Turning Hope Into Action

Evaluating the Opioid Crisis in Fort Wayne and Allen County

Produced by The Lutheran Foundation in cooperation with the Purdue Fort Wayne Community Research Institute
Thank you and welcome
What we will cover today

- Why opioids?
- FATOS process (so far)
- Language
- Opioid-related data
- Subcommittee findings
  - Prevention
  - Intervention
  - Treatment/Recovery
  - Enforcement
- Other things to consider
- Other sources
- What needs to be done?
- Where do we go from here?
Why opioids?

Rising number of deaths caused by opioids
Public concern
Improved systems for opioid use disorder (OUD) create improved systems for substance use disorder (SUD)
Opioids have their place

Appropriate, specific clinical use
Language to reduce stigma
Definition: Substance Use Disorder

At least two symptoms from 11 diagnostic criteria in four categories

1. Impaired control like using more than intended
2. Social impairment like failure to fulfill work obligations
3. Risky use that creates immediate danger
4. Tolerance and withdrawal symptoms

*DSM-5: Reclassified in 2013 from abuse and dependence to single disorder*
### Opioid Use Disorder, Substance Use Disorder

<table>
<thead>
<tr>
<th>Words to avoid</th>
<th>Words to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict</td>
<td>Person with substance use disorder</td>
</tr>
<tr>
<td>Drug abuser</td>
<td>Person with substance use disorder</td>
</tr>
<tr>
<td>Drug problem, drug habit</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>Overdose</td>
<td>Poisoning</td>
</tr>
<tr>
<td>Clean</td>
<td>Abstinent, not actively using</td>
</tr>
<tr>
<td>Dirty</td>
<td>Actively using</td>
</tr>
<tr>
<td>A clean drug screen</td>
<td>Testing negative for substance use</td>
</tr>
<tr>
<td>A dirty drug screen</td>
<td>Testing positive for substance use</td>
</tr>
<tr>
<td>Former/reformed addict/alcoholic</td>
<td>Person in recovery, person in long-term recovery</td>
</tr>
<tr>
<td>Opioid replacement, methadone maintenance</td>
<td>Medication assisted treatment</td>
</tr>
</tbody>
</table>
Data tell a story
Good and bad news

Source: Centers for Disease Control and Prevention, as calculated by Indiana Management Performance Hub
Opioid fatality demographic profile for Allen County

Sex: Male
Age: Early 40s
Race: White
Employment status: Employed
INSPECT record: None
Location of death: Residence

Source: Allen County Health Department and Fort Wayne Medical Education Program using Allen County Coroner’s Office data
Student drug use

Percentage of Allen County students in grades 6, 8, 10 and 12 reporting drug use in past month, 2017

Percentage of students in grades 6-12 reporting prescription drug use in past month, 2016 and 2017

Source: 2017 Indiana Prevention Resource Center Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents Survey and 2016 Monitoring the Future Survey, courtesy of Allen County Drug & Alcohol Consortium
Cost of the opioid crisis in Allen County

More than $1.1 billion since 2003
- More than $43.3 billion statewide

Source: Indiana Business Review, Indiana University Kelley School of Business’ Indiana Business Research Center
FATOS recommendations
FATOS: Fort Wayne Allen County Task Force for Opioid Strategic Planning

Multidisciplinary team
Look at what’s happening in Fort Wayne, Allen County
Assembled by The Lutheran Foundation
Project manager: Purdue Fort Wayne Community Research Institute
December 2017-March 2018
Subcommittees

Structure from “Strategic Approach to Addressing Substance Abuse in Indiana” plan

1. Prevention
2. Intervention
3. Treatment/Recovery
4. Enforcement

Process:
- Review what’s happening now (good and bad)
- Where we need to go

Members:
- Part of FATOS
- Asked based on expertise, background
More than 90 recommendations came from the four subcommittees
Lots of work to do
Prevention
Prevention

Preventing OUD
Minimizing unnecessary use
Preventing deaths
EDUCATION!!!!
Prevention: Lack of information

How OUD and SUD are diseases
How OUD and SUD affects brain
How hard it is to stop
How widespread OUD and SUD is

Risks of Rx misuse
Esp. teens, young adults
Signs of misuse
How OUD and SUD affects anyone
Available resources
Prevention: Potential audiences

Parents
Youth
Patients
Prescribers
Dispensers
Nurses, other non-prescribing health professionals

Employers
Schools, educators
Clergy, religious leaders
Legislators
Media
Prevention: Targeted audiences

Youth
People who used opioids before
People with history of trauma, abuse
People who started using substances at younger ages

People who are not aware of the risks of OUD or SUD
People with limited English proficiency
People with chronic pain or chronic illness
Seniors and the elderly
Veterans
Prevention: Rx and recreational

Rx messages:
- SUD risks
- Safe use, storage and disposal
- Prescribing habits, including fewer pills distributed and starting with non-narcotic meds
- Managing pain without medication
- Using OUD, SUD screening tools before prescribing

Recreational messages:
- Education campaign about risks
- Enforcement against dealers
- Securing legally prescribed medications
- Using proper medication disposal methods
Prevention: Needed education for parents, families, caring adults

Can be part of problem
What to look for
Declining Rx pain meds
Locking up pain meds
Multicultural families
Prevention: Needed education for prescribers, providers

Accountability
Educating patients about use, storage, disposal
Use of SUD screening tools
Legal changes enacted
Prevention: Needed education for schools, educators

Evidence-based practices
Beyond just substances
Support and awareness
Prevention: Needed education for employers

Employee Assistance Program
HEA 1007-2018: best practices employees who test positive
Prevention messaging tools
Strategic prevention plan needed

Could use:
- Social media
- PSAs
- Online toolkits
- Newsletters, blogs
- Billboards
- Peer influencers
- Rallies, events
Naloxone (Narcan)

Important prevention tool
Available without Rx
Cost going up
Need to get into more hands
Intervention
Intervention definition

Recognition of problem and change agent who can work to start solution

Realize opioid/substance use problem and want to enter treatment, recovery
Intervention: Two levels

1. Interpersonal
2. Systems
Intervention: Start of system of care

- **Intervention**
  - People
  - System

- **Treatment**
  - Professional care
  - Immediate needs met

- **Recovery**
  - May follow or happen concurrently with treatment
  - Long term

Transition points
Intervention audiences

People with OUD, SUD
Family members of those with OUD, SUD
Teens, young adults
Vulnerable populations
Lawmakers
Faith leaders

Mental health providers
   Employee Assistance Programs (EAPs)
Healthcare providers
 Employers
Law enforcement
Courts
Social service agencies
Intervention needs

Ability to quickly connect with treatment, recovery services
   211/OpenBeds
What to look for
Intervention scripts

Understanding brain changes with OUD/SUD
More than one intervention
Reducing shame, stigma
Connects callers to open beds at in-patient, residential treatment facilities

Uses OpenBeds navigators

Screening tool
Making intervention more effective

1. Tactics
   - Personal stories
   - Counseling/therapy

2. Systems
   - Immediate access
   - Insurance coverage
   - Not punitive
   - 24-, 72-hour holds

3. Personal Relationships
   - Many forms
   - Multiple attempts
   - Support, not enablement
Intervention strategies

EDUCATION!!!!!
Outline for help
Educational outreach teams
Intervention plans, scripts, tactics available online

Engaging clergy, faith leaders
System-of-care team
Walk-in touchpoints
Intervention teams
Insurance coverage for intervention services
Treatment/Recovery
Treatment/Recovery definition

Treatment:
- Focus on abstinence
- Limited timeframe
- Structured
- Professional, clinical
- May occur with recovery

Recovery:
- Holistic
- May last for months, years
- Patient defines goals
- Less structured
- May follow treatment
T/R: Let’s work together

Desire for collaboration
Build on what already works
- Drug Court
- Syringe Services Program (SSP)
- Peer support programs
T/R: Underserved populations

Uninsured and underinsured people
Low-income populations
Jail population
Minority populations
Homeless population

LGBT population
People with chronic pain
Elderly
Rural populations
Poisoning revival patients
T/R: Needs of minority clients

Cultural competency, awareness needed
Mental health services in languages other than English
More professionals of color
Build trust
T/R: Support needed for families

Can be positive or negative
May be enabling or using
Few resources, services
T/R: Support needed from employers

Less discipline, more support
Opportunity for accountability
Treat as disease
Expand EAPs
T/R: Medication-assisted treatment (MAT)

Supported if part of larger treatment plan

Two types:
   Agonist (Methadone, buprenorphine)
   Antagonist (Naltrexone)

Need more MAT providers
T/R: Service needs

Capacity
More credentialed professionals
MAT
Telemedicine
More peer support
  Formal
  Informal
Payer dictates services
   Not what patient needs
Anecdote: Medicaid more services than private insurance
   Large number of private-pay clients

Additional licenses for reimbursement
   Licensed Addictions Counselors
   Licensed Family and Marriage Therapists
   HEA 1007-2018
Enforcement
Enforcement

“Can’t arrest our way out of this problem”

Market demand for opioids

Overlap with other subcommittees

Opioids larger than criminal justice system
Enforcement: Which is the bigger problem? BOTH

**Prescription**
- Less perceived risk
- Often starts innocently

**Illicit**
- Greater potency (fentanyl, carfentanil)
- Increased risk of harm
Enforcement: Rehabilitation

Prioritizing rehabilitation
   Drug Court
   HOPE probation
   Other programs

Still a role for punishment, incapacitation
Concern about lack of treatment services for ACJ inmates

Programs in other Indiana counties: JCAP
  Boone
  Dearborn
Enforcement: New programs

Comprehensive strategy for first-responders

Expand CIT to include SUD Mobile crisis assistance team (MCAT)

Involuntary holds

Police-Assisted Addiction and Recovery Initiative (PAARI)

Voluntary surrender for treatment services

Expand Drug Court regionally
Enforcement: Needed legislation

More treatment and related funding
  Recovery Works
Extending Lifeline Law to include opioids
Potential program funding

Grants
  Public sources
  Private sources

User fees
Other matters for consideration
Populations with specific needs

Minority, immigrant, refugee populations
Pregnant women with OUD
Children in families with improper opioid use
Importance of faith leaders

Many aren’t sure how to engage with people experiencing OUD, SUD

- Stigma around mental health

Need education
2018 Legislation

**SEA 221**: Phases in required use of INSPECT before prescribing

**SEA 139**: Requires coroners’ use of INSPECT, testing bodily fluids, report results

**HEA 1359**: Drug dealing resulting in death a felony

**HEA 1007**: Best practices for drug education, expanded counseling licenses, up to 9 new OTPs
Recap and next steps
Bright spots

Interdisciplinary commitment
Breadth of treatment and recovery services
Problem-solving courts
Syringe Services Program (SSP)
Naloxone (Narcan) without a prescription
What’s needed

Prevention education with emphasis on students, parents

Seamless transition between intervention and treatment, recovery

Resources to expand holistic treatment and recovery services

More treatment and recovery services for people in the criminal justice system

Reducing stigma
Where do we go from here?

• This is just the beginning
• Now the hard part...
• Workgroups for implementation
• Work with other groups
• Expand to regional focus
Volunteers and speakers bureau

Interested in being part of FATOS’s ongoing efforts or having a FATOS presentation at your organization?

Contact Shelby Bolinger

shelby@thelutheranfoundation.org
Download full report: www.pfw.edu/cri