Addressing Opioid Problems in the United States: How Can Extension Help?

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Webinar Outline

- Background
- The Opioid Crisis
  - Statistics
  - Important Factors
- Addressing the Crisis
  - Possible Solutions
  - Extension’s Role
- Examples of Extension Involvement
- Q & A
A note on definitions…

**Opiates**
Naturally derived from the opium poppy
Examples: heroin, codeine, morphine

**Opioids**
Opiates + synthetic and semi-synthetic drugs
Synthetics include: oxycodone, fentanyl, methadone
Background

- Extension Opioid Crisis Response Workgroup (EOCRW) formed in Spring 2018
- Extension Committee on Organization and Policy (ECOP) asked EOCRW to…
  - Identify existing activities in the Land-grant system
  - Organize information and resources identified through surveys
  - Identify needs and opportunities for Land-grant system to help address the crisis
  - Develop a strategic framework that could be used to coordinate a system-wide effort
  - Develop an eXtension website to make resources and information available
Generation Rx

**Brief Description**
Educational program started at Ohio State University in the College of Pharmacy. Promotion of safe use of prescription medications and information regarding dangers of misuse.

**Duration**
Short-term; variable session length

**Research Support**
Research-based resources and program evaluation indicating learning impacts, but is not considered evidence-based according to SAMHSA standards.

**Costs**
All resources are provided at no cost and can be accessed online.

**Contact Info**
Chelsea Pekny, Pharm D

**Links**
- Generation Rx
- YouTube Video

**URL**: https://www.generationrx.org/

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**MD Addiction**
- Mental Disease
- Addiction
- Substance Addiction
- Opiate Addiction
- Prescription Opioid Addiction

**Approach Types**
- Household
- Individual

**Format**
- Handouts
- In-person
- Online
- Resources

**Response Types**
- Education

**Targeted Audiences**
- Children
- College Students
- Community
- Elected or Appointed Leaders
- Extension Professionals
- Individuals
- Teachers
- University Professionals
- Youth
- Youth Leaders

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**MD Addiction**
- Mental Disease (12)
  - Addiction (10)
  - Substance Addiction (5)
  - Opiate Addiction (5)
  - Prescription Opioid Addiction (2)
  - Heroin Addiction (1)

**Targeted Audience**
- Community (10)
- Extension Professionals (8)
- Individuals (8)
- Elected or Appointed Leaders (6)
The Opioid Crisis: Statistics

**THE OPIOID EPIDEMIC BY THE NUMBERS**
2016 and 2017 Data

- **130+** People died every day from opioid-related drug overdoses
- **42,249** People died from overdosing on opioids
- **2.1 million** People had an opioid use disorder
- **11.4 m** People misused prescription opioids
- **2 million** People misused prescription opioids for the first time
- **17,087** Deaths attributed to overdosing on commonly prescribed opioids
- **19,413** Deaths attributed to overdosing on synthetic opioids other than methadone
- **886,000** People used heroin
- **81,000** People used heroin for the first time
- **15,469** Deaths attributed to overdosing on heroin

**Sources**
2. NCHS Data Brief No. 293. December 2017
The Opioid Crisis: Statistics

Opioid Prescribing Rates by County (CDC, 2017)

- Ramsey 108.6
- Adams 100.8
- Foster 88.7
- Eddy 75.8
- Wells 65.9

https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html
The Opioid Crisis: Important Factors

Eco-Developmental Model

- Risk and protective factors
- Interplay of individual and contextual factors
  - Biology
  - Psychology
  - Social factors
  - Developmental periods
The Opioid Crisis: Important Factors

**Individual**
- Genes
- Comorbidity of disorders
- Demographic factors

**Family context and development**
- Parental monitoring and involvement
- Adverse childhood experiences (ACEs)
  → Neurodevelopment, emotion regulation, decision-making
The Opioid Crisis: Important Factors

Community factors

- Social networks
- Rural communities
  - Higher Rx rates
  - Manual labor jobs
  - Outmigration of young adults
  - Economic stress
  - Lack of access to treatment, limited services
  - Disparities in naloxone use
The Opioid Crisis: Important Factors

Broader social and cultural factors

- Mental health stigma
- Overreliance on law enforcement, criminal justice system
- Insufficient regulation of pharmaceutical companies
  → Overprescribing
Addressing the Crisis: Possible Solutions

Demand-side solutions
- Focus on people who are using, misusing or at risk of misusing an opioid of any kind

Supply-side solutions
- Focus on people who prescribe, dispense or manufacture medications

Policy changes
- Large-scale, enacted through political channels
Addressing the Crisis: Possible Solutions

Demand-side solutions

- **Pain management alternatives**
  - OTC medications, medical cannabis, yoga, exercise, physical therapy

- **Education on storage and disposal**
  - Permanent safe disposal sites, drug take-back events

- **Intervention**
  - Promotion and prevention
  - Treatment and maintenance

- **Community development**
  - Economic development and community capacity-building

NRC-IOM, 2009, p. 67
Addressing the Crisis: Possible Solutions

Supply-side solutions

- **Abuse-deterrent formulations**
  - Medications resistant to tampering

- **Training of medical professionals**
  - Social determinants of health; pain management; medication-assisted treatment of opioid use disorder

- **Pharmacists as a point of intervention**
  - Screening and discussing misuse with patients; educating patients on proper storage and disposal practices

- **Prescribing guidelines and PDMPs**
  - Adherence to most recent prescribing guidelines; universal use of PDMPs
Addressing the Crisis: Possible Solutions

Policy changes

- Medicaid expansion
- Health insurance **coverage of medication-assisted therapies**
- **Lifting federal restrictions** to allow RCTs examining cannabis products as substitutes for opioids in pain management
- **Modifying DEA regulations and processes** to make it easier for physicians to prescribe buprenorphine
- Shifting from prioritizing law enforcement and incarceration to prioritizing prevention, harm reduction and treatment
Addressing the Crisis: Extension’s Role

History, Mission and Functions of Extension

- CES is uniquely positioned to address the crisis
  - Existing infrastructure in all states and counties
  - Well-suited for diffusion of science-with-practice solutions
  - Extension agents often serve as change agents

- History of response: Rural crisis of the late 1980s
  - Understanding mental health was essential
  - Addressed root causes of distress (e.g., economic changes)
  - Facilitated formation of community coalitions

- Expansion of CES-based behavioral health programming
  - Mental health topics receiving more attention
  - Evidence-based programming and attention to community-level impact
Addressing the Crisis: Extension’s Role

Challenges for Extension

- **Moving toward a common language**
  - “research-based”, “evidence-based”, “evidence-informed”, “effective”, “efficacious”

- **Adopting evidence-based programs**
  - Scientist-practitioner tensions in implementation and evaluation
  - Knowledge, attitudes and proficiency regarding evidence-based prevention programs

- **Organizational capacity**
  - System openness to change
  - Support for evidence-based prevention
  - Staffing/human resources
  - Shrinking budgets
Addressing the Crisis: Extension’s Role

Suggestions

- **Basic training for community-based educators**
  - All staff who interact with the general public should have a basic level of behavioral health knowledge and skills.
  - At a **minimum**, have this on hand for quick reference!

- **Prioritizing high-quality programs**
  - Requires implementation and outcome evaluation
  - Address both risk and protective factors
  - Multiple contexts, multiple portions of the lifespan

- **Capacity issues**
  - Learn about innovative, highly impactful ways to deliver programs (e.g., PROSPER)
  - Make use of **PIVOT** to search for funding opportunities
Examples of Extension Involvement

McKenzie County Coalition

- **Marcia Hellandsaas (FCW agent)** is the coalition chair
- Started in 2002 as McKenzie County Prevention Task Force
- Prevention of underage drinking
  - Card readers (to make sure ID is not a fake)
  - Anyone who appears to be under 35 must be carded
  - Cameras in and behind bars
  - Anyone selling alcohol has to complete safe server training within 6 months of hire (repeated every 3 years)

The community coalition model can be—and has been—applied to opioid misuse!
Examples of Extension Involvement

North Central Regional Center for Rural Development

STEPPing UP: Social-Emotional Learning for Rural Middle School Youth

See Project Abstract:

November 15, 2018

PI: Amber Letcher, South Dakota State University

Co-PIs: Kristine Ramsay-Seener, South Dakota State University and Meagan Scott, North Dakota State University

Award: $21,765

Project Abstract:
Youth suicide rates continue to rise throughout the United States, particularly in rural areas such as South Dakota and North Dakota. South Dakota has the 14th highest suicide rate in the country, with two counties ranking in the top 1% for suicide rates nationally (South Dakota Department of Health, 2017). North Dakota presents similar statistics with an upward trend in high school students who have considered, planned, or attempted suicide over the past decade (North Dakota Department of Human Services, 2016). Research indicates that the majority of diagnosable mental illnesses start before age 14 (Kessler et al., 2005) suggesting an increased urgency in providing prevention programs that help youth, specifically, learn the skills needed to combat these suicidal thoughts.

Successful programming related to suicide awareness often targets social and emotional learning (SEL) which involves enhancing skills in emotion regulation, perspective-taking, decision-making, empathy, and self-awareness (CASEL, 2013). The current study aims to enhance SEL among middle school youth in rural North and South Dakota. Extension educators in both states will be trained in the Step Up curriculum, an evidence-based program targeting the development of SEL. Extension educators will implement the program with youth from their state (n = 100 per state) in a treatment versus waitlist control design. Results from treatment versus control youth will be compared to identify any significant differences in SEL and mood among the youth.
Examples of Extension Involvement

Mental Health Training (IVN)
If you did not participate in this video conference, watch the recording!

https://www.ag.ndsu.edu/farmranchstress/Mental-Health-IVN
Concluding Thoughts

- Promotion and prevention
- Addressing the crisis requires all Extension program areas to work together
- Capacity is a challenge for many institutions.
  - ECOP and partner organizations discussing opioid response network
- NDSU Extension is already doing great work! If you are interested in learning about ways to do more, I encourage you to start with looking at the eXtension website.

https://opioidresponse.extension.org/
Q & A

- A note about references:
  Too many to list on one slide (or even two)! If you would like the references, please visit the eXtension website and navigate to the section called “Resources and ECOP Final Report”, or e-mail me for a PDF of the literature review.

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