REGION V SYSTEMS

Promoting Comprehensive Partnerships in Behavioral Health

Region V - Opioid Needs Assessment

Link to Report

14 January 2025

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

From Harm to Healing: Promoting Wellbeing for People Experiencing Opioid Related Health Challenges

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

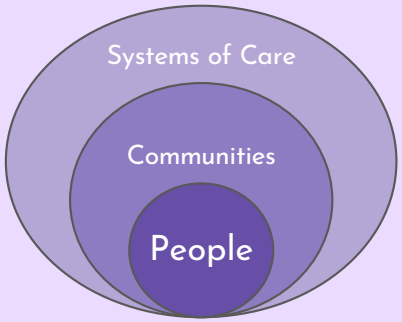
What is the vision of well-being we seek for opioid impacted people and communities?

INSTRUCTIONS:
Click the link or use the QR code to enter words or phrases that describe the ideal state:
https://www.menti.com/alr2u3kon8f3

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

How are we doing right now?

- Description of Community & Trends in Opioid Use
- Community Perceptions / Themes
- Recovery Services and Resources
- Local Capacity / Systems of Care



INSTRUCTIONS: As we review each section of findings, please make note of what stands out to you and where you see opportunities emerging. After each section, we will pause to debrief and capture our initial thoughts.

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

Description of Community and Opioid Use

Quantitative Data Sources

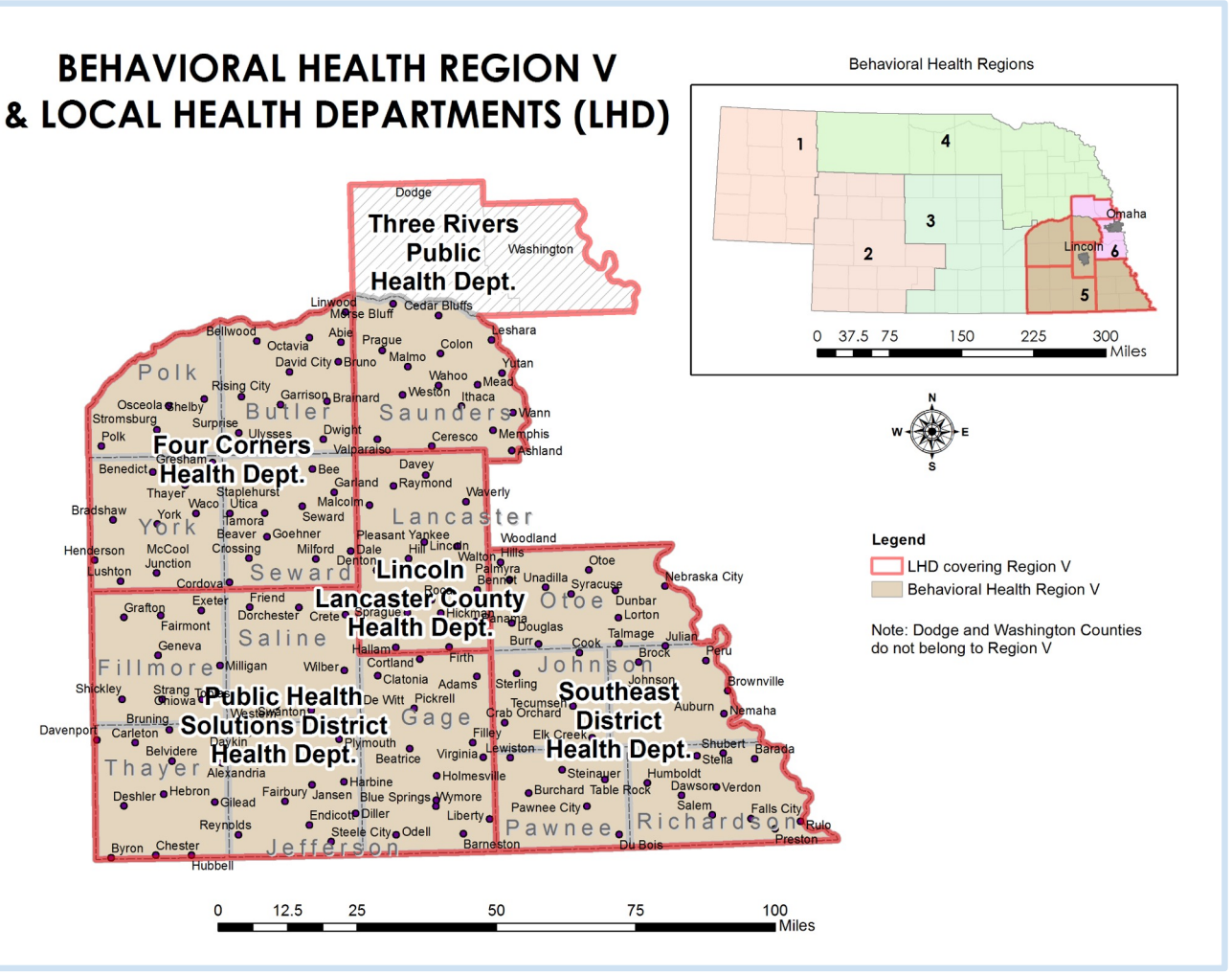
Social Determinants of Health (SDOH)

- Census Bureau. American Community Survey (ACS)
- U. of Wisconsin. County Health Rankings
- U. of Wisconsin. Area Deprivation Index (ADI)

Opioid Related Data

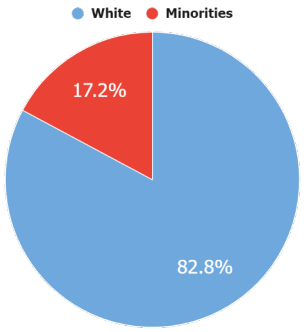
- NE DHHS: Behavioral Risk Factor Surveillance System (BRFSS) Opioid Misuse. Drug Overdoses
- Nebraska Pharmacists Association: Online Narcan Orders
- Centers for Medicare and Medicaid Services (CMS) Medicare Part D Opioid Drug Mapping Tool.
- CDC State Unintentional Drug Overdose Reporting System (SUDORS)
- Bureau of Sociological Research (BSOR)/Rural Drug Addiction Research Center (RDAR). Nebraska Annual Social Indicators Survey **(NASIS)**

Geography & Demographics - Region V

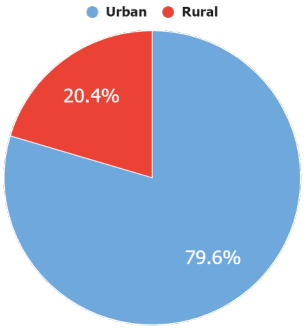


Metric Region V	Count
Total Population	482,236
Counties	16
Number of LHDs	5
Total Communities	155

24.6% of the population in Nebraska

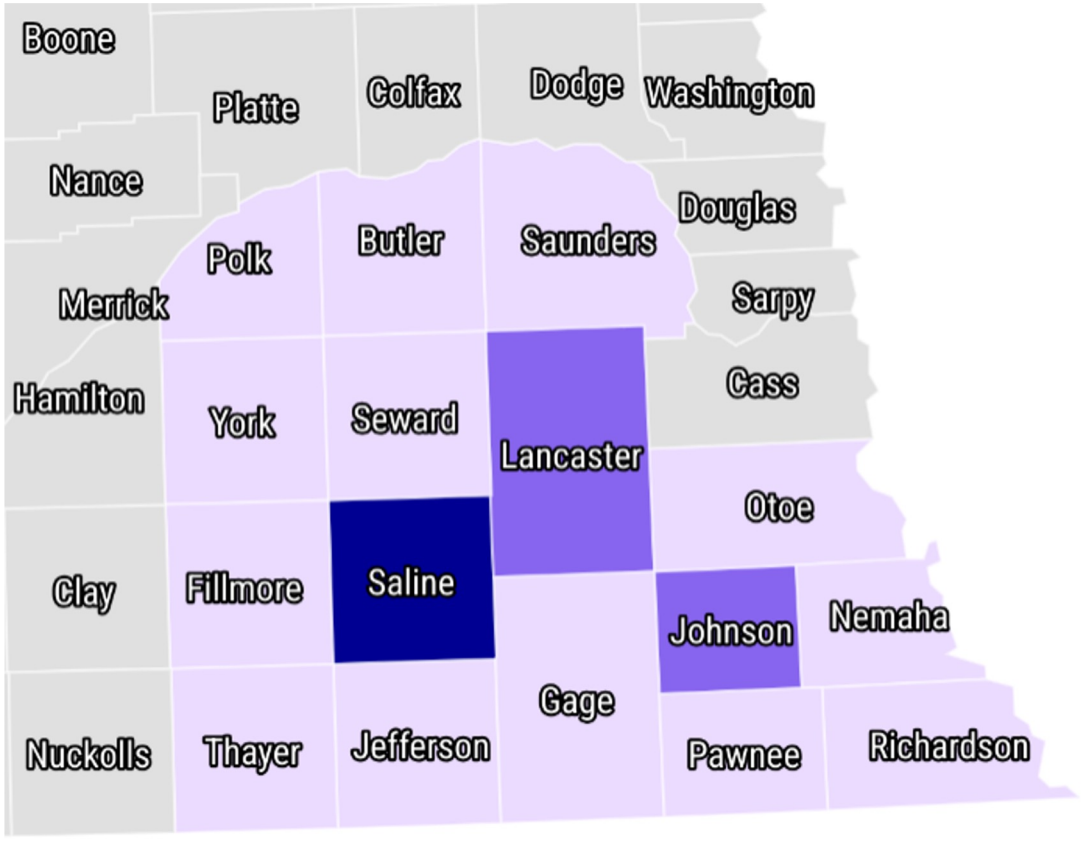


Minorities	Percent
Hispanic or Latino (of any race)	7.2%
Two or More Races	3.7%
Asian alone	2.9%
Black or African American alone	2.7%
American Indian and Alaska Native alone	0.3%
Some Other Race alone	0.2%
Native Hawaiian and Other Pacific Islander alone	0.05%

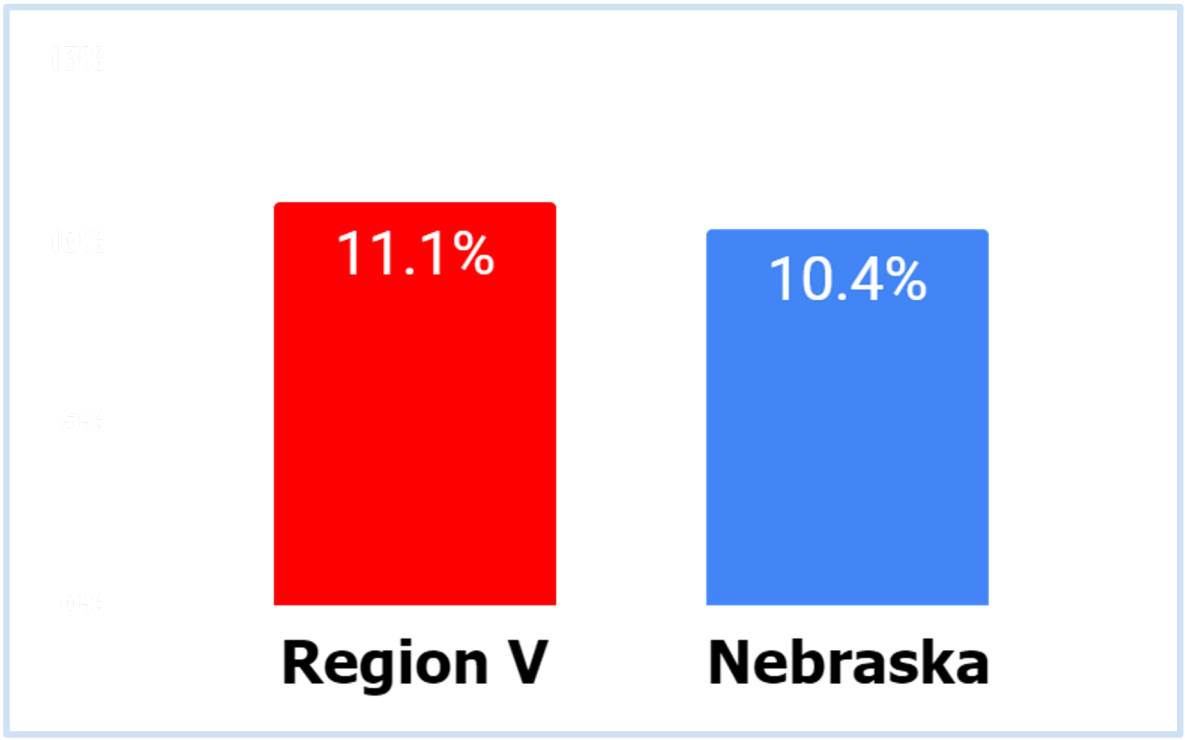


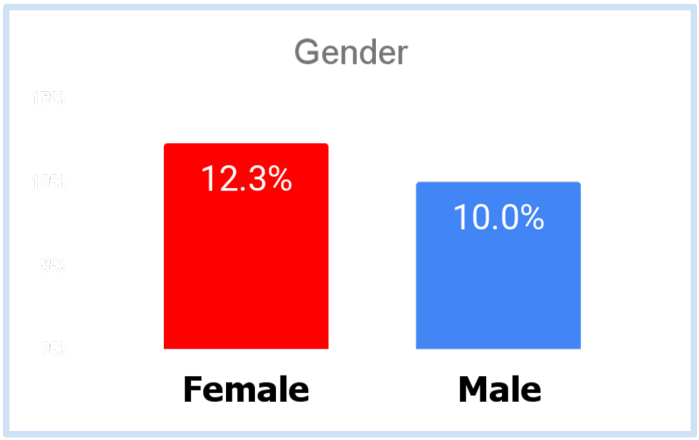
Minorities (%) by County - Region V

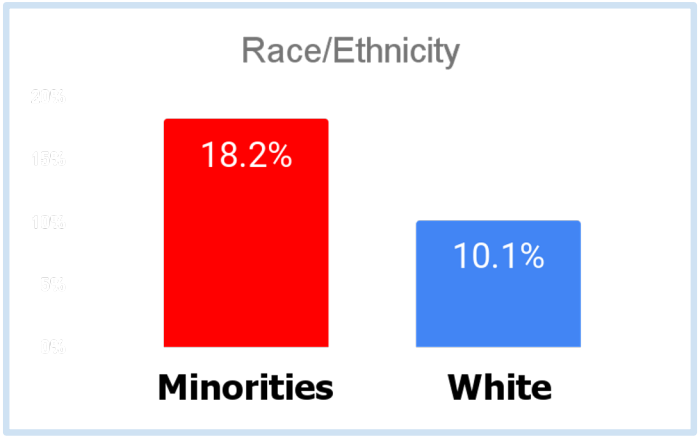
County	% Minority	Urban/Rural Classification
Saline	32.7	Rural
Lancaster	20.4	Urban Large
Johnson	20.2	Rural
Otoe	13.3	Rural
York	10.2	Rural
Nemaha	9.7	Rural
Polk	9.3	Rural
Richardson	8.8	Rural
Butler	8.6	Rural
Jefferson	8.1	Rural
Fillmore	6.8	Rural
Gage	6.8	Urban Small
Thayer	6.2	Rural
Pawnee	6	Rural
Saunders	6	Urban Large
Seward	5.6	Urban Large
Region V	**17.2**	
Nebraska	**22.9**	



Poverty - Region V

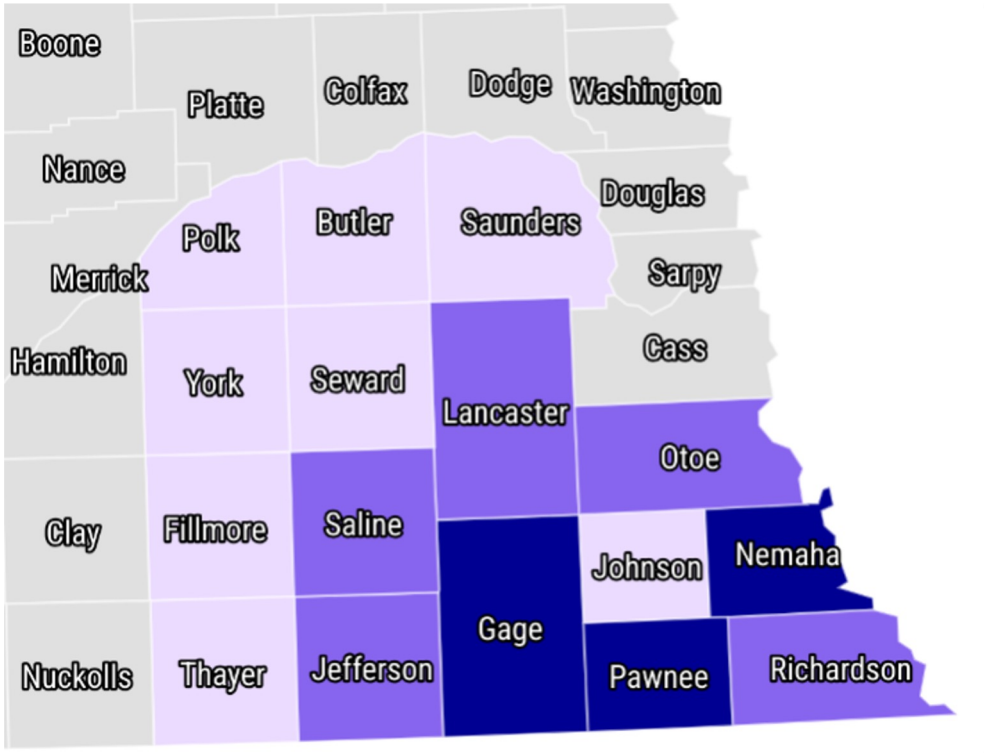






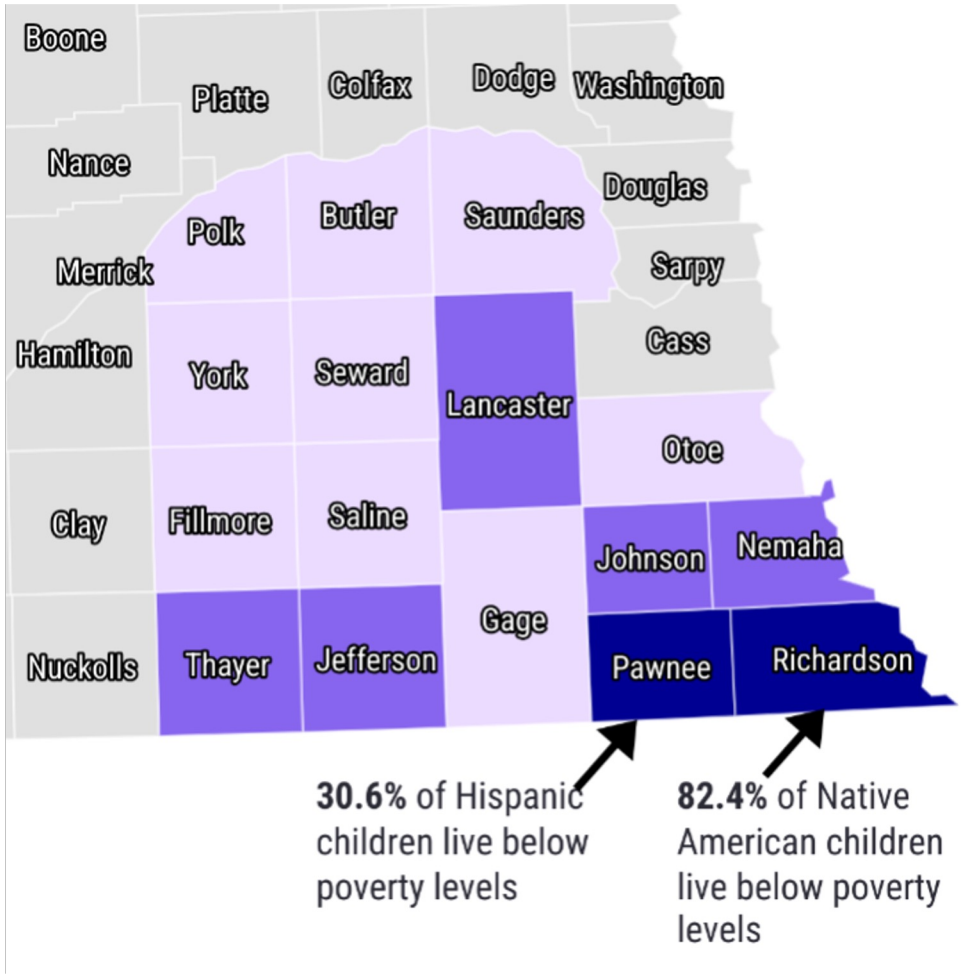
Poverty (%) by County - Region V

County	Percentage poverty level
Nemaha	15.3
Gage	13.4
Pawnee	13.3
Lancaster	11.8
Otoe	11.4
Saline	11.3
Jefferson	11.1
Richardson	10.9
Thayer	9.7
York	9.3
Butler	7.9
Polk	7.7
Fillmore	7
Seward	6.8
Saunders	6.7
Johnson	6.1
Region V	**11.1**
Nebraska	**10.4**

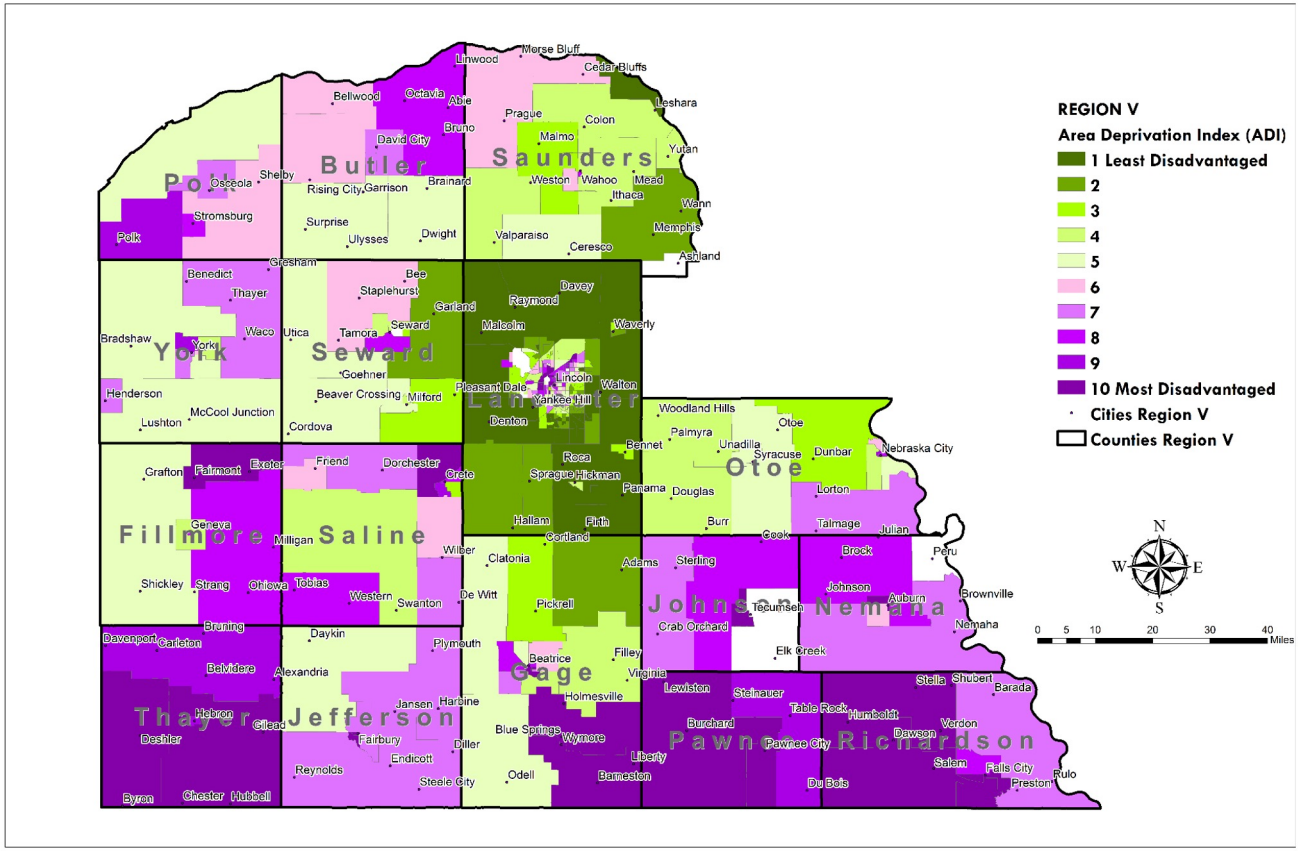


Children in Poverty by County - Region V

County	Children percentage poverty level
Pawnee	20.6
Richardson	16.2
Nemaha	15.2
Jefferson	14.9
Johnson	14.4
Thayer	14.1
Lancaster	13.7
York	12.9
Gage	12.7
Fillmore	11.7
Otoe	10.9
Saline	10.6
Butler	10.5
Polk	9.7
Saunders	7.6
Seward	7.3
Region V	**12.9**
Nebraska	**13.5**



Area Deprivation Index (ADI) by Census Block Groups - Region V



The Area Deprivation Index (ADI) is a multidimensional measure* designed to capture the socioeconomic conditions at the census block group level. It is used to evaluate neighborhood-level disadvantage and its impact on health outcomes.

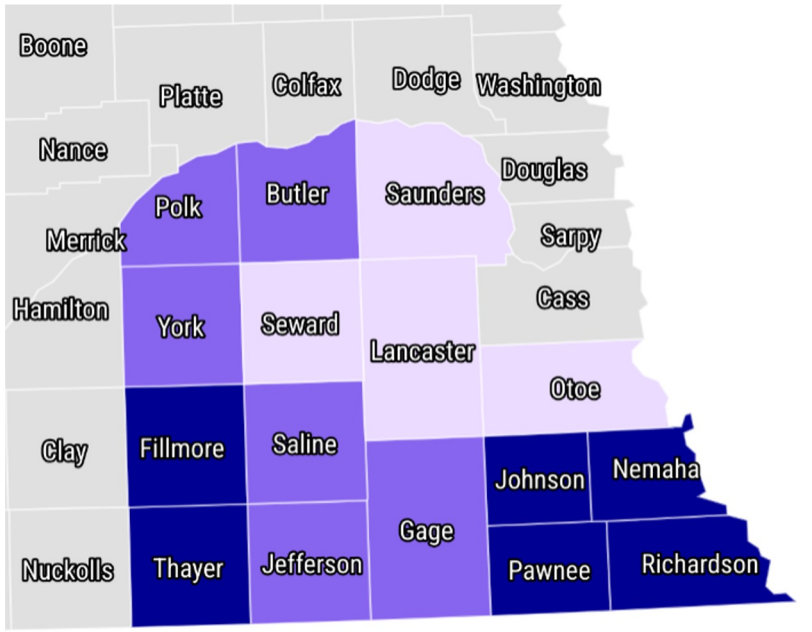
* Socioeconomic status, including income, education, employment, and housing quality

Nearly one fourth (23.3%, 84 out of 360) of the census block groups are ranked between 8 to 10 as the most disadvantaged neighborhoods in Region V (highlighted in purple on the map).

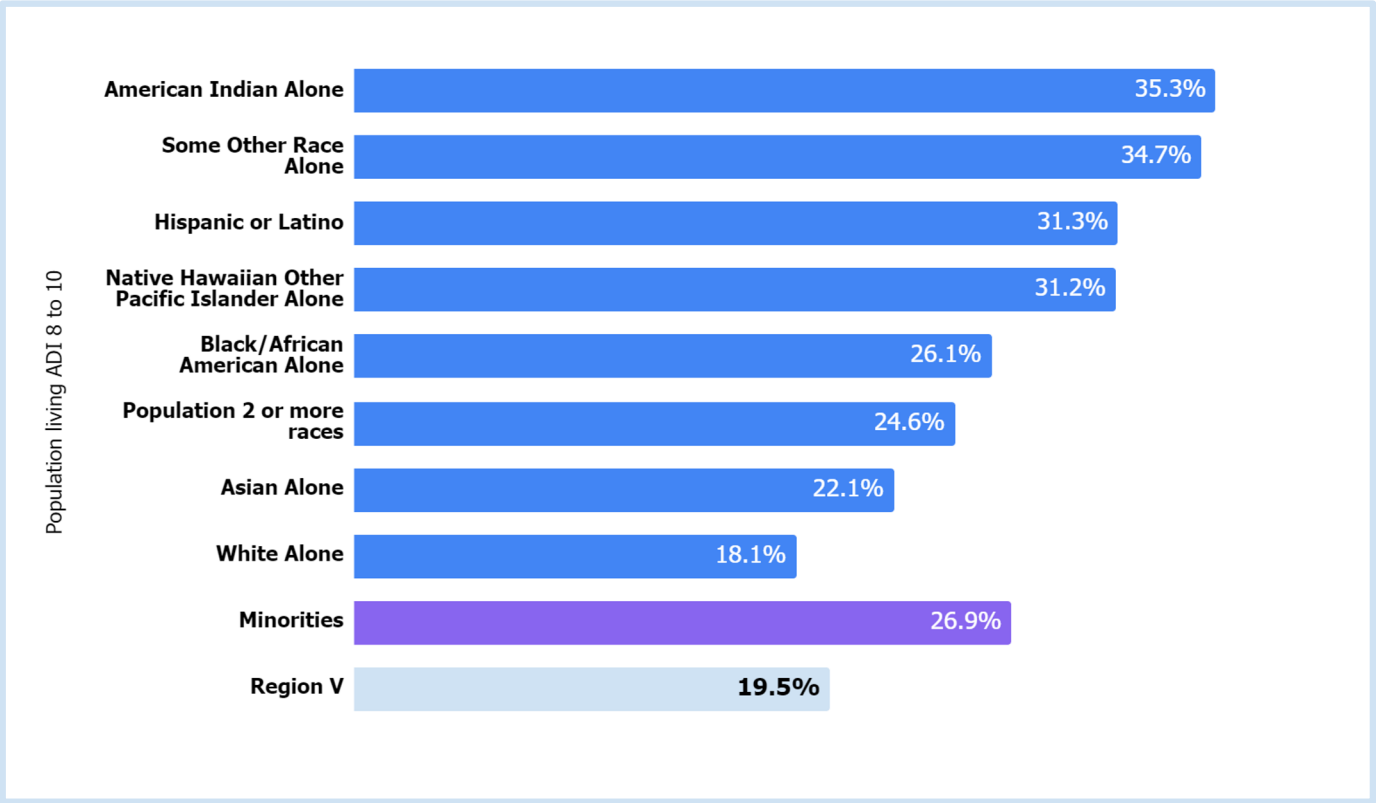
Area Deprivation Index (ADI) by County - Region V

County	Median ADI 2022	ADI category
Pawnee	10	Most Deprived (10th Decile)
Richardson	10	Most Deprived (10th Decile)
Thayer	9.5	Extremely High Deprivation (9th Decile)
Fillmore	8	Very High Deprivation (8th Decile)
Johnson	8	Very High Deprivation (8th Decile)
Nemaha	8	Very High Deprivation (8th Decile)
Gage	7	High Deprivation (7th Decile)
Jefferson	7	High Deprivation (7th Decile)
Polk	7	High Deprivation (7th Decile)
Saline	7	High Deprivation (7th Decile)
York	7	High Deprivation (7th Decile)
Butler	6	Moderately High Deprivation (6th Decile)
Otoe	5	Moderate Deprivation (5th Decile)
Lancaster	4	Moderately Low Deprivation (4th Decile)
Saunders	4	Moderately Low Deprivation (4th Decile)
Seward	4	Moderately Low Deprivation (4th Decile)
Region V	**5**	**Moderate Deprivation (5th Decile)**

The ADI median value for Region V was estimated to be 5 (moderate deprivation - 5th decile). ADI median values for each county were ranked from highest (10 - most deprived - 10th decile) which included Pawnee, Richardson, Johnson, Nemaha, Fillmore, and Thayer counties, to the lowest (4 - moderately low deprivation) which included Lancaster, Saunders, and Seward counties.



Race/ethnic Distribution of the Population Living in ADI between 8 to 10 in Region V

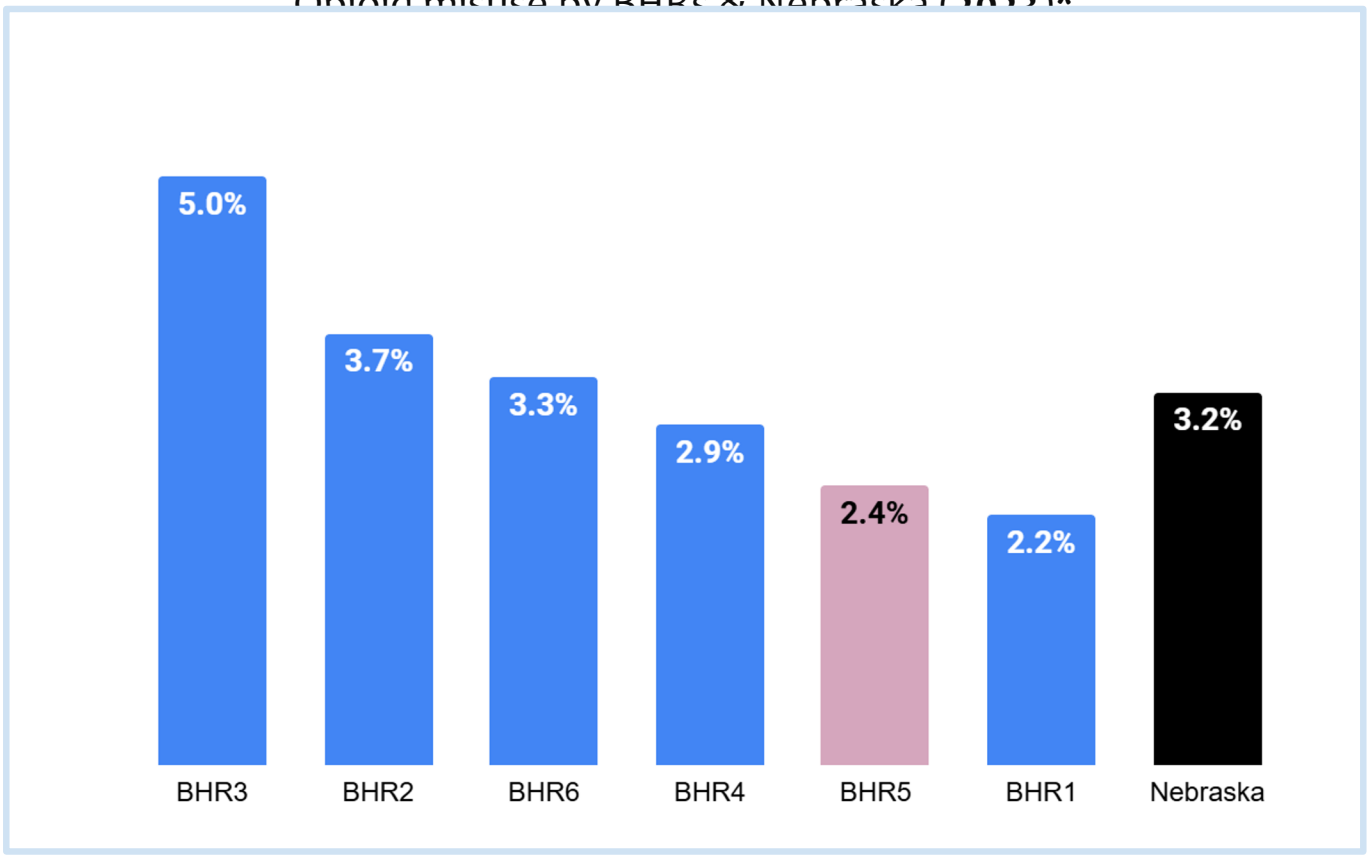


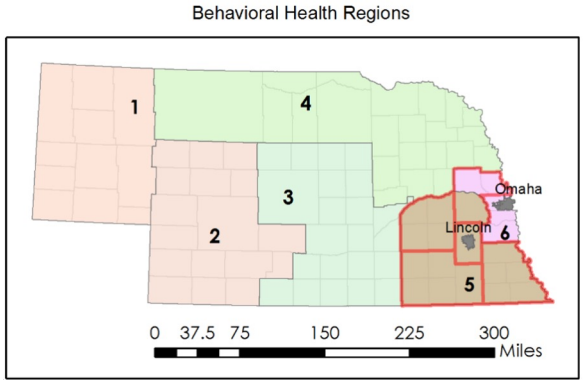
Native Americans are most likely to live in deprived neighborhoods (35.3%), followed by Some Other Race (34.7%), and Hispanic/Latino (31.3%).

Overall, 26.9% of **minorities** live in the most deprived neighborhoods compared to 18.1% of the White population in Region V.

BRFSS Opioid Data - BHRs & Nebraska

Behavioral Risk Factor Surveillance System

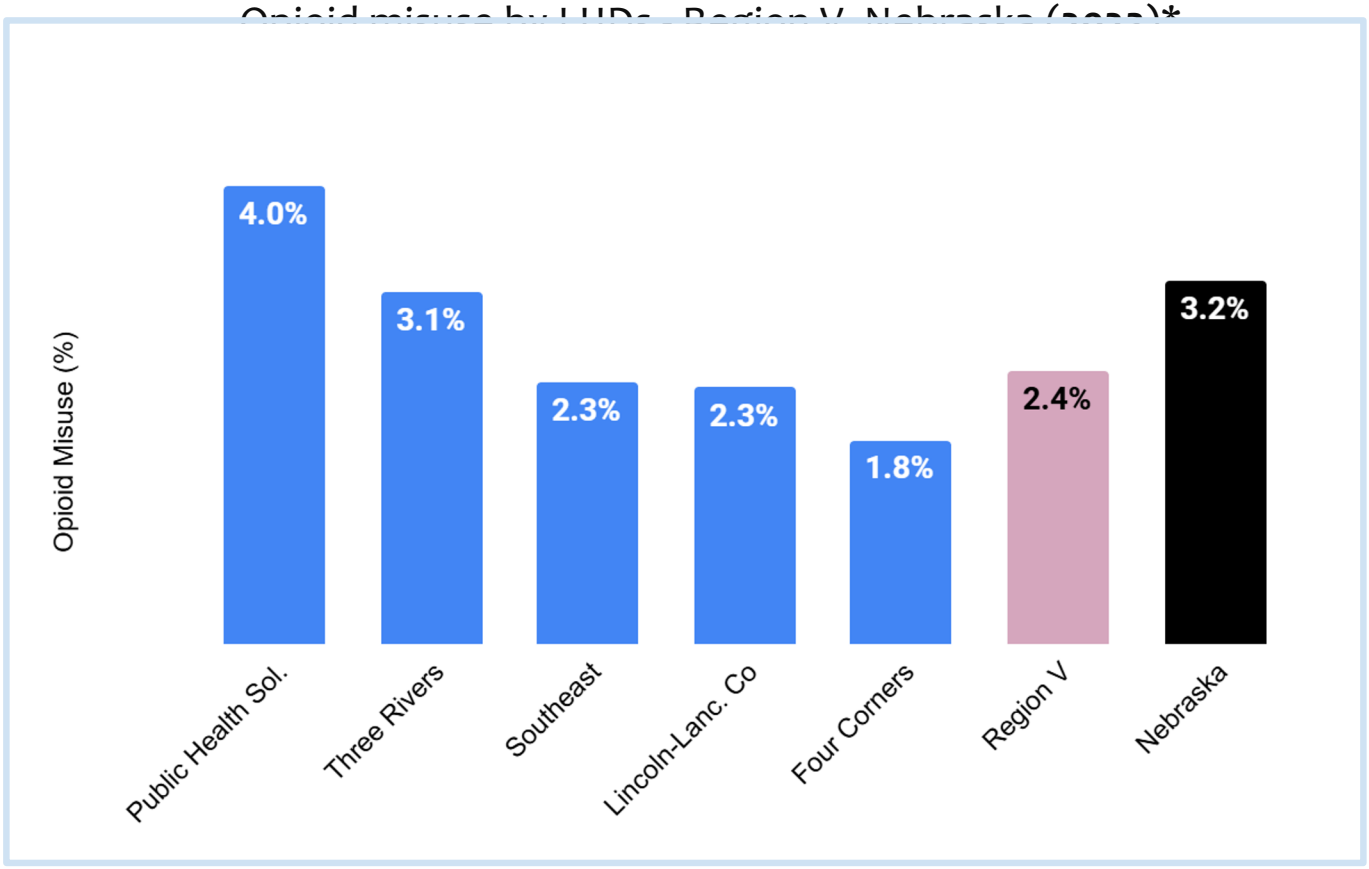


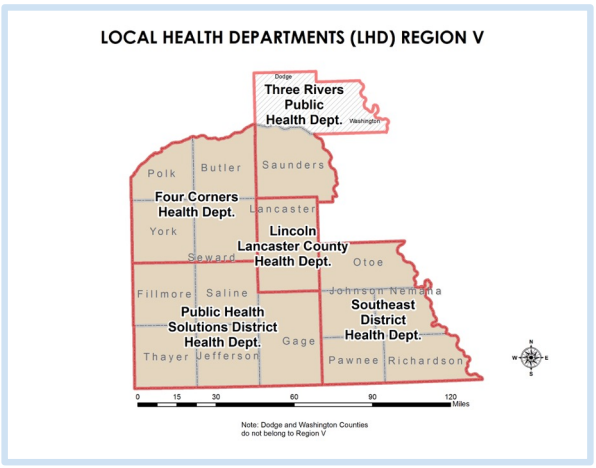


(* Age not adjusted. Data not officially released by NE DHHS)

BRFSS Opioid Data - LHDs - Region V, Nebraska

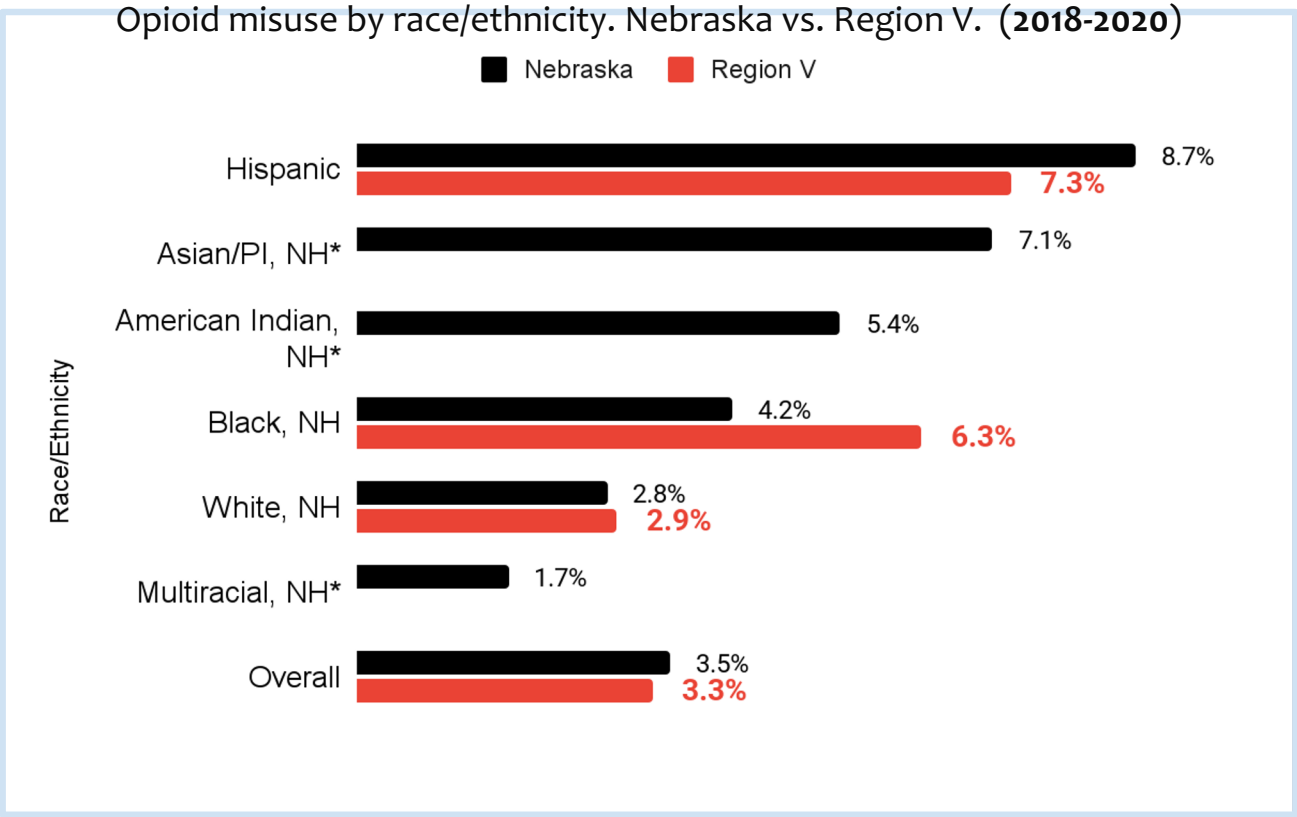
Behavioral Risk Factor Surveillance System





(* Age not adjusted. Data not officially released by NE DHHS)

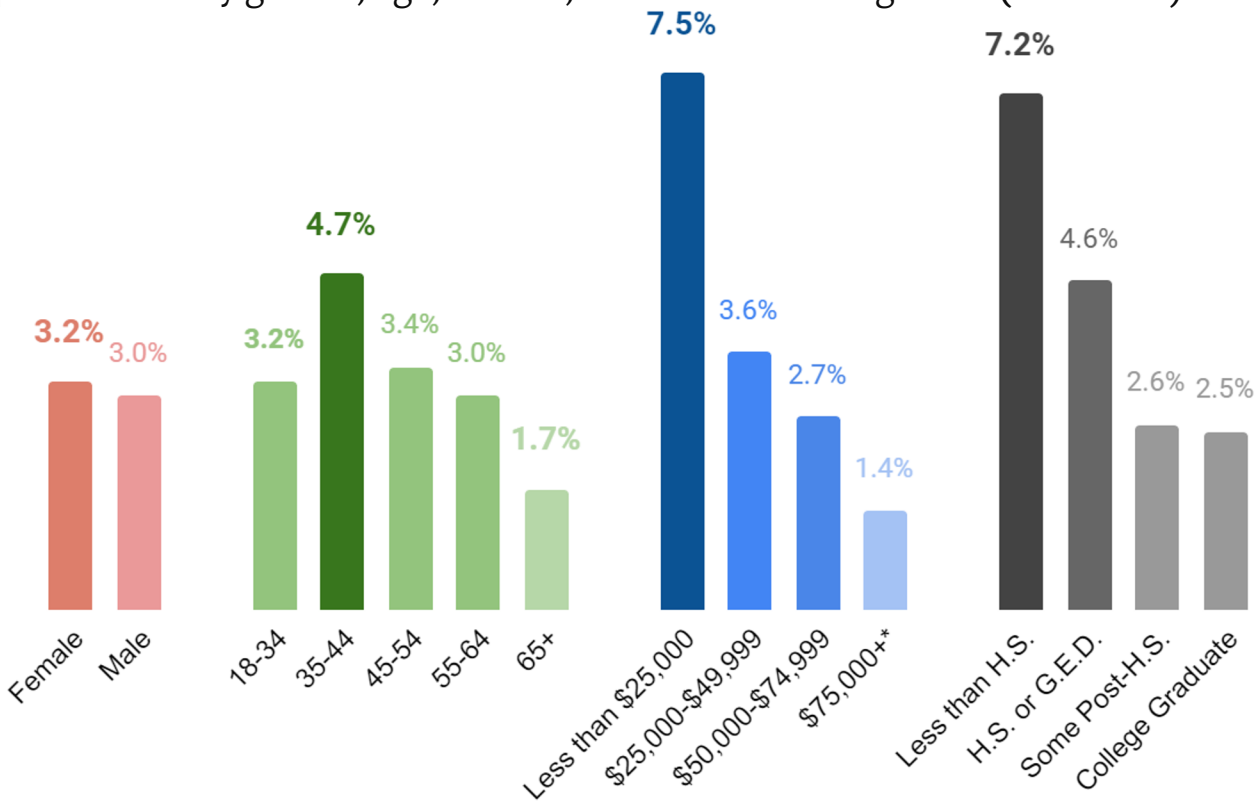
BRFSS Opioid Data - Race/Ethnicity - Region V & Nebraska



The **Hispanic population** had the highest opioid misuse prevalence when compared to other races/ethnicities across Nebraska and in Region V. Hispanics were **2.5 times more likely** to report opioid misuse than the White population in Region V (7.3% vs. 2.9%, respectively)

BRFSS Opioid Data - Demographics Region V

Opioid misuse by gender, age, income, and education - Region V. (2018-2020)



Females had a slightly higher opioid misuse prevalence when compared to males in Region V (3.2% vs. 3.0%, respectively). The **35-44 age group had the highest opioid misuse prevalence** when compared to the rest of the BHRs within that age group. Individuals with low income and low educational attainment had the highest opioid misuse prevalence rates in Region V.

BRFSS Opioid Data - Demographics LHDs Region V

Gender	Four Corners	Lincoln - Lancaster County	Public Health Solutions	Southeast	Three Rivers
Female	3.8%	3.3%	3.6%	1.7%	2.9%
Male	2.3%	2.9%	2.3%	4.5%	3.4%

Race/ ethnicity	Four Corners	Lincoln - Lancaster County	Public Health Solutions	Southeast	Three Rivers
White, NH	2.9%	2.8%	2.3%	2.7%	3%
Black, NH	**	6.5%	**	**	**
Asian/PI, NH	**	**	**	**	**
American Indian, NH	**	**	**	**	**
Multiracial, NH	**	**	**	**	**
Hispanic	**	7.9%		**	6.5%

Income	Four Corners	Lincoln - Lancaster County	Public Health Solutions	Southeast	Three Rivers
Less than $25,000	2.3%	8.1%	8.4%	4.7%	6%
$25,000-$49,999	1.9%	3.7%	2.3%	4.8%	4.2%
$50,000-$74,999	6.7%	1.9%	3.7%	2%	0.8%
$75,000+*	2.2%	1.4%	0.9%	1.8%	2.1%

Opioid misuse by gender, race/ethnicity, age, income, and education by LHD - Region V. (2018-2020)

Age	Four Corners	Lincoln - Lancaster County	Public Health Solutions	Southeast	Three Rivers
18-34	3.2%	3.3%	1.8%	0.9%	6.9%
35-44	1.7%	5.9%	4%	3.5%	1.6%
45-54	2.2%	2.5%	7.2%	6.9%	1.5%
55-64	4.4%	3.2%	1.7%	3.1%	2.7%
65+	3.4%	1%	2.4%	2.4%	1.6%

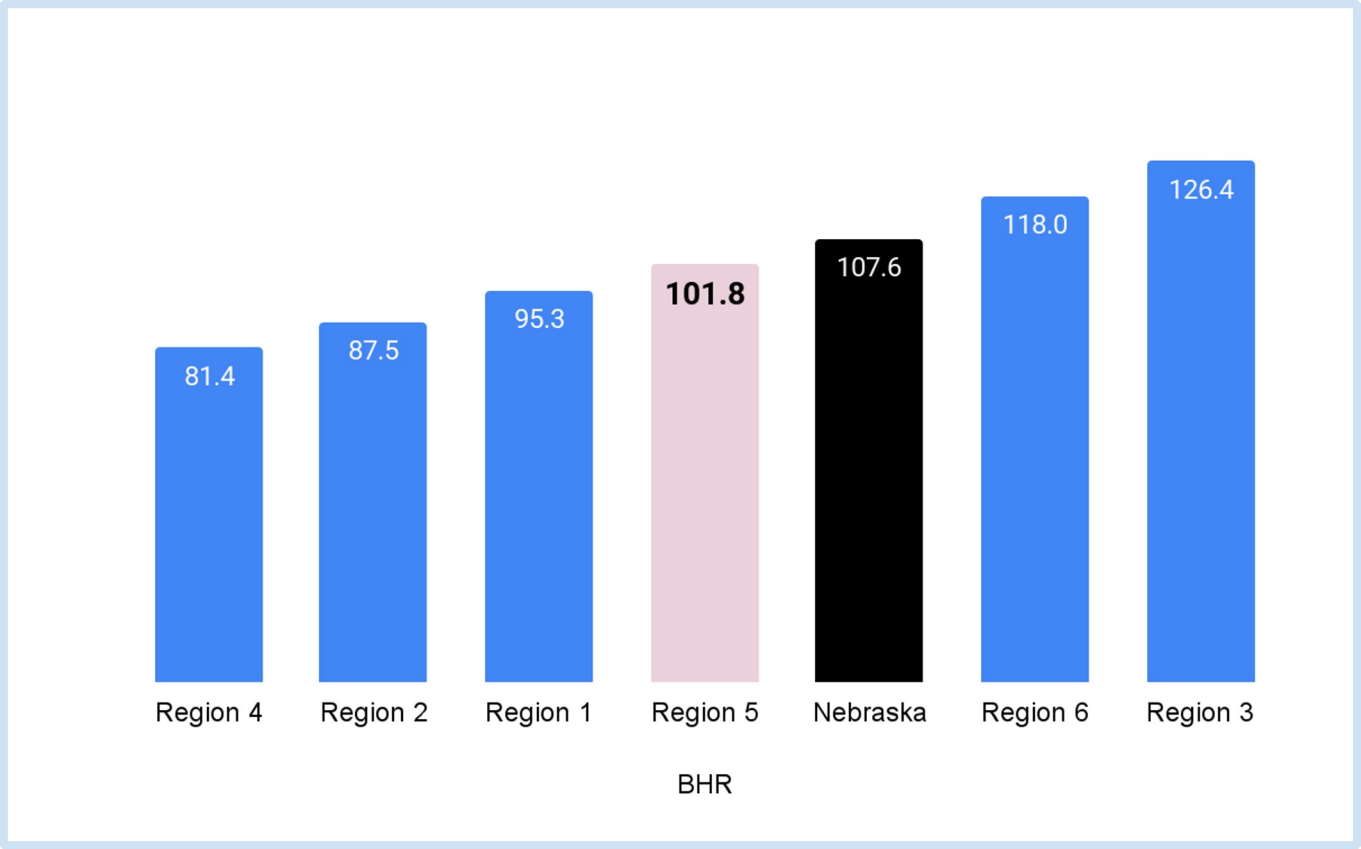
Education	Four Corners	Lincoln - Lancaster County	Public Health Solutions	Southeast	Three Rivers
Less than H.S.	**	6.1%	9.1%	**	4.6%
H.S. or G.E.D.	4.8%	4.5%	2%	4.3%	5.4%
Some Post-H.S.	2.7%	2.7%	2.7%	2%	1.9%
College Graduate	1.3%	2.7%	1.5%	1.3%	2.3%

Age-Specific: The 45-54 age group in Public Health Solutions showed a significantly higher opioid misuse rate (7.2%) compared to other age groups and LHDs.

Income and Education: The highest misuse rates in Public Health Solutions were among those with less than a high school education (9.1%) and those earning less than $25,000 annually (8.4%).

CMS Data Opioid Drug Claims - Region V

Opioid Drug Claims, Rate per 1,000 Beneficiaries by Behavioral Health Region (2022)

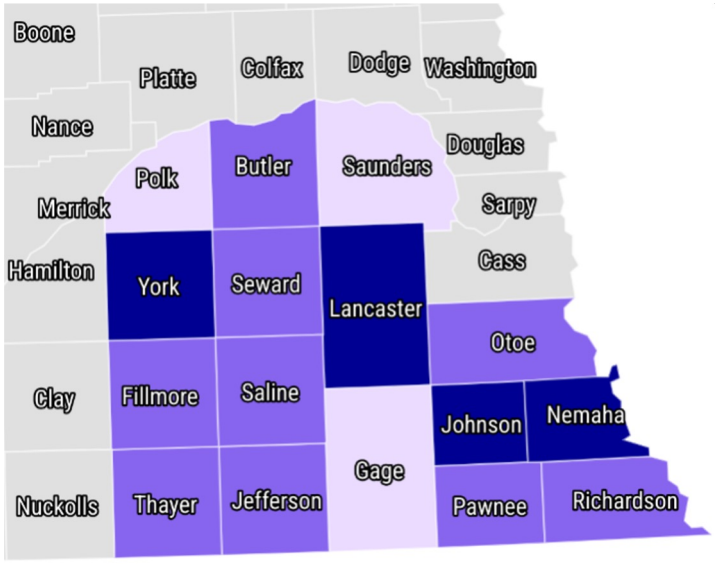


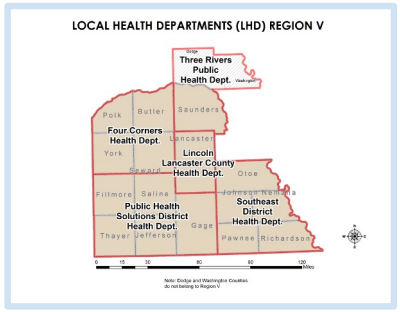
Opioid Drug Claims, as defined by the CDC, refer to **prescription claims for opioid medications that are processed through healthcare systems or pharmacies.** These claims provide data on the number and types of opioid prescriptions being filled, which helps track opioid prescribing patterns and usage across different populations.

CMS Data Opioid Drug Claims by County - Region V

Opioid Drug Claims Rate by County & 5-year Change- Region V (2022)

Region V	Opioid Drug Claims, Rate per 1,000 Beneficiaries (2022)	Opioid Drug Claims, 5-Year Change, CMS 2018 - 2022
Nemaha	138.24	0.59
Johnson	129.45	-0.98
York	123.46	-0.8
Lancaster	117.46	-0.55
Seward	100.15	-1.27
Butler	96.32	-1.46
Pawnee	92.91	-0.83
Richardson	91.69	-2.35
Jefferson	84.57	-1.74
Thayer	82.59	0.51
Fillmore	75.13	-1.26
Saline	65.51	-1.16
Otoe	61.55	-1.43
Gage	54.88	-1.02
Saunders	49.25	-0.11
Polk	24.52	-2.34
Region V	**101.80**	

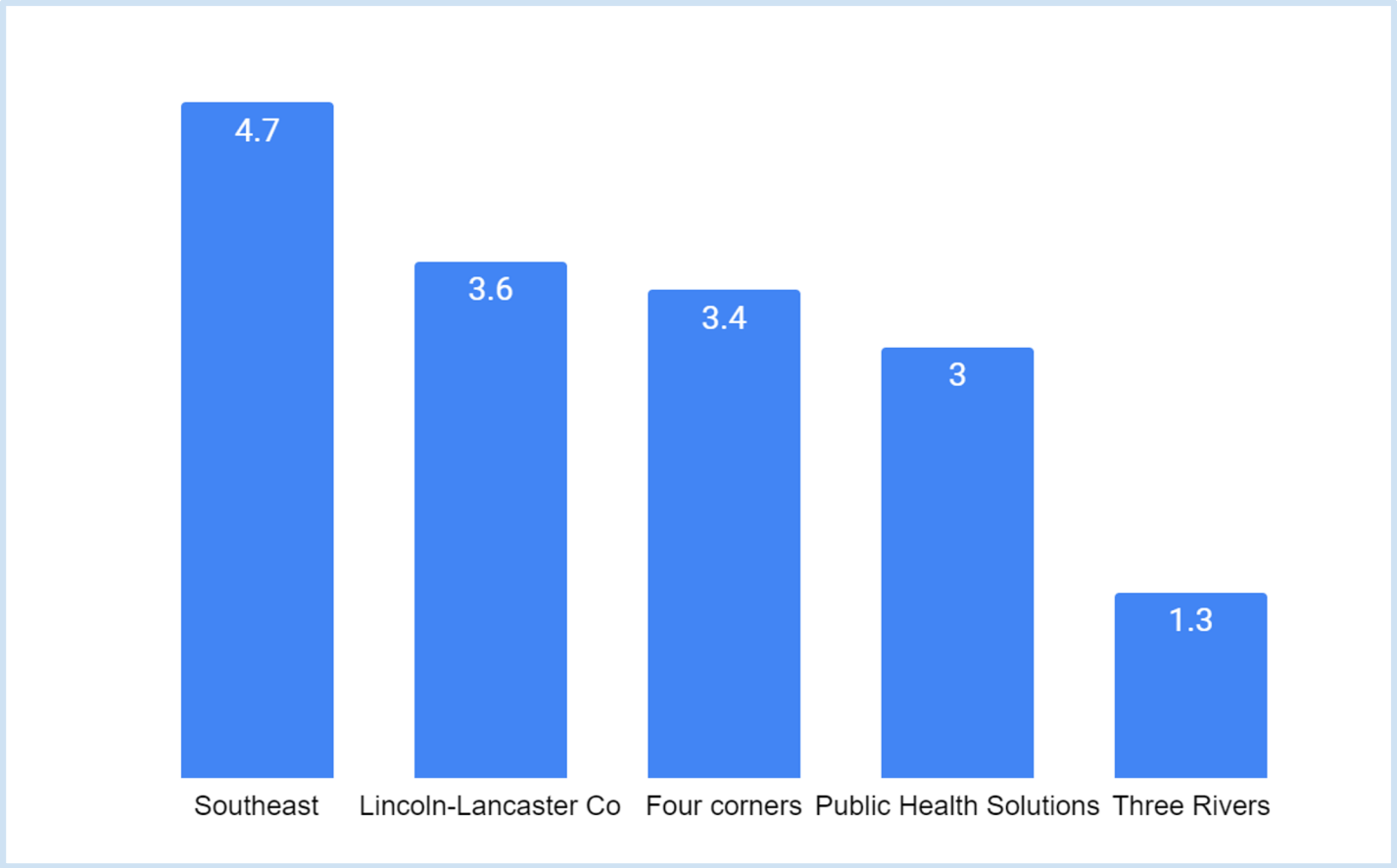


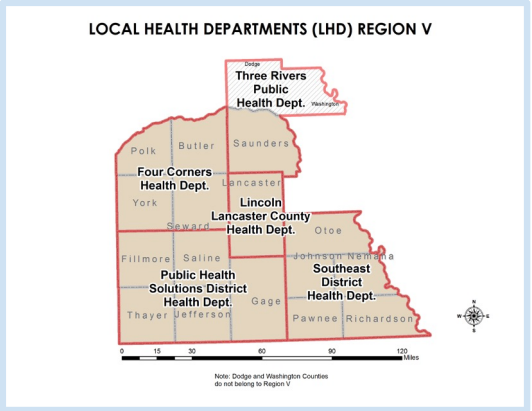


Within Region V, **Nemaha County** reported the highest opioid drug claims rate per 1,000 beneficiaries (138.24) in 2022, and was one of the two counties in Region V that reported an increase in opioid drug claims in the last 5-combined years 2018-2022 (0.59%). The other county was Thayer with a percentage change of 0.51%. Richardson and Polk counties reported the highest decrease in opioid drug claims in the last 5-combined years in Region V, -2.35% and -2.34% respectively.

Data source: Centers for Medicare and Medicaid Services (CMS) Medicare Part D Opioid Drug

Opioid Overdose Death Rate (per 100K) - LHD Region V

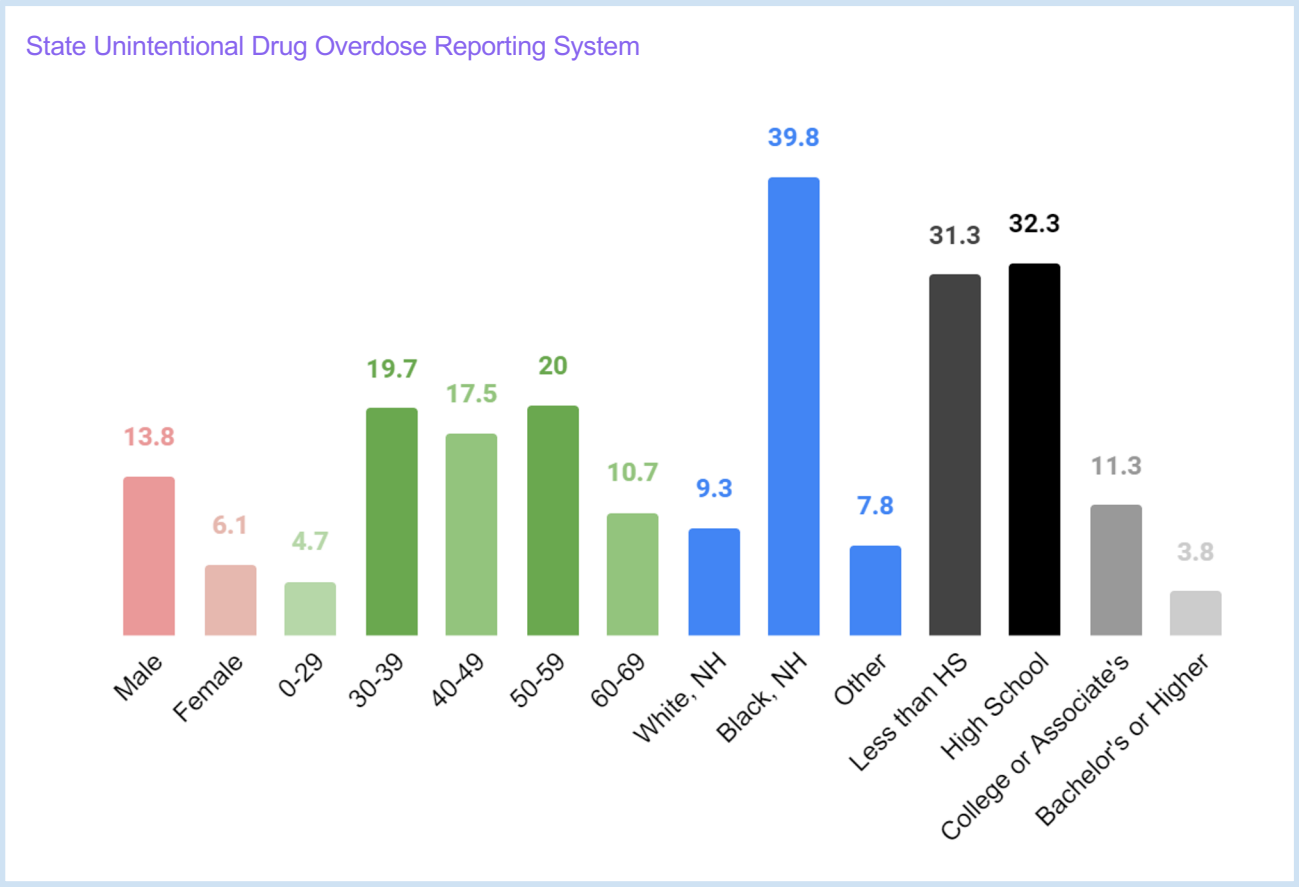




In Nebraska, **Southeast LHD** had the second highest opioid overdose death rate per 100K persons (4.7) after Douglas LHD (6.0) in Region 6.

Data source: NE DHHS. Nebraska Public Health Atlas. Statistical Data and Maps. Substance. Overdose by substance for Nebraska Local Health Departments.Cumulative overdose death rate, 2015-2020.

Unintentional and Undetermined Intent Drug Overdose Deaths - Region V



020 & 2021

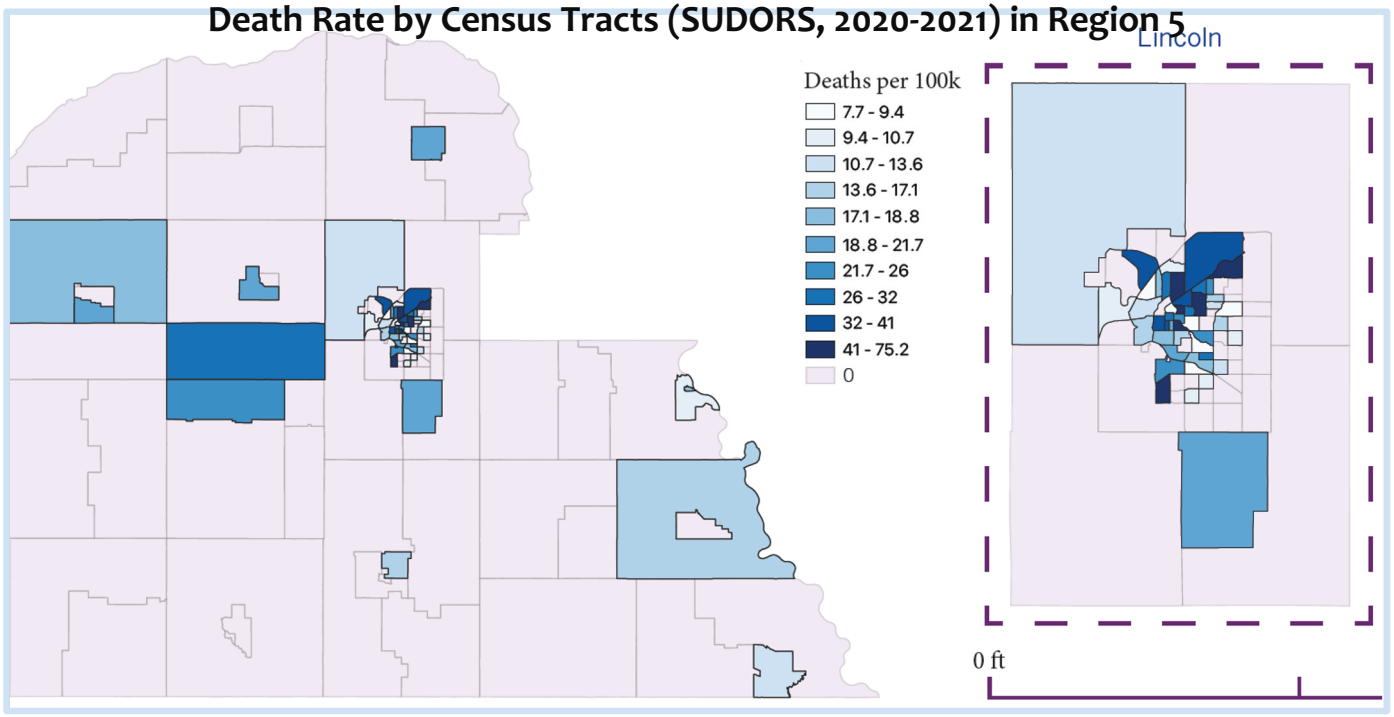
In 2020 and 2021, white males with a high school education between the ages 30-39 most frequently died from unintentional or undetermined drug overdose. Black people were disproportionately impacted by unintentional or undetermined drug overdose in Region 5.

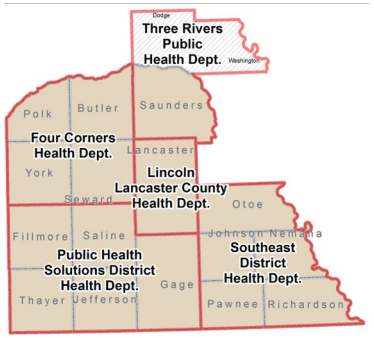
Males who never married were at higher risk.

Data source: CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 & 2021. Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska - Behavioral Health Region 5.

Unintentional and Undetermined Intent Drug Overdose Deaths - Region V

State Unintentional Drug Overdose Reporting System





The darker blue areas represent the highest rate of unintentional or undetermined intent drug overdose death in Region 5 in 2020 and 2021.

Data source: CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 & 2021. Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska - Behavioral Health Region 5.

Unintentional and Undetermined Intent Drug Overdose Deaths - Region V

SUDORS Data (2020-2021) in Region V

85% of total drug overdose deaths took place in a residence.

39.8% of total victims had a bystander during the overdose death.

19.4% of total victims were currently under pain treatment.

19.4% of total drug overdose deaths had history of mental illness treatment.

36.6% of total overdose deaths had history of mental illness.

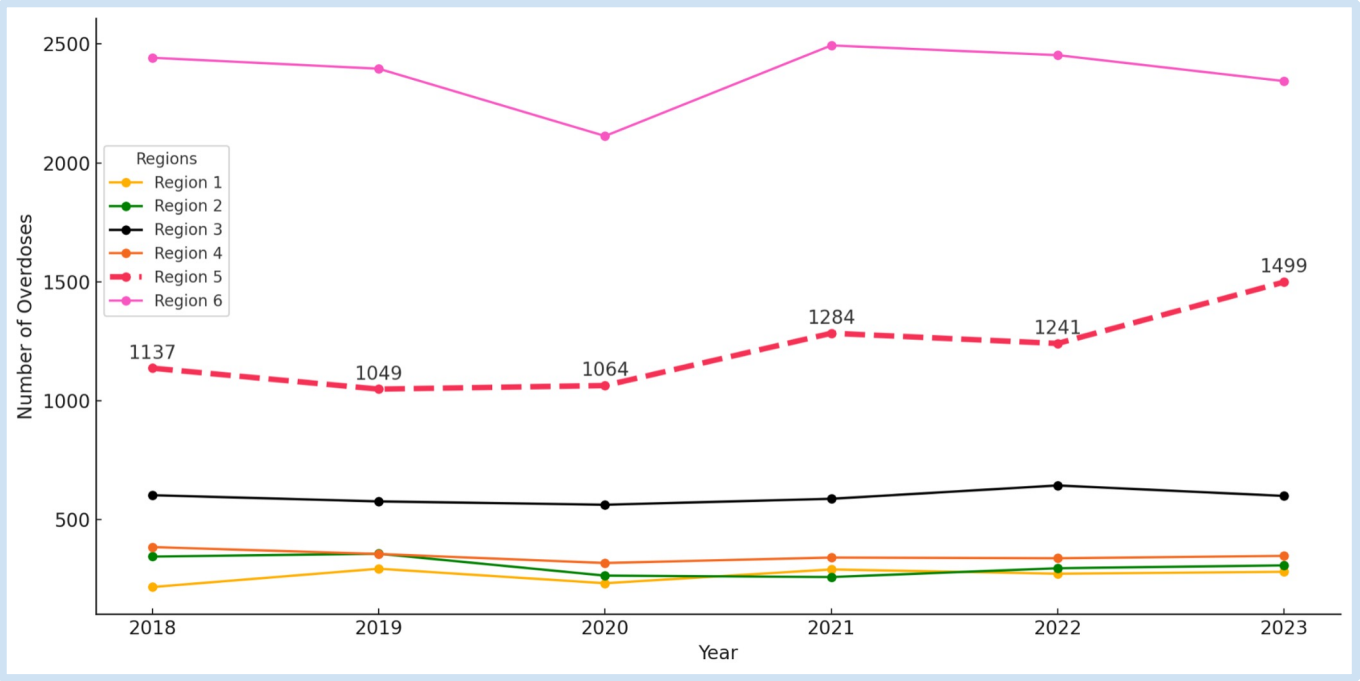
32.3% of total victims have a record of previous overdose.

Data source: CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 & 2021. Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska - Behavioral Health Region 5.

Analysis of Overdose Hospitalizations: 2018-2023

Analysis focuses on data collected from 2018 to 2023 and covers **discharges from emergency departments and inpatient hospitalizations**

Nebraska Overdose Counts by RBHA* (2018-2023)

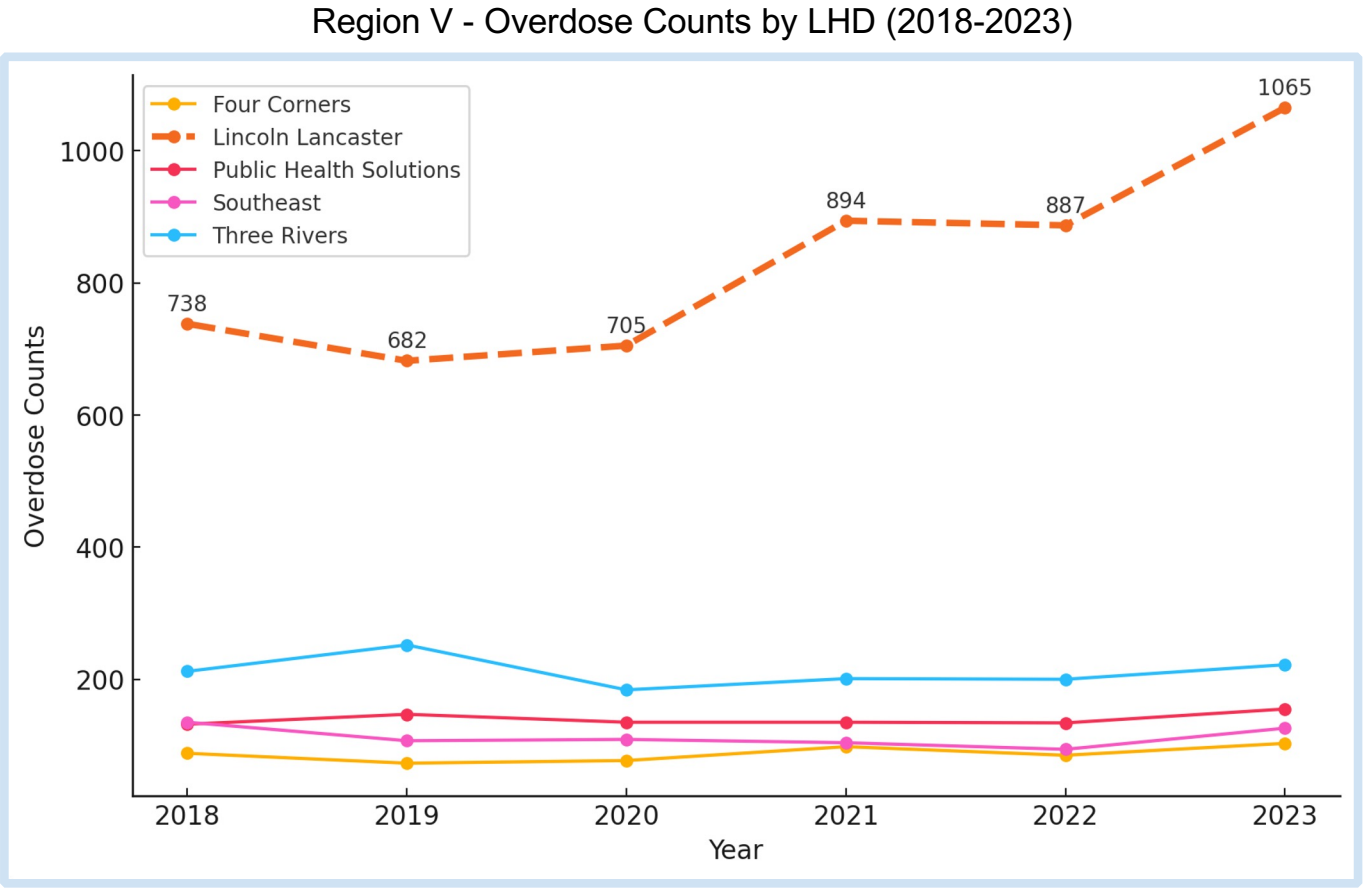


Data source: NE DHHS, 2024. Based on the Drug Overdose Surveillance and Epidemiology (DOSE) System. For an interactive chart, click here. (*) Regional behavioral health authority.

- Region V accounts for approximately 24% of all overdose cases in the state.

Region V reported a **31.8% increase of overdose cases** over the six-year period, the highest among all BHRs. The number of overdose cases increased from 1,137 cases in 2018 to 1,499 cases in 2023.

Overdose Trends by LHD in Region V: 2018-2023

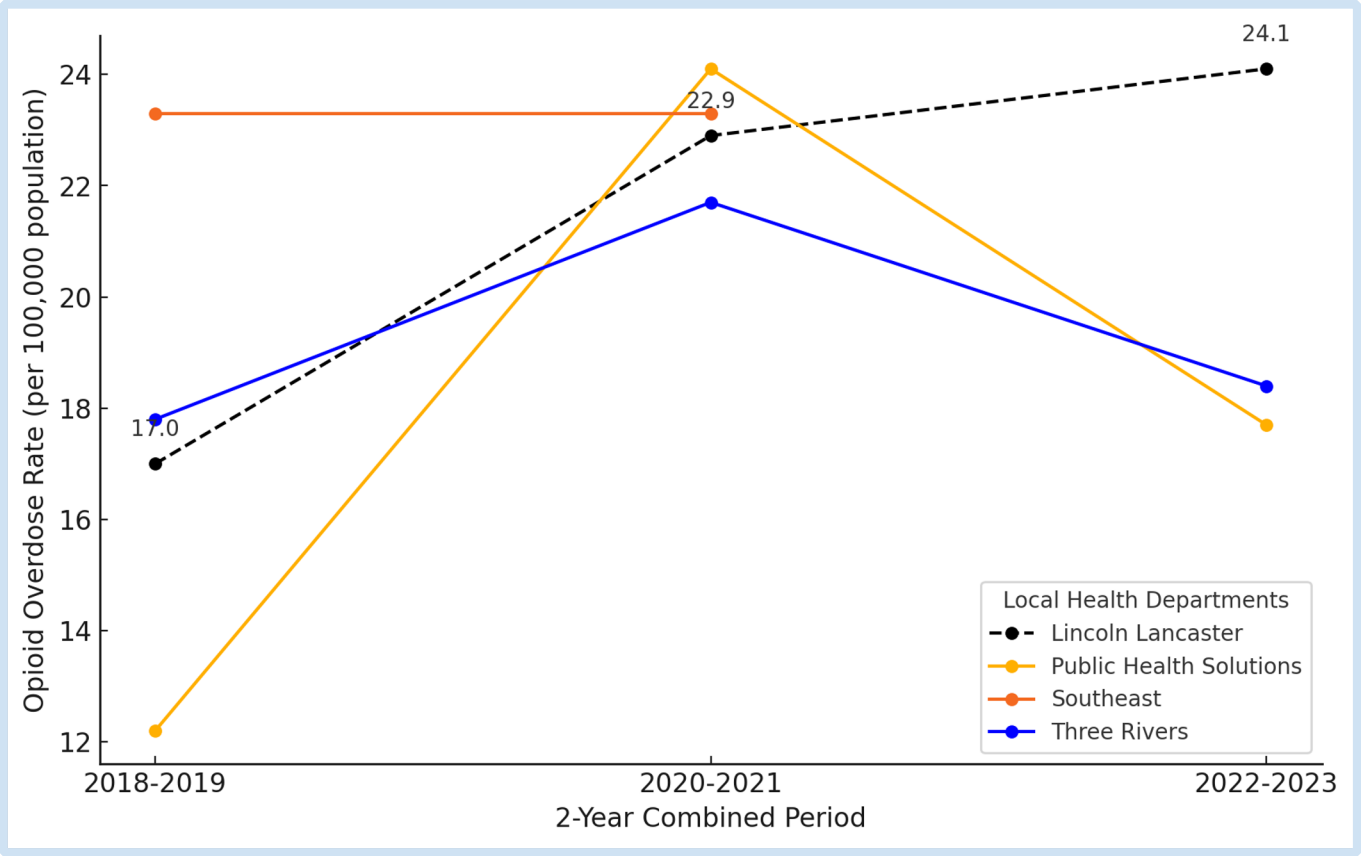


Data source: Data source: NE DHHS, 2024. Based on the Drug Overdose Surveillance and Epidemiology (DOSE) System. For an interactive chart of LHDs in Region 5, click here. For overdose cases for all LHDs, click here.

Lincoln Lancaster's LHD experienced the **highest increase in overdose counts** among all Local Health Departments (LHDs) in Nebraska, with a **44.3%** increase between 2018 and 2023, from 738 cases to 1,065 cases.

Overdose Trends by LHD in Region V per 100K: 2018-2023

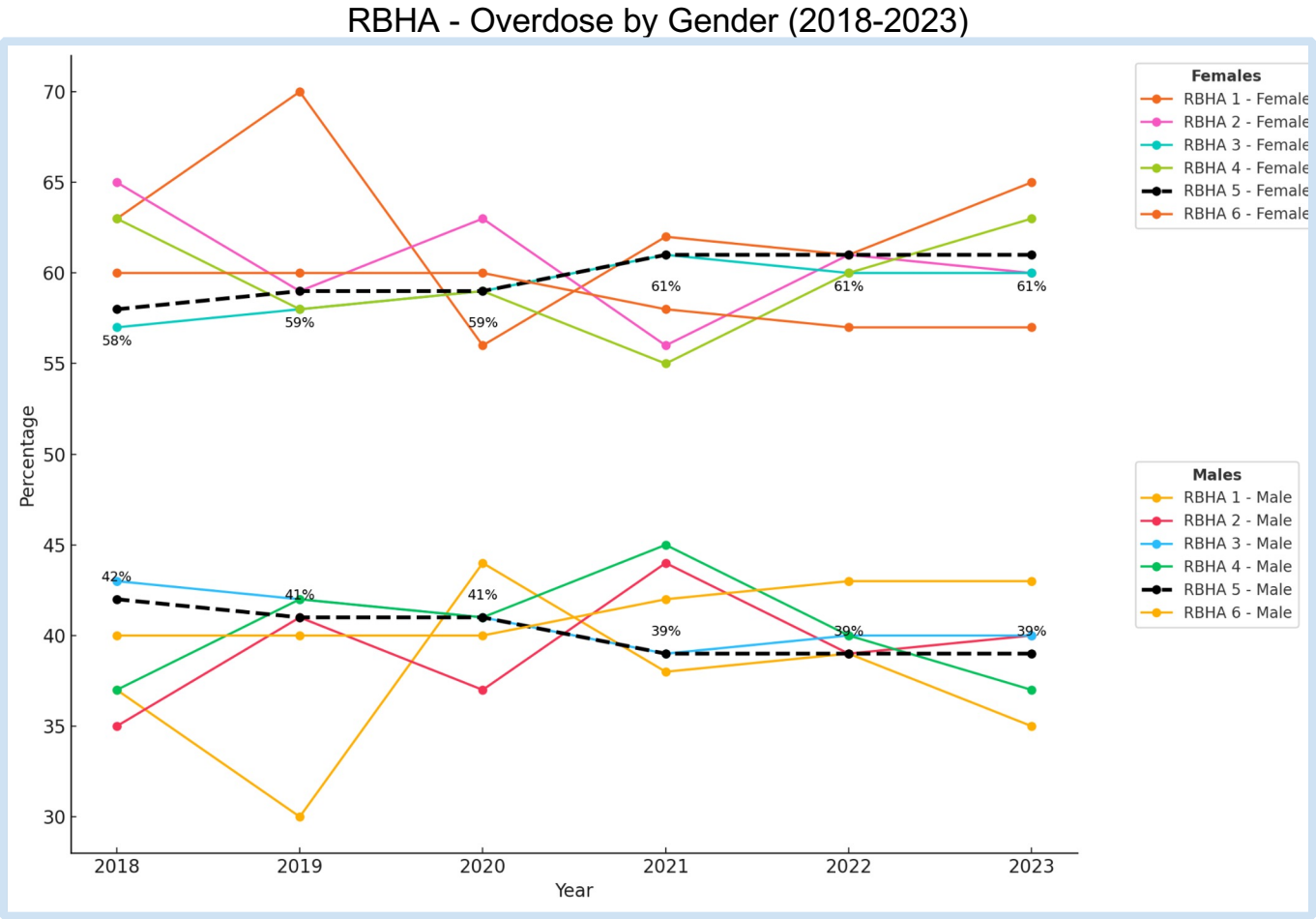
Trends in Opioid Overdose Rates Across Local Health Departments in Region 5



Unlike other LHDs, **Lincoln Lancaster's LHD** overdose rates per 100K population showed no post-pandemic decline.

Data source: NE DHHS, 2024. Based on the Drug Overdose Surveillance and Epidemiology (DOSE) System. Note: Opioid Overdose data for Four Corners Health Department was suppressed due to the small number of cases.

Overdose by Gender: 2018-2023

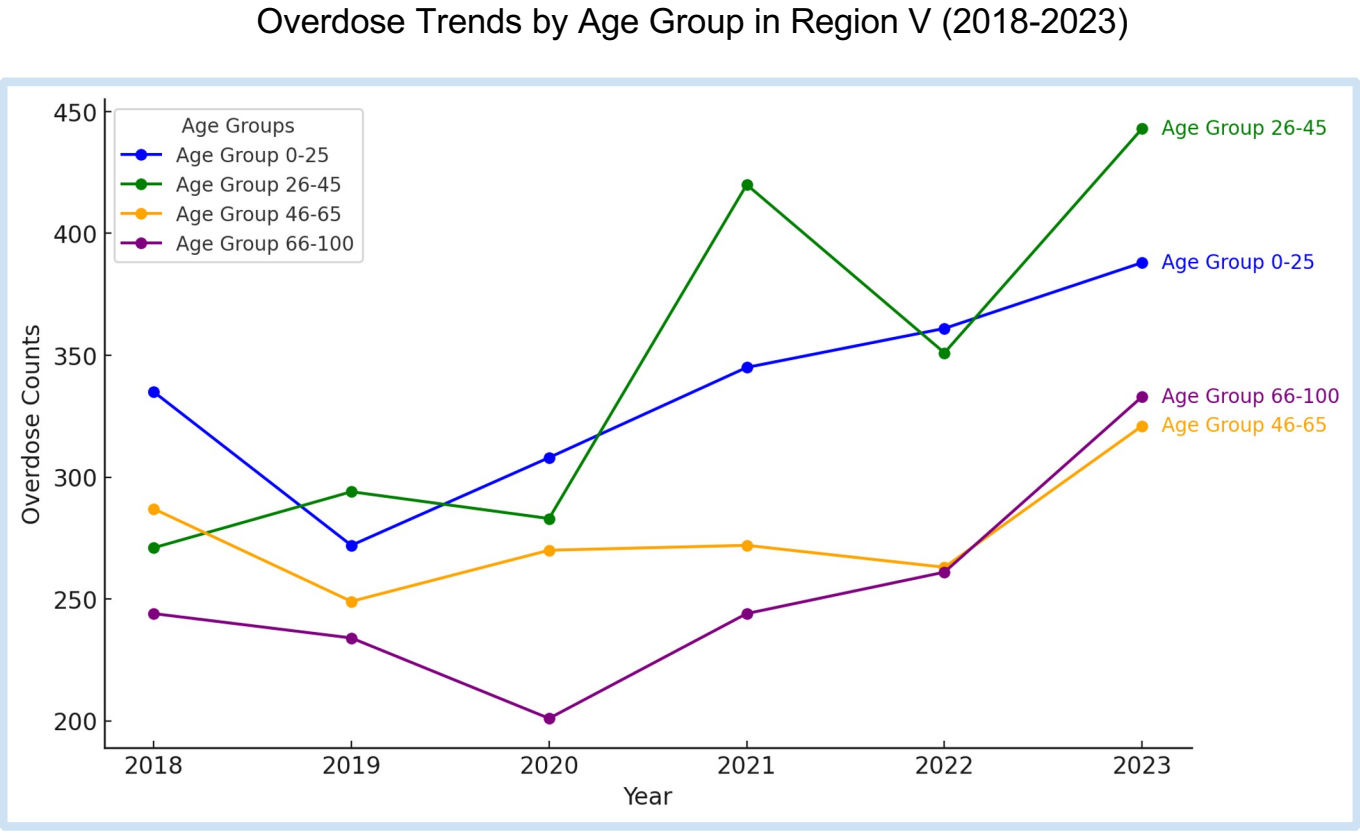


Data source: NE DHHS, 2024. Based on the Drug Overdose Surveillance and Epidemiology (DOSE) System. For an interactive chart, click here.

Overall, the rate of opioid overdose was **1.5 times higher** in females compared to males between 2018-2023.

Region V's average gender distribution (40% male and 60% female) closely aligns with other RBHAs in Nebraska.

Overdose Trends by Age Group in Region V: 2018-2023



Data source: NE DHHS, 2024. Based on the Drug Overdose Surveillance and Epidemiology (DOSE) System. For an interactive chart showing all RBHA data, click here.

Percentage change by age group: 2018-2023

The percentage change in overdose counts for each age group from 2018 to 2023 is as follows:

- 0-25: An increase of 16%
- **26-45: An increase of 63%**
- 46-65: An increase of 12%
- 66-100: An increase of 36%

Data shows that the **26-45 year old age group experienced the greatest increase,** followed by the 66-100 year old age group (63% and 36%, respectively).

Seeking help for opioid use

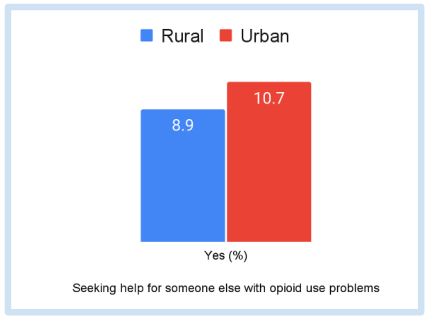
NASIS
Nebraska Annual Social Indicators Survey

10.3% of respondents know someone who has sought help for opioid use problems, while less than 1% reported seeking personal help for opioid use problems.

By Geography

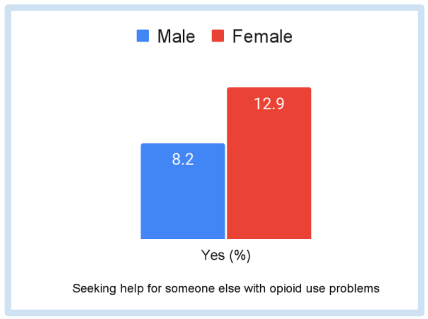
10.7% of urban respondents reported seeking help for someone with opioid use problems, compared to 8.9% of rural respondents.

Significant differences are highlighted on charts with purple borders



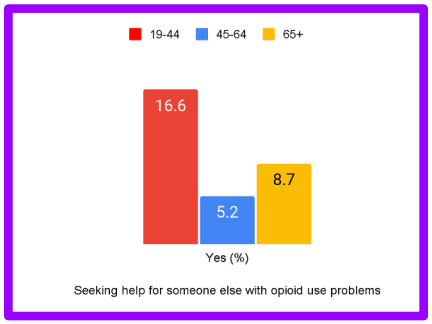
By Gender

12.9% of female respondents reported seeking help for someone with opioid use problems, compared to 8.2% of male respondents.



By Age Groups

16.6% of the 19-44 year old age group reported seeking help for someone with opioid use problems, higher when compared to the 45-64, and 19-44 year old age groups; 5.2% and 8.7%, respectively.



Data source: 2024 NASIS

Introduction to our Qualitative Data

People with Lived Experience

- **Interviews with 11 people with lived experience**
  - 6 males, 4 females
  - 3 between 25-34, 5 between 35-44, 2 between 45-54
  - 2 Native American, 8 White

Stakeholders

- **Interviews with 24 stakeholders**

Community At-Large

- **4 Focus Groups with Community At-Large (32 people total)**
  - Offered in-person and remotely, one conducted in Spanish
  - Represented diverse ages, race/ethnicities, males/females, & geographic areas

Fentanyl/Xylazine: Lived Experience Perspective

Q What concerns do you have about fentanyl and xylazine in your community?

- Substances being laced with fentanyl or misrepresented (sold as something else)

"[With] fentanyl, one of the things that concerns me the most is that they're now mixing it with all sorts of other drugs. It kind of doesn't matter what drug you might be using, even if, like meth is your drug of choice or something, they're starting to mix fentanyl in with it, so you're going to get addicted to opiates as well, and it just makes everything worse."

- Deaths from overdoses attributed to fentanyl

"I've watched fentanyl kill a lot of people, a lot of my friends, even after I stopped using."

- None spoke specifically of xylazine, and many reported not being familiar with it

Fentanyl/Xylazine: Stakeholder Perspective

- **Substances being laced with fentanyl or misrepresented (sold as something else)**
- **Deaths from overdoses attributed to fentanyl and xylazine**
  - Due to laced or misrepresented drugs
  - Accidental overdose of prescribed meds - difficult to know how widespread as death may be deemed natural because person was already sick
  - Doctors prescribing benzodiazepines and opioids together which increases likelihood of overdose
- Availability of Fentanyl on the drug market and changes in how drugs are purchased (online)
- Increased burden on emergency systems such as first responders, crisis centers, and hospitals
- Lack of understanding of opioids among educators & lack of educ. in schools for youth
- Fentanyl and xylazine being more appealing to youth/young adults as drug of choice
- Not openly discussing the issue in rural communities
- Lack of data about the issue (death certificate accuracy, who is most harmed)
- Lack of access to harm reduction strategies (Narcan, fentanyl test strips, SSPs)
- Less concern about Xylazine

"Xylazine is little bit less of a real concern and a little bit more of a media constructed concern."

Barriers to seeking help when overdosing: Lived Experience Perspective

What are the barriers to seeking help for someone who is overdosing?

- **Concern of legal consequences**

"It's a scary thing to be an addict… when someone's dying in front of you, you're not going to call someone because you're too scared that you may go to jail. The value of you not getting caught is more concerning than someone dying."

- **Knowledge of the Good Samaritan Law was mixed** (3 not aware; 3 aware now, but not when using; 5 aware when using)
  - **Fear it would not apply and they would be arrested anyway**
    - One explained overdosing when someone with them called for help and had to explain the law to the responding officer

"I feel like that should be part of the training…the biggest barrier is that if you call, even if that person survives, the police don't give up. If they can't get you right then, they're watching you. They will get you."

- Praised availability of Narcan, but noted **not everyone knows what it is, how to access it, or how to administer it**
  - Shame attached to asking for it and being ID'd at pharmacy is a barrier
  - Impractical to carry around due to Narcan's large box size

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

DEBRIEF INSTRUCTIONS:

Take 7 minutes to consider the questions below.

- Virtual attendees: Discuss and take notes into google slides.
- In-Person attendees: Discuss and take notes onto big paper in room.

What stands out as urgent or most requires or attention?

Where are opportunities emerging?

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

Community Perceptions

Community Perceptions

✍️Want to know more? Click here

Stigma (NASIS, 2024)

Half of respondents (48.8%) agree that people with opioid use problems cannot be trusted, or they only care about getting the next dose of drugs.

- "People with opioid use problems cannot be trusted."
- "People with opioid use problems only care about getting their next dose of drugs." (2024 NASIS)

✍️Overall, respondents from Region V reported lower levels of stigma towards individuals with opioid use problems compared to all Nebraskans (learn more).

Skepticism Toward Medication-Assisted Treatment

36.5% of respondents agree that medication-assisted treatments (MAT) like methadone simply replace one addiction with another.

Data source: 2024 NASIS

Acceptance of Taking Someone Else's Medication

Nearly one-fourth of of respondents agree that "there are certain situations where it is ok to take someone else's prescribed medication." And nearly half (47.5%) agree that "taking medication that is not prescribed to you should be illegal."

Key Findings: Community Perceptions

✍️Want to know more? Click here

Community Perceptions

Significant disparities observed across geography, age groups, and gender.

Urban vs. Rural

- **Urban populations**: Higher awareness and openness to harm reduction measures.
- **Rural populations**: Lower awareness and access.

Generational Differences

- **Younger individuals**: Greater openness and less stigma.
- **Older individuals**: Higher uncertainty and resistance.

Gender -Based Insights

- **Females**: Higher awareness and openness.
- **Males**: Lower awareness and openness.

Data source: 2024 NASIS

Community Perceptions

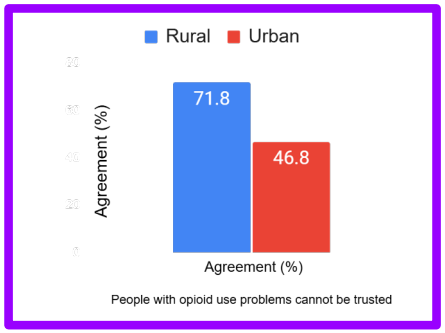
✍️Want to know more? Click here

Stigma

By Geography

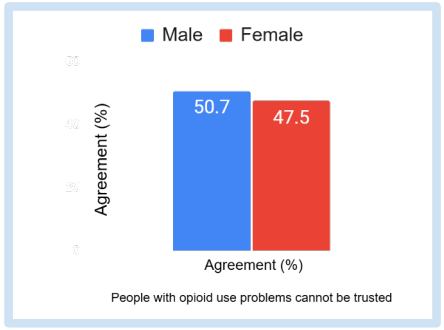
71.8% of rural respondents agree with the statement "***People with opioid use problems cannot be trusted***," compared to 46.8% of urban respondents.

Significant differences are highlighted on charts with purple borders



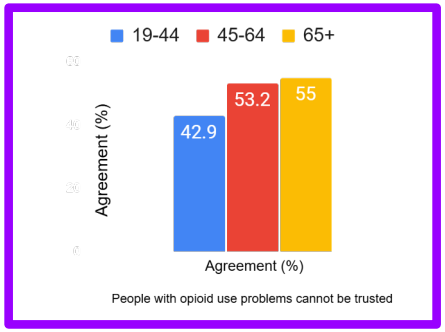
By Gender

50.7% of male respondents agree with the statement "***People with opioid use problems cannot be trusted***," compared to 47.5% of female respondents.



By Age Groups

42.9% of the 19–44 year old age group agree with the statement "***People with opioid use problems cannot be trusted***," lower when compared to the 45-64, and 65+ year old age groups; 53.2% and 55%, respectively.



Data source: 2024 NASIS

Community Perceptions

✍️Want to know more? Click here

Language and **Cultural Sensitivity** Regarding Mental Health Care and Substance Use Services

Disparities by race/ethnicity

Nearly 30% of minority respondents reported that **mental health care and substance use services were not accessible in their preferred language or were not culturally appropriate** (29.2% and 27.4%, respectively) compared to 2% for the White population.

- American Indian/Alaska Native, Asian, and Hispanic respondents reported the greatest challenges were having access to behavioral health services that align with their language and cultural needs. (2024 NASIS)

Data source: 2024 NASIS

Community Perceptions

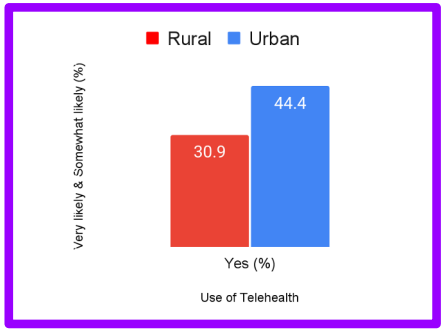
✍️Want to know more? Click here

Use of Telehealth (mental health care services)

Significant differences are highlighted on charts with purple borders

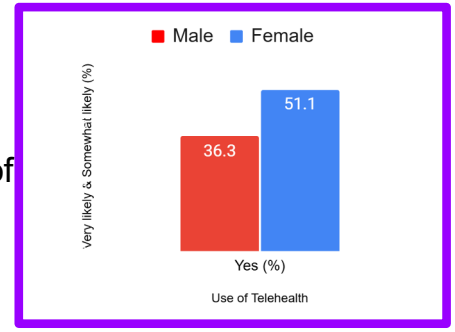
By Geography

44.4% of urban respondents were open to using telehealth for mental health services, compared 30.9% of rural respondents.



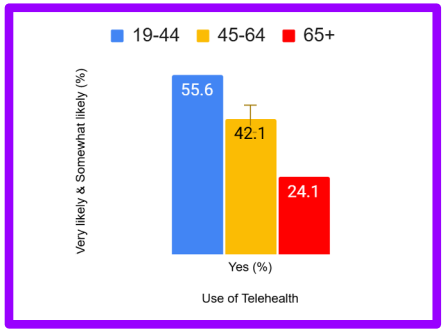
By Gender

51.1% of female respondents were willing to use telehealth for mental health services compared to 36.3% of male respondents.



By Age Groups

55.6% of the 19–44 year old age group were willing to use telehealth for mental health care services, higher when compared to the 45-64, and 65+ year old age groups; 42.1% and 24.1%, respectively.



Data source: 2024 NASIS

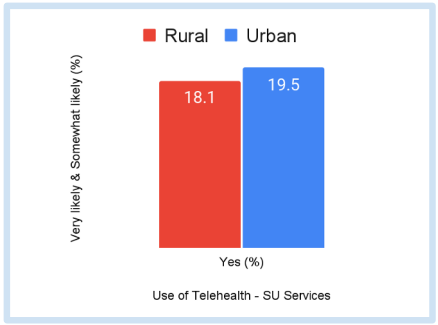
Community Perceptions

✍️Want to know more? Click here

Use of Telehealth (substance use services)

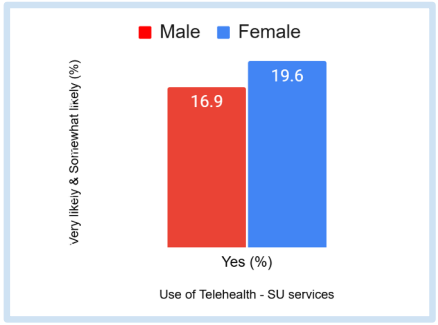
By Geography

19.5% of urban respondents were open to using telehealth for substance use services, compared to 18.1% of rural respondents.



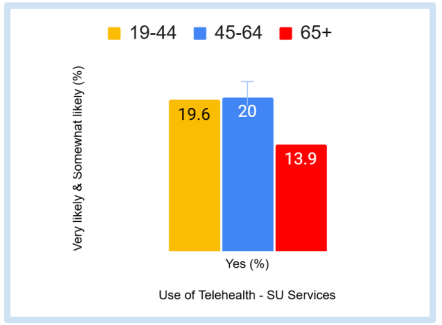
By Gender

19.6% of female respondents were willing to use telehealth for substance use services compared to 16.9% of male respondents.



By Age Groups

20% of the 45–64 year old age group were willing to use telehealth for substance use services, higher when compared to the 19-44, and 65+ year old age groups; 19.6% and 13.9%, respectively.



Data source: 2024 NASIS

Community Perceptions

✍️Want to know more? Click here

Perceptions of Risk (opioid use)

Opioid use: 86.8% of respondents perceived opioid use as “great risk” of harm (physically and in other ways).

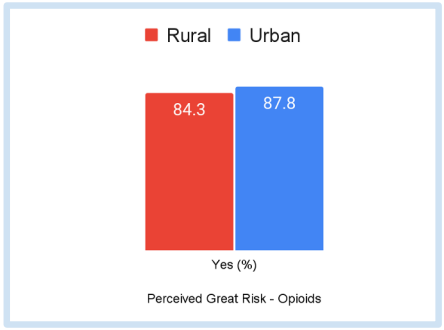
By Geography

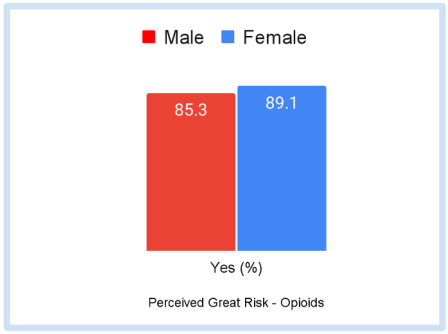
87.8% of urban respondents perceived opioid use as “great risk” of harm, compared to 84.3% of rural respondents.

By Gender

89.1% of female respondents perceived opioid use as “great risk” of harm, compared to 85.3% of male respondents.

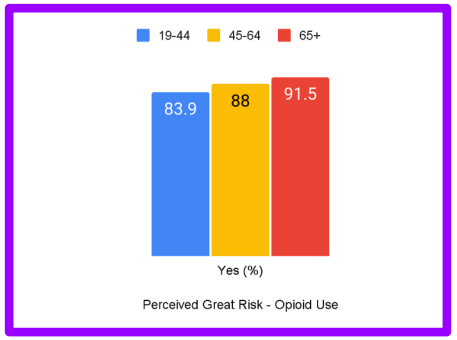
Significant differences are highlighted on charts with purple borders





By Age Groups

91.5% of the 65+ year old age group perceived opioid use as “great risk” of harm, higher when compared to the 45-64, and 19-44 year old age groups; 88% and 83.9%, respectively.



Data source: 2024 NASIS

Top Concerns/Priority: Lived Experience Perspective

Q What do you see as the most concerning issues in your community related to opioid use and addiction? What do you believe should be the top priorities for your community in addressing the opioid crisis over the next few years?

- **Strength and Availability of Opioids**
  - Can lead to more overdoses
  - Decreasing price of fentanyl
  - Availability of opioids on street as a result of legal prescriptions
  - Unintended consequence of prescribing fewer opioids leading to buying on the street or using other substances

"I knew grandmas and old grandpas and stuff that had certain prescriptions on certain days where I could meet them to make my supply last throughout the month. They would give it to you or sell it. It begs the question, how much [are] these people being vetted? How much pain are they really in?"

"Sometimes you might start out doing a little bit for pain or whatever, but pretty soon you're doing more and more and more, and you get caught in the trap. That's where a lot of people get stuck."

Top Concerns/Priority: Lived Experience Perspective cont.

- **Services and Harm Reduction**
  - Lack of knowledge of resources available
  - Desire for more treatment options, particularly peer support and services in rural areas
  - Extra support is especially needed for people considering treatment but need help taking first steps
  - Need for more harm reduction strategies: SSPs, Narcan, MAT, fentanyl test strips, and detox beds
  - Need to address the stigma around harm reduction and provide more education on handling overdoses

"Help people realize that they can get out of it. No matter how old they are [or] where they are in life, it can always be turned around and made better."

"I think even people in the recovery community can be even more biased towards harm reduction type things. People who don't know addiction firsthand have no idea what it's like to fight it."

Top Concerns/Priority: Lived Experience Perspective cont.

- **Stigma**
  - Fear of judgement from general public
  - Fear about consequences of being honest about their use in medical and treatment settings
  - Lack of access to pain management due to reduction in Rx's distributed
  - Would be asked to give up their dealer in exchange for being provided help

- **Education**
  - Start with educating children about opioids and addiction
  - Also make education widely available to the general public

- **Decriminalization**
  - One respondent felt people should be offered treatment instead of jail time
  - One respondent advocated that all drugs should be made legal by Rx

Top Concerns/Priority: Stakeholder Perspective

- **Education**
  "Educating the public on the reality that [it] exists here is step number one."
- **Services**
  "What's really concerning is that members of our community often don't have access to culturally competent care… if you don't know whether you can bring your whole self to a treatment group, or even to an NA meeting, you're leaving out a really big portion of who you are, which might actually be a contributing factor to your addiction"
- **Stigma**
  "I think if you reduce the stigma, people are more likely to seek out help or they have family members that are more likely to support them in getting the help right."
- **Overdose Deaths and Harm Reduction**
  "First and foremost, the issue is people are dying."
- **Justice System**
  "You get the right people [in] the right model [and] it can be extremely productive"
- **Data**
  "[We] want to make sure that we have the data to understand what's happening along the full spectrum - from use to death"

Top Concerns/Priority: Community At-Large Perspective

- **Education**

"We really need to get into the schools and use prevention programs that we know work with our school kids to stop it before it starts… some of those dollars really have to go to prevention."

- **Services**
- **Stigma**

"If we could just be more specific, it could be more supportive to the opioid [use] only, and there could be the attention, the care, the compassion to just opioid [users]. My experience was, I had to utilize a hospital for my opioid withdrawal, and the treatment was very, very rude, judgmental, in and out, go do something else, because, 'this isn't what we're here for, we're here for emergencies only, this is not an emergency.' So it was very hard."

- **Overdose Deaths**

"One of the most critical things I think we all are concerned with is trying to reduce and prevent as many injuries and deaths."

- **Strength and Availability of Opioids**
- **Connections**

"I think one of the problems in our Latino community is that we don't know how to get rid of medications that are no longer used. Homes and families accumulate medications and then they can be a danger to people who have access to them"

- **Fentanyl laced into other drugs**
- **Concerns specific to people who are addicted and their families**

Less-Known Aspects about Opioids: Lived Experience Perspective

What do you feel is not well-known and not being addressed regarding the opioid crisis?

- Opioid use/addiction does not discriminate based on geography, age, demographics
- People don't understand where people are getting drugs
- General public doesn't know prevalence of overdose deaths
- The reduction in the supply from doctors has made it harder to get opioids on the street, so people are using less
- Government and doctors need to be held accountable for their roles
- Most people using substances don't want to be, but they haven't been able to quit

"We're not the stereotypical person wandering around the streets begging for change like they show on TV... we're all different walks of life, we're all different races, we're all different ages."

"I don't think that a lot of the community knows that, like, 'Hey, I got this from your grandmother when I was using. Hey, I got this from your auntie when I was using."

"It shouldn't be that easy for us to get fentanyl. I didn't know anything about fentanyl 10 years ago. It shouldn't be able to be made in Mexico and distributed out. The government needs to take more responsibility and pay for these people who are now hooked on the drug they put out."

Factors Affecting Opioid Use: Stakeholder Perspective

What are some factors that affect opioid usage in your area?

- **Accessibility of Substances**

  "It was everywhere [which] was extremely concerning when it [fentanyl] first came out… there were a lot of unsheltered people downtown who were using it at the time. With the lack of income that those downtown individuals have, I think that kind of shows just how accessible it was if they were able to get it."

- **Escalation of Substance Use**

  Gambling ⇨ alcohol ⇨ drugs
  Alcohol ⇨ marijuana ⇨ opioids
  Prescription medications ⇨ heroin

- **Mental Health Concerns**

  "We have a lot of generational substance use, abuse, neglect, poverty, you name it, and we need to find better solutions to put a stop to the generational stuff."

- **Ability to Meet Basic Needs**

  "I think there's an issue with people trying to self-medicate because they cannot meet their basic needs, whether that's food, they don't have a job, they don't have a house that they can call theirs… I think that has a huge impact on people that choose to self-medicate using opioids and other drugs."

- **Access to Services**

  "I feel like with some of our services there are sliding scale fees, but for people that I've seen with substance use disorder, it's all so overwhelming and daunting to them."

Message for Community: Lived Experience Perspective

Q What do you think is the most important message the community and stakeholders need to hear about opioid use and those affected by it?

- **Services are needed**

  "You're putting your money to something good. It actually changes people's lives [and is] doing something good for them. There's a lot of people in recovery, there's a lot of people that are doing a lot better than they were, because of y'all."

- **People with addictions need support**

  "Don't give up on us… We're struggling, but we're trying to figure it out on our own."

- **Listen to people with lived experiences**

  "When somebody asks you your own personal thoughts on something, it can change your whole outlook on how [you] want to approach [that] topic. Instead of something like, 'well, you do this, you don't do this.' Just ask us. Just keep touching base with us."

- **Addiction is a disease**

  "I know they talk about the war on drugs, well, let's talk about people who use drugs instead of the war on drugs…it's more of a personal battle. It's more of a psychological thing. It has to do with chemicals in the brain and how you process things - thoughts, feelings, emotions."

Message for Community: Lived Experience Perspective cont.

- **It isn't just the person with the addiction that is affected**

"Addiction doesn't happen to just you. It doesn't affect just you. It affects everybody around you, your family, your friends, your kids. A lot of people start getting addicted and then they end up losing their kids. They never really thought that they were going to lose their kids when they first started."

- **The economy would be improved by helping people reach recovery**

"We would be helping the families and the opioid users and the economy by getting more people from spending all their money on things that are just going to go through their body and out the other side. It creates a financial improvement in our economy if we help these people."

- **People who supply drugs should not be held responsible for other people's addictions**

"The person that they got a 10 bag from or a one blue pill from, is not the one that deserves to be held responsible for that person choosing to get high… I don't want anybody ever, ever to be held responsible criminally because I got high and did too much because I probably begged and if they wouldn't have given anything, I would have either taken it from them or found somebody else… they don't deserve to be in prison"

Message for Community: Stakeholder Perspective

- **Addiction can happen to anyone**

  "No one is immune to it and, at some point in time, every family will be touched by it. The minute your life is touched by it you're going to look at it in a completely different way. You're going to understand it in a different way."

- **People with substance use disorders matter**

  "Those [people] currently personally being affected with opioid use, they are not that addiction, they are actual people. They have families and friends and people that care about them… you can't just judge people based on their addiction. You have to see them for who they really are."

- **Addiction is a disease and should be treated as such**

  "The progress of the use disorder is insidious. More people are affected than we know. It's not a moral defect, it is a biological addiction that develops emotional symptoms and is life altering and life taking, if not intervened."

- **Alive is best**

  "It's not inviting [opioids] into our community, because we provide Narcan on every street corner. It's saying, 'We care about the people. We care about lives more than we care about our perception of things.'"

- **Recovery is possible**

  "there is hope in recovery…recovery is possible"

Message for Community: Stakeholder Perspective cont.

- **Everyone in a community is affected by substance use and is responsible to help**

> *"We are all responsible for this issue. We have to all take part ownership in this, as healthcare providers, and do our part to help these people that have become addicted [to] the chemical changes to their brain, reduce the stigma, and help in any way we can with the treatment."*

- **Opioid use is happening among young people even if we don't see it yet**
- **Harm reduction saves lives**

> *"No one needs to die and we should take whatever measures we can to prevent deaths."*

- **Treatment saves lives**
  - **when you are ready, get help as soon as possible**

> *"I wish [you] wouldn't do it, but if you do it, be as safe as you possibly can. When you feel like you're ready to stop doing it, that would be great, get whatever help you need to do that."*

Promote Supportive Environment: Community At-Large Perspective

How can we as a community promote a more compassionate and supportive community environment for those affected by opioid use?

- **Find people that can be examples in the community of approaching this conversation empathetically**
- **Create an ad campaign**
- **Have people with lived experience leading organizations, efforts, and conversations about opioids and addiction**
- **Don't Know**

"Everybody needs to slow down and actually take time to speak to each other and observe each other."

Reducing Stigma: Lived Experience Perspective

Q What do you believe would help reduce stigma and promote more understanding and empathy within the community?

- **Many felt hopeless about reducing public stigma**

"I don't think there's ever going to be anything that reduces stigma. People are set in their ways. People that don't have an addiction don't understand it all."

- **Suggestions offered to reduce stigma:**
  - **Including voices of people with lived experience**

"If we could hear the humanity of how miserable and desperate they feel and how shameful they feel… I often think like… 'Man, I think if my family could know how horrible this is, how much I hate this, then maybe they wouldn't look at it the same way.'"

  - **Education**
    - Addiction is a disease
    - Shame makes addiction worse
    - Can happen to anyone at any age
    - Sometimes happens slowly over time and other times can escalate quickly
    - Effects opioids have on a person's brain and body (physiological addiction)
    - Statistics about prevalence in the community

Reducing Stigma: Community At-Large Perspective

Q What steps can we as a community take to reduce the stigma associated with opioid use and encourage more people to seek help?

- **Education**
  - Schools
  - Medical Professionals
  - General Public
    - Include voices of lived experience
    - Connect it to people's everyday lives
    - Addiction is a disease
    - Addiction can happen to anyone
    - Opioid use can start through a legitimate Rx or teenage ignorance
    - Show what treatment is really like
    - Target groups that already come together

"I think people telling their stories of what happened to them and that they recovered is one of the most powerful stigma reducing things I've ever encountered. The more powerful the person, the more impactful, because someone thinks, 'Oh, this famous person got better. I can get better

Reducing Stigma: Community At-Large Perspective cont.

- **Connection**
- **Encourage help seeking**
- **Have open conversations about/ normalize feelings**
- **Incentive employers willing to help connect employees to treatment and retain them in employment**
- **Have doctors spend more time conver with patients before prescribing addic drugs**
- **Decriminalize addiction**
- **Move away from "once an addict, always an addict" messaging perpetuated by AA**

"Offering up a place for people to come and have a safe place to be able to talk about these things, not only telling the signs of an overdose, but also giving people hope and trying to figure out what to do if there is an overdose [and] where to find Narcan."

"We have this society who doesn't want to feel anymore… We're supposed to shut it up with a pill, shut it up with a drug, shut it up with alcohol. We need to normalize feelings because the drugs aren't helping you... If we can tell people that pain is okay… but doctors or whoever are so willing to just prescribe, prescribe, prescribe. I'm just saying, 'it's okay to feel the pain. Let's find out more why you're having the pain. Let's find out more about why you're having the depression. Let's find out and normalize the feeling.' …If you feel, you can heal."

"I think having safe places for people to come and say, 'I'm experiencing this right now; how do I change this behavior, overcome this addiction, and move on with my life?' would be really supportive and helpful."

Handling of Rx Drugs: Community At-Large Perspective

Q How do you handle unused or expired pain medications?

- **Keep**

"Mine are just still sitting in my cupboard. They just sit there and sit there and sit there... I don't think I've ever thought of medication disposal."

"I keep my medication, even my pain pills, for when I need them later, so I'm not even good about bringing them back, even though I know I should. I think that's our biggest problem. We have a lot of people who do the exact same thing."

- **Take all of the pills prescribed**
- **Recommended disposal methods used:**
  - **Pharmacy take-back days**
  - **Drop boxes**
  - **Deterra Bags**

"St. Mary's Hospital did a great thing. They sent them [Deterra bags] to all the households through the mail. The directions are really simple and clear - put them in the bag, fill it up with water, and you can throw it away. [It] doesn't need a special receptacle or anything, it can be just thrown away."

- **Non-recommended disposal methods used:**
  - **Flush down the toilet**
  - **Throw away in the trash**
  - **Put in coffee grounds**
  - **Put in cat litter**

"I think a lot of it comes down to is not knowing how to dispose of things. My parents dump it in the toilet and flush the toilet. So that's what you learn over the years. That's how you do it."

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

DEBRIEF INSTRUCTIONS:

Take 7 minutes to consider the questions below.

- Virtual attendees: Discuss and take notes into google slides.
- In-Person attendees: Discuss and take notes onto big paper in room.

What stands out as urgent or most requires or attention?

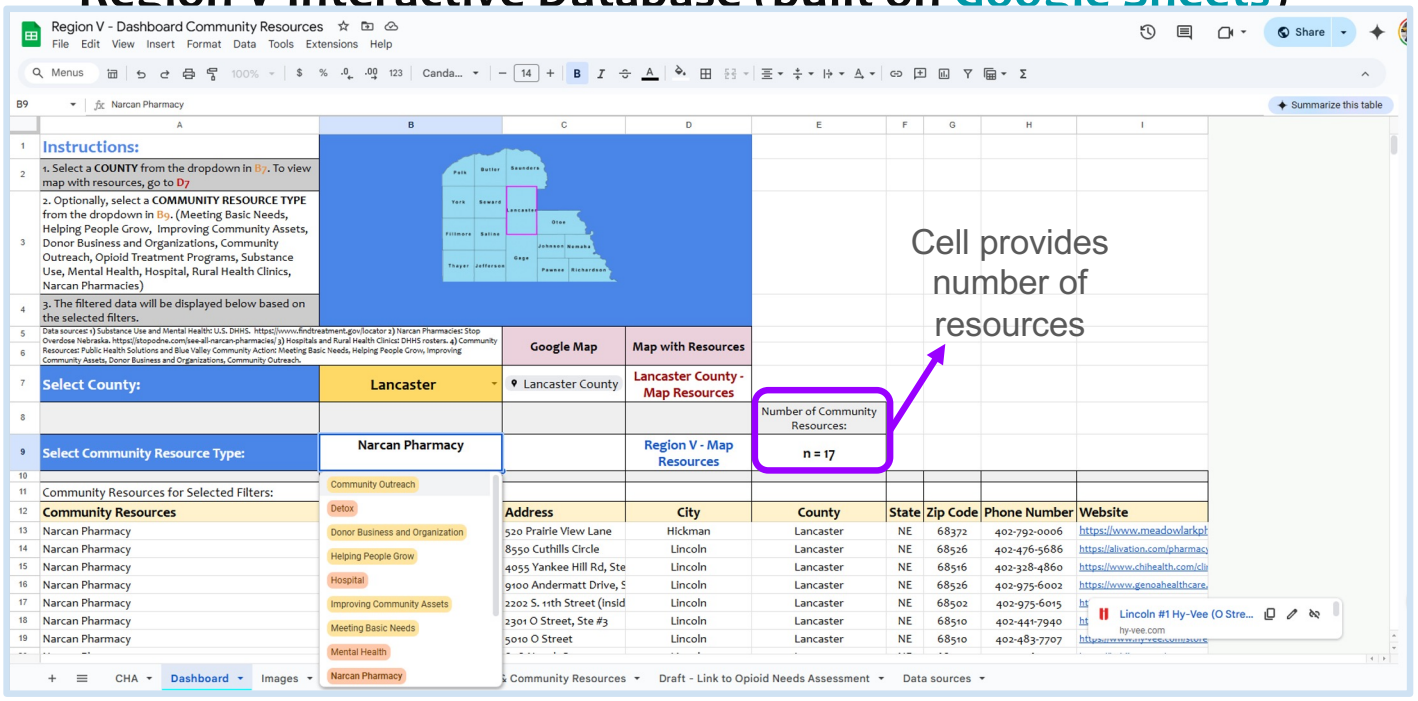
Where are opportunities emerging?

REGION V SYSTEMS
Promoting Comprehensive Partnerships in Behavioral Health

Recovery Services and Resources

Region V Resource Database Tool by County - (click here)

Region V Interactive Database (built on Google Sheets)*



*Dashboard is protected and only selected users can make changes to the database.

Available resources

- Substance use and mental health treatment services (e.g., opioid tx programs; Detox)
- Narcan Pharmacies
- Hospitals
- Rural Health Clinics
- Other community resources

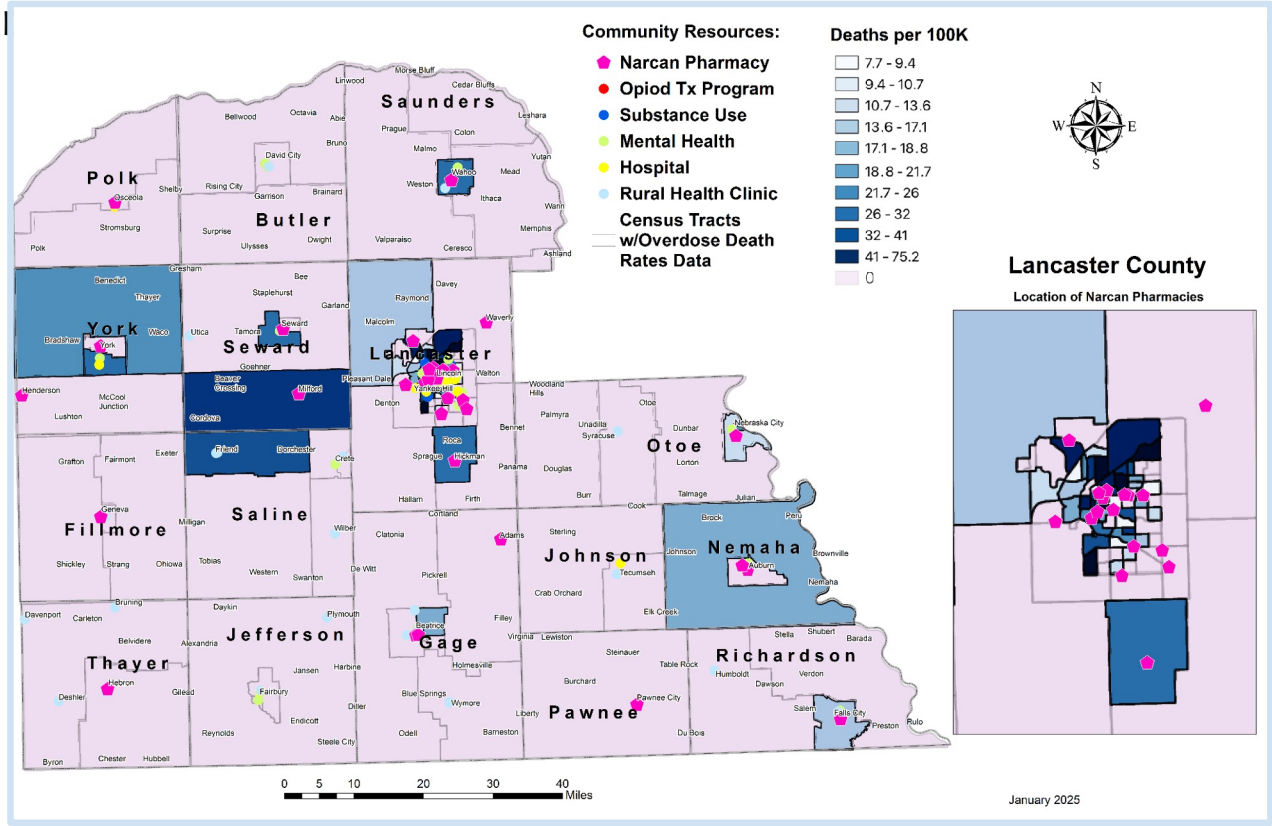
Interactive Maps

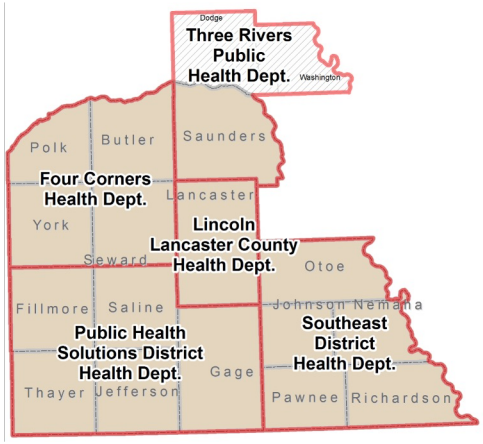
- Linkable resources on Google Maps

Scalable

- Database is automatically updated as selected users enter more resources into the database

Unintentional and Undetermined Intent Drug Overdose Deaths & Community Resources- Region V



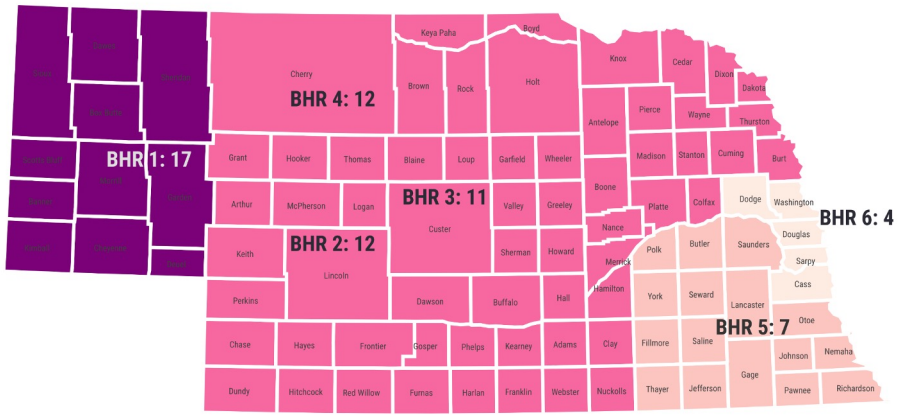


- 102,679 people living in census tracts with reported drug overdose death rates in Region V (SUDORS 2020-2021) do not have access to a Narcan pharmacy in their jurisdictions.
- 20% of people live 5 miles or more from a Narcan pharmacy in Region V.

Data source: CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 & 2021. Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska - Behavioral Health Region 5.

Density of Narcan Pharmacies by Behavioral Health Region (BHR)

Behavioral Health Region (BHR #)	Population (2022)	Number of Narcan Pharmacies	Narcan Pharmacies per 100K pop.
BHR 1	83,121	14	17
BHR 2	97,534	12	12
BHR 3	230,626	26	11
BHR 4	206,704	25	12
BHR 5	482,236	34	7
BHR 6	858,718	34	4
Total	**1,958,939**	**145**	**7**



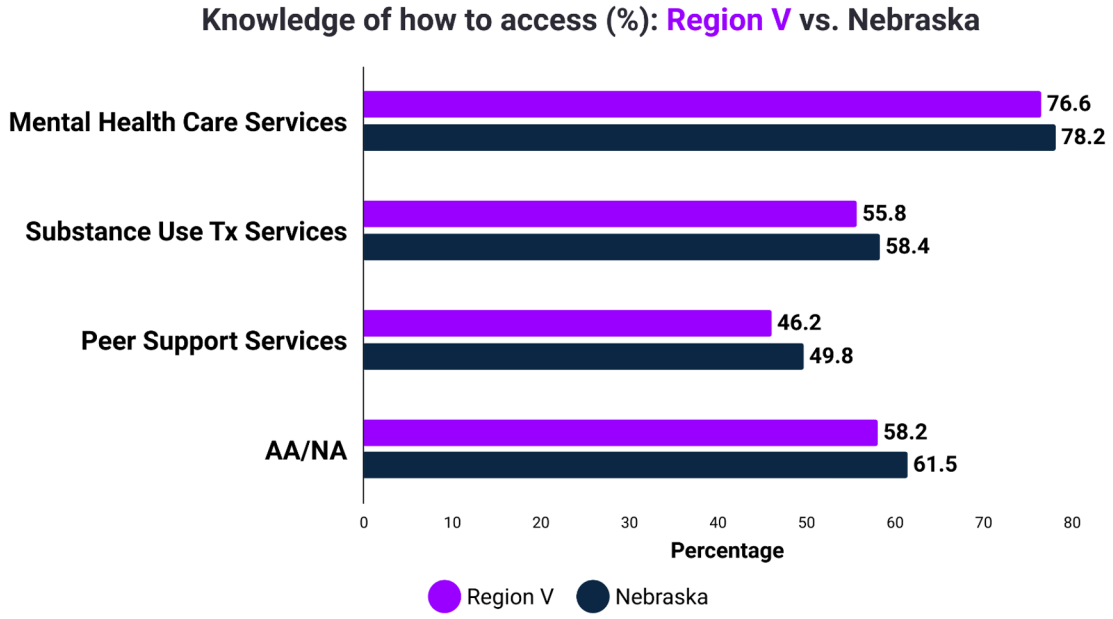
Total number of Narcan pharmacies in Nebraska: 145 (7 narcan pharmacies per 100,000 people)
Data source: https://stopodne.com/see-all-narcan-pharmacies/

While BHR 5's Narcan pharmacy density aligns with the state average, it lags behind some smaller regions like BHR 1 (17 per 100,000 pop.) and BHRs 2 & 4 (12 per 100,000 pop.)

Data source: Nebraska Pharmacists Association

Knowledge of Access to Services: Region V vs. Nebraska

NASIS



Where you live, do you know how to access?

Knowledge of how to access services is slightly lower among **Region V** respondents compared to the statewide average for **Nebraska** across **all service types (MH health care, SU Treatment, Peer Support, and**

N Region V = 542

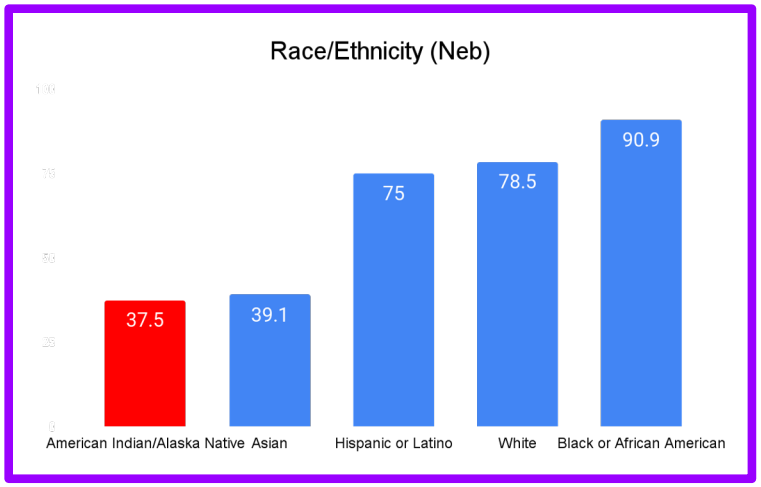
N Nebraska= 2,165

Knowledge of Access to Mental Health Services (NASIS)

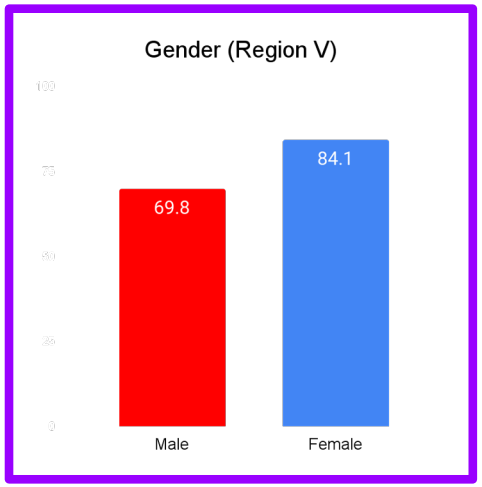
Overall, 76.6% of respondents reported knowledge of access to mental health services in Region V, slightly lower compared to Nebraska (78.2%). Mental health service awareness shows significant disparities across demographics

Significant differences are highlighted on charts with purple borders

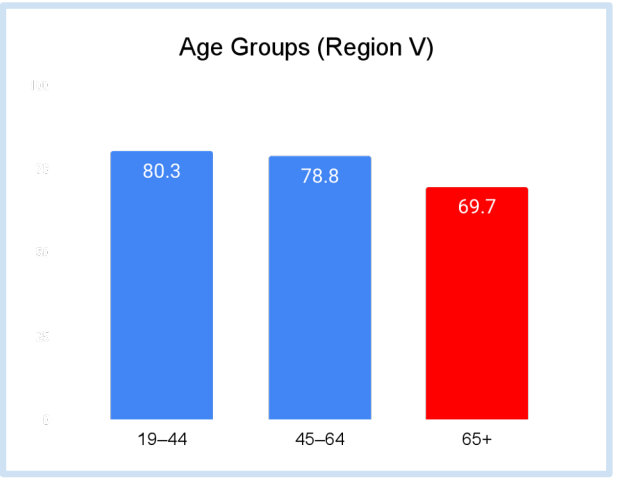
Knowledge of Access by Demographics



Black/African American respondents reported greater knowledge of access to MH services (90.9%), while American Indian/Alaska Native (37.5%) and Asian (39.1%) groups reported the lowest knowledge of access.



Females reported greater knowledge of access to MH services (84.1%) compared to males (69.8%).



Age-related differences show younger and middle-aged respondents greater knowledge of access to MH services, while older adults (65+) reported lower knowledge of access.

Comparison with Opioid Misuse (BRFSS)

Multiracial and Black NH reported the highest percentage (20.2% and 14.9%, respectively) among all races/ethnicities of frequent mental distress in past 30 days in Region V (BRFSS, 2018-2022).

14.6% of females reported frequent mental distress in past 30 days compared to 8.8% of males in Region V (BRFSS, 2018-2022).

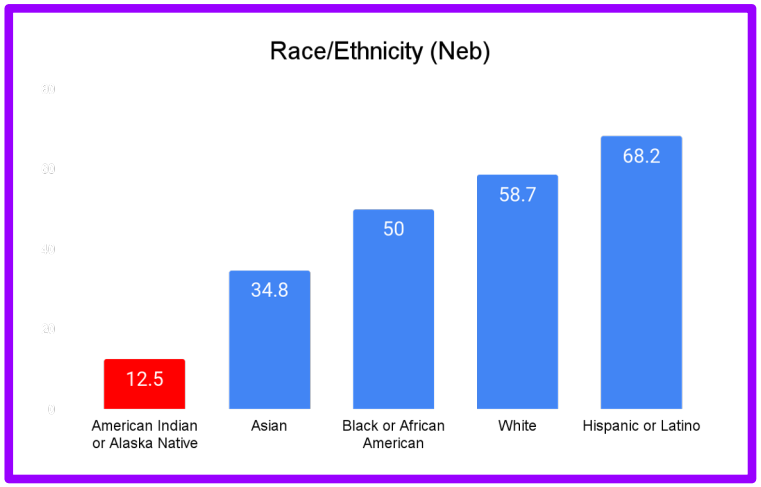
The 18-44 age group reported the highest percentage (14.5%) of frequent mental distress in past 30 days compared to 6.2% of the 65+ age group in Region V (BRFSS, 2018-2022).

Knowledge of Access to Substance Use Services (NASIS)

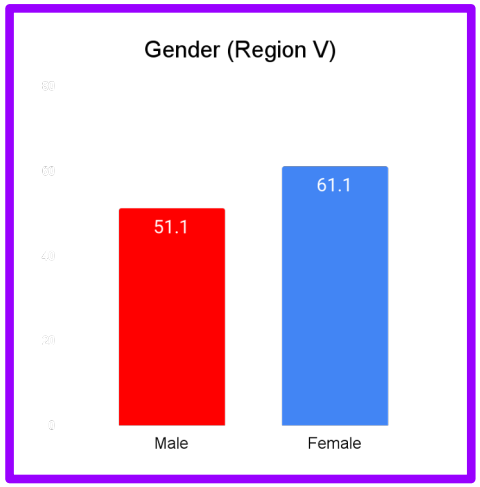
Overall, 55.8% of respondents reported knowledge of access to substance use services in Region V, slightly lower compared to Nebraska (58.4%)

Significant differences are highlighted on charts with purple borders

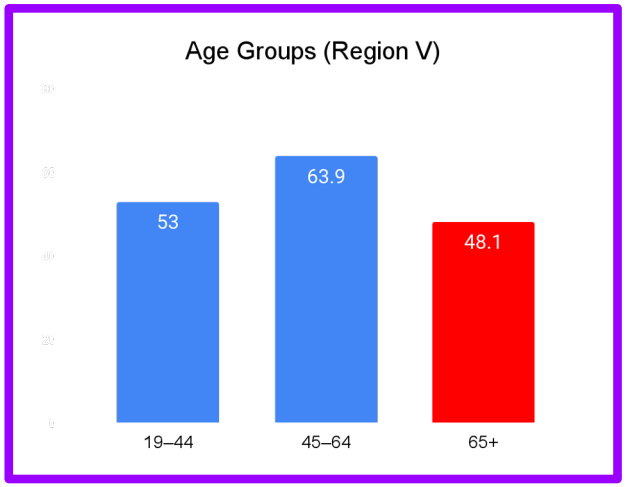
Knowledge of Access by Demographics



Hispanic/Latino respondents reported greater knowledge of access to SU services among minority groups (68.2%), while American Indian/Alaska Native respondents reported lower knowledge of access (12.5%).



Female respondents reported greater knowledge of access to SU services compared to males.



The 45–64 age group reported greater knowledge of access to SU services, while the 19–44 and 65+ age groups reported lower knowledge of access.

Comparison with Opioid Misuse (BRFSS)

Hispanics adults reported the highest percentage (7.3%), followed by Black-NH (6.3%) of opioid misuse in past year in Region V (BRFSS, 2018-2020).

3.2% of females reported opioid misuse in past year compared to 3.0% of males in Region V (BRFSS, 2018-2020).

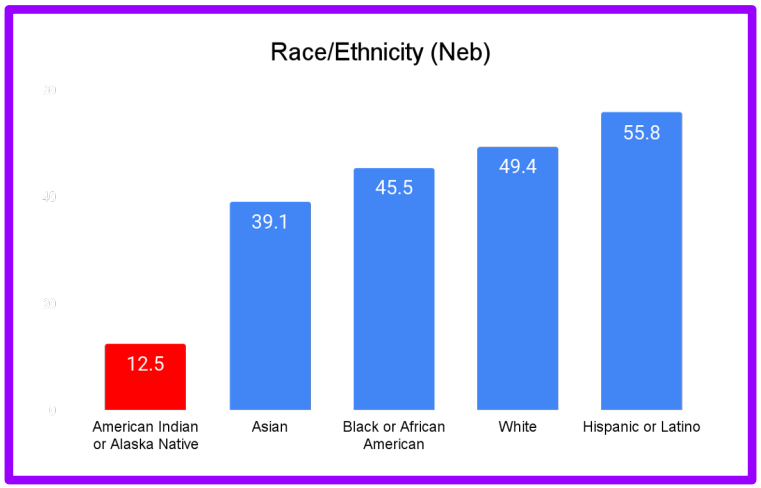
The 18-44 age group reported the highest percentage (3.7%) of opioid misuse in past year compared to 1.7% of the 65+ age group in Region V (BRFSS, 2018-2020).

Knowledge of Access to Peer Support Services (NASIS)

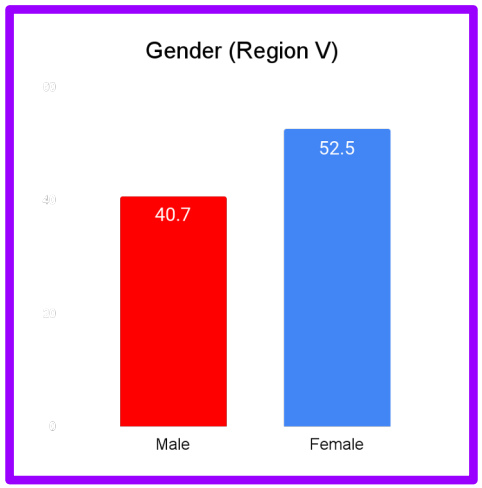
Overall, 46.2% of respondents reported knowledge of access to peer support services in Region V, slightly lower compared to Nebraska (49.8%).

Significant differences are highlighted on charts with purple borders

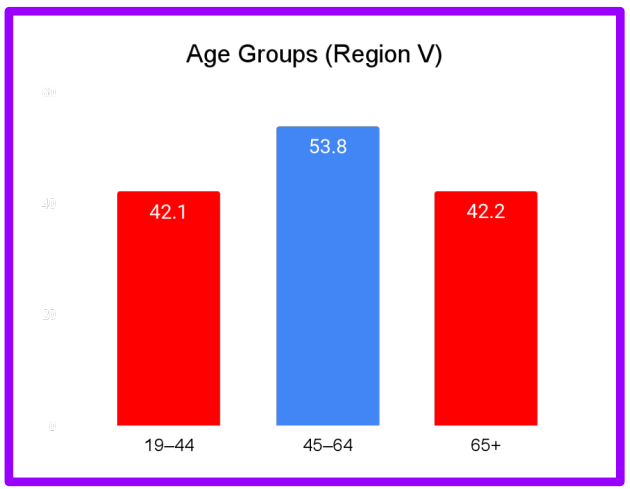
Knowledge of Access by Demographics



Hispanic/Latino respondents reported the greatest knowledge of access to peer support services among minority groups (55.8%), while American Indian/Alaska Native respondents reported the lowest knowledge of access (12.5%).



Female respondents reported a greater knowledge of access to **peer support services** compared to males (52.5% vs. 40.7%, respectively).



The 45–64 age group reported a greater knowledge of access to peer support services, while the 19–44 and 65+ age groups reported lower knowledge of access.

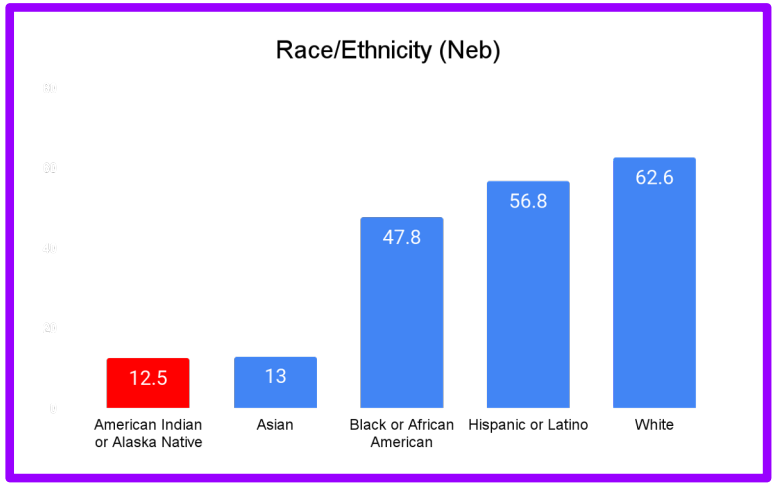
Knowledge of Access to AA/NA Services (NASIS)

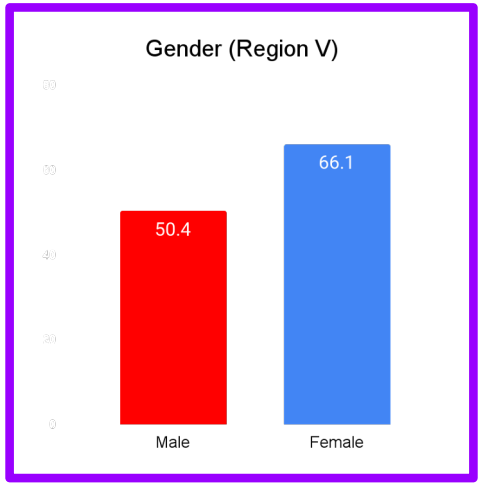
Alcoholics/narcotics anonymous (AA/NA)

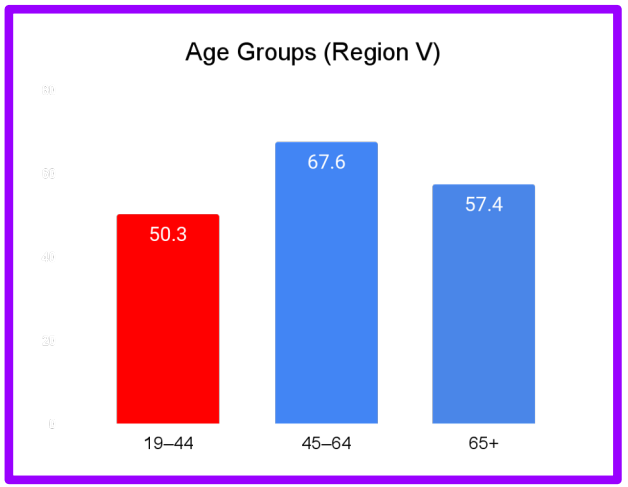
Overall, 58.2% of respondents reported knowledge of access to AA/NA services in Region V, slightly lower compared to Nebraska (61.5%)

Significant differences are highlighted on charts with purple borders

Knowledge of Access by Demographics







White respondents reported a greater knowledge of access to AA/AN (62.6%) among all groups, followed by Hispanic/Latino respondents (56.8%), while Asian, and American Indian/Alaska Native respondents reported lower knowledge of access (13% and 12.5%, respectively).

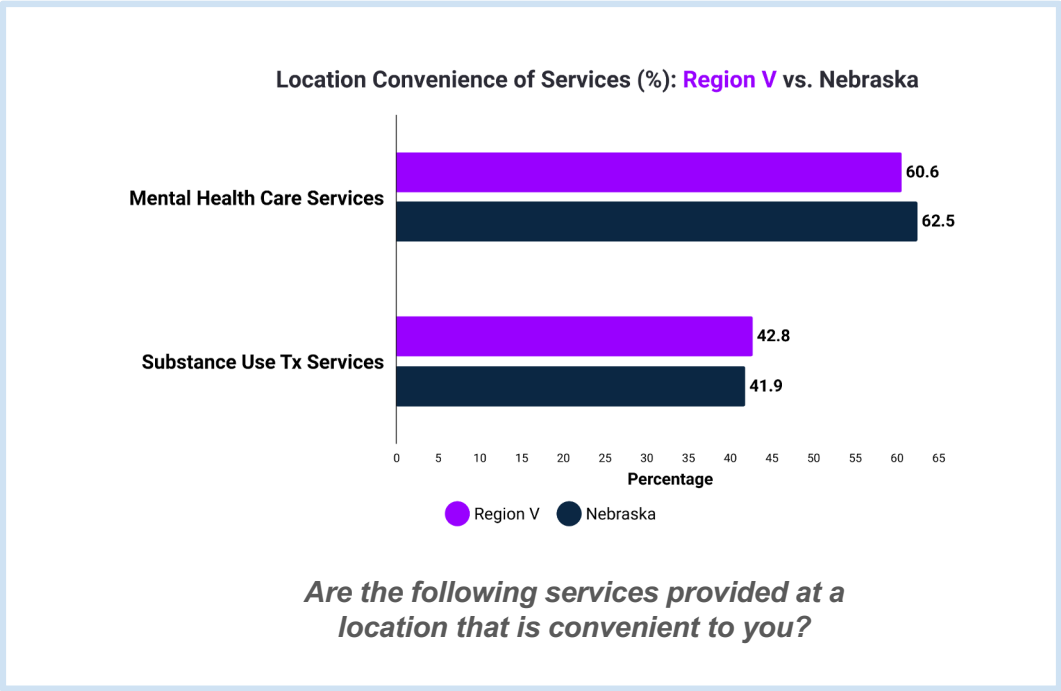
Female respondents reported a greater knowledge of access to **AA/NA services** compared to males (66.1% vs. 50.4%, respectively).

The 45–64 age group reported a greater knowledge of access to AA/AN services, while the 19–44 and 65+ age groups reported lower knowledge of access.

Location Convenience of Services (Mental Health & Substance Use): Region V vs. Nebraska

Region V respondents reported slightly lower location convenience for Mental Health Care Services (60.6%) compared to the statewide average (62.5%). For Substance Use Treatment Services, Region V respondents reported slightly higher location convenience compared to the statewide average (42.8% and 41.9%, respectively).

"Are the following services provided at a location that is convenient to you?"



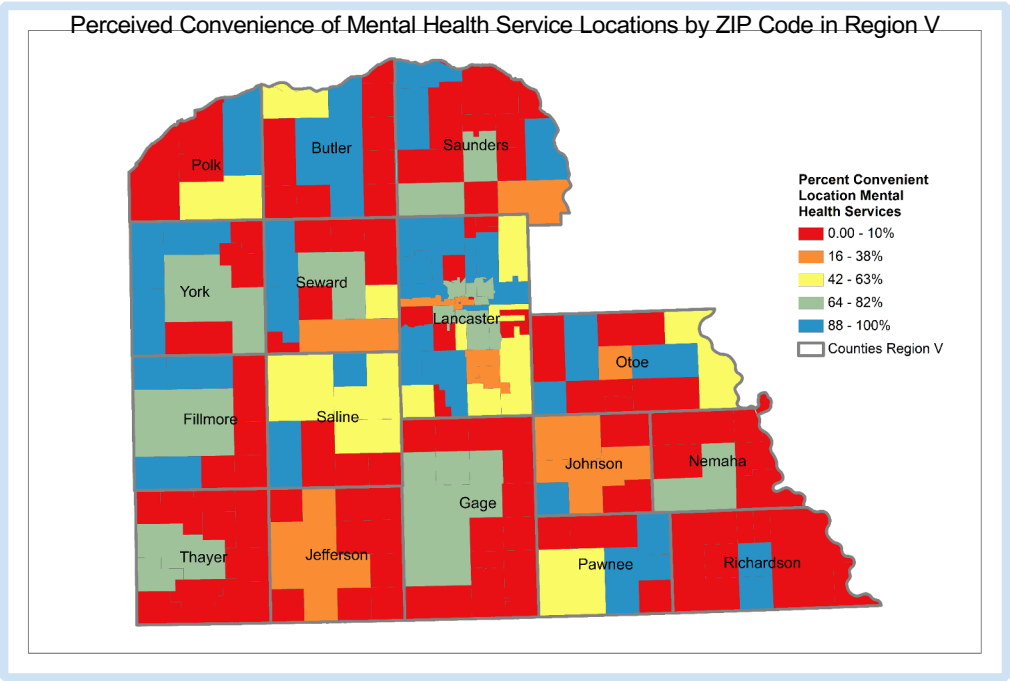
Data source: 2024 NASIS

N = 540 (Reg. V) N = 2,156 (NE)

Convenient Access to Mental Health Services

Urban residents reported mental health services were more convenient (64.1%) compared to rural residents (49.1%).
✍️Counties reporting lowest location convenience include **Nemaha** (11.6%), **Jefferson** (11.9%), **Thayer** (15.3%), and **Gage** (18.6%) counties.

Overall, 60.6% of residents in Region V reported convenient access to mental health care services, slightly lower compared to Nebraska 62.5%.



LEGEND

- **Greater Convenience (88-100%)**: ZIP codes shaded in blue indicate areas with perceived greater levels of convenience.
- **Moderate Convenience (42-82%)**: Areas shaded in green and yellow represent moderate perceptions of convenience, with percentages ranging from 42% to 82%.
- **Low Convenience (0-38%)**: ZIP codes shaded in red and orange show the lowest levels of perceived convenience.

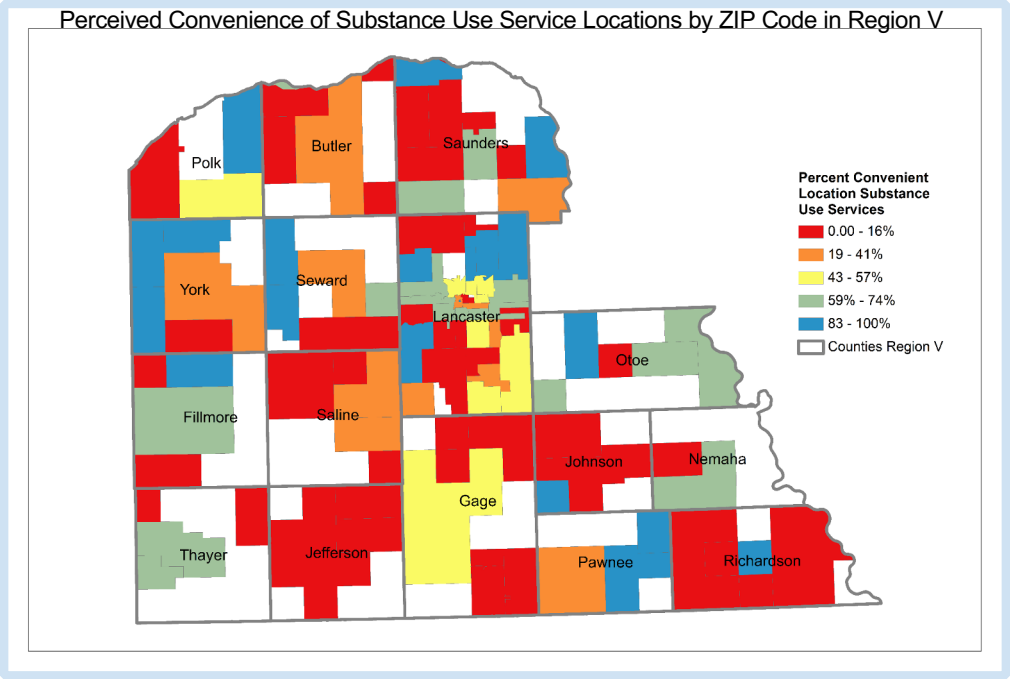
Data source: 2024 NASIS

Convenient Access to Substance Use Services

In Region V, less than half (42.8%) of respondents reported convenient access to substance use treatment services, significantly lower compared to mental health care services (60.6%). ✍️Counties reporting lowest location convenience include **Jefferson** (10.5%), **Gage** (14.3%), **Nemaha** (23.1%), and **Saline** (24.0%) counties.

Overall, 42.8% of residents in Region V reported substance use treatment services as convenient, slightly higher compared to Nebraska 41.9%.

Respondents significantly perceive **substance use treatment services** less conveniently located compared to mental health care services.



LEGEND

- **Greater Convenience (83-100%):** Areas shaded in blue represent ZIP codes where respondents reported greater perception of convenience. These areas are limited and appear to cluster in and around urban locations, such as Lancaster County.
- **Moderate Convenience (42-82%)**: ZIP codes shaded in green and yellow reflect moderate levels of respondent perceived convenience. These areas are scattered, with a mix of urban and rural representation.
- **Low Convenience (0-41%)**: The majority of ZIP codes are shaded in red and orange, indicating very low levels of perceived convenience.

Data source: 2024 NASIS

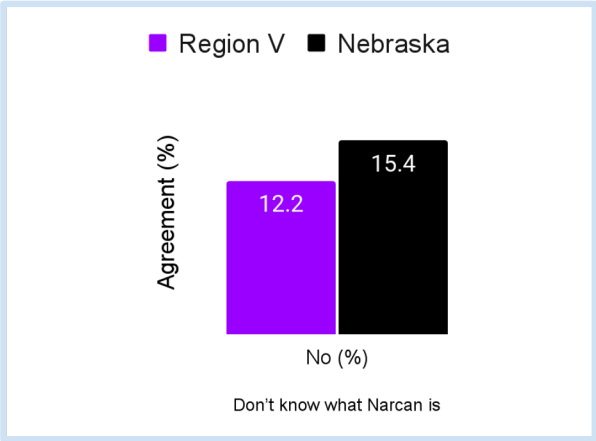
Recovery Services and Resources

✍️Want to know more? Click here

Narcan Knowledge & Access

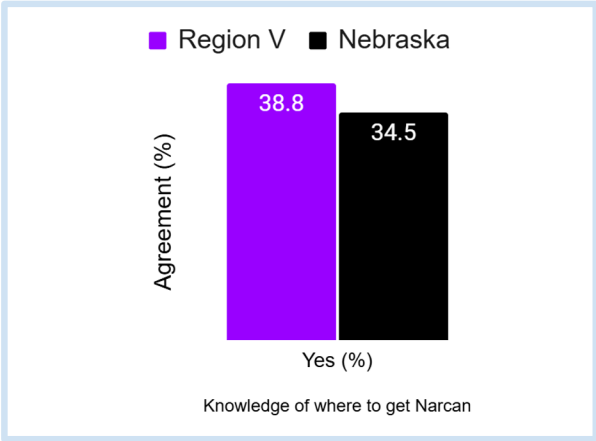
Don’t know what Narcan is

12.2% of respondents in Region V did not know what Narcan is compared to 15.4% of Nebraskans.



Knowledge of where to get Narcan

38.8% of respondents in Region V, reported knowing where to get Narcan compared to 34.5% of all Nebraskans. (*)



(*) 2022 NASIS reported **18.6%** of Nebraskans knew where they could access Narcan. Cooper-Ohm *et al.*, 2024.

Data source: 2024 NASIS

Recovery Services and Resources

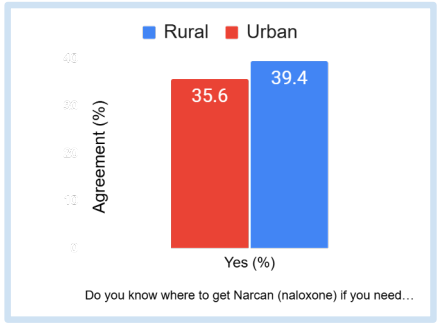
✍️Want to know more? Click here

Narcan Access

Significant differences are highlighted on charts with purple borders

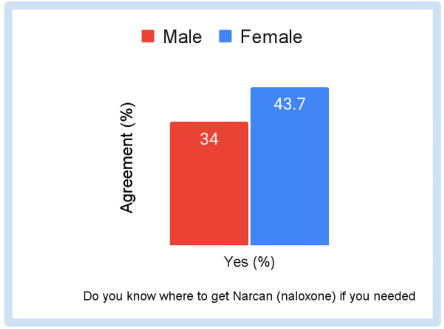
By Geography

39.4% of urban respondents reported knowing where to get Narcan, compared to 35.6% of rural respondents.



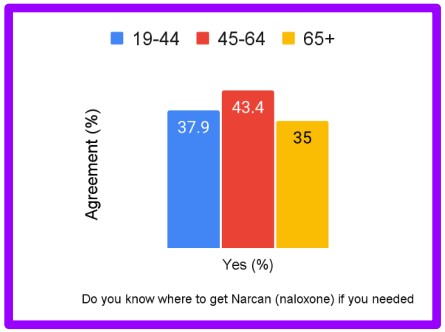
By Gender

43.7% of female respondents reported knowing where to access Narcan compared to 34% of male respondents.



By Age Groups

43.4% of the 45–64 year old age group reported knowing where to get Narcan, higher when compared to the 19-44, and 65+ year old age groups; 37.9% and 35%, respectively.



Data source: 2024 NASIS

Narcan Access & Stigma

Relationship Between Stigma and Knowledge of Narcan Access

✍For respondents from **Region V**, there was no relationship between stigma levels and knowledge of how to access Narcan.

✍At the **state level**, respondents with lower levels of stigma were more likely to report knowing where to access Narcan compared to those with higher levels of stigma.

> Previous qualitative studies involving pharmacists have indicated that stigma is viewed as an obstacle to obtaining Narcan. Cooper-Ohm *et al.*, 2024.

Recovery Services and Resources

✍Want to know more? Click here

Sources of Information About the Dangers of Opioids

Traditional media (65.6%) and **social media (60.2%)** were the most frequently cited sources for opioid-related information.

Source Communication Channel	Overall (%)	Rural	Urban
Traditional Media (Radio, TV, Newspapers)	**65.6**	63	66.3
Social Media	60.2	63.4	59.4
Other Internet Sites	42.3	43.4	42.1
Doctor's Office	31.7	34	31.8
Substance Use or Mental Health Care Provider	15.3	10	16.7
TalkHeart2Heart.org	4.8	5.1	4.8

No significant differences in sources of information were found between rural and urban respondents.

Recovery Services: Community At-Large Perspective

Q If you or someone you know was struggling with opiate or pain medication misuse, where would you start? Where would you go or look to find help?

- **Doctor**
- **Religious leader**
- **Therapist**
- **AA/NA**
- **Connect to a peer**
- **SCIP (if a child)**
- **Online**
- **Specific places**
  - **Hospital for people detoxing**
  - **The Bridge**
  - **Independence Center**
  - **Mission Field**
- **Don't know**

"For many people in our community, the first step is to send them to a priest or to a pastor."

"That's the only thing they say is, '[go to the] emergency room.' That's their answer to everything and that's not the place for this to begin. You know [if] you really need treatment, [the] emergency room is not going to be a good stepping stone to get treatment."

"From my understanding, it's a whole different beast, because of the actual physical withdrawals and stuff like that. I won't even know where to begin. I've been in active addiction for some time. I know about AA/NA, I know about treatment centers and stuff like that. But, again, with opioid addiction there's a physical withdrawal… where you take somebody like that to actually get the help they need?"

Helpful Recovery Services: Lived Experience Perspective

Q What recovery services and resources have you found to be most helpful in your recovery process?

- **Inpatient treatment**
- **Peer support**
- **AA/NA**
- **Support groups**
- **Medicaid**
- **Trauma therapy**
- **Sober housing**
- **Detox**

"It's nice to just have somebody get it and not feel judged…You didn't feel like there was any consequences, or like they were going to use what you say against you. That's what kept me going back to those places, was that, 'oh, I'm going to see my peer support.'"

"I don't really do the 12 Steps personally. It's just not really something that was helpful to me, but the same idea of support groups - having people to talk to about stuff, and having someone kind of like a sponsor that you can call at any time and be able to talk to about what's going on."

Services that don't kick people out for missing sessions

Mixed feedback:

- MAT

"Suboxone, in my opinion, has completely changed my life and saved me from all the bad things that opiates bring."

- Justice system involvement

Service Challenges: Lived Experience Perspective

Q What were the biggest challenges for you when attempting to access recovery services or treatment?

- **Paying for Services**
- **Enough Services to Meet Needs**
- **Workforce**
- **Meeting the Needs of Specific Groups**
- **Stigma**
- **Getting started/ Service Navigation**

"I think my biggest challenge was the first time that I ever tried to get sober, I didn't have a medically facilitated withdrawal process. I went to a place that I could leave if I wanted to. I wasn't court ordered or anything to be there. I wanted to get sober myself, but there wasn't any sort of like tapering myself off opiates or getting on Suboxone or anything like that for that treatment program. So, I stayed there for like 24 hours, and I just couldn't take the withdrawals anymore, so I left."

"Make sure that that no matter what type of person it is and what their life story is, that there is a system out there that can help them."

"I wish all healthcare professionals were trained in motivational interviewing, de-escalation, conflict resolution, [and] peer support. That would be so cool if someone could walk into the emergency room and feel like they are heard and seen as a human being."

Resources and Supports Needed: Lived Experience Perspective

What resources or support systems are needed to help individuals maintain long-term recovery from opioid use?

- **Informal supports**

"Long term recovery for me is being around a lot of people that are like me - helping other people, allowing other people to help me."

- **Formal supports**
  - Dual diagnosis services, particularly trauma treatment
  - MAT
  - Sober housing
  - DBT-based recovery services
  - Services that are not 12-step based
  - Help meeting basic needs – food, job, housing
  - Medicaid
  - **Refresher meetings that focus on DBT and CBT skills learned in treatment***
  - **Hotline to call to connect to services***

**** wished they were in place***

Increase Utilization of Services: Lived Experience Perspective

What do you believe is needed to make people who use opioids feel safer to seek help and utilize community resources?

- **Reduce stigma**

"More people understanding that it's like the doctors give it to you. They have a responsibility too. You could be taking it [opioids] for a valid reason and then it turned into something else."

- **Increase access to services in rural areas**
- **Increase access to peer support**

"The best thing [to feel] safe was being around other people that had been where I've been and that have experienced the feelings - the loneliness, the not being good enough, the homelessness, the degradation, all those things - and then talked about it openly."

- **Offer medically-assisted detox in hospitals**
- **Offer navigation services that connect people to individualized resources**

Service Challenges and Needs: Stakeholder Perspective

Q What additional services and resources are needed in your community to address the opioid crisis? What do you see as the most significant challenges to accessing recovery services in your community?

- **Paying for Services**

  "It seems like the beds for treatment are readily available for those that have insurance versus those that don't. The ones that probably need it more significantly are the ones that don't have the insurance."

- **Enough Services to Meet Needs**

  "There is not always [an] opening in treatment centers when somebody is ready to go into treatment. It could be a few days from then, but the person might change their minds in that time. I think the biggest challenge is there is not always a spot for them when they're ready."

- **Meeting the Needs of Specific Groups**

  "I think that lack of knowledge or understanding as to whether or not a recovery service is accessible. I would say that trans women, particularly trans women of color, are at a much, much higher risk and have much more difficulty accessing services."

- **Workforce**

- **Harm Reduction**

  "If we're going to build a good continuum of care, how do we support it through workforce? I think there's untapped opportunities through the use of peers that we haven't even begun to look at. How do we bring peers into that? They're the frontline worker, [they are] that individual who understands. How do we tap into to peer services and grow that sector?"

- **Stigma**

  "I think the biggest barrier to people seeking help continues to be stigma"

Harm Reduction: Lived Experience Perspective

Q Are there any harm reduction approaches including efforts that focus on minimizing negative consequences rather than solely trying to stop the behavior entirely that you think are or could be effective in your community?

- **Most advocated for MAT, but a few were opposed**

"It absolutely saved my life. It allowed me to get almost two years clean."

"It's not so much harm reduction, when really to them it's the backup plan."

- **SSPs: make it as easy as possible**
- **Fentanyl test strips: increase availability**
- **Narcan: increase access**
- **Offer services that are not abstinence only**
- **Continue to offer services if desire to get high is expressed**
- **Care management for people on opioids for pain**
- **Good Samaritan Law**
- **Respite**

"I shared needles with everybody. That was like the only option. That's all you can do sometimes. People are doing some gross things, because it's what you feel like you have to do in the moment."

"A lot of people get addicted to opioids by prescription and all of the sudden they get labeled as drug seeking, and they get slapped with, 'no, we're not going to help you.' They [doctors] don't even refer you to where you could

Harm Reduction: Stakeholder Perspective

Q How receptive do you think the community is to harm reduction strategies? What could be done to increase support and understanding?

- **Lack of understanding**

  "I think people have a misconception of what harm reduction is, why we need harm reduction, [and] how it actually can benefit people and the community as a whole."

- **SSPs are controversial**

  "There would be a lot of backlash regarding that [SSPs], because people would fight about, 'well, I'm diabetic, I don't get new syringes.' It almost takes somebody to die in a small community to bring awareness to a problem or to make people change some of their thought processes."

- **Narcan less controversial, but still faces some opposition**

  "There's this hero aspect of Narcan. Like if you're carrying Narcan and you're able to save someone's life there is that little bit of that aspect, as opposed to the fentanyl testing strips or the SSPs where we're really empowering the people who are using to keep themselves safe."

- **Increase Understanding through Education**

  "Consistent messaging over an extended period of time creates that change…getting people used to the idea that alive is best."

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DEBRIEF INSTRUCTIONS:

Take 7 minutes to consider the questions below.

- Virtual attendees: Discuss and take notes into google slides.
- In-Person attendees: Discuss and take notes onto big paper in room.

What stands out as urgent or most requires or attention?

Where are opportunities emerging?

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Local Capacity

Organizational Capacity: Stakeholder Perspective

- ~~Modest effects on backbone support organizations~~
- **Larger effects on organizations with direct interactions, including:**
  - Increasing education and outreach
  - Distributing Narcan
  - Looking for ways to individualize solutions for each person needing care
  - Increasing advocacy around policies/regulations that support the work
  - **Increasing collaborations to bring organizations together (working well!)**
- **Challenging Effects:**
  - Connecting to partner services
  - Offering a broad array of services to meet the needs

Q CAPACITY EFFECTS?

"I think we are lucky here, as far as the people that are all trying to do this… 'It takes a village' is a statement I didn't know I would use so much, but I really feel like in this space it does take a village. It takes all the people who are trying to do all the things and make a difference and get different programs done, to come together to get people the help that they need and to have the services that we know work."

"The systems themselves are not working well enough with each other. I think there's a lot more improvement that could be done there."

Organizational Support Needs: Stakeholder Perspective

Q What would support your organization in better meeting the needs of the community to combat the opioid crisis?

- **Funding**
- **Partnership and collaboration**
- **Education**
- **Harm reduction**
- **Increase workforce**
- **Other**

"I think, as a community, Lincoln is unique compared to a lot of communities in that we all work together really well. I just think we need to continue to bring people to the table and continue to brainstorm and continue to put the projects up on the screen and say, 'Well, who's doing what and what's missing?'"

"When that person gets to that contemplative state, they say, 'Hey, I do need to make a change' [we should be] making sure people understand what to expect: how the system works, what their loved one is going to be going through, how to use supportive language to help get them to cross the threshold."

What's Working: Lived Experience Perspective

Q What do you feel like is working well in addressing the opioid crisis and why?

- **Increased harm reduction strategies**
  - Narcan accessibility, especially the vending machines
  - MAT, Good Samaritan Law, doctors prescribing fewer opioids

"I think that [Narcan access is] really going pretty well as far as, like, people know what it is, people know how to administer it, [and] people know they can get it for free."

- **Greater discussion/acknowledgement of fentanyl as an issue**

"Everybody knew that there were heroin addicts in San Francisco and New York and stuff like that, but people didn't realize there was large groups of opiate addicts in small towns in Nebraska."

- **Normalization of mental health challenges and neurodivergence - decreases stigma**
- **Increased peer support services**

Current Policies/Programs: Stakeholder Perspective

Q How effective do you believe current policies and programs have been in addressing the opioid crisis in our community?

SUCCESSES

- **Distribution of Narcan**
- **Good Samaritan Law**

"We have the Good Samaritan [Law]. I feel like that's been effective, that you can take someone in yourself [and] you cannot be swept up in that. I think that's been somewhat effective and important for people, especially younger folks - college age, high school age folks - to understand that that can happen. I think we could do more to help people understand that that law is in place still."

CHALLENGES

- Ignorance of policies and programs

"I don't even know what some of the policies are that are out there in terms of opioids in our community."

- **Inability to utilize effective interventions**
- Justice system practices not working
- Politics around the opioid settlement funds

"We've made some movement with it, but I think it showed that the government maybe gets too involved and doesn't necessarily listen to the people who are out there doing these things, trying to make a difference…I think it gets too politicized sometimes."

Improve Services Using Lived Experience Voices

How might organizations that address opioid use include voices of lived experiences to improve their services?

- **Ask people with lived experience what they think, listen to their answers, and implement changes based on their feedback**
- **Take all opinions seriously, even if contradictory**
- **Provide opportunity for anonymous feedback**
- **Increase peer support positions**
  - Should be as prevalent as counselors
  - Should be paid higher wages than currently

"I think that what's most important is to hear from someone that's gone through that and made it through those things and found recovery."

"People that are good in their recovery need to speak out and make it clear that the stigma has got to be lifted [and] people need help."

- **Offer opportunities for people with lived experience to share stories publicly**
  - Create ads (radio, tv, signs, documentary)
  - Offer opportunities to speak to groups
  - Invite them to be part of problem-solving conversations without resorting to tokenism

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DEBRIEF INSTRUCTIONS:

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- In-Person attendees: Discuss and take notes onto big paper in room.

What stands out as urgent or most requires or attention?

Where are opportunities emerging?

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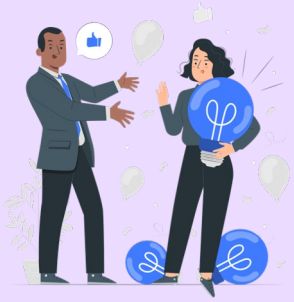	What caught your attention most today? What was most compelling?
	Please join us on **January 22nd from 9am-12pm** to further discuss, determine priorities and make recommendations for future action.
We thank you for your time and commitment to the wellbeing of people living in Region 5 communities.	