Promising Practices Packet

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	Prevention	
1	**Count It! Lock It! Drop It! - Don't Be an Accidental Drug Dealer** *Implementers:* Coalition, Law Enforcement *Target Population:* Individuals prescribed opioids *Outcome:* Prevent new prescription drug misusers Implemented in TN	Coffee County Anti-Drug Coalition has worked with the Coffee County Sheriff's Department, Manchester Police Department and Tullahoma Police Department to establish a permanent drug disposal program, including drop boxes available 24 hours a day, seven days a week in the lobbies of all three departments. Funding is provided by a grant from Blue Cross Blue Shield of Tennessee Health Foundation in 2016. The program has a variety of state partners and has searchable database of drug disposal sites on website.[1]
2	**Positive Peer Pressure (P3) using SADD Curriculum** *Implementers:* Roane County Anti-Drug Coalition *Target Population:* Middle school students *Outcome:* Prevent underage substance use Implemented in TN	Roane County Anti-Drug Coalition conducts middle school clubs that provide students with prevention tools, based on the Students Against Destructive Decisions (SADD) curriculum and funded through the East Tennessee Foundation.[2] The SADD curriculum has been evaluated in other states and for other substances and shows that complete implementation can have desired effects; while not statistically significant it is an important piece of the community intervention.[3]
3	**Education on Storage and Disposal of Opioids** *Implementers:* Health care providers and government *Target Population:* Individuals prescribed opioids, especially parents *Outcome:* Prevent new users, especially in youth Implemented in TN. See "Count It! Lock It! Drop It! - Don't Be an Accidental Drug Dealer" promising practice	One in five patients prescribed an opioid has shared their prescription with non-prescribed individuals making it the most common source of "prescription opioids for non-medical purposes." [4] However, few parents keep opioids locked putting children and youth at risk for intentional and accidental opioid misuse. Even given these statistics, half of all patients prescribed an opioid in the U.S. do not receive guidance on how to store it. Information about storage and disposal should be consistent and clear across all providers and sources of information.[4]
4	**Lock-In Program for High Risk Individuals** *Implementers:* Pharmacies and insurers including Medicaid *Target Population:* Individuals prescribed opioids, and at high risk for misuse *Outcome:* Prevent opioid misuse Implemented in TN	A lock-in program is when pharmacies limit a patient's access to opioids by only allowing one provider to write prescriptions, ensuring coordination amongst providers. Insurance plans, including Medicaid could require this sort of program for those deemed at high-risk for opioid misuse.[4]

		Prevention
5	**Using RSVP Volunteers for Substance Abuse Education Programs** *Implementers:* Retired and senior volunteers through the Roane County Anti-Drug Coalition *Target Population:* Variety of populations. This includes pregnant women, medical professionals, community members, etc. *Outcome:* Variety of desired outcomes given volunteers are used for variety of programs but generally the targeted outcome is to prevent opioid misuse and Neonatal Abstinence Syndrome (NAS) Implemented in TN	The RSVP Program is a part of Senior Corps and funded by The Corporation for National and Community Service. In the program, senior volunteers educate others about substance abuse, as well as implement other programs including "Count It! Lock It! Drop It!" [2]
6	**PROmoting School-Community-University Partnerships to Enhance Resilience (PROSPER)): Family and School-Based Interventions** *Implementers:* School teachers, representatives from human service agencies, parent representatives and youth representatives *Target Population:* Youth *Outcome:* Prevent new users Implemented in TN	The study "PROmoting School-community-university Partnerships to Enhance Resilience (PROSPER)" tested the family-based Iowa Strengthening Families Program, and evaluated the revised program, the Strengthening Families Program. The study also examined the effectiveness of school-based programs including Life Skills Training, All Stars and Project Alert. Results showed significantly lower substance misuse in the intervention group at one or both time points post-intervention for most outcomes, including programs in one or both settings with relative reduction rates of up to 31.4%.[5]

Citations

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	Harm Reduction	
7	**Distributing Naloxone to At-Risk Clients in Emergency Departments** *Implementers:* ER Staff/Recovery Counselors *Target Population:* Individuals misusing opioids *Outcome:* Prevent death due to overdose	Individuals admitted to the Emergency Room determined to be at risk for opioid overdose, or have already overdosed, are provided naloxone rescue kits (NRKs). Individuals are trained in the use of the NRK through videos, brochures, or in-person training. Some programs included a therapist-delivered motivational interviewing session, and another linked the individuals to a recovery counselor.[1]
8	**Test Kits for Fentanyl-Laced Opioids** *Implementers:* Harm reduction organizations *Target Population:* Individuals at risk using illicit opioids *Outcome:* Prevent opioid overdose, and death due to overdose	Some communities in the US are using fentanyl test strips for drug users to test for the presence or absence of illicit fentanyl in heroin or other illicit drugs. A preliminary study surveyed active drug users, who reported they would use the strips, and would change their behavior if the drug tested positive for fentanyl (e.g. not use the drug, use them more slowly, or have naloxone on hand). However, an evaluation of a program distributing testing strips was not located. [2,4]
9	**Syringe Services Program** *Implementers:* Harm reduction organizations and county health clinics *Target Population:* Individuals injecting drugs *Outcome:* Reduce the risk of infection and increase linkage to services	A report from Johns Hopkins University recommends the distribution of sterile syringes to people who inject drugs. Syringe service programs are most beneficial when individuals are offered referral to drug treatment, and other services, when picking up clean needles. A 2016 modification to federal law allows for federal funds to be used for programmatic support and services related to needle and syringe service programs, though not for purchasing the needles and syringes themselves. [2]
10	**Training the Public in Naloxone Administration** *Implementers:* Tennessee Overdose Prevention (TOP) employees *Target Population:* General population *Outcome:* Increase the number of people certified to carry and administer naloxone, reducing deaths due to overdose Implemented in TN	Tennessee Overdose Prevention (TOP) provides training to enable Tennessee residents to administer the overdose reversing drug naloxone. [3] The Tennessee Department of Health website provides the public with a naloxone training, along with a quiz, and certificate of completion.[5]

Harm Reduction		
11	**Distributing Naloxone to Active Users Leaving Treatment, Jail or Emergency Room** *Implementers:* Tennessee Overdose Prevention (TOP) employees *Target Population:* Individuals currently misusing opioids, and leaving jail or the emergency room *Outcome:* Reduce deaths due to overdose Implemented in TN	TOP distributes free naloxone to active users, people leaving treatment, jail, or the emergency room when they have survived an overdose.[3]
12	**Co-Prescription of Naloxone for Individuals at High-Risk of Overdose** *Implementers:* Healthcare providers *Target Population:* Patients receiving opioid prescriptions at risk for misuse *Outcome:* Reduce opioid misuse Implemented in TN	Physicians co-prescribe naloxone with an opioid to patients who are identified as high-risk for opioid misuse and overdose. Currently, there is not consensus on how to decide which patients should get this service.[2]

Citations

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Treatment		
13	**Educate Healthcare Providers about Preventing, Identifying and Treating Addiction** *Implementers:* Healthcare organizations *Target Population:* Healthcare providers including pharmacists *Outcome:* Prevent opioid misuse, increase treatment for addiction	Currently prescribers and pharmacists receive little to no training on substance use disorders therefore the American Society of Addiction Medicine and the American Academy of Addiction Psychiatry are coordinating national efforts to improve medical education about substance use disorders for prescribers and pharmacists. [1]
14	**Patients Access to Buprenorphine or Methadone at Primary Care Clinics** *Implementers:* State Government *Target Population:* Healthcare clinic providers and patients *Outcome:* Increasing enrollment in treatment	This intervention aims to increase access among at-risk patients to buprenorphine and methadone at federally qualified health centers (FQHCs) to provide treatment for individuals with opioid use disorders.[1]
15	**Online Opioid Treatment Program** *Implementers:* Coalitions, OTP Counselors *Target Population:* Outpatients already receiving comprehensive opioid treatment *Outcome:* Increasing enrollment in treatment	In this program, patients who are in an opioid treatment program and have access to internet are given individual counseling sessions through web-based videoconferencing. They will also receive medication assisted treatment (MAT) at the same time. In a study of this program, those who got online therapy had the same amount of decreased drug use compared to people who received in-person therapy.[2] Other online programs have substituted in-person counseling sessions for web-based interactive, self-directed tools to help people change their behavior.[3]
16	**Referral to Treatment Hotline** *Implementers:* Coalitions *Target Population:* People with substance use disorders seeking treatment *Outcome:* Increasing enrollment in treatment Implemented in TN	Currently TN has an anonymous statewide hotline that acts as a referral source for any caller seeking assistance in finding resources on substance use disorders. This hotline does not provide therapy or diagnosis but provides caller with at least 3 referral sources to seek treatment.[4]

Treatment		
17	**Education Campaign about Treatment** *Implementers:* State Health Departments *Target Population:* Providers, patients and their families, health plans, state level law enforcement, and policy makers *Outcome:* Increasing enrollment in treatment, reduce the stigma of opioid treatment	Campaigns used information from the Department of Health and Human Services, the National Institute on Drug Abuse through the CDC, and the White House Office of National Drug Control Policy to decrease the stigma associated with opioid treatments among providers, patients, families, state level law enforcement, policy makers, and coverage providers by fostering the understanding that opioid use disorders are a chronic brain disease.[1]
18	**Offer Opioid Treatment in Prisons and Jails** *Implementers:* Criminal Justice System; Law Enforcement *Target Population:* Opioid Users who are incarcerated *Outcome:* Increasing enrollment in treatment	In this program, buprenorphine and methadone are offered to people with opioid use disorders within prisons and jails. [1]
19	**Incorporate Buprenorphine into the Standard of Care for Patients Admitted Hospital/ED** *Implementers:* Physicians, nurses, other healthcare providers *Target Population:* Individuals misusing opioids and admitted to hospital/ED *Outcome:* Increasing enrollment in treatment	This program adds buprenorphine into the standard of care provided by all healthcare providers for patients admitted to the hospital/ED who require treatment for opioid overdose, opioid withdrawal, or medical problems associated with injection drug use. [1]

Treatment		
20	**Vermont Hub-and-Spoke Model of Care for Opioid Use Disorder** *Implementers:* Healthcare providers, opioid treatment programs, and office based treatment settings *Target Population:* Individuals in recovery from opioid misuse *Outcome:* Increase treatment for addiction, increase number of individuals in recovery	The Hub and Spoke model supports people in recovery from opioid use disorder. Hubs located in 9 regions across the state provide the most intensive opioid use disorder treatment options. A "Hub" is a clinic organized around an existing Opioid Treatment Program, that was given prescriptive authority to dispense buprenorphine along with methadone treatment.[5] "Spokes" are Office Based Opioid Treatment Settings, located in communities across Vermont. Spokes are healthcare providers who are federally waivered to prescribe buprenorphine. They may also provide oral naltrexone or injectable Vivitrol. Most spokes integrate addiction care into general medical care. Spoke care teams include one nurse and one licensed mental health or addictions counselor per 100 patients. This helps primary care providers balance their MAT patient care with their non-MAT patients. Individuals with less complex needs may begin treatment at a Spoke. Those who need intensive treatment begin at a Hub and are transferred to a Spoke. Since starting the program in 2013, and when it was evaluated in 2017, there has been a 64% increase in physicians waivered to prescribe buprenorphine, a 50% increase in patients served per waivered physician.[6]

Citations

1. Johns Hopkins: Bloomberg School of Public Health, & Clinton Foundation. (2017, October). The Opioid Epidemic: From Evidence to Impact (Rep.). Retrieved March 30, 2018, from https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf
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Other		
21	**Real-time surveillance of overdose** *Implementers:* State and/or federal government *Target Population:* State and/or federal government, first responders, family members, hospitals *Outcome:* Identify overdose trends	This promising practice is to invest in real-time surveillance of fatal and non-fatal overdoses to help understand the scope of the problem and where to target resources, as well as any identify trends including those that are interstate and nationwide. [1]
22	**Educating providers about how to communicate effectively with opioid-users.** *Implementers:* Health care organizations, agencies, and professional associations *Target Population:* Healthcare providers *Outcome:* Reduce workplace stigma towards substance use disorders	This promising practice is to utilize educational resources to inform health care providers about the importance and counter-productive impacts of stigmatizing language when addressing opioid-users. [1]

Citations

1. Johns Hopkins: Bloomberg School of Public Health, & Clinton Foundation. (2017, October). The Opioid Epidemic: From Evidence to Impact (Rep.). Retrieved March 30, 2018, from https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf

Legend

Please use this legend to find promising practices addressing your identified need area(s).

	Program Title	Conducted in TN	Reduce New Users	Reduce Misuse	Reduce Overdose	Treatment	Youth	Adults	Coalitions	Harm Reduction Orgs	Law Enforcement/Corrections	Faith Communities	Pharmacies	Medical Providers	Schools
			What Was the Goal?				**What Age Group?**		**Who Implemented It?**						
1	Count It! Lock It! Drop It! - Don't Be an Accidental Drug Dealer	x	x				x	x	x		x				
2	Positive Peer Pressure (P3) using SADD Curriculum	x	x				x								x
3	Education on Storage and Disposal of Opioids	x	x					x						x	
4	Lock-In Program for High Risk Individuals	x		x				x					x	x	
5	Using RSVP Volunteers for Substance Abuse Education Programs	x		x				x							
6	PROmoting School-Community-University Partnerships to Enhance Resilience (PROSPER)): Family and School-Based Interventions		x				x								x

	Program Title	Conducted in TN	What Was the Goal?				What Age Group?		Who Implemented It?						
			Reduce New Users	Reduce Misuse	Reduce Overdose	Treatment	Youth	Adults	Coalitions	Harm Reduction Orgs	Law Enforcement/ Corrections	Faith Communities	Pharmacies	Medical Providers	Schools
7	Distributing Naloxone to At-Risk Clients in Emergency Departments				x			x						x	
8	Test Kits for Fentanyl-Laced Opioids				x					x					
9	Syringe Services Program				x			x		x					
10	Training the Public in Naloxone Administration	x			x										
11	Distributing naloxone to Active Users Leaving Treatment, Jail or Emergency Room	x			x			x			x				
12	Co-Prescription of Naloxone for Individuals at High-Risk of Overdose				x			x						x	
13	Educate Healthcare Providers about Preventing, Identifying and Treating Addiction		x	x				x						x	

	Program Title	Conducted in TN	What Was the Goal?				What Age Group?		Who Implemented It?						
			Reduce New Users	Reduce Misuse	Reduce Overdose	Treatment	Youth	Adults	Coalitions	Harm Reduction Orgs	Law Enforcement/ Corrections	Faith Communities	Pharmacies	Medical Providers	Schools
14	Patients Access to Buprenorphine or Methadone at FQHCs					x		x							
15	Online Opioid Treatment Program					x		x	x					x	
16	Referral to Treatment Hotline	x				x		x	x						
17	Education campaign about treatment					x		x							
18	Offer Opioid Treatment in Prisons and Jails					x		x			x				
19	Incorporate Buprenorphine into the Standard of Care for Patients Admitted Hospital/ED					x		x						x	
20	Vermont Hub-and-Spoke Model					x		x						x	
21	Real-time surveillance of overdose			x				x							
22	Educating providers about how to communicate effectively with opioid-users.													x	