

Fighting the Opioid Epidemic

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Marie Peoples
Coconino County, Arizona
Public Health Services District

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Overview

Marie Peoples—rural

Tom Carr—urban

Kim Nelson—regional
collective impact effort





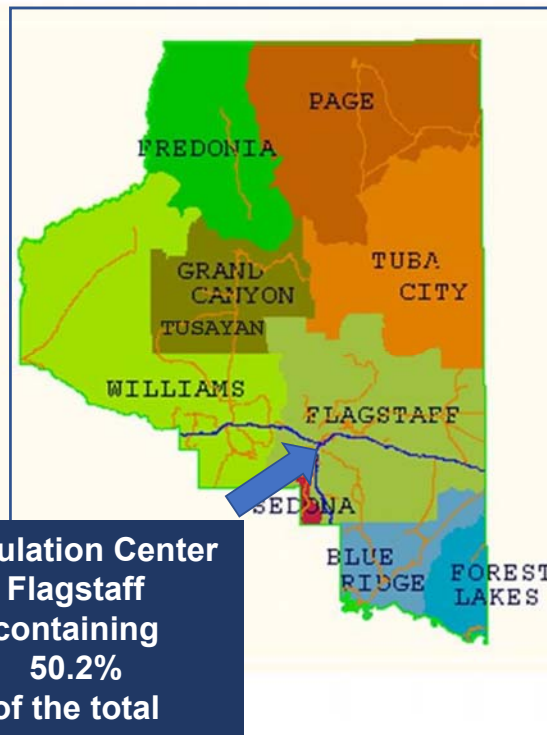
Addressing the Opioid Crisis through a Rural Lens

**Dr. Marie Peoples,
Chief Health Officer,
Coconino County Public Health Services District**

Coconino County, Arizona

2nd largest county in the contiguous United States

**Total population
138,064**
in an area larger than
**Vermont and
New Hampshire combined**



**Population Center
Flagstaff
containing
50.2%
of the total
population**

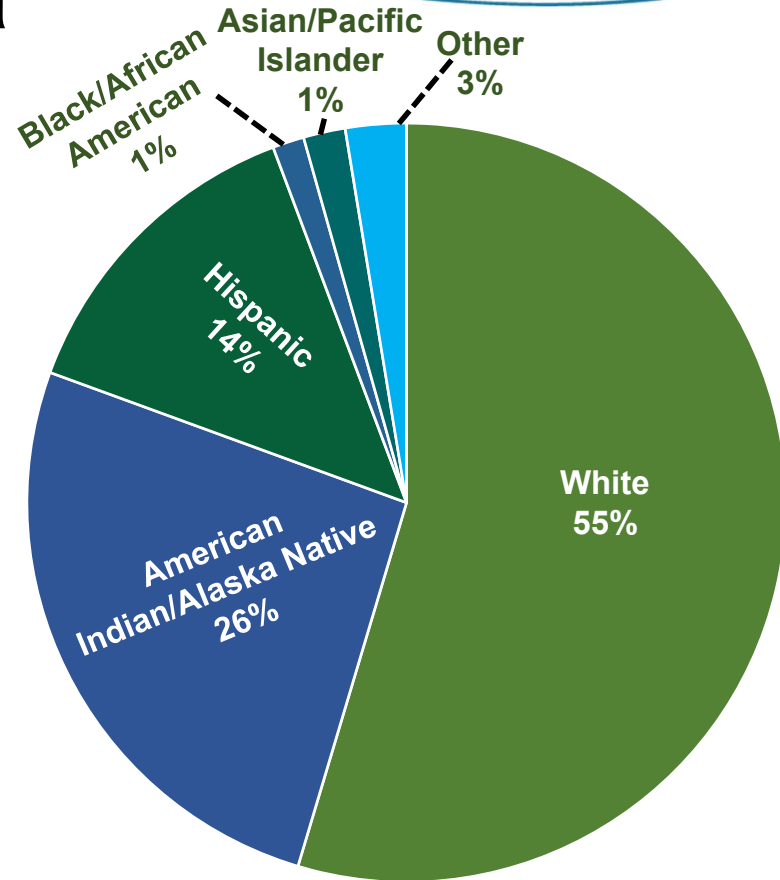


Coconino County, Arizona

42% of Coconino County residents are under the age of 25



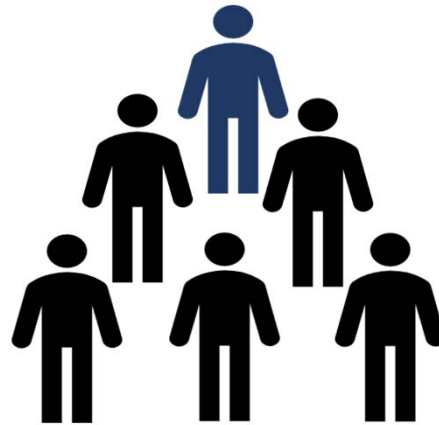
22% of residents are living below federal poverty level



Coconino County, Arizona

30%

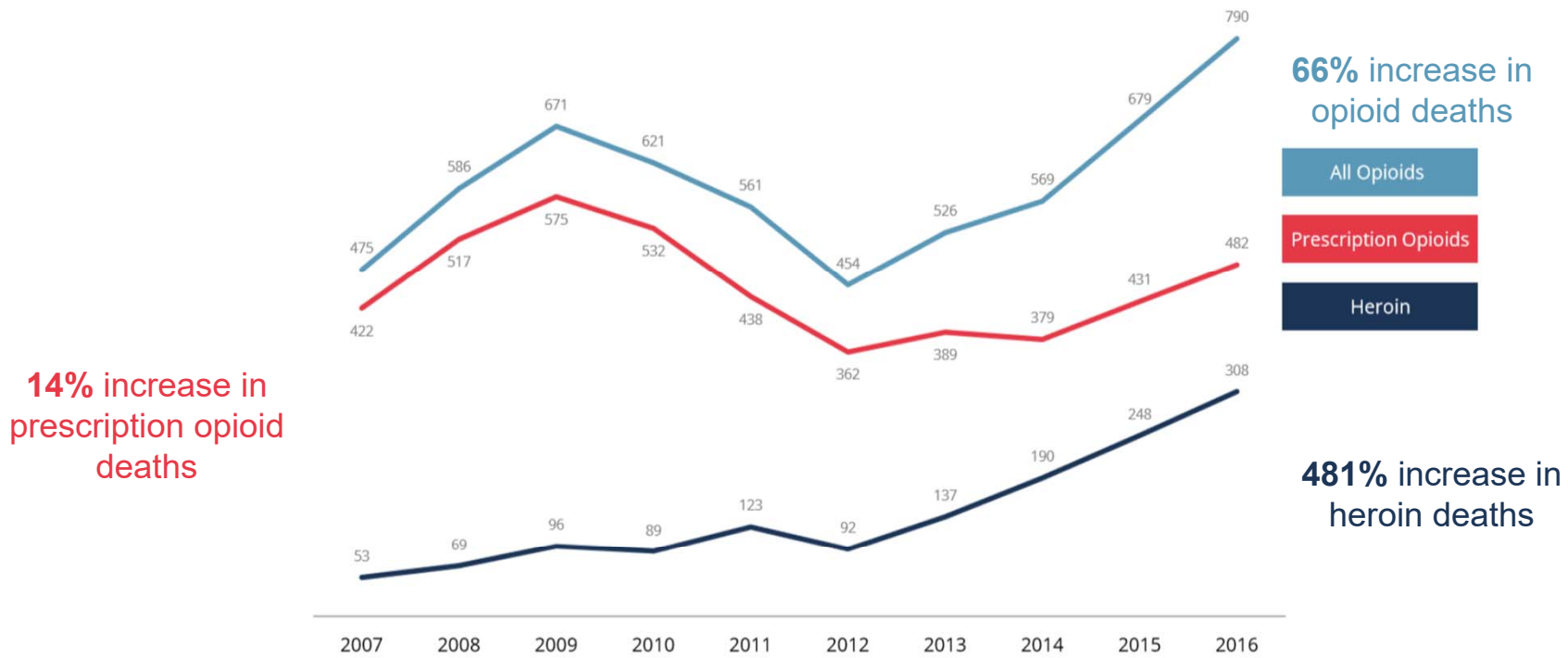
of residents receive
public health insurance



1 out of 3 residents do not have health insurance

Drug-Related Deaths

Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016.

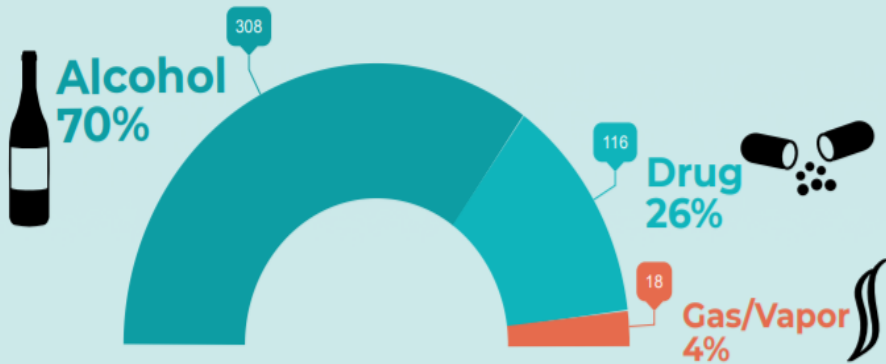


Drug-Related Deaths

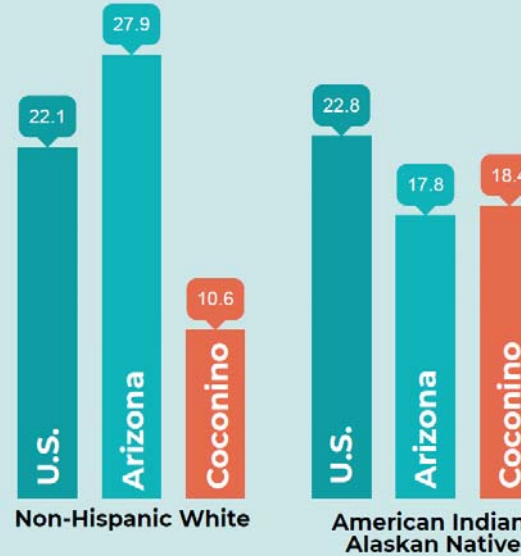
Between 2012-2016, among Coconino County residents, there were

311 deaths where a poison was the **primary cause**

131 deaths where a poison was an **associated cause**



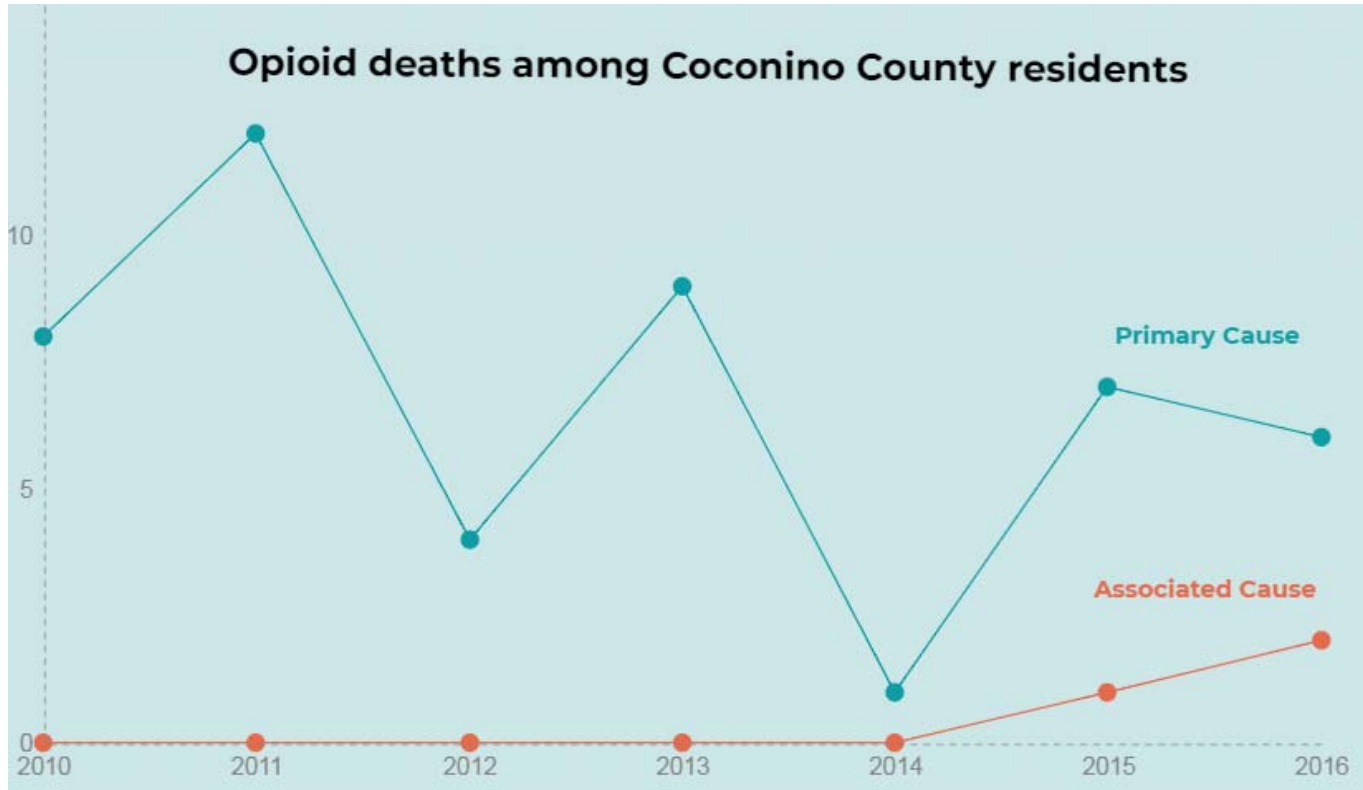
Age-adjusted drug-related death rate in 2016



All opioid deaths from 2012-2016 were among non-Hispanic white and Hispanic residents



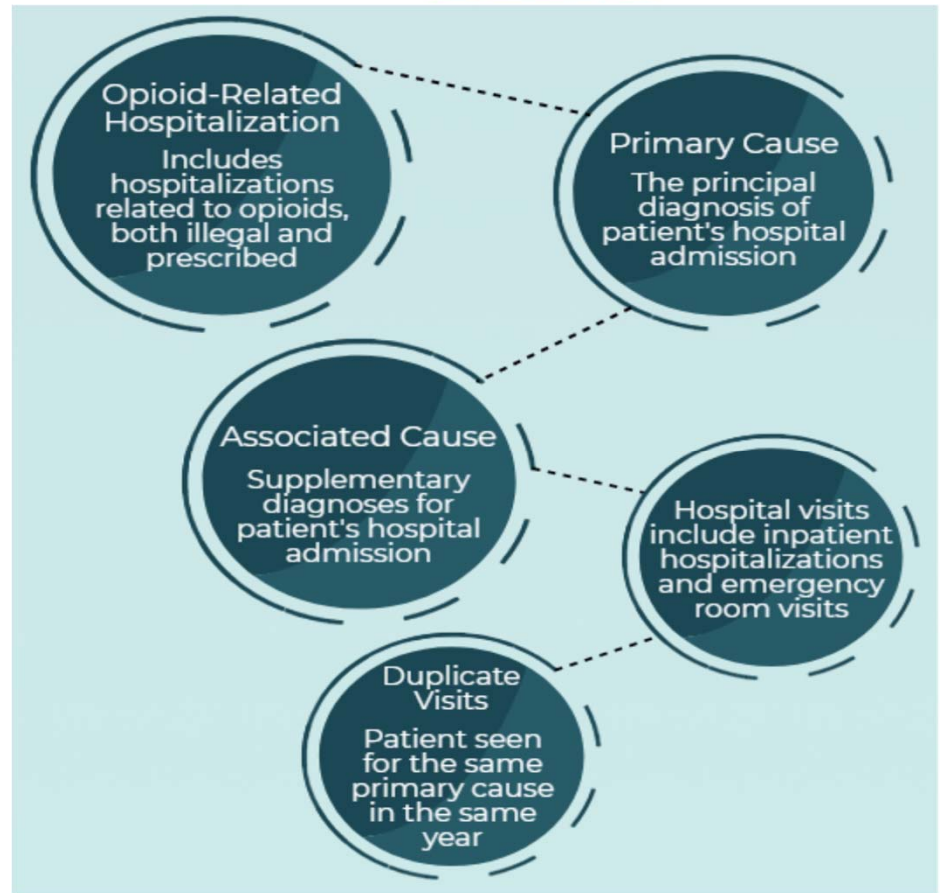
Drug-Related Deaths



Data Focus

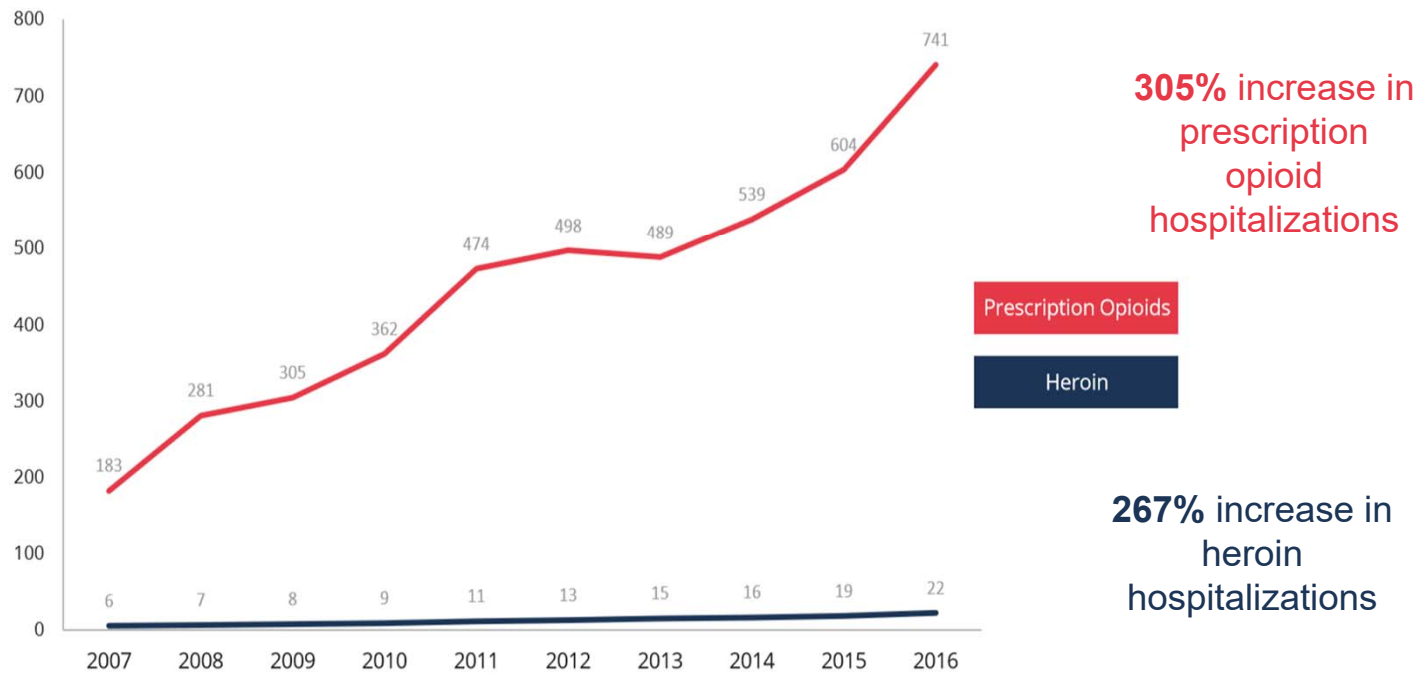


Hospital discharge data includes emergency department and hospitalization records from facilities in Coconino County. Discharge information from Indian Health Service facilities are not available. Hospitalizations were linked to alcohol and/or drugs through ICD-9 (from 2012-2015) and ICD-10 (from 2015-2016) diagnosis codes.

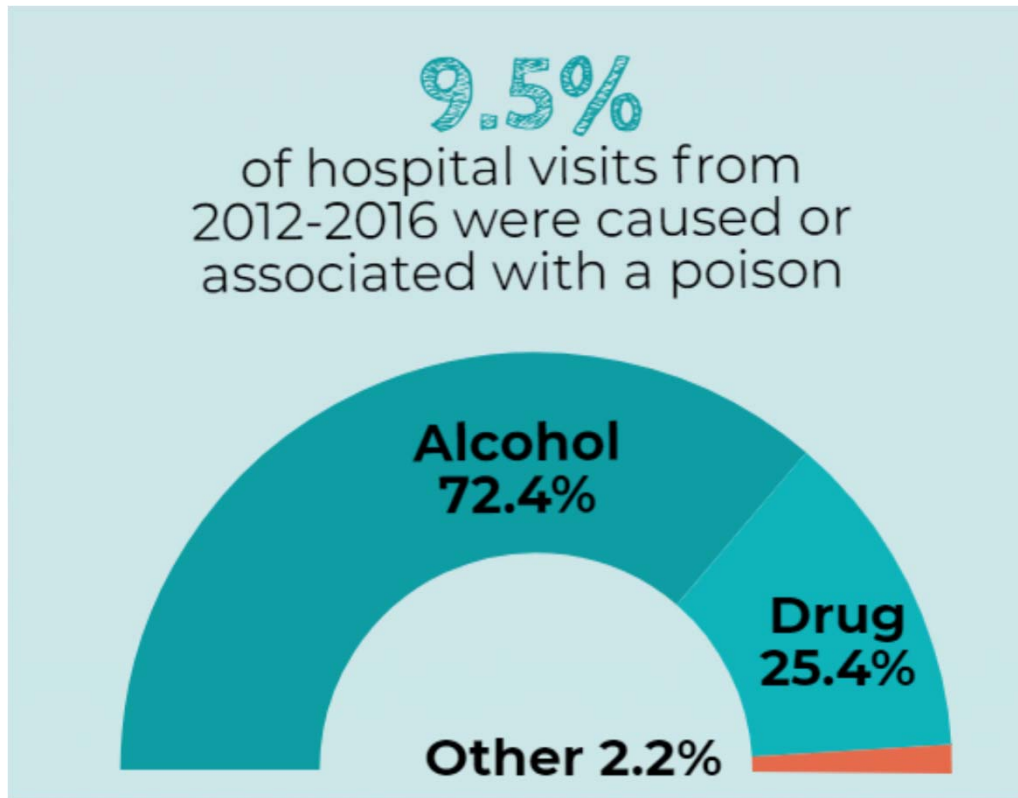


Drug-Related Hospitalizations

Hospital opioid-related unique encounter rate per 100,000 population from 2007 to 2016.



Drug-Related Hospitalizations



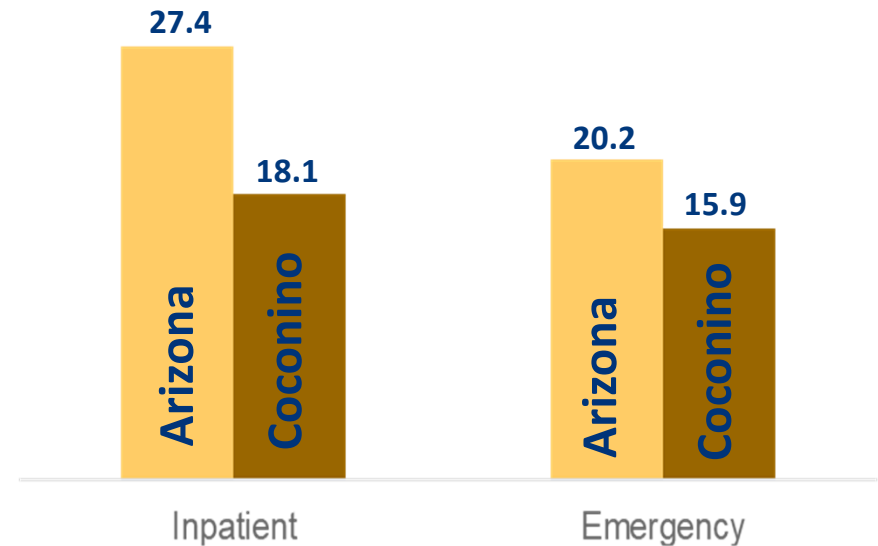
Drug-Related Hospitalizations



1 out of 3

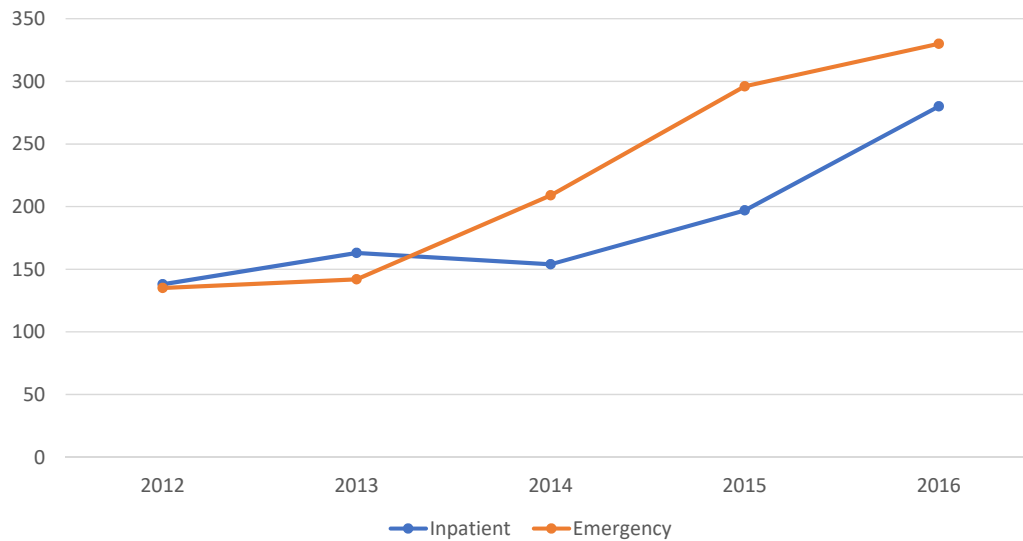
opioid-associated hospital visits among Coconino County residents in 2016 were a patient that had multiple hospital visits

Opioid-associated hospital visits per 10,000 residents



Drug-Related Hospitalizations

Hospital visits associated with an opioid among Coconino County residents

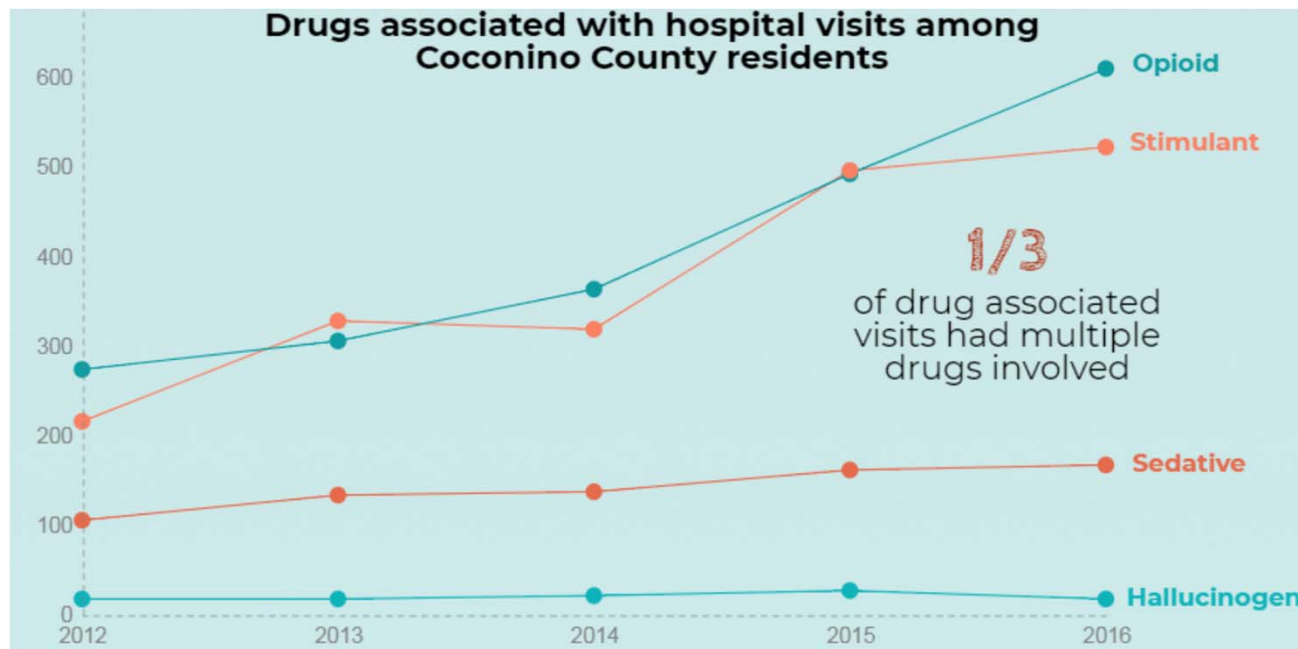


Opioid-associated hospital visits have been increasing since 2012

Most patients are white non-Hispanic males between the ages of 25-34

Drug-Related Hospitalizations

Hospital visits caused or associated with **opioids** cost **\$15.5 million** in 2016
35% of which was covered by AHCCCS (Medicaid)





AZ Rx Drug Misuse & Prescription Drug Overdose Prevention (PDO) Program

STRATEGY 1 - Reduce Illicit acquisition and diversion of prescription drugs

STRATEGY 2 - Promote responsible prescribing and dispensing policies and practices

STRATEGY 3 - Enhance Rx drug practices and policies in law enforcement

STRATEGY 4 - Increase public awareness and patient education about Rx drug misuse and abuse

STRATEGY 5 - Enhance assessment and referral to substance abuse treatment

STRATEGY 1 - Reduce Illicit acquisition and diversion of prescription drugs

- Proper Storage / Safe Disposal
- Distribution of Safety Products



STRATEGY 2 - Promote responsible prescribing and dispensing policies and practices

- Controlled Substance Prescription Monitoring Program (CSPMP)
- Promote the Updated Arizona Opioid Prescribing Guidelines
- CME Trainings/Webinars
- Educational materials for patients



STRATEGY 3 - Enhance Rx drug practices and policies in law enforcement



- Promote the use and distribution of Narcan/Naloxone (Opioid overdose antidote).
- Development of community substance abuse task force.

STRATEGY 4 -

Increase public awareness and patient education about Rx drug misuse and abuse



Public Education

- Substance Abuse Coalition
- Schools/sports programs
- PSAs, marketing campaigns
- Public Naloxone awareness
- Distribute Rx toolkit materials as appropriate

STRATEGY 5 - **Enhance assessment and referral to substance abuse treatment**



**Increase awareness of
screening models, treatment
options, and access to
services.**

- SBIRT
- Medication-Assisted Treatment
- Reduce Stigma/ Other barriers
- Treatment locator at www.rethinkrxabuse.org

Community Stakeholder Meetings

- Meetings were held in several population centers throughout Coconino County
- Representatives were invited from the following sectors: Healthcare, behavioral health, law enforcement and courts, veteran's affairs, education, elected officials, and public health
- Used to determine the resources available, and needs within the community



Community Stakeholder Meetings Findings

- Need for an active Substance Abuse Coalition
- Need for needle exchange and other harm reduction programs, including naloxone program
- Need for information about the following:
 - Where and why to safely dispose of medications
 - How to talk to your kids about opioids and other prescription medications
 - Additional promotion/links to treatment resources, including Medication Assisted Treatment (MAT)
 - Education about recovery, relapse, and overdose risk



Additional Community Needs

Prescriber training

- Opioids
- Pain management
- Substance abuse screening tools (SBIRT)
- MAT
- Adverse Childhood Experiences (ACEs)

Patient information about opioids

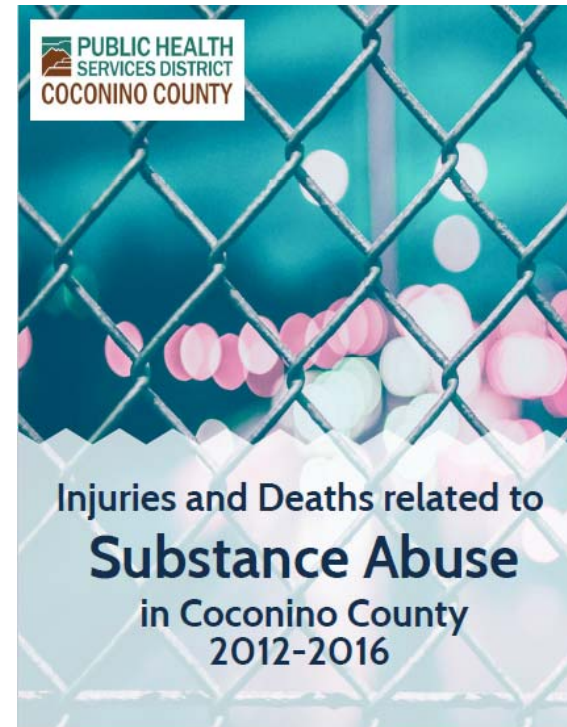
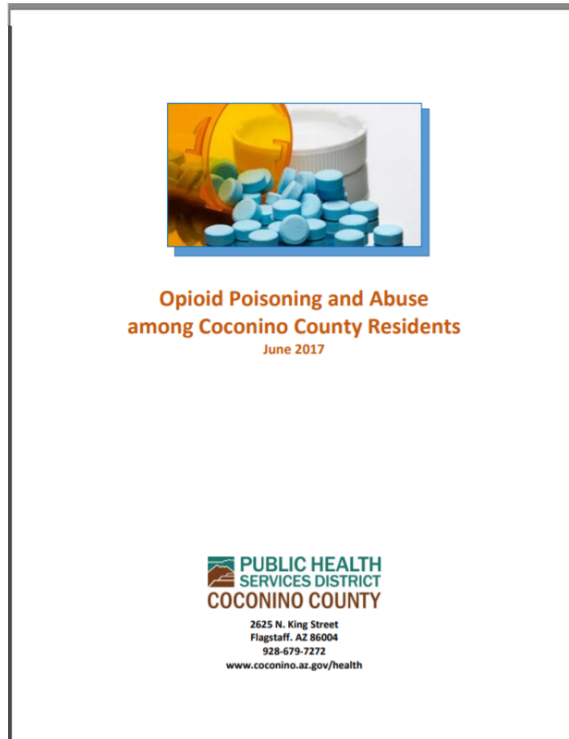
- Addictiveness and length of use
- Other pain management options

Community Concerns

- Will restrictions on prescribers lead to unintended consequences (illegal drug use, alcohol abuse, suicide)?
- Addressing the underlying issues of substance abuse and addiction (trauma, pain, social justice)
- Cost of prescriptions, and alternative pain therapies that are often not covered by insurance



CCPHSD Opioid Reports



An aerial photograph of Baltimore, Maryland, showing the harbor, city buildings, and a marina. A logo for the ICMA conference is overlaid in the upper center. The logo consists of a dark blue rectangle with 'ICMA' in white and 'conference' in smaller white text below it. To the right of this is a white rectangle with a red border containing 'BALTIMORE' in large red letters, '104th Annual Conference' in smaller black text, and 'SEPTEMBER 23-26 2018' in red text. At the bottom right, the hashtag '#ICMA2018' is displayed in white on a dark blue background. A decorative graphic of red, white, and blue curved lines is at the bottom.

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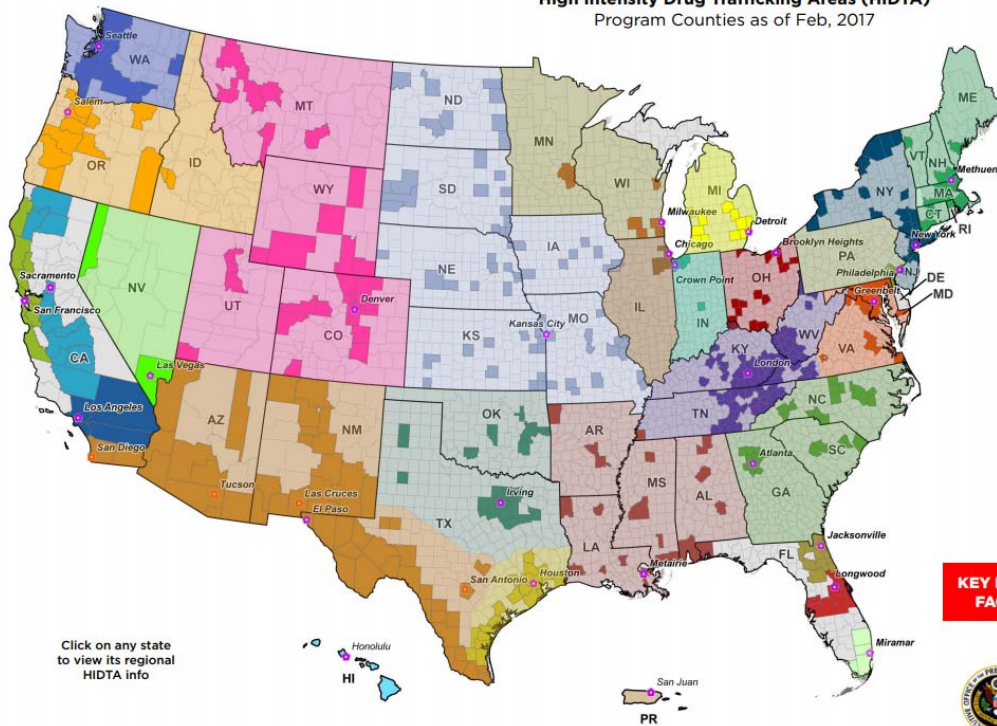
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Combating Opioid Trafficking and Substance Use Disorder

Thomas H. Carr
Executive Director

High Intensity Drug Trafficking Areas (HIDTA)
Program Counties as of Feb, 2017



Click on any state
to view its regional
HIDTA info

KEY HIDTA
FACTS



HIDTA OVERVIEW

HEROIN RESPONSE STRATEGY

OD MAP

MARIJUANA STATUS

DHE CORRIDORS

EMERGING THREATS (NETI)

Presentation Overview

- The HIDTA Program
- W/B HIDTA
- Heroin Response Strategy



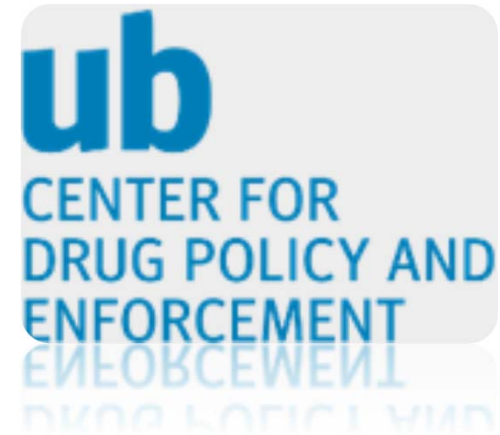
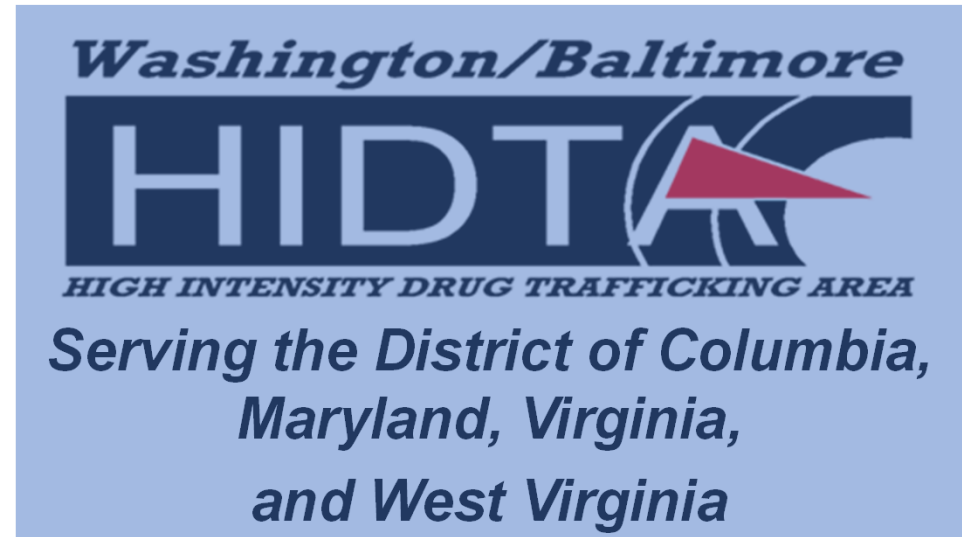
Presentation Overview (cont)

- ODMAP
- Combating Opioid Overdose through Community-Level Intervention
- The Martinsburg Initiative

The HIDTA Program

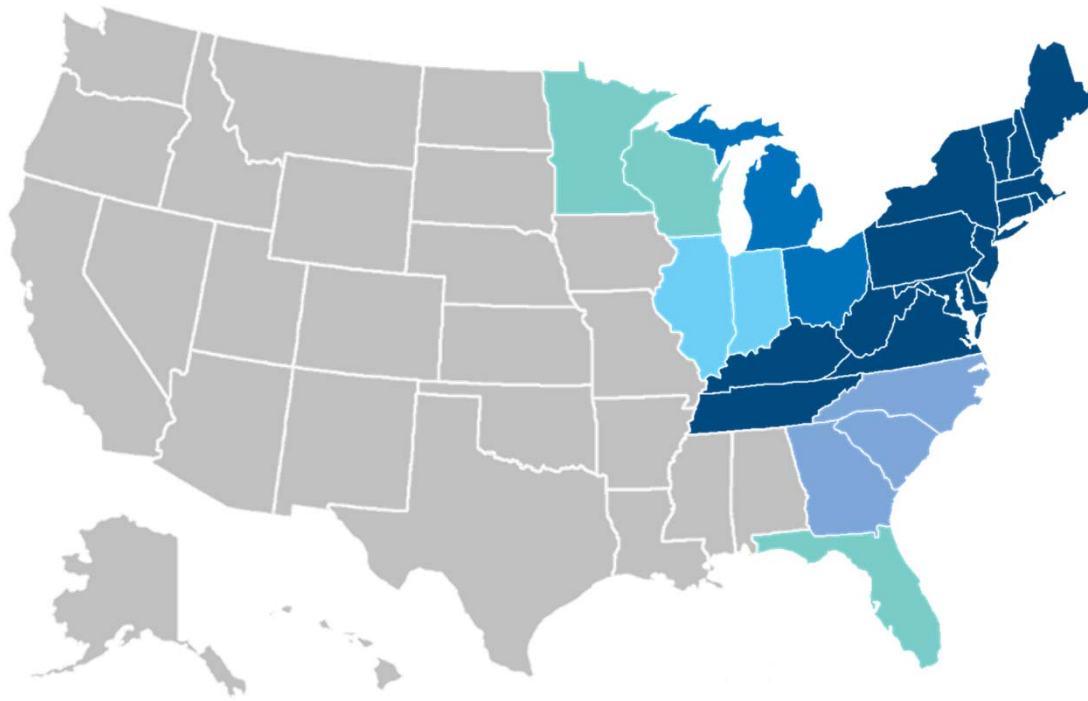


- Law Enforcement
- Treatment
- Prevention



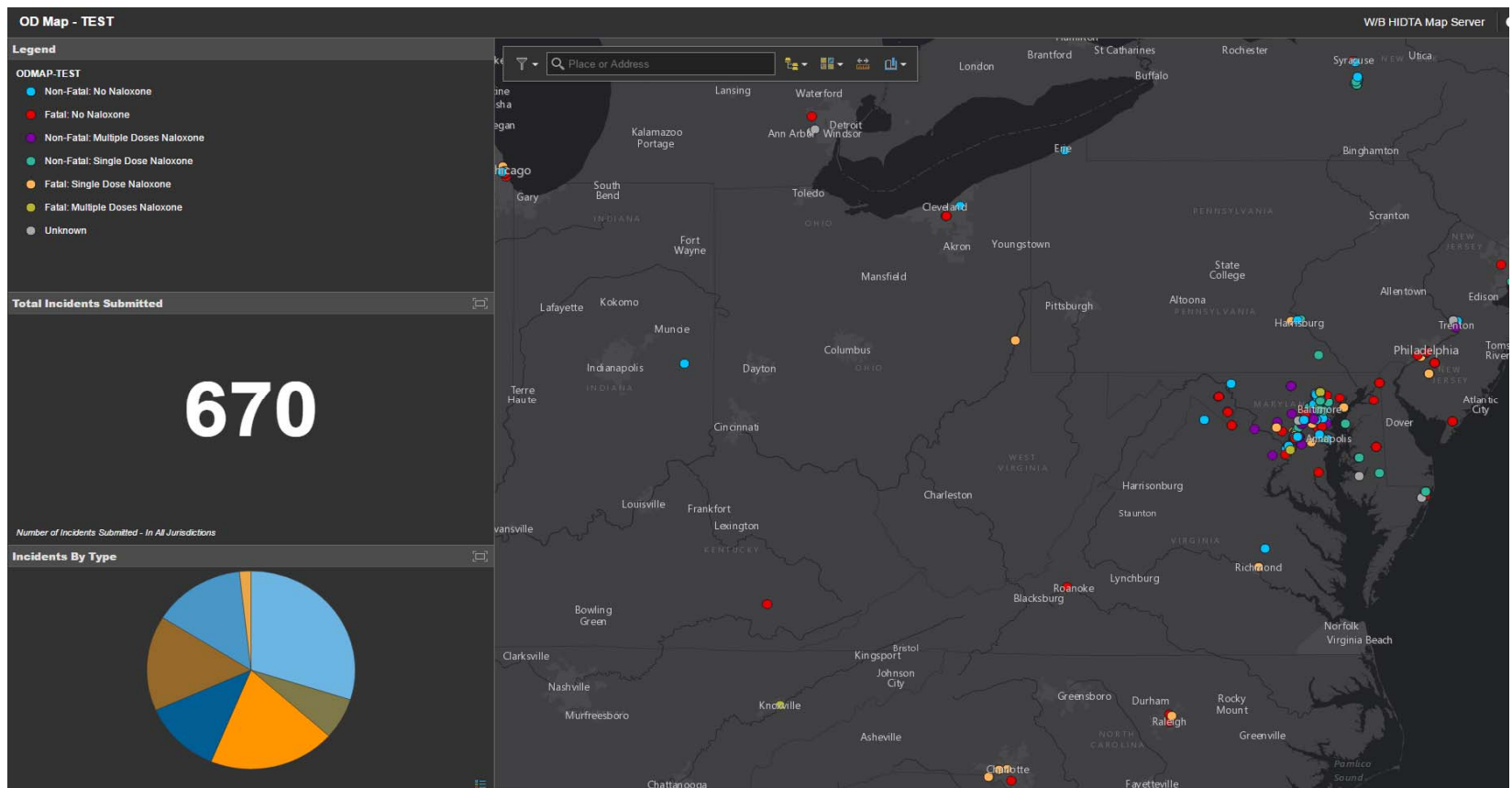
Heroin Response Strategy

10 HIDTAs in 22 States

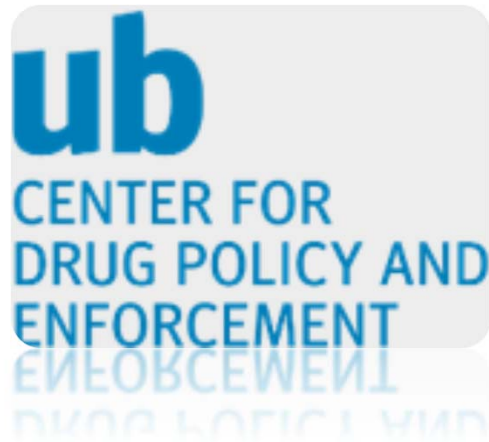


- 22 Drug Intelligence Officers
- 22 Public Health Analysts
- 1 Public Safety Coordinator
- 1 Public Health Coordinator

Overdose Detection Mapping Application Program (ODMAP)



Combating Opioid Overdose through Community-Level Intervention





THE
MARTINSBURG
INITIATIVE

- Adverse Childhood Experiences (ACEs)
- Police, Schools, Families, Communities

An aerial photograph of Baltimore, Maryland, showing the harbor, waterfront buildings, and a large marina. A banner is overlaid at the top of the image.

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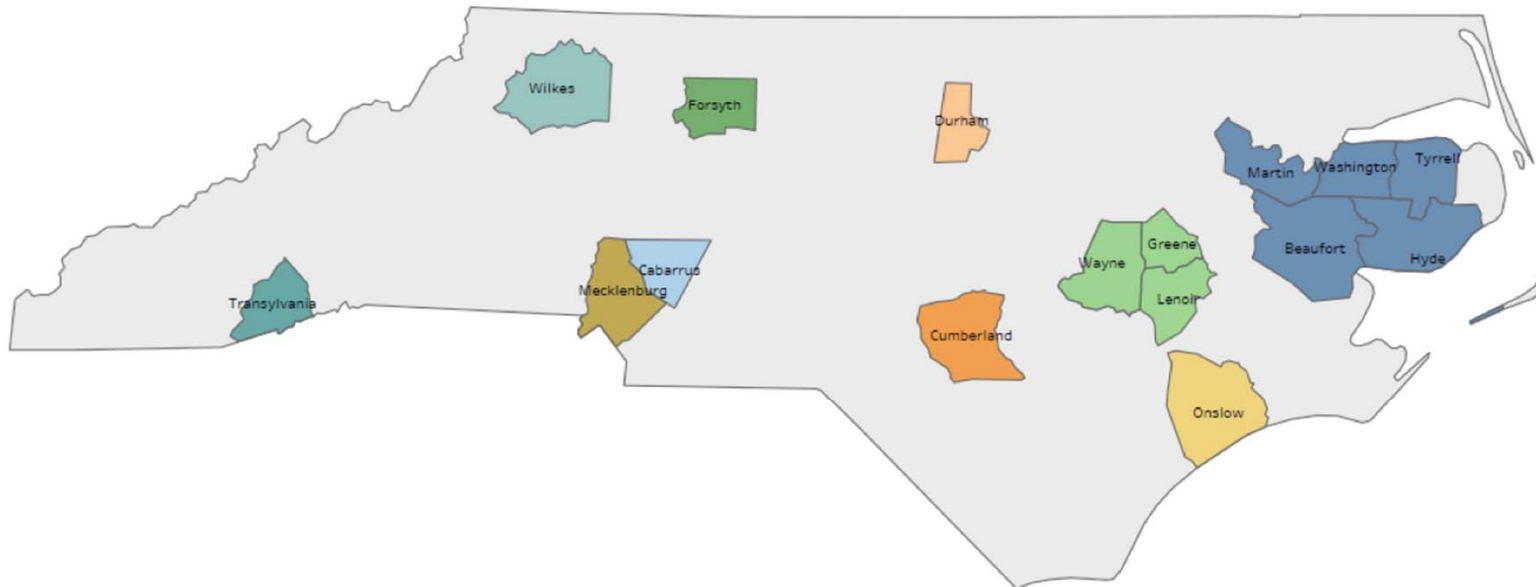
Kim Nelson

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**North Carolina Local
Governments and
the Opioid Crisis:
A Collective Impact
Approach**

Kimberly Nelson, Associate Professor
University of North Carolina, Chapel Hill



Basics of the Program

- Co-sponsored by UNC-SOG and BCBS
- Two-year duration
- 10 county or multi-county teams

Key objectives:

- Help communities identify the primary impacts of the opioid crisis
- Build on prior work in the community
- Formulate programs, plans, policies, and strategies to mitigate identified impacts





**BlueCross
BlueShield**



The SOG provides:

- At least five regional forums (final will be open)
- Faculty support throughout the process
- \$10,000 to assist with hiring a community project manager
- \$10,000 in implementation funding
- A web-based resources for use in other communities



Participating communities contribute:

- A committed team
- Travel funds for team members to attend forums
- Supplemental funds as needed to implement programs

Building the teams

- At least one county
- Some are multi-county or county-municipality
- Other organizations represented:
 - Non-governmental organizations
 - Private sector organizations
- Local government team members come from:
 - County management team
 - Health department
 - Sheriff's department
 - Court system



Figure 1. The Five Elements of Collective Impact



How is this program unique?

- We seek to achieve collective impact
- SOG serves as the backbone organization until communities develop their own
- On-site support through community project managers

What have we done to date?

- Provided instructions and work for monthly community meetings
- Scheduled forums for September and November
- Teams have hired project managers
- Set-up communication method



An aerial photograph of Baltimore, Maryland, showing the harbor, city buildings, and a large marina with many sailboats. The sky is blue with some light clouds. A decorative graphic at the bottom consists of a blue and red wave-like shape.

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Questions?

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