# Addressing the Crisis Through Long-standing Community-University Partnerships

Robert Pack, PhD, MPH )
Professor, Community Health, )
Associate Dean for Academic Affairs & )
Center Director )

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# Presentation Overview

- An overview of the problem
- A model for intervention
- University-Community engagement in East Tennessee

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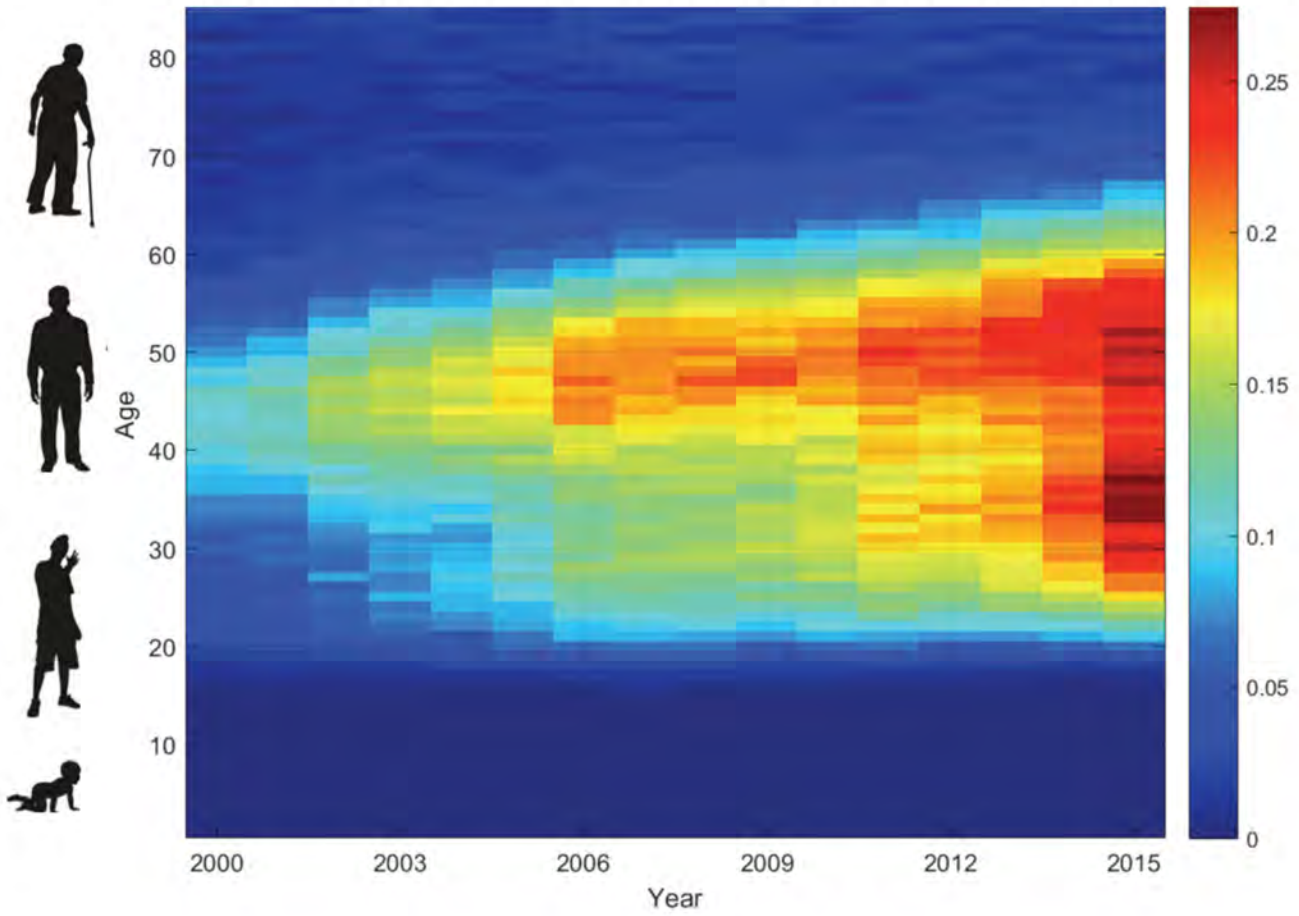
# The problem: )

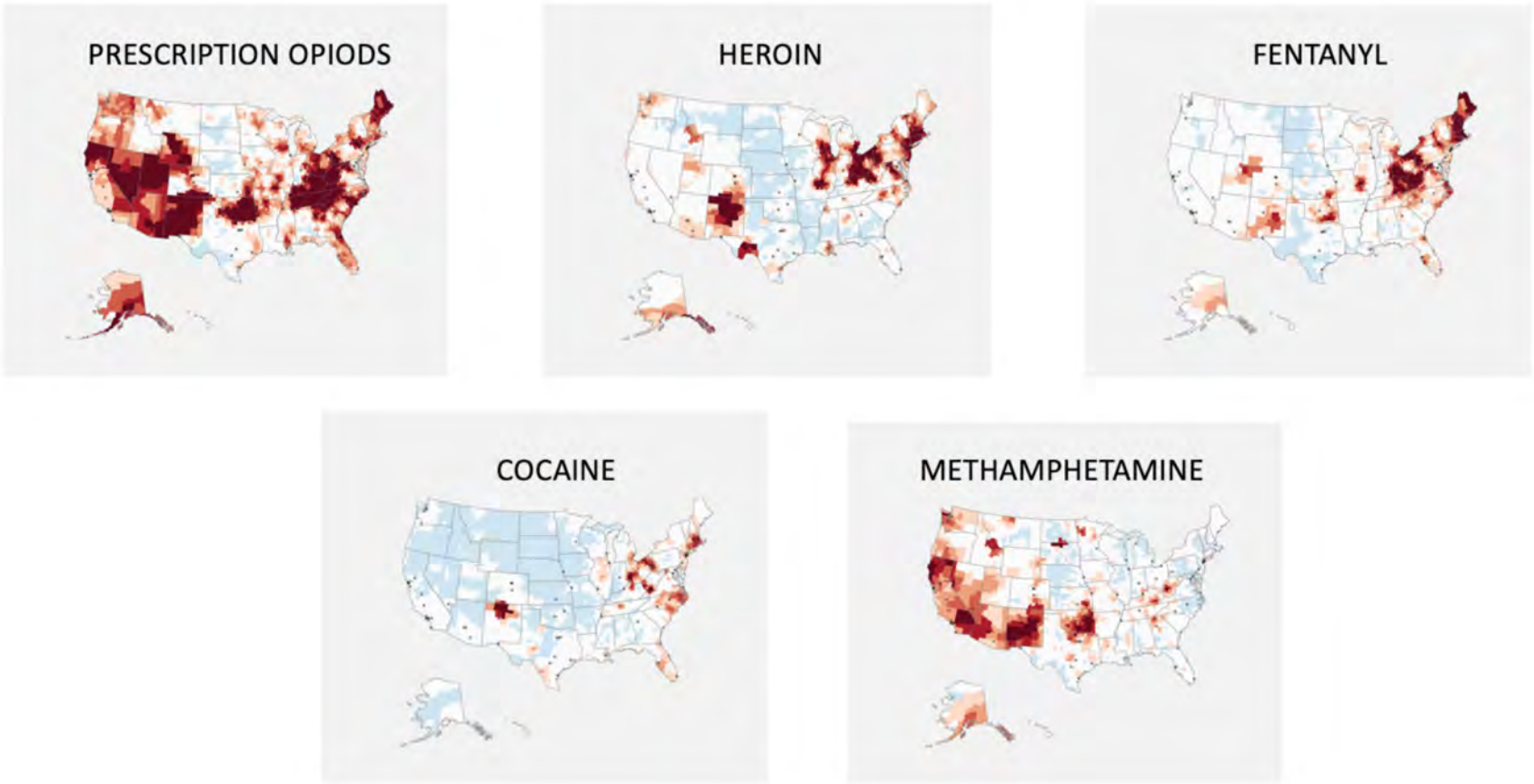
- Three waves:
  - Prescription opioid consumption rose dramatically from 1995-2013, and then declined
  - Heroin met the demand left behind after control of easy access to prescription opioids
  - Illicit Fentanyl is relatively easy to make and import, and cut into heroin and other drugs to increase potency and market desirability/share

# Epidemic Growth in Different Age Groups




Source: Jalal, Hawre, Jeanine M Buchanich, Mark S Roberts, Lauren C Balmert, Kun Zhang, and Donald S Burke. "Changing Dynamics of the Drug Overdose Epidemic in the United States from 1979 through 2016." Science (New York, N.Y.) 361.6408 (2018)

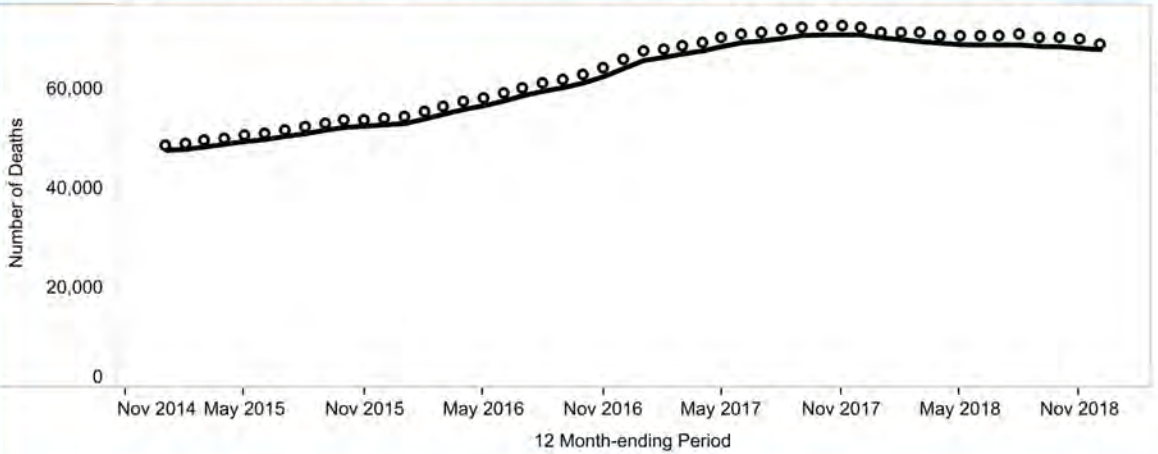
# HOT SPOTS FOR OVERDOSE DEATHS, BY DRUG




Source: Jalal, Hawre, Jeanine M Buchanich, Mark S Roberts, Lauren C Balmert, Kun Zhang, and Donald S Burke. "Changing Dynamics of the Drug Overdose Epidemic in the United States from 1979 through 2016." Science (New York, N.Y.) 361.6408 (2018)

**Based on data available for analysis on: 7/7/2019**

**Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States**

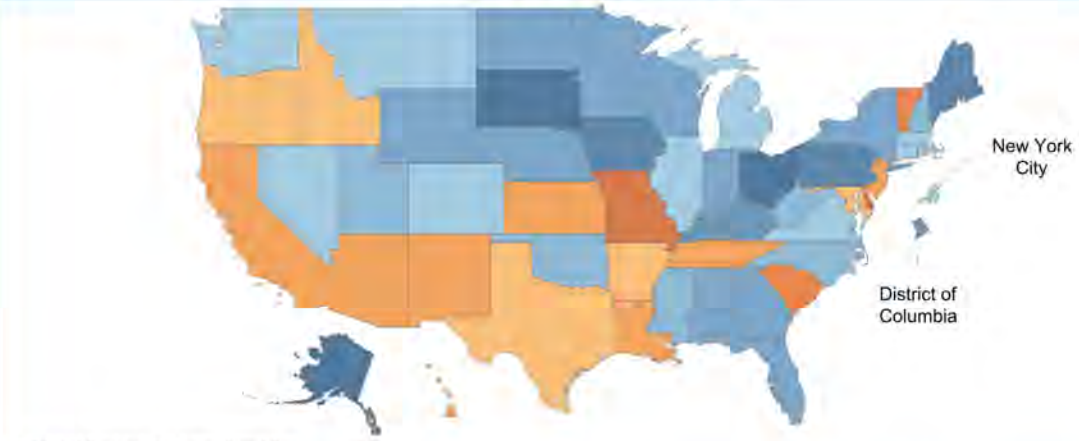



**Select Jurisdiction**
United States

Predicted Value

Reported Value

**Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2017 to December 2018**




**Select predicted or reported number of deaths**

Predicted

Reported

**Percent Change for United States**

**-5.1**

**Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods**

-26.1 — 17.4

**NOTES**: *Reported* provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. *Predicted* provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see **Technical notes**).
Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD–10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.

Contents lists available at ScienceDirect

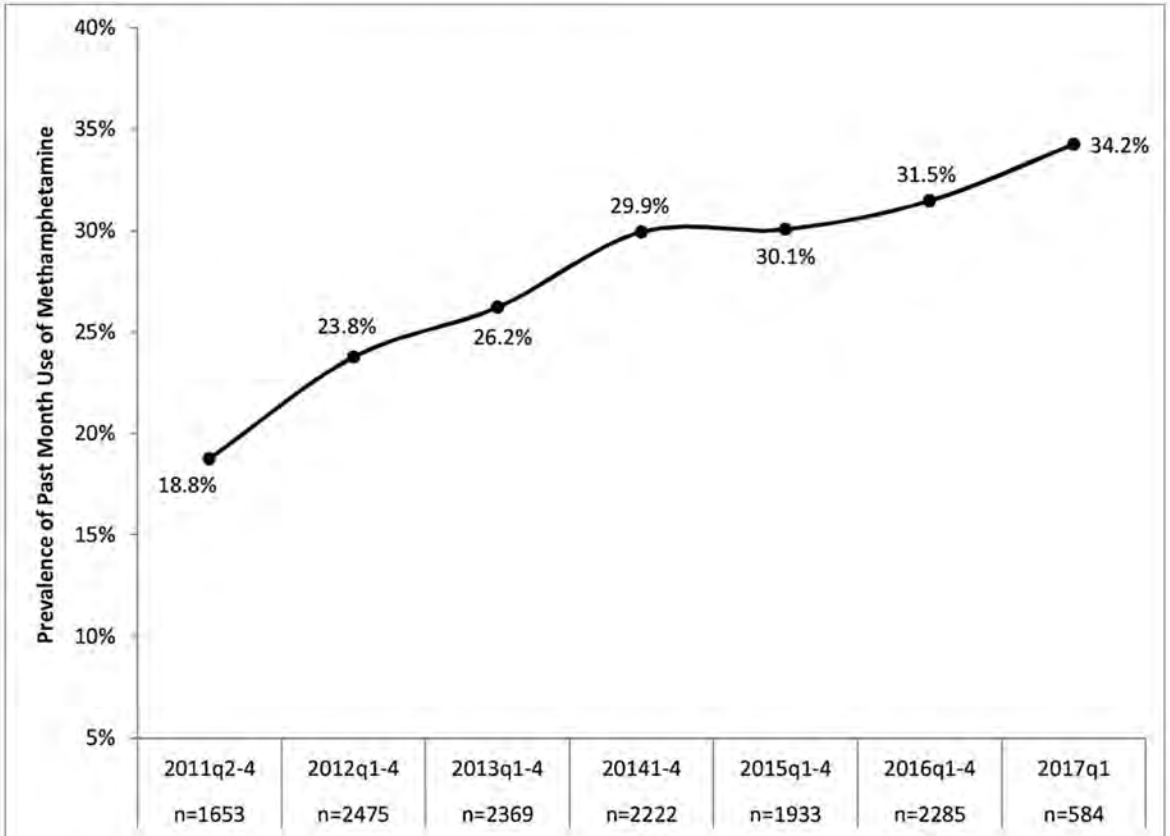
Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Full length article

# Twin epidemics: The surging rise of methamphetamine use in chronic opioid users

Matthew S. Ellis*, Zachary A. Kasper, Theodore J. Cicero



# The problem:

- Conventionally thought to be three waves:
  - Prescription opioid consumption rose dramatically from 1995-2013, and then declined
  - Heroin met the demand left behind after control of easy access to prescription opioids
  - Illicit Fentanyl is relatively easy to make and import, and cut into heroin and other drugs to increase potency and market desirability/share
- A potential fourth wave – stimulants with fentanyl )
- There is an urgent need to get people into and retained in treatment

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# Widespread Public Stigma - SUD

- ) Belief individuals with mental illness, especially a drug dependence disorder, are a danger
- ) Beliefs of shame, blame, incompetency, punishment, and criminality
- ) Stigmatizing actions in the form of social distance from individuals with mental illness, especially drug abuse disorders

*Adults with drug dependence are consistently + among the most stigmatized. +*

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Source: Parcesepe AM, Cabassa LJ. Public Stigma of Mental Illness in the United States: A Systematic Literature Review. *Administration and policy in mental health.* 2013;40(5):10.1007/s10488 10012 10430 z.

# **Stigma** vs Science: Medication-Assisted Treatment )

- ) Stigma among community members, drug treatment and other professionals, and drug users
- ) Examples of underlying attitudes/beliefs
  - )Compulsive drug use is a choice, a moral failing
  - Methadone, buprenorphine or Suboxone is a “crutch”; Replaces one drug/addiction for another
  - )MAT prolongs addiction and prevents full recovery
  - Low doses/short periods result in better rates of long-term recovery; Patients should be encouraged to end treatment
- ) Contributes to tension between counseling-only vs medication-assisted treatment programs

Sources: Center for Substance Abuse Treatment. Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Vol Treatment Improvement Protocol (TIP) Series 43. HHS Publication No. (SMA) 12 4214 ed. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005.; Matusow H, Dickman SL, Rich JD, et al. Medication Assisted Treatment in US Drug Courts: Results from a Nationwide Survey of Availability, Barriers and Attitudes. *Journal of substance abuse treatment.* 2013;44(5):473 480.; Rieckmann T, Kovas AE, Rutkowski BA. Adoption of Medications in Substance Abuse Treatment: Priorities and Strategies of Single State Authorities. *Journal of psychoactive drugs.* 2010;Suppl 6:227 238.; White W. *Long term strategies to reduce the stigma attached to addiction,treatment, and recovery within the City of Philadelphia (with particular reference to medication assisted treatment/recovery).* Philadelphia: Department of Behavioral Health and Mental Retardation Services;2009.

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# Stigma vs **Science**: Medication-Assisted Treatment

Assessing the Evidence Base Series

## Medication-Assisted Treatment With Methadone: Assessing the Evidence

Catherine Anne Fullerton, M.D., M.P.H.
Meelee Kim, M.A.
Cindy Parks Thomas, Ph.D.
D. Russell Lyman, Ph.D.
Leslie B. Montejano, M.A., C.C.R.P.
Richard H. Dougherty, Ph.D.
Allen S. Daniels, Ed.D.
Sushmita Shoma Ghose, Ph.D.
Miriam E. Delphin-Rittmon, Ph.D.

***Evidence for the effectiveness of methadone maintenance treatment: high***

Evidence clearly shows that MMT has a positive impact on:
- Retention in treatment
- Illicit opioid use

Evidence is less clear but suggestive that MMT has a positive impact on:
- Mortality
- Illicit drug use (nonopioid)
- Drug-related HIV risk behaviors
- Criminal activity

Evidence suggests that MMT has little impact on:
- Sex-related HIV risk behaviors

Source: Fullerton CA, Kim M, Thomas CP, et al. Medication-Assisted Treatment With Methadone: Assessing the Evidence. *Psychiatric Services.* 2014;65(2):146 157. (

# Stigma vs **Science**: Medication-Assisted Treatment

Assessing the Evidence Base Series

## Medication-Assisted Treatment With Buprenorphine: Assessing the Evidence

Cindy Parks Thomas, Ph.D.
Catherine Anne Fullerton, M.D., M.P.H.
Meelee Kim, M.A.
Leslie Montejano, M.A., C.C.R.P.
D. Russell Lyman, Ph.D.
Richard H. Dougherty, Ph.D.
Allen S. Daniels, Ed.D.
Sushmita Shoma Ghose, Ph.D.
Miriam E. Delphin-Rittmon, Ph.D.

***Evidence for the effectiveness of BMT: high***

Evidence clearly shows that BMT has a positive impact compared with placebo on:

- Retention in treatment
- Illicit opioid use

Evidence is mixed for its impact on:

- Nonopioid illicit drug use

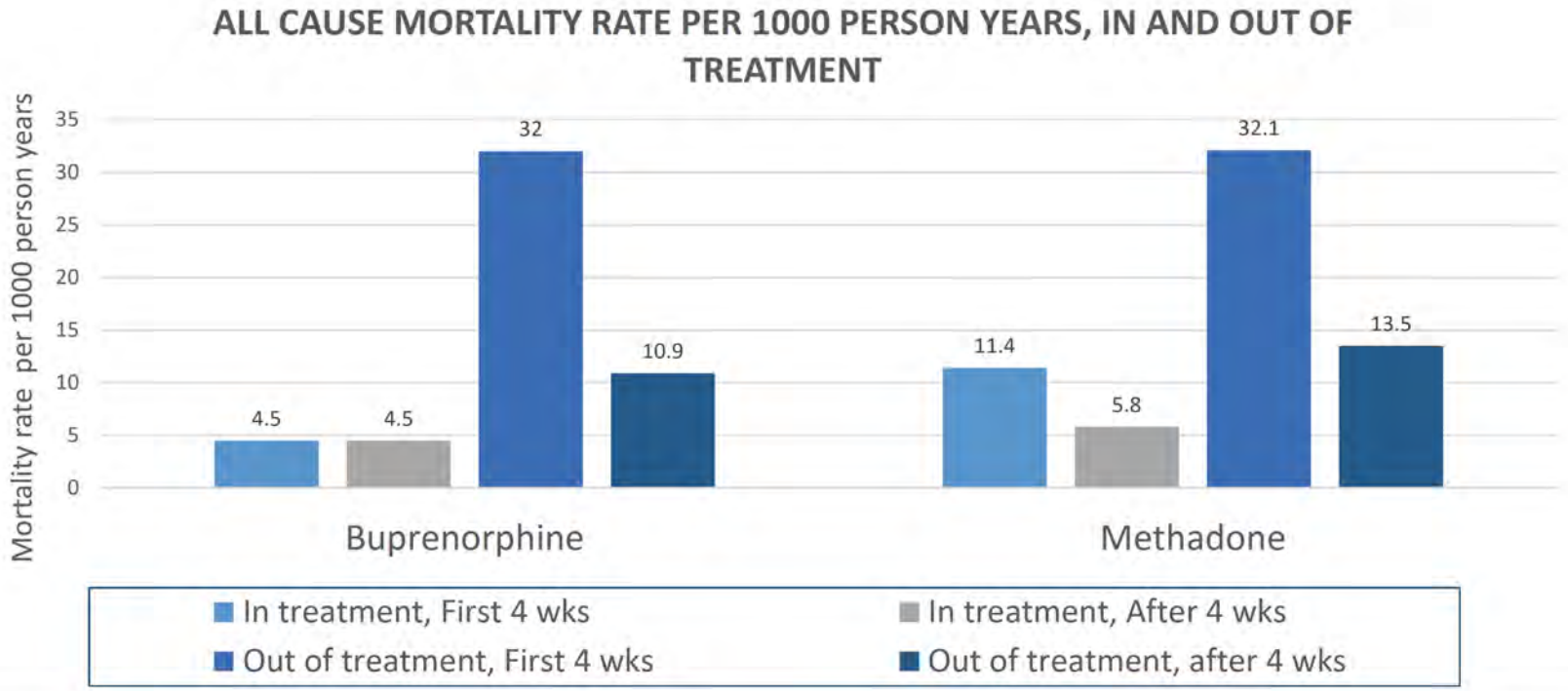
**a high level of evidence for its positive impact on treatment retention and illicit opioid use. Seven reviews or meta-analyses were also included. When the medication was dosed adequately, BMT and MMT showed similar reduction in illicit opioid use, but BMT was associated with less risk of adverse events. Results suggested better treatment retention with MMT. BMT was associated with improved maternal and fetal outcomes in pregnancy, compared with no medication-assisted treatment. Rates of neonatal abstinence syndrome were similar for mothers treated with BMT and MMT during pregnancy, but symptoms were less severe for infants whose mothers were treated with BMT. *Conclusions:* BMT is associated with improved outcomes compared with placebo for individuals and pregnant women with opioid use disorders. BMT should be considered for inclusion as a covered benefit. (*Psychiatric Services* 65:158–170, 2014; doi: 10.1176/appi.ps.201300256)**

combination with psychosocial or other support services.

This article reports the results of a literature review that was undertaken as part of the Assessing the Evidence Base Series (see box on next page). Methadone maintenance treatment (MMT) is reviewed in a companion article in this series (3). As discussed in that review, research has shown that MMT improves treatment outcomes for individuals with opioid dependence (4–7). However, MMT is associated with serious adverse events, such as respiratory depression and car-

Source: Thomas CP, Fullerton CA, Kim M, et al. Medication-assisted treatment with buprenorphine: assessing the evidence. *Psychiatr Serv.* 2014;65(2):158 170.

# *Medication saves lives. People die when medication stops.*




Sordo L, Barrio G, Bravo MJ, Indave BI, Degenhardt L, Wiessing L, Ferri M, Pastor-Barriuso R. Mortality risk during and after opioid substitution treatment: Systematic review and meta-analysis of cohort studies. BMJ 2017 Apr 26;357:j1550.

Boston University School of Medicine

Grayken Center for Addiction Boston Medical Center

Source: Alexander Y. Walley, MD, MSc, Associate Professor of Medicine, BUSM Director, Addiction Medicine Fellowship, BMC, Medical Director, Opioid Overdose Prevention Pilot Program, MDPH, Addressing Opioid Overdose and Opioid Use Disorder: Medication-Based Treatment Approaches
Presentation to the Massachusetts MAT Commission, Thursday, January 24, 2019

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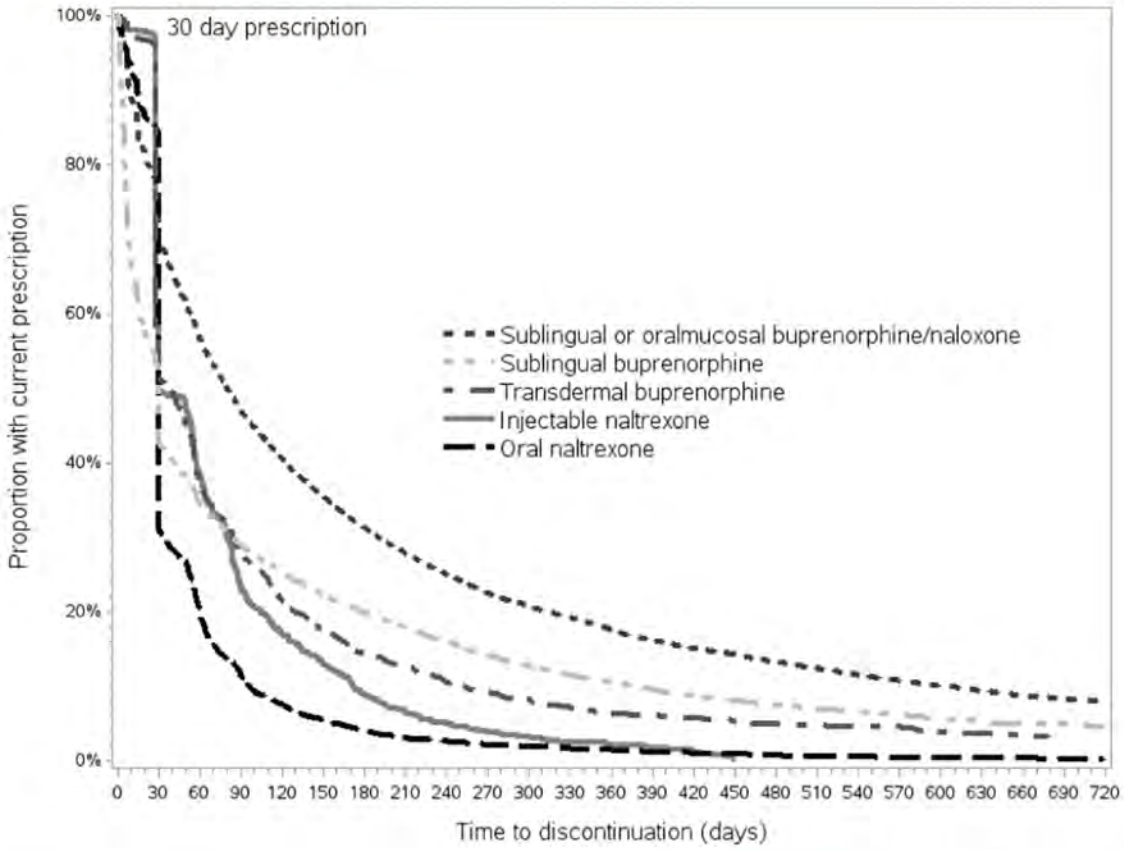
## *Treatment has not kept pace with incidence*

- *Discontinuation is common, especially with naltrexone*




Boston University School of Medicine

Morgan JR, Schackman BR, Leff JA, Linas BP, Walley AY. Injectable naltrexone, oral naltrexone, and buprenorphine utilization and discontinuation among individuals treated for opioid use disorder in a United States commercially insured population. JSAT. 2017 Jul 3.

Grayken Center for Addiction Boston Medical Center

Source: Alexander Y. Walley, MD, MSc, Associate Professor of Medicine, BUSM Director, Addiction Medicine Fellowship, BMC, Medical Director, Opioid Overdose Prevention Pilot Program, MDPH, Addressing Opioid Overdose and Opioid Use Disorder: Medication-Based Treatment Approaches
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THE TREATMENT GAP

# In Rehab, 'Two Warring Factions': Abstinence vs. Medication

A reluctant evolution is taking place in residential drug treatment for opioid addiction. Here's a look at one center's wary shift.

"When I get a kid coming in that's been to five abstinence-based programs, and he's overdosed and he's been Narcanned four times and he's 23 years old, I am absolutely going to talk to him about medication 100 percent of the time," he said, referring to the drug Narcan that revives people from overdoses.

"Matter of fact," Dr. Loyd continued, "I'm going to try to talk him into it, because I know it's his best shot at living. Yet I have people out there all the time, right now, that will throw rocks at this kid and shame him for being on it."

"You've got these two warring factions — the M.A.T. side and the abstinence-based side," he said. "It's almost like our national politics. Where's the John McCain? Here, it's going to be me."

Source: https://www.nytimes.com/2018/12/29/health/opioid-rehab-abstinence-medication.html (

# Examples of Promising Anti-Stigma Strategies )

- Self-Stigma
  - Therapeutic interventions (e.g., group-based acceptance and commitment therapy) )
  - Peer support
- Public Stigma
  - Education; Communicating positive stories
  - Contact with persons with mental illness
  - Motivational interviewing
- Structural Stigma
  - Policy change
  - Contact-based training and educational programs for medical students and professionals (e.g., police)

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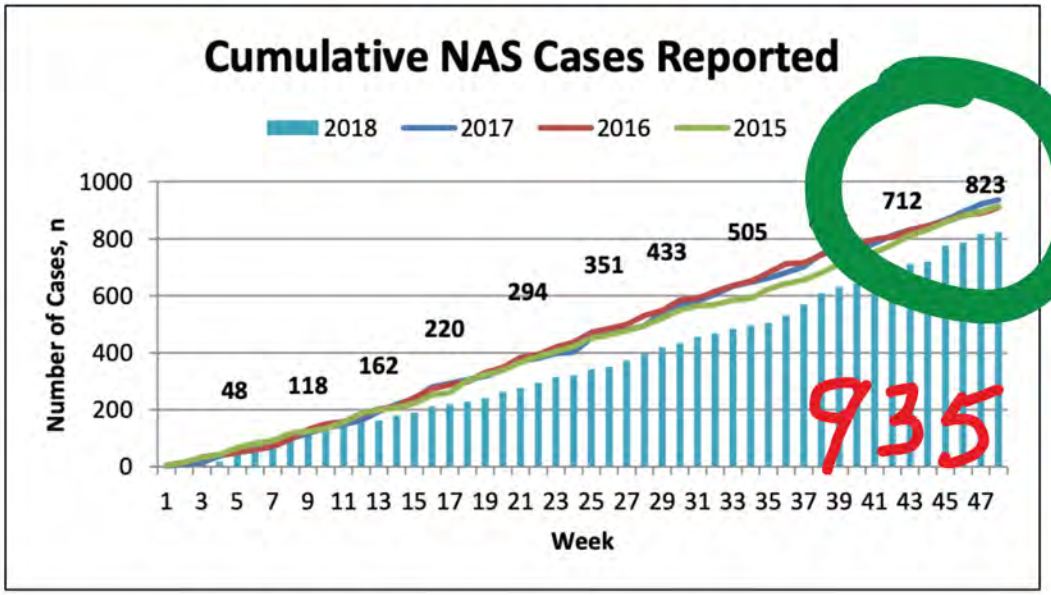
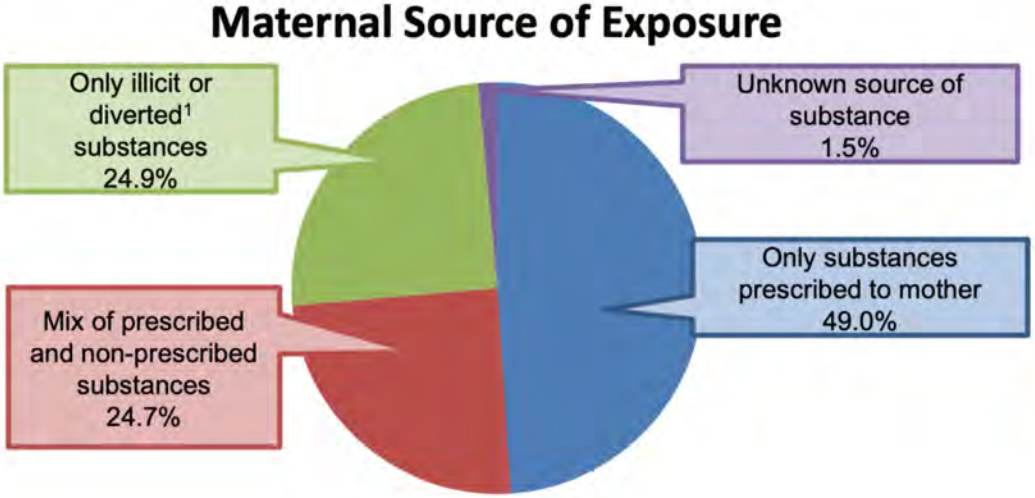
Corrigan PW, Morris SB, Michaels PJ, Rafacz JD, Rusch N. Challenging the public stigma of mental illness: a meta analysis of outcome studies. *Psychiatr Serv.* 2012;63(10):963 973.; Corrigan PW, Druss BG, Perlick DA. The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychol Sci Public Interest.* 2014;15(2):37-70.; Livingston JD, Milne T, Fang ML, Amari E. The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction.* 2012;107(1):39 50.

# Neonatal Abstinence Syndrome Surveillance
November Update (Data through 12/1/2018)

TN Department of Health




**Quick Facts: NAS in Tennessee**

- **823 cases** of Neonatal Abstinence Syndrome (NAS) have been reported since January 1, 2018
- In the majority of NAS cases (**73.7%**), at least one of the substances causing NAS was **prescribed to the mother by a health care provider.**
- The highest rates of NAS in 2018 have occurred in the Northeast, Upper Cumberland and East Health Regions, and Sullivan County.

**NAS Prevention Highlight –** Mothers and Infants Sober Together (MIST) is a program in East Tennessee to help mothers of NAS babies get off drugs. MIST recently received $290,000 from BlueCross BlueShield as part of a comprehensive program to fight neonatal abstinence syndrome. Pregnant mothers who are identified with a history of substance abuse or are current users of opioids are referred the MIST program. The mothers commit to a six-month program that includes as evaluation of their drug history, weekly group therapy, individual therapy, and case management in their homes. Seventy-nine percent of MIST mothers tested negative for all substances after the program. Of those who tested positive, 60% were taking a prescribed medication. For more information about MIST, visit https://bettertennessee.com/mist/

## Additional Detail for Maternal Sources of Exposure

| Source of Exposure | # Cases[2] | % Cases |
|---|---|---|
| Medication assisted treatment | 557 | 67.7 |
| Legal prescription of an opioid pain reliever | 55 | 6.7 |
| Legal prescription of a non-opioid | 66 | 8.0 |
| Prescription opioid obtained without a prescription | 250 | 30.4 |
| Non-opioid prescription substance obtained without a prescription | 103 | 12.5 |
| Heroin | 51 | 6.2 |
| Other non-prescription substance | 187 | 22.7 |
| No known exposure | 8 | 1.0 |
| Other | 15 | 1.8 |

## NAS Cases by County/Region

| Maternal County of Residence (By Health Department Region) | # Cases | Rate per 1,000 births |
|---|---|---|
| Davidson | 54 | 5.8 |
| East | 191 | 26.7 |
| Hamilton | 24 | 6.2 |
| Jackson/Madison | 4 | 3.5 |
| Knox 23% reduction | 74 | 15.5 |
| Mid-Cumberland | 94 | 6.4 |
| North East 16% reduction | 125 | 41.9 |
| Shelby | 37 | 3.1 |
| South Central | 29 | 6.3 |
| South East | 24 | 6.9 |
| Sullivan 19% reduction | 61 | 42.8 |
| Upper Cumberland | 85 | 24.1 |
| West | 21 | 4.0 |
| **Total** | **823** | **11.1** |

## NAS Prevention Opportunities

### Women of Childbearing Age

- Visit Narcotics Anonymous to find recovery meetings.
- Discuss risks of medications with your healthcare provider before you become pregnant.
- Learn more about effective ways to prevent an unintended pregnancy.

### Health Care Providers

- Educate patients about Tennessee REDLINE at 800-889-9789.
- Query the Controlled Substance Monitoring Database before prescribing an opioid or benzodiazepine.

### Everyone

- Store all medications in a secure place.
- Never use medications prescribed for someone else.
- Utilize prescription drug take-back boxes to properly dispose of unused medications.
- Ask your physician about Naloxone to reduce overdose death risks for those addicted to opioids.
- Never use medications prescribed for someone else.

***Notes***

1. *"Illicit" means drugs which are illegal or prohibited. "Diverted" means using legal/prescribed drugs for illegal purposes. For example, using a prescription drug purchased from someone else or using a prescription drug that was prescribed for someone else.*
2. *Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.*

*More information on Neonatal Abstinence Syndrome in Tennessee can be found here: http://tn.gov/health/nas*

*For questions or additional information, contact Dr. Angela Miller at angela.m.miller@tn.gov*

# ETSU PDA/M Working Group

- Formed in Spring 2012
- Interprofessional focus
  - Research
  - Outreach and Education
  - Resource development
  - Systems thinking
  - Opportunities to Listen
- Monthly meetings
  - 20-40 attend every month )
  - )On-campus and community-based sites

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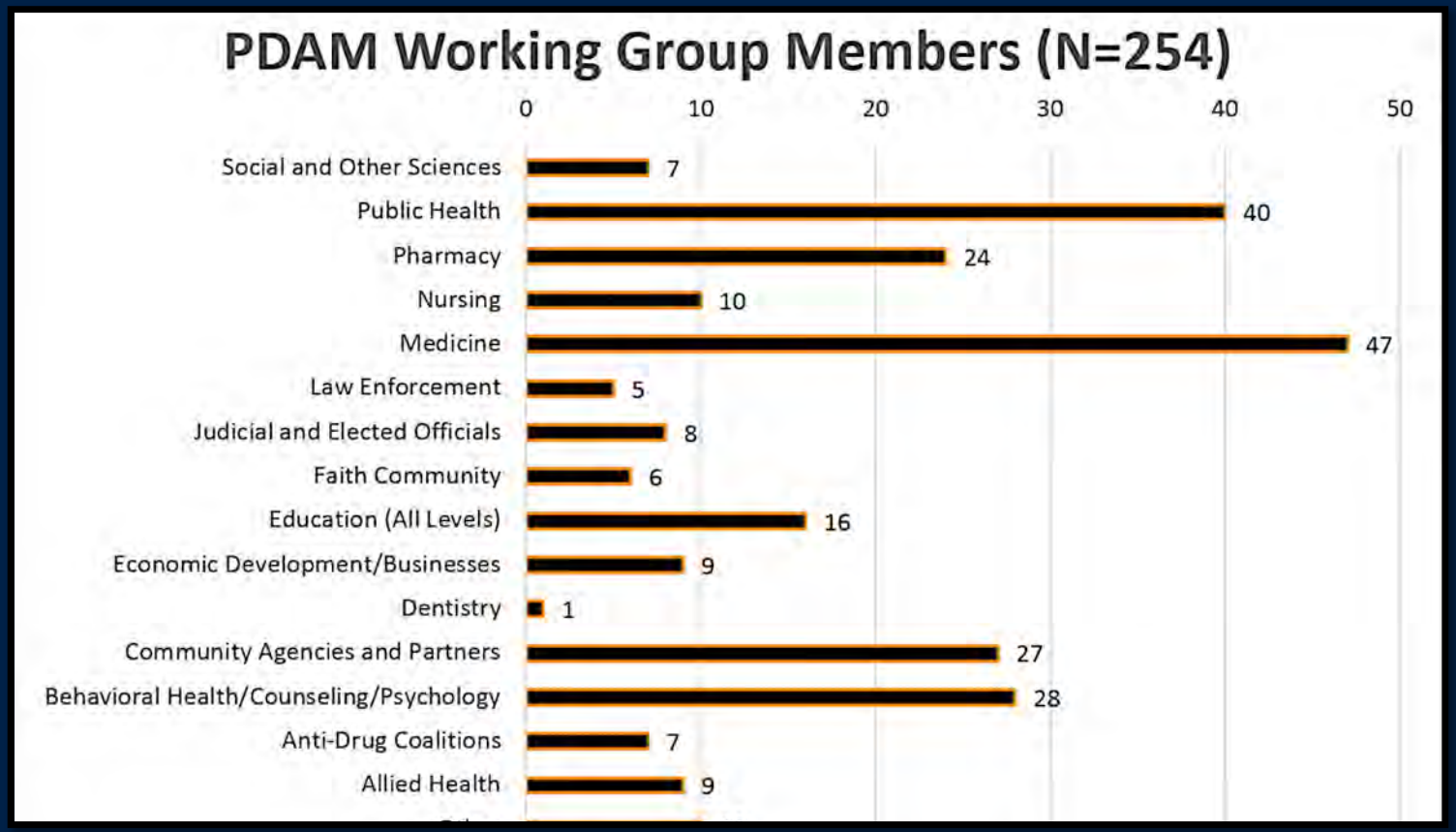
# PDAM Working Group by Sector )

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# Partnerships have led to: )

- ) 36 grant proposals, 17 of which have been funded for ~$5 million
  - An internal development grant for $9230 (Nick Hagemeier, PI) was the seed
- ) 100+ invited educational presentations
- ) 25+ peer-reviewed poster presentations
- ) 20+ peer-reviewed research conference presentations
- ) 30 peer-reviewed articles with many more under review or in preparation
- ) Establishment of:
  - )the ETSU Center for Prescription Drug Abuse Prevention and Treatment
  - )Overmountain Recovery
  - )the Opioids Research Consortium of Central Appalachia (ORCA)
- ) National recognition

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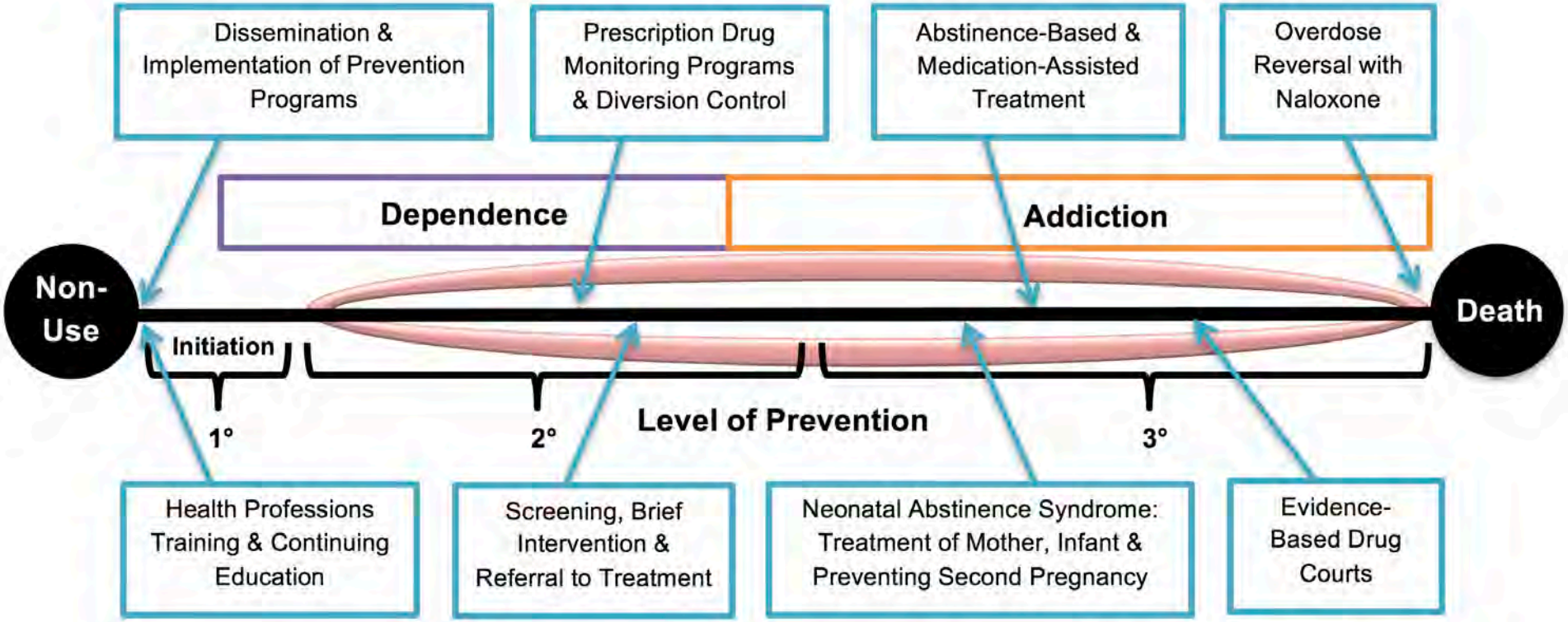
NIH
National Institute
on Drug Abuse
Advancing Addiction Science
OVERMOUNTAIN
RECOVERY
TN
Department of
Mental Health &
Substance Abuse Services
Prescription Drug Abuse Working Group

# The big picture )




Source: Mathis SM, Hagemeier N, Hagaman A, Dreyzehner J, Pack RP. A Dissemination and Implementation Science Approach to the Epidemic of Opioid Use Disorder in the United States. Current HIV/AIDS Reports. Oct 2018

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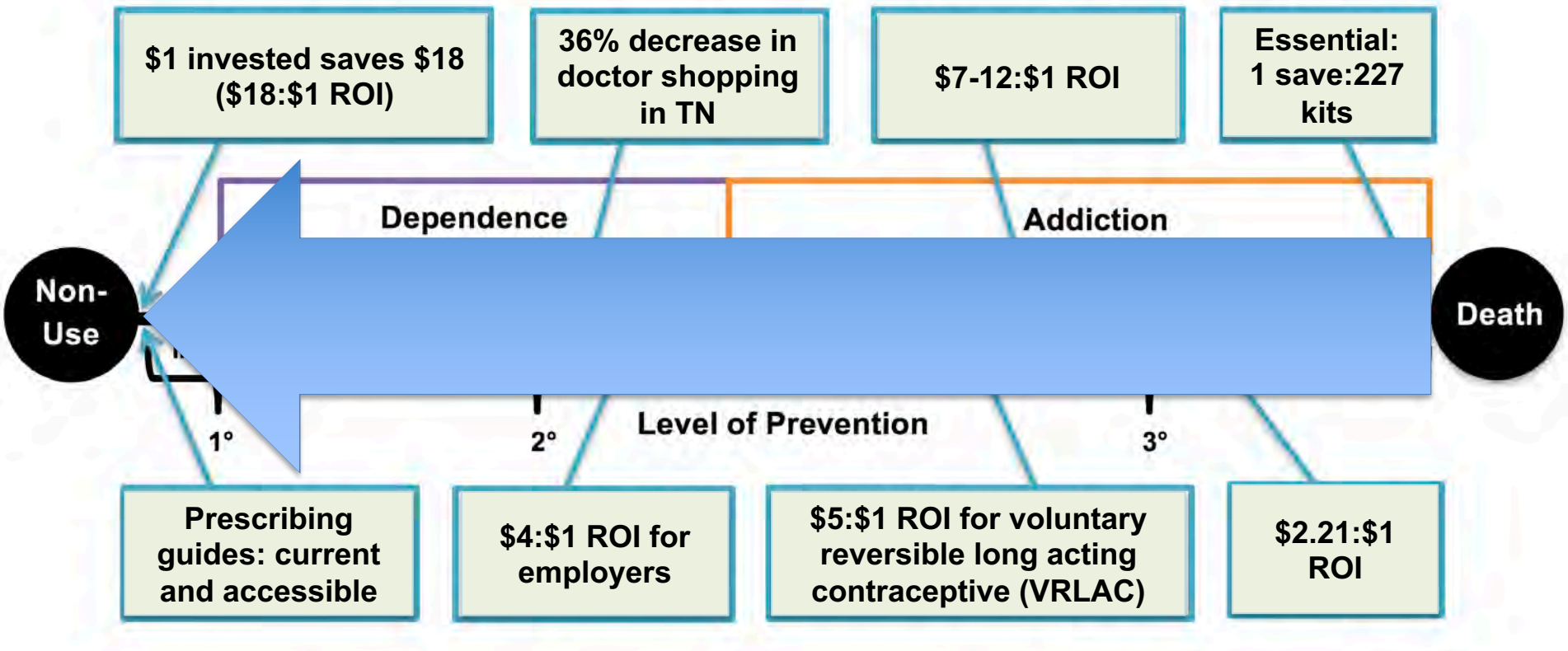
# << Return on Investment << )

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# Continuing Medical Education )


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# Dissemination and Implementation of ) Evidence Based Programs

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ETSU University News

news > 2016 > 06_jun >Drug Prevention

## *Project garners $60K for drug prevention coalition*

JOHNSON CITY (June 9, 2016) – A $60,000 grant from the Tennessee Department of Mental Health & Substance Abuse Services is helping a relatively new organization better spread its substance abuse prevention efforts throughout Carter County.

Angie Hagaman, program director of the Diversity-promoting Institutions Drug Abuse Research Program at East Tennessee State University, came to the university after previously working for a drug-prevention coalition. Such coalitions aim to employ evidence-based strategies to prevent alcohol, tobacco and other drug abuse. The coalition model works by bringing together all sectors of a community to create social change.

"Coalitions convene all the stakeholders – parents, youth, schools, businesses, media, law enforcement, treatment providers, faith – to work together to establish community-wide strategies for prevention," Hagaman said. "When I found out Carter County didn't even have a coalition, I was concerned because Carter County and East Tennessee are disproportionality impacted by drug abuse and it is such a pervasive issue in that community."

So, Hagaman decided to start a coalition in Carter County through her efforts as part of ETSU's Prescription Drug Abuse/Misuse Working Group. With no available funding to start off with in 2015, the Carter County Drug Prevention Coalition (CCDP) worked on projects that did not require money, such as engaging pharmacies to help with a safe medication storage and disposal campaign and partnering with the Elizabethton Police Department to conduct a drug take-back event in Elizabethton.

Last summer, a $5,000 grant from the Tennessee Department of Health's Office of Minority Health and Disparity Elimination allowed the CCDP to implement an Overdose Prevention Project that increased access to and awareness of Naloxone, a life-saving opioid antagonist.

Now, the one-year funding of $60,000 will allow the coalition to hire a coordinator and "create a greater awareness in the community" of its efforts to reduce substance abuse through collaborative planning, community action and policy advocacy, Hagaman said. The funding will help the CCDP stretch its efforts to not only address prescription drug abuse, but also tobacco and underage and binge drinking prevention.

N&N THE JOHNSON CITY NEWS & NEIGHBOR
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## Training takes aim at drug problem

BY NN ASSISTANT ON NOVEMBER 26, 2015 FEATURED

**By Jeff Keeling**

April Johnson took time out of her job with Washington County's Solid Waste Department last week in hopes of becoming part of the solution to the area's drug problem.

Johnson and seven other county and private sector employees completed a week of Team Awareness Training at East Tennessee State University. Leading the sessions was Joel Bennett, a consultant whose aim was to equip them to begin creating a different approach not just to substance abuse issues, but to general stressors in the workplace.

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# Evidence-based Parenting )

Agencies come together to promote positive parenting | www.elizabethton.com

It's simple. Parenting isn't easy. Eight different local agencies were able to come together Thursday and Friday at the Carter County Drug Prevention Coalition in...

ELIZABETHTON.COM


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# Neonatal Abstinence Syndrome Research )

ETSU University News

news > 2016 > 10_oct >NAS Database

## *Junior League donates $20,000 for NAS database*

JOHNSON CITY (Oct. 11, 2016) – Members of the Junior League of Johnson City recently awarded $20,000 to East Tennessee State University's Center for Prescription Drug Abuse Prevention and Treatment for the creation of a Neonatal Abstinence Syndrome (NAS) database.

NAS is defined as a condition in which a baby has withdrawal symptoms after being exposed to addictive illegal or prescription drugs while in the mother's womb. When the baby is born, it goes through withdrawal because it is no longer receiving the substances.

"There are currently no studies demonstrating long-term outcomes for NAS babies," said Angie Hagaman, program director for the National Institute on Drug Abuse/Diversity-Promoting Institutions Drug Abuse Research Program housed in ETSU's College of Public Health. "The creation of a NAS database will have a significant impact on NAS moms and babies here and, likely, across the country."

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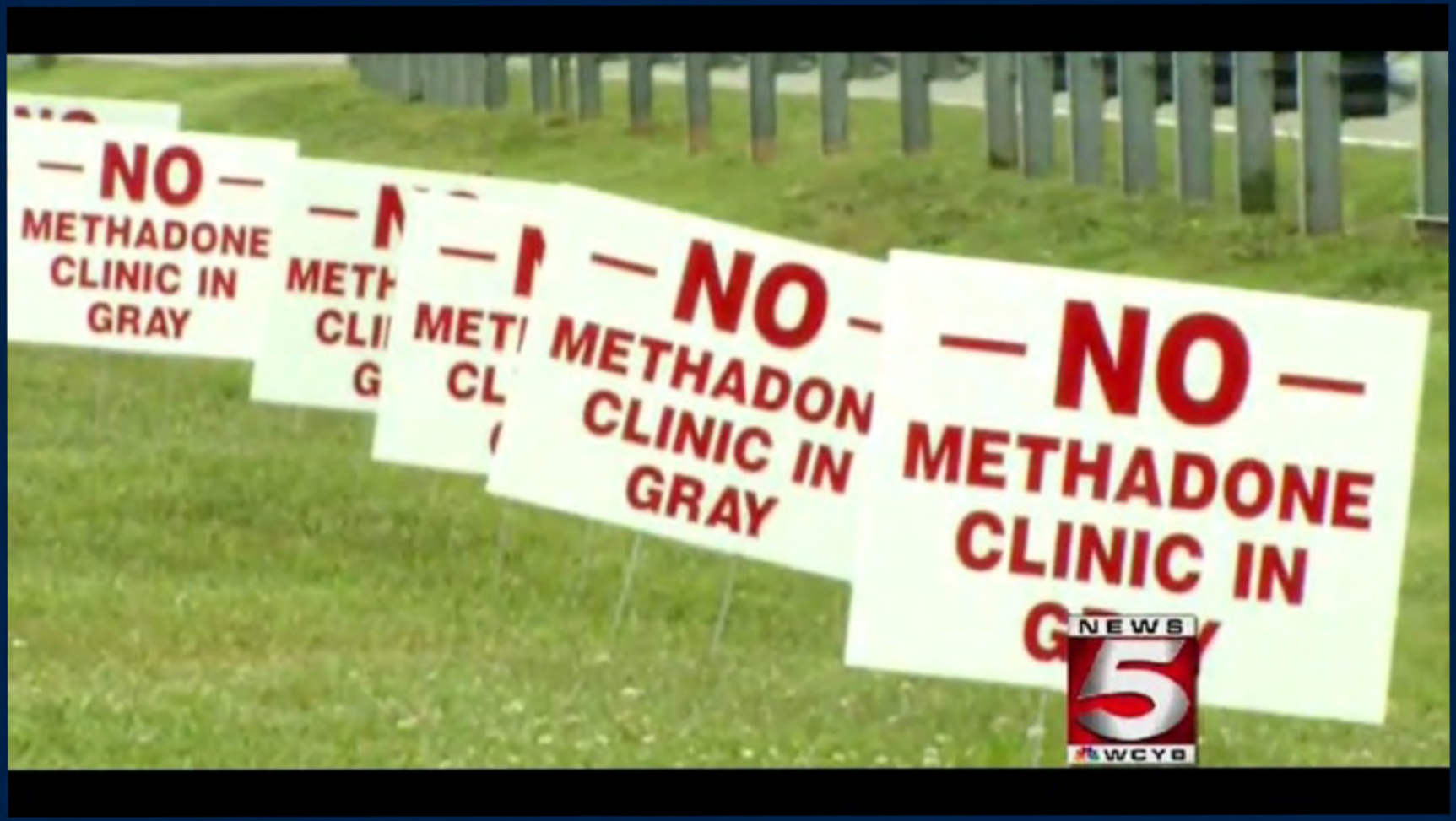
— NO —
METHADONE
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NOT AMONG SCHOOLS
NO METHADONE
Don't vote for the JOHNSON CITYS
POT of GOLD is not in GRAY!
STOP Targeting Gray! Find Another LOCATION!
This is The Only CASHCOW
Keep Our School safe!
VOTE NO
GRAY LIVES MATT
NO Methadon


live, work, learn and do business.

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# The Center Receives National Attention )

ASPPH NEWS

June 29, 2018

## 2018 USPHS Award Winner and Finalists Recognized for Exemplary Interprofessional, Team-Based Practice

The U.S. Public Health Service (USPHS) and the Interprofessional Education Collaborative (IPEC) awarded East Tennessee State University (ETSU) the 2018 Public Health Excellence in Interprofessional Education Collaboration Award this past Wednesday June 26 in Washington, DC during the summer IPEC Council meeting. Dr. Bob Weiler (George Mason) and Dr. Laura Magaña (ASPPH) were in attendance, with ASPPH staff, and other IPEC colleagues.



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# Legislative Advocacy )

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**Policy Brief**
**March 2018**

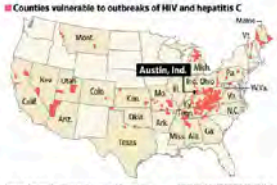
## Tennesseans Largely Unaware of HIV/HCV Risk but Support Best Practices to Avoid Potential Outbreak

Tennessee has the third highest percentage of counties considered most highly vulnerable to a rapid spread of HIV and hepatitis C (HCV) in the United States. Though most Americans, and certainly those in Appalachia, understand that our country currently has an opioid misuse epidemic, people often do not make the connection between opioid misuse and the risk of HIV and HCV. Results of the most recent Tennessee Poll conducted by East Tennessee State University indicate that Tennesseans remain largely unaware of this risk. However, data also suggest that Tennesseans are supportive of prevention strategies that could potentially reduce the risk of an outbreak.

**Figure 1.**
*Tennessee counties in red are in the top 5% most vulnerable counties in the US for an HCV or HIV outbreak.*

**Figure 2.**
*Counties were scored and ranked based on confirmed cases of acute hepatitis C virus (HCV) and six primary indicators associated with HCV infection rates: drug-overdose deaths, prescription opioid sales, per capita income, white, non-Hispanic race/ethnicity, unemployment, and buprenorphine prescribing potential by waiver.*

*Hancock and Jackson County, TN are ranked 13th and 19th respectively.*

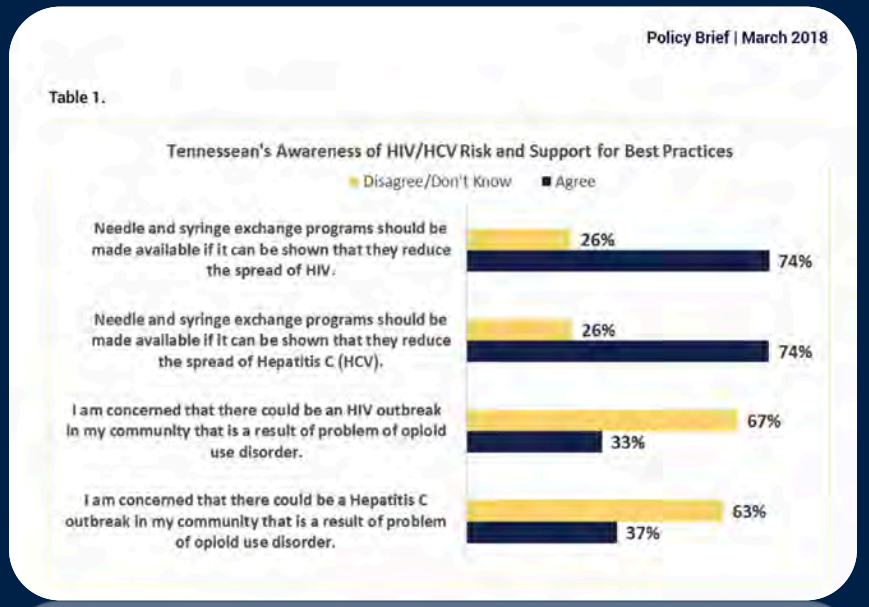



### OPIOID EPIDEMIC AND HIV/HCV

In late 2014, Scott County, Indiana experienced the first known HIV outbreak related to injection drug use and the current opioid crisis. One-hundred and ninety-four (194) people acquired HIV in this rural community of 24,000 in a year and half; a community which had only five new HIV infections in the preceding 10 years. The outbreak was halted by a team of epidemiologists from the US Centers for Disease Control and Prevention (the CDC), in partnership with local and state health offices that used "one-stop shops" for prevention education, syringe access, and connection to treatment services.

Following this outbreak, in 2016 the CDC identified 220 US counties within 26 states that are highly vulnerable (in the top 5% of vulnerability) to the rapid spread of HIV and HCV infection among people who inject drugs.[1] Forty-three percent (43%) or 41 Tennessee counties are ranked in the top 5% of vulnerable counties in the country and only 2 states have a higher percentage –West Virginia (50%) and Kentucky (45%).[2] This outbreak, and the subsequent CDC findings, illustrates the urgent need for HIV/HCV prevention strategies suited to the rural context.

**Figures 1 and 2** provide a visual image of vulnerable counties in Tennessee and across the United States.

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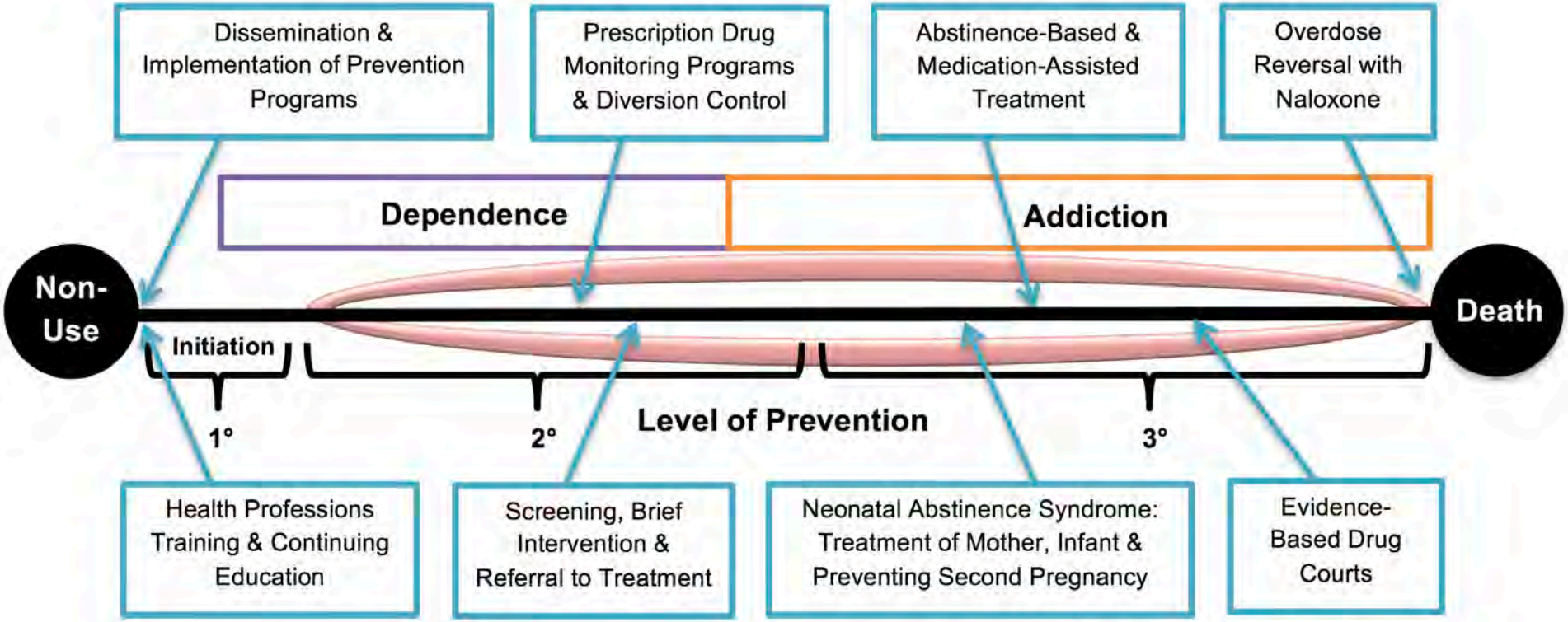
# The big picture )




Source: Mathis SM, Hagemeier N, Hagaman A, Dreyzehner J, Pack RP. A Dissemination and Implementation Science Approach to the Epidemic of Opioid Use Disorder in the United States. Current HIV/AIDS Reports. Oct 2018

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# Interprofessional Collaboration )

Students that have trained with diverse teams are better prepared to make a difference their communities

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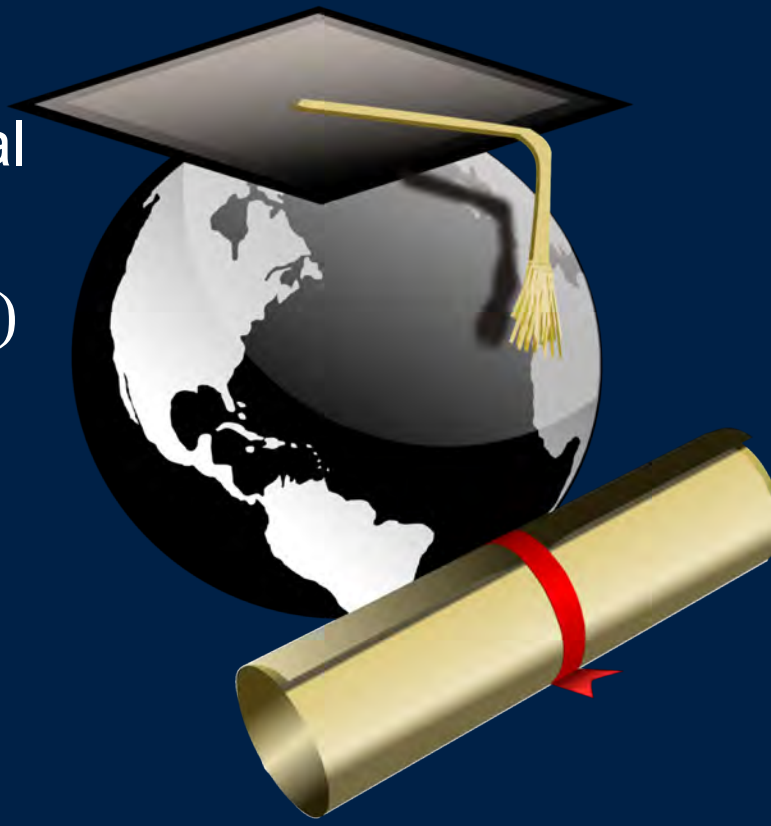
# Proposition )

- In the absence of a cure we should enhance interprofessional collaboration to prevent and treat opioid use disorder, reduce stigma and empower communities for change.

# The Value of University-Community Relationships )

- ) Engagement
- ) Deep learning informed by practical experience
- ) Richness in teaching and learning )
- ) Research that fixes things
- ) Tangible benefits to local communities
- ) Prepare students to listen (modeling)
- ) Community buy-in to solutions that will impact/affect them



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# What purpose does the Working Group serve for you or your agency?

- ) *It is a phenomenal interchange between the community and the university that cannot be measured or underestimated. (Psychiatry Faculty)*
- ) *It connects my national agency with the community in a way that nothing else can. (Insurance Provider)*
- ) *It allows me to see a much broader context of the epidemic. (Coalition Leader)*
- ) *I wouldn't have any reason to engage with Public Health if it weren't for this group. (Family Medicine Faculty)*

# Three key messages )

- Host regular meetings with diverse interprofessional stakeholders, not just summits and conferences
- Start with aligning your efforts with evidence-based practices
  - New ideas come quickly thereafter
- Give leaders time, space and support to engage your community

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# A few new ideas )

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# ORCA )

Opioids Research Consortium of )
Central Appalachia )
PCORI )

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# Opioid Master Settlement Agreement )

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# Methamphetamine )
# Working Group )

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# Project BMAT ECHO )

Funded by TennCare MCOs: )
BlueCare, UnitedHealthcare and )
Amerigroup )

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# Opioid Addiction Treatment ECHO

## For Providers and Primary Care Teams

UNM HEALTH SCIENCES CENTER · HUTHER DOYLE · Western New York Collaborative Rochester, NY · Billings Clinic · ASAM American Society of Addiction Medicine · BOSTON MEDICAL · UW Medicine


Click if you want to switch to a different microphone or speaker

Mute · Stop Video · Invite · Participants 8 · Share · Chat · Record · Leave Meeting

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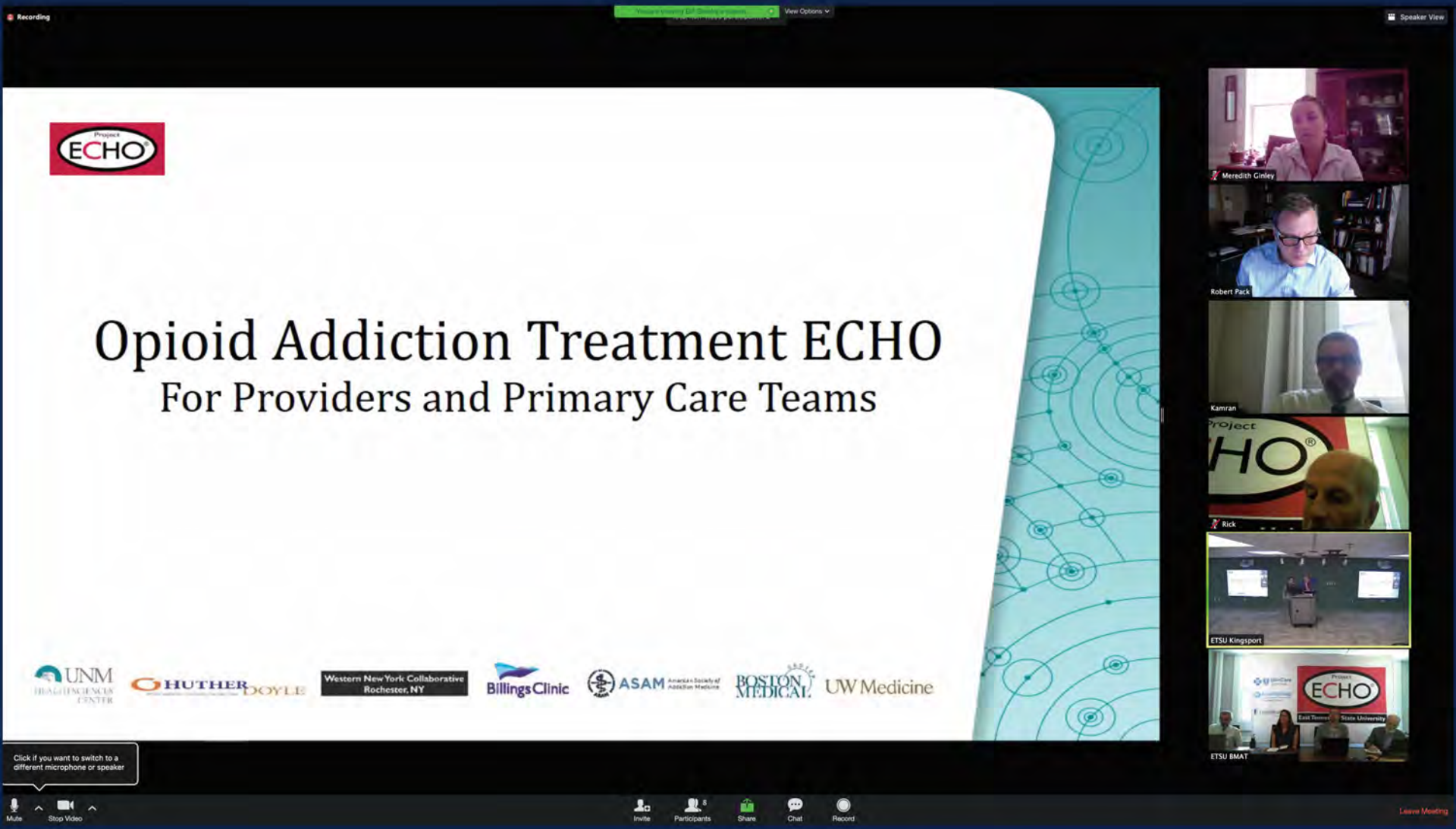


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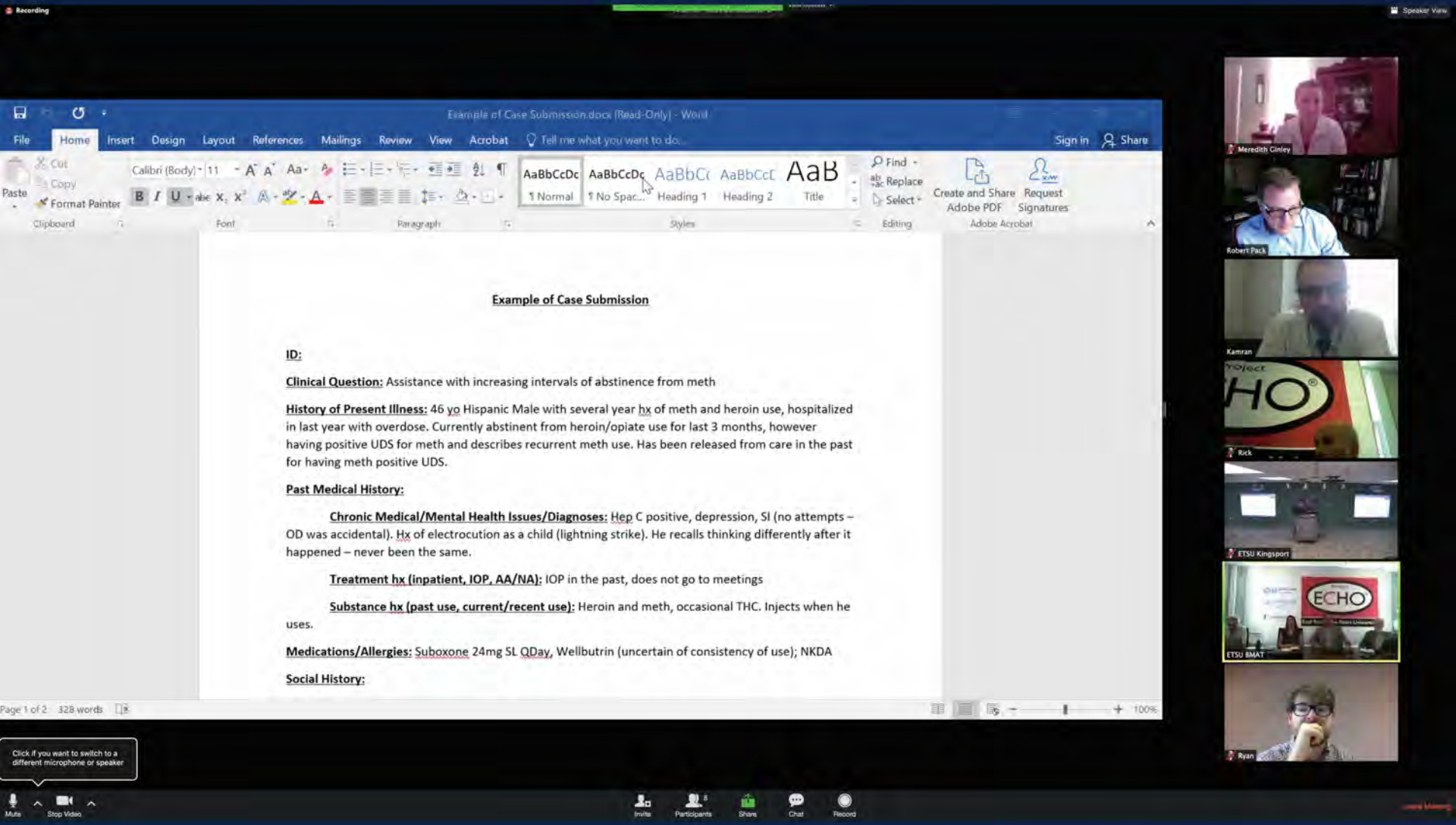


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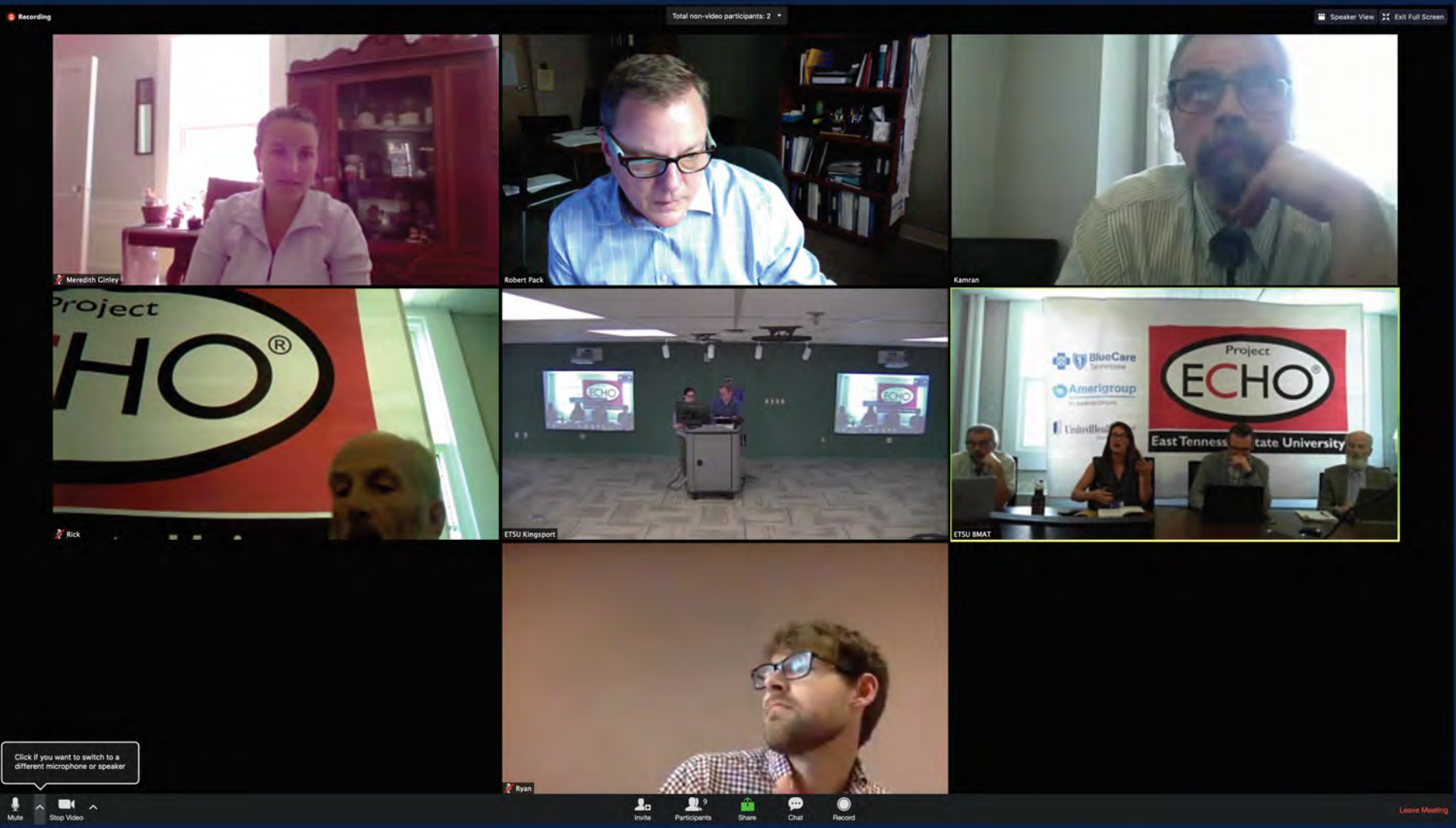


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# ECHO for Court System )

- The criminal justice system is moving toward allowing MAT in both drug courts and jails )
- There are national leaders for this movement in Tennessee
- Could we train criminal justice professionals using the existing ECHO platform?
  - Judges, court managers, sheriffs and others
- CJ requires well-trained and trusted MAT providers (ie, BMAT ECHO-trained providers)

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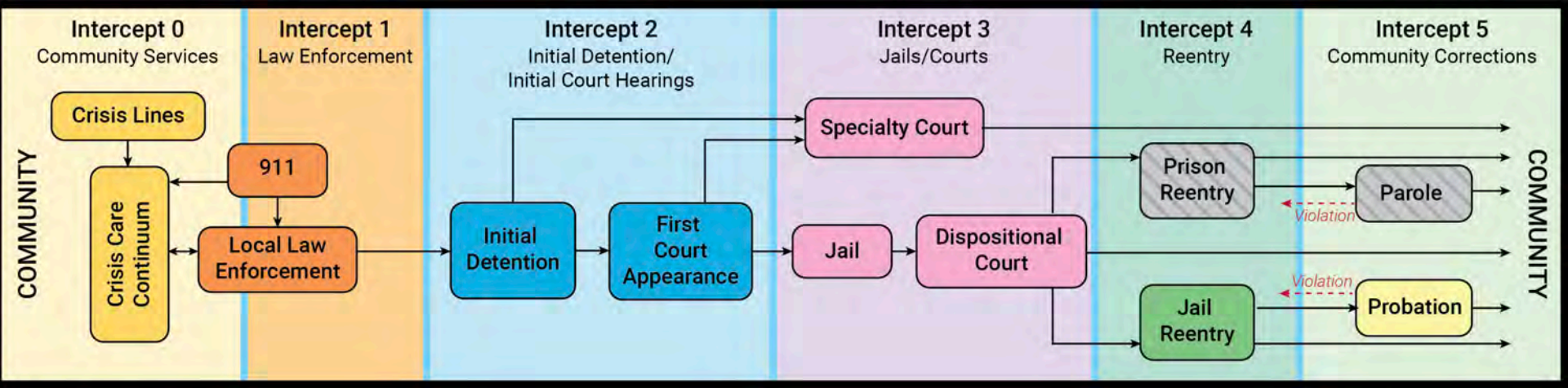
# Sequential Intercept Mapping




From :https://www.prainc.com/wp-content/uploads/2017/02/PRA-SIM-Intercept-0-nologo.png

# The Recovery Ecosystem

- What should the Recovery Ecosystem look like in Appalachia?
- ARC Substance Abuse Advisory Council charged with defining it and creating action steps to take to support the ecosystem
- Employee and employer focused
- Commission will hear recommendations in September
- Report forthcoming thereafter

# Non-profit OBOTs that reinvest revenue for local prevention )

- Use precision public health methods to target communities for new non-profit, high quality OBOTs
- Use the OMR model – revenues after costs, are reinvested in local communities for local prevention and cultural development efforts
- Solves a long-standing and intractable problem – that prevention has no source of sustainable funding for local emerging epidemics
- Franchise, market share, networked for quality
- Significant long-term savings to the health system

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# Acknowledgements


- ) Nick Hagemeier, PharmD, PhD, Angela Hagaman, MA, LAPC, Stephanie Mathis, DrPH, Bill Brooks, DrPH, Christopher Lewis.
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- ) The PDAM & NAS Working Groups
- ) ETSU President Brian Noland, PhD
- ) Ballad Health President Alan Levine, MHS, MBA
- ) Generosity of granting agencies


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