Fighting the Opioid Epidemic

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Public Health Services District

#ICMA2018
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

Demographic breakdown:
- White: 55%
- American Indian/Alaska Native: 26%
- Hispanic: 14%
- Asian/Pacific Islander: 1%
- Black/African American: 1%
- Other: 3%
Coconino County, Arizona

30% of residents receive public health insurance

1 out 6 residents do not have health insurance
Drug-Related Deaths

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

- 66% increase in opioid deaths
- 14% increase in prescription opioid deaths
- 481% increase in heroin deaths
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

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Arizona</th>
<th>Coconino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>22.1</td>
<td>27.9</td>
<td>10.6</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>22.8</td>
<td>17.8</td>
<td>13.4</td>
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All opioid deaths from 2012-2016 were among non-Hispanic white and Hispanic residents
Drug-Related Deaths

Opioid deaths among Coconino County residents

- Primary Cause
- Associated Cause
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.

305% increase in prescription opioid hospitalizations

267% increase in heroin hospitalizations
1 in 4 of hospital visits primarily caused by drugs were related to opioids.
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 have been increasing since 2012. Most patients are white non-Hispanic males between the ages of 25-34.

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](http://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 addition (trauma, pain, social justice)
- Cost of prescriptions, and alternative pain therapies that are often not covered by insurance
CCPHSD Opioid Reports
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

Washington/Baltimore
HIGH INTENSITY DRUG TRAFFICKING AREA
Serving the District of Columbia, Maryland, Virginia, and West Virginia

George Mason University
Mercyhurst University
ub Center for Drug Policy and Enforcement
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
• Adverse Childhood Experiences (ACEs)
• Police, Schools, Families, Communities
Kim Nelson
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
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
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
Questions?