CONNECTICUT COALITION to END HOMELESSNESS

Focusing on Highly Vulnerable Populations Track

Pragmatic and Creative Responses to the Opioid Crisis in Connecticut

A special thanks to our presenting sponsor:

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CONNECTICUT COALITION to
END HOMELESSNESS

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Harm Reduction & Opioid Overdose Data

Harm Reduction

Harm Reduction is a perspective and set of practical strategies to reduce the negative consequences of drug use, incorporating a

um of strategies from safer use to abstinence.

Basic principles…

Drug use exists along a continuum

- *Abstinence is one of many possible goals*
- *Meet people "where they are at"*

Drug users are more than their drug use

Drug-related harm can not be assumed

- *Drugs can meet important needs*

Relapse is never a sign of failure.

"It's important to meet people where they're at, but not *leave them* where they're at."

Harm Reduction

Addiction/dependence - is a disease

- Increased tolerance for the drug, resulting in the need for ever-greater amounts of the substance to achieve the intended effect
- An obsession with securing the drug and with its use
- Persistence in using the drug in the face of serious physical or psychological problems

"Addiction is the only disease where we put people in jail instead of treatment."

Language and Stigma

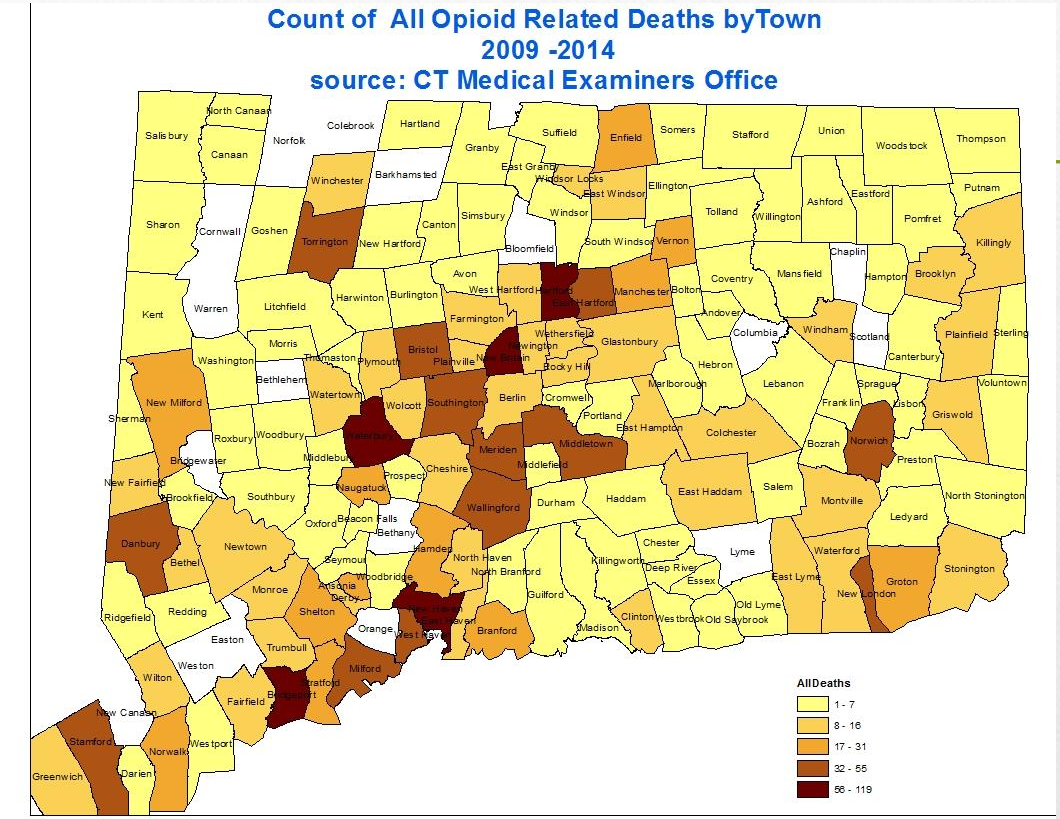
- Person-first language and accurate health terminology.
- Avoid language that can be stigmatizing or inaccurate.
- We refer to individuals as people with an addiction, or with a substance use disorder, instead of "addicts."
- We would describe individuals as abstinent rather than "clean."
- We refer to methadone and buprenorphine as medications rather than "drugs" or "replacement therapy".
- **The most effective treatment for opioid use disorder involves medications such as buprenorphine and methadone in combination with counseling and support services.**

Harm Reduction and Overdose Prevention

- Overdose deaths can be prevented and lives saved.
- Laypeople and family members can prevent overdose deaths.
- Conversations about overdose prevention and reversal provide another way for providers and clients to connect and develop rapport.
- **Conveys that users' lives are worth saving, gives hope.**
- PEPFAR, the UN, American Medical Association, the US Attorney General, and the New England Governors all view Narcan for overdose to be an **essential** part of the treatment of drug users.

Overdose Facts in CT

- From 2009-2016 there have been **over 2,500** accidental/undetermined opiate overdose deaths.
- **152 of 169 CT towns and cities** experienced at least one opioid related death during this time period.
- Benzodiazepines were identified in 42%, and alcohol in 28%.
- 70% male, 84% white, mean age of 40 years, 70% pharmaceutical opioid involved, 82% occurred in a residence, increase in heroin between 2012- 14.
- 44% had some history with the Department of Corrections.


Count of All Opioid Related Deaths byTown
2009 -2014
source: CT Medical Examiners Office
AllDeaths
1 - 7
8 - 16
17 - 31
32 - 55
56 - 119

Where can I get Narcan?

- Prescription from your medical provider
- Certified pharmacists http://www.ct.gov/dcp/cwp/view.asp?a=1620&q=581898
- Order from manufacturers http://prescribetoprevent.org/wp2015/wp-content/uploads/Naloxone-ordering-information-only.16_01_21.pdf

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New London CARES

Coordinated **A**ccess,
Resources,
Engagement and **S**upport

What are Opioids?

- Class of drugs that include
  - Heroin
  - Prescription pain relievers – oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, fentanyl, and many others
- Opioids attach to and activate opioid receptor proteins on nerve cells in the brain, G/I tract, spinal cord and other organs
- Inhibit the transmission of pain AND
- Increase the transmission of dopamine leading to euphoria
- Particular risk of death when used with other substances that suppress respiration – alcohol, benzodiazepines

The Opioid Action Team

- Formed in Fall 2016 when Opioid Use Disorder was identified as one of five priority areas under the LLHD/L+M Community Health Assessment
- OAT's purposes include
  - convening interested individuals and groups,
  - coordinating efforts, resources and events,
  - sharing and promoting best practices,
  - sharing information and data

The Opioid Action Team

- Mission Statement
  - *to create and enhance conditions in our community that lead to sustained support for a continuum of care through a person's recovery journey*.
- Goals:
  - Coordinated, equal access to quality and appropriate treatment and remission support services;
  - Increased best practice treatment services;
  - Comprehensive education and marketing about treatment options, prevention and support, and risks and signs of addiction;
  - Stigma reduction;
  - Comprehensive support services for families and communities;
  - Polices, systems and practices that ensure equal access to appropriate and timely services and information.

The Opioid Action Team

- Values
  - We value a holistic approach that addresses all factors that impact a person's health and wellness.
  - We value diversity in our team members and community partners.
  - We value and respect people living with a substance use disorder and their lived experiences.
  - We value addressing implicit and explicit bias and stigma.
  - We value cultural humility.
  - We value culturally respectful and appropriate services.
  - We value collaboration and consensus building decision making.
  - We value evidence-based practices, data and science about substance use and health.

The Opioid Action Team

- Focus Areas of Work
  - Coordinated Access to Treatment and Recovery Support Services
    - Evidence-based treatment
    - Low barrier, on demand
    - Safe and Healthy Housing
    - Harm Reduction
  - Naloxone Saturation
  - Stigma Reduction
  - Insurance Education and Advocacy

Language and How We Frame Substance Use Disorder

- Substance Use Disorder is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences (National Institute of Drug Abuse)
- A disease is a condition that changes the way an organ functions – in the case of substance use disorder, the brain
  - Opioids impact both the pain and the pleasure pathways
- A chronic disease – just like diabetes, asthma or heart disease, that is long-lasted and can't be cured, but CAN be managed with treatment
- It's CHEMICAL not CHARACTER

Language and How We Frame Substance Use Disorder

- Difference between use of addictive drugs and addiction
- Not everyone who uses opioids will develop opioid use disorder
  - Timing
  - Priming
  - Biology
- Difference between dependence (need to continue taking drugs – whether addictive or non-addictive) and addiction
- Withdrawal with both
- Spectrum of Use from None to Chaotic – so much in between

Language and How We Frame Substance Use Disorder

- **Person or patient with substance use disorder** – not addict, user, drug abuser or junkie
- **Disease** – not problem
- **Drug addiction** – not habit
- **Negative or positive urine drug test** – not clean or dirty
- **Medication Based Treatment** – not opioid substitution
- **Return to use** – not relapse
- **Being in remission** – not being clean

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- Increase engagement between system of care and people living with opioid use disorder
- Improve retention in treatment by providing support for people living with opioid use disorder in achieving individual goals
- Proactively respond to emerging local conditions
- Increase community capacity to support people living with this chronic disease
- Identify and address systemic barriers

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- Increase engagement between system of care and people living with opioid use disorder **- Recovery Navigators**
  - Community outreach, respond to calls from first responders, follow up on referrals from community agencies, make connections to treatment, promote awareness of medication based treatment
  - First touch is usually with a person out in the community, not with a person calling a phone number
  - Lived experience and peer led
  - Building trust – how can I help you today?

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- Improve retention in treatment by providing support for people living with opioid use disorder in achieving individual goals
  - Community Care Team – follow participants, respond to changes, connect with resources

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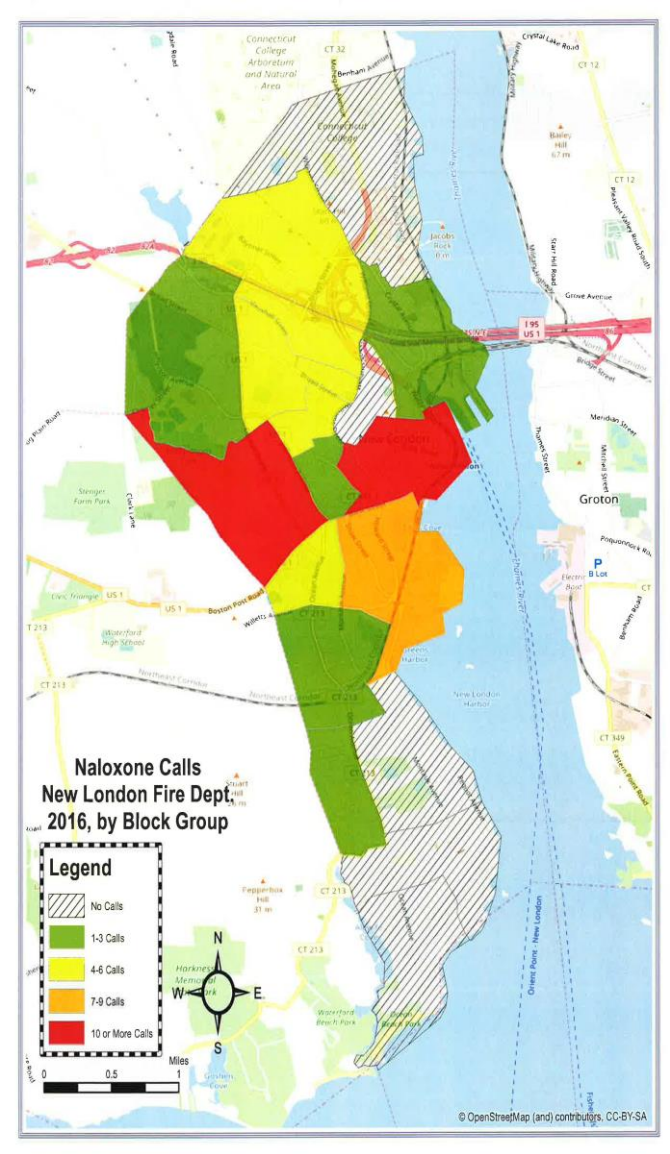
- Proactively respond to emerging local conditions
  - Monitor data from law enforcement – adjust public health response based on information about neighborhoods where additional outreach is needed, increase in fentanyl-analogs
  - Social mapping


Naloxone Calls
New London Fire Dept.,
2016, by Block Group
Legend
No Calls
1-3 Calls
4-6 Calls
7-9 Calls
10 or More Calls
Miles
0
0.5
1
N
W
E
S
Groton
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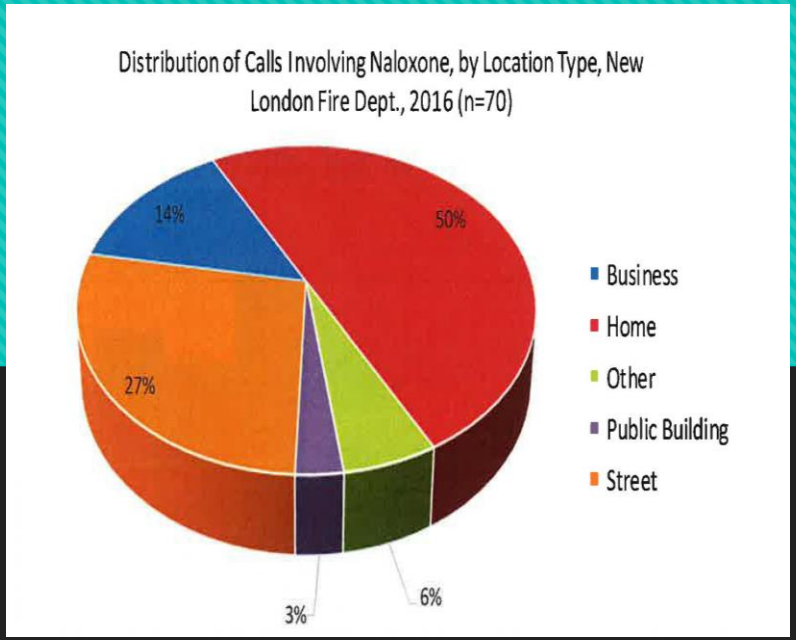
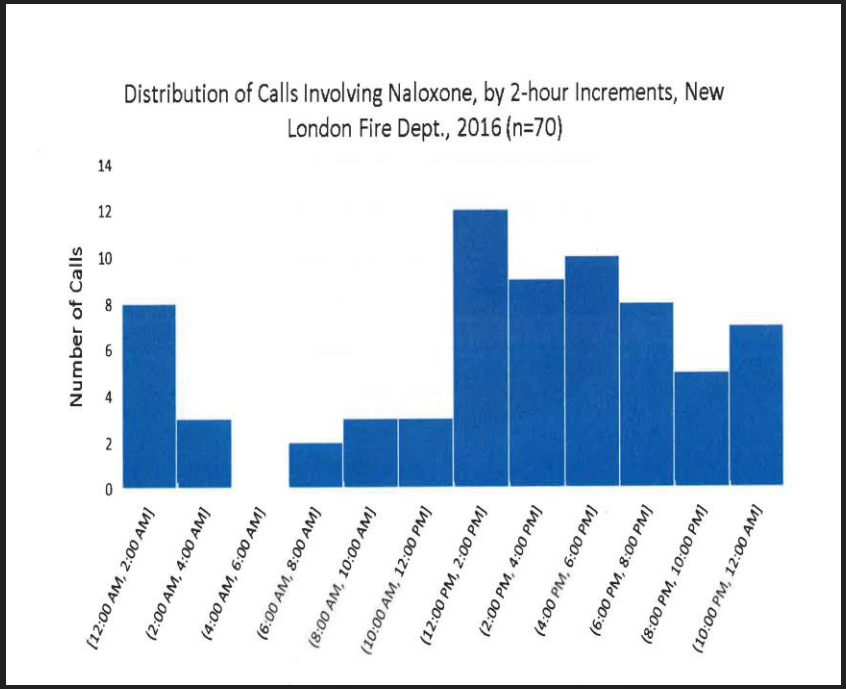

Distribution of Calls Involving Naloxone, by Location Type, New London Fire Dept., 2016 (n=70)
14%
50%
27%
3%
6%
Business
Home
Other
Public Building
Street


Distribution of Calls Involving Naloxone, by 2-hour Increments, New London Fire Dept., 2016 (n=70)
Number of Calls
0
2
4
6
8
10
12
14
[12:00 AM, 2:00 AM)
(2:00 AM, 4:00 AM]
(4:00 AM, 6:00 AM]
(6:00 AM, 8:00 AM]
(8:00 AM, 10:00 AM]
(10:00 AM, 12:00 PM]
(12:00 PM, 2:00 PM]
(2:00 PM, 4:00 PM]
(4:00 PM, 6:00 PM]
(6:00 PM, 8:00 PM]
(8:00 PM, 10:00 PM]
(10:00 PM, 12:00 AM]

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- Increase community capacity to support people living with this chronic disease
  - Trainings for volunteers and staff – stigma, language matters, multiple pathways to recovery, culture/power and privilege, active listening/motivational interviewing, healthy housing, harm reduction, HIV and drug user health
  - Strengthen connections between agencies and treatment providers

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- Identify and address systemic barriers
  - The work extends beyond helping individuals – it is about putting the individual stories together to identify and address the systemic barriers to medication based treatment
  - Expand understanding of substance use disorder by medical community
  - Work with treatment providers to increase access to medication
  - Work at the state level to address policies that create or continue barriers to health
    - Insurance
    - Safe and healthy housing
    - Continuum of treatment/systemic response to return to use

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Questions?

Visit: www.cceh.org or contact training@cceh.org

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