Conclusions:
Next Steps & Special Considerations
Public Health Approach

• Collect data at the local level → conduct needs assessment
• Involve community members → form community drug coalitions
• Collaborative effort to tailor evidence-based practices to specific communities
Public Health Framework for Addressing Opioid Epidemic within Communities

Define opioid misuse as a public health problem

- Use epidemiological data to define the problem at the local & state levels

Disseminate data

- Develop task force at state-level with representation across systems
- Develop county coalitions
- Convene town hall meetings

Build Community awareness

- Use print, radio & television
- Use social media
- Share personal stories of impact
- Conduct outreach events (e.g., rallies & marches)

Law enforcement response

- Close illicit pain clinics
- Enforce dispensing regulations
- Change regulations to expand access to naloxone

Make regulatory changes

- Change regulations regarding dispensing, tracking & distribution of opioids
- Increase number of physicians that can prescribe buprenorphine
- Increase access to MAT

Expand access to treatment

- Tailor messages to be community & population specific
- Public service announcements

Develop prevention programs

Needle exchange
FDA Approved Meds
Safety, overdose, addiction
Dispensing limits
PDMPs, Lock Boxes, Safe disposal
Non-opioids, monitor for addiction

PROJECT LAZARUS

Public Awareness Coalition Action Data & Evaluation
Provider Education
Hospital ED Policies
Diversion Control
Pain Patient Support
Harm Reduction
Addiction Treatment
Community Education

Needle exchange
FDA Approved Meds
Safety, overdose, addiction
Dispensing limits
PDMPs, Lock Boxes, Safe disposal
Non-opioids, monitor for addiction
What Can You Do?

• Understand addiction as a chronic relapsing brain disease
• Appreciate the challenges that individuals face when seeking prevention & treatment services
• Be compassionate in understanding that people may not want recovery or abstinence when you want them to, don’t give up hope
• Work to reduce stigma associated with substance use disorders
• Support expansion of evidence-based prevention & treatment services
What Can Health Care Providers Do?

• Recommend a medication lock box, particularly if children/adolescents in the home
• Encourage safe disposal of un-used medications
• Educate patients on safe use of prescription medications → risk of overdose or addiction
• Careful consideration in dosing > 80MED OR when co-prescribing opioids & benzodiazepines
• Prescribe naloxone to patients at-risk of a prescription opioid or heroin overdose
What Can Health Systems Do?

- Implement opioid dispensing guidelines
- Systematically screening/monitoring for non-medical use & opioid use disorders
- Limit opioid dispensing in emergency department
- Develop policies to support and encourage use of PDMP
- Provide drug drop off boxes
- Pain management contracts & random testing for illicit drug/heroin use
- Provide referrals or warm-hand off to addiction treatment programs as needed
Learn More on Prescribing Naloxone

Welcome to PrescribeToPrevent.org
Drug Testing for Adulterants

• Monitor for novel opioids & heroin adulterants
• Work with your poison control centers, toxicologists to identify and test substances → ensure they are appropriately identified
• Join the NDEWS listserv to learn more
Expand Opportunities for Professional Education

• Increase CME opportunities on opioid prevention and treatment for health professionals

• Support expanding educational curriculum on substance use disorders
  – Abuse liability of drugs
  – Screening & brief interventions
  – Training professionals how to approach and discuss drug use with patients

• Require CMEs on substance use disorders for re-certification
Evidence-Based Practices to Improve Outcomes for Persons with Opioid Dependence

2015

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