Needs Assessment

Wayne County Substance Abuse Coalition

Jesup, GA

December 13, 2019

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Grant Number		
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Introduction

Wayne County, Georgia faces an Opioid Use Disorder (OUD) crisis and layers of barriers toward alleviating the crisis. General access to healthcare, and especially access to addiction treatment and recovery services, is a challenge for Wayne County residents. Local addiction treatment services are under-equipped to provide evidence-based treatment services to those suffering from OUD. Work needs to be done in the areas of prevention, treatment, and recovery in order to address the county's OUD problem.

Vision/Mission/Planning Values

Vision

The vision of the Wayne County Substance Abuse Coalition is to promote awareness, advocate, and decrease stigma to prevent Opioid/Substance use disorder (OUD/SUD) changing how the Wayne County Community responds to OUD/SUD.

Mission

The Wayne County Substance Abuse Coalition seeks to reduce the impact of opioid/substance use disorder (OUD/SUD) through comprehensive prevention, treatment, recovery and support services by collaboration with community partners.

Planning Values

The Wayne County Substance Abuse Coalition seeks to address the stigma surrounding OUD/SUD in Wayne County through education and advocacy. Each meeting is centered around how to make Wayne County a place where those who suffer from OUD/SUD have access to prevention, treatment, and recovery resources.

Needs Assessment Methodologies

Quantitative Data

Quantitative data consist of several types including data from reliable online databases of statistics pertaining to Wayne County, Georgia, and/or the United States; data collected directly by the Southeast Health District and/or the Georgia Department of Public Health; and data collected by direct survey of local organizations.

Qualitative Data

Qualitative Data was gathered by three methods. The purpose of qualitative data collection is to capture the context surrounding the quantitative data.

1. SWOT Analysis
2. Data Boot Camp
3. Focus Group Interview

Quantitative Data.

<u>Population Overview</u>

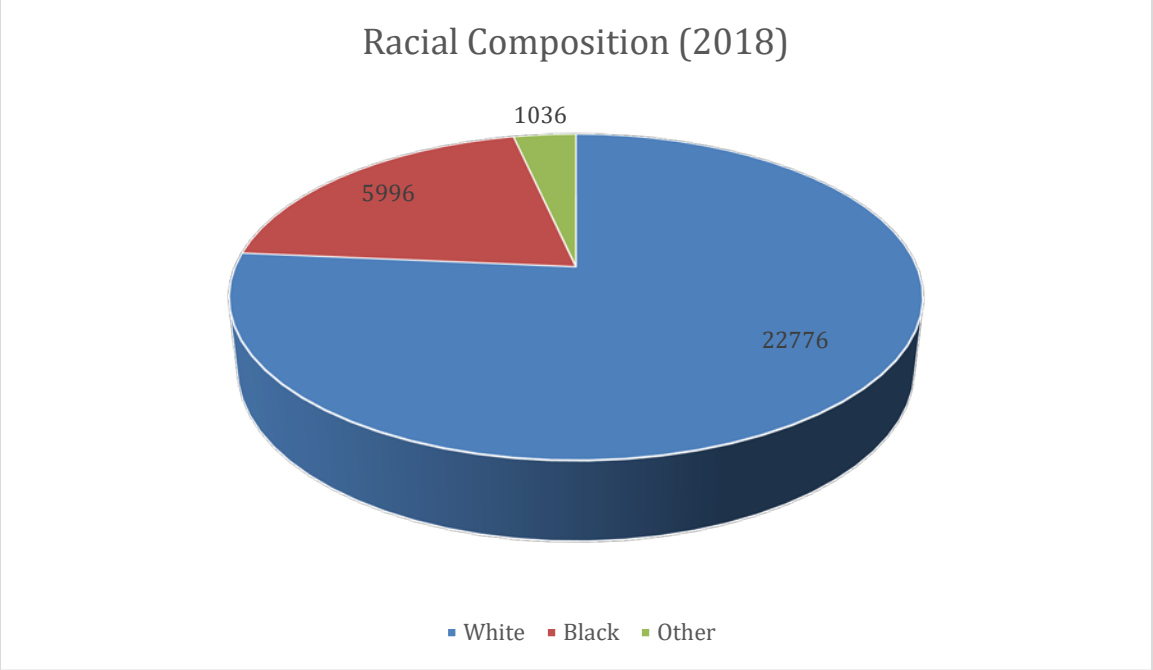
Wayne County is a majority-white county with a significant minority of non-white residents. Sex distribution in the county is roughly equal between males and females. Wayne County residents are more likely to be unemployed, more likely to live in poverty, and less likely to have health insurance than Georgians or Americans as a whole. While Wayne County's high school graduation rate is on par with that of the United States and higher than that of the state, Wayne County residents are much less likely to have any sort of post-secondary education than Georgians or Americans.

Population Demographics

	Population (2018)	% Male (2018)	% Female (2018)
United States	328,226,532	49.2%	50.8%
Georgia	10,519,475	48.6%	51.4%
Wayne County	29,808	51.3%	48.7%

Source: SEHD and census.gov

Racial Composition



Source: SEHD

Insurance and Poverty

	% with Health Insurance (2013-2017)	% Below Federal Poverty (2013-2017)	Unemployment Rate (2018)
Wayne County	81.2	21.3	3.9
Georgia	85.2	16.9	3.7
U.S.	89.5	14.6	3.2

Source: 2013-2017 American Community Survey 5-Year Estimates, Census.gov
Unemployment rate for September 2018, Georgia Department of Labor.

Education

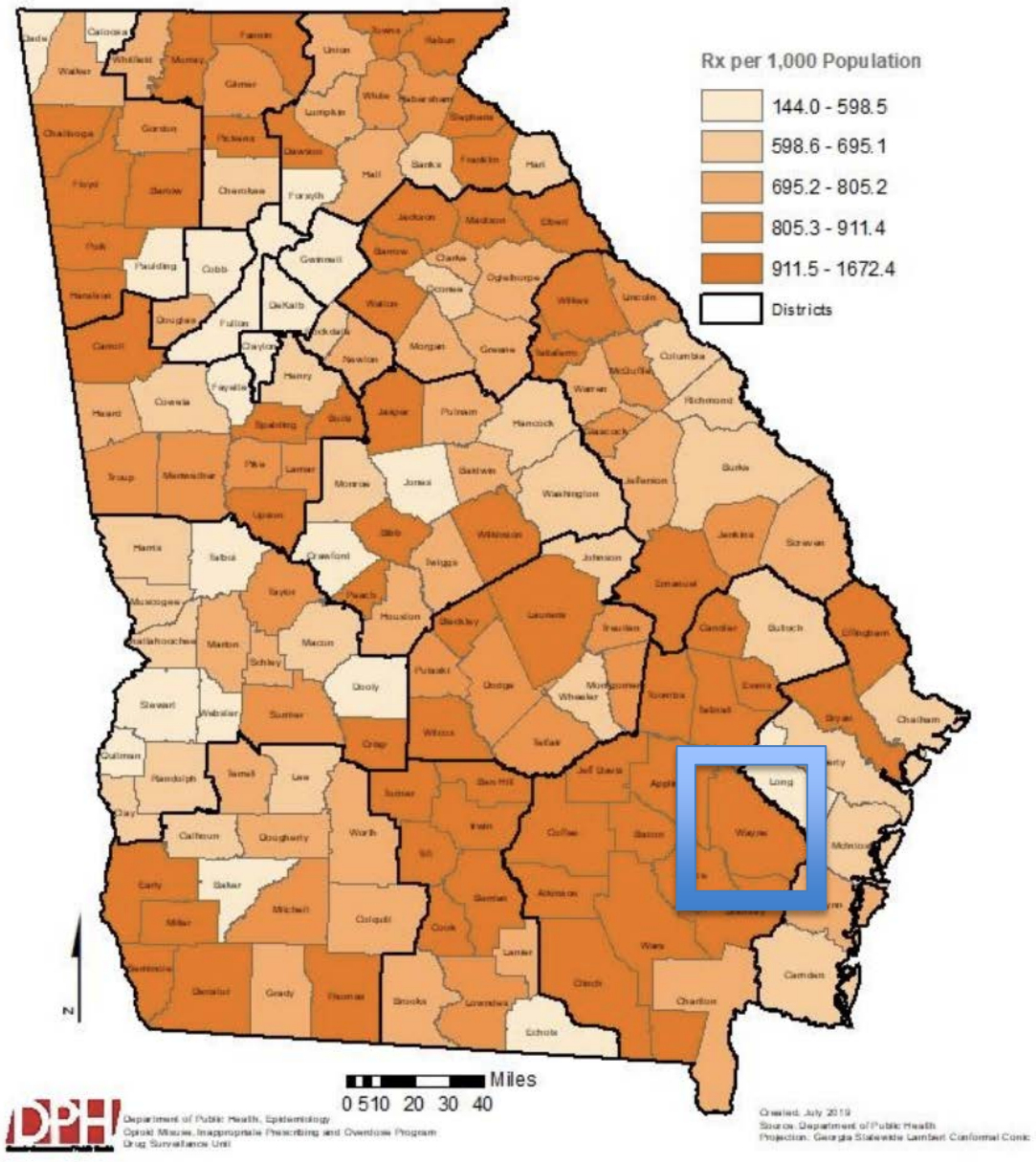
	U.S. (2018)	Georgia (2019)	Wayne County (2019)
High School graduation	87%	81%	87%
Some college	59.5%	63%	48%

Source: SEHD (2019 statistics), Statistical Atlas (2018 statistics)

Opioid Use Disorder (OUD)

On several metrics indicating OUD issues within communities, Wayne County consistently places among the highest counties in Georgia and well above the state's average. Some of these metrics include the county's opioid prescribing rate, the county's death rate due to drug overdose, the county's death rate due to opioids, the county's discharge rate for disorders related to drug overdose, and the county's ER visit rate due to disorders related to drug overdose. Opioids are the biggest culprits implicated in drug overdose deaths both in Wayne County and in the state of Georgia.

Opioid Prescriptions by County in Georgia, 2018



Source: Prescription Drug Monitoring Program Report, Georgia, 2018

Deaths and Age-Adjusted Death Rate (per 100,000) by Residence, Drug Overdose, 2012-17

	Deaths	AA Death Rate
Georgia	7,776	12.5
Wayne County	36	20.4

Source: SEHD

Deaths and Age-Adjusted Death Rate (per 100,000) by Residence, All Opioids, 2012-17

	Deaths	AA Death Rate
Georgia	4,745	7.7
Wayne County	22	12.2

Source: SEHD

Age-Adjusted Hospital Discharge Rate (per 100,000) by Residence, Disorders Related to Drug Use, 2012-17

	AA Discharge Rate
Georgia	74.9
Wayne County	171.3

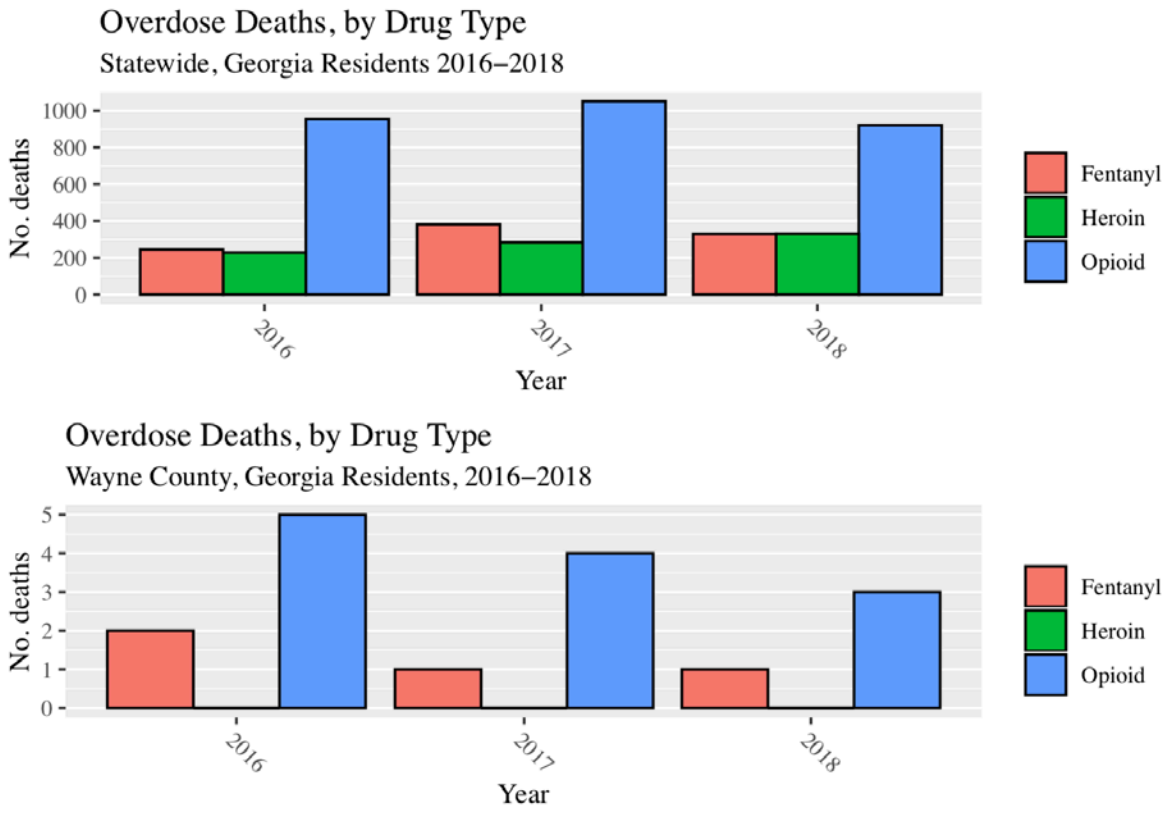
Source: SEHD

Age-Adjusted ER Visit Rate (per 100,000) by Residence, Disorders Related to Drug Use, 2012-17

	AA Discharge Rate
Georgia	161.5
Wayne County	218.1

Source: SEHD

Overdose Deaths by Drug Type, 2016-2018



Source: 2018 Opioid Surveillance County Reports

Naloxone Availability

Naloxone is available at drug stores without a prescription; however, a survey of the four drug stores in Jesup, the county seat, revealed that only one had it in stock on the day the survey was taken. The others had no stock and indicated that they would have to order the drug if someone were to request it. While all four pharmacies could order the nasal spray, only two indicated that the injectable could be provided at their store. Prices ranged from $71.00 to $135.00 for the nasal spray.

Additionally, Face to Face, a non-profit organization in Wayne County, has Naloxone on hand and is licensed to facilitate training to individual citizens to even large groups. To date, they have trained approximately 225 individuals. Those trained were the Wayne

County Sheriff Department, Screven police department and they conducted 5 group trainings. Their reach is as far as Savannah, Georgia. The source for Naloxone is Overdose Prevention.

Existing OUD Programs/Services and Gaps

Pineland Behavioral Health Community Service Board (Pineland CSB) is a public behavioral health community service board providing a range of behavioral health services primarily for the uninsured and underinsured. They provide behavioral health services at 33 locations in eight counties, including at five locations in Wayne. Pineland CSB services include a continuum of outpatient services, short-term intensive residential services for substance abuse, and a 10-bed inpatient facility located approximately 60 miles from Wayne County. Pineland's services are provided on a sliding scale basis, which increases access for low-income residents. However, Pineland CSB, like most community service boards in Georgia, is underfunded and understaffed resulting in limited access to treatment and recovery services.

Wayne Memorial Hospital is an 84-bed hospital serving the residents of Wayne and surrounding counties. The hospital opened a new state of the art facility in 2007 and is a Georgia Alliance of Community Hospitals Small Hospital of the Year award recipient in both 2010 and 2015. Wayne Memorial offers labor and delivery, diagnostic and surgical, and emergency medical services. The hospital also offers an outpatient rehabilitation center, including a newly developed Cardiac Rehabilitation Clinic. The hospital does not have a behavioral health unit. While the hospital has had a chronic pain management policy in place for eight years, it has recently developed an opioid-specific pain management policy and has a tracking system for ER patients who present with overdose. Wayne EMS utilizes 60 volunteer first responders throughout the county. First responders have been supplied with Naloxone.

Wayne County Health Department provides preventive health care, disease prevention and health promotion services to residents of Wayne County, Georgia. Over the past year, the health department has seen an increase in the number of clients requesting testing for hepatitis C (HCV), a condition often acquired through injection drug use. A recent article in the American Journal of Public Health (published on-line 12/21/17) affirms that national surveillance data show a significant increase in HCV infection in the U.S. from 2004-2014, with injection drug use as the most frequently cited risk factor. Data strongly suggest that the rise in HCV infection is tied to the opioid epidemic and associated increases in injection drug use (IDU).

Wayne has a small number of other behavioral health providers in the county. Cord of Three is a faith-based counseling service located in several southeast Georgia counties, including Wayne. In Wayne County, Cord of Three provides service related to addiction recovery, adolescent and child development, emotional wholeness, trauma recovery, marriage and family counseling, and mental health in schools. They have counselors in the schools in Wayne and see clients at the First Methodist Church in Jesup. Cord of Three has the Federal Probation contract for Wayne County to serve clients with both addictive diseases and mental health problems. They also work with the Safe Schools Healthy Students program of Wayne County. Last year, Cord of Three served 27 people with addictions from Wayne County, four of whom were Federal Probation clients. Wayne Behavioral Health Services provides services through a licensed professional counselor with a focus on PTSD, trauma-focused care and anxiety disorders. Their client pool includes veterans, many of whom are associated with nearby Fort Stewart.

There are two organizations in Jesup, Celebrate Recovery and Face-to-Face, that offer peer support groups for recovery. Celebrate Recovery is a national, faith-based, 12-step program that offers training and support to pastors and others on initiating a 12-step program in their area. Face-to-Face offers free-of-charge recovery services including peer support meetings. It is run by individuals with lived experience with training but does not have clinical staff. It hosts Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings and provides recovery check-ins. Despite the fact that peer support meetings happen in Wayne County daily, Pineland CSB notes that few people, even those mandated to do so by drug court, actually stay in peer support and outpatient counseling.

Anchored in Wellness, a local organization, offers outpatient support for OUD/SUD by developing a treatment plan appropriate for each client's individual needs. This may include individual and family therapy along with the option of assessment and treatment with a Psychiatric Nurse Practitioner. We believe that ongoing treatment and accountability are key to recovery, offering a holistic approach to treatment that address mind, body and spirit, as led by the client.

Overview of Existing OUD Workforce and Gaps

Population to Provider Ratios

	U.S.	**Georgia**	**Wayne County**
Primary Care Physicians	627:1	1,520:1	2,680:1
Mental Health Providers	404:1	830:1	4,300:1

Source: County Health Rankings and America's Health Rankings

Wayne County is designated a Health Professions Shortage Area (HPSA) in the areas of primary care, dental and mental health. According to County Health Rankings data, the ratio of population to primary care physicians is 2,680:1 compared to 1,520:1 statewide; the ratio of mental health providers to population is 4,300:1 compared to 830:1 statewide. Like most rural health care organizations in Georgia, Pineland CSB struggles to recruit qualified staff to work at its facilities, as many providers move to urban areas after graduation or work for private facilities which offer better pay. Compounding the workforce shortage is the fact that there are no colleges or universities in the region that offer degrees relevant to the behavioral health field.

Pineland CSB has one Addictive Disease Support Counselor (ADSS) and three substance abuse counselors in Wayne County. The certified addiction counselor II position (CAC II) minimum requirements include a bachelor's degree and 270 hours of relevant continuing education, 27 hours of which must be in cultural diversity. The Pineland CSB clinic in Jesup, GA is now a fully staffed clinic for the substance abuse side. Mental health counselors also provide services to individuals with addiction disorders, as these can co-occur with mental health diagnoses. Pineland has limited access to psychiatrist/nurse practitioner support for individual counseling, initial diagnosis and psychiatric evaluation, and medication needs. Psychiatrists/nurse practitioners are only available once or twice per month in person or via telehealth. Currently, Pineland uses telehealth only for billable services from a psychiatrist or nurse practitioner; counseling alone is not billable thru Georgia Medicaid or private insurance for telehealth. Additionally, the Jesup clinic also service surrounding counties for substance abuse (i.e. Appling County).

Pineland finds it hard to retain individuals in their professional positions due to low pay, burn-out, reluctance to practice in a rural area, and the fact that their transient employee pool is largely comprised of spouses of active duty military stationed at Ft. Stewart. Compounding these issues is the fact that the regional drug court from which many of Pineland's referrals come, does not currently accept medication assisted treatment (MAT), making it difficult to offer outpatient group counseling services to individuals who are on MAT. The regional drug court is in the process of reviewing its policies related to MAT.

Difficulty accessing professional training is an additional barrier to workforce development. When Pineland can recruit and hire a staff person, the substance abuse counselor requires additional certification and training; however, all of the relevant trainings are conducted in Atlanta, a distance of over 200 miles from Jesup, and can last for several days or weeks, making staff training a significant expense.

There are no inpatient addiction treatment services in Wayne County. For those who are uninsured or underinsured, the nearest inpatient facility that provides detoxification and

short-term residential treatment, John's Place, is in Statesboro, Georgia which is 60 miles from Wayne County. The Wayne Memorial Hospital Medical Director reports that uninsured or underinsured patients admitted with OUD or other substance use disorders are referred to Pineland CSB and John's Place. However, with only 10 beds, John's Place is often full. After spending 2-3 days in the hospital waiting for a bed, many patients simply leave, which means they receive no follow-up care. The next closest inpatient facility is in Dublin, Georgia, which is over 100 miles away. Like John's Place, this facility is often full.

In addition to Anchored in Wellness, Cord of Three, the only other local provider of professional addiction services, has five professional counselors who serve Wayne County on a part time basis, two of which have credentials specific to addiction counseling. There is no federally qualified community health center (FQHC) located in Wayne County. The closest FQHC is in Long County, Georgia approximately 20 miles from Jesup, but it does not offer behavioral health services and is not frequently used by Wayne County residents.

Shane's Crib is a 12 month residential program that is composed of a 3 phase process, with evaluations for Rizpah House Transitional Home. Shane's Crib offers support groups, therapy groups, and individual counseling with pastoral counselors and addiction counselors. The foundation of the program is based on developing a personal relationship with Jesus. The education of addiction and recovery is broken down into a three phase process.

Regarding MAT, there is one provider in Wayne County that has a waiver to prescribe buprenorphine. However, current regional drug court policies prohibit the drug court from accepting clients on MAT, and Pineland CSB currently does not take clients on MAT in their group counseling services. One addiction counselor recently received MAT certification. Additionally, the drug court system at the state level is in the process of reviewing its MAT policies, which may result in a future policy change. During 2019, the statewide Opioid and Substance Use Response Plan intends to leverage State Targeted Response (STR) funds to expand MAT treatment and recovery services, which may result in increased access to MAT.

Mental Health First Aid Training is being offered by two agencies that work in Wayne County including the Southeast Health District and Pineland BHDD. This public education program, offered to law enforcement, public health staff, EMS, firefighters and school personnel among others, help participants identify signs of mental distress or substance use. A training was offered in Wayne County in 2019 but was only attended by 6 individuals.

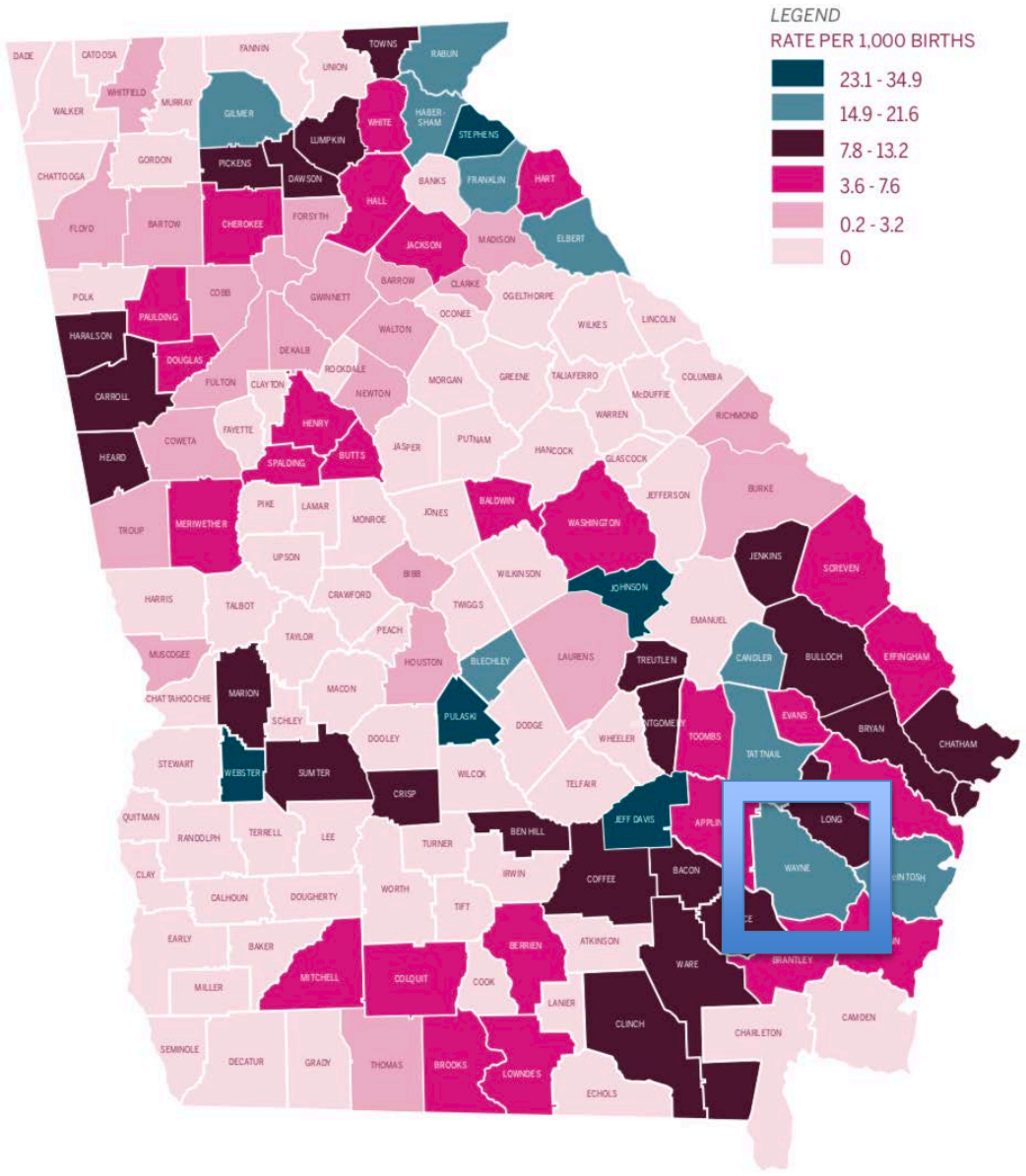
Six SEHD staff have undergone the CDC and National Association of City and County Health Officials' (NACCHO) Academic Detailing train the trainer program, which trains public health professionals to work with local providers to give them education and resources on prescribing practices to ultimately reduce the number of prescriptions for opioids. To date, train the trainer sessions have been conducted in Ware County for a total of 12 practitioners. This education will be extended to Wayne County providers in the future.

In December 2019, the SEHD recently hired a public health trainer who will work with regional health care coalitions to collect EMS data for the High Intensity Drug Trafficking Areas Program (HIDTA) specifically around opioids. This will provide an additional resource to the SEHD and Wayne County.

Neonatal Abstinence Syndrome

The rate of Neonatal Abstinence Syndrome (NAS), a drug withdrawal syndrome that occurs in infants exposed to substances, was 14.9 – 21.6 per 1,000 births in Wayne County in 2016. This rate puts it within the top 15 counties in Georgia.

NAS Rates Per 1,000 Births by County, 2016



Source: Neonatal Abstinence Syndrome Annual Surveillance Report, 2016

Qualitative Data.

SWOT Analysis

Introduction

A Strengths, Weaknesses, Opportunities, and Threats Analysis was conducted by Derek Jones, Chief Operations Officer with the Southeast Health District. There were approximately 30 participants that attended the August 20th coalition meeting and participated in the analysis. The goal of the SWOT analysis was to identify local strengths and weaknesses pertaining to addressing the OUD crisis and, then, to identify opportunities for success and threats to efforts aimed at addressing the OUD crisis.

Results

Strengths:

- **Recognition.** Recognition of the OUD issue has motivated community members to address it, as evidenced by enthusiasm for the Wayne County Substance Abuse Coalition (WCSAC) and the development of a Mental Health Awareness Committee.
- **Community Partnerships.** There is a sense of community locally; everyone knows someone affected by the crisis. This strong sense of community means that community outreach can occur with relative ease. In addition, the (WCSAC) fosters and strengthens local partnerships. The local faith-based community is also a strong network with significant ties to behavioral health (i.e., Celebrate Recovery).
- **Local Services.** There are a number of local service providers and resources, including the local Drug Court, and recovery care organizations such as Shane's Crib who can help. There is a local Drug Drop Box / Take Back effort. The local Family Connection also has a community resource directory, waynehelp.com, and there are daily NA and AA meetings across the county.

Weaknesses:

- **Education.** Local providers need education about healthy prescribing practices pertaining to opioids. In addition, community members (specifically schools, families, and patients) needs further education about OUD.
- **Demographics.** Much of the community is of low socioeconomic status. In addition, there is a significant high school dropout rate. Given the rural nature of the area, there is not much for residents to do socially, and this leads to drugs as a social outlet. Unemployment rates are also high, as job opportunities are limited.

- **Lack of Resources.** There is a shortage of treatment centers for addiction, and there is very limited access to free or low-cost addiction treatment. In addition, it is difficult to recruit volunteers to serve as addiction counselors, and it is costly to train volunteers. There are no specific resources aimed at pregnant women and adolescents, two significantly vulnerable populations. Finally, there is no acute detoxification center in Jesup.
- **Stigma.** Shame and guilt pertaining to OUD and addiction in the community deter many from seeking help and deter local entities from adopting stigmatized yet efficacious treatment methods (i.e., MAT).

Opportunities

- **Distribution of Information.** The school system has an outlet for widespread dissemination of information that can be put to use. Local clubs can be used as outlets for distributing resources, and there is also a chance that local recovery events would be popular. Social media is also a means by which to reach a significant number of people. All of these information distribution methods present significant opportunities for community education about addiction and OUD.
- **Enthusiasm.** Local medical and mental health providers have historically responded eagerly to opportunities aimed at strengthening their prevention, treatment, and recovery abilities.
- **Recent Improvements.** There has been a recent increase in the number of local treatment centers, potentially making it easier to provide treatment services and train volunteers.
- **Leveraging Existing Resources.** Existing peer support groups can be a strong asset. In addition, existing behavioral health resources could expand partnerships in order to provide coordinated MAT services. The nearby Diversity Health Center, a Federally Qualified Diversity Health Center, is another resource that may be of use.
- **Workforce Development.** Workforce development via soft skill training is a potential opportunity for the community.

Threats

- **Education.** A lack of education pertaining to the OUD crisis and management of the crisis is a threat to efforts aimed at addressing OUD. In addition, a lack of oversight on pain management clinics could reinforce the trend of reckless prescribing.
- **Community Attitudes and Values.** Stigma, shame, and guilt pertaining to OUD and addiction are significant threats. In addition, many community members are apathetic to the issue. If community collaboration falls short, this could prevent the formation of valuable partnerships and hinder efforts to address OUD. Faith-based

recovery services may present a barrier to care for individuals looking for secular care.

- **Lack of Resources.** A lack of funding for efforts aimed at prevention, treatment, and recovery threatens their efficacy and sustainability. A lack of healthcare and behavioral health providers presents a significant challenge. Finally, there are few individuals trained in MAT either locally or nearby.
- **Community Disadvantages.** Many community members face personal barriers to treatment such as a lack of transportation.

Data Boot Camp

Introduction

A data boot camp was conducted with eighteen members of the WCSAC. At the boot camp, there were several stations at which facilitators, guided group dialogue surrounding local, state, and national data pertaining to the OUD crisis. In these discussions, attendees analyzed the data provided and used it to identify the most pressing issues pertaining to OUD locally. They then brainstormed ways to address the issues. Each group rotated through each station at least once during the meeting.

Results

Prevalence and Availability: Discussion

- Wayne County is among the counties in Georgia with the highest prescribing rates for opioids. Southern states and coastal states also tend to have the highest opioid prescribing rates in the country; Georgia does not have the highest rate, but its prescription rate is higher than most states in the U.S. Stigma, local culture/values, a lack of law enforcement surveillance/intervention, and a lack of other effective pain management options are possible reasons why rural counties like Wayne County have such high prescription rates.
- Lower prescription rates in Chatham County, Georgia, and in Florida are surprising and may be attributed to increased law enforcement activity, a greater number of OUD resources, and the popularity of other drugs for recreational use.
- Many consider that opioids are thought of as an "easy fix" prescribed by doctors for a variety of issues, which is potentially why prescription rates are high.
- Percentage of patient days with overlapping opioid prescriptions is lower than that of many counties in Georgia while the opioid prescription rate is higher, suggesting that people do not need to see several doctors to get an adequate number of opioids.

There was a "pill mill" in Jesup that saw approximately 150 patients per day, and many leave town to get their prescriptions filled.
- Oxycodone and Hydrocodone are the most seized drugs statewide by the GBI Crime Lab. People predict that heroin and methamphetamine use will go up once opioids are more tightly regulated.

Prevalence and Availability: Contributing Factors
- The cost of access to treatment (i.e., low socioeconomic status).
- Local governmental divisions leading to a lack of oversight.
- A lack of treatment resources.
- A lack of oversight of over-prescription by healthcare providers and a lack of provider accountability.
- Seeking prescriptions from multiple providers in this community and in other communities.
- A lack of education.
- The previous existence of pill mills.

Prevalence and Availability: How to Move Forward
- Different populations (doctors, public, law enforcement, judicial system) should be educated about the issue in ways that are specific to them. Physicians and educators should have an active presence at WCSAC meetings.
- Community members need to be united in understanding and addressing the issue.
- A case management program may be effective for improvement of the coordination of care.
- Stigma pertaining to addiction should be addressed. Those caught using opioids while working, for example, should have an outlet for seeking help. People testing positively for opioids should be able to seek help without fear of consequences.
- There needs to be a method for holding healthcare providers accountable for over-prescription.
- There should be more community training – for example, the Department of Public Health should meet with physicians more frequently, and the Georgia Council on Substance Abuse may be a valuable resource for community training.

Morbidity and Mortality: Discussion
- Wayne County is consistently high in the state of Georgia in terms of death rates due to drug overdose and due to all opioids, and death rates have not decreased over time. On the contrary, they have risen.
- A local provider over-prescribing pain medications left Jesup 4-5 years ago after a community crackdown

- Opioids are responsible for a significant portion of drug overdose deaths in Wayne County. Interventions such as the Prescription Drug Monitoring Program (PDMP) may be alleviating the problem.
- It is not surprising that rural counties like Wayne have higher death rates than metro areas like Atlanta; there is less to do, there is greater stigma, there are less resources, and transportation is a challenge.
- Wayne County is also among the highest in Georgia for drug and opioid related ER visits. Many suggested that there may be relapses because people return to the same environment once discharged.
- As opioid availability is decreasing due to efforts like the PDMP, it deaths to due fentanyl and synthetics are increasing, and people suspect that heroin deaths will begin increasing soon.

Morbidity and Mortality: Demographic Factors

- Older populations are at risk for overdose due to medications used to manage chronic conditions.
- The 25-34 age group is also at risk; this could be due to the use of opioids recreationally. There was a party in town in which pills were poured into a bucket and people took whichever pill they fished out randomly.
- Women aged 55-74 are also at increased risk; they may be taking opioids for medical reasons, to calm nerves, or to help with stress.

Morbidity and Mortality: How to Move Forward

- Education about OUD must start in middle school if not sooner.
- Community forums must be established to promote education and awareness.
- Efforts to address OUD must also be expanded to address fentanyl and heroin, as these will become increasingly problematic.
- Local government must be involved in policy aimed at holding people accountable.
- There must be an increase in local trainings by experts.

Secondary Effects: Discussion

- Secondary effects of the OUD crisis in Wayne County include increased crime, increased family tensions, increased domestic violence, increased incidence of other drug use (especially as opioid availability decreases), decreased positive health outcomes, increased child abuse and abandonment, decreased ability to maintain interpersonal relationships, and decreased economic output.
- People believe that the number of high school students taking prescription drugs for recreational purposes is higher than the Georgian average, and they believe that the

problem arises in middle school. Many believe that vaping is the gateway to other drug use.
- Many believe that maternal substance abuse is a significant problem in Wayne County and that the actual number of cases of Neonatal Abstinence Syndrome in the county is higher than reported.

Enforcement and Evidence-Based Practices: Discussion

- The PDMP, by holding healthcare providers accountable for their prescriptions, has been successful preliminarily in decreasing opioid availability, but this decrease in availability may be creating other problems that are not yet apparent. For example, in other counties, spikes in use of other drugs have been reported.
- Many reported concerns about increased heroin and fentanyl use with decreasing prescription opioid availability. Some predicted that the use of these drugs will be more stigmatized than prescription opioid use, leading to less treatment seeking behavior. Law enforcement will likely be a major player in controlling these drugs.
- There is a significant stigma attached to MAT, so even providers who are certified in it face challenges with implementing the practice. Overall, education about OUD that aims to decrease stigma in the community needs to be a priority.

Enforcement and Evidence-Based Practices: Moving Forward

- Coordination of care between entities would be helpful; case managers should play a more active role in coordinating treatment and recovery.
- Family therapy is a powerful tool; however, there are not enough resources in the county to implement it effectively.
- Community forums especially geared toward students (i.e., Students Against Destructive Decisions) and toward elderly populations, could play a significant role in education. Education must emphasize long-term effects of drugs as well as short-term effects. Schools and the faith community must be involved in the forums.
- Community awareness of the problem must be enhanced, perhaps by press releases. People must understand that this is a community problem, not an individual problem.
- Education about Naloxone availability and use must be community-wide, and pharmacies must carry Naloxone more actively. There must also be follow-up procedures for people who have been administered Naloxone.
- Counseling resources must be expanded, and community education about counseling resources must increase.
- County commissioners should have town hall meetings for their districts pertaining to the OUD crisis, and elected officials must be actively educated and involved.

Focus Group Interview

Introduction

A focus group interview was held in September and was conducted by Addison Mickens, Project Manager at Share Health Southeast Georgia. It was held with 8 individuals who are in active recovery ranging from different ages and different choices of substance abuse. The goal of this focus group is to learn about concerns of residents, particularly those who are affected by OUD/SUD and are in recovery, in Wayne County about the OUD/SUD crisis. The focus group's purpose was to gather information about the local OUD and SUD crises that would be used to help WCSAC partners and funders learn more about the issue; the information would then be used to direct efforts aimed at reducing morbidity and mortality related to opioid use in Wayne County.

Highlights

- For some, compliance versus treatment readiness—incarceration as a threat, treatment as a condition—didn't necessarily yield long term results.
- Incarceration was a catalyst to recovery for some.
- Exposure to peers/others in recovery affected readiness for recovery. Regular and consistent support group meetings were identified as helpful repeatedly. Need for safe, healthy environments for peer interactions beyond meetings.
- Stigma related to OUD was a strong trend and barrier to treatment—judgement of need for help, fear of accessing help due to threat of incarceration, judgement for past decisions, judgement of fitness as a parent, embarrassed to seek help.
- Limited access to treatment: distance, wait time, no access to MAT when moved to community, feelings of isolation (often due to avoid triggers in previous environments and lack of healthier options).
- Comments of "working the system" (e.g., community resources and locations) in order to get help.
- Drug Court gave tools and support.
- Faith-based program was identified as helpful by multiple responders—need for similar long-term care and recovery was identified repeatedly.
- Distrust and disdain was expressed by multiple participants for certain recovery options/groups.
- Variation, based on environment, as to whether employment is a support. Multiple respondents identified co-workers as triggers due to their comments and behaviors related to substance abuse.

- Regarding recovery community, disjointed service, lack of coordinated effort, lack of education and information.
- Early education among children and teens was identified as critical.

Summary of Results

Prevention

- Some cited family dysfunction, family abuse, and being exposed to drug addiction in the home as catalysts for their initial drug use. Efforts to address the home environment are an important consideration.
- Depression for a variety of reasons, including due to having one's child removed from them, is another major catalyst for drug use in the community.
- Overuse of prescription medication is a major catalyst for addiction to opioids. Healthcare providers should be held accountable.
- Exposure to previous environments, or isolation, while undergoing treatment and recovery often fosters relapse. There must be clean environments for people in treatment and recovery.
- Education about OUD and SUD must start early. Substance use issues begin commonly in school, so students must have adequate education about the consequences.

Treatment

- A lack of treatment resources exists in Wayne County – the closest detoxification centers are in Waycross and Statesboro, and this was cited as a problem. Many people struggling with addiction see jail as the only alternative. In some cases, a lack of beds at available treatment centers prevents people from accessing treatment. Even jail is not truly an alternative intervention, however, as some said that substances are widely accessible even in jail.
- Seeking treatment elsewhere is difficult due to a lack of transportation and a lack of finances.
- There is a lack of diversity of treatment options and a lack of understanding of what treatment entails. Some people switch from opioids to other drugs as a form of self-treatment (i.e., less severe withdrawals).
- Community buy-in is important for the success of treatment and recovery programs; community members must be educated about the options available locally. Community forums, advertisements in the newspaper, social media presences, distribution of printed materials, and public meetings might be helpful.
- Because priority in some cases (i.e., the hospital) goes to individuals who are actively intoxicated, actively experiencing withdrawal, or experiencing suicidal tendencies, those who are not in such a dire state at the time of seeking treatment

may not be able to access it. Anecdotal examples of people being given drugs or alcohol just to access treatment at the hospital exist.
- Stigma is a significant barrier to treatment; many people did not seek treatment initially because of fears of "judgey" attitudes at the treatment resources available to them. Stigma in the community was described as a significant issue.
- Related to stigma is community apathy toward OUD; people suffering from OUD are seen as criminals and undeserving of compassion.

Recovery
- For many, incarceration or fear of incarceration, not an overwhelming desire to lead a drug-free life, were initial motivators for seeking recovery.
- For others, seeing other people in recovery or being around other people who were "sober" motivated them to seek recovery because they saw that they could lead a better life.
- Peer support groups such as NA, especially due to nightly frequency of meetings, play an active and vital role in recovery in the community. In other communities, NA and AA facilities had recreational activities, and people believe this may aid in attracting individuals. This also gave people a place to go while in recovery so that they were not in environments where they were exposed to drugs or in isolated environments. A safe, clean, and judgment-free social environment was cited almost unanimously as something that would have a positive effect in fighting SUD locally. It was also suggested that this environment should be accessible at all times of the day.
- Recovery efforts locally would be more efficient if they had procedures for follow-up care; many local resources, such as Drug Court, lack it or offer it only conditionally. People need places to go for follow-up care so that they may be held accountable.
- Long-term treatment and recovery options are needed in the town. Many people stated that they needed months before they were able to change their behavior for the better.
- Programs must also be evaluated for efficacy and be held accountable. Concerns were brought up that Face-to-Face's program, for instance, is inadequate and only exists for profit while other recovery agencies (i.e., Shane's Crib) have more efficacious programs.
- Recovery groups need more assistance. The local population of people maintaining recovery is not large enough to run all recovery groups.
- Many cited positive work environments as important in their recovery. Having supportive bosses and a supportive work environment is helpful for recovery; meanwhile, working with people who use substances presents a challenge.

- Unity and acceptance of diversity that foster a sense of community are helpful in recovery.
- Some cited sponsorship as another important factor in recovery.

Discussion/Conclusion

As various reports and data were presented to the WCSAC, partners provided their interpretation and astonishment at the current OUD/SUD rates in Wayne County. Members of the coalition provided additional feedback in the form of a SWOT Analysis and Data Boot Camp. In both organizational structuring exercises, recurring themes around limited resources, education and stigma were areas that needed work. Areas that Wayne County has strength in is recognition that OUD/SUD is a crisis that plagues the county, and that something has to be done. Areas where change can occur and have a high impact in Wayne include dissemination of information, fostering and leveraging partnerships among organizations that currently exist in Wayne.

In the areas of prevention, treatment and recovery, there are major gaps that are to be addressed and to inform workforce development and strategic planning for addressing the OUD/SUD crisis. The utilization of local resources, collaboration among multiple organizations to increase access and deliver care is essential. This can be achieved through the work of the coalition and Jump Start grants using funds from the Health Resources and Services Administration (HRSA) federal OUD/SUD grant.

Appendix

A.1 - SWOT Analysis

WCSAC SWOT Analysis

Strengths	Weaknesses
• Community (everyone knows someone affected.) • Service Providers • Programs/ Partnership (coalition) • Work source • Drug Court • Drug Drop Box/Drug Take Back • Faith Based-Community – Celebrate Recovery • Outreach • LEO – Partnership • Recognizing there is a problem and willingness to do something about it. • Mental Health Awareness Committee Developing • Recovery Care Organization • Waynehelp.org – Family connection • NA/AA Meetings Daily	• Prescription education to providers • Education and awareness to community o Schools, families, patients • Community Resources • Socioeconomic deterrents • High School dropout rate • No positive social outlets • Limited job opportunities • Lack of treatment centers • Free treatment – Funding • Volunteers • Training volunteers • Nothing for pregnant women/ adolescents • Shame & guilt (counseling, etc.) • No acute detox in Jesup
Opportunities	**Threats**

• Information distribution within school system
• Local medical and mental health providers eagerly respond to the opportunities available for prevention, treatment and recovery
• Increase in local treatment centers
• Training
• Education/ SUD
• Peer support
• Clubs for speaking and resources
• Recovery events
• Social media
• Opportunity to partner to provide MAT (medication, peer support, etc.)
• FGHC – Diversity Health Center
• Soft skill training – workforce development
	• Not being educated
	• Shame and guilt
	• Funding
	• Sustainability
	• Apathy (non-community support)
	• Transportation – access to care and support
	• Lack of providers in rural areas
	• Lack of collaboration (tunnel vision)
	• Stigma toward active addiction
	• Lack of oversight on pain management clinics
	• Religion
	• Medical assisted treatment (MAT)
	  o Face to Face
	  o 1 provider in Jesup; 1 in Baxley

A.2 – Data Boot Camp

Data Boot Camp

Station 1: Prevalence and Availability

1. **What do you notice about opioid prescription rates in Wayne County compared with other counties in Georgia? Zooming out, how does Georgia itself compare with the USA? Why might this be concerning? (Figures 1 and 2)**

Why are other counties a lighter color than Wayne County? Wayne is in the highest bracket. National rates are high, and this is a regional issue. Doctors may prescribe less opioids than in other counties than in Wayne. The south in the US have the highest prescribing rates. Coastal states have the highest prescribing rates. Georgia is high but not the highest. It's concerning that the trend/ high rates look like it is migrating toward Wayne County/Georgia if it's not already in the county. Rates are higher in rural counties because they are made up of mostly land. Law enforcement is not monitoring local areas. These rates are not surprising because of personal experiences lived in Wayne and the economy. Stigma and culture have a big part in the high rates in the south (bible belt). Opioids give a reason to be numb and to escape. A lot of treatment places work out west.

What about Florida? Work is probably being done there already to address OUD and drugs could be coming from Cuba. Different drugs may be used in Florida. They are amazed at how low Chatham rates are and it could be attributed to the amount of resources available. People are going to go where the medications are given, opioid users shop around. Law enforcement is probably more active in Chatham, also. What's the root cause? 1) Doctor's push different medications for incentives, 2) have a bag of pills from the doctor, 3) education, 4) poverty. What does insurance cover? (Medicaid)

2. **What do the trends related to the percentage of patient days with overlapping opioid prescriptions in Wayne County suggest to you? How might this contribute to the availability of opioid medications in the community? (Figure 3)**

Percentage of days is less even though the rates are higher which could be due to them spending less time with the doctor. These rates are too high. Opioids are very accessible in Wayne and over prescribed. Care needs to be coordinated. Smaller counties are prescribed these opioids because it is an easy fix. "If depressed, here's a drug to take". Everything is connected to Wayne but is not overlapping. We need ways to regulate the monitoring. Contributors to the availability of opioid medications in the community include: PDMP, accountability of physicians prescribing

too many pills, social climate, personal relationships, having buddies, lack or resources, having a large amount of pills from the doctor and selling them. The existence of a pill mill was in Jesup seeing 150 patients a day. People also leave town to get their prescriptions filled. Telehealth contributes as well because patients no longer physically see the physician.

3. **According to data from the GBI Crime Lab pertaining to seized drugs submitted for identification, how do opioids compare to other major drugs? What does this suggest about the types of opioids that are available? (Figures 4 and 5)**

Oxycodone and Hydrocodone are the most submissions. Heroin is going to come up once the opioids go down, promoting violence. People also are lacing heroin with fentanyl. Years 18-19 there will be or is a huge increase of Heroin and Methamphetamine because it is easier to cook and obtain. Methadone tolerance is really high. Submission rates went down in 2017; the initiative of addressing opioids happened. People in the meth houses do not use. Speed balling will occur mixing methamphetamine and oxycodone. People are purchasing and stealing Sudafed. This shift will happen because people are looking for pain relief.

4. **What factors in Wayne County do you believe contribute to the availability of opioids in the community?**

Factors: the state charges treatment access, people are closed minded, there is a division between city and county, lack of resources, doctors are overprescribing, but its changing, people are doctor shopping, social economic status is correlated with increase of opioid use, boredom (nothing to do in Wayne County), personal relationships, family doctors, lack of accountability, pill mills – stopped approximately 3 years ago, traveling to other cities, acceptance, lack of education, and Dilaudid – people are starting to use this drug. Where are they getting it?

5. **Based on the discussion, what do you believe are the most feasible steps for moving forward in Wayne County to combat the issue of availability?**

Education should be done in a different approach (doctors, public, law enforcement, judicial system). Community members should get on one page and not be divided and competitive. Inviting doctors and school workers to the WCSAC meeting. Having a case management program. Accountability of doctors and organizations, instead of demonizing them. Create an opportunity for those using on the job for example to be helped with seeking treatment. Create a different atmosphere in the community and a safe space with a positive drug screen. Improved system of coordinated care – flagging people who are looking for pills by having a case manager to track and coordinate the program. We can use money to put them in offices among all the patient's physicians [work source] and the office manages it. Public Health should meet with

doctor offices more. Georgia council of substance abuse training peers to educate. (meetings, etc.)

Station 2: Morbidity and Mortality

1. **How does Wayne Co. compare with the SEHD and the rest of Georgia in terms of death rate due to drug overdoses and death rate due opioids? Are opioids responsible for a significant portion of the drug overdose deaths? (Figures 1 and 2)**

   Wayne Co. is right with Bulloch and Bulloch is a college town. Wayne Co. has been consistently high. Hasn't decreased over the years. Why is Jeff Davis high? The issue of pain clinics was raised. Opioids are a significant portion of deaths. There was a local crackdown on a local provider in downtown Jesup who ran a pain clinic in either 2014 or 2015. Citizens responded and the provider left.

   Pretty high", "Wow, Brantley ahead of Wayne". Brantley, Wayne, Jeff Davis-rural, limited resources, not much employment. Can data be made to look certain ways? What the is source-hospital diagnosis. Opioid is significant.

   "Wayne is really high." "What was going on in 2016?" "That was prior to any intervention, prior to PDMP or any other interventions." Opioids are responsible for a huge portion, over half most recently-rated #2 in SEHD deaths due to opioids. Huge portion is related to opioids.

   "Jeff Davis is double Wayne. Can see why you started with Jeff Davis. We are bad, but Jeff Davis is double, but their death rate is lower." Derek explained that because of the size of the county, one death could explain the change in death rate. Significantly higher than Georgia overall. Not surprised that Wayne is higher than Metro; there is less to do, idle time, stigma, no resources, no transportation, it's rural. Opioids are a significant percentage of the data.

2. **What do you notice about drug and opioid related ER visits in Wayne County as compared to the rest of the SEHD and the rest of Georgia? (Figures 3- 5)**

   Wow-Highest for this period. Highest on every chart, every year. Wow! With discharge, where did they go? Was it back to the same environment? How many of those are the same people returning? It's not always the homeless man on the street. It's professionals as well. Stigma prevents access locally. Asked why "Wow"? "This is our town. We don't want to know it's that high. When you see the comparison, you don't want to know it's that high. When you see the comparison, you want to know why Wayne has higher

rates than metro. It turns a light on." "Resources are stretched here, but also there is the stigma (small town). You don't want to share with someone you may go to church with. The cost is also identified as prohibitive."

Aligns with previous data. What's the linkage? Rates are not calculated in smaller counties where data is less than 5. Question of how data is calculated, by hospital or county of residence? Police officer again questioned how accurate the data was. His source was police reports from another nearby county. Crack down on physicians locally has had an effect. Education of physicians has seen improvements. Length of prescriptions has also changed. People are going to other places to get drugs. Change in traffic routes for drug traffic-interstate travel.

"Oh my gosh, we're #1!" Questioned what "Age Adjusted" rate meant. Explained it excluded really old and really young (babies) population. They wondered if every county measured the same. Numbers seem "high" based on discussion with hospital staff. Explained that it was based on county of residence.

Several shocked reactions. "We outdid Jeff Davis. Highest rate is in Brantley Co." Explained it was county of residence. Jeff Davis not contiguous. Talked about the planes dropping drugs in the river several years ago.

3. **What do you notice about the trends in opioid overdose deaths over time in Georgia from 2010-2017? (prescription opioid compared to other opioids. (Figures 6 and 7)**

Death rates have risen. Heroin has stayed kind of the same, but we expect heroin rates to rise. As prescribing is restricted, drug dealers know how to shift drugs. Physicians here (some) are becoming more restrictive. ***Would like to see prescribing rates for Wayne Co.***

Rise in Fentanyl and synthetics. Heroin looks to have leveled out. "People on the street I serve say heroin and fentanyl are on the rise". Opioid is dropping because of availability.

Over half of the drugs are related to opioid. Definitely increased starting in 2013 or 2014. Heroin not on the rise yet.

Trends have risen obviously. There was a little dip in 2016 and fentanyl started to rise. Is this because of intervention? Pill mills moved through Wayne County. Was really bad for a while. Law enforcement became involved and Pain Clinic was shut down. They had business in Florida too. Opioids are the issue. We bet that 2018-present would show an

increase of fentanyl and heroin and a decrease in opioids due to PDMP and law suits. Encouraged them to think about what process will be used to address this.

4. **Are there any demographic factors that stand out to you related to opioid- related ED visits and hospitalizations in Georgia? What might be the reasons for this? Do you think that the situation in Wayne County reflects the wider trends in the state? Why or why not? (Figures 8-10)**

   Overdose by seniors with more chronic conditions; 25-34 year old ER visits-poverty? Group was challenged on assumptions of why: prescriptions older people have been on for years, possibly. For younger people, could be lack of entertainment in rural area. There was a party where pills were poured into a bucket and they took unknown pills. Definitely seems to be more of a rural issue. Also, overlooked resources. In rural areas, there is less to do and there are fewer eyes on you….and not just kids.

   25-34 age group and older population. Older population is because of chronic conditions.

   25-34 high group. Could be teens taking to calm anxiety? Older females (55-74) taking for medical reasons. Older women also may be taking to calm nerves or stress related.

   Not the black population; strategies different for older women than other groups. Doctors are struggling to wean off.

5. **Based on the discussion, what do you believe are the most feasible steps for moving forward in Wayne Co. with combating the issue of morbidity and mortality? Are there any target populations whom you believe should be addressed first, for example?**

   Because drug use starts young (data says 15 yrs), education has to start at Middle school. Students Against Destructive Decisions. Have a receptive BOE, but given their data, the Board will be receptive.

   Community forum for education and awareness; prevention education among students.

   Education-people don't know difference; people don't understand. But we have to address fentanyl and heroin. Need good legislative bills to prohibit some practices and incentives. NO $$ incentives. Need to fix legislative issues and involve legislatures. There is a legislative luncheon on November 28 with Family Connections. Derek to provide talking points. Georgia Council on Substance Abuse, advocacy training in October. An invitation to the whole coalition will be sent out.

(One of the groups didn't get to Question #5)

Station 3: Secondary Effects

1. **What important secondary community effects of opioid abuse (i.e., unemployment, child neglect, crime, etc.) are you aware of in Wayne County?**

   Group 1: Leads to crime. Also breaks the family apart, increases domestic violence and child abuse. As pills become harder to get then the effect will be other drug use on the rise (heroin especially). Makes it harder to maintain your health and you are unable to establish trust with anyone.
   Group 2: Drugs contribute to all factors and effects everyone in some way; employers, school, families.
   Group 3: Abandoned children or child abuse and domestic violence. Theft and crime rates get higher. Jail population is crowded and most of it is drugs. No economic stability
   Group 4: Crime rate soars. Time and money spent to combat drugs is increasing. Affecting families and especially children; growing up without a parent or parents

2. **In 2013, what percentages of high school students in Georgia had taken a prescription drug for non-medical purposes or had been offered illicit substances on school property? Is this surprising to you? Do you believe that the situation in Wayne County is better, worse, or the same as the statewide data? Do you think that this contributes to the propagation of the opioid crisis? (Figures 1 and 2)**

   Group 1: these numbers are too low, see more of this now than before. Juul is becoming an issue because kids are now sneaking their drugs in them
   Group 2: These numbers have to be old, they are too low. Middle school needs to be addressed; this is the starting point for vaping.
   Group 3: Wayne county is worse than these numbers show. Need to incorporate drug interdiction into talks about vaping, vaping is becoming the gateway for drug use. It is easy to hide
   Group 4: vaping is the first step to drug use, they think vaping and drugs are a quick fix and help them feel better. Our numbers in Jesup are higher than those shared today.

3. **What stands out to you in the data from the Wayne County Student Health Survey that is administered to students in grades 6-12? (Figures 3-5)**

Group 1: Students know as they get into higher grades in school which students to approach with drugs and which ones not to.
Group 2: hearing at an early age that it will help the student to relax and calm down
Group 3: Number s are starting to increase in Middle School and they keep climbing until kids figure out who will or won't do drugs
Group 4: Problems start increasing in Middle school, that is the starting point. One student will tell another, here take this it will help you feel better.

4. **Do you believe that maternal substance abuse is a significant problem in Wayne County? What might data pertaining to Neonatal Abstinence Syndrome imply about the impact of maternal substance abuse as a whole in Wayne County and Georgia? (Figure 6)**

   Group 1: Believe that the prenatal numbers should be higher that is being reported
   Group 2: Did not get to question, ran out of time
   Group 3: This is a significant problem and then ran out of time
   Group 4: Ran out of time

All groups ran out of time for the last 2 questions.

5. **Are you surprised by law enforcement data? Are figures higher or lower than you expected? Are you surprised by the DFCS data? Are figures higher or lower than you expeted? Why might this sbe? (Data Set 1-2)**
6. **Based on the discussion, what do you think are the most urgent secondary effects that need to be addressed in Wayne County? What are the most feasible steps for beginning to address them?**

Station 4: Enforcement and Evidence Based Practices

1. **Do you believe, based on preliminary data, that the PDMP has been successful in curtailing unnecessary opioid availability? If not, why do you think so? If so, in what ways and why are they important?**

   There is a decrease. There is a positive trend, but could that be creating other problems that we don't know yet? Are we seeing a spike in heroin because of this decrease? One individual stated that Clinch County was seeking a spike in Dalotin(?) (liquid morphine). This has obviously been effective; doing what it's supposed to do. But, people are migrating to meth and heroin. One individual asked

how insurance plays into this? The response was that it doesn't go into the insurance system if you don't use it. Insurance/Medicaid changes at the first of the year. Providers are not required to enter into the PDMP if less than 3 days or 26 pills.

2. **Many national findings point to the risk of increased heroin use in response to a decreased availability of prescription opioids. Do you consider this to be a significant risk in Wayne County? If so, what additional challenges might that post to this coalition? How can the community work to prevent an increase in heroin use?**

   Increased heroin use is a concern. One clinician pointed out that they would want to know if we have resources to help. Resources for de-tox are very slim, especially for clinicians who are MAT certified. There is such a stigma attached to it. Where can people live to do outpatient? There are resources in Jesup, but treatment or after plan has to include past issues, like criminal and treatment, which is hard for people to share. Screening is critical to get appropriate help. The trend looks like we'll be dealing with heroin and fentanyl. People will stigmatize heroin use more than prescription meds. Drug court: 86% of people in drug court started using marijuana at 12 or 13. Uninsured people can't get to doctors for drugs for pain. One respondent pointed out that the response to heroin will come from law enforcement. There is absolutely no doubt that there is a risk for Wayne County. Gravitating toward fentanyl because the demand is there – you can see this in the crime and DV rate as well.

   There is not good enforcement in Wayne County because there's not enough manpower to enforce. Everyone has to be on-board.

   If a caseworker could follow an individual from beginning to end and check on the person all the way through that would be helpful. Need more resources and has to be coordinated. This individual described it as a "hub" of coordination for each person in treatment/recovery.

   Shane Crib is a transitional house. Tend to look at this as brain injury that needs years to re-program. Addiction is a family disease – family members need support as well. Family therapy is time consuming. One individual suggested having family days. Kids need a voice. Currently, there are not enough resources for staff to do family therapy.

   Need people to buy in that this is a social problem to get resources.

3. **Do you think community forums can play an important role in Wayne County? In what ways?**

   Yes – part of public education needs to be highly focused on students and elderly. Students again destructive decisions (SADD). One respondent stated that they don't think current education stresses the long-term effects of drugs over a life time. This will make a difference down the road. The economic value will be tremendous in terms of employment, overcrowded jails, etc. Schools need to be involved as well as the faith community. People often go to the pastor and school counselors when they are in trouble.

   Need awareness/newspaper articles to bring recognition that this is a community problem, not an individual problem. Then, stigma will decrease.

   SPLOST – if asked for 1% to treat addiction disorders would probably get voted down.

4. **Discuss the roles that Naloxone distribution and MAT play, or could play, in addressing the OUD crisis in Wayne County.**

   People need to be educated on what to do if a loved one overdoses. Pharmacies need to be educated to carry Naloxone. There needs to be more education and wraparound services with counseling. Some providers don't feel counseling is important. If done properly, there should be a team that includes a physician and therapist and a whole buffet of services.

   Stigma – you are not clean if you are still taking drugs. This needs to be part of community education. There also needs to be something after someone is administered Naloxone. The drug court currently doesn't take people on MAT. Each individual is different in how long they will need MAT.

   Trauma informed care was offered through the Georgia Council on Substance Abuse. Asked, what happened to you? Treatment modalities.

5. **Based on discussion, to what extent, and in which ways do you believe that we can attain results similar to those experienced via PDMP implementation? What are feasible first steps to take in working toward those results and handling challenges that they might bring? How might we be able to hold community forums?**

County commissioners should have town hall meetings for their districts and have someone talk about this. Elected officials need to have this information. They also control the budget. Rotary was mentioned. Someone talked there last month. There needs to be a flow chart.

A.3 – Focus Group

Focus Group Questions

Wayne County Substance Abuse Coalition
Share Health Southeast Georgia

Focus Group Discussion Guide

All Informed Consent Signed: Yes/No

Group Number ____

Date:

Number of Participants:

Male: **Female:**

Introduction:

You are being asked to volunteer to discuss your views on Opioid Use/Substance Abuse Disorder in Wayne County for a planning grant conducted by Addison Mickens, Project Manager at Share Health Southeast Georgia. This is in partnership with the Southeast Health District, Wayne County Health Department and Share Health Southeast Georgia.

Thank you for agreeing to participate in this focus group. The purpose of this group is to continue to learn about concerns of residents in Wayne surrounding OUD/SUD, in particular, those who are affected by it and are in recovery.

The goal is to take this information and inform WCSAC partners and funders about the issues to help reduce the morbidity and mortality related to Opioid use.

The information you provide is confidential and will not associate your name with anything you say in the focus group. The focus group will be recorded so that all of your thoughts, ideas and opinions are heard and documented. No names will be attached to the comments you make during the final analysis in presenting findings.

The entire group may take up to 90 minutes. At any time during the focus group session, you may refuse to answer any question and withdraw from the group.

We ask that all participants respect each other's confidentiality by keeping information discussed private and not shared outside of this sharing space.

Please be advised that Share Health will take every precaution to maintain confidentiality of your words; however, the nature of focus groups prevents us from guaranteeing confidentiality. We would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.

If you have any questions, you may contact myself or Barbara Bruno listed on your copy of the informed consent.

Ground Rules

I have a list of ground rules; however, you are welcome to suggest others. After participants brainstorm, make sure the following are on the list:

- Everyone should participate
- Everyone should be respectful
- Everyone's ideas are important and have merit
- One person speaks at a time to ensure everyone who provides thoughts are heard
- Information provided in the focus group must be kept confidential
- Stay with the group and please do not have side conversations
- Turn off cell phones if possible (silence them)
- Have fun

Are there any questions before we begin?

Questions:

Section 1: Recovery from an Individual viewpoint

I will first begin with questions about being in recovery from a general viewpoint. "Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential."

1. How did you end up in recovery? What was the catalyst that pushed you?

    - How can we change those things that hinder you from getting into recovery?

Notes:

2. What does seeking help look like for a person who is using?
    - How might a person in public be able to identify this person?

Notes:

3. What are some things or activities that help with your recovery?

Notes:

4. What are some things or activities that makes your recovery challenging?
    - How can we change these things that challenge your recovery process?

Notes:

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Section 2: Wayne County Community Environment

I will be asking you some questions about the environment in which you live, in particular about Wayne County. The environment consists of all aspects such as people, businesses, living communities/neighborhoods, jobs, activities in the community and the recovery community itself. "The process of recovery is supported through relationships and social networks. This often involves family members who become the champions of their loved one's recovery."
In answering these questions, think about how the environment affect your recovery.

5. Is there a centralized meeting space for those in recovery?
    - Does location and time matter for meetings?
    - Is privacy important when having a space to meet?

Notes:

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6. Do you think there is a sense of community in the recovery community in Wayne County? Why or why not?
    - What ideas do you have around creating this sense of community?

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7. Are there stigmas in the recovery community about taking different pathways to recovery?
    - If so, how do you suggest these stigmas are addressed?

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8. How important is sponsorship for you in your recovery?
    - In what other ways should a person in recovery receive sponsorship?

Notes:

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9. What resources can we do to better serve you?

Notes:

_____ _____ _____ _____ _____
10. Is there anything else you would like to share?
Notes: _____ _____ _____ _____ _____
This concludes the focus group. Thank you immensely for attending and participating. If you have any additional questions or think of something that you feel will add value to the information discussed today, please contact me or Barbara Bruno using our information on your copy of the informed consent.