ASTHO's Opioid Prevention Framework

Richa Ranade, MPH

Martha Yeide, Ph.D.

August 28, 2019

Learning Objectives

- Understand the framework's connection to a state's comprehensive approach to addressing the opioid epidemic

- Understand the six major fields of activities

- Learn about the three evidence labels used to categorize strategies (evidence-based, evidence-informed, experience based)

VISION

State and territorial health agencies advancing health equity and optimal health for all.

MISSION

To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.

Evidence-Based Interventions

Policy

- **Significant scale and impact**
- **Political and legal implications**
- **Informed by staff and SMEs, implemented by leadership**
- **Potential for controversy and risk**
- **Enforcement issues**
- **Efficiency appeal**

Program

- *Variable scale and impact*
- *Community implications*
- *Conceived and implemented by staff and SMEs*
- *Potential for resource needs*
- *Sustainability issues*
- *Empathy appeal*

Primary Leadership

- Traditional public health authority
- Policies that affect the general population in multiple settings
- Policies that relate to health risk factors and behaviors
- May require legislative of regulatory action
- May apply to specific settings where state has existing regulatory authority

Primary Influence

- Authority of other sectors
- Policies that are relevant to a specific setting
- Policies that relate to social determinants
- Generally require organizational change or financial/payment policies
- Based on leveraging relationship with leaders in other state agencies or the healthcare setting

https://my.astho.org/opioids/home

Annals of Internal Medicine

Elements of a Comprehensive Public Health Response to the Opioid Crisis

Mark Levine, MD, and Michael Fraser, PhD, MS

The U.S. Centers for Disease Control and Prevention's report of 116 overdose deaths a day from prescription and illicit opioids in 2016 underscores the need for urgent action to prevent overdose deaths, promote evidence-based programs for treatment and recovery, and implement programs and policies that support the primary prevention of addiction (1, 2). Significant attention has been paid to the government response to the opioid epidemic and the efforts needed to guide federal and state agencies and assets to address the crisis. The public health response to date at federal and state levels has consistently focused on several major tactics: implementing prescription drug monitoring programs, expanding medication-assisted treatment, and improving the availability of naloxone. Building on the work of Butler (3), we posit that the opioid crisis requires an even more coordinated and comprehensive approach that includes robust prevention efforts; draws on leadership, partnership support, community engagement, and clinical expertise; and utilizes the available evidence.

Leadership, with key leaders in government and nongovernment agencies and in communities statewide, establishes a shared vision for comprehensively addressing opioid use disorder throughout the jurisdiction.

Partnership and collaboration promote the cross-cutting, multisector work needed to comprehensively address opioid use disorder. Clear objectives, defined strategies and tactics, and an understanding of the various cultures and business practices of partner groups (including clinicians and health care systems) are critical for success.

Epidemiology and surveillance capacity is a core asset of public health agencies. A comprehensive approach directs this strength to improve prevention, treatment, and recovery response by using real-time public health data for decision making and to inform the development and implementation of programs and policies.

Education and prevention include building individual and community resilience, addressing health-related social needs, implementing evidence-based campaigns to educate and build awareness, and engaging communi-

Six Key Elements:

LEADERSHIP

PARTNERSHIPS

Leadership

To ensure a successful and comprehensive public health response to the opioid epidemic, state and territorial health leaders should engage leaders and decision makers from

- The gubernatorial and cross-cabinet/executive branch
- The legislative branch (e.g., key policy staff, legislators)
- The community (e.g., advocacy groups, faith-based organizations, medical licensing boards)
- Public and private health care delivery systems (e.g., hospitals, outpatient clinics, emergency medical services)
- Departments of education, corrections, housing, economic development, and social services
- Law enforcement and public safety

Partnership and Collaboration

Partnering across sectors will support a successful and comprehensive public health response to the opioid epidemic. State and territorial health agencies should consider forming the following types of partnerships.

Monitoring and Surveillance

- Partner with neighboring states to expand PDMP interstate data sharing to increase effective monitoring and completeness of PDMP reports and to establish data-sharing agreements for tracking of opioid use and overdoses across state agency jurisdictional lines.
- Partner with neighboring states to establish data-sharing agreements for tracking of opioid use and overdoses across state agency jurisdictional lines.
- Collaborate with entities responsible for reporting overdose data (e.g., coroner's office, medical examiner's office, emergency departments, EMS) to ensure up-to-date and useful opioid overdose surveillance.
- Partner with public safety and drug control agencies (e.g., HIDTA) to improve data sharing , focus response and prevention strategies, and support drug enforcement operations.
- Collaborate with PDMPs and their parent agencies (e.g., boards of pharmacy, licensure boards) to better identify over-prescribers and to develop a coordinated and comprehensive response.

Training and Education

- Work with local press and media outlets to amplify prevention messages and provide information on treatment and recovery resources to the public on a broad scale.

Primary and Overdose Prevention

- Work with community partners to develop or expand community coalitions to ensure a comprehensive and coordinated approach to the opioid crisis.
- Partner with community-based efforts to raise awareness of the dangers of opioid misuse, such as DEA 360 Strategy or Drug Free Community Coalitions.
- Partner with elementary and middle schools to support school-based substance use prevention programs and update curricula on a regular basis.

Treatment, Recovery, and Harm Reduction

- Partner with local and state employers, business, and Chambers of Commerce to make the business case for linking employees to treatment and recovery support service, provide needed education on opioid or substance use addiction, and provide information on treatment referral process.
- Partner with health professional boards and pharmacies in supporting state and national (e.g., CDC) prescribing guidelines.
- Engage local medical schools, dental schools and other health professional schools in adopting core competencies in pain management and addiction medicine.
- Partner with correctional facilities to increase access to treatment and recovery services to prevent relapse and recidivism when individuals are released.
- Work with Emergency Medical Services (EMS) to promote a mobile integrated healthcare and community paramedicine (MIH-CP) approach, which goes beyond overdose reversal and adopts a recovery-oriented system of care model.

Monitoring and Surveillance

Type a word in the input field to search the table. As you type, the table will automatically update to show relevant results.

Search..

Recommendation	Evidence Summary	Intervention Type
Improve prescription drug monitoring program (PDMP) data collection and data quality, by establishing interstate data-sharing agreements for PDMP data.	**Experience-based** for reducing prescription opioid misuse: Interstate data sharing of PMDP is a practice associated with the efficacy of PDMPs. When implemented effectively, PDMPs reduce overprescribing, which, in turn, may reduce prescription opioid misuse. However, research to support this practice for reducing prescription opioid misuse is insufficient.	Policy
Support comprehensive use mandates for prescribers and dispensers to increase prescription drug monitoring program (PDMP) utilization.	**Experience-based** for reducing prescription opioid misuse: Comprehensive prescriber use mandates are associated with fewer opioid prescriptions and fewer incidents of pill shopping (when patients visit multiple prescribers or pharmacies to obtain the same or similar drugs over a short period of time). However, research to support this policy for reducing prescription opioid misuse is insufficient.	Policy
Expand delegate access to the prescription drug monitoring program (PDMP).	**Experience-based** for reducing prescription opioid misuse: Expanding delegate access to PDMPs may increase PDMP utilization, especially in states lacking comprehensive use mandates. However, research to support this policy for reducing prescription opioid misuse is not available.	Policy

Primary and Overdose Prevention

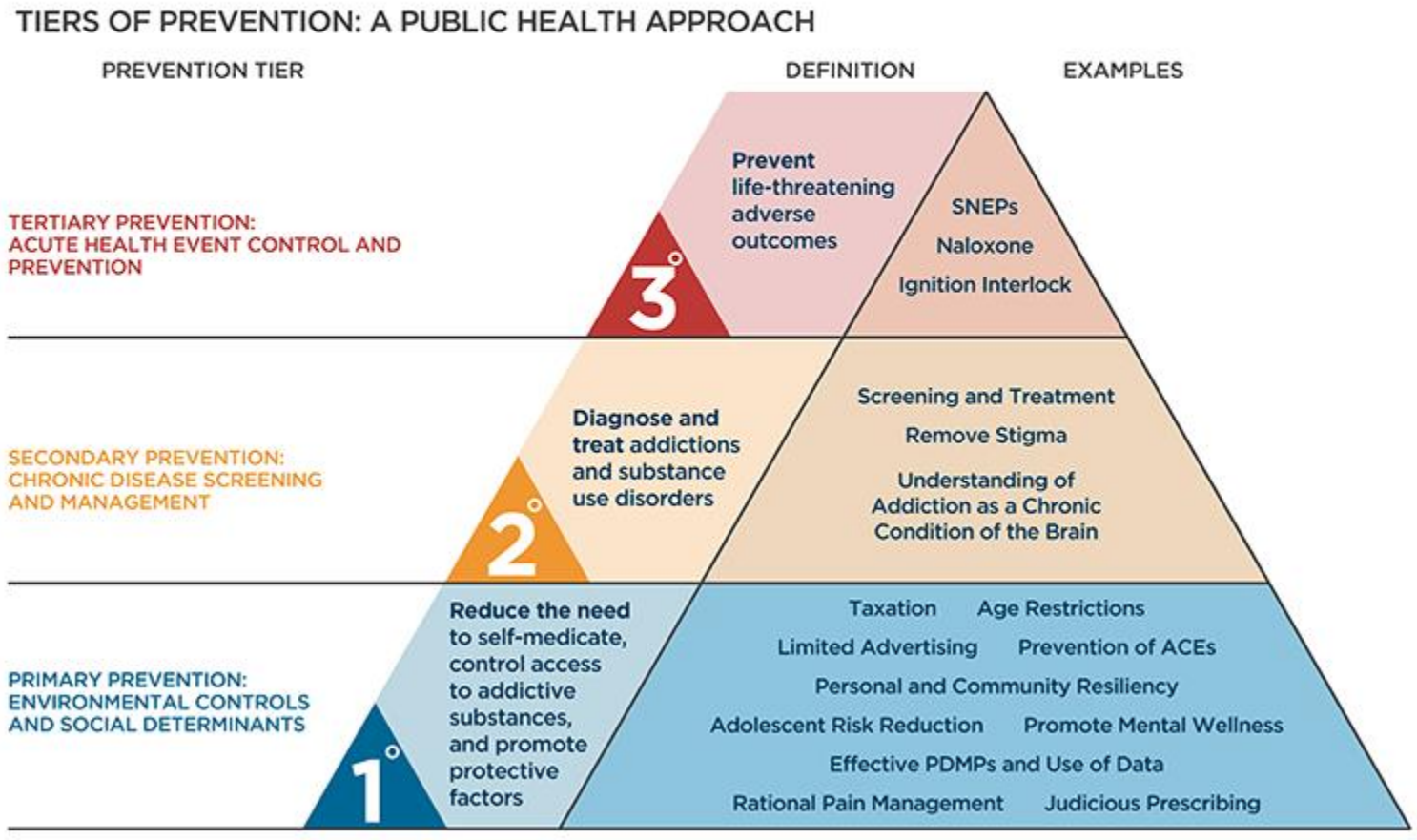
Type a word in the input field to search the table. As you type, the table will automatically update to show relevant results.

Search..

Recommendation	Evidence Summary	Prevention Tier	Intervention Type
Encourage hospitals and clinics to screen for neonatal abstinence syndrome (NAS) during the prenatal period and at birth by conducting a toxicology screening and, upon a positive diagnosis, treating infants using evidence-based pharmacologic therapy.	**Experience-based** for preventing or reducing opioid use disorder: Screening for NAS increases the identification and treatment of NAS. This, in turn, may reduce and prevent symptoms of opioid use disorder among infants. However, research to support this practice for reducing preventing or reducing opioid use disorder is insufficient.	Secondary Prevention	Practice
Encourage state lawmakers to support or expand standing orders that permit targeted naloxone distribution.	**Experience-based** for reducing fatal opioid overdose: At least one systematic review indicates that targeted naloxone distribution is a feasible and effective community-based approach to train potential overdose bystanders on how to administer naloxone. Administering naloxone may, in turn, reduce rates of fatal overdose. However, research to support this policy for reducing fatal opioid overdose is insufficient.	Tertiary Prevention	Policy
Encourage state lawmakers to support or expand the pharmaceutical distribution of naloxone, by permitting standing orders (written by licensed prescribers), protocol orders (written by state boards of health or pharmacy licensing boards), and collaborative practice agreements (two-way agreements between prescribers and specific pharmacies/pharmacy chains within a state).	**Experience-based** for reducing fatal opioid overdose: Data suggest permitting pharmacists to dispense naloxone without a prescription increases public access to naloxone. This, in turn, may prevent overdose fatalities. However, research to support this policy for reducing fatal opioid overdoses is insufficient.	Tertiary Prevention	Practice

Primary Prevention: Environmental Controls and Social Determinants

Reduce the need to self-medicate, control access to addictive substances, and promote protective factors.



Training and Education

Type a word in the input field to search the table. As you type, the table will automatically update to show relevant results.

Search..

Strategy	Evidence Summary	Intervention Type
Educate and train prescribers and pharmacists to use prescription drug monitoring program (PDMP) databases and effectively interpret and respond to PDMP data.	**Experience-based** for reducing prescription opioid misuse: Healthcare providers equipped to effectively use PDMPs will be better able to identify patients who may be misusing opioids and understand and manage their own prescribing practices. Training should also help prescribers and pharmacists better communicate with patients who are misusing prescription opioids. However, research to support this practice for reducing prescription opioid misuse is insufficient.	Practice
Train medical examiners, coroners, toxicologists, emergency medical services staff, and emergency department staff to specify the drug(s) causing overdose death and apply uniform standards and case definitions when identifying and reporting opioid overdose deaths.	**Experience-based** for reducing fatal opioid overdose: Training medical staff in the identification and reporting of opioid overdose deaths enables more accurate surveillance of fatal opioid overdose in the jurisdiction. This may, in turn, equip states to more effectively respond to opioid overdose outbreaks. However, research to support this practice for reducing fatal opioid overdose is not available.	Practice
Encourage systems, medical and nursing schools, physician assistant programs, and medical residency programs to provide courses and training in comprehensive pain management or pain medicine.	**Experience-based** for reducing prescription opioid misuse. At least one pre-post study found a four-day pain management course for medical students increased students' interest in pain medicine. However, research to support this practice for reducing prescription opioid misuse is insufficient.	Practice

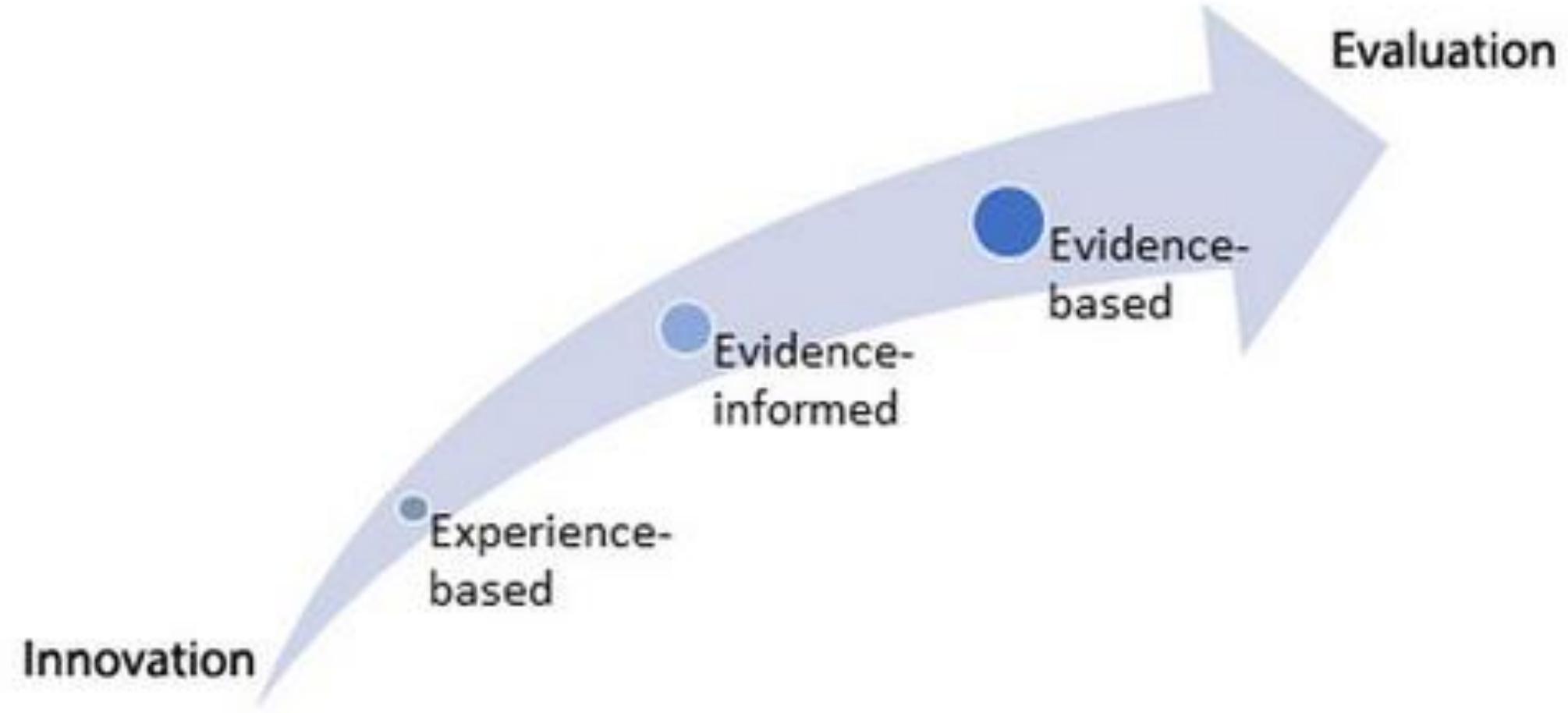
Treatment, Recovery, and Harm Reduction

Type a word in the input field to search the table. As you type, the table will automatically update to show relevant results.

Search..

Recommendation	Evidence Summary	Intervention Type
Encourage lawmakers to institute Good Samaritan laws or revise existing laws to provide additional legal protections for persons who require emergency assistance in the event of an overdose.	**Experience-based** for reducing fatal opioid overdose: Research suggests that Good Samaritan Laws increase the likelihood that bystanders or individuals who experience an opioid overdose will call 911. This, in turn, may reduce risks of fatal overdoses. However, research to support this policy for reducing fatal opioid overdose is insufficient.	Policy
Advocate for legislation that requires health insurance companies to reimburse health providers for comprehensive pain management services.	**Experience-based** for preventing opioid misuse: Preliminary data suggest that comprehensive pain management services are effective in reducing pain symptoms, emotional distress, and functional limitations among chronic pain patients. This, in turn, may reduce risk of opioid misuse. However, research to support this policy for reducing opioid use disorder is insufficient.	Policy
Support regulations that insure payers comply with behavioral health parity laws, like The Mental Health Parity and Addiction Equity Act (MHPAEA), to ensure adequate coverage for addiction treatment and recovery services.	**Experience-based** for reducing opioid misuse and preventing relapse: Research suggests a relationship between insurance coverage for substance use services and substance use treatment utilization. However, research to support behavioral health parity laws for reducing opioid use disorder is insufficient.	Policy

Evidence Levels and Outcomes


Evaluation
Evidence-based
Evidence-informed
Experience-based
Innovation

Evidence-based:

If the use of the strategy favorably impacts outcome of interest, according to at least one of the following types of studies:

- Meta-analysis
- Systematic review
- Randomized controlled trial (RCT) –comparison with no treatment or usual care
- High-quality quasi-experimental design (QED) – no treatment or usual care comparison

OR

If listed in a credible source, which describes favorable effects for the outcome of interest.

Evidence-informed:

At least one low-to-moderate quality QED has linked the strategy to a reduced likelihood of an undesirable outcome or an increased likelihood of a favorable outcome.

OR

At least one meta-analysis, RCT, or high-quality QED has:

- Linked the strategy to a reduced likelihood of highly-correlated undesirable outcomes or an increased likelihood of highly-correlated favorable outcomes, or
- Linked a similar strategy to an impact on the outcome of interest, or
- Documented the causal links between risk and protective factors targeted by the strategy and the outcome(s) of interest.

Experience-based:

Research to support this recommendation was not identified or is insufficient. However, the recommendation is

(1) driven by sound data or theory,
(2) has been found feasible in multiple settings, and
(3) has no evidence of adverse or mixed effects.

Some good news?

OIG releases report on State response to opioid crisis

The Office of Inspector General (OIG) within the Department of Health and Human Services (HHS) recently released a report titled, "Oversight of Opioid Prescribing and Monitoring of Opioid Use: States Have Taken Action to Address the Opioid Epidemic". The OIG analyzed data from the Centers for Disease Control and Prevention (CDC) and selected eight States for review, culminating in State-specific factsheets. The review identified actions that selected States took related to oversight and monitoring of opioid use in the following categories: policies and procedures, data analytics, outreach, programs, and other actions not covered by the previous categories. The OIG found that the selected States had taken actions in every category to address opioid misuse and concluded that no recommendations were needed. The selected States were Washington, Nevada, Utah, Nebraska, Texas, Tennessee, West Virginia, and New Hampshire.

What's next?

- State examples

Monitoring and Surveillance Resources

Improve Prescription Drug Monitoring Program (PDMP) data collection and data quality by establishing interstate data-sharing agreements for PDMP data.

Integrating & Expanding Prescription Drug Monitoring Program Data: Lessons from Nine States

The Centers for Disease Control and Prevention (CDC) report summarizes the Substance Abuse and Mental Health Services Administration (SAMHSA) funded projects in nine states from 2012 to 2016 through the PDMP Electronic Health Records Integration and Interoperability Expansion (PEHRIIE) program.

Prescription Monitoring Program Integration Project: Year Two Final Evaluation

The Hornby Zeller Associates (HZA) report summarizes the implementation of the PEHRIIE program in Maine, finding that the Maine Office of Substance Abuse and Mental Health Services has met most of the objectives, including data sharing with two states, signed memoranda of understanding (MOUs) for interoperability with two states, and software upgrades.

The State of Iowa House File 524: An Act Relating to Medical Cannabidiol and Prescription Drugs

The Iowa legislation provides legal basis for Iowa to enter into an agreement with a prescription database or monitoring program operated in any state for the purposes of data sharing.

What's next?

- Cross-walking or assessment

Now for some fun!

Scavenger hunt https://my.astho.org/opioids/home

- Imagine you are a state health official
- It is legislative session time
- Your governor has asked you to look for evidence-based policies addressing treatment, recovery and harm reduction
- What would your recommendations be and why?

Let’s try another one

- Imagine you are an intern at a public health non-profit
- You are asked to find evidence-based primary prevention programs
- What did you come up with?

Now let’s hear from you

What do you like about the framework?

What could we improve?

What are your “go-to” resources on this topic?

- What do you like about those?

Questions?

Thank you!

rranade@astho.org

myeide@astho.org