



Opioid Stewardship and Managing the Opioid Crisis: A Health-Care Perspective

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Trauma-Informed Care

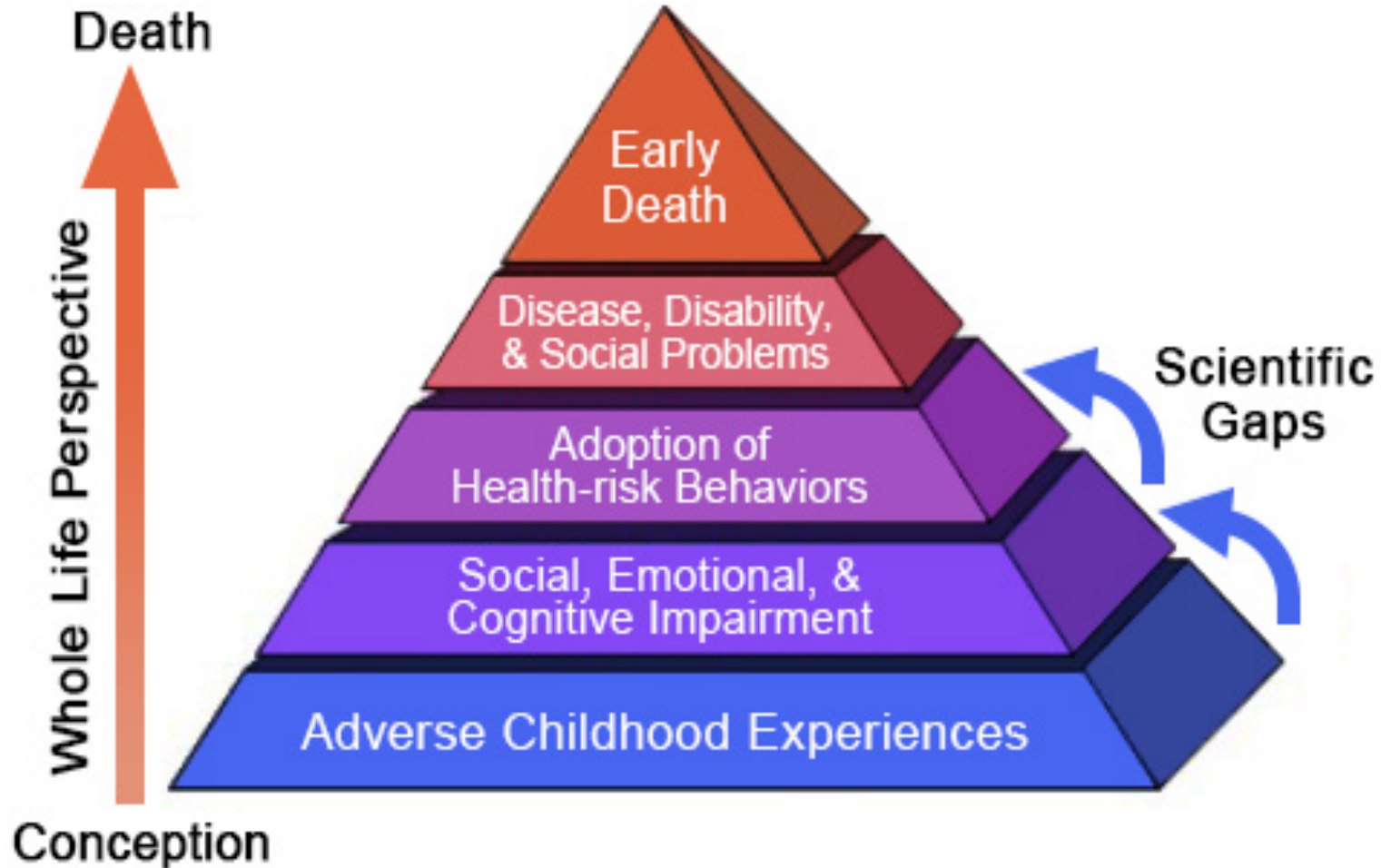
Harm Reduction

Motivational Interviewing

SBIRT

**EFFECTIVE CONVERSATIONS ABOUT
RISKY DRUGS AND ALCOHOL USE**

Trauma-Informed Care: A Framework



What does it mean to be a Trauma-Informed System of Care?

“...realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

Trauma-Informed Interventions

Generally recognize:

- The individual's need to be respected, informed, connected, and hopeful regarding their own recovery.
- The interrelation between trauma and symptoms of trauma such as substance use, eating disorders, depression, and anxiety.
- The need to work in a collaborative way with the individual and their social supports to empower the individual.

Organizational Self-Assessments & Tool-Kits



acesconnection.com/blog/trauma-informed-care-toolkits-1

Harm Reduction: A Philosophy

- Engagement
 - Fosters connection, open communication.
 - Services are provided based on *need*, not “compliance”.



Harm Reduction

- Self-determination
- Prioritizing immediate needs
- Maximizing options

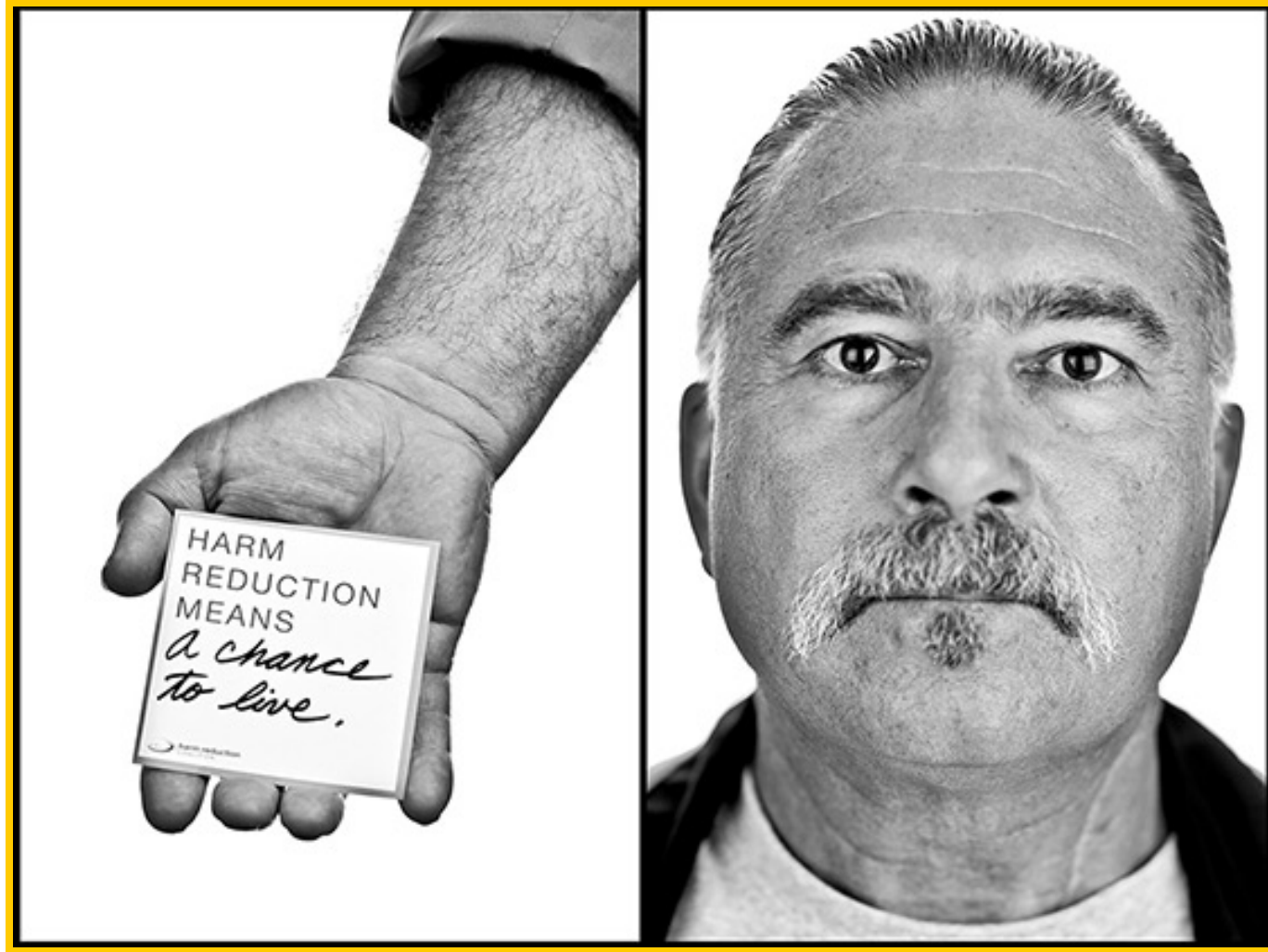


Harm Reduction

- Pragmatic
- Focused on reducing harms and risks
 - Risky behaviors are addressed in matter-of-fact manner.
 - Avoids moralizing, persuading, shaming, coercing.

Harm Reduction

- Death Prevention: our #1 goal



We play a critical role in preventing future opioid overdoses

We can help prevent and reverse overdoses through:

- Encouraging open, patient-centered conversations about alcohol and substance use.
- Learning about risk factors for overdose.
- Engaging patients in risk-reduction counseling.
- Learning what an overdose looks like and what to do if someone may be overdosing.
- Sharing our knowledge with patients, and their social supports.
- Helping patients create an Overdose Prevention Plan & connecting them (and their supports) with **naloxone**.

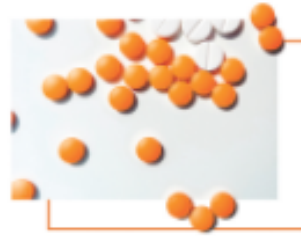
Naloxone

- Naloxone availability decreases fatal overdoses and does not increase rates of use.
- Prescribers can prescribe naloxone without any additional waiver.
- Clinics and organizations can dispense naloxone, creating immediate access.
- Also available at many local pharmacies.
- Advocate for your in-house pharmacy to stock this medication.



What is an opioid overdose?

Opioids can cause bad reactions that make your breathing slow or even stop. Overdose can lead to death.



To avoid an accidental opioid overdose:



Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.



Double check if you mix or change doses, feel ill, or start new medications.

Now that you have Naloxone...
TELL SOMEONE WHERE IT IS AND HOW TO USE IT.

COMMON OPIOIDS INCLUDE:

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortabs, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSC Contin, Kadian, Endocet, Aviaid
Codeine	Tylenol with Codeine, Tyco, Tylenol #3
Fentanyl	Duragesic, Actiq
Hydroxymorphone	Dilaudid
Oxycodone	Opioid
Meperidine	Demoral
Methadone	Dolophine, Methadone
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Buprona

(Heroin is also an opioid.)

GETTING RID OF UNUSED OPIOIDS:

If you have any opioids in your home, be sure they are kept in a safe place, out of reach of children and in a locked cabinet if possible.

If you have unused opioid pain medication that you no longer need, you can safely dispose of them at the locations listed at www.overcomeopioids.org. You are able to anonymously dispose of unused medication at these locations.

FOR MORE INFORMATION & ADDITIONAL RESOURCES, VISIT OVERCOME OPIOIDS.ORG



HOW TO USE O NALOXONE & OPIOID SAFETY



A GUIDE FOR PATIENTS & CAREGIVERS

In Case of Overdose:

1 CHECK RESPONSIVENESS

LOOK FOR ANY OF THE FOLLOWING:

- No response even if you shake them or say their name
- Breathing slows or stops
- Lips and fingernails turn blue or gray
- Skin gets pale or clammy

2 CALL 911 & GIVE NALOXONE

IF NO REACTION IN 3 MINUTES, GIVE SECOND NALOXONE DOSE

3 DO RESCUE BREATHING AND/OR CHEST COMPRESSIONS

FOLLOW 911 DISPATCHER INSTRUCTIONS

STAY WITH PERSON UNTIL HELP ARRIVES.



How To Give Naloxone:

There are 3 common naloxone products. Follow the instructions for the type you have.

Nasal Spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.



Injectable Naloxone

This requires assembly. Follow the instructions below.

- 1 Remove cap from naloxone kit and uncover the needle.
- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 mL.
- 3 Inject 1 mL of naloxone into an upper arm or thigh muscle.
- 4 If no reaction in 3 minutes, give second dose.

How To Get Naloxone:

Ask your healthcare provider for a prescription for naloxone.

Ask your local pharmacist for naloxone without a prescription (pharmacists who have completed training can dispense naloxone without a prescription). The pharmacist can run the medication through your insurance carrier and let you know if there is a cost.

Find a nearby Chicago Recovery Alliance (CRA) location where you can be trained and receive an injectable naloxone kit for free! For a list of locations and times visit www.anypathchange.org



Naloxone Info & Resources

For prescribers and pharmacists: Prescribetoprevent.org

Chicago Recovery Alliance: www.AnyPositiveChange.org

News + research on overdose prevention:
Preventionalliance.org

www.StopOverdoseLL.org/

SAMHSA 2016 toolkit:

<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>

www.cdc.gov/drugoverdose/opioids/odprevention.html

Harm Reduction is NOT

Harm Reduction is NOT

- Passive
- Cookie-Cutter
- Encouraging or 'giving permission' for risky behaviors
- A threat to public safety or public health

Harm Reduction is NOT

Harm Reduction is
**NOT “The Easy Way
Out”**

It requires greater:

- Communication Skills
- Critical Thinking
- Compassion
- Hope
- Creativity
- Engagement
- Patience
- Self-Care

**I am an injecting drug user.
I face these issues.**

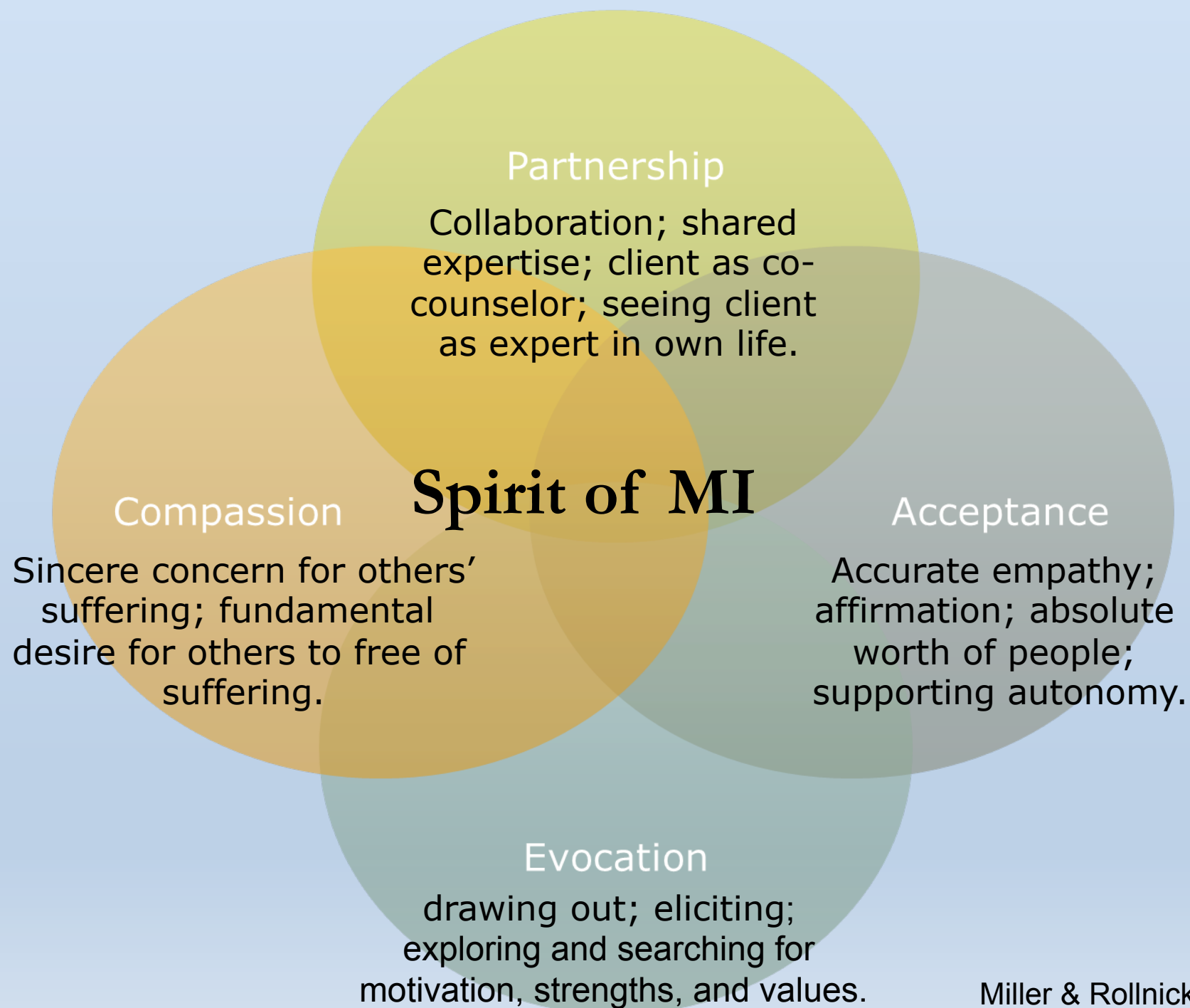


Motivational Interviewing

An evidence-based intervention which aims to engage the individual in a healthy change process through:

- Resolving ambivalence
- Enhancing self-efficacy
- Eliciting and strengthening commitment to change





SCREENING,
BBRIEF
INTervention,
REFERRAL TO
TTREATMENT



Evidence-Based Screening and Intervention

SBIRT

An evidence-based approach to identifying patients who use alcohol and other drugs at risky levels, with the goal of reducing and preventing related health consequences, disease, accidents and injuries.

SBIRT

SBIRT teaches patients and healthcare workers alike to view risky substance use as a healthcare issue that can be addressed by changes in habits and behavior. The result is improved healthcare and healthier patients.

SBIRT

- Screening aims to detect potential risky use.
- Brief Intervention focuses on increasing insight and awareness regarding use and motivation toward behavioral change.
- Referral to Treatment provides those identified as needing more extensive treatment with access to specialty care.

Clinical Screening Questions

- Do you sometimes drink beer, wine, or other alcoholic beverages? (If no, alcohol screening is complete.)
- Do you sometimes use drugs? (If no, drug screening is complete.)
- How often? How many times per week?
- What was that day like? Was that a typical day?

Drug Use Screening Question

In one study, this simple single question yielded good results in screening for substance use disorders in primary care (100% sensitivity, 74% specificity).

“How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”

Screening Questionnaires

Simple Screening Instrument for Substance Abuse (SSI-SA)

<https://www.ncbi.nlm.nih.gov/books/NBK64187/>

AUDIT – Alcohol Use Disorder Identification Test

<https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>

DAST 10 – Drug Abuse Screening Test

<https://www.drugabuse.gov/sites/default/files/dast-10.pdf>

ASSIST v3.1 – Alcohol, Smoking, and Substance

Involvement Screening Test http://www.who.int/substance_abuse/activities/assist_test/en/

Goals of Brief Interventions

Fundamental Goal

Reduce risk of harm from AOD use.

Specific goals for a given person is based on their preferences, pattern of use, and associated harms/risks.

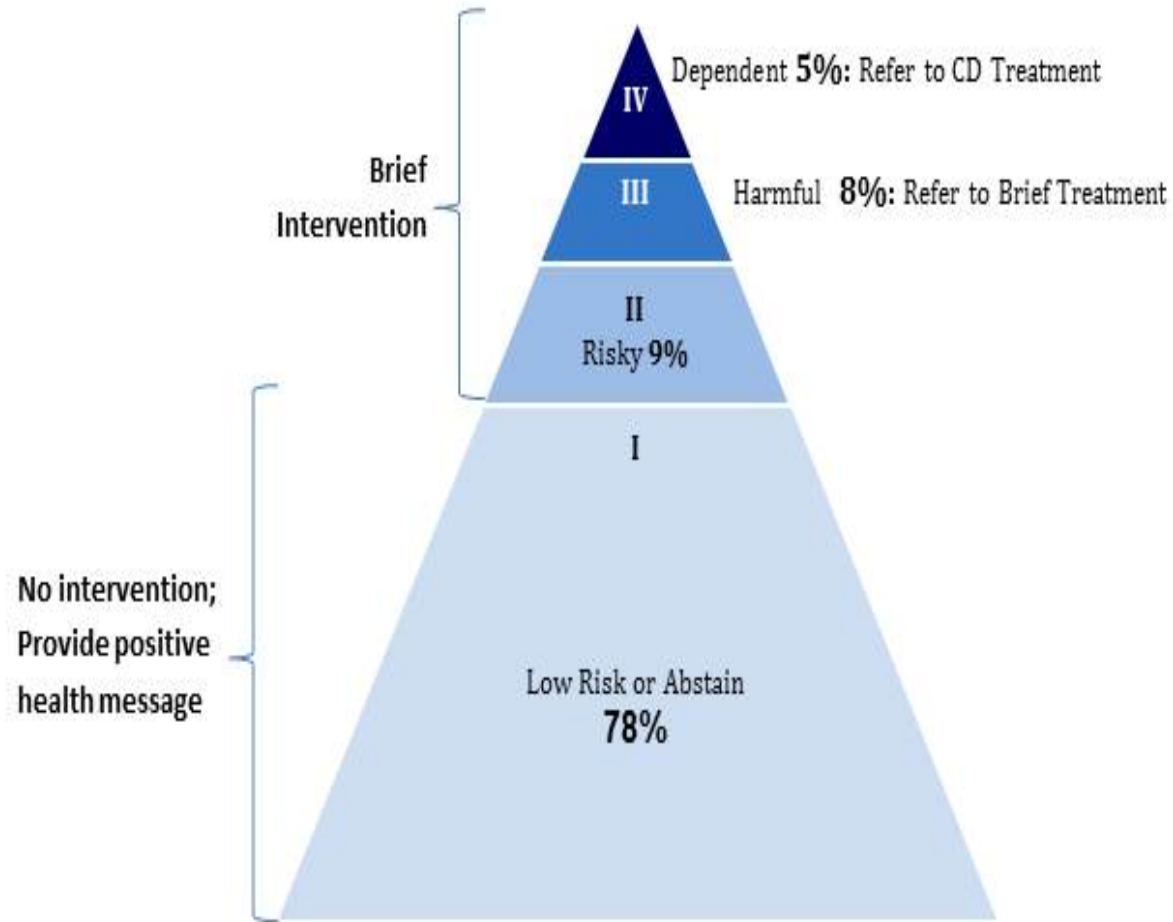
Tips for Successful Brief Interventions

- Focus on their priorities.
 - Supports self-determination and strengthens motivation.
- Achieving initial goal(s) increases self-efficacy.
 - Facilitates tackling larger goals.
- Consolidate a single behavioral SMART goal/objective.
- Build in a follow-up plan.

Referral to Treatment

I Low Risk or Abstain AUDIT: 0-6 (women), 0-7 (men) DAST: 0	II Risky AUDIT: 7-15 (women), 8-15 (men) DAST: 1-2	III Harmful AUDIT: 16-19 DAST: 3-5	IV Dependent AUDIT: 20+ DAST: 6+
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Risk Levels



SBIRT

The return on investment for substance screening and intervention is significant: according to the National Commission on Prevention Priorities, alcohol screening and intervention provides the fourth greatest return on medical investment, behind only aspirin, childhood immunizations and tobacco cessation.

SBIRT Resources

Free phone app – “SBIRT”:

<https://itunes.apple.com/us/app/sbirt/id877624835?mt=8>

SAMHSA supported; available on multiple platforms.

For more information and tools on SBIRT, visit:

<https://www.integration.samhsa.gov/clinical-practice/sbirt>

<https://www.rushu.rush.edu/rush-medical-college/departments/psychiatry/section-addiction-medicine/sbirt-screening-brief-intervention-referral-treatment/sbirt-powerpoint-presentations>

