

Addressing the Opioid Crisis in Small and Rural Communities in Western Massachusetts

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Based on Massachusetts Health Policy Forum Issue Brief by
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#addressingtheopioidcrisis
#WesternMA



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Health Policy Forum

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NIDA CENTER
To Improve System Performance Of
Substance Use Disorder Treatment
SUPPORTED BY THE NATIONAL INSTITUTE ON DRUG ABUSE

OPRC
Opioid Policy Research Collaborative

OVERVIEW

Extent of the Opioid Crisis in Western Massachusetts

Unique Challenges in Western Massachusetts

Best Practices and Innovative Programs

Recommendations

Issue Brief: Approach and Themes

Approach

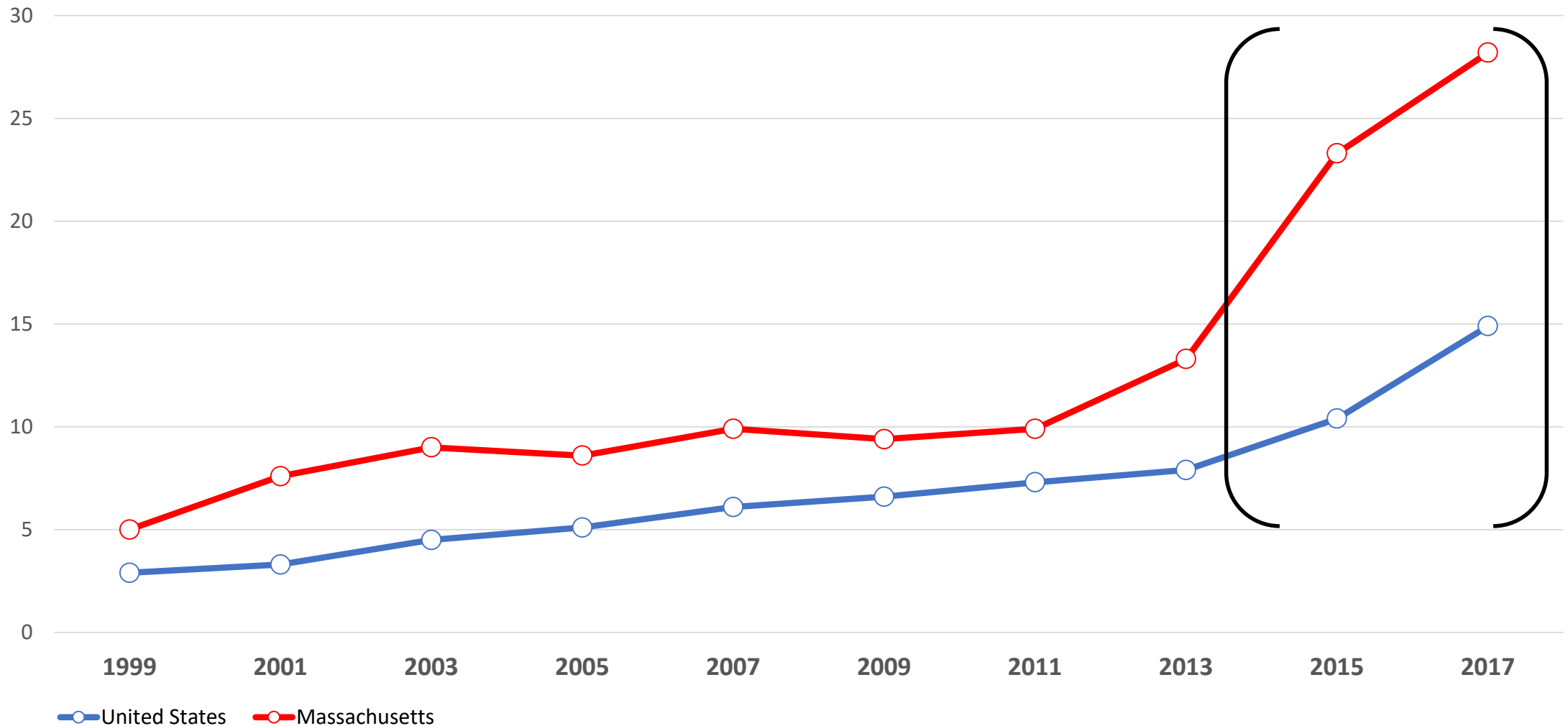
- Extensive literature search
- Publicly available data and secondary data analysis
- 24 semi-structured interviews with five key stakeholder groups: providers, community coalitions, criminal justice, government officials, and harm reduction specialists

Themes

- Importance of community collaboration
- Rehabilitative role of the criminal justice system
- Need to engage more people on medications for opioid use disorder (MOUD)
- Expansion of harm reduction and recovery support services

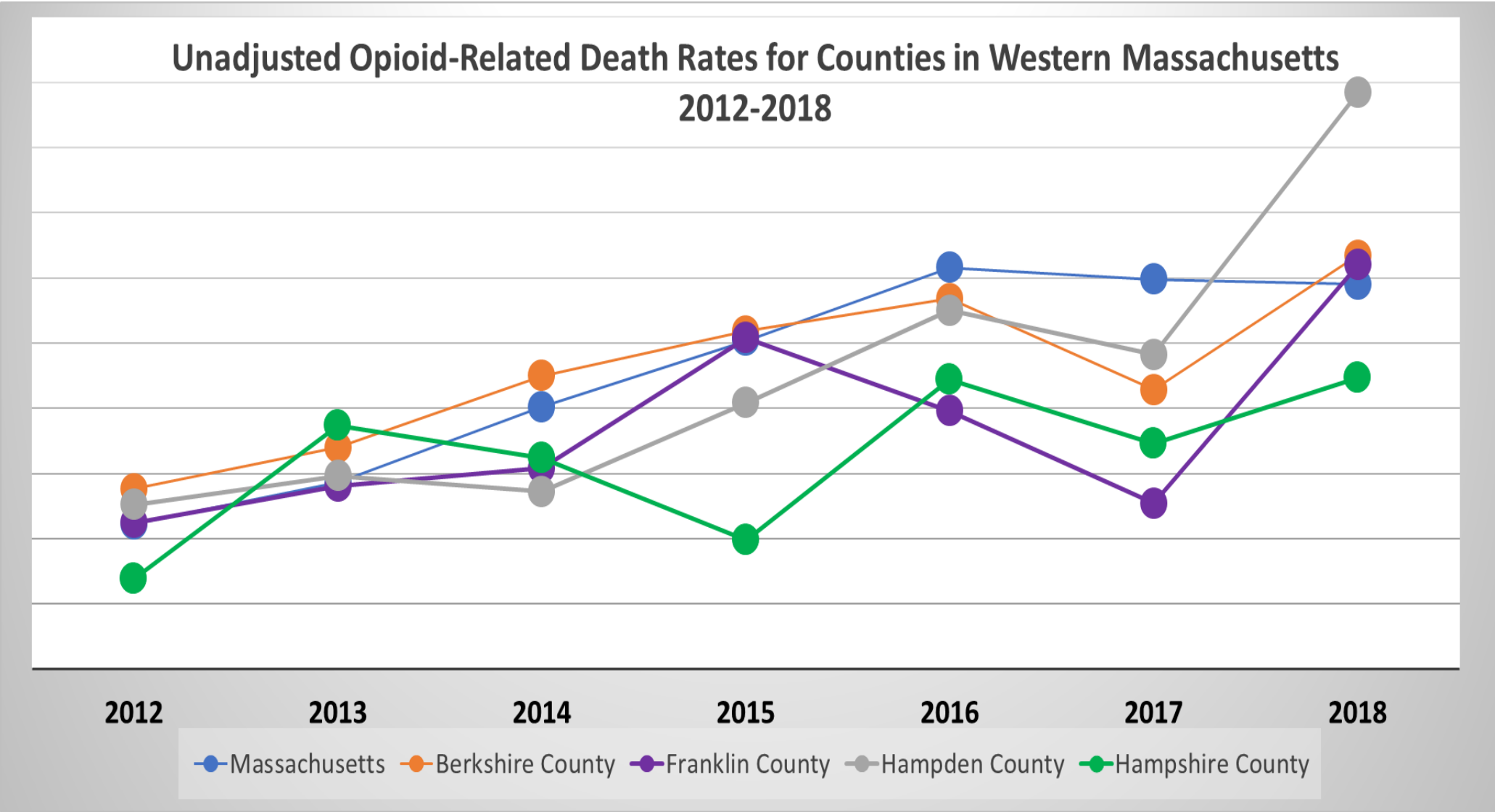
The Problem: Epidemiology

MA Opioid Overdose Death Rate Significantly Higher than National Average



Source: Henry J. Kaiser Family Foundation (2019)

Opioid Overdoses are Increasing in Western Mass

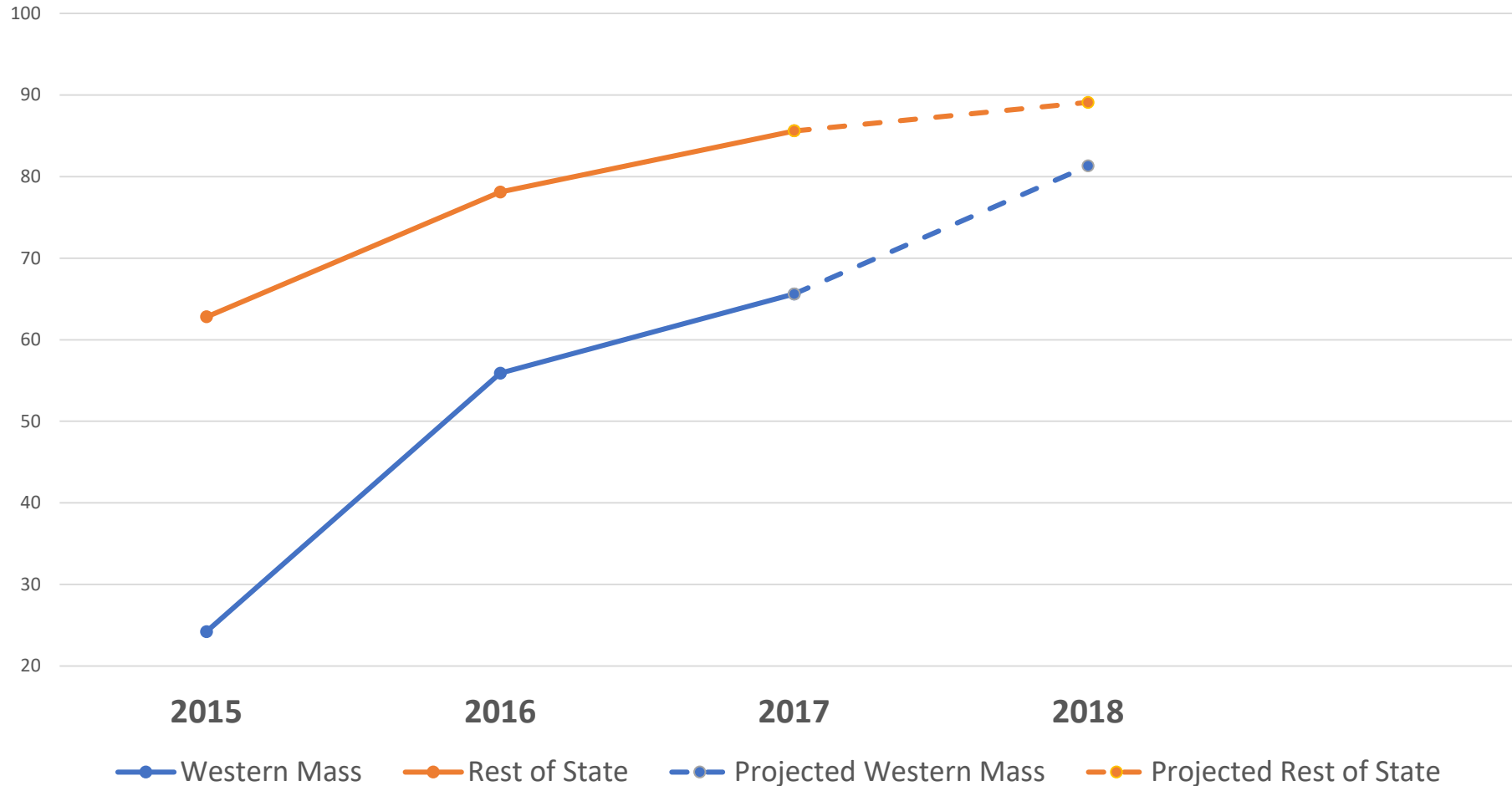


Source: Massachusetts DPH and U.S. Census

*Per 100,000 People

Fentanyl is Increasing in Western MA

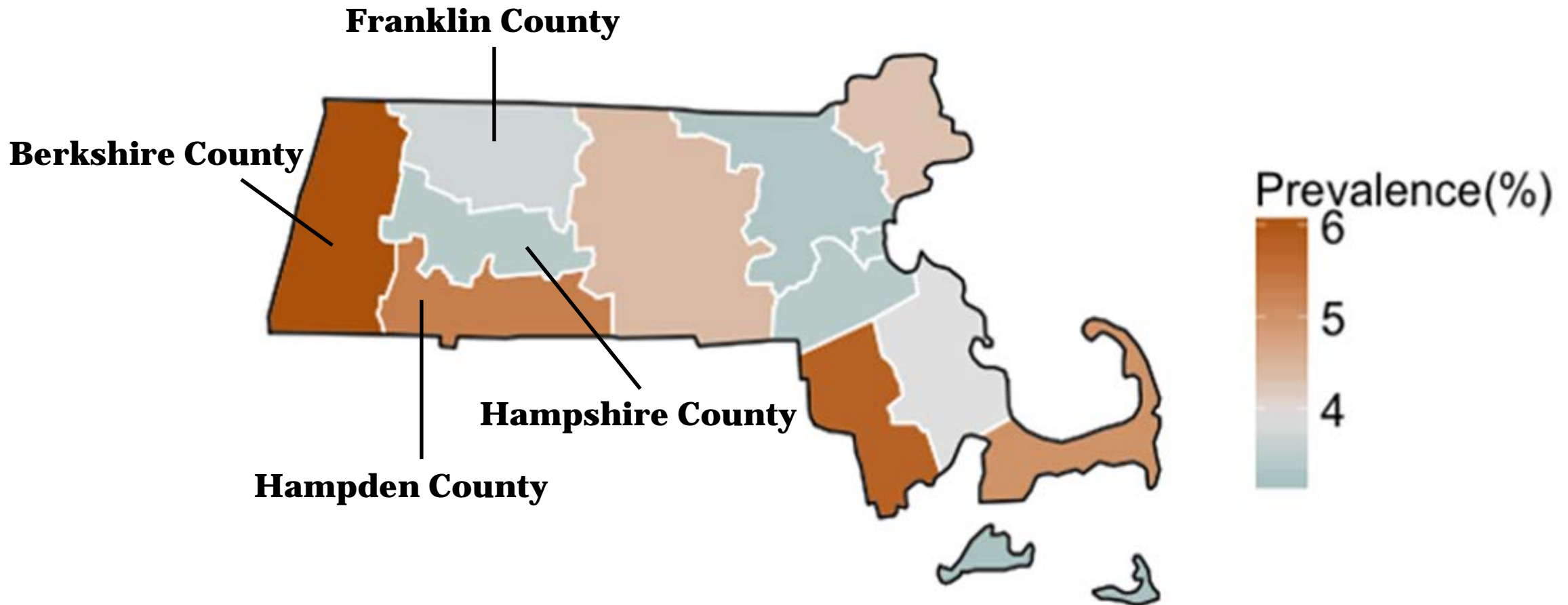
Presence of Fentanyl in Opioid-Related Overdose Deaths



Source: Brandeis/IBH team. Data obtained through contract with Massachusetts DPH for 2015-2017 *2017 data is preliminary

*2018 WMA data point is preliminary from Northwest DA Office; 2018 MA data point is preliminary state-level fentanyl percentage in opioid OD's

County-level Prevalence of Opioid Use Disorder



Opioid Prescribing Higher in Western Mass

	% of Population Receiving Schedule II Opioid Rx	Total Number of Dosage Units Per Capita
Massachusetts	3.5	4.1
Franklin County	4.6	6.4
Berkshire County	4.5	5.1
Hampshire County	3.8	5.5
Hampden County	4.5	5.9

Who is at Greatest Risk?

History of
nonfatal
overdose

Diagnosed
mental illness

Low
socioeconomic
status*

Recently
incarcerated

Mothers with
opioid use
disorder

Homelessness

Those prescribed
opioids >3
months

History of
trauma*

The Problem: Costs and Consequences

Economic Impact

Cost of Opioid Crisis in MA:

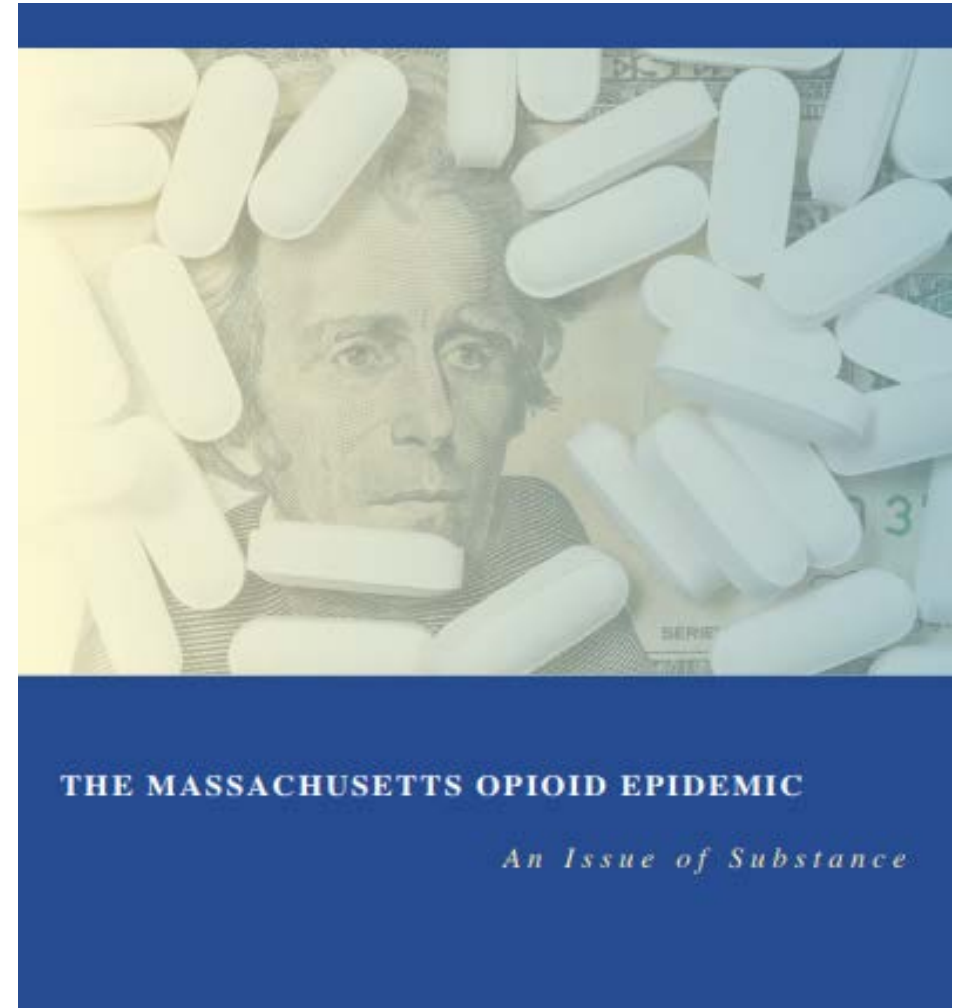
\$15.2 billion (2017)

\$9.7 billion = Productivity losses

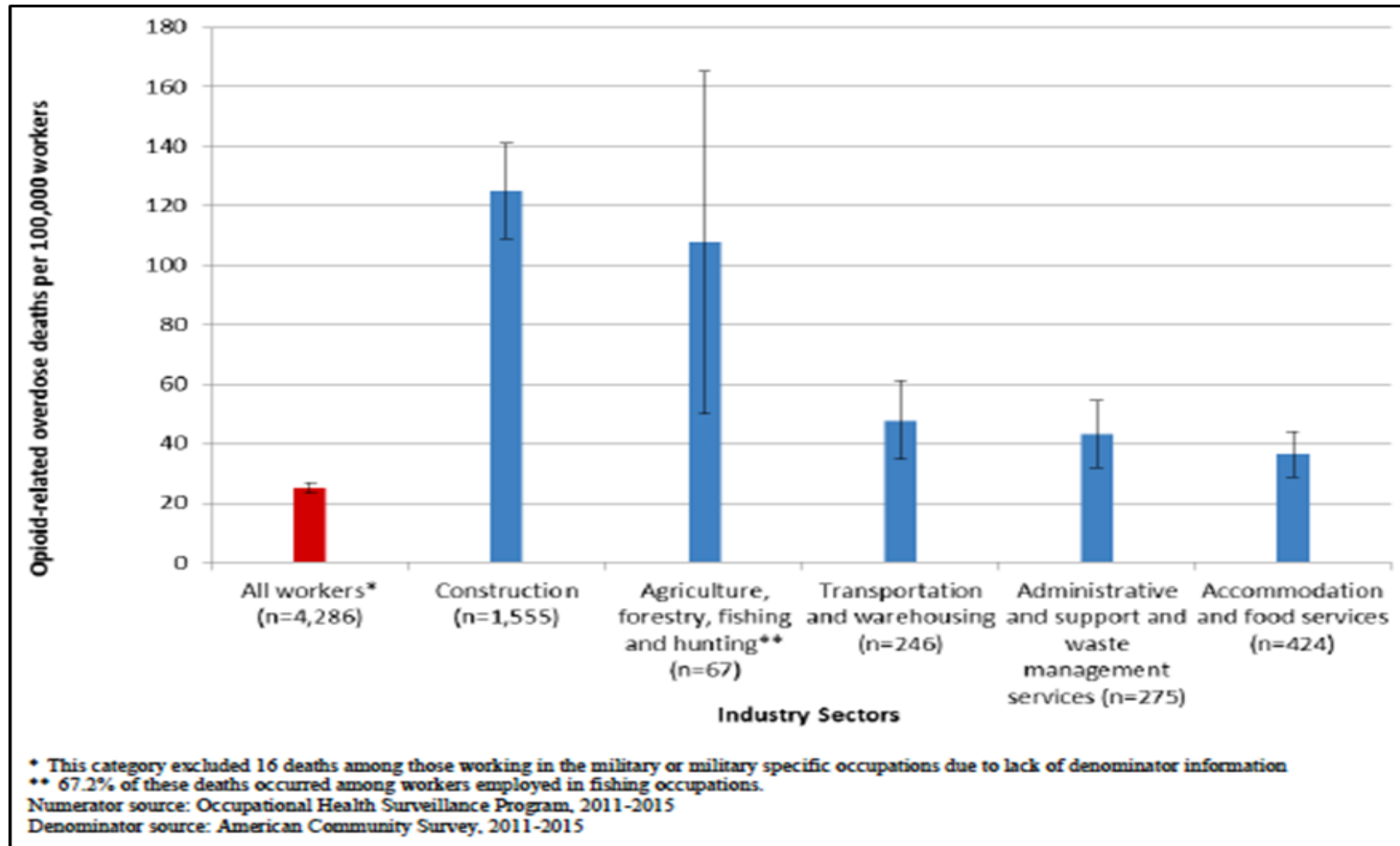
\$4.5 billion = Health care costs

\$500 million = Criminal justice costs

\$550 million = Public safety costs



Industry-Specific Impacts



Intergenerational and Community Impact

Neonatal Abstinence Syndrome



Foster Care System



Grandparents



Criminal Justice System



Unique Challenges in Western Massachusetts

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Access to Treatment

- Medications for Opioid Use Disorder (MOUD)
- Transportation
- Rural Isolation



Unique Challenges in Western Massachusetts

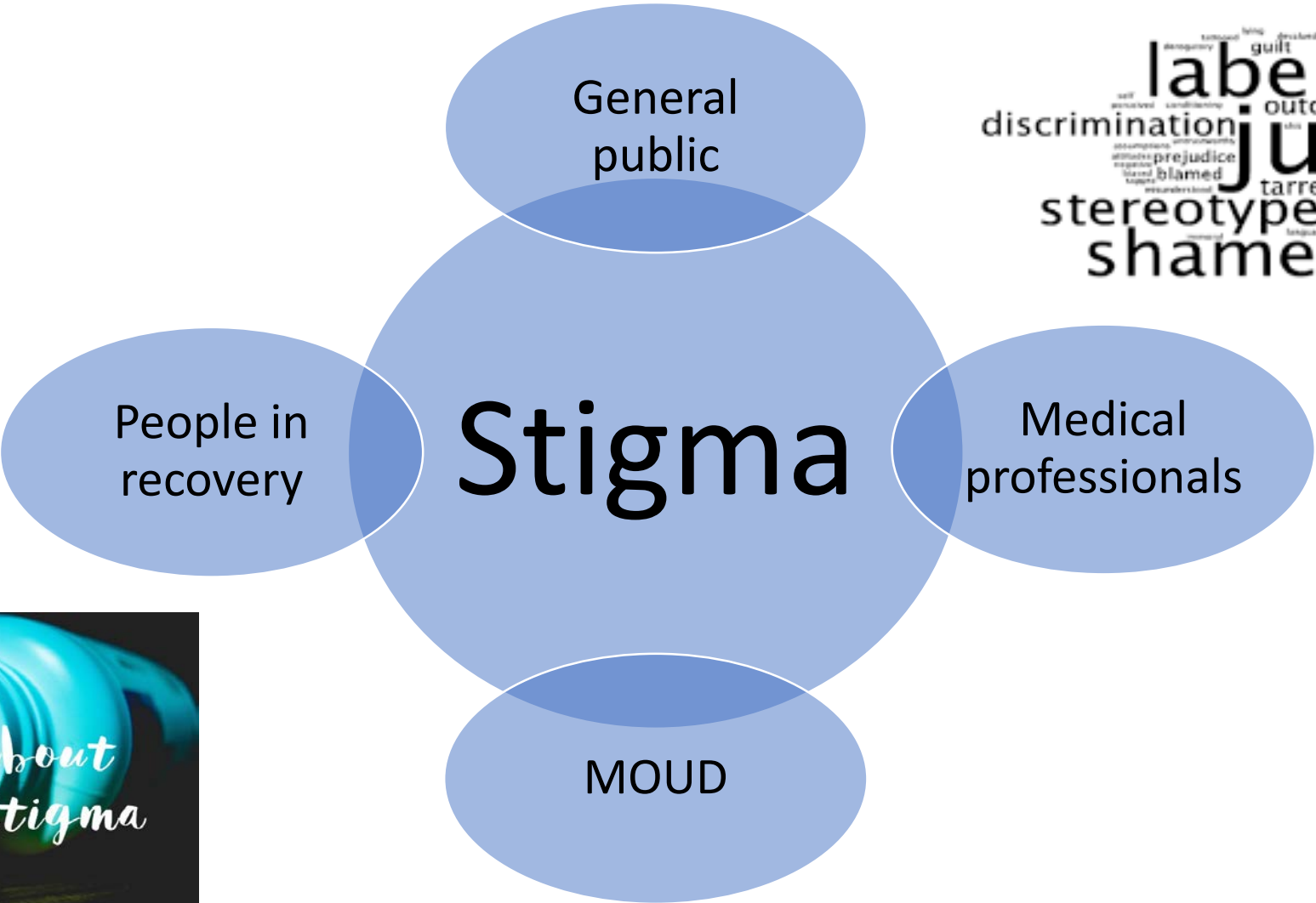


Upstream Factors

- Socioeconomic Distress
- Trauma
- Housing



Unique Challenges in Western Massachusetts



labeled
judged
shamed
stereotyped
discrimination
outcast
ostracised
embarrassed
secretary
namecalling
guilt
prejudice
blamed
tarred
bad
excluded



Best Practices and Innovative Models in Western MA

BEST PRACTICES

Community Collaboration

Prevention

Early Intervention

Treatment

Recovery Support Services

Harm Reduction

Community Collaboration

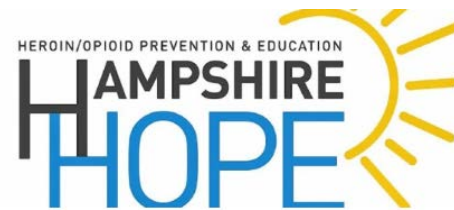
Best Practices

- Different types of coalitions
- Aligned leadership



Innovative Models

- Hampshire HOPE
- Opioid Task Force
- Berkshire Opioid Abuse Prevention Collaborative
- Hampden County Addiction Taskforce



BOAPC

Berkshire **Opioid Abuse Prevention** Collaborative

Hampden County Addiction Taskforce

Prevention

Best Practices

- Use of Prescription Drug Monitoring Program (PDMP)
- Academic detailing
- Education on safe storage and disposal
- Prevention coalitions



Innovative Models

- Young Adult Empowerment Collaborative
- Franklin Family Drug Court

Early Intervention

Best Practices

- Models targeting high-risk populations
- Integration of addiction services in primary care



Innovative Models

- Drug and Addiction Recovery Team (DART)
- Engaging Mothers for Positive Outcomes with Early Referrals (EMPOWER)

Treatment

Best Practices

- Providing MOUD
- Increasing touchpoints for initiating MOUD
- Access to entire treatment and recovery continuum of care



Innovative Models

- Franklin County Sheriff's Office
- After Incarceration Support Systems (AISS)

Recovery

Best Practices

- Recovery community organizations
- Support for all pathways of recovery
- Recovery support services



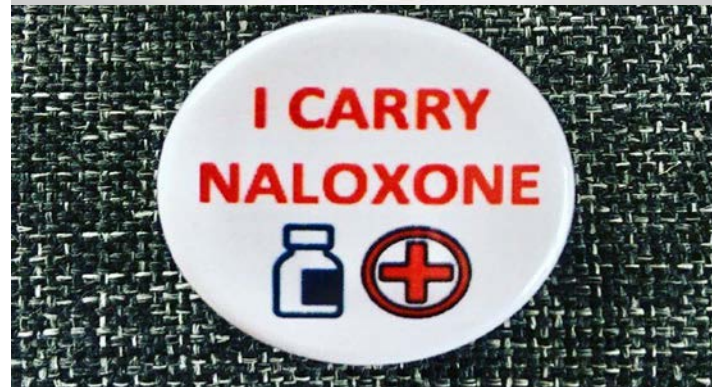
Innovative Models

- Recovery support centers (8 in Western Mass)

Harm Reduction

Best Practices

- Syringe service programs (SSPs)
- Naloxone distribution
- Safety education



Innovative Models

- Tapestry
- Harm Reduction Hedgehogs

Recommendations

Recommendations



1. Increase and improve treatment workforce regarding trauma-informed care and physiology of addiction
2. Support and expand municipal-based coalitions and strengthen county-based coalitions
3. Continue interventions that lead to cautious opioid prescribing practices
4. Increase capacity of MOUD and increase MOUD initiation at vital touchpoints
5. Increase treatment role of the criminal justice system
6. Provide a robust and comprehensive treatment and recovery continuum of care that is supported by payors
7. Use low bandwidth technology as a cost-effective way to deliver services to underserved areas
8. Support the increased distribution of naloxone and other harm reduction strategies
9. Provide funding that is sustainable for the entire continuum of care
10. Address upstream factors related to OUD

Unique Challenges in Western Mass
but also
Unique Opportunity to Come Together

Communities/Leaders

Health Care Systems and Other Organizations

Task forces and Coalitions

Academics

Thank you!