# Ohio's Opioid Crisis: Committing to Solve Complex Community Issues

Joseph E. Keferl, Rh.D., CRC Dean and Professor College of Education and Human Services Sarah Nerad, MPA





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# SCOPE OF THE PROBLEM





# On Our Campuses

Of full time college students in the past month...

- **1/3** of full time college students engaged in binge drinking in the past month
- 1 in 5 used illicit drugs

SAMHSA Short Report, 2016

### **1/3** of college students have participated in the misuse of prescription drugs at least once during their time in college

Center for Young Adult Health and Development

# **Most Commonly Misused**

Pain Meds	*Stimulants	Sedatives
OxyContin	Adderall	Xanax
Vicodin	Ritalin	Valium
Percocet	Ephedrine	Ambien
Demerol		Lunesta

# Why are college students using?

#### Pain Medication

- 55% use to relieve pain
- 46% use to get high (2<sup>nd</sup>)

#### **Sedatives**

- 56% use to sleep
- 39% use to get high (3<sup>rd</sup>)

#### Stimulants

- 85% use to improve grades
- 14% use to get high (4<sup>th</sup>)

# **Opioid Misuse**

- Average age of initiation for prescription drug misuse is within traditional college years
- Average age of heroin use initiation is
  - 18-19 years old
- Most heroin users are polysubstance users

Ihongbe and Masho (2016)

# In our Communities

#### May 2016

- Dayton, Ohio ranked #1 in the United States for overdose deaths
- Cincinnati #6
- Toledo #10
- Akron #15
- Cleveland #25

#### Worst Cities For Drug Overdose Deaths

These rankings are based on cities with over 400,000 people. Because of the way the Heroin outbreak is affecting America, many small and rural areas are effected as badly as the big cities. The primary focus of drug overdose is on opiates:

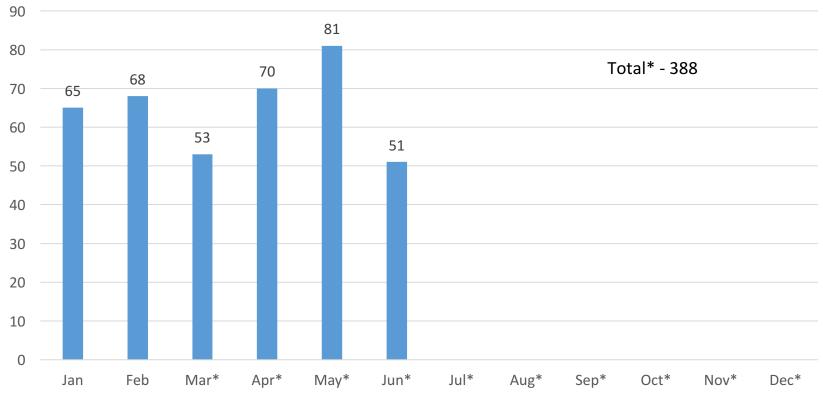
Rank	City	State	Deaths	Death Rate
1	Dayton	ОН	270	50.6
2	Baltimore	MD	271	43.5
3	Philadelphia	PA	527	33.8
4	New Bedford	MA	186	33.6
5	Birmingham	AL	217	32.8
6	Cincinnati	ОН	264	32.7
7	Warren	MI	268	31.2
8	Knoxville	TN	137	30.5
9	Albuquerque	NM	201	29.8
10	Toledo	ОН	122	28
11	Manchester	NH	113	27.9
12	Detroit	MI	487	27.6
13	Indianapolis	IN	250	26.8
14	Milwaukee	WI	253	26.5
15	Akron	ОН	143	26.4
16	Camden	NJ	134	26.2
17	Kenner	LA	114	26.2
18	Pittsburgh	PA	319	25.9
19	Flint	MI	106	25.7
20	Louisville	KY	195	25.7
21	Providence	RI	159	25.2
22	Bakersfield	CA	215	24.6
23	Salt Lake City	UT	268	24.5
24	New Port Richey	FL	112	23.1
25	Cleveland	ОН	290	23

# Montgomery County is on pace to have 800 overdose deaths in 2017

Synthetically based fentanyl and carfentanil are now common in our communities

- Fentanyl 50-100 times as potent as morphine
- Carfentanil 10,000 times as potent as morphine
- Lethality increased exponentially

### Montgomery County Accidental Overdose Deaths



\*Preliminary

As of 6/30

#### **Drug Deaths in America Are Rising Faster Than Ever** By <u>JOSH KATZ</u> JUNE 5, 2017 – NY Times

- AKRON, Ohio Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.
- The death count is the latest consequence of an escalating public health crisis: opioid addiction, now made more deadly by an influx of illicitly manufactured fentanyl and similar drugs. Drug overdoses are now the leading cause of death among Americans under 50.
- Although the data is preliminary, the Times's best estimate is that deaths rose 19 percent over the 52,404 recorded in 2015. And all evidence suggests the problem has continued to worsen in 2017.

### By the numbers...

- 1980 10,000 OD deaths
- 1993 38,000 gun deaths
- 1995 46,000 HIV deaths
- 1972 54,000 car crash deaths
- 2016 59,000 65,000 Overdose deaths
- 2017 ?

# WHAT ARE UNIVERSITIES DOING?





# Current Campus Efforts Specific to Rx Drugs

- Education & Awareness
- Social Norms campaigns
- Good Samaritan Laws
- Drugged Driving campaigns
- Prescription Drug Take Back Days

# **Naloxone on Campus**

- Opioid overdose reversal drug
  - Safe, affordable and life-saving
- What schools have it?
  - Sinclair Community College
  - Ohio State University
  - Other schools discussing having it on campus
- Naloxone Trainings
  - If you're not going to carry it on campus, at least do trainings

### **Medication Assisted Treatment**

- Suboxone Maintenance and Recovery Team (SMART)
- For current Ohio State students
- 12 months continuous recovery with MAT
- Student Health, Counseling & Consultation Services and the CRC
- Goal = reduce the rate of relapse for students with opioid use disorders

## **Collegiate Recovery in Ohio**

#### • Formalized Collegiate Recovery Programs

- The Ohio State University
- Case Western Reserve University
- Ohio University

#### • Emerging Collegiate Recovery Efforts

- Lorraine County Community College
- University of Akron
- Ohio Wesleyan University
- Kent State University
- Miami University

# **Community Level-WSU**

- Academic Unit Reorganization-Integrated Health Institute (IHI) at Wright State University
- Prevention: PAX/GBG for youth
- Conversations for Change
- Development of Ohio Health Education Standards
- Development of Opiate Prevention Standards
- Opiate training for Ohio athletic trainers
- Paramedicine program
- Development of National Prescriber Guidelines for Nurses
- Training and Practice for Prescribers

### New Mission in Academia:

- Collective Impact Model for Higher Education
  - See DRAFT Rationale Statements (handout)

## Integrated Health Institute (IHI)

#### **Statement of Need:**

The need for innovation in health care, mental health and addiction prevention, treatment, recovery, and wellness is clear. Tackling our pervasive and complex health problems such as the opiate epidemic requires that a truly, "from the ground up", integrated approach become the industry standard throughout healthcare.

Wright State University proposes the nation's first Integrated Health Institute (IHI), designed to set new standards and outcomes for institutions of higher education.

#### **Integrated Health Institute:**

Rapid response and evaluation of interventions in real time, using findings to improve results

Invites policies and systems to be evaluated and adapted to improve effect and efficiency

Shapes our current and future workforce to be trained to "think beyond their discipline", by understanding and responding to healthcare needs of local communities, through the design, discovery, and integration of knowledge and practice from other fields

By dramatically changing the way we address the opiate crisis to develop a truly integrated collective impact model, IHEs will make significant progress toward saving lives and improving communities.

https://webapp2.wright.edu/web1/newsroom/2016/09/07/n ational-docu-series-on-daytons-heroin-use-premieres-atwright-state/

WSU is poised to lead Ohio and the country with this model

#### Prevention: PAX/GBG for all Ohio youth

Using PAX GBG training, coaching, and professional development through Wright State University, regions can begin to replicate across Ohio the same outcomes have been going on for 30+ years with this evidence-based prevention program

Model established and piloted in Montgomery County, Ohio, partnered with OMHAS and WSU to train, develop, and coach over 100 teachers in this prevention strategy and have so far exceeded most local and national implementations with 72% decrease in problematic behavior and 80% decrease in administrative referrals

### Why PAX/GBG?

When kids learn self-regulation:

#### Immediate Outcomes:

- 70% decrease in classroom problematic behavior
- Significant decrease in administrative discipline referrals and school injuries

#### Academic Outcomes:

- Statistically significant increases in Math and Reading standardized test scores
- Statistically significant decreases in special education service usage

#### Long-term outcomes:

- Over 50% decrease in illegal drug dependence
- Significant decreases in illegal activity and violent crime throughout teen years and adulthood

### **Pre-Service Preparation**

- At WSU, every teacher candidate is now trained in PAX/GBG so that they can immediately impact their students
- PAX/GBG training to be infused across other human service disciplines
- WSU could support PAX/GBG training as standard part of curriculum across Ohio institutions

### **Conversations for Change**

Neighborhood level deployment of WSU faculty and students working alongside:

- East End Community Center
- Dayton Police
- Dayton Mediation Center
- Montgomery County Sheriff
- Treatment providers
- Families of Addicts

- Local Church
- Open to anyone
- Pizza/soda served
- Narcan administration training-free kits issued
- Treatment and support service providers are on site
- Small group motivational interviewing (MI)
- Individual MI sessions by WSU faculty and graduate students
- Those who indicate readiness for treatment are connected to a treatment provider on the spot
- Over 70 people have chosen to engage treatment while at CFC
- Replicating project in Springfield, Ohio

## Development of Ohio Health Education Standards

Ohio is currently the only state without health ed standards

Provided information to Ohio legislators and Governor's office in the spring

WSU's Dr. Kevin Lorson has been asked to develop Health Education Standards for Ohio

# Development of Opiate Prevention Standards

- WSU's Dr. Kevin Lorson serves on the Attorney General's Joint Study Committee on Drug Use Education
- WSU hosted a public hearing on Oct 25, 2016
- Opiate Prevention Standards are being developed by WSU CEHS faculty
  - Curriculum will be piloted at Ruskin School in Dayton

#### Opiate training for Ohio athletic trainers – WSU's Siobhan Fagan

- The Ohio Athletic Trainers' Association (OATA) recognizes the unique role that athletic trainers can provide in addressing aspects of the opioid epidemic in Ohio.
- Athletic trainers work within various aspects of healthcare, including overseeing the well-being of high school and collegiate athletes.
- Athletic trainers are on the front lines of recognition and prevention of opioid abuse.
- ATs receive education in pharmacology and pain medication as a student in accredited programs. OATA wants to take this education further and offer continuing education programs to athletic trainers.

### **Community Paramedicine (CP) (AKA: Mobile Integrated Healthcare) (MIH)**

- Expands role of pre-hospital care paramedics to work with hospitals, public health, home health, and social services to fill gaps in the community healthcare system for at-risk and underserved people.
- MIH-CP Program adapts to the specific needs and resources of each community to fill existing gaps in order to connect healthcare and social services resources to underserved populations.
- Legislation was recently passed in Ohio to expand the scope of practice for Ohio paramedics to allow them to provide this type of care outside the scope of an emergency.

# Impact of CP/MIH

- MedStar EMS in Ft. Worth, Texas in July of 2009.
- Volume of 9-1-1 calls from 186 enrollees, during the period of July 2009 to August 2011, dropped by 58%
- Annual EMS transport costs for enrolled patients fell by more than \$900,000 and other charges fell by more than \$2.8 million
- Regional emergency departments estimated an even larger reduction in charges and costs, including a \$9 million reduction in emergency department charges.
- Decline in ambulance transports freed-up emergency department capacity by as much as 14,000 additional bed hours

# Development of National Prescriber Guidelines for

### Nurses

- CDC Opiate Prescriber Guidelines for physicians released spring 2016
- IHI delegation met with CDC in late May, 2016
- CDC recognized the need for nursing guidelines
- WSU can assist in developing complimentary Prescriber Guidelines for Nurses following CDC methodology

### **Training and Practice**

- WSU has expertise in providing both pre-service and large-scale continuing education training for prescribers
- Education on CDC prescribing guidelines
- EBPs in pain management
- Therapeutic and ethical treatment of chronic pain

# BEST AND PROMISING PRACTICES





### **Selecting Evidence-Based Practices**

Implement comprehensive prevention that:

- Addresses multiple contributors
- Uses multiple initiatives **simultaneously**
- Includes prevention, early intervention, and treatment.
- Focuses on changes to the **environment**
- Are **adapted** to your campus or community environment.

## **Community Based EBPs**

Integrated Health Institute

Modeled after Recovery Oriented Systems of Care

Statewide Implementation of PAX/GBG (handout) SAMSHA-NREPP

Replication of Conversations for Change Motivational Interviewing

## **Community Based EBPs**

Implement Paramedicine Program MedStar EMS in Ft. Worth, Texas in July of 2009

Provide prescriber and other provider training CDC prescriber methodology

#### **Collegiate Recovery Programs**

• "A supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other."

Association of Recovery in Higher Education

#### **Student Data**

- 26 years average age
- 50% are over age 23
- 16 months average length of recovery
- 32% freshmen
- 35% transfer student
- 12% Veterans
- 8% relapse rate

#### **Graduation and Retention**

CRP Average Graduation Rate – **89%** Average Institution Graduation Rate – 60.5%

CRP Average Retention Rate – **91.8%** Average Institution Retention Rate - 80.8%

Average GPA = **3.22** 

Laudet, 2013

# WHAT'S POSSIBLE?



College of Education and Human Services



Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery

- Former federally funded national center
- Ohio State re-created it in 2014
- Hosted annual conference with 175+ attendees from all over the state & country
- Provide ongoing TA, support, dissemination of best practices, translation of science, trainings, etc.



### **Expansion of Collegiate Recovery**

- Matching grants with schools in Ohio to create Collegiate Recovery Programs
  - Ensures sustainability & buy in
- HECAOD provides ongoing TA to the newly formed CRPs
- Students can stay local & not disrupt their recovery ecosystem
- Increases access to higher education
- Recovery saves lives. Education transforms it.

#### Ohio can...

- Lead the country by adopting a transdisciplinary model across institutions of higher education
- Achieve the first state-wide scale up of PAX/GBG
- Increase access to EBP treatment through ATP
- Assist the CDC in generating national guidelines for nurses
- Impact prescriber practices through training

#### When we do these things, we will...

- Equip every teacher and child in Ohio with PAX/GBG
- Solve complex social issues yielding long term results/savings
- Shift the relationship/mission paradigm of IHEs to community impact
- Increase needed access to EBP treatment
- Rebuild healthy communities and Ohio workforce
- Train our future workforce in multidisciplinary model
- Foster new and lasting partnerships between public/private sector to achieve outcomes
- Save lives

# **CONTACT US!**

#### Joseph Keferl, Rh.D., CRC

Dean and Professor College of Education & Human Srvcs Wright State University joseph.keferl@wright.edu 937-775-2076

#### Sarah Nerad, MPA Program Manager, Collegiate Recovery Community Director of Recovery, Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery 614-292-1973 | Nerad.1@osu.edu



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