



# Managing Opioid Issues

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## **Abstract:** Help is more vital now than ever

### Technology is needed to meet the increase in opioid use since Covid-19 lockdowns began in March 2020

The opioid epidemic plateaued at a startling rate of about 130 deaths a day from overdoses.[1] Now, due to side effects of the Covid-19 pandemic, these rates are on the rise again.

Various causes are attributed to the uptick, including forced social isolation, anxiety, depression, and loss of income. According to an August 2020 CDC Morbidity and Mortality Weekly Report, "40.9% of respondents reported at least one adverse mental or behavioral health condition," due to stress or emotions related to Covid-19.

Conditions include "symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma (26.3%), and having started or increased substance use (13.3%)."[2]

Many people turn to substances in times of stress, and some opioid users have expanded to heroin and dangerous counterfeit pills. A Millennium Health analysis noted a significant rise in positive drug tests since Covid-19 lockdowns began, with an increase of 31.96% for non-prescribed fentanyl and 12.53% for heroin.[3]



Opioid addiction presents state agencies and their strategic partners with a multivariate problem, and no one agency can solve these problems alone

During the same period, access to support, treatment, and even legitimate opioid medication became harder to find. While agencies can continue to try to meet needs using existing systems, the most successful approaches are employing updated technologies.

Tech efforts include data dashboards that share information and deploy resources, and opioid/substance abuse resource websites and portals that increase awareness and connect disparate entities. Agencies are using these technologies in creative ways to stem the tide of increased substance use during the Covid-19 pandemic.

### **The case for connection**

“The opposite of addiction isn't recovery, it's connection,” King County Strategic Advisor Brad Finegood says, quoting one of his favorite authors, Johann Hari. But connection is difficult to foster when everyone is socially distanced, and opioid addiction presents state agencies and their strategic partners with a multivariate problem.



# We are increasingly seeing the use of multiple technologies that help agencies work together to address the opioid crisis

Agencies, and their respective coalitions, need to know how to identify, treat, and support a wide range of people with potential challenges. These challenges typically include mental health issues, housing instability, insufficient healthcare, criminal history, and other challenges related to family and social support. No one agency can solve these problems alone.

To be successful, agencies must engage with other state offices including non-profit partners, law enforcement entities, faith organizations, various community entities, family members, and of course, those in need of help.

We are increasingly seeing the use of multiple technologies that help agencies work together to address the opioid crisis. Some of these tools are designed for data tracking to better understand the challenges being faced, and to more efficiently deploy coalition resources. Some are made to educate. Some connect partner resources. Some enable people to engage with relevant content and direct them to the most appropriate resources.

As we will examine in this paper, technology, when properly utilized, can become a great asset to connect

agencies in the effort to combat substance use issues. Most solutions aim to provide access to community and medical treatments via a combination of additional personnel, and various technology solutions.

Some of the most successful models used across the country include:

- Medication Assisted Treatment (MAT) – combines behavioral therapy and medication to treat clients
- Hub and Spoke (H&S) – a central doorway such as a website or resource portal that connects customers with community resources
- Addiction and Recovery Treatment Services (ARTS) – longer-term treatment options within the wider healthcare system, funded by Medicaid

The examples in this paper focus on how agencies are adapting these models, and adopting technology to meet current needs.



# Part 1: Washington State



## King County and Seattle

Snohomish County in the state of Washington had the unenviable honor of becoming the first place in the U.S. with a confirmed case of Covid-19. Consequently, neighboring King County, and the City of Seattle, had no choice but to react quickly in the face of the pandemic.

King County was dealing with large numbers of people facing other life challenges, such as homelessness and drug use, long before the challenges posed by Covid-19. Even so, the increased needs resulting from the pandemic brought about major changes.

### Stats on King County drug use relating to Covid-19:



**20.1%**

increase in King County opioid related overdoses, 2019 vs 2020



**53%**

increase in King County fentanyl related deaths, 2019 vs 2020



**38.4%**

increase nationally in fentanyl related deaths

# King County rapidly adapted their intake procedures from in-person to virtual, both over the phone and online

Previously, King County had relied on a system where services were delivered at physical locations. Drug tests were also done in person, and medication was distributed for pick up. This approach was no longer feasible in a low/no contact environment.

King County was already using technology such as shared data dashboards to their advantage. This enabled them to react quickly to the changing circumstances. Access to real time data supports quick and direct action. For example, when hot spots flare up and EMTs note where they are, agencies can use that data to decide where to focus services.

King County rapidly adapted intake procedures from in-person to virtual, both over the phone and online. They also took advantage of a recent change in regulation to provide life-saving medications like methadone in larger doses which are designed to last a week or more, often up to a month, instead of having to be administered daily.

The county has also been addressing issues related to social determinants of health, such as access to a good social network, family support, healthcare, and the ability to find employment for clients.

They found that certain hurdles like not having access to a computer, reliable transportation, adequate healthcare, or social support made it difficult for clients to get treatment. Additionally, for many clients, their economic situation and increased social isolation created other unfavorable side effects, such as anxiety, depression, and greater temptation to use substances.

Forced to be socially distant due to Covid-19 made staying connected increasingly difficult. Social support groups were difficult to host, so one of the major ways in which the county and their partners were able to remain connected with their clients was via video meetings.

As many of us have experienced, technology is playing a vital role in the continuance of operations during Covid-19 and virtual meetings are becoming the norm. An efficient web search is also expected, and access to good data is increasingly more important. These are some of the resources that King County has embraced to tackle the challenges of the pandemic.

# Part 2:

## New Hampshire



### The Doorway

New Hampshire has been burdened with the third highest overdose rate in the country. A few years ago, the state saw as many as 39 overdoses per 100,000 people.[4] As a rural state, they experienced difficulties finding appropriate funding to meet demand for opioid treatment, and organizing treatment resources to help those in need. Consequently, under the urging of Governor Chris Sununu, NH's Department of Health and Human Services elected to follow a Hub and Spoke model similar to neighboring Vermont to connect their disparate community resources[5], supported by a 24/7 hotline to direct people towards treatment services.

#### Stats on New Hampshire drug use relating to Covid-19:



**11%**

increase in NH opioid related activity in last 6 months of 2020 vs prior 6 months



**30%**

increase in NH substance related activity in last 6 months of 2020 vs prior 6 months



**31.7%**

decrease in NH fentanyl/heroin deaths due to support programs



# This web portal provides a unified point of access for regional screening, evaluation, care coordination, treatment, and recovery support

Using a State Opioid Response grant from SAMHSA, the state established a customer-facing resource portal called “The Doorway” to publicize available services, and provide better communication regarding available resources. This web portal offers a unified point of access for regional screening, evaluation, care coordination, treatment, and long-term recovery supports. Additionally, other services related to job training, education, assistance with food, childcare, and transportation are also available.

Nine physical Doorway locations are strategically situated to ensure that no one in NH has to travel more than 60 minutes to reach a hub, meaning these centers provide help within an hour for anyone in the state.

The state has also secured additional funds for the expansion of MAT, peer recovery support services, and evidence-based prevention programs. However, due to the pandemic, support systems are no longer present in the same way, and access to treatment is harder to find. Mindful of these issues, the state of New Hampshire set a goal of reducing overdose fatalities in the state 8-12% by August of 2020.

This goal is seeing results. From implementation in January of 2019 until September 2020 (the most recent data available), the Doorway has served 15,508 people:

- 7,367 people during 2019
- 8,141 people in 2020
- 5,449 people, March until September of 2020

Compared to the same period of time during 2019, when only 3,837 people were served, there was a 42% increase in people served during the months affected by the Covid-19 lockdowns.[6]

Thanks in part to services provided, fentanyl/heroin deaths were down 31.7% in 2020 compared to 2019.

As these stats demonstrate, The Doorway coalition is certainly making a difference, even with the uphill battle due to Covid-19.

# Part 3:

## North Carolina



### Project Lazarus

The North Carolina based non-profit, Project Lazarus, offers a peer support model to help people navigate the system during their time of struggle. A central “hub” connects the disparate public health “spokes” to provide a holistic approach to addiction services. The treatment hubs aim to increase public awareness of opioid-related issues through education and outreach.

A website or portal forms the basis of centralized communications and outreach. Its goals may include reducing the misuse, over prescription, and abundance of opioids in the community.

#### Stats on North Carolina drug use relating to Covid-19:



**81,000**

annual national overdose deaths, highest on record, from May 2019-2020



**46%**

increase in NC opioid related emergency room visits in first quarter of 2020



**24%**

increase in NC opioid overdoses following Covid shutdowns in March 2020

# The Hub and Spoke model combined with MAT has been extremely successful in addressing the opioid crisis in this region

By using simple technology tools, like a good website, and a shared data dashboard, these hubs can simultaneously better educate a wide range of users and collect useful data. Resulting data is then used to evaluate where resources are most needed, to improve treatment responses, and to refine the system of care.

The community-based spokes in this model then provide the appropriate responses for treatment. This may include screening for mental illness, addiction, and related issues. In this model, community resources are kept in constant contact and are tightly coordinated.


North Carolina effectively blends internal tools like data collection with the external-facing website. The site provides a variety of functions, from education to treatment, peer support, and deployment of resources across a wide variety of coalition partners.

Furthermore, The Hub and Spoke model combined with MAT has been extremely successful in addressing the opioid crisis in this region. It has subsequently formed the basis for many other state grants for similar solutions.

As a whole-patient solution, MAT helps connect people with effective treatments by combining behavioral support with appropriate medications. Many states fund MAT initiatives with federal grants from CMS or SAMHSA. For states with high rates of treatment, services can further be expanded using grants like the Prescription Drug and Opioid Addiction program. These services have proven to be highly effective and can be set up relatively quickly.

Like most places around the country, Project Lazarus has been affected by the increase in overdoses due to Covid. Consequently, they are working even more closely with their state and community partners. This includes public sector agencies, the courts, probation, law enforcement, prisons, non-profits, healthcare providers, and churches. To coordinate and deploy resources, they have increased their communication outreach and embraced virtual meetings. Finally, they are currently working to develop a better data dashboard to collect and report real time information.





## **Conclusion:** Technology must be used more widely

With the recent Covid-19 pandemic, the battle is far from over

Coordinated public sector efforts, multiple educational campaigns, and accompanying rounds of Federal funding has certainly blunted the curve of the opioid crisis in the past. However, with the recent Covid-19 pandemic, the battle is far from over.

While there are many tried and tested frameworks to help those in need, such as MAT, Hub and Spoke, and ARTS, technology must be used far more widely and successfully. Resource portals and mobile apps can connect people with community resources, education, and medical

treatments. And data dashboards can help to provide real time information to decision makers to deploy community-wide resources to known hotspots.

These tools ensure that both effective communication and collaboration of resources are maintained and that the people in need receive help promptly and in a manner which best meets them where they are at. This is evident in all three frameworks.

We find that MAT models are most successful when coupled with a dashboard or some internal system.

States will inevitably use the model which can be established and sustained depending upon funding mechanisms and localized support

For MAT, Medicaid funding with matching state dollars provides a longer term sustainable commitment.

The Hub and Spoke model is ideally suited for resource portals and works well for states with good central structures and high levels of regional collaboration. In this case, SAMHSA grants can provide a temporary boost to start such a project.

In the ARTS model, mobile apps and customer portals work best because they have a well-connected health care system and social service case managers ready to help.

States will inevitably use the model that can be established and sustained depending upon funding mechanisms and localized support. However, what is most apparent is that the best frameworks make use of technology to provide compounded returns.





# Endnotes

**1** [The Opioid Epidemic By The Numbers, 2016 and 2017 Data](#), HHS.gov

**2** [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020](#), CDC

**3** [Signals Report COVID-19 Special Edition](#), Millennium Health

**4** [Drug Overdose Deaths in the United States, 1999–2016](#), CDC

**5** [Sununu, state officials unveil 'hub and spoke' opioid treatment partnerships](#), Concord Monitor

**6** [2020-08-31-Doorway Activity Report](#), DHHS-NH

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