

OPIATE ABUSE

Prevention

Treatment

Intervention

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University of Washington

Opiates

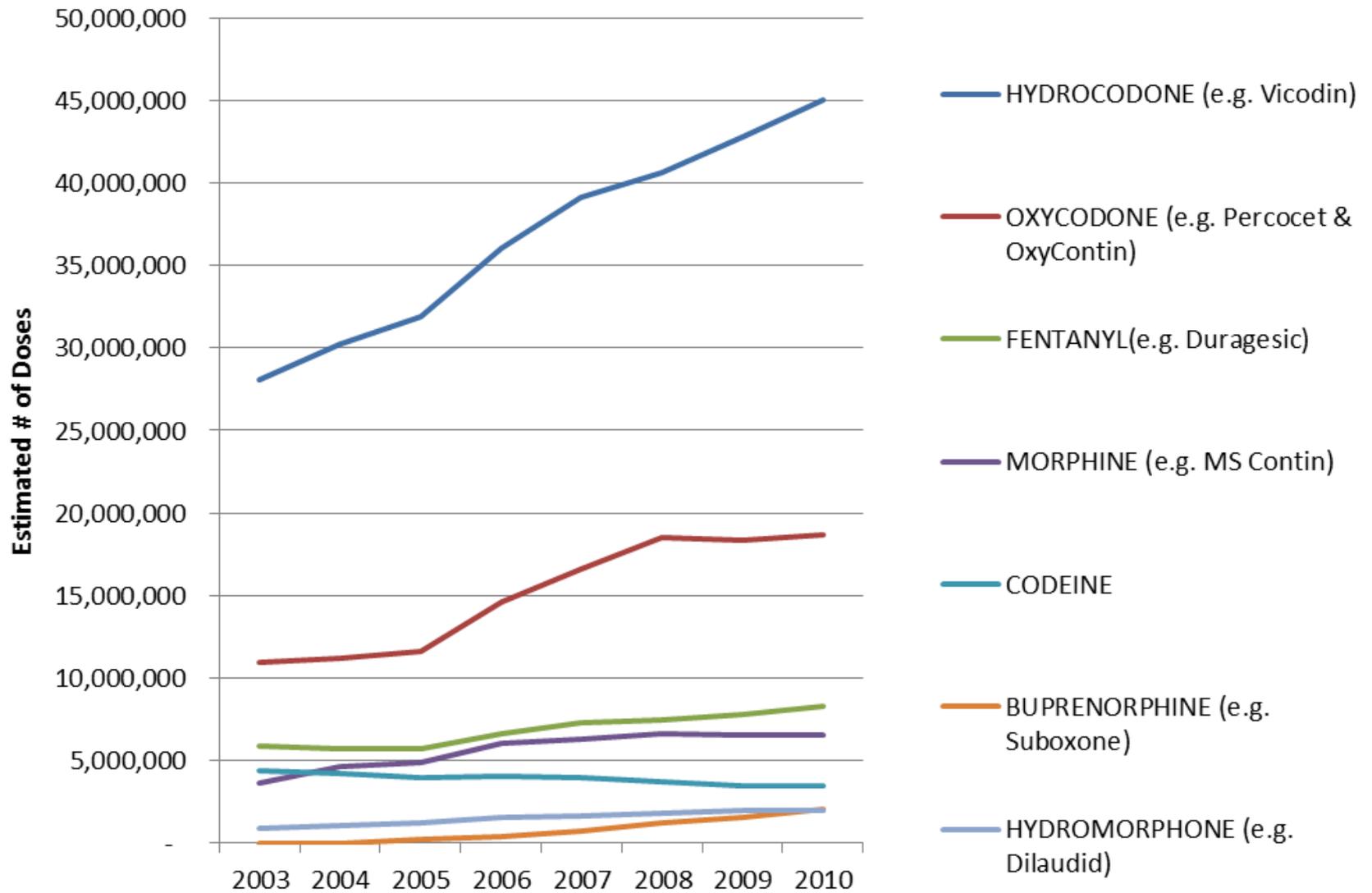
- Bind to opiate receptors and “turn them on”
- Opium, Morphine, Heroin
- Oxycodone/OxyContin/Percocet/Percodan
- Methadone- for pain or addiction treatment
- Buprenorphine- for pain or addiction treatment (partial agonist)
- Dilaudid/Darvon/Opana/Zohydro.....
- Fentanyl- Rx or illicit...

Risks associated with controlled substances

- By definition these drugs have a potential for abuse- psychologically and physiologically
- Cognitive impairment with high dose or combined use
 - Injury, DUI
- Short and long term health consequences
- Overdose
 - Single or poly drug

Patterns of controlled substance use

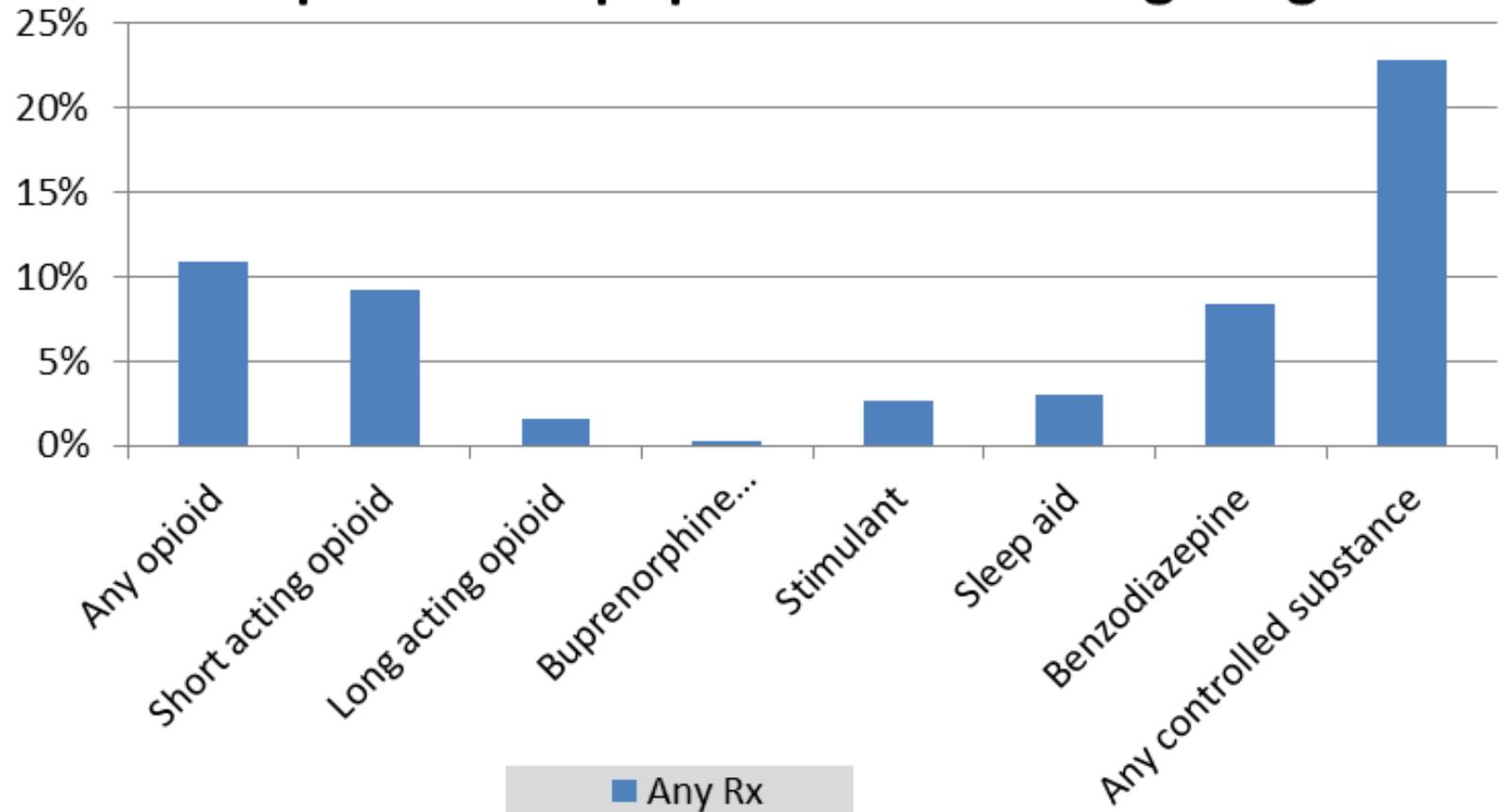
Selected Opioids Sold in WA State



Prescription Monitoring Program

- WA's PMP program has been fully functional since January 2012
- Data entered for every dispensed controlled substance
- As of Sept. 2014, 29% of prescribers with a DEA license in WA were registered with the PMP
- Data shown were analyzed under contract by the UW- Banta-Green & Hansen
 - Data are preliminary

WA State 2013 Proportion of population receiving drug

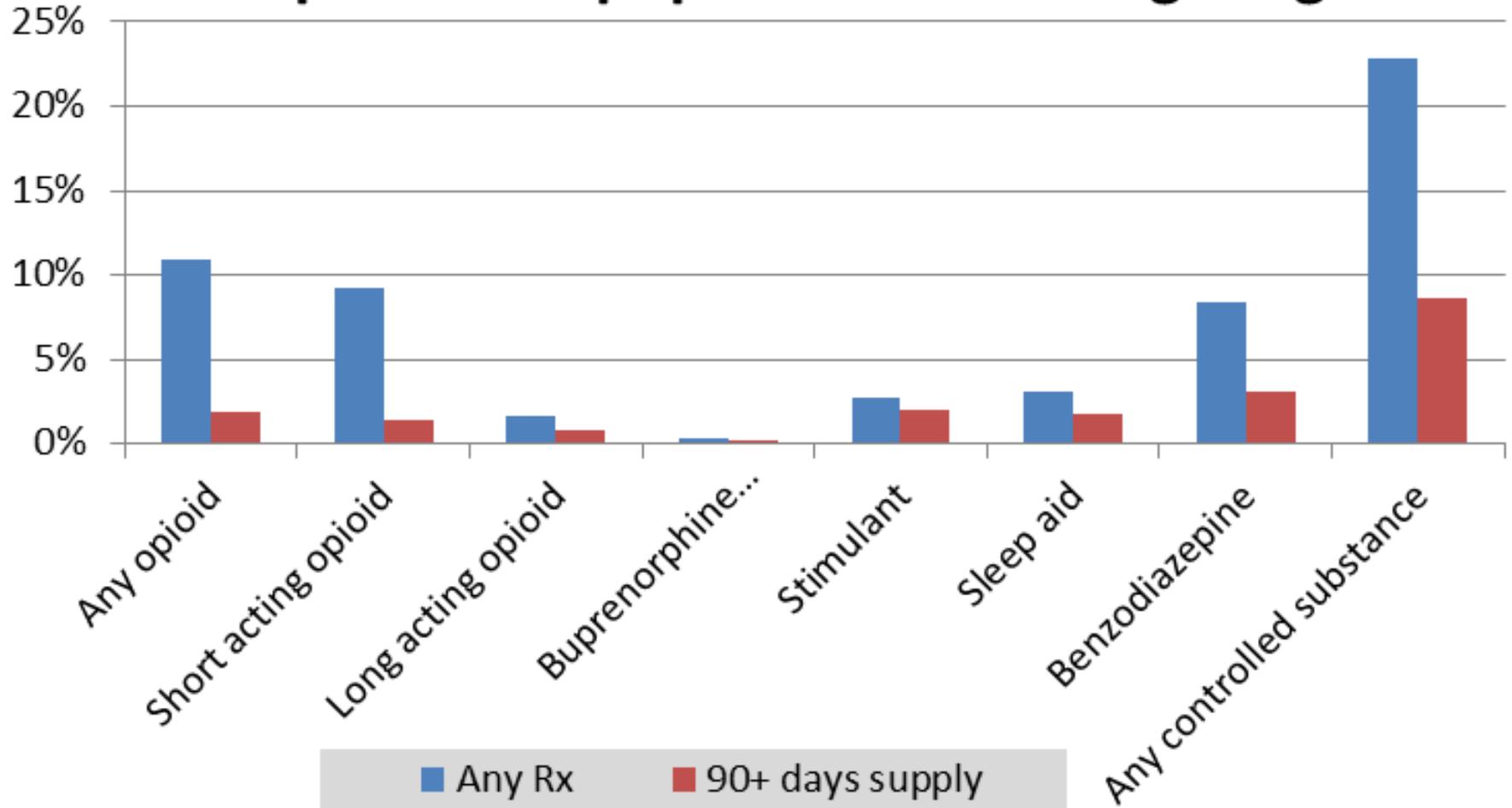


Data for entire population, patterns differ by age

Source: WA DOH PMP, analyzed by Banta-Green & Hansen, University of Washington
Buprenorphine prescribed by physician with DEA Waiver to use for addiction treatment

WA State 2013

Proportion of population receiving drug

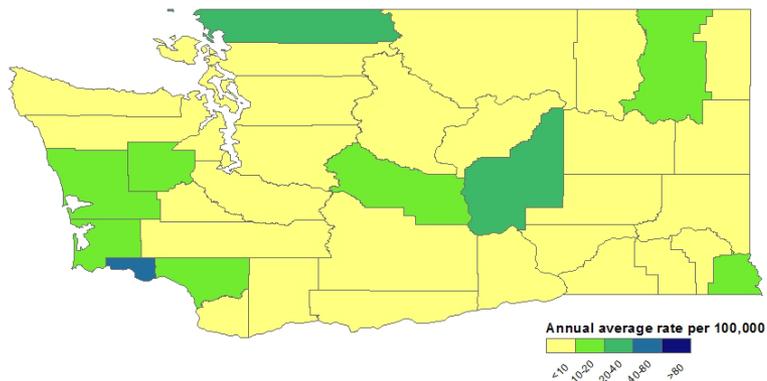


Source: WA DOH PMP, analyzed by Banta-Green & Hansen, University of Washington
Buprenorphine prescribed by physician with DEA Waiver to use for addiction treatment

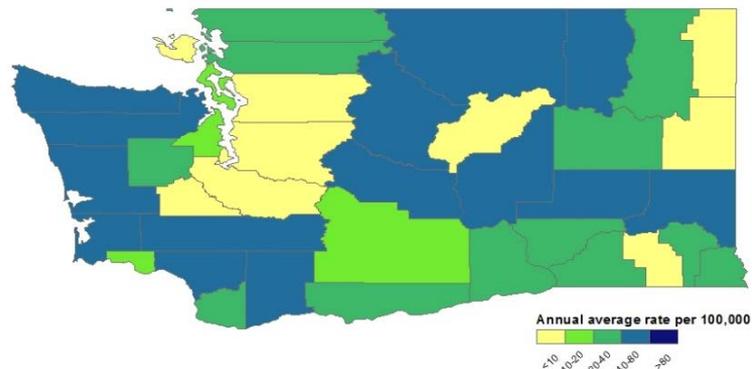
Morbidity Associated with Opioids

Trends in Police Evidence for Heroin and Rx-type opiates

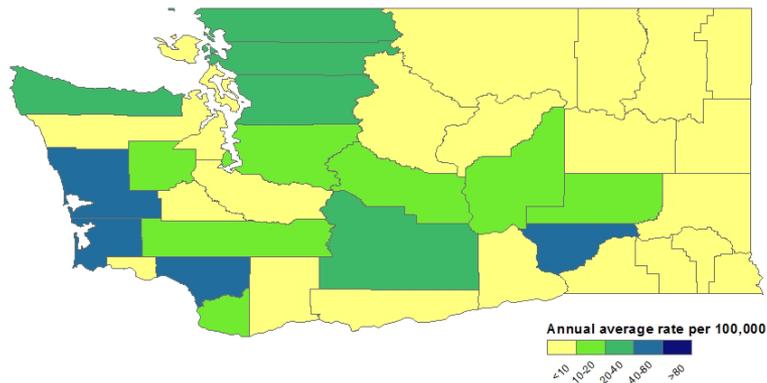
Rx-Type Opiates in Police Evidence
Annual Average 2001-2002



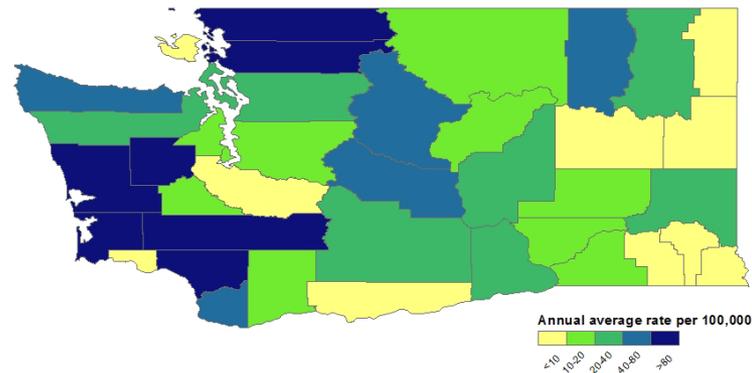
Rx-Type Opiates in Police Evidence
Annual Average 2011-2012



Heroin in Police Evidence
Annual Average 2001-2002

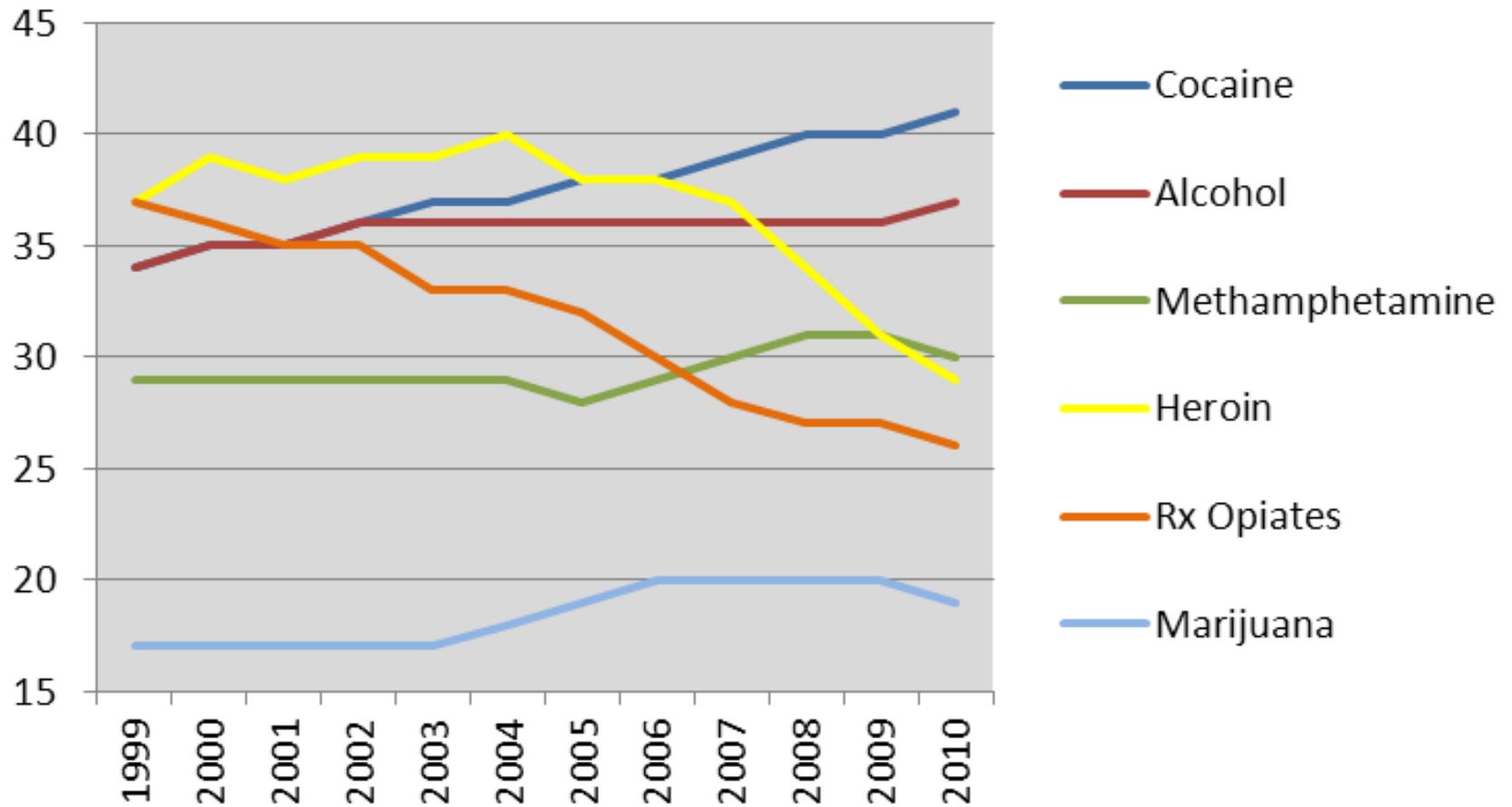


Heroin in Police Evidence
Annual Average 2011-2012



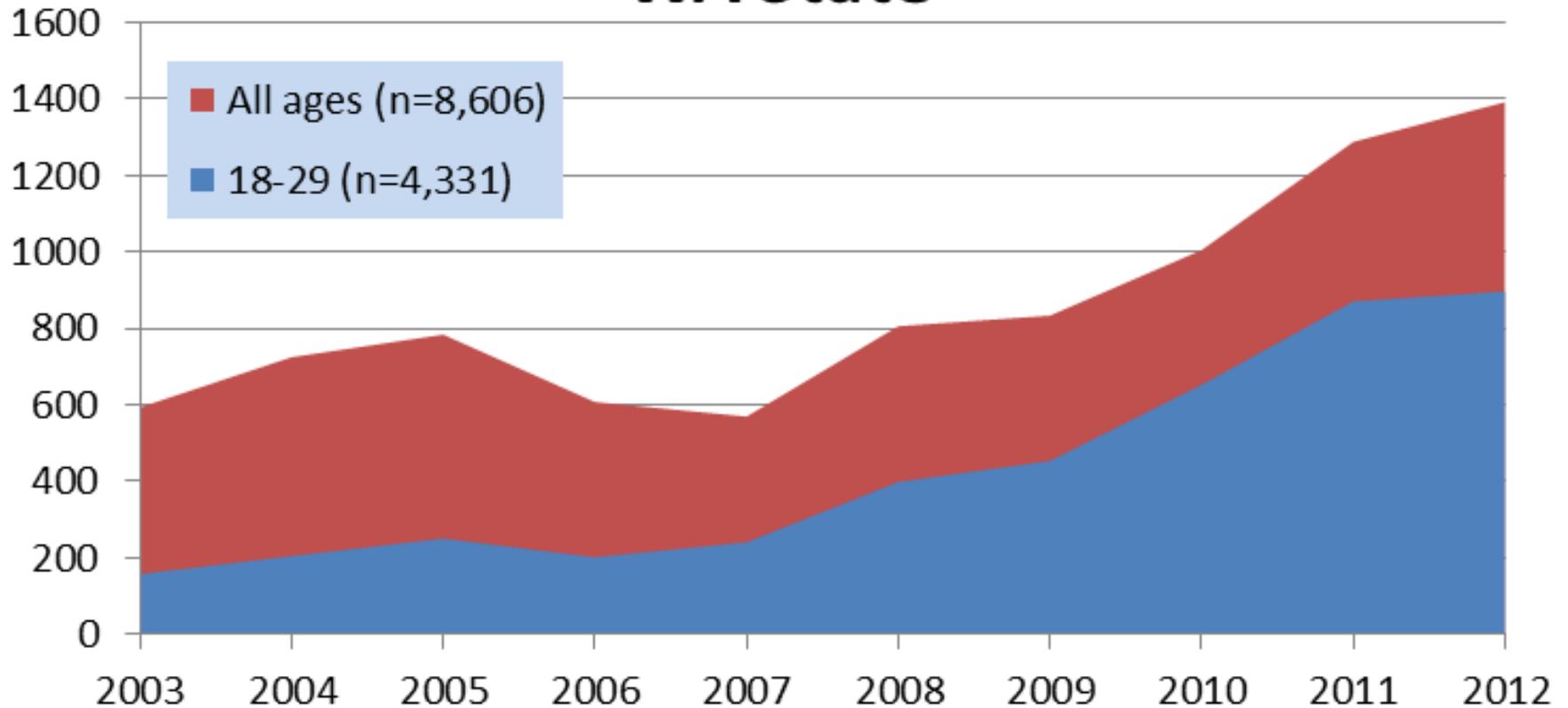
Data source: Washington State Patrol, Crime Lab, NFLIS data set
Data analysis and mapping: Caleb Banta-Green, University of Washington

Age (median) at Treatment Entry WA State



Source: TARGET

Heroin Treatment Admits, First Time WA State



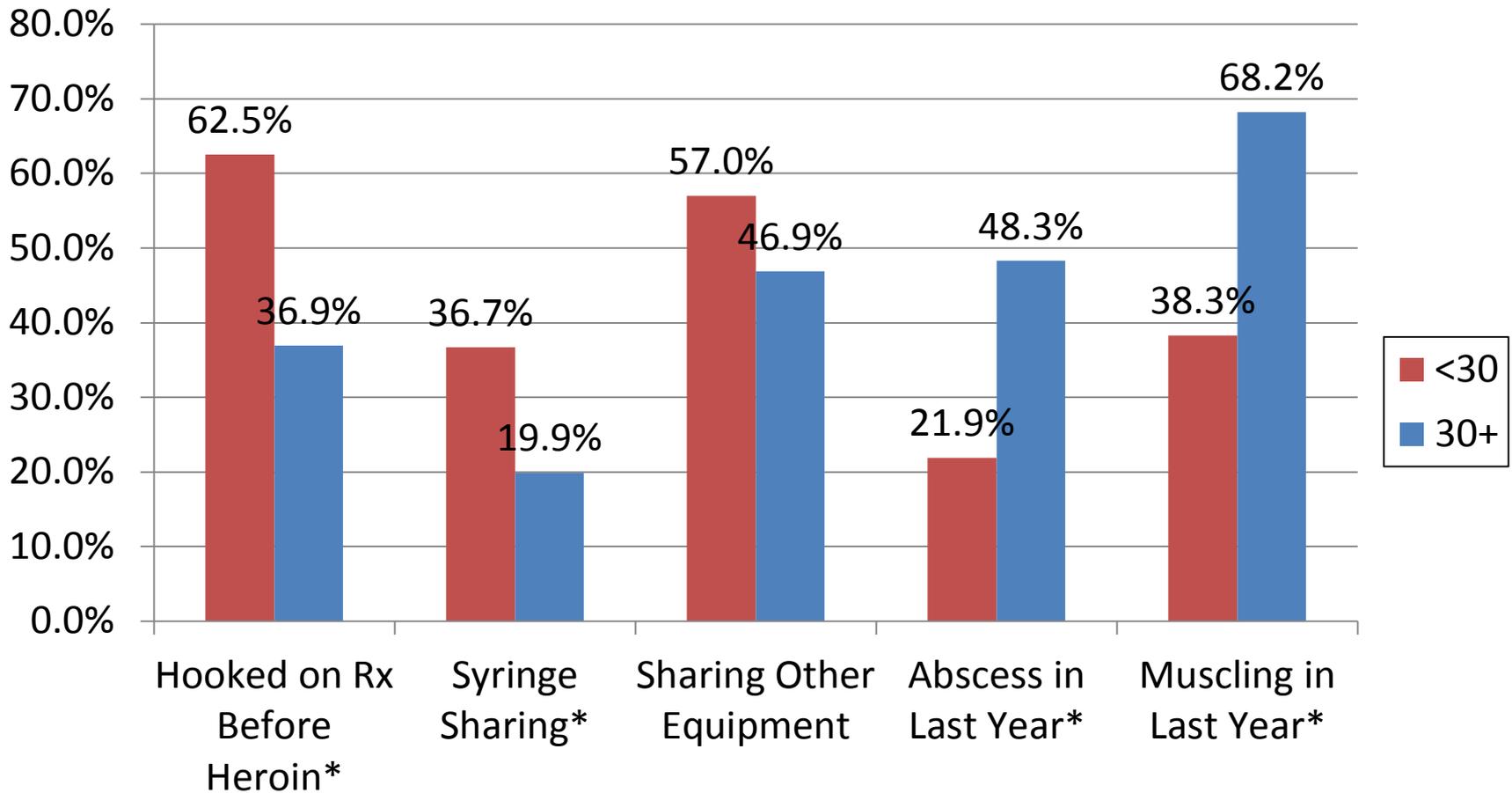
Two-thirds are injectors, remainder are smokers
(who will likely transition to IDU)

Health Risks Of The Emergent Young Population Of Heroin Injectors In The Seattle Area

Emily Cedarbaum

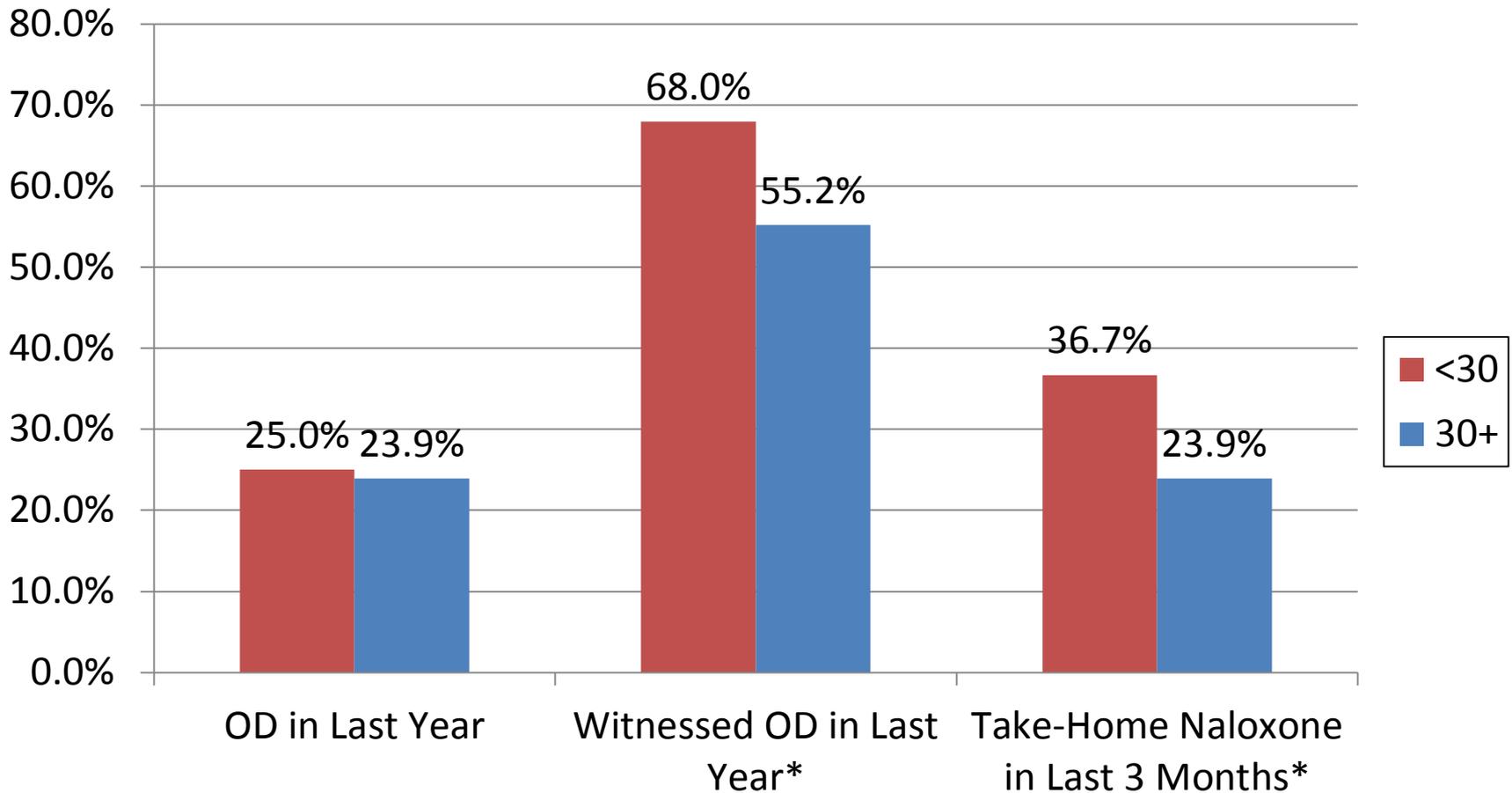
MD/MPH Candidate

Key Findings: Injection Characteristics



**Statistically significant*

Key Findings: Injection Consequences

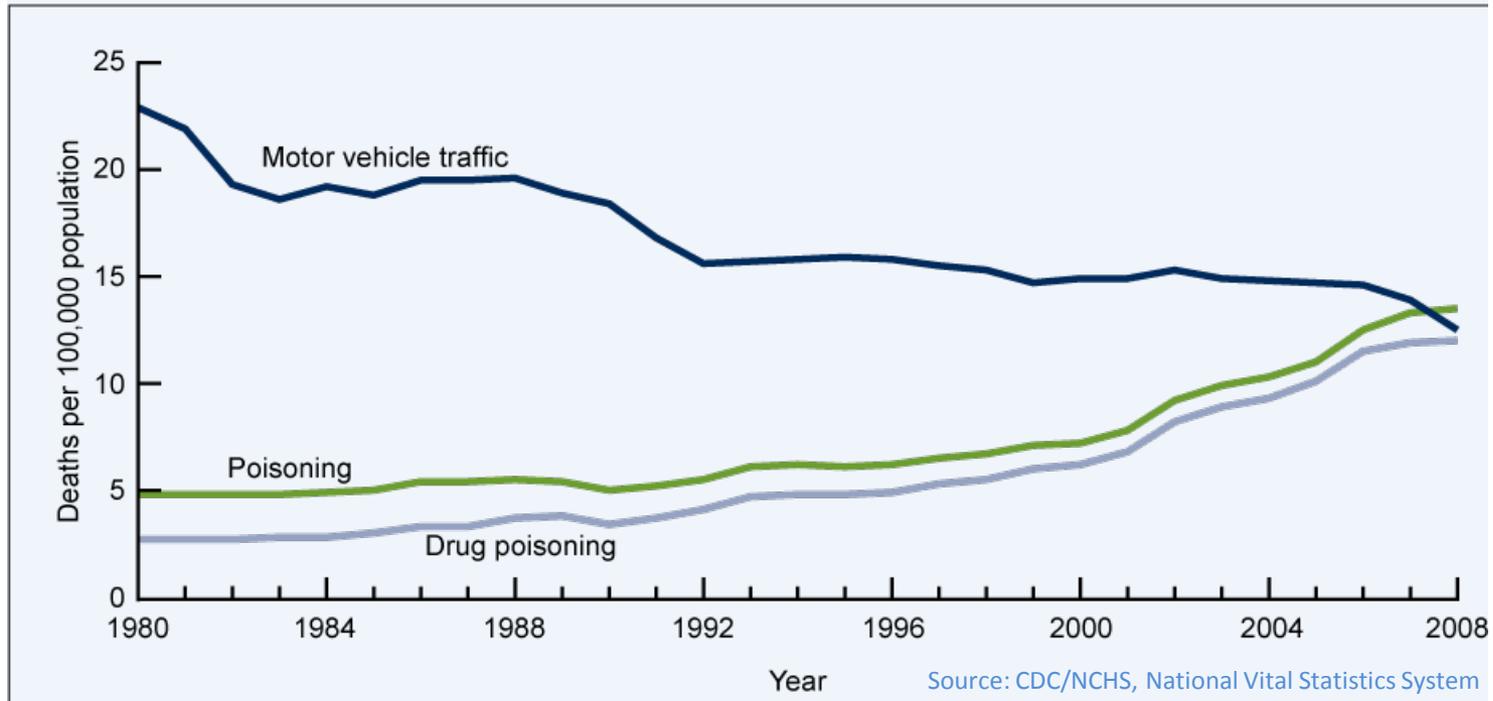


**Statistically significant*

Mortality Associated with Opioids

Background- Injury death rates

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008

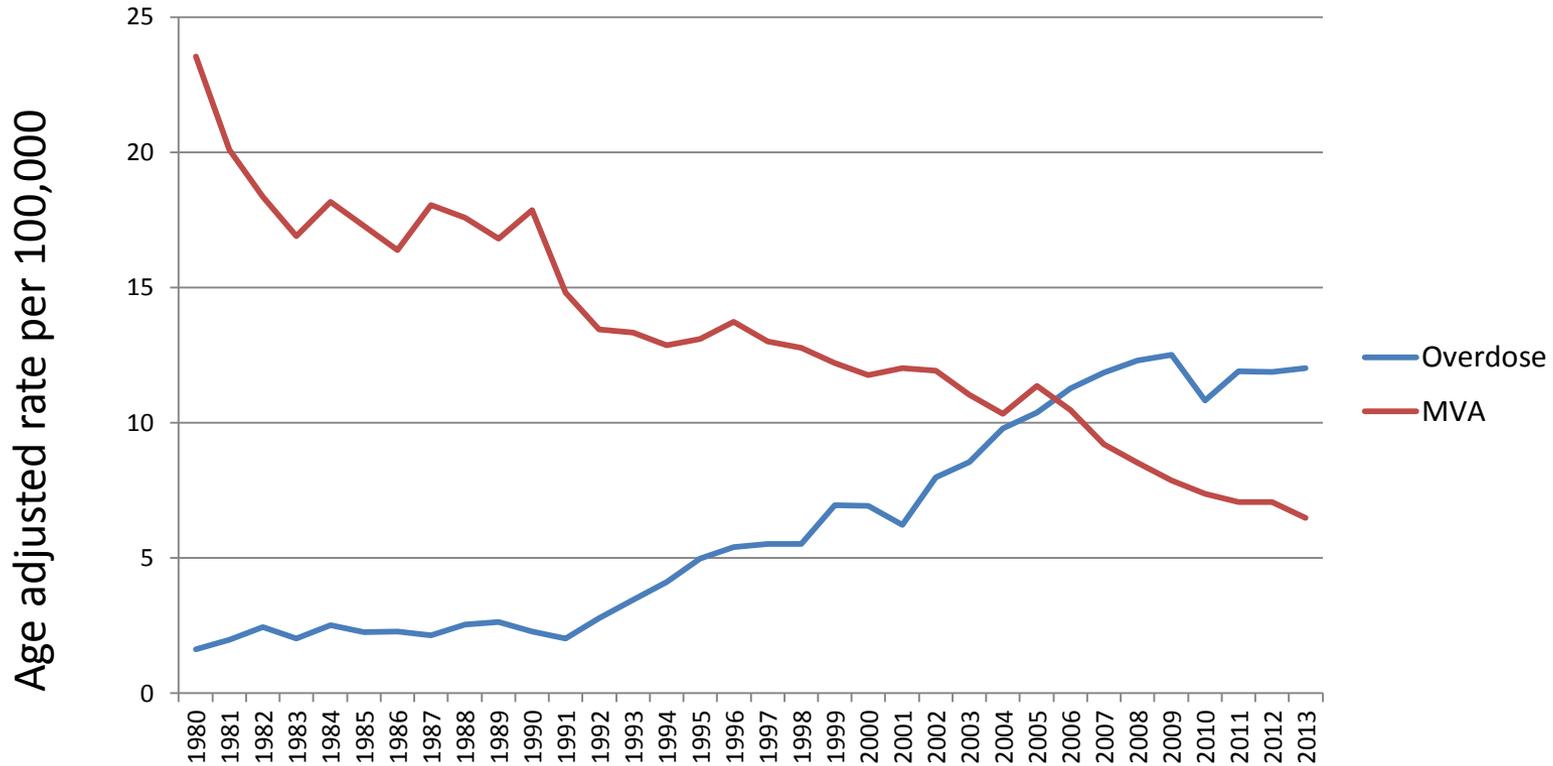


Drug overdoses are a leading & increasing cause of injury death

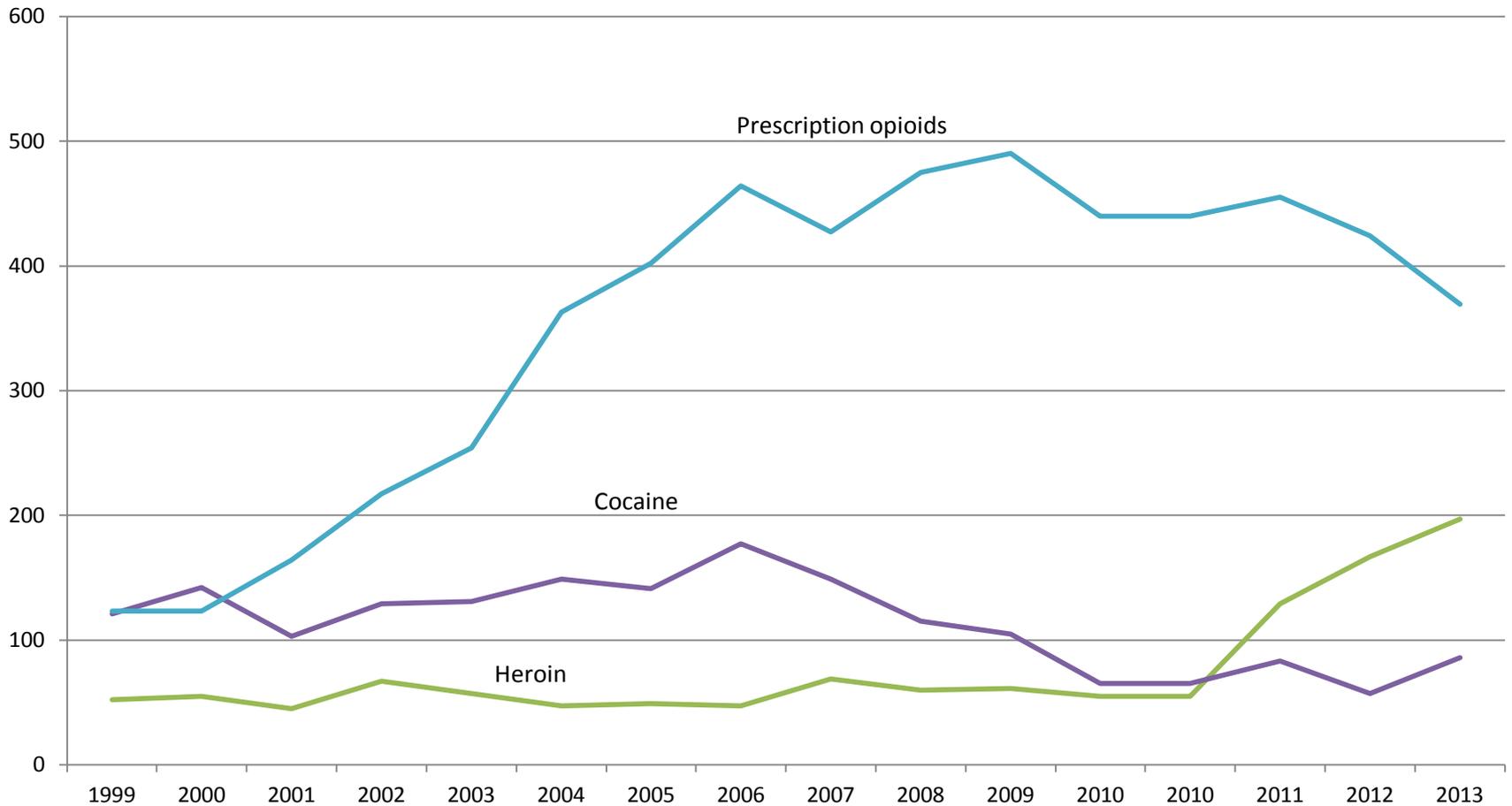
Most involve opiates- heroin and/or Rx

Traffic deaths, another pervasive hazard, have declined

Drug Overdoses and Motor Vehicle Crashes, WA, 1980-2013



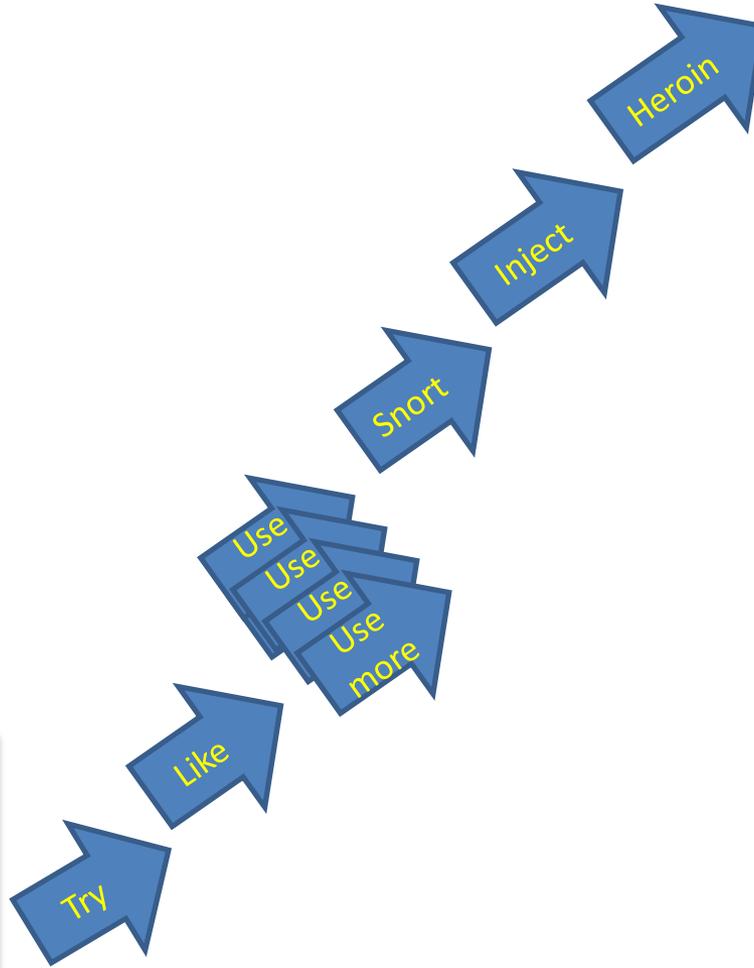
Specific Drugs Involved with Drug Overdoses, WA, 1999-2013



Preventing Inappropriate initiation of Rx opioids

- Last year in WA state 23% of people had at least one prescription for a controlled substance (e.g. **Vicodin, Valium, Ambien**)
- More than half of adults take a prescription medicine of any kind.
- Taking prescription medicines is now typical and normal, **talking about medication usage with family members purposefully and thoughtfully is not yet normal.**





Access issues

- Most teens get Rx opiates from
 - Own Rx (33%)
 - A friend (28%)
 - Family gave (10%)
 - Took from a home (9%)
- Don't accept unneeded Rx's
- Dispose of unneeded medicines
- Lock up medications that are needed



SAMA

SCIENCE AND
MANAGEMENT
of ADDICTIONS

*Working to eliminate
the disease of
substance addiction
in youth by advancing
research, education,
and treatment.*

Prescription Drug Abuse

When used appropriate necessary. Unfortunately to cause harm.

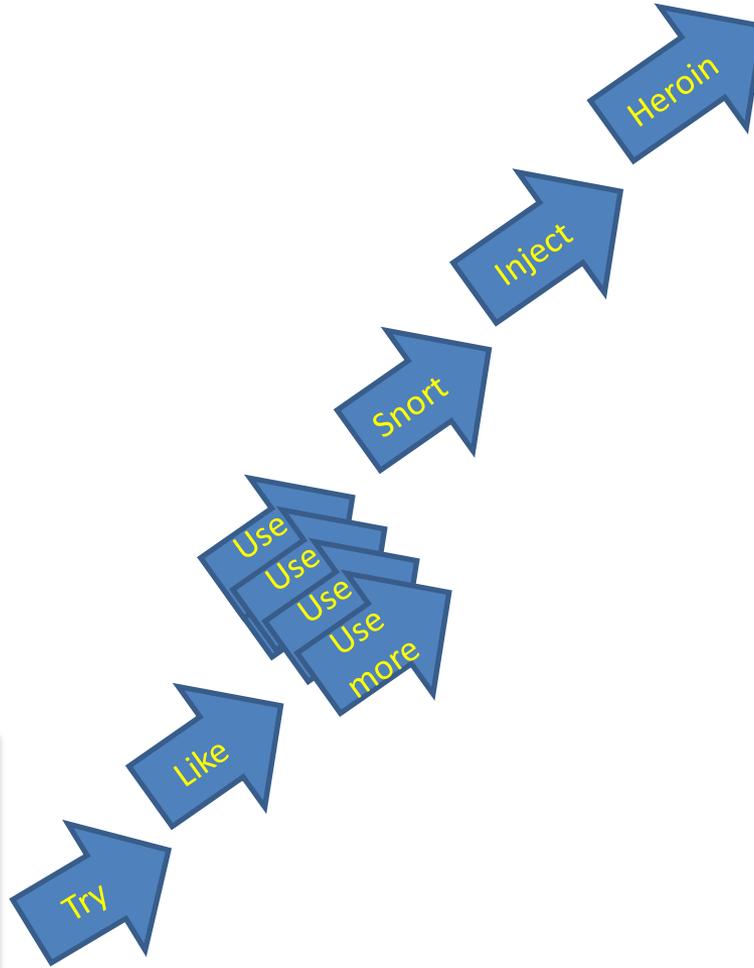
Abuse of prescription d consequences to our fa misuse of medicines s in serious health risks i

More than half of young people who misuse prescrip — from us.



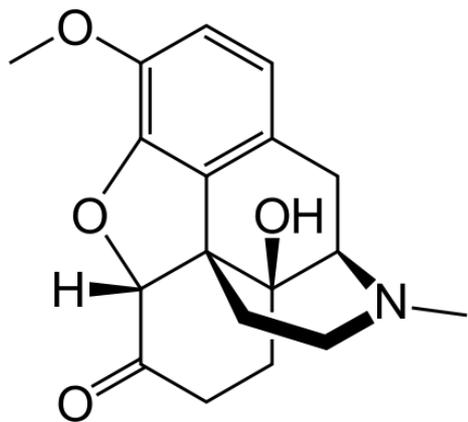
Addressing motivation issues

- Parents should reflect on their **own use** of alcohol/medication/drugs
- Consider what messages they are sending
- Determine if they are the messages they **want** to be sending
- Consider their youths' situation- e.g. trauma
- Be explicit about reasons for their use and expectations for youth
- This may be hard and involve the adult seeking help



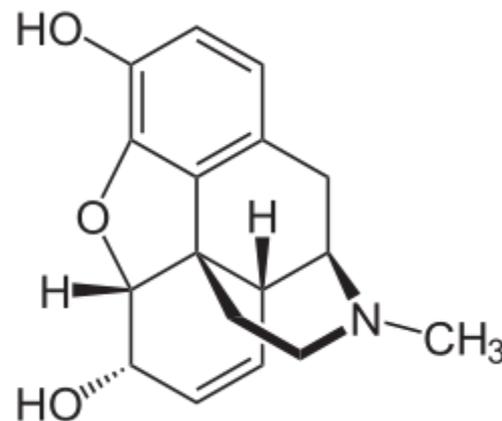


OXYCODONE



\$40-80

MORPHINE (Heroin metabolite)



\$10

What are the treatments for opiate addiction?

- A variety of effective treatments are available including both behavioral/counseling and medications.
- Both help to restore a degree of normalcy to brain function and behavior, resulting in increased employment rates and lower risk of HIV and other diseases and criminal behavior.
- Although behavioral and medications can be extremely useful when utilized alone integrating both types of treatments is generally the most effective approach.

SOURCE: NIH NIDA

Medication Assisted Treatment

Buprenorphine/Suboxone

Methadone

Saves lives

Is cost effective

Availability- geographic & financial varies greatly

“...mortality rates were 75 percent higher among those receiving drug-free treatment, and more than twice as high among those receiving no treatment, compared to those receiving buprenorphine...” or methadone

Health Aff August 2011 vol. 30 no. 8 1425-1433

Addiction vs Dependence

“Aren’t you substituting one addiction for another?”

Addiction impacts:

- Behavioral
- Social
- Psychological
- Physical

Dependence is:

- Physical/Psychological

M.A.T. addresses physical dependence so the person can deal with behavioral, social, and psychological issues

A person doing well on M.A.T. is in recovery and their physical dependence is being addressed

Improving patients' safety

- General patient education related to medical condition and medications- indications and contra-indications

- Family Planning
- Food Safety
- Healthy Aging
- Healthy Home
- Illness and Disease
- Immunization
- Inmunización
- Infants, Children, and Teens
- Injury and Violence Prevention
- Marijuana
- Men's Health
- Nutrition and Physical Activity
- Oral Health
- Poisoning and Drug Overdose
- TakeAsDirected**
- Data Summary
- For Healthcare Providers
- For Older Adults
- For Pain Patients
- For Parents
- For Teens
- Frequently Asked Questions
- Resources
- Washington Poison Center
- Tobacco

TakeAsDirected



Prescription Pain Medicine

On this webpage, prescription pain medicine means 'Opioid' medicine such as methadone, OxyContin® or Vicodin®. Healthcare providers are prescribing more pain medicine. Along with this increase came unintended consequences.

Get Help Now

Call the [Washington Recovery Help Line](#)
1-866-789-1511

Call the [Poison Center](#) at 1-800-222-1222 if you think someone has taken too much or misused medicine.

Call 9-1-1 if that person is having trouble breathing or will not wake up.



Safe use of Prescription Pain Medication

Take only as directed.

Mistakes or misuse can cause serious health problems and even death.

- **Tell your doctor and pharmacist about all other drugs you are taking.**
It may be extremely dangerous to combine pain medications with certain other prescription and over-the-counter drugs. If you have more than one doctor, make sure they know about all the medications you are taking.
- **Do not drink alcohol while you are taking pain medication.**
This can stop your breathing and cause death.
- **Let your doctor know if you have concerns about your pain medication.**
Talk with your doctor if you want to change how much you take, how often you take it, or if you are worried that your use might be out of control.
- **Never take pain medication that is not prescribed for you. Never share your prescription with others.**
It's dangerous and illegal.

Call 911 immediately if you suspect an overdose.

The caller and person overdosing will NOT be charged with drug possession.

Possible signs of overdose from pain medication include:

- Trouble breathing
- Can't wake up
- Confusion
- Blue lips or blue fingernails
- Clammy, cool skin

More serious effects of overdose are:

- Seizure
- Coma
- Death

Keep children and family safe.

Put your pain medication in a place where others can't take it.



Dispose of unwanted medication in a way that protects others and the environment:

- Call your local police department to find a drop off location near you.

If you can't drop off unused medication—and county law permits:

- Throw it away in its original childproof and watertight bottle. Put garbage in the bottle and hide it in the trash.

Do not flush it down the toilet!

For more information

<http://takeasdirected.doh.wa.gov>

<http://stopoverdose.org>

For persons with disabilities this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY/TDD 1-800-833-6388).

You are here: [Home](#) → [Professional Resources](#) → Chronic Pain Self-Management Technical Assistance Conference Agenda & Presentations

Living Well

What is Living Well?

Find a Workshop

Get Trained

Programs

Resources

Webinars

Is CDSME Right For Me?

Fidelity Tools | **Tomando Control de su Salud Fidelity Tools**

CDSMP/Tomando Leader Registry Information

Chronic Pain Self-Management Technical Assistance Conference News Article, Program & Presentations

The first ever Chronic Pain Self-Management Technical Assistance Conference was held September 30, 2014 at the Lacey Community Center in Lacey, WA! Attached are the program agenda from the conference as well as each of the conference speaker presentations. For additional information or questions please contact Alex Schwartz. Her email is: schwaan@dshs.wa.gov. Her regular working days are Monday-Wednesday.

Related content

-  [Chronic Pain Self-Management Conference Posts Big Success; Along with a Big Thank you to Our Area Agencies on Aging \(AAA's\) and our Partners!](#)
-  [Chronic Pain Technical Assistance Conference Program 2014](#)
-  [The Counter-Intuitive Art of Pacing for Pain Management](#)
-  [Non-Pharmacologic Pain Management](#)
-  [Prescription Review - A tool in patient care](#)
-  [It could be a pearl to you: Evidence-Based Programs for Depression and Health Promotion](#)

Improving safety

- Opioid overdose education
 - Prevention, Identification, Intervention
 - Prescribe/Dispense take-home-naloxone
 - Medical providers' prescription
 - Collaborative practice agreement- pharmacist Rx and dispense
 - Public health/Syringe Exchange...

Current OD Education & Take-home-naloxone distribution in King County WA

- U District Syringe exchange [March 2010]
 - Peoples Harm Reduction Alliance
- PHSKC Robert Clewis Center [Feb 2012]
- Kelley-Ross Pharmacy [Oct 2012]
- (UW ADAI Study- HMC and ETS) [Jan 2013]
- Muckleshoot tribe [2013]
- Online www.stopoverdose.org [June 2013]
- Kent Jail [Spring 2014]
- PHSKC Mobile Van South County [Spring 2014]
- HMC Madison Clinic [July 2014]
- Bellgrove Pharmacy- Woodinville [Sept 2014]



StopOverdose.org

Opioid overdoses can be prevented and reversed!

Home / Opioid OD Education

Where to Get Naloxone / FAQ

Sources for Help

Law Enforcement

Evaluation of WA Law

Pharmacy/Prescribers

Other Drugs and Overdose

Resources

News

Download & share!

**Opiate
Safety
Education**



Just In Case

[revised May 2014]

For Pharmacists and Prescribers

- [Who can prescribe naloxone \(Narcan®\)?](#)
- [How do I prescribe naloxone?](#)
- [How can my pharmacy start to dispense naloxone?](#)
- [How can I enter into a Collaborative Drug Therapy Agreement \(CDTA\)?](#)
- [Is prescribing take-home naloxone controversial?](#)

Who can prescribe naloxone (Narcan®)?

Physicians, nurse practitioners and physician assistants in Washington State who have prescriptive authority may prescribe take-home-naloxone to anyone at risk for having or witnessing an opioid overdose (prescription opioids or heroin) according to WA law RCW 69.50.315.

Pharmacists can dispense naloxone directly to the public if the pharmacist has a protocol in place signed by a legal prescriber. This protocol is part of a collaborative drug therapy agreement (CDTA) also known as a collaborative practice agreement.

How do I prescribe naloxone?

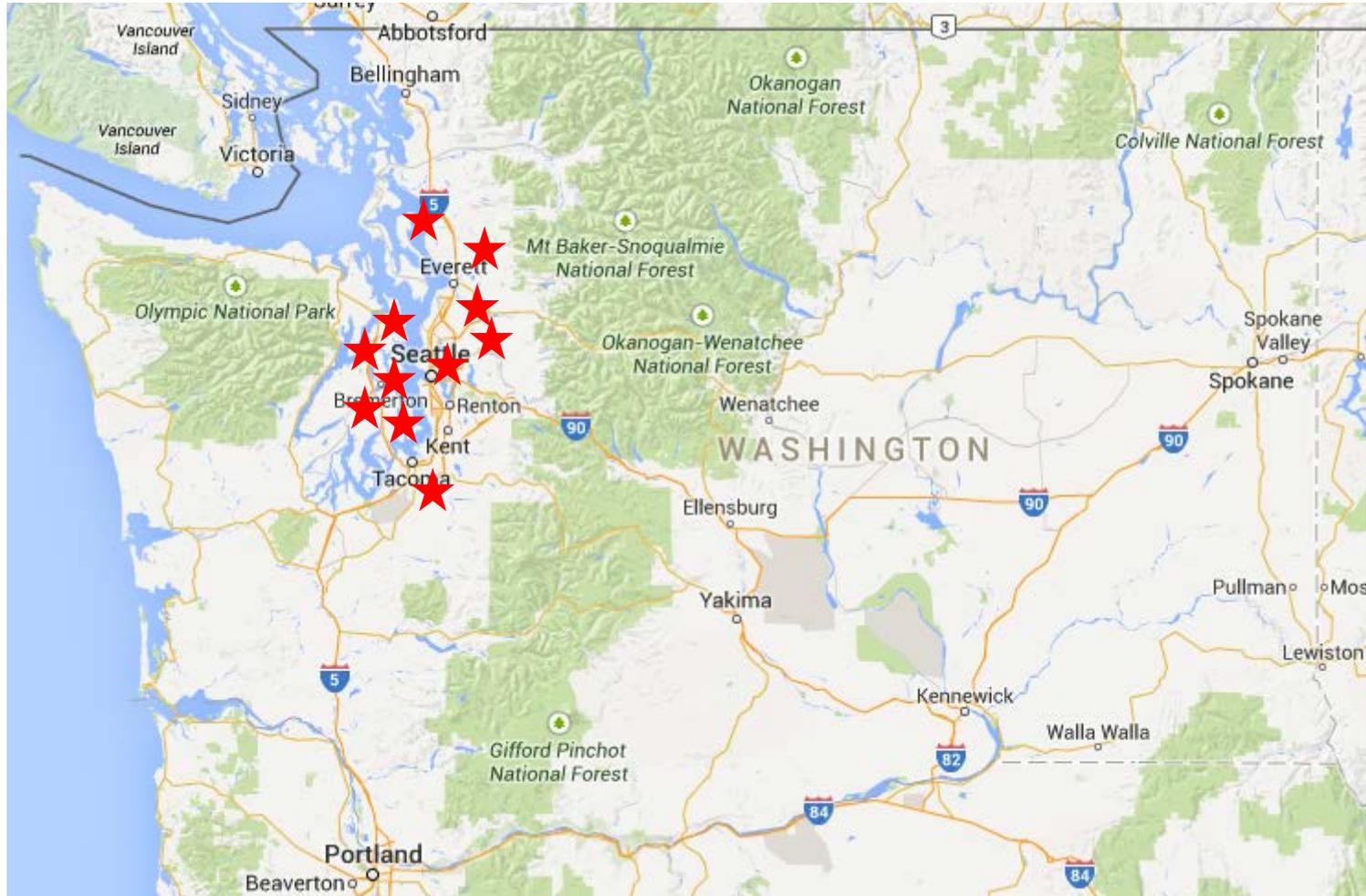
For sample prescriptions, see <http://www.prescribetoprevent.org/prescribe-naloxone-now/>.

If naloxone is not available in your area, your pharmacy may first need to order the medication.

How can my pharmacy start to dispense naloxone directly to persons at risk of an overdose?

Decide which naloxone to carry intranasal, intramuscular, or both.

Collaborative practice agreements for take-home-naloxone in WA State as of 11/12/14



Improving household safety

Encourage people to:

- Lock/secure medicines
- Communicate with household about medication safety

Improving household safety

- Dispose unwanted medications ASAP
- New DEA rules have been released that should make returning and disposing of controlled substances easier...

take back
YOUR MEDS

Washington needs a statewide medicine take-back program.

Protect our Kids,
Families, and Environment.

Why Take Back Your Meds? Who Can Make It Happen? What You Can Do Now News, Media & Resources About Us

Search Site >>

Medicine Disposal Locations

Poison Prevention Tips

Disposal Myths & Facts

Frequently Asked Questions

In The News

Videos

Lock it Up: Medicine Safety in Your Home

Store medicines safely in your home

Who we are

Take Back Your Meds is a group of over **270 organizations** in Washington State who support creation of a statewide program for the safe return and disposal of unwanted medicines.

Questions?

Washington State residents contact us at: Info@takebackyourmeds.org

Not a Washington State resident? Contact your local health department, law enforcement office or pharmacy for information on proper medicine disposal, local medicine take-back programs and initiatives to support pharmaceutical stewardship in your area.

Community partners

- Public health
 - Treatment providers
 - Law enforcement
 - Community coalitions...
-
- Upcoming summit



THE UNITED STATES
DEPARTMENT OF JUSTICE
US ATTORNEY'S OFFICE
WESTERN DISTRICT OF WASHINGTON



W
UNIVERSITY of WASHINGTON

Heroin/Opioid Overdose Summit

Hosted by:

**United States Attorney's Office, Western District of Washington
University of Washington, Alcohol and Drug Abuse Institute**

When: February 10, 2015
8:00 a.m. - 5:00 p.m.

Where: University of Washington, Husky Union Building, North Ballroom
4001 E. Stevens Way NE, Seattle, WA 98195

Who: Law enforcement, prosecutors, public health, prevention/education professionals, policy makers, heroin/opioid treatment providers, and others who work with those impacted by heroin/opioid abuse and misuse.

Why: To prevent fatal opioid overdoses across Washington State.



THE UNITED STATES
DEPARTMENT OF JUSTICE
US ATTORNEY'S OFFICE
WESTERN DISTRICT OF WASHINGTON



UNIVERSITY of WASHINGTON

What: Summit to bring together the various disciplines that combat heroin and prescription opioid overdoses to exchange information and find more effective ways to:

- Implement overdose prevention programs.
- Provide naloxone to first responders and community members.
- Support the implementation of Washington State's Good Samaritan Overdose law.
- Support a continuum of services for heroin/opioid-dependent persons, including medication assisted treatment.
- Conduct public education to reduce the stigma of addiction.
- Support prevention, treatment, intervention and recovery services while still maintaining a focus on public safety.
- Break down barriers between enforcement, prevention, treatment professionals and public health.

Keynote Speaker: Michael Botticelli, Acting Director of the Office of National Drug Control Policy (ONDCP)

Audience members will leave with information, materials and professional connections necessary to implement and/or improve opioid overdose education campaigns and services in their local communities.

Registration: This event is free, but advance registration is required: <https://wdwatraining.org>

You can...

... do something **NEW** in the
NEXT YEAR to increase
opiate related safety in your
community



Stopoverdose.org Timeline Recent

September 6

Public health relevance of WA's overdose law and implementation thus far http://fridayletter.aspph.org/article_view.cfm?FLE_Index=261&FL_Index=6

ASPPH Friday Letter #6 - 06 September 2013
fridayletter.aspph.org

Opioid overdose – from heroin or pharmaceuticals – is an epidemic in the U.S., but fear of police is a common barrier to calling 911. In 2010, Washington became the second state to pass a Good Samaritan law providing immunity from drug possession charges for victims or

Like · Comment · Share

Ramese Mac likes this.



Write a comment...



81 people saw this post

Boost Post



Stopoverdose.org shared a link.
September 4

Remember: WA's Good Samaritan law applies to all drugs & www.stopoverdose.org has information about stimulant/hallucinogen overdoses



Electric Zoo Festival Cut Short by Two Deaths

Twitter

@nomoreoverdose



stopoverdose.org

@nomoreoverdose

Overdoses can be prevented. Educational information on laws, policy, public health, health care and treatment.

WA State · stopoverdose.org

TWEETS
51

FOLLOWING
29

FOLLOWERS
31

Edit profile

Tweets



stopoverdose.org @nomoreoverdose · 5h

Overview & encouragement for many access points for naloxone/Narcan JAMA News jama.jamanetwork.com/article.aspx?a...

Expand

Reply Delete Favorite More



Retweeted by stopoverdose.org



U.S. Drug Policy @ONDCP · Apr 3

Joining @HHSgov Sec. Sebelius and @US_FDA Commissioner Hamburg to announce a new, lifesaving #naloxone autoinjector. pic.twitter.com/J50QYLvzAx

