



WHEN THE HURRICANE COMES IN A PILL: HOW COMMUNITY HEALTH WORKERS CAN ADDRESS THE OPIOID EPIDEMIC

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Disclosures and Acknowledgements

Mary Catlin has no financial relationships that may pose a conflict of interest.

There will be no unannounced mention of off-label or experimental medications.

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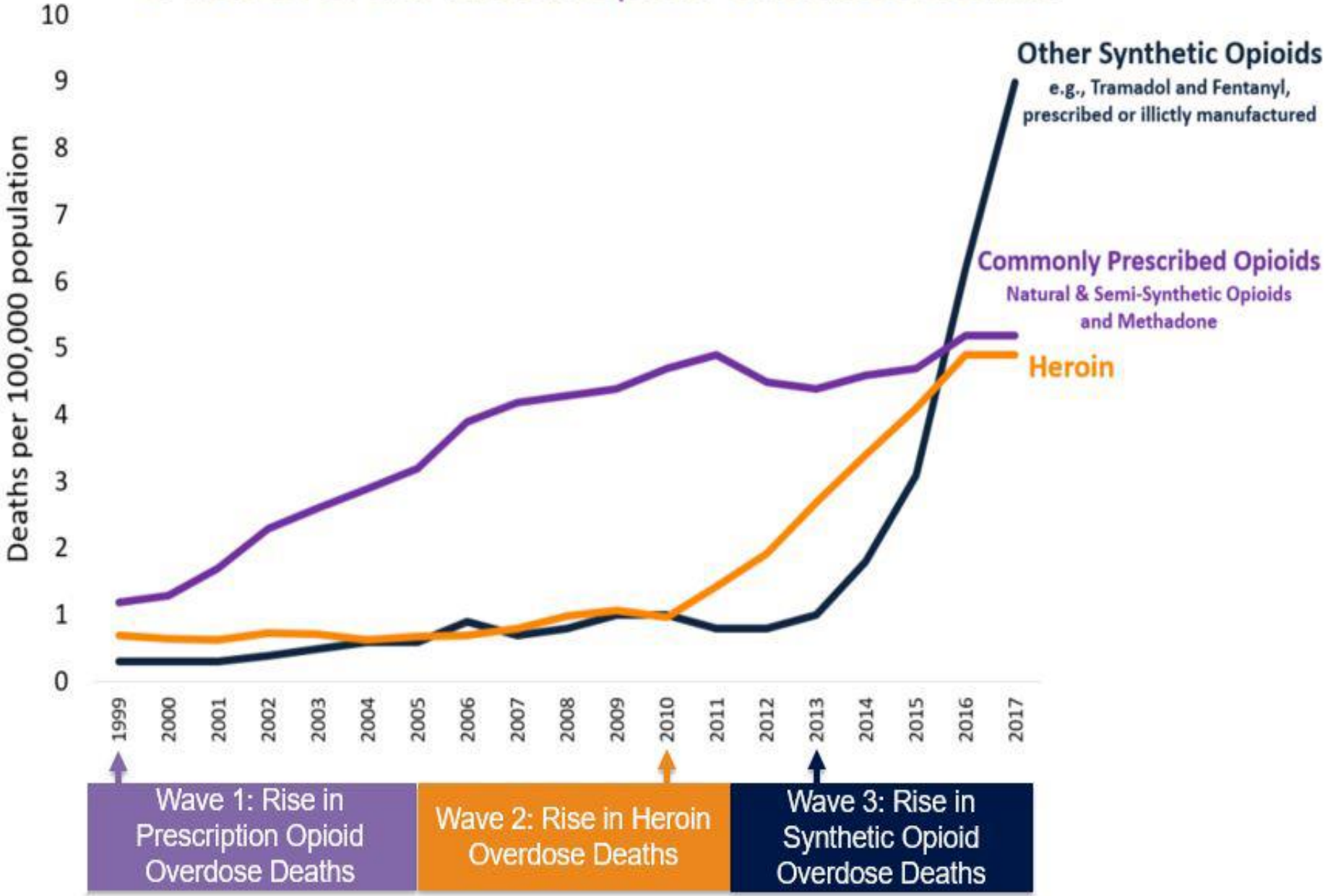
GETTY IMAGES

A man surveys his street in Mexico Beach, Florida

Panama City was one of the worst-hit areas, with roofs torn from building and homes washed away.

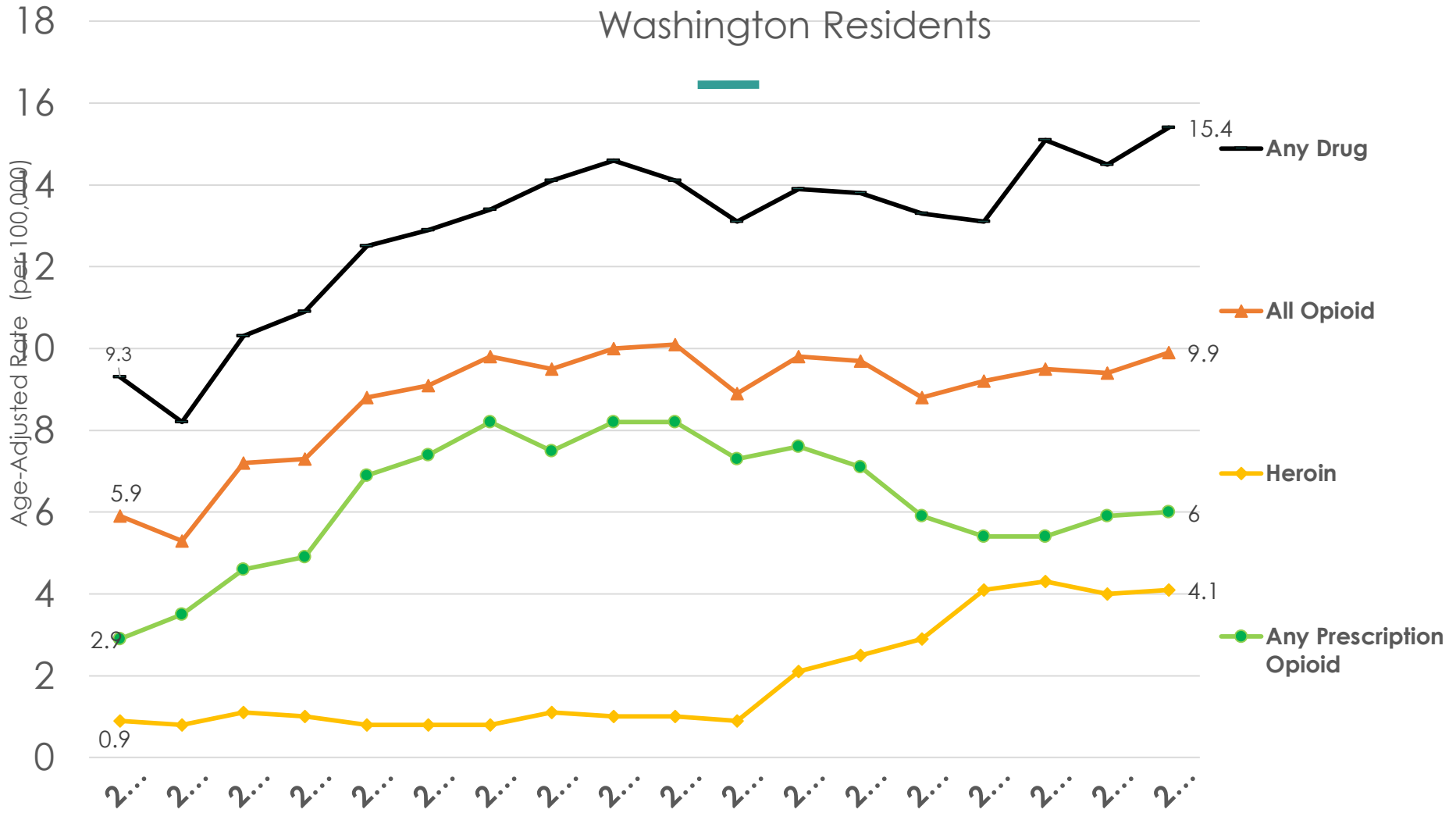


3 Waves of the Rise in Opioid Overdose Deaths



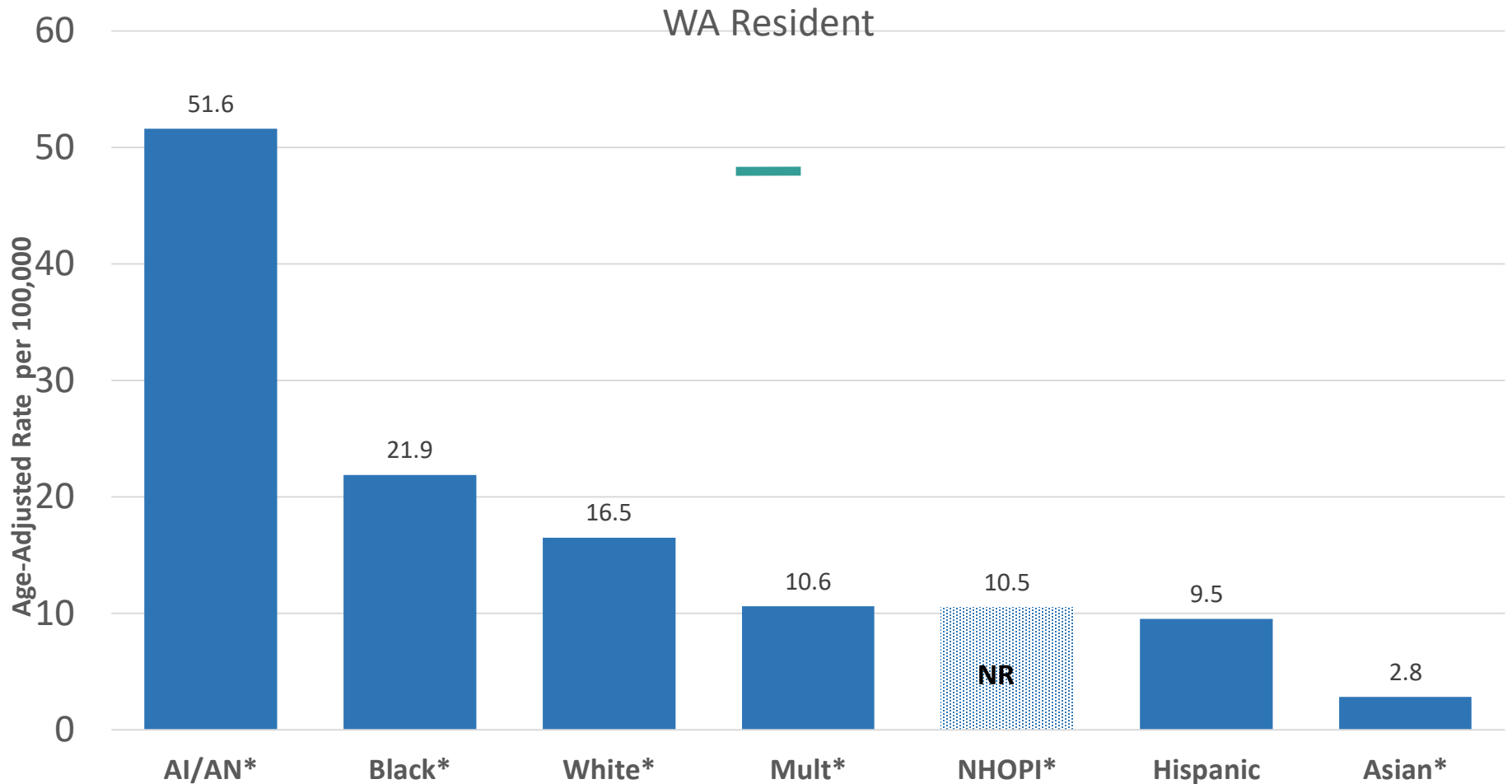
SOURCE: National Vital Statistics System Mortality File.

Overdose Death Rate by Drug Type (2000-2017)



Data run: 10Oct2018

Any Drug Overdose Death Rate by People in Racial Groups (2015-2017)



* Non-Hispanic

Multi: Multiracial

NR: Not Reliable (Count under

NHOPI: Native Hawaiian and other Pacific Islander

AI/AN: American Indian/Alaskan Native

Overview

The role of CHW being a trusted link between persons/communities and health care agencies

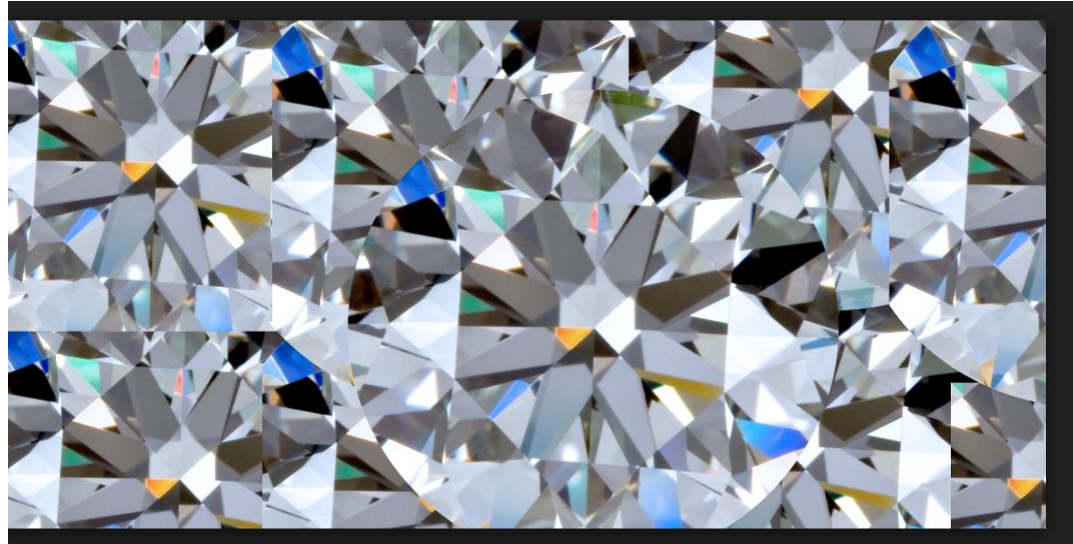
First doing a self assessment of attitudes, actions and ideas relative to substance use beliefs

Reviewing key actions relative to pain and substance use to share with patients

Role: “Community Health workers are members of and represent a community.....”

- Geography
- Gender
- Age
- Language
- Religion
- Tribe
- Socio Economic
- Political beliefs
- Parental status
- Immigration status
- Substance use history
- Health group
- Occupation

Each diamond has many facets: each person is a member of many communities



CHW role in helping persons with substance Use

SELF AWARENESS

- Know if your own practices to manage feelings are risky
- What are your biases around others who use drugs?
- What are your beliefs and biases around pain and drug use treatments that are safe and effective?

Standardized Education

Training Curriculum for Community Health Workers

- Take advantage of all educational opportunities
- Keep a list of trainings and your projects
- New Substance Use Module available



MANUAL FOR IN-PERSON AND ONLINE TRAINING

**Standardized Education Helps Employers
know your skills**

Key actions to change the epidemic

1. Reducing risky use of substances
2. Promoting safe pain management
3. Publicizing safe opioid medication return
4. Providing and promoting syringe exchange services
5. Helping people get and use naloxone
6. Connecting people to evidence based care for Opioid Use Disorder

; People use drugs and pills to change how they
feel

Are there other ways to change how you feel:

-Sports

-Music

-Dancing

-Arts and entertainment, TV, radio

-Friends and family who treat you well

-Wilderness and parks

-Sex

Legal doesn't mean safe

NIDA'S estimated number of US deaths by substance in 2017

- Tobacco 480,000
- Alcohol 88,000
- All drug overdoses 70,000 (Any opioid 47,600)
- Fentanyl 28,000
- Heroin 15,000
- Methamphetamine 10,000 ([NIDA](#))

If you can not eliminate the risk, reduce the risk

There are health benefits:

- If you go from 300 to 270 lbs
- 3 drinks a day to 2 drinks a day
- From injecting heroin to smoking heroin
- Slowing from 70 to 48 MPH in a 45 MPH Zone
- Harm reduction can save lives.

What about occasional Users?

Harm to your body happens at levels before having a substance use disorder.

People who are not “alcoholics” can still be drinking at levels that hurt your body.

Increase risks for

- Breast cancer
- Fetal Alcohol syndrome
- Liver disease
- Cancer etc.



DO YOU KNOW:
**WHAT
COUNTS
AS A
DRINK?**

Do you enjoy a drink now and then?

Many of us do, often when socializing with friends and family.

For anyone who drinks, this site offers valuable, research-based information. What do you think about taking a look at your drinking habits and how they may affect your health? *Rethinking Drinking* can help you [get started](#).

Rethinkingdrinkingniaaa.nih.gov





Check your drinking pattern



See signs of a problem

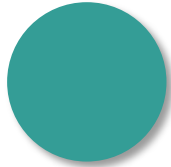


Get tools to make a change

Low-risk drinking limits		MEN	WOMEN
	On any single DAY	No more than 4  drinks on any day	No more than 3  drinks on any day
	** AND **		
Per WEEK	No more than 14  drinks per week	No more than 7  drinks per week	

To stay low risk, keep within BOTH the single-day AND weekly limits.

What is risky use?

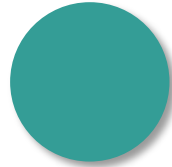


Opioids

More than 3
days Rx
drugs

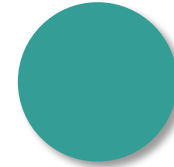
Risk
increases
with
duration
and dose

Risk up with
Benzos



Tobacco

No safe level
of use

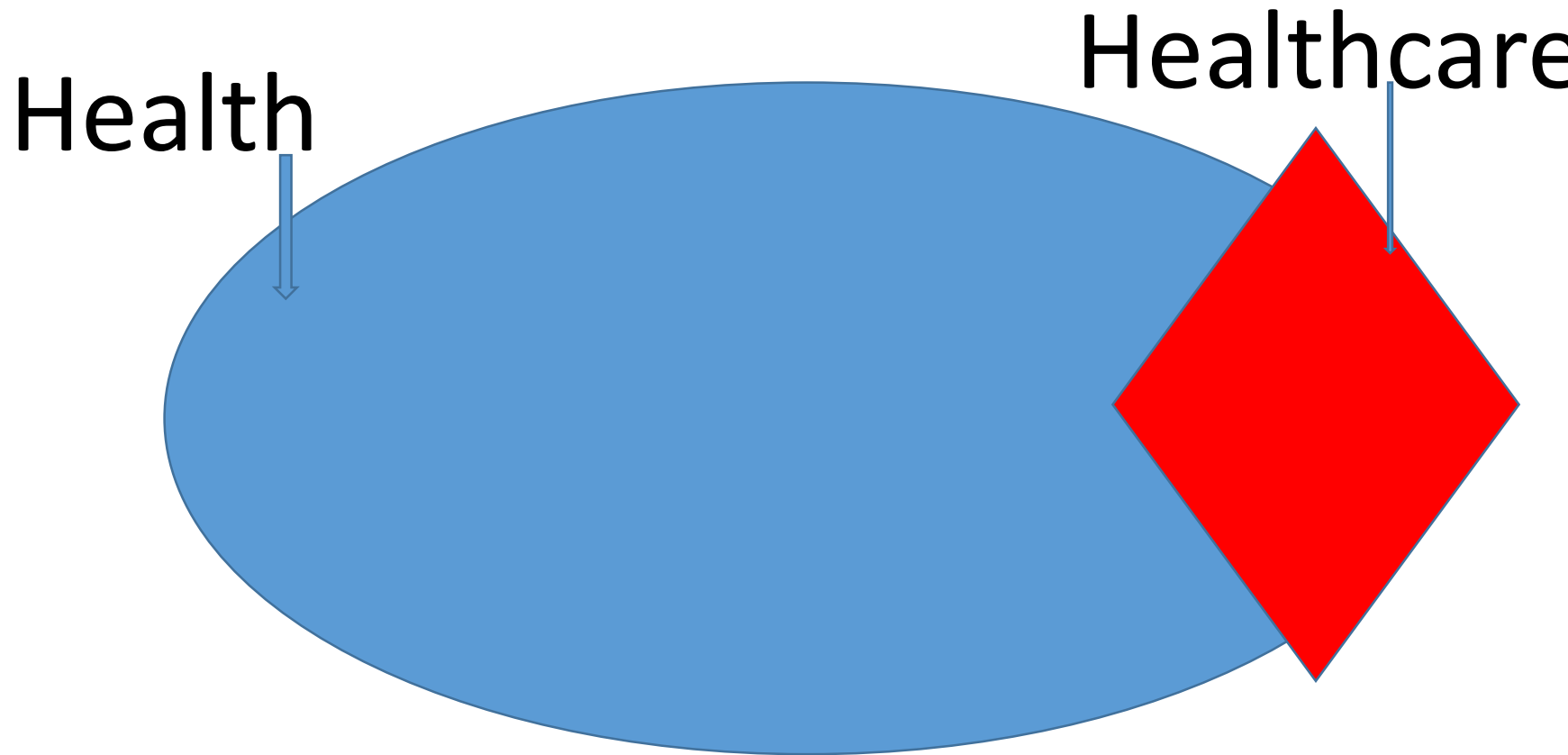


Marijuana

Driving after use

Use under 18
Studies report
harm to
social and
development
growth to
young adults

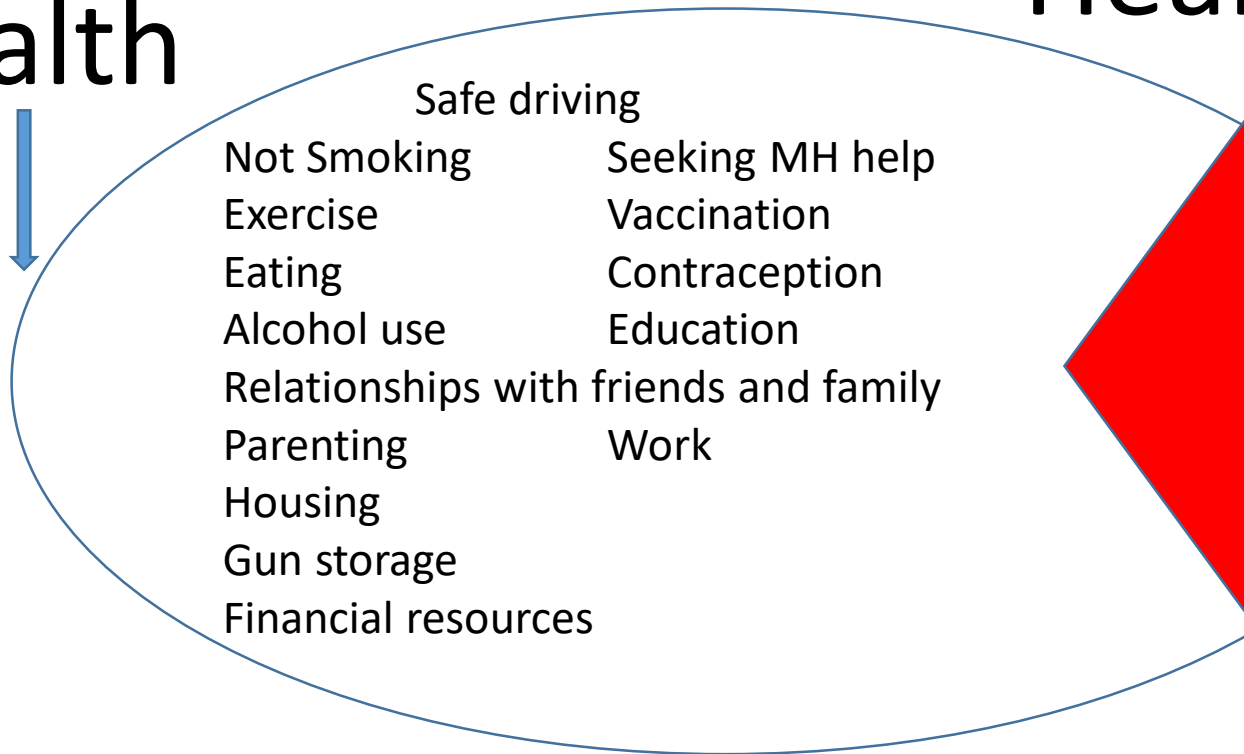
Do you equate health with healthcare?



Where the important health decisions happen

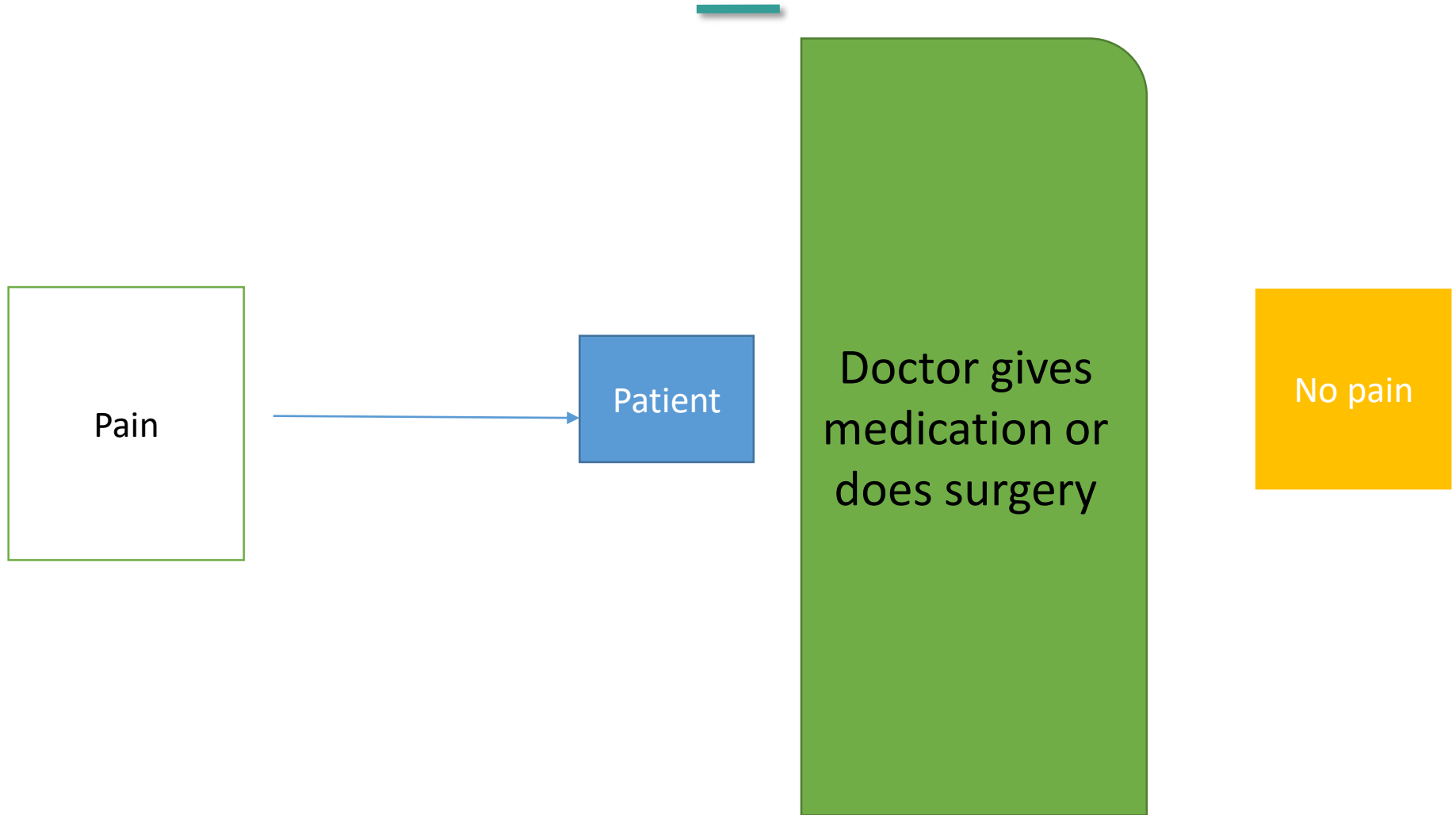
- Know your value to the organization: 80% of “healthy” happens out side of healthcare

Health

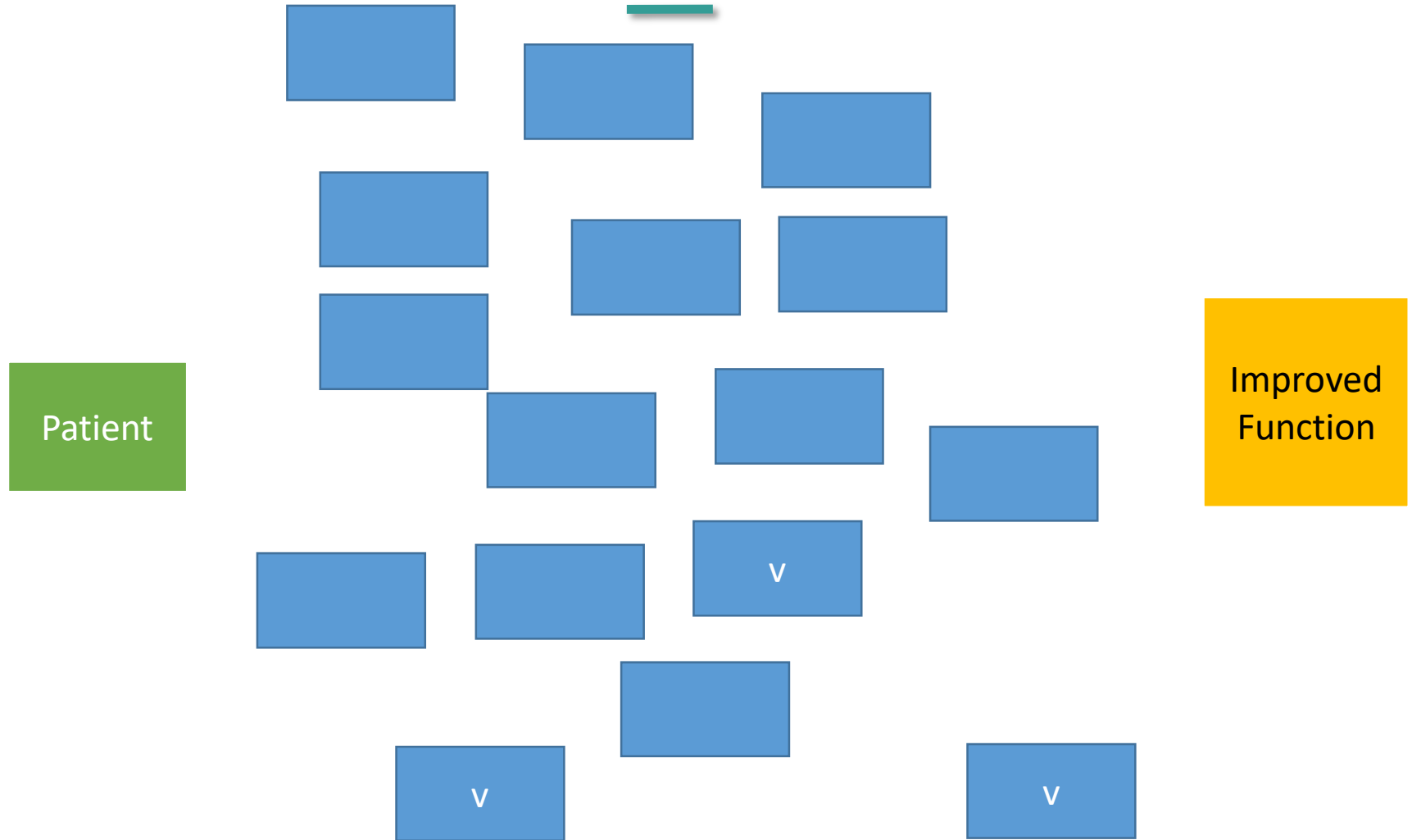


Healthcare

Seek to understand the patient's beliefs about pain and treatment



Seek to understand the providers' beliefs about pain and treatment



Motivational Interviewing Information

- SAMHSA- HRA Center for Integrated Health Solutions

From HCA:

- “Collaboration, not confrontation, between the counselor and client.
- Evocation, or drawing out, the client's ideas about change.
- Emphasizing the autonomy of the client, versus being authoritative with them”

Summary of Risky Use of Substances

- Know what is risky, and assess patients according to what is known to be risky, not whether or not they use more than you or your social group.
- Ask patients about their strategies to manage pain and bad feelings and use motivational interviewing to support safer choices
- Seek to understand a patients ideas about chronic pain. Exercise generally helps not harms, and opioids generally harm not help

Where CHWs can change the epidemic

1. Reducing risky use of substances
- 2. Promoting safe pain management**
3. Publicizing safe opioid medication return
4. Providing and promoting syringe exchange services
5. Helping people get and use naloxone
6. Connecting people to evidence based care for Opioid Use Disorder

Safe Pain Management: Don't start opioids

Safer, effective options exist for most acute, non-severe pain:

- Headaches
- Wisdom teeth extractions
- Musculoskeletal pain including low back pain
- Menstrual cramps
- Cuts and sprains

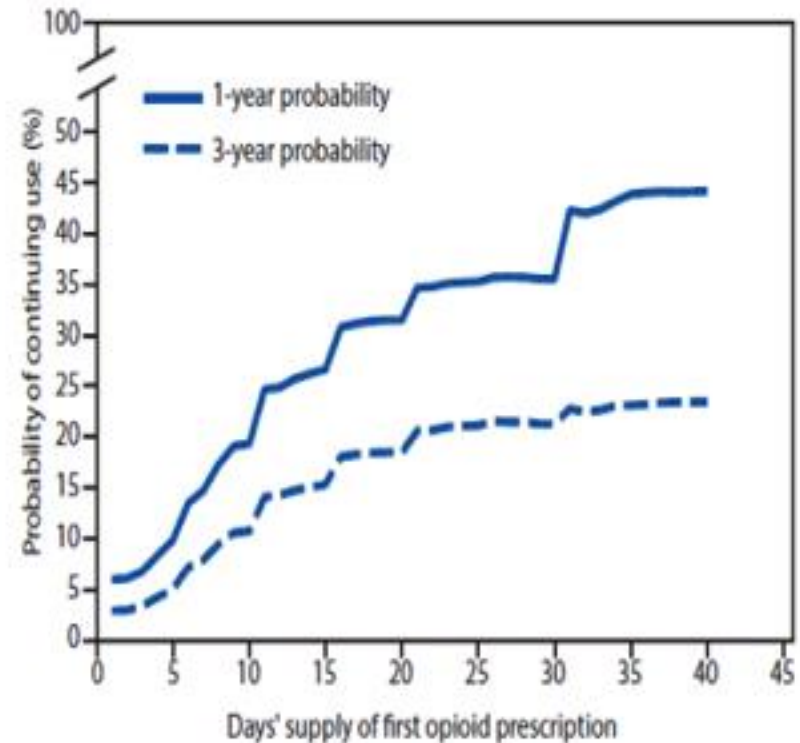
Use opioids for the fewest days possible

- 6% of after 1 day opioids
 - 35% after 30 day supply
- Will be taking opioids 12 months later.

- Source: Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:265–269. DOI: <http://dx.doi.org/10.15585/mmwr.mm6610a1>.

- 5% of adolescents post-op will be taking opioids at 12 months.

Harbaugh CM et al. Persistent opioid use among pediatric patients after surgery. *Pediatrics* 2017 Dec 4; [e-pub]. (<http://dx.doi.org/10.1542/peds.2017-2439>)



* Days' supply of the first prescription is expressed in days (1-40) in 1-day increments. If considered the first prescription.

Expect 3 days of pills for acute, severe pain

- Medicaid limits roughly 3 days to those under 21 years and
- approximately 7 days for those 21 and up

Patients who have continued need for opioids should go back to their provider, healing is not normal.

Don't mix medications

- Know Benzodiazepines and alcohol Increase the Risk of Overdose deaths
- Benzodiazepines (valium, alprazolam, sleeping pills, anti-anxiety pills, Z-drugs)) were not approved for long term use and increase risk of death.
- Persons losing them long term will go into withdrawal if they are not carefully tapered down.

Help guide beliefs

If the medication is not helping pain, don't expect more a higher dose to help

In the last decade, more persons died of fatal overdoses from prescription medications than heroin

Everyone taking opioids for a long time will be dependent

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Statewide Drug Take Back Program

Now codified as RCW 69.48

Department of Health will oversee and monitor
Safe Opioid Drug Return:

- Each town < 50,000 residents will have 1 or more
- Mailer distribution locations or
- Periodic collection events will be included for remote

Drug Take Back Programs

Nobody needs heroin in their medicine cabinet. If someone has a new severe pain, go to a provider.

Oxycodone is chemically similar to heroin

Protect kids

17% of 12th graders have misused Rx

Most people who misuse prescription drugs get them from medicine cabinets of friends and family

Discard drugs at Drug Take Back Programs (National Drug Takeback day April 27, 2019) 10-2 PM. [Here:](#)

Discard drugs at CVS or Walmart

Check your LHJ



Image: Kitsap Public Health District Med-Project

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Syringe service programs benefit you

Areas with syringe service programs:

-Have lower rates of Hepatitis C and HIV

-Are trusted contact to people who need treatment

-Distribute naloxone to prevent overdoses and test for hepatitis




-Collect and return syringes so they don't end up in public spaces

STATE DEPARTMENT OF HEALTH SUPPORTS SYRINGE SERVICES PROGRAMS

SSPs Benefit Communities and Public Health

What are Syringe Services Programs (SSPs)?

Syringe Services Programs are community-based public health programs that provide critical services in nonjudgmental environments to people who use syringes. Services include sterile injecting supplies and safe disposal, and access to healthcare, treatment, and support.

	SSPs provide free sterile syringes to people who need them in order to reduce syringe re-use and sharing. SSPs also offer safe syringe disposal for used syringes. SSPs do not encourage or enable drug use.		SSPs can offer screening for infectious diseases including viral hepatitis, STDs, and HIV. SSPs can also serve as sites for vaccination against hepatitis A and B to those at greatest risk.		SSPs provide opioid overdose prevention education and distribute naloxone. People who use drugs and their loved ones are most likely to witness opioid overdose. Ensuring they have the tools to respond is essential.
	SSPs provide referrals to physical and behavioral health care, including medication assisted therapy, supportive housing, and primary care.		SSPs are a critical HIV prevention intervention. Where SSPs are effectively implemented, HIV prevalence among people who inject drugs is low.		SSPs access people not engaged in traditional healthcare and establish trusting relationships in order to provide health education and risk reduction counseling.



DOH 150-123 March 2019

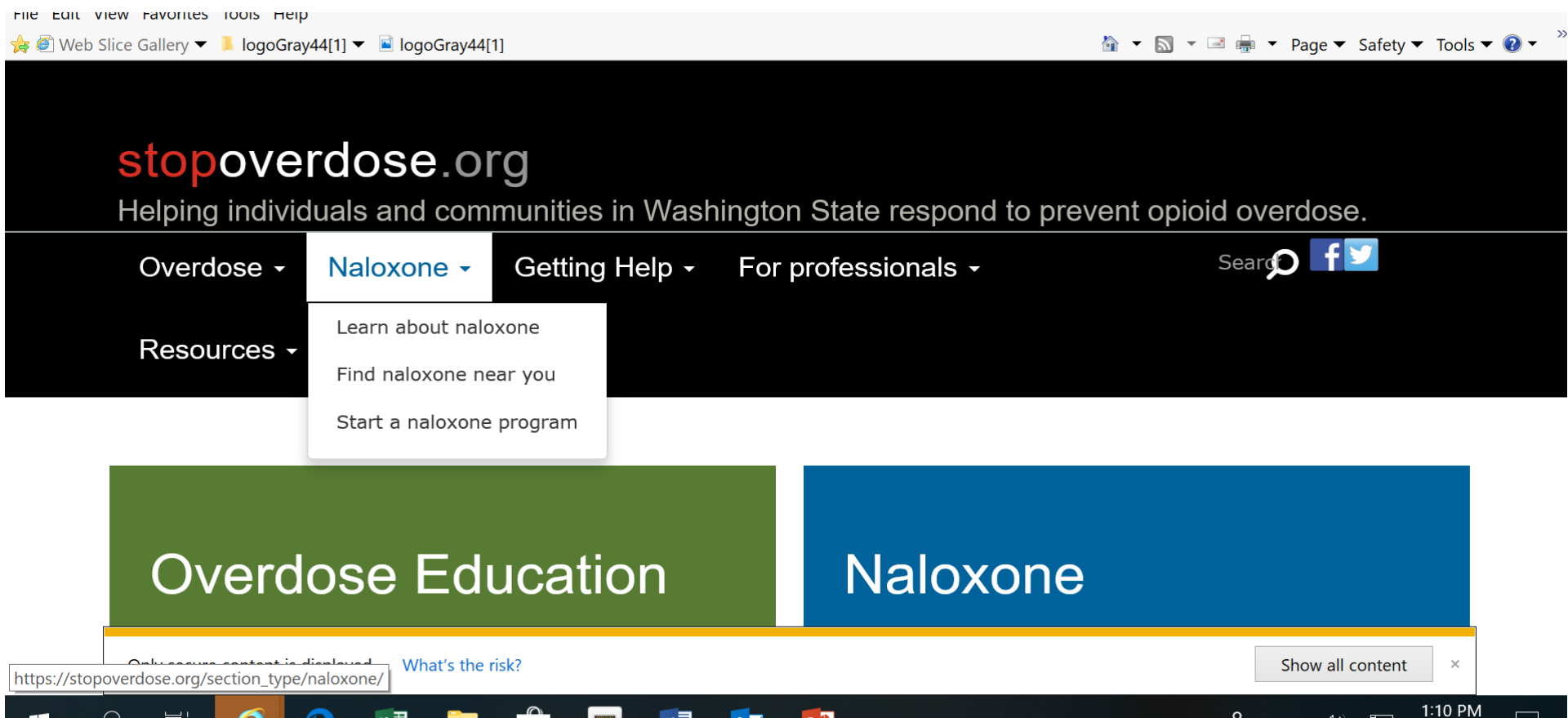
Washington State Department of Health has funded SSPs since 1992. The authority of public health to establish SSPs was decided in Supreme Court Case 120 Wn.2d 140 (1992) Health District v. Brockett, and SSPs legally operate under RCW 69.50.4121.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

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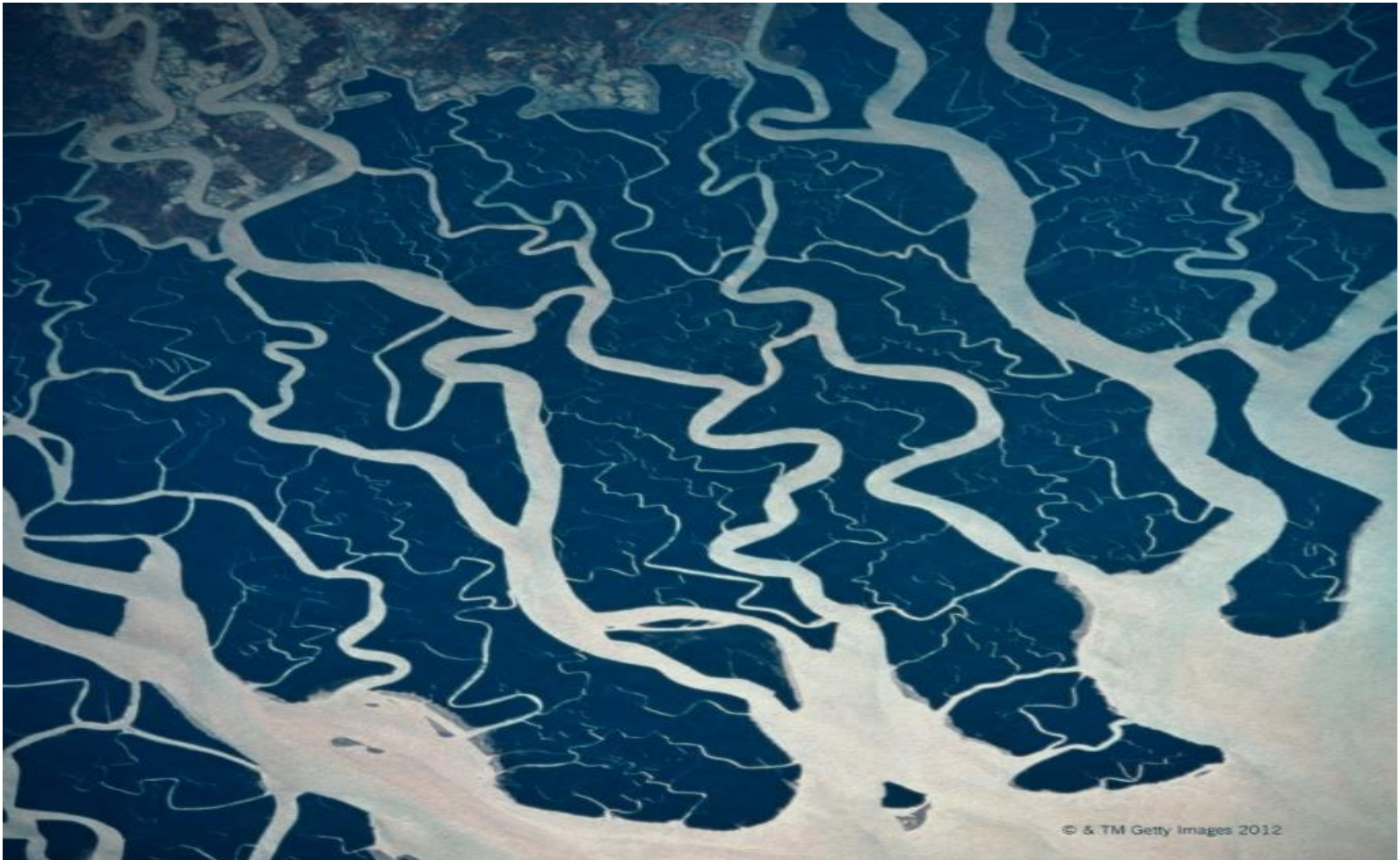
Where to find naloxone? Stopoverdose.org



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EPIC Culture Change: Opioid Use and Treatment



Standard of care for opioid use disorder

Persons with opioid use disorder have 50% lower death rate when treated with buprenorphine or methadone than with counseling alone.

Persons on medications are more likely to reduce their drug use at one year (40-60% compared to 5-20%)

Culture change doesn't come in a bottle

We need your help getting accurate information into the communities.



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EPIC Culture Change: Opioid Use and Treatment

