

Time for a Change: From Needs Assessment to Empowering Communities to Prevent Prescription Opioid Misuse and Abuse

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Objectives



1 Describe the collaboration between Oklahoma Department of Health and Substance Abuse Services (ODMHSAS) and Tribal communities to address nonmedical use of prescription drugs

2 Discuss how collaboration among state, tribal, and local partners improves prescription drug monitoring program (PDMP) data collection processes, analysis, and dissemination to enhance prevention efforts

3 Describe a model to increase capacity of communities' use of data to inform prevention strategies related to nonmedical use of prescription opioids

Objectives (Cont.)



Provide examples of community-level strategies to address the medical availability of prescription opioids

Identify strategies that are culturally and linguistically appropriate to ensure prevention efforts are reaching members of minority groups and target populations

Oklahoma at a Glimpse

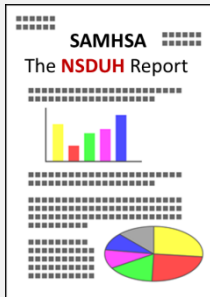


The Opioid Problem in Oklahoma



6th highest in opioid prescribing rates in 2016

Opioid prescriber rate was 98 per 100 residents compared to the national rate of 67 per 100 residents



13th highest for non-medical use of prescription pain relievers among people aged 12 years and older in 2015-2016

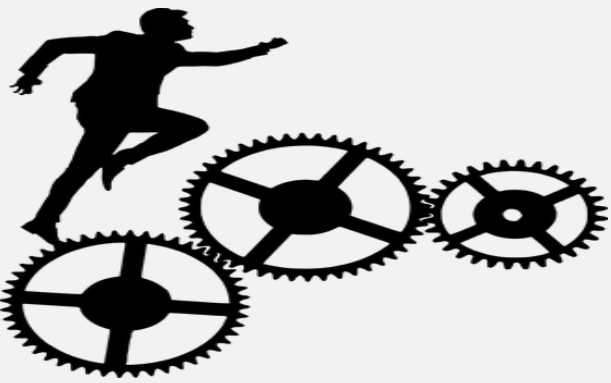


Opioids are the most common class of drug involved in overdose deaths

54 percent of all overdose deaths involved an opioid

Funding Resources: Strategic Prevention Framework

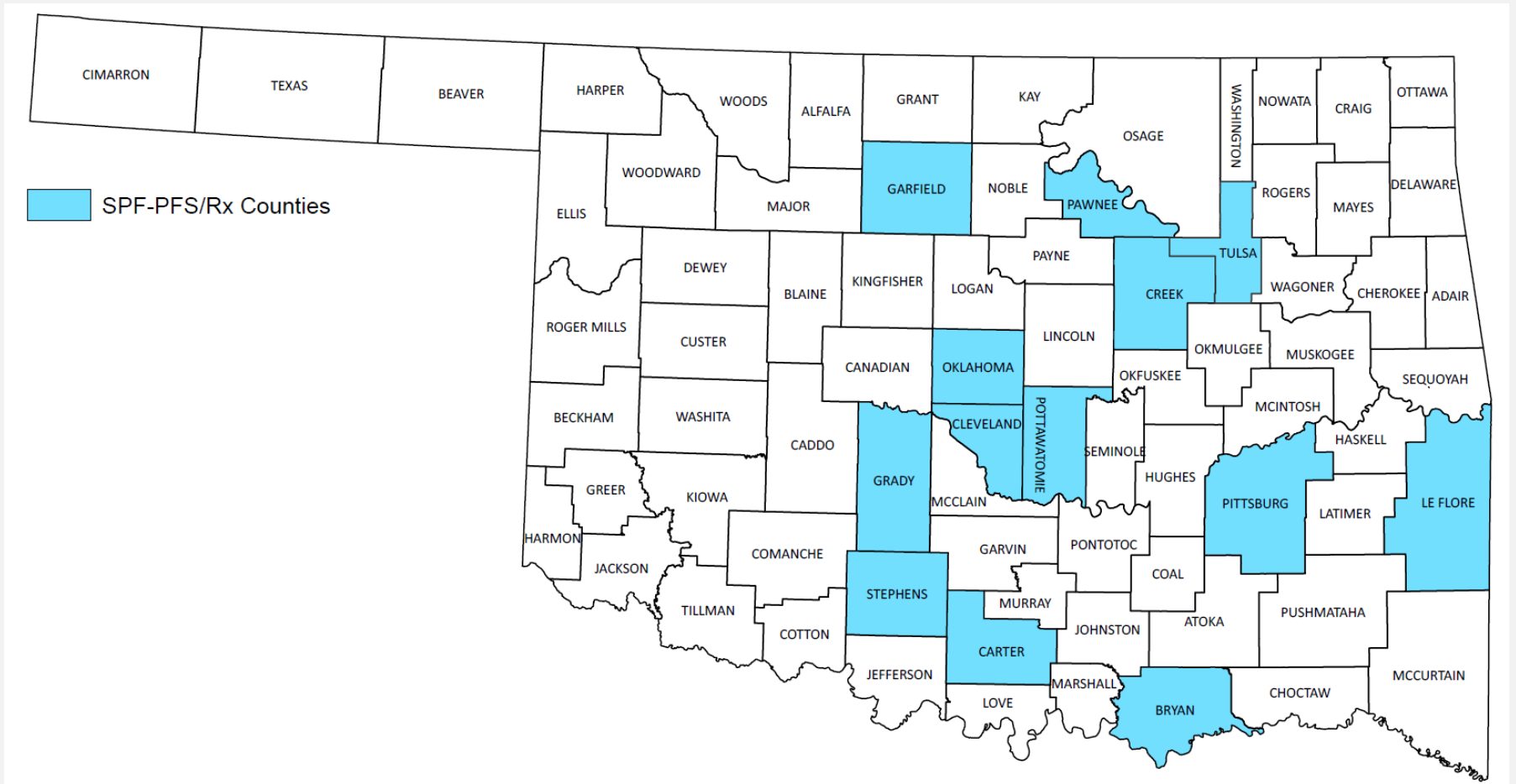




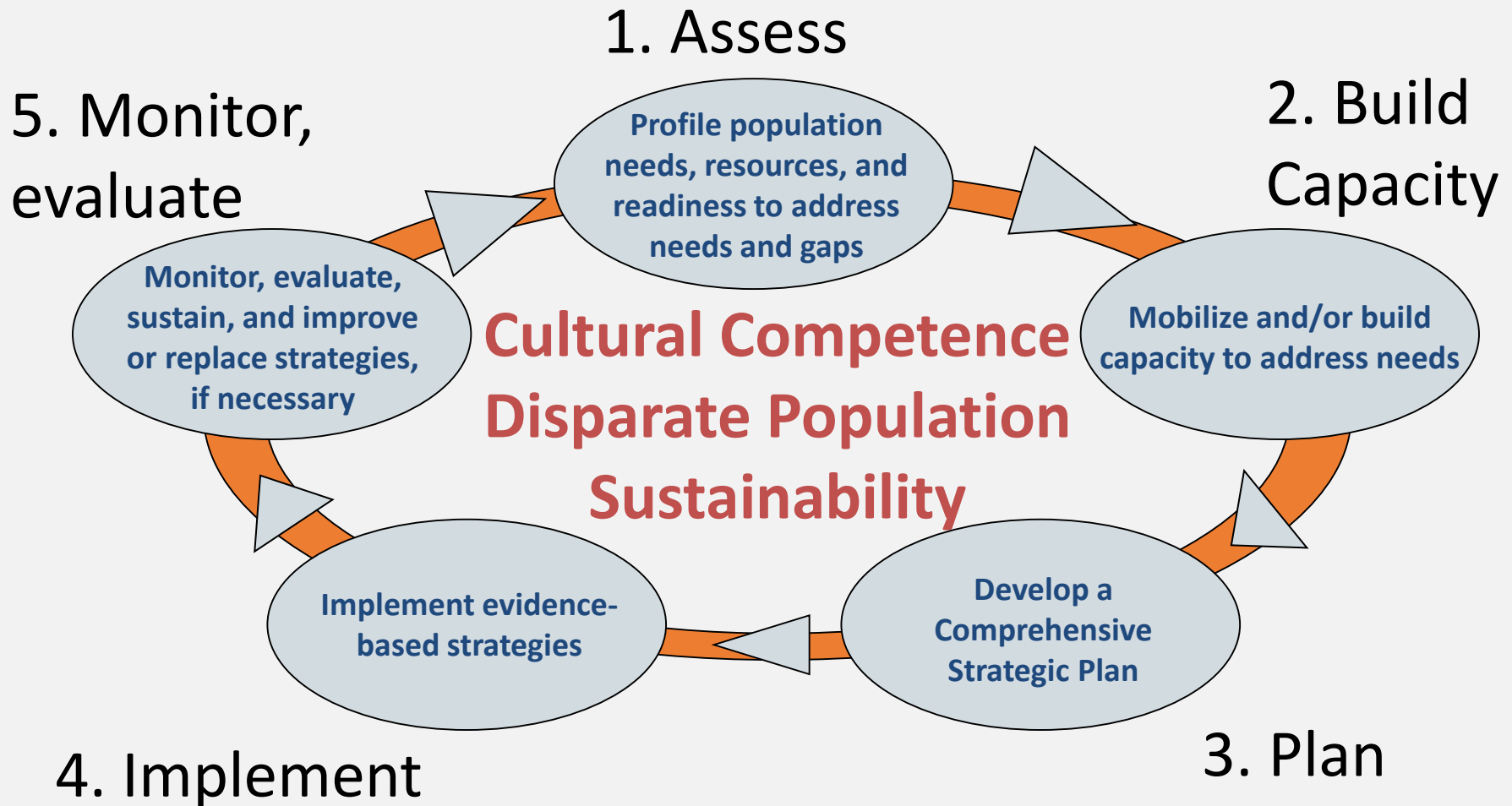
SPF-Rx Goals

- Increasing the use of the Prescription Monitoring Program (PMP) by ensuring that Oklahoma prescribers are aware of and understand the Centers for Disease Control and Oklahoma Prescribing Guidelines
- Educating Oklahomans on the use and importance of the Centers for Disease Control and Oklahoma Prescribing Guidelines

SPF-PFS/Rx Funded Counties



SAMHSA's Strategic Prevention Framework (SPF)



Collaborations to Build and Enhance Capacity



Local and Tribal Communities

- Local education
- Promotion of guidelines
- Local evaluation

State

- PMP data profile
- Strengthening of state level relationships
- Health care provider curriculum development
- Technical assistance to local communities
- State and local evaluation

Federal

- Funding
- Training
- Technical Assistance
- Cross-site evaluation

SPF-Rx³ Consortium



- The 3 SPF-Rx grantees (ODMHSAS, Southern Plains Tribal Health Board, and Cherokee Nation)
 - Established in Spring 2017
 - Effort to leverage resources and avoid duplicity
 - Meets regularly to discuss progress, challenges and how to address them
 - Collaborate on project activities including joint trainings and technical assistance

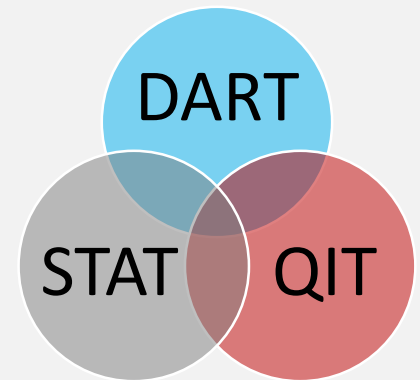
State/Tribal Epidemiological Outcomes Workgroup (STEOW)

- Merged in 2015
- Consisting of data experts and prevention stakeholders and others who share concern and expertise on substance abuse and mental emotional behaviors (MEB)
 - Tribes
 - Tribal organizations
 - Government agencies
 - Non-profit organizations
 - Evaluation consultants



State/Tribal Epidemiological Outcomes Workgroup (STEOW)

- Collaborating to identify, analyze, profile, and disseminate data
- Creating data-guided products that inform prevention planning and policies
- Building state, tribal, and local level monitoring and surveillance systems
- Three teams within the workgroup
 - Data Analysis and Reporting Team (DART)
 - Quality Improvement Team (QIT)
 - Strategic Action Team



The Oklahoma Prescription Monitoring Program (PMP) Data Oversight Committee

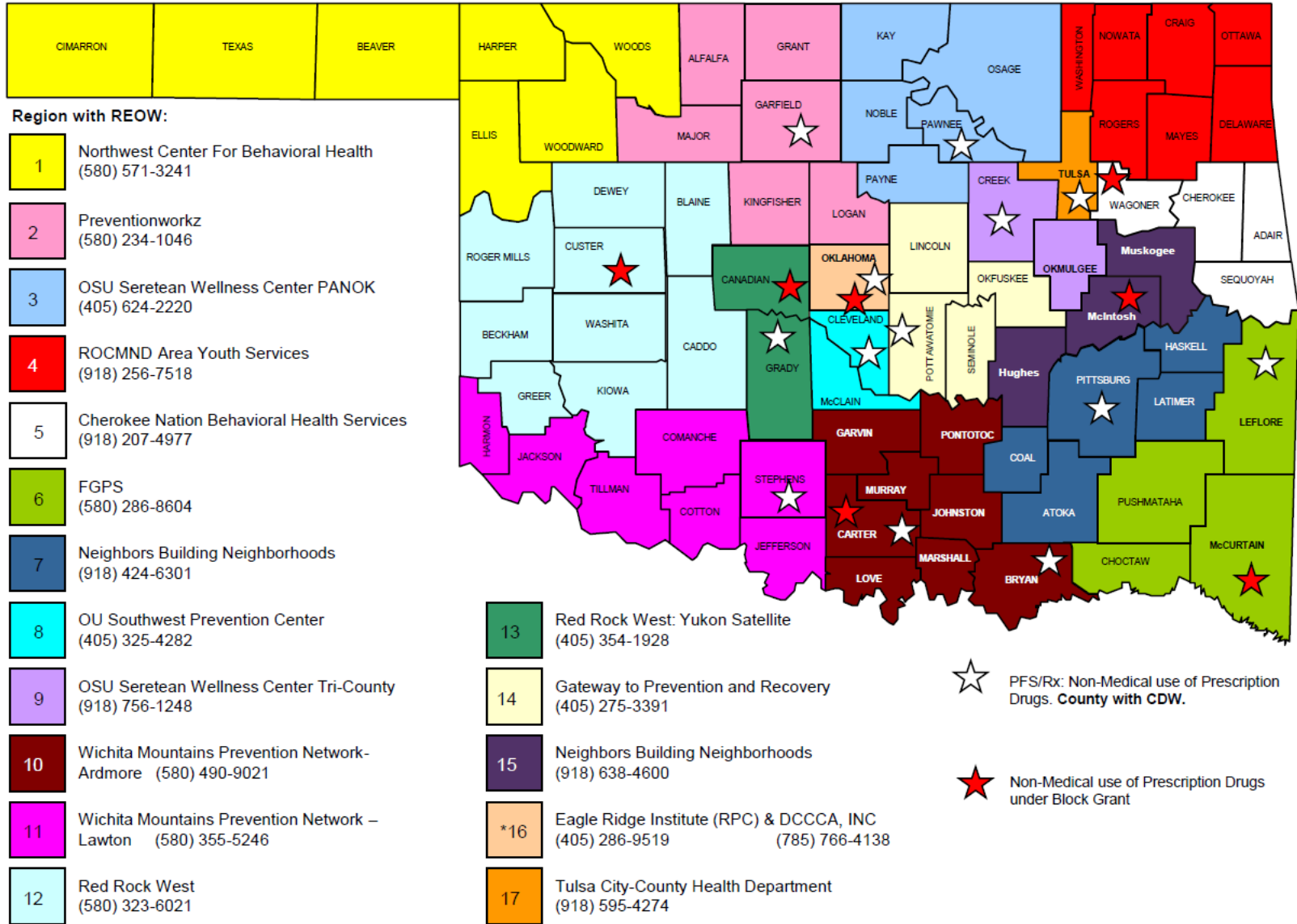
- Consisting of members from three agencies: The ODMHSAS, Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD), and the Oklahoma State Department of Health (OSDH)
 - Working to improve quality of PMP data
 - Analyzing and interpreting PMP data
 - Disseminating PMP data products with prescribers, communities, and partners to increase awareness and knowledge



Regional Epidemiological Outcomes Workgroup (REOW)/Community Data Workgroup (CDW)

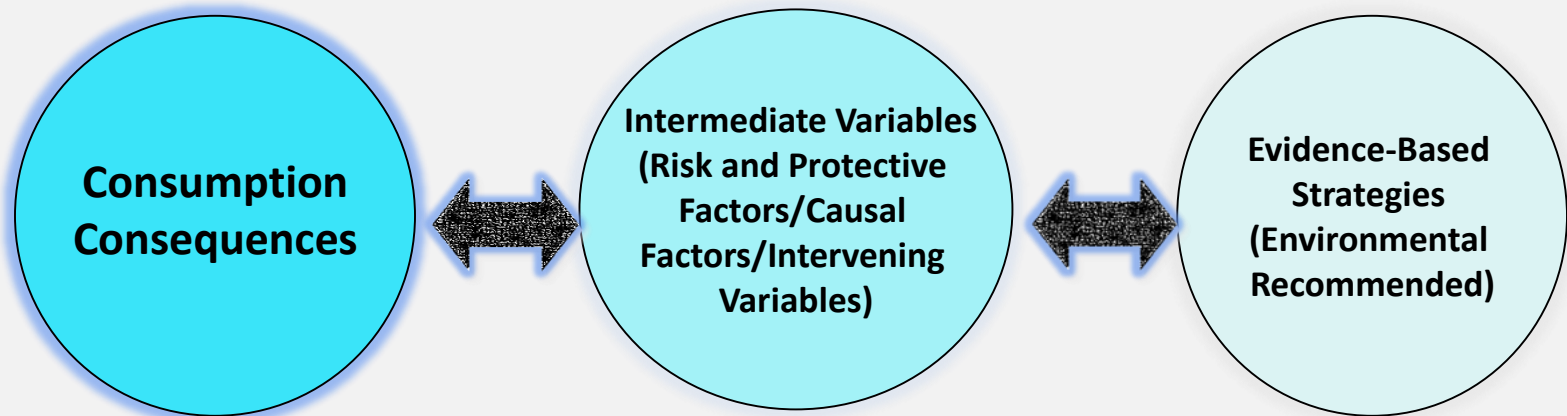
- Network of agencies, organizations and individuals with interest and knowledge about substance misuse and mental, emotional, and behavioral (MEB) disorders prevention
- Diverse stakeholders in the region with **experience and knowledge working with data and/or knowledge and access to important sources of data**
- Plays a vital part throughout the SPF process and any other community evidence-based preventive approach

Regional Epidemiological Outcomes Workgroup (REOW) and Community Outcomes Workgroup (CDW)



REOW/CDW Key Principles

- OUTCOMES-BASED PREVENTION

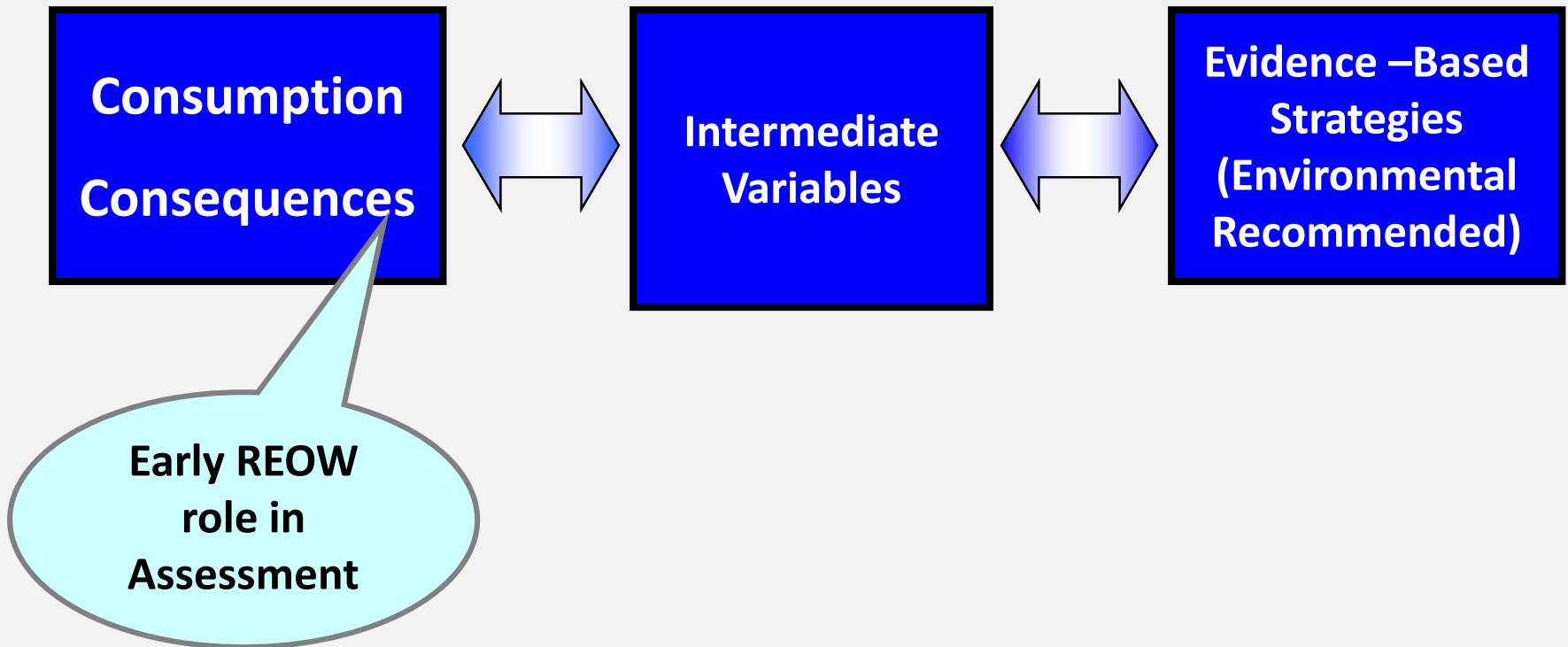


- PUBLIC HEALTH APPROACH

- USING EPIDEMIOLOGICAL DATA

OUTCOMES-BASED PREVENTION

Implementing the Strategic Prevention Framework



Aim: to guide relevant and effective prevention strategies by first understanding the prevalence and patterns of problems and the factors that contribute to them.

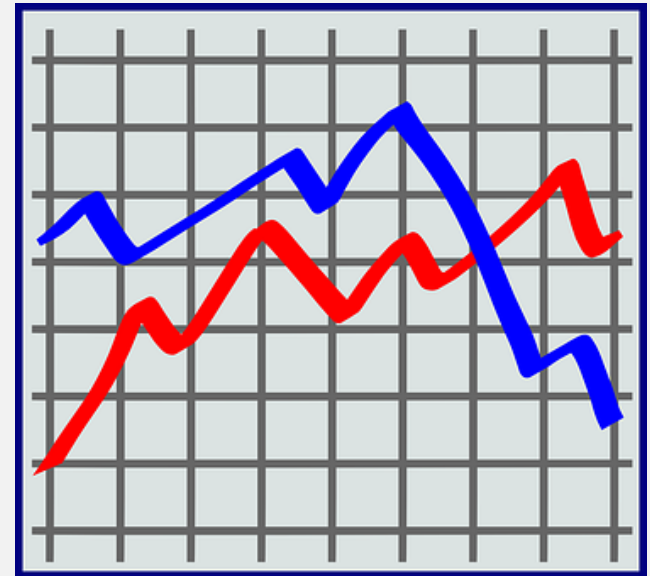
Public Health Approach

- Substance-related problems are addressed by communities using a public health approach
- Data is used to identify focus populations
- A public health approach focuses on population-level change



Using Epidemiological Data

- Help determine the extent and distribution of substance use consumption and consequences
- Are **vital** for the success of an **outcomes-based prevention** initiative and a **public health approach**



Purpose and Role of REOW/CDW

Members support and collaborate with ODMHSAS and communities to:

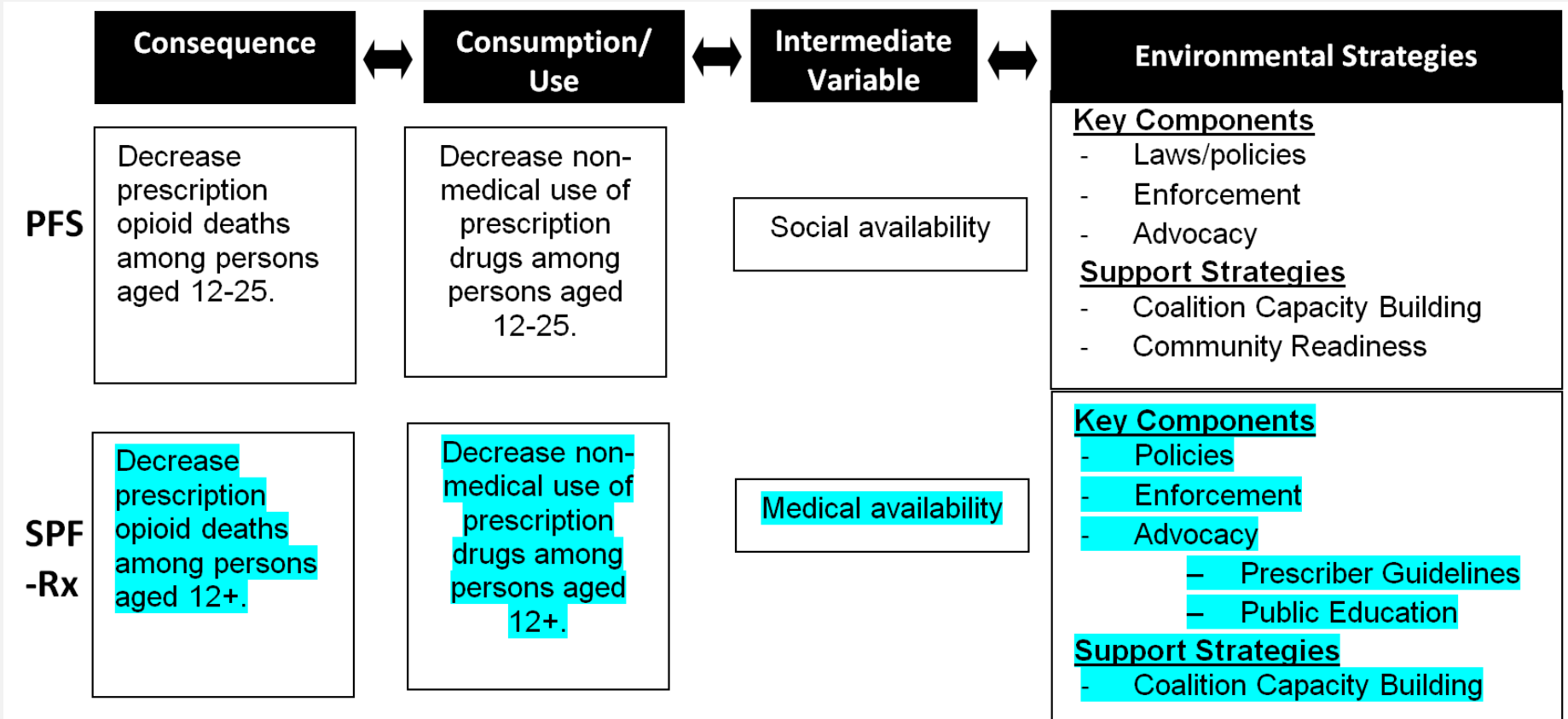
- Collect, analyze, and report data related to substance use and MEB disorders
- Integrate findings into ongoing assessment, planning, and monitoring decisions at the county and regional level
- Profile population needs, resources, and readiness to address the problems and gaps

Purpose and Role of REOW/CDW (cont.)

- Produce an epidemiological profile for the Region and SPF site
- Promote data-driven decision making to guide effective and efficient use of prevention resources
- Present findings to community coalitions



Community-Level Strategies



Assessment Summary: *(Opioid and pharmaceutical drug poisonings overdose rates)*

- In 2015, there were 67 fatal overdose deaths from prescription opioids among Tulsa County residents aged 12 and older for a rate of 12.7 per 100,000. The state rate for this time period was 11.8 per 100,000. Of the total deaths from prescription opioids in the state, 17.4% occur among Tulsa County residents.
- In 2015, there were 80 deaths from pharmaceutical drug poisonings among Tulsa County residents aged 12 and older for a rate of 15.1 per 100,000. The state rate for this time period was 15.6 per 100,000. Of the total deaths from pharmaceutical drug poisoning in the state, 15.7% occur among Tulsa County residents.

Source: Centers for Disease Control and Prevention (CDC), Multiple Cause of Death File on CDC WONDER Online Database, released 2016.

Target Population:

- Direct Target: *(list of medical agencies/persons)*
- Indirect Target(s): *(community sectors)*
- Disparate Population: Hispanic population in targeted zip codes (74105, 74115, 74133, 74136 – total disparate population – 13,965)

Goal: *(Opioid misuse rates)*

Decrease nonmedical use of prescription drugs among Tulsa County residents aged 12 and older.

Data for youth aged 12-17:

According to the 2016 Oklahoma Prevention Needs Assessment Survey, the percentage of youth indicating use of a prescription drug without a doctor telling them to do so in the past 30 days was:

- 3.3% among 6th graders.
- 4.8% among 8th graders.
- 6.5% among 10th graders.
- 7.5% among 12th graders.

Note: A grade-level participation rate of at least 60% is needed for the data to be generalized to the county; otherwise, the data in that grade represent the students who participated in the survey.

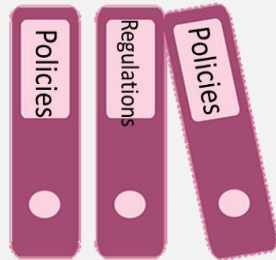
The participation rates for Tulsa County by grade were:

- 31.2% among 6th graders.
- 36.6% among 8th graders.
- 29.4% among 10th graders.
- 23.2% among 12th graders.

Data for adults aged 18 and older:

Data on nonmedical use of prescription drugs among Tulsa County residents aged 18 and older will be available upon completion of the 2017 Adult Community Survey.

Community-Level Strategies (Cont.)



Policy



Enforcement



Advocacy



Coalition Capacity

Community-Level Strategies (Cont.)

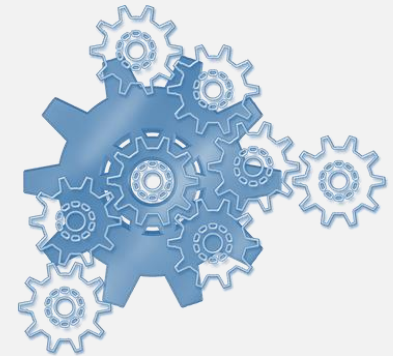
Reaching disparate Population

1. Coalitions are specifically targeting medical prescribers that traditionally serve their communities disparate populations.
2. Traditional and social media is being utilized to target disparate populations to advocate for use of the PMP and the CDC/Oklahoma Prescribing Guidelines.



Successes of Collaborative Prevention Efforts

- Collaborations with community agencies, prescribers, and tribal hospitals
- Culturally and linguistically appropriate (media/dissemination products)
- Data collection efforts from REOW/CDW
- Data products and dissemination from STEOW

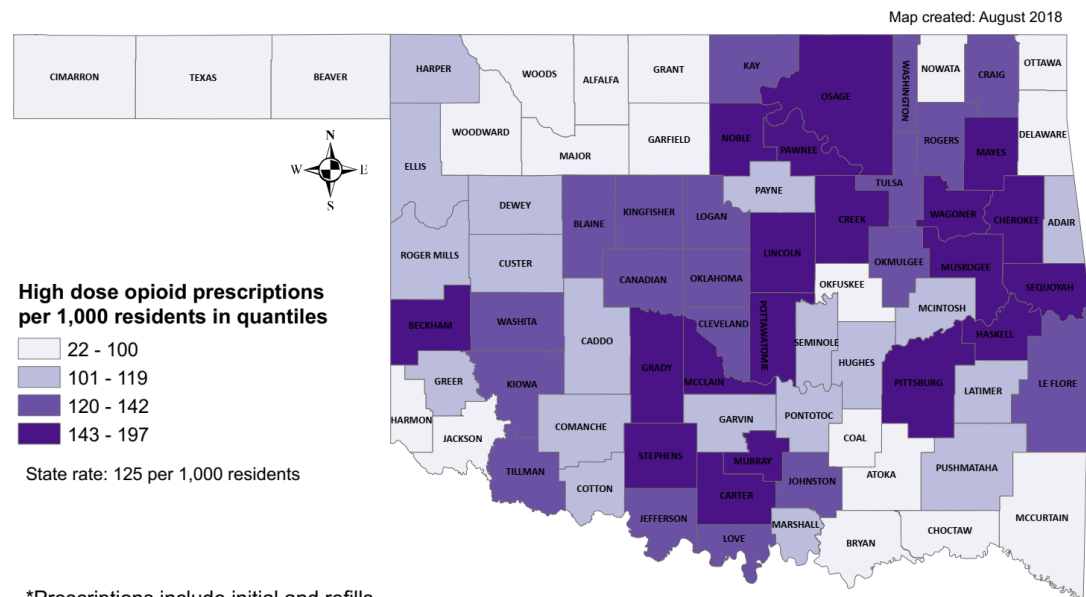


Successes of Collaborative Prevention Efforts (Cont.)

- Access to the Oklahoma PMP data and disseminations of aggregated data

An example:

Number of High Dose Opioid Prescriptions* (≥ 90 MME/day) per 1,000 Residents, by Patient County of Residence: Oklahoma, 2017



This indicator includes select dispensed prescription opioids where patients had an average of ≥ 90 morphine milligram equivalents (MME) of opioid analgesic drugs prescribed per day as entered into the Oklahoma Prescription Monitoring Program (PMP) system. All Buprenorphine products and veterinary prescriptions are excluded. Drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in morphine milligram equivalents (MME), such as cough and cold formulations including elixirs and combination products containing antitussives, decongestants, antihistamines, and expectorants have been excluded using the CDC's National Center for Injury Prevention and Control MME file.

Data Source: Data and maps were analyzed and compiled from the Oklahoma PMP AWARxE system by the Oklahoma Department of Mental Health and Substance Abuse Services, Decision Support Services and Prevention Services.

Successes of Collaborative Prevention Efforts (Cont.)



- Outcomes:
 - Prescribers following PMP guidelines
 - Opioid prescriber rate per 100 residents **decreased by 23%** from 2012 to 2016
 - Nonfatal hospital discharges involving opioid overdose (excluding heroin) **decreased by 12%** from 2012 to 2016
 - Age-adjusted death rate per 100,000 related to prescription opioid poisoning **decreased by 24%** from 2012 to 2016

Challenges and Lessons Learned

- Many of the counties in Oklahoma are rural and each community is different
- Access to local data are not readily available
- Increase the community's confidence to interact within the medical community
- Sustainability
 - Rural areas



Plans to address Challenges

- Continue to provide trainings and technical assistance tailoring to specific county/community
 - Ongoing recruitment for REOW/CDW memberships
- Prescriber champions/trainings
- Sustainability
 - Increasing community capacity
 - Policy within the prescribers' agencies



Prevention Efforts



No real social change has ever been brought about without a revolution - Revolution is but thought carried into action.

Emma Goldman





Any Questions?

Thank you!

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