

2017 National Alliance of Resident Services in Affordable and Assisted Housing Conference- September 21, 2017

Opioid Crisis Workshop

Opioid addiction is a serious national crisis that affects public health as well as social and economic welfare. Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone. Every day, more than 90 Americans die after overdosing on opioids. (Rudd RA 2016)

In September 2017, NCHPH participated in a workshop at the National Alliance of Resident Services in Affordable and Assisted Housing (NAR-SAAH) Resident Leaders Conference focused on the opioid crisis. The purpose of the workshop was to describe the behavioral health approach to addressing opioid addiction, hear a best practices case study, and discuss the experience, knowledge, and needs of public housing residents. NCHPH moderated the panel, which included speakers from U.S. Department of Housing and Urban Development (HUD), the National Council on Behavioral Health, and the Baltimore City Health Department. There were around 30 Resident Leaders attending representing public housing communities across the country.

When asked whether opioid abuse was a big concern in their community, more than half of the workshop attendees raised their hands. Some of the attendees raised both of their hands, to indicate how much their community has been affected. This comes as no surprise. Over 70% of Health Centers surveyed in NCHPH's 2016 Needs Assessment report that opioid abuse is a moderate or severe problem in their communities. (National Center for Health in Public Housing 2017) Workshop participants expressed that much of the increase in opioid addiction has occurred due to the prescribing practices of their health care providers. One attendee noted, "That's what happened to me. I had oral surgery and my dentist prescribed strong opioids. If I didn't have an opioid allergy, I'd be in the same boat."

According to the National Institute on Drug Abuse, roughly 21-29% of patients prescribed opioids for chronic pain misuse them and between 8-12% develop an opioid use disorder. (National Institute on Drug Abuse 2017) Aaron Williams, from the National Council on Behavioral Health, emphasized the access problem. Around 10% of substance abuse disorders are from prescribed opioid medications while 3% are addictions to illicit drugs. (Center for Behavioral Health Statistics and Quality 2016) Patients' needs, effectiveness of opioids to manage acute pain, and limited alternatives for chronic pain have led to the overabundance of opioid medication in the United States. (Volkow 2016) Many times, patients with legitimate prescriptions pass on their medications to family members or friends. (Volkow 2016)

For some public housing residents, opioid misuse comes from a lack of understanding on how to take medications properly. Seniors, for example, are often the victim. According to Morgan Gliedman from the Baltimore City Health Department, approximately half of the opioid overdoses seen in Baltimore occur in people over the age of 50.

Targeting seniors for education and services is a difficult task. A Resident Leader attending the workshop described her frustration when programs and services are often targeted to families and youth, while seniors are left behind. “I travel a lot to these smaller cities and the programs are always focused towards families. How can we get education and services out to the seniors?”

The number of seniors living in public housing is on the rise. Around 33% of households living in public housing have at least one elderly member. (Public and Indian Housing Information Center, U.S. Department of Housing and Urban Development 2017) Approximately 7.2% of patients served at Public Housing Primary Care (PHPC) Health Centers were over the age of 65, up from 6.3% in 2014. (Health Resources and Services Administration 2017). However, only 33% of Health Centers that are located in or immediately accessible to public housing developments have programs that target seniors specifically. (National Center for Health in Public Housing 2017) More than half of the Health Centers expressed that they need additional staff to better provide senior care. (National Center for Health in Public Housing 2017)

Caring for patients with substance abuse is a priority for Health Centers. In 2016, there were 380,724 patients with a substance abuse disorder (excluding alcohol and tobacco) seen at Health Centers located in or immediately accessible to public housing. A Needs Assessment conducted by NCHPH revealed that 66% of Health Centers located in or immediately accessible to public housing have developed a comprehensive substance abuse program that integrates primary care and behavioral health to respond to the opioid abuse and heroin epidemic. (National Center for Health in Public Housing 2017) Around 61% of these Health Centers have staff that have received specialized training to address opioid abuse and treatment. (National Center for Health in Public Housing 2017) However, many residents attending the workshop said they are unaware of the services to address opioid abuse and prevention at their community health centers or available through resident services at their housing authority. One thing is clear, Health Centers need to do a better job at reaching out to the public housing population.

Carol Payne, a nurse for 20 years and currently HUD Field Officer for the Baltimore Region, reminded the group of the power of their voice. She encouraged the attendees to create Resident Advisory Boards. These boards have an opportunity to meet with leadership to present the issues that are important to the community and discuss how to address them. “Invite the health department,” she exclaimed, “meet with your HUD officer,” and “write this word down- collaborate.”

Collaboration is key to meeting the health needs of public housing residents. A publication from NCHPH and the National Nurse-led Care Consortium (NNCC) shows documented improvements in access to care and health outcomes when Health Centers work collaboratively with Public Housing Authorities. (National Center for Health in Public Housing and National Nurse-Led Care Consortium 2017)

Residents also describe the need for effective pain management as an opioid abuse prevention measure and better education on the issue. Attendees note that public housing residents need longer time in the recovery programs and more counseling. In the case study publication by NCHPH and NNCC, TCA Housing Authority described how lease agreements between PHAs and Health Centers have brought counseling services to the public housing sites directly making it easier for public housing residents to access services in Chicago, IL.

Unintentional opioid deaths have quadrupled in the U.S., but the City of Baltimore has been particularly affected by the opioid crisis. (Centers for Disease Control and Prevention 2016) Deaths due to overdose increased by 190% between 2015 and 2016 in Baltimore. (Baltimore City Health Department 2017) Dr. Leana Wen, the Baltimore City Health Commissioner, has described the opioid crisis as a public health emergency. As a result, Baltimore's strategy for responding to the opioid epidemic has been recognized as one of the strongest in the nation.

Baltimore's "Don't Die" public health campaigns offers residents, families, and neighbors an opportunity to save a life and prevent and overdose death with the use of naloxone, a medication that reverses the effects of opioid medication. According to workshop attendees, resident shame is one of the biggest challenges in accessing opioid abuse services. The Don't Die campaign is focused on reducing the stigma of addiction.

Dr. Wen has issued a standing order that allows the sale of naloxone at local pharmacies without a prescription. With Maryland Medicaid, the cost of the drug is only \$1 and that fee can be waived. Working with partners such as Behavioral Health System Baltimore, Health Care for the Homeless, and Baltimore Harm Reduction Coalition, the Baltimore City Health Department and its Community Risk Reduction Services have trained 22,000 people and distributed over 17,000 naloxone kits for the reversal of opioid overdoses. (Baltimore City Health Department 2017) According to Morgan Gliedman, since 2015 every day citizens (not emergency medical personnel) have saved over 1200 lives using naloxone.

For more information on opioid abuse, prevention strategies, and health center statistics, please go to:

- [National Center for Health in Public Housing](#)
- [Don't Die](#)
- [National Council on Behavioral Health](#)

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