INDIANA COMMISSION TO COMBAT SUBSTANCE USE DISORDER

May 4, 2023

MINUTES

The Indiana Commission to Combat Substance Use Disorder met on May 4, 2023, at 10:00 a.m. EST in at the Indiana State Library, History Reference Room 211.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Dr. Kristina Box (Commissioner of the Indiana Department of Health); Ms. Bernice Corley (Executive Director of the Indiana Public Defenders Council); Ms. Lindsay Hyer (Executive Director of the Indiana Professional Licensing Agency); Indiana State Representative Cindy Ledbetter; Mr. Devon McDonald (Executive Director of the Indiana Criminal Justice Institute); Mr. Jason Murrey (representing the Indiana Secretary of Education); Mr. Chris Naylor (Executive Director of the Indiana Prosecuting Attorneys Council); Dr. Daniel Rusyniak (Secretary of the Indiana Family and Social Services Administration); Mr. Jacob Sipe (Executive Director of the Indiana Housing & Community Development Authority); Honorable Mark Smith (Judge, Hendricks County Superior Court); Ms. Terry Stigdon (Director of the Indiana Department of Child Services); Indiana State Senator Shelli Yoder

Call to Order & Consideration of Minutes **Chairman Douglas Huntsinger**

Chairman Huntsinger calls the meeting to order at 10:00 a.m. Chairman Huntsinger asks for a motion to approve the minutes for the February 3, 2023, meeting. The minutes are approved unanimously.

Chairman Huntsinger invites members of the Commission to attend the Indiana Mental Health and Addiction Conference on June 27 and 28 at the Indiana Convention Center. He explains that the purpose of the conference is to facilitate holistic conversation among recovery professionals. Chairman Huntsinger also says he will give an update on opioid settlement funds and the matching proposals submitted in February.

Chairman Huntsinger introduces Jennings Tennery to speak about her recovery and the impact it has had on her family.

Recovery Speaker **Jennings Tennery**

Ms. Tennery explains that she spent many years addicted to heroin, but approached recovery with enthusiasm when the time came. She highlights the impact of her addiction on her family members, particularly her son. Ms. Tennery credits Camp Mariposa with providing her son a healthy outlet to discuss the trauma he experienced as a result of her substance use disrorder. She currently works as a Grants and Finance Manager at Overdose Lifeline.

Integrated Reentry and Correctional **Jayme Whitaker**

Support Program Report

Chairman Huntsinger introduces Jayme Whitaker, vice president of forensic services at Mental Health America of Indiana, to share mid-year results from the Integrated Reentry and Correctional Support (IRACS) program's five pilot sites. Chairman Huntsinger says an advisory committee is discussing expansion of the program in SFY24.

Mr. Whitaker cites conversations with Chairman Huntsinger and the Indiana Family and Social Services Administration's Division of Mental Health and Addiction in Fall 2021 as the genesis of the IRACS program. The pilot program launched in June 2022.

Mr. Whitaker explains the creation of the IRACS Readiness Survey to measure community readiness for IRACS pilots. These metrics include sheriff willingness, space in jails for one-on-one and group programming, recovery-focused city and county leadership, criminal justice partners willing to invest in the Sequential Intercept Model (SIM), and established Recovery Community Organizations (RCO). Upon completion of the IRACS Readiness Survey, five counties were selected for the pilot program: Delaware, Scott, Dearborn, Daviess, and Blackford.

He identifies the three mutually supporting pillars of the IRACS program: the Sequential Intercept Model, certified peer support professionals, and integrated engagement pathways. Mr. Whitaker explains IRACS' engagement pathways, which run from levels A to E. Each level provides an opportunity to collaborate with pre-service court partners and identify a likely progression for the individual through the criminal justice process. Level A refers to those who are likely to be in jail for a long time. Level B is for individuals who will be released within 90 days. Level C is for individuals with higher level offenses and longer criminal histories who need assistance transitioning into the Indiana Department of Corrections. Level D refers to "frequent flyers" or those who are arrested frequently and at highest risk for getting released before the IRACS program can intervene. Level E refers to those who refuse services, although this population is steadily dropping.

Mr. Whitaker explains IRACS' seven priorities of risk management. These priorities are early intake support, integrated pretrial and community collaboration, ongoing one-on-one and group support in jail, comprehensive jail-based treatment support, reentry, recovery and crisis planning, transitional peer support, and ongoing peer support.

Mr. Whitaker shares the data from the pilot outcomes of the IRACS program. During the first six months of the pilot programs, IRACS supported 2,004 individuals out of 3,070 eligible to receive services, and provided 3,464 intake surveys, 13,788 one-on-one engagements, and 2,879 group engagements. He says the pilot sites supported 1,063 recovery plans and resource referrals and achieved an average program success rate of 75% with 30-day reentry.

Mr. Whitaker shares some of the successes resulting from the collaboration between IRACS and the Sequential Intercept Model (SIM). According to justice partners in the courts and jails, there was a reduction in critical incidents in jails, reduced stressed levels of incarcerated individuals, reduced stress level of correctional staff, increased resources, insurance and planning, increased sense of recovery community and reduced stigma.

Mr. Whitaker shares the results of the self-driven CAT-MH surveys given to IRACS participants. He says over 1,000 surveys were issued. 41% of respondents present with moderate to severe symptoms of PTSD. Slightly more than one out of three participants show moderate to severe signs of mania (38%), anxiety (34%), major depressive (44%), and SUD (47%).

Mr. Whitaker explains how IRACS measures the success of its participants. He says an incarcerated individual who does not engage with an IRACS peer before reentry experiences an 88% reduction in odds of having a successful discharge compared to a participant who does engage with a peer. An IRACS participant without a plan experiences a 63% reduction in odds of having a successful discharge compared with a participant who has a plan.

Chairman Huntsinger calls for questions.

Judge Mark Smith asks Mr. Whitaker to define success rate.

Mr. Whitaker clarifies that IRACS participants' engagement levels are marked at intervals of seven days, fourteen days, and thirty days. Successful engagement means the individual has followed their recovery plan.

Judge Smith asks if the measure of success includes rearrest.

Mr. Whitaker says the individuals included in the statistic of a 75% success rate after 30 days had not been rearrested in that period. He further clarifies that all rearrests by IRACS participants are logged.

Ms. Bernice Corley asks if the IRACS program has had challenges finding sheriffs who are willing to allow peers with prior justice involvement into the jails.

Mr. Whitaker says prior justice involvement is required for staff of the IRACS program. He explains that there is an intensive screening process of peers with the jails, and that the sheriffs involved in IRACS have been very accommodating and helpful.

Ms. Corley says that a program like IRACS could be valuable to people who have not yet had any involvement with the justice system.

Mr. Whitaker agrees that the program's involvement is equally valuable to individuals both before and after their stints in jails, and that preventative measures are critical components to success.

Dr. Dan Rusyniak asks how the CAT-MH survey results are being utilized currently.

Mr. Whitaker says the surveys have only been used for collecting information about the populations in the jails.

Senator Shelli Yoder asks what happens next for the five pilot counties and how IRACS will be expanded into additional counties.

Mr. Whitaker says it is difficult to adequately describe the growth and success of the IRACS program, but that every county in Indiana needs this program and other recovery organizations.

Chairman Huntsinger explains the current efforts being made to understand what funding sources are available, as well as the value of the program's partnership with the justice system.

Mr. Whitaker adds that it is imperative for the foundational pieces, such as a recovery community organization, to be in place before the program launches.

Mr. Chris Naylor asks if there are certain jails that are not good candidates for IRACS because of their physical layouts.

Mr. Whitaker says the five pilot jails are very different. Some provide services in pods and some provide services in the cafeterias. The jails have been very adaptive in terms of making use of their unique spaces. Overall, space and technology are critical components to the IRACS program, and funding has been provided to improve these resources.

Representative Cindy Ledbetter asks if when someone is diagnosed with a mental health disorder, they are able to receive medication and treatment in the jail.

Mr. Whitaker says each jail has its own medical provider, and the sheriffs and other personnel examine the medication and care each individual needs. All referrals are in place for the individual before they leave the jail.

Mr. Devon McDonald asks how the IRACS program could be expanded to juvenile populations.

Mr. Whitaker says that providing support for youths is radically different than for adults, for both medical and legal reasons. He explains that expanding the recovery community organization ecosystem to the youth is an ongoing process. Some current aspects of IRACS could be applied to youth offenders, such as high school graduation assistance.

Chairman Huntsinger reiterates that there have been discussions regarding how different the program might have to be for youth, but this could not be accomplished until the adult program infrastructure is more fleshed out.

Xylazine Update — **Shelby Nierman, Overdose Surveillance Systems Epidemiologist, Indiana Department of Health**

Chairman Huntsinger introduces Ms. Shelby Nierman, an overdose surveillance systems epidemiologist at the Indiana Department of Health.

Ms. Nierman says on April 12, 2023, the White House officially designated fentanyl combined with xylazine as an 'emerging threat' facing the country. She explains that xylazine is non-opioid

tranquilizer used in veterinary medicine. It is a sedative with analgesic and muscle relaxant properties and was first approved by the U.S. Food and Drug Administration in 1972. She emphasizes that xylazine is not approved for use in humans, with doses anywhere from 40 mg to 2400 mg causing toxicity in humans. In recent years, xylazine has been found mixed with common illicit substances such as heroin, fentanyl, cocaine, and methamphetamine, vastly increasing their potency. It is referred to by the street names “tranq,” “tranq dope,” “sleep-cut,” and “Philly dope.” It is consumed by smoking, snorting, or injecting, and is most commonly adulterated into the drug supply unknowingly. Ms. Nierman explains that xylazine test strips have been developed but are not yet approved by the FDA to be marketed or used in clinical settings. She explains that xylazine has a rapid onset within minutes and can last for more than eight hours depending on the use method, dose, and combination of other drugs. Common effects include low blood pressure, bradycardia, arrhythmias, hyperglycemia, skin lesions and necrotic ulcers, unconsciousness, drowsiness, coma, and death.

Ms. Nierman says xylazine used in combination with opioids or other central nervous system depressants increases the risk of overdose. She points out that naloxone may not be as effective at fully reversing a xylazine overdose since xylazine is not an opioid itself but emphasizes that naloxone should be administered in the case of an overdose.

From 2015 to 2020, Ms. Nierman says there was a twenty-fold increase in xylazine overdose deaths, with the northeast United States experiencing the highest prevalence of overdose deaths involving xylazine. The DEA has seized xylazine and fentanyl mixtures in 48 states. From 2020 to 2023, 322 decedents in Indiana revealed a positive toxicology result for xylazine. She says this number may be under reported because xylazine is not always tested for by coroners. She continues that part of her job is monitoring real-time emergency department data for spikes, clusters, and anomalies in drug overdoses across the state. Ms. Nierman presents a graph showing the occurrence of xylazine, fentanyl, methamphetamine, cannabinoids, and antidepressants in 2020 to 2022 decedents in Indiana. She emphasizes that these values are subject to change before it is finalized. The results come from 87 Indiana counties. Of the 289 positive toxicology results for xylazine from 2020 to 2022, 93 tested positive for both xylazine and fentanyl.

Ms. Nierman concludes that xylazine is being adulterated into the illicit drug supply across the United States and is likely underreported both in its geographic distribution and contribution to both fatal and nonfatal overdoses across the United States.

Chairman Huntsinger calls for questions.

Dr. Kristina Box asks if purchase of xylazine requires a veterinary license to purchase, or if it comes from Mexico or other places.

Speaking to her experience on a farm, Ms. Nierman says a veterinarian would personally administer the drug to the farm animal and then take the substance off the premises. She assumes the substance is mostly coming from out of the country.

Chairman Huntsinger says the Office of National Drug Control Policy did not have a definitive answer as to where the xylazine supply is coming from.

Dr. Dan Rusyniak asks if xylazine has any effect on opioid withdrawal symptoms.

Ms. Nierman says there is limited research on the subject but that xylazine does produce withdrawal symptoms on its own.

Mr. Chris Naylor asks if overdose deaths in Indiana are increasing or decreasing.

Ms. Nierman cites preliminary drug overdose death data showing a 20% decrease in deaths from 2021 to 2022.

Know the Facts

Amy Duke, Marketing Program Director, Indiana Family and Social Services Administration; Emiley Matherly, Director of Client Services, Williams Randall Advertising Julia Roberts, Account Executive, Williams Randall Advertising

Chairman Huntsinger introduces Ms. Amy Duke of FSSA and Ms. Emiley Matherly and Ms. Julia Roberts of Williams Randall Advertising.

Ms. Duke provides background context on Indiana's stigma reduction campaign, "Know the Facts." She says work on this campaign began in 2017, focusing explicitly on opioid use disorder. It has since been broadened to include substance use disorder in general. The campaign is based upon three facts: Addiction is a disease, treatment is available, and recovery is possible. She explains that in 2022, work began with Williams Randall Advertising to redevelop the focus of the campaign.

Ms. Matherly explains her team's campaign strategy. She says this campaign, which is emotionally charged by nature, began with a hard examination of science and facts. This led to her team learning that they were ultimately naïve to the issue of substance use disorder, and they began educating themselves. They arrived at three key insights to inform their messaging strategy. Ms. Matherly says the first is that eighty percent of people in Indiana had some familiarity with the statement, "Addiction is a disease," but nationally, less than twenty-five percent of respondents believe that statement to be true. The second is that changing minds is of greater importance than generating awareness. The third insight is that people are afraid to seek treatment for fear that they will be judged, lose their job, lose their children, or worse.

In conjunction with FSSA and NextLevel Recovery, Williams Randall conducted quantitative research with over 1,000 participants. Ms. Matherly says research found there is a significant need to establish the general public as the audience for the message, not just those with an SUD. One challenge was to make the audience understand that this is not a "say no to drugs" message. Ms. Matherly continues that 78% of respondents said substance use disorder was common in their local community and 56% said they know someone affected by SUD. Lastly, 70% of

respondents agreed with the statement, “Addiction is a disease,” but willingness to associate with a person with an SUD was much lower.

Ms. Roberts emphasizes the call to action for the campaign, “See Beyond the Addiction.” She presents two advertisements to the Commission. She says the “See Beyond the Addiction” message has been carried over to other media, such as billboards, banners, and digital ads. It features a QR code which will redirect users to the “Know the Facts” microsite. Ms. Roberts says the site has been recently updated with new information.

Ms. Duke says the next steps are to develop a public relations and outreach strategy focused on meeting people where they are. She says grassroots organizations will be a large focus of the campaign.

Chairman Huntsinger calls for questions. There are no questions.

Agency Updates — **Devon McDonald, Executive Director, Indiana Criminal Justice Institute**

Chairman Huntsinger introduces Mr. Devon McDonald of the Indiana Criminal Justice Institute for agency updates.

Mr. McDonald says ICJI is working on the 2022 end of year report for the Comprehensive Community Plan and hopes to provide the report this summer for the Commission’s review. He says 91 out of 92 counties have submitted their 2023 plan. Mr. McDonald says the Local Coordinating Councils (LCC) are working on completing surveys. He says 43% of the LCCs rate their local drug problem as “severe” and 57% rate their local drug problem as “moderate.”

Chairman Huntsinger calls for questions. There are no questions.

Chairman’s Comments — **Chairman Douglas Huntsinger**

Chairman Huntsinger provides a brief update on the National Opioid Settlement. He says 78 applications were received requesting over $93 million, with communities dedicating nearly $29 million in matching funds. The proposals were analyzed for common themes, resulting in a series of new requests for proposals to be made, specifically for recovery residences and peer recovery coaches. A formal announcement of awardees is to come.

Chairman Huntsinger thanks Ms. Terry Stigdon for her five years of work with the Commission.

The Indiana Commission to Combat Substance Use Disorder will meet Thursday, August 3, 2023, at 10 a.m. EDT at the Indiana State Library, History Reference Room 211.

The meeting adjourns at 11:22 a.m.