BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Katherine Brown, MPA, MSW, LCSW, MARS
Liz Connors, MSW, LMSW, CRADC, MARS

Closing the Gap:

A Case Study of Collaborative Work Between First Responders and Recovery Services

TASC's Center for Health and Justice

COSSAP TTA Provider for
First Responder-Led Diversion Initiatives

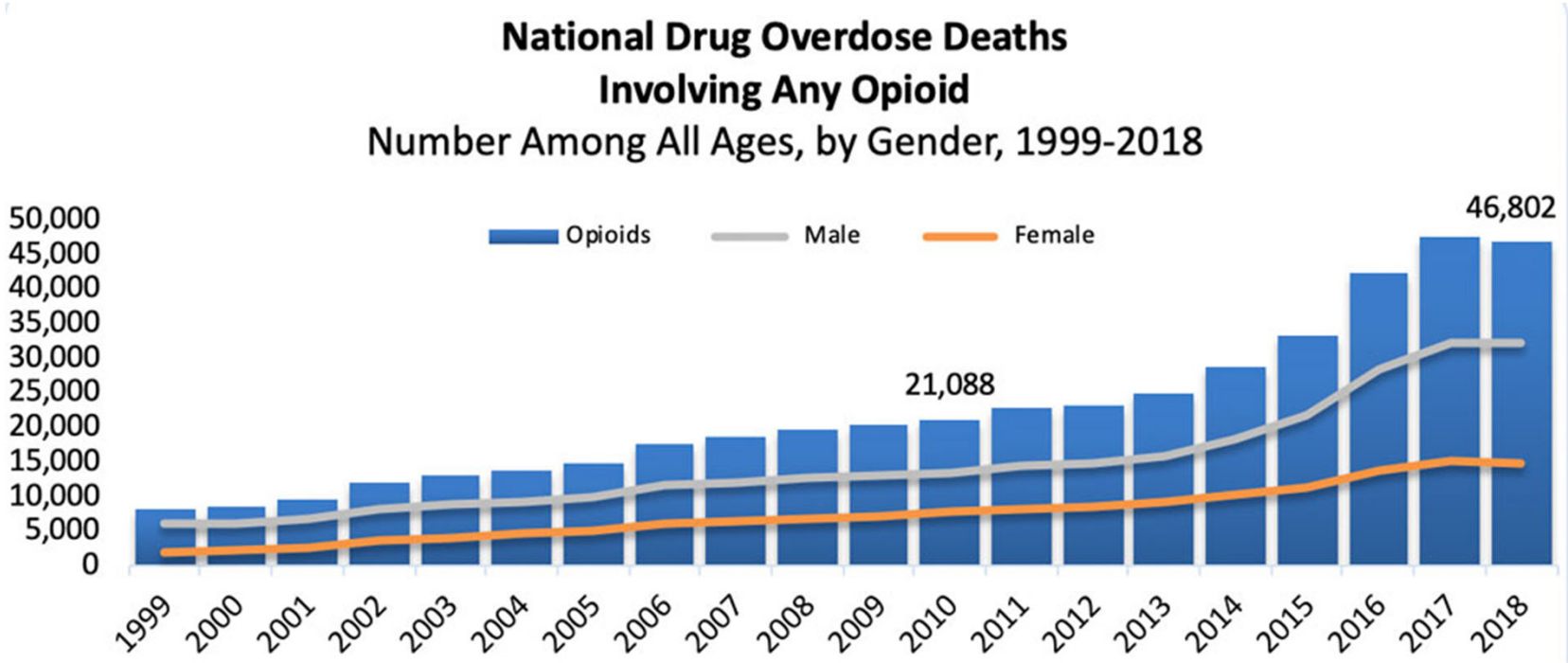
CENTER FOR HEALTH & JUSTICE AT TASC

Website: http://www.centerforhealthandjustice.org/

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Nationwide Increase in Opioid-Involved Overdose Deaths

Opioid-involved deaths have more than doubled within the last ten years



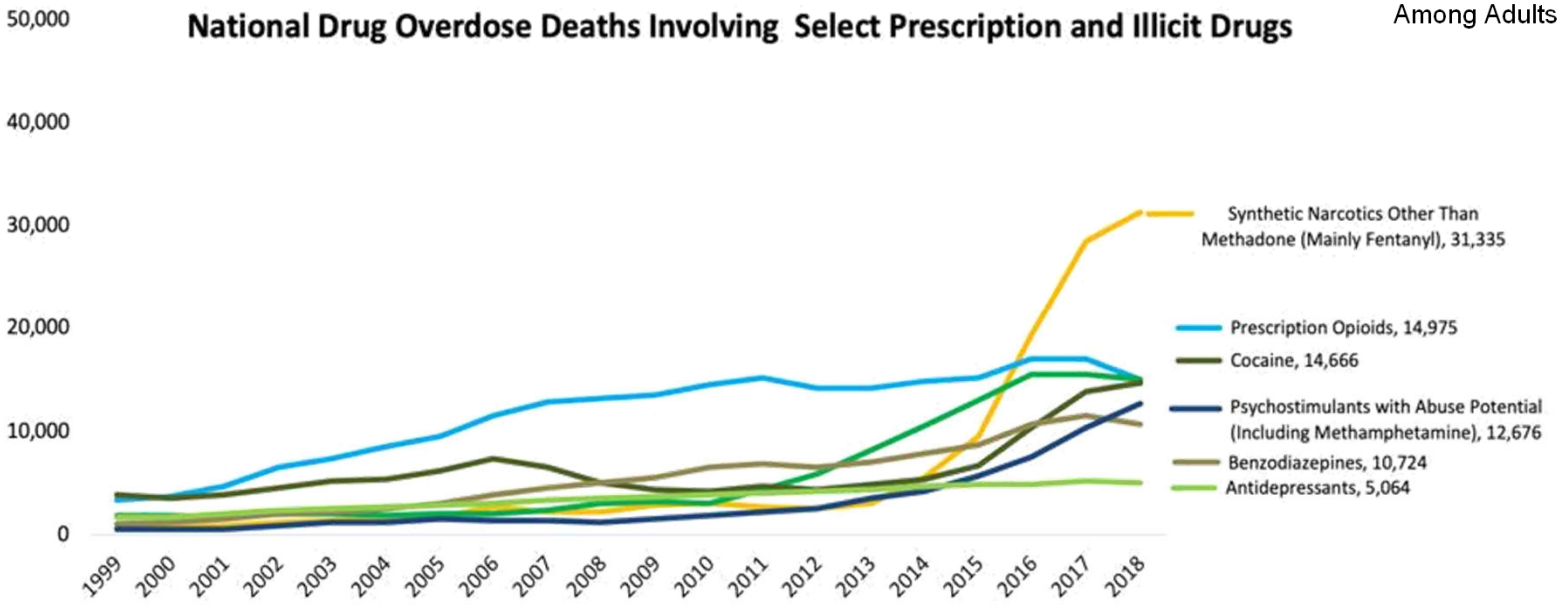
*Center for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released January, 2020

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

National Increase in Stimulant-Involved Overdose Deaths

CDC reports that while methamphetamine and stimulant use is stable, availability and related harms have increased*

*Jones, C.M., Compton, W.M., and Mustaquim, D. (March 2020). Patterns and Characteristics of Methamphetamine use Among Adults 2015–2018.



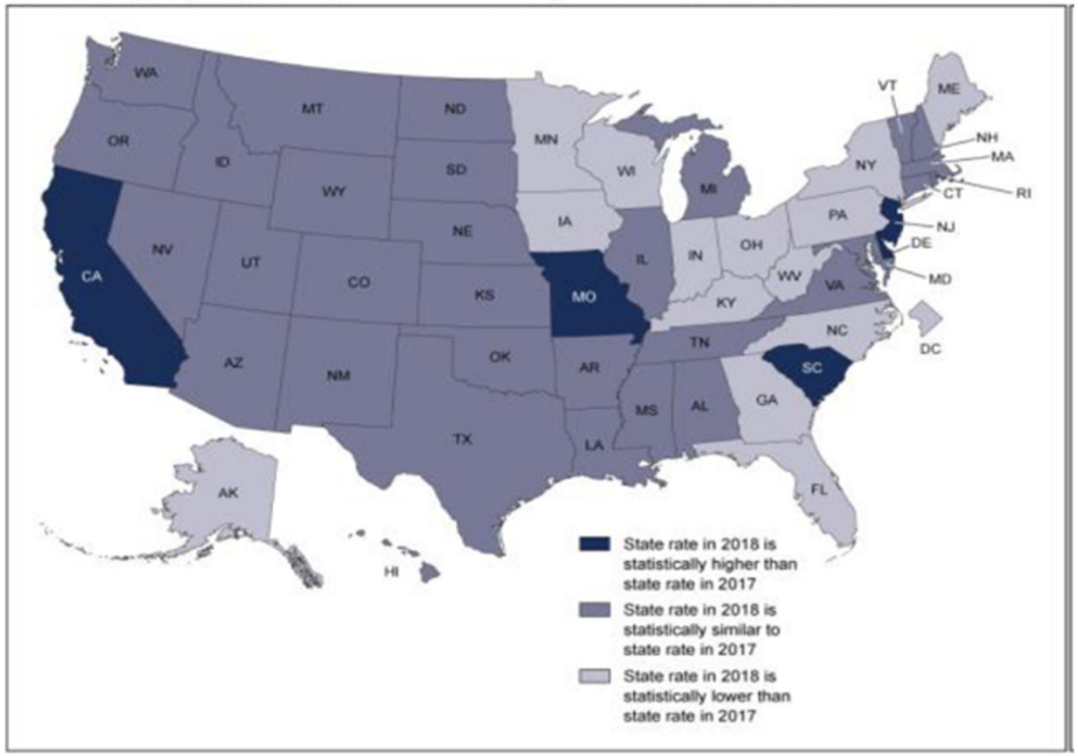
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released January, 2020

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Opioid-Involved Overdose Deaths in Missouri

Missouri was one of four states in 2018 to see a statistically significant rise in overdose death rates, compared to 2017

Figure 2. Change in age-adjusted drug overdose death rates, by state: United States, 2017 and 2018



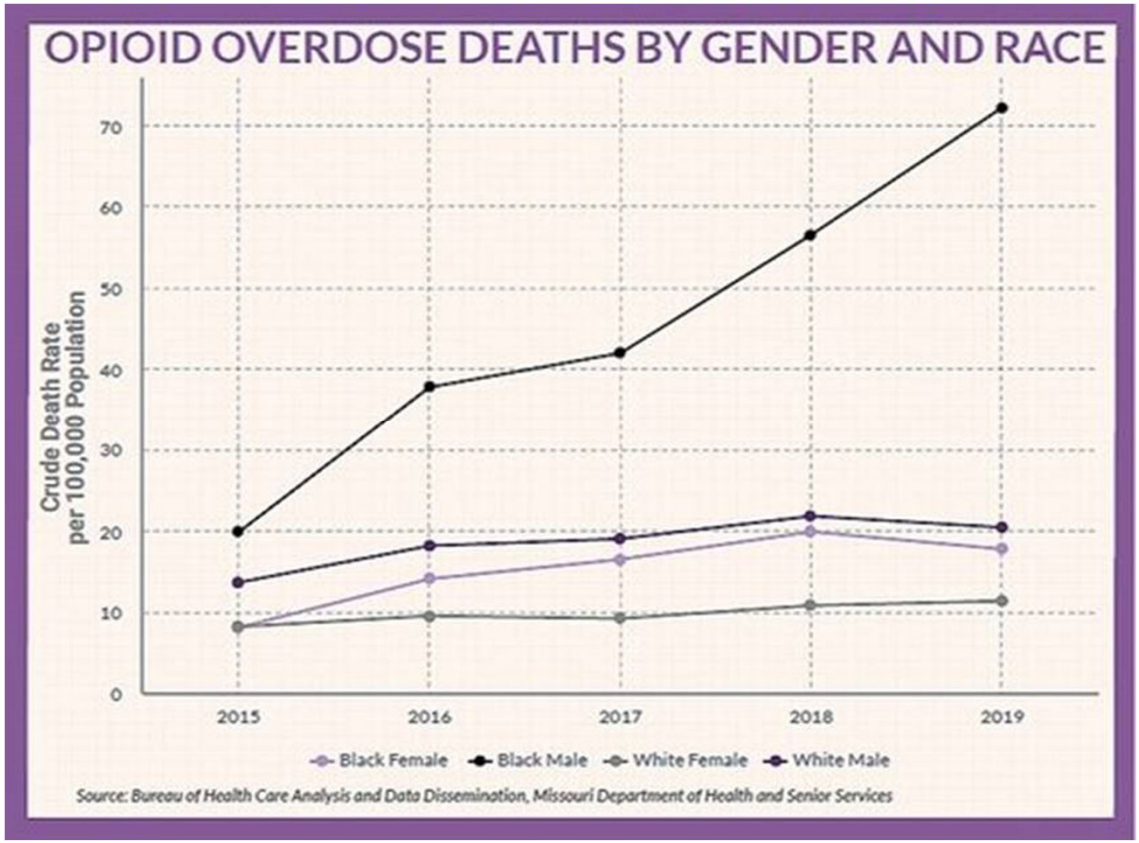
NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db356_tables-508.pdf#2.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Hedegaard, H., Miniño A.M., and Warner, M. Drug overdose deaths in the United States, 1999. (2018). NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics.

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Opioid-Involved Overdose Deaths in Missouri

Missouri is in the top 15 states nationwide for opioid-overdose deaths as of 2019



Source: http://wonder.cdc.gov

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Opioid-Involved Overdose Death During COVID

- COVID has exacerbated the opioid problem, leading to a syndemic
- Social distancing has limited resource access and increased behavioral health
- Contributes to increased stress on health care workers in addressing substance use disorder (SUD)

St. Louis, Missouri	Fentanyl	Heroin	Combined
January–May difference 2019–2020	84%	-55%	49%
COVID months (March–May) difference 2019–2020	124%	-47%	79%

Source: St. Louis, Missouri, city public health department, St. Louis City Medical Examiner, Neha Sastry *Ornell, et. al., (July 2020). The COVID-19 pandemic and its impact on substance use: Implications for prevention and treatment

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Available Treatment Options

- Detox
  - Can be medical or social setting
  - Acute care for the purpose of stabilization during withdrawal
- Residential
  - Ease of access to inpatient bed often depends on individual's insurance status
- Outpatient
  - Program length and intensity varies depending on the agency and individual needs

Medication-Assisted Treatment (MAT)

- Medication assistance exists for individuals with opioid and alcohol use disorder
  - There are currently no medications intended for stimulant use disorder
    - Some doctors are willing to prescribe and monitor off-label uses of Adderall, Provigil, or mirtazapine

- MAT services may be provided as the primary intervention or in conjunction with other psychosocial services

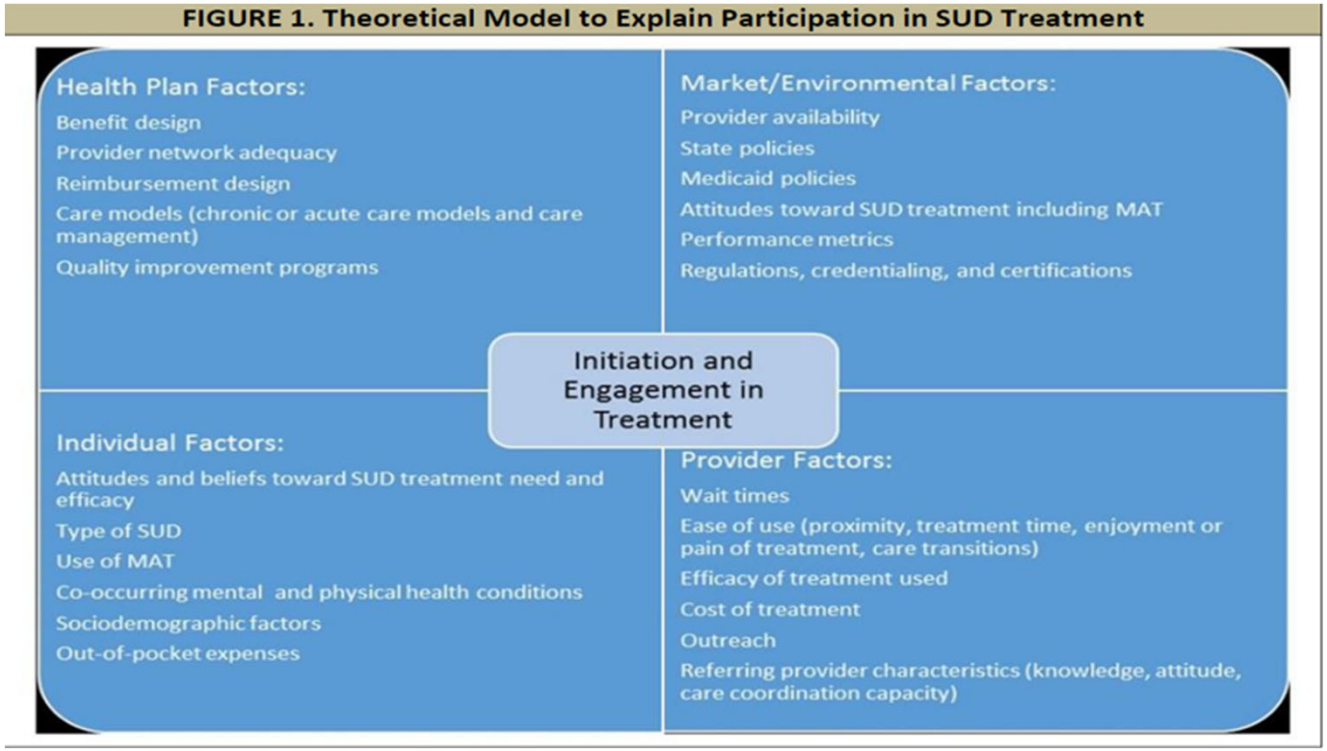
Harm Reduction

- Utilizes a spectrum of strategies to meet drug users ***"where they are at"***
  - Recovery Community Centers
  - Peer-operated centers that provide resources to people who use drugs
- Resources include advocacy training, recovery information, resource mobilization, support group meetings, and social activities
- Syringe Service Programs
  - Community-based programs that provide access to sterile syringes and facilitates safe disposal of used syringes
  - Not legal in every state

Treatment Engagement and Retention

*Report by Peggy O'Brien, Ericka Crable, Catherine Fullerton, and Lauren Hughey; Truven Health Analytics

FIGURE 1. Theoretical Model to Explain Participation in SUD Treatment



*U.S. Department of Health and Human Services, Best Practices and Barriers to Engaging People With Substance Use Disorders in Treatment, March 2019. https://aspe.hhs.gov/system/files/pdf/260791/BestSUD.pdf

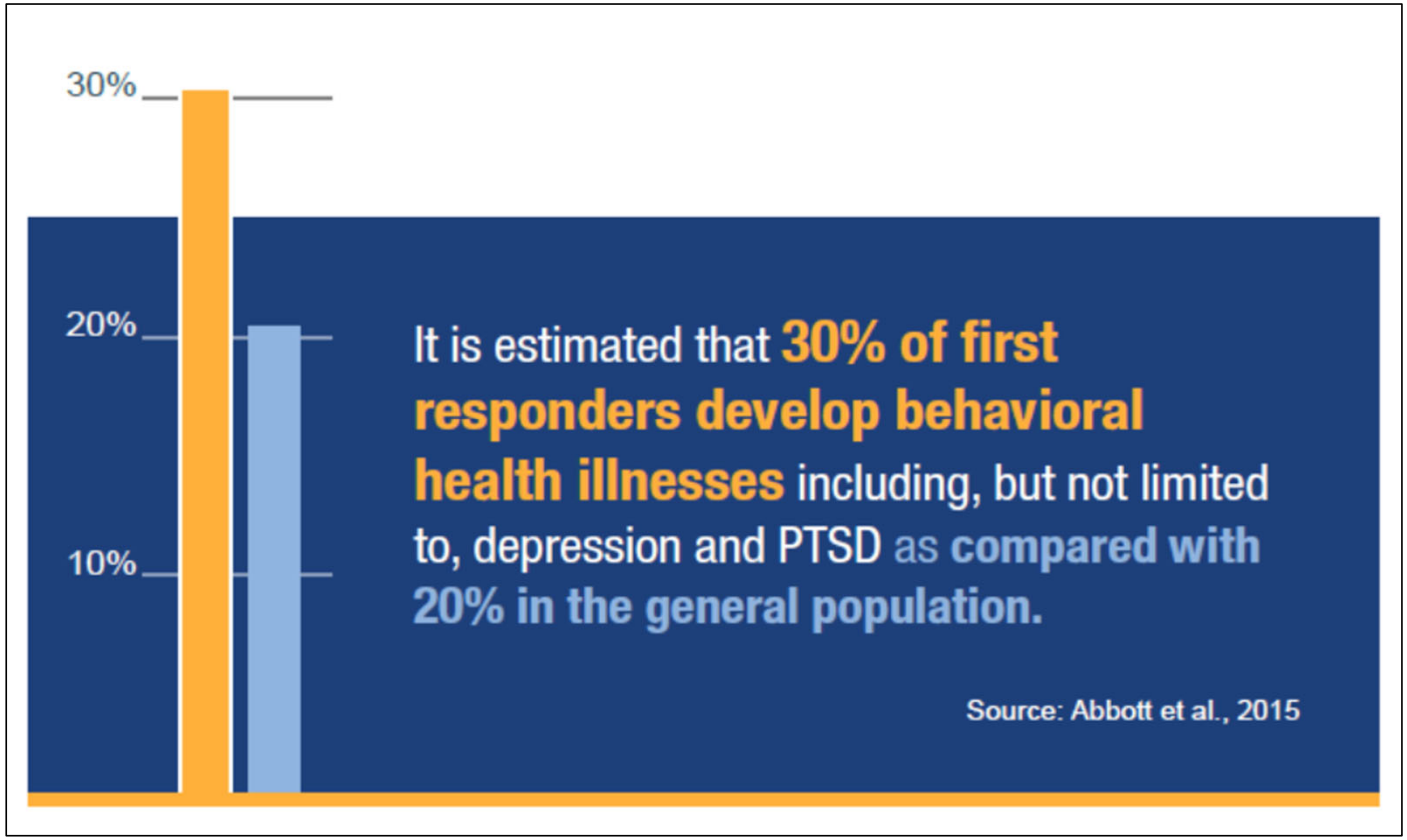
First Responder Dilemma

- First responders are left in reactionary position with limited resources to adequately respond to drug use crises
  - Primary trauma
    - Intense and potentially violent situations in the course of duty
  - Secondary/vicarious
    - Chronic exposure to people in crisis
    - Repeated exposure to people dealing with personal addiction or family addiction

Source: SHIELD Training, Health in Justice Action Lab, Northeastern University. Leo Beletsky, J.D., and Jeremiah Goulka, J.D.

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Mental Health Burden of First Responders



Factors Addressed in Missouri

- Wait times to access treatment services
- Outreach services at the provider level
- Use of MAT services in a variety of settings
- Attitudes and beliefs around SUD treatment
- Access to a spectrum of recovery services (including harm reduction)
- Cost of treatment services

- Primary focus was on collaboration with Emergency Departments (EDs) and first responders as they often have immediate contact with patients in moments of crisis

- Community collaboration consisting of 5 treatment agencies, 20 hospitals, 10 EMS providers, program management support, and additional prevention and harm reduction providers
- SAMHSA funded through the Missouri Department of Mental Health and the UMSL-Missouri Institute of Mental Health
- Peer coach (individuals with lived experience) rapid-response to patients in ED and EMS post-overdose 24/7/365
- Project has received more than 6,000 clients, and an average of 90% agree to work with a recovery coach at the time of outreach
- Referrals come exclusively from EDs and EMS providers

Impact of EPICC

Recovery coaches connected **50%** of engaged clients to substance use treatment services and/or medication-assisted treatment

Note: Only 18% of individuals with SUD initiate treatment nationally

Preliminary data shows that individuals connected to a recovery coach were 66% less likely to return to the Emergency Department in three months

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Partnership With EMS

- Focus on expedited access to clients through three referral streams:
  1. Referrals in-transit to the hospital
  2. Non-transit referrals with immediate response (in 30 minutes or less)
  3. Client self-referral at a later date (with a central client intake number)
- Referral process is short, immediate, and available 24/7 to meet EMS provider needs

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Recovery Coach Roles and Process

Initial outreach and engagement is targeted to rapid access to treatment and barrier elimination

- Has the person been in treatment before?
- What barriers do they have currently?
- What treatment options are they interested in?
- What treatment option is easiest for them to access currently?

Relationships with providers are key to making connections

Connecting the DOTS: Drug Overdose Trust and Safety Project

Goal is to reduce the incidence of fatal opioid overdose through increased training and naloxone distribution for first responders

- Community Planning Sessions
- SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) Training for law enforcement
- Leave Behind Naloxone
- Partnerships with EPICC and EMS statewide

DOTS Project
Drug Overdose Trust and Safety

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

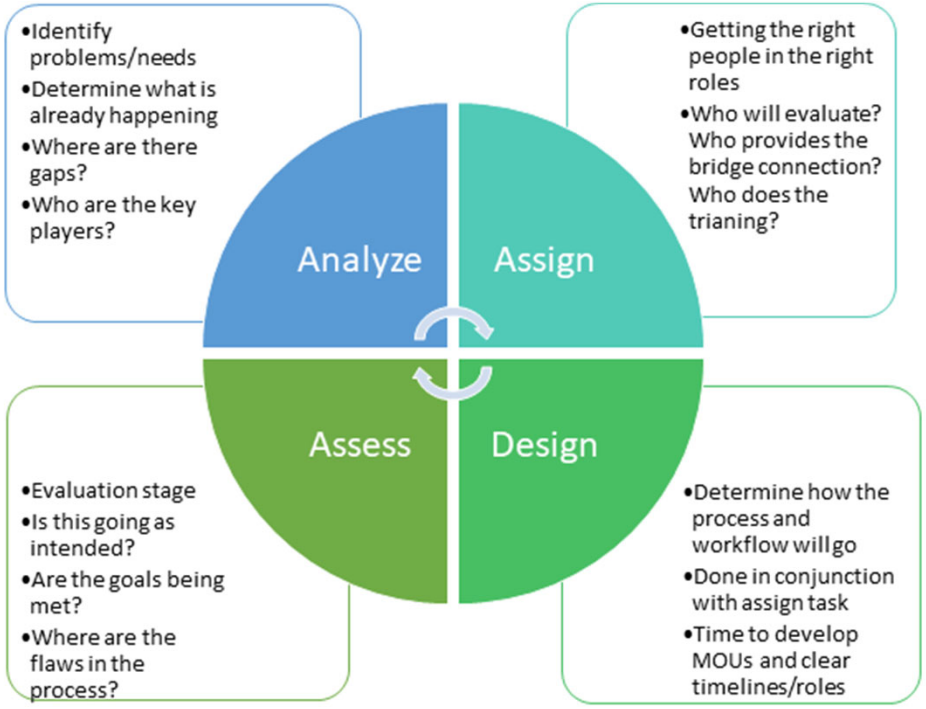
Community Planning Sessions

- Connect first responders, public health officials, treatment and recovery housing providers, harm reduction agencies, and EPICC
- Help inform the customization pieces of the broader training
- Begin the conversations about ways to effectively streamline care

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Collaboration Development

*Collaboration requires **shared purpose/vision** that cannot be achieved independently and utilizes integrated strategies to benefit each agency and its stakeholders**



*Gajda, R. (2003). Utilizing Collaboration Theory to Evaluate Strategic Alliances. *American Journal of Evaluation.* 65–77.

**Donahue, J. and Zeckhauser, R. (2011). *Collaborative Governance: Private Roles for Public Goals in Turbulent Times.* 222–228.

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Other Things to Consider

- Is naloxone available in your state for first responder to leave behind?
- If not, what steps need to be taken in order for that to happen?

- Do syringe access programs exist in your state?
- Is there space to effectively collaborate so that people who use drugs can access harm reduction or treatment services?

- For law enforcement, what policies exist regarding officer discretion and syringe confiscation?

- What challenges do first responders face currently?

- What treatment options are available and at what cost?

Thank You to Our Partners!

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Questions?