Stemming the Opiate Epidemic Through Education and Outreach

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Problem: From 2002 to 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. We 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 address the opioid crisis in Durham and North Carolina.

Mental Health First Aid & Community Outreach

Mental Health First Aid (MHFA) Workshops
- We partnered with Alliance Behavioral Healthcare to host MHFA workshops in November 2017, April 2018, and May 2018 for Duke undergraduate, medical, and nursing students. Attendees learned basic signs of mental health crisis and mental illness, and appropriate responses.
- Future MHFA workshops will be a collaborative effort between the Duke NAMI (National Alliance for Mental Illness) chapter, DukeReach, and CAPS (Counseling & Psychological Services).

County-Level View of the Opiate Epidemic in North Carolina

Using publicly available data, we investigated whether there is variation in the pattern of heroin mortality among counties in North Carolina. While the overall heroin mortality rate in the state has increased over 1000% since 2010, there are 29 counties where the rate of heroin deaths remained constant or decreased. Conversely, there are 15 counties where the rate of heroin deaths increased by over 10 per 100,000 persons during the same time period. Furthermore, heroin mortality rates are increasing most rapidly in urban areas.

Expanding Naloxone Access in the Duke Emergency Department

Project Background
The CDC recommends expanding access and use of naloxone as a method to alleviate the consequences of the opioid epidemic. A robust body of literature describes the life-saving and cost-effective benefits of distributing naloxone to communities. The Duke University Hospital Emergency Department (DUH ED) could be a site for this life-saving intervention. However, in 2016, providers in the DUH ED saw 1,650 patients at high risk of future opioid overdose, but dispensed only 14 naloxone kits. Thus, we developed a quality-improvement intervention to distribute naloxone to at-risk patients via the DUH ED.

Access to Naloxone
- Our team negotiated with Adapt Pharma to obtain 2500 units of Narcan® Nasal Spray, which will be free of charge for patients.

Educational Materials
- We developed patient education materials about naloxone and its usage, which will be distributed to each patient who is prescribed naloxone.
- Pending approval by DUH ED leadership, this project will be presented to all staff involved with patient care in the ED.

Process Changes
- We have partnered with the DUH ED to create an order set for naloxone distribution and patient educational materials.
- The order set will be automatically triggered when the chief complaint is recorded as “overdose” or the chief impression is listed as “opioid overdose”, “opioid abuse”, “opioid withdrawal”, “opioid dependence”, etc.

Next Steps
- Upon ED Leadership and Risk Management approval, implement order set and process changes.
- Assess effectiveness of the program by administering surveys to ED staff and examining patient records to look for increased Naloxone distribution.

Acknowledgements: Alliance Behavioral Healthcare, NCHRC, Bryce Bartlett, Ph.D., Stephanie Eucker, M.D., Ph.D., Caroline Fretermuth, M.D., Mary Funke, M.D., Durham CIT, TROSA, Jeff and Becky Georgi, Matt from AA, and the Duke Institute for Brain Sciences.