources for people who find themselves addicted to painkillers, from peer support groups to counseling. One frustration, however, is that Medicare does not pay for inpatient rehabilitation treatment for addiction.

“It's not just people who recreationally use drugs,” she said. “Seniors have a high rate of addiction.”

Alternatives to opioids

As awareness has increased about the addictive nature of opioids, medical providers are upping their focus on controlling pain without medication.

Good Shepherd offers regular classes on “living well with chronic pain.” It also recently opened a Physical Medicine and Rehabilitation clinic, offering comprehensive pain management strategies ranging from chiropractor sessions to peripheral joint injections. They plan to add an acupuncturist and massage therapist to the staff soon.

Dr. Miriam Washington, a psychiatrist for the clinic, said the newer generation of doctors is more wary of prescribing opioids.

“Many primary doctors are looking for a specialist that can help get their patients off opi-

oids, so interventionists like pain physicians and psychiatrists are in higher demand to provide more alternative pain control options,” she said in an email. “Further, the understanding of the psychological component to pain and our reaction to it has garnered interest and the need for pain psychology.”

She said studies have suggested that opioids, while effective in the short term, are no more effective than Tylenol in treating chronic pain. It's important medical providers address root causes of pain, she said, and manage expectations so that patients understand that in some cases it is not possible to live completely pain-free.

Changing laws

As the country has been gripped by a crisis of addiction and overdoses, lawmakers on the state and federal level have passed new laws addressing the epidemic. Some of those have resulted in the prescription and emergency room monitoring databases listed above, while others have increased penalties for improper prescribing or increased money for treatment.

In October, President Donald Trump signed the SUPPORT for Patients and Communities Act, a package of laws which Rep. Greg Walden told the *East Oregonian* is “the most significant effort ever made to combat a single drug crisis.”

Among its provisions were reauthorization to continue providing \$500 million a year for the opioid crisis, increased measures to stop fentanyl from illegally entering the country, removing some restrictions on medication that treats opioid addiction and increasing access to Naloxone for first responders.

In the past few years, Walden has held roundtables in Pendleton, Hermiston and other parts of Oregon about opioids, taking feedback from medical providers, law enforcement, mental health agencies and people in recovery from addiction. He said in an emailed statement that as chairman of the Energy and Commerce Committee he also conducted hearings that resulted in a 325-page report “that uncovered numerous warning signs and red flags missed by wholesale drug distributors and the Drug Enforcement Administration (DEA) that contributed to the opioid epidemic.”

He added, “We've made progress, but there is much left to do and I plan to continue to hold roundtables, propose legislation, and monitor this epidemic until we can solve it once and for all.”

B2H: 500-kilovolt, 300 miles, \$1 billion

Continued from Page A1

And if all goes well for Idaho Power, he said, the state's draft proposed order would become the proposed order by the end of the year, with the final order and permitting coming in 2021. Construction would begin in 2022, wrap up four years later, and Boardman to Hemingway would going live soon after.

Berg said B2H is one of Idaho Power's biggest projects since the Hells Canyon Complex of dams in the 1960s.

“We see this as crucial to ushering in the clean energy future we envision,” he said.

Idaho Power's goal is to use only renewable energy by 2045 amid the growing population of the northwestern United States. The existing power lines are at capacity, according to Idaho Power, and B2H would alleviate Oregon's high-power needs in the winter and the Mountain West's increased need for electricity in the summer without having to



EO file photo

A crew works on a transmission line tower outside of Boardman in November 2017.

build new generating plants. The line, then, would integrate the region, Berg said, and make power more reliable.

The Stop B2H Coalition contends there are better solutions to the region's energy needs than clear-cutting swaths of private and public lands for big power lines atop towering utility poles. The *East Oregonian* covered the coalition in a June 6 story available here:

<https://www.eastoregonian.com/news/local/stop-b-h-coalition-remains-charged-up-to-defeat-massive/article-8cf33576-9dd7-11e9-8d94-bb057ba8134f.html>

Berg said the public input has helped shape the project to find ways to mitigate environmental impacts and avoid sensitive areas.

“We think what we have here,” he said, “is a better version of the line than what we began with.”

Walkout: Democrats back off threat to fine protesting Republicans

Continued from Page A1

have the votes within their own party.

To date, Senate Democrats haven't imposed any punishment on their peers for walking from the Capitol.

“Stopping the work of the people by denying a quorum is unconscionable and undemocratic. Senate Democrats will work to protect Oregon's democracy by giving Oregonians and their representatives more tools to stop any future quorum denials,” Senate Majority Leader Ginny Burdick, D-Portland, said in a statement. “I hope our Republican colleagues now see that this is not a tactic that should ever be used again, and that they will work with us to prevent either party from walking off the job.”

Burdick's statement comes after the Senate

Majority and Senate President's offices were peppered by reporters asking if they were going to issue fines. Throughout the past two months, the Oregon Capital Bureau asked several times about the fines, and each time was told that they were going to be issued.

The issue was brought back to the foreground this week when a coalition of unions and liberal groups escalated the kerfuffle after noticing a political action committee set up to help pay for the absent lawmakers' expenses while gone out of state has donated to each Republican senator.

The group has updated its state elections complaint against the 11 Republican senators, contending it's unlawful to use campaign donations to pay for their political exodus.

Patty Wentz, a spokeswoman for the coalition, said the complaint still stands.

The only senator who's paid his \$3,500 fine is Sen. Brian Boquist, R-Dallas. He did so to establish grounds to sue Senate President Peter Courtney in federal court, claiming he has no authority to issue such fines. Boquist's check has not been cashed.

Rick Osborn, spokesman for the Senate Democrats, said the retreat from the fines was not because the caucus believed it could be on shaky legal ground in issuing the fines. Rather, it was to save taxpayers from funding a legal fight.

Senate Democrats said that “imposing the fines would have been bogged down by lengthy litigation and hundreds of thousands of dollars in taxpayer-funded legal fees.”



Hello, neighbor.

We're Silver Falls Dermatology and we're pleased to announce our new, full-time office in Pendleton. **Dermatology-trained nurse practitioner Lorie Weldon, FNP** has been specifically trained to diagnose and treat conditions of the skin, hair and nails in adults and children. Her schedule is now open for new patients and our office can usually accommodate same-week appointments. **We can't wait to meet you.**



Appointments, 541.210.5771
Pendleton Medical Center, 1100 Southgate, Suite 6

Lorie Weldon, FNP
Dermatology-trained Nurse Practitioner