Opioid Use & Health in Indiana

Barriers to Opioid Use Reduction in Indiana

- Community stigma against people with opioid use disorder and evidence-based treatment.
- Lack of transportation makes treatment participation difficult.
- Lack of coverage for many treatment and supportive services that are known to improve outcomes for opioid use disorder.
- Patients are reluctant to engage in evidence-based treatment due to messaging based on stigma around treatment in the community.
- Lack of collaboration between providers in many communities.
- Inadequate funding for treatment and supportive services.

Health in Indiana

- Overall Health Ranking: 39th OUT OF 50
- Public Health Funding: 49th OUT OF 50
- Drug Deaths: 35th OUT OF 50
- Opioid Prescriptions: 11th HIGHEST OUT OF 50

Syringe Exchanges and Rural Health

Although approximately 50 percent of the persons who inject drugs in the United States are estimated to live outside major metropolitan areas, only an estimated 5.8 percent of syringes were exchanged in rural locations.

Preliminary data show that more than 64,000 Americans died of a drug overdose in 2016. The opioid epidemic is America’s deadliest overdose crisis ever. In comparison, more than 58,000 US soldiers died in the entire Vietnam War, nearly 55,000 Americans died of car crashes at the peak of such deaths in 1972, more than 43,000 died due to HIV/AIDS during that epidemic’s peak in 1995, and nearly 40,000 died of guns during the peak of firearm deaths in 1993.

Only 10% of those who need treatment for opioids receive it. Four out of five people who need treatment can not receive it in Indiana due to capacity limitations. Many counties in Indiana have no EB opioid treatment providers.

Indiana led the nation in decreasing opioid prescribing last year, yet we still remain the 11th highest prescribing state with 83.9 opioid prescriptions per 100 people. In 2012, Indiana had 109 opioid prescriptions per 100 people.
Current Research & Response to the Opioid Crisis

**IMAP (Indiana Medication Assisted Treatment Project)**

The goal of IMAP is to decrease barriers between medication assisted treatment (MAT) providers and individuals with opioid use disorder living in Porter, Starke, and Scott counties. MAT refers to the use of medications in combination with counseling and behavioral therapy for the treatment of substance use disorders. To date we have found that both providers serve very similar populations despite different eligibility requirements and community contexts. Clients largely express satisfaction with programming, and data are showing positive improvements regarding key outcomes such as substance use, employment, income, and emotional and physical health.

**PFS (Prevention for States)**

We are conducting a CDC-funded evaluation of opioid-related policies in Indiana enacted between 2013 and 2015 in collaboration with the Indiana State Department of Health. By monitoring toxicology reports from fatal drug overdose deaths we have been able to detect increases in illicit fentanyl and heroin over time and have detected increased deaths among African American females in Marion County. From the postcard survey, we have learned that the Good Samaritan law requiring individuals to call 911 after administer naloxone is largely being followed by respondents. However, a sizable minority have indicated they are either unaware of the law or did not call 911 due to fear of police or because they felt the person was fine after naloxone administration.

**POINT (Planned Outreach, Intervention, Naloxone & Treatment)**

POINT is an emergency department (ED)-based intervention for connecting opioid overdose survivors to medication assisted treatment. With support from the Fairbanks Foundation, we are currently conducting an evaluation of POINT in the Eskenazi ED where it was developed. Early evaluation work in the Eskenazi ED has demonstrated the POINT recovery coach (i.e., a person in recovery for substance use disorder who provides support services) is essential for engaging patients and conducting assertive outreach.

**Indiana Harm Reduction Conference**

The Fairbanks School of Public Health, along with faculty from other schools at IUPUI and the School of Public Health at IU Bloomington, will convene a harm reduction conference in 2018 that will equip current and future health professionals with the skills and tools needed to serve as a crucial lifeline to those struggling with addiction. This effort will be funded by the IU Grand Challenge in response to the addiction crisis.

**Project ECHO**

ECHO uses technology to leverage scarce resources, reduce disparities in care by de-monopolizing knowledge, provide case-based learning to enhance mastery of complex information and increase impact, and use web-based databases to monitor outcomes. Today, Project ECHO has over 50 hub replication partners globally, with over 40 sites in the U.S. and more than 20 programs operating in 12 countries addressing more than 40 complex care conditions. The Fairbanks School of Public Health is a partner in two ECHO projects that will expand treatment capacity in Indiana for Hepatitis C and Opioid Use Disorders. We are actively working on building ECHO programs addressing HIV treatment and Chronic Pain Management.

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