Local Opioid Abatement Assessment: Successes and Lessons

Great Meadows Public Health Collaborative
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Overview

- Background on Opioid Settlement Funds
- Abatement Survey Methods and Lessons
- Survey Findings
- Formation of Opioid Taskforce and Future Planning

Disclosures

- We have no potential or actual financial interests or relationships to disclose.

Background on opioid settlement funds

Opioid Abatement Funds

2020

Opioid Recovery and Remediation Fund Advisory Council is established to recommend expenditures for opioid funds

2021-2023

MA Attorney General's Office suit results in >$900 million from various pharmaceutical companies, 40% of which is being distributed to municipalities.

2022

Funds begin being disbursed to municipalities, and will be fully paid out in 2038.

2025

MA Attorney General announces new settlement, anticipated to bring an additional $117 million into the Commonwealth.

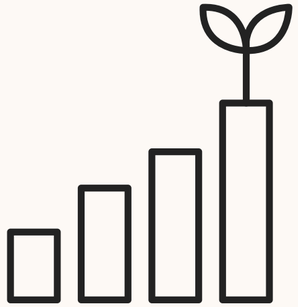
Opioid Abatement Funds

Decision Making



Reflects input of our communities, particularly individuals with lived & living experience with the opioid epidemic

Addresses disparities in existing services, improves equity, and decreases stigma





Addresses mental health disorders, substance use disorders, and other behavioral health needs that occur with opioid use disorder

Leverages programs and services already reimbursed by state agencies and programs





Encourages innovation, fills gaps, and includes evidence-based, evidence-informed, and promising programs

Opioid Abatement Funds

Priority Areas for Spending

1. **Opioid Use Disorder Treatment:** Includes medication and therapeutic counseling for people with opioid use disorder.
2. **Support People in Treatment and Recovery**: Includes recovery, housing, transportation, employment and community services for people in treatment or recovery from an opioid use disorder.
3. **Connection to Care**: Includes early identification and intervention for individuals at risk of or who have recently developed an opioid use disorder.
4. **Harm Reduction**: Includes efforts to prevent opioid-related death and illness.

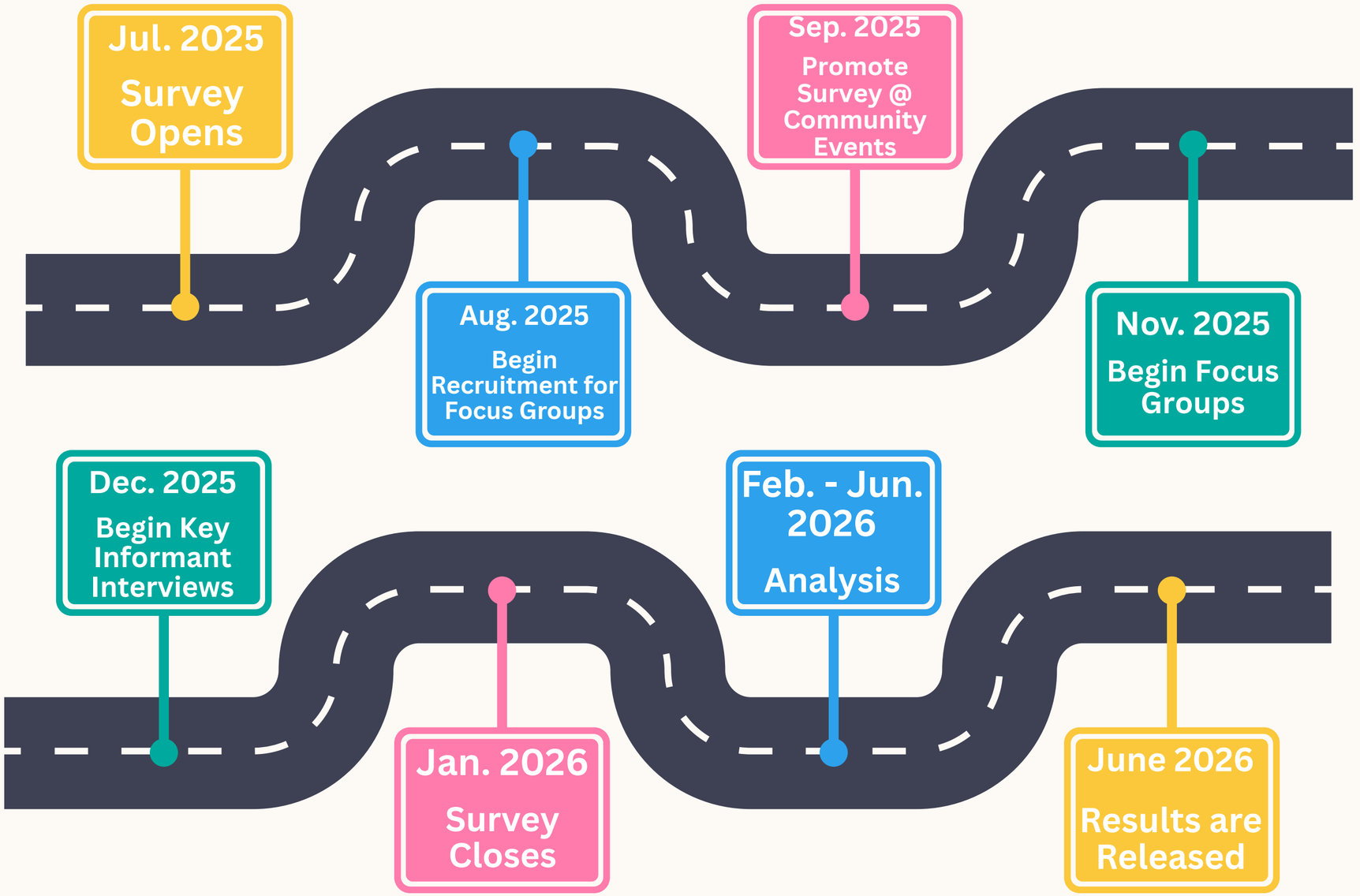
Opioid Abatement Funds

Priority Areas for Spending

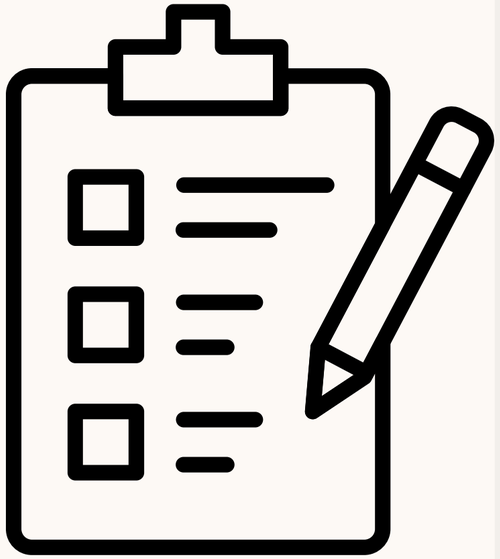
5. **Address the Needs of Criminal-Justice Involved Persons**: Includes providing treatment and recovery services before, during, and post incarceration.
6. **Support Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome**: Includes services for pregnant people with opioid use disorder, childcare and family supports.
7. **Prevent Misuse of Opioids and Implement Prevention Education**: Includes youth prevention, anti-stigma campaigns and community education about opioid use.

Abatement survey - creation and distribution

Assessment Timeline



Survey Creation



1. Engaged with state training & technical assistance to learn about how other municipalities had conducted assessments on this topic
2. Received example survey and focus group questions
3. Formed a regional “subcommittee” to create a draft version of the survey and focus group/key informant interview guides
4. Presented the drafts to our Regional Advisory Committee for revision
5. Created the survey as a GoogleForm

Survey Distribution



- Community partners
  - Local Treatment Centers
  - Schools
  - Councils on Aging
  - Libraries
- Advertising
  - Local News Outlets
  - Newsletters,
  - Direct to Home Mailing,
  - Tabling at Community Events/Flu Clinics
  - Sharing to Town Social Media

Abatement survey - Qualitative methods

Qualitative Data Methods

Recruitment

Focus Groups

- Participants were recruited by convenience sampling through the assessment survey
- Each respondent was screened to determine connection to the opioid epidemic
  - Lived & Living Experience
  - Connection through a loved one
  - Professional Connection

Key Informants

- Identified based on their expertise and connection to the region.
- Prioritizing:
  - Treatment & Recovery Professionals
  - Schools
  - First Responders
  - Faith Based Organizations
  - Community Based Organizations

Qualitative Data Methods

Data Collection

Focus Groups

- 2 hours long
  - Including 20 minute presentation with background on the funds, and state and local opioid use statistics
- Focus group participants were compensated $50/hour

Key Informants

- 1 hour long
  - Including 5-10 minute presentation with background on the funds, and state and local opioid use statistics
  - Key informants were not compensated as they were interviewed in their work capacity

Qualitative Data Methods

Data Cleaning & Analysis

Cleaning

- All focus groups and interviews were recorded with consent from participants
- Recordings were transcribed and cleaned to ensure accuracy of quotations
- This generated ~17 hours of audio and 311 pages of transcripts

Analysis

- Created codebook based on the interview guide
- Analyzed transcripts using Dedoose software
  - Ensured fidelity with the codebook
  - The codebook was edited to reflect any missed themes, and remaining transcripts were coded separately
- 51 codes, 1,057 excerpts, 1,443 code applications

Abatement survey - Quantitative methods

Quantitative Data Methods

Excel

Cleaning and Coding

- surveys filled out online auto-filled into spreadsheet
- manually input paper surveys
- created 64 numerical variables from question answers
    - questions with multiple answers had to be coded into equivalent number of binary variables
- removed nonsensical results

Descriptive Statistics

- calculated mean, median, mode, frequency, percentages
- created tables, histograms

Analysis prep

- added labels, formatted variable types
- evaluated normality, chose appropriate tests based on test assumptions (requirements)

Quantitative Data Methods

R Studio

Pairwise comparison tests

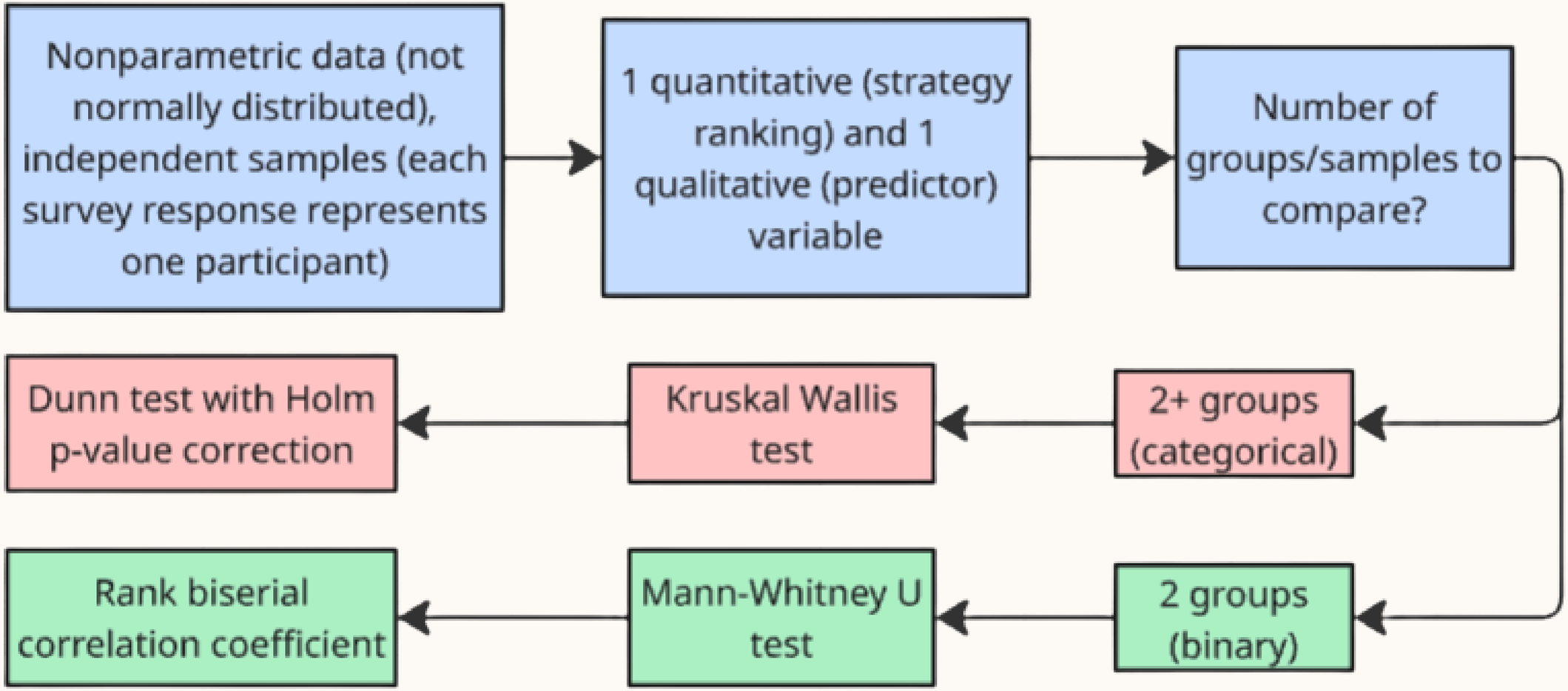
- outcome variable(s) - ranking of strategies 1 through 7
- predictor variable(s) - age, gender, personal experience with OU, know someone affected by OU, family experience with OU, professional experience with OU, not affected by OU
- Is there a **significant** difference in strategy ranking **between** predictor variables?

Post-hoc analysis

- In predictor variables with significant differences in strategy rankings:
  - which **specific** groups had differences?
    - Dunn test with Holm p-value correction
  - what is the **magnitude** and **direction** of the correlation?
    - rank biserial correlation coefficient

Quantitative Data Methods

R Studio



Abatement survey results

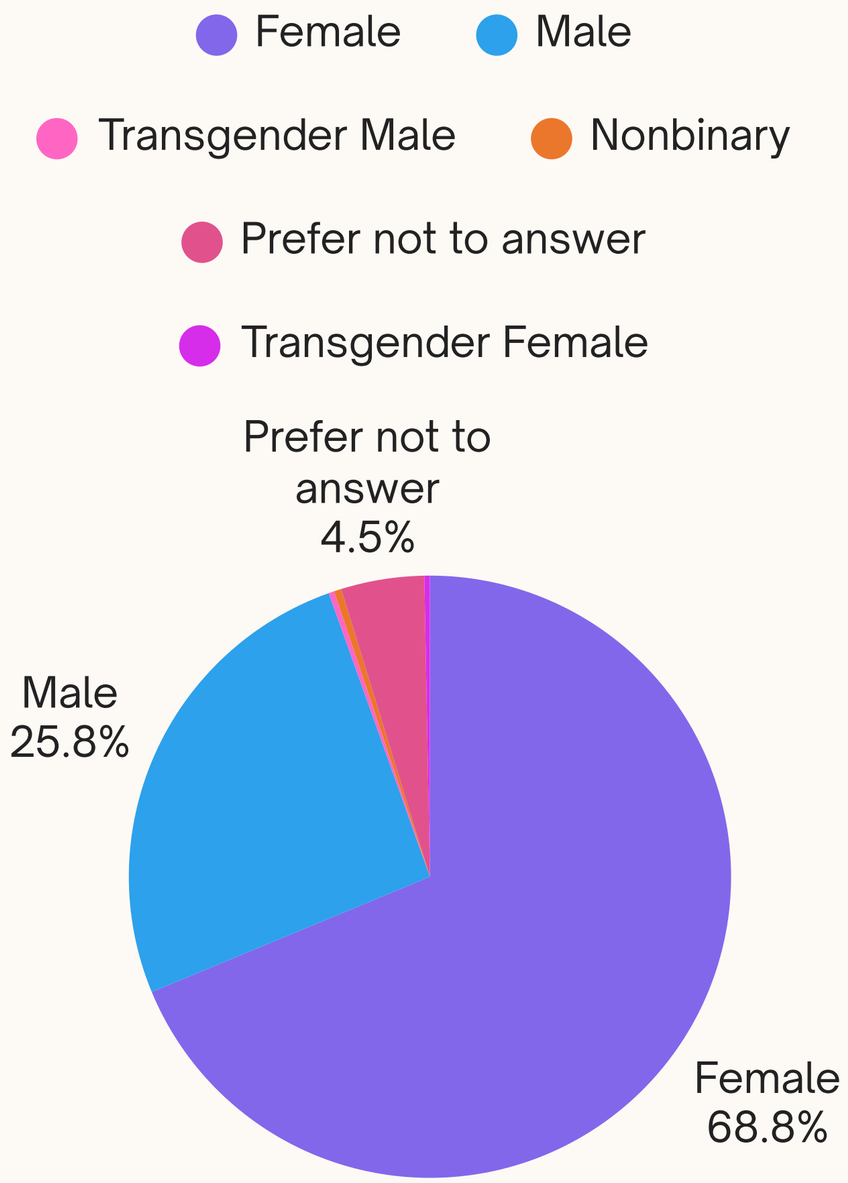
Quantitative Data

Municipality	Responses	Percent of Population
Bedford	152	1.17%
Carlisle	56	1.08%
Concord	303	1.63%
Lincoln	101	1.44%
Sudbury	163	0.88%
Wayland	133	0.96%
Weston	104	0.89%

We collected a total of 1,012 responses!

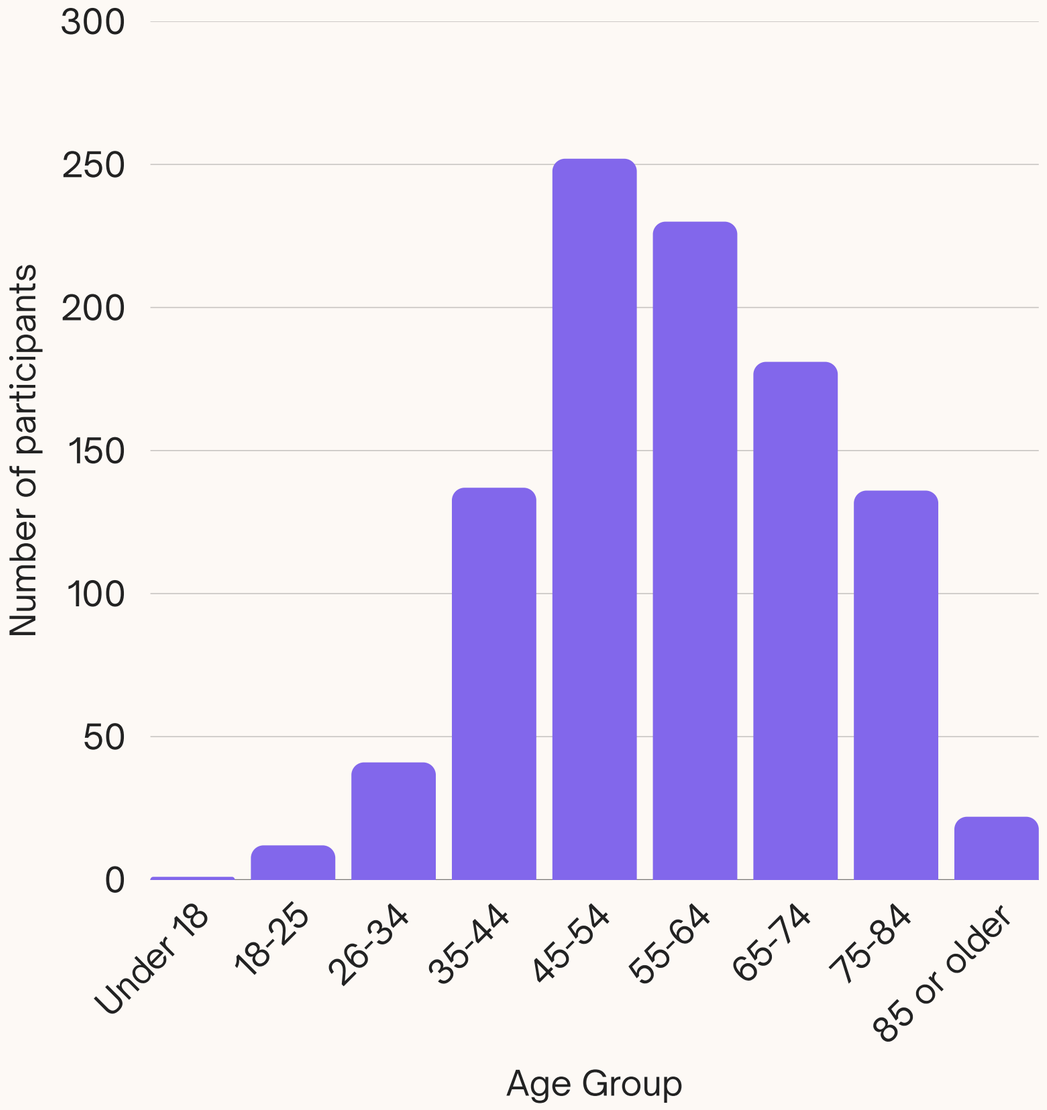
Descriptive Statistics - Gender

Gender	Frequency	Percent of Responses
Female	693	68%
Transgender Female	3	<1%
Male	260	26%
Transgender Male	3	<1%
Nonbinary	4	<1%
Prefer not to answer	45	4%
Other	0	0%



Descriptive Statistics - Age

Age Group	Frequency	Percent of Responses
Under 18	1	<1%
18-25	12	1%
26-34	41	4%
35-44	137	14%
45-54	252	25%
55-64	230	23%
65-74	181	18%
75-84	136	13%
85 or older	22	2%



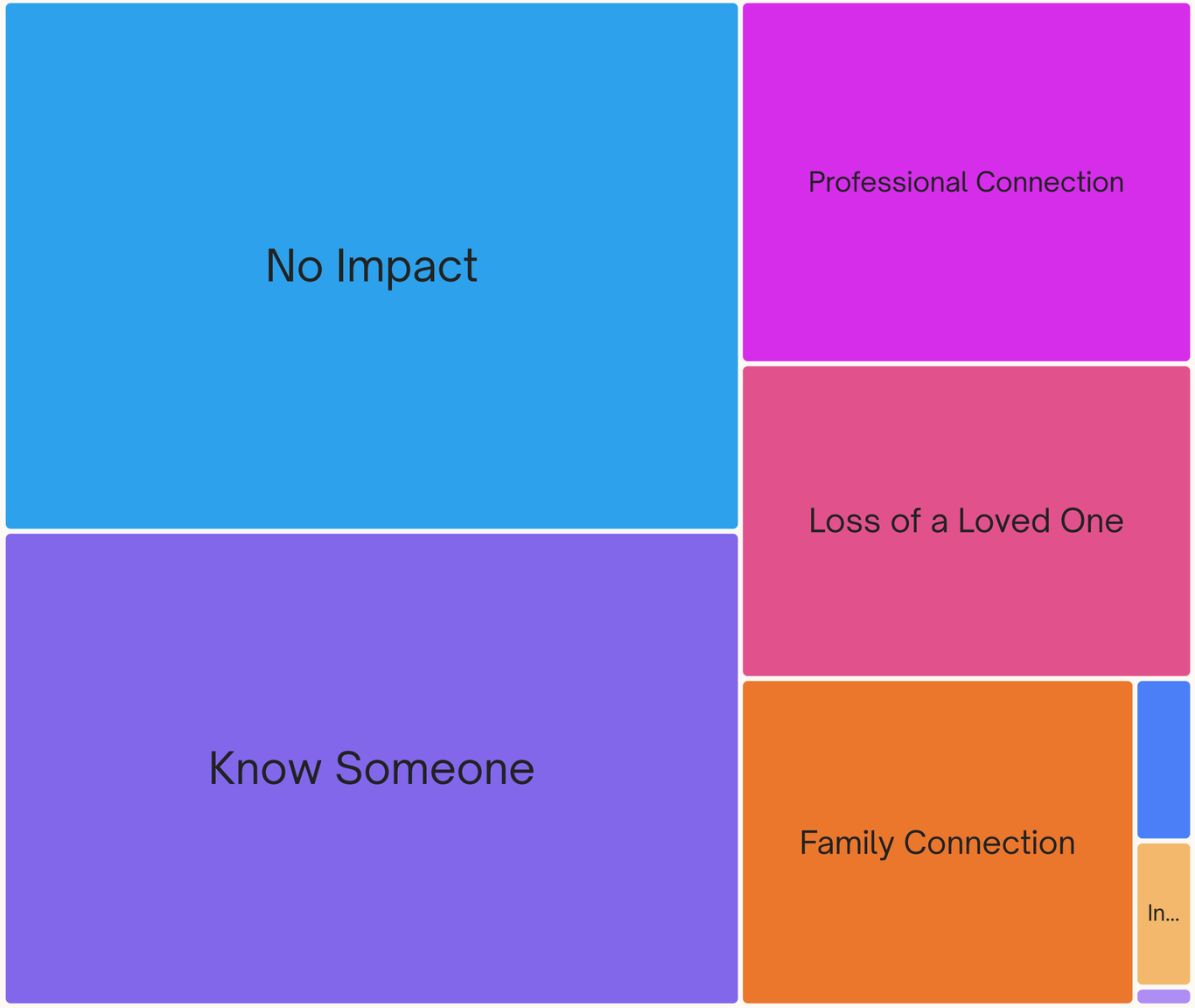
Descriptive Statistics - Race and Ethnicity

Race	Frequency	Percent of Responses
American Indian or Alaska Native	2	<1%
Asian	32	3%
Black or African American	5	<1%
White	850	84%
Prefer not to answer	91	9%
Other	11	1%

Ethnicity	Frequency	Percent of Responses
Not Hispanic or Latino	898	89%
Hispanic or Latino	23	2%

Descriptive Statistics - Connection to Opioid Epidemic

Connection	Frequency	Percent of Responses
Active Use	10	<1%
In Treatment	1	<1%
In Recovery	9	<1%
Family Connection	143	14%
Loss of a Loved One	158	16%
Professional Connection	181	18%
Know Someone	387	38%
No Impact	433	43%



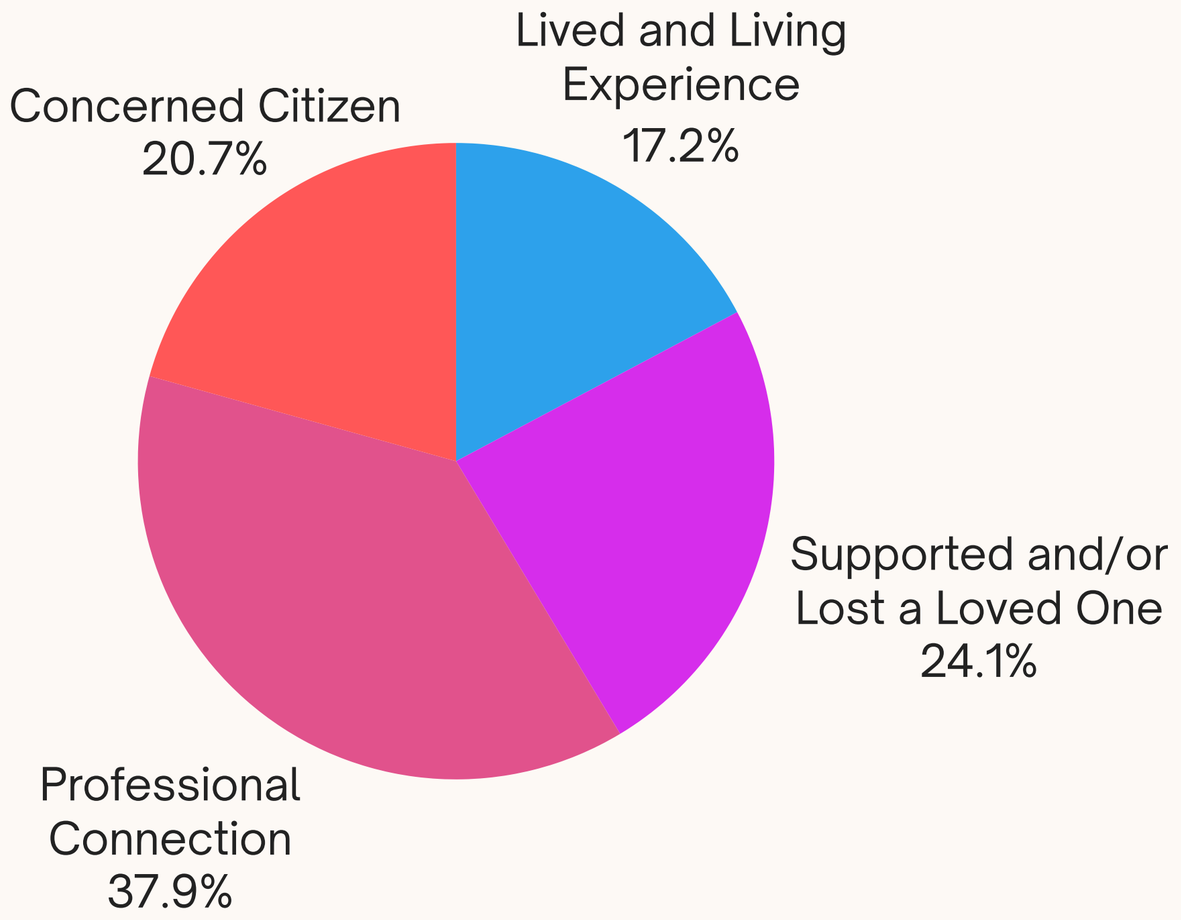
Descriptive Statistics - Strategy Ranking Results

Strategy	Mean	Mode	Median
Strategy 1: Treatment	3.8	5	4
Strategy 2: Recovery	3.8	5	4
Strategy 3: Connection to Care	4.0	5	4
Strategy 4: Harm Reduction	3.8	5	4
Strategy 5: Criminal-Justice Involved Persons	3.2	3	3
Strategy 6: Pregnant or Parenting People	3.8	5	4
Strategy 7: Prevention	4.1	5	5

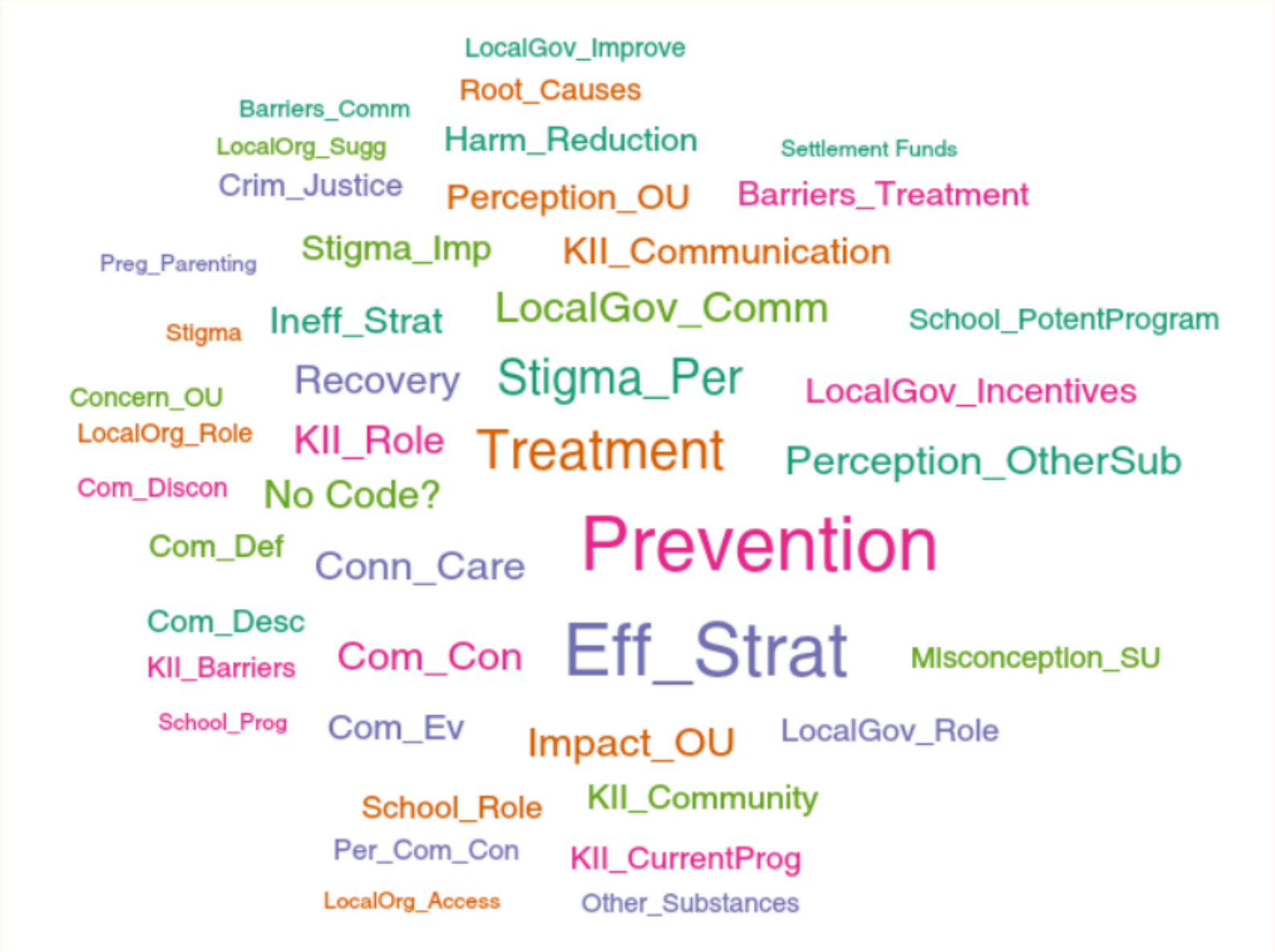
Qualitative Data

Category	# of Participants
Lived and Living Experience	5
Supported and/or Lost a Loved One	7
Professional Connection	11
Concerned Citizen	6

Town	# of Participants
Bedford	5
Carlisle	5
Concord	0
Lincoln	6
Sudbury	5
Wayland	5
Weston	3



Qualitative Data



Qualitative Data

“And in that same kind of realm. I did speak to our co-response person, and she said she would work on it. I mean, there's all these treatment facilities. I mean, I could, I mean, my son's probably been to, like, 15 or 20 of them. And nobody knows, unless you call each one individually, what health insurance they take.”

-Focus Group, Family Experience

Qualitative Data

“one of the things that has been a huge issue, and I see every day in my role here at [Treatment Center], we see far more males who seek help, and it’s not that more males struggle with this disease. It’s pretty commonly spread between either gender or any genders. But really, what it is, is females are often less likely to seek treatment based on the needs that they have in being a mother, or very often too just the stigma surrounding a female struggling in the same ways that a male does. A guy drinks too much and, yeah, he’s a bit of a booze bag, he should probably get some help. A female does, and the judgment placed on her is you know, multitudes beyond what it would be otherwise.”

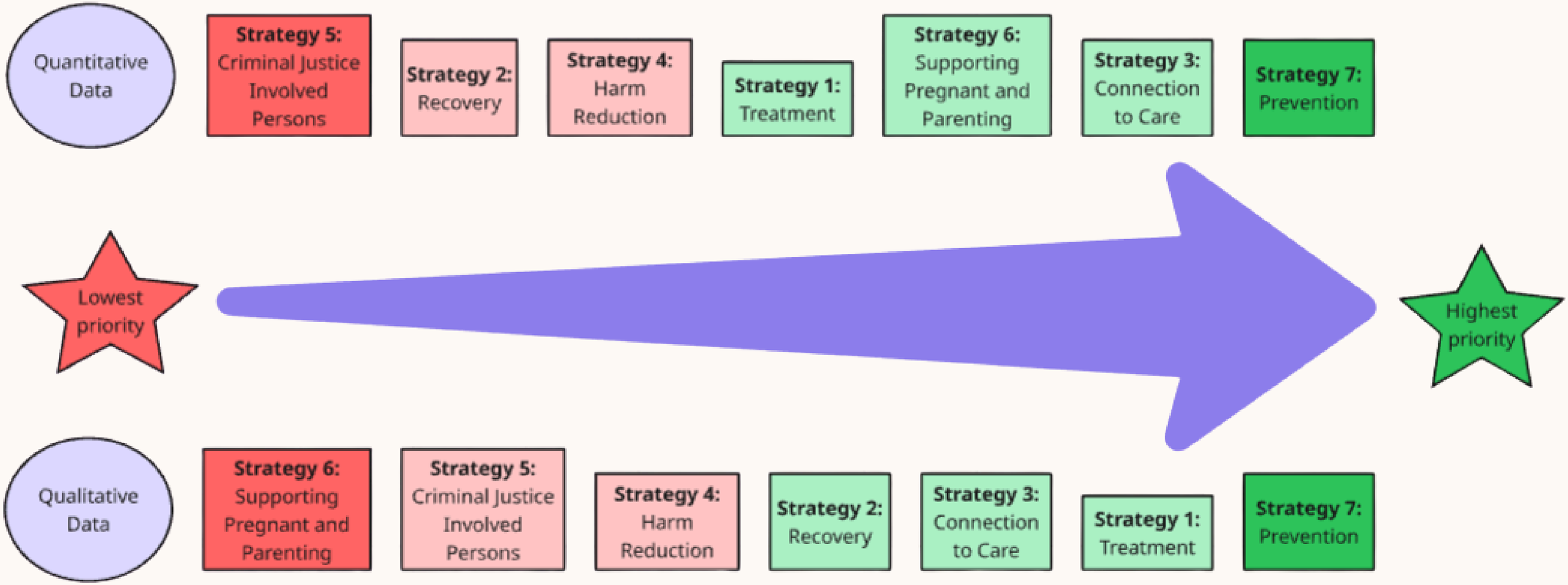
-KII, Treatment Professional

Qualitative Data

“And going back to the second question of like what makes you feel connected to community it’s like having that person who knows what you’ve gone through can help you get back on your feet, I think would be really interesting to consider as a shared resource between these towns, recognizing that it’s not necessarily like a huge number so that could be supported by one or two recovery coaches.”

-Focus Group, Professional Connection

Strategy Rankings



Abatement survey - lessons learned

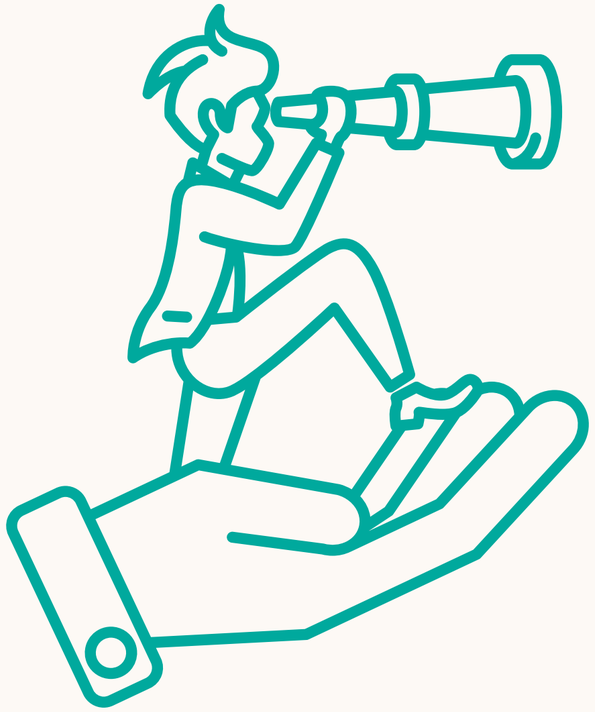
Data Limitations

- Self-selected sample within the focus groups
- Small sample sizes for certain groups
  - Makes it hard to determine significant differences
  - Results not necessarily representative of certain groups or generalizable to our population
- With more time and resources, could do a deeper dive into the data



Things we would do differently next time...

- Get more survey responses in young adults and youths
  - advertise in schools, youth sports events, family oriented programs
- Add questions about:
  - how participant found/took survey to evaluate survey distribution methods
  - nature of opioid usage



Future planning and Opioid taskforce

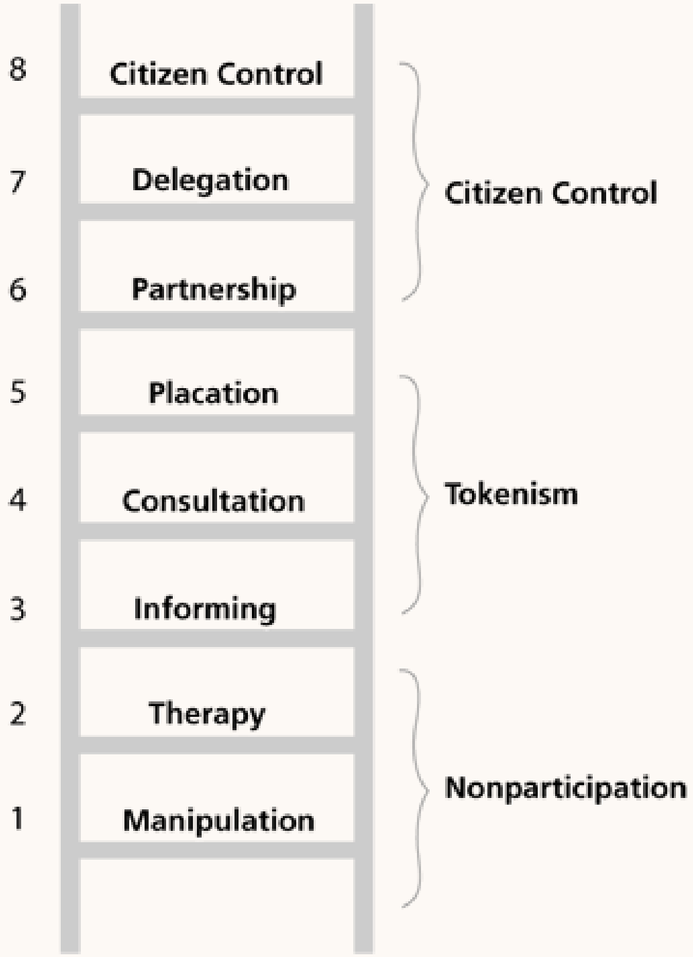
Opioid Taskforce



This year we launched the **SAFE Regional Opioid Taskforce**

- Community members with Lived & Living Experience from each of our 7 communities
  - Recruited through our focus group process
- Meet monthly to review data and program plans, determine evaluation measures, and make recommendations for spending

Opioid Taskforce



Arnstein's Ladder (1969)
Degrees of Citizen Participation

- Community Advisory Boards (CABs) are a tool often used in research and public health to incorporate community voice into decision making processes at each step of a research project or public health program.
  - The CAB should be used to guide all parts of a program, from development to evaluation.
  - Principles and CAB activities should be co-created between the CAB and program staff.

Opioid Taskforce



- Giving decision making power back to the community not only increases buy-in but ensures that program activities are addressing the most relevant problems that the community is facing.
- Engaging those with lived experience allows us to better ensure that:
  - Abatement spending is effective
  - Will address the areas of greatest need as identified by CAB members & assessment data

Opioid Taskforce



- Guiding Principles:
  - Cultural Responsiveness
  - Holistic Care
  - Do No Harm
  - Problem Resolution
  - Community Empowerment
  - Trauma-Informed

Opioid Taskforce



- Attendance:
  - Monthly meetings, 1 hour
  - If a member has not attended meetings without communication in advance, RSUPC follow up
  - Members are able to excuse themselves from the group at any time

Opioid Taskforce



- Decision Making:
  - Quoroum is a majority of members (excluding RSUPC)
  - Majority vote for recommendations is required
    - However when recommending, concerns from members who vote no must be communicated

Future Planning

- Based on the data, our suggestions are to start with priorities of:

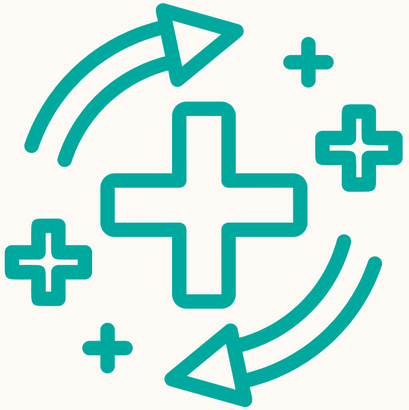
Prevention/Education



Anti-Stigma /Harm Reduction



Treatment/Recovery



Future Planning

Prevention/Education



- Assessment of current prevention curriculum within our school districts
- Increase access to information for caregivers on how to have conversations with young people about substance use
- HOPE Framework training

Future Planning

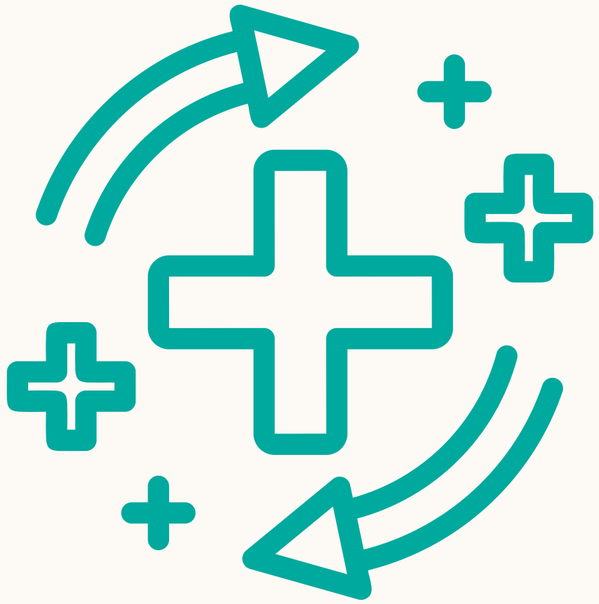
Anti-Stigma/ Harm Reduction



- Streamlined access to Narcan & Narcan training
- Community speaker series with experts on various topics
- Bi-monthly substance-free community building events

Future Planning

Treament/Recovery



- Improving access to recovery supports
- Streamlining access to resources for treatment & referrals

Successes

- Gathering community feedback through the assessment
- Forming the Regional Opioid Taskforce
- Engaging with community stakeholders
- Running events and programs with increasing attendance





Challenges

- Communicating with the public about the work
- Building processes for consensus and decision-making

Thank you! Any Questions?

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Access our
assessment materials
+ other examples shared by
TTA

View the full regional
data brief: