



# COMMUNITY STAKEHOLDER REPORT: OPIOID MISUSE IN BUFFALO COUNTY

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## Purpose of report:

Positive Pressure, a coalition of Buffalo County Community Partners, received grant funding from the Nebraska Department of Health and Human Services Division of Behavioral Health to begin work regarding opioid misuse and overdose in the Buffalo County community area. The funding is part of a sub-award partnership between Community Partners and Region 3 Behavioral Health Services. It is part of Nebraska's Targeted Response to the Opioid Project within the Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. As a part of this funding, Community Partners staff conducted key-informant interviews with local stakeholders. A total of 16 interviews were completed which included conversations with law enforcement, medical providers and social services.



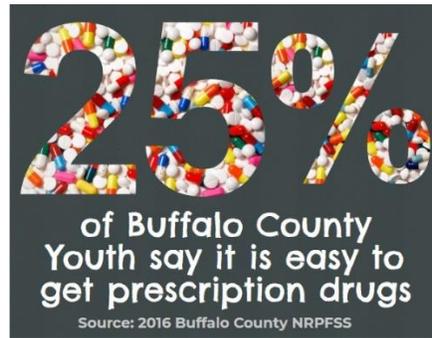
## Background:

The Positive Pressure Coalition (PPC) is a community-based coalition in Buffalo County Nebraska, formed in 1996 as a grassroots coalition to address alcohol, tobacco and other drug use. Positive Pressure developed in response to the needs of the community to become more informed about, and to address the problems created by methamphetamine use during the 1990's. Over time, as the needs of the community have changed, the Coalition has evolved to ensure it is focusing on the primary needs of the community while emphasizing the importance of advocacy and policy. The Positive Pressure Coalition serves nine rural communities of Buffalo County and is made up of members from different sectors of the community.

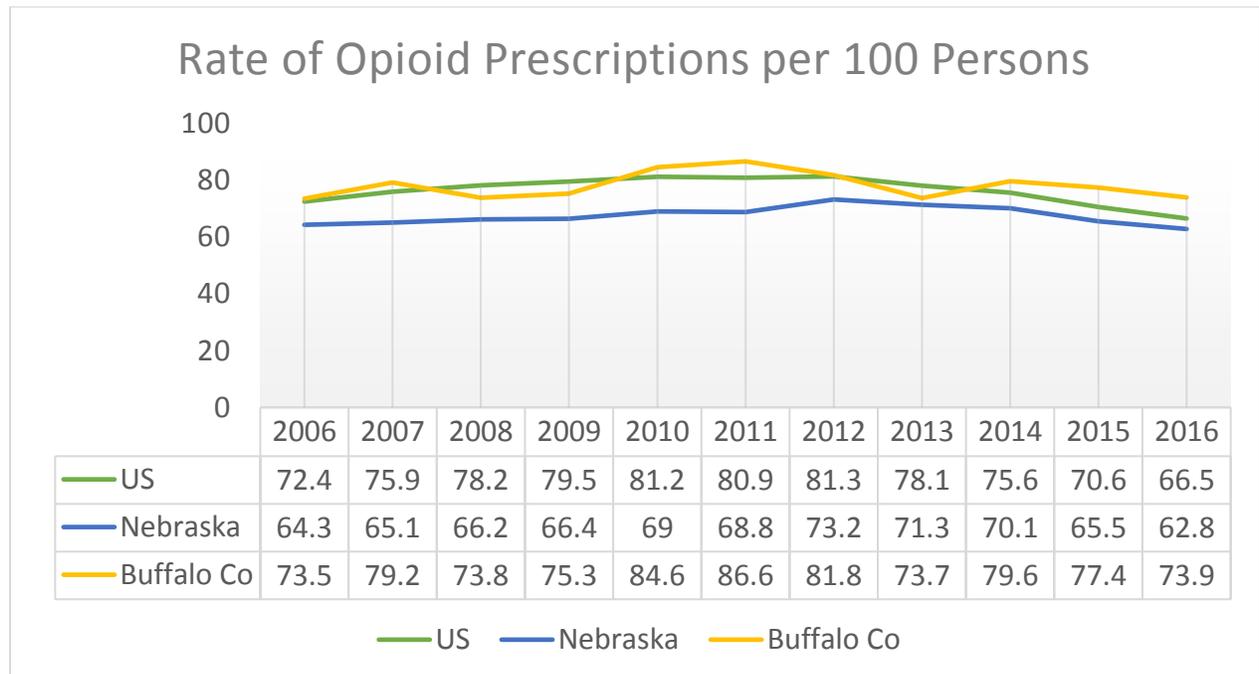
## Assessing the Community Issue:

Opioids are a class of drugs that encapsulate natural, synthetic, and semi-synthetic drugs that derive from opium. Such drugs include the illegal drug heroin, fentanyl, and pain relievers such as oxycodone and hydrocodone, which are available with a prescription. Many cities across the country are seeing epidemic-level cases of opioid misuse. Despite the fact that Buffalo County has not seen epidemic-level cases of opioid misuse, it is important to learn what is happening locally in order to strategically focus our efforts on preventing opioid misuse in our community. This report serves as an introduction into our local concerns regarding opioid misuse and overdose.

Statistics regarding opioid misuse are limited. From 2006-2015, there were 29 deaths in Buffalo County that were attributed to overdose, 23 of which were from an unspecified drug. From 2012 to 2017, there were 451 overdose patients seen at CHI Good Samaritan’s Emergency Department. Unfortunately, at this time it is not possible to determine how many of those deaths and overdoses were caused by opioids. Data collection measures regarding opioid misuse are improving and more detailed data should be available in the future, however at this time the severity of opioid misuse in our community is largely unknown.



It is known that opioids are in the Buffalo County community and have the potential to be misused. In 2016, the *Nebraska Risk and Protective Factor Student Survey* found that 25% of youth in Buffalo County high schools report it is easy to obtain prescription drugs. As seen in the graph below, the rate of opioid prescription per 100 persons is currently slightly higher than the state and national rate of opioid prescriptions per 100 persons. In 2017, through prescription takeback events, 902 pounds of medication were collected and properly disposed of within the community.



Source: Centers for Disease Control and Prevention

### **Environmental Scan of Community Issue:**

Environmental root causes of the issue of opioid misuse in our community, or common factor that may put the population at risk can be categorized in 4 areas:

- community norms (general attitude about the issue)
- access (how easily it is to obtain)
- enforcement (ability to impose consequences)
- affordability (expense to consumer)

The areas referenced most frequently by stakeholders interviewed are **community norms and access**. Continuing to strengthen and promote strategies currently in place and exploring new strategies to **decrease access to opioids** and **increase awareness of opioid misuse** are ways we can continue to be proactive in our prevention efforts.

### **Community Norms:**

As a community, the level of opioid overdoses that result in death have not yet reached the level of other areas of the country. Stakeholders reported that the **level of opioid misuse is under reported** and difficult to assess because it is not as visible as some other substance misuse. Prescription pills can be easily concealed and do not emit an odor in the ways that alcohol or marijuana might. There are individuals that are misusing opioids that have a legitimate medical reason for the medication but may take higher doses or more often than instructed. Individuals who are under the influence of opioids may be high-functioning therefore it can be difficult to tell if they are using because of the lack of visible signs. If an individual becomes dependent on the medication, they may seek out more by stealing them or buying them illegally.

Many of those interviewed reported that **methamphetamine is still the drug of choice** for most individuals who abuse drugs in Buffalo County. Methamphetamine is more accessible locally and individuals are able to manufacture it themselves. **Most opioid misuse in our community has been attributed to prescription pain-killers such as hydrocodone and oxycodone** with some misuse of fentanyl as well. The use of heroin has been minimal, with most of the heroin that is seized in our area being trafficked via I-80 and not used locally. **Other prescription medication that are being misused include anti-anxiety medications (Xanax, Klonopin, Ativan), sleep medications (Ambien, Lunesta), and stimulants (Adderall, Concerta, Ritalin).**

### **Access:**

**Stakeholders agreed that most people that are misusing opioids in our community are accessing them through prescriptions and stealing them from family and friends.** Theft of medications is suspected to be underreported where people may not notice if a few pills are missing or think that they may have taken them and forgotten. Individuals may also be hesitant to report the theft if the person stealing is a family member or friend. Some theft can also be from strangers by means of the medication being stolen from homes during maintenance projects, open houses, etc. There have been 22 citations issued by the Kearney Police Department from 2011-2016 for possession of opioids. Of those, there were ten females and twelve males, with the age range being 13-49.

### **Vulnerable Population:**

The majority of those interviewed agreed that the **most vulnerable age for opioid misuse in our community are those 19-34**. In addition, it was also often said that there is **no discrimination and anyone can become addicted**. In this case, discrimination, or lack thereof, could come in the form of age, race, gender, or socioeconomic status and the like. Youth may misuse prescriptions because of the misconception that prescription drugs are safer than street drugs because of the fact that they come from a doctor. Adolescents also have information readily available to them, via the internet, from which they can find out which pills to take and how many are needed to reach their desired effect. It was reported that there has been a rise in those 40 and older misusing opioids as well. Some of the misuse can be attributed to long-term use of opioids resulting in dependence. Overdose can occur when a person has built up a high tolerance to opioids and requires higher doses for pain relief. Mixing opioids with other medications, especially benzodiazepines, can result in accidental overdose.

Opioid misuse has caused secondary issues within our community reported by stakeholders. Those include:

- theft
- addiction
- financial hardship
- domestic violence
- child neglect
- unemployment
- mental health issues
  - depression
  - suicide ideation
- accidental overdoses from mixing opioids with alcohol and other medications

### **Community Strengths:**

Stakeholders had many positive things to say about Buffalo County and what has already been done to prevent opioid misuse. One of those positives were communication between prescribers and pharmacies. If it was suspected that someone was overprescribing opioids or running a “pill mill”, it would be easily identified and reported to authorities. Having minimal emergency departments helps combat “doctor shopping” or going to many doctors to obtain multiple prescriptions. Many cited our law enforcement is a tremendous asset in combating opioid misuse. The prescription take back events help limit the amount of medications in the community. Residents can also drop off unused medication at some pharmacies and the pharmacy is able to dispose of them properly at no cost due to grant funds.

There has been some legislation that has helped combat opioid misuse. The Prescription Drug Monitoring Program (PDMP), though fairly new, requires all controlled substances dispensed to be entered into the system. This started on January 1, 2017 and as of January 1, 2018 all prescriptions must also be recorded. This program allows pharmacists and doctors to look up a patient’s prescription history, which helps to detect misuse or overuse. Prescription fraud is also much more difficult due to increased safeguards against forged prescriptions. People are also legally required to keep all controlled substances in their original bottle so law enforcement can more easily identify the medication and determine if it is being possessed legally.

There has also been some training available as well as public education on opioid misuse. With the growing epidemic across the nation, more conversations have been started on how to prevent and treat misuse. Richard Young Hospital is a positive resource in our community. Other positives preventing opioid misuse noted were our low unemployment rate and homeless population as well as local pain management clinics.

The medication naloxone, brand name Narcan, blocks the effects of opioids and is used to reverse opioid overdose. Naloxone will almost immediately reverse an opioid overdose. The CHI Good Samaritan Emergency Department estimated they administer naloxone to 8-10 patients per month. Naloxone is often used as a first step response in determining the cause when a patient is unconscious and the reason is unknown.

### **Community Challenges:**

The main challenge noted was that there hasn't been enough training and education. While there is some available, many stakeholders thought that more would be beneficial for all professionals as well as the public. They believe that law enforcement and medical providers need to be up to date on new developments regarding opioid misuse. In addition, the public needs more education on how to safely store and dispose of prescription medication as well as signs of opioid misuse. Some interviewed also noted a need for more interagency communication to detect and prevent opioid misuse.

It was also noted that opioid addiction is different from other addictions and require specialized treatment that is not always available in our area. A need for a local detox and crisis center was noted several times as well as therapists with specialized training in opioid addiction. Treatment options for youth is limited in our areas as well.

### **Community Opportunities:**

Some ideas stakeholders noted for possible improvements in Buffalo County include:

- local detox/crisis center
- incentives for returning unused medications
- more prescription takeback events at more diverse locations
- more physicians specialized in pain management
- standards for quantity of opioids prescribed for various injuries and surgeries
- more education for youth on the dangers of misusing prescriptions
- more training on the Prescription Drug Monitoring Program

At this time, EMT's in Buffalo County carry naloxone but law enforcement does not. Law enforcement is looking into how to equip their officers with the medication but has run into obstacles regarding how to store the medication properly. The medication has to be stored at room temperature and cannot be left in the police cruisers.

### **Community Threats:**

Some stakeholders were not sure that as a whole Buffalo County has been less impacted by the opioid epidemic compared to other areas in the country. Most data focuses on overdose death and while

Buffalo County has not experienced many deaths, opioids are still being misused at a high rate. Some possible explanations were that the geographical location has prevented heroin from being readily accessible, however that it could change in the future. While the survey data in Buffalo County still suggests youth are more prone to utilize alcohol and marijuana over other substances, which could also change in the future. The relaxed attitude on marijuana use among youth could impact their perceptions on misusing prescription drugs. There was a consensus that although Buffalo County is seemingly a bit ahead of the curve, the community must continue to work together to keep Buffalo County safe.

### **Conclusion and Recommendation:**

While Buffalo County has not been affected by the overdose deaths as critically as other areas of the nation, all community stakeholders interviewed agreed opioids are being misused in our community and there are steps we can collectively take to prevent and treat opioid misuse.

Recommendations include:

- Create a task force of key stakeholders in Buffalo County
- Develop methods to track local data on opioid misuse
- Invite the Prescription Drug Overdose Prevention Coordinator from DHHS to come train on the PDMP, pain-management guide, and naloxone
- Consider implementing other prevention approaches as suggested in Nebraska's State Targeted Response to Opioid Crisis Grant:
  - Safe drug disposal initiatives; coordination and consultation with the Nebraska MEDS Coalition/Nebraska Pharmacists Association to ensure consistent messaging
  - Education/outreach strategies to raise awareness and promote educational opportunities about the risk of opioid misuse and overdose and related adverse effects as well as the use of naloxone
  - Promotion of the Dose of Reality media campaign
  - Promotion of prescribing guidelines

## **Resources:**

Information on the Nebraska Prescription Drug Monitoring Program and the Pain Management Guide:

<http://dhhs.ne.gov/publichealth/PDMP/Pages/Home.aspx>

National statistics and information on opioids:

<https://www.drugabuse.gov/drugs-abuse/opioids>

Center for Disease Control information on opioids and overdose:

<https://www.cdc.gov/drugoverdose/index.html>

Signs and symptoms of opioid addiction:

<https://familydoctor.org/condition/opioid-addiction/>

## **Funding for this report provided by:**

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The funding is part of a sub-award partnership between Community Partners and Region 3 Behavioral Health Services. It is part of Nebraska's State Targeted Response to the Opioid Crisis within the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and Center for Substance Abuse Prevention.

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Region 3

Positive Pressure Coalition

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