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A Consortium Approach to Building a Recovery-ready Community in Tooele County, Utah

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Abstract

Substance Use Disorder (SUD) remains a critical issue in rural and tribal populations of Utah. In response, we created a consortium of recovery programs, tribal partners, social scientists, substance use disorders counselors, and treatment specialists to target prevention, treatment and recovery programming efforts in Tooele County, Utah.

Introduction

Substance Use Disorder (SUD) is a persistent problem in Tooele County, Utah. Tooele county's drug overdose death rate between 2015 and 2019 was 21 per 100,000 people, which is higher the statewide rate of approximately 20 per 100,000 people (Centers for Disease Control and Prevention, 2020). In addition to high fatal and non-fatal overdose rates, Tooele County lacks a adequately specialized trained workforce necessary for meeting SUD treatment needs and recovery support services to reduce harms associated with opioid use disorder (OUD) and other substance use issues (DasGupta, et al., 2020; Canary et al., 2017). To address these challenges, USU Extension received funding from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,000,000, and initiated a consortium between state, country and local partners to implement *prevention, treatment and recovery* activities.

The selected strategies were adopted based on a review of effective interventions for addressing substance use. For example, individuals who are trained on how to use naloxone are more likely to know how to reduce their risk of overdose, and are less likely to die from an overdose (Katzman et al., 2018; Seal et al., 2001; Tobin et al., 2005; Walley et al., 2013). There is a 96% opioid overdose survival rate during layperson naloxone administration (Bennett et al., 2011). Stigma around opioid overdoses negatively affects the mental health of individuals who use drugs (Hatzenbuehler et al., 2013), and stigma reduction has been shown to facilitate treatment adherence and recovery (Versfeld, et al., 2020). Geographic areas with *fewer* providers offering medication treatment for opioid use disorder (MOUD) also have higher rates of overdose deaths (Rigg et al., 2018, Jones et al, 2018.)

Response

With grant funding from the HHS, we designed a culturally responsive and multi-pronged community approach to tackle SUD in Tooele county. We focused on stigma reduction (i.e., community awareness campaigns and harm reduction trainings for professionals), expanded SUD work-force capacity (i.e., para-professional certifications and funding), and increased community-level support for persons in recovery (i.e., shared community events, economic aid, and naloxone distribution).

Target Populations

The multi-pronged approach served several target populations. Community members and professionals impacted by stigma received substance use education and harm reduction trainings. Individuals in recovery with insufficient support received access to emergency recovery financial aid for treatment costs, transportation, childcare, and housing expenses. Agencies with an inadequate workforce received access to coalition resources, professional development support, and para-professional workforce funding.

Program Outcomes and Impacts

During the first 24 months of project implementation, multiple activities provided sustained *prevention, treatment and recovery* services. The outcomes of the consortium include an increase in collaboration, care providers focused on SUDs, and stigma reduction.

Increase in Collaboration: Consortium membership increased in size and diversity – from four (4) organizations to fifteen (15), and a doubling membership of Recovery Community Organizations (RCOs). This resulted in expansion of services such as gas card support for treatment access, and funding the planning phase for a crisis nursery and a methadone clinic. Enhanced collaboration was evidenced throughout consortium activities. For example, community recovery event sponsorship increased from 10 in year one, to 30 community agencies in year two.

Increase in Care Providers Addressing SUDs: Associated with our efforts, the number of Tooele County physicians to treat opioid use disorder with FDA-approved buprenorphine medication increased by 40% (from 5 to 7) during the first year of our project with a \$200 federally funded training stipend. Additionally, we created a database of 105 opioid prescribing providers, which will be used to promote controlled substance database (CSD) utilization and pain management training. When waiver training requirements shifted in 2021, an additional eight providers received MOUD training.

Stigma Reduction: The consortium compiled a stigma reduction resource booklet for healthcare providers and community members, which includes evidence-based information on safe opioid use, prescribing guidelines, and treatment and harm reduction resources for people with SUD/OD. Stigma reduction trainings were held at 11 community agencies and 1,100 resource guides have been distributed at 25 training and community events.

Survey results from stigma reduction trainings showed increased support for MOUD (methadone and buprenorphine) and harm reduction interventions. Findings show there was a large increase in support from public attendees for harm reduction interventions. Table 1 shows the pre-post change in attitudes on several markers of harm reduction acceptance ($n = 21$).

Table 1. Changes in participants' perception toward harm reduction methods after the training.

Statement	% in Agreement	
	Before Training	After Training
Methadone is a legitimate and effective medicine for treating opioid addiction.	43%	90%
Buprenorphine (often known by its brand names, “Suboxone” or “Subutex”) is a legitimate and effective medicine for treating opioid addiction.	48%	90%
Naloxone (often known by its brand name, “Narcan”), which is an opioid overdose reversal drug, is an effective medicine for preventing deaths due to opioid overdose.	71%	100%
I would be OK if Naloxone was distributed in my place of work.	71%	100%
Harm reduction programs, such as syringe distribution programs and safe drug consumption facilities, help people who use drugs to begin to improve their health and can encourage such individuals to eventually engage in treatments like methadone and counseling.	48%	100%

Increase in Naloxone Access: We distributed 79 naloxone kits directly to community members and 660 naloxone kits to community agencies and consortium partners. We also surveyed local pharmacies and found that the majority of Tooele pharmacies carry naloxone and sell it without requiring a prescription. About half of pharmacy staff reported willingness to receive additional training on opioid overdose reversal.

Public Value and Next Steps

Our project created a space for Tooele County providers and community members to collaborate on building a recovery-ready community. Our efforts to date have resulted in identification of needs and gaps in services and preliminary efforts to address these gaps with evidence-based strategies for prevention, treatment, and recovery. Facilitated by our consortium, coordination and collaboration has resulted in improved access to, and availability of services for people with SUDs in Tooele County. These efforts are necessary in reducing the harms and mortality associated with SUDs.

There is more to be done to address the needs of people with SUDs. We continue to develop our consortium's capacity to collaborate with other relevant organizations on this persistent problem to serve more people. Stigma towards people with SUDs, by both the general public and health care providers, remains a substantial barrier. We continue to work to develop a professional workforce trained in harm reduction, and to create bridges to services for Tooele community members. Our current efforts include bringing new partners into our consortium, such as faith-based organizations, criminal justice and law enforcement, and the local mental health authority. By building the capacity of local community organizations and institutions, the outcomes of this program will persist long after the end of funding.

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