Opiate and Heroin Abuse in Rural Communities
Litchfield County Opiate Task Force

Presenters

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Defining the Scope of the Problem

- Sharp increases in overdoses including fatal overdoses in northwest CT, particularly Torrington
- Contaminated heroin (fentanyl)
- Increase in prescription opiate/opioid dependence
- Barriers to accessing treatment
- Increase in sober houses in NWCT
- Training for law enforcement
Torrington, Connecticut is a city of approximately 36,000 residents. It is the 10th largest town in Connecticut in terms of population and has the highest population in Litchfield County. It also has a poverty rate of 12%, which is well above both the county average of 6% and the state average of 10%.

Torrington consistently has a higher incidence of drop outs than the state average for the past five years and rates that are much higher than neighboring communities.

Torrington has also made headlines in 2013 and 2014 by having the highest incidents of overdose from heroin and other opioids in one of the counties of the state which has the highest rates of heroin overdose in the state. Parents of some of the youth who have overdosed are very concerned about the rise in the number of "sober houses" in Torrington and the fact that individuals from different areas of the state have been coming to Torrington in order to obtain heroin and other opioids without having to seek treatment. Due to the presence of Charlotte Hungerford Hospital and several providers of mental health, substance abuse, and other medical treatment providers Torrington is the hub of the Northwest Corner to which most Litchfield County residents go when in need of medical or other services. It is not uncommon for individuals and families to move into Torrington for better access to services.

**Prescription Opioid Pain Relievers are the most misused**

18 – 25 year olds have the highest rate of misuse

More than 2/3 of prescription medications are obtained from a family member/friend
**THE CDC DESCRIBES PRESCRIPTION DRUG OVERDOSES IN THE US AS AN “EPIDEMIC.”**

For every unintentional opioid OD death:

- 9 people are admitted to SA treatment
- 35 people go to the ER
- 161 report drug abuse/dependence
- 461 report nonmedical use of opioid analgesics

Beyond the cost to families, the cost to society in terms of health care, workforce, and criminal justice costs of prescription drug abuse amounted to $55.7 billion in 2007, according to the ONDCP.

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**NATIONALLY, WHO IS OVERDOSEING ON PRESCRIPTION OPIOID ANALGESICS?**

- Poor, white men from rural communities between the ages of 20 – 64.
- People with mental illness
- People using prescription opioids long-term (usually for chronic pain)
- People who report non medical use (without a prescription or medical need)
**Drug Overdoses in Connecticut**

- On average, one person dies every day from an opioid overdose.
- It's the leading cause of adult injury death, more than due to MVA, fire and firearms combined.
- Most overdose deaths in Connecticut are due to use of opioids, alone or in combination.

**What is Unique About Treatment in Rural Communities?**

- Barriers to accessing treatment include:
  - Lack of public transportation
  - Limited resources
  - Limited detox beds
  - Isolation
  - Stigma attached to substance abuse and mental health issues

**Creation of the Task Force**

- Public health model that follows the evidence-based Strategic Prevention Framework
- Involve representatives from every sector of the community
- Identify all stakeholders including the medical community, law enforcement, treatment providers including lay persons (recovery), people in recovery, legislators and larger systems invested in the issue (I.e. CT DMHAS)
- Leadership should be one or two organizations most invested in solutions
- Define the issue and challenges facing the community with regard to the issue
- Data collection regarding the unique factors contributing to the issue
- Create workgroups with goals to maximize productivity and engage members
- Collaborate and coordinate efforts to make the best use of limited resources
- Media campaign to inform the community of the task force’s efforts
INITIATIVES TO DATE

- A Community case manager is working out of the CHH emergency department to help those in crisis with their addictions navigate systems to support early recovery.
- The Governor’s Prevention Partnership is collecting data in order to accurately depict the factors contributing to this issue specific to Litchfield County.
- The NWCT Coalition to Reduce Youth Substance Abuse has installed a prescription drop box in the lobby of the Torrington Police Department where unused medication can be safely disposed of and kept away from our youth.
- A Community Care Team is being developed to identify frequent ER patients and provide them with the services needed to prevent those crises, including brief treatment interventions for those struggling with substance abuse.
- The availability of Narcan is being increased.
- Mental health training is being provided for our police officers.
- Education and support is being provided for sober houses

CHALLENGES AND LESSONS LEARNED

- Media
- Identify a mission statement, goals and objectives
- Form an executive committee
- Establish workgroups
- Make data collection a priority so to effectively guide strategies

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