

**THE OHIO STATE UNIVERSITY**

COLLEGE OF SOCIAL WORK

RESEARCH BRIEF

EMPOWERING COMMUNITIES TO REDUCE FATAL OPIOID OVERDOSES IN RURAL OHIO

The goal of this intervention is to reduce the number of fatal opioid overdoses within six rural Appalachian counties in southern Ohio: Athens, Gallia, Highland, Jackson, Meigs, and Vinton counties. These counties have been disproportionately affected by the opioid crisis and have more than 19.9% of persons living in poverty. This intervention is designed to further develop an evidence-base of strategies that will reduce and prevent opioid overdose deaths. The goal is that this work can be replicated in additional counties with the same benefit.

**OBJECTIVES**

- *Decrease the number of fatal opioid overdoses in 6 rural Ohio counties*
- *Increase the number of community members trained in overdose education and naloxone administration*
- *Recruit and train family peer recovery supporters using Screening, Brief Intervention, and Referral to Treatment (SBIRT)*
- *Connect parents in the child welfare system with opioid use disorders to evidence-based treatment and trauma informed support*

Empowering Communities in Rural Ohio

Ohio is in the midst of an opioid epidemic. The state has experienced a 30.8% increase in drug overdose deaths from 2015–2016 and 18.4% increase from 2016–2017. In Ohio in 2017 alone, there were 5,111 drug overdose deaths.¹ A persistent challenge is that the availability of opioids has changed from prescription drugs to heroin, and now to fentanyl. According to the CDC, fentanyl is a synthetic opioid that is 50 times more potent than heroin and nearly 100 times more potent than morphine. Fentanyl can be mixed with other drugs such as heroin. In 2017, Ohio was ranked among the top three states for synthetic opioid overdose rates with 3,523 deaths compared to 2016 with 2,296 deaths.² Further, many of those suffering from addiction are parents. Ohio's child welfare system has become overwhelmed by the cost of caring for children of parents with opioid use as 1 in 4 children placed in out-of-home care—such as foster care and kinship care—due to parental opiate use.

The *Empowering Communities to Reduce Fatal Opioid Overdoses in Rural Ohio* (ECI) community intervention builds upon current efforts to work with families involved in the child welfare system. The ECI program will collaborate with community partners to implement a take-home naloxone program for kinship caregivers (e.g., relatives taking care of children whose parent is misusing opioids). In addition to access to naloxone, this intervention will provide training modules in overdose education and naloxone administration to reduce opioid overdose deaths. ECI will provide support and education to our families while using a trauma-focused lens that understands the impact of trauma, paths to recovery, and recognizes symptoms of trauma from those involved. ECI aims to increase the number of take-home naloxone kits dispensed by 38% in Year 1 and 77% in Years 2 and 3 from current baseline.

EMPOWERING COMMUNITIES IN RURAL OHIO

Utilizing Peer Recovery Supporters

ECI will effectively utilize peer recovery supporters as a key treatment intervention for individuals with opioid use disorders. This intervention will recruit members of the local recovery community to participate and complete the peer supporter training and certification process through the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Once trained and certified, these peer supporters will be matched with the child welfare families involved in the ECI program. The peer recovery supporters will assist those dealing with addiction to achieve sobriety. The goal of ECI is to increase the number of certified peer recovery supporters by a total of 60 people. Currently, data shows there are only two peer recovery supporters certified in the intervention area. The peer recovery support efforts are aided by Medicaid expansion in Ohio.

Working with Families Involved in the Child Welfare System

ECI will build upon current efforts within the communities to work with families involved in the child welfare system. These efforts include early screening by the Public Children Service Agencies for substance use. The screenings will allow the ECI program to provide evidence-based treatment that consists of substance use programming earlier. The treatment includes access to naloxone administration training and peer recovery supporters, with the goal of reducing relapse and overdose deaths. We expect that the child welfare agencies will screen parents entering for substance use concerns related to opioids. Of those parents who screen positive for opioid use disorder, 75% will work with peer recovery supporters.

Sharing the Products and Results of Research

The goal of the ECI program is that this work can be replicated outside of our intervention counties with the same benefit. This intervention is designed to further develop an evidence-base of strategies that will reduce and prevent opioid overdose deaths, and we will share those results to the community and public using online and print resources. The primary product from the ECI program will be the *Opioid Overdose Family Support Toolkit* that will be provided in conjunction with naloxone training.



References

¹Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. (2018). *Number and age-adjusted rates of drug overdose deaths by state: United States, 2017*. Retrieved from: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

²Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. (2018). *Statistically significant changes in drug overdose death rates involving synthetic opioids by select states: United States, 2016 to 2017*. Retrieved from: <https://www.cdc.gov/drugoverdose/data/fentanyl.html>

ABOUT THE RESEARCHERS

Drs. Bridget Freisthler and Katie Maguire-Jack are leading this project. Dr. Freisthler works in the field of drug and alcohol prevention and has experience evaluating interventions specific to child maltreatment and substance use among parents in the child welfare system. Dr. Maguire-Jack has expertise in child maltreatment prevention approaches within communities and rural areas as well as experience in evaluating child maltreatment prevention programs and strategies. Mrs. Ashley Bennett, MSW, LSW will serve as the ECI program manager. She has experience serving children and families in crises, advocating for children in the child welfare system as a Pickaway County Court Appointed Special Advocate (CASA), and she is one of the developers of the Opioid Overdose Family Support Toolkit.



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