

What Should We Do about the Opioid Epidemic?



A summary report of findings from the 2018 community dialogues on the issue of the opioid epidemic hosted by Community Advancement Network.

OVERVIEW

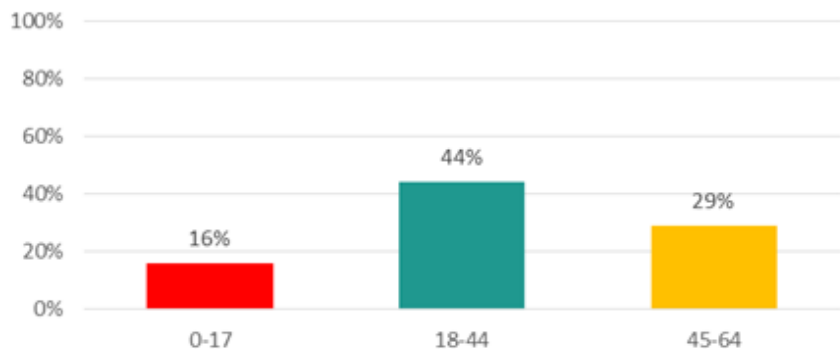
Drug abuse, a problem the United States has faced for decades, has taken a sharp and lethal turn with the rise of opioids – both legal painkillers such as oxycodone and fentanyl and illegal ones like heroin. According to the Centers for Disease Control, more than 64,000 Americans were killed by drug overdoses in 2016. In 2015 & 2016, there were 299 deaths in the City of Austin that were attributed to drug overdose and 191 of these deaths were opioid-related. From 2006-2016, 1,398 Travis County residents died from drug overdose. 42.2% of those deaths were caused by opioids, and 7% of opioid overdoses were intentional. In 2016, 444 Travis County residents were hospitalized with a drug overdose diagnosis. 60% of those hospitalizations were people under the age of 44.

While our region is not seeing the crisis levels that other parts of the country are experiencing, there are still concerning trends. For example, local data shows that 7.5 per 100,000 people died in Travis County from an opioid overdose in 2016. That is lower than the United States (13.3), but higher than the Texas rate (4.9).

During the Fall of 2018, Community Advancement Network (CAN) hosted three deliberative dialogues with community members on the topic of how to address the opioid epidemic. During these dialogues, people had the opportunity to delve more deeply into the issues and implications that are facing communities and individuals. Utilizing a discussion guide developed by the National Issues Forums (NIF), participants explored a range of perspectives, actions and trade-offs to be considered. The NIF discussion guide offers three options for deliberation, based on differing views of what people hold most valuable, and different potential paths for addressing the problem. For some, addressing the opioid epidemic is a question of ensuring that we make more resources available to treat addiction and connect people with those resources. Others, who see it as a threat to the safety of communities, say that the appropriate response is more law enforcement and regulation. And for some people, it is important to maintain focus on our individual rights to privacy and self-determination, not to be swept away by the crisis of the moment.

Similar conversations have been happening across the country as part of a national discussion on the opioid crisis. In these deliberative dialogues, communities host forums utilizing the NIF discussion guide and participants share their experiences and views, weigh the pros and cons of specific solutions, and see where they may have common ground. These facilitated conversations help people better understand the issue from different perspectives and learn what other community members think about the issue. When residents come together to share their experiences, concerns and aspirations, new ideas emerge and an increased sense of goodwill and trust can be fostered. The output from these conversations not only informs local policy makers and community leaders, but is incorporated into the results from the NIF conversations happening nationwide.

Opioid Overdose Hospitalizations by Age, Travis County, 2016



PROCESS

During October 2018, CAN held three deliberative dialogues on the issue of the opioid epidemic. In preparation for the dialogues, a three-hour facilitation training was conducted by Civic Collaboration. Approximately (20) volunteers were trained to facilitate the discussions and capture key points. During the dialogue, facilitators encouraged participation and deliberation, and note-takers ensured that the conversation highlights were captured.

Each 2.5-hour event was free and open to the public. The dialogues were hosted at University Presbyterian Church, Travis County, and Huston-Tillotson University. After sharing a meal, attendees heard a brief presentation about the deliberative dialogue process and watched a short video describing the NIF issue guide to be used during the facilitated small-group discussion.



The NIF issue guide provides a framework for people to explore how communities might address the opioid epidemic. It offers three different options for deliberation, each rooted in different, widely shared concerns and different ways of looking at the problem. No one option is the “correct” one; each includes drawbacks and trade-offs that are important to grapple with in order to make progress on this issue. They are not the only options available, rather they are presented as a starting point for deliberation.

OPIOID EPIDEMIC ISSUE GUIDE

OPTION 1 – FOCUS ON TREATMENT FOR ALL

This option says that given the rising number of deaths from opioids, we must devote considerably more resources to treatment in order to make any real headway in turning around the epidemic. The primary drawback of this option is that it does little to stop people from becoming addicted in the first place.

OPTION 2 – FOCUS ON ENFORCEMENT

This option says that our highest priority must be keeping our communities safe and preventing people from becoming addicted in the first place. The primary drawback of this option is that it criminalizes a public health problem and makes it less likely those who are addicted will seek treatment.

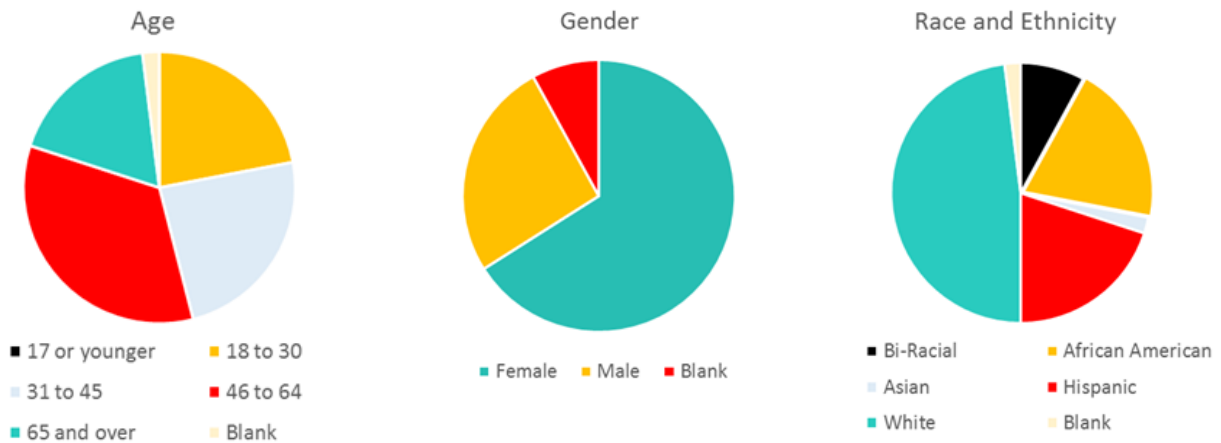
OPTION 3 – FOCUS ON INDIVIDUAL CHOICE

This option recognizes that society cannot force treatment on people. We should not continue to waste money on a failed “war on drugs,” but focus instead on reducing overdoses. Only those who wish to be free of addiction end up recovering. The primary drawback of this option is that it makes addiction seem okay.

The aim of the dialogue was not to select any one option as the best alternative, but rather to begin to explore common values, consider the benefits and drawbacks of possible actions, and identify any areas of common ground and issues that still need to be worked through. During the 2-hour dialogue, participants shared their views and experiences, learned about other's perspectives, and grappled with the tensions between things people hold deeply valuable, such as personal freedom, fair treatment for all, and an individual and collective sense of security. At the conclusion of the dialogue, attendees were asked to fill out the NIF questionnaire to provide their opinions on topics related to the opioid epidemic. Data from these responses is reflected in the charts in this report.

PARTICIPANTS

Each dialogue session was attended by approximately 15 – 30 attendees, with people broken out into small groups of 6-10. A total of 50 people participated in the dialogues. Attendees ranged in age from teens to seniors and came from different ethnic backgrounds. Nearly 30 different zip codes were listed in the questionnaires.



FINDINGS

The dialogues uncovered a variety of perspectives about what we should do to address the opioid epidemic. However, there were a number of key themes that emerged across the conversations. These included:

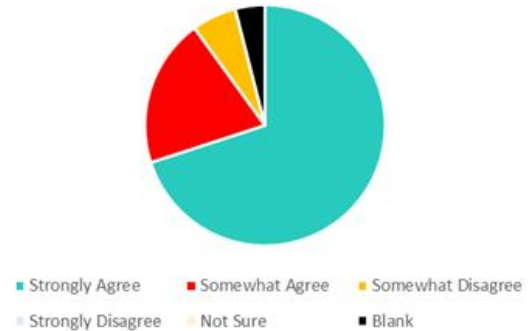
- **Criminalizing a public health problem is not the right approach**
- **Providing both treatment and long-term recovery support is essential**
- **The stigma of substance use disorder must be overcome through education**
- **A holistic approach is required to address this complex problem**
- **More awareness and a greater sense of urgency are needed**

For each of these themes that emerged, participants explored areas where they felt improvement was needed and potential impact of making change, as well as possible downsides that needed to be considered.

Criminalizing a public health problem is not the right approach

Of the three options presented in the issue guide, the focus on enforcement was the least preferred by dialogue participants. There was strong agreement that substance use disorder should be treated as a public health issue and that criminalizing it with convictions is not an effective way to address the problem. Greater enforcement can cause some to hide their problem with substance use and not get treatment for fear of arrest. Some participants felt that being incarcerated had saved lives of people who were using opioids and that it could be a pathway to begin to get treatment. However, people broadly felt that this approach caused significant harm, and that the stress of experiencing arrest and the ongoing difficulties created by having a criminal record were tremendous drawbacks. There were also significant concerns about drug enforcement being unjust in how it is applied and that it disproportionately impacts people of color and lower-income communities.

Like alcoholism, opioid addiction should be treated as a disease not as a crime.

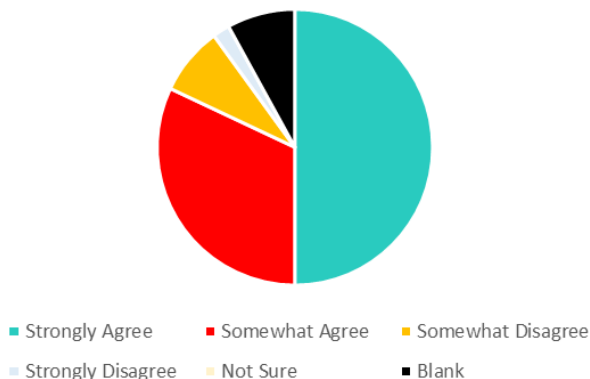


There was support, however for going after drug traffickers and for making drugs less accessible. Many felt drugs were much too easy to get, and rather than going after users, or even small-time dealers, that law enforcement should put its resources into cracking down on the entities that traffic drugs on a large scale.

In addition, a significant part of the discussion of enforcement focused on the need to hold doctors and the pharmaceutical companies more accountable. People said that doctors should stop overprescribing pain medications and should instead spend more time with patients and identify alternative medications and approaches to manage pain. While people recognized that there is a place for pain medication, and that doctors may become reluctant to write prescriptions if they are increasingly held accountable, there was a strong sense that there should be greater responsibility on the part of doctors and a shift away from an overreliance on prescribing pain medication.

Much of the conversation about enforcement focused on the pharmaceutical companies that produce and sell opioids. There was strong support for drug companies to reinvest in research and the creation of non-addictive pain medication. Some felt that drug companies, similar to the tobacco industry, should pay for treatment of the problems that their drugs helped create. While some people felt that pursuing legal action against the drug companies will not be fruitful, and others expressed concerns that drug companies would continue to profit as they create new drugs to counteract current drugs on the market, there was broad agreement that these

Drug companies should be required to put more of their profits into research and non addictive painkillers



companies need to be held accountable and that they need to invest in solutions to the opioid epidemic.

Providing both treatment and long-term recovery support is essential

Of the three options laid out in the discussion guide, the option that emphasized a focus on treatment for all was the most broadly supported across the dialogues. Many participants said that substance use disorder is a medical condition that should be treated, similar to diabetes, cancer or any other health issue and that a proactive, compassionate approach is far better than a punitive one. Therefore the best way to address the opioid crisis is through treatment.

Because opioid addiction is a chronic illness characterized by relapse, it can take many months to overcome. It is very important that treatment is long-term and that it includes a recovery-oriented system of care. Some participants shared their perspective that traditional rehabilitation approaches, for example a period of (30) days in treatment, had very poor success rates. People run the risk of overdosing once they have been off the drug, as their tolerance has been reduced. Participants broadly supported the use of Naloxone, a drug which is used to rescue individuals from opioid overdose.

Participants also discussed the merits and drawbacks of safe use center and sobering centers. There was support for safe use centers, as some viewed these facilities as providing a pathway for people who may want to start treatment to do so. It also would leave police and emergency medical services free to deal with other issues. However, people expressed concerns about whether or not these centers would have the resources and treatment options available, and how they'd handle issues such as whether people bring their own drugs or the sites supply them. Another concern was that there would be significant pushback against opening these centers in neighborhoods, and resistance to using public tax dollars for these centers.

Medically assisted treatment was also viewed as a positive approach, but people felt that it can't be done in isolation and must be part of larger recovery strategy. The conversations also raised the importance of access to, and affordability of, treatment centers. People also expressed the need for better oversight of treatment facilities to improve consistency and effectiveness. There were also overarching concerns over the lack of access to health insurance, which can lead to delays in long-term recovery with catastrophic consequences.

The stigma of substance use disorder must be overcome through education

Participants broadly shared the view that there is a stigma attached to addiction and that this stigma is one of the greatest barriers to addressing the challenge. Many felt that substance use disorder is not understood as a public health issue and there is a significant amount of shame, blame, fear and ignorance related to the opioid crisis. They felt it was important to bring substance use disorder into the light, so it can be addressed. For example, for people on medically assisted treatment, there are currently risks of not being able to get housing or a job because you will be judged for your substance use. By lessening the stigma on addiction, people would feel safe enough to seek treatment.

The need for education about the opioid epidemic came up repeatedly in the dialogues. People from all walks of life need to be educated about the risks of prescription pain killers, the nature of addiction and the options for recovery. People also need to understand how widespread the problem is, and community conversations need to be coordinated. By proactively addressing the issue, we can avoid waiting for tragic



situations to occur which can make the debate over solutions much more contentious. Participants felt that doctors, police, parents, teachers, students, health care professionals, people in the justice system – that people from all walks of life were more educated about this issue.

A holistic approach is required to address this complex problem

A common theme that emerged from these conversations was that there is not one simple “fix” for this complex problem. There was a clear sense that more needs to be done to address root causes, rather than simply treating the symptoms of substance use disorder. Some felt that to be effective, treatment must address multiple aspects of a person’s health – mental, behavioral, physical, spiritual. Others felt that we should not simply focus on opioids but on substance abuse in general. A holistic approach would involve not only care for an individual’s health, but also how law enforcement, the medical and pharmaceutical fields, family and support systems, educational entities, etc., work together to support prevention and recovery.



People also shared the view that there is not a one-size-fits all approach to dealing substance use disorder. We need tailored treatments and flexible recovery programs suited to individual needs and circumstances. Issues such as environmental factors and limited access to health care may make treatment inaccessible. There need to be multiple entry points and exit points for both treatment and recovery. Each community will need to look at the assets that it has, as well as gaps and constraints, in order to accurately assess how to systemically address the opioid crisis.

The importance of prevention was also emphasized during the dialogues. Many viewed a focus on education and

prevention as essential to solving this issue. Participants wanted to see prevention strategies that were research-based, and to monitor these strategies to see what is working. There was a sense that drug addiction is a community problem and society as a whole needs to deal with it, rather than it simply being an issue that those personally impacted must address.

More awareness and a greater sense of urgency are needed

Although our area has not experienced the opioid epidemic to the extent that other communities across the country have, participants still felt that raising the profile of this conversation was important for the long term and for our community’s future. There was a sense that people do not realize the extent of the problem and that local leaders are not talking about it. As one participant said, “How do you get people to care about this issue if they don’t perceive it as a problem, or if it has not affected them personally yet?”. Attendees expressed concern that without a sense of urgency and a commitment to action, that we’d delay addressing this issue until it becomes a greater crisis locally, which can result in devastating impacts on people’s lives.

People wanted to see broader awareness of both the problem and of the resources available so that those experiencing substance use disorder can find the help they need more easily. They wanted more conversations happening around the region and a greater level of involvement from leaders who can bring attention, resources and visibility to the problem. There was also a desire to focus on the positive stories of success and recovery. By sharing not only the problem but also the solution more broadly, we can help people be more informed and more willing to engage in addressing this complex problem.

POSSIBLE ACTIONS

As people deliberated the positive aspects and potential drawbacks of various approaches, they identified specific actions that could be taken by individuals, community groups, the medical field, law enforcement, educators, etc. The summary below captures some of the ideas participants had for possible strategies to take:

Education

- Educate people about the risks of prescription pain killers
- Teach doctors about addiction
- Ensure police receive more education about how to address substance use disorder
- Do more education in schools to foster prevention
- Educate pharmacists, including about the use of Naloxone
- Increase education about options for recovery
- Reduce the stigma of substance abuse disorder by normalizing this conversation

Treatment & Recovery

- Train more people in how to use Naloxone and increase its availability
- Do more with medically assisted treatments as part of an aligned treatment and recovery system
- Create options other than emergency room
- Ensure treatment is spread throughout the city/county
- Have a warm “hand-off” from treatment to long-term recovery
- Make sure all players in the system are talking to each other
- Use peer coaching and motivational interviewing
- Provide funding for treatment and recovery

Sobering Center / Safe Use Center

- Sobering centers can help
- Need safe use centers
- Have a syringe exchange program
- Create “drop in” centers

Law Enforcement

- Have more diversion to drug courts to reduce criminal penalties
- Need more judges who understand diversion and pre-arrest
- Have police get more training on how to deal with this issue
- Share more success stories from APD on how they are working with people effectively
- Do more enforcement of drug companies and strengthen FDA to ensure drugs are vetted

Other

- Pharmacies who issue prescriptions should take them back as well
- Do an asset map in the county to identify needs and gaps
- Build a stronger sense of community
- Look at what other communities are doing
- Accessible & affordability of health insurance

PROMOTING DELIBERATION. DEEPENING UNDERSTANDING. INFORMING POLICY. ENCOURAGING ACTION.

These are among the aims of the deliberative forums hosted by CAN. Many participants shared that they appreciated the opportunity to hear a variety of ideas and perspectives, and that they valued engaging with and learning from others. Forums produce rich insights that go beyond typical public opinion polls by examining the values and beliefs that underlie people's thinking on the issue, requiring them to weigh the trade-offs of different approaches, and asking them to consider the perspectives of others in order to find common ground.

ABOUT THE COMMUNITY ADVANCEMENT NETWORK

The Community Advancement Network (CAN) is a partnership of government, non-profit, private and faith-based organizations who work together to enhance the social, health, educational and economic well-being of Central Texas. CAN provides a unique, collaborative forum to enhance awareness of issues, strengthen partnerships, connect efforts across issue areas, and facilitate development of collaborative strategies.

www.canatx.org

WHAT IS A DELIBERATIVE DIALOGUE?

A Deliberative Dialogue is a process through which community members are able to talk productively about an issue of mutual concern. The goal is to bring more people into the discussion and identify shared areas of interest for action. It is not a debate. It is not about reaching agreement or seeing eye-to-eye. It is about looking for a shared direction driven by what we value the most. Through a Deliberative Dialogue, we examine the benefits and consequences of possible solutions, and find out what we, as a community, can and cannot accept.

WHAT ARE THE GOALS OF A DELIBERATIVE DIALOGUE?

- To better understand the issue and share our individual concerns;
- To listen to each other and consider the benefits and drawbacks of each approach;
- To discuss what business, government and individuals can do to make a difference; and
- To identify shared ideas about what we can do together.

The ideas that emerge from these deliberative dialogues are compiled and shared with the public, the media, and local policymakers. We hope these dialogues lead to further discussions within our community, involving wider circles of people who care about the issue and are willing to work toward a brighter future for everyone in Austin.

For more about Deliberative Dialogues visit the National Issues Forum website at nifi.org

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