INDIANA BLUEPRINT

IMPLEMENTING A COMPREHENSIVE RESPONSE TO ADDICTION

ADDICTION POLICY FORUM
Our Mission

We are a diverse partnership of organizations, policymakers and stakeholders. Our mission is to work together to elevate awareness around addiction and to reshape national policies to implement a comprehensive response to addiction that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

Our Role

We support, promote and work with others in the addiction community to advance knowledge and translate discoveries about substance use disorder and its consequences into practical solutions that make everyday life better for people living with, in recovery from, or at risk of addiction.
Dear reader,

As the founder and CEO of Addiction Policy Forum, I have the pleasure of working with patients, families, and a team of people who are passionate about solving addiction in America. We have the honor of giving voice to the millions of patients and their families struggling with, recovering from, or at risk of addiction. As a person whose family has been devastated by this disease, I’ve made it my mission and Addiction Policy Forum’s to contribute to a world where fewer lives are lost and help exists for the millions of Americans affected by addiction every day.

Working with the patients and families in our network, the Addiction Policy Forum has identified strategic areas for responding to addiction, all of which depend upon and interact with one another. These strategic areas are:

- Advocating and Educating
- Helping Families in Crisis
- Preventing Addiction
- Expanding Treatment Access and Integration into Healthcare
- Expanding Recovery Support
- Protecting Children Impacted by Parental Substance Use Disorder
- Reframing the Criminal Justice System

The *Blueprint for Indiana: Implementing a Comprehensive Response to Addiction* provides recommendations in these seven strategic areas to implement a comprehensive response to addiction in Indiana. Addiction Policy Forum developed the recommendations in this report with input from its network of Indiana patients and families and addiction policy leaders in the state. We are incredibly grateful to them all for their contribution and humbled to get to do this work with them.

Jessica Hulsey Nickel
President and CEO
Addiction Policy Forum
Executive Summary

Indiana has been greatly impacted by the opioid epidemic. One in twelve residents are reported to have a diagnosable substance use disorder. In 2016, 1,526 people died from drug and alcohol overdoses. This represents an increase of nearly twenty-three percent from 2015, largely due to the rise of opioid-related deaths, which accounted for over fifty percent of fatal overdoses in 2016. Between 2012 and 2016, deaths related to synthetic opioids increased over 600 percent.

Indiana has made great strides in addressing addiction in the community. Governor Eric J. Holcomb made “attacking the drug epidemic” one of five pillars on his agenda. The Indiana Commission to Combat Drug Abuse meets quarterly to discuss prevention, treatment, and enforcement related to the drug epidemic. Then Attorney General Greg Zoeller launched the Prescription Drug Abuse Prevention Task Force in 2012. This task force has committees focused on education, enforcement, prescription drug monitoring, take backs, and treatment and recovery. Indiana has many other state and local policies and programs focused on prevention, early intervention, treatment, public health, recovery support, child welfare, and criminal justice.

To inform this Blueprint, Addiction Policy Forum did extensive background research regarding the programs and policies available in the state. Drawing upon its network of policy leaders and advocates in the state, Addiction Policy Forum gathered input surrounding current and previous addiction response efforts and conducted a survey of stakeholders to identify priorities, programs and gaps. Over thirty stakeholders completed the survey highlighting programs such as Recovery Works and Overdose Lifeline and provided feedback regarding gaps in treatment resources and insurance, among other areas. Although we have only highlighted a few initiatives, Indiana has done great work in their response to addiction. The twenty recommendations in this Blueprint are not meant to be exhaustive, but rather, they build upon this great work and make suggestions to address some of the gaps that have been identified.

In every state, there is work that remains to be done to respond to drug use and addiction. In Indiana, residents identified the need to expand access to treatment services, address the needs of children of parents with substance use disorders, and increase integration of addiction services with healthcare as top priorities for next steps. The state is well equipped with strong leadership and commitment to tackle these challenging issues.
Background

The United States is in the midst of a public health crisis of substance misuse, addiction, and overdose. According to data from the Centers for Disease Control, 63,600 people died from a drug overdose in 2016.¹ This means that every day in the United States, 174 families have a newly empty seat at the dinner table. About two-thirds of these deaths have resulted from opioid-related overdose.

In addition to the tragic loss of life, millions continue to struggle with active addiction. According to the 2016 National Survey on Drug Use and Health, 20.1 million Americans had a substance use disorder in 2016.² Millions of others are in recovery from this disease.
Indiana has been greatly impacted by the opioid epidemic. **One in twelve** residents are reported to have a diagnosable substance use disorder.¹

In 2016, **1,526 people** died from drug and alcohol overdoses.² This represents an **increase of nearly twenty-three percent from 2015**, largely due to the rise of opioid-related deaths, which accounted for **over fifty percent of fatal overdoses in 2016**.

Between 2012 and 2016, deaths related to synthetic opioids increased over **600 percent**.

A **third of the fatal overdoses occurred in Marion, Lake, and Allen counties**. According to a study published in the Journal of Preventive Medicine, these numbers may be even greater due to omissions on death certificates.³

Over the past fifteen years, opioid use has cost the state more than **$43 billion** dollars in direct and indirect costs.⁴ The cost in 2017 was nearly **$11 million** a day.

Non-lethal opioid overdoses cost over **$224 million** in hospitalization costs in 2016 alone, with an additional **$297 million** in other opioid-related hospital stays.

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Indiana's Response

The state of Indiana has made great strides in addressing addiction in the community. Governor Eric J. Holcomb made “attacking the drug epidemic” one of five pillars on his agenda. The Indiana Commission to Combat Drug Abuse meets quarterly to discuss prevention, treatment, and enforcement related to the drug epidemic. Then Attorney General Greg Zoeller launched the Prescription Drug Abuse Prevention Task Force in 2012. The task force’s core committees are focused on education, enforcement, prescription drug monitoring, drug take backs, and treatment and recovery. In addition to this task force, Indiana has state and local programs focused on prevention, early intervention, treatment, and recovery support.

Prescription Drug Abuse Prevention Task Force

The Prescription Drug Abuse Prevention Task Force was created by Attorney General Greg Zoeller in September 2012. This cooperative effort includes “approximately 100 members from different fields including state legislators, law enforcement, health-care professionals, federal, state and local government agencies, educators, advocates and treatment practitioners, as well as work-group volunteers.” The task force is composed of committees focused on education, enforcement, prescription drug monitoring, take backs, and treatment and recovery.

The State’s task force has done great work including the development of the First Do No Harm: The
Indiana Healthcare Providers Guide to the Safe, Effective Management of Non-Terminal Pain toolkit⁹. Using this toolkit, the Medical Licensing Board adopted these rules to establish standard protocols for physicians prescribing controlled substances for pain management. The Task Force also launched a free online continuing medical education (CME) video course on The Opioid Epidemic and Indiana’s Opioid Prescribing Laws as part of the prescriber toolkit.¹⁰ This video provided guidance on ways these rules can be implemented within a prescriber’s current practices and procedures to ensure compliance with the new laws.

Indiana Commission to Combat Drug Abuse

As part of his mission to “attack the drug epidemic,” Governor Holcomb appointed an Executive Director for Drug Prevention, Treatment and Enforcement. In 2017, the state released a “Strategic Approach to Addressing Substance Abuse in Indiana.” This strategic plan identified several strategies for curbing the opioid crisis. These include:

- Reduce the incidence of substance use disorder;
- Reduce additional harms resulting from substance abuse;
- Improve treatment of persons with addictions;
- Develop and augment the ability of the Executive Director for Drug Prevention, Treatment, and Enforcement to serve its stakeholders, including persons with substance use disorder and their families, providers of services, and units of government;
- Support and enhance substantial community-based collaborations aimed at prevention, treatment, and recovery. Encourage and support strengthening the infrastructure of communities (including county public health departments) to increase the capacity of communities to implement evidence-based prevention and treatment programs.¹¹

The Grand Challenge Initiative

As part of their $50 million commitment to “prevent, reduce, and treat addictions in Indiana,” Indiana University launched “The Grand Challenge: Responding to the Addiction Crisis Initiative” in conjunction with Governor Eric J. Holcomb, state officials, Indiana University Health, and Eskenai Health.¹² The multiphase project is currently in phase one. This phase funds sixteen pilot projects that focus on “ground-level data collection and analysis; training and education; policy analysis and development; addictions science; and community and workforce development.” One of these pilots includes a policy report, with input from the Governor’s office and community stakeholders, providing over twenty recommendations about how best to respond to the opioid crisis. These recommendations provide best practices in the topics of:

- Harm reduction;
- Healthcare interventions;
- Care coordination and wraparound services;
- Drug take back programs;
- Patient privacy protections; Courts;
- Proceeds from opioids litigation; and Stigma.¹³

Additional Statewide Efforts

At the state level, Indiana has implemented several
other significant responses to addiction and overdose. These have included:

- Passage of Aaron’s Law, allowing all Indiana residents to obtain a prescription for naloxone;
- Passage of a Good Samaritan Law providing a certain level of immunity to those seeking medical assistance to aid an individual suffering from an overdose;
- Creation of a statewide addiction hotline;
- Launch of a statewide treatment locator;
- Implementation of a 211 and Open Beds® partnership to facilitate referrals to treatment;
- Launch of a public education campaign about addiction, treatment, and recovery;
- Implementation of prescription drug drop box and a prescription drug monitoring program.

Local Efforts

Counties in Indiana have taken a leading role in responding to addiction. There are many innovative and effective programs in Indiana. An exhaustive list of these efforts is beyond the scope of this report, but we have identified some of these efforts below.

Alliance for Substance Abuse Progress

In October 2017, Bartholomew County introduced the Alliance for Substance Abuse Progress (ASAP). ASAP creates a system with ten critical elements to support a comprehensive approach that includes prevention, education, treatment and recovery resources. The elements are “prescribing practices, the county health system, the criminal justice system, the county jail, inpatient treatment, outpatient treatment, housing, and recovery programs.”34 ASAP also has a “hub” designed to be a physical space in which individuals and families can get help in navigating recovery options and connect with appropriate services.

Public Awareness Efforts

There have been several local awareness campaigns in Indiana. Allen

Indiana 211 and Open Beds®

Indiana is launching a powerful tool to support patients, families, and providers to identify and access available inpatient and residential addiction treatment.

“The partnership brings together OpenBeds® technology with Indiana 2-1-1’s database of service providers to give Hoosiers access to addiction treatment options in real time—as well as ongoing services when Hoosiers leave treatment to help them return to productive and fulfilling lives.” (https://www.in.gov/fssa/files/FINAL-OpenBeds-211-press-release.pdf).

By giving hospitals and medical professionals real-time information about available treatment space, this partnership streamlines the process and reduces the headaches of trying to find treatment in Indiana.
County rolled out a dozen videos as part of a series called “The Evolution of the Opioid Crisis - Local Perspective on the Epidemic that’s Sweeping the Nation.” These videos include information about the opioid crisis, narcan, drug courts, syringe services, and stories and advice regarding how to talk to loved ones about addiction. Clark County formed Clark County CARES, a grassroots advocacy organization, whose mission of open dialogue and increased awareness of addiction and its causes. Clark County CARES collaboration represents key stakeholders who are on the front lines of this epidemic, and includes representatives from law enforcement agencies, religious organizations, and public health departments.
Recommendations

Indiana has many components of a comprehensive approach to addiction. The state has made great strides in responding to the opioid epidemic, and leadership from the state level all the way down to local programs have prioritized addressing addiction. Research and surveys conducted in the development of this Blueprint revealed high quality and evidence-based strategies and public policies that are working. In addition to these successful efforts, research and residents identified gaps that remain and programs that should be expanded. The following twenty recommendations were developed with input from Addiction Policy Forum’s network of Indiana patients and families and addiction policy leaders in the state to address the following strategic areas:

- Advocating and Educating
- Helping Families in Crisis
- Preventing Addiction
- Expanding Treatment Access and Integration into Healthcare
- Expanding Recovery Support Protecting Children Impacted by Parental Substance Use Disorder
- Reframing the Criminal Justice System

Advocate and Educate

Substance use disorders can have a devastating impact on individuals, families, and communities. Implementing a comprehensive and coordinated response involves stakeholders in multiple sectors of the community including public health, social services, government, treatment and recovery services, education, community coalitions, first responders, criminal justice, and families who have been directly impacted by substance use disorder. Patients and families have critical voices that should always be included in these conversations.

Substance use disorder is a common but commonly misunderstood disease. Public education is critical. According to the 2016 National Survey on Drug Use and Health, 20.1 million Americans had a substance use disorder in 2016. As U.S. Surgeon General Vivek Murthy observed:

Most Americans know someone with a substance use disorder, and many know someone who has lost or nearly lost a family member as a consequence of substance use. Yet, few other medical conditions are surrounded by as much prejudice, discrimination, and misunderstanding as substance use disorders. Historically, society has treated addiction and misuse of alcohol and drugs as symptoms of moral weakness or as a willful rejection of societal norms, and these problems have been addressed primarily through the criminal justice system. Despite decades of research demonstrating that substance use disorders are chronic illnesses that require medical treatment, these historical prejudices persist and often limit access to effective treatments.
Recommendation 1: Improve coordination of addiction response activities across state and local agencies and ensure the voices of impacted patients and family members are represented.

Each county in Indiana has a Local Coordinating Council (LCC). Each LCC is the “planning and coordinating body for addressing alcohol and other drug problems.” All of these councils have created Comprehensive Community Plans that include an assessment of alcohol and drug-related problems in the community as well as proposed solutions to the problems. Interviews conducted as part of Indiana University’s Grand Challenge suggest that these LCCs are highly localized. While this has benefits, it can reduce statewide collaboration and coordination.

Indiana should develop a coordinating body for LCC’s to integrate services and interventions, share data and information, and identify best practices that are working in parts of the state.

Input from patients and families could help inform the work of such a body immensely. Patients with substance use disorder and their families have a deep and personal understanding of the disease and its impact on their lives and community. They have firsthand

State Chapters

Addiction Policy Forum’s state chapters are led by volunteers who have been personally affected by addiction. Some have struggled with addiction, while others have a loved one who is in struggling with substance use or in recovery. Many chapter chairs and members have lost loved ones to substance-related causes like overdose.
knowledge of the services that are available and those that are missing and needed.

**Recommendation 2: Expand public awareness and education efforts.**

Public awareness is critical for building support for new programs and policies. It is also important to ensure members of the community comprehend the scale of the problem in Indiana, can identify signs that a loved one may need help, and understand that while addiction is a chronic disease, treatment is effective, and people with addictions can and do enter recovery.

The Bitter Pill campaign was launched as a public awareness campaign to increase knowledge about the dangers of prescription drug misuse. The campaign used the media and a website. The website or this campaign includes helpful information about prevention, treatment, harm reduction strategies, safe disposal options, laws governing naloxone, resources for medical professionals on safe prescribing, and other resources for individuals seeking help. Between December 2013 and July 2014, the website averaged 301 visitors a day.

Indiana officials should build on and expand statewide education efforts and local public awareness efforts by expanding resources to include the following:

- Information and training surrounding stigma for providers including general practitioners, OB/GYNs, hospital staff, treatment providers, and more;
- Anti-stigma messaging for the broader community;
- Messaging that explains clearly and accessibly the science of addiction;
- Messaging which encompass all substances including but not limited to alcohol, tobacco, marijuana, cocaine, heroin, and prescription opioids.

**Help Families in a Crisis**

There is a profound lack of accurate information and guidance available for patients and families who are in crisis and need proper treatment and care. Families consistently describe desperate,

NextLevel Recovery

NextLevel Recovery is a state initiative that provides resources to “prescribers, emergency personnel, community leaders, and persons with substance use disorder and their families”. Housed on the state website, NextLevel Recovery provides information about prevention, treatment, enforcement, and recovery.

"If you find a detox bed, then you can’t find a treatment bed, if you find a treatment bed, no detox bed to be found."
- Indiana Resident
agonizing attempts to get help, turning to Google to search for treatment options and other basic information, reaching out to physicians or local contacts who have neither answers nor referrals, and not knowing who to call without being judged.

**Recommendation 3: Continue to make it easier for patients and their families to find treatment services.**

Another significant challenge confronting patients and families seeking substance use disorder treatment is a lack of information about available treatment providers, the services they provide, the populations they serve, their hours, and their availability to accept patients.

Indiana has made huge strides in this area and is a model for other jurisdictions to observe. Indiana offers a treatment locator that enables patients to search by treatment option and specialty population. The search options should be expanded to include location and payment type, which are currently not provided. The State’s 211 line, a confidential service that helps people find local resources, recently entered into a partnership with OpenBeds®, technology that provides real time information about treatment providers with current openings for patients. 211 has over 7,000 providers that can provide assistance with employment, housing, transportation, food, and financial assistance. 

The Indiana statewide addiction crisis line is available twenty-four hours a day, seven days a week for residents to find resources available for treatment and recovery support resources, across the state. The hotline’s master’s level counselors refer callers to state-approved agencies and community supports.

Another available option is Addiction Policy Forum’s Addiction Resource Center (www.addictionresourcecenter.org), which offers a comprehensive website for those seeking assistance for themselves or loved one, including information about available treatment options for substance use disorder treatment per county and the option to search by level of care, payment type, medication, and patient population. The Addiction Resource Center phone line is staffed by trained counselors and peer support specialists who can provide counseling, grief support, and treatment referrals.
Indiana could integrate and coordinate across these services to offer patients and families a truly comprehensive service that would meet many of the needs that people have when they are looking for help.

**Prevention and Early Intervention**

The best way to prevent the development of substance use disorders is to delay the age of drug and alcohol use initiation while the adolescent brain is still developing. It is also critical to intervene early when a person is misusing substances so that risky use does not progress into an addiction. Evidence-based prevention programs prevent or delay the onset of substance use as well as other behavioral health problems. Prevention should address individual and environmental factors that contribute to substance misuse and addiction. Effective prevention contributes to significant societal cost-savings and dramatically reduces the prevalence of both substance use and mental illness.

**Recommendation 4: Assess prevention and early intervention programs.**

Indiana could conduct a scan to identify all prevention and early intervention programs implemented in the state. The scan should assess programs for their use of evidence-based practices, identify needs and gaps in the prevention system, and recommend resources and programs to eliminate these gaps. The analysis should also identify and coordinate with community coalitions and Drug-Free Community grantees.

Publishing information about proven prevention programs and providing access to the evidence of success for these programs as well as tools and technical assistance to start each effort would support local jurisdictions to implement programs that work well.

**Recommendation 5: Implement evidence-based prevention programs in each school in Indiana.**

To build on efforts to protect students and prevent them from developing addiction, Indiana could implement and expand Student Assistance Programs (SAPs) in every middle and high school. A SAP
is a school-based strategy designed to prevent and reduce substance use and misuse among school-aged youth. A successful SAP provides a full range of services, including prevention, education, awareness, individual assessments, and specialized counseling groups. SAPs should offer universal, selective, and indicated prevention strategies, filling a gap identified by many school administrators and parents. Each SAP is different, but all engage in the following activities:

- Screening and assessment of students;
- Prevention education series;
- Individual and group counseling sessions;
- Referral and case management;
- School wide awareness activities.

Recommendation 6: Offer technical assistance for funding of and implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT).

As explained by the Substance Abuse and Mental Health Services Administration, “Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice for identifying, reducing, and preventing risky substance use and misuse as well as dependence on alcohol and drugs.” The first component of SBIRT is a school-based strategy designed to prevent and reduce substance use and misuse among school-aged youth. A successful SAP provides a full range of services, including prevention, education, awareness, individual assessments, and specialized counseling groups. SAPs should offer universal, selective, and indicated prevention strategies, filling a gap identified by many school administrators and parents. Each SAP is different, but all engage in the following activities:

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- Prevention education series;
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Overdose Lifeline

Overdose Lifeline, Inc. (ODL) is a nonprofit “dedicated to helping individuals, families, and communities affected by the disease of addiction and substance use disorder through advocacy, education, harm reduction, prevention, resources, and support.”

“When I founded Overdose Lifeline in 2014 it was following the overdose death of my middle son Aaron at the age of 20,” said Overdose Lifeline founder and Addiction Policy Forum Indiana Chapter Co-Chair Justin Phillips.

Overdose Lifeline created the “This is (Not) About Drugs” prevention program which is designed for students grades 6-12th and promotes awareness about the risks of misusing prescription opioids. The lesson “encourages students to make good choices and provides the student with skills to combat peer pressure, gain support, and resources for making decisions about their own body and health.” The program incorporates a peer-to-peer approach and use of personal stories. It is currently undergoing a third-party evaluation to be Indiana University - Purdue University Indianapolis to establish it as an evidence-based program accredited by the Substance Abuse and Mental Health Services Administration. The program has reached more than 24,000 students in many states including Indiana.

Overdose Lifeline also provides training and education for businesses, communities, educators, families, healthcare and law enforcement. The organization has been instrumental in expanding naloxone access in the state through its advocacy for Aaron’s Law and distribution of naloxone.
is screening, where a healthcare professional assesses a patient for risky substance use using standardized screening tools. Screening can occur in any healthcare setting. If a patient screens positive for risky use or potential substance use disorder, a healthcare professional engages the patient “in a short conversation, providing feedback and advice.” The healthcare professional may make a referral to treatment for patients at higher risk who express interest in receiving specialty substance use disorder services.

SBIRT enables healthcare professionals to screen and assist those “who may not be seeking help for a substance use problem but whose drinking or drug use may cause or complicate their ability to successfully handle health, work, or family issues. SBIRT aims to prevent the unhealthy consequences of alcohol and drug use among those whose use may not have reached the diagnostic level of a substance use disorder.” It also helps those with substance use disorder to identify the risk and engage in treatment.

Indiana could offer incentives such as payments for time spent learning and implementing protocols and technical support for OB-Gyns, primary care providers, and emergency departments to implement SBIRT so that more individuals at-risk for substance use disorder could be identified early and receive education and services to prevent their substance use from progressing further.

Treatment Access

Like other chronic diseases, there are treatments that have been proven to be effective for substance use disorder. Different treatments will work for different people, and patients require individualized treatment planning.

It is crucial for people to have access to a system of care that has adequate capacity to provide all levels of treatment and address all levels of severity. Ideally, systems of care should include coordination among components of the addiction treatment system and other healthcare providers. They should offer multiple access points for treatment so that people can enter treatment as soon as they are ready.

Addiction is a disease of the brain that can make it difficult to be

**INSPECT**

The Indiana Scheduled Prescription Electronic Collection and Tracking Program (INSPECT) is the State's Prescription Drug Monitoring Program (PDMP). PDMPs are effective tools for reducing prescription drug misuse and diversion. PDMPs collect, monitor, and analyze prescribing and dispensing data to identify patients who may be misusing or diverting medications and providers who may need education about the dangers of overprescribing controlled substances.

Under Indiana’s program, dispensers are required to submit controlled substance data to INSPECT every twenty-four hours. Starting July 1, 2018, doctors will be required to check the State's drug monitoring system before prescribing opioids or benzodiazepines (anti-anxiety medications like Xanax and Ativan). The PDMP promotes public health and safety through the prevention and treatment of misuse of controlled substances and reduces the diversion of controlled substances.
motivated to engage in treatment, and delays in treatment access can mean that an opportunity to improve health is missed and a person with addiction remains at risk for death and other harms associated with substance misuse. Public health strategies can keep people safe while they are misusing substances and offer pathways to treatment when they are ready to engage.

Across the United States, treatment admission for opioids, opiates, methamphetamines, and cocaine increased by twenty-eight percent between 2016 and 2017. The use of medication-assisted treatment (MAT) has also increased. Treatment with methadone is up almost forty percent between 2011 and 2015, and treatment with buprenorphine has risen over thirty times during the same period.

**Indiana has the highest rate of residents who need treatment and has the fourth most significant shortage of substance use disorder specialists.**

There are forty counties in Indiana that are designated as mental health professional shortage areas and fifty counties have no addiction psychiatrists. Most of these shortages are in the forty-two counties that are considered rural. Most of the treatment available in the rural communities is limited to outpatient treatment with no access to medication assisted treatment or inpatient facilities.

According to the National Survey on Drug Use and Health, 391,000 Indiana residents had a substance use disorder in 2016. Of those, 361,000 (ninety-two percent) did not receive treatment from a specialty substance use disorder treatment provider.

The Addiction Policy Forum conducted a survey about addiction that received over thirty responses from stakeholders in the state. When asked about ease of substance use treatment access, nearly seventy-seven percent of respondents reported that it was difficult to access treatment. Some of the reasons indicated for this difficulty include lack of insurance or money, stigma, lack of resources or available beds, and transportation. Response results are below.

![Graph showing the difficulty of substance use disorder treatment access in Indiana](image)
Recommendation 7: Expand the availability of Medication-Assisted Treatment.

The Addiction Policy Forum recently identified 325 facilities that offer substance use disorder treatment in Indiana. Out of the 325 facilities, only ninety-six offer medication-assisted treatment (MAT) for opioid use disorder, and only six offer all three FDA-approved medications (naltrexone, buprenorphine, and methadone). Each of the three FDA-approved medications—methadone, buprenorphine, and naltrexone—has a different role in treating opioid addiction. It is critical for the system to have the capacity to meet the demand for treatment with all three medications. Focusing on increasing the system’s capacity to provide evidence-based substance use disorder treatment is critically important to improve Indiana’s response to addiction.

Addiction Policy Forum was unable to identify any treatment providers in ten counties and unable to identify any MAT options in forty counties out of ninety-two counties in Indiana. Focusing on increasing the system’s capacity to provide evidence-based SUD treatments is critically important to improve Indiana’s response to addiction. Indiana could consider a number of strategies for increasing the capacity for MAT in the state:

- Reducing state regulations that limit access to Opioid Treatment Programs (programs authorized under federal law to dispense methadone for the treatment of opioid use disorder);
- Expanding the availability of naltrexone and injectable naltrexone to address gaps in capacity, such as for criminal justice populations;
- Ensuring adequate Medicaid reimbursements for substance use disorder services, including medications;
- Supporting primary care, OB-Gyn, pain management, and other providers treating patients with opioid use disorder by offering free buprenorphine waiver training and training on treating patients with naltrexone and mentoring from experienced providers;

Hub and Spokes Model

In 2012, the state of Vermont created the Hub and Spoke model for opioid addiction. The “hub and spoke” weaves together existing infrastructure already dispensing substance use disorder medication including Federally Qualified Health Centers, methadone clinics, Office-Based Opioid Treatment and more.

How it Works

The “hubs” located throughout the state are specialized addiction treatment centers and prescribe medication assisted treatment (MAT), like methadone, naltrexone or buprenorphine, and connect patients directly with their “spoke”. The “spokes” include multipronged services to address opioid addiction, bringing in general medicine along with a continuum of care for recovery support.

Demonstrating Success

The state has continued to see a decline in all age groups reporting misuse of a prescription pain relievers in the past year. At the same time, the number of persons in Vermont receiving treatment for opioid abuse and dependence has significantly increased, a direct result of the expansion of care through the Hub and Spoke Model. Since 2012, overdose fatalities attributed to prescription opioids have remained steady.
• Explore options for offering treatment service through telehealth;
• Ensuring opioid detoxification is linked immediately to treatment engagement.

Recommendation 8: Improve insurance coverage of substance use disorder screening and treatment.

The Federal health insurance parity law requires equitable treatment of behavioral health services and medical and surgical services in many health plans that cover addiction and mental health services. The law prohibits health insurance carriers from imposing treatment limitations for substance use disorder or mental health services that are more restrictive than limitations on other health services. Indiana’s Family and Social Services Administration applied for and received an 1115 waiver for its Medicaid plan demonstration program to expand Medicaid coverage for substance use disorder treatment in residential facilities that were previously excluded from federal Medicaid payments by the Institute for Mental Disease (IMD) exclusion.10

This is a significant step to increase access to residential substance use disorder treatment. Indiana can build on this step by making other improvements to insurance coverage in the state.

Options to consider include:

• Aggressively enforcing insurance parity requirements and making it easy for patients and providers to file complaints about non-compliant plans;
• Requiring adequate coverage for behavioral health services in health benefits packages and benchmark plans;
• Ensuring Medicaid plans cover all needed substance use disorder services;
• Ensuring Medicaid plans comply with parity requirements and do not create barriers to addiction services like inequitable prior authorizations requirements.

Project ECHO

Indiana’s Family and Social Services Administration (FSSA) has implemented Project ECHO (https://www.in.gov/recovery/files/02.09.18%20Minutes.pdf).

Project ECHO was created at the New Mexico School of Medicine in 2003 as a way to address disparities in access to specialist care, especially in rural regions. Dr. Miriam Komaromy, the Associate Director of the ECHO institute summarizes the model as “a distance education model in which specialists located at a ‘hub’ (which is located in an academic medical center or more rarely in a public health department or FQHC) connect via simultaneous video link with numerous community based [primary care providers]...for the purpose of facilitating case-based learning.”

The model has been used to treat substance use disorders as well as disorders such as hepatitis c. Beginning in January, 2017, the ECHO Institute began offering a specialized Opioid Addiction Treatment ECHO at five different hubs.

Evaluation of a regional ECHO designed for general substance use education for primary care found that from 2010 to 2015, 654 providers had attended one or more sessions. Further, New Mexico observed a significant increase in the number of providers authorized to provide medication assisted treatment. (Komaromy et al., 2016). The ECHO model has been demonstrated to increase the sense of connectedness to the medical community by providers in remote areas, increase participants beliefs that they are qualified to support local peers, and improve overall knowledge of the topic.

(https://echo.unm.edu/)
Treatment Integration in Healthcare

People with substance use disorder may have little or no interaction with the healthcare system. A hospital or emergency department may be the only place they receive care. In some cases, this will be for an overdose, and in other cases, it may be for an injury or infection related to their substance use. This makes the hospital a critical intervention point for engaging people with substance use disorder and linking them to treatment.


The opioid epidemic has resulted in rapidly escalating utilization of health system inpatient and emergency medicine services. Between 2005 and 2014, the national opioid-related inpatient stays increased by sixty-four percent, and the national rate of opioid-related emergency department (ED) visits doubled. From 2009 to 2014 in Indiana, opioid-related inpatient stays increased by thirty-two percent, and opioid-related emergency department visits increased by fifty-five percent.\(^1\) From July 2016 to September 2017, Indiana emergency departments experienced a thirty-five percent increase in patients with suspected opioid overdoses.\(^2\)

Indiana has taken action to intervene in emergency departments. The Indiana University Health Foundation received money from the Hospital Toolkit Sidebar

Recognizing the critical need for Emergency Department interventions for patients with substance use disorder, APF launched its Emergency Medicine Initiative to support health systems and patients. By changing how we respond to a nonfatal overdose and implementing the necessary protocols, we can have the biggest impact and save the most lives. Featuring information about universal screening, ED-initiated treatment, guidance regarding post-overdose family notification, and the premiere of APF’s video series “Best Practices for Emergency Departments to Address Addiction,” this free resource arms patients, families, emergency medicine providers and policymakers with the necessary tools to respond with the thoughtful urgency that this epidemic requires. It is available at:

www.addictionpolicy.org/hospitaltoolkit.
Indiana Division of Mental Health and Addiction (DMHA) to implement peer recovery coaching services at all Indiana University Health emergency departments. This includes on-site support as well as telehealth. Indiana should consider additional steps that could be taken to implement evidence-based emergency department responses to addiction such as:

1. **ED Resources and Tools.** Emergency department providers receive training about the disease of addiction and its effects on the brain and behavior. They learn about the importance of intervening with patients with substance use disorder, especially those who have experienced an overdose. Once opioid overdose patients are stabilized, a provider explains to the patient the seriousness of overdose and the potential that it could result in death. The patient (and their family and friends if available) receives training in opioid overdose reversal and a prescription for naloxone or the medication itself if available in the hospital.

2. **Navigator.** Emergency department staff, which could include nurses, case managers, or peer support specialists, follow up with the patient during the ED visit and post-discharge and offer to make a referral to treatment. In many cases, patients will refuse treatment immediately after an overdose but will consent to follow up when they are back in the community. Hospital staff follow up with three or more contacts and offer treatment referrals and connections to other community-based services like harm reduction, housing, and employment programs for thirty days after the overdose.

3. **Rapid Referral.** Hospitals identify community-based substance use disorder treatment providers to establish a rapid referral system of care. Overdose patients and other emergency department patients with substance use disorder who express a willingness to enter treatment receive a referral to treatment on the same day or next day as their emergency department care and a warm hand-off to a community-based provider that can meet their ongoing treatment needs.

4. **Hospital-Based Intervention.** Hospitals implement protocols for identifying patients who may be candidates for emergency department induction on MAT. Emergency department physicians offer to induct patients on MAT and make a rapid referral and warm hand-off to ongoing MAT in the community.

**Recommendation 10: Address the unique needs of pregnant and postpartum mothers with substance use disorder and their children.**

Substance use disorder presents substantial risks during and after pregnancy. Newborns can experience Neonatal Opioid Withdrawal Syndrome if they are exposed to prescription or illicit opioids in utero. It is critical to diagnose and treat maternal substance use disorder to provide the family unit with the best possible foundation for recovery and stability.
Indiana could convene stakeholders to identify ways to support health for pregnant and postpartum mothers and substance-exposed newborns such as incentivizing OB/Gyn providers and hospitals to screen all women of childbearing age for addiction using validated screening tools. Indiana could consider providing OB/Gyn providers and pediatricians with resources for pregnant and postpartum women and ensuring providers receive training to understand the dangers of substance-exposed pregnancy and the treatments available for referral in such cases.

Public Health Interventions

Comprehensive plans to address addiction require a public health approach. Proven strategies to prevent and reduce adverse health impacts associated with drug use include syringe services programs to prevent the spread of infectious disease, overdose reversal training and naloxone distribution to save lives from opioid overdose, and Good Samaritan laws that provide legal protection to people who call 911 or help someone who is overdosing.

The Indiana State Department of Health (ISDH) received a grant from the U.S. Centers for Disease Control and Prevention to implement the Rapid Response Project. This pilot project analyzes current county-level readiness of health departments and local stakeholders to respond to overdose occurrences. Six counties are participating in the pilot. Upon conclusion of the project, ISDH will launch a statewide Overdose Response Toolkit connecting communities and institutions to more resources and services targeting the opioid and drug overdose crisis.

Recommendation 11: Increase availability of and funding for syringe service programs.

Syringe services programs reduce the spread of infection by providing sterile syringes to intravenous drug users. These programs can offer additional health services and linkages to substance use disorder treatment. Syringe services programs are an effective means for reducing HIV transmission and promoting entry to drug treatment and medical services for wound care and other somatic health issues, without increasing illegal drug use. Unfortunately, these programs remain underutilized. According to the Center for Disease Control, in 2016 “...only one in four people who injected drugs in 22 US cities reported getting all their needles from sterile sources, and one-third (33%) reported sharing a needle within the past year.”
In January 2017, House Bill 1438 was passed, authorizing counties in Indiana to create syringe exchange programs without state approval. Seven counties have operational syringe services programs. As of April 2018, the statewide syringe return rate is eighty percent and nearly 5,000 people have participated in the programs. These efforts could be expanded to other counties not only to reduce the spread of infectious diseases but also as entry points into treatment and recovery support.

Recommendation 12: Inform residents about ways to access naloxone.

Naloxone is a safe and effective medication for reversing the effects of opioid overdose and saving lives. It is not a narcotic and cannot be used to get high. In 2015, Indiana passed Aaron’s law, allowing all Indiana residents to obtain a prescription for naloxone. The State expanded the law to include a statewide standing order prescription for naloxone so that an individual prescription is no longer necessary. Indiana residents can search the Department of Health website to find naloxone. With funding from the Office of the Attorney General, Overdose Lifeline has conducted naloxone training and distributed over 15,000 naloxone kits to first responders and community members in eighty-nine counties. Twenty counties in Indiana received grants from the ISDH to distribute naloxone kits to police departments, adult probation departments, public libraries, and county syringe services programs. The State Department of Health operates a website that enables people to search for one of more than 600 locations that stock naloxone in the state. In 2017, these locations dispensed nearly 4,000 doses of naloxone. This is a terrific statewide effort that could be expanded to additional counties.


Good Samaritan Laws encourage people to seek medical assistance without fear of arrest or prosecution. All states and the District of Columbia have a Good Samaritan Law, and forty states and the District of Columbia have Good Samaritan Laws that are specific to overdoses. Enacted in 2016, Indiana’s Good Samaritan Law provides criminal immunity to those who seek emergency medical assistance to aid an individual experiencing an overdose. In order to be eligible for immunity, an individual must:

- Legally obtain an overdose intervention drug;
- Administer the overdose prevention drug;
- Provide the full name of the individual experiencing an overdose and any relevant information requested by law enforcement;
- Remain at the scene until emergency services arrive;
- Cooperate with law enforcement;
- Encounter law enforcement when seeking to assist an individual experiencing an overdose.
Unlike many states, Indiana’s law applies exclusively to the administration of naloxone and does not apply to the individual who is experiencing the overdose. To ensure residents feel safe providing or calling for emergency assistance, Indiana should expand the Good Samaritan Law to protect bystanders who have not administered naloxone as well as the person who is experiencing the overdose. Indiana could also consider eliminating other requirements for receiving the law’s protection.

**Recommendation 14: Ensure the public and law enforcement understand and are aware of the Indiana Good Samaritan Law.**

Preliminary results from a study conducted by Indiana University-Purdue University Indianapolis researchers indicate that about a third of people who witnessed an overdose did not call 911 because they were “worried about police.” Indiana should increase awareness about the Good Samaritan Law, especially focusing on those at highest risk of witnessing or experiencing an overdose. Indiana could distribute flyers, posters, and other informational content about the law to pharmacies, providers, and all syringe services and substance use disorder treatment providers. Efforts to inform residents could include community trainings at local events and within the school systems to inform children at risk of witnessing an overdose and their families. The Attorney General could consider offering detailed guidance for law enforcement to comply with the Good Samaritan Law and encouraging all law enforcement to receive training on the law and its intent.

**Expand Recovery Support**

A community that is recovery ready provides the entire continuum of support for people in or seeking recovery. A community focused on recovery also promotes prevention by having a variety of substance-free community events and activities to promote health and well-being for all ages.

While the evidence suggests that effective treatment and recovery plans should cover a span of three to five years for an individual based on their needs and severity, we have a long way to go to properly prioritize and fund the recovery support programs and resources that individuals need in their communities. Twenty-three million Americans are in recovery today from substance use disorder, and as we provide care for more individuals in need of addiction treatment, investing in the necessary recovery framework is critical. Recovery housing is a key component of that framework. A sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems is essential in providing quality recovery support.

**Recommendation 15: Ensure communities are recovery ready.**

Every state should examine their recovery supports and services to determine what gaps in resources exist, with a focus on the usefulness and accessibility of programs and opportunities to expand effective programs. Indiana could pilot and expand programs to address identified gaps in recovery services. Key components of a recovery community include:

- Family Peer Support Specialists
- Alternative Peer Groups;
- Collegiate Recovery Community;
- Jail and Prison Based Recovery Support; Peer Recovery Coaching;
- Medication Assisted Recovery Support; Recovery Community Center;
- Recovery High School;
- Recovery Community Organization;
Recovery Residence;
• Telephone Recovery Support.

Protect Children Impacted by Parental Substance Use Disorder

According to the National Alliance for Drug Endangered Children, over nine million children in the U.S. live in a home with at least one parent who uses illicit drugs. These children are at an increased risk for depressions, suicide, poverty, delinquency, anxiety, homelessness, and substance misuse. Many children who have a family in active addiction live in kinship or foster care.\(^43\)

In 2016, over fifty percent of the children were removed from their homes by the Indiana Department of Child Services were removed due to parental drug or alcohol, a rise of twenty percent since 2013.\(^44\) The number of children in the foster care system has risen fifty percent between 2012 and 2015.


Nationally, child welfare systems are implementing promising interventions like the Kentucky Sobriety, Treatment and Recovery Team (START), an evidence-based program for families with parental substance misuse and child neglect or abuse cases. START is an integrated intervention that pairs a social worker with a family mentor to work collaboratively with families, providing peer support.

CASA Program

Facing a rate of abused and neglected children that tripled in recent years, Delaware County implemented a Court Appointed Special Advocates for Children (CASA) program. CASA provides services to children whose parents are affected by opioid use. “CASA volunteers are appointed by judges to watch over and advocate for abused and neglected children, to make sure they don’t get lost in the overburdened legal and social service system or languish in inappropriate group or foster homes. Volunteers stay with each case until it is closed and the child is placed in a safe, permanent home.” There are currently over 600 children being served by CASA in Delaware County.
intensive treatment and child welfare services. Compared with other child welfare services in Kentucky, START demonstrated the following successes:

- Nearly doubled sobriety rates for parents;
- Cut in half the number of children in the foster care system;
- For every dollar spent, saved $2.52 on foster care.

The program’s goal is to keep children safe and reduce placement of children in state custody, keeping families together when safe and appropriate and addressing the parent’s substance use.

It is essential to ensure that parents struggling with addiction who have preventative cases or whose children have been removed to out-of-home placement have access to evidence-based addiction treatment. Indiana should ensure that evidence-based interventions are available in child welfare agencies that assist parents and children impacted. Indiana should provide funds to counties to ensure that children and families in every county have access to evidence-based child welfare interventions for families where a parent has a substance use disorder.

Sobriety Treatment and Recovery Teams (START)

Sobriety Treatment and Recovery Teams (START) is a Child Protective Services program for families with parental substance misuse and child abuse/neglect that helps parents achieve sobriety and keeps children with their parents when it is possible and safe.

How it Works

Each START team is made up of a dedicated supervisor and up to four “dyads,” each of which is composed of a specially trained caseworker from Child Protective Services (CPS) and a family mentor. The dyad also engages the family through a non-judgmental, strengths-based approach, using Motivational Interviewing and shared decision making. Each dyad works closely with START program partners in order to provide comprehensive services to families.

Demonstrating Success

START has proven to be very effective at improving outcomes for mothers. Mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START. Children in families served by START were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively).
Recommendation 17: Provide necessary support services for caregivers.

More relatives have begun raising children because of parents’ inability to safely care for their children due to their substance use disorder or fatal overdose. These relatives as well as child welfare professionals report a correlation between the increase in relatives caring for children and the opioid epidemic.\textsuperscript{45, 46} Relatives who step in to care for these children require a variety of supports, including mental health services for themselves and their families, kinship navigators, respite care, and financial assistance.\textsuperscript{47} Parents, youth, and kinship caregivers report tremendous value in prevention services to help promote recovery and strengthen the family.\textsuperscript{48}

Indiana should provide needed support services for the caregivers of children whose parents are not their primary caregivers due to the disease of addiction. This support could include peer support groups, family peer support specialists, supportive housing, evidence-based parent education programs, and individual and family mental health services.

Montgomery County STEER (Stop, Triage, Engage, Educate and Rehabilitate)

Stop, Triage, Engage, Educate and Rehabilitate (STEER) is a pre-booking law enforcement and drug treatment linkage program operating in Montgomery County, Maryland. Like many police deflection programs, STEER developed in response to the prevalence of individuals with substance use disorders cycling through the criminal justice system. Rather than arrest certain individuals for behaviors linked to their drug use, criminal justice and behavioral health stakeholders from Montgomery County—including the State’s Attorney, Public Defender, Corrections, Human Services, Police Department and local treatment providers—decided a partnership between police and community treatment could lead to better outcomes.

How It Works

The STEER program provides rapid identification, deflection, and access to treatment for drug-involved individuals encountered by law enforcement as an alternative to conventional arrest and booking. And, the partners identified a different way to provide treatment linkage options to individuals who are drug-involved, but who did not necessarily present a chargeable offense when encountered by law enforcement. A comprehensive continuum of treatment options is made available to participants, and the responsibility for outreach and treatment linkage rests on dedicated staff of a local treatment provider.

Demonstrating Success

STEER launched in early 2016, and had its first referral in mid-April. As of November 2016, STEER had deflected 133 individuals and has now become part of police options on how to respond to people with substance use disorders. STEER has created a broad, collaborative entry portal for treatment delivery.
Recommendation 18: Expand substance use disorder family-based treatment options.

Family-based treatment allows children to remain safely with their parents and parents to access the intensive substance use disorder treatment services they need. Parents receive wraparound supports such as child care, tutoring, parenting classes, housing support, job training, and individualized therapy. This effective and holistic treatment model provides both adults and children the services and support they need to succeed and stay together as a family.[49]

The recently enacted Family First Prevention Services Act allows states to claim Title IV-E foster care maintenance payments for a child who would go into foster care but instead goes with their parent(s) to family-based treatment. The federal payment is allowable for up to twelve months and does not have an income eligibility requirement. Indiana should take advantage of this opportunity by using this payment to offer family-based treatment to support families with substance use disorder.[50]

Reframe Criminal Justice System

In addition to disrupting the supply of illegal drugs, law enforcement and criminal justice can play an integral role in facilitating access to substance use disorder treatment and other support services that improve health, reduce criminal justice system costs, and prevent recidivism.

Safe Stations Program

The Safe Stations Program ensures that every fire station in Manchester, NH is a designated safe haven for people struggling with addiction who want to enter treatment and begin their path to recovery. Any person can go to any fire station in the city, speak with the firefighters, and immediately get connected to treatment, support and services.

How Safe Stations Work

Anyone interested in seeking treatment for drug or alcohol use can simply show up to any one of Manchester Fire Department’s (MFD) ten stations and ask for help. Unless the participant requires immediate medical attention, this introduction begins the process of placement into a treatment facility. If the participant arrives between 9:00 AM and 8:00 PM, he or she is transferred directly to a treatment center for intake; a van from a local treatment center typically responds to the fire station within 15 minutes of being called. If the participant arrives after 8:00PM, a Certified Recovery Support Worker (case workers and social workers) or a Licensed Alcohol and Drug Counselor counsels the participant and provides him or her with a place to stay for the night. The following morning, the participant is transferred to a treatment facility.

Demonstrating Success

Safe Stations has connected more than a thousand people to treatment services since its inception. The program has proven successful not only in terms of the number of people who have started treatment, but also the high rate of treatment completion. According to the affiliated treatment facilities, approximately 70% of 1,326 Safe Station participants have finished the treatment program. Safe Stations may also reduce the number of people who overdose. In fact, when compared to the same timeframe in 2015-2016, 2016-2017 has seen a significant reduction in overdoses and in overdose deaths. City officials attribute this to the success of Safe Stations.

Learn more at www.addictionpolicy.org/spotlightseries.
Recommendation 19: Assess and expand opportunities for implementing a Sequential Intercept Diversion Model.

The Sequential Intercept Model from the mental health field provides a “conceptual framework for communities to use when considering the interface between the criminal justice and addiction systems. The model identifies a series of points at which an intervention can be made to divert individuals with substance use disorders to treatment, preventing them from entering or penetrating deeper into the criminal justice system. “Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point.”

The interception points are:

0. Community Services such as crisis care
1. Law enforcement and emergency services;
2. Initial detention and initial hearings;
3. Jail, courts, forensic evaluations, and forensic commitments;
4. Reentry from jails, state prisons, and forensic hospitalization; and
5. Community corrections and community support.

Indiana could examine its state-level criminal justice and provide support and funding to local jurisdictions to map their interception points and identify strategies for diverting people arrested or convicted for low-level crimes, especially those related to drug use.

Recommendation 20: Expand reentry support and addiction treatment services for individuals about to be released or recently released from jail.

The time immediately after a release from incarceration is a time of great peril for individuals with substance use disorders. Criminal justice reform in Indiana has resulted in the reclassification of non-violent felonies and shifted large numbers of incarcerated individuals from prisons to jails. In many cases, these jails are not properly equipped to address the substance use and reentry challenges of defendants with these categories of felonies.

One part of a solution to this need is to improve coordination between jails and community-based providers. Indiana could fund pilot programs that support collaborations and partnerships among

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Recovery Works

Funded through the Forensic Treatment Services Grant Program, Recovery Works is a state program designed to “provide support services to those without insurance coverage who are involved with the criminal justice system.” Recovery Works offers reentry services to those leaving incarceration and offers providers diversion to low-level offenders to community providers.
corrections, substance use disorder treatment, mental health, housing, employment, and other supports. Reentry coordinators in the jails could develop reentry plans for every individuals leaving jail, arrange and confirm appointments with appropriate providers to address their reentry support and health needs, and facilitate transportation directly from jail release to the first appointment with a service provider.
Conclusion

The twenty recommendations in this blueprint provide a comprehensive roadmap for Indiana to address substance misuse and addiction using evidence-based practices and inter-agency stakeholder partnerships. Indiana has taken significant steps to address substance use disorders and is working to address gaps that still exist. In every state, there is work that remains to be done to respond to drug use and addiction. In Indiana, residents identified the need to expand access to treatment services, address the needs of children of parents with substance use disorders, and increase integration of addiction services with healthcare as top priorities for next steps. The state is well equipped with strong leadership and commitment to tackle these challenging issues.

Millions of people are in recovery from the disease of addiction. In the process, they rebuild families that have been fractured and strengthen communities that have been suffering.

Acknowledgements

At Addiction Policy we work to lift each other up to address addiction, and we are so grateful for the participation of our partners in developing this Blueprint. We would like to thank all those who contributed for their time, expertise, and passion and dedication to this work.

In order to transform how this country addresses addiction, we need to have everyone at the table. This includes prevention, research, criminal justice, families, communities, law enforcement, treatment, and recovery supports. Together we can do this.


30 Healthy Indiana Plan Approval [Letter to Indiana Family and Social Services Administration Medicaid Director]. (2018, February 1).
Addiction Policy Forum (APF) is a 501(c)3 nonprofit organization based in Washington, DC. APF is a diverse partnership of organizations, policymakers, families and stakeholders committed to working together to elevate awareness about addiction and improve national policy through a comprehensive response that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

APF’s staff includes experts in addiction policy and practice. APF’s President Jessica Nickel has 25 years of experience in the addiction and criminal justice field, and APF’s National Advisory Board is led by General Barry McCaffrey, former Director of the Office of National Drug Control Policy.