



UNIVERSITY *of* MARYLAND

Opioid Misuse Prevention Program “OMPP” Needs Assessment Training

Purpose of OMPP

INTRODUCTION

OMPP Theory of Action

- Implement data-driven, evidence-based strategies, which will...
- Reduce local contributing factors, which will...
- **Reduce opioid misuse, which will...**
- Reduce opioid overdoses which will...
- Reduce overdose fatalities (the ultimate goal)

Year 1 Activities Update

- Year 1 time line for Cohort 1 ends on June 30, 2015 with completion of OMPP Strategic Plan
- Time line for Cohort 2 is one month behind
- With delays on several fronts, strategic plans won't be approved and Year 2 Implementation Awards made until at least July

Year 1 Activities Update

- Therefore, FY '16 OMPP planning awards will be made shortly at an amount sufficient to keep OMPP Coordinator and Evaluator funded and continue planning activities
- Then when strategic plan is complete and approved, supplemental OMPP awards will be made for implementation and continued coordination

Year 1 Activities Update

- Key reminders:
 - Community Opioid Awareness Campaigns can run through September 30, 2015 **if** the one-time-only FY '15 funds are encumbered and the campaigns begin by May.
 - Campaigns should not be developed until you have the results of the opioid public opinion survey

Background

OPIOID MISUSE & THE SCOPE OF THE PROBLEM

Opioids

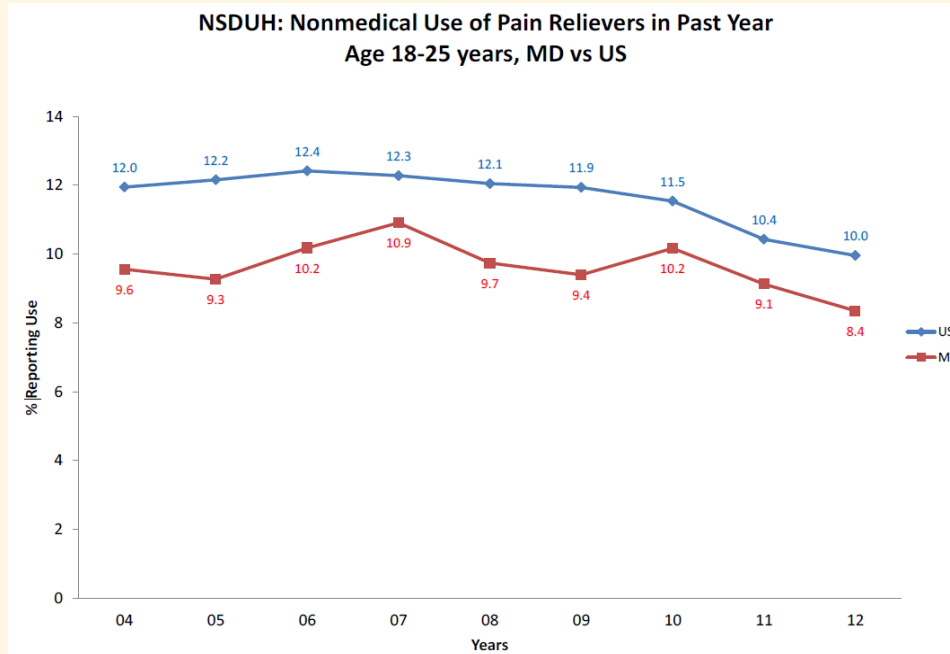
- Licit or illicit
- Pain management
- Consequences
 - Euphoria
 - Drowsiness, slowed breathing, heart rate
 - Dependence, addiction
 - Overdose
 - Death

Generic Name	Brand Names	Street Names
Morphine	MS Contin, Avinza, Kadian, Oramorph	Miss Emma, monkey, white stuff
Codeine		Captain cody, cody, schoolboy
Hydrocodone	Zohydro, Hysingla, Lorcet, Lortab, Norco, Vicodin	Vike, Watson-387
Hydromorphone	Dilaudid, Palladone, Exalgo	Juice, smack, D, footballs, dillies
Oxycodone	Oxycontin, roxicodone, Percocet, Roxicent, Endocet	Oxy, O.C., oxycotton, oxycet, hillbilly, percs
Buprenorphine	Butrans With Naloxone - Suboxone	
Fentanyl	Duragesic, Abstral, Actiq, Fentora	Apache, china girl, china white, dance fever, friend, goodfella, jackpot, murder 8, TNT, tango & cash
Methadone	Dolophine	Fizzies, amidone

Opioid Misuse

- The use of a prescription drug without a prescription from a physician, e.g. receiving or stealing from a friend or relative
- Taking a prescription opioid simply for the experience or feeling the drug causes or for any reason other than prescribed
- Taking a prescription opioid in a different manner than prescribed, e.g. crushing and injecting an oral tablet or taking a higher dose than prescribed
- Use of licit or illicit opioids in combination with other substances e.g. alcohol, marijuana, etc

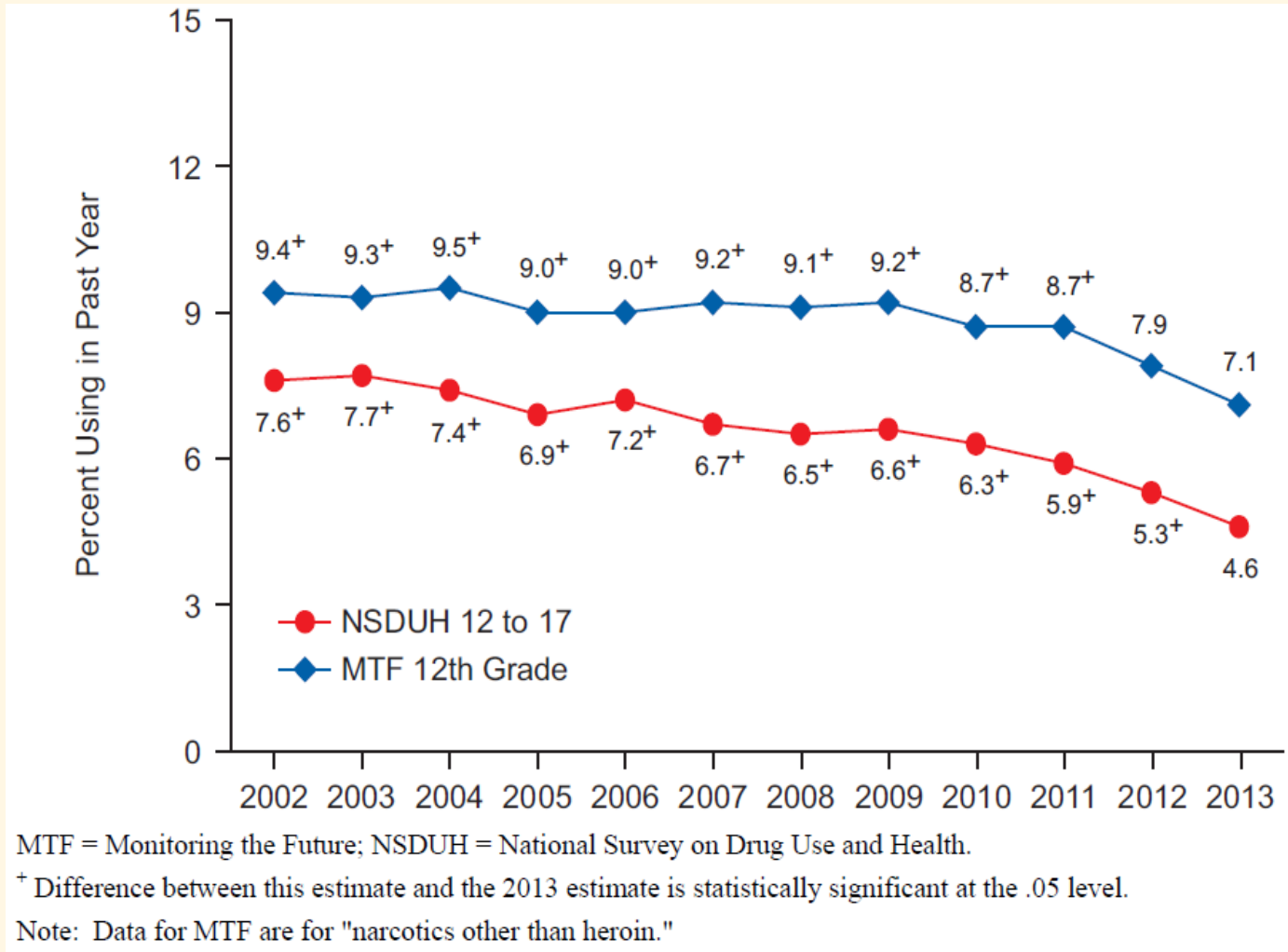
Consumption: US & MD



Past Year NMUPO MD vs US (%)

	12 or older	12 - 17	18 - 25	26 and older
US	4.57	6.09	10.43	3.37
Maryland	3.89	4.63	9.13	2.93

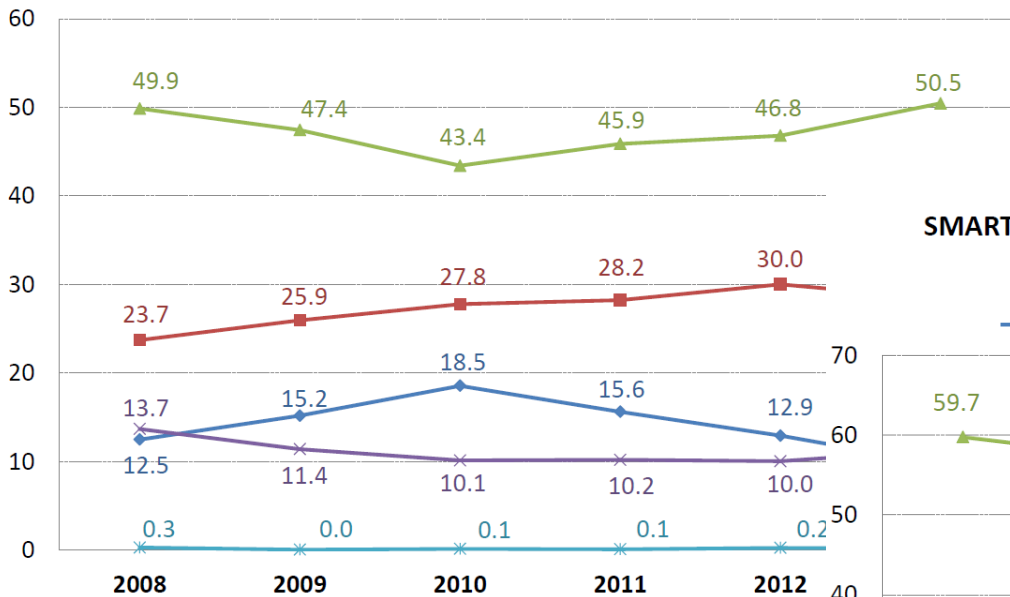
Consumption- Heroin



Who is Using?

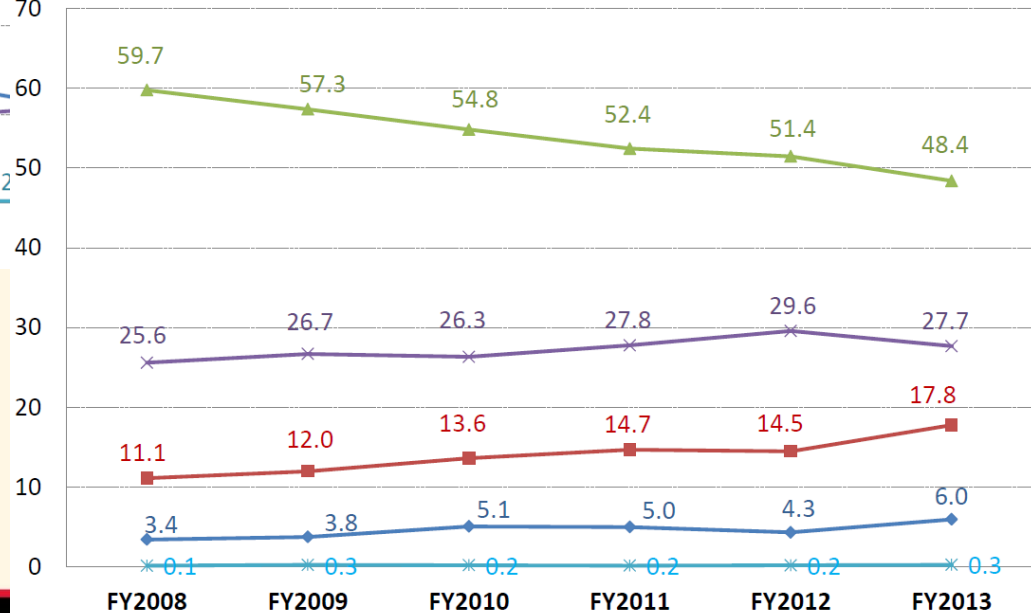
SMART: Percent Distribution of Age among those Reporting Prescription Opioids as Primary Substance of Abuse

◆ 12 to 20 ■ 21 to 25 ▲ 26 to 45 ✕ 46 to 65 * Over 65



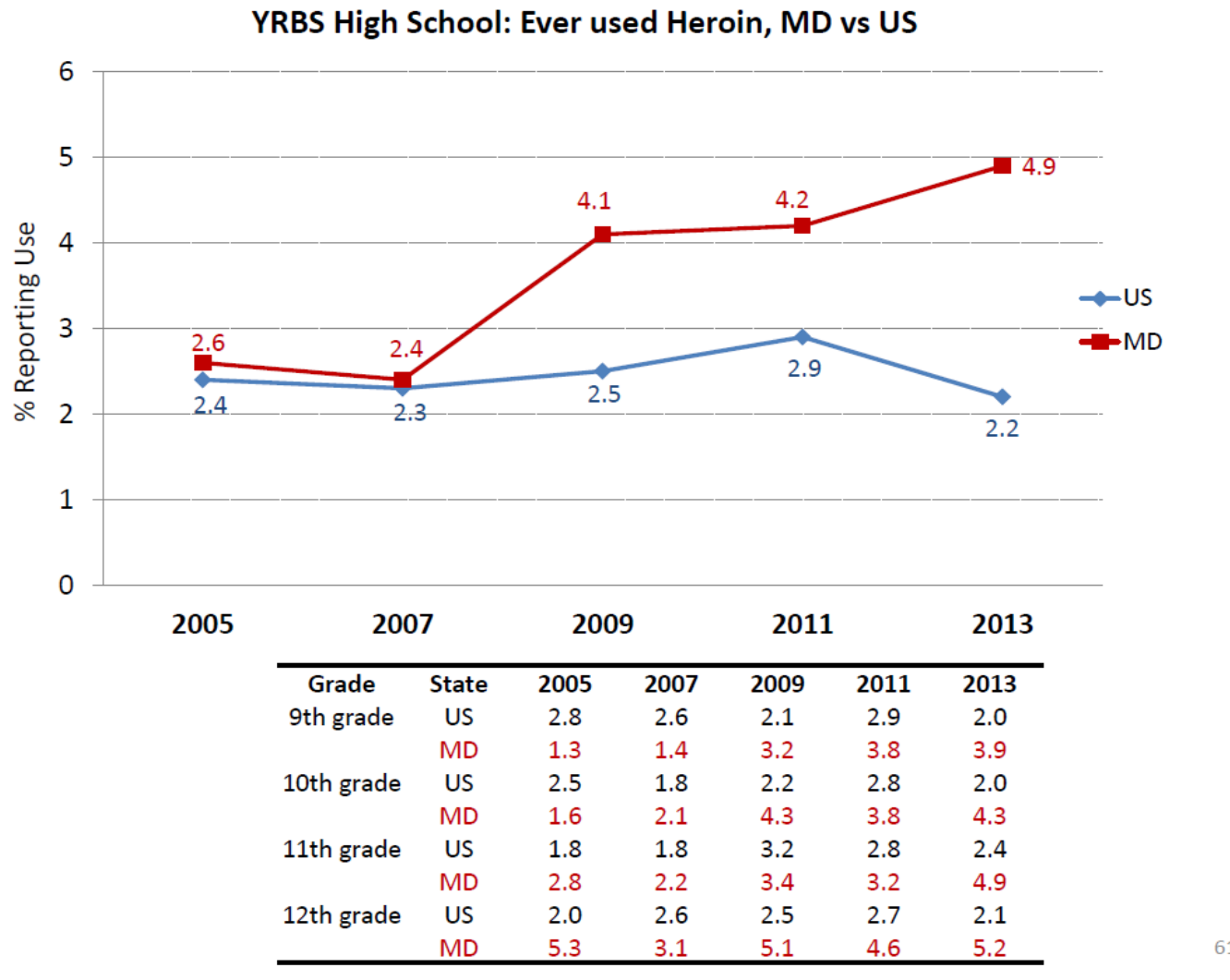
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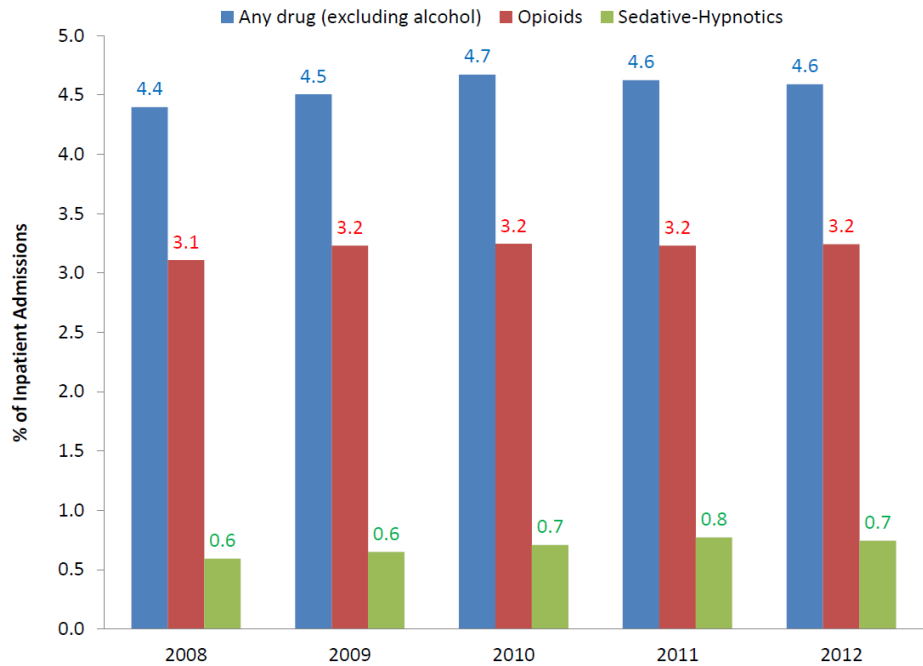
Source: SMART

Heroin Use: MD vs US

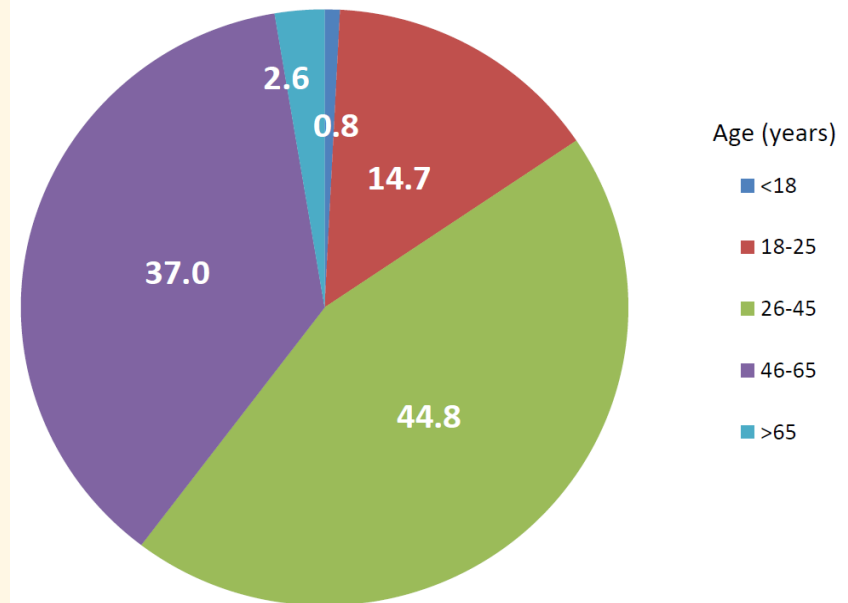


Consequence: Opioids

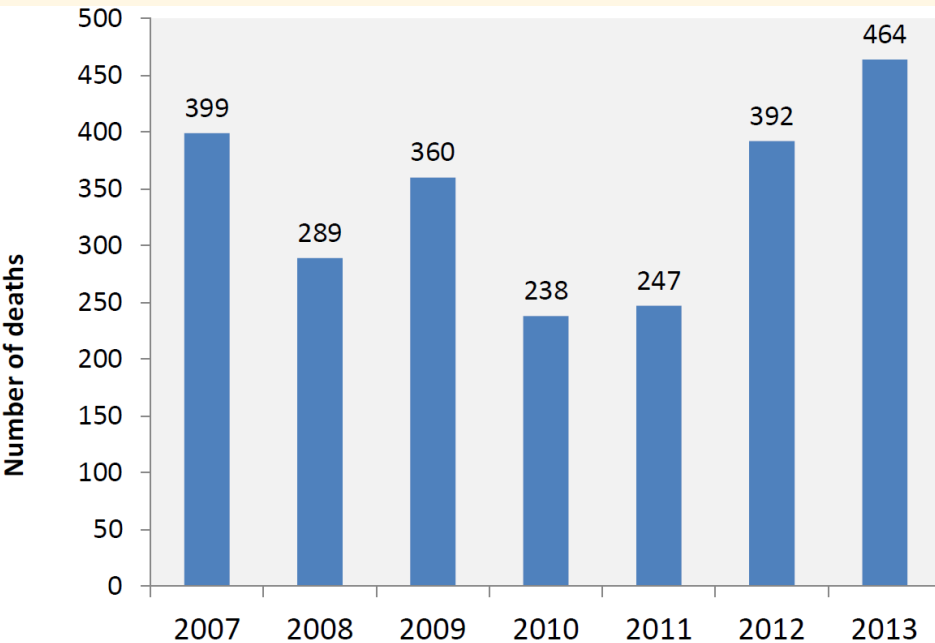
HSCRC: Drug-Related Hospital Inpatient Admissions in Maryland



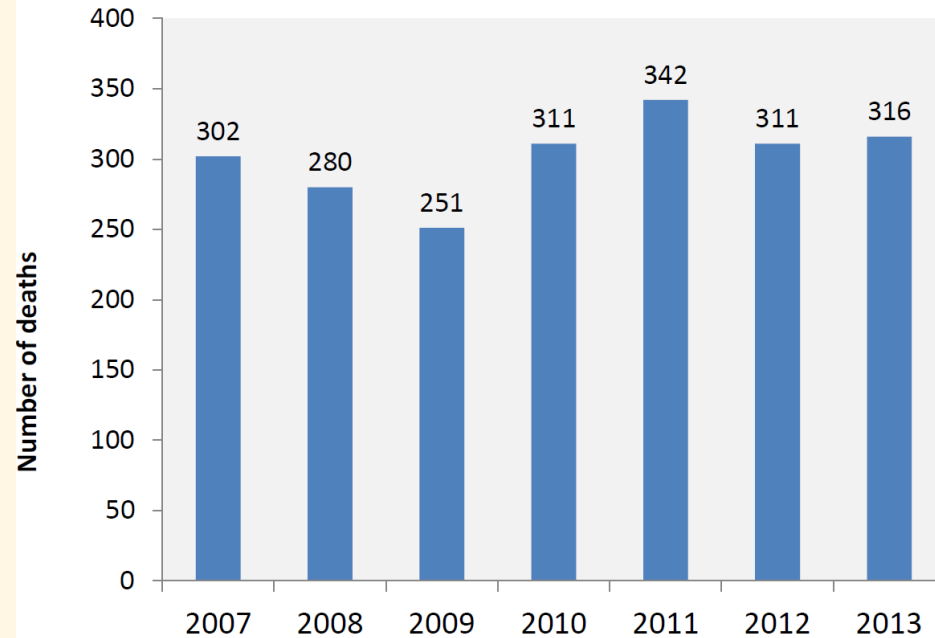
HSCRC: Age Composition of Opioid-Related Hospital Inpatient Admissions in 2012, Percentage by Age Group



Consequence: Mortality



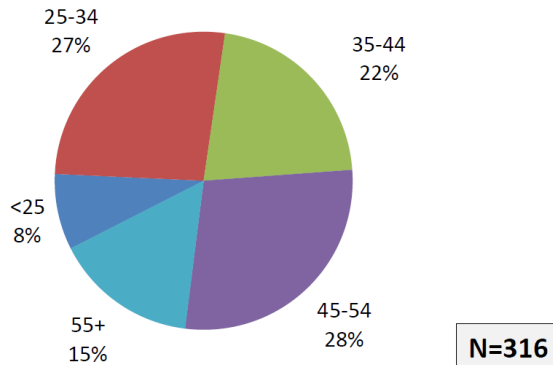
Total number of heroin related intoxication deaths



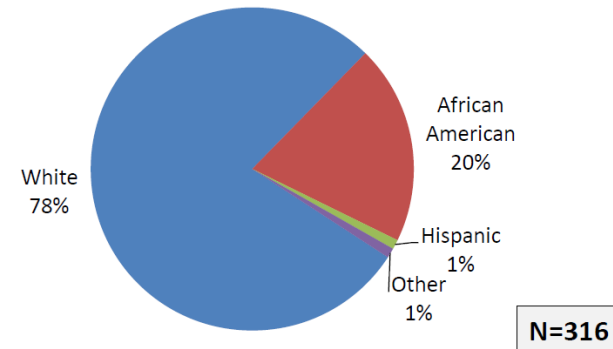
Total number of prescription opioid related intoxication deaths

Prescription Opioids: Who? Where?

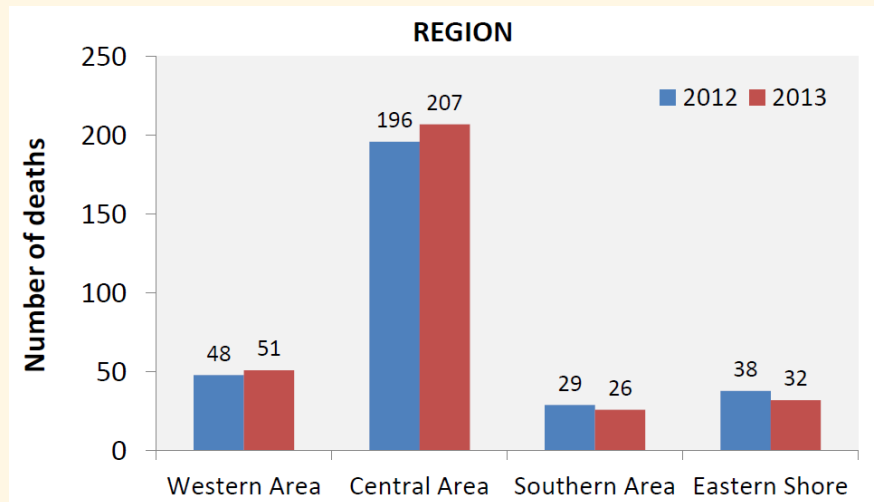
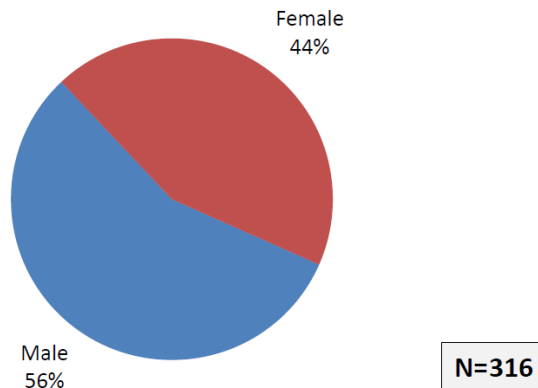
Distribution of prescription opioid-related deaths by age, 2013



Distribution of prescription opioid-related deaths by race/ethnicity, 2013

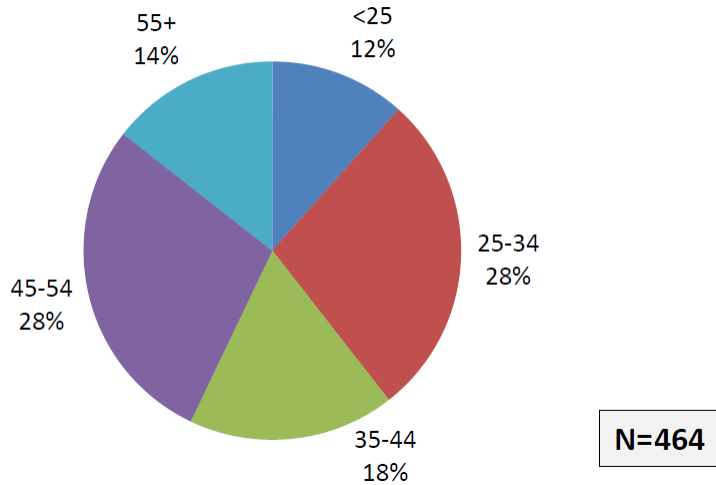


Distribution of prescription opioid-related deaths by gender, 2013

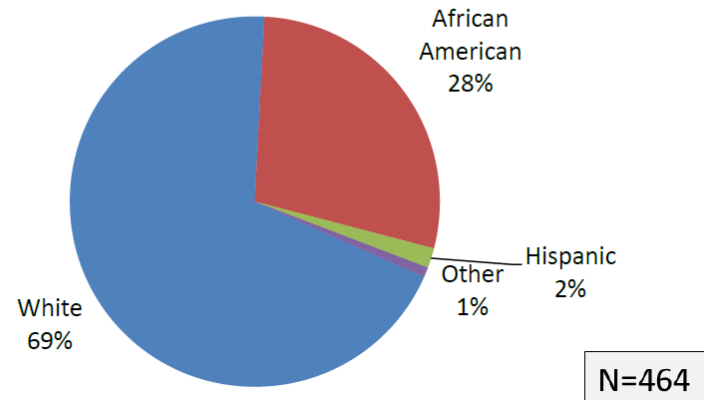


Heroin: Who? Where?

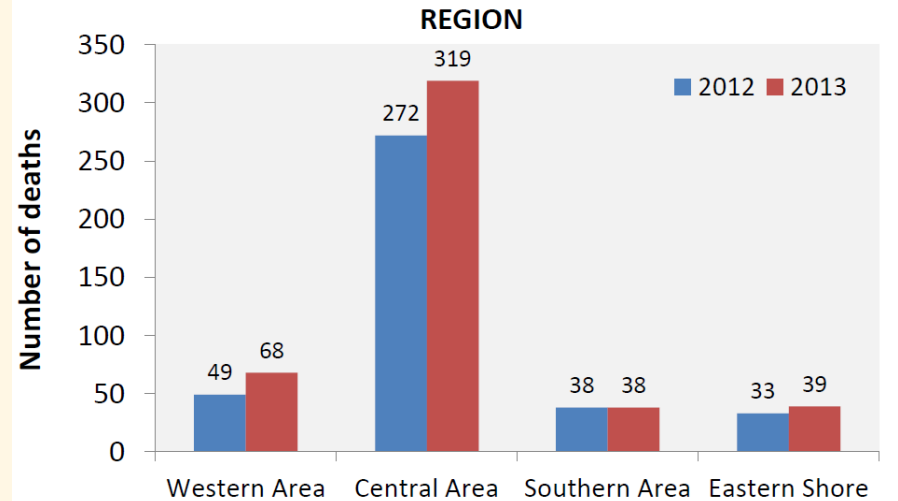
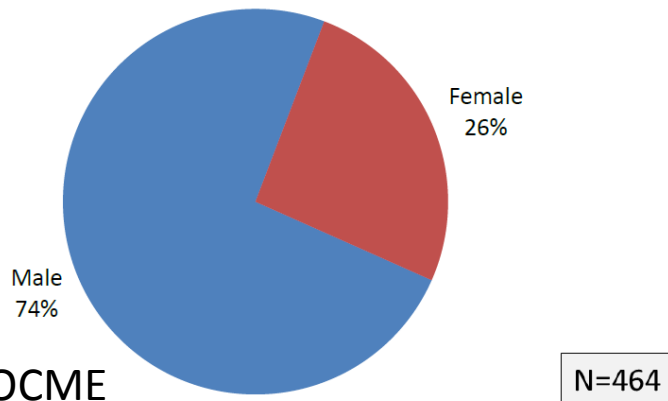
Distribution of heroin-related deaths by age, 2013



Distribution of heroin-related deaths by race/ethnicity, 2013

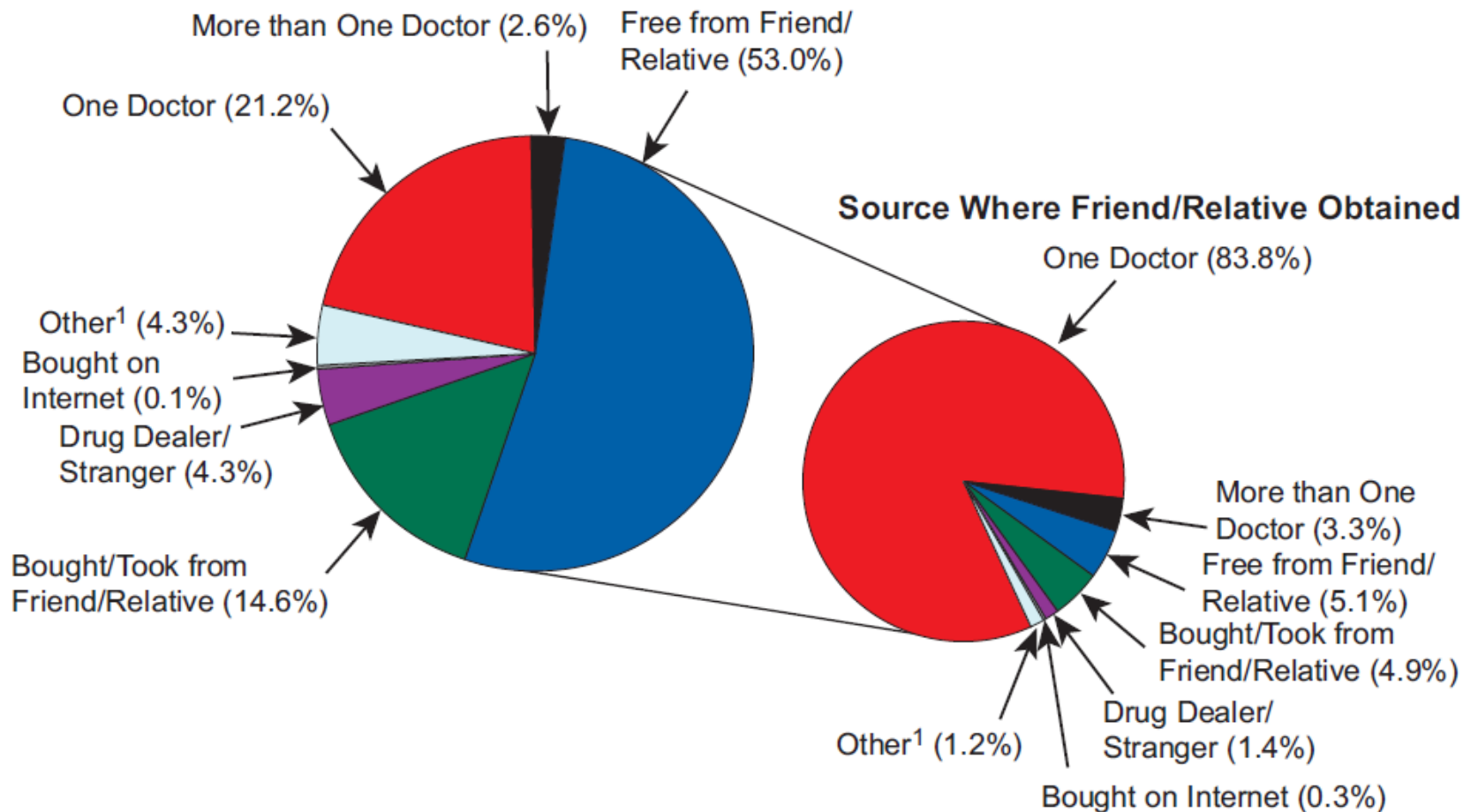


Distribution of heroin-related deaths by gender, 2013



Source: OCME

Source Where Pain Relievers were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2012 – 2013



¹ The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Note: The percentages do not add to 100 percent due to rounding.

Strategic Prevention Framework (SPF)



Strategic Prevention Framework Overview

- SPF reflects a public health, or community based approach to prevention
- Involves a 5 step planning process, which guides the selection, implementation and evaluation of effective, culturally appropriate, and sustainable prevention activities (SAMHSA)

5 Steps of SPF

- Assessment of needs and resources
- Capacity building
- Development of a strategic plan
- Implementation of effective prevention programs
- Monitoring and evaluation of outcomes

SPF is Circular...

- Remember, while the SPF model is sequential, it is also circular
- Plans for evaluation should begin immediately

WHAT IS A NEEDS ASSESSMENT?

Community Needs Assessment

- A systematic gathering and analysis of data about the community your coalition serves for the purpose of identifying and addressing local problems related to opioid misuse.
- The overall goal of the needs assessment is to answer the five “W” questions:
 - Who? (Population)
 - What?
 - When?
 - Where?
 - Why?

The Purpose of a Needs Assessment

- A successful Needs Assessment will help the community:
 - understand the nature, extent and impact of identified problems at the local level,
 - uncover factors that drive them,
 - and identify appropriate solutions

(SAMHSA)

The Purpose of a Needs Assessment

- Paints the picture of what is happening in your community
- Lays the foundation for successfully planning, implementing and evaluating strategies that will help improve the problem in your community

What goes into a Needs Assessment?

- Collecting data (quantitative & qualitative)
- Identifying intervening variables
- Assessing capacity
- Analyzing data
- Developing a problem statement

Task 1: Collecting Data

COLLECTING DATA TO ASSESS NEEDS

Collecting Data

- Local data can help you better understand the problem of opioid misuse in your community.
- Both **quantitative** (e.g., numbers and statistics) and **qualitative** (e.g., beliefs, attitudes and values of stakeholders) data are useful to the assessment process

Quantitative Data

- Data on Consumption
 - National or state surveys (NSDUH, YRBS)
 - Maryland Public Opinion Survey
 - Local surveys
- Data on Consequences
 - HSCRC
 - Poison Center
 - OCME
 - EMS records
 - SMART
 - Law Enforcement records
 - School Records

Qualitative Data

- Qualitative data may help you gain a deeper understanding of the opioid misuse problem in your community
- Qualitative Data Sources
 - Key Stakeholder Interviews
 - Focus Groups

Qualitative Data

- Demographic group examples for **key stakeholder** interviews or **focus groups**:
 - People who are misusing opioids or currently receiving substance use disorder treatment
 - Substance use disorder prevention and treatment providers
 - Healthcare providers such as doctors and pharmacists
 - Municipal government officials
 - First responder personnel and law enforcement
 - School personnel
 - Parents
 - Representatives from the faith community

Key Informant Interviews

- Semi-structured interview
- Participants
 - Community leaders, professionals, residents, etc..
 - Know the community/group under study
 - Provide insights on nature of problems
 - Give recommendations to address issues
 - Lack of generalizability
- In person or by phone

Focus Group Interview

- Group interaction generates data
- Non-time consuming
- Language sensitivity
- Number of groups needed
 - Conduct additional FGI as long as you get different results
 - Importance of participants characteristics for the topic at hand
 - At least two FGIs for each of these groups
- Composition of the group
 - Commonality rule
 - People should not know each other
 - 6 to 10 people
- Setting: Easy access, comfortable, friendly

Focus Group Interview

- Develop a topic guide
 - Purpose
 - Rules
 - Open-ended questions
- Conduct the focus group
 - Moderator
 - Note taker
 - Recording
- Debriefing
 - Review notes/ discussion
 - Revise topic guide if necessary

Secondary Data

- How to find sources of data available?
- What are the steps to access the sources of data?

Data	What we have	Availability	How to Obtain
Public Health Stats	OCME data, reports from VDU	Provided to LHDs on quarterly basis at case level, aggregate stats published quarterly	Andrea Bankoski or Isabelle Horon at VDU Identify the person in the LHD that is receiving the statistical data file
Law enforcement	Matched OCME data with DPSCS records	Aggregate form, published some slides	Easiest to obtain at local level
Public Safety/ EMS	Receiving data from MEIMMS	Provided to select jurisdictions as part of a survivor outreach project	Easiest to obtain at local level

Data	What we have	Availability	How to Obtain
Hospital	CRISP	Published aggregate data on a map	Map provided to LHDs Easiest to obtain on local level with hospital
Prescription data	PDMP Insurance claims OCME and LE collect information at scene of overdose	PDMP can be queried for these questions	Request from PDMP coordinator Kate Jackson
Treatment data	SMART Value Options	Data is available until 12/31/14, however, data from second half of CY14 is incomplete. Switch has been made to Value Options to receive claims data, however, this will only cover public assistance recipients	Request from Bill Rusinko VO data not yet available

Task 2: Identifying Intervening Variables

WHY?

Intervening Variables

- **Intervening Variables** are groups of factors that have been identified through research to influence the incidence and degree of substance misuse and its consequences
- Changing these variables at the community level will cause changes in misuse and its outcomes

Contributing Factors

- **Contributing Factors** are the specific issues in a community that contribute to the problem
- These factors describe “why” something is a problem- not the problem itself

Opioid Misuse Intervening Variables

- Community Norms
- Enforcement
- Perceived Risk
- Retail Availability
- Social Availability

Community Norms

- The acceptability or unacceptability of certain behaviors in a community



Data on Community Norms

- Maryland Public Opinion Survey
- Focus Groups
- Key Informant Interviews
- Town Hall Meetings

Enforcement



- The impact of law enforcement practices on opioid misuse consumption patterns and consequences
- Includes the enforcement of the rules, laws and policies surrounding substance abuse and its consequences
- Also, the public perception of the levels of enforcement and how likely people are to believe they will get caught if they violate rules, laws and policies

Data on Enforcement

- Law enforcement interviews
- Opioid-related drug arrests
- Police reports
- School incident and discipline reports

Perceived Risk

- An individual's judgment about the characteristics and severity of risk regarding substance use and its consequences.

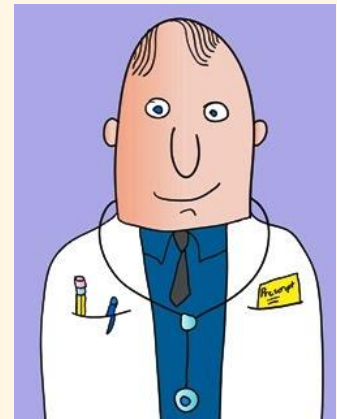


Data on Perceived Risk

- Maryland Public Opinion Survey
- Focus Groups
- Key Informant Interviews

Retail Availability

- The accessibility of opioids from retail sources
- How easy it is to obtain opioids in your community?



Data on Retail Availability

- Maryland Public Opinion Survey
- Focus Groups
- Key Informant Interviews
- PDMP

Social Availability

- Access one has to substances through social networks



Data on Social Availability

- Maryland Public Opinion Survey
- NSDUH
- Focus Groups
- Key Informant Interviews

Obtaining Data on Intervening Variables

- “Identifying Existing Data Sources” document-
Obtaining data chart
 - Provides guidance on data indicators for each intervening variable and the data sources
 - Data on the Intervening Variables will help guide your coalition to identify the contributing factors that appear to be most prominent in your community

Brainstorming Contributing Factors

- Worksheet Activity (“Identifying Existing Data Sources” document)
 - **Identifying Contributing Factors in Your Community**

ANALYZING DATA

Analyze The Data

1. Analyze Quantitative Data
2. Analyze Qualitative Data
3. Compare the Data

Analyzing the data collected during the assessment process will help you answer the question:



Why is opioid misuse happening *here*?

Analyzing Quantitative Data

- Examine the data you have collected to see if specific groups of people or other factors stand out
 - Are most heroin users young men?
 - What proportion of overdoses in the community are nonfatal versus fatal?
 - What specific substances are being used when overdoses occur?

Analyzing Quantitative Data

- Examining trend data may suggest factors that influence opioid misuse and/or intervening variables
 - If there was a sharp rise in opioid overdoses in the past year, what happened or changed that may explain this?
 - Did your community see an influx of an at-risk population?
 - Was there an increase in heroin purity levels?

Analyzing Quantitative Data

- Examine local data in relation to state data to determine if there may be something unique or special about the community
 - Is there something different about the problem in your community?

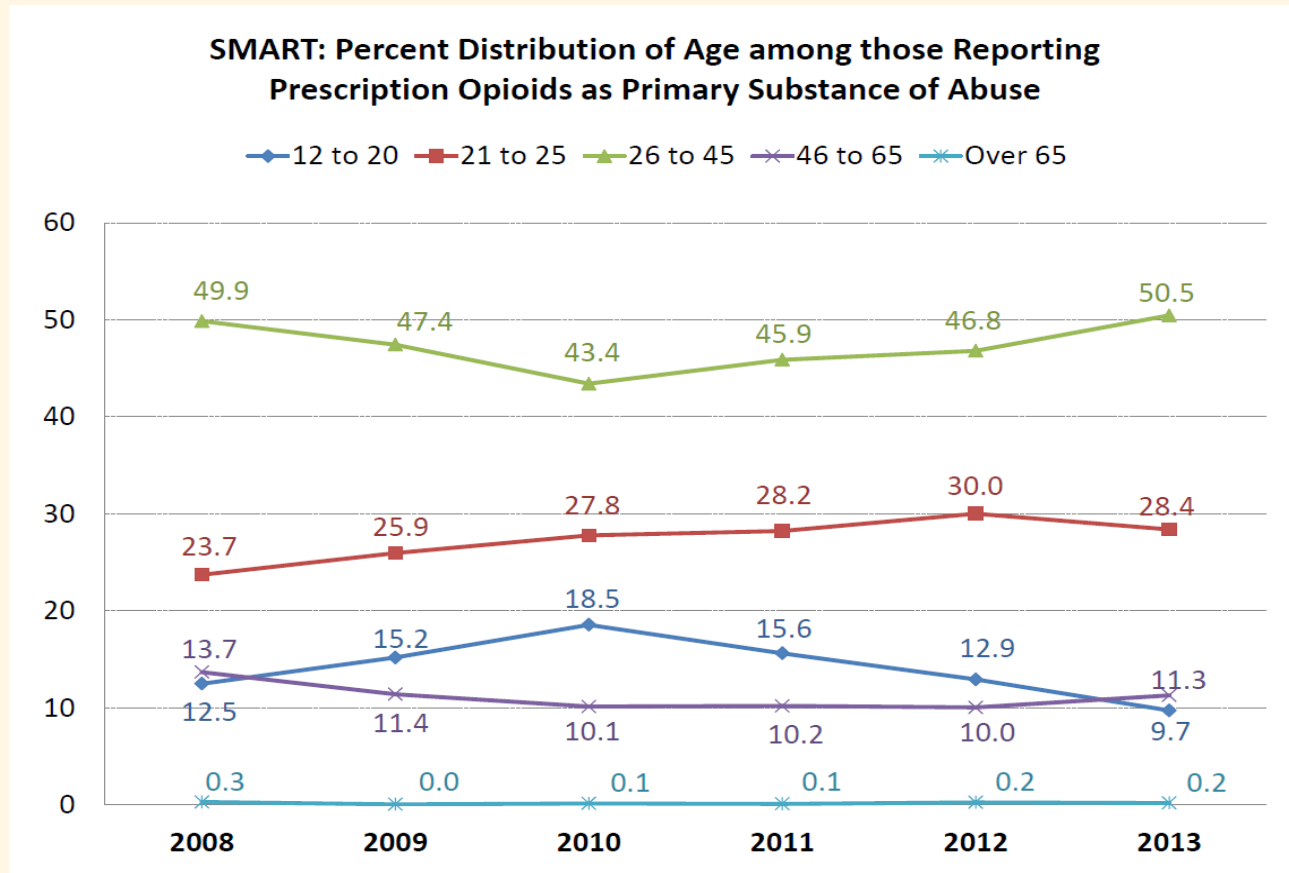
Analyzing Qualitative Data

- Identify the different themes that emerge for each question

Comparing the Data

- Compare quantitative data with qualitative data to see if they reinforce one another or raise new questions
 - Example: If the police chief tells you that the number of opioid overdoses has been unchanged for the past five years, but state and/or local hospital, ED, and death data show that overdoses have increased, what is the source of the discrepancy?

Analyzing Data Example



Task 3: Assessing Capacity

READINESS AND RESOURCES

Assessing Capacity

- Community Readiness
- Community Resources
- Organizational Resources

COMMUNITY READINESS

What is community readiness?

- Community readiness is the degree to which a community is willing and prepared to take action on an issue.
- A readiness assessment will help:
 - Determine your community's level of awareness, interest in, ability and willingness to support substance abuse prevention initiatives
 - Pinpoint where to put efforts to improve readiness
 - Select intervention strategies appropriate for your community's readiness level

Dimensions of Readiness

- Community Knowledge of the Efforts
- Leadership
- Community Climate
- Community Knowledge of the Issue
- Resources Related to the Issue

Stages of Readiness

1. No Awareness
2. Denial
3. Vague Awareness
4. Preplanning
5. Preparation
6. Initiation
7. Institutionalization/stabilization
8. Confirmation/expansion
9. Professionalization

ASSESSING RESOURCES IN YOUR COMMUNITY

Assessing Community Resources

- In addition to staff, financial support, and a sound organizational structure resources include:
 - Existing community efforts to address the prevention and reduction of substance abuse
 - Community awareness of those efforts
 - Specialized knowledge of prevention research, theory and practice
 - Practical experience working with particular populations
 - Knowledge of the ways that local politics and policies help or hinder prevention efforts

Task 5: Changeability

CHANGEABILITY ASSESSMENT

Changeability Assessment

- The next step of the Needs Assessment is to select which contributing factors you will target

Changeability Assessment

- A **changeability assessment** will allow you to identify:
 1. Which contributing factors are **most important** to addressing opioid misuse in your jurisdiction
 2. Which factors are **more likely to change** in response to your efforts

Changeability Assessment

- Based on the results from tasks 1-4, answer the following questions when completing the changeability assessment tool:
 - How big of an impact does this contributing factor have on opioid misuse consumption patterns and consequences in your community?
 - What community resources are available to address the contributing factor?
 - What are the gaps in community resources?
 - How ready is the community to address this contributing factor?

Changeability Assessment

	More Important	Less Important
High likelihood to change	High priority	Low priority
Low likelihood to change	Low priority	No priority

Task 6: Summarizing Your Findings

DEVELOPING A PROBLEM STATEMENT

Summarizing Your Findings

- After collecting and analyzing data on:
 - Consumption,
 - Consequences,
 - Capacity, and
 - Changeability

- You will have to decide which contributing factors to target and why

What is a Problem Statement?

- A **problem statement** should encompass the WHAT, WHO, WHERE and WHY.
- Using your contributing factors, state the problem in specific terms

Developing a Problem Statement

What: Opioid misuse				
Who (Demographic Group)	Where (Geographic Location)	Indicator	Intervening Variable	Contributing Factor
12 – 17 year olds	Baltimore city	Past month/year use	Social access	Lack of knowledge about proper storage and disposal habits

Developing a Problem Statement

- When writing your summary, keep these in mind:
 - Identify one issue or problem at a time
 - Avoid blame (e.g., say, “Young people do not have enough positive activities” rather than, “The kids here have nothing to do and are troublemakers”)
 - Avoid naming specific solutions (e.g., say, “Young people in our neighborhood are getting into trouble during after-school hours” rather than “We don’t have a youth center”)
 - Identify outcomes that are specific enough to be measurable
 - Reflect community concerns as heard during the assessment process

Problem Statement Examples

- ✓ **Prescription opioid misuse among youth 12 – 17 years olds in Baltimore City** as indicated by **past year/month use** is related to **social access** given that **people share prescription opioids**.
- ✓ **Heroin overdose deaths among Anne Arundel County residents** as indicated by **vital statistics data** is related to **enforcement** given **users' failure to call EMS/911 for fear of police investigation**.

Deliverables

- Needs Assessment
 - Report
 - Must follow outline and include headings
 - Describe and discuss!
 - Qualitative data analysis tool
 - Data analysis tool
 - Community readiness scoring sheet
 - Changeability worksheet