

Addiction and the Martha's Vineyard Community:

Assessment of Substance Use Disorder and Addiction Services in a Rural, at-risk Population

Rural Health Scholars 2016

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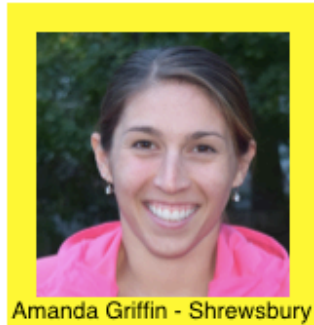


Presentation Outline...In Acts

- Act I: Brief introductions
- Act II: Defining Substance Use Disorder (SUD)
- Act III: SUD on MV
- Act IV: Comparing MV to similar communities
- Act V: Review of SUD resources
- Act VI: Field interviews
- Act VII: Areas for improvement
- Act VIII: Interventions in other communities
- Act IX: Recommendations
- Act X: Conclusions

Brief Introductions 2016 Rural Health Scholars

Where We Grew Up



Blasts from the past...

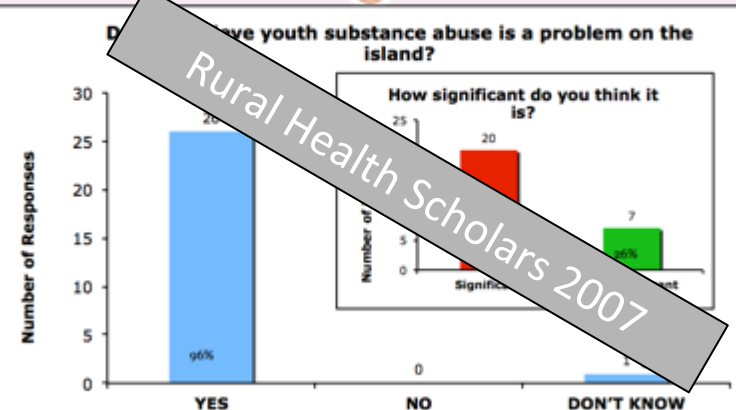
Emergency Room/Hospital Admittance Data for Patients >65 y/o

Principal Diagnosis	2010	2011 (g)
Depression	5	6
Dementia		4
Substan	5	4
Alcohol Abuse	16	5

Source: MVH- Dedie Wieler

15

Question 4



Martha's Vineyard Comprehensive Screening Tool

Rural Health Scholars 2006

Each question is weighted and a combined score of 2 or greater in either of the two main sections should result in further evaluation or referral. An exception is the two noted questions, which should result in immediate referral.

- The questions asked are based on general signs and symptoms of alcoholism, substance abuse, depression and anxiety, and are by no means diagnostic of any one specific illness or disorder.

Our goals for the 2016 Rural Health Scholars Project

- **Goal 1:** Collect and compile a real-time, detailed primary-source substance abuse data-set from September 2015 to September 2016 and, importantly, a system for updating the data-set going forward
- **Goal 2:** Obtain information about the individual's experience of seeking treatment on Martha's Vineyard
- **Goal 3:** Identify what, if anything, we missed as a community in the way of support for families, services or opportunities for early intervention as a means to prevent the development of SUD and what we will require for prompt, effective intervention and treatment mechanisms for people suffering from SUD

Defining Substance Use Disorder

- The terms substance abuse and substance dependence are no longer recognized by the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*; instead, we use SUD
- Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.
- Diagnosis based on evidence of impaired control, social impairment, risky use, and pharmacological criteria

Substances of Note: Alcohol and Opioids

- Heroin and opioids are the most common substances used by those being admitted to MA detox centers*
- What are opioids?
 - Prescribed: Oxycontin, Vicodin, Percocet, oxycodone
 - Synthetic: heroin, fentanyl
- Where are the opioids coming from?
 - On-island: licensed providers, drug distributors
 - Off-island: drug distributors
- Why are opioids and alcohol dangerous?
 - Directly related to island crime rates (theft, violence, destruction of property)
 - Direct cause of death and injury (DUI, OD)

*Bureau of Substance Abuse Services, Description of Admissions BSAS Contracted/Licensed FY 2014

SUD in the national news

Insurer Cigna Eases Rules for Opioid Addiction Medication

By THE ASSOCIATED PRESS OCT. 21, 2016, 10:33 A.M. E.D.T.

WHY IT MATTERS: Opioid Epidemic

By THE ASSOCIATED PRESS OCT. 22, 2016, 1:54 A.M. E.D.T.

Vermont Governor Proposes Limits on Painkiller Prescriptions

By JONAH ENGEL BROMWICH OCT. 19, 2016

Opioids May Interfere With Parenting Instincts, Study Finds

By DONNA DE LA CRUZ OCT. 13, 2016



Setting the Scene

- Seasonal and year-round residents
- Tight-knit island community
- Housing crisis
- Unstable employment
- We heard:
 - “There is nothing to do here”
 - “MV is six islands connected by land”



Talking about SUD on Martha's Vineyard

- “The stakes in this battle are way too high, the resources required way too diverse, and the individual interests of public and private Island organizations too restrictive and competitive for us to outsource addressing the addiction crisis.” – *MV Times*, 6/15/2016

Common statements heard in community interviews:

- “One person under 30 is dying every month from SUD on Martha's Vineyard.”
- “SUD and mental health are the BIGGEST problems on the island- something way more pressing than blood pressure clinics.”

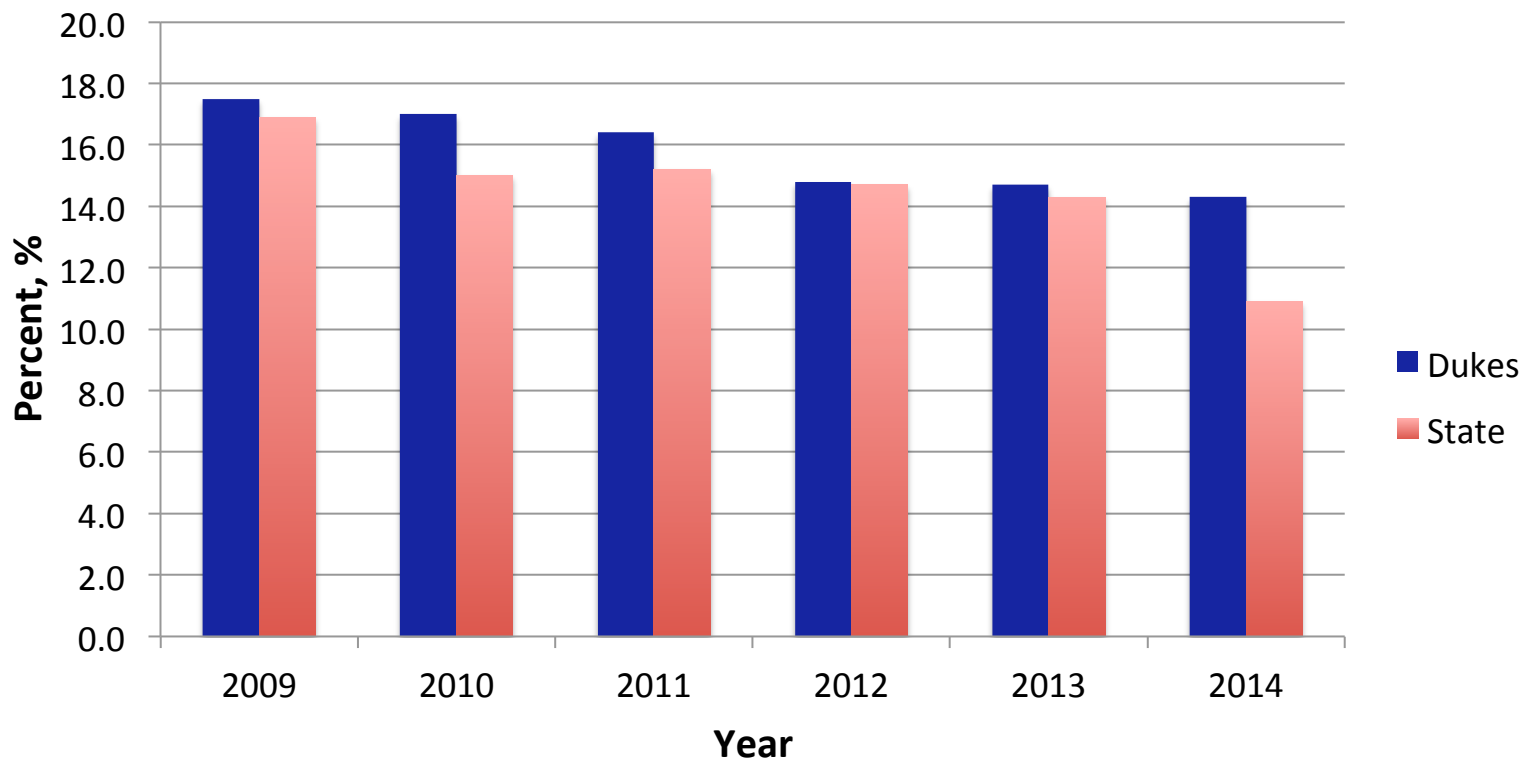
Quantifying SUD on MV

- Data collection from
 - All 6 PDs on MV
 - Death Certificate Data
 - Martha's Vineyard Hospital
 - MV EMS
 - Duke's County Jail



Turning Tides...

% of Individuals Who Received a Schedule II Opioid Prescription (of total population), from 2009 to 2014, in Dukes County and the State of MA



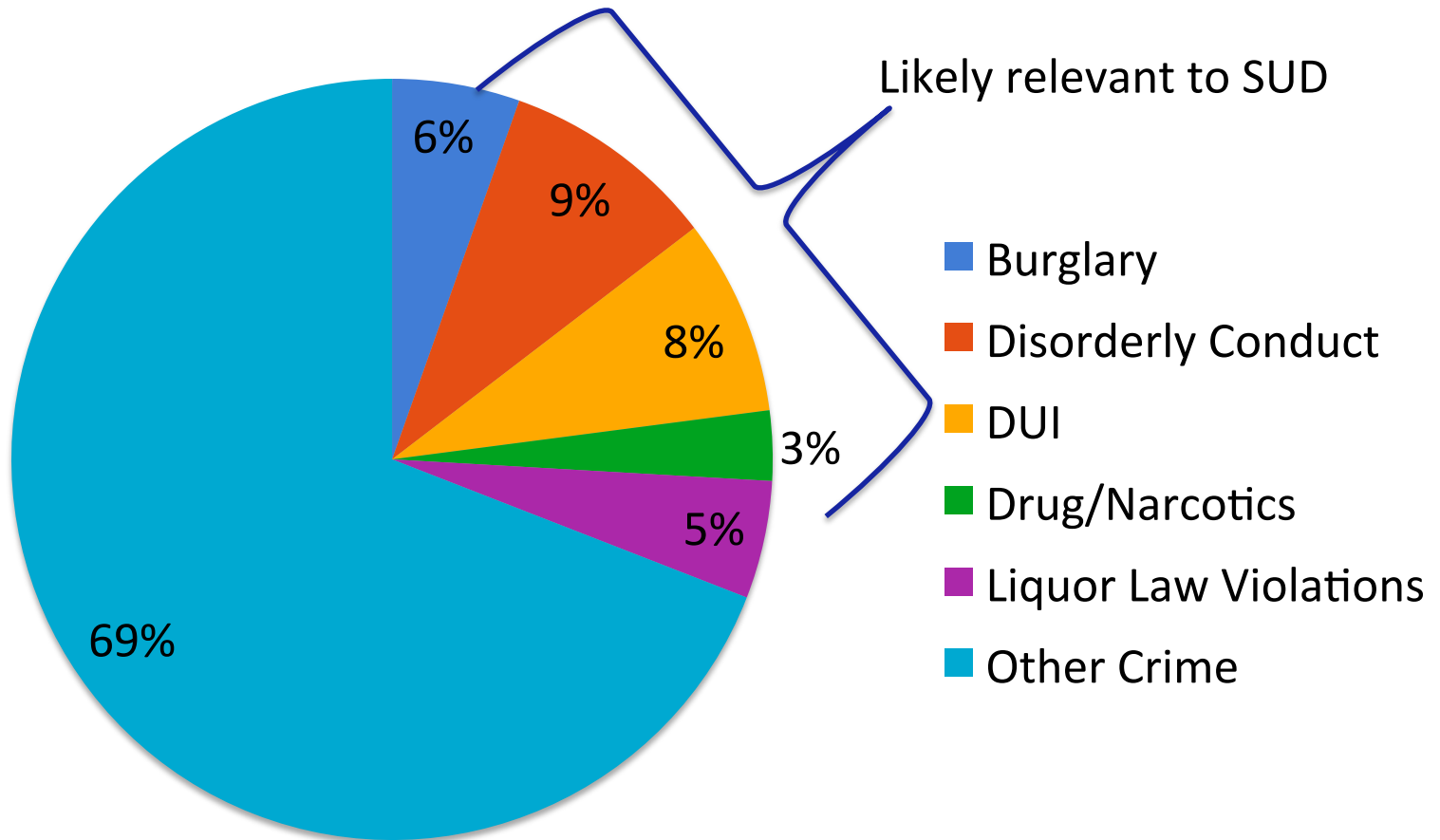
Source: mass.gov, Massachusetts Department of Public Health - Prescription Monitoring Program

SUD on MV by the numbers

- Prevalence: 1,450 people dealing with SUD on the island.
 - 66% Alcohol, 33% Drugs (large amount of overlap)
- Utilization: 200-250 people
- Need: 260-400 people could possibly be treated with strong intervention

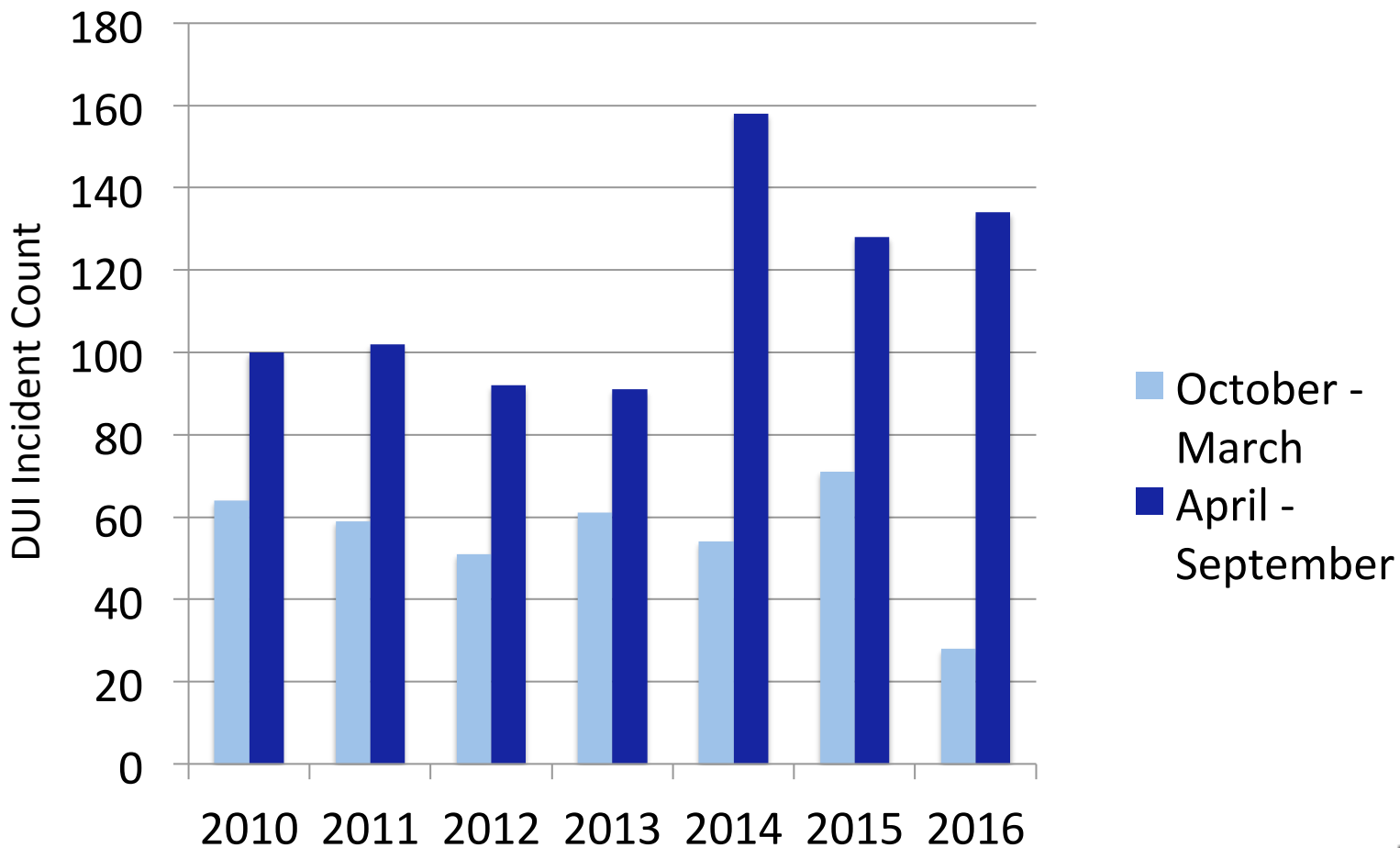
Source: Victor Capoccia, MV Resident and Member of SAMHSA

MV Crime Stats: 1/1/2010 – 10/18/2016



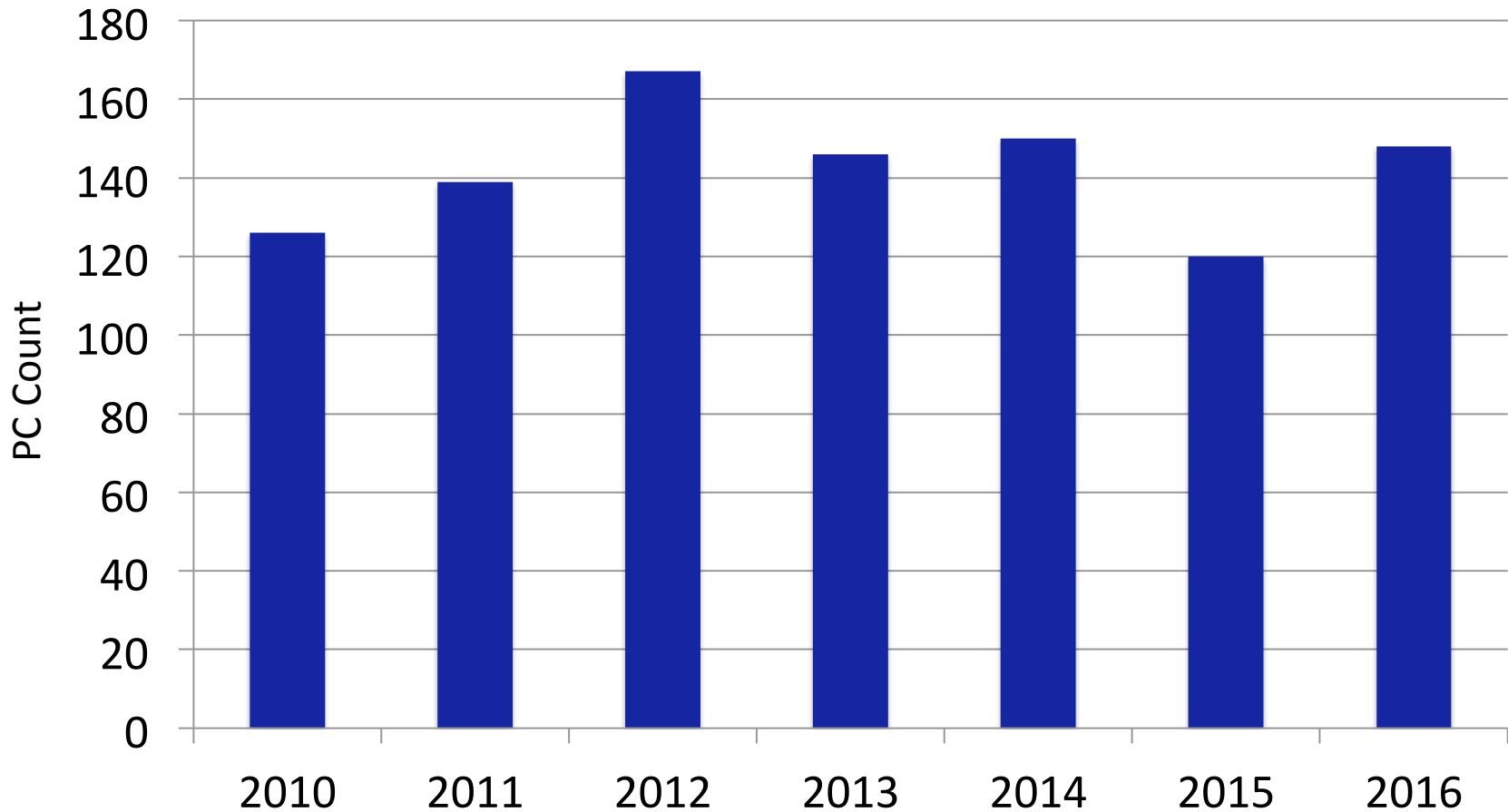
Source: Police data from all 6 towns provided by OB PD

DUI Incidents in Dukes County By Year



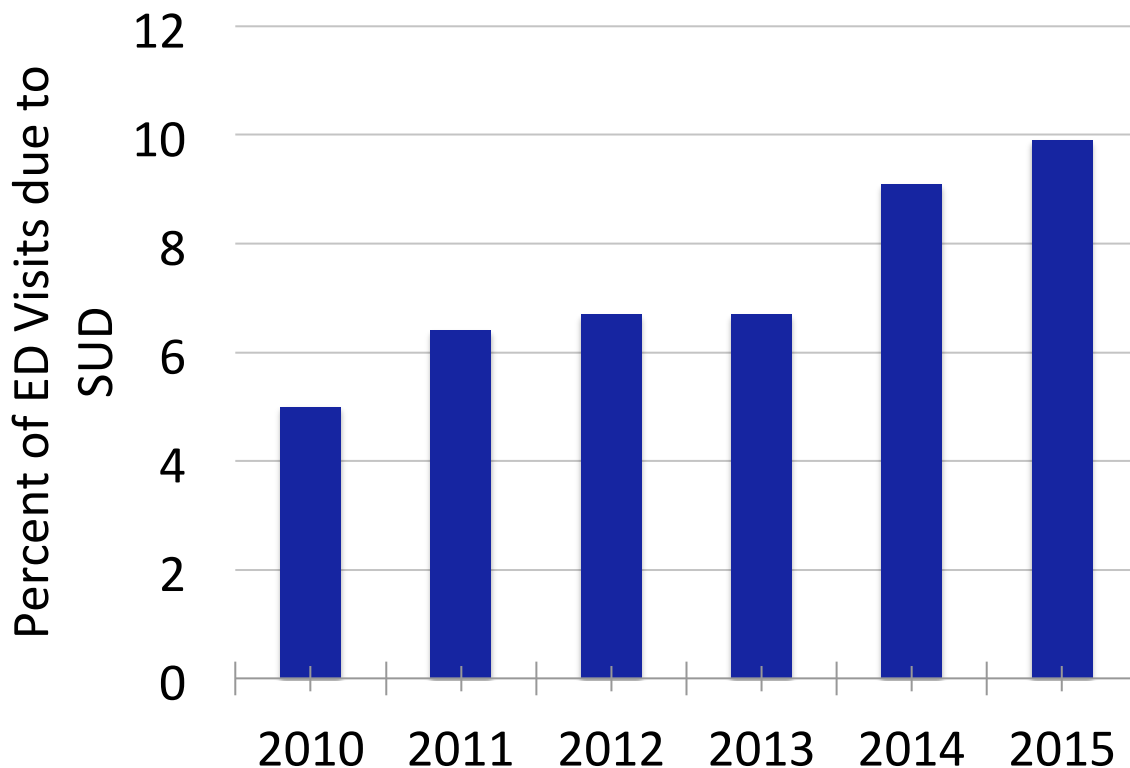
Source: Police data from all 6 towns provided by OB PD

Protective Custodies Specific to Alcohol on MV



Source: Police data from all 6 towns provided by OB PD

Percentage of total ED visits pertaining to SUD

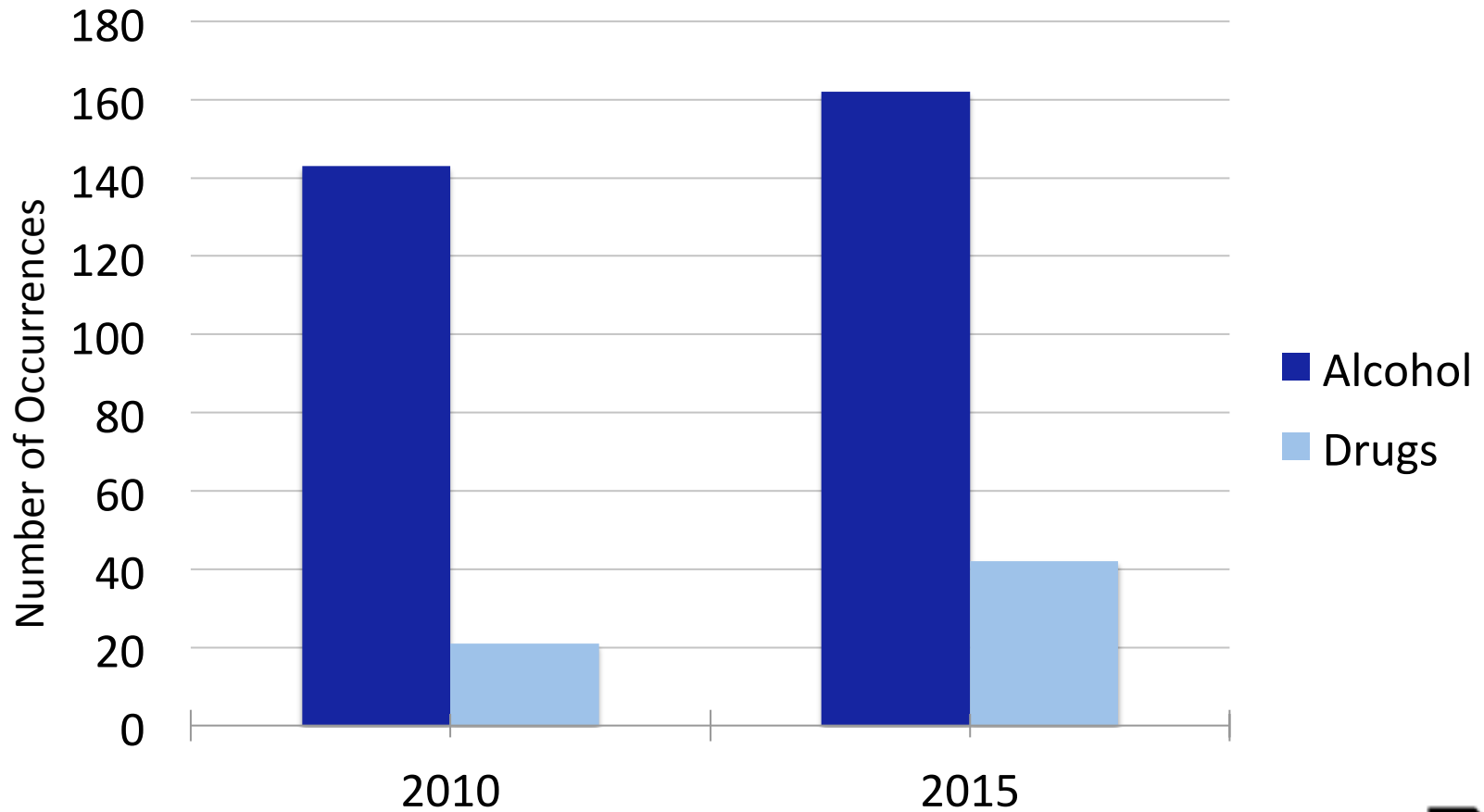


Total ED Visits:

2010: 14,941
2011: 14,789
2012: 14,111
2013: 13,845
2014: 13,825
2015: 14,707

Source: Martha's Vineyard Hospital EMR Data

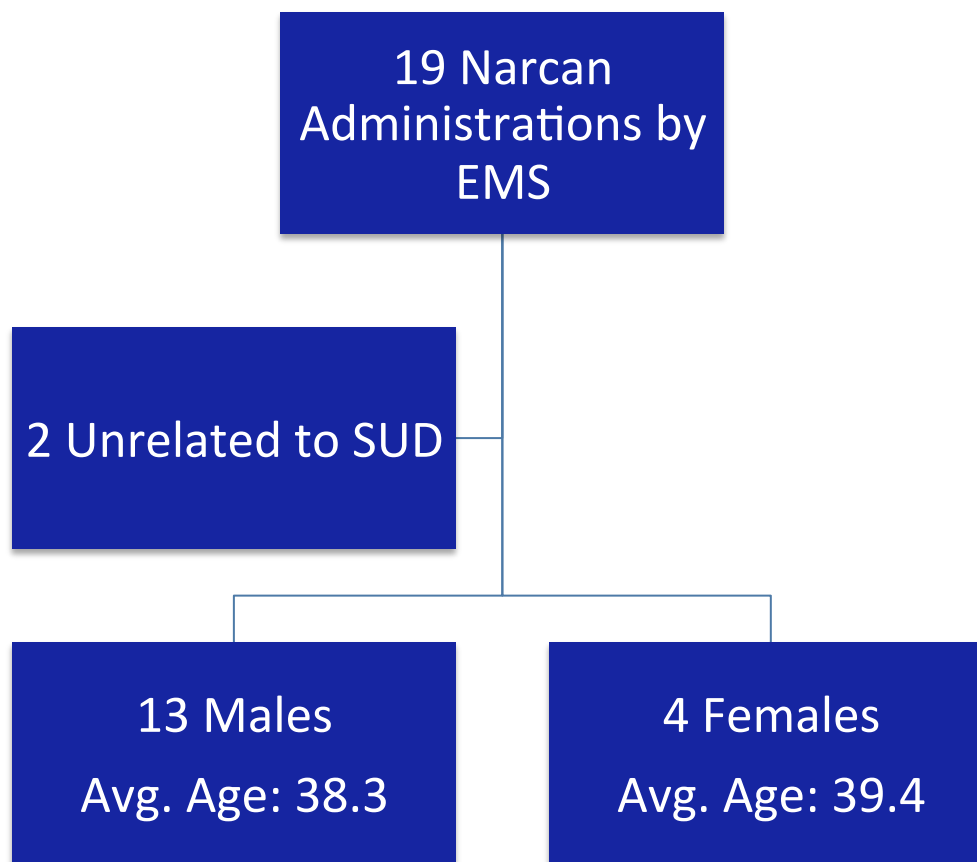
SUD as a Primary Diagnosis



Source: Martha's Vineyard Hospital EMR Data

Narcan Use on MV

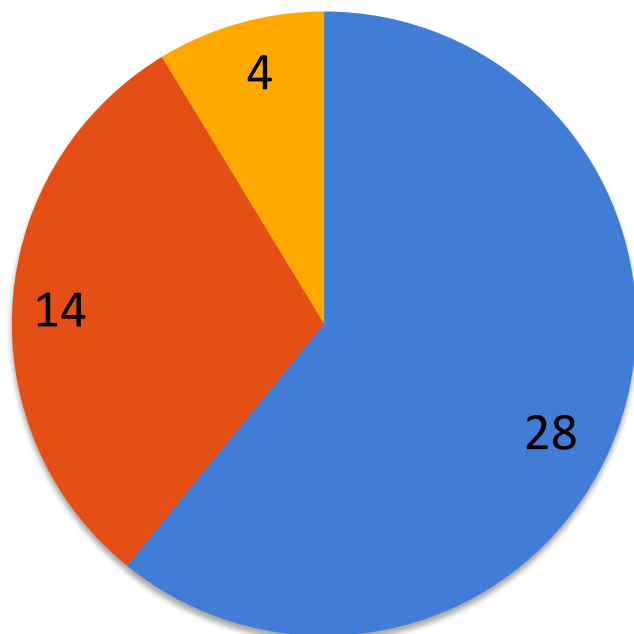
1/1/2016 – 5/31/16



Source: Karen Casper, MD; Affiliate Medical Director for EMS at Martha's Vineyard Hospital

Death Certificate Data

SUD Specific Deaths by Substance on MV, 2010-2015



- Alcohol
- Opioids
- Other (Including Pending)

46 Total SUD Specific Deaths:
33 Males
13 Females

Source: Hand collected death certificate data by Marina Lent, Chilmark Board of Health

Limitations of Quantifying SUD on MV

- General:
 - The overlap between three data sources cannot be determined
 - Number of encounters \neq equal number of individuals
- Police Data:
 - “If you see someone high on the street, what do you do? Nothing. There’s no breathalyzer for drugs.”
 - Coding inconsistencies
- Death Certificate Data:
 - Difficult to measure indirect causes of death
- Hospital and EMS Data:
 - Coding inconsistencies, EMR limitations, ICD9 to ICD10 transition
 - EMS data was manually collected as there is not currently a computerized system to pull reports

What is needed to better quantify SUD on MV?

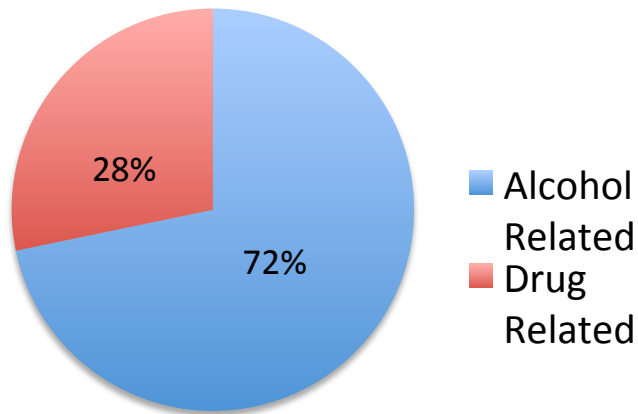
- Better breakdown of drug type/drug source
- Consistent coding methods
- Regular collection and review
- Better communication amongst all sources



Comparing SUD on MV to other communities

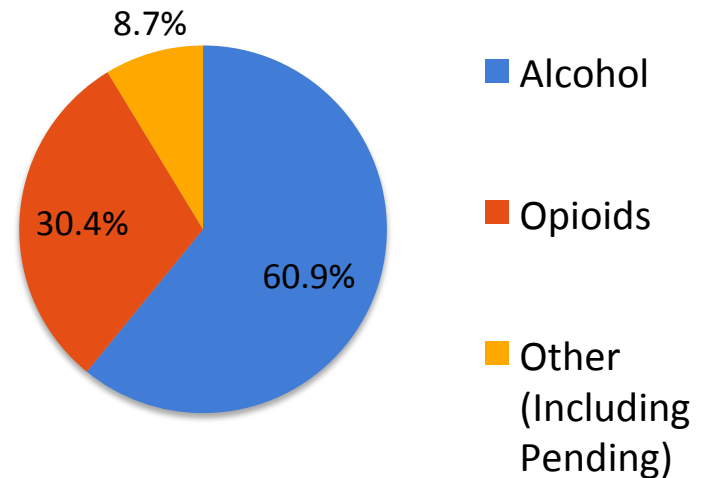
Disclaimer: this is proving difficult!

SUD Related Mortality on Cape Cod,
2002 - 2011



Data Compiled from Barnstable County
Regional Substance Abuse Council,
Published March 2015

SUD Related Mortality on MV
2010-2015



Act V

Services Available on MV

Martha's Vineyard Based Resources for Substance Use Disorders

Resources for Adults 18+

Prevention

Youth Task Force (YTF)
Island Wide Youth Collaborative (IWYC)
Martha's Vineyard Community Services (MVCS)
Martha's Vineyard Public Schools

Intervention

MVCS Emergency Services 24/7
Youth Task Force (YTF)
Martha's Vineyard Hospital (MVH)
MVCS Ripple Group

Treatment

MVCS In-Home Therapy
Assessment; Individual, family, group therapy
MVCS Driver Alcohol Education (DAE)
MVCS Second Offenders Aftercare (SOA)
MVH Substance Abuse Evaluations and Counseling
MVCS Vivitrol Program
Medication Management
MVCS New Paths Program (Day Treatment)
New Paths Program in the Dukes County Jail
MVCS New Paths Alumni Group
Private Physicians: Buprenorphine available
Narcan (Police/Providers/EMT's)

Recovery

AA, NA Self-help groups
Vineyard House
MVCS Recovery Coaching
MVCS Telephone Recovery Support
MVCS MA Level Case Management
MVCS Non-MA Level Case Management

Resources for Youth/Young Adults 0 - 18

Prevention

Boys and Girls Club
Big Brothers Big Sisters
Mentoring
YMCA Alex's Place
Youth Task Force (YTF)
Island Wide Youth Collaborative (IWYC)
Martha's Vineyard Community Services (MVCS)
Martha's Vineyard Public Schools
DARE Program

Intervention

MVCS Emergency Services Mobil Crisis Intervention
Youth Task Force (YTF)
Martha's Vineyard Hospital (MVH)
IWYC Case Managers
Alex's Place; sYsters, KONNECT programs
Pathfinders Group

Treatment

Assessment; Individual, family therapy
MVH Substance Abuse Evaluations and Counseling
Medication Management
Private Physicians: Buprenorphine available
Narcan (Police/Providers/EMT's)

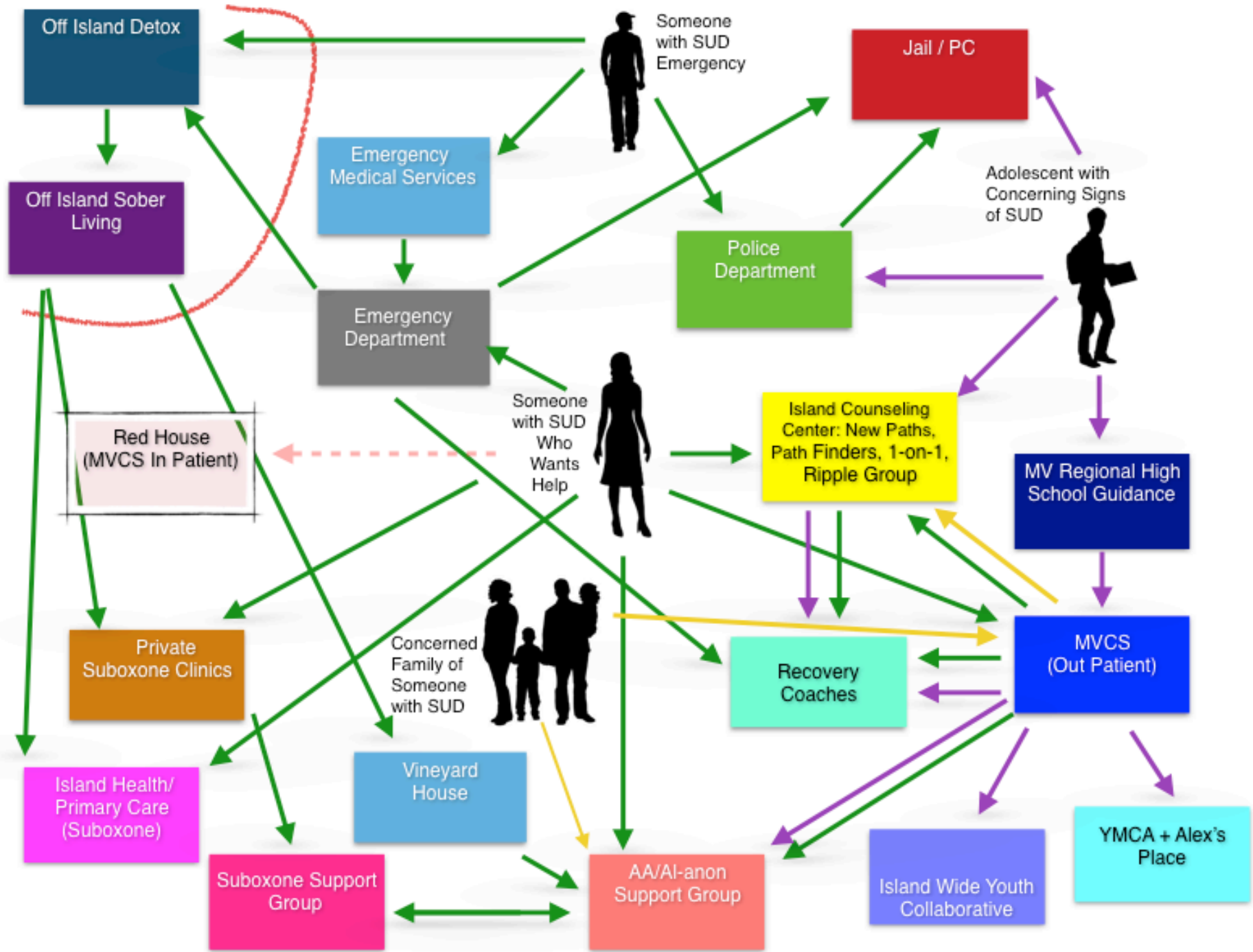
Recovery

AI-Anon, AA, NA Self-help groups
Vineyard House
MVCS Recovery Coaching
MVCS Telephone Recovery Support
MVCS MA Level Case Management
MVCS Non-MA Level Case Management

Future Services in Development

MVCS/MVH Red House, Co-Location of Substance Abuse Services and Emergency Services, Medication Clinic, Ambulatory Detox, Adult Crisis Stabilization Beds

Slide courtesy of MV
Community Services





Stakeholder Interviews

- 25 stakeholders
- Heard their experiences working with individuals struggling with SUD
- Gained insight into the barriers that individuals face during their SUD treatment
- Learned about their vision for future SUD management and treatment

Recovery Community Interviews

- 12 patients
- Gained insight into their thoughts, feelings, and behaviors
- Gathered patient perspectives on intervention strategies
- Gained understanding about SUD in the context of this island environment

Recovery Community Interviews: What we heard about addiction...

- Shame, secrecy, and social stigma surrounding addiction were barriers to change
- Interviewees knew that services were available, but didn't always feel comfortable asking for support
- Recovery is not achieved alone; support and community are vital to success
- Finding a higher power was a large component in many recovery stories
- The key to helping an addict is to provide "hope without expectation"



"Addiction is a soul sickness"

"Recovery is carrying the message to those who are still sick and suffering"

Stakeholder Interviews:

What we heard about MV services for SUD...

- There are focused efforts to reach individuals sooner
 - Recovery coaching model is focused on minimizing harm/risk, not abstinence
- Not everyone feels comfortable seeking services because of the small island community
- The wait to access services tends to spike with the rise in population in the summer
- There needs to be improved communication among those in SUD services
- While the problem may not be any bigger here, it is felt acutely



“What other disease do we let people hit rock bottom before we offer services?”

Stakeholders & Recovery Community Interviews: What you want for your community...

- Expand facilities
 - Call for detox beds
 - Recovery home for individuals needing medically assisted treatment (MAT)
 - Underage Inpatient treatment (Red/Vineyard House)
- You need a robust early intervention program in the school district
- Assign a point person for youth SUD
- You need to recruit more clinicians for individual counseling
- Discourage the normalcy of marijuana, underage drinking, and illegal drug use



“There isn’t just one right answer, and it’s NOT just to put detox on the island”

Successful Programs In Other Communities

- Gloucester, MA: ANGEL
 - Person in crisis comes to the PD, the officer escorts them to the ED, warm handoff to Recovery Angel
- Arlington, MA: ACTS
 - Using customer contact info obtained from drug dealers, PD and Public Health Officer go to their residence, encourage attendance at focus group and private resource meeting
- Franklin County, MA: SAFE Coalition – currently adapted for MV!
 - Learn to Cope Chapter, music/theater presentations by members of the recovery community + audience Q&A
- Baltimore, MD: Dual Diagnosis Program
 - Abstinence from opioids with psych medication management, individual and group talk therapy
- Erie, PA: Rural Opioid Overdose Reversal Grant
 - \$1.5 Million federal grant to indiscriminately train the community to use Narcan. Narcan is available for free at the pharmacy

Building on previous Rural Scholar recommendations...

Island-Wide Recommendations cont.

- Provide educational programs on mental health to public
- Initiate a training program to develop skilled screeners to provide mental health and substance abuse screening at public places
- Incorporate Monday morning memos into provider offices to enhance communication between services

Rural Health Scholars 2011

Conclusions continued

4. Much of the substance access comes from the phenomenon of high school age kids mixing at jobs or socially with adults in their early 20s.
5. Many of those surveyed believe that the programs provided by the YMCA will be very helpful for the community.
6. Consensus that there is a lack of programming and support on-island for youth drug users or those in recovery (Ala-Teen, detox, etc.)

Rural Health Scholars 2007

Where do we go from here?

- Create universal screening tool for healthcare providers
- Create directory of all appropriate resources
- Create primary prevention programs in elementary and high school
- Explore possibility of expanding acute care resources
- Explore possibility of establishing step down care

Rural Health Scholars 2005

Our Recommendations



 the **YMCA** OF MARTHA'S VINEYARD

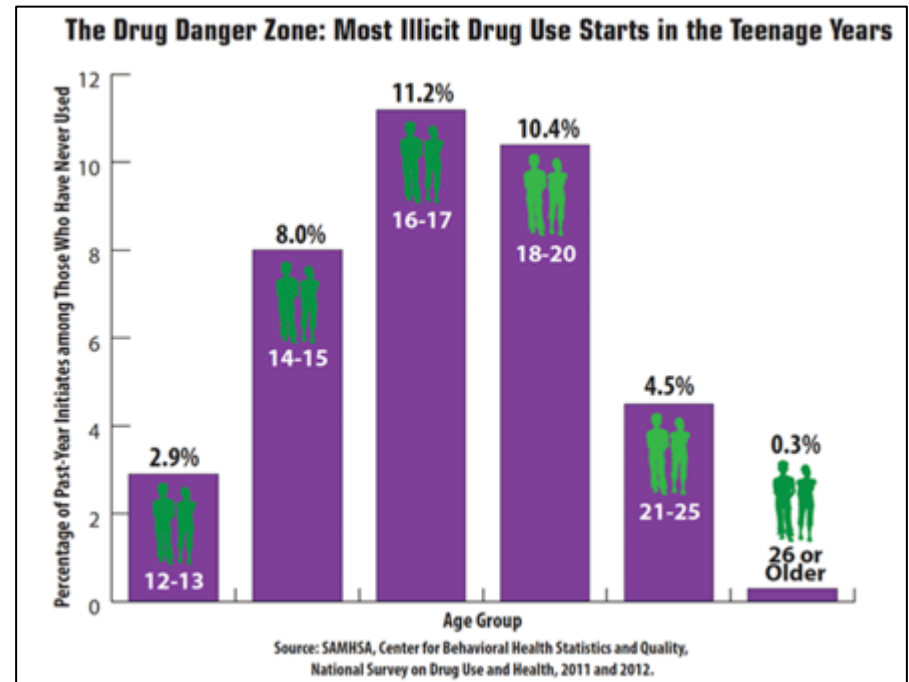
Swartz Family Facility
Home of Alex's Place

What seems to be working

- Community engagement!
- Community Services
- Vineyard House
- AA, NA, Al-Anon, Suboxone group
- Conscientious prescribing

Recommendation 1: SUD Education and Prevention

- Prevention is key: the later drug use starts, the less likely chance of addiction
- Some changes are already in place: Screening, Brief Intervention, and Referral to Treatment (SBIRT; national) and school grant initiatives
- Recommendation 1.1:
 - Island-wide K-12 foundational education program, addressing the science of addiction and social/emotional stress management
- Recommendation 1.2:
 - Build on existing island resources to host forums for parents about drug and alcohol use

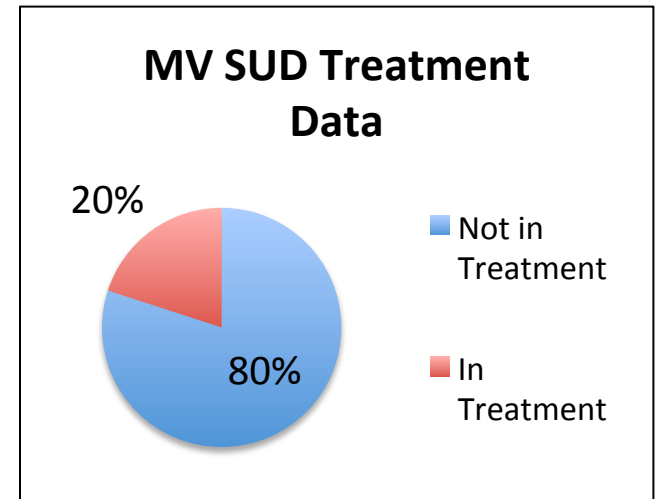


“The idea that addicts must ‘hit bottom’ is an archaic and potentially deadly myth”

- David Sheff, author of *Clean*

Recommendation 2: Early Intervention

- Estimated 1000-1200 individuals with SUD are not receiving treatment*
→ Let's get people to access treatment **earlier**
- Recommendation 2.1: Screening
 - EPIC EMR screening tool for ED encounters
 - Primary Care: drugabuse.gov tools, SBIRT
 - Schools: SBIRT
- Recommendation 2.2: Visible Outreach
 - Distribute SUD resource information lists in both clinical settings and community hot-spots
- Recommendation 2.3: Motivational Interviewing
 - ***“You need to meet them where they are at”***

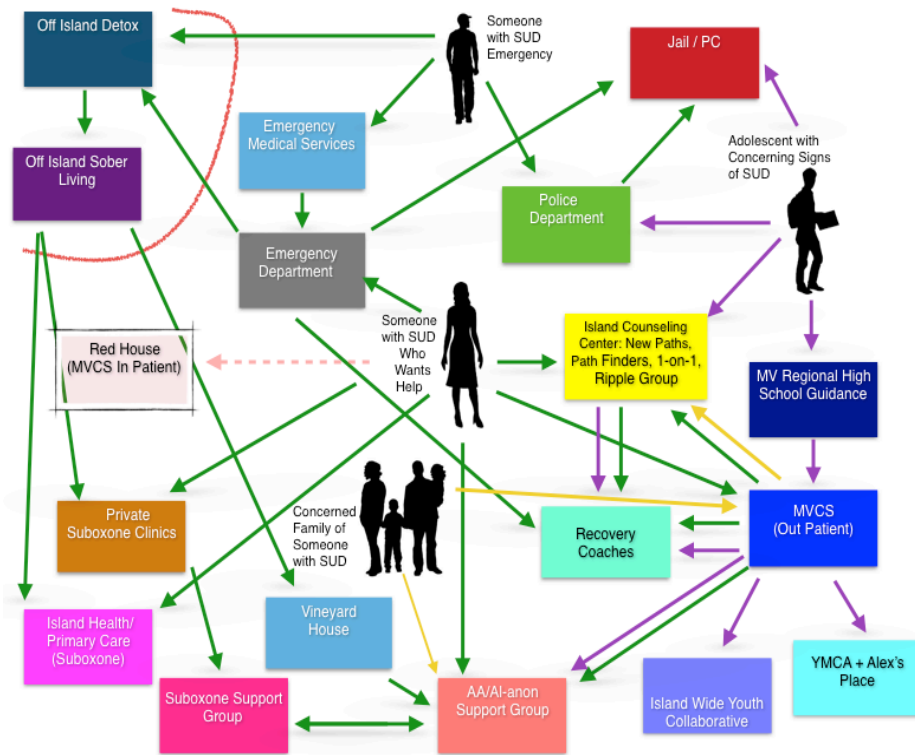


*Source: CF 8/3/16- MVCS “Treatment Substance Use Disorders Treatment Points of Entry”

Recommendation 2.3: Disseminate Motivational Interviewing

- “Facilitating and engaging intrinsic motivation within the client in order to change behavior”
- Train MV motivational interview (MI) champion
- MI champion hosts workshops in diverse venues to teach effective MI strategies
- Goal of Recommendation 2.3: increase utilization of MV services and improve conversations surrounding SUD

Recommendation 3: Continuity of Care



- Currently various points of access
- Opportunity to improve care coordination through a point person or team
- Recommendation 3.1: Train or recruit an Addiction Specialist to manage long-term care
- Recommendation 3.2: Use “warm hand-offs” to bridge gaps
 - ER → MVCS employee or volunteer
 - Detox → Recovery Coach
 - Law-enforcement → Behavioral Health
- Face-to-face interaction to engage patient in services
- Bridges gaps, creates transparency, and promotes collaboration

Recommendation 4: Quarterly Reporting

- There is a need for centralized reporting of SUD statistics in order to maintain a current understanding of the magnitude of the issue
- Recommendation 4:
 - Quarterly centralized reporting to the MV Drug Task Force from the 6 PDs, 4 EMS and MV Hospital

Sample Report

Martha's Vineyard Police and EMS Quarterly Substance Use Report
Prepared by: _____
Dates Reported: _____
Total number incidents with Alcohol Involvement: _____
DUIs: _____
Total number of PCs: _____
Average Age: _____
Number of Females/Males: _____
Total number of crimes with drug involvement: _____
Suspected Heroin/Opiate related overdoses: _____
Number of Overdose Deaths: _____
Average Age: _____
Number of Females/Males: _____
Number of times Narcan Administered: _____

Summary of Recommendations

1. SUD education and prevention
 - i. K-12 educational program
 - ii. Programming for parents
2. Early intervention
 - i. Visible outreach
 - ii. Motivational interviewing
3. Continuity in care
 - i. MV Addiction Specialist
 - ii. Warm hand off
4. Data reporting
 - i. Quarterly and centralized data reporting



But what about...?

- Detox on the island
 - MVCS agreement with off-island detox facility is a great start!
- Expansion of long-term residential communities for people in recovery
 - Adolescents
 - Adults using medically assisted treatment
 - Adults with dual diagnoses on behavioral medication
- Stabilization/crisis center
 - Red House(?)
- Complementary Therapy
 - Acupuncture
 - Massage
 - Yoga
 - Meditation and mindfulness



In Closing...

- There are a lot of people on MV who truly care about helping those with SUD and are doing great work!
- Quantification summary
 - Regularly collecting information from various sources is an important step in learning more about how to best address SUD
- Interview summary
 - Reducing stigma, building on existing youth services, and facilitating communication among stakeholders will better support the SUD community
- Recommendations
 - A multi-pronged approach may have the greatest impact
 - Education, prevention, early intervention

Thank you!



We are all inspired and have been touched by the stories we have heard from members of the MV community. You helped us develop a new awareness and understanding of SUD that will impact our clinical practice as we move forward in our careers as physicians and nurse practitioners.

Questions?

