Introduction

Nearly 2.5 million people are battling Opioid Use Disorder (OUD) in the United States alone (NHRA, 2019). Indiana is a state that understands the consequences of the epidemic, having lost over 1,600 people to opioids in 2017 alone (ISDH, 2020). The economic impact of OUD cannot be understated, having cost the state nearly $43.3 billion dollars so far (Brewer & Freeman, 2018). Detoxification facilities, and medication assisted treatment (MAT) vary widely. Indiana has continued to rank among states disproportionately affected. In the last 20 years, opioid overdose deaths have increased by 500% (Indiana State Department of Health, 2019).

This research focuses on a subset of counties in southern Indiana. These counties, including Bartholomew, Jefferson, and Johnson, lie off an area of I-65 and I-74 (Jefferson) known as the “Heroin Highway” due to the amount of drugs which travel these roads from Chicago. Seven of the counties in this region are among the top 220 counties in the US which are labeled as high risk for an HIV outbreak by the CDC (Gonsalves & Crawford, 2018; Peters, et al., 2016).

Methodology

We are focused on six best practice domains which encompass the OUD response at the state and county level, including state regulation of opioid prescribing, medical and behavioral health practice, OUD prevention and education initiatives, and state emergency response statutes. Using these evidence based domains, the team created a logic model to evaluate the health system response of the counties, to the OUD epidemic. The logic model graphically represents the programs created to respond to OUD at the state and local levels, allowing for a more comprehensive understanding of OUD health system response.

References


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