Illinois Opioid Crisis Community Survey Results

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Illinois Opioid Crisis Community Survey: Introduction

Solving Illinois' opioid crisis means learning what the crisis looks like in every community. To help us do that, in December 2017, Advocates for Human Potential, Inc. (AHP) and the Illinois Department of Human Services/Division of Substance Use, Prevention and Recovery (IDHS/SUPR) administered a web survey statewide that asked Illinois citizens about activities taking place in their communities that are addressing the opioid crisis and what they think we need to do to solve it. Over 2,000 people completed a survey. These respondents represented a broad range of stakeholders from across the state. They provided important information about the impact of the opioid crisis in their communities, and shared feedback on the State of Illinois Opioid Action Plan.

This report summarizes web survey results. We present key findings in the following survey domains:

- Opioid-Related Problems
- Community Activities
- Impact of the Opioid Epidemic
- State of Illinois Opioid Action Plan

The implications of these findings for ongoing opioid prevention, treatment and recovery efforts in Illinois are discussed in the Conclusions section of the report.

Survey Methodology and Respondent Characteristics

Survey Methodology

The web survey[1] contains 26 items that assess the following areas: respondent demographics; awareness of opioid-related problems; community activities including local opioid-related initiatives, community needs and challenges; and impact of the opioid epidemic on specific groups/populations. The survey also collects feedback on the State of Illinois Opioid Action Plan, the state's strategic plan for addressing the opioid epidemic in Illinois. Survey items were developed by AHP and IDHS/SUPR.

The web survey was hosted on AHP's secure Snap survey platform. A link to the survey was distributed statewide to and by the Illinois Opioid Crisis Response Advisory Council, the five Council Committees, and professional and trade organizations. These groups were asked to share the link widely with their colleagues, families and friends. The web survey was available from December 1-22, 2017. Participation was voluntary and anonymous. While we did not collect any unique identifying information (e.g., respondent or organization names, age), respondents were asked to provide their zip code. We used zip code data to group responses by IDHS/SUPR region (see Appendix). This allowed us to explore whether and how community awareness, activities, needs and Action Plan feedback differ across geographic regions of the state. We conducted frequency distributions to document survey responses and zero-order correlation analyses to determine whether significant differences in responses occurred by region and stakeholder group. The survey was reviewed and approved by AHP's Institutional Review Board.

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[1]The web survey and this report are supported by IDHS/SUPR, as part of the Illinois Opioid-State Targeted Response grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (TI080231). For a copy of the survey, please contact Dr. Sue Pickett at spickett@ahpnet.com

Survey Respondents

A total of 2,177 individuals completed the web survey. As shown in Table 1, the majority of respondents were female (n = 1,698, 79.5%) and White (n = 1,904, 87.5%). Respondents represented a broad range of stakeholder groups. More than half (n=1,204, 55%) were healthcare and/or behavioral healthcare providers; 26% (n=571) were educators; 23% (n = 507) were family members; and 17% (n=372) were local government officials. A third of survey respondents (n = 625, 30%) lived in IDHS/SUPR Region 5 (downstate Illinois).

Table 1. Survey Respondent Demographic Characteristics

Demographic Characteristic	N (%)
Gender	
Female	1698 (79.5%)
Male	426 (20.0%)
Transgender	2 (.1%)
Do not identify as female, male or transgender	9 (.4%)
Race/Ethnicity	
White	1904 (87.5%)
Black/African American	120 (5.5%)
Hispanic/Latino	90 (4.1%)
Asian	30 (1.4%)
American Indian or Alaskan Native	13 (.6%)
Middle Eastern or North African	10 (.5%)
Native Hawaiian or other Pacific Islander	3 (.1%)
Other	20 (.9%)
Stakeholder Sector*	
Healthcare provider	785 (36.1%)
Education	571 (26.2%)
Family member of person with opioid use disorder (OUD)	507 (23.3%)
Behavioral healthcare provider	419 (19.2%)
Local government	372 (17.1%)
Religious/volunteer organization	298 (13.7%)
Other non-government agency	234 (10.7%)
State of Illinois agency	224 (10.3%)
Consumer/peer/person with OUD	173 (7.9%)
Law enforcement	86 (4.0%)
First responders	68 (3.1%)
Corrections	38 (1.7%)
IDHS/SUPR Region	
Region 1	341 (16.3%)
Region 2	498 (23.8%)
Region 3	345 (16.5%)
Region 4	285 (13.6%)
Region 5	625 (29.8%)

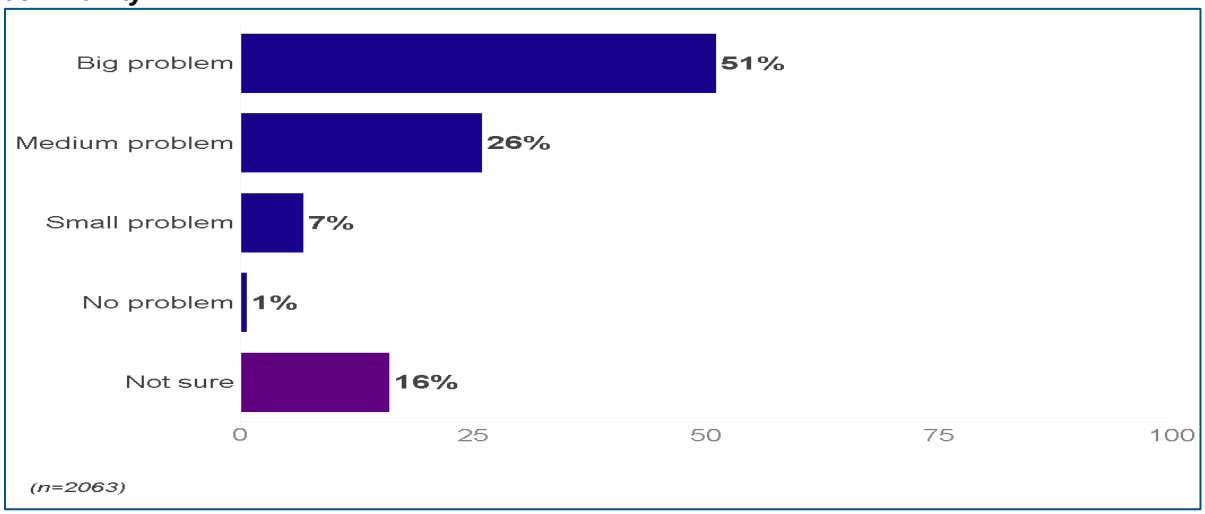
*Respondents could select more than one stakeholder group; therefore, percentages exceed 100.

Opioid-Related Problems

Survey respondents were asked to rate how big of a problem opioid use is in their community. Response categories ranged from “big problem” to “don’t know/not sure”. More than half of respondents (n=1,052; 51%) reported that opioid use is a big problem in their community. Twenty-six percent (n=534) felt that

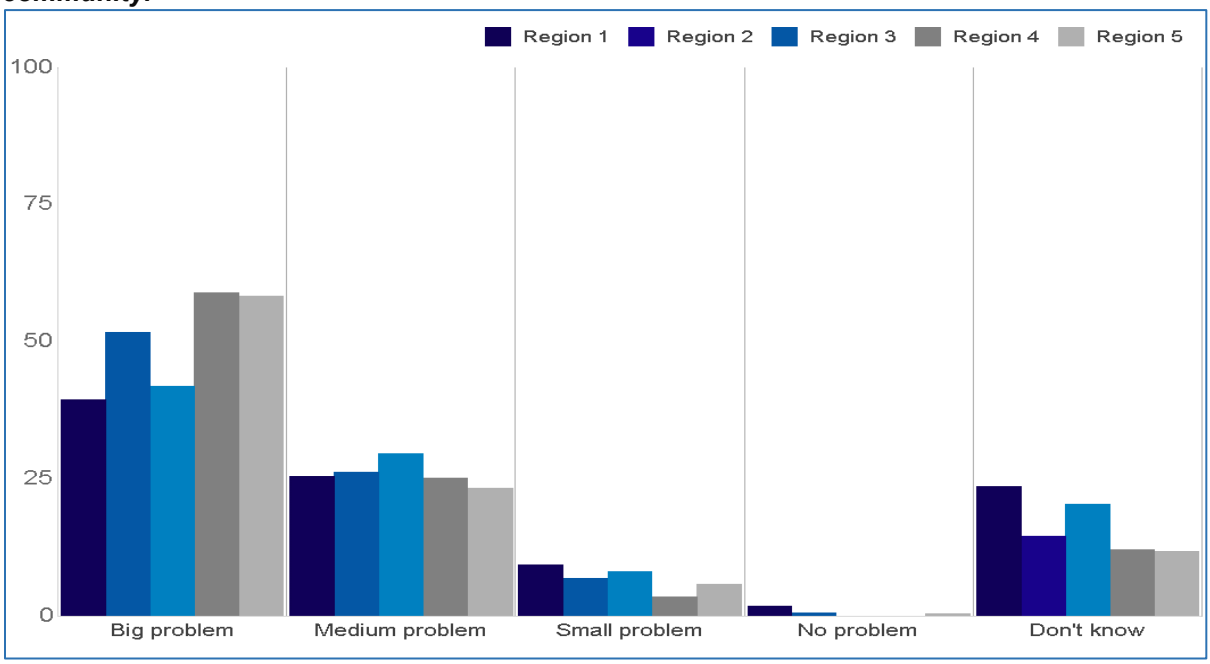
opioid use was a medium problem and 7% (n=128) reported that it was a small problem. Interestingly, 16% of respondents stated that they didn't know if opioid use was a problem in their community.

More than half of survey respondents reported that opioid/heroin use is a big problem in their community.



Responses by region also indicate that opioid use is a significant problem in respondents' communities, with the majority of respondents in each region reporting that opioid use is a big problem. However, across response categories, Region 1 (Cook County) respondents were more likely than respondents in other regions to report that opioid use was not a problem in their community (r=.07, p=.001) and/or that they did not know or weren't sure if opioid use was a problem in their community (r=.10, p ≤ .001).

Across regions, survey respondents reported that opioid use is a significant problem in their community.



Among stakeholders, healthcare providers (r=.06, p=.003), behavioral healthcare providers (r=.11, p≤.001), corrections (r=.06, p=.005), family members (r=.06, p=.003), and people with OUD (r=.11, p≤ .001) were more likely than respondents from other stakeholder groups to report that opioid use is a significant problem in their community. Educators (r=.09, p≤.001) were more likely than other stakeholder groups to report that opioid use is a small problem in their community.

Awareness of Opioid-Related Issues

Survey respondents were asked whether they had heard about the following opioid-related issues in their community in the past twelve months: fatal and non-fatal opioid overdoses, misuse of prescription opioids, opioid-related crimes, and problems accessing opioid treatment. As shown in Table 2, the majority of survey respondents had heard about fatal and non-fatal opioid overdoses, and prescription opioid misuse. Slightly more than half of all survey respondents had heard about opioid-related crimes in their community, and problems accessing treatment. Region 1 respondents were less likely to have heard about opioid overdoses (r=-.11, p≤.001), opioid-related crimes (r=-.11, p≤.001) and prescription opioid misuse (r=-.10, p≤ .001) than respondents in other regions of the state. Region 3 respondents were less likely to have heard about problems accessing opioid treatment (r=-.04., p=.042).

Table 2. Respondent Awareness of Opioid-Related Issues in Their Community*

	Total (N=2056)	Region 1 (N=326)	Region 2 (N=478)	Region 3 (N=332)	Region 4 (N=277)	Region 5 (N=609)
Fatal and non-fatal opioid overdoses	1538 (75%)	208 (64%)	392 (82%)	250 (75%)	226 (82%)	436 (72%)
Opioid/heroin-related crimes	1194 (58%)	150 (46%)	281 (59%)	179 (54%)	181 (65%)	384 (63%)
Prescription opioid misuse	1496 (73%)	204 (63%)	349 (73%)	235 (71%)	216 (78%)	469 (77%)
Problems accessing opioid treatment	1071 (52%)	157 (48%)	248 (52%)	156 (47%)	145 (52%)	349 (57%)
Other/Don't know	229 (11%)	60 (18%)	54 (11%)	33 (10%)	17 (6%)	60 (10%)

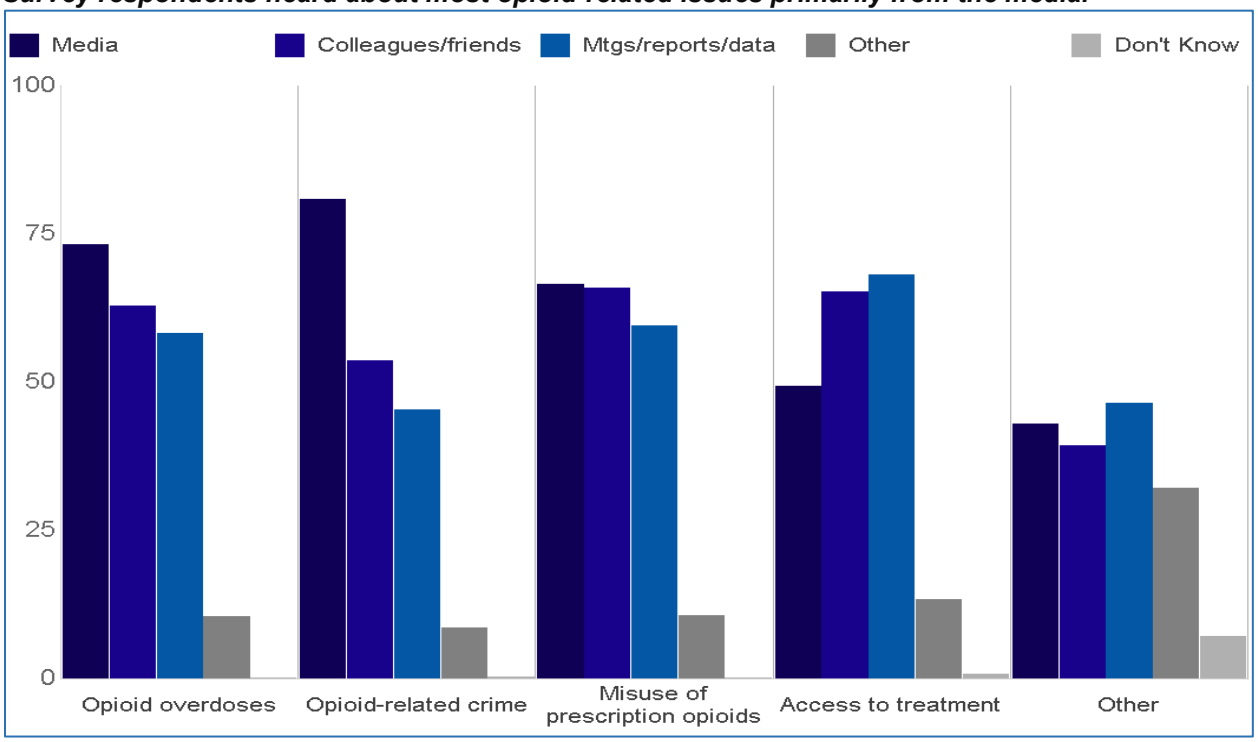
*Respondents could list more than one opioid-related issue; therefore, percentages exceed 100.

Compared to other stakeholders, educators were less likely to be aware of these opioid-related issues. Educators were less likely to have heard about fatal and non-fatal overdoses (r=-.11, p≤.001), opioid/heroin-related crimes (r=-.10, p≤.001), prescription opioid misuse (r=-.09, p≤.001) and problems accessing opioid treatment (r=-.10, p≤.001) in their community.

Opioid-Related Issues: Information Sources

Respondents were asked whether they heard about these opioid-related problems via the media, colleagues or friends, work-related meetings or reports, and/or other sources. As depicted in the chart below, respondents primarily heard about opioid-related issues from the media (newspaper, radio, TV and the internet). The exception is hearing about problems accessing opioid treatment. Respondents primarily heard about this issue from work-related meetings, reports and data.

Survey respondents heard about most opioid-related issues primarily from the media.



Community Activities

Community Initiatives

Survey respondents were asked to report whether they had heard about several opioid-related events or initiatives in their community in the past twelve months. Two-thirds of all survey respondents (60%) had heard about drug take back/disposal initiatives and close to half (49%) reported that they had heard about naloxone training. Region 1 respondents were less likely to have heard about drug take back/disposal activities in their community (r=-.17, p≤ .001), school prevention education programs (r=-.05, p=.023), and community education events (r=.-.08, p ≤ 001). Region 3 respondents were less likely to have heard about specialized treatment programs for OUD (r=-.08, p ≤ .001) and needle exchange programs (r=-.05, p =.014). Compared to respondents in other regions of the state, Region 5 participants were less likely to have heard about naloxone training events (r=-.12, p ≤ .001) and diversion programs (r=-.08, p ≤ .001).

Table 3. Awareness of Opioid-Related Events or Initiatives*

	Total (N=2002)	Region 1 (N=319)	Region 2 (N=468)	Region 3 (N=327)	Region 4 (N=271)	Region 5 (N=587)
Drug take back/disposal	1196 (60%)	128 (40%)	290 (62%)	188 (57%)	182 (67%)	392 (67%)
Naloxone training	985 (49%)	145 (45%)	288 (61%)	159 (49%)	142 (52%)	232 (39%)
Specialized OUD treatment programs	462 (23%)	83 (26%)	137 (29%)	50 (15%)	59 (22%)	123 (21%)
Needle exchange programs	433 (22%)	100 (31%)	95 (20%)	54 (16%)	62 (23%)	117 (20%)
Diversion programs	567 (28%)	79 (25%)	191 (41%)	83 (25%)	76 (28%)	132 (22%)
School prevention education programs	629 (31%)	83 (26%)	184 (39%)	88 (27%)	88 (32%)	180 (31%)
Community education events	804 (40%)	98 (31%)	245 (52%)	129 (39%)	111 (41%)	210 (36%)
None of the above	340 (17%)	84 (26%)	56 (12%)	54 (16%)	37 (14%)	105 (18%)

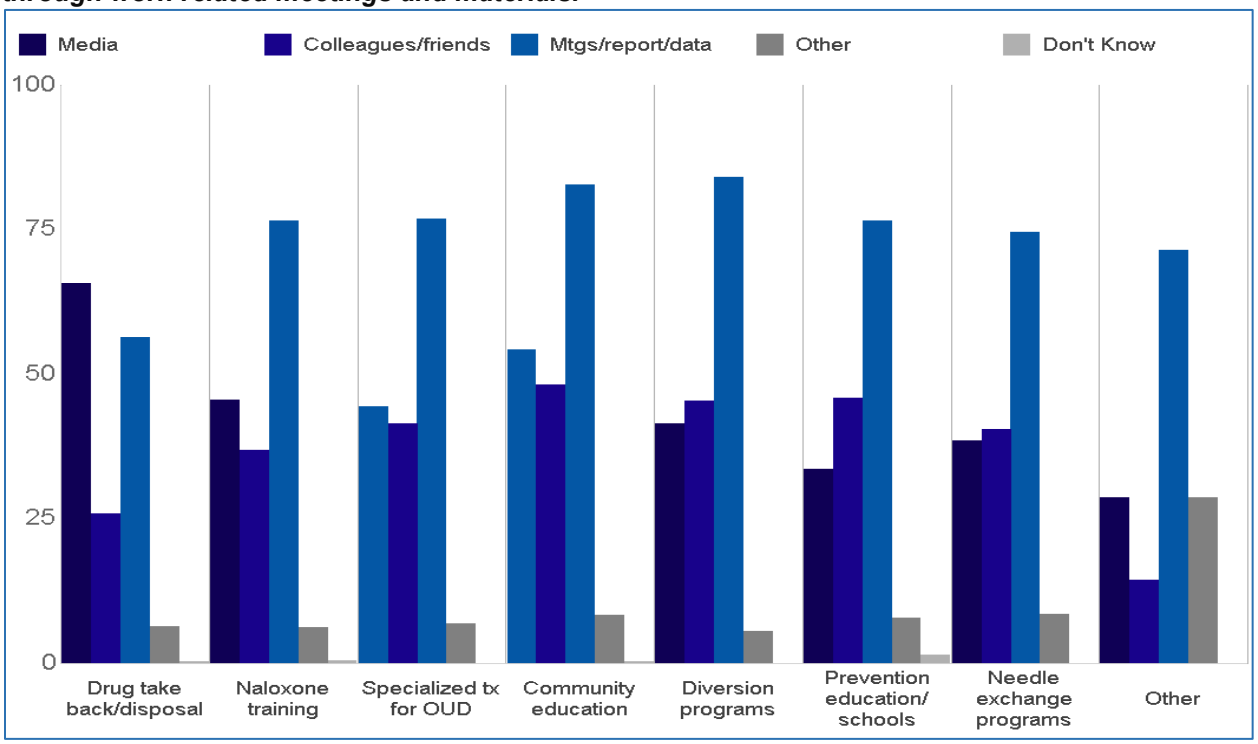
*Respondents could list more than one opioid-related event/initiative; therefore, percentages exceed 100.

There were several differences in awareness of opioid-related events across stakeholder groups. Non-government agency stakeholders were less likely than other stakeholders to have heard about drug take back/disposal events (r=-.05, p=.017). Educators (r=-.10, p≤.001) and family members (r=.10, p≤.001) were less likely to have heard about naloxone training. These two groups also were less likely to have heard about specialized OUD treatment programs (r=-.13, p≤.001; r=-.06, p=.009). Educators also were less likely than other stakeholders to have heard about needle exchange programs (r=-.09, p≤.001) and diversion programs (r=-.15, p≤.001).

Opioid-Related Events: Information Sources

Survey respondents reported that they primarily heard about opioid-related events and initiatives in their community through work-related meetings, reports and data. Respondents reported that they primarily heard about drug take back/disposal events from the media.

Survey respondents heard about opioid-related events and initiatives in their community primarily through work-related meetings and materials.



Community Needs

We asked survey respondents to rate their community's biggest needs related to the opioid epidemic. Overall, respondents reported that opioid treatment and recovery support services, public awareness and education, and increased access to substance use treatment were their community's three greatest needs. There were no significant differences in community needs by region, with one exception. Region 1 respondents were more likely than respondents in other regions to rate access to local data on the opioid crisis and opioid-related initiatives as one of their community's biggest needs (r=.05, p=.005).

Table 4. Community's Biggest Needs Related to the Opioid Epidemic*

	Total (N=1930)	Region 1 (N=304)	Region 2 (N=459)	Region 3 (N=315)	Region 4 (N=262)	Region 5 (N=561)
Public awareness/education	1279 (66%)	207 (68%)	299 (65%)	205 (65%)	182 (69%)	366 (65%)
School prevention education programs	1062 (55%)	161 (53%)	246 (49%)	173 (55%)	157 (60%)	310 (55%)
Healthcare provider education targeting opioid prescribing	1091 (56%)	164 (54%)	262 (53%)	172 (55%)	148 (56%)	327 (58%)
Diversion/alternatives to incarceration	738 (38%)	130 (43%)	160 (31%)	120 (38%)	92 (35%)	223 (39%)
Opioid treatment and recovery support services	1307 (68%)	203 (67%)	291 (58%)	208 (66%)	188 (72%)	393 (70%)
Increased access to substance use treatment	1200 (62%)	178 (59%)	291 (58%)	190 (60%)	168 (64%)	351 (63%)
Access to local data on the opioid crisis and opioid-related initiatives	591 (31%)	114 (37%)	131 (26%)	99 (31%)	71 (27%)	166 (30%)
Don't know/not sure	159 (8%)	31 (10%)	31 (6%)	32 (10%)	22 (8%)	41 (7%)

*Respondents could list more than one need; therefore, percentages exceed 100%.

Stakeholders' ratings of their community's needs reflected their specific sector. Healthcare providers, for example, were more likely than other stakeholder groups to rate healthcare provider education targeting opioid prescribing as the greatest needs for their community ($r=.09$, $p \leq .001$). Behavioral healthcare providers and people with OUD were more likely rate opioid treatment and recovery support services ($r=.11$, $p \leq .001$; $r=.08$, $p \leq .001$) and increased access to substance use treatment ($r=.16$, $p \leq .001$, $r=.06$, $p=.006$) as the biggest needs for their community. Family members ($r=.05$, $p=.029$) and people with OUD ($r=.07$, $p \leq .001$) were more likely than other stakeholder groups to rate diversion programs and alternatives to incarceration for people with OUD as one of the greatest needs for their community.

Community Gaps and Challenges

The survey asked respondents to identify gaps and challenges in their community to addressing opioid misuse. These gaps and challenges, listed below in Table 5, include: lack of resources/funding, lack of leadership, key stakeholder involvement missing, limited partnerships/collaboration, limited/lack of treatment services, limited public awareness, limited/lack of educational programs, and limited/no access to local data. The majority of respondents reported lack of resources and funding and limited and/or lack of treatment services as their community's greatest gaps in addressing opioid misuse. Interestingly, 17% of all respondents reported that they didn't know or weren't sure if their community faced any challenges. Regarding regional differences, Region 4 respondents were more likely to report that their community's greatest gaps and challenges were lack of resources and funding ($r=.06$, $p=.009$). Region 5 participants were more likely to identify limited and/or lack of treatment services ($r=.10$, $p \leq .001$) and limited/lack of educational programs ($r=.06$, $p=.011$) as critical gaps and challenges facing their communities. Compared to respondents in other regions, Region 1 participants were more likely to report lack of leadership ($r=.07$, $p=.001$), limited partnerships and collaboration ($r=.08$, $p=.001$) and key stakeholder involvement missing ($r=.08$, $p=001$) as major challenges to addressing opioid misuse in their communities.

Table 5. Community Gap and Challenges*

	Total (N=1927)	Region 1 (N=303)	Region 2 (N=457)	Region 3 (N=315)	Region 4 (N=262)	Region 5 (N=561)
Lack of resources/funding	1253 (65%)	163 (54%)	269 (59%)	220 (70%)	189 (72%)	393 (70%)
Limited/lack of treatment services	1088 (56%)	146 (48%)	246 (54%)	167 (53%)	158 (60%)	358 (64%)
Limited public awareness	828 (43%)	127 (42%)	205 (45%)	132 (42%)	113 (43%)	238 (42%)
Limited/lack of educational programs	794 (41%)	126 (42%)	170 (37%)	126 (40%)	105 (40%)	256 (46%)
Lack of leadership	503 (26%)	102 (34%)	88 (19%)	81 (26%)	63 (24%)	162 (29%)
Limited partnerships/collaboration	453 (23%)	94 (31%)	91 (20%)	59 (19%)	68 (26%)	135 (24%)
Key stakeholder involvement missing	386 (20%)	82 (27%)	76 (17%)	56 (18%)	47 (18%)	121 (22%)
Limited/no access to local data	447 (23%)	75 (25%)	86 (19%)	79 (25%)	61 (23%)	138 (25%)
There are no challenges	13 (1%)	4 (1%)	3 (1%)	1 (.3%)	---	5 (1%)
Don't know/not sure	327 (17%)	61 (20%)	79 (17%)	60 (19%)	40 (15%)	80 (14%)

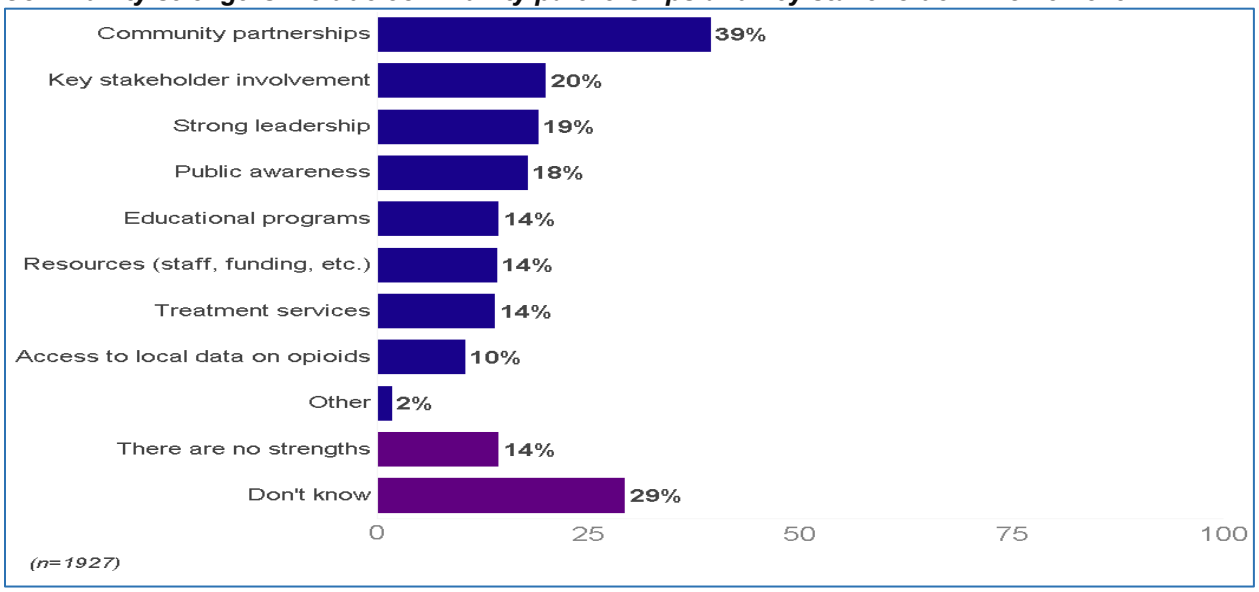
*Respondents could list more than one need; therefore, percentages exceed 100%.

Among stakeholders, healthcare providers (r=.05, p=.013), behavioral healthcare providers (r=.14, p ≤ .001), first responders (r=.05, p=.031), and people with OUD (r=.05, p=.042) were more likely to report lack of resources and funding as their community's biggest challenge in addressing opioid misuse. Family members (r=.06, p=.005) and people with OUD (r=.12, p ≤ .001) were likely to rate lack of leadership and limited partnerships and collaboration as major challenges (r=.06, p=.005; r=.13, p ≤ 001). Local government officials (r=.06, p=.004), behavioral healthcare providers (r=.06, p=.005), and people with OUD (r=.06, p=.013) were more likely than other groups to rate lack of treatment services as a major challenge for their community in addressing opioid misuse.

Community Strengths

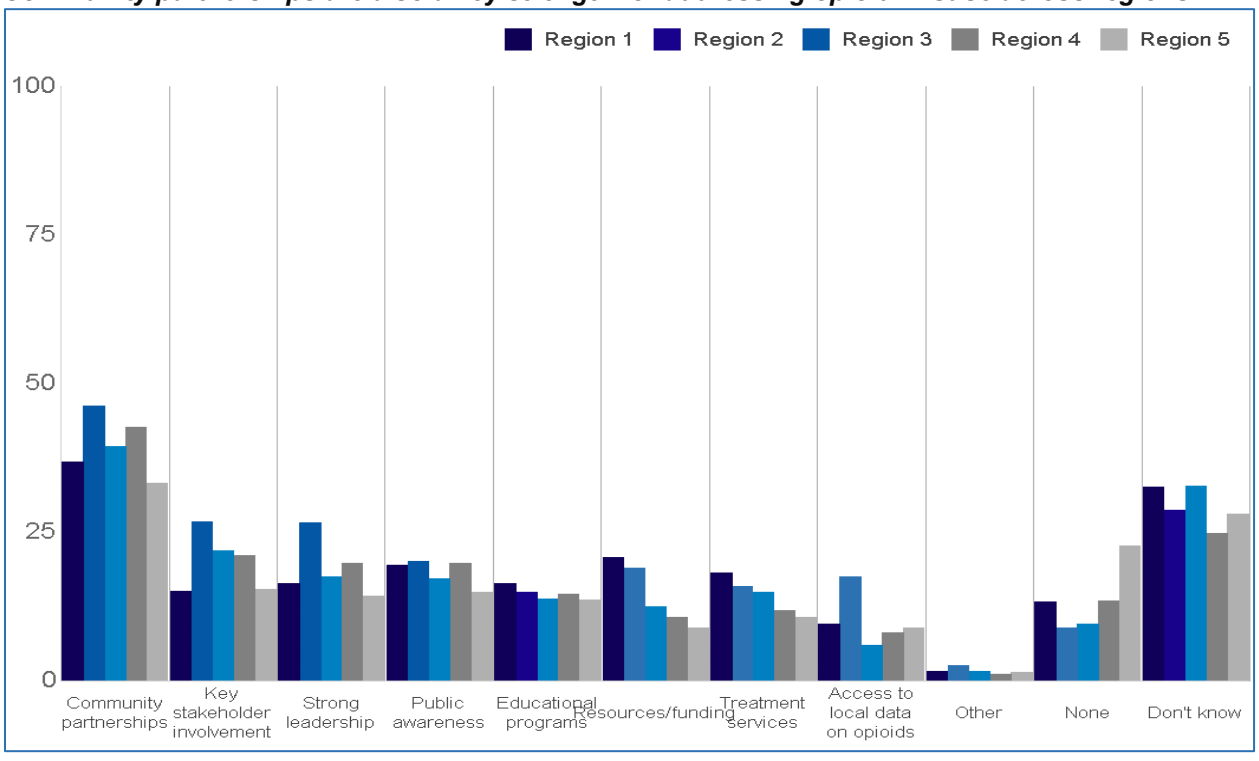
Survey respondents were asked to identify their community's strengths to addressing opioid misuse. As depicted below, 59% of respondents reported that community partnerships and key stakeholder involvement (combined) were strengths to addressing opioid misuse. Strong leadership (19%) and public awareness (18%) also were identified as community strengths. Interestingly, 29% of all survey respondents reported that they did not know what strengths their community to addressing opioid misuse and 14% of respondents reported that their community had no strengths.

Community strengths include community partnerships and key stakeholder involvement



Across regions, respondents also rated community partnerships as key strengths for addressing their community's opioid misuse. Region 2 respondents were significantly more likely to list community partnerships as a strength compared to other regions (r=.08, p≤ .001). Region 2 respondents also were more likely to list key stakeholder involvement (r=.09, p≤ .001), strong leadership (r=.11, p ≤ .001) and access to local opioid data (r=.13, p ≤ .001) as community strengths than respondents in other regions. Region 1 respondents were more likely to rate resources (staff, funding) as community strengths compared to other regions (r=.08, p≤.001).

Community partnerships are also a key strength for addressing opioid misuse across regions.



Local government officials (r=.10, p ≤ .001), behavioral healthcare providers (r=.10, p ≤ .001), law enforcement (r=.08, p ≤ .001) and first responders (r=.04, p-.049) were more than other stakeholder groups likely to rate strong leadership as a key strength for addressing their community's opioid misuse. Local government officials (r=.13, p≤.001) and behavioral healthcare providers (r=.12, p ≤ .001) were more likely to report community partnerships as a strength. Law enforcement (r=.07, p=001) and first responders (r=.06, p=.009) were more likely than other groups to report public awareness as a strength. Perhaps not surprisingly, behavioral healthcare providers were more likely to rate treatment services as one of their community strengths in addressing opioid misuse (r=.22, p ≤ .001).

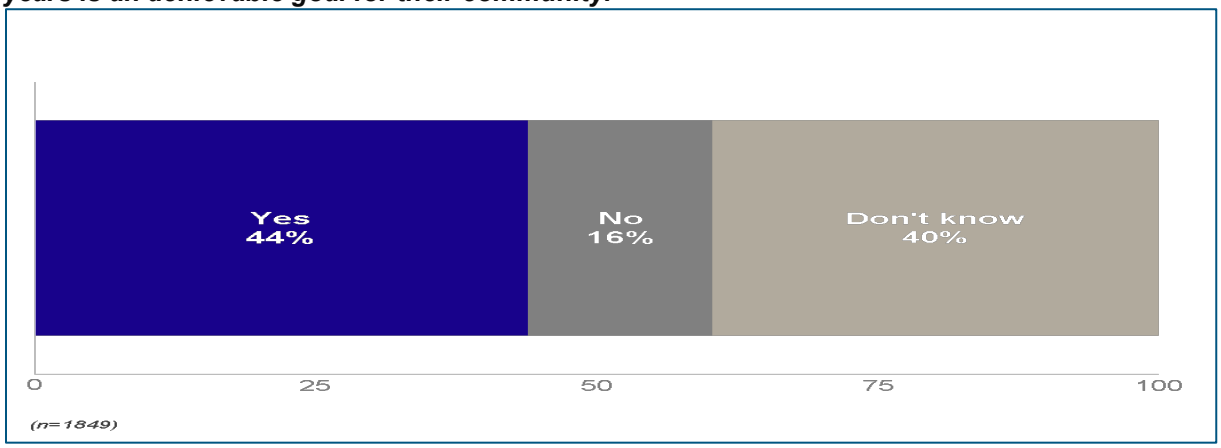
Impact of the Opioid Epidemic

We asked survey respondents whether they felt that the opioid epidemic had been worse for some groups of people in their community than for others. Of the 1,854 participants who answered this question, 48% (n=884) stated "yes", 21% (n=392) said "no" and 31% (n=578) stated "don't know". Respondents who stated "yes" were asked to list the groups of people in their community that they felt have been hardest hit by the opioid epidemic. We used Dedoose, a qualitative data software analytic tool, to code and categorize respondents' answers (n=826) to this item. Respondents identified a total of 26 groups of people who they felt were hardest hit by the opioid epidemic. The most frequently listed groups included young adults ages 18-30 years (46%, n=376), adolescents (44%, n=361), low SES/low income individuals (18%, n=138) and ethnic and racial minorities (17%, n=115). (Note: Qualitative analyses were not conducted for this item by region or stakeholder group).

State of Illinois Opioid Action Plan

Governor Rauner released the State of Illinois Opioid Action Plan in September 2017. The overall goal of the Action Plan is to reduce opioid deaths by 33% in three years. We asked survey respondents to tell us whether they felt that this is an achievable goal for their community. While 44% of all respondents (n=812) reported that this is an achievable goal, a nearly equal percentage (40%, n=733) reported that they did not know if this was an achievable goal for their community.

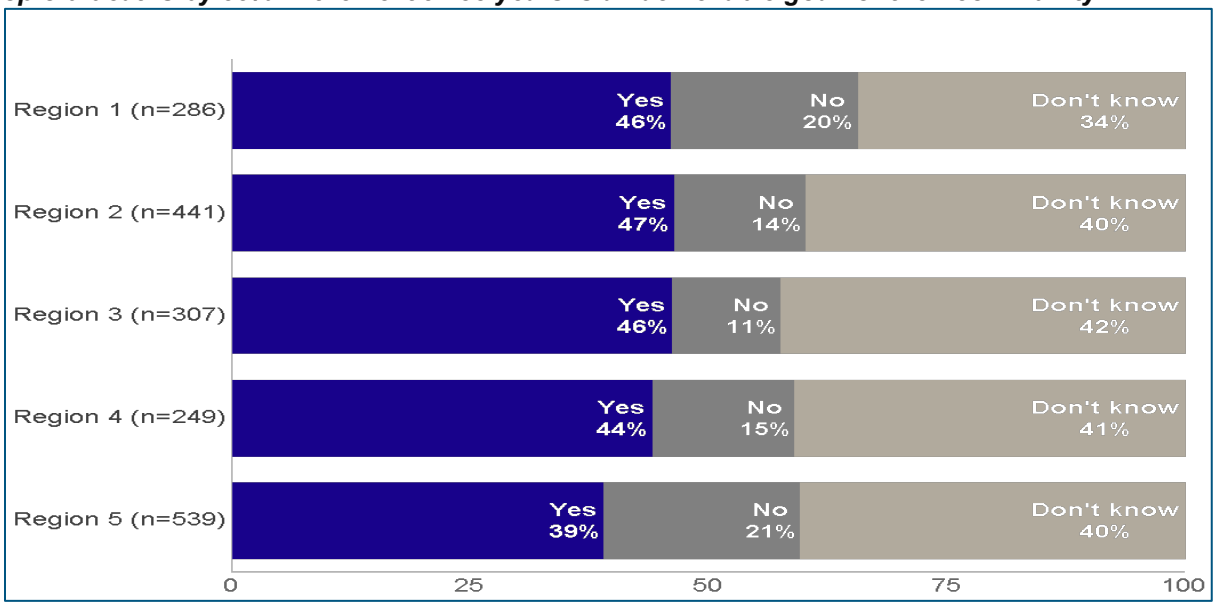
Less than half of survey respondents feel that reducing opioid deaths by 33% in the next three years is an achievable goal for their community.



We see similar results for each region, particularly Region 5 where only 39% of respondents believed that reducing opioid deaths by 33% in the next years is an achievable goal. In fact, results of our zero-order correlation analyses show that, compared to respondents in all other regions of the state, Region 5

respondents were more likely to report that this is not an achievable goal for their community (r=.07, p=.001).

Region 5 respondents are less likely than respondents in other regions to believe that reducing opioid deaths by 33% in the next three years is an achievable goal for their community.



Among stakeholders, local government officials (r=.05, p=.017), healthcare providers (r=.05, p=.025) and behavioral healthcare providers (r=.06, p=.008) were more likely than respondents from other sectors to report that reducing opioid deaths by 33% in three years is an achievable goal. Educators were more likely than other stakeholders to report that they don't know if this goal is achievable (r=.07, p=.001).

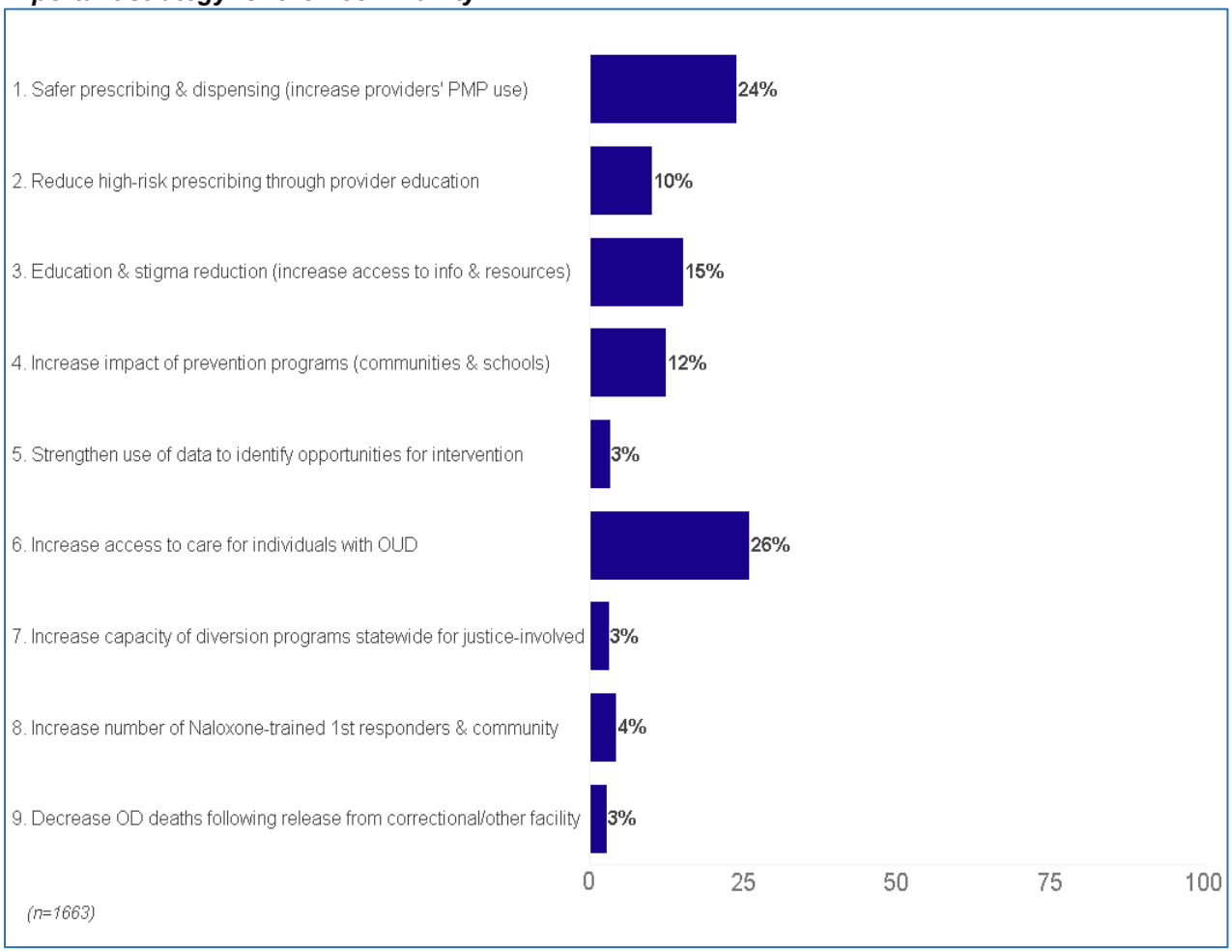
Action Plan Strategies

The Action Plan includes nine evidence-based strategies for addressing the opioid crisis and achieving the goal to reduce opioid deaths by 33% in three years:

- Strategy 1: Increase Prescription Monitoring Program (PMP) use by providers.
- Strategy 2: Reduce high-risk opioid prescribing through education and prescribing guidelines.
- Strategy 3: Education and stigma reduction—increase accessibility of information and resources.
- Strategy 4: Increase impact of prevention programming in communities and schools.
- Strategy 5: Strengthen data collection, sharing and analysis to better identify opportunities for intervention.
- Strategy 6: Increase access to care for individuals with opioid use disorder.
- Strategy 7: Increase the capacity of deflection and diversion programs statewide for justice-involved individuals.
- Strategy 8: Increase the number of first responders as well as community members who are trained to have access to naloxone.
- Strategy 9: Decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility.

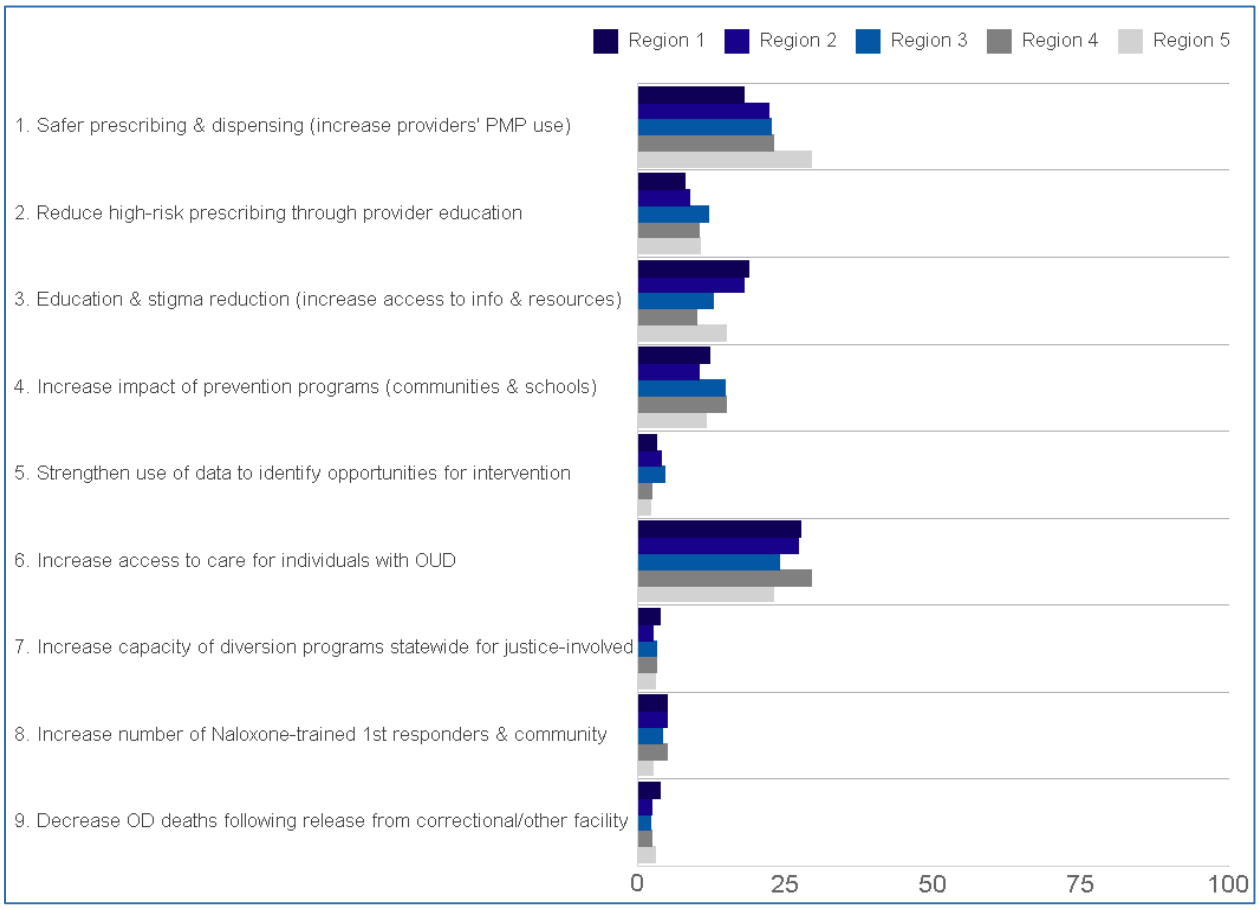
Survey respondents were asked to select the strategy most important for their community. Twenty-six percent of respondents (n=430) selected Strategy 6 as the most important strategy for their community. Twenty-four percent of respondents (n=396) chose Strategy 1 and 15% (n=251) selected Strategy 3 as the most important strategies for their community.

Respondents rated Strategy 6—increase access to care for individuals with OUD—as the most important strategy for their community.



We see similar results by region. As shown in the chart below, except for Region 5, across regions, respondents rated Strategy 6 as the most important strategy for their community. Region 5 chose Strategy 1 as the most important strategy for their community in reducing opioid deaths.

Except for Region 5, across regions, respondents rated Strategy 6 as the most important strategy for their community.



Among stakeholders, the choice of most important strategy reflected their respective stakeholder sector. Healthcare providers were more likely to rate Strategy 2—reduce high-risk opioid prescribing through provider education and prescribing guidelines—as most important compared to other groups (r=.06, p=.007). Local government officials and behavioral health care providers were more likely to select Strategy 6 as the most important strategy (r=.05, p=.018; r=.13, p≤.001). Educators selected Strategy 3—increase accessibility of information and resources—as their most important strategy (.05, p=.014). Corrections officers selected Strategy 8—increase the number of first responders as well as community members who are trained to have access to naloxone—as the most important strategy (r=.06, p=.01).

Conclusions

Key Findings

The goal of the Illinois Opioid Crisis Community Survey was to learn from Illinois citizens what the opioid crisis looks like in their communities. Key findings from our survey include:

- Opioid use is a significant problem in communities statewide.
- Citizens are hearing about opioid-related issues in their community primarily from the media.

- Communities' greatest needs in addressing the opioid crisis include opioid treatment and recovery support services, public awareness and education, and increased access to substance use treatment.
- Lack of resources and funding is a major challenge to addressing opioid misuse, especially in Regions 3, 4 and 5.
- Community partnerships and stakeholder involvement are key strengths to addressing opioid misuse.
- More than half (56%) of survey respondents don't believe or unsure that Illinois can achieve the goal of reducing opioid deaths by 33% in the next three years. This is particularly poignant in Region 5, where 61% of respondents reported that they don't believe or unsure that this is an achievable goal for their community.
- Increasing access to care for individuals with OUD was rated by respondents as the most important Action Plan strategy for their community.
- Educators were less likely than other stakeholder groups to be aware of opioid-related issues and initiatives.

Survey Limitations

The web survey gives us a glimpse into what the opioid crisis is like in Illinois communities. But it is just that: a glimpse. Our results do not tell us what is happening in every community and therefore cannot be generalized to or considered to be a full description of the crisis statewide. This is particularly true for racial and ethnic minority communities. The overwhelming majority of survey respondents (87.5%) were White and given this we did not examine differences in responses by race/ethnicity. We know from emerging evidence from other studies opioid-related problems experienced by racial and ethnic minority groups are different than those experienced by Whites. To overcome this survey limitation, we have begun to hold town hall meetings in racial and ethnic minority communities to learn from residents what the opioid crisis looks like for them and their community, and what resources they need to address the crisis.

In regard to community initiatives, the survey only asked if respondents had heard about specific opioid-related events; we did not ask if the events had actually taken place in their community. It's possible that respondents may not have heard of (i.e., been aware of) various opioid-related events simply because these events or initiatives did not happen. Respondents' lack of awareness of a specific opioid-related event may therefore be simply due to the fact that no such event was held in their communities in the past year.

Finally, it should be noted that, while significant, some of the zero-order correlation results reported are weak and may be an artifact of the large sample size.

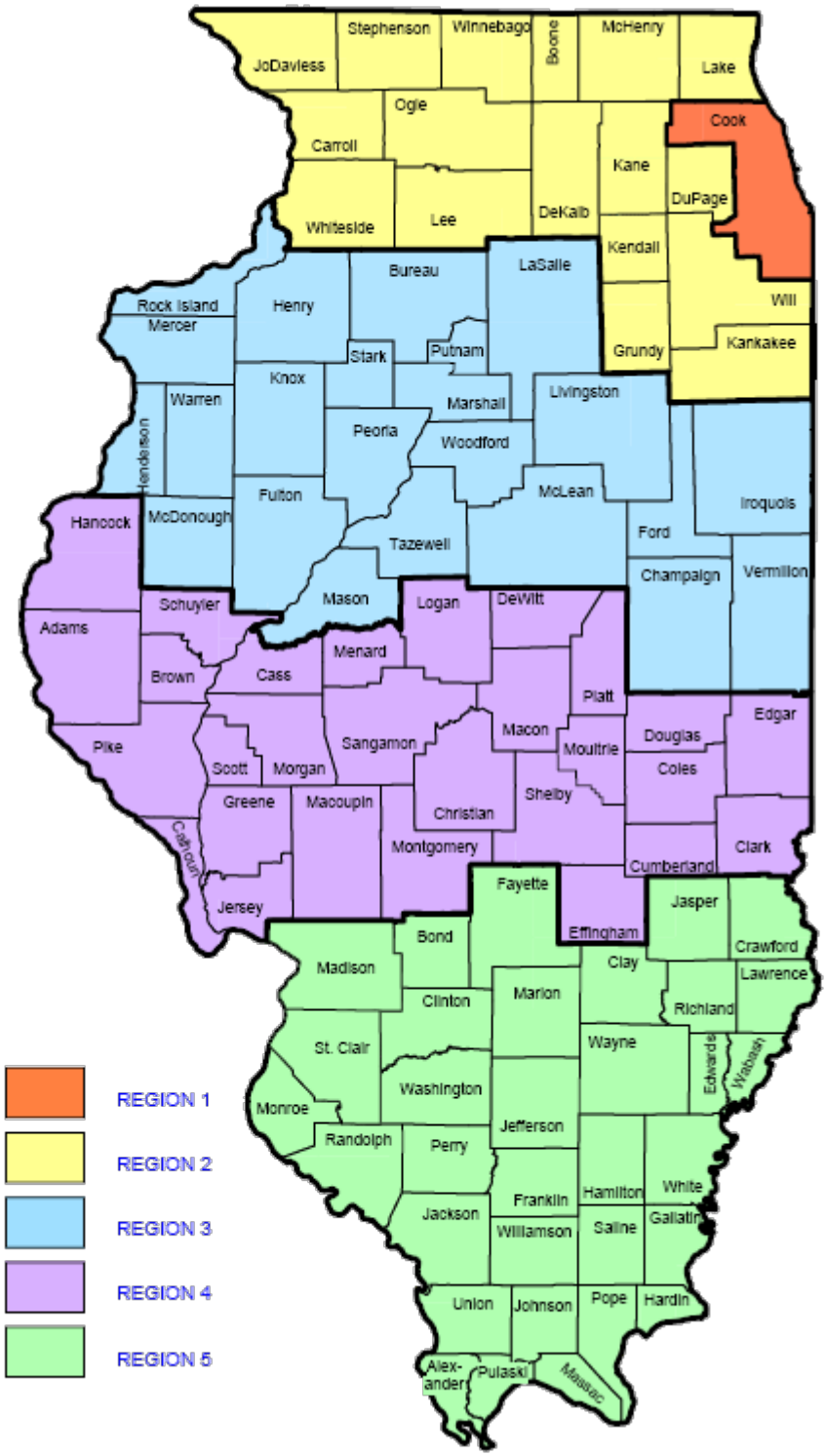
Implications for Opioid-Related Initiatives in Illinois

Our key findings—and limitations—have important implications for opioid-related initiatives in Illinois. Many of these initiatives are supported by Opioid Crisis Response Grants that IDHS/SUPR has received from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (For more information on projects supported by these federal funds, go to: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/IL_Opioid_Crisis_Response_Summary_September_Update.pdf). Example of some of the initiatives that address the key web survey findings include:

- Medication-assisted treatment (MAT) is the use of FDA-approved medications in combination with counseling, behavioral therapies, and other recovery support services for the treatment of OUD. Taking these medications is analogous to taking medication for diabetes or asthma—they help people manage their disorder so they can maintain their recovery. Once stabilized, people can live a normal life and do not experience the compulsive thoughts and behaviors that define an OUD. There are 57 Illinois counties that are "MAT deserts"—counties that do not have a MAT provider. These MAT deserts are primarily rural counties in Regions 2, 3, 4 and 5. One of IDHS/SUPR's approaches to increasing access to MAT in these counties is through the Hub and Spoke model. In this model, a Hub is an Opioid Treatment Program that provides MAT and Spokes are typically primary care organizations that provide at least one form of MAT. IDHS/SUPR's Hub and Spoke Pilot Project supports two Hub and Spoke programs, one in central Illinois (Region 2) and one in southern Illinois (Region 5). Three additional Hub and Spoke pilot programs in MAT deserts will be added in late 2018.
- The Illinois Opioid Crisis Response Advisory Council's Public Awareness and Education Committee is developing messaging about the opioid crisis for educators. Committee members created a short survey that is gathering input from educators on what they know about opioids, how they prefer to receive information about opioids and the opioid crisis, and what information they need to better serve people with OUD. Committee members will use survey results to develop educator-specific messaging about opioid, opioid misuse, treatment and recovery.
- The Illinois Helpline for Opioids and Other Substances is a 24-hour, 7-day/week 365 day/year helpline for people with OUD-related issues. The Helpline and other media campaigns are helping to generate awareness about the opioid crisis and that treatment works and recovery is possible across the state. For example, as of September 15, 2018, the Helpline had received 6,841 calls and its website had received 5,212 hits by 3,376 unique individuals.
- In addition to town hall meetings, outreach to racial and ethnic minority communities include naloxone trainings and convening Council Committee meetings in racial and ethnic minority neighborhoods.

The opioid crisis cannot be solved overnight. As our survey results suggest, we need to continue our work engaging stakeholders statewide to identify gaps and challenges, utilize unique community strengths, and partner together to provide the resources and services to reduce opioid overdoses and help people with OUD attain and maintain their recovery.

Appendix: IDHS Region Map



Source: http://www.dhs.state.il.us/page.aspx?item=55223