

An aerial photograph of the Duke University campus in Durham, North Carolina. The Christ the King Chapel, a prominent Gothic Revival structure with two tall spires, is the central focus in the foreground. The surrounding campus features various academic and administrative buildings, green spaces, and a view of the city and mountains in the distance under a clear sky.

State and Research University Partnerships in the Opioid Crisis

Duke University

May 1, 2018

8:30 - 4:00 pm

Providing Support Services for Children in Households with Substance Use

Discussion Synopsis

- **Children are affected in many ways and at many points of development including:**
 - Prematurely, bonding, school readiness, taking care of a parent
- **Most mothers and fathers are scared of asking for help because they are afraid their children will be taken away**
 - Help, don't criminalize
- **Community-based resources are the most important, and take time to understand that community's demographics**
 - Every community is different based on race and culture (African-American, American-Indian/Alaskan Native)
- **Family-centered evidence-based programs work on prevention to infants in addition to treatment of children**
- **Public schools are playing more of a role**
 - More than just "don't do drugs"

Providing Support Services for Children in Households with Substance Use

Key Takeaways for Partnerships

- **Decriminalize opioid addiction because parents are unavailable to their children if they're jailed**
- **Cross boundaries and borders**
 - Rural areas need help, connects to public health, healthy food and food deserts
- **Collaborate with information and funding**
 - Focus on wrap-around services, go into the community
- **Reduce the stigma of opioid addiction**
 - "It's a choice", "It's a sin", "It's a moral failing"

Assisting State Officials with Data Science Inquiries

Discussion Synopsis

- **Drug related deaths, not just opioid deaths have risen.**
 - Hyper focus on opioid
- **With the support of legislatures, CH55 linked different data sources to one warehouse.**
 - Sustained by volunteers
- **Reports for opioid deaths are incomplete or have different standards.**
 - Accounting for error shows that opioid deaths are a lot higher.
- **Current data does not support a longitudinal analysis for local communities.**
 - Local practitioners want to know what interventions work
- **Stakeholders have different scopes and interests. Partnerships require time and money.**

Assisting State Officials with Data Science Inquiries

Key Takeaways for Partnerships

- **Create an infrastructure to streamline data**
 - Academics can support practitioners with this effort
- **Keep data from previous years. Make notes about changes to data collection.**
 - Local organizations update the data and discard old data
- **Create incentives to merge stakeholder interests.**
 - *Example:* Academics who access CH55 must submit a report
- **Clarify the classification for opioid deaths**
 - Some deaths because of infections related to opioid use
 - Presence of multiple drugs during time of death
- **Formalize a feedback loop with legislators, academics, and practitioners.**

Embedding Networks for Treatment after Overdose

Discussion Synopsis

- **Treatment programs are spreading, but abuse is rising across the country**
- **Traditional law enforcement has not been effective.**
 - Arrest/incarceration of minor drug offenders does not address the problem
- **There are barriers to accessing MAT.**
 - It can be difficult to access buprenorphine in NC
- **A connection to treatment can be established immediately after overdose.**
 - Connections to treatment can be made in the ER
- **Individuals who abuse opioids are often marginalized**
 - Individuals do not receive social support that they need

Embedding Networks for Treatment after Overdose

Key Takeaways for Partnerships

- **Law enforcement officials need more tools and options to be effective**
 - Law Enforcement Assisted Diversion
- **Different models for MAT**
 - ED MAT programs, 'Hub and Spoke' programs, Project Echo
- **Expansion of treatment**
 - Connection of specialty treatment and mainstream treatment to increase accessibility
- **Safe injection sites address marginalization of opioid abusers**
 - Facilitate participation in drug treatment programs and supportive networks
- **All stakeholders should be engaged when treatment programs are planned**
 - Programs will be more successful if more people are invited to the table

Providing a System of Care in Underserved and Rural Communities

Discussion Synopsis

- **“Rural” does not mean “white.”**
 - When you say “rural,” people immediately have a picture in their mind.
- **Barriers include access to care, housing, employment, transportation, and disconnected resources.**
 - Some of the problems are unique to rural areas, some are not.
- **The opioid crisis is a national debate that is experienced and addressed *locally*.**
- **Should we even consider the opioid crisis in an urban versus rural framework?**
- **Stigma is a large on-the-ground barrier in rural communities.**
- **We can’t get overwhelmed by the magnitude of the problem.**

Providing a System of Care in Underserved and Rural Communities

Key Takeaways for Partnerships

- **Remember the value of listening. Qualitative data can be persuasive, but needs to resonate with the community and policymakers.**
 - “Know the right questions to ask -- and send the right people to ask those questions”
- **Reframe prevention - not just DARE in school.**
 - “Everyone needs to feel empowered.”
- **We need more money - for resources, for treatment, for the uninsured.**
 - But we can't wait for someone to solve this problem. Get creative.
- **Consider leveraging the faith-based community. Re-energize grassroots organizations that worked on the “first wave.”**
- **Consider that there is incredible resilience in these communities.**
- **Remember to engage the family.**