Community Engagement to Address the Opioid Crisis

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Presenter Information

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• Clinical Consultant for the Carlton County Drug Court Team
• Member of numerous community coalitions and public health teams that strive for substance use prevention and intervention
Objectives

• Review national efforts and progress to address the opioid epidemic
• Articulate the benefits of interprofessional community coalitions in mobilizing against opioid use disorder
• Explain the goals of treatment courts and key components of drug courts in addressing opioid use disorder
• Describe multiple methods of engaging with health care systems and health care professionals to improve care for patients with opioid use disorder
Background: The Opioid Misuse Epidemic

**Figure 1.** Age-adjusted rate* of drug overdose deaths† and drug overdose deaths involving opioids§,¶ — United States, 2000–2014

**Figure 2.** Drug overdose deaths* involving opioids,†,§ by type of opioid§ — United States, 2000–2014

National Trends in Overdose Deaths

Interactive Maps:
http://time.com/4260798/drug-epidemic-america/

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A Complex Epidemic

• Substance use results from a complex interplay of forces
  – medical prescribing, pain, neurophysiologic susceptibility, and life stress and hardship

• Multi-agency, multi-sector, multi-disciplinary, multi-pronged initiatives are required
  – health care, public health, economic development, housing, public safety and education
  – equal access to effective treatment among diverse groups
Interprofessional Community Coalitions to Reduce Substance Use

**Carlton County:** Carlton County Drug Prevention Coalition  
**Kanabec County:** Substance Abuse Coalition of Kanabec County  
**St. Louis County:** Opioid Abuse Response Strategies Workgroup (North and South)  
**Pine County:** Pine County Chemical Health Coalition
Interprofessional Community Coalitions to Reduce Substance Use, continued

Interprofessional Community Coalition Activities

- **Community Forums**
  - Panelist format
  - Conference-style

- **Educational Events**
  - Evening community educational events
  - Above the Influence weeks at local high schools
  - Programming for parents

- **Pursuit of Funding Opportunities**
  - Drug Free Communities grant
  - Department of Human Services grants
  - Foundation grants
  - University grants
Interprofessional Community Coalition Activities, continued

• Take it to the Box
• Public Service Announcements
• Prescription Drug Storage Recommendations
• Engaging Law Enforcement
Interprofessional Community Coalition Activities, final

• Community Naloxone (opiate antagonist used to reverse opioid overdose) Trainings
Long-Term Benefits of Local Coalitions

- Addressing a community need in a community-specific way
- Relationship building
  - Collaboration
- Increased awareness of the issue
  - Community buy-in
- Funneled resources
  - Financial, Human, Organizational
  - Decreased duplication of services
- A healthier, safer community
- Opportunity for sharing lessons learned
Extension of the Community: Treatment Courts

• What are Treatment Courts?

Treatment courts – also called problem-solving courts - address the underlying problems that contribute to criminal behavior and are a current trend in the legal system of the United States.

Examples: Drug Court, Mental Health Court, DWI Court, Veterans Court, Family Court
Extension of the Community: Treatment Courts, continued

- Established to address substance abuse while providing an alternative to prison sentences and traditional corrections supervision.
- Drug Courts have been shown to:
  - reduce crime in participants and graduates
  - save the criminal justice and health care systems money
  - reduce victimization
  - restore families
Goals of Treatment Court

• Support the individual as they start and maintain a lifestyle of long-term recovery
• Restore to law-abiding, productive and healthy citizenship
• Increase public safety
• Reduce recidivism
• Reduce the cost to the system and society
• Prevent drug overdoses
• Reduce the spread of infectious diseases
The Treatment Court Team

- Court staff
- Law Enforcement
- Mental Health
- Treatment
- Social Work
- Community
- Tribal
- Health Care
Why are Drug Courts Effective?

- Legal leverage and incentive
- Coerced treatment
- Multi-disciplinary team and coordinated effort
- Assessing for and addressing responsivity, criminogenic, and maintenance needs in the correct order at the correct time
- Immediate responses to behavior
- Intensive supervision and appropriate levels of treatment
Drug Court Significantly Reduces Recidivism:
New charges & convictions are lower for drug court participants. From drug court entry through 2 1/2 years (drug court lasts approximately 1 1/2 years), one-quarter (26%) of drug court participants had new charges compared to 41% of the comparison group. Conviction rates are also lower for drug court participants (17% vs. 32%).

Source: MN Statewide Drug Court Evaluation 2012
Ensuring Participant Accountability

Drug Courts Promote Social Engagement:
One drug court goal is to ensure participants are accountable for their decisions & improve the quality of their life & their families, & communities. Over half of participants (54%) who start drug court graduate. Almost all participants (94%) receive treatment and 80% complete at least one episode. Non-metro participants are more likely to gain a valid driver’s license.

Entry & Discharge – All Discharged Participants

<table>
<thead>
<tr>
<th>Category</th>
<th>Entry</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>35%</td>
<td>63%</td>
</tr>
<tr>
<td>With Diploma/GED</td>
<td>70%</td>
<td>78%</td>
</tr>
<tr>
<td>Rent/Own</td>
<td>49%</td>
<td>66%</td>
</tr>
<tr>
<td>Valid License</td>
<td>32%</td>
<td>55%</td>
</tr>
<tr>
<td>Paying Child Support</td>
<td>29%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Source: MN Statewide Drug Court Evaluation 2012
Drug Court Success Stories

• “I believe that if not for this program, I wouldn’t have had it in myself to turn my life around.”

• “This has not been an easy achievement, but with my friends, family, and drug court team I have done it.”

• “For the first time in a long time, I feel positive about my future.”

• “I have made extremely positive changes in my life that I never thought I could achieve and I plan to make many more.”
Engaging with Health Care Systems to Improve Care for Opioid Use Disorder

• Hospitals and Clinics
  – Naloxone protocols for high risk and overdose patients
  – Safe opioid prescribing and tapering initiatives, CE
  – Facilitating communication with other local resources: treatment, mental health, needle exchange
  – Engaging staff with community coalitions
  – Encouragement to provide **Medication-Assisted Treatment (MAT)**
Naloxone Mechanism

- High affinity $\mu$ receptor antagonist
  - Displaces opioids to reverse respiratory depression
  - Opioids still circulate in the body
- No dependence or tolerance
- No clinical effects in absence of opioids
Engaging with Health Care Systems

• Continuing Medical Education for Health Care Professionals
Chronic Opioid Analgesic Therapy (COAT) Program

• Essentia Health East Region treatment program designed to help people with a history of *chronic opioid use* reduce or eliminate their dependence on the medications for non-cancer-related pain

• Careful monitoring of their prescription history, education on the dangers of overuse and, when appropriate, guidance through a gradual weaning process to a safer level of use
Chronic Opioid Analgesic Therapy (COAT) Program, cont.

- All primary care providers trained in COAT
- Education for specialists (ex. surgeons, rheumatologists on recognizing signs of dependence)
- Significantly reduced the number of patients diverting or using opioids inappropriately
Engaging with Health Care Systems to Improve Care for Opioid Use Disorder, again

- **Pharmacies**
  - Naloxone prescribing, protocols, standing orders
  - Facilitating communication between area prescribers and public health
  - Provision of toolkits: counseling tips, patient education materials, appropriate use of opioids
  - Continuing education opportunities
  - Engaging pharmacists with local coalition work
Engaging with Health Care Systems to Improve Care for Opioid Use Disorder, cont.

- **Health Services at College Campuses**
  - Education for students on recognizing the signs of opioid overdose
  - Naloxone training for faculty, staff and students
  - Policies and procedures for naloxone on campus
  - Building relationships between college campuses and public health, local coalitions
Engaging with Health Care Systems to Improve Care for Opioid Use Disorder, final

SAMHSA’s CAPT Website has Grantee stories:

• Tips for Engaging with Prescribers to Prevent Opioid Misuse
• Engaging People with Lived Experience of Substance Misuse
• Collaborating to with Law Enforcement to Prevent Prescription Drug Abuse
• Changing Perceptions of Harm Reduction
Addressing the Opioid Crisis

- **Improve opioid prescribing** to reduce exposure to opioids, prevent abuse, and stop addiction.
- **Expand access to evidence-based substance abuse treatment**, such as MAT, for people already struggling with opioid addiction.
- **Expand access and use of naloxone**—a safe antidote to reverse opioid overdose.

Preventing Opioid Overdose, CDC, [https://www.cdc.gov/drugoverdose/epidemic/index.html](https://www.cdc.gov/drugoverdose/epidemic/index.html)
Addressing the Opioid Crisis, cont.

- Promote the use of state prescription drug monitoring programs, which give health care providers information to improve patient safety and prevent abuse.
- Implement and strengthen state strategies that help prevent high-risk prescribing and prevent opioid overdose.
- Improve detection of the trends of illegal opioid use by working with state and local public health agencies, medical examiners and coroners, and law enforcement.

Thinking about the language we use….

- Our words can contribute to bias and stigma and may serve as a barrier for others to get treatment
- “Addict” or “drug seeker” versus “person with substance use disorder”
- “Dirty” versus positive urine drug screen
- “Clean” versus negative urine drug screen
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QUESTIONS?

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