



Collaborating to Address the Opioid Crisis Amidst a Pandemic: Partners in Prevention

January 14th, 2021



CADCA
Building Stronger Communities
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Working with communities to address the opioid crisis.

- ◆ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.
- ◆ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.




Funding for this initiative was made possible (in part) by grant no. 64701000816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

2



Opioid Response Network

- ◆ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ◆ The ORN accepts requests for education and training.
- ◆ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



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Session Objectives

At the end of the training session, participants will be able to:

- Identify how the COVID-19 pandemic has contributed to the opioid crisis;
- Recognize the most vulnerable populations impacted by COVID-19, risk and protective factors and motivations for use;
- Identify opportunities for collaboration with various community stakeholders to address the opioid crisis; and,
- Gain knowledge about the Opioid Misuse Toolkit's content and resources.

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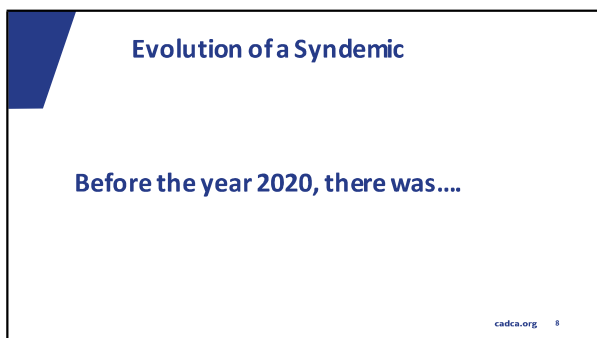
Agenda

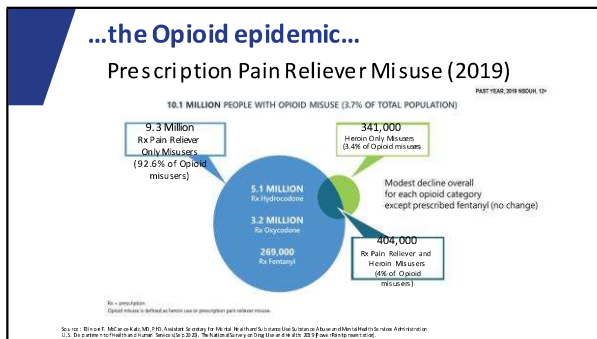
- I. Welcome and Objectives
- II. Description of the Syndemic
- III. Vulnerable Populations
- IV. Opportunities for Collaboration
- V. Next Steps

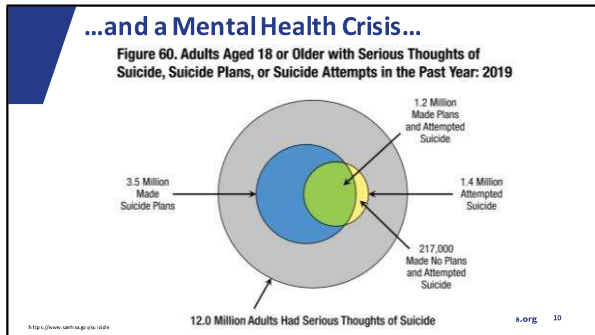
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... then there was the COVID-19 pandemic

.....March 2020 WHO declares the outbreak a pandemic

April 2020 – 95% of Americans under lockdown

June 18: Global cases surpassed 10 million, and global deaths surpassed 500,000.

CDC Recommendations: social distancing, face masks, gathering limits...resulting in... **FEAR...ANXIETY...DEPRESSION...ISOLATION**

... which disrupted our lives...

- Emergence of coronavirus disease 2019 (COVID-19) causing subsequent disruptions in:
 - Healthcare
 - Safety nets
 - Social and economic stressors
- Notable racial disparities for both distribution of COVID-19 AND opioid-related overdose

Source: Hickey and Sato, *Silencing the Storm*, JAMA, 2020. | [cadca.org](http://www.cadca.org)

...resulting in an increase in drug use during the COVID-19 pandemic...

- Urine drug tests
 - Fentanyl (odds ratio 1.67)
 - Methamphetamine (odds ratio 1.23)
 - Cocaine (odds ratio 1.19)
 - Heroin (odds ratio 1.33)
(150,000 samples nationwide)
- ED visits for nonfatal overdose
 - Increase of 123% (more than doubled)
(1 ED in Virginia)

Source: Harvard SM, BMJ, JAMA, 2020
Hawthorn et al. Harvard SM, JAMA, 2020
OPark et al. JAMA, JAMA, 2020

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...resulting in...
Increases in Drug Overdose Deaths by State

Overdose deaths increased in all states and the District of Columbia in the 12-month period ending May 2020 compared with the 12 months ending May 2019. Nationwide, overdose deaths rose 58%.

Source: Centers for Disease Control and Prevention

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...and...

Deaths of Despair in U.S. Significantly Higher Than Other Developed Countries

'Deaths of Despair' Rates Across Countries
Deaths per 100,000 by drugs, alcohol and suicide among men and women ages 50-64

Source: Anne Case and Angus Deaton, Bookings Papers on Economic Activity
Credit: Kate Pagan

...and we have a Syndemic!

Increased Stress → Substance Use

- Communities have faced mental health challenges related to COVID-19 associated morbidity, mortality and mitigation activities.
- Report, June 2020: Adults reported considerably elevated a diverse mental health conditions associated with COVID-19.

Anxiety & depression symptoms	31%
Started or increased substance use	13%
Trauma/stressor-related disorder symptoms	26%
Seriously considered suicide	11%

Source: Center for Mental Health Services, Substance Use and Cultural Factors During the COVID-19 Pandemic - United States, August 2020. U.S. Department of Health and Human Services, HHS.gov/COVID-19

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A Syndemic!


Kaiser Family Foundation Poll, April 2020

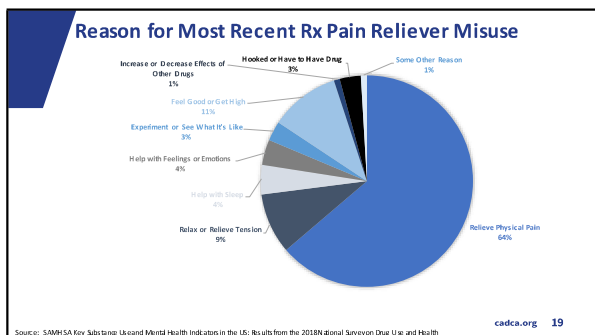
- More than [4 in 10 Americans](#) say that stress related to the pandemic has had a negative impact on their mental health.
- Crisis centers are reporting 30% to 40% increases in the number of people seeking help.
- According to experts, the psychological impact of the pandemic will harm far more people than the virus itself. And the [widespread emotional trauma](#) it's evoking will be long lasting.

https://www.kff.org/coronavirus-and-emerging-pandemics/2020/05/22/psychological-impacts-of-the-pandemic-on-mental-health/

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Vulnerable Populations





Primary ATOD Prevention

RISK FACTORS	DOMAIN	PROTECTIVE FACTORS
<ul style="list-style-type: none"> Low community attachment Community disorganization Community cohesion and bonding Physical conditions and mobility Law and norms (enforceable, being used) Perceived availability of drugs Economic disadvantage (not measured in youth survey) 	ENVIRONMENT	<ul style="list-style-type: none"> Opportunities for prosocial involvement in the community Integration of prosocial involvement Support in evidence-based programs and strategies (none are measured in youth survey)
<ul style="list-style-type: none"> Poor family management and discipline Family conflict A family history of antisocial behavior Parental or parental attitudes to the problem behavior 	FAMILY	<ul style="list-style-type: none"> Attachment and bonding to family Opportunities for prosocial involvement in the family Recognition of prosocial involvement
<ul style="list-style-type: none"> Academic factors (low academic achievement) Low commitment to school Bullying 	SCHOOL	<ul style="list-style-type: none"> Opportunities for prosocial involvement in school Recognition of prosocial involvement
<ul style="list-style-type: none"> Risk behaviors Early initiation of problem behavior Impulsiveness Attentional difficulties Individual attributes (based on problem behavior) Interaction with friends involved in problem behavior Stimulant use Resilience for antisocial involvement 	INDIVIDUAL	<ul style="list-style-type: none"> Social skills Skilled in the moral code Emotional control Interaction with prosocial peers

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SAMHSA: Preventing Prescription Drug Misuse: Understanding Who Is at Risk

INDIVIDUAL-LEVEL FACTORS	RELATIONSHIP-LEVEL FACTORS
Mental Health	Intimate Partner Relationship
Experiencing Pain	Parents & Family
Physical Health	Household Income
Genetic and Physiological Reactions	Peers
	Social Networks
Substance Use or Misuse	
Behavior	COMMUNITY-LEVEL FACTORS
Prescription Access	Living Arrangements
Education	Workplace
Employment	School
Health Insurance	Community Norms
Religiosity	
Perception	SOCIETAL-LEVEL FACTORS
Negative Life Events	Discrimination
	Social Perception & Media
	Socioeconomic Status

Source: <https://www.samhsa.gov/2k19/prevention/understanding-who-is-at-risk>

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Social Determinants of Health

- Synergistic effects to widen racial/ethnic and socioeconomic disparities are expected as a result of COVID-19
 - Patients diagnosed with opioid-related overdose (VAED study) were more likely to be black in 2020 vs 2019 (63% vs 80%)
 - Only 10% patients visiting ED during pandemic for opioid OD attended treatment
 - 68% patients visiting ED during pandemic for opioid OD received information or referral to treatment
 - 56% received Rx for naloxone

The conditions in which people are born, live, work, and play affect health outcomes and risks.

Source: Harvard MG, Shih H, HMA, 2020 cadca.org 22

Vulnerable Populations

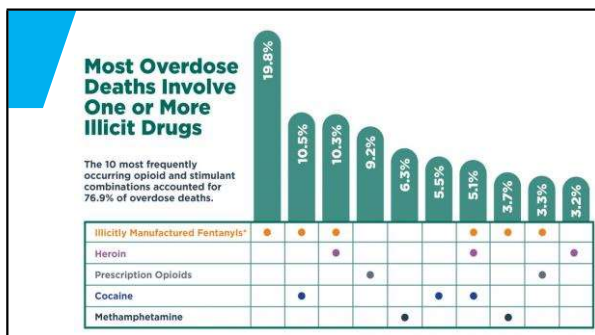
- Polysubstance users
- Individuals in treatment & recovery
- Women
- Elderly
- Young adults
- Individuals with SMI (Serious Mental Illness) or AMI (Any Mental Illness)

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People with Polysubstance History

- 3 out of 4 heroin users started using prescription opioids ¹
- People addicted to Rx opioid painkillers are 40 times more likely to be addicted to heroin ²

1. National Survey on Drug Use and Health
2. The New England Journal of Medicine's website: <http://www.nejm.org/doi/full/10.1056/NEJMs100840> cadca.org 24



Individuals in Treatment & Recovery for OUD

Individuals with substance use disorders (SUD) are at risk population because of social and economic changes caused by the pandemic, along with the traditional difficulties regarding treatment access and adherence.

Precautions should be taken

- To mitigate or avoid exposure to opioid medications
- To adhere to treatment guidelines
- Ensure access to healthcare
- To prevent relapse

© 2020 E. Moura-Hill, Sherwin, Pechinsky, C. Keeler MD, and Steven L. The COVID-19 pandemic and its impact on substance use: implications for prevention and treatment. Psychiatry Res. 2020 Jul;389:110664. doi:10.1016/j.psychres.2020.110666. S016502702031264. Source: Scanned, Search and Visualize from Academic of New York, 2020

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COVID-19 Effects Magnify Opioid Crisis in OUD Patients

- Increased time at home and **lack of structure**
- Increased time spent **alone**
- Increased family **discord**
- **Anxiety** and gloomy economic and future outlooks
- Loss of jobs and income
- **Loss** of loved ones
- Societal rifts and conspiracy theories
- Disruption of the **supply chain**
- Inability for face to face treatment
- **Lack** of equipment and **PPE**
- Decreasing capacity for residential programs, and jails
- Closing programs due to financial crunch or due to infection control

© 2020 E. Moura-Hill, Sherwin, Pechinsky, C. Keeler MD, and Steven L. The COVID-19 pandemic and its impact on substance use: implications for prevention and treatment. Psychiatry Res. 2020 Jul;389:110664. doi:10.1016/j.psychres.2020.110666. S016502702031264. Source: Scanned, Search and Visualize from Academic of New York, 2020

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Women

- Women are **40%** more likely than men to become newly persistent users of opioids following surgery
- **11.3%** of women continued to use opioids 3 to 6 months after surgery in 2017 (only 8.1% of men)
- Among persistent users, women were prescribed **15%** more opioids than men
- The most pronounced gender differences in persistent use seen in millennial women (**10%** in millennial women / **6%** in millennial men)


Women are particularly at risk of feeling the effects of COVID because they are often looked at as the caretakers of the family. They may be faced with choosing between their job and their family to keep them healthy. ²

Fairlie H. Differences in Persistence of Opioid Use: A Cohort Study. *Health Affairs*. 2019. Analysis in the report is based on research conducted by IQVIA. ² <https://www.cadca.org/2020/03/09/030920-women-and-opioids>

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Elderly

- Higher Risk for Opioid-Related Adverse Events¹
 - 2.8 times higher risk, 61-70
 - 5.4 times higher risk, 71-80
 - 8.7 times higher risk, 80+
- Patients >65 receiving opioid within a week of surgery²
 - 10.3% still taking opioids a year later
 - 44% increase in likelihood they would become long-term opioid users



Source: ¹The Joint Commission. *Journal of the American Medical Association*. 2013;309:1021-30. ²Allen A, et al. *Annals of Internal Medicine*. 2012;157:2423-30.

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Elderly Population

- **70%** believe opioids are overprescribed
- **60%** are concerned that use can lead to dependence
- **6 in 10** are concerned their peers are taking too many opioids

Despite these concerns:

- **One-third** of seniors keep unused opioids in their home
- **40%** use unused opioids to treat conditions for which they were not prescribed

Prevalence of Opioid Use in Older Adults. *Journal of the American Geriatrics Society*. April 2019.

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Opioid Risk for Young Adult Populations

- Adolescents
 - Adolescent males who participate in organized sports have²:
in organized sports have²:
 - 2x the risk for being prescribed an opioid medication
 - 4x the odds of misusing opioids to get high
 - 10x the odds of medical misuse of opioids due to taking too much
- Millennials (ages 22-37)
 - 18% report they became addicted to or dependent on opioids following surgery
 - Compared to 12% of patients overall

Source: Showing a Steep Climb to Prescribed Opioid Use, A Chronic Pain Risk Report, 10/2019
Source: P. Velting, E. Journal of Adolescent Health 38 (2015) 203-210

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Facts About Suicide and Substance Use

People with substance use disorders :


- Are at elevated risk for suicidal ideation and attempts.
- Suicide is a leading cause of death among people who misuse alcohol and drugs.
- Heavy alcohol consumption in youth increases risk of suicide in middle adulthood.

Kellie, Borges, & Walters 1999

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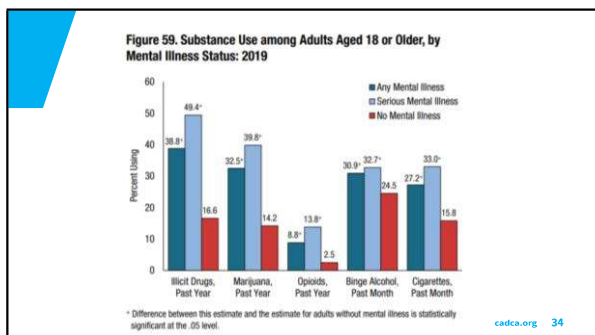
From the Research...

- Adults who receive high doses of opioids are at increased risk for suicide³
- Adults who *abuse opioids weekly or more* are more likely to engage in suicide planning and attempts⁴
- Adults who *have an opioid use disorder* are 13 times more likely to die by suicide than the general population⁵



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High Risk Populations for Suicide

A “high risk population” is one that is characterized by having a high rate of multiple risk factors.

- Native Americans: 2-4x more likely
- Survivors of Suicide Loss: 2-4x more likely
- Veterans/ Active Military: 2-5x more likely
- LGBTQ Youth: 2-7x more likely
- Sufferers of Mental Illness: 6-12x more likely
- Suicide Attempt Survivors: 7-14x more likely

<http://www.cadca.org/High-Risk-Populations>

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Opportunities for Collaboration to Prevent and Reduce Opioid Misuse

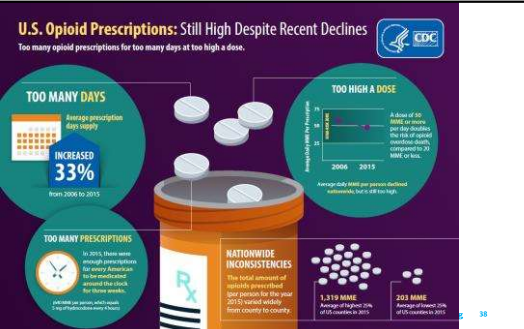
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Engage Community Partners

Healthcare Community Prescribers



U.S. Opioid Prescriptions: Still High Despite Recent Declines
Too many opioid prescriptions for too many days at too high a dose.



TOO MANY DAYS
 Average prescription days supply **INCREASED 33%** from 2006 to 2015.

TOO HIGH A DOSE
 A dose of 50 MME or more per day doubles the risk of opioid-related death, compared to 20 MME or less.

TOO MANY PRESCRIPTIONS
 In 2015, there were enough prescriptions for every American to hand out a truck full of pills.

NATIONWIDE INCONSISTENCIES
 The total amount of opioids prescribed last year for the year 2015 varied widely from county to county.

1,319 MME Average of highest 20% of US counties in 2015

203 MME Average of lowest 20% of US counties in 2015

Prescriber Education

- Increase prescriber and patient understanding of the benefits and risks of opioids
- Raise prescriber awareness of unsafe opioid use and strategies to address it
- Expand patient use of alternatives to opioid treatment, when appropriate
- Improve patient access to opioid overdose antidotes and treatment for SUD

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Prescriber Education

- Educational materials
- Prescribing guidelines
- Continuing Medical Education (CME's)
- Academic detailing
- Conferences and workshops
- PDMP's and electronic medical records
- Group discussion/Grand Rounds

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Providers Want Access to Non-Opioids

According to a 2019 poll among a national sample of 500 health professionals:

Healthcare professionals overwhelmingly support non-opioid options for pain...

96%

of clinicians support the utilization of non-opioid approaches to pain management.

More than 3 out of 4 agree that non-opioid options are better for patients' physical and mental health.

But, access to non-opioid options remain a challenge

85%

of clinicians agree that they need more access to non-opioid approaches.

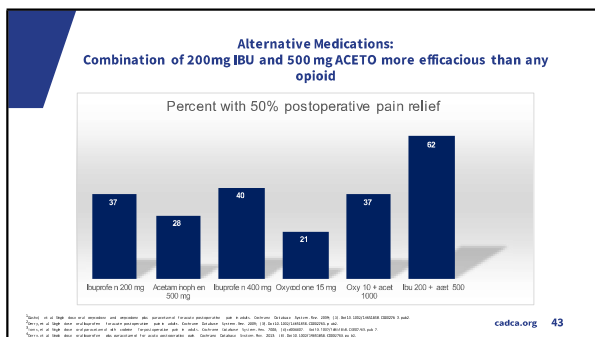
More than 3 out of 4 say that a lack of insurance coverage of non-opioid options contributes to the high rate of opioid addiction in the U.S.

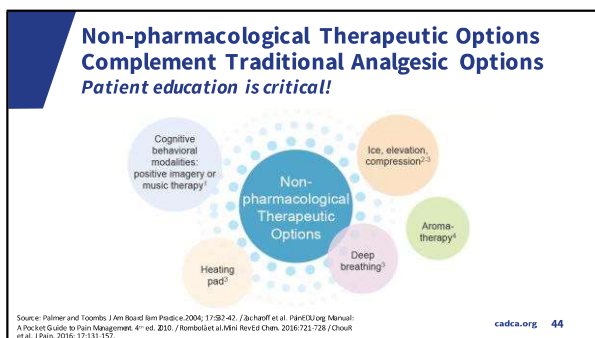
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Types of Non-Opioids Used in Multimodal Pain Treatment Plans

Source: Wu CL, RajasN. Treatment of acute/pos-toperative pain. *Lancet*. 2011; 377:2215-2226.

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4x Opioid Deaths

Overdose deaths involving opioids, including prescription opioids, have quadrupled since 1999.

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Promote Consumer Awareness

Patients say that discussions about opioid and opioid alternatives are often missing from their conversations with physicians prior to surgery

Statistic	Percentage
do not talk about addiction/dependence	66%
do not discuss non-opioid options	77%

Source: Wakefield Research Survey Report, 2018

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Partner with patients to provide safer, more effective pain management.

Learn more | www.cdc.gov/drugoverdose

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Make the most informed decision with your doctor about prescription opioids.

Learn more | www.cdc.gov/drugoverdose

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Tips for Engaging with Prescribers to Prevent Opioid Misuse

Engagement Tips:

- Find a Champion
- Make Engagement as Easy as Possible
- Don't Assign Blame
- Embrace Data!
- Define Your Terms
- Listen! Listen! Listen!

<https://collaboration.edc.org/en/for-engaging-prescribers-to-prevent-opioid-misuse>

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Engage Other Healthcare Partners

- Community Health Centers (FQHCs)
- Emergency Medical Services (EMS)
- Health Insurers
- Hospitals
- Medical Examiner/Coroner's Office
- Poison Control Centers
- PDMPs
- Primary Care Organizations
- Home Health Care/Hospice Organizations

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Engage Community Organizations

- Department Children Services (DCS or CPS)
- Department of Human Services (DHS)
- Veterans/Military Organizations
- Community Action Programs, Shelters, Food Pantries
- Domestic Violence/Mental Health
- Employers
- Senior Citizen Programs
- Recovery Organizations


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Next Steps



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Engage Community Partners



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Poll: Engage Community Partners

With Whom Are You Most Interested in Collaborating to Address the Opioid Crisis? (Select 1)

- a. Prescribers/Practitioners
- b. Healthcare Community at Large
- c. Government Partners
- d. Community Action Programs/Food Pantries
- e. Domestic Violence/Mental Health Agencies/Veterans
- f. Employers
- g. Recovery Community
- h. Senior Programs/Providers

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Next Step:
Partner to Collect Opioid-Related Data

Criminal Justice: Police reports (arrests, pharmacy robberies, naloxone utilization)

Public Health: HIV/Hepatitis; NAs; STD's; Needle Exchange Program(s) – how many syringes are distributed

Healthcare: Rx misuse related hospital/ER visits; # physicians waived to provide OBOT

Medical Examiner: Overdose deaths/drugs present in system/identify prescriber

Treatment: Admissions for Rx medication and heroin (route of administration)

Schools: Expulsions; Self-reported Rx misuse among youth and adults

Government: Number of Pain Clinics in your county

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Next Step:
Plan Across the Opioid Continuum of Care

Strategies Across the Continuum

Health Promotion	Prevention	Case Identification	Overdose Prevention	Treatment	Recovery
Building Protective Factors/Resilience Health Promotion Campaigns	Safe Prescribing Practices Education/School Curricula Rx Drug Take Back Programs	Use of PDMP SBIRT Recovery Court	Diversion Programs Naloxone Programs Cognitive Behavioral Therapy	Medication Assisted Treatment Recovery Support	Recovery/Transitional Housing

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Next Step:
Share the Opioid Misuse Prevention Toolkit


Coalition Opioid Misuse Prevention Toolkit



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Questions and Answers

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State Targeted Response Technical Assistance (STR-TA)

To ask questions or submit a technical assistance request:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900

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