
November 17, 2015

SAMHSA’s Center for the Application of Prevention Technologies (CAPT)

Presenters:
Wayne Harding, Principal Investigator & Director of Evaluation for SAMHSA’s Center for the Application of Prevention Technology (CAPT), Waltham, Massachusetts

Barbara Cimaglio, Deputy Commissioner for Alcohol and Drug Abuse Programs at the Vermont Department of Health (VDH), Burlington, Vermont

Alejandro Rivera, Vice President of Prevention Programs, Bay State Community Services, Inc., Quincy, Massachusetts
This presentation was developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024I/HHSS28342002T.

For training use only.
What is the CAPT?

The Center for the Application of Prevention Technologies is a national training and technical assistance (T/TA) system that serves Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA/CSAP) grantees from the Strategic Prevention Framework State/Tribe Incentive (SPF SIG/TIG), Partnerships for Success (PFS), and the Substance Abuse Prevention and Treatment Block Grant (SAPT-BG). See: www.samhsa.gov/capt.
Examples of CAPT Services Addressing Opioids

Webinars:

• Beyond the Warning Label: Identifying and Prioritizing Risk and Protective Factors for Non-Medical Use of Prescription Drugs
• What’s the Prescription? Strategies and Interventions to Prevent the Non-Medical Use of Prescription Drugs
Examples of CAPT Tools Addressing Opioids

- Sources of Consumption Data Related to Non-medical Use of Prescription Drugs
- Sources of Consequence Data Related to Non-medical Use of Prescription Drugs (National and Local)
- Finding Interventions to Prevent or Reduce Opioid Abuse and Overdose: Selected Resources
- Substance Abuse Prevention Planning and Epidemiology Tool (www.sappet-epi.com; password: sappet)
Troubling Data

- In 2000, retail pharmacies dispensed 174 million prescriptions for opioids; by 2009, 257 million prescriptions were dispensed, a 48% increase.¹
- From 2004 to 2009, ED visits involving nonmedical use of pharmaceuticals increased 98% (627,291 to 1,244,679). Opiate/opioid analgesics were the most frequently reported drugs; present in 50% percent of nonmedical-use ED visits.²
In 2012, there were 41,502 deaths due to drug poisoning (often referred to as drug-overdose deaths) in the U.S.; 39% involved opioid analgesics and 14% heroin.\(^3\)

From 1999 through 2012, rates for drug-poisoning deaths involving opioid analgesics more than tripled (from 1.4 per to 5.1 per 100,000).\(^3\)

By 2009, drug overdose deaths outnumbered deaths due to motor vehicle crashes for the first time in the U.S.\(^4\)
National/Federal Attention

• The Prescription Drug Monitoring Program Center of Excellence was established in 2010.

• In 2011, the White House Office of National Drug Control Policy (ONDCP) issued the policy statement *Epidemic: Responding to America’s Prescription Drug Abuse Crisis*, which focused on prescription opioid abuse.\(^5\)

• In 2012, CSAP issued a Request for Proposal (RFP) for the Partnerships for Success (PFS) II initiative that provided states with 3-year funding to focus on underage drinking and/or prescription drug misuse and abuse. 5-year funding was awarded under the PFS 2013, 2014, and 2015 initiatives.

• The White House convened a “Summit on the Opioid Epidemic” in 2014.
• In 2015, the Centers for Disease Control and Prevention (CDC) awarded 4-year Prevention for States funding to 16 states to provide state health departments with resources to advance interventions for preventing prescription drug overdoses.

• In September 2015, CVS announced it will add 12 states to its program to sell the opioid overdose antidote naloxone without a prescription, bringing the total to 14.

• In October 2015, President Obama announced new private public partnerships to address prescription drug abuse and heroin use. Over the next two years, this will include opioid prescriber training for 540,000 health care providers, doubling the number of providers enrolled in prescription drug monitoring programs (PDMPs).
State/Regional Attention

- Deval Patrick, who was Governor of Massachusetts, declared opioid addiction a “public health emergency” in 2014. His state plan included improved regional coordination to help keep illicit opioids and diverted prescription drugs from crossing state lines.

- In 2014, governors of five New England states convened for a regional summit on opioid abuse. They agreed to share prescription drug misuse data to curb “doctor shopping” by patients and small-time drug dealers.
Local Attention

Articles found in the *Burlington Union*, Burlington MA, on October 1, 2015:

- “Forums Launched to Combat Opioid Use”
- “Massachusetts General Hospital Settles Drug Diversion Case”
- “Drug Addiction Prevention”
## Benefits and Challenges

<table>
<thead>
<tr>
<th><strong>Benefits</strong></th>
<th><strong>Challenges</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>More funding directed at opioid use</td>
<td>Need to coordinate multiple funding sources</td>
</tr>
<tr>
<td>Increased federal, state, and local awareness aid; mobilization</td>
<td>Rising expectations that the problem will be reduced/solved</td>
</tr>
</tbody>
</table>
If you have questions or comments, please don’t hesitate to contact:

Wayne Harding
Principle Investigator
and Director of Evaluation
781-273-4206
wharding@ssre.org

Barbara Cimaglio
Deputy Commissioner
Alcohol and Drug Abuse Programs

November, 2015
Vermont’s Approach

The public health approach –
Review data
Gain partner collaboration
Develop policies
Implement Program
Evaluate Outcomes
The Prevalence of Heroin Use in the Vermont Population is Low and Stable

- 2% of high school students reported ever using heroin in 2013 (YRBS)
  - This is down, although not significantly, from 3% in 2011

- Less than 1% of Vermont adults ages 12+ reported using heroin in the past year in 2011/2012 (NSDUH)
  - Past year prevalence of heroin use in Vermont remained unchanged from 2009/2010 to 2011/2012
  - In 2011/2012 Vermont had a significantly lower prevalence of heroin use compared to the United States
VT Emergency Department Early Aberration Reporting System Opioid Overdose Rate per 10,000 People by Type of Opioid 2010-2014

Source: Vermont Early Aberration Reporting System
Heroin Deaths Continue to Rise; Prescription Drug Deaths Remain Constant

Total number of drug-related fatalities involving an opioid
January 1, 2004 through December 31, 2014

Source: Office of the Chief Medical Examiner
The Number of Individuals Using Heroin at Treatment Admission is Increasing Faster Than For Other Opioids/Synthetics

Number of people treated in Vermont by substance

- Alcohol
- Marijuana/Hashish
- Heroin/Other Opioids
- All Others

Source: Alcohol and Drug Abuse Treatment Programs
The Number of Individuals Using Heroin at Treatment Admission Has Increased in the Last Two Years

Type of Opioid Being Used on Admission to Treatment

- Heroin
- Other Opioids/Synthetics
- Non-prescription Methadone

Source: Alcohol and Drug Abuse Treatment Programs
Age of First Use of Opiates is Generally Older Than Age of First Use of Alcohol

Vermont Department of Health

Source: Alcohol and Drug Abuse Treatment Programs, admissions 2005-2011
People Seek Treatment for Opiate Addiction Sooner After First Use Than With Alcohol Addiction

Elapsed Time (Years) Between Age of First Use and Age at Treatment
Admission for Daily Users of Opiates and Alcohol

Average Elapsed Time
- Opiates: 8.2 years
- Alcohol: 24.8 years

Number of Admits
- Opiates: 6776
- Alcohol: 6207

Source: Alcohol and Drug Abuse Treatment Programs, admissions 2005-2011
Actions to Address Opioid Drug Abuse

Prevention/Education
• Prescriber education
• Community forums/prevention
• Naloxone distribution

Tracking and Monitoring
• Vermont Prescription Drug Monitoring System (VPMS)

Enforcement/Regulation
• Identification verification at pharmacies
• Law enforcement training on prescription drug misuse and diversion
• Regulation for prescribing opiates

Proper Medication Disposal
• Keeping medications safe at home
• Proper medication disposal guidelines consistent with FDA standards
• Community take-back programs
• Media Campaign

Treatment Options
• Care Alliance for Opioid Addiction Regional Treatment Centers
• Outpatient and residential treatment at state-funded treatment providers
• Recovery Centers
Goal: Prevent Opioid Misuse and Consequences

Timeline:
2013 – Opiate Legislation/Naloxone bill
2013 – First hub services begin in January

2014 – Governor’s State of the State Speech
2014 – June Governor’s Forum
2014 – Refocus on community prevention activities
Goal: Prevent Opioid Misuse and Consequences

Timeline:

2014 – NGA Fall Policy Academy on Opiates
   -- established state priorities/goals
2014 – NE Governors workgroup
2014 – Governor’s Criminal Justice & Substance Abuse Cabinet
   -- brought key stakeholders together
New England Governors’ Workgroup

- New England Governors’ Offices hosted a meeting of staff from New England and New York – June 2014

Five priority directions were identified:

1) coordinating substance abuse prevention messages;
2) promoting unified prescribing guidelines for pain management;
3) sharing prescription drug monitoring systems data;
4) integrating opiate addiction into primary care;
5) expanding access to variety of treatment services.
NGA Policy Academy (Fall 2014/Spring 2015)

- Two series of 6-state learning collaboratives on prescription drug abuse
- VT and NV Governors led 2\textsuperscript{nd} series
- Opportunity to learn from experts and other states about what is working and challenges
- Opportunity to share strategies
- Developed plans and reported back
- NGA team worked to keep us on track & brought TA on requested topics
Goal: Prevent Addiction

Implement strategies for awareness/earlier detection:

- Screening, Brief Intervention & Referral to Treatment (SBIRT)
- SPF/Regional Prevention Partnership Grant
- Unified Pain Management Guidelines/Regulations
- Continuing Medical Education Requirement
Naloxone (Opioid OD Reversal Drug)

- All EMTs can administer naloxone
- New legislation allows pharmacists to dispense over-the-counter (OTC)
- Training and resource materials are available on the VDH website
- Good Samaritan Law passed; naloxone prescriptions can be written for a family member
- Training for law enforcement through Vermont State Police

http://healthvermont.gov/adap/treatment/naloxone/index.aspx#kit
Naloxone (Opioid OD Reversal Drug) (cont.)

- Began December 2013
  - 2,289 kits distributed
  - 769 refills have been dispensed

Data:
- 27% of users called 911
- 62% of people who used were friends of the person who overdosed
Regulation

- MAT Rule
- Unified Pain Management Rule
  - VPMS (prescription monitoring)
  - Patient contract
  - Urinalysis requirement
  - Pill counts
  - Referral for risk

Vermont Department of Health
Unified Pain Management Regulation

- Improving pain management policy in Vermont:
    opioid_pain_treatment_policy.pdf
    opioids_prescribing_for_chronic_pain_rule.pdf

- Working to improve the usefulness of the Vermont Prescription Monitoring System

- Working to improve provider education around pain management and prescribing practices
The Care Alliance for Opioid Addiction

- **A Hub is a regional opioid treatment center** responsible for coordinating the care and support services for patients who have complex addictions and co-occurring substance abuse and mental health conditions. Patients who need methadone must be treated here. Patients who need buprenorphine may be treated here.

- **A Spoke is a “medical home”** – such as a primary care practice or health center, responsible for coordinating the care and support services for patients with opioid addictions who have less complex medical needs. Only patients who are treated with buprenorphine receive treatment in the spokes.

- Depending on the patient’s needs, **Support Services** may include mental health and substance abuse treatment, pain management, family supports, life skills, job development, and recovery supports.
The Care Alliance for Opioid Addiction

A regional approach for delivering Medication Assisted Therapy to Vermonters who suffer from opioid drug addiction.

The Care Alliance is designed to coordinate addiction treatment with medical care and counseling, supported by community health teams and services, to effectively treat the whole person as they make their way along the path to recovery.

Medication Assisted Therapy (MAT) is an effective treatment for opioid addiction that involves prescribing medication – methadone or buprenorphine – in combination with counseling.
Measuring Outcomes

Opiate Performance Dashboard:
Benefits/Challenges of a Regional Approach

- Brings greater level of attention to issues
- Adds urgency to the work
- Focus from top leadership
- SSAs and NPNs are used to working together
- Forges new partnerships

Changes when new leaders are elected

- Difficulty getting agreement on a publishable plan
- Over time, state priorities change; hard to sustain
Actions to Address Opioid Drug Abuse

Prevention/Education
- Prescriber education
- Community forums/prevention
- Naloxone distribution

Tracking and Monitoring
- Vermont Prescription Drug Monitoring System (VPMS)

Proper Medication Disposal
- Keeping medications safe at home
- Proper medication disposal guidelines consistent with FDA standards
- Community take-back programs
- Media Campaign

Enforcement/Regulation
- Identification verification at pharmacies
- Law enforcement training on prescription drug misuse and diversion
- Regulation for prescribing opiates

Treatment Options
- Care Alliance for Opioid Addiction
- Regional Treatment Centers
- Outpatient and residential treatment at state-funded treatment providers
- Recovery Centers
Vermont Department of Health

Website:  http://healthvermont.gov

Substance Abuse Prevention/Treatment & Related Data:
http://healthvermont.gov/adap/adap.aspx

Naloxone: http://www.healthvermont.gov/adap/treatment/naloxone/

Opiate performance dashboard:

Barbara Cimaglio, Deputy Commissioner
Barbara.cimaglio@vermont.gov
Office Phone:  802-951-1258
IMPACT QUINCY:
BUILDING LOCAL CAPACITY TO RESPOND TO STATE-LEVEL PRIORITIES ON OPIOID OVERDOSE

FUNDED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (BSAS)

ALEJANDRO RIVERA
VICE PRESIDENT OF PREVENTION SERVICES
BAY STATE COMMUNITY SERVICES
• Beginning in 2009, Impact Quincy received funding to “prevent and reduce fatal and non-fatal opioid overdoses”

• Impact Quincy established a broad support-base for Quincy’s opioid overdose issue by enhancing municipal collaboration and assessment outreach

• This resulted in increased community understanding and regional awareness of the opioid issue leading to sustainable new practices and policy change
BACKGROUND, CONT.

• Guidelines from state-level prevention unit (BSAS)
  • Implement Strategic Prevention Framework
  • Extensive use of data
    • Qualitative and quantitative assessment data
    • Research-based Intervening Variables, reflected by local data
    • Grounding in local cultural norms and values
  • Emphasis on implementing local, sustainable policies and practices
  • Required commitment of key decision-makers and stakeholders throughout the process
BACKGROUND, CONT.

• Collaboration with other state-led efforts
  • Narcan Pilot Program
  • Good Samaritan Law
  • Prescription Monitoring Program
LOCAL-LEVEL OVERVIEW, 2009

• Narcan
  • Limited to EMT’s, who only provide it in response to an emergency;
  • Community access to Narcan by bystanders was 16 miles away (30 minutes away);
  • ER in local hospital, only other place to provide Narcan for an overdose

• Widespread stigma and misperception about who overdoses in the community
STRATEGIES IMPLEMENTED

• Impact Quincy established a broad support-base for Quincy’s opioid overdose issue by enhancing municipal collaboration and assessment outreach.

• Created a range of educational materials related to overdoses.

• Created a website to provide information about overdoses.

• Provided training to Quincy Police and Fire Departments.
STRATEGIES IMPLEMENTED, CONT.

• Trained over 1,500 community members in what to do in case of an overdose
• Promoted the use of Narcan
• Promoted the use of the Good Samaritan Law
• Outreach to active user population and incarcerated population
CHANGING PERCEPTION OF STIGMA IN THE MEDIA

• 2011-2012 The number of positive articles about addiction is increasing (support for recovery)

• Addiction articles with negative connotations is decreasing: no use of “junkies”, “dopehead”, etc. (Cambridge Health Alliance data)
OVERVIEW OF LOCAL ACHIEVEMENTS, 2015

• Narcan Availability
  • First responders carry Narcan (Police and Fire)
  • As of today, there have been over 330 overdose reversals in Quincy by Police and Fire Personnel
  • Free access to Narcan to residents and bystanders
OVERVIEW OF LOCAL ACHIEVEMENTS, 2015

• Community Education and Trainings (how to respond to an overdose)
  • Quincy Police and Fire Departments trained by the program on how to administer Narcan
  • Educated over 1,500 individuals and service providers in how to respond to an overdose
  • All local social service providers staff trained in how to respond to an overdose
OVERVIEW OF REGIONAL ACHIEVEMENTS, 2015

• Prescription Drug Disposal
  • Institutionalized Drug Take-Back Day in surrounding cities and towns
  • Implemented Drug Disposal Kiosks in all Norfolk County cities and towns (5 cities, 23 towns) in collaboration with the Norfolk County DA

• Community Support
  • Learn2Cope, a prominent support group, meets weekly
  • Organized and coordinated Candlelight Vigils in cluster

• Increased capacity to four neighborhood cities
  • Regional approach (cluster of 3-5 cities)