

MENTAL HEALTH  
AND RECOVERY  
BOARD



*Offering Rays of Hope...*

# *Heroin Summit*

*NOVEMBER 14, 2014*

*Ashland University – Convocation Center*

*401 College Ave Ashland, Ohio 44805*

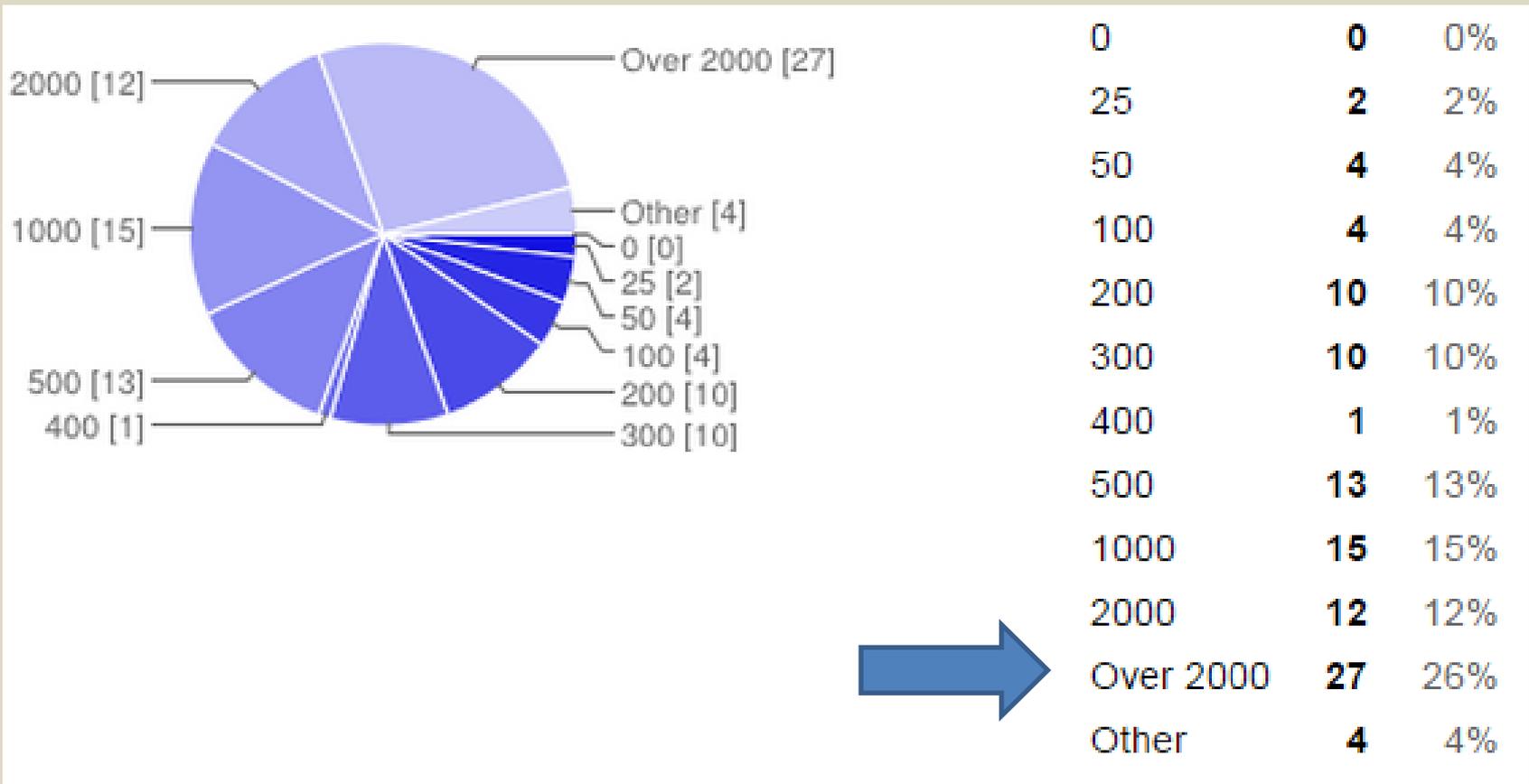
# EXPERT PANEL AND FIELD PARTICIPANTS BELIEVE

1. The overall total number of clients/cases/patients in the *system* has remained stable over the years; however, the proportional number of clients abusing opiates have increased.
2. That virtually every person abusing opiates enters their respective system at one point or another.
3. That only a small percent remain active with more than one *system* while engaged in opiate treatment.
4. Multiple systems refer people for opiate treatment – however, follow through rates vary.

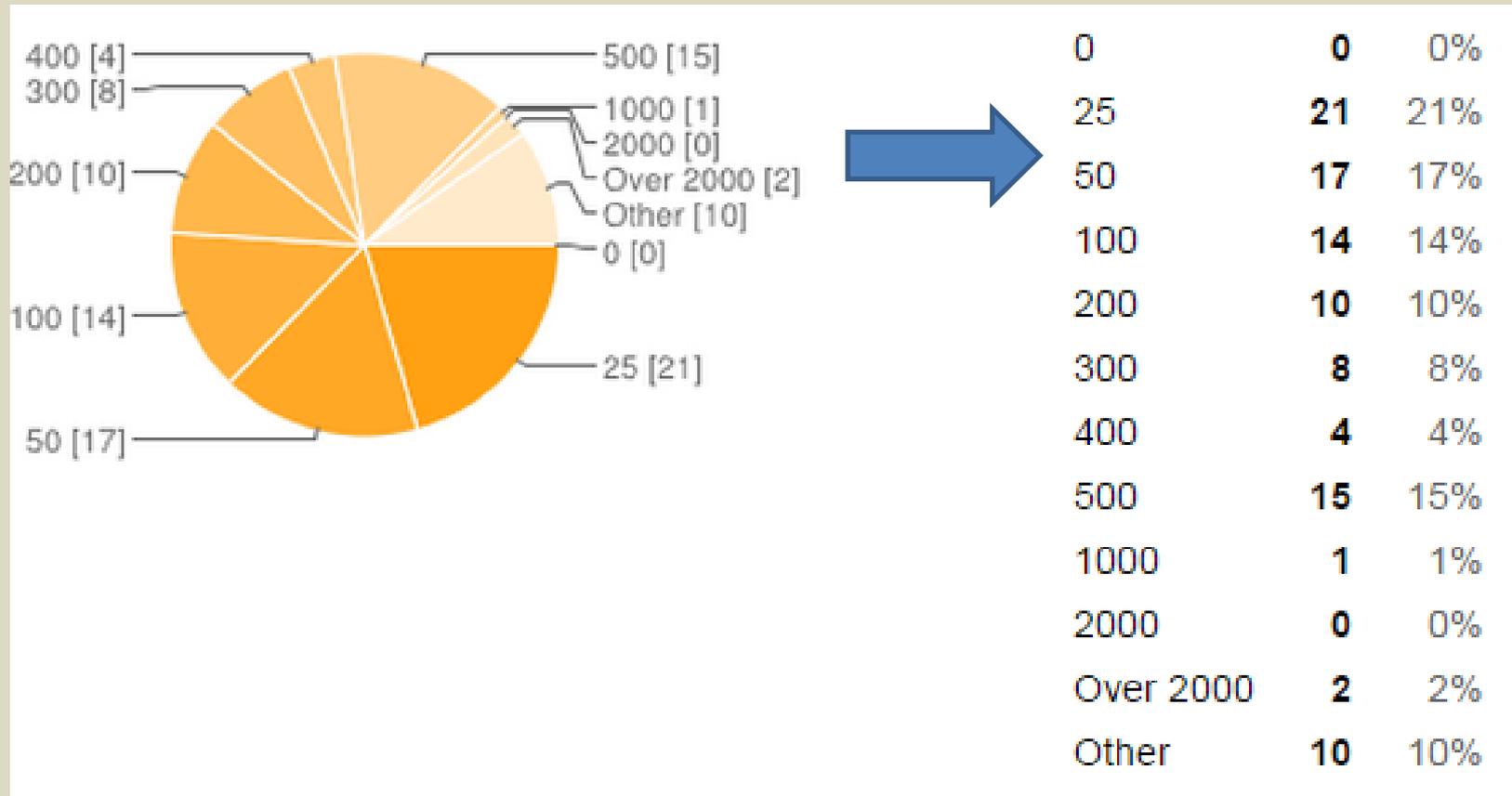
# EXPERT PANEL AND FIELD PARTICIPANTS BELIEVE

5. There are a large number people in Ashland County using pain killers; however, the progression to abusing opiates or using heroin is unknown.
6. The answer to the opiate problem involves a multifaceted approach.
7. There is no easy solution to the opiate/heroin problem.

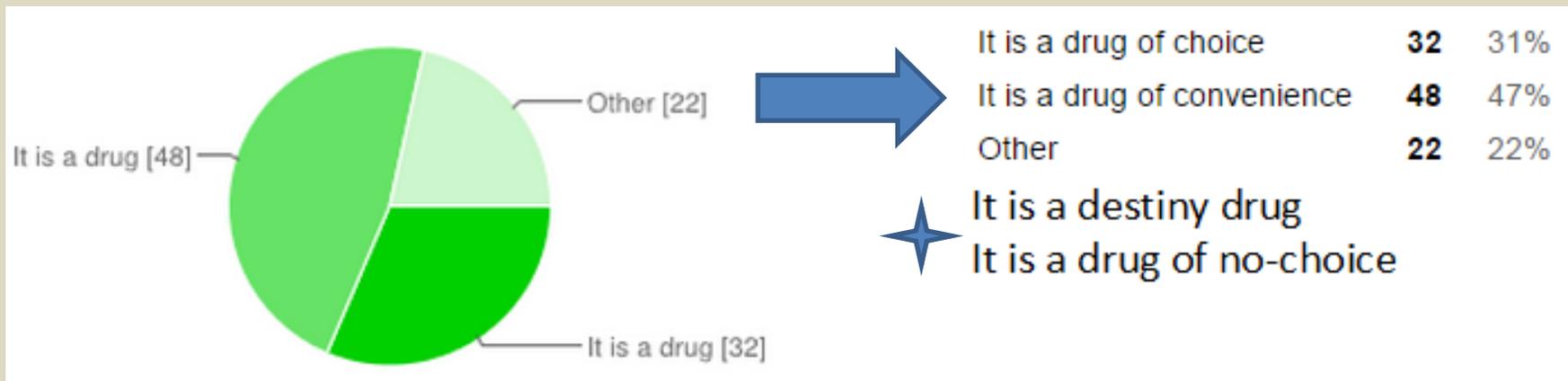
Please give your best estimate of the total number of individuals abusing heroin/opiates in your county



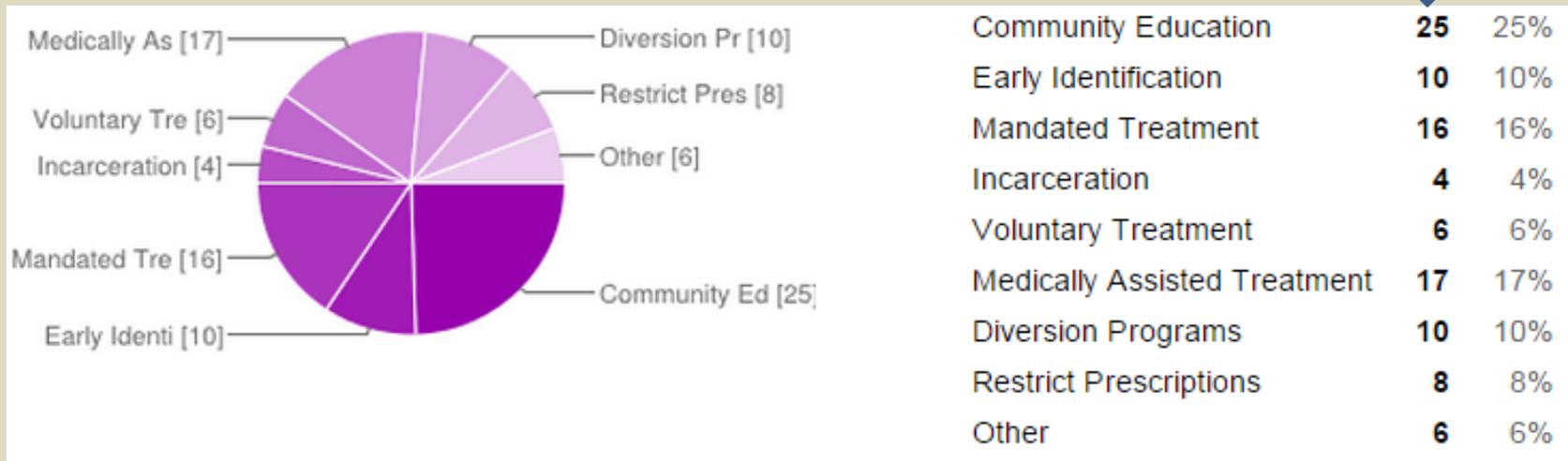
Please give your best estimate of the total number of individuals receiving treatment for heroin/opiate abuse in your county.



# Do you believe opiate abuse is a drug of Choice or Convenience?



# Given limited resources, what do you believe is the best overall community intervention approach for heroin/opiate abuse?



# Comments

Jesus Christ is the way the truth and the life

Sounds harsh, but some jail time would help them stay away from drugs

You should probably do it all if cost is not a factor

It is an easy drug to get

Prevention education to both the person and the medical community



I feel each individual and their recovery is different. We need to meet people where they are and make a plan based on their individual needs

But people who treat additions should not be the ones' educating. Somehow this never works. I think if it comes from professional teachers, health educators or religious leaders the outcomes would be better

A well-educated community can help identify and intervene appropriately and in a timely manner

# Comments

I think it is cheaper and treatment outcomes are better if they spend some time in jail

Sometimes you have to fight fire with fire... until you experience it, you can't understand it

When they are ready - this is the best indicator of a successful outcome

Prevention is the key - once they start - it is too late



If they don't learn from the education, then incarceration is the best solution

Many of these in conjunction with one another is the only real way to combat this issue, limited resources is one of the largest problems in the treatment of addiction

What about Doctor Education?



All of those suggestions are the best approach. You cannot just have one they need to all be utilized to complement each other

# Comments

Education reaches the most but then voluntary treatment followed by mandated

This is the only way I know that will keep them from getting more drugs and relapsing in therapy.  
It is the best thing for them in the long run

You have to help them, if they are willing to try - so should we

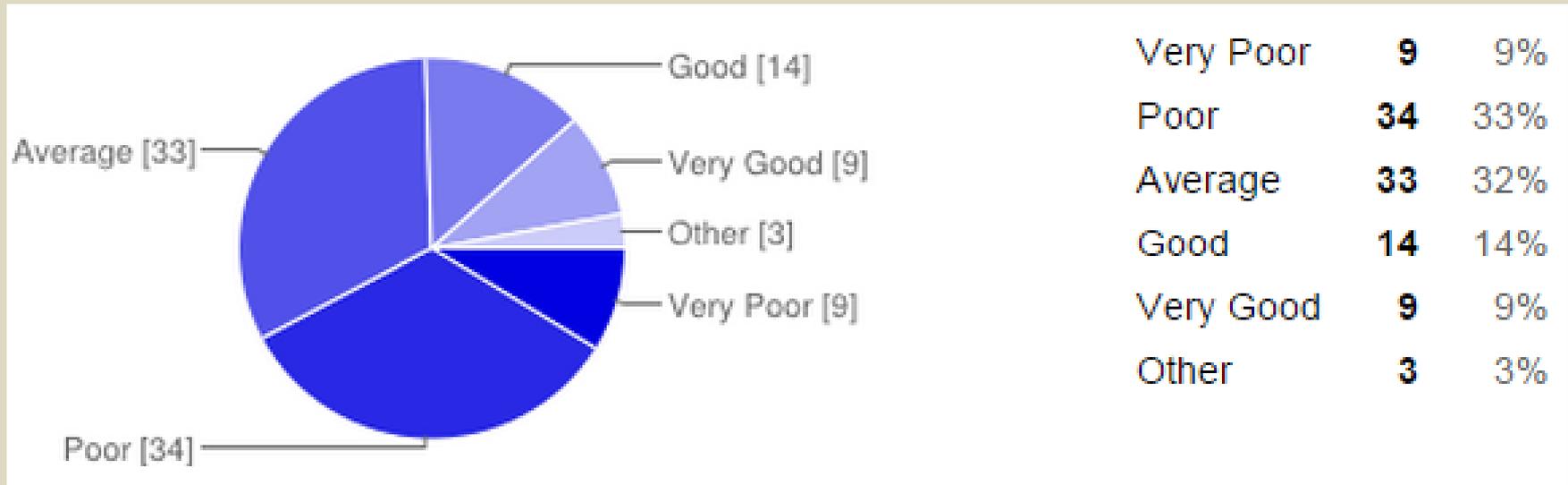
Treatment needs to be long-term, residential

Out-patient and short-term residential don't seem to be too effective when it comes to opiate abuse.

I just don't think that's enough time to overcome the psychological part of the addiction

I'm thinking something more in line with one year of residential, lock-down, followed with other six-months to one year of half-way house, and then follow-up out-patient with regular screening

# Overall, how would you assess your county's ability to address the heroin/opiate problem?



# Comments

It is not their fault - too little resources.



Are spiritual dimensions incorporated in the treatment?

I think you have to be very creative - standard practice has not worked well, though I never read the actual long-term outcomes, other than maintenance or medical intervention case management

There is a huge gap between services and the amount of people in need of/ seeking services. There is a 3 week wait list to get into DETOX, and another 4 month wait to get in to inpatient treatment...which I think is unacceptable.

Getting better at recognizing the problem and wanting to move forward with educating the community

We don't have the appropriate tools, nor the money required to EFFECTIVELY address opiate abuse

What would make us different?

I think it is the same everywhere

How do you stop a flood? You can try. You have to wait it out, but then there will be a new drug. There is always a new drug.

# Comments

Average ability at best, they try, but I think they indirectly support such abuse

How much more can they do and who handles the overload?



They do well with limited resources, funding and qualified staff

Need more doctors willing to work with us and them in the county!

Too many, too few resources and people here are not motivated to give up their drugs.

Not really sure. I have heard the director, he is doing more than I thought was being done.

How are successful agencies or counties intervening? How do we know if they are successful?

# Comments

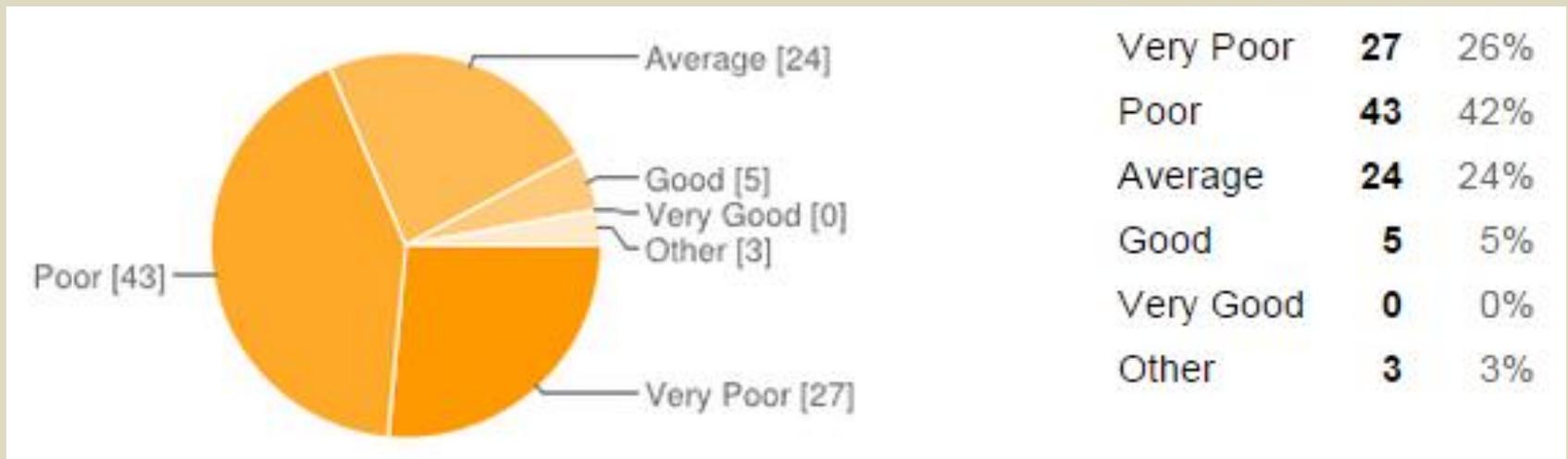
My friend tells me if they get their children back, then they are successful. I am not sure if this is the best way to evaluate the program

There is a lack of information and knowledge

How fast can you bale out water from a sinking ship? Why should the county take responsibility for individual decisions?

I am not sure if our counselors are competent in this area - they seem to treat every addiction the same way...due to limited resources and no residential treatment for those struggling with addiction

# How would you assess the individual's prognosis for resolving their heroin/opiate abuse?



# Comments

There is no miracle pill...that is what got them in trouble in the first place

It can be done, if the person does everything listed on the list above - but short of that, prognosis is poor. There is no silver bullet!

I know people who have been "successfully treated" - at least that is what they say, but if you look at their life, it was not successful.

Not going to happen in this county. At least I have not seen a real success

Not counseling anyone with this problem

Such a complicated issue



I have never heard any outcome statistics. I have heard that a medically assisted treatment program is the best, but I don't know what that means

# Comments

Maybe it is a county thing, but we help people too much here. There doesn't seem to be a good reason for the individual to stop. We usually put them in a program I think instead of jail

I don't think we have a good way to treat them. Who is responsible for assessing the outcomes?

Without intervention the outcome is very poor

Due to the lack of supportive, long term interventions in our community

I've found if they seek treatment before they go to IV drug use and especially using 1-2 grams per day, their ability to follow the program rules and exercise some self-discipline is good. Otherwise they are really enmeshed in a criminal lifestyle that they find hard to turn around!

Extremely high recidivism, even if sober for a year or two... I would guess that I see relapse in my contact individuals maybe at 80% or higher

# Do you have any general comment(s) about heroin/opiate abuse?

I have an uncle that has been using pain killers for years. I don't know if he is an abuser - he gets treatment from his doctor and a chiropractor. What makes you an abuser? Is there a guideline?

Growing too fast

It is sad that people turn to drugs

Bad situation. Too much focus on the drug behavior and not enough on the personality type that abuses

Cost to society has to be high. Can we afford not to address it or is it better to put monies somewhere else?

Pain killers and heroin exist to numb or distort your daily experience. Pain is bad, everybody wants to avoid it if possible. Abusers seem to be suffering from psychological pain not physical. Are drug counselors the best professional to treat psychological pain or trauma?

If you solve this problem, another will appear - be careful with any success!

# Comments

It is an octopus with strong tentacles in Ashland County!

Didn't realize it was an inexpensive drug and abused so much. But working in a health care profession I learned different

What are the outcomes of treatment and intervention? What is the cost? Is opiate treatment the best use of money? If you can successfully treat someone with another disorder for half the money; isn't wise to put the money there?

Opiates are the new focus - this conference should be about identifying the next drug and implementing an education program before it gains momentum

See above - extended, in-patient therapeutic institutionalization, followed with monitored reintegration - with programming offered/paid for by the State of Ohio, not the County

We need easy to access treatment for those without insurance

# Comments

Have been working with substance abuse clientele for the past 13+ years... I am amazed at how rapidly the opiate abuse has accelerated and become prominent in the recent past

Control the prescriptions and you can control abuse



Two types: the ones you knew in high school that were destined for this type of life; and, the ones who started with a physician prescription and became addicted

Does anyone or agency know what to do? It seems like everybody has a best plan or model but nothing is working

What are the intervention and education results?



No but we are all made with a god shaped hole in each of us. Only Jesus Christ can fill people's deepest longings

# Comments

Opiate abuse is an issue for everyone in the community, it affects everyone either directly or indirectly and our community needs to have financial resources for long term and residential treatment options as well as diversion and prevention programming

What can you say to a person who is in self-destruction? I have members in my family who take so much medication beyond pain killers - it is a drug world! It is wrong to lock up these people for something we started as a society

These people are breaking into houses, cars, personal property to steal money and wreaking havoc on law abiding citizens. Parents are fearful for themselves and their kids who are home alone. They work hard for what they have and the heroin addicts are stealing their personal property and putting fear into their lives. If you get a gun to protect your family and shoot the intruder then you end up in court. Our society is screwy. To get a security systems costs in the thousands and people don't have that kind of money.

Drugs to treat drug abuse!

# Comments

This slices through all segments of our community and will take a community wide effort to address it

Doctors have people asking for tranquilizers all the time and people do not know how to manage their anxieties emotions in a healthy way

It is a sinful drug because people try to avoid pain instead of working with and for God

Treating any drug abuse is not full of success stories

Doctors have a large role in this situation 

People say that Ashland County has a real serious problem with opiates and heroin. I have heard it enough from enough people to know that it is true.

# Comments

Heroin use stems from a history of drug use in most cases but not all cases. The over medication with opioids with prescriptions is a major problem leading to opioid dependence and/ or heroin dependence. The easy access to drugs in the community leads to opioid dependence. The supply and demand of drugs entering communities from organized crime sources leads to opioid dependence. The Latin American and Mexican Cartels and pharmaceuticals, who work both sides of the ledger, supply most of the illicit drugs to America

People say that Ashland County has a real serious problem with opiates and heroin. I have heard it enough from enough people to know that it is true

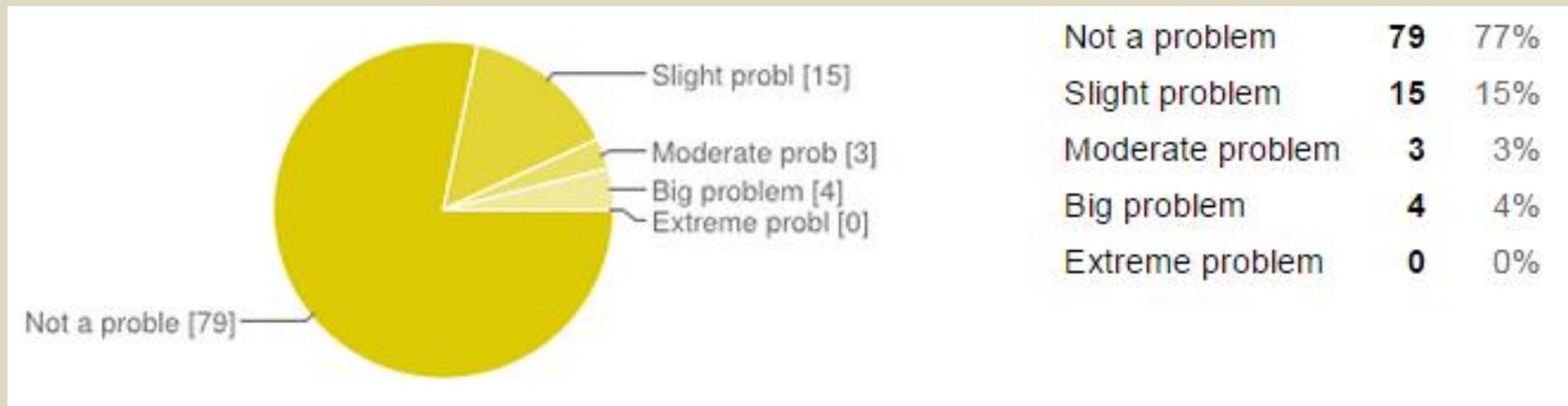
Seems to take a lot of police and legal time...not sure about the outcomes of treatment

How much money is this costing the county? Is it worth the dollars? How is the county benefiting? I know in theory how the person may benefit. I do feel sorry for the family... not so much for the individual abuser

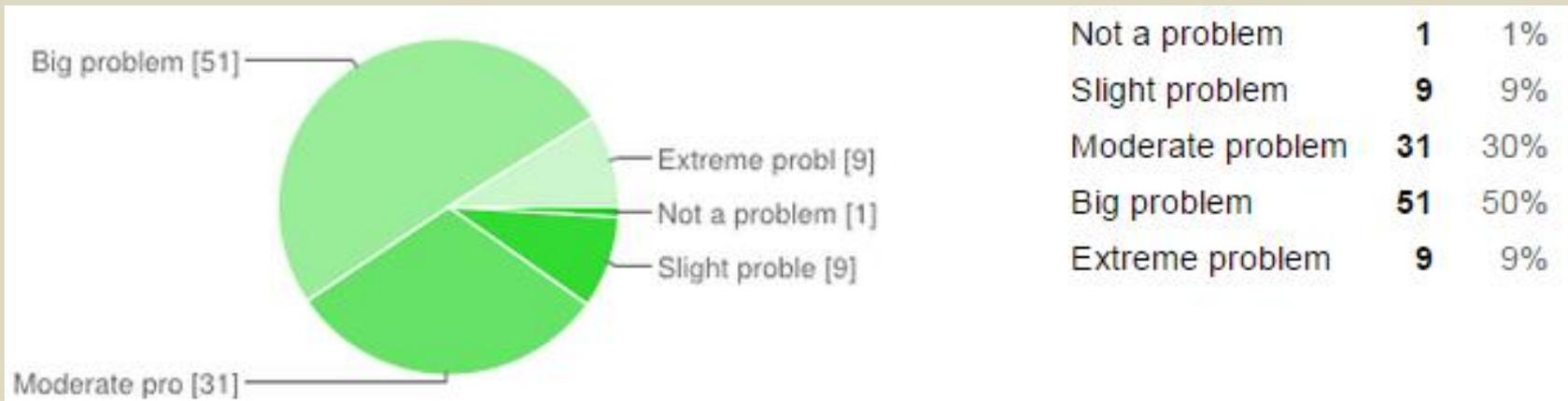
Out of control and easy to get. Just go to the doctor and report a pain.

I don't think much can help the abuser unless they change their entire focus in life

# How much of a problem is heroin/opiate Abuse *in your own family?*



# Overall, how much of a problem is Heroin/Opiate Abuse *in Ashland County?*



# Predictive Software

## Heroin/Opiate Numbers By Mental Health Board

**County 1**  Use Specific

**County:** Tri-County Board (Darke, Shelby, Miami) ▼

**Number Of Clients:** Crawford & Marion County Board  
Delaware-Morrow Board

**# of Children Service C** Allen, Auglaize & Hardin County Board  
Mercer, Paulding & Van Wert County Board

**Specific Population Va** Tri-County Board (Darke, Shelby, Miami)  
Logan & Champaign County Board  
Licking & Knox County Board  
Muskingum Area Board (Coshocton, Muskingum, Guernsey, Perry,  
Belmont, Harrison & Monroe County Board  
Athens, Hocking & Vinton County Board

**Actual Patients In Tre** Clark, Greene & Madison County Board  
Warren & Clinton County Board

**Expected Patients In** Paint Valley Board (Fayette, Pickaway, Ross, Pike, Highland)

**Actual Death Rate:** Gallia, Jackson & Meigs County Board  
Adams, Lawrence & Scioto County Board

**Expected Death Rate:** **Fred. # Residential Burglaries:**

**# of Juvenile Opiate Users:** **Opiate Related Burglaries:**

**# of Juveniles in Treatment:** **Heroin Users:**

**Shared Clients:** **Children Service Opiate Use:**

**Percent of Opiate Clients:** **Oxycodone, Hydrocodone,  
Methadone Related Deaths:**

# Predictive Software

## Heroin/Opiate Numbers By County

Opiate Data Visualization

**County 1**  Use Specific

County: Tri-County Board (Darke, Shelby, Miami)

Number Of Clients:

# of Children Service C

Specific Population Va

Actual Patients In Tre

Expected Patients In

Actual Death Rate:

Expected Death Rate:

# of Juvenile Opiate Users:

# of Juveniles in Treatment:

Shared Clients:

Percent of Opiate Clients:

Adams

Allen

Ashland

Ashtabula

Athens

Auglaize

Belmont

Brown

Butler

Carroll

Champaign

Clark

Clermont

Clinton

Columbiana

Fred. # Residential Burglaries:

Opiate Related Burglaries:

Heroin Users:

Children Service Opiate Use:

Oxycodone, Hydrocodone,  
Methadone Related Deaths:

# Comparative Assessment

Opiate Data Visualization

## County 1

Use Specific Population

## County 2 (optional)

County:

County:

Number Of Clients:  Deaths Per Year:

Number Of Clients:  Deaths Per Year:

# of Children Service Clients:  Mean Age:

# of Children Service Clients:  Mean Age:

Specific Population Value:  Mean Income:

Specific Population Value:  Mean Income:

Calculate

## County 1

## County 2

Actual Patients In Treatment:  Total Population Opiate Abuse:

Actual Patients In Treatment:  Total Population Opiate Abuse:

Expected Patients In Treatment:  Intervention Ratio:

Expected Patients In Treatment:  Intervention Ratio:

Actual Death Rate:  Captured Population:

Actual Death Rate:  Captured Population:

Expected Death Rate:  Pred. # Residential Burglaries:

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# of Juvenile Opiate Users:  Opiate Related Burglaries:

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**THANK YOU!**