



Health Resources in Action
Advancing Public Health and Medical Research

**St. Mary's County
Local Qualitative Health Needs Assessment
on Substance Abuse Prevention and
Response
and
Opioid Misuse Prevention Assessment
June 19, 2015**

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Health Resources in Action**

Background

- The Commissioners of St. Mary's County allocated funds to address substance abuse issues affecting St. Mary's County residents.
 - Qualitative local health needs assessment on substance abuse prevention and response
- The Behavioral Health Administration of the Maryland Department of Health and Mental Hygiene awarded St. Mary's County grant funding to implement the Opioid Misuse Prevention Program
 - Deeper assessment of opioid misuse in the County



Goals of Assessment

- Provide a portrait of the current situation in St. Mary's County around opiate misuse by reviewing existing quantitative data
- Identify the perceptions, successes, and challenges to addressing substance abuse by eliciting qualitative feedback from community leaders, providers, and residents on these issues
- Engage populations disproportionately affected by substance abuse to understand underlying causes of and experiences with substance abuse in St. Mary's County
- Informed by assessment participants, present a range of recommended strategies or approaches to address substance abuse in St. Mary's County



- **Key informant interviews (30 individuals)**
 - In-depth interviews with key stakeholders from a range of sectors and agencies across the county:
 - Government officials, educational leaders, substance abuse treatment providers, other social service providers, health care providers, justice system, etc.



Methods (continued)

- Focus groups (7 groups, 69 total participants)
 - Engaged residents and organizational staff in discussion on perceptions of substance abuse
 - Specific questions were asked to explore issues around opioid misuse
 - Examples of participants: middle and high school youth, college students, parents, seniors, people in different stages of recovery

- Review of existing data on opioid misuse and associated factors in St. Mary's County



Data Limitations

➤ Qualitative Data

- Non-random and small samples, so may not be representative of all points of view

➤ Quantitative Data

- Not always available for St. Mary's County; different geographic scopes reported
- Secondary data not always current
- Survey data self-reported



Social and Economic Context

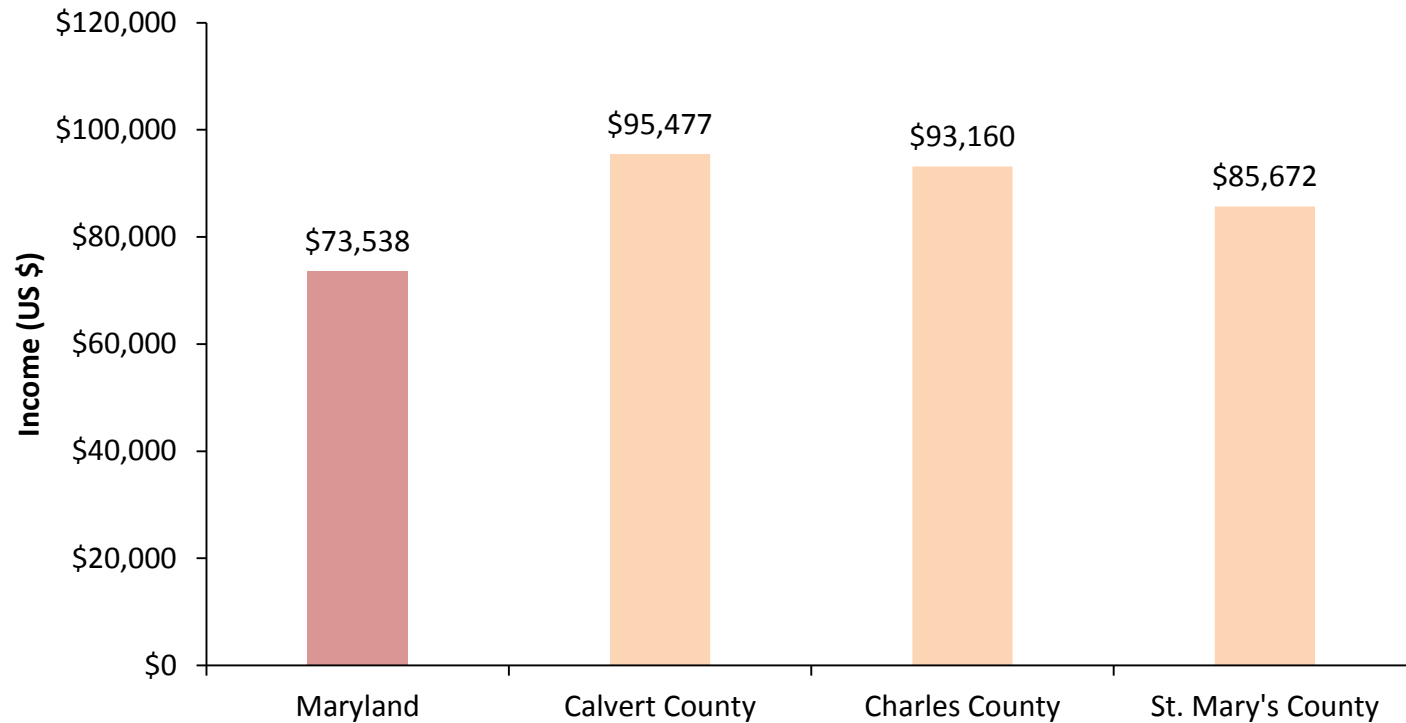


Population

- Increase in population (22.0%) over the past decade+: 86,211 residents in 2000 to 105,151 residents 2010
 - Residents attributed this growth to an increase in the number of contractors working at the naval air base, and the movement of families affiliated with the base to the County.
- 1 in 10 residents is 18-24yo
- 4.1% Hispanic/Latino, 13.9% Black, non-Hispanic



Median Household Income, by State and County, 2009-2013



US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013



Cost of Living

“On paper our economic situation looks really good because of the technical jobs associated with the naval air base. However, our largest sector with respect to jobs is service. This means that individuals try to live in a community that is more focused on the larger portion – the median income and higher income kind of prices. Rental costs are high. Living costs are high. It’s hard in the service sector and non-base side...”

– Key Informant



Employment

- Stressors such as lower income, poverty, and unemployment were described as underlying contributors to substance abuse.
 - Many respondents noted that substance use and abuse is a strategy that some residents engage to cope with poverty.
 - A few noted a general “sense of hopelessness” in the County among lower-income residents.

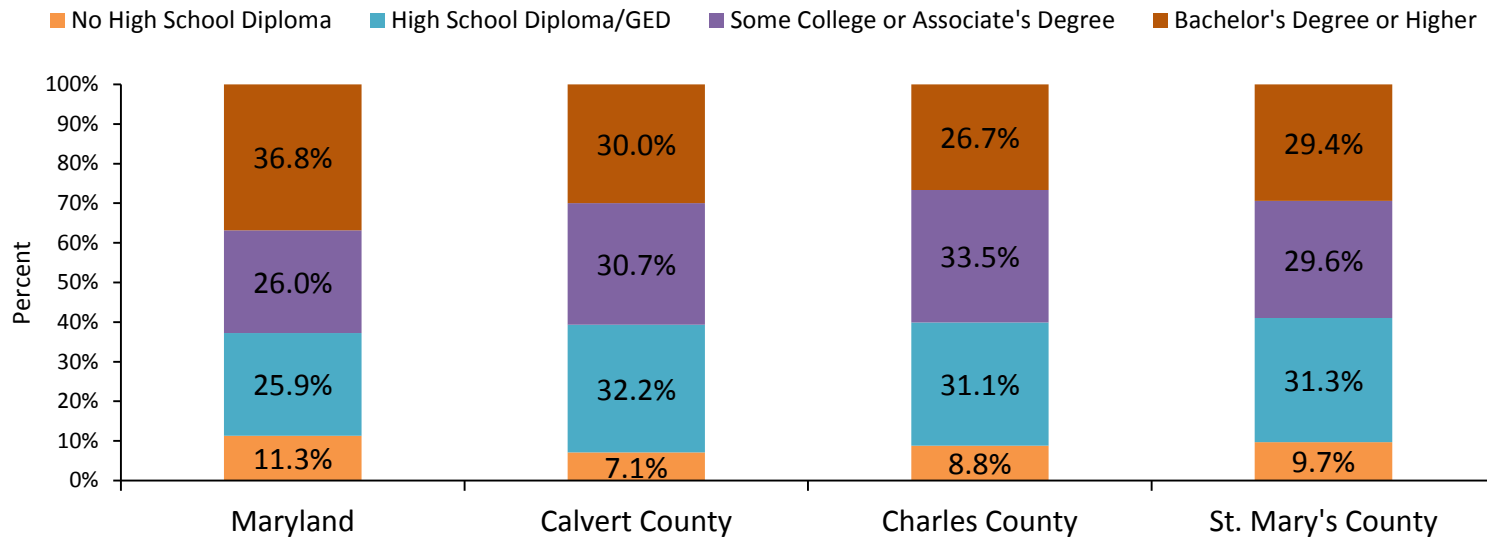
- *“Money is a big factor here. Among adults, stress is related to a lack of money. That leads to some self-medication with whatever substance.”* – Service provider

- *“Jobs are tough here. If you don’t work on base it’s hard to find a good paying job.”* – Focus Group Participant



Educational Attainment

➤ Disparities in educational attainment.



- *“There has been an influx of people with college degrees and young families. Previously there was a less educated population of mainly farmers and watermen.”* – Key Informant
- Lower educational attainment among residents who have generational ties to St. Mary’s County.
 - A *“sense of hopelessness”* and weakened aspirations were described as sentiments among residents lacking secondary or higher education.



Transportation

- Limited public transportation in rural County poses a challenge to accessing goods and services, including substance abuse treatment.
- *“If you live in Ridge, you’re off the beaten path as far as transportation is concerned.”* – Focus Group Participant
- *“A challenge to getting treatment is the transportation system.”*
– Service provider



Geography

- St. Mary's County is a peninsula *“surrounded by water, where there are only two ways out.”*
- 50% of St. Mary's County residents live in rural areas (50%) compared to Calvert County (39%), Charles County (29%).
- Harder to attract behavioral health professionals
- Younger residents cited the rural characteristics of St. Mary's County and sizable distance to recreational activities as factors that contribute to use of substances among youth and young adults.
 - *“People use because they're bored. What do people do on the weekend?”* – Focus Group Participant



Substance Abuse



Alcohol

- Residents characterized alcohol as the most prevalent substance that is used and abused.
 - A social acceptance of alcohol use regardless of whether or not someone is of the legal age.
- In the past 30 days, 34% of high school students reported having one or more alcoholic beverage and 19% reported drinking five or more drinks in a row.
- *“Among teenagers, drinking alcohol is something they need to do to be popular.”* – Focus Group Participant
- *“There are functional alcoholics that are in the community who go to work all day but don’t seek treatment or show up in the numbers that are collected.”* – Service provider



Tobacco

- Similarly to alcohol use, there is a cultural acceptance and high prevalence of tobacco use in St. Mary's County.
 - Historical presence of local tobacco farms
- *“Our rates of tobacco use are significantly higher than some other counties in the state. We talk about substance abuse and everyone pops over to the big drugs and forgets about nicotine and tobacco and forgets about the roles of those. You're getting the nicotine, which is changing brain chemistry to make it more likely that you will use other drugs.”*

– Key Informant
- *“We don't know what's in vape pens, but I don't think they have nicotine, so aren't they better than cigarettes?”* – Focus group participant



Marijuana

- A greater social acceptance of marijuana use following the decriminalization across the country
 - Described as contributing factor to the prevalence of marijuana use in St. Mary's County
- Concerns about the messages the decriminalization policies of marijuana send to community members
- *"They grow marijuana here. People don't care. They just grow it on their property."* – Focus Group Participant



Opioid Use and Misuse



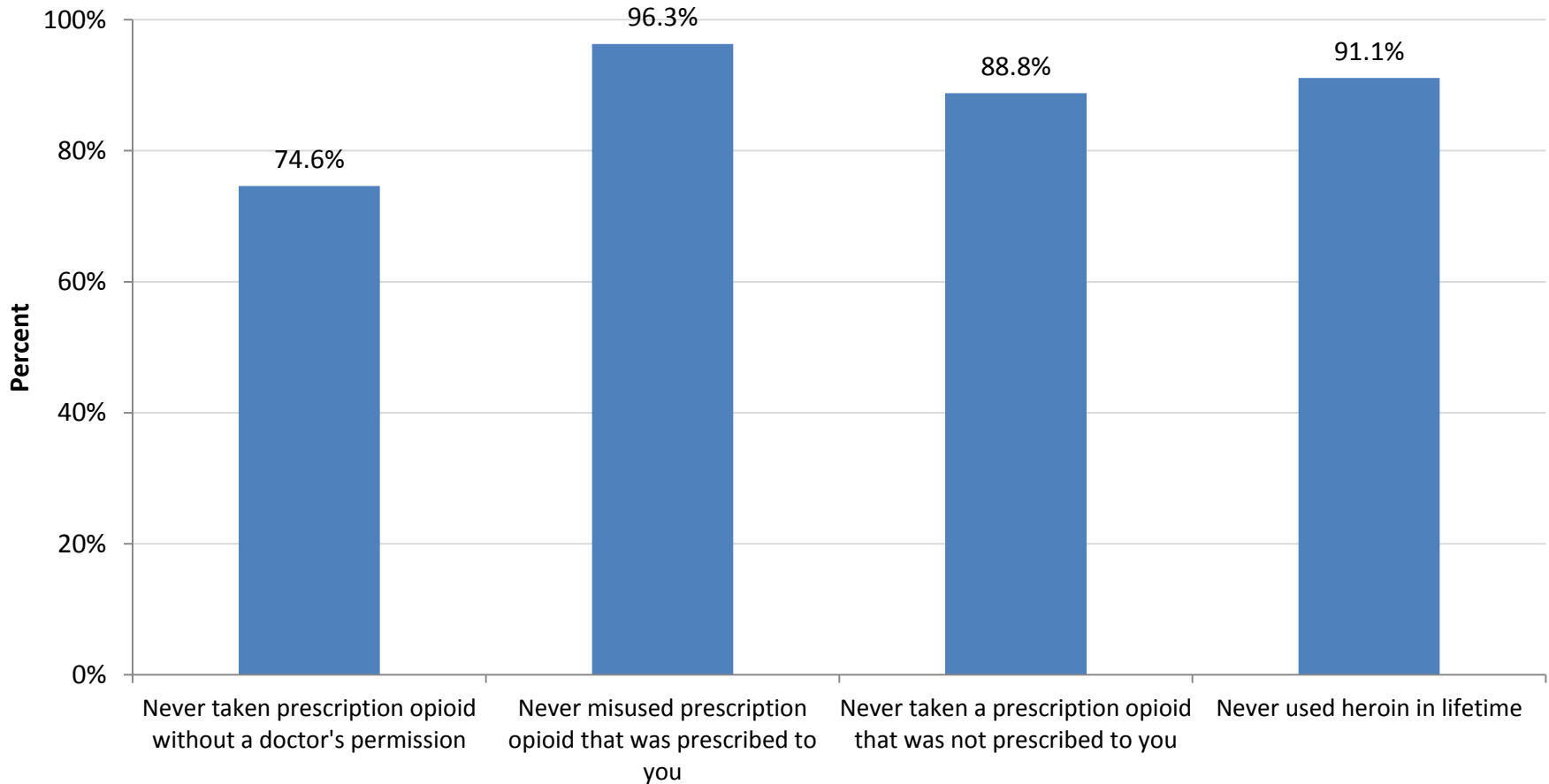
Opioids - Use

- YRBS shows that opioid use among St. Mary's County public high school students is low.
 - 9% of high school students reported misusing prescription opioids in the past 30 days
 - 17% of high school students reported misusing prescription painkillers in their lifetime
 - 4% reported using heroin in their lifetime
 - Use rates are higher among Hispanic high school students



Opioids - Use

Opioid Use among Adults, St. Mary's County, 2015



Maryland Public Opinion Survey on Opioids, 2015

Opioids

- Alcohol, tobacco, and marijuana seen as gateway drugs to opioids.
- Some residents turn to opioids after abusing alcohol, tobacco, and/or marijuana as they seek substances to help sustain a high that has leveled off from other substances.



Opioids

- Opioid use/abuse is perceived as an increasingly prevalent health concern in St. Mary's County.
- Shift from prescription opioids to heroin
- Perceptions of use differ
 - Public perception is that everyone is using
 - Provider perspective is that data don't reflect widespread use and consequences



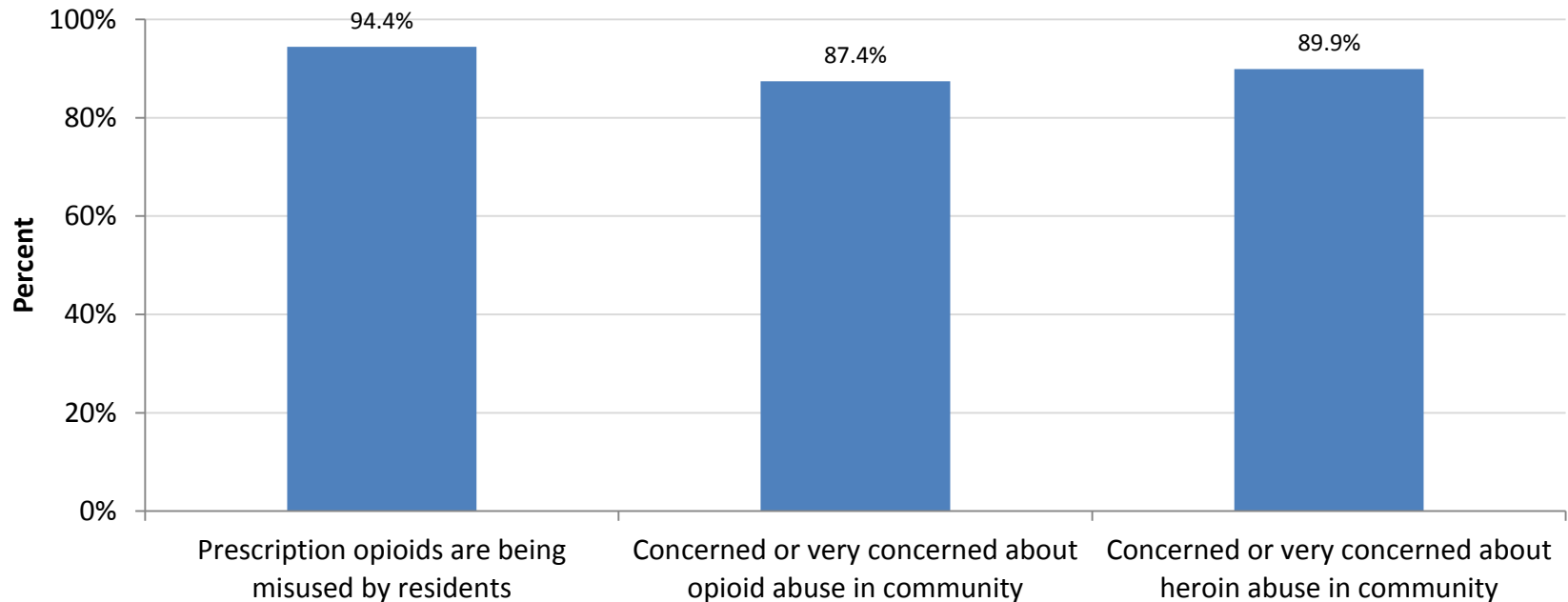
Opioids

- *“The police officers say it’s not been that many deaths that show up in the stats, but there are so many people I know who use. There are lots of people strung out on pills. It’s unreal. They’re not dead yet, and they’re not in treatment, so they don’t show up in the statistics.”* – Focus Group Participant
- *“I’ve definitely noticed there’s been a rise in prescription medication misuse. There is lots of prescription pain killer abuse.”* – Key Informant



Opioids – Perceptions of use

Residents' Perceptions of Opioid Misuse of Abuse, St. Mary's County, 2015



Maryland Public Opinion Survey on Opioids, 2015

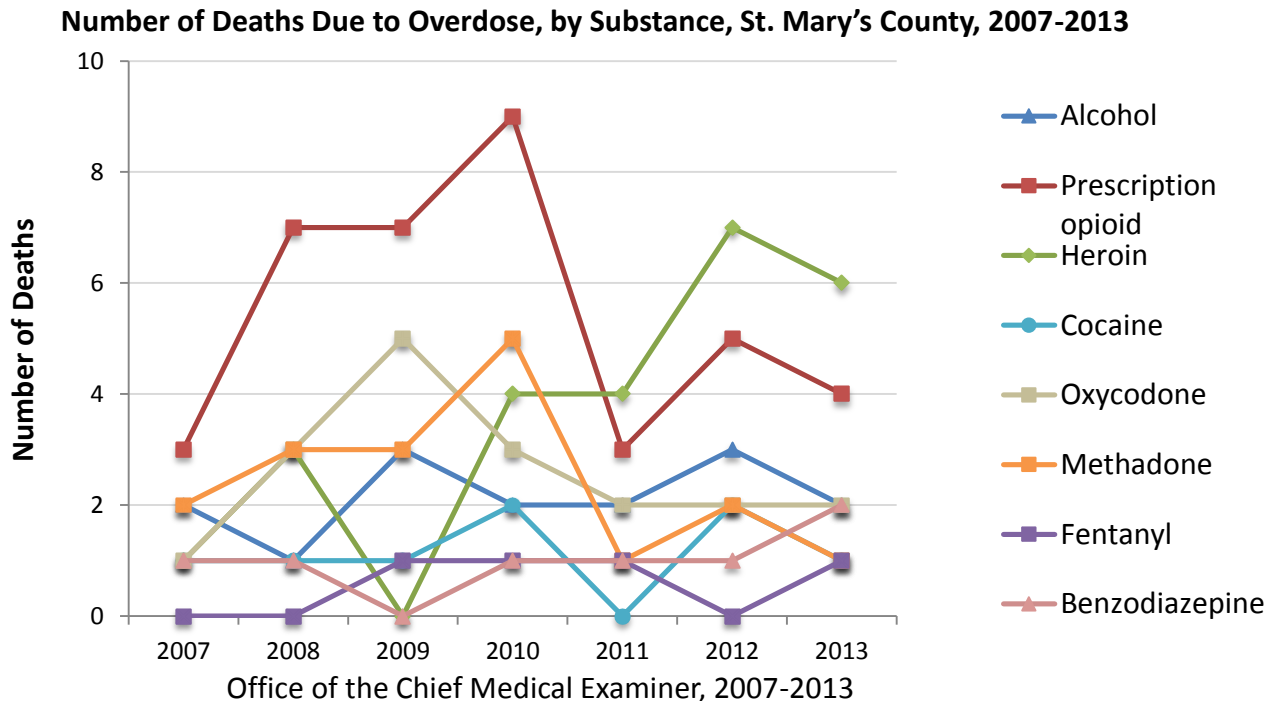
- Quantitative data show majority of residents have not used opiates, which differs from public perception of use
- General public more aware of issue, national trends, acute consequences of use

Consequences of Substance Abuse



Overdose Deaths

- Mortality data show prescription opioid intoxication deaths in St. Mary's County have been decreasing since 2010. Heroin overdose deaths increased through 2012, but have decreased since.
 - Number of opioid-related deaths in St. Mary's County is lower than compared to neighboring counties during that period



Hospitalizations

- Opioid-related hospitalizations and emergency department (ED) visits have increased in St. Mary's County from 2008 to 2012.
- Opioid-related hospitalizations are largely distributed throughout St. Mary's County
 - Numbers more diffuse in St. Mary's County, but lower than that of other counties in Maryland
 - Fewer than five heroin-related hospitalizations in most regions of St. Mary's County from 2008-2013



Substance Abuse Treatment

- From 2012 to 2014 the most common substances for which residents were admitted to treatment centers included alcohol, marijuana, and oxycodone
- Prescription opioids comprised 22.2% of treatment admissions among St. Mary's County residents, and heroin constituted 14.1% of admissions.



Infectious Disease and Neonatal Conditions

- Minority of respondents identified infectious diseases as a consequence
- *“Hep C numbers are up, HIV numbers are up, especially within the jail.”* – Key Informant
- *“Increased number of children born with substance exposure”*
– Key Informant



Crime and Violence

- Correlation between substance abuse and crime noted by respondents
- *“There has been an Increase in crime in order to get money for drugs. People are selling things to purchase drugs. There are break-ins during the day. There is an increase in forgeries and people trying to obtain prescriptions.”* – Key Informant
- Crime perceived as a strategy of lower income residents rather than wealthier residents as they seek ways to purchase opioids



Homelessness or Housing Instability

- A few respondents representing the recovery community noted homelessness as a challenge for substance users
 - Housing instability poses significant stressor, which may have an effect on one's recovery process
- *“Over the past 10 years I've been chronically homeless due to renting or leasing apartments. It's extremely expensive. Even though I'm in residential treatment, I worry every day where I'll go and sleep at night. It's much harder to stay sober without a home.”*

– Focus Group Participant

Job Loss

- Several mentioned job loss or employment instability as consequences of substance use and abuse
- *“People who use substances miss work, lose jobs and are unable to support themselves.”* – Key Informant



At risk populations

- General perception that substance use and abuse “cuts across social classes and all groups of people”
 - Respondents perceived several population groups at particular risk:
 - Youth
 - Women
 - Hispanic residents
 - Lower income residents
 - LGBT residents
 - “There are a lot of people using who you wouldn’t expect. People in sports and extracurriculars. It’s not just gangs or poor people.” – Focus Group Participant
- Treatment and law enforcement data suggest particular subgroups are affected- 18-30yo, white



Risk and Protective Factors



Risk and Protective Factors

The Multiple Contexts of Substance Abuse Risk and Protective Factors



Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Prevention Training and Technical Assistance.

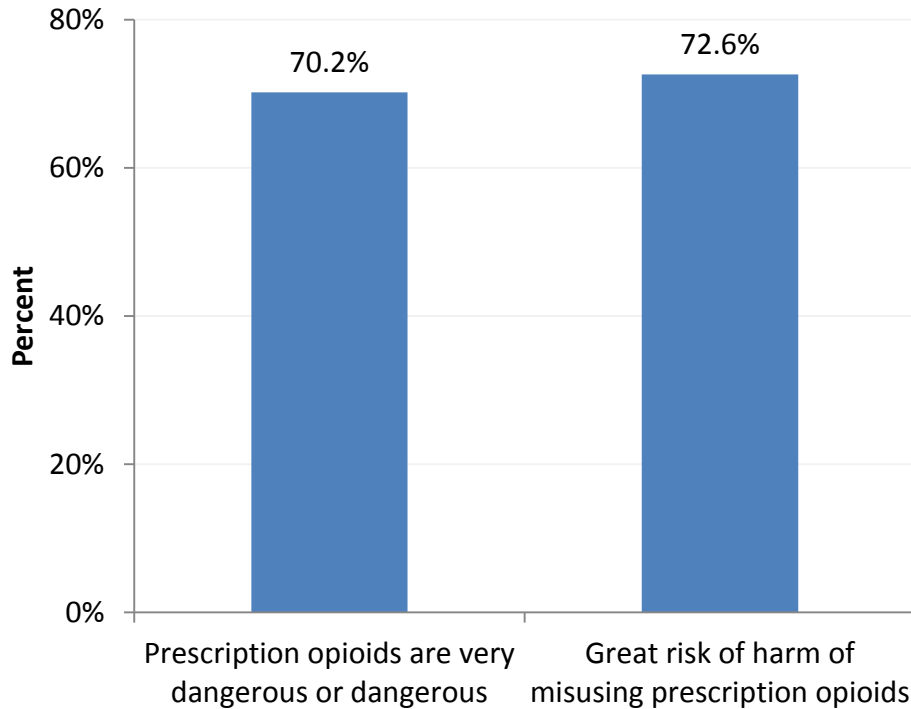
Community Norms and Perception of Risk

- Perceived risk of harm of substance abuse varies according to substance
- *“The general misconception is that alcohol is not a drug. A lot of our clients see nothing wrong with drinking heavily and winding up in the ER because of it.”* – Key Informant
- Youth perceive substance use as having limited health consequences
 - Sense of invincibility to health and social consequences
- Users and providers see opioids as highly addictive, having acute consequences

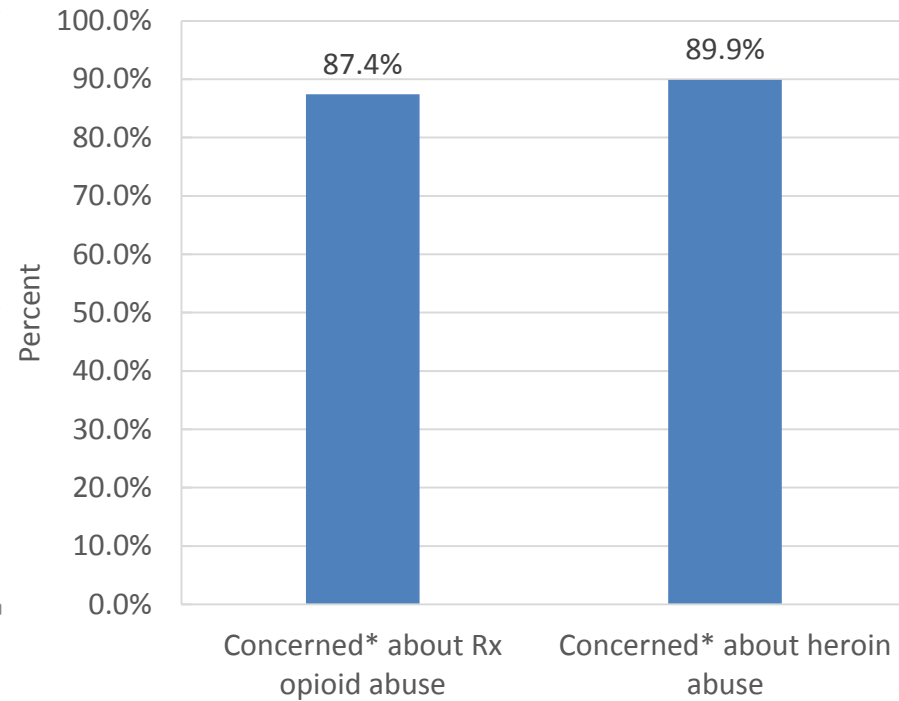


Community Norms and Perception of Risk

Perception of Risk of Harm of Prescription Opioids, 2015



Concerns of Opioid Misuse, 2015



Maryland Public Opinion Survey on Opioids, 2015

Stigma and Understanding of Addiction

- Understandings of substance addiction varied
- Generally, respondents characterized public understanding of substance misuse and abuse as a personal choice
 - Generational divide
- Some respondents characterized the stigma towards addiction as more acute for opiates such as heroin and prescription painkillers rather than alcohol and marijuana.
 - Stigma as a key barrier to the recovery process



Stress, Trauma, and Mental Health

- Substance abuse as a coping response to trauma or adverse childhood experiences
- Perception that substance use and abuse and mental health issues are co-occurring
 - Substance use as a way to “self-medicate”
- *“For me the stress is about the poverty that I live in and the homelessness I face. I just look for a way out so that I don’t have to think about it.”* – Focus Group Participant



Intergenerational Addiction

- Providers, public health practitioners, and residents perceived an intergenerational nature to substance abuse
 - Substances of abuse may vary by generation
- *“What I see is that adverse childhood experiences are the cause of many of these substance abuse issues. Whether the father is an alcohol, the mother ran off with the coke dealer, the uncle abused the niece for years. I saw these kids growing up. I know what their stories are. Of course this is going to happen.”* – Focus Group Participant



Limited Positive Youth Development Activities

- Limited opportunities for youth development, education, and employment opportunities
 - Perception that younger residents use substances because they are bored
- Generally providers and public health leadership accepted the notion of limited youth opportunities, but a few key informants disagreed



Sense of Hopelessness

- A “sense of hopelessness” linked to limited secondary and higher education and employment opportunities and enhanced residents’ risk of substance abuse
- *“Some kids are abusing substances because they don’t have other options in life. People look around and see that this is all there is.”* – Key Informant
- *“It’s hard to get jobs here, so there’s a lot of stress and free time. So people start using to feel better and kill time.”* – Focus Group Participant



Social Access to Substances

- Easy access to alcohol, tobacco, and opioids – from other residents or distributors
 - Young people's easy access to alcohol in particular through households and parties
- Prescription opioids seen as readily accessible from social sources
 - Theft or exchange of prescription opioids from within households or families
- Heroin was described as just as easily accessible as prescription opioids



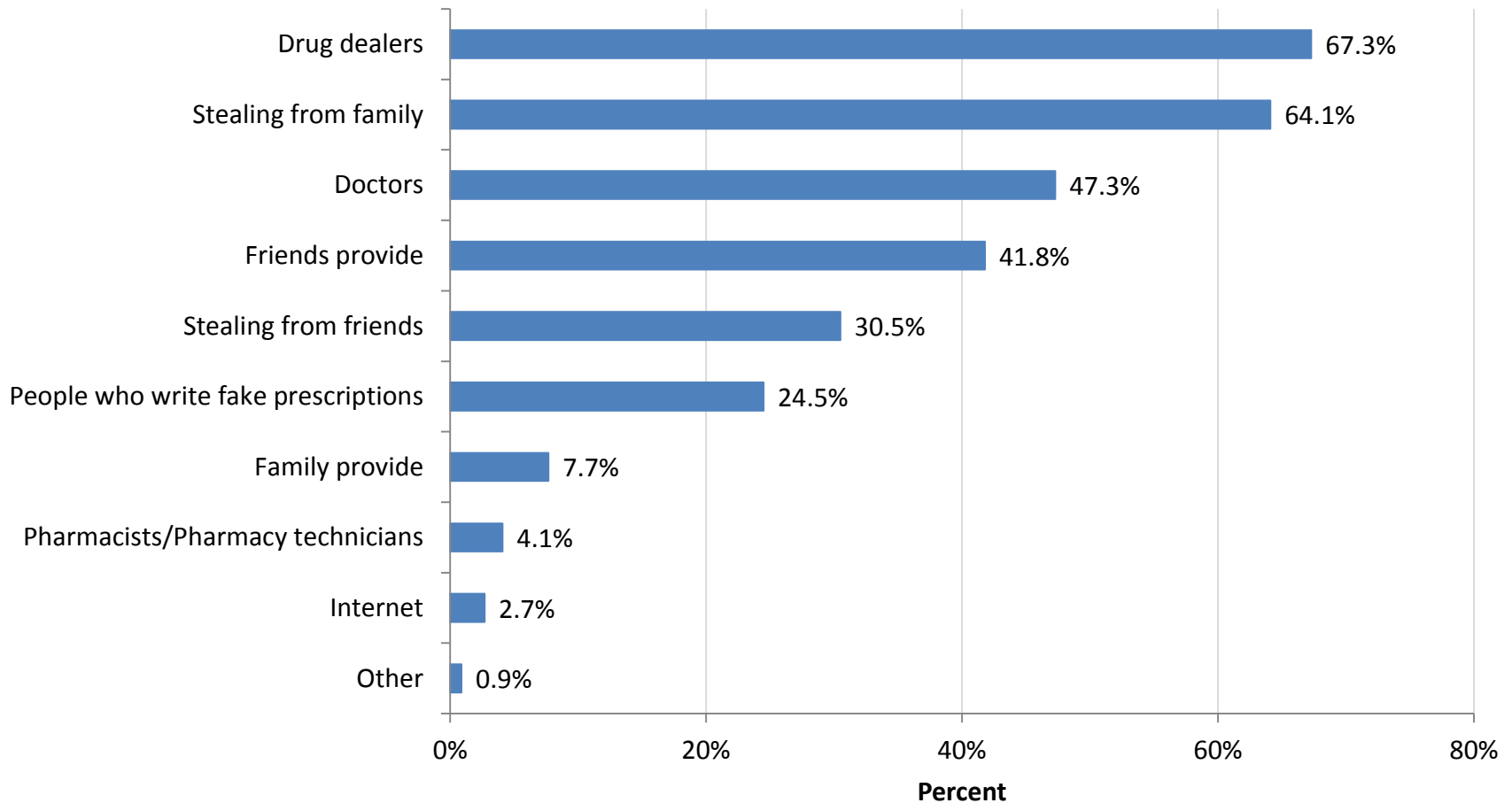
Commercial Access to Substances

- High number of alcohol vendors cited as contributing factor to alcohol abuse
 - Limited alcohol regulations
- Tobacco and marijuana grown locally
- Prescription opioids easily accessed and over-prescribed
 - *“Some people who get hooked on prescription meds are legitimately prescribed [these medications] when they’re in the hospital.”* – Focus Group Participant
 - Concern with pharmacists, dentists and podiatrists
- *“A few years ago there was a doctor who was a pill mill. That’s when it all started in the County. People got hooked and it went from there. Now people go to pain management doctors who are prescribing opiates and continuing the problem.”* – Key Informant



Access to Opioids

Perceptions of Where People Get Opioids, 2015



Maryland Public Opinion Survey on Opioids, 2015

Substance Abuse Prevention in St. Mary's County



Limited Existing Prevention Strategies

➤ School-Based Programs

- DARE
- Education and training of faculty and staff

➤ Community alcohol coalition

➤ Prescription Drug Collection

- Cited as successful effort to reduce access to opioids



Substance Abuse Treatment and Recovery in St. Mary's County



Treatment and Recovery

- Insufficient supply of behavioral health providers in the County to address underlying mental health issues contributing to substance abuse, as well as to treat substance abuse

- Walden is seen as main source of substance abuse treatment in St. Mary's County
 - Mixed experiences with substance abuse treatment from Walden
 - Walden seen as trying to do too much- diluting services across substance abuse, mental health, domestic violence
 - Limited funding and insufficient number of beds
 - Understanding of relapse as part of recovery process



Enforcement of Substances in St. Mary's County



Enforcement

➤ Drug Courts

- Integrate treatment and drug enforcement
- Seen as successful

➤ Enforcement of substances seen as confusing and strict

- *“There’s some confusion over what happens if you’re caught with marijuana.”* – Resident

➤ Providers and representatives from law enforcement and public health cited a need for prevention-focused enforcement strategies to prevent access to opiates

- Enhance prescription drug take-back program
- PDMP



Stakeholder Recommendations



Recommendations

- Address the social determinants of health of substance misuse and abuse
- Address mental health issues that may underlie substance abuse patterns from a life course perspective
- Invest in positive youth development



Recommendations

- Apply a public health prevention approach to substance misuse and abuse
 - *“I think we’re doing a lot with education, but not prevention. But that’s what people can get their hands around. Evidence suggests that education is not that efficacious. That’s what policy makers will support because it shows that we’re doing something.” – Key Informant*

- Build life skills to prevent uptake of substances
 - *“Youth need to know how to say no, to navigate the conversations about using substances, deal with the peer pressure, feel confident, and build their own self efficacy so that they don’t feel the need to use substances. Those are important lessons that we haven’t imparted enough. Those need to happen at the 6th grade, minimum.” – Key Informant*

Recommendations

- Enhance enforcement strategies such as the Prescription Drug Monitoring Program
- Improve the supply of providers
 - *“Increase adolescent mental health services. We have very few clinicians for youth to see. If you want to see a psychiatrist you have to leave the County to see a child psychiatrist.” – Key Informant*
- Increase substance abuse treatment options



Q&A

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