



Criminal Justice,  
Mental Health,  
and Substance Abuse  
Technical Assistance Center

## **CJMHSa TAC Reinvestment Grant Quarterly Conference Call (webinar)**

**November 13, 2019 at 10:30 A.M.**

### **Agenda**

- USF CJMHSa TAC Quarterly Webinar Introduction: Mark Engelhardt, CJMHSa TAC Director
- Dr. Khary Rigg, Associate Professor in the Department of Mental Health Law and Policy, College of Behavioral & Community Sciences at USF  
    “The Opioid Crisis: Issues in Rural Areas and within the Criminal Justice System”
- Questions and Answers (via WebEx chat feature)

# The Opioid Crisis: Issues in Rural Areas and within the CJ System

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UNIVERSITY OF  
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# Opioid Epidemic

## Opioids linked to rising death rates

One expert says the increase in mortalities "reflects an out-of-control epidemic."

Washington Post

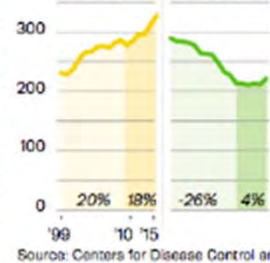
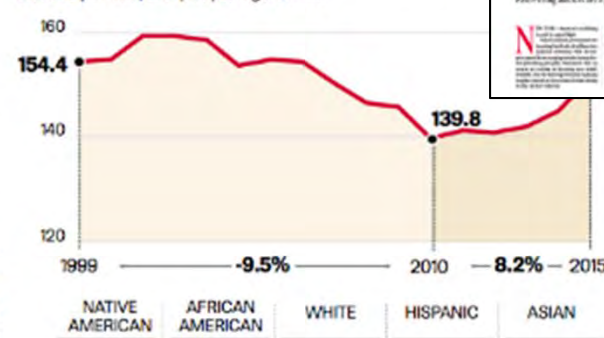
The opioid epidemic that has ravaged life expectancy among economically stressed white Americans is taking a rising toll among blacks, Hispanics and Native Americans, driving up the overall rate of premature death among Americans in the

ing to a *Washington Post* analysis. The death rate among African-Americans is up 4 percent, Hispanics 7 percent, whites 12 percent and Native Americans 18 percent. The rate for Asian-Americans also has increased, but at a level that is not statistically significant.

After a century of decreases, the overall death rate for Americans in these prime years rose 8 percent between 2010 and 2015.

The jump in death rates has » See OPIOIDS, 4A

Death rate rising for young adults since  
Deaths per 100,000 people age 25-44



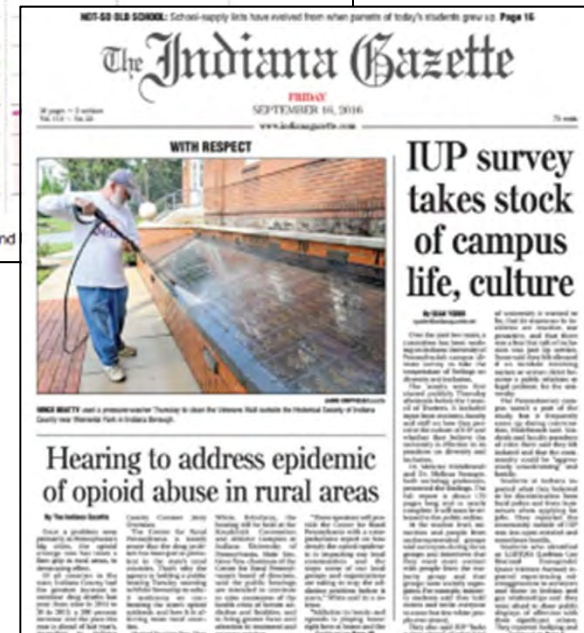
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Colleges grapple with the opioid epidemic



## Fighting the Tide of Opioid Addiction

Increasing addiction is a powerful reason in the fight against America's opioid epidemic.

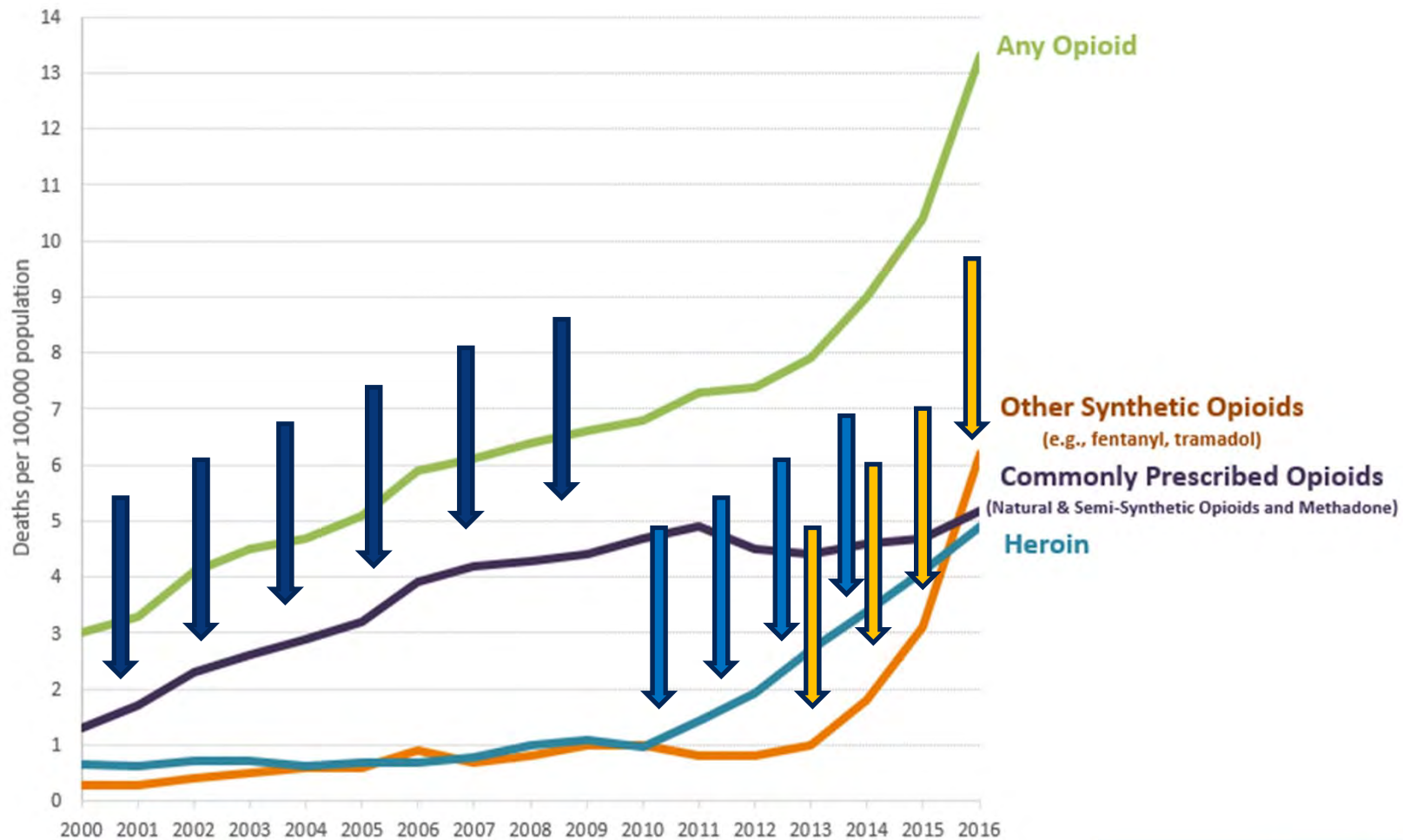


## IUP survey takes stock of campus life, culture

## Hearing to address epidemic of opioid abuse in rural areas

# Trends in Opioid Deaths

## Overdose Deaths Involving Opioids, United States, 2000-2016

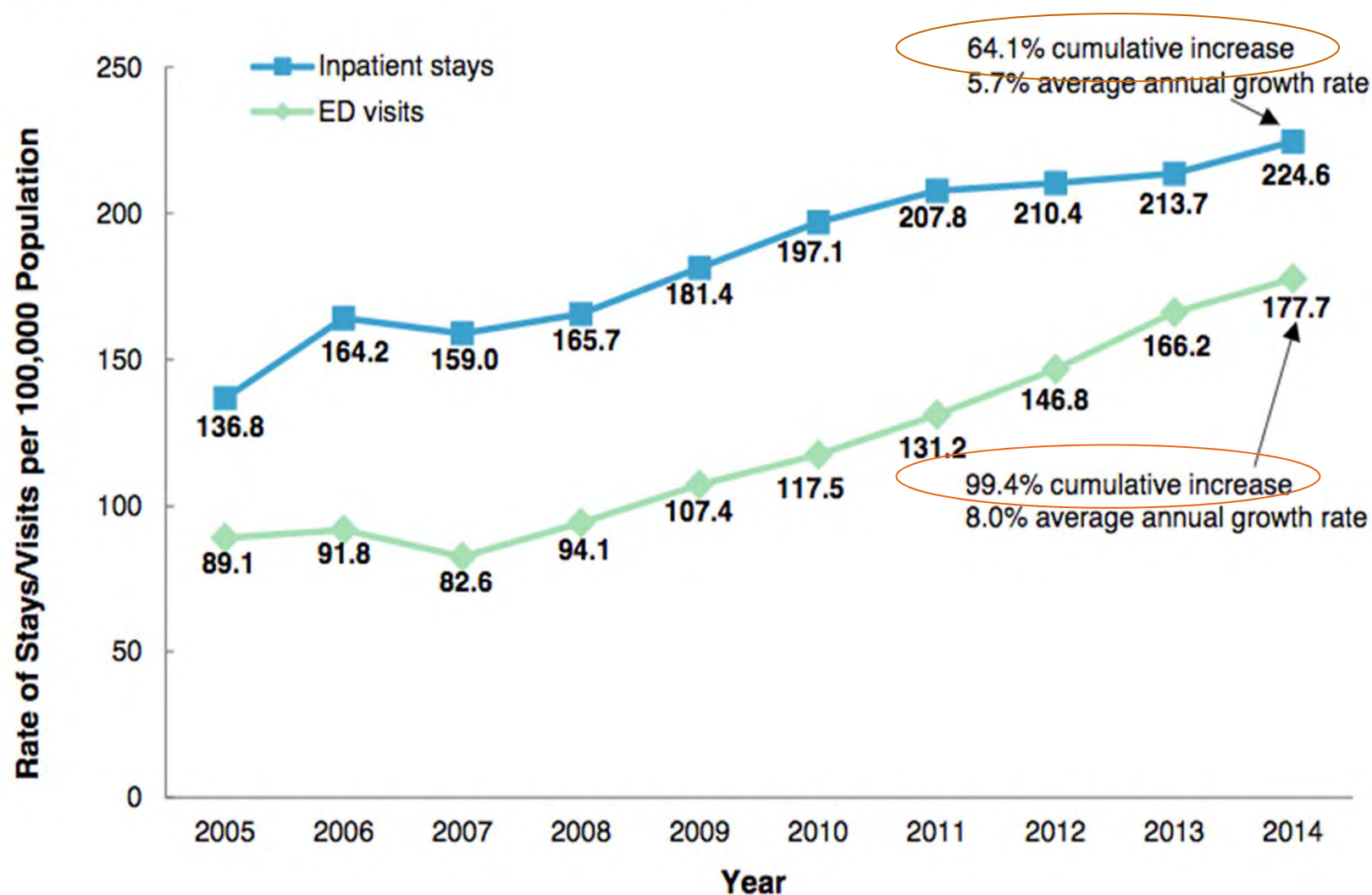


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017.  
<https://wonder.cdc.gov/>.

[www.cdc.gov](http://www.cdc.gov)  
Your Source for Credible Health Information

# Trends in Opioid Hospitalizations

Figure 1. National rate of opioid-related inpatient stays and emergency department visits, 2005–2014



# Economic Burden of Opioids

**Table 3: Comparison of CEA Estimated Cost to Estimates from Other Studies**

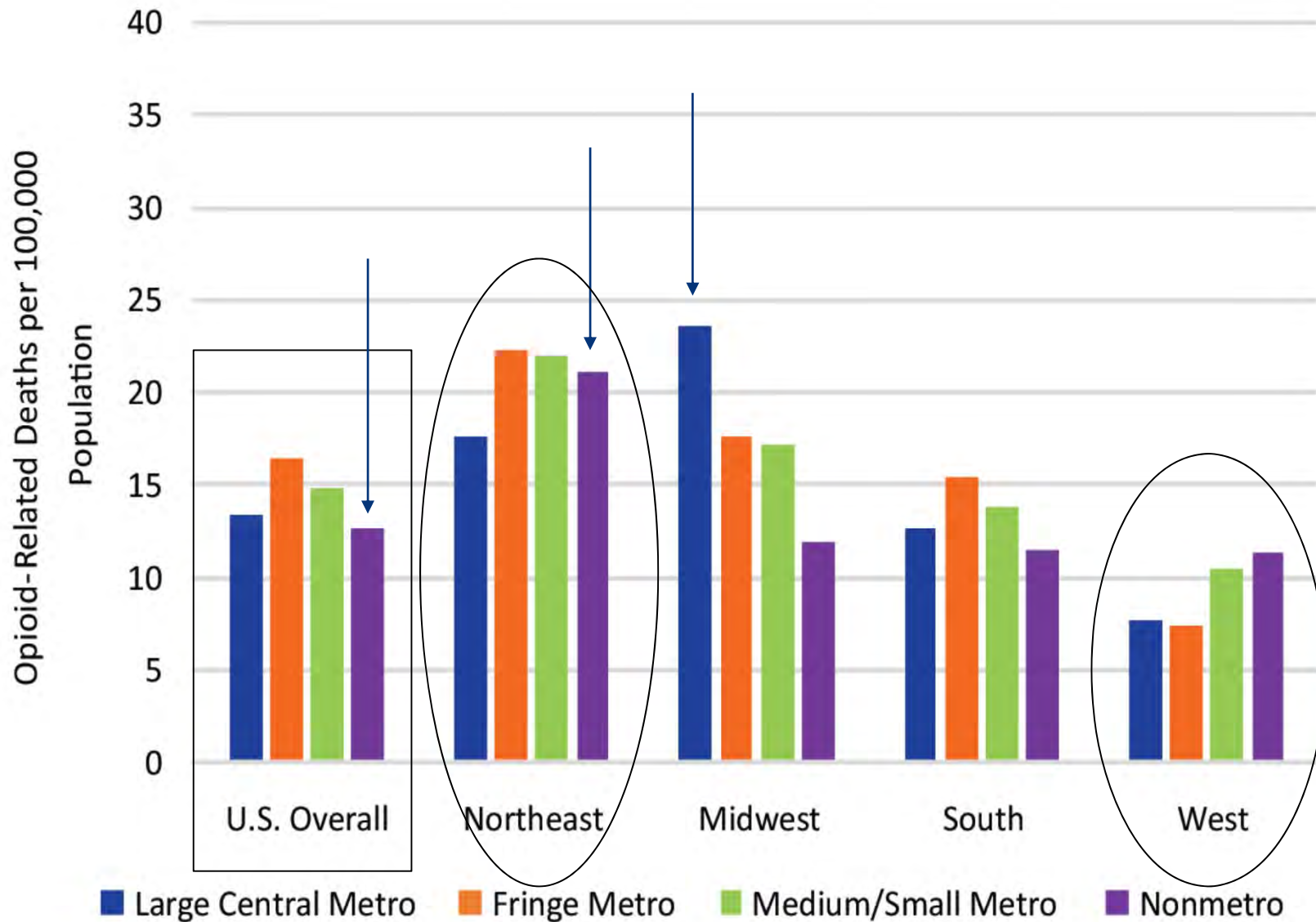
Study	Study year	Opioids included	Nonfatal costs	Fatal costs	Adjustment for under-counting	Cost (2015 \$)	Ratio of CEA estimate to study estimate
Birnbaum et al. (2006)	2001	Prescription	Yes	Earnings	No	\$11.5 billion	43.8
Birnbaum et al. (2011)	2007	Prescription	Yes	Earnings	No	\$61.5 billion	8.2
Florence et al. (2016)	2013	Prescription	Yes	Earnings	No	\$79.9 billion	6.3
CEA (2017)	2015	Prescription & illicit	Yes	Value of statistical life	Yes	\$504.0 billion	1.0

Note: Each of the studies listed includes healthcare, criminal justice and employment costs in nonfatal costs. CEA nonfatal

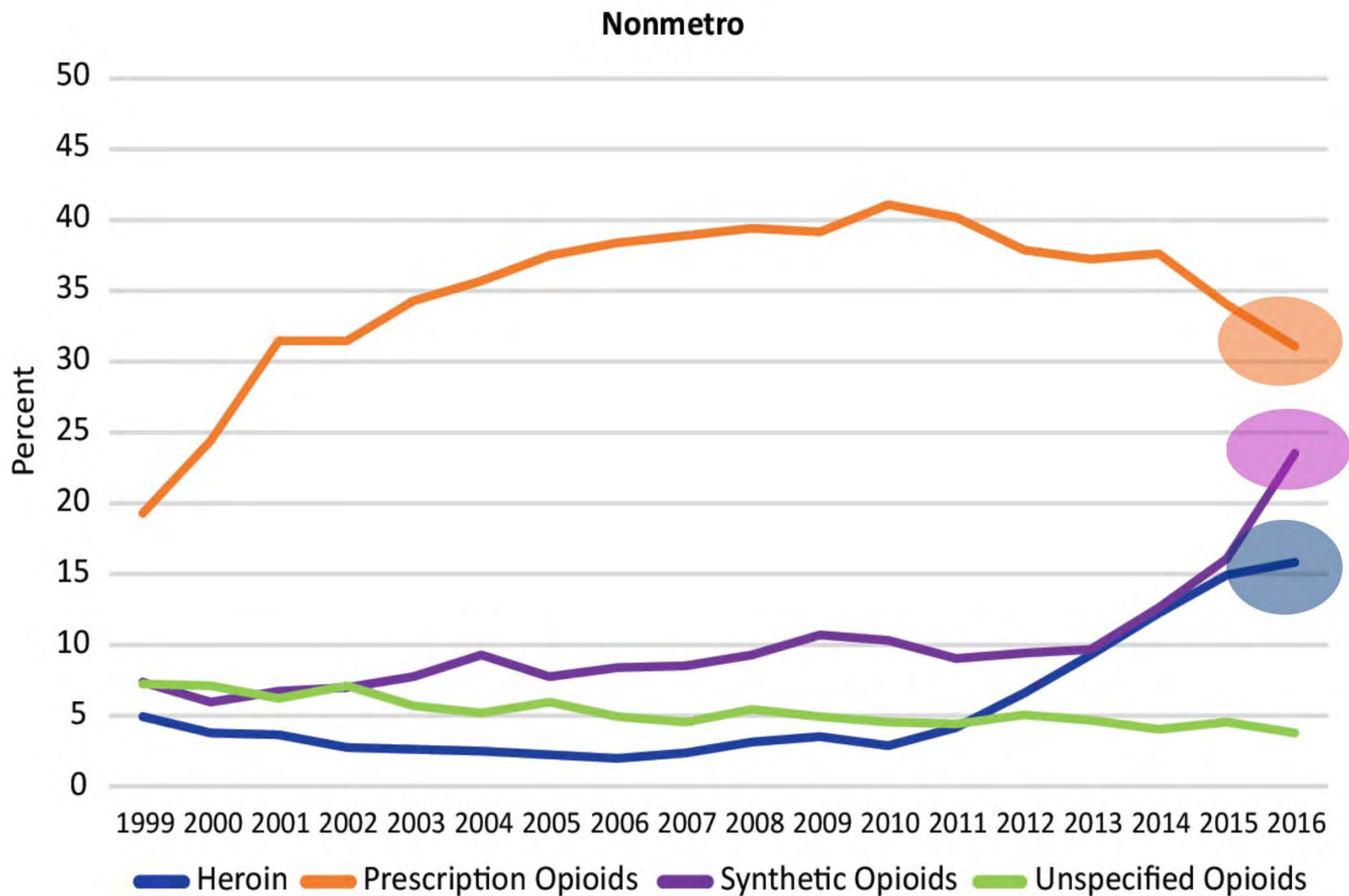
# Opioid Crisis in Rural Areas



# Opioid Mortality Rate, 2016

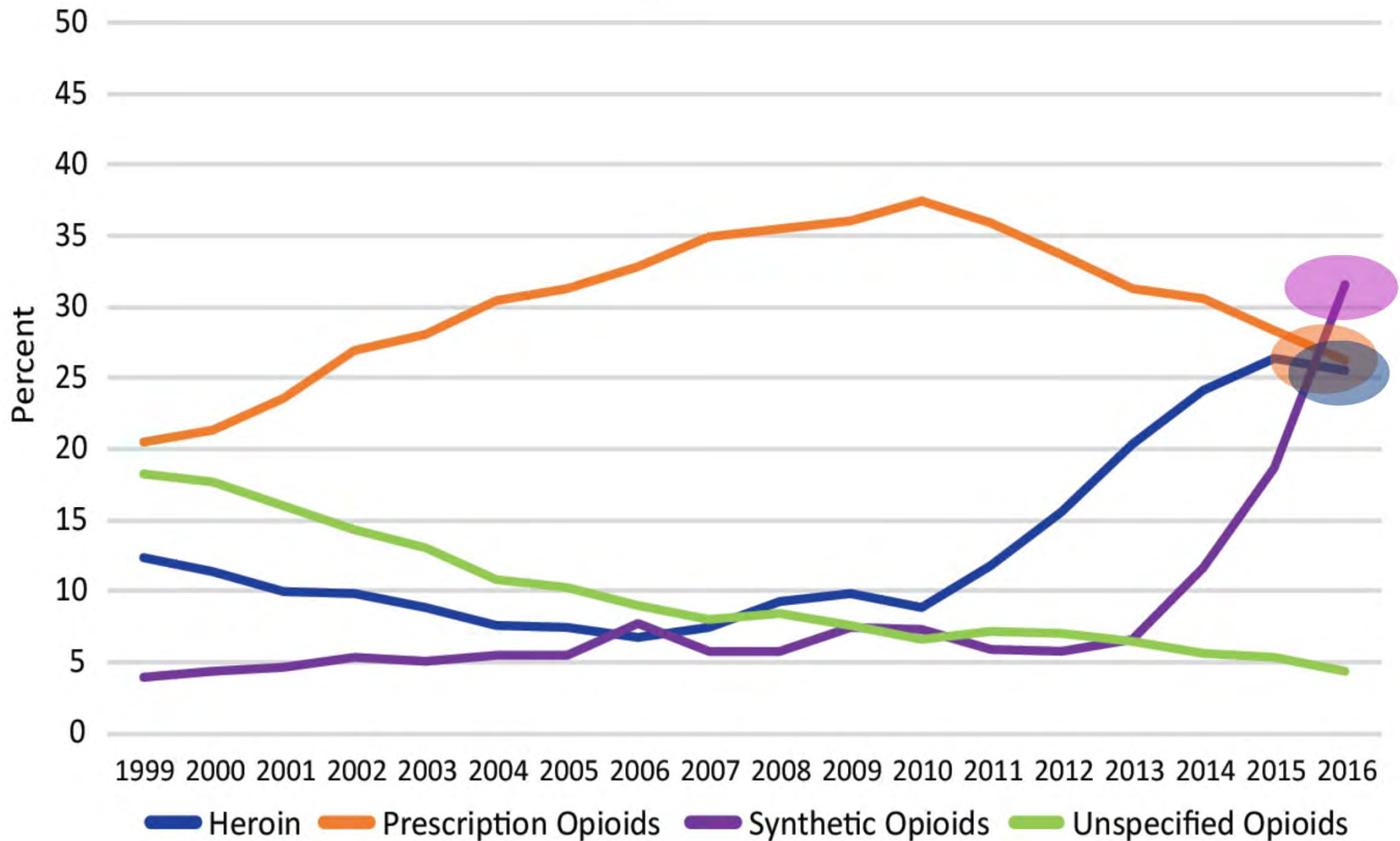


# % of ODs Involving Specific Opioids



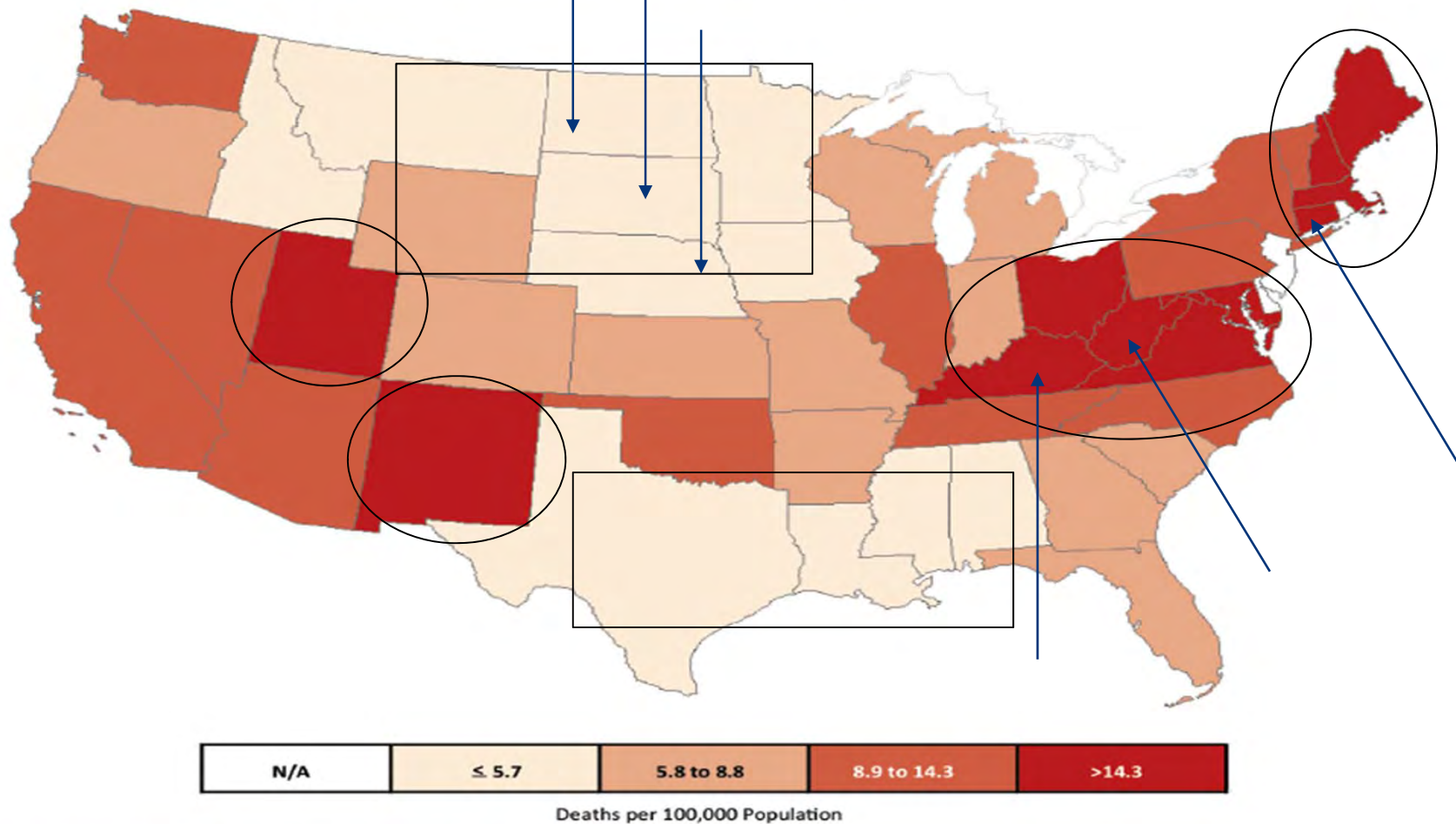
# % of ODs Involving Specific Opioids

Metro



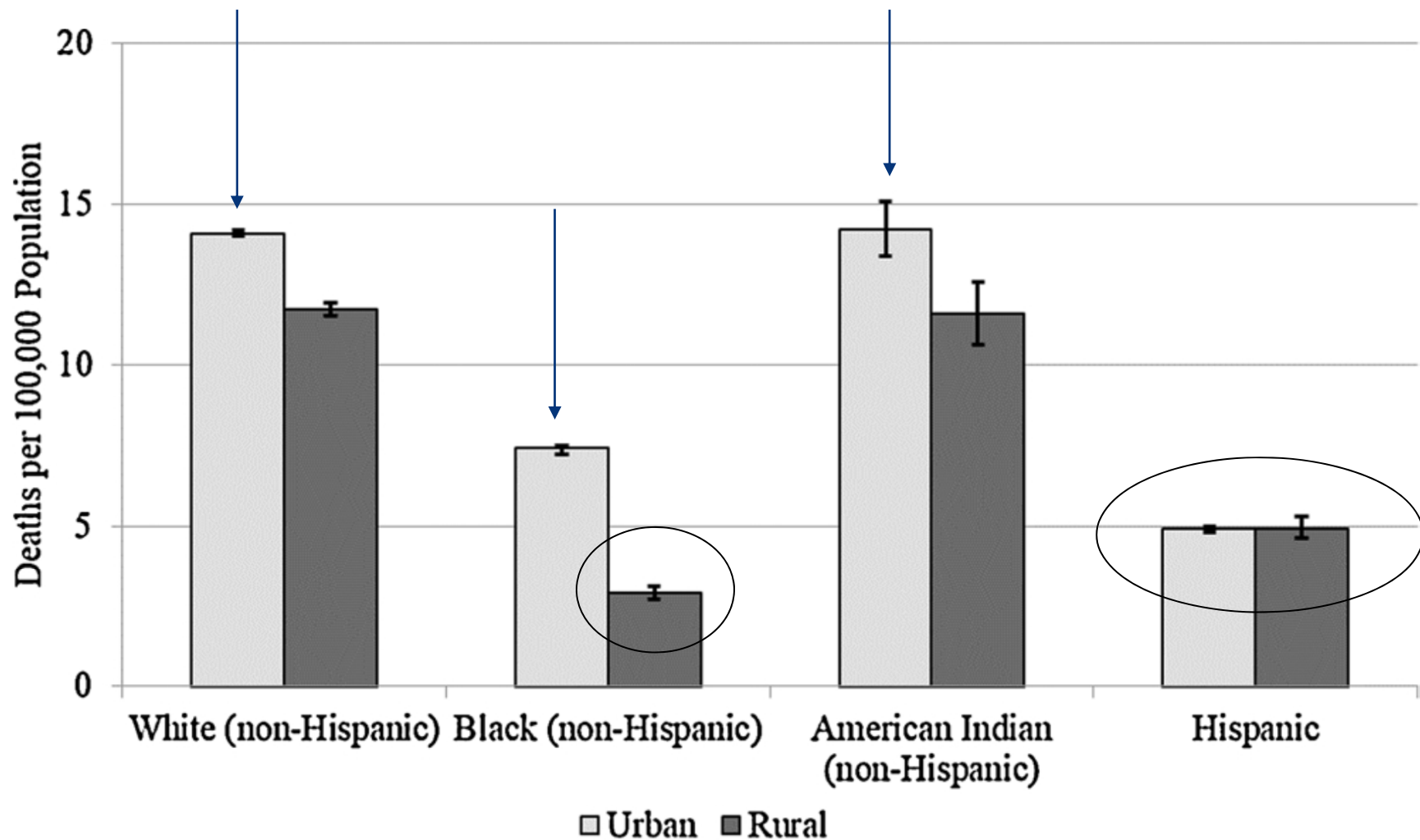
# Age-Adjusted Rural Opioid Death Rate, 2012-2016

FIGURE 4. AGE-ADJUSTED RURAL OPIOID MORTALITY RATE, 2012-2016

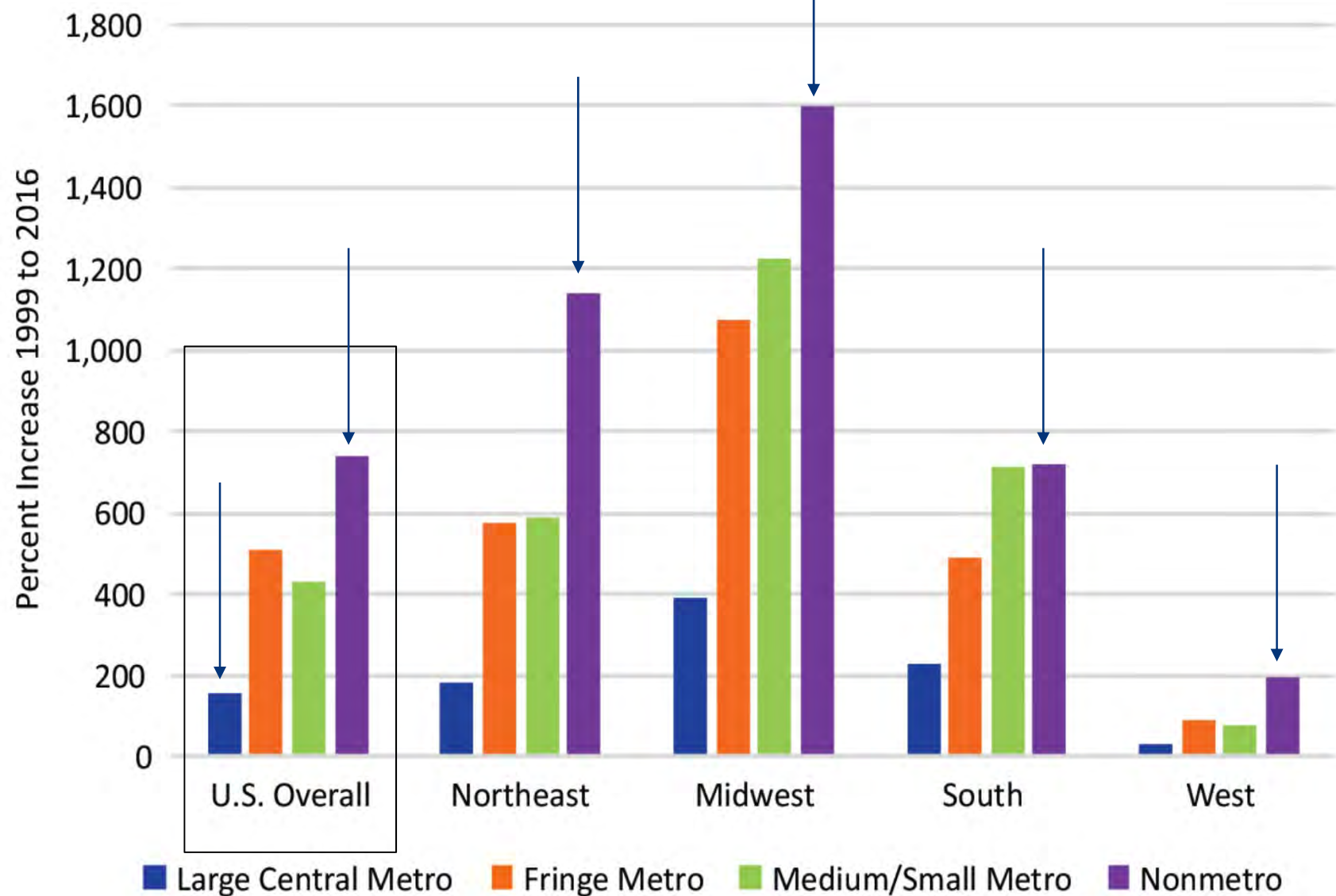


Source: U.S. Centers for Disease Control and Prevention, 2017

# Opioid ODs by Race/Ethnicity and Rural Status



# % Rise in Opioid Deaths, 1999-2016



# What Makes Addressing the Epidemic in Rural Areas Difficult?



# Treatment Facilities

- Fewer behavioral health professionals
  - Difficulty recruiting/retaining providers
    - Lower salaries, limited educational opportunities, fewer resources, longer hours
- Low # of residential drug tx facilities
- Limited detox services

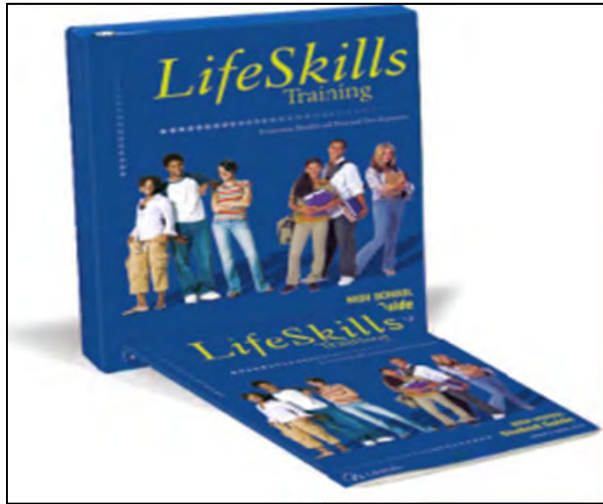


# Medication Assisted Treatment

- Poor access to MAT
  - Limited # of methadone maintenance clinics
  - Fewer buprenorphine prescribers
- Barriers can include:
  - Long travel times
  - Costs of treatments
  - Frequency of visits
  - Public transportation options



# Drug Prevention Programs



# Drug Treatment Courts



**CHALLENGES!**

# Harm Reduction Programs

- Syringe service programs
- OD prevention centers
- Supervised injection sites
- Naloxone/Narcan



# Manual Labor Jobs

- Manual labor jobs more prevalent in rural areas
- These jobs are physically demanding and injury-prone, often leading to pain or disability:
  - Farming
  - Fishing and forestry
  - Installation and repair work
  - Construction trades
  - Coal mining, extraction work



# Stigma

“Embarrassed to be called a junkie.”

“Everybody knows everybody.”

**“Living in a Fish Bowl”**



“My mom’s friend is the counselor.”

“I’m afraid they will see my car outside.”

# Geographical Isolation

- Rural communities can be spread out and remote, posing unique challenges for:
  - Patients/providers
  - Emergency vehicles
  - Drug treatment courts
- Other issues:
  - Lack of recreational options
  - Idleness/boredom



# ISSUES WITHIN THE CRIMINAL JUSTICE SYSTEM



# MAT in the CJ System

- Resistance to providing MAT in CJ settings
  - Substituting 1 addiction for another
  - Not real recovery
  - We want them “drug free”
- MAT is the standard of care for opioid addiction



# Opioid OD Risk Upon Re-entry

- Persons being released from prison are particularly vulnerable to opioid OD (risk goes up 40%)
  - Majority have addiction problems
  - Very low tolerance when released from prison
  - Few support systems in place for former inmates
- Wider distribution of naloxone
- Better support systems
- Access to treatment

# Current State of Drug Courts

- Celebrating 30 years of drug courts – 1989-2019
- Specialized court where offenders are processed w/their addiction in mind, unlike regular court: Treatment as alternative to incarceration
- DTC's are nationally supported & viewed as successful



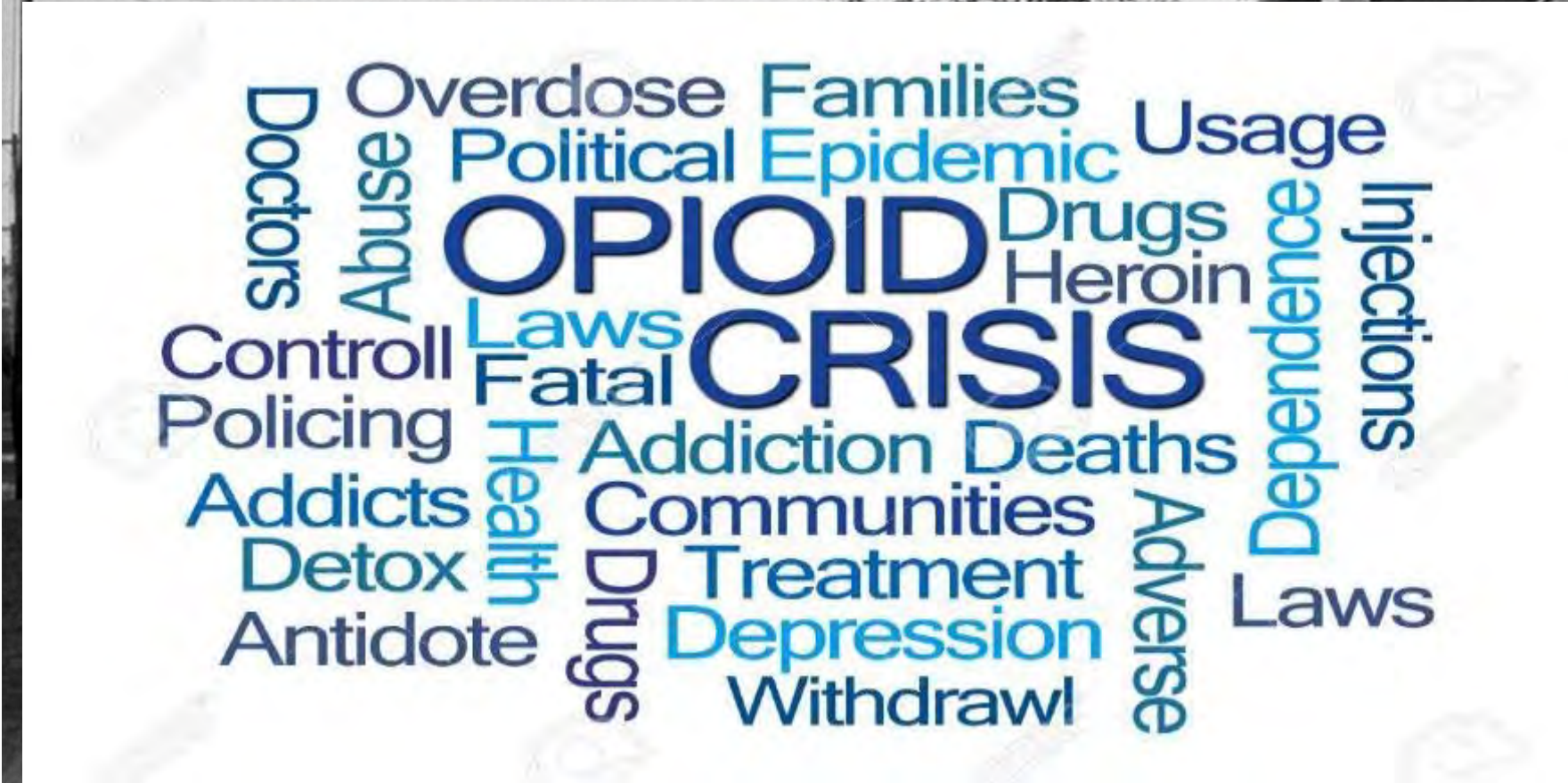
# Police Responses to Epidemic

- Naloxone/Narcan training
- Good Samaritan Law: No Arrests on OD Assistance Calls
- Police Improving Access to Treatment: Deflection Initiatives
  - Angel program



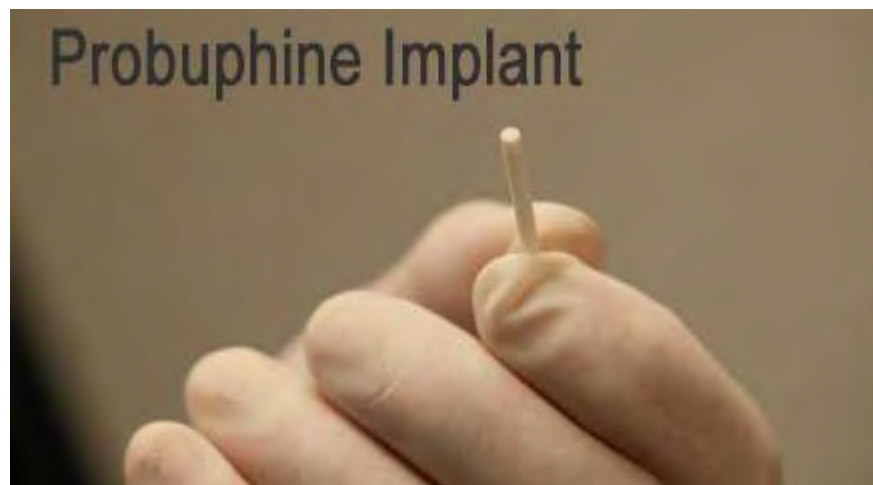


STRATEGIES FOR ADDRESSING  
EPIDEMIC IN RURAL AREAS AND  
WITHIN THE CJ SYSTEM



# Expansion of MAT

- Extended-release formulations of MAT's
  - (Vivitrex) - Injectable formulation of naltrexone
  - (Probuphine) – Implantable formulation of buprenorphine
- Mitigates transportation barriers, reduces risk of diversion and misuse, increases adherence
- Massachusetts case



# Telehealth

- Telehealth is use of technology to communicate between patient- provider
- Still underutilized in rural areas (privacy concerns, reimbursement, start-up costs, technical difficulties)
- Incentivize & train rural practitioners to provide telehealth



# Grow Rural Treatment Workforce

- Funding should be allocated for programs that aim to recruit practitioners to rural counties
  - Scholarships, loan repayment programs
  - More available fellowships, training programs
  - Stipend (\$) or tax breaks for individuals who relocate
  - Designate training slots for students who commit to work in rural areas



# Moving Drug Courts Forward

- Having criminal record and the nature of offense shouldn't render someone ineligible, as is often the case
- Returning to drug use is part of recovery, shouldn't be basis for dismissal or imposition of sanction (incarceration)
- Participation in drug courts shouldn't depend on paying fines/fees/costs, nor should failure to do so be penalized
- Allowing MAT as a treatment option

# Harm Reduction Interventions

- HR programs scarce in rural areas because of strong “abstinence only” viewpoint
- HR services can be effective tools to mitigate consequences of epidemic in rural areas (Scott County, IN)
- Increase acceptance, remove funding/regulatory barriers key



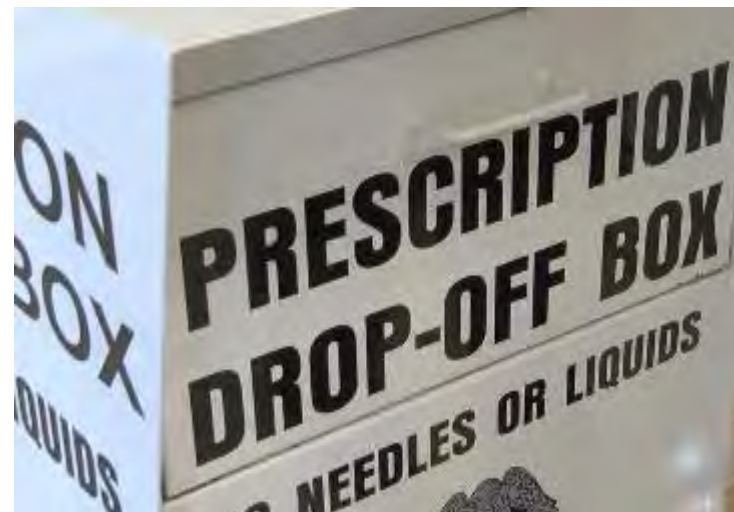
# Improve School-Based Prevention

- More funding needed to:
  - Purchase evidence-based prevention curricula
  - Properly train facilitators to enhance fidelity
  - Tailor programs to rural settings



# Reducing Black Market Access

- Expanded use and improvement of PDMP's
- Aggressive enforcement against pill mills
- Take-back programs
  - Establishing/promoting drop box locations
  - Detera Bags for harder-to-reach populations



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thank you!

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