Consortium Annual Meeting

COLORADO NALOXONE PROJECT

COLORADO MOMs INITIATIVE

October 27, 2022

Kaylin Klie, MD, MA, FASAM Co-Chair
Rachael Duncan PharmD, Co-Chair
Don Stader, MD FACEP, Executive Director

Objectives

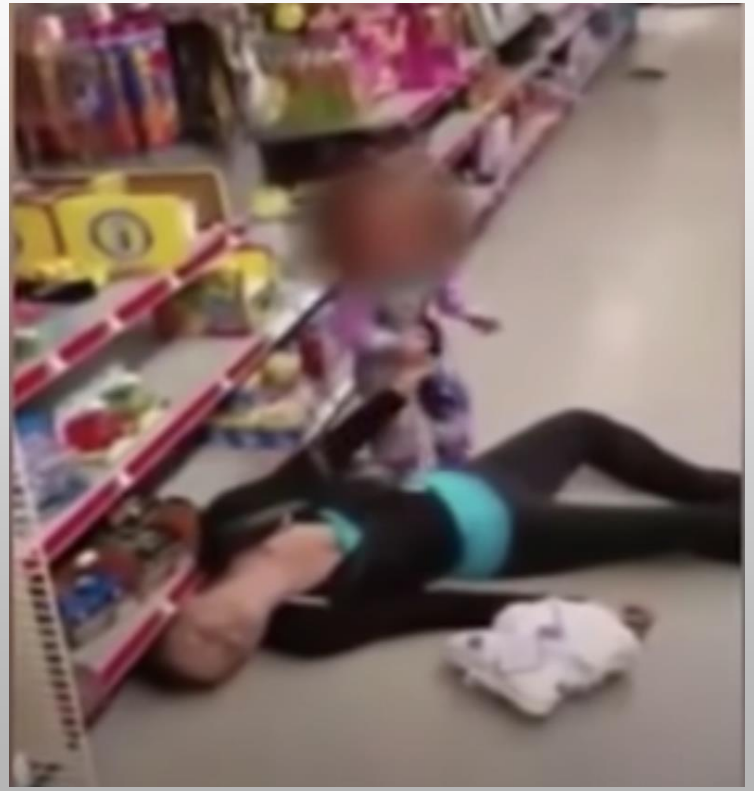
Present year 1 successes for the Colorado Naloxone Project.

Describe the effects of substance use on parents and families in Colorado.

Introduce the Colorado MOMs (Maternal Overdose Matters) Initiative.

COLORADO MOMs INITIATIVE

Connect to Purpose



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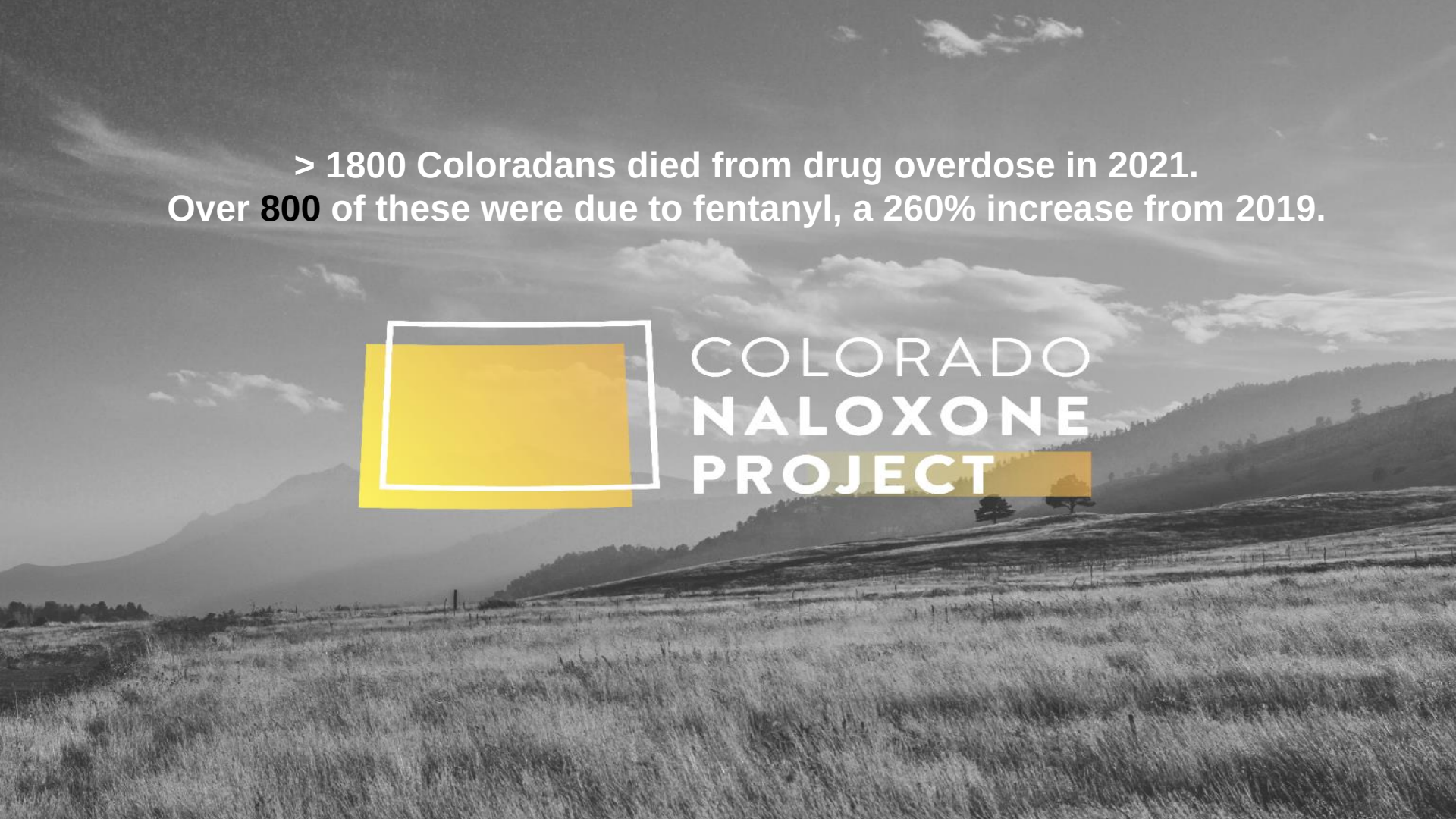
> 1800 Coloradans died from drug overdose in 2021.
Over 800 of these were due to fentanyl, a 260% increase from 2019.
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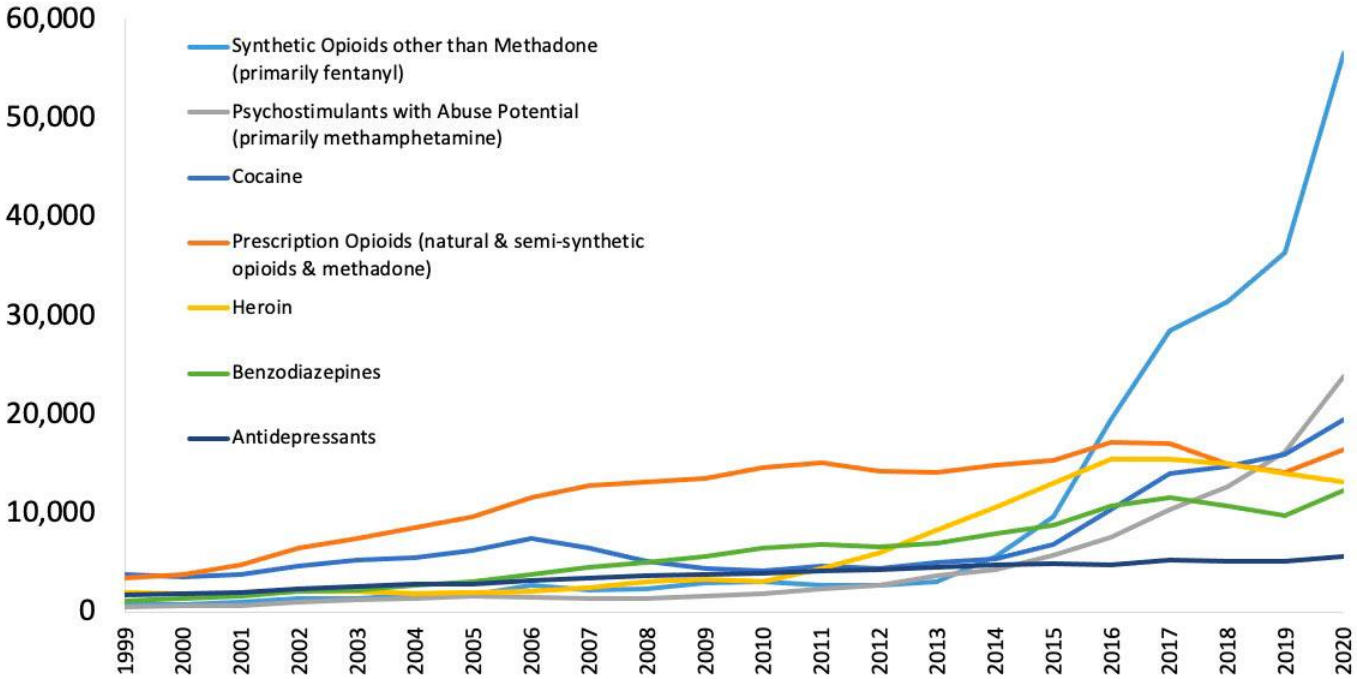
Overdose death rates in CO nearly doubled from 16.5 -> 31.7 per 100k residents between 2018 and 2022.

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2020



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

What % of naloxone prescriptions for at-risk patients are actually filled?

a) 2%

b) 10%

c) 20%

d) 33%

A) 2%

Naloxone Saves Lives

Prescriptions written, not often filled...

- One study showed the fill rate for naloxone being <1.0%, even for patients who present with more than one overdose episode.[1]
- Another suggested that < 2% of people who had at least one of the main risk factors for opioid overdose had filled a prescription for naloxone.[2]

Naloxone decreases unsafe drug use (both RX & illicit).

Improves chances people will seek recovery.

Decreases overdose by 20 - 30%.

1) Ruff Al, Seiler K, Brady P, Fendrick A. J Addiction Med Ther Science. 2019;5(10):001-002.

2) Lin LA, Brummett CM, Waljee JF, et al. J Gen Intern Med. 2020;35(2):420-427.

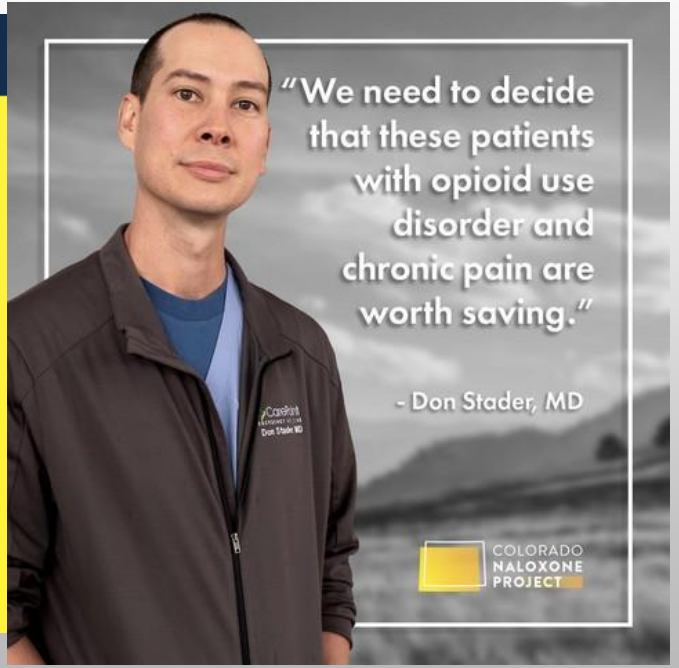
Colorado Naloxone Project

Our Missions

To build an efficient and sustainable system in which all hospitals and EDs dispense naloxone directly to at-risk patients, placing naloxone — a lifesaving medication — in patients' hands prior to their departure from the hospital.

To extend this service further into the community through prehospital providers, first responders and law enforcement - encouraging them to not only carry naloxone, but have the ability to leave behind naloxone with individuals at risk of overdose or individuals who may be in a position to respond to an overdose.

To work with harm reduction agencies to provide not only naloxone, but medically accurate information on overdose risk, harm reduction and treatment of opioid use disorders.



Who We Are: At A Glance

106 **participating hospital facilities**, trained in overdose recognition and naloxone provision.

These facilities received **1.9M** **emergency department visits** in the last year, which is nearly **97%** of all ED visits for the state of Colorado.

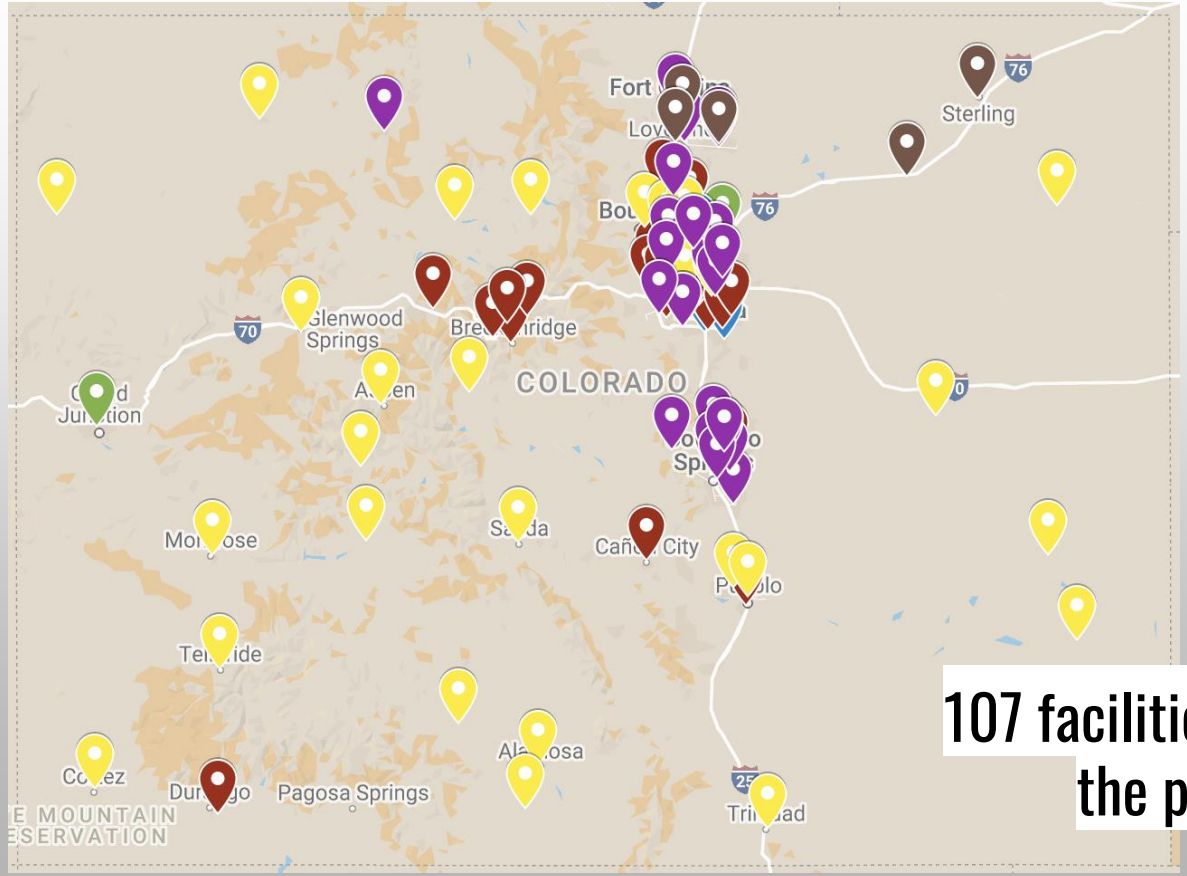
CNP has **22** **government, nonprofit, and other partners** supporting its work.

6 **labor and delivery units** (L&D) are participating in pilot programs that dispense naloxone to mothers affected by substance use.

1 **naloxone "leave-behind" program** with emergency medical services and the police department in rural northwest Colorado.

30 CNP participants are **rural or critical access facilities.**

Colorado Naloxone Project Year-One Successes:



107 facilities enrolled in the project!!

WE PROVIDE NALOXONE HERE.

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"My mom wouldn't be here without it. My mom wouldn't be a part of my life without Naloxone."
- Brittany Pettersen
Colorado State Senator
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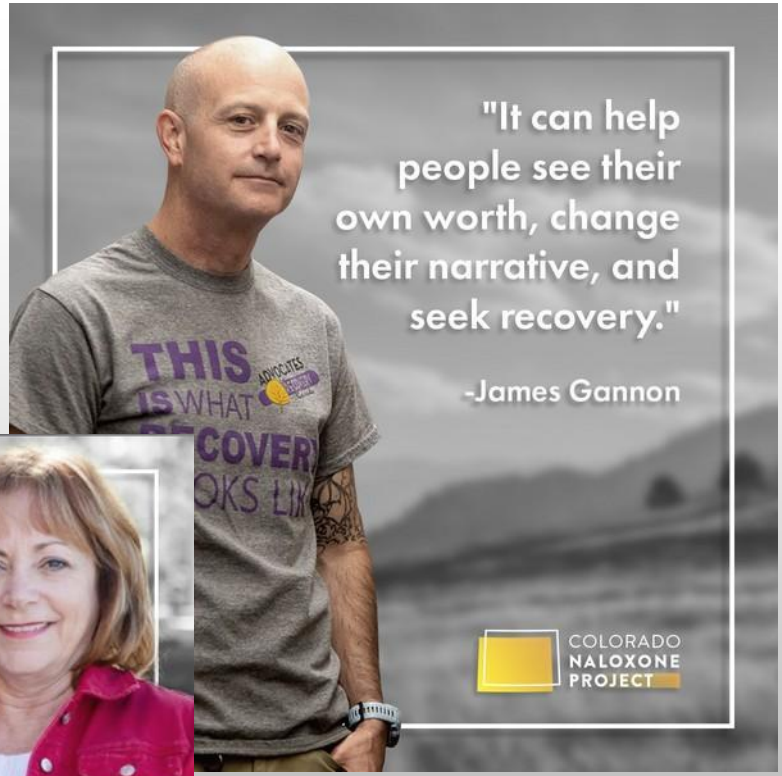
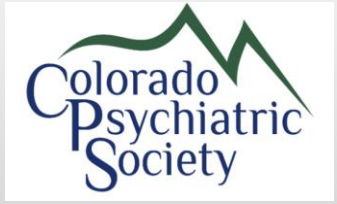
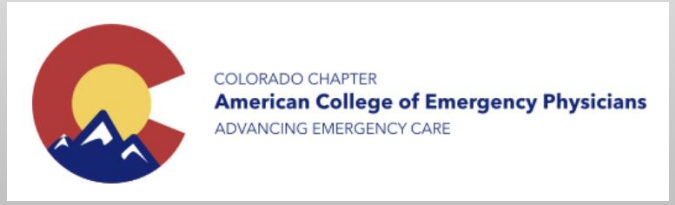

"It can help people see their own worth, change their narrative, and seek recovery."
-James Gannon
COLORADO NALOXONE PROJECT


"The Colorado Naloxone Project is exactly the type of transformative and innovative thinking that our times demand."
-Dianne Primavera
Lieutenant Governor of Colorado
COLORADO NALOXONE PROJECT

Built a strong community to fight the opioid epidemic

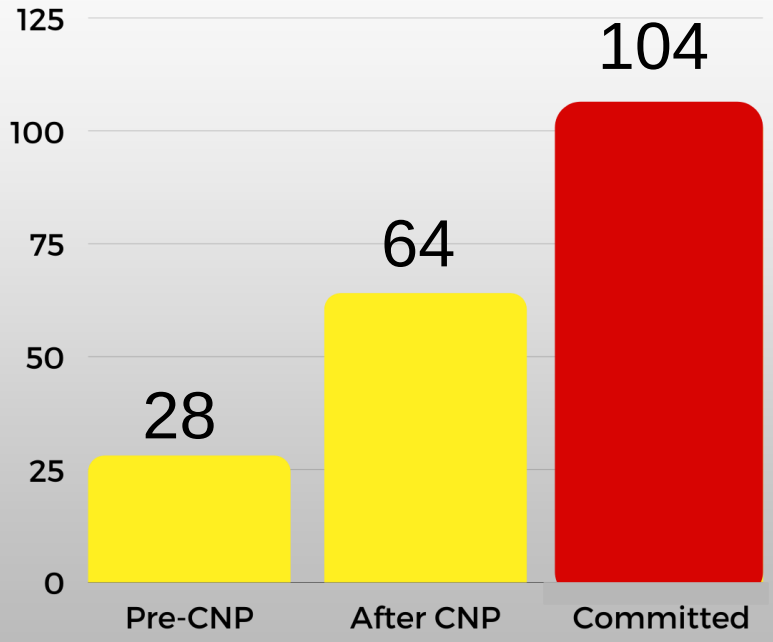
COLORADO
Office of Behavioral Health
Department of Human Services





Built a strong community to fight the opioid epidemic

Total Dispensing Facilities



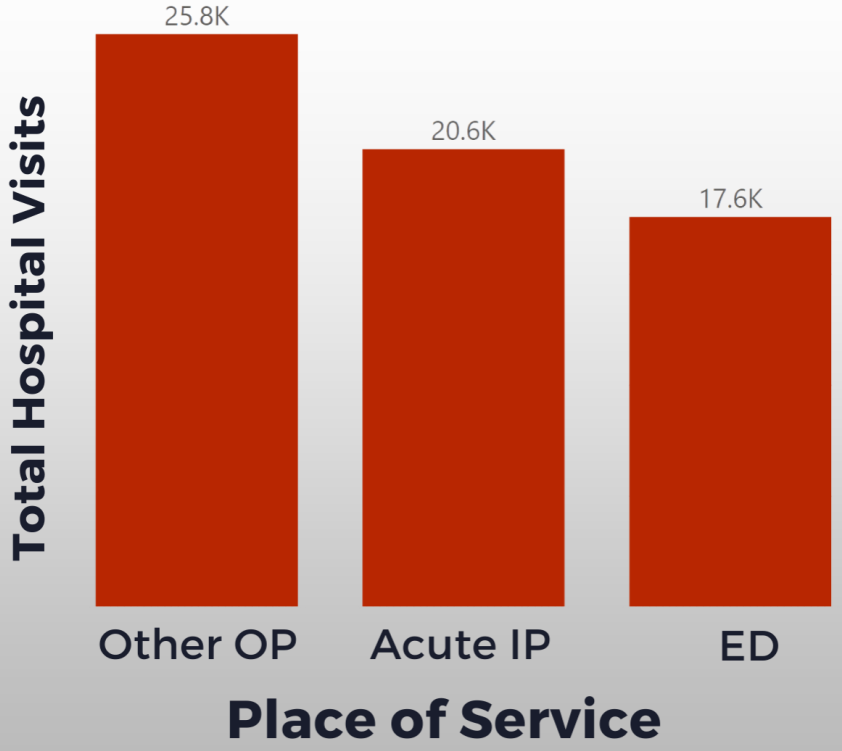
130% increase

In the number of facilities dispensing naloxone since CNP's inception

In 2020, CO hospitals saw

>64,000

at-risk visits for opioid use, misuse, or poisoning.



Total Dispensed Kits to Date:

>6,000


the
NALOXONE
PROJECT

National Reach. Colorado Roots.

CNP Year 2 = Colorado MOMs Initiative

The **Colorado Naloxone Project** year 1 goal was for all Colorado **emergency departments to distribute naloxone to at-risk patients**, placing naloxone in patients' hands prior to their departure from the hospital. >100 hospitals signed on, covering 97% of ED visits statewide.

Year 2 focuses on the **Colorado MOMs (Maternal Overdose Matters) Initiative**. Our goal is for 100% of hospital-based obstetric, labor and delivery, perinatal, and neonatal units to have the ability to **dispense naloxone to at-risk pregnant and postpartum patients and families**.

What is the top cause of nonpregnancy-related maternal death in CO?

a) Car accidents

b) Suicide

c) Overdose

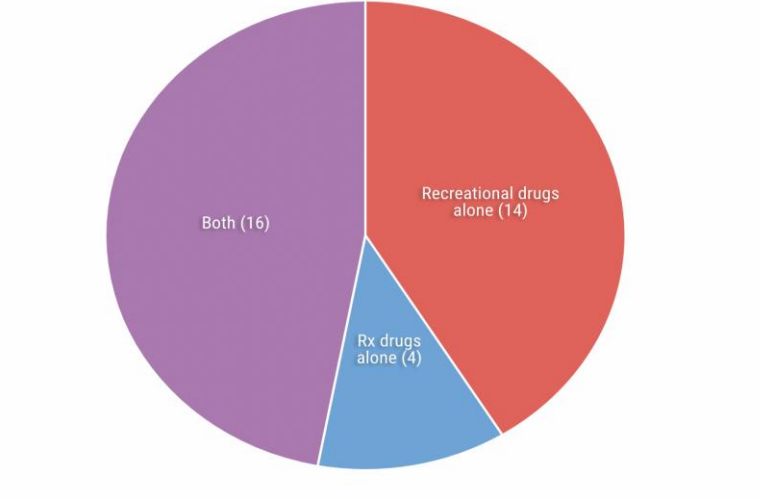
d) both b and c

D) Suicide and overdose

COLORADO MOMs INITIATIVE

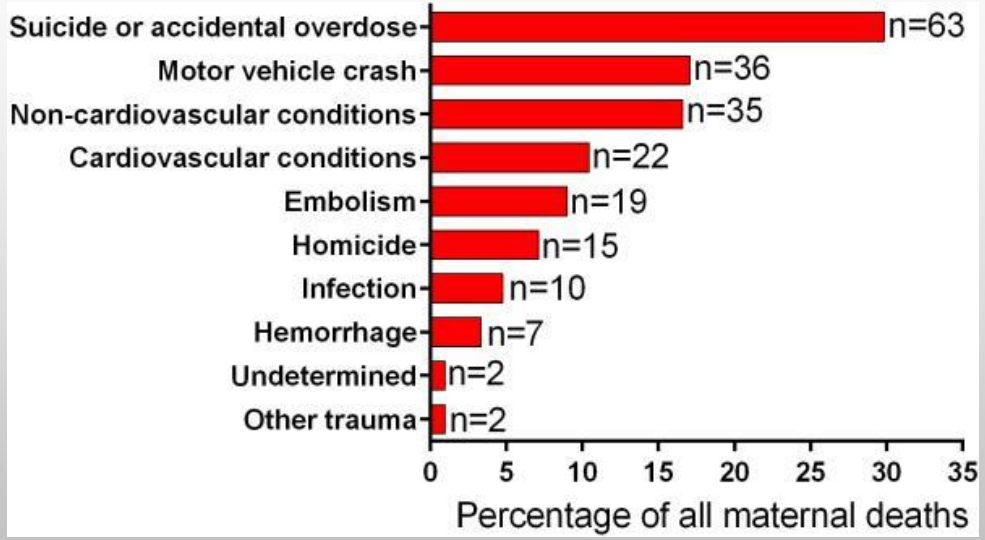
Maternal Death in Colorado

- The **maternal death rate in CO nearly doubled from 2008 to 2013**, from 24.3 deaths per 100,000 live births to 46.2 deaths.
- **Suicides and overdoses are rising**, while the death rate from homicide and car crashes is declining.
- **80% of these deaths were determined preventable** - through better medical care, mental health care or substance use disorder treatment.
- Figure - types of substances used among not pregnant-related deaths found with toxic amounts of substances, CO 2008 - 2013, n =34



Bardin, L., & Schiffmacher, A. (2017). (rep.). *Understanding Maternal Deaths in Colorado, An Analysis of Mortality from 2008-2013*. Retrieved from https://www.colorado.gov/pacific/sites/default/files/PF_Maternal_Mortality_Colorado-12-01-17.pdf

Maternal Death in Colorado



- In a **2016 study** researchers found that the **leading causes of maternal death in CO were suicide and overdose**.
- Of the 211 deaths from 2004-2012, 37 women died from drug overdose and 26 died by suicide.
- **Opioids were the most common drug detected**

Metz TD, Rovner P, Hoffman MC, Allshouse AA, Beckwith KM, Binswanger IA. Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012. *Obstet Gynecol*. 2016;128(6):1233-1240. doi:10.1097/AOG.0000000000001695

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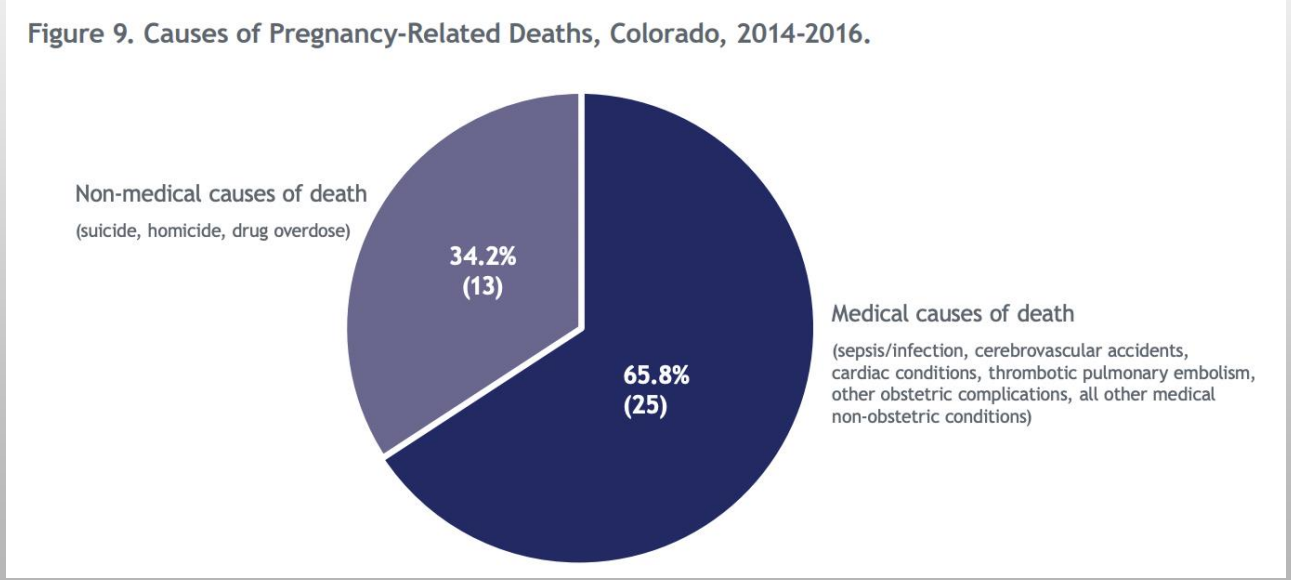
Maternal Death in Colorado

The **latest MMRC reported that from 2014 to 2016** there were 94 deaths in Colorado.
The 2nd highest cause of “non-medical” pregnancy-associated death was **unintentional drug overdose.**



Maternal Mortality Review Committee. (2020). (rep.). *COLORADO MATERNAL MORTALITY PREVENTION PROGRAM LEGISLATIVE REPORT 2014–2016*. Retrieved from https://drive.google.com/file/d/11sB0qnM1DmfCA-Z87el3KMHN6oBy5t2y/view

Intergenerational Stress on Families

- Approx 1 million entered the foster care system from 2000-2017 due to a parent with substance use
- From 2000-2017 there was a 147% increase in foster care entries due to parental substance use
- **One third of mothers in treatment for OUD have had a child removed from their care**
- Parents with OUD seem to achieve family reunification slower than parents who use alcohol or other substances
- Children entering foster care from homes with OUD may be younger, have more needs, and stay longer in out-of-home placement

COLORADO MOMs INITIATIVE

Let’s Talk About Language

Which of the following is the recommended term to describe a person with substance use?

a) Addict

b) Abuser

c) Person with substance use

d) Alcoholic

C) Person with Substance Use

Words Matter!

- Person-First
  - Person-first language maintains the integrity of individuals as whole human beings by removing language that equates people to their condition or has negative connotations.[1] For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis.[2]
  - Stigma against pregnant women and mothers with substance use disorder appears in many forms, such as:
    - the use of erroneous language and terminology
    - delivery and belief of misinformation about substance use
    - punishment of substance use
    - belittling of a mother’s relationship with her child[3]

- 1.Ashford RD, Brown AM, Curtis B. “Abusing addiction”: our language still isn’t good enough. Alcohol Treat Q. 2019;37(2):257-272. doi: 10.1080/07347324.2018.1513777
- 2. Botticelli MP. Memorandum to Heads of Executive Departments and Agencies: Changing Terminology Regarding Substance Use and Substance Use Disorders. Published January 9, 2017. Accessed April 4, 2021. https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/images/ Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf
- Frazer Z, McConnell K, Jansson LM. Treatment for substance use disorders in pregnant women: motivators and barriers. Drug Alcohol Depend. 2019 Dec 1;205:107652. doi: 10.1016/j.drugalcdep.2019.107652

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How Stigma Harms

- People may publicly blame and condemn pregnant people with substance use disorder (SUD) because of a misbelief that having a substance use disorder is a *choice* versus a *medical condition*—and that they are, therefore, *choosing* to harm their unborn baby.[4]
- Parents themselves often internalize this stigma and feel deep shame as a result.
- Shame can sound like:
  - “I’m not a good mother”
  - “I don’t deserve to get better”
  - ”I am a bad person”
- Overwhelming shame is intolerable; substance use is an effective (temporarily) and understandable adaptive response to quiet the shame

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Stigmatizing Language

Words to Avoid	Words to Use
Addict	Person with substance use disorder
Alcoholic	Person with alcohol use disorder
Drug problem, drug habit	Substance use disorder
Drug abuse	Drug misuse, harmful use
Drug abuser	Person with substance use disorder
Clean	Abstinent, not actively using
Dirty	Actively using
A clean drug screen	Testing negative for substance use
A dirty drug screen	Testing positive for substance use
Former/reformed addict/alcoholic	Person in recovery, person in long-term recovery
Opioid replacement, methadone maintenance	Medication assisted treatment

Person First Language

Even better: "MOUD: Medications for Opioid Use Disorder"

How Person-First Language Helps

- Places the person with the substance use first, not their disorder
- Reinforces use of accurate medical terminology, not colloquial language
- Clarifies that we are connecting with a person, not a disease
- Consistent use of person-first language by health care providers/clinicians/everyone can start to make amends for the ways in which people with substance use have been mistreated by the health care community/carceral system
- ***Retrains ourselves*** and colleagues towards reducing harms
- Keeps hope at the forefront of our conversations with patients, not despair

https://www.drugabuse.gov/sites/default/files/NIDAMED-Your-Words-Matter-508-FINAL-5-12-21-ln.pdf

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Current	Alternative	Reasoning
Clients / Patients / Consumers	The people in our program The folks we work with The people we serve	More inclusive, less stigmatizing
Alex is an addict	Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction	Put the person first Avoid defining the person by their disease
The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.		
Mathew is manipulative	Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	Kyle is choosing not to… Kyle would rather… Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization
Mary is resistant to treatment	Mary chooses not to… Mary prefers not to… Mary is unsure about…	Avoid defining the person by the behavior. Remove the blame from the statement
Jennifer is in denial	Jennifer is ambivalent about…… Jennifer hasn't internalized the seriousness of…. Jennifer doesn't understand……	Remove the blame and the stigma from the statement

Southeast (HHS Region 4) ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

FAVOR SC FACES AND VOICES OF RECOVERY

Talking to Patients

- Bringing up naloxone is not “accusing” people, or assuming they will experience an overdose event
- Naloxone is recognizing that one of the most serious complications from using substances can be overdose, and that the vast majority of overdoses/poisonings are accidental
- Fentanyl in the substance supply in Colorado (and nationally) has increased risk for accidental opioid poisonings
- “I want you to have this medicine to save your life or someone else’s life. Just like if I was aware you had an allergy to bees, I would give you an EpiPen to prevent harm to you from living in a world with bees”.

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Talking to Parents with Substance Use

- Keeping substances, paraphernalia, and medications out of reach of children is part of childproofing our homes
- Second hand smoke risks extend to any smoked or vaporized products, not just cigarettes smoke
- Third hand smoke and residue needs to be cleaned from all surfaces
- Not using in situations in which there is no sober adult to care for child, when would need to drive with child in car, etc
- Infant and child opioid poisonings are 100% preventable
- **Naloxone is safe for infants and children too!**
- Older children can be taught how to call 911 and/or give naloxone

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Parenting and Substance Use Are Not Mutually Exclusive

- Safety and wellbeing of children need to be considered to prevent harm to children from parents' substance use
- Kids may need extra support to process how their parents/families are impacted when a person in the family has a substance use disorder
  - Parents with SUD are not bad people
  - Substance use by a parent is never a kid's fault
  - It is ok to ask other people for help
  - A kid's #1 job is to be a kid
  - Betty Ford Children's Program one example of specialized services focused on the needs of kids *and* parents

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Talking to Families/Loved Ones

- Provide clear, accurate information about opioid overdose, including prevention and response
- “One of the scariest things about loving a person with opioid/substance use is the fear of overdose. I want to empower you to have the opioid antidote in case of emergency”.
- More Information Here!

Audience Favorite: Role Play!

- What do you already know about opioid overdose?
- What do you already know about naloxone?
- Have you ever responded to an opioid overdose?
- Let’s walk through how to recognize an overdose, respond, and give naloxone.

Colorado MOMs Initiative

- Providing naloxone to pregnant and postpartum people is a tangible step in reaching out and building connection with people who use substances
- Providing naloxone means “I want you to live, you are valuable just as you are”

CO's CURE Guidelines

Colorado's Opioid Solution: Clinicians United to Resolve the Epidemic

Obstetrics and Gynecology: 2020 Opioid Prescribing and Treatment Guidelines

Harm reduction recommendations:

1. OB/gyn clinicians should **educate their patients** with OUD and those who inject substances in **overdose recognition, prevention, and the use of naloxone.**

2. OB/gyn clinicians should **provide naloxone directly to patients at elevated risk of overdose**.

3. During the postpartum period, when rates of overdose are elevated, OB/gyn clinicians are positioned and encouraged to ensure that patients with OUD or multi-substance use receive **medical and behavioral health care, social and harm reduction support, overdose education and *naloxone* in order to minimize the risk of overdose.**

Colorado MOMs Initiative

Participating Organizations:

Colorado Hospital Substance Exposed Newborns Collaborative (CHoSEN)	American College of Obstetricians and Gynecologists- Colorado (ACOG)	Colorado Perinatal Care Quality Collaborative (CPCQC)
AWHONN Colorado Section	Colorado Hospital Association	Colorado Department of Human Services - Office of Behavioral Health
Colorado Society of Addiction Medicine	Colorado Consortium for Prescription Drug Abuse Prevention	Colorado Medical Society
Colorado Chapter of American Academy of Pediatrics	Colorado Academy of Family Physicians	Colorado Chapter of American College of Emergency Physicians

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Who Is Eligible for Take-Home Naloxone?

If the patient meets ANY of the following criteria, dispense kit directly to patient:

- Are receiving medical care for opioid intoxication or overdose
- Use any type of illicit substances, including but not limited to fentanyl, heroin, methamphetamine
- Have suspected opioid use disorder, including nonmedical opioid use
- Are starting or being treated with methadone or buprenorphine treatment for opioid use disorder
- Are prescribed any amount of opioid medication on a chronic basis
- Are receiving a new opioid prescription for pain
- Have resumed opioid use after a period of abstinence (e.g., following birth of child, a recent release from jail or prison, or a recent discharge from a hospital or drug treatment facility)
- Experience neonatal opioid withdrawal syndrome
- Family member or person in the household with above condition

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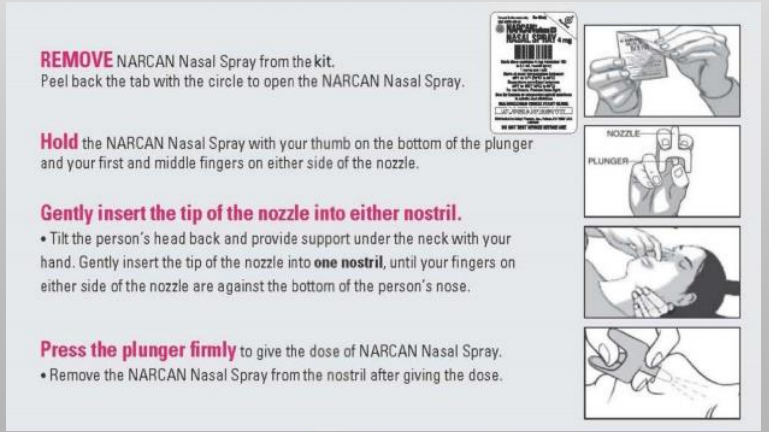
Naloxone Take-Home Kit

- Dispense directly to patient.
- Use informational handout in the naloxone take-home kit to guide education of patient and family.
- Be sure to include the following in your education:
  - Identification of person to administer and importance of educating them on how to administer
  - Risk factors for opioid overdose
  - Prevention of opioid overdose
  - Recognition of opioid overdose
  - Need to call 911 if naloxone take-home kit is administered
  - How to provide rescue breaths
  - Administration of intranasal naloxone
  - Effect of naloxone on the fetus or newborn
  - OUD treatment options for pregnant or postpartum women



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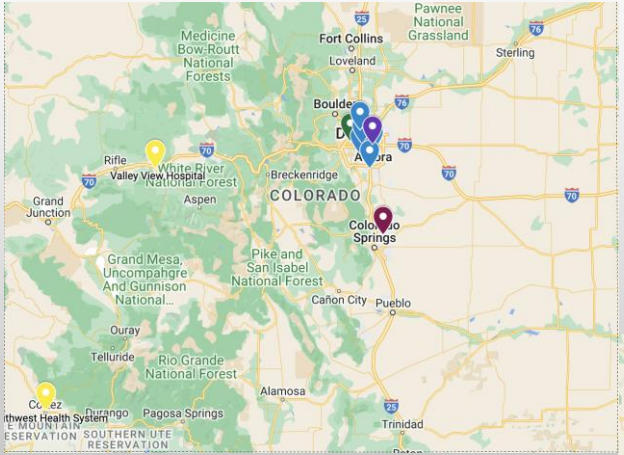
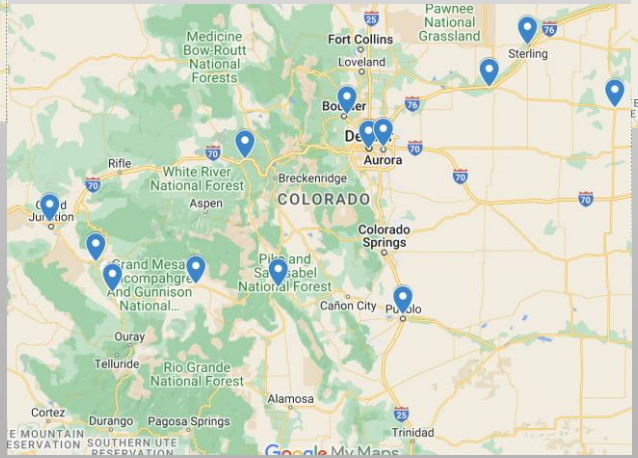
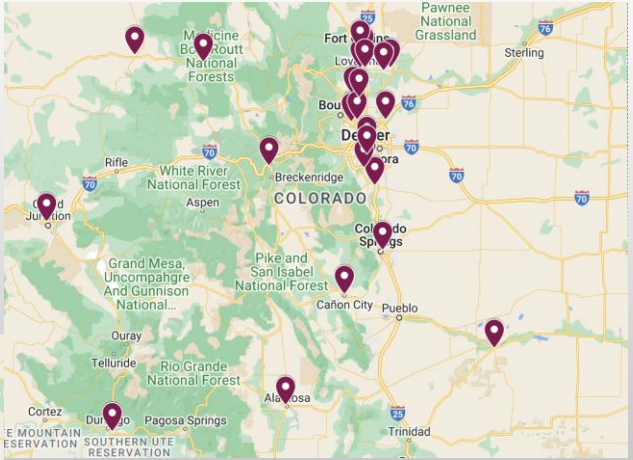
Participating and Enrolled Hospitals



Current participating hospitals (11)

Interested/Pending start (13)





Hospitals with L&D Units not yet involved (25)

What am I going to do to address the opioid overdose crisis and protect CO families?

a) Carry naloxone

b) Destigmatize substance use disorders and advocate for those affected

c) Make sure my hospital/health system is participating in CNP and MOMs

d) All of the above

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D) All of the above

How can my hospital join the MOMs Initiative?

1. Reach out.
    a. nikki@naloxoneproject.com Nikki King, project manager
    b. rachael@naloxoneproject.com Rachael Duncan, co-chair
    c. kaylin@naloxoneproject.com Kaylin Klie, co-chair
2. Get enrolled.
3. Train staff.
    a. Support from the MOMs team.
    b. Access the online toolkit and educational resources.
    c. Your ED is already doing this process. Replicate process in obstetrical units.
4. Implement.
5. Track data.
    a. Simple, quarterly online data submission.

COLORADO MOMs INITIATIVE

Packaging event

14ER DNVR • CO BREWING

Come enjoy some beverages and help us package life-saving naloxone kits.

What: Fall Packaging Event

When: November 3rd, 2022 7pm-9pm

Where: 14er Brewing & Beer Garden

3120 Blake St. Unit C Denver, CO 80205

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Thank You!

Questions?

Comments?

Discussion?

https://ucdenver.zoom.us/s/91648856059 link to general session to start at 10 a.m.