

Stemming the Opiate Epidemic Through Education and Outreach



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Bass Connections
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Problem: From 2002 – 2015 there was a 2.8 fold increase in the total amount of opioid overdose deaths in the United States Drug overdoses now account for more accidental deaths than car accidents. Drug overdose deaths are a proxy-measure demonstrating the widespread epidemic of drug misuse and addiction. **Approach:** Our team sought to explore the extent and magnitude of the opiate epidemic in Durham and the greater North Carolina community. Our team quickly learned that intervention in this area would require a multi-faceted approach. Over the past year, we have developed relationships with partners in advocacy, first responders, and the medical community to create initiatives that addressed the opioid crisis in Durham and North Carolina.

Advocacy



North Carolina Harm Reduction Coalition (NCHRC) is a statewide grassroots organization dedicated to advocacy and implementation of harm reduction strategies to address the dangers of opiate use. NCHRC engages in grassroots advocacy, resource and policy development, coalition building, and direct services for law enforcement and people impacted by drug use, incarceration, sex work, overdose, gender, HIV and hepatitis.

Our Bass Connections Team partnered with NCHRC for several projects related to harm reduction and education for individuals with opiate misuse disorder.

Emergency Naloxone Rescue Kits.

- Naloxone is an opioid antagonist that serves as an opiate overdose-reversal drug.
- NCHRC distributes naloxone rescue kits to populations at high risk for opiate overdose.
- Last summer, our team assembled 624 kits to be distributed across North Carolina.



Figure 1. A photo of our team holding the 624 naloxone rescue kits we created over the summer.

Resource Cards.

- Individuals with opiate use disorder often struggle to identify affordable and accessible treatment providers.
- We developed resource cards identifying both addiction treatment and other relevant health resources for every county in North Carolina ,examples below.

Medication Assisted Treatment

Changes by Choice: 919-416-4800*
 BAART Community Healthcare: 919-683-1607 ***
 Duke Addictions Program: 919-684-3850**
 Adapted Integrated Methods Health Services: 919-471-5474**

Dr. Amelia Davis, MD: 919-753-1080**
 Dr. Carol Gibbs, MD: 919-572-9442**
 Dr. Lawrence Greenblatt, MD: 919-471-8344**
 Dr. Anne Hendricks, MD: 919-767-1618**

*Methadone
 **Buprenorphine

Free HIV Testing ***Also offers Hepatitis C test

Samaritan Health Center (East Durham Clinic): 919-407-8223
 CAARE Incorporated: 919-683-5300
 Durham County Health Department: 919-560-7600***
 Triangle Empowerment Center Incorporated: 919-423-8902

Detox Facilities

Full Potential Life LLC: 919-321-6171
 Alcohol/Drug Council of NC: 1-800-688-4232
 First Step Service: 919-419-0229

Inpatient Treatment Facilities (Accept formerly incarcerated patients)

TROSA: 919-419-1059
 Cascade at Durham: 919-490-6900
 Freedom House Recovery Center Transitional Living: 919-425-5474

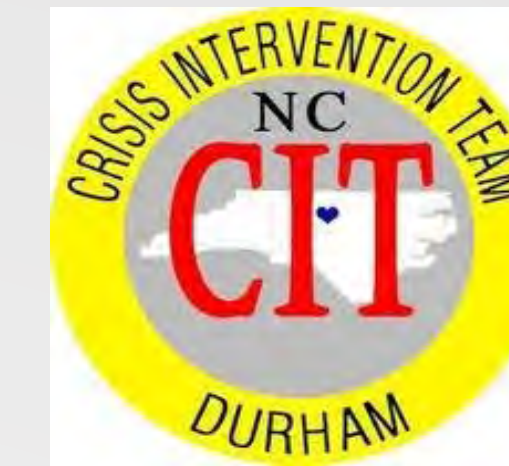
Durham County

Figure 2 and 3. Examples of the Resource Cards our team created over the summer. Figure 2 represents the front of the card, Figure 3 represents the back side.

Syringe Exchange Lobbying.

- Bass Connections team called local legislators to advocate for the legalization of syringe exchange.
- On July 11, 2016 Governor Pat McCrory signed a bill that legalized SEPs in North Carolina.
- This law legalizes a previously-stigmatized yet successful approach to protect drug users from many deleterious health effects of drug use.

First Responders



The Crisis Intervention Team (CIT) is a model for community policing that brings together law enforcement, mental health providers, hospital emergency departments and individuals and families with mental illness—including substance use disorders—to improve responses to people in crisis. The Durham CIT collaborative has been at the forefront of these international efforts.

Learning first-hand about the work of this group made us want to support their work as much as possible. We have begun by organizing a few events to raise awareness.

Grand Rounds.

- CIT Collaborative Coordinator Laylon Williams of Alliance Behavioral Health, and Durham Police Department's CIT Coordinator, Sgt. Tad Ochman described their work at the Duke University Department of Psychiatry and Behavioral Sciences Grand Rounds on December __, 2016.

Duke University Forum.

- On February 21st, 2017 our team hosted a panel discussion entitled "Mental Health: A First Responders' Perspective".
- Members of the CIT collaborative, including several law enforcement officers, Durham County EMS responders, and mental health counselors from Alliance Behavioral Health described their experiences on the front lines of these efforts..
- The discussion was positive and engaged with an audience of approximately 50 students, faculty, and community members.

Next Steps.

- Our work with this group has led to a collaboration to analyze 911 call data to assess the efficacy of this approach and the extent of cost-savings to the community. This will be implemented through Duke's Data Plus Initiative beginning in summer 2017.



Figure 4. A photograph from the CIT forum orchestrated by our team. Illustrated is the moderator of the event (a member of our team) and the panel members from the CIT collaborative.

Health Care



The CDC recommends expanding access and use of naloxone as a method to alleviate the consequences of the opioid epidemic. Currently at Duke University Hospital Emergency Department (DUH ED), only 1 out of every 100 patients with an opioid-related diagnosis receives naloxone.

Thus, the next step for our Bass Connections team will be a quality-improvement intervention to distribute naloxone to patients at risk of an opioid overdose via the DUH ED. Beginning this summer, we will work to implement proper screening and increased prescribing for patients at risk of an opioid overdose.

Access to Naloxone.

- Our team has begun negotiations with one manufacturer of Naloxone to provide free units for the study. If approved, the medication will be distributed, free of charge, to at-risk individuals who present to the DUH ED.

EPIC Order Set.

- Our team will create an order set in EPIC health management software to make it simpler for ED staff to prescribe naloxone to at-risk patients.



Figure 5. Narcan.

Prescriber Education.

- We will educate the DUH ED staff to reduce stigma associated with high-risk patients and to facilitate utilization of the new order set.
- This intervention will be tested during calendar year 2018 to assess feasibility and initial effects.

Special thanks to these partners who shared their expertise with us:

North Carolina Harm Reduction Coalition, Durham CIT Collaborative, TROSA, Changes by Choice, Bluefield Recovery Center, Community Care North Carolina, Durham TRY, Healing Transition, Duke Family Care Program, and Duke Family Medicine Clinic.

