



Nebraska Coalition to Prevent Opioid Abuse

Strategic Initiatives Update
2020

Table of Contents

History.....	3
Grants.....	3
Measuring Ongoing Initiatives.....	5
Drug Overdose.....	5
Opioid Prescribing Rates.....	6
Opioid Use Disorder Treatment.....	7
Prescription Drug Monitoring Program.....	10
Pain Management Guidelines.....	11
Prescription Drug Take-Back.....	11
Public Awareness.....	12
Overdose Data.....	13
Emergency Treatment: Naloxone.....	13
Strategic Initiatives at a Glance.....	15



History

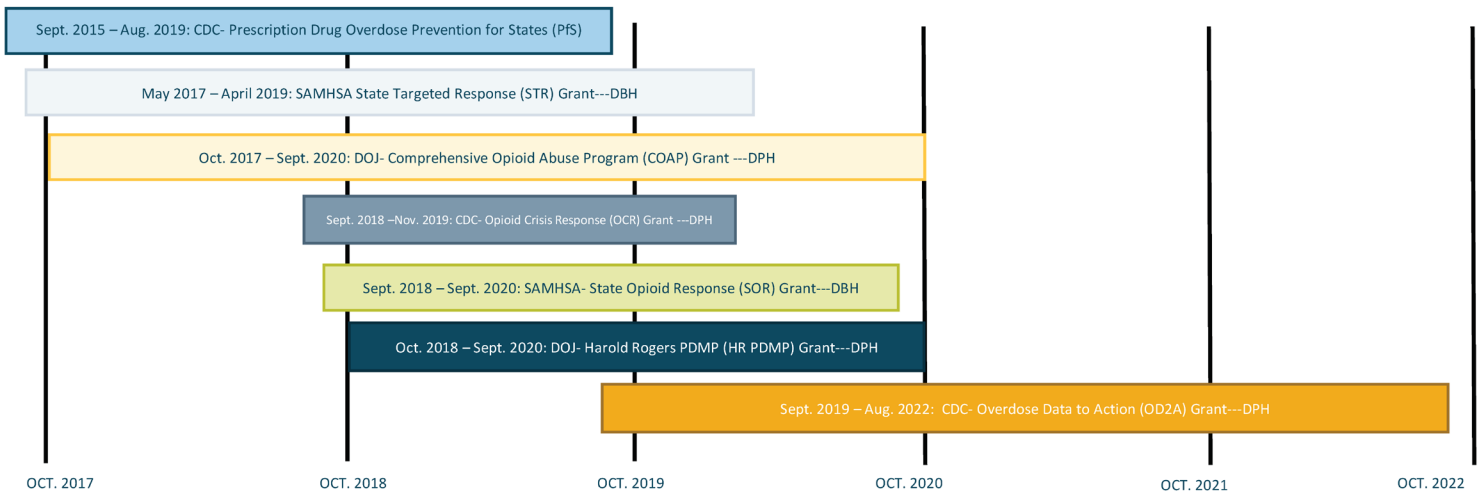


On October 14, 2016, nearly 300 leaders in the fields of medicine, public health, social services, governmental policy, and law enforcement gathered on the campus of the University of Nebraska Medical Center for a summit entitled, “Charting the Road to Recovery: Nebraska’s Response to Opioid Abuse,” intended to both proactively address misuse of prescription opioids and curb the incidence of illicit opioid use in Nebraska. The summit was the result of a collaborative effort of the U.S. Attorney’s Office for the District of Nebraska, the University of Nebraska Medical Center, the Nebraska Department of Health and Human Services (DHHS), and the Nebraska Attorney General’s Office. The sponsoring partners of this summit initiated a multi-disciplinary approach utilizing experts in prevention, treatment, and law enforcement. These sponsoring partners maintained their collaboration, constituting the Nebraska Coalition to Prevent Opioid Abuse focusing on these three prongs of the 2016 Summit. The coalition’s strategic purpose is to effectuate a substantial reduction in the incidence of misuse of prescription and illicit opioid drugs in Nebraska through ongoing collaboration between practitioners, experts and leaders in prevention, treatment, and law enforcement. The following is an updated summary of initiatives undertaken by members of the coalition.

Grants

DHHS has received a number of federal opioid grants. The Division of Behavioral Health (DBH) has received two rounds of funding from the Substance Abuse and Mental Health Services Administration (SAMHSA); the State Targeted Response to the Opioid Crisis (STR) and the State Opioid Response (SOR) grants. With focuses on prevention, treatment and recovery, DBH has been able to partner with various organizations to purchase and distribute naloxone, increase provider education surrounding opioid use disorder, address stigma, and help bridge the treatment gap for Medication Assisted Treatment (MAT).

DRUG OVERDOSE PREVENTION GRANTS TIMELINE & OVERVIEW



The Center for Disease Control (CDC) Prevention for States (PfS) focused on increasing data collection and analysis, increasing education and training of prescribers on best practices and empowering individuals to make safer choices. A few examples of data collected include: drug related fatalities, opioid prescribing rates, and Prescription Drug Monitoring Program (PDMP) usage.

The CDC Opioid Crisis Response (OCR) focused on creating a state-wide crisis response plan to prepare for the possibility of an opioid related crisis in Nebraska. This was accomplished through the collaboration of law enforcement, first responders, and the medical community. This work resulted in the deployment of resources for medical providers, public safety and first responders to increase linkages to care and post-overdose protocols.

The Department of Justice Bureau of Justice Assistance Comprehensive Opioid Abuse Program (COAP) provides funding to the Post-Mortem Toxicology Testing Program and is funding the creation of the Overdose Data Dashboard for injury surveillance, the development of which is advised by a multi-disciplinary action group.

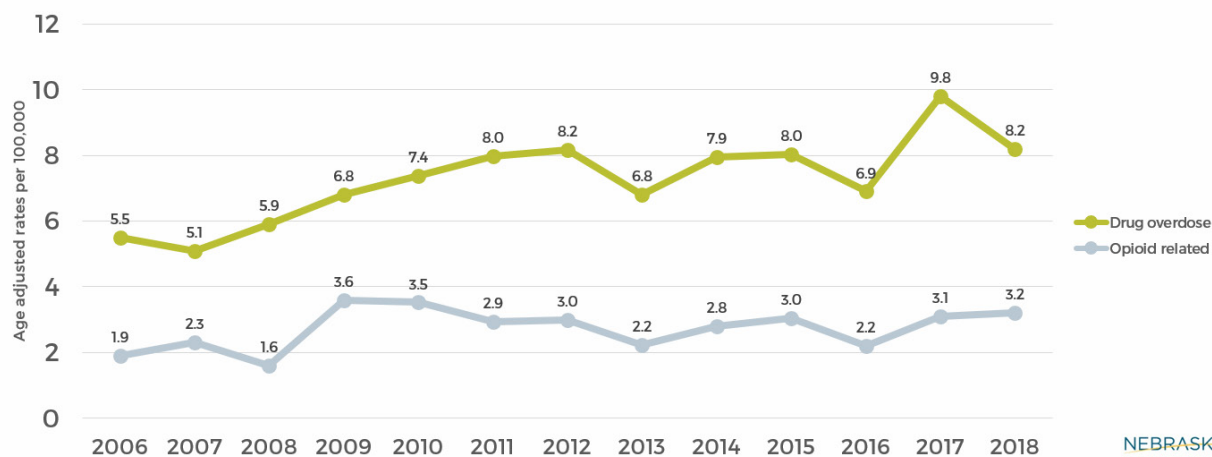
The CDC Overdose Date to Action (OD2A) continues the work of PfS, OCR and COAP and supplements it by integrating state and local prevention efforts to continue to improve collaboration and linkages to care. This includes increasing Syndromic Surveillance and the collection and dissemination of unintentional drug overdose circumstances data.

Measuring Ongoing Initiatives

Drug Overdose

According to the 2018 Nebraska Department of Health and Human Services data, the most recent available, Nebraska's drug overdose rate and overdose deaths have declined. In 2017, 183 people in Nebraska died of a drug overdose, at least 59 were confirmed to have involved opioids. Nebraska's drug overdose death rate in 2017 was 9.8 overdose deaths for every 100,000 people. In 2018, 154 people in Nebraska died of a drug overdose, at least 60 involved opioids. Nebraska's drug overdose death rate was 8.2 overdose deaths for every 100,000 people in 2018. Of the 154 overdose deaths in 2018, only 42.8% have "unspecified drug" listed on the death certificate. Since 2006 there has not been a year in which the unspecified drug rate has been lower than 54%.

All Drug-related and Opioid-related Overdose Fatalities, Nebraska, 2006 - 2018



Data source: Nebraska Vital Records, 2006-2018



Helping People Live Better Lives.

Data source: Nebraska Vital Records, 2006-2018

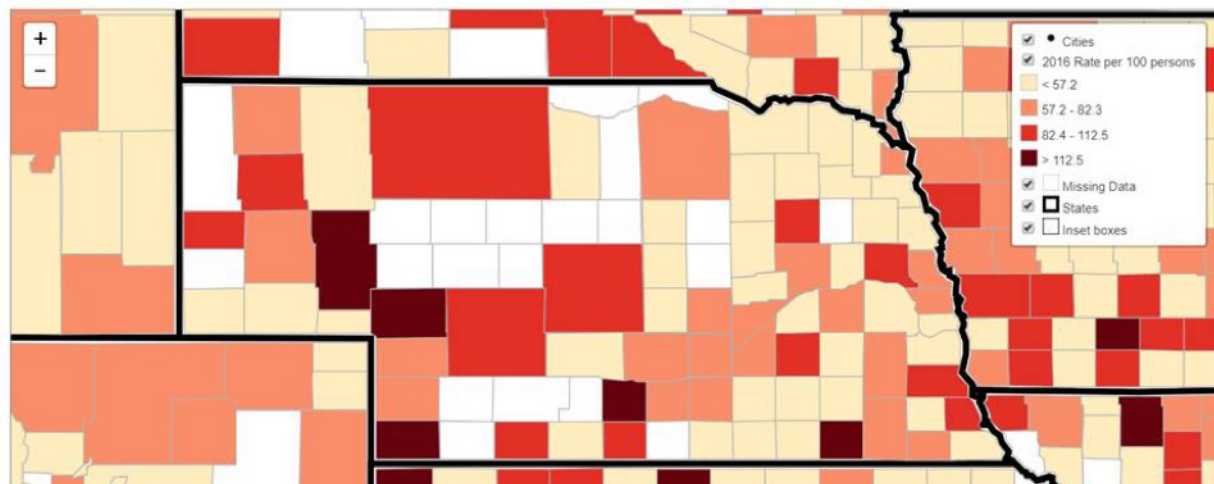
Opioid Prescribing Rates

Nebraska opioid prescribing rates peaked in 2012 (73.2 prescriptions per 100 persons) with declining numbers starting in 2013. In 2017, the opioid prescribing rate was at 56.6 prescriptions per 100 persons, which was lower than the national average of 58.7 prescriptions per 100 persons. Furthermore, the Centers for Disease Control and Prevention (CDC) report the number of counties in Nebraska in which the prescribing rate exceeded 112.5 prescriptions per 100 persons (the highest quartile prescribing rate) decreased from five counties in 2016 to one county in 2017.

U.S. County Prescribing Rates, 2016

[< U.S. County Prescribing Rates, 2015](#)

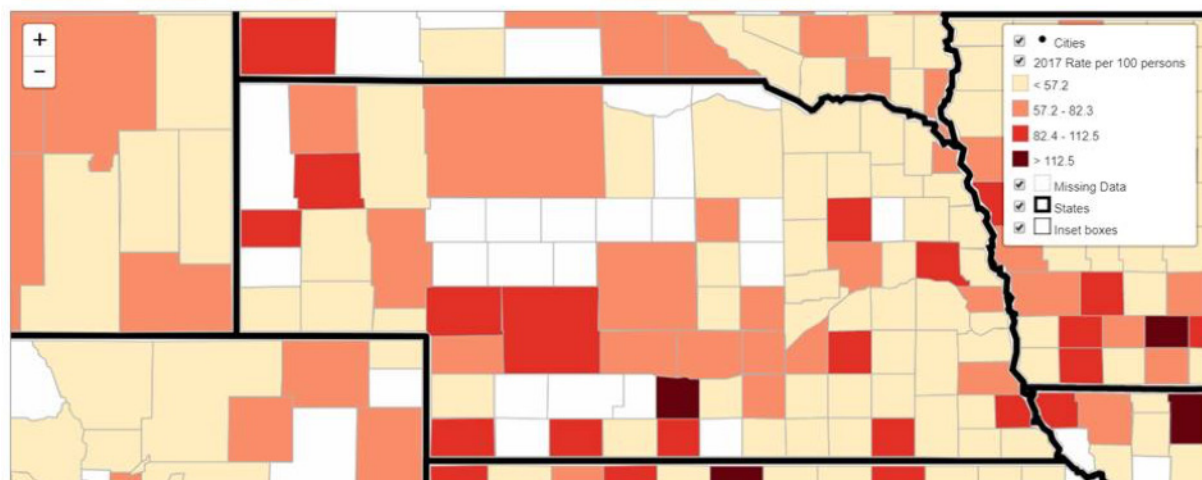
[U.S. Prescribing Rate Maps](#)



U.S. County Prescribing Rates, 2017

[< U.S. County Prescribing Rates, 2016](#)

[U.S. Prescribing Rate Maps](#)



Maps from Centers for Disease Control and Prevention

Opioid Use Disorder Treatment

As of September 2019, according to SAMHSA, there were 170 physicians and 56 advanced practice providers in Nebraska who have received a SAMHSA waiver to prescribe buprenorphine. A “point in time” survey conducted by DHHS DBH in October of 2019 confirmed that at least fifty-six practitioners were actively prescribing buprenorphine and none were at their patient limit. Even given the variation between SAMHSA reported numbers and our actively confirmed prescribers, through opioid-grant education and awareness efforts, we have seen a jump in confirmed active prescribers from 19 in 2017 to 56 as of 2019.

Three opioid treatment programs in Nebraska are methadone-only clinics for treating opioid use disorder. Presently, nearly all of the treatment centers prescribing methadone or buprenorphine are in Omaha or Lincoln with the exception of Valley Hope treatment center in O'Neill. As of October 2019, more than 180 patients have received medication assisted treatment funded under the STR and/or SOR grants.

Opioids at a Glance

Treatment

More than 180 patients* have received SAMSHA grant-funded medication assisted treatment through SAMHSA STR and/or SOR grants.



**Nebraska Medicaid and the Division of Behavioral Health cover MAT services and OUD treatment. The SOR grant covers individuals who cannot be serviced by other funding sources.*

Nebraska has invested in treatment for opioid use disorder (OUD) through the expansion of the availability of medication assisted treatment, provider training and consultation, increasing the number of providers capable of administering medication assisted treatment, and the creation of an Addiction Medicine Fellowship. Through SAMHSA STR and SOR grants, DHHS has expanded medication assisted treatment (MAT) education for healthcare providers including DEA buprenorphine waiver training and one-on-one mentoring for newly certified prescribers from MAT experts.

In partnership with the Nebraska Medical Association (NMA), DBH intends to increase the number of opportunities for physicians and other health care providers to learn more about MAT for the benefit of Nebraskans who may be struggling with opioid addiction. These opportunities include one-hour introductory sessions (MAT 101), including CME, in various locations throughout Nebraska to help providers learn more about MAT and how to become a certified provider. Additionally, NMA will provide in-person, full-day waiver training sessions which leads to MAT certification. Finally, mentoring and/or consultation services will be provided for newly waived prescribers from experienced MAT-certified physicians working with this special population of patients.

Medication Assisted Treatment expertise continues to be shared with health care providers throughout the state through DHHS's Project ECHO, delivered in partnership with the Behavioral Health Education Center of Nebraska (BHECN). Project ECHO (Extension for Community Healthcare Outcomes) is an opportunity for providers across the state to get specialist knowledge, clinical advice, and recommendations from substance use and pain management specialists in a virtual learning network. ECHO uses videoconferencing technology to connect addiction and pain management specialists with providers to discuss de-identified cases related to substance use disorders. Each ECHO call consists of a brief didactic presentation followed by a clinical case discussion from a provider and recommendations from the team for treatment.

In August 2019, DHHS, in partnership with the University of Nebraska Medical Center, accomplished another 2017 Coalition goal of launching the state's first addiction medicine fellowship program. Under the direction of Dr. Ken Zoucha, Nebraska's program provides fellows with one year of education in the prevention, clinical evaluation, treatment, and long-term monitoring of substance-related disorders. The training emphasizes the management of medical, psychiatric, and social conditions in the comprehensive care of these patients and is informed by a wide range of evidence-based interventions. Nebraska was the first state to utilize SAMHSA opioid funding to create a fellowship of this kind. Nebraska's program is one of 59 accredited addiction medicine fellowships in the United States.

Opioids at a Glance

Education & Training

UNMC and Creighton have expanded their curriculum to teach students across the following disciplines about addiction and pain management:



Medicine



Dentistry



Nursing



Allied Health



Pharmacy



Public Health



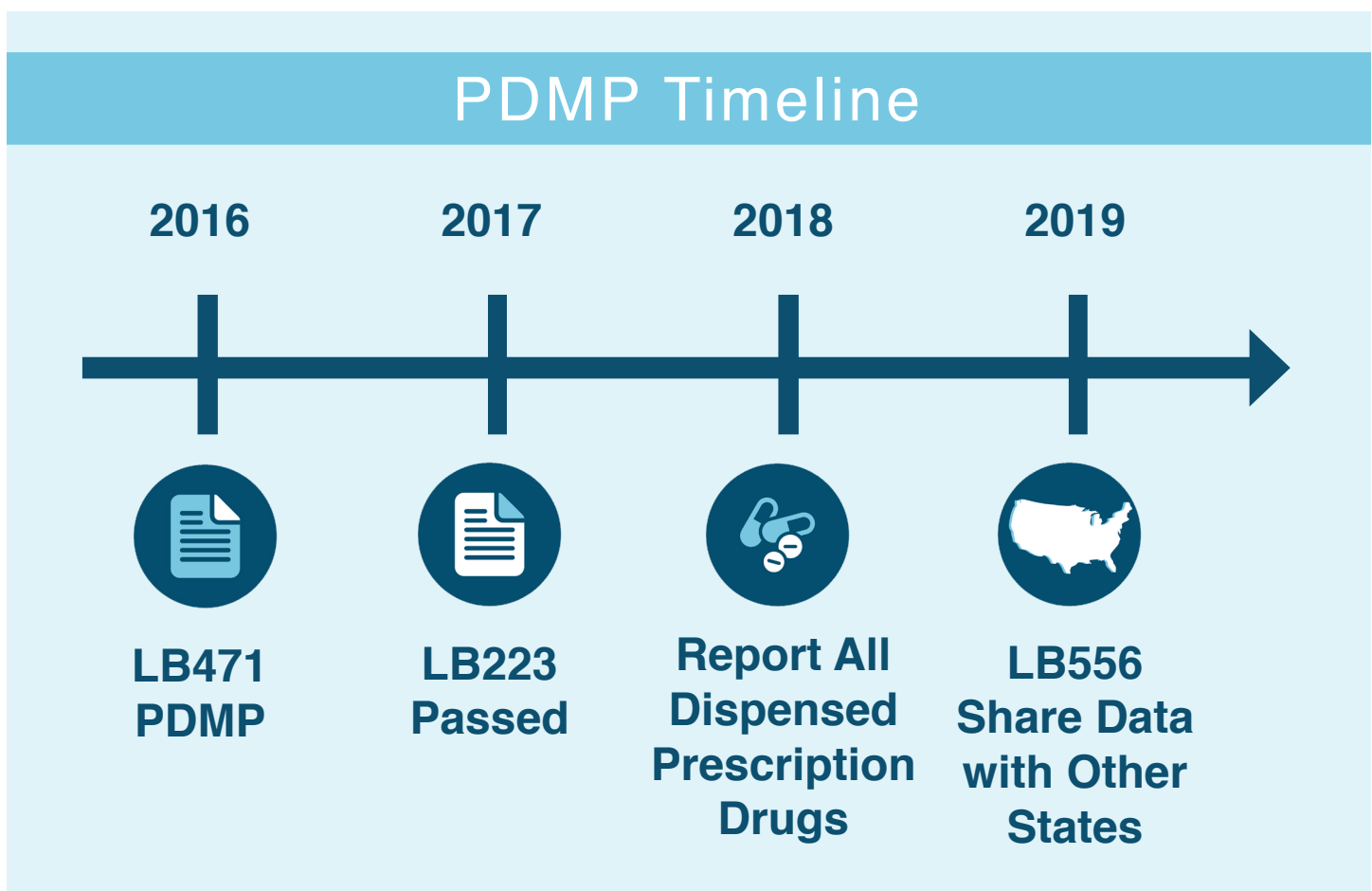
Through SAMHSA STR and SOR grants, DHHS has **expanded medication assisted treatment (MAT) education for healthcare providers**, including DEA buprenorphine waiver training.

In August 2019, DHHS and the University of Nebraska Medical Center accomplished another 2017 Coalition goal of launching the state's first **addiction medicine fellowship program**.



Prescription Drug Monitoring Program

In 2016, the Nebraska Legislature passed LB471, allowing for the development of a robust Prescription Drug Monitoring Program (the “PDMP”), collaboratively administered by DHHS and the Nebraska Health Information Initiative (“NeHII”). After passing LB471 in 2016, as of January 2018, all dispensers are required to report, daily, all dispensed prescription drugs to the PDMP. NeHII has issued a revised PDMP Dispenser’s Implementation Guide, and together with DHHS, continue to educate dispensers and prescribers about the PDMP through a partnership with the Nebraska Pharmacists Association and the Nebraska Medical Association. With the passage of LB556 in 2019, the Nebraska PDMP may now receive and share data with other state PDMP’s with equivalent privacy safeguards, thus providing Nebraska prescribers and dispensers with pertinent information from other states for better treatment and diversion prevention. Through both the U.S. Department of Justice’s Harold Rogers PDMP and CDC Overdose Data to Action (OD2A) grants administered by DHHS, technical enhancements to intrastate interoperability with existing Electronic Health Record systems and interstate data sharing continue to occur. Additionally, these grants have provided support for further PDMP training, including for EMS personnel throughout Nebraska.



Pain Management Guidelines

In March of 2016, the Centers for Disease Control and Prevention published a Guideline for Prescribing Opioids for Chronic Pain. This guideline addresses when to initiate opioids for chronic pain, dosage, duration, discontinuation, and risk assessment of opioid use. In October of 2017, DHHS, in collaboration with the Nebraska Medical Association, published Nebraska's Pain Management Guidance Document as a resource to providers for the treatment of acute and chronic pain. The Nebraska Legislature codified restrictions on opiate prescribing practices and implemented a proof of identification requirement for certain scheduled drugs with the passage of LB931 in 2018. DHHS has developed educational videos that provide further information to sections of the Pain Management Guidance Document. Over 540 physicians, pharmacists, and APRNs have viewed these videos.

Opioids at a Glance

Pain Management Guidelines



In October of 2017, DHHS, in collaboration with the Nebraska Medical Association, published Nebraska's **Pain Management Guidance Document** as a resource to providers for the treatment of acute and chronic pain.

Prescription Drug Take-Back

Prescription drugs are often diverted from the medicine cabinets of family or friends. The use of illicit opioids such as heroin most often stems from the abuse of prescription opioids. It is, therefore, imperative that “leftover” prescription opioids be recovered in order to reduce the supply of diverted drugs. In addition to DEA-sponsored drug take-back days, Nebraska MEDS, an existing coalition that includes DHHS, the Nebraska Pharmacists Association, the Nebraska Medical Association, and the Nebraska Regional Poison Control Center, has created a network of pharmacies throughout the state that receives “leftover” prescriptions.

Since 2016, Nebraska MEDS, in partnership with DHHS funding, has collected over 110,000 pounds of medications. Participating pharmacies can be found at nebraskameds.org. Through SAMHSA STR and SOR grants, DHHS has also collected over 1500 pounds of medication through community take-back events and distributed over 4,000 prescription lockboxes.

Public Awareness

Prevention, awareness, and referral to treatment are most important in tackling the opioid problem. The Coalition launched its first public awareness campaign, “Dose of Reality,” in 2017. In partnership with the Nebraska Broadcasters Association, “Dose of Reality” aired 51,399 spots across Nebraska. Through the CDC’s Prevention for States, Overdose Data to Action, STR and SOR grants, DHHS has engaged in the promotion of the Center for Disease Control’s “Rx Awareness” campaign. The media campaign was viewed 17,590,645 times and received 24,449 website clicks. Beginning in June 2018, DHHS also launched its “OpiReady” PSA campaign and at least 26,000 spots were played on either television or radio. Additionally, DHHS staff presented opioid prevention programming to more than 22,000 Nebraskans.

Opioids at a Glance

Public Awareness



In partnership with the Nebraska Broadcasters Association, “Dose of Reality” aired more than **51,399 public service announcements** across Nebraska.

Through the STR and SOR grants, DHHS has also engaged in the promotion of the Centers for Disease Control and Prevention’s “Rx Awareness” campaign as well as having made opioid prevention programming presentations to **more than 22,000 Nebraskans.**

Overdose Data

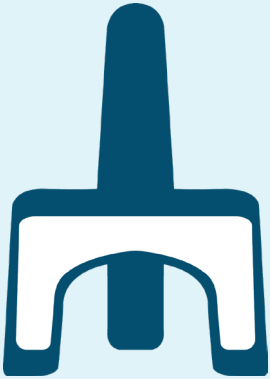
Through OD2A grant resources, DHHS is implementing Nebraska's State Unintentional Drug Overdose Reporting System (SUDORS). SUDORS includes the collection and dissemination of descriptions of drug overdose death circumstances, conducting a needs assessment of toxicology testing procedures of coroners, and the continued onboarding of counties to request specialized forensic toxicological testing. The post-mortem toxicology program has recently been expanded and extended under the DOJ's Comprehensive Opioid Abuse Program grant. Additionally, the Nebraska State Patrol's Fusion Center has recently undertaken an initiative to improve information sharing between law enforcement, particularly in greater Nebraska of autopsies in which overdose is suspected. Such efforts are intended to leverage the most reliable data on potential drug overdose to improve resource allocation to targeted areas of critical need throughout the state.

Emergency Treatment: Naloxone

A rise in the incidence of overdose necessitates that first responders, law enforcement, and those in a position to help someone who may experience and opioid overdose possess adequate resources to respond rapidly when faced with an overdose victim. Naloxone, an opioid antagonist that reverses the effects of opioid overdose, is such a resource. Changes to Nebraska law in 2016 and 2017 removed barriers for the administration of naloxone for first responders, law enforcement, and "good Samaritans." Naloxone has become increasingly available to fire and police throughout Nebraska and is carried by the majority of State Patrol officers. As of December 2019, DHHS has distributed over 3,400 naloxone kits to law enforcement and first responders through the STR and SOR grants. Since 2017, the Nebraska State Patrol has developed and provided thousands of free field guides for law enforcement throughout Nebraska for safe handling of suspected illicit opioids like fentanyl and administration of naloxone. In 2019, at least 14 law enforcement agencies agreed to participate in ODMAP administered by DHHS. The ODMAP system allows law enforcement to report naloxone administrations for suspected opioid-related overdose encounters and will allow law enforcement to view EMS administrations of naloxone. The collection of this data will help DHHS, law enforcement, and first responders understand the needs of high-burden areas and allocate appropriate resources to this area.

Opioids at a Glance

Emergency Treatment: Naloxone



Changes to Nebraska law in 2016 and 2017 **removed barriers for the administration of naloxone** for first responders, law enforcement, and “good Samaritans.”

Since 2017 the Nebraska State Patrol has developed and provided **thousands of free field guides for law enforcement** throughout Nebraska for safe handling instructions of suspected illicit opioids like fentanyl and administration of naloxone.





Nebraska Coalition to Prevent Opioid Abuse



Strategic Initiatives
at a Glance

Opioids at a Glance

Treatment

More than 180 patients* have received SAMSHA grant-funded medication assisted treatment through SAMHSA STR and/or SOR grants.



**Nebraska Medicaid and the Division of Behavioral Health cover MAT services and OUD treatment. The SOR grant covers individuals who cannot be serviced by other funding sources.*

Pain Management Guidelines



In October of 2017, DHHS, in collaboration with the Nebraska Medical Association, published Nebraska's **Pain Management Guidance Document** as a resource to providers for the treatment of acute and chronic pain.

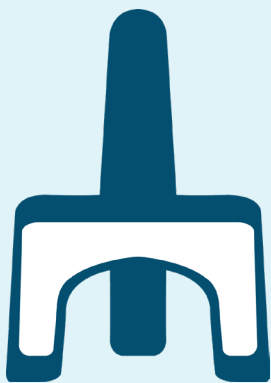
Public Awareness



In partnership with the Nebraska Broadcasters Association, “Dose of Reality” aired more than **51,399 public service announcements** across Nebraska.

Through the STR and SOR grants, DHHS has also engaged in the promotion of the Centers for Disease Control and Prevention’s “Rx Awareness” campaign as well as having made opioid prevention programming presentations to **more than 22,000 Nebraskans.**

Emergency Treatment: Naloxone



Changes to Nebraska law in 2016 and 2017 **removed barriers for the administration of naloxone** for first responders, law enforcement, and “good Samaritans.”

Since 2017 the Nebraska State Patrol has developed and provided **thousands of free field guides for law enforcement** throughout Nebraska for safe handling instructions of suspected illicit opioids like fentanyl and administration of naloxone.



Opioids at a Glance

Education & Training

UNMC and Creighton have expanded their curriculum to teach students across the following disciplines about addiction and pain management:



Medicine



Dentistry



Nursing



Allied Health



Pharmacy



Public Health



Through SAMHSA STR and SOR grants, DHHS has **expanded medication assisted treatment (MAT) education for healthcare providers**, including DEA buprenorphine waiver training.

In August 2019, DHHS and the University of Nebraska Medical Center accomplished another 2017 Coalition goal of launching the state's first **addiction medicine fellowship program**.

