Indiana University - Grand Challenge

Responding to the Addictions Crisis

Robin Newhouse, PhD, RN
Distinguished Professor and Dean
Indiana University School of Nursing

The Indianapolis Coalition for Patient Safety (ICPS) and St Vincent Nursing Leadership Forum

Substance Use Disorder (SUD)

July 31, 2018
St Vincent Ruth Lilly Conference Center, Auditorium
Indianapolis, IN
Objectives:

1. Describe three elements of IU’s response to addictions.
2. Consider your organizational response to addictions. Reflect on one problem in your clinical setting and consider one solution.
The Addiction Crisis in Indiana

- An adult in Indiana is more likely to die of a drug overdose than a car accident.
- Fatal drug overdoses by 150% since 2005; fatal opioid overdoses by 400%.
- Adverse health outcomes related to addiction are rampant – HIV in Scott County (2015-16) is a prime example (10 cases over 10 years ... 191 cases in 15 months)
- The total annual cost of drug overdoses in Indiana tops $1 billion (measured in medical expenses and lifetime earnings losses)
Responding to the Addictions Crisis

- A partnership with Governor Eric Holcomb, IU Health, Eskenazi Health, and a growing number of communities and social service agencies
- IU’s investment: $50 million over 5 years
- We anticipate additional investments from partners, foundations, industry, and NGOs
Together, we will

- Reduce the incidence of Substance Use Disorders (SUD)
- Decrease opioid deaths
- Decrease the number of babies born with Neonatal Abstinence Syndrome (NAS)
A Socio-Ecological Model of Substance Use Disorder

A father whose son died of a heroin overdose is quoted in Sam Quinones’ book *Dreamland* reflecting on the need for a united response to the addictions crisis:

“Nobody can do it on their own,” he said. “But none can stand against families, schools, churches, and communities united together.”
To address the complexity of addictions, we will focus our work in 5 key, interrelated areas:

- Data Sciences & Analysis
- Community & Workforce Development
- Basic, Applied & Translational Research
- Education, Training & Certification
- Policy, Economics, & Law
Phase 1 - 16 Projects Funded

- **The Family-Based Justice-Improvement Project** (Matt Aalsma, PI)
- **Opioid Use, Substance Use Disorders, and Opioid Overdose Outcomes After Traumatic Injury in Adolescents** (Teresa Bell, PI)
- **Modeling the impact of early life environmental (living) conditions on drug intake and related behavior** (Stephen Boehm, PI)
- **Computer Adaptive Testing: Dissemination and Implementation** (Brian D’Onofrio, PI)
- **2018 Indiana Public Health Conference – Reframing Harm Reduction as a Public Health Imperative** (Joan Duwve, PI)
• Project ECHO Center (Joan Duwve, PI)
• The Indiana Addictions Data Commons (Peter Embi, PI)
• CARE Plus: A Community-based Addiction Reduction plus Policy Innovations Program (Debra Litzelman, PI)
• PharmNet: Strengthening Overdose and HIV/HCV prevention access (Beth Meyerson, PI)
• Workforce and Capacity Assessment for People Referred to Treatment post-Hospital Discharge (Robin Newhouse, PI)
• Leveraging Interprofessional Education to Improve Training for Future Health Professionals in Pain Management, Alternatives to Opioids, and Better Prescribing (Andrea Pfeifle, PI)

• Legal & Best Policy Practices in Response to the Substance Use Crisis (Ross Silverman & Nicolas Terry, PIs)

• Education & Training in Addictions Counseling (Ellen Vaughan, PI)

• Optimizing Health among Opioid-Addicted Women and their Children (Sarah Wiehe, PI)

• Brief DBT Skills Program to Reduce Adolescent Drug Use in a School-based Setting (Tamika Zapolski, PI)
Phase 2 Funding

• IU faculty and researchers invited to submit proposals for projects to be funded in 2018. Community partners can work with IU personnel, but cannot submit proposals independently.

• Required Letters of Intent received June 5th
• Full proposals received June 26th and are under review
• Funded projects begin implementation in October, 2018
• Information available at https://grandchallenges.iu.edu/
Second Quarter Updates from Indiana University

- Delivering policymakers evidence-based responses to the opioid crisis
- Community Advisory Board established
- Ideas Lab yielded new, collaborative ideas to address addictions crisis
- Indiana Addictions Data Commons project making progress
Policy Recommendations (Terry, Silverman & Hoss, 2018)

• Harm Reduction
• Healthcare Interventions
• Care Coordination and Wraparound Services
• Drug Take Back Programs
• Patient Privacy Protections
• Courts
• Proceeds from Opioids Litigation
• Stigma

Full report available at https://grandchallenges.iu.edu/addiction/hill-briefing.html
Responding to the Addictions Crisis:
a unique model

- First of its kind collaboration across sectors in response to a public health crisis:
  Research university + state government + health care industry + communities + NGOs + other businesses and nonprofits
- Each partner contributes unique expertise and perspective
- Integrated, coordinated, and comprehensive
- Responsive to the health needs of the people of Indiana
Questions?
Organizational responses to addictions?
Problems, issues or solutions?
Learn more at
grandchallenges.iu.edu

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Substance Use Disorder: Setting the Stage at Franciscan

Dr. Marty Cangany RN, ACNS-BC
Clinical Nurse Specialist
Franciscan Alliance Indianapolis Campus
Purpose/Objectives

- Verbalize the role of the Substance Use Disorder subgroup of the Indianapolis Coalition for Patient Safety (ICPS)

- Discuss the status of the Guidelines for Opioid prescribing in the Emergency Department and additional specific approaches in other populations

- Discuss current efforts being implemented in the Emergency Department at Franciscan Health and other areas of Franciscan CIR
"Just because I am/was an addict, doesn’t make me a bad person. Deep down inside we are wonderful, loving people."

"It’s not a matter of willpower or a lack of a moral compass."

"Addiction is not the entirety of me. I am me; I am not just my addiction. There is a lot of other stuff to love."

"I wish people saw the time that addicts spent alone. Thinking about everything they’ve done every time they’ve lied and stole."
Complex, Multi-faceted, Ongoing
Drug overdose is the leading cause of accidental death in the US, with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015.
According to the Substance Abuse and Mental Health Services Administration (SAMHSA), addiction affects approximately 23.5 million Americans every year, and roughly 11 percent receive treatment.
In 2012, 259 million prescriptions were written for opioids—enough to provide a bottle to every adult in the US.
Substance Use Disorder

• In 2011, all drug related ED visits surpassed 125 million visits.

• 2.5 million ED visits resulted from medical emergencies involving drug misuse or abuse.

• Out of all drug misuse or abuse ED visits involved:
  – 1.25 million or 51% involved illicit drugs
  – 1.24 million or 51% involved non-medical use of pharmaceuticals; and
  – .61 million or 25% involved combining drugs with alcohol
Emergency Department Visits due to Any Opioid Overdose
Marion County

Incidence Rate per 100,000


County Trend

Indiana Marion

http://www.in.gov/isdh/27393.htm
Significance of Opioid Use in Indiana

- In 2014, 1,152 Hoosiers died from drug poisoning (500% increase since 1999)
- 80% of Indiana employers have observed prescription drug misuse by their employees
- Opioid use disorder in Indiana resulted in:
  - $31.9 million for nonfatal ER visits
  - $64.1 million for hospitalization of babies with NAS
  - $350 million for related hospitalizations
- Newborns exposed to opioids in utero have a 60-80% likelihood of suffering from neonatal abstinence syndrome (NAS)
- Drug overdoses overtook the number of motor vehicle deaths in 2008
- Indiana leads the nation in pharmacy robberies
- Injection drug use has fueled an outbreak of HIV in rural Indiana, a nationwide surge in Hepatitis C infections, as well as an increase in the number of babies born addicted to drugs.
- With drug overdose fatalities costing $1.4 billion (including medical costs and lost lifetime earning for victims)

Richard M Fairbanks School of Public Health, September 2016
Guidelines for Opioid Prescribing in the ED were developed
Governor Pence’ endorsed in June 2016
In September of 2016 the ICPS Addiction and Substance Use Workgroup formed

Create Partnerships and Collaboration
Substance Use Disorder

• In June of 2016 Governor Mike Pence endorsed a set of guidelines for managing pain in the Emergency Departments in efforts to decrease the availability of opioids being prescribed.

• These guidelines were a joint venture of many stakeholders.
  – Indiana Hospital Association
  – Advancing Emergency Care
  – Indianapolis Coalition for Patient Safety
  – Indiana State Medical Association
1. Total of 8 individual recommendations

2. Guidelines to assist providers to enlist a general approach to prescribing opioids and other controlled substances in the ED and are intended to compliment the Indiana Chronic Pain Management Rules and any other laws governing prescribing practices or patient treatments.

3. Have assisted in decreasing the number of prescriptions being written in the ED as well as the number of pills being dispensed. No more than a 5 day supply per guideline recommendations.

4. Facilitated the increase in utilization of INSPECT (PDMP) in the ED to identify potential abuse and hospital and doctor hopping
• An Indiana law that went into effect in July 2017 which prohibits doctors from prescribing more than a seven-day supply to patients under 18 or to adults for whom that is their first prescription from that provider.

• Within the first few months of the law going into effect, there were 100,000 fewer prescriptions written, said Dr. John McGoff, president of the Indiana State Medical Association.
Working together to make
Indianapolis the safest place to
receive healthcare in the nation.
Substance Use Disorder

ICPS Members

Community Health Network
Franciscan HEALTH
ESKENAZI HEALTH
St. Vincent
Indiana University Health
VA Healthcare: Defining Excellence in the 21st Century

We will not compete on safety and will share openly best practice

Indianapolis Coalition for Patient Safety
Committed to Excellence
Substance Use Disorder (SUD) Workgroup

- Substance Use Disorders (SUD): chronic medical conditions that require long term care, monitoring, management strategies and follow up as part of routine medical care across the patient’s lifespan.
### Contributors:

<table>
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SUD Consensus Statement

I. Staff and provider education

a. Stigma reduction
b. SUD
c. Anti-Diversion strategies
d. Prescribing guidelines
e. INSPECT requirements
SUD Consensus Statement

II. Screening and Identification
   a) SUD screening tools in place
   b) UDS in place

III. Brief Intervention
   a) Mandatory SBIRT, referral and naloxone info when appropriate
SUD Consensus Statement

IV. Treatment Intervention

a. Overdose Reversal Agents (Naloxone)
b. Detoxification
c. Medication Assisted Treatment (MAT)
d. Psycho-social treatments
SUD Consensus Statement

V. Long Term Follow up
   a) Coordinated and chronic care management strategies in place

VI. Patient educational resources and treatment resources / referral
   a) Local resource guide available
   b) Advance Directives for SUD available
   c) Medication Disposal strategies in place
   d) Diversion education in place
SUD Consensus Statement

VII. Medication Disposal
a) Medication take back programs in place

See complete ICPS SUD workgroup consensus statement at:
http://indypatientsafety.org/documents/resources/DRAFT_ICPS_Addictions_consensus_statement_Aug302017_with_embedded_documents.docx
Next Steps Where to Start

"All of us together..."

I want to be able to look back at the year 2018 and say that we acted with fierce urgency.
How Are We Setting the Stage?

• Initiate a Substance Use Committee
• Charter Developed
  – Key stakeholders, interdisciplinary
  – Prioritize work to be done
  – Identify key metrics
  – Education for all staff
  – Spread the work throughout
  – What are the buckets
    • ED, Physician Practice Offices, Acute Care, Mother/Baby and the OR
Objective 1:

All staff that work in health-care receive **annual SUD education**. At a minimum, education should include an overview of SUD, stigma reduction, and treatment strategies associated with SUD

- Short term (6 months) – education for all clinical staff
- Long terms – education for all clinical and non-clinical staff
Objective 2:

Regular screening of all patients for substance use disorders using a standardized and evidence based assessment tool as part of routine care delivery.

Short term (6months) implement standard screening tool for use city-wide in the Emergency Department.
Objective 3:

If screening is positive, patients should be provided with brief interventions and directed toward recommended treatment.

Brief intervention focuses on education, increasing patient insight and awareness about risks related to unhealthy substance use, and enhances motivation toward healthy behavioral change.
Objective 4:

**Reversal Agents**: Naloxone will be available to all at risk patients and families in any setting. When treating patients who have overdosed, naloxone kit will be directly provided upon discharge.

Short term (6 months) Initiate within 6 months in all ED’s
Objective 5:  
All participating health-systems develop systems for the use of **Medication Assisted Treatments (MAT)** in medical care settings as well as psychiatric care settings.

MAT to include:  
i. Buprenorphine products  
ii. Naltrexone formulations  
iii. Methadone for addiction treatment

Objective 6:  
**INSPECT reports** are integrated with all Electronic Health Records (EHR’s)
Objective 7:

**Treatment Resource Guide:** Education and discussion of available resources must be incorporated into the discharge plan of all patients who present with SUD or overdose. Patients and families must be provided with options of treatment, other community resources and where to reach out for help when it is needed. Request that FSSA or other governing body take responsibility for creating and maintaining list of all licensed facilities and that this list be well vetted to assure all standards of care are met.
Guidelines for Prescribing Opioids in the ED are well under way for complete implementation

Leadership and Staff nurse workgroup formed for implementation of 7 new ED objectives

Extensive staff education being worked on

Continual work on best practices for pain management

Implementation of a Recovery Coach in our ED
ED Substance Use Disorder Work

• Identification of a screening process in the ED for substance Use Disorder
• Working with our Pharmacy Counterparts to look at opportunities for Naloxone Education in the ED
• How will we measure success? Working with an interdisciplinary team to identify key metrics.
• Work initiated in this area
• Urine Drug Screens mandatory for moms
• Working to implement new evidence based care for NAS babies called Eat, Sleep Console
• Staff Education
Additional Areas of Focus

• Meetings with the Educational Department to identify objectives, timelines and best methodology to deliver ongoing education related to substance use disorder

• Violence Prevention Committee work to implement new process to assist in keeping staff safe. Initiate Calm the Storm training for staff which is a de-escalation methodology
• Inclusion of a Medication Assisted Treatment Program (MAT) as an option to assist those with Substance Use Disorder
• Applied for a grant to begin to screen for substance use in physician practice offices
NEXT UP STIGMA

• Education coming in the near future
• Multimodal methodologies
  – Initially a LMS module
  – Follow up with focus groups for discussion
  – New Study release just yesterday
    • Including nonessential, "stigmatizing" notes in a patient's health record may lead them to receive inadequate care in the future, according to a study out of Baltimore-based Johns Hopkins University School of Medicine and published in the *Journal of General Internal Medicine*. 
• If Narcan is free for addicts, why isn’t chemo free for cancer patients?
• Because EMT’s have an obligation to revive you in an emergency, NOT treat you.
• Narcan is NOT a treatment for addiction. If an addict calls 911, they do NOT get free treatment or free methadone/suboxone. They get revived, that’s it.
• If a cancer patient's heart gives out and 911 is called, they don’t get free chemo, they get revived, that’s it.
• And BOTH will be revived repeatedly in emergencies until they either get treatment, die, or sign a DNR form and BOTH will be given ambulance bills each time.
• Narcan is to overdose as electric heart paddles are to heart failure. Both may revive you temporarily but neither will beat the underlying disease.

Hayley F. Smith
Questions

Thank You
Bibliography


Online Pharmacies: What You Need to Know: How to Keep Hoosiers Safe

Tuesday, July 31, 2018
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Today’s Discussion Agenda

► Framing the Issue: Illegal Online Pharmacies
► Understanding Hoosier Perceptions and Behaviors Regarding Online Pharmacies
► Available Tools to Ensure Safety Online
► Concluding Remarks & Next Steps
About ASOP Global

ASOP Global is dedicated to addressing the growing public health threat of illegal online drug sellers through strategic efforts around the globe, concentrating its activities in research, education, Internet commerce company voluntary actions, and policy and advocacy.

http://buysaferx.pharmacy/
35,000 – 45,000 online pharmacies
Cost, Convenience and Access to Care

$54/pill

$2.40/pill

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Source: Legitscript
Cost, Convenience and Access to Care

**US Patients Turn To Online Pharmacies For Cheap Meds, But Drug Companies Say The Sites Endanger Consumers**

**Patients who pay £1,000 for life-saving drugs online that would cost NHS £35,000: More and more are doing it - but doctors warn it's a big risk**

- Kim Cissell, 60, from Witham, Essex, was told he faced certain death
- He had been diagnosed liver disease three years ago, and looked online
- The best hope was to wait for a new wonder drug called Harvoni

**Americans turn to Canada for cheaper EpiPens**

Canada's price for the life-saving allergy antidote syringe remains at about $100, versus $600 or more in the U.S.

**Patients Seeking Cheaper Drugs Join Buyers Clubs**

Frustrated by the high price of antiviral drugs, thousands of patients from London to Moscow to Sydney are turning to a new wave of online "buyers clubs" to get cheap generic medicines to cure hepatitis C and protect against HIV infection.

While regulators warn that buying drugs online is risky, scientific data presented at a recent medical conference suggest that treatment arranged through buyers club can be just as effective as through conventional channels.

Will Nutland, who supports a drug-buying network in London and takes Indian-made generic drugs that are not available through the health service to prevent HIV infection, thinks the latest research will build confidence in such schemes.

“This new data shows that so far we’ve got it right,” the HIV activist...
Why Is This A Problem?

Hidden Poisons in Counterfeit Medications

There are a lot of shady ingredients that go into counterfeit medications that consumers can be exposed to by buying directly from unlicensed drug sellers on the internet, or when medical professionals purchase medications from outside the secured supply chain.

Investigators have found these dangerous ingredients in fake medicine.

<table>
<thead>
<tr>
<th>Heavy metals</th>
<th>Actual poison</th>
<th>Common household items</th>
<th>Drugs you didn’t ask for</th>
<th>No drugs at all</th>
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<tbody>
<tr>
<td>mercury</td>
<td>PCBs</td>
<td>road paint</td>
<td>aminotadalafil</td>
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**Brick Dust**: Used by counterfeiters to provide color and texture to pills, brick dust can contain poisonous heavy metals and other chemicals.
Why Is This A Problem?

► Every day, approximately **20 new illegal** online pharmacy websites go live globally.

► **3,300** sites sell controlled substances like opioids, often without a prescription.

► In searching online for **prescription opioids** across the three major search engines, nearly **91% of the first search results** led users to an illegal online drug seller offering prescription opioids.
Why Is This A Problem?

► Common violations by illegal drug sellers include:
  ► Selling **falsified, adulterated** and **unapproved medicines**;
  ► Selling prescription **medications without a prescription**; and
  ► Operating with **no pharmacy license**.

► Risks of over/under-dosing, drug interactions, adverse events and financial fraud.

► Online drug sellers can make between **$1 – 2.5 million** in sales each month.

► Counterfeiters make **10x more profit** than that of illicit drug traders.
1. Customer places order
   Customer orders prescription drugs from a rogue "Canadian" Internet pharmacy. Pharmacy operators are located in Russia, and the website uses servers in Brazil and China.

2. Payments are processed
   A bank in Azerbaijan processes customer payments for the prescription drugs.

3. Prescription drugs are then sent
   Customer receives prescription drugs shipment from India.
Patient Harms

Woman Dies After Taking ‘Diet Pills’ Bought Over the Internet
*The Guardian* (April 2015)

Banned Slimming Drug Kills Medical Student: Coroner Attacks Online Dealers who Target the Vulnerable – *Daily Mail* (April 2013)

Paramedic Died After Taking Tablets She Bought Over the Internet to Help Her Sleep – *Daily Mail* (May 2011)
Spotting a Fake Online Pharmacy

► Is the online pharmacy in compliance with the laws in both the country of origin and the country of destination?
  ► Approved Medicines.
  ► Licenses in Jurisdictions of Business

► Does it require a valid prescription for prescription medications?
  ► No ‘Form-Only’ Medical Consultations
  ► No Waivers
  ► Real Doctor-Patient Relationships
Fraudulent use of NABP VIPPS seal

Fake pop-up when seal is clicked to create appearance of legitimacy
What is NABP?

► The National Association of Boards of Pharmacy.

► Nonprofit, international, impartial professional organization that supports its member boards of pharmacy in protecting the public health.

► Has been certifying US-based internet pharmacy sites since 1999.

► Acquired the “.pharmacy” TLD in 2014 to create a safe online environment for internet pharmacy transactions, health products and health information.

► Public health protection – foundation for all NABP programs and services.
.Pharmacy Consumer Education is KEY

► Consumers should recognize .Pharmacy as the valid designation for a legitimate pharmacy or related website.

► Message: “Look to the right of the dot”.

► Increased public awareness will decrease the impact of rogue online drug sellers masquerading as pharmacies.

► As consumer recognition increases, .Pharmacy will be the desired website domain for consumers & legitimate pharmacy businesses.
ASOP Global Hoosier Survey

Methodology and Demographics

► ASOP Global partnered with Baselice, a nationally-recognized polling firm, to conduct a consumer survey over five days in May 2017.
► Margin of error: (+/-) 4%.
► 33% online panel; 37% landline phone; 30% mobile phone.
► 500 interviews (48% male/52% female)
  ► Age distribution, race/ethnicity and partisanship representative of Indiana voters.
  ► Respondent ages reflect national averages.
► 76% of participants or a member of their household currently taking a prescription medication.
While only 27% of consumers are very familiar with online pharmacies, a majority (55%) has or would consider buying medication online.
Key Consumer Behavior Findings

► 1/3 of respondents had purchased from an online pharmacy for themselves or someone under their care.

► Adults over the age of 55 were most likely to have purchased from an online pharmacy.

► Lower household income correlates with willingness to accept higher risks of online pharmacy use.

► 72% of daily social media users would consider purchasing medications online compared to 75% of non-social media users who would not consider using an online pharmacy.
88% of people who have purchased prescription drugs online (purchasers) did not discuss it with their healthcare provider.

Of all respondents, 91% do not discuss where they get their medicines with from a provider.
What Medicines Would Consumers Purchase Online?

► **42%** have bought or would consider buying **chronic disease medicines** online, such as products for blood pressure or high cholesterol.

► **21%** have bought or would consider buying **specialty medications** online, such as chemotherapies or hormone replacement therapy.

► **17%** of consumers have considered buying **chronic pain medications** online (*we didn’t ask if they had bought in this category for fear of under self-reporting*).

However, **Less than 5% of consumers are aware** of tools available to help them find safe online pharmacies.
After learning the facts, 59% of consumers oppose prescription drug importation from Canada.

- 53% of consumers perceived Canadian online pharmacies as risky.
- 57% of consumers believe their privacy and/or identity theft is at risk.
- 15% of consumers would consider using a Canadian online pharmacy and are willing to accept moderate-to-high risk to do so.
Many foreign online pharmacies do not require prescriptions for medication, making it easier to evade law enforcement and get drugs, worsening our the US opioid epidemic.

Since 2010 there have been more than 200 felony counts against networks affiliated with Canadian online pharmacies.

While the Canadian government requires Canadian online pharmacies to sell Canadian approved drugs to their own citizen, they cannot ensure Americans will receive Canadian medicines. According to the US FDA, 85% of medicines that are sold to Americans by Canadian online pharmacies are not Canadian.
Top Three Survey Takeaways

► 55% of Hoosiers have or would buy online, yet less than 5% know how to do so safely.

► Educated consumers take less risks.

► More education is needed – to healthcare providers and consumers/employees.

For more survey takeaways, please visit: https://goo.gl/pTwvUJ
What Can Employers Do?

1. **Remember** the majority of patients never think about the issue, but it could be adding to your insurance claims (ineffective treatment, adverse events).

2. **Partner** with ASOP Global to educate your employees – trainings, seminars, etc.

3. **Use** free ASOP Global and NABP resources: videos, factsheets, downloadable brochures.
   
a. [https://buysaferx.pharmacy/healthcare-providers-toolkit/](https://buysaferx.pharmacy/healthcare-providers-toolkit/)

b. [https://nabp.pharmacy/](https://nabp.pharmacy/)
Develop Your Own Toolkits to Educate Employees

Go to the following website and download infographics at NO CHARGE:
https://buysaferx.pharmacy/for-the-media/infographics/
More Information for you to Customize your Toolkits

► Brochures

https://buysaferx.pharmacy/asop-global-brochures/
More Information for you to Customize your Toolkits

- [https://buysaferx.pharmacy/for-the-media/fact-sheets/](https://buysaferx.pharmacy/for-the-media/fact-sheets/)

## Fact Sheets

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<thead>
<tr>
<th>About Online Pharmacies and Canadian Pharmacy</th>
<th>Law Enforcement Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Websites</td>
<td>Older Americans and Caregivers Campaign Fact Sheet</td>
</tr>
<tr>
<td>Healthcare Providers Campaign Fact Sheet</td>
<td>Online Pharmacy Consumer Behavior and Perception Survey</td>
</tr>
<tr>
<td>How to Save Money on Medications and Stay Safe</td>
<td>Patients Harmed by Medicines Purchased From Illegal Online Pharmacies</td>
</tr>
<tr>
<td>Illegal Online Drug Sellers Fact Sheet</td>
<td>Toxins Found in Counterfeit and Falsified Medicines</td>
</tr>
<tr>
<td>Key Data About Controlled Substances Sold Online</td>
<td>Transshipment of Drugs Through Canada</td>
</tr>
</tbody>
</table>
Three Options to Make Your Own Toolkits

1. Download whatever you like from ASOP website at no charge and print documents yourself.
   - This option has ASOP branding noted on all education material.

2. If you wish to **co-brand** with ASOP, to include your organization name and/or logo, you will need to complete an ASOP licensing agreement which is offered at no charge. If interested, contact Matt Rubin at matthew.rubin@FaegreBD.com

3. If you wish to would like to order toolkits from ASOP and pay for printing/mailing costs, contact Matt Rubin at matthew.rubin@FaegreBD.com
FINAL MESSAGE: #BuySafeRx

Visit [https://buysaferx.pharmacy/find-a-safe-online-pharmacy/](https://buysaferx.pharmacy/find-a-safe-online-pharmacy/) to verify before buying medicine online.

Trust websites ending in the “.pharmacy” (dot-pharmacy) domain.
Thank You
Marion County Public Health Department

SAFE SYRINGE ACCESS AND SUPPORT (SSAS) PROGRAM

Prevent. Promote. Protect.
Learning Objectives

• Recognize the increase in Hepatitis C in Marion County.

• State the benefits of using Harm Reduction techniques for IVDU.

• Learn about the Marion County Health Department’s Safe Syringe Access and Support (SSAS) Program
Hepatitis C Virus

- Contagious viral liver disease
- Acute hepatitis C: short-term illness occurring within first 6 months of exposure to HCV
- 80% who develop acute HCV have no symptoms
- 75% to 85% of acute cases lead to chronic HCV infections
- Potential for cirrhosis, hepatocellular carcinoma, and liver transplantation
Hepatitis C Virus

More than 86% of newly diagnosed cases cite injection drug use as their primary risk.
Marion County HIV

HIV Rate per 100,000
2011-2017, Marion County

Rate per 100,000


28.8  25.3
In 2017, there were 287 deaths from overdose, accounting for 3.7% of all deaths among Marion County residents (an increase from 0.4% in 2000)
Indianapolis Emergency Medical Services has seen a 4-fold increase in naloxone runs from 2012 to 2017.

- In 2012, I-EMS responded to 536 overdoses with naloxone.
- In 2017, I-EMS responded to 2,130 overdoses with naloxone.
ED visits due to overdose triple: 2010-2017

In 2017, Marion County emergency departments treated 5,280 overdose victims, up from 1,583 in 2010.
Goal of SSAS

Reduce the growing number of hepatitis C infections within the county and prevent an HIV outbreak, such as the one in Scott County in 2015.
Risks of Injection Drug Use

• Extremely small amounts of blood are able to transmit HIV and hepatitis C.

• During injection, users draw a small amount of blood into the syringe to ensure proper placement in the vein.

• Drug preparation equipment that is re-used serves as a reservoir for infectious agents.
Needle Wear Over Time

New Needle

Needle used once

Needle used twice

Needle used 6X
# Staggering Healthcare Costs

<table>
<thead>
<tr>
<th>Infection</th>
<th>Cost of Treatment Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>$379,668 - $648,000</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>$54,600 - $95,000*</td>
</tr>
<tr>
<td></td>
<td>(*Plus disease progression qualifiers mean not everyone is eligible for treatment.)</td>
</tr>
<tr>
<td>Bacterial Endocarditis</td>
<td>Median cost of $54,281 per hospital stay.</td>
</tr>
</tbody>
</table>
Scott County, Indiana HIV Outbreak

- Nearly 500 sexual and injection equipment sharing partners identified and tested
- 220 cases of HIV in 2015-2016 that historically reported fewer than 5 cases annually
Scott County, Indiana
SSP Results

- High HIV treatment compliance
- 86% of participants stopped sharing syringes
- Greater than 95% return rate on syringes
- Fewer ED visits secondary to injection drug use
Potential HIV Outbreak in Marion County

- Scott County: 45 fold increase in HIV diagnoses in 1 year
  - 540 cases in Marion County related to injection drug use
- Cost: $500 Million
Syringe Exchange Program (SEP) Cost Effectiveness

- Estimated savings per HIV infection prevented by a SEP is $7.58 for every $1 spent.
- Cities with SEPs report 6% decrease in HIV.
- SEPs reduce number of ER visits for injection drug use-related illnesses, such as abscesses.
Location Strategies

- Mobile Unit
- Sites will be based on risks:
  - Overdose deaths by location
  - EMS administration of Narcan
  - Recommendations by IMPD
- Proximity to community resources
- Neighborhood association approval

Location of Naloxone
I-EMS Runs
Do SSPs work?
30 years of research prove that SSPs:

- **Reduce** the rate of HIV and hepatitis C.
- **Increase** the number of users who enroll in treatment.
- **Reduce high risk behaviors** in users.
- **DO NOT** lead to an increase in crime or drug use in the community.
Studies show that participants in a syringe exchange program are **five times more likely** to enter drug treatment than those who do not participate in such a program.
Will this program escalate drug use?
Positive Choices Promote Positive Choices.

- Participation in a SEP is considered by many to be the first step toward treatment.
- It demonstrates a step toward better health and disease prevention.
- It allows access to additional services to improve health.
City-County Council Approval

On June 18, 2018 the Indianapolis City-County Council voted *unanimously* for the safe syringe program.
References


Beyond the Whiteboard

Jennifer Walthall, MD MPH
Secretary, Indiana Family and Social Services Administration
Objectives

• Describe the current impact of the opiate epidemic in Indiana
• Propose best practice interventions that intersect with community and health care
• Discuss next steps for partnership and sustainability
Data matters, but stories convince.
The data
Drug Poisoning Death Rates by Year, Indiana and U.S., 2004-2016

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention
Drug Poisoning Deaths by Age Group, Indiana, 2016

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention
Drug Deaths Involving Heroin by Year, Indiana, 2004-2016

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH Division of Trauma and Injury Prevention
Percent Change in Leading Cause of Injury Death in Indiana, 1999-2016

- Unintentional Poisoning: +1038.70%
- Unintentional Fall: +87.60%
- Unintentional Motor-Vehicle Accident: -14.40%
- Homicide: +24.30%
- Suicide: +64.70%

Source: CDC WISQARS, Prepared by ISDH Division of Trauma
Percent Change in Leading Causes of Injury Death Indiana, 1999-2015

- Suicide: 38.3%
- Homicide: -3.8%
- Unintentional MV Traffic: -21.7%
- Unintentional Falls: 40.9%
- Unintentional Poisoning: 771.4%

*Age-adjusted rates

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention

Suryaprasad Clin Infect Dis; 2014, 59(10):1411-1419
The story
How to create an opiate epidemic in three easy steps

1) Create a culture with an expectation of pain free experience with powerful support
2) Change the practice of a generation of physicians
3) Enact regulations to change practice without accounting for a population with substance use and behavioral health infrastructure needs
• Emergency Interventions
• Treatment expansion
• Prevention and System Change
• Sustainability

The whiteboard
• Dashboard
• Open source Medicaid data sets
• INSPECT

Data build
Policy Needs

- Naloxone
- SSP
- MAT coverage
- Coroner reporting
- OTP expansion
- Access
Save a Life.
Help prevent overdose deaths.

This website provides resources around naloxone. If you have a question, are looking for a location that is stocked with naloxone, need answers to frequently asked questions, or would like a list of training/treatment resources, please see the appropriate tab at the top of the page.

Information on opioid misuse, prevention, and fatal overdoses may be found on the main overdose prevention web page: https://www.in.gov/isdh/27387.htm.

Pursuant to Indiana law, a Naloxone entity that seeks to act under the Indiana Statewide Naloxone Standing Order or other standing order or prescription issued by a prescriber for an overdose intervention drug (e.g., Narcan/naloxone), must annually register via this Indiana State Department of Health website and make changes when warranted (e.g., new address or contact information, etc.). Use the buttons below to find a location that carries naloxone, register as a naloxone entity, or update/submit annual registration, report, or standing order.
Future state naloxone continuum

Overdose victim → First responder → EMS → Hospital

Naloxone stocking and reimbursement
• HIP history
• 1115 renewal
• Cures overview
• Block grant efficiency

Payment Infrastructure
A Brief History of HIP

- HIP 1.0 - cigarette tax expanded coverage for 40,000
- HIP 2.0 - partnership with federal government, hospitals, and cig tax expanded coverage for 400,000
  - POWER account
  - Medicare reimbursement
  - Incentives for behavior change
HIP today

• 415,627 members
• 42.9% <5% FPL (62% opt into PLUS)
• 66.2% in PLUS overall
• 18% medically frail
• Improved preventive care
HIP Enhancements

**Substance Use Disorder:**

- Fill treatment gaps by adding new services: inpatient detox, residential treatment, and addiction recovery services (recovery education, peer recovery support services, housing support services, recovery focused case management and relapse prevention)

- Lift current Medicaid restriction on IMD providers – expand access of at least 15 more facilities with 12 additional in queue

- Within HIP, member incentive programs will target SUD treatment
HIP renewal and the opiate epidemic

• Waiver of current IMD exclusion
  – Allows Medicaid to reimburse for short-term services (30-days of treatment) provided in an Institution for Mental Disease (IMD)—a mental health medical facility of more than 16 beds.
    • Currently able to reimburse for 15-day IMD stays through managed care programs only (HIP, Hoosier Healthwise, Hoosier Care Connect), but not fee for service.

  – Expands access
    • New Medicaid access at nearly 15 new facilities and possible increased capacity at 12 others
Addiction
Inpatient Units
and Residential Facilities
New or Expanded Points of Access
21st Century Cures Grant - Year 1

Residential capacity has grown from 800 beds to 1008 (26% increase)

Project ECHO launches in March 2018 with a focus on physicians, social workers, community health workers

Provide peer supports in Eds. Adds 65 peers to the workforce

Supporting integration of PDMP into health care records

Two mobile addiction teams covering 14 rural counties (15% of the state)
21st Century Cures - Year 1

8500 naloxone kits distributed to State Police, DNR, and local health departments

Skills training for providers (DBT/12 step, Motivational Interviewing, and Effective Use of MAT)

Establish local Recovery Oriented Systems of Care (ROSC). DMHA will provide a toolkit for other interested communities

Humanizing campaign. KnowtheOFacts.org
Culture change

- Physicians
- Hospitals
- Stakeholders
- SUD providers
- Public Health
- General public
- Elected officials
• OTP expansion
• ECHO MAT
• ECHO HCV
• Open Beds/2-1-1
• NAS pilots
• Recovery Works

Program Build
FSSA - OpenBeds® State Referral Process

Acute Care Hospitals

Social Workers
Case Managers

Drug Courts

EMS

Individuals

Referrals

OpenBeds®

Referral Channel and Wraparound Services for Sustainability Reporting

Providers
FSSA - 211 Wrap Around Services Process

Referral Channel and Wraparound Services for Sustainability Reporting
Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome

The use of opioids during pregnancy can result in a drug withdrawal syndrome in newborns called Neonatal Abstinence Syndrome (NAS), which causes lengthy and costly hospital stays. According to a new study, an estimated 21,732 babies were born with this syndrome in the United States in 2012, a 5-fold increase since 2000.

Every 25 minutes, a baby is born suffering from opioid withdrawal.

Average length or cost of hospital stay:
- With NAS: 16.9 days, $66,700
- W/O NAS: 2.1 days, $3,500

NAS and maternal opioid use on the rise:
- Newborns suffering from opioid withdrawal:
- Maternal opioid use:

Newborns with Neonatal Abstinence Syndrome (NAS) vs. Newborns without NAS: Average Cost

- **Newborn with NAS**
  - Aid Category MA X - Diag P96.1, 779.5
  - 2014: $25,582
  - 2015: $18,682
  - 2016: $15,288
  - 2017: $10,304

- **Newborn without NAS**
  - Aid Category MA X - Diag P96.1, 779.5
  - 2014: $5,966
  - 2015: $5,553
  - 2016: $5,770
  - 2017: $2,933
Initial Aid Category MA X with NAS vs. MA X without NAS: Average 1-3 Years Claim

- **Initial Aid Category MA X with NAS** (Babies 1st - 3rd Year - Diag P96.1, 779.5)
- **Initial Aid Category MA X without NAS** (Babies 1st - 3rd Year - Diag P96.1, 779.5)
Best or same?
FACTS:

- OPIOID USE DISORDER IS A DISEASE
- THERE IS TREATMENT
- RECOVERY IS POSSIBLE
Stigma reduction
PDMP
Counseling and referral - SBIRT
Naloxone kits
Take back programs
Partial fills and prescriber rules

Working the whiteboard together
• HIV continuum of care
• Treatment capacity
• Overdose information
• Reduced rates of SUD
• Reduced need for naloxone

Assessment - what is success?
“The world is indeed full of peril, and in it there are many dark places; but still there is much that is fair, and though in all lands love is now mingled with grief, it grows perhaps the greater.”
In a world filled with despair, we must still dare to dream. In a world full of distrust, we must still dare to believe.

FSSA Indiana
Daring to dream and believe since 1991
Project POINT

*Meeting post-overdose patients where they are*

Krista Brucker, MD
Indiana University School of Medicine
Eskenazi Health
Objectives

Outline the scope of the opioid epidemic for Marion County’s first responders

Describe project POINT’s work to connect overdose survivors to ongoing care

Outline steps that healthcare providers can play in preventing overdose deaths and engaging patients in ongoing care
Causes of death in the United States 2015

Number of deaths

Drug Overdose
Motor Vehicle Collisions
Gun Deaths
Gun Homicides
IEMS naloxone administrations by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Single administration</th>
<th>Repeat administrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>500</td>
<td>200</td>
</tr>
<tr>
<td>2012</td>
<td>600</td>
<td>100</td>
</tr>
<tr>
<td>2013</td>
<td>700</td>
<td>150</td>
</tr>
<tr>
<td>2014</td>
<td>800</td>
<td>200</td>
</tr>
<tr>
<td>2015</td>
<td>900</td>
<td>250</td>
</tr>
<tr>
<td>2016</td>
<td>1000</td>
<td>300</td>
</tr>
</tbody>
</table>
Drug Name: naloxone

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
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<td>Jan</td>
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<td>42</td>
<td>42</td>
<td>47</td>
<td>45</td>
<td>104</td>
<td>195</td>
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<tr>
<td>Feb</td>
<td>42</td>
<td>50</td>
<td>28</td>
<td>62</td>
<td>71</td>
<td>113</td>
<td>170</td>
</tr>
<tr>
<td>Mar</td>
<td>42</td>
<td>52</td>
<td>51</td>
<td>73</td>
<td>88</td>
<td>116</td>
<td>148</td>
</tr>
<tr>
<td>Apr</td>
<td>52</td>
<td>48</td>
<td>48</td>
<td>82</td>
<td>107</td>
<td>139</td>
<td>138</td>
</tr>
<tr>
<td>May</td>
<td>45</td>
<td>48</td>
<td>61</td>
<td>103</td>
<td>86</td>
<td>142</td>
<td>230</td>
</tr>
<tr>
<td>Jun</td>
<td>61</td>
<td>48</td>
<td>67</td>
<td>111</td>
<td>99</td>
<td>154</td>
<td>187</td>
</tr>
<tr>
<td>Jul</td>
<td>66</td>
<td>50</td>
<td>48</td>
<td>89</td>
<td>121</td>
<td>170</td>
<td>177</td>
</tr>
<tr>
<td>Aug</td>
<td>35</td>
<td>50</td>
<td>59</td>
<td>126</td>
<td>131</td>
<td>177</td>
<td>215</td>
</tr>
<tr>
<td>Sep</td>
<td>45</td>
<td>39</td>
<td>43</td>
<td>106</td>
<td>110</td>
<td>164</td>
<td>209</td>
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<td>Oct</td>
<td>50</td>
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<td>Nov</td>
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<td>43</td>
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<td>93</td>
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<tr>
<td>Dec</td>
<td>56</td>
<td>35</td>
<td>52</td>
<td>68</td>
<td>119</td>
<td>200</td>
<td>98</td>
</tr>
<tr>
<td>Total</td>
<td>565</td>
<td>536</td>
<td>629</td>
<td>1,061</td>
<td>1,224</td>
<td>1,818</td>
<td>2,130</td>
</tr>
</tbody>
</table>
Fatalities/Mortality

- In a sample of IEMS Naloxone administrations over a FIVE year period
  - 9.4% have died
    - 3.3% from a drug related issue
- Having multiple incidents requiring EMS naloxone increases hazard of death by 65%
  - Hazard of death from drug related causes by 200%
So, now what happens?
What if we treated an overdose like a heart attack?
OD or Referral → ED Evaluation Stabilization → ED Brief Intervention and linkage to care → Rapid ED follow-up → Long-term substance (mis)use/MH care
Lessons from POINT’s 1st years
The VAST majority of overdose survivors want help
## POINT Observational data
### Feb-Dec 2016

<table>
<thead>
<tr>
<th>Interested ED intervention</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment referral</td>
<td>73</td>
<td>89.0%</td>
</tr>
<tr>
<td>HIV testing</td>
<td>57</td>
<td>69.5%</td>
</tr>
<tr>
<td>Hepatitis C testing*</td>
<td>23</td>
<td>41.1%</td>
</tr>
</tbody>
</table>

*56 without known hep C

Source: Project Point Data Set
The role of healthcare system dysfunction

“the struggle to get help is real and it’s devastating my family”
-POINT parent
Post-discharge services provided within 30 days following an opioid-related hospitalization among the privately insured: 2010-14
The role of healthcare system dysfunction

Out 2016 POINT patients

  59% had been prescribed a controlled substance in the year prior to their OD

  Of these, 12.5% had an active opioid script at the time of OD

  39% were prescribed a controlled substance after the OD

  59% (24% of TOTAL) were prescribed an opioid (not buprenorphine) in the six months AFTER their overdose
The role of psychiatric disease

Mental Health History
POINT Feb-Dec 2016

<table>
<thead>
<tr>
<th>Total Interviews</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported hx mental illness</td>
<td>31</td>
<td>37.8%</td>
</tr>
<tr>
<td>Previous Visits at Midtown</td>
<td>45</td>
<td>54.9%</td>
</tr>
</tbody>
</table>

Source: Project Point Data Set
The role of psychiatric disease

“Heroin is the only way to make my mind stop racing.”

“I am on a whole bunch of meds, but they just don’t work.”

Table 3: Reported Mental Health History

Feb-Dec 2016

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interviews</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Hx mental illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>17</td>
<td>20.7%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>10</td>
<td>12.2%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>8</td>
<td>9.8%</td>
</tr>
<tr>
<td>PTSD</td>
<td>8</td>
<td>9.8%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>2</td>
<td>2.4%</td>
</tr>
<tr>
<td>Previous Visits at Midtown</td>
<td>45</td>
<td>54.9%</td>
</tr>
</tbody>
</table>

Source: Project Point Data Set
The role of childhood trauma

ACEs = Adverse Childhood Experiences

The three types of ACEs include

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional
  - Mother treated violently
  - Incarcerated Relative

- **HOUSEHOLD DYSFUNCTION**
  - Mental Health
  - Substance Abuse
  - Divorce
The role of childhood trauma
“I was abused in foster care and pills were the only way to make it through the night.”

“It’s the only way I can forget, just for a little bit, what happened.”

“My mom gave me my first hit when I was eight.”
So what can we do?
Support medication assisted treatment in your hospital system
Natural Rewards Elevate Dopamine Levels

Effects of Drugs on Dopamine Release

Amphetamine

Cocaine

Nicotine

Morphine

Di Chiara and Imperato, PNAS, 1988
High-Low Model of Addiction

Influence of our "habit of choice" on our overall feeling over time

- Initial, and subsequently diminishing "highs"
- Unbearable feeling (e.g., pain or void)
- Initial, and subsequently deepening "lows"
- Initial, and subsequently growing need for our "habit of choice"
• Provided access to all 3 forms of MAT in RI-DOC
• Increased number of inmates on MAT
• 60.5% reduction in mortality post incarceration
• Number needed to treat 11
Original Investigation
Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
A Randomized Clinical Trial

Gail D’Onofrio, MD, MS; Patrick G. O’Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

• Randomized ED patients
  – Buprenorphine vs regular care

• 30 day follow up
  – Significant increase in treatment rates
  – 78% vs. 35%
Engage recovery support services
Why peers coaches for the ED?
Patient Preference

Who do you want to talk to in the ER?

“Definitely someone who has been there and knows what you’re going through and has gotten past it.”

“You don’t know me. You don’t know what I’m feeling. Some of it is having someone to actually relate to.”
SAMHSA Guidelines

Recovery Oriented Systems of Care:

- Person-centered
- Continuity of care
- Strengths-based
- Responsive to personal belief systems
- Commitment to peer recovery support services
- Inclusion of voices of recovering individuals
- Integrated services

Increased engagement and re-engagement
The workforce shortage

Number of Providers per 1,000 Adults with Addictions

The prevalence of drug and alcohol addiction varies widely among states, as does the number of behavioral health professionals available to treat them. The number of providers per 1,000 non-elderly adults with a drug or alcohol addiction ranges from a high of 70 in Vermont to a low of 11 in Nevada. The national average is 32.

The potential for culture change

- Subtle but real changes in ED culture
- Honest broker between patients and the healthcare system
- Stigma reduction
- Addressing HR policies around hiring
- Providing professional employment opportunities for people in recovery
- Opportunity to address race/class disparities through meaningful partnerships
Support Needle Exchange and Naloxone Distribution
### Observational data from POINT 2017

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assessments</td>
<td>390</td>
<td></td>
</tr>
<tr>
<td>Known Hepatitis Positive</td>
<td>53</td>
<td>13.6%</td>
</tr>
<tr>
<td>Sharing needles</td>
<td>30</td>
<td>56.6%</td>
</tr>
</tbody>
</table>

- April—December of 2017 POINT provided 291 point of care HCV tests
  - diagnosed 46 NEW cases of HCV
Observational data from POINT 2017

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assessments</td>
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</tr>
<tr>
<td>Naloxone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>233</td>
<td>59.7%</td>
</tr>
<tr>
<td>Has access</td>
<td>35</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

- Since April 2017 through February 2018

401 Naloxone kits given to overdose survivors
“Each day we are losing 115 Americans to an opioid overdose - that’s one person every 12.5 minutes. More than half of opioid overdose deaths occur at home.

If you or someone you know is at risk for an opioid overdose I urge you to get Naloxone, a lifesaving medication that can reverse the effects of an overdose.”

- VADM Jerome Adams
U.S. Surgeon General

#GetNaloxone #SaveALife
Thank you

POINT team  
Dr. Dan O’Donnell, Jennifer Hoffman, Melissa Reyes, Gloria Haynes, Jen Haffley

Early Supporters
Andy Chambers, MD, Dean Babcock, Dan Rusyniak, MD, Dennis Watson, Ph.D.

- Eskenazi Health and the Eskenazi Health Foundation
- Midtown Mental Health Adult Addictions Team
- Fairbanks School of Public Health
- IU School of Medicine, Department of Emergency Medicine
- Drug Free Marion County
- Richard M. Fairbanks Foundation
Questions?

Krista Brucker, MD
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Overdose Lifeline, Inc.

Indiana-based nonprofit, 501(3)(c)
Helping Individuals, Families, and Communities Affected by the Disease of Addiction / Substance Use Disorder

OVERDOSELIFELINE.ORG
A LIFE AND A WORLD WITH NO STIGMA

We envision a time when the disease of addiction does not carry a stigma in society but instead is provided the attention and care required of a chronic disease.
On the front-lines of the opioid epidemic since 2014

1,500+ Naloxone Kits
Distributed to Layperson,
Families and Individuals

264 First Responder
Departments Participating
15,000+ Trained and Kits
Distributed

1,450+ Indiana Lives Saved -
Brothers, Sisters, Mothers,
Fathers, Sons, Daughters.

Across 70+ Indiana Counties -
Keeping Indiana Safe and
Providing the Opportunity for
Recovery
Advocacy –
Subject Matter Expert

Meeting of the President’s Commission on Combating

OverdoseLifeline.org

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Harm reduction is ...

<table>
<thead>
<tr>
<th>Sunscreen</th>
<th>Bike Helmets</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bug Spray</td>
<td>Condoms</td>
<td>Nicotine Gum / Patch</td>
</tr>
</tbody>
</table>

**Automotive Harm Reduction**
- Seat Belts
- Car Seats
- Air Bags
- Designated Drivers

**Opioid Harm Reduction**
- Syringe Exchange Programs
- Naloxone – Overdose Reversal Drug
- Medication-Assisted Treatment (MAT)
- Methadone, Suboxone, Vivitrol
Overdose Lifeline Naloxone Distribution by County
Naloxone Administration

CPR or Rescue Breathing should only be used if you are trained or certified.
Naloxone delivery devices

**INTRAVENOUS** – Healthcare / Hospital Settings

**INTRAMUSCULAR**
- Needle draw and injection
- Autoinjector (Evzio)

**INTRANASAL**
- Amphastar with MAD
- Narcan® Nasal Spray by Adapt
Myths about naloxone

1. Naloxone encourages people to use opioids more.  
   *False. Studies have shown that areas where narcan is commonly used and available have seen decreases in opioid misuse.*

2. Naloxone makes the recovered violent.  
   *Not quite. Less than 3%. Naloxone at high dose can cause a quick reversal of an overdose, leading the body to go to “fight-or-flight” mode. This is because the user’s addiction relies on the opioid for survival, without it withdraw kicks in and a person may become combative.*

   *False. Areas with naloxone distribution have seen higher rates of treatment seeking among those saved by the drug.*
Naloxone starts a conversation

Naloxone can help start the conversation about opioid use and addiction

A 2016 Staten Island, NY study found that 99% of study participants (opioid users) would be more open with their healthcare provider about drug use history and relapse, if offered a naloxone rescue kit.

Not only can naloxone save a life, but it can start needed communication.

Source: Kirane H et al Awareness and Attitudes Toward Intranasal Naloxone Rescue for Opioid Overdose Prevention, Journal Substance Abuse Treatment, 2016 Oct
Intramuscular Naloxone Administration

1. Confirm overdose. Ensure 911 has been called and EMS is on the way.
2. Remove orange cap from naloxone vial, and uncover needle.
3. Insert needle through rubber plug, upside down.
4. Pull back on plunger and draw up 1cc. (1cc = 1mL = 100u).
5. Inject at a 90° straight in to the muscle on the shoulder or thigh.
6. Place individual on their side in the recovery position.
7. If there is no change after 2-3 minutes, administer another 1cc of naloxone.
8. Handle and dispose of needle/syringe in a safe manner to prevent accidental needle stick.

CPR or Rescue Breathing should only be used if you are trained or certified
Recovery Position

Turn the person on their left side, if the person vomits this helps clear the airway.

1. Tilt head back, lift chin to open airway
2. Turn to one side, place hand against chin
3. Bend knee against floor
4. Tilt head back, check breathing
5. Wait for EMS to arrive
Youth Educational Program in Response to the Opioid Public Health Crisis
Young adults / youth

Age of First Misuse

Perception: Low Risk
Misuse of RX Pills - Socially Accepted w/ Peers
Get from Family/Friends Medicine Cabinets

Source CDC https://www.cdc.gov/drugoverdose/opioids/heroin.html
Age and hereditary risk factors

There are two main factors that lead to substance use disorders/addiction – early onset of use and biologic factors.

Taking precaution to reduce/eliminate youth exposure to addictive substances should be a priority.
Youth Prevention and Education
200+ Delivery Partners | 16+ U.S. States

OverdoseLifeline.org
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Learning Objectives

After completing the lesson, students will know and understand:

• The risks of prescription pain drug misuse
• How misuse can lead to addiction, heroin use, overdose, and death
• Understand the disease of addiction and the impact on the individual and the family and friends
• Encourage students to make good choices
• Alternatives to using substances in dealing with life stresses
• The many ways to ask for help and available information and resources
This is (Not) About Drugs

An outcomes-driven, science-based youth opioid prevention program - incorporating NIDA principles, risk and protective factors which meets with health and wellness education standards.

Takes a peer-to-peer approach and makes use of personal stories to educate and influence the decisions – or choices – someone makes about their own body and health.
Specifically Addresses the National Opioid Health Crisis

Designed to Prevent the First Misuse

Fits 45 Minutes Classroom Schedule | Ability to Expand

Pre-Post Student Survey } 3rd Party Evidence-Based Study

200+ Delivery Partners, Across 16+ U.S. States
PreVenture in Indiana

• First implementation of PreVenture in the United States
• Examining the American context of substance use, particularly concerns with opioid misuse
• Made possible through Division of Mental Health and Addiction
• Process began Summer 2017 and continues through December 2018

Pilot Numbers:
• 6 Counties
• 11 Schools Screened - 10 Implemented
• 1154 Total 9th Graders Screened
• 600 Deemed eligible (53% of 1154 screened students)
• 348 Participated in 1st Session (58% of the 600 eligible students)
• 292 Completed both Sessions (84% of the 348 who initiated)
Solutions

Treatment & Recovery
Treat addiction as the chronic disease that it is - through accessible, clinically-proven treatment and recovery continuum of care. Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.

Harm Reduction
Reduce the harmful consequences associated with opioid use disorder and misuse.

Reduce the Stigma of Addiction
Changing how we talk can remove the barriers for someone getting help with their disease.

Screening and Early Intervention
Early screening and intervention can address mild misuse problems and disorders, prior to developing into something more severe.

Education & Prevention
Understand the risks associated with opioid misuse, addiction, and overdose. Support age-based prevention education.

Safe Prescribing
Familiarize yourself with CDC safe prescribing guidelines. Ask your physician if they are familiar with these guidelines. Seek non-opioid options first/whenever possible.

Prescription Management
Manage your/your family’s prescriptions. Safely store and dispose of your prescriptions.

Data & Prescription Drug Monitoring
Improved reporting and access to data for action and decision-making. Participation in prescription drug monitoring systems.
Continuing Education (Certificate)
ONLINE | ON-SITE | LIVE WEB

Trainer Programs
Deliver within Your Community
Visit overdoselifeline.org
Resources – Information – Education - Training