Community in Crisis

OPIOID PROBLEMS IN YOUR OWN BACKYARD

HOW TO SET UP A COMMUNITY-BASED COALITION

1

STATE OF CURRENT CRISIS

- Number one public health crisis nationally in 2019.
- In 2017, an average of 130 Americans died every day of opioid overdose (prescription opioids, fentanyl or heroin).
- Two thirds of opioid overdoses involve fentanyl.
- 70,237 drug overdose deaths occurred in the US in 2017.
- On average, 3 of 4 heroin users began with Rx opioids.

2

STATE OF CURRENT CRISIS

- The United States makes up approximately 4% of the world's population but consumes about 80% of the world's supply of opioids with the number of opioid prescriptions quadrupling between 1999 and 2014.[1]
- During this time period, the number of drug-related deaths has even surpassed motor vehicle collisions to become the leading cause of accidental death.[2]
- 218,000 Americans have died from Rx opioids since 1999.[3]

1. Stone AB, Wick EC, Wu CL, Grant MC. The US opioid crisis: a role for enhanced recovery after surgery. *Anesth Analg.* 2017;125(5):1803-5.

2. Rudd RA, Aleshire N, Zibbell JE, Gladden RM. Increases in drug and opioid overdose deaths — United States, 2000-2014. *MMWR Morb Mortal Wkly Rep.* 2016;64:1378-82.

3. https://www.cdc.gov/drugoverdose/opioids/index.html

3

HOW DID WE GET HERE...? THE PERFECT STORM

- Pain revolution in 1995 – focus on pain as the 5th vital sign. Increased use of opioids as a means of treating both chronic and acute pain.
- Doctors evaluated on pain treatment efficacy.
- Conventional wisdom at the time that opioids not addictive - supported by faulty data.
- Extensive marketing by pharmaceutical companies & DTC advertising.
- Thanks to cell phones, Mexican cartels implement a new approach to heroin and black tar sales, bringing supplies to people's doors, much like a delivery service.
- Rapid growth of dark web which predominantly hosts content of a criminal nature and sells illegal products.

4

HOW COMMUNITY IN CRISIS BEGAN

- In 2013, two overdose deaths in one week triggered a community response. "How many more people need to die before someone does something?!"
- Passionate, focused and connected leaders.
- A grassroots, all volunteer-led, community-based organization took shape involving multiple stakeholders and community partners.

Community in Crisis

5

HOW COMMUNITY IN CRISIS BEGAN

- The NJ Governor's Council on Alcohol and Drug Abuse report published in 2014:

"Confronting New Jersey's NEW Drug Problem: A Strategic Action Plan to Address a Burgeoning Heroin/Opiate Epidemic Among Adolescents and Young Adults."

Three key premises were identified:

1. Get a conversation started.
2. Treat addiction like the disease it is, and stop judging and punishing victims.
3. A treatment-based organization was not what we needed to build.

6

HOW COMMUNITY IN CRISIS BEGAN

Based on recommendations from the GCADA report, 7 working groups were formed.

- Mental Health & Addiction Support
- Prescriber Outreach
- Law Enforcement/EMT
- Schools/parents/clergy education
- Community Education
- Creating healthy lifestyle programs
- Fundraising/grants

7

HOW COMMUNITY IN CRISIS BEGAN

- BECAME A 501(C)3 IN 2015.
- THREE PRINCIPAL PILLARS OF FOCUS SURFACED (PREVENTION, OUTREACH, RECOVERY SUPPORT)
- FUNDING MATERIALIZED (DFC, HORIZON FOUNDATION, PRIVATE, GRANTS)
- IN SEPT. 2017, TWO FULLTIME STAFF WERE HIRED. (EXECUTIVE DIRECTOR, COMMUNITY OUTREACH & DEVELOPMENT & EXECUTIVE DIRECTOR, STRATEGY & PREVENTION INITIATIVES)
- IN JAN 2018, THE COMMUNITY HUB WAS OPENED.

8

PILLAR ONE: PREVENTION

EDUCATION: Providing education and raising awareness among:
- General (realtors, senior living facilities, funeral homes, hospice, etc.)
- Parents
- Patients
- Prescribers
- Schools

REDUCING SUPPLY
- Prescriber & staff education to reduce number of Rxs
- Safeguarding of Rx meds
- Safe disposal

HEALTHY LIFESTYLE PROGRAMS
- Hub Club
- Teen drop in
- Community service/volunteer opportunities
- Parenting skills & support
- Early intervention support
- Mental health first aid training

9

PILLAR TWO: OUTREACH

VISION STATEMENT

To be a model community for substance abuse prevention and education: changing lives and enabling futures.

- The Rutgers Ernest Mario School of Pharmacy and the Horizon BCBS-NJ partnered with Community in Crisis to create a toolkit fashioned from CIC's work, a one-stop shop of resources and recommendations for any community to adopt.
- Toolkit can offer a road map and inspiration to other communities eager to start this work themselves.
- 20+ no-to-low cost initiatives adaptable to any community. 'Choose and implement two or three of these initiatives this year, and you will probably save a life.'
- Prime opportunities like SAMBA Annual Meeting to showcase work.

10

PILLAR THREE: RECOVERY SUPPORT

Crisis Intervention
- Volunteer recovery advocate
- Resource and treatment guide of recommended providers
- Mental Health First Aid Training

Recovery Support Groups
- Family Support for loved ones of those affected by addiction
- AA, NA, and AlAnon Meetings

Sober socializing/programming
- Zest, cooking classes for individuals in recovery
- Acoustic coffeehouses
- Sober yoga and HIIT
- Sober bagpiping

11

"The opposite of addiction is not sobriety. It's connection."*

*Johann Hari, Chasing the Scream: The First and Last Days of the War on Drugs.

12

WORKING TOGETHER, WE CAN MAKE A DIFFERENCE

Prescriber Education
- ✓Legislation
- ✓Drug trends
- ✓CME requirements
- ✓Legal implications
- ✓Patient screening
- ✓Alternative pain management
- ✓Multimodal analgesia
- ✓Patient education

Community Education & Involvement
- ✓Community presentations
- ✓Safeguarding of Rx meds
- ✓Proper disposal of meds
- ✓Importance of Narcan
- ✓Good Samaritan Law
- ✓Signs & symptoms of drug abuse
- ✓Ease of getting addicted

Patient Education
- ✓Understanding expectations
- ✓Self & family history reporting
- ✓Pain management alternatives
- ✓Educational materials
- ✓Empowering the patient

13

OUR R.E.A.C.T. PROGRAM

R: Read your prescription
- Drug Type
- Dose
- Timing

E: Educate
- Do you have any questions about your prescription?

A: Alternatives

Start Day of Surgery and continue for 3 days Post Operatively around the clock
- Motrin every 6 hours 200 mg **OR** Aleve 220mg every 12 hours
- Tylenol every 4 hours 500 mg

C: Caution
- Do not take your opioid prescription with the following:
  - Alcohol/Illicit Drugs
  - Sleeping Medications
  - Other opioids
  - Benzodiazepams
- Use Caution and consult your doctor before taking prescribed Opioids with:
  - Muscle relexants
  - Anxiety medications
  - Antidepressants

T: Take Care
- Take Care of yourself
  - Start on your lowest prescribed dose
  - Continue with alternative methods for pain control
  - Stopping opioid use prior to day ***five days*** post operatively will dramatically decrease long term use
- Take Care of your Drugs:
  - Find drug off locations for unused prescriptions:
    - https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1
    - https://www.niconsumeraffairs.gov/meddrop/Pages/Safety.aspx

Continue on Back -->

14

TAKE AWAY MESSAGE?

START YOUR OWN COMMUNITY IN CRISIS!

Community in Crisis

15