Public Health
Prevent. Promote. Protect.

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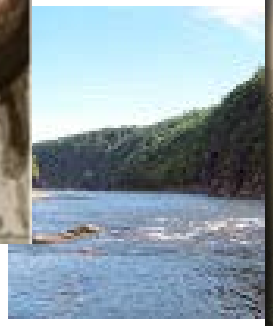
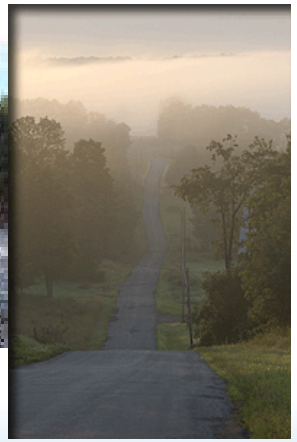
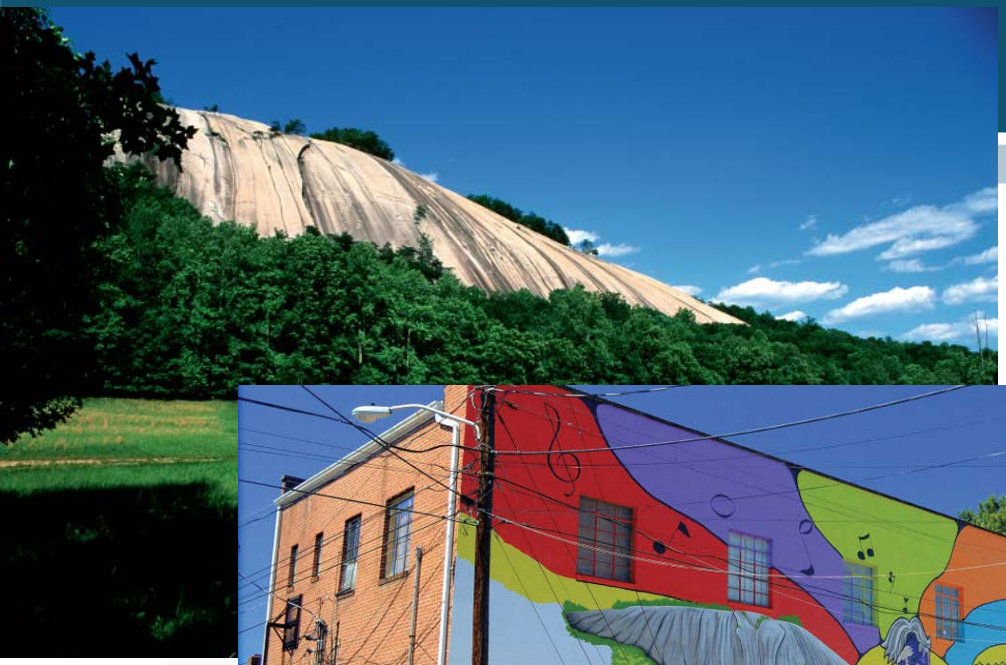




Sullivan County Public Health Conference
Local Solutions to a National Opioid Crisis



LIVABILITY
WILKES COUNTY
10 MUST DOs
BUILDING A STRONGER FOUNDATION
COMING HOME

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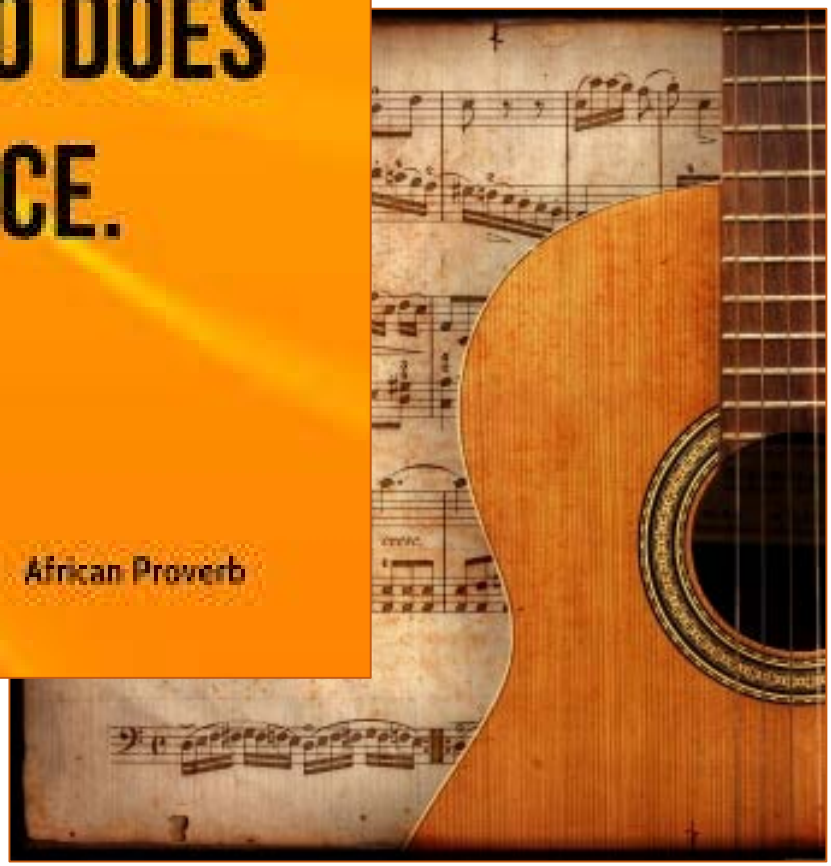
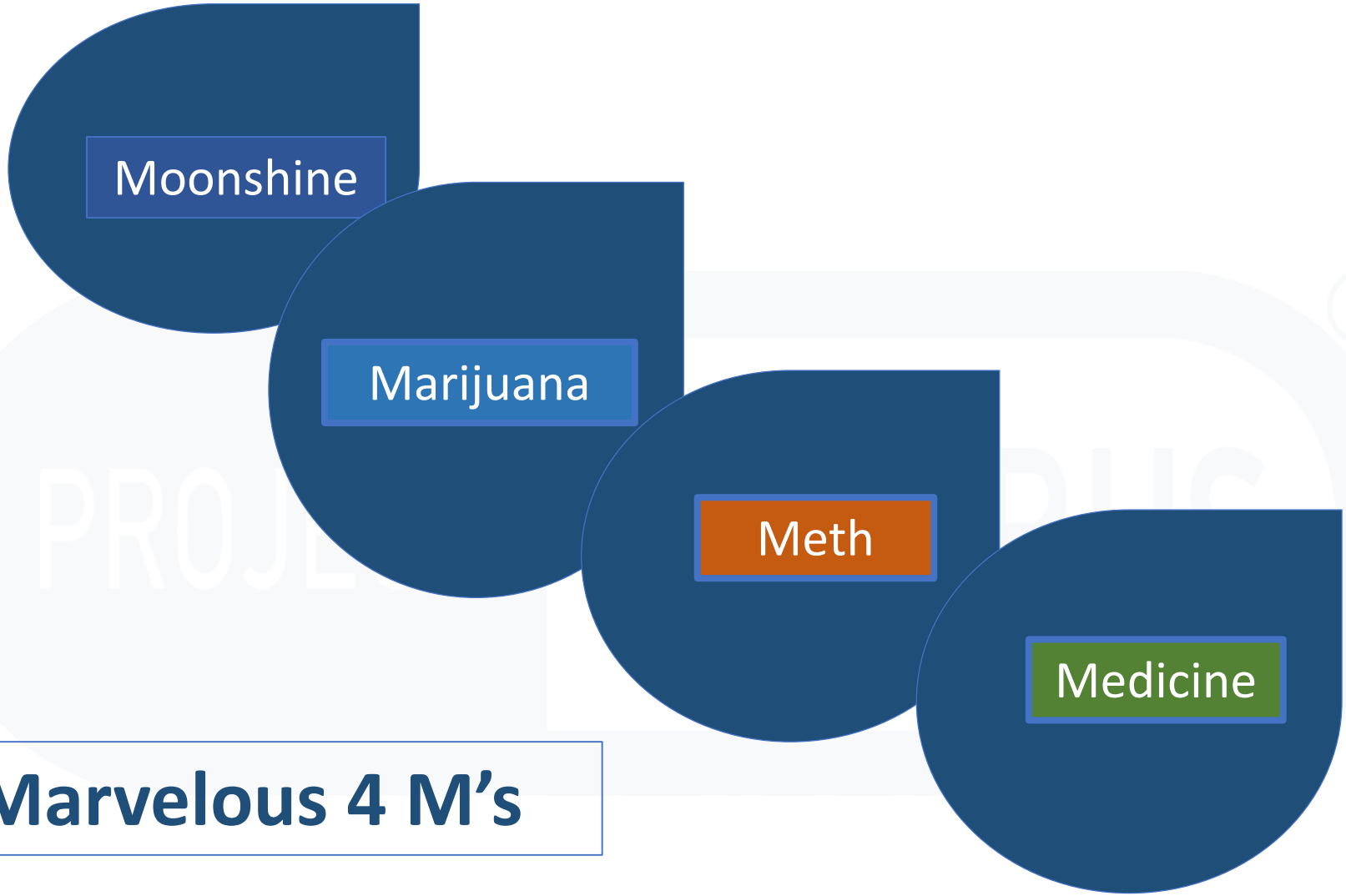
WHEN THE MUSIC CHANGES, SO DOES THE DANCE.

African Proverb

QUOTEHD.COM



Wilkes County, NC



Marvelous 4 M's

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Fred Wells Brason II fbrason@projectlazarus.org

PROJECT LAZARUS®

- Non-profit organization

- Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.

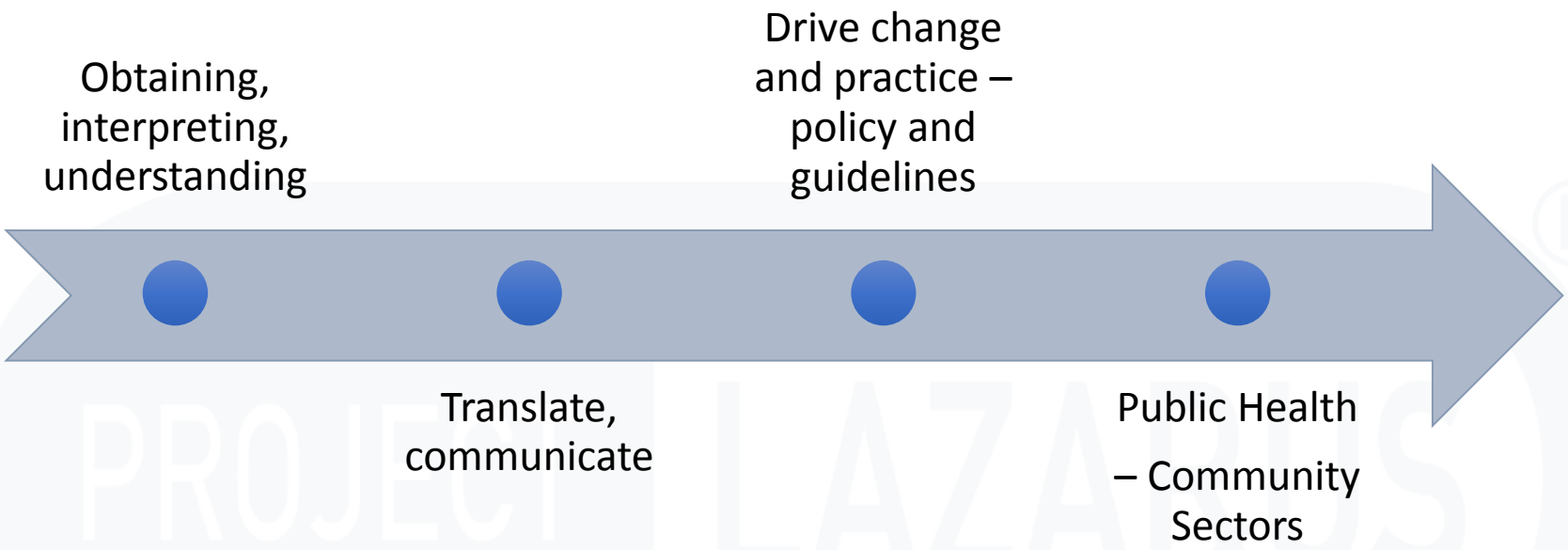
- ***Prevent prescription medication and drug poisonings***
- ***Present responsible pain management***
- ***Promote Substance Use Treatment and Support services***

Substance Use - Overdose

Overdose –
Who, What, When, Where, Why, How?

- Patient misuse
- Family/Friends sharing to self medicate
- Accidental ingestion
- Recreational User
- Substance Use Disorder/Treatment/Recovery

Varying sources and levels of Data



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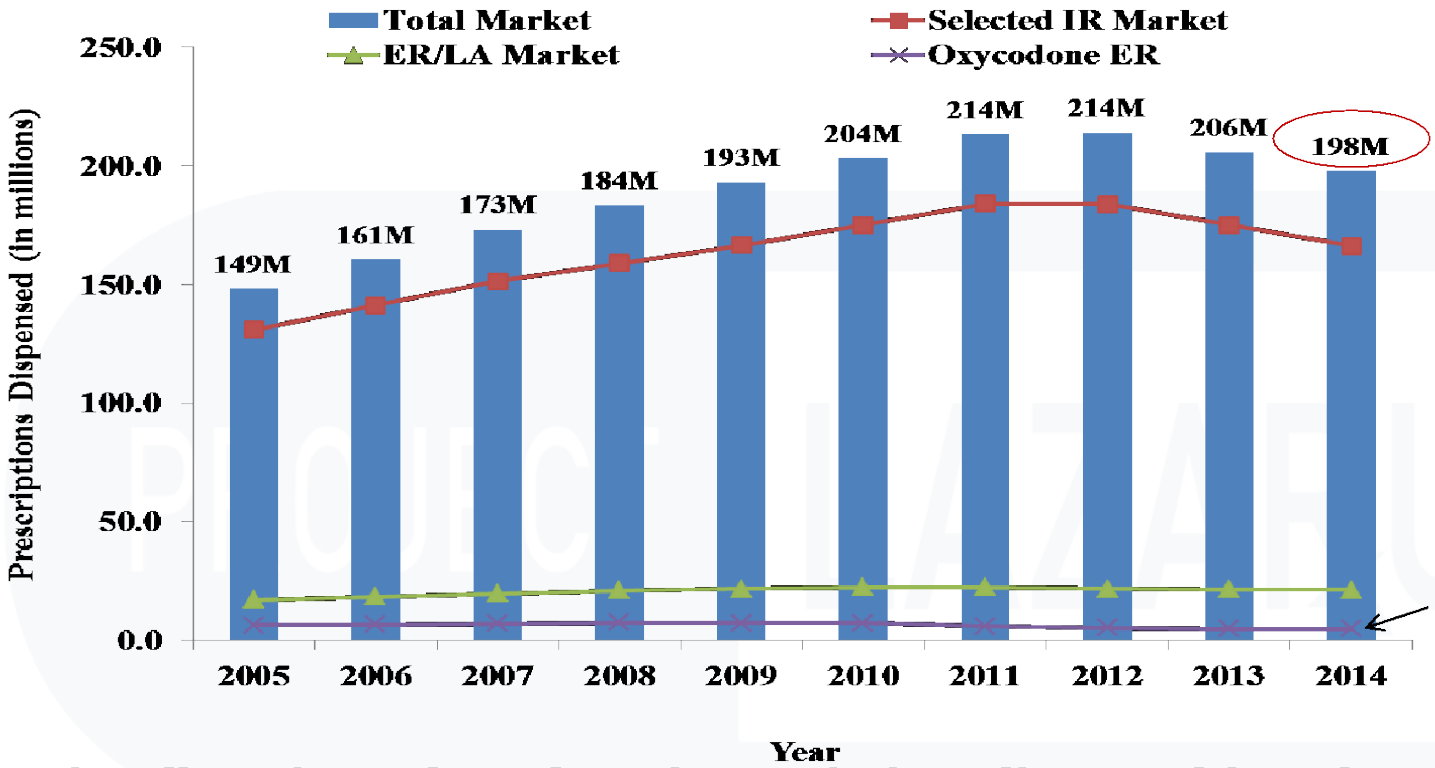
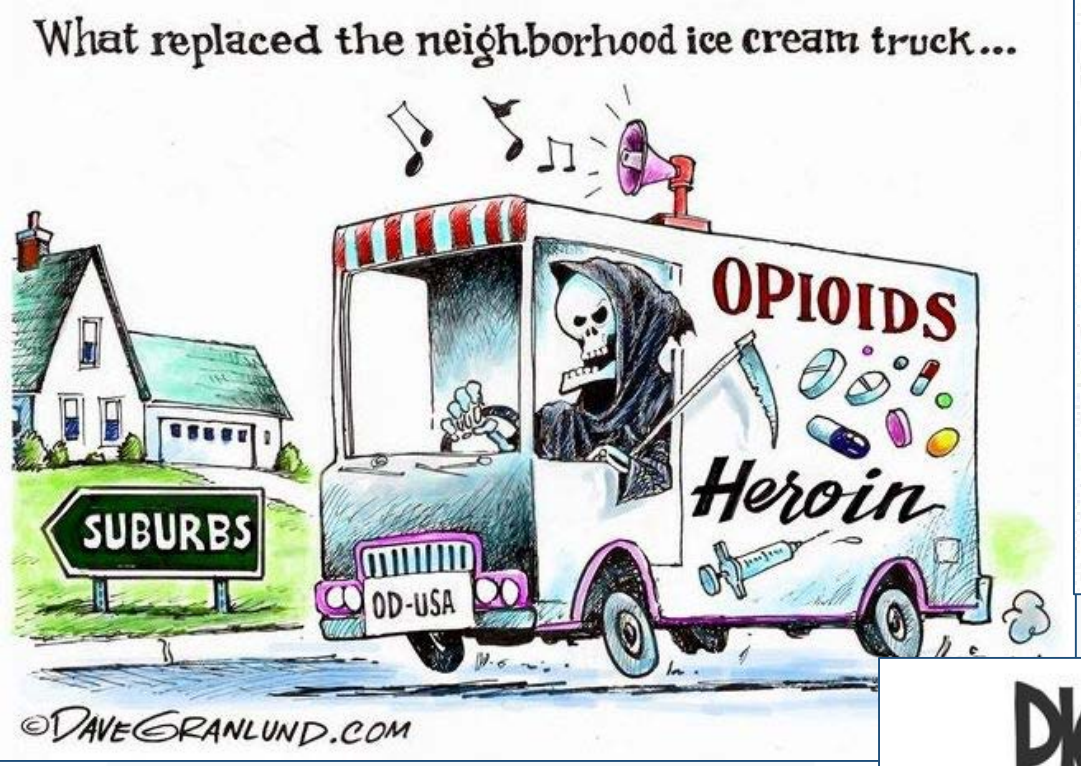
IR and ER/LA Opioid



Nationally estimated number of prescriptions dispensed for selected IR and ER/LA opioid analgesics from U.S. outpatient retail pharmacies

Source: IMS Health, National Prescription Audit ™ Extracted May and August 2015


What replaced the neighborhood ice cream truck...
OPIOIDS
Heroin
SUBURBS
OD-USA
©DAVEGRANLUND.COM

THEN...
LOCK 'EM UP AND THROW AWAY THE KEY!
CRACK EPIDEMIC
NOW...
WAIT... WHITE PEOPLE ARE DYING?... BUILD MORE TREATMENT CENTERS!... FIRE THE DOCTORS!... SUE BIG PHARMA!
OPIOID CRISIS

PICK THE OPIOID ADDICT.
(HINT: THERE IS NO WRONG ANSWER.)

LIQUOR
WINE
COLD BEER
PAIN & COLD
MEDICINE
Canal
ATM

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Prevent, Intervention, Treatment…
why should I care?

COMMUNITY

- **Why am I/We needed**
- **What do I/We need to know**
- **What needs to be done**

The SPOKES

Community Education

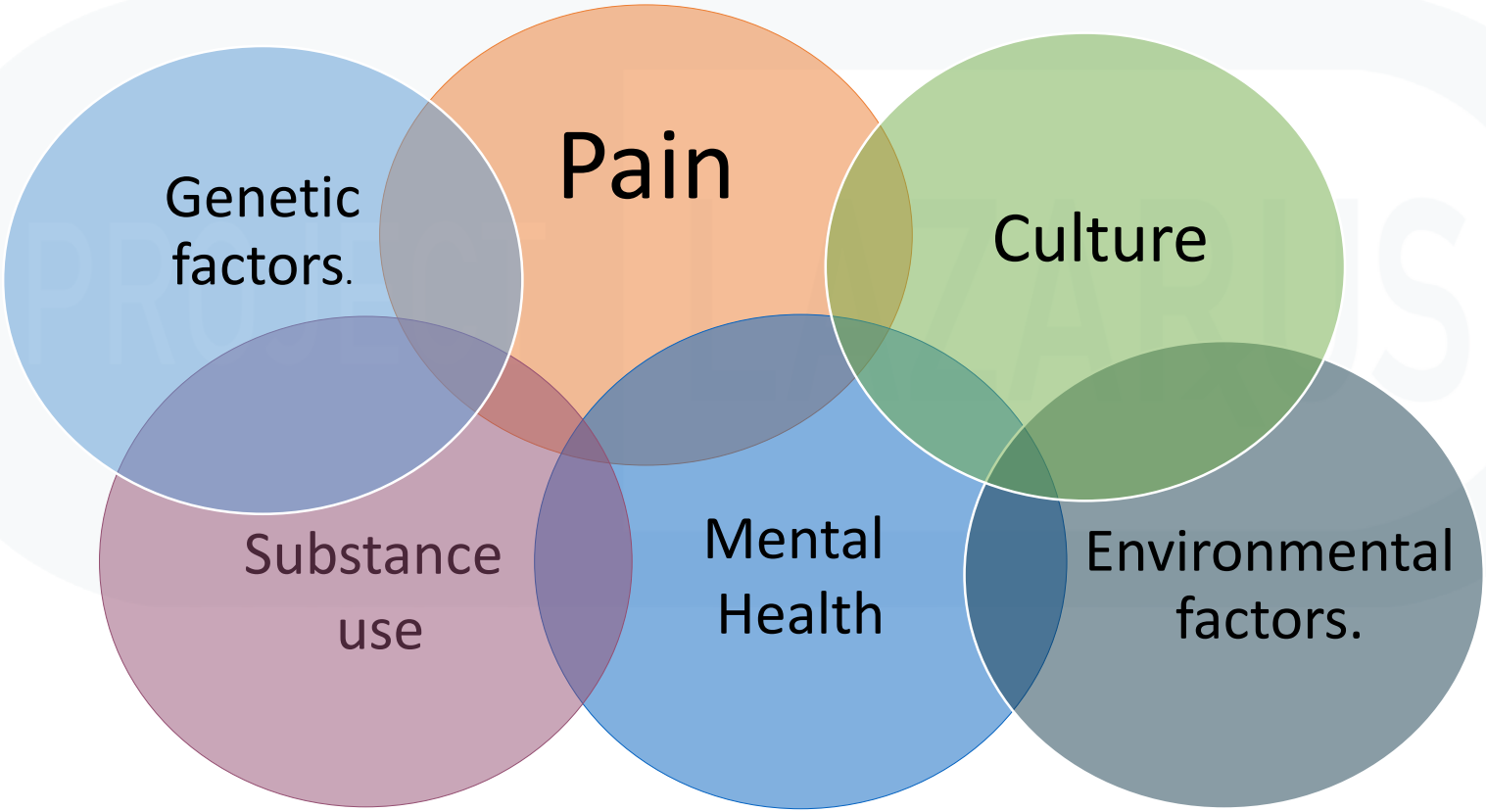
"Got Meds?:
take correctly, store securely,
dispose properly and never share."

A prescriber can write appropriately, a pharmacist can dispense properly…but once in the community?

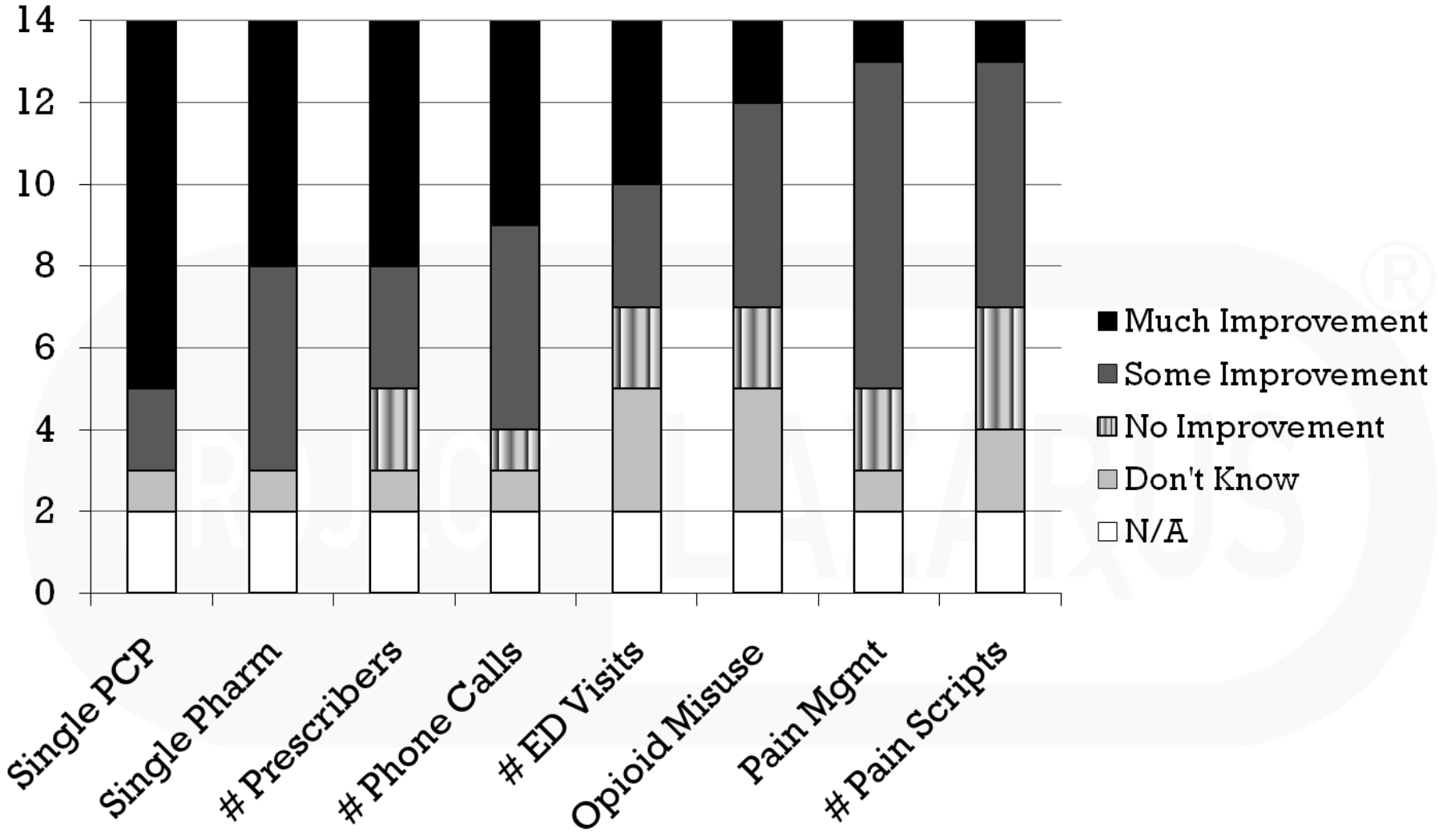
- **Science of Addiction**
- **Social Determinants linked to substance use**
- **Prevention - Intervention – Treatment (modalities)**

Prescriber Education

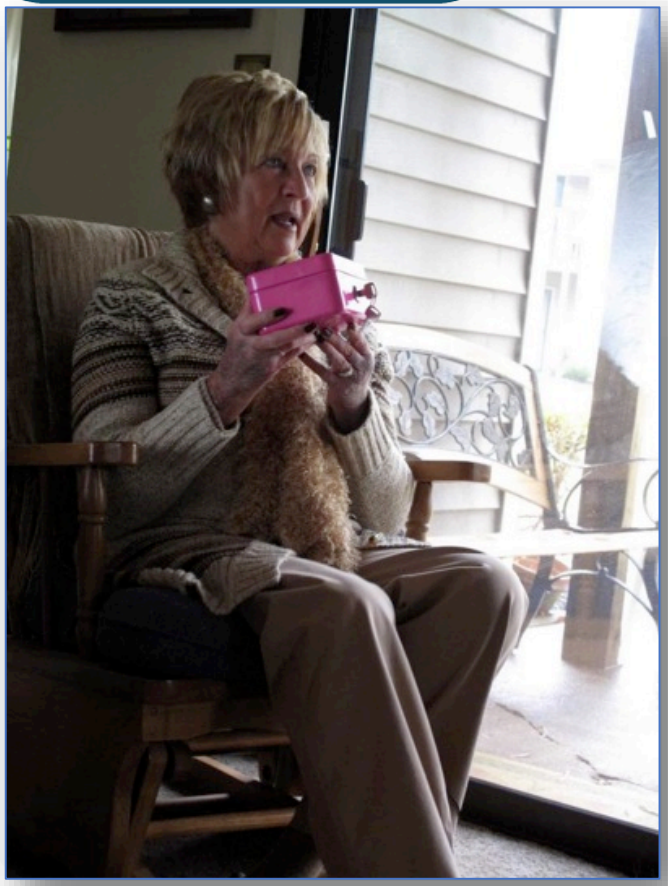
- Overdose/Respiratory Depression – Assess Risks and Benefits
- Use of PDMP
- **Abuse Deterrent Formulations**
- Patient education/Co-Prescribing naloxone



Provider Perceptions of Patient Change



Treating Chronic Pain Appropriately



"Meeting patients where they are at" means that small changes at home can lead to less pain.

Appropriate treatment for chronic pain is multimodal including interventions like:

- Psychotherapy/counseling
- Chiropractic
- Acupuncture
- Physical and Occupational Therapy
- Massage Therapy
- Relaxation/guided imagery/meditation
- Exercise
- Weight loss
- Good nutrition
- Etc.

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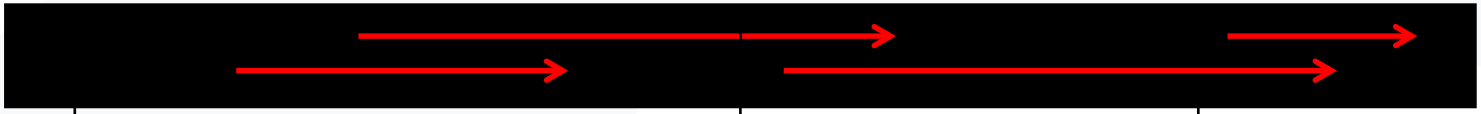
Pain Management Ft. Bragg

Chronic Opioid Risk Stratification

LOW:
- ORT < 4 AND
- < 3 "Minor" Risk Factor AND
- No abnormal urine screens

MODERATE:
- ORT > 4 OR
- > 2 "Minor" Risk Factor OR
- > 1 abnormal urine screen OR
- Takes over 100mg Oral DME
- Hx substance abuse
- Suboptimal MGMT of psychiatric Dx

HIGH:
- ORT > 4 OR
- > 2 "Minor" Risk Factor OR
- 1 or more "Major" Risk Factor OR
- > 1 abnormal urine screen OR
- Documented overdose OR
- Suboptimal MGMT of psychiatric Dx



Urine screen: 2x/year

Visit Interval: Up to 3 months

Review PDMP Every 6 months

Urine screen: 4x/year

Visit Interval: Up to 2 months

Review PDMP Every 2 months

Urine screen: 6x/year

Visit Interval: Up to 1 month

Review PDMP monthly

Substance Use Evaluation as soon as new risk level identified

If:

~~Risk> Benefit~~

~~STOP Opioid THERAPY~~

Referral

Buprenorphine

Identify and engage patient support system

Emphasize risk/benefits of medication **Abuse deterrent formulations**

Educate and dispense naloxone **Consider home health safety evaluation**

Overdose Rate
15 OD's per 400 soldiers to 1 per 400.

- 2008 and 2009 non-fatal OD's were 17 per 1000 soldiers.
- That rate dropped to 1.4 per 1000 soldiers
  - *according to WTU Brigade surgeon statistics.*

Naloxone 2008 – *the "stop, look and listen moment"*
Abuse deterrent formulations – refills, all ER/LA

A systematic approach to pain management emphasizing

- *risk stratification*
- *risk mitigation*
- *provider education*
- *other modalities to/with opioids for pain management*

Resulted in a reduction of opioid prescribing with decreased healthcare utilization and improvement in patient satisfaction

Sgt. Mineyard

Hospital Emergency Department (ED) Policies -

1) Embedded ED Case Manager
2) "Frequent fliers" for chronic pain, non-narcotic medication and referral
3) No refills of controlled substances
4) Mandatory use of PDMP (CSRS)
5) Limited dosing (10 tablets)

NEW – NC Stop Act; 5 days for acute pain, 7 days for surgery, mandatory PDMP utilization – does not touch chronic, palliative or end of life care.

250 patients frequently received 30 pills;

53% of patients required only 2 or less
19 pills per user unused

Rogers et al J Hand Surg Am 2012;37:645-650

Looked at opioids prescribed and used after several urological procedures;

58% of dispensed medications were consumed,
67% of consumers had a surplus,
92% received no disposal instructions.
91% kept the medication at home,
6% threw it in the trash,
2% flushed and only 1% returned to pharmacy.

Bates et al 2011 J Urol. 2011;185(2):551-555

MA DPH– preliminary report

- "at least" two out of every three people who died of an opioid overdose had been prescribed an opioid between 2011 and 2014.
  - **But just 8.3 percent of those decedents had an active opioid prescription in the same month as their death,**

- 83 percent of opioid overdose deaths that had a toxicology report had "illegally-obtained or likely illegally-obtained substances" in their system at their time of death.

DPH points to the information on illegally-obtained substances as "evidence to support an emerging hypothesis that illegally-obtained substances are the driving force behind" the state's epidemic.

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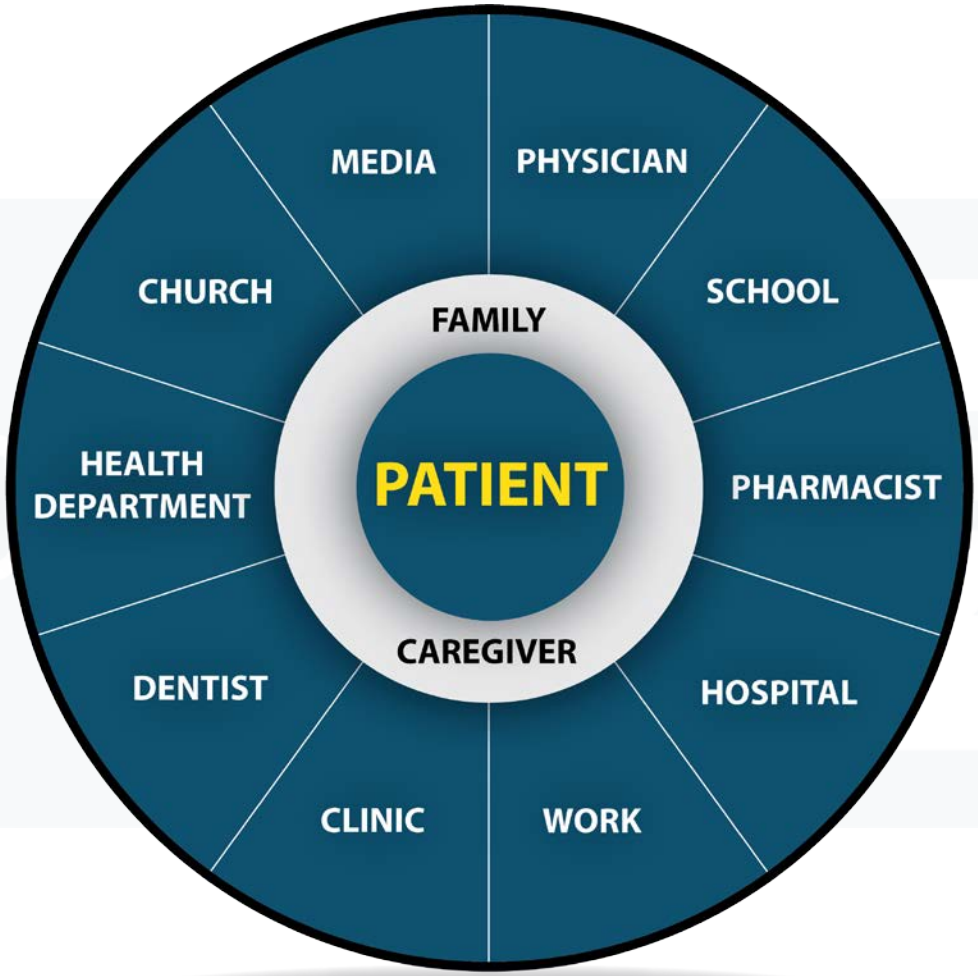
NC Disposal Initiative

Overarching Medication Disposal Study Concept

Education for Prevention



Drug treatment and Recovery

Substance Use Disorder treatment,

- **Acceptance, Availability** and **Accessibility** of treatment options
  - Negative attitudes or **stigma** associated with addiction in general and drug treatment.
- **Integration**

Law Enforcement – Behavioral Health –
SA Treatment – ED – Health Department –
Medical Providers – Labor and Delivery - OB/GYN

buprenorphine, naltrexone, methadone,
12 Step, abstinence programs,
residential, Peer Support

Failure to treat is mistreatment!

In his national bestselling book, ***Tipping Points*** Malcolm Gladwell has anecdotally detailed the influence of culture and environment on group behavior:

"Epidemics are sensitive to the conditions and circumstances of the times and places in which they occur."

The take home point is that this problem cannot be solved in a clinic visit, but must be addressed at the community level. Culture drives behavior.

Drug Problem?

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- Biological
- Cultural
- Environmental
- Depression
- Trauma
- Poverty

Drug Problem

Pew Charitable Trust Study - incomes in US counties 2000-2014

 # 2 county in USA for income loss - WILKES

- Crime
- Death
- Finances
- Family
- Health
- Economics

REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

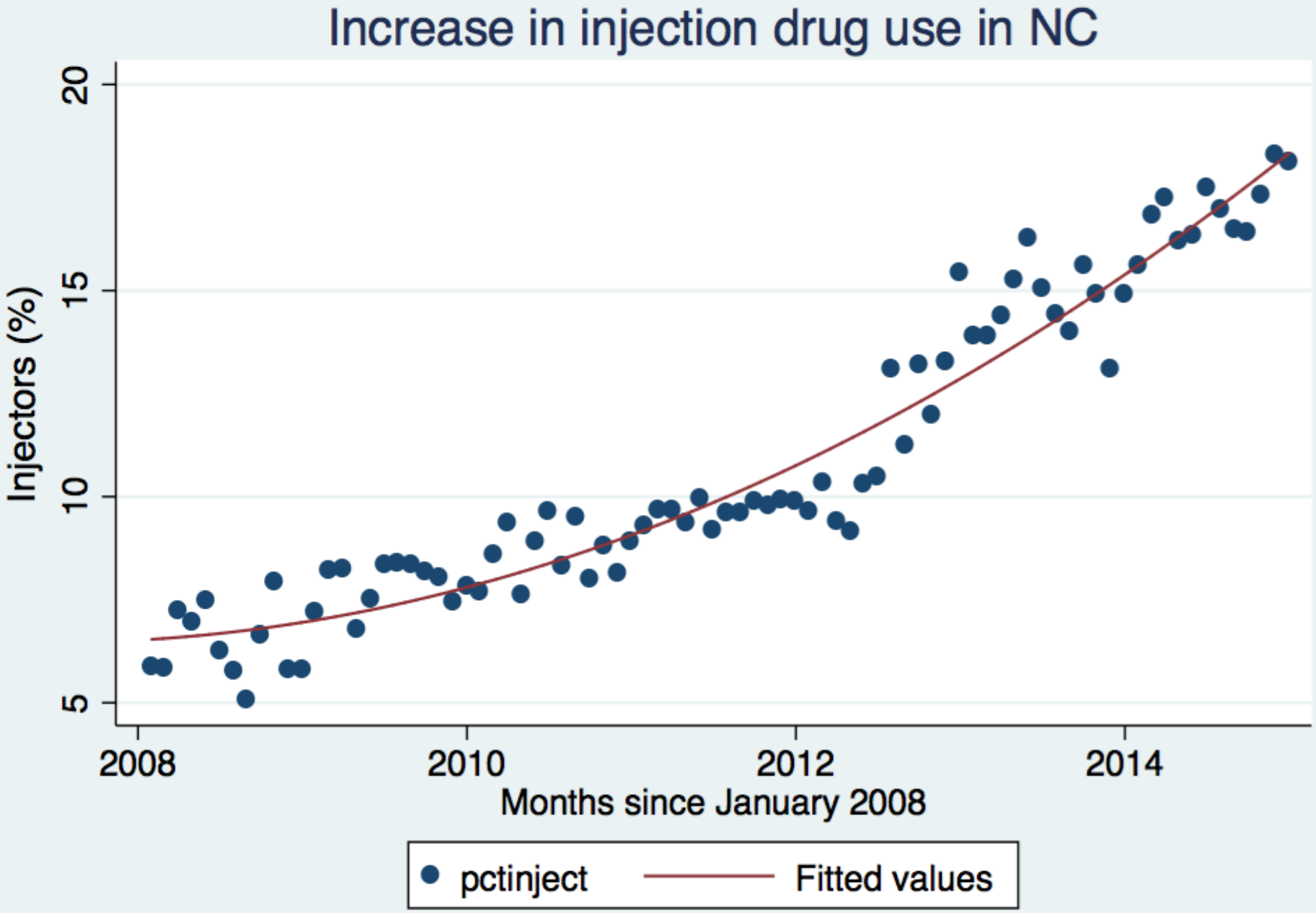
Relationship between Nonmedical Prescription-Opioid Use and Heroin Use

Wilson M. Compton, M.D., M.P.E., Christopher M. Jones, Pharm.D., M.P.H., and Grant T. Baldwin, Ph.D., M.P.H.

From the Conclusions:

- "Available data indicate that the nonmedical use of prescription opioids is a strong risk factor for heroin use."
- "Yet, although the majority of current heroin users report having used prescription opioids non-medically before they initiated heroin use, heroin use among people who use prescription opioids for nonmedical reasons is rare, and the transition to heroin use appears to occur at a low rate."
- "In the majority of studies, the increase in the rates of heroin use preceded changes in prescription-opioid policies, and there is no consistent evidence of an association between the implementation of policies related to prescription opioids and increases in the rates of heroin use or deaths, although the data are relatively sparse."
- "Alternatively, heroin market forces, including increased accessibility, reduced price, and high purity of heroin appear to be major drivers of the recent increases in rates of heroin use."

Compton WM, Jones CM, Baldwin GT. N Engl J Med 2016;374:154-63.
Full Text Available Free at http://www.nejm.org/doi/full/10.1056/NEJMra1508490



Among NC residents entering drug treament

NC TOPPS Data

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The Spokes- Naloxone Increasing Access

- Respiratory depression/Overdose prevention training
- **Distributing a script that gives patients specific language they can use with their family to talk about overdose and develop an action plan, similar to a fire evacuation plan**
- Naloxone access to community, tribal groups and military

- **Third Party Prescribing**
- **Standing Orders – 47 states**
- **Pharmacy Dispensing**
- **Program Distribution**
- **New Devices**
- **Federal/State Funding**

Potential Indications/Populations

RISK FACTORS for opioid-induced respiratory depression

- 1. Recent emergency medical care for opioid poisoning/ intoxication.
- 2. Suspected history of illicit (heroin) or nonmedical opioid use.
- 3. Opioid prescription.
- 4. Any methadone prescription to opioid naïve patient.
- 5. Recent release from incarceration.
- 6. Recent release from opioid detox or mandatory abstinence program.
- 7. In methadone or buprenorphine detox/maintenance (addiction or pain).
- 8. Voluntary request from patient or family member.
- 9. May have difficulty accessing EMS (distance, remoteness, etc.)

Any opioid prescription and …

- 1. Smoking/COPD/emphysema/asthma/sleep apnea, other respiratory Diagnosis.
- 2. Renal dysfunction or hepatic disease.
- 3. Known or suspected concurrent alcohol use.
- 4. Concurrent benzodiazepine prescription.
- 5. Concurrent SSRI or TCA anti-depressant prescription.

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Community Integration

Integrating naloxone into community response utilizing the Project Lazarus Model to engage all possible "at-risk" population groups.

Each "Spoke" requires an individual approach for awareness, education, messaging, promotion and implementation of naloxone;

Community Education

- Awareness; acceptance and availability
  - Schools, facilities and buses
  - Public Libraries
  - Shelters
  - Domestic violence safe houses
  - Public transportation
  - Public venues
- Myths
- Signs and symptoms of overdose
- How to talk with your doctor
- Third Party prescribing and standing orders

NALOXONE – Co-Prescribing Venues

Provider Education

- Behavioral health and substance use assessments
- Overdose Prevention Toolkit
- Patient/Family/Caregiver with Education
- Third Party prescribing
- Opioid Risk Stratification - **>50 to >120 MME's**

Hospital ED Policies

- Patient/Family/Caregiver Education
- Naloxone provided/prescribe

NALOXONE –

Person with Pain Support

- Patient/Family/Caregiver information and education

Pharmacy

- Standing Order dispensing
  (reimbursement for patient engagement required)

Addiction Treatment

- Narcotic Treatment Programs
- Buprenorphine, methadone
- Recovery based programs
- Drug Courts, Probation
- Inmate Release

Law Enforcement/EMS/First Responders (Fire and Rescue)

Naloxone Obstacles

- Payor source coverage; prior auth, co-pays
- Cost
- Lack of co-prescribing
  - Practitioner, ED, Treatment
- Lack of pharmacy advocates
  - (time, quotas, no pay for education)
- Funding primarily LE/First Responders
- Myths and stigma

"…the Dance Must Change"

Programs to establish community engagement and build build coalitions

Lazarus Recovery Services

Lazarus Recovery Services

Extending a Warm Hand

Lazarus Peer Guides (LPGs)
offer friendly companionship and successful experience navigating the pathway toward recovery.

We have:

• A stable recovery. • A desire to enrich lives. • Specialized training and certification to handle a crisis, an overdose, and save lives.

Supportive Roles	**Lived Experience**
Empathic Support	***Problem-Solving:***
Resource Support	***Crisis Intervention***
Constructive Support	***Community Navigation***
Connective Support	***Family Involvement***

Support Groups

Specialized Case Management

- Housing
- Food
- Transportation
- Recovery Treatment
- Childcare
- Job
- Education
- Utilities
- Safety
- Landlords
- Probation/Parole
- Clothing
- Domestic disputes
- Recovery capital
- Support systems
- Social networks
- Family engagement
- Spiritual growth

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LEAD LAW ENFORCEMENT® ASSISTED DIVERSION

Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion program to address low-level drug and prostitution crimes in the Belltown neighborhood in Seattle King County.

- Law enforcement officers redirect low-level offenders engaged in drug or prostitution activity to community-based services, instead of jail and prosecution. By diverting eligible individuals to services,
- The cost of the LEAD program averaged $899 per person per month. However, these costs included program start-up and decreased to $532 per month towards the end of the evaluation.
- Across nearly all outcomes, we observed statistically significant reductions for the LEAD group compared to the control group on average yearly criminal justice and legal system utilization and associated costs

WHAT IS SYRINGE EXCHANGE?

The federal Department of Health and Human Services currently maintains a webpage on the effectiveness of syringe exchange programs: http://www.samhsa.gov/ssp/

Syringe exchange programs are one of the most effective public health interventions for decreasing the transmission rates of HIV and other blood borne diseases such as hepatitis C, as well as connect users to treatment and other important needs such as housing or food assistance.

Community

- Primary prevention of substance use disorders through faith-based programs, school-based programs and community coalitions that offer education and resiliency training.

Resilience - the capacity to recover quickly from difficulties; toughness.

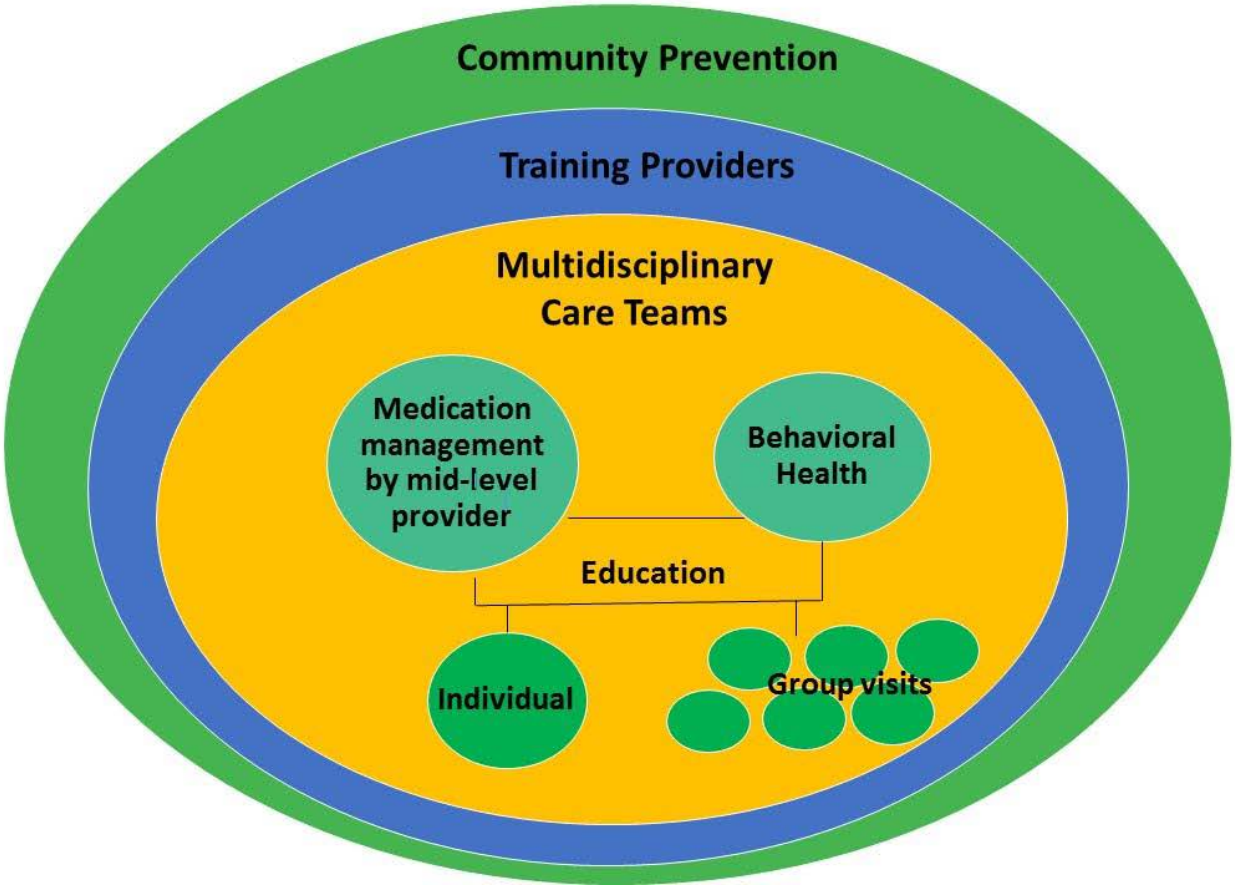
Faith-based – Body, Soul and Spirit

"What about the Body"

- *Knowledge of the science of addiction*
- *Understanding of treatment modalities*
- *Wisdom for support and referral*

Behavioral Health in Primary Care

Mountain Area Health Education Center, Inc.'s (MAHEC) Integrated Chronic Pain Treatment and Training Project (ICPTTP) focused on standardizing and streamlining chronic pain care in primary care clinics. Partnered with Project Lazarus for community outreach and education on opioid misuse.



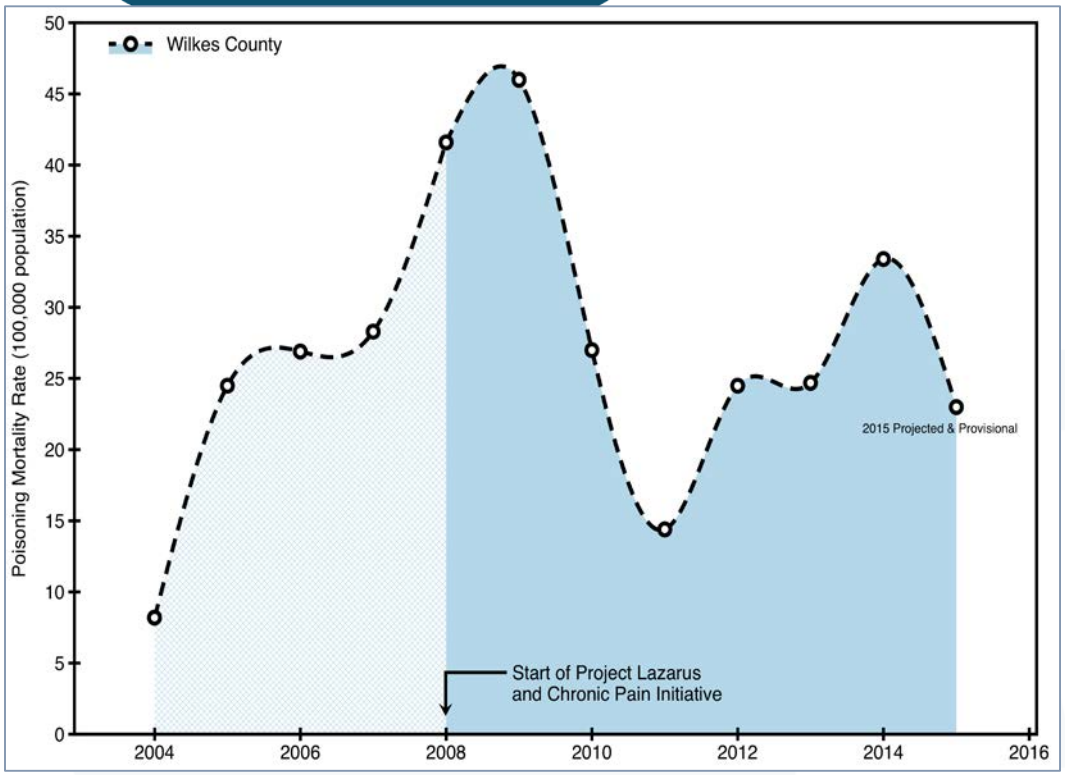
The program seemed to increase participants' functionality and self-efficacy, allowing some of them to have more active lives.

- reduced medication regimens to safer levels
- enabled patients to better manage their pain through behavioral modifications.
- One-on one and group health visits reduced patient isolation
- participants received referrals for more intensive behavioral health therapies

MAHEC's program serves as a model for reducing patients' opioid dosages to safer levels and for promoting alternative forms of pain relief. The integration of mid-level providers who have pain management expertise is reimbursable through traditional FFS billing, making such programs readily sustainable.

In light of the national attention to the US opioid epidemic, MAHEC's program serves as a model for reducing patients' opioid dosages to safer levels and for promoting alternative forms of pain relief.

Wilkes County Results



- Wilkes Scripts related to overdose
  2008 – 82%, 2011 – 0%
- Wilkes School SA incidences
  7.3 per 1000 2011-2012
  4.9 2012-2013
  3.4 2013-2014
  2.5 2014-2015
- SA ED visits down 15.3 %
- Involuntary commitments reduced/Less SA calls
- Diversion Tips increased
- Crime 10% less

STATEMENT OF R. GIL KERLIKOWSKE DIRECTOR OFFICE OF NATIONAL DRUG CONTROL POLICY EXECUTIVE OFFICE OF THE PRESIDENT 2013

"Project Lazarus is an exceptional organization—not only because it saves lives in Wilkes County, but also because it sets a pioneering example in community-based public health for the rest of the country."

LHD COALITION LEADERSHIP

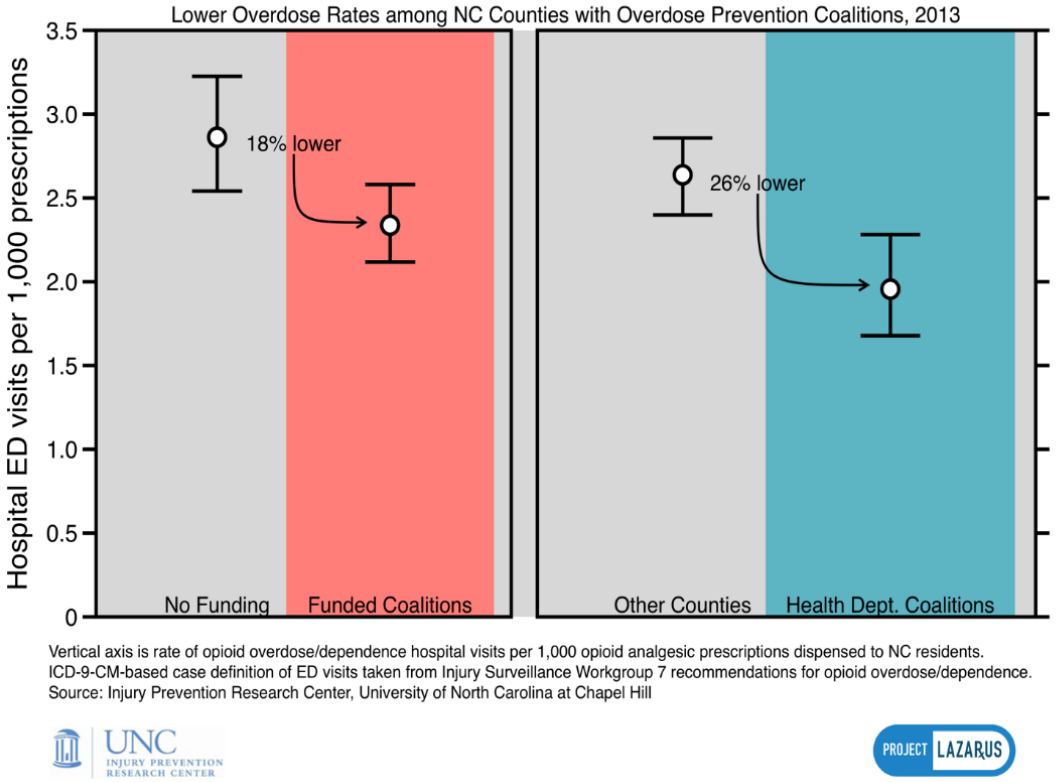
OD ED VISITS PER 1k OPIOID SCRIPTS
A priori selected metric for risk-benefit

COALITION FUNDING HELPS
Funded coalitions had 18% lower rates than non-funded

PROFESSIONAL COALITIONS WORKING
Coalitions led by health departments had 26% lower rates

PRELIMINARY ANALYSIS
Much more to be done! Does not take into account the interventions themselves

IS THERE A "HEALTHY COUNTY" BIAS?
Propensity score modeling ahead



This decrease represents 4 fewer ED visits per 3,000 opioid scripts in counties with Health Department-led coalitions.
(20,000 NC ED visits - NC ED OD visit $12,000 – Medicaid $72 million 2014)

UNC Injury Prevention Research Center

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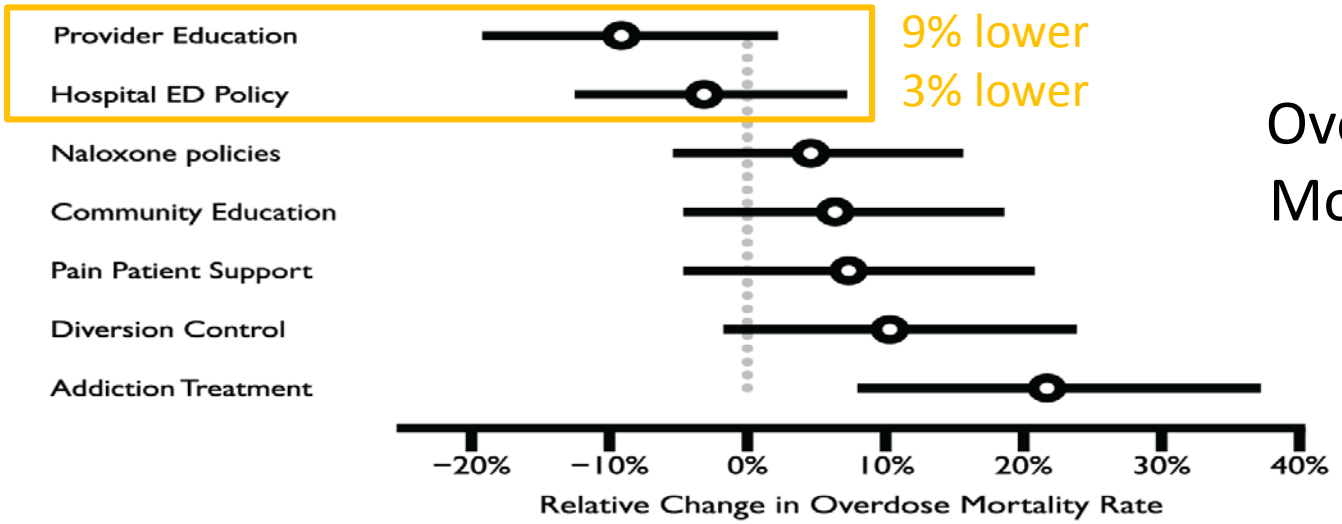
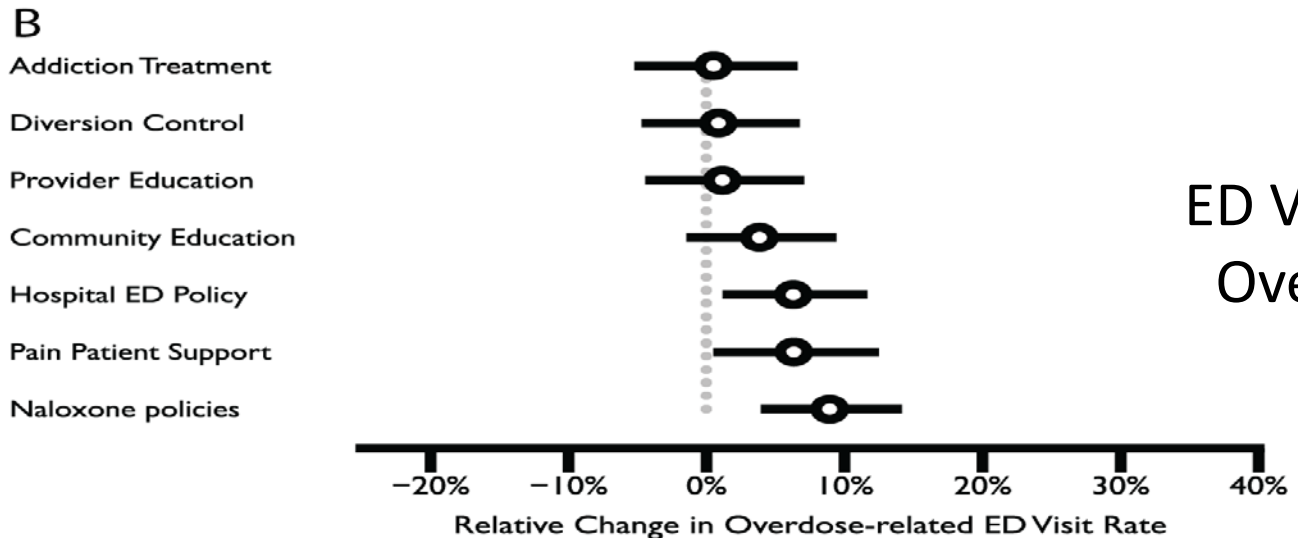
IMMEDIATE IMPACTS OF INTERVENTION STRATEGIES



Overdose Mortality



ED Visits for Overdose

Apostolos Alexandridis, MPH
UNC Injury Prevention Research Center
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IMPACT in NC

- Most effective strategies to immediately reduce overdose rates were prescriber education related to pain management and addiction treatment
- Policies designed to limit the amount of opioids dispensed in hospital emergency departments.
- Greater utilization of addiction treatment showed a delayed reduction in ED-related overdose visits.

Stephen Marshall, PhD, professor of epidemiology at UNC Gillings and director of the Injury Prevention Research Center, also was a co-author of the evaluation.

"This study is especially important because it helps empower community coalitions to fight the opioid problem, which is now one of the top 10 causes of death in our country," he said. "There are no quick fixes here. We are 15 years into this epidemic, and it may take a similar amount of time to fully address the problem. What this study shows is that well-supported community coalitions are integral to helping Americans heal this terrible wound."

Program examples

Hub & Spoke, Vermont

Streamlining opioid use disorder and integration into medicine

AnchorED, Rhode Island

Emergency Room embedded peer recovery support

START, Kentucky

Child Welfare intervention to parents with substance use disorders and services for the family.

COMMUNITY GOALS – EVERY SECTOR

Achieve Measurable Reductions in Substance Use and Overdose Using a Comprehensive Approach

- Expand and Strengthen Primary Prevention
- Improve Monitoring and Surveillance
- Expand and Strengthen Control and Enforcement
- Increase Utilization of Treatment and Support of Recovery

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CURES Act

CARA

THE WHITE HOUSE
WASHINGTON

FROM THE Office of National Drug Control Policy

The fundamental goal of the Commission is to improve the scope and effectiveness of federal help to stop the crisis.

- How can we make Medication Assisted Treatment available or affordable?
- How can we help with the intake path to treatment to be the most effective? *family intervention, physician referral, criminal justice alternative sentences, other?*
- Are there still barriers to naloxone distribution and use, and is there danger in encouraging continued distribution?
- What responsibilities do pharmaceutical companies have to stem the flow of diverted drugs? *Could additional tamper-proof formularies slow abuse?*
- What challenges does law enforcement face when encountering a user? *What is the impact of law enforcement resources and how do they intersect with mental and substance abuse services.*

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“To the one who cared…”

ProjectLazarus.org

LEARN ABOUT THE PROJECT LAZARUS MODEL

CLICK ANY PORTION OF THE MODEL TO FIND OUT MORE!

Fred Wells Brason II
fbrason@projectlazarus.org

Robert Wood Johnson Community Health Leader Award 2012