

Opioid and tobacco use have created a dual health crisis in Indiana. While the state has taken important steps to address these epidemics, they still claim thousands of Hoosier lives and cost billions of dollars each year.

- In 2017, more than **1,700 Hoosiers** died from a drug overdose, an all-time high and a **75% increase** since 2011.



- Tobacco use is **seven times as deadly**, causing more than **12,500 premature deaths** in Indiana every year.



Indiana taxpayers and businesses **pay more than \$8.3 billion annually** in healthcare costs and lost productivity due to tobacco consumption and secondhand smoke. In 2017, the state's opioid epidemic added another **\$4.3 billion** in economic damages.



Tobacco and opioid use are **two leading root causes** of Indiana's poor health rankings and affect all Hoosiers—by impacting either their health or their wallets. These two public health challenges can only be effectively addressed with action by all stakeholders. Indiana health systems and healthcare providers can tackle opioid and tobacco use by pursuing a number of proven strategies.

Recommendations for Addressing Opioid Misuse

- **Increasing the availability of medication-assisted treatment (MAT):** MAT has been proven to be the most effective approach to treating opioid use disorder (OUD). People who receive MAT have longer periods of abstinence, reduced risk of overdose and death, and are less likely to become infected with HIV and hepatitis C. Expanding all forms of MAT is critical so that providers can refer patients to the most appropriate services. Increasing the number of providers offering these treatments will grow healthcare systems' capacity to enroll clients in MAT quickly and efficiently. Residential treatment and recovery housing must also ensure that individuals have access to these treatment options.
- **Providing a continuum of care:** Healthcare providers should ensure that there is a continuum of care available for individuals with opioid use disorder. This starts with screening and identification of patients' need for treatment and continues through providing MAT and psychosocial services and delivering ongoing support throughout treatment. Such treatment should also include wrap-around and harm reduction services.
- **Offering continuing medical education:** Free continuing medical education should be available to primary care providers. These offerings should include a focus on appropriate opioid prescribing; different types of pain management strategies; and how providers can deliver evidence-based treatment to patients with addiction. Providers serving patients living with OUD should also be educated in appropriate shared decision-making techniques to ensure they start patients on the most appropriate MAT type for their unique situation or provide a referral to appropriate MAT services.

- **Expanding harm reduction services:** Healthcare providers should strive to implement more robust harm reduction interventions. They must also aim to guarantee that harm reduction services, such as syringe exchange programs, connect people to treatment and recovery support by developing referral relationships and formal agreements between organizations.
- **Scaling up recovery coaching services:** There is emerging evidence that peer recovery coaches can have a positive impact for people with substance use disorder (SUD). It also provides a much sought-after avenue to stable employment for people in recovery. To scale coaching services, healthcare providers must identify and address policies preventing them from hiring people with felony backgrounds, which people with a history of SUD typically have.

Recommendations for Curbing Tobacco Use

- **Integrating tobacco screening and interventions:** Physicians and other healthcare providers should address smoking cessation with all patients who use tobacco. This can be accomplished through integrating screening for smoking cessation at all patient visits, conducting brief interventions and providing evidence-based treatment, which includes both pharmacotherapies and counseling. Physician-patient discussions about tobacco cessation options also should be integrated into electronic health records. This helps health systems track metrics related to tobacco cessation counseling and provides a way to automatically prompt physicians to ask patients about smoking.
- **Raising awareness of benefits coverage:** Given the often low utilization of evidence-based treatment options among smokers, health systems, healthcare providers and their partners can play a role in raising awareness of benefits coverage for proven treatments, particularly among the Medicaid population.

Sources

Indiana University Richard M. Fairbanks School of Public Health. *The Changing Landscape of the Opioid Epidemic in Marion County and Evidence for Action*. October 2018.
 John Tauras, Ph.D., Frank Chaloupka, Ph.D., and Paul Halverson, Dr.PH. *Report on the Tobacco Epidemic in Marion County and Indiana and Effective Solutions: 2018 Update*. October 2018.