United Way of Porter County

# UNITED AGAINST OPIOID ABUSE
# PORTER COUNTY LANDSCAPE SCAN
# 2019

United Way of Porter County

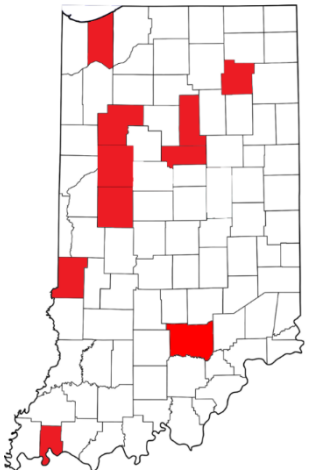
## UNITED AGAINST OPIOID ABUSE BACKGROUND

United Ways across the nation advocate for the health, education, and financial stability of every community member. Their goal is to create long-lasting changes by addressing the underlying causes of societal problems. In order to better understand the community's aspirations, United Way of Porter County conducted 55 community conversations with the Let's Talk Community Initiative. Nearly 300 Porter County residents attended the conversations and an emerging concern was the opioid epidemic and its effect on our community.

United Against Opioid Abuse is a three-year, statewide effort allowing ten United Way sites to utilize AmeriCorps members in their fight against the opioid epidemic. The site opportunities were selected based on the incidence rate of opioid-related deaths in communities throughout Indiana.

Placements were made at the following sites:

- Porter County
- Southwestern Indiana
- Greater Lafayette
- Whitley County
- Miami County
- Wabash Valley
- White County
- Howard County
- Montgomery County
- Jackson County



AmeriCorps is a voluntary civil service program whose members commit their time to address critical community needs. Under the United Against Opioid Abuse grant, AmeriCorps members provide additional supports that allow local United Ways to offer concrete value to existing coalitions working to combat or prevent substance misuse. Conducting community conversations and assessments, developing a landscape scan and asset map puts the United Way in a "macro" role of helping to look at the problem systemically and authentically.

Over the course of this program, 15 community conversations on the subject of the opioid crisis were conducted with 125 community members. Participants represented the recovery community, treatment providers, college and high school students, social service agencies, religious communities, and law enforcement. Below are some of the thoughts that rose to the top in the conversations. Additional thoughts and quotes are incorporated throughout this report.

- We need to work at having an accurate, common understanding of addiction.
- We need more, open honest dialogue that works towards normalizing addiction and mental health, as well as giving people a vocabulary in which to discuss it.
- Vulnerability invites vulnerability and sometimes you have to be brave enough to open up first.
- Trust needs to be built and earned, and we need to make this effort with our neighbors and with individuals in recovery.
- Diffusion of Responsibility can be actively combatted by recognizing it is occurring when we, ourselves make the decision to not do something in the assumption someone else will.
- Honest, realistic prevention.

- Develop connections to make the system of care fluid and easy to navigate.
- Bolster aftercare and recovery programming.
- Asset our skills, talent, and hobbies to share with our community, we have more to contribute than dollars or our job title.
- Harm reduction needs to be approached in an honest, pragmatic way.

The fight against the opioid epidemic is a formidable one. National and local data shows an issue far too great for one person or organization to take on alone. Community and regional collaboration is necessary to make a concentrated stand against the issue. United Way of Porter County has worked closely with community partners, coalitions, and stakeholders to gather the information within this landscape scan. Development of the landscape scan and asset map are tools in determining if there are gaps in service, unmet needs and identifying opportunities for collaboration amongst community organizations.

## WHAT ARE OPIOIDS?

Derived from the opium poppy plant, opioids include pain relievers available by prescription such as oxycodone, codeine, and synthetically produced fentanyl, as well as illicit drugs such as heroin. Opioids are a class of drugs that bind to receptors in the brain, spinal cord, and other areas of the body.[1] One of the brain circuits activated by opioids is the mesolimbic reward system. This system generates signals to release dopamine, causing the individual taking the drug to feel pleasure. Increasing exposure to higher dosages of opioids alters the brain so it functions normally when the drugs are present and abnormally when they are absent. Furthermore, the flood of dopamine during drug use causes the brain to become relatively insensitive to "normal" sources of pleasure.

A growing concern is the presence of fentanyl and fentanyl analogs in heroin and other illicit drugs. Fentanyl is a synthetic opioid that is 80-100 times stronger than morphine, and was originally developed to manage terminal patients' pain. Fentanyl is being mixed with heroin and other substances to increase its potency, but dealers and buyers may not know exactly what they are selling or ingesting. Fentanyl analogs are chemical compounds that have similar pharmacological and chemical properties to fentanyl. **Figure 2**[2] below shows how synthetic opioids such as fentanyl and fentanyl analogs have greatly contributed to the increase in overdose deaths.

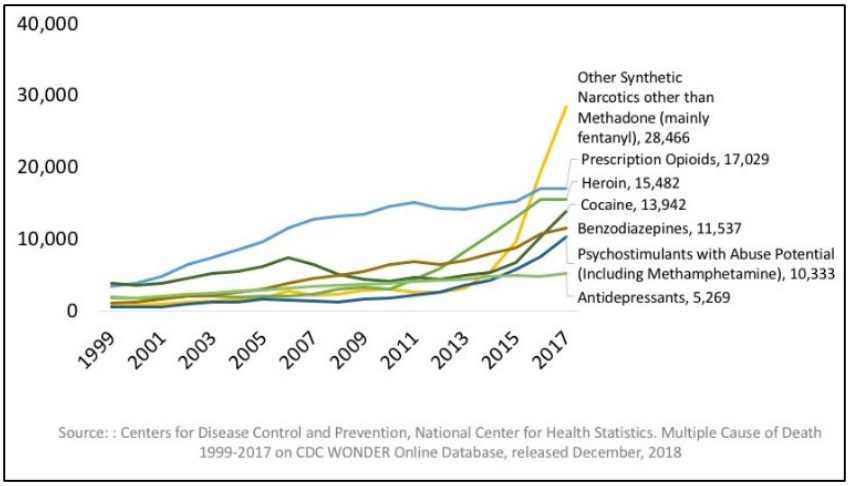



***Figure 2:*** *Drugs Involved in U.S. Overdose Deaths, 1999-2017*

Hundreds of synthetic substances have been introduced into the illicit drug market over the last ten years, but none of these drugs has had as drastic a consequence as the emergence of the synthetic fentanyl analogs. The emergence of numerous synthetic fentanyl analogs, including acetylfentanyl, acrylfentanyl, carfentanil, and more, are increasingly becoming more apparent in drug seizures, overdose cases, and public health warnings. Carfentanil, especially, is one of the most potent opioids known and used commercially. It is

[1] Kosten, T. R., & George, T. P. (2002). The neurobiology of opioid dependence: implications for treatment. *Science & practice perspectives*, *1*(1), 13-20.
[2] National Institute on Drug Abuse. Overdose Death Rates. January 2019; https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

10,000 times stronger than morphine and 100 times stronger than fentanyl.[3] The primary utilization of commercial carfentanil is as a tranquilizer for large animals so it presents a huge danger to those who ingest drugs spiked with the analog. The higher rates of drug overdose deaths, in part due to the increase in use of fentanyl and fentanyl analogs, has forced the federal and state government to take notice of the issue.

## NATIONAL AND STATE OVERVIEW

Every day, more than 130 people in the United States die from an opioid overdose. The misuse of and addiction to opioids is a national crisis that affects public health as well as the social and economic welfare of the nation. Life expectancy declined in the U.S. for the third year in a row largely due to the steady rise in drug overdose deaths, as seen in **Figures 3 and 4**.[4] 70,237 drug overdose deaths occurred in 2017, of which 47,600 involved opioids.

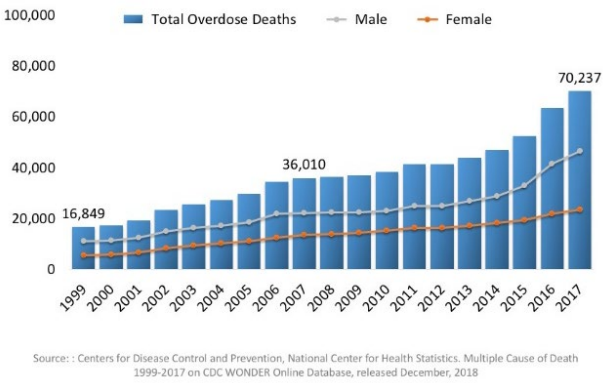



***Figure 3:*** *Number of U.S. Overdose Deaths, all drugs*

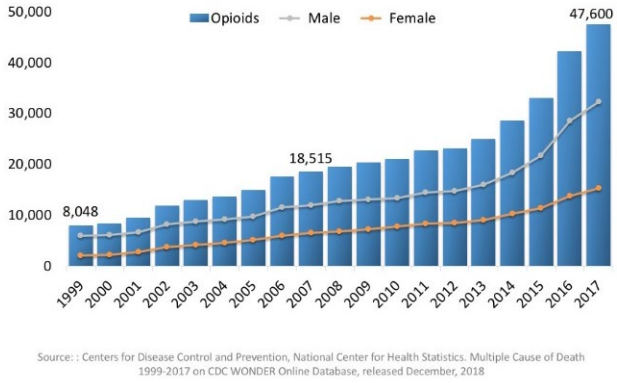


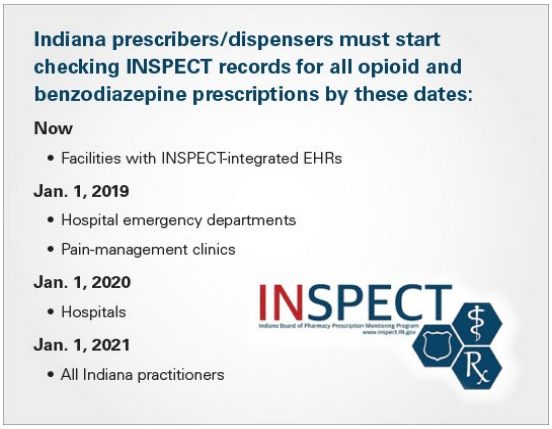

***Figure 4:*** *Number of U.S. Overdose Deaths, opioids*

Much of this issue arose from the over prescription of prescription opioids. According to the Department of Human Health and Services, an average day in the U.S. sees more than 650,000 opioid prescriptions dispensed and 3,900 people initiating nonmedical use of prescription opioids.[5] Supply mitigation of prescription painkillers plays a large part in the revitalization of prescription drug monitoring programs (PDMPs) and the publication of the CDC's *Guideline for Prescribing Opioids for Chronic Pain* in March of 2016.

States and hospitals have created technological platforms enabling PDMPs to track habits of prescribers and patients. Research and accumulated experience strongly suggest that PDMPs serve essential function in combating the prescription drug abuse epidemic.[6] [7] PDMP implementation can have positive effects, such as identifying and reducing doctor shopping, lowering/slowing controlled substance availability and prescribing, reduced medical and drug costs related to inappropriate prescribing, and improved health outcomes for some states.[8]

[3] National Center for Biotechnology Information. PubChem Compound Database; CID=62156, https://pubchem.ncbi.nlm.nih.gov/compound/62156 (accessed March 13, 2019)
[4] National Institute on Drug Abuse. Overdose Death Rates. January 2019; https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates
[5] US Department of Health and Human Services. The Opioid Epidemic: By the Numbers. Available at: https://www.hhs. gov/sites/default/files/Factsheet-opioids-061516.pdf. Published 2016. Accessed April 5, 2017.
[6] Wang, J. and Christo, P.J., The influence of prescription monitoring programs on chronic pain management. Pain Physician, 2009; 12:507-515. http://www.painphysicianjournal.com/2009/may/2009;12;507-515.pdf
[7] Morgan, L., Weaver, M., Sayeed, Z., Orr, R. The use of prescription monitoring programs to reduce opioid diversion and improve patient safety. Journal of Pain & Palliative Care Pharmacology, 2012, doi:10.3109/15360288.2012.738288 http://informahealthcare.com/doi/abs/10.3109/15360288.2012.738288
[8] Prescription Drug Monitoring Programs: Evidence-based Practices to Optimize Prescriber Use. (2016, December 15). Retrieved March 3, 2019, from https://www.pewtrusts.org/-/media/assets/2016/12/prescription_drug_monitoring_programs.pdf

The Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program is the state's prescription drug monitoring program and serves as a tool to address the problem of prescription drug abuse and diversion in Indiana. As of January 1st, 2019, any provider with a controlled substance registration (CSR) in Indiana must be registered with INSPECT. Secondly, CSR holder in hospital emergency department or pain clinic facilities must check INSPECT records every time they prescribe or dispense an opioid or benzodiazepine.




Failure of a CSR holder to register with INSPECT by this deadline, or to perform the duties as required, will constitute a Class A misdemeanor. Future provisions include practitioners who provide services to the patient in a hospital by January 1st, 2020 and all remaining Indiana practitioners by January 1st, 2021.[9] Programs such as INSPECT are put in place to encourage *responsible* prescribing and cut down on the effects of overprescribing.

**Figure 5**[10] illustrates how the prescribing rate per 100 persons changed through the national and state level pushbacks to overprescribing practices. Indiana opioid prescribing rates are consistently higher than national rates. In the data provided, Indiana reached its highest rate in 2012 at 110.5 opioid prescriptions per 100 persons. The national prescribing rate declined from 2012 to 2017, and in 2017, the prescribing rate was the lowest it had been in more than a decade at 58.7 prescriptions per 100 persons. Since 2012, Indiana opioid prescribing rates have been decreasing, as well as the difference in rates between the U.S. and Indiana.

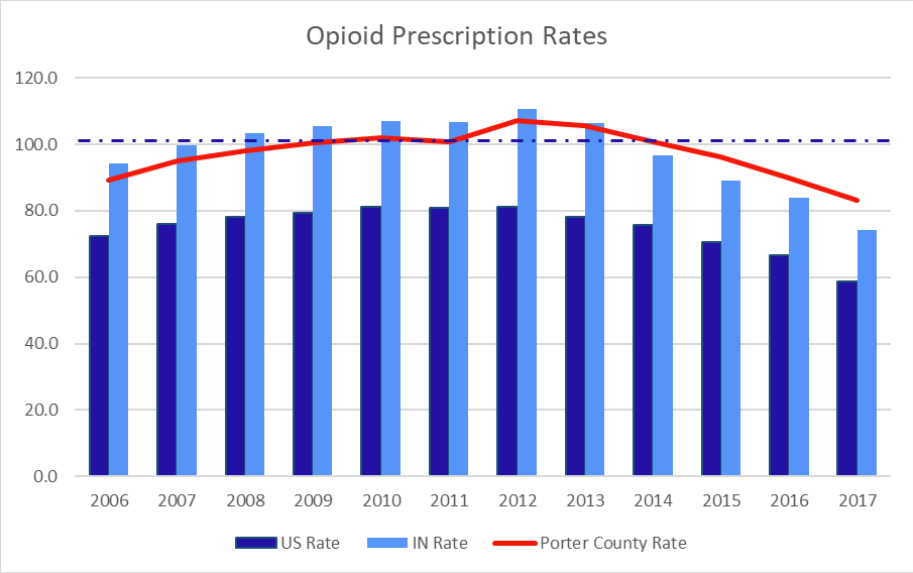



***Figure 5**: Opioid Prescription Rates per 100 persons, 2006-2017*

Prescribing rates are decreasing, but drug overdose fatalities continue to increase at an alarming pace. Patients who can no longer afford prescription painkillers, or no longer have access due to prescribing restrictions, have the potential to transition to illicit drug use in order to fulfill their addiction or pain needs. On the other hand, a recent growth in access to heroin has led to a shift in the initiating opioid substance, or the substance one first uses. A study on those entering substance use treatment found that use of heroin as an opioid initiator increased by 24.6% from 2005 to 2015. Those initiating with heroin first are inexperienced opiate users and, with fentanyl and fentanyl analogs appearing more, create a more dangerous situation for new users.

[9] Brady, M. (2018, June 11). New Indiana Laws Affect Physicians, CME. Retrieved from https://www.ismanet.org/ISMA/Resources/e-Reports/6-11-18/New_Indiana_laws_affects_physicians_in_INSPECT_usage_CME.aspx
[10] Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rates. (2018, October 03). Retrieved from https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

More than a decade into this crisis, the United States still lacks an integrated federal response to reduce the rates of overdose-related deaths. Thanks in large part to sustained efforts by health advocates, medical professionals, and those who have experienced this epidemic firsthand, the federal government has acted to address this growing and largely preventable crisis. In 2016, former President Barack Obama signed the Comprehensive Addiction and Recovery Act (CARA) and the 21st Century Cures Act, which contain provisions to increase access to evidence-based treatment for individuals with substance use disorder (SUD). On October 26th, 2017, the U.S. Government declared the opioid crisis a national public health emergency, and the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patient and Communities Act was signed into law on the one-year anniversary of the declaration. Many of its provisions will be beneficial for those with SUD and those at risk of SUD, such as improving pain management, support development of SUD treatment workforce, and eliminating barriers for referring patients to recovery homes.[11] Other provisions intend to increase access to evidence-based treatment and follow-up care, particularly for pregnant women, children, the rural population, and people in recovery. SUPPORT has the potential for success, but it is highly dependent on implementation at the state level.

This national issue has heavily affected Indiana, which is currently ranked 14th in the country for drug overdose death rate.[12] In 2017 alone, 1,852 Hoosiers died from a drug overdose, compared to 1,526 drug overdose deaths in 2016.[13]

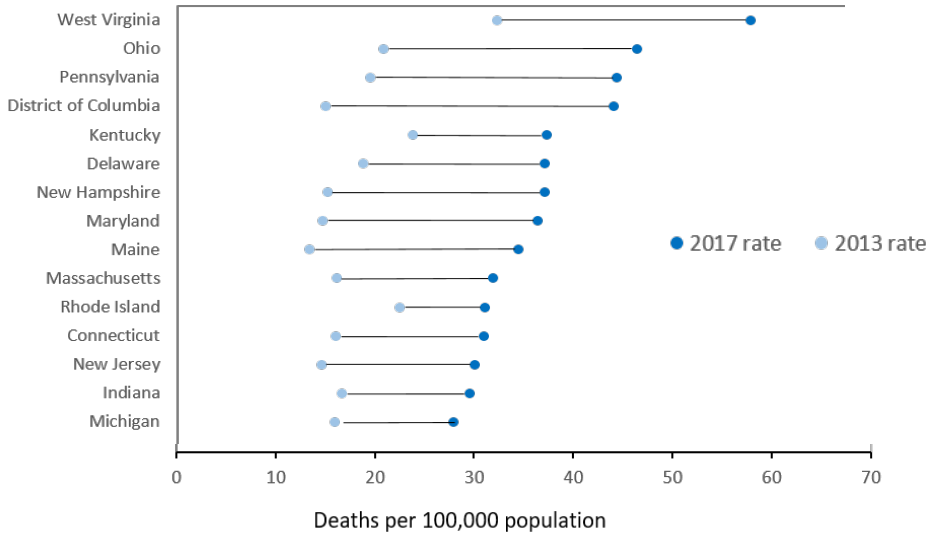



**Figure 6**: Age-Adjusted Rate of Drug Overdose Deaths, 2013 & 2017[14]

As we delve into overdose statistics, it is important to note that some numbers are grossly underestimated. The discrepancy lies in the reported poisoning deaths with no substance specified. They are included in the general drug poisoning data, but not in the statistics regarding a specific substance. A study published in the American Journal of Preventive Medicine recently found, on a national level, corrected opioid and heroin involved mortalities were 24% and 22% greater than reported rates, though that varies greatly between states.[15] Indiana had the second highest difference between the reported rate and the corrected rate

[11] SUPPORT for Patients and Communities Act, H.R. 6, 115th Cong. (2017).
[12] CDC WONDER
[13] CDC/NCHS, National Vital Statistics System, Mortality.
[14] Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths – United States, 2013-2017. Morbidity Mortality Weekly Rep. ePub: 21 December 2018.
[15] Ruhm, Christopher. "Geographic Variation in Opioid and Heroin Involved Drug Poisoning Mortality Rates." American Journal of Preventative Medicine 53:6, 745-753. https://doi.org/10.1016/j.amepre.2017.06.009

for opioid-involved mortalities at 104%, and the third highest difference for heroin-involved mortalities at 92%. It is important for a county coroners and state health departments to record accurate cause of death information to allow for more accurate reporting and assessment of the crisis.

Historically, drug overdose deaths have often been classified on death certificates as resulting from "multi-drug toxicity" or simply "drug overdose" without specifying the drug that caused the fatal overdose. Comprehensive toxicology testing is essential to identifying which substances are associated with overdose deaths. As of July 1, 2018, under a new law enacted by the Indiana General Assembly, all Indiana coroners are required to conduct a toxicology screening to gather standardized information on suspected controlled substances in fatal overdose cases.[16] Part of this new law will require coroners to access INSPECT records of a person who has died of a suspected overdose. However, these toxicology reports cost hundreds of dollars each, which can strain county budgets.[17]

The economic toll of the opioid crisis is estimated to have cost the state of Indiana $43.3 billion from 2003 to 2017, with an estimated $4 billion in 2018.[18] These numbers are largely attributed to loss in job productivity and an increase in services expended by the state to combat the issue. This cost is also driven by the increased need for foster care for children who are being removed from unsafe home conditions due to parental substance abuse.

The medical, social, and criminal justice services needed to address this issue are substantial. A brief look in healthcare shows a small portion of the services they render to those with substance use disorder. The healthcare field is combating the opioid crisis head on. Besides handling overdoses, neonatal abstinence syndrome (NAS) and drug use-related health problems are becoming an increasing worry. NAS is a condition in which a baby is born dependent on the drugs they were exposed to in the womb. If a baby is born dependent on opiates, they are commonly given morphine or methadone to ease withdrawal symptoms and tapered off once symptoms are controlled. Withdrawal symptoms for an infant with NAS can last anywhere from one week to three months. The average hospital cost for an infant diagnosed with NAS is $97,555 as opposed to $4,167 for infants without NAS. In 2014, total hospital costs for 657 NAS diagnosed infants in Indiana was $64 million.[19]

Additionally, healthcare facilities in Indiana are seeing an increase in drug use-related problems such as HIV and Hepatitis C (HCV), which correlate strongly with injection drug use. People living with HIV are at risk of developing coinfections such as HCV because HIV weakens the immune system, leaving the body more vulnerable to other infections and illnesses. Over half of people who become HIV infected through injecting drugs also become infected with HCV.[20] In 2015, Indiana experienced an HIV outbreak in Scott County where 231 individuals tested positive for HIV, and 215 of those individuals were co-infected with Hepatitis C.[21] The lifetime cost of HIV treatment is estimated at $379,668[22] while Hepatitis C medication is estimated to be $40,000 for Medicaid programs.[23] The additional medical costs associated with injection drug use places financial strain on the person who uses drugs (PWUDs) and the treatment facilities.

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[16] Indiana State Department of Health. Toxicology Surveilance. October 2018; https://www.in.gov/isdh/27923.htm
[17] National Public Radio. Omissions on Death Certificates Lead to Undercounting of Opioid Overdoses. March 2018; https://www.npr.org/sections/health-shots/2018/03/22/595787272/omissions-on-death-certificates-lead-to-undercounting-of-opioid-overdoses
[18] Brewer, Ryan. "The economic impact of opioid misuse in Indiana." Indiana Business Review 92:4, Winter 2017. http://www.ibrc.indiana.edu/IBR/2017/outlook/opioid.html
[19] Duwve, Joan, Suzanne Hancock, Cindy Collier, and Paul Halverson. "Report on the Toll of Opioid Use in Indiana and Marion County with Recommendations for Improving Health and Well-Being." IU Richard M Fairbanks School of Public Health: September 2016.
[20] U.S. Department of Veterans Affairs. HIV/AIDS for Veterans and the Public. n.D. https://www.hiv.va.gov/patient/diagnosis/coinfection-single-page.asp
[21] ISDH Stats Explorer
[22] 2010 Dollars
[23] Centers for Disease Control and Prevention. Access to clean syringes. August 2016; https://www.cdc.gov/policy/hst/hi5/cleansyringes/index.html

## Porter County Overview

Its proximity to Chicago and miles of highway access puts Northwest Indiana in a precarious position. Drug trafficking organizations take advantage of this and use Northwestern Indiana as a shipment point for drugs destined for the Midwest.[24]

As seen in **Figure 5**, opioid prescription rates in Porter County peaked in 2012 at 107 prescriptions per 100 people. It has since decreased to 83.2 prescriptions per 100 people, but it is still higher than both the current national and state averages. Thanks to prescribing restrictions and the implementation of INSPECT, the state's death by drug poisoning trend is steadily decreasing.

In Figure 7 below, the data from the Indiana State Department of Health provides a trend line to evaluate Porter County poisoning deaths by any drug vs any opiate, keeping in mind underreporting affects this trend and opiate deaths are likely higher than actually reported. In an effort to resolve underreporting of opioid and heroin deaths, the Porter County Coroner's office began to release quarterly reports with drug specific causes for all relevant deaths in the county. As that is a fairly new occurrence, long-term trends are more evident in data from the ISDH as shown in **Figure 7.**

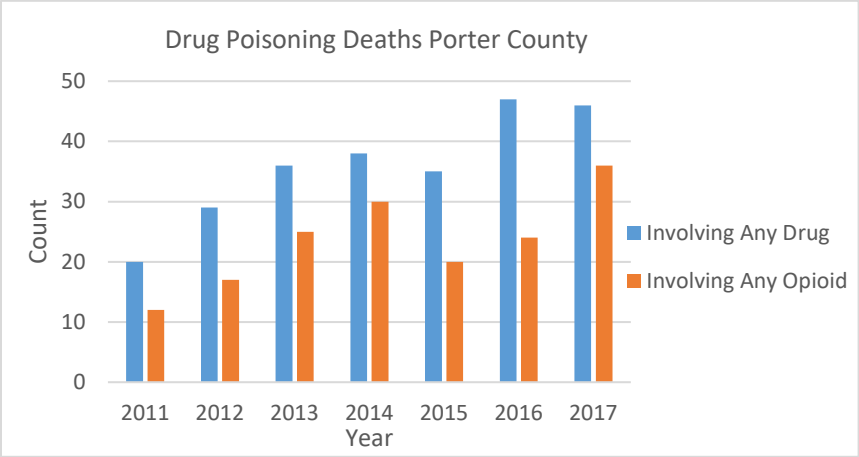


**Figure 7**: *Drug Poisoning Deaths Involving Any Drug & Any Opioid; 2011-2017*

For every fatal drug overdose, there are many more nonfatal overdoses, each one with its own emotional and economic toll.[25] Nonfatal overdoses have a higher count than fatal overdoses because of harm reduction tools such as Naloxone, commonly known as Narcan. Paramedics and law enforcement are encouraged, if not required, to carry Narcan on their person to administer in the case of an opioid overdose. The general population are able to carry Narcan, as well, and it can be obtained from the local health department.

**Figure 8** displays the recent surge in nonfatal emergency department visits due to opioid use. These occurrences should be used as an opportunity to provide access to SUD treatment for PWUD.

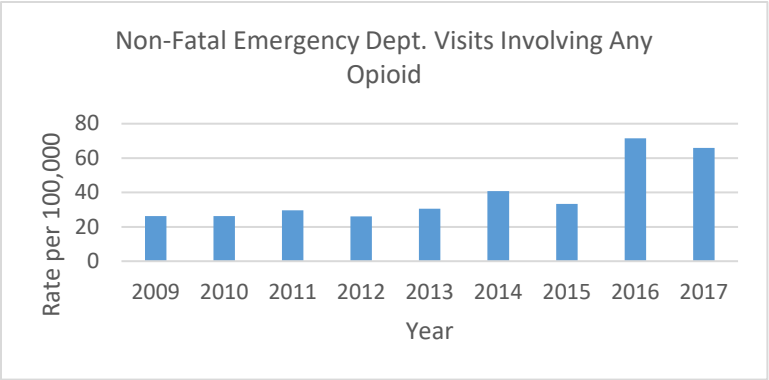


**Figure 8:** *Non-Fatal Emergency Department Visits Involving Any Opioid; 2009-2017*

[24] National Drug Intelligence Center. Indiana Drug Threat Assessment. April 2001; https://www.justice.gov/archive/ndic/pubs0/660/overview.htm
[25] Centers for Disease Control and Prevention. Nonfatal Drug Overdoses. August 2018; https://www.cdc.gov/drugoverdose/data/nonfatal.html

As mentioned above, receiving or transmitting HIV and viral hepatitis are real concerns when an individual is an injection drug user. HIV and HCV are blood borne diseases that are spread through the sharing of needles. HIV can survive in a used needle for up to 42 days, depending on environmental factors.[26] Over half of the people who become HIV infected through injecting drugs also become infected with HCV.[27]

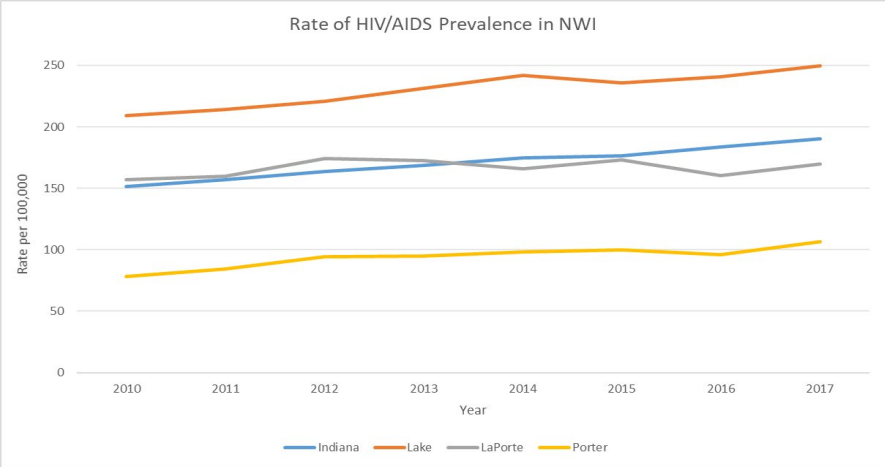


**Figure 9:** *Rate of HIV/AIDS Prevalence in NWI; 2010-2017*

**Figures 9** and **10** are from data provided by the ISDH and shows the rate of HIV/AIDS and HCV prevalence in NWI. HIV/AIDS rates are slowly, and steadily, increasing for Porter County, but is still lower than Lake County, LaPorte County, and the state rate.

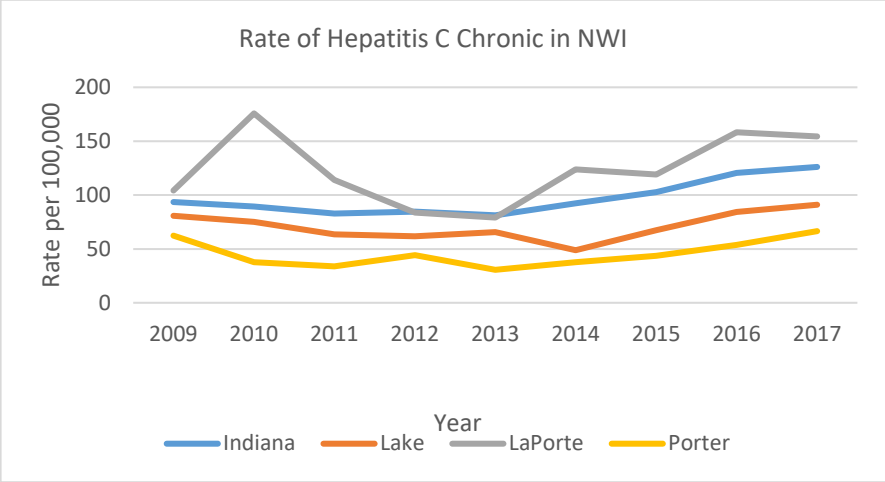


**Figure 10:** *Rate of Hepatitis C Chronic in NWI; 2009-2017*

## STIGMA

The stigma and shame of addiction has much to do with the perception that substance use disorder is a moral or criminal issue. Understanding that addiction impairs the brain in many ways is an important step in shifting the current paradigm. We heard individuals with SUD describe the progression of the disease.

*"I want people to understand how it takes over your life and how it affects people."*

On the substance use spectrum there are a variety of users. When the rewards of not using outweigh those of using, there are individuals who can stop. However, the more severe the diagnosis, the less likely they will be able to stop of their own accord. Understanding there is a biological factor in these problematic and often life-threatening behaviors changes the structure in which addiction is treated as anything other than a disease.

*"If I could teach society something, like all at once, it would be that addiction is a disease, a primary disease that can exist on its own…take the disease away and get to know the wonderful people without it."*

[26] CDC. Injection Drug Use and HIV Risk. May 2019; https://www.cdc.gov/hiv/risk/idu.html

[27] U.S. Department of Veterans Affairs. HIV/AIDS for Veterans and the Public. n.D. https://www.hiv.va.gov/patient/diagnosis/coinfection-single-page-asp

*"The people who use aren't bad people. The addiction causes them to do things they wouldn't otherwise do. If it wasn't for the addiction, I wouldn't have done most of what I've done. We are not bad people."*

We need to recognize their value and give value to their experience. They are the experts on this issue and should be consulted as such. With more effort towards reducing stigma, our community can realize the crucial capacity and resource we have in them.

## PREVENTION

With this specific subject, prevention is understood as any activity designed to avoid substance use initiation, substance misuse and reduce its health and social consequences.[28] Awareness and education are key portions to the prevention framework; however, it is vital for these efforts to be evidence-based. This simply means the practices and information have been rigorously researched and vetted to ensure desired outcomes.

When talking about prevention, we heard time and time again that prevention needs to start early. To clarify, when we speak of prevention in this context, especially early on, this is not discussing drugs and their effects – this is teaching and learning life skills and coping mechanisms in a deliberate way. We need to show them constructive methods in which they can navigate in and around these issues. It is reasonable to assume children and young adults will encounter a situation where they are given the chance to engage in risky behavior, so why not prepare them to the best of our ability. There were mixed feelings on the exact components of what these prevention programs should look like; however, the uncontested opinion from our community conversations was lived experience is the most impactful. Both students and adults found that an individual in recovery or a parent who had lost a child to addiction were going to be more relatable and credible. The students, particularly, wanted to hear from someone their own age who struggled with substances or knew someone who had struggled.

*"It's just older people coming to talk, I don't know anyone my age who is addicted."*

*"It made me want to try it more."*

It is not enough to tell a child to stay away from substances when they are besieged by media, and sometimes their peers, promoting its use. They have a wealth of knowledge at their fingertips to disprove exaggerations or half-truths regarding substance use. What they do not have is the perspective or life experience to always know what to look for or the ability to place that information in the right context. Young people want to be talked to in an open, honest manner.

*"All of the drug education told us not to do it or we would go to jail or die."*

Students were asked who they feel safe going to, without fear, to ask questions or request help regarding substance use. A number said parents and listed a teacher or two they would feel comfortable approaching. A concerning amount said no one or they did not know who they could talk to without getting in trouble. In the context of learning about self-esteem and navigating the internet safely, they expressed that there was a lack of any information. The general consensus was more resources need to be available so if they did have questions, or were struggling with substance misuse, they would know where to go for help.

*"It's such a new thing, at the point where adults don't know enough about it to teach about it."*

Prevention education needs to set young people up for a successful existence in a world without a highly structured environment, such as those that may exist at home or school. Early identification and intervention are important because it is easier, and more efficient, to stop the problem before it occurs rather than address it at its worst. The most overwhelming concerns parents voiced was how to identify the signs in their children,

[28] Medina-Mora ME. Prevention of substance abuse: a brief overview. *World Psychiatry*. 2005;4(1):25–30.

what to do for your child if it does happen, and calling for more expanded parental education. Adults need to familiarize themselves with this issue and work with the children to determine the best course of action.

## TREATMENT

The neuroscience behind the observed and measurable processes in addiction help to clarify the goals of treatment. Agonist medications (such as methadone and buprenorphine) can stabilize the craving brain while the planning and reasoning processes relearn to function normally.

Medically-assisted treatment (MAT) utilizes behavioral therapy and medication to treat substance use disorders. There are three medications commonly used to treat opioid addiction: methadone, naltrexone (known as Vivitrol), and buprenorphine (Suboxone and Subutex). Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. The medication portion of treatment aims to reduce psychological cravings and physical withdrawal symptoms. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. Medical and behavioral health groups, including the American Society of Addiction Medicine and the National Council for Behavioral Health, and federal entities including the White House Office of National Drug Control Policy and the U.S. surgeon general, support this approach to opioid use disorder.[29] There are successful treatment programs in place, but they are not being taken advantage of by those with SUD.

The state of Indiana commissioned an external evaluation of the current treatment system in order to discover any barriers one would face when seeking or accessing treatment. The assessment found those with SUD have difficulty seeking treatment due to a history of mental health/trauma, internalized stigma, stigma of MAT and OUD, fear of withdrawal, and the loss of their social network.[30] These are powerful motivators for one not to seek treatment, and can hold someone back from making that decision to seek help.

Fear of withdrawal is a concern for many who are considering treatment. Interviewed individuals described how it felt like they were going to die. They experience pain, nausea and vomiting, diarrhea, sweating, depression, and anxiety. Withdrawal occurs because the brain grows accustomed to the presence of opioids and overproduces noradrenaline (NA) to combat the depressant symptoms of opioids.[31] Normal production of NA stimulates wakefulness, breathing, blood pressure, and alertness. When opioids are no longer present, the body is flooded with NA, producing the symptoms of withdrawal.

*"When I first started using, it was not a big deal but then, when I got sick, it was like my life was over."*

Even if they were to work past these initial barriers, additional factors can waylay accessing an appropriate treatment program. Identified barriers to accessing treatment included: lack of evidence-based treatment information, cost of treatment and lack of coverage, lack of transportation, they are pregnant and fearful of getting in trouble. These are all very real concerns individuals with SUD have to face when determining if they are ready for treatment. With these barriers in place, it can discourage people from getting the care they need and further the effects of SUD on the community.

People told us repeatedly of the desire to seek help and not knowing what to do. The first step towards recovery is "hard and scary" and that is punctuated by a lack of resources and facilities within a fragmented process. There are not a lot of option known to people struggling with addiction, especially those released from

[29] Substance Abuse Mental Health Services Administration. Medication-Assisted Treatment (MAT) Support Organizations. September 2015; http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations
[30] The Pew Charitable Trusts. Substance Use Disorder Treatment Policy Recommendations. September 2018; https://www.in.gov/recovery/files/Pew%20Report_Indiana_Sep%202018.pdf
[31] Kosten, Thomas R., and Tony P. George. "The Neurobiology of Opioid Dependence: Implications for Treatment." *Science & Practice Perspectives* 1.1 (2002): 13–20.

incarceration. All expressed the idea of centralization of services or a services information bank to make the process easier.

> *"Addicts need to be reminded and given a direction to go. There should be a station where someone can come and ask questions rather than just going to jail and getting in trouble."*

Individuals were interested in the prospect of having a detoxification center in Northwest Indiana, but wrestled with the question of what would happen after. There is not a system in place to take a person from detoxification through the recovery steps. For a detoxification center to be successful, the process through recovery would need to be a smooth, seamless transition, and coordination from the facilities involved.

## RECOVERY

Evidence-based treatment is one invaluable component of addressing the opioid crisis, but prevention, recovery services, and harm reduction play an important role and can act in a complementary manner to treatment. The four cornerstones that make up recovery are health, home, purpose, and community.[32] The recovery support services in the community advocate for and provide these cornerstones. 12-step meetings are held multiple times a week at a variety of locations. The basic premise of the 12-step model in addiction treatment is creating a community where people can help one another achieve and maintain their recovery. Recovery homes make housing available to those exiting a treatment program or incarceration, and provide a structured, supportive living environment. Those in recovery can use these homes to reestablish themselves and feel confident in their recovery journey. More than one person expressed the need for more halfway houses and sober living options.

> *"There were times when [they] genuinely wanted to get clean, but couldn't because all of the halfway houses were full."*

The process of recovery is personal and highly individualized. What works for one person may not work for another. Most recovery support services promote relationship building; creating an environment where those in recovery feel supported and encouraged to maintain their recovery. Including family and friends in one's recovery journey is encouraged as they comprise a social network providing support and structure to the individual in recovery. Additionally, involving family and friends can help address the stigma and misplaced beliefs they have about SUD.

SUD is a chronic disease, and thus, resuming drug use is a possibility even if one has been in stable recovery for years. This can be fatal because the body's tolerance of the substance has decreased.

## HARM REDUCTION

Harm reduction focuses on implementing cost-effective measures to reduce risks that drain resources and threaten the well-being of the community. This concept is designed to mitigate dangers, but not necessarily to solve the overall issue that leads to those dangers. Harm reduction encompasses a variety of health and social services and practices that apply to illicit and licit drug use. These include, but are not limited to, administration of Narcan, needle exchange or syringe service programs, and safe injection sites.

Needle exchange, or syringe service sites, are community-based programs that provide access to sterile needles, and facilitate the safe disposal of used needles. Persons who inject drugs can substantially reduce their risk of getting and transmitting HIV, viral hepatitis and other blood-borne infections by using a sterile needle for each injection.[33] Most of these programs offer prevention materials (i.e. alcohol swabs, sterile water, condoms)

[32] Substance Abuse and Mental Health Services Administration. Recovery and Recovery Support. May 2019; https://www.samhsa.gov/find-help/recovery
[33] CDC. Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services.*MMWR* 2012; 61(RR05);1-40.

and services, such as safer injection practices; overdose prevention; referral to SUD treatment programs; HIV and hepatitis C testing. A number of counties in Indiana have implemented needle exchange sites, most notably in Scott County, mentioned on page 7, where an HIV outbreak led to the declaration of a public health emergency and subsequent formation of a needle exchange program. Northwest Indiana does not yet have a needle exchange program.

Some of the harm reduction tools are controversial, but there is evidence to support increasing availability and utilization of needle exchange programs reduces HIV infection substantially. Additionally, after almost two decades of research, there is no solid evidence that these programs increase the initiation, duration or frequency of illicit drug use or injection.[34] Needle exchange programs are only one way of increasing the availability of sterile injection equipment.

## CONCLUSION

Porter County has made progress in addressing some of the issues, but it needs to continue to try and improve the deficits. A comprehensive community approach with a detailed strategy is needed to wholly address the topic of opioids in our neighborhoods, schools, workforces, and general population. There are organizations and people in this community who are dedicated and working towards eliminating the barriers and difficulties those with SUD face. Whether they are implementing prevention programs or finding resources to connect people to treatment and recovery, they are all working towards a common goal. Ultimately we want to live in a community system that works to reduce the likelihood people will initiate illicit drug use, but also be willing to engage those who do use substances and provide the resources needed.

The Porter County Substance Abuse Council (PCSAC) is in the process of placing sharps disposal boxes across the county to improve community safety and will be placed at a variety of sites. They have also started a segment titled “Matters of Substance” on WVLP discussing how SUD plays a role in our community. Drug take back events are held in Northwest Indiana to help individuals dispose of unused prescription pills and cut off one source of drug diversion.

The drug climate is constantly evolving. For several months, drug use trends and media will focus on a substance, and then there will be a shift based on availability of a new drug, a new method of transporting it in and around the country, or perhaps targeting a new demographic with the substance. So while opioids have been the focus of much discussion, methamphetamine and cocaine laced with fentanyl have been making a higher appearance. Commitment to this issue will help those who need it and better our communities overall.

[34] WHO. Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injection Drug Users. 2004; https://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf