



Strategies for Enhancing Community-based Prevention of Opioid Misuse

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Learning Objectives

- 1) The capacity to distinguish between strategies to prevent opioid misuse before the onset of opioid use disorder (addiction) and strategies to prevent the consequences of opioid addiction.
- 2) A strategy to select those prevention approaches best aligned to impact the identified age group(s) shown to have the greatest risk for opioid misuse.
- 3) Practices to improve the implementation of community-based prevention of opioid misuse.
- 4) Strategies to incorporate local context (urban/rural, language, race/ethnicity) into community-based opioid misuse prevention.

Strategic Prevention Framework



Assessment—Opioid Focused Data

- **By outcome**
 - Use/misuse
 - Addiction
 - Overdose
 - Fatalities
 - Other health impacts
- **By drug type**
 - Prescription opioids
 - Heroin
 - Any opioid
- **By demographics**
 - Age
 - Gender
 - Ethnicity
- **By Location**
 - National
 - State
 - County
 - Locality

Data Overload/Unlimited Analyses

- 15 factors
- Number of subsets = $2^{15} - 1 = 32,767$
- Potential number much higher
 - Multiple local communities, ZIP codes, neighborhoods
 - Multiple years of data
 - Multiple ethnicities

Assessment requires a strategy!

Local Assessment Issues

- Discussion of obstacles & strategies—your experiences!
- Use readily available data (national, state, county)
 - Avoid paralysis, move toward responses!
 - Contrast general info/trends to local sources

Common Liabilities of Conventional Approaches

- Vague objectives for “Assessment” phase
- Easy to get lost in data gathering
- When turning to “planning,” data often do not indicate, inform, or align with EBPs & strategy
- Data issue for capacity, strategic plan, implementation

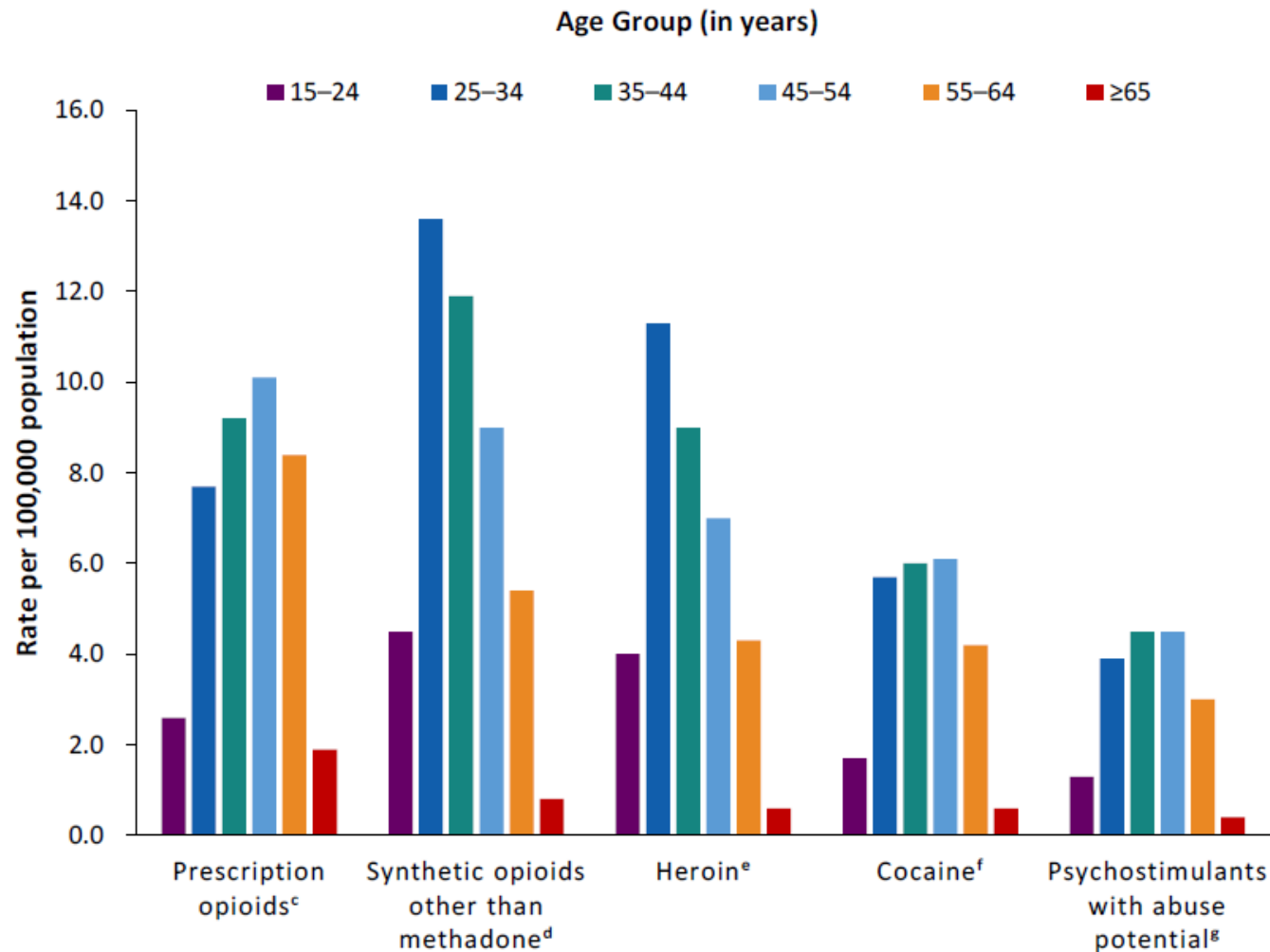
Data Sources

- <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>
- Includes:
 - Use/misuse prevalence
 - Opioid use disorder
 - Overdose fatalities
 - Prescriptions
 - Overdose hospitalization/Emergency department
- Mostly tables, few figures, few state comparisons
- NIDA state comparisons <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state>

Opioid Misuse Prior to Onset of Opioid Use Disorder Data: Mortality

FIGURE 2C

Rates^a of drug overdose deaths^b by drug or drug class and age category — United States, 2016



Prevalence of Opioid Use, past yr

Socio-demographic characteristic	Marijuana			Heroin			Opioids ^e (heroin or prescription pain relievers)		
	Number	%	SE	Number	%	SE	Number	%	SE
All	37,570	13.9	0.2	948	0.4	0.03	11,824	4.4	0.11
Gender									
Male	21,839	16.7	0.30	596	0.5	0.05	6,420	4.9	0.16
Female	15,731	11.3	0.24	352	0.3	0.03	5,403	3.9	0.14
Age (years)									
12–17	2,982	12.0	0.31	13	0.1	0.02	891	3.6	0.17
18–25	11,401	33.0	0.51	227	0.7	0.08	2,516	7.3	0.27
≥ 26	23,187	11.0	0.23	708	0.3	0.04	8,417	4.0	0.13
26–34	8,671	22.3	0.53	331	0.9	0.11	2,779	7.2	0.33
≥ 35	14,515	8.5	0.24	377	0.2	0.04	5,637	3.3	0.14
35–39	3,031	14.7	0.66	106	0.5	0.12	1,132	5.5	0.39
40–44	2,007	10.3	0.58	73	0.4	0.14	865	4.4	0.38

Prevalence of Opioid Use Disorder, past yr

Socio-demographic characteristic	Marijuana			Heroin			Opioids ^e (heroin or prescription pain relievers)		
	Number	%	SE	Number	%	SE	Number	%	SE
All	3,992	1.5	0.10	626	0.2	0.02	2,144	0.8	0.05
Age (in years)									
12–17	584	2.3	0.20	1	0.0	0.00	153	0.6	0.08
18–25	1,743	5.0	0.20	152	0.4	0.06	392	1.1	0.10
≥ 26	1,665	0.8	0.10	473	0.2	0.03	1,599	0.8	0.06

Targets for Opioid Misuse Prior to Disorder

- Trends
- Mortality
- Misuse
- Disorder
- Focus for prevention
 - Useful orientation from 3 tables and 1 figure
 - Provides strong starting point
 - Use available local data to refine

Assessment Data Summary

- Data alignment
 - You need information sufficient to develop and implement a response
 - **Perfection is the enemy of the good!**
- Decide the focus of your response (age, gender, location [communities and within communities, e.g., schools, criminal justice, etc.)
 - What local information contrasts with national/state data trends
- Environmental scan of current activities/interventions
 - Status/preliminary effectiveness of these
 - Is this our bailiwick/coverage assignment of tasks

Capacity

- Challenges for capacity building
- Discussion

- What about someone from treatment?

Common Liabilities of Conventional Approaches

When turning to “capacity building” ...

- Some “stakeholders” don’t want to be there
- Some “stakeholders” should not be there

When turning to “management” ...

- Often too much emphasis on “process” rather than “outcomes”

Strategic Planning

- Strategy development
 - Question/discussion
- Selection factors/Alignment with Needs
 - Developmental lifespan
 - Pre-onset opioid use disorder (opioid misuse, px of alc/other drug misuse)
 - Post-onset opioid use disorder
 - Suite/continuum of prevention strategies
- Guiding principles (WIG, 4 Disciplines of Execution)
 - Select targets with greatest public health impact with resources available
 - Systems as a focus Evidence-based
 - Feasibility assessment

Strategic Planning

- Logic model
- Develop capacity specific to the px interventions
- Data needed to implement (site locations, local conditions)
- Resources necessary
- Funds partners
- Systems buy-in
- Cultural competence

Crucial Capacity

- Strategic Planning capacity
- Not general capacity, but a capacity to move forward with EBP
 - Prevention expertise and community relationships needed to select strategies
 - Gauge feasibility for strategies
 - Steering committee
- Sufficient general capacity needed to move forward expeditiously
- Develop and strengthen a prevention team
 - Steering committee

Implementation

- Challenges/experiences
- Specific capacity building
- Cultural Competence
- Are the most appropriate partners engaged
- CQI
- Performance measures (how much (dosage), how well (interim outcomes), aligned to evidence-based practices/fidelity)

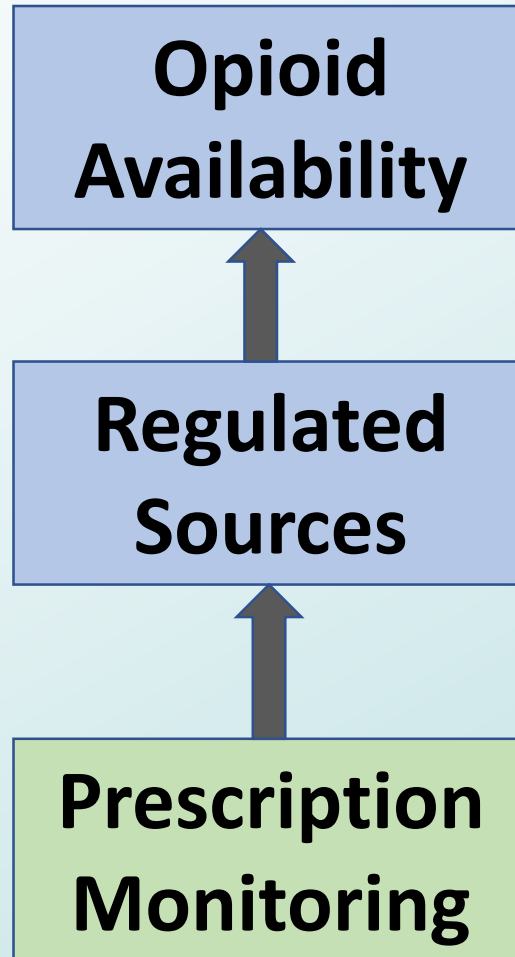
Implementation/Performance Evaluation

- CQI and Performance Measures
 - Timeline/timeliness
 - How much dosage/# people served/#sessions
 - How many naloxone kits distributed
 - # SBIRT screens/% high risk sites implementing
 - A policy developed/implemented
 - % of target student population reached
 - Quality
 - # brief interventions
 - # of treatment referrals
 - Increased perception of harm from opioids and risky opioid combinations
 - Policy enforcement

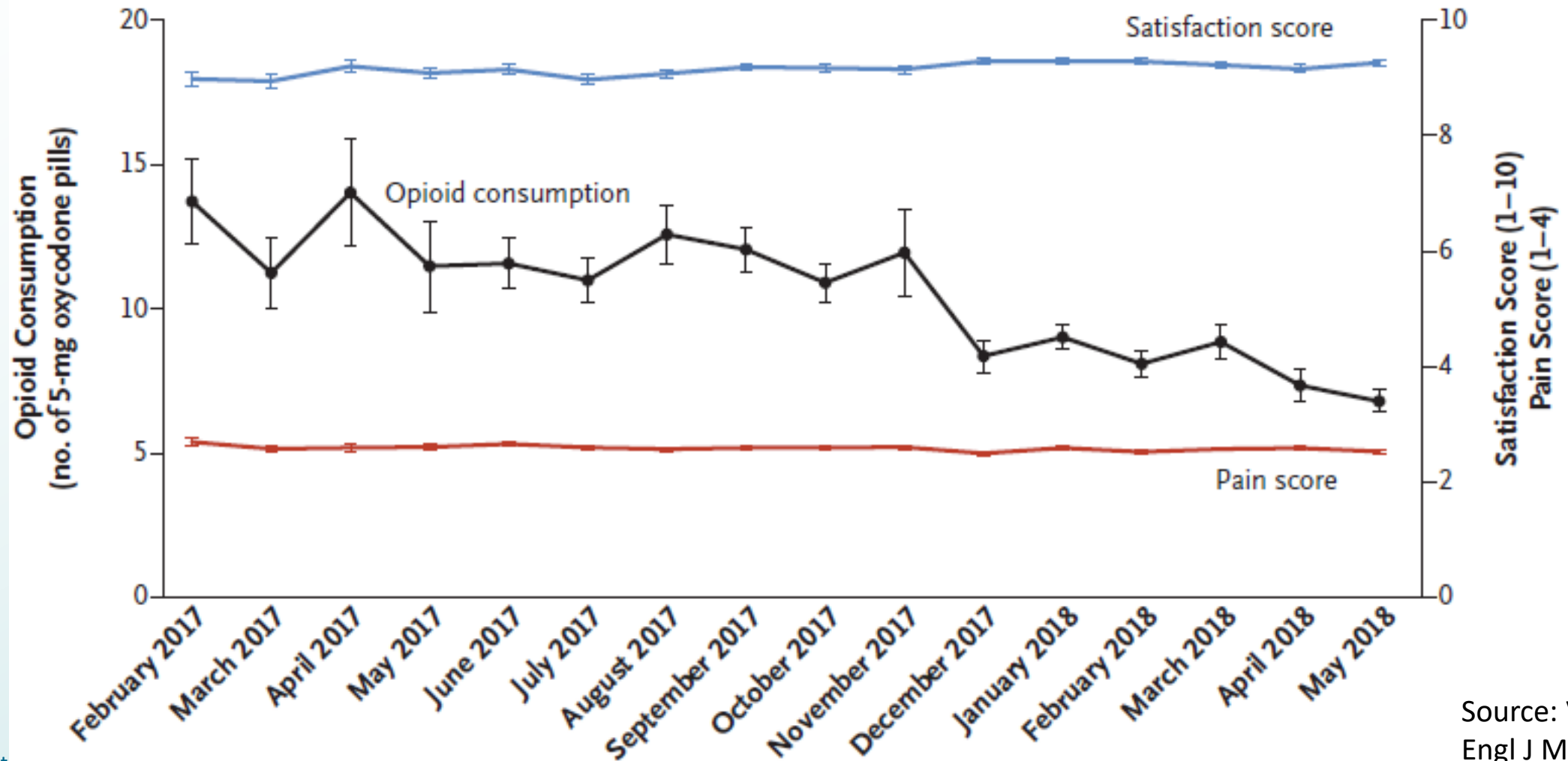
Evaluation: Outcomes

- Outcome and Impact
- Reduced use/risky use/reduced access

Simple Example



Simple Example



Source: Vu, et.al., N Engl J Med 381:7. 2019

Cultural Competence

- Local context
 - Language
 - Rural/urban
 - Poverty/ACEs
 - LGTBQ
 - African American, LatinX, immigrant
- Key partners
- Staff training
- Role of leadership

Sustainability

- Initial considerations
 - Micro, meso, macro
 - Systems
 - Policy makers
 - Resources

Practices to Improve SPF and Implementation

- 4 DX of Execution
 - Wildly Important Goal
 - Select the actions to perform with greatest impact
 - Meet to ensure regular performance of EBP
 - Use dashboard to track performance and impact

Other Challenges

- “Needs assessment” not sufficiently defined
- Stakeholders may be ill-defined
- Protracted planning may have deleterious effects
- Often poor division of labor
- Confusion of process measures of success vs. outcomes
- Conflicting notions of “sustainability”

PIRE Opioid Intervention Framework

- Tool
- Integrated approaches to drivers, practices and outcomes
- Overview tool intro

Overview of Major Outcomes

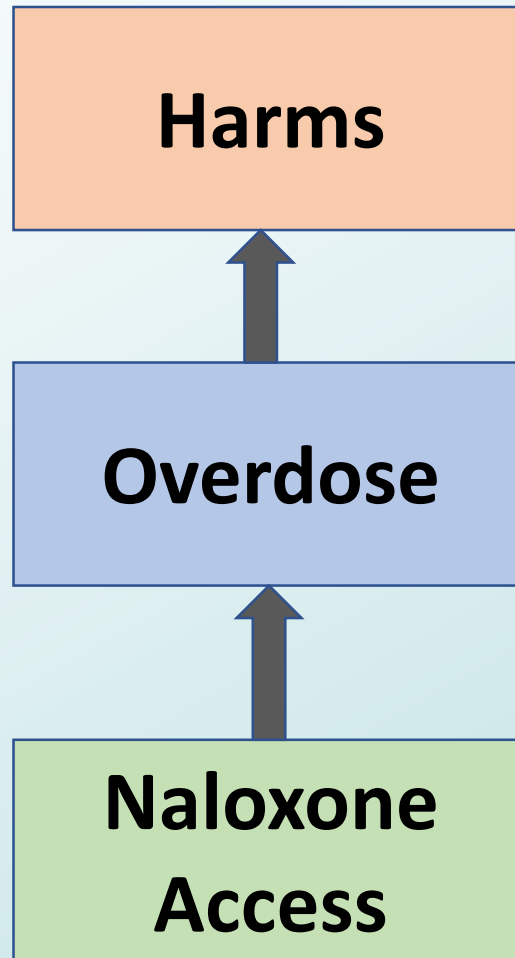
**Alternative Pain
Management**

**Medical
Opioid Use**

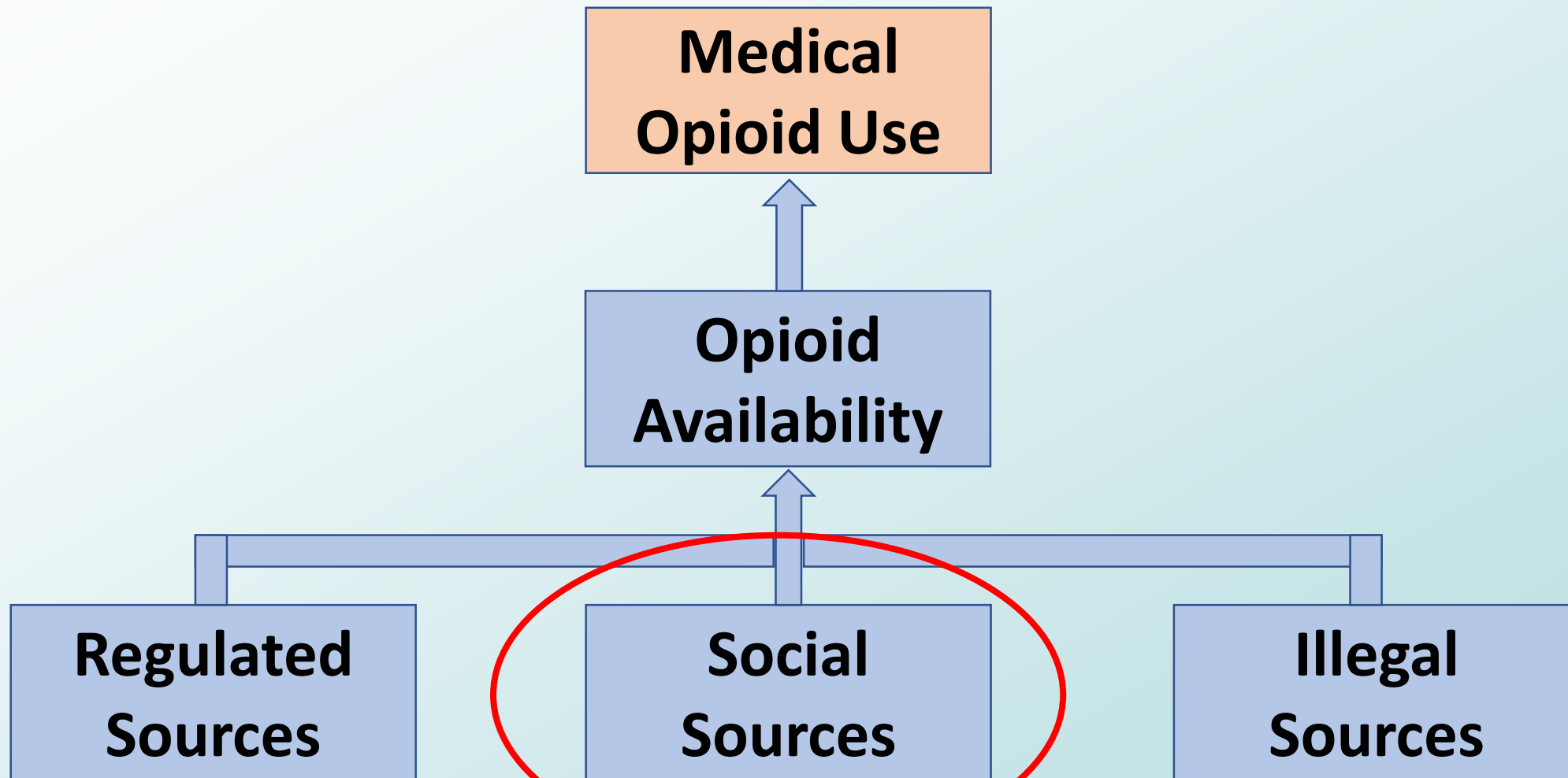
**Non-Medical
Opioid Use**

Harms

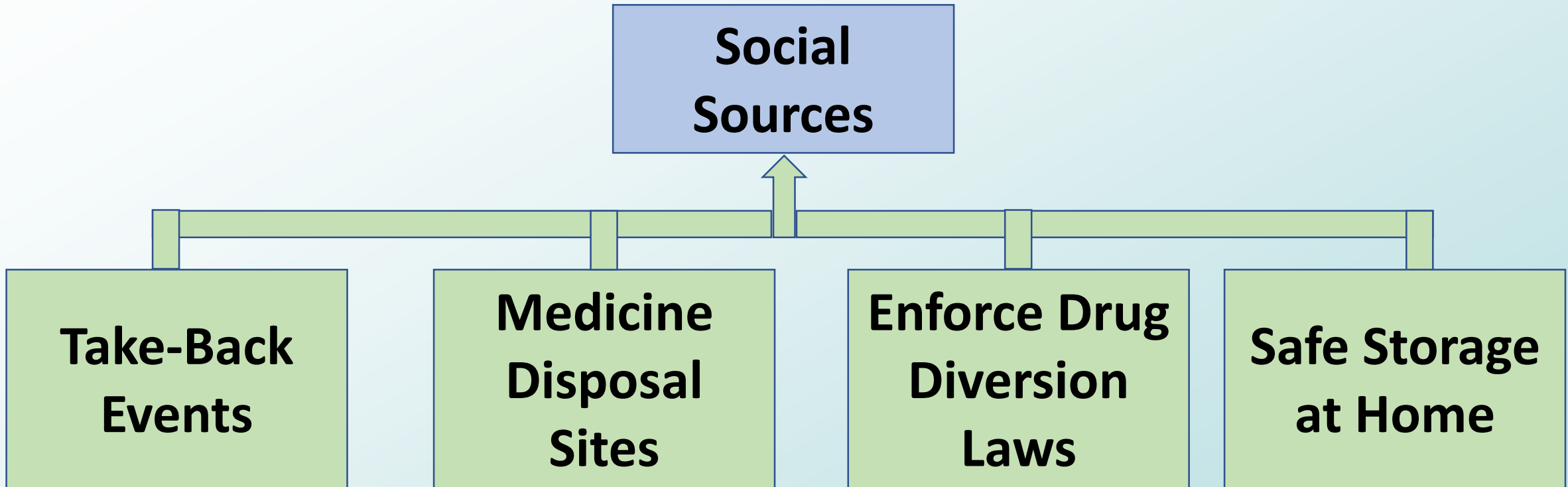
Simple Example



Identifying Targets for Prevention



Identifying Strategies for Prevention



Benefits of a Comprehensive Intervention Framework

- Directs purposeful and efficient assessments
- Facilitates data-driven selection of interventions
- Facilitates recruitment of effective stakeholders/partners
- Aids in division of labor while communicating the “big picture”
- Directs both performance and outcome evaluation
- Facilitates effective communication of strategy to funders, stakeholders and the general public

A Work in Progress

- Add descriptions for each target and strategy
- Summarize evidence base for each strategy
- Build contact list of agencies that have adopted each strategy

Summary of Issues

- Thank you!
- Contact information
- Bob Saltz saltz@pire.org
- Bill Wieczorek wwieczorek@pire.org
- PIRE.ORG
- See us at the PIRE Exhibit Table at NPN