



OrCRM

Oregon Coalition for
Responsible Use of Meds

Central Oregon & Gorge Summit to Reduce Rx Abuse

State of the Region: Survey Summary

October 14, 2015

Survey Structure



- Aligns with format and structure of agenda
- Identify barriers/solutions to:

REDUCING PILLS IN CIRCULATION

- ✓ Better prescribing practices
- ✓ Better use of Prescription Drug Monitoring Program (PDMP)
- ✓ Better provider education

REDUCING THE VOLUME OF PILLS

- ✓ Better disposal of unused meds

EXPANDING ACCESS TO TREATMENT

- ✓ Better access to therapies to treat opioid use disorders
- ✓ Better distribution of Naloxone to reduce number of overdose deaths

EDUCATING THE PUBLIC ABOUT THE PROBLEM

- ✓ Better understanding of the risks & dangers of Rx

Reasons for Survey



Goal: Avoid duplication of effort and add value to community prevention efforts

- Identifies community efforts to reduce Rx abuse and barriers to implementation
- Information gathered will be used to guide development of local action plans to address Rx abuse
- Provides “real” data at the community level and generates discussion among participants

Survey Participants



Organization Type

Business	1
Community Organization	3
Education/Schools	3
Healthcare/Health System	35
Law Enforcement	3
Local/State Government	4
Prevention	1
Substance Abuse Organization	2
Tribes	1
N = 53	

Reducing Pills in Circulation



BARRIERS:

Expanding Access to Non-Opioid Therapies to Manage Persistent Pain

N = 53	Number
Insurance coverage	43/53
Access to services	22/53
Availability of services	19/53
Provider awareness of effective alternative therapies	26/53
Don't know	2/53

Reducing Pills in Circulation



BARRIERS:

Expanded Use of Prescription Drug Monitoring Program (PDMP)

Registered PDPMP Users = 18	Number
Problems signing up/registering for an account	7/18
Workflow/capacity issues	9/18
Lack of awareness/education on use	4/18
Use not mandatory	3/18
Don't know	0/18

Reducing Pills in Circulation



BARRIERS: Implementation of Prescribing Guidelines

N = 51	Number
Agreement on guideline components	22/51
Cost	5/51
Workflow/capacity issues	20/51
Support/education for providers	25/51
Don't know	10/51

Other:

- Insurance covers opioids but not non-medical therapies for pain management (3)
- Time needed to have these challenging conversations with patients and integrate guideline components in to practice (3)

Educating the Public About the Problem



BARRIERS:

Public Education on Safe Use of Controlled Medications

N = 49	Number
Providers need more education on how to talk to patients	20/49
Availability of disposal units	16/49
Lack of education and outreach materials	23/44
Don't know	8/49

Other:

- Public perception of risk and attitudes towards use (7)
- Time and resources needed to educate patients (4)

Expanding Access to Agonist and Antagonist Therapies to Treatment Opioid Use Disorders



BARRIERS:

Expanding Access to Antagonist and Agonist Therapies

N = 49	Number
Insurance coverage	27/49
Access to services	21/49
Availability of services	26/49
Stigma associated with use	18/49
Don't know	6/49

Other:

- Need better integration of addiction treatment with primary care (2)

Expanding Distribution of Naloxone



BARRIERS:

Expanding Distribution of Naloxone

N = 49	Number
Cost	12/49
Lack of training	15/49
Regulations on distribution	12/49
Don't know	27/49

Other:

- Social stigma against opiate users (4)
- Lack of awareness (3)

Reducing the Volume of Pills



BARRIERS:

Expanded Access to Safe Disposal of Unwanted, Unused and Expired Medications

N = 47	Number
Lack of public awareness on safe disposal	34/47
Lack of available collection receptacles	24/47
Cost to maintain collection receptacles	9/47
Don't know	9/47

Other:

- Patients wanting to share, sell or keep meds (5)
- Problem with securing collection units from theft (2)

What's Happening in the Region



- *St. Charles Health System, BMC and Mosaic Medical* have embedded psychologists into primary care to support integrated care
- *St. Charles & Mosaic Medical* adopted safe prescribing policies in 2012 & PSCS in 2013 keeping opioid doses < 120 MED and Methadone doses < 40 mg
- *PSTF* trying to achieve community wide safe prescribing standards keeping opioid doses < 120 MED and Methadone doses < 40 mg
- St. Charles Family Care in Redmond has a pain school for primary care patients to ensure appropriate treatment and prescribing for patients living with persistent pain
- Living Well with Chronic Conditions program provides patients living with persistent pain and other chronic conditions tools for living a healthy life
- Columbia Pain Management collaborating with pharmacists to carry Naloxone and working to get patients trained on use

What's Happening in the Region



- Increased promotion of addiction and mental health screening (SBIRT) to encourage better prescribing
- Bend Treatment Center provides Methadone and Buprenorphine maintenance to treat opioid disorders
- Since 2008, Deschutes County Sheriff's Office has a take back program for unused, unwanted and expired meds.
- Crook County Community Coalition at City and County annual health fair to educate public on dangers of Rx
- Local media advertising events and disposal sites for unused, unwanted and expired meds.
- Information and education on Rx abuse, misuse and overdose posted on PSTF, COHC, Deschutes Co., & Crook Co.

Comments



We really need to get the Naloxone word OUT and ASAP –while we are thinking about it people are dying in droves... nearly every clinic on our local syringe exchange report on intake they have experienced overdose or have witnessed it in a friend or person... we need to get this out there and HURRY! And thanks for getting the ball rolling.

Another change which would decrease narcotic use is to have surgeons NOT prescribe so many narcotic[s] pills post op. I had a procedure and my MD ordered 60 norco. I used 4.