No Wrong Door for Opioid Safety: How to Build an Effective Response in Your Community

October 8, 2019
12 – 1 PM Pacific
3 – 4 PM Eastern

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3. Select **Ask: All Panelists**

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Polling Feature

Please take part in our polls

1. Choose your answer

2. Click Submit
Poll Question #1

Are you attending this Web Forum:
A. Individually
B. In a group of 2-5 people
C. In a group of 6-10 people
D. In a group of more than 10 people
Today’s moderator

Matt Willis, MD, MPH
Clinical Lead
California Opioid Safety Network

californiaopioidsafetynetwork.org
No Wrong Door for Opioid Safety: 4-Part Web Forum Series

Building Partnerships (today)
“What are the elements of successful partnerships that we can apply to strengthen our response?”

Local Data for Local Action (11/2019)
“How is locally available data being used to save lives?”

Communicating for Impact (12/2019)
“What are the most effective messages and communications strategies to mobilize a local opioid crisis response?”

Sustaining Our Response (1/2020)
“How can we ensure that our most effective strategies are secure for as long as they are needed?”
COSN is a network of coalitions and organizations working at the forefront of the opioid epidemic. We provide access to knowledge, training and resources to implement proven strategies that save lives.

www.californiaopioidssafetynetwork.org
Addressing the Opioid Crisis in the United States: Institute for Healthcare Improvement Innovation Report

Reasons the epidemic persists:

• Lack of coordination of approaches and resources
• Failure to engage with local communities and across multiple stakeholders
• Failure to spread promising practices
• Lack of effective implementation of promising practices

Source: Addressing the Opioid Crisis in the United States. IHI Innovation Report. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)
A rise in opioid overdoses is detected. **What now?**

**Naloxone** is a drug that can reverse the effects of opioid overdose and can be life-saving if administered in time.

**Medication-assisted treatment (MAT)** for opioid use disorder (OUD) can aid in preventing repeat overdoses. MAT combines the use of medication (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

**Coordinated, informed efforts can better prevent opioid overdoses and deaths**

- **Local Emergency Department**
  - Offer naloxone and training to patient’s family and friends, in case the patient has another overdose.
  - Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
  - Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

- **First Responders | Public Safety | Law Enforcement Officers**
  - Get adequate supply and training for naloxone administration.
  - Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
  - Collaborate with public health departments and health systems to enhance linkage to treatment and services.

- **Mental Health and Substance Abuse Treatment Providers**
  - Increase treatment services, including MAT for OUD.
  - Increase and coordinate mental health services for conditions that often occur with OUD.

- **Community-Based Organizations**
  - Assist in mobilizing a community response to those most at risk.
  - Provide resources to reduce harms that can occur when injecting drugs, including ones that offer screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

- **Local Health Departments**
  - Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
  - Ensure an adequate naloxone supply.
  - Increase availability and access to necessary services.
  - Coordinate with key community groups to detect and respond to any changes in illicit drug use.

**Community Members**

- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

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CDC: Partnerships across sectors are necessary for effective response.
“EVERYONE HAS A PLAN ‘TILL THEY GET PUNCHED IN THE MOUTH.”

MIKE TYSON
Poll Question #2

What sector do you represent?
A. Healthcare provider or administrator
B. Public Health agency (local, state or federal)
C. Law Enforcement/Criminal Justice
D. Non profit organization
E. Academic/research
F. Other
Listen for...

• Finding “What’s in it for them?”
• How plans were co-developed
• Cross-sector = cross cultural
• How relationships were fostered
• Persistence and patience
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www.californiaopioidsafetynetwork.org
April Rovero
Founder & Executive Director
National Coalition Against Prescription Drug Abuse (NCAPDA)

ncapda.org
Backdrop

Joseph (Joey) John Rovero, III
3/9/88 to 12/18/09
The Problem

Deep Rooted Stigma

No Recognition of Problem

No Communication Across Stakeholder Sectors
The Solution

**Founded:** 2010 in San Ramon, CA

**Mission:** Prevent prescription drug related SUD and overdose deaths through community education, policy change and legislative advocacy

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<tr>
<th>Target Groups</th>
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<td>Youth</td>
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<td>Civic Leaders</td>
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<td>Business Leaders</td>
<td>Law Enforcement</td>
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Key Affiliations

➢ FED UP! Coalition

➢ CA Statewide Rx/Opioid Prevention Workgroup

➢ Contra Costa County MEDS Coalition

➢ California Opioid Safety Network
Action **YOU Can Take**

- Work through community coalitions
- Engage & educate community members
- Contribute via social media
Key Strategies

• Gather data to assess problem and determine focus
• Don’t reinvent the wheel!
  ✓ Connect with existing coalitions for advice, tools, strategy and support
  ✓ Connect with CADCA to learn how to form a coalition
• Critical: Work across all stakeholder sectors
Overcoming Pushback

Key Assets

➢ Knowledge about issue
➢ Data
➢ Good communication skills
➢ Persistence
Successes

- Naloxone distribution program
- Medication disposal safety ordinance
- Law enforcement carrying naloxone
Resources

**CADCA:** Provides training, resources, and other support for coalition building.

**Partnership For Drug Free Kids:** Provides support and educational resources for families on every aspect of substance use disorder, from prevention to recovery.

**NIDA:** Provides drug research information and **FREE** community education materials.
Lt. Jason Piotrowski #5970
Unit Head
Office of Drug Monitoring & Analysis
New Jersey State Police

state.nj.us/njsp
The Problem

“Sector siloing” of information and institutional boundaries

- Key data held hostage within institutions
- Trends, patterns, bad drug batches, areas and populations in need of assistance should be identified and mitigated
- People with SUD often touched by many sectors
- Should be identified for treatment services
The Solution

• Drug Monitoring Initiative created to develop drug intelligence capability to serve both public safety and public health partners

• Formed non-traditional information-sharing partnerships/collaborations:
  o Law enforcement
  o State’s Department of Health (DOH)
  o State’s Department of Human Services (DHS)

• Sharing vital bio-surveillance and drug demand data indicators
The Solution

• Data Use Agreement with DOH to share all first responders’ naloxone administration data for more comprehensive/accurate picture of epidemic in state

• For the DHS, Division of Addiction Services, we overlaid “journey to arrest” and treatment services data to show areas of need
Overcoming Pushback

Fostering collaboration and reducing “institutional stigmas”

• Address beliefs/stigma that law enforcement:
  o Is only here to arrest and doesn’t understand the problem
  o Should not get involved in a “public health problem”

• Address belief that Public Health partners have no need for law enforcement data
Successes

- Achieved understanding of community drug harms in real-time
- Utilize data to identify and mitigate:
  - Spikes in overdoses
  - Bad drug batches
  - At-risk areas and communities
- Share high-risk area information and “bad batch” alerts with partners:
  - Dept. of Human Services, Division of Addiction Services
  - Robert Wood Johnson (RWJ) Medical School, Rutgers University
Successes

RWJ Medical School, Rutgers University responded with new program in 2017:

• Community based trainings in the most afflicted areas
  ○ To date 420 trainings; 7,327 people trained

• Substance use disorder awareness training and free naloxone to attendees
  ○ To date 7,155 naloxone kits disseminated
Successes

• Be persistent and open-minded; share data and drug intelligence
• Implement comprehensive Drug Monitoring Initiative/Capability
• Identify the data stakeholders that will complement your initiative
• Identify or propose multi-sector working groups

Thank you!
Resources

- **NJ CARES**: A realtime dashboard of opioid-related data and information
- **New Jersey State Police**
- **Division of Addiction Psychiatry, RWJ Medical School, Rutgers**: Opioid Overdose Prevention Network provides free trainings and naloxone kits to communities
- **Homeland Security Information Network (HSIN)**: System for sharing of information between federal, state, local, territorial, tribal, international and private sector partners
Anne Goshgarian, MD
Physician Champion
Northern Inyo Hospital
California Bridge Program

bridgetotreatment.org
As of October 1, 2019, 52 hospitals across California are now access points to medications for addiction treatment.

Revolutionizing the system of care

Training and technical assistance to hospital providers to initiate patient-centered rapid treatment for substance use disorders

- Starting life-saving medications
- Treating opioid withdrawal as an emergency
- Connecting from acute care to long term recovery

BridgeToTreatment.org

As of October 1, 2019, 52 hospitals across California are now access points to medications for addiction treatment.
Northern Inyo Healthcare District

Anne Goshgarian M.D.
Our Problems:

- Rural, geographically isolated community
- Culturally diverse population
- Patients from both California and Nevada
- Minimal access to care
- Only 1 x-waivered provider in the county
Our Solution

- Addiction Task Force
- Tribal Opiate Response Coalition
- Physician Champion
- Law Enforcement Champion
- Sgt. Gladding
- Recovery Assistance Navigator
- Improve communication with Inyo County Behavioral Health Services
- Campaign to Destigmatize Substance Use Disorder
- In the hospital
- In the community
Overcoming Pushback

- The community: “We don’t have *that* problem here.”
  - Unprecedented number of overdoses
  - Overdose Awareness Event
- The ED: “Why are we treating *those* patients?”
  - Physician and staff education
  - Giving providers tools to help patients
- Law Enforcement: “Why aren’t we arresting *those* people?”
  - Law enforcement education
  - Naloxone training
  - Getting patients into care means fewer repeat offenders
Successes

Law enforcement officers are using naloxone to reverse potentially fatal overdoses.

The ED has been starting patients on Buprenorphine and linking them into treatment.

The Recovery Assistance Navigator has helped break down barriers to treatment.
Successes:

• Identify and empower others who stand to benefit from simplified access to substance use treatment

• A healthcare issue that influences the entire community
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Thank you to today’s moderator & presenters!

Matt Willis
Anne Goshgarian
Jason Piotrowski
April Rovero
Thank you to today’s partners and sponsors:
No Wrong Door for Opioid Safety: How to Build an Effective Response in Your Community

The next event in this four-part series with California Opioid Safety Network (COSN) will be announced soon at Dialogue4Health.org

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