

HEALTH EQUITY COUNCIL

Serving Albuquerque and Bernalillo County

SPF-RX Provider Highlight



So, who are we?

The artist formerly known as...



What do we do?



- Opioid Accountability Initiative: SPF-Rx, PDO, Anti-Stigma Education, ABC-Prevent
- Plus many other kitchen sinks...
 - Equity, Education, Violence Prevention, Policy research, Environmental Health, Accessibility, etc.

What is SPF-Rx?

Preventing the use and misuse of prescription opioids

Community

Providers

Media

R3d, R3b

Parents/Guardians,
Community Access, Parent
Guide

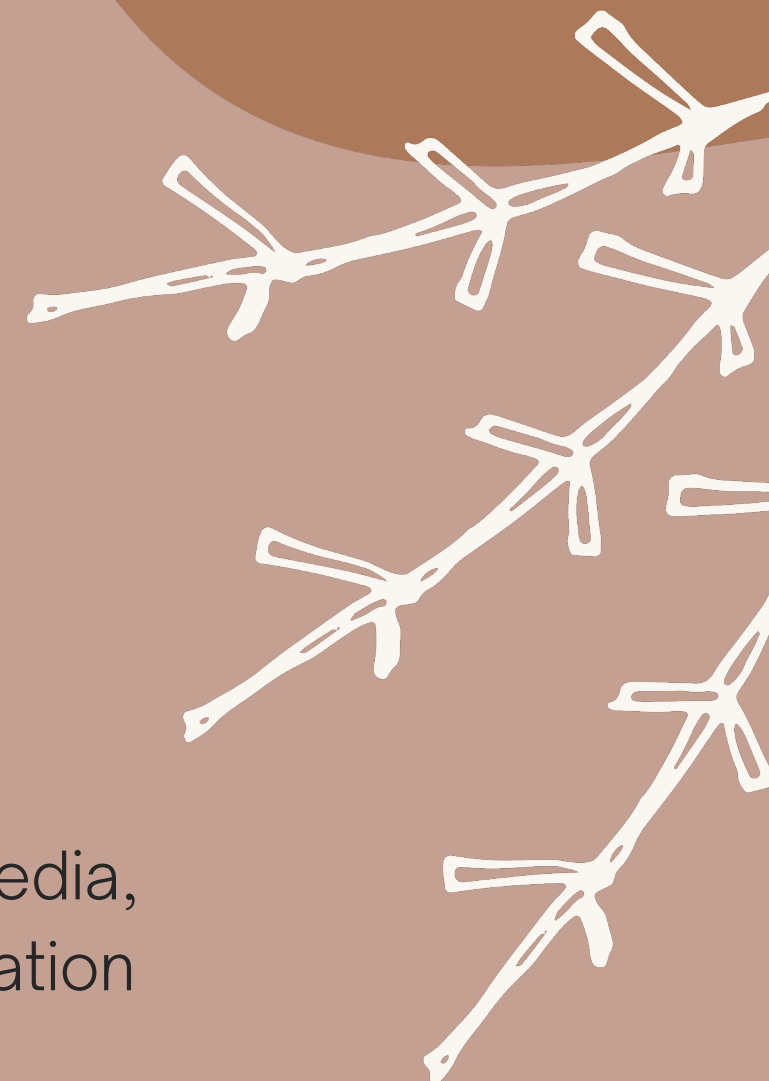
R2c*, R3h, R3e

Provider Education,
Provider Guide, Pharmacy
Outreach

R4a*, R3i*

Targeted social media,
Boot Camp Translation

*Pilot Strategy



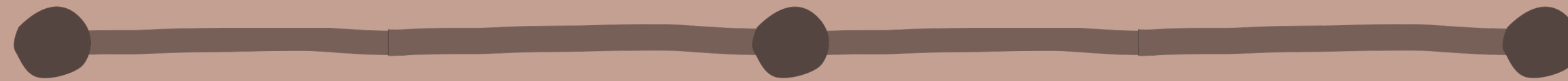
How do we measure it?

OVERALL GOAL: Reduce use/misuse in Bern. Co
Assessment Tools: NMCS, YRRS

Community

Providers

Media



R3d, R3b

-Self-reported locking up,
sharing

R2c*, R3h, R3e

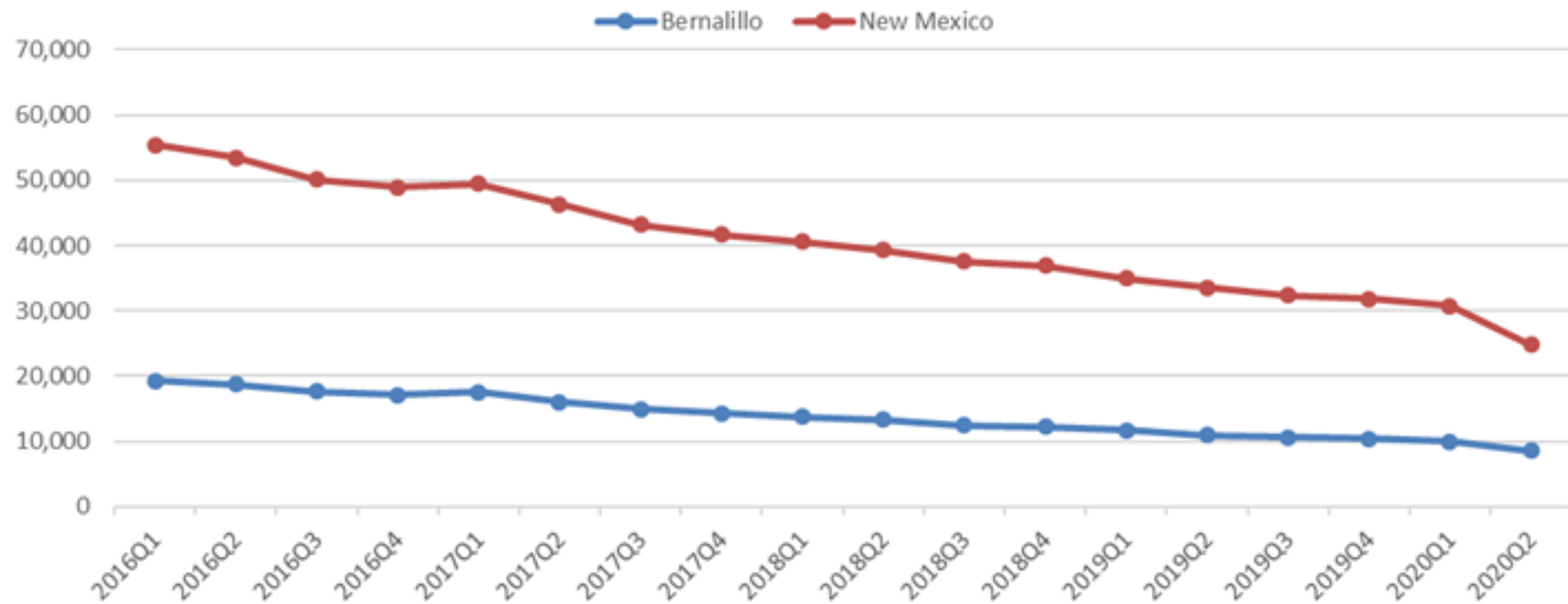
-MMEs, overlapping Rx,
Provider Education

R4a*, R3i*

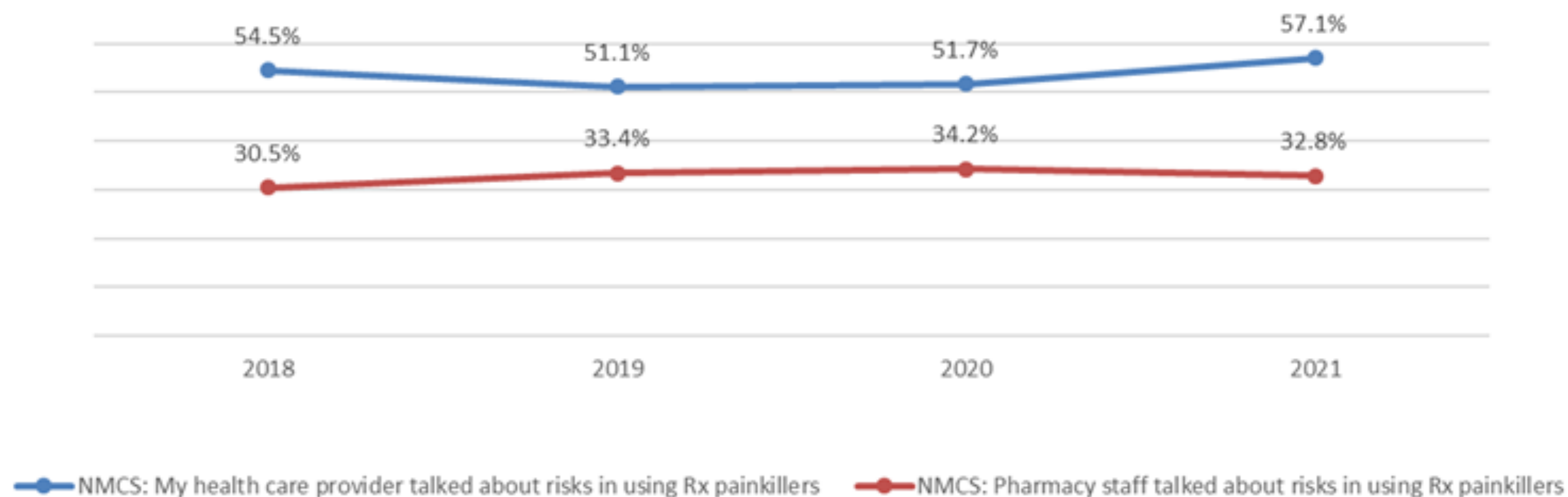
-Awareness of harm, past
30 day use, safe storage

*Pilot Strategy

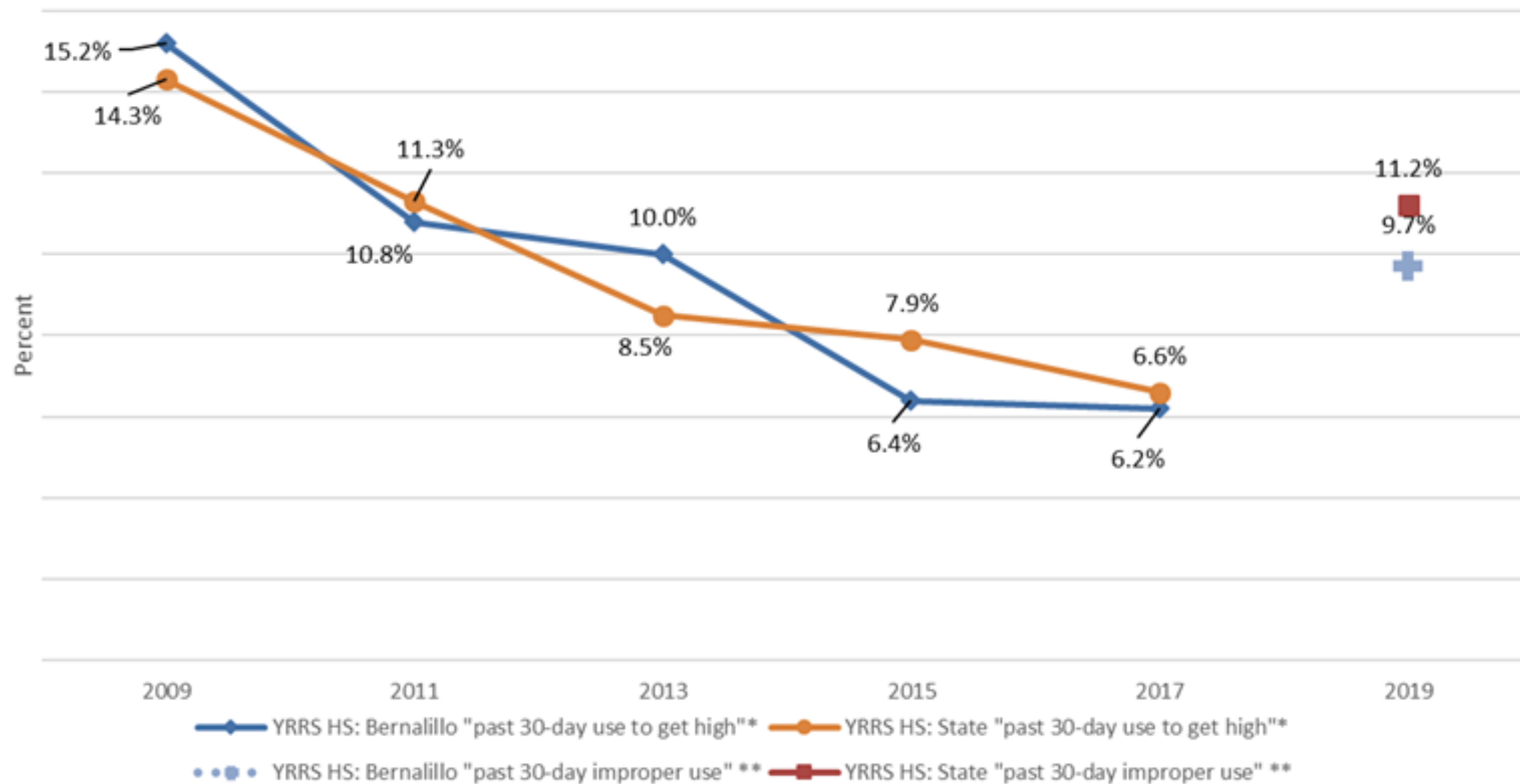
High dose (≥ 90 MME/day) opioid prescriptions filled Bernalillo County vs. New Mexico



Provider Education About Rx Painkiller Risks



Youth Past 30-Day Prescription Painkiller Misuse



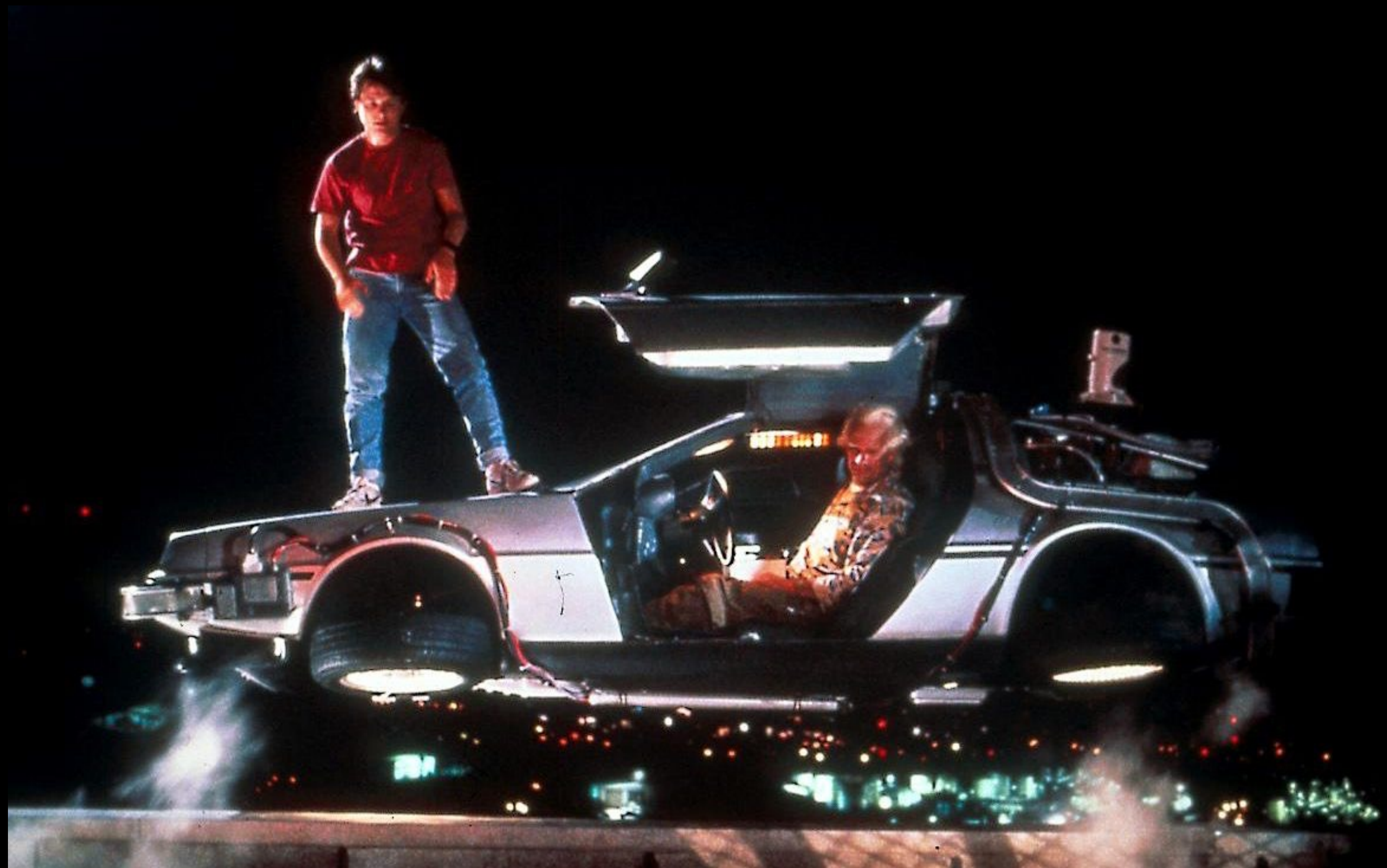
Primary Prevention

What is the first thing that comes to
mind?



An aerial photograph of a river winding through a valley. The river is dark and flows from the top left towards the bottom right. The surrounding landscape is a mix of green and brown, indicating vegetation and possibly some dry areas. The text "You Can't Solve Upstream Problems Down Stream" is overlaid in white, centered on the image.

You Can't Solve Upstream
Problems Down Stream



The Eight Dimensions of Wellness

EMOTIONAL

ENVIRONMENTAL

FINANCIAL

INTELLECTUAL

SOCIAL

PHYSICAL

SPIRITUAL



OCCUPATIONAL

The role of stigma...



The role of stigma...



What we did...

Let the community inform the work.

Community – R3d, R3b

- <https://littlethingsnm.org/>
- Strategic Partnerships
- Community buy-in



I am...

A Parent or Guardian

A Doctor or Dentist

A Young Adult

A Nurse or Health Professional

A Community Member

What you should know before starting opioids for pain:



QUESTIONS TO ASK MY PROVIDER

- ☐ Are you prescribing me an opioid?
- ☐ What are the side effects and risks with taking opioids?
- ☐ What are my chances of being on opioids long term if I start a prescription?
- ☐ What are the alternatives and what can they do for me?
 - ☐ Physical therapy
 - ☐ Graded exercise
 - ☐ Chiropractic and Massage
 - ☐ Muscle relaxants
 - ☐ Ibuprofen and Tylenol
- ☐ What are realistic and honest expectations about living with less pain?
- ☐ How do I recognize opioid addiction?
- ☐ Can you tell me about Narcan?

MOST COMMON OPIOIDS



Oxycodone
OxyContin®,
Roxicodone®,
Oxydose®



Oxycodone /
Acetaminophen
Percocet®, Endocet®,
Roxicet®, Tylox®



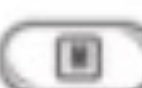
Fentanyl
Duragesic®, Actiq®,
Fentora®



Hydromorphone
Dilaudid®, Exalgo®



Hydrocodone /
Acetaminophen
Lortab®, Vicodin®,
Lorcet®, Norco®



Methadone
Dolophine®,
Methadone®



Codeine



Tramadol
Caldip®

Providers

R2c*, R3h, R3e

-Academic Detailing – One-on-one provider education, mixed group sessions

-Provider Guide

-Pharmacy Outreach

-Service vs. Burden



**STEP
UP**

Step Up. Less is more.

Reduce access, reduce risk. Little things can save a life.

1. Maximize your non-opioid prescription and alternative treatment options.

Management of chronic pain is never a one-size-fits-all affair. Opioids can be helpful and effective medications, but physical therapy and non-opioid pharmacological treatment should be considered first line when appropriate.

2. Make the Prescription Drug Monitoring Program (PDMP) review a regular and universal practice.

Click below for the NIH National Center for Complementary and Integrative Health and the American Academy of Family Physicians Pain Management Toolkit.

NCCIH

Pain Management Toolkit

3. Screen patients appropriately for Opioid Use Disorder.

If you believe your patient may have an opioid use disorder, consult the DSM V diagnostic criteria and the Opioid Risk Tool (ORT).

CDC Training Module

Opioid Risk Tool

4. Provide tapering and transition plan options.

Make it clear to your patients that the goal is to stop taking opioids as quickly and safely as possible, whether that means tapering off or transitioning to a different treatment. The plan should include treatment goals and a proposed end date. "Start low and go slow" is the best rule.

The CDC has a very useful tapering guide. Click below for quick access.

CDC Tapering Guide

5. Emphasize open communication with patients about safe usage, storage and disposal of opioid medications.

Speak to patients without judgement. Opioid use disorder can happen to anyone and there are things that we can all do to try and stay safe.

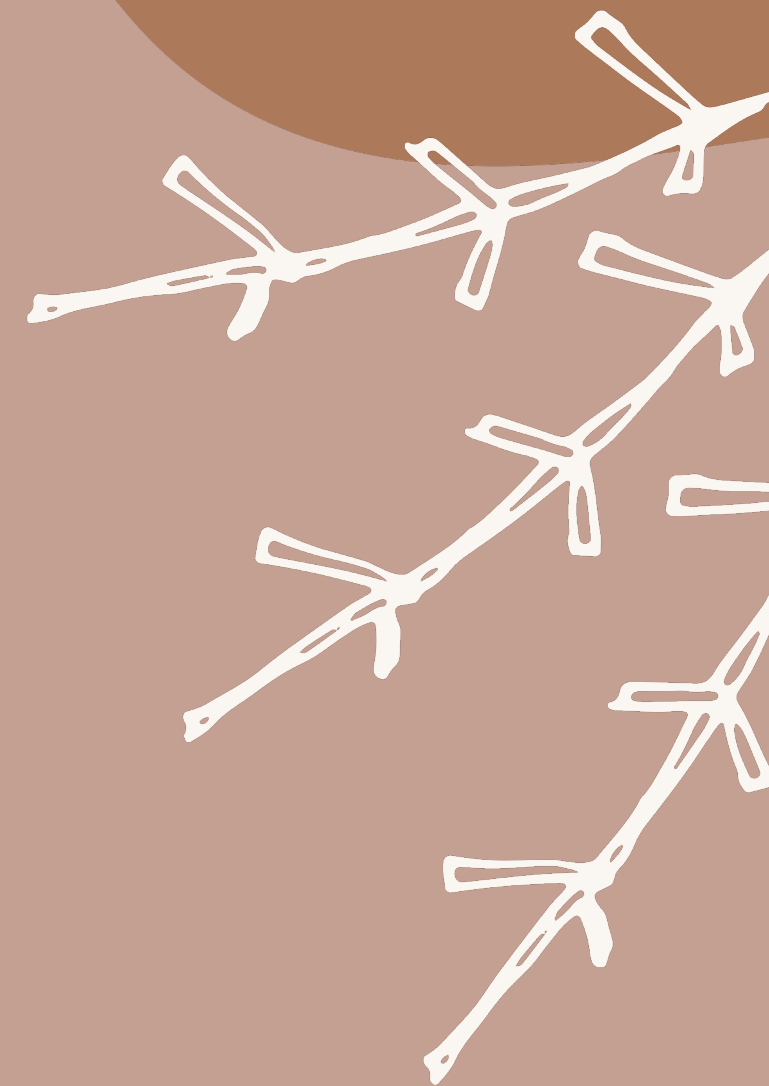
Review our patient checklist as a good starting point.

Patient Checklist

CBPR/Social Media

R4a*, R3i

- Boot Camp Translation – CBPR, focused demographic groups
 - LGBTQIA+ youth, Spanish-speaking parents
- BCT informed R4a – Targeted Social Media
- Instagram Toolkit, Spanish print media, Spanish language radio ads





Los opioides no discriminan. Tú y tus hijos pueden ser afectados.

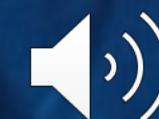
Cuando te recetan medicinas para el dolor, pregúntale a tu proveedor:

- ¿Esta medicina contiene opioides?
- ¿Qué peligros corremos yo y mis hijos al tomar opioides?
- ¿Cuál es la forma más segura de almacenar y deshacerme de mis medicinas que contienen opioides?
- ¿Cómo se evita una sobredosis?
- ¿Cómo se reconoce y qué hacer en caso de una sobredosis?

Es tu derecho.

Infórmate, pregunta e investiga junto con tus hijos.

(Añadir links a más recursos.)



Instagram Post Series

The posts below are intended to be used as consecutive posts on Instagram. While anyone is welcome to use them, they were created for organizations and individuals who are close to or provide resources for LGBTQIA+ young adults.

These posts are provided for free by the Bernalillo County Community Health Council as part of their Little Things Matter campaign.

Instagram Post Series 1



**LITTLE
THINGS
MATTER**



Lessons Learned from SPF-Rx Addendum

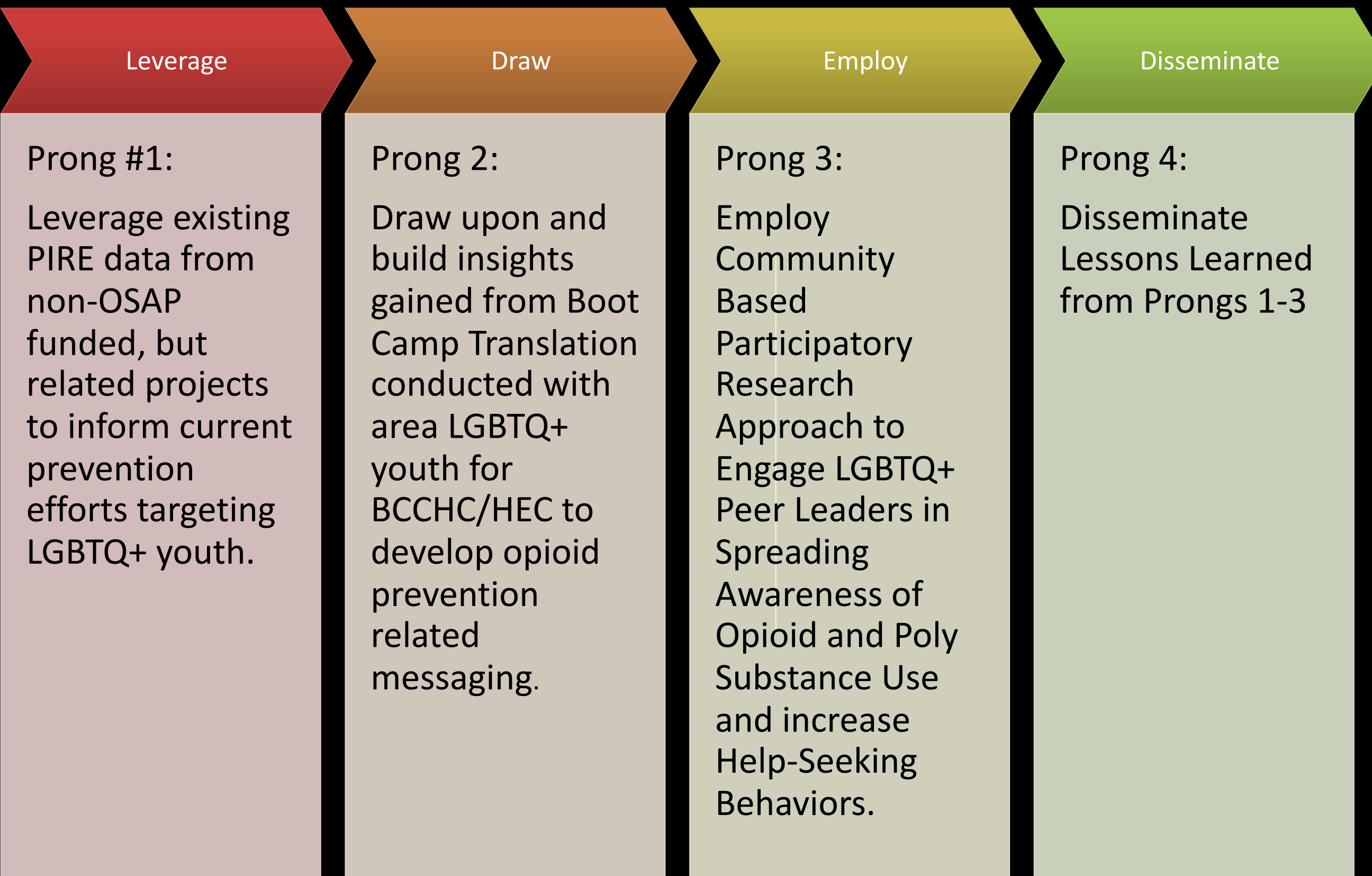
Amplifying the Messages of the Boot Camp Translation with Sexual and Gender Minority (SGM) Teens and Young Adults



This and all images in this presentation are CC0 from Pexels.com

The Why

Show	how to engage youth directly in prevention/coalition work & interventions
Understand	stigma & privacy of the intersecting issues of identity & misuse
Build	common strengths and resources among LGBTQ+ youth
Identify	how youth already seek help & barriers
Develop	recommendations for prevention work with LGBTQ+ youth
Share	how communities & OSAP can communicate to LGBTQ+ youth



Previous Work

Supporting At-Home Sexual and
Gender Minority Youth Study
(SASY): A Response to the
COVID-19 Pandemic

Shattuck and Gunderson

Implementing School Nursing
Strategies to Reduce LGBTQ
Adolescent Suicide

Willging and Ramos



Power of Peers

What we Learned: Peer-to-peer communication serves as informal psychological supports.

What we Did: Explored ways that youth could access reliable, accurate, LGBTQ+ friendly information.

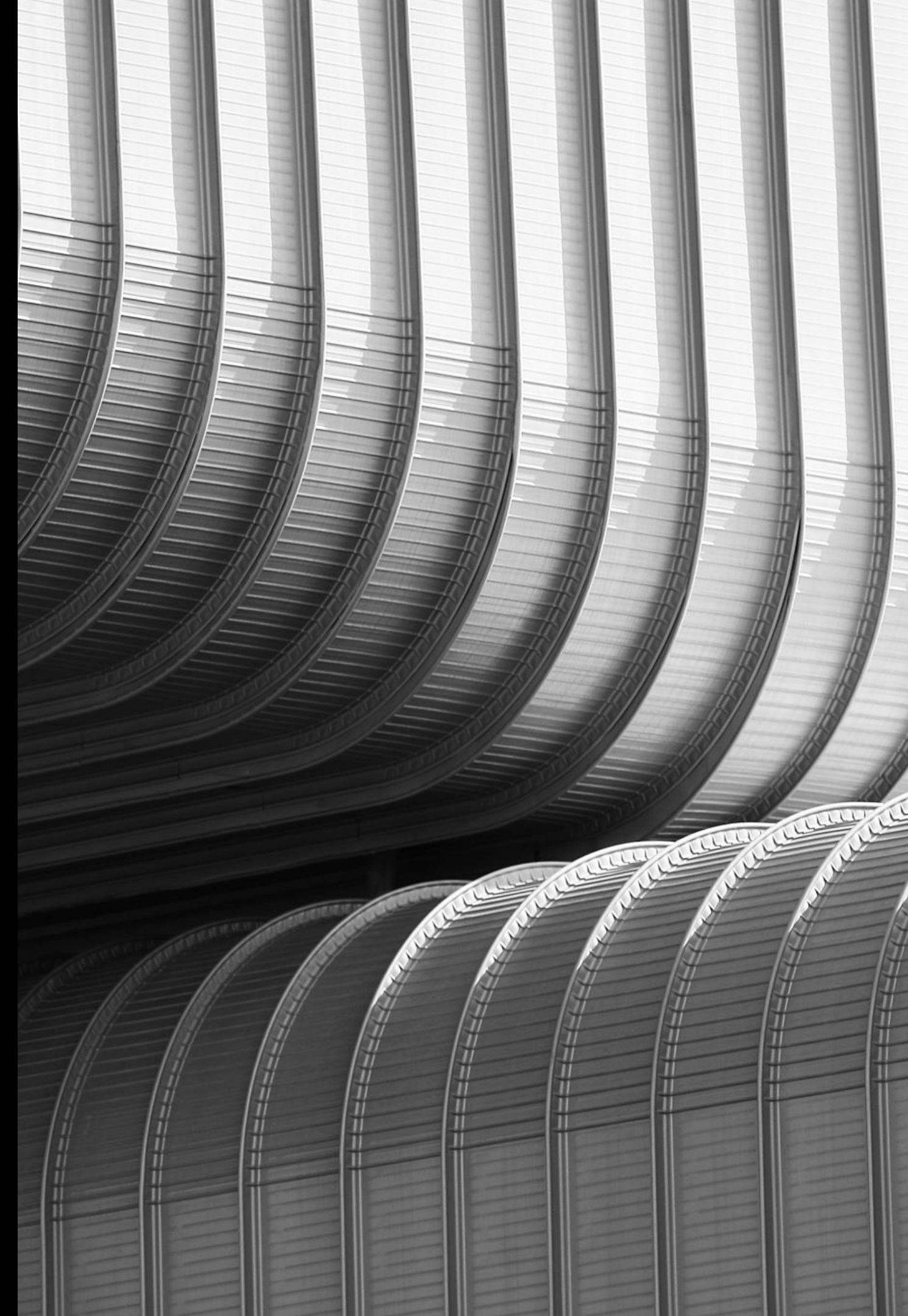
Intersectionality

What we Learned:

SGM Youth see LGBTQ+ as one component of their identity

What we Did:

Focus on how to influence supportive messages to a broader audience.



Privacy

What we Learned:
School-based health centers are associated with privacy and accessibility concerns.



What we Did:
Prioritize private, online spaces.



Online Engagement

What we Learned: There was a decline in supports overall for LGBTQ+ youth, but online support was the source of support.

What we Did: Focused on online engagement versus print, 1:1, or some other form of engagement.



Home/Online Feels Safe(r)

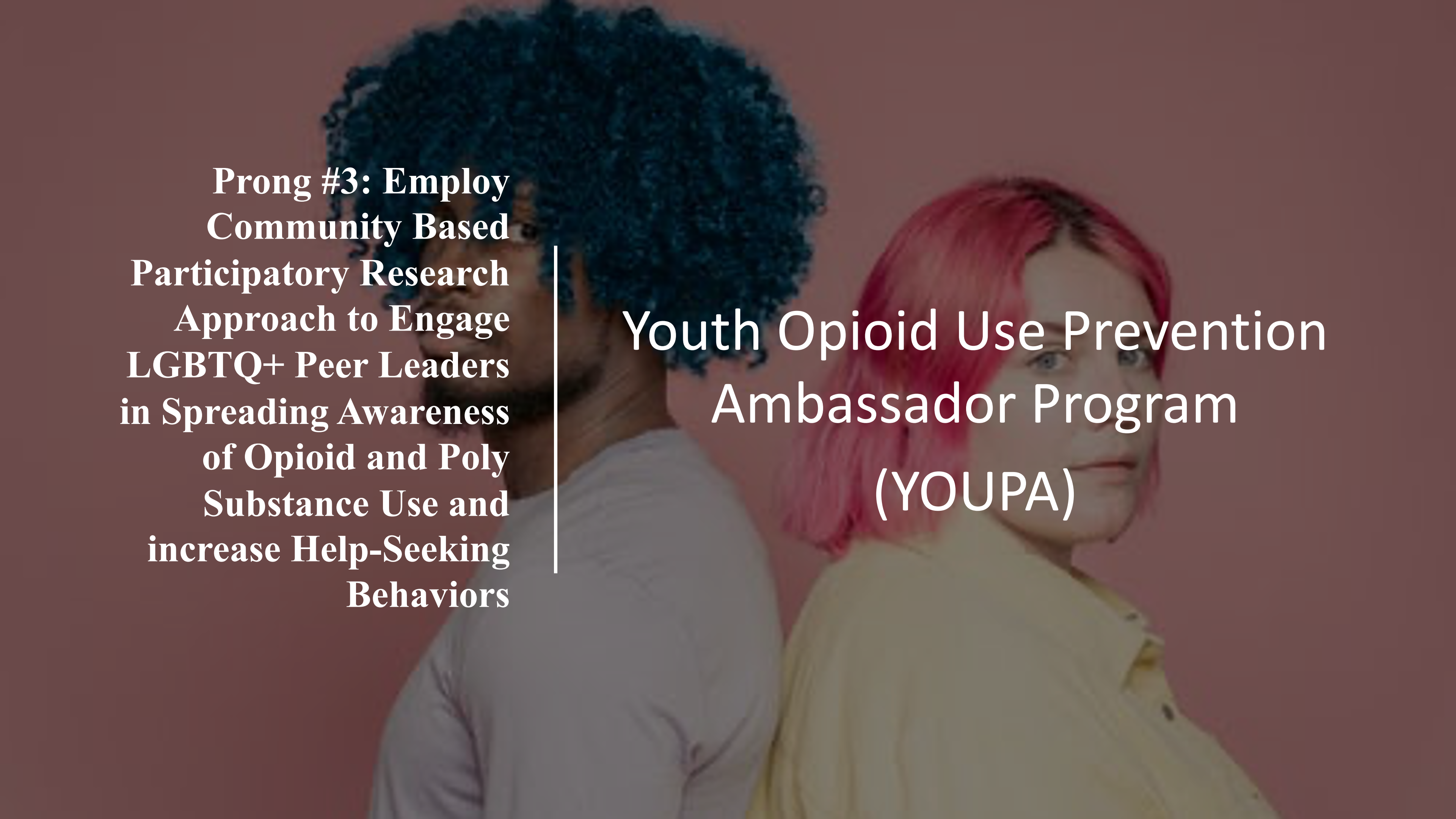
What we Learned: Many LGBT+ youth feel unsafe and school-based efforts are less likely to be successful when youth already feel unsafe in this environment.

What we Did: Decided not to directly engage the school community, but rather known LGBT+ teacher/staff allies within specific high schools.

**Prong #2: Draw upon
and build insights
gained from Boot
Camp Translation
conducted with area
LGBTQ+ youth for
BCCHC to develop
opioid prevention
related messaging.**

Mine BCT

Conduct FG

A background image featuring two individuals. On the left, a person is wearing a large, voluminous blue afro wig and a white t-shirt. On the right, a person with short, straight pink hair is wearing a light-colored, possibly yellow, button-down shirt. The background is a solid, muted reddish-brown color.

**Prong #3: Employ
Community Based
Participatory Research
Approach to Engage
LGBTQ+ Peer Leaders
in Spreading Awareness
of Opioid and Poly
Substance Use and
increase Help-Seeking
Behaviors**

Youth Opioid Use Prevention Ambassador Program (YOUUPA)

Follow Up & Lessons Learned

- Use Instagram and Tik Tok
- Give us the skills we need to be a light in the community
- Safe spaces that adults set don't feel safe for us anymore
- "It's not that serious"-Engaging humor for views
- Make it relevant by linking opioid prevention to other things we care about



Takeaways...

- **Media made “by us, shared by us”**
- **Centralized resource hubs for education/support**
- **Make it universal**
- **Data and COVID**



Questions?





Thank you for listening!

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