



ASHNHA Opioid Strategy

Public Health Approaches to Preventing Opioid Misuse and Addiction

Public Health Practice Paradigms

3^o Prevention

Prevent life-threatening adverse outcomes

Naloxone
Syringe/Needle Exchange

- Acute health event control and prevention

2^o Prevention

Diagnose and treat addictions and substance use disorders

Screening and Treatment
Remove Stigma
Understand Addiction as a Chronic Condition of the Brain
Withdrawal Management and MAT

- Chronic disease screening and management

1^o Prevention

- Reduce the need to self-medicate
- Control access to addictive substances
- Promote protective factors

Effective PDMPs and Use of Data
Rational Pain Management Judicious Prescribing
Drug Take-Back Integrated Behavioral Health Services
Prevent and Mitigate ACEs Adolescent Risk Reduction
Personal and Community Resiliency

- Environmental controls and social determinants

Foundation:

Effective, Evidence-Based Education and Communication



Cross-Sectoral Collaboration is Key



What Can We Do?

- **Increase access to naloxone**

- Provide public and professional education on administering naloxone and managing overdose
- Eliminate liability and financial barriers
- Authorize standing orders, third-party prescribing, and pharmacist independent dispensing

- **Support clean needle use**

- End “drug paraphernalia laws” that restrict access
- Support syringe and needle sales and exchange programs

- **Reduce impaired driving**

- Support widespread and sustained use of ignition interlocks
- Implement sobriety checkpoints



ACUTE HEALTH EVENT
CONTROL AND PREVENTION

What Can We Do?

- **Reframe “addictions”**

- Promote a science-based understanding of addictions
- Increase awareness of addictions as chronic health conditions

- **Increase screening and diagnosis**

- Incorporate Screening, Brief Intervention and Referral to Treatment (SBIRT) into healthcare and social services

- **Improve access to withdrawal symptom management and support for recovery**

- Remove barriers to access to therapy for withdrawal symptom management and maintenance of recovery
- Train prescribers and dispensers on identifying and managing addictions
- Increase facilities and providers
- Encourage third-party payer coverage



CHRONIC DISEASE
SCREENING AND MANAGEMENT

What Can We Do?

- **Promote healthy families and increase resiliency**

- Promote maternal and early childhood health programs
- Prioritize pregnant women for screening and access to treatment
- Utilize tools outlined in CDC's 2016 technical package, "*Preventing Child Abuse and Neglect*"

- **Reduce the supply of opioids in communities**

- Develop and utilize user-friendly, robust PDMPs
- Support criminal justice reforms that focus on dealers rather than users

- **Support safer pain management and judicious prescribing**

- Expand public and professional education, including evidence-based pain management guidelines and non-opioid pain management strategies
- Develop and promote safe medication storage practices and drug return programs



ENVIRONMENTAL CONTROLS
AND SOCIAL DETERMINANTS

What will success look like?

Near horizon (next 3 years)

- Reduced deaths from drug overdose
- Declines in motor vehicle crashes from impaired driving
- Fewer self-injection related HIV and HCV infections
- Less unintentional injuries and self-harm related to drugs and alcohol

Further horizons

- Lower rates of drug misuse and addiction, including underage use
- Reduced drug- and alcohol-related incarceration and re-incarceration of persons with addictions
- Lower rates of crime and referrals to child protective services
- Less interpersonal violence, self-harm, and child neglect
- Prevention of excessive prescriptions for controlled substances while improving wellness and function

What can ASHNHA do?

- Develop coordinated action plan for hospitals and nursing homes.
- Strengthen coordination with the State Division of Public Health Opioid efforts.
- Partner with groups such as Alaska Behavioral Health Association, ACEP, Mt Pacific Quality Health, Alaska Primary Care Association, AK State Medical Association.



Emergency Department strategies

- Ensure each ED has adopted the uniform statewide guidelines for prescribing narcotics in an ED.
- Explore opportunities for using Alternatives to Opioids (ALTOs) in hospital Emergency Departments (recent Colorado demonstration project).
- Support notification of prescriber when a patient overdoses on opioid.
- Expand Naloxone distribution to patients at risk of overdose when leaving hospital or ED.

Improve opioid safety in hospitalized patients

- Implement standardized tool for monitoring sedation levels and standardized post-op comfort plans.
- Promote use of comfort scale rather than pain scale. Offer comfort resources.
- Develop protocols to support the initiation of medication assisted treatment in hospitals for inpatients and/or in the ED. Collaborate with partners in outpatient programs for on-going support and treatment.
- Develop voluntary opioid withdrawal programs in hospitals.
- Share promising practices on caring for IV drug users with infections, endocarditis, etc. and harm reduction strategies.

Community & professional education

- Identify ways to utilize the PDMP to support improved prescribing practices.
- Establish drug take back programs for opioids and other unused medication in each hospital or community.
- Promote use of an opioid knowledge assessment for providers, nurses, pharmacists, etc.
- Sponsor professional education on opioid topics.
- Support hospitals to facilitate community awareness of opioids such as providing presentations on opioids in the community.



Thank you

Questions?