



Improving Lives through Health Education on Opioid Prevention & Treatment

Call for advocacy, health education and promotion activities directed to increased education and awareness for opioid addiction and treatment.

Adopted June 13, 2018

Whereas, opioids are a class of chemicals that inhibit pain receptors in the brain, spinal cord, and digestive tract that function to reduce the effects of pain. Opioids include heroin (a highly addictive, illegal substance), and prescription opioids, such as fentanyl, hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®), fentanyl, and morphine.¹⁻² However, in addition to providing pain relief, they also create a feeling of euphoria.² Like many prototypical addictive drugs, individuals can build a tolerance to the effects of opioids.³ With the onset of tolerance, individuals must consume increasingly larger doses of the drug to achieve its euphoric effects. Also, opioid-dependent individuals experience withdrawal symptoms (e.g. negative mood, sweating, abdominal cramps, and nausea/vomiting) during prolonged abstinence.³ In order to avoid or alleviate these adverse withdrawal symptoms, many opioid-dependent individuals continue to use opioids, despite the serious health consequences associated with this behavior.³ Consequentially, abuse of and addiction to opioids as well as opioid overdose deaths have grown into a national epidemic.⁴ Due to their highly addictive nature, most opioids are controlled substances. In 2016, 11.5 million people misused prescription opioids, and 2.1 million misused prescription opioids for the first time.⁵

Whereas, opioids are the primary source of drug overdose deaths in the United States.⁶ In 2016, an estimated 42,249 people died from opioid-related drug overdoses; or, on average, 116 people each day.⁴⁻⁵ The prevalence of death from overdosing on opioids has quadrupled from 1999-2015.⁶

Whereas, although opioids can serve a vital purpose in the treatment of acute pain, end of life care, and other conditions, patients must be routinely monitored due to their highly addictive nature. Patients prescribed opioids may become addicted and begin acquiring additional opioids through both legal and illicit means.⁷ Individuals may obtain opioids via prescription from one or more physicians or stolen from a health care provider; given, bought, or stolen from a friend or relative; acquired from a drug dealer or other stranger; or some other way.⁷

Whereas, the strongest risk factor for heroin addiction is addiction to prescription opioid painkillers.⁸ Individuals who use heroin are likely to use other substances such as drugs or alcohol; nearly all heroin users will use at least one other drug.⁸ Heroin use has increased across the United States among most

demographic groups: men and women, most age groups, and all levels of income. This rate is greatest among demographic groups with historically low levels of heroin use, including women, those privately insured, and individuals with higher incomes.⁸

Whereas, the CDC released Opioid Prescribing Guidelines with recommendations to combat the opioid epidemic.⁹

Whereas, the CDC suggests it is crucial to expand access to evidence-based treatments, including medication-assisted therapy (MAT)¹⁰ and naloxone (Narcan®), which can be safely administered via intramuscular, intravenous, or intranasal routes and is effective at reversing potentially fatal opiate effects within a few minutes.¹¹

Whereas, through 2019, the CDC has selected 16 states to receive annual awards to advance the prevention of opioid use disorders, such as maximizing prescription drug monitoring programs; community, insurer, or health systems interventions; policy evaluations; and rapid response projects.¹² States like North Carolina passed comprehensive opioid misuse legislation like the *Strengthen Opioid Misuse Prevention Act*, or STOP Act, which helps to curb opioid use through added supervision methods, database checks, instituting five-day limits on initial prescriptions for acute pain, increasing naloxone availability, and local government support for needle exchange programs.¹³

Whereas, for every \$1 spent on prevention of opioid abuse, \$20 is saved on health care, social, law enforcement, and other associated costs.¹⁴ In 2016 the economic costs for deaths attributed to prescription opioid overdose were estimated \$504 billion.¹⁵

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

Internal Actions

- I. Educate and encourage SOPHE members to engage in public health education that informs members and other health professionals about evidence-based/informed, evidence-informed practice education and policy regarding opioid use disorder prevention and treatment by sponsoring sessions at the SOPHE Annual Meeting, the SOPHE Annual Health Education Advocacy Summit, through continuing education opportunities, and the development of a Community of Practice.
- II. Petition for member signatures for the establishment of a Mental Health Community of Practice to ensure the capacity of SOPHE's commitment to health education specialists and all members to engage in research and further collaborations to promote best practices surrounding opioid prevention and treatment.

External Actions

- I. Continue to promote SOPHE's Qualifications of Health Education Specialists resolution to further advocate the employment of health education specialists in settings where they can create, administer, and evaluate opioid misuse prevention programs. To date, health education

specialists hold about 61,400 positions in government organizations, hospitals (local, state, and private), religious, grant making, civic, and professional organizations, as well as social assistance organizations.¹⁶⁻¹⁷ Therefore, the utilization of the competencies held by these professionals is pivotal in addressing and carrying out the health education practices and resources across the country.¹⁶ SOPHE recommends that health education specialists:

- a. Be involved in planning, implementing, and evaluating opioid prevention and treatment programs.
 - b. Provide service to the community as health education resource persons. Health education specialists can act as liaisons for community health workers, organizations, providers and practitioners, and emergency personnel to those individuals who have overdosed from opioids and among those in recovery.¹⁶
 - c. Advocate for primary prevention of opioid misuse through increased funding, research and support for multi-sector efforts at the local, state and national level aimed at preventing misuse and abuse in youth and addressing community-level trauma. To do this, health promotion, engagement and capacity building efforts with a diversity of sectors (i.e. pharmacists, physicians, insurers, emergency responders, employers, faith based organizations, and youth development professionals) will be supportive in directing efforts toward community conditions (employment, education, housing) and the systems (business, law enforcement, government, and health care) that have potentially contributed to the epidemic – and that are critical to helping communities heal and build resilience.
 - d. To curb opioid use and misuse, promote naloxone and needle exchange programs.¹⁸ These programs improve safety through exchange of hypodermic needles and are shown to minimize the risk for injection drug users to contract HIV or hepatitis C infection, or transmission to other individuals.¹⁹⁻²⁰ Additionally, access to naloxone distribution programs, a tertiary or emergency response method,²⁰ is part of a comprehensive public drug education program.¹¹
 - e. Engage in research and education to identify ways to improve opioid prescribing in the United States and expand access to evidence-based substance abuse treatments for those who are already addicted to opioids, such as the Medication-Assisted Treatment.¹⁰
- II. Increase professional education and public awareness both at the national level and through SOPHE chapters on the existing state policies and programs that help prevent high-risk prescribing to prevent opioid overdoses. Media and other outreach efforts will focus on the underlying factors that contribute to and reinforce opioid use, including the structural drivers such as loss of industry and jobs, high unemployment, frayed social connections and lack of social supports, social isolation and a pervasive sense of hopelessness. This will support health educators in developing strategies and approaches that consider underlying factors and root causes—including community trauma—that drive opioid use.
- III. Advocate for increased authorization for child and adolescent school safety and health funds, made possible through Student Support and Academic Enrichment Grants (SSAEG) under ESSA

Title IV, Part A, as the appropriation is below full funding.²¹ Children are vulnerable to the opioid epidemic, as the opioid epidemic is a multigenerational problem found as early as infancy via neonatal abstinence syndrome (NAS) through seniors.²² Thus, the school setting is a place to aid the children of families impacted by opioid abuse and addiction, as well as implement prevention programming, to influence an environment that supports student attendance, achievement and grades.²²⁻²³ In this situation, teachers and staff are health educators who, per the resources provided to the school district, influence this population by providing additional support and education to deal with trauma/concerns.²³⁻²⁴

- IV. Along with its partners, advocate for increased funding for the CDC National Center for Injury Prevention and Control, Substance Abuse and Mental Health Administration, National Institutes of Health, and other federal agencies to address opioid abuse and prevention.
- V. Advocate for health education research and support for implementing evidence-informed practices in prevention and harm reduction strategies.

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