

INTRODUCTION

Martha's Vineyard (MV) is an island off the coast of Massachusetts comprised of six independent towns within Dukes County. It has a year-round population of 15,500 residents but swells to more than 100,000 in the summer months (1).

The population on MV experience unique challenges stemming from the seasonality and geography of the island. These include unstable employment, lack of affordable housing, high cost-of-living, and a party-like atmosphere in the summer contrasted with a lack of things to do in the wintertime.

According to state data from 2013, it is estimated that 1,450 people are living on MV with SUD (2).

Previous UMass Rural Scholars have focused on Substance Use Disorder (SUD) from various angles, including general SUD (2005), a screening tool for SUD (2006), SUD as it pertains to youth (2007), and SUD in relation to behavioral health in the elderly (2011).

PROJECT GOALS

Goal 1: Collect and compile a real-time, detailed primary-source substance abuse data and determine a system for updating the data-set going forward.

Goal 2: Obtain information about the individual's experience of seeking treatment on Martha's Vineyard.

Goal 3: Identify what, if anything, is needed by the community in the way of support for families, services or opportunities for early intervention as a means to prevent the development of SUD.

METHODS

Quantitative Data Collection and Compilation

Data was collected on incidence and prevalence of SUD on Martha's Vineyard via the police department incidence reports, Death Certificates from the Chilmark Board of Health, Martha's Vineyard Hospital EMRs, Martha's Vineyard Hospital Director of EMS, Duke's County Jail, MA Department of Public Health, and Barnstable County Regional Substance Abuse Council.

Data was compiled and represented graphically to elicit trends.

Qualitative Data Collection and Compilation

37 Individuals in the community were interviewed, including 25 stakeholders (law enforcement officials, physicians, Martha's Vineyard Community Services staff, parents, and school faculty) and 12 individuals in recovery from SUD. Interviews were conducted in a semi-structured format.

DATA RESULTS

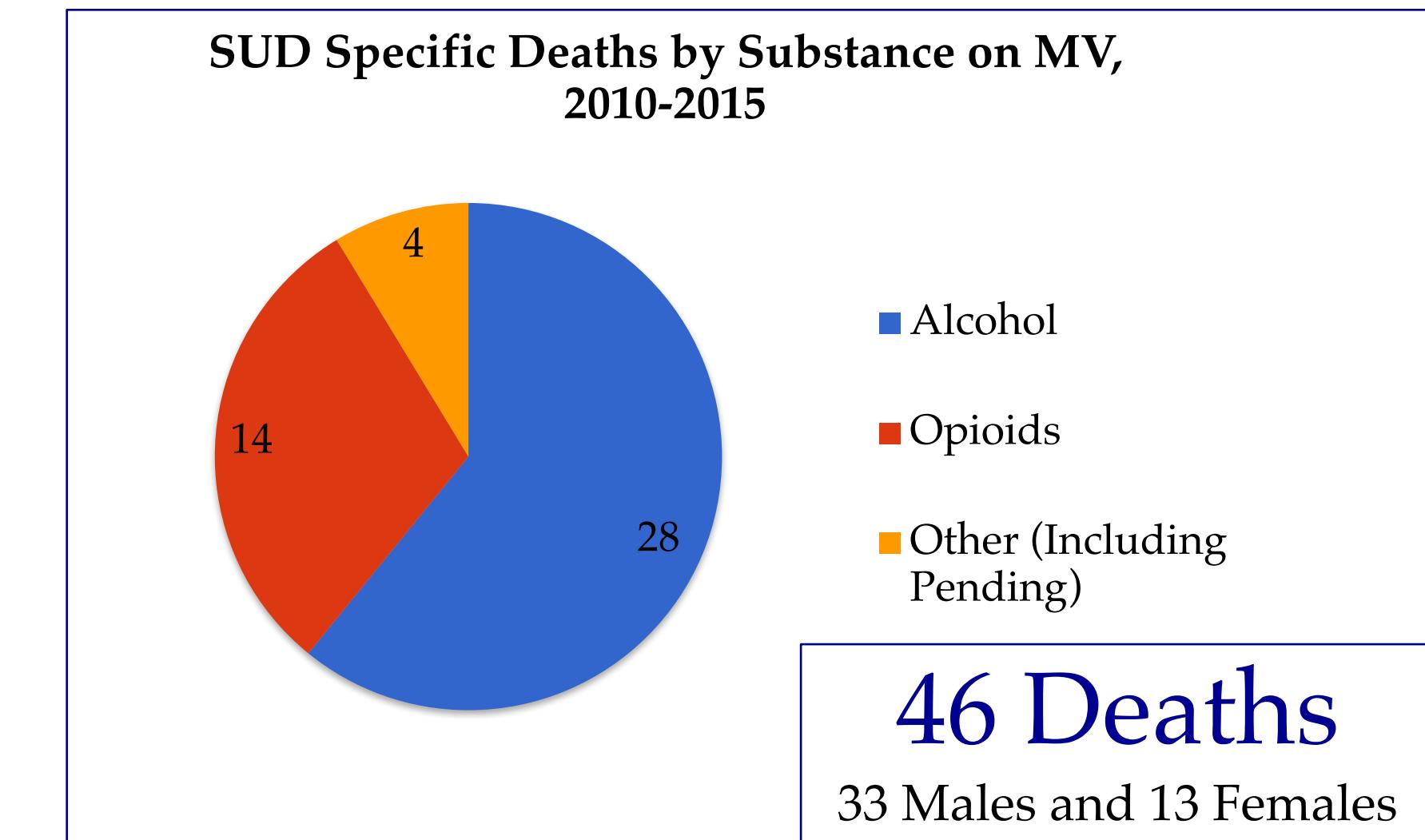


Figure 1

Narcan Use on MV 1/1/2016 – 5/31/16

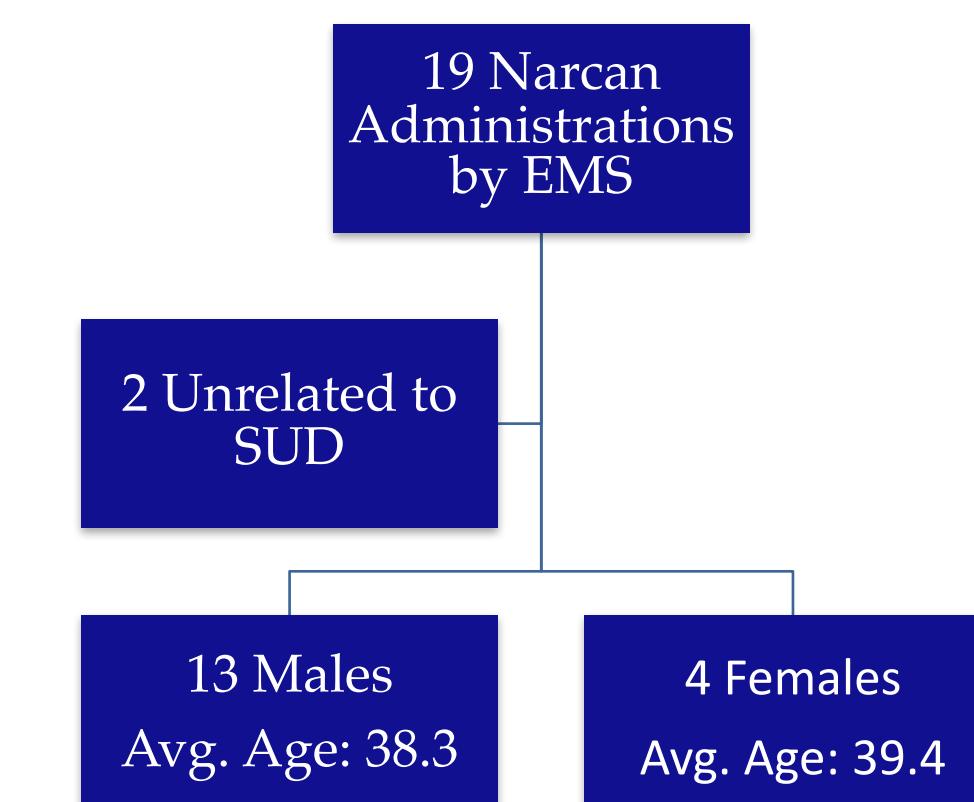


Figure 2

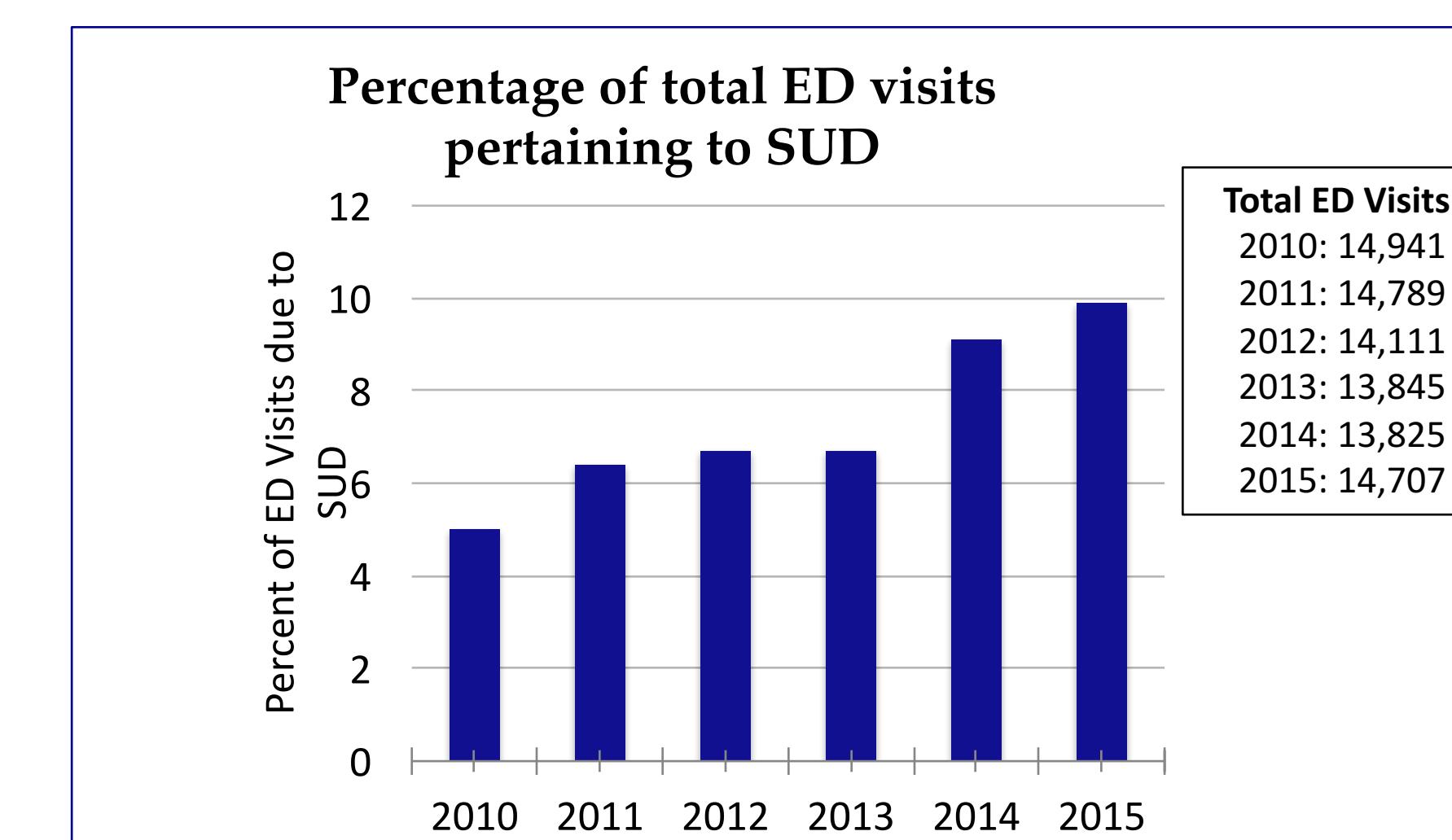


Figure 3

Points of Entry to Services on MV

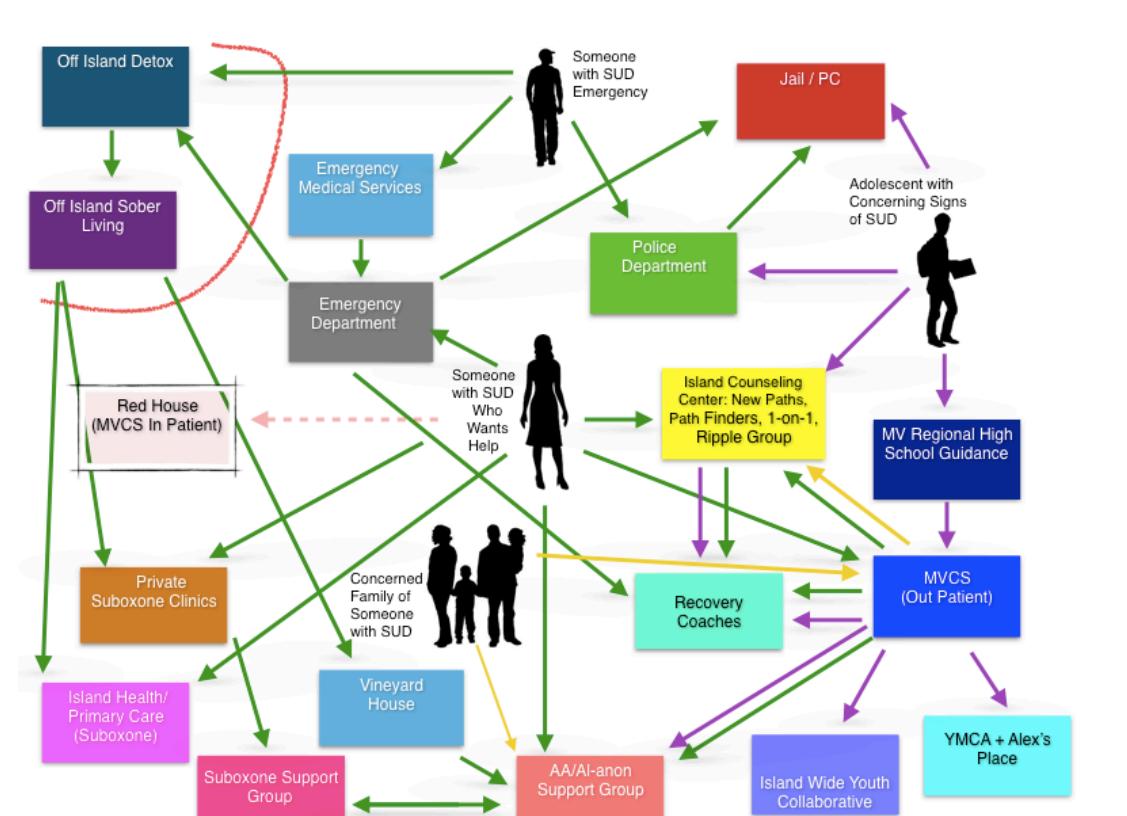


Figure 4

QUALITATIVE INTERVIEWS

Recovery Community's Experience:

- Shame, secrecy, and social stigma were barriers to treatment
- Ample number of services does not translate to adequate support
- Community support is vital for lasting recovery
- Finding a higher power was a large component in many recovery stories

"Recovery is carrying the message to those who are still sick and suffering"

Suggestions Gleaned from Interviews:

- Establishing detox beds on MV should be prioritized
- A recovery home for patients on medically assisted treatment and youth is necessary
- Schools could benefit from early intervention education
- The island culture needs to shift to discourage the normalcy of marijuana, underage drinking, and illegal drug use

Stakeholders' Views about SUD services on MV:

- There is a need to reach individuals struggling with SUD sooner
- The wait to access services spikes with the rise in population in the summer
- There needs to be improved communication among those SUD resources
- While statistically SUD may not be greater on MV than in other parts of the US, it is felt acutely

RECOMMENDATIONS AND CONCLUSIONS

The following suggestions build on the plethora of resources already available by focusing on prevention and early intervention to further engage patients with SUD.

Recommendation 1: Education and Prevention

- 1.1- *Youth education:* Island-wide K-12 programming that incorporates both the science of addiction and stress-management skills.
- 1.2- *Parent forums:* Workshops focusing on teaching parents about the warning signs of SUD and tips on how to discuss substance use with their children.

Recommendation 2: Early Intervention

- 2.1- *Screening:* Implement tools to identify high-risk individuals encountered in the hospital, primary care offices, and schools.
- 2.2- *Visible Outreach:* Make SUD resources available across the island in both clinical and community settings.
- 2.3- *Motivational Interviewing:* Teach community members how to effectively communicate with people suffering from SUD.

Recommendation 3: Continuity of Care

- 3.1- *Ownership:* Train or recruit addiction specialist or team.
- 3.2- *Warm hand-off:* Keep people engaged in treatment and promote further collaboration amongst medical care, law enforcement, and community services.

Recommendation 4: Quarterly Data Reporting

- 4.1- *Data:* Centralized, consistent reporting amongst all agencies to accurately quantify SUD on the island.

REFERENCES

- 1 Martha's Vineyard Chamber of Commerce. <http://www.mvy.com/press-room/island-information.aspx>
- 2 Myrick, S. (2016, March 3). County Commissioners Voice Concern Over Heroin Epidemic. Vineyard Gazette.

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