COMMUNITY IN CRISIS
Responding to the Opioid Epidemic
in Southeastern North Carolina

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Conflict of Interest Disclosure
- Conflicts of interest for contributor:
  - Olivia Herndon - no conflicts of interest to disclose
  - Joseph Pino - no conflicts of interest to disclose
  - Ann Quinlan-Colwell is a paid member of the speaker bureau for non-branded education for Mallinckrodt Pharmaceuticals.
WHY ARE WE HERE?

#1 in the Nation
For opioid ABUSE
Wilmington, NC

Areas of Priority Identified:
- Access to Care
- Awareness and Education
- Punitive System
- Supportive System
- Crisis Response

Resulted in 2-Day Conference
- Day 1: Education on Priority Areas
- Day 2: Strategies and Solutions for Priority Areas

SEAHEC’s Role

- SEAHEC is a part of the NC AHEC System
- Mission is to provide quality education, training, and resources to health providers in SE NC
- Bridge education to practice for providers
- Has established professional relationships in community with health providers and other stakeholders
- Took lead role in developing opioid harm reduction initiative

Call to Action: Regional Needs Assessment

- July 27th, Call to Action with State Health Director
LEAD (Law Enforcement Assisted Diversion)
– Allows officers to redirect low level offenders engaged in drugs to community based services instead of jails
– Participants begin working with case managers to access services
– Goal to reduce harm to participant and community
– Diversion in pre-booking bypassing costs and time and provides access to case management

Quick Response Team
– Colerain Township: In 2011 there were 51 heroin related overdoses
– By 2014 there were 141
– Police, Firefighters and Paramedics working together connected by a social worker/case manager
– When a person receives Narcan, the SW is notified and makes the connection
– Engage patients where they are and 80% enter treatment

What did we learn?

What about local impact?

Best Practices...

LEAD-Law Enforcement Assisted Diversion
– chan in risk for overdose
– Engage law enforcement in a comprehensive approach to reduce violence and improve community health by connecting individuals to services and support systems
– Violence and overdose prevention
– Engage law enforcement in a comprehensive approach to reduce violence and improve community health by connecting individuals to services and support systems

The Opioid Epidemic
– Responses from a Major Health System

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The Opioid Epidemic
– Responses from a Major Health System
Since Wilmington was named as the number one city in the nation for opioid abuse back in April, it has been clear that many different organizations and initiatives in our region are doing great work to combat the opioid epidemic. However, in order to increase the effectiveness of our actions and decrease duplication, how can we work together to communicate, collaborate, and disseminate efforts targeting opioid harm reduction? What resources do we need to do this?

Opioids in the form of prescription pain medications, when prescribed and taken correctly, are beneficial to appropriate patient populations. However, these drugs are habit forming and abuseable which has led to skyrocketing rates of addiction, misuse, and overdose in our region.

How can we educate and disseminate information to providers, prescribers, patients, and the community at large about the dangers of opioids and best practices?
For decades, society has relied on Public Health and Grassroots’ response efforts to come up with solutions and strategies for health challenges in our communities. This epidemic will be no different; the opioid epidemic is a public health issue.

What current efforts and initiatives are occurring in public health to combat this epidemic and are they working? What more needs to be done from a public health response and what do we need to do this?

The opioid crisis is affecting millions of people across the country. The pace of addiction and death is so fast in some locations that statistics can be more overwhelming than helpful. Our current interventions and resources in the region will only get us so far in treating the population. We are only as effective as the failure to create systems that prevent new individuals from becoming dependent on opioids, while supporting those who are already dependent with innovative treatment, crisis response, and recovery efforts.

What treatment is currently available in our region and how can we better coordinate the care of those who need it? How can we better intervene with those in crisis to engage them in these treatment resources and help keep them in recovery? What further resources are needed to treat this population?

Group 3
Communities Taking Action: The Grassroots’ Response

- Lead and supported subgroup meetings with action items
  - Medication Disposal
  - Community education
  - Partnered with faith-based communities and community groups
  - Patient’s education
  - Coordination/collaboration amongst treatment providers and stakeholders
- Engaged elected officials on QRT and Navigation Pilot
  - Meetings with elected officials with recommendations for QRT
  - Worked with community providers to create a glide path with many entry points for individuals utilizing hospital emergency departments to avoid beds and instead use facilities where lower levels of care are more appropriate
- Coalition Development
  - Community stakeholders involved and engaged
  - Various organizations and communities agree to work together in responding to guidance
- Community Awareness & Involvement
  - Community awareness and education
  - Strategy for making community aware of response

Group 4
Rethinking Response: An Innovative Response to Crisis, Treatment, and Recovery

- Engaged elected officials and supported subgroup meetings with action items
  - Medication Disposal
  - Community education
  - Partnered with faith-based communities and community groups
  - Patient’s education
  - Coordination/collaboration amongst treatment providers and stakeholders

Then what...

- Lead and supported subgroup meetings with action items
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How's it Going?

To date...
- Quickly designate your team
- Request access through a management grant
- Utilize data in the community to inform your work
- Integrate data into your coalition’s strategic plan
- Assess needs and resources
- Prioritize and select/develop strategies
- Implement and act
- Evaluate

Healthcare First
Responders
Faith-Based Education
Public Health
Community Members
Behavioral Health/Substance Use
Grassroots/Nonprofits
Courts
Government
Housing
Transportation
Business

Communicate
Collaborate
Commit
Community Partners Coalition
Assess Needs & Resources
Plan/Action
Prioritize
Implement/Act
School/Develop Strategies

How’s it Going?

Community Partners
Coalition
Assess Needs & Resources
Plan/Action
Prioritize
Implement/Act
School/Develop Strategies
More to Follow...

- Community Education & Awareness
  - 5/19/2013 Partnering with churches to hold education event with resource/exhibit for service providers
- Medication Disposal
  - 11/1/2012 DEA National Takeback Day Partnering with organizations to hold takeback events at 15 different sites across 4 counties
- Provider Education
  - Continuing to offer training to prescribers around safe prescribing guidelines and complimentary training
  - Offering webinar training with link to community behavioral health resources for prescribers
- Partnerships
  - West Virginia, NC will be working with Huntington, WV in share best practices
- Community Partners Coalition
  - Selecting strategies for implementation based on work of Data Access Team in late September

Lessons Learned...

- Community needed a bridge
  - Providing organizations doing great work that no one knew about
  - Need a mechanism to engage and bridge all sectors together
- All about relationships
  - "Bridge" needs to be involved with multiple approaches/organizations/individuals, working on multiple initiatives, being present and involved
  - Establishing relationships with shared officials close to asking for programs to not be cut from budgets or for additional resources are ever more valuable, relationships and data
- Time consuming
  - Bridge organizational spends majority of time working with other organizations
- This is not about epidemics
  - This means that a listing is the system we created
  - Decisions are what brought people to the table first, not just about epidemics, about the conditions involved why Madden were two

Questions?