Press Release

March 8, 2021

FOR IMMEDIATE RELEASE

CONTACT:

Dr. Sharon Harris

516- 676-2008

safeglencove@yahoo.com

SAFE Glen Cove Coalition: Interventions to Address the Opioid Crisis—Modeling Predictions and Consequences of Inaction

A recent article published in JAMA Network Open by Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA) and colleagues discusses the US opioid epidemic and highlights the need to identify and implement the most effective approaches to prevent overdose fatalities. Over the last 15 years, deaths due to opioid overdoses have exceeded 500 000, and declines in overall US life expectancy are partly explained by this increase in overdose mortality. The Healing Communities Study (HCS), part of the National Institutes of Health Healing Addiction Long-Term initiative to address the opioid crisis, is testing whether an integrated set of evidence-based prevention and treatment interventions can reduce overdose mortality by 40% over a 3-year period (the first year to select interventions and train personnel and 2 years of implementation).

Initiated in 2019, the HCS targets 67 urban and rural communities in 4 states (ie, Kentucky, Massachusetts, New York, and Ohio) with some of the highest rates of overdose fatalities in the country.2 The HCS multipronged approach includes the most effective interventions for decreasing overdose fatalities: increasing the number of individuals receiving medication to treat opioid use disorder (OUD), retaining them in treatment, and expanding naloxone's distribution, as key components while using regional data to adjust the targeted interventions for a given community and promoting collaborations across health care, justice, and community settings.

Researchers implemented a population state-transition model of OUD and OUD treatment, to simulate the population with OUD living in Massachusetts from 2015 to 2022, and forecast the potential impact of the evidence-based interventions proposed by HCS to prevent overdose over a 2 year period. The study simulated the effect of 3 interventions: initiating more people on medications for OUD (MOUD), improving retention with MOUD, and increasing naloxone distribution. They found that no intervention alone could reduce overdose mortality by 40%, supporting the design of HCS.

Researchers want to know what is the best way to reduce opioid overdose deaths by 40% based on the characteristics of a given community? To achieve this goal, no strategy would suffice if applied alone. The results of the model suggest that at least 10% of the estimated OUD population should be initiated

in MOUD every month and that 50% of these should be retained in care for at least 6 months, while also increasing naloxone distribution. Other pathways are possible, but decreases in one metric, such as lower MOUD initiation rates, would require compensatory increases in others. From the public health point of view, comparing these pathways allows communities to optimally allocate their resources to reach the goal.

Results suggest that the implementation goals should be adjusted to the specific communities. For example, rural communities would need to initiate MOUD and retain in treatment a greater proportion of individuals with OUD and expand naloxone distribution to a greater extent than urban communities. Apart from validating the multipronged approach of HCS, this study also quantifies the expected outcomes based on the success in implementing the interventions. The emphasis of the HCS in guiding interventions based on regional up-to-date data could allow researchers to test the accuracy of the model.

From the scientific point of view, examining the effectiveness of existing interventions suggests areas in which further research is needed, including development and implementation of interventions to increase MOUD initiation, such as telehealth or the use of pharmacies, as well as interventions to improve retention in MOUD, such as behavioral interventions (eg, contingency management) and treatment of comorbid conditions (eg, depression, anxiety, pain, insomnia), among others. Although not explicitly addressed, the study implicitly highlights that a key component for success is addressing the barriers to implementation, which may include lack of trained personnel or financial resources, insufficient reimbursement, lack of champions, and opposition to the use of MOUD based on nonscientific preconceptions.

Provisional data from the Centers for Disease Control and Prevention (CDC) estimate that there were 83 335 overdose deaths for the 12-month period ending in June 2020, and it is likely that the rate of overdose has increased further as the pandemic has spread. The study helps researchers project the outcomes associated with implementing evidence-based interventions to reduce overdose mortality, while conveying the dire consequences of inaction. Neglecting the opioid crisis could hinder control of the COVID-19 pandemic and add to the increasing number of preventable overdose deaths in the US.

JAMA Network Open is a monthly open access medical journal published by the American Medical Association covering all aspects of the biomedical sciences. For more information please visit www.jamanetwork.com

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.