Where is the LUV?

Listening to Unheard Voices of the Opioid Epidemic

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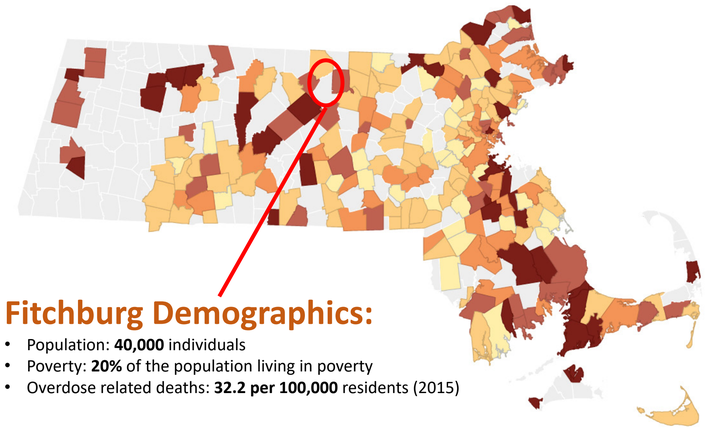
Introduction

Our nation is in the midst of an opioid epidemic that has been described as one of the worst public health crises in U.S. history. Drug overdoses, the majority of which are opioid-related, are now the leading cause of accidental death in the U.S. In Massachusetts, the rate of drug-induced deaths exceeds the national average by 30% while the number of infants born with narcotics in their system is more than three times the national average.

Although important steps have been taken to combat the epidemic, there is an increasing awareness that our interventions cannot be successful without the input of those who are living at the center of the epidemic. The purpose of the Listening to Unheard Voices (LUV) Project is to better understand the experiences and opinions of individuals in North Central Massachusetts who have been directly impacted by addiction. The LUV Project seeks to hear from people struggling with addiction, people with loved ones who are or have struggled with addiction, and first responders and service providers. Information from these individuals will be used to develop a report that will help stakeholders better understand the needs of their communities as it relates to drug and alcohol addiction. The primary partners of the LUV Project include the Joint Coalition on Health, UMass Medical School, and Community Health Connections.

Opioid overdose deaths per 100,000 people, 2015 *(Boston Globe, May 3, 2016)*

1 TO 9 | 10 TO 19 | 20 TO 29 | 30 TO 39 | 40 TO 500



Fitchburg Demographics:

- Population: **40,000** individuals
- Poverty: **20%** of the population living in poverty
- Overdose related deaths: **32.2 per 100,000** residents (2015)

Goals

- Interview individuals directly impacted by addiction
- Document interview notes
- Synthesize and present preliminary results

Conducting Interviews

Interviews consisted of 8 questions targeted at the causes, experience, treatment, and recommendations for future changes surrounding addiction. 57 individuals were interviewed from central Massachusetts towns such as Fitchburg, Lunenburg, Gardener, Shirley, Leominster, and Ashburnham. Individuals were people who currently or previously suffered from addiction, family members of those who had addictions, and healthcare professions who worked with people with addictions

Why do people become addicted to drugs and/or alcohol?	Why do people relapse?	Why do people overdose?	Why have so many people overdosed and died?	What programs are helpful?	What programs are unhelpful?	What are things that would help more people recover from addiction?
• Substances used to **mask feelings** • **Addictions starting in childhood**: **Trauma** (physical, emotional, sexual abuse), Genetics (addictive personality/ predisposition), Social and environmental factors, Mental Health • **Addictions starting in adulthood:** PTSD from war experiences, Social and environmental factors, Mental Health	• **Stress** (holidays, DCF, children, intimate relationships, fired from job) • **Physical pain** • **Lack of stable routine**	• **Unknown dose strength** and **purity** of drug • **"Won't happen to me"** mentality • Younger generations are more naïve • **Greater access** to drugs due to over prescription • Trying to **escape pain** • Taking excess drug to try and **break through** the suboxone **blocker**	• Heroin is **cheaper** • NA meetings **connect** people to **dealers** • **No secure injection facility**	• **NA** (narcotics anonymous) and **AA** (alcoholics anonymous) • **Counseling** • **Vivatrol** • **Methadone**	• **Substitution medications** such as Suboxone and Methadone • **Jail** • Any program that is **short** in duration	• **Long term care** • **Education** for children, adults, healthcare professionals • **Housing** • **NA and AA** programs • **Less judgement** and more empathy and listening • **Healthy lifestyle** and access to activities • A feeling of **purpose** and motivation through jobs, education, etc • **Transportation** services

Interview Survey Statistics:

Characteristic	Total (%)	Characteristic	Total (%)
Age	7 (25.9)	Experience with Addiction*	
18-29	7 (25.9)	I am currently addicted to drugs and/or alcohol	3 (11.1)
30-39	2 (7.4)	I was addicted to drugs and/or alcohol in the past	17 (63.0)
40-49	7 (25.9)	I have a family member who is currently addicted to drugs and/or alcohol	18 (66.7)
50-59	4 (14.8)	I have a family member who was addicted to drugs and/or alcohol in the past	13 (48.1)
60+		I have a friend who is currently addicted to drugs and/or alcohol	12 (44.4)
		I have a friend who was addicted to drugs and/or alcohol in the past	14 (51.9)
		I have lost a loved one to addiction	11 (40.7)
Race		**Experience with Narcan**	
White (non-Hispanic)	24 (88.9)	I don't know what Narcan is	1 (3.7)
Black/African American	1 (3.7)	I know what Narcan is but I have never been trained to use it	8 (29.6)
Latino/a	1 (3.7)	I have been trained to use Narcan but I don't carry it	11 (40.7)
Asian	1 (3.7)	I have been trained to use Narcan and I carry it	7 (25.9)
		I have used Narcan on someone who has overdosed	2 (7.4)

*percentages do not add up to 100% because respondents were allowed to give multiple responses

Improving the Survey Tool:

	Inclusion of a prevention question	Comprehensive demographic questions	Combining questions 4 & 5
What	What useful prevention mechanisms have been or should be implemented?	Provide an "Other" category for the following question: What is your experience with alcohol or drug addiction? (Check all that apply.)	Combining the following two questions: Many people have overdosed. From your experience, or the experience of people you know, why are so many people overdosing? Many people who have overdose have died. From your experience, or the experience of people you know, why have so many people overdosed and died?
Why	A large majority of addiction funding is directed towards treatment, but given the complex causes and social determinants of addiction, decreasing disease incidence is equally as important.	Provides the opportunity for participants to explain how they view their experience with addiction without being confined to specific pre-written statements.	Similar answers were obtained for each of these questions during the pilot study.

Progress

- Our study uses method and data source triangulation to gain a better understanding of the issues surrounding addiction and treatment
- Quantitative data will be gathered from federal, state, and local resources (including HHS, SAMSHSA, Center for Disease Control Prevention, etc.)
- Qualitative data will be collected from participants purposefully selected for their lived experiences and unique perspective as it relates to opioid abuse and overdose
- Data collection procedures include written questionnaires, 1:1 interviews, and focus groups
- We are in the progress of collecting qualitative data from interviews with members of the community and those working on the frontlines of service delivery and crisis intervention
- In the later phases of the project, the qualitative data will be used to demonstrate the accessibility and impact of approaches and interventions as experienced by persons directly impacted by opioid addiction
- We also hope to learn more about barriers and upstream drivers that prevent people with addiction from seeking and/or accessing treatment, as well as inform providers and policy makers on how current interventions and policies can be modified to improve health outcomes

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