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From: Opioids Capstone Team
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Re: Addressing the Opioid Crisis in Clinton

Introduction

The opioid epidemic has emerged as a critical public health issue in communities across the United States, including in Clinton, Iowa. Opioid use disorder (OUD) is a substance use disorder (SUD) characterized by a chronic pattern of opioid misuse. SUDs can have devastating effects on individuals, their families, and their communities as it can lead to health problems, job insecurity, financial hardship, and death.

The team's initial research and data collection phase uncovered the lack of treatment access and the presence of stigma as underlying themes that worsen the opioid situation in Clinton. Treatment access refers to the availability, affordability, and quality of healthcare services available to people with OUD and SUD. Stigma refers to the negative attitudes, beliefs, and stereotypes that people hold about individuals who suffer from OUD and SUD.

Significance

The third wave of the opioid epidemic began in 2013 and continues today. Synthetic opioids and illicit fentanyl especially are the main drivers of this current phase. Fentanyl is 50 times more potent than heroin and 100 times stronger than morphine.¹ Synthetic opioid-related deaths increased by 56% from 2019 to 2020 and accounted for 82% of all U.S. opioid-related deaths in 2020.²

A 2022 Bipartisan Policy Center survey found that 61% of Americans consider the misuse of opioids in the U.S. to be a major public health emergency, and 58% think Congress is not doing enough to combat the opioid crisis.³ In the same study, adults who come from low-income or minority communities were less likely than outsiders to say that the opioid crisis is a major problem in their communities.

The Situation in Clinton

Access to healthcare treatment in general is a big problem for the Clinton community. There is only one primary healthcare provider for every 1,840 residents in Clinton compared to the Iowa average of one primary provider for every 1,360 residents.⁴ Mental healthcare access in rural Iowa is also a struggle to attain. In Clinton, there is one mental healthcare provider for every 1,000 residents compared to the Iowa average of one mental healthcare provider for every 820 residents.⁵

As part of a multi-state lawsuit, the State of Iowa settled claims that certain prescription drug companies and pharmaceutical distributors engaged in misleading and fraudulent conduct in the marketing and sale of opioids and failed to monitor for, detect and prevent diversion of the drugs.

¹ "Fentanyl." DEA.

² "Synthetic Opioid Overdose Data." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 6 June 2022.

³ "Views on the U.S. Opioid Crisis: A BPC-Morning Consult Poll." *Bipartisan Policy Center*.

⁴ "Community Needs Assessment Clinton, Iowa" *MercyOne*

⁵ Huisenga, Kristin. "Documentation of Rural Challenges."

The State of Iowa allocated the settled claims across the ninety-nine counties. Clinton County will receive payment totaling \$1,124, 293.98 over the next seventeen years. At the time of this report, Clinton had not presented a plan on how it plans to utilize these funds.

Methodology & Findings

The team employed various methods to collect data that was relevant to the two components of the project scope: stigma and treatment access. The team decided to separate the data collection into two phases. The first phase consisted of literature reviews and case studies while the second phase consisted of stakeholder interviews. For context, literature reviews and case studies are important tools for understanding the issue based on the best available research and information. These data collection methods help to identify existing programs and policies and contribute to the development of evidence-based policy recommendations. Stakeholder interviews were conducted to understand how stigma manifests across organizations directly connected to the issue, in addition to identifying barriers to treatment.

Five common themes emerged from these interviews: (1) increased demand for SUD/ODU treatment and recovery services; (2) barriers to treatment; (3) stigma as a barrier to treatment access; (4) innovation in building administrative capacity; and (5) the interconnected professional network in the community.

Peer Recovery

Peer recovery services are a best practice for SUD/ODU and many cities have implemented these services in their communities. Peer recovery services are administered by people who have personally experienced addiction and are in recovery themselves.⁶ A peer mentor can provide valuable insights into the challenges and successes of addiction and recovery and help welcome people into the recovery community. Peer recovery services help individuals stay connected to recovery services as it provides a critical link between formal treatment programs and ongoing recovery efforts within the recovery community. Having a sense of community and shared purpose can be a powerful motivator for individuals in recovery from SUD/ODU.⁷

Peer recovery services are flexible in that they are tailored to meet the specific needs of the individual in recovery. Because recovery looks different for different people, peer recovery services allow individuals to receive the treatment that is best for them at the level of support that is necessary. There are initiatives and programs across the U.S. that aim to increase the number and quality of peer recovery services.

⁶ US Department of Health and Human Services. *What-Are-Peer-Recovery-Support-Services*. 2009.

⁷ Ibid

Recommendations

The following section provides 10 policy recommendations to decrease stigma and/or improve access to treatment and recovery services. Some recommendations require up-front investments while others cost less but require community members to work together in new ways. The recent availability of settlement funds suggests that both sets of strategies may be within reach for Clinton. The team has developed ten policy recommendations for Clinton to address the opioid crisis, they include:

1. Implement public training sessions on OUD and SUD for community members.
2. Implement organizational training sessions on OUD and SUD for healthcare providers, law enforcement and EMS, and other professional communities.
3. Expand peer-support services.
4. Open a peer-support services community center that provides services specifically for OUD/SUD.
5. Expand capacity to better disseminate services.
6. Expand mental health programming through the Iowa Community Mental Health Services Block Grant.
7. Create an intercity bus route to expand access to more addiction services in Davenport.
8. Use the opioid settlement money to fund more community beds for detox and addiction services.
9. Make naloxone more available and accessible in the community.
10. Spread awareness of the FDA's elimination of buprenorphine "X-waiver."

For a more in-depth discussion of each policy recommendation please refer to the final report.