

Chronic Non-Malignant Pain, Addiction and Accidental Overdose: Interventions Inside and Outside the Walls

Duke University Health System – Durham, NC

Background

In 2007, medical directors from two high-volume Duke Hospital-based primary care clinics, the medical director of the local federally qualified health center and the director of the local Medicaid accountable care organization sat down with three different community mental health and substance abuse providers and began mapping out ideas to address opioid prescribing patterns, addiction screening and treatment, and pain agreements. The providers recognized the increase in addiction and demand for opioids by clients and patients, which is now classified as an epidemic in Durham County. By 2010, overdose deaths in America were the tip of the iceberg. For every 10 opioid overdoses, there were 15 abuse treatment admissions, 26 hospital emergency department (ED) visits, 115 who abuse/are dependent and 733 nonmedical users totaling \$4 billion in medical care.

Program Overview

Today, with coordination from Duke Health and Duke University Hospital, a diverse group of partners implemented a multi-factorial set of programs and interventions to support patients with pain and addiction while implementing a community-wide strategy (Project Lazarus) to reduce overdose death. The collaboration of the hospital, criminal justice system, first responders, behavioral health providers, primary care and specialty care providers, and pharmacies were instrumental in successfully implementing services and saving lives. The multi-level strategy included community education, provider education, hospital ED policies, diversion control, pain patient support, harm reduction programs and addiction treatment.

The Community Coalitions include: Durham Crisis Collaborative – Partnership for a Healthy Durham Substance Use/Mental Health Committee and Durham Together for Resilient Youth; Naloxone Outreach – Pharmacies, Durham County Department of Public Health and Durham Mobile Crisis Unit; Provider Education – Provider Toolkits and CME Education, Use of Pain Agreements, Use of Controlled Substance Reporting System (CSRS), Chronic Pain Provider Consultation Calls; Diversion Control – Permanent Drop Boxes; Pain Patient Support – Chronic Pain Self-Management Workshops and Chronic Pain Management Resources. There are a myriad of cross-sector opportunities to design, develop and implement simple strategies and interventions to address a very complex and complicated issue.

Impact

Results include:

- Disseminated approximately 700 naloxone kits, which has led to 76 reversals through the VIBRANT Project in Vance County and partnership with North Carolina Harm Reduction
- Increased access to naloxone through 12 pharmacies currently equipped to dispense naloxone in the community
- Received more than 40 referrals from Lincoln Community Health Center (LCHC) for patients to participate in Stanford University Model Living Healthy with Chronic Pain Self-Management 6-week workshops to provide patient support for alternative therapies in pain management (classes are offered on a regular basis through Duke NPCC and LCHC)
- Saved \$1,030,232 through the top familiar faces collaboration

Lessons Learned

Challenges along the way include:

- Naloxone myths – Myths persist about naloxone. Specifically, there is evidence of a negative stigma in the community relating to responding to overdoses. Increasing the awareness of naloxone distribution does not enable drug use education as well as the Good Samaritan Law and evidence-based strategies that exist to address the problem.
- Provider reservations – Some providers still have reservations about treating chronic pain patients, becoming suboxone prescribers, and prescribing naloxone in addition to opioid prescriptions. Collaborators are continuing to provide tools, resources, and education for providers on the North Carolina Medical Board and CDC Guidelines for safe opioid prescribing.
- Funding – Collaborators are pursuing funding opportunities to support community coalitions and efforts. They are partnering with Project Lazarus and the North Carolina Harm Reduction Coalition as an effective way promote naloxone distribution.

Future Goals

Coalition members have identified six future goals:

- ***Reduce the number of prescription being written within the Duke Health System.*** Steps include identifying those prescribers within the Duke Health System that have a higher prescribing rate of opioids and reaching out to offer training and resources for safe opioid prescribing. In addition, they will encourage providers to use the North Carolina Controlled Substance Reporting System for addressing the misuse of prescription opioids and preventing overdose deaths.
- ***Promote the importance of diversion control.*** Steps include facilitating and coordinating more community medication take-back days to promote safe disposal of unused medication.
- ***Streamline coordination and communication between EDs and the Alliance for Behavioral Healthcare.*** Steps include promoting integrated behavioral health care services to improve the quality of care for patients.
- ***Reduce duplicative efforts between EDs and community agencies when there is a mutual population.*** Steps include decreasing ED recidivism while promoting access to needed services/support for substance use disorder treatment for individuals with opioid addiction.
- ***Promote naloxone outreach and overdose prevention programs.*** Steps include increasing awareness, education and training among law enforcement and first responders, and equip them with the tool (naloxone) to help save lives.
- ***Increase opioid addiction treatment programs.*** Steps include increasing the number of primary care providers (including OB-GYN) who will treat addiction with suboxone.

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