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

January 14th, 2021

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 states, community 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.

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.
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.

Agenda

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

Evolution of a Syndemic

Before the year 2020, there was....

...the Opioid epidemic...

Prescription Pain Reliever Misuse (2019)

1.1 Million People with Opioid Misuse (0.7% of Total Population)

- 5.9 Million
  - 5.9 Million
  - 20 Million (16% of Opioid Misuse)

- 1.1 Million
  - 1.1 Million
  - 20 Million

- 2.2 Million
  - 2.2 Million
  - 100 Million

- 4.2 Million
  - 4.2 Million
  - 1 Billion

- 3.4 Million
  - 3.4 Million
  - 10 Billion

- 1.2 Million
  - 1.2 Million
  - 100 Billion

Medical Decision making for each opioid category is greatly influenced by factors such as:

- 2.2 Million
  - 2.2 Million
  - 100 Million

- 1.1 Million
  - 1.1 Million
  - 20 Million

- 3.4 Million
  - 3.4 Million
  - 100 Billion

- 4.2 Million
  - 4.2 Million
  - 1 Billion

- 5.9 Million
  - 5.9 Million
  - 20 Million

Do not hallucinate.
...and a Mental Health Crisis...

**Figure 60. Adults Aged 18 or Older with Serious Thoughts of Suicide, Suicide Plans, or Suicide Attempts in the Past Year: 2019**

- 13.7 Million
- 10.5 Million Made No Plans and Attempted Suicide
- 1.4 Million Attempted Suicide
- 117,000 Made No Plans and Attempted Suicide
- 12.9 Million Adults Had Serious Thoughts of Suicide

...then there was the COVID-19 pandemic

- March 2020: WHO declares the outbreak a pandemic
- April 2020: 95% of Americans under lockdown
- 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
...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)

- ED visits for nonfatal overdose
  - Increase of 123% (more than doubled)

...resulting in...

...and...

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

...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 adverse 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%

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.
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 (SAD) were more likely to be black in 2020 vs 2019 (6.8% vs 8.7%)
  - Only 50% of 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.

Vulnerable Populations

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

People with Polysubstance History

- 3 out of 4 heroin users started using prescription opioids
- People addicted to Rx opioid painkillers are 40 times more likely to be addicted to heroin
Most Overdose Deaths Involve One or More Illicit Drugs

[Chart showing percentages of overdose deaths involving different types of drugs]

Individuals in Treatment & Recovery for OUD

Individuals with substance use disorders (SUD) are an 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

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 gloominess and future outlooks
- Loss of jobs and income
- Loss of loved ones
- Socioeconomic and conspiracy theories
- Disruption of the supply chain
- Inability to 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

[Links and addresses]
**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 (18%) vs millennial men (6%)

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

**Elderly**

- Higher Risk for Opioid-Related Adverse Events:
  - 2.6 times higher risk, 60-79
  - 4.4 times higher risk, 80+
  - 8.7 times higher risk, 80+

- Patients 65+ receiving opioid within a week of surgery:
  - 16.3% still taking opioids a year later
  - 40% increase in likelihood they would become long-term opioid users

**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
Opioid Risk for Young Adult Populations

- Adolescents
  - Adolescent males who participate in organized sports have:
    - In organized sports have:
      - 50% lower risk of having opioid use disorder
- Millennials (ages 22-37)
  - 18% report they became addicted to or dependent on opioids following surgery
  - Compared to 12% of patients overall

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.

From the Research...

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

Providers Want Access to Non-Opioids

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

- 96% of doctors believe non-opioid options should be an essential element of pain management.
- 85% of doctors believe access to non-opioid options remains a challenge.

Types of Non-Opioids Used in Multimodal Pain Treatment Plans
Alternative Medications:
Combination of 200mg IBU and 500mg ACET/OD more efficacious than any opioid

Percent with 50% postoperative pain relief

Non-pharmacological Therapeutic Options Complement Traditional Analgesic Options
Patient education is critical!

Cognitive behavioral therapy
Physical therapy
Transcutaneous electrical nerve stimulation

Deep breathing
Aerobic exercises

SAFER PRESCRIBING AT YOUR FINGERTIPS.
DOWNLOAD THE GUIDELINES APP TODAY.
www.cdc.gov
Promote Consumer Awareness

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

Partner with patients to provide safer, more effective pain management. Learn more at www.cdc.gov/patientmedications.

Make the most informed decision with your doctor about prescription opioids. Learn more at www.cdc.gov/patientmedications.
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!

Engage Other Healthcare Partners

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

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
Next Steps

Engage Community Partners

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
Next Step: Partner to Collect Opioid-Related Data

Criminal Justice: Police reports (arrests, pharmacy robberies, school searches)

Public Health: HIV/ Hepatitis (NASTP), needle exchange programs, how many syringes are distributed

Healthcare: Emergency director hospital ER visits, drug clinics used to provide ODT

Medical Examiner: Overdose death filings, present in system to identify risk factors

Treatment: Admissions for methadone and heroin (route of administration)

Schools: Expulsions, self-reported misuse among youth and adults

Government: Number of Pain Clinics in your county

Next Step: Plan Across the Opioid Continuum of Care

Strategies Across the Continuum

Next Step: Share the Opioid Misuse Prevention Toolkit

Coalition Opioid Misuse Prevention Toolkit

Coming Soon
Questions and Answers

State Targeted Response Technical Assistance (STR-TA)

To ask questions or submit a technical assistance request:

- Visit www.OpioidResponseNetwork.org
- Email om@iaap.org
- Call 401-279-5900