COLUMBIA COMMONS
Campus-Wide Day of Interprofessional Action

Sample Lesson Plan for IPE Day Workshop
Opioid Epidemic & Advocacy Letter

Note: Columbia Commons IPE is providing detailed samples of how an interprofessional workshop may unfold. Please feel free to use this lesson plan in its complete form or adapt and modify as you see fit.

By the end of this session, learners will be able to:

- Recognize the historical context of opioid use in the USA.
- Recognize risk factors for opioid addiction.
- Describe federal responses to the opioid epidemic.
- Describe national professional bodies responses to the opioid epidemic.
- Write an interprofessional advocacy letter to a representative.

Orienting questions for all IPE workshops:

- What is your understanding of your profession's role on this topic?
- To what extent is this topic covered in your curriculum?
- How can we leverage diversity of experience on the health care team?
- How have you seen interprofessional practice in healthcare on this topic as a patient, as a student, or as a clinician?

Introductions and Ice-Breakers (10 minutes)

- Faculty workshop leaders will demo these introductions before students break out into small groups
- Form groups of 4-5 students with 3 or more professions represented in each group.
- Introductions should include:
    - name, school, year
    - preferred pronouns
    - statement about how much preparation your program provides re: responding to the opioid epidemic
    - Briefly discuss your exposure to interprofessional education and to the specific health professions represented in the workshop
    - Briefly discuss one idea that resonated with you from a plenary address
- Regroup: Faculty leaders will poll (via a show of hands) health professions represented in the room, exposure to Opioid Epidemic & Advocacy Letter topic, exposure to IPE

Content Delivery: Information on the Opioid Epidemic (30-40 minutes)

Acknowledge content sources (Center for Disease Prevention and Control, Columbia Commons IPE, other sources where cited)

What is an opioid? Definition

The Centers for Disease Control and Prevention (CDC) defines opioids as "Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused."[1]

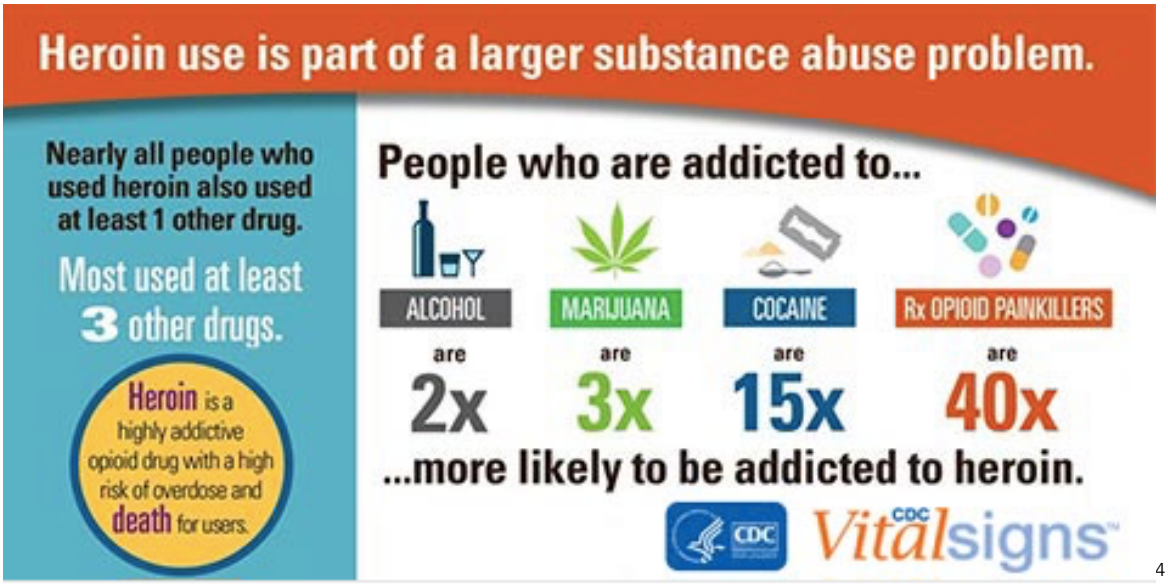
Commonly used opioids [2]

1. Benzodiazepines – Sometimes called "benzos," these are sedatives often used to treat anxiety, insomnia, and other conditions. Combining benzodiazepines with opioids increases a person's risk of overdose and death.
2. Extended-release/long-acting (ER/LA) opioids – Slower-acting medication with a longer duration of pain-relieving action.
    - Many prescription drug companies are creating extended-release pills, and pills that are difficult to crush/dissolve in water, to make them harder to be injected and achieve a high
3. Fentanyl – Pharmaceutical fentanyl, prescribed as transdermal patches and lozenges, is a synthetic opioid pain medication, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illegal drug markets for its heroin-like effect, and is often mixed with heroin and/or cocaine as a combination product.
4. Heroin – An illegal, highly addictive opioid drug processed from morphine. Typically it is injected but it can also be snorted or smoked.

[1] https://www.cdc.gov/drugoverdose/opioids/terms.html
[2] https://www.cdc.gov/drugoverdose/opioids/terms.html

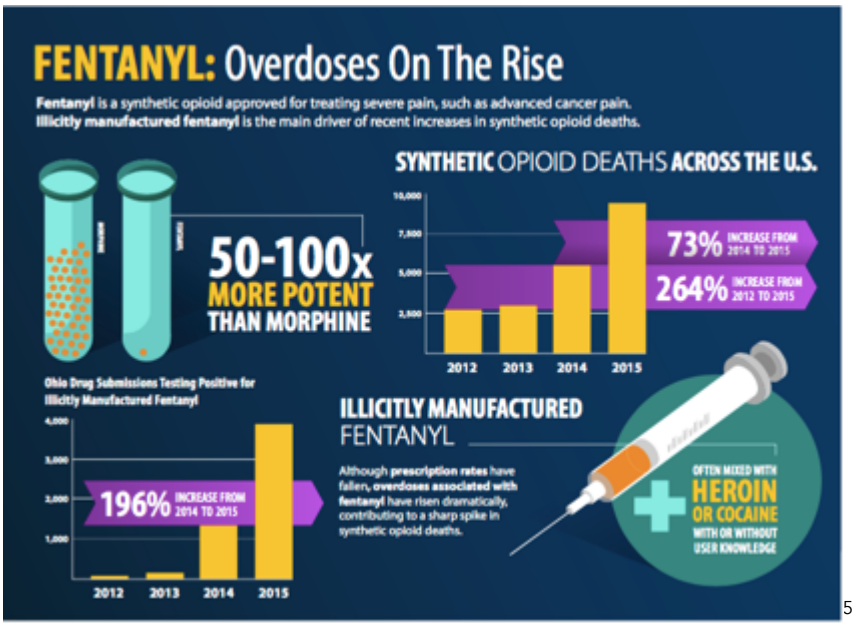
Risk Factors

[3]



[4]

[3] https://www.cdc.gov/drugoverdose/opioids/prescribed.html
[4] https://www.cdc.gov/drugoverdose/opioids/heroin.html



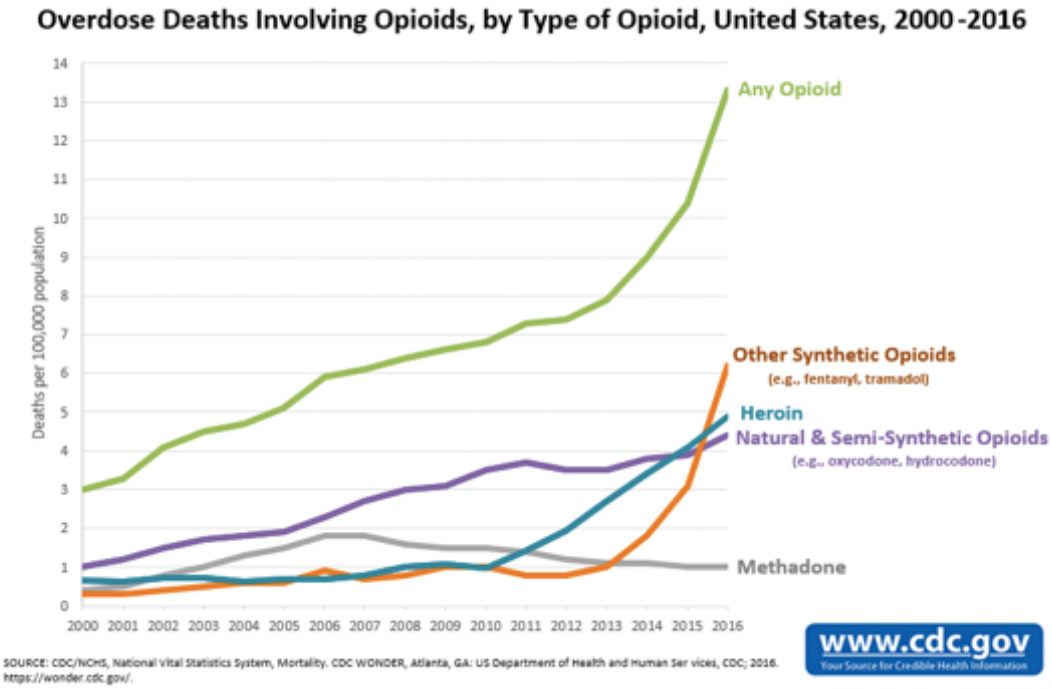
[5]

The shifting demographics, higher availability, and low cost of heroin

One study found…"Respondents who began using heroin in the 1960s were predominantly young men (82.8%; mean age, 16.5 years) whose first opioid of abuse was heroin (80%). However, more recent users were older (mean age, 22.9 years) men and women living in less urban areas (75.2%) who were introduced to opioids through prescription drugs (75.0%). Whites and nonwhites were equally represented in those initiating use prior to the 1980s, but nearly 90% of respondents who began use in the last decade were white. Although the "high" produced by heroin was described as a significant factor in its selection, it was often used because it was more readily accessible and much less expensive than prescription opioids."[6]

[5] https://www.cdc.gov/drugoverdose/opioids/fentanyl.html

[6] Cicero, T. J., Ellis, M. S., Surratt, H. L., & Kurtz, S. P. (2014). The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. *JAMA psychiatry*, *71*(7), 821-826.



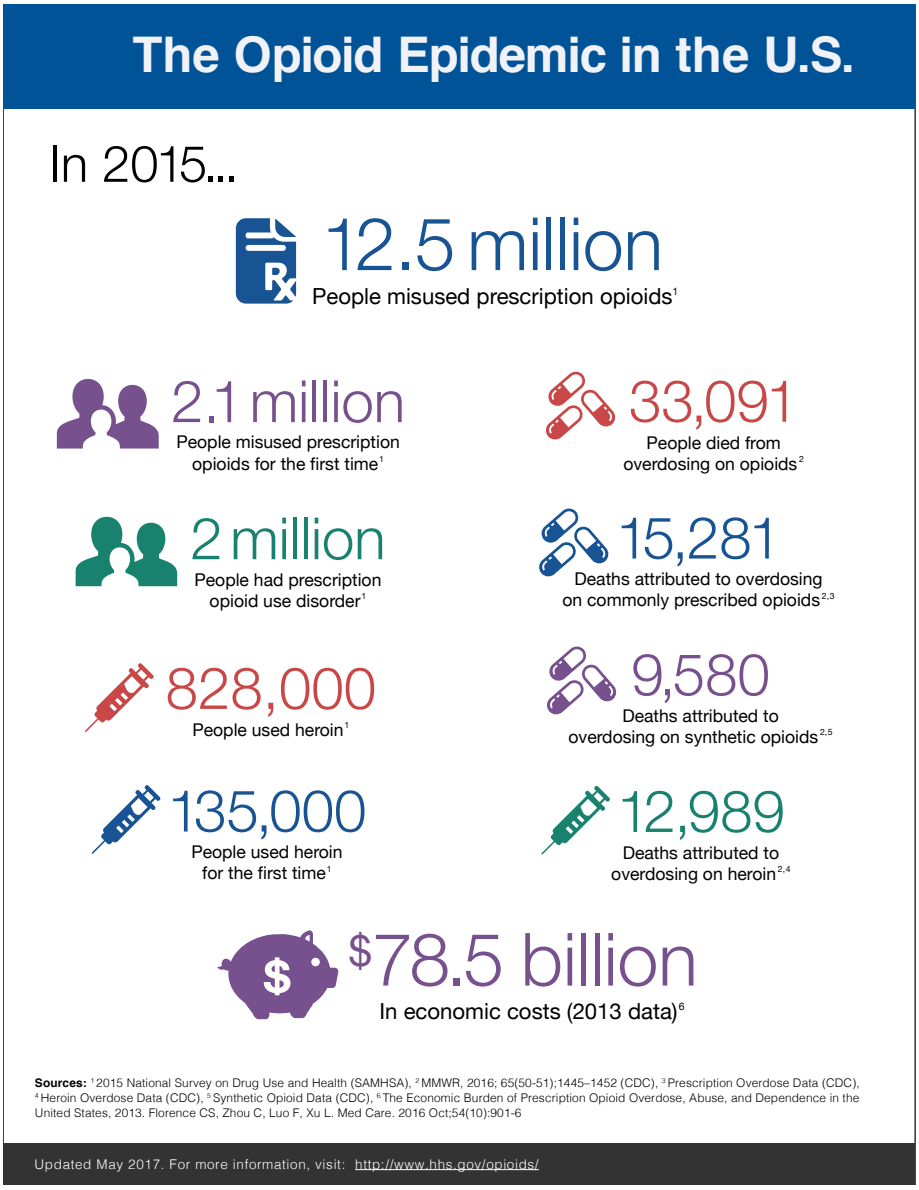
Opioid History (from CNN's article "Opioid history: From 'wonder drug' to abuse epidemic") [7]

- 1898 – the Bayer Co. begins commercially producing heroin (used as cough suppressant)
- 1914 – Harrison Narcotics Tax Act, tax on making, importing, or selling
- 1924 – heroin becomes illegal
- 1950s & 1960s – nerve block clinics are opened by anesthesiologists, an attempt at non-surgical pain treatment
- 1970s – President Gerald Ford creates a task force to address escalating drug use
- 1974 – FDA approves Percocet
- 1978 – Vicodin released
- 1996 – OxyContin released
- January 1980 – New England Journal of Medicine paragraph-long letter by Jane Porter and Dr. Hershel Jick states "the development of addiction is rare in medical patients with no history of addiction"
- 2001 – Joint Commission makes pain assessment a standard in all patients
- 2009 – Joint Commission removes required pain assessment
- August 2010 – a new version of OxyContin is released, it is intended to be harder to abuse (more difficult to crush and dissolve)
- March 2016 – CDC director Dr. Tom Frienden writes a New England Journal of Medicine article calling for more data on long-term use of prescription opioids and saying "we know of no other medication routinely used for a nonfatal condition that kills patients so frequently"

[7] Moghe, Sonia. (2016 October 14). Opioid history: From 'wonder drug' to abuse epidemic. CNN. Retrieved from http://www.cnn.com/2016/05/12/health/opioid-addiction-history/index.html

Key Facts

- Between 1999 and 2016, more than 3 out of 5 drug overdose deaths involved an opioid[8]
- Overdoses involving opioids killed more than 42,000 people in 2016[9]. 40% of those deaths were from prescription opioids[10].



[8] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov

[9] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov

[10] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov

Federal response to the epidemic

- FDA's Opioids Actions Plan from April 2016[11]
    - Expand use of advisory committees
    - Develop warnings and safety information for immediate-release (IR) opioid labeling
    - Strengthen postmarket requirements
    - Update Risk Evaluation and Mitigation Strategy (REMS) Program
    - Expand access to abuse-deterrent formulations (ADFs) to discourage abuse
    - Support better treatment
    - Reassess the risk-benefit approval framework for opioid use

- Under Public Health Services Act, Opioid Epidemic Declared Public Health Emergency in October 2016, with 5 priorities [12]
    - Improve access to prevention, treatment, and recovery support services
    - Target the availability and distribution of overdose-reversing drugs
    - Strengthen public health data reporting and collection
    - Support cutting-edge research on addiction and pain
    - Advance the practice of pain management
- Opioid Abuse Prevention and Treatment Act of 2017[13]
    - Introduced to Congress, waiting to pass the House
    - Requires Department of Health and Human Services (HSS) to award grants to states to develop a process to identify and investigate questionable drug schedule II or III prescribing habits
    - Grant programs to improve training fro health care providers
    - DEA must request practitioners screen patients before prescribing schedule II or III drugs
    - FDA must consider making naloxone available without a prescription
    - HSS must help increase opportunities for opiate disposal
    - Government Accountability Office must review and make recommendations on opioid prevention

Professional societies response to the epidemic

- American Dental Association
    - 2015 – joins AMA task force to address opioid crisis
    - 2016 – Statement on the Use of Opioids in the Treatment of Dental Pain [14]
        - Conduct a medical and dental history when prescribing opioids
        - Follow CDC and state licensing board recommendations
        - Use a prescription drug monitoring program

[11] Califf, R. M., Woodcock, J., & Ostroff, S. (2016). A proactive response to prescription opioid abuse. *New England Journal of Medicine*, *374*(15), 1480-1485.
[12] https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html
[13] https://www.congress.gov/bill/115th-congress/house-bill/993
[14] http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/policies-and-recommendations-on-substance-use-disorders

        - Discuss with patients their responsibility when prescribed opioids
        - Consider treatment options that utilize best practices
        - Use nonsteroidal anti-inflammatory analgesics first
        - Utilize multimodal pain strategies
        - Coordinate with patient's doctor, pain specialists
        - Dentists shouldn't be responsible if they follow the guidelines and are deceived by patients
        - Seek continuing education for pain management, addiction, opioid prescribing
- American Medical Association
    - 2014 – task force convened
        - AMA Task Force Recommendations
            - Prescription drug monitoring programs
            - Education
            - Treatment – comprehensive care
            - Stigma
            - Naloxone – expand access
            - Safe storage and disposal of opioids
    - 2017 – adopts additional policies at 2017 interim meeting
        - Policy affirming patients in correctional facilities should have access to evidence-based opioid treatment including medication assisted treatment and counseling
- National Council of State Boards of Nursing
    - Opioid Toolkit on website offering several resources for clinicians
- American Physical Therapy Association
    - 2016 - #Choose PT opioid awareness campaign[15]
    - Joined Pain Care Policy Congress
        - Academy of Integrative Pain Management, APTA, the American Pharmacists Society, the American Osteopathic Association, BeaconHealth, Kaiser Permanente, the National Association of Social Workers, the American Cancer Society, and Aetna for discussions and presentations on how to best address conflicting pain care guidelines
- National Association of Social Workers
    - Social Justice Brief: "Opiates in Our Backyard; Implications for Drug Policy" [16]
    - Massachusetts' social work schools agree to implement a set of core educational principles addressing opioid addiction and treatment [17]

[15] http://www.apta.org/PTinMotion/News/2017/10/25/OpioidActivitiesUpdateOct2017/

[16] http://www.socialworkblog.org/practice-and-professional-development/health-care/2016/09/nasw-social-justice-brief-offers-overview-of-nations-opioid-heroin-addiction-crisis/

[17] https://www.mass.gov/news/baker-polito-administration-announces-first-in-the-nation-education-principles-for-social

- Brooks, M. J., Holm, S. E., Thomas, S., & Rich, A. J. (2017). Addressing Opioid Misuse and Abuse through Interprofessional Engagement and Education. *Internet Journal of Allied Health Sciences and Practice*, *16*(1), 9.
- Raheb, G., Khaleghi, E., Moghanibashi-Mansourieh, A., Farhoudian, A., & Teymouri, R. (2016). Effectiveness of social work intervention with a systematic approach to improve general health in opioid addicts in addiction treatment centers. *Psychology Research and Behavior Management*, *9*, 309–315. http://doi.org/10.2147/PRBM.S110705
- https://www.hhs.gov/programs/topic-sites/mental-health-parity/achieving-parity/cures-act-parity-listening-session/comments/behavioral-health-care-providers/national-association-of-social-workers/index.html

- American Pharmacists Association
  - Developed a resource center to help pharmacists providing a compilation of learning opportunities, clinical and patient resources, and useful tools for working with patients who are prescribed opioids.[18]

Interactive Activity: Advocacy Letter (35-45 minutes)

Form groups of 3 – 4 students with 3 or more professions represented in each group.

Identify a political issue that is relevant to the group professionally and draft a letter to the respective politician (state or federal senators or district representatives…) Keep in mind that this individual should be in a position to address the political issue or policy that the group has a concern about.

Advocacy letter checklist:

- Composed on appropriate letterhead
- Titles, addresses and formatting are correct
- Grammar and spelling are flawless.
- Concise yet detailed identification of authors (e.g. constituent, student, member of an organization, someone directly influenced by the legislation…)
- Name and number of relevant bill clearly stated in the first paragraph.
- Purpose of letter and authors' position along with recommendation/, suggested solution/s and/or request is stated clearly and concisely.
- No longer than one single-spaced (?) page.
- Cite important facts and relevant examples that support your position.
  Authors' contact information included.
  Evidence that letter has been sent (e.g. screen shot of confirmation notification if sending via email, scanned image of fax transmission verification.

[18] http://www.pharmacist.com/apha-develops-resource-center-address-challenges-opioids

Questions for students to consider…

- What is your understanding of your profession's role on this topic?
- To what extent is this topic covered in your curriculum?
- How can we leverage diversity of experience on the health care team?
- How have you seen interprofessional practice in healthcare on this topic as a patient, as a student, or as a clinician?
- How does this political issue or policy impact you as an individual? As a professional? As a member on an interprofessional team? As a member of society? Discuss advantages and disadvantageous of the specific facts of the legislations that resonate most with your group.

Reserve the last 15 minutes of the activity to invite some of the groups to read aloud their advocacy letter.

Wrap Up: Closing thoughts from the session (5 minutes)

Summarize themes that emerged from the activity.

Encourage students to send their advocacy letter or share contact information and set a time to meet if they did not finish their advocacy letter.

Encourage students to continue to advocate and have their voice heard on national health care topics.

Question for the group:

- How might today's workshop impact your professional practice?
- How can you make a difference?