Dealing with Heroin/Opiate Addiction Epidemic on a Local Level: Dearborn County Jail Chemical Addictions Program
Facts on the Opiates/Heroin Addiction

- Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others.

- Opioids are chemically related and interact with opioid receptors on nerve cells in the brain and nervous system to produce pleasurable effects and relieve pain.

- Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

- American Society of Addiction Medicine
National Statistics on Opiates/Heroin

- Of the 21.5 million Americans 12 or older that had a substance use disorder in 2014, 1.9 million had a substance use disorder involving prescription pain relievers and 586,000 had a substance use disorder involving heroin.

- It is estimated that 33% of individuals who use heroin develop opioid addiction.

- In 2013, 309 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.

- Four out of five new heroin users started out misusing prescription painkillers.

- 94% of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were “far more expensive and harder to obtain.”

-National Institute of Drug Abuse
National Statistics on Opiates/Heroin

In America 12 states had more opioid prescriptions than people 2012: Indiana ranks 8th on this list. This is per 100 people.

1. Alabama: 142.9
2. Tennessee: 142.8
3. West Virginia: 137.6
4. Kentucky: 128.4
5. Oklahoma: 127.8
6. Mississippi: 120.3
7. Louisiana: 118
8. Arkansas: 115.8
9. **Indiana: 109.1**
10. Michigan: 107
11. South Carolina: 101.8
12. Ohio: 100.1

-National Institute of Drug Abuse
Opiate Addiction in Adolescents (12 to 17 years old)

- In 2014, 467,000 adolescents were current nonmedical users of pain reliever, with 168,000 having an addiction to prescription pain relievers.

- In 2014, an estimated 28,000 adolescents had used heroin in the past year, and an estimated 16,000 were current heroin users. Additionally, an estimated 18,000 adolescents had heroin a heroin use disorder in 2014.

- Most adolescents who misuse prescription pain relievers are given them for free or steal from a friend or relative.

- The prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007.

-National Institute of Drug Abuse
Opiate addiction in Females

- Women are more likely to have chronic pain, be prescribed prescription pain relievers, be given higher doses, and use them for longer time periods than men. Women may become dependent on prescription pain relievers more quickly than men.

- 48,000 women died of prescription pain reliever overdoses between 1999 and 2010. Based on a percentage of opiate abusers, the rate of overdose is higher for females than it is for males.

- Prescription pain reliever overdose deaths among women increased more than 400% from 1999 to 2010, compared to 237% among men.

- Heroin overdose deaths among women tripled from 2010 through 2013.

-National Institute of Drug Abuse
Opiate Addiction in Indiana

- **3.2 % of Indiana high school students** have used heroin at least once in their life and approximately 1 percent has used within the last 30 days.

- 9.3% of Indiana treatment admissions reported heroin dependence.

- While the nation’s percentage heroin dependence slightly increased since 2001, **Indiana’s percentage more than quadrupled** during that time period.

- Among Indiana’s treatment admissions, women, whites, and individuals under the age of 34 had the highest rates of heroin dependence. Furthermore, the percentage of youth less than 18 years old abusing heroin saw a sharp increase from 0.9% in 2010 to 9.3% in 2012.

  -Center for Health Policy

- Indiana is one of 10 States who according to **Center for Disease Control and Prevention** had a significant drug overdose death increase from 2012-2014. For this study significant was anything over 7 percent. Indiana had a 9.6 percent increase.
Top Indiana Counties with Heroin Cases

Top 10 Indiana Counties with Heroin Cases - 2013

<table>
<thead>
<tr>
<th>County</th>
<th>2013</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. JOSEPH COUNTY</td>
<td>117</td>
<td>38</td>
</tr>
<tr>
<td>HOWARD COUNTY</td>
<td>86</td>
<td>0</td>
</tr>
<tr>
<td>LAKE COUNTY</td>
<td>77</td>
<td>75</td>
</tr>
<tr>
<td>ALLEN COUNTY</td>
<td>70</td>
<td>74</td>
</tr>
<tr>
<td>MONROE COUNTY</td>
<td>73</td>
<td>5</td>
</tr>
</tbody>
</table>
National Opioid Overdose Epidemic

- Drug overdose is the **leading cause of accidental death in the US**, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.

- From 1999 to 2008, **overdose death rates, sales and substance use disorder treatment admissions related to prescription pain relievers increased in parallel**. The overdose death rate in 2008 was nearly four times the 1999 rate; sales of prescription pain relievers in 2010 were four times those in 1999; and the substance use disorder treatment admission rate in 2009 was six times the 1999 rate.

-American Society of Addiction Medicine
National Opioid Overdose Epidemic:

Rate of user and Rate of Overdose deaths increasing together.
National Opioid Overdose Epidemic

Drug Overdose Deaths in 2014

<table>
<thead>
<tr>
<th>Drug</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>18,893</td>
</tr>
<tr>
<td>Heroin</td>
<td>10,574</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>7,945</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5,415</td>
</tr>
</tbody>
</table>

Data: CDC
National Opioid Overdose Epidemic

Drug Overdose & Motor Vehicle Accident Deaths

Data: CDC
Overdose Deaths by Race in 2014 per 100,000 people

**HEROIN**
- White: 4.4
- Black: 2.5
- Hispanic or Latino: 1.9
- Native American: 3.7
- Asian: 0.3

**OPIOIDS**
- White: 7.9
- Black: 3.3
- Hispanic or Latino: 2.2
- Native American: 8.4
- Asian: 0.7

Data: CDC
Opiate Addiction in Dearborn County Indiana

Where is Dearborn County?
Opiate Addiction in Dearborn County Indiana

What makes Dearborn County Unique to Opiate/Heroin Addiction?

• While Dearborn County is in Indiana we are basically a suburb of Cincinnati. We are 20 minutes outside of Cincinnati and many of our residents spend a lot of time in the Cincinnati area. Additionally, we are 10 minutes from Northern Kentucky which has approximately 350,000 residents. So while Dearborn County has approximately 60,000 residents we are within 30 minutes of 2 million people.

• Because of Cincinnati’s access to Interstate 70, Interstate 75, Interstate 71 and Interstate 74, Cincinnati has long been a hub for heroin sales in the U.S. Because of this Dearborn County residence have easy access to heroin and other major illegal street narcotics. Additionally, Interstate 74 between Cincinnati and Chicago is a major corridor for drug trafficking. Dearborn County is either the first stop or last stop in this corridor.
Opiate Addiction in Dearborn County Indiana

What makes Dearborn County Unique to Opiate/Heroin Addiction?

• Dearborn County has one of the largest methadone clinics in the Midwest. Clients of this clinic come from as far away as West Virginia to receive treatment from this methadone clinic. While Methadone Treatment does have it’s place within Opioid dependency treatment, Dearborn County does get negative residual effects from some of the clients who are not invested for the right reasons.

• Dearborn County has one of the busiest Riverboat Casinos in America. While Dearborn County has been fortunate to have a business of this magnitude in our community, it does bring some criminal activity with it including drug use and sales.
Opiate Addiction in Dearborn County Indiana

• In 2014, Dearborn County Probation filed 216 Probation Violations which were due to illegal use of opiates. A large majority of these positive test were for total morphine which would indicate the use of heroin.

• In 2015, Dearborn County saw 199 Overdose’s due to Opiate/Heroin use. Additionally, in 2015 Dearborn County had 15 deaths due to opiate overdose and in 2013 Dearborn County had 38 overdose deaths due to Opiates/Heroin.

• According to the Dearborn County Hospital in 2015, 25 percent of babies born at Dearborn County Hospital had tested positive for Opiates.

• Approximately 75 percent of offenders on Home Incarceration in Dearborn County have admitted to abusing opiates.
Opiate Addiction in Dearborn County Indiana

Opiate Overdoses By Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Overdoses</th>
<th>Opiate Overdoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>TY 2012</td>
<td>71</td>
<td>21</td>
</tr>
<tr>
<td>TY 2013</td>
<td>53</td>
<td>27</td>
</tr>
<tr>
<td>TY 2014</td>
<td>130</td>
<td>64</td>
</tr>
<tr>
<td>YTD 2015</td>
<td>199</td>
<td>103</td>
</tr>
</tbody>
</table>


Total Overdoses  Opiate Overdoses
Why a Jail Treatment Program?

The majority of crimes in Southeastern Indiana are fueled by illegal drugs and substance abuse. There is a lack of inpatient and outpatient programs, and timely referral to treatment is extremely rare. **JCAP provides a restrictive intervention which allows those in active addiction an opportunity to receive treatment in a secure, drug-free environment.** On release, with no appropriate or timely intervention, an individual in active addiction will likely commit further crimes to gain access to illegal drugs; put themselves, their family members, their children at risk; and/or drive impaired risking community safety. **JCAP provides an opportunity to begin positive life changes and protects community safety.**
Why a Jail Treatment Program?

“When initially arrested and coming to jail addicted to drugs, if there is any way to make bond, I would go to any length to post it. In the grips of insanity of addiction, the only thing on my mind is how to get high at all cost- including my life, freedom and soul. **Now that I have gotten the privilege of JCAP, I have had the opportunity of talking and trying to figure out the epidemic of addiction. In JCAP, I am growing into a man with integrity, a accountability, hope, compassion, respect and finally finding value and purpose to my life.**

**JCAP Participant 2017**

“Coming to jail this time turned out to be the best thing that could have happened to me. I never would have said that I wanted to be arrested, but now I’m glad I was. By being in here, I could not drink so I had to get sober. Then with a clearer mind, I knew I needed help.

**JCAP Participant 2016**
History of JCAP

• The Jail Chemical Addictions Program started in 2007 after a visit to Boone County Indiana to witness their Jail Treatment Program.

• JCAP started with 16 beds for males and then in 2011 Dearborn County expanded the program for 8 Female participants.

• In 2013, Dearborn County started the expansion of the Dearborn County Jail. JCAP was very fortunate the County Agreed to build both male and female therapeutic pods into the new jail. This allowed us to expand JCAP to 16 beds for both the males and females with an additional option to expand to 24 beds for both males and females. Additionally, the JCAP area has a male and female classroom and office space for JCAP Staff for Individual Counseling. JCAP moved into the new area in 2014.

• Since 2007, JCAP has served 506 participants.
What is next for JCAP?

1. Family Therapy Component
2. High School Equivalency Classes for Participants
3. Family Education for Family Members of participants
4. Re-Focusing on JCAP Alumni Groups
5. Increasing Data and Quality Assurance of the Program

- Currently one of the biggest projects we are working on with JCAP is a partnership with Indiana University to do a research study on the effects JCAP has on the participants of the program. This research will provide information on not only the recidivism rates of graduates of the program but also the relapse rates. Furthermore, this study will provide data on how well participants of JCAP do depending on which aftercare component they receive after JCAP: Drug Court, Home Detention, Work Release, Probation or No Supervision.

- 2015 Indiana University JCAP Brief
Dearborn County Jail Chemical Addictions Program

Overview
The Dearborn County Jail Chemical Addiction Program (JCAP) serves men and women who struggle from addiction issues, with rates of heroin and other opiates being particularly troublesome in the Southeastern Indiana region. The unique context of JCAP is that it serves a population residing in a jail setting, prior to sentencing for felony crimes or probation violations.

JCAP participants voluntarily apply for the program and are submitted to a rigorous assessment procedure that utilizes a variety of data sources in order to identify and admit participants who are ready and willing to change.

JCAP men and women participate in evidence-based programming, Thinking for a Change, which is based on the well-researched therapeutic intervention, Cognitive Behavioral Therapy (CBT), and is geared specifically for offender populations. Participants learn effective coping skills to help reduce their dependence on drugs and alcohol.

JCAP participants also adhere to additional rules and self-governing principals that create a therapeutic community. The positive effects of therapeutic communities have been researched for over 20 years, and show that therapeutic communities, particularly in jail and prison settings help foster a safe environment to engage in treatment and focus on recovery.

Components of JCAP
- 90 day program
- (CBT)-based program: Thinking for a Change
- Group & Individual Counseling
- AA/NA meetings
- Daily exercise

Qualifed Staff
- Masters-level social workers
- Trained and certified in Thinking for a Change

Research shows that CBT can reduce 12-month recidivism rates by 25%.
Landenberger & Lipsey, 2001

JCAP SUCCESS
Reduced Recidivism Rates
JCAP has successfully contributed to lower recidivism rates for those who have participated in the program. Compared to significantly higher county and state rates of recidivism, JCAP stands as an effective program that ultimately helps reduce crime as well as social and economic burdens.

Cost of JCAP
- Total operating costs of JCAP are $161,681.00 per year, including salary and operating expenses
- Court fees fund program, using no taxpayer money

Expansion
JCAP plans to increase the number of beds to 24 for both men and women. This would increase the daily capacity to 48 offenders.

Collaborative Research Initiative
Indiana University
School of Education
Innovation