



HEALing Communities Study
Kentucky

The HEALing Communities Study: Applying Lessons Learned to the Opioid Crisis in New Jersey

Sharon Walsh, Ph.D.



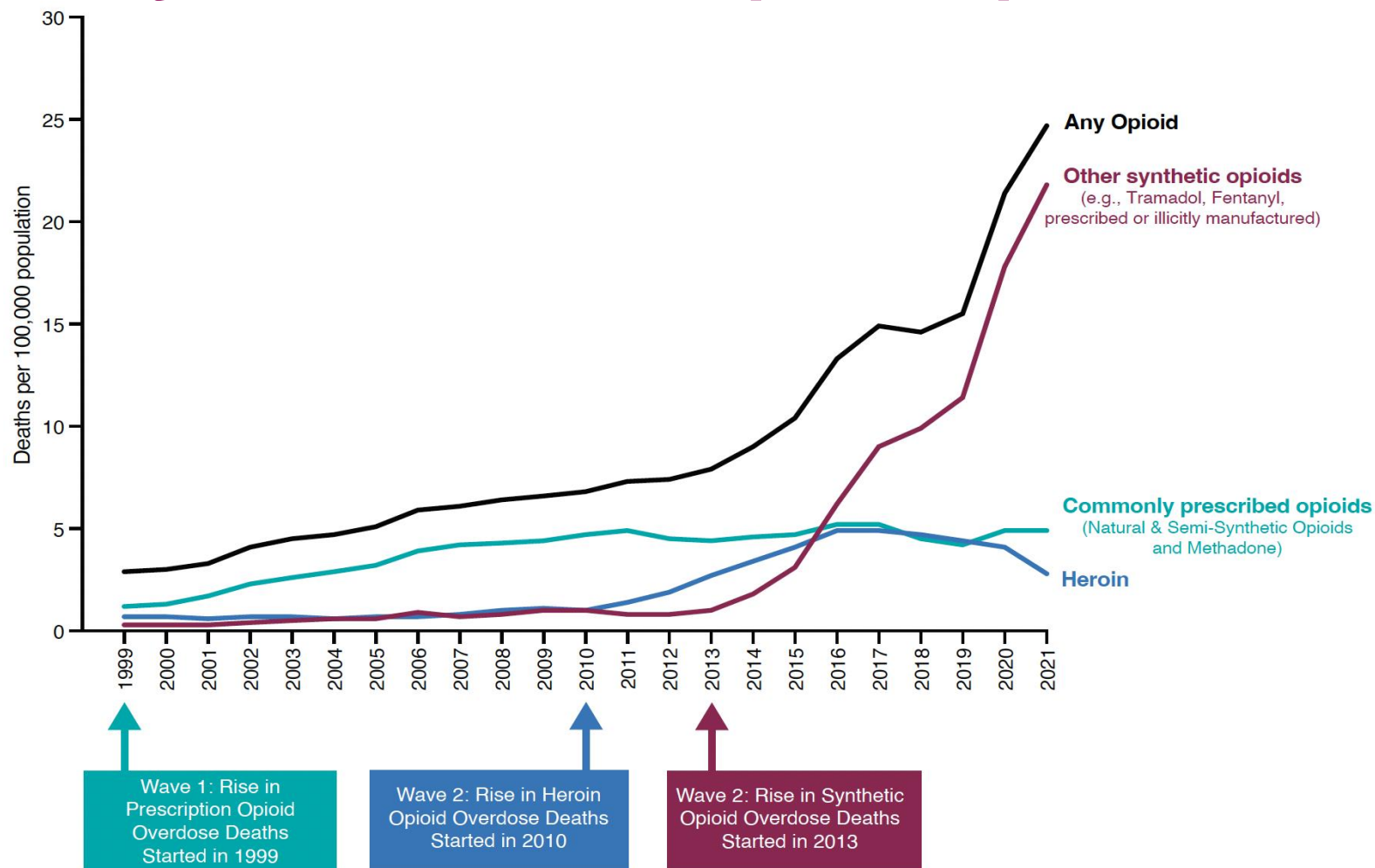
Disclosures (past 3 years)

- Serve as a scientific advisor/consultant for Opiant, Astra-Zeneca, Pocket Naloxone, Cerevel, Titan (medications development for substance use disorders), Otsuka

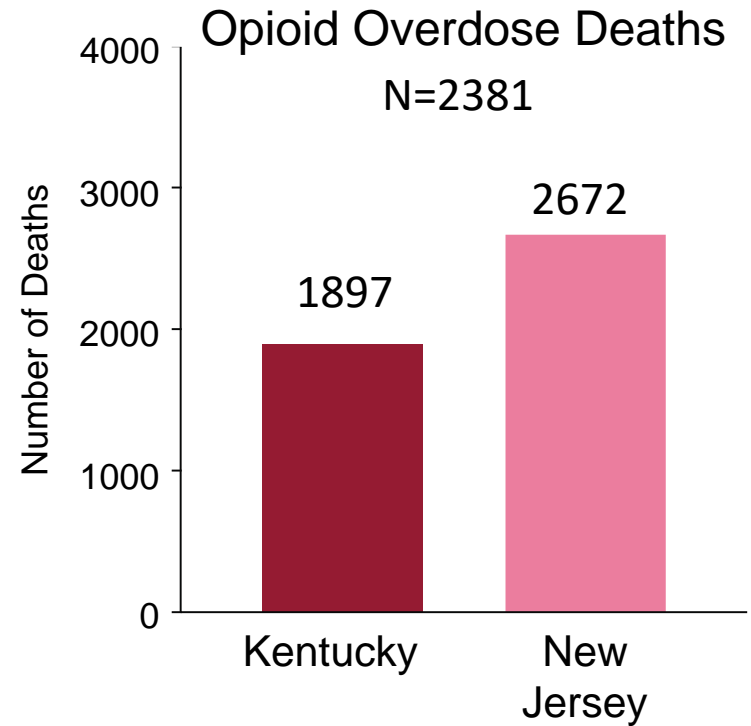
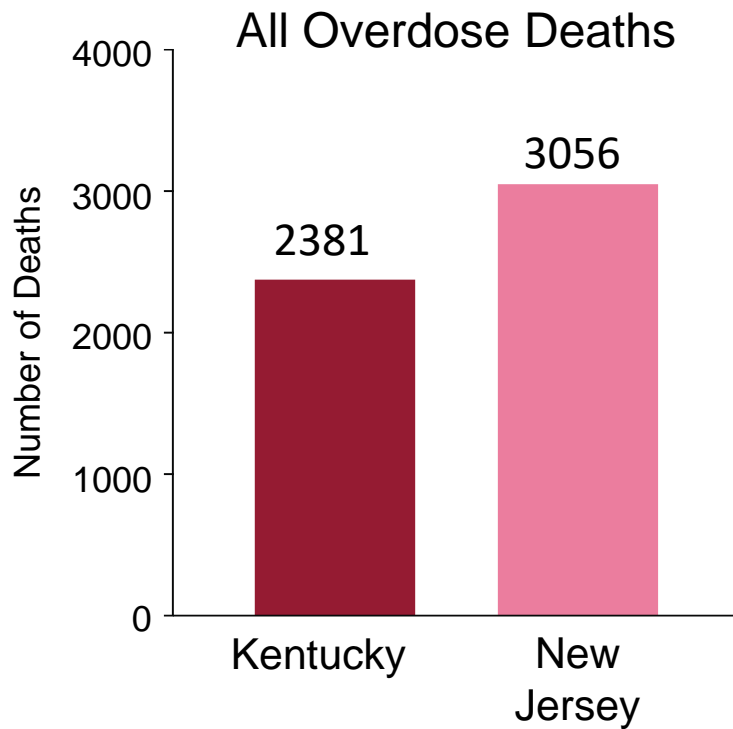
Outline

- Current state of the opioid crisis
- HEALing Communities Study
 - Design and deployment of the Communities that Heal Intervention (CTH)
 - Key Elements
 - Community engagement
 - Expanding evidence-based practices to prevent opioid overdose deaths
 - Communications
- Lessons learned and suggestions for addressing opioid overdose deaths

Deadly Waves of the Opioid Epidemic

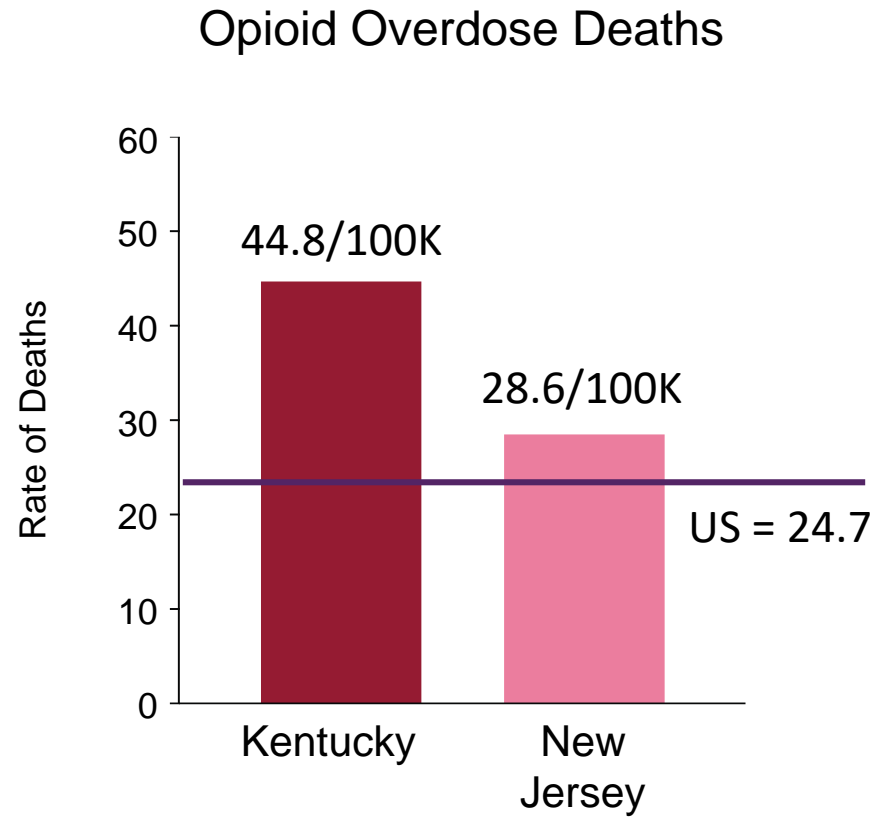
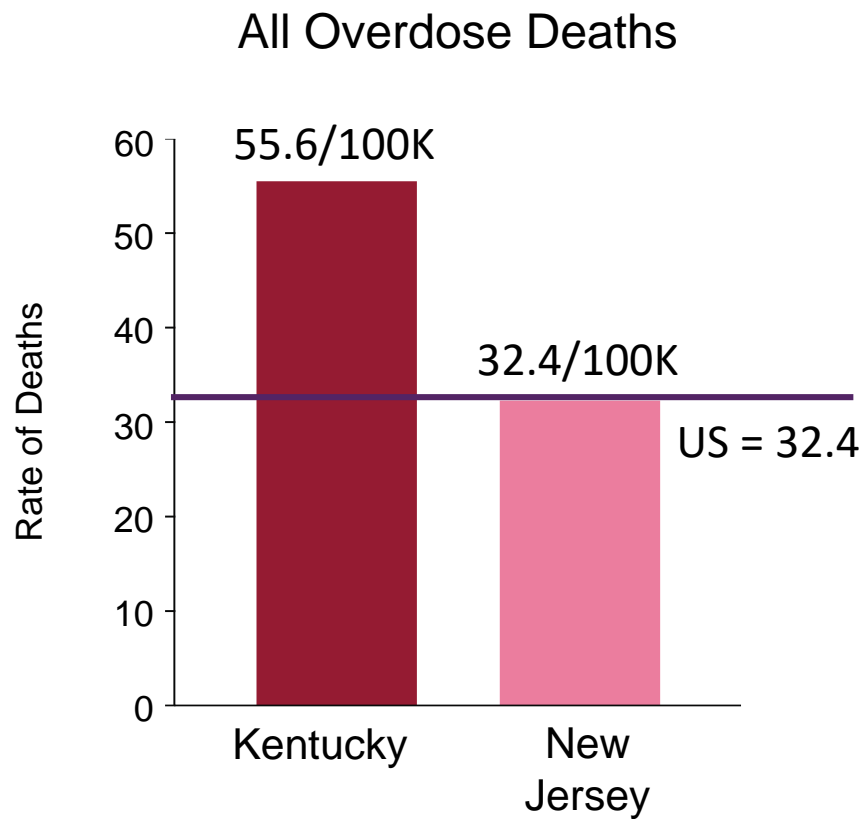


2021 Total Number of Overdose Deaths



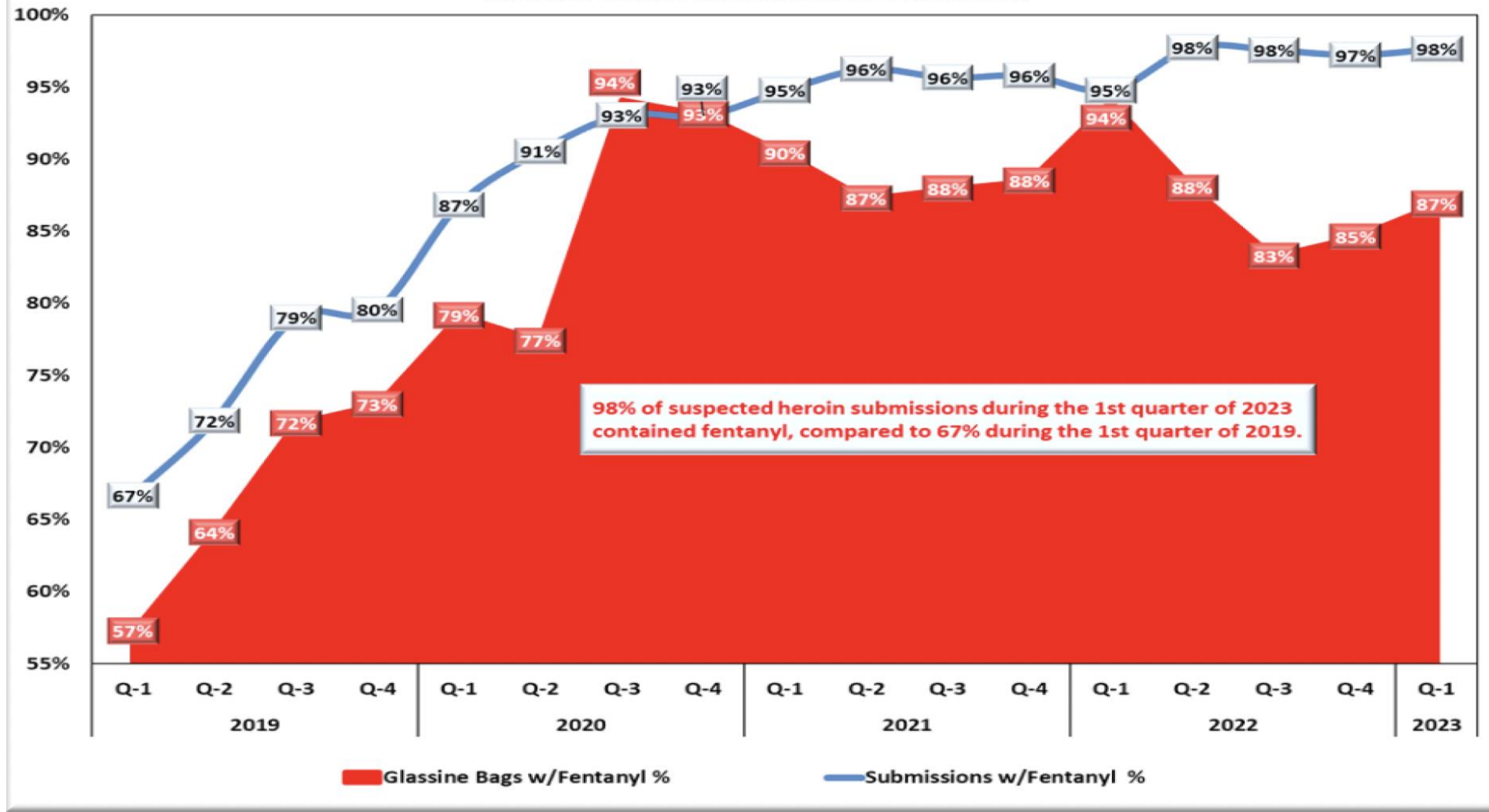
Total US opioid overdose= 80,411

2021 Rate of Overdose/100,000 persons



KY Population = 4.509 million
NJ Population = 9.267 million

FENTANYL-RELATED SUBMISSIONS & GLASSINE BAGS



Xylazine: The Latest Threat

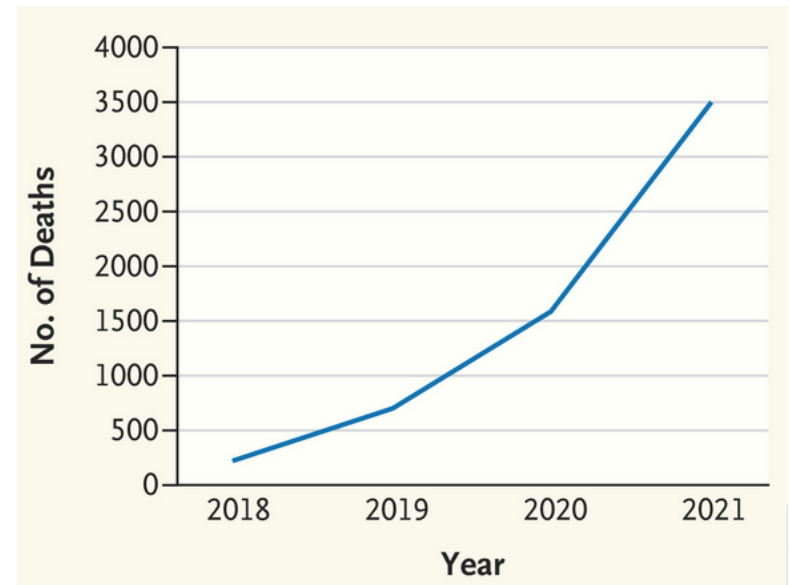
- Xylazine (aka Tranq or Tranq Dope) is not an opioid; it is an α_2 -agonist (similar to clonidine) used as a veterinary sedative
- Xylazine has been spreading throughout the illicit drug supply (not just in the opioid supply)
- It produces physical dependence
- It produces severe skin ulcers and wounds occur even in those without IV use

Gupta, R., Holtgrave, D. R., & Ashburn, M. A. (2023). Xylazine—Medical and Public Health Imperatives. *N Engl J Med* 2023; 388.

Xylazine Spread in the Drug Market

- Found in >90% of illicit drug samples tested in 2021 in Philadelphia in 2021¹

Xylazine-related Deaths

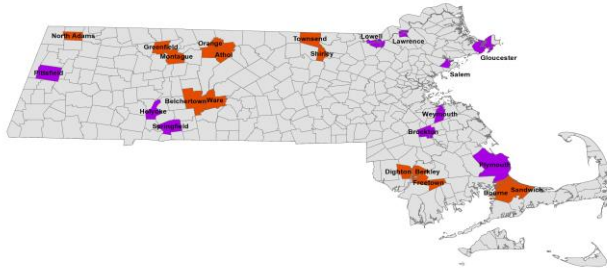


Why was the HEALing Communities Study needed?

- The opioid overdose crisis continues to worsen despite substantial efforts to mitigate it (>100,000 lives lost to drug overdose in 2021)
- We have efficacious interventions to address opioid use disorder, but they have inadequate uptake and delivery due to
 - Structural barriers
 - Disjointed care systems
 - Stigma and discrimination
- Large-scale community activation is needed to expand evidence-based practices and reach the individuals who need them

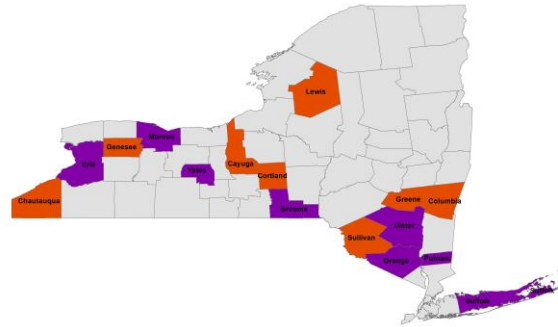
HCS Communities

Massachusetts



Orange Rural Communities
Purple Urban Communities

New York



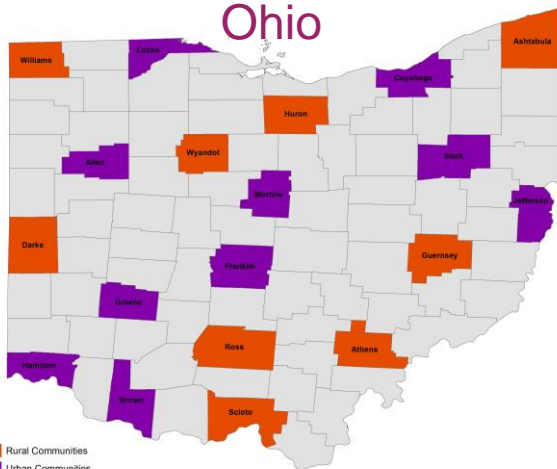
Purple Urban Communities
Orange Rural Communities

67 Communities
randomized to the
intervention:

30 rural
37 urban

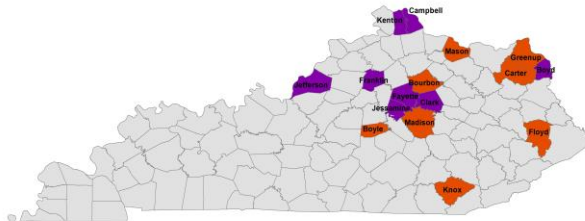
Total Population:
10,409,867

Ohio



Orange Rural Communities
Purple Urban Communities

Kentucky

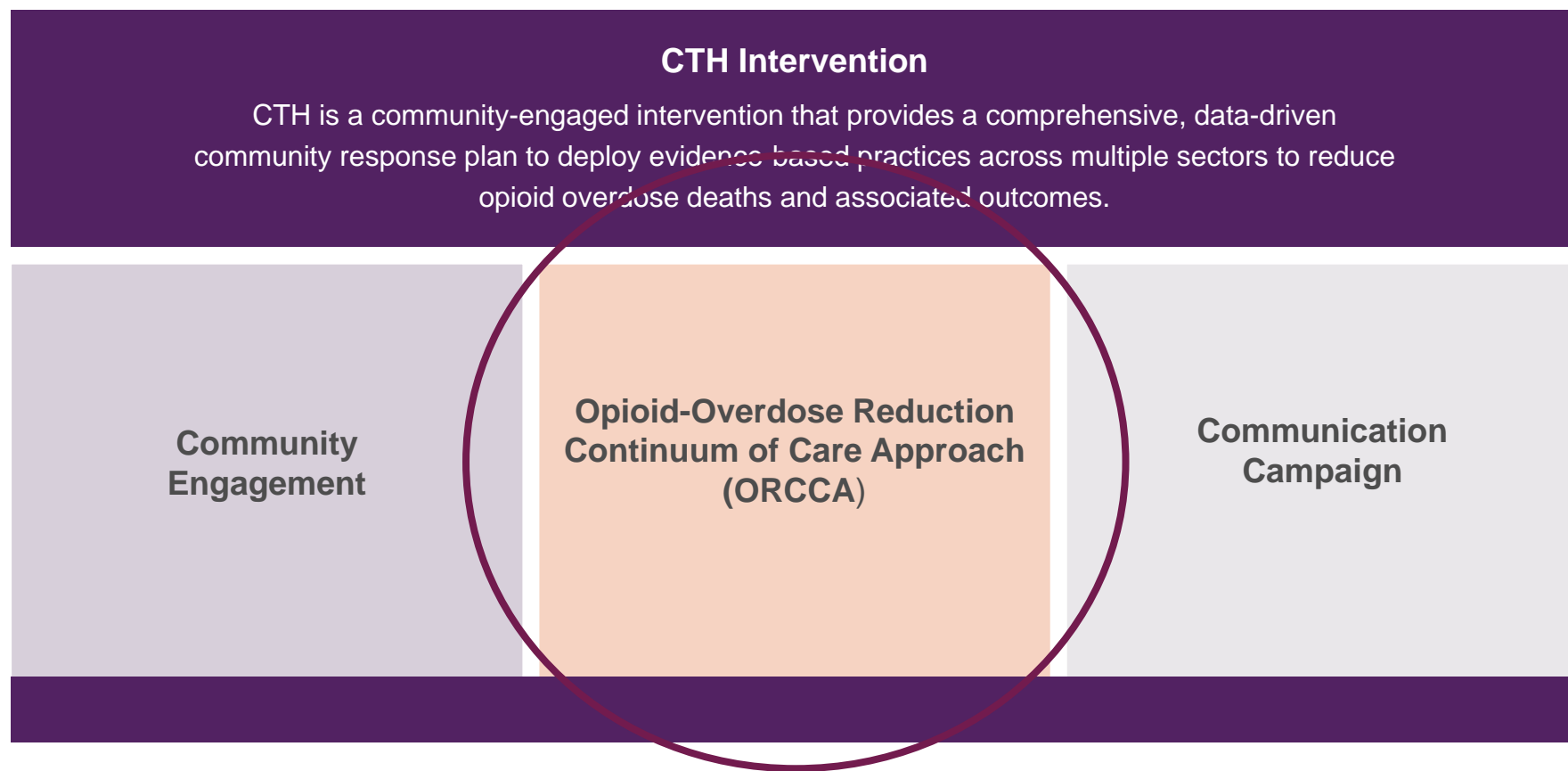


Orange Rural Communities
Purple Urban Communities

Overall Study Timeline (Revised Twice Due to COVID-19 Pandemic)

Year	2019							2020							2021							2022							2023							2024		
Month	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR		
Wave 1 Communities (n=34)	Start-up							Intervention														Sustainment																
Wave 2 Communities (n=33)								Usual Care														Intervention																
All Communities (n=67)																						Comparison: CTH vs. Usual Care														Closeout and Analysis		

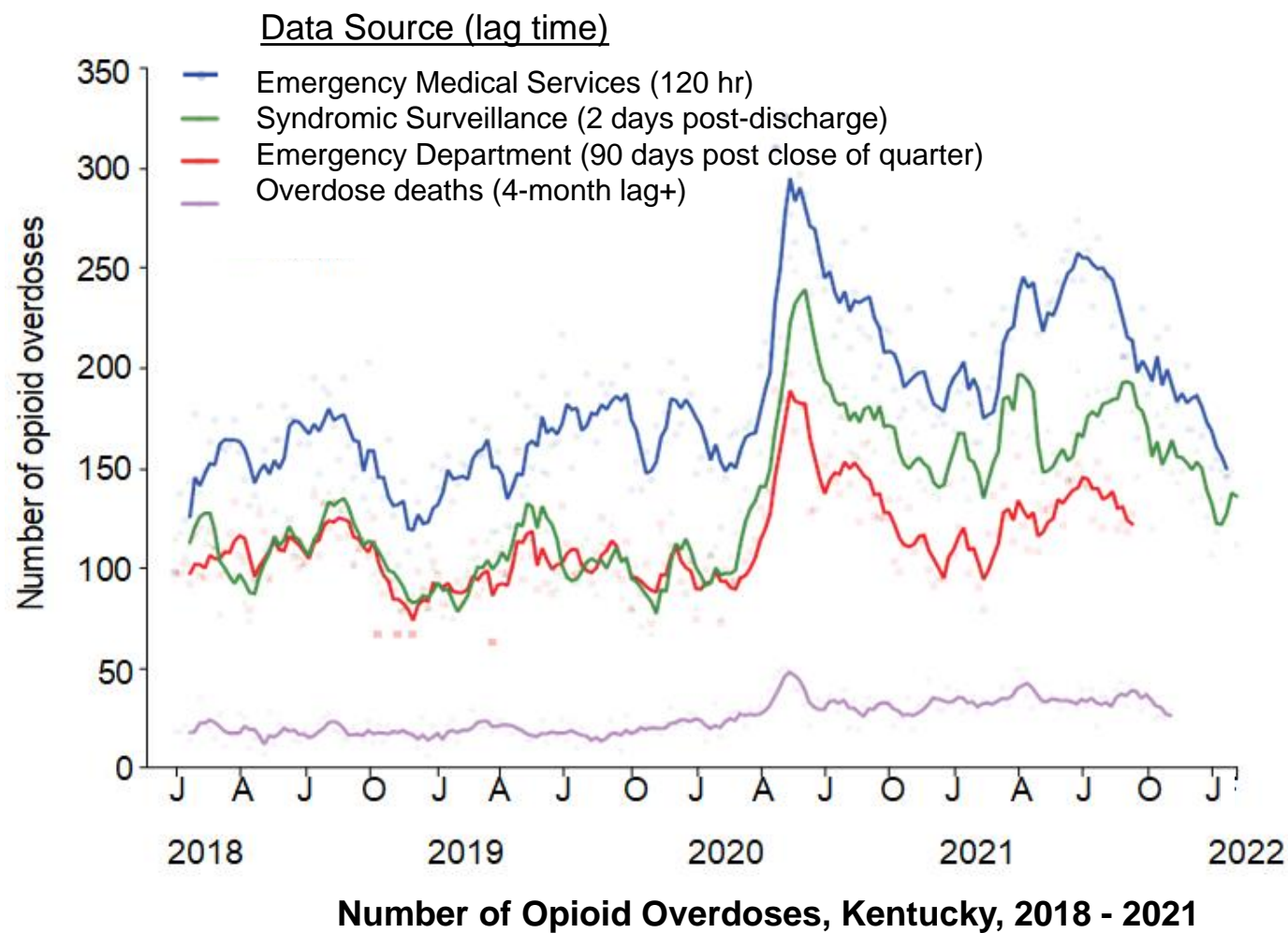
CTH Intervention Components



What is needed for Community Engagement/Planning?

- Community planning may rely on coalitions but may more commonly fall to policy makers and local authorities (fiscal courts, detention centers, public health departments)
- Critical that communities/decision-makers have access to current data and understand local gaps in services
- The HCS employed 52 different administrative data sources to understand the landscape (Medicaid, death records, hospital claims, emergency medical services, Prescription Drug Monitoring Programs, Syndromic Surveillance, Law enforcement, etc.)

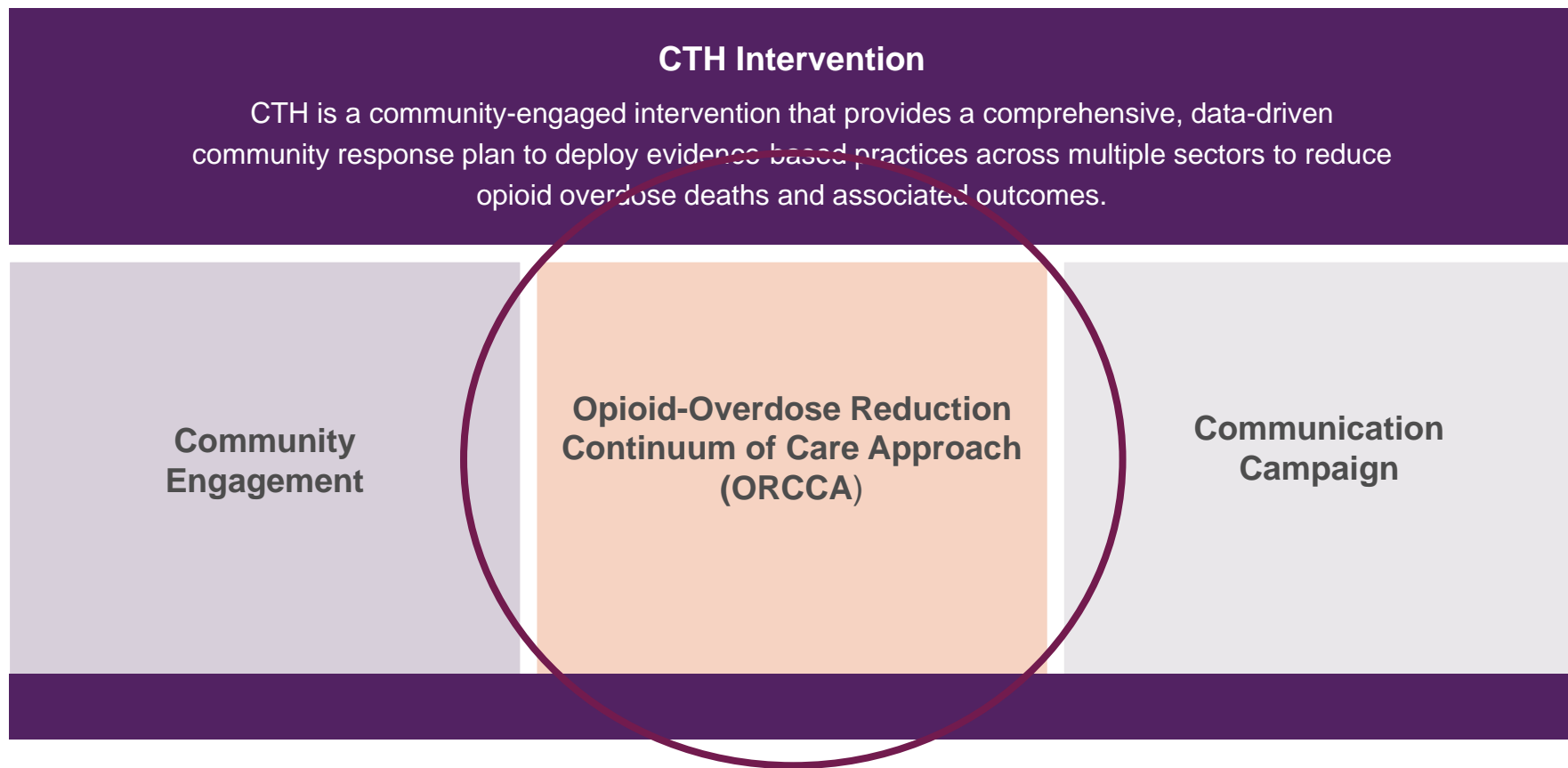
Data Sources To Monitor Opioid Overdose Events in HCS Communities



Opioid Settlement Funds

- New Jersey will receive \$641 million in opioid settlement funds
- It is critically important that a data-driven approach be employed at the state and local level to ensure that these funds
 - 1) are used to improve the timeliness of data to inform solutions,
 - 2) are directed at supporting evidence-based practices, and
 - 3) reach the people who are most in need (those with OUD, their families and their survivors).

CTH Intervention Components



Evidence-Based Practices (EBPs) that Reduce Opioid Overdose

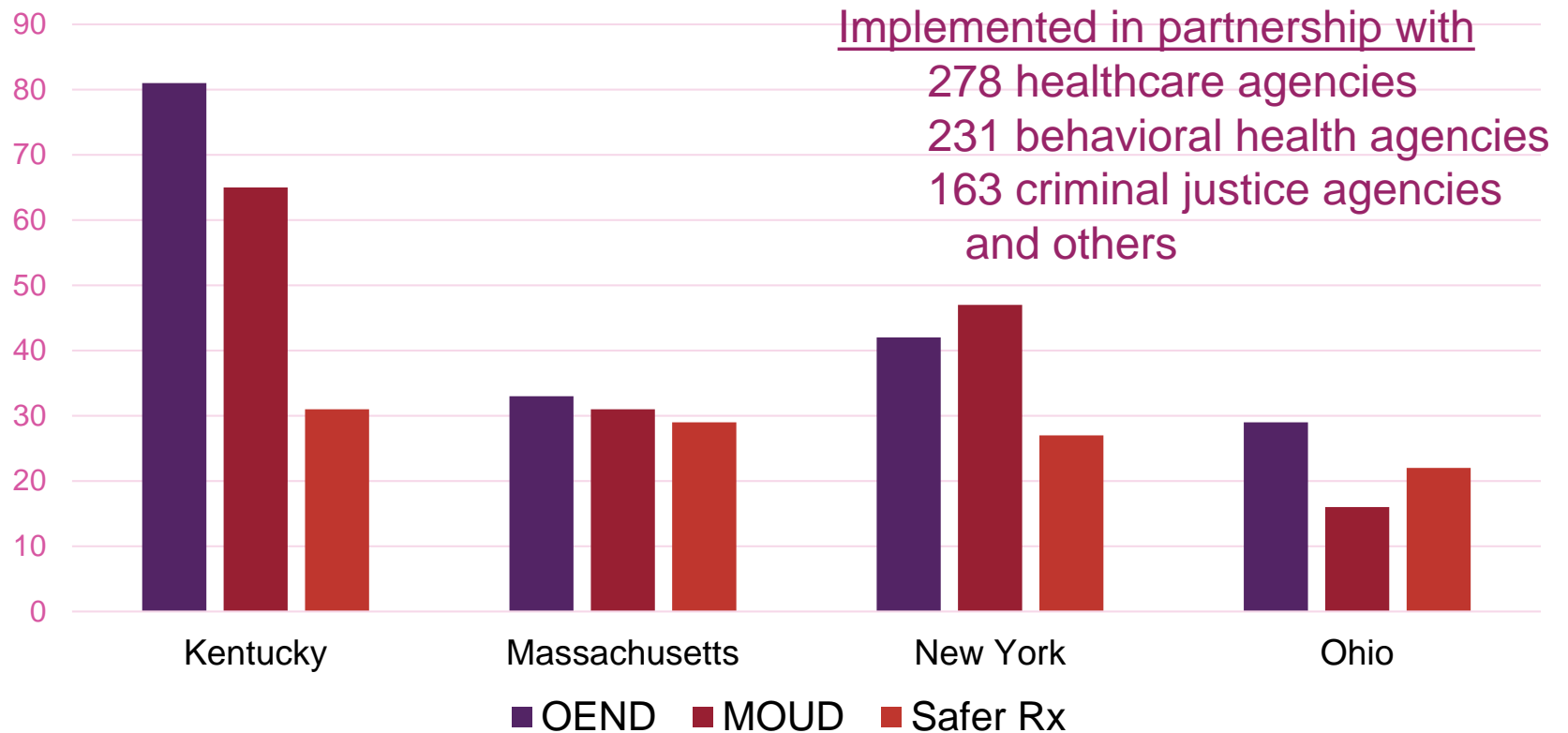
Community coalitions selected strategies from the following EBPs during action planning:

1) Opioid overdose prevention education and naloxone distribution (OEND) in high-risk populations

2) Effective delivery of medication for opioid use disorder (MOUD) maintenance treatment, including agonist/partial agonist medication, and including outreach and delivery to high-risk populations

3) Safer opioid prescribing and dispensing

ORCCA Strategies Selected for Wave 1 (n=453)



Overdose Education and Naloxone Distribution (OEND; n=317)

Active OEND for at-risk individuals and their social networks

Active OEND at high-risk venues:

- Criminal justice settings
- Syringe service programs
- Emergency departments and acute care
- Leave behind programs at sites of overdose
- Mental health/addiction treatment programs

OEND by referral

OEND self-request

Naloxone availability for immediate use in overdose hotspots

Capacity for first responder administration

Kentucky Overdose Education and Naloxone Distribution

- “Hub with many spokes” model facilitates OEND in partner agencies serving high-risk populations
 - ~170 agencies across healthcare, behavioral health and criminal justice
- Prevention Specialists provide OEND directly to community members at public events
- Commitment to equitable reach



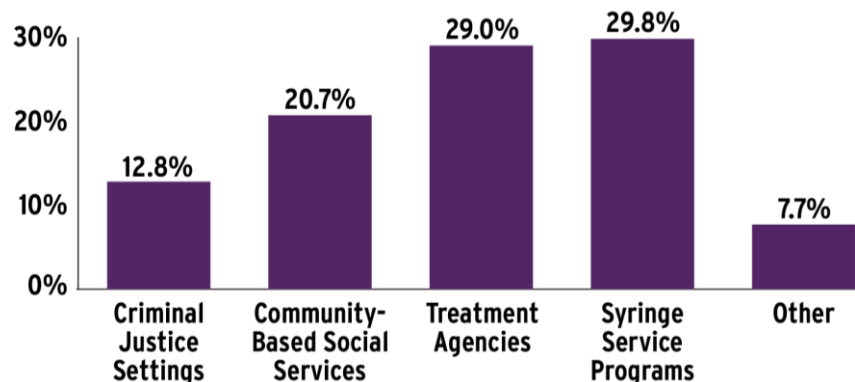
41K

naloxone units*
distributed by
partner agencies

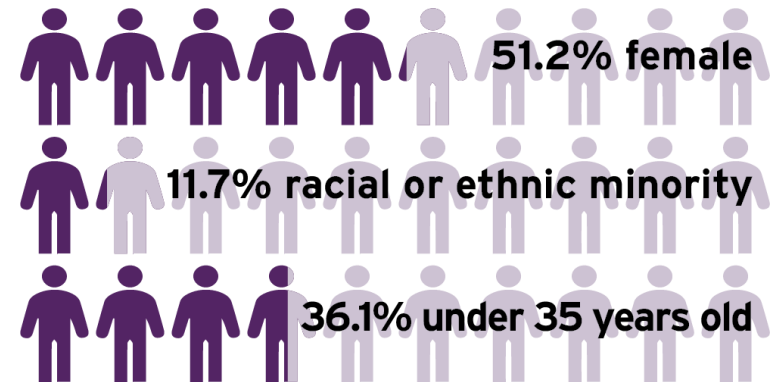
11K

naloxone units*
distributed by
prevention specialists

*1 unit includes 2 single-use naloxone sprays



Distribution of Naloxone by Agency Type in HCS Wave 1

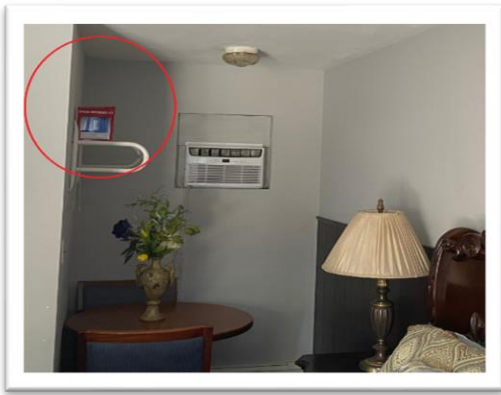


Individuals Who Received OEND in HCS Wave 1

NY Geo-Targeting Naloxone Box Placement to Save Lives

HCS NYRS 600+ installed	Naloxone Boxes
Cayuga	192
Erie/ City of Buffalo	94
Greene/Columbia	9
Lewis	4
Putnam	112
Suffolk/ Town of Brookhaven	142
Ulster	76

- **Naloxone Box:** Contains 6-8 doses of naloxone placed on the wall
 - Provides 24/7 access
 - Contains instructions and treatment referral cards
 - Improves capacity of bystanders to save lives
- Placed more than 600 Naloxone Boxes
- Used data-driven decision to select locations: local data, ODMaps, EMS runs, 911 overdose calls
- Locations: Commuter train station parking lots, motels, restaurants, retail stores
- Location Detail: Motels located in towns/neighborhoods with high opioid overdose death rates
 - Housekeeping checks every Naloxone Box during room cleaning
 - Local partner tasked with ongoing replenishment



Opioid Overdose Education and Naloxone Distribution Campaigns

Kel-li é un sentavu.
Kel-li é un **OVERDOZI** di fentanil.

Kel-li é un **VIDA!**

**Djuda salva vidas.
ANDA KU NALOXONA.**

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Carry naloxone (Narcan®). Save a life!

Narcan kits are available by texting 'Narcan' to 22999 or scanning the QR code.

Kroger
Thank you for having your
Prescription
filled at **Kroger Pharmacy**

Protect your loved one from opioid overdose.
Carry Naloxone
Save a life!

FENTANYL
often looks like other pills, including:
• Chasing
• Prescription
• Pills
• Pills
A fentanyl overdose risk is
increasing.

Help save lives. CARRY NALOXONE.

SIGNS OF AN OVERDOSE

Difficulty staying awake or unconscious
Slow or shallow breathing
Choking sounds, or a snore-like gurgling noise
Disorientation or loss of consciousness

CALL 911
and give naloxone if you have it available. Other signs:
• Difficulty staying awake or unconscious
• Slow or shallow breathing
• Choking sounds, or a snore-like gurgling noise
• Disorientation or loss of consciousness

LEARN MORE www.HealTogetherKY.org/Campbell



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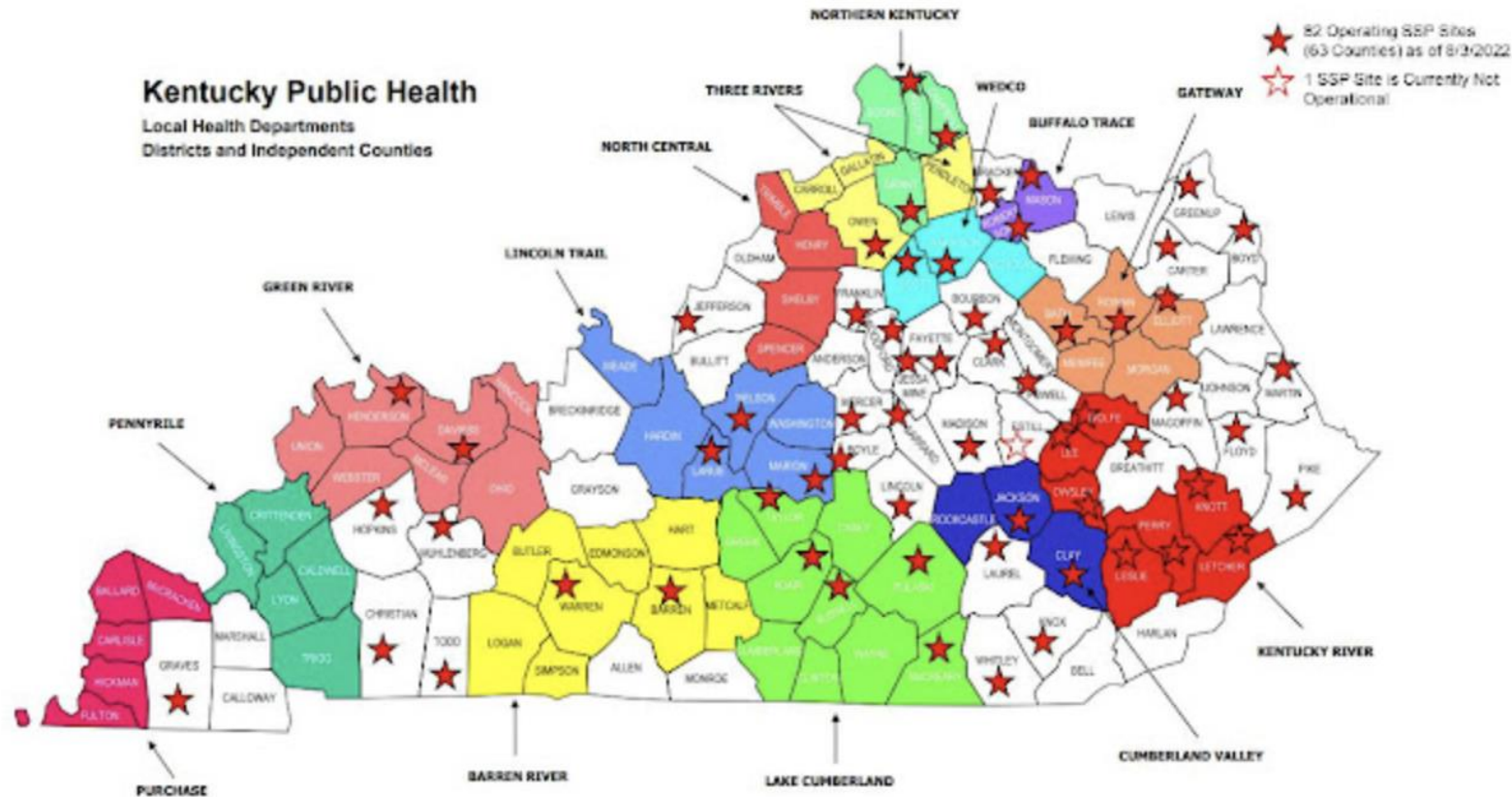
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Harm Reduction Programs as Key Touch Point

- Access to Harm Reduction/Syringe Service Programs can
 - decrease transmission of infectious disease (HIV, HCV)
 - promote safe drug use including access to **naloxone** and **drug testing strips** (fentanyl, xylazine)
 - provide a critical linkage to healthcare and to treatment for substance use disorders

Ky. has 82 syringe exchange programs in 63 counties

KY Population= 4.509 million



New Jersey SSPs/Harm Reduction Centers

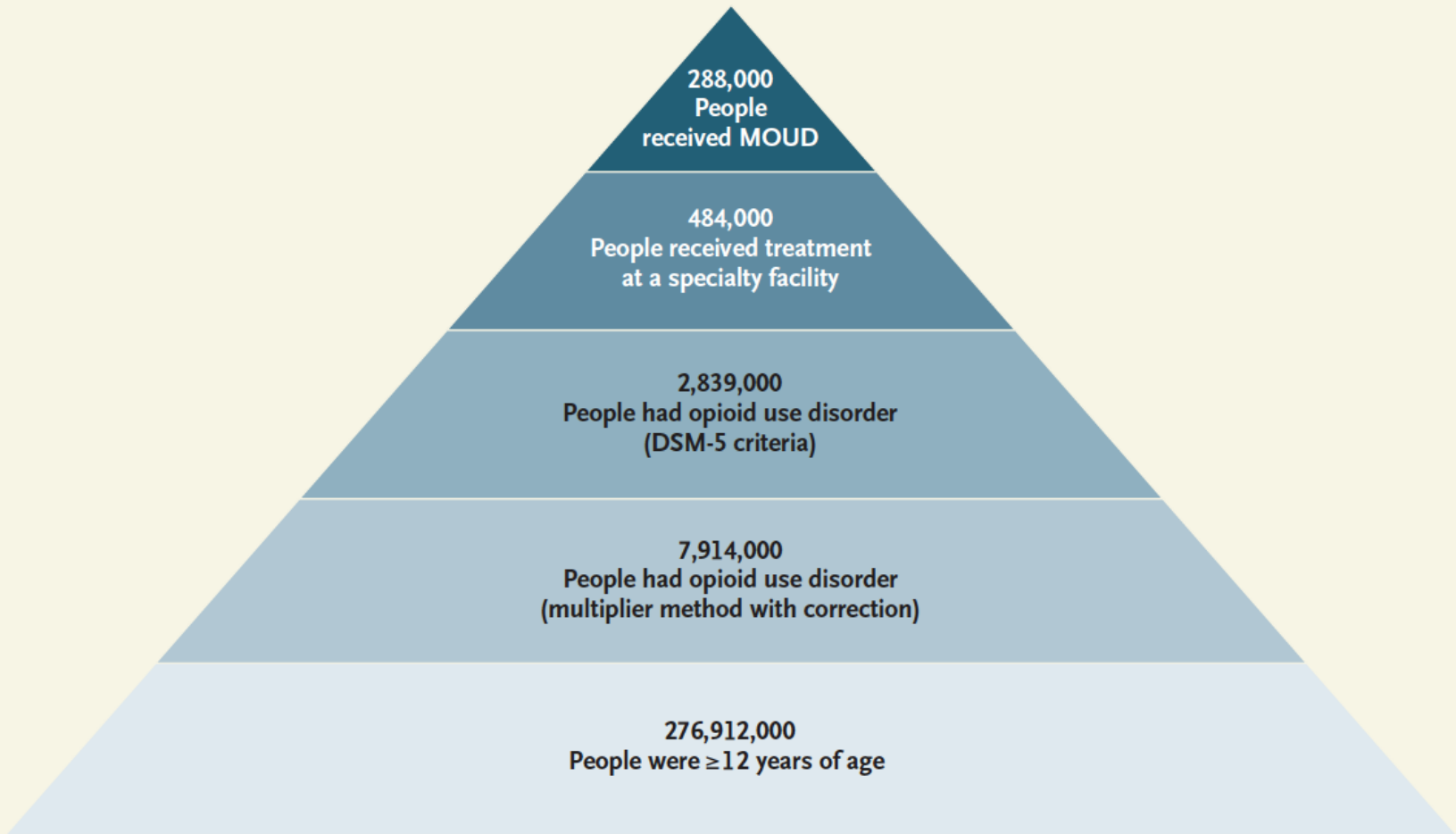
NJ Population=
9.267 million

- HRC originally legalized in NJ 16 years ago
- Currently have **7** Harm Reduction Centers (Asbury Park, Atlantic City, Camden, Jersey City, Newark, Paterson, Trenton)
- On January 18, 2022, Governor Murphy signed a new law to decriminalize use and possession of syringes and fentanyl test strips
- Are communities working to expand HRC reach?

Medications for Opioid Use Disorder (MOUD)

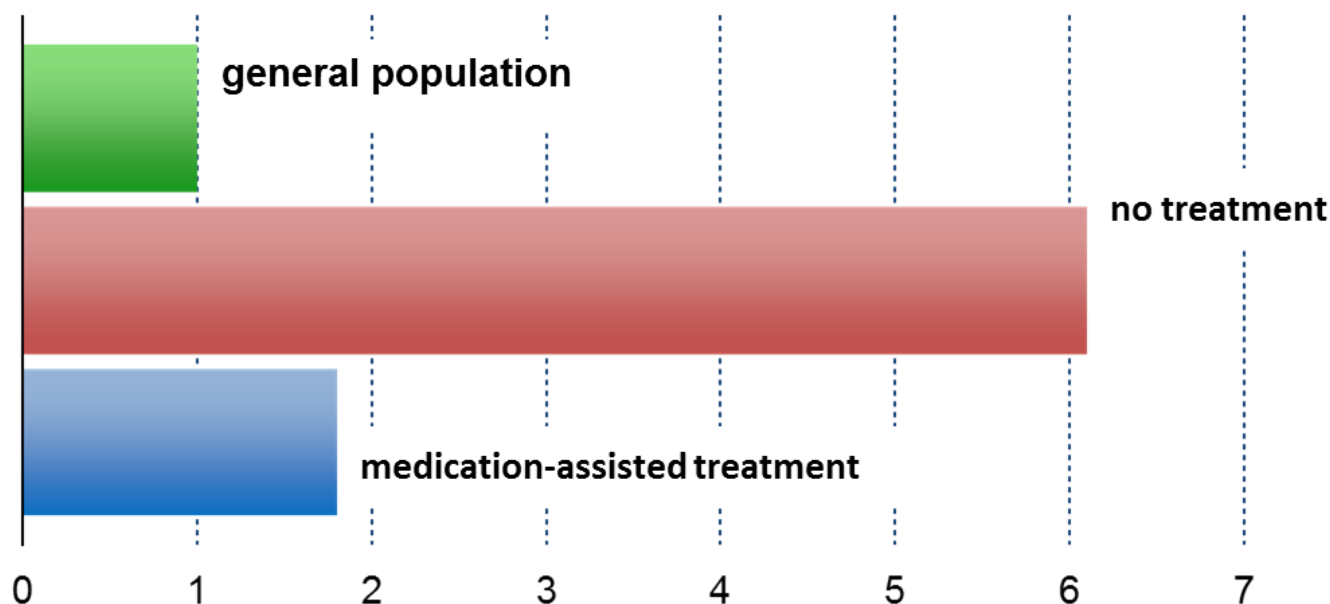
- There are three FDA-approved medications for OUD
 - Methadone- used in highly regulated federal Opioid Treatment Programs (OTPs)- daily dosing often in person
 - Buprenorphine- delivered in office-based care models by physicians and mid-level providers- regular office visits (daily transmucosal and injectable weekly and monthly dose formulations)
 - Naltrexone- uncontrolled but by prescription only (daily oral and monthly injectable)

Less than 10% of those with OUD receive FDA-approved medication

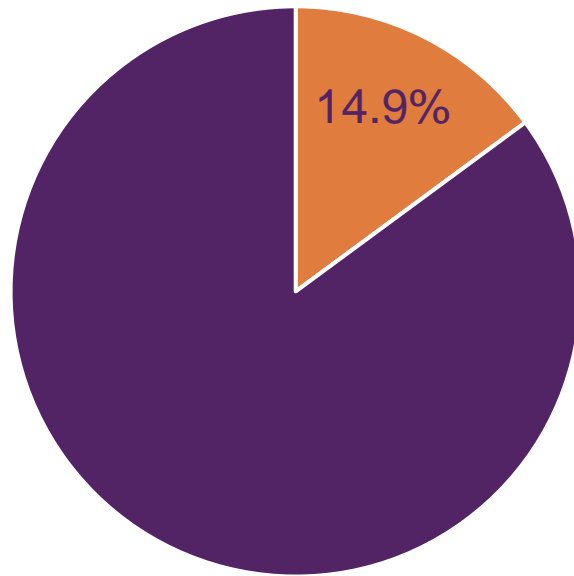


Methadone and Buprenorphine Are Highly Effective

Death rates:



Underutilization of MOUD despite decreasing mortality



- Receive FDA-approved MOUD
- Do NOT receive FDA-approved MOUD

Wakeman 2020



*For **Buprenorphine** and **Methadone**

Retention on MOUD

Kentucky MOUD Community Profile, 2020
(Data are provisional and subject to change)

- Community
- ☐

Select all
- ☐

Bourbon
- ☐

Boyd
- ☐

Boyle
- ☐

Campbell
- ☐

Carter
- ☐

Clark
- ☐

Fayette
- ☐

Floyd
- ☐

Franklin
- ☐

Greenup
- ☐

Jefferson
- ☐

Jessamine
- ☐

Kenton
- ☐

Knox
- ☐

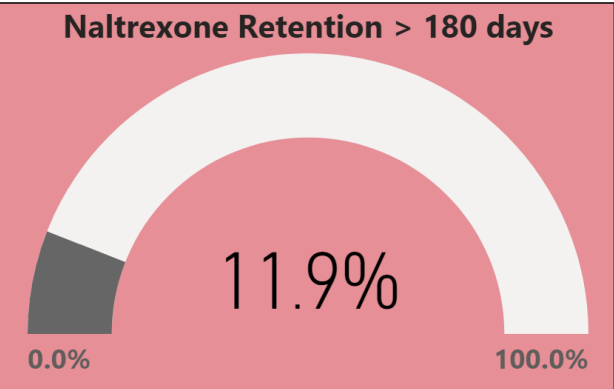
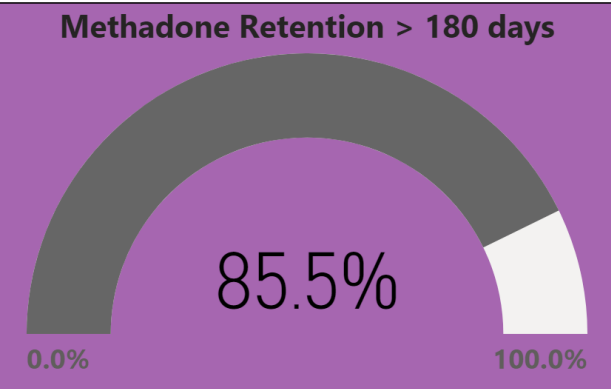
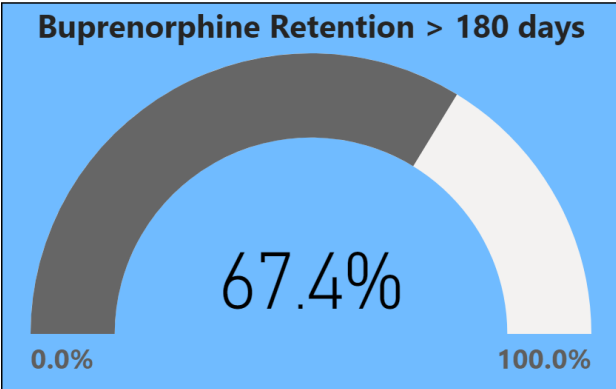
Madison
- ☐

Mason

Source: PDMP (KASPER) data, December 2020.
Retrospective calculation, rate of all recipients in the measurement period that have at least 180 days of continuous use (gap < 7 days).

Source: Methadone Registry, December 2020.
Retrospective calculation, rate of all recipients in the measurement period that have at least 180 days of continuous use (gap < 7 days).

Source: Medicaid claims data, Quarter 2, 2020.
Retrospective calculation, rate of all recipients in the measurement period that have at least 180 days of continuous use (gap < 7 days).
Allows for both oral and injection naltrexone.



Medications for Opioid Use Disorder (MOUD): 309 Unique Strategies

Expanding access to MOUD

- primary care, behavioral/mental health settings, existing addiction treatment, telemedicine, interim buprenorphine or methadone, medication units, recovery programs
- criminal justice settings (jails, prisons)

Improving linkage to MOUD

- syringe service programs, community programs
- criminal justice (probation/parole, specialty courts, jails)

Increase retention in MOUD

- addressing social determinants of health

Provider on the Pier: *Direct care to the fishing community in Gloucester, MA*

HCS Support

PA from Addison Gilbert Hospital for 4 hrs/week; SUD Navigator support; supplies

Details

New clinic (Jan 2022) in harbormaster's office offers **harm reduction, link to primary care, insurance & MOUD initiation**; 4 hours/week

Innovative way to reach a high-risk population. Transient, largely immigrant dock workers.

Collaboration with ONESTOP mobile van and four other community organizations



MOUD Linkage & Retention Guernsey County, OH



Cambridge Municipal Court

- Individuals held in jail awaiting trial are released under supervision with MOUD assessments and compliance as terms of a bond order. This allows them to begin MOUD earlier in their case and increase likelihood of retention.
- Inmates are moved to house arrest two months prior to release, initiate MOUD, and monitored by specially-trained MOUD probation officers to ensure compliance.

MOUD Campaigns



“ I am a granddaughter, daughter, and mother to three beautiful girls. I am a volunteer and recovery support specialist. I take buprenorphine to support my recovery ”

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Learn how medication can
be part of the solution

HealTogetherKY.org/Fayette



CONSEJOS DE ABRAHAM

- + Ayuda a otros
- + Aprende de tus errores
- + Habla con su médico sobre sus preocupaciones
- + Recuerda, no estás solo

Are you looking for opioid use disorder treatment?

Medications for
opioid use
disorder (MOUD)
save lives.

They help people
enter remission, stay
in treatment, and
achieve long-term
recovery.



Learn more about
medications for
opioid use disorder
in Boyd County

www.HealTogetherKY.org/Boyd



Learn more about
medications for
opioid use disorder
in Boyd County

www.HealTogetherKY.org/Boyd

Learn where to find treatment in
Boyd County:

www.HealTogetherKY.org/Boyd



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Reducing Barriers to Care is Needed to Improve Retention

- Lack of an official ID
- Office co-pays
- Child-care
- Anything that increases risk for people being homeless, houseless or unhoused
 - Past unpaid utility bills, past criminal charges, recovery housing that prohibits the use of FDA-approved MOUD
- Transportation-transportation-transportation!

Transportation in Rural Madison County, KY to Treatment

Madison County:

Pop: 92,000

Area: 443 sq mi



2,647 rides were provided to 151 unique individuals

120 to opioid treatment programs

25 to residential facilities

6 to other recovery related appointments



**125,000 miles =
5 trips around the world**

Temporary Housing Vouchers w/Care Packages for MOUD Linkage & Retention



Strategy

- Linkage to treatment with MOUD & retention following discharge from live-in program
- Housing vouchers & case management
- HCS team coordinated BJA & NACCHO-funded case management

Progress: Nov 2020 - June 2022

- **1,086** nights shelter provided
- **111** unique individuals
- **91** MOUD initiations, **91%** retained on MOUD w/ housing voucher & case management

Improve Prescription Opioid Safety: 92 Unique Strategies

Safer opioid prescribing for acute pain across varied healthcare settings

- Inpatient service
- Emergency/urgent care
- Outpatient clinics
- Ambulatory surgery
- Dental clinics

Safer opioid prescribing for chronic pain

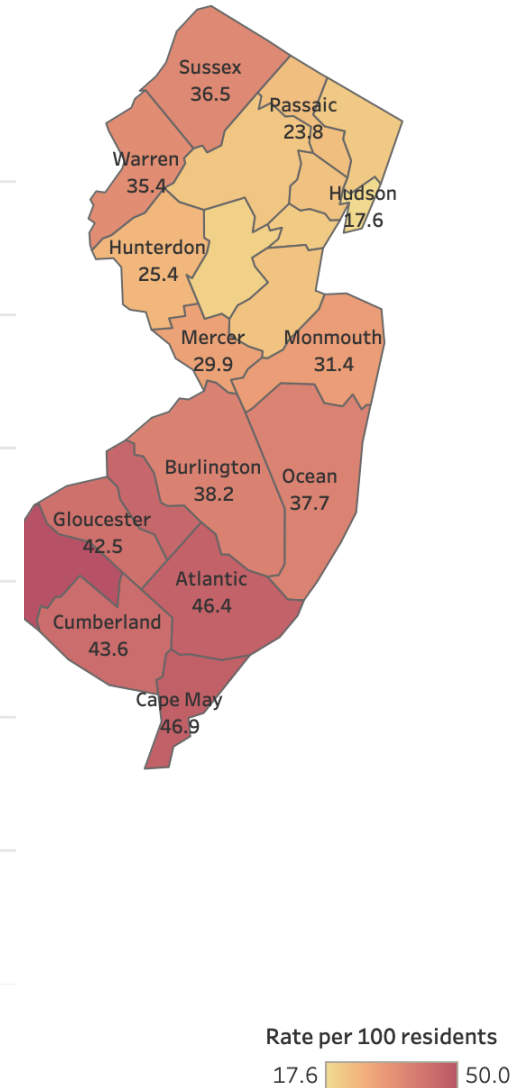
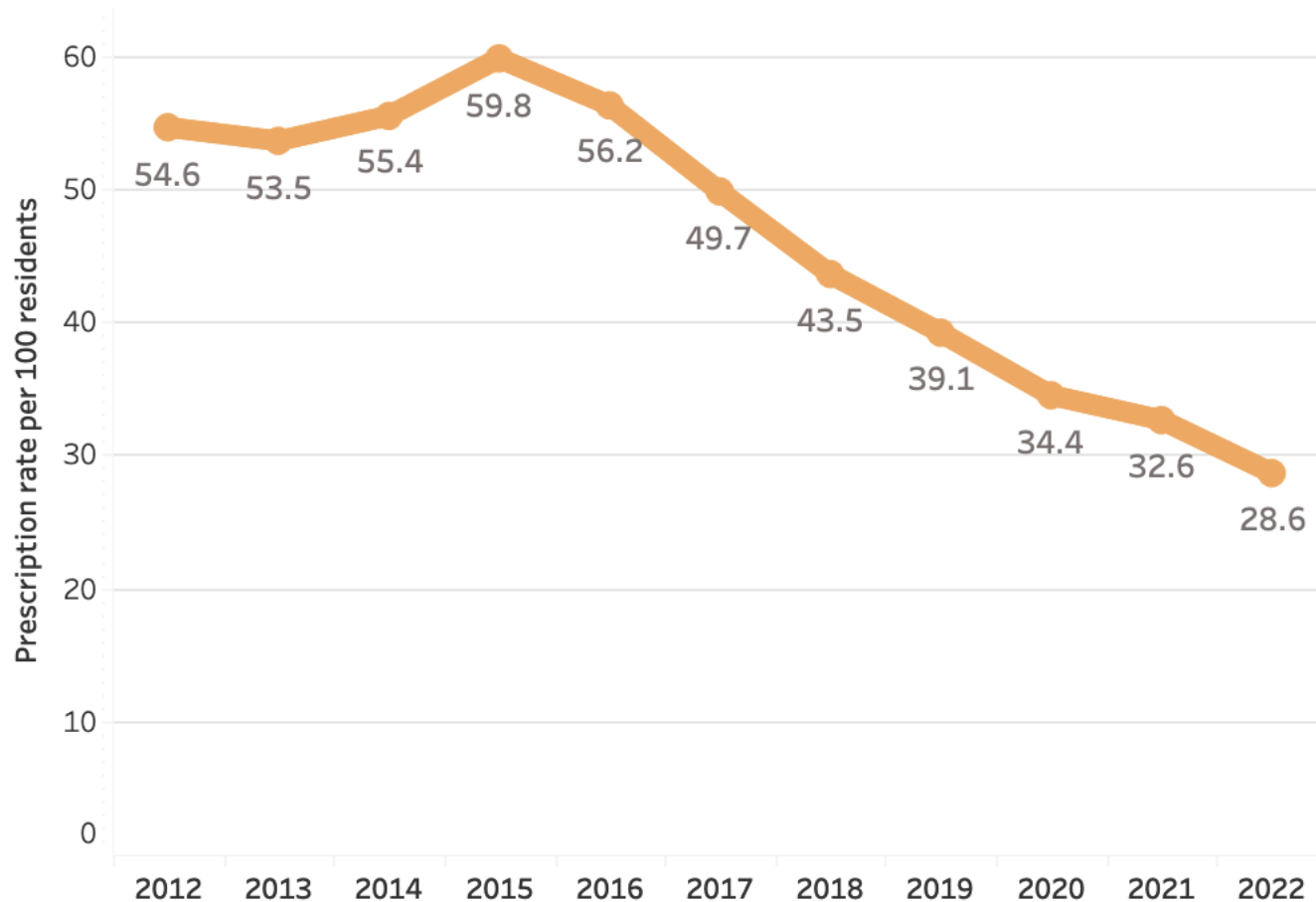
- Adherence to Centers for Disease Control and Prevention guidelines
- Patient-centered opioid tapering
- Safer opioid dispensing

Prescription drug drop-box/mail-back programs

Prescribing in New Jersey

Opioid Prescription Rate by County

Opioid Prescription Rate per 100 Residents (2012-2022)



Safe Prescribing Educational Outreach in Kentucky

- **Goal:** Reach dentists, primary care providers, and pharmacists with key messages about Rx opioid safety

- **Results:**



196 Participants

in one-on-one sessions, group education, or on-demand CE activities

747 Best Practices Guides

and other support materials delivered to PCPs and dentists via mail or drop-off

> 500 Visits to Pharmacies

to briefly discuss opioid safety, naloxone, syringe sales, medication disposal, and HCS

MedSafe Offer to Pharmacies in KY

- Pharmacies were prioritized based on location and population; coalitions identified locations
- HCS offered pharmacies installation of and support for MedSafe disposal kiosk and/or mail-back envelopes; Installed medication receptacles at 35 pharmacies
- 2,225 lbs. of medications incinerated
- Initiated 12 envelope take-away programs



Multi-pronged approach needed

- To increase access to naloxone (it works!)- now available over-the-counter rather than by prescription (NJ administered **3710** naloxone administrations/quarter since 2019¹)
- Improve access to MOUD through expansion, reducing restrictive policies and enhancing patient supports by barrier reduction
- Reduce stigma around SUD, people who use drugs and even their providers!
- Continue to provide medical education around substance use disorders and safer prescribing
- Work with policy makers to change laws that are in the way of providing harm reduction services and appropriate access to care

Providing Hope

- Federal MAT and MATE legislation eliminates the specific prescriber requirement for the DEA x-license-expanding the number of prescribers able to prescribe buprenorphine
- Extension of telehealth waivers first implemented due to the COVID-19 pandemic
- Opioid Abatement funds to states directed at expanding evidence-based services
- Bipartisan support for addressing the epidemic

Acknowledgments

- The many HCS Consortium team members from the KY, NY, MA and OH sites, RTI (DCC), NIDA and SAMHSA
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- The content is solely the responsibility of the author and does not necessarily represent the official views of the National Institutes of Health, the Substance Abuse and Mental Health Services Administration or the NIH HEAL Initiative