United Against Opioid Abuse

Landscape Scan
Vigo County

United Way
of the Wabash Valley

2018/2019

Indiana United Ways

EXECUTIVE SUMMARY

This Landscape Scan was commissioned to research and gather knowledge of opioid use in Vigo County, Indiana to help United Way of the Wabash Valley better understand whether or not there is a role for the organization in combatting opioid abuse and what that role might be.

Individual meetings with major stakeholders in the substance abuse organizations were conducted along with community assessments to determine the state of opioid use in Vigo County. These "local experts" provided significant insight. Most in our community have a base understanding that opioid use has risen along with and slightly after the initial rise in methamphetamine use in Vigo County. Sober living facilities in our county stay at maximum capacity, leaving our county short on this important treatment option.

Community conversations were also held with stakeholder groups involved in the battle to address our local opioid issue. These conversations listened intently to this community to learn about the challenges they face in combating substance abuse and to learn of gaps in services. Ten distinct observations are documented in this report that were common at each of these community conversations. The core issues involve the need for improvement of communication between service providing entities, but also actual awareness of issues and availability of services for the general public in our area. Additionally, availability of treatment options remains a great concern.

Recommendations are based from the conversations that were held as well as from the individual meetings that were initially held to assess the substance abuse issues. Entities in our conversations as well as individual "local experts" voiced great interest in building a strengthened coalition by bringing more interested stakeholders to the table willing to put aside individual gain for common goals for the community.

This Landscape Scan Report provides the background of how the opioid crisis started and the impact that this has had for Indiana and Vigo County. Observations from community conversations and recommendations for improvements will be shared with the major stakeholders and refined as the Asset Map will be developed as the next phase of collaboration.

TABLE OF CONTENTS

EXECUTIVE SUMMARY 2

I. INTRODUCTION 4
- a. United Against Opioid Abuse Grant Background
- b. National and State Opioid Crisis by the Numbers
  - i. Select Findings from a Statewide Analysis

II. OPIOIDS AND VIGO COUNTY 9
- a. Background & History of the Opioid Crisis
- b. Vigo County Environment
  - i. Health Issues
  - ii. Economy
  - iii. Revitalizing Efforts
  - iv. Historic Influence
  - v. Vigo County in the News/Media

III. LANDSCAPE SCAN METHODOLOGY 16
- a. Research
- b. Interviews with Key Stakeholders & Community Assessments
- c. Community Conversation

IV. OBSERVATIONS 18

V. RECOMMENDATIONS 21

VI. CONCLUSIONS 25

ABOUT THE AUTHOR 27

APPENDICES
- A. Community Conversation Notes
- B. Indiana Articles on Opioid Crisis
- C. Indiana Data Supplements

INTRODUCTION

United Against Opioid Abuse Grant Background

United Ways in Indiana are fighting for the health, education, and financial stability of every person in every community. The work of Indiana United Ways is guided by the values of integrity, inclusiveness, impact, collaboration and compassion.

Indiana United Way (IUW) applied to the Corporation for National and Community Service (CNCS) with "Healthy Futures: Reducing and/or Preventing Prescription Drug and Opioid Use." The grant allowed IUW to be able to place AmeriCorps members at ten project sites for up to three years. The sites opportunities were selected based upon incidence rate of opioid-related deaths and included:

- Jackson (2 sites)
- Tippecanoe
- Porter
- Madison
- Clinton
- Vanderburgh
- Montgomery
- Howard
- Vigo

AmeriCorps members provided additional supports that allow local United Ways to offer concrete value to existing coalitions working to combat or prevent drug abuse. Conducting Community Assessments, Community Conversations on the topic, developing a Landscape Scan and Asset Map puts the United Way in a "macro" role of helping to look at the problem systemically and with authenticity.

This Landscape Scan is intended to show the detail about the opioid problem in our state and more specifically as it impacts Vigo County. The report is to be shared with local anti-drug coalitions and allow stakeholders to confirm or adjust their shared understanding of the problem.

The Asset Map will show the stakeholders the current solutions. The discussion and refinement that occur in sharing of the Landscape Scan and Asset Map should be helpful tools in determining if there are unmet needs, areas of fragmented services, and opportunities for collaboration.

United Way can be helpful in a number of ways moving forward, including but not limited to: keeping the community engaged and informed as part of the solution, elevating or piloting ideas that come out of the process, convening collaborators to keep the work moving forward and developing impact goals on the topic.

National and State Opioid Crisis by the Numbers

According to the Indiana State Department of Health, since 2003 the number of opioid poisoning deaths in Indiana has increased by more than 500 percent. Thousands of Hoosiers are addicted to opioids, whether from a prescription or illegal opioids.

Indiana and the rest of the U.S. are in the midst of an opioid epidemic. Since 1999, the rate of overdose deaths involving opioids including prescription opioid pain relievers and heroin—nearly quadrupled, and over 165,000 people have died from prescription opioid overdoses. Prescription pain medication deaths remain high, and in 2014, the most recent year on record, there was a sharp increase in heroin-involved deaths and an increase in deaths involving synthetic opioids such as fentanyl.

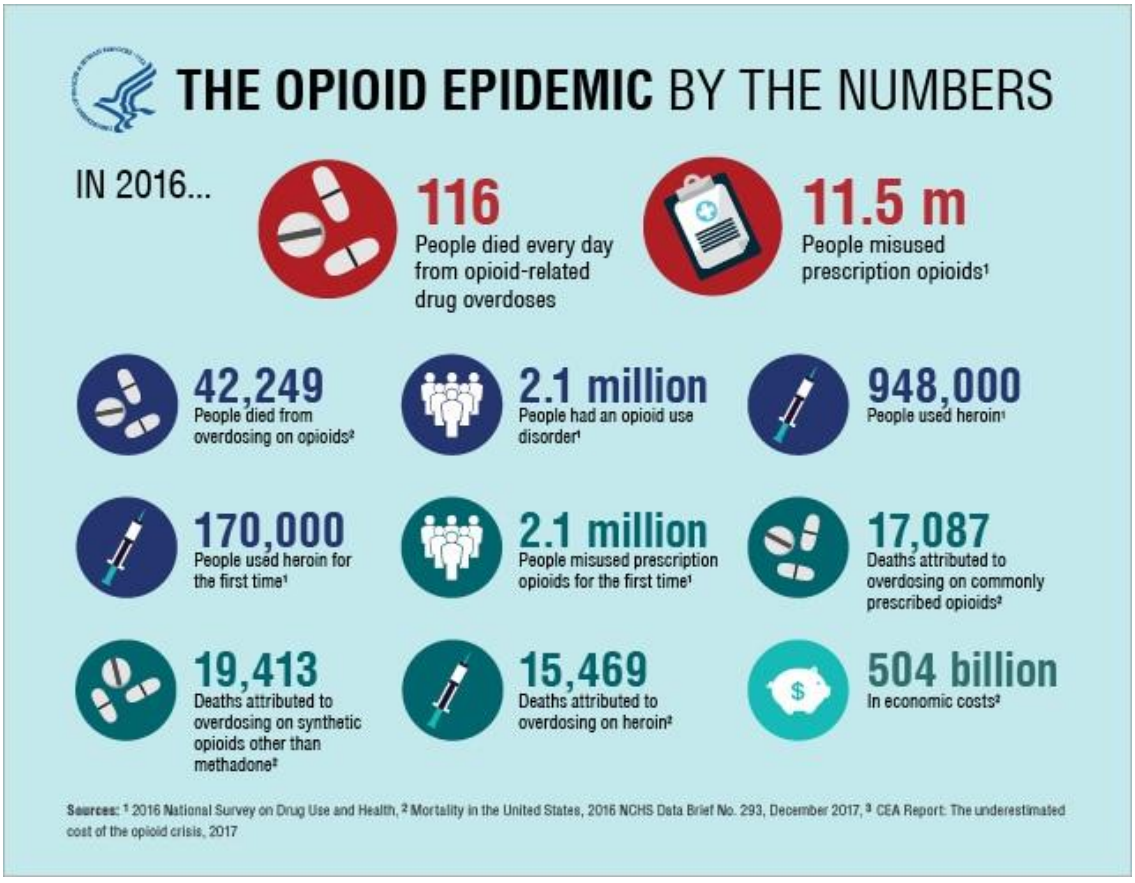


Figure 1 The National Survey on Drug Use and Health provided these shocking statistics in 2016

On an average day in the U.S., more than 650,000 opioid prescriptions are dispensed; 3,900 people initiate nonmedical use of prescription opioids; 580 people initiate heroin use; 78 people die from an opioid-related overdose.

The following two graphics show the trend in these statistics nationally, but also allow a closer look at how Indiana compares with the rest of the country.

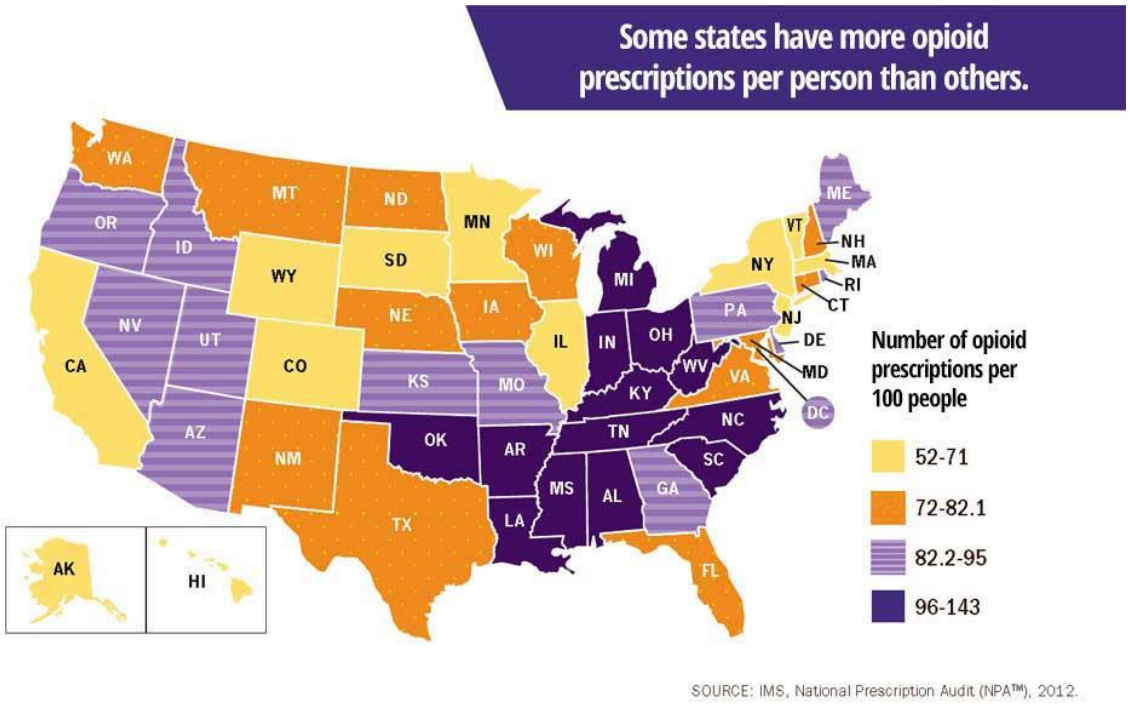


Figure 2 According to this data from the National Prescription Audit in 2012, the Midwest, including Indiana appear to have higher opioid prescriptions rates compared with other parts of the country.

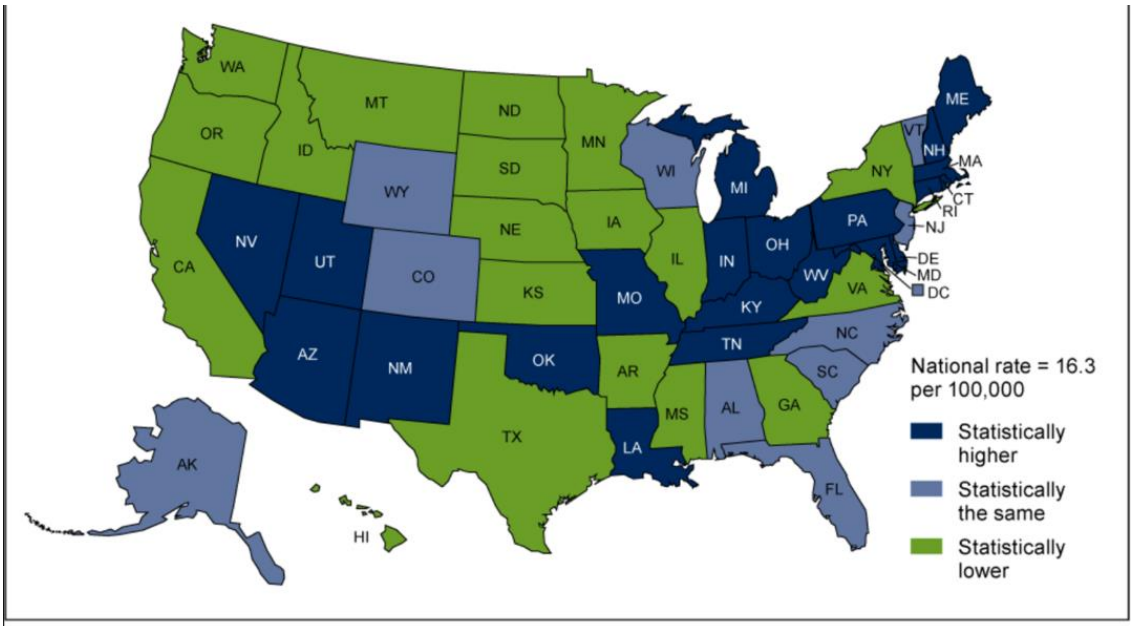


Figure 3: This map depicts age-adjusted death rates by state in 2015. It bears a unique comparison with the same states logging higher prescription rates seen in Figure 2 above.

Select Findings from a Statewide Analysis

1. Indiana has sustained $43.3 billion in economic damages to date (spanning 2003 to 2017) and an additional $4 billion and more estimated for 2018.
2. More than 12,300 Indiana residents are estimated to have died between 2003 and 2017 due to opioid overdoses. (That's roughly equivalent to the entire population of Pike County.)
3. Indiana potential lost wages due to opioid misuse grew to $752 million in 2016.
4. Non-lethal opioid overdoses cost over $224 million in hospitalization costs in 2016 alone, with an additional $297 million in other opioid-related hospital stays.
5. Upwards of $40 million are spent annually for rehabilitation costs.
6. The cost of drug arrests and court costs exceeds $13 million annually, not to mention the more than $70 million in incarceration costs each year.
7. As of 2016, an estimated 5,243 Hoosier children are in foster care due to parental opioid misuse (more than 600 percent higher than in 2003), while 578 Indiana newborns are estimated to have been born addicted to opioids that year due to maternal drug use (a 140 percent increase since 2003).

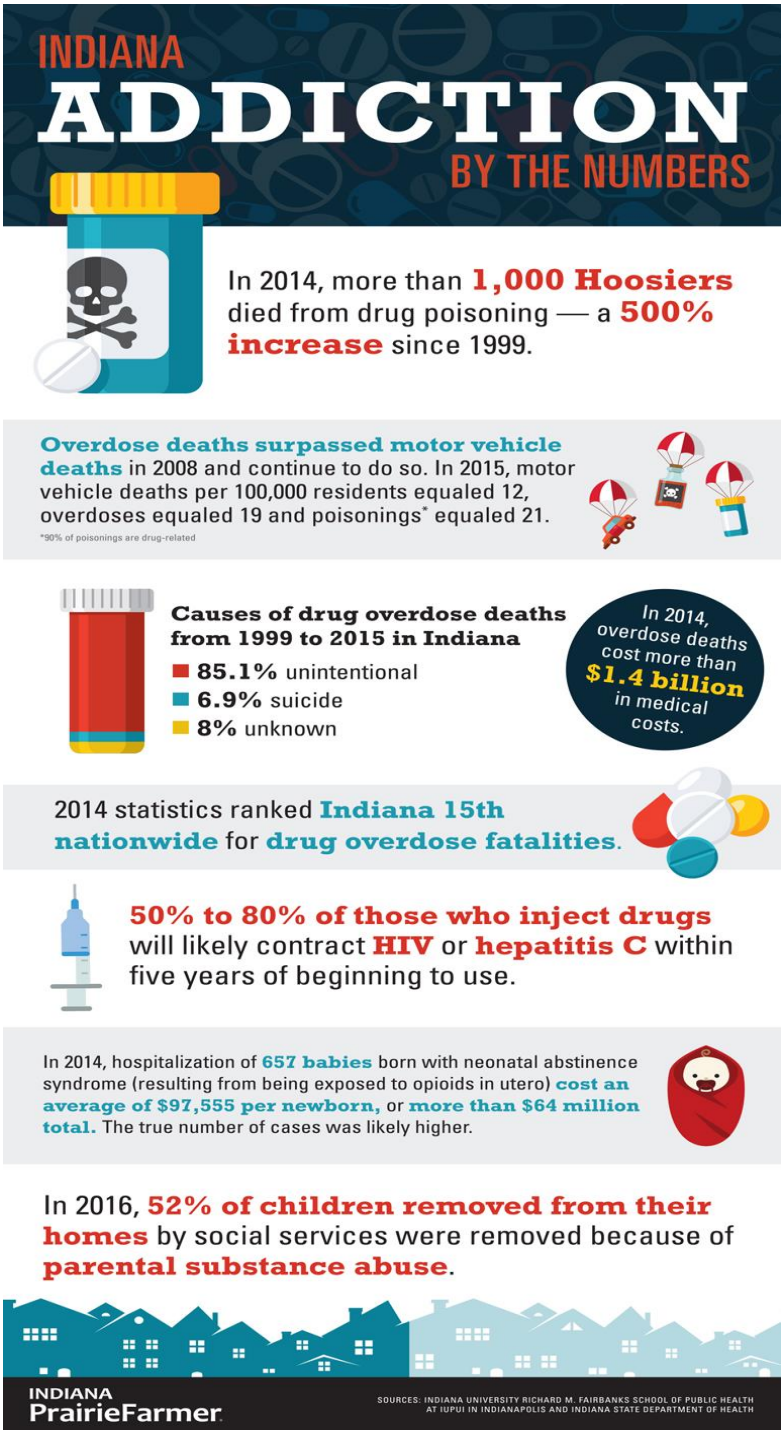


Figure 4: Indiana PrairieFarmer provided this insight on Indiana Addictions based on data from the Indiana University Richard M. Fairbanks School of Public Health at IUPUI and the Indiana State Department of Public Health

Finally, perhaps the most telling statistic to support is this simple graphic of overall opioid deaths in Indiana by year since 2003. The trend remains staggering.

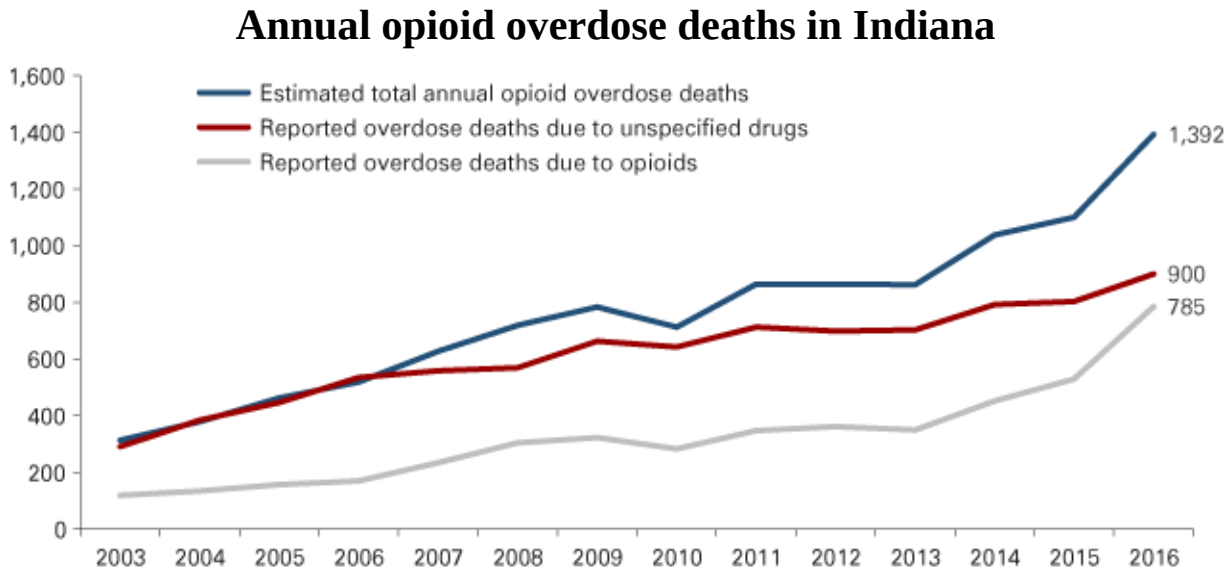


Figure 5: Trend of annual opioid deaths in Indiana since 2013.

OPIOIDS AND VIGO COUNTY

Background & History of the Opioid Crisis

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription such as OxyContin and Vicodin. Opioids derive from opium, a naturally occurring compound in poppies that produces euphoria, pain relief and sedation in humans. Opioids release chemicals from the brain's internal reward system that can calm your emotions and give you a sense of pleasure. They slow down automatic functions, including breathing and heart rate, which can lower pain. They slow or reduce pain signals before they get to the brain, where you feel them.

Before the late 1990s, opioids were usually used for patients with terminal illnesses such as cancer. There was a miss-leading finding in the New England Journal published in 1980 where the analysis of 11,882 patients treated with narcotics found that *"the development of addiction is rare in medical patients with no history of addiction."* Patients with terminal illnesses started being treated more with prescription opioids and doctors and researchers wanted to look at treating patients with chronic pain.

Six years later a paper by a pain management specialist chronicled 38 patients treated with opioids for non-cancer pain. Two of them had issues with addiction to the drug, but the conclusion was that *"opioid maintenance therapy can be a safe, salutary and more humane alternative"* to surgery. From 1995 to 1996, the number of prescriptions jumped by 8 million. A promotion video followed six people who suffered from chronic pain and were treated with OxyContin. A year after the video came out, the overall number of opioid painkiller prescriptions filled jumped by 11 million.

OxyContin went through a reformulation that added an abuse deterrent that would make it more difficult to crush and abuse by snorting or injecting it. People switched to other opioids and moved on to heroin because it was easier to use, much cheaper and easily available.

Vigo County Environment

Since the late 1990s, Terre Haute has been dealing with a substance abuse problem and population. Terre Haute is experiencing a rise in opioid and heroin use while methamphetamine historically been the drug of choice. Meth use has by no means been replaced by opioids.

Police reported 387 meth labs seizures around the state during 2017, down from the 943 found in 2016. The total for 2017 is about one-fifth of the 1,808 meth lab incidents around Indiana during 2013, when the state topped the country in such reported seizures.

Methamphetamine (meth) is a synthetic stimulant that can be smoked, snorted, or dissolved and injected. Like cocaine, methamphetamine causes the brain to release dopamine, creating a sense of pleasure after consumption. While a pharmaceutical form of methamphetamine is available by prescription, meth is usually manufactured illegally in clandestine labs.

Shown in the graphic to the right is the offense data from Indiana Law Enforcement. Of note, the clandestine lab seizures in Vigo County alone in 2017 represent more nearly 10% of the total for the state and the highest number among any of Indiana's 92 counties.

Drug use crosses all age and social economic status in Terre Haute. Meeting with the stakeholders in Vigo County, it was noted more than once that Terre Haute has a long-term history of generational poverty and drug use. Parents pass on the drug use to their children, who in turn—when they reach adulthood—pass on to their families. The environment of drug use is how they were brought up and is what they know.

This statistic is perhaps better highlighted with the simple graphic below of non-fatal emergency room visits due to opioid overdoses in Vigo County:

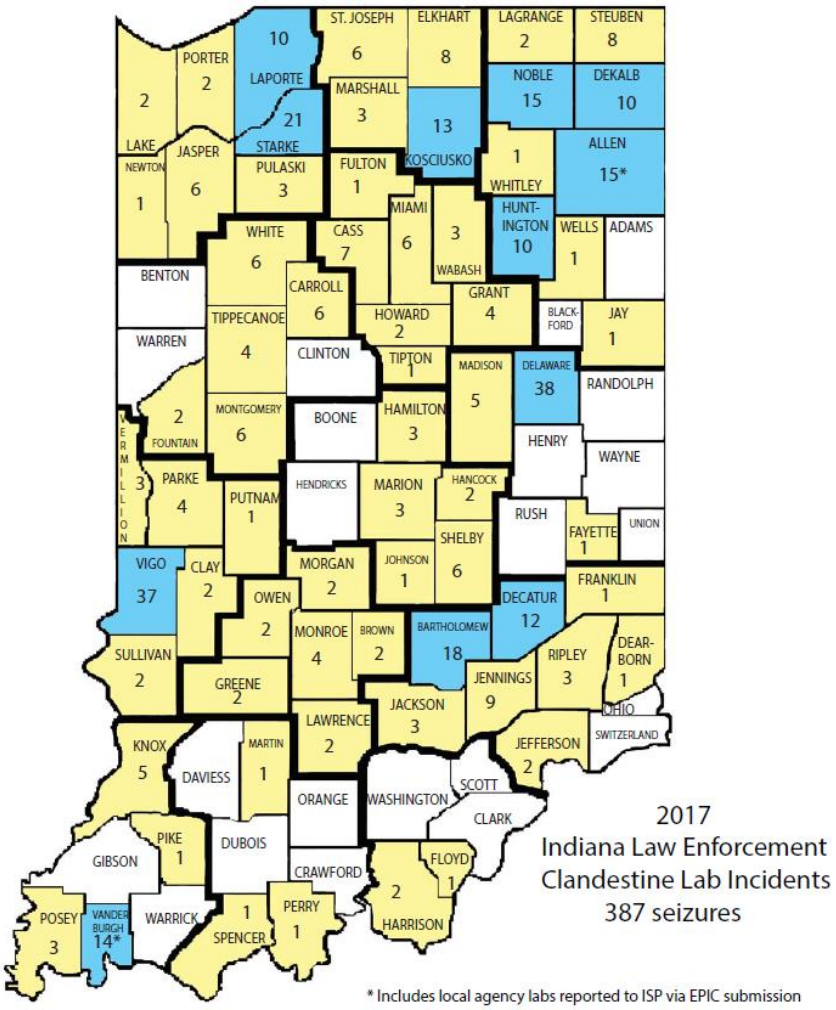


Figure 6: Note from the data provided here that Vigo County represents nearly 10% of all clandestine lab seizures in Indiana during 2017.

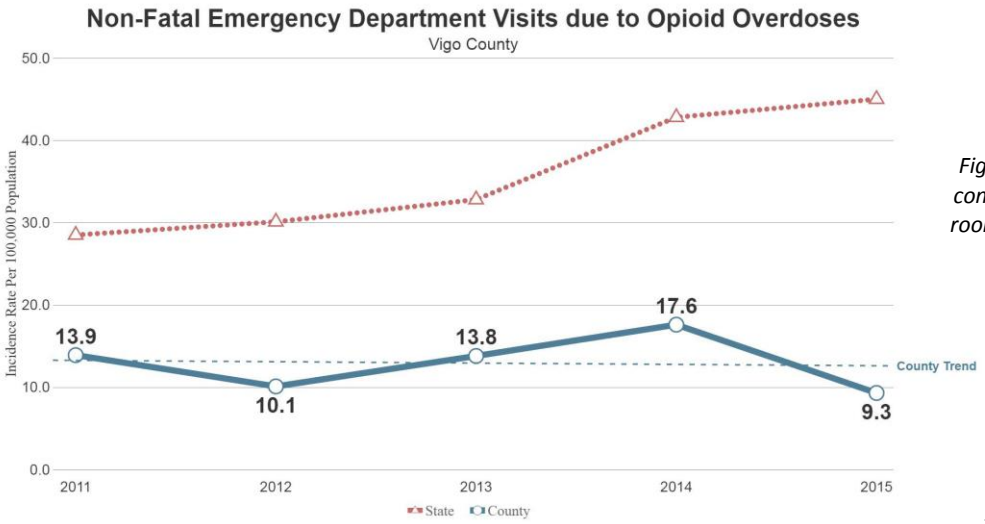


Figure 7: This data shows a somewhat consistent trend in non-fatal emergency room visits due to opioid overdoses from 2011 to 2015.

Finally, to complete the picture on the drug and addiction issue in Vigo County, it is important to look at the Offense Records provided by the Indiana Department of Workforce Development seen in the figure here.

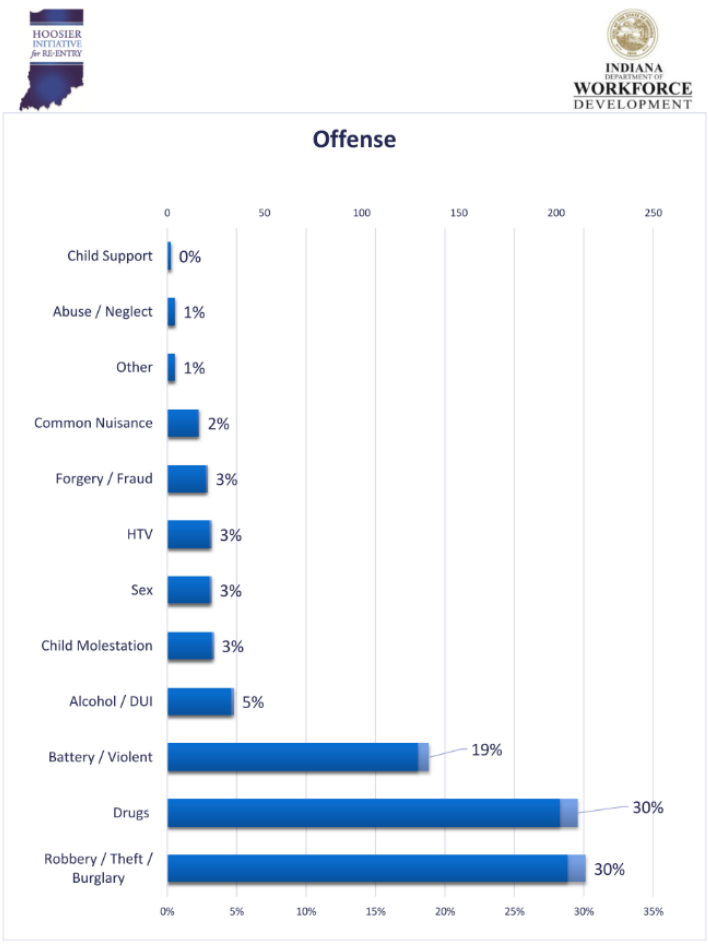


Figure 8: Indiana arrest records

In this graphic a full 35% of arrests are related to drugs and alcohol. However, it should be noted that many crimes not under the "drug" heading are also related to drugs and addictions. In a recent planning session within our United Way a local Superior Court Judge noted that a large majority of arrests and court cases in Vigo County are "drug-related" even if not listed that way in the arrest record.

Health Issues

Long term effects of opiates can include liver and brain damage. The use of methamphetamine can a lead users to experience paranoia, delusions, and hallucinations. Long-term use may result in emotional and cognitive problems, extreme weight loss, dental problems ("meth mouth"), and skin sores.

When a person becomes addicted to prescriptions drugs and can no longer afford the prescriptions or can no longer obtain them through the pharmacy due to prescription restrictions by physicians, they will often turn to the drug dealers to obtain heroin and meth. Heroin, is a semi-synthetic opioid 3-5 times more potent than the opioid morphine. This is when use can lead to intravenous injection of the drug directly into a vein. Drugs injected intravenously are cheaper than buying in other forms; the effects tend to be more potent than smoking, snorting, etc. Intravenous use takes effect within 15 to 30 seconds, faster than all other methods and over 10 times faster than snorting. Risks of intravenous drug use are collapsed veins, poisoning due to chemicals which may be added to the drug by dealers, skin infections from injecting, and risk of transmission of HIV if sharing needles. This can also lead to contracting Hepatitis C, which is a serious blood-borne disease that slowly damages the liver and if left untreated, Hep C can lead to liver cancer and even death.

Consequently, when providing an overview of the drug and/or opioid landscape within the county, it is worthwhile to examine health statistics around HIV and Hep C as these can often correlate with intravenous drug use. While Vigo County is not seeing any dramatic rise in HIV

cases, it is considered a high-risk county because of the number of current diagnosed cases of HIV and the incidence of hepatitis-C. In 2015, there were 255 cases of Hepatitis C in Vigo County, 134 cases in 2016, and 110 cases in 2017.

Vigo County had 11 new HIV cases reported in 2014, according to the Indiana State Department of Health. The total number of people in Vigo County living with HIV, including those diagnosed in other states, was listed at 274 as of the end of 2014. In the first four months of 2015, fewer than five new HIV cases had been reported for the county, according to state health officials.

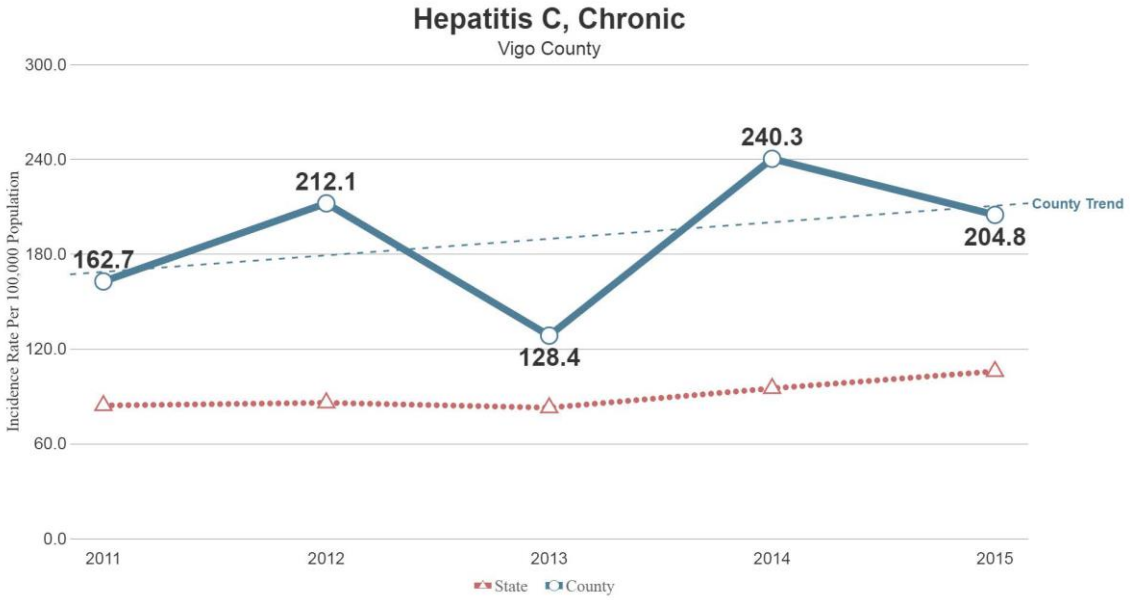


Figure 9: Hepatitis C cases in Vigo County from 2011 to 2015.

Economy

With factories leaving throughout the last couple of decades Terre Haute has seen a decline in sustainable jobs. Throughout the years, major employers such as Pfizer, Colombia House, Eli Lilly/Elanco, Sony DADC, Kellogg's have left or reduced the work force. With economic uncertainty combined with the generational poverty and drug use, Vigo County has stalled in community growth and the drug culture took a foothold in the early 2000s and has ebbed and flowed since that time. It was noted in our stakeholder conversations that it is easier to make and/or sell drugs than to work a factory job where the pay is much less.

The Indiana Business Review published the following which better summarizes the economic challenges in the community:

"A greater challenge and one of the questions that regional leaders should address is why the Terre Haute region's labor force has essentially not changed since 1990. In this respect, Terre Haute is similar to Kokomo and South Bend. It is slightly better than Muncie and Michigan City, both of which have experienced declines in the size of their labor forces over that period. But

Terre Haute has lagged all of the other non-Indianapolis metro areas in Indiana, who have experienced labor force growth rates between 13 percent and 38 percent since 1990. That type of increase translates into, or is the result of, economic growth. The direction of causation does not matter for the comparison. To go for so long without measurable growth in the labor force, as Terre Haute has done, translates into economic stagnation.

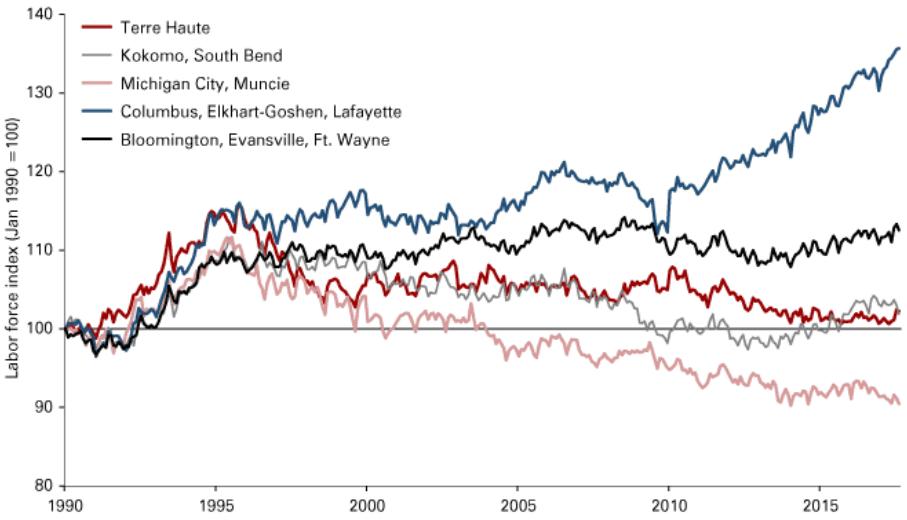


Figure 10: A comparison of Labor Force Index between Terre Haute and other peer communities in the state of Indiana.

In our view, this empirical observation goes right to the heart of Terre Haute's greatest challenge: creating a vibrant community that attracts new people and sustainable jobs to the area. With regard to this, 2017 was a good year, and 2018 is shaping up to be an important year in which residents and community leadership will be asked to make decisions that may alter the regional landscape and the business community for years to come."

Income and Poverty	Number	Rank in State	Percent of State	Indiana
Per Capita Personal Income (annual) in 2016	$35,457	78	82.3%	43,097
Median Household Income in 2016	43,560	87	83.3%	$52,289
Poverty Rate in 2016	17.8%	5	127.1%	14.0%
Poverty Rate among Children under 18	22.4%	19	117.3%	19.1%
Welfare (TANF) Monthly Average Families in 2017	154	8	2.3%	6,790
Food Stamp Recipients in 2017	14,079	10	2.1%	656,297
Free and Reduced Fee Lunch Recipients in 2016/2017	7,904	15	1.6%	495,330

Figure 11: Vigo County economic statistics per the U.S. Bureau of Economic Analysis and U.S. Census Bureau and Indiana Family Social Services

Revitalizing Efforts

Terre Haute has made efforts throughout the years to revitalize the businesses and community culture to the downtown district. However, visitors or new residents have a difficult time finding out when events occur and this makes becoming part of the community a dedicated effort. The town has developed a sort of "short hand" communication style that most likely developed long ago when the town was much smaller than it's now 60,000 plus population in Terre Haute and

over 117,000 for the metropolitan Wabash Valley area. Once a person establishes the ebb and flow of events and attractions to go to, a family atmosphere is established and most new comers will notice families out and about with the children and pets in tow.

Once outside of the downtown area, housing blight becomes more noticeable to visitors in certain areas of the city. Un-kept lawns, mattresses on the front porch, and to the outsider there is no delineation of where the good vs. bad neighborhoods are located.

Historic Influence

Terre Haute seems to have a difficult time integrating the more scandalous parts of its history such as the infamous red-light district, KKK participation and Chicago gangsters making it their home away from home, to the entrepreneurial achievements such as the design of the famous Coca-Cola bottle, Clabber Girl baking powder, and the purchase of the Indianapolis Motor Speedway which is the home of the Indy 500. Terre Haute has difficulty defining its image and has difficulty marketing itself. This in turn creates outsiders to make up their own impressions of the Wabash Valley and Vigo County where locals and outsiders will hear "Terre Haute is the Meth capital of the U.S" and this version becomes part of the ingrained view of itself along with the towns scandalous events.

Vigo County in the News/Media

Once a town becomes vulnerable to a drug culture, the drug element can take over and define a town. It takes a dedicated and decisive community to turn the course of events around and redefine the community to flourish and thrive.

The examples listed here are less than positive images defining the Terre Haute and Vigo County community through the new media and social media:

1. Nicknames for Terre Haute include: "*Terrible Haute*", "*Meth Capital of the U.S.*"

2. Netflix has profiled Terre Haute in their documentary series "***Dope***" Season 2, Episode 2, "You're Too Innocent for This Game", 2017.

3. A Google search can produce an on-line article by Megan Elliott with Culture Cheat Sheet from December 28, 2017 titled: ***The 15 Most Addicted Cities Behind the $8 Billion Opiate Epidemic***. It included the following:

Indiana's Terre Haute was the only non-Southern town in the top 15 cities for opioid abuse. (Only two other cities outside the South — Elmira, New York, and Jackson, Michigan — were in the top 25.) Just over 8% of people in Terre Haute who receive prescriptions for drugs, such as Vicodin, are misusing their medications. The city's fire department administered 107 naloxone doses in 2016 — a record and up

from 85 doses in 2014, the Terre Haute Tribune-Star reported.

https://www.cheatsheet.com/culture/most-addicted-cities-behind-8-billion-opiate-epidemic.html/

4. From the Terre Haute Local News: ***Terre Haute couple arrested for federal and state drug charges*** - WTHI
   http://www.wthitv.com/content/news/Terre-Haute-couple-arrested-for-federal-and-state-drug-charges--477752553.html

5. From the Terre Haute Local News: ***Feds: Terre Haute man supplied 140 pounds of meth | Local News*** - TribStar
   http://www.tribstar.com/news/local_news/feds-terre-haute-man-supplied-pounds-of-meth/article_c193190b-5fde-5f1e-9bf6-e8c070a7d3c0.html

LANDSCAPE SCAN METHODOLOGY

Research

The AmeriCorps member researched who the major stakeholders were by talking with the local United Way staff to establish a base ground of the participants of the community, reviewing United Way reference material, using local resources: Tribune-Star newspaper, the library and on-line resources of the local TV stations. Internet searches for substance abuse clinics and sober living facilities, and other organizations related to the opioid and substance abuse issue. A documentary on Terre Haute history was viewed as well as a book written by a local police officer detailing his experiences of drug enforcement in Terre Haute. Indiana State Department of Health, CDC, Substance Abuse and Mental Health Services and other resources were valuable resources for the history on opioids and for state and local statistics. A reference book "Dream Land" by Sam Quinones detailing the origin of the opioid crisis was a resource in creating a power point presentation of the history of opioid crisis.

Interviews with key Stakeholders & Community Assessments

Ten initial stakeholders within Vigo County were chosen to interview and to complete a community assessment survey to aid in establishing the issues facing the community. The community assessment was a 23-point questionnaire. Questions ranged from what counties the organizations served, what coalitions are in the community, and what are the challenges facing the community with substances abuse issues. Stakeholders included representatives from the following organizations:

- Hamilton Center:
  Margie Anshutz, Chief Development Officer,
  Mary Ann Clark, Grant Specialist
- Harsha
  Karen Hunt, Executive Director
- NextStep Foundation
  Dana Simons, Executive Director
- Chances and Services for Youth (CASY)
  Brandon Halleck, Chief Operating Officer
- Wabash Valley Teen Challenge
  Jeremy Touchet; Executive Director
  Ash Cassidy, Intake
- The Bridge
  Melissa Jenkins, Celebrate Recovery
- Freebirds
  Lyndsy Streeter, Intake
- Vigo County School Corporation
  Dr. Stacy Mason, Executive Director of Secondary Education
  Rick Stevens, Assistant Director of Student Services
- Gibault Center
  Josh Michael, Sober Living Supervisor

- Salvation Army
  Bethany Keller, Pathway of Hope Program

Through the individual meetings and community assessments it was noted that most thought that opioid and substance addiction is an urgent local problem. One of the major themes that emerged was that all of the stakeholders would like more communication and collaboration with each other to be able to better serve the community.

Community Conversations

The next phase was to hold community conversations to better understand the aspirations for the community, the concerns they have and what they believe might make a difference in strengthening the community.

There have been three community conversations to date where five or more stakeholders were in attendance at each meeting.

- Community Conversation #1 was attended by Hamilton Center, NextStep, Vigo County Health Department, FSA Counseling, Odyssey House and Vigo County Probation.

- Community Conversation #2 consisted of members from Harsha, Chances and Services for Youth, HIRE (Workforce Development), Mental Health Department, and NextStep.

- Community Conversation #3 was attended by Tobacco Prevention from Chances and Services for Youth, Vigo County School Corporation, Team Mercy, Truman House, Purdue Extension, and Wabash Valley Teen Challenge.

The full content of the documented comments is included in this report in the Appendices. These notes also provide the reader with the types of questions posed to develop the conversation.

Observations and recommendations that follow in this report are based on these conversations and will be changed or adjusted according to input from all stakeholders moving forward.

OBSERVATIONS

The observations detailed in this section are compiled from community surveys and extended community conversations with stakeholders detailed earlier in this report. They are intended to capture the general opinions and sometimes frustration expressed by those passionately devoting their energies in this field.

1. **Undefined Lead Organization**
   There is not an official defined lead organization declared by the county in the substance abuse field. While there are some perceived lead organizations in the community and they take an active role, the other stakeholders as well as the community are not clear who is the lead organization. The lead organization by default goes to the one with established ties within the community. A collaborative effort has been established with the Drug Free Vigo County Coalition that meets once a month and is well attended by many, but not all segments of the community. Members of Drug Free Vigo County Coalition include Mental Health America, FSA Counseling, CASY, Gibault Children's Services, Hamilton, NextStep along with other stakeholders.

2. **Lack of Awareness of Services**
   There are many and varied substance abuse services in Vigo County, but the general public and the people needing the services are:
   a.) Not aware of their existence
   b.) Only securing services by word of mouth, court ordered, or random finding

3. **Lack of Centralized Information and Communication of Services**
   There is not a centralized location either physical or electronic (on-line) for the community to go to speak with someone or access information on what services are available.

4. **Lack of Detox and Inpatient Services, Intake Process**
   Two related issues around detox facilities and intake are detailed here:
   a.) There is not a facility that provides an all-encompassing recovery with umbrella services such as detox, residential treatment, transitional housing and intensive outpatient program in one facility. Patients are referred to "out of the area" facilities to receive detox treatment. The in-patient treatment portion after detox is limited in time and scope of services and availability. Harbor Light out of Indianapolis has been mentioned as a role model for a framework for a detox/residential/outpatient facility. One of the behavioral health centers will be providing detox services within 2018. One of the sober living facilities is in the beginning stages of becoming a Residential Recovery Community. It remains to be established if these facilities will meet the needs of the community.
   b.) The intake process for a patient varies from organization to organization and there is not a defined process guiding a patient to go to services. For example: A person needing immediate care is more likely to be instructed to go to the local hospital ER first then the ER refers the person to one of behavioral health centers. If the patient

goes to the behavioral health center first they are sent to the ER where the ER sends them back to the behavioral health center.

5. **Prevalence of Generational Substance Abuse**
   Historically in the Wabash Valley there has been generational poverty as well as generational drug use. The children see the parents use and/or manufacture drugs, the children becoming adults in turn create the same lifestyle as that is all that they know. With the legalization of marijuana in many states, this becomes a "gateway" drug. Kids today do not view drug use as harmful. Substance experimenting begins in middle school, ages 10-14.

6. **Stigma/Communication**
   The stigma of drug use runs underneath the surface of the community culture of Terre Haute. Once drug use and manufacturing of the drugs took hold in the late 1990s, it has ebbed and flowed throughout the years. Some neighborhoods are so far removed from the issue that they are unaware of the problems until a drug overdose and an accidental killing occurs in their "gated community."

   The general society belief is that the drug user "chose" taking drugs. Society has an easier time understanding when someone has a disease such as diabetes vs. taking drugs. Drug users often relapse and this can be seen as a weakness.

   12-step groups, once you learn of their existence are plentiful here. A parent whose son overdosed on heroin is reluctant to discuss her story, obviously due to the pain and loss of a loved one, but you sense a lingering shame and resignation that nothing could have helped.

7. **Naloxone (Narcan) Awareness & Distribution**
   There is awareness within the community for the use of Narcan, which is a medication that can reverse the effects of an overdose from opioids and heroin. While Narcan has been placed at schools and the fire and police carry it, there are only certain pharmacies that carry Naloxone for the general public.

8. **Inadequate Transportation**
   City bus transportation has been noted as a barrier for people in treatment or recovery to be able to get to work or to the facilities they need to go to. It has been noted that city bus routes, times, and days do not meet the needs of the community as a whole. Court Appointed Special Advocates for Children (CASA) conducted an experiment where several CASA members studied bus routes and took the bus. The bus lines and times and bus stops were not adequate for getting to work or school on a timely basis.

9. **Employer Involvement Not Strong**
   According to our stakeholder conversations, there is a feel that employer participation in addressing the substance abuse issue has not occurred to date with possible exception of one major employer. Employers are reluctant to participate in the substance abuse conversation, generally noting that all is well. Further investigation through

conversations with stakeholders indicate that drug abuse may go on in corporations, most notable a rumor of a third shift where a company chose not to drug test new hires as they knew employees could not pass a drug screen.

10. Lack of Education - Life Skills for Youth

Since there has been generational poverty and generational drug use, lack of life skills has been a factor for people moving forward into productive lives. There is little available in the way of education in basic life skills such as budgeting, time management, work search, resume writing, etc.

11. Insufficient Money/Funding/Resources

It was noted that prevention gets the least funding (here tobacco prevention was discussed as an example). There is 110 million dollars a year from tobacco settlement and only 5 million goes into prevention. Tobacco as well as alcohol can be gateway activities to opioid use. During the community conversations the conversation always pointed to children getting into opioid abuse/substance use at a young age, as early as 9 years old. Prevention programs of the past in the schools are not as plentiful as they once were as standardized testing takes time away from the programs.

Faith based facilities do not get funding that they need. Positive role models, mentors, speakers were noted as active ways to combat the substance abuse issue.

12. Communication & Collaboration between Organizations

All of the organizations that participated in community surveys and those that have attended the community conversations have expressed interest in communication and collaboration between the organizations. All the organizations are working diligently for the patients, that there is not enough time or point of contact to initiate meetings so that organizations can interact with each other.

RECOMMENDATIONS

Based upon the observations listed above from key stakeholders, the list below represents some of the top recommendations to begin to change our future in the Wabash Valley as it relates to the Opioid epidemic and overall drug addiction and abuse.

1. **Centralized, Lead or Backbone Organization**
   Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. Pivotal to successful collective impact is not only a common agenda and reinforcing activities, but a backbone organization that can manage the collaboration. Establishing a collective impact approach for the Opioid Abuse issue in the Wabash Valley would require designation of a backbone organization that could then manage collaboration with all other entities to address other recommendation listed in this report. All recommendations listed here could also be vetted by those organization most familiar with those issues.

2. **Master Resource Directory**
   The Master Directory becomes the Asset Map for the next phase of the project and uses the many resources and stakeholders involved in the Landscape Scan to assist in developing a comprehensive directory. Steps include:
   a. Create and define scope of an Asset Map / Resource Directory
   b. List and categorize services from all prevention and/or treatment facilities
   c. Study / benchmark other community directories related to this issue
   d. Define available formats for Master Resource Directory
      A. Print
      B. On-line (web-site): Perhaps utilize existing web directories
      C. Local 211
      D. Marketing versions – Flyer, postcard, magnets, etc.

3. **Awareness of Services**
   After creating the Asset Map / Directory of Services, the next step is efficient distribution of the information to our community.
   a. Define distribution channels, including but not limited to:
      A. Website, social media
      B. Police, First Responders
      C. Hospitals
      D. Library
      E. Coalitions
   b. Create media blast for Master Resource Directory using print, media, social media.

c. Participate with community resources to bring public awareness to services:
    A. Health Fairs
    B. First Friday's
    C. Colleges
    D. Counselors, social workers
    E. Other organizations
    F. Creation of a website, social media presence
d. Create or assist developing informational meetings on services in Vigo County:
    A. Create a series of 4-6 meetings one per week where organizations can present their services to the public. The series of meetings will be repeated throughout the year.
    B. Presentation on Opioid use, dangers of, sources of obtaining opioids, Rx Awareness

4. Initial Placement of Services

Behavioral Health Centers and hospitals collaborate to define a process for point of entry so that patients do not get transferred back and forth between organizations unnecessarily. Organizations would need to review software platforms such as www.openbeds.org, which could potentially be part of streamlined inpatient services.

5. Transportation

a. Review current city bus system and make recommendations for improvements to Transit Authority based on Asset Map and facility locations.
b. Review any current organizations that provide transportation and review if ride sharing between organizations is an option.
c. Review alternate methods of transportation. Create a resource guide or include in Master Resource Directory a list of alternative transportation.
    A. Area 7
    B. U-cabbie / Uber
    C. Bicycle Share Program

6. Naloxone (Narcan) Awareness & Distribution

a. Research Narcan distribution outlets in Vigo County
b. Meet and coordinate with pharmacists or other organizations to establish as many Narcan distribution sites as possible:
    A. Sober living facilities
    B. First Responders
    C. Other organizations
c. Bring awareness and educate of Narcan to the public: what it is, where and how to obtain it.
d. Review opportunities for Narcan training

7. **Life Skills and Mentoring to Combat Generational Drug Use, Poverty**

To break the cycle of poverty and drug use/abuse requires more than just prevention programs and treatment facilities. A broad band of mentoring and life skills teaching can help in this area.

a. Research and review existing organizations providing life skills classes.
b. Partner with existing organizations coordinating and/or creating a series of basic life skills class with various subject matters such as finances, health, and employment, GED, etc.
c. Bring public awareness and highlight organizations in print, media, central website/social media and in-person informational meetings that provide mentorship opportunities to show children, teens another way of life.
    A. Bring more awareness to Big Brothers/Sisters, Camp Navigate, Boys & Girls Clubs, Young Leaders, etc. Bring awareness to the new teen center at Boys & Girls Club (opening Sept. 2018), and any other organization that provides activities and events and promote on central website.
d. Provide a "Mentorship Fair" so that families and children and teens can meet these organizations, much like a job fair, and provide an opportunity to talk to representatives in the organization.

8. De-Stigmatize Substance Abuse

Create avenues for community involvement to de-stigmatize as well as healing support for individuals, friends and family members impacted by substance abuse.

a. Use of central website and social media to bring articles, videos, documentaries
b. Create a guest speaker series of people who are in recovery.
c. Create on-going support of healing through poetry, art, creating a remembrance garden. Coordinate with Swope Museum to display.
d. Writing a series of articles of personal stories to Terre Haute Living magazine and other local magazines.

9. Employer Involvement

Connect and engage with major employers that might have employees with substance abuse issues.

A. Partner with stakeholders to aid in engaging major employers.
B. Introduce a "Lunch & Learn" presentation for companies and their employees.
C. Connect with agencies and organizations such as the Wabash Valley HR Association or the Economic Development Corp. or use other group organizations such as Chamber of Commerce, Launch Terre Haute, Work One, Startup Ladies to network in the business sector.

10. Communication & Collaboration with Organizations

Create on-going communication meetings for stakeholders and all organizations that are related to substance abuse. This can fall under the collective impact approach discussed in #1 above.

a. Define structure of meeting that would set apart from monthly coalitions.
b. Frequency to be determined.
c. Define format. Example: Network portion, guest speakers & topics, actions:
    A. People in recovery
    B. Organization spotlight in Vigo County and Indiana, i.e.: Work Rehire, all of the community conversation attendees, the other 9 counties from

AmeriCorps/UA highlight the successes of United Against Opioid Abuse, Overdose Lifeline

C. Grant writing 101, upcoming events, Narcan, Drug Take Back Day, Red Ribbon Day
D. Speakers: Indiana and nationwide: Greg Ferency author of "Narc Ops", "Dream Land" by Sam Quinones – Invite public to major speakers. 'Saving Jake" D'Anne Burwell, Justin Phillips, "Aaron's Law" College representation.
E. Representatives from and highlight services for Open Beds, 211, Lookupindiana.org
F. Speakers of adjunct local services: Terre Haute Living Magazine, Terre Haute.com, local TV, Visitors Center, Chamber of Commerce, Startup Ladies/The Launch

CONCLUSION

Substance abuse issues remain at all-time high in the United States. The opioid epidemic is currently in its third wave. Prescription painkiller use exploded between 2000 and 2010. It moved on to heroin. Since 2013, we have seen a dramatic rise in fentanyl use, which is an opioid originally used for anesthesia. A fourth wave of the epidemic may be on the rise. An increasing number of people are using opioids in combination with stimulants and establishing a mixed opioid/stimulant addiction. In increasing numbers opioid users are adding cocaine and meth to the mix.

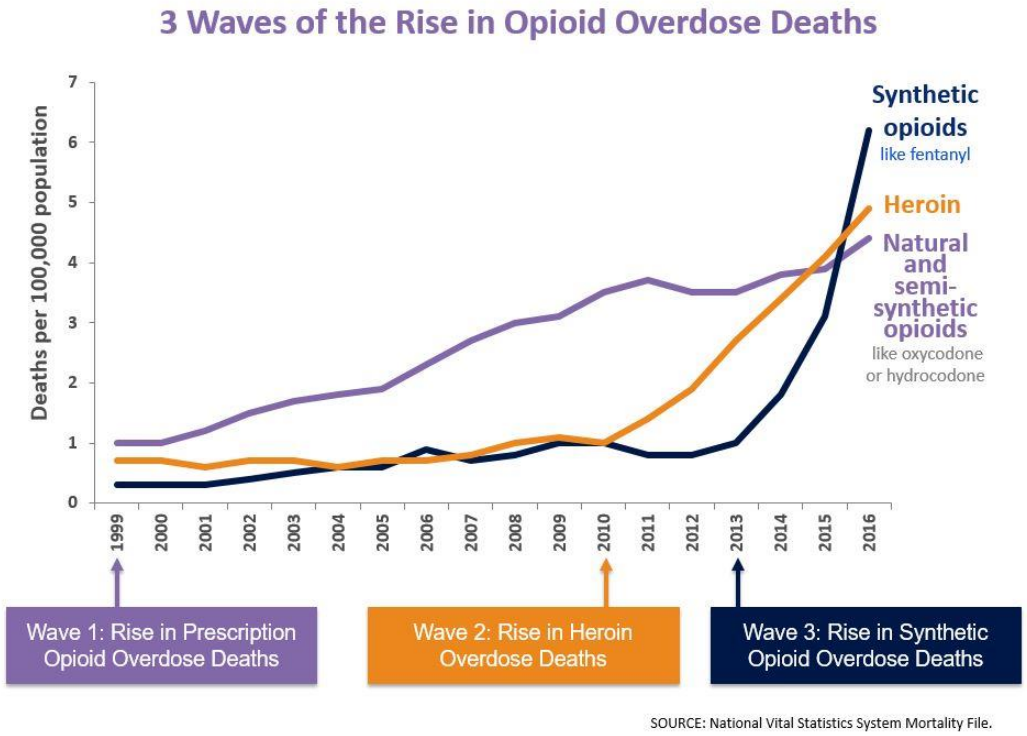


Figure 12: The National Vital Statistics System Mortality File provides a stark view of the waves of opioid overdose deaths in the U.S.

Regular drug use over time alters brain chemistry and drugs activate parts of the brain responsible for memory and suppresses the part of the brain responsible for curbing urges and harmful behavior. Understanding that addiction is a lifelong disorder and removing the societal stigma are some of the first steps to combat substance addiction.

Creating an infrastructure of services and long-range action plans can be an obtainable goal when the community comes together to combat this ever growing and changing addiction crisis. Drugs and drug abuse may never completely go away but with a strong community coming together, education of the disease, providing the necessary treatment options and supporting the recovery process, substance abuse can be reduced dramatically. The observations and recommendations indicate that our community may be better able to address these issues through a collective impact approach.

Fortunately, there is already there is momentum in Vigo County in combating substance abuse. Our community should continue to build on these positive steps.

1. A methadone clinic opened as part of Hamilton Center, Inc. in June 2018. The clinic provides comprehensive treatment for adults age 18 and older who are struggling with opioid use disorder. The program provides daily medication (methadone) coupled with individual and group therapy and case management services to treat each patient's unique needs.
   http://www.hamiltoncenter.org/programs/western-indiana-recovery-services/

2. A Recovery Community Organization (RCO) is in the beginning stages of being established in Vigo County. An RCO is an independent, non-profit organization led and governed by representatives of local communities of recovery. RCOs organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services. NextStep Foundation provides residential programs and outpatient services and will be creating space for the RCO to open. The planning stages are currently underway as of July of 2018.

ABOUT THE AUTHOR

Kris Aninger is an AmeriCorps intern working at United Way in Terre Haute, Indiana on the "Healthy Futures: Reducing and/or Preventing Prescription Drug and Opioid Use" initiative. Living in Northern California for over thirty years, she worked in the medical device industry for the majority of her career. Relocating to Terre Haute in 2015, she began her second career as yoga teacher and is now enjoying a third career phase with AmeriCorps and United Way. Kris is enjoying learning and becoming part of her new community. In addition to her AmeriCorps role, Kris assists whenever possible in fighting the substance abuse crisis, and is currently holding Yoga of 12 -Step Recovery meetings, a combination of a 12-step meeting and a yoga practice at one of the sober living facilities in Terre Haute.

APPENDIX A

The following are the documented notes from three community conversations conducted as part of this research.

United Against Opioid Project
Community Conversation Documentation

Community Conversation #:	1
Group(s):	Next Step, Courts, Gibault, FSA, Hamilton Center, Health Department
Date:	May 16, 2018
Number of Attendees:	7
Facilitator:	Johnson
Note Taker:	Payonk

In our general 2016-2017 Community Conversations, we learned that our residents in the Wabash Valley want a better future. They identified for our United Way a number of primary concerns around drugs, economic decline and jobs, community safety and community pride. Threaded through these conversations was an underlying issue of generational poverty and struggling working families. As our United Way begins to address key areas that can reverse the disturbing trend of poverty in our community, with today's conversation, we would like to dig deeper into one of our most critical issues: drug addictions and our fight for prevention and treatment.

<u>While we know there are more issues, let's focus our conversation on our drug and addiction issues</u>.

1. **What are the 2-3 most important issues or concerns about substance use in our community?**
   - Lack of in-patient treatment centers, as far as detox goes.
   - The sober-living side of things needs more facilities – we have to send folks to Evansville and Indianapolis. Must send them for hours
   - Limited residential recovery. Detox is short intensive stay; a residential program is a longer recovery (maybe 30 days)…treatment and safe secure way to live.
   - Some places might provide sober living and inpatient treatment, but all in all, very limited treatment
   - What happens to people without this? Many go to support group meetings and outpatient basis and many folks may recycle through the system – very few get out of their cycle.
   - The number of children affected is astronomical – at DCS many, many families coming in and many men and women who have lost their children due drug issues.
   - One person expresses that the community focuses on the treatment aspect and may need more focus on prevention.
   - Looking back through 7-8 years, the average age of adult men they receive start using drugs at about 14. Another person expresses 9-11 for women…and that mom and dad taught them how to cook meth. It's overwhelming how young they start – they are getting counseling, peer support and other programs for 90 days, but then they go home to mom and dad and go right back to it.
   - To go along with the children is the issue of not enough foster parents and places – so grandparents taking care of the kids and then not enough support for the grandparents

- The opiates are getting a lot of attention and people are dying, but the Meth got put on the back burner and is still quite bad, and now mixed with heroin – it's still there. Not in the media and people don't dye when you overdose like they do with heroin
- Meth is the overwhelming (85% of cases – used to be 95%, so still really, really high)
- K2 and Spice are also big – these are both synthetic marijuanas. Bath salts has more of a stimulus.
- There are 70-80 metabolites for K2 and it costs hundreds to have these labs, which makes it very difficult to detect. All overdoses one person has had have all been synthetics – no cases of opioids.
- Had a small side conversation about testing methods and places that do it for a better price and greater efficiency – though not about main concerns.
- One estimate is 90% of probationers are unemployed in poverty. One person from California originally said they have never seen white poverty like we have around here – and 90% have experienced trauma (and terrible childhood experiences). And they are living in homes with no water or electricity
- So, jobs and employment come in as a concern in our conversation because of how many of the folks being treated are living.
- Many of the people being treated have been arrested with their parents.
- Trying to get folks over the idea of "that's not how you should function in life" is a constant battle with the folks impacted.
- The only meal and structure kids are getting are from the school.
- Very rare with those impacted that have two parents and more than a high school recommendation.

    a. **How does awareness and/or access to mental health and addiction treatment fit with what we are talking about?**
        - See below, these seemed covered below…

2. **What concerns do you have regarding the awareness and/or access in our community to mental health and addictions treatment? Why?**
    - At Hamilton Center they've discussed this quite a bit and they have tried to do a ton of education and need to do a ton more.
    - Since there aren't many clinics, they are working with a clear slate and so Hamilton could educate at the beginning and their experience is that people have been pretty open about the service and an acknowledgement of the need.
    - Also, people don't know that there are people who have beat this and there has been success. Hamilton is taking appointments now.
    - People don't know their services are out there. So, they know the face of addiction, but not the face of recovery.
    - There are pockets that have some awareness and pockets that have absolutely no awareness. Did a presentation for the library who knew of the problem, and wanted to know what to do.
    - Some sad stories of folks who seem to have no idea of the scope of this problem despite probably being around it.
    - It seems it's almost like a subculture.

- One person says that Judge Radar (who practicing medicine at Ambucare), every day he sees the offenders come through his court, but at the clinic he just gets to see regular people – so there are people like that.
- If you go to the optimist club – they go, oh wow this is really a problem.
- A question about doctor awareness of the seriousness of the problem? The commission that made pain the fifth vital sign – it required treatment and opioid was the easiest treatment and so the rise.
- Why do people want heroin – euphoria! One patient says it opened up his mind so he could see everything – then after the euphoria you just need it. And getting off of it makes you think your dying – even though you're not – no one dies from opioid recovery, but it is painful to go through and to watch and many can't make it past day 3 when it takes up to 5 days.

3. **What do you think is keeping us from making the progress we want and why?**
   - Money and funding! Some of the high-ticket forms of treatment like residential aren't plentiful for what we need.
   - Next Step calls themselves the poor man's treatment. They need more long-term support and housing.
   - Not enough beds!! 32 beds Next Step, 47 beds Gibault, Soda (maybe 80 beds) and more – one guy turns them away daily. There is always a waiting list – and its cheap living $400 a month and making minimum wage and working 40-60 hours a week. About 60% at Gibault are court ordered and they have folks from all over the state.
   - There is some help at the state level, and some recovery works and money from criminal justice moved to mental health. Some positive words for recovery works (?)a state program.
   - A mentoring grant for recovering mothers (between 18-25 with children) seems to be working.
   - Discussion of a group wanting to open a house that is totally ready, but can't do anything with it because without supervision it would just become a dope house.
   - Transportation is mentioned by many as an issue, but one points out that Vigo County bus system isn't quite as bad. Much better compared to something like Shelbyville. Putnumville has a program to get all the bikes you want from the prison where they refurb them
   - So again, money, housing, transportation.

4. **When you think about what we've talked about, what are the kinds of things that could be done that would make a difference in both awareness and access to mental health and addictions treatment in our community?**
   - I understand the stigma and the date, but if individuals are more willing to hire folks in treatment or with felony backgrounds it would be huge. We have to get our chamber of commerce on board with... "we're gonna hire individuals to do this". Mr. Burks at Hamilton Center has a program with mentoring and strict supervision – these individuals have paid their debt and still need to work.
   - There also has to be a willingness to say…you're a person and person in recovery and we're willing to hire folks with mental health issues, but once it's a recovery issue the door slams
   - Fix the employment issues and other issues improve

- Would be great to have the chamber share stories from businesses who are having success with felons or folks in recovery. One story of a person who has completely turned their life around and is possibly one of the best employees – but more people need to hear that.
- Many have intelligence and skills sometimes in spite of lack of educations.
- For recovery to work, there has to be a motivation – like a better job, a career.
- Example of a company like Thompson Thrift partnering with Next Step and doing work days, or the CFO doing a finance and budget class.
- Realistically, not everyone in recovery wants to be in recovery and are just playing a game, but we have to give a person a chance. Point here is that we know there are folks where this will fail, but you have to give others a chance
- Our community as a whole, when we look at those that will hire are riddled with drugs, and some of the safer places, like ADVICS, now have had such a turnover with guys with pending charges so that has ruined it for others. Most places aren't hiring direct, but go through temp agencies, but we need to work with the temp agencies who have put in some policies that aren't allowing them to hire felons, etc.
- Coming from federal prisons there are some tax breaks employers can receive for such hires.

5. **Thinking back over the conversation, what other groups or individuals would you trust to take action on these things?**
    - We need employers to take more action, but there is some fear of liabilities. Very similar to trying to place persons with disabilities.
    - Is the chamber aware of tax breaks for employers that hire – like Manpower is aware of that.
    - Mention of Offender Workforce Specialist Training – a mention of Anissa Williams as a person from the prisons who could speak of these opportunities.
    - What about a syringe service in the community, what would people think. So, it's about a health issue -prevent disease, but then also a possibility to do some "reduction" training. The reaction in the room was that "oh, boy" a year or two ago, but now, maybe not so much. Hamilton expresses the success they have in a treatment program is because it is treatment and this program is not. In reality we are more conservative than we say – if we don't want sex ed and condoms in the school to keep kids from disease, how are we gonna be Ok about drug addicts exchanging needles. Fact we didn't know – Vigo is 4th in the state (of 92 counties) in prevalence in HIV and AIDS.

<u>Additional Discussion Topics as time allows</u>:

In our Community Survey work, we heard about a number of topics and would like to get your thoughts on a few of these.

6. **Do you think transportation is a significant issue in our community's ability to provide mental health and addiction treatment?**
    - See comments under the concern listed above.

7. **Do you have thoughts on the efficiency or effectiveness of a software or social platform such as Open Beds as a means to address awareness of treatment options?**

- The reaction to Open Beds is that it just started, is only for substance use beds. Remarkably several in the room besides Hamilton Center did not know anything about it.
- Hamilton Access center spends time trying to find beds for patients (even on the Mental Health side), but this is just for substance use only.

8. **What does "better communication between service providers" look like to you?**
   - Is there enough communication? Well rarely do we get together to say…"how are we gonna tackle this or other things". For example, some said we need to do better at drawing in the health department
   - Having someone from the prosecutor's office and defense attorneys also need to be included. Courts need to stop dictating the treatment option.

   Separately a question about Dr. Ray and the jail assessment…
   - His data is starting to show him that a new jail needs to be more of what we are talking about today – more of a treatment center. Most of the patients are there because of addiction.
   - Another person talking to a state sheriff in a talk that jails are becoming mental health facilities. Hamilton center is actively doing work in the jails – they have two different groups working in the jail. They are there 5 days a week, but what if it needs to be 7 or contract staff to have them there 24/7.

Other groups we may want to do conversations with:
- The TH Housing Authority
- HR Associations

Hans and Jennifer (Hamilton Center) meet with Jim McClelland about once a quarter and he said there are about 3-4 counties in Indiana that have system of care that have galvanized the community behind the issue. He wants this done – a community wide systems of care – and doesn't care who does it. This is something it might be great if United Way could do as a convener. This is a community side problem and we need a community wide solution!

United Against Opioid Project
Community Conversation Documentation

Community Conversation #:	2
Group(s):	HARSHA, CASY, CASA, Mental Health America, Next Step (recovery coaches and recovering addict), Choices Consulting, Workforce Development Reentry
Date:	June 6, 2018
Number of Attendees:	8
Facilitator:	Aninger
Note Taker:	Payonk

In our general 2016-2017 Community Conversations, we learned that our residents in the Wabash Valley want a better future. They identified for our United Way a number of primary concerns around drugs, economic decline and jobs, community safety and community pride. Threaded through these

conversations was an underlying issue of generational poverty and struggling working families. As our United Way begins to address key areas that can reverse the disturbing trend of poverty in our community, with today's conversation, we would like to dig deeper into one of our most critical issues: drug addictions and our fight for prevention and treatment.

Before we began, during introductions:

Next Step talks about launching the first RCO (recovery Community Organizations) in Indiana (Christy is starting this work under Next Step. This is intended to be a one stop place to get all the service.

While we know there are more issues, let's focus our conversation on our drug and addiction issues.

9. **What are the 2-3 most important issues or concerns about substance use in our community?**
    - Overdose says one participant, but then not much more discussed on that topic.
    - Training in Narcan – again not much follow-up on that.
    - There is an overall "access to treatment" issue because persons don't seem to understand what their insurance can cover
    - When working with kids, many of them have used with parental support or guidance, so we must work with the kids to move them away from that model. Again, it is reiterated (same as last meeting) that parents teach them to cook meth!
    - Working with kids…they do not view drug use as harmful – have done surveys and it is clear – they don't understand. Also, it's not helping that we are legalizing marijuana everywhere, so kids don't see the danger. Marijuana then becomes the gateway to other things.
    - In the addiction world, substance experimenting begins in middle school, ages 10-14.
    - In workforce development, asking folks if they will pass a drug test and they say "yes, oh wait, not if they test for pot". Pot is a drug!!
    - I have second generation users – the family dynamic must be improved – this is the big issue we have.
    - We know that if we can get a positive adult role model in someone's life, we know we can make a change.
    - One of the issues is "education" in our community. We have a stigma and barriers about people in recovery. Even as simple as the terms…recurrence, not relapse…recovery, not addicts, etc.
    - Recovery can happen, but many are jaded…recovery works.
    - The federal government throws money at many drug problems and maybe not as many root causes, so we need more of the root cause addressing. Some comments here that Opioids are the hot thing now, but meth is still popular.
    - We are so quick to condemn the bad things that happen, but very rarely do we celebrate the accomplishments. Used the example of John Foster (?) who does "Prodigal Parties" …they will fully fund a huge party when someone is released from prison…they celebrate his moving on to that next phase of life. Recovery needs a motivator, a reason to celebrate and a reason not to medicate.
    - In the discussion that "this is a disease, but we don't look at it that way" spurs the argument we often hear…The argument that "we don't choose to get cancer, whereas people with the drug "disease" made a choice"….yes, addicts chose once, but then the brain gets wired and it is no longer a choice. Excellent analogy of the running toilet and instead of putting new

equipment in, the brain in this analogy doesn't allow a logical fix, instead that person fixes it for the rest of their life by pushing the plunger down.

- The hugest problem…prevention has to happen in every single grade. Example, we have reading, math, social studies in every single grade, but we don't have prevention, health, etc. in every single class. Must have wellness and prevention work at every individual age group and level.
- One person mentions that we need to fight to get into the schools to talk about prevention, i.e., it's not easy to get in to do presentations.
- I know it sounds bad with the opioid crisis, but now kids are going to vapes…and now kids are transitioning from vapes to cigarettes. Vape jewels made a top 10 list for Christmas gifts!
- Now we're teaching 25-year-olds what they needed to learn at 5-years old.
- People need to be empowered, but they don't feel that way.

b. How does awareness and/or access to mental health and addiction treatment fit with what we are talking about?

- Addiction is a mental health disorder. One person indicates we need to stop listing them as separate things.

10. What concerns do you have regarding the awareness and/or access in our community to mental health and addictions treatment? Why?

- The awareness in our community is one big company…Hamilton Center….*1-800-hamiltoncenter*. And that's a problem because there are many pathways to recovery. We have plenty of options in this community. Next Step says they have been here for 7 years, but only in the last two years does the phone ring all the time.
- Some comments that Hamilton Center is aggressive….there are plenty of people that need help and we need *many* folks who are helping.
- HARSHA shares this same concern as does Workforce development.
- A unique statistic about re-entry program in Terre Haute is achieving 195 yearly vs other state programs at 35.
- From an out of town point of view, Kris shares that it took a lot googling, to try to find them.
- Again, the RCO is affiliated with all of the resources – one stop recovery and the key in collaboration. To break through the "Freebirds" and "Club Soda" lock because they were the court ordered program, it took a while for the court to know them better. The word in the jails are that Next Step is really hard, but it works.

11. What do you think is keeping us from making the progress we want and why?

- We do not fund prevention programming, probably gets the least amount by far.
- Prime example for tobacco prevention. We have 110 million dollars a year from tobacco settlements, and of that we put about 5 million into prevention.
- But we put a little bit into Opioid prevention
- Lack of coordination is also preventing progress – we try to network, but one person can only do so much, but there isn't a coordinated effort about what each is doing. You have to look sideways to fly in formation properly.
- Part of the reason we don't work together is because there is a feeling of competition.
- If we had two or three more people each (staffing) we could do much more….but then again, need funding

- Also, it seems that prioritization of funding is needed…Example is the new jail…we want to fund the jail, but no priority on prevention to avoid the need for the jail… Prevention should be worth its weight in gold. We must prevent the treatment side.
- Money is a challenge, but also need the male role models and mentors.

12. **When you think about what we've talked about, what are the kinds of things that could be done that would make a difference in both awareness and access to mental health and addictions treatment in our community?**
    - RCO really seemed like the answer to this question…one person indicates that Hamilton Center is acting like a kind of the RCO, but they don't function to work with all of the other treatment facilities like an RCO would.
    - Rule for RCO is 50% of board must be peers (recovering). It is a community wide effort to build the RCO.
    - There are only 9 RCOs in the United States…Terre Haute could be the 10th.
      Huge Indiana grant lately to put Recovery Coaches in all emergency rooms (?), Mentoring is becoming a huge part of the new treatment plans.
    - What's different about Next Step? Because you cared…this is about mentoring. Another example of how a mentor got someone into college by helping with them in that kind of direct way….that's what a mentor can do, start a new norm.

13. **Thinking back over the conversation, what other groups or individuals would you trust to take action on these things?**

    Not asked.

Additional Discussion Topics as time allows:

In our Community Survey work, we heard about a number of topics and would like to get your thoughts on a few of these.

14. **Do you think transportation is a significant issue in our community's ability to provide mental health and addiction treatment?**
    - At Hamilton Center and you need to go to Wal-Mart and it takes two hours. No Holiday and not Sunday schedule and it used to not go past 4PM. But it does now.

15. **Do you have thoughts on the efficiency or effectiveness of a software or social platform such as Open Beds as a means to address awareness of treatment options?**
    - Not asked

16. **What does "better communication between service providers" look like to you?**
    - Sitting around the table and talking about what is going on…Like the local coalition, but it needs to be a bigger table with everyone there. Frustration voiced on the homeless coalition…you know who is never there? …Lighthouse Mission, the largest and main center for the homeless.
    - But we all go to meetings, so we need just one big entity that meets a couple times a month. And like said earlier it should be that you are shamed if you are not there.

- We need a bigger table and if you look at communities that are successful – they make the table big and really important to the point that it is shamed if you are not there.

Other groups we may want to do conversations with:

- Contact Chief Deputy Motz (?)
- Aaron Loudermilk (TH Police)
- Associated Psychologists
- CODA
- Team of Mercy, Christina Kriss (?)

Karen from HARSHA asks… What could HARSHA do to help the community? Would like to do something on the educational piece in September or October. Brief discussion followed on what the best things would be.

United Against Opioid Project
Community Conversation Documentation

Community Conversation #:	3
Group(s):	CASY, Team of Mercy, Teen Challenge, Truman House, VCSC, Indiana State University Police Department
Date:	June 27, 2018
Number of Attendees:	9
Facilitator:	Aninger
Note Taker:	Payonk

In our general 2016-2017 Community Conversations, we learned that our residents in the Wabash Valley want a better future. They identified for our United Way a number of primary concerns around drugs, economic decline and jobs, community safety and community pride. Threaded through these conversations was an underlying issue of generational poverty and struggling working families. As our United Way begins to address key areas that can reverse the disturbing trend of poverty in our community, with today's conversation, we would like to dig deeper into one of our most critical issues: drug addictions and our fight for prevention and treatment.

<u>While we know there are more issues, let's focus our conversation on our drug and addiction issues</u>.

1. **What are the 2-3 most important issues or concerns about substance use in our community?**
   - A top concern is placement for females… in our community we don't have many placement options if they want to get recovery.
   - I'm recovering for 4 -years, and as an outreach coordinator in this community my concern is that we don't have a treatment center. We have halfway and detox houses, but no residential in-patient treatment center. 98% of people who reach out have insurance and we have to find places for them, but it's hard here vs. other communities. Closest place is New Albany.
   - Teen Challenge indicates they are a year-long program, but it is pointed out that they are faith-based, which can sometimes be difficult for those who are not "faithful"
   - Ideally you should go from detox to residential to in-patient then to IOP or sober living.

- Most government programs have a 12%-15% success rate, but Teen Challenge is at 86% and for them it is a "Jesus thing" (their words).
- Most agree long-term treatment is the only thing that works.
- Got on a bit of a conversation that highlighted how each person (and we had a few in recovery in the group) needed something a little different. A few voices expressed that they were not as much in favor of MAT and that the detox of off those drugs is also difficult.
- Talked about the "A" in MAT is "Assisted" and without the assistance (or just with the medicine) this will not work.
- A little discussion about the new Methadone Clinic at Hamilton Center – one person was surprised they chose methadone instead of the other main drug (because they had experience taking both), but also that they are hopeful that they use the proper therapists, 12-steps, counseling etc. Overall very glad that we have this new clinic, but must be done right.
- Need some non-denominational detox… and go directly to an RT program that is at least 21 days and restarting the brain. 21 days forms a habit. Again, goes back to no treatment facility.
- Another great tool for the community that we don't have much of are Certified Recovery Specialists – these are the bridge…when you are leaving a clinic, you need a peer specialist – that is the key. As addicts "we need a wrap-around" we can't do any of the crap that people do every day without this kind of help.
- Much curiosity in the room about how that new clinic (Hamilton Center) is going to work.
- One concern voiced is for school children – in the surveys and expulsion hearings, VCSC is not seeing as many kids as parents with drug issues and so we are very short on foster parents in the community.
- While we're talking about opiates, one person mentions it starts with something else like tobacco – that's where is starts. We must reach the kids – one person says we have kids watching parents die in their home. Each year VCSC does ATAD survey (alcohol, tobacco and drugs) and he will have results this summer, but tobacco use is down and vaping is up.
- Schools can't do all of the things we expect them to do, but drug education of the youth should be increased, but there is so much more on bullying and harassment and other items that weren't there before. Even the standardized testing requirements take time away from these educational things all of the folks in the room would like to see more of.
- One person says "Can we say DARE didn't work?". But if someone would have come in to the room when I was young with a face tattoo and said "*this is what drugs did to me,*" I would have listened, but I wasn't going to listen to a cop.
- Robert Pickle – used to speak at McClean…came in his orange jump suit and showed that here's where he ended up. This really worked. Must have people that can actually connect.
- We need the right balance with prevention and treatment and we do need some mapping and listing of these services. Can't have one or the other.

    a. **How does awareness and/or access to mental health and addiction treatment fit with what we are talking about?**
        - One person notes that at the social service agencies, some employees don't know how to have the conversations and share information with the clients. We have many resources in our town but we don't do well to connect them with the right resources.

- Several more opinions of getting us all to the table of the anti-drug coalitions
- One person who uses videos and social media says he gets a lotta love nationally, but not so much locally.
- ISU police indicate that when issues come up, they are sad to say that they don't know any of the folks in the room.

2. **What concerns do you have regarding the awareness and/or access in our community to mental health and addictions treatment? Why?**
   - Some themes of not enough working together, but didn't spend much time on this.

3. **What do you think is keeping us from making the progress we want and why?**
   - For schools and prevention programs and speakers, some opinions expressed that all of the standardized testing takes more and more time to complete and time away from some of these programs that we used to do.
   - A big issue for Teen Challenge (on Eagle Street in Terre Haute): A success rate of 86% (those who have been through the year-long program and never gone back to drugs) would say they are doing something right, but they can't get government money and funding as a non-profit. No funding for religious services. No grants for religious services.
   - One opinion is that we have all these organizations doing all these different things but not one resource list showing all we have to offer – maybe a meeting to get all of these organizations together…much talking, but not too many of us meeting together about it.
   - Been to many meetings like this and then it falls through the cracks – how do we get past that so that we are not as consumed with what *we do* personally and we don't follow-up.
   - Need a great database of all of us and what we do and who to contact at each place. Must have something assessable to us to reach contacts. Maybe we need an app for this in our community.
   - In this community, there are still churches that we go into that should know that we are here and they have no idea that we exist.

4. **When you think about what we've talked about, what are the kinds of things that could be done that would make a difference in both awareness and access to mental health and addictions treatment in our community?**
   - There are probably 3 or 4 coalitions all doing the same thing. Would like to see our Anti-Drug Coalition break into committees so that they can focus on their individual efforts under common guidance.
   - Need someone like United Way to bring all of these things together.
   - Need more awareness and events with thousands of persons. There was Some talk of the Drug Symposium from last Spring and how good it was. Some indicated that the symposium is different from an "awareness" event.
   - More points on too many meetings and different coalitions – Drug-Free Vigo County, Better Health Wabash Valley, and others.
   - Sometimes it is a matter of trying to strike a balance – many people are being pulled in many different directions and it's hard to connect with so many different people – we must find ways to be doing things vs just talking.
   - Same theme again about having one-meeting and one-database for us all to use and rally around.
   - The database is one thing, but we need it promoted and even better… for free.

- Someone expresses that CASA has something like this and it is 60-pages and it says who the organization is and what they do. Another called LookupINdiana.org is a good source. 211 was also mentioned. So, there are some databases out there, but again, people don't know about them.
- Marching and raising awareness works. Think of the HIV virus, it had a stigma, after those effected started marching and speaking out, then the money started flowing.
- Must have peer specialists.
- We need to raise some money – let's get three thousand people to raise some money and awareness.
- Must show and share more stories and numbers for people to know that its real.

5. **Thinking back over the conversation, what other groups or individuals would you trust to take action on these things?**
    - Didn't ask this question, but one person mentioned United Way could be a well-known entity to bring all of these groups together.

Additional Discussion Topics as time allows:

In our Community Survey work, we heard about a number of topics and would like to get your thoughts on a few of these.

6. **Do you think transportation is a significant issue in our community's ability to provide mental health and addiction treatment?**
    - Purdue Extension indicates they constantly get the question "is it on the bus line".
    - Transportation is huge – the folks who have low resources and they don't have a driver's license. ISU police indicate there are folks but trying to better themselves, so they drive without a license…but you can't always let it slide when they are caught.
    - Most expressed transportation is a barrier to us making progress on these issues.

7. **Do you have thoughts on the efficiency or effectiveness of a software or social platform such as Open Beds as a means to address awareness of treatment options?**
    - Did not ask.

8. **What does "better communication between service providers" look like to you?**

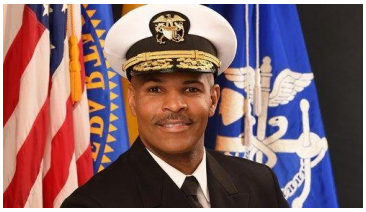
APPENDIX B

These two articles provide the reader additional insight into the Indiana opioid crisis

Surgeon General Talks Indiana Opioid Crisis

Posted: Mar 22, 2018 5:26 PM EDT Updated: Mar 23, 2018 9:32 AM EDT

By Dan McGowan, Senior Writer/Reporter



Jerome Adams took office in 2017.

WASHINGTON, D.C. -

U.S. Surgeon General Jerome Adams, who served three years as Indiana's state health commissioner, says better partnerships are key to putting a dent in the opioid crisis statewide and throughout the country. In an interview with Inside INdiana Business, Adams said the combination of more federal dollars and a focus at all levels of government on "better health through better partnerships" is a good start toward getting a handle on the issue. The omnibus spending bill introduced in Congress this week includes nearly $4 billion for resources to fight opioid abuse, which has been declared a national emergency by President Donald Trump, and is a stated priority for Governor Eric Holcomb.

Adams said the issue really hits home for him. His brother is in the state prison system with a substance abuse disorder that Adams says has not yet been treated. Support, he says, is "never going to seem like it's enough and it's never going to be fast enough," but he is complimentary about Indiana's efforts, including the work done by Holcomb, State Health Commissioner Kristina Box and Family and Social Services Administration Secretary Jennifer Walthall.

He says communities must now "lean in" to the assistance available. "Unfortunately, many communities still don't recognize it as an emergency where they live," Adams said. "We need them to convene non-traditional partners like law enforcement, and public health, and health care, and the faith-based community, and if we do all of those things, I'm convinced we're going to make a difference."

Adams believes improving collaboration between health providers and law enforcement would go a long way. "The law enforcement community certainly could use some of the tools that public health has available. We had a big debate about harm reduction and syringe service programs in Indiana that's still ongoing," he said, "but we also know that the public health and health communities need to be more sympathetic and empathetic to the challenges that the law enforcement community faces. It can't be one or the other, it's got to be both together." Instead of providing funds to "the same old silos" that received it in the past, Adams is urging stakeholders to pull together to reduce supply and demand and make the money go as far as possible.

Author: 'Community Is The Answer' to Opioids

Posted: May 11, 2018 12:26 PM EDT Updated: May 11, 2018 1:48 PM EDT

By Andy Ober, Assistant Managing Editor

INDIANAPOLIS -

An author who has written about the nationwide opioid epidemic says communities collaborating with "many ideas and solutions being tried together" will be key to addressing the crisis. "Dreamland: A True Tale of the Opioid Epidemic" author Sam Quinones will speak Monday at a fundraiser supporting the IU Behavioral Health facility in downtown Indianapolis. He says, while there will be no singular, quick fix for the opioid issue, the more communities work together, "the more we are prepared for the next scourge."

The May 14 event at the Indianapolis Museum of Art is being hosted by the Methodist Hospital Task Core, which is a volunteer group that raises funds to support IU Health Methodist Hospital.

Quinones says "Dreamland" explores what he says was a 20-year path to the opioid epidemic. Research for the book took him to the nation's Rust Belt, where he says economic devastation due to factories leaving led to population fragmentation and isolation. In addition, he says pharmaceutical marketers suggested to doctors that the drugs were not addicting, leading the doctors to prescribe them to patients, who wanted their conditions diagnosed and cured quickly.

He believes the crisis will continue "for a while," suggesting that an epidemic that took decades to emerge would not be solved quickly.

"There's a lot of small solutions, and they all have to be tried, more or less, at once," Quinones tells Inside INdiana Business. "There's no one thing that can get us out of this."

APPENDIX C
Indiana Data Supplements

Health Care Costs

According to the Indiana State Department of Health, Indiana saw total non-fatal visits to emergency rooms (ER visits) from acute opioid overdoses rise from 1,856 in 2011 to 2,977 in 2015, and then jump dramatically in 2016 to 8,297 ER visits. ISDH tracked these numbers from 2009 through 2016.

According to a news release in 2014 from Modern Medicine Network, 41 percent of U.S. opioid overdose patients who visited emergency rooms were treated and released, 55 percent were admitted to the hospital for non-ICU treatment, and 4 percent were transferred to an intensive care unit (ICU).

In Indiana, the average cost of an inpatient day at a hospital in 2015 was $2,352 per patient day in nonprofit hospitals and $2,108 per patient day in for-profit hospitals, yielding an average of $2,230 per patient day. Across the United States, the corresponding 2015 cost was $2,289 (nonprofit) and $1,791 (for-profit), or $2,040 per patient day on average.[28] The ratio of Indiana/U.S. per patient day costs, which is 2230/2040, or 1.093. This suggests hospital costs in Indiana in 2015 were approximately 9 percent higher than the national average.

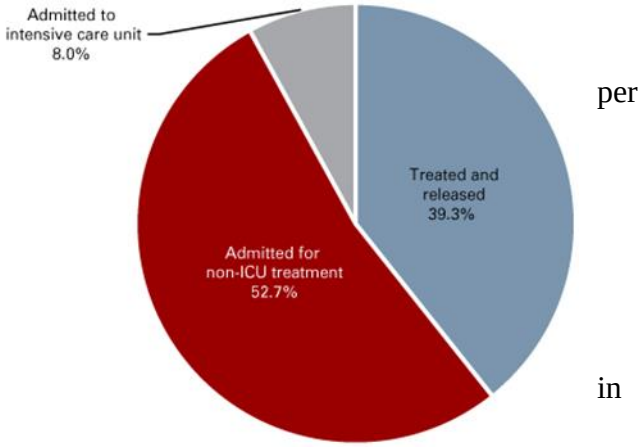


Figure 13: Estimated hospitalization outcomes for Indiana opioid overdose patients

- Treat and release
  In 2014, the national average cost for "treat and release" care at an acute care facility was $3,640. In Indiana, the expected cost would be about 9 percent higher, or $3,979.
- Admission into non-ICU
  In 2014, the national average cost for "admit into non-ICU" care at an acute care facility was $29,497.[32] In Indiana, the expected cost would be 9 percent higher, or $32,244.
- Admission into ICU
  In 2009, the national cost per admission into the ICU of a hospital due to overdose of opioids was $58,517, and this cost rose to $92,408 by 2015.[33] Numbers were adjusted up by 9 percent to reflect the higher-than-average acute care costs seen in Indiana, to $63,967 and $101,015, respectively.

Indiana Data

Annual cost estimates for non-lethal acute care

Year	Treat & release	Admission (non-ICU)	ICU	Total ER visits	Treat & release total costs	Admission (non-ICU) total costs	ICU total costs	Total annual acute care costs
2003	$3,095	$25,077	$54,921	249	$302,779	$3,290,173	$1,093,866	**$4,686,817**
2004	3,178	25,754	56,403	398	496,556	5,395,868	1,793,935	**7,686,359**
2005	3,286	26,629	58,321	550	710,697	7,722,850	2,567,574	**11,001,121**
2006	3,391	27,481	60,187	705	939,669	10,210,992	3,394,793	**14,545,454**
2007	3,486	28,251	61,873	948	1,299,161	14,117,438	4,693,548	**20,110,146**
2008	3,619	29,325	64,224	1,193	1,696,430	18,434,395	6,128,783	**26,259,608**
2009	3,604	29,207	63,967	1,460	2,068,047	22,472,609	7,471,346	**32,012,001**
2010	3,662	29,675	70,142	1,658	2,386,085	25,928,588	9,303,591	**37,618,263**
2011	3,779	30,624	76,316	1,856	2,756,506	29,953,806	11,331,449	**44,041,761**
2012	3,858	31,267	82,491	1,969	2,985,743	32,444,829	12,993,982	**48,424,555**
2013	3,916	31,736	88,666	2,157	3,319,884	36,075,800	15,300,147	**54,695,831**
2014	3,979	32,244	94,840	2,822	4,412,894	47,953,083	21,411,154	**73,777,131**
2015	3,983	32,276	101,015	2,977	4,659,930	50,637,521	24,057,732	**79,355,184**
2016	4,035	32,696	102,328	8,297	13,156,219	142,963,161	67,921,363	**224,040,742**

Indiana Data

Costs associated with treatment in Indiana

	Outpatient admissions	Cost per outpatient	Total outpatient treatment costs	Inpatient admissions	Cost per inpatient	Total inpatient treatment costs	Total rehabilitation costs
2003	1,781	$5,002	$8,907,756	148	$6,870	$1,019,661	**$9,927,417**
2004	2,361	5,164	12,193,091	197	7,094	1,395,729	**13,588,821**
2005	2,683	5,341	14,329,295	224	7,336	1,640,258	**15,969,553**
2006	2,903	5,476	15,898,174	242	7,523	1,819,846	**17,718,020**
2007	2,501	5,699	14,253,189	208	7,828	1,631,546	**15,884,735**
2008	2,397	5,705	13,675,325	200	7,837	1,565,399	**15,240,724**
2009	3,057	5,860	17,915,366	255	8,050	2,050,752	**19,966,118**
2010	3,920	5,948	23,316,538	327	8,170	2,669,018	**25,985,555**
2011	5,048	6,124	30,915,486	421	8,413	3,538,861	**34,454,347**
2012	5,164	6,231	32,176,520	430	8,559	3,683,210	**35,859,729**
2013	5,684	6,325	35,948,467	474	8,688	4,114,980	**40,063,447**
2014	6,236	6,372	39,737,949	520	8,753	4,548,758	**44,286,707**
2015	5,661	6,419	36,337,016	472	8,817	4,159,457	**40,496,473**
2016	4,955	6,552	32,465,160	413	9,000	3,716,250	**36,181,410**

Indiana Data

Annual initial emergency response costs due to opioid overdoses

	Naloxone use events	Cost of naloxone kit	Total cost of naloxone	Cost of emergency responders per call	Total cost of emergency responders	Initial emergency response costs
2003	1,368	$22.90	$31,333	$354.96	$485,659	**$516,992**
2004	1,653	23.65	39,076	366.52	605,675	**644,751**
2005	2,018	24.45	49,359	379.04	765,063	**814,422**
2006	2,264	25.08	56,772	388.67	879,961	**936,733**
2007	2,739	26.09	71,464	404.46	1,107,684	**1,179,148**
2008	3,136	26.12	81,921	404.9	1,269,777	**1,351,698**
2009	3,421	26.83	91,787	415.92	1,422,695	**1,514,482**
2010	3,111	27.23	84,725	422.14	1,313,244	**1,397,969**
2011	3,772	28.04	105,777	434.65	1,639,548	**1,745,325**
2012	3,122	28.53	89,073	442.21	1,380,639	**1,469,712**
2013	3,671	28.96	106,303	448.85	1,647,691	**1,753,993**
2014	6,582	29.18	192,057	452.25	2,976,876	**3,168,932**
2015	6,801	29.39	199,889	455.55	3,098,281	**3,298,170**
2016	8,610	30.00	258,312	465.00	4,003,830	**4,262,142**

Indiana Data

Opioid-related annual arrests and costs

	Indiana population	Opioid use/drug use ratio	Indiana opioid arrests	Cost per arrest	Court cost per arrest	Total drug arrest cost
2003	6,196,638	25.9%	9,277	$351	$139	**$4,544,426**
2004	6,233,007	30.9%	11,132	362	144	**5,631,073**
2005	6,278,616	35.9%	13,028	375	149	**6,815,200**
2006	6,332,669	40.9%	14,971	384	152	**8,030,186**
2007	6,379,599	45.9%	16,925	400	158	**9,447,547**
2008	6,424,806	50.9%	18,902	400	159	**10,562,374**
2009	6,459,325	55.9%	20,870	411	163	**11,979,616**
2010	6,490,029	51.1%	19,175	417	165	**11,170,895**
2011	6,515,358	57.7%	21,714	430	170	**13,025,131**
2012	6,535,665	55.8%	21,063	437	173	**12,854,408**
2013	6,567,484	53.6%	20,348	444	176	**12,604,465**
2014	6,593,182	57.6%	21,933	447	177	**13,688,926**
2015	6,610,596	57.0%	21,775	450	179	**13,689,717**
2016	6,634,007	58.4%	22,378	460	182	**14,360,657**

Indiana Data

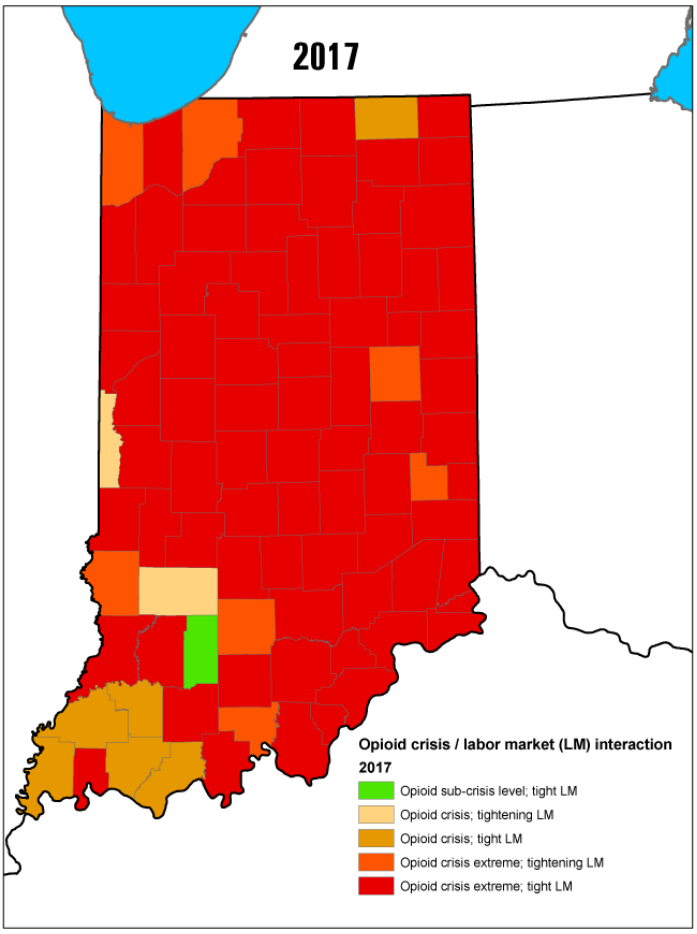
Total present value of economic damages from opioid misuse in Indiana, as of December 31, 2017

	Direct costs (excluding lost wages)	Lost GSP from deaths	Losses to GSP (labor markets)	Total nominal cost	Nominal GSP growth	Factor	Cumulative PV factor	Total present value of economic damages (Dec. 31, 2017)
2003	$141,979,387	$20,174,326	$0	$162,153,714	5.89%	105.89%	1.649	$267,435,306
2004	191,631,241	45,628,829	62,346,406	299,606,476	2.78%	102.78%	1.580	473,504,756
2005	239,164,611	77,492,058	99,681,226	416,337,894	4.58%	104.58%	1.525	634,747,475
2006	291,277,051	116,519,875	196,647,432	604,444,358	5.39%	105.39%	1.452	877,870,567
2007	352,043,864	164,194,391	323,749,108	839,987,364	1.20%	101.20%	1.406	1,180,957,299
2008	480,902,348	223,245,680	275,205,850	979,353,878	-4.17%	95.83%	1.428	1,398,504,284
2009	532,231,814	287,579,842	0	819,811,656	7.70%	107.70%	1.406	1,152,852,127
2010	551,507,000	356,888,751	0	908,395,751	3.30%	103.30%	1.330	1,207,964,184
2011	652,048,343	426,409,691	0	1,078,458,034	2.89%	102.89%	1.292	1,393,829,290
2012	674,125,971	492,382,685	0	1,166,508,656	3.72%	103.72%	1.251	1,459,516,812
2013	716,566,551	579,986,848	0	1,296,553,399	4.74%	104.74%	1.201	1,556,569,767
2014	748,969,076	685,179,613	98,636,380	1,532,785,068	3.01%	103.01%	1.156	1,771,279,264
2015	927,907,437	787,034,958	926,801,738	2,641,744,133	3.43%	103.43%	1.120	2,957,569,487
2016	826,818,692	942,261,944	1,725,768,439	3,494,849,075	4.86%	104.86%	1.075	3,757,545,567
2017	992,182,430	1,130,714,333	2,070,922,127	4,193,818,890	4.97%	104.97%	1.025	4,297,994,441
Total present value of historical damages:								**24,388,140,627**
Total present value of future losses from past decedents:								**18,920,951,684**
Total economic damages accrued through December 31, 2017, arising from opioid misuse in Indiana:								

Indiana Data

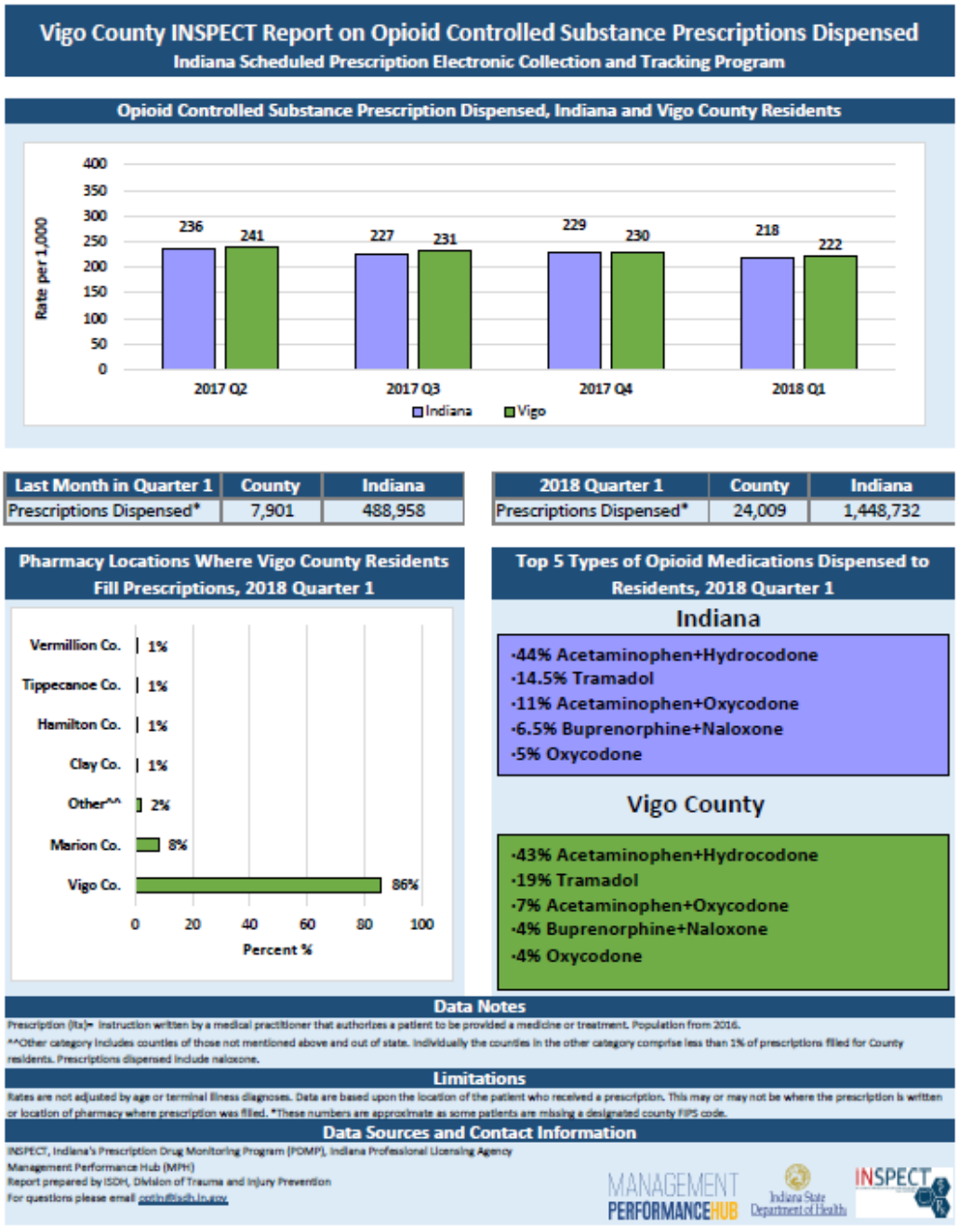
Indiana experienced tight labor markets throughout the state, without exception, while simultaneously, the opioid crisis continued to accelerate into extremely severe conditions, with death and emergency outcomes at or above 10 times 2002 levels throughout the majority of Indiana. Forecasts for 2018, 2019 and even 2020 reflect more of this kind of interaction, barring effective solutions at local levels.

Pink and red represent an "extreme opioid crisis," which is defined as 10 times the 2002 opioid misuse measurement based on deaths and ER visits. Pale red (pink) indicates slack in the local labor market, medium red indicates a tight labor market at about "full employment" level, and the darkest red indicates that the local labor market is very tight with unemployment rates lower than "full employment" and labor force participation rates higher than the national average.



Indiana Data

Additional Indiana and Vigo County data related to controlled substance prescriptions.



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