

## **Substance Abuse Plan for Madison, Indiana**

**Julie Berry, April 2019**

### **Statement:**

There is no greater challenge facing the City of Madison than that of Substance Abuse. This issue is negatively impacting Families, Schools, Crime, Local Business, Health, and Social Service Providers more than any other challenge in a generation. This problem is not unique to Madison. Most of our nation's communities are dealing with this challenge as well.

I have spent countless hours listening to community stakeholders during the last year while preparing to lead the City of Madison. These have included: School Officials, Business Leaders, Providers of Social Services, Members of our Justice System, Police Officers, and a host of citizens that call Madison home. To a person they identify Substance Abuse as the most detrimental threat to our community. Additionally, I have gone into the Madison Correctional Facility on a regular basis for a local church ministry for the past three years. The majority of inmates are incarcerated for drug related offenses. I've had the unique opportunity of listening to them describe their descent into addiction, and their long climb to sobriety.

This epidemic does not discriminate between poor and wealthy families. This epidemic shows no mercy for children of addicts that are born into horrific conditions. Our local hospital reports that **over a quarter of the babies born in Madison are born to addicted mothers**, and are therefore addicted themselves – at birth. We have volunteers that go to the hospital to help hold and rock babies that are going through withdrawal. It's not surprising that volunteers step up to address needs in our community. Madison is known for community service. Many are working diligently on this issue. They are to be commended. They are to be supported by our City leadership team. We must acknowledge the problem exists. We must seek new ways for better outcomes.

We will lay out several sections in this Plan. They include: Local Treatment Options; Coordination with State, Regional and Federal Partners; Destigmatizing Addiction and Providing Education; and the role of the City of Madison elected officials and staff.

### **Local Treatment Options:**

Jefferson County Addiction Services are available. **Madison has Half-Way Houses – Ruth Haven for Women, and the Jefferson House for Men.** These facilities include a House Director and Housing for those suffering from addiction. Both have programming available to help with the treatment process and have a graduated level of freedom. For example, residents that complete programs and prove themselves ready to work may go to a job and return to the

facility after their work day. Work is seen as therapeutic and necessary when the resident is ready to move forward with their eventual reemergence into society. Madison is more fortunate than many other communities to have had dedicated community members make these Half-Way Houses possible. These facilities do not receive state or city monetary support. Residents, for the most part, pay rent. Rent, charitable donations, and the occasional grant support the financial needs of the facilities.

We also have Mental Health Centers such as Lifespring available with Case Managers that can be made available to addicts that have mental issues preventing them from functioning in a normal work/life situation. However, Jefferson County is known as a "Mental Health Desert" in the state of Indiana because the ratio of mental health professionals is one provider to every 1,050 people, per state estimate. This extremely low ratio contributes to our local challenge.

The City of Madison does not have a true Addiction Treatment Center for those going through withdrawal. Several dedicated volunteers are on call to drive users ready to commit to stopping drug use to facilities in Fort Wayne, Cincinnati, Indianapolis, Louisville, and other locations. This is a tremendous public service because the call often comes when the addict has hit rock bottom, and that can be in the middle of the night. The volunteer drivers make themselves available regardless of the time they are called. Dialing 211 also can get residents desiring help with their addiction a ride to an addiction facility – should there be an opening.

**The Suicide rate in Jefferson County is twice the rate, percentage wise, as the state of Indiana as a whole.** (See Suicide Death Rate slide attachment from Health Communities of Jefferson County.) The State of Indiana rate is 16.2 versus Jefferson County rate of 32.7, according to the most recent data. A local group is trying hard to establish a "Mindful Cities Program" for Madison. Mindfulness practices have been well documented to provide a range of populations with important health benefits, including: lowering stress levels, and improving communication and listening skills. Programs like Mindfulness can help people relate differently to harmful thought patterns, and to use tools to disengage from addictive behaviors. The local group proposes the formation of a committee to research and to identify effective, affordable mindfulness programs, and to advise community leaders on how best to proceed. Many other efforts are ongoing through the Healthy Communities Program to combat the high suicide rates in our community.

### **State, Regional and Federal Partners**

While I served as a Jefferson County Commissioner we implemented a Community Corrections program and Drug Court. Both programs have proven to be successful – but both programs can be even more helpful in fully addressing our local challenge of Substance Abuse. Our County officials are currently looking at building a new jail capable of holding well over 200 inmates. It

is our hope they will consider a Jail Chemical Addiction Wing to house those prisoners who need recovery help. Bartholomew County and Dearborn County are both good regional examples to follow in this initiative. Local jailers are not equipped to effectively manage and rehabilitate detoxing inmates as they are booked and await sentencing or plea agreements. For this we will need trained Substance Abuse Counselors – an expense some of our regional neighbors have paid for with grant dollars.

The State of Indiana receives dollars every year from the federal government to deal with the growing national substance abuse challenge. **Part of our plan will include applying for grant dollars to assist with a new concept called “A Quarter House.”** A local not-for-profit group is currently working on this project. Ideally this facility will have 8-10 clients at a time. They will probably come from the Community Correction or Drug Court actions of our local justice system. The Quarter House can provide a family-like atmosphere similar to the Half-Way Houses – Ruth Haven and Jefferson House. Clients in this setting will be assisted in: Anger Management, Coping Skills, Addiction Issues, and the Important of AA/NA, and the opportunity of graduating to a Half Way House. This concept will be much less expensive than housing addicts in our local jail. The successful graduate of the Quarter House may move on to a Half Way House – where if they meet certain guidelines – they can go out to jobs and begin earning their way back to self-sufficiency and health.

There could also be local dollars spent on this project. As our number one challenge – and an innovative way to improve lives in our community – this is possibly something our United Way Fund, Community Foundation, and various local funding organizations could be used to make this new tool a reality. If we can help an additional number of those suffering from addiction recover and become functioning community members it will be money well spent. We may also reap savings in reduced crime, jail overcrowding, and less children/families exposed to what has become a vicious cycle. Area employers need good workers, and those going through recovery need good jobs. An economic win/win result will take place if we can put the pieces in place to accomplish this goal.

### **Destigmatizing Addiction and Providing Education**

There is not a family in our community that has not been touched in some way by our Substance Abuse challenge. We must encourage our community members to understand that addiction is a disease. We must educate our young people of the dangers of addiction, and the lives that can be ruined by the downward spiral addiction can bring to area families. Our local schools can partner with local providers in bringing in speakers willing to share their experiences in the hope of discouraging young people from beginning the vicious cycle of drug

abuse. This is already going on to a large extent in the Madison School Systems – through presentations and programs to assist with educating students of the dangers of substance abuse – and the need to help those who suffer from substance abuse to recovery. Mental Wellness should also be a factor in these programs. Mental health and addiction go hand in hand.

Our local justice system deals with this challenge on a daily basis. Each of them acknowledges we cannot arrest our way out of this challenge. Part of our plan must include giving our local law enforcement officers the tools they need to stem the import of drugs – particularly Meth, Heroin, Opioids, and Synthetic Drugs.

We must acknowledge that while we cannot save everyone – we must try to save those that we can. All we can do is provide tools, and a supportive environment. One of our community members told me, “No one wants to go through recovery – we have to show them they are worth it. Their lives, and the lives of their families, will be better off drugs.”

Through outreach in research for this plan we have been made aware of several course programs. Most focus on discontinuation of the substance being abused. Others focus on assisting with the other issues in life that can lead to substance abuse. These include financial concerns, lack of direction, and various problems. There is an Eight Domain program that features concentration on career, education, health, relationships, finances, recreation, spirituality, and other issues that can lead to improved growth and improvement. More research is being done, and this plan will be open to new ideas and initiatives.

### **City of Madison Elected Officials & Staff Role**

**One of the first actions I will take as Mayor is to restructure the role of the City Community Relations Director as a resource to the local groups coordinating our recovery efforts.** Each of the groups needs to understand what the other groups are doing, and how we can best work together. The Salvation Army, local churches, township trustees, the clearinghouse, and the not for profit boards running our half-way houses, need assistance in a coordinated plan. Our City is under siege from this substance abuse challenge.

Our City must play a role in combatting the scourge. Grant writing for programs and substance abuse coordinators will be something the City can, and should, help with on a regular basis. As Mayor I will be ready to accept the challenge. I will continue to be personally involved in lifting this scourge. I will give this epidemic top priority. Our administration will be visible at important meetings that focus on curbing the substance abuse problem that confronts our City. Our community leaders will also be regularly involved in seeking the implementation of best practices, and researching innovative ways to reach our goal of lessening our community substance abuse problem

**We will also work tirelessly to provide the resources needed for our local police department. This will include raising salaries to be competitive with regional neighboring communities.** We are currently down several officers due to varying reasons – including low pay. Our City administration will look for every available training and grant program to enable our local law enforcement to have the tools they need to handle the issues they are facing due to our community's substance abuse problems. This part of the plan is of critical importance. Our police officers are the first line of defense for our residents, and they must be in a position to take care of their own families, and serve the public with the proper leadership, training and equipment.

Vacant housing throughout the City, as well as poorly managed rental housing, is also a contributing factor to our challenge. I have been researching Common Nuisance Ordinances throughout the state to use as best practice models for our City. Real estate used for the illegal sale of drugs will draw intense scrutiny. Warnings will be issued to property owners. Owners will be given the opportunity to abate the nuisance before fines are assessed. **The City of Madison cannot continue to abide repeat violators of drug activity at the same addresses.** From discussions with community stakeholders the main culprits are well-known. The City Council must be willing to pass a strong ordinance to create a Drug-Free atmosphere in these repeat offender locations.

Several local justice department officials have been quoted as saying – “We cannot arrest our way out of this issue.” I concur with that opinion. Our jail is full to the bursting point. I find it a far better long-term policy to give our residents recovery options than put them in a jail cell. This will not hold true for all abusers, but we must try to save those who wish to be saved. In the long run that will be the less expensive alternative for us as well.

The Healthy Communities of Jefferson County group – a creation of the Envision Jefferson County Plan – has created a great deal of interest in this challenge. **Currently over 325 people have joined and are working in committees including: Healthy Lifestyles, Substance Abuse, Suicide and Mental Health.** They are overseen by a 12 member executive board, and coordinated through the efforts of Kings Daughters' Hospital. This is a tremendous amount of people working together to help address our number one challenge. In addition, several thousand have been impacted through trainings and programs to help them recognize the substance abuse/suicide threat. This is a tremendous initiative that deserves the best efforts of our local elected officials. Six Fact Slides documenting Jefferson County statistics from the Healthy Communities Initiative are attached to this Plan

Together we can defeat our substance abuse challenge. Together we can save lives. Together we can reclaim our community from the debilitating scourge of substance abuse.



## Facts about Jefferson County

Category	2014	2017	IN - 2017
Total Population	32,410	32,089	1.1%
Children in Need of Services (Rate /1000)	9.1	26.2	18.8
Child Abuse and Neglect (Rate/1000)	20.8	37.1	20.8
Single Parent Families	41.2%	40.2%	36.2%
Children receiving Free or Reduced Lunch	54.8%	51.1%	47.2%
Median Household Income	\$ 45,964	\$ 51,163	\$ 54,134
Ratio of Population to One Mental Health Provider	1,248	1,050	700
High School Graduates Enrolling in College	66%	58%	64%
Postsecondary Degree Attainment		27.8%	43.4%

Sources: 2019 Indiana Kids Count Data Book, IYI and Stronger Nation, Lumina Foundation





# Suicide Death Rate

Rate per 100,000 Population - Age Adjusted					
(Intentional Self-harm (U03, X60-X84, Y87.0))					
Years 2013-2017					
<u>Location</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
United States	12.6	13.0	13.3	13.5	14.0
Indiana	14.2	14.3	14.4	15.4	16.3
Jefferson	11.2	26.8	21.7	41.8	32.7
Actual	4	8	7	13	11

Source: Indiana State Department of Health/CDC-2017



## Drug Overdoses - 2017

### A Closer Look at Jefferson County Resident Fatal Drug Overdoses

Drug Category	Jefferson Count	Indiana Count	Jefferson Rate*	Indiana Rate*	<p>This table breaks down the types of popular drugs found in the <b>All Drugs</b> category. *Rates per 100,000</p> <p>The <i>Psychostimulants other than cocaine</i> category includes but is not limited to drugs such as amphetamines, ecstasy, MDMA and methamphetamines.</p>
All Drugs	7	1,809	21.81	27.13	
All Opioids	3	1,138	9.35	17.07	
Cocaine	0	240	0.00	3.60	
Benzodiazepines	0	290	0.00	4.35	
Psychostimulants other than cocaine	1	284	3.12	4.26	

Source: Indiana State Department of Health





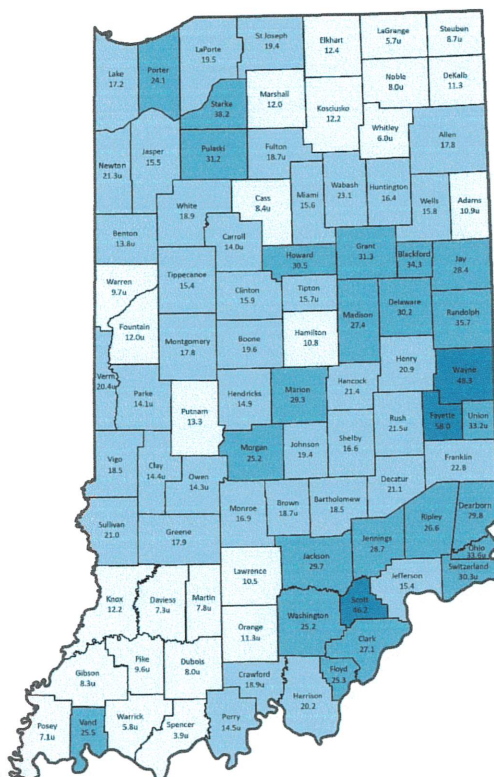
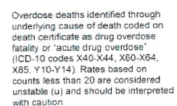
## Resident Drug Overdose Death Rate

Rate per 100,000 (Crude Rate)

Percent of the Population

<u>Location</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Indiana	16.0	17.5	18.7	22.9	27.1
Jefferson	21.5	12.3	15.4	6.1	21.8

Source: Indiana State Department of Health/CDC – 2017



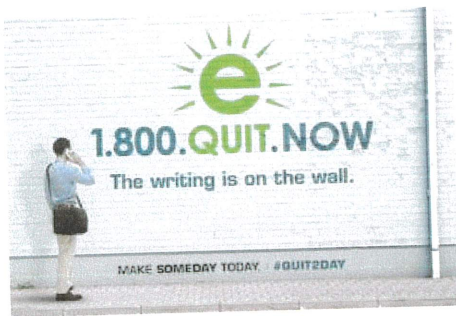
**Source:** Indiana State Department of Health

Map Author: ISDH ERC PHG, October 2018  
Data Source: ISDH ERC Data Analysis Team, Division of Trauma and Injury Prevention, ISDH Vital Records



## Numbers to Remember

Indiana Tobacco Quitline – 1-800-784-8669



**Text IN To 741741 For Suicide Prevention**

### **National Suicide Prevention Lifeline**

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

**1-800-273-8255**

[howardk@kdhmadison.org](mailto:howardk@kdhmadison.org)