The Prescription Drug and Heroin Epidemic in Southern Illinois

A Call for Community Health Solutions

A resource paper compiled from results of a community forum organized by the Community Behavioral Healthcare Association of Illinois

With background materials prepared by the Center for Rural Health and Social Service Development
Southern Illinois University School of Medicine

June 2016
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A Call for Community Health Solutions

Data suggest that the Chicago metropolitan area is in the midst of a heroin epidemic—one of the worst in the country at this time. Although much data is aggregated at the metropolitan level, it is clear from this analysis that use is growing fastest outside of the central city. The trend of increased treatment admissions occurring outside of the metropolitan area suggests that access to opiates is increasing throughout Illinois and is not confined to the central city, or to the metropolitan area as a whole. The highest rates of increase have occurred in downstate Illinois, where treatment admissions have risen nearly 300 percent.

A Multiple Indicator Analysis of Heroin Use in the Chicago Metropolitan Area: 1995 to 2002

Introduction

Current headlines and media reports have sounded the alarm about the “epidemic” of heroin and prescription opiate abuse and deaths across the country, state and region. Sadly, the opioid crisis in Illinois is not new, and all indicators suggest that it is worse now than when the ICDP report quoted above was published more than a decade ago.

The increasing abuse of prescription drugs and opiate addiction, which includes heroin, across the United States, has caused the U.S. Department of Justice to declare it an “urgent and growing public health crisis”. Prescription drugs are the second most illicit drug among persons 12 and older after marijuana. The Southern Illinois Region, or the “lower 33 counties”, have not been spared from this crisis and is most like other communities in the United States that have seen a significant increase in drug related deaths, arrests and other community and familial problems as a result of increased use of prescription drugs and opiate addiction. Addiction to prescription medications, heroin and other opiates – including certain prescription pain-killers – is impacting the lives of individuals from every background and walk of life. The national heroin abuse epidemic has continued unabated, and has been complicated and intensified by the rapid increase in the abuse of prescription opioid medications.

The purpose of this discussion paper is to present a working overview of relevant data, research findings, and recommendations that can provide guidance in the effort to develop a regional plan of action to address the prescription drug and heroin abuse crisis (collectively “opioid abuse”) in the Southern Region of Illinois.

CBHA and the Prescription Drug and Heroin Crisis in Illinois

“I came home one day in 2006 to find my two sons, ages 21 and 23, dead from an overdose of prescription drugs and heroin. One of my sons was a valedictorian of his high school and the other was a 3 year air force veteran”, stated Chris Marler, a parent advocate and a resident of Centralia, Illinois. Ms. Marler made this statement as the opening speaker of a community forum held in Mt. Vernon, Illinois, on August 8, 2014 titled: The Prescription Drug and Opiate Addiction Epidemic in Southern Illinois: A Call for Community Health Solutions. The forum was organized by the Community Behavioral Healthcare Association of Illinois (CBHA) and co-sponsored by the SIU School of Medicine’s Center for Rural Health and Social Service Development, in response to the prescription drug abuse and opiate addiction crisis in communities throughout Southern Illinois. The main focus of the forum was to begin a dialogue for a “regional action plan” to address the
problem. A report was developed that examined the issues and offered recommendations to address the problems.

CBHA is a statewide trade association of substance use and mental health prevention and treatment providers whose mission is to ensure access and availability to a comprehensive system of accountable, quality behavioral healthcare services for the people of Illinois. CBHA has a long history of engagement with the problem of substance abuse in Illinois and has facilitated numerous meetings to organize community resources and initiate a response.

The CBHA and SIU event was attended by 75 individuals, representing the state police, the courts, behavioral health providers, state probation, schools, teachers, parents, state mental health and substance use divisions, physicians, consumers and local media outlets. The community forum was the first step towards developing a regional action plan focused on understanding the depth of the prescription drug abuse and heroin addiction problem in Southern Illinois and developing a strategy to address the problems. The set of recommendations that were developed by regional stakeholders at the forum are discussed at the conclusion of this paper.

The Scale and Impact of the Opioid Crisis

Drug abuse has been a long-standing social problem. However, in the past two decades it has been worsened by a rapid increase of prescription opioid abuse, followed by a dramatic increase in heroin abuse, just as the trend in prescription opioid abuse began to recede. A Center for Disease Control review of mortality data estimated that of the nearly 44,000 drug related deaths in 2013, more than 24,000 were from prescription opioids or heroin. And, while the age-adjusted rate of opioid analgesics deaths have leveled off in recent years, the death rate from heroin related deaths has almost tripled since 2010 (Figure 1).

The National Survey on Drug Use and Health (NSDUH) estimated an increase in the number of persons (aged 12 and older) who abuse or are dependent on prescription opioids and heroin from
1.5 million in 2003 (634 per 100,000) to 2.3 million (892 per 100,000) in 2012. Other researchers report estimates of the total number of opiate abusers that are even greater.

In addition to the loss of life, the economic and social costs of the opioid epidemic have been staggering. One study estimated direct medical costs in 2009 at $2.2 billion and more than $335 million from absenteeism and lost productivity. Other social costs include the impact of incarceration, the spread of infectious diseases such as HIV and hepatitis C, and the damaging impacts on children from neonatal abstinence syndrome and drug related poverty and violence in families. Taking into account the medical, economic, social, and criminal effects of opiate abuse, researchers estimated the annual cost to the nation to be nearly half a trillion dollars.

The Opioid Crisis in Illinois

Estimating the magnitude of the opioid crisis at state and local level is extremely challenging. Lacking any way to conduct a census of users, public health officials and researchers rely on proxy measures developed from surveys and data collected from coroners, hospitals, Medicare/Medicaid records, emergency rooms, treatment centers and law enforcement agencies. Analysts often apply a “multiple indicator” approach using a number of approximate measures to assess the scale and epidemiology of heroin and opiate abuse. While analysis of these data sources can be used to develop statewide estimates of opioid abuse prevalence, such analysis is beyond the scope of this report and only locally available data sources and reports were reviewed. The lead agency for health data in the state is the Illinois Department of Public Health which maintains several publicly accessible online data access websites.

**Illinois Department of Public Health (IDPH) Estimates**

The IDPH was contacted and asked to provide data that could be used to assess opiate use in Illinois. They provided data on drug and heroin overdose deaths for the past five years for the state, Chicago, and Cook County (mortality estimates for the remaining 101 counties is presented as the difference between Illinois and Cook County totals).

<table>
<thead>
<tr>
<th>Year</th>
<th>Illinois Residents</th>
<th></th>
<th>Cook Co</th>
<th></th>
<th>Other 101 counties**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Drug Overdose</td>
<td>Heroin related</td>
<td>Total Drug Overdose</td>
<td>Heroin related</td>
<td>Total Drug Overdose</td>
</tr>
<tr>
<td>2014*</td>
<td>1,652</td>
<td>681</td>
<td>604</td>
<td>312</td>
<td>1,048</td>
</tr>
<tr>
<td>2013</td>
<td>1,579</td>
<td>583</td>
<td>629</td>
<td>291</td>
<td>950</td>
</tr>
<tr>
<td>2012</td>
<td>1,619</td>
<td>266</td>
<td>612</td>
<td>22</td>
<td>1,007</td>
</tr>
<tr>
<td>2011</td>
<td>1,014</td>
<td>113</td>
<td>349</td>
<td>2</td>
<td>665</td>
</tr>
<tr>
<td>2010</td>
<td>1,284</td>
<td>149</td>
<td>483</td>
<td>10</td>
<td>801</td>
</tr>
</tbody>
</table>

* Provisional data as of 10/1/15  ** Difference between Illinois residents and Cook County Source: IDPH personal communication, 11/15/15

While the total number of heroin overdose deaths increased from 2011 to 2014, so did the percentage of heroin-related deaths in the total overdoses deaths (increased from 11% to 40%). The increase in heroin deaths in Cook County from 2012 to 2013 is remarkable. However, this is likely the result of a 2013 county mandate that required county medical examiners to report heroin overdoses. Specific data on prescription opioid deaths were not provided, but are included in the count of total overdose deaths.

Table 1. Total drug and heroin related overdose deaths in Illinois, Cook County and remaining counties: 2010 to 2014
The IDPH IQuery online data system (http://iquery.illinois.gov/iquery/) contains data for several substance abuse indicators for the 2009 – 2010 time period. The data element most relevant to the opioid crisis in the IQuery data is the number of hospitalization for abuse of opioids. The total number of hospitalizations over the two year 2009-2010 period was nearly 80,000. The distribution by age, race and region were also available (Table 2). Unfortunately, the time period for this data does not include the doubling of heroin death rates reported in the 2012 to 2014 time period (Table 1).

Table 2. Number of hospitalizations for abuse of opioids (IDPH discharge data) (2009 -2010)

<table>
<thead>
<tr>
<th>Count</th>
<th>Crude Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>79,637</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 20</td>
<td>2,054</td>
<td>3%</td>
</tr>
<tr>
<td>21 to 39</td>
<td>20,793</td>
<td>26%</td>
</tr>
<tr>
<td>40 to 59</td>
<td>50,672</td>
<td>64%</td>
</tr>
<tr>
<td>60 plus</td>
<td>6,118</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>49,598</td>
<td>62%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5,528</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>2,918</td>
<td>4%</td>
</tr>
<tr>
<td>White</td>
<td>21,593</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Dept Region</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champaign Region</td>
<td>1,061</td>
<td>1%</td>
</tr>
<tr>
<td>Chicago Region</td>
<td>62,904</td>
<td>79%</td>
</tr>
<tr>
<td>Edwardsville Region</td>
<td>2,495</td>
<td>3%</td>
</tr>
<tr>
<td>Egyptian Health Dept.</td>
<td>64</td>
<td>0%</td>
</tr>
<tr>
<td>Marion Region</td>
<td>816</td>
<td>1%</td>
</tr>
<tr>
<td>Peoria Region</td>
<td>1,754</td>
<td>2%</td>
</tr>
<tr>
<td>Rockford Region</td>
<td>1,740</td>
<td>2%</td>
</tr>
<tr>
<td>West Chicago Region</td>
<td>8,803</td>
<td>11%</td>
</tr>
</tbody>
</table>

Crude rates estimated for two-year time period; per 100,000

While the 2009-10 IDPH data gives a snapshot on both the scale and distribution of abuse from that period, evidence from more recent analyses suggest that there has been a significant increase in hospitalizations, and a shift in the distribution to more white and younger-aged abusers.

The Illinois Consortium on Drug Policy (ICDP) analyzed the annual number of state-funded opioid drug treatment admission information from the national Treatment Episodes Data Set (TEDS), for several of the metro areas and rural areas (undefined) of Illinois, and calculated the change in the percentage of heroin admissions between 2007 and 2012. While their analysis did not provide an assessment of the number of persons abusing opioids, it did provide some measure of downstate changes in severity of the epidemic.

In almost every region the percentage of heroin admissions have increased from 2007 to 2012, sometimes dramatically (i.e., Decatur and Metro East). The 2012 percentage of heroin admissions either (nearly) matches or exceeds admissions from all other types of drugs combined, except in
rural areas. The percentage of total opiate admission rates are even greater than indicated from heroin admissions because the “All other drugs” category includes prescription opiates.

Table 3. Percent of state funded treatment admissions for heroin and all other drugs in selected Illinois metro and rural areas

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomington-Normal</td>
<td>5%</td>
<td>11%</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>Champaign-Urbana</td>
<td>6%</td>
<td>13%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Decatur Metro</td>
<td>3%</td>
<td>23%</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>Peoria-Pekin</td>
<td>7%</td>
<td>16%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Rockford Pekin</td>
<td>24%</td>
<td>24%</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Metro East</td>
<td>4%</td>
<td>18%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Springfield Metro</td>
<td>8%</td>
<td>12%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Rural</td>
<td>3%</td>
<td>7%</td>
<td>5%</td>
<td>13%</td>
</tr>
</tbody>
</table>

The ICDP report also reviewed data from the Youth Risk Surveillance System data which reported a nearly 50% increase (2007 to 2013) in the number of Illinois high school youth who reported having used heroin (from 2.5% to 3.8%).

**Needle exchange program estimates**

Needle exchange programs began in Illinois in 2003 as one way to prevent the spread of infectious diseases among injection drug users and serve as a point of contact to access treatment resources. The program currently operates in 5 Illinois communities (Springfield, Chicago, Champaign, Kankakee and Belleville). As the front line source of interactions with those addicted to opiates, program staff have a unique perspective on opiate abuse in the state.

According to an April 4, 2015 article in the Illinois State Register, these programs distribute 4.5 million syringes each year to more than 8,000 individuals. The program operators have estimated that there are 120,000 IV drug users in the state. It is likely that the majority of these injection drug users are opiate abusers.

**Evidence of opiate abuse in Southern Illinois**

Hospitalizations for abuse of opioids data was available at county level from the IDPH IQuery system. The 2009 -2010 counts and rates for the 33 counties in the CBHA Southern Region are presented in Table 4.

Two counties in the Southern Region ranked in the top ten in the state for opioid hospitalizations. Marion County had the second highest rate after Cook, and Madison County ranked 5th. The counties with the largest numbers of hospitalizations were Madison and St. Clair. The number of reported opioid hospitalizations in the Southern region during the two year period approached 2,700. Hospitalization counts alone, however, offer only a very rough indicator of the scale and geography of opioid abuse, and are susceptible to bias from access issues in rural counties.

The scant evidence from overdose deaths, hospitalizations, and needle exchange programs, make it difficult to present any comprehensive estimate of opioid abuse in Illinois or Illinois counties. However, they do suggest a scale of opioid abuse that is certainly in the range of tens of thousands of people, and it is highly probable that the range exceeds 100,000 Illinoisans. The evidence also
suggests a significant increase in opioid-related morbidity and mortality in recent years, along with increasing abuse in downstate counties, and an increase in adolescent use.

Table 4. Number of hospitalizations for abuse of opioids (IDPH discharge data) (2009-2010) Southern Region

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
<th>Crude Rate</th>
<th>Area</th>
<th>Count</th>
<th>Crude Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander</td>
<td>1 to 10</td>
<td>NA</td>
<td>Saline</td>
<td>44</td>
<td>97.1</td>
</tr>
<tr>
<td>Clay</td>
<td>1 to 10</td>
<td>NA</td>
<td>Fayette</td>
<td>32</td>
<td>86.6</td>
</tr>
<tr>
<td>Edwards</td>
<td>1 to 10</td>
<td>NA</td>
<td>Union</td>
<td>26</td>
<td>82</td>
</tr>
<tr>
<td>Gallatin</td>
<td>1 to 10</td>
<td>NA</td>
<td>Jasper</td>
<td>13</td>
<td>77.6</td>
</tr>
<tr>
<td>Hamilton</td>
<td>1 to 10</td>
<td>NA</td>
<td>Monroe</td>
<td>41</td>
<td>70.3</td>
</tr>
<tr>
<td>Hardin</td>
<td>1 to 10</td>
<td>NA</td>
<td>Crawford</td>
<td>23</td>
<td>66.2</td>
</tr>
<tr>
<td>Pope</td>
<td>1 to 10</td>
<td>NA</td>
<td>Bond</td>
<td>20</td>
<td>61.8</td>
</tr>
<tr>
<td>Wabash</td>
<td>1 to 10</td>
<td>NA</td>
<td>Johnson</td>
<td>13</td>
<td>52.1</td>
</tr>
<tr>
<td>Wayne</td>
<td>1 to 10</td>
<td>NA</td>
<td>White</td>
<td>13</td>
<td>50.4</td>
</tr>
<tr>
<td>Marion</td>
<td>157</td>
<td>229.7</td>
<td>Massac</td>
<td>13</td>
<td>49.9</td>
</tr>
<tr>
<td>Madison</td>
<td>870</td>
<td>186.4</td>
<td>Richland</td>
<td>13</td>
<td>47.9</td>
</tr>
<tr>
<td>St. Clair</td>
<td>690</td>
<td>152.8</td>
<td>Washington</td>
<td>12</td>
<td>47</td>
</tr>
<tr>
<td>Franklin</td>
<td>89</td>
<td>129.3</td>
<td>Clinton</td>
<td>28</td>
<td>43.5</td>
</tr>
<tr>
<td>Williamson</td>
<td>135</td>
<td>118.4</td>
<td>Lawrence</td>
<td>12</td>
<td>40.7</td>
</tr>
<tr>
<td>Randolph</td>
<td>65</td>
<td>112.1</td>
<td>Perry</td>
<td>16</td>
<td>40.2</td>
</tr>
<tr>
<td>Jackson</td>
<td>116</td>
<td>110.3</td>
<td>Pulaski</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jefferson</td>
<td>69</td>
<td>98.3</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Crude rates estimated for two-year time period; per 100,000

The quantification of the opioid abuse epidemic in Illinois is hampered by both methodological issues and the lack of easy access to both data and analysis. This lack of evidence is a significant barrier to action for local public health officials. In a few counties, local officials have acted independently to secure actionable information for the public health and social service organizations. For example, the Madison County Coroner’s Office recently released detailed statistics on prescription opiate and heroin deaths on the Office’s Facebook page, reporting 350 deaths from 2009 through 2015.12

Assessment of the supply of legal and illegal opioid drugs in Illinois

The prescription drug and heroin crisis is not only a matter of demand but also of supply. Assessment of supply also relies on estimation techniques that provide only a general indication of availability.

Heroin

The 2014 National Drug Threat Assessment reported dramatic increases in Mexican heroin production and availability, particularly in the North East and North Central parts of the US.13 The report also notes a significant increase in potency as well as a reduction in price. Law enforcement officials in the Great Lakes states ranked heroin as the greatest threat in their region.
**Prescription opioids**

The influence of the availability of prescription opiates on treatment admissions and deaths is particularly clear. Figure 2 shows rates of opioid pain reliever (OPR) overdose death, OPR treatment admissions, and kilograms of OPR sold in the United States during 1999-2010. During this period, overdose death rates, sales, and substance abuse treatment admissions related to OPR all increased substantially and simultaneously.

According to a 2013 report by the Metropolitan Chicago Healthcare Council (MCHC), the Illinois Prescription Monitoring Program has had a significant impact on limiting the availability of prescriptions for non-medical use: “To date, Illinois has done a good job controlling the amount of opioid medication prescriptions written and filled in the state. Illinois currently has the lowest amount of prescriptions by weight per capita than any other state in the nation at 3.7 kg of pain reliever sold per 10,000 people.” However, while Illinois laws and policies may have reduced the availability of pharmaceutical opioids in the state, prescription drug management programs are less effective in surrounding states and Missouri has no program at all. These weaker programs may influence the availability of prescription opiates, particularly in border counties.

**Drivers of the increase in use opioid abuse and deaths**

Researchers and public health analysts describe the current opiate crisis as a fundamentally new phenomena, which spread relatively quickly, impacted new populations and geographies, and caused a reassessment of the effectiveness of previously used methods of treatment and control. In their publications, they provide evidence of the numerous factors that have contributed to the “epidemic” of opioid abuse and deaths. The MCHC report on the crisis referred to this convergence of factors as “a perfect storm”. The most frequent cited “drivers” of the prescription drug and opioid epidemic, organized by topical area, include:

- **Chronic pain**
  - Increasing mid-life morbidity beginning in the 1990s, particularly among economically distressed, middle-aged populations, identified as a “pain epidemic”\(^\text{15}\) - research estimates that approximately 100 million Americans suffer from chronic pain\(^\text{16}\)
  - Medical research provides evidence of the detrimental impact of chronic pain on the ability to recover from illness and quality of life\(^\text{17}\)
One issue that has escaped a lot of scrutiny is the role of the medical profession in this problem. We went off course several years ago when the chronic non-malignant pain treatments started to include opioid analgesics in almost any dose. Medical “experts” said there would be very little addiction in people who sought pain relief; pain became “the fifth vital sign”; pharmaceutical companies pushed their products very hard and bankrolled the two or three Pain Societies that still exist; and we did not distinguish between acute and chronic pain, which are probably different conditions with different mechanisms and treatments. We had too little knowledge to intelligently determine which patients would truly benefit from opioids, and which were at risk for dependency and addiction. We were unaware of how prescribing these medicines might relate to the widespread misuse of prescription opioids and the transition by some people to the use of heroin and other illicit and potentially lethal drug use. So, we played a significant part in this catastrophe, along with others who provide these drugs to people. But there is almost no discussion of this in the medical literature.

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**Missteps in pain management**

- In an effort to be both compassionate and effective, the medical community and pharmaceutical industry respond with pain management initiatives that focus on the use of opioids, leading to an unprecedented increase in prescriptions
  - Incomplete science viewed opioid pain treatment as safe and effective – failed to recognize
    - the potential for permanent physiological changes to the brain from opioid exposure
    - the role of genetic susceptibility in opioid addiction
    - the occurrence of medically induced addiction, even at therapeutic doses
    - drug tolerance and decreasing efficacy; resulting in the propensity of users to increase dosage
    - the severe and dangerous symptoms of opioid withdrawal and high likelihood of relapse
    - the need for pain management and addiction medicine training, especially for primary care physicians

- Shortage of pain management specialists, especially outside of metropolitan areas
- Aggressive pharmaceutical marketing
- Inadequate control over prescription opioid distribution and prescribing practices
  - patients may receive multiple prescriptions from multiple specialists, or, once addicted, abusively seek out multiple prescribers/prescriptions
  - lack of control over unused prescriptions allows for diversion to families, friends, and markets

**Nature of heroin availability and addiction**

- Dramatic increase in the availability of high quality, low-cost heroin
  - Shift in the perception of risk of heroin (and prescription opiates) addiction; perceived as less dangerous, especially by younger people
  - High quality heroin encourages oral/nasal initiation to use; progresses to injection drug use following addiction

**Pain treatment as a pathway to addiction**

- Patients inadvertently addicted during pain treatment
  - Medically-induced addictions may go unrecognized and untreated
  - Ineffective pain treatment methods result in continued post-treatment pain
  - Medically addicted and those with unresolved pain, seek out illegal prescription meds
  - As illicit prescription painkiller meds become unavailable or too costly, low cost heroin becomes a substitute
Cultural/socioeconomic conditions

- Research continues to emphasize the socioeconomic causal factors of drug use\textsuperscript{19, 20}
  - Increasing economic inequality; lack of meaningful educational or employment opportunities
  - Disintegration of family and community support networks

Inadequate treatment responses\textsuperscript{18}

- Stigma – social bias towards addiction as a volitional act, character flaw or lifestyle choice. This bias influences the design, funding, and implementation of enforcement and treatment recovery programs
- Failure to understand the extreme nature and severity of opioid addiction:
  - Focus on short-term, outpatient treatment instead of treating addiction as a chronic condition, usually involving frequent episodes of relapse
  - Dominance and ineffectiveness of “abstinence only” approaches
  - Reliance on incarceration over treatment
  - Inability to treat nearly inevitable comorbidities (e.g., mental health, multiple substance abuse, infectious disease) concurrently
- Failure to promote and fund treatment procedures and facilities
- Failure to adequately fund and employ the best evidence-based techniques, especially Medication Assisted Treatment (MAT)
- Fee-for-service reimbursement structures and multiple payers promote short-term, partial treatments that result in relapse, rather than providing incentives for managed treatment across the full continuum of care

Responding to the Opioid Crisis – Recommended Response Strategies

Numerous response strategies have been recommended by researchers, government agencies, and advocacy groups. A number of white papers, reports, position papers, briefings, and research summaries were reviewed to gather a representative collection of the recommendations for action. Five categories of recommendations are presented here, along with indicators of the progress on these recommendation in Illinois.

Legal and institutional foundation

For the effort to respond to the prescription drug and opioid crisis to be successful, it must be based on a solid foundation of legal, institutional and funding support. The Trust for America’s Health, a national health policy organization, in consultation with public health, clinical, law enforcement and community organizations, prepared a list of actions required for the development of effective state prescription drug policy (Table 5)\textsuperscript{21}. Due largely to the efforts of many advocacy organizations, Illinois was one of 17 states having eight or more policies already in place, making it one of the leaders in the nation.

Scott County IN
HIV outbreak
2015

“This HIV epidemic in Scott County is a warning cry to the neglect of rural America not just in public health but in the multifaceted and interconnected social determinants that, when left to reach their logical conclusion, lead to disastrous outcomes. Economic downturn, lack of education support, unemployment, uninsured status, these quickly transition to health implications.
Hopelessness becomes pervasive and mental health needs surge, and substance abuse is the face of the final common pathway of these unmet needs, and the opiate addiction epidemic surges across our entire nation and I think that it perhaps is at its worst where resources are at the least.

When lack of education and hopelessness are bedfellows, a focus on positive behavioral choices, safety and personal protection are lost.”

Jennifer Walthall MD, MPH
Table 5. *Trust for America’s Health* State prescription drug legal/institutional ranking systems – Illinois assessment - August 2013

<table>
<thead>
<tr>
<th>Opioid Abuse Legal/Institutional Strategy Indicators in Illinois</th>
<th></th>
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<tbody>
<tr>
<td><strong>Existence of Prescription Drug Monitoring Program (PDMP):</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Has an active program</td>
<td></td>
</tr>
<tr>
<td><strong>PDMP:</strong></td>
<td>NO</td>
</tr>
<tr>
<td>Requires mandatory utilization by prescribers</td>
<td></td>
</tr>
<tr>
<td><strong>Doctor Shopping Laws:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Has a law specifying that patients are prohibited from withholding information about prior prescriptions from their healthcare provider</td>
<td></td>
</tr>
<tr>
<td><strong>Support for Substance Abuse Treatment Services:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Participating in Medicaid Expansion, which helps expand coverage of substance abuse services and treatment</td>
<td></td>
</tr>
<tr>
<td><strong>Prescriber Education Required or Recommended</strong></td>
<td>NO</td>
</tr>
<tr>
<td><strong>Good Samaritan Laws:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Has a law to provide a degree of immunity or mitigation of sentencing for individuals seeking to help themselves or others experiencing an overdose</td>
<td></td>
</tr>
<tr>
<td><strong>Rescue Drug Laws:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Has a law to expand access to, and use of naloxone, a prescription drug that can help counteract an overdose, by lay people</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Exam Requirement:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Has a law requiring healthcare providers to physically examine patients or have a bona fide patient-physician relationship before prescribing a controlled substance</td>
<td></td>
</tr>
<tr>
<td><strong>ID Requirement:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Has a law requiring or permitting a pharmacist to require an ID prior to dispensing a controlled substance</td>
<td></td>
</tr>
<tr>
<td><strong>Lock-In Programs:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Has a pharmacy lock-in program under the state’s Medicaid plan where individuals suspected of misusing controlled substances must use a single prescriber and pharmacy</td>
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</tr>
</tbody>
</table>

**Source:** Trust for America’s Health - Prescription Drug Abuse: Strategies to Stop the Epidemic

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**Educational recommendations**

Recommendations for opioid education focus on three groups:

- patients
- public
- prescribers and other health care professionals

Patient and public education are the first line of opioid abuse prevention. Pain treatment protocols need to include medication education that ensures that patients clearly understand the risks of addiction, dangers of mixing medications with alcohol or other substances, and the necessity of controlling access to their medicine.

Many recommendations include calls for mandatory alcohol, drug and tobacco use, and addiction education programs in middle and secondary schools. Surveys have demonstrated that a substantial percentage of young people misperceive the risks of prescription drugs, and even the dangers of addiction from occasional heroin use. Numerous programs are available from federal agencies for student and community education, such as the Substance Abuse and Mental Health Services Administration’s National Register of Evidence-Based Programs and Practices (NREPP), which includes more than 50 evidence-based prevention activities (http://www.samhsa.gov/nrepp).
Providing opioid education and prescribing guidelines to physicians, especially primary care physicians, is a necessary strategy to combat addiction and abuse. The core focus of physician education, beginning in medical school but updated throughout their careers, includes:

- comprehensive pain management
- addiction medicine and substance abuse screening
- opioid prescribing guidelines
- prescription drug monitoring program practices

Educational efforts should also extend to all healthcare providers (physicians’ assistants, nurses, pharmacists) that have contact with patients to ensure that patients receive a consistent message and that risk assessment is taking place at multiple points of contact. The Illinois State Medical Association offers a variety of online resources and continuing education opportunities. ([https://www.isms.org/opioids/](https://www.isms.org/opioids/))

**Improved reporting and surveillance recommendations**

There is a serious lack of timely, easily accessible, locally focused substance abuse data available in the state and region. Such information would be extremely useful in assessing the burden of drug abuse in communities and counties, identifying population at risk and/or emerging abuse trends, guiding the planning and evaluation of prevention programs and prioritizing the allocation of resources.

Prescription monitoring surveillance is also a critical ingredient in the prevention of prescription opioid abuse. Illinois has operated a prescription monitoring program since 2000. The Illinois State Medical Society has recommended improvements to the PMP including use of PMP data as a mechanism to alert physicians to patient vulnerability, and pilot programs to integrate PMP data into electronic health records systems.

The Illinois Governor’s Office recently announced, that as part of the Illinois Department of Human Services efforts to improve the Prescription Monitoring Program, the agency will track opioid morbidity and mortality. The availability of this data “will provide opportunities to evaluate policies with implications for preventing both prescription drug and heroin overdoses.”

**Treatment recommendations**

The most frequently cited treatment recommendations focus on the design of treatment programs and increased access to substance abuse treatment, particularly to medication-assisted treatment.

“Despite the volitional act that initiates opioid use, any resulting dependence and addiction are largely mediated by genetics and permanent changes in brain physiology, not merely social/environmental factors. Therefore, even after prolonged abstinence, there are persistent symptomatic effects and dysphoria, making opioid addiction a chronic, relapsing illness, not a purely behavioral problem”

Confronting the Crisis

Effective treatment for opioid addiction must acknowledge the serious physiological and psychological impacts of dependence:

- must be comprehensive, addressing medical, psychological and social needs, integrating substance abuse and mental health
- must include medication-assisted treatment (MAT)
- must adopt a “chronic care model”, much like is used for treating diseases such as diabetes, that employs long-term treatment, acknowledging the likelihood of relapse, even after long periods of sobriety
must be greatly expanded to compensate for the significant lack of treatment assets, particularly in rural areas.
- must greatly expand the number and training of substance abuse specialists at every level of medical care including integration of peers with lived experience into the primary care setting.
- must expand access to MAT to county jails and state prisons.
- needs to include detoxification and long-term treatment of medically-addicted individuals during their transition to non-opioid pain treatment regimes.
- must adopt alternative pain reduction strategies and continue to address the needs of those with chronic pain.

Two recent studies examined the adequacy of current treatment resources in Illinois. An assessment in the American Journal of Public Health found “significant” gaps between treatment need and capacity in Illinois, estimating the rate of opioid abuse at 6 per 1,000, but the availability of MAT at only 2.2 per 1,000. At the 2010 population levels, this represents a capacity shortage that results in leaving approximately 23,000 abusers without access to treatment.\(^\text{24}\)

The Illinois Consortium on Drug Policy analysis of treatment capacity in Illinois\(^\text{10}\) noted the dramatic decrease in state funding in the past decade and determined that:
- Illinois ranked “first in the US for the decline in treatment capacity” between 2007 and 2012.
- Ranked 3rd worst, behind Tennessee and Texas, in state funded treatment capacity.

Fortunately, recently passed legislation in Illinois guarantees public and private insurance coverage of medically-assisted treatment, without life-time treatment limits. While the law has been passed, it still remains to be funded and implemented. Support for funding should be boosted by conservative estimates, that “for every $1 invested in addiction treatment programs yields a return on investment of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1”.\(^\text{25}\)

**Law enforcement**

The role of law enforcement in the opioid crisis has often focused almost solely on investigation, arrests, and drug confiscations. Numerous recommendations point to a greatly expanded role for police in the opioid crisis.

Police are often the first responders to opiate overdose cases and can play a critical lifesaving role through the administration of overdose reversal medications. Recently passed legislation will require overdose reversal training for police and fire departments and grants from the CDC will help to pay for training and equipment.

Police departments in many states are also adopting a new program to directly fast-track willing users into treatment programs, by-passing the criminal justice system, and disposing of drugs and paraphernalia without charges for possession. The police department in Dixon, Illinois also helped to set up a community forum, a hotline for those users who are looking for treatment, and training sessions on the use of overdose-reversal drugs.

An expanded role for the courts has also been demonstrated to be effective and “drug courts” provide a path for diverting addicted individuals away from life-damaging incarceration directly.
into treatment programs. Recent changes in Illinois law also help to fund and expand access to drug courts.

### Current Activities in Illinois

In September 2015, Illinois legislators passed the “Opioid Crisis Act”, which strengthened laws and policies to respond to the prescription drug and heroin. Some of the major provisions of the Act are summarized in Table 7.

**Table 7. Major provision of Illinois Public Act 99-840 (HB1) the Opioid Crisis Act**

<table>
<thead>
<tr>
<th>Changes to health insurance coverage</th>
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<tr>
<td><strong>Medicaid</strong></td>
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<tr>
<td>- Removes requirement for prior authorization for medication-assisted treatment (MAT)</td>
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<td>- Allows treatment providers to determine length of treatment and eliminates the life-time treatment limits</td>
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<td>- Requires coverage for all FDA approved MAT drugs, including methadone</td>
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<tr>
<td>- Requires coverage for overdose reversal medications and pharmacist training for administration and provision of these medications (when filled without a prescription)</td>
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<tr>
<td>- Requires that mental health and substance abuse benefits be comparable to other medical benefits</td>
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</tr>
<tr>
<td>- Requires coverage for overdose reversal medications and pharmacist training for administration and provision of these medications (when filled without a prescription)</td>
<td></td>
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<tr>
<td><strong>Private insurance providers</strong></td>
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<tr>
<td>- Expands requirement for coverage of overdose reversal medications, acute inpatient treatment, detox and stabilization</td>
<td></td>
</tr>
<tr>
<td>- Requires that mental health and substance abuse benefits be comparable to other medical benefits</td>
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<tr>
<td>- Requires that providers publish their substance abuse treatment and medication policies</td>
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<tr>
<td><strong>Establishes Drug Overdose Prevention Provisions</strong></td>
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<tr>
<td>- Authorizes pharmacist-initiated overdose medication dispensing without doctor’s prescription</td>
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<tr>
<td>- Allows prescribing of overdose reversal medications to families, friends and service providers</td>
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<tr>
<td>- Protects health professionals and lay people from liability for administering overdose reversal medications</td>
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</tr>
<tr>
<td>- Requires training of police, fire fighters, first responders and school personnel in the use of overdose reversal medications</td>
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<tr>
<td><strong>Expands Prescription Monitoring Program</strong> to ensure clinical guidelines are followed when prescribing controlled substances</td>
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<tr>
<td><strong>Establishes a Medication Take Back Program to dispose of unneeded prescriptions</strong></td>
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<tr>
<td><strong>Imposes new documentation requirements for prescribing Schedule II narcotics.</strong></td>
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<tr>
<td><strong>Expands access to Drug Courts</strong></td>
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<tr>
<td><strong>Institutes drug prevention education for Illinois middle, junior and high schools</strong></td>
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</tr>
</tbody>
</table>

Source: Heartland Alliance for Human Needs and Human Rights

Illinois also recently received a $3.6 million Center for Disease Control grant to improve the state’s Prescription Monitoring Program. Plans for improvements include:

- Shortening the reporting period for prescriptions dispensed from weekly to daily
- Developing an online system to identify “high risk” patients - those who get medications from five or more prescribers and five or more pharmacies in a six-month period
• increase the number of prescribers using the system (15% first year, 20% years 2 to 4)

Clay County Hospital received a $100,000 Department of Health and Human Services grant to participate in a pilot project to reduce drug overdose deaths in rural communities. The Rural Opioid Overdose Reversal (ROOR) program provides funds that can be used for the purchase of opioid overdose reversal drugs (naloxone) and the training of licensed healthcare professionals and emergency responders in rural areas.

Building a Comprehensive Strategy for the Southern Region

The prescription opiate and heroin epidemic is a tremendous burden on the people of Illinois and has resulted in inestimable harm to families and communities in every corner of the state.

A thorough understanding of the complexity of this epidemic makes it clear that the scale and scope of the resources needed to address this epidemic go far beyond the passage of new laws or funding from a few federal grants. Action, equal to the scale of the problem, will be required. The combined community response from a partnership of health care and insurance providers, state agencies, courts, schools and colleges, faith organizations, businesses and clubs throughout the state is needed to be able to assess and implement recommended actions, change attitudes, educate health professionals and community members, identify and dedicate funding resources, and begin to address some of the root causes of addiction in our communities.

The Southern Region is fortunate to have a number of well-establish health networks. Agencies and organizations in almost all of the counties in the region are already engaged in broader, multi-county coalitions, and most of the county public health offices have already identified opioid abuse as a priority on their assessment of needs (IPLAN). Many also have experience responding to substance abuse crises from previous efforts to address methamphetamine abuse.

Health coalitions in the Southern Region include:
• Madison County Partnership for Community Health
• Healthy Southern Illinois Delta Network (HSIDN)
  o Jackson County Healthy Communities Coalition (HCC)
  o Franklin-Williamson Counties HCC
  o Healthy Southern 7 Region Coalition
  o Hamilton County Health Coalition
  o Perry County HCC
  o Randolph County All Health Coalition
  o Southeastern Illinois Community Health Coalition

Numerous community organizations, many with missions dedicated to substance abuse, are also active in the Southern Region. Examples of these community organizations, include:
• Awareness Against Drug Abuse (AADA)
• Alliance Against Methamphetamine Abuse (AAMA)
• Massac County Drug Awareness Coalition (MCDAC)
• Rising Up for Change
• Alexander Pulaski Action Coalition (APAC)
• Metro East Coalition Against Meth + Other Drugs
• Harrisburg Celebrate Recovery Program
• Celebrate Recovery Pinckneyville
The CBHA seeks to form a coalition of networks in the Southern Region that will use the strength of community collaboration to respond to the opioid crisis. A roadmap (Table 6) for action was created by representatives from the state police, the courts, behavioral health providers, state probation, schools, teachers, parents, state mental health and substance use divisions, physicians, consumers and local media outlets. The task of organization and action lie ahead.
### The Prescription Drug and Heroin Epidemic in Southern Illinois
#### A Call for Community Health Solutions

**Expand Public Education/Awareness & Build Community Partnerships:**
- Increase Public Education Efforts
- Build Community Partnerships, including faith-based organizations, courts, providers, police, schools, etc., to develop a Regional Action Plan
- Expand Programs to Enable Proper Disposal of Prescription Drugs
- Promote efforts to increase the availability of naloxone in the community as a safe antidote for opioid overdose
- Support Good Samaritan Laws
- Develop “Neighborhood Watch” groups in collaboration with local law enforcement

**Increase Access to Substance Abuse Treatment:**
- Support measures to increase funding and capacity for addiction treatment, especially increasing the number of detox, residential beds and the number of Medication-Assisted Treatment programs
- Leverage HIT to improve clinical care and reduce abuse
- Expand the Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Expand Insurance Coverage of Substance Abuse Services
- Fund and expand Drug Courts
- Continue efforts to integrate drug abuse treatment and primary care

**Ensure Responsible Prescribing Practices:**
- Provide Education for Healthcare Providers
- Increase Regulation of Pill Mills aimed at Interventions
- Track Prescriber Patterns
- Make Rescue Medicines More Widely Available (such as naloxone)
- Train 911 operators to help callers use naloxone on overdose patients to help their odds of surviving
- Ensure Patients Receive the Pain Medications They Need; Do not Over Prescribe

**Improve Prescription Drug Monitoring Programs:**
- Encourage the state to Utilize PDMP to Improve Access to Substance Abuse Services
- Ensure PDMP Operate Efficiently and Effectively
- Link PDMP to Electronic Health Information Exchanges and EHRs
- Provide Needed Resources for improving PDMP

**Support Law Enforcement Efforts:**
- Support police, probation officers and others in the criminal justice system efforts to address the supply side of the prescription drug and heroin problem
- Educate police, probation officers and others in the criminal justice system about the nature of addiction so that it becomes a treatment issue instead of merely a law enforcement issues
- Support law enforcement role in their efforts to reduce overdose deaths
References and recommended readings


