

1:20 PM – 1:30 PM

OPIOID STEWARDSHIP PROGRAM IN RURAL ARIZONA HOSPITALS

Benjamin R. Brady, DrPH¹, Bianca SantaMaria, MPH¹, Kathryn Tucker, MPH², Alyssa R. Padilla, MPH³, Jeffrey C. Francis, BSN, RN⁴, Claudia J. Kinsella, MSN, RN-B-C⁵

¹University of Arizona, Tucson, AZ; ²Arizona Prevention Research Center at the University of Arizona, Tucson, AZ; ³The University of Arizona, Tucson, AZ; ⁴Health Services Advisory Group, Quality Improvement Organization for Arizona/California, Phoenix, AZ; ⁵Health Services Advisory Group, Quality Improvement Organization for Arizona/California, Peoria, AZ

Background: Opioid Stewardship Programs (OSPs) offer a standardized approach to addressing the opioid crisis in healthcare settings. OSPs represent an intentional and comprehensive effort to implement evidence-based, opioid prevention and treatment initiatives within healthcare organizations. When implemented, OSPs have been shown to decrease opioid prescriptions and increase treatment for those with an opioid use disorder. Similar to antibiotic stewardship efforts, OSPs may be implemented in hospital, outpatient, or nursing home settings, including small and critical access hospitals.

Purpose: We examined Arizona Critical Access Hospitals' (CAHs) status in implementing OSP initiatives (implemented, not implementation). We assessed differences in initiative implementation across department settings (Emergency Department (ED), Acute Inpatient) and by prevention orientation (prevent harm from opioid use, treat opioid use).

Methods: Eleven OSP initiatives were identified via literature search and through consultation with subject matter experts. We independently assessed the status of each initiative using an electronic survey. Ten initiatives were assessed for both departments, and one was unique to each. Emergency and Acute Inpatient department heads at all 17 Arizona CAHs (15 current and two that are transitioning to become CAHs) participated for a total of 34 assessments.

Results: OSP initiative implementation ranged from 35% to 94% in EDs and 24% to 88% in Acute Care departments. Prescription drug monitoring program database (PDMP) review and offering alternatives to opioids (ALTOs) were the most frequently implemented. Assessing opioid use disorder (OUD) and prescribing naloxone were among the least. Initiative implementation tended to be uniform across departments; the number of implemented initiatives was the same or similar in 10 of 17 CAHs, and the same OSP initiatives were implemented in both or neither department in 59-82% of hospitals. Despite this uniformity, 7 of 10 OSP initiatives were more often implemented in acute inpatient settings. When examining prevention orientation, we found that CAHs implemented 63% of initiatives that focus on preventing harm from opioid use (e.g., electronic health record alerts, tracking quality measures, educating patients/staff, etc.) and they implemented 54% of initiatives aimed at treating patients with opioid misuse or OUD (treating withdrawal, assessing OUD, referring to Medication-Assisted Treatment).

Discussion: In Arizona, some OSP initiatives are in place in nearly every CAH while others are present in only a quarter or a third of hospitals. However, once implemented, initiatives tend to be practiced across departments within a hospital. Initiatives that focus on preventing harm from opioid use were more common than those focused on treating patients with OUD.

CORRESPONDING AUTHOR: Benjamin R. Brady, DrPH, University of Arizona, Tucson, AZ; brb99@arizona.edu

1:30 PM – 1:40 PM

PERCEPTIONS OF THE PREVALENCE OF SUBSTANCE USE IN AN AGRICULTURAL REGION OF CALIFORNIA

Katie E. Alegria, MA¹, Selina Espinoza, B.A. Psychology², Mariaelena Gonzalez, PHD¹, Anna V. Song, PhD¹

¹University of California, Merced, Merced, CA; ²University of California Merced, Merced, CA

Over the last sixty years in the U.S., cigarette smoking has decreased and become denormalized, while marijuana use is increasingly normalized and favorably viewed. Many rural regions in the US have higher tobacco use compared to urban regions as well as reduced access to health and medical resources, putting the residents at higher risk for negative health outcomes. The social norms approach argues that beliefs and behavior are influenced by perceived norms, suggesting that perception of the prevalence of substance use is an important factor that must be addressed when examining substance use. The following study investigates (1) perceptions of prevalence for traditional combustible cigarette, e-cigarette/vape, and cannabis use in a field sample of 1,031 adults living in Central California, which is largely rural, and (2) whether the perception of prevalence and various social determinants of health are related to substance use. Linear regressions revealed that Hispanic/Latinos estimated that a significantly higher number of adults use cigarettes, e-cigarettes/vapes, and cannabis compared to their White counterparts ($p < .05$). Females also estimated greater prevalence of cigarette, vape, and cannabis use when compared to males ($p < .001$). Respondents with less education and lower household income estimated significantly greater prevalence of substance use ($p < .01$) compared to those of higher socioeconomic status. Several social determinants of health were also related to substance use. Females had lower odds of using cigarettes or cannabis when compared to males ($p < .01$). Participants with a college degree, participants living with a partner, and younger participants had reduced odds of having smoked a cigarette ($p < .01$). Meanwhile, younger participants who lived at home had lower odds of using marijuana in the past 30 days ($p < .05$) when compared to those who did not. This research surrounding perceptions of prevalence may be applicable to other agricultural and under-resourced areas with higher prevalence of tobacco and cannabis use and can inform the development of targeted health communication and effective public health campaigns.

CORRESPONDING AUTHOR: Katie E. Alegria, MA, University of California, Merced, Merced, CA; k Alegria@ucmerced.edu