Opioid Summit
Municipalities Working Group
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

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>59.72%</td>
</tr>
<tr>
<td>Suburban</td>
<td>26.39%</td>
</tr>
<tr>
<td>Urban</td>
<td>13.88%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>
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?

**Top 3 Challenges**

- Sustained funding opportunities (35%)
- Communication, collaboration and partnership (23%)
- Stigma (23%)
Q. What is the biggest challenge your town faces in implementing strategies to address the opioid problem?

Responses by Type of Community

- Not sure or other
- Policy and legislative reform
- Stigma
- State collaboration and partnership
- Communication, collaboration and partnership
- Sustained funding opportunities
- New funding opportunities

[Bar chart showing responses by type of community: Rural, Suburban, Urban]
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
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