# Bristol Health Equity Zone Overdose Prevention Plan

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# EXECUTIVE SUMMARY

## Introduction

The Town of Bristol, through a Rhode Island Department of Health (RI DOH) grant to the Bristol Health Equity Zone (HEZ), has developed an Overdose Prevention Plan (OPP) that will serve as a framework for building and strengthening prevention efforts at the community level. Three key objectives were the driving force of the BHEZ plan:

- Conduct a community-led needs assessment and prioritization process.
- Use needs assessment results and a prioritization process to develop an OPP.
- Develop a short- and long-term evaluation plan of the OPP project

## Methods

This community led needs assessment utilized a mixed methods approach to understanding the opioid problems in Bristol. Quantitative data included the community survey and secondary data gathered through pre-existing surveys and social indicators. Qualitative data included key informant and focus group data.

## Establish OPP Subcommittee

The Bristol HEZ established an OPP Subcommittee as a first step in this process. The subcommittee met 5 times between April 4, 2019 and August 12, 2019 and reviewed findings from the needs assessment as they emerged. It participated in facilitated meetings, led by Datacorp, to develop the community opioid prevention plan.

## Components of the Community-Led Needs Assessment

### Data Review of Preexisting Needs Assessment Reports

The contractor reviewed preexisting needs assessment resources and synthesized the findings to determine the extent of the opioid problem and to identify gaps in the data. The subcommittee reviewed findings and identified next steps in the needs assessment.

### Community Survey of Opioid Knowledge and Beliefs

A community survey was administered to assess knowledge and beliefs about the opioid problem in Bristol. It took place between June 3rd and June 28th, 2019 and was circulated widely throughout the community and on social media.

### Interviews Regarding Substance Exposed Newborns and Focus Groups

Two key informant interviews were conducted to gain knowledge of substance exposed newborns (SEN). Focus groups were conducted with the Senior Center, East Bay Recovery Center, Resources Education and Support Together (REST), and the Bristol County Medical Center with a group of medical professionals.

## Key Findings

The needs assessment data showed there are several factors that impact the opioid problem in Bristol. Key findings that stimulated the subcommittee's decisions regarding

the nature of the prevention plan included:

- Reports of current opioid use
- The overwhelming perception that opioids are overprescribed
- Problems with newborns being born addicted to opioids
- People not being aware how addictive opioids are
- The impact opioids have had on families in Bristol
- Use due to anxiety, stress, and depression
- Unintended pregnancies among women who use or are on methadone
- Stigma associated with opioid addiction, especially among pregnant women
- Lack of services and ancillary resources for people who need or are seeking help
- Strong need for education and awareness

## Recommendations for Action: Overdose Prevention Plan

Based on the needs assessment findings the Bristol HEZ OPP subcommittee created a comprehensive plan that includes strong environmental and program evidence-based activities. The following goals and measurable objectives were prioritized:

1. Prevention: Prevent the negative impact of opiate abuse in Bristol
   - Increase community education about the risks associated with opiate use
   - Increase community involvement in addressing opiate use and abuse
   - Increase awareness of community resources
   - Increase professional awareness and community advocacy
   - Increase awareness of overdose risk factors
     - Rescue: Increase access to naloxone
   - Increase collaboration with local pharmacies
   - Increase awareness of overdose prevention and how to administer naloxone
   - Increase community education about the Good Samaritan Law
     - Treatment: Increase knowledge of and access to treatment options
   - Increase knowledge related to alternative treatments for chronic pain
   - Explore the availability of mobile treatment
   - Increase the availability of alternative mental health and substance abuse treatment options
   - Increase awareness of existing local treatment options
     - Recovery: Maintain consistent recovery support services in Bristol
   - Increase community support for recovery services
   - Increase the number of Mental Health 1st Aid trainings
   - Enhance community support services

## Summary

This ambitious, comprehensive plan was designed by community members committed to the wellbeing of the Bristol community. They very carefully considered the data and then created a comprehensive, yet realistic plan based on available financial and human resources.

# Introduction

The Town of Bristol, through a Rhode Island Department of Health (RI DOH) grant to the Bristol Health Equity Zone (HEZ), has developed an Overdose Prevention Plan (OPP) that will serve as a framework for building and strengthening prevention efforts at the community level. Three key objectives were the driving force of the BHEZ plan:

2. Conduct a community-led needs assessment and prioritization process that identifies gaps, assets, and potential solutions for reaching and addressing issues related to the opioid crisis, particularly among families, pregnant women, and children.
3. Use results from the needs assessment and prioritization process to develop a Bristol HEZ Overdose Prevention Plan (OPP) collaboratively with the RIDOH, the Rhode Island Disaster Medical Assistance Team (RIDMAT), the Regional Prevention Coalitions (RPC), and other community stakeholders.
4. Develop a short- and long-term evaluation plan that incorporates performance measures and aligns with the local Community Overdose Response Plan project evaluations.

The Bristol HEZ hired Datacorp through its competitive bidding process to support this initiative and assist the Bristol HEZ in the assessment, planning, and implementation of the OPP.

This report describes the methodology that was used to carry out each of the above objectives and how the results were utilized to develop the Bristol HEZ OPP.

# Methods

## Community-Led Needs Assessment

### Establish OPP Subcommittee

The Bristol HEZ established an OPP Subcommittee as a first step in this process. This subcommittee utilized the existing HEZ Substance Abuse Awareness and Prevention Working Group as the core of the new subcommittee. Additional representation for the OPP subcommittee was solicited throughout the community. A complete list of the BHEZ OPP subcommittee members is presented in Appendix A.

The subcommittee met 5 times between April 4, 2019 and August 12, 2019. The table below is a listing of when each meeting occurred along with its key purpose.

*Table 1. Bristol HEZ OPP Subcommittee Meetings and Purpose*

| Meeting | Date | Purpose |
|---|---|---|
| Subcommittee Meeting 1 | April 4, 2019 | Kick-Off Meeting |
| Subcommittee Meeting 2 | April 29, 2019 | Data Collection Review |
| Subcommittee Meeting 3 | May 21, 2019 | Community-led Needs Assessment Development |
| Subcommittee Meetings 4 & 5 | July 15, 2019 | Conduct Prioritization Process |

| Meeting | Date | Purpose |
|---|---|---|
| Subcommittee Meeting 6 | August 12, 2019 | Develop Short- and Long-Term Evaluation Plan |

*Source: BHEZ OPP SOW and Meeting Minutes*

## Components of the Community-Led Needs Assessment

The community led needs assessment had four key components.

5. Conduct a data review of preexisting needs assessment reports and identify relevant data gaps.
6. Conduct a community survey of opioid knowledge and beliefs.
7. Conduct key informant interviews with persons familiar with substance exposed newborns.
8. Conduct community focus groups to determine the extent of the opioid problem.

### Preexisting Data Review

One of the first tasks of the needs assessment was to conduct a scan of preexisting needs assessment resources. Several reports that included data for the Bristol community were identified and reviewed to ascertain what is known about the opioid problem in Bristol and what data gaps exist. Datacorp presented the results of this data review to the OPP subcommittee during the second subcommittee during which time the findings and data gaps were discussed, which then informed the next steps in the needs assessment. The reports and data, authors, and the year they were completed appear in Table 2 below, and the PowerPoint presentation of results appears in Appendix B.

*Table 2. Preexisting Data Review: Reports Reviewed*

| Report | Author | Year |
|---|---|---|
| Town of Bristol Code Application | Emily Spence | 2014 |
| Rhode Island Behavior Health Project: Final Report | Truven Health Analytics | 2015 |
| Bristol Health Equity Zone (BHEZ) Baseline Assessment of Health Needs in the Community | BHEZ | 2016 |
| Bristol Warren, RI 2017 Health and Wellness Survey Report, Data Tables | John Mattson Consulting | 2017 |
| East Bay Regional Coalition: Parent & Teacher Survey Results | Datacorp | 2017 |
| East Bay Regional Needs Assessment: Qualitative Data Report | Datacorp | 2017 |
| East Bay Regional Needs Assessment: Bristol Chart Book | Datacorp | 2017 |
| Rhode Island Student Survey: Group Report for Bristol, Mount Hope High School | BHDDH/URI | 2017 |
| Town of Bristol Health Equity Zone (HEZ) 5th Grade Focus Groups, Final Report | John Mattson Consulting | 2017 |
| Town of Bristol 2018 HEZ Focus Group Results, Final Report | John Mattson Consulting | 2018 |
| Mt. Hope High School 2018 Rhode Island Student Survey | BHDDH/URI | 2018 |
| Pre – Prom Dinner Survey Results | Bristol/Warren | 2018 |

| Report | Author | Year |
|---|---|---|
| | Prevention Coalition | |
| Region 5 2018 Rhode Island Student Survey | BHDDH/URI | 2018 |
| RISS- 2018 Statewide Data | BHDDH/URI | 2018 |

## Community Survey of Opioid Knowledge and Beliefs

The Bristol HEZ Opioid Prevention Plan subcommittee decided to conduct a community survey to obtain community knowledge and opinion survey to ascertain beliefs about the opioid problem in Bristol. Our review of the pre-existing data showed data gaps relative to opioids. Taking these data gaps into account and reviewing national surveys, we developed a 23-item community survey.

Research was done to identify suitable questions that would elicit the perception community members have of whether there is an opioid problem in Bristol, whether they've know anyone personally who had a problem, if the problem has gotten better or worse in recent years, their perception of the root causes of the problem, whether they think there is a problem with overprescribing, and whether they think the community is doing enough to address the issue, among other relevant topics. Survey items were cross-walked with the State's population subgroups from which Bristol selected youth, families, and the required SEN subgroup. Survey items were cross-walked with the State's qualitative question areas to ensure the community survey asked questions in similar content areas as the focus groups and key informant interviews.

A draft of the survey was made available to the subcommittee for review and feedback. The evaluation team incorporated the subcommittee's feedback and input the survey questions into SurveyMonkey. Respondents were given the option to respond to the survey on paper, or they were able to scan a QR code that was placed on the front page of the survey. The QR code brought them to the SurveyMonkey page that housed the questionnaire where they could input their answers directly.

The needs assessment team launched the survey the week of June 3rd, 2019. We kept it open for four weeks, closing it June 28th 2019. The needs assessment team provided written reminders that the BHEZ coordinator circulated weekly while the survey was open. Questionnaires were disseminated to the following locations in Bristol:

- Benjamin Church Senior Center
- East Bay Food Pantry
- Bristol County Medical Center
- Rogers Free Library
- Bristol Town Hall
- Franklin Ct. Independent Living Community Room (Kick-off dinner)
- Elks Lodge
- East Bay Recovery Center

The questionnaire and item-level results appear in Appendix C.

## Key Informant Interviews

Two key informant interviews were conducted in an attempt to gain knowledge about substance exposed newborns (SEN). Identifying key informants to participate proved to be a challenge. One of the project coordinators attended a SEN task force meeting where she was given provider names we could contact to determine if they were serving Bristol residents. The coordinator contacted treatment providers to determine if there were any Bristol residents being served in treatment that fit this description. There were none. Next, we tried to identify grandparents who might be raising children who were substance exposed *in utero*. We were unable to identify any. Finally, we asked treatment providers if they had staff that work with mothers of substance exposed newborns who would be willing to participate in our key informant interviews. We were able to find two staff at two different organizations who were willing to do this. The providers they work for and the date of the interviews are listed in the table below. The key informant interview questions and detailed results appear in Appendix D.

*Table 3. Opioid Prevention Plan Substance Exposed Newborns Key Informant Interviews*

| Provider | Date |
|---|---|
| CODAC | June 19, 2019 |
| Parent Support Network | June 25, 2019 |

## Focus Groups

A total of 4 focus groups were conducted throughout the community. Focus groups were conducted at the Senior Center, East Bay Recovery Center, REST, and at the Bristol County Medical Center with a group of medical professionals. The names of the organizations and the dates of the interviews appear in the table below along with the topics discussed and the number of participants. A copy of the focus group questions and the detailed results appear in Appendix E.

*Table 4. Opioid Prevention Plan Focus Groups Conducted*

| Focus Group | Topics Emphasized | Number of Participants | Date |
|---|---|---|---|
| East Bay Recovery Center | Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction | 7 | May 16, 2019 |
| Resources Education and Support Together (REST) Group | Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction | 9 | May 6, 2019 |
| Medical Community | Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm | 5 | May 13, 2019 |

| Focus Group | Topics Emphasized | Number of Participants | Date |
|---|---|---|---|
| | Prevention, Education Treatment, & Harm Reduction | | |
| Senior Center | Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction | 10 | May 17, 2019 |

## Populations Engaged In the Needs Assessment

The overarching target group for the BHEZ Opioid Prevention Plan is the community itself. Within the community, there were four subgroups the BHEZ OPP subcommittee agreed should be interviewed through focus groups and stakeholder interviews. The groups and interviewees targeted for the needs assessment included parents of substance exposed newborns, families impacted by the epidemic, adults in recovery and senior citizens. The details associated with these groups appear in the tables above that document the focus groups and interviews we conducted.

The subcommittee also concluded that a community survey should be conducted. The subcommittee identified a variety of locations throughout the community where the survey could be distributed. The project coordinator and subcommittee volunteer distributed the surveys at the various locations. Paper questionnaires with a QR reader code on them were distributed. The QR reader code allowed individuals who preferred to take the survey over their phones the option to enter their data electronically. The complete list of locations appears in the methodology section above. The questionnaire was also made available on social media. The following figures show the demographic characteristics of the respondents who were reached through the community survey.

*Figure 1. Community Survey Respondents' Gender*

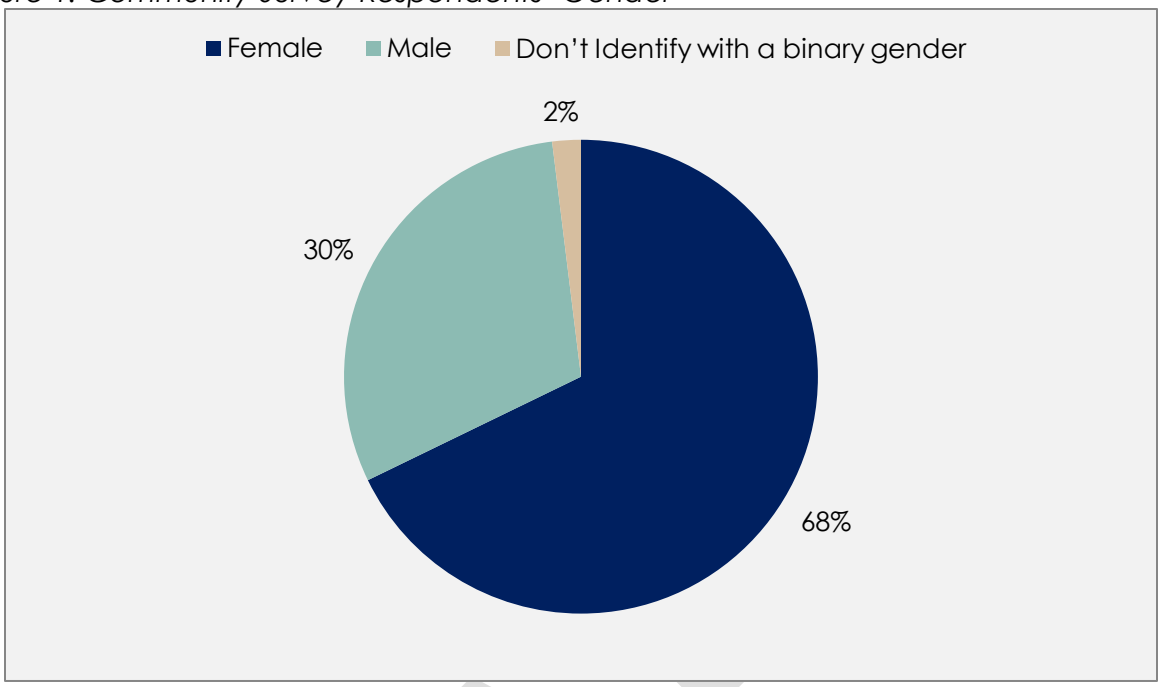



*Figure 2. Community Survey Respondents' Age Groups*

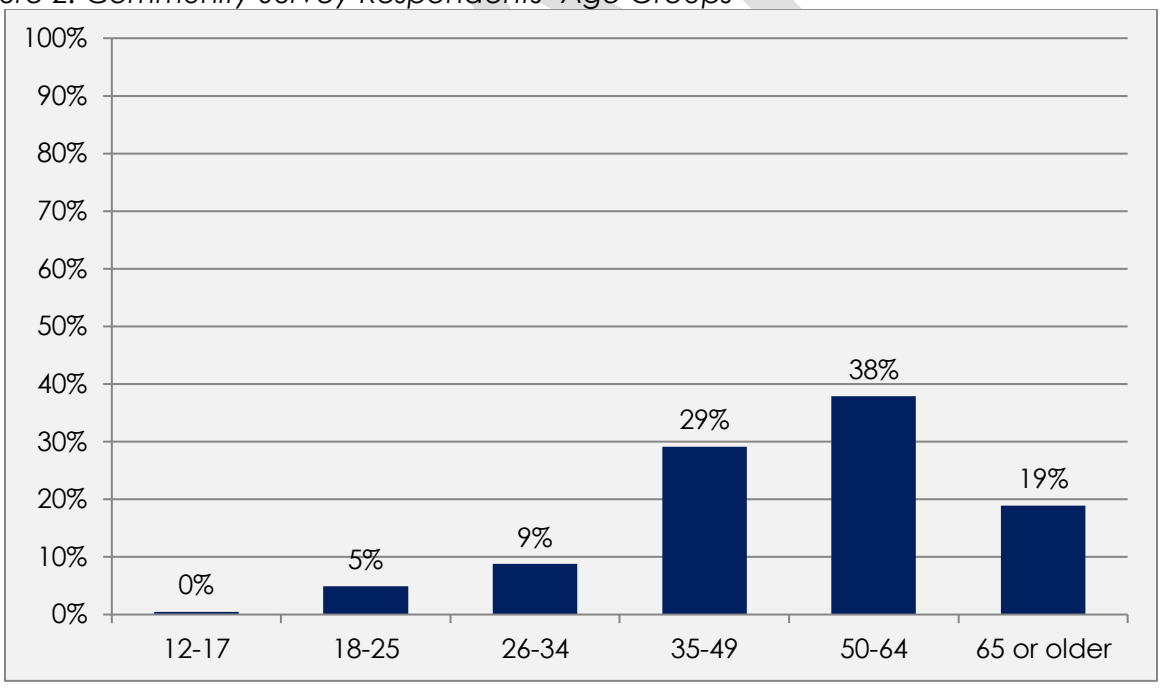


*Figure 3. Community Survey Respondents' Education Level*

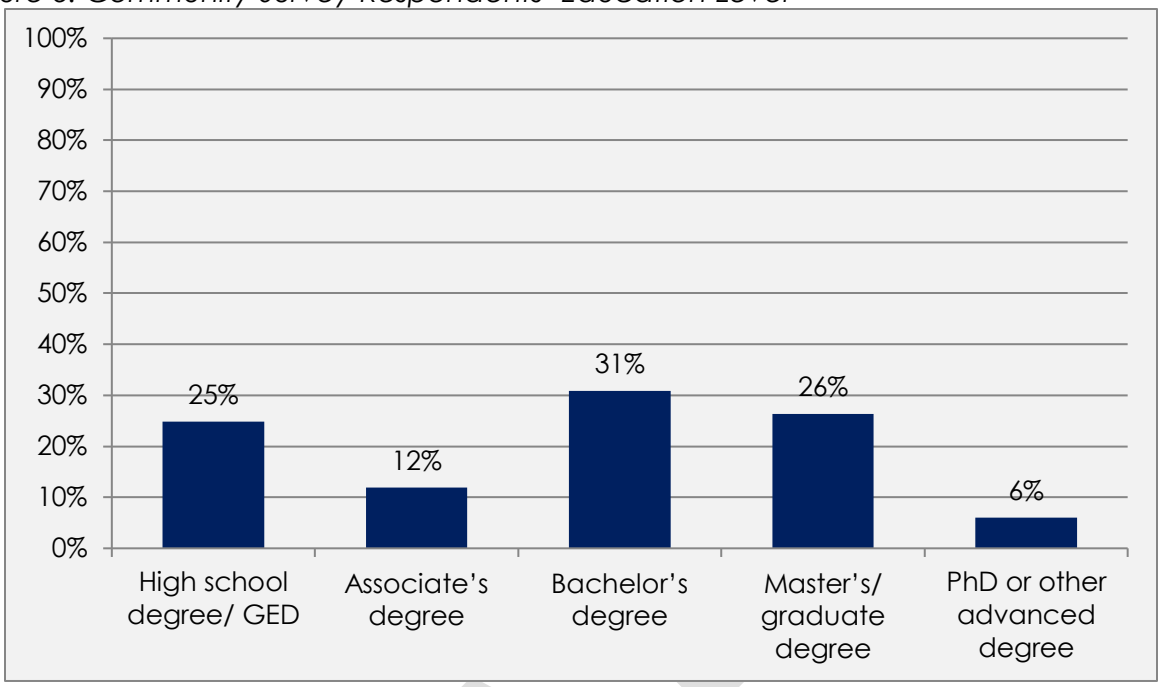
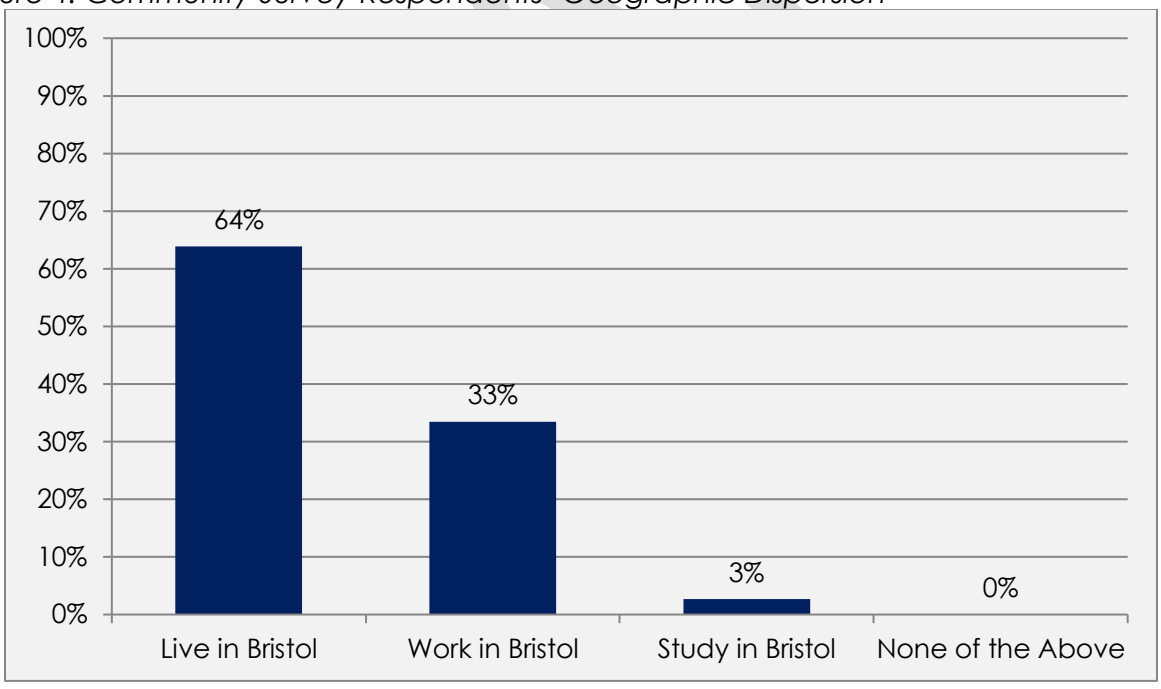



*Figure 4. Community Survey Respondents' Geographic Dispersion*




## Assessment Findings

This comprehensive, mixed methods needs assessment provided the subcommittee with several different types of data and results from which to devise its opioid prevention plan. The following sections describe each type of data that was collected and analyzed and the key findings that emerged in analysis. These findings were presented to the subcommittee at subcommittee meetings and were summarized at the two planning

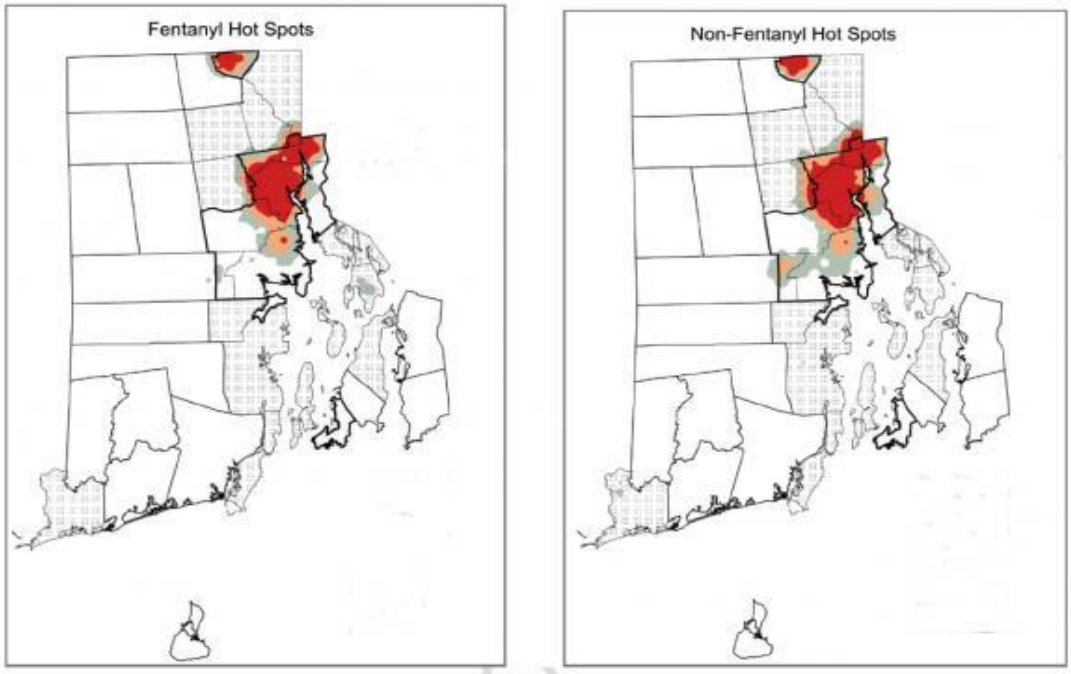
meetings prior to engaging in the prioritization process.

## Existing Data

Our existing data review showed that approximately half of the residents believe the Town of Bristol has a problem with opiates or prescription medication. Our review showed that the "hard numbers" that were available confirm the problem. Overall, Bristol ranks about in the middle of the state as far as the severity of problem goes. Our review of several different data sources showed the following:

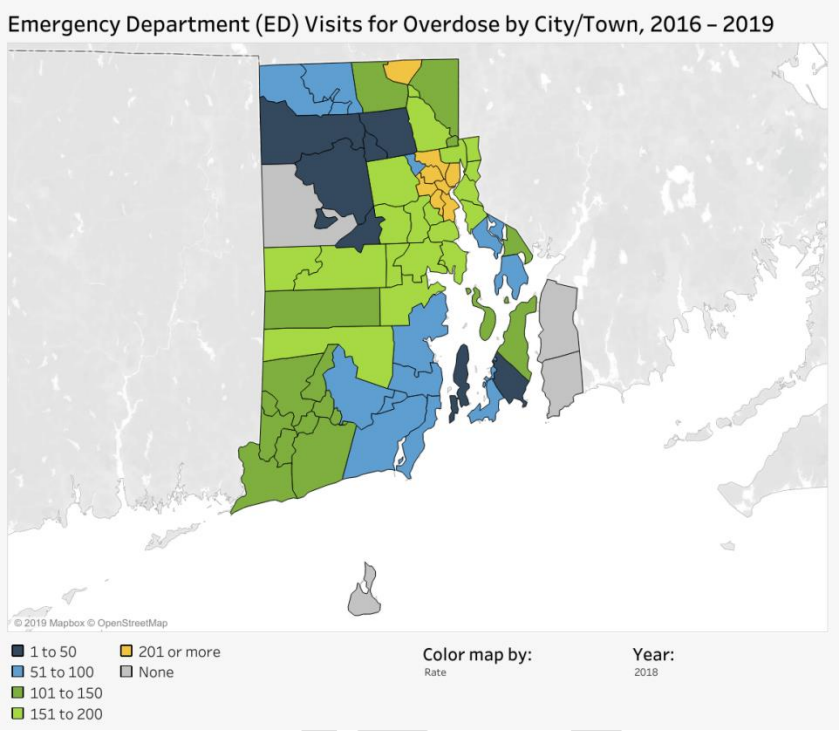
- Approximately 2-3% used opioids in the past month
- Multiple factors contribute to use
  - Anxiety, stress, and depression
  - Peer pressure
  - Lack of parental enforcement of rules
- Lack of connection to and trust in the resources available

Figure 5. Fentanyl and Non-Fentanyl Hot Spots




*Source: Brown University study by Marshall et al. (2017)*

*Figure 6. Emergency Department Overdose Visit Occurrence by City/Town 2016 – 2019*




*Source: PreventOverdoseRI.org*

The results of the preexisting data review were used to inform the subcommittee about data that should be collected as part of the needs assessment. Several questions were added to the community survey based on this review.

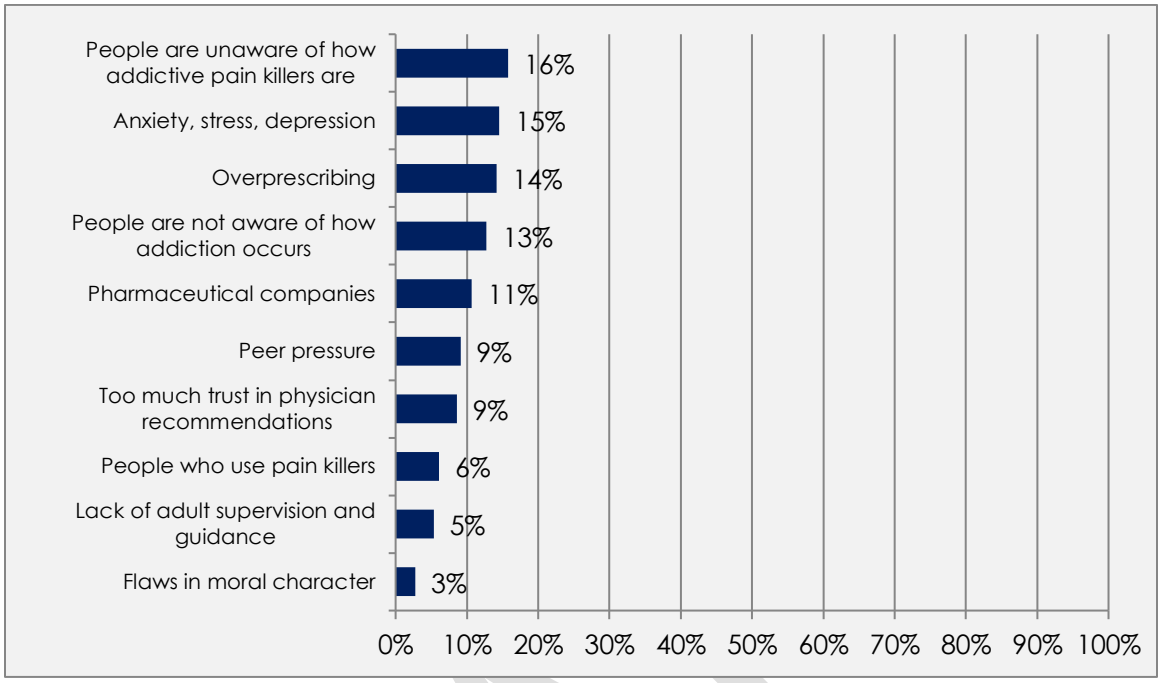
## Community Survey

The community survey revealed that the respondents who participated in the survey are knowledgeable of the risks involved in taking opioids and that they are part of an addictive class of drugs that includes heroin. Despite this knowledge, the respondents reported the following:

- Approximately 20% knew someone who abused heroin and prescription medications (prescribed and not prescribed) in the last 30 days
- 26% thought the town was not doing enough to address the opioid problem
- 59% thought the problem had increased in the past two years
- Only 7 – 31% reported seeing opioid-related education materials in the community
- 89% believed the age group most effected by opioids is 18-34-year-olds
- 63% believe opioids are overprescribed
- 49% had heard of a newborn being born addicted to opioids

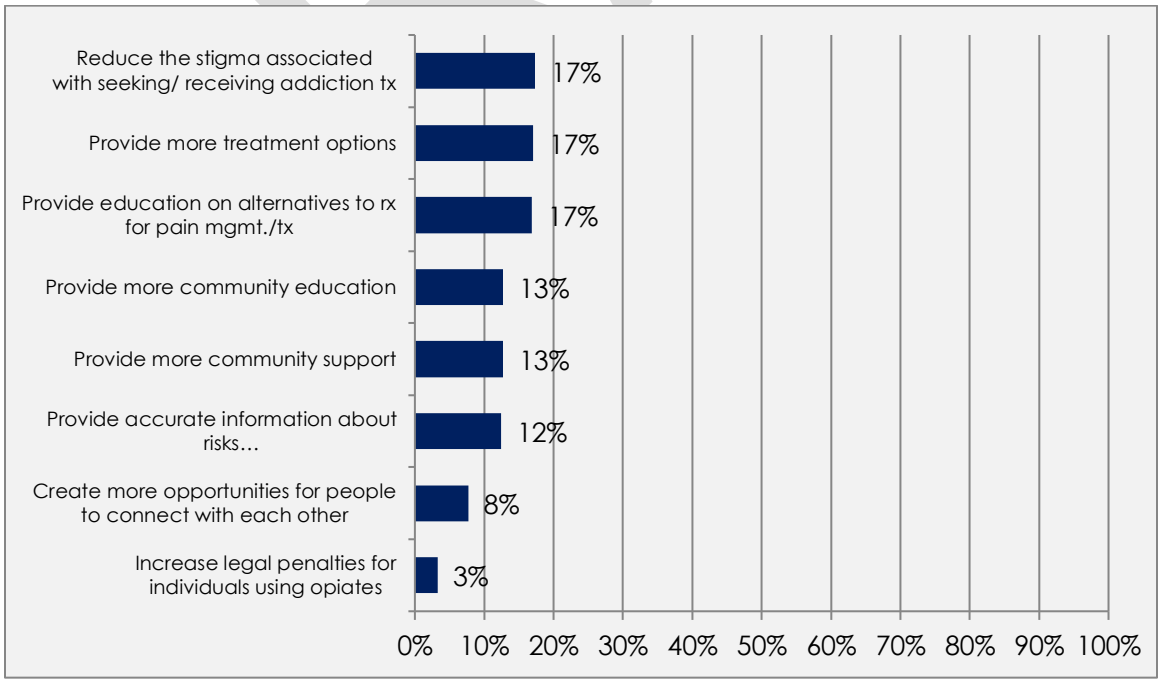
When asked what they thought the root causes of the opioid problem were, respondents reported the following:

*Figure 7. Community Survey Respondents Report of Perceived Root Causes to Opioid Misuse*




When asked how the opioid problem could be addressed in Bristol, respondents reported the results shown in Figure 8. Of special note is the top response, "Reducing the stigma associated with seeking/receiving addiction treatment" as this is one of three key results selected by the subcommittee for the BHEZ OPP.

*Figure 8. Community Survey Respondents Report of Perceived Options to Address the Opioid Problem in Bristol*

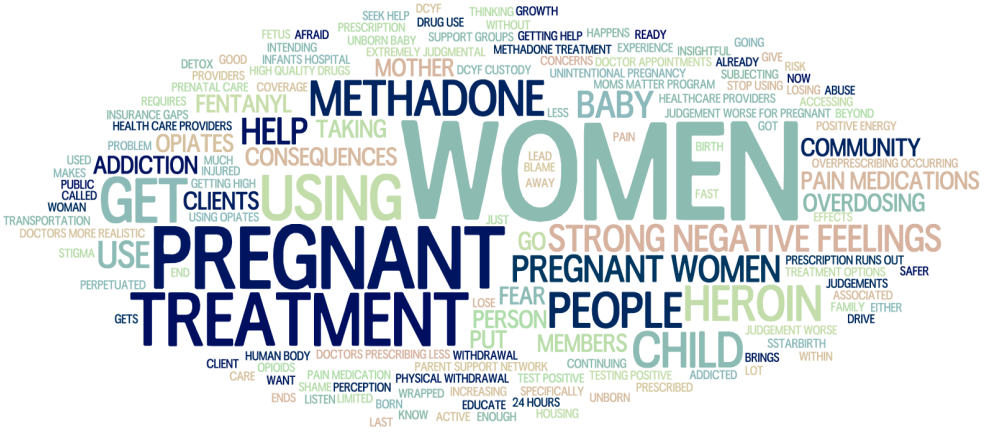


The results of the community survey were helpful to the subcommittee in setting priorities for its OPP. Key results from the community survey are reflected in the plan's key outcomes, objectives, and activities that were selected to achieve the community's desired outcomes.

## Stakeholder Interviews

The two stakeholder interviews with providers who serve mothers of SEN's showed there are three distinct groups of pregnant women they primarily serve that are or have been involved with opioids:

1. Women who used prescription pain medication that led to heroin use whose pregnancies are unintended.
2. Women who are fully engaged in methadone treatment whose pregnancies were unintended.
3. Heroin addicts whose pregnancies were unintended.




## Unintentional Pregnancies

The critical finding from these interviews with providers who serve opioid-addicted women was that *nearly every pregnant woman they see in treatment reports that her pregnancy was unintended*. The majority of women reporting their pregnancies were unintentional also reported that they became pregnant while they were engaged in methadone treatment. Even though women can safely become pregnant while using methadone, the typical treatment client did not wish to become pregnant.

## Negative Public Perception

Another key finding from this component of the needs assessment is the strong, negative public perception these women face. The following was reported:

- Strong, negative feelings and judgements about heroin addicts, especially toward pregnant women
- Family members and friends that intensify their sense of shame
- Despite stigma toward pregnant women and mothers who are addicted, there are more positive community supports than ever

*Women who test positive at birth are not treated very well.*

## Service Gaps in Treatment for Addicted Women of Childbearing Age

A number of service gaps were identified:

- There is only one residential program in RI designed to serve pregnant women
- Insurance coverage is based on when the women's last use occurred
- Treatment is difficult to access when it is actually needed and requested
- There is a lack of support groups for pregnant women

## Educational Opportunities for Women and the Community

A number of educational opportunities were identified in the stakeholder interviews. These include the following education opportunities:

- Opioids have an extremely addictive nature and they cause severe withdrawal when discontinued
- Methadone is a safer alternative than active drug use for pregnant women
- Pregnant women can seek treatment without losing children to DCYF
- Healthcare professionals can support and help addicted pregnant women
- Focus on pregnancy prevention while in methadone treatment *for women who do not wish to become pregnant*

> *People do not realize when they take pain medication that they are going to go through physical withdrawal when the medication ends, and this physical withdrawal is what leads many to heroin use.*

The findings from these interviews led to the development of a key outcome related to reducing stigma for pregnant women. The subcommittee also decided to use the media campaign as an educational opportunity for stigma reduction, to dispel myths, and to encourage pregnant women to seek the help they need.

### Focus Groups

The focus groups uncovered deep concerns regarding pain medications and opiate abuse in Bristol. In particular, focus group participants are extremely worried about overdose and death, among other beliefs they have about the opioid problem:

- Opioids are improperly used
- Opioids are overprescribed
- Opioids are highly addictive

The focus group participants also reported people who abuse opiates are perceived negatively. When asked what they believe the root causes of the stigma associated with opiate use are they responded with the following:

- Fear
- Lack of understanding

> *They don't understand that it's a disease. They often make it more moral than medical.*

- Generational effects where families pass down their perceptions to children
- Small-town mentality

Respondents seemed to be aware of resources and services that are available but expressed concern that more awareness and services are needed. When discussing barriers to services and resources, respondents gave the following reasons why people might not access treatment and other forms of help:

- Stigma
- Insurance problems and the cost of treatment
- Lack of local meetings, treatment, and other service options
- Transportation
- Scheduling

> *If you don't have a ride, you don't have the money, you don't have the treatment, you can't follow up on the treatment.*

Respondents also reported that the three most important issues to address with regard to opioid abuse were:

- Education
- Awareness
- Resources and services

> Educate that it is a mental health issue, a disease of the mind, not that a person is bad or doesn't have enough will power - the mind actually rewires itself.

As with the other methods used to assess need in the community, the focus group data confirmed other data collected in this needs assessment. The findings were used to guide the selection of goals, objectives, and activities that became part of the finalized BHEZ OPP.

## How Assessment Findings Were Shared with the Community

### Bristol HEZ Subcommittee

The findings from the BHEZ needs assessment were shared with the community using a variety of venues. First, the findings were shared with the BHEZ OPP subcommittee as they became available each month while the needs assessment was being conducted. This gave the subcommittee the opportunity to assist with the interpretation and provide input on how the issues could be addressed in the plan. During the two meetings where the prioritization and planning took place, key results from each data collection method were reviewed with the subcommittee.

### Media and Other Communication Channels

Findings will be posted on the OPP page of the BHEZ website. In addition, the needs assessment findings are being used in OPP media and communications campaign. Several of the findings will be included in the messaging to educate the community, make resources and other services known, and to reduce the stigma associated with opioid addiction, for example. The BHEZ coordinators also plan to create a memorandum that will be delivered to the Bristol Town Council, and it will include a link to the report on the website via its quarterly newsletter.

## Bristol County Medical Center

The BHEZ OPP subcommittee also has plans to share the results with the Bristol County Medical Center. The subcommittee put in its OPP that it would sponsor Narcan and opioid prescription trainings to educate medical staff. These trainings are currently being set up with the medical center.

## Prioritization Process

The prioritization process was an ongoing process that took place over the course of six months. A big part of this process was the community led needs assessment which the BHEZ OPP subcommittee was involved with every step of the way. Their involvement included reviewing and providing input on key informant interview, focus group, and community survey questions. As the results became available from each data collection method, they were reviewed with the subcommittee so it could give its interpretation of the findings. Sharing the results in this way allowed the subcommittee ample time to think about how it should prioritize its resources. It also allowed subcommittee members to be well prepared when the official prioritization and planning meetings took place. As we indicated in Table 1 above, subcommittee meetings 4 and 5 took place on the same day (July 15, 2019). The purpose of these two meetings was to prioritize what goals would be addressed in the BHEZ OPP and what activities could be implemented to achieve the goals.

The prioritization and planning meeting started off with a recap of key findings. While the subcommittee members had already seen most of the needs assessment results, it was the first time they had seen them presented together as a cohesive whole. At this time subcommittee members were able to ask questions, discuss the results in an integrated fashion, and give their impression of how the findings—when taken as a whole—could be addressed in a comprehensive prevention plan.

Led by Susan Janke, MS of Datacorp the subcommittee began with the end in mind. Ms. Janke asked the subcommittee members to think about what they would like to see accomplished by their plan. The discussion resulted in the identification of three key results the subcommittee agreed that it would like to see for the Bristol community as a result of this effort:

1. Reduce the number of people who overdose from opiates in Bristol.
2. Reduce the number of people who are using and/or abusing opiates in Bristol.
3. Reduce the stigma associated with opiate use and abuse in Bristol.

The next task for the subcommittee involved working with them to identify local service gaps. This resulted in identification of four primary gap areas. For each gap area the subcommittee also identified assets in the community and potential solutions for addressing the gaps. The four gaps that were identified are as follows:

1. Transportation
2. Education
3. Resources
4. Mental health services for youth and families

Following identification of the key results and the service gaps, the subcommittee proceeded to construct four goals for its plan from which measureable objectives and activities were then selected:

1. Prevention: Prevent the negative impact of opiate abuse in Bristol
2. Rescue: Increase access to naloxone
3. Treatment: Increase knowledge of and access to treatment options
4. Recovery: Maintain consistent recovery support services in Bristol

The plan in its entirety appears below in the next section, "Recommendations for Action".

## Recommendations for Action

The Bristol HEZ OPP subcommittee has prepared an action plan that includes SMART objectives, strategies and activities. There are goals for each key area: Prevention, Rescue, Treatment, and Recovery. Within each goal, the subcommittee generated measureable objectives they believe to be achievable, due to leveraging group expertise, and realistic, as they were carefully selected and reviewed in numerous meetings with the subcommittee, the OPP coordinators, and the Datacorp needs assessment team. And they are time-bound as target dates were carefully considered as part of the collective effort.

A review of Bristol's ambitious, comprehensive plan shows strong use of environmental and other support strategies along with the use of evidence-based programs and practices.

## Bristol HEZ Opioid Overdose Prevention Plan

### Key Results

1. Reduce the number of people who overdose from opiates in Bristol.
2. Reduce the number of people who are using and/or abusing opiates in Bristol.
3. Reduce the stigma associated with opiate use and abuse in Bristol.

### Service Gaps

| Service Gaps | Assets | Potential Solutions |
|---|---|---|
| Transportation | Transportation study of route maps; State master plan for RIPTA; New route from Tiverton to Providence; New high-speed ferry | EBRC Peer Recovery Specialist providing additional transportation; HIV & Substance Abuse mobile treatment van for Coexist program; vouchers for Uber, bus, or friends/family |
| Education | Roger Williams University; HAWES group; School district; Student groups; Service clubs; Facebook & social media; | Stigma-Free Zone campaign similar to suicide prevention efforts; Presentations at the local service clubs & library; Live streaming educational |

| Service Gaps | Assets | Potential Solutions |
|---|---|---|
| | Other presentation opportunities | forums, panels, video clips, or sound bites on social media |
| Resources | EBRC; EBCAP; SOR Funding; National HIV & Opioid Abuse Grant; Bristol HEZ; Regional Coalition; Bristol Prevention Coalition; CODAC & URI Mobile Treatment Van; | Increase the number of NA meetings and/or other support meetings available in Bristol; SBIRT and other screenings; Collaborate with CODAC & URI Mobile Treatment Van to park in Bristol/Warren and increase MAT; Collaboration between faith-based community and counseling providers |
| Mental Health Services for Youth & Families | EBCAP; School district; Regional Coalition; REST group; Student Assistance Counselor; | Increase mental health services for students (grief, emotional support, life skills, etc.); Establish in-service day for teachers |

## Goals, Objectives, Strategies, and Outcomes

| ***Prevention Goal*** | ***Prevent the negative impact of opiate abuse in Bristol.*** | | |
|---|---|---|---|
| ***Objective1:*** | ***Process Measures*** | ***Target Date*** | ***Responsible Party*** |
| *Increase community education about addiction and risks associated with opiate use.* | | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. BHEZ website* | *# of hits on relevant pages* | *Begin: 8/19 End: 6/20* | *RDW* |
| *2. Set up a booth providing educational materials on opioids at the Community Conversation gathering, the Resource Fair and the Recovery Rally.* | *Booth is set up at the 3 events, educational materials made available* | *Community Conversation 9/19; Resource Fair 4/20; Recovery Rally 9/19* | *HEZ REST PONI EBRC* |
| *3. Hold 1 live-streamed, general community forum on opioid use and overdose prevention.* | *Community forum is live-streamed on social media* | *3/20* | *HEZ REST* |
| *4. Provide speaker for Red Ribbon Week to speak on opiate use (pending funding).* | *Speaker is present and discusses opioid use at event* | *10/19* | *HEZ; Bristol Prevention Coalition;* |
| ***Notes:*** *Conduct survey before and after media campaign; Target specific groups like providers, and high-risk age groups; leverage social media; Consider young adults or youth to add to planning group for live-streamed events* | | | |
| ***Goal 1. Objective 1 Outputs*** | | | |
| • *Website exposure*<br>• *Educational materials provided at community events*<br>• *Live-streamed forum on opioids*<br>• *Speaker presentation (pending funding)* | | | |
| ***Goal 1. Objective 1 Outcomes*** | | | |
| • *Increased knowledge of the risks of addiction and stigma as measured in community* | | | |

| Prevention Goal | Prevent the negative impact of opiate abuse in Bristol. | | |
|---|---|---|---|
| survey<br>• Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) | | | |
| **Objective2:** | **Process Measures** | **Target Date** | **Responsible Party** |
| Increase community involvement in addressing opiate use and abuse. | | Ongoing | HEZ |
| **Strategies** | | | |
| 1. Promote attendance and participation at the Community Conversation gathering, the Resource Fair, and the Recovery Rally | # attended at each of the three events | Community Conversation 9/19; Resource Fair 4/20; Recovery Rally 9/19 | HEZ<br>REST<br>PONI<br>EBRC |
| 2. Four Legs to Stand On performance (pending funding). | Event takes place and number attended | 1/20 | HEZ<br>COAAST |
| 3. Hold 2 medicine clean outs and Drug Take Back Days | 2 events are held, # prescriptions collected; pounds of medication collected, # participants | 10/19 | DEA<br>HEZ<br>Bristol Police<br>Bristol Prevention Coalition |
| 4. Distribute Deterra bags to Bristol County Medical Center, and make available at Recovery Rally, Resource Fair and Drug Take-Back Day | # bags distributed at each event | BCMC<br>Resource Fair 4/20;<br>Recovery Rally 9/19 | BCMC<br>HEZ<br>Bristol Prevention Coalition |
| 5. Explore working with police department to provide drug pick-up services for seniors. | Meeting with PD is held | 10/19 | HEZ<br>Benjamin Church Senior Center |
| **Notes:** N/A | | | |
| **Goal 1. Objective 2 Outputs** | | | |
| • 4 Events take place (1 is pending funding)<br>• Two Drug Take Back days are scheduled and implemented<br>• Deterra bags are distributed<br>• Meetings with police scheduled and implemented | | | |
| **Goal 1. Objective 2 Outcomes** | | | |
| • Increased self-reported community involvement and reduced stigma in community survey<br>• Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls) | | | |
| **Objective3:** | **Process Measures** | **Target Date** | **Responsible Party** |
| Increase awareness of community resources. | | Ongoing | HEZ |
| **Strategies** | | | |

| Prevention Goal | Prevent the negative impact of opiate abuse in Bristol. | | |
|---|---|---|---|
| *1. Media campaign will point to a new community resource website addressing behavioral health. www.helpisherebristol.com* | *Website created, messaging advertises website, # website hits* | *9/19 – 8/20* | *RDW HEZ* |
| *2. Explore options for education for parents of children experiencing anxiety and depression (pending funding).* | *#Meetings held with key partners* | *9/19 – 5/20* | *School Department; EBCAP; HEZ* |
| ***Notes:*** *N/A* | | | |
| ***Goal 1. Objective 3 Outputs*** | | | |
| • *Media campaign messages and materials*<br>• *Parents attend education training* | | | |
| ***Goal 1. Objective 3 Outcomes*** | | | |
| • *Increased knowledge and utilization of community resources and reduced stigma reported in community survey*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls*) | | | |
| ***Objective4:*** | ***Process Measures*** | ***Target Date*** | ***Responsible Party*** |
| *Increase professional awareness and consumer advocacy.* | | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Training of physicians at BCMC around prescribing/SBIRT/Pain solution options/Centers for Excellence* | *# trainings held, # physicians trained, # prescriptions written* | *1/20* | *HEZ; BCMC; DOH; BHDDH; PONI* |
| *2. Conduct 5 Narcan/Family Crisis Toolkit trainings; Acquire dummy for Narcan training* | *# trainings held, # participants per training, Dummy acquired and used at # trainings, Trainees know how to successfully administer Narcan* | *8/19<br>9/19<br>1/20* | *HEZ; REST; School department; EB Food Pantry* |
| *3. Conduct 1 Narcan Train the Trainer* | *Training event held, # trained* | *11/19* | *RIMDAT; School department; HEZ* |
| ***Notes:*** *CODAC Pain Solution Clinic (non-opioid); Chamber of Commerce; Medical clinics; Pharmacies; Patient/Consumer advocacy; Dr. McDonald and Jodi Rich from DOH; Prescription monitoring program* | | | |
| ***Goal 1. Objective 4 Outputs*** | | | |
| • *Physician training held*<br>• *Narcan trainings held*<br>• *Narcan train the trainer training held* | | | |
| ***Goal 1. Objective 4 Outcomes*** | | | |
| • *Increased professional awareness reported in pre-post training evaluation*<br>• *Increased consumer advocacy and reduced stigma reported in community survey.*<br>• *Decrease in number of prescriptions written* | | | |

| **Prevention Goal** | **Prevent the negative impact of opiate abuse in Bristol.** | | |
|---|---|---|---|
| • *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls)* | | | |
| **Objective5:** | **Process Measures** | **Target Date** | **Responsible Party** |
| *Increase awareness of overdose risk factors.* | *# overdoses* | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Communications campaign* | *# of unique adds, # times aired, # people reached* | *Begin: 8/19<br>End: 10/19* | *RDW<br>HEZ* |
| *2. Provide education on opioids at the Community Conversation gathering, the Resource Fair and the Recovery Rally.* | *Booth is set up at the 3 events, educational materials are made available* | *Community Conversation 9/19; Resource Fair 4/20; Recovery Rally 9/19* | *HEZ<br>REST<br>PONI<br>EBRC* |
| ***Notes:*** *Education about prescription interactions; differences between heroin and Fentanyl* | | | |
| ***Goal 1. Objective 5 Outputs*** | | | |
| • *Communications campaign messages and materials*<br>• *Educational materials at community events* | | | |
| ***Goal 1. Objective 5 Outcomes*** | | | |
| • *Increased knowledge of the risks of addiction and reduced stigma reported in community survey*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls)* | | | |

| **Rescue Goal** | **Increase access to Naloxone.** | | |
|---|---|---|---|
| **Objective1:** | **Process Measures** | **Target Date** | **Responsible Party** |
| *Increase collaboration with local pharmacies.* | | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Walgreens and CVS will staple rack cards to all opioid prescriptions* | *Agreements in place, survey respondents report seeing them on prescriptions* | *11/19* | *Bristol Prevention Coalition* |
| ***Notes:*** *Prescription checks for opioids and Narcan/naloxone.* | | | |
| ***Goal 2. Objective 1 Outputs*** | | | |
| • *Both pharmacies make agreements with Bristol Prevention Coalition to distribute rack cards*<br>• *Rack cards are stapled to appropriate prescriptions* | | | |
| ***Goal 2. Objective 1 Outcomes*** | | | |
| • *Community survey respondents report receiving rack cards and report accurate knowledge about opioids if they had an opioid prescription filled*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls*) | | | |
| **Objective2:** | **Process Measures** | **Target Date** | **Responsible** |

| **Rescue Goal** | **Increase access to Naloxone.** | | |
|---|---|---|---|
| | | | **Party** |
| *Increase awareness of overdose prevention and how to administer naloxone.* | | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Conduct 5 Narcan/Family Crisis Toolkit training* | *# trainings held, # participants per training, Dummy acquired and used at # trainings, Trainees know how to successfully administer Narcan* | *8/19<br>9/19<br>1/20* | *HEZ;<br>REST;<br>School department;<br>EB Food Pantry;<br>St. Michaels Church* |
| *2. Conduct 1 Narcan Train the Trainer* | *Training event held, # trained* | *03/20* | *RIDMAT;<br>School department;<br>HEZ* |
| ***Notes:*** *Increased public access to Naloxone. There has been an increase in the number of public overdoses. Secure community pledges to use Naloxone.* | | | |
| ***Goal 2. Objective 2 Outputs*** | | | |
| • *Narcan Toolkit trainings*<br>• *Narcan Train the Trainer training* | | | |
| ***Goal 2. Objective 2 Outcomes*** | | | |
| • *Trainees know how and when to administer Narcan*<br>• *Increase in Narcan trainers in the community*<br>• *Statistics show increase in Narcan administrations*<br>• *Community survey respondents report overdose prevention knowledge and they know how to administer Narcan*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls)* | | | |
| ***Objective3:*** | ***Process Measures*** | ***Target Date*** | ***Responsible Party*** |
| *Increase community education about the Good Samaritan law.* | | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Place Good Samaritan education signs on all NaloxBoxes in Bristol* | *Review shows all NaloxBoxes have Good Samaritan signs posted* | *10/19* | *HEZ* |
| *2. Family crisis toolkit/ all Narcan trainings to include information about Good Samaritan Law* | *Information about Good Samaritan Law provided at each training, # trainees at each training that received information about law.* | *8/19<br>9/19<br>11/19<br>1/20* | *HEZ;<br>REST;<br>East Bay Food Pantry;<br>RIDMAT;<br>Bristol/Warren School Dept.* |
| ***Notes:*** *Think About Pain (Parents & Coaches); Identify legal repercussions that need to be considered and educate the community about facts regarding immunity* | | | |
| ***Goal 2. Objective 3 Outputs*** | | | |
| • *Good Samaritan signs posted on NaloxBoxes* | | | |

| Rescue Goal | Increase access to Naloxone. |
|---|---|
| • *Narcan training toolkits include Good Samaritan Law information*<br>• *Media campaign messages and materials* | |
| ***Goal 2. Objective 3 Outcomes*** | |
| • *Pre-post Narcan trainings show increased understanding of Good Samaritan Law*<br>• *Community survey demonstrates increased knowledge of the Good Samaritan Law and reduced stigma*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls)* | |

| Treatment Goal | Increase knowledge of and access to treatment options. | | |
|---|---|---|---|
| ***Objective1:*** | ***Outcome Measure*** | ***Target Date*** | ***Responsible Party*** |
| *Increase knowledge related to alternative treatments for chronic pain.* | *Community survey using pre- and post-test to test knowledge of construct;*<br>*# Prescription opiates prescribed;*<br>*# Alternative treatment options offered;* | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Media campaign – new website* | *# of unique adds, # times aired, # people reached, # website hits* | *9/19* | *HEZ*<br>*RDW* |
| *2. Explore programs in schools (PT with Middle schoolers) and athletic programs – for athletes and parents* | *# meetings held throughout the school year* | *09/19 – 05/20* | *HEZ;*<br>*Bristol/Warren School Dept.* |
| *3. Signage at Bristol County Medical Center – waiting rooms* | *Signage posted in # of waiting rooms* | *9/19* | *HEZ;*<br>*BCMC;*<br>*RDW* |
| *4. Train and provide resources to BCMC to share with patients* | *Training held, # and type of resource materials provided,* | *11/19* | *HEZ;*<br>*BCMC;*<br>*BHDDH;*<br>*PONI;*<br>*DOH;*<br>*SBIRT Trainer* |
| ***Notes:*** *Increase access to Peer Recovery Coaches; Work with local doctor's offices.* | | | |
| ***Goal 3. Objective 1 Outputs*** | | | |
| • *Media campaign messages and materials*<br>• *Program planning meetings*<br>• *Signage posted in waiting rooms*<br>• *BCMC staff trained in appropriate referrals*<br>• *BCMC staff share appropriate referral information with patients* | | | |
| ***Goal 3. Objective 1 Outcomes*** | | | |
| • *Pre-post training questionnaires for BCMC show increased knowledge in appropriate* | | | |

| Treatment Goal | Increase knowledge of and access to treatment options. | | |
|---|---|---|---|
| *referrals*<br>• *Community survey shows increased knowledge related to alternative treatments for chronic pain and reduced stigma*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls)* | | | |
| ***Objective2:*** | ***Outcome Measure*** | ***Target Date*** | ***Responsible Party*** |
| *Explore availability of mobile treatment.* | *# Meetings held to provide mobile treatment* | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Coordinate with CODAC Mobile Medical Clinic to provide services in Bristol* | *Coordination meetings held, date services begin, # and types of services provided* | *1/20 – 6/20* | *HEZ;*<br>*CODAC;*<br>*The Town of Bristol* |
| ***Notes:*** | | | |
| ***Goal 3. Objective 2 Outputs*** | | | |
| • *Meeting to bring mobile medical treatment to Bristol* | | | |
| ***Goal 3. Objective 2 Outcomes*** | | | |
| • *TBD when mobile treatment is initiated in Bristol* | | | |
| ***Objective3:*** | ***Process Measure*** | ***Target Date*** | ***Responsible Party*** |
| *Increase availability of alternative mental health and substance abuse treatment options.* | | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Additional NA and support groups/services to St. Michael's parish hall (pending funding)* | *# of NA and other support groups added* | *04/20* | *HEZ;*<br>*EBCAP;*<br>*St. Michaels Church* |
| *2. Promote website with options to physicians and faith leaders* | *Media campaign and coordinator promotes through meetings and training* | *10/19* | *HEZ;*<br>*RDW* |
| *3. Update Rack card to include website and distribute widely (pending funding)* | *Rack card edited to include website* | *10/19* | *HEZ;*<br>*RDW* |
| *4. Provide Craft curriculum training (pending funding)* | *Training given, #'s trained* | *04/20* | |
| ***Notes:*** *Work with doctor's offices to ensure they have up-to-date list of treatment options and resources; Work with faith leaders;* | | | |
| ***Goal 3. Objective 3 Outputs*** | | | |
| • *New NA and other support groups (pending funding)*<br>• *New website with resources for physicians and faith leaders*<br>• *Rack cards list website with resources*<br>• *Craft training is given* | | | |

| Treatment Goal | Increase knowledge of and access to treatment options. | | |
|---|---|---|---|
| **Goal 3. Objective 3 Outcomes** | | | |
| • *New NA meetings and other support groups are offered in Bristol*<br>• *Community awareness of rack cards, treatment, and support groups and reduced stigma*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls* | | | |
| **Objective 4:** | **Outcome Measure** | **Target Date** | **Responsible Party** |
| *Increase awareness of existing local treatment options.* | *# Bristol residents seeking and receiving treatment; # New treatment intakes;* | *Ongoing* | *HEZ* |
| **Strategies** | | | |
| *1. Media campaign* | *# of unique adds, # times aired, # people reached, survey respondents aware of existing local treatment* | *9/19* | *HEZ; RDW* |
| *2. Provide info to physicians, faith leaders; put ads in the newspaper (pending funding)* | *Resource information provided to physicians and faith leaders, #ads in newspaper* | *9/19* | *HEZ; RDW* |
| ***Notes:*** *Leverage social media campaign; Develop treatment and services referral list for doctor's offices and pharmacies, etc.* | | | |
| **Goal 3. Objective 4 Outputs** | | | |
| • *Media campaign messages and materials*<br>• *Information provided to physicians and faith leaders*<br>• *Ads in newspaper* | | | |
| **Goal 3. Objective 4 Outcomes** | | | |
| • *Local treatment providers report more inquiry into existing treatment options*<br>• *Pre-post training questionnaires for BCMC show increased knowledge in appropriate referrals*<br>• *Community survey respondents report increase awareness of existing local treatment options and reduced stigma*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls* | | | |

| Recovery Goal | Maintain consistent recovery support services in Bristol. | | |
|---|---|---|---|
| **Objective1:** | **Outcome Measure** | **Target Date** | **Responsible Party** |
| *Increase community support for recovery services.* | *Increased financial support for recovery services; Increased referrals from related medical, public* | *Ongoing* | *HEZ* |

| Recovery Goal | Maintain consistent recovery support services in Bristol. | | |
|---|---|---|---|
| | safety, and other sectors; | | |
| **Strategies** | | | |
| 1. Conduct educational forum | Event held | 3/20 | HEZ; REST |
| 2. Recovery Rally | Event held | 9/19 | HEZ |
| 3. Increase visibility of East Bay Recovery Center through flyers | # flyers created and disseminated; % of survey respondents who have seen promotional materials and understand EBRC services | 9/19 | |
| **Notes:** Elicit financial and emotional support from the community; Focus on sustainability; Provide Mental Health First Aid trainings; Increase collaboration with police department and first responders; | | | |
| **Goal 4. Objective 1 Outputs** | | | |
| • Education forum and Recovery Rally held<br>• East Bay Recovery Center flyers disseminated | | | |
| **Goal 4. Objective 1 Outcomes** | | | |
| • Community survey respondents report knowledge of and support for recovery services and reduced stigma<br>• Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls | | | |
| **Objective2:** | **Outcome Measure** | **Target Date** | **Responsible Party** |
| Increase number of Mental Health First Aid trainings. | # First responders trained through Mental Health Frist Aid; | Ongoing | HEZ |
| **Strategies** | | | |
| 1. Coordinate with BPD and BFD | Coordination meetings held, plan in place to increase MHFA trainings | 8/19 | HEZ; Bristol Police & Fire |
| 2. Explore additional youth MHFA to the community (pending funding) | Funding secured for youth MHFA, training held, # youth attended | 10/19 | HEZ; EBCAP |
| 3. Explore MHFA in the churches (pending funding) | Funding secured for youth MHFA, training held, # youth attended | 3/20 | HEZ; Faith based Leaders Working Group |
| **Notes:** | | | |
| **Goal 4. Objective 2 Outputs** | | | |
| • Additional MHFA trainings held | | | |
| **Goal 4. Objective 2 Outcomes** | | | |
| • Trainees can successfully recognize and aid individuals in mental health crises<br>• Increase in treatment referrals and reduction in incarcerations | | | |

| Recovery Goal | Maintain consistent recovery support services in Bristol. | | |
|---|---|---|---|
| • *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls* | | | |
| ***Objective3:*** | ***Outcome Measure*** | ***Target Date*** | ***Responsible Party*** |
| *Enhance community support services.* | *# Support group meetings held per week in Bristol;* | *Ongoing* | *HEZ* |
| ***Strategies*** | | | |
| *1. Explore additional NA meetings to Bristol* | *# of NA and other support groups added* | *10/19* | *HEZ;*<br>*EBCAP* |
| *2. Explore support groups for people with mental illness and their families and for Grandparents raising grandchildren* | *Meetings held with stakeholders, plan in place to add support groups, # support groups added* | *10/19* | *HEZ;*<br>*AFSP;*<br>*REST;*<br>*Grands Flourish* |
| *3. Increase advertisement of existing support groups – REST, EBRC* | *Social media campaign launched, # people reached* | *9/19* | *HEZ;*<br>*RDW* |
| ***Notes:*** *Group availability should be based on community need; Consider groups like REST, NA, Grandparents Raising Grandchildren, Youth Who Have Lost Parents, etc.* | | | |
| ***Goal 4. Objective 3 Outputs*** | | | |
| • *New NA meetings and other support groups made available* | | | |
| ***Goal 4. Objective 3 Outcomes*** | | | |
| • *New NA meetings well attended*<br>• *New support group participants report understanding how to navigate system, where to get help, and are knowledgeable of the resources available to them*<br>• *Reduction in use (RISS survey) and overdoses (PreventOverdoseRI, Bristol PD and EMT service calls* | | | |

# Short- and Long-Term Evaluation Plan

## Evaluation Description

The Bristol HEZ OPP is a comprehensive set of strategies and activities designed to reduce opioid use, prevent overdoes, and reduce stigma among individuals and families that experience opiate addiction in their lives. The BHEZ OPP evaluation plan is designed to foster program transparency and enable program staff and stakeholders to make informed decisions about the program's progress and effectiveness.

The evaluation plan has been designed to demonstrate the quality of the OPP by connecting multiple evaluation activities given the number of different funding sources, and implementation agents. It describes how BHEZ staff will monitor the program to ensure its timely implementation and it includes short- and long-term process and outcome measures that will allow staff to use the results for ongoing program improvement and decision making.

## Program Stage

The BHEZ OPP is in its infancy, yet implementation is in full swing. The project has a tight

timeline, and several activities entered the implementation phase while the plan was being finalized. Following are some examples of how the evaluation questions are aligned to the stage of program growth:

### Early

Early growth activities have been organized such that some evaluation questions will be nothing more than "To what extent did exploration meetings for offering education for parents of children experiencing anxiety and depression occur?", and "What did the meetings yield?"

### Middle

Middle growth activities will have evaluation questions such as "To what extent did Narcan trainees learn to successfully administer Narcan?"

### Mature

When the program is in a more mature stage the questions are aligned toward the key results, "To what extent did the comprehensive program reduce opioid use?"

## Evaluation Approach

The BHEZ OPP evaluation design consists of process and outcome evaluations. Activities undertaken in this project appear across most goals and several objectives in the plan and logic model. To avoid extensive repetition, the process evaluation will only list each activity once. The interested reader is referred to the BHEZ OPP to see the activities listed by goal and objective where information about partners and responsible parties can also be viewed, and to the logic model to see their connection to short- and long-term outcomes.

The evaluation plan parameters were developed during Subcommittee Meetings 4 and 5, while the subcommittee worked with Datacorp to prioritize and finalize its OPP. During those meetings, process and outcome measures were discussed and the feasibility of the being able to collect the data was also discussed. The subcommittee helped to select evaluation measures, where appropriate, for nearly every activity in the plan. These measures guided the development of the evaluation plan and were reviewed with the subcommittee during the final subcommittee meeting prior to the evaluation plan being finalized. The BHEZ coordinators assisted with questions that arose during the development of the final evaluation plan.

## Evaluation Questions

As described earlier in the section on the prioritization process, the subcommittee selected three key results through a consensus building process. These three key results will serve as the backbone for the evaluation questions.

### Key Results the Comprehensive Plan is Intended to Produce

1. To what extent did the BHEZ OPP reduce the number of people who overdose from opiates in Bristol?
2. To what extent did the BHEZ OPP reduce the number of people who are using and/or abusing opiates in Bristol?

3. To what extent did the BHEZ OPP reduce the stigma associated with opiate use and abuse in Bristol?

## Process Evaluation

The process evaluation is designed to provide the BHEZ OPP subcommittee with continuous monitoring and feedback so that it can appraise its implementation throughout the life of the project. All of the selected activities are documented in the OPP (see above) and logic model (see below), which will allow the subcommittee to determine if it is hitting its targets and if the activities are unfolding as planned. Ideally, if the activities are implemented on-time and "as planned", the short-term outcomes will be achieved, which will impact the effectiveness of the project and achievement of key- or long-term outcomes. For simplicity sake and to reduce repetition, each activity has been categorized and is listed only once in the process evaluation plan.

### Process Evaluation Methods

The process evaluation largely relies on data gathered via the campaigns, trainings, and events. Data gathered include counts, attendance sheets, and a community survey to name a few. The table below lists the process evaluation questions for each major activity category, defines the measures that will be used to assess the activity, the method and source of data collection, how often data will be collected and analyses that will be used.

*Table 5. Process Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods*

| Process Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| **Media and Messaging Campaigns** | | | | | |
| To what extent did the new BHEZ website increase community knowledge of opiate use, behavioral health resources, and alternative treatments resources? | # hits on relevant pages; time spent on site; Accurate knowledge of opioids, behavioral health, alternative treatment, and support services | Data extraction from web statistics; community survey | BHEZ website; Community Knowledge of Opioid Survey (TBD); | Quarterly; Pre- and Post-tests | Counts, length of time on site; Item frequencies; Trend analysis and t-tests |
| To what extent did ads and messaging educate the community, create support group awareness, and impact the use of available resources? | # ads in newspaper, #flyers | Tracking spreadsheet | Tracking spreadsheet | Following each release | Counts, dates, comparison with timeline in OPP |
| To what extent was | Completion | Tracking | Tracking | Following | Counts, |

| Process Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| information shared with physicians and faith leaders? | status | spreadsheet | spreadsheet with information sources | each contact | dates, comparison with timeline in OPP |
| To what extent were East Bay Recover Center flyers distributed? | # flyers made, # flyers distributed, # distribution channels | Tracking spreadsheet | Tracking spreadsheet with flyers name and distribution statistics | Following each release | Counts, dates, comparison with timeline in OPP |
| **Social Media Campaign** | | | | | |
| To what extent did the live-streamed community forum reach the community? | Social media reach and reaction statistics, | Statistics from BHEZ managed social media pages | Facebook, Twitter, Instagram statistics | After the event, weekly for 1 month, quarterly | Counts and frequencies |
| To what extent are messaging posts reaching the intended audience? | Social media reach and reaction statistics, | Statistics from BHEZ managed social media pages | Facebook, Twitter, Instagram statistics | After the post, weekly for 1 month, quarterly | Counts and frequencies |
| **Events** | | | | | |
| What impact did attendance at community events have on information dissemination and knowledge of opioid risks? | Booths at events; materials distributed; Accurate knowledge of opioid risks | Records kept during events; Community survey | Event records; Community Knowledge of Opioid Survey (TBD) | At each event; Pre- and Post-tests | Frequencies and percents; *t*-tests |
| To what extent did the Red Ribbon speaker educate the community? | Attendance at speaker's talk; Accurate knowledge of opioid risks | Attendance estimates; Community survey | Attendance statistics; Community Knowledge of Opioid Survey (TBD) | At event; Pre- and Post-tests | Counts, frequencies, t-tests |
| How well attended was the *Four Legs to Stand On* performance and did it raise opioid awareness? | Attendance at performance, accurate knowledge of opioid risks and addiction | # attended; Community survey | Attendance statistics; Community Knowledge of Opioid Survey (TBD) | At event; Pre- and Post-tests | Counts, frequencies, t-tests |
| What was the effect of holding Medicine Cleanouts and Drug Take Back Days? | # of prescriptions collected, pounds of medication collected, # participants ; | Arrangements made for data sharing Medicine Clean Outs and Drug Take-Back Days statistics | | At each event | Counts and weights |

| Process Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| What was the effect of hold the educational forum on recovery? | Event held; attendance; knowledge of resources | # attended; Community survey | Community Knowledge of Opioid Survey (TBD) | At event; Pre and Post-tests | |
| **Exploration Meetings** | | | | | |
| What was the outcome of the Bristol PD to explore drug pick-up services for seniors? | # of meetings and dates | Meeting notes and dates compared to OPP | Tracking sheets and meeting minutes | At each meeting | Counts |
| What was the outcome of school department meetings to explore educating parents of children with anxiety and depression, and athletic programs? | # of meetings and dates | Meeting notes and dates compared to OPP | Tracking sheets and meeting minutes | At each meeting | Counts |
| What was the outcome of meetings with CODAC & Town of Bristol to explore mobile treatment? | # of meetings and dates | Meeting notes and dates compared to OPP | Tracking sheets and meeting minutes | At each meeting | Counts |
| What was the outcome of the meetings to explore support groups for people with mental illness and their families? | # of meetings and dates; Accurate knowledge of community resources | Meeting notes and dates compared to OPP | Tracking sheets and meeting minutes | At each meeting | Counts |
| What was the outcome of the meetings to explore support groups for grandparents raising grandchildren? | # of meetings and dates; Accurate knowledge of community resources | Meeting notes and dates compared to OPP; Community survey | Tracking sheets and meeting minutes; Community Knowledge of Opioid Survey (TBD) | At each meeting; Pre- and Post-tests | Counts |
| **Training** | | | | | |
| What was the effect of training physicians on prescribing and pain solutions, and sharing pain information with patients? | Increased knowledge, likelihood of implementing, likelihood of sharing information with patients | Survey | Post training assessment | At each training | Frequencies |
| What was the | Increased | Survey | Post training | At each | Frequencies |

| Process Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| effect of the Narcan/Family crisis toolkit and Good Samaritan Law training? | knowledge, likelihood of implementing, likelihood of administering Narcan | | assessment | training | |
| What was the effect of the Narcan Train the Trainer training? | Training dates, # successfully trained | Successful completion documents | Training leaders documents, Comparison to OPP | At each training | Counts |
| What was the effect of the Craft trainings? | Training dates, # successfully trained | Successful completion documents , Comparison to OPP | Training leaders documents | At each training | Counts |
| What was the effect of the Mental Health First Aid training? | Training dates, # successfully trained | Successful completion documents, Comparison to OPP | Training leaders documents | At each training | Counts |
| What was the effect of the Mental Health First Aid training for adolescents? | Training dates, # successfully trained | Successful completion documents, Comparison to OPP | Training leaders documents | At each training | Counts |
| **Dissemination and Distribution Efforts** | | | | | |
| To what extent did rack card dissemination take place? | # and types of rack cards; participation among pharmacies | Tracking sheet with dates, Comparison to OPP | Tracking spreadsheet | At distribution attempt | Counts and frequencies |
| To what extent was signage posted in BCMC posted? | Signage posted in # of waiting rooms | Tracking sheet with dates to document waiting rooms that take signs, Comparison to OPP | Tracking spreadsheet | At distribution attempt | Counts |
| To what extent were Deterra Bags distributed at BCMC, the Recovery Rally, and Resource Fair? | # of bags distributed | Tracking sheet w/ dates, # of bags documented, Comparison to OPP | Tracking spreadsheet | At distribution attempt | Counts and frequencies |
| **Support Groups** | | | | | |
| Were N/A groups added in Bristol, and are they well attended? | Groups added, meeting dates, attendance estimates | Tracking sheet with meeting dates and times | Tracking spreadsheet | Monthly check-in for one quarter | Counts and frequencies |

| Process Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| | | | | then quarterly | |

## Outcome Evaluation

The outcome evaluation provides the BHEZ OPP Subcommittee the opportunity to demonstrate the effectiveness of its plan. The logic model below shows how the activities and their short-term affects connect to the longer-term key results that the subcommittee selected.

### Goal 1. Prevention: Prevent the negative impact of opiate abuse in Bristol

*Table 6. Goal 1. Prevention: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods*

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| **Prevention Outcomes** | | | | | |
| O1.What were the individual and combined effects of increasing community knowledge of the risks of addiction, and did that have an effect on reducing overdoses, opiate use, and stigma associated with use? | Knowledge of the risks of addiction, Reductions in opiate overdoses and use, reductions in stigma | Community survey, Secondary data collection | Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls | Pre and post survey, quarterly, and biannually | *t*-tests, multiple regression, trend analysis |
| O2. Was there an increase in community involvement in addressing opiate use/abuse, and what effect did it have an effect on reducing overdoses, opiate use, and stigma associated with use? | Community survey report of involvement, Reductions in opiate overdoses and use, reductions in stigma | Community survey, Secondary data collection | Training survey, Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls | Pre and post training and community surveys, quarterly, and biannually | *t*-tests, multiple regression, trend analysis |
| O3. Did community awareness increase, and what impact did it have | Increased community awareness, Reductions in | Community survey, Secondary data | Community Knowledge of Opioids Survey | Pre and post survey, quarterly, and | *t*-tests, multiple regression, trend |

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| on reducing overdoses, use, and stigma associated with use? | opiate overdoses and use, reductions in stigma | collection | (TBD), RISS, RIDOH, PD and EMT service calls | biannually | analysis |
| O4. Did professional awareness and consumer advocacy increase, and what impact did it have on reducing overdoses, opiate use, and stigma associated with use? | Increased professional and consumer advocacy, Reduction in # prescriptions, Reductions in opiate overdoses and use, reductions in stigma | Training survey Community survey, Secondary data collection | Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls | Pre and post survey, quarterly, and biannually | *t*-tests, multiple regression, trend analysis |
| O5. Was there an increase in knowledge of overdose risk factors, and did it have an impact on reducing overdoses, opiate use, and stigma associated with use? | Increased community knowledge of overdose risk factors, Reductions in opiate overdoses and use, reductions in stigma | Community survey, Secondary data collection | Community Knowledge of Opioids Survey (TBD), RISS, RIDOH, PD and EMT service calls | Pre and post survey, quarterly, and biannually | *t*-tests, multiple regression, trend analysis |

## Goal 2. Rescue: Increase access to Naloxone

*Table 7. Goal 2. Rescue: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods*

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| **Rescue Outcomes** | | | | | |
| O1. What are the effects of pharmacy collaboration and how does this affect opioid overdose and use? | Knowledge of rack card distribution and risks of opioid use, Reduction in overdoses and opioid use | Community survey, Secondary data collection | Community Knowledge of Opioids Survey (TBD), RISS, RI DOH, PD, EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |
| O2. Did overdose prevention awareness and naloxone administration increase and what | Overdose prevention, accurate Narcan administration knowledge & | Review training statistics, Community survey, Secondary | Training statistics, Community Knowledge of Opioids Survey | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| affect did it have on opioid overdoses, use, and stigma? | likelihood of administering Narcan, # trainees, increased # of administrations, Reduction in opioid overdoses and use | data collection | (TBD), RISS, RI DOH, PD and EMT service calls | | |
| O3. Was there an increase in awareness of the Good Samaritan Law and did it affect opioid overdoses, use, and stigma? | Increased knowledge of Good Samaritan Law, Likelihood of intervening, Increased Narcan administrations, Reduction in opioid overdoses, use, and stigma | Review training statistics, Community survey, Secondary data collection | Training statistics, Community Knowledge of Opioids Survey (TBD), RISS, RI DOH, PD and EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |

## Goal 3. Treatment: Increase knowledge of and access to treatment options

*Table 8. Goal 3. Treatment: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods*

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| **Treatment Outcomes** | | | | | |
| O1. Was knowledge of alternative treatment for chronic pain increased and did it have an effect on reducing overdoses, opiate use, and stigma? | Knowledge of alternative treatment for chronic pain, # referrals to alternative pain relief providers, Reduction in opioid overdoses and use | Community survey, referral tracking, Secondary data collection | Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |
| O2. Was mobile treatment initiated in Bristol? (TBD)* | N/A | N/A | N/A | N/A | N/A |

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| O3. Was there an increase in the availability of alternative mental health and substance abuse treatment options and what effect did it have on reducing overdoses, opiate use, and stigma? | NA groups being added and attended; Community knowledge of rack cards, treatment, and support groups, Reduction in opioid overdoses and use stigma | Interview with NA meeting lead, Community survey, Secondary data collection | Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |
| O4. Was there an increase in the awareness of existing treatment options and did this have an impact on reducing overdoses, opiate use, and stigma? | Community knowledge of existing treatment services, Reduction in opioid overdoses and use stigma | Interview with treatment providers, referral sources, Community survey, Secondary data collection | Provider interview data, Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |

**Mobile treatment is only being explored at this time. If it is initiated this outcome objective will be revised to determine the impact it may have had on the key results.*

## Goal 4. Recovery: Maintain consistent recovery support services in Bristol

*Table 9. Goal 4. Recovery: Outcome Evaluation Questions, Measures, Data Sources, Measurement Frequency and Analytic Methods*

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| **Recovery Outcomes** | | | | | |
| O1. What is the impact of increasing community support for recovery services, and what effect did it have on reducing overdoses, opiate use, and stigma | Knowledge of and support for recovery services, Reduction in opioid overdoses and use stigma | Interview with treatment providers, referral sources, Community survey, Secondary data collection | Provider interview data, Community Knowledge of Opioids Survey (TBD), RI DOH, PD and EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |

| Outcome Evaluation Question | Measure | Method | Data Source | Frequency | Analysis |
|---|---|---|---|---|---|
| associated with use? | | | | | |
| O.2. Was there an increase in the number of Mental Health First Aid trainings and did it have an impact on reducing overdoses, opiate use, and stigma? | Recognition and intervention in mental health crises, More treatment referrals/ fewer incarcerations, Reduction in opioid overdoses, use, and stigma | Review training statistics, Community survey, Secondary data collection | Training documents, Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |
| O3. Were community support services enhanced and did it have an impact on reducing overdoses, opiate use, and stigma? | New support group participants report understanding how to navigate system, get help, and knowledge of resources, Reduction in opioid overdoses and use stigma | Interviews with support service leads, Community survey (also with support group volunteers), Secondary data collection | Support service lead interview data, Community Knowledge of Opioids Survey (TBD), Physician referrals, RI DOH, PD, EMT service calls | Pre and post survey, quarterly, annually, and biannually | *t*-tests, multiple regression, trend analysis |

## Logic Model

*Figure 9. Goal 1 Prevention Logic Model*

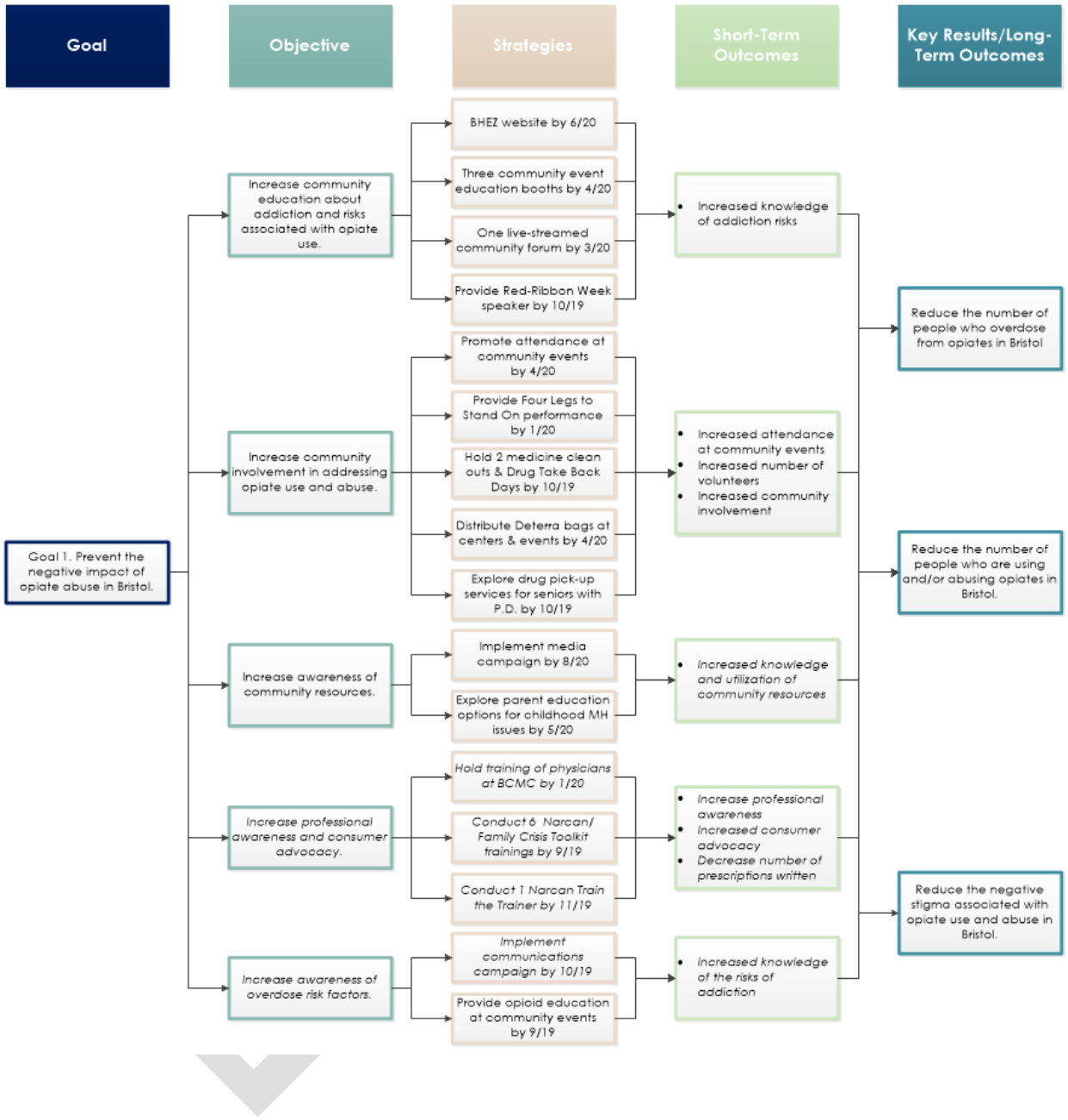


*Figure 10. Goal 2 Rescue Logic Model*

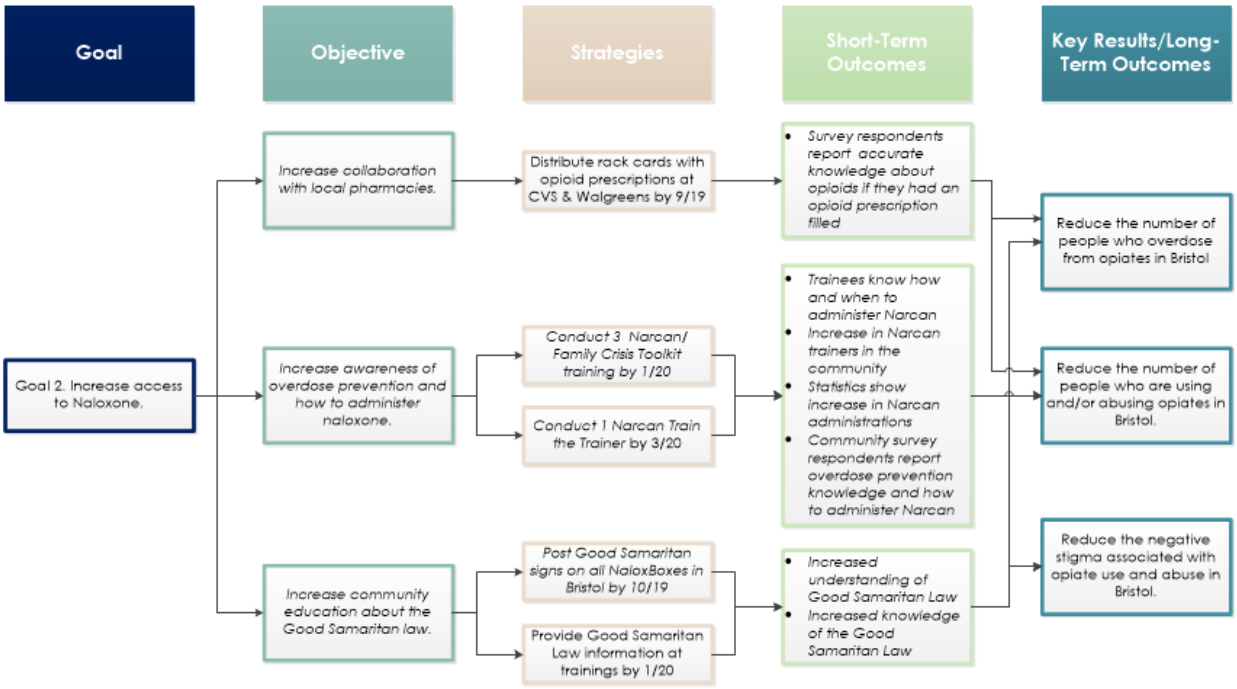



*Figure 11. Goal 3 Treatment Logic Model*

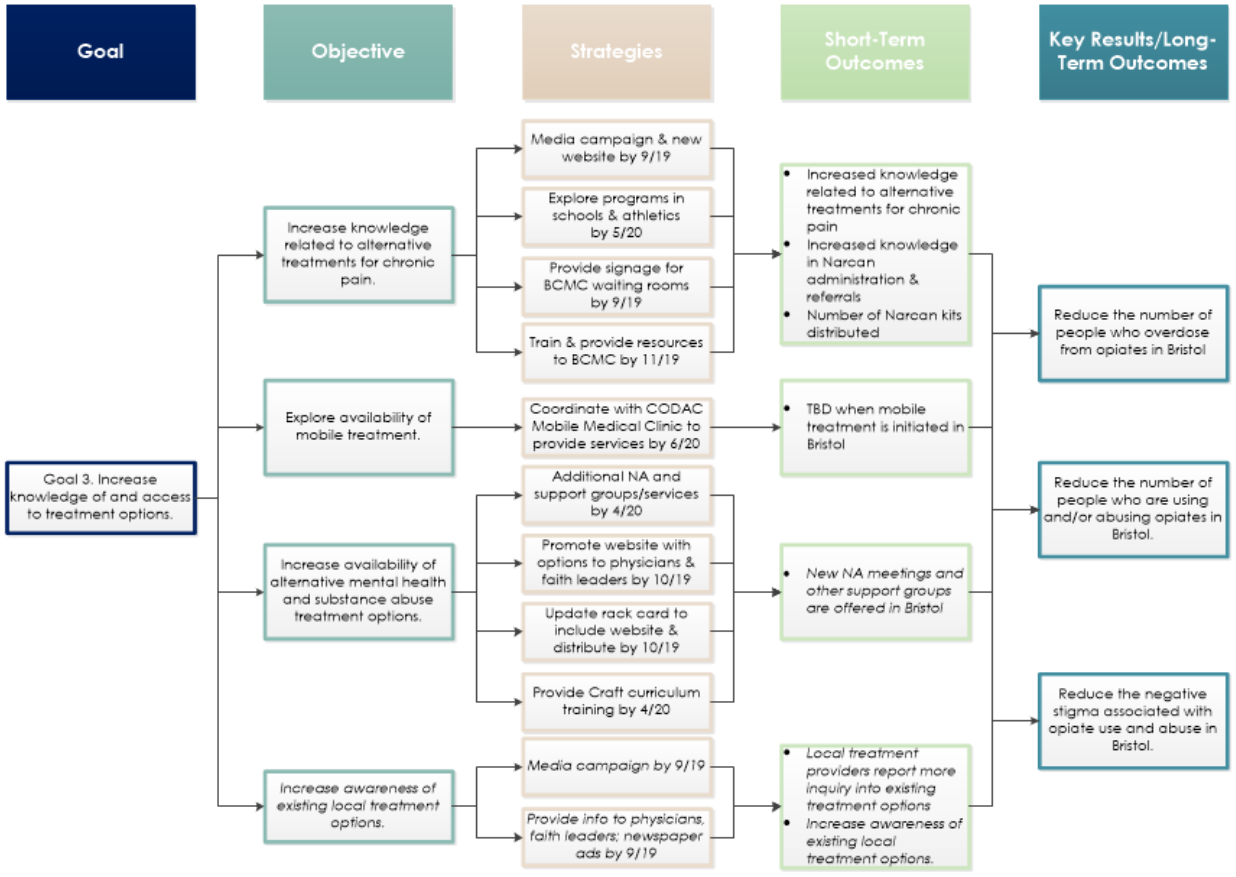
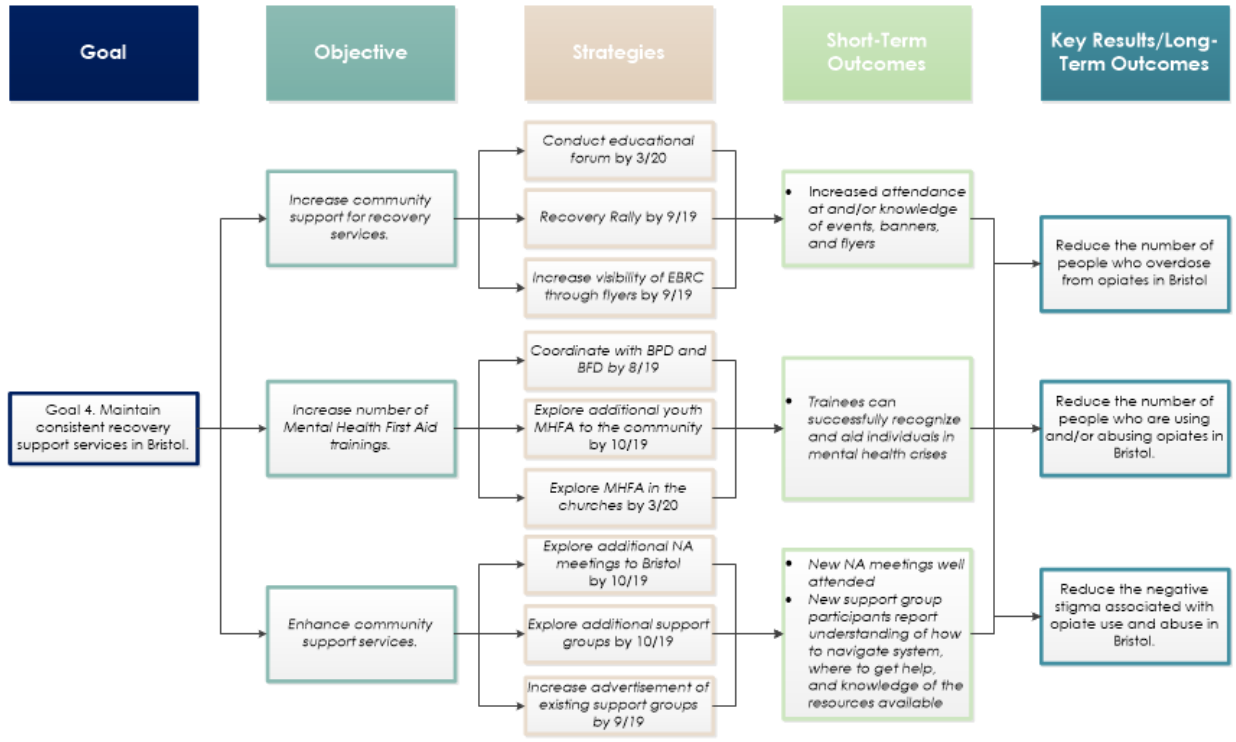


*Figure 12. Goal 4 Recovery Logic Model*




# How We Evaluated the Success of Our Efforts

## Development of Opioid Prevention Plan and Evaluation Plan

We primarily evaluated the outcome of this planning process by comparing our progress to our initial timeline. Our timeline was extremely compressed due to the late date of the purchase order and the town's required RFP process. Once these hurdles were surmounted, the project stayed on schedule through the last round of meetings. While the meetings were completed on time, the process involved finalizing our plan while simultaneously implementing some of our activities. This resulted in our OPP requiring three rounds of revisions due to knowledge gained through the implementation process while the plan was still being completed. This in turn affected the completion of the evaluation plan.

## Lessons Learned

One of the key lessons learned during this planning process is that summer makes it extremely difficult to get good meeting attendance. Several subcommittee members were unable to participate, despite having meetings scheduled months in advance. Nevertheless, we were very excited to have this opportunity. Our enthusiasm, however, resulted in another lesson learned. Our plan is extremely ambitious and has numerous objectives and strategies. The number of objectives and strategies had a tremendous impact on our ability to complete the evaluation plan quickly as the OPP became somewhat of a moving target once implementation began. This caused numerous alignment issues and revisions that slowed the process down that could have been avoided had the two events (planning and implementation) not been going on

simultaneously. In the future, we believe more realistic timelines would be beneficial to all parties concerned.

## Funding Required

The table below documents areas in the plan where funding is required in order to carry out the activity. Activities are listed along with pertinent details, resources involved in conducting activities, costs, and potential funding sources.

*Table 10. Funding Required to Fully Execute Plan by Goal, Objective & Strategy*

| | | | | |
|---|---|---|---|---|
| **Goal 1. Prevent the negative impact of opiate abuse in Bristol** | | | | |
| ***Objective 1. Strategy 4*** | | | | |
| | | | ***Costs*** | |
| ***Activity*** | ***Details*** | ***Resource*** | ***Total Cost*** | ***Potential Funding Sources*** |
| *Red Ribbon Speaker* | *Provide speaker for red ribbon week to speak on opiate use* | *HEZ; BPC* | $3,000 | *SURGE* |
| **Objective 2. Strategy 2** | | | | |
| *Four Legs to Stand On* | *N/A* | *HEZ; COAAST* | $3,300 | *TBD* |
| **Objective 3. Strategy 2** | | | | |
| *Education for parents of children experiencing anxiety and depression* | *N/A* | | *School Department; EBCAP; HEZ* | *TBD* |
| **Objective 4. Strategy 2** | | | | |
| *Acquire dummy for Narcan training* | *N/A* | *REST* | $425 | *SURGE* |
| **Goal 2. Increase access to Naloxone** | | | | |
| **Objective 3. Strategy 1** | | | | |
| *Education signage of Good Samaritan Law on Nalox boxes* | *N/A* | *BHEZ/REST* | *TBD* | *HEZ* |
| **Goal 3. Increase knowledge and access to treatment** | | | | |
| **Objective 3. Strategies 1, 3 and 4** | | | | |
| *Additional NA and support groups/services to St. Michael's parish hall* | *N/A* | *HEZ; EBCAP; St. Michaels Church* | $1,200.00/year | *TBD* |
| *Update Rack card to include website and distribute widely* | *Rack cards updated to include website information* | *TBD* | *TBD* | *SURGE* |
| *Provide Craft curriculum training* | *N/A* | *TBD* | $3,300 | *TBD* |
| **Objective 4. Strategy 2** | | | | |
| *Provide info to physicians, faith leaders; put ads in the* | *Resource information provided to* | *TBD* | *TBD* | *SURGE* |

| | | | | |
|---|---|---|---|---|
| *newspaper* | *physicians and faith leaders* | | | |
| **Goal 4. Maintain consistent recovery support services in Bristol** | | | | |
| **Objective 2. Strategies 2 and 3** | | | | |
| *Explore additional youth MHFA to the community* | *Train additional first responders in MHFA* | *HEZ; EBCAP* | *TBD* | *TBD* |
| *Explore MHFA in the churches* | *N/A* | *HEZ; Faith-based Leaders* | $379 | *TBD* |
| **Objective 1. Strategy 3** | | | | |
| *Create/Distribute flyers throughout the community advertising the East Bay Recovery Center (media ads)* | *N/A* | *HEZ/East Bay Recovery Center* | $1,930 | *SURGE* |

# Appendix A

## Bristol Health Equity Zone Overdose Prevention Plan Subcommittee Members

## Bristol Health Equity Zone Opioid Prevention Plan Subcommittee

*Table 1. Bristol HEZ Opioid Prevention Plan Subcommittee Participants and Affiliation*

| OPP Subcommittee Participant | Professional Affiliation |
|---|---|
| Sarah Bullard | Bristol Health Equity Zone |
| Jennifer Adams | CODAC |
| Denise Alves | East Bay Regional Coalition |
| Brian Morse | Bristol Police Department |
| Cortney Lancaster | Bristol Fire Department |
| Michael DeMello | Bristol Fire Department |
| Rev Liz Habecker | Resident |
| Tommy Joyce | East Bay Recovery Center |
| Margo Katz | RI DOH |
| Laurie MacDougall | REST |
| Madeline Crowell | Blue Cross Blue Shield |
| Megan Elwell | East Bay Regional Coalition |
| Scott Panella | Bristol Health Equity Zone |
| Craig Pereira | Bristol Health Equity Zone |
| Emily Spence | Bristol Health Equity Zone |
| Richard Savino | Resident |
| Steve St. Pierre | Bristol Police Department |
| Donna Wilson | Benjamin Church Senior Center |
| Kristen Westmoreland | East Bay Regional Coalition |
| Ernie Thivierge | East Bay Recovery Center |
| Annie Silviari | John Snow Incorporated |

# APPENDIX B

## Data Review PowerPoint Presentation

# Datacorp

Making Your Data Work for You

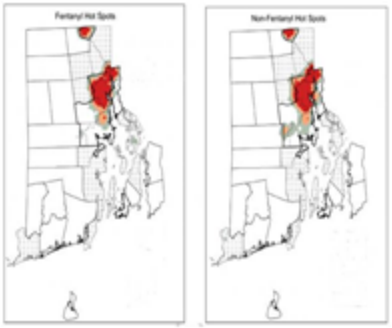
## Review of Existing Opioid Data

P. Allison Minugh, Ph.D.
Nicoletta Lomuto, M.A.

## General Population

- Approximately half of residents believe the town has a problem with opiates or prescription medication
- "Hard numbers" confirm problem
- Ranks about in the middle of the State

Fentanyl and Non-Fentanyl Overdose Deaths in RI



## Adult Opioid Use

- Seen as a problem
  - Focus group participants
  - Teachers
- Lack connection to resources
- "Police officers spend a lot of their time tracking down distributors and administering narcan…so that forces the focus to be reactive instead of proactive"

## Youth Opioid Use

- Abundance of data
  - RISS, Health and Wellness Survey, focus groups
- Approximately 2-3% used opioids in the past month
- Multiple contributing factors
  - Anxiety, stress, depression
  - Peer pressure
  - Lack of parental enforcement of rules
- Lack connection/trust to resources

# Adult and Youth Data Gaps

- Personal stories of those affected
- What is the perspective of users?
- What issues are specific to Bristol?

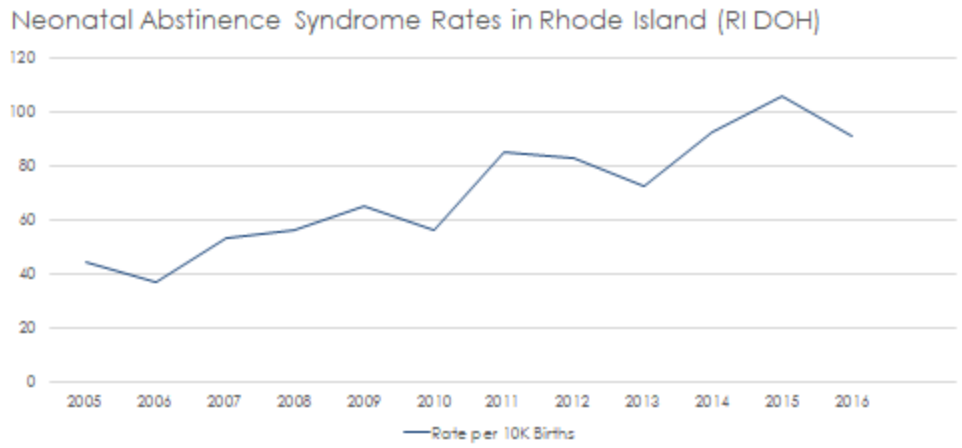
# Seniors

Drug Abuse Problems Among Medicare Beneficiaries

| Area | Drug Abuse Prevalence |
|---|---|
| Bristol County | 2.15% |
| Rhode Island Average | 3.20% |
| National Average | 3.37% |

*Source: CMS Interactive Atlas of Chronic Conditions*

# Newborns




# Summary of Data Gaps

- Specific Populations
  - Affected families
  - Newborns
  - Seniors
- Opioid users versus other users
- Improving connection to resources


Thank you!
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# APPENDIX C

## Community Survey Instrument & Results

## Bristol Health Equity Zone Opioid Prevention Plan Community Survey

Community Survey Instrument

### Bristol Health Equity Zone Overdose Prevention Plan Survey

To complete this survey online please scan the following QR code with any smart device:

1. I am **(Choose one)**: ◯ Male ◯ Female ◯ Don't Identify with a binary gender

2. Which age group do you belong to? ◯ 12-17 ◯ 18-25 ◯ 26-34 ◯ 35-49 ◯ 50-64 ◯ 65 or older

3. What is the highest level of education you have completed? **(Choose one)**
   ◯ High school degree/ GED ◯ Associate's degree ◯ Bachelor's degree
   ◯ Master's/ graduate degree ◯ PhD or other advanced degree

4. Do you **(Check all that apply)**: ◯ Live in Bristol ◯ Work in Bristol ◯ Study in Bristol ◯ None of the Above

| Please select yes or no: | Yes | No |
|---|---|---|
| 5. Do you know someone in Bristol who has abused the following in the last 30 days? | | |
| Heroin | ◯ | ◯ |
| Prescription medication (that was not prescribed) | ◯ | ◯ |
| Prescription medication (that was used in excess of a prescription) | ◯ | ◯ |
| 6. Do you think there is a problem in Bristol with the following? | | |
| Heroin | ◯ | ◯ |
| Prescription medication (that was not prescribed) | ◯ | ◯ |
| Prescription medication (that was used in excess of a prescription) | ◯ | ◯ |
| 7. Do you think there is a problem in Bristol with overprescribed addictive pain medication? | ◯ | ◯ |
| 8. Have you ever known someone or heard about someone who had a newborn baby that was addicted to prescription drugs or heroin? | ◯ | ◯ |
| 9. Have you ever had a family member or close friend become addicted to prescription pain medication? | ◯ | ◯ |
| 10. Have you ever had a family member or close friend become addicted to heroin? | ◯ | ◯ |

| | | |
|---|---|---|
| 11. Do you think public education programs about community problems like opioid misuse are effective? | ◯ | ◯ |
| 12. Do you think Bristol is doing enough to address the opioid problem? | ◯ | ◯ |
| 13. Do you know someone who has died from opioid abuse? | ◯ | ◯ |

| **Is the following statement true or false:** | **True** | **False** |
|---|---|---|
| 14. Opioids are an addictive class of drugs that includes both prescription medicines like OxyContin and illicit drugs like heroin and fentanyl. | ◯ | ◯ |
| 15. The overall national life expectancy rate in the United States has gone down due to opioid addiction. | ◯ | ◯ |
| 16. Addiction is a disease or public health issue. | ◯ | ◯ |

**17.** Where have you seen educational material distributed in Bristol that addresses opioid misuse? **(Check all that apply)**

◯ Business
◯ Community
◯ School
◯ Medical Office
◯ Place of Worship
◯ Other

**18.** Which age group do you believe is most affected by opioid abuse?

◯ 12-17
◯ 18-25
◯ 26-34
◯ 35-49
◯ 50-64
◯ 65 or older

**19**. What do you think the root cause of opioid misuse is? **(Check all that apply)**

◯ Anxiety/stress/depression
◯ Flaws in moral character
◯ Lack of adult supervision and guidance
◯ Overprescribing
◯ Peer pressure
◯ People are not aware of how addiction actually occurs
◯ People are unaware of how highly addictive pain killers are
◯ People who use pain killers
◯ Pharmaceutical companies
◯ Too much trust in physician recommendations

**20**. Why do you think people don't get help when they become addicted to pain killers? **(Choose ONLY three)**

◯ Fear due to stigma
◯ Insurance won't cover it
◯ It's not affordable

◯ Medical professionals don't know how to help even when they know their patient is addicted
◯ The hours of treatment don't fit in with most people's schedules
◯ The treatment that is available is not easily accessible
◯ There is not enough treatment available

**21**. What do you think can be done to address the opioid problem? **(Choose ONLY three)**
◯ Create more opportunities for people to connect with each other
◯ Increase legal penalties for individuals using opiates
◯ Provide accurate information about the risks involved in taking pain medication
◯ Provide education on alternatives to medication for pain management/treatment
◯ Provide more community education
◯ Provide more community support
◯ Provide more treatment options
◯ Reduce the stigma associated with seeking and receiving addiction treatment

**22**. Thinking over the last two years, do you think the opioid problem in Bristol has…
◯ Increased
◯ Decreased
◯ Stayed the same

**23**. If you would like, please use this space to provide any additional information:
_____
_____
_____

## Community Survey Results

*Figure 1. Gender*

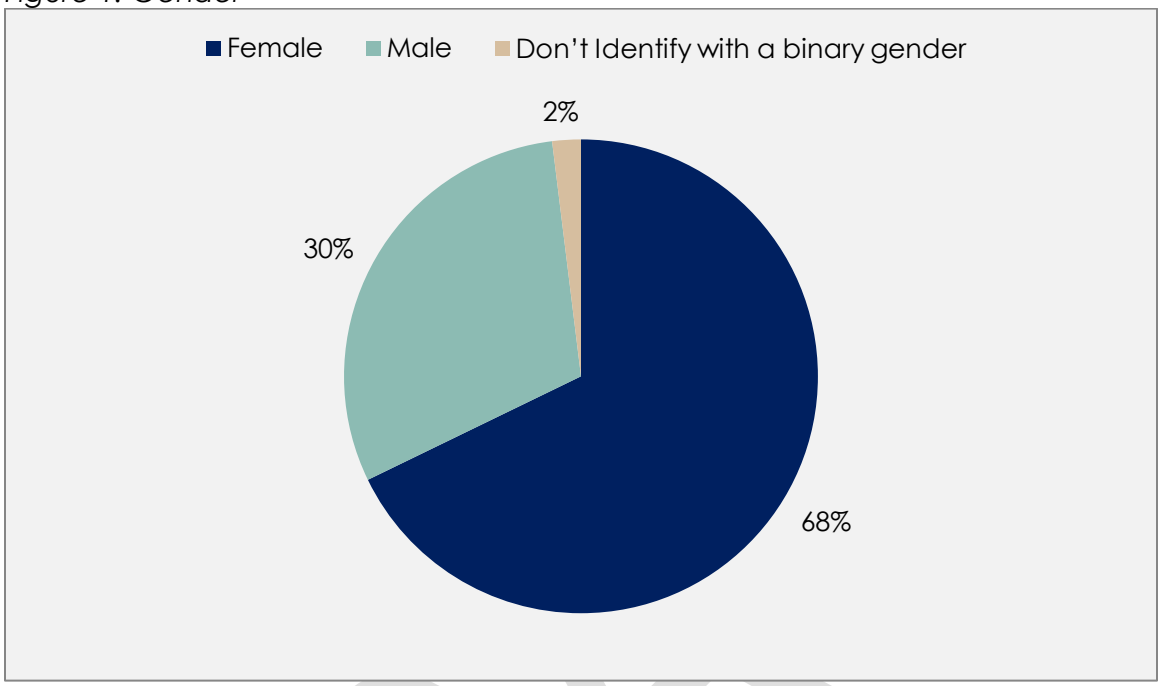



*Figure 2. Age*

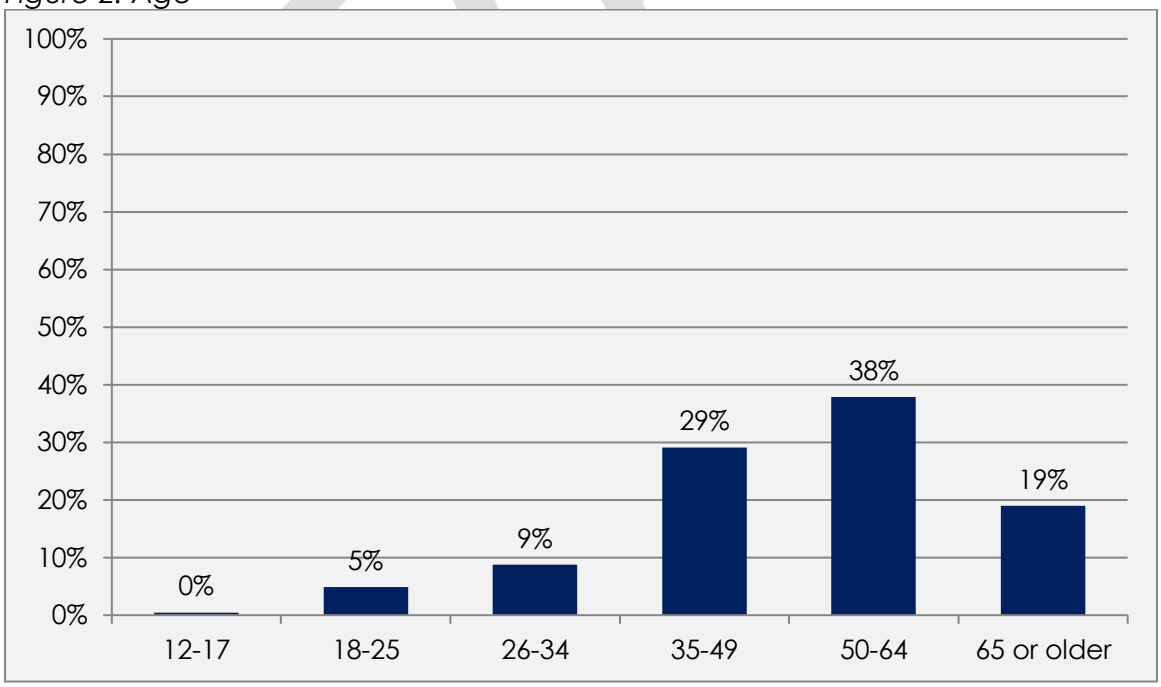


*Figure 3. What is the highest level of education you have completed?*

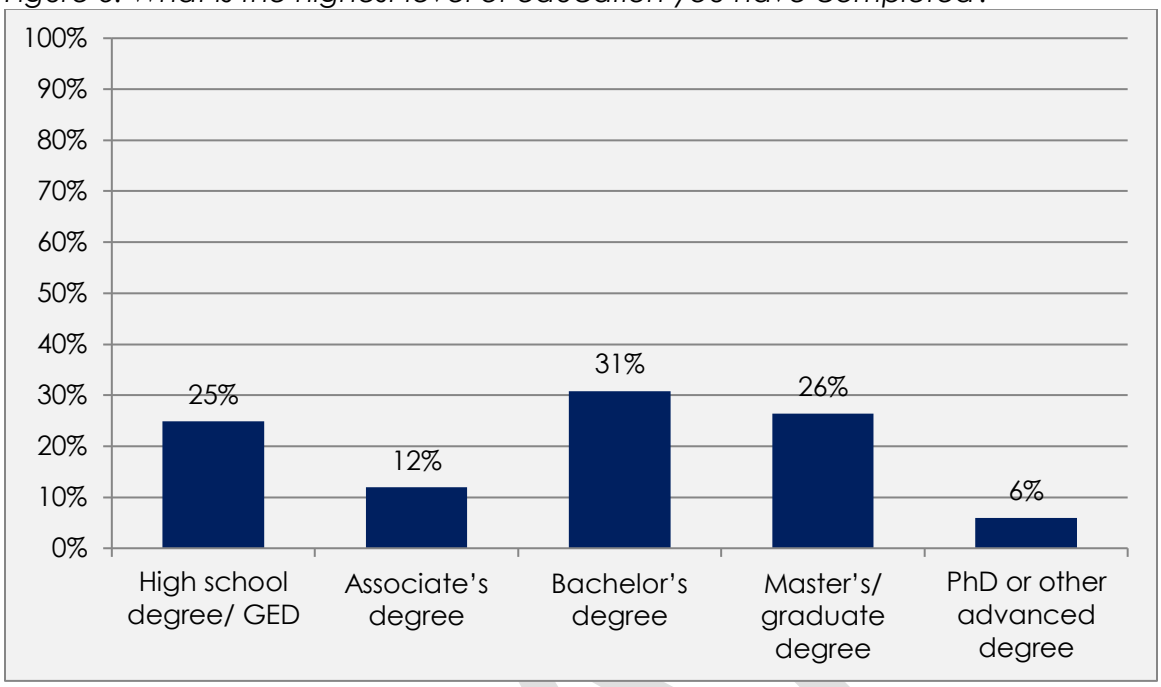



*Figure 4. Geographic dispersion*

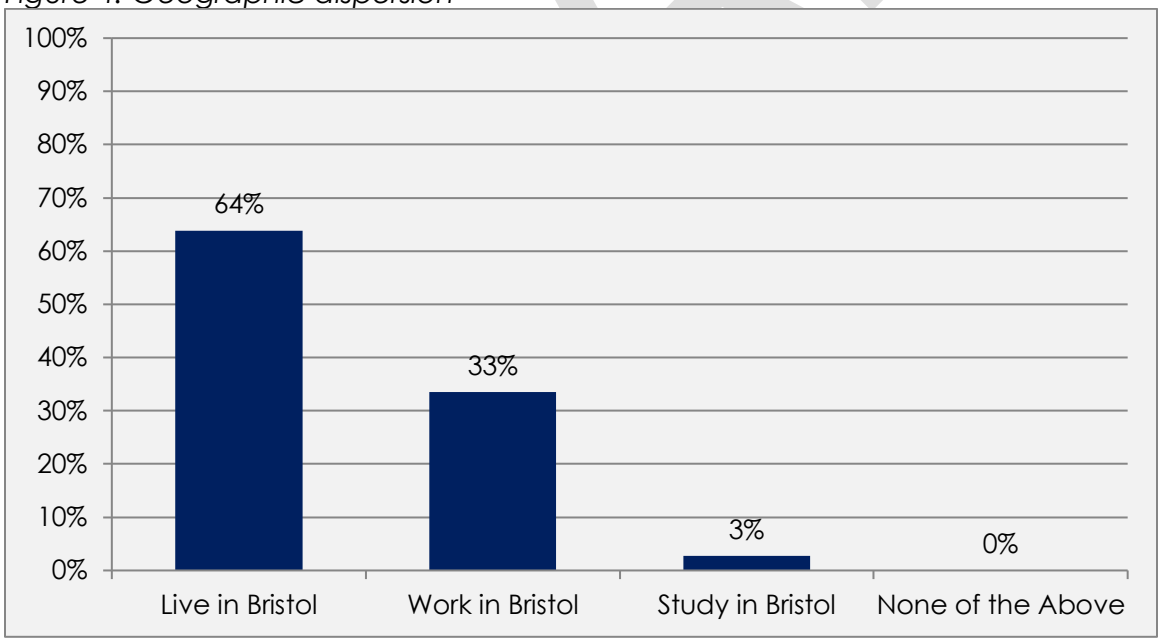


*Figure 5. Know someone who has abused in last 30 days*

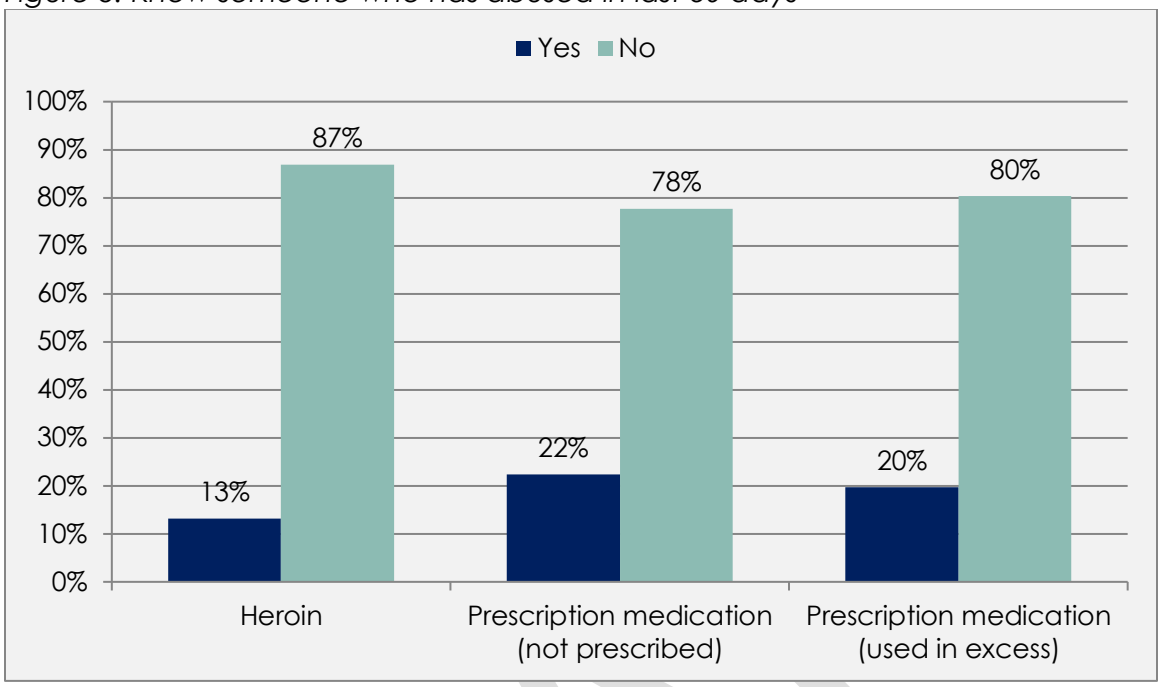



*Figure 6. Is there a problem in Bristol with . . .*

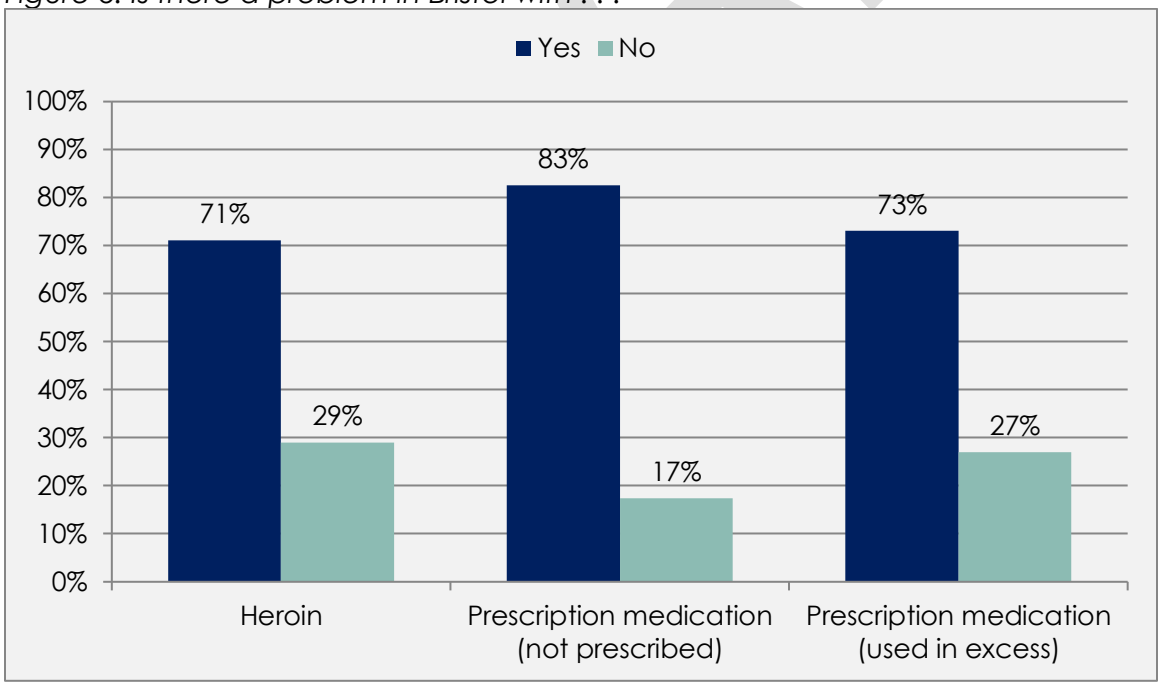


*Figure 7. Problem with overprescribed addictive pain medication?*

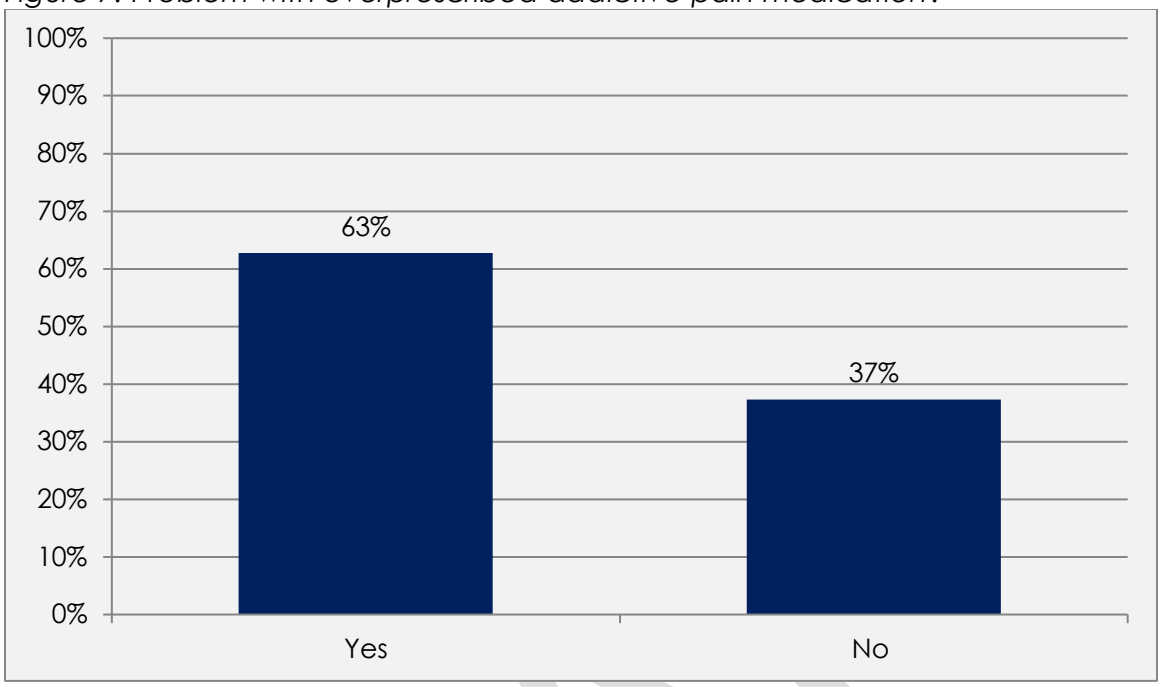



*Figure 8. Known or heard about a newborn addicted to RX drugs or heroin?*

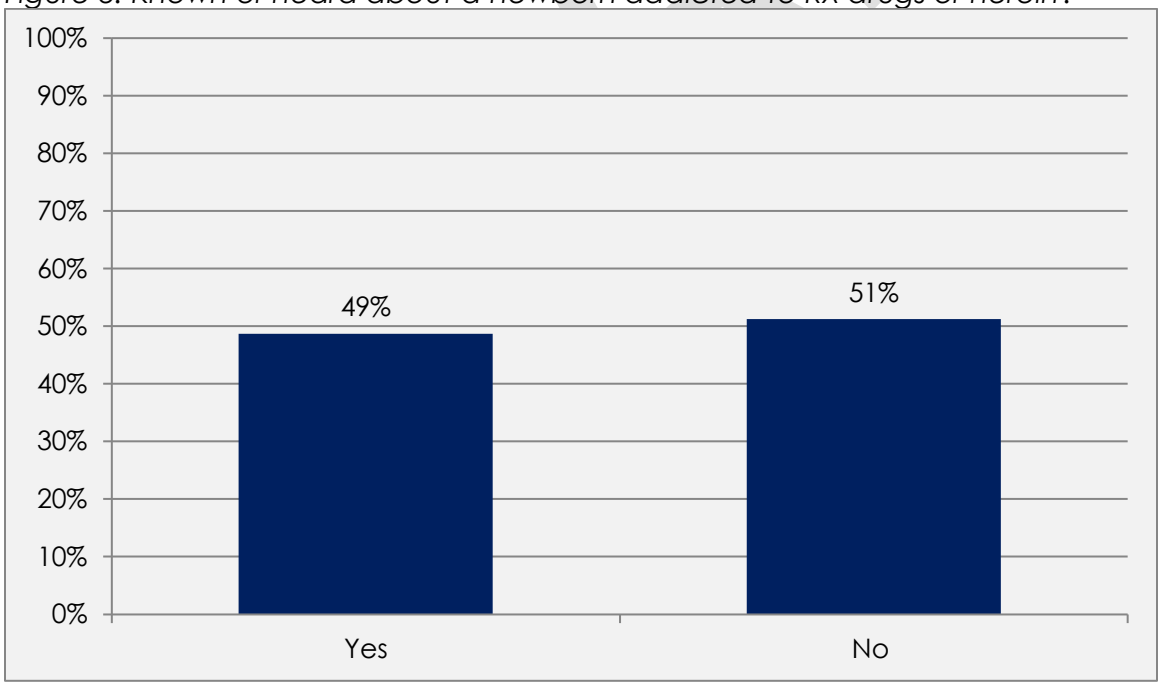


*Figure 9. Family member of close friend addicted to RX medication*

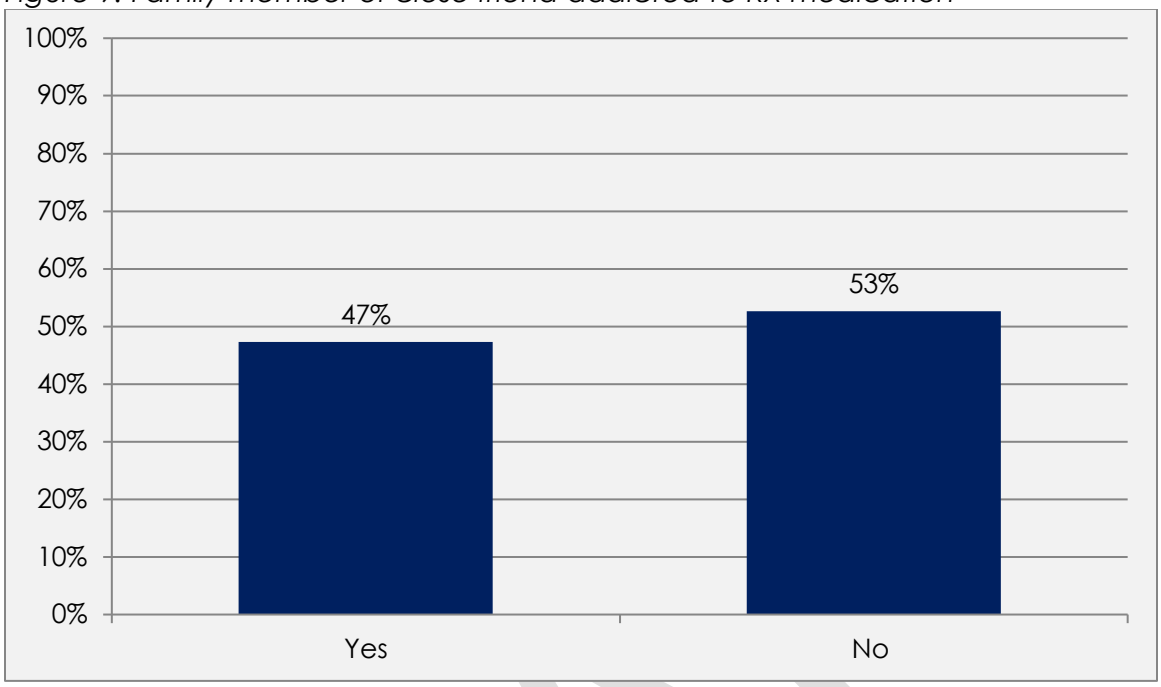



*Figure 10. Family member or friend addicted to heroin*

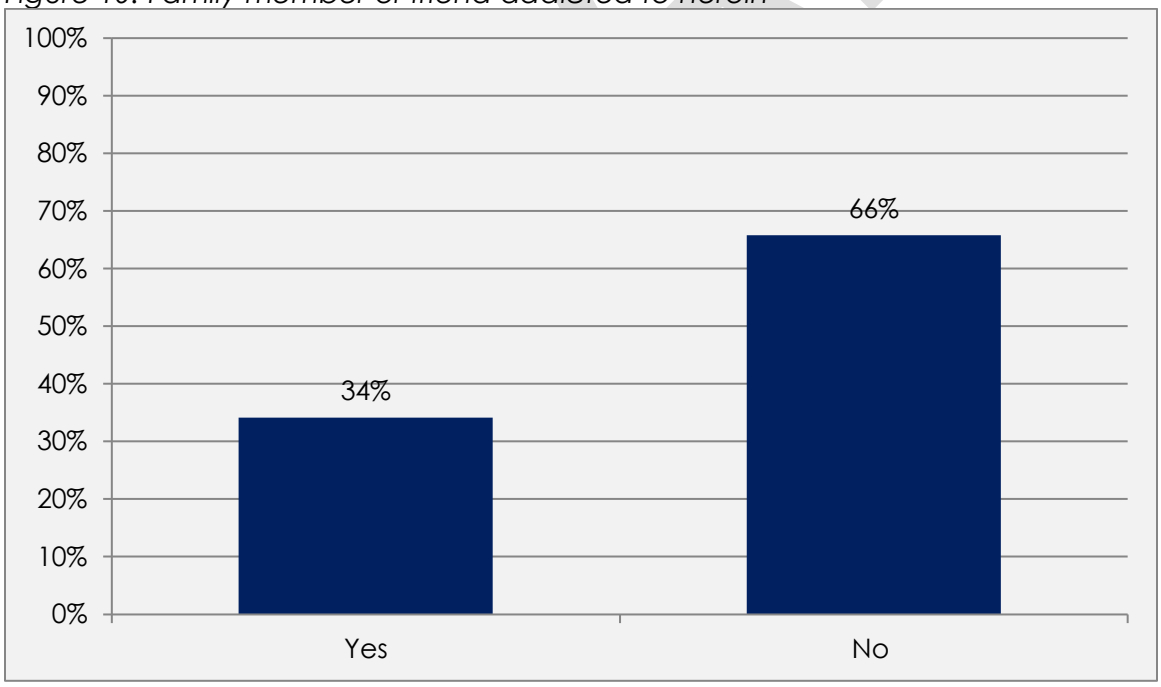


*Figure 11. Overprescribing, substance exposed newborns, family & friends*

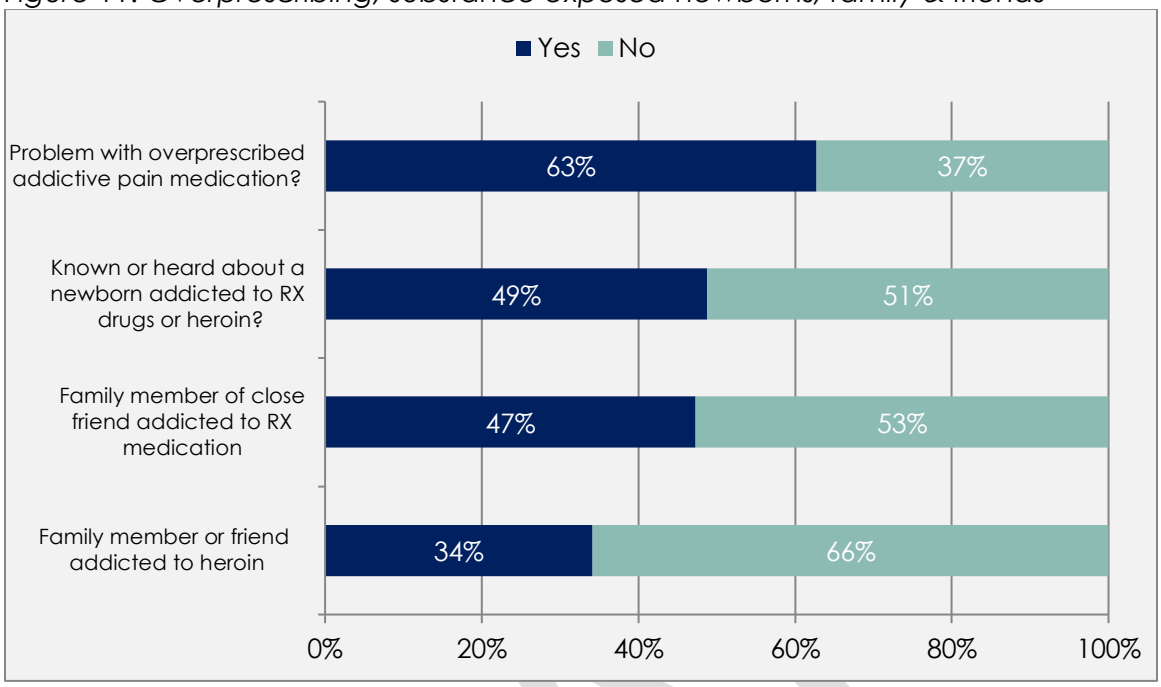



*Figure 12. Do you think public education programs about community problems like opioid misuse are effective?*

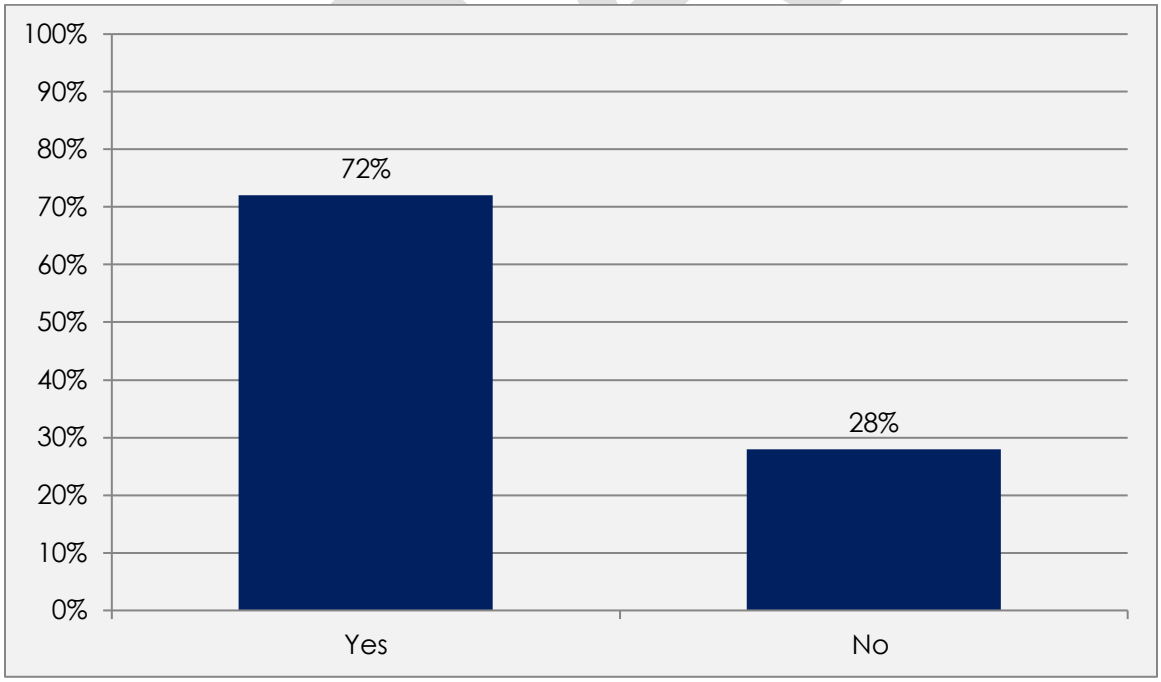


*Figure 13. Do you think Bristol is doing enough to address the opioid problem?*

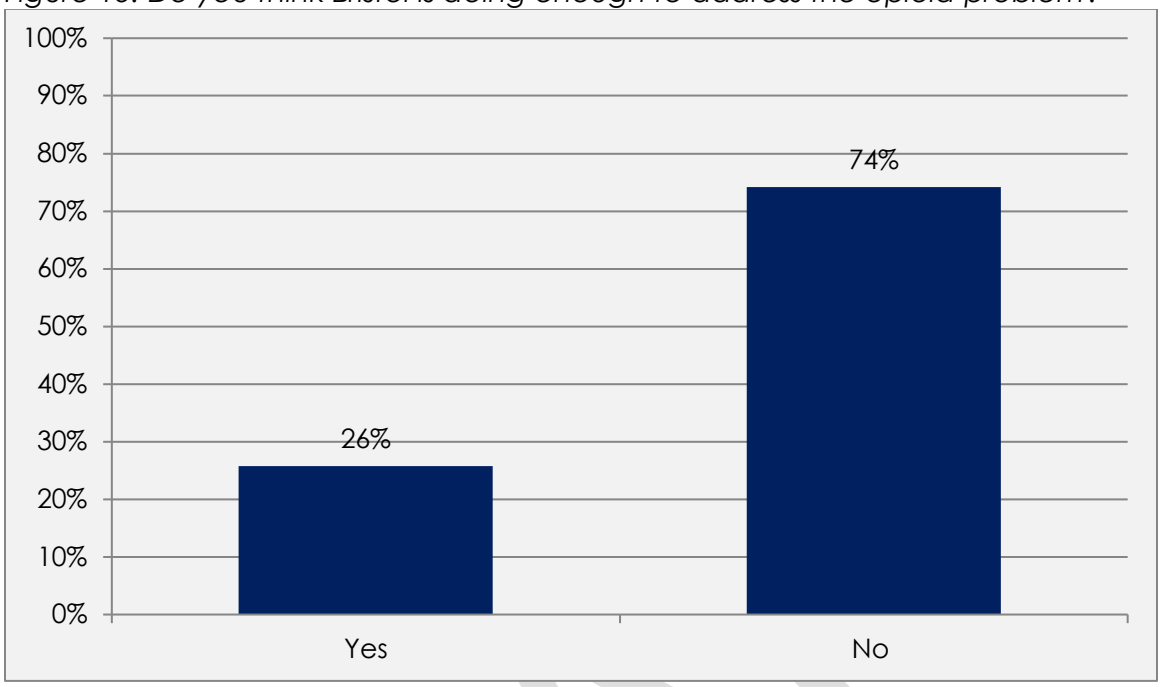



*Figure 14. Do you know someone who has died from opioid abuse?*

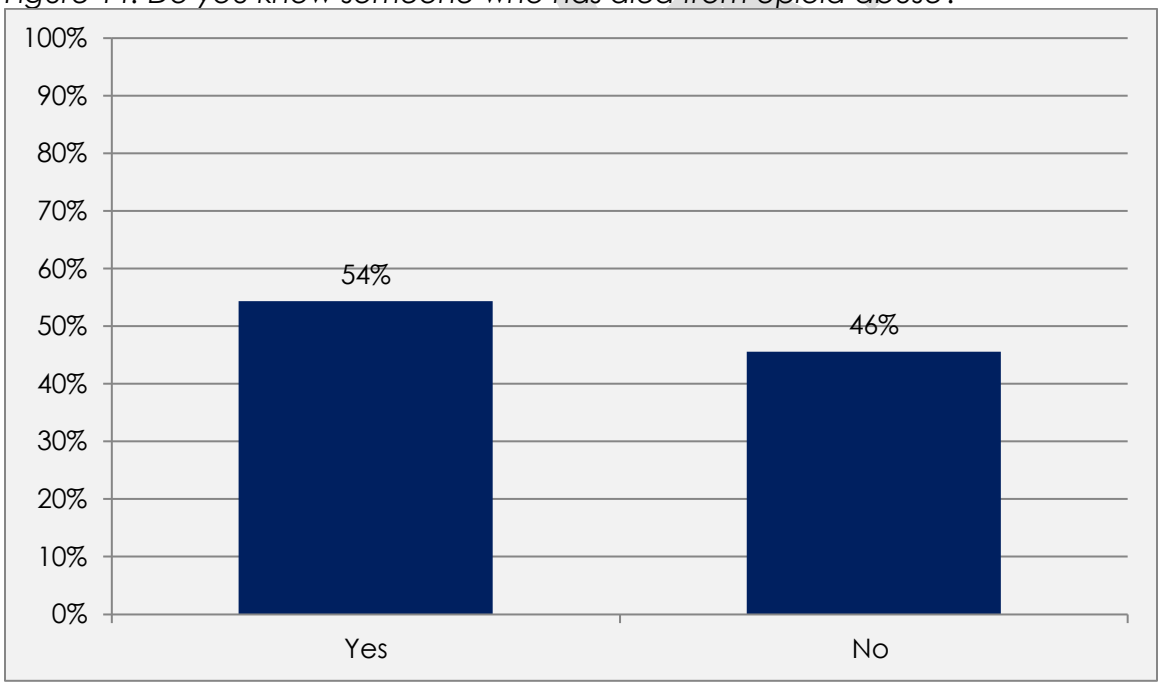


*Figure 15. Public education, addressing misuse, & opioid-related death*

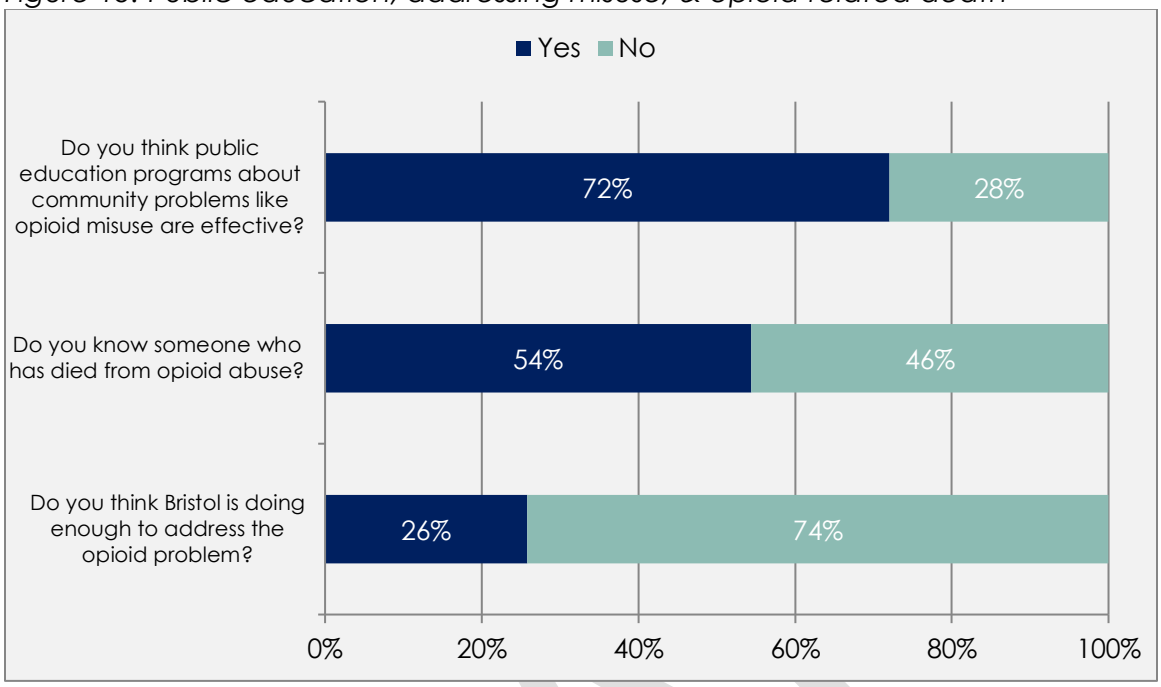



*Figure 16. Opioids are an addictive class of drugs that includes both prescription medicines like OxyContin and illicit drugs like heroin and fentanyl*

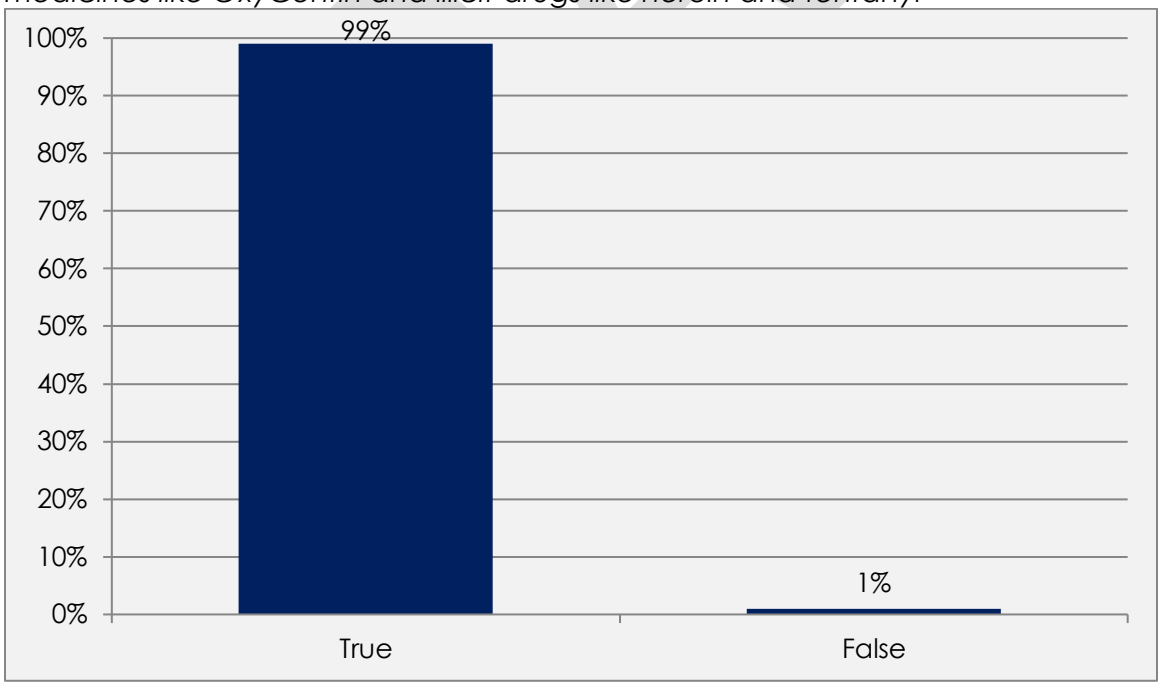


*Figure 17. The overall national life expectancy rate in the United States has gone down due to opioid addiction*

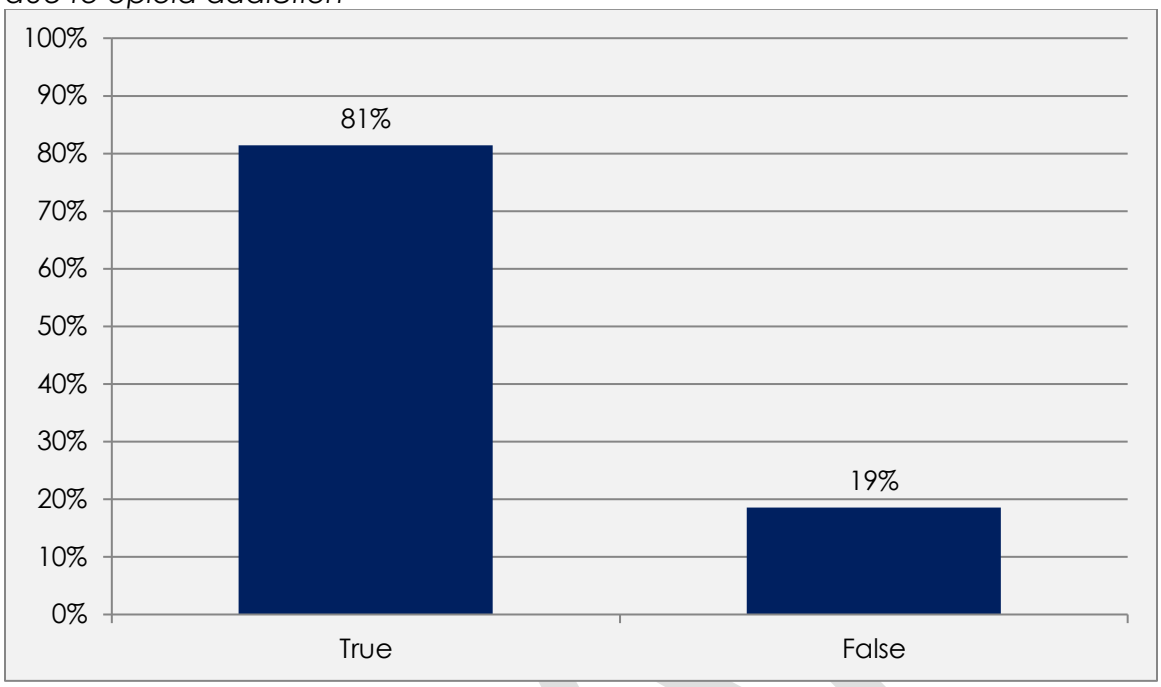



*Figure 18. Addiction is a disease or public health issue*

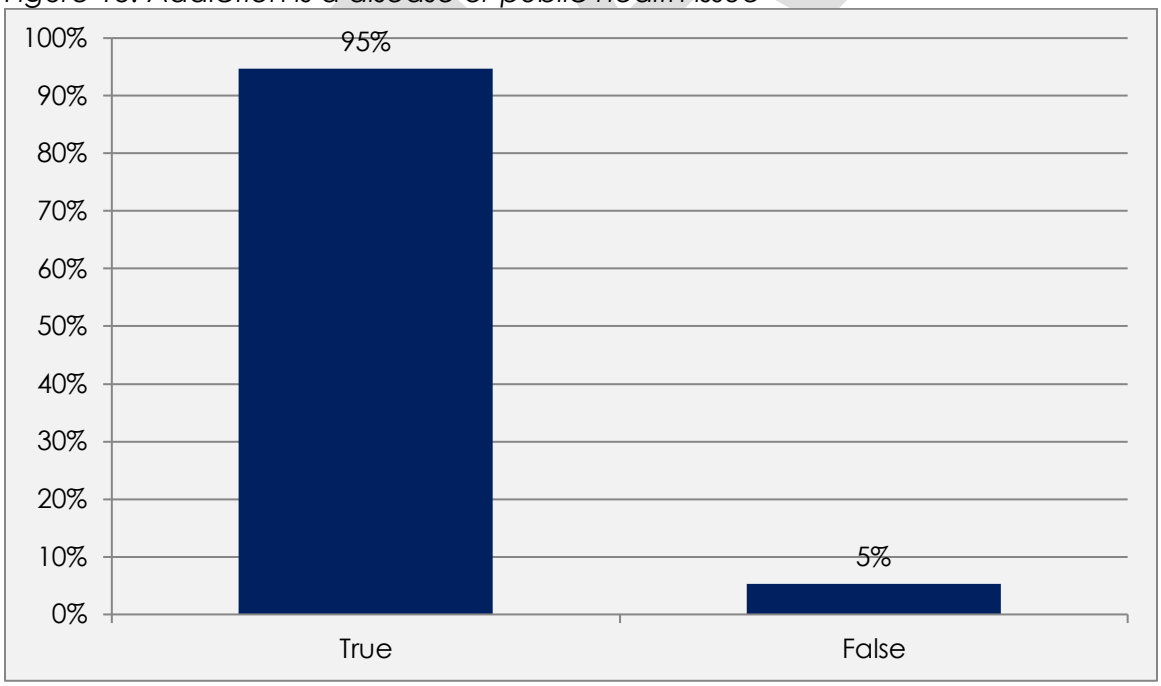


*Figure 19. Knowledge about opiates*

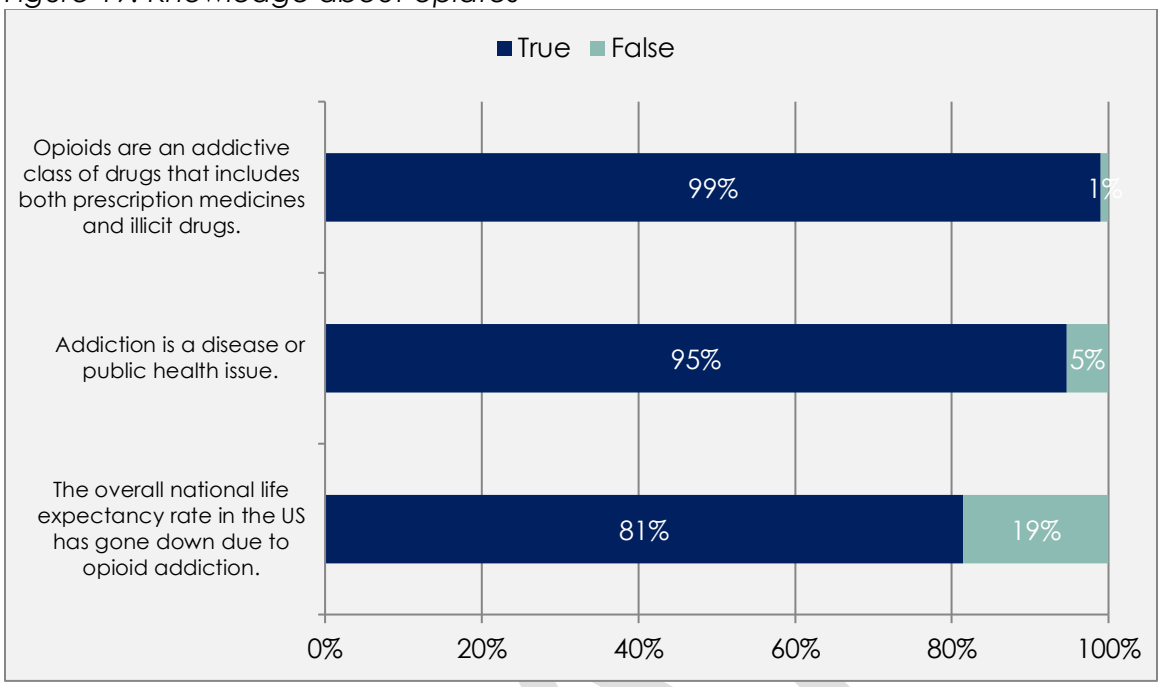



*Figure 20. Where have you seen educational material distributed in Bristol that addresses opioid misuse? (Check all that apply)*

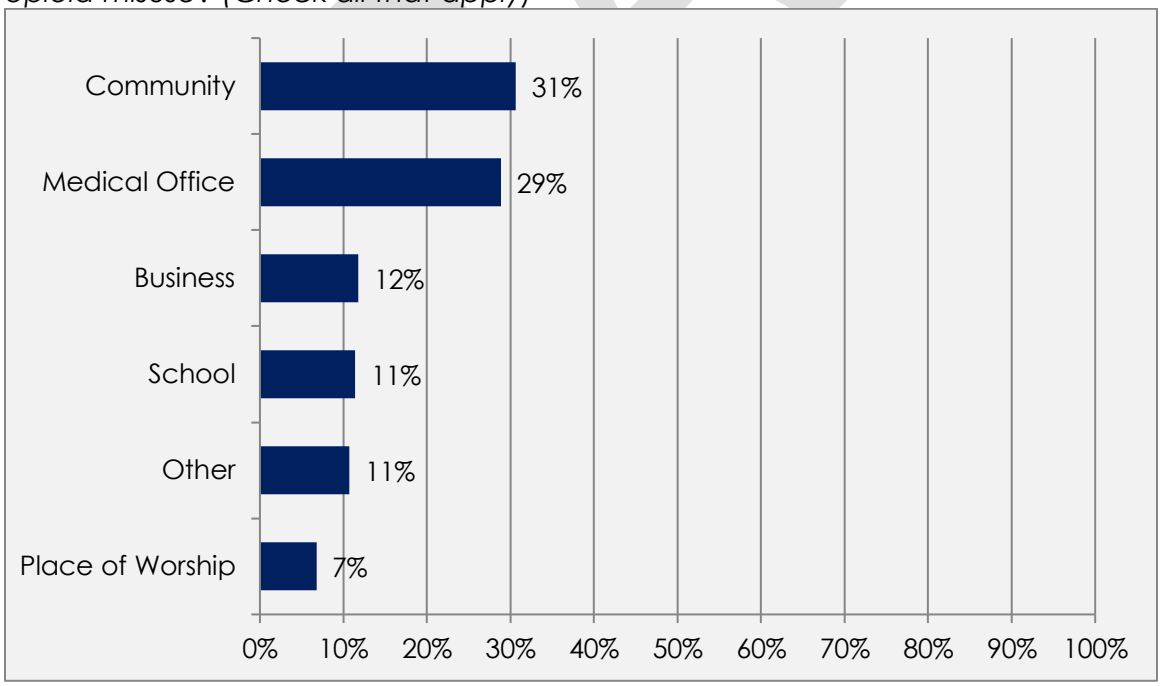


*Figure 21. Which age group do you believe is most affected by opioid abuse?*

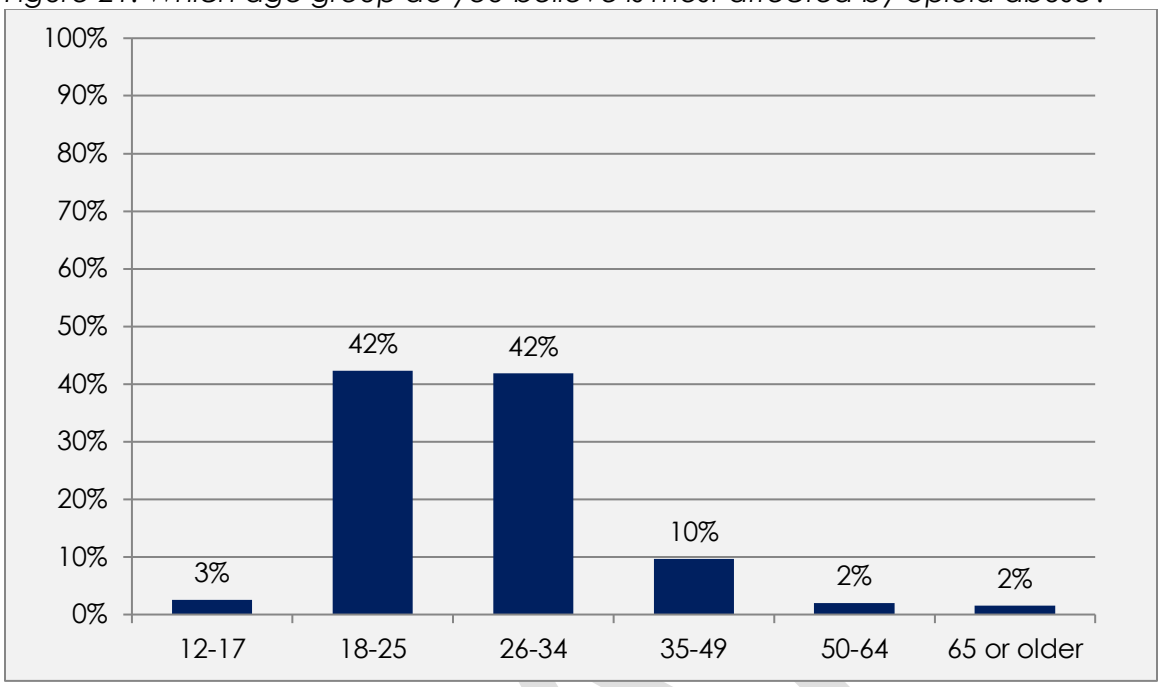



*Figure 22. What do you think the root cause of opioid misuse is? (Check all that apply)*

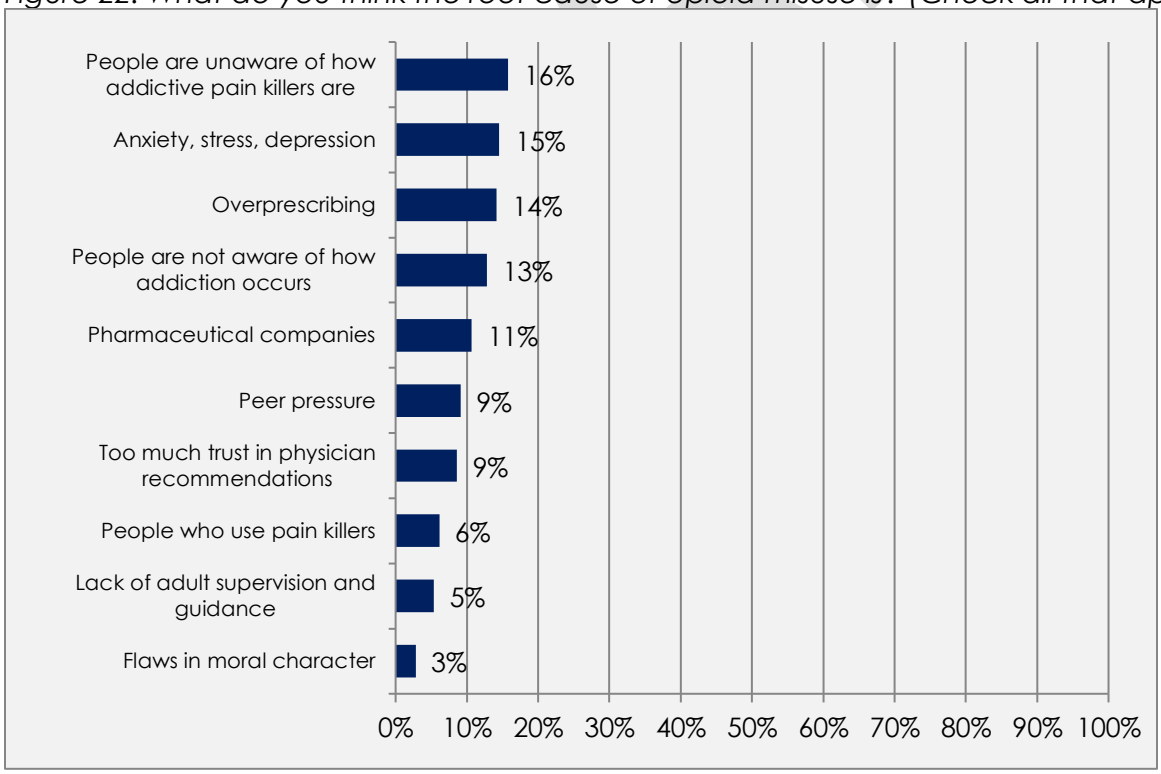


*Figure 23. Why do you think people don't get help when they become addicted to pain killers? (Choose ONLY three)*

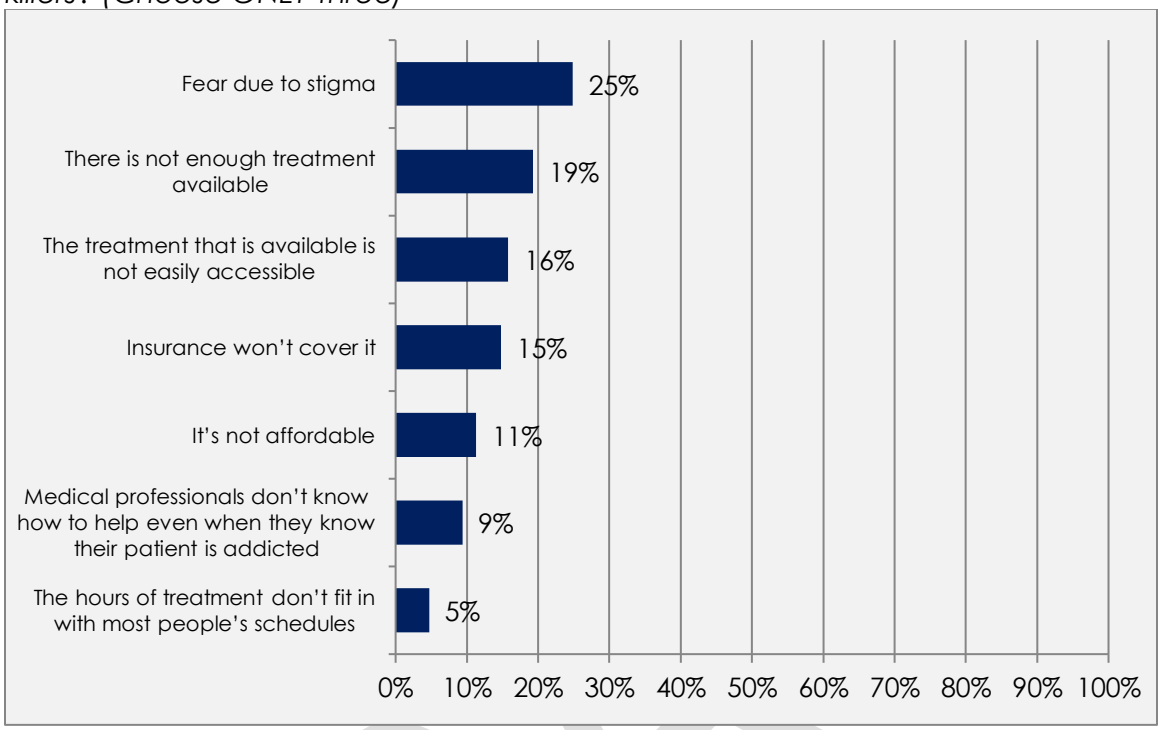



*Figure 24. What do you think can be done to address the opioid problem? (Choose ONLY three)*

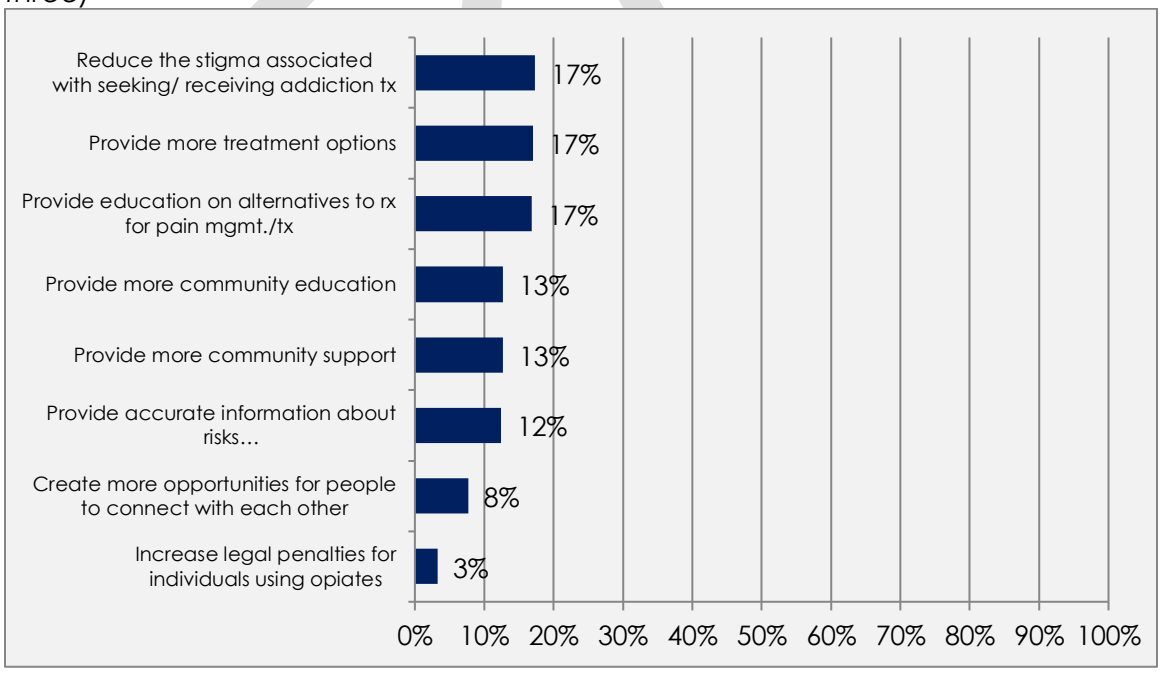


*Figure 25. Thinking over the last two years, do you think the opioid problem in Bristol has…*

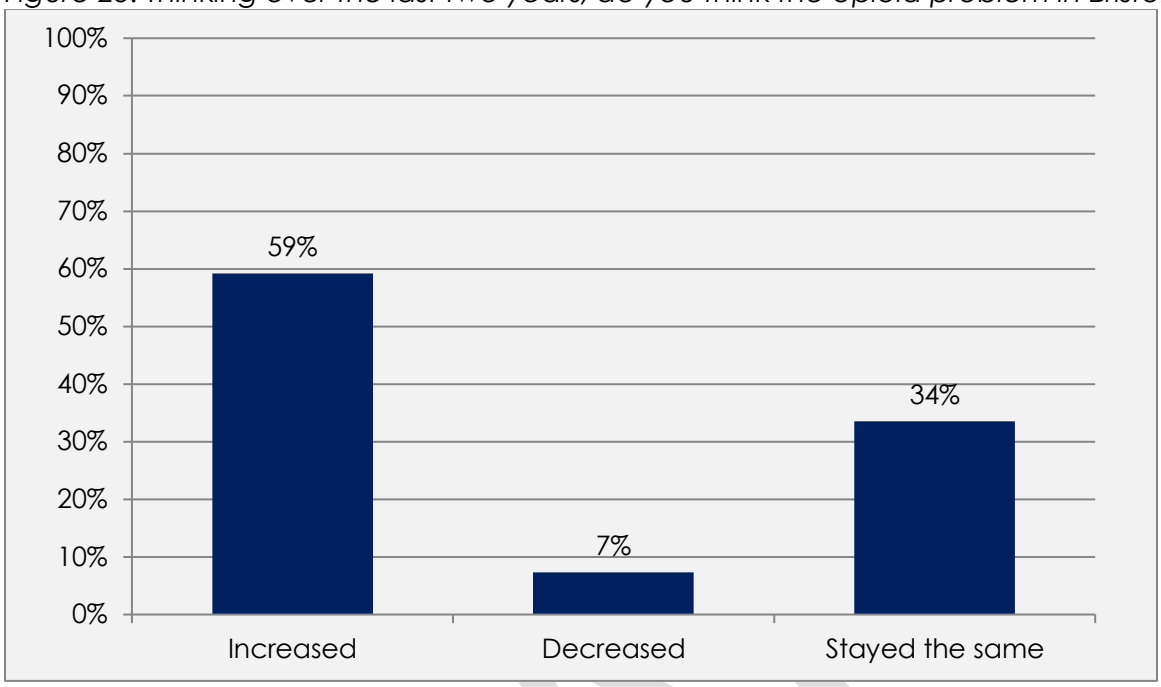
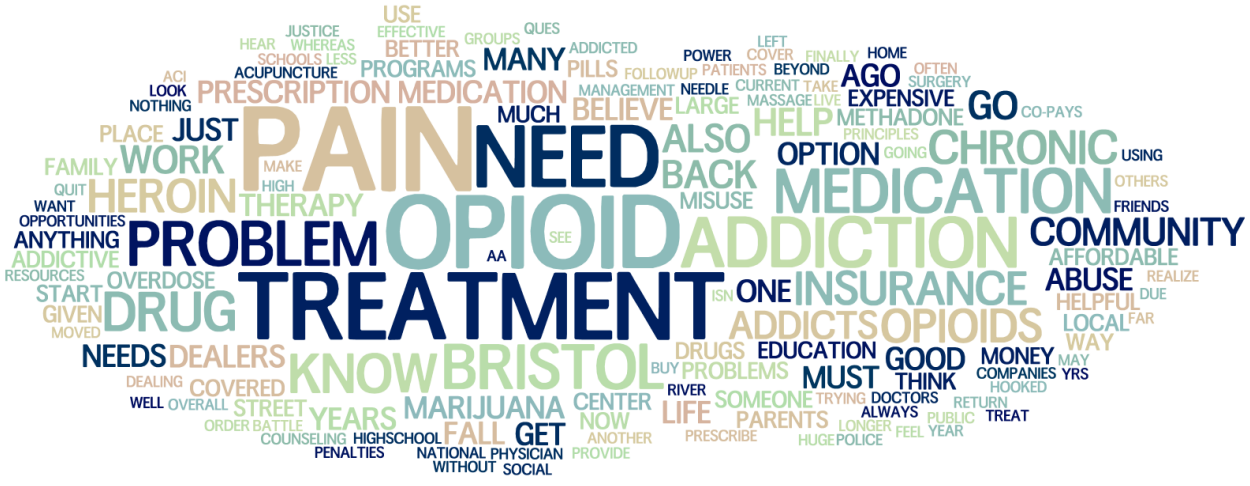



*Figure 26. If you would like, please use this space to provide any additional information:*



# APPENDIX D

## Key Informant Interview Questions & Detailed Results

## Pregnant Women Key Informant Interview Summary


The information presented below represents the consolidated viewpoints of the individuals interviewed for this study. The information in no way reflects the opinion of the writer or Datacorp.

### 1. What are your concerns about pregnant women using pain medications?

The two primary concerns expressed by the interviewees are 1) the women becoming addicted to pain medications and turning to heroin use when the prescription ends; and 2) what happens to the fetus during growth while a mother is using opioids.

Concerns were expressed that people do not realize they are going to experience physical withdrawal when they discontinue opioid pain medications and they are unprepared for the consequences.

> *People do not realize when they take pain medication that they are going to go through physical withdrawal when the medication ends, and this physical withdrawal is what leads many to heroin use.*

Interviewees stated that the pregnant mothers share the same concerns, and these concerns are often the driving force bringing them into treatment.

### 2. What are your concerns about pregnant women using opiates like heroin or fentanyl?

Interviewees stated that the majority of women accessing opiate treatment are beyond prescription opiate use/abuse and are already using heroin or fentanyl. The primary concern is with drug overdose because most of the street heroin is laced with fentanyl. There is a perception that heroin that leads to overdoses is "great," and people will seek out dealers who sell the strongest drug. Pregnant women entering treatment are mostly women who recently found out they are pregnant, and the pregnancy was unintended.

An additional concern is that there are some pregnant women who are so consumed by their addiction that all they care about is getting high and staving off withdrawal. They

are not at a point where they express concern for their unborn baby.

### 3. How do you think the public perceives people who have a problem with substance abuse, and opiate use in particular?

Interviewees indicated they feel the public is very judgmental towards individuals who have substance abuse problems, and they blame the person for making bad choices. Being pregnant makes the judgment that much worse, with significant negative judgment coming from the woman's family and close friends. Despite this, there is a lot of positive support coming from community members who want to help and provide support to people suffering from addiction.

> *We need to do a better job addressing issues related to a pregnant women who is in treatment who gives birth and tests positive because she is on methadone. Women who test positive at birth are not treated very well.*

### 4. What resources or services are available for a pregnant woman who has a substance abuse problem or a problem with opiates?

Any residential treatment program in Rhode Island
SSTARBIRTH specializes in treating pregnant women who are addicted
The Women & Infants Hospital Moms Matter program
The Parent Support Network provides supportive services to mothers

### 4a. What are the biggest service gaps for pregnant substance abusing women?

Interviewees indicated there needs to be more availability of additional residential treatment specifically for pregnant women. There is a very limited opportunity to get a client into treatment, and many clients are lost because treatment services can't be accessed quickly enough.

Interviewees stated there are insurance gaps in coverage for addiction treatment, and getting someone into detox or treatment is contingent on when the last drug use occurred.

Finally, interviewees stated that they felt too many health care providers have judgments about pregnant women who are either addicts or who are enrolled in methadone treatment. The vast majority of pregnant women already have significant issues related to guilt, and negative judgment by healthcare providers can drive women away from getting the help they need.

> *There are too many health care providers who have judgements about pregnant women who are either using or who are in methadone treatment. Women in this situation already have huge issues related to guilt, and the negative judgement by the providers can drive women away from getting additional help.*

### 5. What kinds of barriers or stigmas exist for pregnant women who need to access

services for substance abuse?

Interviewees indicated the most significant barriers for pregnant women accessing treatment are their own perceptions of what a good mother is. Many of the women already have very negative opinions of themselves, and these negative feelings are compounded by other people also having negative opinions of them, especially family and friends. The women indicated that DCYF is always a thought in the back of their minds, and they have fears that DCYF will be called if they decide to enter treatment.

6. What kind of educational messages do you think pregnant women need to hear about opiate misuse and abuse?

Interviewees felt messages to pregnant women should be focused on the effects opiates have on the human body, and that treatment is available. Opiate use can be very harmful to the unborn baby, but methadone can be safely used to help pregnant women address their opiate addiction. In addition, more information needs to be made available about what happens when a pregnant woman goes to the hospital to give birth and tests positive for opiates when she is enrolled in a treatment program. There is significant stigma associated with testing positive during childbirth, and more can be done to inform healthcare providers, and prepare the mother.

7. Where do you think pregnant women are most likely to go to obtain opiates?

Interviewees stated that pregnant women will either get the drugs themselves, or they will have a sibling or friend get the drugs for them. They indicated some women will continue to get drugs from their dealer but these seem to be women who are ambivalent about being pregnant and are more focused on relieving withdrawal symptoms. Also, some women will continue to get pain medications from their physicians even though they know they are pregnant.

8. What do you think are the three most important things that can be done to address the problem of opiate abuse among pregnant women?

Most of the clients seen by the interviewees are women who unintentionally became pregnant while they were enrolled in methadone treatment, or they are women who were injured and were put on opiate medications by their healthcare provider. Most of these women are not as knowledgeable or insightful about the consequences of getting pregnant as they could be, and most were not intending to become pregnant.

Interviewees stated that pregnant women need to be educated that they can seek help and not be afraid of losing custody of their child. Interviewees stated there is a misconception that methadone is bad for the baby and we need to let women know that methadone is safer for the baby than continuing to actively use heroin or fentanyl.

*There is a misconception that methadone is bad for the baby and we need to change that. We need women to know that methadone is much safer for the baby than continuing with active drug use.*

Finally, interviewees indicated that because most of the pregnancies that occur when a

women is in methadone treatment are unintentional, more work could be done to encourage use of birth control.

### Educational Opportunities Related to Pregnant Addicted Women

- Pain medications are addictive and cause withdrawal when discontinued
- Methadone is a safer alternative than active drug use for pregnant women
- Pregnant women can seek treatment without losing children to DCYF
- Health care professionals can support and help addicted pregnant women
- Focus on pregnancy prevention while in methadone treatment



## Appendix E

## Focus Group Questions & Detailed Results



### Focus Group Instrument

## Bristol HEZ Opioid Overdose Needs Assessment Focus Group

1. How concerned are you about the use of pain medications in Bristol?
2. How concerned are you about the use of opiates like heroin or fentanyl in Bristol?
3. How do you think the Bristol community perceives people who have a problem with substance abuse, and opiate use in particular?
4. What resources or services are available for someone who has a substance abuse problem or a problem with opiates?
5. What kinds of barriers or stigmas exist for people who need to access services for substance abuse?
6. What are the health implications or risks associated with using opioids, including prescriptions and drugs?
    - What kind of educational messages do you think people need to hear about opiate misuse and abuse?
7. Where do you think people in Bristol are most likely to go to obtain opiates?
8. What do you think are the three most important things that can be done to address the problem of opiate abuse in Bristol?

## Focus Group Results

The information presented below represents the consolidated viewpoints of the four focus groups conducted for this study. The focus groups were completed with members engaged in the community recruited from the medical facility, senior center, East Bay Recovery Center (EBRC), and the local Resources Education and Support Together (REST) group. The information in no way reflects the opinion of the writer or Datacorp.

*Table 1. Opioid Prevention Plan Focus Groups Conducted*

| Focus Group | Topics Emphasized | Number of Participants | Date |
|---|---|---|---|
| Resources Education and Support Together (REST) Group | Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction | 9 | May 6, 2019 |
| Medical Community | Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction | 5 | May 13, 2019 |
| East Bay Recovery Center | Opioid Prevalence & Awareness; Community Perceptions; Resources & | 7 | May 16, 2019 |

| Focus Group | Topics Emphasized | Number of Participants | Date |
|---|---|---|---|
| | Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction | | |
| Senior Center | Opioid Prevalence & Awareness; Community Perceptions; Resources & Services; Health Implications; Risk of Harm Prevention, Education Treatment, & Harm Reduction | 10 | May 17, 2019 |

*How concerned are you about the use of pain medications/opiates like heroin or fentanyl in Bristol?*


Participants across all focus groups reported concern regarding the opiate epidemic nation-wide. With that, individuals reported a lack of awareness about the prevalence or need for concern for Bristol residents specifically. In terms of the use of pain medications and opiates in Bristol, members of the EBRC and the REST groups reported more concern, knowledge, and personal experience with how opiate abuse impacts the community. Interestingly, the medical group seemed less concerned about Bristol residents specifically noting a lack of awareness of the problems related to opiate abuse. Although as the conversation progressed, each participant had a personal story regarding their patients who in some way was affected or reported some type of opiate misuse or abuse.

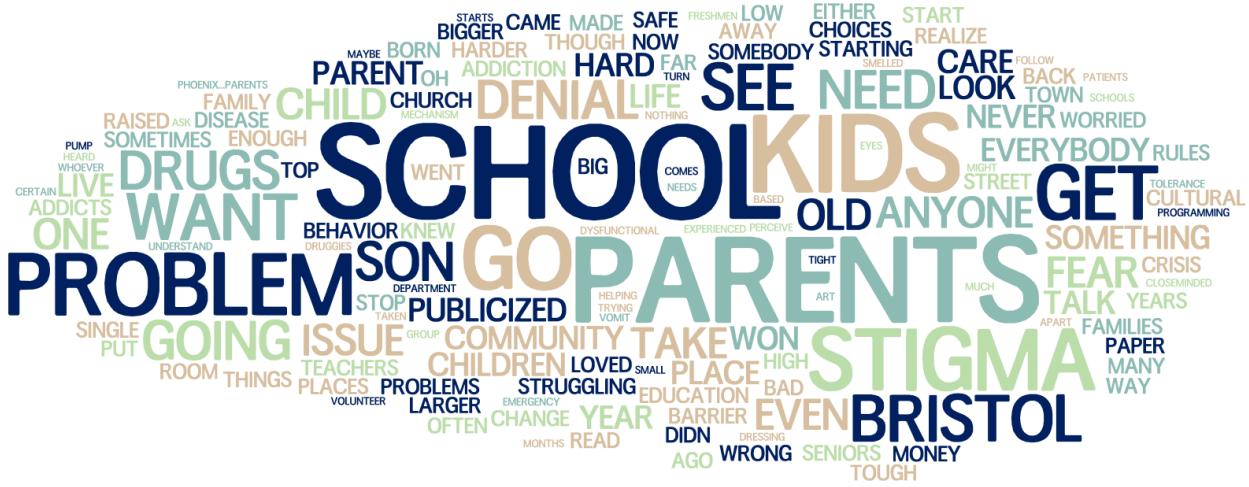
> *I hear from a lot of Bristol families that struggle with this issue but can't make it through the door, numbers have lost loved ones recently and throughout the years*

Participants from the senior center were concerned about other seniors who may have issues with opiates. Additionally, seniors noted personal experiences where prescribed opiates increased concerns for their medical health and safety. Some problematic effects of opiate use were discussed including interactions with other substances and the lack of alternatives for prescribed opiates. Individuals noted that they were unable to

transition to other forms of prescription medications due to cost and other insurance based barriers. Overall, individuals across groups seemed to be more concerned about overdose and death when discussing substances like heroin and fentanyl whereas there was more concern of improper use, overprescribing, or starting the trajectory of addiction when discussing pain medications.

> *I have had a problem with opiates, my doctor prescribed gabapentin but it was much more expensive the second month. I couldn't afford it so I had to go back to the opiates. It doesn't make any sense. It's a matter of supply and demand.*

***How do you think the Bristol community perceives people who have a problem with substance abuse, and opiate use in particular?***




> *Until people realize it's a disease there won't be any change. They look down on them and think they are bad people*

Across all focus groups participants agreed that Bristol residents maintain a resoundingly negative perception of individuals who suffer from an opiate addiction. All focus group participants cited stigmas that exist for individuals and even family members affected or affiliated with opiate abuse. For example, one participant noted that perceptions are often based in morality and judgment rather than a medical or behavioral dependency. Many participants discussed the denial of residents to acknowledge or accept the severity and the impact of the problem in Bristol. Fear and a lack of understanding were also discussed as sources of intense stigma. Specifically, the REST and EBRC groups noted that lack of knowledge regarding addiction as a disease may increase negative perceptions of Bristol residents. Some noteworthy terms used to describe opiate abusing individuals include low-life, junkies, and druggies. These terms epitomize the negative perceptions retained in the community.

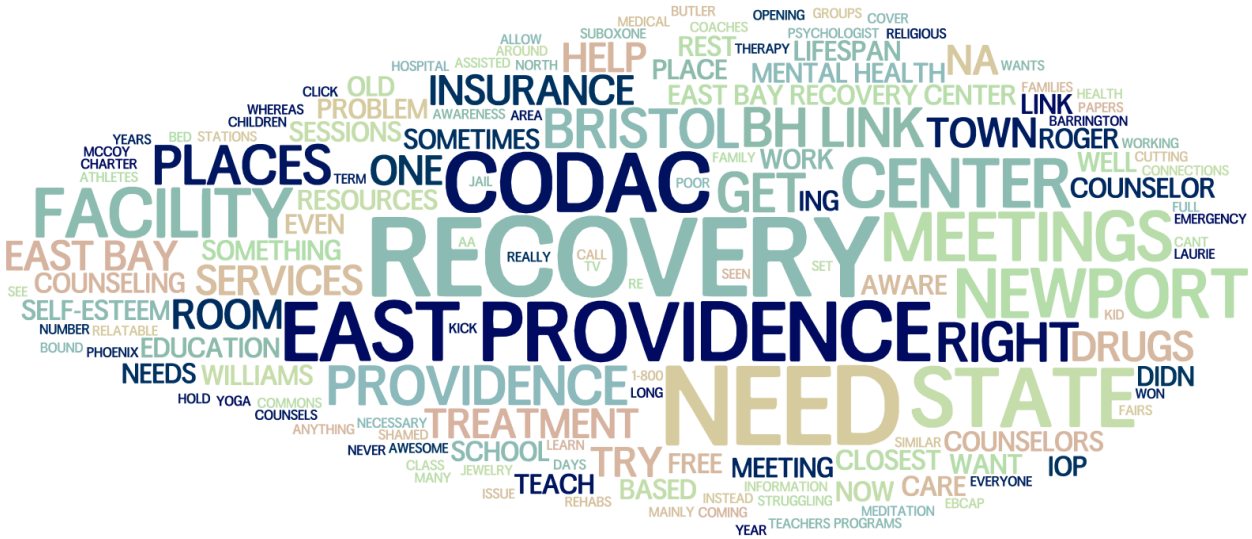
> *They don't understand that it's a disease. They often make it more moral than medical.*

Throughout the focus groups, participants reported that the negative perceptions expand beyond individuals to their family members. For example, participants discussed that parents are often judged based on their parenting styles and skills, which may lead to them feeling blamed for a child's addition. So much so, family members have cited

stigma as a barrier to seeking support from local resources.

Some participants discussed the levels of stigma to be based on generational beliefs. This is particularly noteworthy for Bristol, as many residents who were born and raised in the community often remain or move back to Bristol to raise their own families. Thus, the negative perceptions related to drug abuse and addiction has been a long standing issue in the community. Furthermore, many participants discussed the "bubble" mentality as a source of stigma, meaning the small-town atmosphere often leads to centralized gossip pertaining to residents due to the size and geographical location of Bristol.

*What resources or services are available for someone who has a substance abuse problem or a problem with opiates?*




It was stressed during all focus groups that there continues to be a lack of resources and services available locally in Bristol. In addition, participants noted that the lack of knowledge for available resources as well as lack of experience navigating the system was a significant issue for Bristol residents. In terms of available services, CODAC, Lifespan, BH Link and AdCare were commonly cited for available support services. Members from the senior center group noted that education and support services needed to be made available in the school setting from an early age, suggesting self-esteem building, like skills, and coping mechanism training particularly important. Unfortunately, the medical center group seemed to be the least informed about services and resources with many admitting they would not know where to refer a patient to if they were seeking assistance with opiate addiction. To summarize, all groups discussed the overarching need for more behavioral, substance abuse, and mental health services in the area.

> *There are a lot of families that don't know what a recovery coach is or what an IOP is - they think they have to go to a residential long term treatment facility but that's not the case for everyone.*

*What kinds of barriers or stigmas exist for people who need to access services for substance*

*abuse?*


> *I have been called so many things like junkie, worthless, hearing that so many times I have questioned myself… am I worth getting help*

As discussed previously, the high level of stigma that exists in Bristol creates a barrier for individuals and family members to seek services. For example, participants cited feelings of shame, embarrassment, low self-esteem, and fear of negative judgements as barriers for people to access services. In addition, the lack of available services or challenges navigating the available resources was reported as problematic. One participant commented that the lack of educated medical professionals is a barrier because they are not able to provide appropriate referrals or assistance in navigating resources.

> *Even physicians need more information on referrals…you would think that they would be educated, they need a list of referral sources*

Similarly, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) Meetings were discussed as resources. However, most participants agreed that not enough meetings were offered directly in the community. This sentiment was stressed by members of the EBRC group who also noted that more AA meetings are offered in Bristol when compared to NA meetings, citing that the stigma of illicit drug abuse such as opioids is stronger and more detrimental when compared to alcohol addiction. Moreover, this highlights that there is less tolerance and understanding of opiate addiction in Bristol.

Insurance was discussed as a barrier across all focus groups. Participants commented that the lack of insurance or financial resources to supplement insurance policies is a significant barrier. In addition, the lack of transportation was discussed as a barrier among participants. Many services exist outside of Bristol or even the East Bay area. In which case, individuals and families would require time, resources, and access to transportation in order to seek assistance.

> *If you don't have a ride, you don't have the money, you don't have the treatment, you can't follow up on the treatment*

Similarly, schedule conflicts, lack of affordable childcare, and seeking support from employers were also common barriers discussed.

*What are the health implications or risks associated with using opioids, including prescriptions and drugs?*


Overall, overdose and death were seen as the highest or most concerning risks associated with using opiates across groups. Members of the EBRC and medical community groups cited the most additional negative physical risks for opiate use. For example, the medical group reported that individuals using or abusing opiates are at higher risk for Hepatitis C, HIV, heart disease, liver disease, and neonatal exposure when pregnant. Participants from the other focus groups stressed other consequences that can affect various aspects of an individual's life. For example, negative effects on social relationships, decision making, legal issues, employment, housing, and mental health were also discussed. Members from the senior center focus group reiterated their concerns about dangerous interactions between prescribed medications. Thus, seniors often live in fear when prescribed opiates citing the lack of collaboration of care among prescribers.

> *Understanding of a lay person is that they know the immediate like overdose but not the secondary. Overdose is a small portion of it. They just see it as overdose.*

*What kind of educational messages do you think people need to hear about opiate misuse and abuse?*

As part of discussing the risks and consequences of opiate misuse and abuse, focus group participants were asked to discuss their thoughts on effective educational messages. Many participants discussed the need for more educational messages to describe addiction as a disease to better inform people of the problem. In addition, participants suggested that more education include the cycle of addiction, the risk of addiction occurring, and alternatives to pain management. Similarly, participants considered prevalence rates and severity of the problem an important message to convey particularly to Bristol residents. Above all, participants discussed current positive campaigns that are motivational and perceived to be effective. Thus, many participants suggested that efforts be made to promote messages of support and compassion to

counteract current barriers such as the pre-existing stigmas in the community.

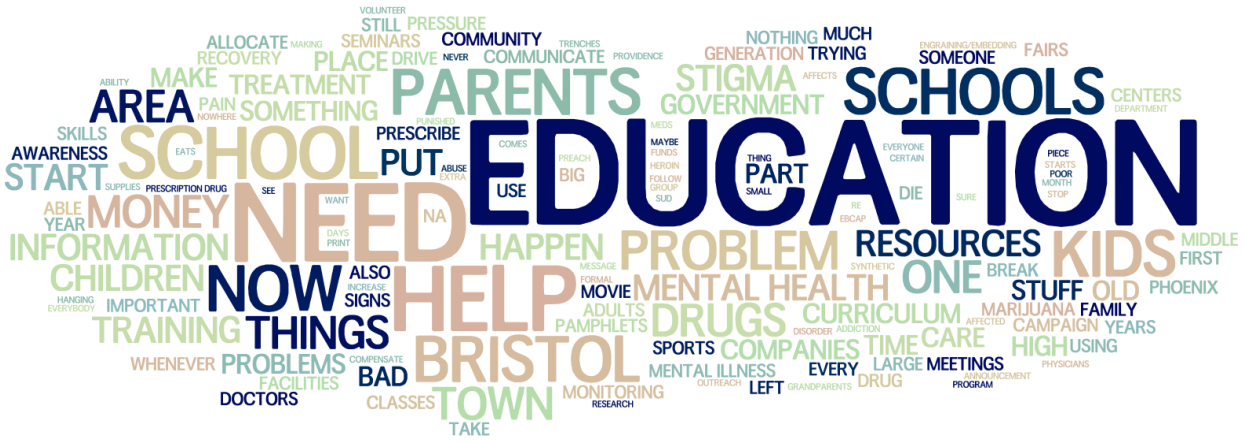
*Where do you think people in Bristol are most likely to go to obtain opiates?*


Perceptions regarding opiate access and availability varied widely across participants. Older adults considered youth to have the easiest point of access through schools, other adolescents, and family homes or medicine cabinets. Many participants reported that individuals were more likely to obtain opiates outside of the community in larger cities such as Fall River or Providence. Some participants discussed the prescribing practices by doctors, dentists, and other medical professionals as problematic. It was rare for participants to perceive availability locally in Bristol however, a few individuals noted awareness of access points in Bristol commons, local bars, and other locations in downtown Bristol suggesting that local dealers exist.

People's expectation of medication and pain management, narcotics should not be the option. Educate on all of the other options like chiropractic and massage.

Educate that it is a mental health issue, a disease of the mind, not that a person is bad or doesn't have enough will power - the mind actually rewires itself

*What do you think are the three most important things that can be done to address the problem of opiate abuse in Bristol?*




From the focus group participants' perspectives, the three most important things that can be done to address opiate abuse in Bristol were to increase education, awareness, and resources available. In terms of education, focus group participants stressed the need for more information about addiction, opiates, and prescription medications be provided to residents. As discussed previously, participants thought that education around the addictive nature of opiates as well as the cycle of addiction could be helpful to address the problem. Many participants stressed the importance of more education in the school environment and starting at an earlier age during middle school or even elementary school. One participant noted the importance of educating parents and youth together. In addition, more education related to mental health issues, services, and skills training were discussed. For example, an individual suggested that educational information pertaining to coping skills and strategies be provided in the school environment to better manage problems related to stress, anxiety, and depression.

> My concern is that there is not enough help… support groups, meetings, even for parents

In regard to awareness, participants suggested that prevalence and negative impacts of opiate misuse or abuse be more readily available in the community. For both education and awareness efforts, individuals stressed the importance of breaking down barriers and stigmas associated with opiate abuse. Many participants discussed increasing awareness of the association between mental illness and substance abuse or misuse. In addition, awareness efforts should be tailored to increase insight for stakeholders of the medical and local government sectors. Similarly, participants suggested to increase awareness of pre-existing resources, such as REST and EBRC services available. With that, most participants agreed that more mental health and substance abuse resources need to be made available in Bristol to address the opiate abuse problem. More treatment facilities, recovery centers, affordable counseling services, and local group support meetings were discussed across groups.

> *People in recovery speaking up, being a voice, so there's no shame, breakdown the stigma*