

Starting the Conversation: *An Inside Look At Opioid Use in Greenwich Connecticut*

Co-authored

by

Liberation Programs, Inc

And

**Greenwich Department
of Social Services**

for First Selectman Peter Tesei

Data Compilation

FAM Consulting, Inc.

**October
2016**

EXECUTIVE SUMMARY

In 2015, 723 people died of opiate overdoses in Connecticut. Four of those overdose victims were from Greenwich and in 2016, two Greenwich residents have suffered fatal overdoses. Each life taken is one life too many. In response to these tragic losses, First Selectman Peter Tesei requested the Greenwich Department of Social Services and Liberation Programs, a substance use treatment and prevention agency, to report on opioid use and addiction in Greenwich.

Overall, opioid use in the United States has increased significantly since the 1990's. Deaths from drug overdoses have rocketed to 47,000 in 2014, more than the annual death rate from motor vehicle accidents. In 2014, 40 percent of drug-poisoning deaths involved opiates and the opiate-involved death rate quadrupled from 2000 to 2014.¹

There were 4,028 opioid deaths in Connecticut between 2006 and 2014, a rate of 17.3 overdoses per 100,000 residents. Those deaths represent a 53% increase since 2006, the second worst in New England.

In Connecticut, accidental drug-related deaths doubled in the past four years and Greenwich experienced 15 such deaths, 10 of which involved opiates.² Statewide, addiction treatment admissions for heroin are increasing and opiates are responsible for 45 percent of all admissions.

This report is a point-in-time snapshot of statistical data and what the community knows and thinks about opioid use in Greenwich. The report provides a starting point for intentional conversations about the problem and actionable steps that can be taken to better address it.

This report clearly indicates that Greenwich is not immune to the problem of opiate drug use currently seen at the state and national level.

The study yielded four key findings:

- **Prevalence** – The data supports community perception that opioid use is increasing.
- **Availability** – Abundance of opioids and community attitudes fosters use and discourages treatment.
- **Factors Influencing Use** – Medical profession prescription practices floods community in opioids and high-achieving, success-oriented culture of Greenwich conceals the extent of the opioid related problems.
- **Community Response** - There was almost universal recognition across all focus groups that more can and should be done, however, existing strategies have not been effective. Insufficient data exists to assist in strategy development.

¹ National Center for Health Statistics. "NCHS Data on Drug-poisoning Deaths," NCHS Fact Sheet, March 2016.

²<http://data.ctdata.org/dataset.accidental-drug-related-deaths-by-drug-type>

In response to these findings, a summary of recommendations follows. More detail regarding each recommendation is provided in the report.

Recommendations:

- Develop an anti-stigma campaign that encourages persons suffering from opiate addiction to seek professional evaluation and treatment.
- Both residents and medical/healthcare professionals need to mobilize a concerted effort to establish effective public education strategies for prevention and early intervention for opioid addiction.
- Provide assistance at the point of contact for individuals who overdose on opiates. Consider the establishment of a Clinical Response Team and Angel Initiative.
- Form a collaborative effort of community agencies to collect real time data and consolidate the information in a central clearinghouse. Through data review, break down agency silos and share information to coordinate on improved service response.
- Improve prevention and early identification efforts with children, youth and families

This report indicates a growing perception of a “smoldering” problem with opiate use in the community and the need to attend to it.

By taking action based on these findings, Greenwich has the opportunity to demonstrate the willingness and ability to address a life-threatening problem and serve as a model for other communities by starting this important conversation.

WHY AND HOW WE PRODUCED THIS REPORT

The primary purpose of this report is to examine the Greenwich experience as compared to state and national trends and provide recommendations to address an issue that is threatening the health and welfare of Greenwich residents.

The goal of this report is three-fold:

- Quantify, to the degree possible from existing federal, state and local data bases, the prevalence of illicit opioid use in Greenwich.
- Identify the perceptions (knowledge, attitudes and beliefs) of key informants³ in the community of the extent of the problem, its consequences, and the community's current response.
- Recommend actions to ameliorate or address the issue.

Liberation Programs engaged FAM Consulting, Inc. (FAM), a Westchester County-based consulting firm in behavioral health to report on the extent of opioid use in the community. National, state and local data sources were used to define the issue. FAM and Liberation Programs staff conducted semi-structured focus groups and key informant interviews with the Greenwich Police Department, Greenwich High School, Greenwich Emergency Medical Services, and Greenwich Hospital's Emergency Room and Addiction Recovery Center. In addition, Liberation Programs conducted focus groups with family members recruited through its prevention program and knowledge of the community. Focus group findings were further supplemented by the knowledge and experiences of individuals who, upon learning of the report, came forward to share their information and observations about opioid use in the Greenwich community.

Together, the focus groups with stakeholders provided an “on the ground” perspective of the problem and opportunities to address it. Key informant and family focus groups brought a unique, personal perspective to the opioid use issues in the community. FAM’s review of state and local databases and the results of the focus groups were submitted to Liberation Programs, which prepared this report in conjunction with Greenwich Department of Social Services.

What the team wanted to learn from the four segments was: Prevalence (extent of use); Availability (ease of access to the substance); Consequences/Factors Influencing Use (perceived influences and effects of the use on the individual, family or community) and Community Responses (actions of the institutions and the community to prevent or address the opiate use issue). The semi-structured format allowed for a free-flowing conversation between the interviewers and the participants, with comments recorded in the proper section of the focus group protocol.

Limitations

This report is intended to be a brief “point in time” examination of opiate use in the Greenwich community. The team gathered what data was readily available to shed some light on the issue, supplemented by the information generated in focus groups and key informant interviews.

³ Key informant interviews are qualitative in-depth interviews with knowledgeable individuals in the community. The purpose is to collect information from a wide range of people—including community leaders, professionals, or residents—who have firsthand knowledge about the community.healthpolicy.ucla.edu/programs/.../tw_cba23.pdf, University of California, Los Angeles

KEY FINDINGS

FINDING ONE: PREVELANCE

State data indicates an increase in the non-medical use of opioid prescription medication in Connecticut. In 2014, there were an estimated 103,000 Connecticut residents with non-medical use of prescription pain killers. The perception across all sectors of the community interviewed for this report supports the finding that opioid use is increasing among all age groups in Greenwich, as noted by the Connecticut Department of Public Health and the National Survey on Drug Use and Health (NSDUH), below.

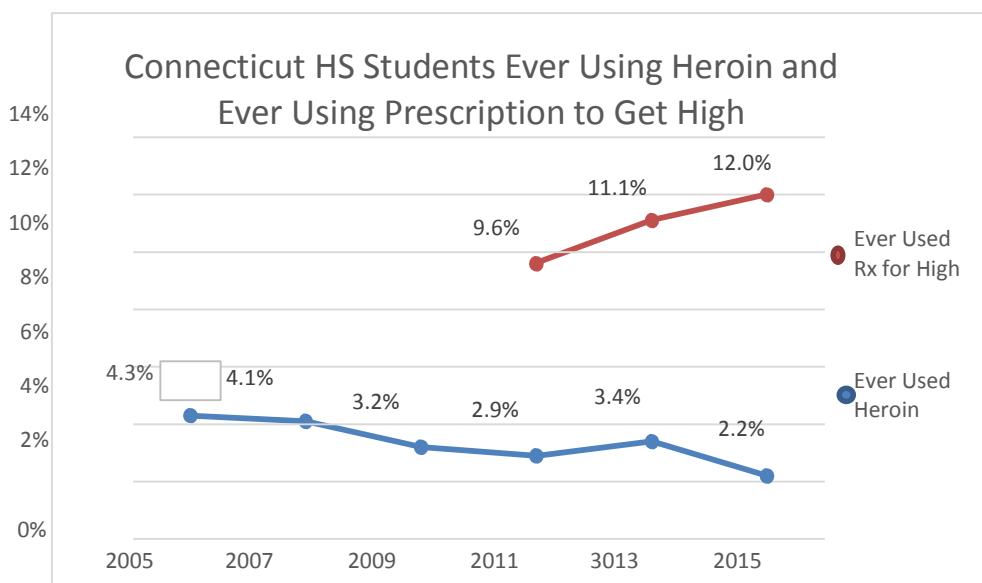
Another unfortunate and tragic consequence of opioid abuse is the bridge to heroin addiction when the supply of opioids runs out and cannot be obtained. Some focus groups composed of Greenwich Police Department, Greenwich Hospital Addiction Recovery Center, parents and young people also reported an increase in the availability of heroin.

Opiate and Prescription Drug Misuse

Adolescents

The Connecticut Department of Public Health recently published a 10-year trend (2005-2015) analysis based on the Connecticut School Health Survey (CSHS). CSHS is based on the national model Youth Risk Behavior Survey (YRBS) and provides only state-level estimates. Greenwich schools do not participate in this survey.

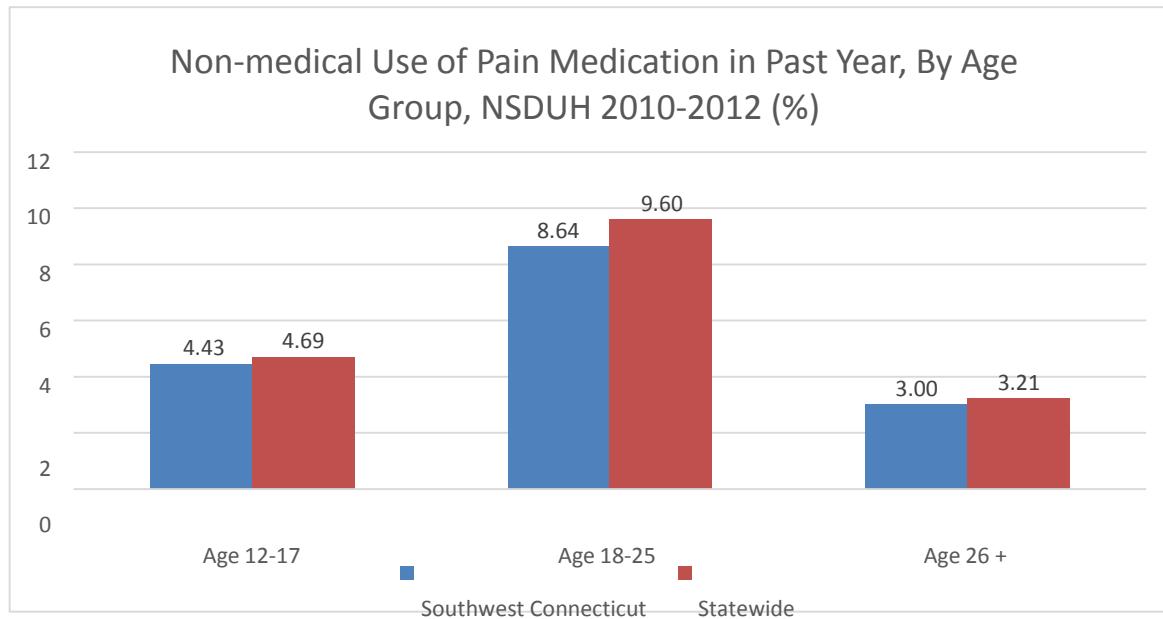
During the period 2005-2015, the percentage of Connecticut high school students who had ever used heroin decreased from 4.3 percent to 2.2 percent, however, beginning in 2011, the Connecticut School Health Survey published a prescription drug misuse indicator. From 2011 to 2015, the percentage of Connecticut high school students who had ever taken a prescription drug without a doctor's prescription in their lifetime to get high increased from 9.6 percent to 12 percent.



Adults

About 4 percent of adults or 103,000 (aged 18 and older) in Connecticut have misused a pain medication (i.e. opiate) in the past year according to the National Survey on Drug Use and Health (NSDUH). During the period 2008 through 2014, the prevalence of non-medical use of pain medications in the past year among Connecticut adult residents ranged from 3.53 to 4.35 percent. Overall, the national rate of non-medical use of pain medication among adults has been slightly higher than that in Connecticut. At the national level there appears to be an upward trend from 2009-2010 to 2013-2014. There is no trend in the rates for Connecticut.

Young adults (ages 18-25) are most likely to misuse pain medication. About 9 percent of young adults in Southwest Connecticut used pain medication for non-medical purposes in the past year (according to the National Survey on Drug Use and Health for 2010-2012).



Focus Group Perceptions

“The town is experiencing an epidemic of narcotic use.”
Greenwich Police Department

“There has always been a serious problem with opiate use in Greenwich.”
Greenwich Hospital Addiction Recovery Center

“Parents are not protective of their pharmaceuticals.”
Greenwich Police Dept.

The consensus across all focus groups conducted by the FAM Team was that the non-medical use of prescription opioids was on the rise. This opinion was voiced most strongly by the Greenwich Police Dept., Greenwich Hospital Addiction Recovery Center and youth participants. These focus groups also noted that a common pathway to heroin use begins with access to unused opioids found in the medicine chest of many homes where they can be accessed by individuals of all ages.

As the individual becomes dependent on the drug the supply in the medicine chest and the street either dries up or becomes too expensive (street price for prescription opioids is about \$1 per milligram), so the user turns to the cheaper alternative, heroin (\$5-\$10 for 1/10 of a gram). The potency of the heroin allows the user to get high through snorting or smoking the drug rather than injecting it.

Many focus group members including Greenwich High School, Greenwich Police Dept. and parents noted that there appears to be a public perception that prescription pills are somehow safer to use, even when purchased from the street. This belief further reduces the user's perception of risk in the early phases of the disease process (GHARC). Eventually, of course, continued use of an addictive narcotic will lead to dependence, characterized by a lack of euphoria, continued use simply to avoid withdrawal, and stunted emotional maturation in young people.

“The bane of my existence is an 18 or 19 year-old opiate addict, whose emotional growth has stopped” (due to the addiction).
Greenwich Hospital Addiction Recovery Center

Naloxone Administration

Recently, accidental drug-related deaths in Connecticut have increased dramatically, doubling from 335 in 2012 to 723 deaths in 2015.⁴

Overdosing on opiates can depress respiratory function to the point of death. Naloxone (Narcan) is a medication that rapidly blocks the effect of opiates and can restore normal respiration. The State Office of Emergency Medical Services conducted an analysis of naloxone administration in 2015, which aggregated data over three years, 2012-2014.⁶ During this period statewide, almost 4-in-10 patients administered naloxone (37%) were women. The age distribution of patients administered naloxone peaked in the late 20's and then again in the early 50's.

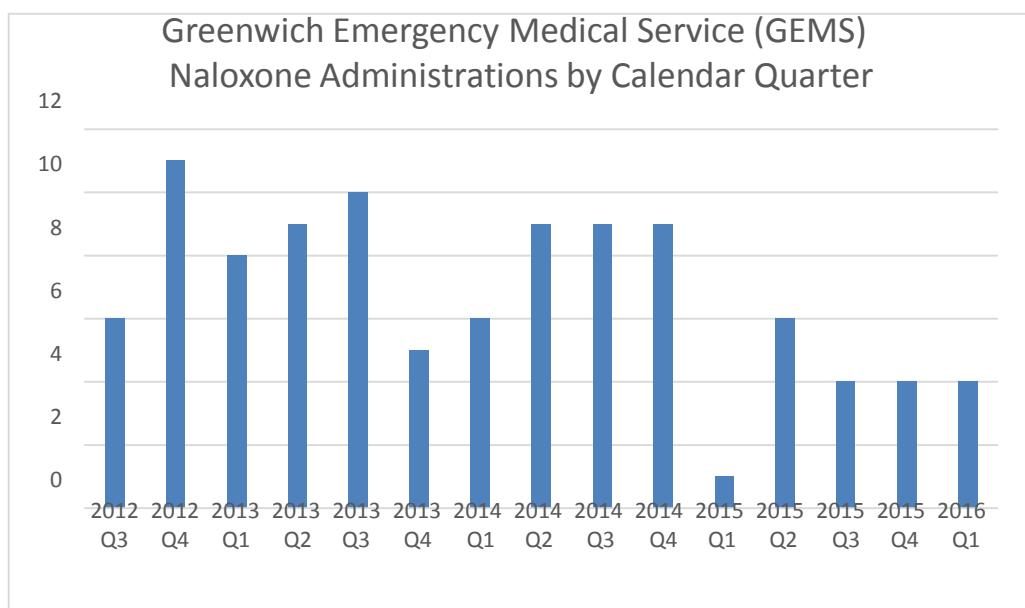
⁴ Connecticut Department of Public Health. “Accidental Drug Related Deaths 2012-2015.” Downloaded on 5/8/2016 from Connecticut Open Data at <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2015/nybz-nyjw>.

An indicator of opioid use in the Greenwich community is available through the analysis of emergency response calls by the Greenwich Emergency Medical Service (GEMS). GEMS implements a protocol that administers naloxone more selectively and titrates the dosing, i.e., gradually administering more naloxone until the patient's respiration improves while avoiding acute withdrawal symptoms.

The GEMS naloxone administration protocol is used as a diagnostic tool for all unconscious patients with unknown etiology including those who are suspected of overdosing on an opiate—clearly saving their lives. From 2015 to April 2016 naloxone was used in 22 unique instances when there was a suspected overdose.

Greenwich ranked 19th among Connecticut towns with 94 naloxone administrations over a 3-year period from 2012-2014. Greenwich had 5.0 naloxone administrations per year per 10,000 residents compared with 3rd ranked Stamford with 380 naloxone administrations at 9.9 per year per 10,000 (CT Department of Public Health).

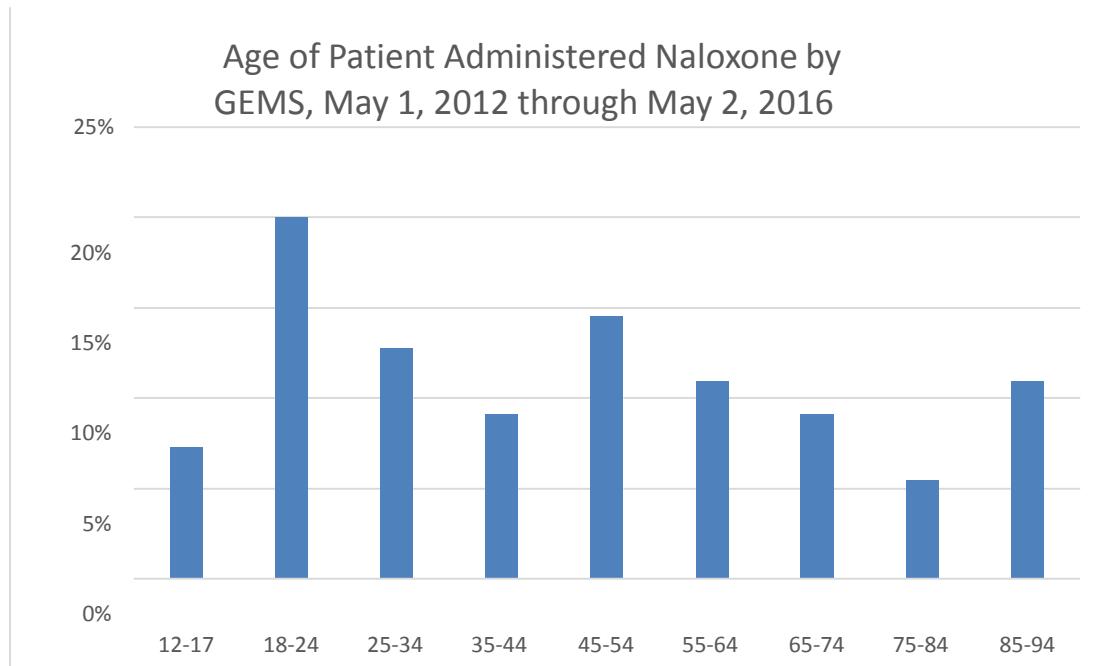
For this study, GEMS provided data on naloxone administration calls provided from May 1, 2012 through May 2, 2016. In the past 4 years, there were a total of 110 calls on which naloxone was administered to unconscious or unresponsive patients. Consistent with the protocol implemented in 2015, there has been a reduction in naloxone administrations. However, naloxone administrations were already higher for the 2nd quarter 2016, which ended on June 30th, with five administrations having occurred by May 2nd.⁵



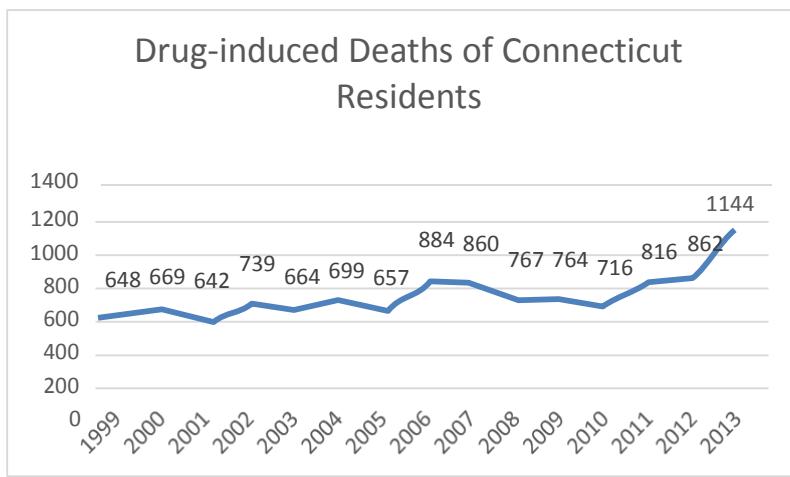
⁵ Tabulations were received from Greenwich Emergency Medical Services.

For the past four years, the annual rate of naloxone administration in Greenwich is 4.4 per 10,000 residents. The greatest number of administrations (53) and the highest annual rate (5.3 per 10,000) occurred in central and southwest Greenwich. The next highest rate occurred in North and Northwest Greenwich (4.0) while the rate was lowest in Old Greenwich (2.5). Thus, based on the zip code of the emergency incident, naloxone administration by GEMS appears to be distributed throughout the Town, including the North and Northwest residential areas as well as the central and southwest business and residential areas.

During the past four years, the age distribution of patients administered naloxone peaks among young adults under age 25. Over one-third of patients administered naloxone were women. Over 80 percent of patients were white non-Hispanic.



Overdose Deaths in Lower Fairfield County



An analysis of data on drug-related deaths in Connecticut, Lower Fairfield County is illustrative of the exploding problem of opioid overdoses and related deaths. From 2010 to 2013, drug-induced deaths increased from 716 to 1,114 deaths, a 55 percent increase over four years.⁶ (See Appendix)

⁶ Connecticut Department of Public Health. "Connecticut Resident Deaths, 1999-2011, Selected Causes of Death by Age, Sex, Race and Hispanic Ethnicity." Downloaded on 5/8/2016 from Connecticut Open Data at <https://data.ct.gov/Health-and-Human-Services/Connecticut-Resident-Deaths-1999-2011-Selected-Cau/cfax-6qah>.

From 2012 through 2015, there were 15 accidental drug-related deaths in Greenwich and 35 in Stamford, a total of 50 accidental drug-related deaths occurred in Lower Fairfield County (LFC). Given their relative population size, the rates of accidental drug-related deaths in Greenwich and Stamford are the same.

Demographics of Drug Overdose Cases

- Women are the victims in 40 percent of the accidental drug-related deaths occurring in 2012-2015 in Lower Fairfield County.
- Non-Hispanic Whites are the victims in 80 percent of the accidental drug-related deaths occurring in 2012-2015 in Lower Fairfield County while 11 percent are Hispanic, 4 percent are non-Hispanic Black and 2 percent are Asian.
- Young adults under 25 years are the victims of 20 percent of the accidental drug-related deaths occurring in 2012-2015 in Lower Fairfield County while 19 percent are age 25-34, 17 percent are age 35-44, and 43 percent are 45 year or older.

Accidental Drug-Related Deaths in Lower Fairfield County Epidemiological Area by Town, 2012-2015					
Town	2012	2013	2014	2015	Total
Greenwich	2	6	3	4	15
Stamford	6	11	12	6	35
Darien	--	1	--	1	2
New Canaan	--	--	--	1	1
LFC Area	8	18	15	12	53
Connecticut	355	490	558	723	2,128

Source: Downloaded on 5/8/2016 from Connecticut Open Data at <https://data.ct.gov/Health-and-Human-Services/Accidental-Drug-Related-Deaths-2012-2015/rybz-nyjw>

In Greenwich, two-thirds of accidental drug-related deaths involved opioids. Of the 10 opioid-related deaths, 4 involved heroin, 3 involved pain pills and another 3 involved other forms or the type of opiate was unspecified.

42 or 80% of the 53 accidental drug-related deaths experienced in Lower Fairfield County involved opioid drugs; of the 42 cases involving opioids, 22 or 52% were heroin related. Pain pills contributed to death in 12 cases and other opioids (e.g. fentanyl, and morphine, or unspecified opiate type) contributed to death in 12 cases.

Accidental Drug-related Deaths in Lower Fairfield County by Town and Type of Drug, 2012-2015						
Lower Fairfield County Towns	All Deaths	Any Opioid				Non-opiate Drugs Only
		Any Opioid	Any Heroin	Any Pain Pill*	Any Other Opioid*	
Greenwich	15	10	4	3	3	5
Stamford	35	29	18	6	8	6
Darien	2	2	--	2	1	--
New Canaan	1	1	--	1	--	--
Total	53	42	22	12	12	11

* Pain pills include Oxycodone, Oxymorphone, Hydrocodone. Other opiate includes Fentanyl, Morphine, and unspecified.

Focus Group Perceptions

Key informant interviews with Greenwich Hospital Emergency Department leadership noted that sometimes people whose family members suffer from misuse of drugs or who themselves are struggling with addiction will go to the emergency room for assistance, wanting to admit the person in treatment while they are motivated. A consultation team conducts screening and referral services in the emergency room, but the team is not available 24 hours per day, 7 days per week.

Some emergency department (ED) visits are for falls or accidents that are drug related, but the injured person does not necessarily recognize the problem or is not interested in treatment. Family members sometimes bring a loved one to the ED for an opiate issue because they do not know where else to go. The ED is not the best resource for this kind of problem, but family members fear their loved one's well-being is at risk and will ask "Can you promise me they will not overdose if we leave here?"

Cocaine and opiate use are the most significant drug-related problems seen in the ED and the ED has noticed an increase in visits due to opiate abuse. The hospital is now seeing four times the overdose incidents from past years. A few times each year, the ED staff must report an overdose death to family members and loved ones. To reduce the need to perform this terrible duty, the ED staff hopes to see a greater awareness of substance use disorders issues among Greenwich residents.

FINDING TWO: AVAILABILITY

There are two significant avenues for distribution of opioids: 1. Legal, through an MD or Dentist prescribing opioids as part of a medical protocol and 2. Illegal, the purchase of opioids for non-medical use through a family member, friend or street dealer.

The opioid epidemic did not emerge overnight; it began decades ago with changes in how the medical profession could help patients coping with pain. Significant numbers of people suffering with chronic pain have been helped through medically monitored opioid pain management treatment. Over time, however, through the aggressive marketing and lobbying efforts by the pharmaceutical industry prescriptions for opioid medications increased dramatically. The industry and its allies spent \$880 million nationwide on lobbying and campaign contributions between 2006 and 2015. In 2013, 207 million prescriptions were written for opioids and that's more than enough to give every American adult their own bottle of pills. We are awash in opioids.

Substance users and dealers are taking advantage of the privacy afforded by on-line personal contact tools such as Snapchat and Craig's List to contact a dealer and arrange to meet at a time and place to complete the transaction. In fact, some dealers now deliver, making the availability of drugs almost as accessible as the Friday night pizza call. The use of social media and on-line tools by people of all ages has dispersed and concealed these transactions more so than in the past.

"Greenwich is more of a using community than a dealing community"
Greenwich Police Dept.

The 2016 Greenwich United Way Needs Assessment Report states that, the Greenwich Police Department and Greenwich Hospital concur on the substantial increase in heroin use in the community, which is relatively cheap and can be smoked, injected or ingested. In 2014, 44 drug overdose calls were made to the Greenwich Police Department. Traffic fatalities have doubled due to drug use.

Young people under 25, particularly young people in recovery, bring a unique perspective to discussions of substance use. Unburdened by prevalence estimates and analytical techniques they present a frank, unadorned picture of the availability of drugs in the world that they inhabit.

I was offered drugs all the time, and everywhere you go you can get drugs if you want, even on the internet and at the gym. The first time I was offered drugs was when I was going to XXXX School in the 7th grade. A kid in my class had beer and weed in class.

18 year old boy in early recovery

"I was first offered weed on the playground. Except for a few people, everyone uses in my school, especially 11th and 12th grades."

16 year old girl

FINDING THREE: FACTORS INFLUENCING USE

One important factor influencing use is the lack of medical prescribers educating patients on the addiction risks of opioids when prescribing the medication. It is all too common for a patient following a medical procedure/operation such as a hip replacement, tooth extraction, or sports injuries to be prescribed up to 30 to 60 opiates without any instructions on use or warning about addiction risks. Opiates are highly addictive and a patient can quickly become dependent on them leading to abuse and addiction.

The high-achieving, success-oriented culture of Greenwich serves to conceal the extent of substance use-related problems. This holds true for individuals of all ages who feel these pressures academically, socially and in business. Denial and soft-pedaling the opioid addiction problem is a major inhibitor to making progress with “putting the brakes” on the epidemic. For a large segment of the Greenwich community the attitude concerning opioid addiction is, not me, not my kid, not my problem...until it is a problem.

*“What’s the first thing you hear from parents, ‘Is this going to be in the papers?’?”
Greenwich Police Dept. focus group comment about
parents’ reaction to an arrest of their child*

Focus Group Perceptions

Every focus group and key informant interview alluded to, or directly commented on, the perceived negative effects of Greenwich’s achievement-oriented culture on recognizing and dealing with substance use issues in the community. “Not my family” or “It’s no big deal” are familiar responses from family members when their loved one is accused of illegal drug use according to Greenwich Police Department. Families appear to be concerned not only about the effects on their loved ones, but also on their standing in the community. People are embarrassed to admit that they or a family member have a problem with opiates. Stigma, unfortunately, is still preventing people from seeking out treatment.

It is not unusual in cases of emergency medical services for people to refuse transport when someone is “clearly intoxicated or over-sedated” for fear of public exposure.

The Greenwich Hospital Addiction Recovery Center focus group outlined several ways that family members “enable” their loved one’s growing problematic use:

- Lack of responsiveness to the loved one in the early stages of addiction allowing the disease to progress.
- Continued access to money and credit cards that support the addiction
- Misinterpreting the signs and symptoms of an emerging problem due to a lack of knowledge about the disease of addiction;
- Parental modeling of substance abuse;
- Covering up substance abuse-related behaviors like petty theft, lying, etc.

When treatment is required, more affluent families may send an addicted family member out of state, self-pay treatment facilities. The fear of public exposure and the potential consequences in the future mitigate against a more open approach to the

issue within some families, and by extension, the community.

“Wealth and access exacerbates the problems of drug misuse in Greenwich.”
Parent

The high achievement expectations of high school students in Greenwich, both in public and private schools, produce equally high stress levels. Although a recent survey of high school students on stress revealed less use of substances to cope with stress than prevalence figures (8% alcohol; 4% drugs; *Greenwich Time*, April 16, 2016)⁷ all focus groups and key informant interviews pointed to the high stress/high achieving culture as a backdrop for any discussion of substance use problems among young people.

Athletes may be particularly vulnerable to opiate use risks, in part due to their strong desire to participate in their sport despite an injury, and in part due to the celebratory atmosphere that accompanies wins and losses.

The Greenwich High School focus group mentioned a concern about the school athletes' vulnerability to substance use because of the reasons cited above. The parents and youth focus groups also spoke about the substance use risk of this population. Participation in athletic activities can be both a risk and protective factor in young people's lives and the situations and choices they are exposed to.

“Athletes are high users of pain medications; they will take anything to stay in sports.”

Parent

⁷ Paul Schott. “Greenwich students report high levels of stress” in *Greenwich Time*, April 16, 2016.

FINDING FOUR: COMMUNITY RESPONSE

"While the State has taken a role through the enactment of legislation and the development of a particular task forces, to curb the growing rate of opioid usage and resulting overdose deaths, more people are becoming addicted daily, and the overdose rates continue to climb. No one agency or group "owns" the problem – everyone, including local officials have a role to play." ⁸

Even though there has been increased efforts to reduce opioid addiction the results have been disappointing and there needs to be a reconsideration of "best practice" strategies for improving outcomes. The Greenwich community has to think about what will work in Greenwich. What messages will resonate with residents and the best route to take in communicating those messages.

After an extensive effort of data collection and discussions with Town key informants and focus groups our findings suggest that there is a persistent challenge between the admission of an opioid use problem in the community and attitudes about it. An example is public education concerning opioid abuse and addiction.

All reports on the opioid epidemic include a finding about the need for public education, however, community forums and presentations are sparsely attended and reach only a small segment of the community. Reaching the public through education is easier said than done. The conclusion is that there is no easy fix and there has to be more creative ways of developing effective public education.

Efforts within the Town continue to be fragmented and there is a need for forming a coalition of professionals and consumers to develop a more cohesive strategy for attacking the problem.

Focus Group Perceptions

The Greenwich Police Dept. focus group members spoke with obvious pride about individuals with whom they have been involved who have turned their lives around. Greenwich High School respondents expressed deep concern about the risks of substance use and the pressures faced by their students. Greenwich High School and Greenwich Police Department have a Memorandum of Understanding that places a Greenwich Police Department officer in the school as a School Resource Officer. There was ample evidence of a high level of cooperation between the two institutions, with an emphasis on identification (keeping the school community safe) and support (getting individuals the help they need) rather than punishment.

There was almost universal recognition across all focus groups that more can and should be done, given the general uneasiness of the respondents about the prevalence and increased risk posed by opiate use.

⁸ Connecticut Conference of Municipalities, CCM Municipal Toolkit: How Local Officials Can Combat Drug Abuse, 2016, 7

RECOMMENDATIONS

This report's recommendations are intended to "start the conversation" on how the Greenwich community might address the issue of opioid use collectively, as a community.

The following recommendations are intended to provide clear, actionable measures that will motivate the community to be more open about the opiate problem and drive important conversations without waiting for the conversations to begin.

OUR RECOMMENDATIONS ARE AS FOLLOWS:

1. Persons suffering from opiate addiction need to be encouraged to seek professional evaluation and treatment, however, major impediments are the stigma that prevents people from seeking help and a dearth of available treatment providers.
 - Develop an anti-stigma campaign that emphasizes addiction is a brain disease that can be treated and increase the resources necessary to support treatment.
2. Both residents and medical professionals need to mobilize a concerted effort to establish effective strategies for prevention and early intervention for opioid addiction.
 - Medical professionals need to educate patients being prescribed opioids on the high risk of opioid addiction; limit the supply of prescribed medications; and use the Connecticut Prescription Monitoring and Reporting System to detect and prevent prescription fraud.
 - Alert the public on checking and removing all unused opioids from their medicine cabinets and disposing them properly at the Greenwich Police Station. Store opioids in a locked, secure area.
3. Provide help at point of contact. Most individuals who overdose on opioids are provided services by GEMS in their home or arrive in the hospital emergency department.
 - Develop a clinical response team composed of consumers and professionals that would begin immediately to provide support and encourage the individual to seek treatment. This team would also provide follow-up support to the individual and family.
 - Research the development of an Angel Initiative in Greenwich. The Angel Initiative has been adopted by one Connecticut town and under consideration by others. This initiative makes the police the point agency in

moving individuals with addiction directly into treatment. Addicted individuals surrender any drugs and/or needles they have with the understanding that they will not face arrest and that police and community volunteers called “angels” will help them toward recovery.

4. Form a collaborative effort of community agencies to collect real time data and consolidate the information in a central clearinghouse. Through data review, break down agency silos and share information to collaborate on improved service response.
 - The development of successful strategies will be greatly strengthened when community agencies begin to collaborate on data gathering and analysis to establish a baseline on the extent of opioid use and abuse in Greenwich.
 - This report reflects the findings that on a local level we are still pre-baseline but have some initial data and impressions from the community. There is progress, however, in a commitment from agencies to communicate and work together in sharing information and coordinating efforts.
5. Improve prevention and early identification efforts with children and youth
 - Implement screening assessments to earlier detect personality traits that puts children at greater risk for addiction.
 - Provide more effective social and emotional learning programs in the schools to help kids with coping and life management skills.
 - Educate parents on warning signs and their responsibility as role models. Train teachers, guidance counselors and coaches on early warning signs of stress that places kids at risk.
 - Greenwich schools (public and private) should participate in the Connecticut School Health Survey.
 - It is also clear that the best prevention strategy begins with the family. Family members have the ability to positively influence decisions their loved ones make. Parents need to model the behaviors they would like their loved ones to adopt by showing them constructive coping skills. This is not just the job of the school, the police, or the church. Everyone has to own this together.

CLOSING

The Greenwich community's uneasiness with the "smoldering" problem of opioid use is well-founded. There is a clear problem of opioid use, the depth of which remains unclear.

What we do know is the Greenwich community has the infrastructure and the resources to respond to this issue if it is properly calibrated. There is a need for improved communication to disseminate information on the extent of opiate use among individuals of all ages and the effects of the behavior on the community's health and well-being.

There is a need for the Greenwich community and service sector leaders to coordinate on data collection; collaborate on a public education program with a sustained focus; provide a timely response and referral to treatment; and to anticipate emerging problems that can arise from shifts in substance using patterns and problems that might arise from these shifts.

The most effective strategy for achieving a significant impact on the opioid epidemic is through a coordinated Town outreach effort. To be effective, the community needs to openly discuss important issues such as opiate abuse and make sure they know the risks and the dangers. The distribution of opioids through medical prescriptions must be limited and unused opioids stored in medicine cabinets must be disposed of in an appropriate way.

The genesis of this report, however, demonstrates a willingness and an openness to address the issue. In the focus groups and interviews, numerous comments such as, "I'm glad you are looking at this", or "It's good that you're studying this" were made. Liberation Programs, in close partnership with the Greenwich Dept. of Social Services, looks forward to working with First Selectman Peter Tesei to facilitate implementation of the recommendations and in making Greenwich a stronger, safer, healthier place to live.

Liberation Programs looks forward to continuing to work with the Town of Greenwich to implement these recommendations that, when implemented, will improve the health and wellness of the Greenwich community, a community that prides itself on being among the best.

This report "starts the conversation."

Acknowledgements

Liberation Programs would especially like to thank all the Greenwich community-based organizations and individuals that participated in the preparation of this report who demonstrated a genuine desire to ensure the health and safety of all Greenwich residents young and old. These include Greenwich Police Department, Greenwich Department of Health, Greenwich High School, Greenwich Emergency Medical Services (GEMS), Greenwich Hospital's Emergency Department, and Greenwich Hospital's Addiction Recovery Center.

SOURCES AND METHODS OF DATA COLLECTION

Quantitative Review

Among the sources and data bases the FAM survey team reviewed were the following:

- *Connecticut School Health Survey* (CSHS) is conducted biennially and is an implementation of the Youth Risk Behavior Survey (YRBS) sponsored by the Center for Disease Control and Prevention (CDC). The survey sample includes responses from approximately 2,500 students statewide. The most recent data available is for 2015. Staff also reviewed reports from youth and parent surveys conducted in 2012 and 2014 by school districts in other towns (Westport and Wilton) in southwest Connecticut, based on the Governor's Prevention Initiative for Youth (GPIY) model.
- *National Survey on Drug Use and Health* (NSDUH) is conducted annually nationwide in about 70,000 households by the Substance Abuse and Mental Health Services Administration. NSDUH provides 25 substance use and mental health indicators for states and sub-state areas by pooling data from multiple survey years.
- *Greenwich Emergency Medical Services* (GEMS) – Staff reviewed the 2014 Data Report of the Office of Emergency Medical Services (OEMS) and the GEMS 2011 Annual Report. GEMS provided copies of tabulations as well as spreadsheet abstract of 110 records involving naloxone administration in Greenwich.
- *Drug Offense and Driving Under the Influence Arrests* – Staff compiled data from the Department of Public Safety's *Crime in Connecticut* reports which are based on the FBI's Uniform Crime Records. Data about opiate related drug arrests was also provided by the Greenwich Police Department.
- *Drug and Alcohol Related Death* – Staff analyzed several data sets from Connecticut Open Data including "Connecticut Resident Deaths, 1999-2013" and "Accidental Drug Related Deaths, 2012-2015".
- *Connecticut Hospital Admission/Discharge* – Staff reviewed several data reports and data tables of the state Department of Public Health for summary information on discharges with drug-induced, alcohol-induced, drug poisoning, substance use disorder conditions, but did not find data consistently provided across age categories.
- *DMHAS Documents* – Staff reviewed documents of the Department of Mental Health and Addiction Services including the *2015 Interim Report on Regional and State Priorities Related to Substance Use*.
- New England Journal of Medicine article, SAMHSA citation, Greenwich Time article, CTDPH website for prescription monitoring.

More information regarding information in this study can be found at the following links:

<http://www.ct.gov/dcp/cwp/view.asp?a=3501&q=411378&dcpNav=1te>

<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=397512&dphNav=46941>

<https://data.ct.gov/browse?category=Health+and+Human+Services>

<http://www.samhsa.gov/data/population-data-nsduh>

<http://www.dpsdata.ct.gov/dps/ucr/ucr.aspx>

Various reports, including 10-year trends, are available at:

http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104&dphNav_GID=1832&dphNav_GID=1601

The National Survey of American Attitudes on Substance Abuse XVII: Teens; The National Center on Addiction and Substance Abuse at Columbia University, 2012; file:///C:/Users/johnnie.malloy/Downloads/National-survey-of-american-attitudes-on-substance-abuse-XVII-teens.pdf

Qualitative Review: Focus Groups and Key Informant Interviews

FAM and Liberation staff conducted semi-structured focus groups and key informant interviews across the following service sectors in Greenwich: Public Safety (Greenwich Police Department); Education (Greenwich High School); Emergency Management (Greenwich Emergency Management Services); and Health Care (Greenwich Hospital's Emergency Room) and (Greenwich Hospital's Addiction Recovery Center).

In addition to the four service sector focus groups and key informant interviews, Liberation Programs, who is a partner in the study with FAM, Inc., conducted focus groups with parents and teenagers recruited through Liberation's prevention program and knowledge of the community. Some of the teens were in early recovery from opioid use disorder. These focus groups brought a unique, personal perspective to the substance use issues in the community.

The focus group findings were further supplemented by the knowledge and experiences of individuals who upon learning of the study came forward to share their information and observations about opioid and other drug use in the Greenwich community. All participants in the focus groups signed consent forms to allow FAM and Liberation to interview them. Their participation was voluntary and confidential, although they were advised that direct quotes might be used in the report.

The focus groups and key informant interviews were organized into four segments and further divided into an initial discussion of opioid use followed by a discussion of alcohol and other drug use. The four segments were: Prevalence (extent of use); Availability (ease of access to the substance); Consequences/Factors Influencing Use (perceived influences and effects of the use on the individual, family or community) and Community Responses (actions of the institutions and the community to prevent or address the substance use issue). The semi-structured format allowed for a free-flowing conversation between the interviewers and the participants, with comments recorded in the proper section of the focus group protocol.

Definition of Drug-induced Death - Drug-induced death, as defined in the International Classification of Diseases, excludes alcohol only-induced deaths, but includes homicides, suicides, intentional and unintentional death, and both psychoactive and non-psychoactive medications. Accidental drug-related deaths exclude homicides and include only psychoactive drugs.



Who We Are

Liberation Programs is one of Fairfield County's leading behavioral health organizations specializing in treatment for substance abuse. Our mission is to help individuals and families overcome addiction in order to restore their lives and ultimately strengthen our communities. Liberation provides services for youth, adults and families that include two inpatient treatment programs, outpatient and intensive outpatient services, health education for older adults and people living with HIV/AIDS and other chronic illnesses, treatment and resources for adolescents and their families, education and prevention efforts in the community, and permanent

supportive housing for families. In operation since 1971, the agency has sites in Greenwich, Stamford, Norwalk and Bridgeport that served 2,087 individuals in our last fiscal year.

The Liberation Survey Team Included:

Patti Juliana, Ph.D., LCSW, Chief Program Officer - Dr. Juliana has over 30 years experience in the field of addiction treatment where she has focused on families and on treatment of co-occurring medical and mental health disorders. Throughout her career, Dr. Juliana has integrated and coordinated comprehensive treatment services to address a wide range of behavioral health needs and reduce service fragmentation that exacerbates social service disparities. She has served on many substance abuse-related councils, task forces, and committees, including several operating under the auspices of the New York State Office of Alcoholism and Substance Abuse Services.

Maggie Young, B.S., CCS, Director of Youth & Family Resources - Maggie Young, who has been with Liberation Programs since 1994. She is a Certified Addictions Counselor (CAC), Certified Clinical Supervisor (CCS), Certified Co-Occurring Disorders Professional (CCDP) and a Medicated Addiction Treatment Specialist (MATS).

Services in the Greenwich Community – Youth & Family Resources

Through partnership with the YMCA of Greenwich, Liberation Programs' Youth & Family Resources program offers parent seminars and facilitates parent support groups and professional counseling for adolescents. In partnership with Greenwich High School, Liberation's Youth & Family Resources program also provides a counselor on-site at the school for students who may need help with substance abuse issues and as a resource to parents.

Youth and Family Resources include:

- Support services for families
- Professional substance abuse counseling for adolescents
- Youth Serving activities
- Age-appropriate presentations on topics ranging from cyber-bullying, to substance abuse, peer pressure, social networking, parent-child relationships, grief and loss, anger management, healthy living, youth leadership and civic engagement
- Skill acquisition for students through role playing activities
- Facilitation of peer mentoring groups
- Access to speakers from the recovery community

FOR MORE INFORMATION

Call: 293.604.1162

Visit: www.liberationprograms.org



The Team at FAM Consulting

Frank McCorry, Ph.D. - Frank McCorry is the CEO and President of FAM Consulting, Inc., a consulting practice dedicated to integrated behavioral health services within health care reform. Dr. McCorry previously served as the Director of New York City Operations for the New York State Office of Alcoholism and Substance Abuse Services. His long career in the addictions field has focused on system transformation and integration efforts, most notably in the areas of public health, HIV/AIDS, co-occurring mental health and addictive disorders, quality and performance measurement and managed care. Dr. McCorry has been the Principal Investigator on SAMHSA, NIH and foundation grants focused on the integration of services for persons with co-occurring mental health and addictive disorders, on HIV/AIDS services and on performance improvement. He served as co-Chair of the Steering Committee for the National Quality Forum's *National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence-based Treatment Practices*. Dr. McCorry is a former member of the United States Center for Substance Abuse Treatment's National Advisory Council and the Editorial Board of the Journal of Substance Abuse Treatment. Dr. McCorry received his doctorate in Counseling and Human Services from St. John's University in 1982.

Robert J Gallati - Robert J Gallati is the principal of ARC Associates which provides consulting services supporting planning, needs assessment, epidemiology, service system design, performance measurement and practice improvement, especially as applied to alcohol and drug use and related services. Formerly, Bob Gallati served as Director of Research, Epidemiology and Practice Improvement for the NYS Office of Alcoholism and Substance Abuse Services (OASAS) where he was chairperson of the State Epidemiology Outcomes Workgroup and oversaw development and implementation of New York's Communities That Care statewide school survey. During his tenure at OASAS, Bob was responsible for needs assessment, evaluation, planning, policy analyses, development of client information systems, and services research as well as system and program performance monitoring. As a member of the Performance Management Work Group of the National Association of State Alcoholism and Drug Abuse Directors (NASADAD), he advised SAMHSA regarding National Outcome Measures (NOMs) including access indicators, quality measures and perception of care surveys. He is the author and co-author of numerous reports including state epidemiological profiles, household and school surveys, social indicators and need methodologies.

Caroline Waterman - Caroline has 25+ years of experience working in the field of substance abuse and supporting people with disabilities (PWD), including physical, emotional, psychological, developmental and psychiatric disabilities. She has extensive experience working as an adjunct professor/teacher on both undergraduate and graduate levels, as an executive director managing multiple programs, as a master trainer, and clinician with groups and individuals. She has both international experience and a strong background in the criminal justice and SUD fields in New York State. She is a nationally certified Rehabilitation Counselor (CRC), licensed in New Jersey (LRC), and has a Master's in Rehabilitation Counseling (MA) from New York University.