Local Governments and the Opioid Crisis: The Broader Problem and Emerging Ideas

October 10, 2018

“The opioid epidemic knows no boundaries. It has cut through communities of all sizes and families of all socio-economic backgrounds”.

- Agriculture Secretary Sonny Perdue, October 2017 in Successful Farming.
Local Governments and the Opioid Crisis: The Broader Problem and Emerging Ideas

**The Opioid Epidemic by the Numbers**

2016 and 2017 Data

- **130+** People died every day from opioid-related drug overdoses
  (estimated)
- **11.4 m** People misused prescription opioids
- **42,249** People died from overdosing on opioids
- **2.1 million** People had an opioid use disorder
- **886,000** People used heroin
- **81,000** People used heroin for the first time
- **2 million** People misused prescription opioids for the first time
- **17,087** Deaths attributed to overdosing on commonly prescribed opioids
- **15,469** Deaths attributed to overdosing on heroin
- **19,413** Deaths attributed to overdosing on synthetic opioids other than methadone

**Sources**
2. NCHS Data Brief No. 293, December 2017
About the Alliance

Convene and Engage Networks of Thought Leaders

Provide Training to help Organizations Build and Sustain a Culture of Innovation

Identify, Distribute Leading & Emerging Practices/Trends Important to Local Gov

Arizona State University

@austintexasgov

@EGOV

@MtPleasantGov

@transformgov

@OpenGovInc
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All attendees are muted, but we do want your participation!

Please ask your questions using your Go To Webinar Toolbox throughout the webinar.
Panelists

Doug Matthews
Chief Communications Director at City of Austin

Joe Roualdes
Head Of Communications & Social Media at OpenGov Inc.

Sgt. Tony Winstead
Mt. Pleasant, SC Police Department

Jeff Stocker
Healthcare Strategist at NIC Inc.
Trusted by over 2,000 state and local governments
Step 1

In January, we used CDC data to identify states that have a high number of drug-overdose deaths.
Cross referenced those states with states that have a large number of cities that use OpenGov. Ohio, Kentucky, Pennsylvania, Maryland, and Massachusetts rose to the top.
Opioid Research Methodology

Step 1

Step 2

Step 3

Analyzed public-safety expenses and drug overdose death rates between 2010 and 2016 in 20 cities and counties across those states.
Research Findings

COSTS PER DEATH
Every 3 drug-overdose deaths equals (on average) a 1% or $130,000-$140,000 increase in public safety expenses.

ANNUAL COSTS
On average, public safety expenses rose 19% or $11 million per agency between 2010 and 2016 (that’s 2.9% or $1.7 million annually).

3-YEAR GAP
There’s approximately a 3-year gap between when drug-overdose deaths and public safety expenses start to spike, and when public safety expenses start to plateau.
Governments must track expenses by program or initiative.
MT. PLEASANT POLICE DEPARTMENT’S RESPONSE TO OVERDOSES
Statistical Overview

- **2014:**
  - 21 Overdoses
  - 3 Deaths
  - 2 Cases involving Heroin
  - 17 Female 4 Male

- **2015:**
  - 30 Overdoses
  - 3 Deaths
  - 3 Cases involving Heroin (all three victims died/ all three victims were male)
  - 13 Female 17 Male

- **2016:**
  - 20 Overdoses
  - 2 Deaths
  - 3 Cases involving Heroin (two victims died/ both victims were male)
  - 10 Female 10 Male
2017:
- 37 Overdoses
- 8 Deaths
- 16 Cases involved Heroin/Opioid (7 victims died / four males and three females)
- 18 Females 19 Males

2018: (As of August 12)
- 42 Overdoses
- 5 Deaths
- 20 Cases involving Heroin/Opioid (5 victims died / 3 victims were male and two female)
- 20 Females 22 Males
FIRST STEP PROGRAM

The road to recovery starts with the first step.
PATROL RESPONSE

✧ On ALL Overdoses contact Sgt Winstead, Sgt Brandon or Capt Martin
  ✧ Provide Name, Age, Address of incident and OCA#

✧ If it appears to be an accidental overdose try to have transported to MUSC if possible

✧ Have officer respond to ED with victim and stand by for CIB/Narcs, this is still an active investigation and charges could be made, the victim is considered in Investigative Detention until deemed otherwise by a supervisor

✧ If inside of vehicle, have vehicle towed and conduct cautious but thorough inventory

✧ If inside of residence, begin procedures for a search warrant

✧ Try to identify drug used if possible

✧ Limit conversation with victim to medical needs/do not interview unless necessary

✧ When completing Incident Report, Use UCR code 90Q on all overdoses, attempted overdoses and indicate in the report type of drug/alcohol used. This will be a secondary UCR on all reports.
COMMUNITY PARTNERS

- WAKE UP CAROLINA
- CHARLESTON CENTER
- CENTER FOR BEHAVIORAL HEALTH
- KEVIN DOWNS (LPC/S)
- SAMATHA WELLS ADDICTION INTERVENTIONS, LLC.
- FAVOR of CHARLESTON (Faces And Voices Of Recovery)
- COLLEGIATE RECOVERY PROGRAM (College of Charleston)
VICTIM RESOURCE CARD

MOUNT PLEASANT
FIRST STEP PROGRAM

Call 911 for Emergencies

Mount Pleasant Victim’s Advocates: 843-884-4176
Provide resources to those in need of treatment and recovery options. Provide resources for family members.

Charleston Center: 843-958-3300
5 Charleston Center Drive, Charleston, SC 29401
Offers outpatient services, medication assisted treatment, medical detoxification, counseling, patient services for women and children. Financial Assistance Available

Center for Behavioral Health: 843-529-0700
2501 Cosgrove Avenue, Suite F, North Charleston, SC 29405
Offers medication assisted treatment, outpatient services, counseling. Financial Assistance Available

“The Road to Recovery Begins with the First Step.”
Family Resource Card

Mount Pleasant Police Victim Advocates 843-894-4176
Will provide resources to those in need of treatment and recovery options. Available to family members.

Center for Behavioral Health 843-529-0700
Offers medication-assisted treatment, outpatient services, counseling. Financial assistance available.

Charleston Center 843-958-3300
Outpatient services, medication-assisted treatment, medical detoxification, counseling, inpatient service for women with children. Financial assistance available.

Wake-Up Carolina www.wakeupcarolina.org
Wake Up Carolina is an organization that focuses on awareness, education, prevention, & recovery. Provides vast resources for families battling the opioid epidemic.

Creighton’s House www.creightonhouse.org
Provides a recovery-focused community where individuals & families impacted by substance use feel safe, accepted, & supported while walking their road to recovery.

College of Charleston Collegiate Recovery Program 843-953-6630
Marchantww@cofc.edu
Offers a director-led, student-organized, support-based program for students in recovery from substance use disorder.

Favor Lowcountry 843-670-5242
www.favorlowcountry.com
Provides education about recovery from substance use disorders (SUD), promotes recovery from SUD, advocates for persons in recovery from SUD & for services to support recovery from SUD.

Charleston Addictions Counseling 843-469-5489
charlestonaddictioncounseling.com
Counseling resource specifically designed to provide one who is serious about recovery, highly individualized addiction treatment across the full addictions continuum. Concierge detoxification, intervention services, intensive out-patient counseling, rehabilitation center referrals, & long-term residential recovery referrals. Offers medication-assisted treatment, outpatient services, & counseling.

Partnership for Drug-Free Kids 1-855-DRUGFREEX
www.drugfree.org
Emotional support, guidance, & resources provided by bilingual master’s level parent support specialists. 5 one-hour calls over 6 weeks, with trained parent coach for free.

Sam Wells Addiction Interventions 843-469-5489
samwellsaddictionintervention.com
Sam Wells Addiction Interventions recognizes intervening as a process, not just an event. They see the value in offering a wide range of services from treatment placement, transportation, & a sober companion for your loved one. Available 24/7 for free consultations.
A powerful platform designed to support better informed decisions delivered by digital government
About NIC

• NIC thrives where technology, government, and data intersect
• Specialize in building connected systems to help agencies communicate and share data
• Collaborative approach to serving government and supporting its mission

Built 13,000+ DIGITAL SERVICES
MANAGE DIGITAL government services IN 36 STATES

26 YEARS of delivering INNOVATIVE digital government services
Serve 6,000+ State, Local, & Federal AGENCIES
How bad is this epidemic?

- Worst drug crisis in history:
  - Death rates rival that of the AIDS epidemic in the 1990s
  - Drugs kill more people than car accidents
- Opioid use affects all races, genders
- Opioid prescriptions have tripled since 1998

Twelve states have more opioid prescriptions than people

Opioid Pain Reliever Prescriptions by State

Source: https://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/

Source: Centers for Disease Control
What is a PDMP?

A PDMP is a tool utilized by government officials for reducing prescription drug abuse and diversion. PDMPs collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners.
The Opioid Crisis Response Act of 2018

Proposals are the result of 6 bipartisan hearings on opioid crisis with FDA, NIH, CDC, SAMHSA, governors, experts, and families

To improve the ability of the Department of Health and Human Services, including the Food and Drug Administration, the National Institutes of Health, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration, as well as the Departments of Education and Labor, to address the effects of the crisis on children, families, and communities, and to improve access to evidence-based and research-based systems of care, and improve data sharing between states.

H.R. 6 includes Medicaid, Medicare, and public health reforms to combat the opioid crisis by advancing treatment and recovery initiatives, improving prevention, protecting communities, and bolstering efforts to combat illicit synthetic drugs like fentanyl. The policies contained in the legislation were advanced through regular order by the House Energy and Commerce Committee and the Ways and Means Committee. A detailed section-by-section can be found here. Major provisions include:

Medicaid

- Require state Medicaid programs to not terminate a juvenile’s medical assistance eligibility because the juvenile is incarcerated. A state may suspend coverage while the juvenile is an inmate, but must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance (H.R. 1925)
- Enable former foster youth who are in care by their 18th birthday and previously enrolled in Medicaid to receive health care until the age of 26 if they move out of state (H.R. 4998)
- Require the Centers for Medicare and Medicaid Services (CMS) to carry out a demonstration project to provide an enhanced federal matching rate for state Medicaid expenditures related to the expansion of

Republican Policy Committee's Summary

Library of Congress

H.R. 6: SUPPORT for Patients and Communities Act
Interoperability

• What does it mean to be truly interoperable?

• Is this making my job easier? (automation)

• How are we using the data?
Q&A

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Access the Emerging Practices in Local Government...
Save the Date!
Upcoming learning events:
http://transformgov.org/virtual-events

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Thank you for joining us!