



# **Opioid Summit**

## **Municipalities Working Group**

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# Working Group Charge

**Purpose:** To promote collaboration among the 169 *local* municipalities impacted by the opioid epidemic.

**Goals:** Work with urban, suburban, and rural towns to identify:

- Current **findings** as to opioid prevention, treatment and recovery.
- Current **challenges** in implementing and/or supporting prevention, treatment, and recovery.
- Potential **next steps** to assist towns in developing ways to increase statewide collaboration.

# Working Group Strategies

- **Developed** “Building Bridges and Finding Answers – The Opioid Crisis in Connecticut” Survey.
  - **Survey Focus:**
    - Prevention – local primary, secondary, tertiary prevention strategies
    - Treatment – models and systems being used
    - Recovery – models and systems being used
- **Distributed** survey to town leaders across Connecticut.
- **Analyzed** overall trends and unique trends (rural, suburban, urban).
- **Generated** next steps to promote statewide collaboration.

# Survey Questions

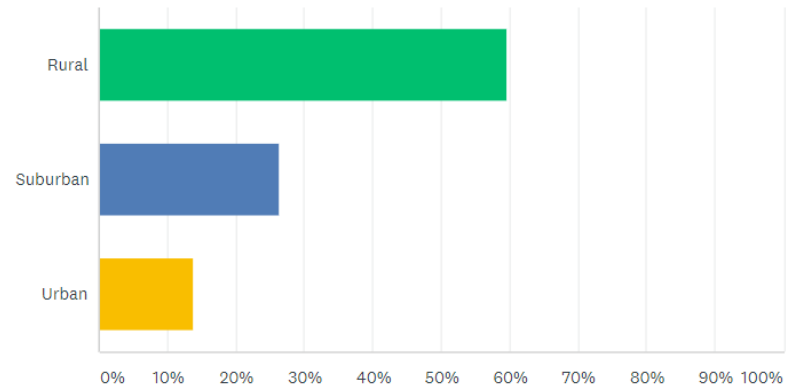
- How do you describe your town?
- What do you believe is the root cause of the opioid problem in your town?
- What strategies does your town use to prevent opioid misuse before it occurs?
- What strategies does your town use to reduce the negative consequences of opioid misuse?
- What strategies does your town use to help people living with opioid-related disorders manage their condition and/or seek medically-assisted treatment services?
- What is the most effective approach your town has used to address the opioid problem?
- What is the least effective approach your town has used to address the opioid problem?
- What is the biggest challenge your town faces in implementing strategies to address the opioid problem?
- How does your town financially support its programs to address the opioid problem?
- How does your town measure the impact and/or effectiveness of its strategic response to the opioid problem?

# Survey Responses

Total Survey Responses: 75

How do you describe your town?

Answered: 72 Skipped: 3



ANSWER CHOICES	RESPONSES
▼ Rural	59.72% 43
▼ Suburban	26.39% 19
▼ Urban	13.89% 10
<b>TOTAL</b>	<b>72</b>

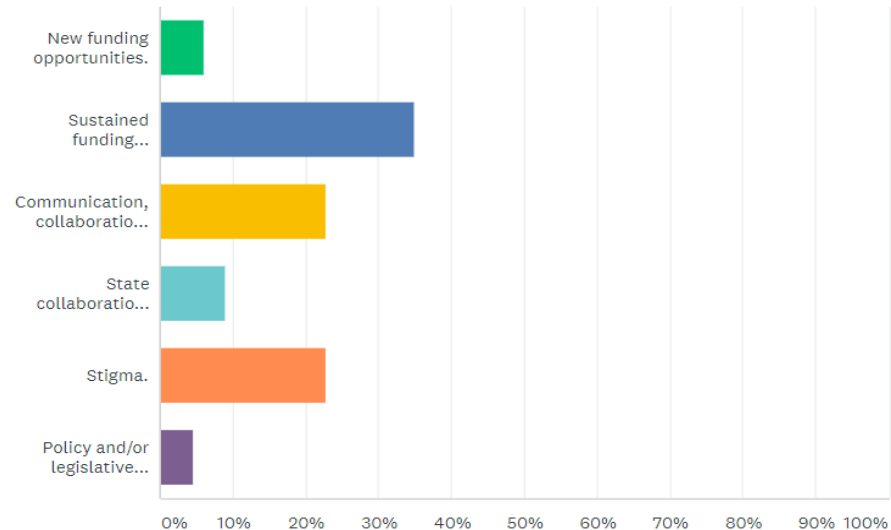
# Complete Survey & Results

Review the complete survey questions and results, here:

**<https://www.surveymonkey.com/results/SM-TZHYQTDZV/>**

# Q. What is the biggest challenge your town faces in implementing strategies to address the opioid problem?

Answered: 66 Skipped: 9



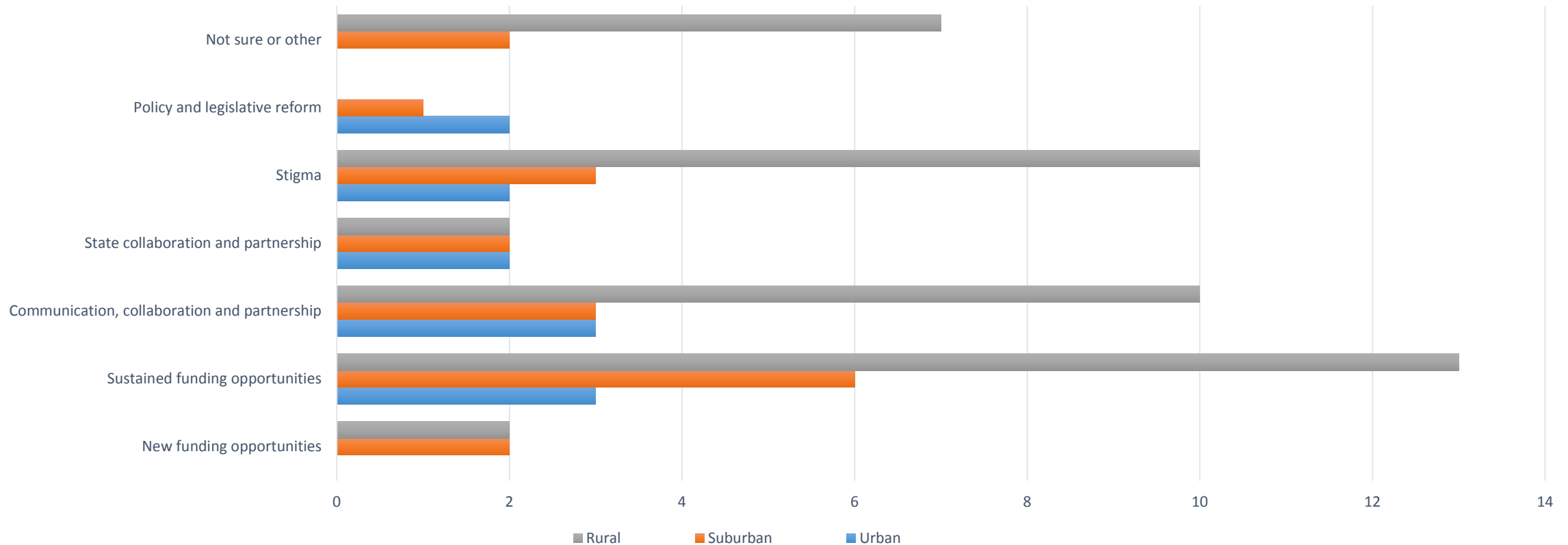
## Top 3 Challenges

- Sustained funding opportunities (35%)
- Communication, collaboration and partnership (23%)
- Stigma (23%)

ANSWER CHOICES	RESPONSES
▼ New funding opportunities.	6.06% 4
▼ Sustained funding opportunities.	34.85% 23
▼ Communication, collaboration and partnership.	22.73% 15
▼ State collaboration and partnership.	9.09% 6
▼ Stigma.	22.73% 15
▼ Policy and/or legislative reform.	4.55% 3
<b>TOTAL</b>	<b>66</b>

# Q. What is the biggest challenge your town faces in implementing strategies to address the opioid problem?

Responses by Type of Community





# Next Steps to Address Challenges

- **Sustained Funding Challenge**
  - Discuss the possibility of writing to the Governor and DMHAS and DPH requesting bulk purchasing of naloxone.
- **Communication Challenge**
  - Reach out to the Councils of Governments around the state to discuss our work, evidence based practices and ways to coordinate efforts.
  - Review the “How Local Officials Can Combat Drug Abuse” Municipal Toolkit that CCM produced and recommend revisions.
- **Stigma**
  - Teach community leaders and community members about language and how we frame substance use disorder.

# Work Group Members

- Jeanne Milstein
- Ashleigh Backman
- Matthew Brodacki
- Charles Brown
- Katie Curran
- Jennifer DeWitt
- Deanna Delaney
- Mike Doyle
- Michael J. Freda
- Allison Fulton
- Ingrid Gillespie
- Christine Goracy
- Jack Hamel
- Karen Hamel
- Robert Haswell
- Kim Lawther Jackson
- Mark A. Jenkins
- Pamela A. Mautte
- Lauren M. Pristo
- Julia H. Scharnberg
- Kara Sepulveda
- Gregory M. Simpson
- Kelly Thompson

# Resources: Stigma & Language

## Language and How We Frame Substance Use Disorder

- Substance Use Disorder is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences (National Institute of Drug Abuse)
- A disease is a condition that changes the way an organ functions – in the case of substance use disorder, the brain
  - Opioids impact both the pain and the pleasure pathways
- A chronic disease – just like diabetes, asthma or heart disease, that is long-lasting and can't be cured, but CAN be managed with treatment
- It's CHEMICAL not CHARACTER

# Resources: Stigma & Language

## Language and How We Frame Substance Use Disorder

- Difference between use of addictive drugs and addiction
- Not everyone who uses opioids will develop opioid use disorder
  - Timing
  - Priming
  - Biology
- Difference between dependence (need to continue taking drugs – whether addictive or non-addictive) and addiction
- Withdrawal with both
- Spectrum of Use from None to Chaotic – so much in between

# Resources: Stigma & Language

## Language and How We Frame Substance Use Disorder

- **Person or patient with substance use disorder** – not addict, user, drug abuser or junkie
- **Disease** – not problem
- **Drug addiction** – not habit
- **Negative or positive urine drug test** – not clean or dirty
- **Medication Based Treatment** – not opioid substitution
- **Return to use** – not relapse
- **Being in remission** – not being clean