

# Opioid Prevention & Intervention Strategies Survey

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# Opioid Prevention & Intervention Strategies Survey

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**Purpose:** To explore current PHAB accredited health department prevention approaches directed at improving health department outcomes related to opioid addictions and reducing deaths due to overdose.

**Aim:** To improve the quality of PHAB accredited state and local health departments' current prevention and intervention strategies related to opioid addictions that will result in better health outcomes related to decreased morbidity and mortality.

**Number Surveyed:** 212 State and Local Health Departments

**Response:** 135 (63%)

# Health Department Demographics

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- **Health Department Type**

Local	117	(86.67%)
State	18	(13.33%)

- **Description**

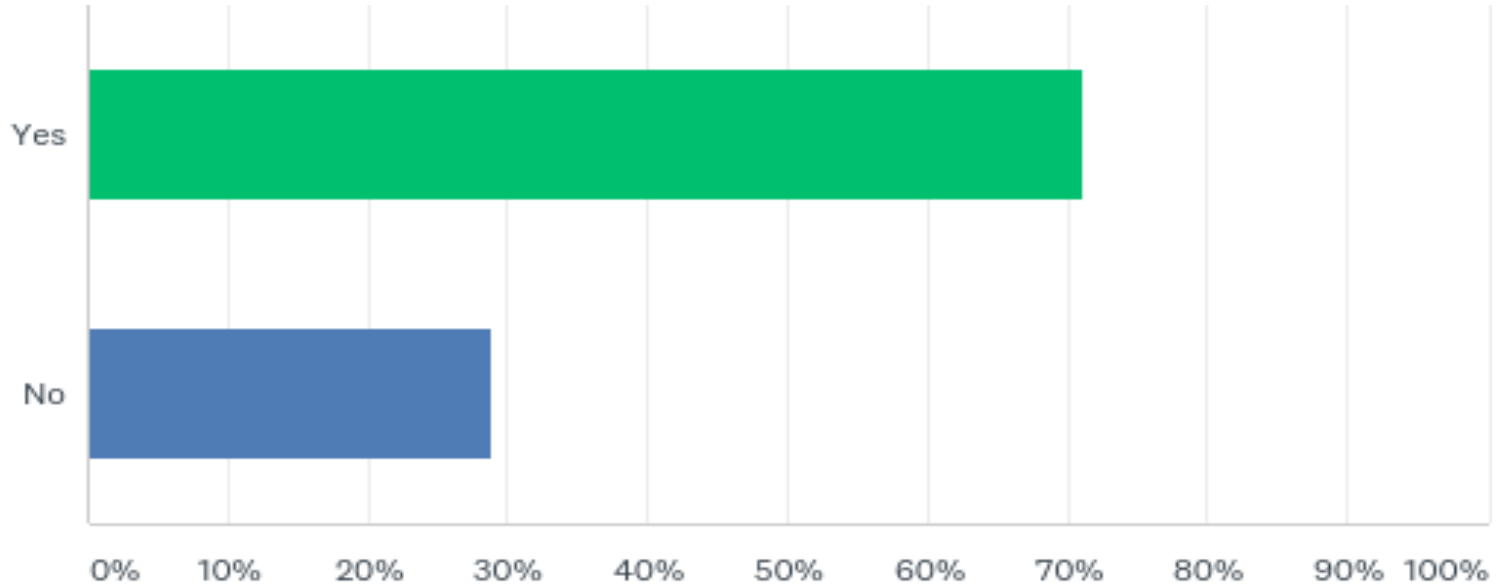
Urban	31	(22.96%)
Rural	35	(25.93%)
Mixed	69	(51.11%)
Frontier	0	

- **Size of Jurisdiction Served**

Less than 50,000	10	(7.41%)
50,000 to 100,000	26	(19.26%)
>100,000 to 200,000	26	(19.26%)
>200,000 to 1 million	38	(28.15%)
>1 million to 3 million	22	(16.30%)
>3 million to 5 million	5	(3.70%)
>5million to 15 million	7	(5.19%)
Greater than 15 million	1	(0.74%)

# Q4: Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community – Did your health department include opioid misuse in its Community Health Assessment?

Answered: 132 Skipped: 3



# Community Health Assessment Findings

- Rates of unintentional overdose deaths increased substantially and were noted as public health priorities
- Illegal drug use and misuse of legal drugs were noted
- Opioids were the primary substance of abuse (increase in opiate and heroin users)
- Rates included in CHA: prescribing rates, EMS runs with naloxone administration, Hepatitis B, C, and HIV, ED visits, hospital admissions, death rates due to overdose, number of arrests by Narcotic Units, Coroner Reports, syringe exchange, neonatal abstinence syndrome
- Specific populations addressed: military, youth/young adult, pregnant/post partum women, those involved in the criminal justice system, and LGBTQ
- Poly-substance use that includes marijuana
- Stigma associated with opioid abuse makes data gathering a challenge

## Community Health Assessment Findings (Continued)

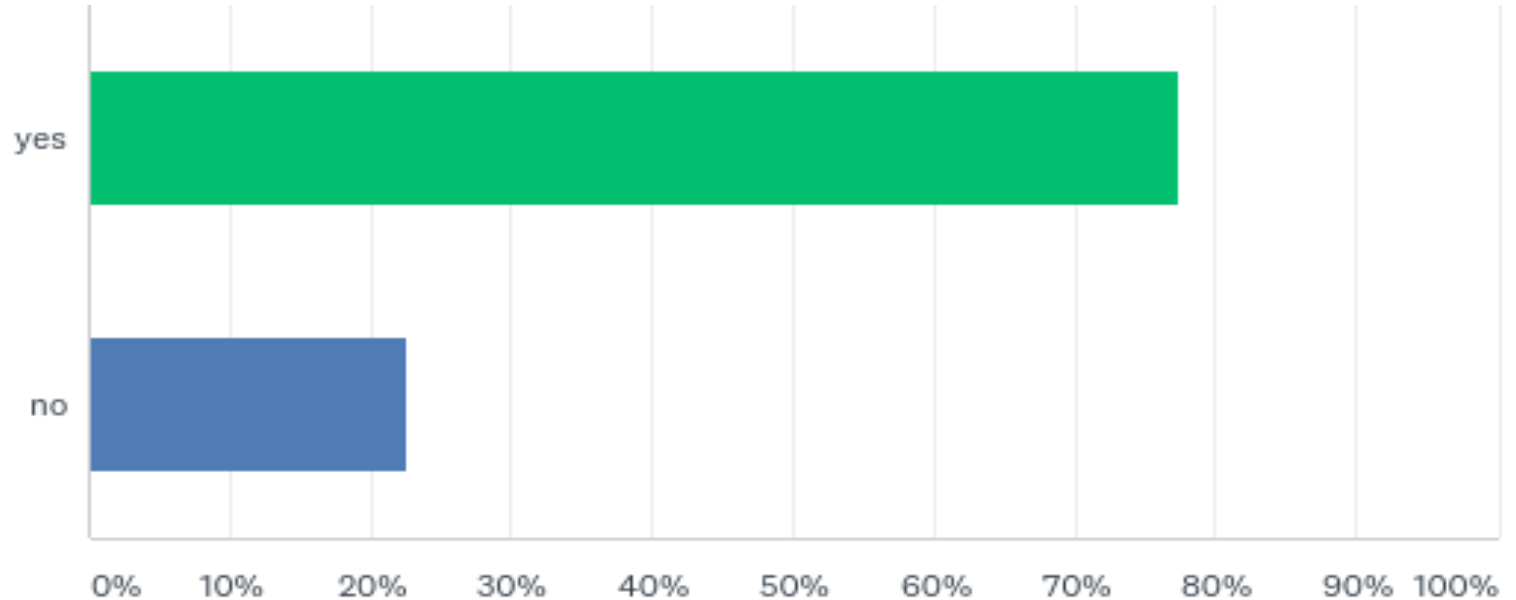
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- CHAs highlighted need for substance abuse awareness, prevention, education, screening, intervention, treatment, and recovery strategies
- Behavioral health and substance abuse were noted as top concerns that needed to be addressed
- Trends: greater numbers of males than females that overdose
- Root Causes: Poverty, lack of employment, adverse childhood experiences, easy access to drugs and alcohol
- Increase in number of individuals seeking opiate treatment (as much as a 200% increase)
- If opioid misuse/substance abuse was not identified in CHAs, it will be addressed in the future

## Q5: Domain 2: Investigate health problems and environmental public health hazards to protect the community –

**Does your health department conduct or partner with another agency that conducts surveillance for opioid misuse/overdose?**

Answered: 133 Skipped: 2



# Prevalence of Opioid Misuse in Health Departments' Jurisdiction

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**Prevalence** rates reported:

- Opioid misuse ranged from 7.6/100,000 to 242.8/100,000)
- Fatal overdoses from opioid misuse ranged from 7/100,000 to 37.5/100,000)

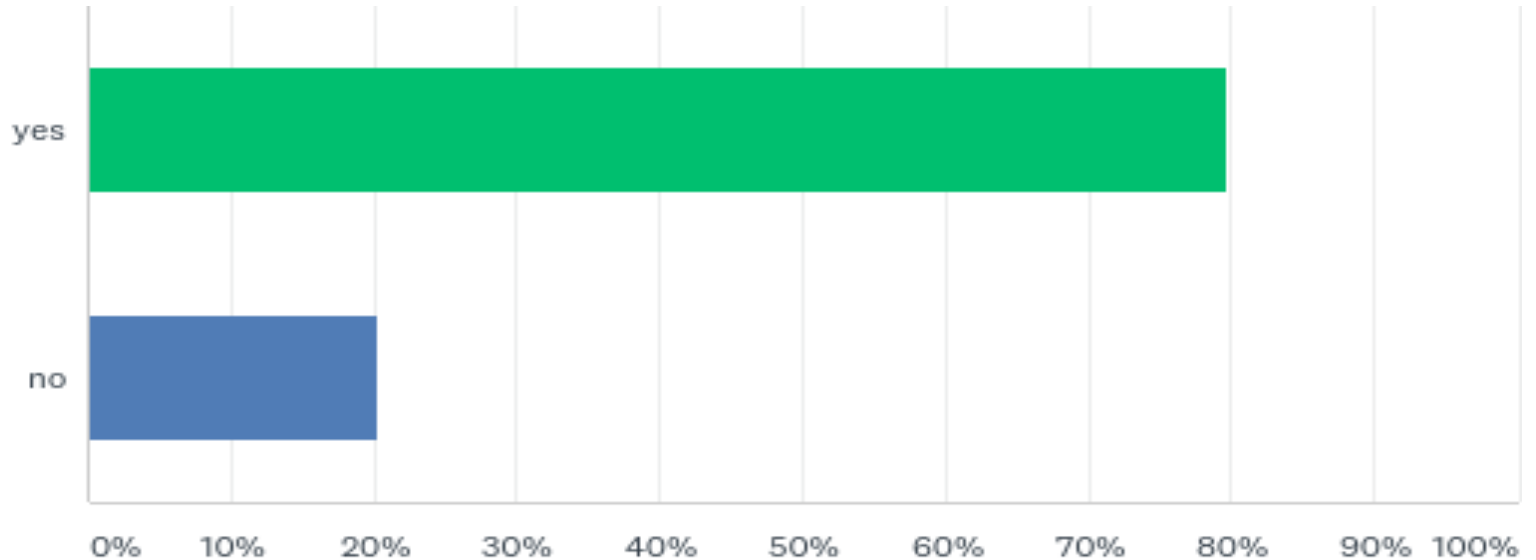
**Data elements utilized:** Number of overdose deaths annually, number of 911 calls related to overdose/opiate misuse, number of ED visits that are drug related (overdose), arrests made via Narcotic Units, school reports of drug use, number of overdoses reversed with naloxone administration, number of individuals admitted to treatment facilities

**Other sources of data:** hospital admissions, NICU admissions due to NAS births, urgent care visits, medical examiner reports



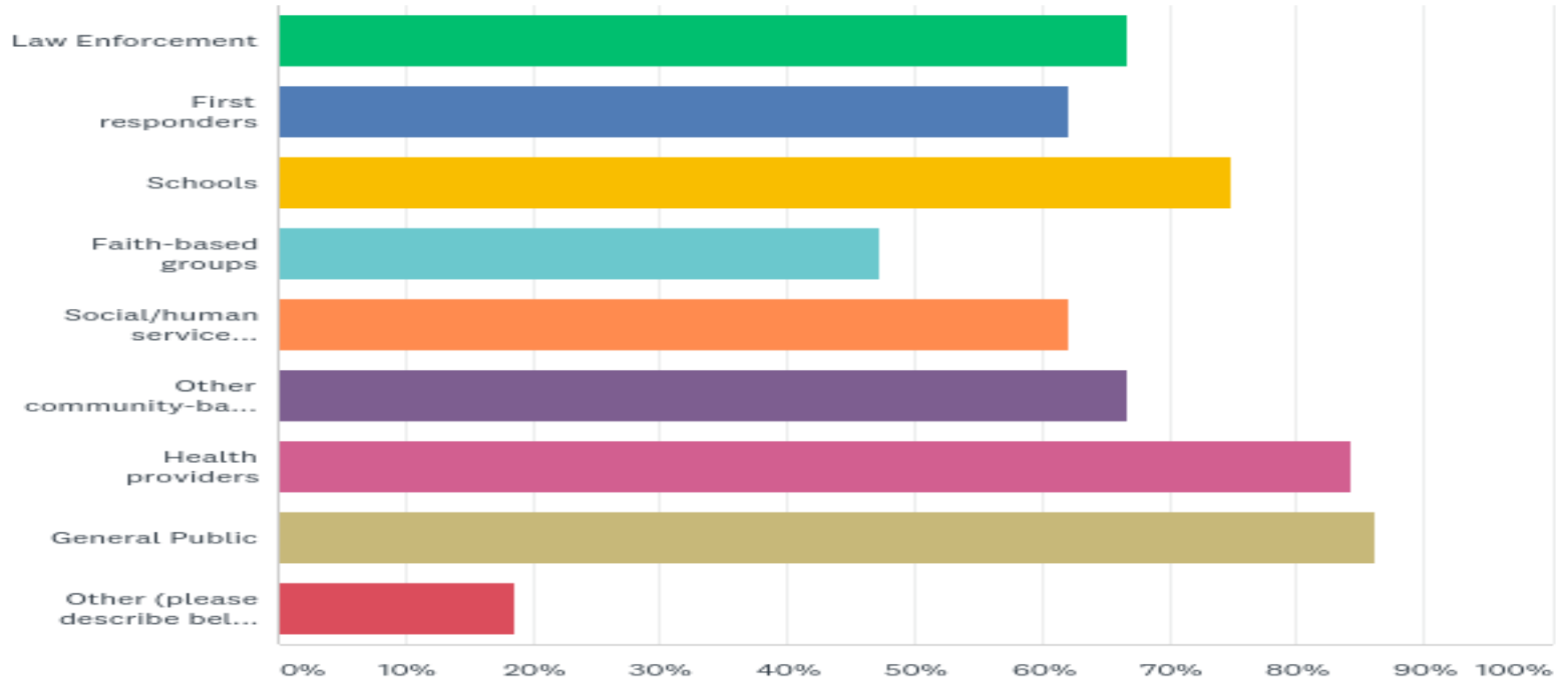
## Q6: Domain 3: Inform and educate about public health issues and functions - Does your health department offer opioid misuse prevention education?

Answered: 133 Skipped: 2



# Q7: If yes, what types of groups do you target the education to? Check all that apply.

Answered: 108 Skipped: 27



# “Other” Types of Groups Targeted for Education

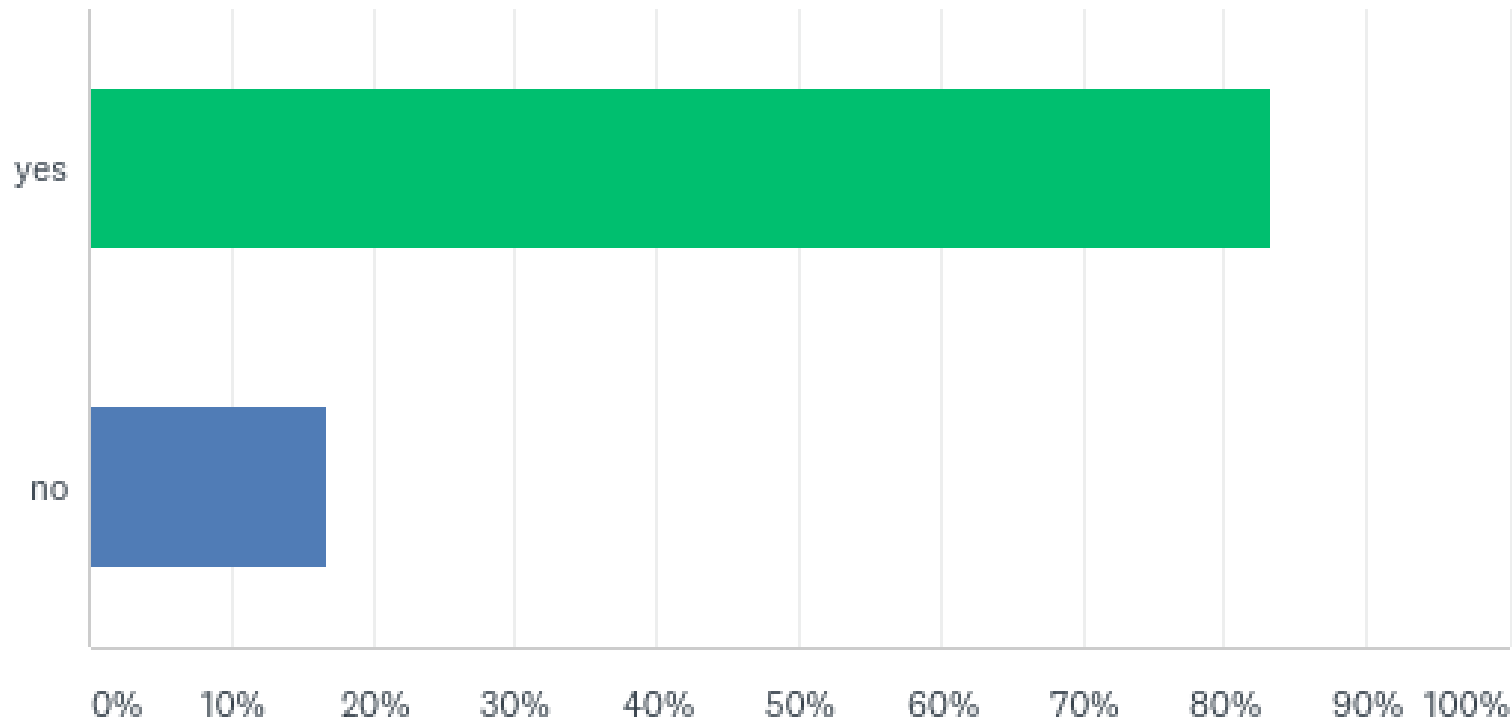
- Elected officials and policy makers
- Employers
- Rehab facilities and transitional housing
- Librarians
- Individuals receiving prescriptions
- Syringe service programs (SSP)
- Residents who pick up Naloxone kits
- FQHCs
- Civic and social organizations
- Businesses
- Chamber of Commerce
- Graduate and Medical students

## Education is Delivered in Various Formats

- **Media:** radio, television, YouTube videos, email blasts, public service announcements (many in movie theatres), twitter, Facebook, newspapers, fact sheets posted on websites, podcasts
- **Written Materials:** handouts, magnets, banners, placards, print ads, billboards, healthcare provider newsletters, posters, news stories, water bill stuffers, monthly epi bulletins, bookmark style flyers, mobile billboards (city bus wrap, delivery truck wrap), prescription bag messaging, data briefs, surveillance reports, data story maps, infographics, door hangers
- **Community Events:** forums, presentations, health fairs, coalition meetings, school nights
- **Other:** door-to-door campaigns, toolkits, written materials displayed at pharmacies, 2-1-1 (directs callers to resources)

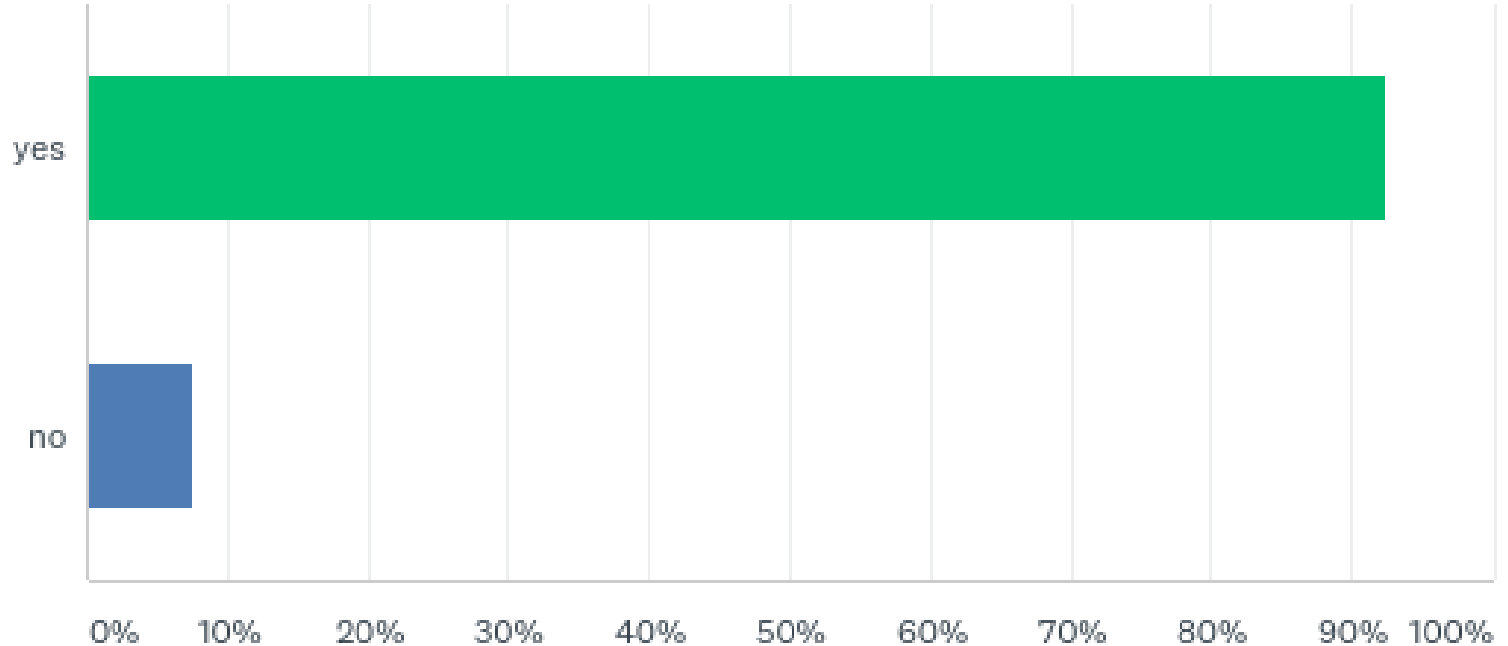
## Q8: Does your health department distribute information to the public about opioid misuse?

Answered: 132 Skipped: 3



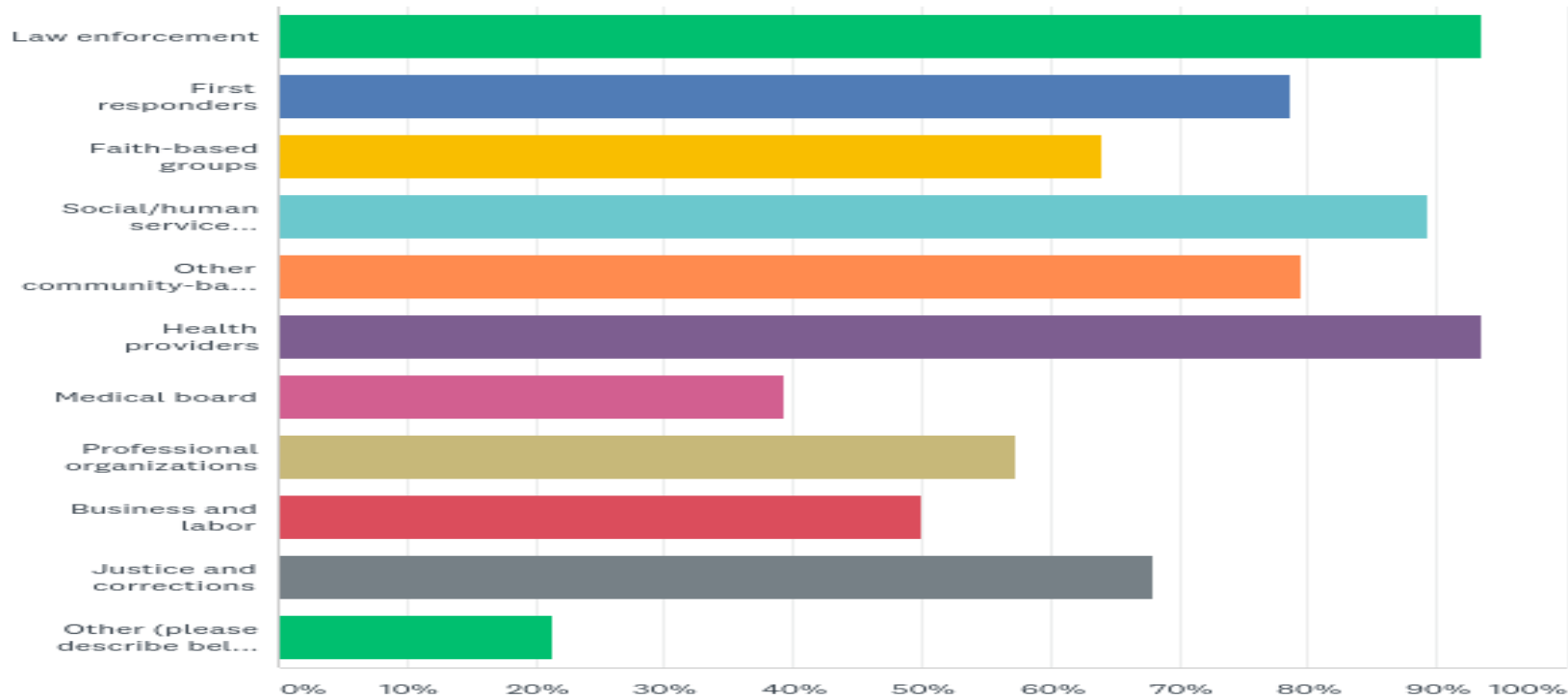
## Q9: Domain 4: Engage with the community to identify and address health problems - Does your health department engage with other sectors in the community on opioid misuse prevention strategies?

Answered: 133 Skipped: 2



# Q10: If yes, with what sectors in the community do you engage? Check all that apply.

Answered: 122 Skipped: 13



# “Other” Community Sectors Engaged in Opioid Misuse Prevention Strategies

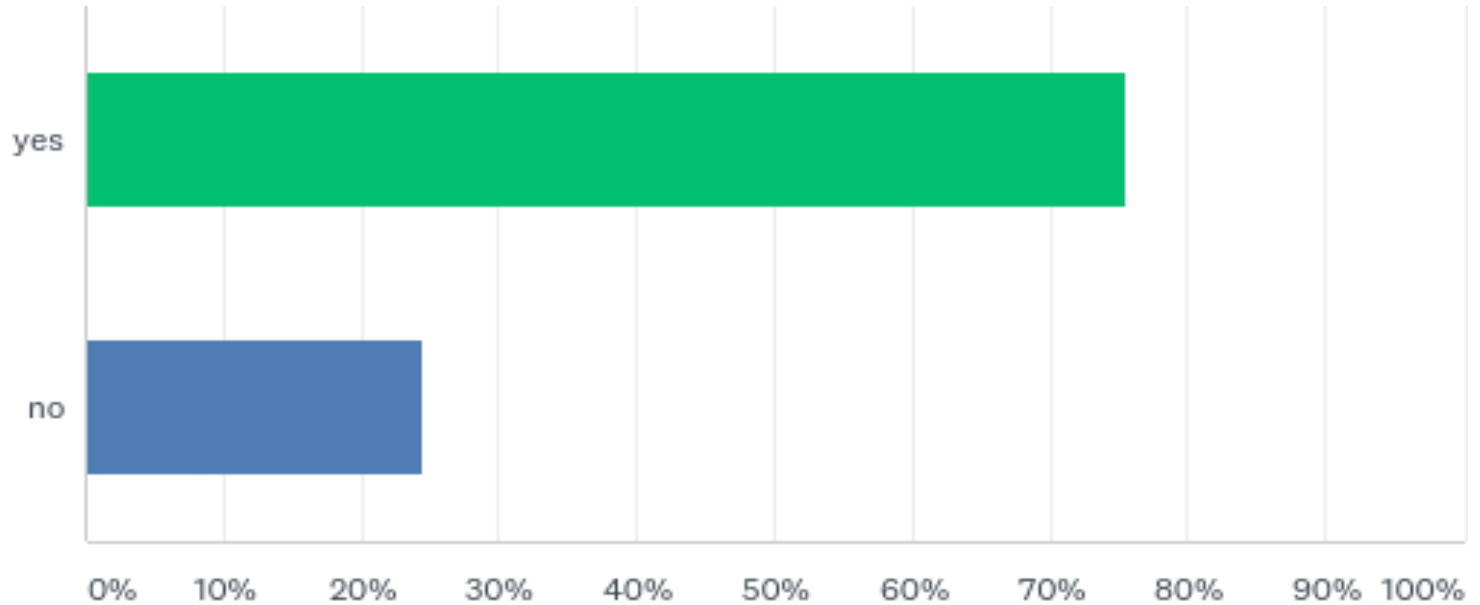
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- Families who struggle with addictions (support groups)
- Health insurance companies, Medicaid
- Rotary and civic organizations
- Public: Elected officials, schools (all grade levels), academic partners, research affiliates, park districts, libraries, coroners, military, correctional health - incarcerated men and women
- Private: Bar owners, athletic associations, pharmacies, media, youth serving organizations
- Other providers: veterinarians, home health agencies that provide services to maternal/child/infant groups, birthing units/NICU - SEN), substance abuse networks



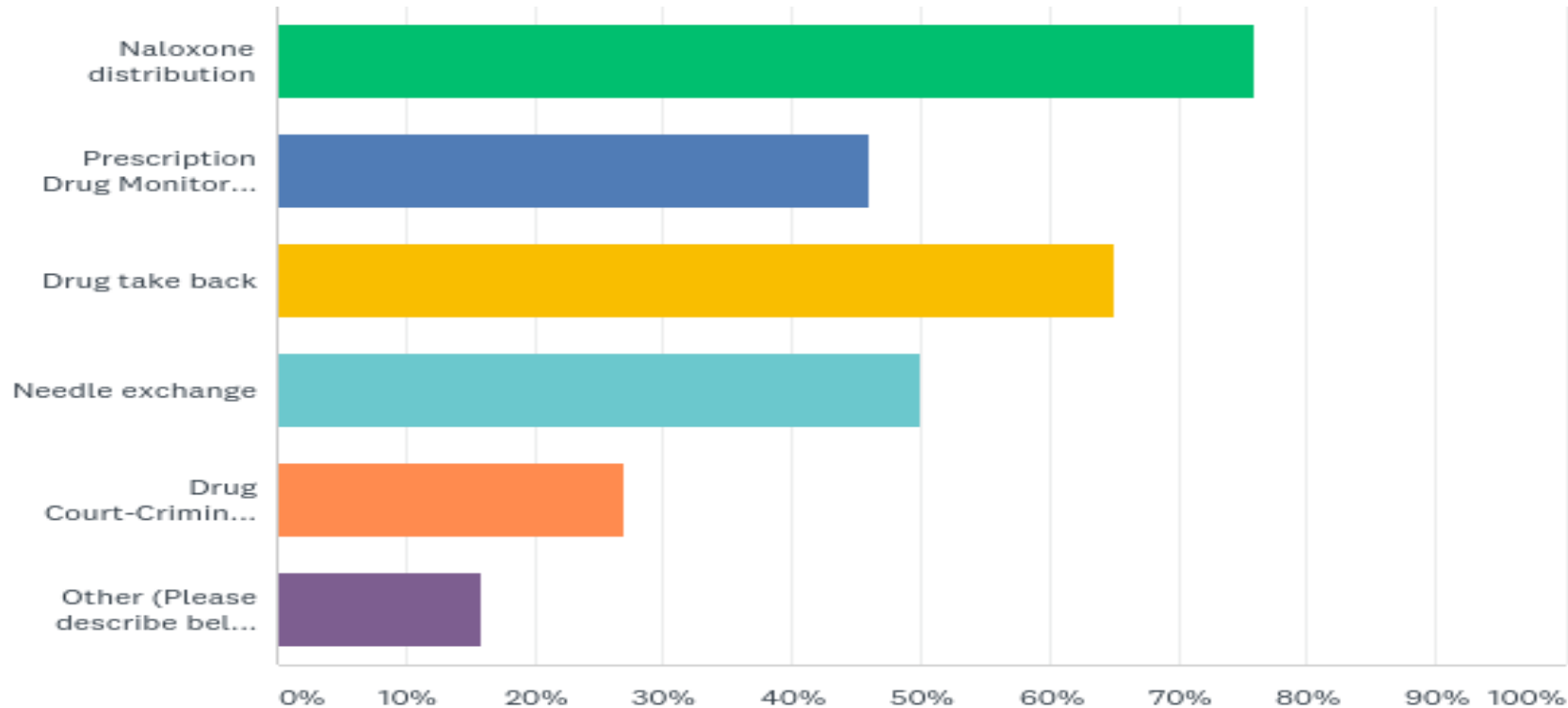
# Q11: Domain 5: Develop public health policies and plans - Has your health department either developed or participated in the development of policies, laws, ordinances, etc. related to opioid misuse?

Answered: 131 Skipped: 4



## Q12: If yes, on what topic area? Check all that apply.

Answered: 100 Skipped: 35



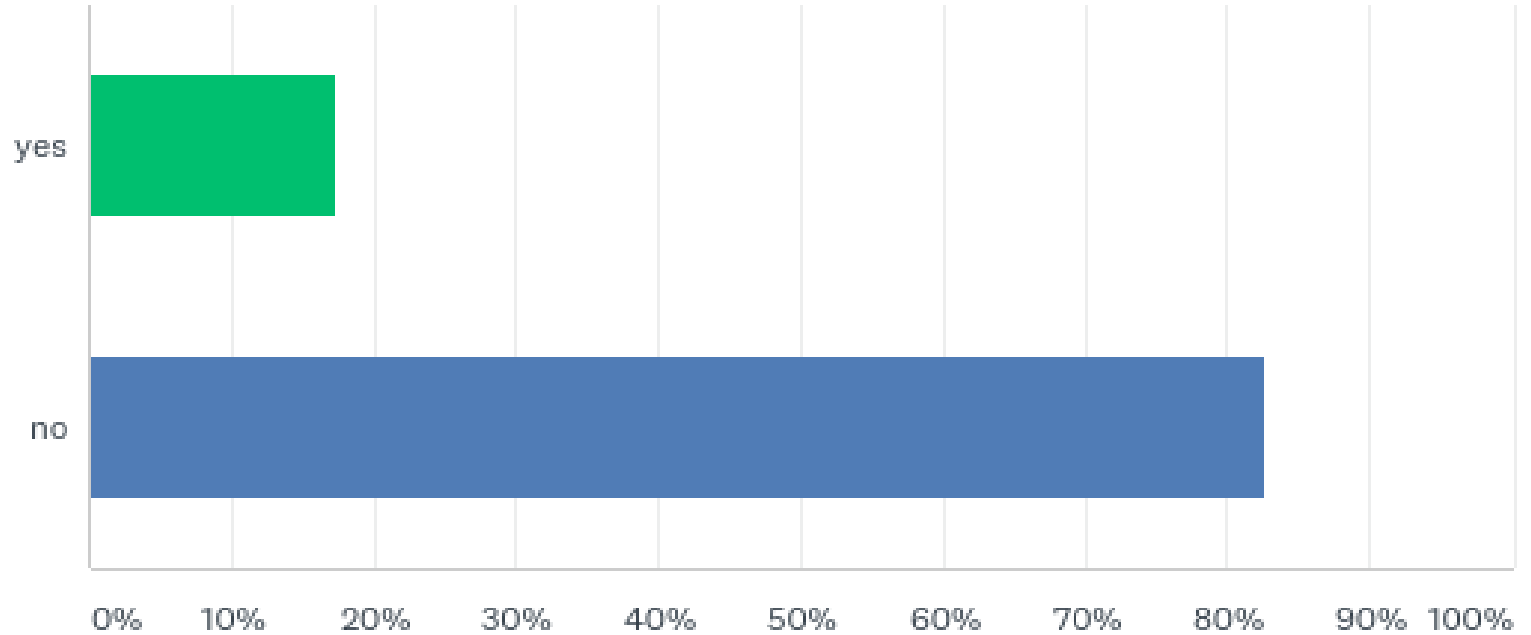
## “Other” Areas of Participation in the Development of Policies, Laws, Ordinances, etc. Related to Opioid Misuse

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- **Prevention:** updated school drug policies
- **Education:** provide and track SBIRT School trainings, increase naloxone education
- **Treatment:** expand access to behavioral health services, increase length of stay, detox and treatment capacity, increase coverage for SUD by Medicaid
- **Laws:** Good Samaritan Law, statewide lawsuit against pharmaceutical industry, safe prescribing practices (5-7 day prescriptions)
- **Ordinances:** regulation of pharmaceutical representatives (licensure and summaries of interactions with providers), safe prescribing

# Q13: Domain 6: Enforce public health laws - Does your health department have the authority to enforce any of the policies, laws, ordinances, etc. related to opioid misuse?

Answered: 133 Skipped: 2



# Policies, Laws, Ordinances, etc. Related to Opioid Misuse that Health Departments are Authorized to Enforce

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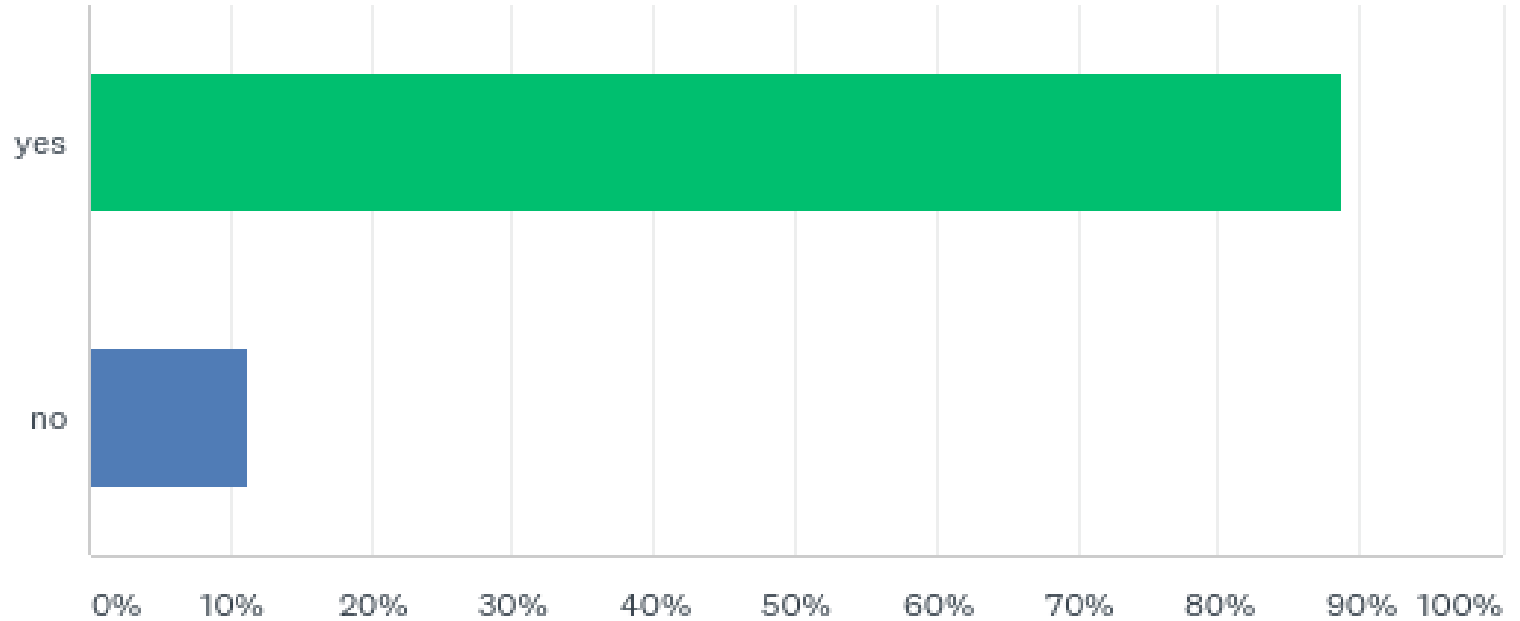
**Policies:** Naloxone standing orders and needle/syringe exchange

**Laws:** opioid prescribing laws (5-7 days), Good Samaritan Laws, regulation of pain management clinics, pharmacy representative licensure compliance

**Ordinances:** PDMPs, governs licensure and operation of opioid treatment centers and methadone clinics, drug control of pharmacies, Meth lab mitigation, synthetic marijuana

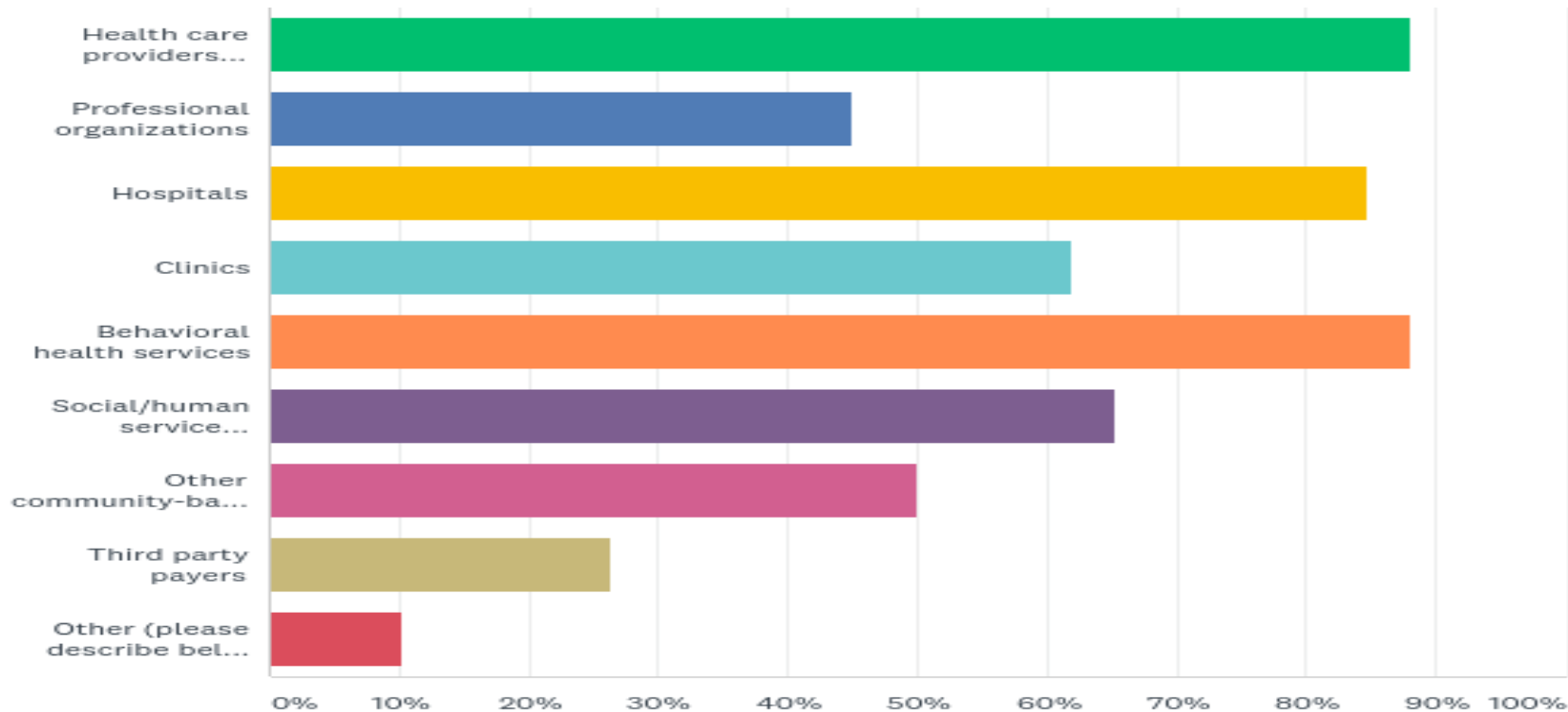
# Q14: Domain 7: Promote strategies to improve access to health care - Does your health department partner/collaborate with the health care system to address opioid misuse treatment/intervention?

Answered: 133 Skipped: 2



# Q15: If yes, identify the collaborative partner group(s). Check all that apply:

Answered: 118 Skipped: 17



# “Other” Collaborative Partner Groups

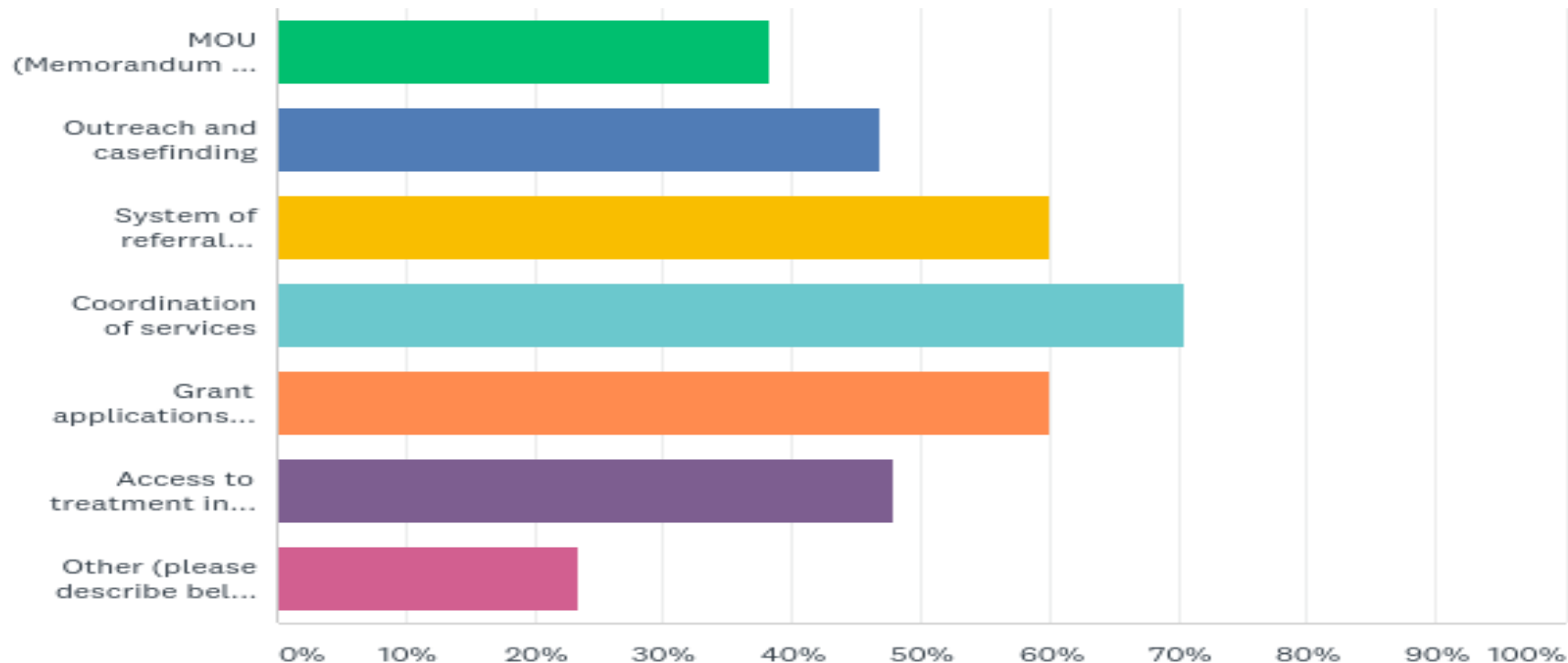
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- Pharmacies
- Hospital Councils
- Universities
- Task Forces: focusing on education of ED Physicians
- Certified Recovery Mentors
- State Organizations
- National Organizations: SAMHSA, CDC



# Q16: What types of strategies are included in the partnerships/collaboration? Check all that apply.

Answered: 115 Skipped: 20



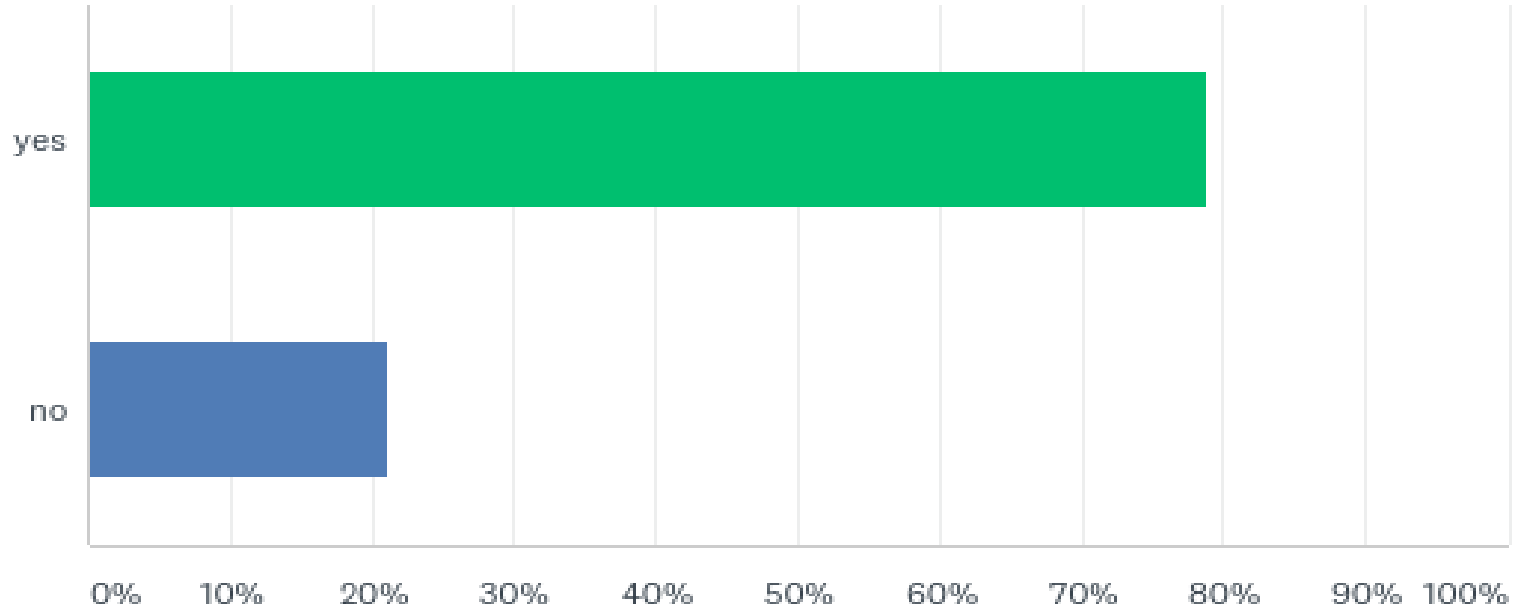
## “Other” Strategies Included in Partnerships/Collaborations

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- Increase communicable disease testing with history of drug use
- Improve Access to Care – identify barriers, referral roadmaps, and mapping of services
- Coordination of services for inmates
- Education of HC providers that includes prescribing training
- Naloxone training/distribution
- PDMP data analysis provided to healthcare providers
- Coalition collaboration (i.e., Drug courts – MAT, increase access to treatment)
- Behavioral Health Task Forces/Advisory Councils
- Outreach and case management services to pregnant and parenting women with a history of SUD
- Reduce stigma related to SUD
- Opioid Action Plan: 1) Prevention/Community Education, 2) Healthcare and Risk reduction, 3) Treatment and Support, and 4) First responders and Law enforcement

## Q17: Domain 8: Maintain a competent public health workforce - Has your health department staff participated in training/professional development around opioid misuse?

Answered: 133 Skipped: 2



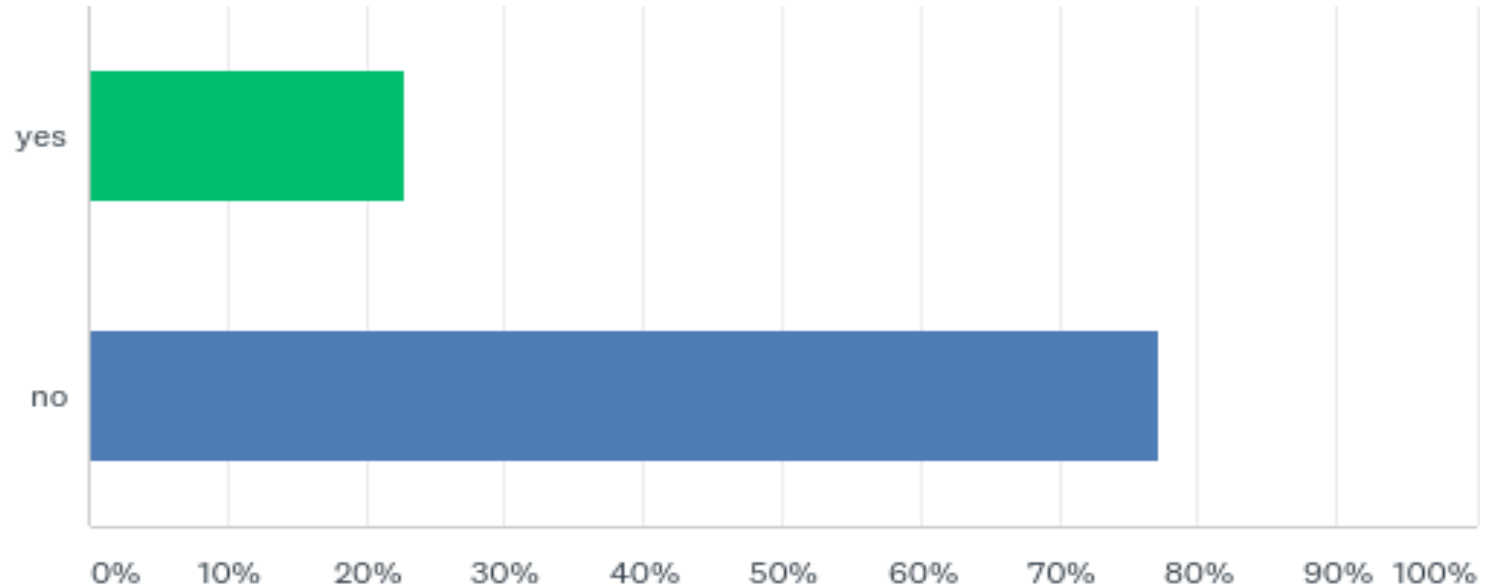
# Staff Participation in Training/Professional Development

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- **Education/Training:** local, regional, state, and national
- **Method:** on-line, webinars, symposiums, summits, workshops, meetings
- **Courses:** CDC, NORC, NACCHO, universities with schools of public health, law enforcement, CADCA (Community Anti-Drug Coalitions of America)
- **Topics:** opioid misuse and implications/impact on population, safe prescribing practices, needle/syringe exchange, naloxone administration, surveillance for opioids

## Q18: Domain 9: Evaluate and continuously improve processes, programs, and interventions - Is opioid misuse prevention part of your health department quality improvement plan?

Answered: 131 Skipped: 4



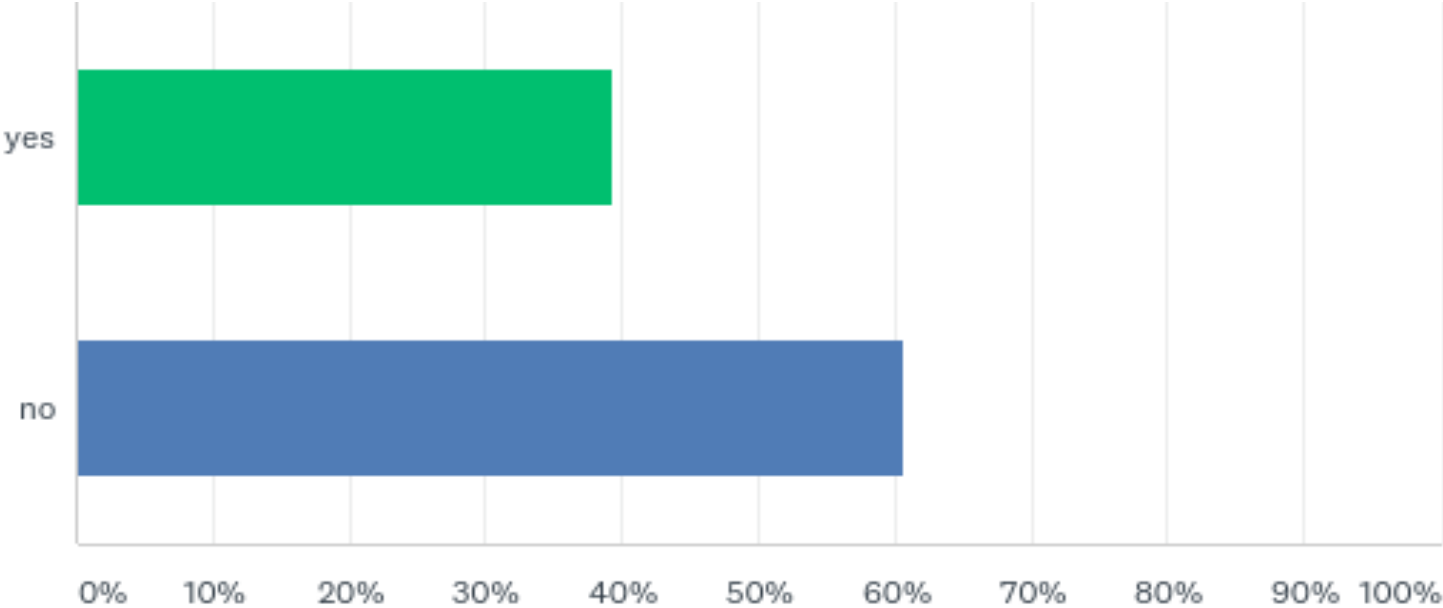
## Describe Opioid Misuse Prevention as Part of Quality Improvement Plans

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- Opioid surveillance reporting the success of overdose response with naloxone administration
- Data collection from harm reduction programs
- Naloxone training and distribution
- Monitor number of opioid related deaths per month on a scorecard
- Grant from SAMHSA – opioid misuse prevention activities; awareness and use of medication disposal boxes
- PDMP – 95% enrollment
- HIV/AIDS programs have QI plans that include opioid use among people who use drugs
- Decrease in opioid prescriptions
- Development of a best practice toolkit

# Q19: Domain 10: Contribute to and apply the evidence base of public health - Has your health department published or presented any of your opioid misuse prevention work?

Answered: 132 Skipped: 3



## Describe Your Department's Published or Presented Opioid Misuse Prevention Work

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- Published articles on prevention and intervention of opioid use disorder
- Published journal article “Overdose Prevention for Prisoners” in the Journal of Harm Reduction
- Peer reviewed journal articles on overdose prevention
- Research partnerships with universities – co-authored articles – Impact of PDMPs
- Surveillance reports/Annual reports/overdose fatality reports
- EMS overdose Maps
- Presentations at ASTHO sponsored summits: Opioid Prevention, Education & Outreach Campaigns
- NACCHO Annual Conferences & poster presentations
- Local and statewide conferences



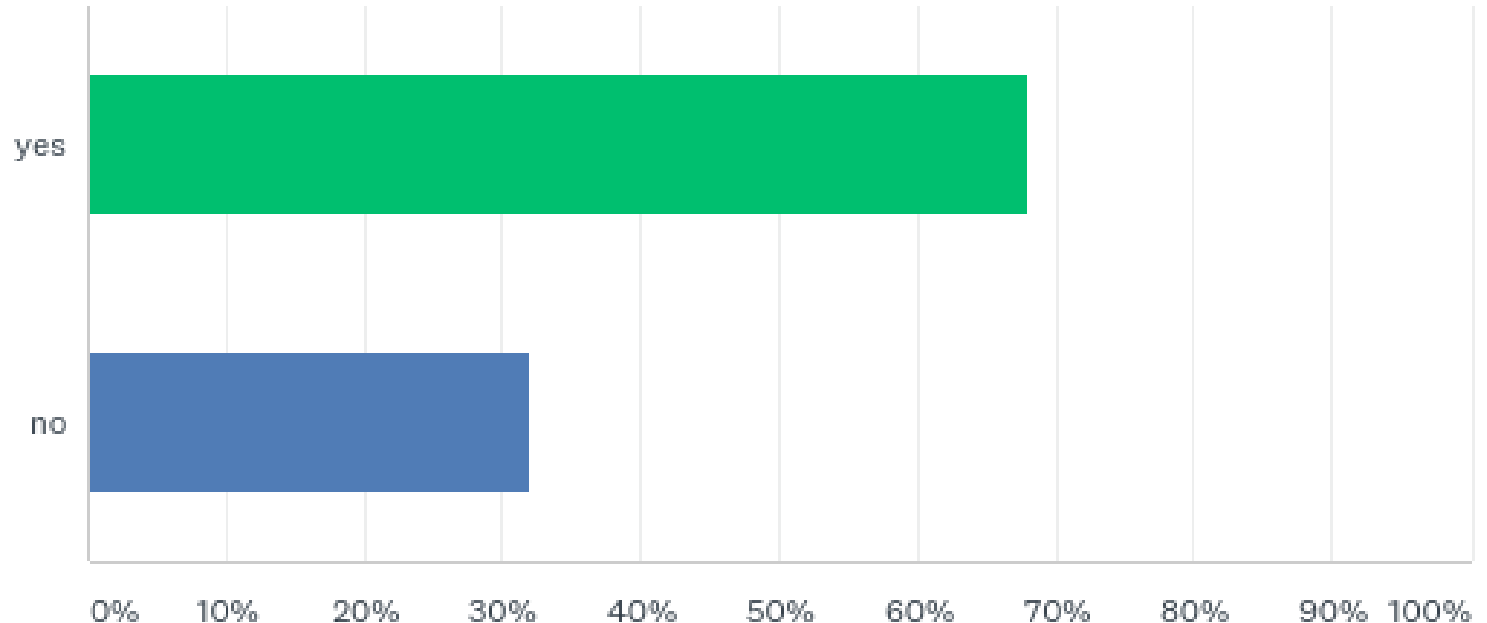
## Describe Your Department's Published or Presented Opioid Misuse Prevention Work (Continued)

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- Model Website – opioid data/interactive
- Webinars and summits on safe prescribing
- Annual summits on the opioid crisis, safe prescribing, and other best practices and models
- Rx360 Toolkits (Prevention Work)
- Abstracts presented at APHA
- Presentations to county boards, community schools, law enforcement, EMS/fire departments, businesses, human services, and other governmental agencies
- Media campaigns on proper medication disposal
- Reports on laws (opioid, drug take back)
- Roundtable discussions on reducing prescription drug and opioid abuse
- Newsletters

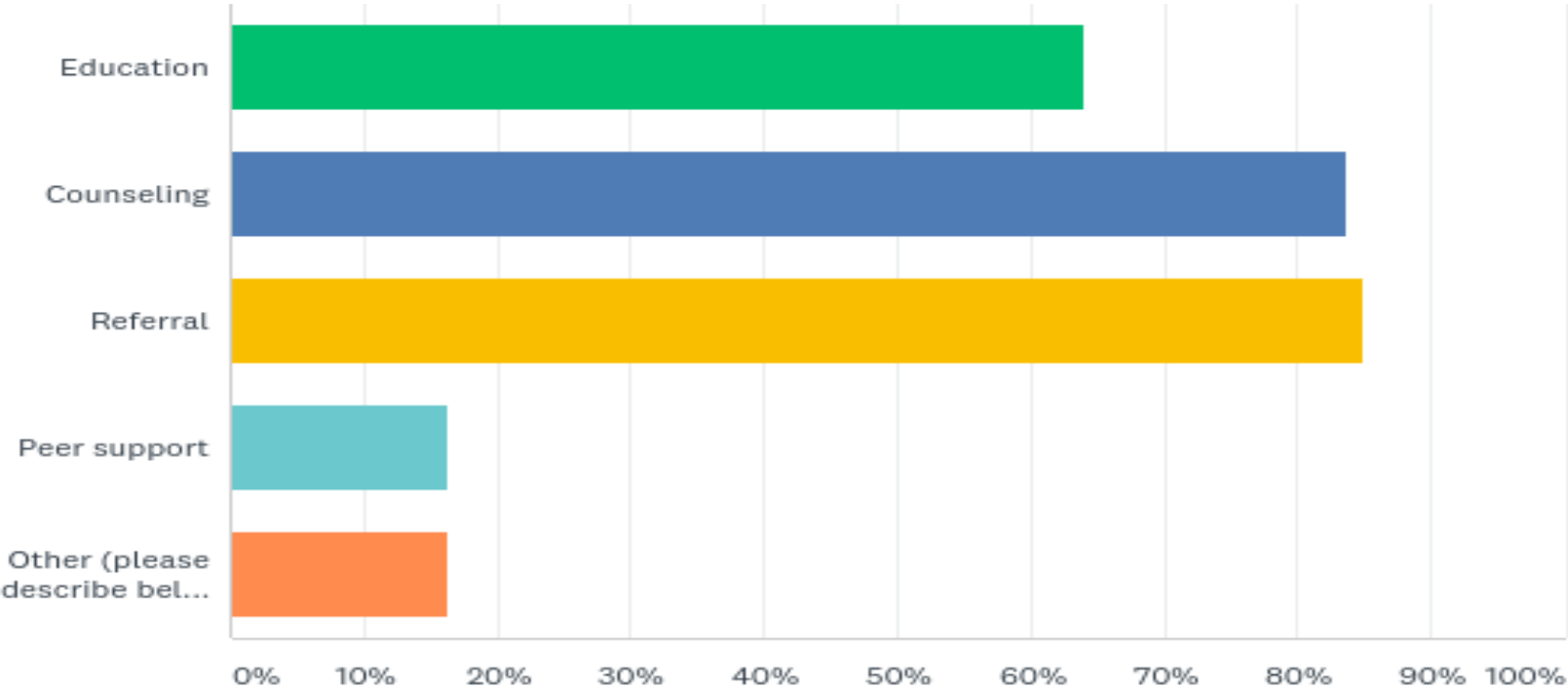
## Q20: Domain 11: Maintain administrative and management capacity - Does your health department provide services for opioid misuse to workers through an employee assistance program?

Answered: 131 Skipped: 4



# Q21: If yes, please identify the services that are provided. Check all that apply.

Answered: 86 Skipped: 49



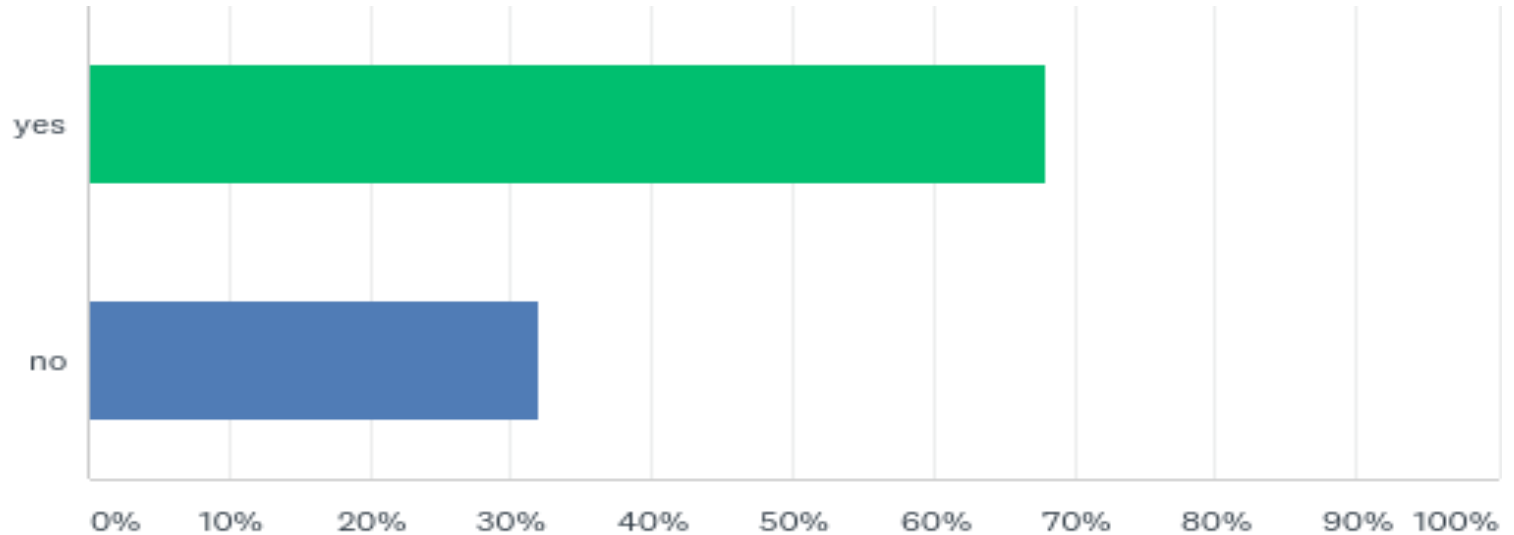
## “Other” Services Provided by Employee Assistance Programs

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- Life management concerns that include alcohol and drug abuse
- Educational workshops related to opioid addiction and Narcan training
- SBIRT (Screening, Brief Intervention, and Referral to Treatment)

## Q22: Domain 12: Maintain capacity to engage the public health governing entity - Has your governing entity (board of health, governor's office, county/city commissioners, etc.) been actively engaged with the health department in developing and implementing the opioid misuse prevention initiatives in your jurisdiction?

Answered: 131 Skipped: 4



# Governing Entities Engaged with Health Departments in Developing and Implementing Opioid Misuse Prevention Initiatives

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- Emergency declarations to address opioid deaths
- Increase access to treatment
- Data collection and dissemination
- Ensuring access to Mental and Behavioral Health services
- Injury Prevention Grants/harm reduction: syringe access (needle exchange), naloxone training and distribution, drug take back (dispose-a-med)
- Feasibility of establishing a Drug Action Response Team or Post Overdose Response Team
- Heroin-Opiate Coalitions/Task Force
- Meth Strike Task Force
- Prescription Drug Abuse Task Force

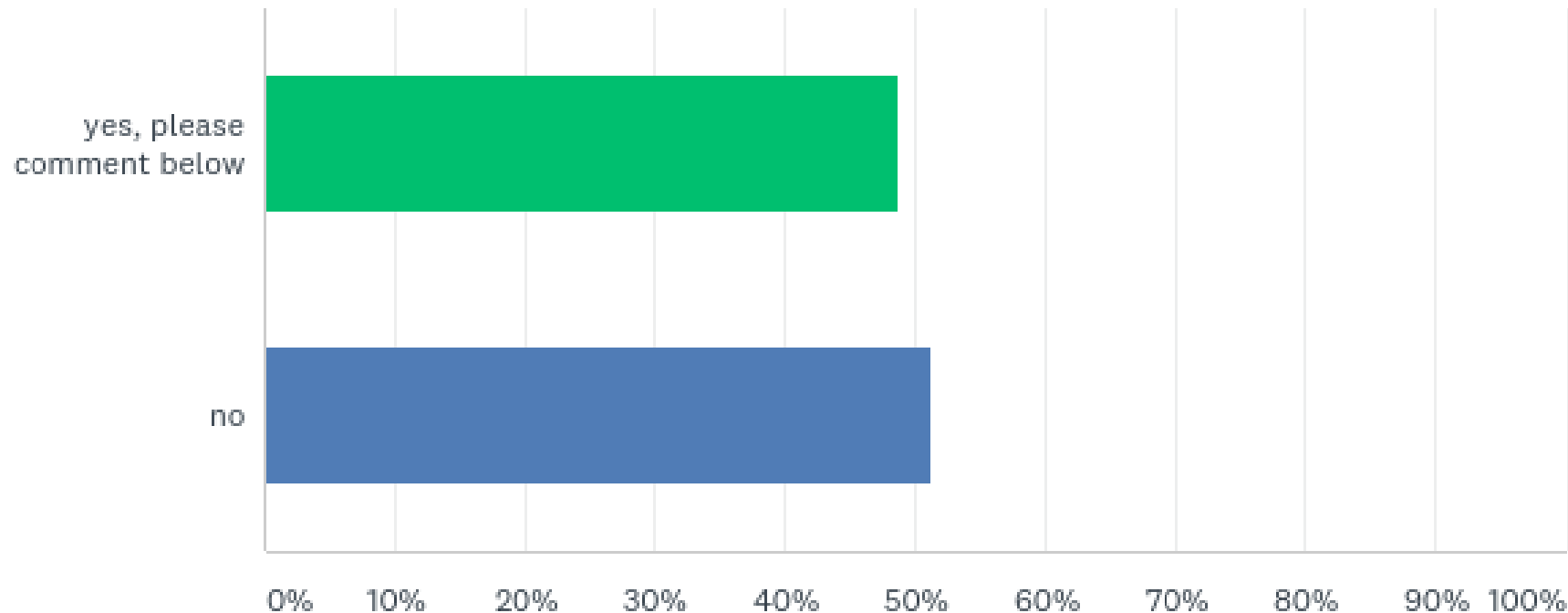
# Governing Entities Engaged with Health Departments in Developing and Implementing Opioid Misuse Prevention Initiatives

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- Youth Substance Abuse Prevention Program
- Community Town Hall Meetings/Forums
- PDMP ordinances (advocacy and education with community partners)
- Alcohol & Drug Advisory Boards
- Blood Borne Pathogen Reduction Program
- Telephone helpline and central identification/intake system w/plans for a 24/7 crisis walk-in center
- Pain guidance document
- Funding of peer recovery specialists to conduct outreach to connect individuals to treatment

## Q23: Last question. Is there anything else you want to share with PHAB about the health department's role in addressing the nation's opioid misuse crisis?

Answered: 127 Skipped: 8





# Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Need national standards for opioid prevention
- Much to be done in the prevention realm and difficult to quantify (i.e., lives saved, addictions avoided)
- Need prevention, education, data surveillance and analysis, capacity building, and engagement with multiple community partners
- Need to change prescribing practices, access to treatment, overdose prevention strategies
- Need funding for resources and public health workforce capacity to engage in upstream community-based prevention strategies
- Funding needed from state and federal government to coordinate community collaborative efforts regarding substance abuse to ensure alignment, effective use of resources, strategy implementation, and the development of proactive approaches to the community
- Multi-agency collaborative networks or teams need to be developed
- Environmental health services need to organize safe disposal of unused drugs
- Local and state partnerships collaborations needed

# Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Requesting PHAB to define the health department's role in addressing the nation's opioid crisis
- Access to recovery (ATR) needs to increase support services to pregnant women and infants
- Inmates who are released should be screened, interviewed, and trained for naloxone use and referred to treatment as needed
- Individuals discharged from EDs at risk for an overdose should be given naloxone
- Launch campaign to decrease stigma associated with SUD
- Expand addiction surveillance at the state and local levels
- Explore interventions programs for post overdose
- Offer information and non-judgmental referrals on opioid safety, prevention, and risk for infectious diseases
- All drugs should be included in conversations, especially with recent legalization of marijuana
- Complex and multi factor approach – Naloxone access and distribution workshop, overdose education, expand to high-risk communities, syringe access services, access to recovery

## Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Need funds from SAMHSA and DHS
- Most grant funding is treatment oriented; Need access to funds specific to address prevention
- Health departments view their principal role as a convener at this time. Strongly encourage PHAB to consider public health activities related to the opioid epidemic to fall within their scope
- Opioid use/substance abuse disorders and Behavioral Health are integral public health issues that should be addressed in the PHAB standards
- Destigmatize mental illness and highlight addiction prevention science
- Generic standards should be all encompassing and demonstrate how health departments have responded to national and state declared public crises and not specific crises.
- Requesting PHAB to cite specific samples in the standards regarding substance abuse
- Alcohol, Meth, marijuana, cocaine, and tobacco all need to be addressed in substance abuse as each jurisdiction has different substance abuse priorities

# Additional comments to be shared with PHAB regarding the health department's role in addressing the nation's opioid misuse crisis

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- Health departments have had to reframe opioid misuse/any SUD, as not traditionally/officially part of public health
- Substantive work has been done through partnerships without funding sources
- PHAB should reconsider the barriers it has placed around the ability of LHDs to use substance abuse prevention and intervention examples for accreditation
- Recommend PHAB and NACCHO take the lead in educating 3,000 health departments in the U.S. regarding ideal role in this complex, national public health crisis
- Nationally the opioid epidemic appears to be looking straight at local health departments as the key drivers of developing and implementing evidenced-based and experimental intervention to manage the incidence of opioid addiction
- Addressing BH through surveillance, program and policy development, implementation and evaluation is public health - PHAB needs to consider BH as part of PH
- Tools: epidemiology, coalition building, vital statistics