

Opioid Use Disorder in Delaware: Policies and Programs

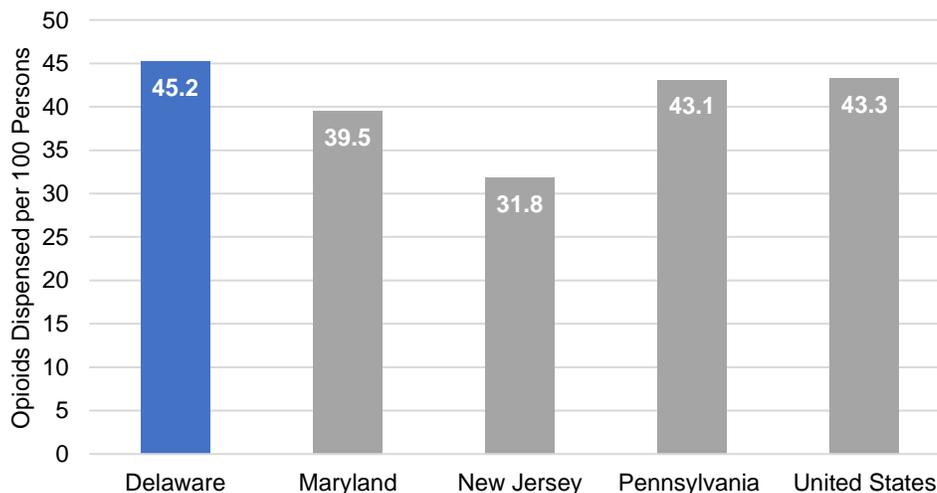
SNAPSHOT

Opioid use disorder in Delaware is part of a national trend of increasing use of opioids and overdose deaths. The opioid epidemic has raged nationwide for over a decade, claiming 69,710 American lives in 2020, compared to 21,088 in 2010¹. Such numbers underscore that the United States is in the midst of an opioid epidemic that has raged on for well over a decade. Delaware’s rates of opioid prescriptions, opioid use disorder (OUD) and opioid overdose deaths are all higher than the national average, highlighting the need for continued examination of the opioid epidemic at the local level.

Prescription opioids were involved in 28% of opioid overdose deaths in 2019, indicating that they are being used outside of their clinical use². Nationwide, there were 43.3 opioid prescriptions dispensed per 100 people in 2020, while Delaware saw a slightly higher than average dispensing rate of 45.2 per 100 people³. This rate is also higher than rates in neighboring states, as seen in Figure 1.

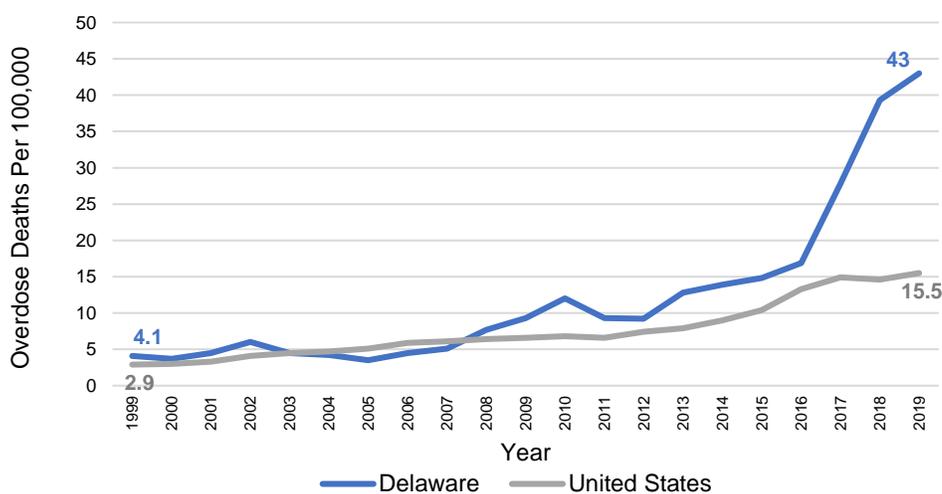
In addition to higher opioid dispensing rates, self-reported data indicates that opioid use disorder is more prevalent in Delaware than in the U.S. on average. In Delaware, 1.3% of individuals reported experiencing OUD within the past year, which is almost twice

Figure 1: Opioids Prescribed per 100 persons in Delaware, Neighboring States, and the United States, 2020



Source: Center for Community Research and Service, 2021. Data from the Kaiser Family Foundation.

Figure 2: Age-Adjusted Opioid Overdose Death Rate per 100,000 persons in Delaware and the United States, 1999-2019



Source: Center for Community Research and Service, 2021.
Data from the Centers for Disease Control and Prevention, Injury Center

as high as the national rate of 0.7%⁴. It is important to note that self-reported rates of substance use disorders (SUD) are likely lower than the actual prevalence of SUDs⁵.

Figure 2 demonstrates the marked increase in Delaware's opioid overdose mortality compared to the national rate, with the state's rate of mortality increasing 144% between 2011 and 2017⁶. In 2019, 387 Delawareans died of an opioid overdose; there were 355 opioid overdose deaths in 2018⁷. Although not included in this graph, 2020 saw a marked increase of drug overdose deaths over previous years across the United States.

The reach of overdose deaths hits every demographic, however, the highest rates of overdose deaths from opioids were among people 25-54 years old, higher among men than women, and higher among non-Hispanic White than non-Hispanic Black residents⁸. Among those who died of overdoses (of all substances) in 2019, 38.1% were experiencing unstable housing or were unhoused⁹, and in 2017, 35% had interacted with the Department of Corrections in the past year¹⁰.

To combat the epidemic, state and federal authorities have implemented reforms to increase access to treatment for substance use disorders (SUD) and opioid use disorders (OUD) specifically.

Delaware, like many other states, has instituted a variety of measures to address OUD with varying amounts of success. These efforts include the institution of prescription limits, increasing the number of beds in treatment centers, standing orders for naloxone, and the creation of care coordination organizations.

This brief provides an overview of Delaware's response to the prevalence of OUD within its borders. It goes on to discuss efforts to improve engagement in care and touches upon challenges that are faced in the provision of these services, including the COVID-19 pandemic response and documented weaknesses in the state's OUD programming. In doing so, the text describes the intergovernmental relationships among federal, state, and providers that form Delaware's opioid treatment system. These relationships work to increase opportunities for harm reduction

through prevention, treatment, and recovery from addiction.

PROGRAMS AND INITIATIVES

Delaware's network of resources for people with SUD and OUD is driven by evidence-based practices. From prevention education to overdose reversal trainings to ongoing care, the state of Delaware has expanded and changed its policies and programs in an attempt to reflect the needs of its population. The federal government has provided significant funding and changes in prescription policies to enable states, like Delaware, to expand their treatment options. One such grant program provided over \$3.5 million for planning to increase capacity of substance use treatment programs¹¹. In 2018, Johns Hopkins provided a blueprint for addressing opioid use disorder in the state, suggesting that Delaware use a data-supported plan of reforms to increase treatment capacity, engage higher risk populations in treatment, and incentivize high quality care providers, some of which have been taken up by the state, including expanded availability of Medications for Opioid Use Disorder¹².

START

Delaware START (Substance Use Treatment and Recovery Transformation) was launched in 2018 to expand access to care for those with SUD and OUD. The program involves primary care physicians in entry to treatment, and offers a wide array of services, including a psychiatric center, crisis intervention, prevention programs, treatment access centers, and outlining standards for treatment providers. The Delaware Treatment and Referral Network is made up of START participants, with the goal of speeding up the referral process so those seeking care receive it appropriately and efficiently.

Overdose System of Care Committee

State legislation enacted in 2018 created the Overdose System of Care Committee, a collection of professionals serving as advisors to the overdose system of care in the state, providing recommendations to improve operations and availability and delivery of services, as well as recommendations for the improvement of policy regarding the delivery of services with the goal of improving outcomes¹³.

Opioid Impact Fee

In 2019, Delaware passed an Opioid Impact Fee (SB 176), revenues from which go toward efforts to prevent overdose deaths and provide treatment services¹⁴. This fee is paid by the manufacturers of prescription opioid medications, not including buprenorphine because of its use in OUD treatments, in the amount of \$0.01 for each amount of the active ingredient equal to one milligram of morphine and is paid quarterly to a fund set up by state government. The funding is then distributed by the treasury on the advice and recommendations of the Addiction Actions Committee and the Behavioral Health Consortium. The Addiction Actions Committee is a public-private partnership including a variety of stakeholders and started by the Delaware Division of Public Health and the Medical Society of Delaware¹⁵. The Behavioral Health Consortium is a group of medical professionals, advocates, law enforcement officials, and state officials led by Lt. Gov. Bethany Hall-Long that provides advice on behavioral health issues¹⁶. As of the third quarter of 2020, the fee had raised \$700,000, which was distributed to stabilization programs. These programs provide housing and counseling to individuals leaving hospitalizations and transitioning to treatment programs, address transportation and transitional housing needs of people in recovery, cover the administrative costs of running the program,

and purchased 925 additional naloxone kits for community organizations¹⁷.

Medications for Opioid Use Disorder

Medications for Opioid Use Disorder (MOUD) involves the use of medications such as methadone or buprenorphine to reduce addiction and treat withdrawal symptoms of those in recovery from opioid use disorder¹⁸. These medications can be prescribed by providers in primary care settings to a limited number of patients per year per prescriber, typically 100 patients in the first year and 275 in the following years¹⁹. In 2016, the Comprehensive Addiction and Recovery Act was passed on a federal level, allowing nurse practitioners and physicians assistants to prescribe MOUD, increasing the accessibility of these effective and highly controlled treatments beyond the physicians enabled through the previous federal law, the Drug Addiction Treatment Act of 2000²⁰.

Delaware has made MOUD available as of 2019 to those who are seeking and maintaining recovery while incarcerated in state prisons, an expansion of a 2017 program that provided MOUD for specific incarcerated populations, an important step to support recovery²¹.

Barriers to Care

In 2018, the Bloomberg School of Public Health at Johns Hopkins and the Bloomberg American Health Initiative presented a blueprint designed to improve Delaware's provision of OUD treatment to the Department of Health and Social Services. This blueprint assessed the current status of OUD treatment and trends in use and mortality, as well as the barriers to care and support systems that prevented those with OUD from attaining existing services or recovery itself. Insecure housing and employment were identified as key barriers to treatment in this blueprint, which recommends that employment, housing, and treatment be co-located if feasible²². They also highlight that abstinence

requirements from substance use pose a barrier to accessing existing housing and employment programs.

Nationwide efforts to increase treatment facility capacities have illuminated another challenge to improving a state's opioid crisis response: neighborhood backlash to proposed siting of facilities. Concerns about property values, community development, and public safety have been raised in response to proposed inpatient and outpatient treatment centers. Attitudes and perceptions around treatment centers and those who seek treatment can become barriers both to the expansion of a region's capacity for providing addiction care and to an individual's likelihood of seeking treatment²³.

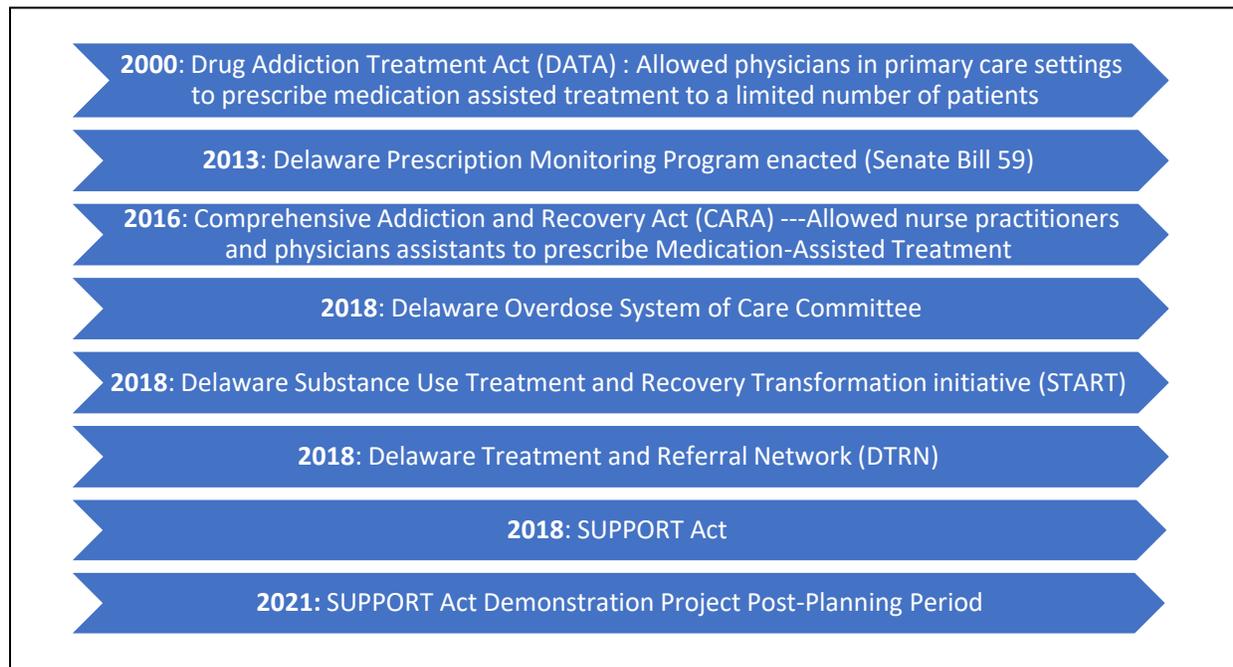
OUTREACH AND ENGAGEMENT, AND CARE COORDINATION

Getting patients into treatment, keeping them in treatment, and making sure people do not fall through the cracks is a major challenge. The following are some of the programs and steps that have been taken by the state of Delaware to address substance use disorders.

Bridge Clinics

Bridge Clinics are a partnership between the Division of Substance Abuse and Mental Health (DSAMH) and community partners that connects patients with mental health and substance use disorder screening and treatment recommendations, on-site clinicians, assistance with navigating the system of care, and training for naloxone use (overdose reversal medication, also known as Narcan). Transportation services are available for those seeking care to increase accessibility, especially among those in high-risk populations²⁴.

TIMELINE OF FEDERAL AND STATE OF DELAWARE LEGISLATION ON OPIOID TREATMENT AND ACCESSIBILITY



Help is Here

The Help is Here database of mental health, prevention, addiction, treatment, recovery and provider resources helps clients to find and utilize local services²⁵. During the COVID-19 pandemic, urgent messages from the portal's homepage have advised clients where to go if experiencing an overdose crisis, or to contact 833-9-HOPEDE.

Hero Help

The Hero Help program (a partnership between the Division of Police, the Delaware Department of Justice and DSAMH) allows an officer to offer either treatment or arrest when responding to a possession charge or overdose²⁶.

Project Engage

Initiated in 2008 by ChristianaCare, this project aims to provide early intervention in SUD treatment through connecting hospital patients with problematic alcohol or drug use to services. They utilize a peer-to-peer

collaborative approach to embrace healing with motivational interviewing and peer support through the challenging decision to seek help and navigate the available resources²⁷.

Mobile Crisis Intervention Teams

There are two mobile crisis intervention teams operated by the Delaware Division of Substance Abuse and Mental Health, one serving the northern part of the state and the other serving the southern part of the state²⁸. These teams travel to provide emergency services on site to individuals experiencing substance use and mental health crises, connecting them to stabilizing services and treatment options.

If you or someone close to you needs immediate help related to opioid use, please contact the mobile care and crisis line at

1-833-9-HOPEDE

For more information on these programs, please see the websites below:

Bridge Clinics: www.helpisherede.com

Help is Here: www.helpisherede.com

Hero Help: www.nccde.org

Project Engage: <https://christianacare.org/services/behavioralhealth/project-engage/>

Mobile Crisis Intervention Teams: <https://www.dhss.delaware.gov/dhss/dsamh/treatment.html>

Community Substance Overdose Support (SOS) Program:
<https://christianacare.org/services/communityhealth/community-sos/>

SOS

ChristianaCare, Connections and New Castle County created the Community Substance Overdose Support (SOS) Program to offer support to those with opioid use disorder. Community SOS engagement specialists connect with individuals via phone and, when necessary, in person to discuss how they can help support their recovery through education, opioid antagonist (Naloxone/Narcan) trainings, and connection to counseling resources, referrals to medically assisted treatment programs, and transportation arrangements to facilitate access to treatment.

Gaps in Service

Despite the addition of these and other programs, advocates have called on Delaware to take more drastic steps that would be commensurate to the state's high mortality levels. With the notable exception of Brandywine Counseling and Community Services, there has been little public advocacy for harm reduction approaches to addressing opioid use and its outcomes, and no organizations have publicly voiced support for overdose prevention centers.

Additionally, geographical disparities in the availability of care have been noted, with access to treatment and other substance

use services being less available in Kent and Sussex counties²⁹, despite these counties having high concentrations of overdose fatalities³⁰.

Illustrating this gap in services, advocate Jordan McClements describes, from a user perspective, how "When I shot heroin, I never had a clean needle. There wasn't any access to clean needles. Every time I shot heroin, or speedballs, I had to share a needle – just like everyone I ever met that shot drugs in Delaware³¹."

THE IMPACT OF COVID-19

The COVID-19 pandemic has presented additional challenges for those with OUD and those who provide services to this population nationwide and within Delaware. Concerningly, 2020 saw a significant increase in all drug overdose deaths from the year prior, and approximately 80% of overdose deaths were related to opioids³². Increased stress and feelings of isolation during stay-at-home orders have been identified as possible causes for the increase in overdose deaths³³, as well as an increase in substance use more generally³⁴. The change in opioid sources as behaviors changed may have also led to an increase in the number of individuals using opioids that may have been mixed with fentanyl or

be of a different strength than they had used previously³⁵.

Those experiencing OUD are often at a higher risk for contracting the coronavirus, and experiencing serious complications or death, than their peers without OUD, particularly if they live in group settings or gather with others or have certain comorbid conditions³⁶. Given that previous messaging about safe use has included recommendations to not use opioids alone to prevent fatal overdose, efforts to mitigate harm have changed to reduce the potential for COVID-19 transmission while still providing social support systems for those with OUD. Federal guidelines allowed for relaxed prescription limitations for methadone, suboxone, and buprenorphine, as well as utilizing telehealth services to limit face-to-face contacts between providers and patients utilizing recovery support systems³⁷.

LOOKING AHEAD

Opioid use disorders are complex issues that are often misunderstood and stigmatized. While opioid use is present in all demographics, treatment is often stratified along economic lines because of the cost of treatment. Continued research can aid in understanding who is in need and what services would be most effective to save lives in Delaware. The Center for Community Research and Service (CCRS) at the University of Delaware is active in the multi-state collaborative led State University Partnership Learning Network (SUPLN) and the Medicaid Outcomes Distributed Research Network (MODRN), both steered by AcademyHealth, to track opioid metrics

both within individual states and provide multi-state Medicaid data analyses.

The [Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities \(SUPPORT\) Act](#) was a federal effort to provide 18-month planning grants to state Medicaid agencies that are looking to expand Medicaid delivery of substance use treatment and recovery services. Delaware was one of 15 recipient states and with the goal to use this funding to increase the capacity for data analysis relating to substance use disorders, redesign the reimbursement rates for substance use treatments, expand the number of providers for medically assisted treatments, and engage stakeholders in existing programs. Delaware was one of five states to subsequently receive a demonstration grant to begin to implement these plans³⁸. Lessons learned during the COVID-19 pandemic also support the creation of telehealth and remote support system networks in anticipation of future public health crises³⁹. CCRS is a participant in the important work being done by Delaware's Division of Medicaid and Medical Assistance's work under this grant, and is also collaborating with John Hopkins in research regarding opioid use among those who were recently incarcerated.

Policy implications of this work can result in life saving and life altering improvements in service provision and treatment access for Delawareans living with opioid use disorder, and the information contained in this brief may aid in understanding the current resources for combatting OUD in Delaware to aid in finding direction for further action to address this pressing health crisis.

This report was produced by the University of Delaware Center for Community Research and Service (CCRS), specifically the Medicaid Research Program. The mission of this research team is to obtain and maintain data on health care services, and to carry out research which can lead to improvements in the quality, effectiveness, efficiency, availability, and affordability of health care services in Delaware and beyond.

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The contributors acknowledge Mary Joan McDuffie, Stephen Metraux, and Jordan McClements for their input on drafts of this brief. Please contact Emily Loughlin (emlou@udel.edu) or Erin Nescott (eplynych@udel.edu) with any questions or for more information.

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