The Opioid Epidemic and HIV Outbreak in Indiana: Epidemiology, Response, and Lessons Learned

Joan M. Duwve, MD, MPH
Associate Dean for Public Health Practice
Indiana University Richard M. Fairbanks School of Public Health
Chief Medical Officer
Indiana State Department of Health
At the conclusion of this program, participants will be able to:

• Understand the Epidemiology of the opioid epidemic and the HIV outbreak linked to injection drug use of prescription opioids in Southeastern Indiana

• Describe the State and community level responses

• Identify lessons learned and priority strategies for responding to the opioid epidemic
How the Epidemic of Drug Overdose Deaths Ripples Across America
By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016

Overdose Deaths Involving Opioids, United States, 2000-2015

- Any Opioid
- Commonly Prescribed Opioids (Natural & Semi-Synthetic Opioids and Methadone)
- Heroin
- Other Synthetic Opioids (e.g., fentanyl, tramadol)

Deaths per 100,000 population

CDC
Number of Deaths from Prescription Opioid Pain Relievers

USA

Source: National Center for Health Statistics, CDC Wonder
Drug Poisoning Death Rates* per Year
Indiana vs. US
2003-2015

Source: CDC/WISQARS
*Crude Rates: per 100,000 people
Percent Change in Leading Causes of Injury Death*—Indiana, 1999–2009

- Unintentional Poisoning: 501.5%
- Unintentional MV Traffic: 30.8%
- Suicide Firearm: 13.9%
- Homicide Firearm: -11.1%

*Age-adjusted rates

Source: WISQARS
Drug Overdose Deaths, Indiana
2010 – 2016*

*2016 data is provisional. Provisional data is subject to change.
Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
Health care providers in different states prescribe at different levels.

Number of painkiller prescriptions per 100 people

Lowest

AZ 82
NE 79
WA 77
ND 75
TX 74
IA 73
CT 72
CO 71
WY 70
VT 67
AK 65
NJ 63
NY 60
MN 62
HI 52
CA 57

Average

SC 102
NC 97
NV 94
DE 91
RI 90
PA 88
DC 86
ME 85
MS 120
AR 116
MI 107
AL 143
WV 138
TN 143
OK 128
KY 128

Highest

OH 100
MO 95
KS 94
GA 91
OR 89
UT 86
ID 86
IN 109
LA 118

State Abbreviation — GA 91 — Number of painkiller prescriptions per 100 people

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Drug Poisoning Deaths with Heroin, Indiana 2008-2015

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
Gaps in Treatment Capacity, 2012
(2012 rates per 1,000 people ≥12 years of age)

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol are 2x
- Marijuana are 3x
- Cocaine are 15x
- Rx Opioid Painkillers are 40x

...more likely to be addicted to heroin.

Map 9.3  Average Age-Adjusted Prescription Drug Overdose Mortality Rate per 100,000 in Indiana, by County (Indiana Mortality Data, 2002-2014)

Avg. Age-Adjusted Rate
- Unstable Rate
- 0.0 - 12.0
- 12.1 - 16.4
- > 16.4

Note: Includes ICD-10 causes of death: X40, X41, X42, X43, X44, X60, X81, X62, X63, X64, Y10, Y11, Y12, Y13, and Y14.
Rates based on number of deaths <20 are not computed, but marked unstable ("U").
Source: CDC, 2016
Non-fatal Emergency Room Visits Due to Drug Overdoses, (Rate per 100,000 Population) 2015
Indiana community's HIV outbreak a warning to rural America

AUSTIN, Ind. — This small, close-knit community is a picture of rural America, with stubble-filled cornfields and a Main Street lined by churches, shops and sidewalks. It's also the unlikely epicenter of the largest outbreak of HIV, the AIDS virus, in Indiana's history — and a warning to the rest of the nation.

Public health experts say rural places everywhere contain the raw ingredients that led to Austin's tragedy. Many struggle with poverty, addiction and doctor shortages, and

How an HIV outbreak hit rural Indiana — and why we should be paying attention

By Danielle Paquette  March 30

Containers holding discarded syringes as part of a needle exchange program in Austin, Ind. 

AUSTIN, Ind. — She became addicted to painkillers over a decade ago, when a car wreck left her with a broken back and doctors prescribed OxyContin during her recovery. Then came a new prescription opiate, Opana, easily obtained on the street and more potent when crushed.
Scott County, Indiana

- Population: 24,000
- High poverty (19.0%)
- High unemployment (8.9%)
- Low educational attainment (21.3% no high school)
- Ranked last among 92 counties in a variety of health and social indicators, including life expectancy

Sources: U.S. Census [http://quickfacts.census.gov/qfd/states/18/18143.html]; Indiana State Health Department [http://www.in.gov/isdh/17397.htm]
Indiana HIV Outbreak Overview

- **Dec. 2014:** 3 individuals from Austin, IN diagnosed with HIV
  - DIS learned 2 had a common needle-sharing partner
  - Contact tracing → 8 additional infections by January 23
  - Only 5 HIV infections had been reported 2004-2013

- **March 27, 2017:** 215 individuals diagnosed with HIV
  - Linked to Austin, IN
  - Most are from a single strain of HIV
  - 95% co-infected with Hepatitis C

- **Source of HIV transmission:** injection of the prescription opioid, oxymorphone (OPANA® ER)
Disease Intervention Specialist (DIS) Investigation

- Identify risk factors for HIV infection
  - Sexual
  - IDU
  - Other

- Explore risk behaviors
  - MSM
  - Syringe sharing
  - Commercial sex work

- Elicit information about partners in the past 12 months
  - Injection partners
  - Sexual
  - Social contacts (who could benefit from an HIV test)
HIV testing performed in response to an HIV-1 outbreak associated with injection of prescription opioid oxymorphone by positivity, by month of test, Southeastern Indiana (n=2,804)
Epidemic Curve 3.27.2017

Specimen Collection Date

Case Count
## Contact Tracing and HIV Testing 3/27/2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Named Contacts</td>
<td>538</td>
</tr>
<tr>
<td>Tested</td>
<td>479 (89%)</td>
</tr>
<tr>
<td>Refused testing</td>
<td>14 (2.6%)</td>
</tr>
<tr>
<td>Unable to locate</td>
<td>29 (5.4%)</td>
</tr>
<tr>
<td>Other</td>
<td>16 (3.0%)</td>
</tr>
<tr>
<td>Other Tested</td>
<td>35</td>
</tr>
<tr>
<td>Total Tested</td>
<td>514</td>
</tr>
<tr>
<td>HIV positive</td>
<td>215 (42%)</td>
</tr>
</tbody>
</table>
Demographics of individuals infected with HIV (N=189)

- 58% male
- 98% non-Hispanic white
- Median age 33.5 years
- 94% reported injecting drugs
  - All oxymorphone, some methamphetamine and heroin as well
Contact tracing network

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle-sharing</td>
<td>59.7%</td>
</tr>
<tr>
<td>Sex</td>
<td>5.7%</td>
</tr>
<tr>
<td>Needle-sharing AND sex</td>
<td>9.7%</td>
</tr>
<tr>
<td>Social contact</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Credit: Romeo Galang, MD, MPH; Division of HIV/AIDS Prevention; National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Maximum likelihood phylogenetic tree of HIV-1 polymerase sequences – SE Indiana, 11/14 – 7/15

- Molecular analysis of the HIV-1 pol gene from 158 case patients with available specimens
- Two unique clusters of HIV-1 subtype B (>97% nucleotide identity)
  Cluster 1, n = 117
  Cluster 2, n = 2
- Recency testing (N=125)
  90.4% infected within past 6 mos
  10 older infections
  2 invalid results

*Manuscript in development. Not for distribution.*
## Newly Reported Indiana HIV Cases and AIDS Cases by Mode of Transmission, Reported January 1, 2014 – December 31, 2014

<table>
<thead>
<tr>
<th>Mode of Transmission (Risk Factors)</th>
<th>HIV at First Diagnosis</th>
<th>AIDS at First Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>211</td>
<td>50%</td>
</tr>
<tr>
<td>Injection Drug User (IDU)</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>MSM &amp; IDU</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>99</td>
<td>23%</td>
</tr>
<tr>
<td>Mother diagnosed HIV+ or AIDS</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Other (Pediatric Transfusion, IDU Heterosexual, MSM Heterosexual and Adult Transfusion/Hemophilia etc.)</td>
<td>35</td>
<td>8%</td>
</tr>
<tr>
<td>Not Identified at This Time and/or No Reported Risk</td>
<td>67</td>
<td>16%</td>
</tr>
<tr>
<td>Total</td>
<td>421</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mode of Transmission (Risk Factors)</th>
<th>HIV at First Diagnosis</th>
<th>AIDS at First Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>196</td>
<td>36%</td>
</tr>
<tr>
<td>Injection Drug User (IDU)</td>
<td>175</td>
<td>32%</td>
</tr>
<tr>
<td>MSM &amp; IDU</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>75</td>
<td>14%</td>
</tr>
<tr>
<td>Mother diagnosed HIV+ or AIDS</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Other (Pediatric Transfusion, MSM Heterosexual and Adult Transfusion/Hemophilia etc.)</td>
<td>31</td>
<td>6%</td>
</tr>
<tr>
<td>Not Identified at This Time and/or No Reported Risk</td>
<td>53</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>543</td>
<td>100%</td>
</tr>
</tbody>
</table>

US 2013 PWID  6.5% of new HIV diagnoses
IN 2014 PWID  2% of new HIV/AIDS diagnoses
IN 2015 PWID  34% of new HIV/AIDS diagnoses
Why Austin?

### Scott (SC)

#### Health Outcomes

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Scott County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Indiana</th>
<th>Rank (of 92)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life</strong></td>
<td>14,600</td>
<td>~</td>
<td>12,800-16,400</td>
<td>5,200</td>
<td>7,600</td>
<td>92</td>
</tr>
<tr>
<td>Premature death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Quality of Life

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>Scott County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Indiana</th>
<th>Rank (of 92)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or fair health**</td>
<td>18%</td>
<td></td>
<td>17-19%</td>
<td>12%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Poor physical health days**</td>
<td>4.1</td>
<td></td>
<td>3.9-4.3</td>
<td>2.9</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days**</td>
<td>4.1</td>
<td></td>
<td>3.9-4.3</td>
<td>2.8</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>10%</td>
<td></td>
<td>9-11%</td>
<td>6%</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>
Premature death in Scott County, IN
Years of Potential Life Lost (YPLL): County, State and National Trends

Scott County is getting worse for this measure.

Please see Measuring Progress/Rankings Measures for more information on trends
County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs


Vulnerable Counties and National Ranks (from 1-220)

<table>
<thead>
<tr>
<th>County</th>
<th>Rank</th>
<th>County</th>
<th>Rank</th>
<th>County</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott</td>
<td>32</td>
<td>Switzerland</td>
<td>94</td>
<td>Ripley</td>
<td>195</td>
</tr>
<tr>
<td>Washington</td>
<td>57</td>
<td>Crawford</td>
<td>112</td>
<td>Dearborn</td>
<td>213</td>
</tr>
<tr>
<td>Starke</td>
<td>70</td>
<td>Henry</td>
<td>128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fayette</td>
<td>81</td>
<td>Jennings</td>
<td>158</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What is Drug Addiction?

- Addiction is a chronic relapsing brain disease
- Characterized by compulsive drug seeking and use, despite harmful consequences
- Drugs of abuse change the structure and function of the brain
- These brain changes can be long-lasting, and can lead to harmful behaviors

Nora Volkaw, National Institute on Drug Abuse
“I can’t get through that bit as well in the back of my head. I’m a lot stronger. You set it in your mind, but it’s always in the back of my head, I can get through that sickness, I can lay down. And, but it’s in the back of my head and I taste it. So when I taste it, I mean it could be a year from now and me not doing it, but it brings that bitter taste in my, you know, it’s just I’m ready to do it.” (Joey, F1)
At least nine people have died so far this year from prescription drug overdoses in Scott County, Indiana. Most of the fatalities involved Opana, according to county coroner Kevin Collins.
Why Opana® ER?

- 2010 - reformulation of Oxycontin®
- Opana® quickly replaced Oxycontin® - snorted, injected
- 2012 – Opana® ER reformulated, impossible to crush/snort
- Short half-life 3-4 hours when injected = multiple injections/day
- Street cost ≅ $160/40 mg tablet = pill sharing
- Higher Morphine Equivalent Dose than heroin
- You know what you’re getting
"I couldn’t find Opanas or any other type of pain medicine to snort. It became almost non-existent. So I was turned on to shooting up. So that’s pretty much how that went down. [That was a couple years ago. I hadn’t injected before a couple years ago after I couldn’t find anything to snort]. I couldn’t handle the withdrawals… Opana [was the first drug I injected]… I was doing the OxyContin before, snorting OxyContin….when I was 18. I don’t know, it was probably 23, 24 [when I first started snorting Opana] because they had a snortable kind before. “ (JD01)

But, the Opana don't last near as long as the other stuff… The feeling of Opana will last 30 minutes… [It takes 4 or 5 hours with the Opana before you are sick] and then you got to do it again, or you feel really bad again. If you don't do enough Opana, then in a couple hours, you feel really bad again and… [have to inject]. Inject 6,7,8 times but only like small amounts.” (DB01)
"I could not find any of the OxyContin and someone came to me with an Opana,... I had a lot of people tell me ‘Don’t do Opana because a lot of people say you do it one time and you’re hooked’...
And that’s exactly what happened. I did one that night and the next morning I woke up and I just felt, I felt terrible. And so I had to get another one. You get hooked on ‘em really fast, the Opanas. Very fast.” (DBo8)

And man it was so pure, I'd love to have one right now “ (JZo2)
Drug Use among people with HIV (N=108)*

- Multigenerational
- Sharing of injection equipment common
- Daily injections: 4-15
- Number of partners: 1-6 per injection event
- Average number of unique contacts per case: 8 (range: 0-80)

“I was living with my cousins and everybody would use the same needles… We'd put water in a cup, and everybody would use the same water and can… my boyfriend, friends, family, cousins, sister. If I was sick, had a pill, and I didn't have a needle, I would use whoever's was there… I've used needles before that the plungers were broke, and we'd melt them back together to use” (PI06)^


^IUPUI/ISDH/CDC Focus Groups and Interviews, PWID, Scott County: Unpublished Findings Not for Distribution
High-Risk Injection Networks

- 89 individuals with HIV were geomapped early in the response
- Nearly half lived within a ½ mile square area
- The estimated infection rate within this hotspot was 34 cases/1,000 people
High-Risk Injection Networks

• Networks related to ‘drug houses’
  – 10 to 15 houses in a one square-mile area where people go buy pills and/or to inject
  – ≥5 people in each house injecting with each other at any one time could disperse to other house networks
High-Risk Injection Networks

“No one even thought about HIV and then all it took was just one [positive] person to come into the group.

There'd be 5 people in that group that share with that one person.

Each of those shared with each other anyways.

And then, each 5, 1 of them 5 people went to other groups.” (Male, 43 yrs)

“There could be different people using different houses.

It doesn't matter what house.

It's not that you would go to the same house all the time.

You would just go to whatever house was available.” (Male, 39 yrs)

IUPUI/ISDH/CDC Focus Groups and Interviews, PWID, Scott County: Unpublished Findings Not for Distribution
What We Needed to Control the Outbreak

- Get individuals with HIV into care and on Antiretroviral meds
- Expand HIV/HCV testing and capacity for early detection
  - Jails, treatment providers, emergency departments
  - Active outreach and testing
- Develop systems to keep at-risk individuals uninfected
  - Systematic retesting and education of persons at risk
  - SSP and HIV PrEP
- Increase addiction treatment services and prevent overdose deaths
  - Medication-assisted treatment, naloxone distribution
- Decrease the stigma of HIV and Injection Drug Use
- Long-term solutions to improve public health infrastructure and socioeconomic disparities
YOU ARE NOT ALONE

If you are HIV+, you are not alone.

HIV Services Hotline 1-866-588-4948
Addiction Hotline 1-800-662-HELP(4357)
www.StateHealth.IN.gov

HELP PREVENT HIV
DON’T SHARE THESE.
DON’T ABUSE THESE.

Any drug can be abused. If you or a friend are abusing drugs, get help. Never share needles. It increases your risk of getting HIV.

HIV Services Hotline 1-866-588-4948
Addiction Hotline 1-800-662-HELP(4357)
www.StateHealth.IN.gov
Governor declares HIV outbreak in Southern Indiana a public health emergency

by Local Sources on March 26, 2015 in NEWS

Governor Mike Pence today declared a public health emergency in Scott County due to an outbreak of HIV that has reached epidemic proportions.

The declaration was issued in Executive Order 15-05, which orders the state to coordinate a multi-agency response, and provides additional resources and tools to tackle the outbreak.
Community Outreach Center: a One-Stop Shop

- **Community Outreach Center**
  - HIV and HCV/HBV testing
  - Care coordination for HIV medical care
  - Syringe exchange program
  - Substance use disorder treatment services
  - Routine immunizations
  - Insurance enrollment (e.g., birth certificates, driver’s license)
  - Job training

- **Relocated to the Scott County Health Department Satellite Office in Austin**
Scott County SEP
**PrEP**
(Pre Exposure Prophylaxis)

What is PrEP?
PrEP means taking medicine to lower your chance of getting HIV. You can only take PrEP if you do not have HIV.

Who may need PrEP?

- You are in a relationship with someone who has HIV
- You inject drugs
- You do not use condoms all the time and you have sex with someone who may have HIV

Where can you get PrEP?
- You can talk to a doctor at a Center Health Clinic in Medications
- Open Every Tuesday from 2:00 PM to 8:00 PM
- For more information, call 1-866-588-4948.

For more information, please call Indiana State Health Department's HIV hotline at 1-866-588-4948.

---

**Find out if you have HIV**

- People with HIV may not look sick
- Many people do not know they have HIV
- The only way to know if you have HIV is to get an HIV test
- If you have HIV, there is medicine you can take to keep you healthy
- If you do not have HIV, there is medicine to prevent you from getting it
- Talk to your doctor to see if this medicine is right for you

**Protect yourself from HIV**

If you have sex, use a condom
If you shoot drugs:

- Use new needles each time
- Do not share your works
- NEVER buy needles on the street, even if they look new

---

**HIV FACTS**
ANYONE CAN GET HIV

HIV is the virus that causes AIDS

How you CAN get HIV:

- You can get HIV by having sex without a condom with someone who has HIV
- That includes:
  - Vaginal Sex
  - Anal Sex
  - Oral Sex
- You can get HIV by sharing syringes, needles and other things used to inject drugs, with someone who has HIV
- A woman who has HIV can give it to her baby when she is pregnant or breastfeeding

How you CAN NOT get HIV:

- Touching
- Food
- Sneezing
- Pets
- Water
- Hugging
- Mosquitoes
- Toilets

For more information, please call Indiana State Health Department's HIV hotline at 1-866-588-4948.
Naloxone Training for First Responders
Mother of Ryan White teen HIV patient, speaks in Austin, Ind.

Karma Dickerson, @WHAS11Karma
12:06 a.m. EDT May 13, 2015

AUSTIN, Ind. (WHAS11) – As Southern Indiana battles and unprecedented HIV outbreak, the mother of a teen who became famous for his fight for equal treatment of those living with HIV and AIDS.
Clinical HIV Prevention Efforts

- **Collaborative effort**
  - Academic clinical partners (IU Health Infectious Disease)
  - Local, state and federal agencies (Local Public Health, County Sheriff, DMHA, CDC, SAMHSA)
  - Private sector (Foundations Family Medicine, LifeSpring, AHF, Centerstone)

- **Focused attention on local family practitioner, the jail, CMHC**

- **Increased capacity to provide**
  - HIV testing (jail, community, ED, other “touchpoints”)
  - HIV care (Treat to Prevent)
  - PrEP
  - Medication-assisted therapy
    - Community discussions re: MAT
    - County jail naltrexone release program
    - Buprenorphine waiver training
Total diagnosed=215 (confirmed).
*Persons were ineligible if deceased (n=6) or outside of the jurisdiction (n=3); estimates are based on the number of eligible persons (n=206);
** Patients engaged in care with at least one VL or CD4
*** Percent virally suppressed increases to 70% when denominator changed to number engaged in care. Clinical services were initiated 3/31/15.
Foundations Family Medicine
Mobile Testing Unit
Indiana Syringe Exchange Programming (SEP) Progress and Approvals (December 15, 2016)

- State Approved SEP
- County Commission approves SEP
- County health director declares Hepatitis C or HIV epidemic related to injection drug use
- Community members working toward potential SEP

RURAL CENTER FOR AIDS/STD PREVENTION
INDIANA UNIVERSITY School of Public Health Bloomington
Moving Forward

- Continued focus on EVIDENCE-BASED OPIOID PRESCRIBING for acute and chronic pain

- Increase opportunities for evidence-based age appropriate HIV AND SUBSTANCE ABUSE PREVENTION EDUCATION

- Improve ACCESS TO MEANINGFUL DATA, including
  - INSPECT
  - EMS registry
  - Coroner’s reports
Moving Forward

- INCREASE TESTING opportunities for HIV and Hep C
  - field testing, EDs, jails, provider offices, health departments

- Increase ACCESS TO TREATMENT for Hep C, and HIV (ECHO)

- Improved access to treatment for SUD, including Medication Assisted Treatment (MAT), Counseling, Behavioral Therapy, and Recovery Support
“Well, I tried to get into Turning Point in 2013 and they told me it would take 6-8 weeks to get a bed, and they never called me back. I did their TB test, all that. I called. They never called me.”

“That’s why we’ve got to buy it off the street, because they won’t give it [Suboxone] to us.” (Danny, F2)
One thing you think would be helpful?

“We need somebody to offer like something, like Suboxone or Methadone. It might change their life. Give it a try.” (Kay, F3)

“I’d like to see them bring a Methadone clinic this way. If they had a Methadone clinic, they probably wouldn’t shoot up all the time. Right here in town, man, half of the people would be able to walk to it. They won’t be doing needles. Me, for one, wouldn’t. I’d go to the damn clinic if it was a few blocks away from me. You would probably see every bit of 60% drop of needle users here if you put a Methadone clinic in here.” (Robert, F3)

“Probably help with the Suboxone and the Methadone.” (Steven, F3)

“ I was going to say more therapy, and a Suboxone clinic in our area.” (Tom, F1)
Moving Forward

- Decrease the STIGMA of addiction and HIV so people will seek care
- Increase ACCESS TO NALOXONE
- LONG-TERM SOLUTIONS to improve public health infrastructure and socioeconomic disparities
Acknowledgements

- Scott County Health Department
- Clark County Health Department
- Disease Intervention Specialists (EMAC states)
- Foundations Family Medicine
- Indiana University, Division of Infectious Diseases
- University of Louisville, Division of Infectious Diseases
- CDC
  - Division of STD Prevention
  - Division of HIV/AIDS Prevention (DHAP)
  - Division of Viral Hepatitis (DVH)
  - Epidemic Intelligence Service (EIS) Program Office
- Indiana Department of Mental Health and Addiction (DMHA)
- Indiana State Department of Health (ISDH)
Addictions ... started out like magical pets, pocket monsters. They did extraordinary tricks, showed you things you hadn't seen, were fun.

But came, through some gradual dire alchemy, to make decisions for you. Eventually, they were making your most crucial life-decisions. And they were ... less intelligent than goldfish.

WILLIAM GIBSON, Zero History

Joan Duwve, MD, MPH
317-278-0754
jduwve@iu.edu