

# Appalachian/Midwest Regional Judicial Opioid Initiative (RJOI)

## *Opioid Allocation Survey Results*

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## OVERVIEW

The Regional Judicial Opioid Initiative (RJOI) is led by the Chief Justices and State Court Administrators with project direction from the National Center for State Courts (NCSC) to further impact the opioid epidemic and related substance use issues at a regional level. In partnership, members develop strategies to address these issues from a court perspective. The Midwest-Appalachian RJOI includes eight partnering states: Illinois, Indiana, Kentucky, Michigan, North Carolina, Ohio, Tennessee and West Virginia.

In early 2021, Appalachian/Midwest RJOI members were asked to widely share a survey among professionals in courts or the legal field, healthcare or public health, behavioral health, social services, and law enforcement or public safety within their states to assess perceptions of funding priorities across a variety of spending categories to address opioid and overdose issues in their state. The survey asks respondents to allocate a theoretical budget of \$100 million to spend over five years to address the overdose epidemic in each participant’s state. In the survey, participants were provided the ability to allocate the funds to specific programs, policies and initiatives in four strategic categories: Demand Reduction/Prevention, Harm Reduction, Supply Reduction and Treatment (see Appendix A for a list of strategic categories and descriptions of interventions within each). This report contains the findings from the Opioid Allocation Survey results. Although anonymous, the participants in this convenience sample were asked to identify their field of employment and the state in which they live.

## RESULTS

Among Appalachian/Midwest RJOI states, 1,558 professionals responded to the survey. Table 1 shows the breakdown of respondents by profession and state. Most respondents were from court or legal professions (n=984, 63%), followed by law enforcement or public safety (n=282, 18%).

**Table 1: Survey Respondents by State and Profession**

State	Court/Legal	Healthcare/ Public Health	Behavioral Health	Social Services	Law Enforcement/ Public Safety	Total
IL	96	0	2	0	1	99
IN	47	2	5	3	3	60
KY	70	3	11	4	3	91
MI	57	3	30	1	5	96
OH	135	3	23	12	10	183
NC	473	10	15	3	191	692
TN	31	43	64	8	67	213
WV	75	10	33	4	2	124
<b>Total</b>	<b>984</b>	<b>74</b>	<b>183</b>	<b>35</b>	<b>282</b>	<b>1558</b>

Figure 1 displays the average amount of money allocated to each intervention option provided in the survey within the larger strategic categories of Demand Reduction/Prevention, Harm Reduction, Supply Reduction and Treatment. Overall, the largest proportion of the hypothetical budget was allocated toward “Reintegration after Incarceration” services, which falls under the “Demand Reduction” category. The next most prioritized intervention in terms of budget allocation was “Substance Use Disorder Treatment” services.

**Figure 1: Average Fund Allocation by Intervention**

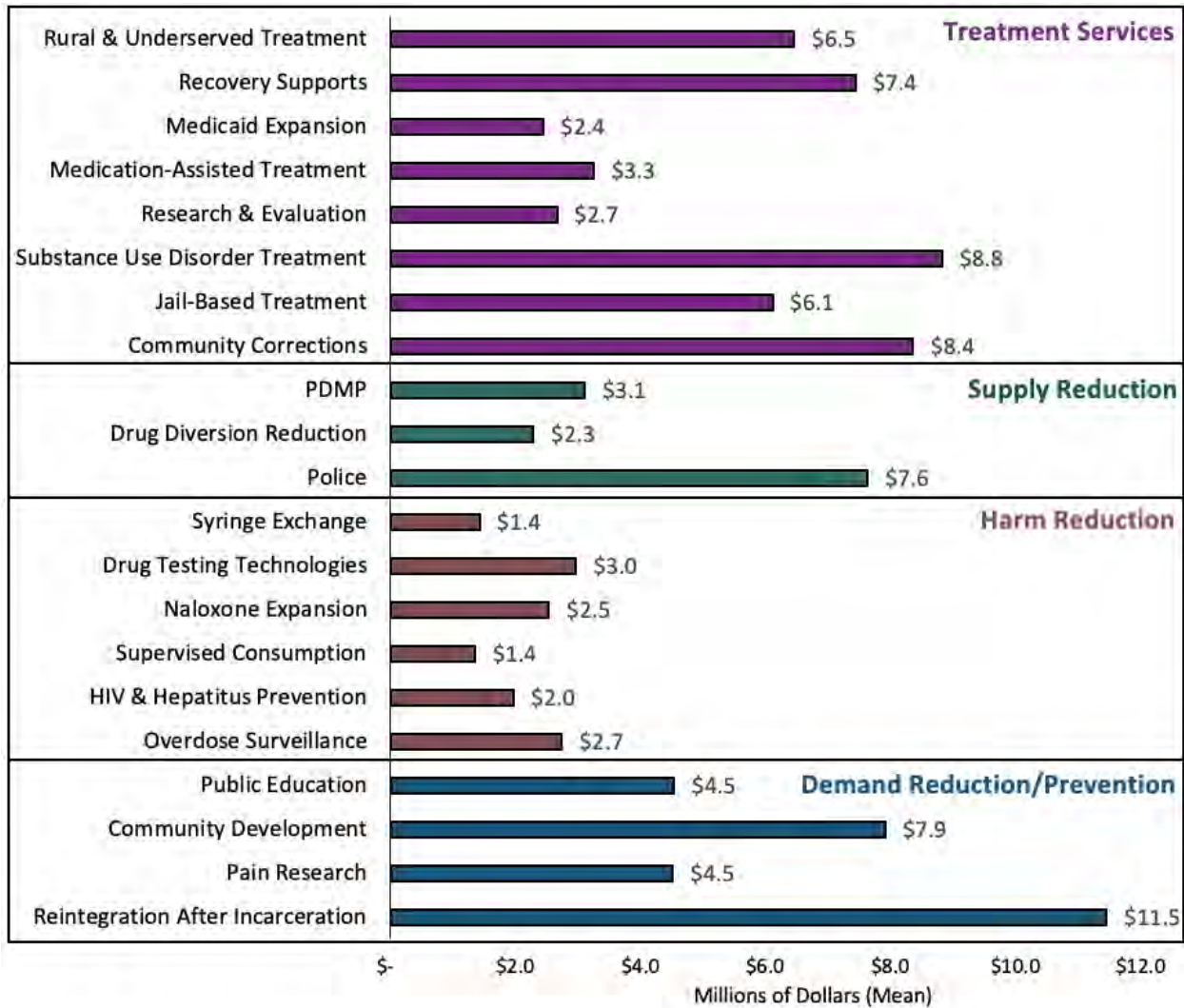
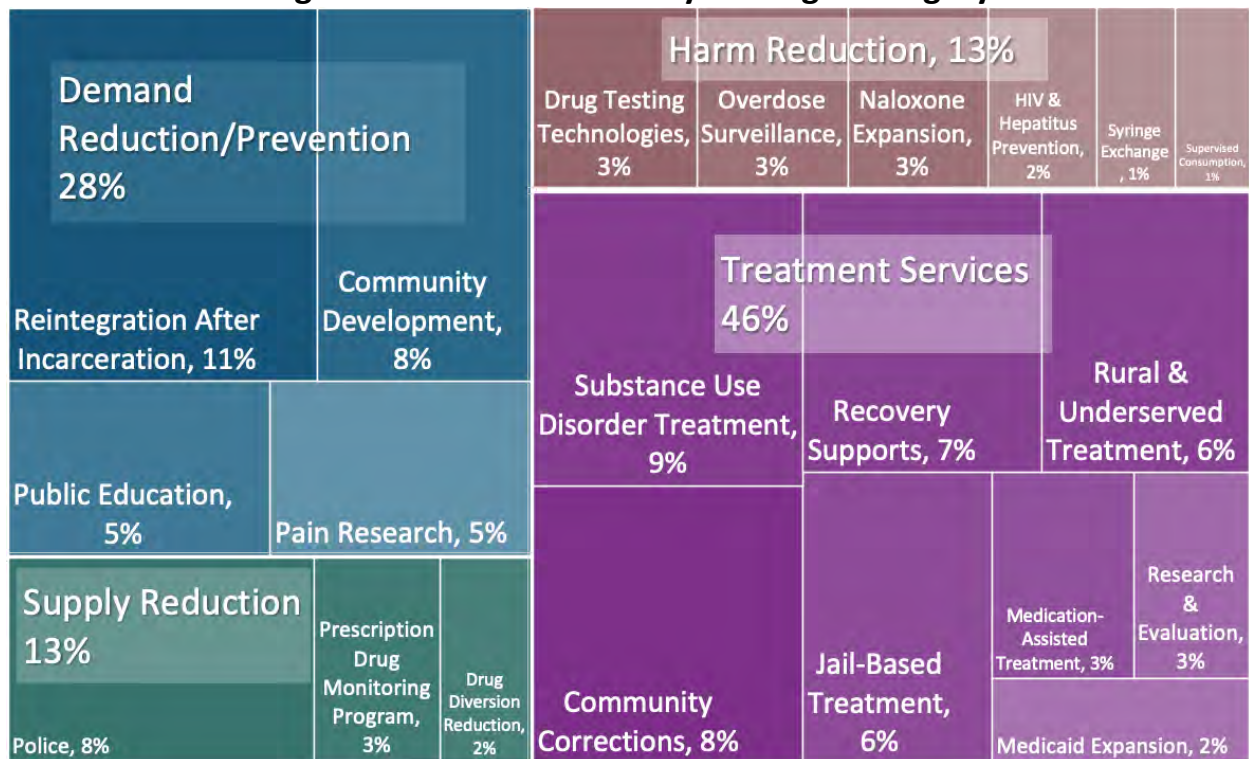


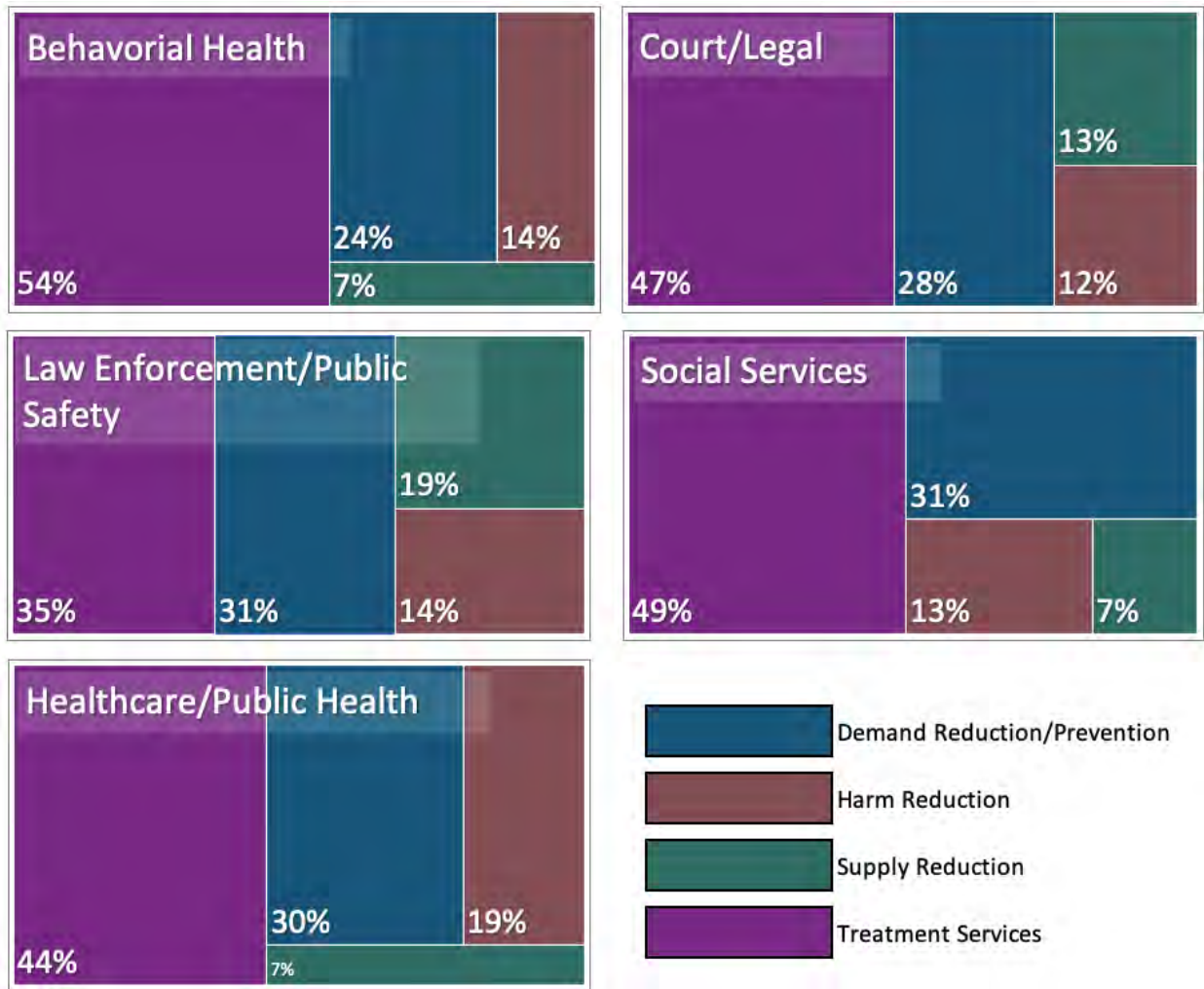
Figure 2 displays funding allocations (proportion of total budget) by strategic category among the entire respondent sample. Having received 46% of the budget, there was a clear preference for spending money on treatment services, particularly for substance use disorder treatment and community corrections. The next most popular strategic category according to survey respondents’ budget allocation was demand reduction and prevention (28%), particularly for services aimed at reintegration after incarceration, which refers to programs aimed at reintegrating people who use drugs that have been incarcerated back into the community upon release.

**Figure 2: Fund Allocation by Strategic Category**



Survey results varied by respondent occupation. Figure 3 displays survey results by professional category. While the largest proportion of funding is allocated to treatment services by each profession, there still are clear priorities. For example, Law Enforcement and Public Safety professionals allocated just 35% of the budget to treatment services, compared to nearly half of the budget for other professions (44% - 54%). Law enforcement and court/legal professionals allocated a higher proportion of the budget to supply reduction efforts relative to other professions who were more likely to prioritize funding harm reduction initiatives.

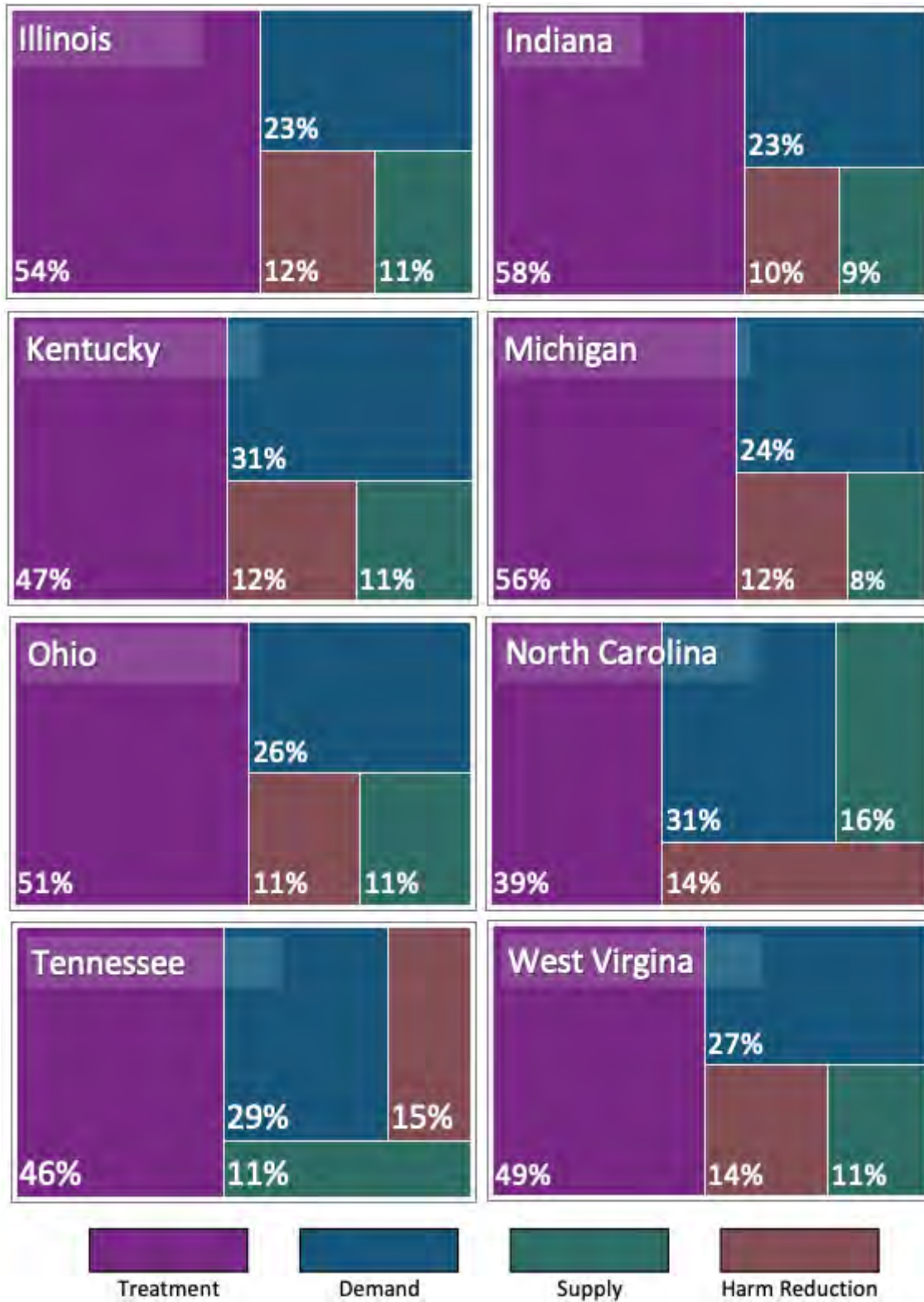
**Figure 3: Fund Allocation by Strategic Category and Profession**



States across the Appalachian/Midwest RJOI allocated funds in somewhat surprisingly similar ways (Figure 4). As was the case by profession, all states prioritized spending on treatment services, followed by demand reduction, harm reduction, and supply reduction, with the exception of North Carolina which prioritized supply reduction over harm reduction (16% relative to 14%). It is important to consider, however, that survey respondents differed from state to state: for example, North Carolina had 191 respondents from the law enforcement sector relative to Illinois, which had just 1 person from this sector complete the survey. These differences between respondents by state likely describes any budget allocation dissimilarities more than just state cultural or political characteristics.



**Figure 4: Fund Allocation by Strategic Category and State**



## CONCLUSIONS & RECOMMENDATIONS

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Although the premise of this survey was to allocate *hypothetical* funds toward combatting the overdose epidemic, this issue is more relevant than ever as fatal and nonfatal overdose rates continue to increase. Preliminary data suggest that at least 93,000 people died of an accidental drug overdose in 2020 (1), the highest annual number of overdose deaths in recorded U.S. history. With anticipated additional funds from legal settlements with pharmaceutical companies and recent proposed increases in federal government funding, states will have to make critical decisions about the best way to allocate this money given what we have learned in the past several years.

When implementing strategies aimed at tacking the overdose epidemic, it is important to ensure they are evidence-based practices shown to be effective at preventing overdose. In this survey, *Treatment Services* overwhelmingly received the majority of allocated funds. The most popular initiative among survey respondents was substance use disorder treatment options such as detox, inpatient/residential, and outpatient. Within the Treatment Services strategic category, medication-assisted treatment (also known as medication for opioid use disorder [MOUD]) received only 3% of funding. MOUD is currently the gold standard treatment for opioid use disorder. Ample research shows that MOUD is effective in preventing overdose and improving treatment outcomes (1–11). As such, it is recommended that increased funding be dedicated toward this underutilized, yet lifesaving, intervention.

Despite the demonstrated effectiveness of various harm reduction strategies in preventing overdose, this strategic category only received 13% of the hypothetical budget. Further, syringe exchange programs received just 1% of funding, despite it being one of the most successful examples of harm reduction strategies to date. Research shows that these programs reduce blood-borne infections (12–17); injection risk behaviors, such as needle sharing (18–22); and increase access to drug treatment (16,23). Further, there is no evidence that these programs increase injection frequency or new users (24,25). Naloxone expansion is another intervention within the *Harm Reduction* category that received a limited amount of funding, despite the large evidence base demonstrating its importance in preventing fatal overdose (26–30). Given the research supporting harm reduction-based strategies in preventing overdose death, it is recommended that these interventions be prioritized.

The *Supply Reduction* strategic category was allocated 13% of funds, with 8% of the total budget going toward Police. There is limited research to support the effectiveness of police interdiction efforts in reducing drug use (31–34). In fact, some research shows that such efforts can actually increase overdose events. A recent Ohio study by Zibbell and colleagues using crime laboratory data on drug seizures found that increased opioid-involved fatal overdoses are associated with increasing fentanyl seizures (35). Similarly, a study in Indianapolis using street-level data on law enforcement drug seizures and overdose events reveal a small but statistically significant effect of excess non-fatal overdoses within a 250 meter radius of where the seizure

occurred in the three weeks following the seizure (36). That is, within the three weeks following a police seizure of opioids, non-fatal opioid related events significantly increased in the surrounding community. In allocating funding to the police with the goal of combatting the overdose epidemic, communities should consider training law enforcement on substance use disorders and other efforts to divert people who use drugs from the criminal legal system at the point in which they encounter law enforcement. U.S. policies that criminalize substance use have exacerbated the overdose epidemic; research has found that criminal justice involvement is a fatal risk factor for people who use drugs, particularly those who have opioid dependence (37, 39,40). Opioid users quickly build a tolerance for the drug, requiring increasing amounts to create a feeling of euphoria and/or to stave off painful withdrawal symptoms. However, following a period of abstinence and withdrawal (such as time in jail), tolerance is reduced, less is needed to produce the same euphoric effects, and a dose that was safe before may be lethal upon release (38). Moreover, with an unregulated market, the dosage is impossible to measure, resulting in dangerous guesswork that places users at heightened risk of overdose.

*Demand Reduction/Prevention* was allocated 28% of funding, with Reintegration after Incarceration receiving 11% of funds. While it is important that evidence-based interventions, such as MOUD and therapeutic treatment, be implemented during and upon release from incarceration, it is recommended that individuals with substance use disorder be diverted from the criminal legal system altogether. It is sensible for stakeholders from state agencies, many of whom enforce drug laws, to focus on treatment within criminal-legal settings. However, it is exceedingly productive for community stakeholders, particularly those in RJOI, to see themselves as part of a greater treatment ecosystem. Those working in courts are often situated in the middle of the criminal-legal system, after arrest but before reintegration. It is recommended that future interventions aim to divert people from the criminal legal system to treatment.

We find ourselves in the U.S. at a critical point in the overdose epidemic – efforts to date have not succeeded in reducing overdose, despite billions of dollars of investment. Many evidence-based, life-saving interventions remain politically unpopular and stigma toward people who use drugs persists as a barrier to implementing programs that can prevent fatal overdose. It is recommended that RJOI stakeholders work to combat stigma, allocate resources toward evidence-based harm reduction and treatment practices, and support programs that divert people with substance use disorder from the criminal legal system. For a more in-depth exploration of recommendations for RJOI members, please refer to the RJOI Appalachian/Midwest September 2021 Action Researcher Report.



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# APPENDIX A: STRATEGIC SPENDING CATEGORIES AND INTERVENTIONS

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## Demand Reduction/Prevention

**REINTEGRATION AFTER INCARCERATION:** Programs for reintegrating drug users into communities following incarceration (including job training, employment opportunities, community-based services, peer supports, and other resources aimed at promoting recovery)

**PAIN RESEARCH:** Research on scientific understanding of pain, non-opioid pain treatment and development of non-addictive chronic pain therapies

**COMMUNITY DEVELOPMENT:** Fund community development, schools, childcare, family services and job training

**PUBLIC EDUCATION:** Education programs, advertising, and other public communications campaigns

## Harm Reduction

**OVERDOSE SURVEILLANCE:** Drug death and nonfatal overdose surveillance, including funding for medical examiners and coroners to improve accuracy and timeliness of autopsy drug-testing

**HIV & HEPATITIS PREVENTION:** Screening, early detection, vaccines and treatment for HIV and hepatitis

**SUPERVISED CONSUMPTION:** Establish and run supervised consumption spaces

**NALOXONE EXPANSION:** Increase naloxone distribution and training

**DRUG TESTING TECHNOLOGIES:** Production and distribution of drug testing technologies, like testing strips for fentanyl and other adulterants

**SYRINGE EXCHANGE:** Establish and run syringe or needle exchanges

## Supply Reduction

**POLICE:** Increased funding and training for local police, drug task forces, and interdiction efforts



**DRUG DIVERSION REDUCTION:** Reducing diversion opportunities, like implementing universal drug take-back programs, to allow drugs to be returned to any pharmacy on any day; or developing and distributing secure containers for prescription drugs

**PRESCRIPTION DRUG MONITORING PROGRAM:** Develop or expand prescription drug monitoring programs and guidelines for best opioid prescribing practices

**Treatment**

**COMMUNITY CORRECTIONS:** Develop or expand drug courts and other pre-arraignment or law enforcement diversion programs

**JAIL-BASED TREATMENT:** Expansion of addiction treatment in jails and prisons

**SUBSTANCE USE DISORDER TREATMENT:** Expansion of substance use disorder treatment like detox, inpatient/residential and outpatient treatment

**RESEARCH & EVALUATION:** Fund research into treatment outcomes, program effectiveness and the impact of policy interventions

**MEDICATION-ASSISTED TREATMENT:** Develop or expand medication-assisted treatment programs

**MEDICAID EXPANSION:** Further expansion of Medicaid

**RECOVERY SUPPORTS:** developing programs to improve access to housing and health care; employment opportunities and job training; community-based services, including peer supports and other resources aimed at promoting recovery

**RURAL & UNDERSERVED TREATMENT:** Expand treatment options specifically in rural and underserved areas, including mobile programs and telehealth/telemedicine programs

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