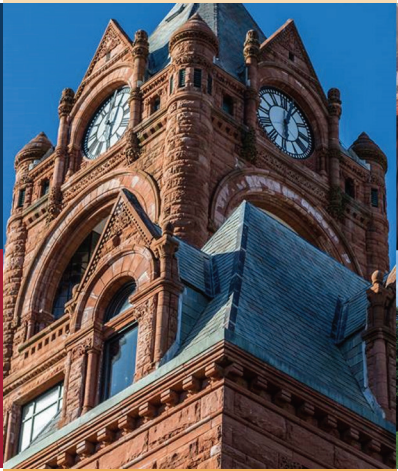


# LaPorte County

## Opioid Addiction Needs Assessment



IUPUI

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SCHOOL OF PUBLIC HEALTH





## CENTER FOR HEALTH POLICY

INDIANA UNIVERSITY  
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### About the Center for Health Policy

The Center for Health Policy (CHP) is the research hub of the department of Health Policy and Management in the Indiana University Richard M. Fairbanks School of Public Health. Our mission is to generate evidence that informs decision-making in Indiana and beyond. CHP Fellows and staff conduct rigorous research and evaluation on health system performance and health policy issues, with a specific focus on: population health and analytics; substance misuse and mental health services; and public health systems and services research.

The CHP has a vibrant research portfolio including funding from the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), the Robert Wood Johnson Foundation, various state agencies in Indiana, and numerous other government agencies nationwide.

The Center is directed by Dr. Joshua Vest.

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## Letter from the CEO

Dear La Porte County Community Members,

Opioid abuse and addiction is a nationwide epidemic. According to the Centers for Disease Control and Prevention, 115 Americans die every day after overdosing on opioids and the total “economic burden” of prescription opioid misuse in the United States is \$78.5 billion a year. Indiana is one of the most affected states, with 1,498 Hoosiers dying from drug poisoning in 2016 according to the Indiana Death Registration System.

In 2016, former Indiana Attorney General Greg Zoeller seeded the creation of a statewide network of Indiana foundations with a \$500,000 matching grant from Indiana’s Consumer Protection Education Fund. A group of foundations formed the Indiana Network for the Prevention and Treatment of Opioid Addiction (INPTOA) and collectively matched \$500,000 by December 31, 2016. INPTOA’s priority was placed on awarding grants to underserved areas of Indiana to find innovative approaches to combating addiction.

As one of the foundations participating in the INPTOA, the Healthcare Foundation of La Porte (HFL) provided a match and received a \$78,000 grant to be used to assess, prevent, and treat opioid addiction. HFL felt that it was necessary to understand what is happening on a local level to evaluate solutions that will bring the biggest level of impact to our community, commissioning this three-part epidemiological study from the Center for Health Policy from the IU Richard M. Fairbanks School of Public Health. This study assesses the burden of opioid addiction in La Porte County, identifies the community’s needs or gaps in providing adequate treatment services, and culminates with recommendations to address these gaps to more effectively combat the opioid epidemic in our community.

Our sincerest thanks to our Board of Directors, the Center for Health Policy team, former Indiana Attorney General Greg Zoeller, the INPTOA, and the community organizations and stakeholders who have helped make the La Porte County Opioid Study possible. This study is just the beginning of what we hope will be a collaborative effort among community partners to take action. HFL looks forward to working with local organizations to promote education and prevention efforts, provide access to effective treatment, and support long-term recovery.



Maria Fruth  
President & CEO  
Healthcare Foundation of La Porte

Vision

*To be among Indiana’s top 10 healthiest communities by 2030.*

Mission

*Empowering our residents to live healthy and well in and around La Porte.*

## Executive Summary

The opioid epidemic continues to affect the lives of many Americans. Paralleling the rise in prescription opioid (pain reliever) sales over the past two decades, the country also experienced an increase in opioid-related morbidity and mortality. Between 2000 and 2015, more than half a million Americans died from drug overdoses, the majority of which were attributable to opioids. The costs, in terms of human suffering and economic impact, are considerable. In 2013, more than \$78 billion were spent on healthcare, criminal justice, and substance abuse treatment linked to prescription opioid misuse, dependence, and overdose.

In Indiana alone, 270,000 residents ages 12 and older reported misusing prescription opioids, and 24,000 reported heroin use in the past year. The percentage of substance use treatment admissions related to opioid misuse (prescription or illicit) has increased steadily. In more than half (57%) of all treatment admissions in LaPorte County in 2017, the misuse of an opioid was reported. This percentage was higher than the state's, which was 37 percent. Another concern with opioid misuse, especially heroin, is injection drug use (IDU), which can lead to transmission of infectious diseases such as HIV and hepatitis C. About one-third of LaPorte County's substance use treatment population reported IDU as their route of administering drugs. Again, LaPorte County's percentage was above that of the entire state (22%). According to the most recent estimates from the Indiana State Department of Health, nearly 100 residents of LaPorte County died of a fatal drug overdose between 2012 and 2016.

Based on findings from the LaPorte County survey and key informant interviews that were conducted in the community, respondents cited lack of or limited access to treatment services, especially detoxification,

inpatient services, and medication-assisted treatment, as a major challenge in dealing with the epidemic. Furthermore, socio-economic factors, such as poverty and unemployment, and limited awareness or acceptance of the problem within the larger community, together with insufficient funding to address the problem, were described as contributing factors.

Several respondents reported the need for an effective multidimensional community plan to strategically address the opioid epidemic. This would require one organization to be the leader who brings everyone together through a "common vision". The plan should be "validated so we will do this right" and pushed forward by a "guiding leader, a champion that can take a hold of that". The individual components that should be included in the plan fell primarily into six categories:

- Behavioral health workforce development
- Increased awareness
- School-based life skills and drug prevention efforts
- Supportive services
- Increased law enforcement
- Sustainable funding

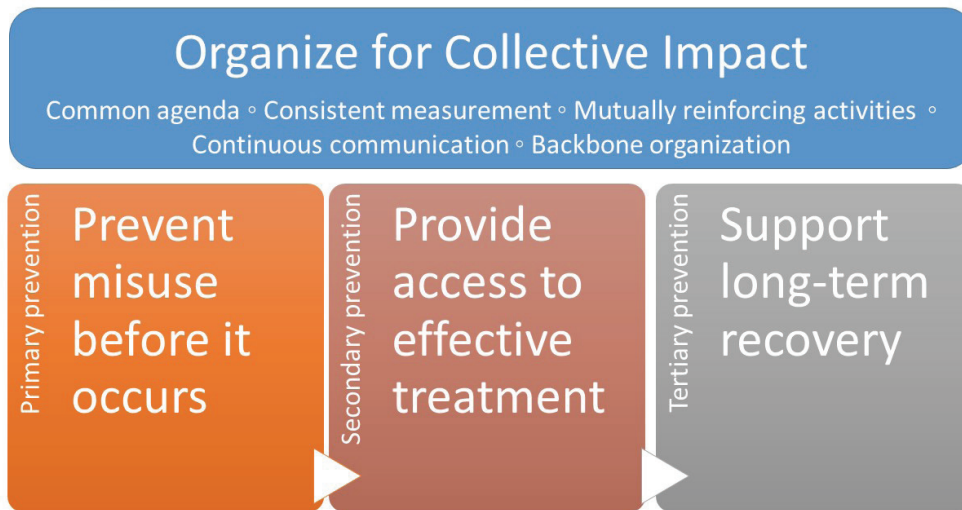
Recommendations

Based on findings from this assessment and a review of the literature, the Center for Health Policy recommends implementing a strategic framework that addresses the entire continuum of care from prevention to recovery in the community, including:

1. *Primary Prevention:* Preventing misuse before it occurs by reducing the opioid supply and demand.
2. *Secondary Prevention:* Improving access to effective treatment by increasing the community’s capacity to provide services.
3. *Tertiary Prevention:* Supporting long-term recovery by utilizing peer recovery coaches and providing supportive services.

Community organization and mobilization is crucial for community buy-in and to support these strategic initiatives. The process should be interdisciplinary and multidimensional, and ideally include representation from all public sectors, coordinated under one leadership organization.

Strategic Framework to Reduce Opioid Misuse in LaPorte County





## Introduction

The start of the opioid epidemic in the U.S. can be traced back to the mid-1990s and the American Pain Society's campaign encouraging doctors to view pain as the fifth vital sign and promoting opioid analgesics as the most effective method of treatment. Consequently, the prescribing rate for opioid analgesics rose dramatically, resulting in significant misuse and diversion of medication and a steady rise in the rates of prescription-opioid-related abuse, dependence, and overdose deaths [2]. In the last seven years, the nation has also witnessed an alarming rise in heroin use, heroin-related overdoses, and more recently in deaths from illicitly produced fentanyl, as persons who initially became dependent on opioid analgesics transitioned to these cheaper, more powerful, and often more easily accessible alternatives [3-8].

The opioid epidemic continues to affect the lives of many Americans. In 2016, nearly 3.4 million U.S. residents ages 12 or older reported having misused prescription pain relievers in the past month; almost half a million reported using heroin [9]. Many individuals who misuse opioid pain relievers and/or heroin may go on to develop an opioid use disorder. In 2016, 2.1 million U.S. residents ages 12 or older had an opioid use disorder. Of these individuals, 626,000 were estimated to have a heroin use disorder [9]. As high as these figures are, they fail to take into account an additional 2.5 million persons who are estimated to have developed an opioid use disorder through the legitimate use of their prescription medication [2].

As the prevalence of opioid use disorders has increased, so too has the prevalence of opioid-related consequences. Opioid-related emergency department visits have climbed from a rate of 89.1 per 100,000 population in 2005 to 177.7 visits per 100,000 in 2014. Opioid-related hospitalization rates rose from 136.8 to 224.6 hospitalizations per 100,000 persons during the same time period [10].

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**Between 2000 and 2015, more than half a million Americans have died from drug overdoses, the majority of deaths were attributable to opioids, prescription and/or illicit (CDC, 2017) [1].**

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Deaths due to opioid overdoses have risen steadily since 2002, with 33,091 opioid overdose deaths reported for 2015. Over two-thirds of deaths were attributable to either heroin or synthetically produced opioids such as fentanyl [7, 11]. Substance use treatment admissions for opioid use have climbed steadily since 2006,

accounting for 34% of treatment admissions nationally in 2015, the majority of which were for heroin use. The impact is even multi-generational: The rate of neonatal abstinence syndrome has tripled since 2008, and now more than 9 infants per 1,000 live births are diagnosed with the condition.

The economic impact of the opioid epidemic is staggering. In 2013, the year for which the most recent estimates are available, the nation expended over \$78.5 billion on healthcare, criminal justice, and substance use treatment costs tied to prescription opioid misuse, dependence, and overdose [12]. The true economic impact of the opioid epidemic is likely higher as estimates do not take into account the costs associated with the use of heroin or other illicitly produced opioids.

Over the past several years, federal and state agencies have introduced initiatives to better address the nation's opioid crisis. Many states have

implemented the CDC's new, stricter guidelines for opioid prescribing in order to reduce the number of prescriptions written for these drugs [13]. Nearly all states have now implemented prescription drug monitoring programs allowing physicians, pharmacists, and law enforcement agencies the ability to track problematic prescribers and problematic users of opioid medications [14]. Also, the U.S. Department of Health and Human Services is making nearly one billion dollars in grant funding available to states to help expand opioid prevention and treatment services and reduce fatal overdoses [15-17]. Additionally, to enhance access to medication-assisted treatment, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has certified over 100 additional opioid treatment centers since 2006 and raised the limit on the number of patients a physician can treat in his or her practice with buprenorphine from 100 to 275. Lastly, the Comprehensive Addiction and Recovery Act (CARA) extended prescribing privileges for buprenorphine to both nurse practitioners and physician's assistants through the year 2021 [18-20].

### The LaPorte County Opioid Needs Assessment

In June of 2017, the Healthcare Foundation of La Porte (HFL) engaged the Center for Health Policy (CHP) to conduct a county-wide opioid addiction needs assessment.

The purpose of the project was four-fold:

1. Assess the current state of opioid misuse and associated consequences in LaPorte County.
2. Measure the community's capacity to respond to the drug problem.
3. Identify gaps in services and resources.

4. Develop recommendations to address these gaps.

The goal was to involve community leaders and key stakeholders in the process to make sure the findings accurately reflected the level of substance misuse and related consequences in the county and were a true representation of the community's prevention and treatment capacity.

### Indiana & National Trends

Over the past two decades, prescription opioid use and misuse increased significantly in the U.S. The legal sales of oxycodone tripled from 5.5 kilograms (kg) per 100,000 in 2000 to 17.5 kg in 2016 (Indiana: from 5.0 kg to 16.1 kg); hydrocodone sales nearly doubled from 5.1 kg to 9.7 kg per 100,000 during that same time period (Indiana: from 6.9 kg to 15.6 kg), as depicted in Figure 1 [21].

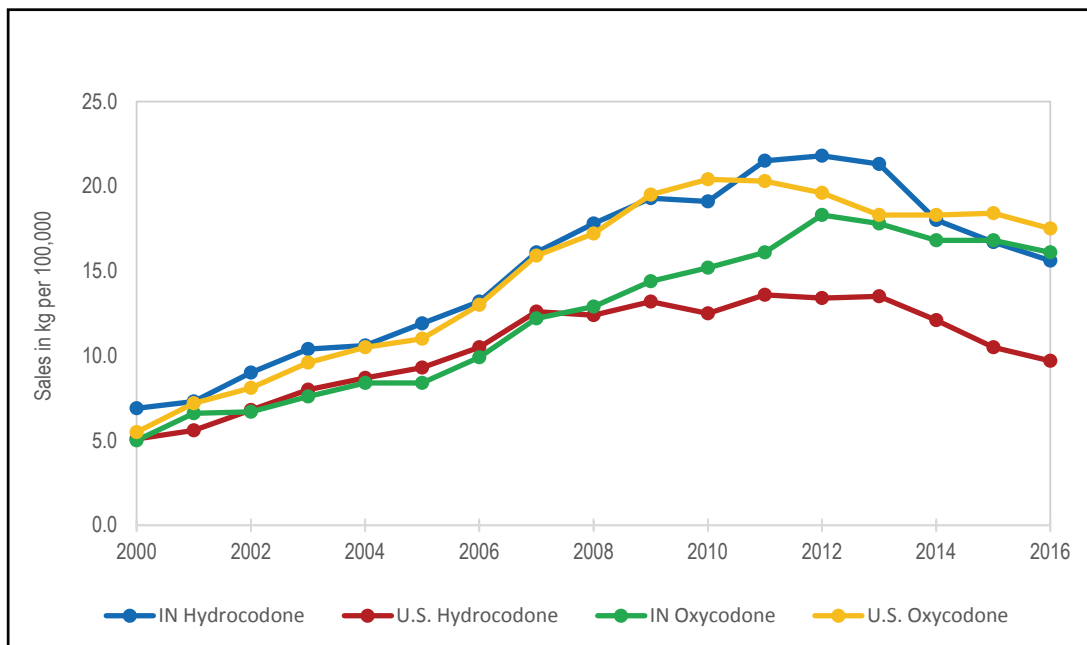
Parallel to rising sales, the country also experienced increases in opioid-related morbidity and mortality. The national rate of opioid-related inpatient stays (hospitalizations) rose from 136.8 per 100,000 in 2005 to 224.6 in 2014. Similarly, the rate of visits to the emergency department (ED) attributable to opioids increased from 89.1 per 100,000 to 177.7. Indiana fared slightly better than the national average in 2014, with rates of 196.9 per 100,000 for inpatient stays and 152.3 per 100,000 for ED visits [10].

In 2014, a total of 47,055 drug overdose deaths occurred in the U.S., of which 61% (28,647 deaths) involved some type of opioid. This resulted in an age-adjusted opioid-attributable overdose mortality rate of 9.0 per 100,000 [11].

The economic burden of prescription opioid overdose,

misuse, and dependence in the U.S. was estimated at \$78.5 billion in 2013 [12]. In a separate study focusing on healthcare costs alone, in Indiana over \$650 million were attributable to opioid misuse in 2007 [22].

Figure 1. Sales of oxycodone and hydrocodone in Indiana and the U.S. (Kilograms per 100,000 population)



Source: [21]

## Community Profile

### LaPorte County

LaPorte County is located in northwestern Indiana and is partially bordered to the northwest by Lake Michigan. The surrounding counties include Porter, Starke, and Saint Joseph. Within LaPorte County, Michigan City is the largest city followed by La Porte, together encompassing just over 48% of the county’s population [23]. Of LaPorte’s approximately 111,000 citizens, nearly 65% of the population lives in urban areas [24]. The majority of the population identifies as white (84.0%), followed by Black or African American

(10.9%), and two or more races (2.6%). Six percent of the population is Hispanic or Latino [25].

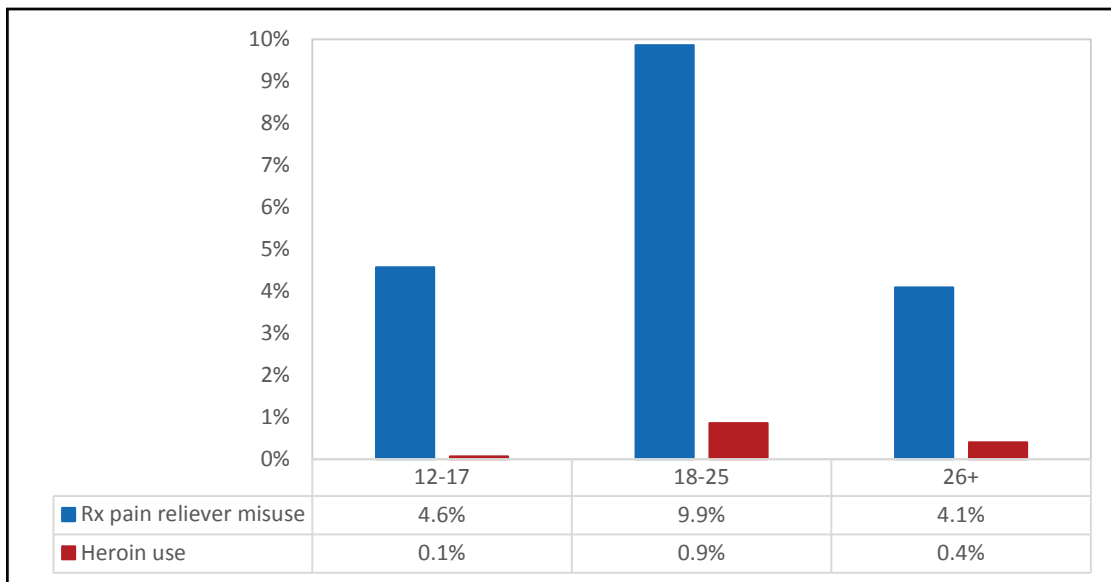
LaPorte County’s economy is driven mostly by manufacturing, employing over 20% of residents 16 years and older, followed by healthcare and social assistance, retail, and education [25]. The median household income is \$46,872 (mean = \$61,219). The unemployment rate is 9.8% and 17% of people have an income below the poverty line. Among families, 13.9% have an income below the poverty line. The poverty rate is greatest among individuals with less than a high school diploma, at 26.2%. Of the popula-

tion over age 25, 13.4% have less than a high school degree or equivalent; 39.2% have a high school diploma or equivalent; 21.9% have some college experience but no degree; and the remaining quarter of the population has at least an Associate’s degree. Of the nonmilitary, noninstitutionalized population, 88% have health insurance while 11.6% do not [25]. The county is served by two hospitals: Franciscan Health Michigan City and La Porte Hospital [26].

**Prevalence of Opioid Use in the General Population**  
Based on estimates from the National Survey on Drug Use and Health (NSDUH, 2015-2016), approximately

270,000 Hoosiers ages 12 and older reported misusing prescription pain relievers and 24,000 reported heroin use in the past year, reflecting prevalence rates of 4.9% and 0.4% respectively [9]. Prevalence rates differed by age, with young adults ages 18 to 25 reporting the highest rates. In this age group, almost 10% reported having misused prescription pain relievers in the past year and nearly 1% reported having used heroin (Figure 2). Sub-state level or county-specific estimates were not available.

Figure 2. Percentage of Indiana residents reporting past-year opioid misuse (NSDUH, 2015-2016)



Source: [9]

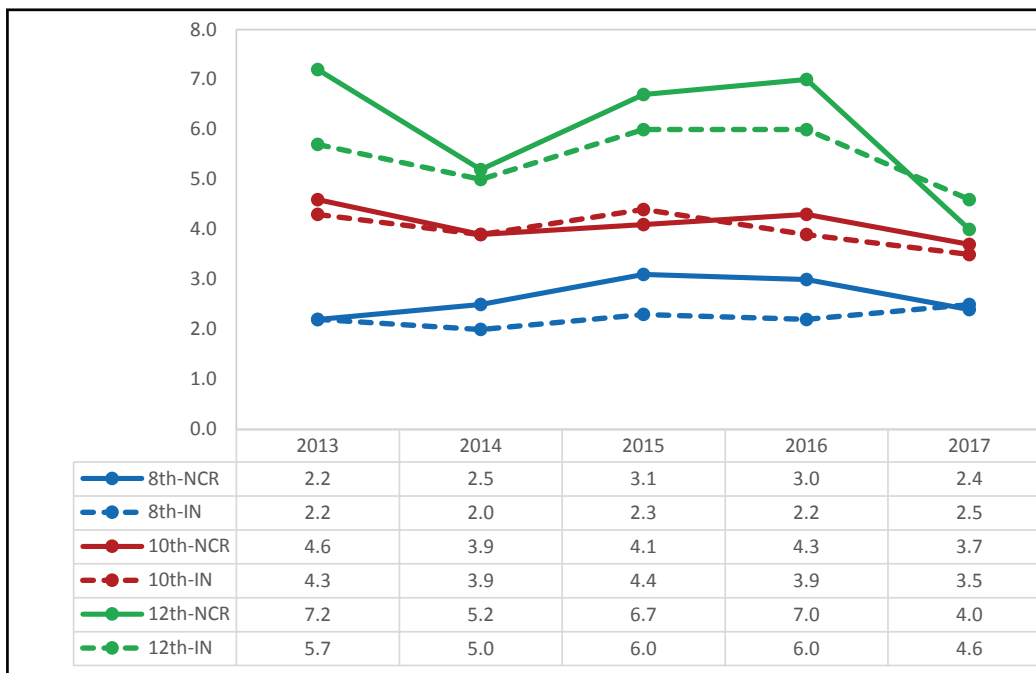
**Prevalence of Opioid Use in Indiana’s Youth**

The Indiana Youth Survey (INYS) is a school-based survey that is conducted annually by the Indiana Prevention Resource Center. INYS monitors a variety of risk behaviors, including substance use among students in grades 6 through 12, and provides prevalence rates at both the state and regional levels [27]. LaPorte County is located in the North Central Region (NCR) of the state, along with Cass, Elkhart, Fulton, Howard, Kosciusko, Marshall, Miami, Saint Joseph, Tipton, and Wabash Counties. Because of concerns regarding

all prescription medications, INYS asks students about the use of any prescription drug consumed in the past month without a personal prescription; this includes pain relievers, sedatives, and stimulants.

In 2017, approximately 4.6% of Indiana’s 12th grade students reported misuse of prescription drugs in the past month. Within the North Central Region, the prevalence rate was 4.0%; this estimate was not statistically significantly different from the state rate (Figure 3).

*Figure 3. Percentage of students reporting past-month nonmedical prescription drug use in the North Central Region (NCR) of Indiana compared to the entire state (INYS, 2013-2017)*

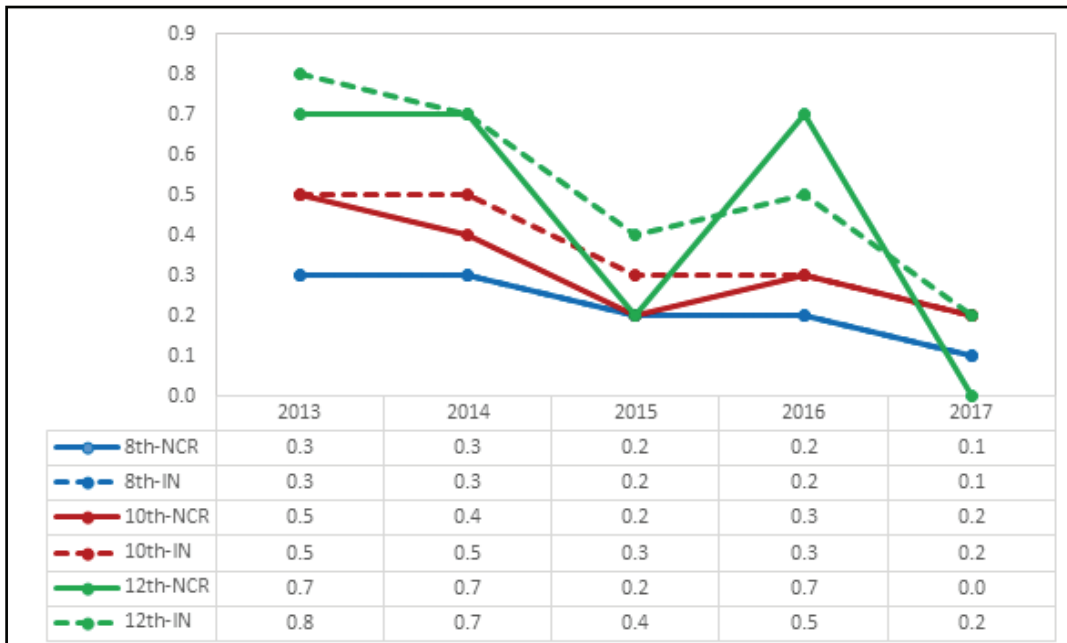


Source: [27]

The prevalence of heroin use has been fairly low within the general student population, in the North Central Region as well as the entire state. Rates dropped in 2017, with about 0.2% of Indiana students reporting

heroin use in the past month. From 2013 through 2017, the percentage of students who used heroin remained below one percent (Figure 4).

Figure 4. Percentage of students reporting past-month heroin use in the North Central Region (NCR) of Indiana compared to the entire state (INYS, 2013-2017)



Source: [27]

### Opioid Use in Indiana’s Substance Use Treatment Population

LaPorte County’s substance use treatment population is predominantly male, white, and between the ages of 25 to 34 (Table 1). Those receiving services for opioid use (either prescription or illicit) make up over half of all treatment admissions; i.e., of the 281 treatment

admissions from LaPorte County residents in 2017, 160 were due to opioid use [28].

Table 1. Characteristics of LaPorte County residents receiving substance abuse treatment (TEDS, 2016)

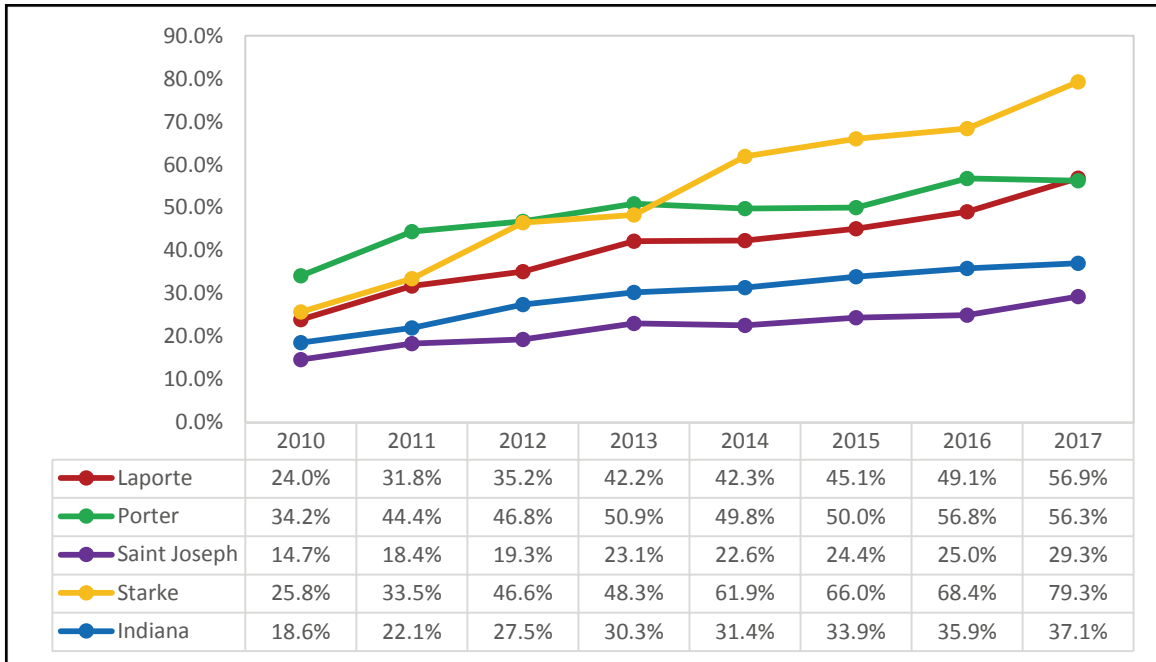
	Any Treatment Admission	Opioid Treatment Admissions	
	Number	Number	Percentage
<b>Gender</b>			
Female	110	69	62.7%
Male	171	91	53.2%
<b>Race/Ethnicity</b>			
White	231	147	63.6%
Black	39	5	12.8%
Other	11	8	72.7%
<b>Age</b>			
Under 18	3	3	100.0%
18-24	30	22	73.3%
25-34	115	80	69.6%
35-44	57	34	59.6%
45-54	55	16	23.8%
55+	21	5	23.8%
<b>Total</b>	281	160	56.9%

Source: [28]

Since 2010, there has been a steady increase in the percentage of treatment admissions for opioid misuse throughout the state, including in LaPorte and its surrounding counties (Figure 5). The percentage of treatment admissions for opioid misuse in LaPorte, Porter, and Starke Counties has generally been higher than in

neighboring Saint Joseph County or the state overall. In 2017, 56.9% of treatment admissions in LaPorte County were due to opioids, compared to 37.1% of admissions throughout the state [28].

Figure 5. Percentage of treatment population reporting any opioid misuse (TEDS, 2010-2017)



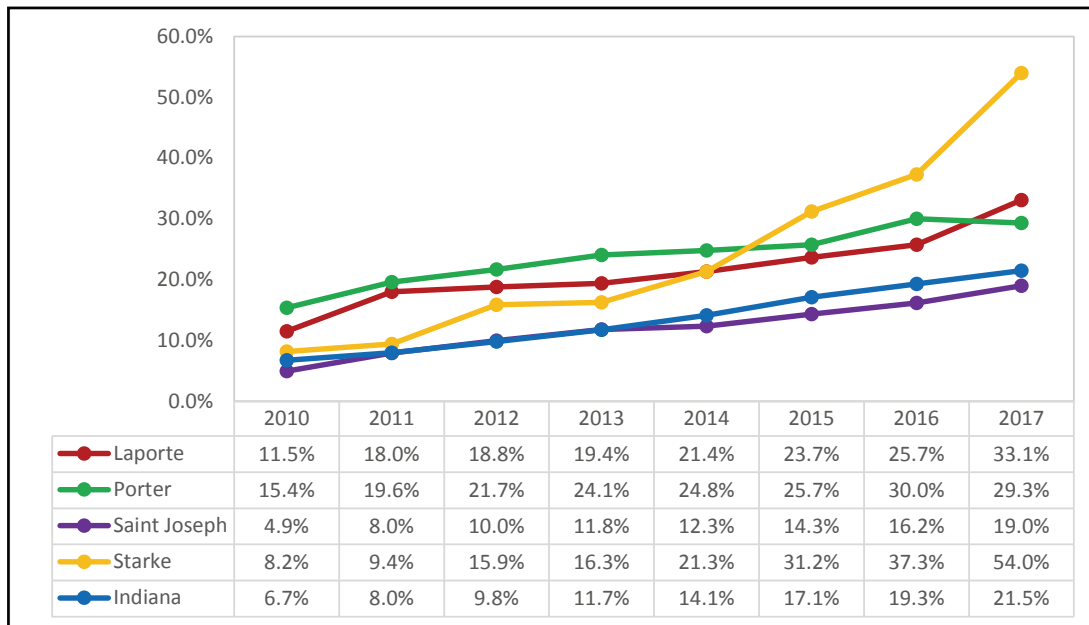
Source: [28]

Injection drug use (IDU) is primarily associated with heroin, although other drugs can also be administered that way. The percentage of those in treatment reporting IDU has increased significantly over the years. Again, percentages for Saint Joseph and the state were generally lower than those for LaPorte, Porter, and

Starke Counties. In 2017, one-third of patients admitted to substance use treatment in LaPorte County reported IDU compared to 21.5% throughout all of Indiana (Figure 6) [28].



Figure 6. Percentage of treatment population reporting injection drug use (TEDS, 2010-2017)



Source: [28]

### Opioid-Related Illnesses

The Indiana State Department of Health (ISDH) Stats Explorer online tool (<https://www.in.gov/isdh/26720.htm>) provides opioid profiles for each county throughout the state [29]. Included in these profiles are emergency department (ED) visits, hospitalizations, and deaths attributable to heroin and pain reliever use as well as illnesses that are associated with opioid misuse through injection practices. These illnesses include Hepatitis B and C, and HIV/AIDS.

Based on pooled averages from 2011 through 2015, the rate of non-fatal ED visits attributable to opioid overdoses was higher in LaPorte County (48.4 per 100,000) than in any of its surrounding communities, except for Starke, which had the same incidence rate; the state rate (35.9 per 100,000) also was below LaPorte's.

The HIV/AIDS prevalence rates varied widely across the state, with LaPorte County's rate (173.2 per 100,000) being similar to the state's rate (176.7 per 100,000) in 2015. Though transmission of infectious diseases like HIV/AIDS and hepatitis B and C are closely linked to injecting opioids and other drugs, not all of these cases are attributable to IDU. For detailed information, see Table 2.

Table 2. Opioid-related ED visits and illnesses in Indiana, 2011-2015, combined totals and average annual rates per 100,000

	LaPorte County		Porter County		St. Joseph County		Starke County		Indiana	
	Count Total	Annual Rate	Count Total	Annual Rate	Count Total	Annual Rate	Count Total	Annual Rate	Count Total	Annual Rate
<b>Opioid-Related ED Visits</b>										
Non-Fatal Opioid Overdoses	269	48.4	267	32.1	563	42.2	56	48.4	11,781	35.9
Soft Tissue Infections Associated with Drug Abuse, ages 15-74	19*	4.5*	17*	2.7*	70	7.1	6*	7*	1,201	4.9
<b>Opioid-Related Illness</b>										
HIV/AIDS Prevalence (2015)	192	173.2	167	99.6	584	217.6	8*	34.8*	11,698	176.7
Hepatitis B, Acute	0*	0*	8*	1*	10*	0.8*	0*	0*	520	1.6
Hepatitis B, Chronic (2012-2016)	21	3.8	39	4.7	135	10.1	6*	5.2*	3,312	10.0
Hepatitis C, Acute	18*	3.2*	6*	0.7*	10*	0.8*	0*	0*	624	1.9
Hepatitis C, Chronic	587	105.53	320	38.44	690	51.65	83	71.77	29,820	90.8
Newly Diagnosed HIV/AIDS	35	6.3	35	4.2	128	9.6	0*	0*	2,626	8.0

Notes: All counts and rates are based on pooled averages for years 2011-2015 unless otherwise specified.

\*Rates based on counts less than 20 are unstable.

Source: [29]

**Opioid-Attributable Deaths**

From 2012-2016, there were a total of 5,954 deaths due to drug poisoning<sup>1</sup> in Indiana, representing an average annual drug overdose mortality rate of 18.7 per 100,000. Of these drug overdose deaths, 967 deaths involved heroin<sup>2</sup> and 1,386 deaths involved opioid pain relievers<sup>3</sup>, averaging annual mortality rates of 2.9 and 4.2 per 100,000, respectively (Table 3).

Of the 98 fatal drug overdoses in LaPorte County, a total of 19 deaths involved heroin and 4 deaths involved prescription opioids. For additional details, see Table 3 [29].

It is important to note that not all death certificates contain information on the specific types of drugs involved in an overdose. The Centers for Disease Control and Prevention (CDC) estimated that in 2014 nearly one in five overdose deaths nationally did not include this information. Some of these deaths may have involved opioids [30]. According to a study by Ruhm (2017), Indiana underestimated the overdose mortality rate attributable to opioids by about 50 percent in 2014 [31].

Table 3 Opioid-related deaths in Indiana, 2012-2016, combined totals and average annual rates per 100,000

	LaPorte County		Porter County		St. Joseph County		Starke County		Indiana	
	Count Total	Annual Rate	Count Total	Annual Rate	Count Total	Annual Rate	Count Total	Annual Rate	Count Total	Annual Rate
Drug overdose deaths (all drugs)	95	18.9	185	22.5	226	18.2	37	34.9	5,954	18.7
Involving heroin	19*	3.4*	62	7.4	73	5.5	8*	N/A	967	2.9
Involving prescription opioids	4*	N/A	56	6.7	61	4.6	15*	13.0*	1,386	4.2

Notes: Categories of deaths are not exclusive because deaths might involve more than one drug. Summing categories may result in a number greater than the total number of deaths in a year.

\*Rates based on counts less than 20 are unstable; for counts less than 10, rates are not available (N/A).

Source: [29]

1 Deaths were classified using the International Classification of Diseases, Tenth Revision (ICD–10). Drug overdose deaths were identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14.

2 With contributing cause T40.1

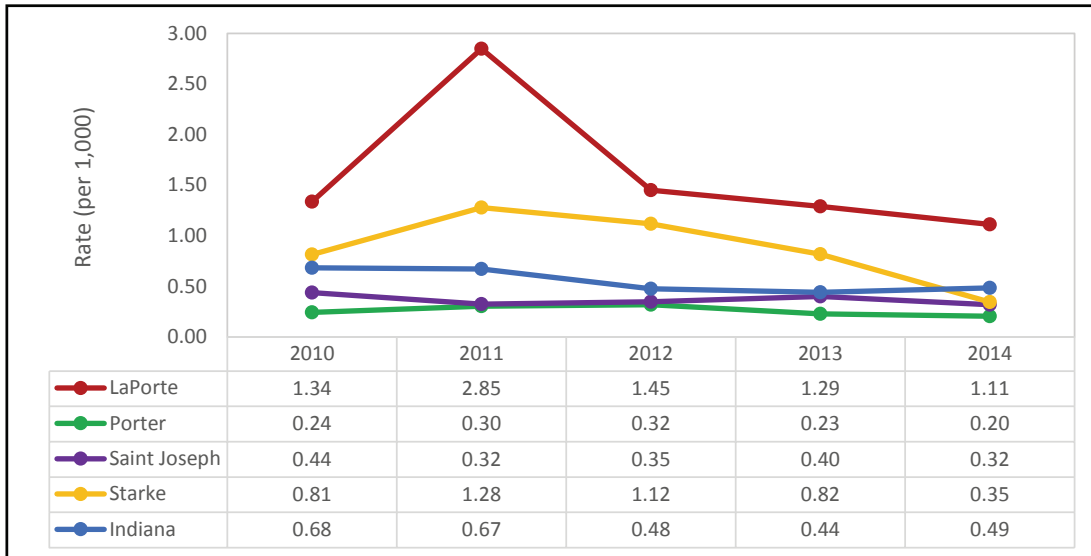
3 With contributing cause T40.2-T40.4

### Opioid-Related Arrests

Uniform Crime Reporting (UCR) statistics managed by the Federal Bureau of Investigation (FBI) provide annual arrest data for possession and sale/manufacture of opiates and cocaine combined [32]. LaPorte County has had higher rates of arrests related to cocaine and opiates compared to surrounding counties and the state

for at least the past five years. The arrest rate peaked in LaPorte County in 2011, at 2.85 per 1,000 residents (Figure 7).

Figure 7. Arrest rates for cocaine and opiates, per 1,000 population (UCR, 2010-2014)



Source: [32]

### LaPorte County’s Capacity to Treat Opioid Addiction

The following section summarizes the resources that are currently available to LaPorte County’s residents struggling with opioid use. The information was compiled using SAMHSA’s Treatment Facility Locator (<https://findtreatment.samhsa.gov/locator>), United Way’s Search for Services (<http://www.myunited-way2-1-1.org>), input from LaPorte community mem-

bers, and, whenever possible, follow-up phone calls to confirm the information.

### Community Mental Health Centers/Counseling Centers

LaPorte County has one community mental health center (CMHC; the Swanson Center) and several mental health/addiction counseling services. These organizations offer individual and group counseling for substance use disorders, but none have programs that specifically address opioid addiction, nor do they

*Table 4. Mental health/counseling centers in LaPorte and surrounding counties*

	City	County	Types of Medication-Assisted Treatment (MAT)			
			Buprenorphine	Vivitrol	Methadone	OTP*
Swanson Center	La Porte Michigan City	LaPorte				
Frontline Foundations, Inc.	La Porte	LaPorte				
Samaritan Counseling	La Porte Michigan City	LaPorte				
Family Concern Counseling	Michigan City	LaPorte				
Healthline Community Health Center	Michigan City					
Change Therapy Center	Valparaiso	Porter				
Choices Counseling Services	Valparaiso	Porter				
Porter-Starke CMHC	Valparaiso	Porter	X	X	X	X
Housing Oportunities, Inc., Therapy Works	Valparaiso	Porter				
Family Concern Counseling	Valparaiso	Porter				
Fresh Start Counseling Services	Valparaiso	Porter				
Parkdale Center for Professionals	Chesterton	Porter				
Frontline Foundation, Inc.	Chesterton	Porter				
Porter-Starke CMHC	Portage	Porter	X	X		
Porter-Starke CMHC	Knox	Starke	X	X		
Semoran Treatment Center	Gary	Lake	X		X	X

*Note: Opioid treatment programs (OTPs) must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications. All OTPs also must be licensed by the state in which they operate and must register with the Drug Enforcement Administration (DEA), through a local DEA office.*

provide medication-assisted treatments (MAT) with methadone, buprenorphine (e.g., Suboxone), or naltrexone (e.g., Vivitrol) within the county. Residents of LaPorte County willing and able to travel for MAT can receive these services in neighboring Starke and Porter Counties [33].

Combined, Porter and Starke Counties have one CMHC (Porter-Starke Services) as well as numerous counseling centers offering substance use treatment. Two of these sites provide MAT: (1) Porter-Starke Services offers methadone, buprenorphine, and Vivitrol, and (2) the Parkdale Center for Professionals provides Vivitrol. The other counseling centers in Porter and Starke Counties accept patients with opioid use disorders, but do not seem to provide opioid-specific

programs (see Table 4).

### Buprenorphine Prescribers

According to SAMHSA’s database, six physicians in LaPorte County are certified to prescribe buprenorphine for the treatment of opioid addiction. However, the database does not state whether these physicians are currently prescribing the medication or for how many patients. Follow-up phone calls confirmed that at least five of these physicians are actively prescribing buprenorphine for the treatment of opioid use disorders (see Table 5).

Table 5. Buprenorphine-prescribing physicians in LaPorte County

Name	Address	City	State	Zip
Michael Best	8865 W 400 N, Unit 165	Michigan City	IN	46360
Olusola Olowe Weldon Cooke (retired)	10176 W 400 N, Ste C	Michigan City	IN	46360
Charles Motley	6916 West Johnson Rd	La Porte	IN	46350
Donald Perrine	10176 W 400 N, Ste B	Michigan City	IN	46360
Syed Quadri	10176 W 400 N, Ste B	Michigan City	IN	46360
Jeffrey Seizys*	1225 E Colspring Ave.	Michigan City	IN	46360

\* Dr. Seizys was listed in SAMHSA’s database as certified to prescribe buprenorphine to treat opioid use disorders. We could not confirm with his office if he is or is not actively prescribing buprenorphine.

**Naloxone Distribution Sites**

There are at least four locations, commercial pharmacies, where LaPorte County residents can obtain naloxone to prevent opioid overdose (see Table 6). Furthermore, the LaPorte County Health Department

has received financial support from the Indiana State Department of Health to provide education and distribute naloxone in the community [34].

*Table 6. Locations where naloxone is available in LaPorte County*

Location	City
CVS	901 Karwick Road, Michigan City
Kroger	55 Pine Lake SC, LaPorte
Meijer	5150 S. Franklin Street, Michigan City
Walgreens	1816 Franklin Street, Michigan City

**Detoxification Programs**

There are no detoxification services available within LaPorte County. However, the Swanson Center has contracted with Recovery Works in Merrillville to provide the *Detox Now!* program. Funded through a grant from the HFL, the program will not only pay for detoxification treatment for LaPorte County residents in need, but also provide transportation to the facility in Merrillville. The *Detox Now!* program officially started on November 6, 2017. Recovery Works is part of the Pinnacle Treatment Centers.

students’ knowledge, beliefs, and perceptions, and may or may not accurately represent current services and initiatives offered in the community.

**LaPorte County Survey**

In order to gain a more in-depth understanding of the issues surrounding opioid misuse and addiction in LaPorte County, the Center for Health Policy (CHP) developed a brief survey to collect information from representatives of key sectors in the community. The LaPorte County Survey findings are based on respon-

**Survey Distribution**

The Healthcare Foundation of La Porte (HFL) distributed email invitations with a link to the online survey to individuals associated with organizations and agencies working to address opioid issues in the county. A total of 108 individuals responded to the survey.

**Sector Composition of Respondents**

The most commonly represented sectors were mental health, prevention, medical government, and advocacy (see Table 7). Respondents could identify with multiple sectors (35% of respondents choose more than one sector). Respondents who answered “other sector” specified that they represented treatment, education, or other community-based organizations (e.g., homeless services, non-profit, parks department, etc.).

Table 7. Sector representation of survey respondents

Sector	Number	Percentage
Mental Health	24	22.2%
Prevention	22	20.4%
Medical	21	19.4%
Government	21	19.4%
Advocacy	20	18.5%
Judicial/Law Enforcement	15	13.9%
Business	10	9.3%
Faith-Based	8	7.4%
Family Member	8	7.4%
Person in recovery	5	4.6%
Other sector	22	20.4%

Note: Respondents could endorse multiple sectors

#### Drug Free Partnership (DFP) Representation

Approximately a third of respondents indicated that they were DFP members. When asked about DFP’s representation of the entire community, 33% stated that the DFP did not represent all members of the community. Table 8 lists the sectors that respondents felt were missing from DFP representation.

#### Groups in LaPorte County Engaged in Substance Abuse Prevention

Respondents listed a number of organizations throughout the county that they believed had some involvement with substance abuse prevention. Table 9 lists the organizations/groups described by respondents. A few respondents indicated that they were providing the names of groups in spite of not knowing whether these groups did or did not provide prevention services.



*Table 8. Number and percent of survey respondents who felt that these sectors are not represented within the Drug Free Partnership of LaPorte County*

Sector	Number	Percentage
Religious/Faith/Civic/Fraternal	4	40.0%
Business	4	40.0%
Youth	3	30.0%
Healthcare	3	30.0%
Parents/Families	2	20.0%
Legal./Law enforcement	2	20.0%
LGBTQ and other cultural groups that reflect LaPorte County	2	20.0%
People and families of those in recovery	2	20.0%
Media	1	10.0%
Schools/Education	1	10.0%
Government	1	10.0%
Treatment providers	1	10.0%

**Prevention Programming Available in LaPorte County**

Most respondents were unfamiliar with the prevention programs in LaPorte County, but those who did provide specific information on prevention programming typically described presentations that youth receive in school, such as the Lead and Seed program, 12-step programming, D.A.R.E., Drop it and Lock it, Hidden in Plain Sight, as well as outpatient counseling provided through either community health centers and/or

private therapists.

**Prevention Programming that is Missing and/or Needed in LaPorte County**

The survey subsequently requested that respondents provide a list of prevention programs that they considered missing or that they would like to see implemented in the community. The majority of suggestions for prevention programming were directed towards

Table 9. Number and percent of survey respondents who listed the following organizations or groups as being involved in substance use prevention in LaPorte County

	Number	Percentage
Mental Health/Counseling Centers (Samaritan Center, Swanson Center, Treatment Programs, Choices Counseling, Worthy Women, Keys Counseling, Other Mental Health Centers)	45	90.0%
Therapeutic and/or Treatment Services (Frontline Foundation, Private therapists, psychiatric consults, psychiatric services, A New Path, Intrepid Phoenix, LaPorte Alcohol and Drug Services)	33	66.0%
Drug Free Partnership	29	58.0%
Law enforcement (LaPorte PD, Michigan City PD, Sheriff's Department, D.A.R.E. programs)	24	48.0%
Youth/Family Organizations (Big Brothers/Big Sisters, Boys & Girls Clubs, Youth Service Bureau, Dunebrook, Lead & Seed, YMCA, Safe Harbor, Purdue Extension 4-H, Youth Serving Agencies NOS)	22	44.0%
Schools (Michigan City Community Schools, LaPorte Community School System, Parent-Teacher Organizations)	20	40.0%
Hospital Foundation and/or Hospitals Systems (Franciscan Alliance, Beacon Health, LaPorte Hospital, Franciscan Hospital in Michigan City, Open Door Adolescent Health Center)	17	34.0%
Local Government (Government NOS, Health Department & Health Department Agencies, Healthy Communities, Recovery Works, Health Department NOS)	13	26.0%
Legal (Problem-Solving/Drug/Teen/Veterans Courts, judiciary, probation)	8	16.0%
12-step organizations (AA, Al-Anon, NA, Dunes House, Yana Service Club)	8	16.0%
Advocacy Groups (Citizens Concerned for the Homeless, Family Advocates, Keys to Hope, Sand Castle Shelter, MADD/SADD)	6	12.0%
Churches (Bethany Lutheran Church, Road to Life Church, State Street Church, Churches NOS)	5	10.0%
Community Serving Organizations (Salvation Army, United Way, Pax Center)	5	10.0%
Employment (Certified drug-free workplaces, Figment Group, Inc.)	3	6.0%
Other Groups (Paari Angeles, Safety Council)	2	4.0%

providing more programming in schools. Respondents either indicated that students need more education on substance use and its dangers or that schools need to implement evidence-based programming such as Life Skills.

Many of the suggestions provided by respondents were geared toward secondary and tertiary prevention, such as increasing inpatient treatment, detoxification services, and transitional services for persons returning to the community from corrections or who have left inpatient services. Table 10 provides a breakdown of the services respondents viewed as necessary in the local area.

### Substance Use Treatment and Addiction Counseling in LaPorte County

Respondents were asked to indicate whether health-care organizations in LaPorte County provided services for substance use treatment and/or addiction counseling. Nearly half of respondents (47.6%) believed that the community's healthcare organizations did provide these services; the rest were either unsure (39.7%) or doubted that LaPorte County's healthcare organizations provided these services (12.7%). Respondents were then asked to list the treatment and addiction counseling services available within the county. Those who responded to the question (n=23) primarily mentioned outpatient counseling of various kinds (e.g., intensive outpatient, group counseling, psychiatric services, 12-step programming, etc.).

Table 10. Number and percent of survey respondents who listed the following as missing and/or needed prevention programs in LaPorte County

	Number	Percentage
School-Based Programming (e.g., evidence-based programs, Too Good for Drugs, Botvin Life Skills, more education about drugs and alcohol, motivational speakers, etc.)	17	29.3%
Inpatient Treatment Services	9	15.5%
Programming for Specialty Populations (e.g., Children with parents who are addicted to drugs; grandparents raising children of parents with addictions; dually diagnosed individuals, veterans, persons suffering from trauma)	8	13.8%
Other/Treatment (not otherwise specified)	7	12.1%
Detoxification Services	5	8.6%
Transitional/Residential Services	3	5.2%
Programming for First-time Youth Offenders	3	5.2%
Programs that meet people where they are in recovery (e.g., programs that do not require abstinence for admission)	1	1.7%
Early Prevention Services	1	1.7%
Easy Access to Services	1	1.7%
Education/Community Outreach	1	1.7%
Workplace programs	1	1.7%

Asked if healthcare organizations in LaPorte provided medication-assisted treatment (MAT) for persons with opioid use disorders, of the 62 persons who responded:

- 29.0% believed these services were not provided;
- 27.4% believed they were provided; and
- 43.5% responded that they did not know if these services were available in their community.

Among people who responded that MAT services did exist within LaPorte County:

- 47.1% said methadone services were available;
- 58.8% indicated buprenorphine treatment was available;
- 35.3% reported that naltrexone treatment was available; and

- 29.4% indicated they were unaware of what MAT services were accessible in their community.

The survey next asked respondents whether healthcare organizations in their community provided services for detoxification for opioid withdrawal.

- Nearly half (48.8%) of respondents stated that detoxification services were not provided;
- 11.3% stated they were provided; and
- 40.3% stated that they did not know whether these services were provided within their community.

Those who believed detoxification services<sup>4</sup> were available listed the Swanson Center, the Franciscan Alliance / St Anthony's, La Porte Hospital, the county jail, and Dr. Cook as the organizations providing these services.

### Treatment Services That Are Missing or Inadequate In LaPorte County

Respondents were asked to provide a list of treatment services that they believed were missing or inadequate in LaPorte County. Detoxification services were cited most frequently, followed by inpatient treatment and MAT. Table 11 provides a summary of the services respondents felt LaPorte County needed in order to address the current addiction issues.

### Law Enforcement Efforts for Overdose Prevention

The next section of the survey asked respondents to indicate whether police officers in their community had been trained to recognize opioid use problems such as an overdose:

- Most respondents (79.0%) believed officers did receive such training;
- 19.4% did not know whether officers received this training; and
- 1.6% said officers were not trained to recognize opioid use problems.

In terms of whether officers were trained on the use of naloxone<sup>5</sup> (Narcan®):

- 83.6% reported that officers had received this type of training;
- 14.8% did not know; and
- 1.6% indicated officers did not receive training on how to use naloxone.

When asked if police officers in their community carried naloxone, the majority of respondents said officers did carry it (74.5%), while 25.5% were not sure whether or not officers carried the medicine.

### Community Support for Substance Use Treatment Initiatives

The final part of the survey asked respondents to rate the extent to which their community would be supportive of various initiatives designed to address substance misuse and addiction:

<sup>4</sup>HFL has provided funding for the Swanson Center to contract with Recovery Works in Merrillville to offer the Detox Now! program to LaPorte County residents. Treatment and transportation to Merrillville are covered for those who otherwise could not afford the treatment.

Table 11. Number and percent of survey respondents who listed the following as missing or inadequate treatment services in LaPorte County

	Number	Percentage
Detoxification Services	19	42.2%
Inpatient treatment services	16	35.6%
Medication-assisted treatment (MAT)	11	24.4%
Outpatient counseling (especially Intensive Outpatient [IOP] services)	9	20.0%
More and better quality providers (especially licensed clinical addiction counselors)	6	13.3%
Halfway/Residential/Transitional Services (especially non-religious ones)	6	13.3%
Programming for specific groups	6	13.3%
Support/Transitional/Ancillary Services	6	13.3%
Cheaper/Free Treatment Services	4	8.8%
Prevention/education services	3	6.7%
Quick access to/increased availability of services	3	6.7%
Treatment Centers	3	6.7%
Case management/Service Coordination	2	4.4%
Alternatives to MAT	1	2.2%
Drug testing services	1	2.2%
Mentoring services	1	2.2%
Rehabilitation services	1	2.2%
Support groups	1	2.2%
“Traditional” treatment services	1	2.2%

- 85.0% of respondents believed their community would be very or somewhat supportive of substance use prevention programs;
- 79.3% of respondents thought their community

would be very or somewhat supportive of substance use/addiction treatment programs; and

- A little over one-third of respondents believed that their community would be very or somewhat

supportive of MAT to treat opioid use disorders; i.e., 40.0% believed the community would be supportive of methadone, with similar percentages reporting community support of buprenorphine (36.7%) or naltrexone (40.0%).

Finally, respondents were asked if they believed opioid addiction and overdose were significant problems in LaPorte County. An overwhelming majority (98.3%) of respondents considered opioid addiction and overdose significant problems in their community.

### Additional Comments

The survey allowed respondents to provide any additional comments they believed might be helpful for the research team to know. According to the comments, respondents believed that for LaPorte County to address its opioid and other substance-related issues, the following needed to occur:

1. Find ways to increase funding that is provided to organizations interested in dealing with substance use/abuse either through having more interdiction fees returned to DFP or through organizations working more diligently to get state and federal grants.
2. Enhance the availability of primary, secondary, and tertiary prevention services as well as law enforcement/judicial interventions.
3. Provide and support nontraditional services, such as job training, childcare, and transportation as a way to help persons with substance use problems get their lives back together while also being able to keep up with their treatment.
4. Get community buy-in for change—many people talk about the problem but either do not want to be involved or do not know how they can be

come involved in finding a solution.

5. Improve the image of the local mental health center within the community; currently it is seen as unfriendly due to closing at 5:00 p.m. during the week, lacking weekend hours, lacking services in languages other than English, and limiting the services available to persons who are financially challenged, all of which serve to keep people who need treatment from getting it.
6. Find ways to create collaborative rather than adversarial relationships between agencies interested in working on substance use issues.
7. Support the mental health providers currently working in the county through continuing education programs and other educational opportunities, while also trying to increase the number of providers within the county as a way to enhance treatment capacity.

## LaPorte County Key Informant Interviews

### Background

As part of the community needs assessment, researchers from the Center for Health Policy (CHP) completed in-person interviews with key stakeholders from a wide range of sectors affected by the opioid epidemic. Interviews lasted approximately one hour and ranged from one to multiple key informants per sector; typically, two or more informants from the same agency took part. The interview format invited participants to discuss the root causes of LaPorte County's opioid epidemic, the strategies currently in place to address it, the challenges and assets the community faces in dealing with the epidemic, and the level of cooperation among stakeholder groups working to address the epidemic (see Appendix for a complete interview guide). CHP researchers conducted a total of 18 group

<sup>5</sup> Naloxone is a medication that blocks the effects of opioids and can be used to reverse opioid overdoses.

interviews with 36 individuals who represented 21 different agencies or organizations. Table 12 lists the number of participants interviewed from each sector.

**Root Causes of the Opioid Epidemic**

Researchers asked participants to discuss what they believed were the root causes of LaPorte County’s opioid epidemic. Participants highlighted three primary causes of the epidemic:

- Opioid prescribing patterns
- Availability of opioids within the community
- Socio-economic factors

Nearly all participants held the belief that the epidemic was strongly tied to the availability of opioid-based pain medications. Participants expressed that liberal and inappropriate prescribing practices for post-surgi-

cal and chronic pain patients resulted in many individuals becoming addicted to opioids. In addition, participants reported these prescribing behaviors also contributed to large quantities of these medications being diverted into the community. As a result, many residents without chronic pain developed opioid addictions through nonmedical use. Notably, the healthcare providers interviewed reported opioid medications are no longer a significant contributor to the opioid epidemic due to new prescribing guidelines. However, other participants reported that these new guidelines have forced addicted individuals into heroin use.

Multiple interviewees pointed out that opioids are widely available throughout the community. Inappropriate prescribing practices were again cited by many interviewees as the primary source of pill-type opioids, although one participant indicated it was not

*Table 12. Number of participants and sectors represented in the interviews*

Sector	Number of Participants	Number of Distinct Agencies
Law Enforcement	4	2
Government	2	1
Criminal Justice	5	4
First Responders	4	3
Medical/Health/Public Health	10	4
Education	4	1
Treatment	3	2
Business	1	1
Non-Profit/Advocacy	3	3



clear whether residents were getting these pills from local sources or if they were visiting multiple prescribers in nearby communities. Several participants cited that large quantities of heroin pass through LaPorte due to the county's location on interstate 94, a federally recognized, high drug trafficking corridor connecting Chicago, Illinois, to Detroit, Michigan, making heroin a far cheaper and more accessible alternative to prescription opioids.

Several participants brought up social factors as being contributors to the opioid epidemic. Interviewees believed that high rates of poverty, mental illness, unemployment, broken homes, and the fast-paced nature of life create significant stress for many community members. Residents experiencing these kinds of stressors turn not only to opioids, but also to other drugs as a way to cope and/or to self-medicate resulting in a downward spiral of additional stressors and ever-increasing drug use. Participants expressed the view that many young people are being drawn into opioid use through living with parents or relatives who have opioid addictions or through pressure to try opioids from peers who may be users.

### Strategies Currently in Place to Address the Opioid Epidemic

Researchers next asked participants to indicate what they thought was being done in LaPorte County to address the opioid epidemic and whether they believed these strategies were effective. Strategies primarily reflected four approaches, which were often tied closely to the mission and goals of the interviewee's agency:

- Legal responses
- Addiction counseling and treatment
- School-based prevention efforts
- Awareness raising

Participants involved with public safety and criminal

justice predominantly described legal approaches to address the problem: arresting and incarcerating offenders; conducting investigations through the police departments' joint Drug Task Force; interdiction efforts to control the flow of heroin and other drugs that enter the county; the criminal court's use of alternative sentencing efforts such as drug- and problem-solving courts as well as juvenile detention alternative programs.

Participants connected to nearly every sector discussed some type of treatment-related effort taking place throughout the county. These efforts included the *Detox Now!* program, a collaboration between the Swanson Center and Recovery Works, that helps provide inpatient detoxification services to LaPorte County residents; outpatient treatment services provided by both Swanson Center and Frontline; the city of La Porte's *Path Program*, which helps to get those who want treatment for their drug use into treatment; and the county's Narcan (naloxone) program which allows first responders and other individuals to administer this medication to persons experiencing an opioid overdose.

Participants from school, public health, and non-profit organizations discussed the use of evidence-based prevention programming that was available through the school system. The programs mentioned most frequently were *Keepin' it Real*, which uses police officers to teach resistance and self-esteem skills to LaPorte County's 5th graders, and the *Botvin Life Skills* program offered to students in Michigan City.

Most interviewees mentioned efforts taking place within the county that were geared towards raising the public's awareness of the opioid problem. Activities that participants described included public events such as *Rock the Block*, various panel discussions on opioid use, community marches against drugs, education and training for first responders, education and training

programs for physicians and dentists about proper prescribing, and presentations on drug abuse for school-aged children. Additionally, drug drop boxes where citizens can safely dispose of their prescription medication have been placed in the community. Participants were unclear about whether or not the activities in the county were actually effective in addressing the opioid crisis. Participants typically made rather vague statements such as “there is some effectiveness”, “somewhat”, or “effectiveness, I’m not sure...” all of which seemed to convey a sense of limited effectiveness. A few interviewees discussed specific activities. For example, one interviewee reported that Narcan has been effective as “our opioid deaths are down”. Healthcare professionals reported that the new prescribing guidelines instituted at each of the hospitals have been effective in reducing the number of opioid prescriptions they generate. Other respondents felt certain activities such as *Keepin’ it Real* were effective as they emphasized skills the respondents thought were important for preventing drug use; however, they did not state whether these activities had made any noticeable difference within the county.

### Community Challenges

Researchers subsequently asked participants to discuss what challenges LaPorte County was experiencing in the face of the opioid epidemic as well as what assets were present in the county that might help them deal with the issue. The most frequently cited challenges were:

- Lack of treatment services
- Socio-economic factors
- Insufficient funding
- Limited community awareness or acceptance

Across all sectors, the greatest challenge interviewees described was an overwhelming lack of treatment services, particularly the lack of an inpatient detoxifica-

tion center located within LaPorte County. While participants were supportive of the *Detox Now!* program, they also noted that this program did not accept people who were uninsured and required those interested in the program to go out of the county; both of which limited the program’s usefulness<sup>6</sup>. On a related note, interviewees indicated that LaPorte has too few qualified mental health workers, substance abuse counselors, and psychiatrists to meet the county’s needs. Those providers who are available are overworked and wait times for their services are perceived to be quite long. Two participants noted a significant need for medical providers willing to prescribe medication-assisted treatment (MAT) in the form of buprenorphine and/or Vivitrol (naltrexone).

A second LaPorte County challenge discussed by participants was related to socio-economic factors. Several participants mentioned employer policies and unemployment as a challenge for the community. County residents who test positive for drugs typically cannot get jobs while those who are employed and subsequently test positive are usually terminated, both of which participants believed ended up exacerbating drug use. Similarly, participants reported that a lack of supportive services helping people enter into and/or stay in recovery (e.g., job training, job placement, childcare, transportation, etc.) is also a challenge for the county.

Lack of federal, state, and other forms of funding for addressing the opioid crisis was seen by several participants to be a challenge for the county. Interviewees reported that the current level of funding is insufficient and prevents the development of more treatment resources and supportive services.

Finally, a number of interviewees expressed that awareness of the problem continues to be a challenge. Several participants believed that the community at

large continues to be in denial regarding the opioid crisis and that until residents acknowledge and become invested in creating a solution for the problem, very little can be accomplished in resolving it.

### Community Assets

Interviewees described several assets within LaPorte County that could be used to help address the opioid epidemic. The common theme identified from all responses was LaPorte County's strong sense of community and willingness to collaborate across sectors.

A number of participants believed that a significant asset for the county has been its push to raise awareness of the opioid epidemic; as a result, the community is very cognizant of it, and as one participant stated, "owns the problem".

Nearly half the interview participants expressed that LaPorte County is a caring, giving community with a strong sense of identity, where people and organizations are willing to work together and are "stepping up to the challenge" posed by the opioid epidemic.

Another asset for LaPorte County described by participants was a sense of political will within local officials, law enforcement, and first responders to collaborate and address the opioid epidemic in a more progressive manner. They point to officials shifting the way they talk about persons who have substance use issues and implementing solutions that are recovery-focused (e.g., drug court, Path Program, first offender program, etc.) rather than punitive in nature, noting "you can't incarcerate your way out of it [the opioid epidemic]".

Healthcare representatives further mentioned that from their perspective, an asset within LaPorte County has

been their continuing effort to improve prescribing practices and reduce the supply of prescription opioids entering the community.

Lastly, participants viewed the work that the Healthcare Foundation of LaPorte, the United Way, Frontline, and the Drug Free Partnership are doing to address the opioid epidemic as strengths within the community.

### Fixing the Problem

Interviewers next asked participants to discuss what they perceived to be necessary to fix or reduce the opioid problem within LaPorte County. Overall, participants viewed the opioid epidemic as a multidimensional problem that required a multidimensional approach, with involvement and cooperation from all sectors of the community.

Additionally, several participants reported that an effective multidimensional plan would require one organization to be the leader who brings everyone together through a "common vision". The plan should be "validated so we will do this right" and pushed forward by a "guiding leader, a champion that can take a hold of that". The individual components that should be included in the plan fell primarily into six categories (details on each below):

- Behavioral health workforce development
- Increased awareness
- School-based life skills and drug prevention efforts
- Supportive services
- Increased law enforcement
- Additional funding

First, the majority of participants supported the view

<sup>6</sup>HFL has provided funding for the Swanson Center to contract with Recovery Works in Merrillville to offer the Detox Now! program to LaPorte County residents. Treatment and transportation to Merrillville are covered for those who otherwise could not afford the

that a multidimensional plan should focus on improved access to substance use treatment services to fix the opioid problem. The most critically needed service cited by participants was inpatient detoxification, although participants disagreed on whether it would be better to build this type of facility within the county or to increase partnerships with treatment centers in neighboring communities. Either way, participants agreed that some solution needed to be found for detoxification services, especially for persons who were uninsured or under-insured. Participants also agreed that LaPorte County needed a larger, stronger substance use treatment provider workforce that included healthcare professionals willing to provide medication-assisted treatment in the form of buprenorphine, naltrexone (Vivitrol), or both.

The second piece of a multidimensional plan expressed by participants was increased awareness and education related to the opioid epidemic. Participants mentioned that more education around substance use was needed for all age groups within the community, but a few participants specifically singled out opioid prescribers as well as employers and employees as groups that needed to be targeted for more education.

Third, a number of participants stated that fixing the opioid problem in LaPorte County would require enhancing prevention efforts within the school system with special emphasis on youth in middle school and below. The prevention efforts discussed involved additional education, primarily in the form of evidence-based programming, on drug use, refusal skills, resiliency, problem solving, and self-esteem.

A fourth piece of a multidimensional plan was the need to increase the amount of supportive services (e.g., employment assistance, transitional housing, resource hotlines, legal assistance, etc.) within the community. These services could help families affected by

addiction become more stable and reduce the likelihood that children will engage in drug use, facilitate access to treatment for those who want it, and ensure that individuals who complete treatment or who are reentering the community from corrections are able to remain free from drug use.

The fifth element that participants cited as being necessary was increased enforcement and policy reform. Participants noted the need for continued enforcement efforts directed at decreasing the availability of opioids entering LaPorte County and at tracking down and investing local sources and suppliers of these drugs. In addition to law enforcement efforts, a few participants believed that more stringent legislation needs to be in place to better control opioid prescribing by healthcare providers.

Finally, obtaining more financial resources was noted by several participants as key for addressing LaPorte's opioid epidemic. Participants indicated that ideally, these funds would come from state and/or federal sources, would be distributed in a way that would encourage collaboration, and could help offset the expenses agencies would incur as they work to develop and implement solutions to the opioid problem.

### Community Collaboration

The final set of questions asked participants to discuss (a) whether every person or organization necessary to develop a solution was actively involved in creating one, (b) whether organizations who were involved in the issue were able to work well together, and (c) whether a specific agency or organization should have primary responsibility for addressing the opioid epidemic.

In terms of organizations participants believed were missing, healthcare providers, especially the two hospital systems, were mentioned most frequently;

followed by local business and industry; political leaders; and individuals who represent the various demographic groups within LaPorte (e.g., minority groups, LGBTQ, and people in poverty).

There was little agreement among participants in terms of organizations that did and did not work well together, with some organizations such as law enforcement being described as working well with other organizations by some participants yet described as not working well with other organizations by other participants. One respondent summarized the situation as “all the

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**Participants noted the need for continued enforcement efforts directed at decreasing the availability of opioids entering LaPorte County**

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people want to help, [but] we need an entity who is an expert to get us moving and guide us.”

Lastly, participants were somewhat divided when considering whether one specific agency or organization should be primarily responsible for addressing the opioid epidemic. Several participants stated that since the opioid epidemic is a large, multi-faceted problem, it is “going to have to be a partnership” among the sectors involved in the problem; to address it “we need to come together to make it happen”. Other participants while acknowledging that the problem does need all sectors to be involved, believed that a single entity should be coordinating the effort: The Swanson Center, legislators, the hospital systems, the Healthcare Foundation of La Porte, and the Drug Free Partnership were all put forward as being the party who should

take primary responsibility for addressing the opioid epidemic.

## Strategies to Reduce Opioid Misuse and its Consequences in LaPorte County

Based on findings from the assessment and a review of the literature, the CHP recommends the following framework to guide LaPorte County’s strategies to reduce the opioid crisis by addressing the entire continuum of care, from prevention to recovery in the community.

### Primary Prevention: Prevent Misuse Before it Occurs

Primary prevention aims to prevent the onset of a disease, injury, or condition. In the context of the opioid epidemic, the goal is to prevent opioid misuse before it occurs by reducing both the supply and demand of these drugs.

#### 1. *Reduce opioid supply*

- Raise awareness of the opioid epidemic and current/planned initiatives within the community.
- Educate on the importance of not sharing prescription drugs with others and locking opioids in medicine cabinets to prevent unauthorized use.
- Provide drop-off boxes for unused medications throughout the county.
- Encourage prescribers to follow opioid prescribing guidelines to reduce (a) number of patients receiving opioids, (b) number of prescriptions written, (c) number of pills prescribed, and (d) daily dosages/MMEs – when clinically appropriate.
- Encourage prescribers to check INSPECT prior to prescribing opioids.
- Encourage pharmacies to check INSPECT

prior to dispensing opioids.

- High Intensity Drug Trafficking Area (HID-TA) program.

2. *Reduce opioid demand*

- Address social determinants of health (high rates of poverty, unemployment, broken homes) by providing supportive services, e.g., job training, job placement, childcare, transportation, etc.
- Provide mental health screenings and access to mental healthcare (high rates of mental illness).
- Implement effective school-based life skills and drug prevention programs.

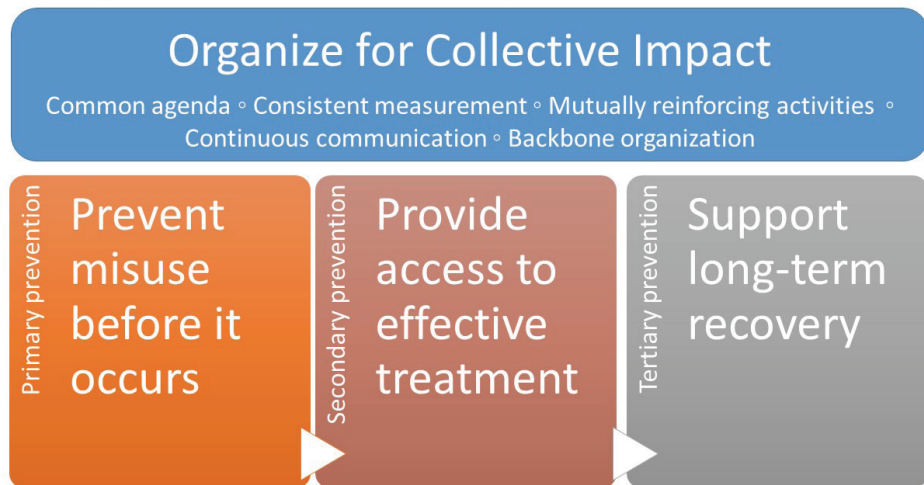
**Secondary Prevention: Improve Access to Effective Treatment**

Secondary prevention seeks to lessen the impact of a disease, injury, or condition after it has occurred. To reduce the negative consequences of opioid misuse, access to services is crucial.

*Provide access to affordable, evidence-based treatment services*

- Expand and develop the behavioral health workforce
- Link patients to inpatient and detoxification services.
- Increase capacity of outpatient services.
- Make medication-assisted treatment, including methadone, buprenorphine, and naltrexone, more widely available.
- Provide integrated mental health and substance use services for patients with co-occurring opioid addiction and mental illness.
- Expand the capacity of problem-solving (drug) courts.
- Offer naloxone training to first-responders, school nurses, public health staff, and lay persons in the community.
- Make naloxone kits widely available to first-responders, school nurses, public health staff, and lay persons in the community.

Strategic Framework to Reduce Opioid Misuse in LaPorte County



### Tertiary Prevention: Support Long-term Recovery

Tertiary prevention intends to soften the long-term impact of an ongoing, often chronic disease, injury, or condition. The Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes the importance of recovery support to help people with substance use and/or mental disorders manage their conditions. Recovery support includes access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. Though recovery is characterized by continual growth and improvement in one's health, setbacks are a natural part of this process that can be overcome [35].

1. *Increase access to peer recovery coaches.*
2. *Provide supportive services e.g., job training, job placement, childcare, transportation, housing, etc.*

### Organize for Collective Impact

Bring community organization and mobilization under one leadership:

1. Create a common agenda, including:
  - shared definition of the problem,
  - shared priorities, and
  - agreed upon actions & activities.
2. Apply consistent measurement, covering:
  - ongoing assessment of actions and activities towards priorities and
  - objective and transparent measurements.
3. Participate in mutually reinforcing activities through:
  - coordination of efforts and
  - alignment of activities across participants and priorities.

4. Engage in continuous communication through:
  - open communications and transparency across all partners.
5. Identify a backbone organization to:
  - guide vision & strategy,
  - support aligned activities,
  - establish consistent measurements,
  - build community will,
  - advance policy, and
  - mobilize funding.

## References

1. Centers for Disease Control and Prevention. Opioid basics - understanding the epidemic. 2017; Available from: <https://www.cdc.gov/drugoverdose/opioids>.
2. Kolodny, A., et al., The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction. *Annual Review of Public Health*, 2015. **36**: p. 559-574.
3. Carlson, R.G., et al., Predictors of transition to heroin use among initially non-opioid dependent illicit pharmaceutical opioid users: A natural history study. *Drug and Alcohol Dependence*, 2016. **160**: p. 127-134.
4. Dwyer, J.B., et al., Report of increasing overdose deaths that include acetyl fentanyl in multiple counties of the southwestern region of the commonwealth of Pennsylvania. *Journal of Forensic Sciences*, 2017.
5. Evans, W.N., E. Lieber, and P. Power, How the reformulation of OxyContin ignited the heroin epidemic. 2017, University of Notre Dame: Notre Dame, IN.
6. Kertesz, S.G., Turning the tide or riptide? The changing opioid epidemic. *Substance Abuse* 2017. **38**(1): p. 3-8.
7. Rudd, R.A., et al., Increases in drug and opioid-involved overdose deaths--United States, 2010-2015. *Morbidity and Mortality Weekly Reports*, 2016. **50-51**(1445-1452).
8. Somerville, N.J., et al., Characteristics of fentanyl overdose -- Massachusetts, 2014-2016. *Morbidity and Mortality Weekly Reports*, 2017. **65**(50-51): p. 1445-1452.
9. Substance Abuse and Mental Health Services Administration and Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health (NSDUH). 2017; Available from: <https://www.samhsa.gov/data/population-data-nsduh>.
10. Weiss, A.J., et al., Opioid-related inpatient stays and emergency department visits by state, 2009–2014, in Healthcare Cost and Utilization Project (HCUP) Statistical Brief #219. 2016, Agency for Healthcare Research and Quality.
11. Rudd, R.A., et al., Increases in drug and opioid overdose deaths—United States, 2000–2014. *American Journal of Transplantation*, 2016. **16**(4): p. 1323-1327.
12. Florence, C.S., et al., The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical care*, 2016. **54**(10): p. 901-906.
13. Dowell, D., T.M. Haegerich, and R. Chou, CDC guideline for prescribing opioids for chronic pain--United States 2016. *Morbidity and Mortality Weekly Reports*, 2016. **65**(1): p. 1-49.
14. Laws, N.A.f.M.S.D. Prescription drug monitoring programs (PDMPs): Critical decision support tools to respond to the opioid crisis. 2017; Available from: <http://www.namsdl.org/library/Congressional%20Briefing%20-%20Final%20Agenda%20and%20Presentation>.
15. Substance Abuse and Mental Health Services Administration. SAMHSA to award nearly \$1 billion in new grants to address the nation's opioid crisis. 2016; Available from: <https://www.samhsa.gov/newsroom/press-announcements/201612141015>.
16. U.S. Department of Health and Human Services, HHS commits \$144.1 million in additional funding for opioid crisis. 2017.
17. U.S. Department of Health and Human Services. HHS announces over \$70 million grants to address the opioid crisis. 2017; Available from: <https://www.hhs.gov/about/news/2017/05/31/hhs-announces-over-70-million-in-grants-to-address-the-opioid-crisis.html>.
18. Substance Abuse and Mental Health Services Administration, National survey of substance abuse treatment services (N-SSATS): 2016. Data on substance abuse treatment facilities. 2016, Substance Abuse and Mental Health Services Administration: Rockville, MD.





19. Substance Abuse and Mental Health Services Administration. Apply to increase patient limits. n.d.; Available from: <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/increase-patient-limits>.
20. American Society of Addiction Medicine. Nurse practitioners and physician assistants prescribing buprenorphine. n.d.; Available from: <https://www.asam.org/resources/practice-resources/nurse-practitioners-and-physician-assistants-prescribing-buprenorphine>.
21. State Health Access Data Assistance Center (SHADAC). Prescription opioid painkiller sales in kilograms per 100,000 people, oxycodone and hydrocodone. 2017; [SHADAC analysis of U.S. Drug Enforcement Agency's Automated Reports and Consolidated Ordering System (ARCOS) Retail Drug Summary Reports]. Available from: <http://state-healthcompare.shadac.org/map/170/prescription-opioid-painkiller-sales-in-kilograms-per-100000-people-by-oxycodone-and-hydrocodone#87/15/204>.
22. Matrix Global Advisors LLC. Health Care Costs from Opioid Abuse: A State-by-State Analysis 2015; Available from: [https://drugfree.org/wp-content/uploads/2015/04/Matrix\\_OpioidAbuse\\_040415.pdf](https://drugfree.org/wp-content/uploads/2015/04/Matrix_OpioidAbuse_040415.pdf).
23. Indiana Business Research Center and Indiana University Kelley School of Business, STATS Indiana. 2016.
24. U.S. Census Bureau, Census 2010; Percent urban and rural in 2010 by state and county; using American FactFinder. 2010.
25. U.S. Census Bureau, 2011-2015 American Community Survey 5-Year estimates; using American FactFinder.
26. Indiana State Department of Health. Hospital Facility Directory for LaPorte County. 2017; Available from: <http://www.in.gov/isdh/reports/QAMIS/hosdir/ctyfac45.htm>.
27. Gassman, R., et al., Indiana Youth Survey, I.U. Indiana Prevention Resource Center, Editor. 2017.
28. Indiana Family and Social Services Administration and Division of Mental Health and Addiction, Treatment Episode Data System (TEDS). 2016: Indianapolis, IN. .
29. Indiana State Department of Health. Stats Explorer. 2017; Available from: [https://gis.in.gov/apps/isdh/meta/stats\\_layers.htm](https://gis.in.gov/apps/isdh/meta/stats_layers.htm).
30. Rudd, R.A., Increases in drug and opioid-involved overdose deaths—United States, 2010–2015. MMWR. Morbidity and mortality weekly report, 2016. **65**.
31. Ruhm, C.J., Geographic variation in opioid and heroin involved drug poisoning mortality rates. American journal of preventive medicine, 2017. **53**(6): p. 745-753.
32. Federal Bureau of Investigation, Uniform Crime Reporting (UCR) program data: County-level detailed arrest and offense data. 2010-2014, Inter-university Consortium for Political and Social Research: Ann Arbor, MI.
33. Substance Abuse and Mental Health Services Administration. Substance Abuse Behavioral Health Treatment Services Locator. 2017; Available from: <https://findtreatment.samhsa.gov>.
34. Indiana State Department of Health. Optin Naltrexone Provider Database. 2017; Available from: <https://optin.in.gov>.
35. Substance Abuse and Mental Health Services Administration. Recovery and Recovery Support. 2017; Available from: <https://www.samhsa.gov/recovery>.