Opiate and Heroin Dependency Transition Committee (OHDTC)

SWOT Report

Presented to:

County Executive Matt Meyer

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Table of Contents

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1. Introduction: Purpose and Goals

The Meyer administration faces an ominous challenge as it takes office, one facing many states, counties and cities nationwide. New Castle County (NCC) and the state of Delaware are suffering from one of the most devastating drug epidemics in history: opiate and heroin abuse and dependency. Addiction, morbidity and mortality to prescription opiates (Rx opiates), heroin, and other illegal opiates are rampant across Delaware but manifest themselves differently. One problem centers on heroin among mostly younger males (under 35). A second features Rx opiate abuse concentrated among 45-54 year olds, with women at high risk. A third group includes mostly younger adult addicts suffering from synthetic and illegal fentanyl abuse, which is often marketed as heroin but is associated with more overdoses and deaths. Since research shows Rx opiates are a gateway to heroin and fentanyl addiction, individuals from any of these groups are at risk of transitioning between them and are increasingly vulnerable to opiate-related consequences.

In response to this epidemic, newly elected NCC Executive, Mr. Matt Meyer, appointed our Opiate and Heroin Dependency Transition Committee (OHDTC) to perform a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to advise his administration. Our purpose is to identify current NCC and Delaware efforts that are working to reduce opiate and heroin complications and identify where weaknesses might be located. In addition, we are to pinpoint promising opportunities to combat the epidemic and the external threats that might exacerbate it. Our committee ascertains the populations affected as well as the parties that are helping to solve and/or worsen the problem.

OHDTC is composed of 28 individuals[1] from diverse public and private sector agencies or initiatives dedicated to and experienced with substance abuse policies and practices. Drs. Tammy L. Anderson and Laura Rapp from the Center for Drug and Health Studies at the University of Delaware have led the committee's work.

Our committee began with Mr. Meyer's excellent *Blueprint to Address Heroin Dependency*. The *Blueprint* lists six areas of focus: policy, treatment and intervention, HERO HELP, harm reduction, prevention, and enforcement. At our first meeting (see Appendices for minutes), we agreed these six areas should encapsulate the SWOT's focus, with the addition of reentry/reintegration (i.e., people leaving treatment or the criminal justice system). OHDTC then broke into seven sub-committees to produce area-specific SWOTS.

This report contains an overarching "General SWOT" that lists the main priorities determined by the subcommittees, as well as seven subcommittee SWOTs that convey information more specific to each of the 7 areas. ***OHDTC advises Mr. Meyer to consider implementing much of the General SWOT in his first 100 days, followed by recommendations from the seven subcommittee SWOTs as his administration progresses***.

Data from federal, state, county, and other reports[2] support the specific strengths, weaknesses, opportunities and threats described in the SWOTs. These data describe the scope of the opiate and heroin problems facing NCC, as well as the entire state of Delaware and the nation as a whole. Before presenting the General SWOT, we provide a snapshot of what we know about the opiate and heroin dependency problems in NCC and Delaware.

[1] See the cover page for a complete list of committee members.

[2] See the Appendices for an itemized list and the full reports.

2. The Opiate Problem in NCC and Delaware: A Snapshot

Delaware. Across the US today, opiate-related morbidity, mortality, and social problems are wreaking havoc among large segments of the population in urban and rural areas alike. All groups are vulnerable as harm spreads beyond those addicted to their communities. For example, data from the National Safety Council (Appendix #1a) reports 1.9 million Americans are addicted to Rx opiates, 4.3 million use Rx opiates non-medically and 4 out of 5 heroin users transitioned to the drug via Rx opiates. The CDC (Appendix #1b) tracks devastating consequences from this opiate and heroin abuse. Its latest report finds heroin overdose deaths more than tripled nationwide for all age groups between 2010 and 2015. While people aged 25-34 report the highest rate of opiate-related deaths, even older adults 55-64 are dying from heroin at levels not seen in the past (Appendix #1b).

In this respect, the scope of the current heroin epidemic is without historical parallel. Yet, the threat from heroin may actually pale in comparison to that posed by illegal fentanyl, which is coming to dominate the streets of America. The DEA's National Heroin Threat Assessment (Appendix #2) shows its sharply increasing presence in drug seizures. Many states, including Delaware (see Horn, Dec 12, 2016), have seen fentanyl overdose deaths overtake those from heroin and other opiates in 2016. In fact, the National Safety Council's (Appendix #1a) reports Delaware had the 8th highest heroin fatality in the US in 2014. Consequences for families, social services, law enforcement, public health and the treatment industry are wide-ranging, devastating and burdensome.

Delaware's substance use and abuse profile provides an important warning sign for any effort addressing Rx opiates, heroin and fentanyl. Delaware's Statewide Epidemiological Outcomes Workgroup (SEOW- See Appendix #3) finds troubling rates of substance use of all

kinds, including illegal use of Rx opiates among the state's youth. Non-medical use of Rx drugs — especially Rx opiates — by teenagers is highest in Newport-Newark, followed by an area in Sussex and a slightly higher rate in Wilmington. Looking further, the National Survey on Drug Use and Health (Appendices #4a-c) reports that Delaware ranks 6th in illegal Rx medication use and 2nd in illicit drug use other than marijuana among young adults (aged 18-25) in 2013-2014, the most recent available data.

While Delaware's opiate problem is statewide, NCC—especially Wilmington—contains troubling rates of abuse, addiction, morbidity and mortality. In partnership with Delaware's Criminal Justice Council and the Division of Public Regulation, the Center for Drug and Health Studies (CDHS) has produced hot spots mapping of opiate and other drugs across the state. Appendices #5-7 illustrate Rx opiate, MME concentrations[3], and drug-related death "hot spots" across Delaware's neighborhoods[4]. These maps show Rx opiate prescribing hots spots are scattered across Delaware with drug-related deaths concentrated in Wilmington, Dover and beach resort neighborhoods.

The Prescription Behavior Surveillance System (PBSS) at Brandeis University's Center of Excellence reports to the CDC on heroin, opiate and other Rx medications morbidity and mortality. Their most recent report (Appendix #8) finds alarming trends in Delaware. Namely, the total drug overdose rate has increased to about 21 deaths per 100,000 residents and that deaths attributed to prescribed medicines (i.e., opiates alone and opiate/benzodiazepine combinations) comprised about 42% of all deaths in 2014, while heroin accounted for 29%.

[3] i.e., Morphine milligram equivalents, which are a measure of an opiate drug's strength.

[4] Here, we define neighborhood as a US Census tract. Delaware has 214 census tracts.

Signs show the epidemic is bifurcated. Overall rates of Rx opiate use have recently declined (See Appendices #4a-c) while overdoses and deaths continue to rise (http://wonder.cdc.gov). The small decline in Rx opiate use in the overall population is a hopeful sign. However, the increased morbidity and mortality from them points to continuing problems. For those already addicted, things are worsening in the state, as deaths from drug overdoses have accelerated rapidly in Delaware over the past few years. While the age-adjusted drug-poisoning death rate for the United States was 14.6 deaths per 100,000 population in 2013, Delaware exceeded this national average at 19.1 per 100,000 population, ranking 11th nationally (Appendix #8). Our state's overdose death rate has only worsened since 2013.

A recent analysis performed by CDHS at UD, showed that only 1% of Delaware prescribers wrote 25% of opioid prescriptions in the state. Average MMEs per dose are higher in Delaware than in any other state (Appendix #8), suggesting prescribers are a target group for intervention.

Data on treatment admissions from Delaware's DSAMH (Appendix #9) provide another barometer of the epidemic's impact on the state. Admissions have increased more than 600% between 2013 and 2015, and tripled between 2014 and 2015. During this time, admissions have shifted away from alcohol, marijuana, and cocaine to heroin. The Federal government's TEDS report (Appendix #10) shows similar patterns in substance abuse treatment. Yet, weaknesses identified by our committee include a lack of public awareness about treatment, a paucity of treatment availability, and a relative lack of funding to meet Delaware's need. Appendix #11 (NSSATS) provides a recent accounting of treatment facilities in the state. For 2013, NSSATS shows 42 public and private treatment facilities in the state provided services for 5,185 patients. Given the treatment data provided by DSAMH (Appendix #9), this represents a shortfall in what

is required. We can only speculate that this treatment gap has worsened since 2013 as opiate and heroin dependency has risen.

New Castle County. NCC is experiencing troubling rates of opiate, heroin and fentanyl addiction, morbidity and mortality. Within NCC, we know these problems are more highly concentrated in some areas than in others. For example, Appendices #12-14 are zip code maps showing rates of Rx opiate use among high school youth (#12 and #13), which are highest in Claymont, and Newark-Bear postal codes. Appendix #14 (from DE State Police) overlays heroin overdoses, NARCAN saves, heroin deaths, and heroin offenses for 2016. Hot spot zip codes for these problems are concentrated in Edgemoor/Claymont and Newark/Bear. Interestingly, all 3 of these maps indicate more drug use and drug activity in NCC areas outside the City of Wilmington.

Appendices #15-16 (from CDHS) depict census tract maps that drill further down to neighborhoods within these areas that are suffering the greatest threat. From them, one can see not all NCC neighborhoods, for example, are experiencing the same problems. Appendix #19 shows the top ten tracks reporting the highest levels on selected risk indicators. The majority of these neighborhoods are in NCC but not the City of Wilmington, and specifically, in certain neighborhoods, e.g., census tract 029, 123, and 134.

The recent report by the National Safety Council (Appendix #1a) recommends expanding prescriber education, implementing guidelines for prescribing Rx drugs, increased use of naloxone, and expanding access to substance abuse treatment. It ranked states on their progress in providing mandatory prescriber education, implementing opioid prescribing guidelines, eliminating pill mills, having a PDMP, increasing access to naloxone, and providing adequate availability for opiate treatment. In 2014, Delaware earned a passing grade on three of the six

markers: mandatory prescriber education, PDMP access, and standing orders for naloxone. Since this ranking, Delaware has made progress on the other three markers, included closing pill mills (see http://www.delawareonline.com/story/news/health/2017/01/31/delaware-pulls-prescribing-privileges-3-pain-docs/97276558/) and formulating opiate prescribing guidelines that are set to go into effect early 2017.

While the snapshot of the Delaware and NCC opiate and heroin dependency problem is troubling, we are encouraged by recent progress addressing the problem. Improvements are visible at the state level on the National Safety Council's guidelines, by OHDTC's efforts on behalf of Mr. Meyer's transition, and by the numerous groups, organizations and agencies working on the front lines to solve the problem. For example, Appendix #20 is the Prescription Drug Action Committee's 2013 final report. It lists recommendations to combat Rx drug abuse and related morbidity and mortality, including expansion of the PMP to increase its use by prescribers and other medical personnel, speeding up reporting, and use of patient profiles. Also advisable is opiate and other drug addiction education for law enforcement and health providers. While the PDAC report agrees with our conclusions about substance abuse treatment, they offer other promising ideas, such as the creation of a Pain Center of Excellence, a Basic Life Support Program (for dispensing of NARCAN), and Rx drug take back events.

Both the PDAC report and the OHDTC recommend increased data tracking of substance abuse and related indicators through new technologies. While some efforts are currently in place (e.g., SEOW, CDHS website https://www.cdhs.udel.edu/resources/data-resources), they could benefit from improved scope, inclusion, timeliness and coordination. Currently, there are numerous opportunities—federal level—to improve data surveillance of the opiate, heroin and other substance abuse problems.

3. General SWOT

Strengths

- *Collaboration across agencies*: Agencies are working more collaboratively to address this issue. This committee is a strong example of collaboration. See also NCC police department, which collaborates with DE agencies (DHSS, DFS, Paramedics and EMT Services etc.) and State Police, DEA, PCHIDTA and the Heroin Response Strategy.
- *HERO HELP/Law Enforcement*: Law Enforcement assistance in getting people into treatment versus the criminal justice system.
- *Community-based drug prevention agencies and programs:* this includes but is not limited to Reality Tour, aTAck Addition, and Heroin Alert.
- *Drug Overdose Fatality Review Commission and the Delaware Violent Death Reporting System:* State entities that can greatly assist NCC.
- *County facilities available for use*: NCC has a strong list of facilities, such as libraries, office buildings, parks. NCC can use them for prevention programming, treatment and support meetings, etc.
- *Engagement of NCC residents with county activities and programs*: NCC boasts a long list of events and activities for community members. Infusing substance abuse information and programming promises effective results with captive audiences.

Weaknesses

- *Limited funding*: for HERO HELP, Law Enforcement's access to Naloxone and naltrexone, prevention programs, treatment, and reintegration support.
- *The Heroin Trap Marketing campaign:* It is stigmatizing.
- *Law Enforcement limited in drug testing*. Of drugs recovered on arrest. Current tests not comprehensive.
- *Lack of urgency regarding prevention, treatment and enforcement*. Sense that opiate and heroin dependency/addiction rank too low among county/state's priorities.
- *Heroin/opiates focus impedes general understanding of addiction*: NCC should focus on the treatment and prevention of all substance use addiction.
- *Lack of detailed information about available resources*: how many beds are available and how to access them. Expanding current 24/7 helpline that residents can use to access resources and learn about their options could help (see ContactLifeline, DE Council on Gambling Problems).
- *Reintegration:* lack of coordination of healthcare, education, and job opportunities upon release.
- *State and county silos*: must be broken down to share information, resources, prevent duplication of efforts.

Opportunities

- *Implement cross-jurisdictional task force*.
- *Utilize HelpIsHereDe.com:* to disseminate information about preventions, opportunities to volunteer, system mapping, number of beds available, procedures to getting into treatment, county specific information. Enhance and support ongoing revamping of site.
- *Enhance sober living opportunities/facilities*
- *Greater Use of PDAC and its subcommittees*
- *Strengthen partnerships between agencies:* Collaboration between DPH, DSAMH, Delaware Medical Society, Treatment and Rehabilitation Providers, atTAck Addiction, and other community groups.
- *Reorganization within some NCC agencies (e.g., police- drug control squad) and alignment with Drug Overdose Fatality Review Commission.*
- *Secure grant funding*: leveraging partnerships to secure additional federal, private and foundation funding.
- *Infuse messages and education into existing NCC sponsored activities*: Leverage participation of residents in County-sponsored activities (e.g., park and library programming). Infuse messages and education that address prevention, treatment awareness, education on resources, and discussion toward reducing stigma
- Increase access to Naloxone for police, first responders and community members.
- Ability to create incentives (e.g., tax incentives or other perks) for businesses to increase employment for those recovering from addiction and for sober housing access. County sponsored incentives to increase peer to peer support.

Threats
• *Stigma around addiction*: hinders people's motivation to seek treatment for themselves or loved ones. • *Misinformation about addiction:* prevents people from recognizing problem and getting help, allows Rx prescribers to increase risks and consequences of addiction • *Cheap and potent heroin in neighboring states.* • *Increase in fentanyl laced heroin*: people addicted and first-responders at heightened health risks in the Northeast area. Without support to law enforcement for drug-testing (see above), danger will worsen. • *Serious health risks to law enforcement and emergency medical personnel*: contact with hazardous and potentially deadly drugs poses a serious risk to first responders as substances are getting more potent. • *Pharmaceutical increase of Naloxone prices*: increased price leads to less availability and heightened morbidity. • *Patient demand of Rx meds*: opiates and other drugs as the solution to their medical issues. This can also result in overprescribing of opiates to patients. • *Inflexibility of probation and parole*: to work with offender and their families, especially in reintegration. • *Over-commitment of NCCPD and staff* • *Criminal Justice officials' bias*: toward drug involved offenders. • *Federal Confidentiality Laws*: barriers to working with patients/addicts.

4. General SWOT Summary

In order to complete the Heroin and Opiate dependency SWOT, the committee identified seven subcommittee areas: Policy, Treatment, HERO HELP, Harm Reduction, Prevention, Enforcement, and Reintegration. Members volunteered for each subcommittee based on their knowledge and experience in the identified areas and, subsequently, met and completed their SWOT analysis. The Subcommittee SWOTs are included in Appendices #21-27. They provide additional context for the General SWOT. The General SWOT emanated from multiple subcommittee SWOTs as well as key priorities from committee members and the public. The committee noted weaknesses and threats, but also worked to pair them with concrete opportunities in order to address heroin and opiate dependency problems. The narrative below provides an overview of the findings in the four areas.

Strengths. NCC has many tangible and intangible strengths that can address the heroin and opiate dependency problem. Collaborations are a key strength in dealing with this issue, as substance use affects many different sectors of life (medical, treatment, criminal justice, family support, education, etc.) and NCC already has strong collaborative efforts between agencies.

This committee is one example of that collaboration. Additionally, the new leadership at the City, County, and State levels presents a timely opportunity to create new collaborations between these levels of government. HERO HELP was consistently identified in the subcommittee SWOTs as a strength. The shift in law enforcement efforts to help those addicted to substances with accessing treatment versus introducing them into the criminal justice system is popular and well supported by the community. NCC's existing infrastructure of facilities (parks, libraries, meeting spaces, etc.) and programs is another strength. Existing facilities are promising sites for prevention programming and support meetings. Herein, NCC can deliver messages and information about substance use in conjunction with county sponsored events.

Weaknesses. Internal weaknesses of NCC to address the heroin and opiate dependency include limited funding for law enforcement efforts, such as HERO HELP, as well as purchasing increasingly expensive Naloxone and conducting drug testing. There is also lack of information about available and accessible resources, system processing, and ways for community members to engage with this problem. Overall, there needs to be a shift away from a sole focus on the opiate and heroin epidemic to a broader addiction framework. Too often, approaches and efforts shift from one substance to another without truly addressing the underlying issues of addiction.

Opportunities. Committee members identified many opportunities to address the threats and weaknesses outlined in the SWOT. One major opportunity would be to "repackage" underutilized existing data and education resources in such a way that the information they contain is more accessible and understandable to county residents looking for treatment information, availability of beds at different facilities, opportunities to volunteer and be engaged, etc. Infusing messages and education into existing NCC sponsored activities would result in a wide reach and leverage the strong participation in these events (e.g., park and library

programming) to ensure that information around prevention, recognizing addiction, treatment resources, and recovery support is widely disseminated. Another opportunity is to use existing partnerships between academic, government, and community agencies in order to promote prevention activities, create media campaigns, and implement programs in the community. These agencies can also collaborate in securing grant funding, specifically foundation and federal funding, to help curb substance use and overdoses. Grants to increase access to Naloxone for first responders and community members is one example. Collaboration across agencies at the community, city, county, and state level to write and submit proposals would strengthen them. A final opportunity would be for NCC to create incentives (e.g., tax incentives and other perks) for businesses to increase employment of those in recovery as well as incentives for individuals in recovery to provide peer to peer support.

Threats. Identified threats include the increased patient demand for opiates as a quick fix to medical ailments, increases in the price of Naloxone, as well as an increase in fentanyl laced heroin in our geographic region. Fentanyl laced heroin makes heroin much more potent. In addition, fentanyl sold as heroin is also much more potent, and both increase the likelihood of overdose. Another ongoing threat is the misinformation in the community about addiction, which exacerbates the stigma surrounding addiction. This can hinder people's motivation to seek treatment and resources for themselves and their loved ones.

5. Recommendations for Executive Meyer

"People are just floating on their own." Paul, New Castle County Resident.

1. **Expand Addiction Resources and Promote Increased Awareness of them**.

    a. *Treatment Support Services for the Community*. There is a deficiency of resource and policy knowledge about treatment and support services. A common theme during the

public and closed meetings was that people are not accessing resources because they do not know about them. There are beds available in treatment centers, vocational training programs, and prevention programs, but community members are not aware of them nor given accurate information about them. NCC needs to expand dissemination efforts of available resources. As mentioned in the SWOT report, HelpIsHereDe.com and a 24-hour hotline are two options but they should not be the only efforts. NCC should create and distribute widely cards, informational handouts, and social media messages that outline resources (prevention, treatment, recovery services, and support resources for loved ones). The timing of resource awareness should also coincide with release from prison or treatment centers. NCC also needs to create or leverage existing mechanisms that exchange good and useful information. The State currently has crisis help-line numbers. NCC could work with the State to route drug-related calls, in order to supply information and direct those calling for help to the information most useful for their current situation.

b. *Provide accurate resource and policy information to treatment providers*. There is a need for improved knowledge about resources and policies among NCC treatment center providers. For example, understanding that insurance companies may only cover the first 14 days and training staff on how to work with the system to provide treatment and recovery options for those without insurance are important improvements that can be made. Community members identified misinformation provided by treatment center providers as a barrier to accessing resources. NCC can offer trainings for staff, set expectations for staff to improve their communication with people seeking treatment services, and provide a customer service feedback tool to determine the effectiveness of

the campaign. Collaborating with the State (DSAMH) would be especially beneficial for this task.

c. *County buildings and facilities should publicly display information about substance use treatment, prevention, and recovery resources*. Such displays can effectively increase awareness through clear, consistent and frequent mechanisms. NCC should also encourage businesses to display and distribute prevention and treatment information. Such displays can be subtle, including small posters on the wall of the shop or baseball style cards that residents can pick up and take with them with quick and easily accessible information.

d. *Discontinue Heroin Trap website*. NCC should overhaul, replace and rename the Heroin Trap website because it stigmatizes the addicted and those in recovery.

2. **Implement Peer-to-Peer Support & Knowledge Sharing Initiatives**.

a. *NCC Public Meetings*. We recommend NCC hold public meetings regularly (quarterly) as a way to share resources and information and help folks make connections. Families and individuals who have been through this process have a wealth of knowledge, and these meetings can be a place for families to share what they have learned. Families can also inform NCC about efforts that are working (strengths) and possible barriers (weaknesses). In these meetings, experiential knowledge and professional expertise can align to develop concrete, validated and achievable goals. We recommend NCC provide food and babysitting during these meetings to make them more accessible to community members. In attendance should also be treatment and recovery agencies to discuss current and new resources.

b. *NCC should use existing facilities for prevention and treatment*. NCC can utilize existing facilities, such as libraries, office buildings, and parks, for prevention programming, treatment and support meetings, etc. NCC can also use these locations to host the public meetings.

c. *Development of Peer-to-Peer Activities*. NCC should develop and support more peer-to-peer activities for those accessing addiction resources or are actively recovering. For example, connecting someone in the early stages of recovery with someone who has been successful in the long term (Treatment Access Center).

3. **Implement Healthy Lifestyles Messaging.** NCC should collaborate with community agencies and organizations that provide education and messaging around substance use prevention and healthy lifestyles. These programs can also promote protective factors and build life skills. Prevention is not always a catchy title. Instead, we encourage promotion of healthy living, more generally, with the goal of promoting healthy lifestyles and building resilience in individuals and communities. Two-way communication and interactive learning is the preferred method of education.

4. **Increase resources for HERO HELP**. We recommend increased funding for the HERO HELP program to expand its work and the public's awareness of it. NCC should also support HERO HELP in disseminating information to the family members of those who seek its services. Immediately connecting families and people who are addicted to county resources will provide the support system needed by those seeking treatment. We also recommend increasing the availability of structured housing in NCC and the HERO HELP program for those needing addiction services.

5. **Increase and Solidify Agency Collaboration & Partnerships**: Collaborations are key to fighting this epidemic.

a. *Partnerships with Kent and Sussex County as well as State Agencies other States*. These should be cultivated to help identify best practices. Partnerships across geographic boundaries will also position the county to be in a better spot to compete for federal and foundation funds, as well as other potential revenue sources. Information sharing across entities can increase access to new sources of funding as well as leveraging current funding. Tapping into neighborhood planning councils and civic associations can ascertain the needs of the community, and council members may be able to promote change and other positive efforts in places where institutions/agencies cannot.

b. *NCC should create a multi-year strategic plan to address this issue*. Among other things, the strategic plan should include a systems map of available resources that would be beneficial to get individuals into treatment and provide support during recovery. Treatment providers can use the map in treatment exit interviews with those leaving treatment centers. A systems map will pinpoint available resources needed by a particular individual (e.g., obtaining a social security card, vocational training, career placement, housing needs, etc.). It would also include services aimed at attempting to empower the individual. Any assessments that take place for the strategic plan should include asking questions to the population of focus.

c. *OHDTC or a similar collaborative team should continue meeting*. The role of this committee should shift towards the production of a strategic plan that include milestones, measurable goals, and system mapping.

6. ***Establish Continued Tracking and Evaluation of Efforts to Combat Problem***. NCC should establish a data monitoring and surveillance initiative/entity to centralize information on drug abuse, addiction and related consequences across the state and region. This entity could provide policy makers, stakeholders, practitioners and the public quick and current access to various data points about the scope of drug-related problems. NCC should also monitor and evaluate its efforts to combat opiate and heroin dependency and other addiction; continue evaluation of money spent and what is effective; and adopt best practices. A cross agency committee (discussed in Recommendation 5c) could also serve as part of the entity that monitors and evaluates current practices to determine if they are meeting their objective.

7. ***Provide Incentives for Businesses/Employers***. NCC should create tax incentives and other incentives for businesses to provide jobs for those recovering from addiction and for sober housing access.

8. **Increase Distribution of Naloxone**. Increase access to Naloxone for both first responders and community members.

9. **Provide Funding for Drug Testing by Law Enforcement**. NCC should fund efforts to obtain the necessary equipment to quickly test drugs seized by law enforcement. The ability to drug test quickly would improve the County's knowledge of what drugs (and how much) are on the street, increase the number of drug cases that are taken to trial, and protect law enforcement and emergency medical personnel from coming into contact with hazardous material that pose an immediate threat to their health. Through drug testing, law enforcement can focus more efforts on the drugs that pose the greatest health risks as well as build a database that contains information about drugs confiscated as well as mapping the areas where certain drugs are concentrated.

6. Appendices List

Data Reports

1. 1a. Prescription Nation 2016. Addressing America's Drug Epidemic. 1b. Rates of Drug Overdose Deaths Involving Heroin by Selected Age Groups – United States, 2006 – 2015. The National Center for Health Statistics
2. Emerging Threat Report, Fourth Quarter 2016. Drug Enforcement Agency
3. 2016 Delaware Substate Epidemiological Profile
4. 4a. National Survey on Drug Use and Health (NSDUH): Comparison of 2012 - 2013 and 2013 - 2014. 4b. NSDUH Selected Drug Use 2013 - 2014. 4c. Behavioral Health Barometer, Delaware, 2015.
5. Opiate Prescription Rate for Delaware Census Tracts, 2013 - 2014
6. Morphine Milligram Equivalents for Delaware Census Tracts, 2013 - 2015
7. Drug Overdose Death Rate for Delaware Census Tracts, 2013 - 2015
8. Patient Risk Measures for Controlled Substance Prescriptions in Delaware, 2012 – 2015 Prescription Behavior Surveillance System
9. Division funded Adult Admission by fiscal year and client demographics, 2002 – 2015. Delaware Health and Social Services – Division of Substance Use and Mental Health
10. Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity, 2015
11. 2013 Delaware Profile of the National Survey of Substance Abuse Treatment Services
12. Reported Past Year Painkiller Use in 2016 among 8th and 11th Grade Public School Students in New Castle County
13. Reported Past Year Prescription Drug use to Get High in 2016 among 8th and 11th Grade Public School Students in New Castle County
14. New Castle County Heroin Incidents 2016
15. Drug Overdose Deaths in New Castle County 2013 – 2015
16. Drug Overdose Death Rate in New Castle County 2013 – 2015
17. New Castle County Census Tract with Highest Doctor Shopping Indicators
18. New Castle County Census Tract with Highest Opiate Prescription Rates
19. New Castle County Ranking of Top Ten Census Tracts on Selected Risk Indicators
20. Delaware Prescription Drug Action Committee Final Report, 2013

Subcommittee SWOT Analyses

21. Policy Subcommittee SWOT Analysis
22. Treatment Subcommittee SWOT Analysis
23. HERO HELP Subcommittee SWOT Analysis
24. Harm Reduction Subcommittee SWOT Analysis
25. Prevention Subcommittee SWOT Analysis
26. Enforcement Subcommittee SWOT Analysis
27. Reintegration Subcommittee SWOT Analysis

Relevant Local Media Coverage

28. “Fatal fentanyl overdoses double in Delaware this year.” News Journal Article December 12, 2016.

Meeting Notes and Public Comments

29. Committee Meeting & Public Comments, December 20, 2016
30. Committee Meeting, January 10, 2017
31. Committee Meeting & Public Comments, January 24, 2017