



National American Indian & Alaska Native  
**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

AMERICAN  
INDIAN & ALASKA  
NATIVE TOR  
WEBINAR SERIES

# Opioid Prevention Strategies

*Pamela Baston, MPA, MCAP, CPP*  
*Kathy Meyers, PhD*

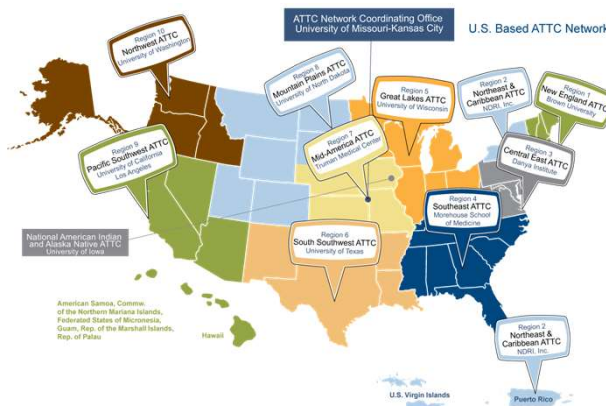
Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover



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## American Indian & Alaska Native Behavioral Health webinar series

*This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).*



For more information on the National American Indian & Alaska Native ATTC, visit: [attnetwork.org/native](http://attnetwork.org/native) or email [native@attnetwork.org](mailto:native@attnetwork.org)



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Name	Size
Handout Bereavement and Grief Jan 2014.pdf	2 MB
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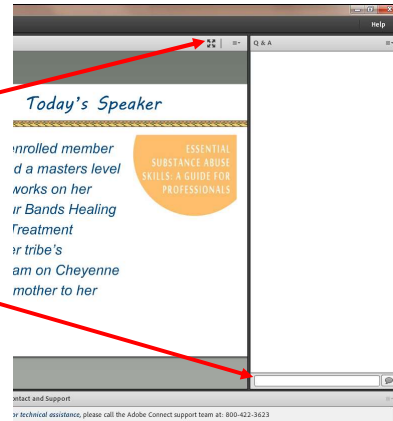
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### Today's Speakers

*Pamela Baston*



*Kathy Meyers*



## NONMEDICAL USE OF PRESCRIPTION DRUGS (NMUPD)

*Objective 1.4.3: Raise awareness and bring prescription drug misuse and abuse prevention activities and education to schools, communities, parents, prescribers, health care professionals, and other patients.*

<https://www.nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf>



THE NATIONAL TRIBAL  
BEHAVIORAL HEALTH AGENDA  
DECEMBER 2016

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## OTHER SUPPORTING RESOURCES

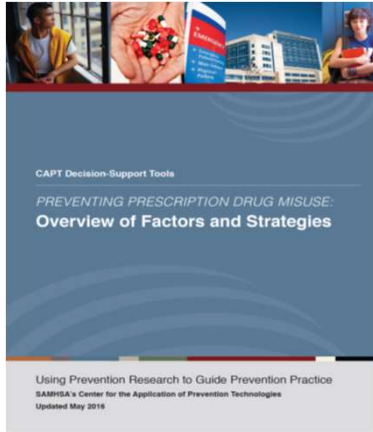
- Four Substance Abuse Mental Health Services Administration (SAMHSA) guidance documents on preventing prescription drug misuse.
- Links are provided at end of presentation.



<https://www.samhsa.gov/capt/tools-learning-resources/preventing-prescription-drug-misuse-overview-factors-strategies>

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# SAMHSA PRESCRIPTION MISUSE RESOURCES



# INDIAN HEALTH SERVICES (IHS) OPIOID RESOURCES

U.S. Department of Health and Human Services

**Indian Health Service**  
The Federal Health Program for American Indians and Alaska Natives

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**Pain and Opioid Use Disorder**

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**Pain and Opioid Use Disorder**

health opioids dosage medicine opioids genetics medicine opioids chronic pain trauma morphine opioids healing opioids patient analgesics dose opioids industry pharmaceuticals pain management chronic pain acute pain post-operative pain relief hospice physician patient quality of life pain assessment pain assessment acute pain chronic pain suffering opioids

12:12 PM 3/4/2019

- The non-medical use of prescription drugs (NMUPD) has become an increasing public health concern with abuse rates rising rapidly since the late 1990s.<sup>1</sup>



## VAST PRESCRIPTION MISUSE: HOW DID WE GET HERE?<sup>2</sup>



- The U.S. Food and Drug Administration (FDA) approved OxyContin and other opioid pain meds in the mid-1990s (for short-term pain only).
- However, physicians quickly started prescribing the effective new pills for long-term/chronic pain management.
- When patients built up a tolerance (about every 4 to 8 weeks) and the pills stopped working, pain experts and drug company representatives instructed doctors to give higher doses.
- They assured doctors that the pills were safe and non-addictive. **THEY WERE WRONG!!!!**

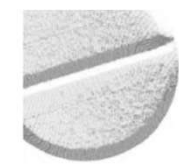
## OTHER FACTORS<sup>3</sup>

Other factors led to the opioid crisis facing us today, including:

- Pressure to fully relieve pain and measure it as the “fifth vital sign,” promoted by the American Pain Society and adopted by the Veterans Administration and the Joint Commission on Accreditation of Healthcare Organizations;
- Inclusion of pain control as part of patient satisfaction scores that could affect provider and hospital reimbursement;
- Inadequate healthcare professional education on treatment of pain and addiction; and
- Diversion of prescription opioids by distributors, pharmacies, prescribers, and patients.



## OPIOID PRESCRIPTIONS<sup>4</sup>



The amount of opioid prescriptions dispensed has  
**QUADRUPLED**  
since 1999



But the pain that Americans report remains  
**UNCHANGED**



## HOW HAS INDIAN COUNTRY BEEN AFFECTED?<sup>5</sup>



- During the years 2013-2015, the rate of fatal opioid overdoses was nearly three times higher among American Indian and Alaska Natives compared to whites.
- Young males ages 25-54 were hit hardest. Young American Indian/Alaska Native men had more than double the odds of dying of an opioid OD than their similarly-aged white peers.

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## HEROIN OVERDOSES<sup>6</sup>



Rates for overdoses specifically linked to heroin were more than four times as high. Underreporting of opioid overdoses among these groups underestimates the severity of this epidemic.

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## OPIOID USE, PREGNANCY, AND NAS<sup>7</sup>

Disproportionate rates of maternal opioid use and neonatal abstinence syndrome (NAS) were observed in American Indian/Alaska Native and Medicaid populations compared to white and privately insured groups, respectively. Women age 20-29 years had the highest rates of opioid use. Odds of adverse clinical outcomes and levels of health service utilization were significantly higher for newborns with NAS.

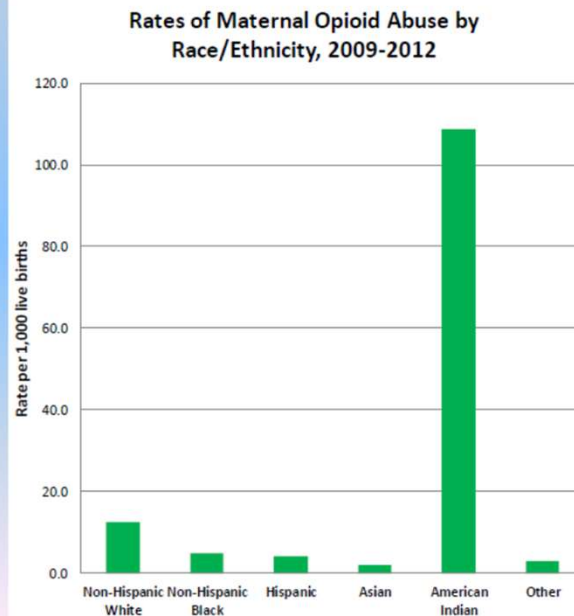
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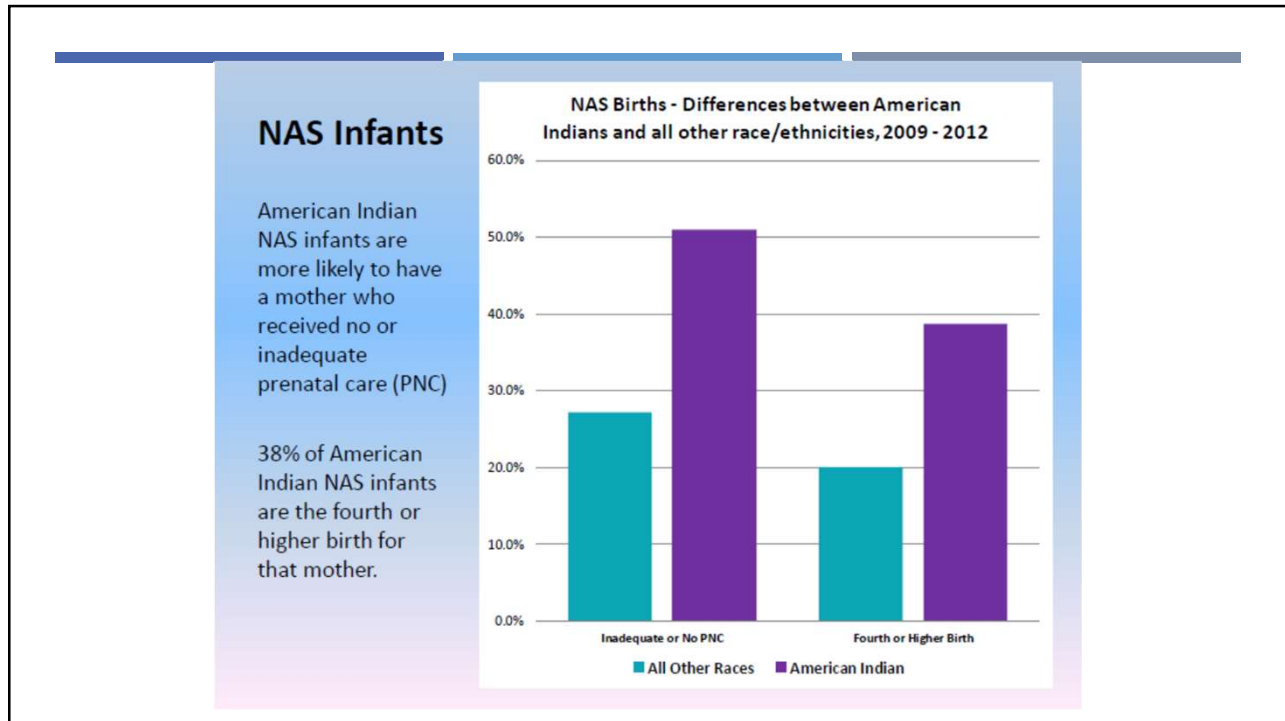
Minnesota:  
This and  
next slide.<sup>8</sup>  
What do  
these data  
look like in  
your tribal  
community?

### Maternal Diagnosis of Opioid Abuse

Compared to non-Hispanic whites, American Indian women are **8.7 times** more likely to be diagnosed with maternal opiate dependency or abuse during pregnancy.

More than one in ten pregnancies among American Indian women have a diagnosis of opiate dependency or abuse during pregnancy.





## YOUTH<sup>II</sup>

**Lifetime prevalence** comparing reservation-based American Indian students (2016-2017) with Monitoring the Future (MTF) students (2016)

	8 <sup>th</sup> AI	8 <sup>th</sup> MTF	10 <sup>th</sup> AI	10 <sup>th</sup> MTF	12 <sup>th</sup> AI	12 <sup>th</sup> MTF
Heroin	2.8	0.5	2.4	0.6	3.2	0.7
Narcotics other than Heroin	3.0	N/A	8.1	N/A	10.9	7.8

**Past 30-Day prevalence** comparing reservation-based American Indian students (2016-2017) with Monitoring the Future (MTF) students (2016)

	8 <sup>th</sup> AI	8 <sup>th</sup> MTF	10 <sup>th</sup> AI	10 <sup>th</sup> MTF	12 <sup>th</sup> AI	12 <sup>th</sup> MTF
Heroin	0.8	0.2	0.6	0.2	0.5	0.2
Narcotics other than Heroin	1.3	N/A	2.8	N/A	4.9	1.7

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## CULTURE/STRENGTHS-BASED

- While much higher rates of opioids, other illicit drugs, alcohol, and cigarette use exist among American Indian/Alaska Native youth, the study reinforces the need for early prevention efforts for all youth, including culturally-sensitive intervention materials that take advantage of the inherent strengths and traditions of Native American people.

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## NONMEDICAL USE OF PRESCRIPTION DRUGS (NMUPD)<sup>12</sup>

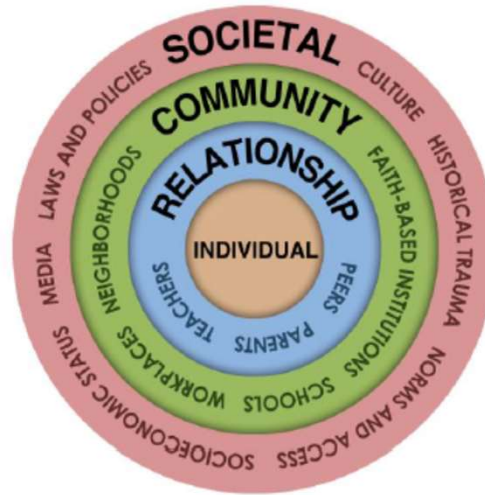
Preventing and reducing prescription drug misuse represents a major challenge for several reasons:

- We know less about the specific factors that contribute to NMUPD than about those that contribute to other types of drug use.
- NMUPD work involves key intermediaries different from those who supply alcohol and other drugs.
- Prescription drugs offer important health benefits, in addition to presenting risks.

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## WHO IS AT RISK?<sup>13</sup>

This multi-level framework allows us to consider the different contexts in which risk and protective factors exist.



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## OPIOID PREVENTION

Prevention of the opioid epidemic can occur at multiple levels:

- (1) Universal prevention, where the intervention takes place before there is any sign of a problem
- (2) Selective prevention, where there are risk factors for a problem; and
- (3) Indicated prevention, where there are early signs of a problem.

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## EVIDENCE-BASED STRATEGIES AND PROGRAMS<sup>14</sup>

- The strategies and programs included in the remainder of this presentation (from SAMHSA publication document right) were culled from studies published between 2005 and 2015 and were:
  - Based on quantitative data rather than anecdotal reports.
  - Published in a peer-reviewed journal.
  - Evaluated NMUPD prevention program implemented with a U.S.-based sample.
  - Demonstrated statistically significant positive effects with regard to NMUPD outcomes (e.g., reduced or prevented) using experimental, quasi-experimental or non-experimental (i.e., no comparison or control group) research designs.



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## EDUCATION

Implemented to increase awareness of prescription drug misuse dangers for the public and health care providers. It also provides opportunities to teach individuals how to properly dispense, store, and dispose of controlled substances.<sup>15</sup>

## EDUCATIONAL STRATEGIES<sup>16</sup>

- As most misused opioids derive from social sources (e.g., receiving controlled substances through family and friends for free), educational strategies have successfully focused on reducing this kind of access.
- Parents who were taught the dangers of prescription drug misuse through interactive “family night” sessions were more likely to restrict access to prescription drugs in their household, thus reducing opportunities for their children or other individuals to obtain the drugs for misuse. This program may also cultivate greater parental disapproval toward prescription drug misuse—an identified protective factor for youth.

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### Home Environmental Strategy to Reduce Access to Harmful Legal Products

<b>Description</b>	From 2004 to 2008, researchers, community coalitions, and schools collaborated to implement multiple prevention strategies in rural/frontier Alaska communities as part of a National Institute on Drug Abuse (NIDA) pilot project. The three primary strategies were (1) the Community Readiness Model, (2) the Home Environmental Strategy (HES), and (3) Think Smart. The HES encouraged parents of children in the 5th to 7th grades to reduce home availability to harmful legal products (HLPs), including prescription drugs, through educational “Family Nights,” which provided information on the dangers of HLPs.
<b>Populations</b>	Parents of 5th to 7th graders
<b>Settings</b>	Four rural/frontier Alaska communities
<b>Risk &amp; Protective Factors</b>	The strategy focused on reducing the risk factor of: <ul style="list-style-type: none"> <li>• Ease of access to harmful legal products, including prescription drugs</li> </ul> The strategy focused on strengthening the protective factor of: <ul style="list-style-type: none"> <li>• Parental awareness of the dangers of harmful legal products, including prescription drugs</li> </ul>

<b>Evaluation Outcome(s)</b>	After participating in the Home Environmental Strategy, parents were more likely to restrict access to their prescription drugs.  HES implementation also was found to be associated with a decrease in the availability of prescription drugs and other HLPs (Collins et al., 2012).
<b>Evaluation Studies</b>	Collins, D. A., Johnson, K. W., & Shamblen, S. R. (2012). Examining a home environmental strategy to reduce availability of legal products that can be misused by youth. <i>Substance Use &amp; Misuse</i> , 47(12) doi: 10.3109/10826084.2012.716481
<b>Recognition</b>	N/A
<b>Additional Information</b>	Akeela, Inc.: <a href="http://www.akeela.us/prevention-training/hlp-research/">http://www.akeela.us/prevention-training/hlp-research/</a>

## EDUCATIONAL STRATEGIES

A widespread media campaign implemented in Utah demonstrated that those who saw the media messages were less likely to share their prescription drugs and less likely to use prescription drugs that were not prescribed to them.<sup>17</sup>



### Utah Prescription Pain Medication Program

<b>Description</b>	The Utah Prescription Pain Medication Program was an educational program designed to improve prescribing practices, prevent prescription drug misuse, and reduce the harm caused by prescription drug misuse, with a focus on prescription opioids. Developed by the Utah Department of Health in collaboration with other state agencies, the program included a statewide media campaign targeting the public, educational sessions for prescribers (Provider Detailing) and the development of new prescriber guidelines.
<b>Populations</b>	Patients and prescribers
<b>Settings</b>	Utah media outlets and channels
<b>Risk &amp; Protective Factors</b>	The strategy sought to address three risk factors: <ul style="list-style-type: none"> <li>• Lack of knowledge about the risks of prescription opioid use and misuse</li> <li>• Ease of access to prescription opioids</li> <li>• Prescribers' inability to identify other risk factors for NMUPD in patients</li> </ul>

### Evaluation Outcome(s)

Forty-eight percent of those surveyed recalled the Utah Prescription Pain Medication media campaign's TV commercial. Of those respondents who recalled any of the campaign's media messages (Johnson, Porucznik, Anderson, & Rolfs, 2011):

- About half (52%) said they were less likely to share their prescription drugs than before seeing the campaign.
- About half (51%) said they were less likely to use prescription drugs not prescribed to them.
- 29 percent said their understanding of the potential dangers of prescription drugs had changed.
- 18 percent said they disposed of leftover prescription drugs as a result of the media campaign. However, there was not a significant number of respondents who said that their knowledge of the community burden that misuse causes or of the appropriate way to dispose of leftover prescription drugs had changed.

During campaign implementation, the number of unintentional prescription-drug-involved overdose deaths statewide decreased 14 percent from 2007 to 2008. The number of such deaths increased slightly (259 to 265) in 2009 (Johnson et al., 2011).



**Additional  
Information**

Utah Department of Health Prescription Pain Medication Management & Education  
Program: <http://www.health.utah.gov/prescription/>

## EDUCATIONAL STRATEGIES<sup>18</sup>



- Several educational strategies aim to reduce access to and availability of prescription drugs for those who are likely to misuse them. These types of strategies typically target drug prescribers.
- Evidence suggests that prescribers taught best practices for opioid prescribing and provided information regarding opioid dosing guidelines were more likely to safeguard against potential patient misuse.



Smart pill dispensers help can prevent inappropriate access and help prevent accidental overdose.<sup>19</sup>

## OPIOID OD LETTERS TO PRESCRIBERS<sup>20</sup>

- A year-long study found that doctors prescribed fewer opioids after receiving letters telling them their patient had died from an opioid overdose.
- In the 3 months following the receipt of a letter, doctors decreased their opioid prescribing (as measured by milligram morphine equivalents) by 9.7 percent as compared to those in the control group. The doctors contacted by the medical examiner also started fewer patients on opioids and wrote fewer high dose prescriptions.

## EDUCATIONAL STRATEGIES<sup>21</sup>

- Carefully crafted educational strategies may be vital to community prioritization of and action to alleviate NMUPD because they promote understanding of the problem and demonstrate how communities can address the problem.
- Educational programs that simply disseminate information often do not facilitate wide-spread behavior change. They may, however, influence attitudes and beliefs that place individuals at greater risk of NMUPD—beliefs such as perceptions of harm and intentions to control the supply of prescription drugs in the home.

## EDUCATIONAL STRATEGIES<sup>22</sup>

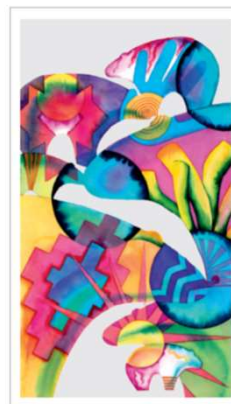
- Educational strategies coupled with other strategy types may be more likely to affect NMUPD. A more comprehensive approach to prevention, combining strategies that target multiple risk and protective factors, may show promise in reducing NMUPD—perhaps one that spans multiple socio-ecological levels and comprises more than one strategy may be most effective and achieve the greatest impact.

## EDUCATIONAL STRATEGIES<sup>23</sup>

- To select relevant strategies to implement, practitioners should prioritize strategies that target risk and protective factors supported by local data. This requires conducting an assessment to determine what influences NMUPD in your community. You may discover factors that differ from those in our review of the literature that are presented in these tools. To be effective, however, prevention strategies or interventions must be linked to the risk and protective factors that drive the problem in your community.

## TRIBAL AGENDA REC<sup>24</sup>

- *Objective 1.4.3: Raise awareness and bring prescription drug misuse and abuse prevention activities and education to schools, communities, parents, prescribers, health care professionals, and other patients.*
- *Action 11.B.5: Involve AI/AN youth in the identification and planning of strategies for the prevention of youth violence, substance abuse, and suicide.*



THE NATIONAL TRIBAL  
BEHAVIORAL HEALTH AGENDA  
DECEMBER 2016



## Tracking and Monitoring

Implemented to help detect “doctor shoppers” and identify prescribers who have aberrant prescribing practices. The objective of tracking and monitoring is to reduce access and availability of prescription drugs to those who would misuse them.<sup>25</sup>

## TRACKING AND MONITORING<sup>26</sup>

- Tracking and monitoring strategies help law enforcement and regulatory agencies detect “doctor shoppers”. “Doctor Shoppers” is a term used to describe individuals who simultaneously visit multiple health care providers to obtain multiple prescriptions for medications.

## TRACKING AND MONITORING: PDMPs<sup>27</sup>

- The best-known example of tracking and monitoring interventions are prescription drug monitoring programs (PDMPs): electronic databases which track prescribing and dispensing of opioid analgesics and other controlled substances.
- PDMPs allow prescribers to obtain information on an individual's prescription drug use, and allow pharmacists and law enforcement to follow the prescribing behavior of health professionals.



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## TRACKING AND MONITORING: PDMPs<sup>28</sup>

- After examining PDMP data, if a prescriber finds, that a patient has many prescriptions for commonly misused prescription drugs (i.e., opioids, tranquilizers, sedatives, and stimulants), then s/he can make an informed decision about whether or not to provide that patient with another prescription and/or to screen for a potential substance abuse disorder (SUD).
- Pharmacists and law enforcement agents may use PDMP data to determine which health care professionals in their community are prescribing commonly misused prescription drugs often and in large dosages. This kind of prescribing behavior may signal the presence of a "pill mill".
- "Pill Mill" is a term used to describe a doctor, pain clinic, or pharmacy that indiscriminately prescribes or dispenses controlled prescription drugs.

## TRACKING AND MONITORING: PDMPs<sup>29</sup>

- “Pill mills” and “doctor shopping” behavior contribute to the possibility of diversion—that is, using prescription drugs to get high. Research suggests that prescription drug abusers and traffickers use pain clinics to obtain controlled substances in large doses, and engage in “doctor shopping” behavior in order to obtain drugs for themselves to abuse or to sell to others for profit. Individuals who have a history of doctor shopping are at an increased risk of a drug-related death. Tracking and monitoring strategies, such as PDMPs, have been somewhat successful in reducing NMUPD and its precursors (e.g., limiting access). In those states with a functioning PDMP, there were significantly lower increases in the number of Oxycodone shipments, intentional exposures to NMUPDs, and treatment admissions associated with NMUPD compared to states without a PDMP.

### Prescription Drug Monitoring Programs Nationwide

<b>Description</b>	Prescription Drug Monitoring Programs (PDMPs) are electronic databases, established by states, that track the prescribing and dispensing of opioid analgesics and other controlled substances. Some states mandate that prescribers or dispensers register or use the PDMP in certain circumstances, with statutes varying by state.
<b>Populations</b>	Prescribers, dispensers, and patients
<b>Settings</b>	Nationwide
<b>Risk &amp; Protective Factors</b>	PDMPs focus on reducing risk factors such as: <ul style="list-style-type: none"> <li>• Ease of access to prescription drugs</li> </ul> PDMPs focus on strengthening protective factors such as: <ul style="list-style-type: none"> <li>• Physician knowledge of prescription history</li> </ul>

<b>Evaluation Studies</b>	<p>Reifler, L. M., Droz, D., Bailey, J. E., Schnoll, S. H., Fant, R., Dart, R. C., &amp; Bucher Bartelson, B. (2012). Do prescription monitoring programs impact state trends in opioid abuse/misuse? <i>Pain Medicine</i>, 13(3), 434–442. doi: 10.1111/j.1526-4637.2012.01327.x</p> <p>Reisman, R. M., Shenoy, P. J., Atherly, A. J., &amp; Flowers, C. R. (2009). Prescription opioid usage and abuse relationships: An evaluation of state prescription drug monitoring program efficacy. <i>Substance Abuse: Research and Treatment</i>, 3, 41–51.</p>
<b>Recognition</b>	N/A
<b>Additional Information</b>	Centers for Disease Control and Prevention Injury Prevention & Control: Prescription Drug Overdose: <a href="http://www.cdc.gov/drugoverdose/pdmp/">http://www.cdc.gov/drugoverdose/pdmp/</a>

## UNINTENDED CONSEQUENCE

- With prescription opioids coming first, then a legal crackdown on pills, some users are desperate enough to try street heroin.







## Proper Medication Disposal

Implemented to provide ways for people to safely and responsibly get rid of controlled substances that they have in their household. The objective of proper medication disposal is to limit access and availability, as well as raise awareness of prescription drug misuse.<sup>30</sup>

### PROPER MEDICATION DISPOSAL<sup>31</sup>

Proper medication disposal/take-back programs, provide avenues to reduce the supply of drugs available for diversion. If people dispose of their drugs, then they may be less likely to offer them to friends or family, have drugs ingested by children, young people, or guests, or have drugs taken from their homes for illicit purposes.



## PROPER MEDICATION DISPOSAL<sup>32</sup>

- Prescription Drug Take-Back Programs collect individuals' unwanted or expired prescription drugs voluntarily through the use of drop boxes or take-back events. Evidence does not support the logic provided above in terms of how take-back programs influence substance use disorders; however, we do know that these programs collect thousands of pounds of drugs with only 10% of the drugs being commonly abused prescription drugs.
- Practice-based evidence indicates that take-back programs also may be implemented to increase awareness of NMUPD and enhance community readiness to implement a more comprehensive prevention strategy.

Prescription Drug Take-Back Programs	
<b>Description</b>	Prescription Drug Take-Back Programs are programs created to recover individuals' unwanted or expired prescription drugs voluntarily. Programs may take several forms, including drop box programs and take-back events. Drop box programs are where an organization sets up secure drop boxes in locations around a community for individuals to leave unwanted/unused/expired prescription drugs. Drop boxes may be permanently installed, often at law enforcement agencies, or temporarily available for "Take-Back days" or other events. Take-back events are limited one-time only or recurring events that may stand alone or be associated with a larger, unrelated event.
<b>Populations</b>	General public
<b>Settings</b>	<ul style="list-style-type: none"> <li>• Eight localities in northeast Tennessee</li> <li>• Honolulu expo event and health clinics in Hawaii</li> <li>• Nationwide</li> </ul>
<b>Risk &amp; Protective Factors</b>	<p>The strategy focused on reducing the risk factor of:</p> <ul style="list-style-type: none"> <li>• Availability of or access to prescription drugs</li> </ul>

<b>Evaluation Outcome(s)</b>	<p>Drop boxes collected 4,841 pounds of prescription drugs, including 238.5 pounds (4.9%) of controlled substances (Gray et al., 2015).</p> <p>Ten take-back events collected a combined total of 8,011 pounds of prescription and over-the-counter drugs, approximately 10 percent of which were controlled substances (Ma et al., 2014).</p> <p>The national take-back event collected 617,150 pounds of prescription drugs (DEA, 2014).</p>
<b>Additional Information</b>	<p>U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control, National Take-Back Initiative:  <a href="http://www.deadiversion.usdoj.gov/drug_disposal/takeback/">http://www.deadiversion.usdoj.gov/drug_disposal/takeback/</a></p>



## Harm Reduction

Implemented to mitigate risks associated with prescription drug misuse and overdose. These strategies are not necessarily focused on preventing drug misuse, rather they are designed to reduce death, disability, and other negative consequences associated with prescription drug misuse and overdose.<sup>33</sup>

## HARM REDUCTION<sup>34</sup>

- Harm reduction strategies mitigate risks associated with prescription drug misuse and overdose. These strategies do not focus solely on preventing prescription drug use and initiation, rather they are designed to reduce death, disability, and other negative consequences associated with NMUPD and overdose.
- Some harm reduction strategies combine overdose education with naloxone distribution. Naloxone is an overdose antidote that sometimes goes by the brand name Narcan™.
- This combination has been associated with increased overdose reversals and knowledge of overdose symptoms.

## NALOXONE (NARCAN)<sup>35</sup>

- Nasal spray designed for use without medical training, typically available from a pharmacist without a prescription and covered by most insurance plans.
- Auto injector used intramuscularly or under the skin. Devise provides verbal instructions
- Via injections by trained medical personnel.





“

One of the strongest indicators of dying of an overdose is having experienced a previous nonfatal overdose. So this is really important. There's a study out of Massachusetts that said that 10% of people who experience a nonfatal overdose will be dead within two years of that first overdose. That's jarring, one in 10.

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- Maya Doe-Simkins, Overdose Prevention Researcher & Educator, 2017

”

## NALOXONE (NARCAN)

Naloxone (NARCAN) antidote for opioid overdose is an important medication that reverses an opioid overdose and prevents death by enabling an individual to resume breathing. Policies are being put into place across the country to equip first responders, family members, and community stakeholders with this life-saving drug and making it accessible in a multitude of settings, including over-the-counter availability in an increasing communities.

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Overdose Education and Naloxone Distribution Programs	
<b>Description</b>	Overdose education and naloxone distribution (OEND) programs focus on providing training on recognizing and preventing opioid overdoses to individuals, usually current or former opioid misusers/abusers, likely to be in contact with individuals at risk for an overdose. Program participants learn what the start of an overdose looks like and how to administer naloxone to prevent overdoses. Program participants are also provided prescriptions for naloxone.
<b>Populations</b>	Current and former opioid misusers/abusers
<b>Settings</b>	OEND programs located in Baltimore, San Francisco, Chicago, New York (two) and New Mexico. Program training occurred in varied settings, including substance abuse treatment programs, needle exchanges, private homes, community events, and street settings.
<b>Risk &amp; Protective Factors</b>	Risk factors commonly associated with overdoses include: <ul style="list-style-type: none"> <li>• Previous overdose history</li> <li>• Past-year detox program participation</li> <li>• Recent incarceration</li> </ul>

Overdose Education and Naloxone Distribution Programs	
<b>Risk &amp; Protective Factors (cont.)</b>	<ul style="list-style-type: none"> <li>• Poly-substance use</li> <li>• Past-30 day substance use</li> </ul> <p>The OEND programs sought to increase protective factors such as:</p> <ul style="list-style-type: none"> <li>• Knowledge about overdose responses</li> <li>• Availability of naloxone</li> </ul>
<b>Evaluation Design</b>	Retrospective, quasi-experimental design using individual surveys and interviews to determine outcomes of six OEND programs (Green, Heimer, & Grau, 2008). Researchers interviewed 62 individuals, an average of 10 individuals from each program, of whom 5 had received OEND training and 5 had not.
<b>Evaluation Outcome(s)</b>	Compared to those who did not receive OEND training, those who did were (Green et al., 2008): <ul style="list-style-type: none"> <li>• Better able to correctly identify opioid overdose cases</li> <li>• More likely to report responding to at least one overdose in the past year</li> </ul>
<b>Additional Information</b>	Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution: <a href="http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf">http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf</a>

## GOOD SAMARITAN LAWS<sup>37</sup>

- Major national momentum to teach lay bystanders to reverse overdoses with naloxone has now reached 50 states and the District of Columbia, aided in 40 states by Good Samaritan laws providing liability protection.
- A systematic review of 19 studies showed increased knowledge and administration rates, as well as some early evidence of decreased deaths in MA and NC.



Multi-Component

Programs combine more than one type of strategy in order to address multiple risk factors (e.g., lack of awareness, perceptions of harm, access and availability, overdose antidote use) associated with prescription drug misuse and overdose.<sup>38</sup>

## MULTI-COMPONENT<sup>39</sup>

Multi-component programs combine multiple strategies in order to address the various factors that influence NMUPD. Some programs (e.g., Project Lazarus) have five major components:

- (1) community activation and coalition building to raise community awareness and actively engage the community in intervention design;
- (2) monitoring data on fatal and non fatal overdoses, prescribing behavior, and other relevant data;

## MULTI-COMPONENT CONT.<sup>40</sup>

(3) prevention program implementation at multiple levels throughout the community;

(4) education on overdose antidote use for prescribers and the general community in order to prevent fatal overdoses and change attitudes toward opioid misuse and abuse; and

(5) evaluation to assess program impact and identify areas needing improvement.

Project Lazarus activities have been linked to decreases in overdose death rates.



## MULTI-COMPONENT CONT.<sup>41</sup>

- Another multi-component program, Communities that Care (CTC), requires communities to create and implement a data-informed community action plan for preventing NMUPD.
- While communities implementing the CTC approach have demonstrated reductions in risk behaviors associated with NMUPD, they have not affected prescription drug use rates.

## MULTI-COMPONENT CONT.<sup>42</sup>

- A third multi-component strategy, Iowa Strengthening Families Program (ISFP): For Parents and Youth 10-14, includes intensive youth and parent skill-building components paired with family and classroom curricula.
- Compared to non-participants, ISFP participants demonstrated lower rates of lifetime prescription drug misuse, which persisted over time.

### Communities that Care (2009 & 2012)

<b>Description</b>	Communities that Care is a community-based prevention system designed to improve community stakeholder prevention capacity. Under the program, initial stakeholders survey the community to identify its risk and protective factors, additional stakeholders, current substance use profile, and other epidemiological data. Stakeholders then develop a community action plan to provide prevention organizational assistance and training and to implement youth prevention programming, focusing on selected risk factors. Articles were published in 2009 and 2012 using data from the same ongoing study.
<b>Populations</b>	Students (5th–8th grade)
<b>Settings</b>	24 small towns across seven states (Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington)

#### Risk & Protective Factors

The strategy focused on reducing these risk factors:

- Youth delinquent behavior (stealing, shoplifting, property damage, etc.)
- Youth serious delinquent behavior (violence, stealing a car, drug selling, arrests, etc.)
- Youth drug use (With each type measured separately)
- Youth alcohol use and binge drinking
- Youth “rebelliousness” (as measured from the mean of pre-written statement options)

And strengthening these protective factors:

- Community norms that discourage substance abuse
- Community awareness of substance abuse issues

<b>Evaluation Outcome(s)</b>	<p>Relative to those in the control group, Communities that Care participants demonstrated greater reductions in the following (Hawkins et al., 2009):</p> <ul style="list-style-type: none"> <li>• Initiation of drug use</li> <li>• Initiation of alcohol use</li> <li>• Evidence of delinquent behavior</li> <li>• Prevalence of drug use</li> </ul> <p>Although there was improvement among the risk factors, there was not a significant change in the prevalence of prescription drug use.</p> <p>The 2012 study found similar results and that the effects found in the 2009 study continued to persist (Hawkins et al., 2012).</p>
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<b>Recognition</b>	<p>An Athena Forum Excellence in Prevention program for outcomes related to: Exposure to targeted risk factors, Initiation of substance abuse and delinquency, Substance use, Delinquent Behaviors  <a href="http://www.theathenaforum.org/sites/default/files/Communities%20that%20Care%2005-25-12.pdf">http://www.theathenaforum.org/sites/default/files/Communities%20that%20Care%2005-25-12.pdf</a></p> <p>A Blueprints Programs promising program for outcomes related to: Alcohol, Delinquency and Criminal Behavior, Tobacco, Violence  <a href="http://www.blueprintsprograms.com/factsheet/communities-that-care">http://www.blueprintsprograms.com/factsheet/communities-that-care</a></p> <p>An OJJDP Model Programs Guide (operated by CrimeSolutions.gov) promising program for outcomes related to: Risk Factors, Drug Use, Delinquency  <a href="https://www.crimesolutions.gov/ProgramDetails.aspx?ID=94">https://www.crimesolutions.gov/ProgramDetails.aspx?ID=94</a></p> <p>A SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) legacy intervention for outcomes related to: Substance use, Delinquent behaviors, monetary benefit-to-cost advantage  <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=392">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=392</a></p>
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## OTHER PROGRAMS TO CONSIDER

<b>Additional Information</b>	<p>Iowa Strengthening Families Program: <a href="http://www.extension.iastate.edu/sfp10-14/">http://www.extension.iastate.edu/sfp10-14/</a></p> <p>SAMHSA's National Registry of Evidence-Based Programs and Practices:</p> <ul style="list-style-type: none"> <li>• LifeSkills Training Program: <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=109">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=109</a></li> <li>• Project Alert: <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=62">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=62</a></li> <li>• All Stars Program: <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=28">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=28</a></li> </ul>
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<b>Additional Information</b>	<p>Project Lazarus website: <a href="http://www.projectlazarus.org/">http://www.projectlazarus.org/</a></p>
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## BOTVIN LIFE SKILLS TRAINING (LST)<sup>43</sup>

WHITE PLAINS, N.Y., Feb. 4, 2016 /PRNewswire/ -- Recent research reveals an effective new strategy for combating the growing epidemic of prescription opioid misuse among youth. Researchers funded by the National Institute on Drug Abuse (NIDA) reported that a school-based prevention program, called *Botvin LifeSkills Training (LST)*, delivered in 7<sup>th</sup> grade classrooms can help students avoid misusing prescription opioids and other drugs throughout their teen years.



## MULTI-COMPONENT PROGRAMS FOR YOUTH<sup>44</sup>

Key features of effective youth programs in preventing substance misuse include:

- multi-component programs, which combine efforts in school, family, community, and/or outside social activities;
- addressing all forms of drugs in combination;
- strengthening family functioning;
- developing sustained relationships with caring adults;
- tailoring to a specific population;
- building social and emotional competence; and
- increasing connections between students and schools.

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## LONG WAY TO GO

*“Prevention always constitutes a hard sell: it lacks the glamor of treatment, can entail years of implementation, and when successful, is usually invisible”.*<sup>45</sup>

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## INDIAN HEALTH SERVICES (IHS) OPIOID RESOURCES

The screenshot shows the IHS Opioid Resources webpage. The header includes the IHS logo and the text 'Indian Health Service - The Federal Health Program for American Indians and Alaska Natives'. A search bar is located in the top right. Below the header is a navigation menu with links for 'About IHS', 'Locations', 'for Patients', 'for Providers', 'Community Health', 'Career Opportunities', and 'Newsroom'. On the left side, there is a sidebar with a list of resources under the heading 'Pain and Opioid Use Disorder'. The main content area features a large word cloud with the central text 'pain management' and other related terms like 'analgesics', 'opioids', 'chronic pain', and 'acute pain'. A chemical structure of a molecule is also visible in the word cloud.

## SAMHSA RESOURCE

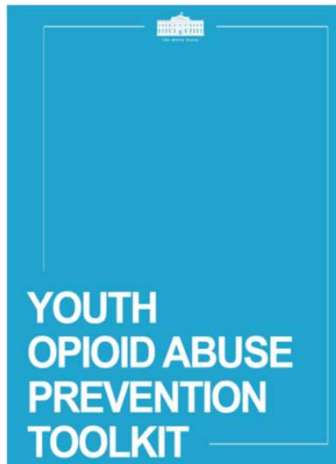
- <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>

### SAMHSA Opioid Overdose Prevention TOOLKIT:

- Facts for Community Members
- Five Essential Steps for First Responders
- Information for Prescribers
- Safety Advice for Patients & Family Members
- Recovering From Opioid Overdose



## WHITE HOUSE YOUTH OPIOID PREVENTION TOOLKIT RESOURCE



<https://www.campusdrugprevention.gov/sites/default/files/WH-Youth-Opioid-Prevention-Toolkit.pdf>

## STRATEGIES TO PREVENT OVERDOSE DEATHS

- Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities
- <https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html>



### The Opioid Epidemic Practical Toolkit:

*Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities*



- Source for next 2 slides (photo right)



National American Indian & Alaska Native  
**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



## **Grantee voluntary sharing about effective opioid prevention programs and/or strategies?**

Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover

## CLOSING SUGGESTIONS





## TOR RESOURCE PAGE –

We have a dedicated web page for TOR grantees to access TA tools and other guidance and to share ideas: [Attcnetwork.org/native](http://Attcnetwork.org/native)

- We've added new resources to our [TOR Resource Page](#).
  - You can now find an OUD Treatment Overview covering medication-assisted treatment, as well as an example of medication-assisted treatment policy.
- Direct link to sub page for the TA webinars:

<http://attcnetwork.org/regional-centers/content.aspx?rc=native&content=CUSTOM3SUBI>

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## THANK YOU FOR JOINING US TODAY!



Finally, don't forget to register for our TA Meeting April 10-12 at Mystic Lake, MN!

We hope to see you there!

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## CONTACT INFO

- *Jeff Ledolter, BA*
- *Research Associate, Department of Community and Behavioral Health, University of Iowa*
- *Program Manager for: National American Indian and Alaska Native Addiction Technology Transfer Center; NA/AN ATTC Tribal Opioid Response supplement*
- *University of Iowa College of Public Health 145 N. Riverside Drive, N 420 CPHB Iowa City, Iowa 52242*
- *(425) 499-0746*
- *Jeff-Ledolter@uiowa.edu*

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### The 4 SAMSHA tools:

- <https://www.samhsa.gov/capt/sites/default/files/resources/nmupd-data-resources.pdf>
- <https://www.samhsa.gov/capt/sites/default/files/resources/preventing-prescription-drug-misuse-understanding.pdf>
- <https://www.samhsa.gov/capt/sites/default/files/resources/preventing-prescription-drug-misuse-overview.pdf>
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