OPIOID PRESCRIPTION DRUG ABUSE AND HEROIN ADDICTION REGIONAL PLANNING MEETING

PARTICIPANT SUMMARY REPORT

A summary of topics discussed at the June 6, 2016 meeting

held at the SIU Dunn-Richmond Economic Development Center, in Carbondale, Illinois

OPIOID PRESCRIPTION DRUG ABUSE AND HEROIN ADDICTION REGIONAL PLANNING MEETING

SUMMARY OF PARTICIPANT DISCUSSION

July 21, 2016

INTRODUCTION

This summary was prepared in order to provide the participants of the June 6, 2016 Planning Meeting with a review of the comments and ideas put forward during that event. It was developed from event organizers' field notes, observations, and comments presented during the Meeting's "report out' sessions. Summary headings generally follow the assigned topics of discussion. There is some redundancy between sections because of overlaps in the discussions. The summary also offers an overview of overriding themes presented during the event.

PURPOSE OF THE REGIONAL PLANNING MEETING

The purpose of the meeting was to:

- collect information from experienced practitioners who are engaged in addressing the opioid crisis on a daily basis
- assess the efforts that were already underway to combat the prescription drug and heroin abuse issue in the Southern Illinois region
- explore ways to coordinate efforts to address the opioid crisis
- compile information to formulate a Regional Action Plan that will reduce the threat of opioid abuse and its consequences in southern Illinois communities

ATTENDEES

The meeting was attended by 70 professionals, including substance abuse treatment clinicians and administrators, physicians, pharmacists, state and local health department representatives, federal, state, and local law enforcement officials, hospital and health administrators, educators and health educators and representatives of political leaders. Organizational representation included county health departments, hospitals, FQHC/Rural Health Centers, behavioral health service providers, state agencies/departments, federal agencies, educational institutions, and non-governmental organizations.

PREVALENCE OF OPIOID ABUSE AND HEROIN ADDICTION

Participants described numerous observations of the prevalence and magnitude of the opioid crisis and its impacts in the region, from the perspective of their various professions. Some of the measures that were discussed included: increases in overdose patients in EDs, long waiting lists for MAT and residential treatment, increases in blood-borne diseases due to needle sharing, deaths due to overdoses, arrests and incarcerations for drug possession/distribution, drug seeking behavior in EDs and doctors' offices, and numerous others.

CURRENT REGIONAL RESPONSE TO THE OPIOID CRISIS

Participants identified a number of effective strategies that have been initiated in response to the growing opioid crisis:

Prevention and harm reduction strategies

Efforts to prevent opioid abuse and reduce the harm from addiction are taking place in the region. The medical community is urging primary care providers to improve their pain management skills and opioid prescribing practices. All physicians are encouraged to participate in the PMP and some pharmacies have implemented drug take-back programs. Some emergency departments have written policies for treating opioid overdose/addiction risk, including: referral to primary care/outpatient treatment, limiting strength/quantity of medications prescribed and prescribing NARCAN when discharging patients who are considered to be an overdose risk.

Community harm reduction strategies include needle exchange programs in some locales, deployment of community "prevention specialists" by local health centers, and the Illinois Good Samaritan laws that are promoted to ensure prompt reporting of drug overdose events.

Prevention education classes are being conducted at many schools in the region and prevention program grants are available for primary schools.

Illinois Department of Human Services/Division of Alcoholism and Substance Abuse (DASA) certified *Drug Overdose Prevention Programs* have been implemented in some parts of the region to improve access to opioid reversal medicines (Naloxone/ NARCAN) and training for emergency department physicians, pharmacists, first responders, law enforcement. NARCAN is available without prescription ("on-demand") provision at some pharmacies and paid for by Medicaid and some insurance providers.

Current treatment/response resources

There was general agreement that *current treatment resources are completely inadequate* to meet the needs in the region. There are only 5 certified MAT physicians in the immediate region, and there are long waiting lists for both MAT treatment and admission to residential treatment programs. Only a few hospitals in the region have drug treatment beds. The shortage of treatment providers means that many who are seeking treatment have long travel times in a region with a poor economy and few good transportation resources. Some faith-based events/programs (AA/NA) are available in the region.

The inadequacy of treatment is complicated by the nature of opioid addiction. Physiological dependency and nearly inevitable relapse means that *addicts will require treatment for extended periods, and will need substantial and long-term resource commitment*. Addicts are

frequently unable to fully commit to treatment. MAT alone is ineffective, and addicts also require psychological therapy, which must be provided by behavioral health professionals. However, behavioral health resources are also currently in short supply. Treatment of opioid addiction is complicated, time consuming, and expensive.

Supply reduction

The Illinois Prescription (Drug) Monitoring Program (PMP) has been acknowledged as generally effective although not fully implemented. Attendees were looking forward to "real time" prescription reporting, full participation by all prescribers, and delegation of reporting to non-MD licensed staff. Effectiveness in border regions is also impacted by less than optimal interactions with PMPs in bordering states, especially with Missouri, because of its apparent inability to implement a PMP program at all.

Opioid "take-back" programs were considered to be a particularly effective way to reduce supply. Public education was also identified as one way to encourage participation in "take-back" programs.

CRITICAL OBJECTIVES IN RESPONDING TO THE OPIOID CRISIS

Several objectives were considered to be essential in the effort to reduce opioid abuse. *Prevention programs were considered to be the most vital strategy to the long-term reduction in opioid abuse*.

One key element of prevention efforts was seen to be the *creation of a clear and consistent public message that can be used to engage the public, through the media*. The "old model" of addiction as a criminal/moral failing needs to be replaced with a "disease model". It is critical that the public (and legislators) understand the role of numerous conditions (chronic pain, mental illness, multi-generational poverty, unemployment, poorly funded schools and health systems, culture, social isolation, etc.) in the predisposition to addiction. Addicts need to be diverted from the criminal justice system to the health care system to obtain effective treatment and to prevent the spread of communicable diseases.

There is a critical need for the expansion (and funding) of treatment resources in the region. Timely, comprehensive treatment of chronic pain and addiction is the most effective path and the most cost-effective long-term strategy. A system of improved agency and provider communication, cooperation, and interaction can help improve the overall effectiveness of service delivery and ensure the best use of scarce treatment resources.

ADDRESSING THE OPIOID CRISIS

Immediate initiatives

Attendees identified a number of actions that could be immediately initiated/expanded to address the opioid crisis. These included: harm reduction (naloxone training/distribution),

organization/collaboration (expand coalitions; engage all sectors of community); supply reduction (PMP, take-back programs); community education ("evidence-based" education programs for all populations and sectors); political advocacy (lobbying for more treatment funding); and medical education ("responsible" prescribing, patient education, engage primary care providers, advocate for PMP, physician training and continuing education).

Assets and barriers to implementation of programs

Many parts of the region were described as having a good network of coalitions that engage most of the sectors that are involved in the opioid crisis. There is a general awareness of the problem in the public and the media. Health departments and hospitals throughout the region have acknowledged substance abuse and mental health as *priorities*. First responder trainings have already been conducted in some areas, and there is good access to, and use of, the PMP by some physicians/pharmacists. The region has many experienced educators with some addiction prevention programs already in place.

Some parts of the region have poor access to any form of substance abuse treatment or MAT-trained physicians, lack active community coalitions, and do not have the funds for naloxone or overdose reversal training programs. Health departments throughout the region are critically short of resources. Addiction treatment must be long-term (because of physiological dependency/relapse) and is costly. The PMP is not yet "real-time", use is not mandatory and there is no interaction with surrounding states.

The economy of the region is struggling with high unemployment/lack of job opportunities, and limited public transportation. This lack of opportunity creates an environment of hopelessness that breeds substance abuse. Medicaid and insurers are not fully funding treatment, and government regulations limit the number of patients that can be treated by MAT providers. Reliable, timely data is not available, resulting in a "hidden crisis". The "stigma" of drug addiction impacts public support and resource allocation, and prevents addicts from seeking treatment. Improved referral systems between all levels of treatment providers are needed.

Many communities are unaware of the nature/causes of the opioid addiction crisis and the limited availability of treatment resources. A short survey conducted during the meeting found that 90% of respondents (N=45) rated their communities as have less than even "basic" knowledge about opioid addiction or what to do about it. None of the participants rated their communities as very knowledgeable or ready and willing to take action.

There are barriers to law enforcement's universal acceptance of the "medical model" of addiction. Incarceration of addicts into the criminal justice system is counterproductive to resolving addiction. Legislators are generally well-meaning, but uniformed; prepared to pass legislation but not to allocate funding resources.

Community engagement

Participants identified a list of key individuals and groups whose involvement was essential to the success of efforts to reverse the opioid crisis.

- Successful recovery individuals/Recovering Individuals
- Business Community/Employers, through wellness programs /Chambers of Commerce/Business owners of low wage employers
- Media
- Parents
- Educators/schools
- Students/Youth/Youth leaders (e.g., 4-H agents, Boys and Girls Club workers, scout leaders, teachers, youth ministers)
- Faith communities/ministerial alliances
- Civic and volunteer groups
- State and local governments (especially those with expertise in the field of substance abuse)
- Other organizations involved in reducing substance abuse
- Attorneys/Prosecutors/Local police/sheriffs/law enforcement
- Physicians/IL Primary Care Association/Medical schools (pain/addiction treatment and instruction/continuing education)
- Insurance companies/managed care organizations (MCOs)

Funding priorities

Participants recommend that any increased funding be used to expand treatment venues and opportunities, prevention education, and law enforcement initiatives. Would like to see evidence-based programs in all K-12 schools, expansion of MAT training for physicians and mid-level (NPs/PAs) professionals, expansion of harm reduction programs (such as needle exchanges, naloxone training and distribution), and full implementation of PMP. Increased community education would help to better engage families and organizations in prevention activities and help to direct addicts to treatment resources. Development of drug treatment programs for those in prison would effectively reduce addiction and recidivism.

GENERAL THEMES

Several recurring themes were observed within the meeting discussions.

Emphasis on prevention

Prevention is critical and primary. A thorough understanding of causal factors (e.g., chronic pain, prescribing practices, illegal drug markets, lack of economic opportunity) will allow the development of interventions (e.g., patient/public/physician/school education, improved enforcement, etc.) that engage causes at the root level. Strategies should seek to reduce the demand for illegal opioid drugs.

Need to Expand Treatment and Prevention Capacity
There is a significant "treatment shortage" in many areas of the region. Opportunities to establish new services where needed and/or to optimize existing services through improved transportation and/or extension staff need to be explored. Prevention and education initiatives need to be expanded. Opportunities to fund/improve/expand/coordinate these programs need to be pursued.

Public awareness
A comprehensive/consistent information campaign is needed to inform/educate, reverse stigma of addiction, and bring public, families, communities, schools, and legislators into the conversation about finding and funding programs to prevent and treat addiction.

Deployment of evidence-based best practices by all sectors
Evidence-based, best practices within each individual sector (e.g., Medical: ER, family practice, pain treatment, harm reduction, etc.; Education: physician training, public ed, school ed, etc.; Law Enforcement: drug courts, diversion to treatment; etc.) need to be identified and adopted.

Coalition building/coordination of services
Integration of sectoral communication and interaction are essential. Involvement in existing coalitions should be "fine tuned"/expanded to specifically address opioid crisis. Opportunities to revive/develop coalitions in areas that do not have currently them need to be explored.

REGIONAL OBJECTIVES/NEXT STEPS
Participants discussed a variety of "next steps" that might be taken in order to reduce opioid addiction. There was general consensus that proposed actions to address the opioid crisis in the region should be concentrated in several core areas:

- Development of an Opioid Regional Action Plan
- Promotion of economic development and investments in the region
- Expansion of treatment venues
- Coherent/consistent educational message about opioid abuse and addiction
- Coordination, partnerships, and engagement of all relevant sectors

Several criteria for these "next steps" actions also evolved during the discussion.
All regional actions should:
1) Have measureable goals/objectives and timelines
2) Promote cross-domain interactions
3) Build regional capacity
4) Improve access to treatment and prevention education at every level

RECOMMENDATIONS FOR A REGIONAL PLAN OF ACTION

Although participants were not assigned the specific task of developing recommendations to address the opioid crisis, many action-oriented suggestions were put forth during the day's discussions. These were identified and organized by general topical area.

Expand Public Education/Awareness & Build Community Partnerships

- Sponsor/organize regular medication take-back events
- Promote PMP utilization among doctors, hospitals and pharmacists
- Utilize PMP data to educate/promote awareness among all community sectors
- Prioritize this issue within existing community coalitions and consortiums
- Sponsor/organize training events around PMP utilization, naloxone use, etc.
- Infuse prescription drug/opioid use into school drug education curriculum

Increase Access to Substance Abuse Treatment

- Increase partnerships with physicians to provide Medication-Assisted Treatment (MAT) fidelity
- Promote PMP utilization among doctors, hospitals and pharmacists
- Partner with doctors and hospitals to promote and increase the utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Partner with judicial systems and law enforcement to develop and expand Drug Courts
- Partner with health care providers to integrate drug abuse treatment and primary care

Ensure Responsible Prescribing Practices

- Partner with behavioral health providers to provide and expand Medication-Assisted Treatment services
- Fully utilize the IL PMP and promote its use among colleagues
- Follow the CDC's Guideline for Prescribing Opioids for Chronic Pain
- Prescribe and train as needed on the use of rescue medicines such as naloxone
- Partner with IL PMP to link electronic health records and electronic health information exchanges with the PMP
- Explore alternatives treatments for chronic pain

Support Law Enforcement Efforts

- Sponsor/organize regular medication take-back events
- Establish an open door treatment referral policy
- Establish a naloxone training policy for all law enforcement, emergency responders and 911 operators
- Ensure naloxone supply is available to all law enforcement, emergency responders, etc. as needed

Regional Priorities across All Sectors

- Training
- Data sharing
- Media Campaign
- Education and Awareness
- Engage Others