

Meeting the challenges of the opioid crisis

Benjamin Franklin famously advised fire-threatened Philadelphians in 1736, “An ounce of prevention is worth a pound of cure.” This famous axiom is attributed to Franklin’s advocacy and establishment of the first fire department in the city and the first union fire department. Franklin also in 1752, helped establish an insurance company to issue insurance policies for coverage due to loss from fires. The fire insurance company he founded is still in business today.

We are facing a mega crisis much larger than even loss from fires. The mega crisis that has stricken the United States is from substance abuse, in particular opioid abuse. In 2016, the number of persons dying from motor vehicle-related deaths was 37,461; the number of deaths due to overdoses was approximately 64,000; and the number of deaths due to overdoses relating to opioids was approximately 40,000 (with 20,100 deaths related to fentanyl — a 540 percent increase over the three previous years). In 2016, the number of deaths in Arkansas related to overdoses was 401.

This unprecedented crisis needs the leadership and common sense demonstrated by Franklin. The AAC in October 2017 issued five opioid crisis action items (<https://www.arcounties.org/site/assets/files/4766/opioidactions.pdf>). As well, the National League of Cities (NLC) and the National Association of Counties (NACo) have produced a joint report setting forth state, local and federal action items called: “A Prescription for Action” (<http://opioidaction.org>). Below is a brief description of some of the key action items on what you and your community can do to fight the substance and opioid abuse crisis hitting Arkansas.

The focus should be on prevention and treatment. Prevention is first and foremost. Youth drug awareness programs are vital. The recommendations of the joint report seek to reach children early, in school as well as outside of school. The report further recommends a major increase in the general public awareness by all available means. We need to include higher education, as well. The Arkansas Sheriffs Association (ASA) has long conducted a youth drug and alcohol awareness program — the Arkansas Counties Alcohol, Drug Abuse and Crime Prevention Program. The program is being reformatted to include education about the dangers of opioids. Children and adults alike have a misapprehension that prescription drugs are not harmful. Programs such as provided by the ASA program will be essential in reaching our youth. We will need all hands on deck to deliver these new educational programs.

We’ve learned from past efforts, such as the cigarette cessation programs, that youth education is key. After decades of litigation and prevention efforts, in 2017 the number of

smokers in the U.S. was reported to be at an historic low — 15 percent of the adult population. Even this success story has had disparate results. Despite a settlement by tobacco companies in excess of \$112 billion dollars and attaining historic low levels of smokers generally, certain population demographics have a 40 percent rate of smoking.

Higher rates of smoking are found with person identified with lower economic level, living in rural settings and having a lower level of education. Despite major accomplishments in smoker cessation, the use of e-cigarettes and vaping nicotine is on the increase with kids.

There is no panacea or silver bullet to the substance abuse and opioid crisis. The efforts to address the problems arising from the crisis are long-haul undertakings. All counties in Arkansas have safe disposal sites for prescription drugs. Initially, safe collection and disposal of prescription drugs was driven by the need to have pure and uncontaminated water. All counties in Arkansas have prescription take back days and boxes for the collection of prescription drugs. They are largely successful. On April 30, 2016, local agencies in conjunction with the Drug Enforcement Agency (DEA) collected over 447 tons of prescription drugs (over 4,000 pounds just in Franklin County, Ohio). Our own Baxter County Sheriff John Montgomery established a collection box in July 2010. The county’s first drug take back effort in Baxter County collected 119,192 pills, a number that far exceeded the goal of 70,000 pills. The county properly incinerated the drugs with an incinerator purchased and donated to the county by Roller Funeral Home.

Another axiom from Benjamin Franklin is, “Well done is better than well said.” Drug take back days and prescription drug collection boxes work. But despite their accessibility in Arkansas, they are still underutilized. Saturday, April 28, 2018, was National Drug Take Back Day. You and your community organizations — like Rotary, Lion’s, Elks and local churches — need to get into the action. We need to help increase awareness for full use of drug take back days and prescription drug collection boxes.

One of Arkansas’ greatest prevention programs is the Arkansas Drug Take Back. To date more than 131 tons of prescription medication have been collected and destroyed. Kirk Lane, drug director for the state of Arkansas, explains: “The Arkansas Drug Take Back Program is an educational program to teach Arkansans to monitor, secure, and dispose of their unwanted, unused, expired prescription medica-



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tions. This is necessary because it is estimated that over 70 percent of the prescription medication that is abused comes from our homes. Arkansas partners with the DEA, Arkansas National Guard, and hundreds of Arkansas law enforcement agencies throughout the state to make this available. In addition to designated take back dates, we have 200 24-hour take back boxes installed at law enforcement agencies, and there is at least one take back box located in every county in Arkansas. Arkansans can find these box and event locations by going to www.artakeback.org. This outstanding program gives the ability to every Arkansan to weigh in to resolve the opioid epidemic.”

It is imperative that naloxone, an overdose recovery medication, is made widely available in each community in Arkansas. Naloxone is a lifesaver. The Arkansas Naloxone Program is funded through a series of federal grants, foundation grants, asset-seized funds, and private donations. Naloxone allows someone who has overdosed on opioids to breathe again. Director Lane underscores the importance of this medication.

“It is important to realize that, if they are alive, that there is a hope for recovery, and we must make every effort to give those that are subject to an overdose the tools to overcome their substance abuse disorder. In cases of accidental overdose it has been a proven and effective lifesaving tool. Arkansas has over 3,300 first responders trained to date and supplied with these kits throughout our communities, with a plan to increase those numbers in the days to come. Our program has been touted by the Surgeon General of the United States as a model program for other states. We would encourage everyone that knows someone that is struggling with an Opioid Substance Abuse Disorder to obtain Naloxone to safeguard that person’s life, and we have made that possible through the Standing Order Protocol that was passed in September 2017,” Lane said.

Gov. Asa Hutchinson, Director Lane and our local law enforcement officials have demonstrated a vital element to mitigating the opioid crisis — leadership.

A major key to combating the crisis is to assure coverage under Medicaid and health insurance for behavioral health and substance abuse treatment. The Council of State Governments (CSG) studied our criminal justice system and pointed out needs for reinvestment of resources. The CSG noted that one of the major shortcomings of Act 570 of 2013, the Public Safety Improvement Act of 2013, was the lack of funding. Act 570 of 2013 authorized the use

of Medically Assisted Treatment (MAT) for the criminally involved. However, the coverage under Medicaid and health insurance for behavioral health treatment and/or substance abuse treatment was woefully lacking. It is absolutely necessary that health insurance and Medicaid provide coverage for prescriptions and treatment services for behavioral health and substance abuse. Persons suffering from mental illness, from substance abuse or both may need prescription drugs and other treatment services.

Failure of our health insurance or Medicaid to adequately provide coverage, and thereby access to prescriptions drugs and treatment, will destine our combat of the crisis for failure. This is a major action item under the “Prescription for Action” report from the NLC and NACo. The Arkansas Department of Human Services (DHS) is in the process of making improvements to the state’s Medicaid program that we believe will improve access to behavioral health

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and substance abuse treatment for Medicaid beneficiaries. Given the issues related to opioid abuse that states across the country are facing, it is important that we make these changes now. DHS is phasing out some programs — Rehabilitative Services for Persons with Mental Illness Program (RSPMI),

Substance Abuse Treatment Services Program (SATs), and the Licensed Mental Health Practitioner Program (LMHP) — on June 30 and transitioning to a more comprehensive and robust program called Outpatient Behavioral Health Services.

All Medicaid beneficiaries will have improved access to the services, provided by an expanded network of Independently Licensed Mental Health Providers and Behavioral Health Agencies, designed to address both behavioral health and substance use issues. In addition, beneficiaries will have access to an enhanced array of services, including residential services for adults with serious mental illness and children who are transitioning back into the community from inpatient care. An independent assessment will determine access to services for those with the highest needs, and these beneficiaries will be assigned to a care coordinator through a Provider Led Shared Saving Entity (PASSE). Based on the independent assessment, those entering PASSE will have a comprehensive Person-Centered Persons with mental illness in a civil context can be ordered to comply with MAT to prevent them from being a danger to themselves or to others.

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Crisis

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Senate Bill 299 of 2015 filed by Sen. David Johnson was in furtherance of MAT. The bill had support of a broad coalition, including the AAC, the Mental Health Council of Arkansas (MHCA), Judicial Equality for Mental Illness (JEMI), and National Alliance on Mental Illness (NAMI). Access to treatment by virtue of MAT or otherwise absolutely hinges on funding, such as coverage under Medicaid and health insurance policies, including Arkansas Works.

If adequate coverage is provided, criminally involved persons can be effectively ordered by the courts to comply with treatment orders, including taking prescribed medications and attending counseling, etc. And due to coverage, treatment is genuinely accessible. Dr. Nick Zaller, director of the Office of Global Health and associate professor of Health and Behavior Health at the University of Arkansas Medical Sciences (UAMS) explains: “We know that our prisons and jails disproportionately house individuals with significant behavioral health disorders. And we know that using incarceration as a means to an end with respect to ending drug use among our citizens won’t work — we have decades of irrefutable proof of this. There is another way. We have medications that can treat opioid addiction, yet access to these medications in Arkansas, and especially within criminal justice settings, is extremely limited. One of the most important ways in which we can reduce the harmful consequences of opioid misuse and addiction is to expand access to lifesaving treatment. But access to medications alone is not sufficient. We need to make sure that our system of care is comprehensive. We need to ensure appropriate, evidence-based behavioral health treatment, including counseling services such as cognitive behavioral therapy, is available to all who are in need. This will take strong community advocacy and strong political will in order to invest the resources needed to provide the care and healing needed among some of our most vulnerable individuals, families and communities.”

The Governor, General Assembly and DHS have successfully commenced to address a major need in Arkansas of establishing crisis stabilization units (CSUs). Act 423 of 2017, Medicaid and \$6.4 million in general revenue have resulted in the approval of four regional CSUs in Arkansas. The Sebastian County CSU commenced operations in March. The CSUs for Craighead, Washington and Pulaski counties are in the works. The counties committed to providing the physical facility for the CSUs. A CSU is the place and operation to take persons in a mental health crisis. CSUs are more efficient and less costly than emergency rooms. Also, CSUs provide persons in crisis treatment. CSUs are an effective and cost-efficient means to address persons in crisis. Jails and emergency rooms are not effective, cost efficient or a means to dispense behavioral health or substance abuse treatment. The collaboration with DHS and various stakeholders in the establishment of CSUs in Arkansas is an example of Arkansans pulling together to address our needs in Arkansas.

Finally, a lawsuit has been filed in Crittenden County, Arkansas, on behalf of all 75 counties, the state and 15 major cities. The suit is an example of a unified, unprecedented and efficient collaboration of the counties, state and cities to pursue a means of addressing the crisis. The efforts to address and mitigate the crisis will take years and cost billions of dollars. The lawsuit is against 65 companies that manufacture or distribute pharmaceuticals and other parties. The complaint (<https://www.arcounties.org/opioid-crisis-in-arkansas/>) sets forth the basis for the culpability of the parties. The AAC and the various county officials and stakeholders have asserted their leadership roles. Each leader, official, and active citizen must do his part to address this epic crisis. We need everyone to implement the action items from the Opioid Task Force and the “Prescription for Action” report by the NLC and NACo. Please do your part.



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