



An important pillar in his Next Level Agenda, attacking the drug crisis is a top priority for Governor Holcomb. On the day he took office, he called for an “all hands on deck” approach to address the drug epidemic. Every day since, he’s been taking steps to prevent more people from becoming dependent on illicit substances, help Hoosiers access treatment and recover from substance use disorder, arrest and prosecute dealers whose actions cause harm, and reduce the risk of a future crisis of similar magnitude.

In response to Governor Holcomb’s call to action, many public and private partners have joined forces with us. Our Next Level Recovery initiatives have been amplified with federal support and funding. While we’re seeing encouraging signs of progress that demonstrate our efforts are having an impact, one life lost is too many, and there’s still much more to do.



2017 Governor's Agenda

- ✓ Create the position of Executive Director for Drug Prevention, Treatment and Enforcement
- ✓ Limit the amount of controlled substances prescriptions and refills
- ✓ Expand local authority to establish syringe service programs
- ✓ Enhance penalties for those who commit pharmacy robberies

- On his first day in office, Governor Holcomb signed an executive order creating a new position focused on the drug crisis and appointed Jim McClelland to serve as the state's first Drug Czar.
- Signed SEA 226 into law in 2017, implementing a 7-day limit on first-time opioid prescriptions and allowing partial prescription fills. In partnership with the Indiana Hospital Association and Indiana State Medical Association, developed new guidelines for the management of acute and chronic pain to aid prescribers. In 2018, opioid dispensations in Indiana decreased 23% from the previous year.
- Signed HEA 1438 into law in 2017, allowing municipalities to establish syringe service programs without State approval. Two counties have added programs since 2017, and Indiana currently has nine counties with active programs. The programs work to prevent disease, serve as a gateway to public health and social services, and have helped more than 7,000 people.
- Signed HEA 1540 into law in 2017, stiffening penalties for pharmacy robberies.



2018 Governor's Agenda

- ✓ Strengthen enforcement efforts by establishing a felony charge for drug-induced homicide and a felony murder charge for those who illicitly manufacture drugs that result in drug-induced death
- ✓ Improve health outcomes by requiring physicians to check the state's prescription drug monitoring program, INSPECT, before issuing first prescriptions for opioids and benzodiazepines
- ✓ Improve the state's reporting of drug overdose deaths to increase consistency and knowledge about the scale of the problem
- ✓ Increase the number of FSSA-approved opioid treatment locations so Hoosiers have better access to treatment.
- ✓ Increase drug treatment options by initiating a state referral process that links patients directly to available inpatient and residential treatment

- Signed HEA 1359 into law in 2018, increasing the penalties for those who manufacture or distribute drugs that result in an overdose death. The law gives prosecutors and law enforcement the tools to charge dealers with stiffer penalties.
- Signed SEA 221 into law in 2018, joining 25 other states in requiring prescribers to check the patient prescription database, INSPECT, before prescribing opioids or benzodiazepines, so they can help prevent dangerous drug interactions, doctor shopping and substance dependency.
- Signed SEA 139 into law in 2018, requiring coroners to obtain and report detailed data on deaths where an overdose is suspected. This led to a 58% reduction in the cause of death being listed as "Unknown Drug Death" on the death certificate.
- Added five new opioid treatment centers (OTP) across Indiana in 2018 in Allen, Johnson, Monroe, Tippecanoe and Vigo counties. Signed HEA 1007 into law in 2018, authorizing the addition of nine opioid treatment centers, which will raise the total to 27.
- The OpenBeds/Indiana 2-1-1 partnership links patients with available residential treatment. (Covered in more detail in a following slide.)



2019 Governor's Agenda

- **Reduce Perinatal Substance Use Disorder and Neonatal Abstinence Syndrome by requiring providers to use a verbal screening tool to assess substance use disorder in pregnancy.**
(Legislation)
 - Indiana would be among the first states to require such screening
 - The objective is to identify substance use issues as early as possible during pregnancy to guide women through more successful pregnancies and have fewer babies born with Neonatal Abstinence Syndrome

Goals:

- Increasing support for substance abuse prevention programs that have solid evidence of significant long term impact.
- Expand treatment and recovery support services for pregnant women and women with dependent children.

Actions:

Under legislation Governor Holcomb signed (HEA 1007), effective July 1, 2019, prenatal care providers are required to implement a validated and evidence based verbal screening tool to assess substance use disorder in pregnancy for all pregnant women who are seen by the health care provider.

- Providers are encouraged to use the screening tool during the first prenatal visit and again throughout the pregnancy as appropriate.
- The purpose of prenatal screening is to provide resources and supports that are designed to improve outcomes for both the pregnant woman and her baby.
- If identified early in the pregnancy, the woman and her medical provider can develop a plan of care that can reduce or eliminate, to the extent possible, the impact of substance exposure on her newborn.



2019 Governor's Agenda

- **Expand Recovery Housing for Hoosiers who are dealing with opioid use disorder.**
 - Use \$1.4 million annually for the next two years from federal State Opioid Response (SOR) grant to open 42 Oxford houses, similar to Level 1 recovery residences. This will create 500 additional beds and provide a long-term housing option for people in recovery with specific housing options for men, women, men and their children, and women with their children.
 - Residences must accept applicants who are receiving medication-assisted treatment to be eligible for funds
 - The state currently has 109 certified recovery residences and a total of 1,610 beds. The state also has 16 Oxford houses with 123 beds.

Going Forward:

- Major priorities in 2019 include:
 - Continuing to add more recovery housing.



2019 Governor's Agenda

- **Establish a Medication-Assisted Treatment pilot program for jail inmates.**
 - Use \$3 million (from SOR grant and Executive Director for Drug Prevention, Treatment and Enforcement budget) to establish a pilot program and build a forensic workforce
 - Access to medication-assisted treatment in jails is associated with reduced recidivism, decreased overdose rates, and improved health outcomes; up to 9,000 people in local jails could be diagnosed with a substance use disorder
 - Some inmates received medication assisted treatment before entering jail; a disruption in access puts them at high risk for relapse, overdose or death

Going Forward:

- Major priorities in 2019 include:
 - Continuing to increase timely access to medication assisted treatment.
 - Assisting in the development of jail-based MAT.
 - In partnership with the Indiana Sheriff's Association, the state will begin in October 2019 to create business agreements with jails, community providers, and/or their medical vendors based on the county needs for them to provide the addiction treatment services to the individual. ISA will reimburse the jail/medical vendor/provider based on Medicaid rates.



2019 Governor's Agenda

- Provide \$2 million over the biennium to initiate development of more evidence-based Family Recovery Courts, implement best practices, and serve more families in existing courts.
 - Family recovery courts serve families involved in CHINS proceedings involving substance use disorders, to improve treatment completion, family reunification and reduce out-of-home placement costs
- Ensure access to quality treatment by implementing standard requirements for office-based opioid treatment providers (OBOTs). (Legislation)
 - Require adoption of rules or protocols concerning office-based opioid treatment providers

Going Forward:

- Major priorities in 2019 include:
 - Providing support to enable the addition of more Family Recovery Courts.
 - Implementing standard requirements for office-based opioid treatment providers (OBOTs).



Key High-level Outcome & Impact Indicators

- Number of persons with overdoses admitted to hospitals or emergency departments
- Deaths from overdoses
- Opioid prescription rates
- Number of babies born with Neonatal Abstinence Syndrome
- Percent of persons with substance use disorder who are in recovery and able to become or return to being productive, contributing members of their communities. *(Note: Method of approximating this percentage to be determined.)*

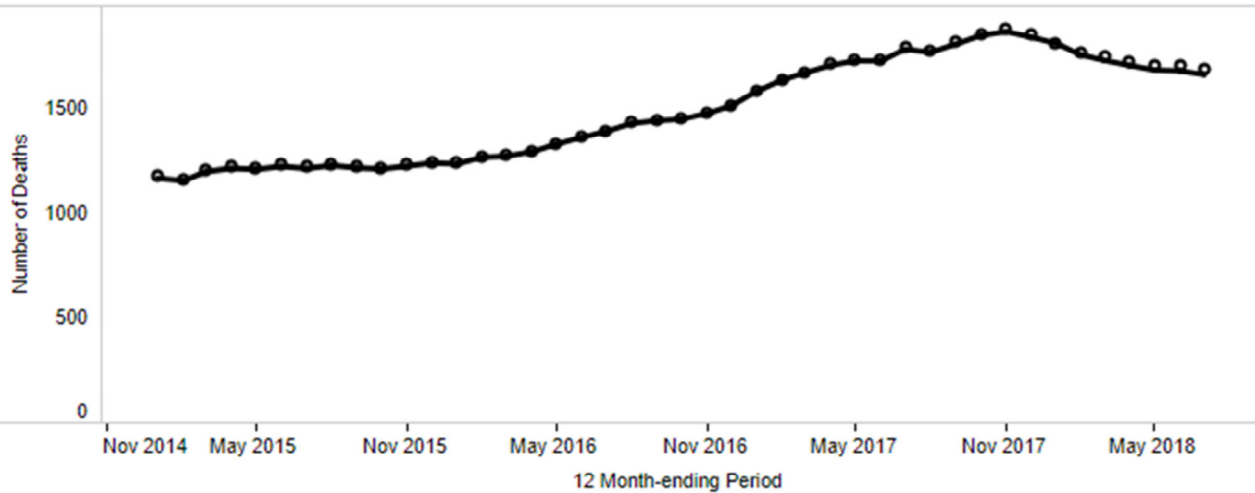
- From the outset, our goal has been to measure our work, not only to quantify outcomes but to ensure that we are using evidence based, data-driven strategies to lead our efforts. A Drug Data Working Group was formed with members from all state agencies involved in the response to help foster collaboration and data sharing.
- Major strides have been made around data reporting and accuracy.
- Emergency department visits – utilizing an existing syndromic surveillance system, a software solution was developed to better identify opioid overdose related visits. Emergency medical services providers are now required to submit data within 24 hours, rather than the 30-day period previously allowed.
- Deaths from overdoses – the state is requiring and paying for coroners to perform detailed toxicology testing for suspected overdose deaths.
- Neonatal Abstinence Syndrome:
 - Screening of the pregnant woman at presentation for delivery provides an opportunity to have the hospital staff appropriately prepared to test the cord tissue of the infant and address the needs of the baby immediately at birth.
 - Indiana began testing babies for drug-exposed newborns at four hospitals in 2016.
 - Hospital voluntary participation has expanded to 35 hospitals as of July

- 31, 2019 with the goal of doubling that number by the end of 2019.
- In addition to the screening process, a perinatal substance use practice bundle has been developed that provides guidance to hospitals for pharmacologic and non-pharmacologic treatment as well as discharge planning protocols for both mother and baby to identify needed resources and supports after they go home.
 - Recovery – as we receive better treatment data, we will be to be able to measure the number of individuals in recovery.



Drug Overdose Deaths

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Indiana



Goals:

- Reduce the number of people dying from substance use disorders.
- Improve accuracy of our data to better inform our data-driven response to the crisis.

Gov action:

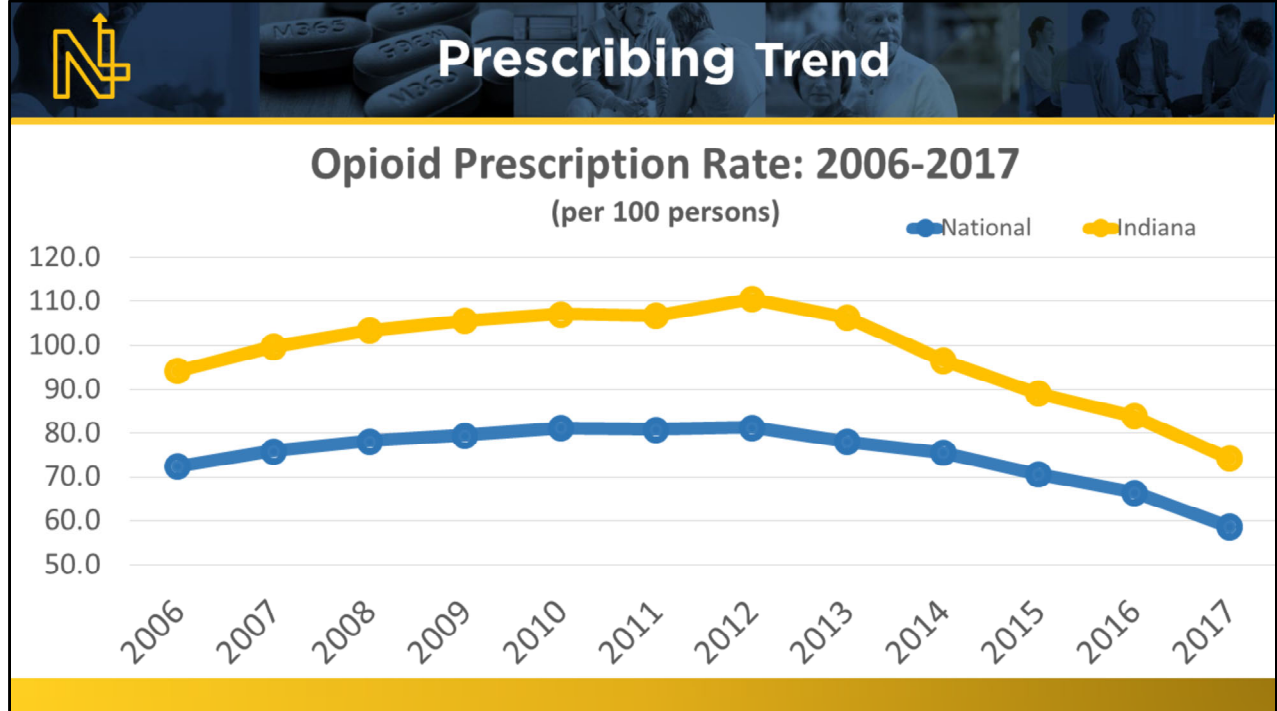
- Legislation signed by Gov. Holcomb requires coroners to obtain and report detailed data on deaths where an overdose is suspected, improving the accuracy of our data.

Results:

- All 92 coroners are participating in a state led and funded effort to improve reporting of specific causes of death on death certificates. This has led to a 58% reduction in the cause of death being listed as “Unknown Drug Death” on the death certificate.
- Preliminary data posted by the federal Centers for Disease Control and Prevention (CDC) through December 2018 indicate Indiana’s drug overdose death rate peaked in November 2017 and has been declining since.
- According to preliminary data publicly available from the CDC, fewer Hoosiers died of a drug overdose in 2018, compared to 2017.
 - The preliminary data from the CDC shows a 12.9% decline in the number of overdose deaths in Indiana last year (5.1% decrease nationally).



Prescribing Trend



Goals:

- Reduce over-prescribing of opioids to reduce the number of people dependent on substances.
- Help more people safely dispose of expired or unneeded prescription medication.

Gov actions:

- Placed a 7-day limit on first-time prescriptions of opioids.
- Prescribers are now required to check INSPECT before prescribing opioids or benzodiazepines so they can help prevent dangerous drug interactions and substance dependency.
- With the help of the Indiana Hospital Association and Indiana State Medical Association, developed new guidelines for the management of acute and chronic pain to help medical professionals.
- Expanded continuing education for all prescribing practitioners to include two hours of training in opioid prescribing and opioid abuse.

Result: opioid prescribing is decreasing.

- In 2018, opioid pill dispensations decreased 23% from the previous year.
- Prescriptions are down 12% and falling faster than the national average.
- Morphine Milligram Equivalents (MME) dispensed are down 16%.
- The first phase of our Medicaid prescribing plan resulted in a 25% decrease in opioid prescriptions in its first year.



INSPECT Integration

- Over 2,400 hospitals, doctors offices and pharmacies are using an integrated solution.
- Over 18,700 prescribers are using an integrated system.

Goal:

- Make it easy (and required) for medical professionals to evaluate a patient's opioid prescriptions at the same time they're viewing the patient's medical record.

Gov action:

- Launched the integration of INSPECT, Indiana's prescription drug monitoring program, with electronic medical records and pharmacy management systems statewide.

In progress:

- State is paying for integration, which is still in progress.
- Easy process for prescribers to access patient data.
- Patient prescription record is already loaded into the EMR; all the prescriber has to do is click on the info.
- An additional 21 hospitals, 433 offices, and 458 pharmacies are currently in process.



Medicaid Waiver

- Indiana's Medicaid waiver expanded access to addiction treatment to 1.6 million Hoosiers
- Under the waiver, from February 2018 through July 2019:
 - 56,398 Hoosiers received addiction treatment
 - 34,858 Hoosiers received Outpatient treatment
 - Inpatient services have been provided to 7,198 Hoosiers
 - 10,620 Medicaid patients have received Medication Assisted Treatment at Opioid Treatment Programs

Goal:

- Expand access to help more Hoosiers with substance use disorder receive evidence-based treatment

Gov actions:

- Sought and successfully obtained a waiver from the federal government to allow Medicaid to pay for treatment for substance use disorders.
- Prior to the waiver, treatment was not accessible through Medicaid.
- Made a policy change in 2017 that enables Medicaid to pay for all treatment using methadone as well as buprenorphine and naltrexone.

Result:

- \$239 million has been spent to assist Hoosier Medicaid patients with treatment.



Certified Treatment Facilities

- Inpatient and residential capacity has grown to 1,320 beds (65% increase).*
- Since 2014, there has been a 42% increase in addiction providers.

*Number includes standalone substance use providers and does not include hospital facilities licensed by the Indiana State Department of Health.

Goal:

- Help more Hoosiers access effective treatment for substance use disorder.

Gov action:

- FSSA developed an interactive online map and search tool that helps people find nearby treatment providers. The map includes all approved treatment centers in the state and basic information about each one.
- Continue to certify additional substance use treatment providers across Indiana.

Result:

- Residential capacity has increased from 800 to 1,320 beds (65% increase).
- There are now 569 substance use treatment locations in Indiana.



Access to Treatment

Opioid Treatment Programs



Goal:

- Place substance use treatment within an hour's drive for nearly every Hoosier

Gov agenda action:

- Added five new Opioid Treatment Programs across Indiana in 2018.
- Signed legislation in 2018 authorizing the addition of nine more, which will bring the total licensed by the State to 27.

In progress:

- 5 future locations have been confirmed in Delaware, Hendricks, Howard, Knox and La Porte counties.
- Final 4 locations are still in progress

Result:

- OTPs serve over 15,000 Hoosiers.



Department of Correction

- The Indiana Department of Correction has added over 700 residential style treatment beds across the system since September 2017, utilizing updated evidence-based clinical treatment models (38% increase).
- In the last year, more than 520 offenders have been treated using medication assisted treatment (MAT), with more than 75 being released on MAT as part of their re-entry strategy.

Goal:

- Connect individuals with substance use disorder who are in prison with the treatment they need to recover and return to being productive members of society.

Gov action:

- During 2018, the Department of Correction has implemented a strategic improvement plan in partnership with its medical services provider. This improvement plan, called “Recovery While Incarcerated” (RWI), is a multi-faceted approach to improve the quality of addiction recovery services, increase access to care while incarcerated, implement updated evidence-based integrated care, and provide increased opportunities for collaboration and continuity with community-based services for those released.

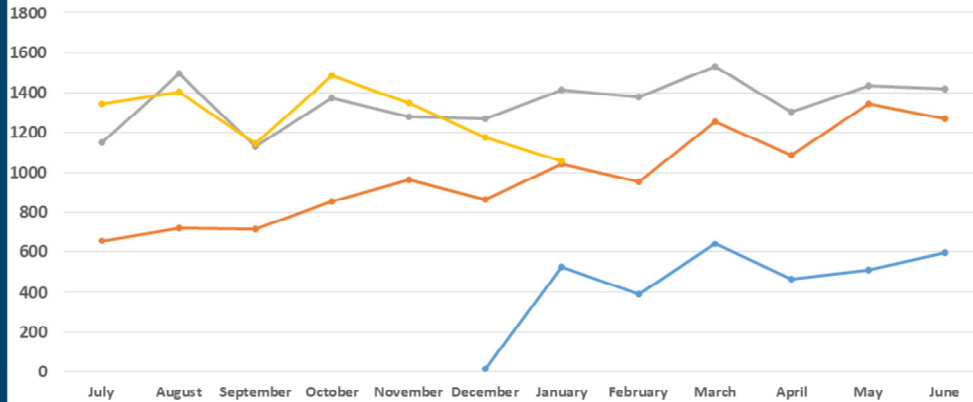
Results:

- More people in prison are receiving quality treatment. These improvements rolled out across all IDOC facilities, including 17 adult facilities and 3 juvenile facilities.



RecoveryWorks

Clients Enrolled



RecoveryWorks:

- Provides treatment and wrap around services for individuals exiting the criminal justice system with felonies.
- Designed to provide support services to those without insurance coverage who are involved with the criminal justice system.
- Dedicated to increasing the availability of specialized mental health treatment and recovery services in the community for those who may otherwise face incarceration.
- Intended to supplement community supervision strategies to decrease recidivism.

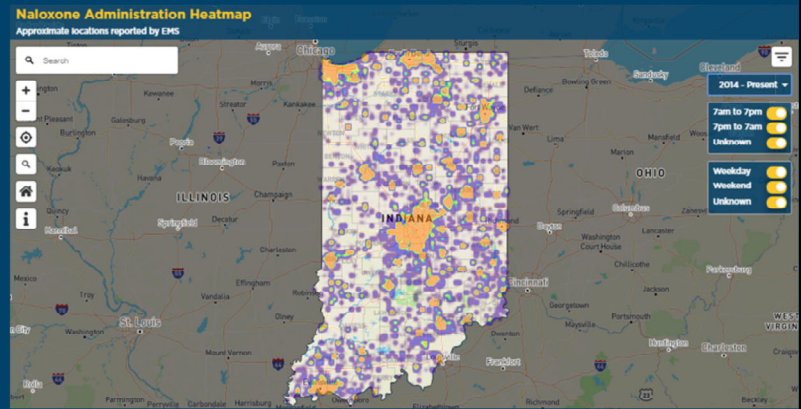
Results:

- FY16 = 3,153 enrollments
- FY17 = 11,723
- FY18 = 16,189
- FY19 = 14,608
- FY20 (July only) = 1,000
- Total since inception = 46,673



Naloxone Heatmap

- 43,914 Naloxone kits have been provided to local health departments, first responders and family members with loved ones in active drug use.
- EMS administered 8,756 doses of naloxone in 2018.



Goal:

- Reduce the number of people who are overdosing on opioids and dying.

Gov actions:

- A standing order enabling anyone to purchase naloxone over the counter without a prescription remains in effect.
- Launched a naloxone administration heat map in August 2018, providing first responders and government partners with information to help make more informed decisions about where to place resources. Published a new Naloxone dashboard in July 2019, providing further information on Naloxone administration.
- FSSA, ISDH, and DHS worked together with local health departments and law enforcement agencies to help provide sustainable funding for naloxone through the Medicaid system.
- Published a First Responder Fact Card (a naloxone and overdose information card that can be given to patients and family members at the time of an opioid related emergency) to be distributed to every emergency apparatus in Indiana.

Results:

- 90% of EMS providers are reporting runs by the end of 2018, up from just 65% in 2017. Indiana now actively reports Indiana EMS system data into the National NEMSIS database

- Runs are now being reported within 24 hours rather than the 30-day period previously allowed.



Indiana 2-1-1 and OpenBeds

- 2-1-1 and OpenBeds have made more than 8,100 referrals for treatment services and support groups.
- With State support, Indiana 2-1-1 has offered more than 4,400 free rides to substance use treatment through Lyft.

Goal:

- Help people with substance use disorder connect with the treatment they need to recover.

Gov action:

- FSSA partnered with OpenBeds and Indiana 211 to launch a service that connects people who call with treatment resources, and helps medical professionals identify open beds across the state where they can refer patients for treatment.
 - OpenBeds® is a state-of-the-art software platform that identifies, unifies, and tracks all behavioral health, and specifically substance use disorder treatment for inpatient and residential beds, outpatient programs, and social resources to create a single, common network.
 - Indiana 211 Partnership, Inc. (IN211) is a nonprofit 501(c) 3 organization dedicated to providing the 2-1-1 information and referral services for Indiana.

More info:

- The OpenBeds® platform is being utilized to track occupancy of inpatient and residential beds, match individuals with services based on their individual needs and payment types as well as make referrals for people with a substance use disorder.
- Indiana 211 is providing on-going tracking and comprehensive wrap around services for those individuals who enter treatment and require additional resources for sustainability of their treatment.
- This new capability will provide complete transparency into sustainability of treatment and will enable us to make data-driven modifications as needed.



Neonatal Abstinence Syndrome

Community Health Network

- Only neonatologist in Indiana who prescribes buprenorphine in the treatment of NAS.
- 106 OB patients enrolled in medication assisted treatment (MAT) program at Community Hospital East.
- Patients were enrolled in MOMentum: Addiction and Recovery Support During and After Pregnancy.

Volunteers of America

- 61% of mothers who have children with them in the program successfully completed it
- 57% of mothers without children in their care successfully completed the program
- 71% of babies born while mother was in the program tested negative for illicit substances

Neonatal Abstinence Syndrome:

- Indiana began testing babies for drug exposed newborns at four hospitals in 2016. Currently, testing is being performed at 31 hospitals with the goal to roll the perinatal substance use practice bundle out to all 86 of Indiana's delivering hospitals in 2019.
- About 16% of newborns delivered at the participating hospitals in 2018 were tested for drug exposure compared to 19% in 2017. Of those tested, 36% were positive for drug exposure in 2018 compared to 41% in 2017.
- These results reflect a 67.7 rate of positive cords per 1,000 live births in 2018 compared to a 64.2 rate of positive cords per 1,000 live births in 2017.
- Approximately 84,000 babies are born in Indiana each year.

Community Health Network:

- CHN offers the CHOICE program for the treatment of opioid use disorder in pregnancy and provides non-judgmental care to treat substance use disorder for the mother in order to reduce or eliminate the effects of neonatal abstinence syndrome in the infant, to support the mother on her path to recovery and to nurture a healthy life moving forward for both the mother and child.

Volunteers of America, Indiana:

- Indianapolis – 45 beds
- Winchester – 23 beds (opened August 2017)
- Opening soon: Evansville and Columbus – 23 beds at each location



Enforcement

Indiana State Police, in partnership with the federal Drug Enforcement Administration, have collected over 63,000 pounds of unused medication since April 2017.

Drug Enforcement Section (Jan. 2017 – Dec. 2018)

- Marijuana – 2,517 kilograms
- Heroin – 93 kilograms
- Methamphetamine – 230 kilograms
- Cocaine – 153 kilograms
- Fentanyl – 19 kilograms

Drug Take Backs

- To help people dispose of excess medications, the Next Level Recovery website links to an interactive takeback database, where people can enter their zip code and quickly locate nearby pharmacies and other facilities that have takeback kiosks.
- CVS, Walgreens, Wal-Mart and Meijer have all stepped up and begun installing takeback kiosks in their pharmacies.

Indiana State Police Drug Enforcement Section January 1, 2017 through December 31, 2018:

- Marijuana – 2,517 kilograms
- Heroin – 93 kilograms
- Methamphetamine – 230 kilograms
- Cocaine – 153 kilograms
- Fentanyl – 19 kilograms
- Illicit United States Currency Seized – over \$11,000,000
- Firearms – 444
- State Search Warrants Executed - 662



Recovery-Oriented Systems of Care

Provided \$1.5 million in support for 10 coalitions over the next 2 years:

- **Bartholomew County:** Alliance for Substance Abuse Progress in Bartholomew County
- **Cass County:** Four County Counseling Center
- **Clark County:** Clark County Cares
- **Dearborn County:** One Community One Family, and Dearborn County Recovery Oriented System of Care
- **Hancock County:** Hancock Health
- **Howard County:** Turning Point
- **Knox County:** Samaritan Center
- **Marion County:** INSTEP
- **Scott County:** Scott County Partnership, and Get Health Scott County
- **St. Joseph County:** St. Joseph County Health Improvement Alliance, and Partnership for the Education and Prevention of Substance Use.

Goal:

- Foster and support strong local coalitions to help attack the drug epidemic and promote recovery on the front lines of the crisis:

Gov action:

- \$1.5 million total for local coalitions in 2019 and 2020.

Result:

- A growing number of strong local coalitions focused on prevention, treatment, and recovery have developed around the state. Some are following the Recovery Oriented System of Care model, and an increasing number are receiving state financial support to help build capacity.

Recovery Oriented Systems of Care:

- 4 trainings in February 2019
- Partnered with Nation Council for Behavioral Health and published a toolkit in March 2019: https://www.in.gov/fssa/dmha/files/TI_ROSC_Toolkit_FINAL.PDF
- Looking ahead:
 - 4 intensive Transformation Academy trainings for up to 12 counties in October and November 2019
 - Deeper dive into transforming counties to implement a Trauma-Informed Recovery-Oriented System of Care (TI-ROSC)
 - County applicants will be selected



Federal Funds: STR and SOR

- **Mobile Crisis teams**
 - 514 persons served across 14 counties from January 2018 – June 2019
- **Quick Response Teams**
 - 106 people have been served by 7 teams in 6 counties as of May 2019
- **Peers in Emergency Departments**
 - 8 programs in 19 hospitals
 - 1,032 patients engaged between May 2019 and July 2019
 - Nearly 400 persons engaged with recovery coaches
- **Project ECHO**
 - Trained 307 prescribers in 42 counties to treat substance use disorder
- **School-based prevention**
 - \$2 million for DOE to implement evidence-based programs
- **SUD Workforce Development**
 - Training sessions
 - Credentialing
 - 9 employer recovery trainings
 - ASAM trainings

Mobile Crisis teams

- 514 persons served across 14 counties from January 2018- June 2019
 - 214 in May and June 2019
- 7 Mobile Integrated Response Systems beginning June 2019 in 24 counties
 - Mobile Teams, Waivered prescribers in ED, TI-ROSC implementation, wrap around service providers

Peers in Emergency Departments

- 8 programs in 19 hospitals
- 1,032 patients engaged from April 2018-May 2019
- At least 191 additional patients between May 2019 and July 2019
- 3 additional programs focused on prescribing MAT in the ED or via paramedicine beginning in May 2019

School-based prevention

- DOE dispersed \$1.4 million to 15 LEAs
 - Botvin Lifeskills, Too Good for Drugs, Project Alert, and Coping and Support Training
- Trained 353 faculty; over 11,000 students, 102 parents/caregivers; 31 administrators; 176 other school staff
- Additional \$200,000 to be used for EBPs by April 2020

SUD Workforce Development

- Training sessions
 - 12 Matrix Model trainings by April 2020

- Credentialing
- 9 employer recovery trainings in 2019
 - 10 additional trainings by April 2020
- ASAM trainings
 - 9 additional trainings by April 2020.
 - Credentialing of individuals for addiction workforce
 - 30 individuals to be certified and credentialed as a Certified Alcohol and Drug Addiction Counselor (CADAC) by April 2020
 - 30 individuals to receive HIV training, Ethics training and MATS training to become Certified Peer Recovery Coach by April 2020



Goal:

- Reduce stigma, which prevents people from seeking treatment they need and help more Hoosiers understand how to provide support to people struggling with addiction.

Gov action:

- The Know the O Facts campaign is designed to educate, inform, and reduce stigma. Information is available on the Next Level Recovery website, through outreach at events across the state, and via online and radio advertising.

Results:

- Tens of thousands of Hoosiers have been reached through the advertising and outreach campaign.
- Over 5 million digital impressions have been made through the online campaign.
- The Know the O Facts team has spoken at hundreds of events and attended many more to spread information about substance use disorder.

Know the facts.

Understanding
OPIOID USE DISORDER

KnowTheOFacts.org

1 FACT 1 **It's a disease.**

2 FACT 2 **There is treatment.**

3 FACT 3 **Recovery is possible.**

Because stigma is often a barrier that prevents people from obtaining the treatment they need to recovery, our anti-stigma campaign is designed to increase awareness of three facts:

- Addiction is a disease
- Treatment is available
- Recovery is possible



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